



Reviewing the appropriate use of resources

Sunshine Health has developed utilization management and claims management systems to identify, track and monitor the care provided to our members. Utilization management (UM) decisions are based only on the appropriateness of care and service and the existence of coverage. Sunshine Health does not reward providers, practitioners or other individuals for issuing denials of coverage or care. Denials are based on lack of medical necessity or lack of covered benefit.

UM care criteria cover preventive care, emergency care, primary care, specialty care, acute care, short-term care, health homes, maternity care and ancillary care services. Sunshine Health uses nationally recognized criteria (such as InterQual) if available for the specific service. Other criteria are developed internally through a process that includes a review of scientific evidence and input from relevant specialists.

Providers can help us make appropriate and timely UM decisions by submitting complete clinical information with the initial request for a service or treatment.

Providers can discuss any medical UM denial decisions with a physician or another appropriate reviewer at the time of notification of an adverse determination.

Providers can obtain a copy of Sunshine Health's UM criteria, ask questions of UM staff or contact a reviewer by calling **1-866-796-0530**.

HEDIS measures performance

Sunshine Health strives to provide quality healthcare to our members as measured through HEDIS quality metrics.

HEDIS (Healthcare Effectiveness Data and Information Set) is a set of standardized performance measures developed by the National Committee for Quality Assurance (NCQA), which allows direct, objective comparison of quality across health plans. NCQA develops the HEDIS measures through a committee of purchasers, consumers, health plans, healthcare providers and policymakers.

HEDIS allows for standardized measurement and reporting as well as accurate, objective side-by-side comparisons. Learn more at ncqa.org or review the Quality Improvement information at sunshinehealth.com.

Please take note of the HEDIS measures highlighted on the next page regarding child and adolescent health visits.



HEDIS for child and adolescent well visits

In addition to HEDIS immunization measures that assess whether children and adolescents receive recommended immunizations on schedule, several HEDIS topics cover issues related to child and adolescent well visits:

Well-Child Visits in the First 15 Months of Life: Assesses children who turned 15 months old during the measurement year and had up to six well-child visits with a primary care physician during their first 15 months of life.

Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life: Assesses children ages 3–6 who received one or more well-child visits with a primary care practitioner during the measurement year.

Adolescent Well-Care Visits: Assesses adolescents and young adults ages 12–21 who had at least one comprehensive well-care visit with a primary care practitioner or an OB-GYN practitioner during the measurement year.



Keeping kids healthy with well-child checks

The Child Health Check Up (CHCU) service is Medicaid's preventive health program for members younger than 21. CHCU services include periodic screening, vision, dental and hearing services. Sunshine Health encourages members to keep their children healthy with regular well-child checks and informs members these visits are a good time to assess their child's health and receive anticipatory guidance.

A periodic health screening assessment should include:

- Comprehensive health and development history (for both physical and mental development)
- Comprehensive unclothed physical examination
- Immunizations
- Assessment of nutritional status
- Laboratory tests
- Developmental assessment
- Vision screening and services
- Dental screening and services
- Hearing screening and services
- Health education and anticipatory guidance
- Annual well-child visits for members younger than 21

Sunshine Health promotes adherence to the CHCU periodicity schedule for members younger than 21. A comprehensive schedule of screenings is available from the American Academy of Pediatrics at aap.org/en-us/documents/periodicity_schedule.pdf. Sunshine Health supports members with following the periodicity schedule through reminder postcards, educational materials and outreach calls to members with missed appointments.

Screening for lead exposure

Sunshine Health informs our members that elevated blood lead levels can result in decreased IQ, developmental delays and behavioral issues. For children enrolled in Sunshine Health, federal law requires a blood lead level test at 12 and 24 months old. Children ages 3–5 must receive a blood lead test if they have not previously been tested for lead poisoning.

Sunshine Health members are also educated regarding who may be at a higher risk of elevated blood lead levels; i.e., children who meet any of the following criteria identified by the Centers for Disease Control and Prevention:

- Child has a sibling or frequent playmate with elevated blood lead levels.
- Child is a recent immigrant, refugee or foreign adoptee.
- Child's parent or principal caregiver works professionally or recreationally with lead.
- Child lives with someone who uses traditional, folk or ethnic remedies or cosmetics or who routinely eats food imported informally from abroad.
- Child's family has been designated at increased risk of lead exposure by the health department because the family has local risk factors for lead exposure.



