



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 may 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. Members who need video or telephone relay interpretation services should call Customer Service toll free at 1-877-644-4623 (TTY 711).

LANGUAGE ASSISTANCE

Medicaid Plan: 1-877-644-4623 (TTY 711)

Marketplace Plan: 1-844-518-9505 (TTY 711)

Medicare Plan: 1-855-565-9519 (TTY 711)

English: Language assistance services, auxiliary aids and services, and other alternative formats are available to you free of charge. To get this, please call the number above.

Español (Spanish): Servicios de asistencia de idiomas, ayudas y servicios auxiliares, y otros formatos alternativos están disponibles para usted sin ningún costo. Para obtener esto, llame al número de arriba.

Tiếng Việt (Vietnamese): Các dịch vụ trợ giúp ngôn ngữ, các trợ cụ và dịch vụ phụ thuộc, và các dạng thức thay thế khác hiện có miễn phí cho quý vị. Để có được những điều này, xin gọi số điện thoại nêu trên.

简体中文(Chinese): 可以免费为您提供语言协助服务、辅助用具和服务以及其他格式。如有需要，请拨打上述电话号码。

Deutsch (German): Sprachunterstützung, Hilfen und Dienste für Hörbehinderte und Gehörlose sowie weitere alternative Formate werden Ihnen kostenlos zur Verfügung gestellt. Um eines dieser Serviceangebote zu nutzen, wählen Sie die o. a. Rufnummer. (Arabic)

한국어 (Korean): 언어 지원 서비스, 보조적 지원 및 서비스, 기타 형식의 자료를 무료로 이용하실 수 있습니다. 이용을 원하시면 상기 전화번호로 연락해 주십시오.

ລາວ (Lao): ບໍລິການໃຫ້ຄວາມຊ່ວຍເຫຼືອດ້ານພາສາ, ບໍລິການ ແລະ ຄວາມຊ່ວຍເຫຼືອຕ່າງໆ, ແລະ ຮູບແບບທາງເລືອກອື່ນໆ ມີໃຫ້ເຈົ້າ ພວີ. ຫາກຕ້ອງການຮັບຂໍ້ມູນ ກະລຸນາໃຫ້ໂປທ໌ໝາຍເລກຂ້າງເທິງ.

العربية (Arabic): خدمات المساعدة اللغوية والمعينات والخدمات الإضافية وغيرها من الأشكال البديلة متاحة لك مجانًا. للحصول عليها، يرجى الاتصال بالرقم أعلاه.

Tagalog (Tagalog): Mayroon kang makukuhang libreng tulong sa wika, auxiliary aids at mga serbisyo, at iba pang mga alternatibong format. Upang makuha ito, mangyaring tawagan ang numerong nakasulat sa itaas.

မြန်မာ (Burmese): ဘာသာစကားအကူအညီဝန်ဆောင်မှုများ၊ အရန်အကူအညီအထောက်အပံ့များနှင့်ဝန်ဆောင်မှုများနှင့်အခြားအခြားရွေးချယ်စရာပုံစံများကိုသင်အခမဲ့ရရှိနိုင်သည်။ ဒီရရှိရန် ကျေးဇူးပြု၍ အပေါက်နံပါတ်ကိုခေါ်ပါ။

Français (French): Des services gratuits d'assistance linguistique, ainsi que des services d'assistance supplémentaires et d'autres formats sont à votre disposition. Pour y accéder, veuillez appeler le numéro ci-dessus.

日本語 (Japanese): 言語支援サービス、補助器具と補助サービス、その他のオプション形式を無料でご利用いただけます。ご利用をお考えの方は、上記の番号にお電話ください。

Русский язык (Russian): Вам могут быть бесплатно предоставлены услуги по переводу, вспомогательные средства и услуги, а также материалы в других, альтернативных, форматах. Чтобы получить их, позвоните, пожалуйста, по указанному выше номеру телефона.

Ntawv Hmoob (Hmong): Muaj kev pab txhais lus, khoom pab mloog txhais lus thiab lwm yam kev pab pub dawb rau koj. Xav tau tej no, thov hu rau tus nab npawb saum toj saud.

فارسي (Persian): خدمات ترجمه، حمایت های ؛ خدمات کمکی و سایر انواع دیگر به صورت رایگان در اختیار شما قرار می گیرند. برای به دست یابی به این خدمات، لطفاً با شماره تلفن بالا تماس بگیرید.

Kiswahili (Swahili): Huduma za usaidizi wa lugha, misaada na huduma saidizi, na aina nyingine mbadala zinapatikana kwako bila malipo. Ili kupata hii, tafadhali piga namba iliyo hapo juu.

USE THIS LIST TO HELP YOU GET STARTED.

Follow the steps below. Fill out any forms that are needed. Then, check the boxes as you finish each step.



Learn More About Your Benefits

Find important information about your benefits and services on the next page.



Set Up Your Member Account

Set up your online member account using the steps on page 3.

User Name: _____

Password: _____

Keep this in a safe place.



Fill Out Your Health Information Form

Tell us about your health. Fill out this form online at SunflowerHealthPlan.com or use the one included in the Forms Book. **Earn \$25 for completing this form!**



Start Earning *myhealthpays*® Dollar Rewards

Sunflower offers members ways to earn reward dollars by completing healthy activities. Visit SunflowerHealthPlan.com or turn to page 42 to learn more about *myhealthpays*®!



Make an Appointment to See Your Primary Care Provider (PCP)

PCP name: _____

Address: _____

Phone: _____ Email: _____

Office Hours: _____ 1st Appointment Date: _____

To change your PCP, please use the form in the Forms Book, or fill it out online at SunflowerHealthPlan.com.



Notification of Pregnancy

If you are pregnant, please complete the Notification of Pregnancy form. Fill it out online at SunflowerHealthPlan.com or use the one in the Forms Book. **Earn \$15 for filling this out!**



Learn More About Your Coverage

Make Sunflower Health Plan part of your plan.

Sunflower Health Plan provides quality healthcare coverage with valuable programs and services, so you and your family can stay focused on being healthy. Use this book to get the most out of your insurance. Keep it handy for helpful information about your health plan.

Sunflower offers a wide range of healthcare services.



MEDICAL SERVICES

- Provider office visits
- Medication
- Labs
- X-rays
- Home healthcare
- Hospital admissions
- Medical supplies



VISION SERVICES

- Eye exams
- Eyeglasses

Limitations apply.



DENTAL SERVICES

- Routine care
- Fillings and crowns
- Fluoride treatments
- Dentures



BEHAVIORAL HEALTH SERVICES:

- Inpatient/outpatient mental health/alcohol and substance abuse services
- Rehabilitative mental health services
- Applied behavioral analysis services

WE ALSO OFFER THESE BENEFITS AT NO EXTRA COST TO YOU:

- Extra help for complex health conditions through our Case & Disease Management Programs.
- Help finding programs and services in your community at sunflower.findhelp.com.
- 24/7 toll-free nurse advice line for immediate advice about any health-related problems: **1-877-644-4623**

GO ONLINE:

- Visit **SunflowerHealthPlan.com** to set up your online member account
- See all health plan benefits and fill out forms online

IF YOU DO NOT HAVE INTERNET ACCESS:

- Read this book and other member materials included in this packet.
- Fill out the forms and mail them using the postage-paid envelopes included in the Forms book.
- Contact Customer Service by calling toll free **1-877-644-4623 (TTY: 711)** for help finding a primary care provider (PCP) or answers to questions.

Set Up Your Online Member Account



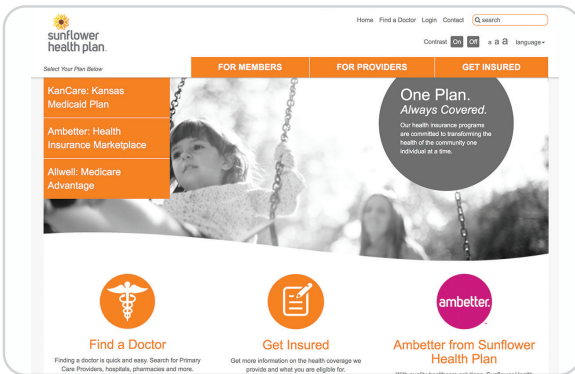
USE YOUR MEMBER ACCOUNT TO:

- View your lab test results and immunizations
- View your My Health Pays rewards
- View your claims
- Change your primary care doctor
- Send us a message
- Request a new Member ID card
- And more!

