Overview of Billing Guidelines for Early Intervention Services (EIS) and Targeted Case Management (TCM) Services for Children Ages 0 to 3

November 19, 2018
EIS and TCM Services Implementation

Sunshine Health is responsible for these services based on the SSMC contract rollout below:

**Phase 1:**
December 1, 2018
Regions 9, 10 and 11

**Phase 2:**
January 1, 2019
Regions 5, 6, 7 and 8

**Phase 3:**
February 1, 2019
Regions 1, 2, 3 and 4
Early Intervention Services
Early Intervention Services (EIS)

• This service was added as a managed care covered benefit to facilitate an integrated health care delivery to support coordination and payment for all of the services a child needs.

• Sunshine Health recognizes that there are federal requirements to have:
  – Referral to screening, evaluation, and Individualized Family Support Plan (IFSP) developed within 45 days
  – Services start no later than 30 days from the date of the family/caregiver consent on the IFSP
Contracting with EIS Providers

• Sunshine Health is in the process of contracting with the 15 local Early Steps provider groups who provide EIS services.

• We acknowledge that the Department of Health provides an Infant and Toddler Developmental Specialist (ITDS) certificate for providers who become specialized in children with special needs and their families under the Early Steps Program.

• Confirmation of this certificate will be obtained upon the Sunshine Health credentialing process and ongoing.

• Sunshine Health will pay the Medicaid fee for service rates for EIS services.
EIS Provider Billing

• Providers who are not employees of the Early Step agency, who are certified to perform EIS services, and have an arrangement with the Early Steps program to provide services can bill Sunshine Health under their tax identification number and Medicaid provider number.

• EIS providers who are employees of an Early Step agency will bill Sunshine Health under the Early Step’s tax identification number and the Early Step’s Medicaid provider number.
Continuity of Care for New Members

• If Sunshine Health does not have contracts in place with all EIS certified providers when a region is implemented, we will do a single case agreement (SCA) with the child’s existing providers.

• The continuity of care (COC) period for these services are the same for other services:
  – 60 days for MMA members
  – 90 days for Child Welfare members

• As part of COC, Sunshine Health will pay EIS providers at the rate they were previously receiving for up to 30 days.
The IFSP

- The Individualized Family Support Plan (IFSP) process begins at the time of referral, where the family’s identified resources, priorities, concerns, interests and daily activities are woven together throughout the process and is developed by a multidisciplinary team.

- A Plan of Care must be developed and updated every six months (or upon a change in services).

- Sunshine Health Case Management staff must participate in the multidisciplinary team meetings where the IFSP is developed in order to facilitate quick and timely authorization of medically necessary services.
## Covered EIS Codes

The following are the EIS codes with applicable modifiers that Sunshine will reimburse for enrolled members.

These services do not require a prior authorization from Sunshine Health.

<table>
<thead>
<tr>
<th>Service</th>
<th>Codes with Modifiers</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Screening</td>
<td>T1023</td>
<td>Early Intervention Screening</td>
</tr>
<tr>
<td>Evaluation</td>
<td>T1024 with modifiers: GP, UK, GN, GO, TL and HN</td>
<td>Early Intervention Evaluation</td>
</tr>
<tr>
<td>Follow-up Services</td>
<td>T1024 with modifiers: GP, TS, GN, GO, TL</td>
<td>Follow-up psychosocial and developmental evaluations</td>
</tr>
<tr>
<td>Sessions</td>
<td>T1027 with modifiers: SC, TT</td>
<td>Early Intervention individual or group sessions</td>
</tr>
</tbody>
</table>
Prior Authorization of EIS

- Sunshine Health does not require prior authorization for EIS screening, evaluation and ongoing follow-up services.

- This includes the following codes:
  - T1023, T1024, T1027 with the applicable modifiers
Targeted Case Management Services
Targeted Case Management

• Providing targeted case management (TCM) services for children receiving EIS is a federal requirement for children in Early Steps in order for the child to have their services coordinated.

• Case managers providing EIS TCM must be certified/trained by the DOH Early Steps program, or their designee.

• Sunshine Health will contract with the providers who are delivering TCM for these children.

• Providing the certification of training will be part of our credentialing process.
Management of TCM

- Continuity of Care rules also apply for TCM for new members.
  - 60 days after the new enrollment for MMA members
  - 90 days after the new enrollment for our Child Welfare Specialty Plan members.

- Single Case Agreements may be executed until the provider is contracted.

- As part of the initial and ongoing credentialing process, proof of CMS/DOH TCM certification will be obtained.

- Sunshine Health will pay the Medicaid fee for service rate for TCM services.
Covered TCM Codes

The following are the TCM codes with applicable modifiers that Sunshine will reimburse for enrolled members.

