

Provider Newsletter: Q3 2022 Highlights

AHCA REQUIREMENT

Medicaid Practitioners Must Maintain Active Status on Medicaid ID

The Agency for Health Care Administration (AHCA) requires every provider who participates with Medicaid or Children's Health Insurance Program (CHIP) beneficiaries to maintain active status on their Medicaid ID. Allowing active status to lapse disqualifies providers from receiving payment.

To keep your Medicaid ID active, you must update your enrollment type to "Enrolled" or "Limited Enrollment" by your ID's expiration date.

Claims received under your National Provider Identifier (NPI) will be denied because of Medicaid ineligibility if your Medicaid enrollment status is not updated by your specific expiration date. Providers with an expiration date of Oct. 31, 2022 were terminated from the Sunshine Health network.



Action Required: Please <u>complete your application</u> with AHCA online to renew and/or complete your Medicaid ID registration.

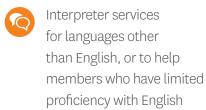
For Sunshine Health to update your provider record, your Medicaid ID and NPI must both appear on AHCA's Provider Master List (PML) with an active status. Once your status has been updated on the PML, Sunshine Health will automatically reprocess any denied claims based on the effective date of your Medicaid ID.





Sunshine Health Offers Interpreter Services to Help Patients

Sunshine Health provides interpreter services to help ensure providers deliver quality healthcare to members who may have cultural or language barriers. These include:



- Sign language interpreter services for the hearing impaired



Telephone system technology (TTY line) for the hearing impaired

Sunshine Health discourages the use of patients' family members, particularly children, as translators. They may not be able to translate medical terminology properly, and patients may not speak candidly in the presence of young family members. Click this link to access the <u>Interpreter</u> <u>Request Form (PDF)</u>.



Enrollment Assistance for Florida Medicaid Providers

As part of the Registered Provider Enrollment Initiative, AHCA is offering enrollment assistance to Skilled Nursing Facilities (SNFs), Assisted Living Facilities (ALFs) and Residential and Freestanding Psychiatric Facilities seeking to comply with the Registered Provider Initiative.

If you are a provider who meets the criteria above and have a current Application Tracking Number (ATN), AHCA's Provider Enrollment team will assist you in completing the process. Fill out the <u>Statewide Medicaid</u> <u>Managed Care Registered Provider Initiative form (PDF)</u> and submit it to: <u>medicaideligibilityoutreach@ahca.myflorida.com</u>.

AHCA will reopen ATNs for ALF providers who had already submitted an application that was terminated due to incomplete documentation within the last six months. A new application must be submitted if the ATN was terminated before March 2022. Track your application using AHCA's enrollment status check tool. There's also a <u>Frequently Asked Questions</u> page.

Skilled Nursing Facilities, Assisted Living Facilities (ALFs) and Residential and Freestanding Psychiatric Facilities that have not updated their enrollment type to "Enrolled" or "Limited Enrollment" by Dec. 31, 2022 will be terminated from the Sunshine Health network.





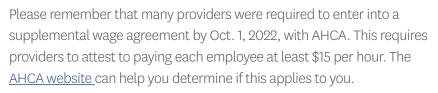
Minimum Wage Increase Update

The Freedom First budget for State Fiscal Year (SFY) 2022-2023 included funding for AHCA to increase the minimum wage for employees of Medicaid providers to at least \$15 an hour.

Sunshine Health is taking the following steps to ensure our network providers can meet the statutory requirements:

Most of the additional funding will come through increases to the Medicaid fee schedules. For providers who are reimbursed based on one of the AHCA adjusted fee schedules, Sunshine Health is loading and will apply the fee schedule increases retro-active to the date listed on the Medicaid Fee Schedules page on the AHCA website. Claims that have already been adjudicated after that date will be reprocessed. For most fee schedules, this date is July 1, 2022. Nursing Facility, Federally Qualified Health Clinics, and Rural Health Clinic fee schedules will be increased retro-actively to Oct. 1, 2022.

For some other providers with reimbursement terms that are not based on AHCA fee schedules, Sunshine Health is currently sending and implementing unilateral contractual amendments with rate increase adjustments that will be retro-actively effective to Oct. 1, 2022. This includes some Assisted Living Facility, Adult Day Care, and Home Health providers serving Long-Term Care members, and some Home Health and other providers that serve members in Sunshine Health's other Medicaid programs.



Authorization Request with Non-Billable Diagnosis Codes to be Returned

Sunshine Health follows the Centers for Medicare & Medicaid Services' guidelines for ICD-10 diagnosis codes. We want to let you know that authorization requests that include non-billable diagnosis codes will be returned to the provider for resubmission.

