KanCare | sunflower health plan™



2027

Member Handbook

Transforming the health of the communities we serve, one person at a time.

SunflowerHealthPlan.com • 877-644-4623

KDHE-Approved 10/26/2026

If you or your child is in immediate danger, call 911 or go to the nearest emergency room. For mental health worries, call or text 988.

Interpreter Services

If you don't speak English, or just feel more comfortable using another language, Sunflower Health Plan offers free interpreter services to help. We're here for you 24 hours a day, 7 days a week.

Clear communication with your doctor is important, especially when it comes to your health. Our interpreters can help in many languages, including sign language, at no cost to you. We also have Spanish-speaking representatives available if needed.

If you're blind or visually impaired, you can call Customer Service for an oral interpretation. For video or phone relay services, just give us a call toll free at **1-877-644-4623 (TTY 711)**.

Language Assistance

Toll Free: 1-877-644-4623 (TTY 711)

English: Language assistance services, auxiliary aids and services, and other alternative formats are available to you free of charge. To get this, please call the number above.

Español (Spanish): Servicios de asistencia de idiomas, ayudas y servicios auxiliares, y otros formatos alternativos están disponibles para usted sin ningún costo. Para obtener esto, llame al número de arriba.

Tiếng Việt (Vietnamese): Các dịch vụ trợ giúp ngôn ngữ, các trợ cụ và dịch vụ phụ thuộc, và các dạng thức thay thế khác hiện có miễn phí cho quý vị. Để có được những điều này, xin gọi số điện thoại nêu trên.

简体中文(Chinese)：可以免费为您提供语言协助服务、辅助用具和服务以及其他格式。如有需要，请拨打上述电话号码。

Deutsch (German): Sprachunterstützung, Hilfen und Dienste für Hörbehinderte und Gehörlose sowie weitere alternative Formate werden Ihnen kostenlos zur Verfügung gestellt. Um eines dieser Serviceangebote zu nutzen, wählen Sie die o. a. Rufnummer.

한국어 (Korean): 언어 지원 서비스, 보조적 지원 및 서비스, 기타 형식의 자료를 무료로 이용하실 수 있습니다. 이용을 원하시면 상기 전화번호로 연락해 주십시오.

ລາວ (Lao): ບໍລິການໃຫ້ຄວາມຊ່ວຍເຫຼືອດ້ານພາສາ, ບໍລິການ ແລະ ຄວາມຊ່ວຍເຫຼືອຕ່າງໆ, ແລະ ຮູບແບບທາງເລືອກອື່ນ ໆ ມີໃຫ້ເຈົ້າ ຟຣີ. ຫາກຕ້ອງການຮັບຂໍ້ມູນ ກະລຸນາໂທໄປທີ່ໝາຍເລກຂ້າງເທິງ.

العربية (Arabic): خدمات المساعدة اللغوية والمعينات والخدمات الإضافية وغيرها من الأشكال البديلة متاحة لك مجانا. للحصول عليها، يرجى الاتصال بالرقم أعلاه.

Tagalog (Tagalog): Mayroon kang makukuhang libreng tulong sa wika, auxiliary aids at mga serbisyo, at iba pang mga alternatibong format. Upang makuha ito, mangyaring tawagan ang numerong nakasulat sa itaas.

မြန်မာ (Burmese): ဘာသာစကားအကူအညီဝန်ဆောင်မှုများ၊ အရန်အကူအညီအထောက်အပံ့များနှင့်ဝန်ဆောင်မှုများနှင့်အခြားအခြားရွေးချယ်စရာပုံစံများကိုသင်အခမဲ့ရရှိနိုင်သည်။ ဒီရရှိရန် ကျေးဇူးပြု၍ အပေါ်ကနံပါတ်ကိုခေါ်ပါ။

Français (French): Des services gratuits d’assistance linguistique, ainsi que des services d’assistance supplémentaires et d’autres formats sont à votre disposition. Pour y accéder, veuillez appeler le numéro ci-dessus.

日本語 (Japanese): 言語支援サービス、補助器具と補助サービス、その他のオプション形式を無料でご利用いただけます。ご利用をお考えの方は、上記の番号にお電話ください。

Русский язык (Russian): Вам могут быть бесплатно предоставлены услуги по переводу, вспомогательные средства и услуги, а также материалы в других, альтернативных, форматах. Чтобы получить их, позвоните, пожалуйста, по указанному выше номеру телефона.

Ntawv Hmoob (Hmong): Muaj kev pab txhais lus, khoom pab mloog txhais lus thiab lwm yam kev pab pub dawb rau koj. Xav tau tej no, thov hu rau tus nab npawb saum toj saud.

فارسي (Persian): خدمات ترجمه، حمایت های ؛ خدمات کمکی و سایر انواع دیگر به صورت رایگان در اختیار شما قرار می گیرند. برای به دست یابي به این خدمات، لطفا با شماره تلفن بالا تماس بگیرید.

Kiswahili (Swahili): Huduma za usaidizi wa lugha, misaada na huduma saidizi, na aina nyingine mbadala zinapatikana kwako bila malipo. Ili kupata hii, tafadhali piga namba iliyo hapo juu.

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Welcome & Getting Started

Welcome to Sunflower Health Plan

We're glad to have you as a member. Sunflower Health Plan (Sunflower) is a Managed Care Organization (MCO) working with the Kansas Department of Health and Environment (KDHE) and the Kansas Department for Aging and Disability Services (KDADS).

You're a Sunflower member because:

- You live in Kansas. (We cover all 105 counties.)
- You receive Medicaid benefits.
- You're eligible for the KanCare program.

KanCare is Kansas's way of providing Medicaid services through coordinated care. Sunflower helps manage your healthcare as part of this program.

As a Sunflower member, you have choices—like picking your primary care provider (PCP) and joining programs that support your health and well-being.

Visit SunflowerHealthPlan.com to learn more and explore your benefits. You'll also find a secure member portal to help you manage your coverage. If you'd like information about physician incentive plans, just ask!

Member Handbook

Your Member Handbook is your go-to guide for understanding your Sunflower benefits. It explains your rights, responsibilities and how to get the care you need. Please take time to read it and keep it handy.

Inside, you'll find details about:

- What's covered (and what's not).
- How to get care and fill prescriptions.
- Costs you may have for services or medications.
- What to do if you have concerns about your coverage.
- Eligibility rules.
- Materials you'll receive from us.
- How to change your doctor.
- Your rights and responsibilities.

Need a printed copy? Call us toll free at **1-877-644-4623** or visit SunflowerHealthPlan.com to view or download the latest version. You can also chat live with Customer Service on our website.

Provider Directory

Looking for a doctor or specialist? Our Provider Directory lists all the providers and facilities in our network. You can search online using our **Find A Doctor** tool, which gives you up-to-date info like:

- Provider type or specialty (like PCPs or dentists).
- Name, address and phone number.
- Office hours and ages served.
- Accessibility and languages spoken.
- Telehealth options.
- Cultural training.
- Whether they're accepting new patients.
- Hospital affiliations and board certifications.
- Website links.

You can:

1. Visit SunflowerHealthPlan.com to search online.
2. Call Customer Service at **1-877-644-4623** to get help or request a free printed copy within five business days.

Language Access

We want to make sure you can communicate clearly with your providers and with us. Sunflower offers free tools and services to help members who:

- Don't speak English as their first language.
- Are deaf or hard of hearing.
- Are blind or have low vision.
- Have speech disabilities.
- Come from diverse backgrounds.

Many of our providers speak other languages. Our directory lists which ones. You can also call providers directly to ask about interpretation services.

Sunflower Website

Our website is here to help you find answers and manage your care. At SunflowerHealthPlan.com, you'll find:

- The Member Handbook.
- Provider Directory.
- Info about Sunflower programs and services.
- Health and wellness resources.
- Tools to manage your digital medical record.
- News and events.

Our secure member portal lets you:

- Fill out forms (like a notice of pregnancy).
- Change your PCP.
- View claims and upcoming care needs.
- Check your My Health Pays® rewards.

Health Insurance Portal Mobile App

Take charge of your health with the Health Insurance Portal mobile app! It's free and easy to use. With the app, you can:

- Find nearby providers.
- View your ID card.
- See the benefits and services available to you.
- Check your My Health Pays® balance.
- Get reminders for checkups and vaccines.
- Complete your Health Information Form.
- Use the Start Smart pregnancy tracker.
- Contact us and more.

Download the app today by searching "Health Insurance Portal" in the App Store or Google Play. Select Kansas from the drop-down menu in the app. Use your member portal login or create an account to get started.

Get the Health Insurance Portal app in the App Store for iOs:

Get the Health Insurance Portal app on Google Play for Android:

How to Contact Us:

Sunflower Health Plan
8325 Lenexa Drive, Suite 410
Lenexa, KS 66214

Business Hours: Monday-Friday 8:00 a.m. to 5:00 p.m.

Contact Options (All Toll Free):

Customer Service 1-877-644-4623
- Medical & Behavioral Health
- Dental, Vision, Pharmacy Services
- 24-Hour Nurse Advice
- Video Relay Services

Live Chat ..... SunflowerHealthPlan.com
TTY Line 711
Fax 1-866-491-1824
Kansas Relay Services ..... 711 or 1-800-766-3777
Non-emergency Medical Transportation... 1-877-917-8162
Emergency Services ..... Call 911
Suicide & Crisis Lifeline ..... Call 988

Managing Your Digital Health Records

YOUR HEALTH INFORMATION

Federal rules give you more control of your health information. You can use safe apps and tools to view some of your health records. You can also share them. This can hope you, your doctors and your health plans give you care.

Your health information may include:

- Claims that were paid or denied
- Facts about your medicine
- Health records kept by your health plan
- Facts about your doctors and other care staff
- Prior approval facts, such as if a request was approved

Some records may be ready for care you got on or after January 1, 2016. Rules may limit how long records are kept.

YOUR CHOICES FOR SHARING HEALTH INFORMATION

You can choose how your health records are shared. Use the Consent Management tool in your secure member portal.

SHARING WITH HEALTH APPS

You may link an approved health app to your health records. You can check the app's access at any time. You can also stop or change its access. Use your secure member portal.

SHARING BETWEEN HEALTH PLANS

You may change health plans. You may also have more than one plan at a time. You can let your plans share health records. This may include claims, health records, and prior approval facts.

Your plans need your consent before they can share your records. You can start, stop, or change this sharing at any time. Use your secure member portal.

SHARING WITH YOUR DOCTORS

Your doctors and care staff may be able to view your health records. This can help them plan your care. You can check or change this choice at any time. Use your secure member portal.

CHANGE YOUR CHOICES AT ANY TIME

The Consent Management tool lets you:

- Manage sharing between health plans
- Manage sharing with your doctors and care staff
- Manage sharing with approved health apps

You can change these choices at any time. A change will apply to future sharing. It will not remove records shared before the change.

Learn more on Sunflower's **Digital Records webpage.**

Your Member ID Card

You'll receive your Sunflower Member ID Card within 10 calendar days after KanCare confirms your enrollment. This card shows you're a Sunflower member. Keep it with you and show it whenever you get care.

Make sure your Primary Care Provider (PCP) is listed correctly on the card. If you don't receive your card or notice an error, visit our website for live chat or call toll free **1-877-644-4623**. Members in foster care will receive their ID cards from their foster-care agency.

DIGITAL ID CARD

You can view, download or print your ID card anytime through your online member account at **member.sunflowerhealthplan.com** or the Health Insurance Portal App. It's a handy way to keep your card with you on your smartphone.

This is what your Sunflower ID card looks like:

KanCare | sunflower health plan

Pharmacy:
RXBIN: 003858
RXPCN: MA
RXGROUP: 2ELA

NAME:

#: **DOB:**

PCP Name:

PCP Phone:

Effective Date: **Copay: $0**

If you have an emergency, call 911 or go to the nearest emergency room (ER). If you are not sure if you need to go to the ER, call your PCP or Sunflower's 24/7 nurse line at 1-877-644-4623 (TTY 711).

8325 Lenexa Drive, Suite 410, Lenexa, KS 66214
www.SunflowerHealthPlan.com

IMPORTANT CONTACT INFORMATION

Members:
Customer Service: 877-644-4623 (TTY 711)
Transportation: 877-917-8162
Vision: 877-644-4623
Dental: 877-644-4623
Behavioral Health: 877-644-4623
Pharmacy: 877-644-4623

Providers:
Provider Services & IVR Eligibility Inquiry - Prior Auth: 877-644-4623
Pharmacists Only: 833-750-4447

EDI/EFT/ERA please visit For Providers at www.SunflowerHealthPlan.com

Medical Correspondence/ Non-Claims:
Sunflower Health Plan
PO Box 4070
Farmington, MO 63640-3833

Behavioral Correspondence/ Non-Claims:
Sunflower Health Plan
PO Box 6400
Farmington, MO 63640-3807

Provider Claims information via the web: www.SunflowerHealthPlan.com

Member Engagement And Support

Customer Service

Our Customer Service team is here to help you understand your plan and get the care you need. You can reach out to us for help with:

- Find a Primary Care Provider (PCP).
- Scheduling appointments with your PCP, dentist or eye doctor.
- Requesting a new ID card.
- Learning what's covered (and what's not).
- Filing a grievance or appeal.
- Getting free interpreter services.
- Finding in-network doctors.
- Reporting potential fraud.
- Requesting member materials in another language or format.
- Learning about care management.
- Accessing your digital medical records.
- Speaking with a Member Advocate.

Visit sunflowerhealthplan.com to explore resources or chat live with our team. Or you can call us toll free at **1-877-644-4623 (TTY 711)**. We're here Monday through Friday, 8:00 a.m. to 5:00 p.m. CT. If you call after hours, leave a message. We'll call you back the next business day.

For health questions anytime, you can speak with a nurse through our 24-hour Nurse Advice Line.

Community Resources

Need help finding local resources? Visit www.sunflowerhealthplan.com/community to search for programs in your area, including food, housing, employment and more.

Nurse Advice Line

Have a health question? Our Nurse Advice Line is available 24/7 and is free to use. Experienced registered nurses are ready to help with:

- Medical advice.
- Mental health or substance use questions.
- Health information and community resources.
- Advice for sick children.
- Translation services.

Not sure if you need to go to the ER? Call the Nurse Advice Line first. They'll help you decide. In an emergency, always call 911 or go to the nearest ER.

Member Advocates

Our Member Advocates are here to support you beyond your benefits. They can help you:

- Understand your benefits and value-added services.
- Find community resources like food or housing.
- Connect with education or GED programs.
- Resolve issues with pharmacy or billing.
- Build a strong relationship with Sunflower.
- Support your overall health and wellness.
- Answer questions about long-term services and supports (LTSS) and self-direction.
- Help with behavioral health needs.

To speak with a Member Advocate, call **1-877-644-4623 (TTY 711)** and ask for one directly.

Member Advisory Committee

We'd love to hear from you! Our Member Advisory Committee is a great way for you to share your ideas and feedback with us. By joining, you can help improve the way we deliver services. Plus, you can earn a **$10 My Health Pays® reward** for participating!

The committee meets up to four times a year and includes members, parents or guardians of child members, advocates and Sunflower staff. It's a chance to:

- Learn how decisions are made and ask questions.
- Hear how changes may affect you and your family.
- Share your experiences as a Sunflower member.
- Meet Sunflower team members.
- Be part of a group that values member input.

Interested in joining? Register at sunflowerhealthplan.com/mac or call Customer Service at **1-877-644-4623**. You might also receive an invitation by email, postcard or through our Facebook page.

Quality Improvement

At Sunflower, we're committed to helping you get safe, reliable and high-quality care. Our goal is to support your health and help you manage any short-term or long-term conditions.

Our Quality Improvement Program follows national standards from the **National Committee for Quality Assurance (NCQA)** and the **Institute of Medicine (IOM)**. Here's how we work to improve care:

- Carefully reviewing providers before they join our network.
- Making sure members can access the care they need.
- Offering health education and disease-specific programs.
- Sending reminders for important care like:
  - Annual checkups.
  - Immunizations.
  - Preventive screenings like for cervical, colorectal and breast cancer.
- Investigating any concerns you have about your care.

We also ask for your feedback through annual member surveys. If you receive one, please take a few minutes to fill it out. It helps us serve you better.

Want to learn more or see our **Quality Assessment and Performance Improvement (QAPI)** plan? Visit our website or contact us for a copy: sunflowerhealthplan.com/members/medicaid/resources/quality-improvement.html.

Membership & Eligibility

MEMBERSHIP AND ELIGIBILITY INFORMATION

To be a Sunflower member, you must qualify for the KanCare program. The State of Kansas determines eligibility—not Sunflower.

Questions? Call the **KanCare Clearinghouse** toll free at **1-800-792-4884**.

Major Life Changes

If something big changes in your life, it might affect your eligibility or how we contact you. Please report changes to the **KanCare Clearinghouse** toll free at **1-800-792-4884** immediately or within 10 days. You should also call Sunflower toll free at 1-877-644-4623.

Examples of major life changes include:

- New address or phone number.
- Job or income changes.
- Changes in family size.
- Pregnancy.
- Moving to a new county or out of state.
- Changes in disability status.
- New legal representative.

Have You Moved?

Make sure your address is up to date with KanCare so you don't miss important updates or renewal notices.

Call 1-800-792-4884 or visit kancare.ks.gov.

Enrollment

OPEN ENROLLMENT

During open enrollment, you can switch health plans for any reason. Questions? Call the **Enrollment Center at 1-866-305-5147**.

NEWBORN ENROLLMENT

If you give birth while enrolled with Sunflower, contact the **KanCare Clearinghouse** toll free at **1-800-792-4884** right away to report your baby's birth. Once approved, your baby will be enrolled with Sunflower unless you choose a different plan.

Need help? Call **Customer Service** toll free at **1-877-644-4623**.

RENEWALS

KanCare will let you know when it's time to renew your coverage each year. Watch your mail for renewal notices. Respond by the deadline to avoid losing coverage. Sunflower may also send reminders.

If you don't receive your letter or have questions about your eligibility, contact the **KanCare Clearinghouse at 800-792-4884**. Not all members receive renewal letters.

DISENROLLMENT

You can ask to leave Sunflower with or without a specific reason by contacting the **Enrollment Center toll free at 1-866-305-5147**. Sunflower won't disenroll you unless directed by the state. You must follow KanCare program procedures for all disenrollment requests. Send your disenrollment request to KanCare orally or in writing. We will ensure your right to disenroll is not restricted in any way.

You can disenroll:

- Without cause during your first 90 days or during annual open enrollment.
- With cause at any time, such as:
  - Needing services not available in our network.
  - Experiencing poor quality of care or lack of access.
  - Changing eligibility categories.
  - Moving out of Kansas.
  - No longer qualifying for Medicaid.
  - Seeking services we don't cover due to moral or religious objections.

Benefits Overview

Covered Services

As a Sunflower member, you have access to a wide range of healthcare services. This section outlines what's covered and what to expect.

Here's what you should know:

- Sunflower won't deny or limit services because of a condition you already have.
- If a service is medically necessary and covered by Sunflower, you won't have to pay copays, deductibles or other fees, unless noted in the Member Responsibilities section.
- If you get care that isn't medically necessary or from a provider outside our network, you may be responsible for the cost.

Not sure if a service is covered or if a provider is in network? Call **Customer Service** at **1-877-644-4623**. We're happy to help.

Benefits Grid

This list gives you an overview of covered and non-covered services. It's not a complete list. All services are subject to coverage rules, limits and exclusions.

To be covered, a service must meet certain criteria. This is called **medical necessity**. If your health condition doesn't show a need for the service, it may be denied.

Some services also require **prior authorization**. This means approval before you get the service. But don't worry, Sunflower members aren't responsible for any cost sharing for approved services, unless otherwise noted.

BENEFITS	COVERAGE	LIMITED BENEFIT	COMMENTS
Alternative Medicine	Not Covered		Acupuncture, Christian science, faith healing, herbal therapy, homeopathy, massage, massage therapy or naturopathy.
Abortions	Not Covered	Only covered when a member suffers from a rape, incest, or life of mother is threatened.	Abortion necessity form required at the time the claim is submitted.
Adult Care Home Services	Covered		
Allergy Services (when billed with office visit)	Covered		
Ambulance (Emergency Transportation)	Covered	Ground, rotary and fixed wing	
Ambulatory Surgery Center	Covered		
Anesthesia Services	Covered		
Audiology Services	Covered		
Bariatric Surgery	Covered		
B-12 Injections	Covered		
Behavioral Health Services	Covered		
*All services are subject to benefit coverage, limitations and exclusions, some of which are described here. EPSDT coverage may override other coverage limitations. Please visit **SunflowerHealthPlan.com** to access live chat with Customer Service. Or call Customer Service toll free at **1-877-644-4623** to learn more.*			

BENEFITS	COVERAGE	LIMITED BENEFIT	COMMENTS
Birthing Centers	Covered		
Cardiac Rehabilitation	Covered		
Chemical Dependency Treatment	Covered		
Chemotherapy	Covered		
Chiropractor Services	Not Covered		Only covered if member has Medicare coverage in a Qualified Medicare Beneficiary program plan.
Circumcisions (Routine/Elective)	Covered		
Cosmetic or Plastic Surgery	Not Covered		Examples are tattoo removal, face lifts, ear or body piercing and hair transplants. Any medically necessary procedures that could be considered cosmetic in nature must be prior authorized.
Dental Services	Covered	Adults and children.	
Dentures or Partials	Covered		Prior authorization is required by Centene Dental Services.
Developmental Testing	Covered		
Diabetic Education	Not Covered		Provided by the Healthy Solutions for Life program, as a part of Sunflower's Value-Added Benefits program.
Diagnosis & Treatment of Infertility, Impotence & Sexual Dysfunction	Not Covered		
Dialysis	Covered		
Dietitian Services	Covered	Services limited to members ages 20 and under.	
Doulas	Covered		
Durable Medical Equipment	Covered		
Early Periodic Screening Diagnosis & Treatment Services	Covered	Members under 21 years old	
Emergency Room Services	Covered		
Experimental Procedures, Drugs and Equipment	Not Covered		
Family Planning	Covered		
*All services are subject to benefit coverage, limitations and exclusions, some of which are described here. EPSDT coverage may override other coverage limitations. Please visit **SunflowerHealthPlan.com** to access live chat with Customer Service. Or call Customer Service toll free at **1-877-644-4623** to learn more.*			

BENEFITS	COVERAGE	LIMITED BENEFIT	COMMENTS
Fluoride Application	Covered	Limited to three per calendar year for children under 21.	
Gender Reassignment Surgery	Not Covered		
Hearing Aids	Covered	Some limitations apply for ages over 20.	Batteries are limited to six per month for monaural hearing aids and 12 per month for binaural hearing aids. One set of hearing aids is covered every four years.
Hearing Aid Repairs	Covered	Charges for hearing aid repairs under $15 are not covered.	
Hearing Aids (Bone Anchored)	Covered	Limited to members 5 to 20 years of age.	
HIV Testing and Counseling	Covered		
Home Births	Not Covered		
Home Health Care Services	Covered		
Hospice Care	Covered		
Hospital Services: Inpatient	Covered		
Hospital Services: Outpatient	Covered		
Hyperbaric Oxygen Therapy	Covered		
Hysterectomy	Covered	Not covered if only to prevent pregnancy.	Sterilization consent form is required with claim submission by your doctor.
Laboratory Services–Outpatient	Covered		
Laboratory Services–Inpatient	Covered		
Maternity (OB Routine Ultrasounds)	Covered	One routine OB sonogram covered per fetus per pregnancy.	
Maternity Care Services	Covered		Examples are: • Nurse midwife services • Pregnancy related services • Care for conditions that might complicate pregnancy
Medical Nutrition (through stomach or veins)	Covered	Some limitations apply.	
Medication Assisted Treatment	Covered		Medication and counseling for opioid use disorder

*All services are subject to benefit coverage, limitations and exclusions, some of which are described here. EPSDT coverage may override other coverage limitations. Please visit **SunflowerHealthPlan.com** to access live chat with Customer Service. Or call Customer Service toll free at **1-877-644-4623** to learn more.*

BENEFITS	COVERAGE	LIMITED BENEFIT	COMMENTS
Non-Emergency Medical Transportation–(Ambulance)	Covered		Examples are transportation for non-ambulatory patients, patient home to hospital or hospital to patient's home, transfers between hospitals. Prior authorization required for fixed-wing transportation.
Non-Emergency Medical (NEMT)	Covered		For transportation, call toll free 1-877-917-8162.
Non-Medical Equipment	Not Covered		
Nursing Facility	Covered		
Outpatient Hospital/ Outpatient Surgery	Covered		
Oxygen and Respiratory Services	Covered	Some limitations apply.	
Pain Management	Covered		
Personal Comfort Items	Not Covered		
Physician and Nurse Practitioner Services	Covered		
Physical Exam Required for Insurance or Licensing	Not Covered		
Physical, Occupational and Speech Therapy	Covered		
Podiatrist Services	Covered	For members ages 20 and under.	Children may receive additional visits if prior authorized.
Prescription Drugs	Covered		
Preventive Care	Covered	Certain limitations may apply.	
Prosthetic and Orthotic Devices	Covered		
Psychotherapy	Covered		
Psychological Testing	Covered		
Radial Keratotomy	Not Covered		
Radiology and X-rays	Covered		
Radiology (High Tech Imaging)	Covered	Includes CT, MRI and MRA. PET scans are not covered.	
Reconstructive Surgery after Mastectomy	Covered	Related to diagnosis of breast cancer only.	
School-Based Services	Not Covered		School-Based Services are covered through the State's Fee-for-Service program.
*All services are subject to benefit coverage, limitations and exclusions, some of which are described here. EPSDT coverage may override other coverage limitations. Please visit **SunflowerHealthPlan.com** to access live chat with Customer Service. Or call Customer Service toll free at **1-877-644-4623** to learn more.*			

BENEFITS	COVERAGE	LIMITED BENEFIT	COMMENTS
School or Employment Physicals	Covered		Provider must bill using the appropriate evaluation and management code.
Screening and Treatment for STD	Covered		
Services not allowed by federal or state law	Not Covered		
Sleep Studies	Covered	For members ages 20 and under or as part of the preoperative work-up for bariatric surgery.	
Transplant Service	Covered	Covered for certain organs. Limitations apply. Confirm with the plan during prior authorization or by calling customer service.	Members needing a kidney transplant for end-stage renal disease should apply for Medicare prior to transplant. Provide denial information if asking the plan to cover as primary payor.
Transportation - See Non-Emergency Medical Transportation	Covered		
Urgent Care Services	Covered		
Vision & Eye Exams	Covered	One complete eye exam and one pair of glasses are covered for members 21 years and older each year. Eyeglasses, repairs and exams as needed for members under 21, up to three pairs per calendar year.	
*All services are subject to benefit coverage, limitations and exclusions, some of which are described here. EPSDT coverage may override other coverage limitations. Please visit **SunflowerHealthPlan.com** to access live chat with Customer Service. Or call Customer Service toll free at **1-877-644-4623** to learn more.*			

In Lieu of Services

You may qualify for something called "in lieu of services." These are services not typically covered by Medicaid, but KanCare allows them as cost-effective substitutes to standard covered services. You're never required to use these options. They're simply available if they better meet your needs.

If you use in lieu of services, you still have all your member rights. That includes the right to understand your care options, be involved in decisions and file complaints if needed. For more on how to file a grievance or appeal, check the Member Satisfaction section of this handbook.

New Technology

Healthcare is always evolving, and we're committed to keeping up with new and better ways to care for our members. Our team of doctors, nurses and experts reviews new technologies to make sure they're safe and helpful.

Sunflower covers new services once they're approved by the state. If you have questions about new technology or services, visit SunflowerHealthPlan.com for live chat or call us toll free at **1-877-644-4623**.

Sunflower Value-Added Benefits

Sunflower offers extra benefits to support your health and well-being—at no extra cost to you. These are in addition to your regular Medicaid benefits. To learn more or access these services, visit SunflowerHealthPlan.com or call **Customer Service toll free at 1-877-644-4623 (TTY 711)**.

Please note: Value-Added Benefits are optional extras. They don't include grievance or appeal rights.

BENEFIT HIGHLIGHTS

- **Enhanced Transportation -** Up to 12 round trips per year for you and your caregiver. Use these for things like pharmacy visits, support groups, food access, housing services and employment support.
- My Health Pays® Rewards **-** Earn $5–$25 for completing health checkups, screenings and other activities. See the *My Health Pays* section for details.
- **Cell Phones -** Through Lifeline providers like Assurance, eligible members can receive free voice, data and text services. Assurance and SafeLink calls to Sunflower's toll-free number don't use your minutes.
- **Start Smart® for Your Baby -** Support for pregnant members and families, including:
  - Free nursing support and education
  - Community resource help
  - Texting programs for moms
  - Free baby showers with gifts and health education
  - Rides to WIC appointments
- **First Years of Life Program -** Care coordinators help families with babies (ages 0-24 months) schedule well-child visits and access resources like food, housing and childcare.
- **Community Programs for Children**
  - $50 annual credit for programs like YMCA, Boys & Girls Clubs, Girl Scouts or Scouting America (ages 5-18). See your local club to request this benefit.
  - Sunny's Kids Club for children under 12 includes a membership card, activity book and online resources.
  - Strong Youth Strong Communities™ (SYSC) offers youth-focused resources in partnership with the Pro Football Hall of Fame.
- **Teladoc Digital Mental Health -** Online tools to help manage depression and anxiety, including exercises, mood tracking and inspirational content.
- **Farmers Market Vouchers -** Get a $10 produce voucher at select events—one per member, no household limit.
- **Healthy Solutions for Life -** Health coaching programs for weight management, stress, nutrition, quitting tobacco and chronic condition support. Some programs have age or other requirements.
- **Caregiving Collaborations® -** Support for one caregiver per member, including stress-reduction resources, support group referrals and access to a Caregiver Journal and Resource Center.
- **Mobile Clinics -** Twice a year, Sunflower brings a mobile clinic to rural communities so members can get dental and vision care close to home. We help with checkups, glasses if needed, and scheduling follow-up visits.
- **Employment Support & Transportation (GROW (GED, Rides, Opportunities, Work) Program) -** Help with employment barriers, GED prep vouchers, career counseling, and extra transportation for job fairs and interviews. Members can also speak with a Benefits Specialist to understand how income affects coverage.

