

IDEA/Part C System of Payments

Approved: December 17, 2019

Updated: August 27, 2024

Who is responsible: Service Coordinators and Early Intervention Service (EIS) Providers

SOUTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES

Healthy Connections

BABYNET



System of Payment Requirements

All Service Coordinators and Early Intervention Service (EIS) providers with a provider agreement with IDEA/Part C must be enrolled with the state Medicaid program and in the South Carolina Enterprise Information System (SCEIS) as a condition of the provider agreement. Service Coordinators and EIS providers will request payment for Early Intervention Services in accordance with all Medicaid rules, including those pertaining to prior authorization of services covered by Medicaid to access Medicaid funds for all covered services provided to Medicaid enrolled families.

The IDEA/Part C State Office will fund services based on the prevailing South Carolina Department of Health and Human Services' Medicaid rate for services, when such a rate has been established. When there is not an established Medicaid rate for a specific service, IDEA/Part C will establish a rate for the service.

IDEA/Part C Service Funds cannot be used to duplicate, or supplement payments made by Medicaid. EIS providers must agree to accept the Medicaid payment rate as payment in full for the service authorized by the IFSP. EIS providers cannot request additional funds from families to supplement established Medicaid and IDEA/Part C State Office rates, including Medicaid Managed Care rates.

Responsibilities of the Service Coordinator

All family rights and safeguards under IDEA/Part C apply to the system of payments. The parent has the right to contest a fee via dispute resolution options, including filing a formal written complaint, requesting mediation, and/or requesting a due process hearing. A summary of parents' rights is in the Family Guide to the IDEA/Part C System.

The Service Coordinator will provide and review the information outlined in the Written Notice Related to Private Insurance and Medicaid and the Notice of Family Rights and Safeguards with the family each time a new service is added to the IFSP, and each time a service on the IFSP increases in frequency, intensity, or duration. The review must be documented in the child's service log.

The Service Coordinator will complete the Consent to Use Insurance Resources with the family and file the original in the child's record. A copy of this form must be given to the family and each EIS provider on the child's IFSP team each time it is signed.

Insurance Coverage: Private Insurance Only

If consent to use private insurance has been given, the family must be informed that if insurance is billed, the insurance company might send the Explanation of Benefits and payment to them rather than directly to the EIS provider. If this happens and the family receives the payment, these checks and paperwork must be turned over to the appropriate EIS Provider as payment for their service.

In situations where the private health insurance policy is linked to either a Health Spending Account (HSA) or a Health Reimbursement Arrangement (HRA) through the parent's employment, the Service Coordinator will counsel the family on ways the arrangement may impact the delivery of IDEA/Part C Services.

- If the HSA/HRA has already been established, the family will receive instruction on how they can go about delinking IDEA/Part C services from the account.
- If the family is unable to delink IDEA/Part C services from the HSA/HRA and IDEA/Part C services were paid for by funds from the HSA/HRA, the provider will be responsible for reimbursing the HSA/HRA and will then seek reimbursement from the IDEA/Part C State Office.

Intake and Service Coordinator Responsibilities:

- On the BRIDGES Financial Support Screen: verify that the private insurance information is correct. **If you find an error, complete and submit the SCDHHS [Health Insurance Information Referral Form \(HIIRF\)](#) per [instructions](#).**
 - o The Intake Coordinator completes a HIIRF for new referrals if there is no private insurance information in BRIDGES, or incorrect private insurance information in BRIDGES.
 - o The Service Coordinator completes the HIIRF if private insurance coverage is added, changed, or dropped for any child regardless of Medicaid/Part C eligibility.
 - o Information submitted on the HIIRF will be researched by SCDHHS and added/edited as needed in MMIS. This information will automatically update in BRIDGES the next day.
- On the BRIDGES Planned Services Screen:
 - o If the child does not have Medicaid and the family consents to the use of their private insurance, the service coordinator will select “yes” on the planned service line in BRIDGES. Private insurance will be automatically selected as payor 1 and Medicaid/Part C will be selected as payor 2.
 - o If the child is Medicaid eligible and has private insurance, private insurance will be payor 1 and Medicaid/Part C will be payor 2. This must be completed accurately for IDEA/Part C Funds to be used to cover deductibles, co-payments, and/or co-insurances for the IFSP service.
- Send a copy of the signed Consent to Use Insurance Resources form to the EIS provider.

