



Provider Newsletter: Q2 2024 Highlights

Sunshine Health's New, Improved Appointment Scheduling Standards



Sunshine Health has revamped the way providers can access and check appointment scheduling standards online.

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

We created web pages dedicated to the latest appointment standards for MMA, CMS and Ambetter health plans. The Wellcare appointment standards will soon be posted.

Visit SunshineHealth.com/resources and scroll down to Standards for Appointment Scheduling to find the health plan standards you need.

Providers can also access each health plan's appointment standards directly:

- [Medicaid \(MMA\)](#)
- [Children's Medical Services \(CMS\) Health Plan](#)
- [Ambetter \(Marketplace\)](#)

New NOP Report Benefits Patients and Providers

The Notification of Pregnancy (NOP) helps identify pregnancy risk factors early and builds the relationship between patient, provider and health plan. It is an essential component of prenatal care for patients.

Did you know that:

- Patients who complete the NOP are three times more likely to comply with prenatal care and are less likely to have low birth-weight babies.
- The NOP helps providers and payers meet the HEDIS® Prenatal Postpartum Care (PPC) Timeliness measure, which tracks the percentage of deliveries where patients had a prenatal care visit in the first trimester, on or before the enrollment start date or within 42 days of enrollment with their health plan.

[Learn more about the new NOP report](#) and how to access it via the [Secure Provider Portal](#).



Improving the Health of our Community — Together

Subscribe to the Provider Newsflash E-Newsletter

Sunshine Health has a new way to keep you informed about the latest policies and programs: The Provider Newsflash.

Our new monthly e-newsletter features customized news updates relevant to your specialty or Sunshine Health products, including topics such as:

- Training opportunities
- Billing and claims information
- Sunshine Health policy updates
- AHCA or DOH requirements

[Sign up now for the Provider Newsflash](#)



Fraud Warning: Watch Out For Fake Medical Records Requests

Sunshine Health warns providers to watch out for fake emails requesting member medical records from providers. We recently discovered a fraudulent “Primary Care Provider Authorization Request” email seeking a member’s records that appears similar to our Utilization Management requests.

Remember: We will never communicate with you, your staff and your practice via personal email domains such as aol.com, gmail.com, icloud.com, outlook.com, yahoo.com, etc.

If you have concerns about any Sunshine Health communications you receive, please reach out immediately to your [Provider Engagement Administrator](#) or call Sunshine Health Provider Services at [1-844-477-8313](tel:1-844-477-8313).

[Learn more about how to spot a fake email pretending to represent Sunshine Health](#)





Improving the Health of our Community — Together



Reminder: AcariaHealth is Wellcare's Preferred Specialty Pharmacy and Remains In-Network

Wellcare reminds providers that AcariaHealth continues to be a preferred specialty pharmacy for our Medicare Advantage plans and remains in-network. It is AcariaHealth's priority to continue to service the Specialty Pharmacy needs of our members throughout their healthcare journey.

AcariaHealth provides quality services in all disease states, including: Inflammatory Conditions, Hepatitis C, Hemophilia, Oncology, Respiratory Syncytial Virus (RSV), and Multiple Sclerosis. It also offers comprehensive Prior-Authorization (PA) support to help providers complete and submit PA requests to expedite the determination of specialty medication requests.

To learn more about AcariaHealth, visit [AcariaHealth.com](https://www.AcariaHealth.com) or call their Specialty Pharmacy department at [1-855-535-1815](tel:1-855-535-1815). If you have questions for Wellcare, call Wellcare Provider Services at [1-855-538-0454](tel:1-855-538-0454) or visit [Wellcare.com/Florida](https://www.Wellcare.com/Florida).

Durable Medical Equipment (DME) Authorizations Changed in 2024

Coastal Care, Inc., now manages Durable Medical Equipment (DME) authorizations, credentialing and claims statewide. Providers should be submitting all DME authorization requests and claims for Wellcare members to Coastal Care instead of the health plan.

No changes were made to the current Home Health authorizations process.

Providers who do not participate in Coastal Care's network should call [1-855-481-0505](tel:1-855-481-0505) or contact Provider Relations to request to participate.



Improving the Health of our Community — Together

Sunshine Health Offers HEDIS 101 Training Webinars

Sunshine Health is offering training webinars to help providers learn more about one of healthcare's most widely used performance measure: **Healthcare Effectiveness Data and Information Set (HEDIS)**.

HEDIS performance measures are developed by the National Committee for Quality Assurance (NCQA) and are becoming increasingly important as regulators use them to evaluate the effectiveness of healthcare plans, providers and practitioners. Register for the sessions most convenient for you and your staff.

[Check the upcoming schedule of HEDIS 101 webinars](#)

New Fax Line for Ambetter Inpatient Discharge DME/HHC Requests

There's a [new fax line](#) dedicated to Ambetter from Sunshine Health inpatient discharge only requests for Durable Medical Equipment (DME) and Home Health Care (HHC) .

