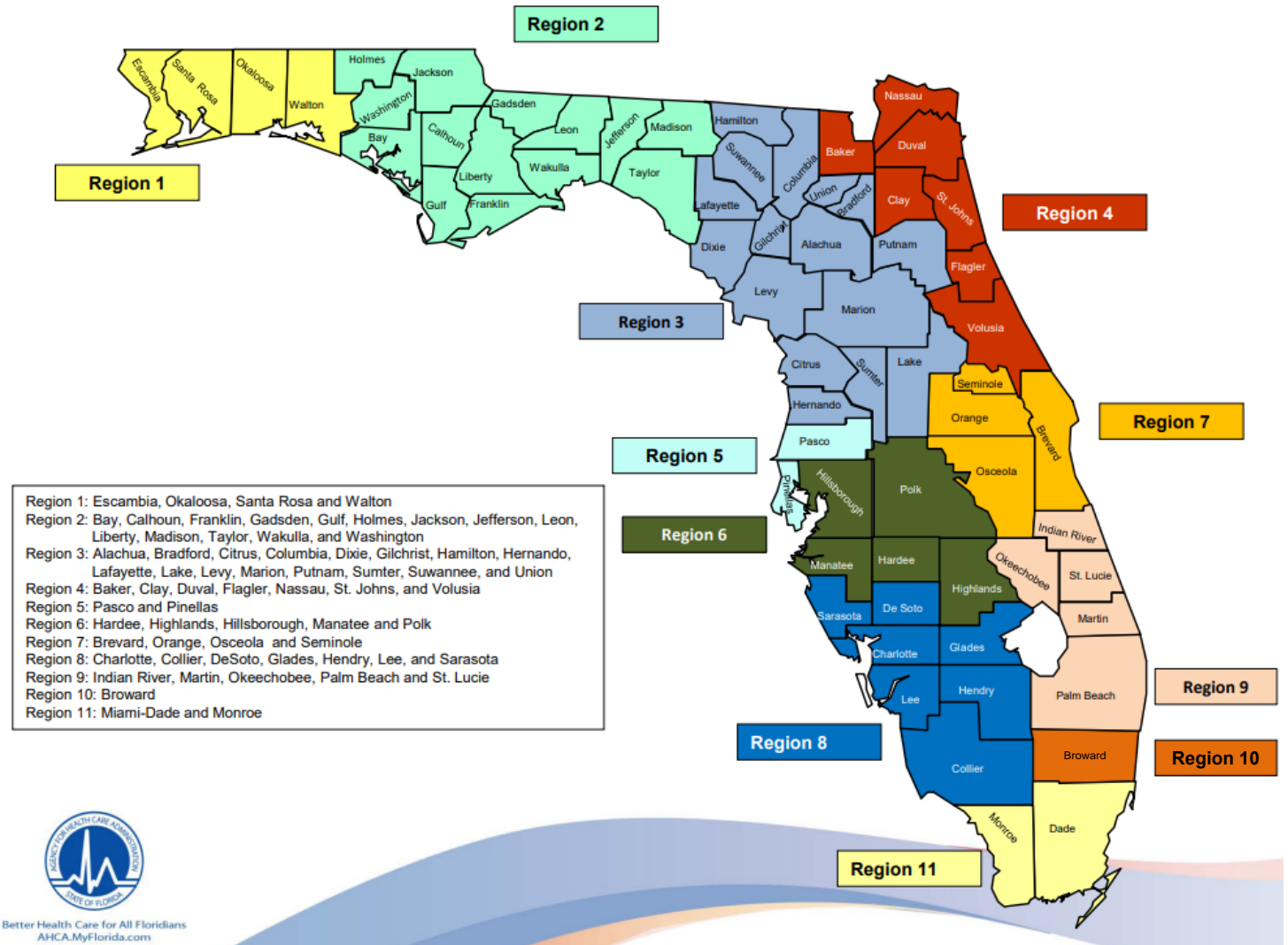




Overview of Billing Guidelines for Medical Foster Care (MFC) Services

Medical Foster Care (MFC)

Sunshine Health is responsible for the Medical Foster Care Services based on the SMMC (Statewide Medicaid Managed Care) Contract.



Contracting

- Sunshine Health and CMS Health Plan will be extending a Provider Agreement or Letter Of Agreement (LOA) with the Medical Foster Care parents who care for our children.
- Sunshine Health will pay the Medicaid rate for the three levels of Medical Foster Care.
- There will be training available to MFC parents once the contracting process is complete.

