



EClaims Processing Manual

Fiscal Year 2010

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Overview of EClaims

The EClaims system is an electronic online application for submitting IPRS claims to CenterPoint Human Services (CPHS). With this tool, Network providers can quickly and easily send their claims via the internet. This will benefit the providers as claims submission may be done at any time, day or night. Receipt will be confirmed and claims cannot get lost.

EClaims Minimum PC Requirements needed to access the web portal device are:

1. The PC should be running Windows XP Pro or Windows Vista and Microsoft Internet Explorer 7 or higher.
2. The PC must have internet access (preferably high speed).
3. The PC must be using up-to-date anti-virus software from Symantec, Trend or MacAfee.
4. The PC virus definitions must be up-to-date.
5. The PC must not be running any peer-to-peer file sharing software (such as Kazaa, Limewire, Bearshare, etc.)
6. The PC must have a token registry entry supplied by CenterPoint Human Services.
(CenterPoint reserves the right to modify the conditions set above at any time.)

Enrollment Procedures – Providers must have an active contract (including HIPAA Business Associate Agreement) with CenterPoint Human Services to deliver IPRS services and they must complete an Electronic Claims Submission (ECS) Agreement in order to submit claims on the EClaims system or by any other electronic means.

The ECS is separate than the provider contract. The ECS agreement form is located on the CPHS Website at <http://www.cphs.org/Providers/Forms/ECSAgreement.pdf>.

The completed ECS agreement should be returned to CPHS by US Mail, FedEx, UPS or other carrier at the following address:

Attn: Contracts
CenterPoint Human Services
4045 University Parkway
Winston Salem NC 27106-3325

Testing Requirements

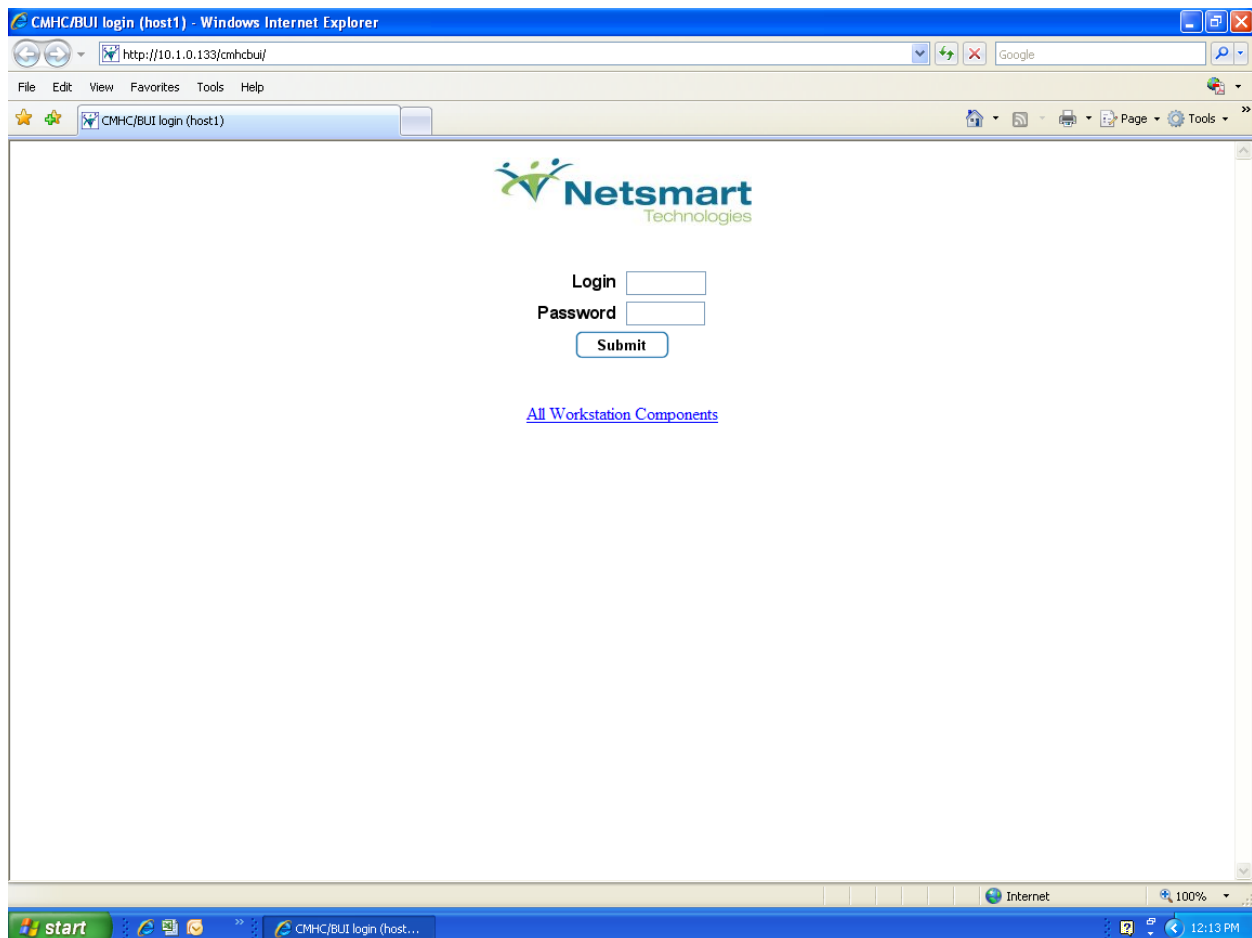
No testing is required to use the EClaims System.

Getting Started on EClaims

Before submitting claims on EClaims, all providers must attend training. After the ECS agreement is on file and training has been completed a login ID and password will be issued to the Network provider for each user. The Web Portal address will be given at the time of your credentials.

