Provider News





New Provider Incentives

We appreciate the care you provide to our Sunshine Health members and have launched several new programs to strengthen our partnership to further improve health outcomes and close care gaps.

- Our 2019 Provider Quality Incentive Program for primary care providers reflects a streamlined focus on measures with the most potential to impact overall health and wellness. The program's pay-for-performance programs are product specific to our Medicaid, Ambetter (Marketplace) and Allwell (Medicare) products.
- Our Medicaid Birth Outcomes Program provides two incentives tied to Notice of Pregnancy (NOP) forms and Makena® (hydroxyprogesterone caproate) injections.
- Our Medicaid Behavioral Health Program provides two incentives tied to follow-up after hospitalization for mental illness and metabolic monitoring for children and adolescents on antipsychotics.

Thank you for being our partner in care.

For more information about these programs, please talk to your Provider Partnership Management representative or call Provider Services at 1-844-477-8313.

You can also find information in the Provider News section on SunshineHealth.com.

Key

Medicaid, Long Term Care, Child Welfare

Healthy Kids

Ambetter

Allwell

DR. KATHERINE FRIEDEBACH

CHIEF MEDICAL OFFICER

Thank You for Helping Us Earn Commendable Accreditation by NCQA



In June, we learned that our Medicaid plan earned a Commendable accreditation from the National Committee for Quality Assurance (NCQA).

"Achieving an accreditation status of Commendable from NCQA is a sign that a health plan is serious about quality," said NCQA president Margaret E. O'Kane.

O'Kane is correct — at Sunshine Health, we are serious about quality. But we know our providers play a major role in achieving this rating. Without your exceptional service to our members, there is no accreditation and there is no quality.

We're proud that Sunshine Health earned this accreditation from the NCQA as a recognition of the innovative programs, support and resources we offer to improve the health of our members, and we're also proud to call you our partner in care.

Thank you for all you do,

Katherine Friedebach, MDChief Medical Officer, Sunshine Health





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New Member Rewards Program Now Live

Our member incentive program for our Medicaid, Long Term Care, Child Welfare, Ambetter and Allwell members has transitioned to My Health Pays™. This new program unites all of our products under a single rewards program that pays our members for completing certain healthy activities. Members can earn rewards for completing healthy activities like annual wellness visits, cancer screenings and tobacco cessation coaching. Rewards can be redeemed to help pay for utilities, transportation, telecommunications, childcare services, education or rent. They can even be used to shop at Walmart for everyday items.

Read more about My Health Pays $^{\text{\tiny{M}}}$ at $\underline{\text{https://sunhealthfl.com/2KeRACd}}$.



Well Child Visits

It is critical to stress to parents the important role Well Child and Adolescent Well Care visits play in promoting lifelong healthy habits and detecting risky behaviors. All Well Child visits should include: a health history, physical examination, mental and physical developmental assessment, parenting health education/anticipatory guidance, appropriate immunizations and assessments of vision, hearing and oral health.



Performing Well Child exams during sports/school physical appointments and sick visits can help achieve quality success. Additionally, scheduling the next visit before the patient leaves the office, sending postcards and/or text reminders of appointments to parents and scheduling more than six visits for children fifteen months and younger can help ensure compliancy. Remember, a Well Child exam can be completed any time in a calendar year, and it is not necessary to wait 365 days or until a patient's birthday.





ALL PRODUCTS

Flu Prevention Starts with You

Educate your patients about the benefits of receiving the flu vaccine for the upcoming September through March season. Receiving the immunization early in the season reduces the likelihood of acquiring the virus and flu-related complications, which most commonly occur in adults 65 and older, pregnant women, children under 5 and those with chronic conditions.

Avoid mentioning common inaccurate beliefs, like the idea that the flu vaccine can give someone the flu. A study* found that this messaging was linked to the belief that vaccines cause autism and other side effects. Instead, share motivating messaging, such as vaccines not only protect the people vaccinated, but also people who cannot be vaccinated, such as infants.

*http://www.pediatricsconsultant360.com/content/few-surprising-vaccine-myths-betcha-didn-t-know



Provider Support with HEDIS Measures

Quality of patient care is a collaborative effort with providers at the forefront. Below are some pharmacy measures that impact quality. The chart shows who those measures help, what they are helping with, why it's important, and how you can help.

