



1301 International Parkway • 4th Floor • Sunrise, FL 33323 • 866-796-0530 • TDD/TTY 866-796-0524

PROVIDER NOTIFICATION

Sunshine State Health Plan wants to inform you that we will be implementing a new procedure to address the growing problem of Fraud, Waste and Abuse (FWA) in health care. We will be instituting this new fraud detection and prevention procedure in conjunction with our Corporate Office, Centene Corporation, and our strategic business partner HealthCare Insight (HCI). This new procedure will help protect us from the unnecessary expenditures resulting from fraudulent, wasteful and abusive claims and will create more accurate and equitable reimbursement for all billing providers.

HCI will provide skilled clinical and coding analysts to assess and evaluate claims as well as software editing. This is in addition to all other reimbursement processes that **Sunshine State Health Plan** currently employs. By utilizing registered nurses (RN's) to review system-detected reimbursement issues, HCI is able to evaluate the claim from a clinician's perspective and will authorize payment on many services for which the automated system would normally require additional information prior to authorization. This prevents unnecessary resubmissions of claims and provides more consistent and logical claims processing.

Once the new procedure has been successfully implemented, some providers will observe that more exacting programs are now in place to assure that only accurately and properly coded and billed services will be reimbursed. Some of the changes providers will see include the identification of unbundled and fragmented services and, consequently, payment denials. For example:

- Global surgical packages that include uncomplicated follow-up visits will be tracked and related post-operative visits denied
- Billing for services and fees for assistant surgeons and secondary surgical procedures will be identified and payments reduced or denied in accordance with coding and reimbursement guidelines
- Bundling of certain procedures/codes billed in conjunction with revenue codes, i.e. lab codes, J-Codes, etc.

These are some of the comprehensive applications of coding and reimbursement rules that will be possible as a result of the new procedure. The coding and billing rules applied will be based on industry standards and guidelines as published and defined in the Current Procedural Terminology (CPT) and by the Centers for Medicare and Medicaid Services (CMS) unless specifically addressed in the fee-for-service provider manual published by the state of **Florida** or regulations.

Determinations for non-payment or reduced payments are based upon CPT coding and reimbursement protocols and guidelines, and do not represent opportunities for providers to balance bill patients. The American Medical Association (AMA) in conjunction with multiple specialty societies, CMS and representatives from multiple health care insurers maintain and



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update the codes, and establish the rules for the proper use of the CPT codes. Guidelines governing the use of the codes and modifiers are clearly delineated in the CPT annual publications as well as other supporting documents published by the AMA. CMS further clarifies and defines the proper use of codes, combinations of codes as well as the combinations of codes and modifiers in multiple publications and data bases. Providers who are advised of improper billing procedures and continue to violate coding guidelines to gain inappropriate reimbursement are submitting fraudulent claims and could be selected for additional auditing and may be prosecuted.

Sunshine State Health Plan takes the responsibility of detecting fraudulent, wasteful and abusive claims very seriously. These improvements to our detection activities will enable us to more effectively and universally implement fair reimbursement, prevent fraud and provide equitable reimbursement to all providers. We are aware that these improved procedures will impact some claims payments for providers, and there will be a period of adjusting to the implementation of these policies. We are committed to being fair and consistent to providers, patients and our clients as we pursue our goal of eliminating waste in the payment of healthcare claims.