JUST FOLLOW THE STEPS BELOW TO CREATE YOUR ACCOUNT:

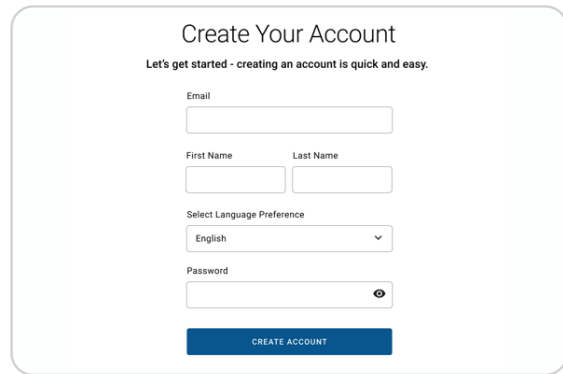
STEP 1: Go to SunflowerHealthPlan.com

Click **Login** and choose **I am a: Member. My plan is: Medicaid**. Click **Submit**.



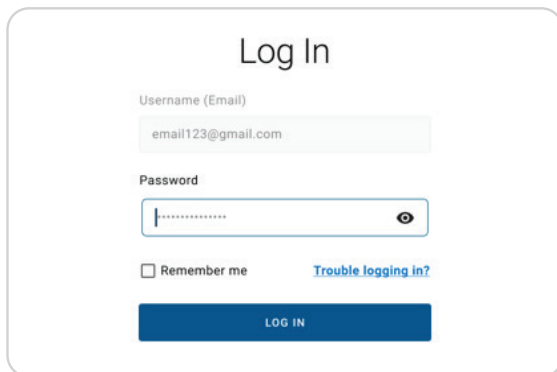
STEP 2: Create Your Account

Follow the prompts to **Create Your Account** and **Activate** it. You will need access to your email inbox.



STEP 3: Log In to Your Account

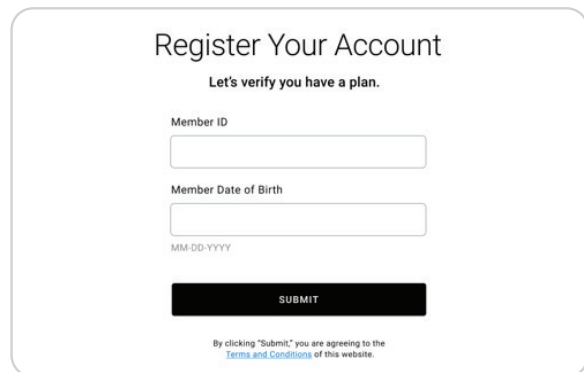
At the **Success** screen, click **Log in to Register**. When you see the screen below, **Log In**.



Your email address should prepopulate. Enter your password to log in.

STEP 4: Register Your Account

Enter your **Member ID and Date of Birth**. Click **Submit**.



You will see a Success screen. You will receive an email thanking you for registering.



Know Where to Go for Care

Get the Right Care at the Right Place

Make sure you know where to get medical care when you need it. If you get sick or hurt, you have several options to get the care you need.



PRIMARY CARE PROVIDER (PCP)

Your PCP is your main provider. Call the office to schedule a visit if you don't need immediate medical care.

See your PCP if you need:

- Help with colds, flus and fevers
- Care for ongoing health issues like asthma or diabetes
- An annual wellness exam
- Vaccinations
- General advice about your overall health
- Ask if your provider offers virtual visits (telehealth)



24/7 NURSE ADVICE LINE

Our 24/7 nurse advice line is a free health information phone line. Medical professionals are available to answer questions about your health. They can also help decide if you should see your PCP and assist with setting up your appointment.

Call our 24/7 nurse advice line if you need:

- Help knowing if you should see your PCP
- Help caring for a sick child
- Answers to questions about your health



URGENT CARE CENTER

Urgent care centers help diagnose and treat illnesses or injuries that aren't life threatening but can't wait until the next day. If your PCP's office is closed, an urgent care center can give you fast, hands-on care. Urgent care centers can also offer shorter wait times than an Emergency Room (ER).


Go to an in-network urgent care center for:

- Sprains
- Ear infections
- High fevers
- Flu symptoms with vomiting

Use the chart on this page to help you decide your best care option.

! **Is your illness or injury life threatening?**
 (Ex: shortness of breath, chest pains, bleeding that won't stop, poisoning, burns or a broken bone)

YES | **NO**


 **Call 9-1-1 or go to the ER.**

Immediately go to an Emergency Room for:

- Chest pains
- Bleeding that won't stop
- Shortness of breath
- Broken bones
- Poisoning
- Severe cuts or burns

 Do you have a physical injury or an illness like the flu, an ear infection or a fever?


YES | **NO**


 Do you want to see a provider? **OR**  Do you want to talk to a nurse for advice?

Remember to make sure that a provider, urgent care center or hospital is in our network unless it is an emergency.

Is your provider's office open?

YES | **NO**

 **Call your primary care provider (PCP)**
 Set up an appointment to see your main provider.

 **Go to urgent care**
 Get quickly diagnosed and treated for less serious illnesses or injuries.


 **Call our 24/7 nurse advice line**
 Get quick, reliable answers to your health questions.

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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 KanCare 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 so you can keep track of your health coverage. Information about 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, benefits and responsibilities as a member of Sunflower Health Plan. Please read this book carefully and keep it. This book 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
- Your rights and responsibilities

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. Our online Find A Doctor directory has information about our providers. It is updated with real-time information that includes:

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

1. Online – View real-time provider information through the 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 within five business days. 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
- Print a copy of your ID card
- Current news and events
- Online form submission
- Member self-service features, such as changing your PCP, viewing claims submitted on your behalf, and viewing care you may need, like a preventive checkup or vaccine
- Sunflower programs and services
- My Health Pays® balances and usage
- Library of Health and Wellness Information
- How to manage your digital medical records

Mobile App

Sunflower wants to help you take charge of your health – no matter where you are. The 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, check your My Health Pays account, 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! Our Member Advisory Committee gives you a chance to share your thoughts and ideas with us. At the meetings, you can give your feedback on

how services are provided. You can earn a \$15.00 My Health Pays reward for participating

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:

- Learn why decisions are made and ask questions;
- Hear 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;
- Meet members of the Sunflower staff;
- 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. Look for an invitation to join through email, a postcard mailed to you or on our Facebook page. You can also complete the form at www.sunflowerhealthplan.com/members/medicaid/resources/advisory-council.html 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 acute and/or chronic illness or disability. Our program is consistent with National Committee for Quality Assurance (NCQA) and Institute of Medicine (IOM) priorities. To help promote safe, reliable and quality healthcare, our programs include:

- Doing a thorough check on providers before they join the Sunflower provider network.
- Monitoring member access to all types of healthcare services.
- Programs and education about general healthcare and specific diseases.
- Reminders to get:
 - Annual tests, like an adult physical
 - Treatments, like a flu shot
 - Preventive care, like cervical or breast cancer screenings
- Investigating your concerns about 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 toll free at 1-877-644-4623

Sunflower believes that getting input from members like you can help make the services and quality of our programs better. We conduct member surveys yearly to learn 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 visit our website or contact us. We will provide one to you. Please visit our website or contact us, and we will provide one to you. Please visit www.sunflowerhealthplan.com/members/medicaid/resources/quality-improvement.html for more detailed Quality Improvement information.

How to Contact Us:

Sunflower Health Plan
8325 Lenexa Drive, Suite 410
Lenexa, KS 66214

Normal Business Hours of Operation
8:00 a.m. to 5:00 p.m. Central Time. Phone numbers below are all toll free.

- 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 Services711 or 1-800-766-3777
- Behavioral Health.....1-877-644-4623

OTHER IMPORTANT PHONE NUMBERS

- Non-Emergency Transportation1-877-917-8162
- 24-Hour Nurse Advice Line.....1-877-644-4623
- Emergency Services Call 911

Your Member ID Card

You will receive a Sunflower Member ID Card within 10 business days after KanCare tells us of your enrollment. This card is proof that you are enrolled with Sunflower.

