Where can I accurately find a beneficiary's Medicaid (FFS and MCO) eligibility?

The **SCDHHS web tool** reflects the most up-to-date and reliable Medicaid (FFS and MCO) eligibility information. The **SCDHHS web tool** will depict "Eligible," or "Ineligible" for a beneficiary's Medicaid eligibility status. Medicaid eligibility is documented on the Financial Support Screen in BRIDGES, and the **SCDHHS web tool** is the most accurate source for this information.

How do I enter a service log for a visit that lasts longer than what is recorded in Planned Services?

If your visit lasts longer than planned due to a make-up visit or other appropriate reason, you may enter more than one log for that visit. For example, a 90-minute home visit that includes 30 minutes of make-up time from a missed visit should be recorded with two service logs. The first service log is for 60 minutes (2:00-3:00) and the second is for 30 minutes (3:00-3:30). Make sure the times do not overlap or you will get an error message.

If you entered the frequency for Family Training/Special Instruction as 4/month, you can enter additional logs if you have to make up a visit that happens to be a fifth visit for that month.

What does the error message "Not BTW" mean?

It means your date of service does not fall between the start and end dates for that particular IFSP. You will need to choose a different plan in the top right corner of the service log. After selecting the plan and the service, the date range will automatically display. This will help you determine the correct plan.

How do I create a service log before an initial IFSP is finalized?

All early intervention services provided prior to the initial IFSP should be recorded as service coordination (Primary Service Coordination/FT in BRIDGES). If you do not see this as an option in the service log drop-down, you need to add yourself to Planned Services.

Are CPT codes and ICD-10 codes required for service coordination and special instruction/family training?

New T codes for service coordinators/special instructors are:

- T1016 - Service Coordination
- T1018 - Assessment
- T1027 - Family Training

The **ICD-10 code conversion recommendation** is F81.9 or F89.

What activities should be documented in the service log as services delivered?

The services delivered status should be selected for all billable/covered activities. Covered and non-covered activities are listed in the Early Intervention Medicaid manual.

Providers will always be expected to follow the most current EI manual posted. Updated manuals will be announced on the **SCDHHS website**. We encourage providers to subscribe to Medicaid communications via email.

Do we submit service logs for non-billable activities?

- Non-billable activities that other team members need to be aware of, including service coordination activities, should be documented.
- No-shows should be documented as such.
- Visits canceled by family should be documented as "absence due to family."
- Visits canceled by a provider (including SC/SI) should be documented as "absence due to provider."

Do I use actual start and end times on the service log for family training and service coordination?

Yes, actual time should be used. If a phone call takes place from 10:05-10:16, that exact time should be recorded in the service log. Remember, if the activity spans across the 12:00 p.m.-1:00 p.m. hour, you must use military time. All other time can be entered as standard time. For example, 12:45-13:45 would be entered for 12:45 p.m.-1:45 p.m.

Since BRIDGES records time in minutes and SCDHHS pays per unit, how will time be computed?

Actual time will be converted to units for payment.

If I make a mistake on a service log, how do I correct it? Will supervisors be able to review service logs prior to submission for payment?

Information about bulk approval can be found via this **webinar** and this **document**. Users should submit a **help desk ticket** to request services logs be deleted. Service Coordinators and supervisors can download service log reports from each child's service log screen.

What is the payment schedule for service logs entered after Nov. 1, 2019?

Please **view an example** of the claims submission, processing and payment cycle after Nov. 1, 2019.

How should concurrent service coordination be documented?

The SCSDB service coordinator is the service coordinator of record. This person should be on planned services and assigned as the PSC on the Demographic screen.

When a BabyNet eligible child is determined to be SCDDSN eligible prior to the child's 3rd birthday, where is the FSP meeting documented?

For FSP meetings held 30 days prior to the child's third birthday to the day before the third birthday, documentation and billing should be completed in BRIDGES. For FSP meetings on or after the child's third birthday, documentation and billing should be completed in Therap.

How will we know if a child has private insurance, Medicaid (Fee for Service), or Medicaid (Managed Care)?

Private insurance information can be found on the Financial Supports screen. This information will automatically be updated from the Medicaid data system. If a child is Medicaid eligible, the "yes" radio button will be selected at the bottom of the Financial Supports screen and the eligible period will be listed. If a child is in an MCO, the "yes" radio button will be selected at the bottom of the Financial Supports screen and the eligible period will be listed. You will also see the MCO Number (Plan ID) to the right of the radio buttons. This number indicates the child's MCO. To add or correct private insurance information, service coordinators should follow **instructions provided**.

MCO Plan IDs:

- HM1000-First Choice by Select Health of SC
- HM2200-Absolute Total Care
- HM3200-Healthy Blue by Blue Choice of SC
- HM3600-Molina Healthcare of SC
- HM4200-Humana

In the future, how will service coordinators know if a child's payor sources change?

SCDHHS will provide payor source change reports to BabyNet for children with Medicaid. For Part C only children, service coordinators are responsible for getting this information from families (specifically, when a child gains or loses private insurance).

How will we know if a parent gave permission to bill private insurance?

This information should be documented on the Consent to Use Insurance Resources form and should match what it recorded in BRIDGES in the planned services section.

If the child does not have Medicaid, why do they have an SCDHHS number that looks like a Medicaid number?

All new referrals are added to Curam, the Medicaid eligibility system, and transferred to BRIDGES, all children will have this number generated. If a child only has BabyNet (Part C), then that number is just referred to as the SCDHHS number. If the child has Medicaid (FFS or MCO), the SCDHHS number is also their Medicaid ID number.