



2024 Medicaid Provider Orientation

Agenda

- Who We Are
- Provider Data
- Ongoing Training Opportunities
- Website Resources
- All About the Member
- Prior Authorizations
- Billing for Your Services
- Secure Provider Portal
- Quality
- Finding Support

Who We Are

Our Purpose

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

Our Approach

- Sunflower strives to provide improved health status, successful outcomes, and member and provider satisfaction in an environment focused on coordination of care.



Who We Are

Our Mission

- Ensure access to primary and preventive care services in accordance with the Kansas Department of Health and Environment - DHCF and KDADS standards;
- Ensure care is delivered in the best setting to achieve optimal outcomes;
- Improve access to necessary specialty services;
- Encourage quality, continuity, and appropriateness of medical care;
- Provide medical coverage in a cost-effective manner

Recommendations

- Ask if the patient is receiving services elsewhere;
- Reach out to those other providers of care;
- Discuss test results and follow-up actions with the patient;
- Document all discussion topics in the patient's medical record, sign & date at the time of service – If it isn't documented, it didn't happen.

Who We Are

Lines of Business



KanCare
Kansas Medicaid



Wellcare By Allwell
Medicare plans



Ambetter - Marketplace
(Affordable Care Act)

Organizational Structure

Care Management

Medical
Management

Claims

Network

Provider Relations

Social Determinants of Health

What does “social determinants of health” mean?

Conditions of the environments in which people live, learn, work, play, worship and age that affect a wide range of health, functioning and quality-of-life outcomes and risks.

Goal of “social determinants of health.”

Create social and physical environments that promote good health for all.



Employment



Housing



Food Insecurity



Social Integration

Provider-Member Communication



Why is communication important?

- Affects patients' perception of the care they are receiving.



Why could a patient not understand what their healthcare provider is telling them?

- The patient's social and/or economic status
- The patient's education level
- The complexity of the treatment and instructions
- Health system variables



Here are some ways to encourage better communication with patients:

- Build rapport with the patient
- Do not interrupt the patient
- Ask open-ended questions
- Empower the patient

KMAP Provider Enrollment

History

- December 2018 the Kansas Modular Medicaid System (KMMS) Provider Enrollment Wizard became available for use.
- July 2019 KMAP Provider Enrollment now required for Sunflower to pay claims to providers for Medicaid services, including the TIN, NPI, type and specialty.

For additional information go to KMAP Provider Enrollment www.kmap-state-ks.us/Public/Provider.asp

Medicaid Credentialing and Contracting Details

- Initial enrollment is completed on the KMMS Provider Enrollment Wizard.
- Approved KMMS Provider Enrollment is forwarded to Sunflower if selected in the application submitted.
- Upon receipt of approved KMMS Provider Enrollment, Sunflower begins to complete necessary credentialing (60 days) and/or contracting (30 days) steps, including applicable provider data loading.
- Contracting, credentialing and system loading with Sunflower must be completed before provider claims will successfully process and pay to the provider.
- All Medicaid providers are subject to recredentialing every three years.

To check on the status or ask questions regarding credentialing or contracting please email sunflowerstatehealth@centene.com.

Provider Enrollment Updates

- KMMS is the Kansas Medicaid provider source of truth.
- Demographic updates, provider changes and revalidation follow applicable KMMS provider instructions, i.e., bulletins, manuals. Begin the process at www.kmap-state-ks.us/Public/Enrollment%20Application.asp
- Providers should direct all changes to their provider record to KMMS. Updates are sent to the Managed Care Organizations from KMMS. This includes practitioners leaving or joining the practice.
- For more information, please view KMAP Bulletins using keyword 'enrollment' at <https://portal.kmap-state-ks.us/PublicPage/Public/Bulletins>

Fraud, Waste & Abuse (FWA)

Some of the most common FWA practices include:

- Unbundling of codes
- Upcoding services
- Add-on codes billed without primary CPT
- Claims for services not rendered
- Use of exclusion codes
- Diagnosis and/or procedure code not consistent with the member's age/gender
- Excessive use of units
- Misuse of benefits

Ways to Report Potential Fraud, Waste and Abuse

- Call the **Sunflower FWA Hotline** at 1-866-685-8664. You do not need to give your name.
- Contact Sunflower at Sunflower Health Plan Program Integrity, 8325 Lenexa Dr., Ste 410, Lenexa, KS 66214.
- You can also report suspected provider fraud, waste and abuse to the Kansas Medicaid Fraud and Abuse Division. Contact Kansas Attorney General's Office Medicaid Fraud & Abuse Division - 120 SW 10th Ave., 2nd Floor, Topeka, KS 66612-1597 Phone: 866-551-6328 or 785-368-6220

Cultural Competency

Our commitment –

- Providing quality health care services regardless of race, color, national origin, sex, sexual orientation, gender identity, age, or disability.
- Developing, strengthening, and sustaining healthy provider/member relationships.

Our plan –

- Our staff complete annual Cultural Competency and sensitivity training.
- Offer information, resources and quarterly training to our providers.
- For additional information and resources on Sunflower's Cultural Competency program, please go to www.sunflowerhealthplan.com

Annual Cultural Competency Training Requirements

Verification of Cultural Competency Training

- Why? We are required to collect information on whether providers have completed Cultural Competency training and to display that in our provider directory and Find a Provider tool.
- What are the training requirement options? Choose one of the following:

| | Sunflower | HHS | Continuing Education | Organizational Training |
|---------------------|--|--|--|---|
| | Offered On Demand | Complete HHS Think Cultural Health online session | Complete continuing education on cultural competency | If the provider organization offers in house cultural competency training |
| Resources | www.sunflowerhealthplan.com/providers/resources/provider-training.html | thinkculturalhealth.hhs.gov/education | | |
| Verification | Submit Verification of Completed training via WebForm: www.sunflowerhealthplan.com/providers/resources/provider-training/cultural-competency-traiing.html | | | |

Provider Training



Project ECHO (www.sunflowerhealthplan.com/providers/project-echo.html):

- Project ECHO® (Extension for Community Healthcare Outcomes) is a self-paced lifelong learning and guided practice model that revolutionizes medical education and exponentially increases workforce capacity to provide best-practice specialty care and reduce health disparities.
- Quarterly Topics
- Free Continuing Education credits for licensed clinicians through the University of Missouri and certificate of completion for social workers & therapists.

Provider Office Hours

- Guidance on navigating the KMAP website or Sunflower website, how to reach Provider Relations, how to navigate the Secure Provider Portal and more. Registration is not required. See our Provider Training page at www.sunflowerhealthplan.com/providers/resources/provider-training.html for session dates, additional training opportunities and upcoming events

Our Website SunflowerHealthPlan.com

The screenshot shows the Sunflower Health Plan website homepage. At the top, an orange banner reads "Medicaid renewals are starting again. Don't risk losing your KanCare benefits." with a "Learn More" button. Below the banner is the Sunflower Health Plan logo on the left and a navigation menu with links for Home, Find a Doctor, Careers, Login, and Contact. A search bar with the placeholder "Enter Keyword" and a "Search" button is also present. To the right of the search bar are contrast controls (On/Off) and a language dropdown. The main content area features a large hero image of a child on a swing. Overlaid on the image is a dark grey circle containing the text "One Plan. Always Covered." and a sub-headline: "Our health insurance programs are committed to transforming the health of the community one individual at a time." To the left of the hero image is a vertical menu with five orange buttons: "FOR MEMBERS" (with a dropdown arrow), "FOR PROVIDERS" (with a dropdown arrow), "GET INSURED", "SUPPORTING KANSAS COMMUNITIES", and "Community Resources". Below the hero image, the text "Kansas Health Insurance Plans from Sunflower Health Plan" is displayed. A vertical "Feedback" button is located on the right side of the page.

