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Frequently Asked Questions – Waiver Consolidation

Which waiver programs are affected by the state’s consolidation?

The Agency for Health Care Administration (AHCA) consolidated three waiver programs that offer services similar to the Statewide Medicaid Managed Care program. The consolidated waiver programs include: Project AIDS Care (PAC), Traumatic Brain Injury and Spinal Cord Injury (TBI/SCI) and Adult Cystic Fibrosis (ACF).

Some of the old waiver services and codes can no longer be used? Which codes should be used?

AHCA’s coding guidelines are attached to this communication, and can also be found on AHCA’s website at <http://bit.ly/2n2sLxx>, along with answers to general questions about the consolidation.

We will continue services for the member during Continuity of Care (COC) for the first 60 days. Do I need a service authorization?

If provider is willing to continue services during the 60-day COC period, a service authorization is not required from Sunshine Health. Providers should continue providing any services that were previously authorized, regardless of whether the provider is participating in the health plan’s network. Health plans will pay providers for previously authorized services for up to 60 days. Health plans will pay non-network providers at the rate previously received for up to 30 days. After that, providers will receive the Medicaid rate for that service.

I have a question about a prior authorization. Where can I direct that?

Providers with questions about prior authorizations can contact Sunshine Health Long Term Care at (877) 211-1999 and MMA at (866) 796-0530. Please follow the prompts for provider when calling.

I am NOT a current Sunshine Health provider, but I will be serving the member during COC. How do I submit my claims?

Providers submitting a claim to Sunshine Health for the first time should submit a paper claim to Sunshine State health Plan, PO Box 3070, Farmington, MO 63640-3823, ATTN: Claims Department.

Once a claim has been processed, providers can create an account on Sunshine Health's Secure Provider Portal to file electronic claims. Detail instructions can be found on www.SunshineHealth.com by clicking on "Providers" and selecting "Login" from the dropdown menu.

We are not willing to continue services after Jan. 1, 2018 for this member. Who needs to be notified?

Any provider electing not to continue providing services for members who were previously in one of the aforementioned waiver programs must contact Sunshine Health Long Term Care at (877) 211-1999 and MMA at (866) 796-0530 so that we can ensure a new provider is selected and avoid any care disruptions for the member. Please follow the prompts for provider when calling.

I am not contracted with Sunshine Health, but would like to discuss entering into one. Who should I contact?

Information about becoming a Sunshine Health provider can be found on our website at www.SunshineHealth.com, clicking on "For Providers" and selecting "Become a Provider" on the dropdown menu. You can also reach us via email at SunshineContracting@Centene.com or call (866) 595-8116.

I am a current Sunshine Health provider (Par), how can I reach my Provider Relations Representative?

You can reach your Provider Relations Representative at (877) 211-1999 for Long Term Care or (866) 796-0530 for MMA. Hours are 8 a.m. to 8 p.m. EST.

How long will it take me to receive payment?

Sunshine Health is prioritizing claims impacted by this consolidation and estimates that claims will take approximately 45 days for processing.