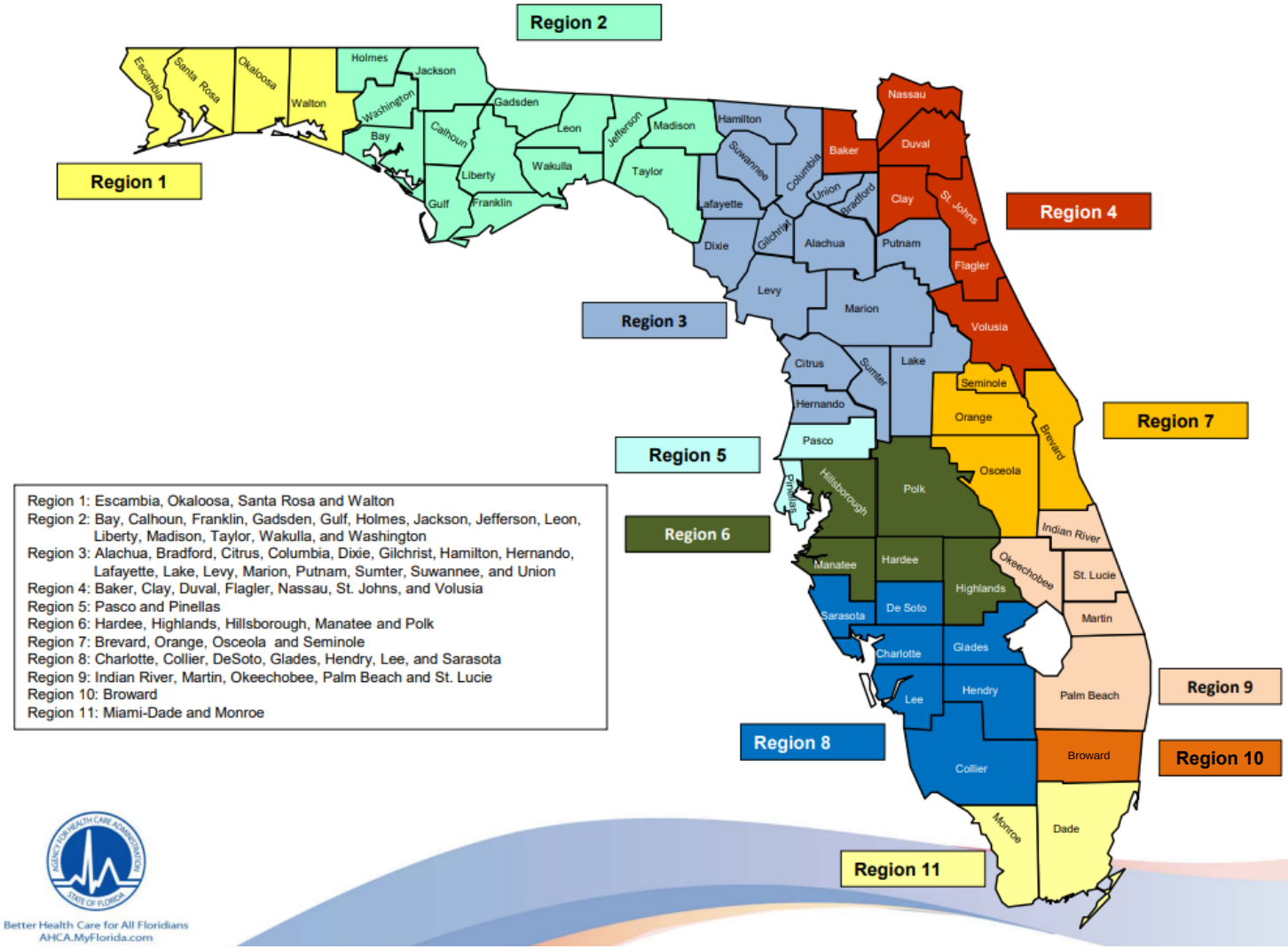
Children's Medical Services Health Plan
OPERATED BY SUNSHINE HEALTH

sunshine health™

Overview of Billing Guidelines for Medical Foster Care (MFC) Services

Medical Foster Care (MFC)

Sunshine Health is responsible for the Medical Foster Care Services based on the SMMC (Statewide Medicaid Managed Care) Contract.



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, Levy, 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

Better Health Care for All Floridians
AHCA.MyFlorida.com

Contracting

- Sunshine Health and CMS Health Plan will be extending a Provider Agreement or Letter Of Agreement (LOA) with the Medical Foster Care parents who care for our children.
- Sunshine Health will pay the Medicaid rate for the three levels of Medical Foster Care.
- There will be training available to MFC parents once the contracting process is complete.

Medical Foster Care (MFC) Services

Sunshine Health follows the Agency for Health Care Administration (AHCA) Medical Foster Care Services Coverage Handbook.

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 and CMS Health Plan 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.
- Sunshine Health does 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 or when receiving services from an alternative MFC provider

What Does MFC Cover? – Cont'd

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 (Utilization Management) or CM (Care Management) 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.
- The reimbursement rate is 100% of the AHCA Medical Foster Care Services Fee Schedule.
- These services do not require a prior authorization from Sunshine Health.
- Providers (Parents) should bill Sunshine Health with these codes.

Service	Codes	Modifier	Reimbursement Rate*
Level 1 MFC Services	S5145	HA	$44.00 per day
Level II MFC Services	S5145	TF	$55.00 per day
Level III MFC Services	S5145	TG	$76.99 per day

Billing Guidelines

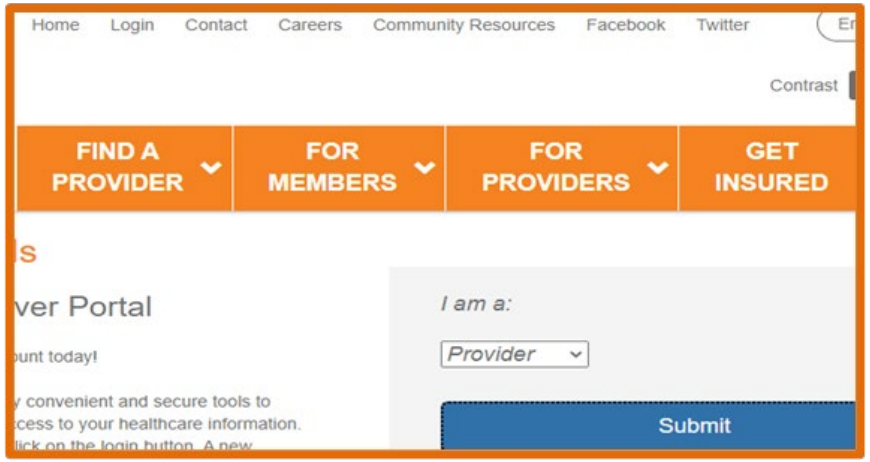
Sunshine Health Documents

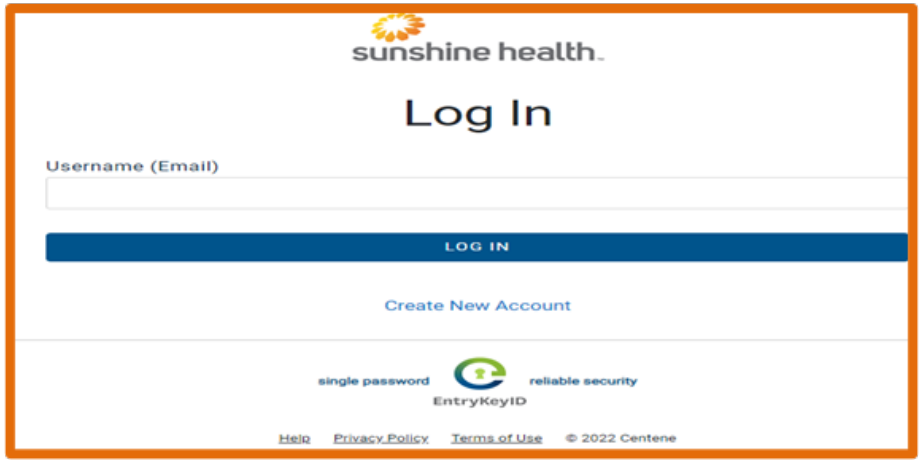
- Letter Of Agreement or Provider Agreement
- W-9
- MFC Provider Demographic and Billing Form