Behavioral health services for your patients

If you have patients who struggle with depression, anxiety, substance abuse or other behavioral health conditions, we have resources to help. Sunshine Health offers our members access to all covered, medically necessary behavioral health services. You can learn more about our behavioral health services at sunshinehealth.com. For help identifying a behavioral health provider or for prior authorization for inpatient or outpatient services, call 1-866-796-0530.

Supporting healthy adolescents

Parents are reminded that adolescence is a time of great change, and as children become more mature and independent, their health needs will change. Parents of Sunshine Health adolescent members are encouraged to schedule preventive visits as health checks are a good time to address preventive care and offer anticipatory guidance.

Our members are advised that adolescents require many of the same services provided to younger children during well-child visits, such as hearing and vision screenings, and that the American Academy of Pediatrics recommends the following assessments and screenings:

Developmental and behavioral health:

- Tobacco, alcohol or drug use assessment: Risk assessment to be performed annually beginning at age 11
- Depression screening: To be performed annually beginning at age 12

Physical examination procedures:

- Testing for sexually transmitted diseases: Risk assessment to be performed annually beginning at age 11
- Testing for HIV: Risk assessment to be performed annually beginning at age 11. Test to be performed at least once between ages 15–18. Those at increased risk should be tested and reassessed annually.
- Testing for cervical dysplasia: To be performed on female patients at age 21

Preventive guidelines are available to help you care for your adolescent members. Sunshine Health adopts guidelines based on the health needs of the membership and opportunities for improvement identified as part of the Quality Improvement program. When possible, we adopt guidelines established by nationally recognized organizations, government institutions, statewide collaboratives or a consensus of healthcare professionals in the applicable field. Sunshine Health providers are expected to follow these guidelines, and adherence is evaluated at least annually.

You can find adolescent preventive care guidelines, as well as guidelines for adult and child preventive care and for chronic diseases, online at SunshineHealth.com. Call 1-866-796-0530 for more information or if a copy of the guidelines is needed. Members also have access to these guidelines.



After-hours requirements

After business hours, providers are required to offer access to a covering physician or have an answering service, a triage service or a voice message that explains to members how to access urgent and emergency care. This helps ensure our members get the best possible healthcare.

Members must be able to access their provider after normal business hours and on weekends. The requirements below ensure that our members have adequate access to needed healthcare services:

Offices using an answering machine must:

- Provide a message directing the member to contact 911 or go to the nearest emergency room if he or she feels it is too urgent to wait for a doctor to call back.
- Provide instructions on how to page the doctor if the situation is urgent.
- If the provider's practice serves a high percentage of foreign-language speakers, the message should be recorded in both English and that language.

Offices using an answering service must:

- Direct the member to call 911 or go to the nearest emergency room if he or she feels it is too urgent to wait for a doctor to call back.
- Provide an option to page or otherwise contact the provider on call with the member's contact information. When possible, the provider must return the call within 30 minutes.
- If the provider's practice serves a high percentage of foreign-language speakers, the service should meet the language requirements.



Do you meet **appointment availability standards?**

Sunshine Health follows the accessibility requirements set forth by applicable regulatory and accrediting agencies. Sunshine Health monitors compliance with these standards annually and uses the results of monitoring to ensure adequate appointment availability and reduce unnecessary emergency room visits. The availability of our network practitioners is key to member care and treatment outcomes. Please ensure your information is up to date with Sunshine Health so our members can reach your office to schedule appointments without difficulty. You can update your information by visiting the provider portal on our website at SunshineHealth.com or calling us at **1-866-796-0530**.

Please review the appointment availability standards below:

Type of appointment	Scheduling time frame
Life-threatening emergency care	Immediate and available 24 hours a day, seven days a week
Urgent care	Within one day
Routine appointments	Within seven days
General physical examinations and new patient examinations	Within 30 days

To ensure appropriate care, we have adopted the following geographic availability standards:

- Primary care practitioner within 20 miles of a member ZIP code
- Specialist within 35 miles of a member ZIP code
- Other specialists: allergy/immunology within 60 miles, endocrinology within 75 miles, pulmonology within 45 miles



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