



Reviewing PCSP and Completing the PCSP Signature Addendum

For PCSPs entered 12/1/2020 and after.

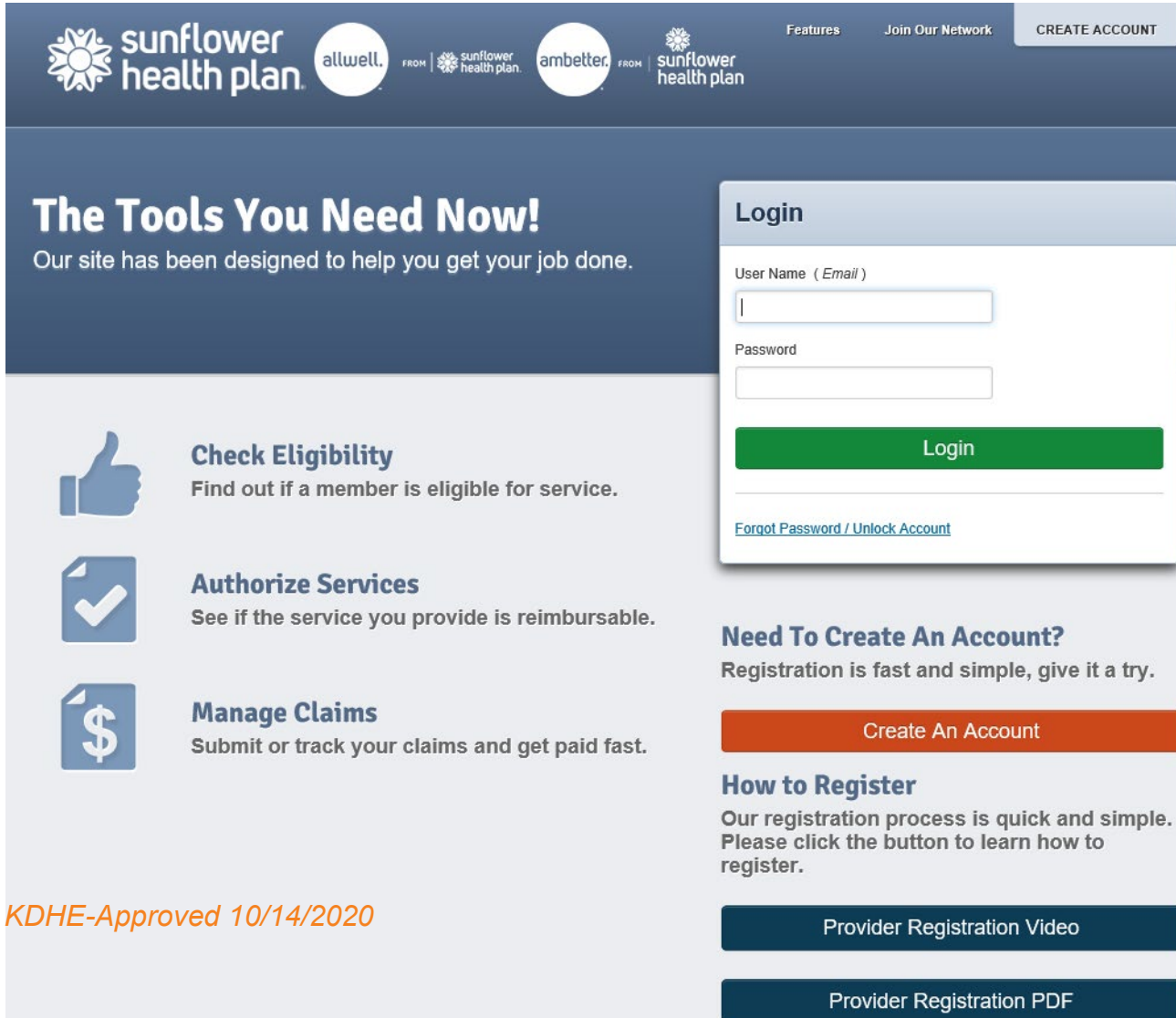


KDHE-Approved 10/14/2020



Step 1: Login to the Portal

provider.sunflowerhealthplan.com






The screenshot shows the provider portal login page. At the top, there are logos for Sunflower Health Plan, Allwell, and Ambetter, along with navigation links for 'Features', 'Join Our Network', and 'CREATE ACCOUNT'. The main heading is 'The Tools You Need Now!' with the subtext 'Our site has been designed to help you get your job done.' Below this, there are three service icons: 'Check Eligibility' (thumbs up), 'Authorize Services' (checkmark), and 'Manage Claims' (dollar sign). A central 'Login' form includes fields for 'User Name (Email)' and 'Password', a green 'Login' button, and a link for 'Forgot Password / Unlock Account'. Below the login form, there is a 'Need To Create An Account?' section with a 'Create An Account' button and a 'How to Register' section with a 'Provider Registration Video' button and a 'Provider Registration PDF' button. The page is marked as 'KDHE-Approved 10/14/2020'.

sunflower health plan. allwell. FROM sunflower health plan. ambetter. FROM sunflower health plan. Features Join Our Network CREATE ACCOUNT

The Tools You Need Now!

Our site has been designed to help you get your job done.

-  **Check Eligibility**
Find out if a member is eligible for service.
-  **Authorize Services**
See if the service you provide is reimbursable.
-  **Manage Claims**
Submit or track your claims and get paid fast.

Login

User Name (Email)

Password

Login

[Forgot Password / Unlock Account](#)

Need To Create An Account?

Registration is fast and simple, give it a try.

Create An Account

How to Register

Our registration process is quick and simple. Please click the button to learn how to register.