Medical Foster Care (MFC) Services

Sunshine Health follows the Agency for Health Care Administration (AHCA) Medical Foster Care Services Coverage Handbook.

MFC services provide care to recipients under the age of 21 with complex medical needs to enable them to live in a foster care home. Medically necessary MFC services must meet the following criteria for Sunshine Health and CMS Health Plan members who:

- Are able to have his or her health, safety, and well-being maintained in a foster home.
- Are in the custody of the Department of Children & Families (DCF), in a voluntary placement agreement, or in extended foster care, in accordance with Section 409.175, F.S.
- Have a completed staffing by the Children's Multidisciplinary Assessment Team (CMAT).

What Does MFC Cover?

Sunshine Health follows the AHCA MFC Handbook for:

- **Leave Days** - cover up to 15 leave days during any 90-day period for hospitalization or therapeutic visits.
- **Alternate Provider** - cover up to 30 days of MFC services provided by a substitute MFC provider per year, per member, when the primary MFC provider is unable to provide the service.
- Sunshine Health does not cover the following as part of this service benefit:
 - Respite care
 - Services when the member is absent from the MFC home for more than 24 hours, except for leave days or when receiving services from an alternative MFC provider

What Does MFC Cover? – Cont'd

MFC families must maintain the following in the member's file:

- A Plan of Care (POC) that is updated every 180 days (or upon a change in the member's condition requiring an alteration in services), signed, dated and credentialed by a physician.
- Written MFC staff physician's order.
- Daily progress notes that document all services and care provided, as specified in the member's POC.

The MFC family must maintain documentation in the member's file demonstrating that they continued to provide services during the member's leave days, including a physician's statement specifying that the MFC was present during the member's hospital stay, as applicable.

How Is MFC Managed?

The level of MFC is one of three levels: **Level I, II, or III**

- This level is determined by the staffing for that member. The staffing is held by the Children's Multidisciplinary Assessment Team (CMAT).
- A Sunshine Health UM (Utilization Management) or CM (Care Management) staff must attend the CMAT.
- The payment of each Level differs.

Covered Medical Foster Care Codes

- The following are the covered Medical Foster Care Service Codes and Modifiers.
- The reimbursement rate is 100% of the AHCA Medical Foster Care Services Fee Schedule.
- These services do not require a prior authorization from Sunshine Health.
- Providers (Parents) should bill Sunshine Health with these codes.

Service	Codes	Modifier	Reimbursement Rate*
Level 1 MFC Services	S5145	HA	\$44.00 per day
Level II MFC Services	S5145	TF	\$55.00 per day
Level III MFC Services	S5145	TG	\$76.99 per day

Billing Guidelines

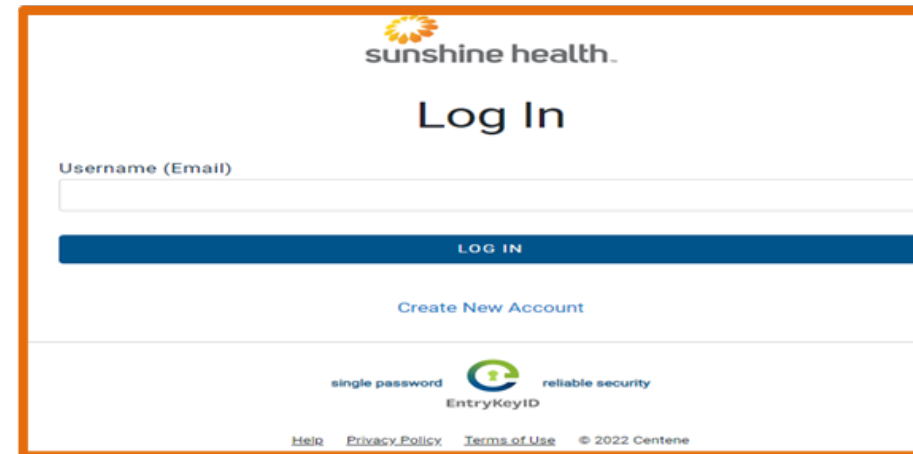
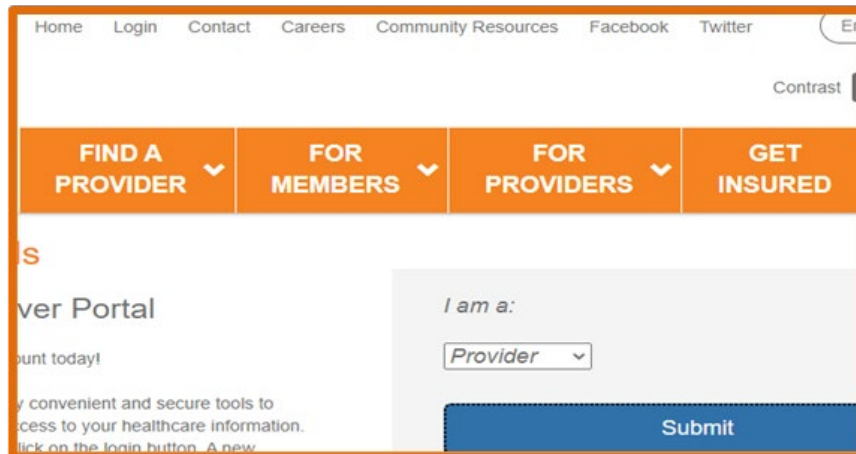
Sunshine Health Documents

