

Missouri Department of Elementary and Secondary Education

# First Steps Provider Services and Billing Manual



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## INTRODUCTION

The Missouri Department of Elementary and Secondary Education, Office of Special Education is the lead administrative agency for Part C of the Individuals with Disabilities Education Act (IDEA). The Missouri Part C program is referred to as the First Steps program and provides early intervention services for children, birth to age three, who have either a diagnosed condition known to contribute or cause developmental disabilities, or who have developmental delays.

The state contracts with a Central Finance Office (CFO) in order to establish a centralized provider system and oversee fiscal management for the First Steps program. Through CFO provider enrollment procedures, the state utilizes independent service providers via service provider agreements to deliver early intervention services as authorized by the Individualized Family Service Plan (IFSP) to children and families participating in the First Steps program.

The state contracts with regional offices to serve as System Points of Entry (SPOEs) to assist in the operation of the First Steps program through local administration of the program and employment of service coordinators.

## CENTRAL FINANCE OFFICE

The Central Finance Office (CFO) is responsible for implementing provider enrollment procedures that ensures First Steps utilizes qualified personnel according to the state regulations governing the Missouri First Steps program. After initial provider enrollment, the CFO conducts regular oversight of provider accounts to verify providers continue to maintain active accounts in good standing, including licensure checks and criminal history updates.

In addition to provider enrollment, the CFO operates the web-based child data system, otherwise known as WebSPOE, where provider authorizations are entered and claims are submitted. The CFO is responsible for identifying claims for services within a specified period of time and making corresponding provider payments.

Additionally, the CFO seeks third-party reimbursement from private insurance and Medicaid in order to help pay for the cost of delivering First Steps services. After claims are paid to providers, the CFO selects service dates within a specified period of time and submits the claims for reimbursement by private insurance and/or Medicaid.

The CFO also performs family cost participation activities to help pay for the cost of delivering First Steps services. Though the SPOE is responsible for collecting income information from the family, the CFO is responsible for reconciling provider claims for services delivered within a revolving 60-day period. The CFO also generates a family cost participation statement that is mailed to families participating in First Steps. For more information about family cost participation, go to the Missouri System of Payments policy at: <http://dese.mo.gov/special-education/first-steps/family-cost-participation-fcp>.

## PROVIDER ENROLLMENT

To enroll in the First Steps program, individuals and/or entities must meet specific personnel qualifications according to state regulations, which may include educational qualifications, training activities, and licensure requirements. For more information about personnel qualifications, go to the Personnel Standards for First Steps Providers at: <http://dese.mo.gov/special-education/first-steps/providers>.

Other enrollment requirements include completion of online training, background check and fingerprinting, family care safety registration, documentation of liability insurance coverage, an electronic funds transfer (EFT) account, and an enrollment packet. Procedures and forms related to provider enrollment requirements are located at: <http://dese.mo.gov/special-education/first-steps/providers>.

Enrollment as a First Steps provider is subject to successful completion of the required forms and activities such as the background and fingerprint checks. Once enrollment has been processed, the provider will receive a letter confirming enrollment with instructions on completing the Provider Service Matrix.

In order to maintain an active account in the First Steps program, enrolled providers must review their information posted on the matrix; including phone number, current email address, counties the providers will physically travel to and additional comments, and update the information accordingly. Active providers must log-in and update their matrix page every three months in order to maintain an active account. Additionally, all active providers must comply with the requirements listed in the provider enrollment agreement, including criminal history check, module training and applicable certification and license requirements.

If the status of an individual provider account changes (e.g., change agencies, no longer serving First Steps children, etc), the provider must contact the CFO to close the account in order to be removed from the active provider listing.

## ACCESS TO WEBSPOE

WebSPOE is the commonly used name that refers to the secure, web-based child data system located at: <https://www.mofirststeps.com>. WebSPOE contains all elements of a child's record, including referral, evaluation, eligibility and IFSP information. The WebSPOE system also contains provider authorizations, progress notes, billing and payment history.

After successful enrollment, First Steps providers are given access to WebSPOE via a secure login and security password. The provider's name also appears in WebSPOE as an active provider and may be selected for new service authorizations. However, the provider must maintain an active account in order for the provider's name to continue to appear in WebSPOE for authorization selection.

Enrolled providers can only access an individual child's record if: the provider has an active authorization for that child, the provider has a recent authorization that ended within the past 60 days, or the provider is listed as an active member on that child's IFSP team.

After successful login to WebSPOE, the provider sees a variety of tabs at the top of the opening web page. The following is a description of each tab:

**Home.** Providers access this tab to: go into a child's record from *Child List - My EI Kids*, view upcoming *Scheduled Meetings* for children with an IFSP, review recent messages from the *Message Center* and find records with *Progress Notes Due*.

**Child Care Management.** Providers access this tab to conduct a *Child Search* by entering either: child's name, child's ID number, household name or address. Once a child's record is selected, providers have access to view information on the child, family, intake, health, evaluation/assessment, eligibility reason, IFSP, service authorization and progress notes. Providers can access a child's record through this tab to upload an evaluation, enter a progress note for a child with an active (current/open) record, or review and print a child's IFSP.

**EI Team.** Providers access this tab to: review the EI team composition for any team the provider is assigned to and review the EI team meeting calendar for past or upcoming EI team meetings. If team meeting minutes have been uploaded, providers can view the meeting minutes under this tab.