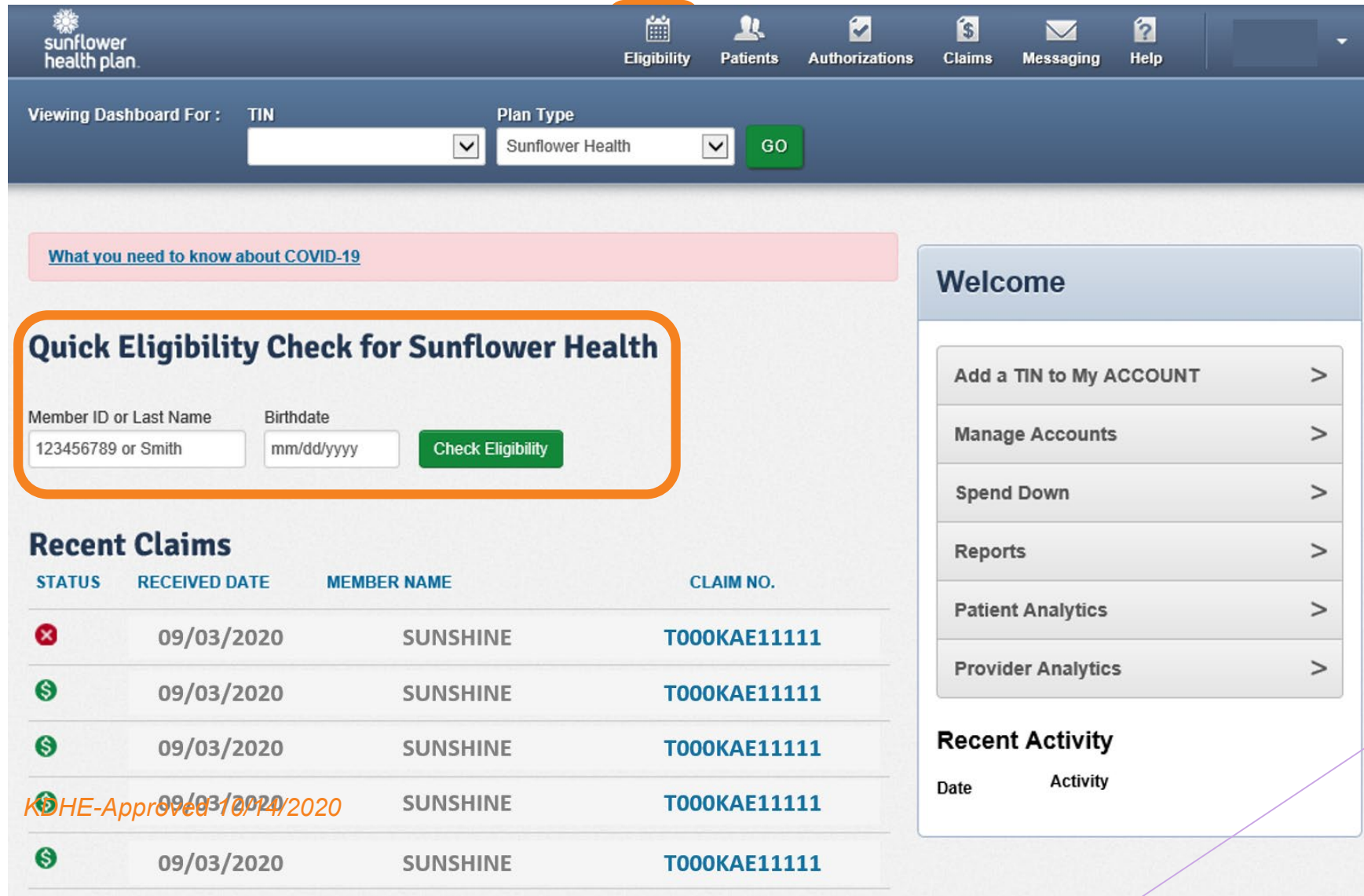
Provider Registration Video

Provider Registration PDF

KDHE-Approved 10/14/2020

Step 2: Using “Eligibility”

Look up the Member’s profile



The screenshot shows the Sunflower Health Plan dashboard. At the top, there is a navigation bar with icons for Eligibility, Patients, Authorizations, Claims, Messaging, and Help. Below this is a search bar for TIN and Plan Type, with 'Sunflower Health' selected. A prominent orange-bordered box highlights the 'Quick Eligibility Check for Sunflower Health' section, which includes input fields for Member ID or Last Name (123456789 or Smith) and Birthdate (mm/dd/yyyy), and a 'Check Eligibility' button. To the right, a 'Welcome' sidebar lists various account management options like 'Add a TIN to My ACCOUNT', 'Manage Accounts', 'Spend Down', 'Reports', 'Patient Analytics', and 'Provider Analytics'. Below the eligibility check is a 'Recent Claims' table with columns for Status, Received Date, Member Name, and Claim No. The table shows several claims for a member named SUNSHINE, with one claim marked as denied (red X) and others as approved (green S). A watermark 'KHE-Approved 10/14/2020' is visible over the table. At the bottom right, there is an 'ACCREDITED NCQA HEALTH PLAN COMMENDABLE' logo and the number '3'.

Step 3: Select the member

sunflower health plan.

Eligibility Patients Authorizations Claims Messaging Help

Viewing Eligibility For : TIN Plan Type Sunflower Health

Eligibility Check

Date of Service Member ID or Last Name DOB

ELIGIBLE	DATE OF SERVICE	PATIENT NAME	DATE CHECKED	CARE GAPS	LOCK IN	LOG ER VISIT