- Letter Of Agreement or Provider Agreement
- W-9
- MFC Provider Demographic and Billing Form

Sunshine Health Secure Provider Portal

The Secure Provider Portal is used to check Member Eligibility, Submit Claims and Authorizations, and more.

- Create an account by going to SunshineHealth.com/login.
- Then choose Provider and Submit, then “Create New Account.”
- An email will be sent to you for completion of the registration.



Secure Provider Portal Landing Page

sunshine health. Manage Practice Eligibility Patients Authorizations Claims Messaging

Viewing Dashboard For: TIN [redacted] Plan Type: Medicaid GO

Note: Users may have issues with accessing EOP (Explanation of Payments) PDFs and information on consolidated checks may be missing from the Payment History section. We'll be updating our network to fix this issue. Thank you for your patience as we improve our web sites to serve you better.

Information for patients who are former WellCare members (for dates prior to 10/01/2021) can be found on the [WellCare Provider Portal](#).

[What you need to know about COVID-19](#)

Quick Eligibility Check for Medicaid

Member ID or Last Name: 123456789 or Smith Birthdate: mm/dd/yyyy [Check Eligibility](#)

Recent Claims

STATUS	RECEIVED DATE
🕒	12/19/2022
🕒	12/19/2022
🕒	12/19/2022
🕒	12/19/2022
🕒	12/19/2022

Welcome

- Add a TIN to My ACCOUNT >
- Manage Accounts >
- Reports >
- Provider Analytics >
- Care and Risk Gaps - Daily View >

Recent Activity

Date	Activity
------	----------

Quick Links

- [PAI Provider Survey](#)
- [Find a Provider](#)
- [Interpreta Analytics on the Availability Portal](#)
- [Opioid Prevention and Intervention Toolkit](#) - Get best practices and strategies for identifying and treating patients with opioid addiction.

[Instruction Manual \(PDF\)](#) [Terms and Conditions](#) [Privacy Policy](#) Copyright © 2022, Centene Corporation

Portal training is available every Thursday at noon.

Register for the training on the Sunshine Health website:

SunshineHealth.com/training

Secure Provider Portal Claims and Claims Audit Tool

The screenshot displays the Sunshine Health provider portal interface. At the top, the 'sunshine health.' logo is on the left, and navigation icons for 'Manage Practice', 'Eligibility', 'Patients', 'Authorizations', 'Claims', and 'Messaging' are on the right. Below the navigation bar, the 'Viewing Claims For:' section includes a 'TIN' field (redacted with a blue box) and a 'Plan Type' dropdown menu set to 'Medicaid', with a green 'GO' button. To the right are 'Upload EDI' and 'Create Claim' buttons. A secondary navigation bar contains 'Claims' (selected) and sub-tabs for 'Individual', 'Saved', 'Submitted', 'Batch', 'Recurring', 'Payment History', and 'Claims Audit Tool'. A yellow banner below the tabs states: 'Claims for patients who are former WellCare members (for dates prior to 10/01/2021) can be found on the [WellCare Provider Portal](#).' The main content area is titled 'Claims: Recent' and features a search bar with 'Date Range : 11/20/2022 to 12/20/2022' and a 'Change dates' link. To the right of the search bar are 'Filter' and 'Search' buttons. A yellow box below the search bar indicates 'No Data Found'. The footer contains links for 'Instruction Manual (PDF)', 'Terms and Conditions', 'Privacy Policy', and 'Copyright © 2022, Centene Corporation'.

Claims Section of Secure Provider Portal

The Claims section displays claim-related information and is divided into a series of tabs.

