



PROVIDER QUICK REFERENCE

PROVIDER SERVICES

Providers can visit the Sunshine Health website at www.sunshinehealth.com to access the following:

- Provider Manuals, Forms, Directory
- Provider Training Materials
- *Pre-Auth Needed?* Tool
- Companion Guide for Electronic Transactions
- Child Health Check-Up/EPST Information
- PaySpan Health for EFT's/ERA's
- Sunshine Health News
- Clinical Guidelines
- Clinical resources on Evidence Base Practices
- Fraud, Waste and Abuse Training for Providers

The following information is available via the website by logging into the secure portal:

- PCP verification
- Member eligibility/verification
- PCP Cost Reports
- Claims submission/inquiry/adjustment
- Request prior auth for services

Contact Sunshine Health Provider Services Dept, 8 am to 7 pm EST, Mon-Fri, at phone 866-796-0530, or fax 866-614-4955, for assistance with the following services:

- Answer questions regarding claim status
- Network participation
- Member eligibility/verification
- Request a free, printed copy of our Provider Manual

HEDIS Measures: Sunshine Health calculates and reports HEDIS measures annually. HEDIS consists of 20+ Effectiveness of Care type measures as well as Access to Care and Use of Services measures for which the Plan contractually reports rates to the State of Florida based on claims and/or med records review data.

Measures include: Effectiveness of Care, Access and Availability, Satisfaction with the Experience of Care, Use of Services, Cost of Care, Health Plan Descriptive Information, and Health Plan Stability.

Periodicity for Well Child visits:

- Birth exam
- Two to four days (if newborn is discharged in less than 48 hours)
- By one month
- Two months
- Four months
- Six months
- Nine months
- Twelve months
- Fifteen months
- Eighteen months
- Once per year from age two through 20.

CLAIMS SERVICES

Electronic Transactions (EDI):

EDI support for HIPAA transactions is provided by Sunshine Health's corporate office, Centene Corp. For support, please contact our EDI Dept. at 800-225-2573, ext. 25525 or visit our website at www.sunshinehealth.com. The website contains our electronic Billing Manual, which offers detailed information regarding claims billing instructions, requirements for the 1500/837 Professional, and the UB04/837 facility. **Sunshine Health's Payer ID is 68069.**

Claims Reconsiderations and Disputes:

All requests for claims reconsideration or adjustment must be clearly marked as such and mailed with documentation to:

Sunshine Health
PO Box 3070
Farmington, MO 63640-3823
ATTN: Adjustment/Reconsiderations/Disputes

Timely Filing Guidelines:

Initial Filing – 180 calendar days of the date of service

Coordination of Benefits (Sunshine Health as Secondary) – 90 calendar days of the primary payer's determination

Corrected/Reconsideration/Disputes – 90 calendar days from the payment/denial notification

MEDICAL MANAGEMENT

Sunshine Health Medical Management team provides oversight for utilization management, case management, and care coordination. Authorization must be obtained prior to the delivery of certain elective and scheduled services.

Request authorization through the web portal or via fax. The new Prior Authorization fax form is located at: www.sunshinehealth.com, *For Providers; Provider Resources*. Open the specific inpatient or outpatient pdf file and fill in the fields. Save the file as a new document, print the form, and fax to 1-866-796-0530.

Please access a new online form for each request.

Prior authorization requests:

- Inpatient admissions non-emergent
 - Physician office requests for plan approval
- Inpatient emergent or urgent admissions
 - Hospital notifies Plan within 2 days of admission
- Newborn deliveries – Notification to Plan next business day
- Observation admission – Notification within the first 48 hours
- Out-Of-Network – Notification following stabilization of emergency care

Medical Management/Case Management

1-866-796-0530 – Mon through Fri, 8 am to 7 pm EST

1-866-796-0526 (Prior auth fax)

1-877-689-1056 (Case mgmt fax)

1-866-694-3649 (Behavioral Health Prior auth fax)

MEMBER SERVICES

To make a selection for a newborn, Members should call the Member Services Dept. Members may call the Plan to select and/or change their PCP assignment at any time. Members requiring translation, interpretation, or sign language services may be arranged through the Member Services Dept.

Member Services Department

1-866-796-0530 - 8 am to 7 pm EST, Mon – Fri

Member Services Fax 1-866-796-0523

TDD/TYY 1- 800-955-8770

VENDOR SERVICES

US Script – Pharmacy Benefit Manager

2425 W Shaw Ave

Fresno, CA 93711

1-866-399-0928 Phone

1-866-399-0929 (Fax) PA Requests

Specialty Pharmacy

1-866-796-0530 Phone

1-866-351-7388 (Fax) PA Requests

Cenpatico Behavioral Health

PO Box 6900 (ATTN: Claims)

Farmington, MO 63640-3818

1-866-796-0530

www.Cenpatico.com

National Imaging Associates (NIA)

1-877-807-2363

www.RadMD.com

Univita (DME, Home Health, Infusion)

3700 Commerce Pkwy (ATTN: Claims)

Miramar, FL 33025

1-888-914-2201

Opticare (routine eye care)

PO Box 7548 (ATTN: Claims)

Rocky Mount, NC 27804

1-800-334-3937

www.Opticare.com

NurseWise (24/7 Availability) 1-866-796-0530