



Provider Quick Reference Guide

Toll Free: 1-877-644-4623 www.SunflowerHealthPlan.com

Customer Service

877-644-4623
Monday - Friday
8 am to 5 pm, CST

ON THE PHONE:

- Claim status
- Request provider education and orientation session
- Network participation
- Member eligibility/verification

ON THE WEB:

- Provider and Billing Manuals
- Provider Forms
- Quick Reference Guides and FAQs
- Prior Authorization Code Checker Tool
- Clinical Guidelines
- Health Plan News
- Change or update demographic information

ON THE SECURE PORTAL:

- Member Eligibility
- PCP Verification
- PCP Panel Lists
- Submit, Inquire, or Correct Claims
- Submit Authorizations or check Authorization status

Provider Relations

If you are a Sunflower provider, you have a designated **Provider Relations Specialist**.

Find the Provider Relations Specialist territories map on our website in the **Provider Resources** section.

Interpreter Services

Do you have a patient who is a Sunflower member and needs a language interpreter over the telephone? We want to help! Please call our Customer Service to arrange for interpreter services for Sunflower members.

Have you signed up for our Email Alerts? **Subscribe** through our website!

Claims

Timely Filing – 180 days from date of service. When Sunflower is secondary, provider has 365 days from date of primary payor EOP.

Submit claims free of charge through our **Secure Web Portal**.

Electronic Clearinghouse Vendors – Payor ID 68069 Emdeon, Gateway, SSI, Availity and Smart Data Solutions

Providers enrolled as a user for **KMAP** can continue to submit electronically through KMAP. **HCBS** providers must continue to use **AuthentiCare**.

Paper Claims Effective Feb. 1, 2015: Paper claims are no longer mailed to KMAP in Topeka. Mail paper claims to the health plan or the benefits manager associated with the type of service. Addresses are listed in bulletins published by KMAP (Dec 2014) and SHP (Bulletin #045, 2014)

Mailing Address for Medical, Institutional, NF/LTC and HCBS for the following: **Paper Claims, Corrected Claims, Reconsiderations/Disputes, Medical Records and EOBs with Remittance Advice:** Sunflower Health Plan PO Box 4070 Farmington, MO 63640-3833

Corrected Claims must be received within **180 days** from the date of notification of payment (EOP)

Claims Payment

Sunflower uses PaySpan to provide Electronic Funds Transfer (EFT) and Electronic Remittance Advice (ERA). This service is free. To begin the Registration Process call: 877-331-7154. www.pavspanhealth.com

Health Homes

Online resources for our Health Homes Partners:
HH Provider Training
HH Billing Training
FAQs
Map of HH Providers

Provider Claim Appeal Process

Step 1- Reconsideration May be related to a denial or underpayment. Must be submitted within **90 days** of the claim EOP or it will be denied untimely.

Step 2 – Claim Dispute This process is accessed following Reconsideration determination. Claim dispute must be submitted within **30 days** of Reconsideration decision or it will be denied untimely. Complete claim dispute form online at: www.SunflowerHealthPlan.com or with the form provided with Reconsideration EOP or letter.

**Mail forms and documentation for Reconsideration or Claim Dispute to:

Sunflower Health Plan
Attn: Reconsideration or Claim Dispute
PO Box 4070
Farmington, MO 63640-3833

****Specialty Companies (listed at right) have different addresses for mailing Reconsiderations and Claims Disputes, with details in their Reconsideration EOP, letter or Provider Manual.**

Medical Management

FAX NUMBERS:

Prior Authorization Inpatient/Outpatient/SNF and Admissions/Census Reports/Face Sheets:
888-453-4316

Nursing Facility Face Sheets - Temporary Care/Custodial/Residential
877-851-3990

Concurrent Review / Clinical Information:
877-213-7732

Behavioral Health:
866-694-3649

Outpatient PT,ST, OT:
866-264-4452

You may enter and verify authorizations through the Secure Provider Portal at www.SunflowerHealthPlan.com

Specialty Services

Reach our specialty services by calling **Toll Free 1-877-644-4623**. (From the phone call Provider menu, services can be reached directly by saying prompts, and some of those are noted below.)

Behavioral Health – Cenpatico
www.cenpatico.com Payor ID: 68068

Specialty Therapy and Rehabilitative Services (STARS) (outpatient PT, OT, and ST) (Say: Authorization)
www.cenpatico.com
Payor ID: 68069

High Tech Radiology Imaging Services - National Imaging Associates (NIA) (Say: Authorization)
www.radmd.com

Non Emergent Medical Transportation (NEMT) - LogistiCare
www.Logisticare.com

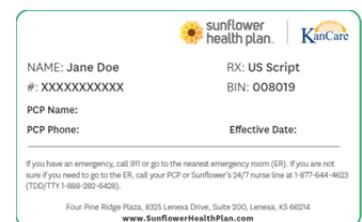
Vision Services- OptiCare (Say: Vision)
www.opticare.com
Payor ID: 56190

Dental Services – Dental Health & Wellness (Say: Dental)
www.dentalhw.com

Pharmacy Services – US Script
www.usscript.com
Bin # 008019

Member ID Card

Front:



Back:

