

# Quick Reference Guide



Keep our Quick Reference Guide nearby to make your administrative tasks quick & easy.

## Customer Service - 1-877-644-4623

Monday-Friday, 8am - 5pm CT

### ON THE PHONE:

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

### ON THE WEB:

- Provider & billing manuals
- Provider forms
- Quick Reference Guides & FAQs
- Prior authorization check

- Clinical guidelines
- Health plan news
- Change or update demographic information

### ON THE SECURE PORTAL:

- Member eligibility
- PCP verification
- PCP panel lists
- Submit, inquire, void or correct claims
- Submit authorizations or check authorization status

## Claims

**Timely Filing** – 180 days from date of service, eligibility determination or date of primary payor EOP.

Submit claims free of charge through our Secure Web Portal.

### Electronic Clearinghouse Vendors

Emdeon, Gateway, SSI, Availity and Smart Data Solutions

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

**Paper Claims** - Mail paper claims to the health plan or the benefits manager associated with the type of service. Addresses are listed in KMAP bulletins (Dec 2014) and the SHP Provider Office Manual.

Mailing address for Medical, Institutional, NF/LTC & HCBS for the following: *Paper Claims, Corrected Claims, Provider Appeals, Medical Records & EOBs with Remittance Advice:*

**Sunflower Health Plan**  
**PO Box 4070**  
**Farmington, MO 63640-3833**

**Corrected Claims** must be received within **365 days** from the date of explanation of payment (EOP).

## Claims Payment

Sunflower uses PaySpan to provide **free** Electronic Funds Transfer (EFT) and Electronic Remittance Advice (ERA). To register: 877-331-7154 or [www.payspanhealth.com](http://www.payspanhealth.com)

## Provider Reconsiderations

Must submit by phone, by email, in person or in writing within 120 days of the date of the action. Send written reconsideration requests to: **Sunflower Health Plan, P.O. Box 4070, Farmington, MO 63640-3833**. Sunflower will resolve your reconsideration within 30 calendar days from date of receipt.

\*\*Specialty companies (listed at right) have different addresses for mailing provider appeals. See details in their EOP, letter or Provider Manual.

## Provider Appeals

Must file request for appeal in writing within 60 calendar days from the action, plus 3 calendar days if the notice was mailed. Must include the *Provider Reconsideration & Appeal Form*. Send to: **Sunflower Health Plan, P.O. Box 4070, Farmington, MO 63640-3833**. Sunflower will send resolution letter within 30 calendar days. Providers not satisfied with the resolution of their appeal have the right to a State Fair Hearing.

## Provider Relations

If you are a Sunflower provider, you have a designated **Provider Network Specialist**. Find the Provider Network Specialist territories map on our website in the **Provider Resources** section.

## Specialty Services

Reach our specialty services by calling toll free 1-877-644-4623.

From our Provider phone menu, connect to services by saying prompts, some of which are noted below.

### Behavioral Health – Cenpatico

[www.cenpatico.com](http://www.cenpatico.com)

Payor ID: 68068

### Specialty Therapy and Rehabilitative Services (STaRS)

(outpatient PT, OT, & ST) (say: *Authorization*) [www.cenpatico.com](http://www.cenpatico.com)  
 Payor ID: 68069

## 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.

### High Tech Radiology Imaging Services - National Imaging Associates (NIA)

(say: *Authorization*) [www.radmd.com](http://www.radmd.com)

### Non Emergent Medical Transportation (NEMT) - LogistiCare

[www.logisticare.com](http://www.logisticare.com)

### Involve Vision (say: *Vision*)

[vision.envolvehealth.com](http://vision.envolvehealth.com)

Payor ID: 56190

### Involve Dental (say: *Dental*)

[dental.envolvehealth.com](http://dental.envolvehealth.com)

### Involve Pharmacy Services

Prior Auth Phone: 866-399-0928

## 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](http://www.SunflowerHealthPlan.com)

## Member ID Card

		<b>RX: Involve Pharmacy Solution</b> <small>TRM: 004286                  RPRCN: ADV                  RXGROUP: R05457</small>	
<b>NAME: Jane Doe</b> <b>#: XXXXXXXXXX</b>		<b>Effective Date:</b>	
<b>PCP Name:</b>		<b>PCP Phone:</b>	
<small>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).</small>			
<small>Four Pine Ridge Plaza, 8325 Lenexa Drive, Suite 200, Lenexa, KS 66204  <a href="http://www.SunflowerHealthPlan.com">www.SunflowerHealthPlan.com</a></small>			
<b>IMPORTANT CONTACT INFORMATION</b>			
<b>Members:</b> Customer Service: 1-877-644-4623 (TTY 711) Transportation: 1-877-917-8162 Vision: 1-877-644-4623 Dental: 1-877-644-4623 Behavioral Health: 1-877-644-4623 24/7 Nurse Line: 1-877-644-4623		<b>Providers:</b> Pharmacy: 1-800-311-0587 Provider Services & IVR Eligibility Inquiry - Prior Auth: 1-877-644-4623	
<b>EDI/EFT/ERA please visit For Providers at <a href="http://www.SunflowerHealthPlan.com">www.SunflowerHealthPlan.com</a></b>			
<b>Medical Correspondence/ Non-Claims:</b> Sunflower Health Plan PO Box 4070 Farmington, MO 63640-3833		<b>Behavioral Correspondence/ Non-Claims:</b> Sunflower Health Plan PO Box 6400 Farmington, MO 63640-3807	
Provider Claims information via the web: <a href="http://www.SunflowerHealthPlan.com">www.SunflowerHealthPlan.com</a>			

**EMAIL ALERTS ARE AVAILABLE! Visit our website to sign up for Sunflower's news alerts.**

**[www.SunflowerHealthPlan.com](http://www.SunflowerHealthPlan.com)**  
**Toll Free: 1-877-644-4623**