VALUE-ADDED BENEFITS FOR WAIVER MEMBERS AND OTHER GROUPS

- **Practice Dental Visits (I/DD Waiver) -** Up to two practice visits to help members feel more comfortable with dental care.
- **Respite Care (FE & PD Waivers) -** Up to 60 hours per year for unpaid caregivers. No more than 48 hours can be used in one month.
- **Hospital Companionship -** Up to 16 hours of companionship for waiver members during hospital stays.
- **Transition Services -** Support for members returning home from jail or nursing facilities (who are not receiving other transition help), including:
  - Transition planning

- **Peer Support Program -** In-person and virtual training for waiver members focused on self-direction and independent living.
- **Behavioral Health & Foster Care Support -** Includes peer-support calls, recorded and live training for foster/adoptive families via Fostercare.com and provider education.
- **Healthy Living (Harvey County) -** Incentive for diabetes education classes, cooking lessons, weekly food boxes and other tools to support healthy lifestyle changes.

My Health Pays® Program

You can earn My Health Pays® rewards when you complete healthy activities.

After you complete a healthy activity, we will add the reward earned directly to a **My Health Pays® Visa® Prepaid Card*** that we mail to you.

All Sunflower members are eligible for this program. Beginning January 1, 2027, to receive rewards, you must first **opt into the program** and complete healthy activities.

Sign Up Today!

To begin earning My Health Pays® rewards, you must sign up for (opt into) the program. It's easy to opt in, and you only need to do it once.

ALREADY HAVE A CARD?

If you already have a card, you won't lose any rewards you have already earned **except as noted below. **To continue earning rewards, you must sign up for the program.**

HOW TO EARN REWARDS

HEALTHY ACTIVITY	REWARD
Complete Annual **Health Information Form**	$25
Participate in a **Member Advisory Committee** Meeting	$10
Annual Child Well Visit. Ages 3-20.	$10
Infant Well Visits. Ages 15-30 months.	$5 each (Max. $10)
Blood Lead Test. Ages 0-24 months. One per member.	$10
Breast Cancer Screening. Ages 40-74.	$20
Submit **Notice of Pregnancy**	$10
Postpartum Doctor Visit. 7-84 days after delivery.	$10
Diabetes Management – HbA1c tests. Ages 18-75.	$20 each (Max. $40)
Colorectal Cancer Screening. Ages 45-75.	$10
Follow-Up Visit within 7-30 Days of **Intensive Substance Use Treatment.** Ages 13+. Up to three rewards per year.	$10

You can use your card for approved purchases like:

- Utilities
- Transportation
- Phone service
- Childcare services
- Education
- Rent
- Items at Walmart and Hy-Vee**

Note: You cannot use the card for alcohol, tobacco or firearms.

Important: Keep your card! New rewards are added to it. If you lose it, a replacement may result in a deduction from your earned rewards.

For more details or to sign up for My Health Pays rewards, visit SunflowerHealthPlan.com/rewards or call **1-877-644-4623 (TTY 711)**.

**This card is issued by The Bancorp Bank, N.A., pursuant to a license from Visa U.S.A. Inc. **Card cannot be used everywhere Visa debit cards are accepted. See Cardholder Agreement for complete usage restrictions. Funds expire 90 days after termination of insurance coverage or 365 days after date reward was earned, whichever comes first.*

Member Responsibility

WHEN YOU HAVE TO PAY & WHEN YOU DON'T

Sunflower covers most of your medical costs, but there are times when services may be limited or not covered. If the service is part of your Sunflower benefits, you shouldn't receive a bill. However, you'll be responsible for paying for any services that aren't covered.

To avoid unexpected costs, follow these tips:

- **Use in-network providers.** You can search for them using the Find a Doctor tool at www.sunflowerhealthplan.com, chat live with Customer Service or call 1-877-644-4623.
- **Ask if the service is covered before you receive it.**
- **Call Customer Service** if you're unsure whether a procedure or medication is covered.
- **If a service isn't covered,** your provider may ask you to sign a statement agreeing to pay for it.
- **Always show your Sunflower ID card** (and any other insurance cards) when you get care. If you don't, you may be responsible for the bill.
- **If you choose to get a non-covered service,** you'll need to pay for it.

You will **not** have to pay for covered services, even if:

- The state doesn't pay Sunflower.
- Sunflower doesn't pay your provider.
- Your provider charges more than Sunflower pays.
- Sunflower is unable to pay its bills.

SPENDDOWN

If your income is above the Medicaid limit, you may qualify for the Medically Needy program. In this case, you'll have a spenddown amount, which is your share of medical costs. This is similar to a deductible.

Once you meet your spenddown, Sunflower may cover Medicaid-approved services beyond that amount.

Spenddown may apply if you are:

- Pregnant
- A child under 19
- Age 65 and older
- Determined disabled by Social Security

PATIENT LIABILITY AND CLIENT OBLIGATION

These are monthly amounts set by the state for certain members:

- **Patient Liability** applies to members in long-term care facilities. You'll pay this amount directly to your assigned provider(s).
- **Client Obligation** applies to some members receiving HCBS services. The amount depends on your income and is paid to one or more assigned providers.

You'll only have **one** of these—not both. To find out which provider is assigned, check your **Person Centered Service Plan (PCSP)** or contact your **Sunflower care coordinator**.

For questions or help, visit SunflowerHealthPlan.com for live chat or call **1-877-644-4623**.

Specialized Services

Home and Community Based Services (HCBS)

HCBS programs offer extra support to seniors and people with disabilities so they can live independently and stay active in their care. The services available depend on the waiver program for which you are eligible.

The state works with organizations like Aging and Disability Resource Centers (ADRCs), the Assessing Entity (AE), Community Developmental Disabilities Organizations (CDDOs) and Community Mental Health Centers (CMHCs) to determine your level of care and eligibility.

Sunflower helps coordinate your care and connects you with covered services and community resources, whether you're enrolled or on a waiting list.

Here's a quick overview of services available under each HCBS waiver:

HCBS – AUTISM

- Family Adjustment Counseling
- Parent Support and Training (peer-to-peer)
- Respite Care
- Financial Management Services for Self-Direction

HCBS – FRAIL ELDERLY (FE)

- Specialized Medical Equipment and Supplies
- Home and Environmental Modification Services
- Vehicle Modification Services
- Adult Day Care
- Personal Care Services
- Comprehensive Support
- Financial Management Services
- Home Telehealth
- Medication Reminder
- Nursing Evaluation Visit
- Oral Health Services
- Personal Emergency Response
- Enhanced Care Services
- Wellness Monitoring

HCBS – PHYSICAL DISABILITY (PD)

- Specialized Medical Equipment and Supplies
- Home and Environmental Modifications
- Vehicle Modifications
- Financial Management Services
- Home-Delivered Meals
- Medication Reminder Services
- Personal Emergency Response System and Installation
- Personal Care Services
- Enhanced Care Service

HCBS – BRAIN INJURY (BI)

- Specialized Medical Equipment and Supplies
- Home and Environmental Modification Services
- Vehicle Modification Services
- Financial Management Services
- Home-Delivered Meals
- Medication Reminder Services
- Personal Emergency Response System and Installation
- Personal Care Services
- Rehabilitation Therapies: Behavior Therapy, Cognitive Rehabilitation, Physical Therapy, Speech-Language Therapy and Occupational Therapy
- Enhanced Care Services
- Transitional Living Skills

HCBS – TECHNOLOGY ASSISTED (TA)

- Health Maintenance Monitoring
- Home Modification
- Financial Management Services
- Intermittent Intensive Medical Care
- Personal Care Services
- Medical Respite
- Specialized Medical Care

HCBS – SERIOUS EMOTIONAL DISTURBANCE (SED)

- Parent Support and Training
- Independent Living/Skills Building
- Short Term Respite Care
- Wraparound Facilitation
- Professional Resource Family Care
- Attendant Care

HCBS – INTELLECTUAL/DEVELOPMENTAL DISABILITY (I/DD)

- Vehicle Modification Services
- Specialized Medical Equipment and Supplies
- Home and Environmental Modifications
- Adult Day Supports
- Enhanced Care Services
- Financial Management Services
- Medical Alert - Rental
- Overnight Respite
- Personal Care Services
- Residential Supports for Adults
- Residential Supports for Children
- Specialized Medical Care
- Supported Employment
- Children's Integrated Community Supports
- Wellness Monitoring
- Targeted Case Management (Not a waiver service but available upon eligibility for I/DD services.)

HCBS – COMMUNITY SUPPORT WAIVER (CSW)

- Assistive Technology
- Behavior Therapy
- Benefits Planning / Benefits Counseling
- Career Exploration and Planning
- Family / Caregiver Support and Training
- Home Telehealth
- Home & Environmental Modifications
- Individual Directed Goods and Services
- Individual Employment Support Services
- Life Skills Services
- Medication Reminder Services
- Non-Medical Transportation
- Occupational Therapy
- Personal Care Services
- Personal Emergency Response System (PERS) & Installation
- Physical Therapy
- Remote Support Services
- Respite Care
- Speech and Language Therapy
- Specialized Medical Equipment & Supplies
- Vehicle Modifications
- Targeted Case Management (Not a waiver service but available upon eligibility for I/DD services.)

Person-Centered Planning

Healthcare is just one part of your life. Person-Centered Planning helps us understand your goals, preferences and strengths so we can support you in a way that fits your life.

This process is led by you and the people you choose. Together, we'll create a personalized plan that reflects what matters most to you.

Learn more at sunflowerhealthplan.com/members/medicaid/resources/helpful-links/person-centered-planning.html.

Financial Management Services (FMS)

If you receive HCBS or are part of the Work Opportunities Reward Kansans (WORK) or Supports & Training for Employing People Successfully (STEPS) programs, you may have the option to **self-direct** some or all of your services. That means you hire and manage your own care workers.

To do this, you'll need to work with a **Financial Management Services (FMS)** provider. They handle things like background checks, employment paperwork, payroll and billing Sunflower for services.

Self-Direction: Your Rights and Responsibilities

If you choose to self-direct, your FMS provider will explain your rights and responsibilities, including:

- Choosing and managing your care workers.
- Handling employer tasks like scheduling and training.
- Understanding the FMS provider's role.
- Receiving training on self-direction, as needed.

Once you're fully informed, you'll sign an FMS Service Agreement with your provider. Educational materials are available. Just ask your Sunflower care manager.

Accessing Healthcare

Establish a PCP Relationship

1. **Choose a doctor.** If you don't choose a Primary Care Provider (PCP) within 10 days of enrolling, Sunflower will assign one for you. You can find your PCP's name on your member ID card. You can change your PCP anytime by:
   - Visiting SunflowerHealthPlan.com for live chat.
   - Calling **1-877-644-4623 (TTY 711)**.
2. **Make an appointment.** If you haven't seen your doctor in the past year, schedule a visit.
3. **Talk to your doctor.** Share any health concerns or questions you have.

What Is a PCP?

Your Primary Care Provider (PCP) is the doctor you see regularly for your basic medical needs. They help you stay healthy, manage chronic conditions and coordinate your care with specialists.

Your PCP will:

- Provide timely, medically necessary services.
- Coordinate care with other providers.
- Refer you to specialists when needed.
- Keep your medical records up to date.
- Offer preventive care, physical exams and immunizations.
- Be available or have another provider available after hours.
- Discuss and document advance directives.

Tip: Schedule a well-care visit within your first 90 days as a Sunflower member—even if you're not sick. It's a great way to start building a relationship with your doctor.

CHOOSING YOUR PCP

Use the Find A Doctor tool at SunflowerHealthPlan.com to search for providers by location, specialty, and language. You can choose from:

- Family Practitioners
- General Practitioners
- Pediatricians
- Internal Medicine doctors
- Nurse Practitioners
- OB/GYNs
- Physician Assistants (under supervision)
- Federally Qualified Health Centers (FQHCs)
- Rural Health Clinics (RHCs)

Women can also see a women's health specialist directly, even if their PCP isn't one.

Need help choosing? Call Customer Service or request a free provider directory. We will send it within five business days.

CHANGING YOUR PCP

You can change your PCP at any time for any reason, such as:

- Moving to a new area.
- Wanting a provider who speaks your language.
- Preferring the same PCP as your family.
- Needing different services.

To change your PCP:

- Live chat: SunflowerHealthPlan.com.
- Call **1-877-644-4623** toll free.

MAKING AN APPOINTMENT

Once you've chosen a PCP, schedule a visit, especially if you haven't seen a doctor in the past year. Bring your Sunflower ID card to every appointment.

If you have trouble getting an appointment, call us at 1-877-644-4623 or live chat on our website.

TELEHEALTH

Telehealth lets you see a provider from home using your phone, tablet or computer. It's free for Medicaid members and can be used for:

- Common illnesses and injuries
- Follow-up visits
- Screenings
- Medication prescriptions
- Behavioral health services

Ask your provider if they offer telehealth.

IMPORTANT REMINDER:

If you can't make an appointment, please call your doctor's office at least 24 hours in advance to cancel or reschedule. If you arranged transportation, also cancel your ride by calling 1-877-917-8162.

AFTER-HOURS CARE

If you need care after hours:

- Call your PCP's office for instructions.
- Call the Nurse Advice Line at 1-877-644-4623 (TTY 711), any time of the day or night.

In an emergency, call 911 or go to the nearest ER.

Note: Except for emergency and family planning services, you must use Sunflower network providers or get preapproval for out-of-network care.

Appointment Availability & Wait Times

Getting timely care is important. Here's what you can expect when scheduling appointments with your providers:

- **Routine care (medical, obstetrician, vision, lab, x-ray):** Within 3 weeks.
- **Urgent care (non-emergency but needs attention soon):** Within 48 hours.
- **Wait time at appointments:** No more than 45 minutes—call us if it's longer.

If your provider can't see you within the required time, they may refer you to another provider. Be sure to bring your **Sunflower ID card** and any other insurance cards to every appointment.

Need help scheduling? Call **Customer Service toll free at 1-877-644-4623 (TTY 711)**.

AFTER HOURS

An appropriate provider should return urgent calls within 30 minutes and non-urgent calls should be returned within 24 hours.

PRIMARY CARE & PEDIATRIC APPOINTMENTS

- Routine: Within three weeks.
- Urgent/Sick Visits: Within 48 hours.
- Emergency: Same day or refer to an emergency room as needed.
- Preventive adult and well-child: Within three weeks.