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 your provider name is not correct, please call Customer Service toll free at 1-877-644-4623.

DOWNLOAD YOUR DIGITAL ID CARD

Your Sunflower online member account is a powerful way to manage your health insurance. View a digital version of your card at any time. Download it to your smartphone so you always have it with you. You can even print a copy if you need it. Visit member.sunflowerhealthplan.com.

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

Pharmacy:
 RXBIN: 003858
 RXPCN: MA
 RXGROUP: 2ELA

NAME: _____

#: _____ DOB: _____

PCP Name: _____

PCP Phone: _____

Effective Date: _____ Copay: \$0

If you have an emergency, call 911 or go to the nearest emergency room (ER). If you are not sure if you need to go to the ER, call your PCP or Sunflower's 24/7 nurse line at 1-877-644-4623 (TTY 711).

8325 Lenexa Drive, Suite 410, Lenexa, KS 66214
www.SunflowerHealthPlan.com

IMPORTANT CONTACT INFORMATION

Members:

Customer Service: 877-644-4623 (TTY 711)

Transportation: 877-917-8162

Vision: 877-644-4623

Dental: 877-644-4623

Behavioral Health: 877-644-4623

Pharmacy: 877-644-4623

Providers:

Provider Services & IVR Eligibility Inquiry - Prior Auth: 877-644-4623

Pharmacists Only: 833-750-4447

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

Medical Correspondence/ Non-Claims:

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

Behavioral Correspondence/ Non-Claims:

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

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

Managing Your Digital Health Records

A federal rule named the Interoperability and Patient Access Rule (CMS 9115 F) makes it easier for members to get their health records when they need them most. You can access your health records on your mobile device. This lets you manage your health better and know what resources are open to you.

Imagine:

- You go to a new doctor because you don't feel well. That doctor can pull up your health history from the past five years.
- You use an up-to-date provider directory to find a provider or specialist.
- That provider or specialist can use your health history to diagnose you and make sure you get the best care.

- You go to your computer to see if a claim is paid, denied or still being processed.
- If you want, you can take your health history with you if you switch health plans.

**In 2022, members can start to request that their health records go with them as they switch health plans.*

THIS RULE MAKES IT EASY TO FIND INFORMATION* ON:

- Claims (paid and denied)
- Specific parts of your clinical information
- Pharmacy drug coverage
- Healthcare providers

**You can get information for dates of service on or after January 1, 2016.*

For more info, visit www.sunflowerhealthplan.com/members/medicaid/resources/interoperability-and-patient-access.html.

HOW YOUR PLAN WORKS

Customer Service

Our Customer Service department can tell you how Sunflower works. They can 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 free of charge.
- 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.
- Get access to your digital medical records.
- Speak with a Member Advocate.

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. CT. Calls received after business hours or on holidays are answered by our Nurse Advice Line. If you choose to leave us a voice mail after hours, Sunflower will call you back the next business day.

Nurse Advice Line

This Nurse Advice Line is a free health information phone line 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 about your health
- Advice about a sick child
- Help with scheduling PCP appointments
- 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.

Member Advocates

Sunflower Member Advocates can help you find resources and services that may not be covered by your Sunflower benefits.

Member Advocates can:

- Help you better understand your benefits and value-added services.
- Identify community resources, like food or housing.
- Help connect you with education/GED program resources.
- Help solve problems with your care, such as pharmacy and billing issues.
- Work closely with you and your family to build a relationship with Sunflower.
- Help promote your overall health and wellbeing
- Assist with Long-Term Care and Support Service questions about systems and self-direction.
- Help with behavioral health questions.

To reach the Sunflower Member Advocates, call toll free 1-877-644-4623 (TTY 711). Ask to speak with a Member Advocate.

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, call the KanCare Clearinghouse toll free at 1-800-792-4884.

Major Life Changes

Life changes might affect your eligibility with the state or how we are able to reach you. If you have a major change in your life, please contact the KanCare Clearinghouse toll free 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
- A move to a different address
- A change in your job/income
- Changes in family size
- A change in blindness or disability
- Pregnancy
- Moving to a new county or out of state
- A change in authorized legal representatives

It's important that Sunflower and the state have your current address and phone number to reach you.

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 toll free at 1-866-305-5147.

DISENROLLMENT

You may request to disenroll from Sunflower with or without cause by contacting the Enrollment Center toll free at 1-866-305-5147. Sunflower will not directly disenroll any member unless directed by the state. KanCare program procedures must be followed for all disenrollment requests. Your 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 toll free 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 copayments (copays), 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 toll free 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.

BENEFITS	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 toll free 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	Adults and children (See Value-Added Benefits section for routine coverage for adults)	
Dentures or Partial	Covered		Prior authorization is required by Envolv Dental.
Developmental Testing	Covered	One per day, up to three visits per calendar year	
Diabetic Education	Not Covered		Provided by the Healthy Solutions for Life program
Diagnosis & Treatment of Infertility, Impotence & Sexual Dysfunction	Not Covered		
Dialysis	Covered		
Dietitian Services	Covered	Services limited to members ages 20 and under.	
Durable Medical Equipment	Covered		
Early Periodic Screening Diagnosis & Treatment Services	Covered	Members under 21 years old	

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.

BENEFITS	COVERAGE	LIMITED BENEFIT	COMMENTS
Emergency Room Services	Covered		
Experimental Procedures, Drugs and Equipment	Not Covered		
Family Planning	Covered		
Fluoride Application	Covered	Limited to three per calendar year for children under 21 meeting EPSDT criteria. Covered for adults 21 and over.	
Gender Reassignment Surgery	Not Covered		
Hearing Aids	Covered	Some limitations apply for ages over 20.	Batteries are limited to six per month for monaural hearing aids and 12 per month for binaural hearing aids. One set of hearing aids are covered every four years.
Hearing Aid Repairs	Covered	Charges for hearing aid repairs under \$15 are not covered.	
Hearing Aids (Bone Anchored)	Covered	Limited to members 5 to 20 years of age.	
HIV Testing and Counseling	Covered		
Home Births	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.	

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.

BENEFITS	COVERAGE	LIMITED BENEFIT	COMMENTS
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
Medical Nutrition (through stomach or veins)	Covered	Some limitations apply.	
Medication Assisted Treatment	Covered		Medication and counseling for opioid use disorder
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 toll free 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		
Podiatrist Services	Covered	For members ages 20 and under.	Children may receive additional visits if prior authorized.
Prescription Drugs	Covered		
Preventive Care	Covered	Certain limitations may apply.	
Prosthetic and Orthotic Devices	Covered		
Psychotherapy	Covered		
Psychological Testing	Covered		

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.

BENEFITS	COVERAGE	LIMITED BENEFIT	COMMENTS
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		
Services not allowed by federal or state law	Not Covered		
Sleep Studies	Covered	For members ages 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. Eyeglasses, repairs and exams as needed for members under 21, up to three pairs per calendar year.	For coverage questions, call us toll free at 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

Healthcare delivery is always changing. We will assure that new ideas prove helpful to our members. We do this by assessing new ways of caring for members. We have a team of doctors, nurses and other experts who do this work.

Sunflower covers new services when approved by the state. If you have questions about new technology or services, please call us toll free at 1-877-644-4623.

Home and Community Based Services (HCBS)

Home and Community Based Service programs provide additional services to seniors and persons with disabilities to allow them to live in the community and take an active role in their care. The services available for each waiver program are listed below. The state contracts with entities, such as Aging and Disability Resource Centers (ADRCs), Community Developmental Disabilities Organizations (CDDOs) and Community Mental Health Centers (CMHCs) to determine the level of care, which the state uses to determine eligibility. Sunflower will provide care management 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 (self-directed or agency-directed)
- Home Telehealth (remote monitoring system)
- Medication Reminder
- Nursing Evaluation Visit
- Oral Health Services
- Personal Emergency Response System (PERS) and installation

- Enhanced Care Services (self-directed or agency-directed)
- Wellness Monitoring
- Financial Management Services

HCBS – PHYSICAL DISABILITY (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 (self-directed or agency-directed)
- Financial Management Services

HCBS – BRAIN INJURY (BI)

- 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 (self-directed or agency-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 – SERIOUS 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 (self-directed or agency-directed)
- Financial Management Services
- Residential Supports
- Enhanced Care Services
- Specialized Medical Care
- Supported Employment
- Wellness Monitoring
- Targeted Case Management is also available as a state plan benefit

Person Centered Planning

Medical care addresses only a part of a person’s needs. Person Centered Planning uses a more individualized approach. We get to know you and your preferences and goals 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, needs and goals. It helps you develop a service and support 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/members/medicaid/resources/helpful-links/person-centered-planning.html.