Quick Eligibility Check for Medicaid

Member ID or Last Name: Birthdate: [Check Eligibility](#)

Recent Claims

STATUS	RECEIVED DATE	MEMBER NAME	CLAIM NO.
🟢	04/16/2021	[REDACTED]	U106
🟢	04/16/2021	[REDACTED]	U106
🟢	04/16/2021	[REDACTED]	U106
🟢	04/16/2021	[REDACTED]	U106
🟡	04/19/2021	[REDACTED]	U109

Welcome

- [Add a TIN to My ACCOUNT](#) >
- [Manage Accounts](#) >
- [Reports](#) >
- [Patient Analytics](#) >
- [Provider Analytics](#) >

Recent Activity

Date	Activity
------	----------

Quick Links

Searching for Individual Claims

The Individual tab displays claims on file under the TIN, regardless of how they were submitted.

Note: You can access up to 24 months of claim history.

Patients Authorizations Claims Messaging

Upload EDI Create Claim

Claims Individual Saved Submitted Batch Payment History Claims Audit Tool

Claims: Recent

Search: Date Range : 03/14/2021 to 04/14/2021 [Change dates](#) Filter Search

Click **Change Dates** to search up to 24 months

Click **Filter** and/or **Search** for additional options

Click Claim Number to view claim details

CLAIM NO.	CLAIM TYPE	MEMBER NAME	SERVICE DATE(S)	BILLED/PAID	CLAIM STATUS
U076	CMS-1500		03/14/2021 - 03/14/2021	\$49.00 / \$16.59	Paid
U082	CMS-1500		03/14/2021 - 03/14/2021	\$183.00 / \$70.85	Paid
U075	CMS-1500		03/15/2021 - 03/15/2021	\$297.00 / \$0.00	Denied
U075	CMS-1500		03/15/2021 - 03/15/2021	\$80.00 / \$0.00	Pending
U076	CMS-1500		03/15/2021 - 03/15/2021	\$0.00 / \$0.00	Paid

Claims Details Overview

Claim Action Buttons

Claim Information



Tip: Claim Action Buttons vary by claim status, Health Plan, and/or product.

Back to Claims

Claim Details

Claim #U [redacted] : Pending

+ Copy Claim
Void/Recoup Claim

Claim Accepted In Process Paid/Denied

Member	Provider	Claim	Most Recent Payment
Member Name: [redacted]	Ref/Acct No.: [redacted]	DOS Range: 03/23/2021 - 03/23/2021	Payment Date: Pending Claim Amount: \$0.00
Member ID: [redacted]	Servicing Provider: [redacted]	Received Date: 04/14/2021	Check/EFT Number: Total Check Amount:
Member DOB: [redacted]	Servicing NPI: [redacted]	Billed Amount: \$348.00	Check Dated:

Service Lines

Line	DOS	Proc	Dx	Modifiers	Place of Service	Charged	Paid Amount	Payment Date	Check/EFT Number	Status
1	03/23/2021	G0439	Z0000	95	22	\$348.00	\$0.00			Pending
2	03/23/2021	G8510	Z0000		22	\$0.00	\$0.00			Pending

Claim Details display a summary of what was billed, how it was billed, and the status of the claim.

Claim Status Tracking

Claim Service Line(s)

Pending Status – In Process Claims View

Click **Copy Claim** to create an exact copy of this claim, as a shortcut. It is considered a new claim submission and will be processed as a 1st time claim

[Back to Claims](#) **Claim Details**

Claim #U : Pending

[+ Copy Claim](#) [Void/Recoup Claim](#)

Claim Details display a summary of what was billed, how it was billed, and the status of the claim.

Please Note: Pending, means the claim is in process.

Claim Accepted In Process Paid/Denied

Member	Provider	Claim	Most Recent Payment
Member Name: [REDACTED]	Ref/Acct No.: [REDACTED]	DOS Range: 03/23/2021 - 03/23/2021	Payment Date: Pending Claim Amount: \$0.00
Member ID: [REDACTED]	Servicing Provider: [REDACTED]	Received Date: 04/14/2021	Check/EFT Number: Total Check Amount:
Member DOB: [REDACTED]	Servicing NPI: [REDACTED]	Billed Amount: \$348.00	Check Dated:

Service Lines

Line	DOS	Proc	Dx	Modifiers	Place of Service	Charged	Paid Amount	Payment Date	Check/EFT Number	Status
1	03/23/2021	G0439	Z0000	95	22	\$348.00	\$0.00			Pending
2	03/23/2021	G8510	Z0000		22	\$0.00	\$0.00			Pending

