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

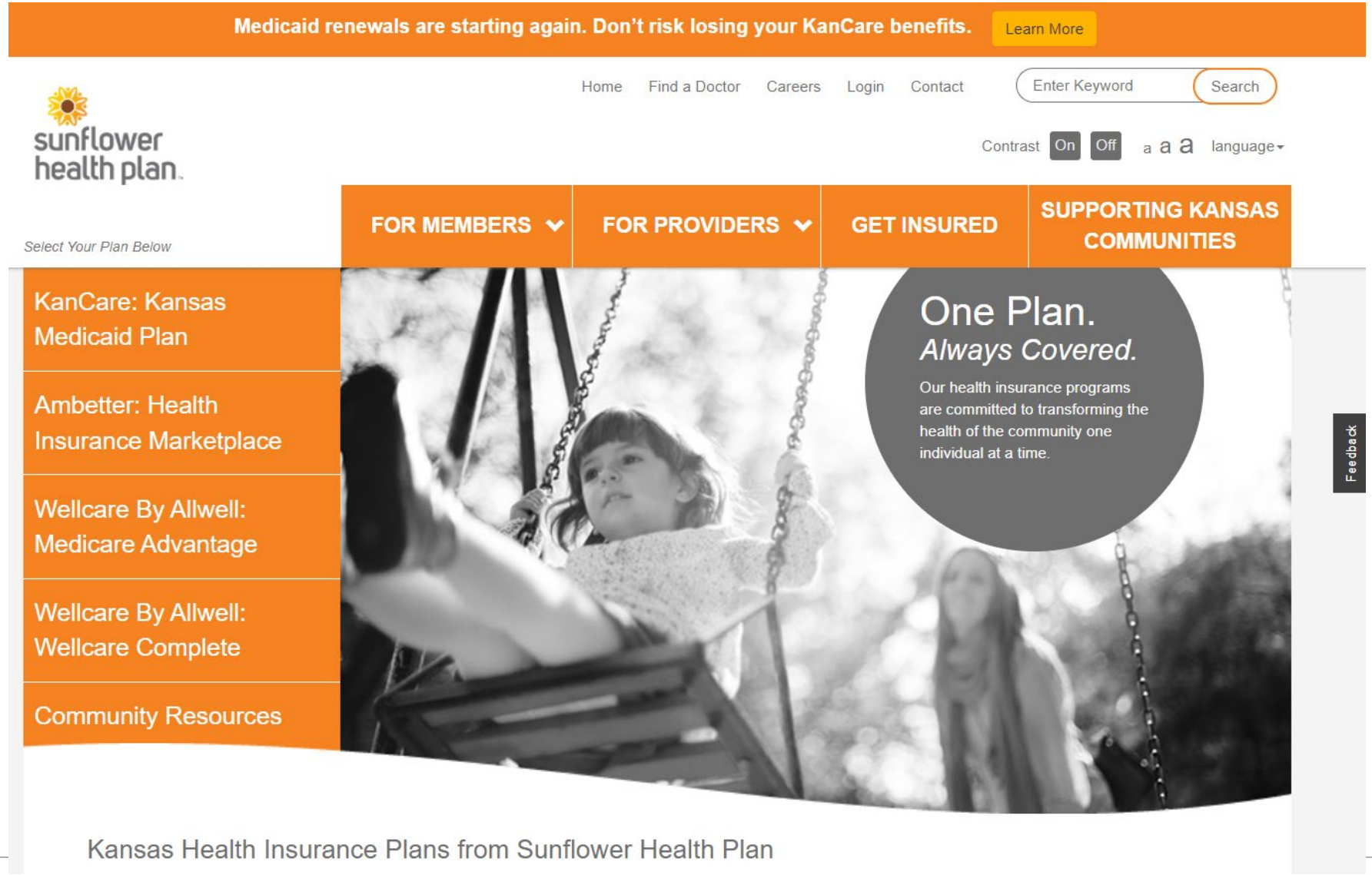
Project ECHO (www.sunflowerhealthplan.com/providers/project-echo.html)**:**

- 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.

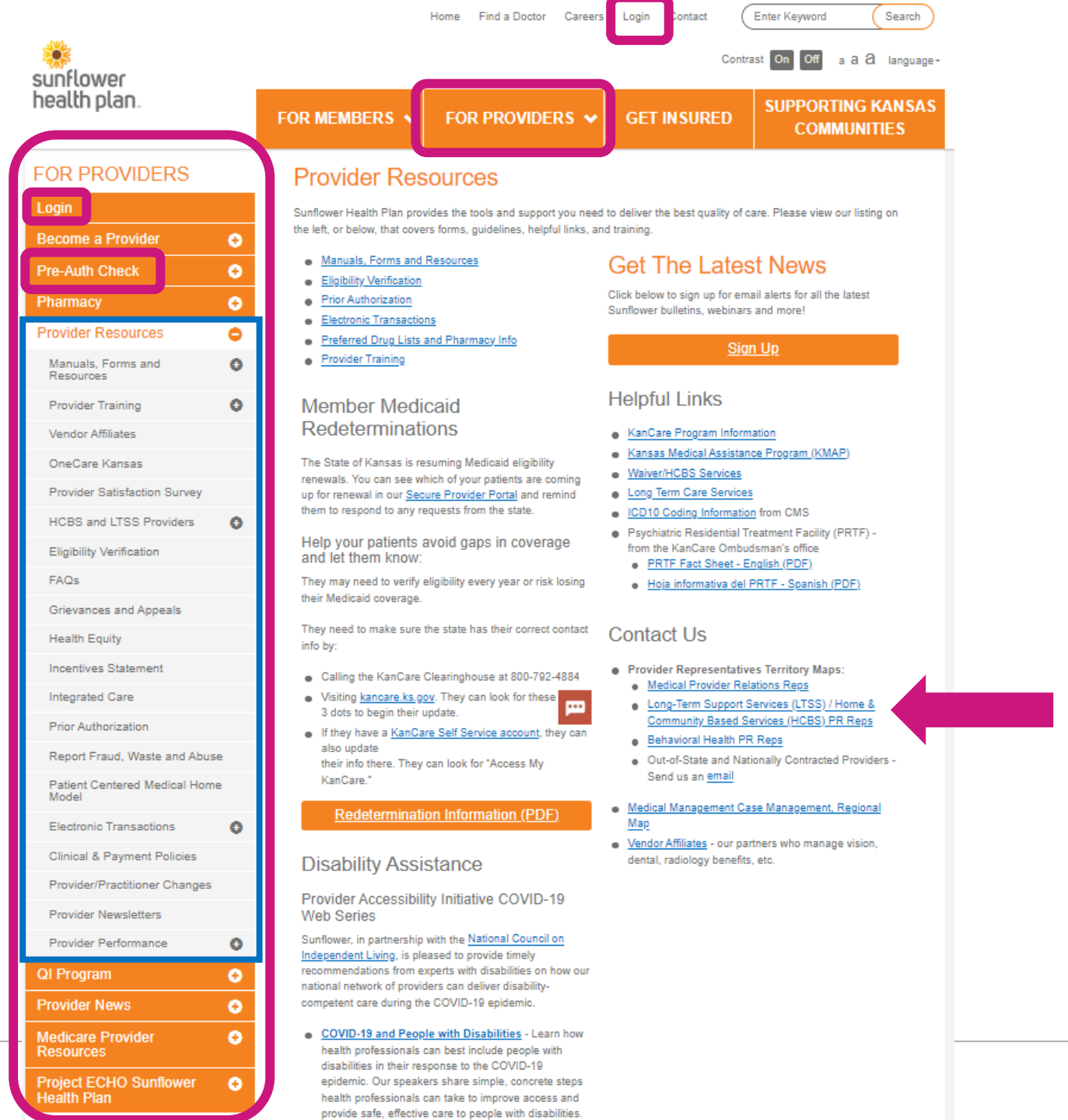
Provider Office Hours

- 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



Provider Resources

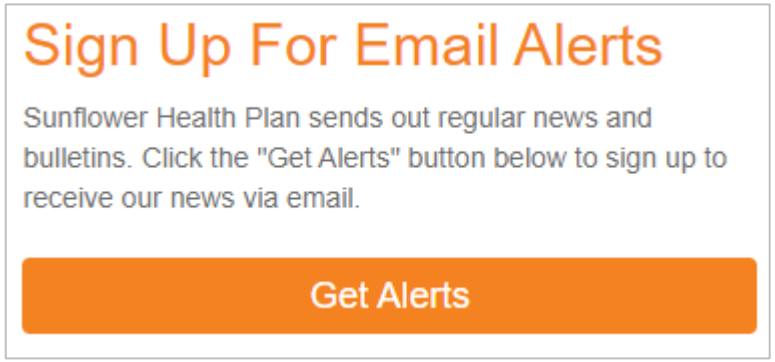


Sign Up Provider Bulletins

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



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:

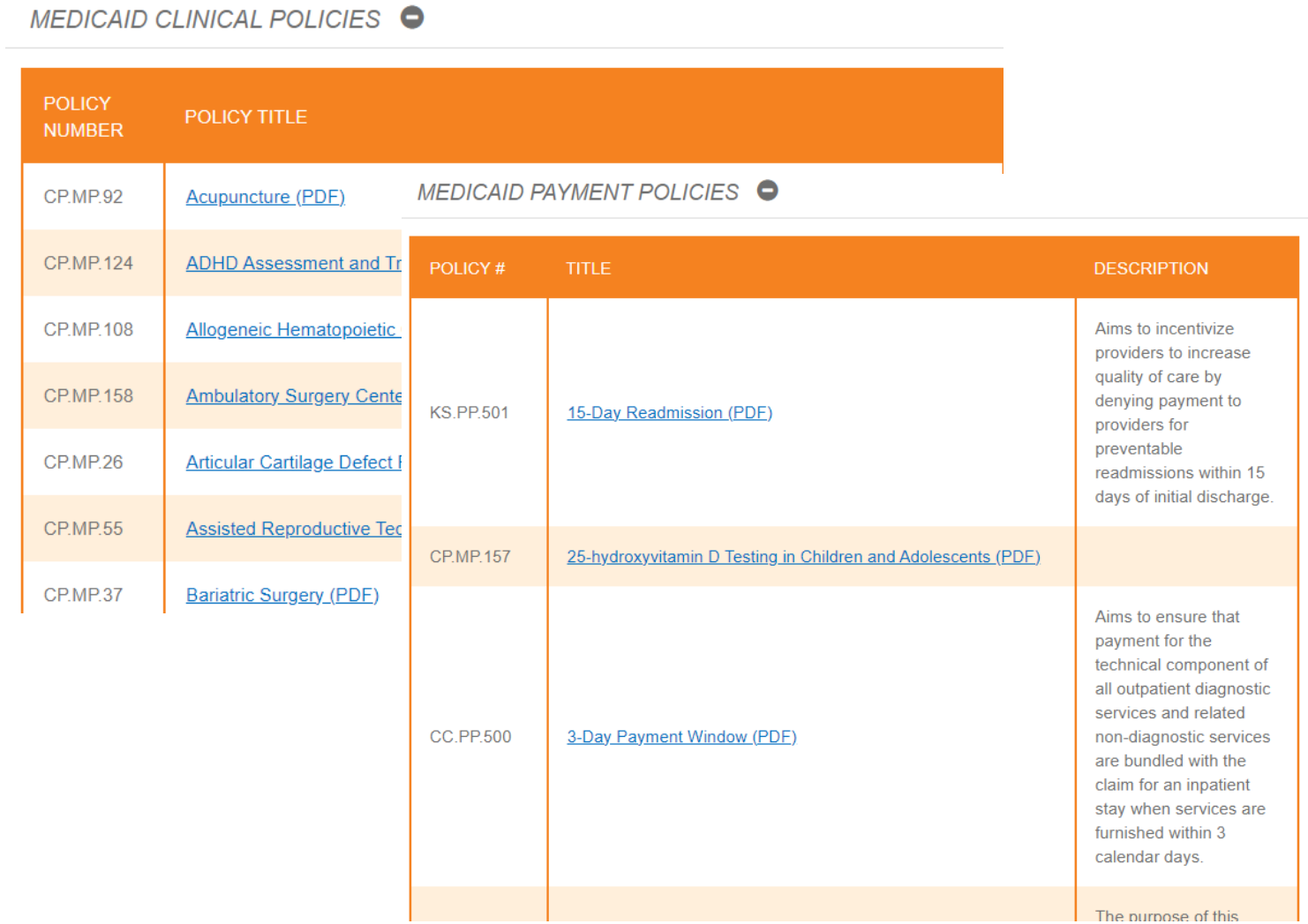
- A recording telling callers to leave a message
- A recording telling callers to go to an emergency department
- Calls not returned within 30 minutes

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

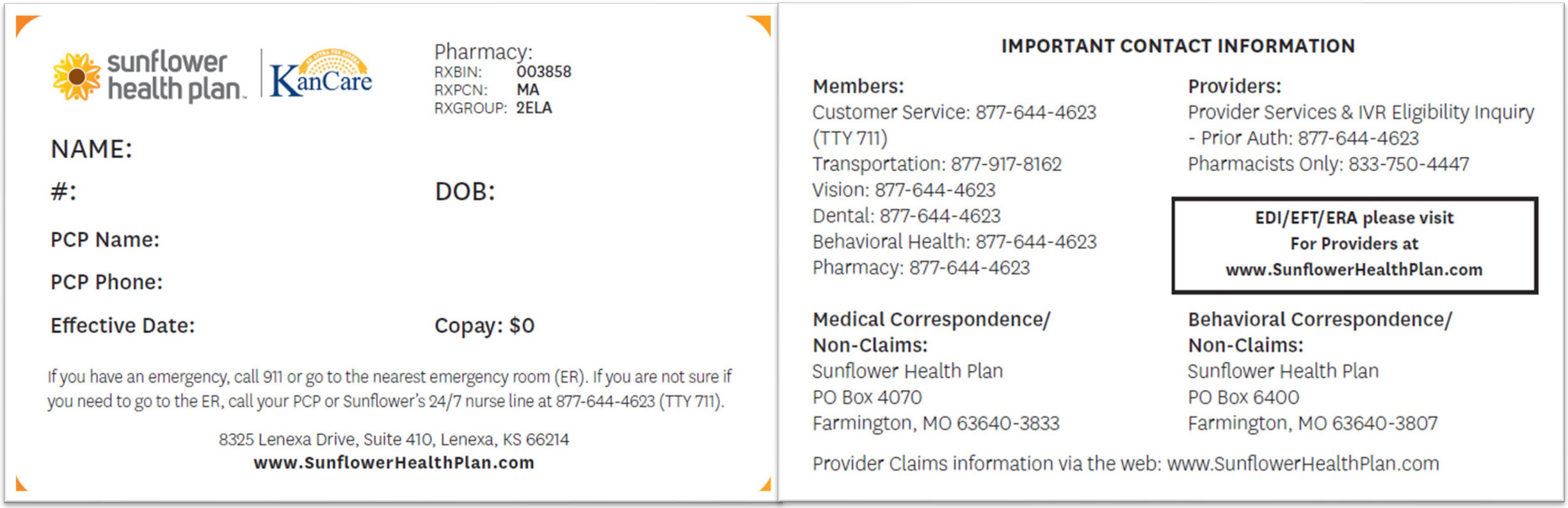
POLICY #	TITLE	DESCRIPTION
KS.PP.501	15-Day Readmission (PDF)	Aims to incentivize providers to increase quality of care by denying payment to providers for preventable readmissions within 15 days of initial discharge.
CP.MP.157	25-hydroxyvitamin D Testing in Children and Adolescents (PDF)	
CC.PP.500	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



sunflower health plan | KanCare

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

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

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

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

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

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

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

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

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?

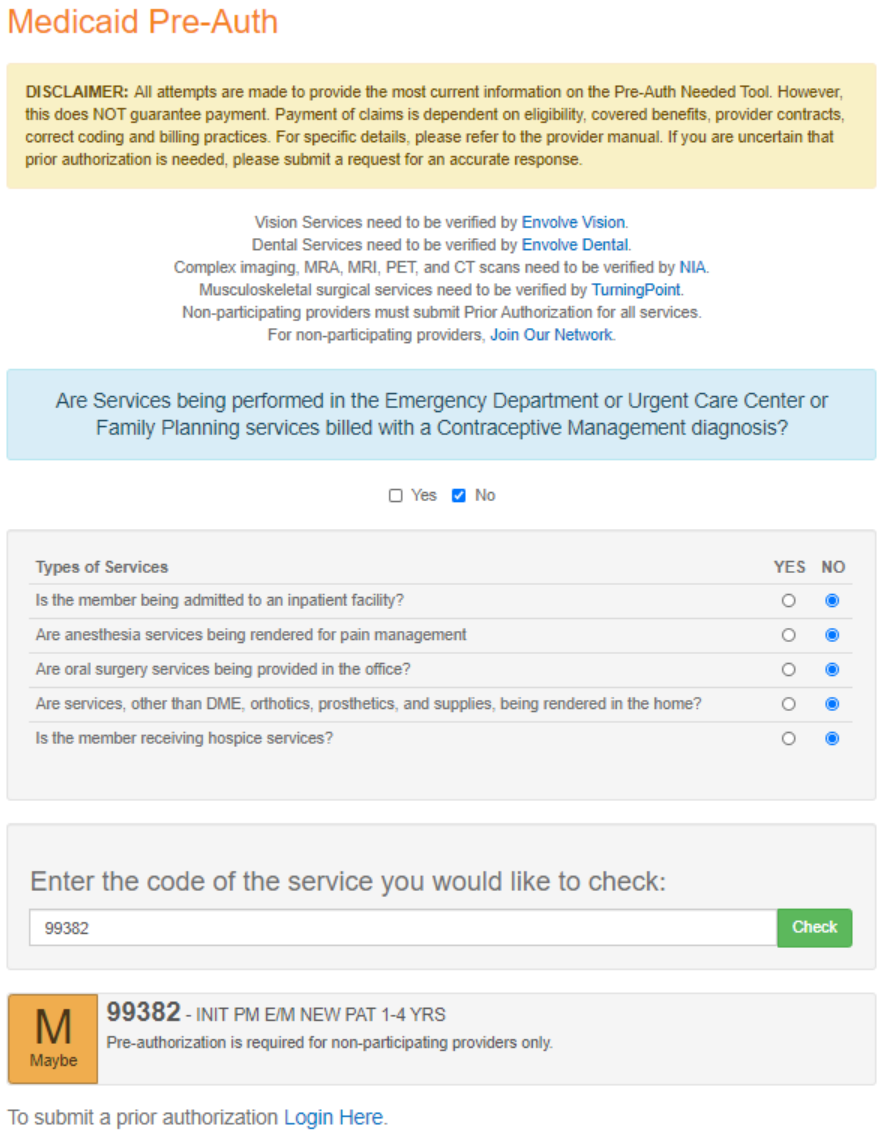
- By making referrals and following up on those referrals to other healthcare providers.
- Talking with members about the healthcare services they are receiving.
- Establish a communication plan with the member and other healthcare providers which may include obtaining signed releases by the member.
- 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



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

Envolve Vision
1-877-865-1834
www.envolvevision.com

Envolve Dental
1-855-434-9245
www.envolvedental.com

Express Scripts
1-877-644-4623
www.sunflowerhealthplan.com/providers/pharmacy.html

Musculoskeletal Surgical Svcs - Evolent
1-877-644-4623
www.RadMD.com

CoverMyMeds for Prior Authorizations
1-866-452-5017
www.covermymeds.com

New Century Health – now part of Evolent
Oncology & medication – members > 21 -
1-888-999-7713 | my.newcenturyhealth.com/

Radiology – Evolent
1-877-644-4623
www.RadMD.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