Provider Resources

- FOR PROVIDERS
 - Login**
 - Become a Provider +
 - Pre-Auth Check +
 - Pharmacy +
 - Provider Resources** -
 - Manuals, Forms and Resources +
 - Provider Training +
 - Vendor Affiliates
 - OneCare Kansas
 - Provider Satisfaction Survey
 - HCBS and LTSS Providers +
 - Eligibility Verification
 - FAQs
 - Grievances and Appeals
 - Health Equity
 - Incentives Statement
 - Integrated Care
 - Prior Authorization
 - Report Fraud, Waste and Abuse
 - Patient Centered Medical Home Model
 - Electronic Transactions +
 - Clinical & Payment Policies
 - Provider/Practitioner Changes
 - Provider Newsletters
 - Provider Performance +
 - QI Program +
 - Provider News +
 - Medicare Provider Resources +
 - Project ECHO Sunflower Health Plan +

Provider Resources

Sunflower Health Plan provides the tools and support you need to deliver the best quality of care. Please view our listing on the left, or below, that covers forms, guidelines, helpful links, and training.

- [Manuals, Forms and Resources](#)
- [Eligibility Verification](#)
- [Prior Authorization](#)
- [Electronic Transactions](#)
- [Preferred Drug Lists and Pharmacy Info](#)
- [Provider Training](#)

Get The Latest News

Click below to sign up for email alerts for all the latest Sunflower bulletins, webinars and more!

[Sign Up](#)

Member Medicaid Redeterminations

The State of Kansas is resuming Medicaid eligibility renewals. You can see which of your patients are coming up for renewal in our [Secure Provider Portal](#) and remind them to respond to any requests from the state.

Help your patients avoid gaps in coverage and let them know:

They may need to verify eligibility every year or risk losing their Medicaid coverage.

They need to make sure the state has their correct contact info by:

- Calling the KanCare Clearinghouse at 800-792-4884
- Visiting kancare.ks.gov. They can look for these 3 dots to begin their update.
- If they have a [KanCare Self Service account](#), they can also update their info there. They can look for "Access My KanCare."

[Redetermination Information \(PDF\)](#)

Disability Assistance

Provider Accessibility Initiative COVID-19 Web Series

Sunflower, in partnership with the [National Council on Independent Living](#), is pleased to provide timely recommendations from experts with disabilities on how our national network of providers can deliver disability-competent care during the COVID-19 epidemic.

- [COVID-19 and People with Disabilities](#) - Learn how health professionals can best include people with disabilities in their response to the COVID-19 epidemic. Our speakers share simple, concrete steps health professionals can take to improve access and provide safe, effective care to people with disabilities.

Helpful Links

- [KanCare Program Information](#)
- [Kansas Medical Assistance Program \(KMAP\)](#)
- [Waiver/HCBS Services](#)
- [Long Term Care Services](#)
- [ICD10 Coding Information](#) from CMS
- Psychiatric Residential Treatment Facility (PRTF) - from the KanCare Ombudsman's office
 - [PRTF Fact Sheet - English \(PDF\)](#)
 - [Hoja informativa del PRTF - Spanish \(PDF\)](#)

Contact Us

- Provider Representatives Territory Maps:
 - [Medical Provider Relations Reps](#)
 - [Long-Term Support Services \(LTSS\) / Home & Community Based Services \(HCBS\) PR Reps](#)
 - [Behavioral Health PR Reps](#)
 - Out-of-State and Nationally Contracted Providers - Send us an [email](#)
- [Medical Management Case Management, Regional Map](#)
- [Vendor Affiliates](#) - our partners who manage vision, dental, radiology benefits, etc.



Sign Up Provider Bulletins

Sign up for Provider Bulletins at www.sunflowerhealthplan.com/providers/resources.html

Bulletins include:

- State and Health Plan Policy Changes
- Training Webinars
- Holiday Check Run Updates

Sign Up For Email Alerts

Sunflower Health Plan sends out regular news and bulletins. Click the "Get Alerts" button below to sign up to receive our news via email.

Get Alerts

Access Standards

All Providers

- **Regular Appointments** – not to exceed 3 weeks from the date of member request
- **Urgent Care** – Members seen within 48 hours

Mental Health

- **Emergent** – Referral immediately
- **Urgent** – Assessed within 72 hours of request for services
- **Non-urgent** – Assessed within 14 business days of the date services are requested

Substance Use Disorder (SUD)

- **Emergent** – Referral immediately.
- **Urgent** – Assessment conducted within 24 hours of the initial contact and services delivered within 24 hours from the date and time of the assessment.
- **IV Drug Users** – Assessed and admitted to treatment within 14 days of initial contact
- **Pregnant IV Drug Users** – Admitted to treatment within 24 hours of assessment
- **Non-urgent** – Members assessed within 14 days of initial contact

Mobile Crisis Intervention

- **Emergent Psychiatric Response** – acute screen 60-minute response time
- **Emergent Crisis** – non-life-threatening emergency – 60-minute response time
- **Urgent** – crisis response within 24 hours or less
- **Routine** – Mild/moderate risk, problem solving – referral to CMHC within 72 hours

Wait times for members should not be longer than 45 minutes in the provider's waiting room.

24-Hour Access to Providers

Members must be able to access their providers 24-hours a day, 365 days a year

- Provider's office phones must be answered during normal business hours
- Message left during normal business hours should be returned the same day

Members must be able to access their provider after normal business hours and on weekends by either

- A covering physician
- An answering service
- A triage service or a voicemail that provides a second phone number that is answered

Unacceptable after-hours coverage include, but not limited to:

- A recording telling callers to leave a message
- A recording telling callers to go to an emergency department
- Calls not returned within 30 minutes

Sunflower will monitor providers' offices through scheduled and unscheduled visits and audits. It is recommended to record the message banner in English & Spanish.

Clinical and Payment Policies

- Clinical policies are one set of guidelines used to assist in administering health plan benefits, either by prior authorization or payment rules.
- Health care claims payment policies are guidelines used to assist in administering payment rules based on generally accepted principles of correct coding.

www.sunflowerhealthplan.com/providers/resources/clinical-payment-policies.html

MEDICAID CLINICAL POLICIES

| POLICY NUMBER | POLICY TITLE |
|---------------|--|
| CP.MP.92 | Acupuncture (PDF) |
| CP.MP.124 | ADHD Assessment and Tr |
| CP.MP.108 | Allogeneic Hematopoietic |
| CP.MP.158 | Ambulatory Surgery Cente |
| CP.MP.26 | Articular Cartilage Defect I |
| CP.MP.55 | Assisted Reproductive Tec |
| CP.MP.37 | Bariatric Surgery (PDF) |

MEDICAID PAYMENT POLICIES

| POLICY # | TITLE | DESCRIPTION |
|-----------|---|--|
| KS.PP.501 | 15-Day Readmission (PDF) | Aims to incentivize providers to increase quality of care by denying payment to providers for preventable readmissions within 15 days of initial discharge. |
| CP.MP.157 | 25-hydroxyvitamin D Testing in Children and Adolescents (PDF) | |
| CC.PP.500 | 3-Day Payment Window (PDF) | Aims to ensure that payment for the technical component of all outpatient diagnostic services and related non-diagnostic services are bundled with the claim for an inpatient stay when services are furnished within 3 calendar days. |
| | | The purpose of this |

Notice of Admissions

Admissions, Census Reports or Face Sheets should be reported by calling 1-877-644-4623 or by fax to 1-866-965-5433

- Notify Sunflower's Population Health Department of all inpatient admissions within one business day following the admission. Clinical information must be submitted with the admission to support medical necessity criteria.
- Partner with Sunflower's Population Health department by providing discharge dispositions or additional documentation on admissions where Sunflower may not be the primary payer.
- Notify Sunflower's Population Health Department of all admissions via the ER within one business day.
- Notify Sunflower's Population Health Department of all newborn deliveries within one day of the delivery.

Member ID Card



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 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

Medical Correspondence/ Non-Claims:

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

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

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**

Behavioral Correspondence/ Non-Claims:

Sunflower Health Plan
PO Box 6400
Farmington, MO 63640-3807

Verifying Member Eligibility

When to verify?

- When scheduling an appointment for a Sunflower member.
- When a Sunflower member is seen for an appointment.

How to verify?

- KMAP Secure Website: portal.kmap-state-ks.us/PublicPage/Public/Login
- Provider portal: provider.sunflowerhealthplan.com/
- Customer service & Interactive Voice Response (IVR) 1-877-644-4623 (TTY 711)

Possession of an ID card is not a guarantee of eligibility and benefits.

