



## Grants Available to Make Your Practice More Accessible

Delivering equal access to quality healthcare and services to our members and their companions is a priority for Sunshine Health. We're excited to announce a new grant program that can help remove physical and programmatic disability access barriers at your practice.

We recognize that not all of our partnering providers may have the financial resources to make their practices more accessible (for example: purchasing accessible exam tables or scales, renovating bathrooms, or supplying materials in braille).

We invite you, as one of our valued providers, to apply for a grant from the National Barrier Removal Fund (BRF), which is administered by Sunshine Health, Centene Corporation and the National Council on Independent Living (NCIL). In addition to receiving funding to remove disability access barriers, grant recipients also receive tailored training from NCIL, Local Centers for Independent Living (CILs), and Sunshine Health.

### To learn more

visit the "Provider News" section on [SunshineHealth.com](https://www.SunshineHealth.com). The deadline to complete the online application is 5 p.m. Friday, April 26, 2019.

### Key

-  Medicaid, Long Term Care, Child Welfare
-  Healthy Kids
-  Ambetter
-  Allwell

**CHRIS COFFEY**  
PRESIDENT AND CEO

# Sunshine Health Offers Free Provider Training for Buprenorphine Waiver



You're working to prevent and treat Opioid Use Disorder. We want to help.

Sunshine Health, in collaboration with the American Society of Addiction Medicine, is pleased to offer free online provider Opioid Use Disorder (OUD) training that will qualify you for the waiver to prescribe buprenorphine.

Buprenorphine is the first at-home therapy to treat Opioid Use Disorder and has been proven to be a clinically effective therapy for OUD in populations, including pregnant women. It's an essential tool to help you treat OUD in your community, and improve birth outcomes for our at-risk mothers.

This training, conducted by the American Society of Addiction Medicine (ASAM), includes:

- 4 hours of online training at your own pace
- 4 hours of live, interactive training on one of these dates:  
Sept. 13, June 28 or Nov. 8.
- Live training includes curriculum designed for women's health providers in partnership with the American College of Obstetricians and Gynecologists (ACOG).

There are approximately 2.1 million Americans with Opioid Use Disorder, including pregnant women. Together, we can help people struggling in our communities get well and stay well.

Thank you for your ongoing partnership.

Sincerely,

Chris Coffey

President and CEO, Sunshine Health



## TO REGISTER:



Visit:

[SunshineHealth.com/  
ASAMtraining](https://SunshineHealth.com/ASAMtraining)

## QUESTIONS?



Call Provider Services:

1-844-477-8313

\*Substance Abuse and Mental Health Services Administration. (2017). Key substance use and mental health indicators in the United States: Results from the 2016 National Survey on Drug Use and Health (HHS Publication No. SMA 17-5044, NSDUH Series H-52). Rockville, MD: Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration. Retrieved from <https://www.samhsa.gov/data/>.

## Top 5 claims denials

**EX18:** Duplicate Claim Service

**EX46:** Benefit is not covered

**EXY1:** Out-of-Network Provider not covered

**EXA1:** No Authorization on file that matches services billed

**EX29:** Timely filing has expired



### ALL PRODUCTS

## Tips to Better Claim Submissions



Here are some recommended quick tips to ensure timely and accurate payments. If you would like more information on these topics, or experiencing other issues, please contact Sunshine Health Provider Services.

**Missing Modifiers:** Use correct CPT codes and applicable modifiers. If submitting through the Sunshine Health secure provider portal, select the add button next to the modifier and save and update to ensure all information is locked in before carrying over to claims processing system.

**Duplicate Claim Service:** Correct denied claims versus submitting a new claim to reduce duplicate denials. Verify that bill reflects accurate date of service and correct bill type if an adjustment.

**Rendering Provider NPI Number:** Ensure correct the information, especially the NPI number is entered for the rendering provider. If rendering and billing Provider NPI are the same, you do not need to bill the rendering NPI.

**Billing Primary Insurance:** Verify eligibility and coordination of benefits. Medicaid will always be the payer of last resort. Bill primary payer first, then submit to Sunshine Health within 90 days of their determination with the primary payer EOP.



**AMBETTER, ALLWELL**

# TurningPoint to Assist with UM Support for Musculoskeletal Surgeries

Sunshine Health has contracted with TurningPoint Healthcare Solutions, LLC for Musculoskeletal Surgical Procedures, effective May 13, 2019, for Ambetter (Marketplace) and Allwell (Medicare).

