Overview of Billing Guidelines for Medical Foster Care Services

Introduction

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Trainer II

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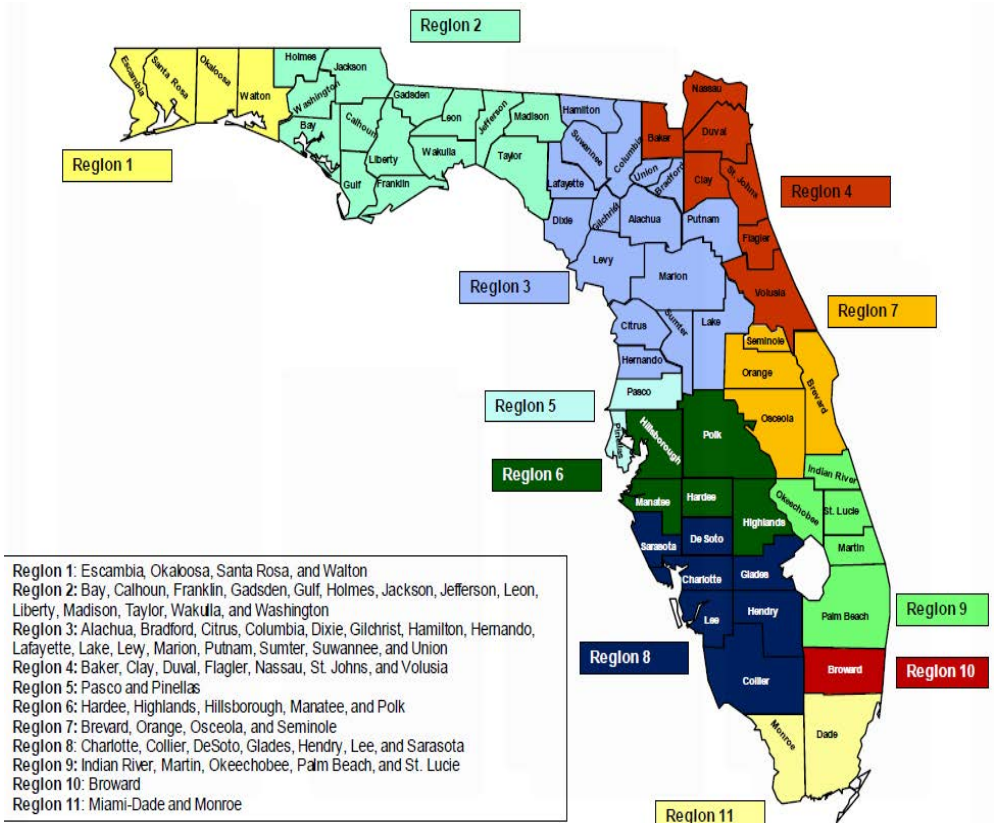
Medical Foster Care Implementation

Sunshine Health is responsible for these services based on the SMMC 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, Lew, 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

Continuity of Care

What is continuity of Care?

- For new members to Sunshine Health, we will pay for any previously prior authorized ongoing course of treatment, with any provider, including a provider who is not participating with Sunshine Health.
  - This includes Medical Foster Care Services.

- The continuity of care period is 90 days for our Child Welfare Specialty Plan members.

- Sunshine Health system has been configured to continue to pay Medical Foster Care Services beyond the 90 day Continuity of Care period to allow the contracting process to be complete.

Contracting

- Sunshine will be extending a Letter Of Agreement (LOA) with the medical foster care parents who care for our children. LOA's will be sent to each medical foster care parent.
- This is a new process Sunshine Health is implementing to contract Medical Foster Care parents.
- Sunshine Health will pay the Medicaid rate for the three levels of Medical Foster Care.
- Until LOA's are completed, Sunshine Health will pay for any claims submitted for our members.
- There will be additional training available to you once the contracting process is complete.