PCP Selection

- Each new member is assigned a primary care provider (PCP) once they are enrolled with Sunflower Health Plan.
- Members may change their PCP at any time through our member portal, by calling Customer Service or by returning a completed PCP change form located on our website.
- Members do not need a referral before seeing another network physician or specialist.



What is a Grievance?

A grievance is defined as any expression of dissatisfaction about any matter, other than an adverse benefit determination or an action that would be resolved through the appeals process.

Providers have 180 calendar days to request a grievance from the date of the matter being grieved.

Grievances may include, but are not limited to:

- Quality of care or services provided
- Aspects of interpersonal relationships such as rudeness of a provider or employee
- Failure to respect the member's rights
- Access to care – unable to get an appointment
- Quality of care – no prescription given at appointment and member ended up in ER
- Attitude or service, Health Plan – rudeness of plan staff to member
- Attitude or service, Provider – provider rudeness
- Quality of practitioner office site – provider office is dirty

For more information regarding filing a grievance, please see the **Sunflower Provider Manual**.

What is a Member Appeal?

An appeal is a request for review of an adverse benefit determination










An adverse benefit determination is the denial or limited authorization of a requested service, which can include any of the following:

- The denial or limited authorization of a requested service, including the type or level of service
- The reduction, suspension, or termination of a previously authorized service
- The denial, in whole or part of payment for a service
- The failure to provide services in a timely manner
- The failure of plan to act within the timeframes to resolve grievances and appeals
- For a member residing in a rural area with only one MCO, the denial of member's request to obtain services outside the network
- The denial of member's request to dispute a financial liability

Report to any health plan employee is valid and starts process

For more information regarding filing an appeal, please see the [Sunflower Provider Manual](#).

Extra Services

| | | |
|--|---|---|
|  <p>My Health Pays – Earn rewards annually for health habits. Use to help pay for utilities, transportation, phone, over-the-counter items, etc.</p> |  <p>Dental Care – Keep your teeth healthy with six-month checkups & cleanings; dentures covered for some waiver members (\$500 value)</p> |  <p>Start Smart for Your Baby® is a program for pregnant women and new moms. Includes transportation for WIC appointments.</p> |
|  <p>Wellness & Social Programs – Youth (5-18) receive \$50 annual credit for programs, like YMCA, Boys & Girls Clubs or Scouts</p> |  <p>Strong Youth Strong Communities Program™ – Stay Smart, Stay Safe, Stay Paid, Stay Ahead, Stay Well education program & curriculum</p> |  <p>Health Solutions for Life – Adult weight management program Raising Well® – Child weight management program.</p> |
|  <p>Nursing Home Transition – Supports to return to community settings, as desired.</p> |  <p>GROW – GED, Rides, Opportunities, WORK Employment support program designed to remove employment barriers.</p> |  <p>Behavioral Health & Foster Care Training & Support Programs – peer support calls, trauma training, caregiver training, etc.</p> |

Member Assistance

- Non-emergent Medical Transportation (NEMT) is available to members when they do not have a way to get to their medical or behavioral health appointments. To schedule transportation call three days before the appointment ModviCare 1-877-917-8162.
- **MyStrength** online program offers eLearning to help members overcome depression and anxiety.
- Hospital Companionship for FE, IDD & PD waiver members.
- Centauri Health Solutions can help members apply for Social Security Disability Insurance (SSDI) or Supplemental Security Income (SSI) if criteria is met.

Interpreter Services

- We offer access to interpreters for members who do not speak English or do not feel comfortable speaking it. It is important that our providers and members can talk about medical and behavioral health concerns in a way both can understand.
- Our interpreter services are provided at no cost and is available for many different languages including sign language. For members that are blind or visually impaired we will provide an oral interpretation.
- To arrange interpreter services, call Customer Service at 1-877-644-4623, TTY 711.

www.sunflowerhealthplan.com/members/medicaid/benefits-services/extra-services.html

Care Management

The Sunflower case management/care coordination program is designed to help members obtain needed services. Focusing on the whole person by partnering with our trusted providers to ensure members receive the right services, in the right place, at the right time. These services are implemented through:

- Care Coordination
- Complex / Intensive Case Management
- Disease Management

Some of the benefits of care management are:

- Working with members to develop a care plan
- Speaking with members at scheduled times
- Interacting with members doctors'
- Helping connect members with community programs and services
- Coordination and assistance with appointment scheduling

Providers can refer members for care management

- Customer Service 1-877-644-4623
- Secure Provider Portal, <http://provider.sunflowerhealthplan.com/>

Care Coordination

- Care coordination involves deliberately organizing patient care activities and sharing information among all the participants (providers) concerned with a patient's care to achieve safer and more effective care.
- The main goal of care coordination is to meet patients' needs and preferences in the delivery of high-quality, high-value health care.

Improved health outcomes.



Care Coordination

How can providers facilitate Coordination of Care?

- By making referrals and following up on those referrals to other healthcare providers.
- Talking with members about the healthcare services they are receiving.
- Establish a communication plan with the member and other healthcare providers which may include obtaining signed releases by the member.
- Documenting the communication of services being provided by other healthcare providers in the medical record including the initiation of services, ongoing and completion of the services.

Advance Directives

- An advance directive is a legal document in which a person specifies what actions should be taken for their health if they are no longer able to make decisions for themselves because of illness or incapacity.
- A living will allow individuals to document their wishes concerning medical treatments at the end of life.
- A medical power of attorney (or healthcare proxy) allows an individual to appoint a person they trust as a healthcare agent (or surrogate decision maker), who is authorized to make medical decisions on their behalf. Before a medical power of attorney goes into effect a person's physician must conclude that they are unable to make their own medical decisions.

Refer to www.sunflowerhealthplan.com for additional details regarding Advance Directives.

Prior Authorization

Medicaid Pre-Auth

DISCLAIMER: All attempts are made to provide the most current information on the Pre-Auth Needed Tool. However, this does NOT guarantee payment. Payment of claims is dependent on eligibility, covered benefits, provider contracts, correct coding and billing practices. For specific details, please refer to the provider manual. If you are uncertain that prior authorization is needed, please submit a request for an accurate response.

Vision Services need to be verified by [Envolv Vision](#).
Dental Services need to be verified by [Envolv Dental](#).
Complex imaging, MRA, MRI, PET, and CT scans need to be verified by [NIA](#).
Musculoskeletal surgical services need to be verified by [TurningPoint](#).
Non-participating providers must submit Prior Authorization for all services.
For non-participating providers, [Join Our Network](#).

Are Services being performed in the Emergency Department or Urgent Care Center or Family Planning services billed with a Contraceptive Management diagnosis?

Yes No

| Types of Services | YES | NO |
|---|-----------------------|----------------------------------|
| Is the member being admitted to an inpatient facility? | <input type="radio"/> | <input checked="" type="radio"/> |
| Are anesthesia services being rendered for pain management | <input type="radio"/> | <input checked="" type="radio"/> |
| Are oral surgery services being provided in the office? | <input type="radio"/> | <input checked="" type="radio"/> |
| Are services, other than DME, orthotics, prosthetics, and supplies, being rendered in the home? | <input type="radio"/> | <input checked="" type="radio"/> |
| Is the member receiving hospice services? | <input type="radio"/> | <input checked="" type="radio"/> |

Enter the code of the service you would like to check:

99382

Check

M
Maybe

99382 - INIT PM E/M NEW PAT 1-4 YRS
Pre-authorization is required for non-participating providers only.

To submit a prior authorization [Login Here](#).

How to request Prior-Auth

- Complete Prior-Auth request on Secure Provider Portal
- Call Customer Service to request 1-877-644-4623 (TTY 711)
- Submit completed Prior-Auth fax form

Vendor Management

www.sunflowerhealthplan.com/providers/resources/vendors.html

- Outpatient Therapy (PT, OT, ST)
- Radiology (i.e., CT, PET, MRI)
- Musculoskeletal surgical services
- Oncology

State Systems

- Some HCBS services use AuthentiCare www.kdads.ks.gov/provider-home/home-and-community-based-services-provider-information/authenticare-kansas-information
- SUD use KDADS process www.kdads.ks.gov/provider-home/providers/policies-and-regulations

Prior Authorization Reminders

- Submit all necessary clinical information when requesting an authorization. Failure to do so could result in a denial of authorization.
- Request authorization timely or the request will result in a denial for late notification.
- If a service requires prior authorization and an authorization is not obtained, if a claim is submitted the claim will deny for no authorization.
- When a member obtains eligibility retroactively follow the process outlined in the provider manual for retro-eligibility to request authorization and the impact of claims.
- Submit attachments in PDF format.