The program is designed to work collaboratively with physicians to promote patient safety through the practice of high quality and cost-effective care for Sunshine Health members.



Register for the TurningPoint Healthcare Solutions Overview webinar at <http://bit.ly/2VBtOEZ>.

Sunshine Health oversees the new Musculoskeletal Surgical Quality and Safety Management Program and is responsible for claims adjudication. Prior Authorization for medical necessity and appropriate length of stay (when applicable) has been delegated to TurningPoint Healthcare Solutions, LLC. and will be required for the following surgical procedures (and codes listed below) **in both inpatient and outpatient settings**.

## Musculoskeletal

### Orthopedic Surgical Procedures

Including all associated partial, total, and revision surgeries

- Knee Arthroplasty
- Unicompartamental/Bicompartamental Knee Replacement
- Hip Arthroplasty
- Shoulder Arthroplasty
- Elbow Arthroplasty
- Ankle Arthroplasty
- Wrist Arthroplasty
- Acromioplasty and Rotator Cuff Repair
- Anterior Cruciate Ligament Repair
- Knee Arthroscopy
- Hip Resurfacing
- Meniscal Repair
- Hip Arthroscopy
- Femoroacetabular Arthroscopy
- Ankle Fusion
- Shoulder Fusion
- Wrist Fusion
- Osteochondral Defect Repair

### Spinal Surgical Procedures

Including all associated partial, total, and revision surgeries

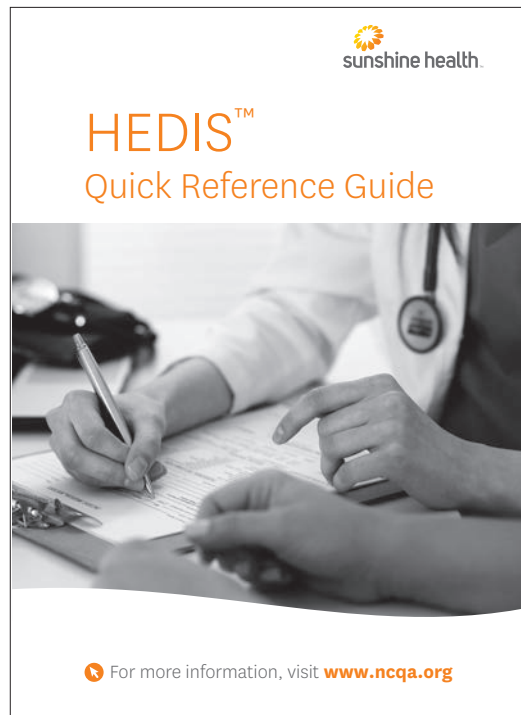
- Spinal Fusion Surgeries
  - Cervical
  - Lumbar
  - Thoracic
  - Sacral
  - Scoliosis
- Disc Replacement
- Laminectomy/Discectomy
- Kyphoplasty/Vertebroplasty
- Sacroiliac Joint Fusion
- Implantable Pain Pumps
- Spinal Cord Neurostimulator
- Spinal Decompression



## ALL PRODUCTS

# 2019 HEDIS Quick Reference Guides Now Available

We're proud to partner with you to provide quality care to our members. As we work to engage our members in care with the ultimate goal of improving health outcomes, we want to make your administrative tasks as easy and convenient as possible. Our new 2019 HEDIS Quick Reference Guide offers coding guidance at your fingertips. You can request hard copies from your Provider Partnership Manager representative, or download a digital copy on [SunshineHealth.com](http://SunshineHealth.com) in Provider News.



### Hospice Billing

#### **Skilled Nursing Facility Notice:**

When a Sunshine Health member is in your facility receiving hospice care, the skilled nursing facility should not bill room and board for this member. Room and board is billed by the hospice provider. Thanks for your attention to this matter.

### Submit Claims with Correct Taxonomy Codes and Qualifiers

**Ambetter:** Providers are required to submit claims with the correct taxonomy code and qualifier consistent with the provider's specialty to ensure appropriate claim adjudication. Taxonomy codes are 10-digit federally established numbers which healthcare providers use to identify their unique specialty areas. Please see the Provider and Billing Manual on [Ambetter.SunshineHealth.com](http://Ambetter.SunshineHealth.com) for more information.