Submitting Corrected Claims on Finalized Claims

Back to Claims **Claim Details**

Claim #U : Paid

Copy Claim Correct Claim Void/Recoup Claim Reconsider Claim

Claim Accepted In Process Paid

Member
Member Name: [REDACTED]
Member ID: [REDACTED]
Member DOB: [REDACTED]

Provider
Ref/Post No.: [REDACTED]
Serving Provider: [REDACTED]
Serving NPI: [REDACTED]

Claim
DOS Range: 03/15/2021 - 03/15/2021
Received Date: 03/18/2021
Billed Amount: \$468.00

Most Recent Payment
Payment Date: 03/26/2021
Paid Claim Amount: \$ [REDACTED]
Check/EFT Number: [REDACTED]
Total Check Amount: \$175.43
Check Dated: 03/25/2021

Service Lines

Line	DOS	Proc	Dx	Modifiers	Place of Service	Charged	Paid Amount	Payment Date	Check/EFT Number	Status	Payment Codes
1	03/15/2021	96992	Z00120, Z5952	25	11	\$218.00	\$ [REDACTED]	03/26/2021	[REDACTED]	PAID	92
2	03/15/2021	90480	Z23		11	\$150.00	\$ [REDACTED]	03/26/2021	[REDACTED]	PAID	92
3	03/15/2021	60896	Z23		11	\$0.00	\$0.00	03/26/2021	[REDACTED]	DENY	IE
4	03/15/2021	90710	Z23		11	\$0.00	\$0.00	03/26/2021	[REDACTED]	DENY	IE

Payment Description

Payment Code	Description
92	PAID ACCORDING TO CONTRACT STATE PROCESSING GUIDELINES
IE	OPT NOT REIMBURSED SEPARATELY. INCLUDED AS PART OF INCLUSIVE PROCEDURE

Click **Correct Claim** to correct a finalized claim

Where available, click **Void/Recoup Claim** void an original claim that has already been processed, and request a full recoupment of payment

Payment Codes and Payment Description display on finalized claims

Submitting Reconsiderations on Finalized Claims

Back to Claims **Claim Details**

Where available, the Reconsider Claim button will display, unless a web-initiated reconsideration is already in progress.

Claim #U: Paid

+ Copy Claim Correct Claim Void/Recoup Claim **Reconsider Claim**

Claim Accepted In Process Paid

Click **Reconsider Claim** to submit reconsideration request

Member	Provider	Claim	Most Recent Payment	
Member Name:	Ref/Acct No.:	DOS Range:	Payment Date:	Paid Claim Amount:
Member ID:	Servicing Provider:	Received Date:	Check/EFT Number:	Total Check Amount:
Member DOB:	Servicing NPI:	Billed Amount:	Check Dated:	
		03/15/2021 - 03/15/2021	03/26/2021	\$
		03/18/2021		\$175.43
		\$468.00	03/25/2021	

Service Lines

Line	DOS	Proc	Dx	Modifiers	Place of Service	Charged	Paid Amount	Payment Date	Check/EF T Number	Status	Payment Codes
1	03/15/2021	99392	Z00129,	25	11	\$318.00	\$	03/26/2021		PAID	92

Tip: Reconsider Claim is for reconsiderations only. It cannot be used for Appeals/Claim Disputes.

Editing Saved Claim Drafts

The Saved tab displays web claims that were started, but never submitted.

Viewing Claims For: [Plan type: Medicaid] [GO] [Upload EDI] [Create Claim]

Claims Individual **Saved** Submitted Batch Payment History Claims Audit Tool

Claims listed below have missing information or contain errors. Click 'Edit' to view a claim, then fix any errors or complete it before submitting.

Drafts Professional Ready to be Submitted Institutional Ready to be Submitted

DATE CREATED ↑	CLAIM TYPE ↑	CLAIM ID ↑	MEMBER NAME ↑	MEMBER ID ↑	ORIGINAL CLAIM # ↑	TOTAL CHARGES ↓		
04/09/2021	CMS-1500					\$333.79	Edit	Delete
04/02/2021	CMS-1500					\$581.79	Edit	Delete
03/31/2021	CMS-1500					\$183.00	Edit	Delete
03/26/2021	CMS-1500					\$0.00	Edit	Delete
03/24/2021	CMS-1500					\$0.00	Edit	Delete
03/23/2021	CMS-1500					\$0.00	Edit	Delete
03/22/2021	CMS-1500					\$0.00	Edit	Delete

Click **Edit** to resume, complete, and submit web claim

Click **Delete** to delete the web claim draft

Tip: A Claim Number in the **Original Claim #** column, indicates it is a **corrected** claim draft.