Prior Authorization Timelines

| Type of Services | | Provider Timeframe Request | Authorization Determination Timelines |
|-------------------|---|---|--|
| Outpatient | Procedures, testing or interventions, home care services, hospice, genetic testing, pain management, DME, behavioral health | Request at least 5 business days before the scheduled service delivery date or as soon as the need for service is identified, keeping in mind a 14-day turnaround time. | For standard prior authorizations, the decision and notification will be made within 14 calendar days from receipt of the request. For expedited prior authorization requests or concurrent IP requests, a decision and notification is made within 72 hours of the receipt. |
| Inpatient | Hospital stays, skilled nursing facilities, LTAC, acute rehab, sub-acute, swing bed | All observation stays after the second day. Urgent/emergent admission require notification within one business day following date of admission. | |
| PRTF | Psychiatric Residential Treatment Facility | Guardian must request PRTF services for the child from the MCO. The MCO can then request a preauthorization review (PAR) and/or Community Based Services Team review (CBST review). The provider has seven days from the date of MCO request to return the clinical information to the MCO. | The MCO has 14 calendar days from the date the guardian requested PRTF services to make a Medical Necessity decision. |

Prior Authorization Notification

- When a service is approved notification of approval is sent to the provider and the member.
- When a service is denied a notice of adverse benefit determination (NOA) is sent to the provider and the member.
- Authorization status is available to review on the Secure Provider Portal.



Prior Authorization Denial

Notice of Adverse Benefit Determination (NOA)

- Providers are sent the NOA when a service is denied.
- Providers, on behalf of a member and with the members written consent, may appeal the decision.
- Follow the steps outlined in the NOA regarding timeline to submit, how to submit, where to submit an appeal to a denial.
- The resolution process includes Adverse Benefit Determination (ABD) issued to a member for a request for new health care services, appeal, External Independent Third-Party Review (EITPR) and State Fair Hearing.



Vendor Affiliates

Involve Vision

1-877-865-1834

www.involvevision.com

Express Scripts

1-877-644-4623

www.sunflowerhealthplan.com/providers/pharmacy.html

CoverMyMeds for Prior Authorizations

1-866-452-5017

www.covermymeds.com

Radiology – Evolent

1-877-644-4623

www.RadMD.com

Involve Dental

1-855-434-9245

www.involvedental.com

Musculoskeletal Surgical Svcs - Evolent

1-877-644-4623

www.RadMD.com

New Century Health – now part of Evolent

Oncology & medication – members > 21 -

1-888-999-7713 | my.newcenturyhealth.com/

Outpatient Therapy (PT) – Evolent

1-877-644-4623

www.RadMD.com

For additional details go to www.sunflowerhealthplan.com/providers/resources/vendors.html

Claims 101

Who can file a claim?

- All providers – whether in-network or out-of-network – who have rendered services to Sunflower members can file claims.

How can claims be filed?

- Electronic
 - EDI direct submission completed via Provider Portal
 - EDI submission completed via a clearinghouse
- Provider Portal
- Paper claims can be mailed

Coordination of Benefits (COB) & Third-Party Liability (TPL)

- Sunflower is always the payer of last resort.
- Bill the primary coverage first, unless the services are on the KMAP TPL non-covered list.
- Tertiary medical claims must be billed on paper claim forms and mailed.

Go to <http://www.sunflowerhealthplan.com> for additional details.

Billing Definitions

Billing the Member

- Providers may not bill, charge, collect a deposit from, seek compensation, remuneration, or reimbursement from, or have any recourse against members for covered services in the event, including but not limited to, non-payment by Sunflower, health plan insolvency, or breach of the agreement between Sunflower and the provider.

Clean Claim

- A claim that can be processed without obtaining additional information from the provider of services or from a third party.

Non-Clean Claim

- Defined as a submitted claim that requires further investigation or development beyond the information contained in the claim. The errors or omissions in the claim may result in:
 - A request for additional information from the provider or other external sources to resolve or correct data omitted from the claim;
 - A need for review of additional medical records; or
 - A need for other information necessary to resolve discrepancies.
 - May involve issues regarding medical necessity and include claims not submitted within the filing deadlines.

Advance Beneficiary Notice for Fee-for-Service Medicaid Program

- The KMAP beneficiary can be held responsible for payment of common services and situations. Beneficiaries can be billed only when program requirements have been met and the provider has informed the beneficiary in advance and in writing. The provider must notify the beneficiaries in advance if a service will not be covered. To ensure the beneficiary is aware of his or her responsibility, the provider has the option of obtaining a signed Advanced Beneficiary Notice (ABN) from the beneficiary prior to providing services. A verbal notice is not acceptable. Posting the ABN in the office is not acceptable.
- For services where there is normally no face-to-face contact between the beneficiary and the provider (examples are lab and radiology services), the written ABN signed annually by the beneficiaries with the referring provider is an appropriate notification of responsibility for payment of noncovered charges.
- Providers are not to charge a KMAP beneficiary for services denied for payment by KMAP because the provider has failed to meet a program requirement including PA.
- Providers shall not bill beneficiaries for missed appointments. Missed appointments are not a distinct reimbursable service but a part of the providers' overall cost of doing business.

For additional details, please refer to the KMAP General Benefits Provider Manual portal.kmap-state-ks.us/PublicPage/Public/ProviderManuals

Claims Payments: Electronic Funds Transfer

Payspan: A Faster, Easier Way to Get Paid

- Sunflower offers Payspan Health, a free solution that helps providers transition into electronic payments and automatic reconciliation
- If you currently use Payspan, you will need to register specifically for Sunflower

Set up your Payspan account:

- Visit www.payspanhealth.com and click Register
- You may need your National Provider Identifier (NPI) and Provider Tax ID Number (TIN) or Employer Identification Number (EIN)

See the Guide for How to Register for Payspan Health on our website at www.sunflowerhealthplan.com/providers/resources/electronic-transactions/payspan.html

Claim Timely Filing and Processing

| Claim Submission Timely Filing | |
|--------------------------------|---|
| 180 Days | From the date of service (DOS) |
| | From the date of eligibility determination |
| | When the member has other insurance, from the date on the primary payer's EOP |
| 60 Days | To refund overpayments or establish a payment plan |
| 365 Days | To submit corrected claims |


| Sunflower Claim Turn Around Timeframe | |
|---------------------------------------|---|
| 30 Days | To pay or deny clean claims |
| | To pay or deny claims before Interest begins to apply |
| | To pay or deny corrected claims |
| 90 Days | To pay or deny non-clean claims |

Claim Resolution Process

| | Reconsideration (This step is optional) | Appeal | External Independent Third-Party Review (EITPR) | State Fair Hearing |
|---------------------------|--|---|---|--|
| Deadline to Submit | Within 120* calendar days from the date of the EOP. | Within 60* calendar days from date of the EOP. | Within 60* calendar days from the date of the notice of appeal resolution. | Within 120* calendar days from the date of the notice of appeal resolution. |
| How to submit | Call Customer Service: 1-877-644-4623 Mail: Address listed in EOP Provider Portal: Claim detail submit Claim Reconsideration | Completed Claim Appeal form Mail: Address listed in EOP Provider Portal: Claim detail submit Claim Appeal | Completed EITPR Request Form Mail: Sunflower Health Plan Appeals Dept., 8325 Lenexa Dr., Ste. 410, Lenexa, KS 66214 Fax: 1-888-453-4755 | Phone: 1-785-296-2433 Mail: Office of Administrative Hearings (OAH) 1020 Kansas Ave., Topeka, KS 66612 |
| Resolution Details | Notification Type: Revised or unrevised EOP (for same claim number). Timeline: Will be resolved within 30 calendar days of receipt. | Notification Type: Written Provider Appeal Resolution Notice Within 10 calendar days, provider will receive a written acknowledgment of their appeal request. Within 30 calendar days from date of receipt, a resolution decision | Notification Type: Written resolution notice from Sunflower Health Plan. | Notification Type: Written communication from OAH Timeline: Varies at discretion of OAH |

*Three (3) additional calendar days will be allowed for mailing time. For additional information please see Provider Manual, EOP or resolution decision letter.

