



Checkups keep kids healthy

Please remind parents that it is important for children to have a well-child visit every year. An annual checkup, including routine health screening, can help ensure that children are healthy and developing normally.

It is also important that teenagers receive an annual checkup. At this time, in addition to an evaluation of physical and emotional development, teenagers should be provided with education and guidance about sexual activity, drug use and smoking.

If a teenager is still seeing a pediatrician, it may be time to change to an adult primary care provider. You can help ensure that there are no breaks in a child's care by discussing this with the child's parents or guardians. Sunshine Health will help members who are reaching adulthood choose an adult primary care provider. Members who need help selecting their provider or making appointments can call our Customer Service staff at **1-866-796-0530**.

Share the chart on page 2 to remind members what immunizations their child or adolescent needs.

Providing quality care

We're committed to providing access to high-quality and appropriate care to our members. Through HEDIS, NCQA holds Sunshine Health accountable for the timeliness and quality of healthcare services (acute, preventive, mental health, etc.) delivered to its diverse membership.

Sunshine Health also reviews HEDIS rates on an ongoing basis and looks for ways to improve our rates. Please consider the HEDIS topics covered in this issue of our provider newsletter. Also, review our preventive health and clinical practice guidelines at www.sunshinehealth.com.

Providers play a central role in promoting the health of our members. You and your office staff can help facilitate the HEDIS process improvement by:

- Providing appropriate care within the designated timeframes
- Documenting all care in the patient's medical record
- Accurately coding all claims
- Responding to our requests for medical records within 5 to 7 days

Vaccines are a path to better **community health**


All members under the age of 18 should receive recommended immunizations, unless there are medical contraindications, or unless immunizations are contrary to the member's parents' religious beliefs.


Children should be immunized during medical checkups according to the current Advisory Committee for Immunization Practices (ACIP) Schedule. The most up-to-date recommendation for kids up to 18 years old can be found at www.cdc.gov/vaccines/schedules.


Lead screening


Lead exposure is a known risk factor for long-term learning and behavioral problems. For children enrolled in Medicaid, federal law requires a blood lead level measured at 12 and 24 months of age. Children between the ages of 3 and 5 years must receive a blood lead test immediately if they have not been previously tested for lead poisoning.


VACCINE	BIRTH	1 MO	2 MOS	4 MOS	6 MOS	9 MOS	12 MOS	15 MOS	18 MOS	19-23 MOS	2-3 YRS	4-6 YRS	7-10 YRS	11-12 YRS	13-15 YRS	16-18 YRS
Hepatitis B (HepB)	1st dose	2nd dose			3rd dose											
Rotavirus (RV) RV1 (2-dose series); RV5 (3-dose series)			1st dose	2nd dose												
Diphtheria, tetanus, & acellular pertussis (DTaP: <7 yrs)			1st dose	2nd dose	3rd dose			4th dose				5th dose				
Haemophilus influenzae type b (Hib)			1st dose	2nd dose			3rd or 4th dose									
Pneumococcal conjugate (PCV13)			1st dose	2nd dose	3rd dose		4th dose									
Inactivated poliovirus (IPV: <18 yrs)			1st dose	2nd dose	3rd dose											
Influenza (IIV; LAIV)					Annual vaccination (IIV only) 1 or 2 doses						Annual vaccination (LAIV or IIV) 1 or 2 doses		Annual vaccination (LAIV or IIV) 1 dose only			
Measles, mumps, rubella (MMR)							1st dose					2nd dose				
Varicella (VAR)							1st dose					2nd dose				
Hepatitis A (HepA)							2-dose series									
Meningococcal (Hib-MenCY > 6 weeks; MenACWY-D >9 mos; MenACWY-CRM ≥ 2 mos)														1st dose		Booster
Tetanus, diphtheria, acellular pertussis (Tdap: >7 yrs)														(Tdap)		
Human papillomavirus (2vHPV: females only; 4vHPV, 9vHPV: males and females)														(3-dose series)		
Meningococcal B																
Pneumococcal polysaccharide (PPSV23)																

 Range of recommended ages for all children

 Range of recommended ages for catch-up immunization

 Range of recommended ages for certain high-risk groups

 Range of recommended ages for non-high-risk groups that may receive vaccine, subject to individual clinical decision making

 No recommendation



Meeting appointment accessibility standards

Accessibility is defined as the extent to which a patient can obtain available services when they are needed. The availability of our network practitioners is key to member care and treatment outcomes.

Sunshine Health evaluates compliance with these standards on an annual basis and uses the results of appointment standards monitoring to ensure adequate appointment accessibility and reduce unnecessary emergency room utilization.