If you submit an authorization request online through the provider portal with a nonbillable diagnosis code, you will receive an error message and will be asked to resubmit the correct billable diagnosis code. If you fax an authorization request with a non-billable diagnosis code, you will get a fax in return with the same explanation.

Use the <u>CMS ICD-10 Guide</u> for reference.







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

Preventing Elder Suicide: Free Training for Providers

The elderly are at the greatest risk of dying by suicide of all age groups in the U.S. They are more likely to die — and less likely to recover if they survive.

To help providers address this problem, Sunshine Health sponsored a webinar with Dr. Virna Little, a national suicide prevention expert. It will help providers understand geriatric suicide and depression, identify risk factors, and give them the tools and training they need to enact effective prevention practices.

Watch the hour-long webinar "<u>How</u> <u>Primary Care Providers Can Help</u> <u>Prevent Elder Suicide: A New Guide</u> <u>to Geriatric Suicide Safer Care</u>." The <u>Association of Clinicians for</u> <u>the Underserved</u> also developed a <u>geriatric suicide prevention toolkit</u> (<u>PDF</u>) to help Providers.



Help Your Patients Get Their Flu Shot

Providers have the best interests of your patients at heart — and you have their trust, too. That's why Sunshine Health wants to help you protect them from the flu. Consider taking these steps:

Endorse: Strongly recommend to your patients that they get their flu shot. Research shows patients are more likely to get the Influenza vaccine if their doctor recommends it.

Follow-up: If your patient did not get the flu shot during their office visit, they may not get it at all this flu season. Talk to your patients about their vaccination options, and make sure to confirm those plans during their next visit.

Talk it out: Engage your patients. Answer their questions, address their concerns, and repeat your strong recommendation. Most people know the flu shot is important — maybe they just need a reminder from their doctor.

Learn about the <u>SHARE method</u> for recommending flu vaccinations to your patients. Sunshine Health also has Fluvention Campaign patient education materials available to display in your office.

Sunshine Health has more information about <u>flu prevention</u>.

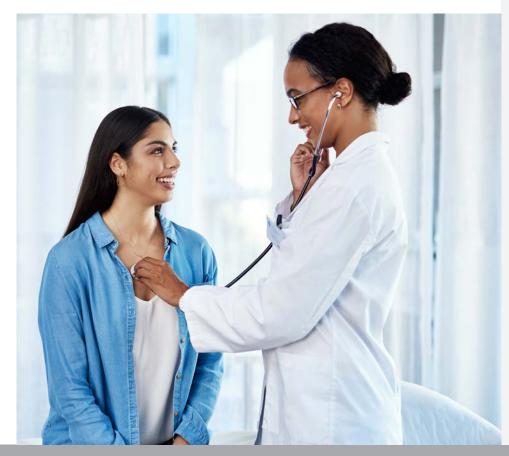




Ambetter Announces New Specialist Incentive Program

Ambetter from Sunshine Health is rolling out our new Specialist instance for the Continuity of Care (CoC) program. It's designed to reward providers who help members obtain preventive care, manage their chronic conditions, and monitor their health.

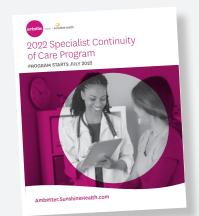
The program combines Appointment Agendas, HEDIS measures and pharmacy metrics. Providers become eligible for rewards when they conduct proactive outreach to members with chronic conditions. The goal is to get members to see their specialists more often to improve the quality and frequency of care and consultations needed to manage and treat their medical conditions.



Bonus

\$

Providers are eligible for a \$300 bonus each time a member completes a verified or documented Appointment Agenda to address a chronic health condition. Bonuses can be earned when providers ensure members update their health histories and take their prescribed medications. The CoC program is being added to our Health Plan's other provider bonus programs, which will not be affected. Read the Ambetter 2022 Specialist Continuity of Care Program guide (PDF) to learn more.



1-844-477-8313 Provider Services



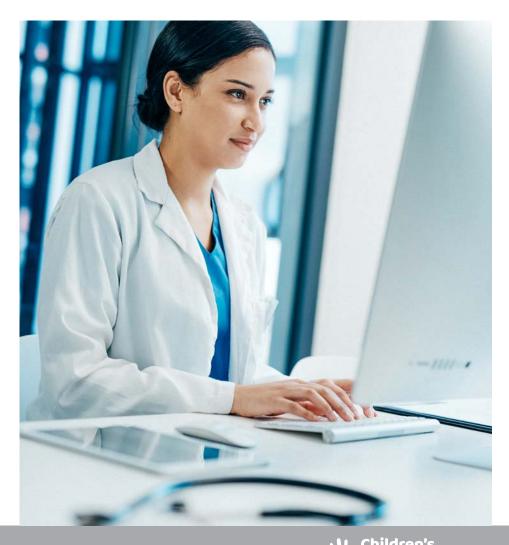


Guidance for CMS Title XXI Prior Authorization Required for New ABA CPT Codes

The Agency for Health Care Administration (AHCA) has converted the Behavior Analysis fee schedule from its current HCPCS code structure to the Behavior Analysis CPT code structure effective Aug. 1, 2022.

