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

November 30, 2018

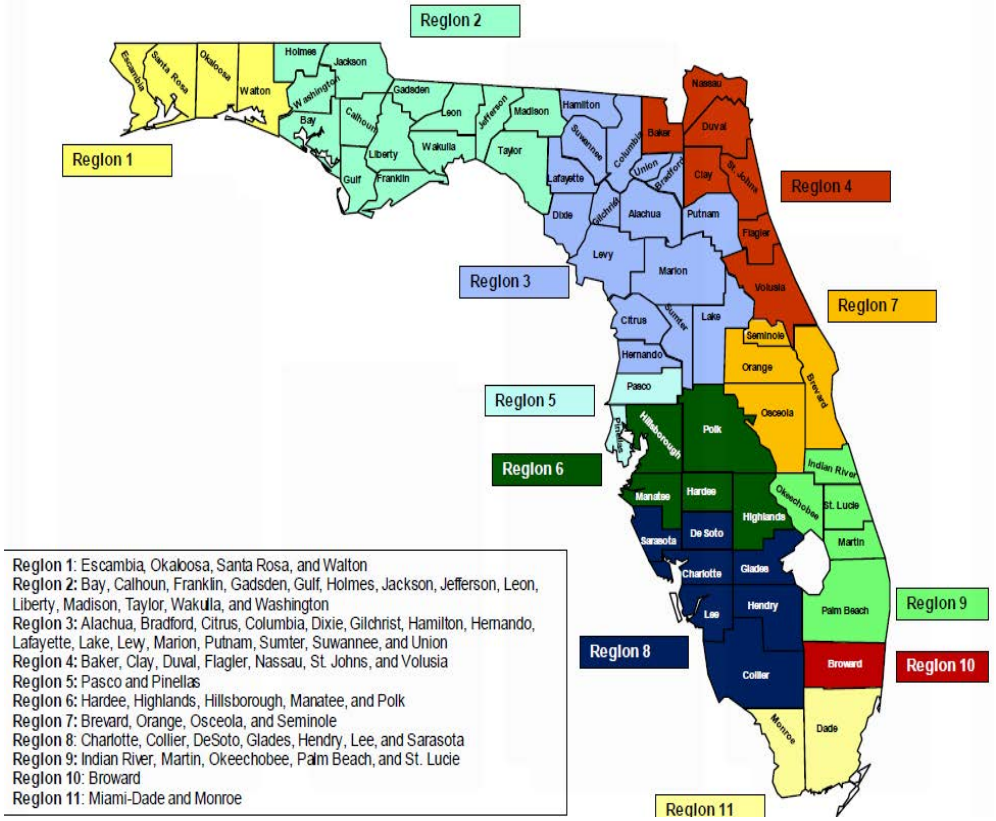
EIS and TCM Services Implementation

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



Region 1: Escambia, Okaloosa, Santa Rosa, and Walton
Region 2: Bay, Calhoun, Franklin, Gadsden, Gulf, Holmes, Jackson, Jefferson, Leon, Liberty, Madison, Taylor, Wakulla, and Washington
Region 3: Alachua, Bradford, Citrus, Columbia, Dixie, Gilchrist, Hamilton, Hernando, Lafayette, Lake, Lewy, Marion, Putnam, Sumter, Suwannee, and Union
Region 4: Baker, Clay, Duval, Flagler, Nassau, St. Johns, and Volusia
Region 5: Pasco and Pinellas
Region 6: Hardee, Highlands, Hillsborough, Manatee, and Polk
Region 7: Brevard, Orange, Osceola, and Seminole
Region 8: Charlotte, Collier, DeSoto, Glades, Hendry, Lee, and Sarasota
Region 9: Indian River, Martin, Okeechobee, Palm Beach, and St. Lucie
Region 10: Broward
Region 11: Miami-Dade and Monroe

Early Intervention Services

12/3/2018

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 and wish to bill separately, can bill Sunshine Health under their individual 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 continue to pay the EIS providers without an authorization.

- 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).