Sunshine Health Secure Provider Portal

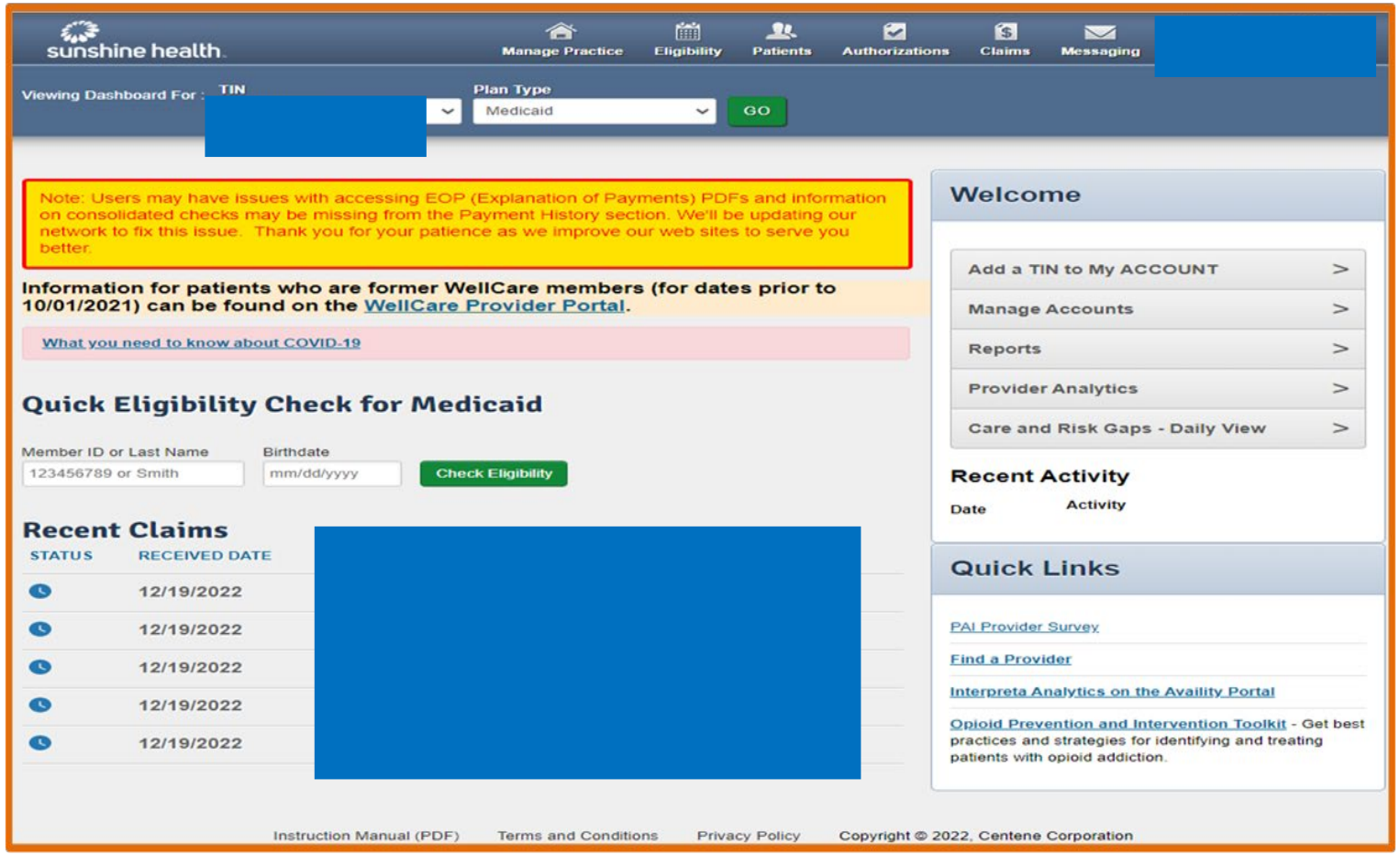
The Secure Provider Portal is used to check Member Eligibility, Submit Claims and Authorizations, and more.

- Create an account by going to SunshineHealth.com/login.
- Then choose Provider and Submit, then “Create New Account.”
- An email will be sent to you for completion of the registration.





