

KEIS Billing

This guidance document was created to provide an overview of the billing process in TOTS to early intervention providers.

Billing in Kentucky’s Early Intervention System (KEIS) is a step-by-step process that begins with service provision. Please review Chapter 3 of the “Doing Business with Kentucky’s Early Intervention System: Enrollment, Documentation and Billing Guide,” which covers KEIS billing and reimbursement. The billing guide can be found on the KEIS [Service Provider Information and Coaching webpage](#).

Payment System

The System of Payment section of the Service Provider Agreement states that you:

- (1) Agree that KEIS is the payor of last resort and funds are not to be used to satisfy a financial commitment for services paid for by another public or private source (34 CFR 303.510).
- (2) As allowed by federal regulation (34 CFR 303.520), with consent by a parent or legal guardian, agree to bill private insurance before submitting claims through the TOTS in accordance with state regulations (902 KAR 30:200) and KEIS policies and procedures.
- (3) Agree to apply to enroll with a child’s private insurance carrier as an in-network provider. The decision to accept the negotiated rate is at the provider’s sole discretion. Once the decision is finalized, the provider must submit documentation of the attempt to become an in-network provider within 120 calendar days of accepting a referral on their caseload. Failure to attempt enrollment as an in-network provider with the child’s private insurance within the specified timeframe will render this Agreement null and void.
- (4) Agree to maintain and update networking status with insurance companies annually or whenever there is a change (address, new provider on contract, etc.). Failure to do so could result in delay or denial of payment for services using KEIS funds.
- (5) Agree to the Cabinet submitting claims to Medicaid on the provider’s behalf for authorized early intervention services.
- (6) Agree to accept the reimbursement rate for services as defined by state regulation (902 KAR 30:200).
- (7) Agree to accept payment through electronic funds transfer (EFT) from the Cabinet.
- (8) Agree to submit claims for reimbursement through TOTS within sixty (60) calendar days following service delivery. There are no exceptions to this timeframe.
- (9) Agree that requests for payment adjustment through submission of Explanation of Benefits (EOBs) or written request beyond one (1) calendar year from the date of service will not be accepted and will not be paid.
- (10) Agree that co-payments and deductibles for authorized early intervention services will not be collected directly from families.
- (11) Agree that providers may collect insurance payments from families when insurance pays the policyholder directly for services rendered.

Billing Early Intervention Services in KEIS

If an early intervention provider joins an existing agency, the KEIS agency administrator will oversee billing for their early intervention services. If an early intervention provider enrolls in KEIS as an independent provider, he or she will be responsible for billing early intervention services, following the guidelines in this document.

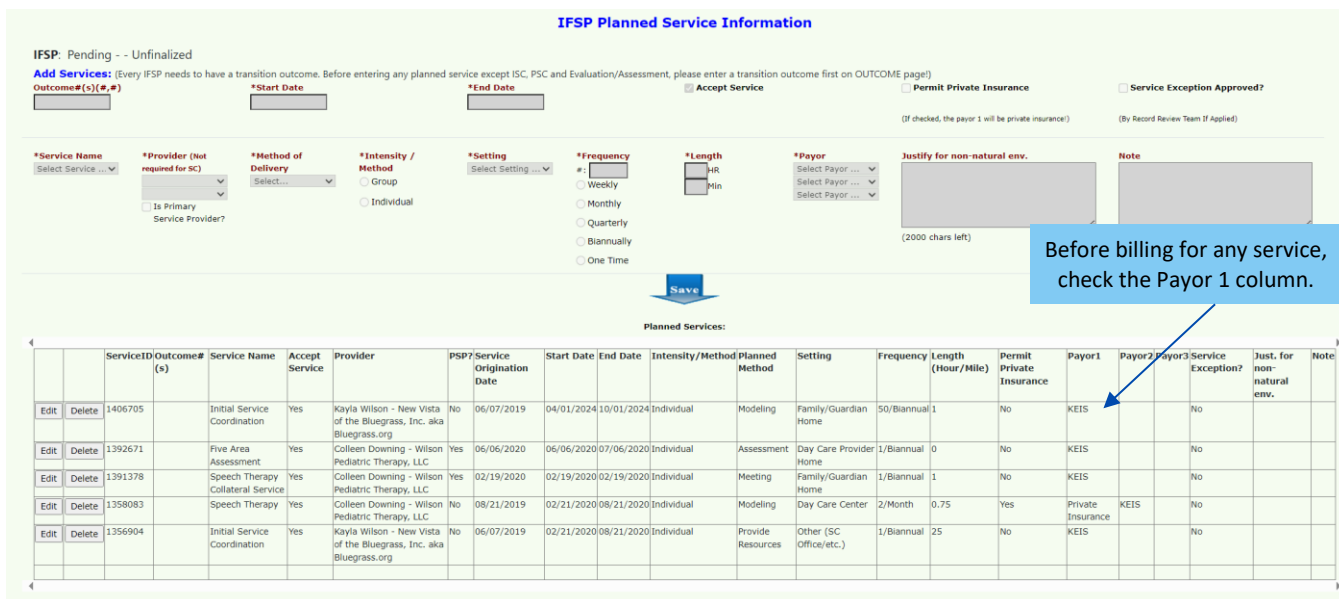
All providers (independent or agency) must document all early intervention services in a timely manner. The Service Log Documentation Guidance document describes the process for documenting each early intervention visit and missed

visit. When a service log is saved and drops to the bottom of the Service Log page in TOTS (archived by date), this action also creates a pending claim for payment on the Account Payable Information page in TOTS.

IFSP Planned Service Information

Review the IFSP Planned Service Information page in the child’s record in TOTS to verify authorization for the early intervention services. The planned services include the provider, start and end date for services, the method, setting, frequency, length, and payor source. Services can only be provided as written in planned services included in the Individualized Family Service Plan (IFSP).

Determine which entity should be billed for the early intervention service on the TOTS IFSP Planned Service Information page in the Payor 1 column.