Financial Management Services (FMS)

Most Sunflower members who are receiving HCBS or are in either the Work Opportunities Reward Kansans (WORK) or Supports & Training for Employing People

Successfully (STEPS) programs have the option to self-direct some or all of their services.

Self-direction means that you employ your own direct care workers. You take on the responsibility of hiring, training, scheduling and managing the workers.

In order to self-direct one or more services, you must choose and use a Financial Management Services (FMS) provider. The FMS provider conducts employment processes, such as background checks and employment forms, and payroll functions for you. This includes billing Sunflower for the services provided.

Self Direction: Member Rights and Responsibilities

When you or your representative chooses to self-direct, you must be fully informed by the FMS provider of your 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 self-direction skills training as requested

Once fully informed, you or your representative must negotiate, review and sign a FMS Service Agreement with the FMS provider. Sunflower makes educational materials about self-direction available to you upon request. You may request this from your Sunflower care manager.

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.

BENEFIT	DESCRIPTION
Dental Visits	<ul style="list-style-type: none"> Two (2) dental visits each year, which includes the exams and cleanings, bitewing x-rays and a panoramic x-ray every 36 months for adults 21 and over. Adult members have a maximum benefit of \$500 per calendar year. Children and adults 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 \$10-25 for each My Health Pays reward activity. See the My Health Pays section of this book for more information on this program.
SafeLink® Phones	SafeLink offers a Lifeline program for those who qualify. SafeLink gives limited minutes and data and unlimited texts per month. As a member of Sunflower Health Plan, you can call our customer service line without using your minutes. SafeLink no longer offers free phones.
Start Smart® for Your Baby	<p>This program is for pregnant members, babies and families. Start Smart features no-cost nursing support, education, and gifts. Plus:</p> <ul style="list-style-type: none"> Help with benefits and community services. Special texting programs for Start Smart moms. Baby showers at no cost are led by a Smart Start care team member. Useful baby items are offered. A nurse will be there to teach moms: <ul style="list-style-type: none"> How to care for themselves and their babies during pregnancy, about the many benefits available during pregnancy, like dental exams and prenatal checkups, and about other resources, like car-seat safety and the Women Infants and Children nutrition program (WIC). Birthday programs for children. Rides to WIC appointments.
Community Programs for Children	<ul style="list-style-type: none"> Youth members, ages 5 to 18, can receive a \$50 credit per year for programs, like YMCA, Boys and Girls Clubs, Girl Scouts or Scouts BSA. Sunny's Kids Club program promotes healthy eating, exercise and education! Each Kids Club member gets a club membership card and activity book. Sunny's web page features books and fun activities. Strong Youth Strong Communities Program™ (SYSC). SYSC works with the Pro Football Hall of Fame and other youth-serving groups. SYSC resources are found on the SYSC website and mobile app.
Teladoc Digital Mental Health (formerly MyStrength)	Our Teladoc Digital Mental Health 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 by itself 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. \$10 voucher is per member and not capped by household.

BENEFIT	DESCRIPTION
Weight Management & Nutrition	<ul style="list-style-type: none"> We offer an adult weight management program. It provides phone outreach, education and support to members. These services improve nutrition and exercise patterns to manage weight and minimize health-risk factors. For members 18 and older. Raising Well® is a child weight management program. It helps overweight and obese children achieve better long-term health. It works with parents toward permanent healthy habits.
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	GROW (GED, Rides, Opportunities, Work) (renamed from STEP) is an employment support resource program. We help members identify and remove employment barriers. GROW features extra transportation coverage, GED prep test vouchers, and career counseling. Members are connected with a Benefits Specialist to learn how their income may affect their benefits.
VALUE ADDED BENEFITS FOR MEMBERS ON WAIVERS AND OTHER SPECIAL GROUPS	
Respite Care (FE & PD Waivers)	Up to 60 hours of respite care per year for non-paid caregivers who provide supports for persons on the FE and PD waivers or members on a waiting list for home and community-based services. No more than 48 hours can be used in one month.
Transportation to Community & Social Events (FE, BI & PD Waivers)	Social transportation: Three round trips per year for FE, BI and PD waiver members to attend local events and social activities. Sunflower can help members find events and activities to attend.
Nursing Home Transition	Sunflower helps members return to their own homes by working with providers to: <ul style="list-style-type: none"> Conduct advance planning. This may include finding housing and household items, confirming informal supports and helping to hire caregivers. Do follow-up visits. These ensure services and equipment are meeting the member's needs. Confirm or set up PCP appointments. Members may qualify for more financial help or benefits, based on need, when moving to independent living.
Home Delivered Meals (FE Waiver)	Home-delivered meals for FE waiver members returning home from a nursing home or inpatient stay. Covers up to two meals per day for up to seven days. KanCare covers this service for PD and BI waiver members.
Peer Support Program (FE & PD Waivers)	Peer Support Program for members receiving FE & PD waiver benefits, as well as members on the waiting list for PD waiver services. This social interaction includes monthly phone calls with other members, facilitated by a Sunflower Member Liaison.
Hospital Companionship (FE, IDD & PD Waivers)	Up to 16 hours of hospital companionship for persons on the FE, IDD and PD waivers.
Behavioral Health and Foster Care Training & Support Programs	These include peer-support calls for foster & adoptive families, a recorded training library, interactive training via FosterCare.com, live caregiver training and provider training to facilitate foster care education.

Member Responsibility

WHEN YOU HAVE TO PAY & WHEN YOU DON'T

Sunflower will cover most of your medical bills, but there are times when services are limited or not covered. 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:

- Use in-network Sunflower providers. You can find these by searching the Find a Doctor directory on www.sunflowerhealthplan.com. You can also call Customer Service toll free at 1-877-644-4623.
- **Always** ask if the service is covered before you receive it.
- If you want to know if a specific procedure 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 service.
- 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 healthcare 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.

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 aged 65 and over
- Persons determined disabled by Social Security

PATIENT LIABILITY AND CLIENT OBLIGATION

Patient liability is a fixed monthly amount set by the state. It is for members who are in a long-term care facility. This amount is the member's responsibility to pay an assigned provider or providers.

Client obligation is a fixed monthly amount set by the state. It is for some members in HCBS services, depending upon the member's income. 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 state will tell the member the amount owed. The member can learn which provider is assigned by looking at their Person Centered Service Plan (PCSP).

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 GET 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. Members in Foster Care will not have a PCP listed on their ID cards.**
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 regularly 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. Your PCP should provide all of your basic medical care. 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 and treat 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. Introduce yourself as a new member. At that time, you should also schedule a preventive 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.
- Make 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 My Health Pays®. You can earn rewards for healthy behaviors, like visiting your PCP. The rewards are used at Walmart to purchase items for you and your family. My Health Pays can also be used to help pay for utilities, education and transportation. 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 Doctor 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 regularly see for your check-ups. You can

see any doctor in the same group when your regular doctor is not available, as long as they are in the Sunflower network. When picking a PCP, look for one of these kinds of providers.

- Family Practitioner
- General Practitioner
- Pediatrician (for children)
- 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. Check www.SunflowerHealthPlan.com to see if new providers have been added.

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

If you want to know more about the PCP before you choose, please call Customer Service toll free at 1-877-644-4623. We will send you a free copy of our provider directory within five business days upon request.

CHANGING YOUR PCP

You may change your PCP at any time, for any reason. Some example reasons 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 chosen a PCP, make an appointment to meet with your doctor each year 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 problems getting an appointment to see your doctor, please call Customer Service toll free at 1-877-644-4623.**

TELEHEALTH

Telehealth lets you get healthcare using audio and/or video. Instead of going to a provider's office for your appointment, you stay at your home or office. You use your smartphone, tablet or computer to see and talk to your provider. There is no cost for Medicaid members to use telehealth. Telehealth can remove the stress of needing to find a ride.