Medical Foster Care

- Sunshine Health follows the Agency for Health Care Administration Medical Foster Care Services Coverage Handbook.
- Medical foster care (MFC) services provide care to recipients under the age of 21 with complex medical needs to enable them to live in a foster care home. Medically necessary MFC services must meet the following criteria for Sunshine Health members who:
  - Are able to have his or her health, safety, and well-being maintained in a foster home
  - Are in the custody of the Department of Children & Families (DCF), in a voluntary placement agreement, or in extended foster care, in accordance with section 409.175, F.S.
  - Have a completed staffing by the Children's Multidisciplinary Assessment Team (CMAT)

What does MFC cover

Sunshine Health follows the AHCA MFC handbook for:

- **Leave Days -** cover up to 15 leave days during any 90-day period for hospitalization or therapeutic visits.

- **Alternate Provider -** cover up to 30 days of MFC services provided by a substitute MFC provider per year, per member, when the primary MFC provider is unable to provide the service.

- We do not cover the following as part of this service benefit:
  - Respite care
  - Services when the member is absent from the MFC home for more than 24 hours, except for leave days

What does MFC cover

- MFC families must maintain the following in the member's file:
  - A plan of care (POC) that is updated every 180 days (or upon a change in the member's condition requiring an alteration in services), signed, dated, and credentialed by a physician
  - Written MFC staff physician's order
  - Daily progress notes that document all services and care provided, as specified in the member's POC

- The MFC family must maintain documentation in the member's file demonstrating that they continued to provide services during the member's leave days, including a physician's statement specifying that the MFC was present during the member's hospital stay, as applicable.

How is MFC managed

- The level of MFC is one of three levels: Level I, II or III.
- This level is determined by the staffing for that member. The staffing is held by the Children's Multidisciplinary Assessment Team (CMAT).
- A Sunshine Health UM or CM staff must attend the CMAT.
- The payment of each Level differs.

Covered Medical Foster Care Codes

The following are the covered medical foster care service codes and modifiers.

These services do not require a prior authorization from Sunshine Health.

Providers should bill Sunshine Health with these codes.

Service	Codes with Modifiers	Reimbursement Rate
Level I Medical Foster Care Services	S5145 HA	$38.80 per day
Level II Medical Foster Care Services	S5145 TF	$48.50 per day
Level III Medical Foster Care Services	S5145 TG	$67.90 per day

Billing Guidelines

Sunshine Health Documents

- NPI-
  - Add taxonomy and provider type: Personal Care Attendant with taxonomy number 3747P1801X
- Letter Of Agreement
- W-9

Obtaining an NPI

To obtain an National Provider Identifier (NPI) access the following website:

https://nppes.cms.hhs.gov/#/

- Select create a new account
- Enter information in applicable fields.
- To add taxonomy and provider type enter Personal Care Attendant with taxonomy number 3747P1801X
- You will receive a confirmation email that your request has been submitted and when it has been completed with your NPI number.
- A step by step manual will be emailed to you to walk through the process as well.

Adobe Acrobat Document

Paper Claims

All paper claims should be submitted to:

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

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

Electronic Claims

For electronic filings use this payor IDs:

Sunshine Health Payor ID #: **68069**

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 Transmission

Network providers are encouraged to participate in Sunshine Health's program to submit claims electronically.

This is called an EDI Clearinghouse. We have 2 agencies:

Emdeon 866-369-8805

www.transact.emdeon.com

Availity 800-282-4548

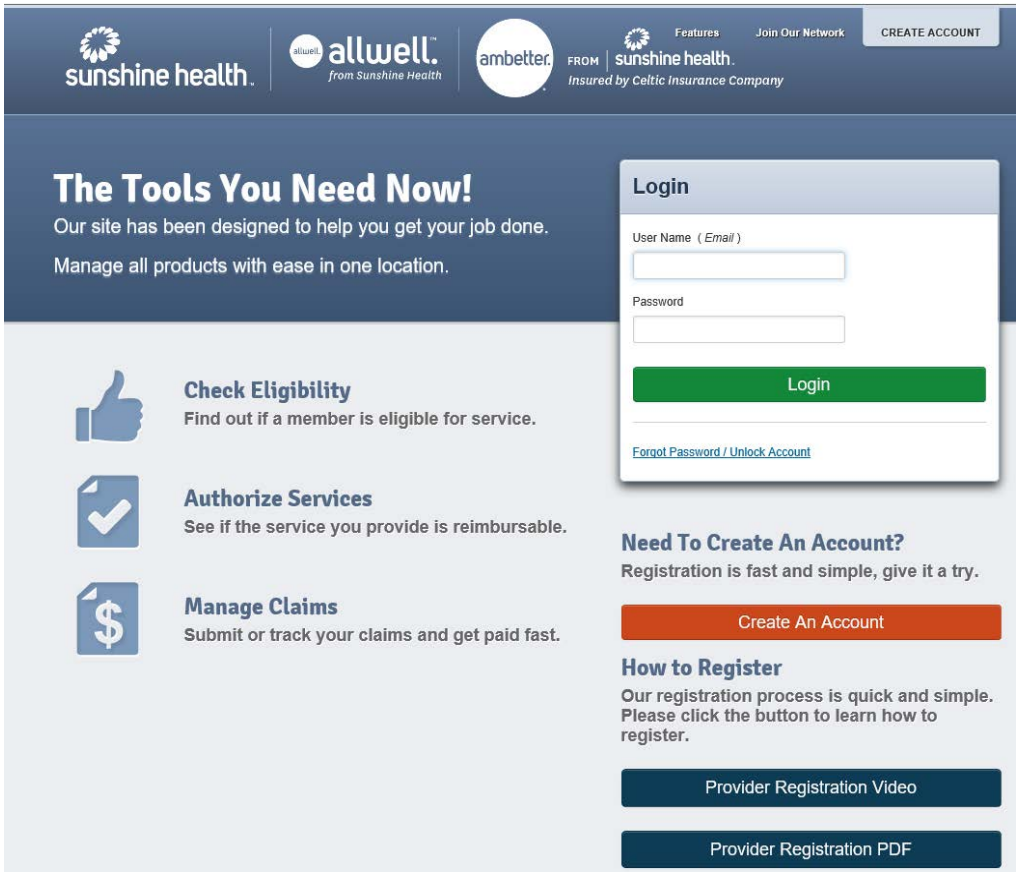
www.availity.com

We will help you sign up to electronically submit your claims if that is what the provider would like to do.