IFSP Planned Service Information

IFSP: Pending - - Unfinalized

Add Services: Every IFSP needs to have a transition outcome. Before entering any planned service except ISC, PSC and Evaluation/Assessment, please enter a transition outcome first on OUTCOME page!

Outcome#(s) (#, #) *Start Date *End Date Accept Service Permit Private Insurance Service Exception Approved?

(If checked, the payor 1 will be private insurance) (By Record Review Team If Applied)

*Service Name: Select Service ... *Provider (not required for SC): Select ... *Method of Delivery: Select ... *Intensity / Method: Group Individual *Setting: Select Setting ... *Frequency: Weekly Monthly Quarterly Biannually One Time *Length: [] HR [] Min *Payor: Select Payor ... Justify for non-natural env. (2000 chars left) Note

		ServiceID/Outcome#(s)	Service Name	Accept Service	Provider	PSP?/Service Origination Date	Start Date	End Date	Intensity/Method	Planned Method	Setting	Frequency	Length (Hour/Mile)	Permit Private Insurance	Payor1	Payor2	Payor3	Service Exception?	Just. for non-natural env.	Note
Edit	Delete	1406705	Initial Service Coordination	Yes	Kayla Wilson - New Vista of the Bluegrass, Inc. aka Bluegrass.org	No	06/07/2019	04/01/2024	10/01/2024	Individual	Modeling	Family/Guardian Home	50/Biannual	1	No	KEIS			No	
Edit	Delete	1392671	Five Area Assessment	Yes	Colleen Downing - Wilson Pediatric Therapy, LLC	Yes	06/06/2020	06/06/2020	07/06/2020	Individual	Assessment	Day Care Provider Home	1/Biannual	0	No	KEIS			No	
Edit	Delete	1391378	Speech Therapy Collateral Service	Yes	Colleen Downing - Wilson Pediatric Therapy, LLC	Yes	02/19/2020	02/19/2020	02/19/2020	Individual	Meeting	Family/Guardian Home	1/Biannual	1	No	KEIS			No	
Edit	Delete	1358083	Speech Therapy	Yes	Colleen Downing - Wilson Pediatric Therapy, LLC	No	08/21/2019	02/21/2020	08/21/2020	Individual	Modeling	Day Care Center	2/Month	0.75	Yes	Private Insurance	KEIS		No	
Edit	Delete	1356904	Initial Service Coordination	Yes	Kayla Wilson - New Vista of the Bluegrass, Inc. aka Bluegrass.org	No	06/07/2019	02/21/2020	08/21/2020	Individual	Provide Resources	Other (SC Office/etc.)	1/Biannual	25	No	KEIS			No	

Payor 1 is listed as KEIS or Private Insurance.

Collateral services (IFSP meetings, ARC meetings) and assessments should always have KEIS listed as Payor 1 since insurance is not billed for these services.

The Payor 1 column will notify early intervention providers whether to bill KEIS or Private Insurance for ongoing early intervention visits. If the family does not have private insurance, is covered by Medicaid, or did not consent to bill their private insurance, KEIS will be listed in the Payor 1 column.

If the Payor 1 column lists KEIS, early intervention providers do not bill Medicaid for early intervention services. The State Lead Agency (SLA) bills Medicaid on behalf of the provider/agency.

If the parent consents for KEIS to bill their private insurance, the Payor 1 column will list Private Insurance. If Private Insurance is listed in the Payor 1 column, the provider should review the Current Family Financial Support page in TOTS for insurance information and bill for the early intervention services provided.

If a child is dually covered by both public and private insurance, the Account Payable page will show Private Insurance as Payor 1 since Medicaid requires private insurance to be billed before Medicaid. KEIS providers are contractually obligated to accept referrals, regardless of payor source.

Current Family Financial Support

Save

***Current Family Financial Support / Services:**

<input type="checkbox"/> OCHSCH/Title V	<input type="checkbox"/> Early Head Start	<input type="checkbox"/> Early Childhood Mental Health
<input checked="" type="checkbox"/> HANDS	<input type="checkbox"/> Home Health	<input type="checkbox"/> Hospice Services
<input type="checkbox"/> IMPACT Plus	<input type="checkbox"/> Medicaid Managed Care	<input type="checkbox"/> Medicaid/EPST
<input type="checkbox"/> Medicare	<input type="checkbox"/> Medicaid Waiver/Michelle P	<input type="checkbox"/> Neonatal Follow Up Clinic
<input checked="" type="checkbox"/> Private Insurance	<input type="checkbox"/> SSI	<input type="checkbox"/> TBI Trust Fund
<input type="checkbox"/> TriCare	<input type="checkbox"/> WIC	<input type="checkbox"/> Other - Please Detail in Comments Section Below
<input type="checkbox"/> None besides KEIS		

Primary Insurance: Save Archive Primary Insurance

WARNING! Do not claim Insurance for your service without checking the Planned Service page of the current IFSP. You may only claim insurance if the family gave permission to do so for your service!

**Insurance Company:	<input type="text" value="Anthem (Blue Cross Blue Shield) Health Plans of KY"/>	**Policy / Identification#:	<input type="text" value="KYHAN0000000"/>
**Policyholder's Relationship to Insured:	<input type="text" value="MOTHER"/> <small>(From Parent/Guardian One or Parent/Guardian Two as identified on the Parent Screen. Changes to these fields must be made on the Parent Screen.)</small>	**Policy Holder's Last Name:	<input type="text" value="Test"/>
**Policy Holder's First Name:	<input type="text" value="Jacqueline"/>	Policy Holder's Suffix:	<input type="text"/>
Policy Holder's Middle Name:	<input type="text" value="Lee"/>	Policyholder's Employer:	<input type="text" value="Picadome Elementary Schc"/>
**Insurance Effective Date:	<input type="text" value="01/01/2023"/> **End Date: <input type="text" value="12/31/2023"/> (mm/dd/yyyy)	Policyholder's SSN:	<input type="text" value="###-##-####"/>
Group#:	<input type="text" value="000000000"/>	**Policyholder's DOB:	<input type="text" value="04/21/1996"/> (mm/dd/yyyy)
**Phone # for Claims:	<input type="text" value="(866)594-0521"/> ((###)###-####) Ext: <input type="text"/>	**Latest Insurance Verification Date:	<input type="text" value="01/26/2023"/> (mm/dd/yyyy)
**Address Line1:	<input type="text" value="P. O. Box 105187"/>	<small>(Note to SC: You must review insurance card at intake and again at every 6 Month and Annual IFSP Review.)</small>	
Address Line 2:	<input type="text"/>	**Zip:	<input type="text" value="30348"/> - <input type="text" value="5187"/>
**Address City:	<input type="text" value="Atlanta"/> State: <input type="text" value="GA"/>		

