

Other Formats Available

The information in this booklet is about your Sunflower Health Plan benefits. If you need information in a different language, please call Customer Service at 1-877-644-4623, so we can help you.

Spanish: La información incluida en este folleto es acerca de sus beneficios de Sunflower Health Plan. Si necesita obtener la información en un idioma diferente, llame a Servicio al cliente al 1-877-644-4623 para que podamos ayudarle.

Burmese:

ဤစာအုပ်ငယ်တွင်ပါသည့် အချက်အလက်များမှာ
Sunflower ကျန်းမာရေးအစီအစဉ်ရှိ သင်၏
အကျိုးခံစားခွင့်များအကြောင်း ဖြစ်ပါသည်။
ဤအချက်အလက်များကို အခြားဘာသာစကား
တစ်မျိုးဖြင့် လိုအပ်ပါက ကျွန်ုပ်တို့ အကူအညီ
ပေးနိုင်ရန်အတွက် 1-877-644-4623 ရှိ ကာစတာမာ
ဆားဗစ်ထံ ဖုန်းဆက်ပါ။

Russian: Информация в этом буклете касается ваших льгот по программе медицинского страхования «Санфлауэр». Если вам требуется информация на другом языке, обратитесь, пожалуйста, за помощью в отдел обслуживания участников программы по телефону 1-877-644-4623.

Vietnamese: Thông tin trong cuốn sổ nhỏ này là về các quyền lợi của Chương Trình Sức Khỏe Sunflower. Nếu quý vị cần thông tin bằng một ngôn ngữ khác, xin gọi Dịch Vụ Khách Hàng tại số 1-877-644-4623, để giúp tôi có thể giúp quý vị.

Somali: Qoraalka buugaan ku qoran waxuu ku saabsan yahay qorshaha faa'iidada caafimaadka uu leeyahay geedka Gabbaldaye (Sunflower). Hadaad dooneeyso aqbaar luuqad kale kuqoran, fadlan soo wac qadka macaamiisha 1-877-644-4623, si aan kuu caawino.

Interpreter Services

For members who do not speak English or do not feel comfortable speaking it, Sunflower Health Plan has a free service to help. This service is very important because you and your doctor must be able to talk about your medical or behavioral health concerns in a way you both can understand. Our interpreter services are provided at no cost to you and can help with many different languages. This includes sign language. We also have Spanish-speaking representatives available who can help you as needed. Sunflower Health Plan members who are blind or visually impaired can call Customer Service for an oral interpretation. Video or Telephone Relay interpretation services should call Customer Service at 1-877-644-4623 (TTY 711).

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Welcome & Resources

Welcome to Sunflower Health Plan

Sunflower Health Plan (Sunflower) is your health plan. Sunflower is a Managed Care Organization (MCO) contracted with the Kansas Department of Health and Environment (KDHE) and Kansas Department for Aging and Disability Services (KDADS). You became a Sunflower member because you:

- Live in Kansas
- Currently receive Medicaid benefits
- Are eligible for the KanCa re program

The KanCare program is the State of Kansas' combined care model for providing Medicaid services. Sunflower is contracted to coordinate healthcare for Medicaid beneficiaries. The administration of KanCare is carried out by KDHE and KDADS.

Sunflower is a health plan that gives you choices – from choosing your primary care provider (PCP), to participating in special programs that help you stay healthy.

Visit our website at **www.SunflowerHealthPlan.com** for more information and services. The website also has a secure portal for members, like you, who want to keep track of their health coverage. Information regarding physician incentive plans is available upon request.

Member Handbook

The Member Handbook is a detailed guide to Sunflower and your healthcare benefits. The Member Handbook explains your rights, your benefits, and your responsibilities as a member of Sunflower Health Plan. Please read this booklet carefully and keep it. This booklet tells you how to access Sunflower's healthcare services. It also gives you information about your Sunflower benefits and services such as:

- What is covered by Sunflower
- What is not covered by Sunflower
- How to get the care you need
- How to get your prescriptions filled

- What you will have to pay for your healthcare or prescriptions
- What to do if you are unhappy about your health plan or coverage
- Eligibility requirements
- Materials you will receive from Sunflower
- How to change your doctor on your Sunflower ID card

Call Customer Service toll free at 1-877-644-4623 to receive an additional copy of the Member Handbook at no charge. You may also visit our website at www.SunflowerHealthPlan.com to view the Member Handbook online.

Sunflower will mail you a new Member Handbook each year to keep you up-to-date on your healthcare benefits.

Provider Directory

Sunflower has a Provider Directory that lists all of the providers and facilities in our network. The Provider Directory has information about our providers:

- Type or Specialty (such as PCP and dentists)
- Address and Telephone number
- Office Hours
- Ages Served
- Handicap-Accessibility of Sites/Facilities
- Languages Spoken (other than English)
- Cultural Training
- If they are accepting new patients
- Hospital Affiliations
- Website Address

1. Online – View our Find A Doctor directory on our website – **www.SunflowerHealthPlan.com**.

2. Call Customer Service toll free at **1-877-644-4623** to help you find a provider in your area or to get a free copy of our provider directory. Customer Service can also give you information about the provider's medical school and residency.

Sunflower Website

www.SunflowerHealthPlan.com

Sunflower's website helps you get answers. Our website has resources and features that make it easy for you to get quality care. It also gives you information on your Sunflower benefits and services such as:

- Member Handbook
- Provider Directory
- Current news and events
- Online form submission
- Member self-service features such as Change PCP, view claims submitted on your behalf, and view care gaps
- Sunflower programs and services
- My Health Pays®* balances and usage
- Library of Health and Wellness Information

Mobile App

Sunflower wants to help you take charge of your health – no matter where you are. The new Sunflower mobile app gives you access to your member information, anytime, anywhere! With the Sunflower app, you can find a nearby provider, view your ID card, contact Sunflower and more.

The Sunflower mobile app is free and easy to use. Search for 'Sunflower Health Plan' on the App Store or on Google Play. Download the app today and stay connected to your care!

Member Advisory Committee

We need your help! Members can help Sunflower with the way our health plan works. We have a Member Advisory Committee that gives members, like you, a chance to share your thoughts and ideas with us. At the meetings, you can give your thoughts and ideas on how services are provided.

The group meets up to four times a year. We may ask members, parents/foster parents, guardians of children who are members, member advocates and Sunflower staff to join in the meeting. This gives you a chance to talk

about your concerns with a variety of people and be a part of the solution. As a member you can:

- Have the opportunity to better understand why decisions are made and to ask questions;
- Understand how those changes will directly affect your family and others just like you;
- Share your experiences as a Sunflower member and tell us how we are doing;
- Be a part of the group that requests and respects member input.

For more information, or to join the Member Advisory Committee, call Customer Service toll free at 1-877-644-4623. Members can also go online and complete the Member Advisory Committee form to join.

Quality Improvement (QI)

Sunflower is committed to providing quality healthcare for you. Our primary goal is to improve your health and help you manage any illness or disability. Our program is consistent with National Committee on Quality Assurance (NCQA) and Institute of Medicine (IOM) priorities. To help promote safe, reliable, and quality healthcare, our programs include:

- Conducting a thorough check on providers when they become part of the Sunflower provider network
- Monitoring the access that Sunflower members have to all types of healthcare services
- Providing programs and educational items about general healthcare and specific diseases
- Sending reminders to you to get annual tests, such as an adult physical, treatments like a flu shot, or prevention screenings for cervical, or breast cancer
- Investigating your concerns regarding the healthcare you have received. If you have a concern about the care you received from your doctor or any service provided by Sunflower, please contact Customer Service at 1-877-644-4623

Sunflower believes that getting input from members,

**This My Health Pays Rewards Visa Prepaid card is issued by The Bancorp Bank pursuant to a license from Visa® U.S.A. Inc. The Bancorp Bank; Member FDIC. Card cannot be used everywhere Visa debit cards are accepted.*

like you, can help make the services and quality of our programs better. We conduct a member survey each year that asks questions about your experience with the healthcare and services you are receiving.

If you receive one of our member surveys, please be sure to fill out the survey and help us better serve you. If you would like a copy of our Quality Assessment and Performance Improvement (QAPI) plan, please contact us and we will provide one to you. Please refer to the Sunflower website for more detailed Quality Improvement information.

How to Contact Us:

Sunflower Health Plan
8325 Lenexa Drive, Suite 200
Lenexa, KS 66214

Normal Business Hours of Operation 8:00 a.m. to 5:00 p.m. Central Time

Customer Service1-877-644-4623
Dental/Vision/Pharmacy
Services1-877-644-4623
TTY line.....711
Video Relay Services.....1-877-644-4623
Customer Service Fax.....1-866-491-1824
Kansas Relay Services
(voice and TTY)711 or 1-800-766-3777
Behavioral Health.....1-877-644-4623

OTHER IMPORTANT PHONE NUMBERS

Non-Emergency
Transportation1-877-917-8162
Nurse Advice Line for
24-Hour nurse advice1-877-644-4623
Emergency Services Call 911

Your Member ID Card

When you enroll in Sunflower, you will receive a Sunflower Member ID Card within 10 business days of our notification of your enrollment from KanCare. This card is proof that you are enrolled with Sunflower. You need to keep this card with you at all times. Please show this card every time you go for any service under the Sunflower program. Your Sunflower Health Plan ID card will show your name, Medicaid ID number, and Primary Care Provider (PCP) name and number. Please make sure the ID card lists the Primary Care Provider you are seeing. If you do not get your Sunflower ID card within a few weeks after you join our plan or the name of your provider is not correct, please call Customer Service toll free at 1-877-644-4623.

Here is an example of your Sunflower Health Plan ID card:



RX: Envolve Pharmacy Solutions
RXBIN: 004336
RXPCN: ADV
RXGROUP: RX5457

NAME: FirstName MI LastName
#: XXXXXXXXXXXX **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 1-877-644-4623 (TTY 711).

Four Pine Ridge Plaza, 8325 Lenexa Drive, Suite 200, Lenexa, KS 66214
www.SunflowerHealthPlan.com

IMPORTANT CONTACT INFORMATION

Members:
Customer Service: 1-877-644-4623
(TTY 711)
Transportation: 1-877-917-8162
Vision: 1-877-644-4623
Dental: 1-877-644-4623
Behavioral Health: 1-877-644-4623
Pharmacy: 1-877-644-4623

Providers: Pharmacy: 1-800-311-0587
Provider Services & IVR Eligibility Inquiry
- Prior Auth: 1-877-644-4623

**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

How Your Plan Works

Customer Service

Our Customer Service department will tell you how Sunflower works. They will also tell you how to get the care you need. Customer Service can help you do the following:

- Find a Primary Care Provider (PCP)
- Schedule an appointment with your PCP
- Schedule appointments to see a dentist or eye doctor
- Get a new ID card
- Get information about covered and non-covered benefits
- File Grievances and Appeals
- Get Interpretation Services
- Get information about your health
- Find a doctor or specialist in our network
- Report a potential fraud issue
- Get a copy of member materials
- Get a copy of member materials in another language or format
- Get information about case management

Please call our toll free number 1-877-644-4623 (TTY 711). We are open Monday through Friday from 8:00 a.m. to 5:00 p.m. CST. Calls received after business hours or on holidays are answered by our Nurse Advice Line.

Nurse Advice Line

This Nurse Advice Line is a free health information phone line that is ready to answer your health questions 24 hours a day – every day of the year. The registered nurses answering the calls have spent a lot of time caring for people, and are ready and eager to help you.

The services listed below are available by calling our toll-free number at 1-877-644-4623.

- Medical advice
- Health information library
- Answers to questions about your health
- Advice about a sick child

- Help with scheduling PCP appointments
- Receive translation services

Sometimes you may not be sure if you need to go to the emergency room (ER). Call the Nurse Advice Line. They can help you decide where to go for care. If you have an emergency, call 911 or go to the nearest ER.

Membership and Eligibility Information

ELIGIBILITY

To be a member of our health plan, you must be eligible for the KanCare program. Eligibility is determined by the State of Kansas, not by Sunflower Health Plan.

If you have questions about your eligibility, you may call the KanCare Clearinghouse at 1-800-792-4884.

Major Life Changes

Life changes might affect your eligibility with the State. If you have a major change in your life, please contact the KanCare Clearinghouse at 1-800-792-4884 within 10 days. It is important to report these changes. You should also contact Sunflower's Customer Service toll free at 1-877-644-4623.

Some examples of major life changes are:

- A change in your name
- Move to a different address
- A change in your job/income
- Change in family size
- A change in blindness or disability
- Pregnancy
- Moving to a new county or out of state

Enrollment

OPEN ENROLLMENT

You will have an annual enrollment period for the KanCare program. The State of Kansas will send you information when it is time to renew your enrollment in

KanCare. During this period, you may choose another health plan for any reason. For questions about changing your health plan, please contact the KanCare Enrollment Center at 1-866-305-5147.

DISENROLLMENT

You may request to disenroll from Sunflower with or without cause by contacting the Enrollment Center at 1-866-305-5147. Sunflower will not directly disenroll any member if your disenrollment is not provided on the state Enrollment file. KanCare program procedures must be followed for all disenrollment requests. A member's request for disenrollment must be directed to KanCare either orally or in writing. We will ensure your right to disenroll is not restricted in any way .

You may request disenrollment without cause at the following times:

- During your initial ninety (90) day enrollment period
- During your annual open enrollment period announced by the State

You may request disenrollment with cause at any time. A determination will be made by the State, which has the authority and discretion to disenroll members for the following:

- If you need related services to be performed at the same time and not all related services are available within the network and your PCP or another provider determines receiving the services separately would subject you to unnecessary risk
- Poor quality of care, lack of access to services covered under the plan, or lack of access to providers experienced in dealing with the member's healthcare needs
- Transfer to a Medical eligibility category not included in benefits
- Member no longer resides in the State of Kansas
- Member no longer qualifies for medical assistance under one of the Medicaid eligibility categories in the targeted population
- If Sunflower does not, because of moral or religious objections, cover the service you are seeking

NEWBORN ENROLLMENT

If you are a Sunflower member and give birth, you must contact the KanCare Clearinghouse at 1-800-792-4884 as soon as possible to report the birth of your child. Your baby will be automatically enrolled with Sunflower once benefits are approved by KanCare. Please contact Customer Service toll free at 1-877-644-4623 if you need any help.

Benefits

Covered Services

This section describes your Sunflower covered benefits and benefit limits. With Sunflower, you are entitled to receive medical services and the benefits listed in this section. You are responsible for any non-covered services. Covered benefits are listed below. **Please Note:**

- Sunflower will not limit or deny services because of a condition you already have.
- For services which are medically necessary and covered by Sunflower, you will not have any co-payments (co-pays), deductibles, or other cost sharing that requires you to pay a portion of the fee – except as noted in the Member Responsibilities section.
- If you receive healthcare services which are not medically necessary or if you receive care from doctors who are out of the Sunflower network, you may be responsible for payment. If you have questions about medical necessity or which doctors are in your network, call Customer Service at 1-877-644-4623.

Benefits Grid

This list does not intend to be an all-inclusive list of covered and non-covered benefits. All services are subject to benefit coverage, limitations, and exclusions, some of which are described below.

Covered benefits or services are provided by Sunflower if the member meets certain criteria, called medical necessity. Covered benefits may be denied if the member's situation or health condition does not show a need for the service.

Some services require prior authorization. Sunflower members are not responsible for any cost sharing for covered services, except as noted in the Member Responsibilities section.

BENEFIT	COVERAGE	LIMITED BENEFIT	COMMENTS
Alternative Medicine	Not Covered		Acupuncture, Christian science, faith healing, herbal therapy, homeopathy, massage, massage therapy or naturopathy.
Abortions	Not Covered	Only covered when a member suffers from a rape, incest, or life of mother is threatened.	Abortion necessity form required at the time the claim is submitted.
Adult Care Home Services	Covered		
Allergy Services (when billed with office visit)	Covered		
Ambulance (Emergency Transportation)	Covered	Ground, rotary and fixed wing	
Ambulatory Surgery Center	Covered		

All services are subject to benefit coverage, limitations, and exclusions, some of which are described here. Call Customer Service at 1-877-644-4623 to get more information on benefit coverage.

