

# Sunshine Health- Multiple Claim Submission Wizard - LTC



- Multiple Claims Submission
- User Guide
- Long Term Care Wizard

## Secure Multiple Claims Submission Wizard

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### Secure Member Website

The Secure Provider Website has a Multiple Claim Submission claim wizard feature developed to allow Sunshine Health LTC providers to submit multiple recurring claims easily. The wizard saves time and reduces errors.

After creating a secure provider Sunshine Health website account, LTC providers can create member rosters based on the service location. Claims for Home Health Waivers, Adult Day Care, Personal Care Workers, Assisted Living Facilities, Bed Holds, Hospice, Nursing Facility Residential and SNF-Skilled Nursing Facilities can be repeated daily, weekly or monthly with only minimal coding required.

This user guide shows you how to submit claims using the Multiple Claim Submission Wizard and how to access its many features to better manage your health care billing.

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### Alert



- The layout of the screen may vary depending on your browser settings.
  - Users of Internet Explorer 7.0 or prior may encounter problems. We highly recommend that you upgrade to Internet Explorer 8.0 or later. You can download the latest version of Internet Explorer at <http://windows.microsoft.com/en-us/internet-explorer/download-ie>.
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# Creating a Secure Provider Website

## Create Account

To use the Multiple Submission Claim Wizard you must first create a Secure Provider Website account. Once you have an account, you can:

1. Check member eligibility
2. View or submit authorizations
3. View member health alerts
4. Submit or track your claims and get paid fast
5. Send and receive secure messages from Sunshine Health.

### Secure Provider Website Registration

To create your secure website, follow these instructions:

- 1) Browse the public website to register. Under 'For Provider' click on 'Login'.
- 2) Click on 'Create an Account'. Registration is fast and simple.
- 3) Start your registration. Enter Tax ID, name, email address, and create your own password. Hover over the '?' for more details. Click 'Register.' If you receive the error message "We could not find your Tax ID in our system" please return to our public site "Become a Provider" page to join the network. Once your data is in our systems you will be able to register.
- 4) Registration complete! An email will be sent to your mailbox. Click the link in the email to sign in and finish setting up your account. If you do not receive your email, check your junk file or click the "click here" hyperlink on the registration confirmation page to have another email sent to you.



- 5) Now that you've signed into the site, select your secret questions and answers. You will use these if you forget your password or accidentally lock your account. Enter your telephone and fax number. Click 'Submit'.
- 6) Your request for an account has now been sent to the Health Plan for approval. If you do not receive an email within 2 work days, please call the plan or send a secure message.
- 7) Once approved you will receive an email and you can begin enjoying the site.



\*\* System requirements: Access the secure provider website using Internet Explorer 8.0 or higher, Firefox and/or Google Chrome. Each browser should be updated to the most recent version available for optimal performance.



6/13/2013

**Please contact your Provider Relations Representative if you have any questions creating your account.**

## Who should Use the Multiple Claim Submission Wizard?

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### Who?

Multiple Claim Submission Wizard was designed to be used by Long Term Care Providers for billing the services listed below:

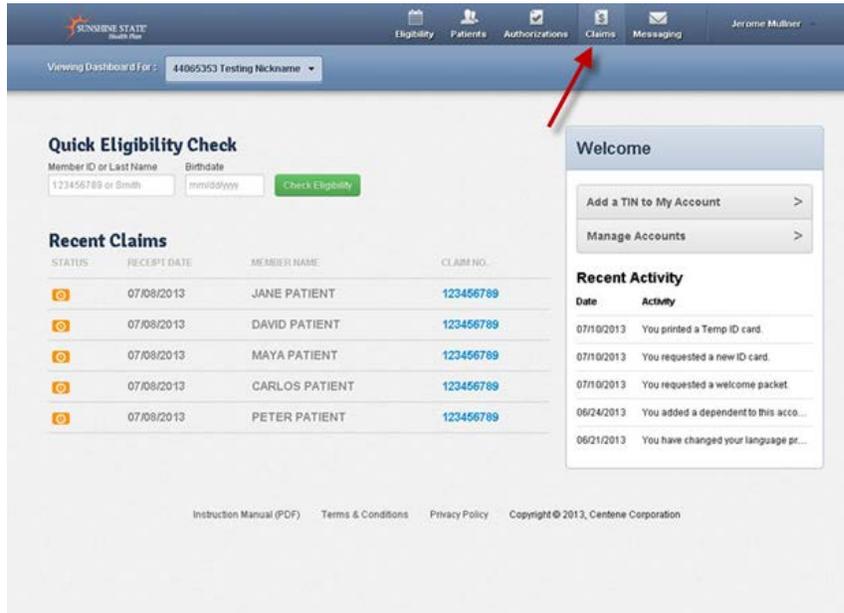
- Adult Day Care
- Home Health Waiver
- Personal Care Worker
- Assisted Living Facilities
- Home Meals
- Bed Hold
- Hospice
- Nursing Facility Residential
- SNF – Skilled Nursing Facility