Primary Insurance History:

KEIS must obtain financial information, including insurance, when a child enters the program. Insurance information is listed on the Financial Support page. If the family's insurance information is listed on the Current Family Financial Support page, that does not necessarily mean the parent consented for KEIS to bill private insurance for early intervention services. It is critical to review the Planned Services Screen for confirmation.

The Financial Support page captures the family's primary insurance:

Save
Archive Primary Insurance

Primary Insurance:

WARNING! Do not claim Insurance for your service without checking the Planned Service page of the current IFSP. You may only claim insurance if the family gave permission to do so for your service!

**Insurance Company:	<input type="text" value="Anthem (Blue Cross Blue Shield) Health Plans of KY"/>	**Policy / Identification#:	<input type="text" value="KYHAN0000000"/>
**Policyholder's Relationship to Insured:	<input type="text" value="MOTHER"/> <small>(From Parent/Guardian One or Parent/Guardian Two as identified on the Parent Screen. Changes to these fields must be made on the Parent Screen.)</small>	**Policy Holder's Last Name:	<input type="text" value="Test"/>
**Policy Holder's First Name:	<input type="text" value="Jacqueline"/>	Policy Holder's Suffix:	<input type="text"/>
Policy Holder's Middle Name:	<input type="text" value="Lee"/>	Policyholder's Employer:	<input type="text" value="Picadome Elementary Schc"/>
**Insurance Effective Date:	<input type="text" value="01/01/2023"/> **End Date: <input type="text" value="12/31/2023"/> (mm/dd/yyyy)	Policyholder's SSN:	<input type="text" value="###-##-####"/>
Group#:	<input type="text" value="000000000"/>	**Policyholder's DOB:	<input type="text" value="04/21/1996"/> (mm/dd/yyyy)
**Phone # for Claims:	<input type="text" value="(866)594-0521"/> ((###)###-####) Ext: <input type="text"/>	**Latest Insurance Verification Date:	<input type="text" value="01/26/2023"/> (mm/dd/yyyy)
**Address Line1:	<input type="text" value="P. O. Box 105187"/>	<small>(Note to SC: You must review insurance card at intake and again at every 6 Month and Annual IFSP Review.)</small>	
Address Line 2:	<input type="text"/>	**Zip:	<input type="text" value="30348"/> - <input type="text" value="5187"/>
**Address City:	<input type="text" value="Atlanta"/> State: <input type="text" value="GA"/>		

Primary Insurance History:

If Private Insurance is listed on planned services, the service must initially be billed to the insurance company listed as Primary Insurance on the TOTS Current Family Financial Support page. Prior authorization is an essential step in the billing process and varies by insurance company. Out-of-network providers often require prior authorization to bill for early intervention services. Independent providers and KEIS agencies must follow each insurance company's guidelines

to obtain prior authorization for services, which may include contacting the child’s Primary Care Provider.

If a family carries supplemental insurance or has a second insurance policy, the Secondary Insurance section of the Current Family Financial Support page in TOTS will be completed. If the family’s primary insurance has been billed but does not cover the cost of the early intervention service, the secondary insurance policy must be billed for the service. Agencies/providers are responsible for billing the secondary insurance independently. Secondary insurance can only be billed after the claim to the primary insurance has been finalized. KEIS is federally mandated to be the payor of last resort.

Secondary Insurance:

WARNING! Do not claim insurance for your service without checking the Planned Service page of the current IFSP. You may only claim insurance if the family gave permission to do so for your service!

**Insurance Company:	<input type="text" value="Select Insurance ..."/>	**Policy / Identification#:	<input type="text"/>
**Policyholder's Relationship to Insured:	<input type="text" value="Select ..."/>	<small>(From Parent/Guardian One or Parent/Guardian Two as identified on the Parent Screen. Changes to these fields must be made on the Parent Screen.)</small>	
**Policy Holder's First Name:	<input type="text"/>	**Policy Holder's Last Name:	<input type="text"/>
Policy Holder's Middle Name:	<input type="text"/>	Policy Holder's Suffix:	<input type="text"/>
**Insurance Effective Date:	<input type="text"/> **End Date: <input type="text"/> (mm/dd/yyyy)	Policyholder's Employer:	<input type="text"/>
Group#:	<input type="text"/>	Policyholder's SSN:	<input type="text" value="###-##-####"/>
**Phone # for Claims:	<input type="text"/> ((###)###-####) Ext: <input type="text"/>	**Policyholder's DOB:	<input type="text"/> (mm/dd/yyyy)
**Address Line 1:	<input type="text"/>	**Latest Insurance Verification Date:	<input type="text"/> (mm/dd/yyyy)
Address Line 2:	<input type="text"/>	<small>(Note to SC: You must review insurance card at intake and again at every 6 Month and Annual IFSP Review.)</small>	
**Address City:	<input type="text"/>	State:	<input type="text" value="KY"/>
		**Zip:	<input type="text"/> - <input type="text"/>

Secondary Insurance History:

The Current Family Financial Support page also includes a section regarding Medicaid coverage, if applicable.

Medicaid and Insurance

Medicaid#:
(Very critical! Must have this if Medicaid is eligible!)

Medicaid Ineligible Period: 1. to 2. to 3. to

Date of Signed Parent Consent to Use Insurance:

KEIS providers never bill Medicaid for early intervention services. If a family receives Medicaid, Payor 1 on the Planned Services page will list KEIS. The SLA bills Medicaid directly for the early intervention services.