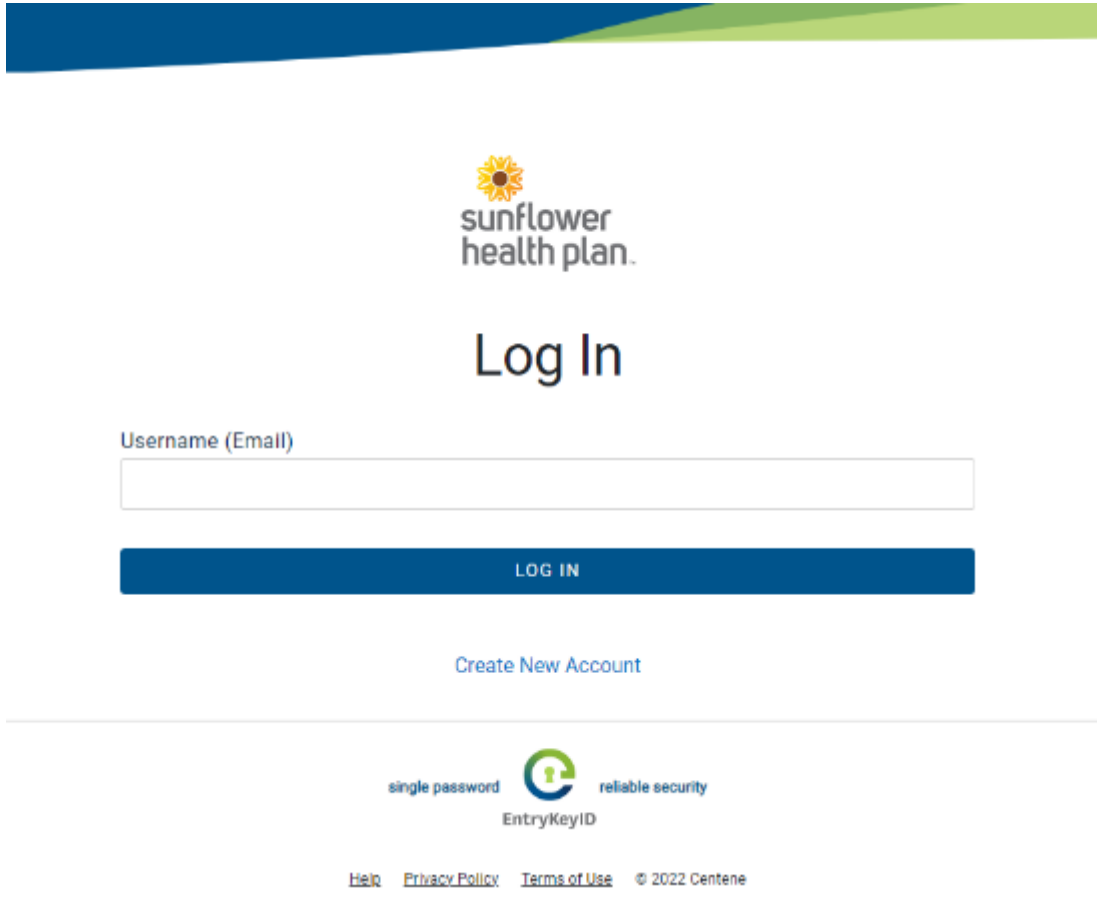
Sunflower Claim Turn Around Timeframe	
30 Days	To pay or deny clean claims
	To pay or deny claims before Interest begins to apply
	To pay or deny corrected claims
90 Days	To pay or deny non-clean claims

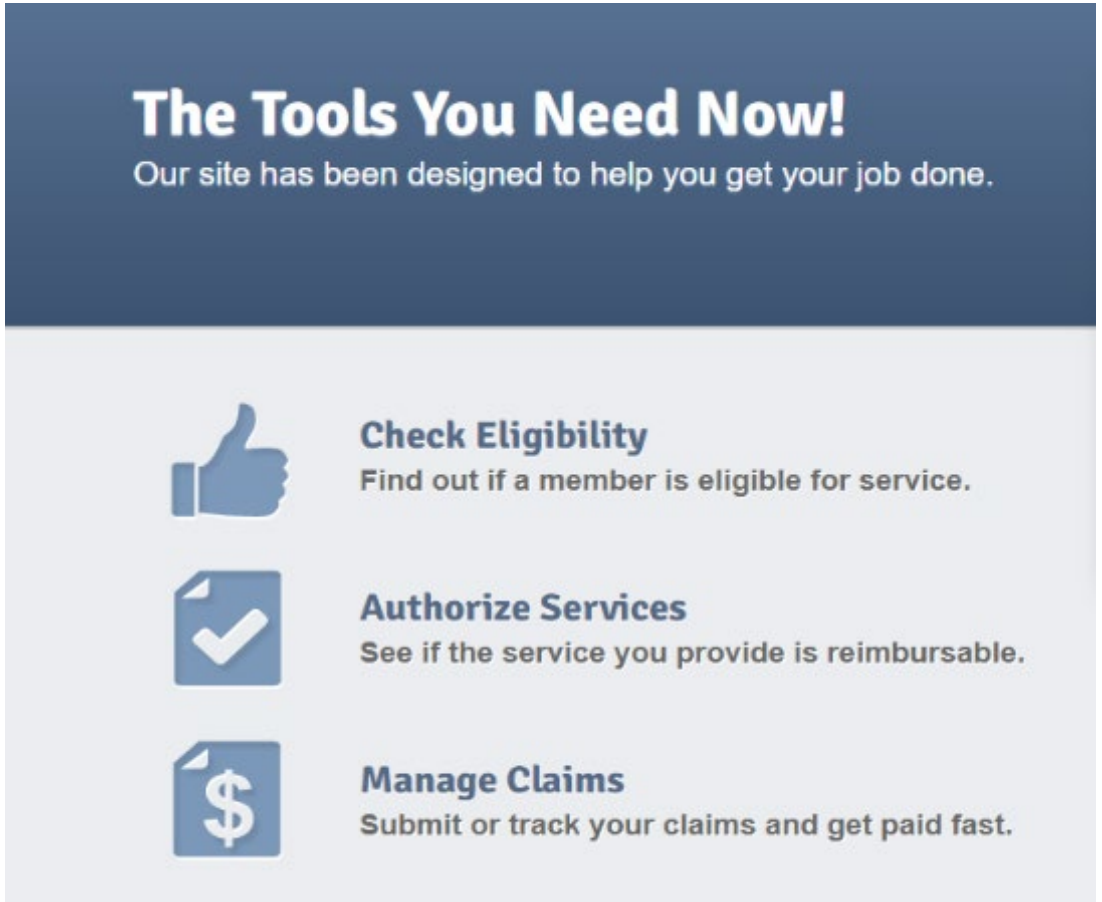
Claim Resolution Process

	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

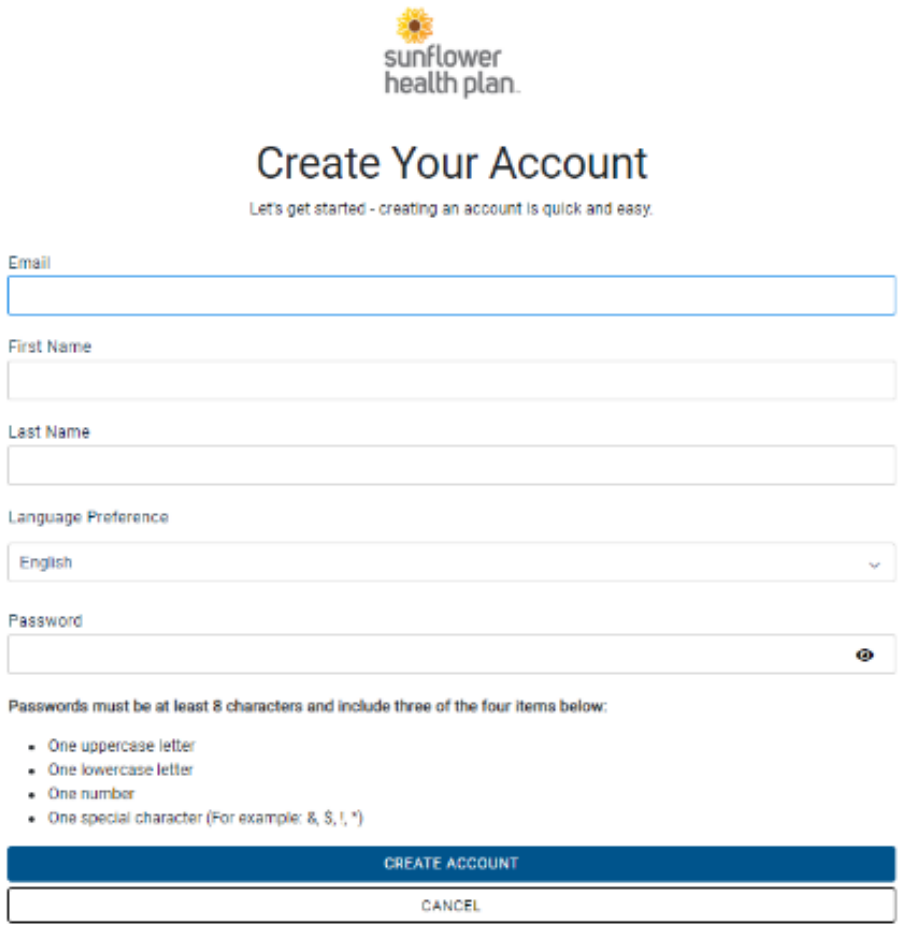
*Three (3) additional calendar days will be allowed for mailing time. For additional information please see Provider Manual, EOP or resolution decision letter.