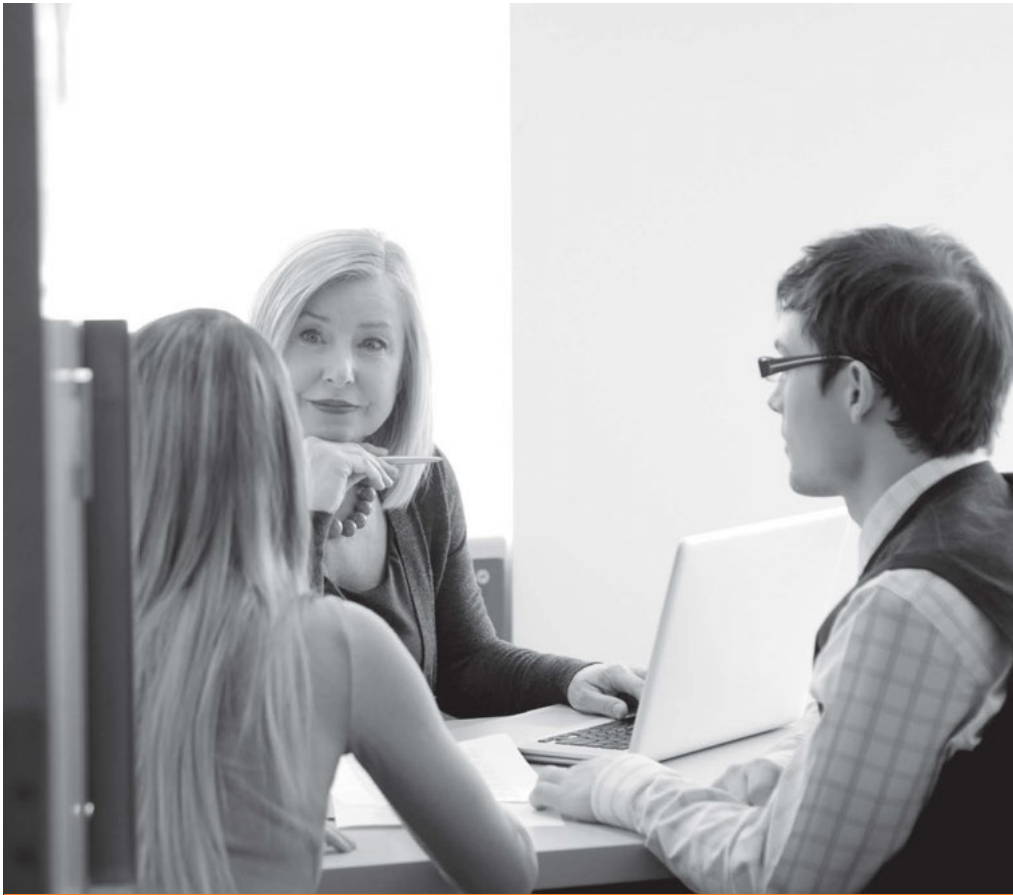
TYPE OF APPOINTMENT	SCHEDULING TIME FRAME
Well-care visit (without symptoms)	Within 30 days
Routine care (with symptoms)	Within 7 days
Emergency care	Same day
Urgent care	Within 1 day
Post-hospital discharge followup	Within 7 days

For office wait times, these standards should be followed:

- Wait times for scheduled appointments should not exceed 30 minutes.
- Walk-in patients with non-urgent needs should be seen if possible or scheduled for an appointment.
- Emergency patients should be seen immediately.

Prenatal and postpartum

- For pregnant women, the timing of doctor's visits is key. Notify us about a pregnant member by submitting a Notification of Pregnancy (NOP) form. Your patients should see you within the first trimester and again between 21 and 56 days after delivery. Talk with patients about family planning goals and inform them of recommendations early on.



Help members access behavioral healthcare

Drug overdoses now kill more Americans than car accidents; as *The New York Times* reported in the spring, the ever-increasing rate of deaths due to overdoses is lowering the life expectancy of the white population as a whole.

Sunshine Health can help members get treatment for a wide range of behavioral health issues, from drug addiction and alcohol abuse to depression and bipolar disorder. If you identify a patient who is struggling with a mental or behavioral health issue by noticing changes in a patient's behavior or health, such as unexplained weight loss or weight gain, reduced concentration, a loss of interest in activities that were once enjoyable and physical symptoms like heart palpitations, or other signs of changing mental health, such as a patient who stops caring for his physical appearance or a patient who complains of sleep troubles, let them know that help is available.

For members that need behavioral health services, Sunshine Health case managers can assist you in finding the appropriate behavioral health provider to see the member. You can reach case management at **1-866-796-0530**.

Ensuring appropriate, quality care

Sunshine Health has utilization and claims management systems in place to identify, track and monitor care provided to our members. We do not reward practitioners, providers or employees who perform utilization reviews or issue denials of coverage or care.

Utilization management (UM) decision-making is based only on appropriateness of care, service and existence of coverage. Financial incentives for UM decision makers do not encourage decisions that result in underutilization. Denials are based on lack of medical necessity or lack of covered benefit.

Utilization review criteria have been developed to cover medical and surgical admissions, outpatient procedures, referrals to specialists and ancillary services. Sunshine Health uses nationally recognized criteria (e.g. InterQual) if available for the specific service; other criteria are developed internally through a process which includes thorough review of scientific evidence and input from relevant specialists.

Criteria are periodically evaluated and updated with appropriate involvement from physician members of our UM Committee.

Providers may obtain the criteria used to make a specific decision, discuss any UM denial decisions with a physician or other appropriate reviewer, or discuss any other UM issue by contacting the Medical Management Department at Sunshine Health.



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