

**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:

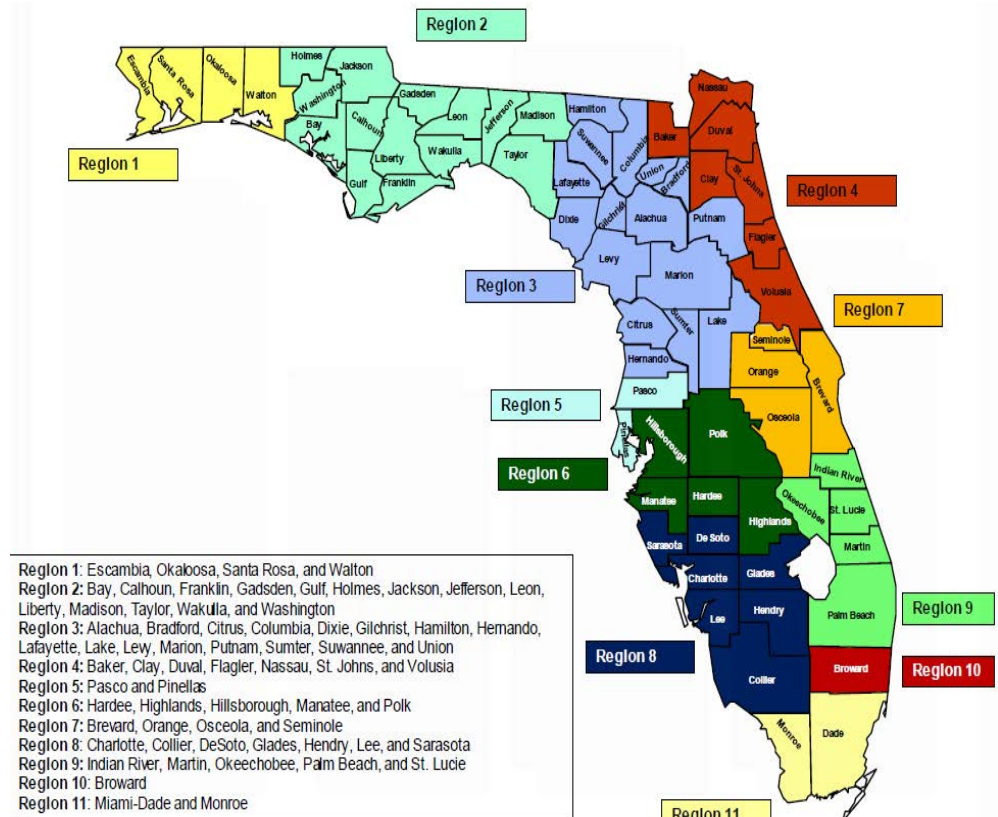
December 1, 2018
Regions 9, 10 and 11

Phase 2:

January 1, 2019
Regions 5, 6, 7 and 8

Phase 3:

February 1, 2019
Regions 1, 2, 3 and 4



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 sunshine health

- 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

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/](https://www.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

Availity 800-282-4548
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.

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.

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 dark blue banner with the text "The Tools You Need Now!" and "Our site has been designed to help you get your job done. Manage all products with ease in one location." The main content area is light blue and features three service cards: "Check Eligibility" (thumbs up icon), "Authorize Services" (checkmark icon), and "Manage Claims" (dollar sign icon). On the right, there 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 login form are sections for "Need To Create An Account?" with a red "Create An Account" button, and "How to Register" 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.

A screenshot of a web form titled "Register Provider". At the top right, it shows "Your Progress" with a progress bar 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 main section is titled "Your Details" and contains several input fields: "Tax ID" (with a dropdown arrow), "First Name" (with "First" as a placeholder), "Last Name" (with "Last" as a placeholder), "Email" (with "name@domain.com" as a placeholder), "Re-enter Email" (with "name@domain.com" as a placeholder), "Password" (with "Password" as a placeholder), and "Re-type Password" (with "Password" as a placeholder). A modal popup titled "Password Must" is overlaid on the form, listing 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 area.

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



A screenshot of the Sunshine Health web portal interface. The top navigation bar is dark blue and contains the "sunshine health" logo on the left, the "allwell." logo with the tagline "from Sunshine Health" in the center, the "ambetter." logo with "FROM | sunshine health" and "Insured by Celtic Insurance Company" on the right, and a "Log Out" button with a house icon on the far right. Below the navigation bar is a light blue banner with the text "Choose a Product to Support". Underneath this banner are four product cards. The first card is for "allwell." with "130 verifications pending" and "0 messages pending". The second card is for "sunshine health." with "535 verifications pending" and "0 messages pending". The third card is for "FLORIDA" with "106 verifications pending" and "1 messages pending". The fourth card is for "ambetter." with "172 verifications pending" and "1 messages pending". At the bottom of the page, there are four links: "Instruction Manual (PDF)", "Terms and Conditions", "Privacy Policy", and "Copyright © 2018, Centene Corporation".

Secure Portal Landing Page



The screenshot displays 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", "Messaging", and a user profile for "Rajkumar Vangala". Below the navigation bar, a "Viewing Dashboard For:" section contains two dropdown menus, one with the value "134323177" and another with "Medicaid", followed by a green "GO" button.

The main content area is divided into several sections:

- Quick Eligibility Check:** Includes input fields for "Member ID or Last Name" (containing "123456789 or Smith") and "Birthdate" (containing "mm/dd/yyyy"), and a green "Check Eligibility" button.
- Recent Claims:** A yellow banner with the text "No Data Found".
- Welcome:** A sidebar menu with four items: "Add a TIN to My ACCOUNT", "Manage Accounts", "Reports", and "Provider Analytics", each with a right-pointing chevron.
- Recent Activity:** A section with a header and two columns labeled "Date" and "Activity", currently empty.
- Quick Links:** A section containing a blue link "Find a Provider" and a link "Opioid Prevention and Intervention Toolkit" with a brief description: "Get best practices and strategies for identifying and treating patients with opioid addiction."

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.

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

Questions