Viewing Submitted Claims

The Submitted tab displays individual web claims, submitted via the portal.

Note: You can access up to 24 months of individual web claim submissions.

Upload EDI Create Claim

Claims Individual Saved **Submitted** Batch Payment History Claims Audit Tool Filter

SUBMITTED STATUS ↑	DATE SUBMITTED ↓	WEB # / REF # ↓	CLAIM NUMBER ↓	CLAIM TYPE ↓	MEMBER NAME ↓	MEMBER ID ↓	ORIGINAL CLAIM # ↓	TOTAL CHARGES ↓
🕒	04/13/2021			CMS-1500				\$254.00
🕒	04/13/2021			CMS-1500				\$276.00
🕒	04/13/2021			CMS-1500				\$297.93
🕒	04/12/2021			CMS-1500				\$561.72
👍	04/09/2021			CMS-1500				\$460.00
🕒	04/07/2021			CMS-1500				\$199.00
🕒	04/06/2021			CMS-1500				\$487.00
🕒	03/26/2021			CMS-1500				\$199.00

Click **Filter** for additional search options



Tip: A Claim Number in the **Original Claim #** column, indicates it is a **corrected** claim submission.

Paper Claims

All Paper Claims should be submitted to:

Sunshine Health Plan

ATTN: Claims Department

P.O. Box 3070

Farmington, MO 63640-3823

Tips When Filing Paper Claims

Do's:

- **Do** use the correct P.O. Box number.
- **Do** submit all claims in a 9" x 12", or larger envelope.
- **Do** type all fields completely and correctly.
- **Do** submit on a proper original Red Claim Form (CMS 1500 or UB 04).

Don't:

- **Don't** submit handwritten claim forms.
- **Don't** use red or blue ink on claim form.
- **Don't** circle any data on claim forms.
- **Don't** add extraneous information to any claim form field
- **Don't** use highlighter on any claim form field.
- **Don't** submit photocopied claim forms or black and white claim forms as they will not be accepted.
- **Don't** submit carbon copied claim forms.
- **Don't** submit claim forms via Fax.

Electronic Claims

For Electronic Filings, please utilize Sunshine Health Payer ID: **68069**

For more information on Electronic Filing, please contact us at:

Sunshine Health Plan

c/o Centene EDI Department

1-844-477-8313

or by email at: EDIBA@centene.com

Electronic Claims Transmission

Network Providers (Parents) are encouraged to participate in Sunshine Health's program to submit claims electronically either via EDI Clearinghouse or the Sunshine Health Secure Provider Portal.

There are five (5) Clearinghouses that can have claims submitted directly to Sunshine Health:

1. Change Healthcare (Emdeon) – 1-877-363-3666 or www.changehealthcare.com
2. Availity - <https://www.availity.com/Contact-Us>
3. Gateway EDI - <https://www.edigateway.com/en>
4. Medavant - <http://www.medavanthealth.com>
5. SSI - <https://thessigroup.com>

Sunshine Health staff can also assist Providers (Parents) in signing up to electronically submit claims.

Electronic Funds Transfer (EFT) and Electronic Remittance Advice (ERA) - PaySpan

Sunshine Health partners with PaySpan Health to offer providers Electronic Funds Transfer (EFT) and Electronic Remittance Advice (ERA).

- ✓ This service is offered at no charge to providers and is a secure, quick way to electronically settle claims.
- ✓ PaySpan Health breaks down the barriers to electronic claim settlement with an innovative solution for EFTs and ERAs.
- ✓ Using this free service, providers can take advantage of EFTs and ERAs to settle claims electronically, without making an investment in expensive EDI software.
- ✓ Following a fast online enrollment, providers can receive ERAs and import the information directly into their practice management or patient accounting system, eliminating the need to re-key remittance data from paper advices.

PaySpan Health offers providers a complete solution for claims payment management.

- ❖ Using PaySpan Health, EFTs are routed to the bank account(s) chosen by the provider.
- ❖ Providers can manage multiple payers, choose among common and proprietary formats for ERAs, easily reconcile payments with claims, and take advantage of claim and remittance retrieval and reporting.

PaySpan Health can be reached:

providersupport@payspanhealth.com

1-877-331-7154

<https://www.payspanhealth.com/>

Registering for EFT/ERA – PaySpan

Registering for PaySpan Health is quick and easy.

