

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

EIS and TCM Services Implementation



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

Phase 1:

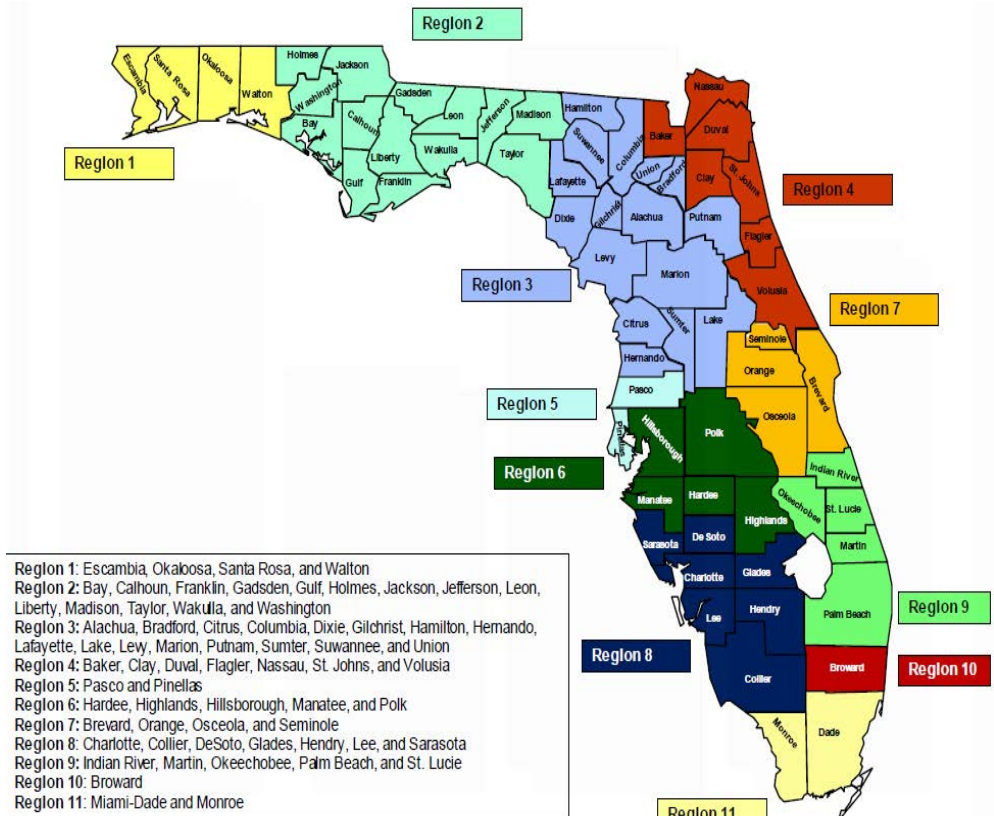
December 1, 2018
Regions 9, 10 and 11

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

1/15/2019



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. There will be no requirement for external providers to contract with Sunshine Health.
- 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 individual tax identification number (TIN) and individual national provider identifier number (NPI).
- EIS providers who are employees of an Early Step agency will bill Sunshine Health under the Early Step's tax identification number (TIN) and the Early Step's national provider identifier number (NPI).

Continuity of Care for New Members



- For new members to Sunshine Health, we will pay for any previously prior authorized ongoing course of treatment, with any provider, including a provider who is not participating with Sunshine Health.
 - This includes Early Intervention Services.
- No Single Case Agreement (SCA) will be required.
- 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 may participate in the multidisciplinary team meetings where the IFSP is developed to assist with any additional clinical needs or coordination of care.
- IFSP Care Plans and IFSP meeting invites should be sent to:
Sun_IFSP@Centene.com

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.

| Service | Codes with Modifiers | Description |
|--------------------|--|--|
| Screening | T1023 | Early Intervention Screening |
| Evaluation | T1024 with modifiers: GP, UK, GN, GO, TL and HN | Early Intervention Evaluation |
| Follow-up Services | T1024 with modifiers: GP, TS, GN, GO, TL | Follow-up psychosocial and developmental evaluations |
| Sessions | T1027 with modifiers: SC, TT | Early Intervention individual or group sessions |