	09/01/2020	Sunshine >View details	09/11/2020	Risk Category Alerts: Diabetes Risk Category Alerts: Heart Failure		<input type="button" value="ER Visit?"/> <input type="button" value="Remove"/>

Step 4: Eligibility Overview

sunflower health plan. Eligibility Patients Authorizations Claims Messaging Help

Viewing Eligibility For: TIN [dropdown] Plan Type Sunflower Health [dropdown] GO

[Back to Eligibility Check](#) **SUNSHINE**

Overview

 This patient is eligible as of today, Sep 11, 2020

[Print Eligibility Overview](#)

Patient Information

Name Sunshine
Gender F
Birthdate Jan 3, 1943
Age 77 years old
Member # 0123456789
Address 123 Main St
Wichita, KS 67206

PCP Information

Name Dr XYZ
Address 123 Sunflower Way
WICHITA, KS 67206
Practice Type FAMILY PRACTICE
Phone Number 316-555-5555

[View PCP History](#)

Eligibility History

Start Date	End Date	Product Name
Apr 1, 2020	Ongoing	LTC Dual
Mar 1, 2020	Mar 31, 2020	LTC Dual

[more](#)

Care Gaps

Risk Category Alerts: Diabetes
Risk Category Alerts: Heart Failure

Service Coordinator

Name Sunflower

KDHE-Approved 10/14/2020 [more](#)





Step 5a: Select “Document Resource Center”

sunflower health plan

Eligibility Patients Authorizations Claims Messaging Help

Viewing Eligibility For : TIN Plan Type Sunflower Health

[Back to Eligibility Check](#) **SUNSHINE**

Overview
Cost Sharing
Assessments
Growth Chart
Health Record
Care Plan
Authorizations
Referrals
Coordination of Benefits
Claims
Document Resource Center

Document Upload **Document Review**

1. Document Category: Long Term Services And Support
2. Document Type: Integrated Service Plan
3. Date Range: Start Date: 09/01/2020 End Date: 09/30/2020
Date span limited to a 3-month period.
4.

