




## We're Here to Help

If you have any questions or concerns, please call 1-866-796-0530 and follow the prompts for "Provider."

### Welcome!

Welcome to Sunshine Health's new Provider News quarterly recap, a quick, convenient reference for you of notices we sent during Q1 2018. We appreciate your partnership, and this is just one way we are working to make sure you have all the information you need.

### Key

-  Medicaid, Long Term Care, Child Welfare
-  Ambetter
-  Allwell



## ALL PRODUCTS

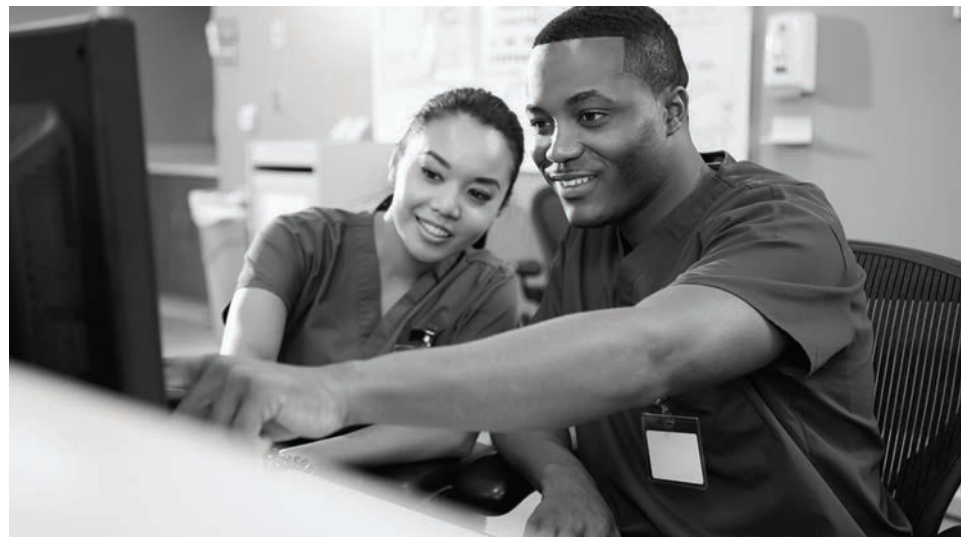
# Cenpatico Behavioral Health Moves to Sunshine Health Provider Portal

On March 29, 2018, behavioral health information previously found on the Cenpatico website moved to the Sunshine Health provider portal.

If you previously accessed the Behavioral Health secure provider portal through Cenpatico, you need to create a new account on Sunshine Health's provider portal at <https://www.sunshinehealth.com/providers.html>. If you already have an account at Sunshine Health's provider portal, you do not need to register again as behavioral health information migrated to your account beginning March 29, 2018.

The transition of behavioral health functions from Cenpatico, a subsidiary of Enolve PeopleCare, to Sunshine Health applies to all Sunshine Health products including Medicaid, Child Welfare Specialty Program, Long Term Care, Allwell (Medicare Advantage) and Ambetter from Sunshine Health (Marketplace).

This integration allows providers to access medical and behavioral health services in one place and have a single point of contact and benefits administration.



## Secure Provider Portal

When creating a new account on Sunshine Health's provider portal, follow these general guidelines:

1. Practice Account Manager creates an account request.
2. After Account Manager is granted access, all others can request access.
3. Account Manager reviews and approves access for others.

Through the Sunshine Health secure provider portal, you can:

- Check member eligibility
- Submit and manage claims
- Submit and view prior authorizations
- Review and download payment history
- View member gaps in care
- Send secure messages to Sunshine Health
- Manage multiple accounts

Product	Visits without PA	Visits with PA
Allwell (Medicare Advantage)	Unlimited	N/A
Ambetter (Marketplace)	Unlimited	N/A
Child Welfare Specialty Plan	26 at BH facility or Community Behavioral Health Center 12 at private practice office	No limit, but must be medically necessary
Healthy Kids	26 at BH facility or Community Behavioral Health Center 12 at private practice office (Must be a licensed Healthy Kids practitioner.)	No limit, but must be medically necessary
MMA	26 at BH facility or Community Behavioral Health Center 12 at private practice office	Adults over 21 have a limit of 26 sessions. Those under 21 have no limit, but must be medically necessary.



