



Placing OTC Orders: A Guide for Providers

Monthly OTC Benefit

- The OTC benefit should be ordered monthly within the days of the current month
- The OTC benefit amount does not carry over month to month
- Total dollar amount of the OTC order cannot exceed the allotted monthly benefit amount. If dollar amount exceeds monthly benefit, the order will not be processed

Plan Name	PBP	2022 OTC Benefit Amount
HealthSun HealthAdvantage Plan (HMO) Miami-Dade	001	\$75
HealthSun MediMax (HMO) Miami-Dade & Broward	006	\$100
HealthSun HealthAdvantage Plan (HMO) Broward	012	\$80
HealthSun HealthAdvantage Plan (HMO) Palm Beach	013	\$60
HealthSun MediSun Plus(HMO D-SNP) Miami-Dade & Broward	015	\$100
HealthSun MediSun Plus(HMO D-SNP) Palm Beach	016	\$125
HealthSun HealthAdvantage Plus (HMO) Miami-Dade	017	\$25
HealthSun HealthAdvantage Plus (HMO) Broward	018	\$25
HealthSun MediSun Extra (HMO D-SNP) Miami-Dade & Broward	019	\$125

Ways providers may place OTC Orders

1. **MIA Application:**
 - Entered by the Medical Center (should have access to MIA App)
2. **Using OTC order forms (be sure to use the most current OTC order form):**
 - Scan/Email OTC FORM to OTCClerks@healthsun.com (preferred method if no access to MIA APP)
 - Fax: 786-477-4685

Tips when placing orders:


- Please submit OTC orders on a **daily** basis
 - To avoid delays, be sure to submit OTC orders as soon as the order is received at your center
- Please do not wait until the last day of the month to submit the orders
- Be sure to follow quantity limits, orders over the limit will not be processed
- Ensure Member's Information is complete/correct:
 - I. MIA users
 - ✓ Ensure Address, Delivery Method and Address's Period are correct in MIA
 - ✓ Before submitting the order, make sure double check "member info" section to ensure all information is correct

MEMBERS INFO: HS	
Plan: 006	3250 Mary Street Suite 400
Benefit: \$76.00	Miami, FL 33133
Remaining: \$76.00	Primary Address: ✓
	Delivery: Deliver to Member by Mail
	PhoneNumber:

II. OTC order forms

- ✓ Confirm member Name, Last Name, HS number, Phone Number, Address and Order Month prior to submission

MEMBER'S INFORMATION • Información del Miembro	
Name/Nombre:	Phone/Teléfono:
Member ID/Nº de Membresía:	PLAN 001 [REDACTED]
Address/Dirección:	Order Month/Mes de Orden: _____



OTC Items Quantity Limitations

On July 1, 2020 HealthSun Health Plans enacted quantity limits on all OTC items:

- There is a quantity **limit of five (5) per any single item per monthly order**. With the exception of:
 - Dextromethorphan containing product limited to three (3) per monthly order:
 - C4 – Robitussin DM
 - C9 – Tylenol Cold
 - SF10 – Robitussin DM Sugar Free
 - Limited to one (1) per calendar year:
 - M12 - Blood Pressure Monitor
- **Additional limitations due to product shortages may apply.** Please check the provider portal for the latest list.

Contact Information

- To order OTC Forms please contact: Dailin Martinez at Dailin.Martinez@healthsun.com
- For OTC related issues please contact: OTC Clerks at OTCClerks@healthsun.com