Secure Provider Portal: provider.sunflowerhealthplan.com



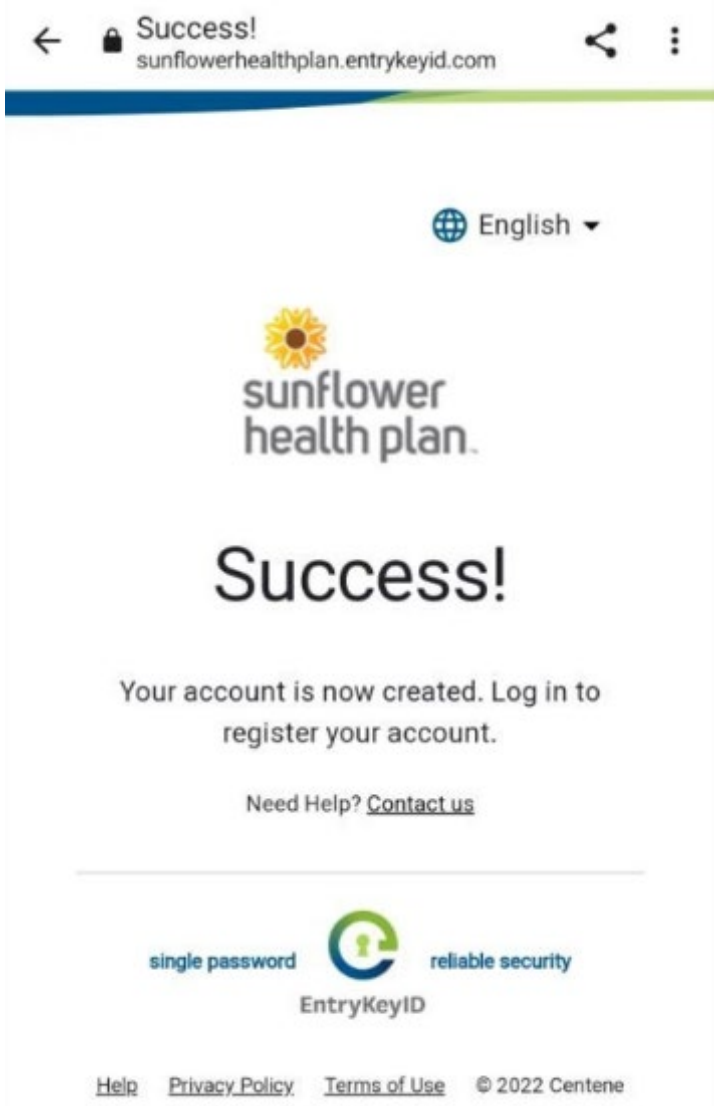


New Portal Users – Create Your Account



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.

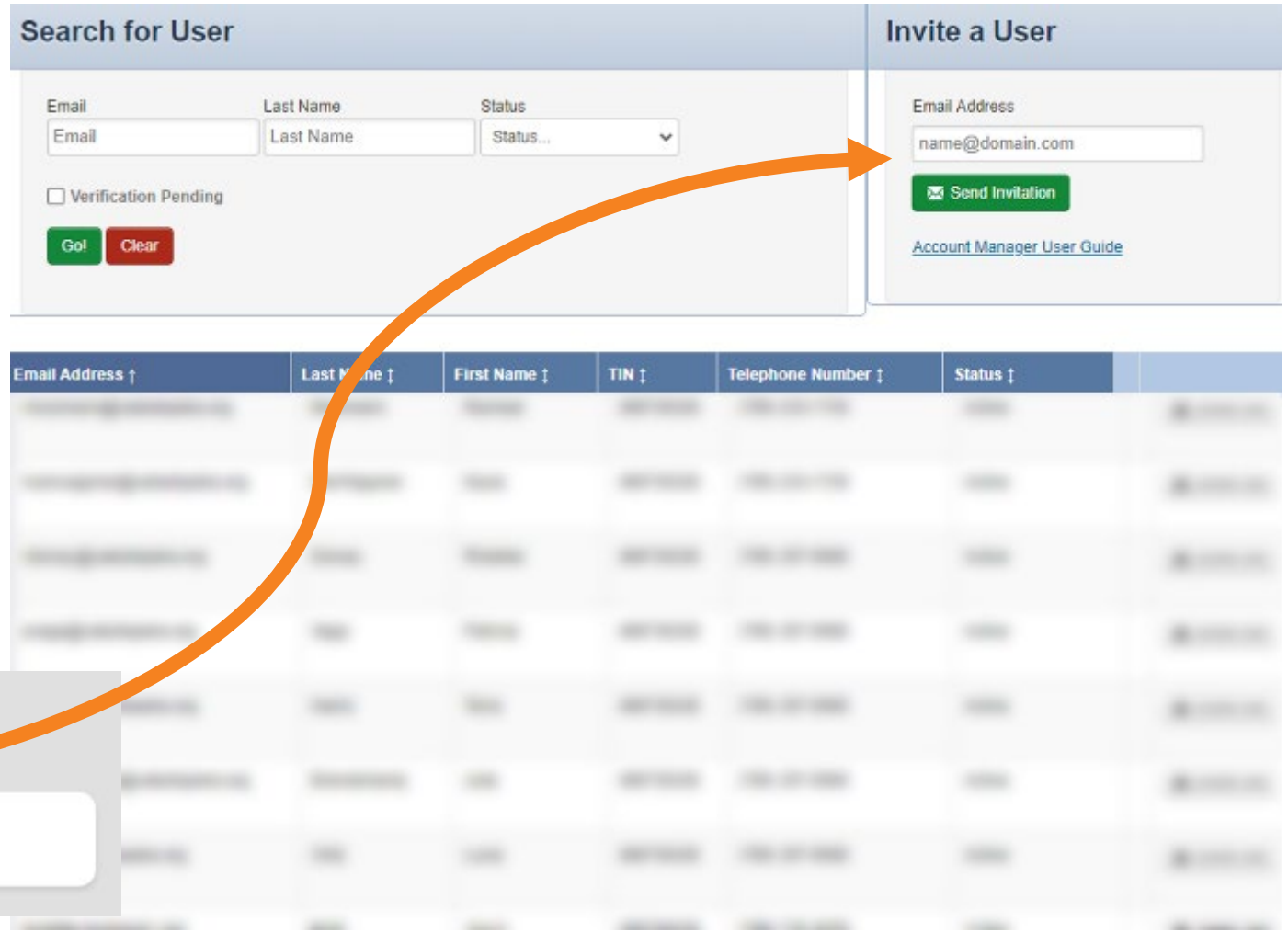


Secure Provider Portal – Account Manager

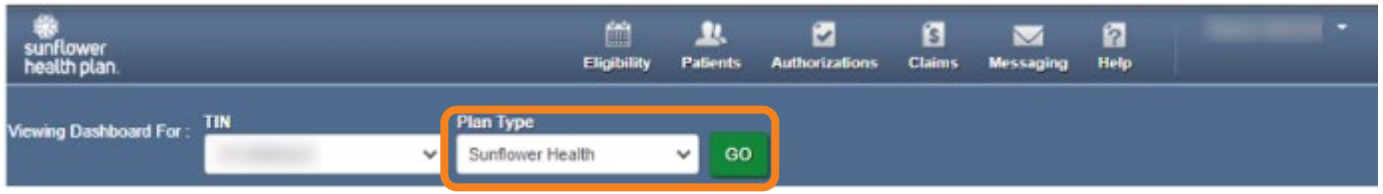
Role: The primary point of contact between the provider's office and the health plan.

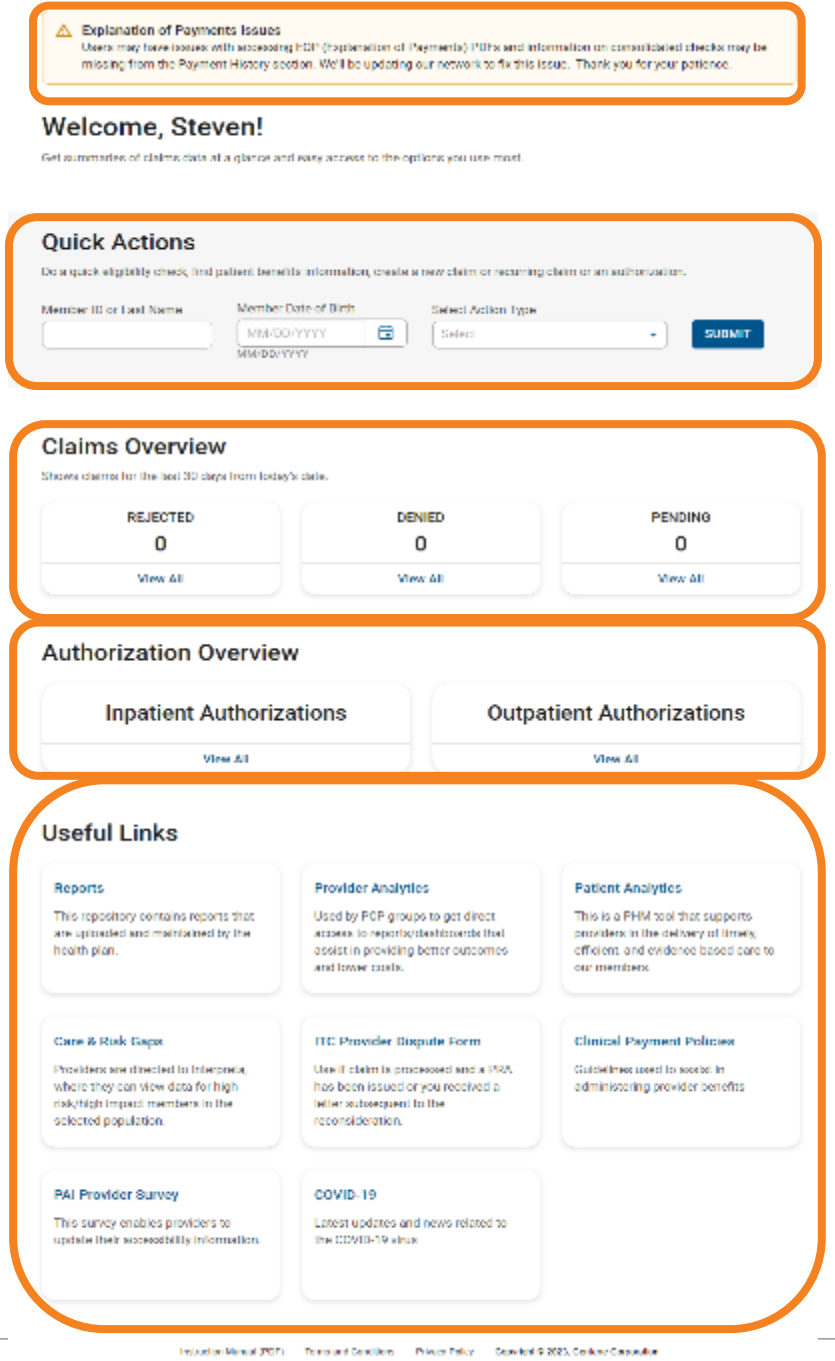
Responsibility: At a practice is responsible for the day-to-day support of all the other user accounts registered for the same Tax Identification Number (TIN).