BENEFITS	COVERAGE	LIMITED BENEFIT	COMMENTS
Anesthesia Services	Covered		
Audiology Services	Covered		
Bariatric Surgery	Covered		
B-12 Injections	Covered		
Behavioral Health Services	Covered		
Birthing Centers	Covered		
Cardiac Rehabilitation	Covered		
Chemical Dependency Treatment	Covered		
Chemotherapy	Covered		
Chiropractor Services	Not Covered		Only covered if member has Medicare coverage in a Qualified Medicare Beneficiary program plan.
Circumcisions (Routine/Elective)	Covered		
Cosmetic or Plastic Surgery	Not Covered		Examples are tattoo removal, face lifts, ear or body piercing and hair transplants. Any medically necessary procedures that could be considered cosmetic in nature must be prior authorized.
Dental Services	Covered	For members under 21, benefits vary by age (See Value-Added Benefits table on page 19 for coverage for adults)	
Developmental Testing	Covered	1 per day, up to 3 visits per calendar year	
Diabetic Education	Not Covered		Provided by the Healthy Solutions for Life program

All services are subject to benefit coverage, limitations, and exclusions, some of which are described here. Call Customer Service at 1-877-644-4623 to get more information on benefit coverage.

BENEFITS	COVERAGE	LIMITED BENEFIT	COMMENTS
Diagnosis and Treatment of Infertility, Impotence and Sexual Dysfunction	Not Covered		
Dialysis	Covered		
Dietitian Services	Covered	Services limited to members age 20 and under.	
Durable Medical Equipment	Covered		
Early Periodic Screening Diagnosis and Treatment Services	Covered	Members under 21 years old	
Emergency Room Services	Covered		
Experimental Procedures, Drugs and Equipment	Not Covered		
Family Planning	Covered		
Fluoride Application	Covered	Limited to 3 per calendar year for children under 21 meeting EPSDT criteria.	
Gender Reassignment Surgery	Not Covered		
Hearing Aids	Covered	Some limitations apply for ages over 20.	Batteries are limited to six (6) per month for monaural hearing aids and 12 per month for binaural hearing aids. One (1) set of hearing aids are covered every 4 years.
Hearing Aid Repairs	Covered	Charges for hearing aid repairs under \$15 are not covered.	
All services are subject to benefit coverage, limitations, and exclusions, some of which are described here. Call Customer Service at 1-877-644-4623 to get more information on benefit coverage.			

BENEFITS	COVERAGE	LIMITED BENEFIT	COMMENTS
Hearing Aids (Bone Anchored)	Covered	Limited to members 5 to 20 years of age.	
HIV Testing and Counseling	Covered		
Home Births	Covered	Doula services are not covered	
Home Health Care Services	Covered		
Hospice Care	Covered		
Hospital Services: Inpatient	Covered		
Hospital Services: Outpatient	Covered		
Hyperbaric Oxygen Therapy	Covered		
Hysterectomy	Covered	Not covered if only to prevent pregnancy.	Sterilization consent form is required with claim submission by your doctor.
Laboratory Services– Outpatient	Covered		
Laboratory Services–Inpatient	Covered		
Maternity (OB Routine Ultrasounds)	Covered	Two routine OB sonograms covered per fetus per pregnancy.	
Maternity Care Services	Covered		Examples are: <ul style="list-style-type: none"> • Nurse midwife services • Pregnancy related services • Care for conditions that might complicate pregnancy
<i>All services are subject to benefit coverage, limitations, and exclusions, some of which are described here. Call Customer Service at 1-877-644-4623 to get more information on benefit coverage.</i>			

BENEFITS	COVERAGE	LIMITED BENEFIT	COMMENTS
Medical Nutrition (through stomach or veins)	Covered	Some limitations apply.	
Non-Emergency Medical Transportation– (Ambulance)	Covered		Examples are transportation for non-ambulatory patients, patient home to hospital or hospital to patient's home, transfers between hospitals. Prior authorization required for fixed-wing transportation.
Non-Emergency Medical (NEMT)	Covered		For transportation call: 1-877-917-8162
Non-Medical Equipment	Not Covered		
Nursing Facility	Covered		
Outpatient Hospital/ Outpatient Surgery	Covered		
Oxygen and Respiratory Services	Covered	Some limitations apply.	
Pain Management	Covered		
Personal Comfort Items	Not Covered		
Physician and Nurse Practitioner Services	Covered		
Physical Exam Required for Insurance or Licensing	Not Covered		
Physical, Occupational and Speech Therapy	Covered		
All services are subject to benefit coverage, limitations, and exclusions, some of which are described here. Call Customer Service at 1-877-644-4623 to get more information on benefit coverage.			

BENEFITS	COVERAGE	LIMITED BENEFIT	COMMENTS
Podiatrist Services	Covered	For members age 20 and under.	For EPSDT additional visits may be provided with prior authorization.
Prescription Drugs	Covered		
Preventive Care	Covered	Certain limitations may apply.	
Prosthetic and Orthotic Devices	Covered		
Psychotherapy	Covered		
Psychological Testing	Covered		
Radial Keratotomy	Not Covered		
Radiology and X-rays	Covered		
Radiology (High Tech Imaging)	Covered	Includes CT, MRI and MRA. PET scans are not covered.	
Reconstructive Surgery after Mastectomy	Covered	Related to diagnosis of breast cancer only.	
School-Based Services	Not Covered		School-Based Services are covered through the State's Fee-for-Service program.
School or Employment Physicals	Covered		Provider must bill using the appropriate evaluation and management code.
Screening and Treatment for STD	Covered		
All services are subject to benefit coverage, limitations, and exclusions, some of which are described here. Call Customer Service at 1-877-644-4623 to get more information on benefit coverage.			

BENEFITS	COVERAGE	LIMITED BENEFIT	COMMENTS
Services not allowed by federal or state law	Not Covered		
Sleep Studies	Covered	For members age 20 and under or as part of the preoperative work-up for bariatric surgery.	
Transplant Service	Covered	Covered for certain organs. Limitations apply. Confirm with the plan during prior authorization or by calling customer service.	Members needing a kidney transplant for end-stage renal disease should apply for Medicare prior to transplant. Provide denial information if asking the plan to cover as primary payor.
Transportation - See Non-Emergency Medical Transportation	Covered		
Urgent Care Services	Covered		
Vision & Eye Exams	Covered	One complete eye exam and one pair of glasses are covered for members 21 years and older each year. Eye-glasses, repairs and exams as needed for members under 21, up to 3 pairs per calendar year.	For coverage questions, call Envolve Vision. 1-877-644-4623
All services are subject to benefit coverage, limitations, and exclusions, some of which are described here. Call Customer Service toll free at 1-877-644-4623 to get more information on benefit coverage.			

New Technology

Health technology is always changing. We want to grow with it. If we think a new medical advancement can benefit our members, we evaluate it for potential Value Added Services. These advancements include:

- New technology
- New medical procedures
- New drugs
- New devices
- New application of existing technology

Our medical director and/or medical management staff will identify potential Value Added Services that include technological advances that could benefit our members. The Clinical Policy Committee (CPC) reviews requests for possible inclusion as a Value Added Service. They decide whether we should change any of our Value Added Services to include the new technology. If the CPC doesn't review a request for coverage of new technology, our medical director will review the request and make a one-time decision. The CPC may then review the new technology request at a future time. Core Medicaid benefits are determined by the state.

Home and Community Based Services (HCBS)

Home and Community Based Service programs provide additional services to persons with disabilities to allow them to live in the community and take an active role in their care. The specific waiver services available for each waiver program are listed below. Eligibility is determined by entities the State contracts with such as ADRCs, CDDOs and CMHCs. Sunflower will provide care management (CM) and coordinate access to covered benefits and available community resources.

HCBS – Autism

- Family Adjustment Counseling
- Parent Support & Training
- Respite Care

HCBS – Frail Elderly (FE)

- Adult Day Care
- Assistive Technology (Lifetime maximum of \$7,500)
- Personal Care Services (self-directed or agency-directed)
- Comprehensive Support (provider or self-directed)
- Home Telehealth (remote monitoring system)
- Medication Reminder
- Nursing Evaluation Visit
- Oral Health Services
- Personal Emergency Response System (PERS) and installation
- Enhanced Care Services (provider or self-directed)
- Wellness Monitoring
- Financial Management Services

HCBS – Physical Disabilities (PD)

- Assistive Services
- Home-Delivered Meals Service
- Medication Reminder Services (Call, dispenser, and dispenser installation)
- Personal Emergency Response System (PERS) and installation
- Personal care services (self-directed or agency-directed)
- Enhanced Care Services (provider or self-directed)
- Financial Management Services

HCBS – Traumatic Brain Injury (TBI)

- Home-Delivered Meals Service
- Assistive Services
- Personal Emergency Response System (PERS) and installation
- Personal Care Services (self-directed or agency-directed)
- Rehabilitation Therapies: Physical Therapy / Occupational Therapy / Speech and Language Therapy; Cognitive Rehabilitation and Behavior Therapy
- Enhanced Care Services (provider or self-directed)
- Transitional Living Skills
- Medication Reminder
- Financial Management Services

HCBS – Technology Assisted (TA)

- Health Maintenance Monitoring (HMM)
- Home Modification/Assistive Services
- Personal Care Services (agency or self-directed)
- Medical Respite
- Specialized Medical Care (SMC)
- Intermittent Intensive Medical Care
- Financial Management Services

HCBS – Severe Emotional Disturbance (SED)

- Attendant Care
- Wraparound Facilitation
- Independent Living/Skills Building
- Short Term Respite Care
- Parent Support and Training
- Professional Resource Family Care

HCBS – Intellectual/Developmental Disability (I/DD)

- Assistive Services
- Day Supports
- Personal Emergency Response Service (PERS) & rental
- Overnight Respite Care
- Personal Care Services (agency directed) - *Supported Home Care is now referred to as personal care services (agency directed) but it maintains the same billing code and rate*
- Financial Management Services
- Residential Supports
- Enhanced Care Services
- Specialized Medical Care
- Supported Employment
- Targeted Case Management
- Wellness Monitoring

Person Centered Planning

Medical care addresses only a part of a person's needs. Person Centered Planning uses a more personal approach. We get to know who you are first, so we can better support your needs.

Person Centered Planning is a process, directed by you and the people you choose, to help identify your strengths, preferences and needs so you can develop a plan that describes what you want and need to live your life the way you choose.

For more information on Person Centered Planning, visit our website at www.SunflowerHealthPlan.com

Financial Management Services (FMS)

In accordance with the state of Kansas law (K.S.A. 39-7100) and the self-direction model and within the scope of the vendor-fiscal model, Sunflower members who are receiving HCBS have the option to self-direct some or all of their services. The self-direction model allows the Sunflower member to make a decision about, direct the provisions of and control the personal care services received by the member, including but not limited to selecting, training, managing, paying and dismissing of a direct support worker. A Sunflower member or the members' representative has authority over selected services and can accept direct responsibility for these services with the assistance of a FMS provider.

FMS Rights and Responsibilities

When a Sunflower member or the member's representative chooses an FMS provider, he or she must be fully informed by the FMS provider of his or her rights and responsibilities to:

- Choose and direct support services
- Choose and direct the workers who provide the services
- Perform the roles and responsibilities as employer
- Understand the roles and responsibilities of the FMS provider
- Receive initial and ongoing skills training as requested

Once fully informed, the Sunflower member or the member's representative must negotiate, review, and sign a FMS Service Agreement with the FMS provider. Sunflower also has educational materials about self-direction available for our members.

Sunflower Value-Added Services

To access these extra benefits, please call Customer Service toll-free at 1-877-644-4623 (TTY 711). There are no grievance and appeal rights for Value-Added Services.

Dental Visits	Two dental visits (cleanings, screenings) for adults 21 and older every year. Children are covered under regular Medicaid benefits on most dental services.
My Health Pays Rewards®	Members can earn rewards on a My Health Pays® Visa® Prepaid Card when they get health checkups and screenings. Members can earn \$10-\$50 or more in My Health Pays rewards. See page 39 for more information on this program.
SafeLink® Phones	Free smart phone through SafeLink®, which provides up to 350 free minutes of service per month for members who qualify. This service includes unlimited texting and 1GB of data per month for the first three months (then 500MB per month).
Start Smart® for Your Baby	<p>This program is for pregnant members, babies and families. Start Smart offers nursing support, education and helpful gifts. There is no cost to the member.</p> <ul style="list-style-type: none"> • In-home help with healthcare and social service benefits. • Special texting programs for Start Smart participants • Community baby showers for pregnant members. Diapers and other gifts are included in these events. • Birthday programs for children.
Home Visiting	Community-based Health Services staff can provide in-home member visits to assist with scheduling healthcare appointments and transportation, as well as help with paperwork for benefits. They also assist members with accessing food, shelter, or other health or social programs. This service is complementary to case management and is performed by certified Community Health Workers.
Community Programs for Children	<p>Sunflower offers free services to promote healthy lifestyles for kids, such as membership fees to Boys & Girls Clubs and the Adopt-A-School Program.</p> <p>Sunny's Kids Club program mails a new book four times a year to children (parents) who subscribe to the program. Sunny is the health plan's mascot.</p>
Care Attendant	We provide members on the I/DD waiting list with a care attendant for medical appointments if needed.
Practice Dental Visits	We provide practice visits to dentists for members with developmental disabilities and children on the autism waiver to help them become more comfortable with dental preventive care visits.
Smoking Cessation	Members can participate in a smoking cessation program offered through Sunflower's Healthy Solutions for Life program. Counseling treatment sessions are unlimited. (Nicotine replacement therapy is a regular Medicaid benefit when prescribed by your doctor.)
In-home Tele-Health	In-home Tele-health is available for adults. This service helps members stay at home when they need help to manage their chronic conditions.
MyStrength Program	Our MyStrength online program offers eLearning to help members overcome depression and anxiety. This online program includes simple tools, weekly exercises, mood trackers and daily inspirational quotes and videos. The program may be used independently or with other care.
Farmers' Market Vouchers	We promote healthy eating. Members can receive produce vouchers worth \$10 at special events with participating Farmers Markets.

Medication Review	A comprehensive medication review with a local pharmacist is available to eligible members. The review includes a 30 minute face-to-face consultation with a local pharmacist.
Hospital Companionship	We provide up to 16 hours per year of hospital companionship for persons on the I/DD and F/E waivers. Members may contact their Sunflower care manager to access this service.
Dentures for F/E Waiver eligible members	Dentures may be covered for eligible members receiving Frail & Elderly Waiver benefits. Eligibility is based on medical necessity.
Healthy Solutions for Life	<p>We provide targeted disease management under the Healthy Solutions for Life Program to members with the following conditions:</p> <ul style="list-style-type: none"> • asthma (adults and children); • COPD (adults); • diabetes (adults and children); • heart disease (CAD) (adults); • hypertension (adults); • obesity weight management (adults) <p>The program also helps members determine how emotions impact their condition. It helps with stress, poor sleep and appetite. As a part of the program, participants are assigned a Health Coach who works with the entire healthcare team to ensure members have everything they need to feel their best.</p> <p>(Members may be referred by their physician, referred by the health plan, or self-enrolled in any of these programs). **Adults are classified as 18 years and older.</p> <p>Notable differences with the Healthy Solutions for Life program is:</p> <ul style="list-style-type: none"> • These are opt in programs – the member must consent. • We use motivational behavior techniques. • No time limit for the programs. Enrollment duration is based on the member's progress. • All asthma members receive a peak flow meter and spacer as part of enrollment in the asthma program. Children under 5 receive a mask also.
Foster Care – “Care Grants”	Care Grants benefiting children in Foster Care. Sunflower will provide care grants to be used in helping members in Foster Care access person-specific resources that are not covered by Medicaid, such as hypo-allergenic sheets for those with asthma, art supplies, clothing, camp fees or other personal items.
Parent Management Training – Oregon Model (PMTO)	Extra support to Foster Care families and agencies through nationally recognized Parent Management Training program. The goal is to enhance stability in the home. This program is ideal for many families because it is known to strengthen interventions that address conduct, social behavior and other associated symptoms.
Caregiving Collaborations®	Caregivers are supported through various channels in the Caregiving Collaborations program. This benefit is available to one primary, informal support caregiver per member. Benefits include the Caregiver Resource Center and a Caregiver Journal. In addition to the program benefits, each member and caregiver will continue to receive coordination of respite services available through the individual care plan.

