



Provider Newsletter: Q2 2022 Highlights

2022 Medicaid Provider Quality Incentive Program



We are happy to share our 2022 Quality Incentive Program for Medicaid, Child Welfare Specialty Plan, Serious Mental Illness (SMI) Specialty Plan and Children's Medical Services (CMS) Health Plan. There will continue to be separate programs for our various Medicaid plans.

Some of the program measures have changed to ensure we are focused on improving where we fell short last year.

All Primary Care Physicians (PCP) who have at least one member qualified for a measure will be eligible to participate.

Please contact your Provider Relations Representative to request a copy of the measures and detailed descriptions.

Additional Incentive Programs

Sunshine Health also gives financial incentives for your participation to help ensure healthy outcomes for our members. These programs will reward you for engaging our members in needed care, like timely follow-up care after an inpatient behavioral health admission or for following evidenced-based guidelines for monitoring children and adolescents who are taking antipsychotic medications.

We are continuing our Birth Outcomes Provider Incentive Program for 2022. The program's two incentives are tied to Notification of Pregnancy (NOP) forms and hydroxyprogesterone caproate injections. Both incentives are paid monthly.

As valued health providers, you are automatically enrolled in these incentive programs. Sunshine Health will calculate the payments based on claims when care is provided.

Learn more about Sunshine Health's [Value Based Incentive Programs](#).



Improving the Health of our Community — Together



988 Suicide & Crisis Lifeline

The National 988 Suicide & Crisis Lifeline became available to anyone, anytime on July 16, 2022. This new three-digit number connects anyone experiencing mental health-related distress to the existing National Suicide Prevention Line for compassionate care and support.

Please join Sunshine Health in promoting the use of the 988 Suicide & Crisis Lifeline.

Remember, it's like 911, but it's **988**.

Important Reminders

Telehealth Billing

Please follow the guidance below when billing telehealth services:

- 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.
- Bill Sunshine Health telehealth without the telemedicine modifiers GT, 95 or CR.

Claim submissions for members who transitioned to Sunshine Health or CMS Health Plan with dates of service after October 1, 2021, must be billed to Sunshine Health.

New Billing and Claims Web Page

New information is now available to you on our [Billing and Claims](#) web page. You will now be able to review Quick Reference Guides, which contain details surrounding various topics, including, but not limited to, eligibility, authorizations, billing, claims and additional resources.

The Quick Reference Guides include targeted claims and authorization instructions per provider type.

ATA-FL is now TNFL

American Therapy Administrators of Florida (ATA-FL) has rebranded to Therapy Network of Florida (TNFL). The name change does not impact the services provided to members. TNFL will continue administering 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 and above enrolled in Sunshine Health. Members ages 0-2 are managed by Sunshine Health.

Provider Portal Enhancements

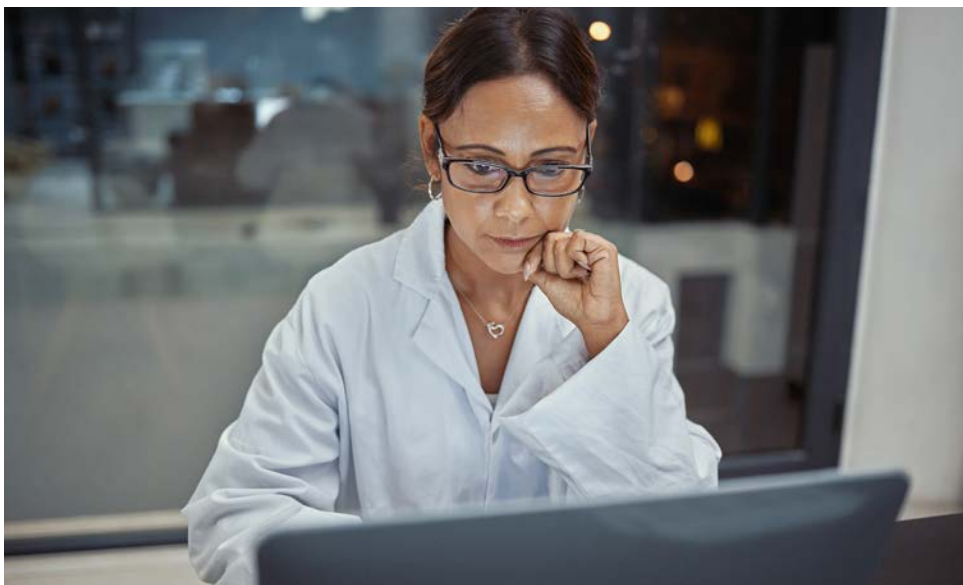
You are now able to enter authorization requests for DME, Physical Therapy, Occupational Therapy and Speech Therapy via the [Secure Provider Portal](#) by choosing “Outpatient Medical” as the service type.