The new fax number is 1-833-422-1462.

It took effect as of June 3, 2024. If you have any questions or need further assistance, please call the Ambetter Provider Services team at [1-877-687-1169](tel:1-877-687-1169).



Wellcare Pharmacy Benefit Updates for 2024



Wellcare's Medicare Advantage* and Prescription Drug Plans offers a robust, dependable pharmacy network with over 60,000 pharmacies in network — many offering preferred cost-sharing.*

A member's cost-share may be lower when prescriptions are filled through one of our preferred retail pharmacies or our preferred mail-order pharmacy, Express Scripts.® However, members may have prescriptions filled at any network pharmacy. Walgreens®, CVS®, grocers, and select independents pharmacies remain within the preferred 2024 pharmacy network. Amazon® is no longer a preferred pharmacy but remains in the pharmacy network.

Please utilize the [Find a Provider](#) tool to find an in-network pharmacy. This will also allow you to find an in-network pharmacy's network status (standard vs. preferred and if 90/100-day fill is offered).

***Preferred pharmacy network not available for Wellcare D-SNPs.**

[Learn more about Wellcare Pharmacy Benefit Updates for 2024](#)



Long-Acting Injectable Antipsychotics (LAIA) Update

Long Acting Injectable Antipsychotics (LAIA) are all preferred and do not require Prior Authorization (PA) for members 18 years of age and older.

Prior Authorization is required for all injectable antipsychotics for members under 18 years of age. Select the links below to view Sunshine Health's list of LAIA medications and pharmacies with staff authorized to administer them and to learn more about the use of psychotherapeutic medications on children.

- [Learn more about LAIAs](#)
- [Florida Best Practice: Psychotherapeutic Medication Guidelines](#)

This guidance impacts all Sunshine Health Medicaid products, including MMA, Child Welfare Specialty Plan (CWSP), Serious Mental Illness (SMI), Children's Medical Services (CMS) Health Plan and Long Term Care (LTC). For more information, please contact Provider Services at [1-844-477-8313](tel:1-844-477-8313), Monday through Friday from 8 a.m. to 8 p.m. Eastern.

CMS: Model of Care Training is Required


The Centers for Medicare & Medicaid Services (CMS) requires health plans to provide annual education and training on our Special Need's Plans (SNP) Model of Care to providers who treat our SNP members. This applies to our Dual Eligible Special Needs Plan (D-SNP) members, who are eligible for both Medicare and Medicaid, and our Chronic Condition Special Needs Plan (C-SNP) members.

As stated in the Provider Manual, all providers who treat our SNP members regardless of network participation status must complete Model of Care (MOC) training annually by December 31 of each year.

[Learn more about SNP MOC training and download the self-study program](#)

We appreciate the quality care you provide to our members and your support of our efforts to meet CMS regulations.

State of Florida Emergency Prescription Refill Update

 Effective July 1, 2024, pharmacies in Florida are advised they may dispense an emergency re-fill of up to 72-hour supply of the prescribed insulin, insulin-related supplies or equipment in the event a member submits a request, and the pharmacist is unable to readily obtain a re-fill authorization from the prescriber.

If you need a member's specific prescription processing information or other help with a claim, please visit the [Express Scripts Pharmacist Resource Center](#).



Update Your 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. Select the link below to learn more about the process and how to overcome potential roadblocks.

[Learn more about how to update CAQH Profiles](#)

New Single Case Agreement (SCA) Request Form is Faster, More Efficient

Sunshine Health has created a new, streamlined Outpatient Single Case Agreement (SCA) PDF form to make the SCA process more efficient for providers.

The new form is designed to help providers quickly share their patients' medical information with the Sunshine Health contracting team to expedite the SCA process.

The [SCA form \(PDF\)](#) is fillable, so the information can be entered directly into the PDF's fields. The document must be faxed to Sunshine Health at [1-866-796-0526](tel:1-866-796-0526).

[Learn more about the new SCA form](#)

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



Select Prescriptions Eligible for 100-Day Refills



Did you know that select medications can be prescribed for a 100-day supply instead of a typical monthly refill? View the [100-Day Supply List \(PDF\)](#) of medications.

Consider making this change for your CMS Health Plan and Sunshine Health patients when appropriate. Your support can help close important care gaps to keep members healthier and out of the hospital.

Prescribing larger refills also helps patients avoid going to the pharmacy as often. This cuts down on the need to find time and transportation to pick up prescriptions each month, which lowers the chance they miss a dose.

[Learn more about 100-day refills.](#)

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](#).

Revamped CMS Health Plan Appointment Standards Now Online



Now providers can view the revamped and refreshed [CMS Health Plan Standards for Appointment Scheduling](#) via a dedicated web page.

The standards are crucial to helping providers meet the standards set by AHCA for scheduling appointments for medical services and behavioral health services. They're also designed to help provide the best possible care to CMS Health Plan members.

These 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.