**Provider Account Management.** Providers access this tab to: review provider messages from DESE, search for an authorization, enter a claim for payment, review claim and payment history, or enter a progress note for a child with an inactive (closed) record.

**User Options.** Only select this tab to change the security password.

**Help.** Providers access this tab for links to: *DESE Help* for guidance and forms, *Online Help* for online assistance/search function for using the WebSPOE, *Provider Help* for a WebSPOE user manual, *Provider Mileage Invoice* for payment and other related information for providers.

The two tabs related to First Steps services frequently accessed by providers are the *Child Care Management* (child information and authorizations) and the *Provider Account Management* (billing and payments). If unable to find a child's record or service authorization in either tab, the provider should check the appropriate filter as *Active* (current/open), *Inactive* (closed) or *All* (open and closed).

## EVALUATION/ASSESSMENT

First Steps has implemented policies and procedures for the use of initial evaluation of the child to determine eligibility and assessment of the child for IFSP planning.

All evaluations and assessments of the child and family must be conducted by qualified personnel, in a nondiscriminatory manner, and selected and administered so as not to be racially or culturally discriminatory. The request for an evaluation or assessment may be made by the child's parent or personnel in the First Steps system, including the Service Coordinator or provider.

### **EVALUATION OF THE CHILD**

Evaluation means the procedures used by qualified personnel in order to determine the child's level of functioning in all five developmental areas: adaptive, cognitive, communication, physical and social/emotional. The purpose of evaluation is to determine the child's eligibility for First Steps. Written parental consent is required before the evaluation to determine eligibility can occur.

Eligibility determination is the responsibility of the SPOE; however, information provided by physicians and providers is critical to the eligibility process.

Missouri uses the Developmental Assessment of Young Children (DAYC) as the uniform instrument to assist with eligibility determination. For more information about the use of the DAYC in First Steps, go to: <http://dese.mo.gov/special-education/first-steps/developmental-assessment-young-children-dayc-training>.

### **ASSESSMENT OF THE CHILD**

Assessment means the procedures used by qualified personnel in order to identify the child's unique strengths and needs. The purpose of assessment is for IFSP planning. An IFSP team meeting and discussion is not necessary to authorize an assessment; however, written parental consent is required before the assessment can occur. Once the assessment is completed, the IFSP team should convene and discuss the results.

Missouri uses both informal and formal assessment procedures that may be conducted prior to or after the initial IFSP. If a provider completes a formal assessment instrument, then the written report should include scores and a detailed narrative. However, if a provider completes an informal assessment (e.g., observation of the child, parent interview, etc); then scores are not expected in the written report.

### **FAMILY ASSESSMENT**

Family assessment means the procedures used by qualified personnel in order to identify the family's strengths and needs. The purpose of the family assessment is to find out the family's current concerns, priorities and resources. Parent permission is necessary for the family assessment.

The Routines-Based Interview™ (RBI) is one example of a family assessment tool. The interview assesses the family's satisfaction with daily routines. The use of the RBI is an

emerging practice in First Steps and providers may be included in the interview with the family.

For more information about evaluation and assessment procedures, go to the Missouri Part C State Plan at: <http://dese.mo.gov/special-education/first-steps/rules-regulations>.

## INDIVIDUALIZED FAMILY SERVICE PLAN

First Steps has implemented policies and procedures for the development of an Individualized Family Service Plan (IFSP) that meet state and federal requirements to ensure a current IFSP is in effect and implemented for each eligible child and family. The IFSP is a document that reflects a family's concerns, priorities and resources as well as the child's present level of functioning, child and family outcomes and First Steps services necessary to meet the outcomes. Families participate as partners in the planning, development, implementation and review of the IFSP.

There are several types of services that may be identified in a child's IFSP. For a complete list of First Steps services, go to the Rate Schedule at: <http://dese.mo.gov/special-education/first-steps/providers>.

The necessary type and amount of First Steps services are IFSP team decisions. However, federal and state regulations require the delivery of First Steps services in a location that is the child and family's natural environment, to the maximum extent appropriate. Natural environments are places a child and his/her family usually spend time (e.g., home, grandmother's home, etc.) and places typical children learn and play (e.g., the park, child care setting, etc).

There are 5 methods of providing IFSP services: direct service, consultation/facilitation, family education/training/support, group service and Assistive Technology (AT) service. The following is a description of each method:

**Direct Service.** Involves working directly with a child and caregiver, including parent, family member, child care provider, etc. Activities may include direct observation of the child, hands-on demonstration, progress monitoring activities, coaching the caregiver or another professional, modeling a technique, modifying environments, or providing related materials and information. The child must be present and the parent/caregiver must participate in direct services.

**Consultation/Facilitation.** Involves sharing information with other professionals, parents or caregivers to help the child achieve his/her outcome. Activities may include specialized problem-solving, obtaining or providing expertise, brainstorming effective strategies or consulting with assistants requiring supervision. The child is **not** present for consultation/facilitation services.

**Family Education/Training/Support.** Involves specifically planned training designed for family members. Activities may include specialized training such as sign language, behavior

management or a specific training technique related to a child's disability. The child is **not** present for family education/ training services.

**Group Service.** Involves a program where multiple children receive services in the same room instead of in an individual child setting. Activities may include specialized instruction, interaction with multiple peers that may or may not have a particular disability or focused intervention for a particular disability.

**AT Service.** Involves directly assisting a child and family in the selection, acquisition or use of an assistive technology (AT) device.