“DME” and “PT, OT, ST” service type dropdowns have been removed and are no longer needed for Sunshine Health or CMS Health Plan.

Please note, this does not change the authorization guidelines for our vendor reviewed authorizations. Evicore, Therapy Network of Florida and Coastal Care will still review requests for the members and health plans they serve.

Please see the following helpful references for authorization guidelines:

- Utilize our [Pre-Auth Check Tool](#) to determine auth requirements for the services you are requesting.
- Visit our [Integration](#) web page to review an extensive guide for vendor Frequently Asked Questions. Scroll to the bottom of the page to find the FAQ.
- Our [Vendors](#) web page lists all contracted vendors, services, delegated functions and more information.



List of Affiliated Providers (LOAP) Updates

To comply with the No Surprises Act, the updated LOAP form now includes a section to enter your “Public Facing Email.” Emails provided on this form will be reflected under our [Find a Provider](#) directory tool.

The LOAP now also contains a “Contracted Products” section where providers can indicate the products for which practitioner(s)/providers are contracted for.

This requirement does not apply to EIS providers. View the QRG on our [Billing and Claims](#) web page for more information.

HHAeXchange (HHAX) Training

HHAeXchange offers multiple resources to train providers on the platform.

- Check out their [Self-Direction learnings](#).
- HHAX will also offer facilitator-led, [lunch and learn trainings](#) throughout the year.

ACTION REQUIRED:

Please contact AHCA to renew and/or reinstate your Medicaid ID.

If requested, AHCA may retroactively reinstate your Medicaid ID.

1. Visit [AHCA.myflorida.com](https://www.flhca.com) from a desktop computer.
2. Click on “Medicaid” in the top ribbon, then click on “Provider Enrollment” on the left side of the grid.
3. Next, hover over the “Managed Care” tab and select “Registration.”
4. Follow the steps under the heading “Provider Medicaid IDs” to submit an application via the Wizard or by downloading the Registration Form.

For Sunshine Health to update a provider record, the 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 claim denials based on the effective date of your Medicaid ID.



Registered Provider Outreach

AHCA requires that every provider who participates with Medicaid or Children’s Health Insurance Program (CHIP) beneficiaries maintain an active status on their Medicaid ID. Failure to keep an active status disqualifies providers from receiving payment. To remain compliant, Sunshine Health routinely monitors our participating network to identify providers who have a Medicaid ID that has expired or is within 75 days of expiration.

AHCA’s Registered Provider Enrollment Initiative (RPEI) recently offered an extension through Oct. 31, 2022. This extension allows more practitioners in “Registered” status on the Provider Master List (PML) to update their status to “Enrollment” or “Limited Enrollment.”



Improving the Health of our Community — Together

You May See an Increase in Digital ID Cards from Medicaid Members

With digital transformation continuing to shape our world today, Sunshine Health is pleased to announce that our Medicaid members will now have the option to go paperless.

What does this mean for you?

- Members who choose to go paperless will have 24/7 access to their Member ID cards and welcome kit
- You can view the digital ID card on a member's smartphone.
- You may see an increase in digital Member ID cards at office visits.
- Eligibility can be verified in real time through the Secure Provider Portal, if needed.
- You won't need to scan or make a copy of a paper ID card!
- Please note that Medicaid members must sign up for paperless delivery on the Sunshine Health [Member Portal](#) to receive information digitally, and not all members may present a digital Member ID card.

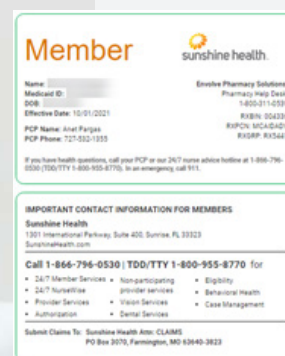


Sign up for Electronic Payments

If you or your practice have not already done so, we encourage you to register for EFT payments via [PaySpan](#).

For questions, PaySpan can be reached at 1-877-331-7154 (Monday-Friday 8 a.m.-8 p.m.) or at providersupport@payspanhealth.com.

If you are currently receiving paper checks and would like to register for EFT, please view a copy of a current paper check. It should contain a Payee ID. This is the Plan Number which will be needed when registering.





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VerifyHCP Attestation

To make attestation more efficient for you and your staff, we launched VerifyHCP®, a quick and easy clinician directory verification portal developed by LexisNexis® Risk Solutions, to enable practices to validate or update pre-populated directory information in one place across all participating health plans.

Updated practice information allows us to provide patients with current directory information so they can select in-network providers, choose health plans and ultimately access care.

Our goal is to make this process as easy as possible for clinicians and their practices and to receive 100% response to outreach requests. **Clinicians who do not respond to verification requests may face delayed claim reimbursements and removal from directories.**

Outreach to confirm and update directory information began on April 4, 2022. Several outreach methods will be used including email, fax, and phone, with email being the primary method.