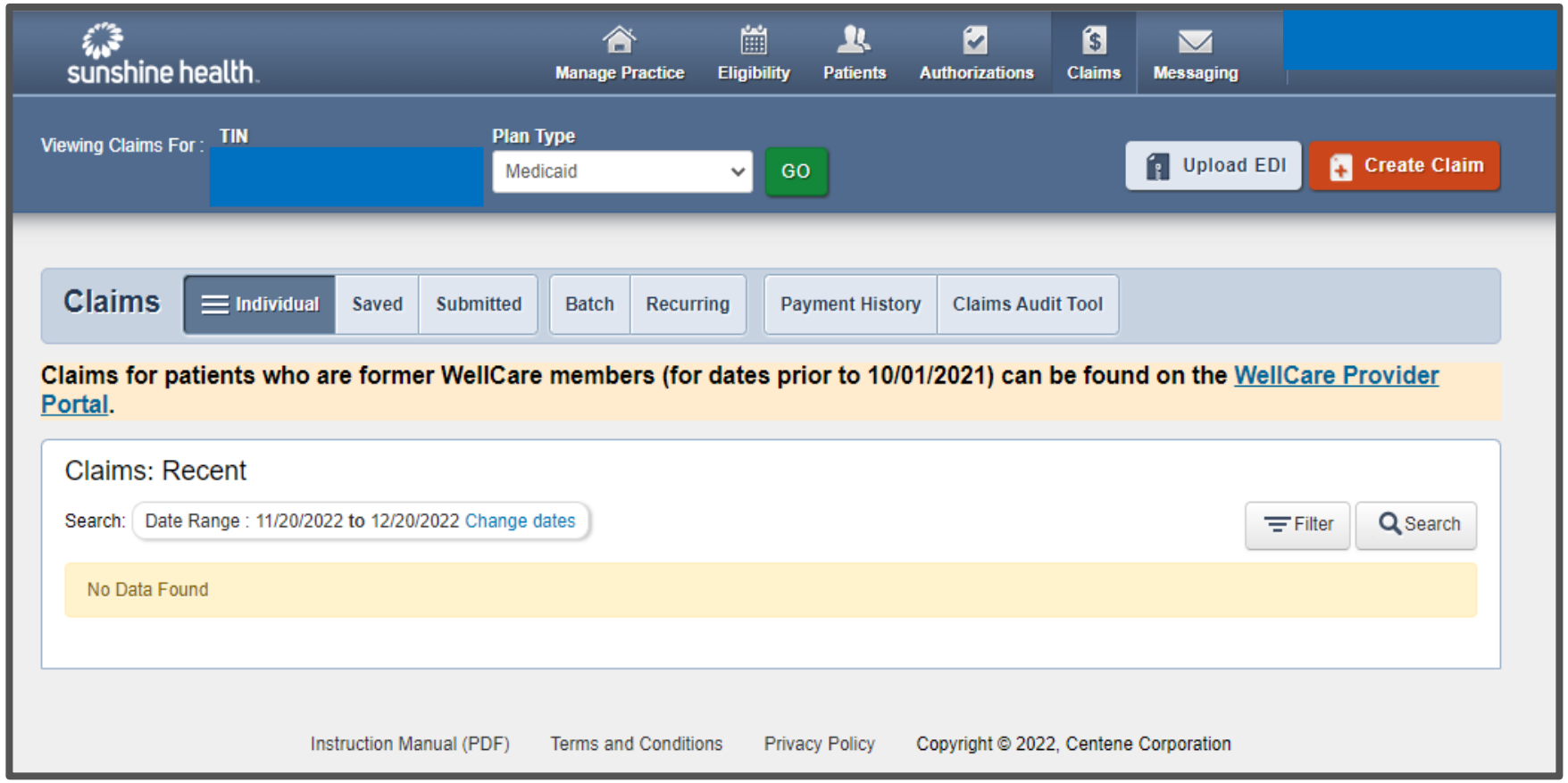
Secure Provider Portal Landing Page



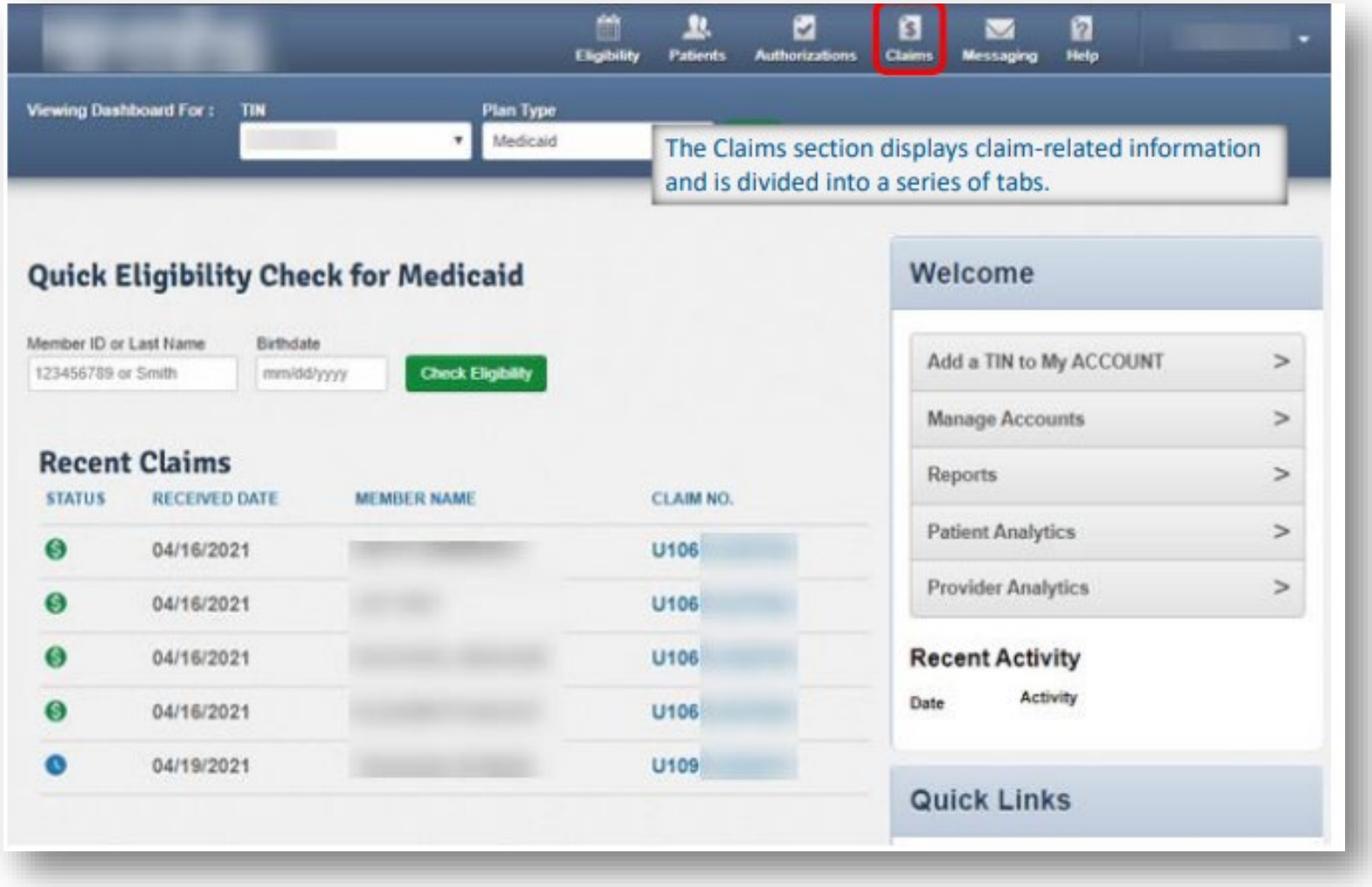
Portal training is available every Thursday at noon.

Register for the training on the Sunshine Health website: SunshineHealth.com/training