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

1/15/2019



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.
- 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.

| Service | Codes with Modifiers |
|--|------------------------|
| Targeted Case Management for Children's Medical Services Early Steps providers | T1017 with modifier TL |
| Targeted Case Management for Children's Medical Services medical foster care contractors | T1017 with modifier SE |

Billing Guidelines

Timely Filing



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

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 such as a billing software system clearinghouse.
- If you have never billed Sunshine Health, billing through a clearinghouse is the quickest way to receive your first payment and will allow you to be uploaded into our system easily.
- Once you have completed a successful clearinghouse claim submission you will be loaded into the Sunshine Health system. Once you have been loaded in the system, you will be able to register for the Sunshine Health provider portal where you can verify member eligibility, review claim submissions and claim status, and manage claim corrections.

Electronic Claims Transmission



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

- Availity 800-282-4548
www.availity.com
- Emdeon 866-369-8805
www.transact.emdeon.com

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

<https://www.sunshinehealth.com/providers/resources/electronic-transactions.html>

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

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

Direct Deposit



For Direct Deposit contact Payspan:

Phone: 1-877-331-7154

Website: <https://www.payspanhealth.com>

[PaySpan Registration Instructions](#)

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

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





Secure Portal Information

- If the provider is utilizing the Sunshine Health Provider Portal to bill Sunshine Health for the first time, the provider must first be loaded into Sunshine Health's system.
- Information needed to be loaded into the system:

| Group or Agency | Solo Practitioner |
|--|------------------------|
| Group Agency Name | Name of Practitioner |
| Group/Agency NPIs | Practitioner's NPI |
| Group/Agency TIN | Practitioner's TIN |
| Practitioners Individual NPI | Practitioners Taxonomy |
| Practitioners Individual TIN | Billing Address |
| Practitioners Taxonomy | Location Address |
| Billing Address | Practitioner Specialty |
| Location Address Practitioner Specialty | |

- Please contact the Provider Call Center and provide this information: **1-844-477-8313**
- You may contact Provider Call center to confirm loading status
- Once loading is confirmed, You are ready to Register for the Provider Portal.