Account Payable

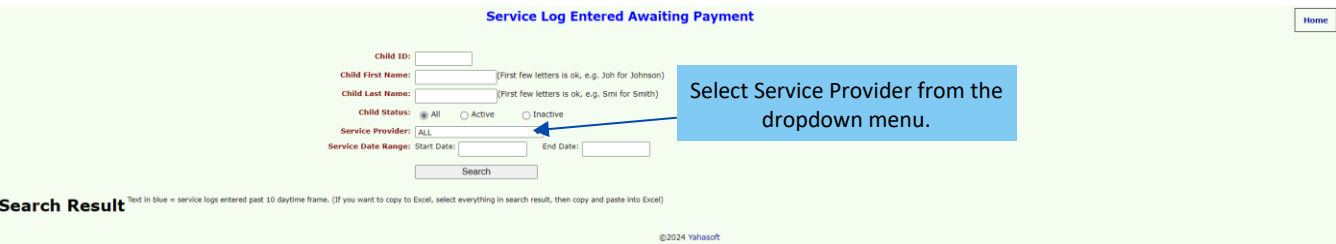
Entering a service log is not considered a claim submission. Submission only occurs when the amount billed to insurance is entered and saved on the Account Payable page in TOTS. KEIS providers can only access the Account Payable page if they are agency administrators or independent providers.

There are two ways to access the Account Payable page:

1. Select Service Logged Awaiting Payment located on the TOTS home page.

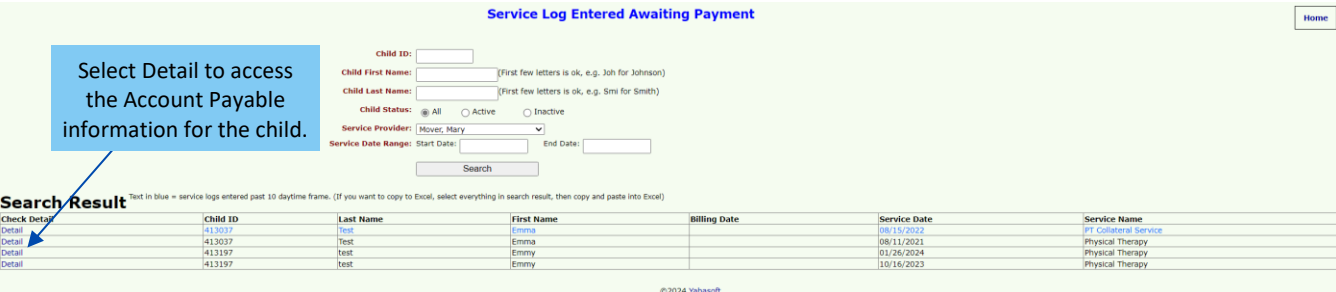


Once Service Logged Awaiting Payment is selected, a new page populates.



Select Service Provider from the dropdown menu.

Once Service Logged Awaiting Payment is selected, the Service Log Entered Awaiting Payment screen opens. Select the service provider from the dropdown menu, then click on the search button. All children on the provider's caseload with pending claims will appear.



Select Detail to access the Account Payable information for the child.

Check Detail	Child ID	Last Name	First Name	Billing Date	Service Date	Service Name
Detail	413037	test	Emma		08/15/2022	PT Collateral Service
Detail	413037	test	Emma		08/11/2023	Physical Therapy
Detail	413197	test	Emmy		01/26/2024	Physical Therapy
Detail	413197	test	Emmy		10/16/2023	Physical Therapy

Select the word Detail next to the child's TOTS ID, and the Account Payable information for that child will appear.

- The second way to access the Account Payable page is to open the child's record. Once the child's file is open, Account Payable can be seen in the menu bar on the left side of the page.

TOTS Toggle Side Menu Child ID: 413197 Name/DOB/Age: Emmy.test - 07/01/2022 - 25 months Status: Active Phase: IFSP SC: test.sc.1 District: BG

Demographic Information

*Initial Coordinator: sc1_test-SC Coordinator: sc1_test-SC

Child Demographic Information:

1. Child Name: *First Name: Emmy Nick Name: Last Name: test Middle Name: Suffix: test

2. *Date of Birth: 07/01/2022 (mm/dd/yyyy)

3. *Gender: Male Female

4. Ethnicity / Race: Choose a race: Hispanic/Latino Asian Black or African American American Indian or Alaska Native Native Hawaiian or Other Pacific Islander White Two or more races

(Note: 1. You could save page without Race, but will need it before you can develop an IFSP. 2. Ask, Do you identify your child as Hispanic/Latino? If parent says yes, this is the only response needed. If parent says no, ask them to choose from among the remaining choices.)

5. Child's Residence: *Address Line1: 400 Lexington Street Line 2: *State: KY *Zip: 40507 *County: Fayette

7. Language Used at Home: English

8. Preferred Language / Instruction: English

9. LEA: Select...

10. Parent Restriction of Rights: Father Is Restricted Mother Is Restricted Reason Right Restricted:

Select Account Payable to access the Account Payable information for the child.

Once Account Payable is selected, TOTS will generate the Accounts Payable Information for that child.

