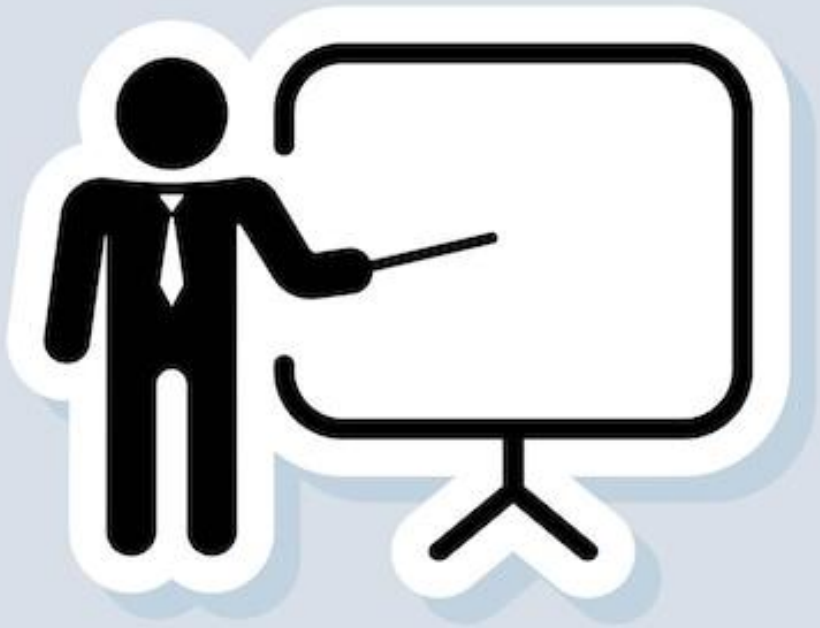
Medical Foster Care (MFC) New Provider Orientation

Date / Subtitle here



Training Agenda:

- Sunshine Health's Mission
- Provider Engagement Introduction
- Medical Foster Care Program Requirements & Sunshine Health Requirements
- Claims Overview
- Secure Provider Portal Registration
- Secure Provider Portal Overview
- Claims Submission: Web Portal
- Claims Submission: Paper or Electronic Claim(s) Transmission
- Finding Submitted Claims on the Secure Provider Portal
- Correcting Claims and Claim Reconsideration via the Secure Provider Portal
- Payspan Registration for EFT/ERA
- Q&A
- Commonly Referenced Acronyms
- Helpful Sunshine Health & AHCA Links

Why We're in Business

OUR PURPOSE

Transforming the health of the community, one person at a time

What We Do

OUR MISSION

Better health outcomes at lower costs

What We Represent

OUR PILLARS

Focus on the Individual

+

Whole Health

+

Active Local Involvement

What Drives Our Activity

OUR BELIEFS

We believe healthier individuals create more vibrant families and communities

We believe treating people with kindness, respect and dignity empowers healthy decisions

We believe we have a responsibility to remove barriers and make it simple to get well, stay well and be well

We believe in treating the whole person, not just the physical body

We believe local partnerships enable meaningful, accessible healthcare

Provider Engagement

Your Sunshine Health Support Staff

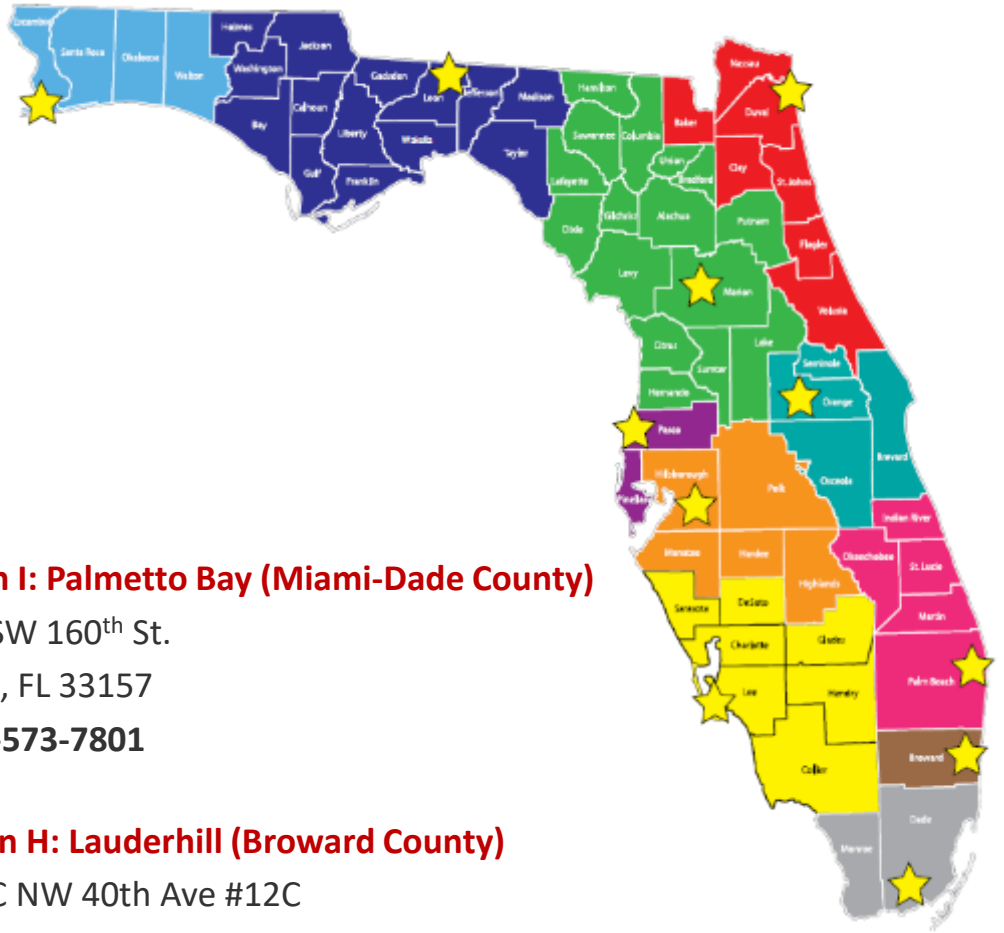
- **Provider Engagement Account Managers (PEAMs)** are your dedicated support staff at Sunshine Health. We help with any operational issues you encounter.
  - We specialize in offering training, including two provider town halls for MFC providers
  - We offer regular touchpoints after onboarding with the plan, both virtually and in-person

Support Staff Contact Information

- **Beulah Simmons**
  - Email: Beulah.S.Simmons@sunshinehealth.com
  - Phone: 904-322-4056
  - Assigned to North Florida: AHCA Regions A, B
- **Sylvia Allen**
  - Email: SALLEN@sunshinehealth.com
  - Phone: 813-678-6482
  - Assigned to Central Florida: AHCA Regions C, D, E
- **Frederick McCoy**
  - Email: Frederick.D.McCoy@sunshinehealth.com
  - Phone: 954-552-8295
  - Assigned to South Florida: AHCA Regions F, G, H, I

Community Connections Centers

Sunshine Health's 10 Community Connection Centers offer in-person support and host community events across the state.



Region A: Pensacola (Escambia County)
2620 E Creighton Road, Suite 401
Penascola, FL 32504
1-850-473-2801

Region A: Tallahassee (Leon County)
2525 S. Monroe Street, Unit 1
Tallahassee, FL 32301
1-850-523-4301

Region B: Ocala (Marion County)
2724 NE 14th Street
Ocala, FL 34470
1-352-840-1102

Region B: Jacksonville (Duval County)
5115 Normandy Blvd., Unit 1
Jacksonville, FL 32205
1-904-348-5267

Region D: Tampa (Hillsborough County)
200 W Waters Ave.
Tampa, FL 33604
1-813-470-0561

Region E: Orlando (Orange County)
6801 W Colonial Drive, Suite E
Orlando, FL 32818
1-407-253-7602

Region F: Fort Myers (Lee County)
4901 Palm Beach Blvd., Suite 80
Fort Myers, FL 33905
1-239-690-5722

Region G: Tampa (Hillsborough County)
200 W Waters Ave.
Tampa, FL 33604
1-813-470-0561

Region I: Palmetto Bay (Miami-Dade County)
9552 SW 160th St.
Miami, FL 33157
1-786-573-7801

Region H: Lauderhill (Broward County)
1299C NW 40th Ave #12C
Lauderhill, FL 33313
1-561-696-2506

MFC Program Requirements

MFC Program Details

- Medical Foster Care (MFC) is an Agency for Health Care Administration (AHCA) program that focuses on medically complex conditions of children from birth through 20 years of age.
- Once the member turns 21 years old, they are no longer eligible for this program.
- **The goal of the MFC Program is to reduce institutional admissions for these complex children by providing an individual with a chronic medical condition to receive care in the least restrictive environment; a home-based setting.**
- All MFC services must be rendered by foster home caregivers licensed by the Department of Children & Families (DCF) who have successfully completed the Department of Health (DOH) MFC parent competency-based training classes.
- Sunshine Health follows the AHCA MFC Services Coverage Handbook.

Medical Necessity Criteria for MFC Services

- Member's age is below 21 years old
- Member's health, safety and well-being are maintained in a foster home
- Member is in custody of DCF, in a voluntary placement agreement or in extended foster care in accordance with 409.175, F.S.
- Member has completed staffing by the Children's Multidisciplinary Assessment Team (CMAT)
  - Sunshine Health requires that a CM staff member must be present during member's CMAT evaluation.
  - To contact our Sunshine Health, CM staff member, call **1-844-477-8313**.

Sunshine Health Case Management Support

- Updates to the plan of care
- Changes in medications
- Changes in doctor's orders
- Concerns regarding court orders for procedures
- Medicaid recipient (child) eligibility issues
- MFC services billing and payment issues
- Referrals for health-related services
- Changes in child's condition or behaviors
- Advocacy and support
- Concerns with a medical provider
- Provider credentialing issues

Case Management Support by Other Agencies

WHEN TO CALL DOH MFC TEAM:

- MFC parent recruitment issues
- MFC parent home and eligibility issues
- MFC parent pre-services and in-service training
- Help with Medicaid provider enrollment
- MFC client eligibility and level of care (LOC) issues
- MFC child-specific training for MFC parent and other caregivers
- MFC family composition changes including foster placement changes
- Documentation questions and technical assistance
- Respite needs
- Advocacy and support

WHEN TO CALL THE CBC/LICENSING AGENCY:

- Questions regarding consents
- Concerns regarding dependency status
- Reunification and case plan questions
- Concerns regarding court orders for procedures
- Concerns with biological parents with MFC team support
- Concerns regarding child placement with MFC team support
- Court subpoenas and court orders
- Foster care licensing issues
- Advocacy and support

What does MFC Cover?