- 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

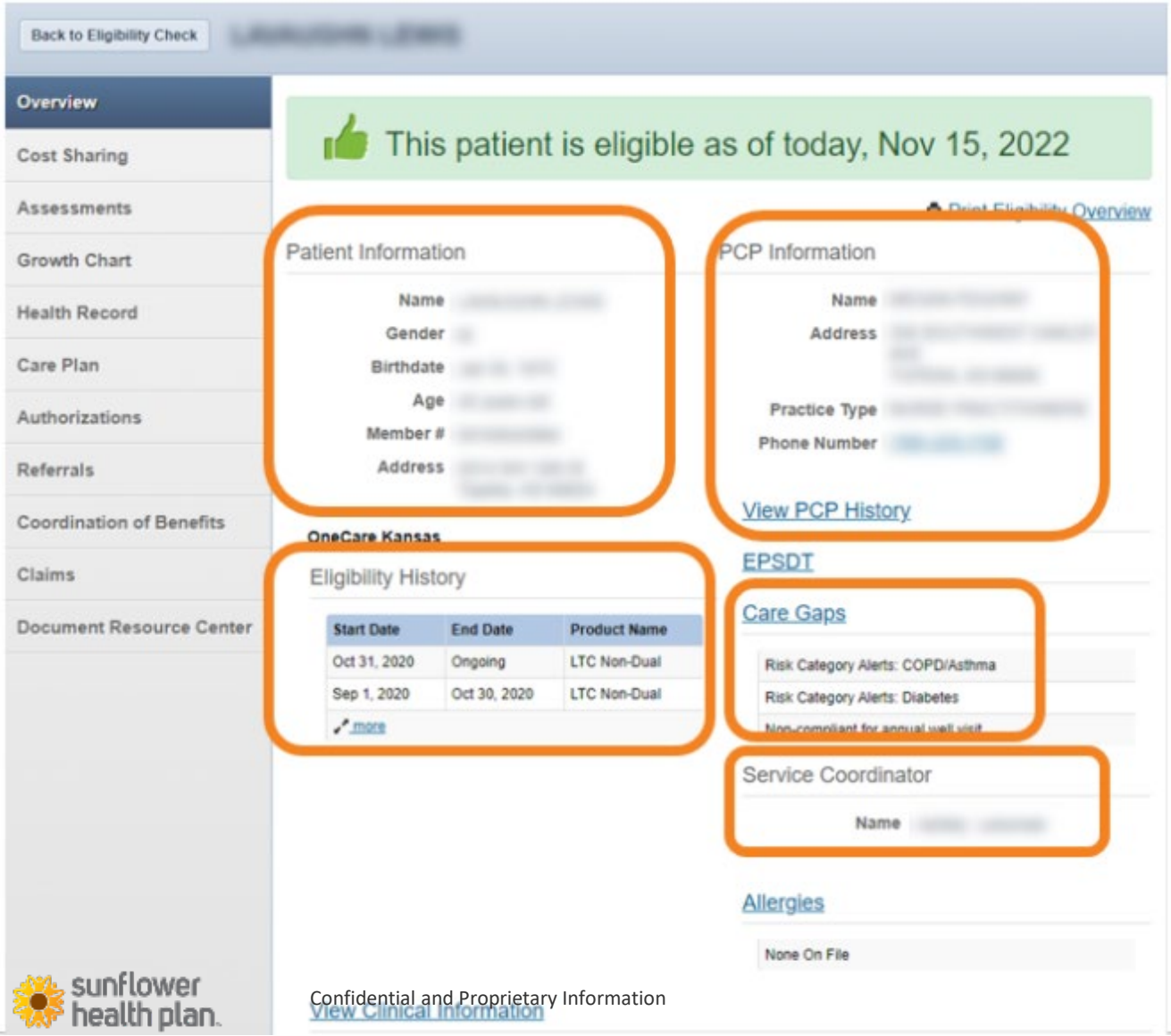


Secure Provider Portal - Dashboard

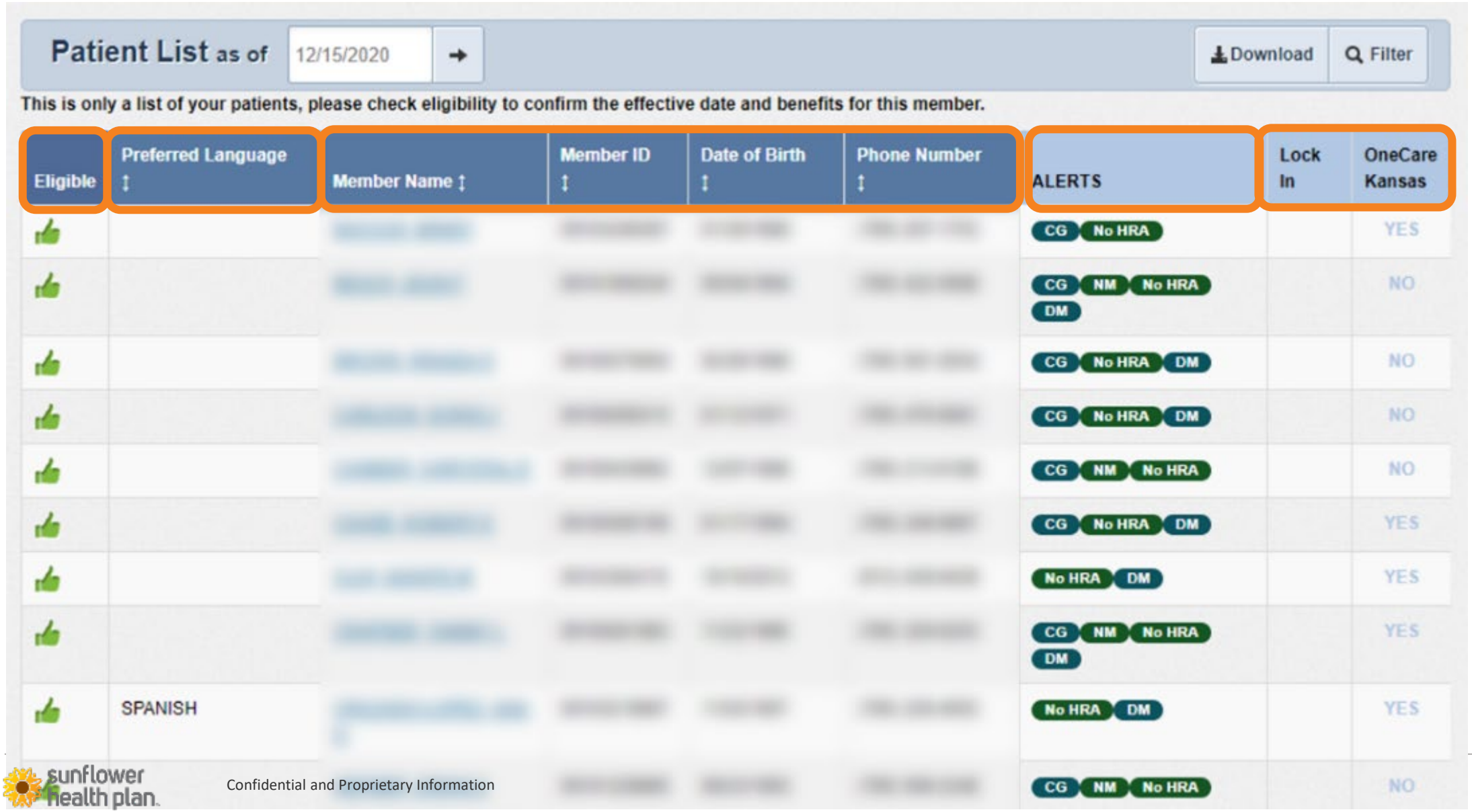




Secure Provider Portal – Eligibility Overview



Secure Provider Portal – PCP Patient Listing



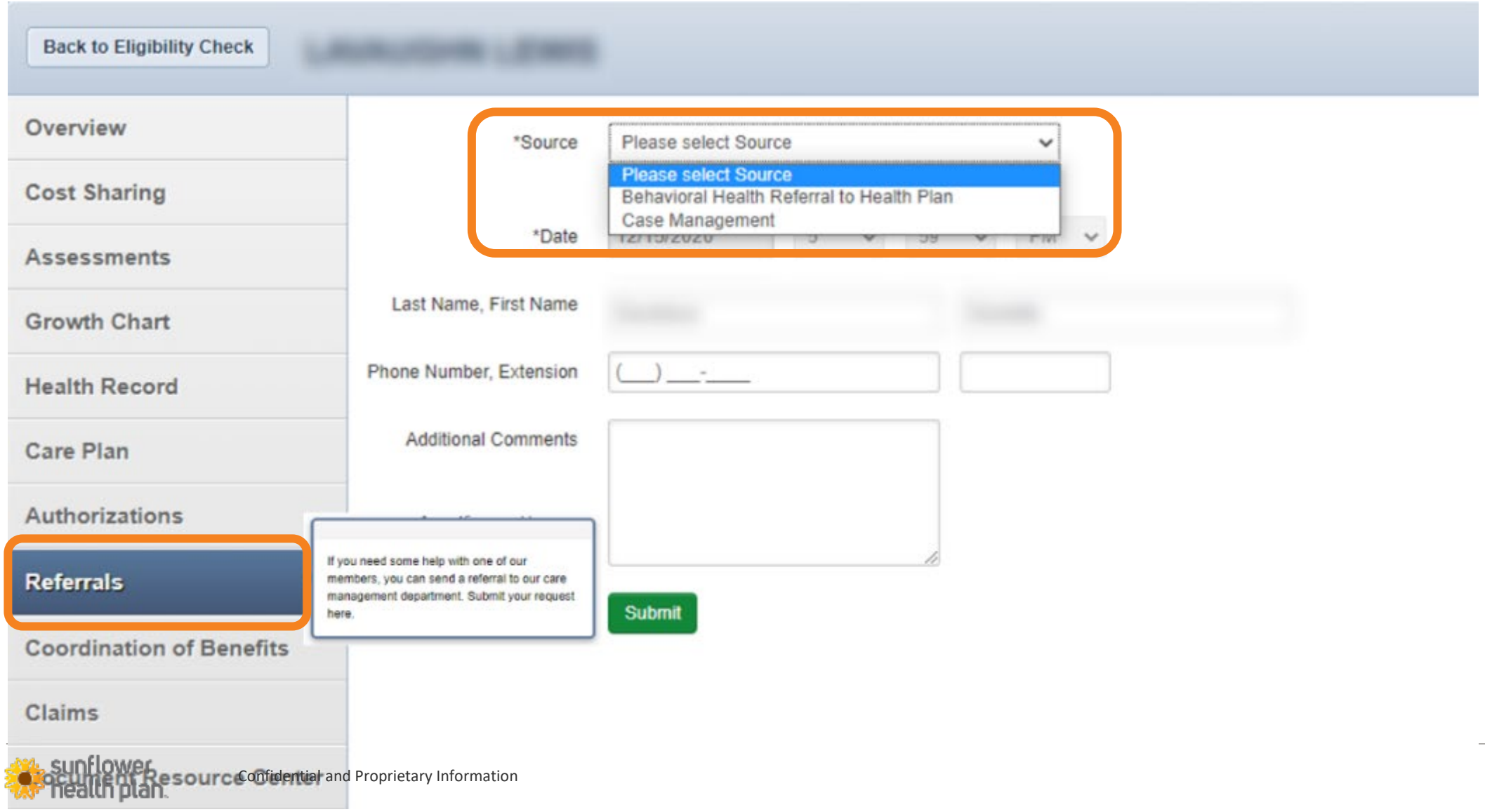
Patient List as of 12/15/2020

Download | Filter

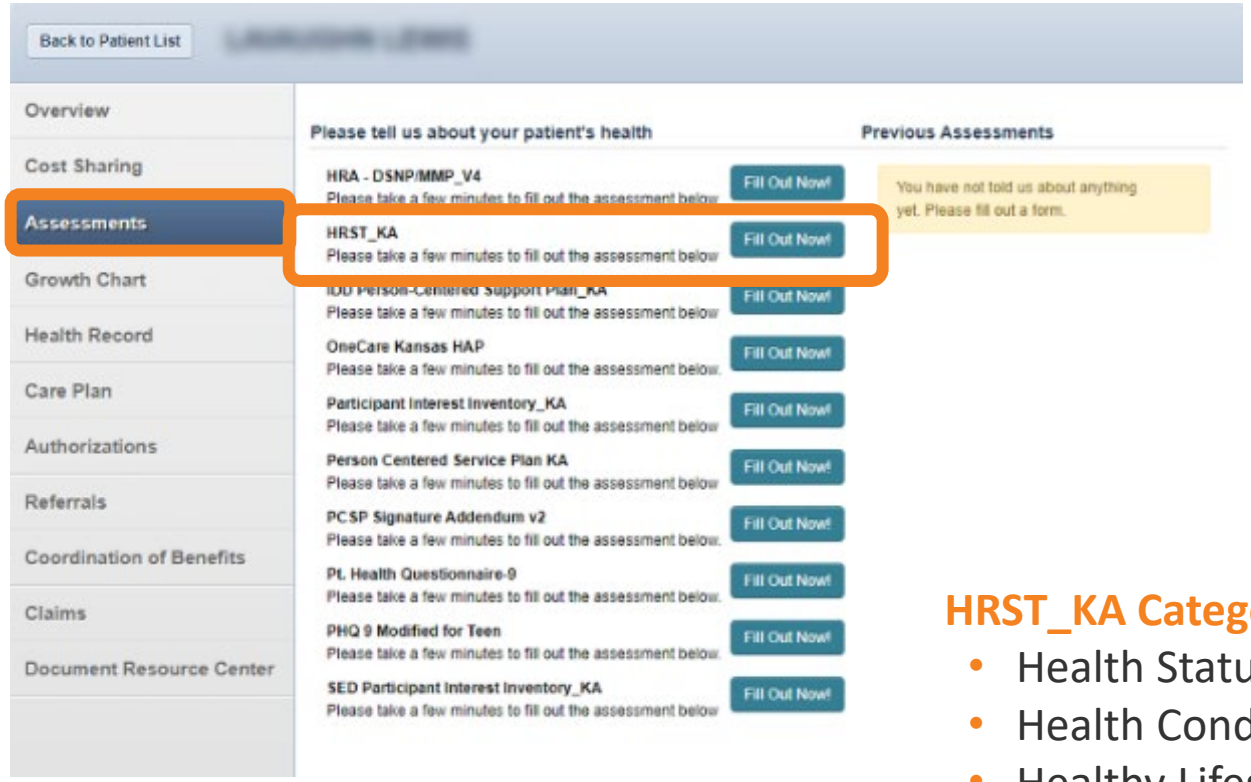