Employment Support & Transportation	Sunflower Transition to Employment Program (STEP) is a workforce development and employment support resource program. We help members identify and remove employment barriers. Benefits include enhanced transportation coverage, GED prep test vouchers, and assistance with career counseling services. Members are connected with a benefits specialist to learn how their income may impact their benefits, as well as to learn about the STEP Scholarship program.
Enhanced Transportation for F/E & PD	Enhanced transportation to local community events and social activities for members receiving Frail & Elderly (F/E) and Physical Disability (PD) waiver benefits. This benefit includes three round trips a year.
Nursing Home-to-Community Transition Support	<p>Sunflower offers nursing home transition support by partnering with providers to:</p> <ul style="list-style-type: none"> • Conduct pre-placement transition meetings and activities which may include: finding and securing housing, securing house-hold items, confirming informal supports, completing in-home risk assessment, and assisting with hiring of caregivers. • Follow-up visits to ensure services and equipment are in place and meeting the member's needs, to confirm or set up a PCP appointment, among other personal support activities • Cover 1 week of home-delivered meals for each member transitioning out of a nursing facility regardless of waiver benefit coverage. • Members may be eligible for additional financial assistance or benefits, based upon need, when transitioning to independent living situations.

Member Responsibility

WHEN YOU HAVE TO PAY AND WHEN YOU DON'T

Sunflower will cover most of your medical bills, but there are times when services are not covered or services are limited. You should not receive a bill if the medical service you got is a covered Sunflower benefit. You will be responsible for all non-covered services. Information about covered and non-covered services are in this handbook and on the Sunflower website. Members should follow the guidelines below:

- Always ask if the service is covered before you receive it.
- If you want to know if a specific procedure code or pharmacy item is covered, call Customer Service toll free at 1-877-644-4623.
- If you receive a non-covered service, your provider may ask you to sign a statement that you will pay for the services.
- You must use a provider who accepts your Sunflower ID Card. If you are a Sunflower member, you must use a provider in the Sunflower network. If you don't, you may have to pay the bill.

- Show your Sunflower ID card and other cards at the time you get the service or item. If you don't, you may be responsible for the bill.
- If your provider recommends you get a service that is not covered, you must pay for that service if you choose to get it.
- If you request a service that is not covered, you must pay for that service.

You will not have to pay for covered health care services even if:

- The State does not pay Sunflower
- Sunflower does not pay your provider.
- Your provider's bill is more than Sunflower will pay.
- Sunflower cannot pay its bills.

SPENDDOWN

The Medically Needy program offers coverage to people who have income over the maximum allowable income standard. The spenddown amount is your share of your family's medical bills. The spenddown amount is like an insurance deductible. If you have a spenddown amount (deductible), you are responsible for that amount.

We will consider paying for any Medicaid-covered services that go over your spenddown amount.

MEDICALLY NEEDY COVERAGE

A spenddown can be set up for you if you are in any one or more of the following groups:

- Pregnant Women
- Children under the age of 19
- Seniors age 65 and over
- Persons determined disabled by Social Security

PATIENT LIABILITY & CLIENT OBLIGATION

Patient Liability is a fixed monthly amount determined by the state for members who are in a long term care facility. This amount is the member's responsibility and is assigned to a specific provider or providers.

Client obligation is a fixed monthly amount determined by the state for members in HCBS services. This amount is the member's responsibility to pay and is assigned to one or more providers for payment. The member pays the amount owed to the provider assigned. The member can find which provider is assigned by looking at their Person Centered Service Plan (PCSP). This amount is the member's responsibility and is assigned to a specific provider or providers.

These are mutually exclusive amounts, meaning a member will not have both Patient Liability and Client Obligation. A member could have one or the other but never both.

For more information, please contact Customer Service toll free at 1-877-644-4623.

How to Obtain Healthcare

Three Easy Steps to Establish a PCP Relationship

1. Choose a doctor. If you do not choose one, Sunflower will choose one for you. You can find this information on your member ID card. You will be able to switch to a different doctor during our new member welcome call or you can call Customer Service toll free at 1-877-644-4623. Be sure to have your PCP's name on your ID card. **If you have Medicare, a PCP will not be listed on your ID card. If a member is in Foster Care, a PCP will not be listed on the ID card.**
2. Make an appointment with your doctor if you have not seen one in the last 12 months.
3. Talk to your doctor about any health problems you are having.

Primary Care Provider (PCP)

WHAT IS A PCP?

When you enroll in Sunflower, you must choose a PCP. Your primary care provider, or PCP, is a doctor you see

on a regular basis to take care of your medical needs. Make an appointment with your PCP in the first 90 days of becoming a member, even if you are not sick. You should receive all of your basic medical care from your PCP. You can call your PCP when you are sick and do not know what to do. Seeing your doctor for regular check-ups helps you find health problems early. This can help prevent going to the emergency room.

If you have never seen your PCP, you should call them as soon as you join Sunflower, and introduce yourself as a new member. At that time, you should also schedule a preventative appointment within the first 90 days. It is best to not wait until you are sick to meet your doctor for the first time. Be sure the doctor name on your Sunflower ID card is the doctor you are seeing for your check-ups.

PCP RESPONSIBILITIES

Your PCP will:

- Make sure that you get all medically necessary services in a timely manner.
- Follow-up on the care you get from other medical providers.
- Take care of referrals for specialty care and services offered.

- Provide any ongoing care you need.
- Update your medical record, including keeping track of all the care that you get with your PCP and specialists.
- Provide services in the same manner for all patients.
- Give you regular physical exams.
- Provide preventive care.
- Give you regular immunizations.
- Make sure you can contact him/her or another doctor at all times.
- Discuss what advance directives are and file the advance directives appropriately in your medical record.

Sunflower believes that seeing your PCP is important. We offer a program called the My Health Pays® program. You can earn rewards for healthy behaviors, like visiting your PCP. My Health Pays® gives you rewards for healthy activities. The rewards are used at stores to purchase items for you and your family. Find the My Health Pays® section in this handbook for details about earning healthy rewards.

CHOOSING YOUR PCP

Sunflower lists all providers in the network on the Sunflower Health Plan website at www.SunflowerHealthPlan.com. On Find A Provider you will see a list of doctors and hospitals. You will also see the doctor's contact information and their specialty. Our Provider Directory will show the addresses, phone numbers, and any languages the provider may speak. Be sure the PCP name on your Sunflower ID card is the doctor you are seeing for your check-ups. When picking a PCP, look for one of the following kinds of providers.

- Family Practitioner
- General Practitioner
- Internal Medicine
- Nurse Practitioner
- Obstetrician/Gynecologist (OB/GYN)
- Physician Assistants

Specialists can be your PCP for special needs, upon request. Sunflower is always working to have the best provider network for all of its members. New doctors are added daily, so check the Sunflower website at www.SunflowerHealthPlan.com to see if new providers have been added. If you would like a free copy of our provider directory or want to know more about the PCP before you choose, please call Customer Service toll free at 1-877-

644-4623. Women have direct access to women's health specialists in addition to their PCP if their PCP is not a women's health specialist.

CHANGING YOUR PCP

You may change your PCP at any time, for any reason. Some examples for changing a PCP are:

- Your PCP is no longer in your area
- You are not satisfied with your PCP's services
- The PCP does not provide the services you seek because of religious or moral reasons
- You want the same PCP as other family members

You must notify us when you change your PCP. If the PCP listed on your Sunflower ID card is not the doctor you see, please call Customer Service toll free at 1-877-644-4623 or change your PCP online at www.SunflowerHealthPlan.com.

MAKING AN APPOINTMENT WITH YOUR PCP

Once you have selected a PCP, make an appointment to meet with your doctor annually or within 90 days if you have not been to the doctor within the last year. This will give you and your doctor a chance to get to know each other. Your doctor can give you medical care, advice, and information about your health.

Call your PCP's office to make an appointment. Remember to take your member ID card with you every time you go to the doctor's office. Call Sunflower if the PCP name on your ID card is not the doctor you see for your check-ups. **If you have difficulty getting an appointment to see your doctor, please call Customer Service toll free at 1-877-644-4623.**

AFTER HOURS APPOINTMENTS WITH YOUR PCP

You can call your PCP's office for information on receiving after hours care in your area. If you have a medical problem or question and cannot reach your PCP during normal office hours, you can call Customer Service or Nurse Advice Line toll free at 1-877-644-4623. Nurse Advice Line is Sunflower's 24-hour medical nurse line. You will speak to a nurse. If you have an emergency, call 911 or go to the nearest ER.

NOTE: Except for emergency & family planning, all services must be obtained through Sunflower network providers or pre-approved out-of-network providers.

IMPORTANT: If you cannot keep an appointment, please call the doctor's office as a courtesy to cancel at least 24-hours in advance. If you need to change an appointment, call the doctor's office as soon as possible. They can make a new appointment for you. If you need help getting an appointment, call Customer Service toll free at 1-877-644-4623. If you arranged transportation for an appointment that you cannot keep, also cancel your transportation by calling 1-877-917-8162.

Appointment Availability and Wait Times

Your health care providers must see you within 3 weeks when you call for a regular health care, mental health, vision, lab or x-ray appointment.

Sometimes you need medical care soon, but it is not an emergency. This is called urgent care. Your health care provider must have appointments within 48 hours when you need urgent care.

A provider may send you to see someone else when they are not able to see you that soon. If you see a new provider, remember to take your insurance cards with you. Your time in the provider's waiting room should not be longer than 45 minutes.

Please call Customer Service toll free at 1-877-644-4623 if you need help making an appointment or if you experience long wait times in a provider's office.

PCP APPOINTMENTS

- Regular: members are seen within 3 weeks.
- Urgent: members are seen within 48 hours.

SUBSTANCE USE DISORDER (SUD) APPOINTMENTS

- Regular: members are assessed within 14 days, and treatment services are delivered within 14 days after assessment.
- Urgent: members are assessed within 24 hours, and services are delivered within 48 hours.
- Emergency: members are seen immediately.
- IV Drug Users: members are seen within 14 days.

Pregnant IV Drug Users: members are assessed within 24 hours of request/referral to treatment and treated within 48 hours of an assessment.

MENTAL HEALTH APPOINTMENTS

- Regular: members must be referred within 5 days; assessed and/or treated within 9 working days from referral or 10 working days from previous treatment.
- Urgent: members must be referred within 24 hours; assessed and/or treated within 48 hours from referral for outpatient mental health services, and within 24 hours from referral for an urgent concurrent utilization review screen.
- Emergency: members are referred immediately; assessed and/or treated within 3 hours for an outpatient mental health service, and within 1 hour from referral for an emergent concurrent utilization review screen.
- Planned Inpatient Psychiatric: members are referred within 48 hours; assessed and treated within 5 working days from referral.
- Pregnant Women: members are treated within 24 hours of an assessment.
- Post-Stabilization Services: Referral within 1 hour. Assessment and/or treatment within 1 hour of referral for post-stabilization services (both inpatient and outpatient) in an emergency room.
- IV Drug Users: Treatment within 24 hours of an assessment. IV drug users shall be admitted no later than 14 calendar days after an assessment or 120 calendar days after the date of such request. Interim services shall be made available no later than 48 hours after such request if no program has the capacity to admit the individual on the date of such request.

SPECIALISTS AND URGENT CARE APPOINTMENTS

- Regular: members are seen within 30 days.
- Urgent: members are seen within 48 hours.

VISION APPOINTMENTS

- Regular: members are seen within 3 weeks.
- Urgent: members are seen within 48 hours.

LAB AND X-RAY SERVICES

- Regular: members are seen within 3 weeks.
- Urgent: members are seen within 48 hours.

What to Do if Your Provider Leaves the Sunflower Network

If your PCP is planning to leave the Sunflower provider network, we will send you a notice before the date this occurs, or as soon as we are notified. We will automatically reassign you to another PCP so you always have access to the care you need. We will send you a new member ID card identifying your new PCP. If you want a different PCP, please call Customer Service toll free at 1-877-644-4623. You can change your PCP at any time.

Sunflower may approve visits with your doctor for up to 90 days after he/she leaves the network. We can do this if you are in active treatment with your doctor. Members in the second or third trimester of pregnancy can keep the same doctor until after the first post-partum visit. During this time, we will help you find a new doctor. You will receive the same covered services. The doctor must agree to:

- Treat you for your healthcare needs.
- Accept the same payment rate from Sunflower.
- Follow Sunflower's quality assurance standards.
- Follow Sunflower's policies about prior authorization and using a treatment plan.
- Provide necessary medical information to you related to your care.

Continued coverage is only available if your PCP or specialist was not terminated by Sunflower due to quality of care.

Continuing Services with Out-of-Network Providers

Sometimes new members are getting care from a doctor that is not in Sunflower's provider network. In some cases, you may be allowed to continue care with your doctor for up to 90 days. In order to have your previous doctor's services continue, they must be prior authorized by Sunflower. If you have questions, call Customer Service toll free at 1-877-644-4623.

If you are a new member in your second or third trimester of pregnancy, you can keep the same doctor until you have had your baby and completed your first post-partum visit. If you are a member who is terminally ill, you may continue to see your doctor for your care. In order to have your previous doctor's services continue, they must be prior authorized by Sunflower. If you have questions, call Customer Service toll free at 1-877-644-4623.

Medical Services

Medically Necessary Services

Covered services that you receive must be medically necessary. This means getting the right care, at the right place, at the right time. Sunflower uses standard guidelines to check medical necessity. Utilization management (UM) decisions are based on:

1. It is recommended by your treating provider
2. It is to treat your condition
3. The service is most appropriate level of service, supply, considering potential harm and benefits for you
4. It is known to be effective in improving health outcomes
5. It is cost-effective for your condition being treated when compared to alternative interventions

UM does not make choices based on financial reasons. We do not reward doctors or staff for saying no to care. We want you to get the care you need, when you need it.

Prior Authorization for Services

When you need care, always start with a call to your primary care provider (PCP). Some covered services may require prior authorization or review by Sunflower before services are provided. This includes services or visits to an out-of-network provider and some specialists. Home health services and some surgeries also need to be reviewed. Your doctor can tell you if a service needs to be reviewed. The list can be found on Sunflower's website at www.SunflowerHealthPlan.com. You can also call Customer Service toll-free at 1-877-644-4623 to see if something needs to be reviewed by us.

Your doctor will give us information about why you need the service. Sunflower will look to see if the service is covered and that it is appropriate. Sunflower will make the decision as soon as possible, based on your medical condition. Standard decisions are made within 14 days. An extension of this timeline may occur if the enrollee or provider requests an extension, or if Sunflower justifies (to the State agency upon request) a need for additional

information to make an educated decision. Extensions will be in the enrollee's interest. Sunflower will let you and your doctor know if the service is approved or denied in writing. Sometimes, Sunflower may need more time to make a decision on a prior authorization when it is in the member's best interest.

If the service is urgent, the decision will be made within three days.

For these urgent requests, Sunflower will make a reasonable attempt to call your provider with the decision. If you or your doctor is not happy with the decision you can ask for a second review. This is called an appeal. See the "Member Satisfaction" section in your Member Handbook for more information about appeals.