- **Daily Foster Care Service:** There are three levels of MFC care.
  - These levels are determined by the staffing needs for that member as determined during CMAT evaluation.
- **Leave Days:** Covers up to 15 days during any 90-day period for hospitalization or therapeutic visits.
- **Alternate Provider:** Covers up to 30 days of MFC services provided by a substitute MFC provider per year, per member.
  - To be used when the primary MFC provider is unable to provide temporary care.
- **Sunshine Health does not cover the following**:
  - Respite care
  - Services when the member is absent from the MFC home for more than 24 hours, except for the days listed above or when receiving services from an alternate provider.

Documentation Requirements

- MFC families must maintain the following information in member's file:
  - Plan of Care (POC) updated every 180 days or when member's condition changes, requiring change in services.
    - Must be signed, dated and credentialed by a physician
  - Written MFC staff physician's order.
  - Must include copies of all doctor's orders.
  - Daily progress notes documenting all care and services provided, as specified in member's POC.

- MFC families must maintain documentation in member's file demonstrating they continued to provide services during member's leave days
  - Must include physician's statement specifying MFC was present during member's hospital stay.

Contracting with Sunshine Health

- Sunshine Health recommends that all MFC Providers obtain a Provider Agreement or Letter of Agreement (LOA) with MFC parents who care for our members.

- Our contracting team may have already reached out to you seeking the following required documents:
  - W-9
  - MFC Provider Demographic and Billing Form

- If you are not under contract, please visit medicalfostercarefl.org.
- For contracting questions, please email Bonnie Aguiar at Bonnie.E.Aguiar@SunshineHealth.com

Billing MFC Codes

- These are the approved Codes, Modifiers, and Reimbursement Rates from AHCA for these services as of October 1, 2024.
- **These services do not require prior authorization but must be approved via CMAT staffing at a minimum of every 180 days.**
- **Note:** Reimbursement Rates are determined by AHCA and subject to change at any time. Responsibility for knowing the latest rates lies with providers but questions can be directed to your Provider Engagement Account Manager (PEAM).

Service	Codes	Modifier*	Reimbursement Rate
Level I	S5145	HA	$48.47 per day
Level II	S5145	TF	$60.59 per day
Level III	S5145	TG	$84.81 per day

Timely Claims Submission

Providers must submit claims in a timely manner as indicated by this table:

Initial Claim*		Reconsiderations or Claim Dispute**		Coordination of Benefits***	
Participating	Non-Participating	Participating	Non-Participating	Participating	Non-Participating
180 Days	365 Days	90 Days	180 Days	90 Days	90 Days

*Initial claim days are calculated from date of service to date received by Sunshine Health.

**In a reconsideration or claim dispute, days are calculated from date of explanation of payment/correspondence issued by Sunshine Health to date reconsideration is received by Sunshine Health.

*** For coordination of benefits, days are calculated from date of explanation of payment from the primary payer to date received by Sunshine Health.

Process for Claims Reconsiderations and Disputes

All requests for corrected claims or reconsiderations/claim disputes must be received within 90 days from date of original explanation of payment or denial.

Claims Timeline

Payment Timelines:

- Following receipt of the claim, **Clean Claims** will be adjudicated (as in paid or denied) within 15 calendar days if received electronically or 20 calendar days if received by paper.
    - Clean Claims are forms received with all coding, modifiers and required data elements included.

Payment Issues:

- If a provider has a concern with the adjudication of a claim, they can file a Claims Dispute or Reconsideration with Sunshine Health for review.
    - **Note:** Providers with concerns after following these steps should contact their **Provider Engagement Account Manager** for assistance.

Provider Disputes or Reconsiderations

- First Time Adjustment requests for Claims are not part of the Provider Dispute Process. These can be made by calling Sunshine Health Provider Services at **1-844-477-8313**.

- Request for **Claim Reconsiderations or Disputes** must be received within 90 calendar days from date of notification of payment or denial.

- Providers should submit their request via the **Secure Provider Portal** or through these options:

  - Call: **1-844-477-8313**
  - Mail to:

    Sunshine Health

    Attn: Disputes

    P.O. Box 3070

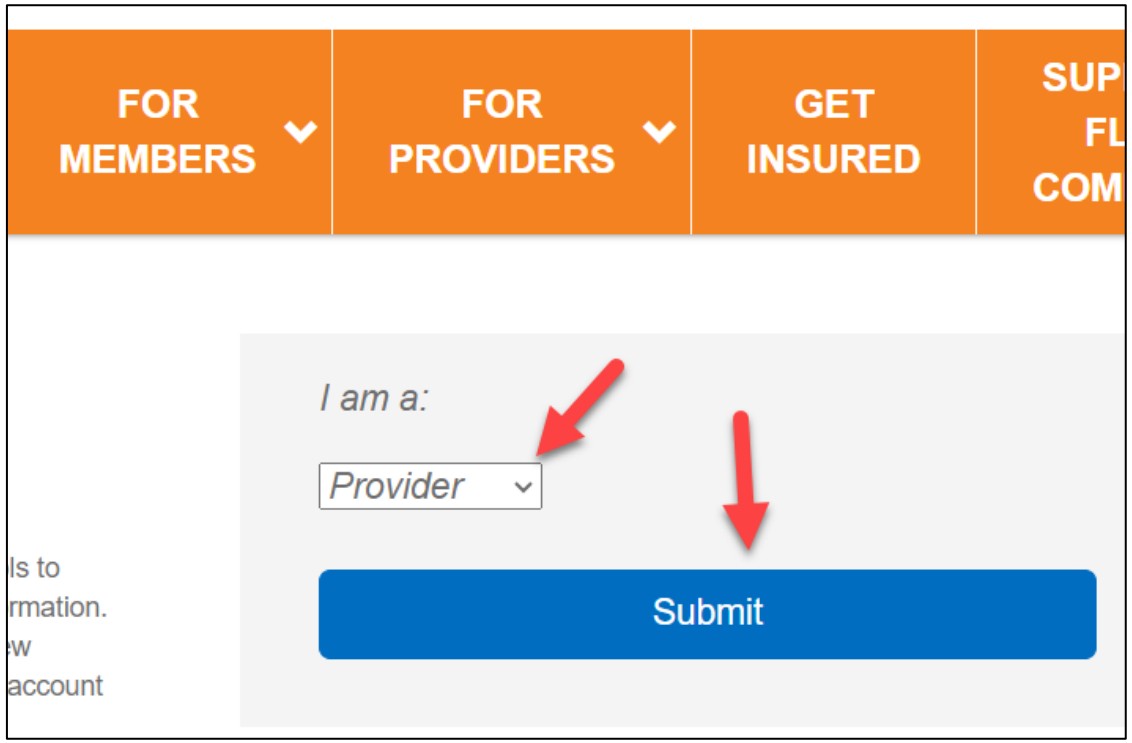
    Farmington, MO 63640-3823

Secure Portal Registration

Secure Provider Portal Registration

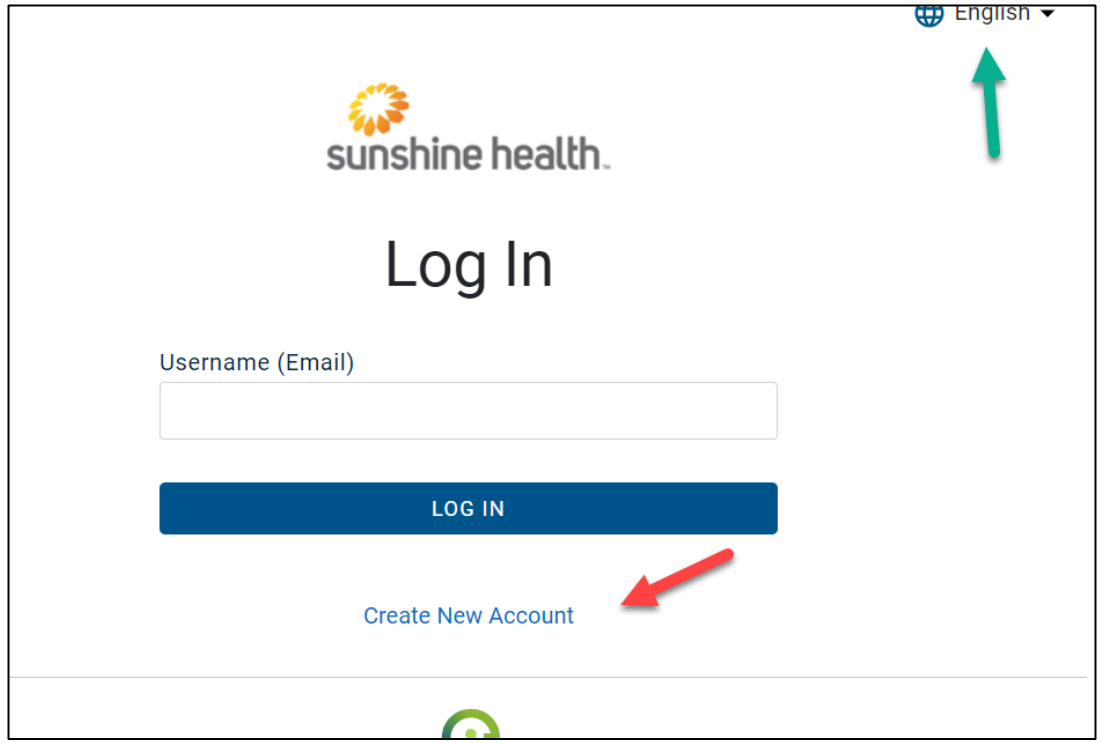
To register for the Sunshine Health Secure Provider Portal:

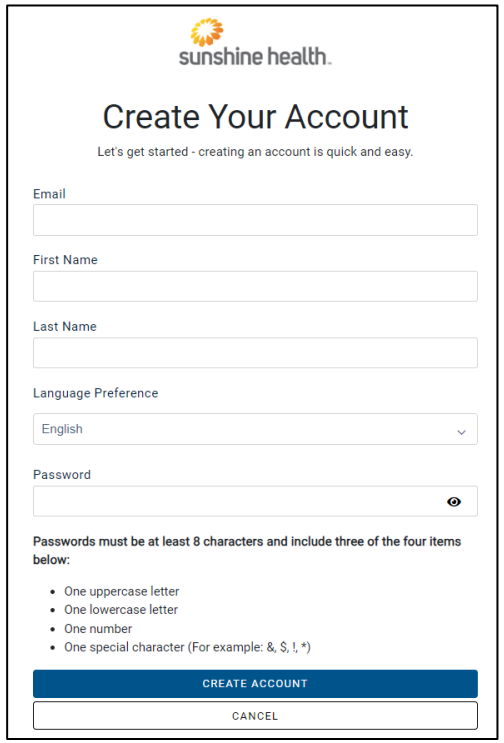
1. Visit: SunshineHealth.com/login
2. Select **Provider** in the dropdown menu, then select **Submit**.