This is only a list of your patients, please check eligibility to confirm the effective date and benefits for this member.

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

Secure Provider Portal – Referrals



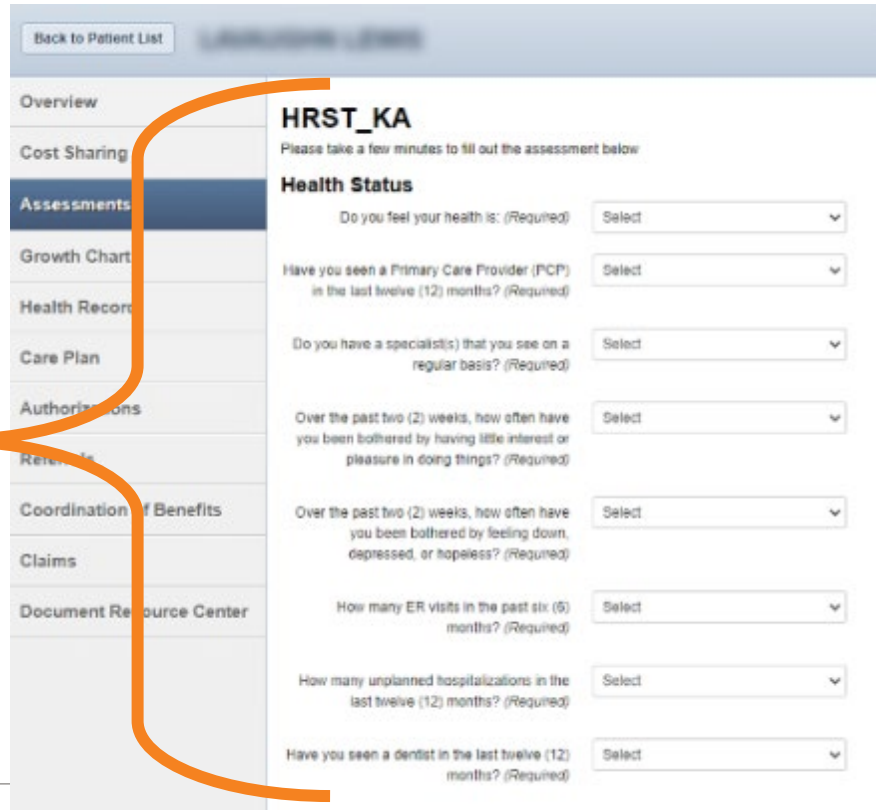
Secure Provider Portal – Health Risk Assessment (HRST)



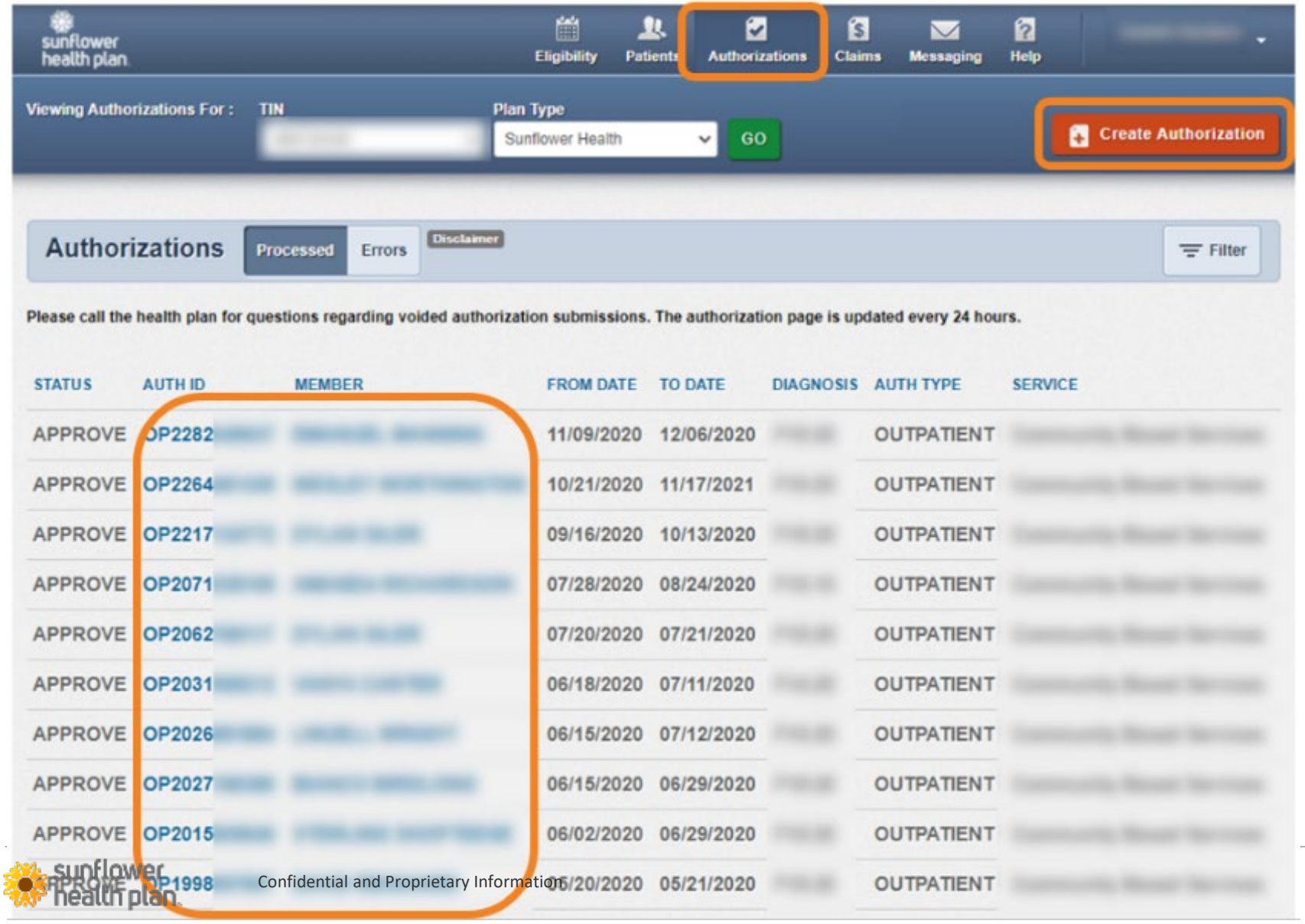
Displayed by doing an eligibility look-up under Assessments. The HRST can be completed by members, Sunflower or providers.

