

provider report



SUNFLOWER STATE™
HEALTH PLAN



FALL 2013/WINTER 2014



Peer-to-Peer Review

Any time we make a decision to deny, reduce, suspend or stop coverage of certain services, Sunflower will send you and your patient written notification.

The denial notice informs you and the member about how to file an appeal and how to contact Sunflower if assistance is needed. In urgent cases, an expedited appeal is available and can be submitted verbally or in writing. The denial notice also includes information on the availability of a Sunflower medical director to discuss the denial decision.

In the event that a request for medical services is denied due to lack of medical necessity, a provider can request a peer-to-peer review with our medical director on the member's behalf. The medical director may be contacted by calling **1-877-644-4623**. A care manager may also coordinate communication between the medical director and the requesting practitioner as needed.

Ensuring the Appropriate Use of Resources

Utilization management (UM) is the process of evaluating and determining coverage for and appropriateness of medical care services, as well as providing needed assistance to the clinician or patient—in cooperation with other parties—to ensure appropriate use of resources.

Utilization review decisions are made in accordance with currently accepted medical or healthcare practices, taking into account special circumstances that may require deviation from the norm stated in the screening criteria. We make UM decisions based on appropriateness of care and existence of coverage. We do not:

- ▶ Reward practitioners or other individuals for issuing denials of coverage, services or care.
- ▶ Provide financial incentives for UM decision makers that encourage decisions that result in underutilization.

We have adopted utilization review criteria primarily developed by McKesson InterQual Products. Criteria are refined by specialists representing a national panel from community based and academic practice. They are updated with appropriate involvement from physician members of our Quality Improvement Committee.

Criteria cover medical and surgical admissions, outpatient procedures, referrals to specialists and ancillary services. InterQual is utilized as a screening guide and is not intended to be a substitute for practitioner judgment.

Providers may obtain the criteria used to make a decision on a specific member by contacting Sunflower State Health at **1-877-644-4623**.

HOW TO REACH UM: Sunflower's UM operates 8 a.m.–5 p.m., Monday through Friday. If needed, clinical staff are available after business hours to discuss urgent UM issues. Please call **1-877-644-4623**.



Let Our Standards Be Your Starting Point

Sunflower's preventive care and clinical practice guidelines are based on the health needs of our members and opportunities for improvement identified as part of our Quality Improvement (QI) program.

When possible, we adopt preventive and clinical practice guidelines that are published by nationally recognized organizations, government institutions and statewide collaborative. These guidelines have been reviewed and adopted by our QI Committee.

We encourage providers to use these guidelines as a basis for developing personalized treatment plans for our members and to aid members in making decisions about their healthcare. They should be applied for both preventive services as well as for management of chronic diseases.

Preventive and chronic disease guidelines include:

- ▶ ADHD
- ▶ Adult preventive

- ▶ Asthma
- ▶ Breast cancer
- ▶ Depression
- ▶ Diabetes
- ▶ Immunizations, including Influenza and Pneumococcal

We measure compliance with these guidelines by monitoring related HEDIS measures and through random audits of ambulatory medical records. Our preventive care and clinical practice guidelines are intended to augment—not replace—sound clinical judgment. Guidelines are reviewed and updated annually, or upon significant change.

GET THE GUIDELINES: For the most up-to-date version of preventive and clinical practice guidelines, go to **www.sunflowerstatehealth.com**. A copy may be mailed to your office as part of disease management or other QI initiatives. Members also have access to these guidelines.

COUNTDOWN TO ICD-10 COMPLIANCE

ICD-10 OVERVIEW

ICD-10-CM/PCS (International Classification of Diseases, 10th Edition, Clinical Modification/ Procedure Coding System) consists of two parts:

1. ICD-10-CM for diagnosis coding
2. ICD-10-PCS for inpatient procedure coding

ICD-10-CM is for use in all U.S. healthcare settings. Diagnosis coding under ICD-10-CM uses three to seven digits instead of the three to five digits used with ICD-9-CM, but the format of the code sets is similar. ICD-10-PCS is for use in U.S. inpatient hospital settings only. ICD-10-PCS uses seven alphanumeric digits instead of the three or four numeric digits used under ICD-9-CM procedure coding. Coding under ICD-10-PCS is much more specific and substantially different from ICD-9-CM procedure coding.