Sunshine Health Secured Portal

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

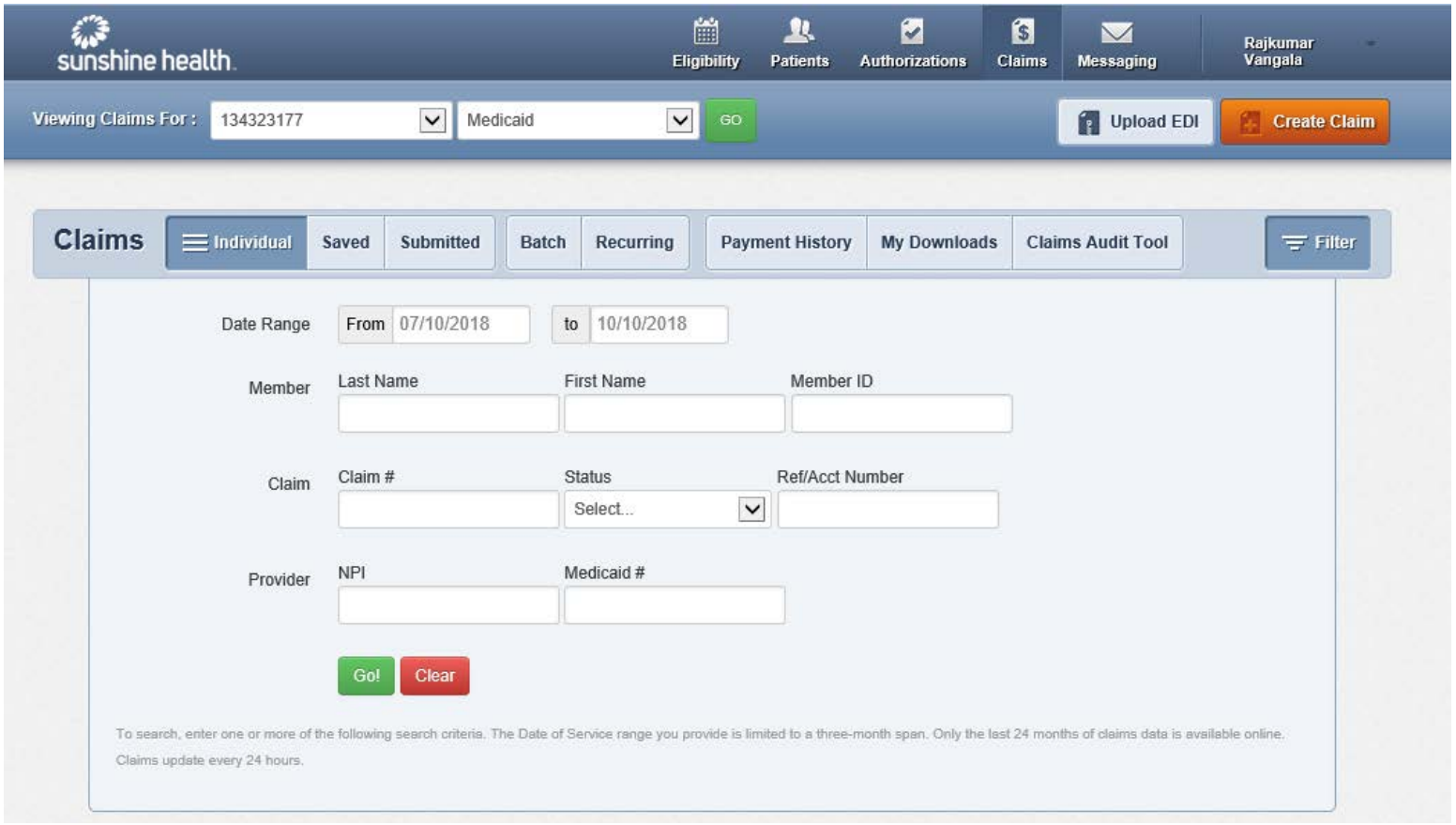
Additional Training offered Fridays at 12pm EST.



Portal Registration

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

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				$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

Direct Deposit/PaySpan

For Direct Deposit contact Payspan:

Phone: 1-877-331-7154
Website: https://www.payspanhealth.com

- Required Information
- Timeframe
- Processing

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.
- Clean claims will require:
  - Correct code with modifier.
  - National Provider Identifier
  - Correct Taxonomy Code
  - ❖ Be sure to calculate total charge for dates of services.

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.

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 our care management team from this number.

Sunshine Health Contacts

If you have questions about contracting with Sunshine Health contact:

Kristina Krug

Phone: 904-646-6392

Email: kkrug@centene.com

Margaret Coy

Phone: 904-999-3417

Email: mcoy@centene.com

For billing questions contact one of our staff below:

Sylvia Allen

Phone: 813-286-6267

Email: sallen@centene.com

Beulah Simmons

Phone: 904-646-6353

Email: Beulah.S.Simmons@centene.com

Sunshine Health Contacts

For other questions contact one of our staff below. They can help get answers for your questions:

Melissa Mott

Phone: 954-839-1511

Email: Melissa.A.Mott@centene.com

Nabilah Baig

Phone: 954-908-8451

Email: Nbaig@centene.com

We look forward to working with you.

Sunshine Health Plan