SUBSTANCE USE DISORDER (SUD) APPOINTMENTS

- Routine: Within 10 business days.
- Urgent: Assessed within 24 hours and services delivered within 48 hours of assessment.
- Emergency: Immediately or referred to an emergency room, as needed.
- Person Who Injects Drugs: Assessed and admitted to treatment within 10 business days.
- Pregnant Person Who Injects Drugs: Assessed within 24 hours. Services delivered within 24 hours of assessment.

MENTAL HEALTH APPOINTMENTS

- Routine: Initial or follow-up within 10 business days.
- Urgent: Within 72 hours.
- Emergency: Referred immediately.
- Non-life-threatening Emergency: Referral within six hours.
- Post-Stabilization Services: Referral within one hour. Member assessed and/or treated within one hour of referral for post-stabilization services in an emergency room.

PRENATAL CARE OBSTETRICIAN (OB)

- First trimester: Within three weeks.
- Second trimester: Within two weeks.
- Third trimester: Within one week.
- Urgent Care: Within 48 hours.
- Routine: Within 15 business days.

SPECIALISTS AND URGENT CARE APPOINTMENTS

- Routine: Within 30 days.
- Urgent: Within 48 hours.

Your Primary Care Provider (PCP)

Your Primary Care Provider (PCP) is your main healthcare partner—the person you go to first for most of your medical needs.

Once you've chosen your PCP, it's a good idea to schedule a visit and get to know them. Building a strong relationship helps you feel more comfortable discussing your health and ensures your provider understands your medical history and any changes over time.

Whenever you're feeling sick or have health questions, reach out to your PCP. They're here to help you get the care you need.

Your PCP will keep your records and be aware of any changes to your health. Always contact your PCP when you feel sick or have any health questions, so you can receive the best care.

FIND A PCP

You can choose or change your PCP anytime by:

- Visiting SunflowerHealthPlan.com.
- Calling us at **1-877-644-4623 (TTY 711)**—we're happy to help!

YOUR ANNUAL WELLNESS EXAM

After choosing your PCP, be sure to schedule your yearly checkup.

This visit is a great way to stay on top of your health. Talk with your provider about any changes or concerns and ask questions about your care.

Your PCP may recommend tests or preventive services to help monitor your health and catch issues early.

Need help scheduling your wellness exam? Just call us at **1-877-644-4623 (TTY 711)**.



Earn myhealthpays® rewards by completing screenings with your PCP.

If Your Provider Leaves the Sunflower Network

If your PCP is leaving the Sunflower network, we'll notify you before it happens or as soon as we know. We'll automatically assign you a new PCP and send you an updated ID card. You can change your PCP anytime by visiting SunflowerHealthPlan.com or calling **1-877-644-4623**.

If you're in active treatment, Sunflower may allow you to continue seeing your current doctor for up to **90 days**. If you're in your **second or third trimester of pregnancy**, you can keep your doctor until after your **first post-partum visit**.

To continue care, your doctor must:

- Agree to treat you.
- Accept Sunflower's payment rates.
- Follow Sunflower's quality standards and policies.
- Provide necessary medical information.

Note: Continued care is only available if we didn't remove your doctor from the network due to quality concerns.

Continuing Services with Out-of-Network Providers

If you're a **new member** and already receiving care from a provider outside the Sunflower network, you may be able to continue seeing them for up to **six months** with approval.

Special circumstances include:

- **Pregnancy (2nd or 3rd trimester):** You can stay with your current doctor through delivery and your first post-partum visit.
- **Terminal illness:** You may continue care with your current provider.

To request continued care, call **Customer Service toll free at 1-877-644-4623.**

Medical Services

Medically Necessary Services

To be covered by Sunflower, services must be **medically necessary**, meaning the right care, at the right time, in the right place. We use standard guidelines to help determine this. A service is considered medically necessary if:

- Your treating provider recommends it.
- It's meant to treat your condition.
- It's the most appropriate level of care, considering risks and benefits.
- It's known to improve health outcomes.
- It's cost-effective compared to other treatment options.

If your child needs more care than usual, Sunflower may cover extra services if they're medically necessary. Learn more about KAN Be Healthy (EPSDT) in the *Health Management & Wellness* section of this book.

Sunflower does **not** make decisions based on cost alone. We don't reward doctors or staff for denying care. Our goal is to help you get the care you need when you need it.

Prior Authorization for Services

Some services require prior authorization. This is a review and approval from Sunflower before you receive care. This may include:

- Out-of-network visits.
- Some specialist care.
- Home health services.
- Certain surgeries.

Start by calling your PCP. They'll let you know if prior authorization is needed and submit the request for you. You can also call **Customer Service toll free at 1-877-644-4623** to check.

- Standard decisions are made within 7 days.
- Urgent requests are reviewed within 3 calendar days.

If more time is needed, we'll let you and your provider know and explain why. Extensions will be in your interest. Sunflower will let you and your doctor know in writing if we approve or deny the service.

If we deny a request, you can ask for a second review (an appeal). See the *Member Satisfaction* section for details.

If there are any major changes to the prior approval process, we will let you and your doctors know right away.

Second Medical Opinion

You have the right to get a second opinion from another doctor. This can help you feel confident about your treatment plan.

- Talk to your PCP to request a second opinion.
- You can choose any provider in our network.
- If no in-network provider is available, we'll help you find one outside the network and cover the cost.
- Any tests ordered must be approved and done by a Sunflower provider.

Your PCP will review the second opinion and help you decide on the best care.

Referrals to Specialty Care

If you need to see a specialist, talk to your PCP first. They'll refer you to a provider who focuses on your specific condition, like heart, skin or bone care.

- Referrals are usually to Sunflower network specialists.
- Out-of-network referrals require approval from your PCP and Sunflower.
- Your specialist will work with your PCP to coordinate care and share updates.

If your specialist refers you to another specialist, that referral may also need authorization, especially if they're out of network.

Self-Referrals

You can go directly to certain services without a referral or approval. You may get these services even if the doctor is not in the Sunflower provider network. These include:

- Emergency and behavioral health services.
- Family planning and related supplies.
- Routine women's preventive care.
- Treatment for acute women's health issues (like STIs).
- Maternity care.

Urgent Care – After Hours

Urgent care is for illnesses or injuries that need attention within 48 hours but aren't life-threatening.

Here's what to do:

- **Call your PCP.** Their number is on your Sunflower ID card.
- If it's after hours and you can't reach your PCP, call the **Nurse Advice Line toll free at 1-877-644-4623 (TTY 711)**.
- Have your ID card ready.
- The nurse may help over the phone or guide you to in-network care.
- If directed to another provider or the ER, bring your ID card. Ask the provider to contact your PCP or Sunflower.

Emergency Care

Sunflower covers emergency medical services 24/7. Emergencies are serious, unexpected health issues that could threaten your life, your unborn child or cause lasting harm to your body.

If you think you're having a medical emergency:

- **Call 911** or go to the **nearest hospital**.
- You **do not** need approval from a doctor.
- Emergency services will be covered.

If you're unsure whether it's an emergency, try calling your **PCP** first. If they're unavailable, you can:

- Listen to their voicemail for instructions.
- Call the **Nurse Advice Line at 1-877-644-4623 (TTY 711)**. We're available 24/7.

If we advise you to seek emergency care, it will be covered.

You can go to **any hospital** in an emergency. If possible, have someone call your PCP and Sunflower to help arrange follow-up care.

We'll also help coordinate your recovery. Call **Customer Service toll free at 1-877-644-4623 (TTY 711)** for support.

WHEN TO GO TO THE ER

- Broken bones
- Gun or knife wounds
- Bleeding that won't stop
- Pregnancy-related emergencies (labor, bleeding)
- Severe chest pain or heart attack
- Drug overdose or poisoning
- Serious burns
- Shock (sweating, dizziness, pale skin)
- Seizures or convulsions
- Trouble breathing
- Sudden inability to see, move or speak
- Thoughts of self-harm
- Severe dental pain or swelling

WHEN NOT TO GO TO THE ER

- Cold, flu, sore throat or earache
- Minor sprains or strains
- Small cuts or scrapes
- Prescription refills
- Routine dental care
- Routine medical care
- Diaper rash

Post-Stabilization Services

After an emergency, you may need care to stabilize your condition. These **post-stabilization services** are covered and **do not require prior approval**, whether you received emergency care in or out of the Sunflower network.

Your emergency provider will let us know when you're ready to be discharged or transferred. We'll make sure you get the care you need to stay stable.

Hospital Admissions

If you or your child needs to be admitted to a hospital, your doctor must notify Sunflower. We'll monitor your care to ensure you receive the right treatment.

Your discharge date will be based on **medical need** only. Once hospital care is no longer necessary, Sunflower and your doctor will work together to plan your discharge.

If you disagree with a discharge decision, you have the right to request a review. This is called an **appeal**. See the *Appeals* section of this handbook for more information.

Transportation Services

EMERGENCY TRANSPORTATION

Sunflower covers **emergency ambulance transportation** to the nearest hospital when you need immediate medical care. If you use an ambulance in a **non-emergency**, it may not be covered, and you could be responsible for the cost.

We cover ambulance rides **between healthcare facilities** only if they're needed and a Sunflower network provider sets them up.

GAS REIMBURSEMENT

Need help getting to your healthcare appointments? Sunflower offers **gas reimbursement** to help cover travel costs.

- You or someone who drives you (like a friend or family member) can get **$0.30 per mile**.
- You must **call at least three days before your appointment** to request a trip ID. If you ask after the appointment, you won't be paid. A trip ID does not guarantee payment. Your trip must meet the requirements below.

Eligible Appointments: Appointments to get Sunflower-covered healthcare services must be from the closest provider who can perform the service. If you travel farther than the closest provider, your ride may not be eligible. Gas reimbursement is only covered to see providers within the state of Kansas or approved border cities within 50 miles of the state line.

How to Register as a Driver: Visit saferidehealth.com/sunflower.

How to Schedule a Reimbursed Trip:

1. Call **1-877-644-4623** before your appointment to register the ride.
2. Write down the **job/trip number** and your driver's name and address.
3. Have your doctor sign the trip form at your appointment.

Before Mailing Your Form:

- Include the job/trip number.
- Confirm driver details.
- Fill out all sections except the provider signature.
- You can list multiple trips on one form (if using the same driver).
- Submit separate forms for different drivers.

Important:

- We must receive forms **within 180 days** of the trip.
- We will only pay the registered driver or member.
- Send completed forms to:
  - **Mail:**
    SafeRide Claims Department
    106 Jefferson, Suite 300
    San Antonio, TX 78205
  - **Or fax:** 1-888-453-5398
  - **Or email:**
    Sunflower_Claims@Saferidehealth.com

Questions? Call **855-932-2331**. We pay by direct deposit or paper check within 30 days of receiving a complete form.

BUS PASSES

If you don't have a car, but live near a bus route, you can get a bus pass to get to your appointments! To request a bus pass, call SafeRide at 1-877-917-8162. Please call at least a week in advance so SafeRide has time to send the bus pass to you.

Monthly Bus Passes: You need at least three rides to qualify for a monthly bus pass. You must request a bus pass each month you plan to use it. If you have a monthly bus pass, it is not limited to medical rides only.

NON-EMERGENCY MEDICAL TRANSPORTATION (NEMT)

If you don't have a way to get to your healthcare appointment, Sunflower offers NEMT services. This may include buses, vans, taxis or stretcher vehicles. This is based on your needs. You do not get to choose what kind of car or van or the company that will give you the ride. If it is safe for you to use public transportation, we may require you to use that.

Guidelines:

- You must be a Sunflower Medicaid member on the day of your appointment.
- If you have unmet spenddown, you may need to pay for the trip.
- Use NEMT only if you have no other free ride (bus, friends, family).
- Children under 18 must travel with an adult.

Eligible Appointments:

Appointments to get Medicaid-covered healthcare services must be with the closest provider who can perform the service. If you travel farther than the closest provider, your ride may not be eligible. NEMT services are only covered to see providers within the state of Kansas or approved border cities within 50 miles of the state line.

How to Schedule a Ride:

- Schedule on the SafeRide mobile app or portal at least **three days before** your appointment.
- Call **1-877-917-8162** at least **three days before** your appointment.
- For urgent appointments, mention this when calling.
- On the day of your trip, call the same number for questions or pickup.

Note: Do **not** use NEMT for emergencies. Call **911** instead.

MEALS & LODGING

In some cases, we can reimburse you for meals and lodging when you travel a long distance to get health services.

Guidelines:

- Sunflower must approve all meals & lodging requests. You must call at least five days before your appointment to request meals and lodging.
- There is an annual limit of five days of meals and lodging.
- The limit for lodging is $85 per night. The limit for meals is $25 per person per day.
- We will reimburse meals for the member and one parent/guardian (if the member is under 21).

Eligible Appointments: Appointments to get Medicaid-covered healthcare services must be with the closest provider who can perform the service. If you travel farther than the closest provider, your meals and lodging may not be eligible. Meals and lodging are only covered to see providers within the state of Kansas or approved border cities within 50 miles of the state line.

VALUE-ADDED TRANSPORTATION BENEFITS

Sunflower also offers extra transportation support through our **Value-Added Benefits**:

- **Enhanced Transportation:** Up to 12 round trips per year for things like food, housing, employment support, pharmacy visits, support groups and events within your community.
- **WIC Appointments:** Pregnant moms and babies can get eight one-way trips per year to WIC offices. The benefit is available to infant Sunflower members, even when mom is no longer a member.
- **GED, Rides, Opportunities, Work (GROW):** Extra transportation support for members looking for a job, GED prep or career counseling. You must be enrolled in the GROW program to receive this benefit.

For more details, see the *Value-Added Services* section or call **1-877-917-8162** to schedule.

Getting Care Out of State

If you're outside Kansas and need non-emergency care, it's not covered unless approved in advance. If you're more than 50 miles from the Kansas border, any non-emergency service requires prior authorization.

- For emergencies, call **911** or go to the nearest ER. Urgent care is not emergency care.
- Show your Sunflower ID card at the hospital.
- If you get a bill for emergency care out of state, call **Customer Service toll free at 1-877-644-4623**.

Out-of-Network Care

Emergency care from out-of-network providers is always covered. No approval needed. Urgent-care services are not the same as emergency services.

For all other services:

- You must get **preapproval** from Sunflower.
- We'll check if an in-network provider can treat you first.
- If not, we'll help you find an out-of-network provider. You may be responsible for payment if Sunflower did not approve the visit or service.

Out-of-network providers aren't bound by Sunflower's contract rules, so billing may vary. Call **Customer Service** if you have questions.

Pharmacy Services

Getting Your Prescriptions

You can fill prescriptions at any pharmacy that accepts Sunflower members. If a medication isn't covered, the pharmacist can help you find an alternative that is.

Need help? Call **Customer Service toll free at 1-877-644-4623 or visit** SunflowerHealthPlan.com.

Preferred Drug List (PDL)

The Preferred Drug List (PDL) includes many medications covered by Sunflower. The Kansas Medical Assistance Program updates the PDL monthly. View the list at www.kdhe.ks.gov/211/Preferred-Drug-List.