Create an Account

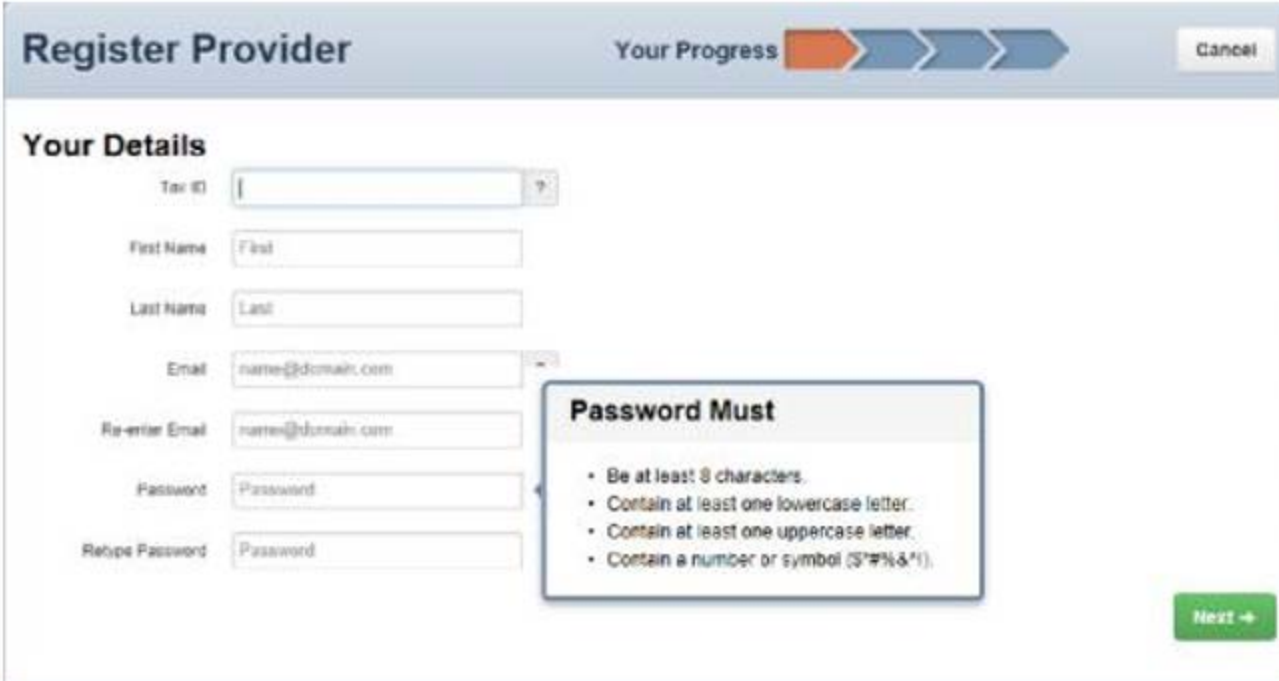


- Click on create an account.
- Watch registration video.
- Will need to register with TIN and work email address.
- Access will be confirmed and approved.

A screenshot of the Sunshine Health website's registration page. The page has a dark blue header with logos for "sunshine health", "allwell. from Sunshine Health", and "ambetter. FROM sunshine health. Insured by Celtic Insurance Company". A "CREATE ACCOUNT" button is in the top right. Below the header is a section titled "The Tools You Need Now!" with the text "Our site has been designed to help you get your job done. Manage all products with ease in one location." To the right is a "Login" form with fields for "User Name (Email)" and "Password", a green "Login" button, and links for "Forgot Password / Unlock Account". Below the header are three service icons: a thumbs up for "Check Eligibility" (Find out if a member is eligible for service.), a checkmark for "Authorize Services" (See if the service you provide is reimbursable.), and a dollar sign for "Manage Claims" (Submit or track your claims and get paid fast.). On the right side, there is a "Need To Create An Account?" section with a red "Create An Account" button, and a "How to Register" section with buttons for "Provider Registration Video" and "Provider Registration PDF".

Portal Registration

Register for the Provider Portal and gain access to many useful reports and tools.



The screenshot shows a web form titled "Register Provider". At the top right, it displays "Your Progress" with a progress indicator consisting of four arrows, the first of which is orange and the others are blue. A "Cancel" button is located in the top right corner. The form is divided into a section titled "Your Details" which contains the following fields: "Tax ID" (with a dropdown arrow), "First Name" (containing "First"), "Last Name" (containing "Last"), "Email" (containing "name@domain.com"), "Re-enter Email" (containing "name@domain.com"), "Password" (containing "Password"), and "Re-type Password" (containing "Password"). A modal popup titled "Password Must" is overlaid on the form, listing the following requirements: "Be at least 8 characters.", "Contain at least one lowercase letter.", "Contain at least one uppercase letter.", and "Contain a number or symbol (\$*#%&^!).". A green "Next →" button is located at the bottom right of the form.

Account Manager



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.

Secure Portal Landing Page



The screenshot shows the Sunshine Health secure portal landing page. At the top, there is a navigation bar with the Sunshine Health logo on the left and several menu items: Eligibility, Patients, Authorizations, Claims, and Messaging. On the far right of the navigation bar, the user's name "Rajkumar Vangala" is displayed. Below the navigation bar, there is a header section with a dropdown menu for "Viewing Dashboard For:" set to "134323177" and another dropdown menu for "Medicaid" with a "GO" button. The main content area is divided into several sections: "Quick Eligibility Check" with input fields for "Member ID or Last Name" (123456789 or Smith) and "Birthdate" (mm/dd/yyyy), and a "Check Eligibility" button; "Recent Claims" with a yellow banner stating "No Data Found"; "Welcome" with a list of links: "Add a TIN to My ACCOUNT", "Manage Accounts", "Reports", and "Provider Analytics"; "Recent Activity" with a table header for "Date" and "Activity"; and "Quick Links" with a link to "Find a Provider" and a link to "Opioid Prevention and Intervention Toolkit" with a brief description. At the bottom of the page, there is a footer with links for "Instruction Manual (PDF)", "Terms and Conditions", "Privacy Policy", and "Copyright © 2018, Centene Corporation".