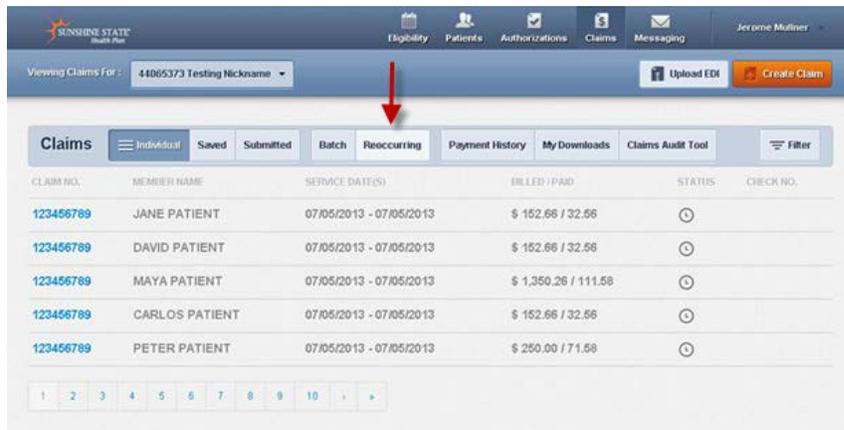
# Getting Started

## Accessing the Wizard

To create LTC claims using the Multiple Claim Submission Wizard click on **Claims** tab.



Click on the **Recurring** Tab to access the Wizard.



## Select Template (1500 HCFA)

Select a Template to Start Your Claim from the drop down. The example below uses a **HCFA 1500** form.

The template is designed to speed up the claim submission process and contains pre-coded claim data. Refer to Appendix A for list of pre-coded items. You have the opportunity to change any of those items as needed prior to submitting the claim.

The screenshot displays the SunLife Claims Submission Wizard interface. At the top, there is a header bar with "Viewing Claims For : 592142859" and buttons for "Upload EDI" and "Create Claim". Below this is a navigation bar with tabs for "Claims", "Individual", "Saved", "Submitted", "Batch", "Recurring", "Payment History", "My Downloads", and "Claims Audit Tool". A "Get Started" section indicates it is "Used only by LTC and ADC Providers" and shows a "Your Progress" indicator with three arrows. The main area features a "Claim Type:" dropdown menu with a list of options: Adult Day Care, Home Health Waiver, Personal Care Worker, Assisted Living Facilities, Home Meals, UB-04, Bed Hold, Nursing Facility Residential, SNF - Skilled Nursing Facility, and Hospice. A blue arrow points to the dropdown menu, and a document icon is next to the text "Select a Template to Start Your Claim". Below this text, it says "Our preset templates help speed up the claims process." At the bottom right, there are links for "Terms & Conditions", "Privacy Policy", and "Copyright © 2013, Centene Corporation".

# Service Location

## Service Location

Select the desired **service address** from the dropdown.

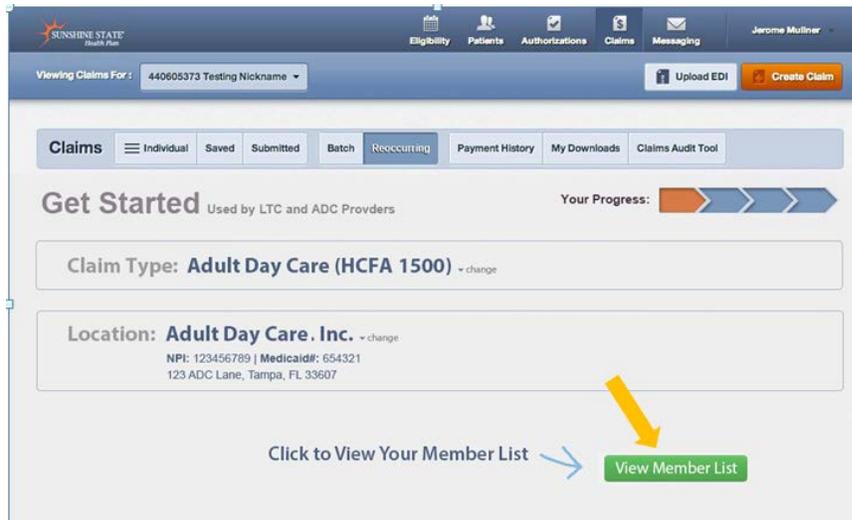
The screenshot shows the 'Sunshine State Health Plan' interface. At the top, there are navigation tabs for Eligibility, Patients, Authorizations, Claims, and Messaging, along with the user name 'Jerome Mulliner'. Below this, a 'Viewing Claims For:' dropdown is set to '440605373 Testing Nickname'. A 'Claims' section contains buttons for Individual, Saved, Submitted, Batch, Reoccurring, Payment History, My Downloads, and Claims Audit Tool. The main area is titled 'Get Started' and indicates it is 'Used by LTC and ADC Providers'. A progress bar shows 'Your Progress:'. The 'Claim Type' is set to 'Adult Day Care (HCFA 1500)'. The 'Location:' dropdown menu is open, showing three options: 'Adult Day Care, Inc.', 'Adult Day Care Specialists', and 'Adult Day Care Services'. Each option includes its NPI and Medicaid ID, and the address '123 ADC Lane, Tampa, FL 33607'. A blue arrow points to the dropdown, and a callout box says 'Select a Service Location' with the instruction 'Choose which location you would like to use with this template.'