Search the month document uploaded





Step 5b: Open/Save Integrated Service Plan

4.

SUBMITTED DATE	TYPE	FILE NAME
09/08/2020	Integrated Service Plan	Integrated Service Plan_ PCSP81920revised.pdf



Do you want to open or save 'PCSP81920revised.pdf' from support.sunflowerhealthplan.com?



Step 5c: View Integrated Service Plan

KanCare | sunflower health plan. Person Centered Service Plan

Member Name: _____ Medicaid ID: _____ Date of Birth: _____
 Address: _____ City: ST _____ Zip Code: _____ Phone: _____

Service Plan Type: Initial Reassessment Other

HCBS Program: FE SED PD TBI TA M/DD Autism Other: WORK

Home & Community Based Services

Date of face to face meeting: 8/19/20 revised

Service Description	Procedure Code	Service Provider & NPI number	Client Obligation to this provider (select minimum of one)	Weekly Units of Service Approved	Weekly Hours of Service Approved	Monthly Units of Service Approved	Agency Directed (AD) or Self Directed (SD)	Effective Dates (Beginning-Ending)
FMS T2040 U2			<input type="checkbox"/>			1	SD	6/1/20-1/31/21
PCS-SD (FE) S5125 UD			<input checked="" type="checkbox"/>	no chg	varies	See pg 5	SD	6/1/20-1/31/21
Comp Sup S5135 UD			<input type="checkbox"/>	update	varies	See pg 5	SD	6/1/20-1/31/21
			<input type="checkbox"/>					
FE Adult Day S5101			<input type="checkbox"/>	End		10	AD	6/1/20-7/31/20
FE Adult Day S5101			<input type="checkbox"/>	Start		14	AD	8/1/20-1/31/21
			<input type="checkbox"/>					
FE Adult Day S5102			<input type="checkbox"/>	Start		2	AD	7/1/20-1/31/21

*Client obligation will not be assigned to the following services: HC045, H2015, S3170, T1002, T2029, S3160, S2015, S185, T1505, T1505UB, T2040 UD, S3165, S3161, S3160, T2016, T2017. For M/DD Services, client obligation will only be assigned to personal care services (PCS) if Day Supports and/or Residential Supports are not available to assign. To report abuse, neglect, or exploitation, please call adult & child protective services at: 1-800-822-5330

Page 1 of 9

KanCare | sunflower health plan. Summary of Assessed Need

Member Name: _____ Dates: 6/1/20-1/31/21

Activity	Total Units/Week	Hours/Week	Activity	Total Units/Week	Hours/Week
Housekeeping & Cleaning	9.33	2.33	Mobility/Transfers	42	10.5
Laundry	14.33	3.58	Medication Assist & Medical Support	6.67	1.67
Money Management & Shopping	4	1	Telephone Use & Communication		
Meal Planning Prep & Clean Up	41.33	10.33	Transportation		
Eating and Feeding	5.33	1.33	General Supervision, Community, Leisure	14	3.5
Bathing	14.67	3.67	Other:	128	32
Dressing & Grooming AM	18.67	4.67	Other:		
Dressing & Grooming PM	14	3.5	Other:		
Toileting	23.33	5.83	Total Assessed Need	336	84

For all HCBS plans:
 Member has one or more capable persons Yes No

If "Yes" capable person assists with which of the following ADLs?
 Laundry Meal Prep Transportation Money Management
 Shopping Housekeeping Phone Medication Management

YES NO
 Member has other informal supports in addition to paid supports
 Member is in Foster Care
 Member has an unmet emergency/medical need for a health plan

Member has been approved for:
 Two-person transfer
 1/1/1 in home day

KDHE-Approved 10/14/2020



Step 6: View Signature Addendum - Select "Assessments"

sunflower health plan.