EIS Provider Responsibilities:

- The EIS provider must adhere to the consent to bill insurance form the family gave IDEA/Part C when submitting claims for payment.
- Private insurance is always payor of first resort before IDEA/Part C Service funds.
- All services must be documented in BRIDGES service logs.
- The EIS provider must pursue all insurance denials of service coverage unless documentation is provided verifying that a particular service is not covered or is only covered for a specific number of sessions.
- IDEA/Part C will not reimburse an EIS provider for that service unless denial of payment by the insurance company has been documented in writing on company letterhead or an Explanation of Benefits (EOB) is on file in accordance with IDEA/Part C provider agreement specifications. When a denial, EOB, or written statement is not in the EIS provider’s record, or on file with Accounting Operations for IDEA/Part C at SCDHHS, the record must contain documentation of all reasonable attempts to obtain these documents.
- EIS providers may submit claims for IDEA/Part C Service Funds for up to 364 days from the date of service by completing a service log in BRIDGES and entering the amount billed to and paid by the private insurance company on the Accounts Payable screen in BRIDGES.
- IDEA/Part C Service funds will be used to reimburse the EIS provider for IFSP services covered by private insurance at 100% of the IDEA/Part C posted rate at the time-of-service delivery if the service is denied in full by the private insurance company.
- No reimbursement from IDEA/Part C Service Funds will be provided if:
 - o The EIS provider fails to enter a service log or to enter the required information for Accounts Payable.
 - o The EIS provider fails to complete these activities in a timely manner; or
 - o The private insurance company reimburses the EIS provider at a rate equal to or higher than the IDEA/Part C posted rate at the time-of-service delivery.
- When the EIS provider is properly enrolled and has included all required documentation with a claim, reimbursement will typically be received within 30 days of submitting the claim.

- Failure of the EIS provider to follow proper billing procedures, incorrect diagnosis code or other correctable reasons for disallowance by public and private insurance will not constitute grounds for payment from IDEA/Part C funds.

Insurance Coverage: Medicaid Only

If an eligible child is covered by Medicaid or the Children's Health Insurance Program, IDEA/Part C does not need to obtain consent from the family to use Medicaid for payment of IFSP services. The family must be notified that their child's Medicaid may be billed for Part C services. This notification will be included in the copy of the IFSP provided to the family. If a family selects a provider in the SCDHHS or MCO network, the services will be covered at no cost. If a family selects an out-of-network provider, they do so at their own cost. If a child is receiving services from an out-of-network provider, but the family wishes to change providers to one that is in-network, it is the Service Coordinator's responsibility to assist in this process. Service coordinators should work with MCOs to locate in-network providers. If the MCO cannot locate a provider, single case agreements should be facilitated to ensure the child receives the IFSP services in a timely manner. Service Coordinators should work with each MCO to identify a provider who is available to serve the child.

Service Coordinator Responsibilities:

- On the BRIDGES Financial Support Screen: verify that the Medicaid information is correct. If you find an error, contact your Regional Coordinator for assistance.
- On the BRIDGES Planned Services Screen: Medicaid/Part C must be selected as payor 1.
- Send a copy of the signed Consent to Use Insurance Resources form to the EIS provider
- Ensure referrals are in-network
- In situations where there are no available BabyNet providers credentialed with the child's MCO, the service coordinator should work with their Regional Coordinator to secure a provider.

EIS Provider Responsibilities:

- The EIS provider must adhere to the consent to bill insurance the family gave IDEA/Part C.
- All services must be documented in BRIDGES service logs.
- Medicaid reimbursement must be accepted as payment in full for IFSP services.
- IDEA/Part C will not reimburse a provider for IFSP services for children with Medicaid coverage unless a valid denial of payment is documented in writing, or an EOB is provided in accordance with IDEA/Part C provider agreement specifications. When a denial, EOB, or written statement is not in the EIS Provider's record, or on file with Accounting Operations for IDEA/Part C at SCDHHS, the record must contain documentation of all reasonable attempts to obtain these documents.
- EIS providers may submit claims for IDEA/Part C Service Funds for up to 364 days from the date of service by completing a service log in BRIDGES and entering the amount billed to and paid by Medicaid on the Accounts Payable screen in BRIDGES.
- IDEA/Part C Service funds will be used to reimburse the EIS provider for IFSP services covered by Medicaid at 100% of the IDEA/Part C posted rate at the time-of-service delivery if the service is denied in full by Medicaid.
- No reimbursement from IDEA/Part C Service Funds will be provided if Medicaid denies the claim and:
 - o The EIS provider fails to enter a service log or to provide the required information for Accounts Payable; or
 - o The EIS provider fails to complete these activities in a timely manner
- When the EIS provider is properly enrolled and has included all required documentation with a claim, reimbursement will typically be received within 30 days of submitting the claim.

- Failure of the provider to follow proper billing procedures, incorrect diagnosis codes, or other correctable reasons for disallowance by public and private insurance will not constitute grounds for payment with IDEA/Part C Service Funds.