



**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	2023 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	\$35
HealthSun HealthAdvantage Plus (HMO) – Broward	018	\$35
HealthSun MediSun Extra (HMO D-SNP) – Miami-Dade & Broward	019	\$125
HealthSun HealthAdvantage Plus (HMO) – Palm Beach	020	\$35

**Ways to Place OTC Orders**

**1. MIA Application:**

- Order is entered by the Medical Center with access to MIA App.

**2. Scan / Email / Fax OTC Order Forms (use the most current OTC order form):**

- Scan/Email form to [OTCClerks@easyscripts.us](mailto:OTCClerks@easyscripts.us) - use as preferred order method if no access to MIA App
- Fax order form to: **(786) 477-4685**

## Placing Orders Tips

- Please submit OTC orders on a **daily basis** - to avoid delays submit orders as soon as it was 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 App Users

- ✓ Ensure Address, Delivery Method and Phone Number are correct in MIA App
- ✓ Before submitting the order, make sure to double check "Member Info" section to ensure all information is correct

**i MEMBERS INFO: HS**

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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 ID HS number, Order Month, Member Name and Last Name, Phone Number, and Address prior to submission

**1. Member Information/ Información del afiliado**

_____	_____
Member ID/ Identificación del afiliado	Order Month/Mes de la Orden
_____	_____
Name/Nombre	Phone/Teléfono
_____	_____
Address/Dirección	

## 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**. There are some select items that have special limits and these are marked by a "†", "‡", "\*\*\*", "◆", or "§" on the OTC form.
- **Additional limitations due to product shortages may apply**. Please check the provider portal for the latest list.

## OTC Orders Contact Information

- To have OTC Forms delivered, please contact: [Cesar.Pineda@healthsun.com](mailto:Cesar.Pineda@healthsun.com)