PRODUCT	WHO?	WHAT?	WHY?	HOW?
Allwell	Patients 18 and older discharged from an acute inpatient facility within the last 30 days	Medication Reconciliation Post-Discharge (MRP)	Medication reconciliation is an important element of patient safety. It can reduce the occurrence of adverse drug events, especially for people with multiple prescription medications. ¹	Complete a medication reconciliation within 30 days of discharge from an acute inpatient facility. Submit one of the following codes: Transition of Care 7 Days: 99496; Transition of Care 14 Days: 99495; CPT II Code: 1111F
Medicaid, Ambetter	Patients 18–64 with a diagnosis of acute bronchitis who were not dispensed an antibiotic prescription	Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis (AAB)	Current guidelines recommend against antibiotic treatment for acute bronchitis in adults who are otherwise healthy; overuse can lead to antibiotic resistance. ^{2,3}	Avoid prescribing antibiotics in healthy adults with acute bronchitis unless medically necessary.
Medicaid, Ambetter	Children 3 months–18 years with a diagnosis of upper respiratory infection (URI) who were not dispensed an antibiotic prescription	Appropriate Treatment for Children With Upper Respiratory Infection (URI)	Most URIs, also known as the common cold, are caused by viruses that require no antibiotic treatment. ⁴	Avoid prescribing antibiotics in children with upper respiratory infections on or up to three days after diagnosis.
Medicaid	Patients 19–64 years with schizophrenia or schizoaffective disorder	Adherence to Antipsychotic Medications for Individuals With Schizophrenia (SAA)	Medication nonadherence is common and a major concern in the treatment of schizophrenia. Using antipsychotic medications as prescribed reduces the risk of relapse or hospitalization. ⁵	Assess patient for barriers to adherence of their antipsychotic medications and employ methods to improve adherence.
Medicaid, Ambetter	Children 6-12 years who are newly prescribed ADHD medication	Follow-Up Care for Children Prescribed ADHD Medication (ADD)	To ensure that medication is pre- scribed and managed correctly, it is important that children be monitored by a pediatrician with prescribing authority. ⁶	Schedule a follow-up visit with your patients who are newly prescribed ADHD medication within 30 days to assess how the medication is working.

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MEDICAID

Members Can Receive Up To a 100-Day Medication Supply

Sunshine Health members can now receive up to a 100-day supply on select medications. Below is a list of common medications. For a full list, please visit:

https://sunhealthfl.com/providerpharm.

A-FG-OP-ZAcetazolamideGlimeperideParoxetine~AllopurinolGlipizidePioglitazoneAmitriptylineGlipizide-MetforminPrazosinAmlodipineGlyburidePropranolol

Atenolol Glyburide-Metformin Propranolol/Hydrochlorothiazide

Atenolol/ChlorthalidoneGuanfacineQuinaprilAtorvastatinHydrochlorothiazideSertralineBenazeprilImipramineSimvastatinBenazepril/Hydrochlorothiazide*Levothyroxine~SotalolBisoprolol/ HydrochlorothiazideLisinoprilSpironolactone

Citalopram Lisinopril/Hydrochlorothiazide Spironolactone/Hydrochlorothiazide

Clonidine~ Losartan Torsemide

Desvenlafaxine ER~ Losartan/Hydrochlorothiazide Trazodone

Dexamethasone~ Lovastatin

Digoxin Metformin~

Diltiazem~ Metoprolol

Doxepin Metoprolol/Hydrochlorothiazide*

Duloxetine Metoprolol Succinate ER

Enalapril Mirtazapine
Enalapril/Hydrochlorothiazide Mirtazapine ODT
Escitalopram Montelukast
Estradiol~ Montelukast Chew
Fluoxetine Nifedipine

Fluoxetine Nifedipine
Folic Acid Nortriptyline
Furosemide Oxybutynin

BACK TO SCHOOL

Triamterene/Hydrochlorothiazide

Valsartan/Hydrochlorothiazide*

Valsartan*

Verapamil~

Venlafaxine Tab~

Venlafaxine ER Cap

See our list of commonly prescribed covered medications as children head back to school.

https://sunhealthfl.com/ BTSPharm

^{*}Drug requires prior authorization

[~]Certain formulations or strengths may require prior authorization



Guideline Change for Clinical Prior Authorization for Hepatitis C Treatment

As a reminder, coverage for direct acting combination antiretroviral medications has been expanded to allow for the treatment of all fibrosis score levels. Ambetter's preferred combination antiretroviral is Mavyret™, and AcariaHealth is our preferred specialty pharmacy. Call 1-800-511-5144 to speak with a representative about submitting a prescription for your qualifying patients.