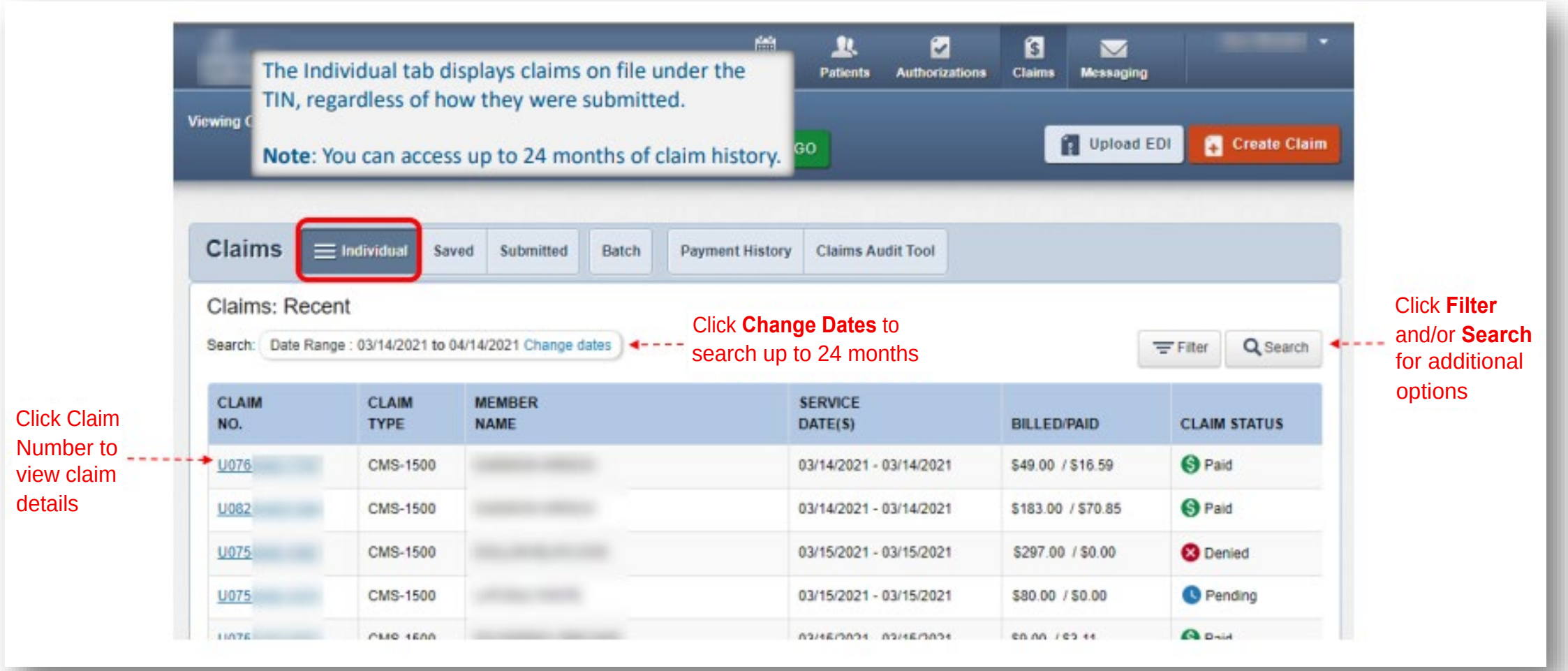
Secure Provider Portal Claims and Claims Audit Tool



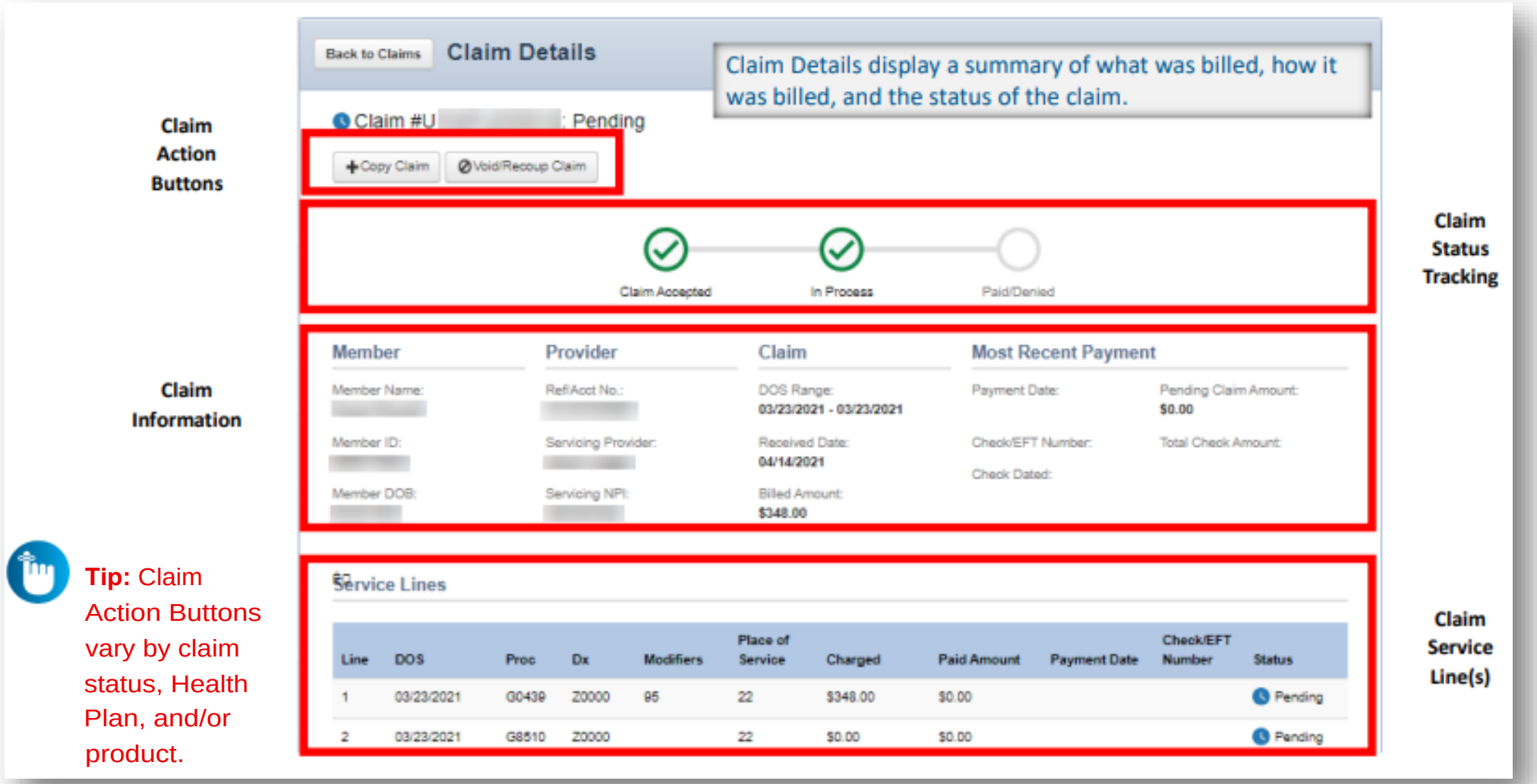
Claims Section of Secure Provider Portal