If there are any major changes to the prior authorization process, we will let you and your doctors know right away.

Second Medical Opinion

You have the right to a second opinion about your treatment choice. This means talking to a different doctor about an issue to see what they have to say. The second doctor is able to give you their point of view. This may help you decide if certain services or methods are best for you. If you want a second opinion, tell your PCP.

Customer Service, or your PCP, can help you find a doctor to give you a second opinion. You may choose any Sunflower network provider. If you are unable to find a doctor in the Sunflower network, we will help you find a doctor outside the network. If you need to see an out-of-network provider for the second opinion, it must be prior approved by Sunflower.

Any tests that are ordered for a second opinion should be given by a doctor in the Sunflower network. Tests requested by the doctor giving you a second opinion must be prior approved by Sunflower. Your PCP will look at the second opinion and help you decide on the best treatment plan.

How to Get Medical Care When You Are Out of State

If you are out of the area and have an emergency, call 911 or go to the nearest ER. Be sure to call us and report your emergency within 48 hours. You do not need prior approval. Sunflower will cover only medically necessary emergency services out of state.

If you are out of state and have an urgent problem, go to an urgent care clinic or you may go to a PCP. Be sure to show your Sunflower ID card prior to receiving services. Follow-up care after out-of-state services should be made with the member's in-network PCP.

Your PCP will help you get the post-stabilization care, or follow up care, you need after an emergency. You may receive this follow up care whether or not the doctor is in the Sunflower provider network to be sure your condition is stable.

The two situations where you are covered for services out of state are as follows:

- You are out of state and you have a medical or behavioral health emergency. You can go to an ER in any state if you have a true medical or behavioral health emergency. If you are seen at an out-of-state hospital for an emergency, your follow up care must be with a Sunflower network provider. You may also need to contact your PCP to get a referral if you need to see a specialist.
- It is determined that you need special care that you cannot receive in Kansas. If Sunflower approves, the cost of the care you get in the other state will be covered. Members are not covered for any services outside of the United States.

Out-of-Network Care

Out-of-network emergency services do not need approval from Sunflower. All other covered services from an out-of-network provider need prior authorization by Sunflower. We will first check to see if there is a network provider that can treat your medical condition. If there is not, we will help you find an out-of-network provider. When out-of-network services are approved, the cost of services is no greater than when you see an in-network provider. You will be financially responsible for payment of the out

of network service(s) if Sunflower did not approve the visit or service. If you have questions, call Customer Service toll-free at 1-877-644-4623. Sunflower will notify you when the referral is approved.

Referrals to Specialty Care

You may need to see a certain doctor for specific medical problems, conditions, injuries, and/or diseases. Talk to your PCP first. Your PCP will refer you to a specialist. A specialist is a doctor who works in one healthcare area; for example, a doctor who only works with the heart, skin, or bones. Normally, a Sunflower doctor will refer you to another Sunflower doctor who is a specialist, unless your medical condition could be better treated by someone other than a Sunflower doctor. Sunflower will not pay for an out-of-network specialist visit unless your doctor and Sunflower approves the visit. If you have questions about getting a referral, call Customer Service toll-free at 1-877-644-4623.

Some conditions may need ongoing care from a specialist. Sunflower will allow your PCP to give a standing referral to a specialist in the Sunflower network when:

- The specialist in Sunflower's network agrees to a treatment plan for you.
- The specialist provides your PCP with updates on your condition and treatment plan.
- The specialist's services to be provided are part of the benefits covered by Sunflower.

NOTE: If your specialist refers you to another specialist, your specialist may need to obtain authorization by Sunflower and your PCP.

Self-Referrals

You may self-refer for certain covered services. No approval is required from your PCP or Sunflower for these services.

You may receive benefit coverage for the following services whether or not the doctor is in the Sunflower provider network:

- Emergency and Behavioral Health services.
- Family Planning services and supplies.
- Women's routine preventive health services.
- Treatment of women's acute health conditions (i.e. treatment of sexually transmitted diseases).
- Maternity care.

Urgent Care – After Hours

Urgent Care is not Emergency Care. Urgent Care is needed when you have an injury or illness that must be treated within 48 hours. It is usually not life-threatening, yet you cannot wait for a visit to your PCP.

Only go to the emergency room if your doctor tells you to go or you have a life-threatening emergency. When you need urgent care, follow these steps:

- **Call your PCP.** The name and phone number are on your Sunflower ID card. Your PCP may give you care and directions over the phone.
- **If it is after hours and you cannot reach your PCP, call the Nurse Advice Line toll-free at 1-877-644-4623 (TTY 711).** You will be connected to a nurse. Have your Sunflower ID card number handy. The nurse may help you over the phone or direct you to other care. You may have to give the nurse your phone number. During normal office hours, the nurse will assist you in contacting your PCP. If you are told to see another doctor or to go to the nearest hospital emergency room, **bring your Sunflower ID card.** Ask the doctor to call your PCP or Sunflower.

Emergency Care

Sunflower covers emergency medical services 24-hours a day, seven days a week. Emergency services means covered inpatient and outpatient services that are 1) furnished by a provider that is qualified to furnish these services, and 2) needed to evaluate or stabilize an emergency medical condition. An emergency medical condition means a serious impairment from an accidental injury or an onset of what reasonably appears to be a serious dysfunction of any bodily organ or part, when the lack of medical attention could be expected by a reasonable person to result in jeopardy to a member's health or, in the case of a pregnant woman, the health of her unborn child.

Emergency rooms are for Emergency Services. If you have an Emergency Medical Condition, call 911 or go to the nearest hospital. You do not need a doctor's approval. Services will be covered. If you are not sure if it is an

emergency or if you can, call your PCP first. Your PCP will tell you what to do. If your PCP is not available, a doctor taking calls can help. There may be a message telling you what to do. You can also call Nurse Advice Line, our 24-hour medical advice line, toll-free at 1-877-644-4623 (TTY 711) if you have questions. If we instruct you to seek emergency services, it will be covered.

It is okay if the hospital does not belong to the Sunflower network. You can use any hospital if it is an emergency medical condition. It is helpful if you, or someone acting on your behalf calls your PCP and Sunflower so your PCP can provide or arrange for any follow-up care that you may need. We will also help you get follow-up care. Call Customer Service toll-free at 1-877-644-4623 (TTY 711). We will not deny payment prior to 10 calendar days of seeking Emergency Services.

Some examples of when and when not to use the emergency room are as follows:

WHEN TO GO to the ER

- Broken bones
- Gun or knife wounds
- Bleeding that will not stop
- You are pregnant, in labor and/or bleeding
- Severe chest pain or heart attack
- Drug overdose
- Poisoning
- Bad burns
- Shock (you may sweat, feel thirsty or dizzy or have pale skin)
- Convulsions or seizures
- Trouble breathing
- Suddenly unable to see, move or speak
- Severe dental pain or swelling

WHEN NOT TO GO to the ER

- Flu, colds, sore throats, and earaches
- A sprain or strain
- A cut or scrape not requiring stitches
- To get more medicine or have a prescription refilled
- Routine or preventive dental care
- Diaper rash

Post-Stabilization Services

These are services that are needed to stabilize your condition after an emergency. They do not require prior authorization. It does not matter whether you receive the emergency care in or outside of the Sunflower network. The emergency or attending provider will tell us when you can transfer, or that you can be discharged. We will still cover services to make sure you are stable after an emergency.

What if I/My Child Needs to be Admitted to a Hospital?

If you/your child needs to be admitted to a hospital for inpatient hospital care, your doctor must call Sunflower to let us know about the admission. Sunflower will follow you/your child's care while in the hospital to ensure that you/your child gets the proper care. The discharge date from the hospital will be based only on medical need to remain in the hospital. When medical needs no longer require hospital services, Sunflower and you/your child's doctor will set a hospital discharge date.

If you do not agree with a decision to discharge you from the hospital, you have the right to ask for a review of the decision. This is called an appeal (see Appeals section).

Transportation Services

GAS REIMBURSEMENT

Need help getting to your healthcare appointments? Gas reimbursement can help you get there.

- If you have a car, you can receive .40 cents per mile to get to and from your healthcare appointments.
- The same amount can be paid to your friend, relative, or neighbor who drives you.

What types of appointments qualify for gas reimbursement?

Gas reimbursement is allowed for any healthcare appointment that is covered on your benefit plan with Sunflower. This includes trips to your primary care provider, eye exams, dental visits and more.

How can I receive gas reimbursement?

1. Call 1-877-917-8162 **at least 30 minutes** before your scheduled appointment

2. Then press the number "1" to schedule transportation
3. Enter Member ID or press # if you do not have your member ID
4. Enter your Trip ID or press # if you do not have it.
5. A reservation specialist will tell you how to get a trip voucher. A trip voucher must be completed to receive gas reimbursement payment.
6. Make sure to write down your job/trip number given to you by the reservation specialist. You will also write down the name and address of the driver
7. ***Your doctor/counselor must sign the trip voucher to show you were at the scheduled appointment in order for gas reimbursement to be paid to you or your driver.**

Before mailing in your trip voucher for payment:

1. The job/trip number **must** be written on the voucher. The job/trip number was given to you when you made the first phone call.
2. Confirm the name and address of the driver with the reservation specialist.
3. Fill in all the blanks on the voucher, but do not fill in the Physician/Clinician Signature space since that part must be signed at your appointment by the doctor/counselor.
4. If you go to your healthcare appointment more than once per month, you can put several trips on one voucher.
5. **Important!** Only you or the person's name you gave as the driver at the time of the reservation will be paid. This means that only you or your driver (friend, family, or neighbor) will receive the payment. If you have different drivers, you must submit a separate voucher for each driver. You can make copies of the blank voucher if you need more than one.
6. **Important!** Timely filing does apply to your gas reimbursement voucher. Gas reimbursement vouchers **MUST** be received within 180 days of the trip date. Gas reimbursement vouchers received 180 days after the trip date will not be paid.

Mail completed trip voucher to:

LogistiCare Claims Department
Kansas Gas Reimbursement
2552 West Erie Drive, Suite 101
Tempe, AZ 85282

EMERGENCY TRANSPORTATION SERVICES

Sunflower covers emergency ambulance ground transportation to the nearest hospital for emergency care. Ambulance transportation to the hospital emergency room in non-emergency situations is not a covered service under Sunflower. You may have to pay for it. Ambulance transportation from a healthcare facility to another healthcare facility is covered only when it is medically necessary. It also has to be arranged and approved by a Sunflower network provider.

NON-EMERGENCY MEDICAL TRANSPORTATION SERVICES (NEMT)

NEMT stands for Non-Emergency Medical Transportation. NEMT should only be used when you do not have a way to get to your in-network healthcare appointment. We may use public transportation or bus tokens, vans, taxi, or even an ambulance, if necessary to get you to your healthcare appointment. Sunflower will give you a ride that meets your needs. You do not get to choose what kind of car or van or the company that will give you the ride.

What are the NEMT guidelines for services?

- You must be enrolled with Sunflower on the day of your appointment.
- If you have not met your spenddown, you may have to pay for your trip. Members with a spenddown can apply these transportation costs to their spenddown.
- Use if no other free transportation options are available to you such as volunteer, community, or other.
- Some people do not get NEMT as part of their benefits. To check, call Customer Service toll-free at 1-877-644-4623.
- Children who are under age 17 must have an adult ride with them.
- We will only pay for one child and one parent/guardian and/or an attendant if your child is under age 21 and needs to be away from home overnight or needs someone to be with him/her. We will not pay for other children or adults.

What healthcare services can I get NEMT to take me to?

- Any healthcare appointment that is covered on your benefit plan with Sunflower. This includes trips to your primary care provider, eye exams, or dental visits, and more.
- The appointment is to a healthcare provider near where you live. If the provider is far away, you may need to say why you are going to this provider and get approval from Sunflower. There are rules about how far you can travel to a health care appointment and get a ride.
- Transportation is available for services received within the State of Kansas or to an approved Kansas border city provided that the member is traveling to the closest available provider for his or her medical condition. Reimbursement is not made if the member chooses to travel to another community for a service that is already available in his or her community. NEMT guidelines are for in-state and approved border cities, not for out-of-state transportation.

How do I use the NEMT program?

To schedule a NEMT ride, **you must call at least 3 days before the day of the in-network appointment or you may not get a ride.** You may be able to get a ride sooner if your healthcare provider gives you an urgent care appointment. **If the appointment is urgent, you must say this when calling to schedule your trip.** Call Transportation at 1-877-917-8162. You can also call Sunflower Customer Service toll-free at 1-877-644-4623. Then press the #1 to schedule transportation. If you have an emergency, dial 911, or the local emergency phone number.

Pharmacy

Pharmacy Program

You can get prescriptions through your Sunflower coverage if you go to a pharmacy that accepts Sunflower members. There are some medications that may not be covered through Sunflower. A participating Sunflower pharmacy can let you know what medications are not covered and help you find medications that are covered. If you have questions regarding what medications are covered by Sunflower, contact Sunflower's Customer Service Department for help.

Preferred Drug List (PDL)

The Preferred Drug List (PDL) is a list that shows some of the drugs covered under the pharmacy benefit. This list is updated monthly by the Kansas Medical Assistance Program. You can find your PDL here: <http://www.kdheks.gov/hcf/pharmacy/download/PDLList.pdf>

Prior Authorization

Some medications have limits or require prior approval before your prescription can be filled. If prior approval is required, the pharmacy will inform your physician. If your physician feels you have a medical reason to receive the medication, they can provide information about your health to Sunflower to request coverage authorization. If Sunflower does not grant the approval, you and your physician will be notified of the decision. You will also be given instruction on how to file an appeal. (See the *Member Satisfaction* section). Your doctor may need to send a request for prior authorization if:

- A drug is listed as non-preferred on the PDL or if certain conditions need to be met prior to you receiving the drug.
- You are getting more of the drug than is usually prescribed.
- There are other drugs that should be tried first.

Emergency Medication Supply

If your physician cannot be reached to approve a prescription that requires prior approval, you may be able to get a 72-hour (three-day) emergency supply. Pharmacies that accept Sunflower members are authorized

to provide a 72-hour supply. Narcotic medications are excluded from the emergency supply benefit. If you have recently been released from a medical facility or had an emergency department discharge, please call Sunflower Customer Service for information on coverage. If you are traveling and have an emergency need for a medication and are outside of Kansas, you will need to pay for the medication and submit the paid receipt with the prescription information to Sunflower.

Over-the-Counter Medications

Sunflower Health Plan provides coverage for a limited selection of over-the-counter (OTC) medications. The quantity of the OTC medication that can be obtained is determined by the appropriate course of therapy for the medical situation. In order for an OTC medication to be covered, it must be prescribed by a physician. If you purchase OTC medications without a prescription, Sunflower will not cover those medications.

Excluded Drugs

Some medications are not covered by Sunflower. These include, but are not limited to:

- Drug Efficacy Study Implementation (DESI) drugs – (medications are not proven effective)
- Identical, Related, and Similar (IRS) drugs – (brands that have a generic substitute)
- Symptomatic relief of cough and cold products
- Medications used for cosmetic purposes or hair growth
- Fertility agents
- Gender-specific medications if prescribed to the gender for which they are not FDA- approved or medically necessary
- Drugs used to treat erectile dysfunction
- Drugs used for weight loss (with the exception of those requiring prior authorization) or weight gain
- Most over-the-counter products (except those listed on the Preferred Drug List)

Filling a Prescription

Sunflower covers many prescription medications. Most Kansas pharmacies provide services to Sunflower members. You must show your Sunflower ID card and any other medication benefit card you have (such as a Medicare Card or another private insurance carrier) at each visit to the pharmacy. If you are asked to pay at the pharmacy, please call Sunflower Customer Service. If you have a spenddown, you will need to meet your spenddown before Sunflower will cover your medications. If you need help finding a pharmacy or have trouble getting your medications, call us toll-free at 1-877-644-4623. You can also search for a pharmacy by visiting our website at **www.SunflowerHealthPlan.com**. Using the *Find a Provider* tool, you can search online for providers including pharmacies in your area.