Secure Provider Portal: provider.sunflowerhealthplan.com




Log In

Username (Email)

LOG IN




[Create New Account](#)

single password  reliable security
EntryKeyID


[Help](#) [Privacy Policy](#) [Terms of Use](#) © 2022 Centene

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.

New Portal Users – Create Your Account



Create Your Account

Let's get started - creating an account is quick and easy.

Email

First Name

Last Name

Language Preference
English

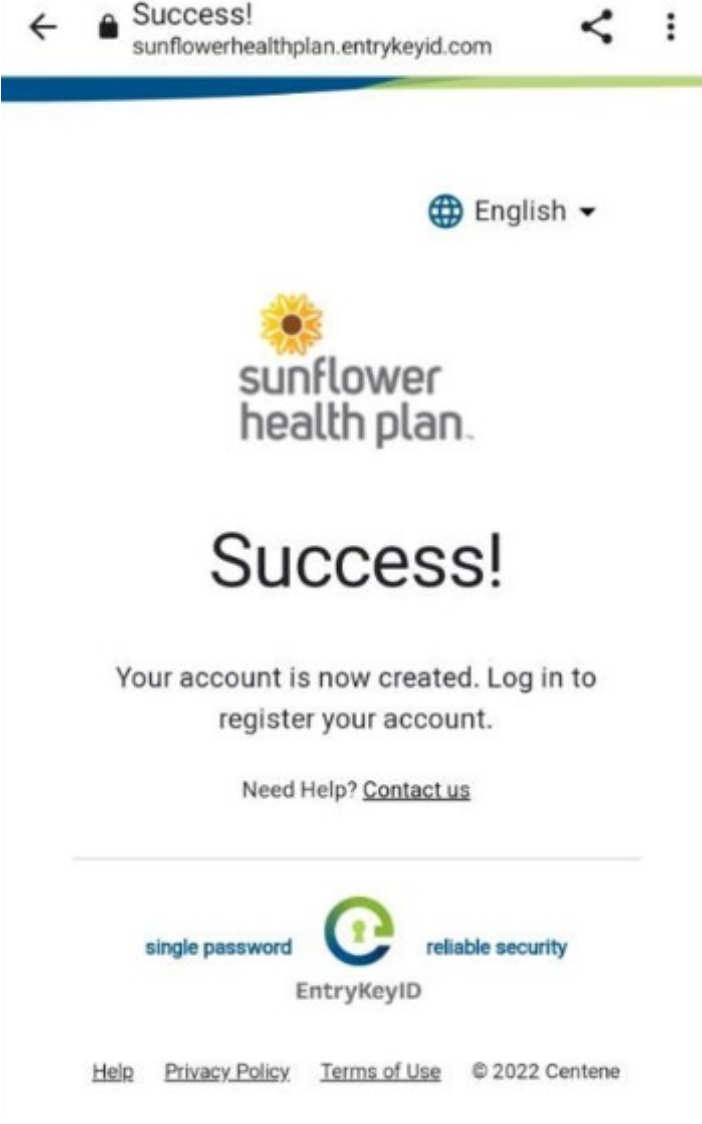
Password

Passwords must be at least 8 characters and include three of the four items below:

- One uppercase letter
- One lowercase letter
- One number
- One special character (For example: &, \$, !, *)


Once you have clicked the Create Account button, you should receive this **Success!** response.

Before you can access the portal, your account will then need to be verified by the Account Manager at your practice or by the health plan. Contact your Provider Relations rep to verify your account.



Success!
sunflowerhealthplan.entrykeyid.com


English



Success!

Your account is now created. Log in to register your account.

Need Help? [Contact us](#)

single password  reliable security
EntryKeyID

[Help](#) [Privacy Policy](#) [Terms of Use](#) © 2022 Centene

Secure Provider Portal – Account Manager

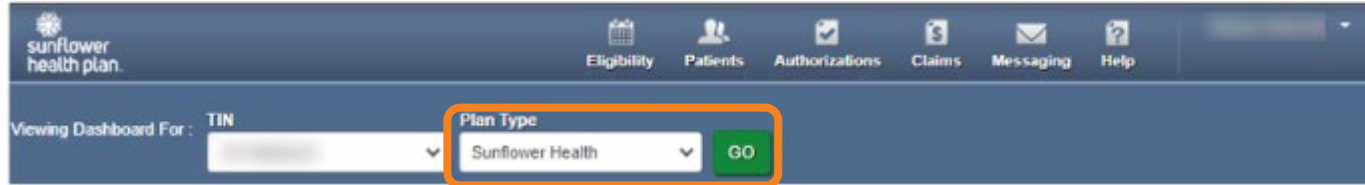
Role: The primary point of contact between the provider's office and the health plan.

Responsibility: At a practice is responsible for the day-to-day support of all the other user accounts registered for the same Tax Identification Number (TIN).

- Verify new users for their TIN
- Enable or disable access to the portal for existing users
- Change the permissions of all users under their TIN

The screenshot displays the Account Manager interface. At the top, there are two panels: "Search for User" and "Invite a User". The "Search for User" panel includes input fields for "Email", "Last Name", and "Status", a "Verification Pending" checkbox, and "Go!" and "Clear" buttons. The "Invite a User" panel includes an "Email Address" input field, a "Send Invitation" button, and a link to the "Account Manager User Guide". Below these panels is a table with columns: "Email Address", "Last Name", "First Name", "TIN", "Telephone Number", and "Status". At the bottom left, the "Admin Settings" section is visible, containing three buttons: "Add User", "Edit User Access", and "Add a TIN". An orange arrow points from the "Add User" button to the "Email Address" input field in the "Invite a User" panel.

Secure Provider Portal - Dashboard



⚠️ Explanation of Payments Issues
 Users may have issues with accessing HCP (Explanation of Payments) PDFs and information on consolidated checks may be missing from the Payment History section. We'll be updating our network to fix this issue. Thank you for your patience.

Welcome, Steven!

Get summaries of claims data at a glance and easy access to the options you use most.

Quick Actions

Do a quick eligibility check, find patient benefits information, create a new claim or recurring claim or an authorization.

Member ID or Last Name:

Member Date of Birth:

Select Action Type:

Claims Overview

Shows claims for the last 30 days from today's date.

| | | |
|---|---|--|
| REJECTED 0 View All | DENIED 0 View All | PENDING 0 View All |
|---|---|--|

Authorization Overview

| | |
|--|---|
| Inpatient Authorizations View All | Outpatient Authorizations View All |
|--|---|

Useful Links

- Reports**
This repository contains reports that are updated and maintained by the health plan.
- Provider Analytics**
Used by PCP groups to get direct access to reports/dashboards that assist in providing better outcomes and lower costs.
- Patient Analytics**
This is a PHM tool that supports providers in the delivery of timely, efficient and evidence based care to our members.
- Care & Risk Gaps**
Providers are directed to members, where they can view data for high risk/high impact members in the selected population.
- ERC Provider Dispute Form**
Use if claim is processed and a PRS has been issued or you received a letter subsequent to the reconsideration.
- Clinical Payment Policies**
Guidelines used to assist in administering provider benefits.
- PAI Provider Survey**
This survey enables providers to update their accessibility information.
- COVID-19**
Latest updates and news related to the COVID-19 virus.

