

SPRING 2013



A Connection to Care

Case managers are useful links to members' healthcare team.

A member's health situation often warrants additional resources in order to help the individual navigate complex treatment and recovery options. Our case management program is a valuable resource available to members that supports our providers' treatment plans.

ON THE JOB

Case managers are trained nurses and other healthcare professionals who coordinate the needs of patients. Typically, case managers work with chronically or catastrophically ill and injured patients. They are assigned by the health plan to a member when it's recognized the member's condition needs complex coordinated care that the member may not be able to facilitate on his or her own.

A case manager connects the member with the healthcare team by providing a link between the member, his or her primary care physician, the member's family or other support system and additional healthcare providers such as physical therapists and specialty physicians.

Case managers also collaborate to develop a plan for following treatment regimens including medication, diet and exercise recommendations.

ON YOUR TEAM

Case managers do not provide hands-on care, diagnose conditions or prescribe medication and treatment. The case manager helps a member understand the benefits of following a treatment plan and the consequences of not following the plan outlined by the physician. In this way, they become a resource for the healthcare team, the member as well as the member's family.

Our case management team is here to support your team for such events as:

- Non-adherence
- New diagnosis
- Complex multiple comorbidities

Providers can directly refer members to our case management program at any time. Providers may call Sunshine Health for additional information about the case management services offered by Sunshine Health, or to initiate a referral.

Changes to Claims Submission

Sunshine State Health Plan will be changing its policy as it relates to the acceptance of black and white or copied forms to align with the Centers of Medicare and Medicaid Services (CMS). Therefore, effective 04/01/2013, any UB-04 and HCFA-1500 forms received by our mail center that do not meet the CMS printing requirements will be rejected back to the provider or facility upon receipt. The printing requirements are outlined in the Medicare Claims Processing Manual Chapter 26 - Completing and Processing Form CMS-1500 Data Set (Pub.100-04) of which the CMS regulation is described below:

The only acceptable claim forms are those printed in Flint OCR Red, J6983, (or exact match) ink. Although a copy of the CMS-1500 form can be downloaded, copies of the form cannot be used for submission of claims, since your copy may not accurately replicate the scale and OCR color of the form. The majority of paper claims received by payers are scanned using Optical Character Recognition (OCR) technology. This scanning technology allows for the data contents contained on the form to be read while the actual form fields, headings, and lines remain invisible to the scanner. Photocopies cannot be scanned and therefore are not accepted by all payers.

If you have any questions, please contact Sunshine State Health Plan's Provider Services Department at 1-866-796-0530.

HOW TO REACH US: Provider Services are available Monday through Friday, 8 a.m. to 7 p.m., by calling 1-866-796-0530. Our members may reach us Monday through Friday, 8 a.m. to 7 p.m., by calling 1-866-796-0530.

GET IT ON PAPER: If you would like a paper copy of anything in this newsletter or on our site, please call 1-866-796-0530.

Sunshine State Health Plan Selected to Serve Long Term Care Members in 10 Regions in Florida

Centene Corporation (NYSE: CNC) has been notified by the Florida Agency for Health Care Administration (AHCA) that Sunshine State Health Plan, Centene's Florida subsidiary, has been recommended for a contract award in the Medicaid Managed Care Long Term Care program.

Upon regulatory approval, enrollment will be rolled out by region, beginning in August 2013 and continuing through March 2014. The new Medicaid Managed Care Long Term Care program will replace the current Nursing Home Diversion Program (NHDP) and will cover the entire state of Florida, which is divided into 11 regions. Sunshine State Health Plan was selected to serve members in 10 of the 11 regions.

The long-term care program covers recipients 18 years or older who have been determined by the state's long term care assessment program (CARES) to meet the nursing facility level of care, including individuals who are dually eligible for Medicaid and Medicare and non-duals (Medicaid-only).

Ramp Manager Is a New Option Which Provides a Real Time View of Eligibility and Individual Claim Inquiries

It is important to note that our providers can contact the EDIBA team directly for assistance in navigating through the file testing process (EDIBA@centene.com or **1-800-225-2573**, ext. 25525). If providers are unable to register in Ramp Manager, the provider can continue to utilize the health plans' secure web portal or IVR for eligibility and claims inquiries. Providers currently using Emdeon will not see a change.

For more information, go to www.sunshinestatehealth.com.

Sunshine Health Receives NCQA Accreditation

Centene Corporation today announced that its wholly owned Florida subsidiary, Sunshine State Health Plan (Sunshine Health) has earned its accreditation status and received a Commendable rating from the National Committee for Quality Assurance (NCQA). A Commendable rating is awarded to organizations with well-established service

and clinical programs that meet NCQA'S rigorous requirements for consumer protection and quality improvement.