Secure Provider Portal Registration: Continued

3. In the Secure Provider Portal, select **Create New Account.**
   - Providers have the option to change the portal's language, as indicated by the green arrow.
   - **Note:** Practices are allowed an unlimited number of login accounts.

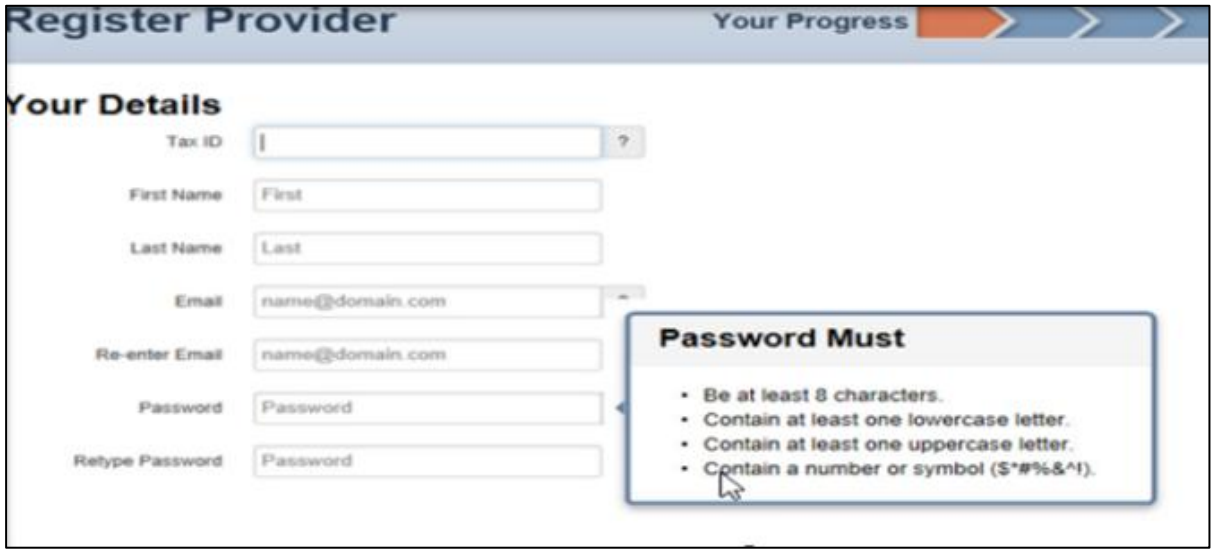




Secure Provider Portal Registration: Continued

4. Enter Provider's Taxpayer Identification Number (TIN), Name and Email Address to create a password.

   - **Note:** MFC Providers commonly use their Social Security number as their TIN. If this applies to you, then please use your Social Security number, whenever you are asked for a TIN.



Passwords must have at least 8 characters and contain at least one of each of the following: Lowercase letters, uppercase letters, a number and a symbol. If no fax number is available enter 999-999-9999.

Note: If you receive the error message: **We could not find your tax ID in our system.** Please return to our public site and select **Join Our Network**. Once your data is in our system, you'll be able to create your account.

Secure Provider Portal Registration: Conclusion

5. A registration code will be emailed to you.
   - Only one Login per email address.
   - Each user must have their own account.
6. Enter the confirmation code into the screen below and click **Confirm.**
7. Select your security questions and provide your answers.
   - **Note:** You will need these if you forget your password or are locked out of your account.
8. When your account is activated, you will receive an email inviting you to use the site.
   - Online accounts will be deactivated if not used within a 30-day period.

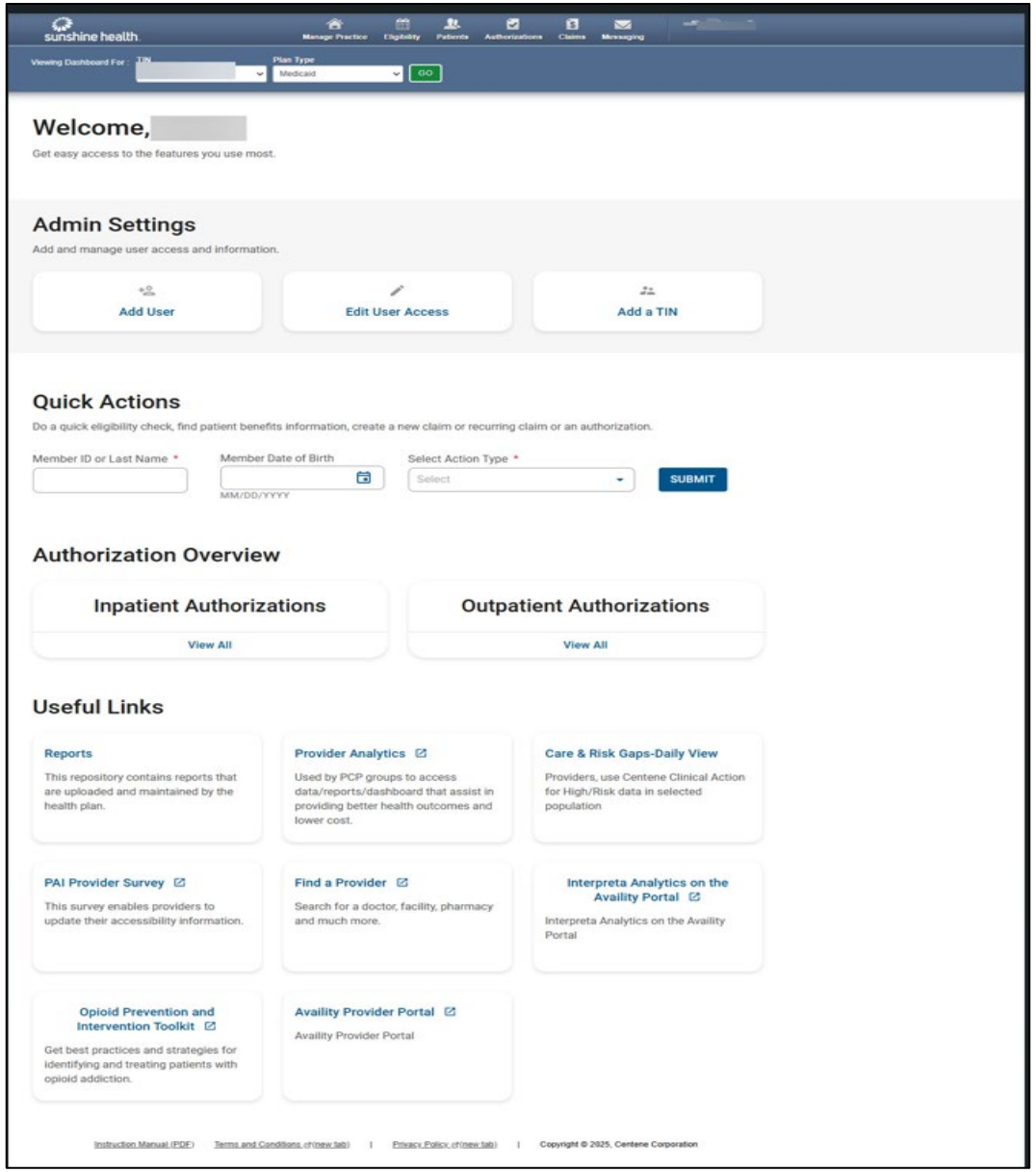
Secure Provider Portal Overview

Secure Provider Portal Functions

- Confirm Member Eligibility
- Submit Claims
- Check Claim Status

System Requirements: The Secure Provider Portal can be accessed using Internet Explorer 10 or higher, Firefox and Google Chrome. Each browser should be updated to the most recent version available for optimal performance.

Online Secure Provider Portal training is available on Thursdays at noon. Visit: SunshineHealth.com/training

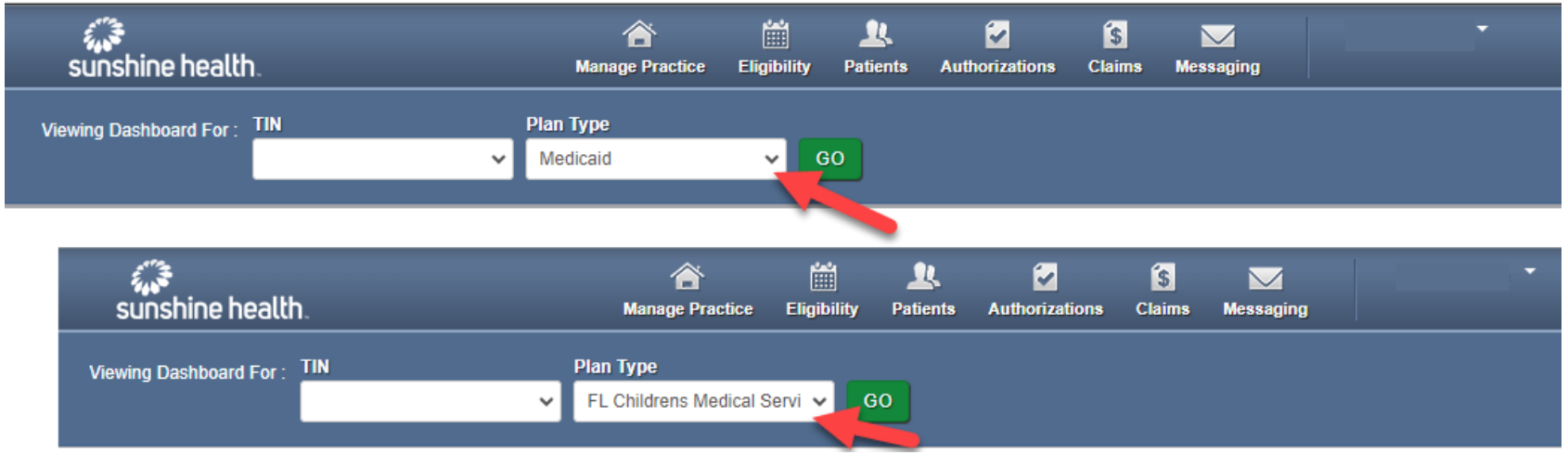


Claim Submission: Web Portal

How to Submit a Claim via the Secure Provider Portal

Before creating a new claim, choose the applicable plan type from the drop-down menu:

