



Provider Newsletter: Q1 2024 Highlights

Sunshine Health Has Training Providers Need

Education is a priority for Sunshine Health. That's why we are always offering providers and their staff the training, tools and resources needed to help provide the best healthcare possible to your patients, ensure compliance with regulators' rules and keep your practice running smoothly and efficiently.



Every week, Sunshine Health hosts online training webinars designed to educate providers on an array of subjects. Attend as many as you like.

Provider Specific Town Halls

Sunshine Health staffers hold virtual town hall sessions on a bi-weekly basis. There will also be in-person sessions held in our Community Connections Centers in Miami, Orlando, Tallahassee and Tampa this year. We'll answer questions during and after each session. Each session is recorded and available to view on our Provider Training web page. Topics include:

- Provider news, updates and policy changes
- The latest on authorizations, billing, claims, enrollment and other important areas
- Solutions and work-arounds to common barriers and challenges
- Frequently Asked Questions (FAQ)

Check out the full schedule of [Town Hall webinars](#). To register, select the sessions you want to attend.

CDI Webinars

We offer virtual Clinical Documentation Improvement (CDI) webinars throughout the year to help providers improve their practice's coding skills. The virtual training sessions are focused on the [2024 CMS Model](#) and [ICD-10 Diagnosis Code Updates](#). Benefits include:

- Learning best practices for documenting a member's medical record
- Understanding different principles for documenting and coding
- Enhancing applicable Appointment Agendas submitted to the Health Plan
- Getting an overview of Risk Adjustment and Hierarchical Condition Categories

Check out the full schedule of [CDI webinars](#). To register, select the sessions you want to attend.



Improving the Health of our Community — Together

SBIRT Training

You are invited to join our training on Screening, Brief Intervention, and Referral to Treatment (SBIRT) on June 5. This training focuses on screening and referral to treatment for alcohol and substance use for patients in a healthcare setting.

Attendees will gain clinical knowledge and skills to implement SBIRT in their practice. Providers who complete the training will earn 2.5 training hours and 2 Continuing Education (CE) credits.

Date: June 5, 2024

Time: 10 a.m. to 12:30 p.m. Eastern

Register for [SBIRT Training](#).



Sunshine Health Resource Guides

These guides offer a list of departments for Sunshine Health Medicaid (MMA) and Children's Medical Services (CMS) Health Plan that can help coordinate and authorize the services that members need. Providers can find the guides here:

- [Medicaid Resource Guide \(PDF\)](#)
- [Children's Medical Services Health Plan Resource Guide \(PDF\)](#)

Annual Provider Satisfaction Surveys Run Through June

The Consumer Assessment of Healthcare Providers and Systems (CAHPS) Health Plan Survey is an opportunity for your patients to share their healthcare experiences with you as their provider and with their health plan. Your patients are asked specific questions, which include how well their doctor communicates, if they felt their doctor listened to them, and if their doctor explained things in a way that was easy to understand. Also included are questions on how well different healthcare providers are communicating about care coordination and a (0-10) rating of the patient's overall satisfaction with their healthcare, personal doctor, and specialists.

- **Sunshine Health Medicaid (MMA):** CAHPS surveys are from February 16 to May 17.
- **Children's Medical Services (CMS) Health Plan:** CAHPS surveys are from February 20 to May 17.
- **Wellcare Medicare:** The annual Medicare Experience Survey (MCAHPS) are from February 28 to June 1.
- **Wellcare by Allwell Medicare:** MCAHPS surveys are from February 28 to June 1.

To learn more about surveys, visit our [CAHPS](#) web page.





Improving the Health of our Community — Together



Apply Now: Grant Opportunity to Improve Access at Your Practice for People with Disabilities

Sunshine Health is excited to announce the availability of grant funds for Sunshine Health and CMS participating providers to remove physical and programmatic disability access barriers at your practice.

