Provider **News**

sunshine health

We're here to help

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

Key

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

Welcome!

Emails, faxes, letters — we know it can be hard to keep track of them all — that is why we are now providing a quarterly Provider News recap.

This newsletter contains all notices sent in the last quarter, plus helpful information like upcoming online training sessions. All of Sunshine Health's products — Allwell (Medicare), Ambetter (Marketplace), Medicaid, Long Term Care, Healthy Kids and Child Welfare Specialty Plan — are covered and clearly labeled.

This newsletter is also available on **SunshineHealth.com** under "Provider News."

DR. JEFFREY MARTORANA
CHIEF MEDICAL DIRECTOR

Dear Valued Provider,

At Sunshine Health, we know that communication is the foundation for coordinated, quality healthcare. Our mission in this quarterly Provider Newsletter is to provide you with important health plan news and a summary of the previous quarter's communications in one place so you can focus more of your valuable time caring for your patients, our members.

As a family physician, I appreciate the difficulty in following "the various rules" of a managed care company. I know that you didn't get into medicine to memorize taxonomy codes and preferred drug lists, but without these tools we cannot assist your patients in achieving better health outcomes in an efficient manner.

We are here to make managed care processes easier for you. Is there a specific form or process slowing you down every month? Do you need help with our secure provider portal, accessible on SunshineHealth.com? Let us know which issues you'd like to learn more about. Please contact your Provider Partnership Manager or call Provider Services at 1-866-796-0530.

In this issue, you'll find information about our new 2018 Pay for Performance Program, along with important information on managing the opioid crisis and provider trainings.

Thank you for being a valued Sunshine Health provider. We look forward to hearing how we can serve you better.

Sincerely,

Jeffrey T. Martorana, M.D.,
Sunshine Health Chief Medical Director

In this issue

Secure provider portal

When creating a new account on Sunshine Health's provider portal, follow these 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.**

Town halls

Stay tuned to "Provider News" on **SunshineHealth.com** for a schedule of upcoming meetings.

ALL PRODUCTS

Provider Training Available Online

Whether you're a new Sunshine Health provider or have been with us for years and just need a refresher on authorizations and billing, our monthly trainings are available for free through Relias Learning Management System. See "Provider Training" on SunshineHealth.com.

Webinar	Training Highlights	
New Provider Orientation	• Sunshine Health overview • Product overview — Medicaid, Healthy Kids, Ambetter, Allwell • Partnership and network • Covered services and expanded benefits • Prior authorization • Billing overview	• Provider web portal • Electronic funds transfer/ electronic remittance advice • Marketing (per AHCA contract) • Fraud, waste and abuse • Provider support • Contact information
Provider Web Portal Training: Medicaid, Ambetter, Allwell, Healthy Kids	• Overview of Sunshine Health web portal • Helpful provider resources • How to register/add users and log in to the secure portal • Reports available to PCPs	• Account management overview • Patient eligibility check • Patient cost-sharing • Authorizations and claims features
Ambetter Provider Orientation	• Overview of the Affordable Care Act • The health insurance marketplace • Verification of eligibility, benefits and cost share • Specialty referrals • Prior authorization • Claim submission	• Claim payment • Grievances and appeals • Specialty companies/vendors • Ambetter website • Member incentives • Fraud, waste and abuse • Contact information
Allwell Provider Orientation	• Plan overview • Membership, benefits and additional services • Providers and authorizations • CMS mandatory trainings	• Preventive care and screenings • Model of care • Medicare STAR ratings

ALL PRODUCTS

What to Know About Risk Adjustment

Risk adjustment is the process by which health plans are reimbursed based on the health status of their members. It helps match payment to risk by estimating healthcare expenses based on the disease conditions ascribed to the population. The state and Centers for Medicare & Medicaid Services use risk adjustment to more accurately pay health plans for the predicted healthcare cost of their members. Risk adjustment helps identify patients who may need disease management intervention as well as gaps in clinical documentation. Accurate and efficient documentation improves collaboration between health plans and providers, which helps improve care plans and treatment strategies, with the ultimate goal of better health outcomes.

Your role in risk adjustment is essential. Providers are the largest source of medical data for all risk adjustment models. Risk adjusted payment depends on accurate diagnosis coding on claims and complete medical record documentation.

Providers should follow general documentation requirements and review the Official ICD-10-CM Guidelines for Coding and Reporting along with E&M Service guidelines regarding chronic conditions. When generating progress notes, providers must include support for what is coded and billed (ICD-10-CM, CPT, and HCPCS) and show medical necessity. Progress notes must stand alone, be complete and contain legible signature and credentials.

This is the first in an educational series on risk adjustment. For more information, please visit the “Provider News” section on SunshineHealth.com.

