



Provider Newsletter: Q1 2023 Highlights

REDETERMINATION

Help Patients Keep Their Health Coverage

Many Medicaid enrollees will lose their coverage in the coming year due to the end of the COVID-19 Public Health Emergency. The declaration allowed Medicaid members to continue receiving benefits without showing proof of income.

But now that the emergency is over, many will lose their coverage as the normal process for renewing Medicaid begins. The process of determining who is eligible for Medicaid is called redetermination, and providers play an important role in helping our members keep their health coverage.

There are 2 important things providers can do to help patients maintain their health coverage:

1. Remind them that they must verify their eligibility to keep their Medicaid coverage.
2. If they're not eligible, let them know they still have coverage options.

Sunshine Health will continue educating providers on how to help members through this process. If you have questions regarding redetermination, visit SunshineHealth.com or call Provider Services at 1-844-477-8313.

More information to share with your patients

- They should receive a letter with a **yellow stripe** from the Department of Children and Families (DCF) 45 days before their redetermination date.
- They can also expect emails and text messages — including a final reminder 10 days before their coverage ends — if they don't recertify.
- They can update their contact information, upload documents and check their redetermination date with [DCF](#).
- If their eligibility is confirmed, they can continue their existing coverage.
- If they are no longer eligible for Medicaid, they can explore [our Marketplace options](#).
- Dual members who no longer qualify for Medicaid but are still eligible for Medicare can view [our Wellcare Medicare plan options](#).



Improving the Health of our Community — Together

Doula Services Do Not Require Prior Authorization



Here's important news for expectant mothers and the physicians who treat them:

Doula services do not require prior authorization.

Sunshine Health covers doula services for members ages 13 years and older with the goal of improving birth outcomes, reducing pre-term births and improving prenatal care. Doula visits can take place at home, in a doctor's office or at a public place.

If your patient needs the services of a doula, please direct them to contact the Doula Network team at 1-877-436-8527, extension 0.

Sunshine Health's new [Doula Quick Reference Guide \(PDF\)](#) is also available with valuable information about billing and coding.



If you or someone you know is struggling or in crisis, call or text 988 or chat 988lifeline.org for 24/7/365 help.

Simple Steps Save Lives: Free Suicide Prevention Training for Providers

Suicide is a growing threat to public health and one of the leading causes of death in the United States. In 2021, there was 1 death by suicide every 11 minutes in the U.S.

Providers will likely encounter patients at risk of suicide — but they're also in a position to help: **Nearly half of those who died by suicide visited their primary care provider a month before dying.**

Sunshine Health is helping providers address this problem by sponsoring a free, hour-long webinar featuring Dr. Virna Little, a national suicide prevention expert. It will teach strategies and interventions providers can utilize during primary care visits to identify and help patients at risk of suicide.

Register now for "[Simple Steps to Help Save Lives: Practical Suicide Prevention in Primary Care for Students and Newly Practicing Clinicians](#)," which will be held at 2 p.m. on Tuesday, July 11.

The [Association of Clinicians for the Underserved](#) also developed two guides to help providers:

- [Quick Tips \(PDF\)](#) to help providers identify and help patients at risk of suicide.
- [Toolkit \(PDF\)](#) to help providers identify and help elderly patients at risk of suicide.



Improving the Health of our Community — Together

Register for Provider Specific Town Hall Sessions



Providers can learn about important updates and policy changes in the areas that matter most to them via Sunshine Health's Town Halls.

You can attend every session virtually — and attend as many as you want. This year we invite you to join us at in-person sessions that will be held in our Welcome Rooms in **Lauderhill, Miami and Orlando.**

Space is limited, so please register in advance using the links. If you're attending an in-person session, please register online and also email your RSVP to [Alexandria Cotto](mailto:Alexandria.Cotto).

We'll answer questions during each session — and afterward. Each session will also be recorded and available to view on our [Provider Training](#) page.

Sessions start at 11 a.m. Most take place on a Wednesday. To register, click on the sessions you want to attend.