Members can use telehealth to see medical and behavioral health professionals. It can be an easy way to be seen for many illnesses and injuries, common health conditions, follow-up appointments, screenings and medication prescriptions.

Check with your healthcare provider to see if they offer telehealth.

AFTER-HOURS APPOINTMENTS WITH YOUR PCP

You can call your PCP's office to learn how to get 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.

If you have an emergency, call 911 or go to the nearest ER.

NOTE: Except for emergency & family planning, you must get all services 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 ride by calling 1-877-917-8162 toll free.

Appointment Availability and Wait Times

Your healthcare providers must see you within three (3) weeks when you call for a regular healthcare, 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 healthcare 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 three weeks.
- Urgent: members are seen within 48 hours.
- Emergency: Same day or refer to an emergency facility as necessary.
- Preventive adult and well-child: within one month.
- After hours: member should receive a phone call from an appropriate practitioner within one hour of contacting the PCP.

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 (within 24 hours of assessment).
- Emergency: members are seen immediately or

referred to an emergency room, as necessary.

- IV Drug Users: members are seen within 14 days.
- Pregnant IV Drug Users: members are assessed within 24 hours, and services are delivered within 48 hours (within 24 hours of assessment).

MENTAL HEALTH APPOINTMENTS

- Regular: members must be referred within five days; assessed and/or treated within nine 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 three hours for an outpatient mental health service, and within one hour from referral for an emergent concurrent utilization review screen.
- Planned Inpatient Psychiatric: members are referred within 48 hours; assessed and treated within five working days from referral.
- Discharge from inpatient care: within 24-72 hours from date of discharge.
- Pregnant Women: members are treated within 24 hours of an assessment.
- Post-Stabilization Services: Referral within one hour. Assessment and/or treatment within one 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.

PRENATAL CARE OBSTETRICIAN (OB)

- First trimester: within three weeks of request.
- Second trimester: within two weeks of request.
- Third trimester: within one week of request.
- High-risk: within three calendar days of identification of high risk.

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 three weeks.
- Urgent: members are seen within 48 hours.

LAB AND X-RAY SERVICES

- Regular: members are seen within three 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 naming 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 doctor 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 six months. To have your previous doctor's services continue, they must be approved 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. To have your previous doctor's services continue, they must be approved 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. Sunflower decisions are based on whether:

1. It is recommended by your treating provider.
2. It is to treat your condition.
3. The service requested is the most appropriate level of service and/or 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 other treatments.

Sunflower 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. You can also call Customer Service toll-free at 1-877-644-4623 to see if we need to review something.

Your doctor will give us information about why you need the service. Sunflower will check if the service is covered and appropriate. Sunflower will make the decision as soon as possible, based on your medical condition. We make standard decisions within 14 days. We may extend this timeline if you or your 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 member's interest. Sunflower will let you and your doctor know in writing if we approve or deny the service.

If the service is urgent, we will decide within three calendar days. For these urgent requests, Sunflower will make a reasonable attempt to call your provider with the decision. If you or your doctor are 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 approval 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 cannot 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, we must preapprove it. A second opinion, in-network or out-of-network, is at no cost to you.

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 preapproved 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

There are times when you may be outside of Kansas and you or your child needs care. Non-emergency / routine care outside of Kansas is NOT covered.

Any medical service you get in a state other than Kansas that is more than 50 miles from the border requires a prior authorization unless it is an emergency. You will be responsible for payment of the non-emergency out-of-network service(s) if Sunflower did not approve of the visit or service.

If you are out of state and you need healthcare services, call your PCP. They can advise you what to do. If you are out of state and having an emergency, call 911 or go to the closest emergency room. Show your plan ID card to the hospital.

If you receive a bill for emergency services received outside of Kansas, call Customer Service toll free at 1-877-644-4623.

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 preapproval 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. You will be responsible for payment of the out-of-network service(s) if Sunflower did not approve the visit or service.

Out-of-network providers are not held to the Sunflower contract requirements. We cannot control how they bill. If you have questions, call Customer Service toll-free at 1-877-644-4623.

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. An example is 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 who will work with your PCP on the following:

- 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, that specialist may need to get authorization from Sunflower if they are not in our network.

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 help you to contact 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 assess and treat serious and sudden medical conditions. These include injuries or sudden conditions that threaten your life, your unborn child or the impairment of your body parts.

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:

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 stabilize your condition after an emergency. They do not require preapproval. 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 your/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 your/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 \$0.40 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.
- You must call before the appointment for a trip voucher. **Requests made after your appointment are not payable.**

What types of appointments qualify for gas reimbursement?

Gas reimbursement is allowed for any Sunflower-covered healthcare appointment. 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 (toll free) **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. 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!** 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:

ModivCare Claims Department
Kansas Gas Reimbursement
798 Park Avenue NW
Norton, VA 24273

Fax: 866-528-0462

Email: virginia.billingoperations@modivcare.com

Please allow 4-6 weeks for payment to be processed. For questions about your claim, call 1-800-930-9060.

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, taxis, 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, 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 healthcare appointment and get a ride.
- Transportation is available for services received within the State of Kansas or to an approved Kansas border city as long as you are traveling to the closest available provider for your medical condition. Reimbursement is not made if you choose to travel to another community for a service that is already available in your 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 three 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 toll free at 1-877-917-8162. You can also call Sunflower Customer Service toll free at 1-877-644-4623.

On the day of your trip, call 1-877-917-8162 toll free if you have questions about your ride or to request pickup after your appointment.

Do not use NEMT for emergencies. If you have an emergency, dial 911 or the local emergency phone number.

VALUE-ADDED TRANSPORTATION BENEFITS

See more details about each of these benefits in the Value-Added Services section of this book.

- **Transportation to WIC Appointments**

Sunflower makes rides available to pregnant moms and their babies. This value-added benefit gives moms and babies eight one-way trips per year to their Women, Infants, and Children (WIC) office using our transportation vendor.

Even if the mom is no longer a KanCare member, the baby (Sunflower member) still gets this service, allowing mom to use available WIC

services. Schedule rides by calling toll free 1-877-917-8162.

- **Transportation to Community & Social Events (FE, BI & PD Waivers)**

This enhanced transportation to local community events and social activities is for members receiving FE, BI and PD waiver benefits. Sunflower also helps members with finding events and activities. This benefit includes three round trips a year.

- **GROW (GED, Rides, Opportunities, Work)**

This is an employment support resource program. Benefits include enhanced transportation coverage when seeking employment.

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. They can help you find medications that are covered. If you have questions about what medications are covered by Sunflower, call Sunflower Customer Service for help.

Preferred Drug List (PDL)

The Preferred Drug List (PDL) shows some of the drugs covered under the pharmacy benefit. The Kansas Medical Assistance Program updates the PDL monthly. You can find your PDL at www.kdhe.ks.gov/DocumentCenter/View/420.

Prior Authorization

Some medications have limits or require preapproval before your prescription can be filled. If preapproval is needed, the pharmacy will tell your doctor. If your doctor believes you have a medical reason to receive the medication, they can ask Sunflower for approval.

If Sunflower does not grant the approval, you and your doctor will be told of the decision. You will also be told how to file an appeal. (See the *Member Satisfaction* section). Your doctor may need to send a request for approval if:

- A drug is listed as non-preferred on the PDL or if certain conditions need to be met before you receive the drug.
- You are getting more of the drug than is usually prescribed.
- There are other drugs that should be tried first.
- Your doctor prescribes a brand name drug when a generic version is available.

Emergency Medication Supply

If your doctor cannot be reached to approve a prescription that requires preapproval, you may be able to get a 72-hour (three-day) emergency supply. Pharmacies that accept Sunflower members can ask Sunflower to provide a 72-hour supply. Narcotic medications are excluded from the emergency supply benefit. Sunflower may approve a five-day emergency supply of some medications that treat behavioral health conditions. 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 outside of

Kansas and have an emergency need for a medication, 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 some over-the-counter (OTC) medications. The amount of the OTC medication that you can get is determined by the appropriate course of therapy for the medical situation. For an OTC medication to be covered, it must be prescribed by a doctor. If you buy OTC medications without a prescription, Sunflower will not cover them.

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

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 Doctor 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. When Sunflower identifies a member overusing services, the member is given education and a chance to correct the behavior. If the behavior does not improve, the member will be “Locked-In” to one prescribing provider, one pharmacy, or hospital that knows the member’s specific needs.

