



**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



Quality Assurance and Improvement Team (QAIT)

Purpose: To ensure that compliance findings are grounded in policy and standards as stated in UF's Memorandum of Agreement and the Service Provider Manual

# 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 <u>new</u> application.
- 2. Your information (name, address, business info, tax info) has changed; you must complete an <u>update</u> 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.

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

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

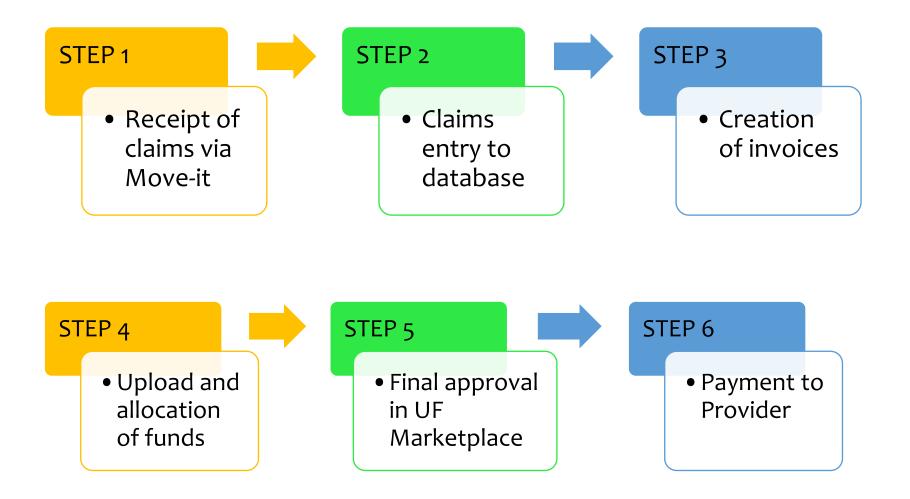
URL: <u>www.myearlysteps.com</u>

- 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**

1 <sup>st</sup> day of the Month	1 <sup>st</sup> week of the month	2 <sup>nd</sup> /3 <sup>rd</sup> week of month
<ul> <li>Claims receipt deadline for Invoice Batch O</li> </ul>	<ul> <li>Claims entry, invoicing, allocation &amp; approval of Batch O</li> </ul>	<ul> <li>Payment of Batch O (dependent on UF System – time estimated)</li> </ul>
15th day of the Month	3 <sup>rd</sup> week of the month	End of month or first week of next month
<ul> <li>Claims receipt deadline for Invoice Batch P</li> </ul>	<ul> <li>Claims entry, invoicing, allocation &amp; approval of Batch P</li> </ul>	<ul> <li>Payment of Batch P (dependent on UF System – time estimated)</li> </ul>



## **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-ofnetwork.

 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.

El 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



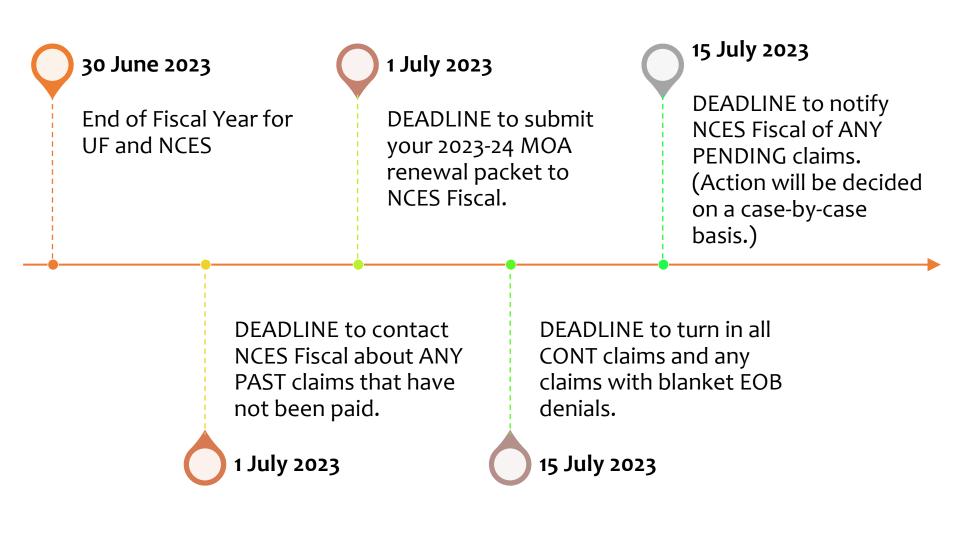
## Verifying MMA Coverage



FLMMIS site to verify MMA coverage, and you are required to confirm at least once a month. URL: <u>https://home.flmmis.com</u>

- 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."
  - ✓ ĊMS (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 (feefor-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 Pr Insurance and Medicaid and System of Payment Policies have been provided 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 Pla (IFSP).

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

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

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

Private Insurance

Medicaid

I agree that if an Explanation of Benefits and payment for services on the IFSP is se 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:

forme

consent

Signature of Parent or Guardian

MOVERN.

ardian

Print Name

Witness

Print Name

Date

# 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



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

Assistive Technology and

BCBS (Care Centrix)

## **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



### Assistive Technology (AT) Policies and Procedures

#### Step 1: Setting up the Need for an AT Assessment:

Referral for an AT Assessment must be submitted three months before Child's 3rd Birthday. The initial and ongoing IFSP team is responsible for documenting the need for an AT assessment.

### Step 2: Responsibility of the Service Coordinator:

Ensure the child's IFSP includes an AT assessment and item request.

A service coordinator is to authorize in UF Early Steps Data System (ESDS) the following:

- ASTE 97755
- ASST T1999

#### Step 3: Responsibility of the Service Provider:

information collected during the assessment process should include the following:

- IFSP
- UF NCES Activity Based Provider AT Assessment Form
- UF NCES Assistive Technology Request Form
- Physician's Authorization (Must be written within the previous six-month period)
- Separate letter of developmental necessity from a credentialed evaluator is required. The letter must I
  dated within the recent six-month timeframe and include information on the child's developmental ne
  and current functioning level.
- Vendor quotes, including options/accessories breakdown and picture of AT device
- Picture and description of the item, including manufacturer pricing

#### Submit all documentation to the Service Coordinator.

### Step 4: Responsibility of the Service Coordinator:

Upon receiving the AT request, the service coordinator confirms that all the required documentation outlined Step 3 is complete.

Submit all documentation to Program Director.

#### Step 5: Responsibility of the Program Director:

Reviews to ensure paperwork is complete and supports the purchase of the AT item.

- If approved, an email is sent to the service coordinator and fiscal administrator.
- If not approved, the service coordinator is emailed requesting further documentation to support AT it.

### Step 6: Responsibility of the Service Coordinator:

- If AT item is approved, the service coordinator contacts and sends a notification letter to the service
  provider to buy the item.
- If AT item is not approved, the service coordinator contacts the service provider and parent, informing
  that the item was not approved.

### Step 7: Responsibility of the Service Provider:

The service provider must bill all other resources before Part C, and if seeking payment from our program, the service provider must send the following with AT Claim:

- EOB
- Claim
- Parent/caregiver has signed the NCES Assistive Technology Receipt form

#### Step 8: Responsibility of the Service Coordinator:

Contact parent/caregiver to inquire about the delivery and use of AT item.



# Additional Announcements

Thank you for your dedication to the families of NCES

Have a wonderful contract year!

**Questions?**