

School-Located Vaccine Clinics

TOOLKIT

Part 6: BILLING FOR VACCINE ADMINISTRATION FEES

MaineCare Contacts

Commercial Insurance Billing Instructions



MaineCare Contacts

Office for Family Independence (OFI) Eligibility Offices - To apply for benefits, call 1-855-797-4357. TTY users dial 711.

Consumers for Affordable Health Care (CAHC) - For application questions, call 1-800-965-7476. TTY users dial 1-877-362-9570.

MaineCare Member Services - For questions about covered services, call 1-800-977-6740. TTY users dial 711. You can also email MaineCareMember@molinahealthcare.com.

Pharmacy Help Desk - For prescription drug benefits, medication prior authorizations, and Medicare Part D questions, call (207) 624-6902 or 1-866-796-2463. TTY users dial 711.

Provider Services - For MIHMS and Health PAS Online Portal questions, call 1-866-690-5585. TTY users dial 711.

Provider Relations - For policy questions, see which representative to contact on the [Provider Relations Staff Assignments](#) (PDF). <https://www.maine.gov/dhhs/oms/contact-us.shtml>

Third Party Liability - For questions about other insurance, call 1-866-796-2463. TTY users dial 711.

Private Health Insurance Premium (PHIP) - For help paying for private health insurance premiums, call 1-800-977-6740. TTY users dial 711.

Commercial Insurance Billing Instructions

- ✓ Call 800-890-2986 (Option 1) to receive a contract from Commonwealth Medicine
 - Complete and mail two signed originals to Commonwealth Medicine at the address below
- ✓ Add your school's NPI and UMMS Provider Code (assigned to your school upon contracting with the Vaccine Reimbursement Program) to each Health Screen and Permission Form - *this must be on every form in order for claims to be submitted*
- ✓ Have each child's parent/guardian fill out the child's insurance ID number and the appropriate insurance subscriber's information

Fill out ID number *exactly* as it appears on insurance card including any prefix letters or suffix numbers

Fill out group number if applicable

10) Health Insurance: Name of Company: _____
 ID Number: _____ Group number: _____
 Subscriber Name _____ Subscriber Date of Birth _____

Fill out the insurance subscriber's name *exactly* as it appears on their insurance card

Subscriber's date of birth must be completed

- ✓ Parent/guardian must sign the permission line for the claim to be billed. If the claim is not signed the insurance company will not be billed.
- ✓ In order to submit the claim, the clinical information section must be filled out and include the date of service, vaccine type and route, vaccine manufacturer, lot number and dose, and preservative information.
- ✓ Whenever possible, please ask parents to attach a photocopy of their insurance card to the Health Screen and Permission Form
- ✓ Sort Health Screen and Permission Forms by insurance company
- ✓ Photocopy all Health Screen and Permission Forms, *keep the original for your records*, and mail the copy via certified mail carrier to:

Commonwealth Medicine
 333 South Street
 Shrewsbury, MA 01545
 Attn: Vaccine Reimbursement Program



* If you have any questions please feel free to call 800-890-2986 (Option 1)