



UF | Department of Pediatrics
College of Medicine
UNIVERSITY of FLORIDA

Annual Service Provider Meeting
May 18, 2023



Welcome and Introductions
UF MOA
Quality Assurance
FY. 2023-24 Enrollment renewal
FY. 2023-24 UF Supplier Maintenance
Review Claims Process and Deadline
AHCA Telemedicine Updates
Consent to bill private insurance
Assistive Technology
General Announcements
Closure and Questions

Fiscal Year 2023-24 MOA Updates

Required Monthly Documentation

- By the 15th of each month, the following documentation is required:
 - Completed Claims
 - Consultation Form, if applicable
 - Service Initiation Form, if applicable

Change:

Monthly progress notes are no longer a requirement when submitting claims.

Required Documentation to be submitted as appropriate:

- Plan of Care
- Child assessment report
 - **Required timeframe: two times per year, at least two weeks before the end of the authorization period.**
- Service Initiation Form
- Consultation Form
- Child Outcome Summary (COS)Process
- Discharge Summary





Service provider to maintain client records to include the following:

- Copy of Service Initiation Form
- Weekly session notes signed and dated by the parent
- Plan of Care
- Child Assessment Reports
- AEPS-3
- IFSP
- Copy of Child Outcome Summary (COS) Process

Quality Assurance

QAI Procedure

To occur throughout the fiscal year or as needed

The service provider is contacted in writing of upcoming monitoring and steps required

Focus areas: Billing and documentation requirements. Training and evidenced-based practices



Additional questions
related to
QA and the QA process:

peds-esp-qatrainingteam@peds.ufl.edu

Fiscal Year 2023-24 Enrollment Renewal

2023-24 Provider MOA	Completed by all service providers
2023-24 Interpreter MOA	Completed by all interpreters
Procedural Safeguards Statement of Understanding	Signed by the individual provider or one representative from each agency
MMA Plan Enrollment Summary	Required – All service providers
TPIN Plan Enrollment Summary	Required – All Therapy Providers
Liability insurance	Each service provider is required to submit liability insurance
E-verify Affidavit	Completed only by new providers and must be notarized

Fiscal Year 2023-2024 Supplier Maintenance

Required maintenance of UF supplier status to receive payments

UF has moved the process to an electronic format, and the instructions for set-up and required documentation can be obtained at the following link:

<https://www.fa.ufl.edu/directives/supplier-portal/>

Things to consider:

1. UF has not paid you during the last fiscal year; you must complete a new application.
2. Your information (name, address, business info, tax info) has changed; you must complete an update on the portal immediately.
3. All suppliers must confirm or update their information annually (individuals) or every other year (agencies).

Remember, this is important because it is your path to reimbursement from NCES.

Update: Due to recent changes in UF procedures, NCES Fiscal is no longer responsible for collecting the forms or assisting with applications.

Address all questions to addsupplier@ufl.edu

2023-24 UF Supplier Application and Maintenance



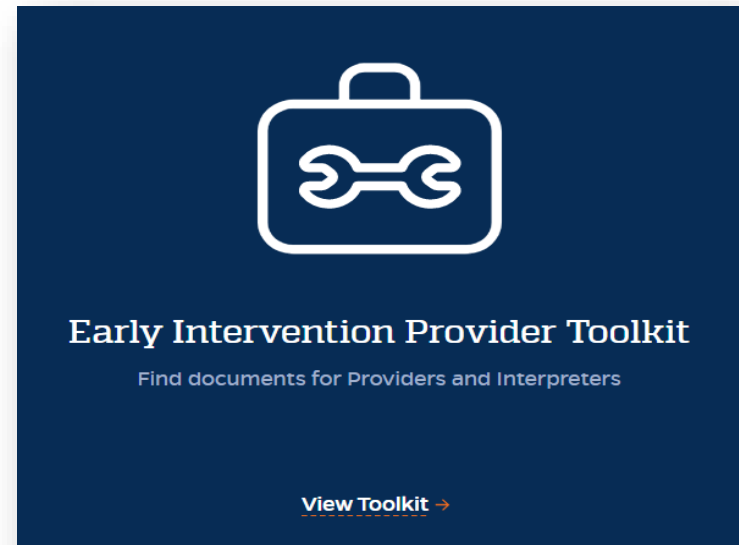
FY. 2023-24 North Central Early Steps Forms Updated

Service providers must access the NCES website to obtain all the necessary documents for FY. 23.24