Prior Authorization

Some medications require preapproval before they can be filled. Your pharmacy will let your doctor know if this is needed. Your doctor can request approval from Sunflower.

Preapproval may be needed if:

- The drug is non-preferred or has special conditions.
- You're prescribed more than the usual amount.
- Other medications should be tried first.
- A brand-name drug is prescribed when a generic is available.

If a request is denied, you and your doctor will be notified. You can file an appeal (see *Member Satisfaction* section).

Emergency Medication Supply

If your doctor can't be reached for a medication that needs preapproval, you may be able to get a **72-hour emergency supply**. This excludes narcotics.

For behavioral health medications, Sunflower may approve a **five-day emergency supply**. If you've recently been discharged from a hospital or emergency room, call **Customer Service** for help.

If you're traveling outside Kansas and need a medication urgently, you'll need to pay for it and submit your receipt and prescription info to Sunflower for reimbursement.

Over-the-Counter (OTC) Medications

Sunflower covers some OTC medications, but only if they're **prescribed by a doctor**. Medications bought without a prescription are **not covered**.

Excluded Medications

Sunflower does not cover certain types of drugs, including:

- Drugs not proven effective (DESI).
- Brand-name drugs with generic alternatives (IRS).
- Cough and cold symptom relief products.
- Cosmetic or hair growth medications.
- Fertility drugs.
- Gender-specific drugs not medically necessary.
- Erectile dysfunction medications.
- Weight loss/gain drugs (unless preapproved).
- Most OTC products without a prescription.
- Any other drugs not covered per state policies.

Filling a Prescription

To fill a prescription:

- Show your **Sunflower ID card** and any other insurance cards (like Medicare).
- If you're asked to pay unexpectedly, call **Customer Service**.
- If you have a **spenddown**, you must meet it before Sunflower covers your medications.

Need help finding a pharmacy? Use the **Find a Doctor** tool at SunflowerHealthPlan.com or call us.

Lock-In Program

If Sunflower notices overuse of services, we may place you in the **Lock-In program** to help coordinate your care. You'll be assigned to one provider, pharmacy or hospital that understands your needs.

You'll be notified if placed in Lock-In. Services from other providers may not be covered unless approved. You can appeal this decision if you disagree.

Questions? Visit our website or call **1-877-644-4623**.

Medication Therapy Management (MTM)

MTM is a free service to help you manage your medications and health conditions. A pharmacist will review your prescriptions, OTC meds and supplements, either in person or by phone.

They'll answer your questions, check for side effects and may suggest changes to improve your treatment.

Ask your pharmacist if you qualify. Eligibility depends on your health conditions and the number of medications you take.

Health Management & Wellness

Health Risk Screening

We want to understand your health needs so we can support you better. One way we do this is through the Health Information Form, which you'll find in your Welcome Packet, on our website or in the member portal.

Please fill it out and return it as soon as you can. There's a postage-paid envelope included. You will also earn **My Health Pays®** rewards for completing one per calendar year. We might also call you to complete the **KanCare health risk screening**.

Need help with the form or prefer an in-person visit to complete it? Call **Customer Service toll free at 1-877-644-4623**.

Care Management

Some members benefit from extra support to manage their health. Sunflower offers care management services to help you set goals and get the care and resources you need.

You may qualify if you:

- Are pregnant or recently had a baby.
- Have a chronic condition, like diabetes or asthma.
- Live in or are leaving a facility, like a nursing home.
- Are in a waiver program or on a waitlist.
- Participate in WORK or STEPS programs.
- Are in or have aged out of foster care.
- Have other complex medical or mental health needs.

Anyone can request care management. This includes members in the KAN Be Healthy program. Our team includes nurses, social workers and other professionals who can:

- Help you understand your health conditions.
- Coordinate care with your doctors.
- Connect you with community resources.
- Help with scheduling appointments.

Interested? Visit SunflowerHealthPlan.com or call **1-877-644-4623**.

What to Do in a Behavioral Health Crisis:

If you or your child is experiencing a mental health crisis, call 988. The 988 Suicide & Crisis Lifeline is available 24/7 by call, text or chat. Trained crisis counselors can help with:

- Suicidal thoughts or emotional distress.
- Substance use concerns.
- Mental health emergencies.
- Worries about a loved one in crisis.

If the situation is not an emergency, talk to a mental health provider, your primary care doctor, or call Sunflower Customer Service toll free at 1 877 644 4623. We're here 24/7 to help with depression, behavioral health, substance use or emotional concerns.

If you or your child is in immediate danger, call 911 or go to the nearest emergency room.

Disease Management

Sunflower offers Healthy Solutions for Life, a program designed to help members manage chronic conditions and improve their health.

Our health coaches specialize in:

- Asthma
- Diabetes
- High blood pressure
- Heart conditions
- Weight management
- Quitting smoking
- Puff-Free Pregnancy
- COPD
- Anxiety & depression

We'll help you:

- Understand your medications.
- Know which screenings to get.
- Get treatments and social services you need.
- Learn when to call your doctor.

You'll receive tools and support to take control of your health. To learn more or speak with a health coach, call **1-877-644-4623**.

Healthcare Transitions

Transitions in care can be challenging. Whether you're:

- Leaving a hospital or nursing home.
- Aging out of foster care.
- Moving into or out of an HCBS program.
- Switching health plans.

Sunflower can help by:

- Updating your service plan.
- Scheduling follow-up appointments.
- Arranging transportation.
- Helping with medical equipment and prescriptions.
- Connecting you to housing, food and employment resources.

If you're switching to or from Sunflower, we'll work with your previous or new health plan to ensure your care continues smoothly.

Need support? Call **Customer Service toll free at 1-877-644-4623**.

Behavioral Health Services

Sunflower covers your behavioral health needs, including mental health and substance use services. You can see any provider in our network without a referral.

Behavioral health includes care for:

- Mental health conditions.
- Drug or alcohol use.
- Emotional wellness.

If your child needs more care than usual, Sunflower may cover extra services if they're medically necessary. Learn more about KAN Be Healthy (EPSDT) in the *Health Management & Wellness* section of this book.

To find a provider, visit SunflowerHealthPlan.com or call **1-877-644-4623**.

DRUG AND ALCOHOL SERVICES

If you or your child is struggling with substance use, Sunflower has specialists who can help. You don't need a referral. Just call us at **1-877-644-4623**, anytime, day or night.

Signs you may need help:

- Trouble coping with daily life.
- Feeling very sad, anxious or stressed.
- Changes in sleep or eating habits.
- Thoughts of self-harm or harming others
- Seeing or hearing things others don't.
- Increased drinking or drug use.
- On-going problems at work, school or home.

We'll connect you with a provider who understands your needs.

ALREADY IN TREATMENT?

If you or your child is already receiving behavioral health care:

- Ask your provider if they're in the Sunflower network.
- If they are, you're all set.
- If not, call us. We'll invite them to join our network or help you transition to a new provider.

We'll make sure your care continues without interruption.

Community Resources

If you're looking for mental health support, Sunflower can help connect you with local resources. Below are some options. If you don't see what you need, **call Customer Service at 1-877-644-4623 (TTY 711)** or visit SunflowerHealthPlan.com.

KANSAS COMMUNITY MENTAL HEALTH CENTERS (CMHCs):

PROVIDER	ADDRESS	CITY	ST	PHONE
Astra Mental Health & Recovery	325 SW Frazier	Topeka	KS	785-232-5005
Bert Nash CMHC	200 Maine St., Ste. A	Lawrence	KS	785-843-9192
Center for Counseling & Consultation	5815 Broadway	Great Bend	KS	620-792-2544
Central Kansas MHC	809 Elmhurst	Salina	KS	785-823-6322
COMCARE of Sedgwick County	635 N. Main	Wichita	KS	316-660-7600
Compass Behavioral Health	531 Campusview	Garden City	KS	620-276-6470
CMHC of Crawford County	911 E. Centennial	Pittsburg	KS	620-231-5130
Crosswinds Counseling & Wellness	1000 Lincoln	Emporia	KS	620-343-2211
Elizabeth Layton Center (Franklin Co.)	2537 Eisenhower Rd.	Ottawa	KS	785-242-3780
Elizabeth Layton Center (Miami Co.)	505 S. Hospital Dr.	Paola	KS	913-557-9096
Four County MHC	3751 W. Main	Independence	KS	620-331-1748
High Plains MHC	208 E. 7th St.	Hays	KS	785-628-2871
Horizons MHC	1715 E. 23rd St. 1600 N Lorraine, Ste. 202	Hutchinson	KS	620-662-2240 620-663-7595
Iroquois Center for Human Development	610 E. Grant	Greensburg	KS	620-723-2272
Johnson County MHC	6000 Lamar, Ste. 130	Mission	KS	913-831-2550
Kanza MH & Guidance Center	909 S. Second St.	Hiawatha	KS	785-742-7113
Labette Center for MH Services	1730 Belmont	Parsons	KS	620-421-3770
Pawnee Mental Health Services	423 Houston St.	Manhattan	KS	785-587-4346
Prairie View, Inc.	1901 E. First St.	Newton	KS	800-992-6292
South Central MH Counseling Center	2365 W. Central	El Dorado	KS	316-321-6088
Southeast Kansas MHC	304 N. Jefferson	Iola	KS	620-365-8641
Southwest Guidance Center	333 W. 15th St.	Liberal	KS	620-624-8171
Spring River Mental Health & Wellness	6610 SE Quakervale Rd.	Riverton	KS	620-848-2300
Sumner Mental Health Center	1601 W. 16th St.	Wellington	KS	620-326-7448
The Guidance Center	500 Limit St.	Leavenworth	KS	913-682-5118
Wyandot Center for Community Behavioral Healthcare	757 Armstrong	Kansas City	KS	913-233-3300

MORE MENTAL HEALTH RESOURCES:

- **KDADS Behavioral Health Programs:** kdads.ks.gov/commissions/behavioral-health/services-and-programs.
- **Suicide & Crisis Lifeline:** Call, text or chat 988. Available 24/7 for suicidal thoughts or concerns, mental health crisis, substance use crisis, emotional distress or concerns for another person.
- **Kansas Family Mobile Crisis Helpline:** For youth under 21, including those in or formerly in foster care. Call **833-441-2240**.
- **Sunflower Provider Search:** findaprovider.sunflowerhealthplan.com. Search by terms like "addiction" or "substance."

REGIONAL ALCOHOL & DRUG ASSESSMENT CENTERS

- **Substance Abuse Center of Kansas**
  Serving South-Central and Southeast Kansas
  940 N Waco, Wichita KS 67203
  (316) 267-3825, Toll Free: (877) 577-7477
  Fax: (316) 267-3843
  Monday-Saturday, 8am-5pm
  www.sackansas.org
- **Heartland Regional Alcohol & Drug Assessment Center of Kansas**
  Serving North-Central, Northeastern & Western KS
  5500 Buena Vista, Ste. 203, Roeland Park, KS 66205
  (913) 789-0951, Toll Free: (800) 281-0029
  Fax: (913) 789-0954
  www.hradac.com

Quitting Tobacco

- **Kansas Tobacco QuitLine:** Free coaching to help you quit. Visit www.ksquit.org or call **1-800-QUIT-NOW (1-800-784-8669).**

Problem Gambling Help

- Free treatment for problem gamblers and their families. Visit www.ksgamblinghelp.com or call **1-800-522-4700**.

KAN Be Healthy (EPSDT Program)

For children and young adults from birth to age 21.

KAN Be Healthy is coverage that helps kids and teens stay healthy. It's also called **EPSDT** (Early and Periodic Screening, Diagnosis, and Treatment). Even if your child isn't sick, regular check-ups are important to catch problems early and support healthy growth.

The KAN Be Healthy program follows the American Academy of Pediatrics (AAP) Bright Futures Periodicity Schedule as a guideline for screenings.

What Happens at a Check-Up?

If needed, your child's doctor or nurse may:

- Check physical and mental development.
- Screen for substance use.
- Give needed vaccines.
- Test for lead at 12 and 24 months.
- Talk with you about any health concerns.
- Refer your child to a specialist if needed.

Sunflower may call, email or mail you reminders about recommended checkups.

CHECK-UP AND DENTAL VISIT SCHEDULE

Age Group	AAP Bright Futures Periodicity Screenings Schedule	American Academy of Pediatric Dentistry (AAPD) Dental Periodicity Schedule
Infants	Birth, 3-5 days, 1, 2, 4, 6 & 9 months	First tooth or by 12 months, then every 6 months.
Toddlers & Preschoolers	12, 15, 18, 24, 30 months; 3 & 4 years	Every 6 months
Children (5-10 years)	Once a year	Every 6 months
Teens (11-21 years)	Once a year	Every 6 months

EXTRA SERVICES FOR KIDS

If your child needs more care than usual, Sunflower will cover extra services if they're medically necessary, including psychiatric residential treatment facility (PRTF), inpatient and outpatient services.

This means we cover services that are medically necessary to stop a condition from getting worse or to prevent new health problems from starting. We determine medically necessary services for children case-by-case.

Earn My Health Pays $$$

Earn My Health Pays rewards for youth well-care visits:

- **$5 for each infant well visit, ages 15-30 months old. ($10 max.)**
- **$10 for a screening for blood lead, ages 0-24 months. (One per member.)**
- **$10 for annual child well visit, ages 3-20 years old.**

Take Care of Yourself and Your Baby

Start Smart for Your Baby

Our **Start Smart for Your Baby**® program is here to support you throughout your pregnancy and your baby's first year. We offer personalized care and resources to help you stay healthy and informed every step of the way.

WHAT YOU'LL GET — AT NO COST TO YOU:

- Helpful information about pregnancy and newborn care.
- Community resources for housing, food, clothing and baby items like cribs.
- Breastfeeding support and guidance.
- Medical staff who work with you and your doctor if any issues arise.
- Health tips by text or email for you and your baby



GET STARTED

If you're pregnant, let us know right away!

Complete the Notification of Pregnancy Form online or call us. We'll follow up to share details about the Start Smart program and how we can support you.

Bonus: You'll earn $10 in My Health Pays® rewards just for notifying us!

KAN Be Healthy also covers dental cleanings, check-ups, x-rays, fluoride, dental sealants and fillings. Take your child to the dentist by their first birthday.

Visit the *Benefits*, *Medical Services* or *Pharmacy* sections of this handbook to learn more.

Learn more about self-referrals and referrals for specialty care in the *Medical Services* section of this book.

NEED HELP?

- **Find a doctor or dentist:** Use our online directory.
- **Make an appointment:** Call Customer Service at **1-877-644-4623 (TTY 711)**.
- **Need a ride?** You may qualify for free rides or gas reimbursement. Call SafeRide **toll free at 1-877-917-8162**.
- **Need free interpreters and translated materials?** Or services like large print or sign language? Call us toll free at **1-877-644-4623**.

OTHER HELPFUL INFO

See the following sections of this book to learn more about:

- Person Centered Planning
- Appointment Availability and Wait Times
- Out of Network or Member Self Referrals
- Mental and Behavioral Health Services
- Grievances and Appeals

You may also visit the Children & Youth with Special Health Care Needs page on the KDHE website to learn more.