The transition to ICD-10 is occurring because ICD-9 produces limited data about patients' medical conditions and hospital inpatient procedures. ICD-9 is 30 years old, has outdated terms and is inconsistent with current medical practice. Also, the structure of ICD-9 limits the number of new codes that can be created, and many ICD-9 categories are full. (**www.cms.gov/ICD10**)

The health plan will be ICD-10 compliant by 10/1/2014. The health plan will be able to process (send/receive) transactions and perform analytics using ICD-10 diagnosis and procedure codes. Providers must submit claims with codes that align with CMS and state guidelines.

How We Strive for Quality

Sunflower's primary quality improvement goal is to advance members' health through a variety of meaningful activities implemented across all care settings. Our culture and processes are structured around this mission and our Quality Improvement (QI) program is a critical part of these efforts.

SCOPE: The scope of our QI program is comprehensive, addressing the quality and safety of clinical care and services provided to our members—including physical, behavioral, dental and vision care. Sunflower incorporates all demographic groups, care settings and services in our QI activities, including preventive care, emergency care, primary care, specialty care, acute care, short-term care and ancillary services.

OBJECTIVES & METRICS: As we strive to improve the health of our members, the QI program is involved in planning and

monitoring several metrics. Components include, but are not limited to:

- ▶ QI studies.
- ▶ Investigation and tracking of potential quality of care and quality of service complaints.
- ▶ Ongoing monitoring of key performance measures such as access and availability.
- ▶ Ensuring members with chronic conditions are getting recommended tests and appropriate medications for their condition.
- ▶ Conducting member satisfaction surveys.
- ▶ Provider feedback via surveys, committee participation and direct feedback.
- ▶ Monitoring utilization management effectiveness.
- ▶ HEDIS® data reporting.

Learn more about the QI program online at www.sunflowerstatehealth.com or call us at 1-877-644-4623.



Your Credentialing Rights

During the credentialing and recredentialing process, Sunflower obtains information from various outside sources, such as state licensing agencies and the National Practitioner Data Bank. Practitioners have the right to review primary source materials collected during this process. The information may be released to practitioners only after a written and signed request has been submitted to the Credentialing Department.

If any information gathered as part of the primary source verification process differs from data submitted by the practitioner on the credentialing application, Sunflower will notify the practitioner and request clarification. A written explanation detailing the error or the difference in information must be submitted to Sunflower within 30 days of notification of the discrepancy in order to be included as part of the credentialing and recredentialing process.

Providers also have the right to request the status of their credentialing or recredentialing application at any time by contacting the Sunflower's Credentialing Department at 1-877-644-4623.





The Most Up-to-Date Formulary

Sunflower State is committed to providing appropriate, high-quality and cost-effective drug therapy to all Sunflower State members. In accordance with the Kansas Medical Assistance Program (KMAP), Sunflower State covers medications included in the KMAP preferred drug list (PDL). Other medically necessary pharmacy services are covered as well. The PDL offers a therapeutic choice and provides an opportunity to lower costs for the state of Kansas. The PDL is continually evaluated by a committee of practicing physicians and pharmacists to ensure appropriate and cost-effective use of medications without compromising the quality of care. Visit www.kancare.ks.gov/pharmacy.htm to see the full list.

LEARN MORE: For more information about the PDL or Sunflower's Pharmacy Program, including how to determine which medication request form is appropriate for the different types of prescriptions, visit our website at www.sunflowerstatehealth.com or call the Provider Relations Department at 1-877-644-4623.



A Connection to Care

A member's health situation often warrants additional resources in order to help the individual navigate complex treatment and recovery options. Our case management program is a valuable resource available to members that supports our providers' treatment plans.

ON THE JOB

Case managers are trained nurses and other healthcare professionals who coordinate the needs of patients. Typically, case managers work with high risk, or chronically or catastrophically ill and injured patients. They are assigned by Sunflower to a member when it's recognized the member's condition needs complex coordinated care that the member may not be able to facilitate on his or her own.

A case manager connects the member with the healthcare team by providing a link between the member, his or her primary care physician, the member's family or other support system and additional healthcare providers such as physical therapists and specialty physicians.

Case managers also collaborate to develop a plan for following treatment regimens including medication, diet and exercise recommendations.