TOTS Toggle Side Menu Child ID: 413197 Name/DOB/Age: Emmy.test - 07/01/2022 - 25 months Status: Active Phase: IFSP SC: test.sc.1 District: BG

Account Payable Information

Insurance Carrier Name: Anthem (Blue Cross Blue Shield) Health Plans of KY Insurance Effective Date: 01/01/2023 Insurance End Date: 12/31/2023

IFSP: SIX MONTH REVIEW - 07/22/2024 Service Logged Awaiting Payment CMS 1500 for Insurance

Enter Service Account Payable Below: (All) Show Pending Account Payable In 60 Days Save

Service Log ID	Service	Provider Agency	Service Date	Hour/Rate	Max Part C Pmt	Payor 1	Payor 1 Billed Amount	Note	Service Note	Correction/Addendum	Planned Period	Planned Setting	Length * Frequency	Delivered Setting	Enter Date
5331669	Physical Therapy	Mary Mover - KEIS Test Agency	01/26/2024	1 89.00/89.00	KEIS					Time is 11:00 am to 11:45 am.	01/26/2024 - 07/26/2024	Family/Guardian Home	1 X 15/Biannual	Family / Guardian Home	
5331609	Physical Therapy	Mary Mover - KEIS Test Agency	10/16/2023	1 89.00/89.00	KEIS					Visit 4 of 15 not 20.	07/26/2023 - 01/25/2024	Family/Guardian Home	1 X 4/Biannual	Family / Guardian Home	

Service Account Payment History (All) Account Payable In 60 Days Export To Excel

Service Log ID	Service	Provider Agency	Service Date	Hour/Rate	Max Part C Pmt	Payor 1	Billed & Approved Amount	Adjust Amount	Note	Service Note	Correction/Addendum	Planned Period	Planned Setting	Length * Frequency	Delivered Setting	Enter Date	
5331431	Physical Therapy	Mary Mover - KEIS Test Agency	02/13/2023	0.75 89.00/66.75	KEIS	Private Insurance	Billed:66.75, Approved:66.75		Billed:N/A, Insurance Approved:N/A	Approved		Met on 2/12/23	01/26/2023 - 06/23/2023	Family/Guardian Home	1 X 20/Biannual	Family / Guardian Home	08/02/20
5331429	Physical Therapy	Mary Mover - KEIS Test Agency	01/30/2023	0.75 89.00/66.75	KEIS	Private Insurance	Billed:66.75, Approved:66.75		Billed:N/A, Insurance Approved:N/A	Approved		Time was actually 14:00-14:45 HH	01/26/2023 - 06/23/2023	Family/Guardian Home	1 X 20/Biannual	Tele-Intervention	08/02/20
5331409PT	Collateral Service	Mary Mover - KEIS Test Agency	01/26/2023	0.50 89.00/44.50	KEIS	Private Insurance	Billed:44.50, Approved:44.50		Billed:N/A, Insurance Approved:N/A	Approved			01/25/2023 - 01/27/2023	Family/Guardian Home	1 X 1/Biannual	Tele-Intervention	08/02/20

©2024 yahsoft

Back to top

Pending claims appear at the top of the Account Payable screen.

Below is a sample of the Account Payable page in TOTS. When a provider saves a service log entry, TOTS sends a pending claim to the top of the Account Payable page. All pending claims will appear on the Account Payable screen for the last sixty (60) days of service. To view services older than sixty (60) days, select Show All at the top of the page.

If early intervention services are provided through an agency, the agency administrator will see a dropdown list of service logs entered awaiting payment. This list alerts them that a service log has been completed and the claim must be processed for payment.

Account Payable Information

Insurance Carrier Name: Anthem (Blue Cross Blue Shield) Health Plans of KY Insurance Effective Date: 01/01/2023 Insurance End Date: 12/31/2023

IFSP: SIX MONTH REVIEW - 07/22/2024 Service Logged Awaiting Payment CMS 1500 for Insurance

Enter Service Account Payable Below: (All) Show Pending Account Payable In 60 Days **Save**

Service Log ID	Service	Provider Agency	Service Date	Hour	Rate	Max Part C Pmt	Payor 1	Payor 1 Billed Amount	Note	Service Note	Correction/Addendum	Planned Period	Planned Setting	Length * Frequency	Delivered Setting	Enter Date
5331669	Physical Therapy	Mary Mover - KEIS Test Agency	01/26/2024	1	89.00	89.00	KEIS				Time is 11:00 am to 11:45 am.	01/26/2024 - 07/26/2024	Family/Guardian Home	1 X 15/Biannual	Family / Guardian Home	
5331609	Physical Therapy	Mary Mover - KEIS Test Agency	10/16/2023	1	89.00	89.00	KEIS				Visit 4 of 15 not 20.	07/26/2023 - 01/25/2024	Family/Guardian Home	1 X 4/Biannual	Family / Guardian Home	

Enter the Payor 1 Billed Amount.

Enter a Note about the date the claim was submitted to insurance.

Select Save within sixty (60) calendar days from the date of service.

Agency administrators and independent providers must process the claim to be paid for KEIS services. Processing a claim for payment requires that the Payor 1 Billed Amount is entered and saved. The Payor 1 Billed Amount is the provider's rate of payment. Providers develop their own rate schedules for services. The provider/agency must bill all payor sources at the same rate. The Payor 1 Billed Amount must be entered and saved within sixty (60) calendar days from the date of service to receive payment. The claim must be submitted to insurance simultaneously with the submission in TOTS. It is appropriate to enter the date the claim was billed to insurance or any other information SLA billing staff may need in the Note box. There is a separate billing event for each service log entered.

The TOTS Insurance Billing System (TIBS) submits a claim to an insurance company electronically once a claim is billed on the Account Payable page. TIBS use is not mandatory, but it is a service that is available to all KEIS agencies/providers. KEIS covers the cost of TIBS so there is no charge to providers or agencies for the use of this service. All TIBS claims are submitted through a clearinghouse.

Providers/agencies must complete in-network attempts and submit them to KEIS before enrolling in TIBS. As part of this process, many insurance companies require a completed CMS-1500 form to be mailed to them. The CMS-1500 is a paper insurance claim submission form for manual billing. In addition to the CMS-1500, National Provider Identifier Registration and a W-9 form may be required. These forms cannot be completed through TIBS and must be mailed. Consult Chapter 3 of the "Doing Business with Kentucky's Early Intervention System: Enrollment, Documentation and Billing Guide" for more information on billing and reimbursement with or without TIBS use.