Do not use templates from this fiscal year

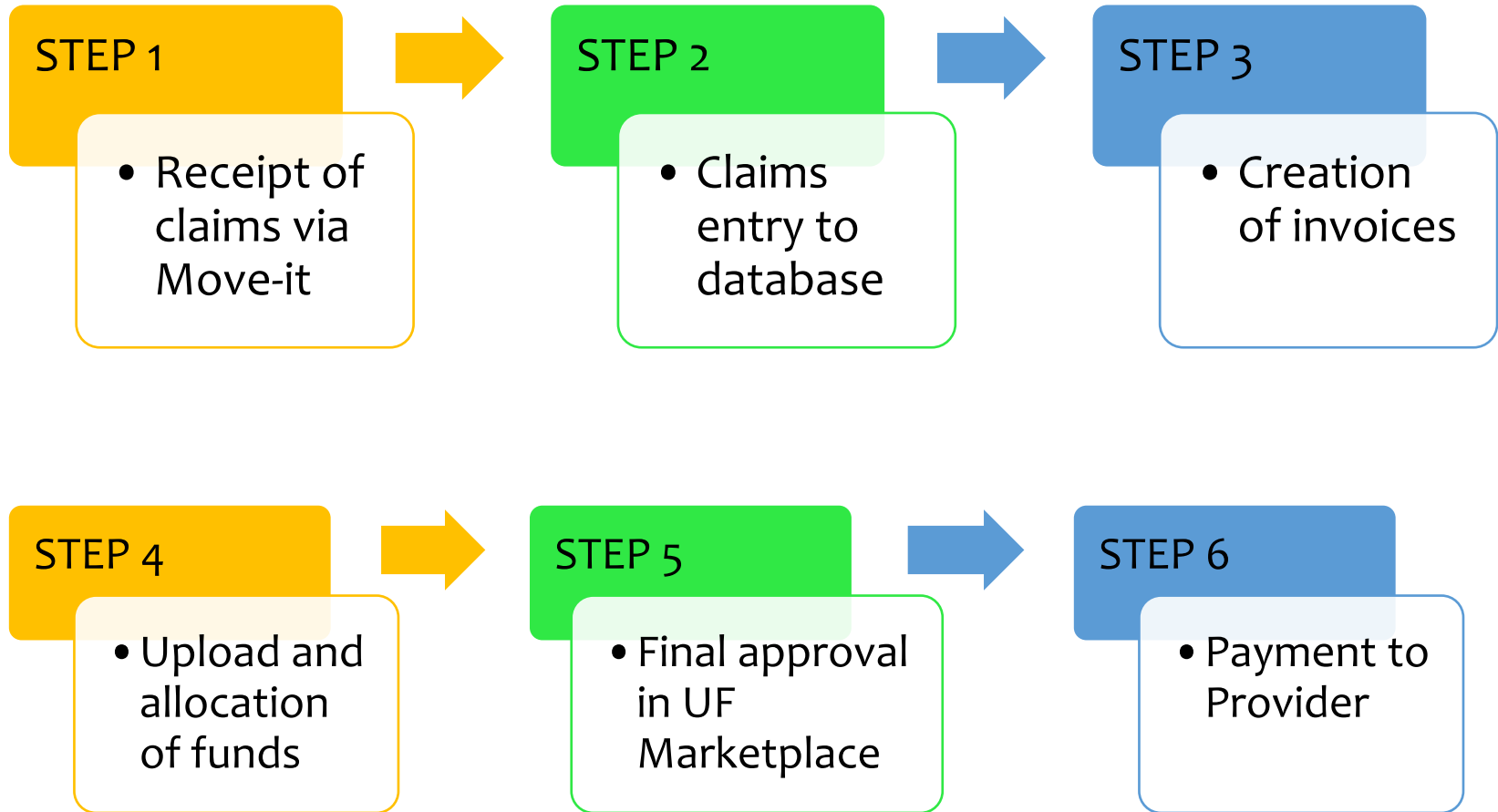
URL: www.myearlysteps.com

- For Professionals
- Early Intervention Provider Toolkit
- Scroll down to locate documents



NCES Fiscal Claims Overview and Deadlines

NCES Fiscal Claims Process Overview



NCES Fiscal Claims Timeline

1st day of the Month

- Claims receipt deadline for Invoice Batch O

1st week of the month

- Claims entry, invoicing, allocation & approval of Batch O

2nd/3rd week of month

- Payment of Batch O (dependent on UF System – time estimated)

