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Provider Newsletter: Q4 2022 Highlights

REDETERMINATION

What Your Medicaid Patients Need to Know

When the COVID-19 pandemic started in March 2020, Medicaid members were no longer required to show proof of income to continue receiving benefits. That will soon change.

In April 2023 this requirement — called **redetermination** — will resume. That means your patients who no longer meet Medicaid eligibility requirements will be disenrolled over a 12-month period. The first group of members will lose coverage on April 30, 2023.

Patients look to healthcare professionals for expert advice. Here's important advice you should pass on about their healthcare coverage:

Members are required to verify their Medicaid eligibility or risk losing their healthcare coverage. Members should visit myflorida.com/accessflorida to upload documents.

Sunshine Health launched a robust education campaign to ensure members who are still eligible take the necessary steps to maintain their Medicaid coverage. **Members who are no longer eligible can obtain a plan through our Ambetter Health Insurance Marketplace product**.

We are also working closely with state agencies to support their redetermination efforts. For more information, visit myflfamilies.com/Medicaid.

Here's what to tell your patients

1. They should receive a letter 45 days before their Medicaid anniversary date with instructions for verifying their eligibility.
2. It's important that they follow through on those instructions, or risk having their Medicaid coverage canceled.
3. If their eligibility is confirmed, they can continue using their existing coverage.
    - If they are no longer eligible, they can explore our Marketplace options available at Ambetter.SunshineHealth.com/redetermination.
    - Dual members who no longer qualify for Medicaid but are still eligible for Medicare can view our Wellcare Medicare plan options at Wellcare.com/Florida.

Flu and COVID-19 boosters

Adults and eligible children can get both their flu shot and COVID-19 vaccine or booster shot at the same time, according to the Centers for Disease Control and Prevention. But don't delay one to wait for the other. The CDC recommends that everyone age 5 and up get the updated (bivalent) booster if it's been at least 2 months since their last COVID-19 vaccine dose.

When it Comes to the Flu, Doctors Call the Shots

Research shows that patients are more likely to get a flu shot if their doctor strongly recommends it.

Approximately 14% of Sunshine Health members got vaccinated in 2019-2020. But more than 90% of patients are likely to get the flu shot when their provider recommends it — including those who had initial doubts.

Doctors can use the **SHARE** method to share information with patients and recommend they get their flu shot:

- **SHARE** reasons to get the flu shot based on their age or other risk factors.
- **HIGHLIGHT** positive experiences with the flu shot to reinforce benefits.
- **ADDRESS** concerns about the vaccine, including effectiveness, side effects, safety and misconceptions.
- **REMIND** patients that the flu shot not only protects them, but also everyone around them.
- **EXPLAIN** that getting the flu can mean missing fun with family and friends.

Follow-up is important: **If your patient did not get the flu shot during their visit, there's a chance they won't get it at all.** Talk to your patients about where and when they'll get their flu shot and confirm they did so during their next visit.

If they still have not gotten their shot, talk with them again if they have any questions or concerns — and be sure to repeat your strong recommendation. **Most people know the flu shot is important, but they may need their doctor to remind and reassure them**.

Promoting flu prevention offers many benefits:

- Healthier patients
- Decreased severity of illness for those who do get sick
- Reduced risk for outbreaks at your facility
- More satisfied patients help you achieve your quality goals

Ambetter Value: Remember to Confirm Member Eligibility

Ambetter providers must confirm member eligibility to ensure they're covered in the right network before providing services. **If you are not in-network for the Ambetter Value plan, your claims will be denied for care provided to Ambetter Value members.**

Verify member eligibility by visiting your Secure Provider Portal account.

If you treat a member who is not eligible, do not assume it is a system issue that will be corrected. That member may be covered by a different Ambetter plan. Learn more about Ambetter plan offerings and read our 2023 Provider and Billing Manual (PDF).

Members who have questions should be directed to call Ambetter Member Services at **1-877-687-1169** (Relay Florida: 1-800-955-8770) or visit Ambetter.SunshineHealth.com.

CMS Got Transition (GOT) Program Wraps-Up First Year

The CMS Got Transition (GOT) a Value-Based Program that helps CMS members ages 17 years and older transition from pediatric care to adult healthcare, successfully finished its first 12-month period.

The program's goal is to help CMS members learn how to make independent healthcare decisions for themselves as they become adults and learn the skills and knowledge they'll need to produce better health outcomes for themselves.

The pilot program helped 10 members make that transition. Stakeholders are now exploring how to expand the program and keep it going.

Sunshine Health acknowledged the providers who put their time and effort into the pilot program in a time-honored manner: By buying lunch for everyone at their practices.