The <u>updated 2022 fee schedules</u> are available on AHCA's reimbursement schedule web page. Download the <u>2022 BA fee</u> <u>schedule (PDF)</u>.

As a result, all CPT codes for ABA services provided to CMS Title 21 members will require prior authorization from Sunshine Health. Prior authorization requests for CMS Title 21 members can be submitted via the Secure Provider Portal. Authorization requests for CMS Title 19 and all other Medicaid members should continue to go through EQHealth.



If you have a prior authorization with an end date past Aug. 1, 2022, no new authorization is required until the current authorization expires. Sunshine Health will crosswalk the HCPCS codes to CPT codes under the existing authorization. No action is required on your part. The corresponding CPT codes are below:

Former HCPCS Code	New CPT Codes
H0031	97151, 97152
H0032	97151TS
H2019	97155, 97156, 97153
H2012	97155HN, 97156HN, 97153
H2014	97153
H2014GK	97154, 97158



Guidance for Home and Community Based Services (HCBS) Providers on Reporting Critical Incidents

Sunshine Health has an important reminder for all Home Health, Direct Service Workers (DSWs) and Adult Day Care (ADC) Facilities serving Long-Term (LTC) members: Critical incidents must be **immediately** reported to Sunshine Health.

Critical Incidents are defined as: any inaction or action that negatively impacts the health, safety, or welfare of a member, including death by suicide, homicide, abuse, neglect or otherwise unexpected, adverse incident or major illness; sexual battery, medication errors, suicide attempts, altercations requiring medical intervention or elopement.

Immediately after notification of the incident, providers must fill out a <u>Provider Incident Reporting form (PDF)</u>. Then email it to <u>SUN_PQOC@centene.com</u> or Fax to 1-844-940-0686. The form also allows an automatic route by selecting the "submit" button at the bottom of the form. Failure to report timely and accurately may result in disciplinary action.

<u>Trainings</u> are offered at no cost to providers. For specific CE board approvals, refer to each training on the registration page for CE information.

Best Reporting Practices:

- Be Aware of what to report
- Be Timely
- Be Accurate
- Be Thorough
- Be Available







Therapy Services Vendor Relationships

MMA, SMI and CW

Sunshine Health contracts with Health Network One (HN1) who contracts providers under Therapy Network of Florida (TNFL).

TNFL administers therapy services at outpatient free standing facilities for Sunshine Health's Medicaid (MMA), Serious Mental Illness (SMI) Specialty Plan and Child Welfare (CW) Specialty Plan members ages 3 years and above enrolled in Sunshine Health. Members ages 0-2 years are managed by Sunshine Health.

The following services are excluded:

- Members ages 0-2 years*
- Children's Medical Services (CMS) Health Plan
- Long-Term Care
- Medicare
- Early Intervention Services (EIS)
- Prescribed Pediatric Extended Care (PPEC) locations
- Outpatient (Hospital)

*Members are managed by TNFL on the date of their 3rd birthday. Existing plans of care that extend past a member's 3rd birthday will continue to be managed by Sunshine Health until completion.

CMS

Outpatient therapy (PT/OT/ST) authorizations for CMS members should be directed to Sunshine Health instead of eviCore, effective Oct. 3, 2022. Learn more: <u>Frequently Asked</u> <u>Questions (FAQs)</u>.

New Secure Provider Portal Enhancement

A new feature enables providers to use Sunshine Health's <u>Secure Provider Portal</u> to update their practice's demographics in real-time. The "Manage Practice" tab allows providers to view/ change active practitioner or group/facility demographic information including telephone numbers, websites, and office hours.

Changes and updates made within this section of the portal will be reflected on the appropriate public <u>Find a Provider</u> (FAP) page within 48 hours. It is available for these Sunshine Health products:

- Sunshine Health Medicaid (MMA)
- Long-Term Care (LTC)
- Serious Mental Illness (SMI)
- Child Welfare Specialty Plan (CWSP)
- Children's Medical Services (CMS) Health Plan
- Ambetter (Marketplace)
- Wellcare by Allwell (Medicare)
- Not Wellcare Medicare

We believe this Secure Provider Portal update creates a more user-friendly experience. More enhancements will be rolled out later this year.



Please contact your local <u>Provider</u> <u>Engagement Administrator</u> with questions.