## ALL PRODUCTS

# Outpatient Behavioral Health Services

After the tragedy at Marjory Stoneman Douglas High School in Parkland, we want to remind you of the outpatient behavioral health services available to Sunshine Health members without prior authorization (PA).

For Ambetter (Marketplace) and Allwell (Medicare Advantage) members, there are no prior authorization requirements for outpatient therapy services that are provided in-network. In addition, there are no service limits on the number of sessions members may receive.

Sunshine Health Managed Medical Assistance (MMA), Child Welfare Specialty Plan and Healthy Kids members, without prior authorization, may receive up to 12 sessions with a private practice, behavioral health provider or up to 26 sessions at an outpatient facility or Community Behavioral Health Center. A prior authorization is required for subsequent sessions.

## Free crisis hotline

Sunshine Health established a 24-hour toll-free crisis hotline at 1-877-941-8079 for the Broward County community and anyone affected across the state.

If you were impacted by the tragedy at Marjory Stoneman Douglas High School in Parkland and would like to connect to a licensed professional, we encourage you to call.

This line is staffed by healthcare professionals offering counseling as well as referrals for additional local resources.

This is a free service for the community; you do not need to be a Sunshine Health plan member to call.

Spanish speaking services are available to callers.





## ALLWELL, AMBETTER

# LexisNexis Will Be Contacting You

Sunshine Health values the excellent care that our Allwell and Ambetter provider partners deliver to our members.

As you know, a critical component of quality care is ensuring that our members can easily find the right provider. That is why we partnered with LexisNexis last year to validate the accuracy of our provider demographic data. We appreciate your support of that effort.

To ensure that our provider demographic data is always current for our members, we are partnering with LexisNexis to validate the data on a quarterly basis. The first of the 2018 quarterly validation efforts began in March.

Providers will receive a joint email from LexisNexis and the American Medical Association requesting your attestation that your data is current. If your information has changed, please be sure to update it at that time. Attestations are due within two weeks of receipt of the request.

By updating your demographic information in the AMA portal, you can ensure that your edits are implemented across all Medicare and Marketplace payers who also use the AMA portal. Without current demographic information, members may have difficulty locating providers in their area and care needs may go unmet. Additionally, these updates are required by CMS and covered in your Participating Provider Agreement with Ambetter from Sunshine Health.



## AMBETTER

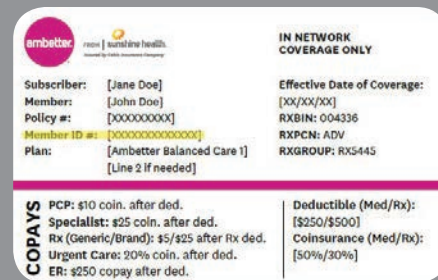
### Common claim rejections

We recently identified two common reasons for Ambetter claims rejections. Those reasons are:

- Incorrect taxonomy placement on claims
- Incorrect Member ID numbers

We understand that you may have recently been impacted by claims rejected for these reasons. In order to ensure that your claims are paid timely and accurately for the care that you provide to our members, we have enclosed a few reminders regarding the correct Ambetter billing procedures for these two claims items.

If you have any questions or concerns, please reach out to our Provider Services team at 1-877-687-1169.



### Billing with correct Member ID number

#### Member ID #

Correct Member ID is required when billing for any Ambetter member. Please be aware that the person indicator is different for the subscriber and dependent(s). This is represented by the last 2 digits of the Member ID.

#### Member Date of Birth Reject:

If you receive a reject related to Date of Birth, please verify that you are billing with the correct Member ID for the patient not the subscriber. The Member ID can be verified via the Ambetter web portal.



## AMBETTER

# Ambetter Claim Submission Reminder

### TAXONOMY PLACEMENT ON CLAIMS

CMS 1500 Paper Submission:

- Rendering – Box 24I should contain the qualifier “ZZ.” Box 24J (shaded area) should contain the taxonomy code.
- Billing – Box 33b should contain the qualifier “ZZ” along with the taxonomy code.
- Referring – If a referring provider is indicated in Box 17 on the claim, Box 17a should contain the qualifier of “ZZ” along with the taxonomy code in the next column.