HRST_KA Categories

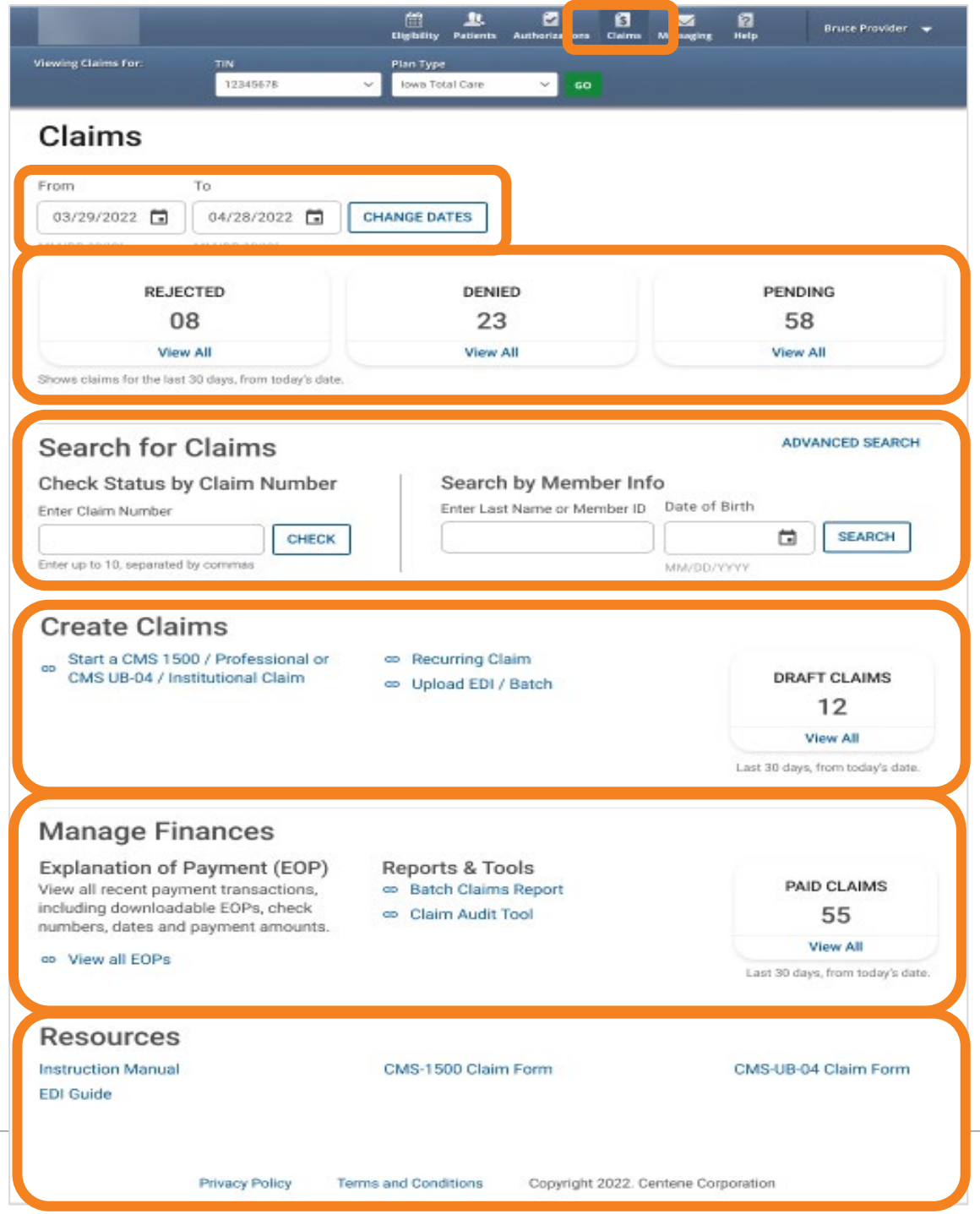
- Health Status
- Health Conditions
- Healthy Lifestyle
- Home/Employment
- Total Weight