ON YOUR TEAM

Case managers do not provide hands-on care, diagnose conditions or prescribe medication and treatment. The case manager helps a member understand the benefits of following a treatment plan and the consequences of not following the plan outlined by the physician. In this way, they become a resource for the healthcare team, the member as well as the member's family.

Our case management team is here to support your team for such events as:

- ▶ Non-adherence
- ▶ New diagnosis
- ▶ Complex multiple comorbidities

Care Coordination is also available for Sunflower State's "waiver" members (members eligible for Home and Community Based Services), which includes visits to the member's home.

Providers can directly refer members to our case management program at any time. Providers may call **1-877-644-4623** for additional information about the case management services offered by Sunflower or to initiate a referral.

Behavioral Health Resources

According to the National Institute

of Mental Health, in a given year approximately one quarter of adults in the United States are diagnosable with one or more mental health disorders. Of that population, less than half are receiving treatment. Of those receiving treatment, approximately one-third—13 percent of the affected population—are receiving only minimally adequate treatment.

The World Health Organization (WHO) suggests that primary care providers (PCPs) may be the key to closing the treatment gap for untreated mental illnesses. The WHO recommends that PCPs incorporate

behavioral screenings into standard checkups, and be able to assess and treat those with mild or moderate disorders. For complex cases where PCPs cannot address all needs, the WHO recommends that providers establish strong relationships with mental health specialists in order to make collaboration normal and efficient.

We have resources available to help these patients. You can refer Sunflower members to these services by calling **1-877-644-4623**. If you have additional questions about our coverage of behavioral health services, please contact our Provider Services Department at **1-877-644-4623**.

A Shared Agreement

Sunflower's member rights and responsibilities address members' treatment, privacy and access to information. We have highlighted a few below. There are many more and we encourage you to consult your provider handbook to review them. You can find the complete provider handbook online at **www.sunflowerstatehealth.com** or get a printed copy by calling **1-877-644-4623**.

Member rights include, but are not limited to:

- ▶ Receiving all services that Sunflower must provide.
- ▶ Assurance that member medical record information will be kept private.
- ▶ Being able to ask for, and get, a copy of medical records, and being able to ask that the records be changed/corrected if needed.

Member responsibilities include:

- ▶ Asking questions if they don't understand their rights.
- ▶ Keeping scheduled appointments.
- ▶ Having an ID card with them.
- ▶ Always contacting their primary care physician (PCP) first for nonemergency medical needs.
- ▶ Notifying their PCP of emergency room treatment.



ADHD Follow-Up Care

Per the NCQA HEDIS measure for ADHD, children with newly prescribed ADHD medication should receive at least three follow-up care visits within a 10-month period, one of which should occur within 30 days of when the first ADHD medication was dispensed.

As public awareness of the disorder has increased, primary care providers undoubtedly experience more requests from parents for ADHD screening of their children who are disruptive or inattentive.

Parents may leap to a “diagnosis” of ADHD because a teacher has alerted them to their child’s problem behavior in the classroom—and they may come to an initial office visit insistent upon obtaining a prescription for stimulant medication for their children.

Explain to parents that making an accurate diagnosis takes time and that you will need to do the following:

- ▶ Conduct a standard physical exam, including hearing and vision tests.
- ▶ Obtain a family history and the child’s developmental history.
- ▶ Screen for other psychiatric disorders.
- ▶ Assess evidence from questionnaires for parents, caregivers, teachers or other professionals regarding the child’s behaviors.

Please check our website for a link to the national guidelines, **www.sunflowerstatehealth.com**.

If medication is prescribed, make certain that the parent or caretaker understands the importance of taking it exactly as instructed and making follow-up appointments. If you know of any patients that may have trouble attending follow-up visit, contact us. We may be able to help.

Help Us Improve HEDIS Scores

HEDIS—the Healthcare Effectiveness Data and Information Set—is a set of standardized performance measures, updated and published annually by the National Committee for Quality Assurance (NCQA). HEDIS provides purchasers and consumers with reliable information to compare the performance of healthcare plans.

At Sunflower, we review HEDIS rates on an ongoing basis and continually look for ways to improve our numbers as part of our commitment to providing access to high-quality and appropriate care to our members. While final HEDIS rates are reported to NCQA and state agencies every year, we monitor these scores on an ongoing basis.