After you have logged in via the Web Portal, the following step by step instructions will show you how to enter claims.

The **Log In** screen will appear.

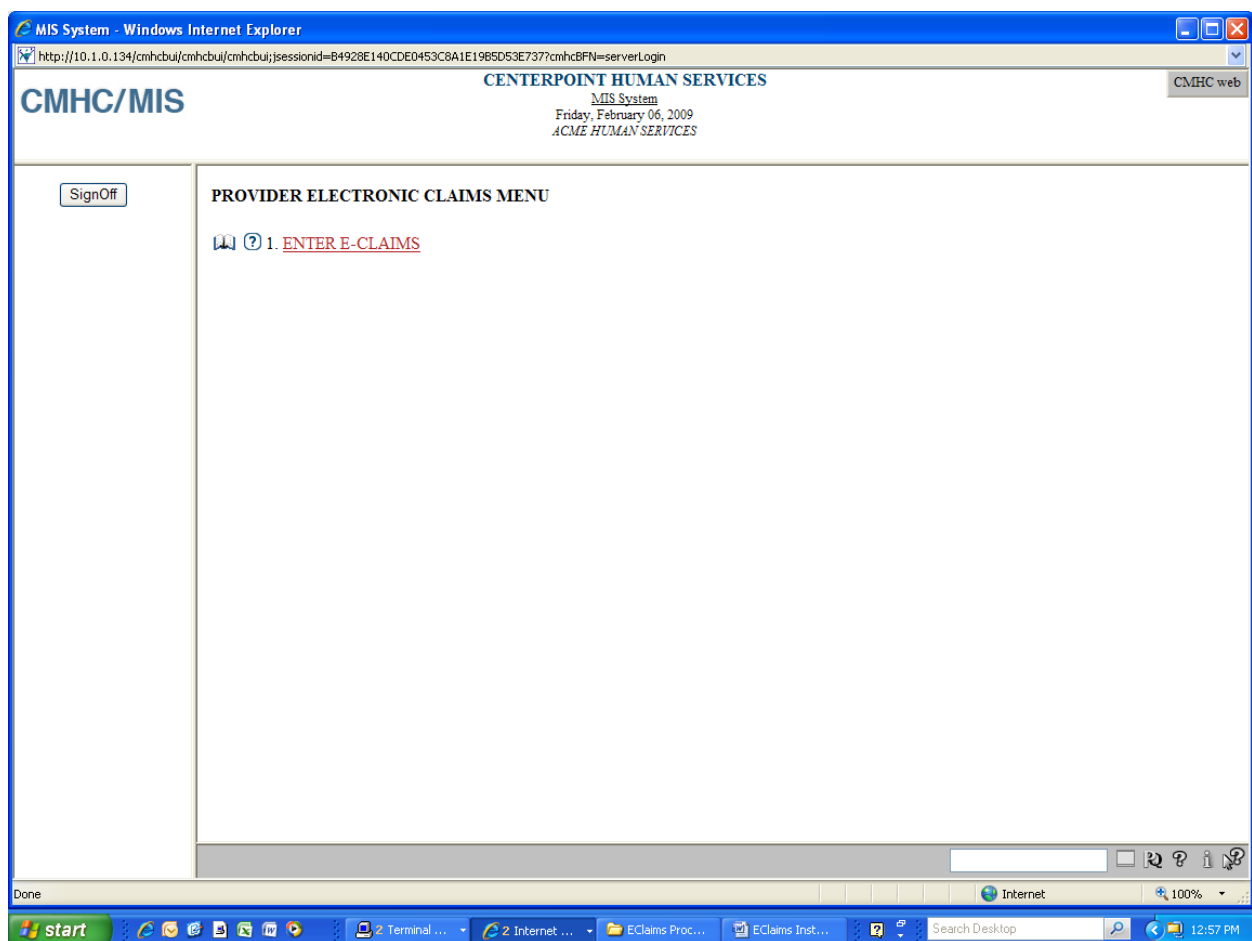


In the fields, type in the **Login ID** and **password** that has been provided for you.

Please note: the user name and password are only for your use and may not be given out. All providers should have back-up staff trained in the EClaims system to ensure that claims continue to be submitted in accordance with the LME requirements. Each staff must have their own log in credentials. Only one log in ID may be used on the system at a time.

Click on **Submit**

The **Electronic Claims Menu** will appear:



Click on **Enter E-claims**

The **Enter Provider Number** screen will appear:

The screenshot shows a web browser window titled "MIS System - Windows Internet Explorer". The address bar displays a URL: `http://10.1.0.134/cmhcba/cmhcbaui/cmhcbaui;jsessionid=B4928E140CED453C8A1E1985D53E737?cmhcBFN=serverLogin`. The page header includes "CMHC/MIS" on the left, "CENTERPOINT HUMAN SERVICES" in the center, and "CMHC web" on the right. Below the header, the text "MIS System" is displayed, followed by the date "Friday, February 06, 2009" and the text "ACME HUMAN SERVICES". The main content area is titled "Enter Provider Number" and contains a text input field and two buttons: "Submit" and "Cancel". The browser's status bar at the bottom shows "Done" and "Internet". The Windows taskbar at the very bottom includes the Start button, several application icons, and a search bar.

Enter the **Provider Number** assigned to your agency.

Click on **Submit**

The **MCO Select Provider Site** screen will appear.