After IFSP services have been determined, including the type, amount, location, method and frequency, the IFSP team, including the family, selects the specific providers to deliver the IFSP services. Providers are selected using the Matrix and EI teams available in the area in which the child resides. Once a provider is selected to deliver the service, the Service Coordinator enters an authorization for service, according to the IFSP team decision.

The IFSP is considered a living document, subject to revision at any time as a result of a request from any team member, including the family or a provider. However, any reviews or revisions must be conducted through the IFSP team process.

For more information about IFSP planning and development, go to the Missouri Part C State Plan at: <http://dese.mo.gov/special-education/first-steps/rules-regulations> or the First Steps Practice Manual at: <http://dese.mo.gov/special-education/first-steps/practice-manual>.

## AUTHORIZATIONS

First Steps authorizations may be generated for 3 reasons: eligibility team meeting, evaluation/assessment or IFSP services. Each reason includes the following description:

**Eligibility Team Meeting.** The Service Coordinator enters into WebSPOE an eligibility meeting authorization as an episode for the provider to attend a meeting with the family in order to discuss the child's eligibility. For example, Don Doe, ABC Agency, is a Speech Pathologist who is authorized for an eligibility meeting as *1 time per authorization in the home* between 1/1/13 and 1/31/13.

**Evaluation/Assessment.** The Service Coordinator enters into WebSPOE an evaluation/assessment authorization as an episode for informal or formal procedures to be conducted in order to determine the child's current level of functioning outside of IFSP direct services for regular home visits that include monitoring the child's progress. For example, Sally Smith, LMN Agency, is a Physical Therapist who is authorized for an evaluation as *1 time per authorization in the home* between 3/1/13 and 3/31/13.

**IFSP Services.** The Service Coordinator enters into WebSPOE an IFSP authorization as periodic, or multiple authorizations over a long period of time, for a service that may be

claimed for multiple occurrences over a period of time. For example, Jo Jones, XYZ Agency is an Occupational Therapist who is authorized for IFSP direct services as *1 time per week in the home* between 7/1/13 and 12/31/13.

For more information on IFSP and EIT meeting attendance, see the ***Provider Payments section***.

## **AUTHORIZATION DETAILS**

In order to generate an authorization, the Service Coordinator must have the following authorization details for the evaluation/assessment or the IFSP service:

**Frequency and Intensity.** How often the service is provided (e.g., one time a month or one time per episode) and whether the service is provided in an individual child setting or a group setting.

**Method.** How a service is provided (e.g., direct service, consultation/facilitation, family education/training/support, group service or AT service).

**Length.** The length of time the service is provided during each session (e.g., 60 minutes).

**Duration.** The date range projecting when a service is to be provided with a required start and end date (e.g., 1/1/13 to 6/30/13).

**Location.** The setting or place where a service is provided (e.g., home). If the location is not a natural environment, a justification is required to explain why services are not provided in the natural environment.

After the Service Coordinator enters the authorization details in WebSPOE, the Service Coordinator authorizes a provider from the list of active providers appearing in WebSPOE.

**For Evaluation/Assessment Authorizations,** the authorization is officially generated when the Service Coordinator enters and saves each individual authorization.

**For IFSP Service Authorizations,** the authorization is not officially generated until the Service Coordinator enters all IFSP information and finalizes the entire plan.

Any service authorization that is inconsistent with what was discussed at the IFSP team meeting or what is listed in the IFSP document must be immediately brought to the attention of the child's Service Coordinator.

Once an authorization is generated, the authorized provider receives an email notification from the WebSPOE system about the new authorization via the provider's email address that is listed on the Matrix. The child's name also appears on the *My EI Kids list* on that provider's *Child Care Management* tab in WebSPOE. The provider may then login to WebSPOE and review the authorization for service, as well as any information related to the child's evaluation/assessment or IFSP.

## TRAVEL INCENTIVE

For providers who are willing to drive 60 miles or more in one direction to provide services to a First Steps child in the natural environment, a travel incentive authorization may be entered by the Service Coordinator. The 60 miles or more must be from the provider's official starting point to the child's natural environment. The travel incentive is equal to one hour of service based on the provider's discipline. For more information about travel incentive, go to the First Steps Provider Mileage Guidance and Instructions at: <http://dese.mo.gov/special-education/first-steps/providers>.

## UNIT CALCULATION

Once an authorization is generated, a **total number of units** is calculated to estimate the services allowed under that authorization. There are three kinds of units that may be calculated:

**Recurring Service.** A unit is a 15-minute increment of time for a recurring service provided to the child/family. For example, direct service for occupational therapy authorized in the home for 60 minutes 2 times a month will generate 8 units of service for each month authorized. (*60 minutes \* 2 times = 120 minutes / 15 minute unit = 8 units*)

**Episode.** A unit is a one-time event with the child/family. For example, a physical therapy assessment authorized in the home for 60 minutes 1 time per authorization will generate 4 units of service for a one-time event. (*60 minutes / 15 minute unit = 4 units*)

**Device.** A unit is the number of items to be purchased for the child. For example, an authorization for one AT device will generate one unit of service.

The WebSPOE system uses a calculation to prorate the number of units and the amount of time a provider has available to draw down the units. The proration of the authorization is based on a combination of the amount (how many times), the frequency (how often) and the duration (how long) the service will be delivered under that authorization. The calculation is based on the number of days in an authorization determined by the start date of the authorization; a week is defined as 7 days, two weeks is defined as 14 days, a month is defined as 30 days and a quarter is defined as 90 days.