Lock-In

The Lock-In program is designed to help members get consistent care from one prescribing provider, one hospital, and one pharmacy who knows the member's specific needs. When Sunflower identifies a member over utilizing services, using multiple providers, or who may be at risk the member can be referred to the Lock-In committee. The Lock-In committee reviews the member's medical information and medications. If a pattern of

over-utilization or concern is noticed, the member may be notified by letter that they have 6 months or less to correct the behavior. If the behavior does not improve, the member will be "Locked-In" to one prescribing provider, one hospital, and one pharmacy.

Upon lock-in, you will be notified of your lock-in status and your lock-in providers. If you go to other providers while on Lock-In, the service may not be covered. ***Sunflower may waive the 6-month grace period at will.*** If you do not agree with a decision to place you in the Lock-In program, you have the right to ask for a review of the decision. This is called an appeal (see *Appeals* section).

If you have questions regarding the Lock-In process, you may call Customer Service toll-free at 1-877-644-4623.

Medication Therapy Management (MTM)

Medication Therapy Management (MTM) is another service provided to Sunflower members to assist the member in improving their health.

Medication Therapy Management involves a conversation with your pharmacist to review the medications you are taking and your current health conditions. The pharmacist may talk with you in person or may call you on the phone. The pharmacist will answer questions you may have about taking your medications, like the side-effects of your medicine. The pharmacist will also review all of your medications, over-the-counter medications, and herbal treatments and make suggestions to you and possibly your physician based on clinical information. Participation in this program is encouraged to help ensure our members are receiving optimal medication therapy.

Health Management

Health Risk Screening

Sunflower wants to know how we can better serve you. One way we do this is by asking you to fill out the Health Risk Screening form found in your Welcome Packet. This form gives us information to determine your needs. Once you fill out the form, please send it back to us right away in the postage-paid envelope we have provided for you.

You can also fill out this form on our website **www.SunflowerHealthPlan.com**.

If you have questions about the form, please call Customer Service toll-free at 1-877-644-4623.

Care Management

We understand some members have special needs. In those cases, Sunflower offers our members care management services to assist our members with special healthcare needs. If you have special healthcare needs or you have a disability, care management may be able to help you. We know this means more than just helping you to see a doctor. It also means helping you find your way through the healthcare system so you get the treatments and the social services you need. Our care managers are registered nurses or social workers who can help members understand their health problems. They can arrange care with your doctors. A care manager will work with you and your doctor to help you get the care you need.

Some of the benefits of care management are:

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

Care management is for members who have complex medical conditions. Members who have complex medical conditions or need long term supports and services often see several doctors and may need medical supplies or help at home.

Conditions may include:

- Sickle Cell
- Multiple Sclerosis
- Kidney or Renal Disease
- Organ Transplants
- HIV/AIDS
- Hemophilia

Call Customer Service toll-free at 1-877-644-4623 if you would like to learn more or are interested in care management.

Disease Management

Sunflower has several programs to improve the health of our members. Not all members need disease management. We know this means more than just helping you to see a doctor. It also means helping you find your way through the healthcare system so you get the treatments and the social services you need. It also means helping you understand and manage your health conditions. We do this through our disease management programs. Members are provided education and personal help from Sunflower staff. The goal of this service is to add to the quality of your care and help you to improve your health. Sunflower has a program called Healthy Solutions for Life to give disease management services to our members. Healthy Solutions for Life coaches know a lot about conditions like:

- Asthma
- Diabetes
- High blood pressure
- Heart problems
- Weight management
- Smoking cessation
- Puff-Free Pregnancy
- COPD

All of our programs are geared toward helping you understand and actively manage your health. We are here to help you with things like:

- How to take medicines
- What screening tests to get
- When to call the doctor

We will help you get the things you need. We will provide tools to help you learn and take control of your condition. For more information call Customer Service toll-free at 1-877-644-4623. You can ask to speak to a Health Coach.

In-home visits are available for members enrolled in the asthma and COPD disease management coaching programs. An in-home respiratory therapist will complete a physical assessment and encourage family participation. The member and health coach will review the member's problem-solving skills and ensure he/she has an understanding of the self-management plan. In-home visits also include an assessment of the member's living environment. The member should discuss the need for in-home visits with his/her health coach.

Behavioral Health Services

Sunflower will cover your behavioral health needs. You may go to any behavioral health provider in our network. Be sure to look at the Sunflower provider list located on the website **www.SunflowerHealthPlan.com** or by calling Customer Service. Behavioral healthcare includes care for people who abuse drugs or alcohol or need other behavioral health services. Call us toll-free at 1-877-644-4623 to get behavioral health services.

DRUG AND ALCOHOL SERVICES

Behavioral health refers to mental health, and drug & alcohol treatment. Sometimes talking to friends or family members can help you work out a problem. When that is not enough, you should call your doctor or a Sunflower healthcare provider. Sunflower has a group of specialists to help you and your child with any drug and alcohol problems. You do not need a referral from a doctor for these services. We will help you find the right provider. Call us toll-free 1-877-644-4623 to get help right away. You can call 24 hours a day, seven days a week.

HOW DO YOU KNOW IF YOU OR YOUR CHILD NEEDS HELP?

Help might be needed if you or your child:

- Cannot cope with daily life
- Feels very sad, stressed or worried
- Is not sleeping and/or eating well
- Wants to hurt self or others
- Sees or hears things that other people do not
- Drinks more often and/or is using drugs
- Has problems at work, school or home

When you or your child have a behavioral health or drug abuse problem, it is important for you to work with someone who knows how to help. Sunflower staff can get you a provider who can best assist you with your needs.

HOW CAN SUNFLOWER HELP?

We have care coordinators that can assist you with the following:

- Transportation services
- Locating provider(s)
- Scheduling appointments
- Interpretation services

WHAT TO DO IN A BEHAVIORAL HEALTH EMERGENCY

You should call 911 if you or your child is having a life-threatening behavioral health emergency. You can also go to your local community health center, a crisis center or the nearest emergency room. You do not have to wait for an emergency to get help. Call Sunflower's Customer Service toll-free at 1-877-644-4623 for someone to help you or your child with depression, behavioral illness, substance abuse or emotional questions. You can call 24 hours a day, seven days a week.

WHAT TO DO IF YOU OR YOUR CHILD IS ALREADY IN TREATMENT

If you or your child is already getting care, ask your provider if they are in Sunflower's behavioral health network. If the answer is yes, you do not need to do anything. If the answer is no, call us toll-free at 1-877-644-4623. We will ask your and/or your child's provider to join our network. We want you or your child to keep getting the care needed. If the provider does not want to join the behavioral health network, we will work with the provider to keep caring for you or your child until medical records can be transferred to a Sunflower network behavioral health provider.

My Health Pays® Program

Sunflower has a program to reward you for completing healthy behaviors. The My Health Pays® program gives you rewards on a card to be used for certain purchases. Below shows you how much you can earn for healthy behaviors.

HEALTHY ACTIVITY	REWARD
Complete an annual Health Risk Screening – One per calendar year.	\$10
Child Well Visit with PCP – One per calendar year; age 2-20.	\$10
Infant Well Visit – All 6 visits completed with a PCP in first 15 months. These visits are recommended at 3-5 days old, before 30 days old and at 2, 4, 6, 9, 12 and 15 months old.	\$10 per infant well visit for a total of \$60.
Immunizations Bonus - MMR and VZV (given between 12-15 months)	\$10 bonus for each immunization
Human Papilloma Virus (HPV) Vaccination – Males and females, ages 9-12. Must get 2 shots in the HPV series in a 12-month period.	\$15 for complete series in 12 months.
Diabetes Management – Have 1 or 2 HbA1c lab draws to earn \$10 for each. You can earn a maximum of \$20 per yr. (Ages 18-75.) To earn an additional \$50 , complete an A1C, kidney screening and dilated eye screening. Must have all 3 screenings in the year. (Ages 18-75.)	<ul style="list-style-type: none"> • \$10 HbA1c with max of 2 per yr. for total of \$20 • \$50 if all 3 services are met in addition to the HbA1c
Notice of Pregnancy to Sunflower in the first trimester	\$50 if completed during the 1st trimester; \$25 if completed during the 2nd trimester
After Baby Delivery – Follow-up visit	\$10

Your My Health Pays® Visa® Prepaid Card can be used to purchase items at participating stores. New rewards are added to your card for healthy behaviors, so do not throw away your My Health Pays® card. If the card must be replaced, there may be a deduction from your earned rewards. Use Your My Health Pays® rewards to help pay for:

- Utilities
- Transportation
- Telecommunications
- Childcare services
- Education
- Rent

Or, you can use them to shop at Walmart for everyday items. (This card may not be used to buy alcohol, tobacco, or firearms products.)

More information on the My Health Pays® program can be found on our website at www.SunflowerHealthPlan.com. You can also call Customer Service toll free at 1-877-644-4623 for more information.

Early and Periodic Screening, Diagnosis and Treatment (EPSDT)

Early and Periodic Screening, Diagnosis and Treatment (EPSDT) is a preventive healthcare program for members ages birth to 21 years old. This program is also called KAN Be Healthy. Children and young people need to see their doctor regularly even when they are not sick. This chart shows when babies, children and young adults need to see their doctor for a health check. We don't want your child to miss any key steps toward good health as they grow. To help remind you of check-ups, Sunflower may call you or send you a reminder in the mail.

Doctors and nurses will examine your child or teen. They will give shots for disease prevention when necessary. Shots are important to keep your child healthy. They will also ask questions about health problems and tell you what to do to stay healthy. If there is a problem found during the checkup, your doctor can send you to a specialist.

AGE GROUP	HEALTH CHECK SCHEDULE	DENTAL PERIODICITY SCHEDULE
Infancy	<ul style="list-style-type: none">• Birth• 3 to 5 days• By 1 month• 2 months• 4 months• 6 months• 9 months	<ul style="list-style-type: none">• When first tooth shows, no later than 12 months.• Repeat every 6 months.
Early Childhood	<ul style="list-style-type: none">• 12 months• 15 months• 18 months• 24 months• 30 months• 3 years• 4 years	<ul style="list-style-type: none">• Every 6 months
Middle Childhood	<ul style="list-style-type: none">• Every year for ages 5-10 years	<ul style="list-style-type: none">• Every 6 months
Adolescence	<ul style="list-style-type: none">• Every year for ages 11 until age 21	<ul style="list-style-type: none">• Every 6 months

For children receiving EPSDT services, any limits on services may be exceeded when medically necessary.

Kan Be Healthy also covers tests and specialist services to treat conditions found in a dental check-up. Cleanings, check-ups, x-rays, fluoride, dental sealants and fillings are all covered. Take your child to the dentist by their first birthday.

For help making an appointment with your doctor, please call Customer Service toll free at 1-877-644-4623.

Family Planning Services

Sunflower covers family planning services. You can get these services and supplies from providers that are not in our network. You do not need a referral. These services are free for our members. These services are voluntary and confidential, even if you are less than 18 years old.

Some examples of family planning services are:

- Education and advice from trained personnel to help you make choices
- Information about birth control
- Birth control supplies
- Physical exams
- Follow-up visits
- Immunization services
- Pregnancy tests
- Tests and treatment of STDs (sexually transmitted diseases)

WHEN YOU ARE PREGNANT

Keep these points in mind if you are pregnant now or want to become pregnant:

- **Go to the doctor as soon as you think you are pregnant.** It is important for your health and your baby's health to see a doctor as early as possible. Seeing your doctor early will help your baby get off to a good start. It's even better to see your doctor before you get pregnant to get your body ready for pregnancy.
- **Make an appointment with your dentist** for a cleaning and checkup.
- **Set a goal to live a healthier lifestyle.** Healthy lifestyle habits include exercising, eating balanced healthy meals, and resting for 8-10 hours at night.

PREGNANCY AND MATERNITY SERVICES

There are things you can do to have a *safe and healthy pregnancy*. See your doctor about any medical problems you have, such as diabetes and high blood pressure. Do not use tobacco, alcohol, or non-prescribed drugs either now or while you are pregnant. Sunflower recommends that you see your doctor before becoming pregnant if you have experienced any of the following problems:

- You have had three or more miscarriages.
- You have given birth to a premature baby (this means the baby came before 37 weeks of pregnancy), or a “preemie.”
- You gave birth to a stillborn baby.

A note about folic acid: Folic acid is a very important nutrient that can help you have a healthier baby. You should take folic acid before you become pregnant or as soon as you find out you are pregnant. Some foods that have folic acid in them include:

- Orange juice
- Green vegetables
- Beans
- Peas
- Fortified breakfast cereals
- Enriched rice
- Whole wheat bread

It is difficult to get enough folic acid from food alone. Ask your doctor about taking prenatal vitamins and see your doctor as soon as you think you are pregnant. If you have questions about folic acid or your pregnancy, call Customer Service toll free at 1-877-644-4623.

PREGNANCY PROGRAM – START SMART FOR YOUR BABY®

Start Smart for Your Baby (Start Smart) is our special program for women who are pregnant. Sunflower wants to help you take care of yourself and your baby through your whole pregnancy. Information can be provided to you by mail, telephone, and through the Start Smart website, **www.StartSmartForYourBaby.com**. Our Start Smart staff can answer questions and give you support if you are having a problem. We can even arrange for a home visit, if needed.

If you are pregnant and smoke cigarettes, Sunflower can help you stop smoking. We have a special smoking cessation program for pregnant women. It is available

at no cost to you. The program has trained healthcare clinicians who are ready to build one-to-one contacts with you. They will provide education, counseling and the support needed to help you quit smoking. Working as a team over the telephone, you and your health coach can develop a plan to make changes in your behavior and lifestyle. These coaches will encourage and motivate you to stop smoking.

We have many ways to help you have a healthy pregnancy. Before we can help, we need to know you are pregnant. Please call Customer Service toll free at 1-877-644-4623 as soon as you learn you are pregnant. We will help you set up the special care that you and your baby need.

Don't forget, you can also earn My Health Pays® rewards for sending us your notification of pregnancy and completing your check up after delivery. However, you have to enroll in the Start Smart program to earn rewards.

Child or Adult Abuse

Any Sunflower member that has reason to suspect a child, adult or elderly person has been harmed or abused should file a report immediately. File the report with the Kansas Protection Report Center at 1-800-922-5330 or file it with your local law enforcement agency.

Personalized Outreach – Community Health Services

Community Health Services is a program with outreach teams that can help you understand your health coverage and community resources. Community Health Services can provide one-on-one services at your home or over the phone. They can help you build a relationship with your doctor and help you understand your health benefits. If you are in need of transportation, food, clothing, shelter, or other health programs, Community Health Services can help. Call Customer Service toll free at 1-877-644-4623 for information.

Cell Phone through Community Health Services

SAFELINK CELL PHONES

You may be eligible for a SafeLink phone. This is a federal program that gives qualifying members a free cell phone and 350 minutes and unlimited texts per month.

The SafeLink program gives you the ability to make and receive calls from your doctors, nurses, pharmacy, 911, family, and friends. In the SafeLink program, you will have unlimited calling to Sunflower's toll-free number 1-877-644-4623. You can call Sunflower's Customer Service Department, Case Managers, or Community Health Services, and it will not count towards your minutes. If you are in case management, your Case Manager may have more SafeLink minutes loaded to your SafeLink phone.

Member Satisfaction

We hope you will always be happy with us and our network providers. If you are not happy, please let us know. Sunflower has steps for handling any problems you may have. Sunflower offers all of our members the following processes to achieve member satisfaction:

- Grievance Process
- Appeal Process
- State Fair Hearing

Sunflower keeps records of each grievance and appeal filed by our members or by their authorized representatives. Sunflower also keeps records of the responses to each grievance and appeal. These are kept for seven years.