The screenshot shows a web browser window titled "MIS System - Windows Internet Explorer". The address bar displays a URL starting with "http://10.1.0.134/cmhc...". The page header includes "CMHC/MIS" and "CENTERPOINT HUMAN SERVICES". Below the header, there is a section titled "[eclaims1] MCO Select Provider Site". This section contains a form with the following fields:

CenterPoint Human Services		Select Provider Site	NC Division of MH/DD/SA Services
Provider ID: 990302	Provider Name: ACME HUMAN SERVICES		
Provider SITE:	☐ ACME HUMAN SERVICES 100 MAIN ST MAYBERRY NC		
Provider SITE:	☐ ACME HUMAN SERVICES 4045 PIXLEY PKWY HOOTERVILLE NC		

At the bottom of the form, there are "Continue" and "Cancel" buttons. The browser's status bar shows "Done" and "Internet". The Windows taskbar at the bottom includes the Start button, several application icons, and a system clock showing "12:58 PM".

Select the site location where services were provided by clicking on the **radio button** next to that site location address.

Click on **Continue** at the bottom of the screen.

The **Enter Site NPI number** screen will appear.

MIS System - Windows Internet Explorer
http://10.1.0.134/cmhcui/cmhcui/cmhcui;jsessionid=B4928E140CDE0453C8A1E19B5D53E737?cmhcBFN=serverLogin

CMHC/MIS
CENTERPOINT HUMAN SERVICES
MIS System
Friday, February 06, 2009
ACME HUMAN SERVICES
CMHC web

[eclaims1] MCO Select Provider Site

CenterPoint Human Services **Select Provider Site** NC Division of MH/DD/SA Services

Provider ID: 990302 Provider Name: ACME HUMAN SERVICES

Provider Site: ACME HUMAN SERVICES 100 MAIN ST MAYBERRY NC

ENTER SITE NPI NUMBER:

Continue Cancel

start Terminal ... Internet ... EClaims Proc... EClaims Inst... Search Desktop 12:59 PM

Enter the **site NPI number** – this is the NPI number that is used for billing for the service location site that was selected.

Click on **Continue** at the bottom of the screen.

The next screen that appears is for you to enter **the Client ID number that was assigned by CPHS**. This number is provided to you at the time the services are authorized.

MIS System - Windows Internet Explorer

http://10.1.0.134/cmhcgui/cmhcgui/cmhcgui;jsessionid=B4928E140CDE0453C8A1E19B5D53E7377cmhcBFN=serverLogin

