



Early intervention services provider training 2021

*This communication applies to the Medicaid programs for
Simply Healthcare Plans, Inc. (Simply) and Clear Health Alliance (CHA)*

Agenda

- Early intervention services overview
- Contracting and rate structure
- Providers
- Credentialing
- Coverage
- Coverage limitations
- Evaluation criteria
- Authorization of services
- Billing and claims submission
- Care coordination
- Case management role and case management process

Early intervention services overview

Early intervention services (EIS), including targeted case management (TCM), aid infants and toddlers from birth to 36 months of age who have or are at risk for developmental disabilities or delays. The program focuses on working with families and caregivers to provide positive early learning experiences for these infants and toddlers that is crucial for later success in school, the workplace, and the community.

Federal requirements

- Federal guidelines under these services require referrals for screening, evaluation, and development of an Individualized Family Support Plan (IFSP) within 45 days.
- Services cannot start later than 30 days from the date that the family or caregiver consents to proceed with the IFSP.
- TCM is required for toddlers and children receiving EIS services.

Contracting and rate structure – What is happening?

- *Letters of Agreement* and contracts have been sent to all Local Early Steps (LES) Program centers and include a roster template to list all EIS employed and downstream provider information.
- Simply and CHA have enrolled all identified LES Program internal and downstream providers to pay claims at 100% of the Medicaid allowable current year rates in accordance with the regional rollout schedule (December 1st, 2020, January 1st 2021, February 1st, 2021).
- All contracts and *Letters of Agreement* will be processed within statewide Medicaid managed care (SMMC) required time frames and LES Program terms/legal entities with either new or existing agreements as needed.

Who can provide early intervention services?

- Providers who are trained and certified by the Department of Health (DOH), Early Steps Program.
- Qualified providers may include one of the following:
 - Infant, toddler, developmental specialist
 - Audiologist
 - Family therapist
 - Nurses
 - Occupational therapist
 - Physical therapist
 - Speech-language pathologist
 - Ophthalmologists/optometrist
 - Pediatrician
 - Psychologist
 - Registered dietician
 - Targeted case manager
 - Social worker

Credentialing process

- In order to reflect a participating status with Simply and CHA, contracted providers or facilities must meet the following guidelines:
 - As part of the credentialing process, the Infant and Toddler Developmental Specialist (ITDS) certificate will be obtained, verified, and reviewed as needed for EIS providers.
 - Case managers providing EIS TCM must be certified/trained by the DOH Early Steps Program or their designee.

Continuity of care – How will it work?

- Simply and CHA will honor all existing prior authorizations to ensure continuity of care guidelines are met.
- Simply and CHA will pay all continuity of care claims at the Medicaid fee-for-service (FFS) rates established by AHCA for services rendered.
- Simply and CHA will continue to allow services without the need of an authorization for the required initial screenings and evaluations to ensure EIS providers can comply with the statutory 45-day time frame.

Early intervention services coverage includes

- **Early intervention session:**

- Face-to-face visit with Medicaid recipient and the parent(s) or legal guardian(s), family member(s), or caregiver(s) to provide family training and support to minimize the impact on the recipient by fostering optimal individual growth and development.

- **Screening services:**

- Brief assessment of a recipient to identify the presence of a developmental delay that may require further evaluation

Early intervention services/specific non-covered criteria

- The following services are not covered under EIS benefit:
 - Behavioral health services as an EIS session
 - Physical therapy/occupational therapy as an EIS session
 - Respite or care to facilitate a parent/legal guardian attending to personal matters
 - Screenings on same date of service as an Early Step Program TCM screening
 - Sessions not authorized in IFSP
 - Sessions conducted by more than one provider, on same day, separately
 - Speech-language pathology services as an EIS session
- The plan may cover some services listed through a different service benefit.

EIS coverage criteria

- EIS coverage limitations are as follows:
 - Up to three screenings/year to identify presence of a developmental disability
 - One initial evaluation (Max = eight units) per lifetime when conducted by a multidisciplinary team
 - Up to three follow-up evaluations (Max = 24 units) /per year
 - Up to two individual or EIS sessions per week (Maximum of four units per day) that includes:
 - Supporting family/caregiver in learning new strategies to enhance child's development and participation in natural activities and routines of everyday life.
 - Training parents to implement intervention strategies to minimize potential adverse effects and maximize healthy development.
 - Group sessions must include two or more recipients.
- The **plan may cover additional services and supports identified during an evaluation** through a different service benefit, such as physical therapy, etc.