15th day of the Month

- Claims receipt deadline for Invoice Batch P

3rd week of the month

- Claims entry, invoicing, allocation & approval of Batch P

End of month or first week of next month

- Payment of Batch P (dependent on UF System – time estimated)

Reminder: EOB / Denial Submissions

Private Insurance EOBs

- EOB Blanket Denial: One per calendar year per child for a non-covered service, medical necessity, or out-of-network.
- Denials related to deductible, partial payments, exceeds max benefits, etc., are required with each claim's submission
- Required information upon submitting EOB:
 - Child's name
 - Service date (s)
 - Insurance company name
 - Claim number
 - Denial reason.
- Billing errors and missing information are not valid denial reasons.
- Claims must be marked as denied (not just pending).

Reminders: EOB / Denial Submissions Continued

MMA Denials

Verify coverage before sending denials for each service for each child(unless coverage has lapsed)

Billing errors and missing information are not valid denial reasons.

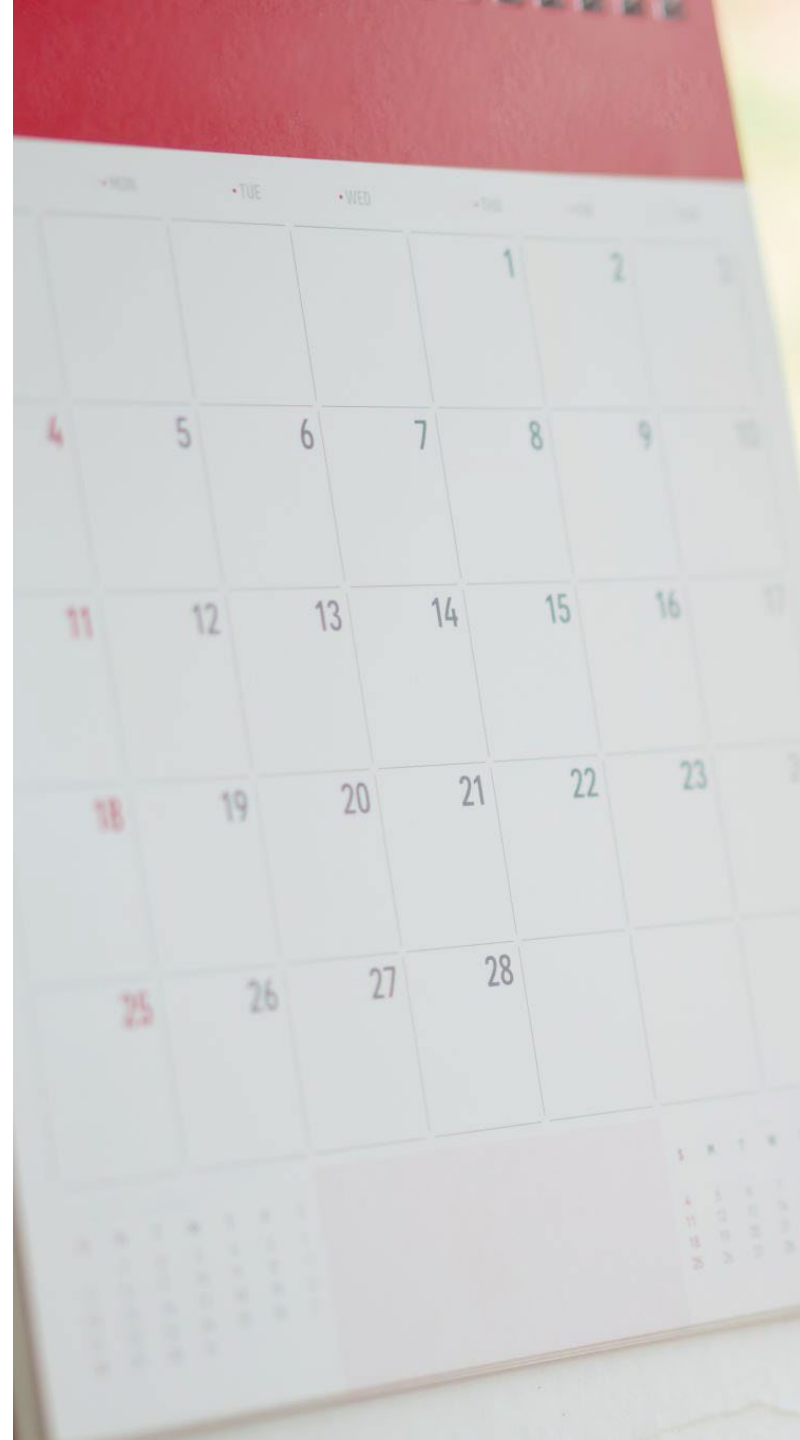
EI claims are covered unless there is a lapse in coverage.