ALL PRODUCTS

New 2018 Pay for Performance Program

We appreciate the partnership we have with you to encourage our members — your patients — to take a more active role in their health and visit you for regular checkups and chronic condition management.

These shared goals are reflected in Sunshine Health’s new 2018 Pay for Performance (P4P) Program. New this year, we identified opportunities to target additional areas that will further elevate quality, lead to measurable improvements in health outcomes and potentially avoid future health issues and preventable hospitalizations and emergency room visits. We also recently launched a real-time analytics platform to help you quickly and easily identify patient care gaps. It is powered by Interpreta and accessible through Sunshine Health’s Payer Space on the Availity Portal. The new P4P measures and thresholds also better align with the Centers for Medicare & Medicaid Services’ and Agency for Health Care Administration’s quality standards.

You should have received a packet of information about the new program the week of July 16. If you did not receive your packet, or need additional materials, please contact your Provider Partnership Management (PPM) representative.

ALL PRODUCTS

LexisNexis to Contact You

We want to ensure that your practice data is reflected accurately in our provider directories so that our members can access care.

We are working with LexisNexis Risk Solutions and the American Medical Association (AMA) Business Solutions to confirm all provider directory related information. These collaborators will send you an email on our behalf requesting your attestation in the Verify Health Care Portal. On this secure website, you can easily update your pre-populated information. If your data has changed, please be sure to update it in the portal. Attestations are due within two weeks of receipt of the request. Should you have questions on the portal or need help, the letter will provide you with contact information to address.

Please contact Provider Services at 1-866-796-0530 with questions you may have about the CMS requirements for attestation.

Get real-time data to close care gaps

Improve health outcomes using analytics updated daily on Sunshine Health’s Payer Space on the Availity Portal. If you do not yet have an Availity Portal login, visit availity.com for instructions on how to create a free account.

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 (AHCA) for updates to the Preferred Drug List. The following changes were made at the March 23, 2018, committee meeting and were effective beginning April 1, 2018. View the complete Preferred Drug List on AHCA's website.

Added Medications

- Albenza (Oral)
- Ofev* (Oral)
- Cinvanti (IV)
- Biltricide (Oral)
- Eucrisa (Topical)
- Enbrel Cartridge (SQ)
- Ivermectin (Oral)
- Derma-Smoothe-FS (Topical)

Removed Medications

- Captopril (Oral)
- Fluocinolone 0.01% Oil (Topical)
- Nateglinide (Oral)
- Abelcet (IV)
- Flovent Diskus (Inhalation)
- Calcium Acetate Tablet (Oral)

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

- Retin-A-Micro 0.06% Pump (Topical)
- Qvar Redihaler (Inhalation)
- Vyzulta (Opthalmic)
- Emverm (Oral)
- Trelegy Ellipta (Inhalation)
- Tracleer Suspension (Oral)
- Stromectol (Oral)
- Bydureon Bcise (SQ)
- Targadox (Oral)
- Motofen (Oral)
- Qtern (Oral)
- Ximino (Oral)
- Varubi (IV)
- Ozempic (SQ)
- Intrarosa (Vaginal)
- Impavido (Oral)
- Fasenra (SQ)
- Tuzistra XR Suspension (Oral)
- Xatmep Solution (Oral)

* Clinical PA

ALL PRODUCTS

New Opioid Prescription Limitations in Florida: HB 21 Law Effective July 1, 2018

Gov. Rick Scott signed the new HB 21 law into legislation effective July 1, 2018, setting limitations on opioid prescriptions and providing $65 million in funding to combat the opioid epidemic.

HB 21 requires various sections of law to intensify regulation, training and reporting when controlled medications are prescribed and dispensed. All providers certified to prescribe controlled medications must now complete a two-hour training course on safe and effective prescribing of controlled substances, renewed biennially.

HB 21 requirements:

- Anyone prescribed a schedule II opioid for acute pain will be limited to a three-day supply.
- If the prescriber feels more than three days are necessary, seven days may be prescribed. The seven-day prescription must say "acute pain exception" and the patient's record must include documentation for the acute condition justifying the seven day supply.
- Providers prescribing or dispensing controlled substances will first need to check a patient's history in the Florida Prescription Drug Monitoring Program.

Please note:

Penalties will be increased for those providing drugs that are medically unnecessary under the HB 21 law.

"Acute pain" does not include pain related to:

- Cancer
- A terminal condition
- Palliative Care to provide relief of symptoms related to incurable, progressive illness or injury
- A serious traumatic injury with an Injury Severity Score of 9 or greater

Opioid tool-kit available on SunshineHealth.com

- Summary Guidelines
- Assessment Tools
- Prescribing Agreements
- Tapering Tools
- Miscellaneous Prescriber Resources
- Sunshine Health Opioid Summit Presentations

Find the link under "Provider Training."