# Member List

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## View member List

Click on **View Member List**:



Member lists are created using Member (Medicaid) ID or Last Name and Birthdate. The member list only needs to be created once, during your first time using the Multiple LTC Wizard.

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## Add Member

Enter Member ID or Last Name and Birthdate. Member ID is the Medicaid ID on the member ID card. Click **Add Member**

Viewing Claims For: 44065373 Testing Nickname

Claims: Individual, Saved, Submitted, Batch, **Reoccurring**, Payment History, My Downloads, Claims Audit Tool

Member List

Claim Type: **Adult Day Care** [\(details\)](#)  
 Location: **Adult Day Care, Inc.** [\(details\)](#)  
 NPI: 123456789 | Medicaid#: 654321  
 123 ADC Lane, Tampa, FL 33607

Enter Member ID or Last name and Birthday

Member ID or Last Name: 00123456789 | Birthdate: 00/00/0000 | **Add Member**

\* = Required

Select All	Member Name	Member ID	Modifier	DOS Start	DOS End	Total Charges	Days/Units	Action
<input type="checkbox"/>	JANE PATIENT	00123456789	XX	MM/DD/YYYY	MM/DD/YYYY	XX,XX	XXXX	X
<input type="checkbox"/>	DAVID PATIENT	00123456789	XX	MM/DD/YYYY	MM/DD/YYYY	XX,XX	XXXX	X

Update All DOS | Create Claims

You will see Member Added message. You can either enter another member or move on to create claim.

Under **Actions** click the X to remove the member from your member list. If a claim has already been submitted you can click on the page icon to view the last LTC claim submitted for that member.

Viewing Claims For: 44065373 Testing Nickname

Claims: Individual, Saved, Submitted, Batch, **Reoccurring**, Payment History, My Downloads, Claims Audit Tool

Member List

Claim Type: **Adult Day Care** [\(details\)](#)  
 Location: **Adult Day Care, Inc.** [\(details\)](#)  
 NPI: 123456789 | Medicaid#: 654321  
 123 ADC Lane, Tampa, FL 33607

Member ID or Last Name: 123456789 or Smith | Birthdate: mm/dd/yyyy | **Add Member**

**Member Added.**

Select All	Member Name	Member ID	Modifier	DOS Start	DOS End	Total Charges	Days/Units	Action
<input type="checkbox"/>	JANE PATIENT	00123456789	XX	MM/DD/YYYY	MM/DD/YYYY	XX,XX	XXXX	X
<input type="checkbox"/>	DAVID PATIENT	00123456789	XX	MM/DD/YYYY	MM/DD/YYYY	XX,XX	XXXX	X
<input type="checkbox"/>	MAYA PATIENT	00123456789	XX	MM/DD/YYYY	MM/DD/YYYY	XX,XX	XXXX	X

Update All DOS | Create Claims



**Note:** The member record is listed in alphabetic order by last name. If you are unable to locate member check member id and birthdate was entered correctly. If still not found return to Check Eligibility to verify member is eligible.

Create claim(s) by selecting the appropriate Member(s)

## Create Claim (1500)

For each member selected enter the:

- Modifier (if applicable)
- First date of service (DOS Start)
- Last date of service (DOS End)
- Total Charges
- Number of Days or Units

After entering all the required information, click **Create Claim(s)**.  
Click on X under Action to delete the claim.

Viewing Claims For: 440605373 Testing Nickname

Claims: Individual, Saved, Submitted, Batch, **Processing**, Payment History, My Downloads, Claims Audit Tool

Member List

Claim Type: **Adult Day Care** (change)  
Location: **Adult Day Care, Inc.** (change)  
NPI: 123456789 | Medicalid: 854321  
123 ADC Lane, Tampa, FL 33607

Member ID or Last Name: 123456789 or Smith | Birthdate: mm/dd/yyyy | Add Member

Select	Member Name	Member ID	Modifier	DOS Start*	DOS End*	Total Charges*	Days/Units*	Action
<input checked="" type="checkbox"/>	DESTINY E SMITH	9419779149	AB	04/01/2013	04/30/2013	500.0	30	X
<input checked="" type="checkbox"/>	BARINA LOUINONES	7468819475	AB	04/01/2013	04/30/2013	500.0	30	X

MM/DD/YYYY MM/DD/YYYY Update All DOS Create Claim(s)



Note: To save time if the DOS Start and DOS End are the same for all checked members enter the dates at bottom and click **Update All DOS**. The Modifier (if required), Total Charges, and Days/Units must be entered for each selected member.