CMHC/MIS

CENTERPOINT HUMAN SERVICES

MIS System
Friday, February 06, 2009
ACME HUMAN SERVICES

CMHC web

Enter Client ID

Submit Cancel

Done

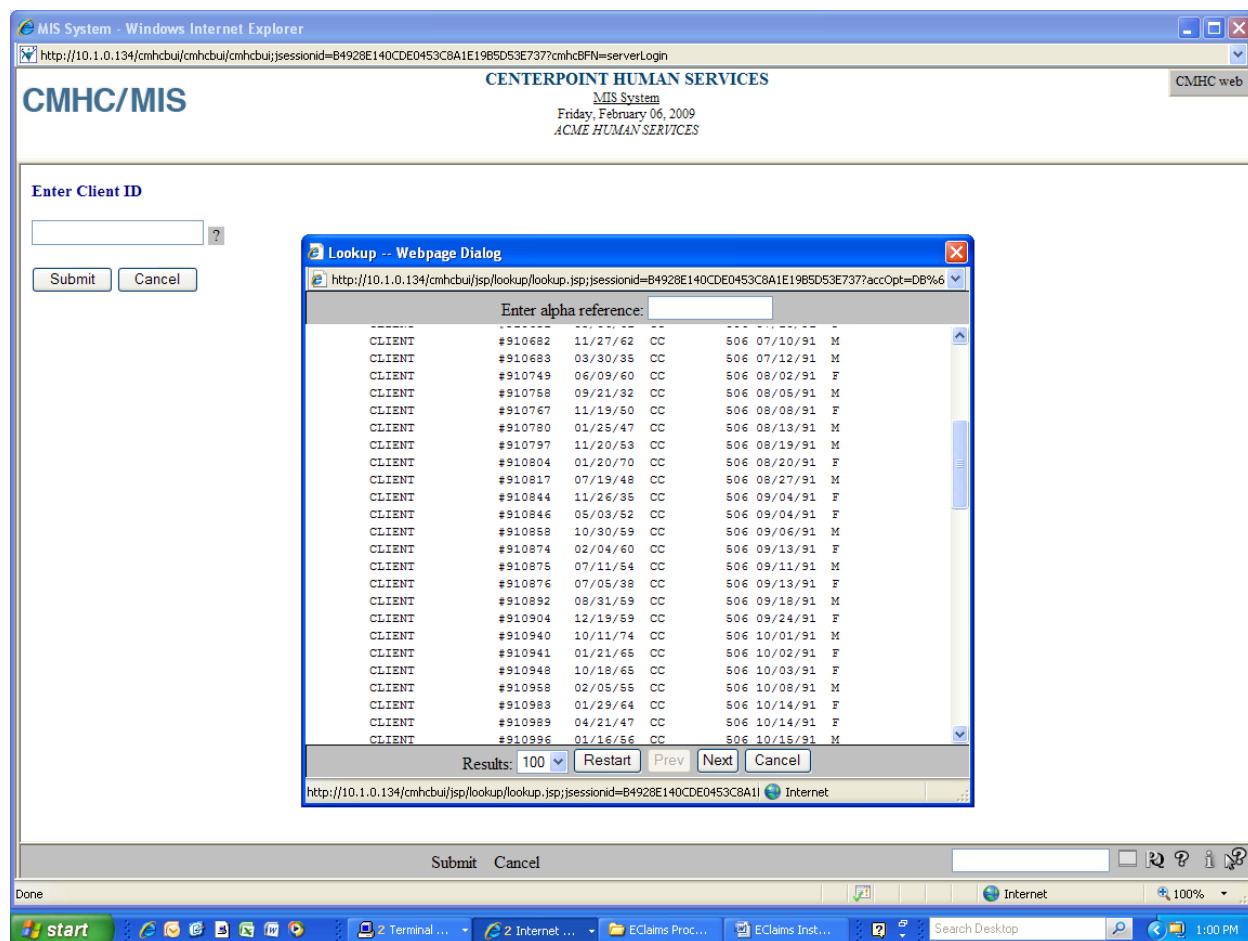
Internet 100%

start

2 Terminal ... 2 Internet ... EClaims Proc... EClaims Inst... Search Desktop 1:00 PM

Click on **Submit**

If you do not know the number, you may, click on the question mark and an alpha search screen will appear.



Enter the Client name (in all capital letters) in the box beside Enter alpha reference and then click **Restart** to start your search. A list will appear with client name, ID #, Date of Birth, Status,

Ru, Admit date and Sex. Move your cursor down to **select your client name and number**, then right click.

After the Client ID# is populated in the Box, click on **Submit** at the bottom of the screen.

The next screen that appears is the **Authorization screen**. Review the screen for the authorization issued for the services that you are billing.

Select the correct authorization by clicking on the **radio button** next to that authorization.

CMHC/MIS
MIS System
Friday, February 06, 2009
ACME HUMAN SERVICES

[eclaims3] Authorizations

CenterPoint LME NC Division of MH/DD/SA Services

Provider ID: 990302 Provider Name: ACME HUMAN SERVICES

Client Data: 0000063 DORIS ZIFFEL Birth Date: 01/20/1940

Auth Num	Effect	Lapse	FS	SVC 1	SVC 2	SVC 3	SVC 4	SVC 5
☒ 0120090003	01/13/2009	01/18/2009	39	90801				
☐ 517SJ498	11/20/2008	02/20/2009	26	YP020				
☐ 4309LH998	08/19/2008	11/19/2008	26	YP020	90801			
☐ 3519LH998	05/18/2008	08/18/2008	26	YP020				
☐ 2035LH998	02/17/2008	05/17/2008	26	YP020				
☐ 107DJN998	11/16/2007	02/16/2008	26	YP020				
☐ 2220J908	06/15/2006	09/15/2009	39	90806				

Next Client Continue Cancel

Click on **Continue** at the bottom of the screen.

The **Claims entry screen** will appear. This screen will allow you to enter thirty-one dates of services. The system will automatically calculate the amount approved upon entry of the claim detail. Each line of detail must be completed in full or the system will not accept it.

MIS System - Windows Internet Explorer
http://10.1.0.134/cmhc/bui/cmhc/bui/cmhc/bui;sessionid=B4928E140CDE0453C8A1E19B5D53E737?cmhcBFN=serverLogin

CENTERPOINT HUMAN SERVICES
MIS System
Friday, February 06, 2009
ACME HUMAN SERVICES

CMHC web

Copy Prev

s4] Claims Entry

Human Services

Claims Entry Screen

NC Division of MH/DD/SA Services

D: 990302

Provider Name: ACME HUMAN SERVICES

Site: ACME HUMAN SERVICES 100 MAIN ST MAYBERRY NC

Site NPI Number: 1659416105

0000063

DORIS ZIFFEL

Birth Date: 01/20/1940

Effect: 01/13/2009

Lapse: 01/18/2009

FS: 39

Billed This Screen: 0.00

Total Amt Paid This Screen: 0.00

Service/Rate:	Date:	Units:	Amt Billed:	Amt Paid:	Staff NPI:	Diagnosis:
				0.00		
				0.00		
				0.00		
				0.00		
				0.00		
				0.00		
				0.00		

Enter Next Claim Copy Prev Authorizations Finish Client Cancel

Done

Internet

100%

start

Terminal ...

Internet ...

EClaims Proc...

EClaims Inst...

Search Desktop

1:10 PM

For each claim the following information must be entered:

1. **Billing procedure code**, this is found by clicking on the down arrow beside the box below the Service Rate field. Use the drop down box to select the procedure code.

2. **Date of service**, use the format 01012009 (MMDDYYYY). In addition there is a drop down calendar available - click on the question mark next to the box below the Date to use.
3. **Units of service** rendered during service delivery.
4. **Amount billed** for the service.
5. **Staff NPI number**. For direct enrolled Medicaid providers (MDs, LPC, LCSW, etc) enter their individual NPI, for enhanced services enter the NPI number assigned by your agency to the Medicaid provider number for the service billed. The system has a built in NPI database and it will not accept any NPI numbers that are not on the table. To add new NPI numbers, please send CPHS the Provider information to add. This may be sent via email to the helpdesk staff listed in the appendix.
6. **Diagnosis**. Please refer to the diagnosis table listed in the appendix. The diagnosis must be entered exactly as on the list.

To move from field to field, you may click or forward tab.

There is a **Copy Previous** feature located in the upper right hand corner on the claims entry screen. This feature will reduce entry time significantly. For example, if you are billing residential, after you have entered one claim detail line, you may opt to use the Copy Previous button to let the system automatically enter the detail as many times as you specify up to 30 times. Then you must go back to each line and correct the date of service, etc. Note: when using "copy previous", the auto-calculation does not occur until the next screen.

After all claim detail is entered.

Click on **Finish Client** at the bottom of the screen.

The next screen provides you with an opportunity to review the claim and make sure that all information is correct.