NCQA is a private, non-profit organization dedicated to improving healthcare quality by providing information through the web and the media in order to help consumers, employers and others make more informed healthcare choices.

Urban League of Broward County Receives Major Funding from Sunshine State Health Plan

In February 2013, the Urban League of Broward County announced that the organization is the recipient of a \$2 million funding investment from Sunshine Health. The funds represent the most significant gift to the organization to date. The announcement was made at the Urban League's Annual Business Meeting. Earlier in the day, the Urban League unveiled a report, "Closing the Gap: The State of Black Broward Health." The report represented the most comprehensive analysis by a community-based agency around the health of Broward County since 1994.

The Urban League of Broward County serves thousands of families and individuals each year. The services include educational support, job training, housing assistance and health education. The Community Empowerment Center, which opened in May 2012, allowed the Urban League to expand its program services to individuals and families in Broward County. Under Smith-Baugh's leadership, the Board of the Broward County Urban League is diverse, bringing together the non-profit, business and community-based organizations to develop strategies aimed at improving the quality of life for Broward County residents. Chris Paterson, President and CEO of Sunshine Health noted that the investment in the work of the Urban League of Broward County has long-term benefits.

Please visit www.sunshinestatehealth.com for a complete report.



Centene Honored by National Urban League As Health Innovator

Centene Corporation, parent of Sunshine State Health Plan, was awarded the National Urban League's first ever "Health Innovator Award" at the 56th annual Equal Opportunity Day Awards Dinner on November 14, 2012, in New York. The award recognizes Centene's leadership in building healthier and stronger communities by designing health initiatives that improve the quality of life for millions of individuals who receive health services through the Medicaid program—including pregnant women and young babies, children, individuals with disabilities and those with multiple, chronic health conditions. Please visit www.sunshinestatehealth.com for a full report.

Help Us Improve HEDIS Rates

HEDIS is a set of standardized performance measures, updated and published annually by the National Committee for Quality Assurance (NCQA). HEDIS is designed to give purchasers and consumers the information they need to reliably compare the performance of healthcare plans.

Final HEDIS rates are reported to NCQA and state agencies once a year. However, Sunshine Health reviews HEDIS rates on an ongoing basis and continually looks for ways to improve our rates, as part of our commitment to providing access to high-quality and appropriate care to our members.

You can learn more about HEDIS on our website, www.sunshinestatehealth.com, where we offer the HEDIS Quick Reference Guide and other materials.

→ To the right, we refer to the HEDIS measures for asthma and ADHD and explore how to improve the patients' understanding of the conditions.

The Most Up-to-Date Formulary

The Pharmacy Department at Sunshine Health is charged with providing the most clinically sound and cost-effective drug therapy for our members. Due to ever-changing market conditions, there is an ongoing evaluation of therapeutic classes and new drugs that arrive on the market.

Our Pharmacy and Therapeutics Committee, whose membership includes community-based physicians, pharmacists and other practitioners, make decisions for changes to the Preferred Drug List (PDL).

LEARN MORE: To get a printed copy of the most current PDL, which includes the procedures for prior authorization and other guidelines such as step therapy, quantity limits and exclusions, please call the Provider Relations Department at **1-866-796-0530**. You can also view the PDL online at www.sunshinestatehealth.com.

ADHD Follow-Up Care

Per the NCQA HEDIS measure for ADHD, children with newly prescribed ADHD medication should receive at least three follow-up care visits within a 10-month period, one of which should occur within 30 days of when the first ADHD medication was dispensed.

As public awareness of the disorder has increased, primary care providers undoubtedly experience more requests from parents for ADHD screening of their children who are disruptive or inattentive.

Parents may leap to a "diagnosis" of ADHD because a teacher has alerted them to their child's problem behavior in the classroom—and they may come to an initial office visit insistent upon obtaining a prescription for stimulant medication for their children.

Explain to parents that making an accurate diagnosis takes time and that you will need to do the following:

- Conduct a standard physical exam, including hearing and vision tests.
- Obtain a family history and the child's developmental history.
- Screen for other psychiatric disorders.
- Assess evidence from questionnaires for parents, caregivers, teachers or other professionals regarding the child's behaviors.

Please check our website for a link to the national guidelines, www.sunshinestatehealth.com.

If medication is prescribed, make certain that the parent or caretaker understands the importance of taking it exactly as instructed and making follow-up appointments. If you know of any patients that may have trouble attending follow-up visits, contact us. We may be able to help.

Ongoing Support for Asthma Patients

As part of Sunshine Health's effort to continuously provide our members access to high quality and effective care, we track the HEDIS measures related to asthma. Namely, we monitor whether members ages 5 to 50 with persistent asthma are being prescribed medications that are acceptable as primary therapy for long-term asthma control.