Remember that DOS must be from first to first from the **same month** (if billing monthly) or the **same day** (if billing daily)

Example: **ALF's or AFCH** and some other providers: **09/01/2013 – 09/01/2013** to bill for 1 month, **ADC; HDM** indicating - 1 (day/unit/item) or **HHA** - 4 units.

## Review claim

Viewing Claims for: 4406573 Testing Nickname

Claims to Submit (2)

Claim Type: **Adult Day Care**  
 Location: **Adult Day Care, Inc.**  
 NPI: 00123456789 | Medicaid#: 654321  
 123 ADC Lane, Tampa, FL 33607

Claims created successfully.

Member Name	Member ID	Modifier	DOS Start	DOS End	Total Charges	Days/Units	Action
JANE PATIENT	00123456789	AB	04/01/2013	04/30/2013	500.0	30	
DAVID PATIENT	00123456789	AB	04/01/2013	04/30/2013	500.0	30	

To **review/edit or Add** click on the action **icon eye**. You can review the claim or **change some fields/add another line of service if applicable**. Please closely review the Procedure Numbers and Modifiers that are about to be billed for accuracy. Some fields may not allow you to edit. If those fields need to be changed you will need to delete the claim and start over. If you need and it will allow Adding (**Add**) a Line, it can be Added for a Daily billing (see previous page for details) and then click **Save**. Refer to appendix for specific template coding. You can click on the X to delete claim.

Review Claim:

Claim ID: 123456789  
 Member Account Number: 123456789

**General Info**  
 Hospitalized From:  
 Hospitalized To:  
 Prior Authorization Number:

**Diagnostic Codes**  
 76000 - OTHER GENERAL SYMPTOMS

**Service Lines**

Line	From	To	Place	Proc	Diagnosis	Amount	Days/Units	Modifier	SEC
1	04/01/2013	04/30/2013	01	12345	12345	\$100.00	30	AB	

## Certify Claim(s)



**Review Claim:**

Outside Lab Amount:  
Prior Authorization Number:

Diagnosis Codes  
250 - DIABETES MELLITUS

**Primary Insurance** [Edit](#)  
Carrier Type:  
Policy Number:

**Service Lines** [Edit](#)

Line	From	To	Place	Emergency?	Proc	Diagnosis	Amount	Days/Units	Family Plan	Modifier	EPSDT	NDC	Supplemental Info
1	01/01/2013	01/31/2013	13	No	T2030	250	\$7,000.00	31	No	AB			

**Providers** [Edit](#)

Provider Type	Name	Tax ID	NPI	Medicaid #	Taxonomy	Address
---------------	------	--------	-----	------------	----------	---------

Close

Click **Save** and Close button once you've completed reviewing the claim.

## Success!

After all the claims have been reviewed, select "V (check off) - I certify that these claims are accurate" and click **Submit Claims**.

SUNSHINE STATE Health Plan

Eligibility Patients Authorizations Claims Messaging Kevin Mcweeney

Viewing Claims For: 44065373 Testing Nickname

Upload EDI Create Claim

Claims Individual Saved Submitted Batch Processing Payment History My Downloads Claims Audit Tool

Claims to Submit (2) Your Progress

Claim Type: Adult Day Care  
Location: Adult Day Care, Inc.  
NPI: 00123456789 | Medicaid#: 654321  
123 ADC Lane, Tampa, FL 33607

Claim(s) created successfully.

Member Name	Member ID	Modifier	DOS Start	DOS End	Total Charges	Days/Units	Action
JANE PATIENT	00123456789	AB	04/01/2013	04/30/2013	500.0	30	<input type="checkbox"/> <input type="checkbox"/>
DAVID PATIENT	00123456789	AB	04/01/2013	04/30/2013	500.0	30	<input type="checkbox"/> <input type="checkbox"/>

I certify that these claims are accurate.

Back Submit Claims

Success! Your claims have been submitted!

## Print submitted claims

Viewing Claims For: 44805373 Testing Nickname

Claims Submitted (2)

Claim Type: Adult Day Care  
 Location: Adult Day Care, Inc.  
 NPI: 123456789, Medicaid#: 654321  
 123 ADC Lane, Tampa, FL 33607

Success! Your claims have been submitted.

Date: 07/12/2013  
 Web Reference#: 123456789

Member Name	Member ID	Modifier	DOS Start	DOS End	Total Charges	Days/Units
JANE PATIENT	00123456789	AB	04/01/2013	04/30/2013	500.0	30
DAVID PATIENT	00123456789	AB	04/01/2013	04/30/2013	500.0	30

Submit More Claims Print

Please note: Claims may take up to 24 hours to be reloaded on this site.

Click on **Print** (on the bottom) to print a copy of the claims submitted including the Web Reference number. Click **Submit More Claims** to return to the claims screen to request a new template or move on to other functions.

7/16/13 Sunshine State Health Plan Provider Tools

**Date: 07/16/2013**

**Web Reference#: 123456789**

Member Name	Member ID	Modifier	DOS Start	DOS End	Total Charges	Days/Units
JANE PATIENT	00123456789	AB	04/01/2013	04/30/2013	500.0	30
DAVID PATIENT	00123456789	AB	04/01/2013	04/30/2013	500.0	30

## Select Template (1450 UB)

Click **Claims** and Select **"Recurring"**. Select a Template to Start Your Claim from the drop down. The example below uses a **UB 1450** form.