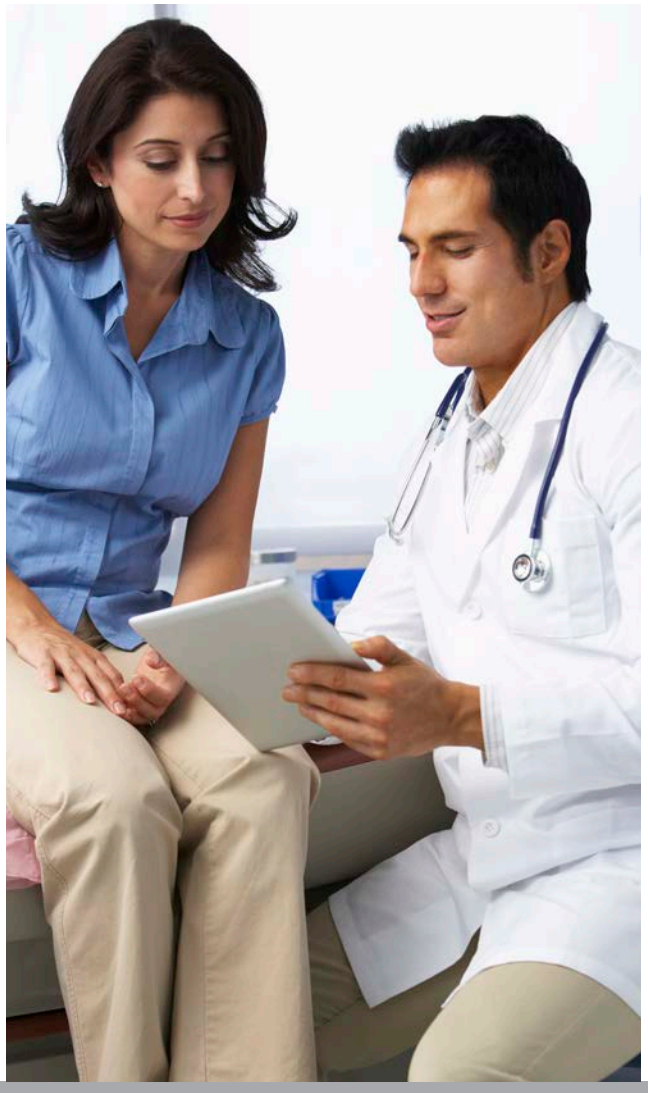
Improving the Health of our Community — Together

Serving Members Better by Speaking Their Language

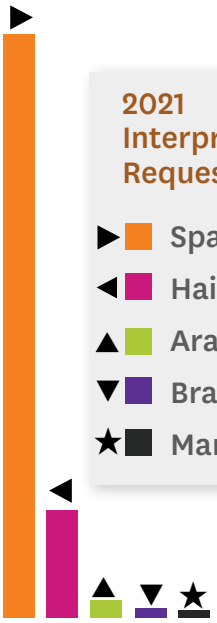
Sunshine Health believes treating the whole patient – not just their conditions – is a major component of delivering quality healthcare. That's why we offer providers the information and tools to help make that possible.

One of those tools is our translation services. Sunshine Health Plan members speak more than **43 languages**, and that population grows more diverse every year.

In 2021, **70.2%** of Florida residents reported English as their preferred language, and **29.8%** prefer another language, according to U.S. Census data.



That year, the top 15 languages spoken by Sunshine Health Plan members received 7,268 interpretation requests. The most requested language types in 2021:



2021 Interpretation Requests

- **Spanish** 78.4%
- **Haitian Creole** 14.6%
- **Arabic** 2.3%
- **Brazilian Portuguese** 1.2%
- **Mandarin** 1%

Per U.S. Census data, **21.68%** of U.S. households are **Spanish** speaking. Other languages spoken within the home include **Other Indo-European (5.29%)**, **Asian and Pacific Islander (2.12%)**, and **Other (0.7%)** languages.

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

PIC: TFK

The program **Partners in Care: Together for Kids** offers special help for children enrolled in CMS Health Plan with a complex or life-threatening condition. **To qualify, children must be a CMS Health Plan member, be diagnosed with a serious condition, and live in an area where there is a PIC: TFK provider.** The program offers support counseling, pain and symptom management, sibling support and short-term relief for caregivers.

Do you know a child who would benefit from joining the PIC: TFK program? Visit the Florida Department of Health's Partners in Care: Together for Kids (PIC: TFK) web page for more information.

Diabetes Check

Diabetes check: Your pediatric patient's **A1c offers the best indication of how they are managing this long-lasting health condition.** By testing a child's average blood sugar (glucose) levels over the last three months, parents and providers can decide a child's insulin needs, what they should eat and how much they should exercise. Keeping a child's A1c in check will also help reduce the risk for other health issues and complications later in life. **All children with diabetes should also be tested for diabetic retinopathy, which can cause blindness if not found early.**

Lead Risk

Lead poses a threat to members' health because it's all around us. It can be in paint, old furniture and even children's toys. **That's why all children should undergo a blood test for lead before they turn 2-years-old.** The signs of lead poisoning don't show up right away, so remember that a blood test is the only way to detect whether a child been exposed. Even low levels of lead can cause a lifetime of health and learning problems and can even affect hearing and speech. For more information, the Florida Department of Health offers guidance on lead poisoning.