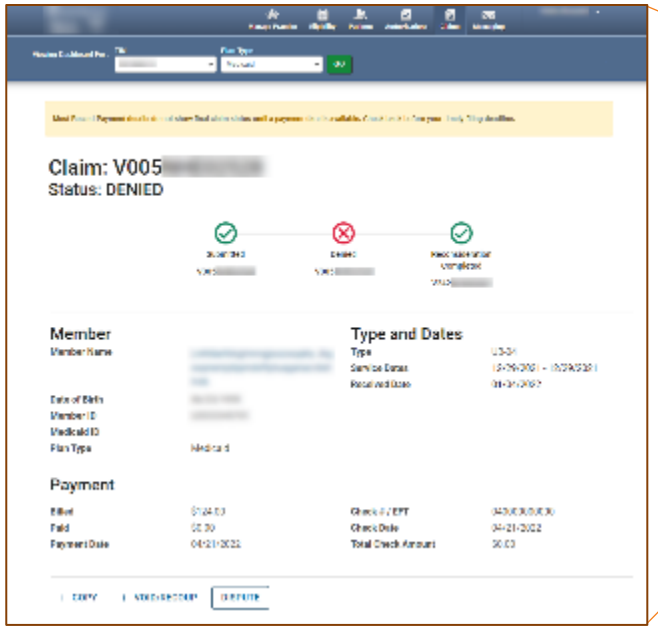
Secure Provider Portal - Authorizations

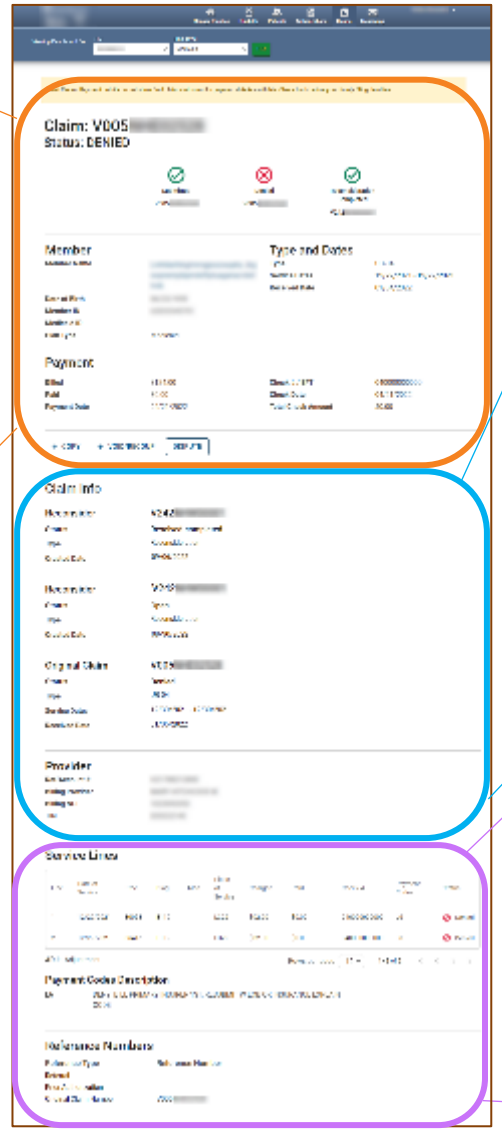


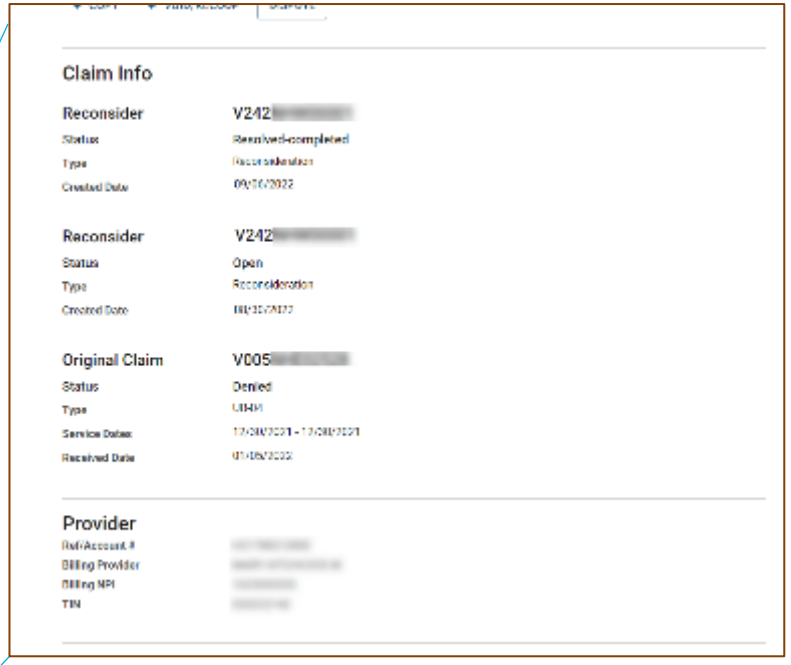
Secure Provider Portal - Claim Listing

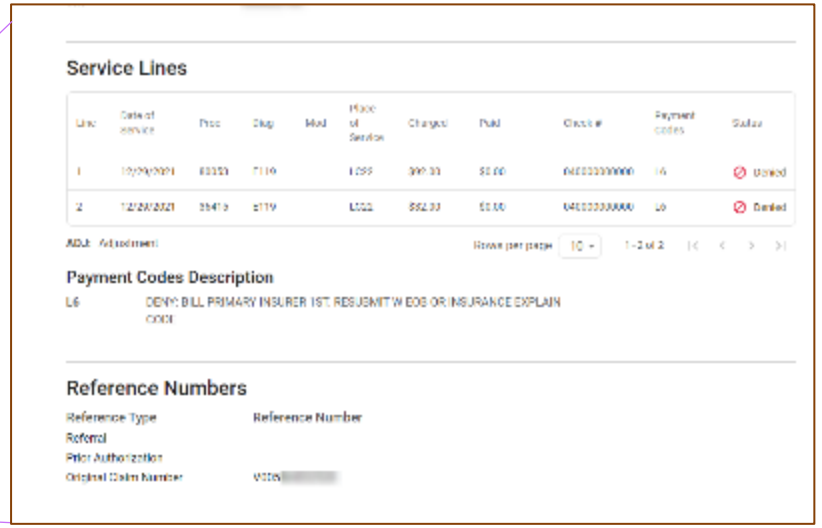


Secure Provider Portal - Claim Detail



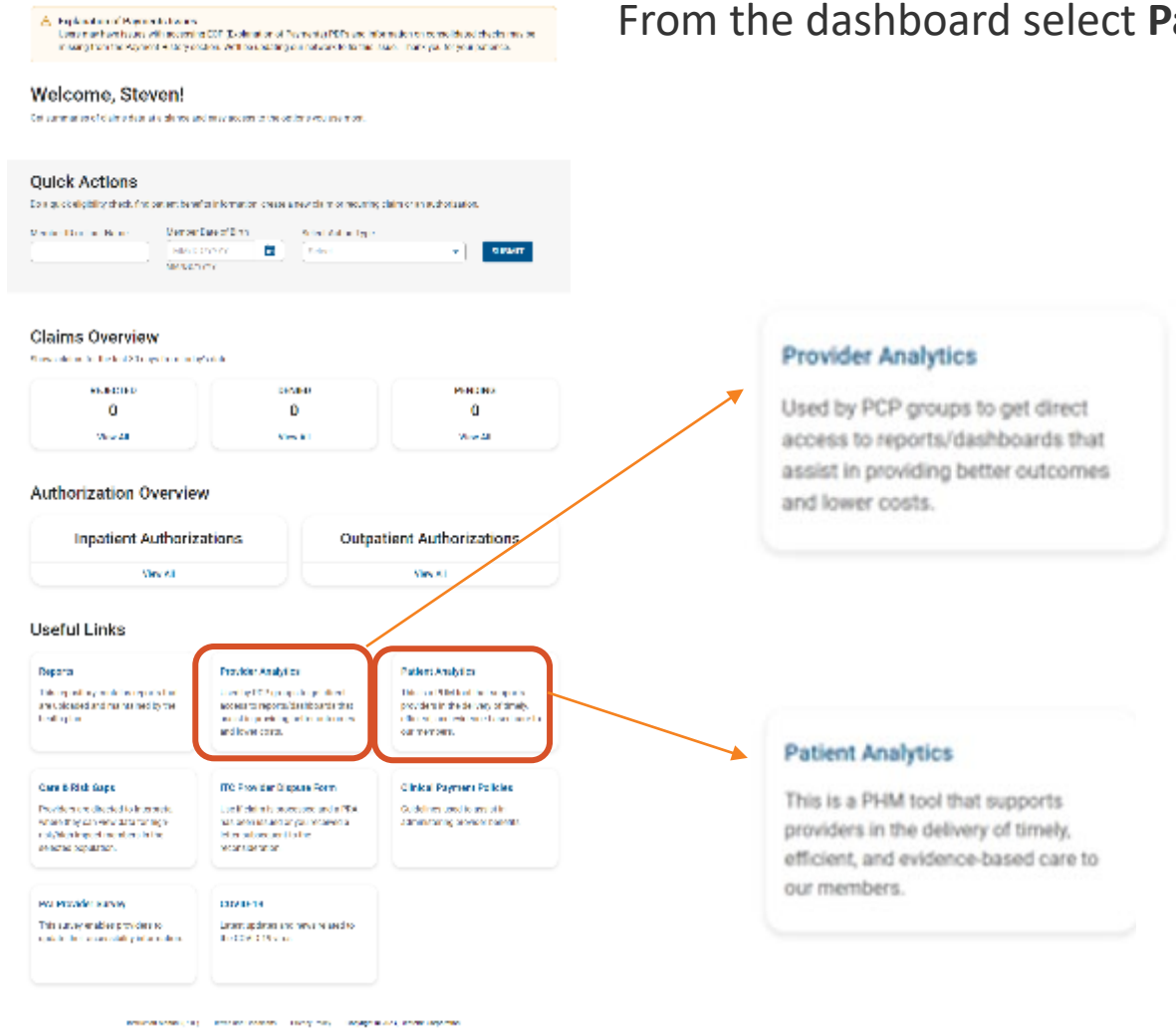






Secure Provider Portal – Reporting Access

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



Patient Analytics

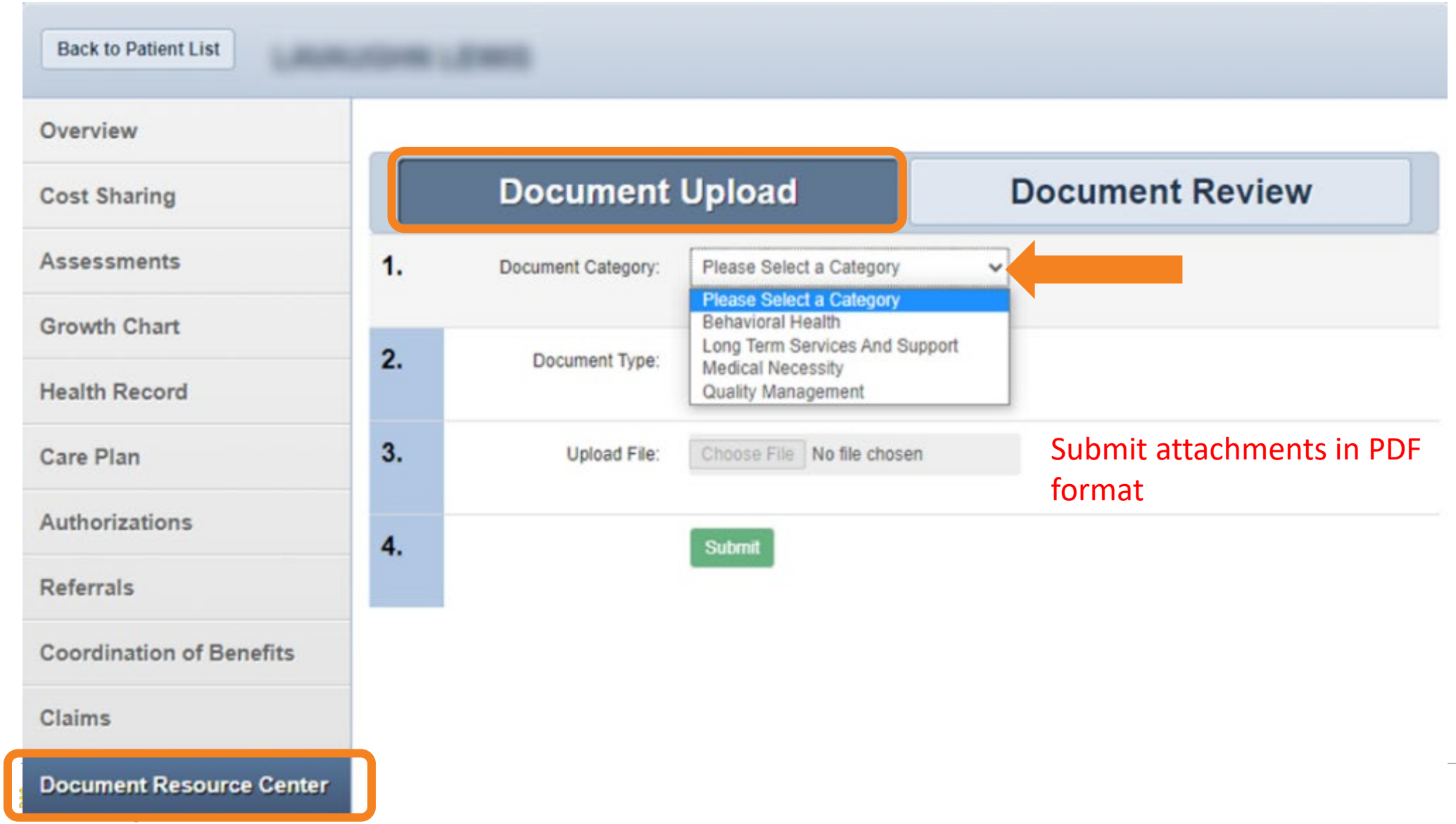
- Detailed Patient Listing
- Detailed Reports – Quality Measures, Management

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



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 & Credentialling 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

sunflower health plan.