Searching for Individual Claims



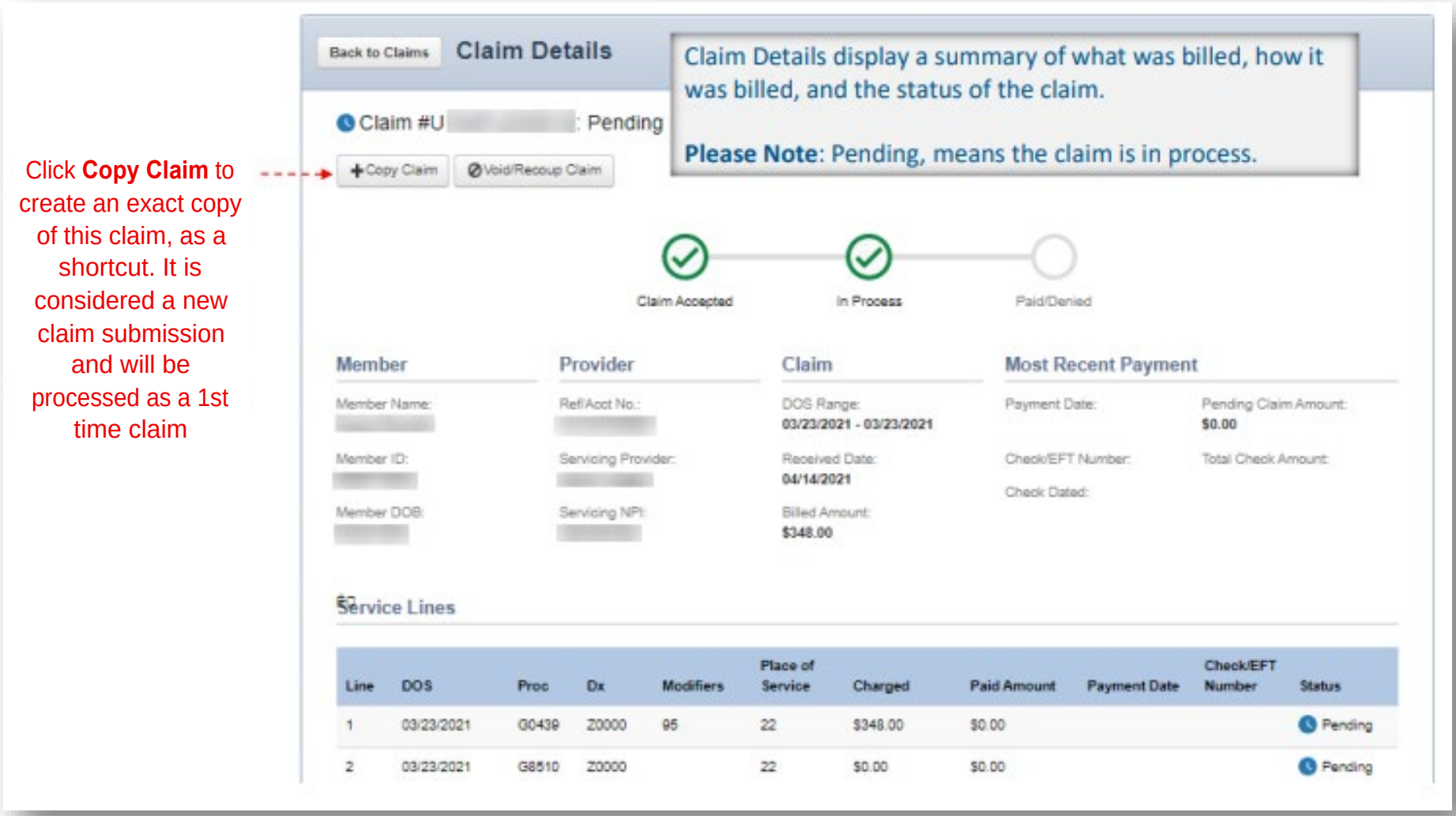
Claims Details Overview



Tip: Claim Action Buttons vary by claim status, Health Plan, and/or product.

Pending Status – In Process Claims View

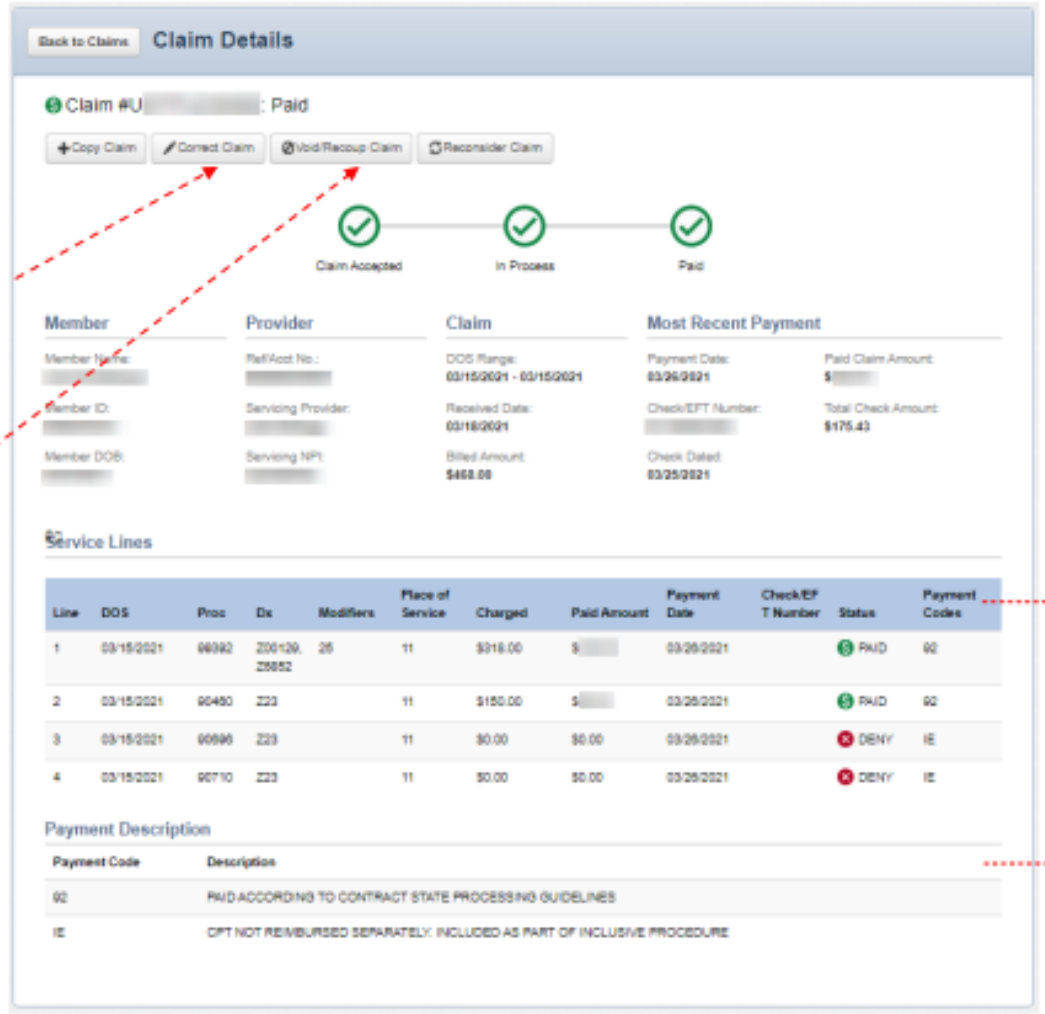
Click **Copy Claim** to create an exact copy of this claim, as a shortcut. It is considered a new claim submission and will be processed as a 1st time claim



Submitting Corrected Claims on Finalized Claims

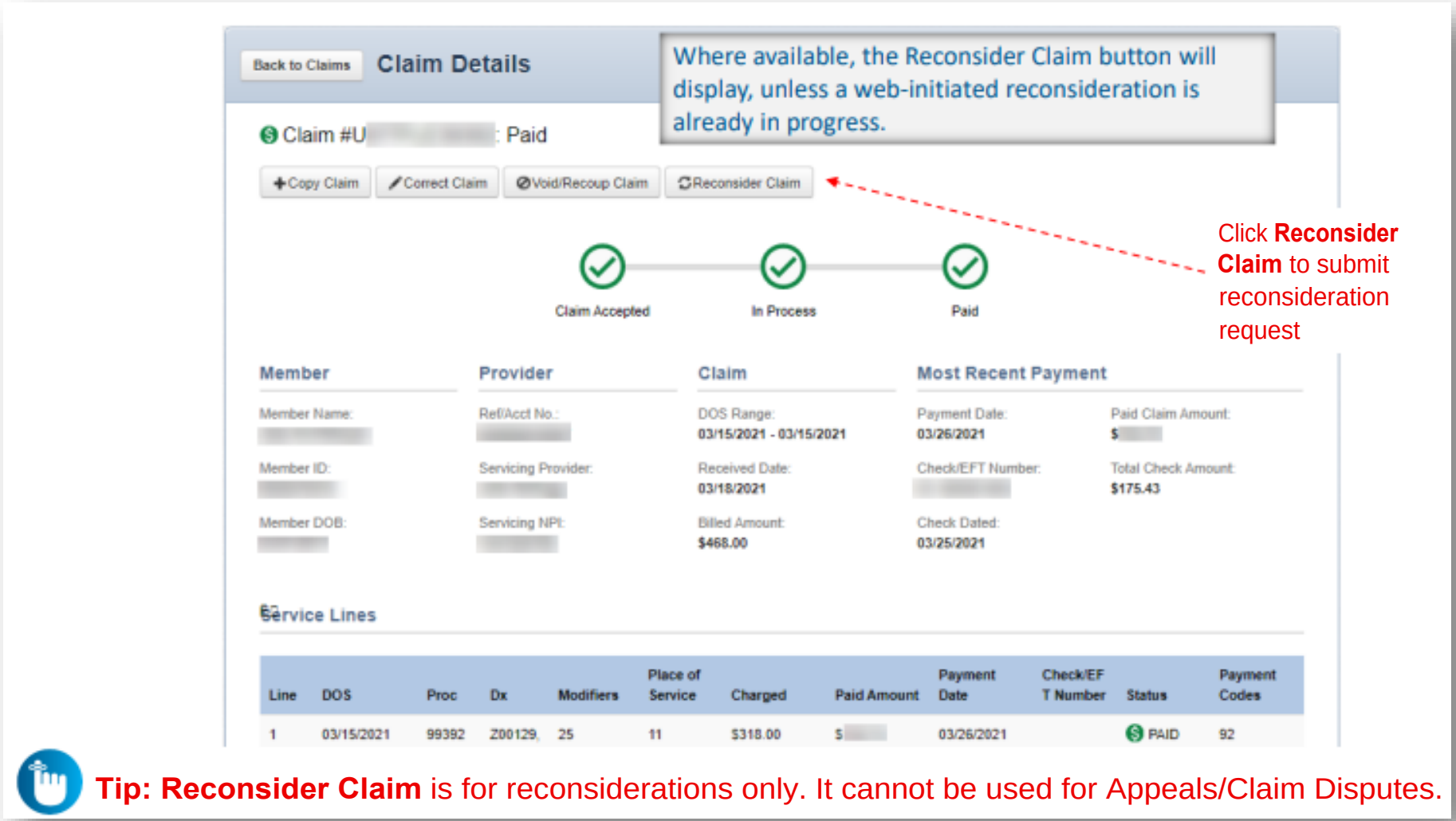
Click **Correct Claim** to correct a finalized claim

Where available, click **Void/Recoup Claim** void an original claim that has already been processed, and request a full recoupment of payment



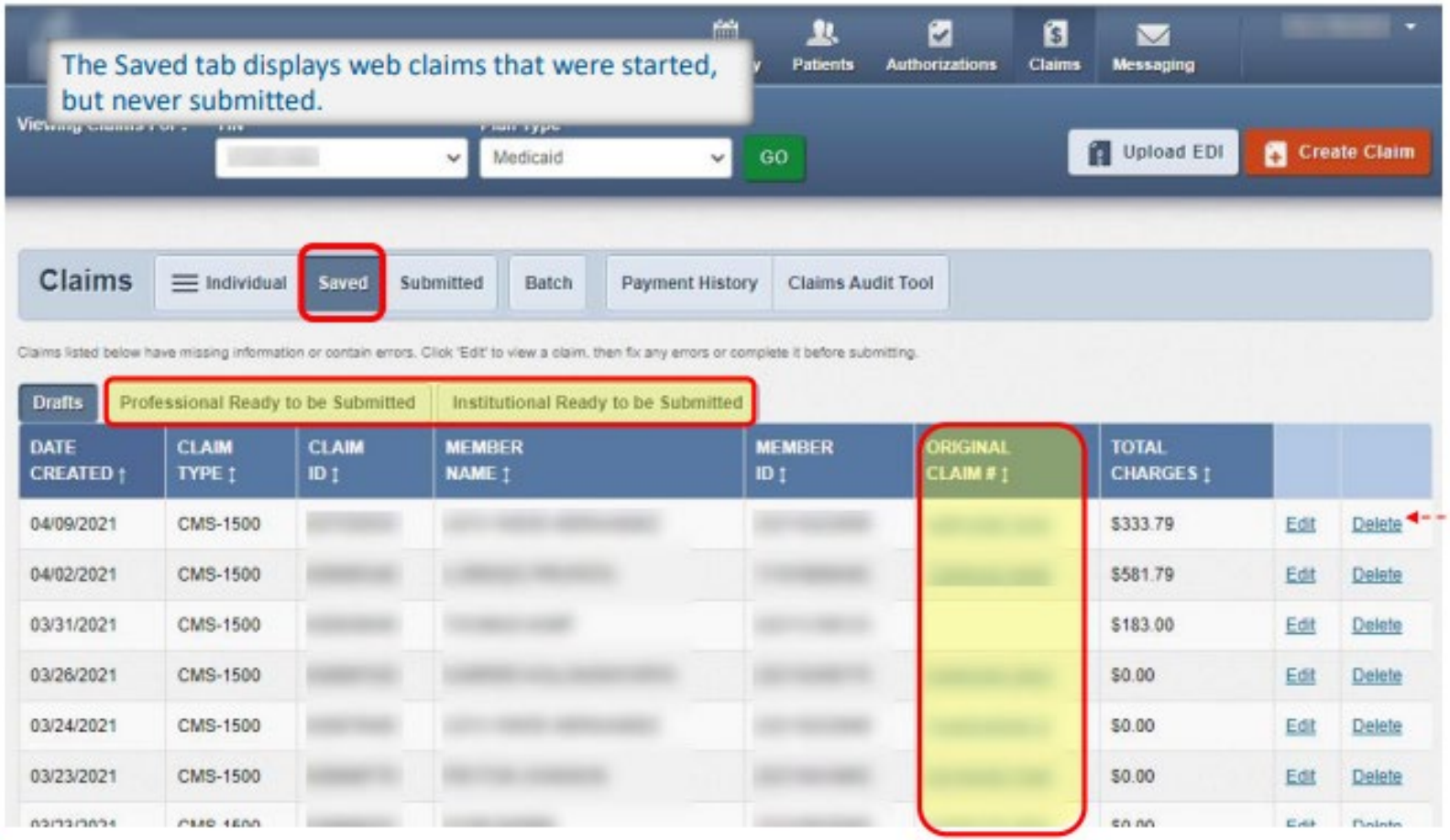
Payment Codes and **Payment Description** display on finalized claims

Submitting Reconsiderations on Finalized Claims



Tip: Reconsider Claim is for reconsiderations only. It cannot be used for Appeals/Claim Disputes.