These services **do not** have to be prior authorized by Sunshine Health for reimbursement to occur.

<table>
<thead>
<tr>
<th>Service</th>
<th>Codes with Modifiers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Targeted Case Management for Children’s Medical Services Early Steps providers</td>
<td>T1017 with modifier TL</td>
</tr>
<tr>
<td>Targeted Case Management for Children’s Medical Services medical foster care contractors</td>
<td>T1017 with modifier SE</td>
</tr>
</tbody>
</table>
Billing Guidelines
Timely Filing Guidelines:

- Initial Filing of a claim must be made in 180 calendar days from the date of service.
  - Providers must submit claims within six months after the date of discharge or the date a non-participating provider was given the correct name and address of the applicable managed care plan.

Resubmissions:

- Corrected, reconsiderations, or disputes must be filed within 90 calendar days from the receipt of payment/denial notification.
Claims Payment

Coordination of Benefits:

• When Sunshine Health is secondary payer, and the primary payer is an entity other than Medicare, Sunshine Health requires the provider to submit the claim within 90 calendar days after the final determination of the primary payer.

• When the primary payer is Medicare, the timeline to submit the claims is based on the Medicare Provider General Handbook.
Claims Payment:

• Clean claims will be adjudicated (finalized paid or denied) within 15 days (electronic), and 20 days (paper), following receipt of the claim.

Processing standards:

• Pay 50% of clean claims within 7 days
• Pay 70% of clean claims within 10 days
• Pay 90% of clean claims within 20 days
Billing Tips

The following are essential data needed to ensure appropriate payment:

• Provider Name (as noted on his/her current W-9 form)
• Provider nine-digit Medicaid Number
• Tax Identification Number
• Provider National Provider Identifier (NPI)
• Physical location address (as noted on current W-9 form)
• Billing name and address (if different)
• Is the member effective with Sunshine Health on the date of service
• The service provided is a covered benefit on the date of service
• A prior authorization was received if needed for that service
Billing Tips

- For EIS and TCM services, the provider should follow the Agency for Health Care Administration’s (AHCA) Child Health Services applicable Coverage and Limitations Handbook. Sunshine Health has established the same benefit limitations for EIS and TCM services as noted in the AHCA Coverage and Limitations Handbook.

- The applicable modifiers for EIS and TCM must be billed with the procedure code for appropriate payment to be made.

- For TCM services:
  - Only one TCM can bill per member per day.
  - Only one TCM claim per member per targeted care manager should be submitted per day.
Electronic Claims Transmission

Network providers are encouraged to participate in Sunshine Health’s Electronic Data Interchange Program.

Five clearinghouses can be used for Electronic Data Interchange (EDI):

• Emdeon
• Gateway EDI
• Availity
• SSI
• Medavant

The 5010-837 companion guides for EDI billing requirements, plus loop segments, can be found on Sunshine Health’s website:

SunshineHealth.com/for-providers/electronic-transactions/edi/
Electronic Claims

For electronic filings use these payor IDs:

Sunshine Health Payor ID #: **68069**
For Behavioral Health claims use Payor ID#: **68068**
  - This would apply for the Targeted Case Management Services.

For more information on electronic filing, contact:

Sunshine Health Plan
c/o Centene EDI Department
1-800-225-2573, extension 25525
or by e-mail at: EDIBA@centene.com
Electronic Claims

Other EDI Clearinghouses:

Emdeon 866-369-8805
www.transact.emdeon.com

Availity 800-282-4548
www.availity.com

Use the same Payor IDs:
Sunshine Health Payor ID #: 68069
For Behavioral Health claims use Payor ID#: 68068
Paper Claims

All paper claims should be submitted to:

For medical claims:
Sunshine Health Plan
P.O. Box 3070
Farmington, MO 63640-3823
ATTN: Claims Department

For behavioral health claims, including TCM:
Sunshine Health Plan
P.O. Box 6900
Farmington, MO 63640-3818

Paper submissions are subject to the same edits as electronic and Web submissions.
Paper Claims

Here are some tips when filing paper claims:

**Do’s:**
- **Do** use the correct PO Box number
- **Do** submit all claims in a 9” x 12”, or larger envelope
- **Do** type all fields completely and correctly
- **Do** submit on a proper original red claim form (CMS 1500 or UB 04)

**Don’ts:**
- **Don’t** submit handwritten claim forms
- **Don’t** use red ink on claim forms
- **Don’t** circle any data on claim forms
- **Don’t** add extraneous information to any claim form field
- **Don’t** use highlighter on any claim form field
- **Don’t** submit photocopied claim forms or black and white claim forms as they will not be accepted
- **Don’t** submit carbon copied claim forms
- **Don’t** submit claim forms via fax
For Direct Deposit contact Payspan:

Phone: 1-877-331-7154
Website:  https://www.payspanhealth.com/
PaySpan –EFT/ERA

Sunshine Health is pleased to partner with PaySpan Health to provide an innovative web based solution for Electronic Funds Transfers (EFTs) and Electronic Remittance Advices (ERAs). This service is provided at no cost to providers and allows online enrollment.