The template is designed to speed up the claim submission process and contains pre-coded claim data. Refer to Appendix A for list of pre-coded items. You will have the opportunity to change any of those items as needed prior to submitting the claim.

The screenshot shows the 'Sunshine State Health Plan' Claims submission wizard. The user is logged in as Kevin Mcweeney. The interface includes a search bar for 'Viewing Claims For:' with the value '44065373 Testing Nickname'. There are input fields for 'MemberID or Last Name' (123456789 or Smith) and 'Birthdate' (mm/dd/yyyy). The 'Claims' tab is active, and the 'Recurring' sub-tab is selected. A 'Get Started' section is visible, along with a 'Your Progress' indicator. The 'Claim Type:' dropdown menu is open, showing a list of options: HCFA 1500, Adult Day Care, Home Health Waiver, Personal Care Worker, Hospice, Assisted Living Facilities, UB-04, Bed Hold, **Nursing Facility Residential** (highlighted), and SNF - Skilled Nursing Facility. A callout box with a document icon says 'Select a Template to Start Your Claim' and 'Our preset templates help speed up the claims process.' The footer contains links for 'Terms & Conditions', 'Privacy Policy', and 'Copyright © 2013, Centene Corporation'.

# Service Location

Select the desired service address from the dropdown.

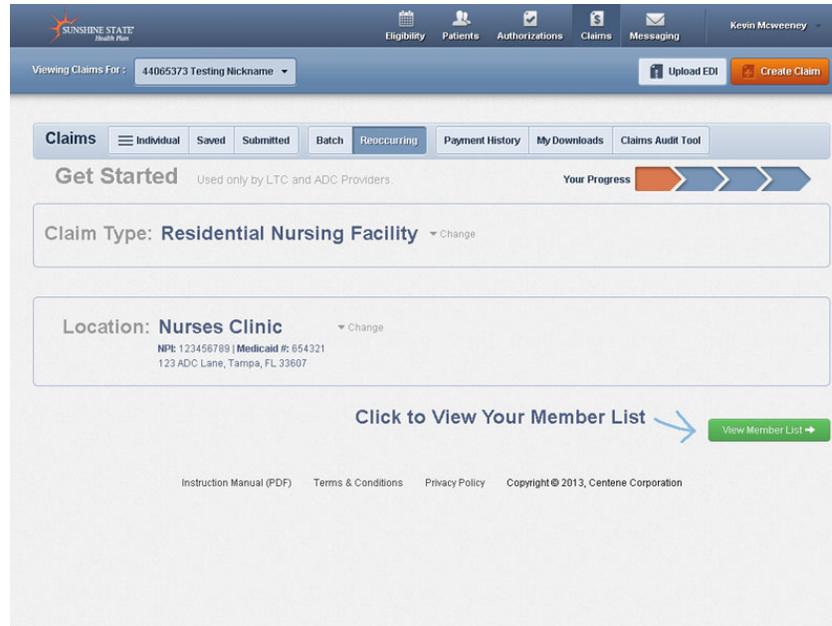
## Service Location

The screenshot shows the 'Sunshine State' Claims Wizard interface. At the top, there is a navigation bar with icons for Eligibility, Patients, Authorizations, Claims, and Messaging, along with the user name 'Kevin Mcweeney'. Below this, a 'Viewing Claims For:' dropdown is set to '440605373 Testing Nickname', and there are buttons for 'Upload EDI' and 'Create Claim'. The main content area has a 'Claims' section with tabs for Individual, Saved, Submitted, Batch, Reoccurring, Payment History, My Downloads, and Claims Audit Tool. A 'Get Started' section indicates it is 'Used only by LTC and ADC Providers' and shows a 'Your Progress' indicator. The 'Claim Type' is set to 'Nursing Facility Residential'. The 'Location' dropdown is open, showing three options: 'Nurses On Call, Inc.', 'Nurses, Inc.', and 'Nurses Clinic'. Each option includes an NPI and Medicaid ID. A blue arrow points to the dropdown menu. To the right, a 'Select a Service Location' section with a person icon asks the user to 'Choose which location you would like to use with this template.' At the bottom, there are links for 'Conditions', 'Privacy Policy', and 'Copyright © 2013, Centene Corporation'.

# Member List

Click on **view member list**.