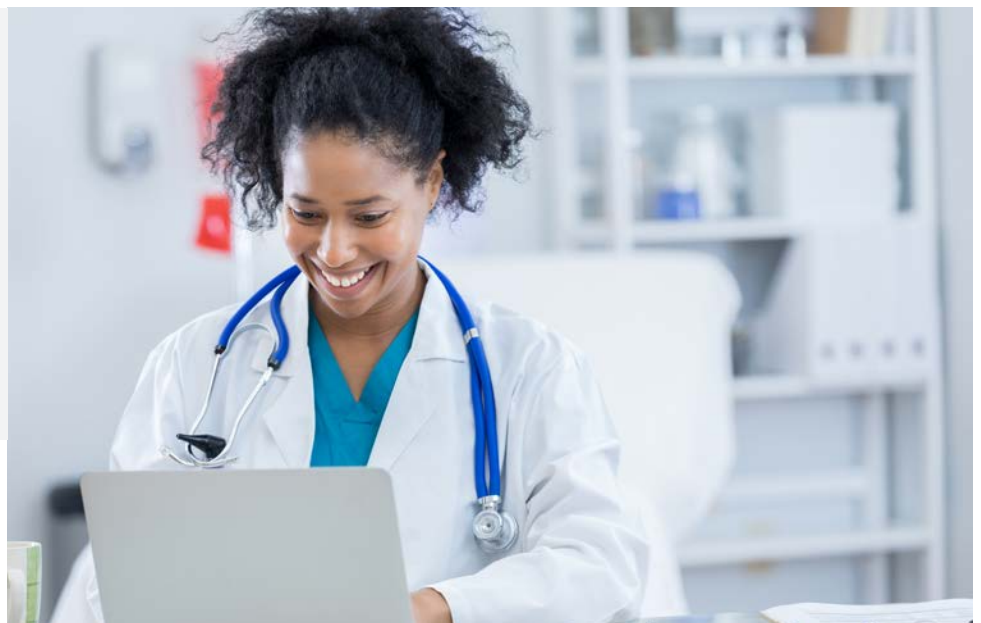
Clinicians and practices will be directed to register and log in to the Verify Health Care Portal to confirm their directory information on file is accurate. The portal is a secure, free website for clinicians and their staff to use to confirm directory information, as required by CMS and various state laws.

For questions about the portal, please contact LexisNexis Risk Solutions Tech Support or the VerifyHCP Portal Help Desk at 1-888-245-4619. Thank you again for our on-going partnership.



Provider Training

Sunshine Health offers a robust list of [training](#) opportunities to make working with us easier for you and your staff. Recently, we added trainings through the end of the year on our Secure Provider Portal.





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Child Welfare Specialty Plan Value Based Incentive Program

Sunshine Health is committed to supporting your efforts to provide the highest quality of care for our members. We announced the 2022 Incentive Model for Foster Care Providers Trained in Evidence-Based Treatment Models for the foster care-enrolled population.

This shared savings program incentivizes therapists who are certified in and are using the evidence-based treatment models: Trauma-Focused Cognitive Behavioral Therapy (TF-CBT), Brief Strategic Family Therapy (BSFT), and Multi-Systemic Therapy (MST). Based on a healthcare analytics study conducted by Centene, Sunshine Health's parent company, evidence-based treatment models show improvement in quality outcomes for members treated by these skilled clinicians.

To encourage continued use of evidence-based treatment models, Sunshine Health has determined that TF-CBT, BSFT, and MST will qualify for incentivized payment programming.

Learn more about this [incentive program](#).



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Ambetter Continuity of Care Specialist Program

Sunshine Health is committed to supporting your efforts to provide the highest quality care to our members. As a result, we announced that our Health Plan will launch the Specialist instance for the Continuity of Care (CoC) program effective July 2022. This initiative incorporates Appointment Agendas, HEDIS measures, and pharmacy metrics into one comprehensive program.

The CoC program is designed to support your outreach to members for annual visits and condition management, which will help us better identify members who are eligible for case management. The program achieves this goal by increasing Specialist visibility into members' existing medical conditions for better quality of care for chronic condition management and prevention. Providers earn bonus payments for proactively coordinating preventive medicine and for thoroughly addressing patients' current conditions to improve health and clinical quality of care. Our members benefit from this program by receiving more regular and proactive assessments for their chronic conditions. The CoC program is in addition to our Health Plan's other provider bonus programs and does not replace them.

Please contact your Provider Relations Representative to request a copy of the program specifics.



Contact Us

For questions or concerns, please contact your Provider Relations Representative, or call Sunshine Health Provider Services at 1-844-477-8313.

Stay up to date on providers notices by reviewing and bookmarking [Provider News](#).