Please take note of the HEDIS measures highlighted in this issue.





Cardiac Care

- ▶ The HEDIS measure for persistence of beta-blocker treatment after heart attack applies to patients who were hospitalized and discharged after an acute myocardial infarction (AMI). It calls for treatment with beta-blockers for six months after discharge. Patients with a known contraindication or a history of adverse reactions to beta-blocker therapy are excluded from the measure.

Despite strong evidence that use of beta-blockers after AMI has been shown to reduce the risk of rehospitalization and death from subsequent attacks within the first two years, patient compliance remains a challenge—particularly among Medicaid patients.

- ▶ Cholesterol screening and management is a HEDIS measure that applies to any patient who has been discharged with AMI, coronary artery bypass graft or percutaneous coronary interventions, or has a diagnosis of ischemic vascular disease. The HEDIS rate measures the percentage of these patients who had an LDL-C screening performed during the calendar year, and the percentage of those patients with an LDL level less than 100 mg/dL.

- ▶ The HEDIS measure that calls for high blood pressure control applies to patients who have been diagnosed with hypertension (excluding individuals with end stage renal disease and pregnant women). The HEDIS rate is measuring the percentage of hypertensive patients with adequate control (defined as a systolic reading of less than 140 mm Hg and a diastolic reading of less than 90 mm Hg).

STEPS YOU CAN TAKE: Continue to stress the value of prescribed medications for managing heart disease. Suggest lifestyle changes and support related to other cardiac risk factors such as smoking, obesity, exercise and nutrition. If possible, coordinate with pharmacies to remind patients to fill or refill prescriptions. Sunflower can also provide educational materials and other resources addressing the above topics. Please encourage your Sunflower patients to contact us for assistance in managing their cardiovascular disease.

Sunflower case management staff can assist with patients who have challenges adhering to prescribed medications or have difficulty filling their prescriptions; contact Sunflower if you have a member you feel could benefit from our case management program.

Appropriate Testing for Children with Pharyngitis

This measure is checking for patients 2 to 18 years old who had a diagnosis of pharyngitis, strep throat or tonsillitis and whether they received a strep test before antibiotics were prescribed. Provider offices should remember to conduct a rapid strep or throat culture to confirm diagnosis before prescribing antibiotics. Educating patients and caregivers about ways to relieve discomfort is also valuable: Recommend acetaminophen for pain and fever, extra fluids, rest and salt water gargles.

Comprehensive Diabetic Care

The HEDIS measure for comprehensive diabetes care includes adult patients with Type I and Type II diabetes. There are multiple sub-measures included:

- ▶ **HbA1c testing**—completed at least annually. Both CPT codes 83036 and 83037 can be submitted when this test is completed.
- ▶ **HbA1c level**—
 - HbA1c result > 9.0 = poor control (CPT II code 3046F)
 - HbA1c result < 8.0 = good control (CPT II code 3044F)
 - HbA1c result < 7.0 for selected population (CPT code 3044F)
- ▶ **LDL-C testing**—completed at least annually
 - LDL-C result < 100 (CPT code 3048F)
- ▶ **Dilated retinal eye exam**—annually, unless prior negative exam, then every 2 years
- ▶ **Nephropathy screening test**—at least annually (unless documented evidence of nephropathy)



Ongoing Support for Asthma Patients

As part of Sunflower's effort to continuously provide our members access to high quality and effective care, we track the HEDIS measures related to asthma. Namely, we monitor whether members ages 5 to 50 with persistent asthma are being prescribed medications that are acceptable as primary therapy for long-term asthma control.

If your patients are having problems managing their asthma, the stumbling block may be that they don't truly understand the nature of their condition and what's required to keep it under control. You may be able to ramp up patient-education and compliance efforts by focusing on individualizing patient action plans.

The American Academy of Allergy, Asthma and Immunology recommends the asthma action plan as a way to help patients manage

the condition. Guide your patients through the asthma action plan, teaching them how to determine if they're in the green zone, yellow zone, or red zone—as well as which medication to take and when to call for help. Please review our site for our clinical practice guidelines, **www.sunflowerstatehealth.com**.