Secure Provider Portal – Eligibility Overview

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Document Resource Center

 This patient is eligible as of today, Nov 15, 2022

[Print Eligibility Overview](#)

Patient Information

Name
Gender
Birthdate
Age
Member #
Address

PCP Information

Name
Address
Practice Type
Phone Number

[View PCP History](#)

OneCare Kansas

Eligibility History

| Start Date | End Date | Product Name |
|--------------|--------------|--------------|
| Oct 31, 2020 | Ongoing | LTC Non-Dual |
| Sep 1, 2020 | Oct 30, 2020 | LTC Non-Dual |

[more](#)

EPSDT

Care Gaps

Risk Category Alerts: COPD/Asthma

Risk Category Alerts: Diabetes

Non-compliant for annual well visit


Service Coordinator

Name

Allergies

None On File

[View Clinical Information](#)

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Confidential and Proprietary Information

Secure Provider Portal – PCP Patient Listing

Patient List as of 12/15/2020 Download Filter

This is only a list of your patients, please check eligibility to confirm the effective date and benefits for this member.

| Eligible | Preferred Language | Member Name | Member ID | Date of Birth | Phone Number | ALERTS | Lock In | OneCare Kansas |
|----------|--------------------|-------------|------------|---------------|--------------|-----------------|---------|----------------|
| 👍 | | [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] | CG No HRA | | YES |
| 👍 | | [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] | CG NM No HRA DM | | NO |
| 👍 | | [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] | CG No HRA DM | | NO |
| 👍 | | [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] | CG No HRA DM | | NO |
| 👍 | | [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] | CG NM No HRA | | NO |
| 👍 | | [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] | CG No HRA DM | | YES |
| 👍 | | [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] | No HRA DM | | YES |
| 👍 | | [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] | CG NM No HRA DM | | YES |
| 👍 | SPANISH | [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] | No HRA DM | | YES |
| | | [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] | CG NM No HRA | | NO |

Secure Provider Portal – Referrals

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***Source**

***Date**


Last Name, First Name

Phone Number, Extension

Additional Comments

Submit

If you need some help with one of our members, you can send a referral to our care management department. Submit your request here.

 sunflower health plan. **Document Resource Center** Confidential and Proprietary Information

Secure Provider Portal – Health Risk Assessment (HRST)

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Document Resource Center

Please tell us about your patient's health

Previous Assessments

HRA - DSNP/MMP_V4
Please take a few minutes to fill out the assessment below. [Fill Out Now!](#)

HRST_KA
Please take a few minutes to fill out the assessment below. [Fill Out Now!](#)

IDD Person-Centered Support Plan_KA
Please take a few minutes to fill out the assessment below. [Fill Out Now!](#)

OneCare Kansas HAP
Please take a few minutes to fill out the assessment below. [Fill Out Now!](#)

Participant Interest Inventory_KA
Please take a few minutes to fill out the assessment below. [Fill Out Now!](#)

Person Centered Service Plan KA
Please take a few minutes to fill out the assessment below. [Fill Out Now!](#)

PCSP Signature Addendum v2
Please take a few minutes to fill out the assessment below. [Fill Out Now!](#)

Pl. Health Questionnaire-9
Please take a few minutes to fill out the assessment below. [Fill Out Now!](#)

PHQ 9 Modified for Teen
Please take a few minutes to fill out the assessment below. [Fill Out Now!](#)

SED Participant Interest Inventory_KA
Please take a few minutes to fill out the assessment below. [Fill Out Now!](#)

You have not told us about anything yet. Please fill out a form.

Displayed by doing an eligibility look-up under Assessments. The HRST can be completed by members, Sunflower or providers.

HRST_KA Categories

- Health Status
- Health Conditions
- Healthy Lifestyle
- Home/Employment
- Total Weight

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

Health Status

Do you feel your health is: (Required)

Have you seen a Primary Care Provider (PCP) in the last twelve (12) months? (Required)

Do you have a specialist(s) that you see on a regular basis? (Required)

Over the past two (2) weeks, how often have you been bothered by having little interest or pleasure in doing things? (Required)

Over the past two (2) weeks, how often have you been bothered by feeling down, depressed, or hopeless? (Required)

How many ER visits in the past six (6) months? (Required)

How many unplanned hospitalizations in the last twelve (12) months? (Required)

Have you seen a dentist in the last twelve (12) months? (Required)

Secure Provider Portal - Authorizations

sunflower health plan

Eligibility Patients **Authorizations** Claims Messaging Help

Viewing Authorizations For : TIN Plan Type Sunflower Health

Authorizations Processed Errors Disclaimer

Please call the health plan for questions regarding voided authorization submissions. The authorization page is updated every 24 hours.

| STATUS | AUTH ID | MEMBER | FROM DATE | TO DATE | DIAGNOSIS | AUTH TYPE | SERVICE |
|---------|---------|------------|------------|------------|------------|------------|------------|
| APPROVE | OP2282 | [REDACTED] | 11/09/2020 | 12/06/2020 | [REDACTED] | OUTPATIENT | [REDACTED] |
| APPROVE | OP2264 | [REDACTED] | 10/21/2020 | 11/17/2021 | [REDACTED] | OUTPATIENT | [REDACTED] |
| APPROVE | OP2217 | [REDACTED] | 09/16/2020 | 10/13/2020 | [REDACTED] | OUTPATIENT | [REDACTED] |
| APPROVE | OP2071 | [REDACTED] | 07/28/2020 | 08/24/2020 | [REDACTED] | OUTPATIENT | [REDACTED] |
| APPROVE | OP2062 | [REDACTED] | 07/20/2020 | 07/21/2020 | [REDACTED] | OUTPATIENT | [REDACTED] |
| APPROVE | OP2031 | [REDACTED] | 06/18/2020 | 07/11/2020 | [REDACTED] | OUTPATIENT | [REDACTED] |
| APPROVE | OP2026 | [REDACTED] | 06/15/2020 | 07/12/2020 | [REDACTED] | OUTPATIENT | [REDACTED] |
| APPROVE | OP2027 | [REDACTED] | 06/15/2020 | 06/29/2020 | [REDACTED] | OUTPATIENT | [REDACTED] |
| APPROVE | OP2015 | [REDACTED] | 06/02/2020 | 06/29/2020 | [REDACTED] | OUTPATIENT | [REDACTED] |
| APPROVE | OP1998 | [REDACTED] | 05/20/2020 | 05/21/2020 | [REDACTED] | OUTPATIENT | [REDACTED] |

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Confidential and Proprietary Information

Secure Provider Portal - Claim Listing

The screenshot displays the 'Claims' section of a provider portal. At the top, there is a navigation bar with 'Claims' highlighted. Below it, filters for TIN (12345678) and Plan Type (Iowa Total Care) are visible. The main content is divided into several sections:

- Filters:** A date range selector for 'From' (03/29/2022) and 'To' (04/28/2022) with a 'CHANGE DATES' button.
- Claim Status Summary:** Three cards showing counts: REJECTED (08), DENIED (23), and PENDING (58). Each card has a 'View All' link. A note below states: 'Shows claims for the last 30 days, from today's date.'
- Search for Claims:** Two search methods: 'Check Status by Claim Number' (with a 'CHECK' button) and 'Search by Member Info' (with fields for Last Name or Member ID and Date of Birth, and a 'SEARCH' button). An 'ADVANCED SEARCH' link is also present.
- Create Claims:** Options include 'Start a CMS 1500 / Professional or CMS UB-04 / Institutional Claim', 'Recurring Claim', and 'Upload EDI / Batch'. A 'DRAFT CLAIMS' card shows 12 claims with a 'View All' link and a note: 'Last 30 days, from today's date.'
- Manage Finances:** Includes 'Explanation of Payment (EOP)' (with a 'View all EOPs' link), 'Reports & Tools' (with links for 'Batch Claims Report' and 'Claim Audit Tool'), and a 'PAID CLAIMS' card showing 55 claims with a 'View All' link and a note: 'Last 30 days, from today's date.'
- Resources:** Links to 'Instruction Manual EDI Guide', 'CMS-1500 Claim Form', and 'CMS-UB-04 Claim Form'.

At the bottom, there are links for 'Privacy Policy', 'Terms and Conditions', and 'Copyright 2022. Centene Corporation'.

