



# Sunshine Health Provider Training

*October 2018*

# Introduction and Agenda



- Purpose of Session *(2 min)*
- Sunshine Health Placement and Authorization Structure *(5 min)*
- Sunshine Health Communication Policies *(5 min)*
- Sunshine Health Billing and Rebilling Processes *(5 min)*
- Additional Sunshine Health Specifics *(5 min)*
- Questions and Answers *(8 min)*



# Placement and Authorizations

## Authorizations – Service Details

### **Service Details and New Member Authorization in HHAeXchange**

- All information in Sunshine Health provider portal will also be available on the HHAX system
- Authorization will start when requested AND approved
- Service scope, start, end, amount and frequency
- Service details would be received as an authorization note in system
- Can be adjusted when needed i.e. change of condition, change of provider, change in eligibility, etc.

**Authorization Notes** should include sufficient detail so that the provider is clear regarding exactly what service is needed, beginning when, for what duration, frequency, days, etc.

**Single Case Agreements (SCA's)** – Non-contracted providers and non-contracted services will be processed within the HHAeXchange portal and processed accordingly.

## Authorizations in HHAeXchange

### Conversion of Units to Hours

- Available in HHAX portal within 24hrs of being created
- Units displayed in hours (1hr = 4 units)

We encourage providers to validate and verify that authorization information is accurate with the correct approved hours, units, service codes and dates that are expected.

Authorizations and member demographic information will be communicated to providers via HHAeXchange.

***Continuity of Care (COC)*** - Members who transfer to Sunshine Health from another MCO will continue services with their current provider until the member's newly assigned MCO completes a member assessment.

# Receiving Placements

- **Placements**

- Existing auths/members:

- We will send your current members and authorizations to your portal in HHAX prior to Go Live
- These will be automatic placements – directly assigned to you without the need to review and “accept” the member

- New authorization requests:

- During the transition period, we will continue to call you to confirm you are able to service a case and we will continue to fax auth. confirmations.
- Auths. will enter the HHAX system and we need you to accept them from the pending placement queue.
- You can set up an alert email so you know when an auth is pending.