The following is an example of a unit calculation:

A provider is authorized for a consultation for one time a month for 60 minutes from August 1, 2013 to August 25, 2013. Since the authorization date range is approximately one month, the system will prorate and calculate 4 units for the full month.

It is the responsibility of the provider to deliver the service according to the frequency, intensity and duration identified in the child's IFSP. For specific questions about a child's authorization, providers should contact the child's Service Coordinator.

The number of units calculated for an authorization is available for review in the *Provider Account Management* tab of WebSPOE. Providers are responsible for monitoring the remaining units available to deliver services under a specific authorization. Providers should not deliver services if there are no remaining units left on an authorization because the claim will be denied due to exceeding the number of units authorized. See the *Claim Submission* and *Billing or Payment Problems sections* for more information.

## SERVICE DELIVERY

Services must be delivered in accordance with the authorization for evaluation/assessment or IFSP service authorizations, including the frequency, date and location the service is expected to be delivered. For example, if the IFSP indicates a service is to be delivered one time a week in the family's home, then the service is to be delivered in that manner.

Providers must pay close attention to the end dates of the child's IFSP and each authorization for service. Providers should not deliver services past the end date.

Any change in IFSP services requires an IFSP team discussion. Additionally, any change in authorization details, other than the name of the provider who is delivering the services, requires informed, written consent from the parent prior to changing the authorization. The child's Service Coordinator is responsible for obtaining parental consent and changing service authorizations.

It is important for providers to deliver timely services for new IFSP services. For a new service to be timely, it must be delivered within 30 days from the date of parental consent, which is generally at the IFSP meeting in which the new service was discussed and authorized.

## PROGRESS NOTES AND RECORDKEEPING

Documentation of all delivered services to First Steps families is necessary to confirm the service delivered to the child/family and correspond to a provider payment.

**For Evaluation/Assessment Authorizations**, documentation of the service delivered is the written report.

**For IFSP Service Authorizations**, regardless of method (i.e., direct service, consultation/facilitation, family education/training/support, group service, AT device), documentation of the service delivered is a provider progress note. Providers are required to complete a monthly progress note in WebSPOE for each child served in a given month. Daily progress notes are available in WebSPOE but not required.

**For Mileage**, when delivering authorized services in the natural environment to First Steps families, providers may choose to keep track of their mileage in order to receive mileage reimbursement. Providers are not required to utilize mileage reimbursement for First Steps visits; however, if a provider chooses to submit mileage, Daily Mileage Logs and Monthly

Mileage Invoices are required. For more information about mileage reimbursement, go to the First Steps Provider Mileage Guidance and Instructions at: <http://dese.mo.gov/special-education/first-steps/providers>.

Regardless of the type of documentation, it is expected documentation of the service delivered is completed **prior to billing** for the service.

Providers are required to maintain a record of the delivered service that includes, **at a minimum**:

- Child's name and date of birth
- Date of service
- Setting or location
- The treatment provided (service type)
- Length of time the service was delivered
- Name of the provider delivering the service

Providers must maintain accurate clinical records for a period of **at least five years** from the date the child leaves the First Steps program.

## CLAIM SUBMISSION

After the actual First Steps service has been performed by the provider and documentation of the delivered service has been completed, the provider submits a claim via the Claim Entry function in the *Provider Account Management* tab of WebSPOE in order to be paid for the First Steps service. Providers **cannot** seek direct payment from private insurance or Medicaid for services delivered to First Steps families.

Providers must submit the initial claim for payment within 60 days from the date the service was delivered. Timely claim submission is critical in order for the CFO to review the family's cost participation fee and seek reimbursement from private insurance and/or Medicaid.

### CLAIM DETAIL

The claim for service must be entered accurately and in accordance with the authorization for service. The following information is required to successfully enter a claim in WebSPOE:

**Authorization Number.** The number must be entered exactly as it appears in the child's record or the number can be found by using the look-up function in the claim entry process.

**Provider Name.** The name is pre-populated from the authorization and selected from the drop-down window in the claim entry process.

**Service Date.** The date of service delivered to the family. The date must match the date listed in the progress note. The date must also fall within the start and end dates of the authorization

for service. In the event the authorization is discontinued or canceled, the date of service must be before or on the date it was discontinued or canceled.

**For Evaluation/Assessments**, if the test was completed in more than one visit, the date the test was completed is the date entered in the claim.

**For Assistive Technology Devices**, the date the device was delivered is the date entered in the claim, not the date the device was ordered.

**Units.** For episodes and devices, the unit is one. However, for visits with the child/family, the amount has 15-minute increments of time. The amount billed must correspond to the actual, direct time spent in the visit and does not include time spent traveling to or from the visit. To determine the amount of units when time is not equal 15-minute increments, providers use the rule of between 1 and 7 minutes would round down to the last unit and time between 8 and 14 minutes would round up to the next unit. The following is an example of rounding:

An occupational therapist conducts a home visit for 56 minutes. This would round up to 60 minutes or 4 units. However, at the next visit the occupational therapist leaves after 37 minutes. This would round down to 30 minutes or 2 units.

**EI Code.** The code is pre-populated from the authorization and selected from the drop-down window in the claim entry process.

**CPT Code.** The code is pre-populated from the authorization and selected from the drop-down window in the claim entry process.