Referrals for IFSP

- Sunshine Health Case Management staff may be asked to participate in the multidisciplinary team meetings where the IFSP is developed in order to facilitate coordination of non-EIS services with participating providers or to provide education on available benefits that may support the child's comprehensive needs.

- If Sunshine Health receives a request to attend an IFSP, the request should be sent to this dedicated email box managed by staff in order capture all requests in a timely manner. The email is: 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

12/3/2018

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.

- The Early Steps services coordinators or other certified providers provide these TCM for these children.

- Obtaining the EIS 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.

- Sunshine Will continue to pay participating and non-participating providers for TCM services without an authorization while contracting is completed.

- 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

sunshine health

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.

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

Availity800-282-4548

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

Direct Deposit

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

How to Get Access to the Sunshine Health Secure Provider Portal

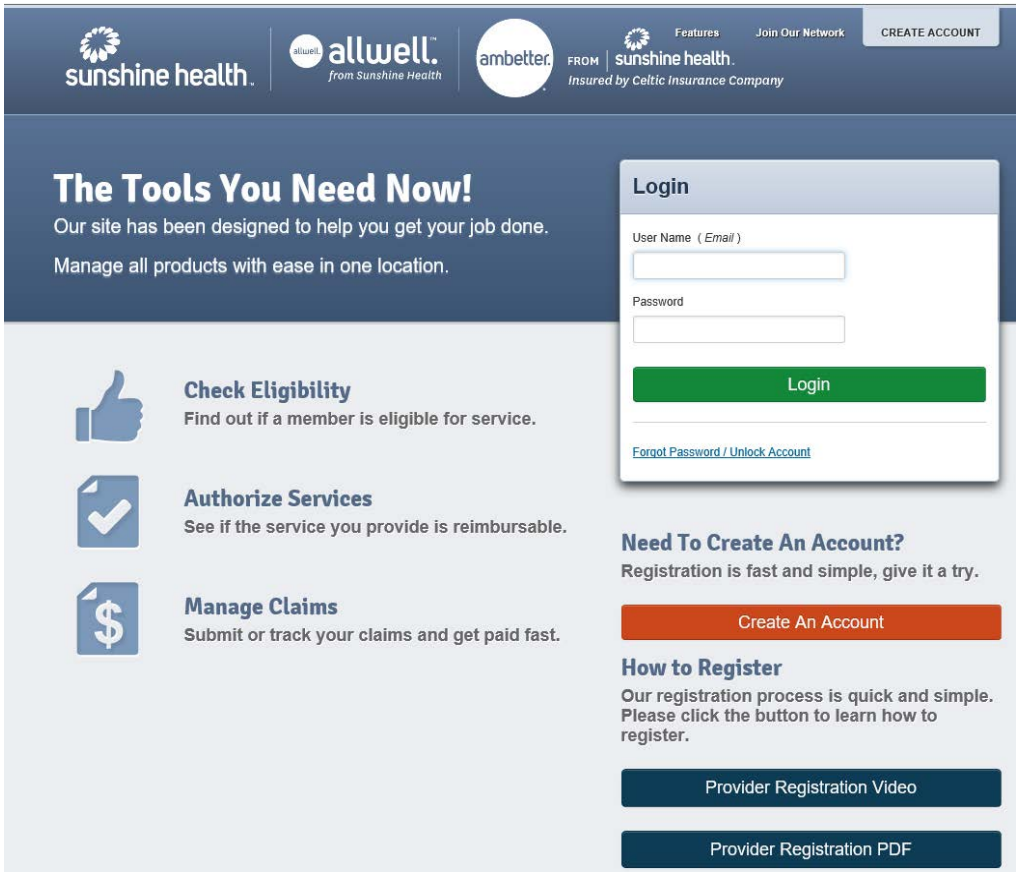
Secure Portal Information

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.