Check out Sunshine Health's Updated Resource Guides

Sunshine Health's updated Medicaid Resource Guide (PDF) and Children's Medical Services Health Plan Resource Guide (PDF) are available online. **They offer providers a list of departments that can assist coordinating and authorizing services that members may need.**

Provider Engagement Administrators are Here to Help

Got questions? Sunshine Health's local Provider Engagement Administrators have the answers — or know how to find them for you.

You can find your Provider Engagement Administrator by selecting the county of the primary office for your organization.

Reminder: Changes to Sunshine Health Telemedicine Billing

Bill telehealth services to Sunshine Health without the use of modifiers GT, 95 or CR.

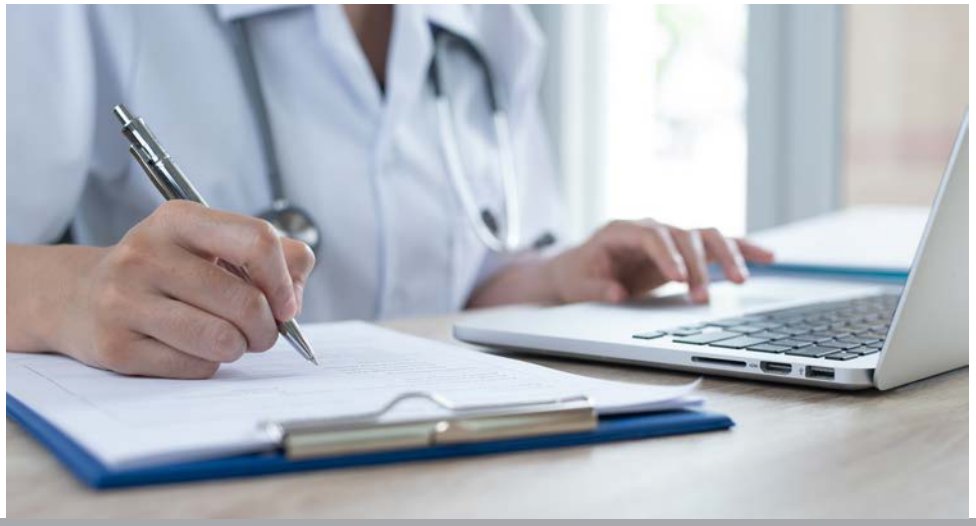
Follow this guidance for billing telehealth services for Medicare, including Children's Medical Services (CMS) Health Plan, Serious Mental Illness (SMI) Specialty Plan and Child Welfare (CW) Specialty Plan:

- Utilize place of service (02).
- To reduce the administrative burden of selecting the correct modifier in a certain position, we have enhanced our system to recognize the POS 02 as the indicator that the service is being rendered via telehealth.
- **Do not use telemedicine modifiers GT, 95 or CR.**

Sunshine Health knows that the more options your Medicaid patients, our members, have to communicate with their healthcare providers, the better. That is why we are here to help as providers expand or start using telemedicine to serve your patients.

Upcoming Webinars: Register now for our upcoming telemedicine training webinars (all times 12 p.m. Eastern):

- March 22, 2023
- April 26, 2023
- May 24, 2023
- June 28, 2023



Clinical, Payment Policies Available Online

Sunshine Health's clinical and payment policies are online to help providers navigate the array of medical technologies, procedures and medications available to their patients. Here's a breakdown of each:

Clinical Policies: These identify whether services are medically necessary based on information found in generally accepted standards of medical practice; peer-reviewed medical literature; government agency/program approval status; evidence-based guidelines and positions of leading national health professional organizations; views of physicians practicing in relevant clinical areas affected by the policy; and other available clinical information.

P**ayment Policies:** These policies are used to help administer payment rules based on generally accepted principles of correct coding. They help identify whether healthcare services are correctly coded for reimbursement. They include, but are not limited to, claims processing guidelines referenced by the Centers for Medicare and Medicaid Services (CMS); Publication 100-04; Claims Processing Manual for physicians/non-physician practitioners; the CMS National Correct Coding Initiative policy manual; and the Current Procedural Technology guidance published by the American Medical Association (AMA).

If your patients have questions about clinical and payment policies, direct them to call Member Services at 1-866-796-0530 (TTY at 1-800-955-8770) Monday through Friday, 8 a.m. to 8 p.m. Eastern.

Learn more at Sunshine Health's Clinical & Payment Policies web page.