Grievance Process

Sunflower wants to fully resolve your problems or concerns. A grievance is an expression of dissatisfaction. You can file a grievance or protest to Sunflower about a wrong committed to you by the health plan or one of its providers. Possible subjects for grievances include, but are not limited to, the quality of care or services provided, acts of rudeness by a provider or employee, or failure to respect a member's rights.

GRIEVANCE BASICS

- Sunflower will not treat you differently if you file a grievance.
- There are no grievance rights for Value-Added Services.
- Filing a grievance will not affect your healthcare services.
- A grievance may be filed verbally, by calling the plan, or in writing.

- For Sunflower to completely review your concern, please provide your first and last name, Medicaid ID, phone number where we can reach you, what you are unhappy with, and what you would like to happen when contacting us to file a grievance.
- You may allow someone to file a grievance for you. To do so, you must sign a form giving that person permission to act on your behalf. To obtain this form, contact Customer Service or get it from the Sunflower website. You will need to fill it out and return it by mail or fax before Sunflower can review your concern with the person you designate.
- Information or documents that support the grievance can be sent to Sunflower by mail or fax.
- Documentation used to make the decision about the grievance will be provided to you upon your request.
- Sunflower will provide assistance in filling out any forms needed for the process.
- If you do not like the resolution provided by Sunflower for your grievance, you can ask for them to review the decision.
- The KanCare Ombudsman is a resource to members for assistance with rights and responsibilities under KanCare, when you need help solving a problem with Sunflower, when you do not think you are getting the care you need, or when you feel your rights are violated. Please refer to page 42 for more information.
- You may request a grievance to be reviewed as clinically urgent. Clinically urgent grievances will be resolved in 72 hours. However, if the clinically urgent grievance request does not meet criteria as clinically urgent it will be handled in the standard grievance timeframe of 30 calendar days.

Sunflower wants to resolve your concerns quickly. If we cannot resolve your concern in 30 calendar days, we can request to extend the timeframe by up to 14 calendar days to gather more information to assist you. You can also ask for an extension. The request for an extension

to resolve the grievance must be made 2 business days before the 30 calendar day deadline to the state. If an extension is needed, we will notify you in writing of the reason we need more time to resolve your concern.

GRIEVANCE PROCESS TIMELINE:

Step 1:

Member files grievance by calling Customer Service, or by sending a fax or letter to Sunflower.

Step 2:

Sunflower sends a letter within 10 calendar days of receipt of the grievance to let member know the grievance has been received, unless the grievance was resolved on the same day it was received by Sunflower.

Step 3:

Sunflower will resolve the grievance and send the member a notice of their decision within 30 calendar days of receipt of the grievance.

WHERE TO SEND YOUR GRIEVANCE

To file a grievance, please contact us at:

Sunflower Health Plan Quality Department
8325 Lenexa Drive, Suite 200
Lenexa, KS 66214

Toll-free phone: 1-877-644-4623

TTY 711

Fax: 1-888-453-4755

Appeal Process

An appeal is a request to review an adverse benefit determination by Sunflower. An adverse benefit determination is the denial, limiting of a member service, or failure by Sunflower to provide service timely or to act within timeframes. An appeal of an adverse benefit determination is a request for Sunflower to review the determination of concern, consider existing or additional documentation, and make an appeal decision. You can request this review by phone or in writing. You may not appeal a payment issue for a provider. If you are receiving a bill from a provider, please contact Sunflower.

APPEAL BASICS

- Sunflower will not treat you differently if you file an appeal.
- There are no appeal rights for Value-Added Services.
- An appeal must be filed within 60 calendar days of the date of the letter that is sent to you noting an adverse benefit determination. 3 additional calendar days will be allowed for mailing time. This letter may be called "Notice of Adverse Benefit Determination." If you receive a letter and you don't know if it is an adverse benefit determination letter, please contact us to review it with you.
- An appeal may be filed by phone, fax, or in writing. If you request an appeal via phone, we will request that you also complete an appeal request form, however that will not delay your appeal process.
- Information on how to appeal will be included in the adverse benefit determination letter you receive.
- You may allow someone including an attorney, family member, provider or other authorized representative to file an appeal for you. To do so you must sign a form giving that person permission to act on your behalf. This form will be included in the letter you receive explaining your appeal rights or can be found by contacting Customer Service or from the Sunflower website. You will need to fill it out and

return it by mail or fax before Sunflower can review your concern with the person you designate.

- Information or documents that support the appeal can be sent to Sunflower by mail or fax.
- Sunflower will provide assistance in filling out any forms needed for the process.
- Sunflower wants to resolve your concerns quickly, and will resolve your appeal within 30 calendar days of you filing it with us. If we cannot resolve your appeal in the timeframes noted, we can request to extend the timeframe by up to 14 calendar days to gather more information to assist you. You or your provider can also ask for an extension. If an extension is needed, we will notify you in writing of the reason we need more time to resolve your concern. Requests for extensions must be made 2 business days before the 30 calendar day deadline.
- For appeals related to services that put your health at immediate risk, you may file an expedited appeal. These will be reviewed within 72 hours of the request. These can be submitted verbally and do not have to be in writing to Sunflower. To get an expedited appeal, please call Sunflower toll free at 1-877-644-4623. Sunflower will make reasonable effort to call you with the appeal decision. If the appeal is found not to put the member health at immediate danger, it may be changed to a standard appeal. Reasonable effort will be made to notify verbally that the expedited appeal will be handled in standard timeframe. Written notice acknowledging appeal as standard will be sent within 2 calendar days and the appeal will be resolved in 30 calendar days.
- A State Fair Hearing may be requested once the member has completed the internal process of Sunflower appeal. State Fair Hearing requests must be made within 120 calendar days of the letter notifying of the decision on your appeal by Sunflower. 3 additional calendar days will be allowed for mailing time. A member may not file a State Fair Hearing at the same time as a standard or expedited appeal.
- You have the right to have a representative of your choice at the State Fair Hearing. You will receive the rules that govern representation at a State Fair Hearing in the appeal resolution letter you receive.
- A State Fair Hearing includes representatives from Sunflower, KDHE or other state agency, as well as you and your representative, or the representative of a deceased member's estate.

WHERE TO SEND YOUR APPEAL

Please send appeal requests to the address in your adverse benefit determination letter or:

Sunflower Health Plan Quality Department
8325 Lenexa Drive, Suite 200
Lenexa, KS 66214

Toll-free phone: 1-877-644-4623

TTY 711

Fax: 1-888-453-4755

WHAT HAPPENS TO MY SERVICES WHILE I AM APPEALING THE ACTION?

Continuation of Non-HCBS Services:

Services may be continued during the appeal or State Fair Hearing if all of the following criteria are met:

1. Sunflower's action reduces, suspends or terminates previously authorized services.
2. Request for appeal or state fair hearing is filed timely along with request for continuation of benefits within 10 calendar days from the date the notice of adverse benefit determination was mailed or within 10 calendar days of the date the reduction, suspension or termination of previously authorized services goes into effect.
3. The services were ordered by authorized provider.
4. The original period covered by the authorization has not expired.

For members who are receiving Non-HCBS Services, if the decision of the appeal or state fair hearing is not in the member's favor and Sunflower's decision is upheld, then the member may be required to pay for the services provided to the member while the appeal or state fair hearing was in process.

For members who receive Non-HCBS services, the services and benefits continued pending the outcome of the appeal process shall end 10 calendar days following the notice containing the appeal decision for the termination, suspension or reduction of previously authorized services. If a state fair hearing and request for continuation of benefits is requested within 10 calendar days from the date on the notice of the appeal decision, the services and benefits will be continued through the date of the State Fair Hearing decision.

Continuation of HCBS Services:

HCBS Services will be continued during the appeal or State Fair Hearing process if all of the following criteria are met:

1. Sunflower's action reduces, suspends or terminates previously authorized HCBS Program services or benefits.
2. Request for appeal is filed timely within 60 calendar days from the date of the notice of adverse benefit determination. 3 additional calendar days will be allowed for mailing time. Or in the case of a State Fair Hearing, the request for State Fair Hearing is filed timely within 120 calendar days from the date of the notice of appeal resolution. 3 additional calendar days will be allowed for mailing time.
3. The services were ordered by authorized provider.
4. The original period covered by the authorization has not expired.
5. If you requested different HCBS Program services to replace your previously authorized HCBS Program services, and Sunflower authorized the new HCBS Program services, your previously authorized HCBS Program services must be terminated to allow your new HCBS Program services to begin. If your new HCBS Program services will begin within 63 days of the date of the Notice of Adverse Benefit Determination terminating your previously authorized HCBS Program services, your previously authorized HCBS Program services will be continued only until your new HCBS Program services begin.

For members who are receiving HCBS Services, if the decision of the appeal or state fair hearing is not in the member's favor and Sunflower's decision is upheld, the member will not have to pay Sunflower for the HCBS services and benefits provided during the appeal or State Fair Hearing was in process unless fraud has occurred.

For members who receive HCBS services, the services and benefits continued pending the outcome of the appeal process shall end 123 calendar days following the notice containing the appeal decision for the termination, suspension or reduction of previously authorized services. If a state fair hearing is requested within 123 calendar days from the date on the notice of the appeal decision, the services and benefits will be continued through the date of the State Fair Hearing decision.

Benefits will continue during the appeal or State Fair Hearing process until one of the following happens:

1. Member withdraws the appeal.
2. Member does not request appeal within 60 calendar days from the date on the notice of adverse benefit determination, or does not request State Fair Hearing within 120 calendar days from date on the appeal resolution notice. 3 additional calendar days will be allowed for mailing time.
3. State fair hearing officer issues hearing decision that is not in favor of the member.
4. Time period or service limits of previously authorized service has been met.
5. Member or member guardian requests previously authorized HCBS services or benefits to end and be replaced with another HCBS service or benefit.

Requests for future services are not included under continuation of benefits.

If you do not know if the services you are receiving are Home and Community Based Services (HCBS), please contact Customer Service toll free at 1-877-644-4623.

APPEAL PROCESS TIMELINE:

Step 1: Member files appeal by calling Customer Service, or by sending a fax or letter to Sunflower within 60 calendar days of the date on the notice of adverse benefit determination. 3 additional calendar days will be allowed for mailing time.

Step 2: Member may request to have services continue while they are waiting for Sunflower to make a decision, but this request must be made in 10 calendar days from the mailing date on the notice of action letter for continuation of non-waiver services. For HCBS services, services provided will continue without change until the appeal process is complete.

Step 3: Sunflower sends a letter within 5 calendar days of the receipt of the appeal to let member know the appeal has been received.

Step 4: Sunflower will resolve the appeal and send the member a notice of their decision within 30 calendar days of receipt of the appeal.

Step 5: If a member is not satisfied with the Sunflower appeal decision they have the right to request a State Fair Hearing within 120 days of the date on notice of appeal

resolution. 3 additional calendar days will be allowed for mailing time. If members want their non-HCBS services to be continued during the State Fair Hearing, they must request a state fair hearing and continuation of benefits within 10 calendar days of the date the notice of appeal resolution was mailed. HCBS services will continue without change until the State Fair Hearing is complete.

STATE FAIR HEARING

You or your representative which can be an attorney, family member, friend, spokesperson, provider or other authorized representative, can ask the Kansas Office of Administrative Hearings to review Sunflower's appeal decision. You can do this in three ways:

1. Call Sunflower and ask us to file a State Fair Hearing request.
2. Send a letter to Sunflower and ask us to file a State Fair Hearing request.
3. Complete the Request for Administrative Hearing form included with your Notice of Appeal Resolution letter and mail it to:

Office of Administrative Hearings
1020 S. Kansas Ave.
Topeka, Kansas 66612

WILL I HAVE TO PAY FOR MY SERVICES AFTER AN APPEAL OR STATE FAIR HEARING?

For members who are receiving **Non-HCBS Services**, if the decision of the appeal or State Fair Hearing is not in the member's favor and Sunflower's decision is upheld, then the member may be required to pay for the costs of the services provided to the member while the appeal or State Fair Hearing was in process.

For members who are receiving **HCBS Services**, if the decision of the appeal or State Fair Hearing is not in the member's favor and Sunflower's decision is upheld, the member will not have to pay Sunflower for the HCBS services and benefits provided during the appeal or State Fair Hearing unless fraud has occurred.

If you do not know if the services you are receiving are Home and Community Based Services (HCBS), please contact Customer Service toll free at 1-877-644-4623.

ADDITIONAL RESOURCE: KANCARE OMBUDSMAN

The KanCare Ombudsman is employed by the State of Kansas Department for Aging and Disability Services (KDADS) and is available to assist KanCare members regarding their rights and responsibilities under KanCare. The Ombudsman helps KanCare/Medicaid member and Kansas Consumers with concerns about getting services needed through KanCare which includes providing assistance to those served on the Home and Community Based Services (HCBS) waiver programs and those who get long-term care through KanCare. The Ombudsman can help you:

- When you need help with a problem you can't solve by speaking with your KanCare health plan.
- When you do not think that you are getting the care that you need.
- When you feel your rights are being violated.
- When you feel you have not received culturally appropriate care.

You can reach the KanCare Ombudsman at 1-855-643-8180, TTY 711, or by email at KanCare.Ombudsman@kdads.ks.gov.

Anti-Fraud, Waste, and Abuse (FWA) Program

Sunflower is committed to preventing, identifying and reporting all instances of suspected fraud, waste, and abuse.

Fraud, waste and abuse means that any member, any provider, or another person is misusing the KanCare program or Sunflower resources.

Let us know if you think a doctor, dentist, pharmacist at a drug store, other health-care providers, or a person getting benefits is doing something wrong.

For example, tell us if you think someone is:

- Getting paid for services that weren't given or necessary.
- If you receive an Explanation of Benefits for services you did not have.
- Not telling the truth about a medical condition to get medical treatment.
- Letting someone else use their Sunflower Member ID card or Medicaid ID.
- Using someone else's Sunflower Member ID card or Medicaid ID.

Not telling the truth about the amount of money or resources he or she has to get benefits. Your healthcare benefits are given to you based on your eligibility for the KanCare program. You must not share your Sunflower Member ID Card with anyone. Sunflower's network providers must also report any misuse of benefits to Sunflower. Sunflower must also report any misuse or wrongful use of benefits to Medicaid. If you misuse your benefits, you could lose them. Medicaid may also take legal action against you if you misuse your benefits.

We will take action against anyone who is misusing the Medicaid program. Your call about suspected fraud, waste, and abuse will be taken seriously.

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 via mail at the following address:

**Sunflower Health Plan
Program Integrity
8325 Lenexa Drive
Lenexa, KS 66214**

- You can also report suspected provider fraud, waste, and abuse to the Kansas Medicaid Fraud and Abuse Division at the address or phone number below:

**Kansas Attorney General's Office
Attn: Medicaid Fraud and Abuse Division
120 SW 10th Ave., 2nd Floor
Topeka, KS 66612-1597
866-551-6328 or 785-368-6220**

Information to include when reporting suspected fraud, waste and abuse about a provider:

- Name, address, and phone number of provider.
- Dates of events.
- Summary of what happened.

Information to include when reporting suspected fraud, waste and abuse about a member:

- The member's first and last name, date of birth and/or Member ID number if you have it.
- Dates of events.
- Summary of what happened

What to Do if You Get a Bill

Be sure to talk with your provider about services that are covered and services that are not covered. You should not be billed for services that are covered, as long as you follow plan rules. If you get a bill for a service that should be covered by Sunflower, call your provider right away. Make sure your provider has all of your insurance information and knows to bill Sunflower. If you still get bills from the provider after you give your insurance information, call Customer Service at 1-877-644-4623. We want to help. Do not pay the bill yourself.

If you ask for a service that is not covered by Sunflower, your provider will ask you to sign a statement saying you will pay for the service yourself. If you sign a statement saying you will pay for the non-covered service, then you are responsible for the bill. If you have any questions about a bill, call Customer Service at 1-877-644-4623.

