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Championing Mental Health: Your Partnerships May Be the Key to Early Intervention

You build enduring relationships with your patients and serve as their trusted partner in health. Your patients are more likely to open up with you about their emotional well-being and other vulnerable topics than they would with nearly anyone else. But many won't without a nudge or a few thoughtfully placed questions.

The National Alliance on Mental Illness (NAMI) says the average time from onset of a mental health condition to treatment is 11 years. Many who struggle with a mental health condition aren't sure when or how to ask for help. Together we can lower barriers and help people get the timely care they need.

Sunflower is dedicated to helping you regularly discuss mental health with your patients. This includes ensuring that you know how to guide your patient to support their wellbeing when simple advice and coping strategies aren't enough.

Sunflower Can Help

Our members can call the Customer Service number on their member ID card to connect with:

- Sunflower's 24/7 nurse-advice line or behavioral health crisis line
- A Customer Service representative for help:
 - Setting up appointments to talk about their mental health.
 - Finding the right providers for their current needs.
 - Refilling prescriptions.
 - Addressing alcohol or drug use.
 - Connecting with community resources for housing, transportation and job support.
 - Discussing steps to help them track their wellness goals.

You may also direct Sunflower members to review their covered benefits, including transportation assistance on www.SunflowerHealthPlan.com.

Expand your knowledge base by taking one of our CME accredited on-demand training courses. Select the courses most relevant to your practice from options such as:

- [Clinical Excellence in Mental Health: Enhancing Care, Quality and Engagement Across Primary and Behavioral Health](#)
- [Improving Outcomes | Substance Use Treatment Clinical Approaches | Quality Care Across Primary and Behavioral Health](#)



Provider Training Opportunities

Find all the latest training sessions in the [Provider Resources](#).

All Providers:

- **Office Hours – New day & time:**
Wednesdays 12:30-1 pm. April 15 & 29; May 13 & 27; June 10 & 24. Add link to your calendar.
- **Cultural Competency**
 - May 6, 1:30 pm - [Register](#)
- **Utilization Management**
 - May 14, 2:00 pm - [Register](#)

Ambetter Providers:

- **Provider Review** Apr 21, 8:30 am
- **Provider Orientation** June 17, 9 am

Medicaid Providers:

- **Provider Orientation** Apr 8, 1 pm
- **Ambulance Provider Review** Apr 9, 10:30 am
- **Provider Review** Apr 22, 9:30 am
- **BH Billing Basics** May 5, 9 am
- **HCBS/LTSS Review** May 7, 1:30 pm
- **Hospice Provider Review** May 20, 2 pm
- **BH Provider Review** June 16, 1:30 pm
- **Provider Orientation** June 18, 9 am

Wellcare Providers:

- **Provider Review** Apr 23, 2:30 pm
- **Provider Orientation** May 19, 9 am



Stay informed about upcoming news and training events!

Encourage your staff to sign up for our Sunflower Alerts.

Communications include provider-related bulletins and newsletters.

Visit our [Sign Up page](#) to register.

Appointment Access & Availability Standards

Appointment access & availability standards ensure timely, equitable access to care for all members and reinforce our commitment to quality service delivery. Sunflower monitors compliance through audits.

In Q3 2024, 57% of provider offices refused to complete the phone audit. **Please remind office staff that these are required regulatory audits.**

24/7 Provider Access - Members must be able to reach their providers 24 hours a day, 365 days a year. Acceptable after-hours access includes:

- Answering services or systems that page a physician.
- Advice nurses with physician access.
- Clear instructions for reaching a live provider.

Unacceptable coverage includes:

- Voicemail-only systems.
- Recordings directing members to the ER.
- Calls not returned within 30 minutes.

We recommend you record the message banner in English and Spanish. All prerecorded messages must be high-quality, informative and give callers assurance that they have reached the practice whose number they dialed. A member should, at minimum, be able to leave a message and be told when to expect a return call.

If your office has barriers to complying with the requirements, please **let us know** how we can help.

View [Sunflower's Appointment Access and Availability Standards on our website](#).

Chat Available in Availity Essentials

Sunflower launched Provider Chat in Availity Essentials in 2025. This convenient feature allows registered providers to connect with us directly for help with:

- Claims
- Benefits
- Eligibility
- Authorizations

For other inquiries, contact Customer Service by phone.

To access Provider Chat:

1. Go to **Payer Spaces > Applications** in Availity Essentials.
2. Click **Provider Chat** and select **Sunflower Health Plan**.

Want to learn more about Payer Spaces?

Visit Availity's **Help & Training** section:

- **Find Help** → Search "Payer Spaces" in the Provider Help Center.
- **Get Trained** → Search "Payer Spaces" in the Availity Learning Center.

Chat Hours: M-F, 8-5.

Only available to registered Availity Essentials users. See our [bulletin](#) for sign-up instructions.

HEDIS Highlights

Improving the Follow-Up After Hospitalization for Mental Illness (FUH) Measure Rate

The Follow Up After Hospitalization for Mental Illness (FUH) measure is a National Committee for Quality Assurance (NCQA) Healthcare Effectiveness Data and Information Set (HEDIS®) metric that tracks whether patients discharged from inpatient psychiatric care receive follow up with a mental health provider within 7-30 days.