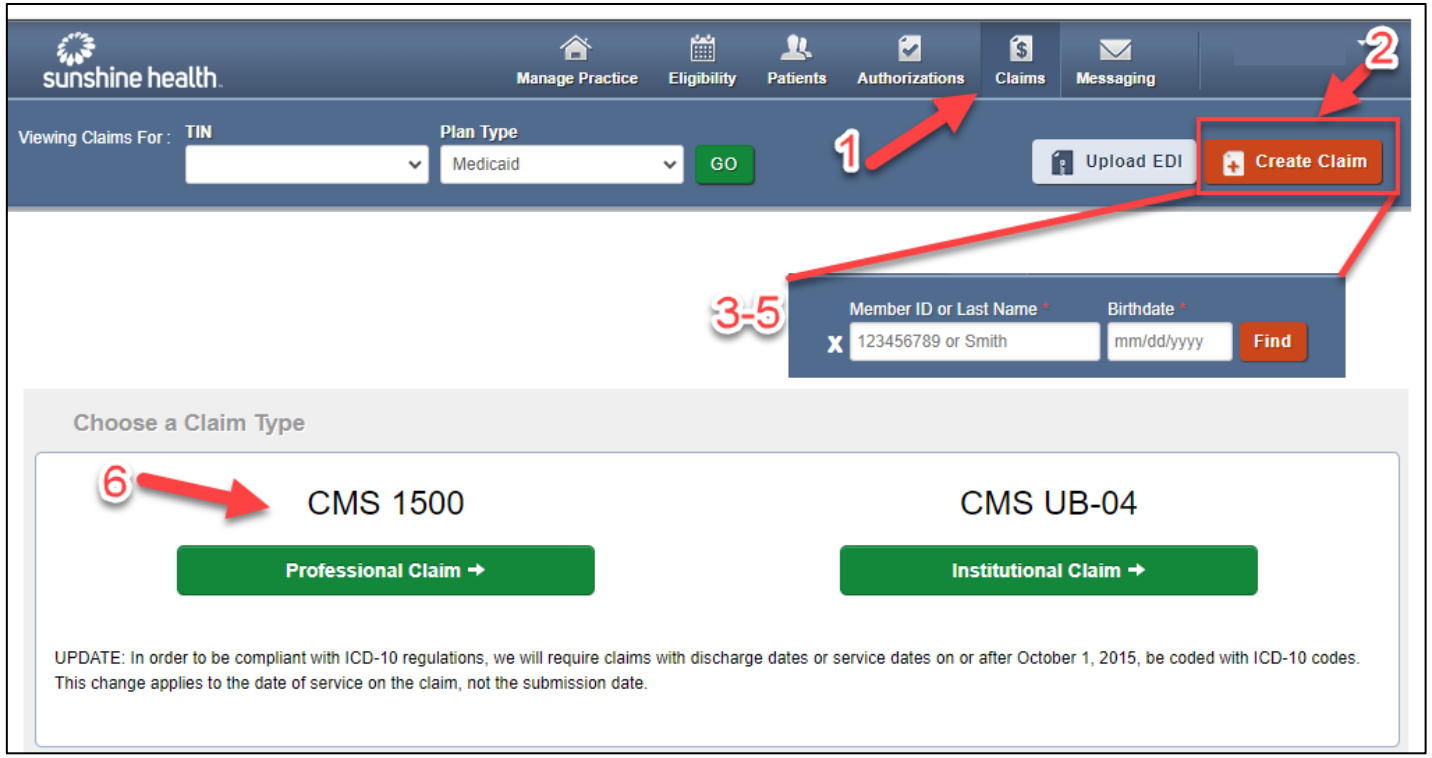
- For **Medicaid (MMA), Sunshine Health Pathway to Shine Child Welfare Specialty Plan (CWSP), Sunshine Health Mindful Pathways Serious Mental Illness Specialty Plan (SMI) and Sunshine Health Power to Thrive HIV/AIDS Specialty Plan (HIV),** select Plan Type **Medicaid.**
- For **Children's Medical Services (CMS) Health Plan** members, select Plan Type **FL Childrens Medical Service.**



Creating a Claim: Portal Claim Submission

To Create a New Claim:

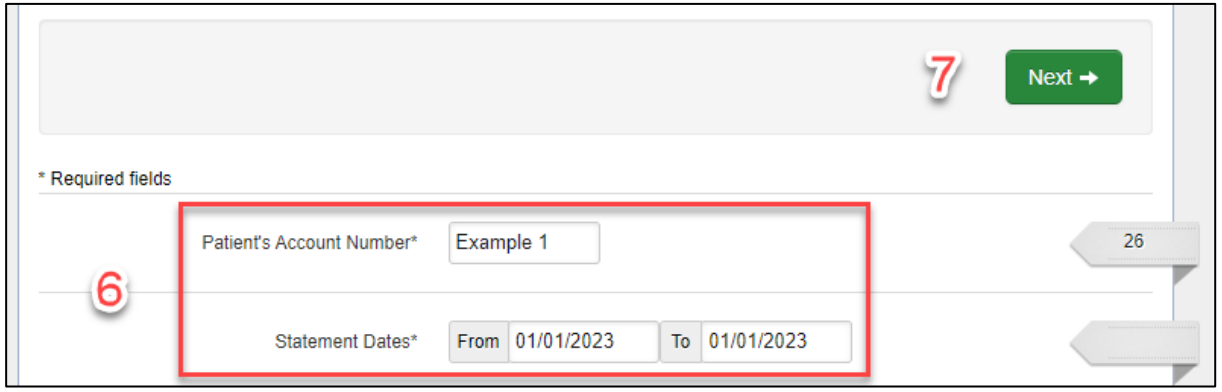
1. Select **Claims** on the top ribbon
2. Select **Create Claim**
3. Enter Member ID or Last Name
4. Enter Member's Birthdate
5. Select **Find**
6. Select **CMS Professional Claim** Type



Creating a Claim: Portal Submission Continued

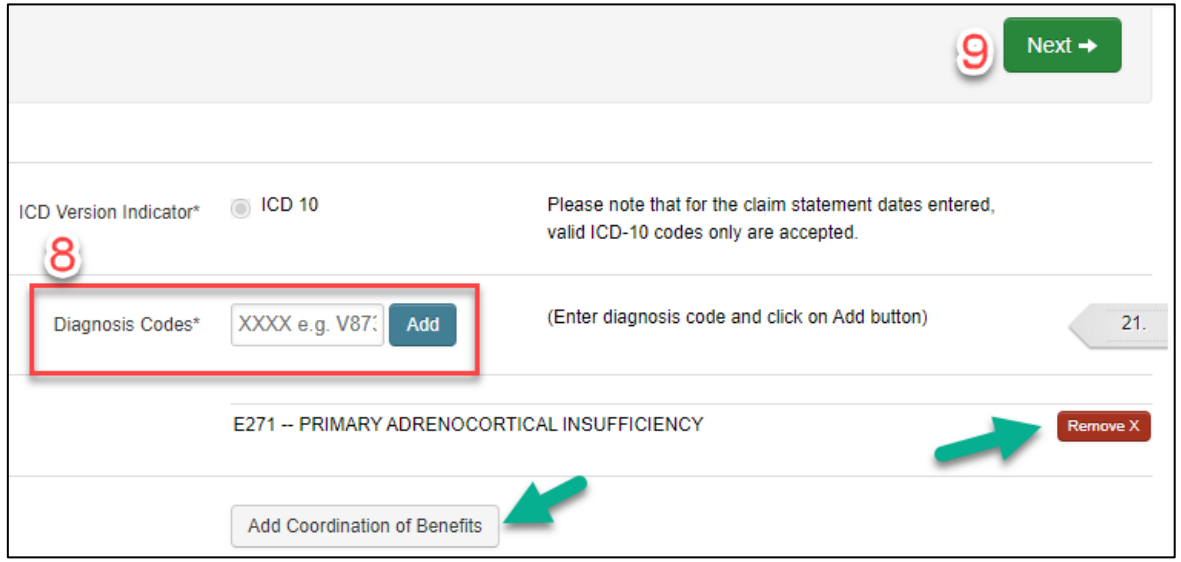
Enter Patient's Account Number:

7. Enter the **From** and **To** dates
8. Select **Next**



Enter Diagnosis Code(s):