Family Planning Services

Sunflower covers **family planning services**. You can get them from any provider, even if they're not in our network. No referral is needed, and these services are **free, voluntary** and **confidential**, even if you're under 18.

Services may include:

- Education and counseling to help you make informed choices.
- Birth control information and supplies.
- Physical exams and follow-up visits.
- Pregnancy tests in a provider office.
- STI testing and treatment.

IF YOU'RE PREGNANT OR PLANNING TO BE

Keep these points in mind if you are pregnant now or want to become pregnant:

- **See your doctor early.** The sooner you get care, the better for you and your baby.
- **Visit your dentist.** Dental health is important during pregnancy.
- **Adopt healthy habits.** Eat balanced meals, exercise and aim for 8-10 hours of sleep each night.

If you have medical conditions like diabetes or high blood pressure, talk to your doctor before getting pregnant. Also, let your doctor know if you've experienced:

- Three or more miscarriages.
- A premature birth (before 37 weeks).
- A stillbirth.

Folic acid is especially important. It helps prevent birth defects. You can find it in foods like:

- Orange juice.
- Leafy greens.
- Beans and peas.
- Fortified cereals.
- Whole wheat bread.

Ask your doctor about taking prenatal vitamins to make sure you're getting enough.

PREGNANCY PROGRAM – START SMART FOR YOUR BABY®

Start Smart for Your Baby® is Sunflower's special program for pregnant members. We're here to support you throughout your pregnancy and beyond.

Start Smart offers:

- Free nursing support and education.
- Help accessing benefits and community services.
- Baby showers with gifts and health education.
- Texting programs for moms.
- Support to quit if you vape or smoke.

You can even request a home visit if needed. Our health coaches work with you by phone to create a personalized plan and encourage healthy habits.

Let us know as soon as you're pregnant so we can help you get started. Visit SunflowerHealthPlan.com or call **1-877-644-4623**.

Bonus: You can earn **My Health Pays® rewards** for notifying us of your pregnancy and completing your postpartum checkup!

Reporting Abuse

If you suspect that a child, adult or elderly person is being harmed or abused, report it immediately.

- **Kansas Protection Report Center:** Call toll free **1-800-922-5330**.
- Or contact your **local law enforcement agency**.

Personalized Outreach – Community Health Services

Sunflower's Community Health Services team offers one-on-one support to help you understand your health coverage and connect with local resources.

We can help with:

- Building a relationship with your doctor.
- Understanding your benefits.
- Finding transportation, food, clothing, shelter and health programs.

Support is available by phone or in person. Call **Customer Service toll free at 1-877-644-4623** to learn more.

Member Satisfaction & Appeals

We want you to be happy with your care and services. If something isn't right, please let us know. Sunflower offers several ways to help resolve concerns:

- Grievance Process
- Appeal Process
- State Fair Hearing

We keep records of all grievances and appeals, along with our responses, for seven years.

You can choose to receive adverse benefit determination, grievance, and appeal letters electronically. Just log in to your member account and go to **Manage Preferences**. If you don't have an account, visit the login page and click **Create New Account**. You can also enroll by calling **Customer Service toll free at 1-877-644-4623**.

Grievance Process

Sunflower wants to help you with any problems or concerns you have. If you're unhappy with something, you can file a grievance to tell us you're not satisfied.

These are examples of reasons you might file a grievance:

- There was a problem with your care or services.
- A provider or staff member was rude to you.
- You feel your rights were violated.

KEY POINTS:

- Filing a grievance won't affect your care or how we treat you.
- You cannot file grievances about Value-Added Benefits.
- You can file a grievance by phone, fax, mail or by talking with a Sunflower representative. There is no deadline to file a grievance.
- To help us review your grievance, please give us your first and last name, Medicaid ID, phone number, details of the problem and how you want us to fix it.
- Someone else can file a grievance for you if you sign a permission form. Get this form from Customer Service or the Sunflower website. Fill it out and return it by mail or fax.
- Send any supporting documents to Sunflower by mail or fax.
- You can ask to see the documents we used to decide on your grievance.

- Sunflower can help with filling out any forms needed.
- The KanCare Ombudsman can also help with:
  - Your rights and responsibilities.
  - Problems with Sunflower.
  - Issues with getting the care you need.
  - Rights violations.
  - Learn more on the next pages.
- Urgent grievances will be resolved in 72 hours. Non-urgent grievances will be handled in 30 calendar days.

Sunflower wants to fix your concerns quickly. If we cannot solve your concern in 30 calendar days, we can ask for up to 14 extra calendar days to gather more information. If we need extra time, we will call by phone and send you a letter explaining why. You can also ask for more time. To ask for more time, let us know at least two business days before the 30-day deadline.

GRIEVANCE TIMELINE:

1. **File a grievance** by phone, fax or mail**.**
2. **Acknowledge Letter:** Sunflower will send a letter within 10 calendar days (unless resolved same day).
3. **Decision Letter:** Sunflower will send a letter within 30 calendar days.

SEND GRIEVANCES TO:

Sunflower Health Plan
Appeals & Grievances Department
P.O. Box 10287
Van Nuys, CA 91410-0287

Toll-free phone: 1-877-644-4623, TTY 711
Fax: 1-888-453-4755

Interpretive services are available upon request.

Appeal Process

An appeal is when you ask Sunflower to review a decision we made. This decision could be a denial, a limit on your service, or a delay in providing service. An appeal is your request for Sunflower to look at our decision again. You can ask us to check new or extra documents and make a new decision. You can ask for this review by phone or in writing. You cannot appeal a payment issue with a provider. If you get a bill from a provider, contact Sunflower for help. The appeal process is the same for everyone. We won't treat you differently if you file an appeal.

KEY POINTS

- **Appeals for Value-Added Services:** You cannot appeal issues with Value-Added Benefits.
- **Filing an Appeal:** You must file an appeal within 60 calendar days of the date on the letter that tells you about the decision. You get three additional calendar days for mailing time. This letter may be called "Notice of Adverse Benefit Determination." If you're not sure if the letter is about a decision, call us to check.
- **How to Appeal:** You can file an appeal by phone, fax or in writing. The letter about the decision will also tell you how to appeal.
- **Getting Help:** You can have someone, like a family member, provider, or a lawyer file an appeal for you. You need to sign **a form** to let them do this. We will send this form with the **Notice of Adverse Benefit Determination,** or you can get it from Customer Service or our website. You must fill it out and return it by mail or fax before Sunflower can work with the person you name.
- **Supporting Documents:** Send any information or documents supporting the appeal to Sunflower by mail or fax.
- **Help with Forms:** Sunflower can help you fill out any forms you need.
- **Resolution Time:** Sunflower wants to fix your problem quickly. We will resolve your appeal within 30 calendar days. If we need more time, we can ask for up to 14 more calendar days. We use that time to gather more information to help you. We will tell you in writing and try to call you if we need more time. You have the right to file a grievance if you disagree with the decision to extend an appeal timeframe. You or your provider can also ask for more time. Requests for more time must be made two business days before the 30-calendar-day deadline. If Sunflower cannot meet the deadline, you can ask for a State Fair Hearing.
- **Expedited Appeals:** If your health is at immediate risk, you can ask for a fast review. We'll decide within 72 hours. You don't need to submit it in writing. Sunflower will try to call you with the appeal

decision. If the situation is not actually urgent, we may change it to a standard appeal. We will try to call and let you know that the expedited appeal will be handled in the standard timeframe. We will also send you a letter within two calendar days saying the appeal timeframe is standard. We will resolve standard appeals within 30 calendar days.

- **Requesting Documents:** You can ask for copies of the documents we used to decide on your appeal. Sunflower will give these to you for free. Call Sunflower toll free at **1-877-644-4623** as soon as you can if you want these documents before we make a decision on your appeal.

SEND APPEALS TO:

Sunflower Health Plan
Appeals & Grievances
P.O. Box 10287
Van Nuys, CA 91410-028

Phone: 1-877-644-4623 TTY 711
Fax: 1-888-453-4755

Interpretive services are available upon request.

APPEAL PROCESS TIMELINE:

1. **File Your Appeal:** Call Customer Service or send your appeal by fax or mail within 60 calendar days of the notice date. You get 3 extra days for mailing time.
2. **Request to Keep Services** (Optional):
   - For **non-HCBS service**s, request continued services within 10 calendar days of the notice date.
   - For **HCBS services**, they will continue without change until the appeal is resolved.
3. **Acknowledgment Letter:** Sunflower will send you a letter within 5 calendar days to confirm we received your appeal.
4. **Appeal Decision:** We'll send you a decision letter within 30 calendar days of receiving your appeal.
5. **Next Steps:** If the decision isn't in your favor, the letter will explain your options, including requesting a **State Fair Hearing**.

External Independent Third-Party Review (EITPR)

After an appeal is complete, your treating provider (not you) may request an external review of Sunflower's decision. You cannot request this review yourself.

HOW IT WORKS:

- **Who Can Request:** Only your provider should fill out the EITPR request form that comes with the appeal decision letter or get it from Sunflower's website.
- **Request for Review:** Your provider can only ask for this review if Sunflower denied new healthcare services. This does not apply to cases where Sunflower reduced, suspended or ended services that were previously approved.
- **Time Limit:** The provider must request the review within 60 calendar days from the date on the Notice of Member Appeal Resolution. Three extra days are allowed for mailing.
- **Review Process:** Sunflower will send the request to the Kansas Department of Health and Environment (KDHE), which will assign the review to an outside agency for review.
- **Review Results:** Once the review is done, Sunflower will send you and your provider a letter with the review decision.
  - If the external reviewer agrees with Sunflower's decision, the provider who asked for the review will pay for the review. If the reviewer disagrees with Sunflower's decision, then Sunflower will pay for the review. No one is allowed to ask you to pay for the external review.
  - If the reviewer agrees with Sunflower's decision, you can ask for a State Fair Hearing. If an EITPR was done, you must request a State Fair Hearing within 30 calendar days from the date on Sunflower's Notice of EITPR Resolution. Three extra days are allowed for mailing.

Please work with your treating provider to decide if they will ask for an EITPR. If they do request an EITPR, it's usually best to wait until it's finished before asking for a State Fair Hearing, but this isn't mandatory.

State Fair Hearing

If you disagree with Sunflower's appeal decision, you can ask for a **State Fair Hearing**. Request this within 120 days of the date on the appeal notice. Three extra calendar days will be allowed for mailing time.

If you had an external review, you must request the State Fair Hearing within 30 calendar days from the date on the EITPR notice. Three extra days are allowed for mailing.

You or your representative, who can be an attorney, family member, friend, provider or other authorized person, can ask the Kansas Office of Administrative Hearings to review Sunflower's appeal decision.

A State Fair Hearing includes people from Sunflower, KDHE or other state agencies, as well as you and your representative, or the representative of a deceased member's estate.

TO ASK FOR A STATE FAIR HEARING:

1. **Call Sunflower toll free at 1-877-644-4623** for help. We can provide interpretive services upon request.
2. Send a letter to Sunflower asking for the hearing.
3. Fill out the **Request for Administrative Hearing** form from your appeal notice and mail it to:

   Office of Administrative Hearings
   1020 S. Kansas Ave.
   Topeka, KS 66612

WHAT HAPPENS TO MY SERVICES WHILE I AM APPEALING THE ACTION?

Continuation of Non-HCBS Services:
Services may continue during your appeal or State Fair Hearing if all of these things are true:

1. Sunflower has reduced, suspended, or ended previously authorized services.
2. You file your appeal or State Fair Hearing request within 10 days of the notice or 10 days from when the service change started, and you ask to keep your benefits during this time.
3. The services were ordered by an approved provider. **AND**
4. The time period covered by the approval has not ended.

If you are receiving non-HCBS services and the appeal decision or State Fair Hearing upholds Sunflower's decision to reduce, pause or end your services, those services will end 10 calendar days after the notice containing the appeal decision.

If you request a State Fair Hearing and ask to keep your benefits within 10 calendar days from the date on the notice of the appeal decision, your services and benefits will continue until the State Fair Hearing decision is made.

Continuation of HCBS Services:
HCBS Services will continue during your appeal or State Fair Hearing if all of these things are true:

1. Sunflower has reduced, suspended or ended your previously approved HCBS services or benefits.
2. You file your appeal within 60 calendar days from the date of the notice about the service change. Three extra calendar days will be allowed for mailing time. Or if you request a State Fair Hearing, you do it within 120 calendar days from the date of the appeal decision notice. Three extra calendar days will be allowed for mailing time.
3. The services were ordered by an approved provider. **AND**
4. The time period covered by the approval has not ended.

If you asked for new HCBS services to replace your old services, and Sunflower approved them, your old services will end so your new services can start. If your new HCBS services will start within 63 days of the date of the notice ending your old services, your old services will continue only until your new services begin.

HCBS services will continue during the appeal or State Fair Hearing process until:

- 123 calendar days after you get the notice about the appeal decision if you don't ask for a State Fair Hearing.
- If you request a State Fair Hearing within 123 calendar days from the date on the appeal decision notice, your services will continue until the State Fair Hearing decision is made.

BENEFITS WILL STOP IF:

1. You withdraw your appeal.
2. You do not request an appeal within 60 calendar days from the date on the notice or do not request State Fair Hearing within 120 calendar days from date on the appeal decision notice. Three additional calendar days will be allowed for mailing time.
3. The State Fair Hearing officer makes a decision that is not in your favor.
4. The time period or service limits of your approved services have been met.
5. You or your guardian ask for the HCBS services to end and be replaced with other services.

Requests for new services do not count for continuing services.

If you are not sure if you are receiving HCBS services, please call **Customer Service toll free at 1-877-644-4623**.

WILL I HAVE TO PAY FOR MY SERVICES AFTER AN APPEAL OR STATE FAIR HEARING?

If you receive **Non-HCBS Services** and the decision is **not in your favor**, you **may need to pay** for the services you got while waiting for the appeal or State Fair Hearing decision.

If you receive **HCBS Services** and the decision is **not in your favor**, you **will not have to pay** for those services, unless there was fraud.

Not sure if your services are HCBS? Call **Customer Service toll free at 1-877-644-4623**.

Additional Support: KanCare Ombudsman

The **KanCare Ombudsman** is an independent resource available to help you understand your rights and resolve issues with your KanCare coverage. The Ombudsman supports members receiving Medicaid, including those in **HCBS waiver programs** and **long-term care**.

The Ombudsman can help if:

- You've tried to resolve a problem with your health plan but need more help.
- You think you're not getting the care you need.
- You believe your rights have been violated.
- You feel your care hasn't been culturally appropriate.

CONTACT THE KANCARE OMBUDSMAN:

- **Phone:** 1-855-643-8180 (TTY 711)
- **Email:** KanCare.Ombudsman@ks.gov
- **Website:** kancare.ks.gov/members/help-resources/kancare-ombudsman.

Anti-Fraud, Waste and Abuse (FWA) Program

Sunflower is committed to protecting the integrity of the KanCare program by preventing, identifying and reporting fraud, waste and abuse.