Account Payable Information

Insurance Carrier Name: Anthem (Blue Cross Blue Shield) Health Plans of KY Insurance Effective Date: 01/01/2023 Insurance End Date: 12/31/2023

IFSP: SIX MONTH REVIEW - 07/22/2024 Service Logged Awaiting Payment CMS 1500 for Insurance

Enter Service Account Payable Below: (All) Show Pending Account Payable In 60 Days **Save**

Service Log ID	Service	Provider Agency	Service Date	Hour	Rate	Max Part C Pmt	Payor 1	Payor 1 Billed Amount	Note	Service Note	Correction/Addendum	Planned Period	Planned Setting	Length * Frequency	Delivered Setting	Enter Date
5331669	Physical Therapy	Mary Mover - KEIS Test Agency	01/26/2024	1	89.00	89.00	KEIS				Time is 11:00 am to 11:45 am.	01/26/2024 -	Family/Guardian Home	1 X 15/Biannual	Family / Guardian Home	
5331609	Physical Therapy	Mary Mover - KEIS Test Agency	10/16/2023	1	89.00	89.00	KEIS				Visit 4 of 15 not 20.		Family/Guardian Home	1 X 4/Biannual	Family / Guardian Home	

Once Save is selected, the pending claim will drop to the bottom of the page in the Service Account Payment History.

Service Log ID	Service	Provider Agency	Service Date	Hour	Rate	Max Part C Pmt	Payor 1 Billed & Approved Amount	Adjust Amount	Payor 2 Billed & Approved Amount	Adjust Amount	Adjust Save Date	Approved by Part C?	Approved Date	Insurance Submission Date	Note	Service Correction/Addendum	Planned Period	Planned Setting	Length * Frequency	Delivered Setting	Enter Date
5331431	Physical Therapy	Mary Mover - KEIS Test Agency	02/13/2023	0.75	89.00	66.75	Billed:66.75, Approved:66.75		Private Insurance	Billed:N/A, Approved:N/A		Save	Approved	08/02/2024		Met on 2/12/23	01/26/2023 - 06/23/2023	Family/Guardian Home	1 X 20/Biannual	Family / Guardian Home	08/02/2024
5331429	Physical Therapy	Mary Mover - KEIS Test Agency	01/30/2023	0.75	89.00	66.75	Billed:66.75, Approved:66.75		Private Insurance	Billed:N/A, Approved:N/A		Save	Approved	08/02/2024		Time was actually 14:00-14:45-MM	01/26/2023 - 06/23/2023	Family/Guardian Home	1 X 20/Biannual	COVID-19 Tele-Intervention	08/02/2024
5331409	PT Collateral Mover - Service	Mary Collateral Mover - KEIS Test Agency	01/26/2023	0.50	89.00	44.50	Billed:44.50, Approved:44.50					Save	Approved	08/02/2024			01/25/2023 - 01/27/2023	Family/Guardian Home	1 X 1/Biannual	COVID-19 Tele-Intervention	08/02/2024

Once the claim has been submitted on the Account Payable page and saved, it will drop to the bottom of the page to the Service Account Payment History section. TOTS will automatically approve Medicaid and private insurance claims for

payment in this section. KEIS Payor 1 claims are only automatically approved if the provider bills exactly the Max KEIS rate or less. Further processing of the claim will not be possible until the Explanation of Benefits (EOB) is submitted to the SLA through [GenLog](#). In order to receive payment, providers must verify attempts to collect an EOB, request assistance or submit an EOB to KEIS within a year of the date of service.

CMS-1500 Form

Providers/agencies not enrolled in TIBS must submit claims to the child's insurance company using either a paper or electronic CMS-1500 form. The insurance information necessary to complete a claim can be found on the Financial Support page of the child's record in TOTS.

Account Payable Information

Insurance Carrier Name: Anthem (Blue Cross Blue Shield) Health Plans of KY Insurance Effective Date: 01/01/2023 Insurance End Date: 12/31/2023

IFSP: SIX MONTH REVIEW - 07/22/2024 Service Logged Awaiting Payment CMS 1500 for Insurance

Enter Service Account Payable Below: (All) Show Pending Account Payable In 60 Days Save

Service Log ID	Service	Provider Agency	Service Date	Hour/Rate	Max Part C Pmt	Payor 1	Payor 1 Billed Amount	Note	Service Note	Correction/Addendum	Planned Period	Planned Setting	Length * Frequency	Delivered Setting	Enter Date
5331669	Physical Therapy	Mary Mover - KEIS Test Agency	01/26/2024	1	89.00/89.00	KEIS				Time is 11:00 am to 11:45	01/26/2024 -	Family/Guardian Home	1 X 15/Biannual	Family / Guardian Home	
5331609	Physical Therapy	Mary Mover - KEIS Test Agency	10/16/2023	1	89.00/89.00	KEIS								Family / Guardian Home	


Service Account Payment History (All) Show Account Payable In 60 Days Export To Excel

Service Log ID	Service	Provider Agency	Service Date	Hour/Rate	Max Part C Pmt	Payor Billed & Approved Amount	Adjust Amount	Payor 2 Billed & Approved Amount	Adjust Amount	Adjust Save	Approved by Part C?	Approved Date	Insurance Submission Date	Note	Service Note	Correction/Addendum	Planned Period	Planned Setting	Length * Frequency	Delivered Setting	Enter Date
5331431	Physical Therapy	Mary Mover - KEIS Test	02/13/2023	0.75	89.00/66.75	KEIS Billed:66.75, Approved:66.75		Private Insurance Billed:N/A, Approved:N/A		Save	Approved	08/02/2024				Met on 2/12/23	01/26/2023 - 06/23/2023	Family/Guardian Home	1 X 20/Biannual	Family / Guardian Home	08/02/2024

Select CMS-1500 for Insurance to access the CMS-1500 form for insurance billing.

When an independent provider/agency administrator selects CMS-1500 for Insurance, TOTS generates a CMS-1500 form that may be used for paper billing an insurance company for early intervention services (see example below). TOTS automatically populates some information on the form. Once the CMS-1500 form has been completed, it can be printed, mailed or emailed to the insurance company directly from TOTS.