**Charges.** The amount requested for payment in accordance with the First Steps rate schedule.

After claim entry, providers should select the *Check Claim* button to preview the claim. If there is a problem with the claim, a preliminary denial reason is displayed at this time and the claim can be corrected before it is submitted.

To submit a claim for payment, providers select the *Submit* button and the claim is processed for payment.

There are three types of status indicators for a claim:

**Awaiting Update.** Claim is awaiting update in order to be processed for payment. The claim can be adjusted, corrected or voided in WebSPOE as long as the status is Awaiting Update.

**Updated.** Claim completed the update process and is awaiting payment. The claim cannot be adjusted or corrected in WebSPOE at this point. See the *Billing or Payment Problems section* for more information.

**Paid.** Claim completed the statement process and was paid to the payee. The actual value or amount paid is listed on the claim. If the claim was denied, the paid amount is \$0.00.

### **NO-SHOW VISITS**

If a First Steps provider is authorized for direct service in a natural environment (e.g., home, child care setting, family member home) and the provider arrives to the location to complete a First Steps visit but the child is not present, then the provider may claim one unit for the time attempted to complete the visit.

To submit a claim as a no-show, providers must check the *Family No Show* box in the claim entry process. For more information about no-show visits, go to First Steps No-Show Visit Guidance at: <http://dese.mo.gov/special-education/first-steps/providers>.

## **PROVIDER PAYMENTS**

DESE has established a payment rate for each provider discipline. The rate reflects a higher reimbursement for services provided in the natural environment. For more information on payment rates, go to the Rate Schedule at: <http://dese.mo.gov/special-education/first-steps/providers>.

**For Assistive Technology Devices**, the rate schedule indicates the rate is the actual cost of the device. Actual cost of the device means the base price of the device plus any shipping and handling charges or mark-up. The total actual cost cannot exceed 25% of the base price.

Payments to providers include a variety of activities, including eligibility meeting attendance, evaluation/assessment, IFSP meeting attendance, IFSP services, assistive technology devices, EIT meeting attendance, no-show visits, travel incentives and mileage. Depending on the type of activity, a claim may or may not be submitted by the provider.

**For Eligibility Meeting Attendance, Evaluation/Assessment, IFSP Services, Travel Incentive and AT Devices**, providers must submit a claim for payment. Providers can indicate if an IFSP service was a no-show visit at the time of claim entry.

**For IFSP Meeting and EIT Meeting Attendance**, a transaction is automatically submitted when the Service Coordinator enters and confirms attendance in WebSPOE.

**For Mileage**, providers must complete and submit a monthly mileage invoice to the CFO for payment.

### **ELECTRONIC FUNDS TRANSFER**

Regardless of the submission process, claims received at the CFO are processed according to a reimbursement schedule that cycles payments to providers every two weeks. Providers must monitor the time frames for submitting claims according to the reimbursement schedule in order to receive payment for services. To review the current reimbursement schedule, go to the

Reimbursement (Check Run) Schedule at: <http://dese.mo.gov/special-education/first-steps/providers>.

Provider payments are made via direct deposit. Agreement to submit electronic claims and receive direct deposit payments are given by the provider at the time of First Steps enrollment with the CFO. The payment is an electronic funds transfer (EFT) to the bank account identified by the provider on the EFT/Direct Deposit Authorization Form. This form must be updated in the event there is any change to the account.

Payments are made to the **Payee Name** listed on the EFT/Direct Deposit Authorization Form. If the provider is an individual/independent payee, the person delivering the service is usually the same person submitting the claim. However, if the provider is part of an agency payee, the person submitting the claim may not be the person delivering the service. Regardless of the payee designation, all requirements for payment must be conducted as described in the *Authorization, Service Delivery, Claim Submission and Payment sections*.

### PAYMENT DETAILS

Once the EFT process for provider payment begins at the CFO, the payee can view the EFT details and other documentation to support the payment under Billing Detail on the *Provider Account Management* tab in WebSPOE.

Once an EFT line is selected, the payee can view payment details for that EFT. Payments for eligibility meeting attendance, evaluation/assessment, IFSP services, travel incentive and AT devices appear in the *Claims List* under the *Payment* section of Billing Detail on the *Provider Account Management* tab. Payments for IFSP and EIT meetings, mileage and offline billing appear in the *Transaction List* under the *Payment* section of Billing Detail.

Under the *Payment* section of Billing Detail, the payee will also see the Explanation of Payment (EOP) that describes details of children for whom services were delivered. When selected, the EOP document will display in a Report Viewer screen for the payee to view. The document can be exported as a PDF to print or save. See *Appendix A* for a sample copy of a payee's EOP.

Providers should reconcile each claim and payment as soon as possible after the EFT is complete in order to verify all First Steps services have been billed and paid accordingly.

Additionally, the child's parents receive an Explanation of Benefit (EOB) that describes the details of the provider payment, including dates of service and amount paid. See *Appendix B* for a sample copy of the parent's EOB.

## **BILLING OR PAYMENT PROBLEMS**

In the event there was a problem with the claim and payment is denied, the provider is immediately notified of the problem with a denial reason code and description in WebSPOE. The denial reason also displays on the EOP.