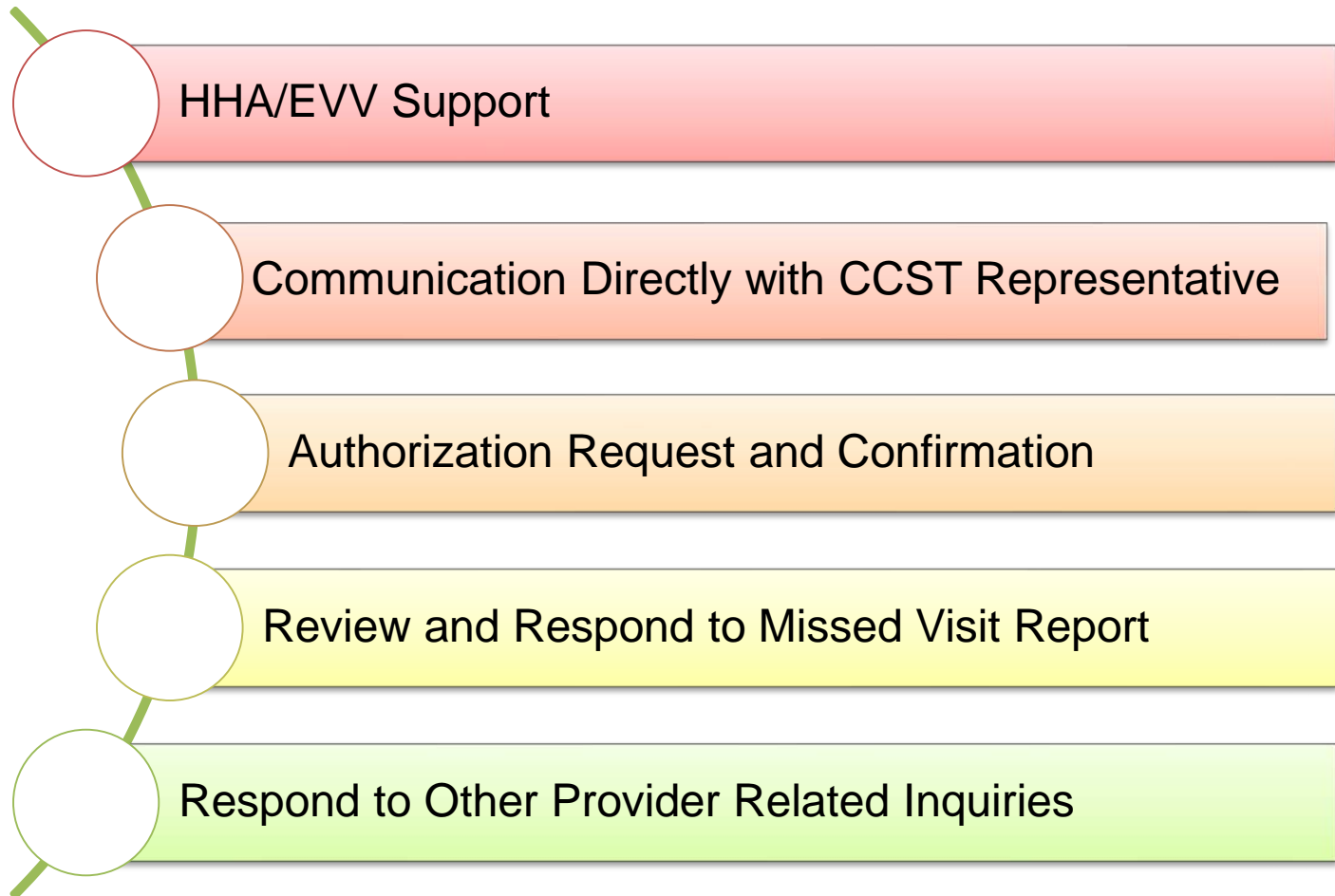
- Timeliness of Services:

- Sunshine Health’s new contract with AHCA mandates that in home services are authorized to a provider within 24 hours of a new member orientation visit and service receipt confirmed within 7 days.



**HAExchange**

# Communications





## ➤ **Communications within HHAeXchange System**

- Non-Urgent** Note Response Times: Within 2 Business Days
- Urgent Notes** Response Times: Within 1 Business Day
- Sunshine Health will send an acknowledgment message back to providers in response to request within 24 hours.