9. Select **Add**
10. Select **Next**

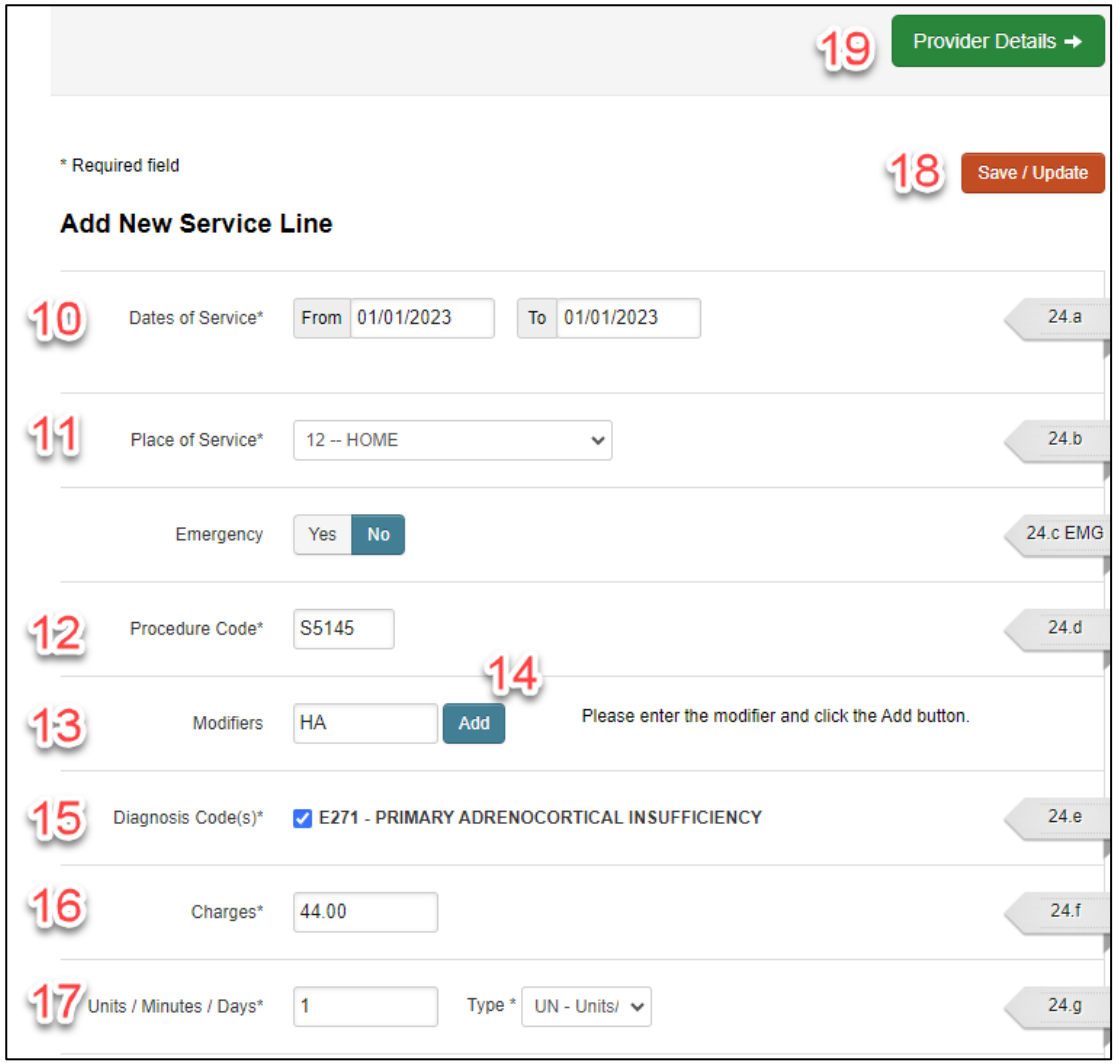


How to Submit a Claim: Continued

Entering Service Lines (Maximum 50 entry lines)

11. Enter Date of Service
12. Select **Place of Service 12 – Home**
13. Enter Procedure Code S5145*
14. Enter Modifier(s)
15. Click **Add**
16. Select Diagnosis Box
17. Enter Charges for the line
18. Enter Units/Minutes/Days
19. Click **Save/Update**
20. Click **Next**

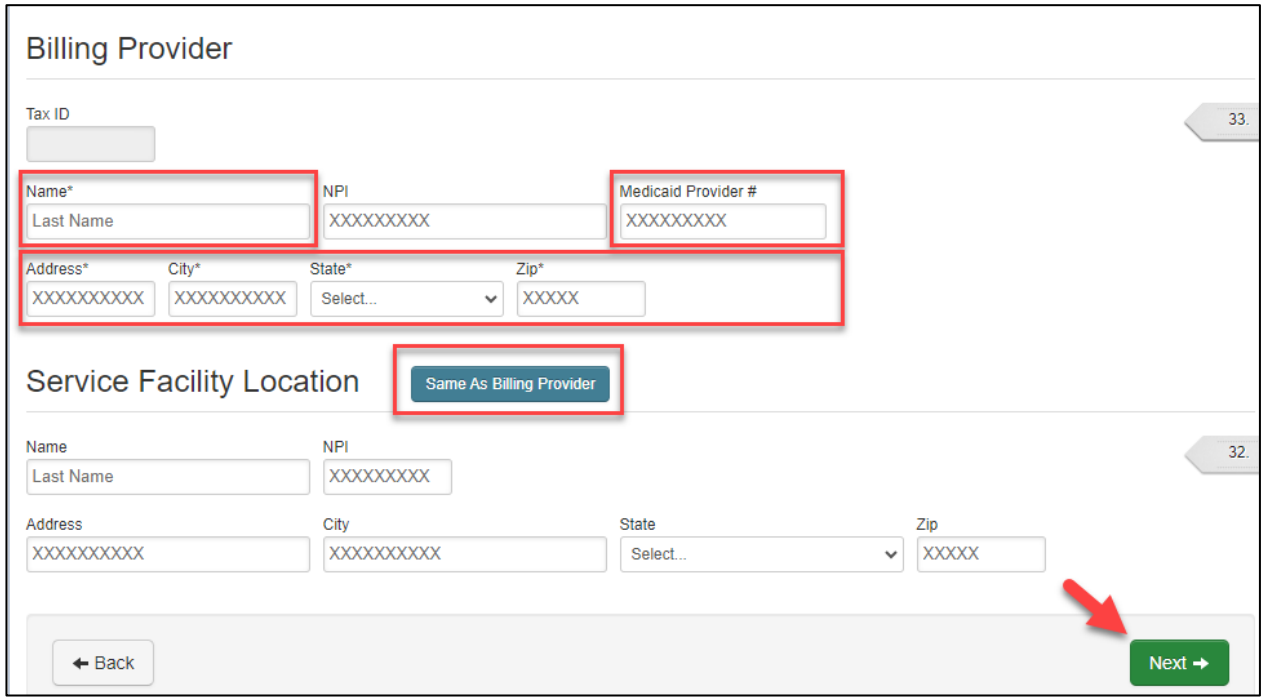
**Or appropriate code per CPT Billing Guidelines*



Creating a Claim: Continued

Billing Provider Information:

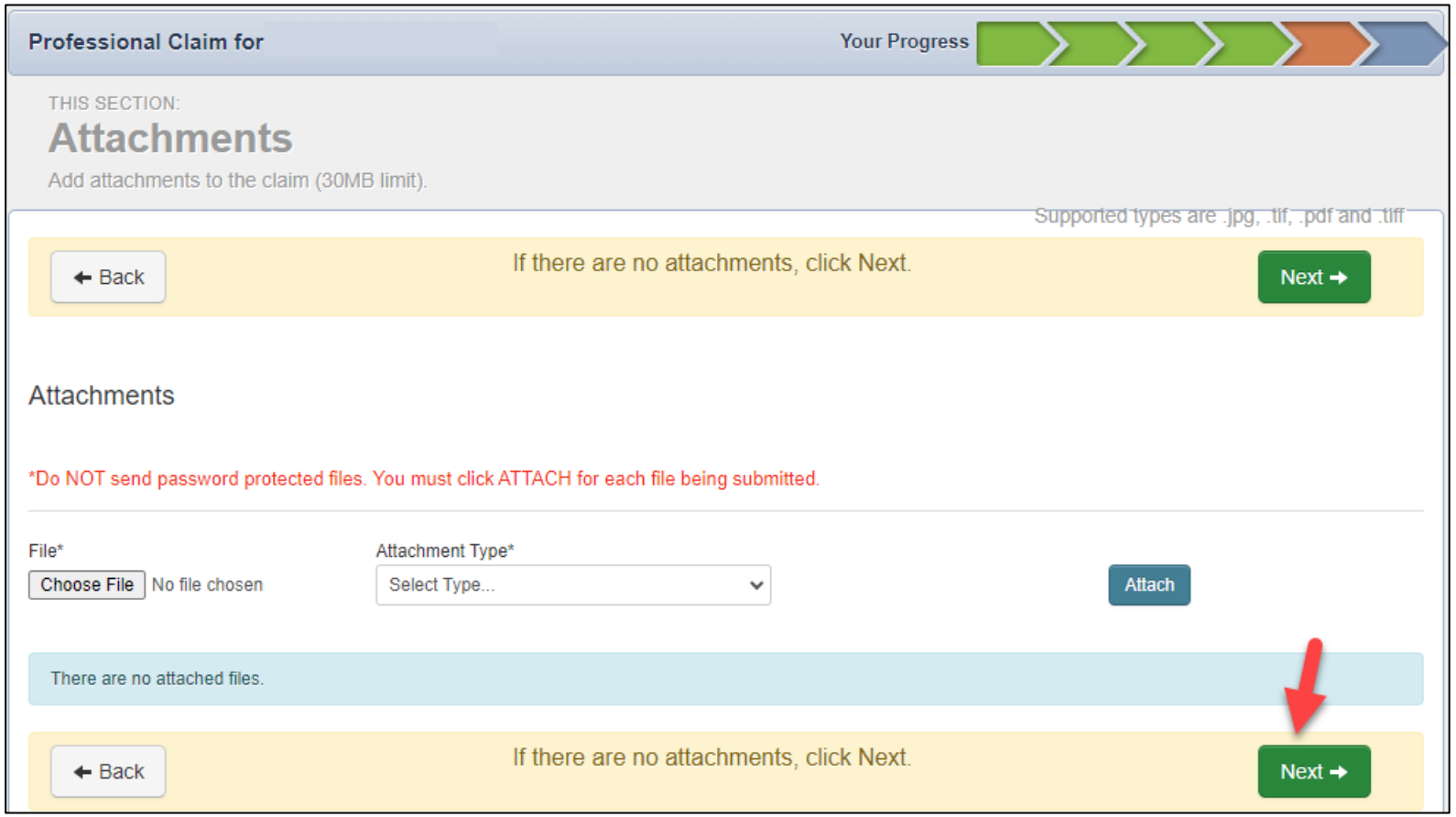
21. Under **Billing Provider** complete required fields:
    - Provider Last Name
    - Medicaid Provider Number
    - Address, City, State, Zip Code
        - **Note:** MFC Providers should not enter National Provider Identifier (NPI) in Billing Provider section.
22. Select **Same as Billing Provider** button.
23. Select **Next**