AMBETTER

Proper Taxonomy Codes Ensure Accurate Payment Adjudication

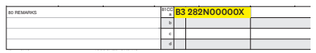
Ambetter from Sunshine Health has an update of important billing procedures and the requirement to use taxonomy codes on claims submissions.

Please ensure Ambetter claims include proper codes to ensure accurate payment adjudication. We will be unable to accept claims forms with incorrect or omitted taxonomy codes.

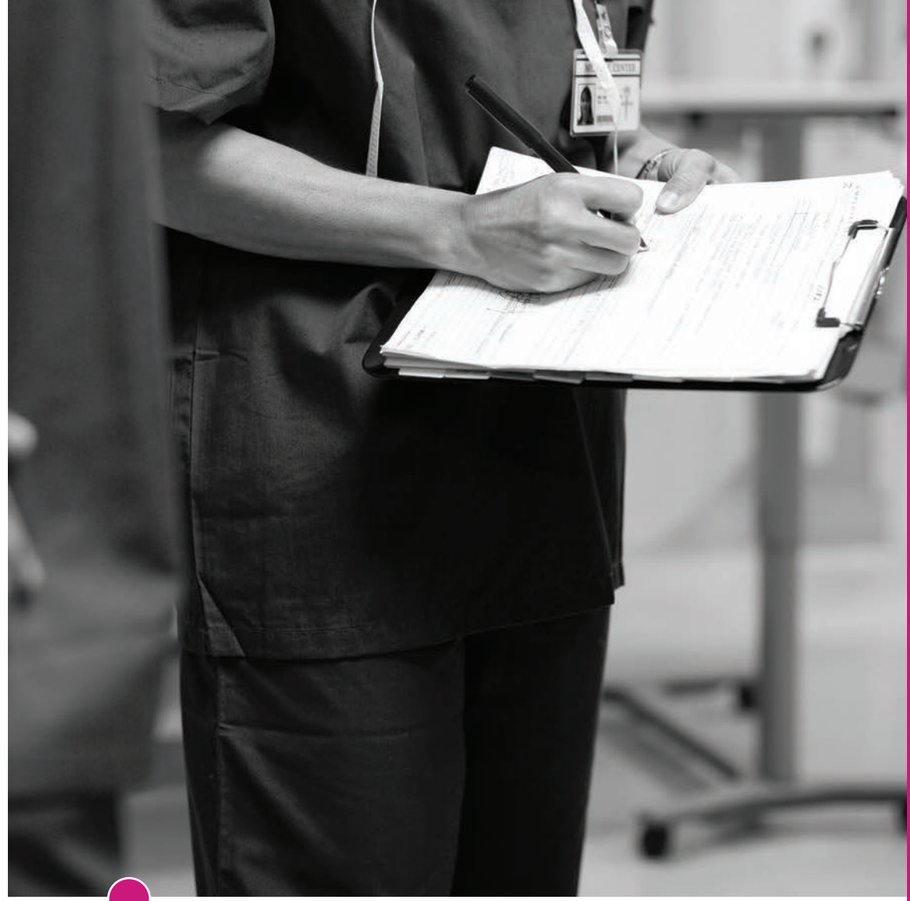
Providers are required to submit claims with the correct taxonomy code and qualifier consistent with the provider's specialty to ensure appropriate claim adjudication. Taxonomy codes are 10-digit federally established numbers that healthcare providers use to identify their unique specialty areas.

Below is information on how to apply taxonomy codes on claim forms.

TAXONOMY PLACEMENT ON A CLAIM

CMS 1500	**PAPER SUBMISSION:** **Billing** — Box 81CCa should contain the qualifier of "B3" in the left column and the taxonomy code in the middle column.  **ELECTRONIC SUBMISSION:** **Billing** — Loop 2000A-PRV01 "BI" = "Billing"; PRV02 - "PXC" qualifier; PRV03 = 10 character taxonomy code.
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 qulifier of "ZZ" along with the taxonomy code in the next column. 
	ELECTRONIC SUBMISSION: **Rendering** — Loop 2310B PRV01 "PE" = Referring PRV02 = "ZZ" qualifier PRV03 = 10 character taxonomy code. **Billing** — Loop 2000A-PRV01 "BI" PRV02 = "ZZ" qualifier PRV03 = 10 character taxonomy. **Referring** — If a referring provider is indicated in Box 17 on the claim, Box 17a should contain the qulifier of "ZZ" along with the taxonomy code in the next column.