Fraud, waste and abuse can happen when someone misuses Medicaid benefits or Sunflower resources. This includes members, providers or others.

For example, tell us if you receive an Explanation of Benefits for services you didn't get or think someone is:

- Billing for services that weren't provided or weren't necessary.
- Misrepresenting a medical condition to get treatment.
- Sharing or using someone else's Sunflower Member ID or Medicaid ID.
- Misreporting income or assets to qualify for benefits.

Your healthcare benefits are provided through the KanCare program based on your eligibility. To help protect these benefits:

- Keep your Sunflower Member ID Card private. Don't share it with anyone else.
- Use your benefits responsibly. Misusing them could result in losing coverage, and in serious cases, Medicaid may take legal action.
- Providers are required to report any misuse. Sunflower also reports any suspected fraud or abuse to Medicaid.

We take fraud, waste and abuse seriously. If you suspect someone is misusing Medicaid services, please let us know. Your report will be treated with care and confidentiality.

How to report suspected fraud, waste or abuse:

- **Call Sunflower's FWA Hotline:**
  1-866-685-8664 (You do not need to give your name.)
- **Mail:**
  Sunflower Health Plan – Program Integrity
  8325 Lenexa Dr., Suite 410
  Lenexa, KS 66214
- **Report provider fraud, waste or abuse to the Kansas Attorney General's Office:**
  Medicaid Fraud and Abuse Division
  120 SW 10th Ave., 2nd Floor
  Topeka, KS 66612-1597
  Phone: 866-551-6328 or 785-368-6220
  Online: www.ag.ks.gov/file-a-complaint/medicaid-fraud-abuse

Include this information when reporting:

For providers:

- Name, address and phone number
- Dates of events
- Summary of what happened

For members:

- Name, date of birth and/or Member ID number (if available)
- Dates of events
- Summary of what happened

What to Do If You Get a Bill

You should not be billed for services covered by Sunflower—**as long as you follow plan rules**. In some cases, you may have a small copay or need to meet your spenddown or client obligation first.

If you receive a bill for a service that should be covered by Sunflower:

1. **Contact your provider** to confirm they have your insurance information and are billing Sunflower correctly.
2. If the issue continues, call **Customer Service at 1-877-644-4623 or use live chat at SunflowerHealthPlan.com.**

Important: If you have other health insurance, you must let Sunflower and Medicaid know. We'll help coordinate your benefits with your other insurance provider.

Other Insurance

You must let Sunflower and Medicaid know if you have other insurance coverage with another company. Sunflower can help coordinate your other benefits with your other insurance company.

Accidental Injury or Illness (Subrogation)

If your injury or illness was caused by another person or business, let us know right away. This helps us coordinate coverage and protect your benefits.

Examples include:

- Car accidents
- Workplace injuries (including workers' comp claims)
- Injuries in public places (like stores)
- Personal injury or medical malpractice lawsuits

Call:

- **Sunflower Customer Service:** 1-877-644-4623
- **KMAP Customer Service:** 1-800-766-9012

Please have the following ready:

- Name of the person or business at fault.
- Their insurance company.
- Names of any attorneys involved.

Member Rights & Responsibilities

Sunflower members are informed of their rights and responsibilities through the Member Handbook. Our staff and network providers are expected to honor and respect these rights.

YOUR RIGHTS AS A SUNFLOWER MEMBER:

You have the right to:

- Receive information about Sunflower, its services, providers and your rights and responsibilities.
- Share feedback on Sunflower's member rights and responsibilities policy.
- Be treated with dignity, respect and privacy.
- Understand your care options, regardless of cost or coverage.
- Participate in decisions about your healthcare, including the right to refuse treatment.
- Seek second opinions.
- Get help with care coordination.
- Be free from restraint or seclusion that is convenient for someone else or is used to punish, coerce or retaliate.
- File grievances and appeals and receive timely responses.
- Request and receive a copy of your medical records and ask for corrections. (First copy is free.)
- Choose your health professional and long-term supports and services providers to the extent possible and appropriate, as per Code of Federal Regulations, Title 42, Section 438.6(m).
- Be given healthcare services as per Code of Federal Regulations, Title 42, Sections 438.206 through 438.210.
- Receive services comparable to those under Medicaid Fee-For-Service.
- Access services without denial or reduction based on diagnosis or condition.
- Receive information in formats you can understand (e.g., notices, materials, treatment options).
- Access free oral interpretation services for all non-English languages.
- Be notified that interpretation services are available and how to access them.
- Request information about Sunflower's Physician Incentive Plan.
- Exercise your rights without negative consequences.
- Use any hospital or facility for emergency care.
- Request a State Fair Hearing.

YOUR RESPONSIBILITIES AS A SUNFLOWER MEMBER:

You are responsible for:

- Reporting lost or stolen ID cards.
- Updating Sunflower, your provider and Medicaid with changes to your address or phone number.

- Presenting your Sunflower ID card when receiving care.
- Learning about Sunflower's procedures and coverage.
- Contacting us with questions or for information.
- Providing accurate and complete medical information to your providers.
- Following prescribed care or informing your provider if you cannot.
- Keeping appointments and accessing preventive care.
- Living a healthy lifestyle and avoiding harmful behaviors.
- Understanding your health conditions and participating in treatment planning.
- Informing your PCP about other providers involved in your care, including behavioral health.
- Learning about Sunflower's coverage rules and limits.
- Asking questions to understand treatment risks, benefits and costs. To make care decisions after carefully weighing all factors.
- Using the grievance process if you disagree with a provider.
- Choosing a primary care provider (PCP).
- Treating providers and staff with respect.

Member Self-Referral Options

You can access certain services directly, without needing prior authorization, a referral from your PCP or approval from Sunflower. These must be in network unless otherwise noted and include:

- Specialty care (non-emergent; PCP consultation encouraged).
- Behavioral health services.
- Emergency services, including ambulance transport (in or out of network).
- Urgent care.
- OB-GYN care (in or out of network).
- Women's health services at Federally Qualified Health Centers (FQHC), Rural Health Clinics (RHC), or certified nurse practitioners (CNP).
- Family planning services and sexually transmitted infection (STI) screening/treatment (in or out of network).
- Nonmedical vision care (e.g., exams, eyeglasses).
- HIV/AIDS testing.
- Immunizations.
- Tuberculosis screening and follow-up.
- Preventive eye care.

Your PCP can help coordinate access to these services if needed.

Advance Directives

Advance directives allow you to make healthcare decisions ahead of time or name someone to make decisions for you if you're unable to speak for yourself.

Types of advance directives include:

- **Living Will** – outlines your wishes for life-sustaining treatment.
- **Health Care Power of Attorney** – names someone to make decisions on your behalf.
- **Do Not Resuscitate (DNR) Order** – instructs providers not to perform CPR.

Under Kansas law:

- **KSA 65-28,101** allows adults to create directives for withholding life-sustaining care.
- **KSA 58-629** allows you to designate a healthcare decision-maker.

All adult Sunflower members have the right to create advance directives. You won't be discriminated against for not having one. If you do create one:

- Talk to your PCP and ask them to keep a copy in your medical file.
- Keep a copy for yourself and send one to Sunflower.

Advance directives only apply when you're unable to make decisions yourself. You can file a grievance if your directive isn't followed. Kansas law allows providers to conscientiously object to carrying out directives, but Sunflower does not limit coverage based on these objections.

Learn more:

- Sunflower Advance Directives Info.
- Kansas Advance Care Planning Resources.

Legal & Privacy Notices

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

PROTECTING YOUR PRIVACY

Notice of Privacy Practices

Effective January 1, 2027

For help to translate or understand this, please call toll free **1-877-644-4623 (TTY 711).**

Si necesita ayuda para traducir o entender este texto, por favor llame al telefono. **1-877-644-4623 (TTY 711)**.

COVERED ENTITY'S DUTIES:
Sunflower Health Plan is a Covered Entity as defined and regulated under the Health Insurance Portability and Accountability Act of 1996 (HIPAA). Sunflower Health Plan is required by law to maintain the privacy of your protected health information (PHI), provide you with this Notice of our legal duties and privacy practices related to your PHI, abide by the terms of the Notice that is currently in effect and notify you in the event of a breach of your unsecured PHI.

This Notice describes how we may use and disclose your PHI. It also describes your rights to access, amend and manage your PHI and how to exercise those rights. All other uses and disclosures of your PHI not described in this Notice will be made only with your written authorization.

Sunflower Health Plan reserves the right to change this Notice. We reserve the right to make the revised or changed Notice effective for your PHI we already have as well as any of your PHI we receive in the future. Sunflower will promptly revise and distribute this Notice whenever there is a material change to the following:

- The Uses or Disclosures
- Your Rights
- Our Legal Duties
- Other privacy practices stated in the Notice.

We will make any revised Notices available on our website or through a separate mailing.

INTERNAL PROTECTIONS OF ORAL, WRITTEN AND ELECTRONIC PHI:
Sunflower protects your PHI. We are also committed to keeping your race, ethnicity, and language (REL), and sexual orientation and gender identity (SOGI) information confidential. We have privacy and security processes to help. These are some of the ways we protect your PHI:

- We train our staff to follow our privacy and security processes.
- We require our business associates to follow privacy and security processes.
- We keep our offices secure.
- We talk about your PHI only for a business reason with people who need to know.
- We keep your PHI secure when we send it or store it electronically.
- We use technology to keep the wrong people from accessing your PHI.

PERMISSIBLE USES & DISCLOSURES OF YOUR PHI:
The following is a list of how we may use or disclose your PHI without your permission or authorization:

- **Treatment** – We may use or disclose your PHI to a physician or other healthcare provider providing treatment to you, to coordinate your treatment among providers, or to assist us in making prior authorization decisions related to your benefits.
- **Payment** – We may use and disclose your PHI to make benefit payments for the healthcare services provided to you. We may disclose your PHI to another health plan, to a healthcare provider, or other entity subject to the federal Privacy Rules for their payment purposes. Payment activities may include:
  - Processing claims.
  - Determining eligibility or coverage for claims.
  - Reviewing services for medical necessity.

- **Healthcare Operations** – We may use and disclose your PHI to perform our healthcare operations. These activities may include:
  - Providing customer service.
  - Responding to complaints and appeals.
  - Providing care management and care coordination.
- In our healthcare operations, we may disclose PHI to business associates. We will have written agreements to protect the privacy of your PHI with these associates. We may disclose your PHI to another entity that is subject to the federal Privacy Rules. The entity must also have a relationship with you for its healthcare operations. This includes the following:
  - Quality assessment and improvement activities.
  - Reviewing the competence or qualifications of healthcare professionals.
  - Case management and care coordination.
  - Detecting or preventing healthcare fraud and abuse.

  Your race, ethnicity, language, sexual orientation, and gender identity are protected by the health plan's systems and laws. This means information you provide is private and secure. We can only share this information with health care providers. It will not be shared with others without your permission or authorization. We use this information to help improve the quality of your care and services.

  This information helps us to:
  - Better understand your healthcare needs.
  - Know your language preference when seeing healthcare providers.
  - Providing healthcare information to meet your care needs.
  - Offer programs to help you be your healthiest.

  This information is not used for underwriting purposes or to make decisions about whether you are able to receive coverage or services.
- **Group Health Plan/Plan Sponsor Disclosures** – We may disclose your PHI to a sponsor of the group health plan, such as an employer or other entity that is providing a healthcare program to you, if the sponsor has agreed to certain restrictions on how it will use or disclose the protected health information (such as agreeing not to use the protected health information for employment-related actions or decisions).

OTHER PERMITTED OR REQUIRED DISCLOSURES OF YOUR PHI:

- **Fundraising Activities** - We may use or disclose your PHI for fundraising activities, such as raising money for a charitable foundation or similar entity to help finance their activities. If we do contact you for fundraising activities, we will give you the opportunity to opt-out, or stop, receiving such communications in the future.
- **Underwriting Purposes** - We may use or disclose your PHI for underwriting purposes, such as to decide about a coverage application or request. If we do use or disclose your PHI for underwriting purposes, we are prohibited from using or disclosing your PHI that is genetic information in the underwriting process.
- **Appointment Reminders/Treatment Alternatives** – We may use and disclose your PHI to remind you of an appointment for treatment and medical care with us or to provide you with information regarding treatment alternatives or other health-related benefits and services, such as information on how to stop smoking or lose weight.
- **As Required by Law** – If federal, state, and/or local law requires a use or disclosure of your PHI, we may use or disclose your PHI information to the extent that the use or disclosure complies with such law and is limited to the requirements of such law. If two or more laws or regulations governing the same use or disclosure conflict, we will comply with the more restrictive laws or regulations.
- **Public Health Activities –** We may disclose your PHI to a public health authority for the purpose of preventing or controlling disease, injury, or disability. We may disclose your PHI to the Food and Drug Administration (FDA) to ensure the quality, safety or effectiveness of products or services under the jurisdiction of the FDA. This includes SUD records.
- **Victims of Abuse and Neglect** – We may disclose your PHI to a local, state, or federal government authority, including social services or a protective services agency authorized by law to receive such reports if we have a reasonable belief of abuse, neglect or domestic violence.
- **Judicial and Administrative Proceedings** – We may disclose your PHI in response to an administrative or court order. We may also be required to disclose your PHI to respond to a:
  - Subpoena.
  - Discovery request.

  - Other similar requests.
- **Law Enforcement** – We may disclose your relevant PHI to law enforcement when required to do so for the purposes of responding to a crime.
- **Part 2 (Substance Use Disorder Records)** – If we receive or process your Part 2 records, we will not use or disclose those records for any civil, criminal, administrative, or legal proceedings against you without a court order or your written permission, and after notice and a chance to be heard is given to you.
- **Coroners, Medical Examiners and Funeral Directors** – We may disclose your PHI to a coroner or medical examiner. This may be necessary, for example, to determine a cause of death. We may also disclose your PHI to funeral directors, as necessary, to carry out their duties.
- **Organ, Eye and Tissue Donation** – We may disclose your PHI to organ procurement organizations. We may also disclose your PHI to those who work in procurement, banking or transplantation of:
  - cadaveric organs
  - eyes
  - tissues
- **Threats to Health and Safety** – We may use or disclose your PHI if we believe, in good faith, that the use or disclosure is necessary to prevent or lessen a serious or imminent threat to the health or safety of a person or the public.
- **Specialized Government Functions** – If you are a member of U.S. Armed Forces, we may disclose your PHI as required by military command authorities. We may also disclose your PHI:
  - To authorized federal officials for national security concerns, intelligence activities.
  - The Department of State for medical suitability determinations.
  - For the protection of the President.
  - And/or other authorized persons as may be required by law.
- **Workers' Compensation** – We may disclose your PHI to comply with laws relating to workers' compensation or other similar programs, established by law, that provide benefits for work-related injuries or illness without regard to fault.
- **Emergency Situations** – We may disclose your PHI in an emergency situation, or if you are incapacitated or not present, to a family member, close personal friend, authorized disaster relief agency, or any other person previously identified by you. We will use professional judgment and experience to determine if the disclosure is in your best interests. If the disclosure is in your best interest, we will only disclose the PHI that is directly relevant to the person's involvement in your care.
- **Inmates** - If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release your PHI to the correctional institution or law enforcement official, where such information is necessary for the institution to provide you with healthcare; to protect your health or safety; or the health or safety of others; or for the safety and security of the correctional institution.
- **Research** –Under certain circumstances, we may disclose your PHI to researchers when their clinical research study has been approved and where certain safeguards are in place to ensure the privacy and protection of your PHI.