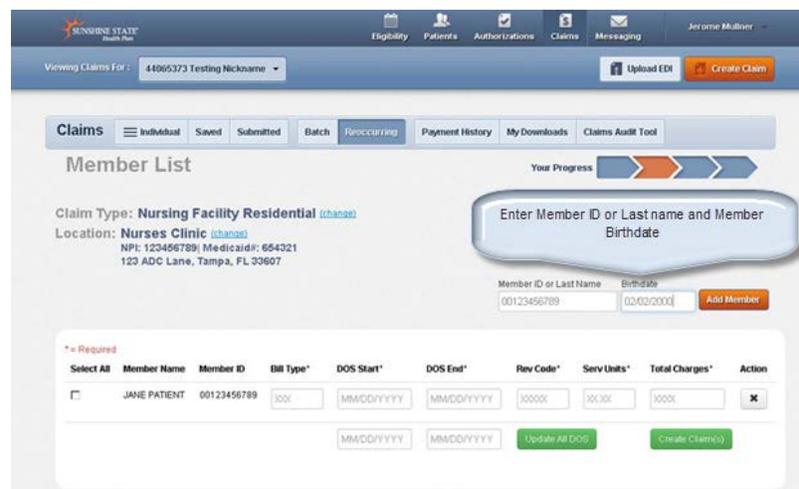
## View Member List



Member lists are created using Member (Medicaid) ID number and birthdate. The member list only needs to be created once during your first time using the Multiple Claims Submission Wizard.

## Add member

Enter Member ID or Last Name and Birthdate. Member ID is the Medicaid ID on the member ID card. Click on **Add Member**.



Select All	Member Name	Member ID	Bill Type*	DOS Start*	DOS End*	Rev Code*	Serv Units*	Total Charges*	Action
<input type="checkbox"/>	JANE PATIENT	00123456789	1000	MM/DD/YYYY	MM/DD/YYYY	150000	XX.XX	XXXX	X

You will see Member Added. You can either **enter another member or move on to create claim**. Under Actions click the X to remove a member from your list. If a claim has already been submitted you can click on the page icon to view the last LTC claim submitted for that member.



**Remember!** Members are listed in alphabetic order by last name. If you are unable to locate a member check that the Member ID and birthdate was entered correctly. If the member record is still not found return to Check Eligibility to verify member is eligible.

## Create a Claim(s)

### Create claim(s) 1450 UB

Create claim(s) by selecting the appropriate member(s) from Member List.

For each member selected enter the:

- Bill Type
- First date of service (DOS Start)
- Last date of service (DOS End)
- Rev Code (Revenue Code)
- Serv Units (days or service units)
- Total Charges

After entering all the required information, click **Create Claim(s)**. Click on X under Action to delete the claim.

The screenshot displays the 'Member List' interface for a claim. At the top, there are navigation tabs: Eligibility, Patients, Authorizations, Claims, Messaging, and Kevin Mcweeney. Below the navigation, there's a 'Viewing Claims For' dropdown set to '440605373 Testing Nickname' and an 'Upload EDI' button. The main content area has a 'Claims' header with sub-tabs: Individual, Saved, Submitted, Batch, Processing, Payment History, My Downloads, and Claims Audit Tool. Below this is a 'Member List' section with a 'Your Progress' indicator. The claim type is 'Nursing Facility Residential' and the location is 'Nurses Clinic'. There are input fields for 'Member ID or Last Name' (00123456789) and 'Birthdate' (02/02/2000) with an 'Add Member' button. A table below shows a single member: JANE PATIENT with Member ID 00123456789. The table has columns for Bill Type, DOS Start, DOS End, Rev Code, Serv Units, Total Charges, and Action. A red oval highlights the Bill Type, DOS Start, and DOS End columns. Below the table are 'Update All DOS' and 'Create Claim(s)' buttons. A red arrow points to the 'Create Claim(s)' button. At the bottom, there are links for Instruction Manual (PDF), Terms & Conditions, Privacy Policy, and Copyright © 2013, Centene Corporation.



Note: To save time and the DOS Start and DOS End are the same for all checked members enter at bottom and click **Update All DOS**. The other fields must be entered for each selected member.



Certify the claims being submitted are accurate. You can review claims prior to submitting.

## Review Claim (Coming soon)

To **review click on the eye**. You can review the claim or change some of the fields pre-coded for you. Some fields may not allow you to edit. If those fields need to be changed you will need to delete the claim and start over. Refer to appendix for specific template coding. You can click on the X to delete claim.

SUNSHINE STATE Health Plan

Eligibility Patients Authorizations Claims Messaging Kevin Mcweeney

Viewing Claims For: 440605373 Testing Nickname

Upload EDI Create Claim

Claims Individual Saved Submitted Batch Reoccurring Payment History My Downloads Claims Audit Tool

Claims to Submit (2) Your Progress

Claim Type: Nursing Facility Residential  
Location: Nurses Clinic  
NPI: 132456789 | Medicaid#: 654321  
123 ADC Lane, Tampa, FL 33607

Claim(S) created successfully.

Member Name	Member ID	Bill Type	DOS Start	DOS End	Rev Code	Serv Units	Total Charges	Action
JANE PATIENT	00123456789	123	04/01/2013	04/30/2013	191	500	30.0	
DAVID PATIENT	00123456789	123	04/01/2013	04/30/2013	191	500	30.0	

I certify that these claims are accurate.