Required steps before submitting a claim:

- Submit appeal to MMA
- Submit AHCA complaint

Denials must include

- Child's name,
- Service date (s)
- MMA name
- Claim number
- Denial reason



Verifying MMA Coverage

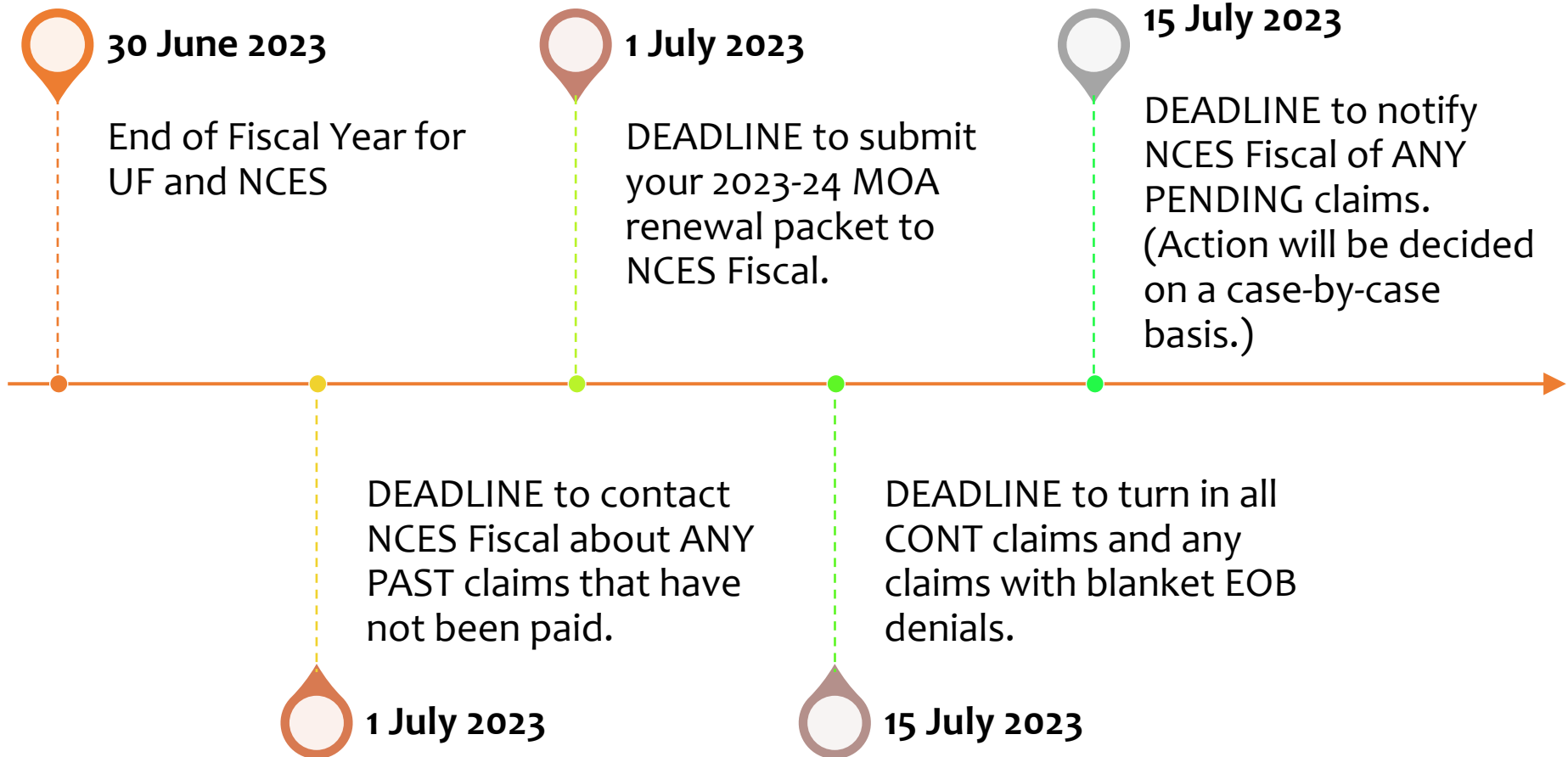


FLMMIS site to verify MMA coverage, and you are required to confirm at least once a month.