The following is a list of denial codes and descriptions:

**Code 3: Duplicate Charge**

*Claim denied because of duplicate charge for the same: service date, authorization number and CPT code on one or more authorizations.*

**Code 4: Not Authorized on Date Indicated**

*Claim denied because service date was not within the authorization date range, which includes the start date through and including the end date.*

**Code 5: Child Not Eligible for the Program**

*Claim denied because service date was not during an active IFSP period or Claim denied because service date was before date parent gave consent for the service.*

**Code 6: Authorization Canceled/Discontinued**

*Claim denied because service date was not within the authorization date range, which includes the start date through and including the canceled or discontinued date.*

**Code 9: Service Date More Than 60 Days Old**

*Claim denied because service date was more than 60 days from submission date.*

**Code 12: Authorized Procedure Limit Exceeded**

*Claim denied because amount of units was more than amount available, which may result in a partial payment, or Claim denied because no available units left on the authorization.*

**Code 13: Invalid CPT or Invalid EI Proc Code for Specialty**

*Claim denied because the CPT or EI procedure code is not valid for the provider's specialty.*

**Code 18: Provider No Longer Actively Enrolled**

*Claim denied because service date was during a period the provider's account was not active.*

**Code 26: Over Resubmission Filing Limit**

*Claim denied because service date was more than 180 days from current date for claim submission.*

**Code 31: Invalid Provider for Date of Service**

*Claim denied because service date was during a period that another provider was authorized for service on the authorization.*

**Code 32: Covering Provider Active on This Date of Service**

*Claim denied because service date was during a period a covering provider was authorized for service on the authorization.*

**Code 43: Invalid Specialty**

*Claim denied because the provider is not credentialed for the specialty associated with the service on the service date listed.*

**Code 50: Authorization Suspended on Service Date**

*Claim denied because service date was during a period the child's record was suspended due to overdue balance for family cost participation.*

**Code 100: Claim Line Voided**

*Claim line was voided.*

Depending on the denial reason code and description, a provider has several options to correct a denied payment, including the following: void a claim, correct a denied claim and offline billing.

**VOID A CLAIM**

To void an erroneous claim and delete the claim completely, providers must check the status of the claim. Void a claim can only be used when the status of the claim is *Awaiting Update*.

To void a claim, the provider selects the *Correct Claim* button in WebSPOE, which brings up the claim information. The provider clicks on the claim line for the claim that needs to be voided. The claim line screen displays and a *Void* button is located on the screen. The provider selects the *Void* button which changes the units to 0 and the charge amount to \$0.00. The provider then resubmits the claim in order for it to be voided.

When the *Check Claim* button is selected or the claim is resubmitted, the claim shows a denial reason of Claim Line Voided. This allows the provider visibility to claim lines that were voided to show complete documentation of claim activity.

**CORRECT A DENIED CLAIM**

**To correct Denial Codes 13, 18, and 43** (i.e., denied claims related to the provider's account or specialty), providers must use the following procedures:

1. Check the status of the provider's account who is delivering services compared to the dates of service. For information about the status of a provider's account, contact the CFO Provider Enrollment office at:

CFO Provider Enrollment  
PO Box 29134  
Shawnee Mission, Kansas 66201-9134  
(866) 711-2573 extension 2  
[mofsenroll@csc.com](mailto:mofsenroll@csc.com)

2. Contact the child's Service Coordinator if authorization changes are necessary. Depending on the problem, the Service Coordinator may be able to correct the authorization in WebSPOE by entering a new authorization or changing the authorization details.

**To correct Denial Codes 3, 4, 5, 6, 12, 18, 31, 32, and 50** (i.e., denied claims related to service dates not corresponding to authorizations for service or authorization date ranges), providers must use the following procedures:

Providers must first double-check the service date entered in the claim compared to the actual date of service delivered to the child and family.

1. **Service Date Typo.** If there was a typo, correct the typo and resubmit the claim.
  - a. For denied claims with the status of **Awaiting Update**, the provider can correct the claim data in WebSPOE and resubmit the claim.
  - b. For denied claims with the status of **Updated** or **Paid**, the provider must submit a copy of the claim and a letter explaining the billing problem or request for correction. Providers must clearly mark the correction that needs to be made on the copy of the claim, including any correction to the date of service or number of units. The letter must be submitted to:

CSC Attn: Claims Department  
1499 Windhorst Way, Suite 240  
Greenwood, Indiana 46143

2. **Correct Service Date.** If the service date was entered correctly, but the problem is with the authorization, the provider must contact the child's Service Coordinator immediately. Depending on the problem, the Service Coordinator may be able to correct the authorization in WebSPOE by entering a new authorization or changing the authorization details.
  - a. **Resubmit in WebSPOE.** If the Service Coordinator can correct the authorization problem in WebSPOE, the provider can resubmit a claim in WebSPOE using the correct authorization.
  - b. **Offline Billing.** If after Service Coordinator attempted to correct the authorization in the WebSPOE but cannot (due to child's record is closed, IFSP period has ended, etc.), then the Service Coordinator gives the provider an offline billing request to complete. See *Offline Billing and Payment section* for more information.

**To correct Denial Codes 9 or 26** (i.e., denied claims related to timely submission), providers must complete an offline billing request.

## OFFLINE BILLING AND PAYMENT

Offline billing and payment are only used when all other alternatives for billing in WebSPOE have been exhausted because offline payments require manual tracking of the expenditure category in the First Steps budget.