Back Submit Claim(s)

Claims to Submit (2) Your Prog

Review Claim:

Member Name: JANE PATIENT

General Info

Patient Control #: 123456789  
Medical Record #:   
Type Of Bill: 123  
Statement From Date: 04/01/2013  
Statement To Date: 04/30/2013  
Prior Payments:  
Prior Authorization Number:  
Admission Date:  
Admission Type: 1  
Admission Source: 1  
Discharge Status: 01  
Discharge Hour: 01

Provider Details

Provider Type	NPI	Taxonomy	Name
Billable Provider	132456789		Nurses Clinic

CLAIMS TO SUBMIT (2) New Program

**Review Claim:**

**Provider Details**

Provider Type	NPI	Taxonomy	Name	Tax ID	Address
Billing Provider	123456789		Nurses Clinic	123456789	123 ABC Lane, Tampa, FL, 33607
Pay-to Provider	123456789		Nurses Clinic	123456789	123 ABC Lane, Tampa, FL, 33607
Attending Provider	123456789		Nurses Clinic	123456789	

**Service Lines**

Line	Revenue Code	HCPCS/Rate/HPPS	NDC	Date	Units	Charge amount	Non-Charge Amount
1	123			04/01/2013	30	\$500.00	\$0.00

**Diagnosis Codes**  
Admitting Diagnosis Code :123

**Review Claim:**

Pay-to Provider	123456789	Nurses Clinic
Attending Provider	123456789	Nurses Clinic

**Service Lines**

Line	Revenue Code	HCPCS/Rate/HPPS	NDC	Date
1	123			04/01/2013

**Diagnosis Codes**  
 Admitting Diagnosis Code :123  
 Principal Diagnosis Code :123  
 Principal POA Indicator :  
 Value Code(0) :01  
 Value Amount(0) :

Click the **close** button once you've finished reviewing the claim.

## Certify Claim(s)

After all the claims have been reviewed for accuracy, select “I certify that these claims are accurate” and click **Submit Claims**.

Viewing Claims For: 440605373 Testing Nickname

Upload EDI Create Claim

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

Claims to Submit (2) Your Progress

Claim Type: **Nursing Facility Residential**  
 Location: **Nurses Clinic**  
 NPI: 132456789 | Medicaid#: 654321  
 123 ADC Lane, Tampa, FL 33607

Claim(S) created successfully.

Member Name	Member ID	Bill Type	DOS Start	DOS End	Rev Code	Serv Units	Total Charges	Action
JANE PATIENT	00123456789	123	04/01/2013	04/30/2013	191	500	30.0	
DAVID PATIENT	00123456789	123	04/01/2013	04/30/2013	191	500	30.0	

I certify that these claims are accurate.

Back Submit Claim(s)

## Success!

Success! Your claims have been submitted!

Viewing Claims For: 440605373 Testing Nickname

Upload EDI Create Claim

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

Claims Submitted (2) Your Progress

Claim Type: **Nursing Facility Residential**  
 Location: **Nurses Clinic**  
 NPI: 123456789 | Medicaid#: 654321  
 123 ADC Lane, Tampa, FL 33607

Success! Your claims have been submitted.

Date: 07/15/2013  
 Web Reference#: 123456789

Member Name	Member ID	Bill Type	DOS Start	DOS End	Rev Code	Serv Units	Total Charges
JANE PATIENT	00123456789	123	04/01/2013	04/30/2013	123	500	30.0
DAVID PATIENT	00123456789	123	04/01/2013	04/30/2013	123	500	30.0

Submit More Claims Print

**Print  
submitted  
claims**

Click [Print](#) to print a copy of the claims submitted including the web reference #. Click [Submit More Claims](#) to request a new template or move on to other functions.

7/15/13		Sunshine State Health Plan Provider Tools					
<b>Date: 07/15/2013</b>							
<b>Web Reference#: 123456789</b>							
Member Name	Member ID	Bill Type	DOS Start	DOS End	Rev Code	Serv Units	Total Charges
JANE PATIENT	00123456789	123	04/01/2013	04/30/2013	123	500	30.0
DAVID PATIENT	00123456789	123	04/01/2013	04/30/2013	123	500	30.0

## Additional Notes

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### Help

If at any time you need help with the website, call your Provider Relations Representative or the Sunshine Health Provider Services Department at the toll-free number listed on the back of the member's ID card. A Provider Services Representative will be more than happy to assist you.

Checks will be sent to the financial address we have affiliated to the service location within our files unless you have Electronic Fund Transfer. If the financial address is incorrect, please contact your Provider Relations Representative.



## Appendix A: Templates

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### Templates (HCFA 1500)

Pre-Coded Templates are provided to make using the Multiple Claims Submission Wizard easy for you to submit claims. Codes can be changed prior to claim submission if necessary. Sunshine Health is closely aligned with AHCA and HIPPS standard edits. Please contact your Provider Relations Specialist with any questions or concerns.