Equal access to quality healthcare and services that are accessible for our members with disabilities and their companions is a priority for Sunshine Health; and we recognize that some of our partnering providers may not always have the financial resources to make their practices more accessible (such as purchasing an accessible exam table or scale, renovating your bathrooms, or supplying materials in braille).

We invite our providers to apply for a grant from the National Barrier Removal Fund (BRF), which is jointly administered by Sunshine Health, Centene Corporation, and the National Council on Independent Living (NCIL).

For more information, including how to apply, please visit the [Barrier Removal Fund](#) web page.

All applications are due by Friday, June 14, 2024, at 5 p.m. Eastern.

Annual Provider Satisfaction Survey

You are essential to providing the highest quality healthcare possible for our members, and your satisfaction is very important to us, too. We assess your experience with us through an annual Provider Satisfaction Survey. These survey results are reviewed by the health plan and are key to helping us improve your experience, so please be sure to complete the survey if you receive one.

Our Support Doesn't Stop There

Our [provider website](#) contains essential information, including member surveys, health equity resources, language services and resources, provider credentialing rights, the utilization management process, how to access care management services and other sources of support for you.

Learn more about our [Quality Improvement \(QI\) program](#). If you have additional questions or need specific support, call Provider Services at [1-844-477-8313](tel:1-844-477-8313).

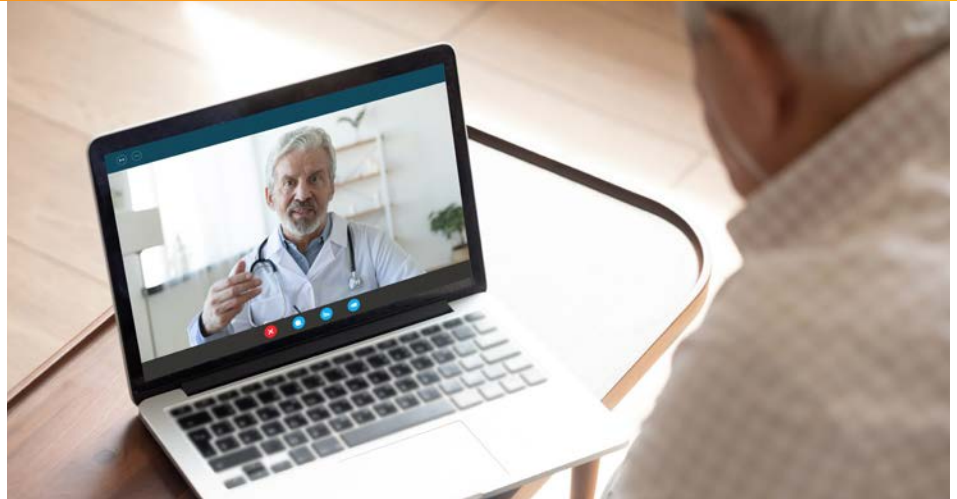
Latest Appointment Standards Are Now Available

Do you know how long it should take for your office to schedule an appointment? What if it's an emergency? How long should it take for your office to answer your patients' questions on weekends and holidays?

The Agency for Health Care Administration (AHCA) sets standards for scheduling appointments for medical services and behavioral health services. They're meant to help providers and their staff provide the best care possible to your patients, our members.

Those 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.

- [MMA Provider Standards for Appointment Scheduling \(PDF\)](#)
- [CMS Provider Standards for Appointment Scheduling \(PDF\)](#)



Check Out Sunshine Health's Updated Telehealth Guide

Sunshine Health knows that the more options our members have to talk to their healthcare providers, the better. That's why we launched a new web resource that has all the guidance, tools and links you need to help your patients obtain telehealth services.

[Telehealth Guide & Best Practices](#) will help providers utilize telemedicine services to deliver healthcare effectively and efficiently to our members. Telehealth visits are considered the same as in-person visits and are paid at the same rate as in-person visits. Services rendered must be within the scope of the practitioner or provider.

