

Medical Foster Care Billing Guidelines



This guide has been developed to give guidance for Medical Foster Care (MFC) providers who are rendering services during the continuity of care period and thereafter to members who transition into Simply Healthcare Plans, Inc. (Simply).

Continuity of care

We want to remind providers that the Statewide Medicaid Managed Care Managed Medical Assistance (SMMC MMA) continuity of care (COC) requirements for new members mandate that we pay for COC services rendered to new enrollees transitioning into the plan. In the event a new Simply member is receiving prior authorized, ongoing treatment with any provider, including those services previously authorized under the fee-for-service delivery system or by the enrollee's immediate former managed care plan, Simply is responsible for the costs of continuation of such treatment. This responsibility stands without any form of authorization and without regard to whether such services are being provided by participating or nonparticipating providers for up to 60 days after the effective date of enrollment. Simply will reimburse nonparticipating providers at the rate they received for services rendered to the enrollee immediately before the enrollee transitioning for a minimum of 30 days unless said provider agrees to an alternative rate. Further information pertaining to reimbursement outside of the COC period can be found in the provider manual.

Paper claims process

Please ensure that claims are submitted on a *CMS-1500* claim form and include but are not limited to the following:

- Complete and correct member demographic (for example, DOB, Medicaid ID, etc.)
- Correct plan information
- Billing and rendering provider MID # and NPI #
- Billing provider address cannot be a P.O. Box (Medicaid agency requirement)
- Member diagnosis
- Procedure code as listed on the Medicaid fee schedule for SMMC MMA
- Procedure code — diagnosis pointer

Submit SMMC MMA program claims to the following address:

Paper claims:
Simply Healthcare Plans, Inc.
Attn: Statewide Medicaid Managed Care
Managed Medical Assistance
P.O. Box 61010
Virginia Beach, VA 23466-1020



Electronic claims process

Electronic claims can be submitted to Simply using Availity,* our claims clearinghouse. Below are instructions on how to register with Availity.

Registering to use Availity

Go to <http://www.availity.com> and select **REGISTER** to start using Availity.



After your registration is finished, you can log in to verify your patients' eligibility and benefits, submit claims, track remittances, and more.

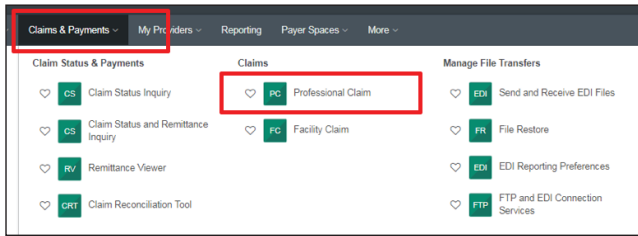
When you log in for the first time, Availity prompts you to:

- Accept privacy and security statements.
- Accept a confidentiality agreement.
- Choose three security questions and answers.
- Create a new password.
- Verify your email address.

It's important that you don't share your user ID or password with others. You'll get a verification email after you enter this information. Select the link in the email to complete your registration with Availity.

Submitting a claim via Availity

- Log in to the Availity Portal at <http://www.availity.com>.
- Select **Claims & Payments** from the top navigation bar.
- Select **Professional Claim** from the options displayed.



- In the *Payer* field, please select: **Simply Healthcare Plans, Inc.** for Simply members.
- All fields reflecting a * must be completed for the submission of the claim.

Availity payer ID

SMPPLY

Approved Medical Foster Care service codes

Level	Codes	Allowed modifiers	Description
I	S5145	HA	Level I Medical Foster Care service
II	S5145	TF	Level II Medical Foster Care service
III	S5145	TG	Level III Medical Foster Care service

Clean claims are paid or denied within 15 days (for electronic) or 20 days (for paper) of receipt date. A paper check will be issued for approved claims.

For additional guidance when submitting claims, please contact:

Process Improvement Manager: **Keishly Torres**

Phone: **1-813-830-6900, ext. 106-121-0205**

Email: MFCbillinginquiries@simplyhealthcareplans.com

Electronic remittance advice (ERA) enrollment

Go to <http://www.availity.com> and select **Enrollments Center** in the *My Account Dashboard* on the home page. Select **ERA Enrollment** in the *Multi-Payer Enrollments* section. Then, simply follow the wizard and submit. After submitting, you will be notified by email that enrollment is complete and start receiving 835s through Availity.

Availity phone: **1-800-282-4548**

Claims dispute process

- Verbal dispute: **1-844-405-4296**
- Written dispute:
Simply Healthcare Plans, Inc.
Payment Appeals
P.O. Box 61599
Virginia Beach, VA 23466-1599



Provider Services

- Phone: **1-844-405-4296**
- Network Contracting and Participation:
Provider Network Manager: **Ivian Fundora**
Phone: **1-305-408-5877**
Email: ifundora@simplyhealthcareplans.com

Resources and training

- For additional resources and training material, please visit Simply's website: https://provider.simplyhealthcareplans.com/docs/FLFL_CHA_SMH_PE_MedicalFosterTraining.pdf.
- The Availity Learning team has pulled together specific on-demand training and demos that will be helpful in getting you started with using the Availity Portal.
- To enroll in the training program:
 1. Log into the Availity Portal.
 2. Select **Help & Training | Get Trained**. The Availity Learning Center (ALC) opens in a new browser tab.
 3. In the **Catalog**, search by keyword (**MFC**) to select the course: **Using Availity Tools for Medical Foster Providers in Florida – Training Program**.
 4. Select the **Enroll** button.
 5. You can follow prompts to complete the course right away or access it later.
- **Need help enrolling for the training program?**
Send an email to training@availity.com

* Availity, LLC is an independent company providing administrative support services on behalf of Simply Healthcare Plans, Inc.