

BRIDGES IFSP Regeneration Job Aid

This job aid describes the process for updating IFSP services and payor sources for BabyNet eligible children. This activity is necessary to ensure appropriate implementation of the BRIDGES Integration process. Service coordinators should follow the steps below for all BabyNet eligible children with active IFSPs.

1. Bridges IFSP Regeneration process

Service coordinators should follow the steps below for all BabyNet eligible children with active IFSPs.

1. Go to the *IFSP* screen. Pre-populate the next draft IFSP. Select *Change Review* and date it as Date of the Regeneration.

Individualized Family Service Plan

Child ID: [redacted] Child Name/DOB: [redacted] Child Status: Active Phase: IFSP - Unfinalized

Preview IFSP Doc [button] Unlock IFSP [button] Save Draft [button]

Prepopulate Next Draft IFSP [button] Save Final [button]

(Services Need to be defined ASAP after prepopulation)

Previous IFSP(s): [link]

IFSP Information:

(BEFORE YOU START this screen, be aware that before you can Save Draft or Save Final you must first enter a transition outcome on OUTCOME page.)

1. *IFSP Meeting Date: 10/08/2019 (mm/dd/yyyy) IFSP Delay Reason: Select IFSP Late Reason ...

2. *IFSP Type: CHANGE REVIEW

- Go to the *Financial Support* screen. If the information on the Financial Support screen is incorrect, the service coordinator should send the correct information to BabyNetCuramUpdates@scdhhs.gov. Updates can take up to a week to appear in BRIDGES, but service coordinators do not have to wait for these changes to appear in BRIDGES to proceed to Step 3.

Primary Insurance:

**Insurance Company: CIGNA HEALTHCARE

**Policy #: [REDACTED]

Carrier Code: [REDACTED]

**Insurance Effective Date: 09/19/2019 End Date: [REDACTED] (mm/dd/yyyy)

**Group #: jhgfnvbnbnbn

**Phone # for Claims: (800)227-4918 ((###)###-####)

**Address Line1: 701 Corporate Center Drive

Address Line 2: [REDACTED]

**Address City: Raleigh State: NC **Zip: 27607 -5084

**Policyholder's Name: [REDACTED]

**Policyholder's Relationship to Ins: [REDACTED] (Must match either Parent One)

Policyholder's Employer: [REDACTED]

Policyholder's SSN: [REDACTED]

**Policyholder's DOB: [REDACTED]

**Latest Insurance Verification Date: [REDACTED] (Note to SC: You must review insurance)

Medicaid Eligible? Yes No

MCO Eligible? Yes No

SCDHHS#: [REDACTED]
If the child has Medicaid, the SCDHHS # is the child's Medicaid number

SCDHHS Choice: Select ...

Medicaid Organization: [REDACTED]

- Go to the *Planned Services* screen and review each line of service. Each service line should be edited to update payor sources. There are now only two available payor sources: Private Insurance and Medicaid/Part C.

Edit	Delete	369755	97530 - Occupational Therapy Services (15 min.)	Yes
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- Click *Edit*, change payor sources, change start date to the **10/17/2019**, and click *Save*. Repeat this process for each service on Planned Services.
 - Use the IFSP Regeneration report to determine the payor sources for ALL services on active IFSPs. The report does not reflect consent to bill insurance information for children without Medicaid. (Note: If the child has Medicaid, no consent is needed.)
 - Use the following table and the IFSP Regeneration Payor Source Report to determine if private insurance should be listed as payor 1:

Child's Coverage	Payor 1	Payor 2	For Providers
Part C Only	Medicaid/Part C		
Private Insurance Only (Yes-Consent)	Private Insurance	Medicaid/Part C	EOB required
Private Insurance Only (No-Consent)	Medicaid/Part C		
Private Insurance and Medicaid (Fee for Service)	Private Insurance	Medicaid/Part C	EOB required
Private Insurance and Medicaid (Managed Care Organization)	Private Insurance	Medicaid/Part C	EOB required
Medicaid (Fee for Service)	Medicaid/Part C		
Medicaid (Managed Care Organization)	Medicaid/Part C		

Note: Service coordination and Special Instruction will NEVER have Private Insurance as Payor 1, even if the family gives consent to use it.

Permit Insurance: Yes

Add Services: (Every IFSP needs to have a transition outcome. Before entering any planned service except Service Coordination or Eval./Assessment you must first enter a transition outcome on the OUTCOME page!)

ID: 969755 Outcome#(s) Date Originated 09/30/2019 *Start Date 10/17/19 *End Date 12/14/2019 Accept Serv

*Service Name	*Provider (Not required for service coordination)	*Method of Delivery	*Intensity	*Setting	*Frequency	*Length	*Payor
97530 - Occupational Therapy Services (15 min.)	A Caring Touch Therapy, LLC Haas,Alycia -A Caring Touch Therap	Eval/Assess	Individual	Home	#: 1 <input checked="" type="radio"/> Weekly <input type="radio"/> Monthly <input type="radio"/> Semiannually	1 HR Min	Private Insu Medicaid/Pa Select Payor

Permit Insurance? Yes No
(If Yes, the payor 1 will be private insurance.)
 Is Primary Service Provider?

Permit Insurance: No

Add Services: (Every IFSP needs to have a transition outcome. Before entering any planned service except Service Coordination or Eval./Assessment you must first enter a transition outcome on the OUTCOME page!)

ID: 969755 Outcome#(s) Date Originated 09/30/2019 *Start Date 10/17/19 *End Date 12/14/2019 Accept Serv

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Permit Insurance? Yes No
(If Yes, the payor 1 will be private insurance.)
 Is Primary Service Provider?

- After all services on the current IFSP have been updated with the correct payor sources, return to the IFSP screen. Add the following sentence to the IFSP Meeting Notes section, "Conducted administrative change review for IFSP Regeneration." Click *Save Final*.

8. IFSP Meeting Note (< 2000 characters):

Corrected payor source order on Planned Services to match the child's eligibility and Consent to Bill Insurance form.

9. Eligibility: Established Risk Eligible: Yes

Save Draft

Save Final