Learn More About:

- Behavioral Health Resources
- Telemedicine Coding & Billing
- Virtual Check-Ins
- State and Medicare Telehealth Rules
- Telehealth Training
- Apps, 24-hour Help and Other Resources

Telehealth Options

Providers should make sure their patients are aware of these telehealth options:

- [Brave Health](#)
- [KidzDoc Now](#)
- [Teladoc Health](#)



Improving the Health of our Community — Together



EVV Policy, Procedure Changes

Sunshine Health announced [policy and procedural changes](#) to help providers comply with state and federal Electronic Visit Verification (EVV) guidelines as well as reduce and eliminate EVV exceptions. Here are some highlights:

- Sunshine Health will discontinue the use of the Quick Visit Entry module for providers utilizing the HHAeXchange Free EVV Portal. Providers who must confirm a visit manually can do so through the member's Calendar Page and Call Dashboard.
- The health plan will sunset the Quick Visit Entry module in phases starting April 1. Providers can take advantage of free EVV tools and utilize the HHAeXchange support center to obtain job aids and training videos for the HHAeXchange mobile app and IVR lines.
- Starting June 1, Sunshine Health will deny any EVV claims not electronically verified. To prevent reimbursement delays, we encourage providers to reduce and eliminate EVV exceptions, including visit times that are manually adjusted.

Sunshine Health is taking these steps to fully comply with the 21st Century Cures Act, which requires providers delivering home health, Private Duty Nursing (PDN) and personal care services to validate services and submit claims via EVV. AHCA and DOH have also emphasized reducing exceptions pertaining to the use of EVV.

Help Sunshine Health Access Medical Records

Providers who respond to requests for medical records are helping Sunshine Health meet regulatory requirements and better manage costs and rates for our partner providers and our members.

But responding to those requests can tie up your organization's resources. That's why we put together a [Medical Record Chart Chase Tip Sheet](#) to help your team navigate this process.

Sunshine Health recognizes that health plans frequently approach you seeking records for multiple patients. This resource will help streamline the record retrieval process for providers and help us work together to better serve our members, your patients.

Tracking Numbers vs. Authorization Numbers

Sunshine Health knows providers have questions about web portal authorizations. That's why we put together a tip sheet to address those concerns by helping providers learn how to differentiate between tracking numbers and IP/OP authorization numbers:

Visit our [Tracking Numbers vs. Authorization Numbers Tip Sheet](#) for more information and resources.



Improving the Health of our Community — Together

Sunshine Health's Medicaid Pharmacy Program

[Sunshine Health works with Express Scripts](#) to process all pharmacy claims for prescribed drugs and is committed to providing appropriate, high quality, and cost-effective care to our members.

Cardiac Safety & Quality Program

Prior Authorization for medical necessity and appropriate length of stay (when applicable) has been delegated to TurningPoint Healthcare Solutions, LLC and will be required for certain surgical procedures and codes in both inpatient and outpatient settings. Download the [Cardiac Safety & Quality Program \(PDF\)](#).



Update CAQH Email for Recredentialing

Sunshine Health wants to make sure recredentialing communications reach practitioners well before they're due. To ensure practitioners affiliated with your provider agreement remain credentialed, you should always update your group's contact email address with the Council of Affordable Quality Healthcare (CAQH).

Sunshine Health's main contact for all credentialing communications is the primary credentialing contact listed on each practitioner's CAQH application.

Practitioners will receive their first notice six months before their recredentialing due date and a second notice three months before the due date. If Sunshine Health cannot reach the practitioner or their practice to obtain any missing documentation, the process will end and the practitioner will have to go through recredentialing again.

Practitioners can use the [CAQH Provider Data Portal](#) to update their contact information. Check out our [Recredentialing Tip Sheet](#) to avoid any problems.

Recredentialing Questions?

If you have questions during the recredentialing process, email recred-corporate@centene.com. To view a checklist of required credentialing documents, download the [List of Affiliated Practitioners \(LOAP\) roster form \(Excel\)](#). Please download directly from our website to ensure you are using the most current version of the form.