Creating a Claim: Continued

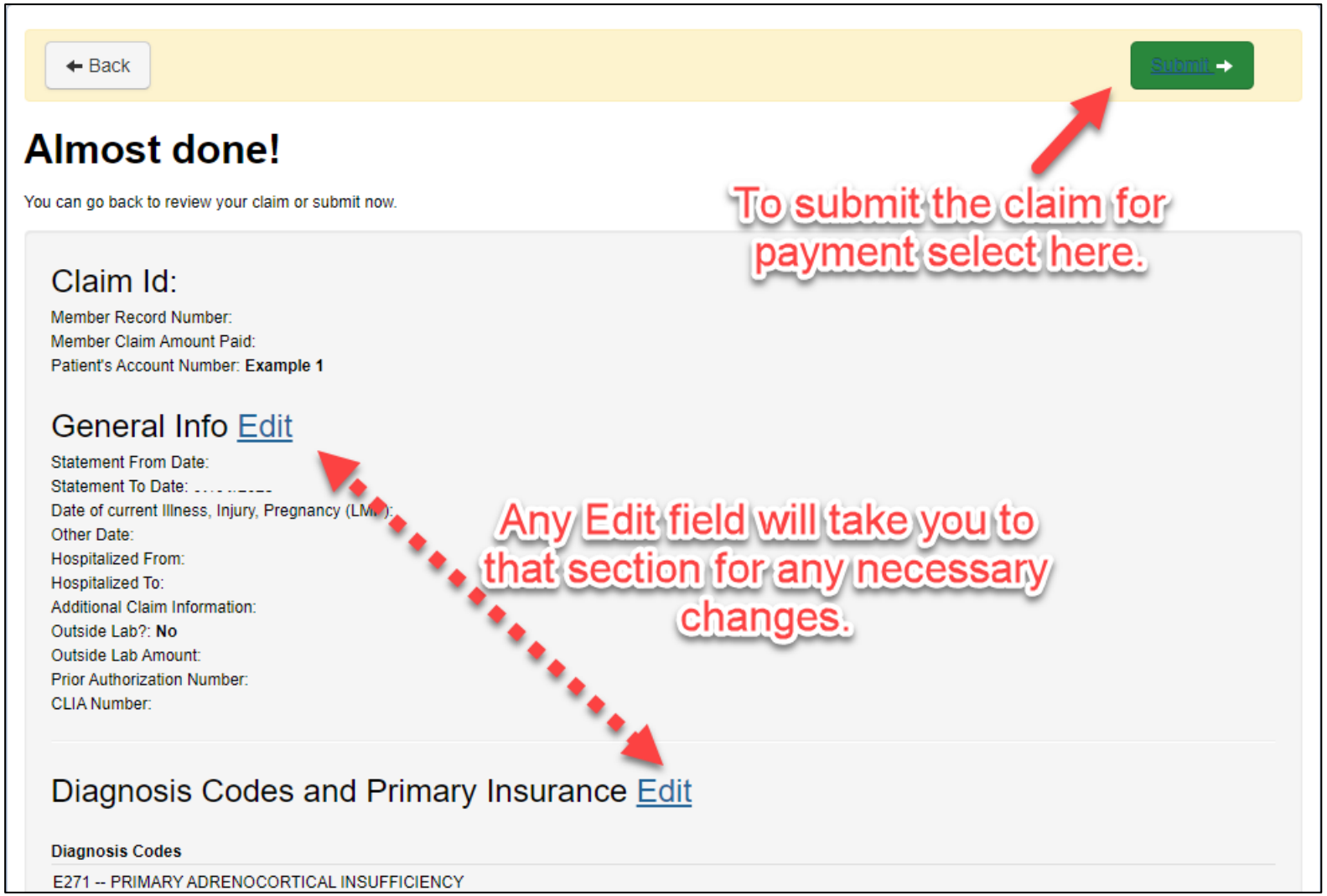
Claim Attachments:

- Attachments are not required for claim submission but can be added here.



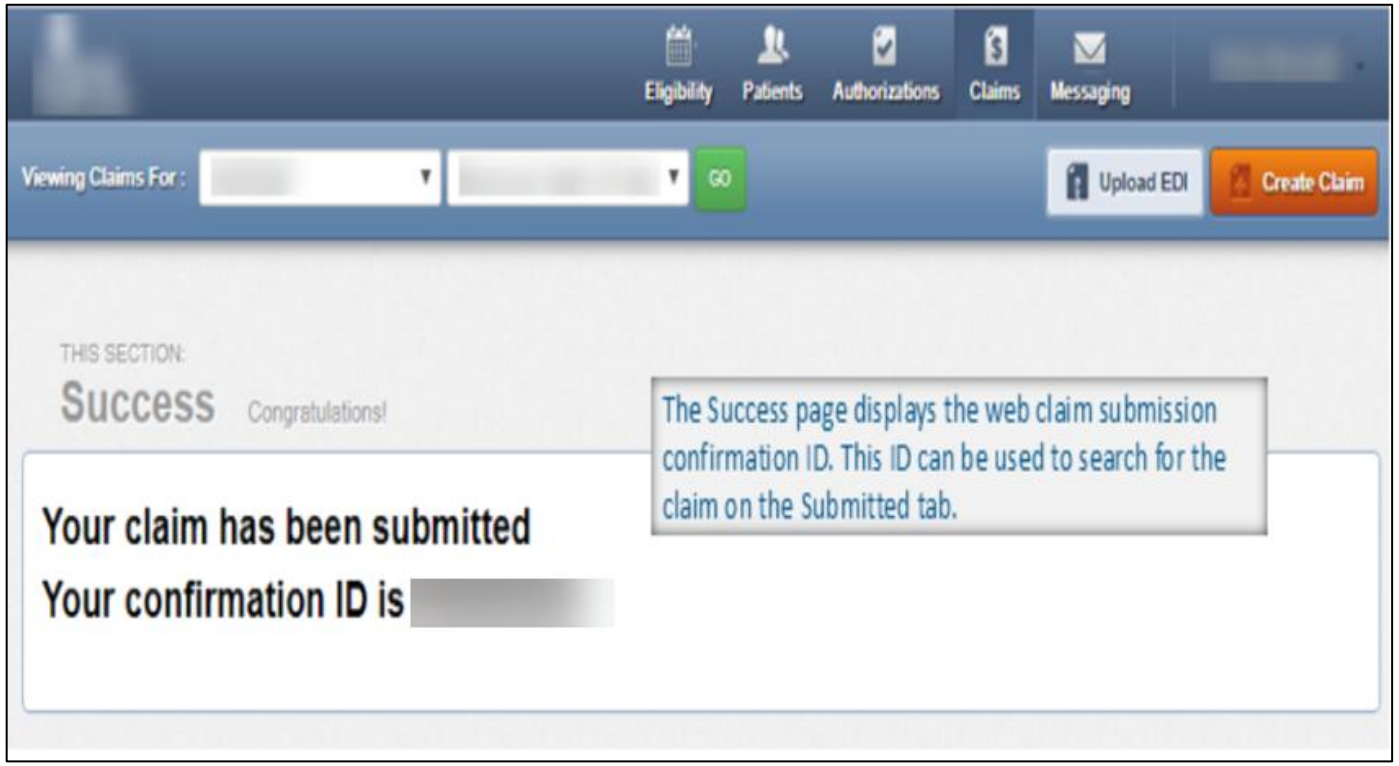
Creating a Claim: Continued

- **Final Claim Review Before Submission**
- Select **Edit** to make changes to any section.
- To send claim for payment select the **Submit** button.



Creating a Claim: Continued

A successfully submitted claim will result in receiving a **Success** message and a **Confirmation ID Number.**



Claim Submission: Paper or Electronic Claims Transmission

Electronic Claims Transmission through Clearing Houses

- Network Providers are encouraged to participate in Sunshine Health's program to submit claims via the EDI Clearinghouse or the Secure Provider Portal.

- For Electronic Filings, use Sunshine Health Payer ID: **68069**

- For more information about Electronic Filing, please consult our **837 Companion Guide** found at **Sunshine Health.com/resources** under Additional Resources, under Medicaid, under Manuals.

- You can also contact the Centene EDI Department at:
  - Call: **1-844-477-8313**
  - Email **EDIBA@centene.com**

- **Note:** The Electronic Claim submission method via the Secure Provider Portal is highly encouraged.

Paper Claims Submission

- Sunshine Health strongly encourages the use of electronic methods to submit claims. This allows for quicker reimbursement and updates.

- Submit Paper Claims by mail:

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

Paper Claims Submission: Continued

Best Practices:

- **Do** use the correct P.O. Box Number.
- **Do** submit all claims in a 9 x 12 inch or larger envelope.
- **Do** type all fields completely and correctly.
- **Do** submit on a red and white claims form (CMS 1500, UB04 or later as approved by CMS).

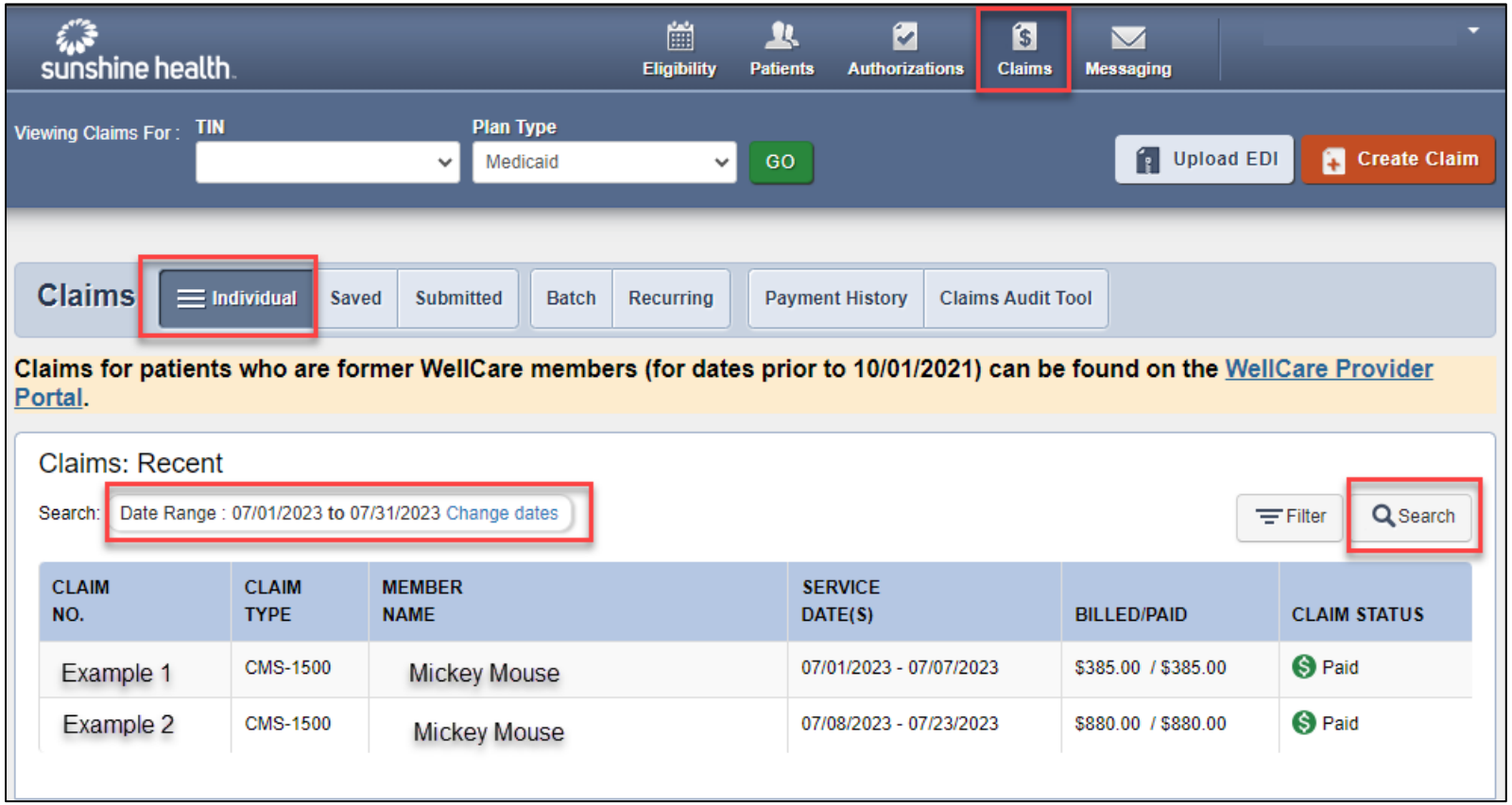
Common Mistakes:

- **Don't** submit handwritten claims.
- **Don't** use red or blue ink on claim forms.
- **Don't** circle data on claims forms.
- **Don't** add extraneous information to fields.
- **Don't** use highlighter.
- **Don't** submit photocopied or black and white claim forms.
- **Don't** submit carbon copy claims.
- **Don't** submit claim forms via fax.

Finding Submitted Claims via the Secure Provider Portal

Finding Submitted Claims

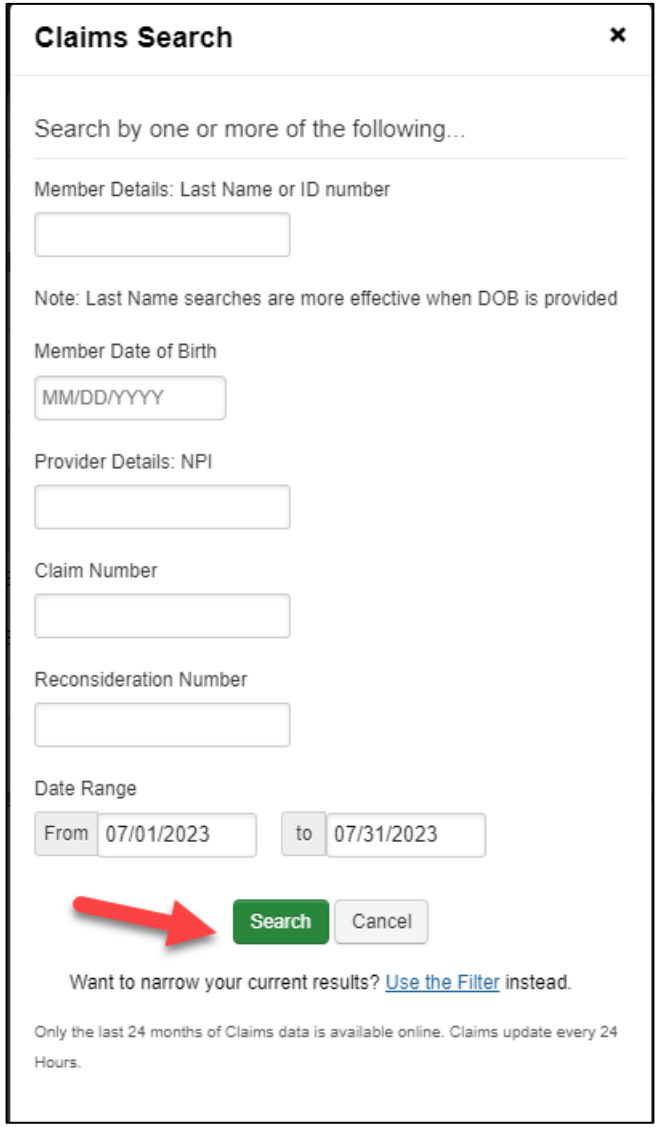
1. From the **Claim** screen, select **Individual**
2. The Date Range will default to the current calendar month. Change this by selecting **Change Dates**



Finding Submitted Claims: Continued

Select **Change Date Range** and a new window will appear that allows you to update the search feature.

- *Note: If searching by date, the date range must be a 30-day time period.*



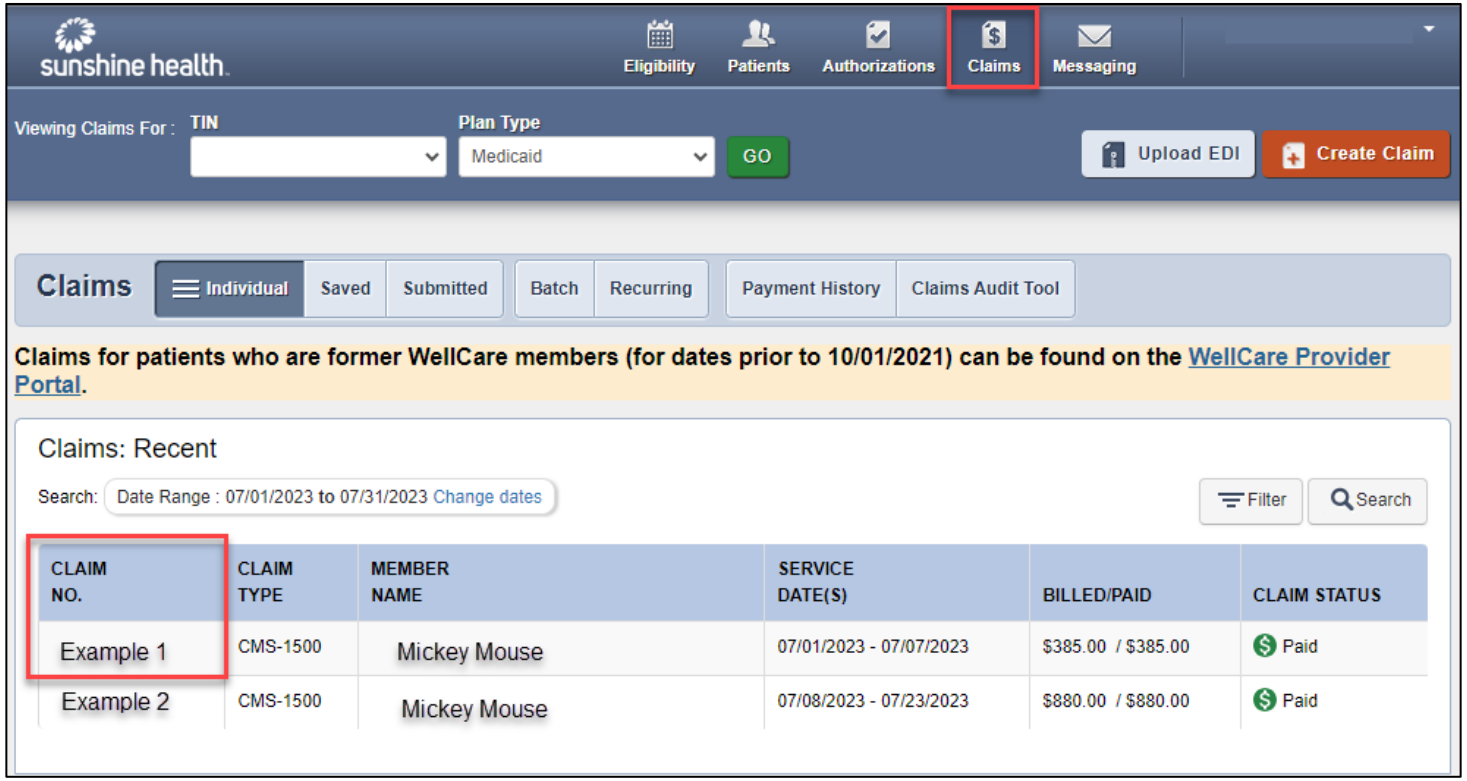
Correcting Claims and Claim Reconsideration using the Secure Provider Portal

Corrected Claim Submission & Claim Reconsideration

Note: Claim must be in Paid or Denied status before these steps can be taken.

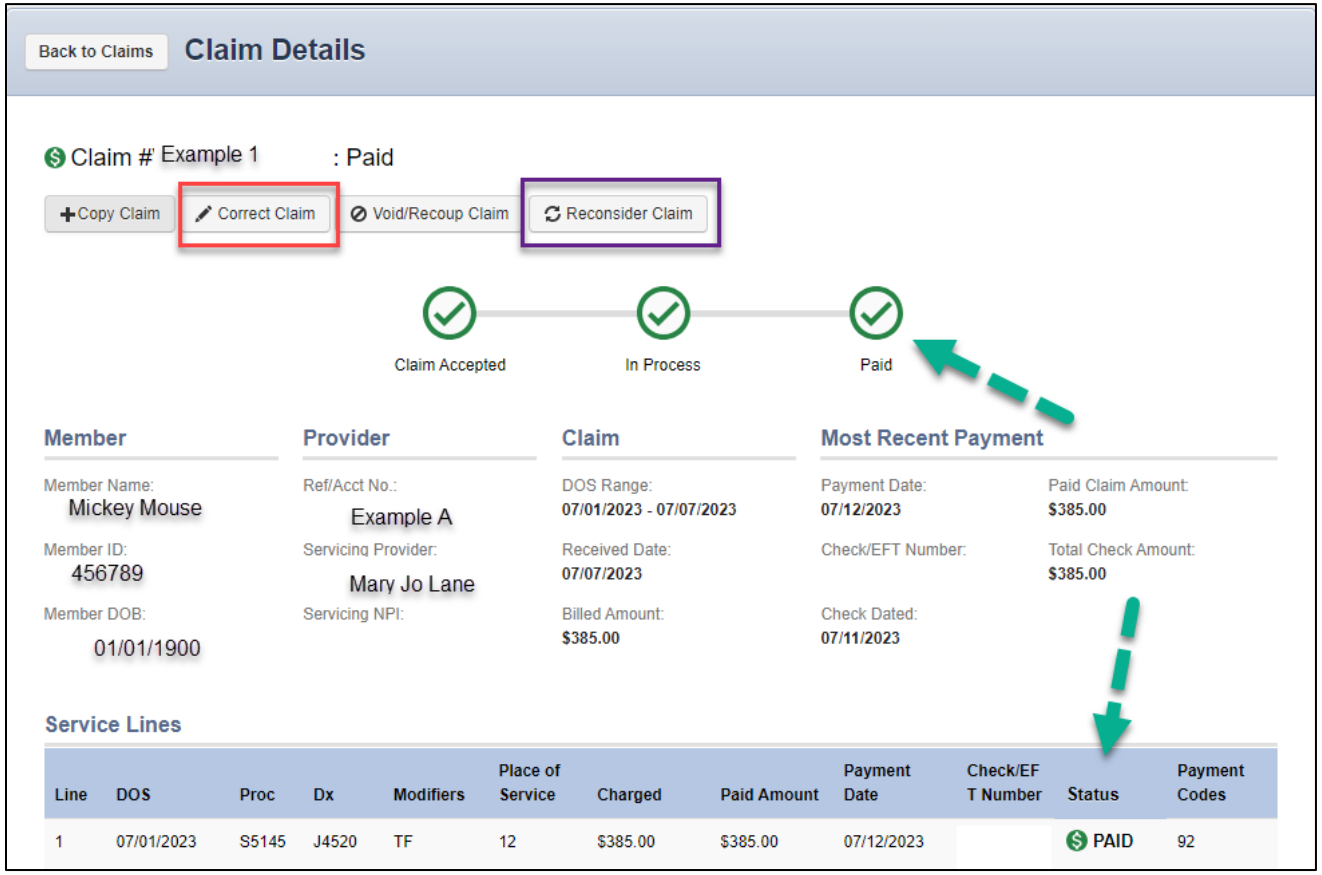
1. Sign into Secure Provider Portal
2. Locate and select the appropriate claim number you will use to open the **Claim Detail Screen**