CMHC/MIS
CENTERPOINT HUMAN SERVICES
MIS System
Friday, February 06, 2009
ACME HUMAN SERVICES

[eclaims5] Claims Entry Screen

CenterPoint Human Services **Claims Entry Screen 5** NC Division of MH/DD/SA Services

Provider ID: 990302 Provider Name: ACME HUMAN SERVICES

Provider Site: ACME HUMAN SERVICES 100 MAIN ST MAYBERRY NC Site NPI Number: 1659416105

Client ID: 0000063 DORIS ZIFFEL Birth Date: 01/20/1940

Auth Num: 0120090003 Effect: 01/13/2009 Lapse: 01/18/2009 FS: 39

Total Amt Billed : 175.00 Total Amt Paid : 141.38

Service/Rate	Date	Units	Amt Billed	Amt Paid	NPI	Diagnosis
90801 - CLINICAL INTAKE & EVAL	01/15/2009	1.00	175.00	141.38	1780616961	2900

Back Submit Cancel

If the information is not correct, you may cancel the entire claim by clicking on **Cancel** or correct it by clicking on **back button** next to submit and cancel at the lower part of the screen. This will take you back one screen. You may make the necessary corrections and then click on **Finish Client** again.

Click on **Submit** to complete the claims submissions.

The “Submission Completed” screen will appear next.

The screenshot shows a web browser window titled "MIS System - Windows Internet Explorer" with the URL "http://10.1.0.134/cmhcgui/cmhcgui/cmhcgui;jsessionid=B4928E140CDE0453C8A1E19B5D53E737?cmhcBFN=serverLogin". The page header includes "CMHC/MIS", "CENTERPOINT HUMAN SERVICES", "MIS System", "Friday, February 06, 2009", and "ACME HUMAN SERVICES". A "Print" button is located at the top left. The main content area is titled "[eclaims6] Claims Entry" and displays a "Submission Completed" message. Below this, a table lists claim details:

CenterPoint Human Services		* Submission Completed *		NC Division of MH/DD/SA Services	
Provider ID: 990302	Provider Name: ACME HUMAN SERVICES				
Provider Site: ACME HUMAN SERVICES 100 MAIN ST MAYBERRY NC	Site NPI Number: 1659416105				
Client ID: 0000063	DORIS ZIFFEL		Birth Date: 01/20/1940		
Auth Num: 0120090003	Effect: 01/13/2009	Lapse: 01/18/2009	FS: 39		
Service/Rate: 90801 - CLINICAL INTAKE & EVAL	Date: 01/15/2009	Units: 1.00	Amt Billed: 175.00	Amt Paid: 141.38	Staff NPI: 1780616961
Diagnosis: 2900					
Total Claims: 1					
Total Units: 1.00					
Total Amount Billed: 175.00					
Total Amount Paid: 141.38					

At the bottom of the form, there are buttons for "Next Client" and "Cancel". The browser's status bar shows "Done" and the Windows taskbar at the bottom displays the start button, taskbar, and system clock (1:15 PM).

To print the “Submission Completed” claim summary. Click on **Print** located above the “Submission Completed” dialog box.

To enter another claim under the **same NPI site location**, click on **Next Client**. This will bring you back to the **Client ID screen**. From there enter the next Client and proceed with the claims entry.

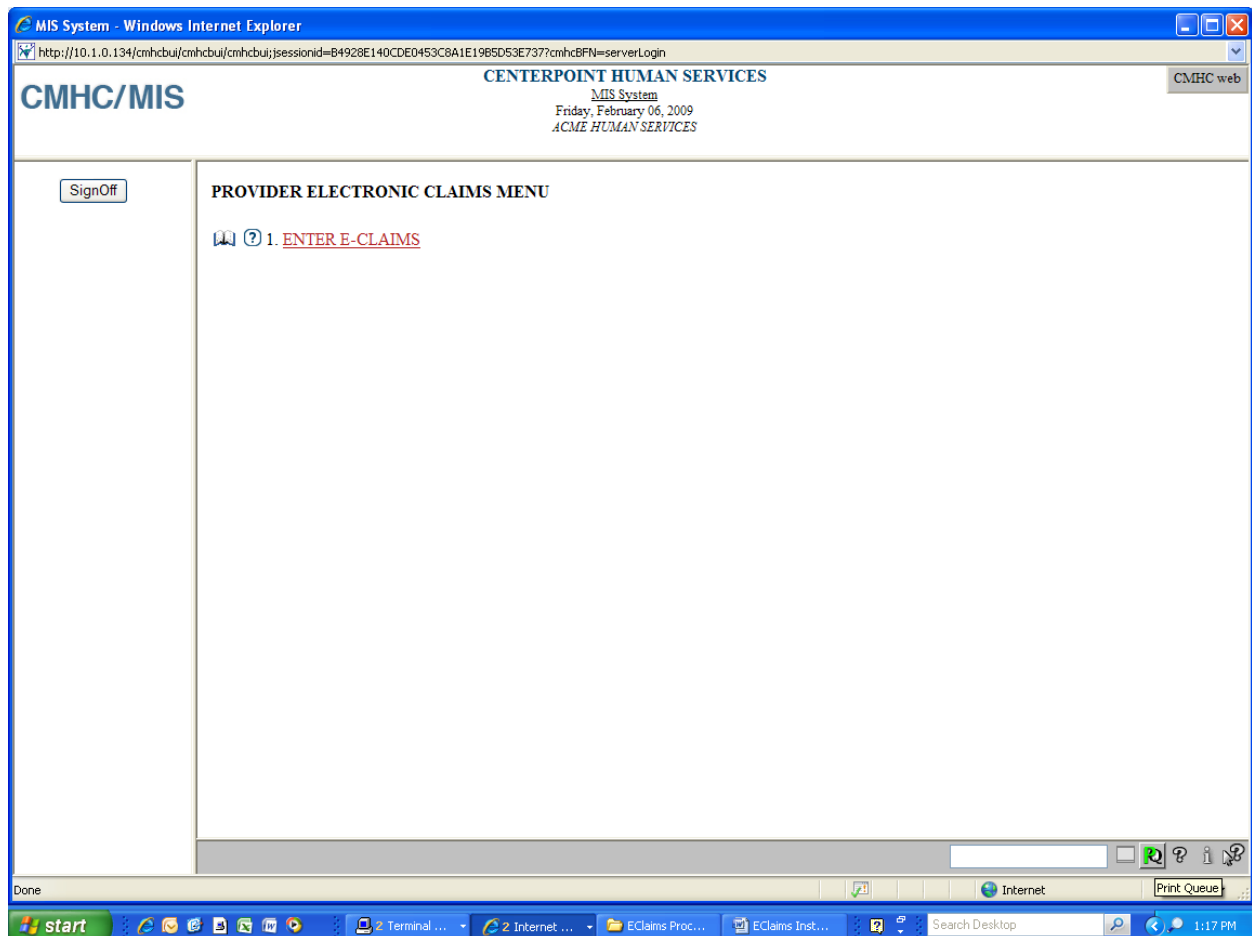
To enter another claim under a **different NPI site location**, click on **Cancel**. Start from the beginning.