2023 Town Hall Sessions

- [May 17: Doula Provider](#)
- [May 31: Durable Medical Equipment \(DME\) Provider](#)
- [June 14: Early Intervention Services \(EIS\) Provider](#)
- [June 28: Hospice Provider](#)
- [July 13: Hospital & Outpatient Center \(hybrid\)](#)
Lauderhill Welcome Room
1299 NW 40th Ave., Suite C
Lauderhill, FL 33313
- [July 26: Medical Foster Care \(MFC\) Parent](#)
- [Aug. 9: Partners in Care: Together for Kids \(PIC:TFK\) Provider](#)
- [Aug. 23: Pediatric Prescribed Extended Care \(PPEC\) Provider](#)
- [Sept. 6: Pediatric Primary Care Physician \(PCP\) Provider](#)
- [Sept. 20: Adult Primary Care Physician \(PCP\) Provider](#)
- [Oct. 3: Specialist Provider \(hybrid\)](#)
Orlando Welcome Room
6801 E Colonial Drive, Suite E
Orlando, FL 32818
- [Oct. 18: Therapy Provider](#)
- [Nov. 1: Long-Term Care \(LTC\) Provider \(hybrid\)](#)
Miami Welcome Room
9552 W 160 St.
Miami, FL 33157

Check out Sunshine Health’s New HEDIS Gaps in Care Guides



HEDIS (Healthcare Effectiveness Data and Information Set) is a set of standardized performance measures developed by the National Committee for Quality Assurance (NCQA) which allows comparison across health plans. It’s how NCQA holds Sunshine Health accountable for the timeliness and quality of healthcare services delivered to its diverse membership.

Providers can access Sunshine Health’s [HEDIS At-A-Glance Guides](#) online. Here are the latest:

- [Behavioral Health \(PDF\)](#)
- [Diabetes Care \(PDF\)](#)
- [Pediatric Measures \(PDF\)](#)
- [Women’s Health Measures \(PDF\)](#)



Sunshine Health Covers 3D Mammograms

The key to successfully treating breast cancer is to find it early, when it’s small and hasn’t spread. That’s why your patients should undergo regular screenings.

Sunshine Health covers 3D mammograms for our members, and recently made an important policy change:

Prior authorization is NOT required for mammograms.

Test	CPT Code	Description
3D Mammogram Diagnostic	77061	One breast
3D Mammogram Diagnostic	77062	Two breasts

Also known as digital breast tomosynthesis (DBT) or just tomosynthesis, this promising technology is becoming more common (though it is not yet available at all breast imaging centers). It uses X-rays taken from different angles to create a 3D image of the breast and has shown to be helpful examining women with dense breasts. [A new study of more than 1 million women](#) shows just how much better this technology is: 3D mammograms find more breast cancers and have a lower false-positive rate than 2D mammograms. That lowers the chances that a patient will be called back for follow-up testing.