Save Form Clear All Fields Print Only Data Print Form & Data Email Form Email Data Only PDF SmartForms



HEALTH INSURANCE CLAIM FORM
APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE (NUCC) 02/12

<input type="checkbox"/> MEDICARE <input type="checkbox"/> MEDICAID <input type="checkbox"/> TRICARE <input type="checkbox"/> CHAMPVA <input type="checkbox"/> GROUP HEALTH PLAN <input type="checkbox"/> FECA <input type="checkbox"/> BLK LUNG <input type="checkbox"/> OTHER		1a. INSURED'S I.D. NUMBER (For Program in Item 1) KYHAN000000	
2. PATIENT'S NAME (Last Name, First Name, Middle Initial) test Emmy		3. PATIENT'S BIRTH DATE SEX MM DD YY M F <input checked="" type="checkbox"/>	
4. INSURED'S NAME (Last Name, First Name, Middle Initial) Test Jacqueline		5. PATIENT'S ADDRESS (No., Street) 400 Lexington Street	
6. PATIENT RELATIONSHIP TO INSURED Self <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input checked="" type="checkbox"/> Other <input type="checkbox"/>		7. INSURED'S ADDRESS (No., Street) 400 Lexington Street	
8. RESERVED FOR NUCC USE		9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial)	
10. IS PATIENT'S CONDITION RELATED TO: a. EMPLOYMENT? (Current or Previous) YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> b. AUTO ACCIDENT? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> PLACE (State) _____ c. OTHER ACCIDENT? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		11. INSURED'S POLICY GROUP OR FECA NUMBER	
12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE. I authorize the release of any medical or other information necessary to process this claim. I also request payment of government benefits either to myself or to the party who accepts assignment below. SIGNED _____ DATE _____		13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE I authorize payment of medical benefits to the undersigned physician or supplier for services described below. SIGNED _____	
14. DATE OF CURRENT ILLNESS, INJURY, or PREGNANCY (LMP) MM DD YY		15. OTHER DATE MM DD YY	
16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION MM DD YY			

CARRIER PATIENT AND INSURED INFORMATION

After the claim has been billed in TOTS and billed to the insurance company (either independently or through TIBS), it will remain in the Service Account Payment History section located at the bottom of the Account Payable page in TOTS until it is processed by private insurance, if applicable.

The SLA will process all private insurance claims once an EOB has been received. Providers must submit the claim showing the amounts insurance was billed and has paid. SLA billing staff will review each EOB to determine payment for KEIS services. Billing staff will ensure all providers are paid the Max KEIS rate per regulation for services provided and correctly billed.

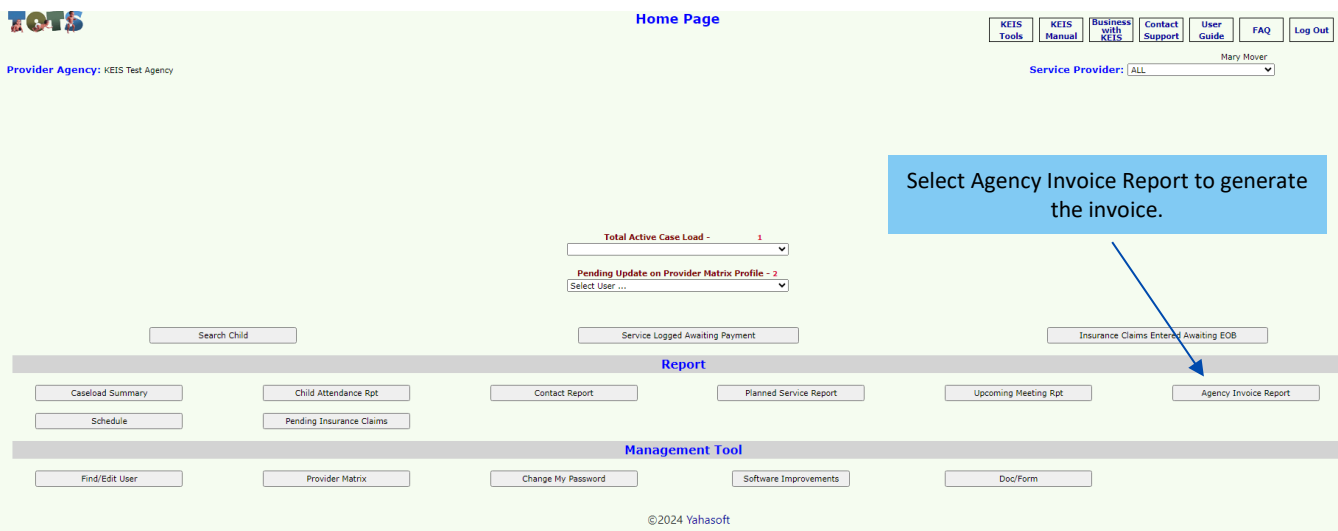
Following Up on Insurance Submissions

KEIS independent providers and agencies are responsible for following up on outstanding/unpaid billing submissions.

1. Call insurance companies if a claim has been submitted and no response is provided within thirty (30) days. Document all insurance correspondence in the TOTS communication log, including a reference number for the call and the representative's name.
2. Ask the family if they have received an EOB or a check. If so, skip to step 4.
3. If the claim was submitted electronically via Availity or WebMD, log in and check the status.
4. If an EOB or other communication from the insurance company is received, review the response to ensure no further action is required by the provider.
5. Fax or submit the EOB to the SLA through [GenLog](#). Ensure that the EOB is legible and includes the child's TOTS ID and the provider's discipline. Be sure to include the code or remark explanation page of the EOB.
6. Allow thirty (30) calendar days for SLA processing. If the claim has not been processed after thirty (30) calendar days, providers/agencies can email the KEIS billing staff at DPHKEISBilling@ky.gov. Include the original submission date, agency name and TOTS ID in the email. EOBs that need to be resubmitted should also be sent to DPHKEISBilling@ky.gov.

Payment for KEIS Services

Once a claim has been approved for payment, it will appear on the Agency Invoice Report. Independent providers and agency administrators can access the Agency Invoice Report from the District Administrator's home page. Select Agency Invoice Report.