## AMBETTER

# New Required Modifier for Habilitative and Rehabilitative Services

Habilitative and rehabilitative benefits are considered Essential Health Benefits (EHBs) under the Affordable Care Act (ACA).

Habilitative services help a person learn, keep or improve skills and functioning for daily living.

Rehabilitative services are necessary after an illness or injury to help a person restore, keep or improve skills and functioning for daily living.

Many times, the same CPT code can be used for both types of services. We introduced new modifiers to help distinguish between these two benefits on Jan. 1, 2019. They will be required as of April 1, 2019.

Ambetter requires modifier '96' to be used for any habilitative service or procedure that could be considered either habilitative or rehabilitative.

Rehabilitative services should continue to use modifier 'GN' for speech therapy, 'GO' for occupational therapy, and/or 'GP' for physical therapy.



## AMBETTER

# New Required Fields on CMS 1500 Claims

Ambetter has changed its policy as it relates to required fields on the CMS-1500 claim form. Formerly box 18 was listed as a conditional/optional field. If you are submitting an inpatient professional service(s), with a location (box 24B) value of 06, 08, 21, 31, 32, 51, 54, 55, 56, or 61, Ambetter now requires box 18 (Hospitalization Dates Related to Current Services) to have the date of admission populated in the 'FROM' portion of this field. If this field is blank, the claim may be rejected or denied. If the "TO" date is known (the patient's discharge date) it may also be populated in the same format. However, it is not a requirement for claim acceptance.

Populate the applicable month, day and year of the facility admission/discharge date, using an eight digit date format for all inpatient physician or professional services.

| 18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES |  |    |  |    |  |
|-------------------------------------------------------|--|----|--|----|--|
| MM                                                    |  | DD |  | YY |  |
| FROM                                                  |  | TO |  |    |  |
|                                                       |  |    |  |    |  |

| 24. A. DATE(S) OF SERVICE |    |    |    |    |    | B. PLACE OF SERVICE |
|---------------------------|----|----|----|----|----|---------------------|
| FROM                      |    |    | TO |    |    |                     |
| MM                        | DD | YY | MM | DD | YY |                     |
|                           |    |    |    |    |    |                     |



## ALL PRODUCTS

# Non-Emergent ER Policy Changes, Effective May 1, 2019

Sunshine Health periodically updates our policies and procedures related to utilization management processes, payment and coverage policies. This notice informs you of changes to our Non-Emergent ER Services Policy that will be implemented on May 1, 2019.

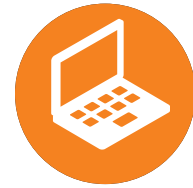
This change impacts Sunshine Health's Medicaid, Child Welfare and Healthy Kids products. The effective date is May 1, 2019. This policy is already in effect for our Ambetter (Marketplace) and Allwell (Medicare) products.

| Number    | Policy Name              | Policy Description                                                                                                                                                                                                                                                                                                                                           | Line of Business                                    |
|-----------|--------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------|
| CC.PP.053 | Non-Emergent ER Services | The purpose of this policy is to define payment criteria for non-emergent emergency room services to be used in making payment decisions and administering benefits. When a physician bills a level 4 (99284) or level 5 (99285) emergency room service with a non-emergent diagnosis, the provider will be reimbursed at a level 3 (99283) contracted rate. | Medicaid (including Child Welfare) and Healthy Kids |



## MEDICAID

# Vendor Changes in Home Health Service Administration



Sunshine Health is ending our partnership agreement with Sandata Technologies, effective April 24, 2019.

As a result, Sunshine Health will no longer provide new or extended authorizations through Sandata Technologies. If you are currently using the Sandata portal to view authorizations and to schedule and confirm visits, the portal will be available for use until April 24, 2019.

If you have new or pending claims for payment, please follow the health plan's standard billing and claims payment guidelines. Please refer to your Provider Manual for details or visit [SunshineHealth.com](http://SunshineHealth.com) and select the "Provider Resources" tab.

Sunshine Health is now partnering with HHAeXchange (HHAX) to leverage their software and electronic visit verification (EVV) technology. The HHAX portal is Sunshine Health's new method for authorization information and billing; and is available to providers now. Beginning Oct. 1, 2019, providers will be required to use or interface with HHAX for EVV.