Eligibility Patients Authorizations Claims Messaging Help

Viewing Eligibility For : TIN [] Plan Type Sunflower Health [] GO

Back to Eligibility Check **SUNSHINE**

Overview
Cost Sharing
Assessments
Growth Chart
Health Record
Care Plan
Authorizations
Referrals
Coordination of Benefits
Claims
Document Resource Center

THumbs Up This patient is eligible as of today, Sep 11, 2020

[Print Eligibility Overview](#)

Patient Information

Name Sunshine
Gender F
Birthdate Jan 3, 1943
Age 77 years old
Member # 0123456789
Address 123 Main St
Wichita, KS 67206

PCP Information

Name Dr XYZ
Address 123 Sunflower Way
WICHITA, KS 67206
Practice Type FAMILY PRACTICE
Phone Number 316-555-5555

[View PCP History](#)

Eligibility History

Start Date	End Date	Product Name
Apr 1, 2020	Ongoing	LTC Dual
Mar 1, 2020	Mar 31, 2020	LTC Dual

[View more](#)

EPSDT

Care Gaps

Risk Category Alerts: Diabetes
Risk Category Alerts: Heart Failure

Service Coordinator

Name Sunflower

KDHE-Approved 10/14/2020

Step 7: Choose PCSP Signature Addendum v2

sunflower health plan

Eligibility Patients Authorizations Claims Messaging Help

Viewing Eligibility For : TIN Plan Type Sunflower Health

[Back to Eligibility Check](#) **SUNSHINE**

Overview

Cost Sharing

Assessments

Growth Chart

Health Record

Care Plan

Authorizations

Referrals

Coordination of Benefits

Claims

Document Resource Center

Please tell us about your patient's health

HRA - DSNP/MMP_V4
Please take a few minutes to fill out the assessment below

HRST_KA
Please take a few minutes to fill out the assessment below

IDD Person-Centered Support Plan_KA
Please take a few minutes to fill out the assessment below

OneCare Kansas HAP
Please take a few minutes to fill out the assessment below.

Participant Interest Inventory_KA
Please take a few minutes to fill out the assessment below

Person Centered Service Plan KA
Please take a few minutes to fill out the assessment below

PCSP Signature Addendum v2
Please take a few minutes to fill out the assessment below.

Pt. Health Questionnaire-9
Please take a few minutes to fill out the assessment below.

PHQ 9 Modified for Teen
Please take a few minutes to fill out the assessment below.

SED Participant Interest Inventory_KA
Please take a few minutes to fill out the assessment below

Previous Assessments

Assessment Name	Submit Date
HRST_KA	04/29/2020
PCSP Signature Addendum	10/22/2019
HRST_KA	10/17/2019
KA Waiver Member HRA V3	10/17/2019
KA Waiver Member HRA V3	09/26/2019
KA Waiver Member HRA V3	09/25/2019
KA Waiver Member HRA V3	04/11/2019
KA Waiver Member HRA V3	09/30/2018
KA Waiver Member HRA V3	06/28/2018
KA Waiver Member HRA V3	11/06/2017
KA Waiver Member HRA V3	06/10/2017
KA Waiver Member HRA V3	10/20/2016
KA Waiver Member HRA V3	05/24/2016
KA Waiver Member HRA V3	10/14/2015
KA Waiver Member HRA V3	05/11/2015
KA Waiver Member HRA V3	10/03/2014
KA Waiver Member HRA V3	07/03/2014
KA Waiver Member HRA V3	02/13/2014
KA Health Risk Screen V2	07/03/2013

KDHE-Approved 10/14/2020



Step 8a: Scroll to “Waiver Provider Signature”

Waiver Service Provider Signature

Are there Waiver Service Provider Signatures to collect?

Yes



Service Type

Select



Provider Name

This Person Centered Service Plan (PCSP) was developed for:

This PCSP was made on

mm/dd/yyyy

I have reviewed the Person Centered Service Plan (PCSP).

Select



Are there more Waiver Service Provider Signatures to collect?

Select



Are there more Waiver Service Provider Signatures to collect?

Select



Are there more Waiver Service Provider Signatures to collect?

Select



Complete fields

KDHE-Approved 10/14/2020

Step 8B: Scroll to “Waiver Provider Signature”

Complete fields →

Are there more Waiver Service Provider Signatures to collect?

Service Type

Provider Name

This Person Centered Service Plan (PCSP) was developed for:

This PCSP was made on

I have reviewed the Person Centered Service Plan (PCSP).

← **Mark yes if additional Waiver Service Provider Signatures to collect.**

Step 9: Submit Addendum



Once the PCSP Signature Addendum is complete, a notification will be sent to the Care Coordinator within 24 hours.