If placed on lock-in, you will be notified of your lock-in status and providers. If you go to other providers while on Lock-In, the service may not be covered. **Sunflower may waive the six-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 about 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 help them improve their health.

Medication Therapy Management involves a conversation with your pharmacist to review your medications and health conditions. The pharmacist may talk with you in person or may call you on the phone.

The pharmacist will answer your questions, 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 doctor, based on clinical information.

Participation in this program is encouraged to help ensure you are getting the best medication therapy.

Please ask your pharmacist to see if you qualify for this program. Qualification is based on your health condition and the number of medications you are on.

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. Once you fill out the form, please send it back to us right away in the postage-paid envelope in the Forms Book. You may earn My Health Pays dollars for sending this back. We also may call you to complete the KanCare health risk screening tool. These forms give us information to assess your needs.

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 help them with special healthcare needs. If you have special healthcare needs or you have a disability, care management may be able to help you. 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 you understand your 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. Anyone can request a care manager.

Some of the benefits of care management are:

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

Care management is for members who have complex medical conditions or need long-term supports and services. These members often see several doctors. They 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. 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 given 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:

- 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.

OneCare Kansas

OneCare Kansas is a KanCare Medicaid program that coordinates physical and behavioral healthcare needs. This is for members with chronic conditions, such as asthma and certain mental health diagnoses.

OneCare Kansas services focus on needs of the person, beyond just their health. This includes consideration of social- and community-based supports that are available. All providers communicate with each other to close any care gaps you may have and help you stay as healthy as possible. This can help lower hospitalizations and help you live a healthier life.

OneCare Kansas services include:

- **Comprehensive care management** - Helping you develop a health action plan to set goals. Ensuring you receive the right services at the right time.
- **Care coordination** - Working with family, doctors and others to help you overcome barriers to your goals.
- **Health promotion** - Helping you learn more about your health and ways to manage your condition.
- **Comprehensive transitional care** - Helping you with follow-up visits to doctors and other care providers after you leave the hospital.
- **Member and family support** - Helping you identify and get the services needed to stay in your home.
- **Referral to community supports and services** - Providing resources and referrals that can help you get the support you need.

The OneCare Kansas program does not replace or change the care you already have, such as your Primary Care Provider (PCP), prescription drugs or hospital care. The program is free for those who qualify.

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 and 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 or 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 at 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 help you with your needs.

HOW CAN SUNFLOWER HELP?

We have care managers who can help you with:

- Transportation
- Finding provider(s)
- Scheduling appointments
- Interpretation services free of charge

WHAT TO DO IN A BEHAVIORAL HEALTH EMERGENCY

If you or your child are having a mental health crisis, call 988. The 988 Suicide & Crisis Lifeline (formerly known as the National Suicide Prevention Lifeline) offers 24/7 call, text and chat access to trained crisis counselors. They can help with suicidal or other emotional distress, substance use and/or mental health crises. You can also call 988 if you are worried about a loved one who may need crisis support.

If you or your child have a mental-health problem that isn't an emergency, talk with a mental-health provider, your primary care doctor, or call Sunflower's Customer

Service toll free at 1-877-644-4623. Sunflower can help you or your child with depression, behavioral illness, substance use or emotional questions. You can call 24 hours a day, seven days a week.

If you or your child has any kind of emergency, call 911. Or go to the nearest emergency room.

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 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.

Community Resources

Here are some mental health resources. If you don't find what you're looking for here, contact Sunflower Customer Service at 877-644-4623 (TTY 711) or visit www.sunflowerhealthplan.com.

KANSAS COMMUNITY MENTAL HEALTH CENTERS:

PROVIDER	ADDRESS	CITY	ST	PHONE
Bert Nash CMHC	200 Maine St., Ste. A	Lawrence	KS	785-843-9192
Center for Counseling & Consultation	5815 Broadway	Great Bend	KS	620-792-2544
Central Kansas MHC	809 Elmhurst	Salina	KS	785-823-6322
COMCARE of Sedgwick County	635 N. Main	Wichita	KS	316-660-7600
Compass Behavioral Health	531 Campusview	Garden City	KS	620-276-6470
CMHC of Crawford County	911 E. Centennial	Pittsburg	KS	620-231-5130
Crosswinds Counseling & Wellness	1000 Lincoln	Emporia	KS	620-343-2211
Elizabeth Layton Center (Franklin Co.)	2537 Eisenhower Rd.	Ottawa	KS	785-242-3780
Elizabeth Layton Center (Miami Co.)	505 S. Hospital Dr.	Paola	KS	913-557-9096
Family Service and Guidance Center	325 SW Frazier	Topeka	KS	785-232-5005
Four County MHC	3751 W. Main	Independence	KS	620-331-1748
High Plains MHC	208 E. 7th St.	Hays	KS	785-628-2871
Horizons MHC	1715 E. 23rd St. 1600 N Lorraine, Ste. 202	Hutchinson	KS	620-662-2240 620-663-7595
Iroquois Center for Human Development	610 E. Grant	Greensburg	KS	620-723-2272
Johnson County MHC	6000 Lamar, Ste. 130	Mission	KS	913-831-2550
Kanza MH & Guidance Center	909 S. Second St.	Hiawatha	KS	785-742-7113
Labette Center for MH Services	1730 Belmont	Parsons	KS	620-421-3770
Pawnee Mental Health Services	423 Houston St.	Manhattan	KS	785-587-4346
Prairie View, Inc.	1901 E. First St.	Newton	KS	800-992-6292
South Central MH Counseling Center	2365 W. Central	El Dorado	KS	316-321-6088
Southeast Kansas MHC	304 N. Jefferson	Iola	KS	620-365-8641
Southwest Guidance Center	333 W. 15th St.	Liberal	KS	620-624-8171
Spring River Mental Health & Wellness	6610 SE Quakervale Rd.	Riverton	KS	620-848-2300
Sumner Mental Health Center	1601 W. 16th St.	Wellington	KS	620-326-7448
The Guidance Center	500 Limit St.	Leavenworth	KS	913-682-5118
Valeo Behavioral Health Care	5401 W. 7th St.	Topeka	KS	785-273-2252
Wyandot Center for Community Behavioral Healthcare	757 Armstrong	Kansas City	KS	913-233-3300

MORE KANSAS MENTAL HEALTH RESOURCES:

- KDADS Programs: www.kdads.ks.gov/commissions/behavioral-health/services-and-programs or
- Kansas Department for Children and Families Family Mobile Crisis Helpline: Services are available for all Kansans 20 years old or younger, including anyone in foster care or formerly in foster care. 833-441-2240
- Sunflower Network: findaprovider.sunflowerhealthplan.com. Search using terms, like “addiction” or “substance.”

REGIONAL ALCOHOL DRUG ASSESSMENT CENTERS

- **Substance Abuse Center of Kansas**

Serving South-Central and Southeast Kansas
940 N Waco, Wichita KS 67203
(316) 267-3825, Toll Free: (877) 577-7477
Fax: (316) 267-3843
Monday-Saturday, 8am-5pm
www.sackansas.org

- **Heartland Regional Alcohol & Drug Assessment Center of Kansas**

Serving North-Central, Northeastern and Western Kansas
5500 Buena Vista, Suite 203, Roeland Park, KS 66205
(913) 789-0951, Toll Free: (800) 281-0029
Fax: (913) 789-0954
www.hradac.com

Quitting Tobacco - Kansas Tobacco QuitLine provides FREE one-on-one coaching for Kansans ready to quit using any form of tobacco.

- www.ksquit.org
- Toll free: 1-800-QUIT-NOW (1-800-784-8669)

Problem Gambling - Problem gambling treatment is available at no out-of-pocket cost to problem gamblers, their family members and concerned others who reside in Kansas.

- www.ksgamblinghelp.com
- Toll free 1-800-522-4700

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 completing health-related activities.

