Premier
Financial Management Services

INDEPENDENT LIVING SUPPORTS PILOT (ILSP) – Non-Professional Provider (NPP) & VENDOR CLAIM FORM

Invoice #: _____

NPP/VENDOR Name: Jon Doe

EIN/SSN: 111-22-3333

NPP/VENDOR Address: 111 W Central, Milwaukee WI 53172

Participant Legal Name: Jane Doe

Instructions: *Please complete the form below. To prevent delays in payment, please fill out all fields and submit to Premier. Please make sure the goods and/or services you are billing are included in the participant's ILSP approval letter. Please reference the ILSP Approval letter for the goods/services, units, amounts and codes.*

Date of Service	Description	Service Code	Modifiers	Units	Rate	Unit Type	Billed Amount
9/1/23	Personal Care Per 15 minutes	T1019		24	$3.75/unit	per 15 min	$90.00
9/3/23	Respite per 15 mins	T1005		28	$3.75/unit	per 15 min	$105.00
9/4/23	Daily Living Skills per 15 mins	T2017		36	$3.50/unit	per 15 min	$126.00

Vendor signature and date: _____

Claim Submission

Mail/Walk-In:	Phone:	Email:	Fax:
1414 MacArthur Rd Suite 100B Madison, WI 53714	1-888-890-2286 (option 3)	ilspclaims@premier-fms.com	1-877-334-2619

Description of how to fill out the Claims form and what the titles mean

Date of Service	Date that the service is performed. MM/DD/YYYY
Description	Description is for a description of services you are providing. Examples: Respite, Daily Living skills, Specialized Medical Equipment, Counseling, etc.. You will find the description on your Authorization Letter
Service Code	Service Code comes from the Participant ILSP Plan and the Authorization letter that you were sent. See below for example. With example below the Service Code would be S5120.
Modifiers	Modifiers are attached to the Service Code if the Service Code has one. Per the example below the Modifier would be U1. Modifiers are also available in your authorization letter, if the Service Code has a modifier – not all Service Codes have a modifier.
Units	Units depend on your Service code and if it is *Per 15, Per Diem, Each or Other*. *Per 15* means Per 15-minute increments, so 4 units equal 1 hour. You would need to take your total hours and multiply by 4 to get the total units. For *Per Diem, Each and Other* it is a one to one for units. So one hour, one time, or one event.
Rate	Rate is your wage/rate for the services you are providing. If your Service Code is a *Per 15* please remember that you would need to take your rate and divide by 4 for each unit or specify that your rate is the hourly rate vs per 15. If your Service Code is *Per Diem, Each or Other* then you would put the Rate listed on the Authorization Letter for the service provided.
Unit Type	Unit Type could be *Per 15, Per Diem, Each or Other.* Please list appropriately from your Authorization Letter.
Billed Amount	Billed amount would be the total you are billing for each line you have on the Claims form. Please do the math, taking units X Rate and put the total in dollars.
40 Hour Work Week Health & Safety Rule	Per DHS to mitigate safety risks in the ILSP Program, a NPP is limited to working no more than 40 hours per work week. The 40-hour limit applies to a seven-day work week, which, for consistency in the ILSP Program, starts on Sunday at 12 a.m. and ends on Saturday at 11:59 p.m. Multiple NPPs may be hired to ensure needs of the Participant are met, if necessary, while following the 40-hour per work week limit. Overtime pay is not allowable in the ILSP Program.

Example of Authorization letter and information included.

This letter is to confirm that '**Vendor Name'** is approved to provide the following service(s):

Participant Name	Start Date	End Date	Service Description	Service Code	Modifier	Units	Frequency	Rate	Unit Type
Jane Doe	11/23/2023	11/23/2024	Supportive Home Care	S5120	U1	100	Annual	$4.00 per unit (4 units = 1 hour so hourly rate is $16.00)	Per 15 min (4 units = 1 hour)

A complete claim will include all of the information listed above along with each individual date of service. Additionally, please include Provider name and Provider EIN on the claim. The invoice number can be used to easily track claims but is not required.

If you have questions please contact us at 1-888-890-2286 (option 3)