URL: <https://home.flmmis.com>

- Do not rely on the IFSP plan or family's MMA card alone.
- Verify that Medicaid is active under the "Benefit Plan."
- Verify specific MMA plan under "Managed Care."
 - ✓ CMS (Children's Medical Services) Health Plan is listed: Bill Sunshine
 - ✓ Medical Transportation Management is listed: Bill Medicaid (fee-for-service). If denied, submit an AHCA complaint.
 - ✓ No MMA specialty plan is listed, a new Medicaid case and a plan have not been assigned yet, and you must bill Medicaid (fee-for-service) until the plan is assigned. If denied, submit an AHCA complaint.

End of UF Fiscal Year Timeline and Deadlines



Remember

- **Claims with a DOS on or before 6/30/23 CANNOT be paid after these FY deadlines.**
- **Claims with a DOS on or before 06/30/23 to be processed as JUN-PP invoice batch and delayed to mid-July to allow time for submission.**
- **JUL-O invoice batch will be skipped due to the UF financial system shutdown at the end of the fiscal year.**
- **Claims with DOS on or after 7/1/23 will be processed as JUL-P on the schedule of the regular claims.**





ACHA Telemedicine Update



Consent to Bill Private Insurance



EARLY STEPS
INFORMED CONSENT FOR THE USE OF
PRIVATE AND PUBLIC INSURANCE



Child's Name: _____

Date of Birth: _____

My signature below indicates that Florida's Early Steps Written Notice Related to Private Insurance and Medicaid and System of Payment Policies have been provided and explained to me.

My signature and check box authorize Early Steps to use my private and/or Medicaid insurance to pay for services included on my child's Individualized Family Support Plan (IFSP).

I understand that I must consent to use private and/or Medicaid insurance to pay for the initial provision of early intervention services(s) on the IFSP. Each time there is an increase in the frequency, length, duration, or intensity of the service, a new consent must be provided for private insurance.

I understand that I have the right to withdraw consent for use of private and/or Medicaid insurance at any time.

By checking the box, I provide consent for Early Steps to bill all applicable services to:

Private Insurance

Medicaid

I agree that if an Explanation of Benefits and payment for services on the IFSP is submitted to me rather than to the provider, I will submit the payment to the Local Early Steps Office.

I do not consent to bill to private insurance for the IFSP services listed below:

Services: _____



Signature of Parent or Guardian



Witness

Print Name

Print Name

Date

Date

informed
consent

Consent to Bill Private Insurance Process

Consent to not bill private insurance is driven by the parent, not **the service provider**.

- Parents may specify a service, such as AT (more on AT later), but they do not want to be billed under “Services.”
- The IFSP should indicate consent or waiver:
 - The services page lists the primary payer
 - Bill insurance question under insurance info marked “yes” or “no.”
- A signed consent form is required to be submitted to the service provider.

Remember:

- *Do not bill insurance if consent is not given.*
- *If you bill insurance in error, it is your responsibility to void the claim(s)*

Positives - Consent to Bill Private Insurance

- Family may meet their deductible faster
- Therapy provider has the possibility of collecting at a higher rate
- Secondary Medicaid can be billed with EOB
- Consistent with the policy of “Payer of Last Resort.”





Positives When Consent to Bill Private Insurance is Waived

- Lifetime limits on therapy sessions do not negatively impact family
- Annual limits on therapy sessions, if the child is turning three during the current calendar year, do not negatively impact family
- If a family has BCBS: Assistive Technology covered by Care Centrix does not negatively impact family



Assistive Technology
and
BCBS (Care Centrix)

Care Centrix :

- Has an allowable amount
- Pays AT supplier full retail
- Bills the family for the difference

Early Steps Cannot:

- Pay a family for an insurance claim
- Pay a claim that has already been paid at or above the Medicaid rate

Early Steps has no authority over a family's insurance company.

Bottom line:

- **Insurance denies = no issue**
- **Insurance covers = potential issue**

Reminder: Family may waive consent for AT only if they wish



Medicaid Reminders:


There is no downside to billing Medicaid

- Medicaid does not have therapy limits (annual or lifetime)
- Billing Medicaid will not negatively impact family's coverage
- Billing Medicaid will not result in discontinuation of coverage

Assistive Technology Process



Additional Announcements



Thank you for
your dedication
to the families
of NCEC

Have a wonderful contract
year!

Questions?