Other Insurance

You must let Sunflower and Medicaid know if you have other insurance coverage with another company. Sunflower can help coordinate your other benefits with your other insurance company.

Accidental Injury or Illness (Subrogation)

Sunflower members who need to see a provider for an injury or illness that was caused by another person or business must notify us of the incident as soon as possible. Please call our Sunflower Customer Service at 1-877-644-4623 and KMAP Customer Service at 800-766-9012 to let us know. When you call, we will need the name of the person or business at fault, their insurance company, and the names of any attorneys involved. Some examples of accidents or injuries that need to be reported to Sunflower are:

- You are hurt in a car accident
- You are hurt on the job and/or have a worker's compensation claim
- You fall and/or get hurt in a store
- You have a Personal Injury or Medical Malpractice law suit

Member Rights and Responsibilities

Members are informed of their rights and responsibilities through the Member Handbook. Sunflower staff and Sunflower's network providers are also expected to respect and honor member's rights.

SUNFLOWER MEMBERS HAVE THE FOLLOWING RIGHTS:

- To get information about Sunflower Health Plan, its services, its practitioners and providers and member rights and responsibilities.
- To give ideas for "Sunflower's member rights and responsibilities policy."
- To be treated with respect, dignity and privacy.
- To get information on care options in a way that they can understand, regardless of cost or coverage.
- To participate in decisions about their health care. This includes the right to refuse treatment.
- To seek second opinions.
- To get help with care coordination from the provider's office.
- To not be restrained or secluded if doing so is:
 - Meant to force them to do something they do not want to do.
 - To punish them.
 - For someone else's convenience.
 - To get back at them.
- To express a concern or appeal about Sunflower or the care it provides. To receive a response in a reasonable period of time.
- To receive a copy of their medical records upon request. (One copy is free of charge.) To ask that they be amended or corrected.
- To choose their health professional and long-term supports and services providers to the extent possible and appropriate, as per Code of Federal Regulations, Title 42, Section 438.6(m).
- To be given health care services as per Code of Federal Regulations, Title 42, Sections 438.206 through 438.210.
- To get health care services that are similar in amount and scope to those given under Medicaid Fee-For-Service. This includes the right to get health care services that will achieve the purpose for which the services are given.

- To get services that are fitting and are not denied or reduced due to:
 - Diagnosis
 - Type of illness
 - Medical condition
- To be given information in a manner and format they can understand as defined in the Provider Agreement and this Member Handbook. This includes
 - Enrollment notices
 - Informational materials
 - Instructional materials
 - Treatment options and alternatives
- To get free oral interpretation services for all non-English languages.
- To be notified that free interpretation services are available and how to access them.
- To get adequate and timely information on Sunflower's Physician Incentive Plan upon request.
- To freely exercise your rights without network or providers treating you adversely.
- To use any hospital or other setting for emergency care.
- To request a State Fair Hearing.

SUNFLOWER MEMBERS HAVE THE FOLLOWING RESPONSIBILITIES:

- To inform Sunflower of the loss or theft of an ID card.
- To inform Sunflower, your provider and the State Medicaid program of any change of address or phone number.
- To present the Sunflower ID card when using health care services.
- To be familiar with Sunflower procedures to the best of their abilities.
- To contact Sunflower to get information and have questions answered.
- To give providers accurate and complete medical information.
- To follow care prescribed by the provider or to let the provider know why treatment cannot be followed, as soon as possible.
- To keep appointments and follow-up appointments. To access preventive care services.
- To live healthy lifestyles and avoid behaviors known to be harmful.
- To understand their health problems and participate in developing mutually agreed-upon

treatment goals, to the degree possible.

- To give accurate and complete information needed for care to Sunflower and all their health care and support providers.
- To make their primary care provider aware of all other providers who are treating them. This is to ensure communication and coordination in care. This also includes behavioral health providers.
- To learn about Sunflower coverage provisions, rules and restrictions.
- To ask questions of providers to learn the risks, benefits, and costs of treatment options. To make care decisions after carefully weighing all factors.
- To follow Sunflower's grievance process outlined in this Member Handbook if there is a disagreement with a provider.
- To choose a primary care provider (PCP).
- To treat providers and staff with dignity and respect.

Member Self-Referral Options

Members may initiate access to certain services without first obtaining authorization, PCP referral, or health plan approval, including:

- Specialty care services provided by in-network specialists; however, members are encouraged to seek the advice of their primary care provider prior to seeking non-emergent specialty services
- Behavioral health services
- Emergency services, including emergency ambulance transportation, whether in or out of network
- Urgent care facilities
- OB-GYN (in or out of network) for women's routine and preventive healthcare services
- Women's health services provided by participating Federally Qualified Health Centers (FQHC), Rural Health Clinics (RHC), or certified nurse practitioners (CNP)
- Family planning services including screening and treatment services for sexually transmitted diseases (in or out of network)
- Nonmedical vision care (e.g., vision exam, eyeglasses)
- HIV/AIDS testing

- STD screening and follow-up
- Immunizations
- Tuberculosis screening and follow-up
- General optometric services (preventive eye care)

PCPs are obligated to coordinate access to these services if the member or a Sunflower representative requests assistance with accessing these services.

Advance Directives

Advance Directives are written instructions you create about the healthcare you want to receive when you are unable to speak for yourself. For example, under Kansas law (KSA 65-28,101) an adult person can make an advance directive to withhold or remove life-giving care in the event of a terminal condition. This also includes planning treatment before you need it. All Sunflower adult members have a right to make Advance Directives. Sunflower will provide you with written information on Advance Directive policies and include applicable state laws. You can call Customer Service at 1-877-644-4623 for help in finding the form. You can also talk to your PCP about Advance Directives. Once completed, ask your PCP to put the form in your file.

Together, you and your PCP can make decisions that will set your mind at ease. It can help your PCP and other providers understand your wishes about your health. Advance Directives will not take away your right to make your own decisions and will work only when you are unable to speak for yourself. You will not be discriminated against for not having an Advance Directive.

Examples of Advance Directives include:

- Living Will
- Health Care Power of Attorney
- "Do Not Resuscitate" Orders

Protecting Your Privacy

Notice of Privacy Practices

Effective 07/01/2017

For help to translate or understand this, please call
1-877-644-4623 Hearing impaired TTY 711

Si necesita ayuda para traducir o entender este texto, por
favor llame al telefono. 1-877-644-4623 (TTY 711)

Interpreter services are provided free of charge to you.

COVERED ENTITIES DUTIES:

Sunflower Health Plan is a Covered Entity as defined and regulated under the Health Insurance Portability and Accountability Act of 1996 (HIPAA). Sunflower Health Plan is required by law to maintain the privacy of your protected health information (PHI), provide you with this Notice of our legal duties and privacy practices related to your PHI, abide by the terms of the Notice that is currently in affect and notify you in the event of a breach of your unsecured PHI.

This Notice describes how we may use and disclose your PHI. It also describes your rights to access, amend and manage your PHI and how to exercise those rights. All other uses and disclosures of your PHI not described in this Notice will be made only with your written authorization.

Sunflower Health Plan reserves the right to change this Notice. We reserve the right to make the revised or changed Notice effective for your PHI we already have as well as any of your PHI we receive in the future. Sunflower Health Plan will promptly revise and distribute this Notice whenever there is a material change to the following:

- The Uses and Disclosures
- Your Rights
- Our Legal Duties
- Other privacy practices stated in the Notice.

We will make any revised Notices available. Updated notices will be on our website and in our Member Handbook. We will also mail you or email you a copy on request.

INTERNAL PROTECTIONS OF ORAL, WRITTEN AND ELECTRONIC PHI:

Sunflower Health Plan protects your PHI. We have privacy and security processes to help.

These are some of the ways we protect your PHI.

- We train our staff to follow our privacy and security processes.
- We require our business associates to follow privacy and security processes.
- We keep our offices secure.
- We talk about your PHI only for a business reason with people who need to know.
- We keep your PHI secure when we send it or store it electronically.
- We use technology to keep the wrong people from accessing your PHI.

PERMISSIBLE USES AND DISCLOSURES OF YOUR PHI:

The following is a list of how we may use or disclose your PHI without your permission or authorization:

- **Treatment** – We may use or disclose your PHI to a physician or other health care provider providing treatment to you, to coordinate your treatment among providers, or to assist us in making prior authorization decisions related to your benefits.
- **Payment** – We may use and disclose your PHI to make benefit payments for the health care services provided to you. We may disclose your PHI to another health plan, to a health care provider, or other entity subject to the federal Privacy Rules for their payment purposes. Payment activities may include:

- processing claims
- determining eligibility or coverage for claims
- issuing premium billings
- reviewing services for medical necessity
- performing utilization review of claims.
- **HealthCare Operations** – We may use and disclose your PHI to perform our healthcare operations. These activities may include:
 - providing customer services
 - responding to complaints and appeals
 - conducting medical review of claims and other quality assessment and improvement activities
 - providing case management and care coordination.
- In our healthcare operations, we may disclose PHI to business associates. We will have written agreements to protect the privacy of your PHI with these associates. We may disclose your PHI to another entity that is subject to the federal Privacy Rules. The entity must also have a relationship with you for its healthcare operations. This includes the following:
 - quality assessment and improvement activities
 - reviewing the competence or qualifications of healthcare professionals
 - case management and care coordination
 - detecting or preventing healthcare fraud and abuse
- **Group Health Plan/Plan Sponsor Disclosures** – We may disclose your protected health information to a sponsor of the group health plan, such as an employer or other entity that is providing a health care program to you, if the sponsor has agreed to certain restrictions on how it will use or disclose the protected health information (such as agreeing not to use the protected health information for employment-related actions or decisions).

OTHER PERMITTED OR REQUIRED DISCLOSURES OF YOUR PHI:

- **Fundraising Activities** – We may use or disclose your PHI for fundraising activities, such as raising money for a charitable foundation or similar entity to help finance their activities. If we do contact you for fundraising activities, we will give you the opportunity to opt-out, or stop, receiving such communications in the future.
- **Underwriting Purposes** – We may use or disclose your PHI for underwriting purposes, such as to make a determination about a coverage application or request. If we do use or disclose your PHI for underwriting purposes, we are prohibited from using or disclosing your PHI that is genetic information in the underwriting process.
- **Appointment Reminders/Treatment Alternatives** – We may use and disclose your PHI to remind you of an appointment for treatment and medical care with us or to provide you with information regarding treatment alternatives or other health-related benefits and services, such as information on how to stop smoking or lose weight.
- **As Required by Law** – If federal, state, and/or local law requires a use or disclosure of your PHI, we may use or disclose your PHI information to the extent that the use or disclosure complies with such law and is limited to the requirements of such law. If two or more laws or regulations governing the same use or disclosure conflict, we will comply with the more restrictive laws or regulations.
- **Public Health Activities** – We may disclose your PHI to a public health authority for the purpose of preventing or controlling disease, injury, or disability. We may disclose your PHI to the Food and Drug Administration (FDA) to ensure the quality, safety or effectiveness of products or services under the jurisdiction of the FDA.
- **Victims of Abuse and Neglect** – We may disclose your PHI to a local, state, or federal government authority, including social services or a protective services agency authorized by law authorized by law to receive such reports if we have a reasonable belief of abuse, neglect or domestic violence.
- **Judicial and Administrative Proceedings** – We may disclose your PHI in judicial and administrative proceedings. We may also disclose it in response to the following:
 - an order of a court
 - administrative tribunal
 - subpoena
 - summons
 - warrant
 - discovery request
 - similar legal request.
- **Law Enforcement** – We may disclose your relevant PHI to law enforcement when required to do so. For example, in response to a:

- court order
- court-ordered warrant
- summons issued by a judicial officer
- subpoena
- grand jury subpoena.

We may also disclose your relevant PHI to identify or locate a suspect, fugitive, material witness, or missing person.

- **Coroners, Medical Examiners and Funeral Directors** – We may disclose your PHI to a coroner or medical examiner. This may be necessary, for example, to determine a cause of death. We may also disclose your PHI to funeral directors, as necessary, to carry out their duties.
- **Organ, Eye and Tissue Donation** – May disclose your PHI to organ procurement organizations. We may also disclose your PHI to those who work in procurement, banking or transplantation of:
 - cadaveric organs
 - eyes
 - tissues.
- **Threats to Health and Safety** – We may use or disclose your PHI if we believe, in good faith, that the use or disclosure is necessary to prevent or lessen a serious or imminent threat to the health or safety of a person or the public.
- **Specialized Government Functions** – If you are a member of U.S. Armed Forces, we may disclose your PHI as required by military command authorities. We may also disclose your PHI:
 - to authorized federal officials for national security
 - to intelligence activities
 - the Department of State for medical suitability determinations
 - for protective services of the President or other authorized persons.
- **Workers' Compensation** – We may disclose your PHI to comply with laws relating to workers' compensation or other similar programs, established by law, that provide benefits for work-related injuries or illness without regard to fault.
- **Emergency Situations** – We may disclose your PHI in an emergency situation, or if you are incapacitated or not present, to a family member, close personal friend, authorized disaster relief agency, or any other person previously identified by you. We will use professional judgment and experience to determine if the disclosure is in your

best interests. If the disclosure is in your best interest, we will only disclose the PHI that is directly relevant to the person's involvement in your care.

- **Inmates** – If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release your PHI to the correctional institution or law enforcement official, where such information is necessary for the institution to provide you with health care; to protect your health or safety; or the health or safety of others; or for the safety and security of the correctional institution.
- **Research** – Under certain circumstances, we may disclose your PHI to researchers when their clinical research study has been approved and where certain safeguards are in place to ensure the privacy and protection of your PHI.

USES AND DISCLOSURES OF YOUR PHI THAT REQUIRE YOUR WRITTEN AUTHORIZATION

We are required to obtain your written authorization to use or disclose your PHI, with limited exceptions, for the following reasons:

- **Sale of PHI** – We will request your written authorization before we make any disclosure that is deemed a sale of your PHI, meaning that we are receiving compensation for disclosing the PHI in this manner.
- **Marketing** – We will request your written authorization to use or disclose your PHI for marketing purposed with limited exceptions, such as when we have face-to-face marketing communications with you or when we provide promotional gifts of nominal value.
- **Psychotherapy Notes** – We will request your written authorization to use or disclose any of your psychotherapy notes that we may have on file with limited exception, such as for certain treatment, payment or healthcare operation functions.

INDIVIDUALS RIGHTS

The following are your rights concerning your PHI. If you would like to use any of the following rights, please contact us using the information at the end of this Notice.

- **Right to Revoke an Authorization** – You may revoke your authorization at any time, the revocation of your authorization must be in writing. The revocation will be effective immediately, except

to the extent that we have already taken actions in reliance of the authorization and before we received your written revocation.

- **Right to Request Restrictions** – You have the right to request restrictions on the use and disclosure of your PHI for treatment, payment or healthcare operations, as well as disclosures to persons involved in your care or payment of your care, such as family members or close friends. Your request should state the restrictions you are requesting and state to whom the restriction applies. We are not required to agree to this request. If we agree, we will comply with your restriction request unless the information is needed to provide you with emergency treatment. However, we will restrict the use or disclosure of PHI for payment or health care operations to a health plan when you have paid for the service or item out of pocket in full.
- **Right to Request Confidential Communications** – You have the right to request that we communicate with you about your PHI by alternative means or to alternative locations. This right only applies if the information could endanger you if it is not communicated by the alternative means or to the alternative location you want. You do not have to explain the reason is for your request, but you must state that the information could endanger you if the communication means or location is not changed. We must accommodate your request if it is reasonable and specifies the alternative means or location where you PHI should be delivered.
- **Right to Access and Receive Copy of your PHI** – You have the right, with limited exceptions, to look at or get copies of your PHI contained in a designated record set. You may request that we provide copies in a format other than photocopies. We will use the format you request unless we cannot practicably do so. You must make a request in writing to obtain access to your PHI. If we deny your request, we will provide you a written explanation and will tell you if the reasons for the denial can be reviewed and how to ask for such a review or if the denial cannot be reviewed.
- **Right to Amend your PHI** – You have the right to request that we amend, or change, your PHI if you believe it contains incorrect information. Your request must be in writing, and it must explain

why the information should be amended. We may deny your request for certain reasons, for example if we did not create the information you want amended and the creator of the PHI is able to perform the amendment. If we deny your request, we will provide you a written explanation. You may respond with a statement that you disagree with our decision and we will attach your statement to the PHI you request that we amend. If we accept your request to amend the information, we will make reasonable efforts to inform others, including people you name, of the amendment and to include the changes in any future disclosures of that information.