Improving the Health of our Community — Together



HealthARCH's Free Patient Centered Medical Home (PCMH) Program

Sunshine Health is offering family and pediatric providers the opportunity to work with [HealthARCH](#) to develop a Patient Centered Medical Home (PCMH) model of care to help deliver better healthcare and health outcomes.

HealthARCH is a team of health consultants with the University of Central Florida College of Medicine who offer resources and support to help family and pediatric practices adopt the PCMH model. The National Committee for Quality Assurance (NCQA) PCMH Recognition program does charge annual fees to practices. For more information, visit ncqa.org.

The PCMH model is a widely accepted industry model that strengthens the physician-patient relationship by replacing episodic care with coordinated care and a long-term collaborative relationship. These concepts can lead to a more efficient practice and improved quality while addressing social determinants of health and population health.

Learn more about [HealthARCH's PCMH Program](#).

Type 1 Diabetes Management Support Can Help Patients

[Sunshine Health](#) has partnered with [Blue Circle Health](#) to work virtually with you to help our members manage their type 1 diabetes (T1D) and achieve their T1D health goals.

The program is designed to complement your existing care, and offers a personalized plan that may include free clinical care, social work, education, nutrition and peer coaching services, based on a patient's specific needs.

On average, goals are achieved in 3-6 months, and patients can re-enroll for free, if needed.

Capitol Bridge is AHCA's New Dispute Resolution Vendor

Capitol Bridge replaced Maximus as AHCA's dispute resolution vendor, effective March 11. We have updated the MMA and CMS Health Plan provider manuals to reflect this change:

- [Medicaid \(MMA\), Comprehensive Long Term Care \(LTC\), Child Welfare Specialty Plan \(CWSP\) and Serious Mental Illness \(SMI\) Specialty Plan Provider Manual \(PDF\)](#)
- [Children's Medical Services \(CMS\) Health Plan Provider Manual \(PDF\)](#)



Improving the Health of our Community — Together

CHILDREN'S MEDICAL SERVICES (CMS) HEALTH PLAN WRAP UP

Help Your Youngest Patients Keep Their Coverage

The annual Medicaid renewal period, or redetermination, is ongoing. Providers can help parents, guardians and caretakers ensure that their children keep their coverage by reminding them to ensure that the Florida Department of Children and Families has their correct contact information. They can check their child's eligibility and update their contact information at myaccess.myflfamilies.com.

If their children are no longer eligible, they may still qualify for affordable health insurance with [Florida KidCare](#).

Latest CMS Appointment Standards Are Now Available

AHCA sets standards for scheduling appointments for medical services and behavioral health services. They're meant to help providers and their staff provide the best care possible to your patients, our members.

Those 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.

- [CMS Provider Standards for Appointment Scheduling \(PDF\)](#)

Annual CMS Health Plan Provider Satisfaction Surveys Run Through May



The Consumer Assessment of Healthcare Providers and Systems (CAHPS) Health Plan Survey is an opportunity for your patients to share their healthcare experiences with you as their provider and with their health plan. Your patients are asked specific questions about their doctors and their healthcare plan. Your interactions with our members play a key role in the quality of their healthcare experiences and how they will respond to the CAHPS survey.

- **Children's Medical Services (CMS) Health Plan:** CAHPS surveys are from February 20 to May 17.



Help Families Get Help From The Community

If the families you serve need help with food, housing, employment and other necessities, please share the Sunshine Health Community Resource Database with them. Just give them this URL:

CommunityResources.SunshineHealth.com



Questions?

If you have any questions, please call Sunshine Health Provider Services at [1-844-477-8313](tel:1-844-477-8313) or visit the [Secure Provider Portal](#). Our Provider Engagement staff are also here to help answer questions. Visit the [Find Your Administrator](#) tool to confirm the individual supporting your specialty and region. We encourage you stay up to date on Sunshine Health provider notices by reviewing and bookmarking [Provider News](#).