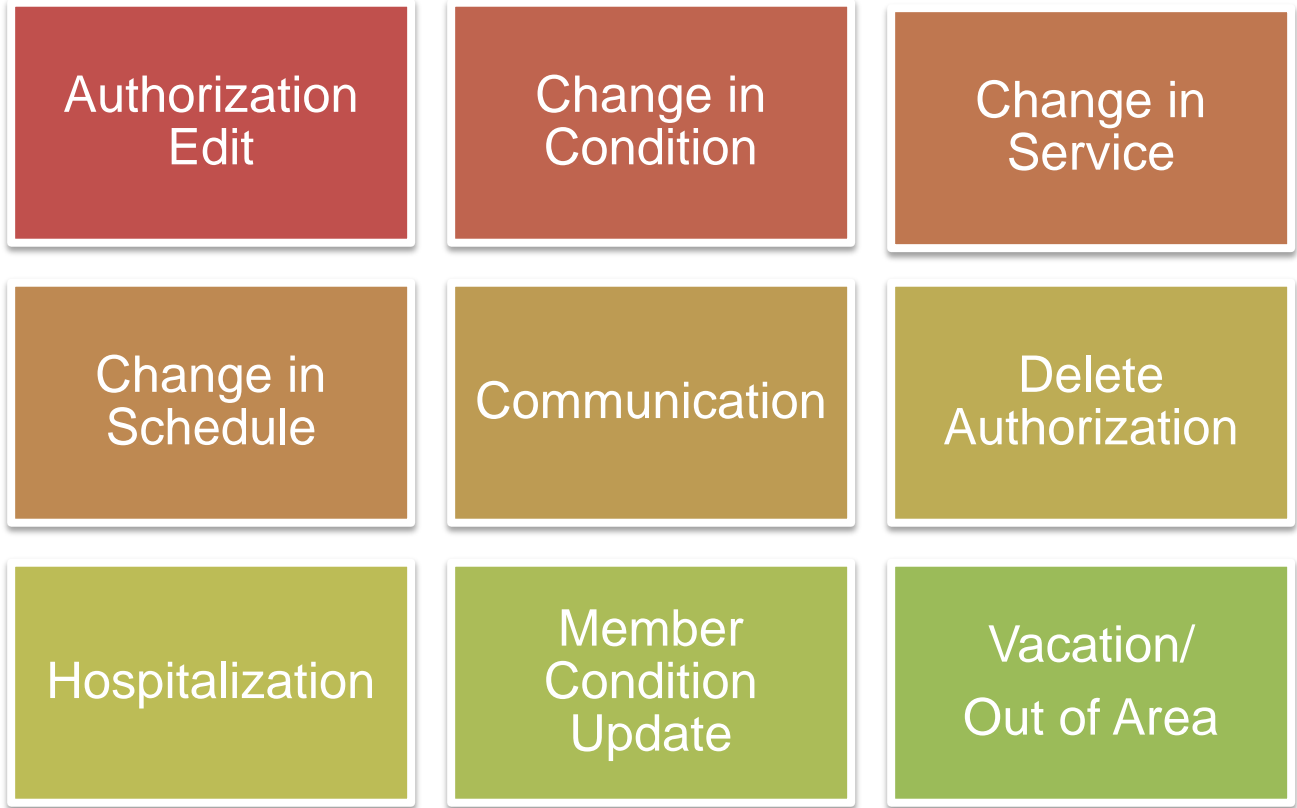
## ➤ **Communications Outside of HHAeXchange System**

- Please call 1-866-796-0530, Option 2, Monday through Friday, 8:00 a.m. – 8:00 p.m. (ET)

# Communication Policy



## Note Reasons in HHAeXchange



**Important - Closing Notes in HHAeXchange Functions as “Read Receipt”**

# Billing Processes

## Billing Process

- Prior to October 2019 HHAeXchange is the preferred method for billing.
- After October 2019, HHAeXchange will be the only method for billing.

## Receiving Remittance through HHAeXchange

- Vendor - PaySpan

# Reporting Missed Visits as required by AHCA



## **Missed Visit Reasons:**

1. Provider Cancellation
2. Provider No-Show
3. Enrollee Cancellation
4. Enrollee No-Show
5. Scheduling Error due to Enrollee
6. Scheduling Error due to Provider
7. Service Authorization Issue
8. Other (must include description in Comments section)



# Additional Sunshine Health Specifics

# Eligibility Verification

- Providers are responsible for verifying eligibility every time a member is seen.

Eligibility can be verified through:

- IVR [1-866-796-0530](tel:1-866-796-0530)
- [Sunshine Health Secure provider portal](#)
- Member Services [1-866-796-0530](tel:1-866-796-0530), 8 a.m. to 8 p.m. Monday through Friday
- [TDD/TTY 1-800-955-8770](tel:1-800-955-8770)

# Sunshine Health Provider Portal



Long Term Care Providers are required to register and request access to Sunshine Health's Provider Portal. Through this portal providers can:

- ✓ Verify member eligibility
- ✓ Check and submit claims
- ✓ View authorizations
- ✓ Secure email communication
- ✓ Receive and View members Person Centered Care Plan (PCCP)

*Access to member protected health information (PHI) should be limited to active recipients of your agency's services and within the scope of your contract.*



**HAExchange**

# Questions and Answers