Secure Provider Portal - Claim Detail

Claim: V005
Status: DENIED

Member
Member Name: [REDACTED]
Date of Birth: [REDACTED]
Medical ID: [REDACTED]
Plan Type: Medicaid

Payment
Bill #: 0144-03
Paid: 00.00
Payment Date: 04/21/2022

Type and Dates
Type: US-01
Service Dates: 10/26/2021 - 10/26/2021
Received Date: 04/21/2022

Claim Info
Reconsider: V242
Status: Received-completed
Type: Reconsideration
Created Date: 09/16/2022

Original Claim
Status: Denied
Type: LHM
Service Dates: 10/26/2021 - 10/26/2021
Received Date: 01/18/2022

Provider
Ref/Account # [REDACTED]
Billing Provider [REDACTED]
Billing NPI [REDACTED]
TIN [REDACTED]

Claim: V005
Status: DENIED

Member
Member Name: [REDACTED]
Date of Birth: [REDACTED]
Medical ID: [REDACTED]
Plan Type: Medicaid

Type and Dates
Type: US-01
Service Dates: 10/26/2021 - 10/26/2021
Received Date: 04/21/2022

Payment
Bill #: 0144-03
Paid: 00.00
Payment Date: 04/21/2022

Claim Info
Reconsider: V242
Status: Received-completed
Type: Reconsideration
Created Date: 09/16/2022

Original Claim
Status: Denied
Type: LHM
Service Dates: 10/26/2021 - 10/26/2021
Received Date: 01/18/2022

Provider
Ref/Account # [REDACTED]
Billing Provider [REDACTED]
Billing NPI [REDACTED]
TIN [REDACTED]

Service Lines

| Line | Date of service | Proc | Clgp | Mod | Place of Service | Charges | Paid | Check # | Payment codes | Status |
|------|-----------------|------|------|-----|------------------|---------|--------|-------------|---------------|--------|
| 1 | 10/26/2021 | 8333 | 7119 | | L05 | \$99.00 | \$0.00 | 04020000000 | L6 | Denied |
| 2 | 10/26/2021 | 8341 | 8119 | | L02 | \$62.00 | \$0.00 | 04020000000 | L6 | Denied |

Payment Codes Description
L6 DENY: BILL PRIMARY INSURER 1ST. RESUBMIT W/DOB OR INSURANCE EXPLAIN CODE

Reference Numbers
Reference Type: Referral
Reference Number: V005

Claim Info

Reconsider
Reconsider: V242
Status: Received-completed
Type: Reconsideration
Created Date: 09/16/2022

Reconsider
Reconsider: V242
Status: Open
Type: Reconsideration
Created Date: 09/16/2022

Original Claim
Original Claim: V005
Status: Denied
Type: LHM
Service Dates: 10/26/2021 - 10/26/2021
Received Date: 01/18/2022

Provider
Ref/Account # [REDACTED]
Billing Provider [REDACTED]
Billing NPI [REDACTED]
TIN [REDACTED]

Service Lines

| Line | Date of service | Proc | Clgp | Mod | Place of Service | Charges | Paid | Check # | Payment codes | Status |
|------|-----------------|------|------|-----|------------------|---------|--------|-------------|---------------|--------|
| 1 | 10/26/2021 | 8333 | 7119 | | L05 | \$99.00 | \$0.00 | 04020000000 | L6 | Denied |
| 2 | 10/26/2021 | 8341 | 8119 | | L02 | \$62.00 | \$0.00 | 04020000000 | L6 | Denied |

Payment Codes Description
L6 DENY: BILL PRIMARY INSURER 1ST. RESUBMIT W/DOB OR INSURANCE EXPLAIN CODE

Reference Numbers
Reference Type: Referral
Reference Number: V005

Secure Provider Portal – Reporting Access

From the dashboard select **Patient Analytics** or **Provider Analytics**.

Welcome, Steven!
Get familiar with our state-of-the-art and secure dashboard for your business.

Quick Actions
Use our quick actions to get started with our services, view reports, or manage your account.

Member: [dropdown] Member Date of Birth: [input] Role: [dropdown] **GO**

Claims Overview
View details for the top 10 claims in the system.

| NUMBER | STATUS | PHI DATA |
|--------|--------|----------|
| 0 | 0 | 0 |

Authorization Overview

| Inpatient Authorizations | Outpatient Authorizations |
|--------------------------|---------------------------|
| View All | View All |

Useful Links

| | | |
|---|--|--|
| Reports Take your reports to the next level with our advanced reporting tools. | Provider Analytics Used by PCP groups to get direct access to reports/dashboards that assist in providing better outcomes and lower costs. | Patient Analytics This is a PHM tool that supports providers in the delivery of timely, efficient, and evidence-based care to our members. |
| Care & Risk Gaps Proactively identify care gaps and risk factors for your members to improve their health outcomes. | ITC Provider Update Form Use this form to update your information in our system. | Clinical Payment Policies Guidelines used to determine payment for services. |
| PHM Provider Review This survey enables providers to provide feedback on our services. | COVID-19 Learn more about our COVID-19 resources. | |

Provider Analytics

Used by PCP groups to get direct access to reports/dashboards that assist in providing better outcomes and lower costs.

Patient Analytics

This is a PHM tool that supports providers in the delivery of timely, efficient, and evidence-based care to our members.

Patient Analytics

- Detailed Patient Listing
- Detailed Reports – Quality Measures, Management

Provider Analytics

- Supplemental Reports – COVID-19 Detail, Daily IP & Discharge, Weekly Medical and Rx Claims
- P4P and Quality Reporting – Quality and P4Q Appointment Agenda
- Dashboard Reports – Summary and Cost Utilization/Services

Questions about reporting please send an email to providerengagement@sunflowerhealthplan.com

Secure Provider Portal – Medical Record Submission

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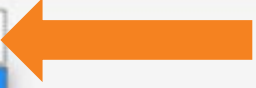
Referrals

Coordination of Benefits

Claims

Document Resource Center

Document Upload | Document Review

1. Document Category: 
2. Document Type:
Behavioral Health
Long Term Services And Support
Medical Necessity
Quality Management
3. Upload File: No file chosen
4.

Submit attachments in PDF format

Quality Improvement Program

Goal of Quality Program

- Is to improve members' health status through a variety of meaningful quality improvement activities implemented across all care settings and aimed at improving quality of care and services delivered.
- Patient safety is integrated throughout many activities across the plan, but primarily through identification of potential and/or actual quality of care events.

Quality of Care Issues

- Require investigation of the factors surrounding the event to make a determination of their severity and need for corrective action, up to and including review by the Peer Review Committee as indicated.
- Received in the QI department are tracked and monitored for trends in occurrence, regardless of their outcome or severity level.

Performance Improvement Plan

- Adopts traditional quality/risk/utilization management approaches to identify problems, issues, and trends with the objective of developing improvement opportunities.
- Initiatives are selected based on data that indicates the need for improvement in a particular clinical or nonclinical area and includes targeted interventions that have the greatest potential for improving health outcomes or service standards.

Care Gaps

Pregnancy

- We want to ensure our pregnant members get the proper prenatal care, high-risk services and any additional care they may need.
- Please help us identify Sunflower members who have these needs so we may communicate all available benefits to them.

Women between 21-64 Years of Age

- Have they had an appointment in the last year? Women in this age group should have regular exams for Cervical Cancer Screening with frequency based on their individual risk factors and history.
- Please assist in educating and scheduling these appointments.

Members under 2 Years

- When was the child's last well child visit? Are they up to date on immunizations?
- Please assist in providing and educating on these services and their importance related to proper development and to prevent disease.

Diabetes

- When was the member's last doctor's appointment to assess their diabetes? How about their last retinal eye exam? A1C testing? Diabetic foot exam? Nephropathy testing? Blood pressure check?
- Please help ensure these members are getting all the necessary exams and labs to assess their diabetes and progression of disease and ensure effectiveness of treatment.

HealthCare Effective Data Information Set (HEDIS)

- **HEDIS** is a set of standardized performance measures developed by the National Committee for Quality Assurance (NCQA) that allows comparison across health plans. It gives purchasers and consumers the ability to distinguish between health plans based on comparative quality instead of simply cost differences.
- **HEDIS** Scores – Physician-specific scores are used to measure PCP practice's preventive care efforts.
- How Can Providers Improve Their **HEDIS** Scores?