If you are finished entering claims, to end the session click on **Cancel**.

This will take you back to the Electronic claims Menu. Click on **Sign Off** and your session is ended. Then sign off the web portal.

Print Claims Reports

In addition, to the individual claim confirmation report that is available at the end of each completed claim entry, two addition reports are available. These reports can be accessed via the print queue.



To access the print feature, **click on the “P”** located in the lower right hand corner of the Provider Electronic Claims Menu

Lock	Report Name	Date	Time	Size	Signon	MISPrinter	Stat	Q	LPName-Sequence	Session
	Preclaims Report	01/27/2009	1:31 PM	1,700	102					000000
	Claims Print	01/23/2009	11:22 AM	2,547	102					000000

Two reports are:

PreClaims Report – this report provides the total of all claims entered during the billing period.

Claims Print – this report provides the detail of all claims that have been processed through the first level adjudication. The report will show all approved claims which will be billed upstream to IPRS.

Claim Edits

The EClaims system is designed with claim edits to aid your agency during the claims entry process which will reduce claim denials. The system will not accept any claims entries for services that are a duplicate of a previously billed service, not authorized, not contracted or exceeds the time limitation for filing.

The claims edits are as follows.

1. **Service Required** – A service was not selected.
2. **Too Long From Service to Claim** – More than 60 days have elapsed since the date of service.
3. **Units Required** – Units must be entered for each claim.
4. **Not Enough Units Remaining** – The number of units entered exceeds the remaining units authorized.
5. **Amount Billed Required** – Amount billed must be entered for each claim.
6. **Provider Not Contracted** – A valid contract and/or rate schedule for the service or date entered was not found.
7. **Client Not Authorized** – The service date does not fall within the effective and lapse date boundaries of the authorization.
8. **Duplicate Claim Entered** – A claim with the same service and date has already been entered, but not yet posted.
9. **Duplicate Event Found** – A claim with the same service and date has already been entered and an event has been posted.
10. **Valid NPI Not Found** – The NPI number entered was not found in the NPI database.
11. **Diagnosis Not Found** – A matching diagnosis was not found in the diagnosis table. This error will not prevent the claim from being entered.

Claims Processing Cycle

Claims may be entered any day of the week. All claims entered by Monday close of day will process to the LME Overnight.

The LME will send your claims through the first level of adjudication on Tuesday morning. This process will either approve or deny your claims. On Wednesday mornings CPHS will have a report reflecting the claims submitted with an approval or denial status. These claims will then be billed to IPRS for payment.

Time Limitation for Filing

Providers have a time limit to enter claims. The LME refers to this time limit as a billing “window.”

The Provider has a 60 day window from the date of service to enter an IPRS claim. Any claims submitted beyond this time limit will deny at the claims entry level with the reason “too Long From Service to Claim”.

CPHS Claims submission requirements:

1. All claims for services must be submitted individually for each consumer electronically in adherence with the schedule in your contract. The claim must include the authorization number, the date of each service event, the actual units of service for each date, and the appropriate service code, for each billed event. All events billed must be pre-audited for documentation compliance by the Provider.

2. The LME shall review all claims or invoices within eighteen (18) calendar days after receipt. CenterPoint Human Services shall approve payment, deny payment for all or portions of the claim or invoice, or request additional information. CenterPoint Human Services shall pay all approved or undisputed portions of claims/invoices for services performed by the Provider within thirty (30) calendar days after approval. Such payment constitutes full and final payment of the approved or undisputed portions of the claims or invoices.
3. The LME will issue payment to the Provider within 18 business days, the exact amount that was paid by IPRS under the Provider's number per the IPRS Remittance Advice. The LME will not reimburse the Provider until the LME has received payment from IPRS.
4. All claims submitted by the Provider to CPHS more **than sixty (60) days after the date of service and adjustments will be excluded from the timelines governing the prompt pay provisions** set out in the Operations Manual.
5. All claims must be submitted to the LME electronically via EClaims System or electronic HIPAA 837 transaction in accordance with the contract requirements.

Adjustments, Paybacks, & Recoupment's:

Claim Adjustments & Paybacks Billing errors may occur. To correct previously submitted claims, the Adjustment/Refund form must be used. The Adjustment/Refund form is located in the appendix.

