CONNECTED in CARE

sunshine health

Provider Newsletter: Q4 2023 Highlights

Register Now for 2024 Provider Specific Town Hall Sessions

Sunshine Health's 2024 schedule of Provider Specific Town Halls is now available. Our virtual and in-person training sessions give providers and their staff the chance to learn about important updates and policy changes that affect your practice and your business.

Each Town Hall focuses on one specialty area, but we encourage you to attend all the sessions that interest you.

You can attend every session virtually, but we also invite you to join us at six in-person sessions that will be held in the Sunshine Health Welcome Rooms in Lauderhill, Orlando, Tallahassee and Tampa. We'll answer questions during and after each session. They'll also be recorded and available to view on our Provider Training page.

Space is limited, so please register in advance. If you're attending an in-person hybrid session, please register online and also email your RSVP to Alexandria Cotto.

Complete This Checklist For Bariatric Surgery

Sunshine Health requires providers to complete a preoperative evaluation before it can evaluate bariatric surgery requests.

To help providers, we've put together a checklist of the required records, evaluations and test results for the patients under their care. These records must be submitted six months in advance.

Please review and bookmark the Bariatric Surgery Checklist.

Failure to turn in all the required documentation may result in a denial or a request to submit the missing records.

New Durable Medical Equipment (DME) Authorizations Vendor

Coastal Care, Inc., now manages Durable Medical Equipment (DME) authorizations, credentialing and claims in Regions 1-7. Coastal Care currently manages Regions 8-11.

Providers should submit all DME authorization requests and claims for Wellcare members to Coastal Care instead of the health plan.

There will be no changes to the current Home Health authorizations process.

Read more about the changes to DME authorizations.

New Transportation Vendor

Wellcare brought a new transportation provider onboard to better serve our members and get them to and from medical appointments. Alivi replaced ModivCare as the non-emergent transportation vendor starting January 1, 2024.

As a Wellcare network provider, you may be asked to identify the transportation needs of the members you serve, coordinate standing care orders and assist members with completing mileage reimbursement trip logs.

If you have transportation-related questions, complaints or issues, please contact Alivi at 1-855-519-6684.

2024 MEDICARE CHANGES

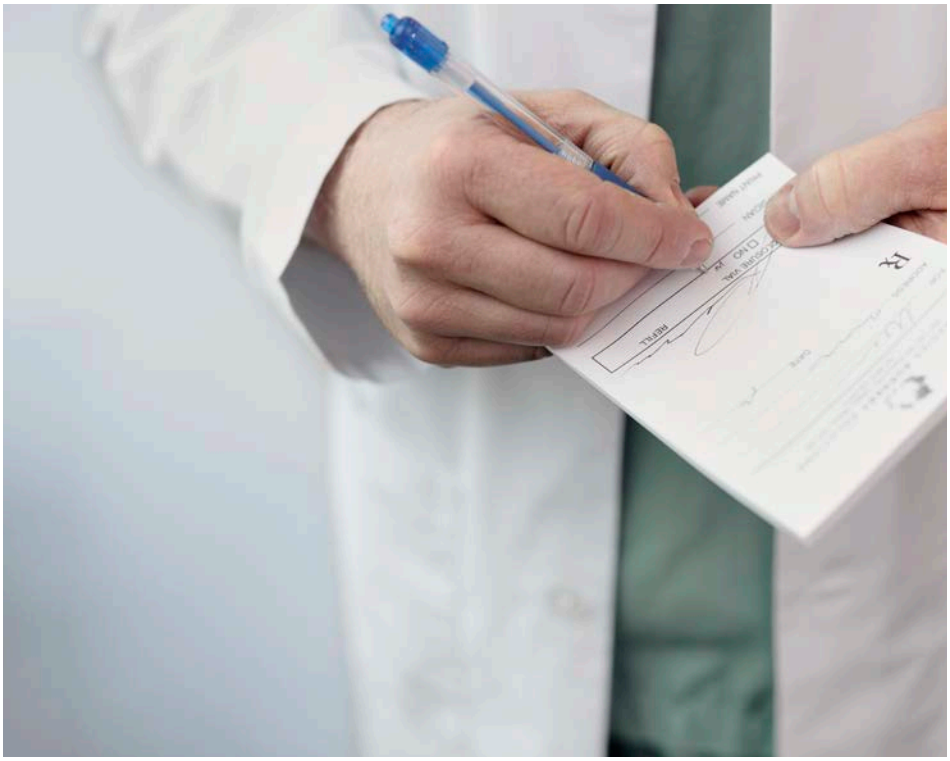
Chiropractor Providers, Welcome to Wellcare

This year chiropractors can start contracting directly with Wellcare to treat Medicare members. All requests that previously went through Chiro Alliance will now go directly to the health plan.

Please reference the rates and terms under your Sunshine Health Medicare Agreement.

An important resource for Medicare providers to review and bookmark is our Wellcare Quick Reference Guide (PDF).