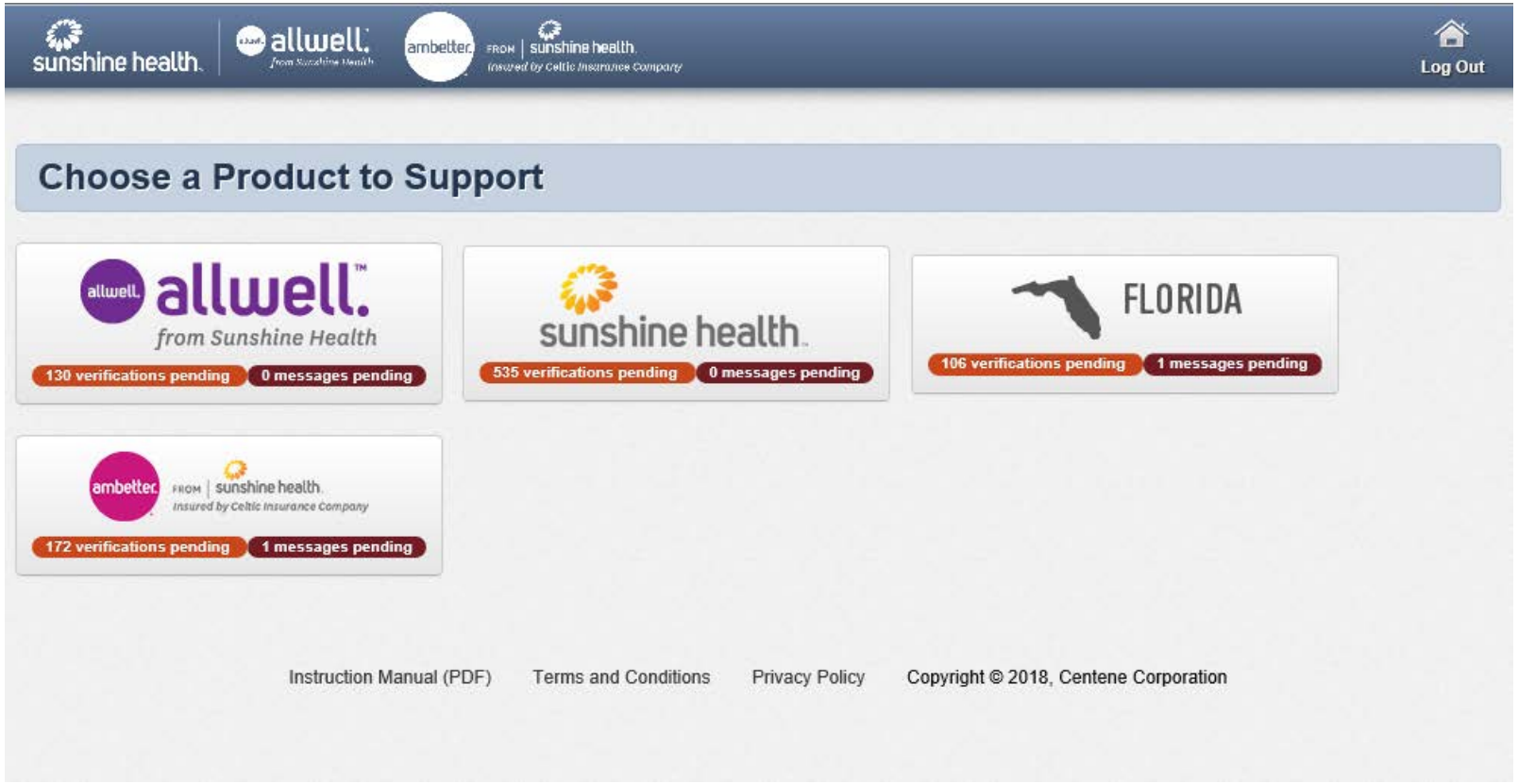
Account Manager

Each office should have an assigned account manager who will:

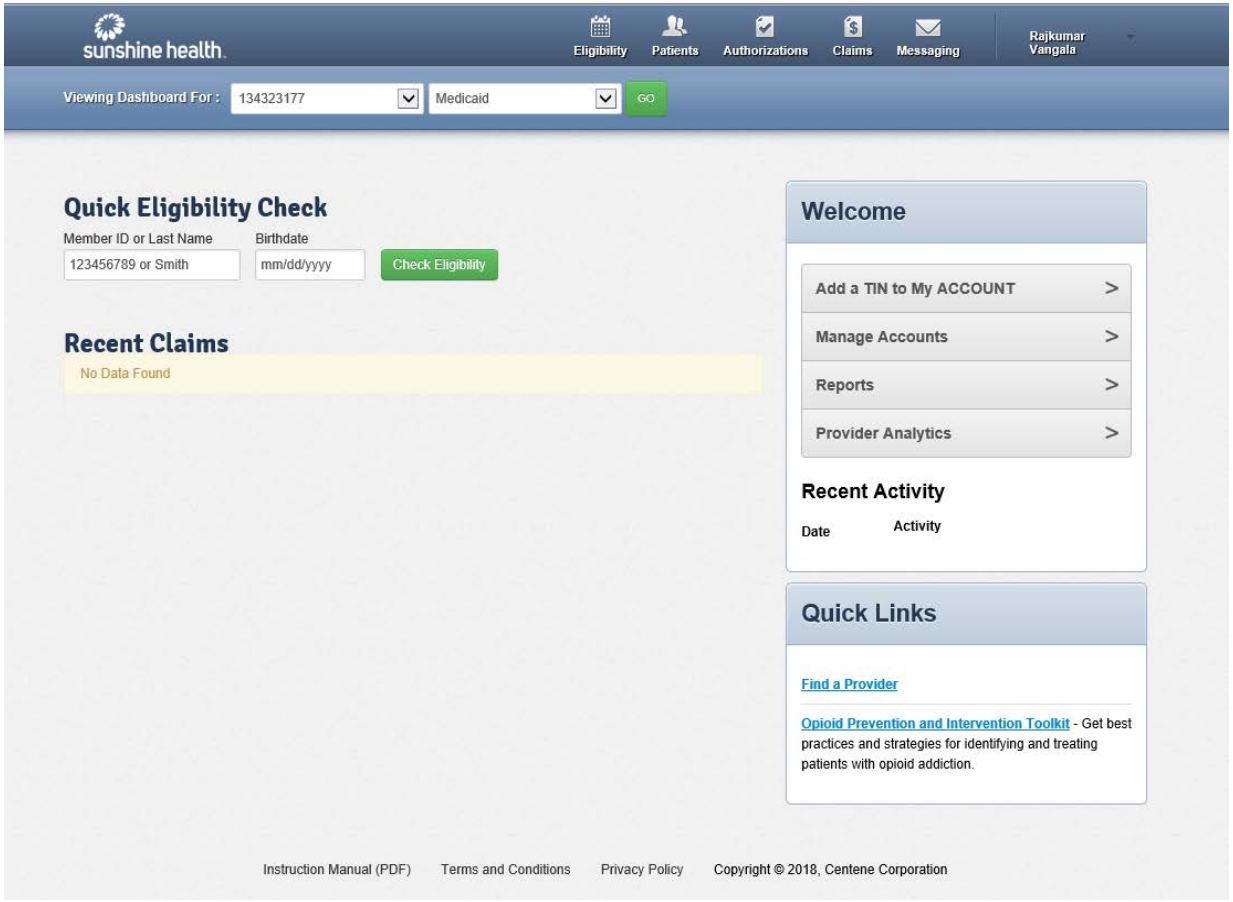
- Approve new accounts at the office.
- Unlock accounts.
- Disable accounts of employees who have left the practice.