Knowledge &
Understanding of
HEDIS Measures

Submit Claims
Including CPT II &
Encounter Claims

Chart Documentation
Reflects Services
Provided

Provide Medical
Records When
Requested

2024 HEDIS Measures

For additional HEDIS information <https://www.sunflowerhealthplan.com/providers/quality-improvement/hedis.html>

| | | |
|--|--|--|
| AAB - Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis | EED - Eye Exam for Patients with Diabetes | PCR - Plan All Cause Readmissions |
| AAP - Adults' Access to Preventive/Ambulatory Health Services | FUA - Follow Up After Emergency Department Visit for Substance Use | POD - Pharmacotherapy for Opioid Use Disorder |
| AMM - Antidepressant Medication Management | FUH - Follow Up After Hospitalization for Mental Illness | PPC - Prenatal and Postpartum Care |
| AMR - Asthma Medication Ratio | FUI - Follow-Up After High-Intensity Care for Substance Use Disorder | SAA - Adherence to Antipsychotic Medications for Individuals with Schizophrenia |
| APP - Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics | FUM - Follow Up After Emergency Department Visit for Mental Illness | SMC - Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia |
| AXR - Antibiotic Utilization for Respiratory Conditions | GSD - Glycemic Status Assessment for Patients With Diabetes | SMD - Diabetes Monitoring for People with Diabetes and Schizophrenia |
| BPD - Blood Pressure Control for Patients with Diabetes | HDO - Use of Opioids at High Dosage | SPC - Statin Therapy for Patients With Cardiovascular Disease |
| CBP - Controlling High Blood Pressure | IET - Initiation and Engagement of Substance Use Disorder Treatment | SPD - Statin Therapy for Patients With Diabetes |
| CCS - Cervical Cancer Screening | IMA - Immunizations for Adolescents | SSD - Diabetes Screening for People with Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications |
| CHL - Chlamydia Screening in Females | KED - Kidney Health Evaluation for Patients with Diabetes | TFC - Topical Fluoride for Children |
| CIS - Childhood Immunization Status | LBP - Use of Imaging Studies for Low Back Pain | UOP - Use of Opioids From Multiple Providers |
| COU - Risk of Continued Opioid Use | LSC - Lead Screening in Children | URI - Appropriate Treatment for Upper Respiratory Infection |
| CRE - Cardiac Rehabilitation | OED - Oral Evaluation, Dental Services | W30 - Well Child Visits in the First 30 Months of Life |
| CWP - Appropriate Testing for Pharyngitis | PBH - Persistence of Beta-Blocker Treatment After a Heart Attack | WCC - Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents |
| DMH - Diagnosed Mental Health Disorders | PCE - Pharmacotherapy Management of COPD Exacerbation | WCV - Child and Adolescent Well Care Visits |
| DSU - Diagnosed Substance Use Disorders | | |

Why Did We Receive a Request for Medical Records?

You may receive a request from Sunflower's Medical Management, Quality, Auditing department, etc. We would like to remind you that Medical Records are required by contract for:

- All covered members (including those dual eligible where Sunflower was not payer of service provided)
- Contractual reasons for record requests
- To conduct utilization or quality review of member care
- Regulatory audits, monitoring, or reviews by the state, federal government or MCO
- To meet document requests required by accrediting organizations
- Public official requests

www.sunflowerhealthplan.com/content/dam/centene/sunflower/pdfs/Sunflower-Chasing-the-Chart-Provider-Info.pdf

Medical Record Requests & Review for Quality

Provider Responsibilities:

- Documentation needs to fully meet request (read request document carefully and include all items in request)
 - Timely submission (all requests will include a deadline and a contact number for questions, to discuss delivery, or if an extension is available)
 - Submit documents in a secure, useable format (email, fax, upload to portal or mail)
 - Specialists are to provide reports back to the member's PCP on a regular basis for coordination of care
- ❖ *Always submit medical records in PDF format*

Medical Record Documentation

Provider Responsibilities:

- To maintain clinical and medical records in a manner that is current, detailed and organized.
- Retain medical records for 10 years with additional details explained for extending the record retention timeframe noted in the provider manual.

Maintain the confidentiality of clinical and medical record information and release the information in the following manner:

- All clinical and medical records of members shall be confidential and shall only be released in compliance with HIPAA and other applicable record-protection laws.
- Written consent of the member is only required for the transmission of the clinical and medical record information of a former enrolled member for “sensitive conditions” or as otherwise specified by HIPAA and other applicable protection laws.
- Authorization is not required when the provider is transitioning care to another KanCare provider.
- The extent of clinical or medical record information to be released in each instance shall be based upon tests of medical necessity and a “need to know” on the part of the practitioner or a facility requesting the information.
- All releases of information for SUD specific clinical or medical records must meet federal guidelines at 42 CFR Part 2.

Quality Resources

Providers

- [Quality Care Pointers for Providers](#) (PDF reference resource) - Helping your Sunflower patients achieve a Healthier Today, Better Tomorrow.
- Preventative and Disease Management [Practice Guidelines](#)
- State's Immunization Registry – Learn more about [WebIZ](#)
- Reporting
 - Secure Provider Portal
 - Interpreta accessed on www.availity.com

Members

- **Office Visit Checklist**
 - [English](#)
 - [Spanish](#)
- **Changing assigned PCP - Member PCP Change Request**
 - [English](#)
 - [Spanish](#)
- **[Health and Wellness Tools](#)**
 - Krames Health Library
 - myStrength
 - On.Target
 - Health Books

Satisfaction Surveys – We want you to be completely satisfied

Provider Satisfaction Survey includes questions to evaluate provider satisfaction with our services such as:

- Claims
- Communications
- Utilization Management
- Customer Service

Member Satisfaction Survey provides information on the experiences of members with:

- Health plan
- Practitioner services



Medicaid Key Contacts

- Member eligibility or liability concerns - call KanCare Clearinghouse 1-800-792-4884
- Issues with AuthentiCare - call 1-800-441-4667 or email authenticare.support@fiserv.com
- Kansas Dept of Aging & Disability Services – call 1-785-296-4986
- Kansas Dept of Health & Environment - call 1-785-296-1500
- HCBS Authorization concerns – email HCBSAuthorizations@sunflowerhealthplan.com
- Sunflower Provider Services – call 1-877-644-4623 (TTY 711)
- Contracting & credentialing questions – email sunflowerstatehealth@centene.com

Physical Health Provider Relations Map www.sunflowerhealthplan.com/providers/resources/provider-relations-territory-map.html

HCBS/LTSS Provider Relations Map www.sunflowerhealthplan.com/providers/resources/pr-ltss-hcbs-map.html

Behavioral Health Provider Relations Map www.sunflowerhealthplan.com/providers/resources/provider-relations-territory-map2.html

Case Management Territory Map www.sunflowerhealthplan.com/providers/resources/care-manager-map.html

How to Reach Us

| Resource | Sunflower Medicaid | Ambetter Marketplace | Wellcare Medicare Advantage | Wellcare Complete formerly Ascension Complete |
|---|---|---|---|---|
| Website - Provider Resources | https://www.sunflowerhealthplan.com/providers/resources.html | https://ambetter.sunflowerhealthplan.com/provider-resources/manuals-and-forms.html | https://www.sunflowerhealthplan.com/providers/allwell-provider.html | https://www.wellcarecomplete.com/providers/provider-resources.html |
| Customer Service | 1-877-644-4623 TTY: 711 | 1-844-518-9505 TTY: 844-546-9713 | 1-800-977-7522 DSNP 1-877-796-6811 TTY: 711 | 1-800-977-7522 TTY: 711 |
| Secure Provider Portal | https://www.sunflowerhealthplan.com/login.html | | | provider.wellcarecomplete.com |
| Contact Us Submission | https://www.sunflowerhealthplan.com/contact-us.html | https://ambetter.sunflowerhealthplan.com/contact-us.html | https://wellcare.sunflowerhealthplan.com/contact-us.html | https://www.wellcarecomplete.com/contact-us.html |
| Medicaid Provider Representative Territory Maps | Physical Health – https://www.sunflowerhealthplan.com/providers/resources/provider-relations-territory-map.html HCBS & LTSS – https://www.sunflowerhealthplan.com/providers/resources/pr-ltss-hcbs-map.html Behavioral Health - https://www.sunflowerhealthplan.com/providers/resources/provider-relations-territory-map2.html | | | |
| Contracting & Credentialing Status Inquiries | sunflowerstatehealth@centene.com | | | |

Questions?

Training Feedback

www.sunflowerhealthplan.com/providers/resources/provider-training/feedback.html

Training Questions

Provider_Training@sunflowerhealthplan.com

General Questions

providerrelations@sunflowerhealthplan.com