Authorization of services

- Children's programs shall promote increased use of prevention and early intervention services for at-risk enrollees.
- The plan will authorize covered services recommended by the Early Steps Program when medically necessary.
- No authorization will be required for EIS.

Approved EIS codes

The following codes are EIS codes with applicable modifiers that will be reimbursable by Simply and CHA:

Service	Codes	Allowed Modifiers	Description
Screening (Maximum 3 per calendar year per child)	T1023	N/A	Early Intervention Screening
Evaluation	T1024	GP,UK, GN, GO, TL and HN	Early Intervention Evaluation
Follow-up Services	T1024	GP, TS, GN, GO, TL	Follow-up psychosocial and developmental evaluations
Sessions	T1027	SC and TT	Early Intervention individual or group sessions

* Please note that no prior authorization is required for codes.

Approved TCM codes

Service	Codes	Allowed Modifiers	Description
ES Case Management	T1017	TL	Targeted Case Management for Children's Medical Services – Early Steps Providers
MF Case Management	T1017	SE	Targeted Case Management for Children's Medical Services - Medical Foster Care Contractors

Billing and claims submission – How does it work?

- Please submit complete claims to the following address:

- Paper claims: Florida SMMC

Simply Healthcare Plans, Inc.

P.O. Box 61010

Virginia Beach, VA 23466-1020

- Electronic claims:

*Availity Payer ID	Simply Healthcare Plans, Inc. (Simply)	Clear Health Alliance
	SMPLY	Clear

Billing and claims submission – How does it work? (cont.)

- Timely claims payment, pay, or deny:
 - 50% of all clean claims within seven days
 - 70% of all clean claims within 10days
 - 90% of all clean claims within 20 days
- Please ensure that claims are submitted on a *CMS-1500* claim form and include the following:
 - Complete and correct member demographic (for example, DOB, Medicaid ID, subscriber 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 Statewide Medicaid Managed Care Managed Medical Assistance
 - Procedure code — diagnosis pointer

Timely filing

- Timely filling 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 nonparticipating provider was given the correct name and address of the applicable managed care plan.
- Resubmissions:
 - Corrections, reconsiderations, or disputes must be filed within 90 calendar days from the receipt of payment or denial notification.

Claims dispute process

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

Care coordination and communication

Simply and CHA case managers will participate in 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.

Case Management contact info:

dl-EIS_MFC_communications@anthem.com

Case management

- **Promote:** Through pediatric complex case management and the enhanced care coordination programs.
- **Authorize:** The case manager will facilitate the coordination of the services with the member's authorized representative, PCP, and the EIS.
- **Communication:** The case manager will collaborate with the local early steps program to monitor progress, confirm that the services have been rendered, and case managers identify any issue.
- **Network:** Report and escalate any issues related to provider network.

EFT and ERA enrollment

EFT Enrollment	<p>Use the CAQH EFT EnrollHub tool available at https://www.caqh.org/solutions/enrollhub CAQH provider help desk: 844-815-9763</p> <p>Support desk hours: 7 a.m.-9 p.m. EST Monday-Thursday 7 a.m.-7 p.m. EST Friday</p>
ERA Enrollment	<p>Go to https://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.</p> <p>Availity: 800-282-4548</p>

Simply and CHA key contacts

Provider services phone: 844-405-4296

- Member eligibility inquiry
- Claims payment inquiry

Network Contracting and Participation

Name: Ivian Fundora

Phone: **305-921-2722** - Office

Email:

ifundora@simplyhealthcareplans.com

Case Management

Name: Michelle Stout

Phone: **813-538-3235**

Name: Yamilet Tellez

Phone: **786-457-8747**

Email: dl-

EIS_MFC_communications@anthem.com

Questions?

* Availity is an independent company providing electronic information exchange services on behalf of Simply Healthcare Plans, Inc. and Clear Health Alliance.

<https://provider.simplyhealthcareplans.com>

<https://provider.clearhealthalliance.com>

Simply Healthcare Plans, Inc. is a Managed Care Plan with a Florida Medicaid contract. Simply Healthcare Plans, Inc. dba Clear Health Alliance is a Managed Care Plan with a Florida Medicaid contract.

SFLPEC-2576-21 May 2021