HEALTHY ACTIVITY	REWARD
Complete annual Health Risk Screening – One per calendar year.	\$25
Member Advisory Committee – Participate in a quarterly meeting.	\$15
Child Well Visit with PCP – One per calendar year. Ages 2-20.	\$15
Infant Well Visit – All six 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. (Max. \$60)
Blood Lead Test Screening – One per calendar year. Ages 12-24 months.	\$15
Cervical Cancer Screen – One per calendar year	\$10
Chlamydia Testing – One per calendar year. Ages 16-24.	\$15
Diabetes Management – One or two HbA1c lab draws per calendar year for members with diabetes. Ages 18-75.	\$10 (Max. \$20)
Notice of Pregnancy to Sunflower as soon you know you're pregnant.	\$15
Postpartum Visit* – Follow-up visit 4-6 weeks after delivering your baby.	\$15

*To be eligible for this reward, you must notify us you are pregnant before having your baby by calling us or submitting a completed Notification of Pregnancy (NOP) form.

Your My Health Pays® Visa® Prepaid Card can be used to buy items at Walmart. 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.

**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.*

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 they find a problem 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 11-21 years 	<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 younger 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 STIs (sexually transmitted infections)

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 help you 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. Also called 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 at www.sunflowerhealthplan.com/members/startsmart. 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 will work one-on-one 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. This may include text messaging. 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 as soon as you know you're pregnant and completing your check up after delivery.

Child or Adult Abuse

Any Sunflower member who 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 toll free 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 need 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

SafeLink offers a Lifeline program for those who qualify. This is a federal program that gives qualifying members limited minutes and data and unlimited texts per month. SafeLink lets you make and receive calls from your doctors, nurses, pharmacy, 911, family and friends. SafeLink gives you unlimited calling to Sunflower's toll-free number, 1-877-644-4623. Calls to Sunflower will not count toward your minutes. SafeLink no longer offers free phones.

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.
- There is no time limit on when a grievance can be filed.
- 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 get 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 choose.
- 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 help filling out any forms needed for the process.
- The KanCare Ombudsman can help members:
 - With KanCare rights and responsibilities.
 - 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 51 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 timeline by up to 14 calendar days to gather more information to help you. You can also ask for an extension. The request for an extension to resolve the grievance must be made two business days before the 30-calendar-day deadline to the state. If we need an extension, we will notify you in writing of the reason we need more time to resolve your concern.

GRIEVANCE PROCESS TIMELINE:

Step 1: Member files a 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
Appeals & Grievances Department
8325 Lenexa Drive, Suite 410
Lenexa, KS 66214**

Toll-free phone: 1-877-644-4623, TTY 711
(Interpretive services can also be made available upon request.)
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. Three 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.

- You may file an appeal by phone, fax or in writing. If you request an appeal by phone, we will ask that you also complete an appeal request form. However, that will not delay your appeal process.
- Sunflower will include information on how to appeal in the adverse benefit determination letter you receive.
- You may allow someone else to file an appeal for you. This may be an attorney, family member, provider or other authorized representative. To do so, you must sign a form giving that person permission to act on your behalf. We include this form with the letter you receive explaining your appeal rights. You also can get it 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 aid in filling out any forms needed for the process.
- Sunflower wants to resolve your concerns quickly. We 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. We use that time to gather more information to help you. You have the right to file a grievance if you disagree with the decision to extend an appeal timeframe. 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. We will also make reasonable attempts to notify you verbally. Requests for extensions must be made two business days before the 30-calendar-day deadline. If Sunflower is unable to meet the notice and timing requirement to resolve an appeal, you will be considered to have completed the internal Sunflower appeal process. You may then request a State Fair Hearing.
- For appeals related to services that put your health at immediate risk, you may file an expedited appeal. Sunflower will review these within 72 hours of the request. You can submit these verbally. They do

not have to be sent 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 Sunflower finds the appeal does not put the member's health at immediate danger, we may change it to a standard appeal. We will make reasonable effort to notify verbally that the expedited appeal will be handled in standard timeframe. We will send written notice acknowledging appeal as standard within two calendar days. The appeal will be resolved in 30 calendar days.

- You have the right to request copies of the documents and records relied upon in making the appeal decision. This includes the documents and records submitted in the course of making the appeal decision. Sunflower will provide these documents at no charge to you. Please notify Sunflower toll free at 1-877-644-4623 as timely as you can if you would like to receive documentation in advance of the appeal resolution.
- A member may request a State Fair Hearing once the member has completed the Sunflower internal appeal process. State Fair Hearing requests must be made within 120 calendar days of the date of the letter notifying of the decision on your appeal by Sunflower. Three additional calendar days will be allowed for mailing time. You may request an expedited State Fair Hearing upon completion of the expedited appeal process. 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 Appeals & Grievances
8325 Lenexa Drive, Suite 410
Lenexa, KS 66214

Toll-free phone: 1-877-644-4623 TTY 711
(Interpretive services can also be made available upon request.)

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. Three 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. Three 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. Three 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. Three 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 five 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. The notice will include the date the appeal was completed.

Step 5: If the appeal decision is not in the member's favor, the Notice of Appeal Resolution letter will contain information about additional steps available to the member/provider.

External Independent Third-Party Review (EITPR)

After completing the Sunflower Health Plan appeal process, your treating provider may request Sunflower's decision to be reviewed by an external independent third party. Only your treating provider may request this review. You may not make this request. To request an external independent third-party review, your treating provider should complete the EITPR request form included with the appeal resolution letter or available on Sunflower's website.

- The provider may only request an external review regarding a decision to deny new healthcare services (not for decisions related to reduction/suspension/termination of previously authorized services).
- The provider must request EITPR within 60 calendar days from the date on the Notice of Member Appeal Resolution. Three additional days are allowed for mailing.
- Sunflower will forward the request to the Kansas Department of Health and Environment (KDHE), who will assign the review to an external agency for review.
- After the external review is completed, Sunflower will send you and your provider a letter to notify you about the external reviewer's decision.
- If the reviewer agrees with Sunflower's decision, the provider who requested the review will be responsible for paying for the cost of the review. If the reviewer disagrees with Sunflower's decision, then Sunflower will be responsible for paying for the cost of the review. You will not be held responsible for the cost of the external review.
- If the reviewer agrees with Sunflower's decision, you may request a State Fair Hearing. If an EITPR has been performed, you must request a State Fair Hearing within 30 calendar days from the date on Sunflower's Notice of EITPR Resolution. Three additional days are allowed for mailing.

Please work closely with your treating provider to determine whether they will be requesting an EITPR. If an EITPR is requested, then it is preferred (though not required) that you wait until the EITPR is finished prior to requesting a State Fair Hearing.

State Fair Hearing

If you are not satisfied with the Sunflower appeal decision, you have the right to request a State Fair Hearing within 120 days of the date on notice of appeal resolution. Three additional calendar days will be allowed for mailing time. If an external independent third-party review has been performed, you must request State Fair Hearing within 30 calendar days from the date on Sunflower's Notice of EITPR Resolution. Three additional days are allowed for mailing.

You or your representative, who 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 toll free at 1-877-644-4623 and ask us to file a State Fair Hearing request. Interpretive services can also be made available upon 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 help KanCare members regarding their rights and responsibilities under KanCare. The Ombudsman helps KanCare/Medicaid members and Kansas consumers with concerns about getting services needed through KanCare. This includes helping 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 have 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 toll free at 1-855-643-8180, TTY 711, or by email at Ombudsman@kdads.ks.gov. Visit www.kancare.ks.gov/kancare-ombudsman-office for more information.

IMPORTANT MEMBER INFORMATION

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, 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 toll free 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 Dr., Suite 410
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 toll free 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 toll free 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 toll free at 1-877-644-4623 and KMAP Customer Service toll free 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 lawsuit.

Member Rights & 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 healthcare. 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 file grievances and appeals 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 healthcare services as per Code of Federal Regulations, Title 42, Sections 438.206 through 438.210.
- To get healthcare services that are similar in amount and scope to those given under Medicaid Fee-For-Service. This includes the right to get healthcare 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 and that the exercise of those rights will not adversely affect the way Sunflower, its providers or the state treat you.
- 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 healthcare 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 healthcare 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 getting 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

As noted in your Member Rights, you have the right to participate in decisions about your healthcare. This includes the right to refuse treatment. One way to exercise that right is to create an advance directive. An advance directive is a way to make sure that your wishes are known.

You can make decisions in advance of care or name someone to make those choices if you cannot. 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. Another example is creating a health care power of attorney, through which Kansas law (KSA 58-629) allows the person you name to make healthcare decisions on your behalf if you cannot.