Improving the Health of our Community — Together

Your Practice Must Follow State Appointment Standards

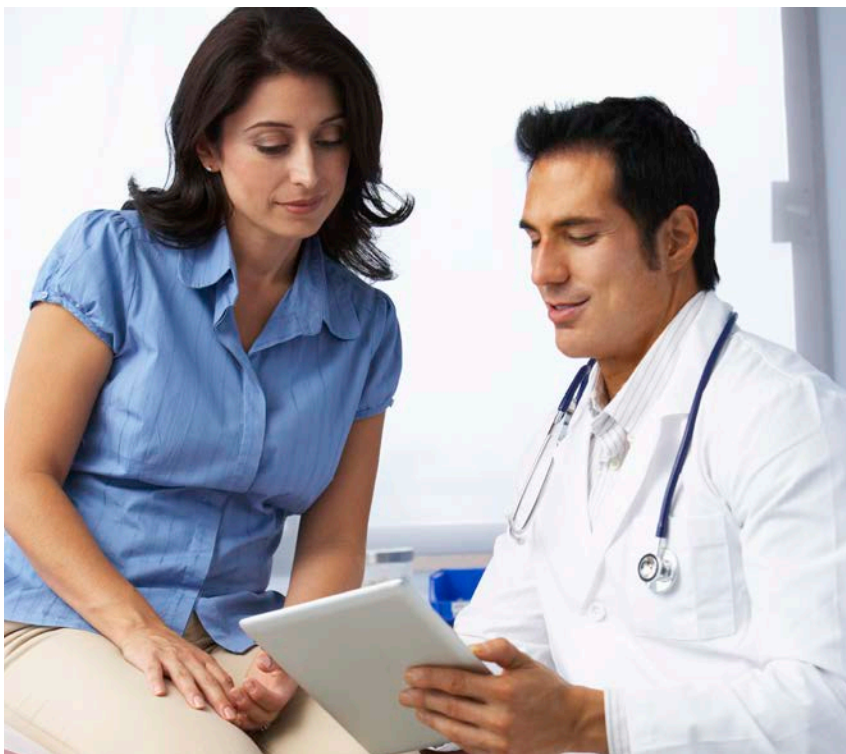


The Agency for Health Care Administration (AHCA) sets standards for scheduling appointments for medical services and behavioral health services.

These standards determine how many days or hours your practice has to schedule appointments with members seeking urgent care, a routine check-up or a follow-up visit. There are also limits to how long members should wait on the phone to make appointments.

Remember, they're meant to help your practice provide the best care possible to your patients, our members.

Please read the Sunshine Health [Provider Standards for Appointment Scheduling \(PDF\)](#) to learn which rules your practice should follow.



Learn About Maternity Benefits and Support For Members

Sunshine Health offers an array of benefits, resources and services to help ensure the health and safety of expectant mothers and their babies.

Providers can learn what benefits are available to their pregnant members using the [Maternity Benefits and Member Supports](#) web page.

There's a lot to learn about the standard benefits (reproductive services and primary care physician visits), expanded benefits (cell phones, home delivered meals and swimming lessons) and special programs ([The Doula Network](#), [Optum](#) and [Start Smart for Your Baby](#)) offered by Sunshine Health.



Improving the Health of our Community — Together

Providers, Learn to Add Facilities to Contracts

Sunshine Health wants to make it easy for help providers to learn how to add facilities to an existing contract.

The [How to Add Facilities to Existing Contracts](#) web page has all the information you need to add a facility.

This resource has everything providers need to know: What forms to fill out and what documents to provide. The documents that providers need to submit are also available.

Please remember that the application must be signed within the past 6 months of credentialing and providers must attach a W-9 tax form signed within the past 12 months of their application.



Check Out Our New Auths Made Easy (AME) Webb App

Sunshine Health is piloting a new, improved tool for obtaining prior authorization: the [Auths Made Easy \(AME\) Web Application](#).

The new tool is designed to save time, reducing the time it takes to submit an authorization by 2-3 minutes. No registration is required or signing into the [Secure Provider Portal](#). Providers will also receive immediate notifications after submitting their requests.

For now, the tool can only submit outpatient authorizations. It is currently available to those who have joined the AME pilot.

If you're interested in this new provider tool, check out our [video presentation](#).

Create Prior Authorization

Check if a procedure requires prior authorization or where to submit prior authorizations for certain requests. Link to our [Pre-Auth Check Tool](#). All out of network requests require [Prior Authorization](#), except emergency care and out-of-area requests.

Authorization Type

Select an authorization type

Validate Provider and Member

All the fields in the form are required. Complete and submit the following information to confirm you are authorized to create a prior authorization for an eligible member.

Requesting Provider

API: 1336175587 TIN: 34-1853567


Add Member Information

Member ID: 9453511854 Last Name: ACEVEDO Date of Birth: 12/09/2000

For non-participating providers, [Join Our Network](#)

DISCLAIMER: An authorization is not a guarantee of payment. Member must be eligible at the time services are rendered. Services must be a covered Health Plan Benefit and medically necessary with prior authorization as per Plan policy and procedures.