1. To begin, contact PaySpan Health by calling 877-331-7154 or emailing: providersupport@payspanhealth.com
 - A registration letter will be mailed to the provider.
 - The provider should complete the form and send it back to PaySpan at the fax number or email address on the form.
 - A unique registration code along with enrollment instructions will be emailed to the provider.
2. Go to www.payspanhealth.com
3. Click the “Register” button

payspan. Empowering the healthcare economy®

Thank you for being a loyal payspan customer.

With an evolving healthcare economy comes new changes and concerns for provider organizations. Payspan is ready with innovative provider solutions for the challenges your practice is facing.

Username

Password

LOGIN

REGISTER

The registration process on our site is secure, free and fast!

[Need more help?](#)

Claims Payment

- Clean claims will be adjudicated (finalized paid or denied) within 15 days (electronic), and 20 days (paper), following receipt of the claim.
- Clean claims will require:
 - ✓ Correct code with modifier
 - ✓ Be sure to calculate total charge for dates of services

Timely Claim Submission

Providers (Parents) must submit claims in a timely manner as indicated in the following table:

Initial Claims*		Reconsiderations or Claim Dispute**		Coordination of Benefits***	
Participating	Non-Participating	Participating	Non-Participating	Participating	Non-Participating
180 days	365 days	90 days	180 days	90 days	90 days

*In an initial claim, days are calculated from the date of service to the date received by Sunshine Health. ** In a reconsideration or claim dispute, days are calculated from the date of the explanation of payment/correspondence issued by Sunshine Health to the date the reconsideration is received by Sunshine Health.

*** For coordination of benefits, days are calculated from the date of explanation of payment from the primary payer to the date received by Sunshine Health.

Process for Claims Reconsiderations and Disputes:

All requests for corrected claims or reconsiderations/claim disputes must be received within 90 days from the date of the original explanation of payment or denial.

Please Note: If a claim is denied for timely filing, you cannot bill the member.

Provider Dispute Process

Provider Disputes

Parents can submit disputes for two reasons:

- **Non-Claims Related Issues:** Must be submitted within 45 days of the event. (These are to be resolved within 90 days of receipt.)
- **Claims Related Issues:** Must be submitted within 90 days of the determination. (These are to be resolved within 60 days of receipt.)

First-time claim adjustment requests are not part of the provider dispute process.

Provider Disputes - Cont'd

To file a dispute, a provider (parent) can:

Call **1-844-477-8313**

or

Send a written dispute using the Sunshine Health Provider Claim Dispute Request Form to:

Sunshine Health

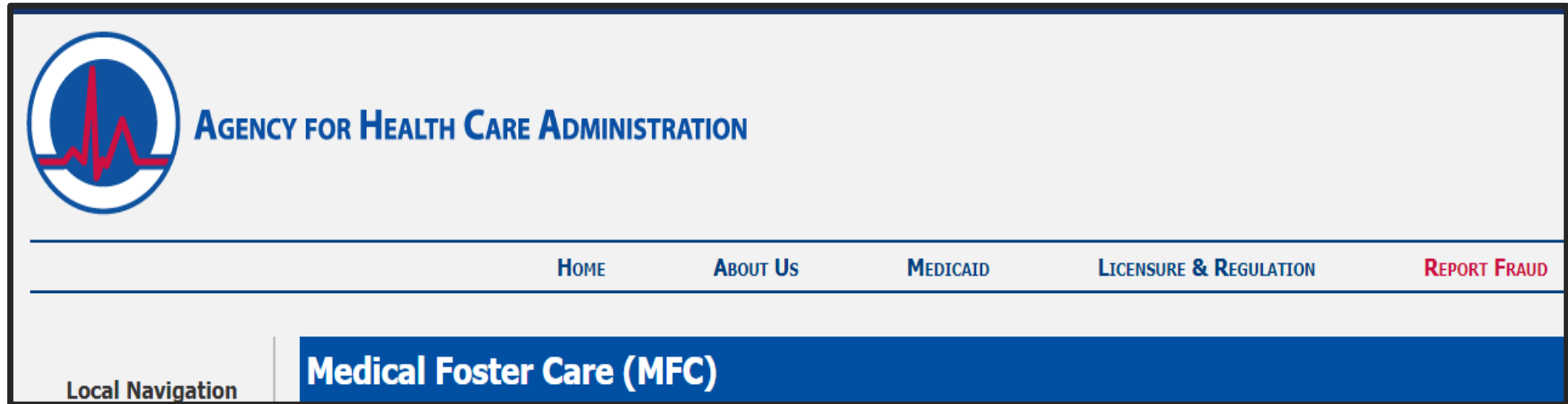
P.O. Box 3070

Farmington, MO 63640-3823

The form can be found on our website [SunshineHealth.com](https://www.sunshinehealth.com/providers/resources/forms-resources.html) under Provider Resources.
<https://www.sunshinehealth.com/providers/resources/forms-resources.html>