If you have any questions about the terms of your Medicare agreement, please contact the Sunshine Health Contracting Department at 1-866-595-8116 or by email at SunshineContracting@SunshineHealth.com.



Medicare Step Therapy Part B Drug List

Step Therapy programs are developed by Wellcare's P&T Committee. They encourage the use of therapeutically equivalent, lower-cost medication alternatives (first-line therapy) before "stepping up" to alternatives that are usually less cost-effective.

Step Therapy programs are intended to be a safe and effective method of reducing the cost of treatment by ensuring that an adequate trial of a proven safe and cost-effective therapy is attempted before progressing to a more costly option. First-line drugs are recognized as safe, effective, and economically sound treatments.

Drugs requiring step therapy effective January 1, 2024 are listed in the Medicare Part B Step Therapy Drug List (PDF). The prescriber, patient or authorized representative may ask for an exception. Step therapy applies if the drug has not been used in the past 365 days.

Important Pharmacy Claims Processing Change

Express Scripts® now processes pharmacy claims for our plan members. This change took effect on January 1, 2024.

Express Scripts is a pharmacy benefit management (PBM) company serving more than 100 million Americans and delivers specialized care that puts patients first through a smarter approach to pharmacy services.

Members have already been notified and received a new ID card with updated pharmacy information. Providers can direct members to call the Member Services phone number listed on their ID card should they have questions about this change.

Please contact your Provider Engagement Administrator with any additional questions.

Here are some Frequently Asked Questions about the Express Scripts Transition.

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Improving the Health of our Community — Together

Please Send Us An Updated Roster

Sunshine Health requires Community Behavioral Health Service groups to continually update your Affiliated Providers (LOAP)/Practitioner Roster with the health plan.

Sunshine Health wants to ensure we have the most up-to-date information about your group and the practitioners who provide services to our members.

This also an AHCA requirement. The state requires every Community Behavioral Health Services provider who participates with Medicaid or Children's Health Insurance Program (CHIP) must have at least one group member who is a physician enrolled in Florida Medicaid.

Sunshine Health put together an online resource to help providers update their rosters and perform other tasks.

Sunshine Health Covers Private Duty Nursing (PDN) Services

Private Duty Nursing (PDN) is a covered benefit that provides skilled nursing services from home health providers for Sunshine Health Medicaid (MMA), Child Welfare Specialty Plan (CWSP), Serious Mental Illness (SMI), Children's Medical Services (CMS) Health Plan, Long Term Care (LTC), Wellcare Medicare and Ambetter Marketplace members under the age of 21 with complex medical needs. These services are covered up to 24 hours per day.

We encourage all discharge planners to conduct widespread exploration of available providers to obtain needed PDN. Should a participating provider not have available staffing to meet a member's needs, Sunshine Health will seek to secure a single-case agreement (SCA) arrangement with a provider outside of the network who is able to offer immediate access to services to ensure timely discharge.

In addition to statewide agencies, such as Maxim and Aveanna, we partner with many qualified home health providers of all sizes across the state for PDN services and to ensure members have access to care.

Learn more about submitting PDN authorization requests.

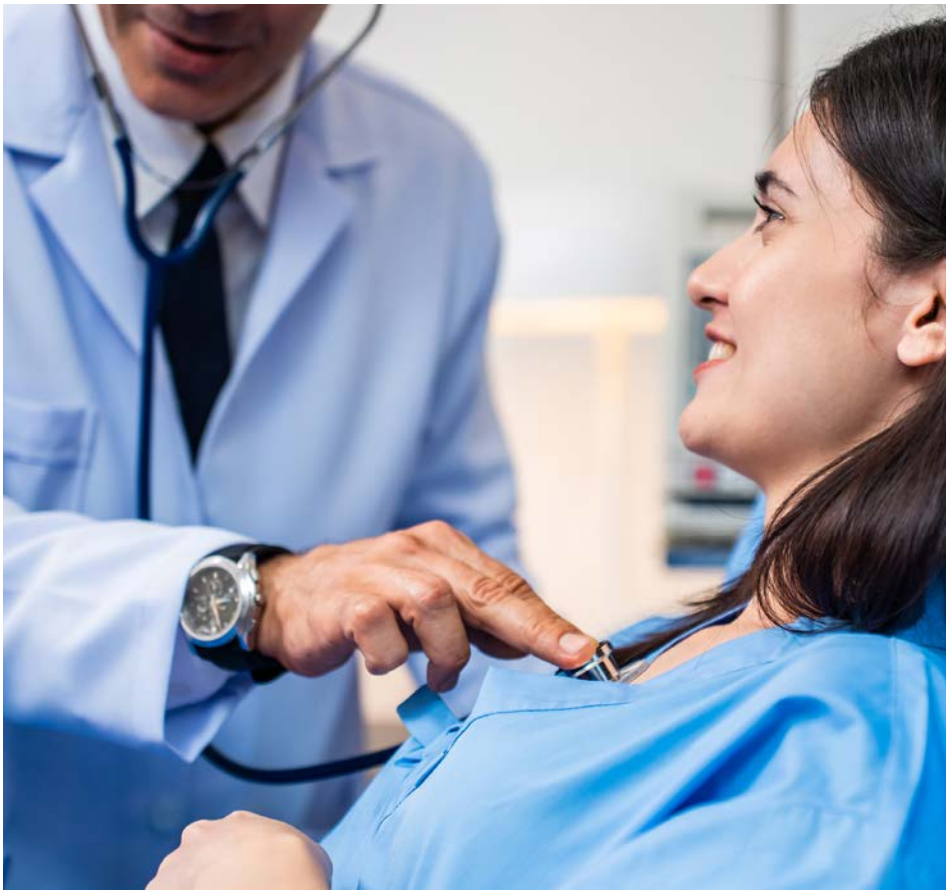
If you need assistance identifying appropriate PDN providers for a member's individual healthcare needs within any geographic area:

- For after-hours support, contact our 24/7 Nurse Advice Line at 1-866-796-0530 (TTY: 1-800-955-8770).
- PDN member escalations can be sent to PDN_Escalation@SunshineHealth.com. Include the patient's name, Medicaid ID number, name of home health provider, the date and time of the shift missed, and the parents' contact information.

Simplifying Medicaid and Ambetter Inpatient (IP) Elective Service Request Procedures

Sunshine Health is implementing the following changes to our elective medical inpatient authorization process effective April 1, 2024, to increase flexibility and better align with industry best practices:

- The prior authorization span for elective inpatient admissions will be increased to 90 days for dates of service on or after April 1, 2024. The previous authorization span was for 1 day. This will allow more flexibility on the actual surgery date without having to change the date with UM.
- If the planned admission date exceeds the authorized date span of 90 days, a new authorization will be required.
- Elective Inpatient Prior Authorization numbers will now start with the prefix of OP instead of IP. Although some of the documents that servicing providers receive may look slightly different, the application, determination and adjudication process for elective services will not change.



Notification of admission is still required within one business day of admittance. At the time of admission notification, a new authorization number for the admission will be provided with the IP prefix. Failure to provide timely notification may result in a denial of payment.

As a reminder, all planned/elective admissions to the inpatient setting require prior authorization. If prior authorization is not on file at the time of elective admission, the service is considered retrospective and the provider should follow the appropriate retrospective request process. Emergent admissions do not require prior authorization.

CHILDREN'S MEDICAL SERVICES (CMS) HEALTH PLAN WRAP UP

Telehealth Makes it Easier for Kids to Access Healthcare

Providers, your patients don't have to wait for an in-person visit to get help. Telehealth options allow children to quickly see a provider via smartphone, tablet or computer.

Please share these resources with parents, guardians and caretakers to help them quickly obtain the medical services their children need:

- **KidzDocNow:** Offers on-demand video visits with pediatric doctors on a 24/7 basis, every day of the year. No appointments are necessary. KidzDocNow doctors can help with:
  - Common injuries and illnesses
  - Prescription refills
  - Referral to in-person or specialty care

  Direct members to visit KidzDocNow.us or download the KidzDocNow mobile app.
- **Brave Health:** Offers virtual mental and behavioral healthcare for CMS Health Plan members 13 years of age and older. Options include therapy, psychiatry and medication management services. Brave Health offers:
  - Therapy (one-on-one or group)
  - Psychiatry
  - Customized mental health treatment plans
  - Support groups and specialty programs
  - Connection to community supports
  - Collaboration with your child's doctors
  - Help setting up your device for telehealth visits
  - Medication management*

  *Brave Health does not prescribe stimulants or psychotropics.

  Text or call Brave Health at 1-305-902-6347, Monday through Friday, 8 a.m. to 6 p.m. Eastern. Members can also email start@bebravehealth.com or visit bebravehealth.com to get started.
- **Teladoc Health:** Offers members free, 24-hour phone or video access to in-network providers for non-emergency health issues. Members can get medical advice, a diagnosis or a prescription to deal with health problems such as:
  - Colds, flu, and fevers
  - Ear infections
  - Pink eye
  - Rash, skin conditions
  - Respiratory infections
  - Sinuses, allergies
  - Sprains and strains

  Members can set up a Teladoc account or call 1-800-835-2362 for more information.

  Learn more about telehealth.

CMS Health Plan Primer on Child Healthcare

Children's Medical Services (CMS) Health Plan has some tips providers can share with parents, guardians and caretakers about how to manage their children's healthcare.

Remind them of the importance of maintaining a good relationship with the child's primary care provider (PCP) and making sure the child visits the doctor once a year. The annual visit gives providers the chance to check their child's overall health, recommend any needed annual screenings or tests based on health needs, and to help manage any chronic conditions.

Providers can share this Primary Care resource to help parents manage their child's healthcare needs.