Editing Saved Claim Drafts

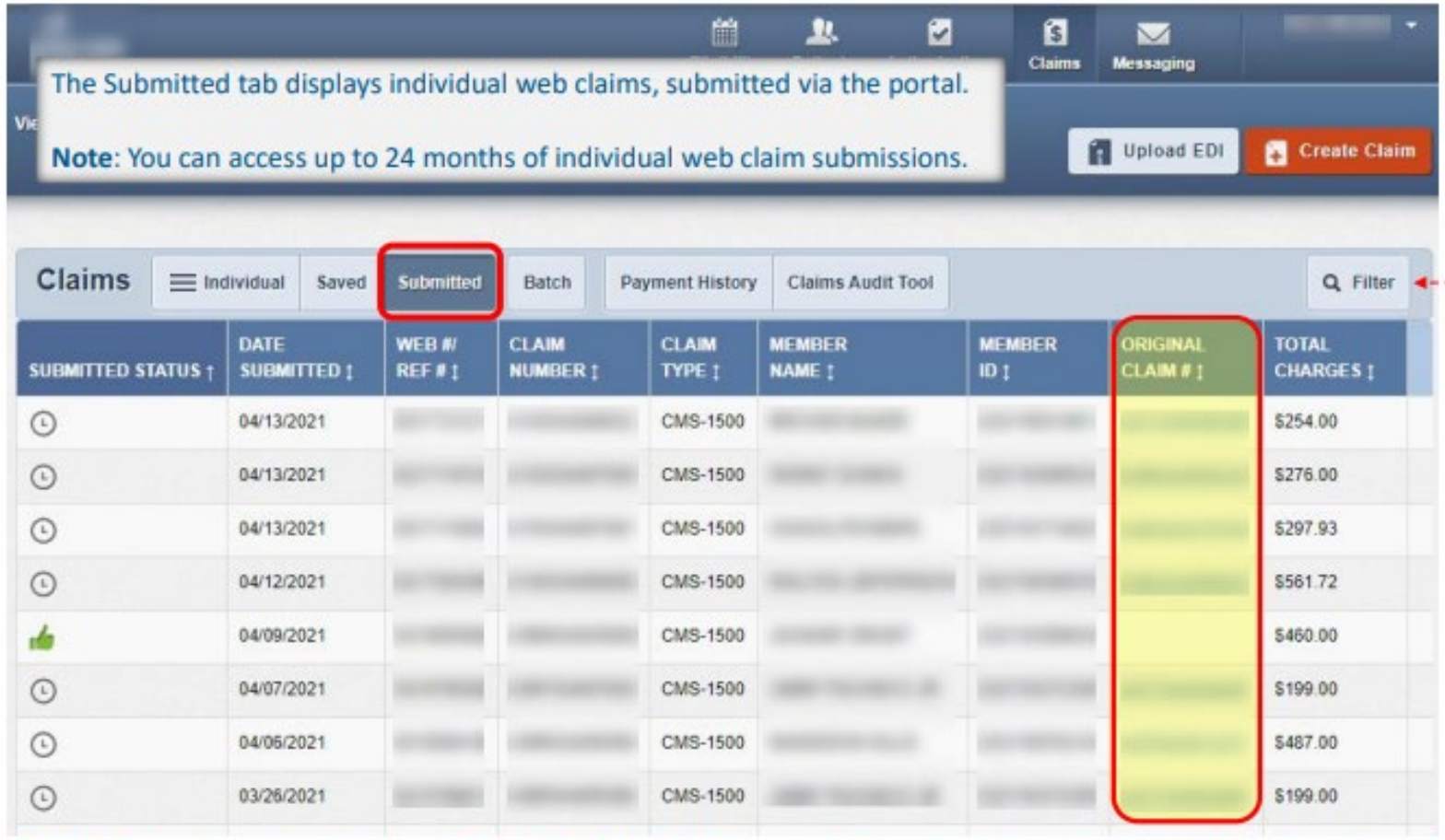


Click **Edit** to resume, complete, and submit web claim

Click **Delete** to delete the web claim draft

Tip: A Claim Number in the **Original Claim #** column, indicates it is a corrected claim draft.

Viewing Submitted Claims



Click **Filter** for additional search options

Tip: A Claim Number in the **Original Claim #** column, indicates it is a corrected claim submission.

Paper Claims

All Paper Claims should be submitted to:

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

Tips When Filing Paper Claims

Do's:

- **Do** use the correct P.O. 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't:

- **Don't** submit handwritten claim forms.
- **Don't** use red or blue ink on claim form.
- **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, please utilize Sunshine Health Payer ID: **68069**

For more information on Electronic Filing, please contact us at:

Sunshine Health Plan

c/o Centene EDI Department

1-844-477-8313

or by email at: EDIBA@centene.com

Electronic Claims Transmission

Network Providers (Parents) are encouraged to participate in Sunshine Health's program to submit claims electronically either via EDI Clearinghouse or the Sunshine Health Secure Provider Portal.

There are five (5) Clearinghouses that can have claims submitted directly to Sunshine Health:

1. Change Healthcare (Emdeon) – 1-877-363-3666 or www.changehealthcare.com
2. Availity - https://www.availity.com/Contact-Us
3. Gateway EDI - https://www.edigateway.com/en
4. Medavant - http://www.medavanthealth.com
5. SSI - https://thessigroup.com

Sunshine Health staff can also assist Providers (Parents) in signing up to electronically submit claims.

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

Sunshine Health partners with PaySpan Health to offer providers Electronic Funds Transfer (EFT) and Electronic Remittance Advice (ERA).

- ✓ This service is offered at no charge to providers and is a secure, quick way to electronically settle claims.
- ✓ PaySpan Health breaks down the barriers to electronic claim settlement with an innovative solution for EFTs and ERAs.
- ✓ Using this free service, providers can take advantage of EFTs and ERAs to settle claims electronically, without making an investment in expensive EDI software.
- ✓ Following a fast online enrollment, providers can receive ERAs and import the information directly into their practice management or patient accounting system, eliminating the need to re-key remittance data from paper advices.

PaySpan Health offers providers 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 among common and proprietary formats for ERAs, easily reconcile payments with claims, and take advantage of claim and remittance retrieval and reporting.

PaySpan Health can be reached:

providersupport@payspanhealth.com

1-877-331-7154

https://www.payspanhealth.com/

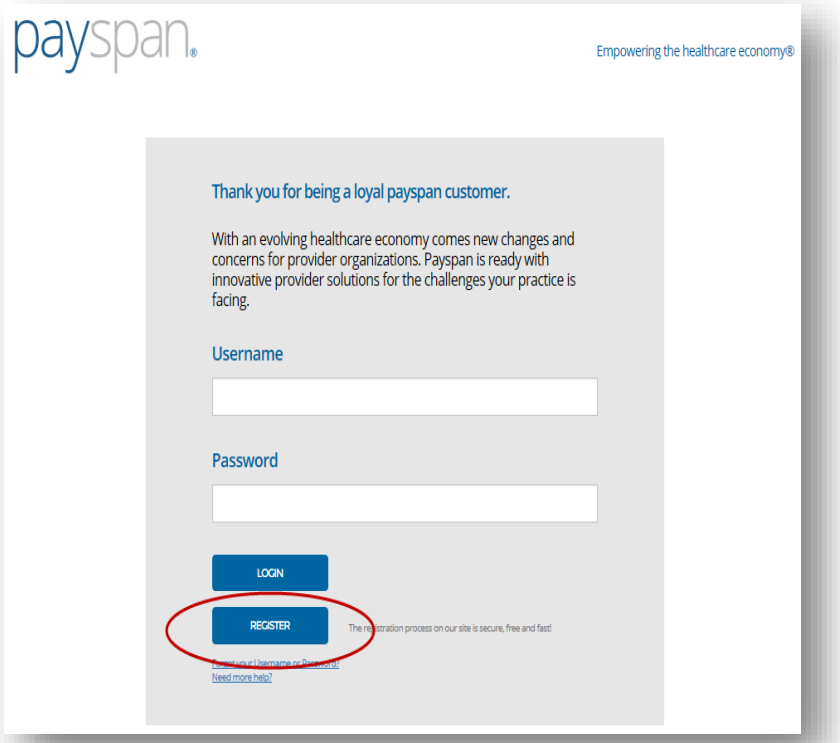
Registering for EFT/ERA – PaySpan

Registering for PaySpan Health is quick and easy.