A completed offline request and supporting documentation for the delivered service is submitted to the First Steps Area Director in the regional office and processed for payment. See *Appendix C* for Offline Billing Request. The offline request and supporting documentation may also be submitted to the state office at:

DESE First Steps Program  
Attn: Offline Request to Area Director  
PO Box 480  
Jefferson City, Missouri 65102  
Fax: (573) 526-4404

## **AUDITS AND MONITORING**

All First Steps services are subject to federal, state and local audits and provider monitoring. Providers must participate in routine audit and monitoring of the services delivered to First Steps families. Participation in an audit or monitoring may include involvement in self-assessment, on-site monitoring, data collection, reporting requirements, record or chart audits, financial audits, complaint investigations and customer satisfaction surveys.

Providers must provide to state staff, or their designee, as a part of any audit or monitoring, all required documentation and information in a timely manner as specified in the request.

### FISCAL MONITORING

Providers are required to meet and maintain all standards, guidelines and policies of the First Steps program, including proper billing practices. The state conducts regular fiscal monitoring activities in order to verify providers are documenting and claiming services in accordance with state guidelines and instructions.

The following are examples of fiscal monitoring activities related to provider billing practices:

**Number of Hours Billed.** The state reviews the number of hours in a single day that providers billed for First Steps services. State staff review claims and progress notes to verify there is sufficient documentation to justify payments to providers.

**No-Show Visits.** The state reviews the amount of no-show visits that providers billed in a specified period of time (e.g., a month). In accordance with state guidance and instructions for no-show visits, state staff review claims and progress notes to verify there is sufficient documentation to justify payments to providers.

**Travel Incentive Payments.** The state reviews the amount of travel incentives that providers claimed in a specified period of time (e.g., a day). In accordance with state guidance and instructions for travel incentive allowances, state staff review authorizations, claims and progress notes to verify there is sufficient documentation to justify payments to providers.

**Timely Claims Submissions.** The state monitors the timeliness of claims that providers submitted in a specified period of time (i.e., month). State staff review claims to verify providers filed in accordance with state guidance and instructions for claim submission (i.e., within 60 days from date of service).

**Billing Investigations.** The state investigates complaints about provider billing practices through the use of the **Report an Issue** function in the WebSPOE. As complaints are received, state staff process the complaint and review authorizations, claims and progress notes to verify there is sufficient documentation to justify payments to providers.

In the event the provider's claims or progress note documentation does not support the payment made to the provider, additional documentation to support the provider payment will be requested from the provider. A monitoring result of **Passed** indicates there was sufficient documentation to justify the provider payment. A monitoring result of **Failed** indicates there was not sufficient documentation to justify the provider payment.

In the event of a **Failed** result in a fiscal monitoring, the state may recover funds from the provider. Providers must make full reimbursement of any duplicate or erroneous payment billed or received as an act or omission of the provider who delivered the service or claimed the service. Providers will have an opportunity to respond to a recovery of funds. The state may also require technical assistance or training to the provider regarding recordkeeping and billing practices. Additionally, **Failed** reviews are subject to follow-up fiscal monitoring and a review of additional documentation to verify the provider's billing practices are in accordance with federal and state guidance and instructions.

## COMPLIANCE MONITORING

Providers are to comply with all state regulations governing the First Steps program in the Missouri State Plan for Part C of IDEA, including the delivery of services in accordance with the child's IFSP.

The state conducts annual compliance monitoring activities in order to verify providers are delivering services in accordance with state regulations. The ten SPOE regions are divided into two sets of five for compliance monitoring purposes. Each set of five SPOE regions receives a compliance review every other year. Compliance monitoring procedures may include desk review of individual child records, SPOE and provider interviews and/or on-site visits. For each Service Coordinator in each of the five SPOE regions, two randomly selected files are reviewed in the compliance monitoring.

The following are examples of compliance monitoring activities related to IFSP service delivery:

**Timely Services.** The state monitors the delivery of new IFSP services to verify services were delivered in accordance with federal and state regulations for timely services (i.e., the first visit was within 30 days from the date of parental consent). State staff review IFSP documentation, authorizations, progress notes and claims to determine if services were timely.

**Services in Accordance with the IFSP.** The state monitors the delivery of IFSP services to verify services were delivered in accordance with federal and state regulations for IFSP services. State staff review IFSP documentation, authorizations, progress notes and claims to determine if services were delivered in accordance with the IFSP.

In the event the provider's claims or progress note documentation does not support the IFSP team decision for services, additional documentation may be requested from the provider or the child's Service Coordinator. A compliance monitoring result of **Yes** indicates there was sufficient documentation to verify services were in accordance with federal and state regulations. A compliance monitoring result of **No** indicates there was not sufficient documentation to verify services were in accordance with federal and state regulations. Providers must correct any areas of noncompliance identified by the state within timelines specified.

In the event of a **No** result in a compliance monitoring review, the state may require technical assistance or training to the provider regarding federal and state regulations. Additionally, all **No** results are subject to follow-up compliance monitoring and a review of additional documentation to verify the provider's practices for delivering IFSP services are in accordance with federal and state regulations.

The Department of Elementary and Secondary Education does not discriminate on the basis of race, color, religion, gender, national origin, age, or disability in its programs and activities. Inquiries related to Department programs and to the location of services, activities, and facilities that are accessible by persons with disabilities may be directed to the Jefferson State Office Building, Office of the General Counsel, Coordinator – Civil Rights Compliance (Title VI/Title IX/504/ADA/Age Act), 6<sup>th</sup> Floor, 205 Jefferson Street, P.O. Box 480, Jefferson City, MO 65102-0480; telephone number 573-526-4757 or TTY 800-735-2966; fax number 573-522-4883; email [civilrights@dese.mo.gov](mailto:civilrights@dese.mo.gov).