Provider Web Portal Product Line and Eligibility



sunshine health

Eligibility Patients Authorizations Claims Messaging Rajkumar Vangala

Viewing Eligibility For : 134323177

Please Select one
Medicaid
Medicare Advantage - FL
Ambetter from Sunshine Health Plan

Eligibility Check

Date of Service 10/09/2018 Member ID or Last Name 123456789 or Smith DOB mm/dd/yyyy [Check Eligibility](#) [Print](#)

| ELIGIBLE | DATE OF SERVICE | PATIENT NAME | DATE CHECKED | PRODUCT | CARE GAPS |
|----------|-----------------|--------------|--------------|---------|-----------|
|----------|-----------------|--------------|--------------|---------|-----------|

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Provider Web Portal Claims and Claims Audit Tool



sunshine health

Eligibility Patients Authorizations Claims Messaging Rajkumar Vangala

Viewing Claims For : 134323177 Medicaid GO Upload EDI Create Claim

Claims Individual Saved Submitted Batch Recurring Payment History My Downloads Claims Audit Tool Filter

Date Range From 07/10/2018 to 10/10/2018

Member Last Name First Name Member ID

Claim Claim # Status Ref/Acct Number

Provider NPI Medicaid #

Go! Clear

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.

Claims Status



Claims
☰ Individual
Saved
Submitted
Batch
Recurring
Payment History
My Downloads
Claims Audit Tool

Claims listed below have missing information or contain errors. Click 'Edit' to view a claim, then fix any errors or complete it before submitting.

Drafts
Professional Ready to be Submitted
Institutional Ready to be Submitted

| DATE CREATED ↑ | CLAIM TYPE ↓ | CLAIM ID ↓ | MEMBER NAME ↓ | MEMBER ID ↓ | ORIGINAL CLAIM # ↓ | TOTAL CHARGES ↓ | | |
|----------------|--------------|------------|---------------|-------------|------------------------------|-----------------|----------------------|------------------------|
| 10/26/2017 | CMS-1500 | 800866390 | | | | \$0.00 | Edit | Delete |
| 06/09/2017 | CMS-1500 | 800866209 | | | | \$150.05 | Edit | Delete |
| 06/09/2017 | CMS-1500 | 800866208 | | | Q083FLE21525 | \$150.03 | Edit | Delete |
| 02/21/2017 | CMS-1500 | 800866043 | | | | \$51.05 | Edit | Delete |
| 12/28/2016 | CMS-1500 | 800865973 | | | P214FLE32368 | \$10.00 | Edit | Delete |
| 12/06/2016 | CMS-1500 | 800865913 | | | P208FLE20062 | \$0.01 | Edit | Delete |
| 11/17/2016 | CMS-1500 | 800865853 | | | P225FLE19914 | \$10.00 | Edit | Delete |
| 11/01/2016 | CMS-1500 | 800865792 | | | P223FLE23176 | \$10.00 | Edit | Delete |
| 10/31/2016 | CMS-1500 | 800865783 | | | P216FLE19492 | \$10.00 | Edit | Delete |
| 10/31/2016 | CMS-1500 | 800865782 | | | P216FLE19492 | \$10.00 | Edit | Delete |

31 items found, displaying 1 to 10. Page 1/4 [1](#) [2](#) [3](#) [4](#) [Next](#) [Last](#)

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.

**Please make sure to identify yourself as an Early Steps or EIS provider.*

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:

Bonnie E. Aguiar

Sr. Contract Negotiator

Toll-Free: 1-866-796-0530

Ext 41249

Direct: 813-284-1549

Bonnie.E.Aguiar@SunshineHealth.com

Additional Contact:

Carlos J. Gonzalez

Contract Negotiator

Toll-Free: 1-866-796-0530

Ext 41310

Direct: 813-286-6110

cgonzalez@centene.com

Sunshine Health EIS Provider Rep



For billing questions contact one of our staff below:

Sylvia Allen

Phone: 813-286-6267

Email: sallen@centene.com

Beulah Simmons

Phone: 904-646-6353

Email: Beulah.S.Simmons@centene.com

Questions