Ask your patients to bring in their medications to appointments, and confirm that they know when and how to use them properly.

Suggest creative resources that may help your patients. The American Academy of Allergy, Asthma and Immunology offers a library of tips and information, as well as a virtual toy box of games created just for kids with asthma. Visit **www.aaaai.org/conditions-and-treatments/asthma.aspx**.

Women's Health Screenings

► **BREAST CANCER:** This recently updated HEDIS measure now monitors the percentage of women 50 to 74 years old who had a mammogram to screen for breast cancer in the last year. According to the Centers for Disease Control and Prevention, mammograms are the best method to detect breast cancer early, when it is easier to treat and before a tumor is big enough to feel or cause symptoms.

► **CERVICAL CANCER:** This measure reviews the number of women who were appropriately screened according to evidence-based guidelines. The 2014 HEDIS measures allow for two

appropriate methods of screening: cytology performed every three years in women 21 to 65 years old and cytology/HPV co-testing performed every five years for women 30 to 65 years old.

► **CHLAMYDIA:** This measure looks for one chlamydia test per year for sexually active women 16 to 24 years old. Start the conversation about this potentially serious STI by reassuring patients that screening is simple and can be non-invasive. Explain that there may be no symptoms, but treatment is easy. Add the chlamydia screening as a standard lab for women in this demographic.



FLU SHOTS FOR ADULTS AGES 18 TO 64

This recently updated HEDIS measure was expanded to include adults 18 to 49. Don't miss a chance to protect your patients and community from this year's flu. Ask every patient you see if they have received their vaccine. Staff members who make appointments should check with patients about their flu vaccine status. Lastly, make sure you and your staff get the annual vaccine.





Prevention First, Screening Always

Patients living in low-income communities, particularly in some urban areas or around highways, may find it nearly impossible to avoid lead exposure, but keeping your patients informed about potential lead sources can help minimize the risk of poisoning.

Lead-based paints, though banned, can still be found on the walls of older buildings all across the country, and the majority of lead poisoning incidents in children are the result of eating lead-based paint chips. Older buildings are also often outfitted with lead piping, which can release particles into tap water. Patients should consult their local public health department for ways to

identify and reduce lead in their homes. More easily avoided sources are certain traditional remedies, including azarcon, litargiro, babaw-san, ghasard and daw tway. Additionally, some substances traditionally used as cosmetics, for instance kohl, may contain lead.

The good news? Public awareness and screening initiatives are working. According to the CDC, since lead testing became common and public efforts to reduce lead exposure increased, confirmed cases of elevated blood lead levels have dwindled to fewer than 500,000 in 2011, down from more than 4 million in 1999. You can help continue this downward trend in cases by screening patients under 2 for increased blood lead levels.



A Good Start for Pregnant Members

With your help, Sunflower can identify pregnant members early on, and direct them to the services they need in order to have the healthiest possible pregnancy, birth and baby.

The best way to notify us about a pregnant member is by submitting a Notification of Pregnancy (NOP) form. When you send in a NOP, you're helping us reach women early in their pregnancy so that those who are considered high risk can be referred to our case managers, as needed.

We also offer members the Start Smart for Your Baby® program, which helps women who are pregnant or who have just had a baby. Your staff and patients can learn more at www.startsmartforyourbaby.com or by calling Sunflower at 1-877-644-4623.