# APPENDIX A – EXPLANATION OF PROVIDER PAYMENTS SAMPLE

Central Finance Office  
123 ABC Street  
GREENWOOD, IN 46142-6507

**Explanation of Provider Payments**

Payee: **SERVICE COMPANY**  
1000 GENERIC STREET  
JEFFERSON CITY MO, 65102

Date: 11/6/2013  
Check #: EFT-XXXXXX  
Statement Date: 9/19/2013

Amount: \$204.00

Service Category	Services Dates	Amount Billed	Amount Denied	See Note	Amount Disallowed	Paid Previously	Amount Paid
<b>Patient: Baby Boy Account:</b>		<b>SSN: Parent/Guardian: FATHERBOY</b>			<b>Claim: 222222-22222-20002 ID: 1234-12345</b>		
Occupational Therapy	08/01/2013	68.00	0.00	0.00	0.00	0.00	68.00
Occupational Therapy	08/12/2013	68.00	0.00	0.00	0.00	0.00	68.00
Occupational Therapy	08/22/2013	68.00	0.00	0.00	0.00	0.00	68.00
Occupational Therapy	08/29/2013	68.00	0.00	0.00	0.00	0.00	68.00
		<b>Sub-Totals</b>	\$272.00	\$0.00	\$0.00	\$0.00	\$0.00
<b>Paid to Provider:</b>							\$272.00
<b>Patient: Baby Girl Account:</b>		<b>SSN: Parent/Guardian: MOTHER GIRL</b>			<b>Claim: 333333-33333-10003 ID: 1233-54321</b>		
Occupational Therapy	08/3/2013	68.00	0.00	0.00	0.00	0.00	68.00
		<b>Sub-Totals</b>	\$68.00	\$0.00	\$0.00	\$0.00	\$0.00
<b>Paid to Provider:</b>							\$68.00
<b>Patient: Toddler Child Account:</b>		<b>SSN: Parent/Guardian: FATHERCHILD</b>			<b>Claim: 444444-44444-10004 ID: 1222-23456</b>		
Occupational Therapy	07/01/2013	68.00	68.00	10	0.00	0.00	-68.00
Occupational Therapy	07/11/2013	68.00	68.00	10	0.00	0.00	-68.00
Occupational Therapy	07/21/2013	68.00	68.00	10	0.00	0.00	-68.00
		<b>Sub-Totals</b>	\$204.00	\$204.00	\$0.00	\$0.00	\$204.00
<b>Paid to Provider:</b>							(\$204.00)
		<b>Provider Totals</b>	\$544.00	\$204.00	\$0.00	\$0.00	\$204.00
<b>Total Paid to Provider:</b>							\$340.00

## APPENDIX B – EXPLANATION OF BENEFITS SAMPLE

Central Finance Office  
123 ABC Street  
GREENWOOD, IN 46142-6507  
SPOE Region

### Explanation of Benefits

Client ID No	Child's Name	Dates
4321 - 12345	JANE DOE	10/03/2013 To 10/05/2013

This is NOT a bill.

JOHN DOE  
4567 XYZ STREET  
JEFFERSON CITY, MO 65102

For inquiries regarding information please call: (555) 555-5555
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Claim No. Provider Name Service Category	Service Dates	Statement Date	Amount Billed	Amount Denied	Amount Disallowed	Amount Paid
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Claim: 12345-12345-10000 Provider: Provider A						
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Occupational Therapy	7/10/2013		68.00	0.00	0.00	68.00
		10/03/2013	\$68.00	\$0.00	\$0.00	\$68.00

Claim: 12345-12345-10001 Provider: Provider A						
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Occupational Therapy	8/10/2013		51.00	0.00	0.00	51.00
		10/03/2013	\$51.00	\$0.00	\$0.00	\$51.00

Claim: 12344-12344 - 20002 Provider: Provider B						
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Physical Therapy	8/2/2013		68.00	0.00	0.00	68.00
Physical Therapy	8/20/2013		68.00	0.00	0.00	68.00
		10/03/2013	\$136.00	\$0.00	\$0.00	\$136.00

Client ID No	Child's Name	Dates
4321 - 12345	JANE DOE	10/03/2013 To 10/05/2013

Claim No. Provider Name Service Category	Service Dates	Statement Date	Amount Billed	Amount Denied	Amount Disallowed	Amount Paid
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<b>Benefit Totals:</b>	<b>\$255.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$255.00</b>
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## APPENDIX C – OFFLINE BILLING REQUEST

### Missouri First Steps Offline Billing Request

\_\_\_\_\_

**Service Coordinator                      Child Name                      Child ID**

\_\_\_\_\_

**Provider Name                                      Payee Name**

**Reason for Offline Billing:** \_\_\_\_\_

**Authorization #:** \_\_\_\_\_ **Description:** \_\_\_\_\_

**Service Type:** \_\_\_\_\_ **Frequency:** \_\_\_\_\_

Date of Service	Place of Service	Local EI Code	CPT	Units	Minutes	Charges per Date of Service
<b>Total Charges:</b>						

- Corresponding documentation located in WebSPOE or attached.
- I certify the above billed services were provided in accordance with the child's Individualized Family Service Plan.

\_\_\_\_\_

**Provider Signature                                      Date**

*Submit completed request to the Area Director or SPOE Office* Rev. 11/2012