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## eAUTH SUBMISSION PROTOCOL

Please keep the following in mind when submitting electronic outpatient authorization requests:

- The provider is responsible for verifying the eligibility of a Sunshine Health plan member using Encounter Data System (EDS) or other Florida-approved system before submitting a request.
- Submit your non-emergent, non-urgent pre-scheduled outpatient authorization requests to Sunshine Health within 14 calendar days prior to the requested service date. Notification of elective inpatient admissions must be submitted within 7 calendar days.
- Prior authorization is not required for emergency services or services to stabilize an individual receiving emergent care.
- Include the following information on all requests:
  - Health plan member name, member identification number and date of birth
  - Date of service
  - Service type, for example, DME
  - Procedure code, if applicable
  - ICD-10
  - Requesting provider's name or NPI
  - Servicing provider's name or NPI
  - Primary insurance information
  - Attach supporting clinical or medical record information
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If you have not already done so, please go online at [www.SunshineHealth.com](http://www.SunshineHealth.com) to create your secure account. If you have questions, please call us at 1-866-796-0530 Monday through Friday from 8:00 a.m. to 6:00 p.m. or email questions to [eAuthorization@centene.com](mailto:eAuthorization@centene.com).

Thank you for your partnership and the care you provide our members - your patients.

Sunshine Health