Timely follow up supports continuity of care and allows providers to assess progress, address emerging concerns, adjust treatment plans and reinforce care plans after discharge. Coordination among hospitals, outpatient providers, care managers and health plans, along with support through care management and community resources, can help reduce readmissions and promote sustained well being.

Provider Strategies for FUH

Schedule Follow-Up Before Discharge

- Proactively book follow-up appointments within 7 days of discharge.
- Use discharge planning tools to promote continuity of care.

Leverage Expanded Visit Types

- Encourage use of peer support, residential treatment, and collaborative care options.
- Document visits accurately so they count toward FUH compliance.

Improve Documentation

- Maintain clear and accurate coding of mental health diagnoses on the claim.
- Use standardized templates to capture all necessary visit details.

Coordinate Across Teams

- Work with case managers, social workers, and behavioral health specialists to support transitions.
- Use shared care plans and Electronic Health Record (EHR) alerts to track follow-up needs.

Address Barriers to Care – Offer telehealth options when appropriate (Note that some telehealth visit types may no longer qualify).

Educate Patients and Families – Reinforce the importance of follow-up care in preventing relapses and promoting recovery.

HEDIS® Measurement Year 2026 Measure Updates

NCQA has made several updates to HEDIS® for Measurement Year 2026 that reflect continued shifts toward outcomes-based measurement, greater use of electronic clinical data and alignment with current clinical guidelines.

Changes include the introduction of new measures, refinements to existing measures, expanded reliance on Electronic Clinical Data Systems (ECDS) for reporting and the retirement of measures that no longer meet guideline or program goals. Providers are encouraged to review NCQA guidance for the most current measure-specific information.

These HEDIS measure updates are intended to improve data accuracy, reduce administrative burden and better capture quality of care across clinical settings. As ECDS reporting expands, use of supplemental data (SDS) feeds and EMR connectivity can help support more timely and accurate data exchange while reducing manual documentation and reporting effort.

For guidance or questions related to SDS feeds or EMR connectivity, providers are encouraged to contact providerengagement@sunflowerhealthplan.com or their Quality Practice Advisor.

Required Provider Actions

Line of Business	Required Actions
<p>All Providers</p>	<ul style="list-style-type: none"> • Cultural Competency Training – Have you completed Cultural Competency training this year? Complete the training and/or confirm you have completed the training. We'll send you a certificate of completion if you watch our video. • Find a Doctor – Review our Find A Doctor page to ensure your company and/or practitioner information is accurate. See our Provider/Practitioner Changes page if you need to make changes. • CAQH Review – Have you replaced expired CAQH documents this year? Visit the CAQH site.
<p>Ambetter Providers</p>	<p>Roster Updates – Have you sent a roster to the health plan this quarter? Download our preferred roster template and send your update to our Provider Network Operations team at rosters@sunflowerhealthplan.com.</p>
<p>Medicaid Providers</p>	<p>Please be aware, KDHE requires our Provider Relations team to reach out to you, at a minimum, twice a year. Please make time to return their phone calls.</p> <ul style="list-style-type: none"> • KMAP Revalidation – Have you revalidated your KMAP enrollment within the last 2-3 years? Visit the KMAP Provider Enrollment Portal to revalidate your provider details. • HCBS Annual Audit – Are you staying up to date with your employee background checks? Visit KMAP General Bulletin 25091 to see more information.
<p>Wellcare Providers</p>	<ul style="list-style-type: none"> • Roster Updates – Have you sent a roster to the health plan this quarter? Download our preferred roster template and send your update to our Provider Network Operations team at rosters@sunflowerhealthplan.com. • Model of Care Training – Have you completed Model of Care training this year? Complete and confirm you have completed the training. • Fraud, Waste & Abuse (FWA) Training – Have you completed FWA training this year? • Medicare Provider Compliance – Have you reviewed the Medicare Provider Compliance Tips this year? Review the tips related to the services you provide.

Annual Preventive Visits

Preventive care plays a critical role in maintaining and improving our members' overall health and well-being. By staying up to date with recommended screenings, exams and immunizations, your patients can take proactive steps to help prevent serious illness and detect health issues before they become more difficult to treat.

Key Benefits of Preventive Care:

- Promotes Early Detection: Annual Preventive Visits (APVs) allow providers to identify chronic or acute conditions in their earliest

stages, often before symptoms appear, enabling timely intervention and improved outcomes.

- Supports Health Maintenance: Preventive services focus on wellness through screenings, immunizations, and health counseling rather than waiting for illness to occur.
- Enhances Member Engagement: Regular preventive visits help build stronger relationships between patients and their Primary Care Providers (PCPs), encouraging consistent and active participation in their care.

- Eliminates Financial Barriers: Preventive care services are covered at no cost to patients, ensuring more equitable access to essential care.

As we enter 2026, now is the time to encourage members to complete their annual preventive care visits. Use this important opportunity to close care gaps, address outstanding preventive needs and improve quality performance.

Find Your Kansas Provider Relations Representative

- [Ambetter Provider Engagement](#)
- [Wellcare Provider Engagement](#)
- [Medicaid Medical Provider Relations Reps](#)
- [Medicaid LTSS/HCBS Provider Relations Reps](#)
- [Medicaid Behavioral Health Provider Relations Reps](#)
- [Medicaid Pharmacy Provider Relations Rep](#) – Valerie Sisk, 816-591-0359