Benefits include:

- **Elimination of paper checks** – all deposits transmitted via EFT to the designated bank account
- **Convenient Payments & Retrieval of remittance information**
- **Electronic remittance advices presented online**
- **HIPAA 835 electronic remittance files for download directly to a HIPAA-Compliant Practice Management for Patient Accounting System**
- **Reduce accounting expenses** – Electronic remittance advices can be imported directly into practice management or patient accounting systems, eliminating the need for manual re-keying
- **Improve cash flow** – Electronic payments can mean faster payments, leading to improvements in cash flow
- **Maintain control over bank accounts** – You keep TOTAL control over the destination of claim payment funds. Multiple practices and accounts are supported
- **Match payments to advices quickly** – You can associate electronic payments with electronic remittance advices quickly and easily
- **Manage multiple Payers** – Reuse enrollment information to connect with multiple Payers Assign different Payers to different bank accounts, as desired

Visit PaySpan’s website for more information: [www.payspanhealth.com](http://www.payspanhealth.com)
How to Get Access to the Sunshine Health Secure Provider Portal
Secure Portal Information

Items accessed in the secure web portal include:

• Member eligibility
• Claim submission and claim status
• Claim corrections
• Authorizations
Create an Account

• Click on create an account.

• Watch registration video.

• Will need to register with TIN and work email address.

• Access will be confirmed and approved.
Portal Registration

Register for the Provider Portal and gain access to many useful reports and tools.
Each office should have an assigned account manager who will:

- Approve new accounts at the office.
- Unlock accounts.
- Disable accounts of employees who have left the practice.

If your office does not have an account manager, please contact Provider Services at 844-477-8313.
Web Portal Instruction Guide

Choose a Product to Support

- allwell
- sunshine health
- ambetter

FLORIDA

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Provider Web Portal Claims and Claims Audit Tool

To search, enter one or more of the following search criteria. The Date of Service range you provide is limited to a three-month span. Only the last 24 months of claims data is available online. Claims update every 24 hours.
<table>
<thead>
<tr>
<th>DATE CREATED</th>
<th>CLAIM TYPE</th>
<th>CLAIM ID</th>
<th>MEMBER NAME</th>
<th>MEMBER ID</th>
<th>ORIGINAL CLAIM #</th>
<th>TOTAL CHARGES</th>
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<td>10/31/2016</td>
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<td>800865782</td>
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<td></td>
<td>P219FLE19492</td>
<td>$10.00</td>
</tr>
</tbody>
</table>

31 items found, displaying 1 to 10. Page 1/4
Overview of the Provider Dispute Process
Provider Disputes

Sunshine Health is enhancing our provider dispute process based on new contract requirements. The provider resolution unit will manage provider disputes.

Providers can submit disputes for two reasons:

- Non-claims related issues: Must be submitted within 45 days of the event. These are to be resolved within 90 days of receipt.

- Claims related issues: Must be submitted within 90 days of the determination. These are to be resolved within 60 days of receipt. First-time claim adjustment requests are not part of the provider dispute process.
Provider Disputes

To file a dispute, a provider can:

Call 1-844-477-8313
or
Send a written dispute using the Sunshine Health Provider Claim Dispute Request Form to:
Sunshine Health
PO Box 3070
Farmington, MO 63640-3823

The form can be found on our website SunshineHealth.com under provider resources.
How to Reach Us
Provider Call Center

How to Contact us:

Our providers can now call one number to get answers to their questions. This is for all our products.

Call **1-844-477-8313**

- You can also select prompts to reach utilization management or care management from this number.
Sunshine Health Contacts

The following Sunshine Health contracting team members maybe contacted for questions regarding contracts for EIS and TCM services for members age 0 to 3:

**Primary Contact:**
Vonria Beckford  
Contract Negotiator  
Toll-Free: 1-866-796-0530  
Ext 41712  
Direct: 954-514-1712  
vbeckford@centene.com

**Additional Contact:**
Carlos J. Gonzalez  
Contract Negotiator  
Toll-Free: 1-866-796-0530  
Ext 41310  
Direct: 813-286-6110  
cgonzalez@centene.com
Questions