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SUBMIT AUTH



Improving the Health of our Community — Together

Special Supplemental Benefits for the Chronically Ill Attestation: Process Change

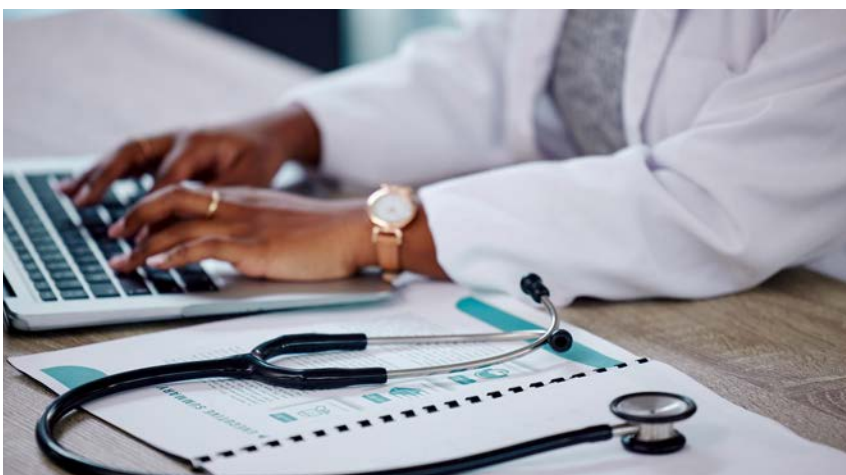


The process for determining eligibility and the attestation requirement for Wellcare providers will change from a fax to an online system through sbci.rrd.com.

Members are required to schedule an office visit with their provider for evaluation. Once the appointment is made follow the steps below:

- Visit sbci.rrd.com.
- Follow the steps on sbci.rrd.com to evaluate your patient against the eligibility requirements outlined on sbci.rrd.com.
- Submit an attestation form through sbci.rrd.com indicating your patient meets the eligibility requirements.
- Submit a claim containing the appropriate diagnosis codes from this office visit indicating a member has been diagnosed with one or more qualifying chronic conditions listed on sbci.rrd.com.

Upon receipt of all required information, the member will be sent an approval or denial letter within 10 business days. Approval letters include information on steps the member should follow to activate supplemental member benefits.



Providers Cannot Bill Medicare, Medicaid or CMS Health Plan Members

Here's an important reminder about an illegal billing practice: Providers cannot bill Medicare, Medicaid or CMS members for fees and surcharges.

That includes services that are not covered by the members' Medicare, Medicaid and CMS plans.

The practice is called balance billing and it is strictly prohibited by state and federal law and by the Sunshine Health Provider Participation Agreement (PPA).

Providers cannot legally engage in a collection action to obtain payment — or threaten to do so — for any fees above and beyond a member's copayment and coinsurance responsibilities, or for services denied by Sunshine Health.

Read our [Balance Billing Frequently Asked Questions \(PDF\)](#) to learn more.

Children’s Medical Services (CMS) Health Plan Wrap Up

Guidance for Treating Sickle Cell Disease

If you’re treating a young patient diagnosed with sickle cell disease, try using the drug hydroxyurea.

In 2014, the National Heart, Lung, and Blood Institute published recommendations for the use of hydroxyurea and it is now an important drug therapy for sickle cell disease. These guidelines support the following benefits of hydroxyurea:

- Increases fetal hemoglobin
- Reduces the “sickling” of red blood cells
- Improves blood flow
- Reduces stroke, acute pain episodes, transfusions, mortality, and hospitalizations by up to 40%
- Preserves spleen and kidney function in patients older than nine months

If a patient is intolerant or cannot use hydroxyurea, please consider Endari, Adakveo or Oxbryta. However, these drugs may require prior authorization.



Proper Epilepsy Prescription Refills

Medication adherence is an important part of managing epilepsy. Please check and make sure your young patients are regularly refilling their antiepileptic medications.

Adherence can be defined as a member filling their prescriptions for a diagnosis at least 80 percent of the time over a year period. If you have patients who are not getting their prescriptions filled, please speak to the parents or guardians about how important it is for the child in their care to take their medication regularly.

Find Updated CMS Health Plan Prior Auth forms on SunshineHealth.com

Here are two prior authorization forms now available:

- [Prior Authorization Request Form \(PDF\)](#)
- [Medication Prior Authorization Form \(PDF\)](#)