All Sunflower adult members have a right to make advance directives. Sunflower will give you written information on advance directive policies and include applicable state laws. You can call Customer Service toll free at 1-877-644-4623 for help. You can also talk to your PCP about advance directives. Once completed, ask your PCP to put the form in your file, save a copy and give a copy to Sunflower.

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. They will work only when you are unable to speak for yourself. You will not be discriminated against for not having an advance directive. You have the right to file a grievance or complaint regarding noncompliance with advance directive requirements. Kansas law allows conscientious objection to carrying out advance directives. Sunflower Health Plan does not limit coverage of services based on any conscientious objections.

Examples of advance directives include:

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

You can also find this information online at www.sunflowerhealthplan.com/members/medicaid/resources/advance-directive.html for more information about advance directives.

Protecting Your Privacy

NOTICE OF PRIVACY PRACTICES

Effective May 2, 2024

For help to translate or understand this, please call toll free 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)

COVERED ENTITY'S 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 on our website or through a separate mailing.

INTERNAL PROTECTIONS OF ORAL, WRITTEN AND ELECTRONIC PHI:

Sunflower Health Plan protects your PHI. We are also committed in keeping your race, ethnicity, and language (REL), and sexual orientation and gender identity (SOGI) information confidential. 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 healthcare 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 healthcare services provided to you. We may disclose your PHI to another health plan, to a healthcare 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
- and reviewing services for medical necessity

- **Healthcare Operations** – We may use and disclose your PHI to perform our healthcare operations. These activities may include:
 - providing customer service
 - responding to complaints and appeals
 - providing care 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

Your race, ethnicity, language, sexual orientation, and gender identity are protected by the health plan's systems and laws. This means information you provide is private and secure. We can only share this information with health care providers. It will not be shared with others without your permission or authorization. We use this information to help improve the quality of your care and services.

This information helps us to:

- Better understand your healthcare needs.
- Know your language preference when seeing healthcare providers.
- Providing healthcare information to meet your care needs.
- Offer programs to help you be your healthiest.

This information is not used for underwriting purposes or to make decisions about whether you are able to receive coverage or services.

- **Group Health Plan/Plan Sponsor Disclosures**

– We may disclose your PHI to a sponsor of the group health plan, such as an employer or other entity that is providing a healthcare 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 decide 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 response to an administrative or court order. We may also be required to disclose your PHI to respond to a:
 - subpoena
 - discovery request
 - other similar requests.
- **Law Enforcement** – We may disclose your relevant PHI to law enforcement when required to do so for the purposes of responding to a crime.
- **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** – We 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 concerns, intelligence activities.
 - The Department of State for medical suitability determinations.
 - For the protection of the President.
 - And/or other authorized persons as may be required by law.
- **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 healthcare; 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 get 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 purposes 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.

You have the right to revoke your authorization, in writing at any time except to the extent that we have already used or disclosed your PHI based on that initial authorization.

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 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 healthcare 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 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 a 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 get 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. We will also tell you 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 six-year period in which we or our business associates disclosed your PHI. This does not apply to disclosure for purposes of treatment, payment, healthcare 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: 1-800-537-7697) 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 free of charge at any time by using the contact information listed

at the end of the Notice. If you receive this Notice on our web site or by electronic mail (email), you are also entitled to request a paper copy of the Notice. We will mail it within five business days.

CONTACT INFORMATION

Questions about this Notice: 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 Dr., Suite 410
Lenexa, KS 66214
1-877-644-4623 Toll-free phone number or **(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 toll free 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
Toll free: 1-800-368-1019, (TDD: 1-800-537-7697).

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. This begins with the patient’s initial contact with a PCP and follows the patient through all episodes. Care that is uninterrupted.

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

Copayment: A fixed amount you pay for a covered healthcare service after you’ve paid your deductible. Also called a copay.

Disenrollment: To stop your membership in Sunflower

Durable Medical Equipment: An item that is 1) durable (can withstand repeated use); 2) used for a medical reason; 3) not usually useful to someone who isn’t sick or injured; 4) used in your home; and 5) generally has an expected lifetime of at least three (3) years.

Eligible(s): A person who 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.

Emergency Medical Condition: An Emergency Medical Condition is any condition that you believe endangers your life or that of your unborn child. It also could cause permanent disability if not treated immediately.

If you have a serious or disabling emergency, you do not need to call your provider or Sunflower Health Plan. Go directly to the nearest hospital emergency room or call an ambulance.

The following are examples of emergencies:

- A serious accident
- Stroke
- Severe shortness of breath
- Poisoning
- Severe bleeding
- Heart attack
- Severe burns

Emergency Medical Transportation: Emergency Medical Transportation provides stabilization care and transportation to the nearest emergency facility.

Emergency Room Care: Emergency Room Care is provided for Emergency Medical Conditions.

Emergency Services: Emergency Services are provided when you have an Emergency Medical Condition.

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

Excluded Services: Excluded services are services that Medicaid does not cover. The member may have to pay for these services.

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

Habilitation Services and Devices: Habilitation Services are HCBS services for members with chronic mental illness.

Health Insurance: A type of insurance coverage that pays for medical and surgical expenses incurred by the insured.

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

Hospice Services: Care designed to give supportive care to people in the final phase of a terminal illness. This focuses on comfort and quality of life, rather than cure.

Hospitalization: Care in a hospital that requires admission as an inpatient. Usually requires an overnight stay. An overnight stay for observation could be outpatient care.

Hospital Outpatient Care: Hospital Outpatient Care is when a member gets hospital services without being admitted as an inpatient. These may include:

- Emergency services.
- Observation services.
- Outpatient surgery.
- Lab tests.
- X-rays

In-Network Provider: The group of doctors, hospitals, and other healthcare 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 a service that:

1. Is to prevent, diagnose or treat a physical or mental illness or injury; foster proper

development, minimize a disability or maintain or regain function.

2. Cannot be omitted without adversely affecting the condition or the quality of medical care.
3. Is given in the most appropriate setting.

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

Network: Sunflower has a network of providers across Kansas who you may see for care. You don't need to call us before seeing one of these providers. Before getting services from your providers, please show them your Sunflower ID card. There may be times when you need to get services outside of our network. If a needed and covered service is not available in-network, it may be covered out-of-network at no greater cost to you than if provided in-network.

Non-Participating Provider: A Non-Participating Provider is a provider who does not have a contract with Sunflower to provide services to you. Before receiving services from non-participating providers, please contact Sunflower Health Plan toll free at 1-877-644-4623 for help.

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

Out-of-Network Provider: a healthcare 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.

Participating Provider: A Participating Provider has a contract with Sunflower to provide services to you.

Physician Services: Physician Services are necessary medical services performed by doctors, physician assistants and nurse practitioners. They must be licensed to practice.

Plan: Sunflower Health Plan is your health plan, or Plan. Sunflower pays for and coordinates your healthcare services.

Preauthorization: Some services or prescriptions require approval from Sunflower for them to be covered. This must be done before you get that service or fill that prescription.

Premium: A Premium is the amount you pay for your health insurance every month. Sunflower KanCare members are not required to pay a premium.

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

Prescription Drug Coverage: Sunflower provides payment for all or part of the cost of medications identified as covered on the KanCare Preferred Drug List, for eligible members of Kansas Medicaid. This is known as prescription drug coverage.

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

Primary Care Physician: A Primary Care Physician directly provides or coordinates your healthcare services. A Primary Care Physician is the main provider you will see for checkups, health concerns, health screenings and specialist referrals.

Primary Care Provider: A Primary Care Provider (PCP) is either a physician, a physician assistant or nurse practitioner, who directly provides or coordinates your healthcare services. A PCP is the main provider you will see for checkups, health concerns, health screenings, and specialist referrals.

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.

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

Rehabilitation Services and Devices: Rehabilitation Services and Devices help you keep, get back, or improve skills for daily living after you were sick, hurt or disabled. This may include physical and occupational therapy, speech-language pathology and psychiatric rehabilitation.

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

Skilled Nursing Care: Nursing facilities provide 24-hour care for members who need nursing or Skilled Nursing Care. Medicaid helps with the cost of care in nursing facilities. You must be medically and financially eligible. If your care needs require that licensed nursing staff be available in the facility 24 hours a day to provide direct care or make decisions regarding your care, then a skilled level of care is assigned.

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.