To request a prior authorization review, please call 1-877-687-1169, or fax requests to 1-855-6981.



MEDICAID

Long Acting Reversible Contraceptive Program

To support maternal health and prevent unwanted pregnancies, we are pleased to share our Long Acting Reversible Contraceptive (LARC) program for Medicaid and Child Welfare members. Sunshine Health will pay for LARC procedures completed during a member's inpatient delivery stay in addition to the diagnosis-related group (DRG) rate.



ALL PRODUCTS

Clinician Directory Verification Portal, VerifyHCP®, Now Available

Contracted clinicians now have access to an easy clinician directory verification portal, VerifyHCP®. The portal is a secure, free website that clinicians and staff can use to verify their directory information on file, allowing us to provide patients to select in-network providers and access care. Clinicians who do not respond to verification request may face delayed claim reimbursements and removal from provider directories.

For more information, visit https://sunhealthfl.com/lnverifyhcp or contact LexisNexis® Risk Solutions Tech Support at https://sunhealthfl.com/lncusthelp with questions about the portal.



Prior Authorization Required for Additional Quantitative Drugs Testing

Effective Sept. 23, 2019, Sunshine Health is expanding the list of CPT codes that require prior authorization for Quantitative Drugs Testing, which applies to the CP MP 50 Outpatient Testing for Drugs of Abuse policy. The list of additional CPT codes is below:

CPT Codes	Description
80373	TRAMADOL
80372	TAPENTADOL
80368	SEDATIVE HYPNOTICS
80369	SKELETAL MUSCLE RELAXANT 1/2
80357	KETAMINE AND NORKETAMINE
80367	PROPOXYPHENE
80370	SKEL MUSC RELAXANT 3 OR MORE

Providers may submit prior authorization requests to the Sunshine Health prior authorization department through our secure, online portal at https://sunhealthfl.com/portalogin. Please remember, it is your responsibility to communicate this change in prior authorization to your downstream providers or any providers associated with your Tax Identification Number (TIN).



MEDICAID

Software to Replace Fax Authorization Letters to Home Health Providers

Beginning Aug. 1, 2019, we no longer fax authorization letters to Home Health Providers. The HHAeXchange software platform as a Payer service and electronic visit verification (EVV) technology will be leveraged, instead.

The HHAeXchange Portal provides workflow efficiencies, including real-time access to patient demographics, authorizations and two-way messaging with multiple managed care organizations (MCOs), bill multiple MCOs for confirmed visits, pre-bill scrubbing to eliminate denials and free scheduling management module.

Be prepared for EVV compliance when the state mandate takes effect Oct. 1, 2019 by using the agency management system/EVV system (Open Model), free EVV solution to electronically track time and attendance and additional free EVV tools. To begin the process for onboarding with the HHAeXchange EVV portal, please complete the Configuration Questionnaire found at hhaexchange.com/FL-LTC.





Musculoskeletal Surgical Quality and Safety Management Program

Our new Musculoskeletal Surgical Quality and Safety Management program is designed to work collaboratively with physicians to promote patient safety through high-quality and cost-effective care for members undergoing musculoskeletal surgical procedures.

Prior authorization for medical necessity and targeted length of stay, when applicable, has been delegated to TurningPoint Healthcare Solutions for both inpatient and outpatient settings. Physicians can begin submitting requests beginning on Aug. 15, 2019. Emergency-related procedures do not require authorization.

Clinical Policies are available by contacting TurningPoint at 1-561-418-3256. Providers rendering the specified services are responsible for obtaining authorization, and should verify that the necessary authorization has been obtained. Failure to do so may result in non-payment of claims.