USES AND DISCLOSURES OF YOUR PHI THAT REQUIRE YOUR WRITTEN AUTHORIZATION

We are required to get your written authorization to use or disclose your PHI, with limited exceptions, for the following reasons:

- **Sale of PHI** – We will request your written authorization before we make any disclosure that is deemed a sale of your PHI, meaning that we are receiving compensation for disclosing the PHI in this manner.
- **Marketing** – We will request your written authorization to use or disclose your PHI for marketing purposes with limited exceptions, such as when we have face-to-face marketing communications with you or when we provide promotional gifts of nominal value.
- **Psychotherapy Notes** – We will request your written authorization to use or disclose any of your psychotherapy notes that we may have on file with limited exception, such as for certain treatment, payment or healthcare operation functions.

You have the right to revoke your authorization in writing at any time except to the extent that we have already used or disclosed your PHI based on that initial authorization.

INDIVIDUALS RIGHTS

The following are your rights concerning your PHI. If you would like to use any of the following rights, please contact us using the information at the end of this Notice.

- **Right to Request Restrictions** – You have the right to request restrictions on the use and disclosure of your PHI for treatment, payment or healthcare operations, as well as disclosures to people involved in your care or payment of your care, such as family members or close friends. Your request should state the restrictions you are requesting and state to whom the restriction applies. We are not required to agree to this request. If we agree, we will comply with your restriction request unless the information is needed to provide you with emergency treatment. However, we will restrict the use or disclosure of PHI for payment or healthcare operations to a health plan when you have paid for the service or item out of pocket in full.
- **Right to Request Confidential Communications** –You have the right to request that we communicate with you about your PHI by alternative means or to alternative locations. This right only applies if the information could endanger you if it is not communicated by the alternative means or to the alternative location you want. You do not have to explain the reason for your request, but you must state that the information could endanger you if the means of communication or location is not changed. We must accommodate your request if it is reasonable and specifies the alternative means or location where your PHI should be delivered.
- **Right to Access and Receive a Copy of your PHI** – You have the right, with limited exceptions, to look at or get copies of your PHI contained in a designated record set. You may request that we provide copies in a format other than photocopies. We will use the format you request unless we cannot practicably do so. You must make a request in writing to get access to your PHI. If we deny your request, we will provide you with a written explanation and will tell you if the reasons for the denial can be reviewed. We will also tell you how to ask for such a review or if the denial cannot be reviewed.
- **Right to Amend your PHI** – You have the right to request that we amend, or change, your PHI if you believe it contains incorrect information. Your request must be in writing, and it must explain why the information should be amended. We may deny your request for certain reasons, for example if we did not create the information you want amended and the creator of the PHI is able to perform the amendment. If we deny your request, we will provide you with a written explanation. You may respond with a statement that you disagree with our decision and we will attach your statement to the PHI you request that we amend. If we accept your request to amend the information, we will make reasonable efforts to inform others, including people you name, of the amendment and to include the changes in any future disclosures of that information.
- **Right to Receive an Accounting of Disclosures** – You have the right to receive a list of instances within the last six-year period in which we or our business associates disclosed your PHI. This does not apply to disclosure for purposes of treatment, payment, healthcare operations, or disclosures you authorized and certain other activities. If you request this accounting more than once in a 12-month period, we may charge you a reasonable, cost-based fee for responding to these additional requests. We will provide you with more information on our fees at the time of your request.
- **Right to File a Complaint** – If you feel your privacy rights have been violated or that we have violated our own privacy practices, you can file a complaint with us in writing or by phone using the contact information at the end of this Notice.
- **You can also file a complaint** with the Secretary of the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201 or calling 1-800-368-1019, (TTY: 1-800-537-7697) or visiting hhs.gov/ocr/privacy/hipaa/complaints/. **WE WILL NOT TAKE ANY ACTION AGAINST YOU FOR FILING A COMPLAINT.**

- **Right to Receive a Copy of this Notice** – You may request a copy of our Notice free of charge at any time by using the contact information listed at the end of the Notice. If you receive this Notice on our web site or by electronic mail (email), you are also entitled to request a paper copy of the Notice. We will mail it within five business days.

CONTACT INFORMATION

Questions about this Notice: If you have any questions about this Notice, our privacy practices related to your PHI or how to exercise your rights you can contact us in writing or by phone by using the contact information listed below.

Sunflower Health Plan, Attn: Privacy Official
8325 Lenexa Dr., Suite 410
Lenexa, KS 66214
1-877-644-4623 Toll-free phone number or **(TTY) 711**

Non-Discrimination Notice

Sunflower Health Plan complies with applicable federal civil rights laws and does not discriminate on the basis of:

- Race
- Color
- National origin
- Age
- Disability, or
- Sex (including pregnancy, sexual orientation and gender identity).

Sunflower Health Plan does not exclude people or treat them differently because of:

- Race
- Color
- National origin
- Age
- Disability, or
- Sex (including pregnancy, sexual orientation and gender identity).

Sunflower Health Plan:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
  - Qualified sign language interpreters.
  - Written information in other formats (large print, audio, accessible electronic formats, other formats).
- Provides free language services to people whose primary language is not English, such as:
  - Qualified interpreters.
  - Information written in other languages.

If you need these services, contact Sunflower Health Plan's Customer Service toll free at **1-877-644-4623 (TTY 711)**.

If you believe that Sunflower Health Plan has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex (including pregnancy, sexual orientation, and gender identity), you can file a grievance with:

1557 Coordinator
PO Box 31384, Tampa, FL 33631,
1-855-577-8234, TTY 711
FAX: 866-388-1769
SM_Section1557Coord@centene.com

You can file a grievance in person or by mail, fax or email. If you need help filing a grievance, our 1557 Coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at https://ocrportal.hhs.gov/ocr/portal/lobby.jsf, or by mail or phone at:

U.S. Department of Health & Human Services
200 Independence Avenue SW
Room 509F, HHH Building
Washington, DC 20201
Toll free: 1-800–368–1019, (TDD: 1-800–537–7697).

Complaint forms are available at www.hhs.gov/ocr/complaints/index.html.

Glossary

Advance Directive: A written instruction, such as a living will or durable power of attorney for healthcare, recognized under state law, relating to the provision of healthcare when a person is incapacitated.

Adverse Benefit Determination: This is when Sunflower denies, reduces or ends a benefit, or denies payment for a benefit. You will receive a letter from us if this happens.

Appeal: A request to review a decision Sunflower has made to deny, reduce or end a benefit, or deny payment for a benefit.

Authorization: A decision to approve special care or other medically necessary care. An authorization can also be called a "referral."

Behavioral Health Services: Mental Health and Substance Use Disorder Services.

Benefits/Covered Services: Services, procedures and medications that Sunflower will cover for you when medically necessary.

Carved-out Benefits: Services that are not covered by Sunflower. Benefits are covered directly by the State of Kansas/KDHE.

Continuity and Coordination of Care: Healthcare provided on a continuous basis. This begins with the patient's initial contact with a PCP and follows the patient through all episodes. Care that is uninterrupted.

Covered Services: Medically necessary services, drugs, supplies and devices that Sunflower will pay a provider for you to get.

Copayment: A fixed dollar amount you pay for a covered healthcare service. Also called a copay.

Disenrollment: To stop your membership in Sunflower. This results in no longer getting services from Sunflower.

Durable Medical Equipment: An item that is:

- Durable (can withstand repeated use).
- Used for a medical reason.
- Not usually useful to someone who isn't sick or injured.
- Used in your home.
- Rented or purchased.

Eligible(s): person who KanCare has qualified to receive Medicaid services.

Emergency Care: Care for an injury or illness that must be treated immediately or is life threatening.

Emergency Medical Condition: An Emergency Medical Condition is any condition that you believe endangers your life or that of your unborn child. It also could cause permanent disability if not treated immediately.

If you have a serious or disabling emergency, you do not need to call your provider or Sunflower Health Plan. Go directly to the nearest hospital emergency room or call an ambulance.

The following are examples of emergencies:

- A serious accident
- Stroke
- Severe shortness of breath
- Poisoning
- Severe bleeding, burns or pain
- Heart attack
- Thoughts of harming yourself

Emergency Medical Transportation: Emergency Medical Transportation provides stabilization care and transportation to the nearest emergency facility.

Emergency Room Care: Emergency Room Care is provided for Emergency Medical Conditions.

Emergency Services: Emergency Services are provided when you have an Emergency Medical Condition.

EPSDT/Well Child Program: Early and Periodic Screening, Diagnosis and Treatment provides exams and all medically necessary treatment for children through the month of their 21st birthday. The Kansas EPSDT program is called KAN Be Healthy.

Excluded Services: Excluded services are services that Medicaid does not cover. The member may have to pay for these services.

Grievance: An expression of dissatisfaction about any matter other than an Adverse Benefit Determination. Examples are problems with customer service or rude treatment by a provider.

Habilitation Services and Devices: Habilitation Services are HCBS services for members with chronic mental illness. These include services and devices that help you maintain, learn or improve skills and functioning for daily living.

Health Insurance: A type of insurance coverage that pays for your medical and surgical expenses.

Home Healthcare: Home Healthcare is medical care you get in your home from a skilled medical professional.

Hospice Services: Care designed to give supportive care to people in the final phase of a terminal illness. This focuses on comfort and quality of life, rather than cure.

Hospitalization: Care in a hospital that requires admission as an inpatient. Usually requires an overnight stay. An overnight stay for observation could be outpatient care.

Hospital Outpatient Care: Hospital Outpatient Care is when you get hospital services without being admitted as an inpatient. These may include:

- Emergency services.
- Observation services.
- Outpatient surgery.
- Lab tests.
- X-rays

In-Network Provider: The group of doctors, hospitals, and other healthcare providers that Sunflower contracts with to provide services. You can find all of our providers at www.sunflowerhealthplan.com.

Immunizations: Necessary shots to protect you or your child from life-threatening diseases.

Inpatient: When you are admitted into a hospital.

Medicaid: The medical assistance program authorized by Title XIX of the Social Security Act.

Medicaid ID Card: A card that identifies you as part of the Kansas Medicaid program. If you are a Sunflower member, your ID card will be sent to you by Sunflower Health Plan.

Medical Necessity: This means a service that:

1. Prevents, diagnoses or treats a physical or mental illness or injury; fosters proper development, minimizes a disability, or maintains or regains function.
2. Cannot be omitted without adversely affecting the condition or the quality of medical care.
3. Is given in the best setting.

Member: A person who is eligible to receive covered services from Sunflower as defined by the State of Kansas. "Member" includes the member's authorized representative.

Network: Sunflower has a network of providers across Kansas who you may see for care. You don't need to call us before seeing one of these providers. Before getting services from your providers, please show them your Sunflower ID card. There may be times when you need to get services outside of our network. If a needed and covered service is not available in-network, it may be covered out-of-network at no greater cost to you than if provided in-network.

Non-Participating Provider: A Non-Participating Provider is a provider who does not have a contract with Sunflower to provide services to you. Before receiving services from non-participating providers, please contact Sunflower Health Plan toll free at 1-877-644-4623 for help.

Notice of Action: A written document that includes planned action, reason for planned action, and policy, regulation or statute supporting action. It explains your rights and how to appeal. It says how to request continued services during appeal or State Fair Hearing.

Out-of-Network Provider: A healthcare provider, hospital, or pharmacy that is not part of Sunflower's network of contracted providers. You may have to pay for services received from an out-of-network provider.

Outpatient: When you have a procedure done that does not require admission into a hospital.

Participating Provider: A Participating Provider has a contract with Sunflower to provide services to you. Also called an in-network provider.

Physician Services: Physician Services are necessary medical services you get from doctors, physician

assistants and nurse practitioners. They must be licensed to practice.

Plan: Sunflower Health Plan is your health plan, or Plan. Sunflower pays for and coordinates your healthcare services.

Preauthorization: Some services or prescriptions require approval from Sunflower for them to be covered. This must be done before you get that service or fill that prescription. Also called Prior Authorization.

Premium: A Premium is the amount you pay for your health insurance every month. Sunflower KanCare members are not required to pay a premium.

Preferred Drug List (PDL): A list of medications covered by Medicaid and the KanCare program.

Prescription Drug Coverage: Sunflower provides payment for all or part of the cost of medications identified as covered on the KanCare Preferred Drug List, for eligible members of Kansas Medicaid. This is known as prescription drug coverage.

Prescription Product: Any medication, supply or device that your doctor prescribes for you to have it.

Primary Care: All healthcare and lab services you regularly get through a general practitioner, family physician, internal medicine physician, obstetrician/gynecologist (OB/GYN), pediatrician, or other licensed practitioner.

Primary Care Physician: A Primary Care Physician directly provides or coordinates your healthcare services. A Primary Care Physician is the main provider you will see for checkups, health concerns, health screenings and specialist referrals.

Primary Care Provider: A Primary Care Provider (PCP) is either a physician, a physician assistant or nurse practitioner who directly provides or coordinates your healthcare services. A PCP is the main provider you will see for checkups, health concerns, health screenings, and specialist referrals.

Prior Approval: When Sunflower has received, reviewed and approved services before you can get them.

Protected Health Information (PHI): Health information that identifies a person.

Provider: A physician, hospital or any other person licensed or authorized to provide healthcare services.

Provider Directory: A list of providers in Sunflower's network.

Referral: The process by which your PCP directs you to seek and get medically necessary, covered services from another healthcare professional.

Rehabilitation Services and Devices: Rehabilitation Services and Devices help you keep, get back or improve skills for daily living after you were sick, hurt or disabled. This may include physical and occupational therapy, speech-language services and psychiatric rehabilitation.

Self-Referred Services: Services that do not need a PCP's referral.

Skilled Nursing Care: Medicaid helps with the cost of care in nursing facilities. You must be medically and financially eligible. If you need licensed nursing staff to be available in the facility 24 hours a day to give direct care or make decisions about your care, then a skilled level of care is assigned.

Specialist: A doctor that has specific detailed training in one certain medical field.

Sunflower Member ID card: Identification card – a card that identifies you as a Sunflower member.

Termination: A member's loss of eligibility for the Kansas Medicaid program (KanCare) and disenrollment from Sunflower.

Title XIX: Title XIX provides medical assistance for certain people and families with low incomes and resources.

Title XXI: Title XXI, known at the federal level as the Children's Health Insurance Program (CHIP), provides health insurance coverage to uninsured children from low-income families, who are not Title XIX eligible.

Treatment: The care that you may receive from doctors and facilities.

Urgent Care: When you have an injury or illness that needs prompt treatment, but is not so severe it needs emergency services.

Notes