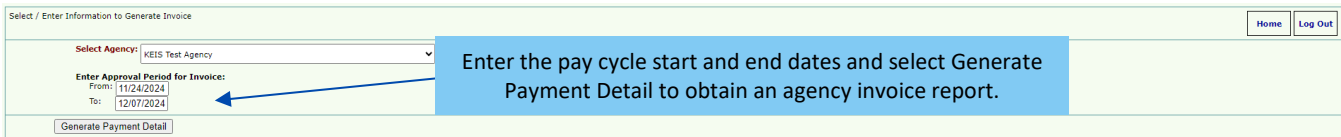


The screenshot shows the TOTS Home Page interface. At the top left is the TOTS logo and the text "Provider Agency: KEIS Test Agency". At the top right are navigation links: KEIS Tools, KEIS Manual, Business with KEIS, Contact Support, User Guide, FAQ, and Log Out. Below these is a "Service Provider" dropdown menu set to "ALL" and a "Many Mover" dropdown. The main content area is divided into three sections: "Report" and "Management Tool". The "Report" section contains buttons for "Caseload Summary", "Child Attendance Rpt", "Contact Report", "Planned Service Report", "Upcoming Meeting Rpt", and "Agency Invoice Report". The "Management Tool" section contains buttons for "Find/Edit User", "Provider Matrix", "Change My Password", "Software Improvements", and "Doc/Form". A blue callout box with the text "Select Agency Invoice Report to generate the invoice." has an arrow pointing to the "Agency Invoice Report" button.

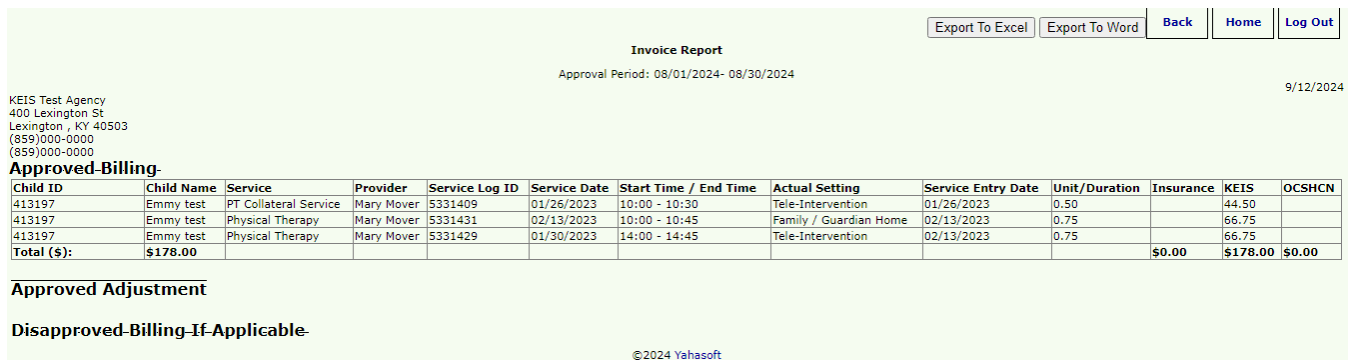
To generate an accurate report, consult the [KEIS pay cycle calendar](#) to ensure approved pay period dates are included in the date range. Do not run this report until one day after the end of the pay cycle to ensure all claims submitted during the pay cycle were processed.

Example: for December 2024, the pay cycle for the first half of the month is 11/24/24 to 12/7/24, so the start date for an accurate report would be 11/24/2024 and the end date would be 12/7/2024. This report would need to be run the morning of 12/8/24 so all claims processed through close of business on 12/7/24 are included. Otherwise, the report will be inaccurate.

Once the pay cycle dates are entered, select Generate Payment Detail. TOTS will generate the invoice report, which can be exported to Excel or Word.



Below is an example of an Agency Invoice Report in TOTS. The Agency Invoice Report is a way to track billing and KEIS payment for services.



Invoice Report
Approval Period: 08/01/2024- 08/30/2024

KEIS Test Agency
400 Lexington St
Lexington , KY 40503
(859)000-0000
(859)000-0000

9/12/2024

Approved-Billing-

Child ID	Child Name	Service	Provider	Service Log ID	Service Date	Start Time / End Time	Actual Setting	Service Entry Date	Unit/Duration	Insurance	KEIS	OCSHCN
413197	Emmy test	PT Collateral Service	Mary Mover	5331409	01/26/2023	10:00 - 10:30	Tele-Intervention	01/26/2023	0.50		44.50	
413197	Emmy test	Physical Therapy	Mary Mover	5331431	02/13/2023	10:00 - 10:45	Family / Guardian Home	02/13/2023	0.75		66.75	
413197	Emmy test	Physical Therapy	Mary Mover	5331429	01/30/2023	14:00 - 14:45	Tele-Intervention	02/13/2023	0.75		66.75	
Total (\$):										\$0.00	\$178.00	\$0.00

Approved Adjustment

Disapproved-Billing-If-Applicable-

©2024 Yahasoftware

The Invoice Report is divided into three sections:

- 1. Approved Billing:** Approved Billing includes claims automatically approved by TOTS. These are claims in which KEIS is listed as Payor 1 and has been billed. These claims may also include the KEIS liability amount.
- 2. Approved Adjustment:** The Approved Adjustment section shows any claims processed by the SLA. This includes processed EOBs, KEIS Payor 1, private insurance adjustments and corrected claims that were previously disapproved.
- 3. Disapproved Billing (if applicable):** The disapproved billing section includes duplicate billing, errors in billing, missing service log information, incorrect billing codes and incomplete documentation. If an amount is noted in disapproved billing, the provider might need to follow up to ensure payment for the service. Be sure to consult the Note box for any instructions from SLA billing staff.

The total amount paid in a pay cycle will be the combined totals listed under Approved Billing and Approved Adjustment.

All questions regarding Agency Invoice Reports should be submitted to DPHKEISBilling@ky.gov.