- **Right to Receive an Accounting of Disclosures** – You have the right to receive a list of instances within the last 6 years period in which we or our business associates disclosed your PHI. This does not apply to disclosure for purposes of treatment, payment, health care operations, or disclosures you authorized and certain other activities. If you request this accounting more than once in a 12-month period, we may charge you a reasonable, cost-based fee for responding to these additional requests. We will provide you with more information on our fees at the time of your request.
- **Right to File a Complaint** – If you feel your privacy rights have been violated or that we have violated our own privacy practices, you can file a complaint with us in writing or by phone using the contact information at the end of this Notice.
- You can also file a complaint with the Secretary of the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201 or calling 1-800-368-1019, (TTY: 711) or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/.

WE WILL NOT TAKE ANY ACTION AGAINST YOU FOR FILING A COMPLAINT.

- **Right to Receive a Copy of this Notice** – You may request a copy of our Notice at any time by using the contact information list at the end of the Notice. If you receive this Notice on our web site or by electronic mail (e-mail), you are also entitled to request a paper copy of the Notice

CONTACT INFORMATION

If you have any questions about this Notice, our privacy practices related to your PHI or how to exercise your rights you can contact us in writing or by phone using the contact information listed below.

Sunflower Health Plan

Attn: Privacy Official

8325 Lenexa Drive

Lenexa, KS 66214

1-877-644-4623 Toll-free phone number

(TTY) 711

Non-Discrimination Notice

Sunflower Health Plan complies with applicable federal civil rights laws and does not discriminate on the basis of:

- Race
- Color
- National origin
- Age
- Disability, or
- Sex.

Sunflower Health Plan does not exclude people or treat them differently because of:

- Race
- Color
- National origin
- Age
- Disability, or
- Sex.

Sunflower Health Plan:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as qualified sign language interpreters and written information in other formats (large print, accessible electronic formats, other formats).
- Provides free language services, such as qualified interpreters and information written in other languages, to people whose primary language is not English.

If you need these services, contact Sunflower Health Plan's Customer Service at: 1-877-644-4623 (TTY 711).

If you believe that Sunflower Health Plan has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance by calling the number above and telling them you need help filing a grievance; Sunflower Health Plan Customer Service is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue SW
Room 509F, HHH Building
Washington, DC 20201
1-800-368-1019, (TDD: 1-800-537-7697).

Language Assistance

English: ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call 1-877-644-4623 (TTY: 711).

Español (Spanish): ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-877-644-4623 (TDD/TTY: 1-888-282-6428).

Tiếng Việt (Vietnamese): CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-877-644-4623 (TTY 711).

中文 (Chinese): 注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-877-644-4623 (TTY 711)。

Deutsch (German): ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-877-644-4623 (TTY: 711).

한국어 (Korean): 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-877-644-4623 (TTY: 711)번으로 전화해 주십시오.

ລາວ (Laotian): ໂປດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຽຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທ 1-877-644-4623 (TTY: 711).

العربية (Arabic): ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-877-644-4623 (رقم هاتف الصم والبكم: 711).

Tagalog: PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-877-644-4623 (TTY: 711).

မြန်မာ (Burmese):

သတိပြုရန် - အကယ်၍ သင်သည် မြန်မာစကား ကို ပြောပါက၊ ဘာသာစကား အကူအညီ၊ အခမဲ့၊ သင့်အတွက် စီစဉ်ဆောင်ရွက်ပေးပါမည်။
ဖုန်းနံပါတ် 1-877-644-4623 (TTY: 711) သို့ ခေါ်ဆိုပါ။

Français (French): ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-877-644-4623 (TTY: 711).

日本語 (Japanese): 注意事項: 日本語を話される場合、無料の言語支援をご利用いただけます。1-877-644-4623 (TTY: 711) まで、お電話にてご連絡ください。

Русский язык (Russian): ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-877-644-4623 (телетайп: 711).

Hmoob (Hmong): LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 1-877-644-4623 (TTY: 711).

فارسی (Farsi): توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با (1-877-644-4623 (TTY: 711) تماس بگیرید.

Swahili: KUMBUKA: Ikiwa unazungumza Kiswahili, unaweza kupata, huduma za lugha, bila malipo. Piga simu 1-877-644-4623 (TTY: 711).

Glossary

Sunflower Member ID card: Identification card – a card that identifies you as a Sunflower member.

Advance Directive: Anything you tell people about what you want for your healthcare in the event you are not able to tell them yourself. A living will is the most common advance directive with your PCP.

Appeal: A request to review a Notice of Adverse Benefit Determination. A Notice of Adverse Benefit Determination (NOA) is sent to a member when Sunflower denies the care you want, decreases the amount of care, ends care that has already been approved by us in the past, or denies payment for care.

Authorization: A decision to approve special care or other medically necessary care. An authorization can also be called a “referral.”

Behavioral Health Services: Mental Health and Substance Use Disorder Services.

Benefits/Covered Services: Services, procedures and medications that Sunflower will cover for you when medically necessary.

Carved-out benefits: Services that are not covered by Sunflower. Benefits are covered directly by Medicaid.

Continuity and Coordination of Care: Healthcare provided on a continuous basis beginning with the patient’s initial contact with a PCP and following the patient through all episodes. Care that is uninterrupted.

Covered Services: Medically necessary services that Sunflower will pay the provider for you to receive

Disenrollment: To stop your membership in Sunflower

Eligible(s): A person whom has been determined eligible to receive services as provided for in the State Medicaid Plan.

Emergency care: When you have an injury or illness that must be treated immediately or is life threatening.

EPSDT/ Well Child Program: Early and Periodic Screening, Diagnosis and Treatment, provides exams for children through the month of their 21st birthday.

Grievance: An expression of dissatisfaction about any matter other than an Adverse Benefit Determination.

Home healthcare: Full range of medical and other health-related services that are delivered in the home of a medically home bound patient by a healthcare professional.

In-Network Provider: The group of doctors, hospitals, and other health care providers that Sunflower contracts with to provide services. You can find all of our providers at www.sunflowerhealthplan.com.

Immunizations: Necessary shots to protect your child from life threatening diseases.

Inpatient: When you are admitted into a hospital.

Medicaid: The medical assistance program authorized by Title XIX of the Social Security Act.

Medicaid ID card: Identification card – a card that identifies you as part of the Kansas Medicaid program. If you are a Sunflower member, your ID card will be issued by Sunflower Health Plan.

Medical Necessity: This means that a health intervention is an otherwise covered category of service, is not specifically excluded from coverage, and is medically necessary, according to all of the following criteria:

- a. “*Authority*”. The health intervention is recommended by the treating physician and is determined to be necessary by the secretary or the secretary’s designee.
- b. “*Purpose*”. The health intervention has the purpose of treating a medical condition.
- c. “*Scope*”. The health intervention provides the most appropriate supply or level of service, considering potential benefits and harms to the patient.
- d. “*Evidence*”. The health intervention is known to be effective in improving health outcomes. For new interventions, effectiveness shall be determined by scientific evidence as provided herein. For existing interventions, effectiveness shall be determined as provided in paragraph 67.i.

e. “*Value*”. The health intervention is cost-effective for this condition compared to alternative interventions, including no intervention. “Cost-effective” shall not necessarily be construed to mean lowest price. An intervention may be medically indicated and yet not be a covered benefit or meet this regulation’s definition of medical necessity.

f. Interventions that do not meet this regulation’s definition of medical necessity may be covered at the choice of the secretary or the secretary’s designee. An intervention shall be considered cost effective if the benefits and harms relative to costs represent an economically efficient use of resources for patients with this condition. In the application of this criterion to an individual case, the characteristics of the individual patient shall be determinative.

g. The following definitions shall apply to these terms only as they are used in this subsection 67.;

- 1) “*Effective*” means that the intervention can be reasonably expected to produce the intended results and to have expected benefits that outweigh potential harmful effects.

Member: A person who is eligible to receive covered services from Sunflower as defined by the State of Kansas.

Notice of Action: written document that includes action planned, reason for planned action, policy, regulation or statute supporting action; explains member rights to expedited or standard appeal, State Fair Hearing; how to request those, and how to request continued services during appeal or State Fair Hearing

Out-of-Network Provider: a health care professional, hospital, or pharmacy that is not part of Sunflower’s network of contracted providers. You may have to pay for services received from an out-of-network provider.

Outpatient: When you have a procedure done that does not require admission into a hospital.

Preferred Drug List (PDL): A list of medications covered by Medicaid and the KanCare program.

Prescription Drugs: Any medication that cannot be purchased over the counter and must have written request from your doctor for you to have it.

Prior approval: When Sunflower has received, reviewed and approved prior to services being rendered to the Member.

Protected Health Information (PHI): Health information that identifies an individual.

Provider: A physician, hospital or any other person licensed or authorized to provide healthcare services.

Provider Directory: A list of providers participating with Sunflower.

Primary Care Provider (PCP): The provider who serves as the entry point into the healthcare system for the member. The PCP provides primary care, coordination and monitoring of referrals to specialist care, authorized hospital services and maintains the continuity of care.

Referral: The process by which the member’s PCP directs him/her to seek and obtain medically necessary, covered services from another healthcare professional.

Self-Referred Services: Services that you do not need to see your PCP for a referral.

Specialist: A doctor that has specific detailed training in one certain medical field.

Termination: The member’s loss of eligibility for the Kansas Medicaid program (KanCare) and therefore automatic disenrollment from Sunflower.

Title XIX: The provisions of Title 42 United States Code Annotated Section 1396 et. seq. (The Social Security Act), including any amendments thereto. Title XIX provides medical assistance for certain individuals and families with low incomes and resources.

Title XXI: The provisions of the Social Security Act as amended in August, 1997 to add Title XXI (known at the federal level as the Children’s Health Insurance Program (CHIP), which provides health insurance coverage to uninsured children from low-income families, who are not Title XIX eligible.

Treatment: The care that you may receive from doctors and facilities.

Urgent care: When you have an injury or illness that must be treated within 48 hours. It is not life threatening.

Authorization to Use and Disclose Health Information



Notice to Member:

- Completing this form will allow Sunflower Health Plan to (i) use your health information for a particular purpose, and/or (ii) share your health information with the individual or entity that you identify on this form.
- You do not have to sign this form or give permission to use or share your health information. Your services and benefits with Sunflower Health Plan will not change if you do not sign this form.
- If you want to cancel this authorization form, send us a written request to revoke it at the address on the bottom of this page. A revocation form can be provided to you by calling customer service.
- Sunflower Health Plan cannot promise that the person or group you allow us to share your health information with will not share it with someone else.
- Keep a copy of all completed forms that you send to us. We can send you copies if you need them.
- Fill in all the information on this form. When finished, mail it to the address at the bottom of the first page.

MEMBER INFORMATION:

Member Name (print): _____

Member Date of Birth: _____ Member ID Number: _____

I give Sunflower Health Plan permission to use my health information for the purpose identified or to share my health information with the person or group named below. The purpose of the authorization is:

- ☐ to allow Sunflower Health Plan to help me with my benefits and services, or
- ☐ to permit Sunflower Health Plan to use or share my health information for _____.

PERSON OR GROUP TO RECEIVE INFORMATION (add additional Persons or Groups on page 2):

Name (person or group): _____

Address: _____

City: _____ State: _____ Zip: _____ Phone: (____) ____ - _____

I AUTHORIZE Sunflower Health Plan TO USE OR SHARE THE FOLLOWING HEALTH INFORMATION:

- ☐ **All of my health information INCLUDING:** genetic information, services or test results; HIV/AIDS data and records; mental health data and records (but not psychotherapy notes); prescription drug/medication data and records; and drug and alcohol data and records (please specify any substance use disorder information that may be disclosed: _____); **OR**

- ☐ **All of my health information EXCEPT (check all boxes that apply):**

- ☐ Genetic information, services or tests
- ☐ AIDS or HIV data and records
- ☐ Drug and alcohol data and records
- ☐ Mental health data and records (but not psychotherapy notes)
- ☐ Prescription drug/medication data and records
- ☐ Other: _____

Authorization End Date: _____ / _____ / _____ (date the authorization ends unless cancelled)

Member Signature: _____ Date: _____ / _____ / _____

(Member or Legal Representative Sign Here)

Relationship to Member: _____

If you are the Member's personal representative, please send us copies of those forms (such as power of attorney or order of guardianship).

ADDITIONAL INDIVIDUAL PERSON(S) OR ENTITY(IES) TO RECEIVE INFORMATION

NOTE: If you are consenting to disclose any substance use disorder records to a recipient that is neither a third party payor nor a health care provider, facility, or program where you receive services from a treating provider, such as a health insurance exchange or a research institution (hereafter, "recipient entity"), you must specify the name of an individual with whom or the entity at which you receive services from a treating provider at that recipient entity, or simply state that your substance use disorder records may be disclosed to your current and future treating providers at that recipient entity.

Name (individual or entity):

Address:

City: _____ *State:* _____ *Zip:* _____ *Phone: () -*

Name (individual or entity):

Address:

City: _____ *State:* _____ *Zip:* _____ *Phone: () -*

Name (individual or entity):

Address:

City: _____ *State:* _____ *Zip:* _____ *Phone: () -*

Name (individual or entity):

Address:

City: _____ *State:* _____ *Zip:* _____ *Phone: () -*

Name (individual or entity):

Address:

City: _____ *State:* _____ *Zip:* _____ *Phone: () -*

Name (individual or entity):

Address:

City: _____ *State:* _____ *Zip:* _____ *Phone: () -*

Name (individual or entity):

Address:

City: _____ *State:* _____ *Zip:* _____ *Phone: () -*

Name (individual or entity):

Address:

City: _____ *State:* _____ *Zip:* _____ *Phone: () -*

Revocation of Authorization to Use and/or Disclose Health Information



I want to cancel, or revoke, the permission I gave to Sunflower Health Plan to use my health information for a particular purpose or to share my health information with a person or group:

PERSON OR GROUP THAT RECEIVED THE INFORMATION:

Name (person or group): _____

Address: _____

City: _____ State: _____ Zip: _____ Phone: (____) ____ - _____

Authorization Signed Date (if known): ____ / ____ / ____

MEMBER INFORMATION:

Member Name (print): _____

Member Date of Birth: ____ / ____ / ____ Member ID Number: _____

I understand that my health information (including, where applicable, my substance use disorder records) may have already been used or shared because of the permission I gave before. I also understand that this cancellation only applies to the permission I gave to use my health information for a particular purpose or to share my health information with the person or group. It does not cancel any other authorization forms I signed for health information to be used for another purpose or shared with another person or group.

Member Signature: _____ Date: ____ / ____ / ____

(Member or Legal Representative Sign Here)

If you are signing for the Member, describe your relationship below. If you are the Member's personal representative, describe this below and send us copies of those forms (such as power of attorney or order of guardianship).

Sunflower Health Plan will stop using or sharing your health information when we receive and process this form. Use the mailing address below. You can also call for help at the number below.

Sunflower Health Plan
Compliance Department
8325 Lenexa Drive
Lenexa, KS 66214
1-877-644-4623, TTY 711