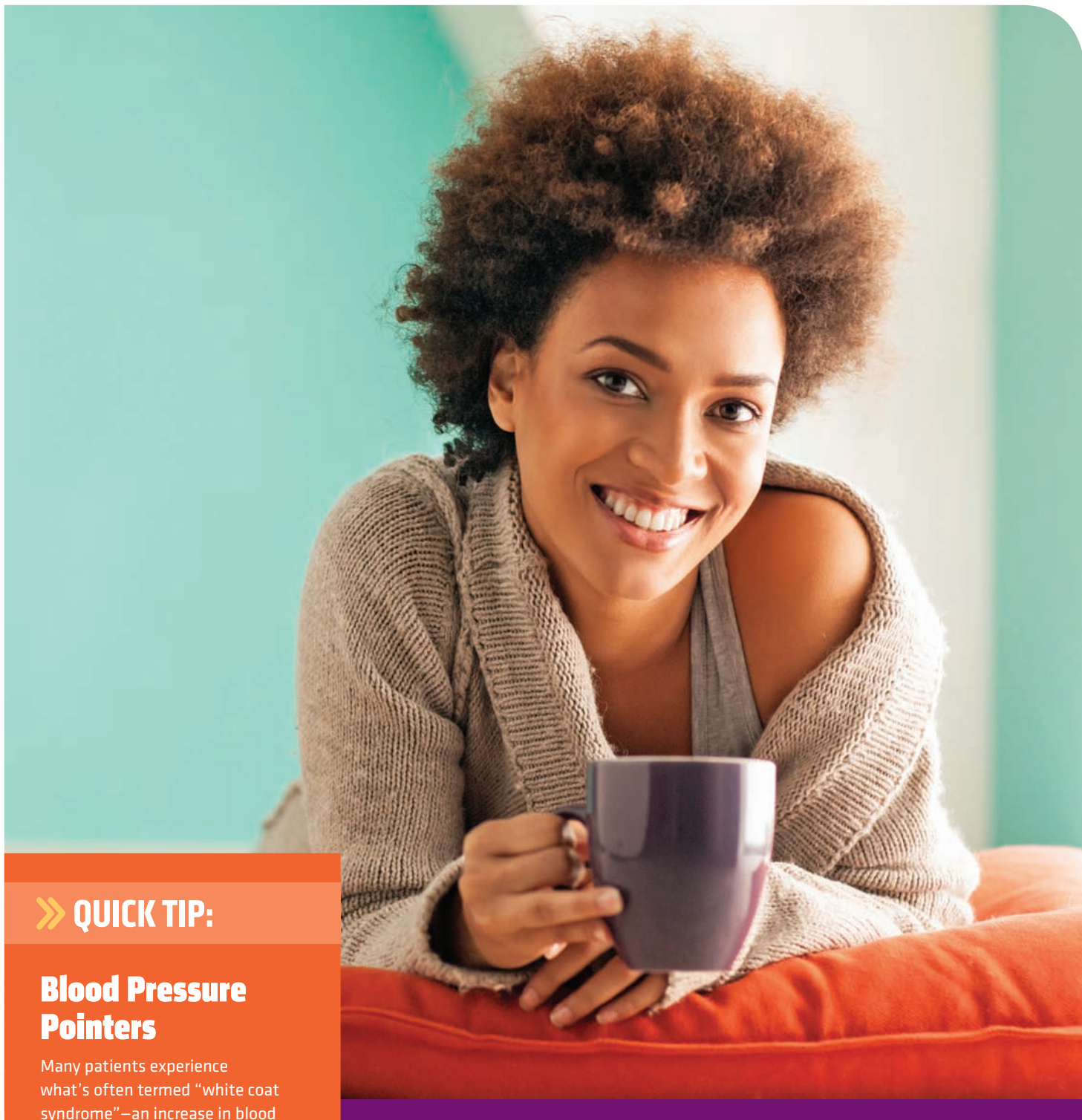
Your Role in Medication Management

Patients of all ages are adding pills to their daily lives. In addition to prescribed medication, they may take over-the-counter medications. Vitamins, dietary supplements or herbal remedies are also a possibility. With no medical person overseeing this menu of medications, the ingredients could possibly clash, causing dangerous side effects or drug interactions.

That's where physicians and their staff can make a big difference. Here's how:

- ▶ Through your appointment coordinator, you ask patients to bring a list of any pills they take to their next checkup. You review the list for dangerous interactions or duplicates.
 - ▶ You remind your patients to get rid of expired or discontinued meds.
 - ▶ When you prescribe new medication, you check the patient's list of existing medications. You make certain that the patient understands when and for how long to take the medication. You also explain exactly why you are prescribing it.
- ▶ You make sure your patient's medications are taken as directed. You encourage patients to ask questions and report on side effects.





» QUICK TIP:

Blood Pressure Pointers

Many patients experience what's often termed "white coat syndrome"—an increase in blood pressure noticed only while the patient is in a clinical setting.

Remind your staff that there are methods to achieve a more reliable reading—including waiting until the end of an appointment to take the reading and ensuring that the cuff size is accurate.

Also, educate your patients to properly prepare for these screenings by not drinking caffeinated beverages or smoking cigarettes.

