

# Overview of Billing Guidelines for Medical Foster Care Services

# Medical Foster Care Implementation

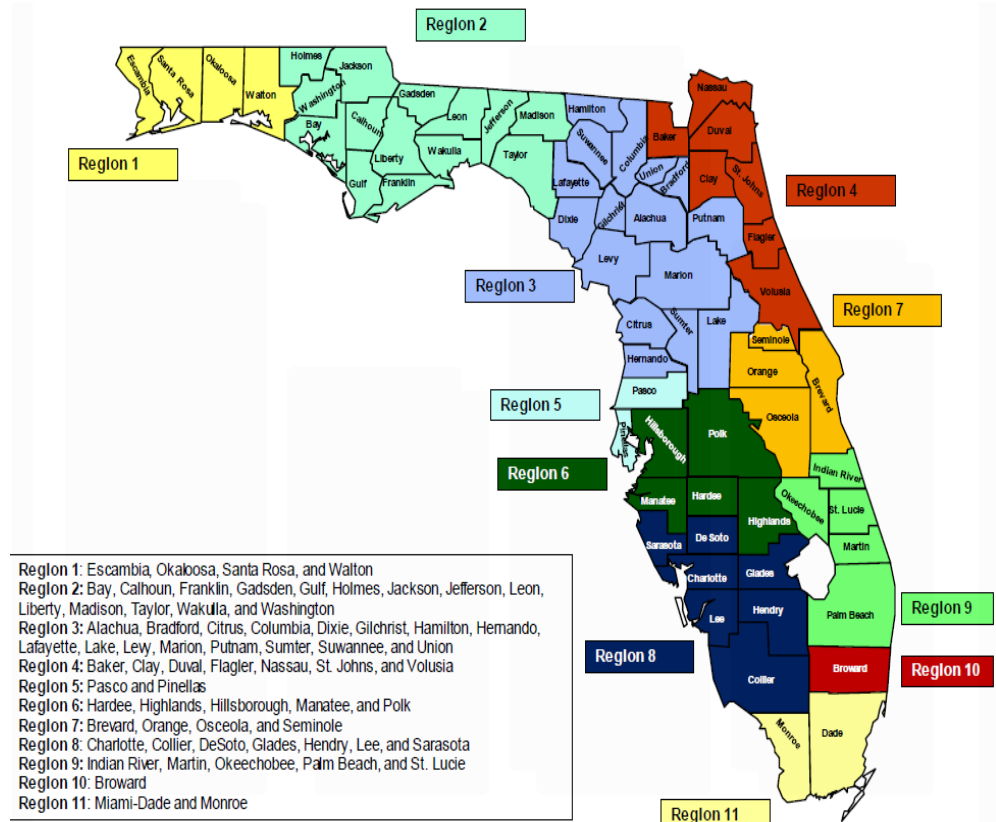


Sunshine Health is responsible for these services based on the SMMC contract rollout below:

**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



# 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

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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

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- 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



- Letter Of Agreement
- W-9

# Paper Claims



All paper claims should be submitted to:

**Sunshine Health Plan**

ATTN: Claims Department

P.O. Box 3070

Farmington, MO 63640-3823

# 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 payer ID's:

Sunshine Health Payer 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](mailto:EDIBA@centene.com)

# Electronic Claims Transmission



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

This is referred to as an EDI Clearinghouse. We have 2 agencies:

Emdeon 866-369-8805

[www.transact.emdeon.com](http://www.transact.emdeon.com)

Availity 800-282-4548

[www.availity.com](http://www.availity.com)

We can also assist providers in signing up to electronically submit claims.

# 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.*

A screenshot of the Sunshine Health Secured Portal homepage. The header features the Sunshine Health logo, Allwell logo (with "from Sunshine Health" text), and Ambetter logo (with "FROM sunshine health. Insured by Celtic Insurance Company" text). Navigation links include "Features", "Join Our Network", and "CREATE ACCOUNT". The main content area is titled "The Tools You Need Now!" and includes a sub-header "Our site has been designed to help you get your job done. Manage all products with ease in one location." Below this are three service tiles: "Check Eligibility" (thumbs up icon), "Authorize Services" (checkmark icon), and "Manage Claims" (dollar sign icon). On the right side, there is a "Login" form with fields for "User Name (Email)" and "Password", a green "Login" button, and a link for "Forgot Password / Unlock Account". Below the login form, there is a "Need To Create An Account?" section with a red "Create An Account" button and a "How to Register" section 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". The form is titled "Your Details" and contains several input fields: "Ter ID" (with a dropdown arrow), "First Name" (with placeholder "First"), "Last Name" (with placeholder "Last"), "Email" (with placeholder "name@domain.com"), "Re-enter Email" (with placeholder "name@domain.com"), "Password" (with placeholder "Password"), and "Re-type Password" (with placeholder "Password"). A "Cancel" button is in the top right. A "Next →" button is in the bottom right. A "Your Progress" indicator shows the first step is active. A "Password Must" pop-up box 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 (\$\*%&^!)."

