

The following information will help Care Coordinators complete the FirstSolutions Service Agreement. If you need additional information, please see the [FAQ](#).

- Description and units/pricing.** This information is required but often missing on the Service Agreement. We require units and the price per unit on any code that does not have a specific rate listed on Attachment B. Specific examples:
 - **T2029-Extended Home Health Supplies/Equipment:** Each item authorized should be listed on a separate line with a narrative description of what is being authorized, the number of units, and the specific rate per unit.
 - **County contract or care manager negotiates a rate that is lower than the published maximum:** An example would be T2003 UC for transportation- there appears to be multiple rates for the various providers. The number of units and the price per unit rate needs to be provided on the service agreement.
- Incorrect member ID** – Don't forget the "8"! The Blue Plus member's ID # has an "8" in front of the PMI #. We have also identified the member name is typed incorrectly or name does not match to the member ID number on the Service Agreement
- Missing or invalid provider NPI/UMPI numbers on the agreement.**
- Service agreement NPI/UMPI number:** Please check with the provider to find out what UMPI or NPI # they use when billing as some providers have multiple NPI's/UMPI numbers. If the Service Agreement number does not match the billing provider number the claim could reject for no authorization and will delay payment to provider.
- Code X5609:** Please remember! Just a single line for the grand total for this code is needed and should be totaling up all amounts for the member's Medicaid covered state plan services (PCA, HHA, SN, PDN) plus any Adult Day Bath services.
 - A single line item grand total should be provided that will be used in the case mix calculations.
 - The number of months these services cover should be entered as the number of units.
- S5165 Home Modifications:** A narrative description needs to be included to explain what the authorization is for.
- Changes/Modifications:** Care Managers need to clearly indicate on Service Agreements they send in if the line items are intended to be changes/modifications to an existing authorization to a specific provider, or if they are to be a complete replacement line to a previously submitted Service Agreement.

FirstSolutions appreciates everyone's extra effort and hard work on the recommendations listed above and will reduce, if not eliminate the return of Service Agreements to care coordinators.