To learn more about claim submission requirements, please visit the Ambetter provider website at A**mbetter.SunshineHealth.com** and reference our provider and billing manual. If you have any questions, call **1-877-687-1169**.



Policy change

Number: CC.PP.053

Policy Name:
Non-Emergent ER Services

Policy Description:
The purpose of this policy is to define payment criteria for non-emergent emergency room services to be used in making payment decisions and administering benefits. When a hospital, free-standing emergency center or physician bills a level 4 (99284) or level 5 (99285) emergency room service with a non-emergent diagnosis, the provider will be reimbursed at a level 3 (99213) contracted rated.

Line of Business:
Ambetter

AMBETTER

Policy Changes Effective Aug. 1, 2018

Sunshine Health periodically updates its policies and procedures related to utilization management processes, payment and coverage policies. This notice informs you of changes that will be implemented starting on Aug. 1, 2018.

We believe that publishing this information helps providers to bill claims more accurately, therefore reducing unnecessary denials and delays in claims processing and payments. For the policy referenced in the box above, we will apply these policies as medical claims reimbursement edits within our claims adjudication system. This is in addition to all other reimbursement processes that Sunshine Health employs.

Our Payment and Clinical Policies are located in Provider Resources (Manuals, Forms & Resources) on SunshineHealth.com.

Please remember that it is your responsibility to communicate this change to your facilities or providers associated with your Tax Identification Number (TIN).

MEDICAID

Achieving Patient Centered Medical Home (PCMH) Status

Sunshine Health actively supports offices seeking or renewing Patient Centered Medical Home (PCMH) designation. This model of care accentuates partnership among the physician, patient, office staff and clinical team and promotes whole-person care.

The PCMH model is based on population health management and the concept of the Quadruple Aim: better care, better outcomes at a lower cost, and improved provider experience.

Sunshine Health can help support you in achieving a PCMH designation. First, establish a senior management and physician-led PCMH transformation team that includes all levels and areas of your practice. This team can help you understand how patients access care. Are they coming in for routine visits, avoiding unnecessary emergency room use? Do you know which patients need care management due to chronic conditions or behavioral health issues? Can you easily pull reports from your electronic health records? These are some of the questions to ask when beginning the PCMH certification process.

Achieving PCMH status takes time, effort, commitment and patience. However, the PCMH model can ultimately lead to a happier care team and a healthier bottom line.

For more information, please contact Jill Metlin at 1-904-646-6247, or jmetlin@centene.com.

For more information on PCMH requirements, visit: ncqa.org; aaahc.org; jointcommission.org; or urac.org.

MEDICAID, ALLWELL, AMBETTER

Payment Processes and Coverage Policy Changes

Sunshine Health publishes its Payment Policies to inform providers about acceptable billing practices and reimbursement methodologies for certain procedures and services. Publishing this information helps providers to bill claims more accurately. We will apply the policies referenced below as medical claims reimbursement edits within our claims adjudication system. This is in addition to all other reimbursement processes that Sunshine Health employs.

Our Payment and Clinical Policies are located in Provider Resources (Manuals, Forms and Resources) on our SunshineHealth.com.

Please remember that it is your responsibility to communicate these changes to your downstream providers or any providers associated with your Tax Identification Number (TIN).

The payment policies below became effective on June 1, 2018.

Number	Policy Name	Policy Description	Line of Business (LOB)
CP.MP.152	Measurement of Serum 1,25-dihydroxyvitamin D	This policy addresses when measurement of 1,25(OH)2D is appropriate and medically necessary.	Medicaid, Allwell, Ambetter
CP.MP.153	Helicobacter Pylori (H. pylori) Serology Testing	This policy outlines why serologic antibody testing cannot distinguish between an active infection and a past infection, and why alternative, non-invasive testing methods (e.g., the urea breath test and stool antigen test) exist for detecting the presence of H. pylori.	Medicaid, Allwell, Ambetter
CP.MP.154	Thryoid Hormones and Insulin Testing in Pediatrics	This policy discusses the medical necessity requirements for the testing of thyroid stimulating hormone [TSH], thryoxine [T4] as well as by insulin.	Medicaid, Ambetter
CP.MP.155	EEG in the Evaluation of Headache	This policy addresses the use of EEG in the diagnostic evaluation of headache.	Medicaid, Allwell, Ambetter
CP.MP.156	Cardiac Biomarker Testing for Acute Myocardial Infarction	This policy discusses the medical necessity requirements for testing of cardiac biomarkers.	Medicaid, Allwell, Ambetter
CP.MP.157	25-hydroxyvitamin D Testing in Children and Adolescents	The policy outlines the recommendations against universal screening for vitamin D deficiency in healthy children.	Medicaid, Ambetter

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 or adopted from 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.