# Provider Web Portal Claims and Claims Audit Tool



The screenshot shows the "Claims" section of the Provider Web Portal. At the top, there is a navigation bar with the "sunshine health" logo and several menu items: Eligibility, Patients, Authorizations, Claims, Messaging, and a user profile for "Rajkumar Vangala". Below the navigation bar, there is a search area for "Viewing Claims For:" with a dropdown menu set to "134323177" and another dropdown set to "Medicaid", followed by a green "GO" button. To the right of the search area are two buttons: "Upload EDI" and "Create Claim".

The main content area is titled "Claims" and has a sub-navigation bar with tabs: "Individual" (selected), "Saved", "Submitted", "Batch", "Recurring", "Payment History", "My Downloads", "Claims Audit Tool", and a "Filter" button. Below the tabs is a search form with the following fields:

- Date Range: From  to
- Member: Last Name , First Name , Member ID
- Claim: Claim # , Status  (dropdown), Ref/Acct Number
- Provider: NPI , Medicaid #

At the bottom of the search form are two buttons: "Go!" (green) and "Clear" (red). Below the search form is a small text block: "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	[REDACTED]	[REDACTED]		\$0.00	<a href="#">Edit</a>	<a href="#">Delete</a>
06/09/2017	CMS-1500	800866209	[REDACTED]	[REDACTED]		\$150.05	<a href="#">Edit</a>	<a href="#">Delete</a>
06/09/2017	CMS-1500	800866208	[REDACTED]	[REDACTED]	<a href="#">Q083FLE21525</a>	\$150.03	<a href="#">Edit</a>	<a href="#">Delete</a>
02/21/2017	CMS-1500	800866043	[REDACTED]	[REDACTED]		\$51.05	<a href="#">Edit</a>	<a href="#">Delete</a>
12/28/2016	CMS-1500	800865973	[REDACTED]	[REDACTED]	<a href="#">P214FLE32368</a>	\$10.00	<a href="#">Edit</a>	<a href="#">Delete</a>
12/06/2016	CMS-1500	800865913	[REDACTED]	[REDACTED]	<a href="#">P208FLE20062</a>	\$0.01	<a href="#">Edit</a>	<a href="#">Delete</a>
11/17/2016	CMS-1500	800865853	[REDACTED]	[REDACTED]	<a href="#">P225FLE19914</a>	\$10.00	<a href="#">Edit</a>	<a href="#">Delete</a>
11/01/2016	CMS-1500	800865792	[REDACTED]	[REDACTED]	<a href="#">P223FLE23176</a>	\$10.00	<a href="#">Edit</a>	<a href="#">Delete</a>
10/31/2016	CMS-1500	800865783	[REDACTED]	[REDACTED]	<a href="#">P216FLE19492</a>	\$10.00	<a href="#">Edit</a>	<a href="#">Delete</a>
10/31/2016	CMS-1500	800865782	[REDACTED]	[REDACTED]	<a href="#">P216FLE19492</a>	\$10.00	<a href="#">Edit</a>	<a href="#">Delete</a>

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## For Direct Deposit contact Payspan:

Phone: 1-877-331-7154

Website: <https://www.payspanhealth.com>

- ❖ Required Information
- ❖ Timeframe
- ❖ Processing

## 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.
  - 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](https://www.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 applicable 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:

**Bonnie Aguiar**

Phone: 1-813-284-1549

[Bonnie.E.Aguiar@SunshineHealth.com](mailto:Bonnie.E.Aguiar@SunshineHealth.com)

For billing questions contact one of our PR staff members below:

**Sylvia Allen**

Phone: 813-286-6267

Email: [SALLEN@sunshinehealth.com](mailto:SALLEN@sunshinehealth.com)

**Beulah Simmons**

Phone: 904-646-6353

Email:

[Beulah.S.Simmons@SunshineHealth.com](mailto:Beulah.S.Simmons@SunshineHealth.com)



We look forward to working with you.

Sunshine Health Plan