The Adjustment/Refund form should report the original claim information with the reason for the adjustment, e.g. units' wrong, incorrect date of service, wrong amount billed, etc. If there is a payback, a check should accompany the form. The check should be made payable to CenterPoint Human Services.

A corrected claim completed on a CMS1500 form should be included when submitting an adjustment.

Please note: Providers cannot enter claim adjustments or resubmissions through the EClaims system. CenterPoint will process all adjustments within 30 days of receipt.

Recoupment's When services are approved by IPRS and then recouped due to the consumer becoming eligible for Retro-Active Medicaid; CenterPoint will adjust the dollars recouped by IPRS from the Providers future payments or request reimbursement from the Provider Agency.

Who to contact for Questions

EClaims Helpdesk

For inquiries regarding claims entry, claim status, processing, EOBs or denials the helpdesk will be available for calls Monday- Thursday 8:00AM - 5:00PM and, Friday 8:00AM-2:00PMon Friday.

Primary contact: Gloria Cole
336.714.9359
gcole@cphs.org

Secondary contact: Barbrette White
336.714.9362
bwhite@cphs.org

Billing / Claims Questions

Kathy Tuttle, Billing Manager
336.714.9336
ktuttle@cphs.org

Director of Finance

Kevin Beauchamp, CFO
336.714.9130
kbeauchamp@cphs.org

Web Portal:

Gene Hudson
336.714.9306
ghudson@cphs.org

CMHC/BUI:

Primary contact: Gary Dudley
336.714.9308
gdudley@cphs.org

Secondary contact: Susan Comer
336.714.9317
scomer@cphs.org

Appendix

Electronic Claim Submission (ECS) Agreement

CenterPoint Human Services requires an attestation for electronic claims. CenterPoint Human Services has created an Electronic Claims Submission (ECS) agreement for this purpose. CenterPoint has based this ECS Agreement on the ECS Agreement that is used by Electronic Data Systems (EDS) for the Division of Medical Assistance and the Division of Mental Health, Developmental Disabilities, and Substance Abuse as a guide and in an effort to maintain consistency in expectations of Providers.

The ECS Agreement will remain in effect until your Provider Contract is terminated. Provider must complete and submit a Change of Address Form (found in the Operations Manual and at www.cphs.org) when any change of address occurs.

Please note that we cannot release a check to your agency unless we have this agreement on file. Please sign and return both copies to CenterPoint at the address below, an original with a Received stamp date will be returned to you for your records:

CenterPoint Human Services
Attn: Contracts
4045 University Parkway
Winston Salem NC 27106-3325



ELECTRONIC CLAIMS SUBMISSION (ECS) AGREEMENT
FISCAL YEAR 2010

Carefully read the ECS agreement in its entirety. The signature of the provider constitutes acceptance of the conditions for electronic submission of claims. This agreement is not transferable from one provider to another. The Agreement may not be altered in any way. Photo or fax copies are not accepted.

1. Type or print in black ink and return to CenterPoint Human Services.
2. State the provider name as stated on provider contract.
3. State the address for receipt of checks.
4. List the main contact person, title, and applicable contact numbers.
5. List your CenterPoint Human Services provider number.
6. Original signatures must be on form. The contact name should be the same as the authorized agent.
7. List other contacts that can answer billing questions should the main contact not be reached. If at any time during the course of the year this information changes, please send an updated form to CenterPoint Human Services Contract Department.
8. Return the completed agreement to:

CenterPoint Human Services

Attention: Contracts

4045 University Parkway

Winston-Salem, NC 27106-3325
9. Upon CenterPoint Human Services approval by the Contract Manager, a signed copy will be returned to the provider.



ELECTRONIC CLAIMS SUBMISSION (ECS) AGREEMENT
FISCAL YEAR 2010

THIS AGREEMENT made between CenterPoint Human Services, Area Authority/County Program (herein known as the Local Management Entity or LME), and «Provider_Name», (herein known as the "Provider"), operating under the laws of North Carolina. By means of this Contract, the Local Management Entity is establishing a relationship with Providers who are reimbursed pursuant to LME budget allocations for approved activities and/or services.

This Contract is effective as of the date received by the LME and continues until (1) Provider's underlying contract is permanently terminated or no longer renewed, or (2) immediately upon mutual agreement of both parties; or (3) upon ninety (90) days written notice by one party, sent via Certified Mail to the other.

Completion of this Agreement constitutes Provider's election, subsequent to a valid Contract with CenterPoint Human Services to provide services in consideration of the right to submit claims by paperless means rather than by, or in addition to, the submission of paper claims agrees that it will abide by the following terms and conditions:

1. The Provider shall abide by all Federal and State statutes, rules, regulations and policies (including, but not limited to: the Medicaid State Plan, Medicaid Manuals, and Medicaid bulletins published by the Division of Medical Assistance (DMA) and/or its fiscal agent) of the Medicaid Program, and the conditions set out in any Provider Participation Agreement entered into by and between the Provider and the Division of Mental Health, Developmental Disabilities, and Substance Abuse Services (the Division) and/or DMA.
2. Provider's signature on this agreement signifies its election to submit its claims filing electronically and shall be binding as certification of Provider's intent to file electronically and its compliance with all applicable statutes, rules, regulations, and policies governing electronic claims submission. The Provider agrees to be responsible for research and correction of all billing discrepancies. Any false statement, claim or concealment of or failure to disclose a material fact may be prosecuted under applicable federal and/or state law and such violations are punishable by fine, imprisonment and/or civil penalties as provided by law.
3. Claims submitted in electronic format for processing shall fully comply with applicable technical specifications of CenterPoint Human Services. CenterPoint Human Services may reject entire

claims submission at any time due to provider's failure to comply with the specifications stated in the manual.