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

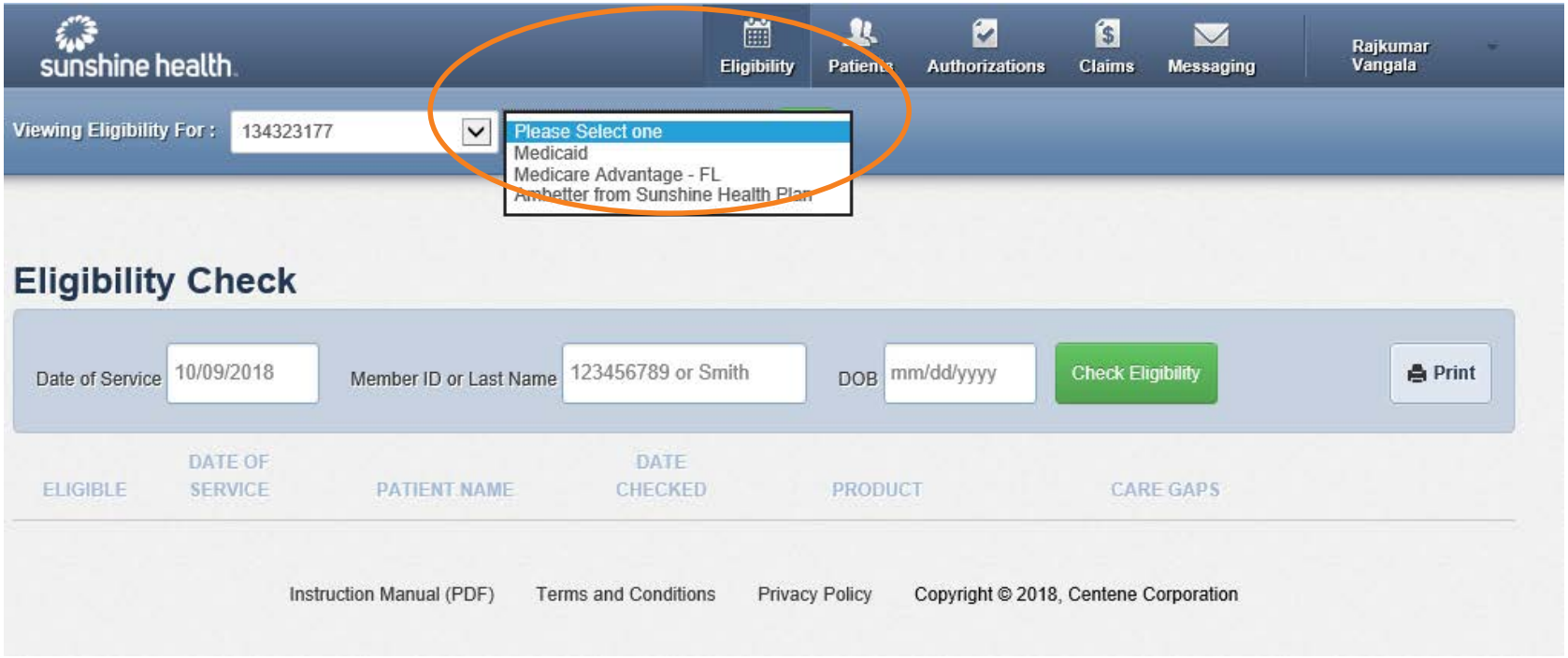
Web Portal Instruction Guide



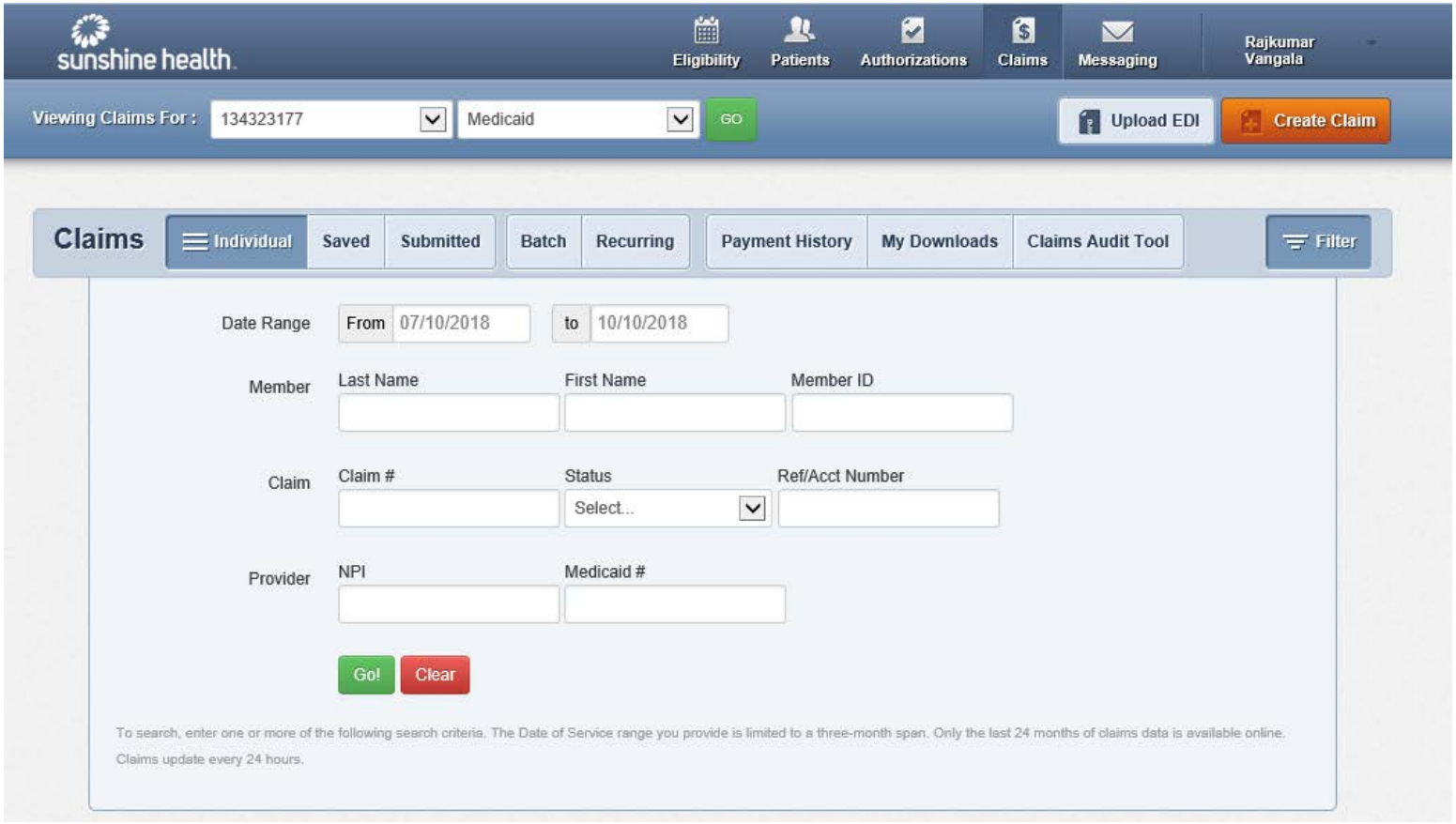
Secure Portal Landing Page



Provider Web Portal Product Line and Eligibility



Provider Web Portal Claims and Claims Audit Tool



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	[redacted]	[redacted]		$0.00	Edit	Delete
06/09/2017	CMS-1500	800866209	[redacted]	[redacted]		$150.05	Edit	Delete
06/09/2017	CMS-1500	800866208	[redacted]	[redacted]	Q083FLE21525	$150.03	Edit	Delete
02/21/2017	CMS-1500	800866043	[redacted]	[redacted]		$51.05	Edit	Delete
12/28/2016	CMS-1500	800865973	[redacted]	[redacted]	P214FLE32368	$10.00	Edit	Delete
12/06/2016	CMS-1500	800865913	[redacted]	[redacted]	P208FLE20062	$0.01	Edit	Delete
11/17/2016	CMS-1500	800865853	[redacted]	[redacted]	P225FLE19914	$10.00	Edit	Delete
11/01/2016	CMS-1500	800865792	[redacted]	[redacted]	P223FLE23176	$10.00	Edit	Delete
10/31/2016	CMS-1500	800865783	[redacted]	[redacted]	P216FLE19492	$10.00	Edit	Delete
10/31/2016	CMS-1500	800865782	[redacted]	[redacted]	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.

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

If a provider is having difficulty with getting set up for the secure provider portal, they can work directly with Mary Straw, network trainer at marycatherine.straw@centene.com

sunshine health

Questions