Action Required Regarding CMS Mandatory Trainings

Medicare Advantage network providers and practitioners are required to complete annual training for 2019. The required trainings are Model of Care (MOC), General Compliance (Compliance) and Fraud, Waste and Abuse (FWA). First-Tier, Downstream and Related Entities (FDR), as well as delegated entities, will be required to complete training via the Medicare Learning Network (MLN) website, and must be completed by each individual provider/practitioner within the group. The training must be completed within 90 days of contracting or becoming a delegated entity and annually thereafter.

- · Visit the CMS MLN site:
 - To access training, use the following link and refer to the "Downloads" section of the web page: https://sunhealthfl.com/cmsprovidercomp
 https://sunhealthfl.com/cmsprovidercomp
 https://sunhealthfl.com/cmsproviderco
- · Please provide Sunshine Health a copy of each certificate of completion:
 - Email to: compliancefl@centene.com
 - o Fax to: 1-866-796-0540

For Medicare Advantage Model of Care (MOC), the training should be accessed at https://sunhealthfl.com/providertraining. Once the training is completed, please fill out the attestation form located at the end of the presentation and submit. Please include all tax identification numbers (TIN) that you are representing when completing the form.



ALL PRODUCTS

Easier Access to DME for Patients

Ordering and delivery of durable medical equipment (DME) is now more efficient for facilities and easier for patients to access. Some DME items will not require prior authorization from the hospital when ordered from our designated DME provider, SurfMed, as either part of the hospital discharge plan or from an outpatient hospital service location.

Contact SurfMed directly at 1-888-201-7873 for DME discharge orders and a list of available items. SurfMed will process the request and deliver the item(s) in less than four hours and the DME will be authorized for the initial 30 days post-discharge. SurfMed will work with Sunshine Health for continued authorization, if needed.



Corporate Investment Report

Our community. It's where we work, sleep and play. Our community is built not just of our members, but all of us at Sunshine Health. For that reason, we strive to create a community that is both physically and mentally healthy.

Our mission is to improve the health of the community, one person at a time. Providing quality healthcare alone is not enough. We must work together to support our community by addressing issues that create barriers to healthcare, such as poverty, mental illness and lack of education.

When tragedy struck our state in 2018, we served the community in a variety of ways. In the aftermath of the profound tragedy at Marjory Stoneman Douglas High School in Parkland, we worked with school officials and first responders to set up counseling lines for students and families. When Hurricane Michael devastated the Florida Panhandle, we worked with local advocacy groups to foster families during the holidays.

Throughout the year, we partnered with over 240 organizations across the state, volunteering more than 1,000 employee hours. The spirit of giving from our 2,000-employee workforce included our executives, who served on numerous community boards, all for the common purpose of building a community that thrives.

Read more about our community partnerships and work to address social determinants of health in our 2018 Corporate Investment Report at https://sunhealthfl.com/CIR18.





ALL PRODUCTS

Tools to Assist You

Interpreta

Interpreta provides near real-time insights on your patients' care gaps to support your quality improvement efforts. You can find Interpreta through Sunshine Health's Payer Space on the Availity Portal.

New! A Potentially Preventable Events (PPE) Tool to help you identify missed opportunities where primary care could have prevented hospital admissions, readmissions or ER visits.

These are events that might have been prevented with better access to primary care, chronic condition management or care coordination. This tool will provide daily updates about your patients with PPEs, along with their associated diagnoses.

Therapeutic Drug Interchange Lists

A pocket reference guide designed to help you quickly and easily select cost-effective drug alternatives that you determine may be appropriate for your patients. Request a copy from your PPM representative.

HEDIS™ Quick Reference Guide

HEDIS™ Quick Reference Guide

- Provider Section of SunshineHealth.com. Click QI Program and then HEDIS.
- PRINT: Request a copy from your PPM representative.



Provider Analytics

Customized Provider Analytic reports on SunshineHealth. com help you track your performance. After logging into the Secure Provider Portal, select *Provider Analytics* under *Welcome* to access your personalized dashboard.



Your Guide to Behavioral Health Treatment Options

Our new In Lieu of Services (ILOS) program offers alternative services that are medically appropriate substitutes for Medicaid benefits. These services are intended to help avoid or eliminate the need for higher level of care or more costly services in the future — while providing patients with a wider selection of treatment options. Request a copy from your PPM representative.