837 Professional Electronic Submission:

- Billing – Loop 2000A PRV01=“BI” PRV02 = “PXC” qualifier PRV03 = 10 character taxonomy.
- Rendering – Loop 2310B PRV01=“PE” PRV02 = “PXC” qualifier PRV03 = 10 character taxonomy code002E
- Please note that “PXC” is the correct qualifier and that there is no taxonomy number needed for referring physician.

UB-04 Paper Submission:

- Billing – Box 81CCa should contain the qualifier of “B3” in the left column and the taxonomy code in the middle column.

837I Electronic Submission:

- Billing - Loop 2000A PRV01 = “BI” PRV02 = “PXC” qualifier; PRV03 = 10 character taxonomy code

Please contact Provider Services at 844-293-2636 with any questions you may have.



### Contact for questions or issues with electronic billing

Ambetter c/o Centene EDI Department  
1-800-225-2573, extension 6075525  
or by e-mail at: EDIBA@centene.com



## MEDICAID

# Medicaid Preferred Drug List Updates

The Florida Medicaid Pharmaceutical and Therapeutics Committee meets quarterly and gives recommendations to the Agency for Health Care Administration (ACHA) for updates to the Preferred Drug List. The following changes were made at the Jan. 19, 2018 committee meeting and were effective beginning Jan. 1, 2018. View the complete Preferred Drug List at [http://ahca.myflorida.com/Medicaid/prescribed\\_drug/pharm\\_thera/pdf/PDL.pdf](http://ahca.myflorida.com/Medicaid/prescribed_drug/pharm_thera/pdf/PDL.pdf).



### Added Medications

- Zovirax Ointment (Topical)
- Mavyret (Oral)\*
- Neomycin/Bacitracin/Polymyxin Oint (Ophthalmic)
- Pamidronate Disodium (IV)
- Vosevi (Oral)\*
- Olopatadine (Patanol) (Ophthalmic)
- Zoledronic Acid (Reclast) (IV)
- Ferraplus 90 Tablet (Oral)
- Olopatadine (Patanol) (Ophthalmic)
- Zoledronic Acid (Zometa) (IV)
- Iron/FA/B Complex (W/Vit C, Minerals) Tablet (Oral)
- Triptodur Kit (IM)
- Bevespi Aerosphere (INH)
- Vivitrol (IM)Ⓟ
- Utibron Neohaler (INH)
- Rozerem (Oral)

### Removed Medications

- Acyclovir Ointment (Topical)
- Viekira XR (Oral)
- Hemocyte-F Tablet (Oral)
- Tazicef (Injection)
- Humulin 70/30 Pen OTC (SQ)
- Iron Carbonyl/Docusate/B12-IF/FA/Multivitamin & Mineral Tablet ER 24H (Oral)
- Daliresp (Oral)
- Humulin Pen OTC (SQ)
- Epclusa (Oral)
- Ferrex 28 Tablet (Oral)
- Nephron FA Tablet (Oral)
- Ferrous Fumarate/FA/Multivitamin & Mineral Capsule (Oral)
- Harvoni (Oral) (12 Weeks)
- Fusion Sprinkles Powder Pack (Oral)
- TL-Hem 150 Tablet ER 24H (Oral)
- Technivie (Oral)
- Hematogen Capsule (Oral)
- Pataday (Ophthalmic)
- Viekira Pak (Oral)

### New Medications or Medications Not Previously Reviewed Given a Non-Preferred Status

- Ibandronate (IV)
- Zometa (IV)
- Fiasp Flextouch Pen (SQ)
- Reclast (IV)
- Vabomere (IV)
- Fiasp Vial (SQ)
- Miacalcin (Injection)
- Renflexis (IV)
- Humalog Junior Kwikpen (SQ)
- Xgeva (SQ)
- Tremfya (SQ)
- Austedo (Oral)
- Dilaudid Syringe (Injection)
- Symproic (Oral)
- Ingrezza (Oral)
- Fentanyl Citrate/PF Syringe (IV)
- Trulance (Oral)
- Tetrabenazine (Oral)
- Syndros (Oral)
- Armonair Respiclick (INH)
- Xenaxine (Oral)
- Duzallo (Oral)
- Haegarda (SQ)
- Cotempla XR ODT (Oral)
- Mydayis ER (Oral)

The following PDL changes were made Oct. 27, 2017, and were effective beginning Oct. 1, 2017.