Resources

AHCA Medical Foster Care Program Information Link



The screenshot shows the top portion of the AHCA website. On the left is the AHCA logo, which consists of a blue circle containing a white ECG line. To the right of the logo is the text "AGENCY FOR HEALTH CARE ADMINISTRATION" in blue. Below this is a horizontal navigation bar with five links: "HOME", "ABOUT US", "MEDICAID", "LICENSURE & REGULATION", and "REPORT FRAUD". Below the navigation bar is a "Local Navigation" section with a blue background and white text that reads "Medical Foster Care (MFC)".

<https://ahca.myflorida.com/medicaid/child-health-services/medical-foster-care-mfc>



Medical Foster Care (MFC) Quick Reference Guide

Important Contact Information

Service Name	Product	Phone Number	Hours of operation
Provider Services	All products	1-844-477-8313	Monday-Friday from 8 a.m. to 8 p.m. Eastern
Pharmacy Services	All products	1-800-460-8988, option 2	24 hours a day, 7 days a week
Member Services	CMS	1-866-799-5321	Monday-Friday from 8 a.m. to 8 p.m. Eastern
Member Services	MMA	1-866-796-0530	Monday-Friday from 8 a.m. to 8 p.m. Eastern
Member Services	CWSP	1-855-463-4100	Monday-Friday from 8 a.m. to 8 p.m. Eastern

Download the Sunshine Health MFC Quick Reference guide (PDF) and more resources at SunshineHealth.com/claims

MFC Quick Reference Guide



Medical Foster Care QRG

Florida Statute 409.175

The screenshot shows the 'Online Sunshine' website interface. At the top, it says 'Official Internet Site of the Florida Legislature'. The date is 'December 21, 2022'. There is a search bar for 'Search Statutes' with a dropdown set to '2022' and a 'Search' button. To the right is a link for 'Advanced Legislative Search and Browse' with a magnifying glass icon. A navigation menu on the left includes 'Home', 'Senate', 'House', 'Citator', 'Statutes, Constitution, & Laws of Florida', 'Florida Statutes', 'Search Statutes', 'Search Tips', 'Florida Constitution', and 'Laws of Florida'. A 'Select Year' dropdown is set to '2022' with a 'Go' button. The main heading is 'The 2022 Florida Statutes'. Below it, there are links for 'Title XXX', 'Chapter 409', and 'View Entire Chapter'. The specific statute listed is '409.175' under the heading 'SOCIAL WELFARE' and 'SOCIAL AND ECONOMIC ASSISTANCE', with the description 'Licensure of family foster homes, residential child-caring agencies, and child-'.



FS 409.175

Contact Sunshine Health Staff

Provider Call Center

How To Contact Sunshine Health Staff:

Parents can now call one number to get answers to their questions. The Provider Services Staff is available Monday to Friday, from 8 a.m. to 8 pm. This is applicable for all our products.

Call **1-844-477-8313**

You can also select prompts to reach our Care Management Team from this number.

Sunshine Health Contacts

If you have questions about contracting with Sunshine Health, please contact:

Bonnie Aguiar

Email: bonnie.e.aguiar@sunshinehealth.com

For billing questions, please contact one of the Provider Engagement staff members below:

<p><u>Supporting PEA:</u></p> <p>Northwest/Big Bend (Regions 1 & 2) North Central (Regions 3 & 4)</p>	<p><u>Supporting PEA:</u></p> <p>Tampa Bay/Southwest (Regions 5, 6 & 8) Central (Region 7)</p>	<p><u>Supporting PEA:</u></p> <p>South/Southeast (Regions 9, 10 & 11)</p>
<p>Beulah S. Simmons</p>	<p>Sylvia Allen</p>	<p>Frederick D. McCoy</p>
<p><u>Email:</u> Beulah.S.Simmons@sunshinehealth.com</p>	<p><u>Email:</u> SALLEN@sunshinehealth.com</p>	<p><u>Email:</u> frederick.d.mccoy@centene.com</p>



THANK YOU!

Our staff looks forward
to working with you!