#### 1500 Claims

##### Adult Day Care (Each day must be billed separately)

- Location code: 99
- Diagnosis code: 78099
- CPT/HCPCS: S5102 (Code cannot be billed with a date span)
- Days/Units: 1 unit per day

##### Home Health Waiver (Each day must be billed separately)

- Location code: 12
- Diagnosis code: V609
- CPT/HCPCS: T1004 (Code cannot be billed with a date span)
- Days/Units: 1 unit = 15 mins of care

##### Assisted Living Facilities \*

- Location code: 13
- Diagnosis code: V609
- CPT/HCPCS: T2030 (Code cannot be billed with a date span)
- Days/Units: 1 unit = 1 month

##### Personal Care Workers

- Location code: 12
- Diagnosis code: V609
- CPT/HCPCS: S5125 (Code cannot be billed with a date span)
- Days/Units: 1 unit = 15 mins of care

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### **Home Delivered Meals**

- Location code: 12
- Diagnosis code: V609
- CPT/HCPCS: S5170 (Code cannot be billed with a date span)
- Days/Units: 1 unit = 1 day

## **Templates (UB - 04)**

### **UB 1450 Claims**

#### **Bed Hold**

- Type of Bill: 211
- Discharge status: 30
- Diagnosis code: V5789
- Revenue Code: 180
- Days/Units: 1 unit = 1 day

#### **Nursing Facility Residential \***

- Type of Bill: 211
- Discharge status: 30
- Diagnosis code: V5789
- Revenue Code: 101
- Days/Units: 1 unit = 1 day

#### **Skilled Nursing Facility (SNF) \***

- Type of Bill: 211
- Discharge status: 30
- Diagnosis code: V5789
- Revenue Code: 191
- Days/Units: 1 unit = 1 day

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**Hospice** (Room and Board Only)

- Type of Bill: 813
- Discharge status: 30
- Diagnosis code: 79989
- Revenue Code: 658
- Days/Units: 1 unit = 1 day

\*Recommended Billing frequency = Monthly

## Appendix B: AHCA Guidelines

### AHCA Guidelines

<b>CODE</b>	<b>CODE DESCRIPTION</b>	<b>EDIT DESCRIPTION</b>
<b>T1004</b>	SERVICES OF A QUALIFIED NURSING AIDE, UP TO 15 MINUTES	Code cannot be billed with a date span.
<b>S5170</b>	HOM DELIV MEALS INCL PREP;-MEAL	Code cannot be billed with a date span.
<b>S5161</b>	EMERG RESPONSE SYS; SRVC FEE-MONTH	Code cannot be billed with a date span.
<b>S5130</b>	HOMEMAKER SERVICE NOS; PER 15 MIN	Code cannot be billed with a date span.
<b>T1005</b>	RESPIRE CARE SERVICES, UP TO 15 MINUTES	Code cannot be billed with a date span.
<b>S5135</b>	COMPANION CARE ADULT; PER 15 MIN	Code cannot be billed with a date span.
<b>S5102</b>	DAY CARE SERVICES, ADULT; PER DIEM	Code cannot be billed with a date span.
<b>S5125</b>	ATTENDANT CARE SERVICES; PER 15 MIN	Code cannot be billed with a date span.
<b>S5165</b>	HOME MODIFICATIONS; PER SERVICE	Code cannot be billed with a date span.
<b>T2030</b>	ASSISTED LIVING, WAIVER, PER MONTH	Code cannot be billed with a date span.

## Appendix C: Type of Bill Codes

### Type of Bill Codes

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Type of bill codes are three digit codes located on a claim form that describes the type of bill a provider is submitting to a payer. Each digit has a specific purpose and is required on all [UB-04 claims](#) in field locator 4.

#### First Digit

The first digit refers to the type of facility. 1 - Hospital

2 - Skilled Nursing

3 - Home Health

4 - Religious Nonmedical Health Care Facility (Hospital)

5 - Religious Nonmedical Health Care Facility (Extended Care)

7 - Clinic

8 - Specialty Facility, Hospital ASC Surgery

#### Second Digit

The second digit refers to the bill classification except for clinics and special facilities.

If the first digit is numbers 1 - 5, then the second digit is:

1 - Inpatient

2 - Inpatient

3 - Outpatient

4 - Other

5 - Level I Intermediate Care

6 - Level II Intermediate Care

7 - Subacute Inpatient (for use with Revenue Code 019X)

8 - Swing Bed

The second digit refers to the bill classification for Special Facilities Only.

If the first digit is 8, then the second digit is:

1 - Nonhospital Based Hospice

2 - Hospital Based Hospice

3 - Ambulatory Surgical Center Services to Hospital Patients

4 - Other Rehabilitation Facility (ORF)

5 - Comprehensive Outpatient Rehabilitation Facility (CORF)

6 - Community Mental Health Center (CMHC)

#### Third Digit

The third digit refers to the frequency.

0 - Nonpayment or Zero Claims

1 - Admit Through Discharge Claim

2 - Interim (First Claim)

3 - Interim (Continuing Claims)

4 - Interim (Last Claim)

5 - Late Charge Only

7 - Replacement of Prior Claim or Corrected Claim

8 - Void or Cancel of a Prior Claim

9 - Final Claim for a Home Health PPS Episode

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