

Attention All MaineCare Providers

The timely filing extension is scheduled to expire December 31, 2006 and will expire as planned. Provider Relations staff in the Division of Customer Service will continue to review timely filing requests on a case-by-case basis for merit as they have done in the past.

Current timely filing, as listed in Chapter I, Section 1.10-2 is as follows:

Providers have one (1) year from the date services are provided to bill the Department, regardless of when eligibility is verified. Since it is the responsibility of providers to verify eligibility, members may not be billed for covered services that have been denied by the Department for exceeding the one (1) year limit for claims submission because the provider did not verify eligibility.

If eligibility for MaineCare is determined after a service is provided, providers have one (1) year from the date that MaineCare eligibility was granted to bill the Department.

Claims submitted for payment for services where there is cost-based reimbursement must reflect dates of service based upon days actually billed in only one of the provider's fiscal years.

When claims are rejected, providers have one (1) year from the date of the initial submission of the claim to resubmit a correct claim for payment to resolve the claim. The initial claim must have been submitted within one year from the date of service. The one (1) year limit for resubmission applies to all rejected claims except:

- A. in cases involving other insurance carriers or Workers' Compensation, where the one (1) year limit would apply from the date on the carrier's explanation of benefits
- B. if financial eligibility for MaineCare is determined after a service is provided, providers have one (1) year from the date that MaineCare eligibility was granted to bill the Department. Documentation of retroactive coverage must be submitted with the claim.