

**Sunshine Health Overview of Medical Foster Care Services (MFC)  
Billing and Reimbursement**

**1. MFC billing and reimbursement during the continuity of care period:**

For all newly enrolled members, Sunshine Health allows for a continuity of care (COC) period for MFC services as we do for other services that the member was receiving prior to enrolling in Sunshine Health. The COC periods are:

- 60 days for MMA members
- 90 days for Child Welfare members

This means that a provider can bill Sunshine Health for MFC services that a new member was receiving, prior to enrolling in Sunshine Health, without having a Letter of Agreement (LOA) in place. Sunshine Health will pay the Medicaid FFS rate for the three MFC services levels.

- Sunshine Health system has been set up to pay all MFC claims after the COC period while LOA is completed.
- No prior authorization is needed during or after the COC period.

**2. Covered Codes and Modifiers:**

The following are the covered Medical Foster Care codes, modifiers and rates. Please be sure to include the applicable modifier on your claim or the claim may be denied.

Service	Codes with Modifiers	Reimbursement Rate
Level I Medical Foster Care Services	S5145 HA	\$38.80 per day
Level II Medical Foster Care Services	S5145 TF	\$48.50 per day
Level III Medical Foster Care Services	S5145 TG	\$67.90 per day

**3. Submission of electronic and paper claims:**

a. Electronic claims can be submitted through Sunshine Health secured provider portal or several EDI clearing houses.

- The names and contact information to set up accounts with a clearing house are below:

EDI Clearinghouse	Phone number	website
Availity	800-282-4548	www.availity.com
Emdeon	866-369-8805	www.transact.emdeon.com

- Payor IDs that are to be used when submitting an EDI claim are:
  - Medical claims: 68069

b. Paper claims can be submitted to:

Medical Claims
Sunshine Health Plan P.O. Box 3070 Farmington, MO 63640-3823 Attn: Claims Department

c. Sunshine Health Secured Portal:

- MFC providers can register for access to the Sunshine Health secured portal to submit claims when key provider information has been loaded into the Sunshine Health system. That information includes:
  - Name
  - TIN/SSN
  - Billing and location address
  - Medicaid ID

**4. Link to billing training materials:**

- Medical Foster Care Services and Billing Guidelines (PDF)  
<https://www.sunshinehealth.com/content/dam/centene/Sunshine/pdfs/Medical-Foster-Care-billing-guidelines.pdf>
- Secured portal registration instruction manual  
<https://www.sunshinehealth.com/content/dam/centene/Sunshine/pdfs/SecureProviderPortalRegistration-web.pdf>

**5. Process for reimbursement:**

Providers can submit clean claims as noted above. If a MFC provider has not executed a LOA by the time a region is implemented, Sunshine Health will pay MFC claims to MFC parents until the LOA is executed.

**6. Timeline of reimbursement from receipt of a clean claim:**

Sunshine Health follows AHCA guidelines. Clean claims will be adjudicated within 15 days of receipt of an electronic claim or 20 days from receipt of a paper claim.

**7. Billing Tips and Common Errors Identified for MFC Providers:**

- Ensure you are submitting a clean claim! This is information that must be on the claim:
  - Correct code with modifier – see section 2. above
  - National Provider Identifier – see website instructions if a NPI is needed
  - Correct Taxonomy Code of Personal Care Attendant – see section 4. above
  - MFC services need to have total charges calculated for dates of services
  
- There are some common errors that result in denied claims. Consider these errors when submitting claims:
  - Missing Modifier – see section 2. above
  - Duplicate Claim Submission
  - Missing Rendering Provider NPI Number – see section 4. above

**8. Location of additional training materials for ongoing billing and reimbursement (outside of the continuity of care period):**

Training material for billing MFC services can be found on our Sunshine Health website, SunshineHealth.com. Under “For Providers,” select “Provider Resources,” then “Provider Training.” Scroll down the page to “Billing Guidelines” under “Other Training Resources.” The direct link is: <https://www.sunshinehealth.com/content/dam/centene/Sunshine/pdfs/Medical-Foster-Care-billing-guidelines.pdf>

**9. Direct contact information for provider assistance with Medical Foster Care Services billing and reimbursement:**

Sylvia Allen  
Provider Claims Resolution  
Analyst Direct 1-813-286-6267  
[SALLEN@CENTENE.COM](mailto:SALLEN@CENTENE.COM)

Beulah Simmons  
Claims Liaison  
Direct 1-904-646-6353  
[Beulah.S.Simmons@CENTENE.COM](mailto:Beulah.S.Simmons@CENTENE.COM)

Rachel Miller  
Claims Liaison  
Direct 1-813-286-6144  
[RACMILLER@CENTENE.COM](mailto:RACMILLER@CENTENE.COM)

**10. Escalation Process:**

- Please Contact Provider services at 1-844-477-8313.
- If the Provider Services representative is unable to resolve claim’s concern, the call will then be escalated to the Sunshine Health Internal escalation Provider Relations Unit (PRU) for resolution.