Note: See previous instructions on locating claims.

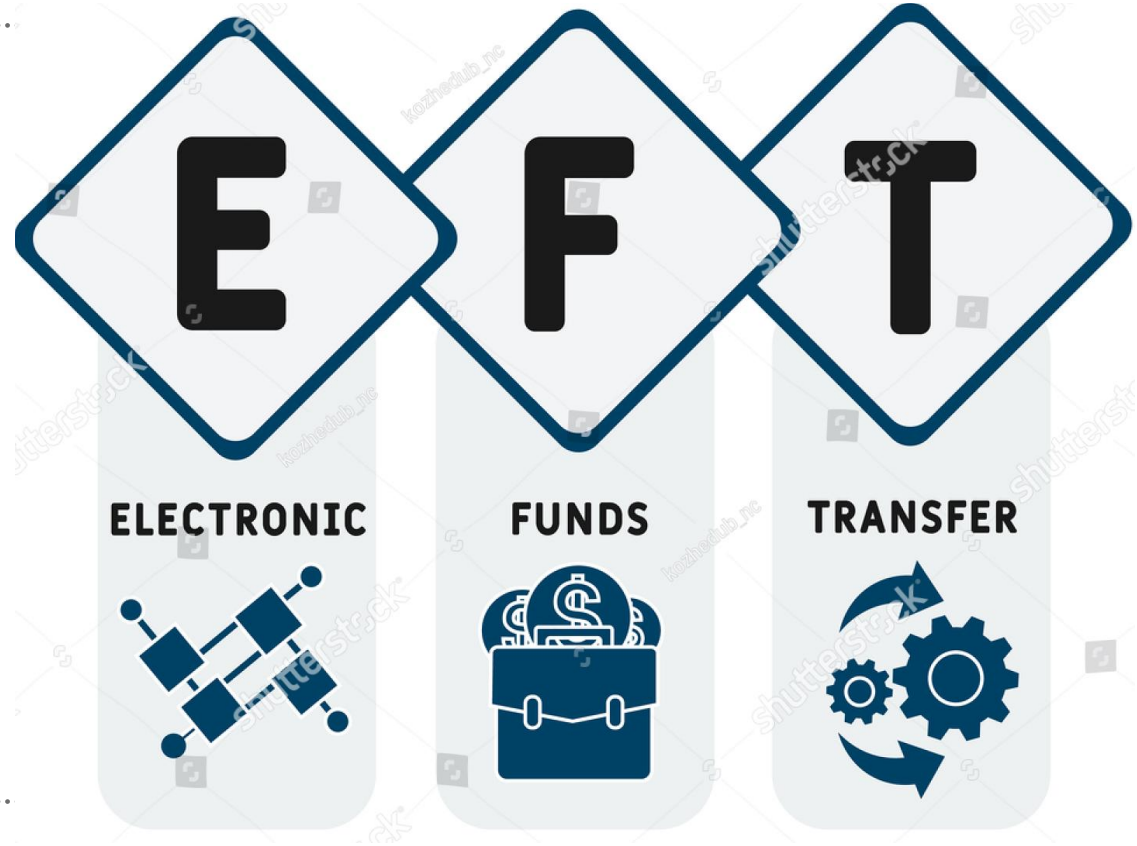


Claims Correction: Continued

- In the **Claim Details** screen, you can select **Correct Claim** or **Reconsider Claim**
- Both options open a secondary screen to make the appropriate changes and/or provide additional information, if needed.
- **Corrected Claim Note:** The Referring and Rendering Provider sections cannot be edited.
- **Reconsider Claim Note:** You will be asked to choose a Reconsideration Type from a dropdown menu. Choose the most appropriate option.



PaySpan Registration for EFT/ERA



Electronic Funds Transfer (EFT) and Electronic Remittance Advice (ERA): PaySpan

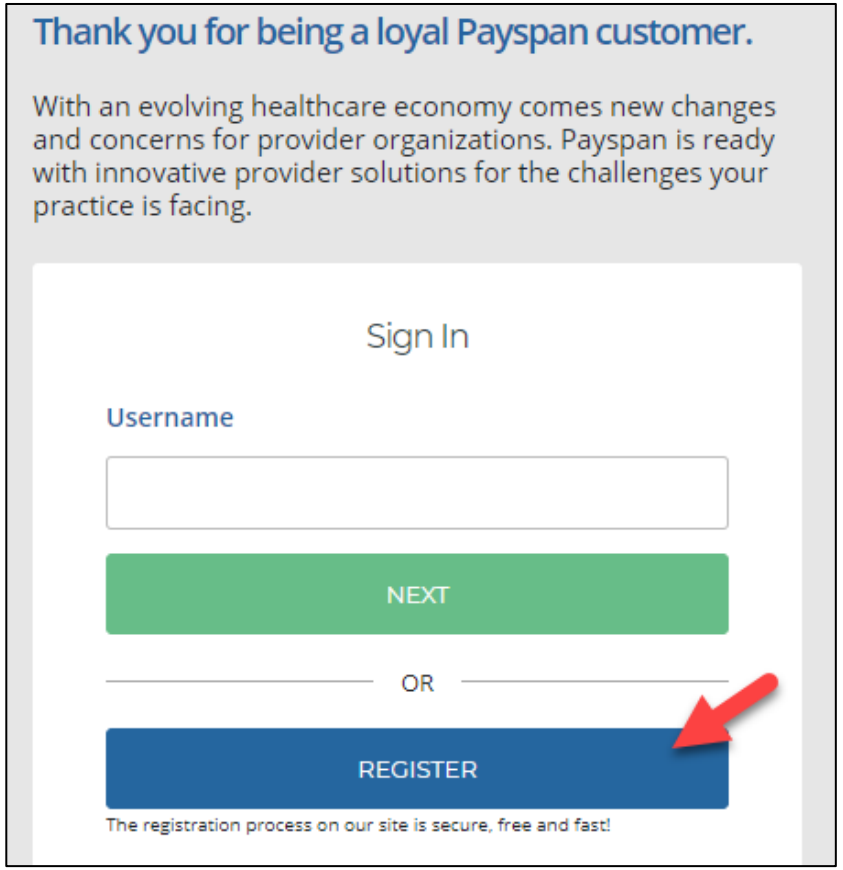
- Sunshine Health partners with PaySpan Health to offer providers EFT and ERA options.
- This service is free to providers. It is a secure, fast way to electronically receive claims payments.
- PaySpan Health breaks down barriers to electronic claim settlement for EFTs and ERAs.
- Using this free service, providers can take advantage of EFTs and ERAs to settle claims electronically, without investing in expensive EDI software.
- Following a fast online enrollment, providers can receive ERAs and import information directly into their practice management or patient accounting systems, eliminating the need to re-key remittance data.
- PaySpan Health provides a complete solution for claims payment management.
- Using PaySpan Health, EFTs are routed to the bank account(s) chosen by the provider.
- Providers can manage multiple payers; choose form common and proprietary formats for ERAs; easily reconcile payments with claims; and take advantage of claim and remittance retrieval and reporting.

How to contact PaySpan Health:

- **Email: providersupport@payspanhealth.com**
- **Call Customer Support: 1-877-331-7154**
- **Visit: PaySpanHealth.com**

Registering for EFT/ERAD: PaySpan

- To register for PaySpan Health, call 1-877-331-7154 or email providersupport@payspanhealth.com
  - A registration letter will be mailed to the provider.
  - Provider should complete the form and send it back to PaySpan using the fax number or email address on the form.
  - A unique registration code and enrollment instructions will be emailed to the provider.
- Go to Payspanhealth.com
- Select **Register**



Questions?


THANK
YOU

Frequently Used Acronyms

- **AHCA:** Agency Health Care Administration
- **CM:** Case Management
- **CMAT:** Children's Multidisciplinary Assessment Team
- **DCF:** Department of Children & Families
- **DOH:** Department of Health
- **LOC:** Level of Care
- **MFC:** Medical Foster Care
- **PPEC:** Prescribed Pediatric Extended Care Providers
- **POC:** Plan of Care
- **UM:** Utilization Management

Helpful Sunshine Health & AHCA Links

- Sunshine Health Medical Foster Care Quick Reference Guide
- Sunshine Health Provider Page
- Sunshine Health Provider News Page
- Sunshine Health Provider Billing Manual
- Sunshine Health Provider Training Page
- Sunshine Health Provider Resource Page
- Sunshine Health Provider Portal Demographic Change Instructions
- AHCA Medical Foster Care Page
- Sunshine Health Community Connections & Support Page
- Sunshine Health Community Programs by ZIP Code