4. The Provider shall furnish, upon request by the Division, the LME, or their agents, documentation to ensure that all technical requirements are being met, including but not limited to requirements for program listings, file descriptions, accounting procedures, and record retention.
5. The Provider shall have on file at any time of a claim's submission and for five (5) years thereafter, all original source documents and medical records relating to that claim, (including but not limited to the provider's signature), and shall ensure the claim can be associated with and identified by said source documents. Provider will keep for each recipient/consumer and furnish upon request to CenterPoint Human Services, a file of such records and information as may be necessary to fully substantiate the nature and extent of all services to have been provided to Medicaid, IPRS, Federal, or County funded recipient/consumers. The failure of Provider to keep and/or furnish such information shall constitute grounds for the disallowance of all applicable charges or payments.
6. The provider and any entity acting on behalf of the provider shall not disclose any information concerning a CenterPoint Human Services recipient/consumer to any person or organization, except DMA and/or the Division and/or its contractors, without the express written permission of the recipient/consumer, his parent or legal guardian, or where required for the care and treatment of a recipient/consumer who is unable to provide written consent, or to bill other insurance carriers or Medicare, or as required by State or Federal law.
7. Sufficient security procedures must be in place to ensure that all transmissions of documents are authorized and that recipient/consumer specific data from is adequately protected from improper access.
8. Provider must identify and bill any third party insurance and/or Medicare coverage prior to billing Medicaid or IPRS.
9. Either the Provider or CenterPoint Human Services has the right to terminate this agreement by submitting a thirty (30) day written notice to the other party; that violation by Provider or Provider's billing agent(s) of the terms of this agreement shall make the billing privilege established herein subject to immediate revocation by CenterPoint Human Services: that termination does not affect provider's obligation to retain and allow access to and audit of data concerning claims. This agreement is cancelled if the provider's contract with CenterPoint Human Service is terminated.
10. No substitutions for or alterations to this agreement are permitted.
11. Provider is responsible for ensuring that electronic billing software purchased from any vendor or used by a billing agent complies with billing requirements of CenterPoint Human Services and shall be responsible for modifications necessary to meet electronic billing standards.

12. To the extent permitted by applicable law, Provider will hold harmless CenterPoint Human Services and its agents from all claims, actions, damages, liabilities, costs and expenses, which arise out of or in consequence of the submission of billings through paperless means. Erroneously submitted claims include duplicates and other claims resubmitted due to Provider error.

The undersigned having read this agreement for billing claims electronically through CenterPoint Human Services and understanding it in its entirety; hereby agree(s) to all of the stipulations, conditions, and terms stated herein.

Provider Name: _____

Site Address: _____

Billing/Mailing Address: _____

Contact Person & Title: _____

Phone and Fax Numbers: _____

E-Mail Address: _____

Signature of Authorized Agent: _____

Date: _____

CPHS Provider Number: _____

Date Received by CPHS: _____

Request to Allow Access to CenterPoint Human Services E-claims Systems

This form is to be used to request electronic access to the CenterPoint Human Services E-claims systems. Each user who accesses our E-claims systems must have their own login and password. Logins and passwords are not to be shared with or used by others. Each user who accesses our E-claims system must agree to comply with all rules of use as set forth in EClaims Processing Manual. CenterPoint Human Services will create logins and passwords for up to (3) users at each provider agency. Generic user names and passwords will not be issued. Supervisors must sign for each user who requests access. If a user leaves the employment of a provider agency, the user's supervisor will immediately notify CenterPoint Human Services so that the user's access to the E-claims system can be removed.

Provider Agency Name_____

User Information Required for individual login and password

First Name_____

Last Name_____

(3) Initials_____

Phone Number_____

Address_____

E- Mail_____

User Signature:_____ **Date**_____

Supervisor Signature_____ **Date**_____

First Name_____

Last Name_____

(3) Initials_____

Phone Number_____

Address_____

E- Mail_____

User Signature:_____ **Date**_____

Supervisor Signature_____ **Date**_____

CenterPoint Human Service
Provider Request
Payback / Adjustment Form

Request Date: _____

Provider: _____

Requested By: _____

Consumer Name: _____

CPHS Record Number: _____

Date(s) Of Service: _____

Service Code: _____

Units / Duration: _____

Amount billed/refunded _____

Comments: (reason for the error. What are the correction(s)/change(s) that need to be made?)

Please mail this completed form to: Attn: Claims

CenterPoint Human Services
4045 University Parkway
Winston Salem, NC 27106-3325

Fax 336-714-9301

Billing Deadlines in FY 2010

The deadlines as stated in your contract for FY 2010 are as follows

SERVICE DELIVERY DATES	INVOICE DUE TO CENTERPOINT
July 1, 2009 through July 31, 2009	Noon on August 7, 2009
August 1, 2009 through August 31, 2009	Noon on September 5, 2009
September 1, 2009 through September 30, 2009	Noon on October 7, 2009
October 1, 2009 through October 31, 2009	Noon on November 7, 2009
November 1, 2009 through November 30, 2009	Noon on December 5, 2009
December 1, 2009 through December 31, 2009	Noon on January 7, 2010
January 1, 2010 through January 31, 2010	Noon on February 6, 2010
February 1, 2010 through February 29, 2010	Noon on March 6, 2010
March 1, 2010 through March 31, 2010	Noon on April 7, 2010
April 1, 2010 through April 30, 2010	Noon on May 7, 2010
May 1, 2010 through May 31, 2010	Noon on June 5, 2010
June 1, 2010 through June 30, 2010	Noon on July 8, 2010