### Added Medications

- Fycompa Suspension (Oral)
- Abilify Maintena (IM)\*\*
- Risperdal Consta (IM)\*\*
- Fycompa Tablet (Oral)
- Aristada (IM)\*\*
- Rosuvastatin (Oral)
- Lamictal Tablet Dose Pack (Oral)
- Invega Sustenna (IM)\*\*
- Erythromycin Ethylsuccinate 200 Suspension (AG) (Oral)
- Levocetirizine Tablets (Oral)
- Zonalon (Topical)
- Invega Trinza (IM)\*\*
- Restasis Multidose (Ophthalmic)

### Removed Medications

- Butrans (Transderm)
- Doxepin (AG) (Topical)
- Cotellic (Oral)
- Dilantin Infatab (Oral)
- Montelukast Granules (Oral)
- Zelboraf (Oral)
- Lamotrigine Tablet Dose Pack (Oral)
- Zafirlukast (Oral)
- Ketorolac LS (Ophthalmic)
- Amantadine Tablet (Oral)
- Ocreotide Acetate Ampul (Injection)

### New Medications or Medications Not Previously Reviewed Given a Non-Preferred Status

- Arymo ER (Oral)
- Rayaldee Capsule (Oral)
- Kisqali (Oral)
- Morphabond ER (Oral)
- Synjardy XR (Oral)
- Kisqali/Femara Kit (Oral)
- Loratadine Capsule OTC (Oral)
- Dupixent (SQ)
- Rydapt (Oral)
- Xadago (Oral)
- Ocrevus (IV)
- Alunbrig (Oral)
- Tymlos (SQ)
- Diclofenac/Capsicum Oleoresin Kit (Misc.)
- Rubraca (Oral)
- Kevzara (SQ)
- Pain Relief Collection Kit (Misc.)
- Zejula (Oral)
- Siliq (SQ)
- Xermelo (Oral)
- Xiidra (Ophthalmic)
- Airduo Respiclick (Inhalation)

\* Clinical PA \*\* Auto PA in progress Ⓟ Auto PA







## ALL PRODUCTS

# Chemotherapy Infusions

We wanted to provide you with guidance regarding chemotherapy infusions:

Chemotherapy infusions should be performed as an outpatient level of care if the infusion is expected to last 48 hours or less.

If a more acute level of care is needed beyond 48 hours, please submit an authorization request for an inpatient stay and it will be reviewed for medical necessity.

Prior authorization requirements for observation are as follows:

**Ambetter (Marketplace) and Allwell (Medicare Advantage):** Prior Auth needed only for hospitals that are not in the Sunshine Health network. Observation is less than 48 hours.

**Medicaid (including Child Welfare Specialty Plan) and Florida Healthy Kids:** Prior Auth required for all observations.



## EPSDT training now available

Sunshine Health is excited to announce that we are now offering Early Periodic Screening Diagnosis Treatment (EPSDT) training.

The training is designed to provide you with valuable information regarding covered services for providing care to those under 21 years of age and will cover these topics:

- EPSDT Overview
- AHCA Requirements
- Scope of Treatment & Services
- Medical Necessity
- Early Steps
- Provider Education
- Looking Ahead

To view the training, go to:

<https://www.sunshinehealth.com/providers/resources/provider-training.html>

There is no fee. All office staff are welcome to participate.



## Revised Influenza and Streptococcus Group A testing policy

At Sunshine Health, we often review clinical and payment policies to verify that they align with the current health needs of our communities.

We recently reviewed our Clinical Policy 'Influenza and Streptococcus Group A Testing,' and decided to discontinue this policy. Effective Jan. 30, 2018, we are no longer implementing the edit denying payment for influenza testing performed on the same date of service as streptococcus testing.



## MEDICAID

# AHCA Waiver Consolidation

The Agency for Health Care Administration (AHCA) consolidated three waiver programs that offer services similar to the Statewide Medicaid Managed Care program. These waiver programs include: Project AIDS Care (PAC), Traumatic Brain Injury and Spinal Cord Injury (TBI/SCI) and Adult Cystic Fibrosis (ACF).

Some patients previously in these waiver programs were moved to Sunshine Health's Managed Medical Assistance (MMA) or Long Term Care (LTC) health plans as of Jan. 1, 2018.

Sunshine Health has extensive experience in serving members with complex medical needs and looks forward to working with you to coordinate care for your patient(s). Your patient(s) will not lose access to needed medical services because of this transition. In fact, your patient(s) will have access to expanded benefits that were not offered as part of the waiver programs.

## Easing the transition

Here are a few important things to remember during this transition:

**Claims:** Providers should continue providing any services that were previously authorized, regardless of whether the provider is in Sunshine Health's network. Sunshine Health will pay providers for previously authorized services for up to 60 days. Sunshine Health will pay non-network providers at the rate previously received for up to 30 days. After the first 30 days and until the end of the continuity of care phase, non-network providers will be paid 100% of the Medicaid fee schedule. After that, members must utilize a provider in Sunshine Health's network.

**Prescriptions:** New members previously in one of the three mentioned waiver programs may continue to receive their prescriptions through their current provider for up to 60 days. After that period, members must utilize a provider in Sunshine Health's network.





**ALLWELL**  
 Thank You for Being “All In”  
 with Allwell from Sunshine Health

This is a reminder that our Medicare Advantage products are now branded as Allwell from Sunshine Health. Please share with your staff so they are aware of this change and know to tell any new members calling your practice that you are in network for Allwell.

We’re dedicated to helping you and your patients stay informed and have many resources available to make working with us easier. We believe that Medicare Advantage doesn’t have to be complicated.

Please visit [allwell.sunshinehealth.com](http://allwell.sunshinehealth.com) to view

your Provider and Billing Manual, news updates, notifications and other valuable resources. We also have monthly provider orientations online that provide an overview of the plan, benefits, authorization and claim processes and more.

Sign up for the webinar here: <http://bit.ly/Allwelltraining>

If you have any questions about our Medicare Advantage HMO or HMO Special Needs plans, please call Provider Relations at 1-844-293-2636 (HMO) or 1-877-935-8022 (HMO SNP) and follow the “Provider” prompts.



**ALL PRODUCTS**

Get Real-Time Data to Close  
 Patient Care Gaps with Interpreteta

Improve health outcomes using analytics updated daily on Sunshine Health’s Payer Space on the Availity Portal.

Interpreteta continuously updates, interprets and synchronizes clinical and genomic data, creating a personalized member roadmap to orchestrate timely care. These real-time insights offer patient-specific information to optimize quality improvement.

The benefits for you and your patients:

- **Quality:** HEDIS care gap information is updated daily by Interpreteta using data from pharmacy, membership and claims.
- **Performance:** Maximize your bonus for measures included in our quality pay-for-performance.
- **Membership:** Information is available for all Sunshine Health members, including Medicaid, Child Welfare, Long Term Care, Ambetter (Marketplace) and Allwell (Medicare Advantage).

**Additional training available**

If you do not yet have an Availity Portal login, or need assistance with training, visit Availity’s website at [www.availity.com](http://www.availity.com) to find easy-to-use instructions on how to create a free account.





**OUR PRODUCTS**

# One Plan. Always Covered.

**Managed Medical Assistance (Medicaid)**

Giving Medicaid members choices for healthcare services and management to get and stay well.

**Long Term Care**

Advancing independent living through individual care planning and specialized service.

**Child Welfare Specialty Plan**

Building a care coordination and case management network around children in Florida's Child Welfare System.



**Marketplace**

Offering access to essential health benefits through the Health Insurance Marketplace.



**Medicare Advantage**

Offering Medicare beneficiaries quality health insurance to improve whole health with extra benefits including dental, vision, hearing services.

**Healthy Kids**

Offering full pay, comprehensive health insurance to Florida's children.