1. To begin, contact PaySpan Health by calling 877-331-7154 or emailing: providersupport@payspanhealth.com

    - A registration letter will be mailed to the provider.
    - The provider should complete the form and send it back to PaySpan at the fax number or email address on the form.
    - A unique registration code along with enrollment instructions will be emailed to the provider.

2. Go to www.payspanhealth.com
3. Click the “Register” button



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
  - ✓ Be sure to calculate total charge for dates of services

Timely Claim Submission

Providers (Parents) must submit claims in a timely manner as indicated in the following table:

Initial Claims*		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

*In an initial claim, days are calculated from the date of service to the date received by Sunshine Health. ** In a reconsideration or claim dispute, days are calculated from the date of the explanation of payment/correspondence issued by Sunshine Health to the date the reconsideration is received by Sunshine Health.
*** For coordination of benefits, days are calculated from the date of explanation of payment from the primary payer to the 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 the date of the original explanation of payment or denial.

Please Note: If a claim is denied for timely filing, you cannot bill the member.

Provider Dispute Process

Provider Disputes

Parents 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 - Cont'd

To file a dispute, a provider (parent) can:

Call **1-844-477-8313**

or

Send a written dispute using the Sunshine Health Provider Claim Dispute Request Form to:

Sunshine Health

P.O. Box 3070

Farmington, MO 63640-3823

The form can be found on our website SunshineHealth.com under Provider Resources.
https://www.sunshinehealth.com/providers/resources/forms-resources.html

Resources

AHCA Medical Foster Care Program Information Link

https://ahca.myflorida.com/medicaid/child-health-services/medical-foster-care-mfc

MFC Quick Reference Guide

Medical Foster Care QRG

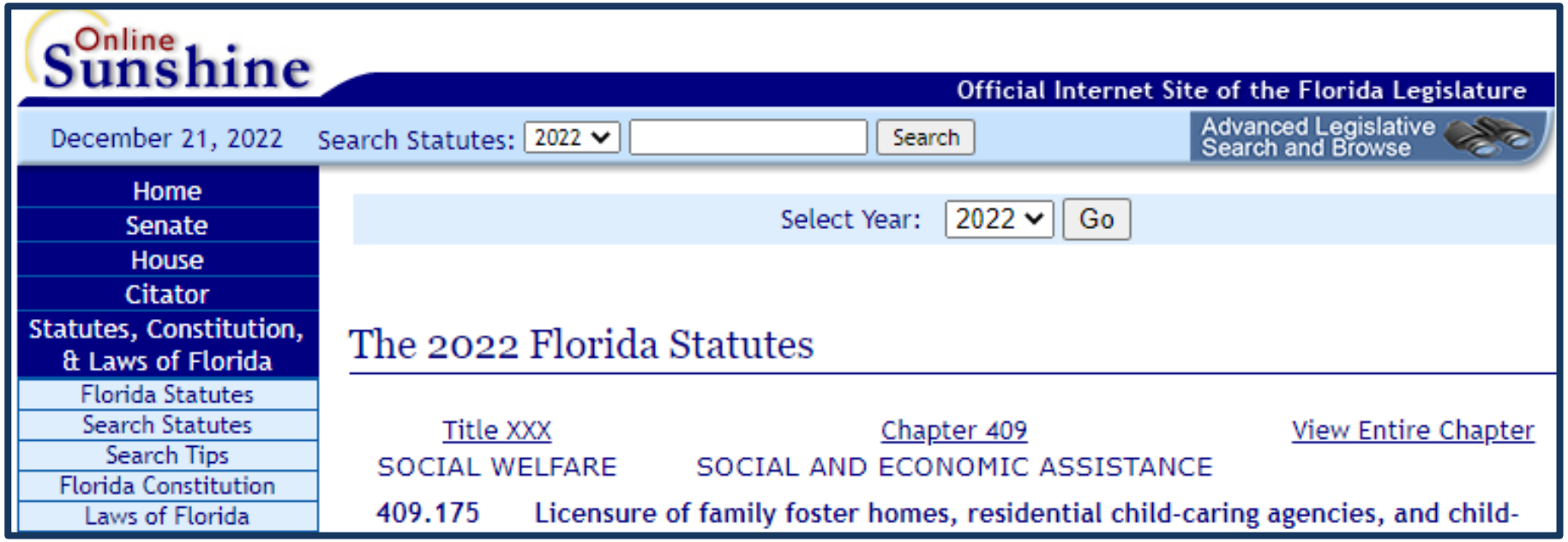
Medical Foster Care (MFC) Quick Reference Guide

Important Contact Information

Service Name	Product	Phone Number	Hours of operation
Provider Services	All products	1-844-477-8313	Monday-Friday from 8 a.m. to 8 p.m. Eastern
Pharmacy Services	All products	1-800-460-8988, option 2	24 hours a day, 7 days a week
Member Services	CMS	1-866-799-5321	Monday-Friday from 8 a.m. to 8 p.m. Eastern
Member Services	MMA	1-866-796-0530	Monday-Friday from 8 a.m. to 8 p.m. Eastern
Member Services	CWSP	1-855-463-4100	Monday-Friday from 8 a.m. to 8 p.m. Eastern

Download the Sunshine Health MFC Quick Reference guide (PDF) and more resources at SunshineHealth.com/claims

Florida Statute 409.175



FS 409.175

Contact Sunshine Health Staff

Provider Call Center

How To Contact Sunshine Health Staff:

Parents can now call one number to get answers to their questions. The Provider Services Staff is available Monday to Friday, from 8 a.m. to 8 pm. 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, please contact:

Bonnie Aguiar
Email: bonnie.e.aguiar@sunshinehealth.com

For billing questions, please contact one of the Provider Engagement staff members below:

Supporting PEA: Northwest/Big Bend (Regions 1 & 2) North Central (Regions 3 & 4)	**Supporting PEA:** Tampa Bay/Southwest (Regions 5, 6 & 8) Central (Region 7)	**Supporting PEA:** South/Southeast (Regions 9, 10 & 11)
Beulah S. Simmons	Sylvia Allen	Frederick D. McCoy
Email: Beulah.S.Simmons@sunshinehealth.com	**Email:** SALLEN@sunshinehealth.com	**Email:** frederick.d.mccoy@centene.com

THANK YOU!

Our staff looks forward
to working with you!