If your patients are having problems managing their asthma, the stumbling block may be that they don't truly understand the nature of their condition and what's required to keep it under control. You may be able to ramp up patient-education and compliance efforts by focusing on individualizing patient action plans.

The American Academy of Allergy, Asthma and Immunology recommends the asthma

action plan as a way to help patients manage the condition. Guide your patients through the asthma action plan, teaching them how to determine if they're in the green zone, yellow zone, or red zone—as well as which medication to take and when to call for help. Please review our site for our clinical practice guidelines, www.sunshinestatehealth.com.

Ask your patients to bring in their medications to appointments, and confirm that they know when and how to use it properly.

Suggest creative resources that may help your patients. The American Academy of Allergy, Asthma and Immunology offers a library of tips and information, as well as a virtual Toybox of games created just for kids with asthma. Visit aaaai.org/conditions-and-treatments/asthma.aspx.

A Good Start for Pregnant Members

With your help, Sunshine Health can identify pregnant members early on, and direct them to the services they need in order to have the healthiest possible pregnancy, birth and baby.

The best way to notify us about a pregnant member is by submitting a Notification of Pregnancy (NOP) form. When you send in an NOP, you're helping us reach women early in their pregnancy so that those who are considered high risk can be referred to our case managers, as needed.

We also offer members the Start Smart for Your Baby® program, which helps women who are pregnant or who have just had a baby. Your staff and patients can learn more at startsmartforyourbaby.com or by calling Sunshine Health at **1-866-796-0530**.



What Else Will You Find Online?

Sunshine Health offers a variety of member and provider resources online. Spend a few moments to take advantage of the following online information—and be sure to share this information with your patients:

- New member checklist
- Care management forms
- Disease management program information
- View your member roster with Sunshine State Health Plan
- Check eligibility for the members assigned to you
- Obtain authorization status for members
- Submit a request for an Authorization
- Check claim status:
 - View all claims submitted through the web portal
 - Enter a UB claim
 - Enter an HCFA claim
- View payments
- Print any forms that are available for the member
- Use our claim auditing software when a procedure code is in question
- Take advantage of training and educational materials available to providers
- Use the CONTACT US feature, which lets providers send a message with any question he or she might have

A printed copy of any materials found on our website is always available. Just call **1-866-796-0530** to request.



Behavioral Health Follow Up

We can help your patients schedule appropriate after-care appointments.

Sunshine Health has been working aggressively to improve the follow-up rates for members who have been hospitalized for a behavioral health condition. Outpatient follow-up within seven days of discharge is vital to members' recovery. It's an opportunity to support their transition back into the community and to ensure they are taking prescribed medications correctly.

Please contact Sunshine Health if you have a patient who has been recently hospitalized for a behavioral health condition and who is having difficulty arranging a post-discharge appointment. We have staff who will work with your staff or facility staff to make these arrangements.

If you're an outpatient provider, and you cannot meet the appointment needs of these discharging members, or if you have more availability than is being utilized, contact your Provider Relations Specialist or Network Manager to let them know.

Sunshine Health will continue to work diligently with our facilities, outpatient providers and members to schedule these valuable appointments. Here are some ways we can help:

- Scheduling assistance to obtain follow-up appointments within the seven-day time frame.
- Appointment reminder calls to members.
- Member transportation assistance.

Access to You Is Key to Care

The availability of our network practitioners is essential to member care and treatment outcomes. We evaluate the performance in meeting these standards and appreciate providers working with us to accommodate our members' clinical needs. In order to ensure appropriate care, we have adopted the geographic accessibility standards below.

Geographic Accessibility to...	Distance	Goal	2012 Results
# of Primary Care Physician(s)	Within 30 miles	95%	100%
# of Pediatricians	Within 30 miles	95%	100%
# of Ob/Gyn(s)	Within 60 miles	95%	100%
# of High Volume Specialist(s)	Within 60 miles	95%	100%

A Shared Agreement

What our members can expect and what is expected of them.

Sunshine Health's member rights and responsibilities address members' treatment, privacy and access to information. We have highlighted a few below. There are many more and we encourage you to consult your provider handbook to review them. You can find the complete provider handbook online at www.sunshinestatehealth.com or get a printed copy by calling **1-866-796-0530**.

MEMBER RIGHTS INCLUDE, BUT ARE NOT LIMITED TO:

- Receiving all services that Sunshine Health must provide.
- Assurance that member medical record information will be kept private.
- Being able to ask for, and get, a copy of medical records, and being able to ask that the records be changed/corrected if needed.

MEMBER RESPONSIBILITIES INCLUDE:

- Asking questions if they don't understand their rights.
- Keeping scheduled appointments.
- Having an ID card with them.
- Always contacting their primary care physician (PCP) first for nonemergency medical needs.
- Notifying their PCP of emergency room treatment.