What Our Members Are Saying

Sunflower recently asked members what they thought of our care and services. Once we receive the final results of survey, we will share the results with you, since you and your staff are a big part of our members' perception of the plan. Look for additional information

regarding our member satisfaction survey results on our website in early 2014.

Sunflower takes our members' concerns very seriously and will work with you to improve their satisfaction throughout 2013 and in 2014.

Open Wide, Please

While your patients should visit a dental hygienist to make sure their teeth stay healthy, taking a moment in your wellness appointments to inspect a patient's mouth can help catch dental issues and prevent unnecessary emergency room visits.

The American Dental Hygienists Association recommends that PCPs ask patients whether they've experienced any issues related to their teeth or gums and check when they last visited a dentist for a cleaning.



“Can We Talk About Your Advance Directives?”

Sunflower wants to ensure our members are getting information about advance directives and their right to execute these important documents. Sunflower educates our members about advance directives regardless of health status. Providers can make the topic more comfortable for members if they take advantage of opportunities to discuss advance directives when their patients are healthy.

It's critical that providers and office staff are aware of, and comply with, their

responsibilities under federal and state law regarding advance directives. Providers are required to document provision of information, and whether or not the patient has arranged an advance directive in his or her permanent medical record.

During our medical record compliance audits, Sunflower will randomly monitor compliance with this provision. Please contact us if you would like general information about advance directives or in regards to a specific member.

Record Keeping

Sunflower requires participating practitioners to maintain uniform, organized medical records that contain patient demographics and medical information regarding services rendered to members.

Please note, medical records must be:

- **Complete and systematic:** Medical records must be maintained in an organized system that's in compliance with the Sunflower medical documentation and record-keeping practice standards. These standards are intended to assist providers in keeping complete files about all our members, and are consistent with state contract requirements and industry standards.
- **Confidential:** Medical records and information must also be protected from public access. Any information released must comply with Health Insurance Portability and Accountability Act (HIPAA) guidelines.
- **Maintained for a period of time:** Records must be maintained for at least seven years from the date of service—unless federal or state law or medical practice standards require a longer retention period.
- **Available for audits:** Upon request, all participating practitioners' medical records must be available for Utilization Management and Quality Improvement initiatives, as well as regulatory agencies' requests and member inquiries, as stated in the practitioner agreement. Periodically, Sunflower will conduct an onsite medical record audit of a random sampling of our members and provider offices to evaluate compliance to these standards.

You may view a complete list of record documentation standards in our provider manual, which is available online at www.sunflowerstatehealth.com.



Changes to Claims Submission

As of April 1, 2013, we no longer accept handwritten red forms or black or copied claims forms. The only acceptable claim forms are those printed in Flint OCR Red, J6983 (or exact match) ink.

Paper claims received by the plan are scanned using Optical Character Recognition (OCR) technology. This scanning technology allows for the data contents contained on the form to be read while the actual form fields, headings, and lines remain invisible to the scanner. Photocopies cannot be scanned and are no longer accepted.

Although a copy of the CMS-1500 and CMS-1450 form can be downloaded, copies of the form cannot be used for submission of claims, since a copy may not accurately replicate the scale and OCR color of the form.

This change will improve quality and service, while also reducing cost and the potential for fraud and abuse. If you have any questions or concerns, please call **1-877-644-4623**.



When Are Your Services Available?

Sunflower strives to ensure members have access to timely, appropriate care for their health needs. We work with contracted providers like you to establish clear standards for scheduling appointments and the length of wait times.

When scheduling appointments, members should be able to get an appointment as follows:

TYPE OF PROVIDER	APPOINTMENT STANDARDS
Primary Care Providers	
Regular Appointments	Not to exceed 3 weeks from date of member request.
Urgent Care	48 hours.
Substance Use Disorder (SUD) Providers	
Emergent	On demand service. No prior authorization is required and members go directly to an emergency room. Members are seen immediately.
Urgent	Assessment conducted within 24 hours of the initial contact and services delivered within 48 hours from initial contact.
IV Drug Users	Within 14 days of initial contact.
Routine	Members assessed within 14 days of initial contact and treatment services are delivered within 14 days of assessment.
Mental Health Access Standards	
Post-Stabilization Services	Referral within 1 hour. Assessment and/or treatment within 1 hour from referral for post-stabilization services (both inpatient and outpatient) in an emergency room.
Emergent	Referral immediately. Assessment and/or treatment within 3 hours for an outpatient Mental Health service and within 1 hour from referral for an emergent concurrent utilization review screen.
Urgent	Referral within 24 hours. Assessment and/or treatment within 48 hours from referral for outpatient Mental Health services and within 24 hours from referral for an urgent concurrent utilization review screen.
Planned Inpatient Psychiatric	Referral within 48 hours. Assessment and/or treatment within 5 working days from referral.
Routine Outpatient	Referral within 5 days. Assessment and/or treatment within 9 working days from referral. 10 working days from previous treatment.

After normal business hours, all practitioners are required to provide arrangements for access to a covering physician, an answering service, a triage service or a voice message that directs members how to access emergency care.

Updates to the Provider Directory

Sunflower's website is a resource for members who wish to locate primary care providers, specialists, hospitals, community health centers, pharmacies and other medical facilities. They can visit **www.sunflowerstatehealth.com** and select "Find a Provider."

Members may also call our Member Services at **1-877-644-4623**, Monday through Friday, 8 a.m. to 5 p.m., for help finding a provider.

If any of your contact information has changed or is not listed accurately in our Provider Directory, call **1-877-644-4623**. Monday through Friday, 8 a.m. to 5 p.m.

Save Time, Online

Our **online provider portal** can help you increase efficiency. Below is a sample of the many functions you may access on the online portal:

- ▶ View your member roster with Sunflower
- ▶ Check eligibility for the members assigned to you
- ▶ Obtain authorization status for members
- ▶ Submit a request for an authorization
- ▶ Check claim status
- ▶ Enter a UB claim
- ▶ Enter an HCFA claim
- ▶ View payments
- ▶ Print any forms available for members
- ▶ Use our claim auditing software when a procedure code is in question
- ▶ Take advantage of training and educational materials available to providers



To learn more about these online resources, contact your **Provider Relations Representative** directly or call **Sunflower State Health** at **1-877-644-4623**.



Recommended Childhood and Adolescent Immunization Schedule

Well-child visits are a perfect time to remind parents and caregivers about the importance of keeping up on immunizations.

Below is the recommended vaccine schedule to help keep children healthy and prevent serious disease.

Vaccine	Birth	1 Mo.	2 Mos.	4 Mos.	6 Mos.	9 Mos.	12 Mos.	15 Mos.	18 Mos.	19–23 Mos.	2–3 Yrs.	4–6 Yrs.	7–10 Yrs.	11–12 Yrs.	13–14 Yrs.	15 Yrs.	16–18 Yrs.	
Hepatitis A							Hep A (2 dose series)				Hep A Series							
											Hep A Series							
Hepatitis B	Hep B	Hep B		Hep B	Hep B					Hep B								
Rotavirus			RV	RV	RV													
Diphtheria, Tetanus, Pertussis			DTaP	DTaP	DTaP	DTaP		DTaP		DTaP	DTaP		Tdap	Tdap	Tdap			
Haemophilus influenzae Type B			Hib	Hib	Hib	Hib	Hib		Hib									
HPV														HPV Series	HPV Series			
Pneumococcal			PCV	PCV	PCV	PCV	PCV		PCV			PCV						
Inactivated Poliovirus			IPV	IPV	IPV					IPV		IPV	IPV					
Influenza					Influenza (yearly)													
Measles, Mumps, Rubella							MMR		MMR			MMR		MMR				
Varicella							Var		Var			Var		Var				
Meningococcal			MCV								MCV			MCV	MCV		MCV	MCV
Pneumococcal Polysaccharide (PPSV23)											PPSV23							
Vaccine	Birth	1 Mo.	2 Mos.	4 Mos.	6 Mos.	9 Mos.	12 Mos.	15 Mos.	18 Mos.	19–23 Mos.	2–3 Yrs.	4–6 Yrs.	7–10 Yrs.	11–12 Yrs.	13–14 Yrs.	15 Yrs.	16–18 Yrs.	

Range of recommended ages

Catch-up immunization

Certain high-risk groups



SUNFLOWER STATETM
HEALTH PLAN