



**sunflower
health plan**

Provider Pulse

Q3 2026

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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](#).

Statin Medication Refills: Supporting Adherence and Better Member Outcomes

Timely statin refills support medication adherence, reduce gaps in therapy, and improve member outcomes and satisfaction.¹ This is especially important for members with cardiovascular disease or diabetes, where statin therapy helps lower the risk of heart attack, stroke, and other cardiovascular complications.

Improving refill processes can strengthen long-term adherence, support better health outcomes, and improve performance on key statin therapy quality measures:

Statin Therapy for Members with Cardiovascular Disease (SPC)

Measures eligible members with Atherosclerotic Cardiovascular Disease (ASCVD) who received an appropriate high- or moderate-intensity statin and remained on therapy for at least 80% of the treatment period.

Statin Therapy for Members with Diabetes (SPD)

Measures eligible members with diabetes who were dispensed a statin and remained on therapy for at least 80% of the treatment period.

Strategies to Support Statin Refill Adherence

Refill gaps often occur because of missed pick-ups, expired prescriptions, access barriers, or side-effect concerns.¹ Provider teams can reduce these gaps by building adherence support into routine workflows:

- Implement refill alerts - Use electronic health record (EHR) alerts for upcoming refill due dates, expired prescriptions, and missed pharmacy pick-ups.
- Prescribe 90-day supplies when clinically appropriate - Use 90-day prescriptions, when appropriate, to reduce refill frequency and missed-dose opportunities.
- Partner with pharmacies - Work with community and mail-order pharmacies to identify refill gaps, support synchronization, and re-engage overdue members.
- Engage members proactively
 - Educate members on how and when to take their statin.
 - Reinforce how statin therapy supports heart health.
 - Discuss side effects and encourage members to contact the care team before stopping therapy.

By making refill support part of routine care, provider teams can help members stay on statin therapy and avoid preventable gaps in treatment.

References: National Institutes of Health. December 21, 2006.

<https://pmc.ncbi.nlm.nih.gov/articles/PMC1924753/>

Provider Training Opportunities

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

All Providers:

- **Office Hours – Wednesdays 12:30-1 pm.**
Oct. 14, Nov. 25, Dec. 9, 23. Add the link to your calendar.
- **Negative Balance Reports Micro** – Oct. 8, 9 am
- **Customer Service & Provider Relations Micro** – Oct. 21, 2 pm
- **Utilization Management Micro** – Nov. 3, 9:30 am
- **Cultural Competency**
 - Sept. 11, 9 am - [Register](#)
 - Nov. 5, 9 am - [Register](#)
- **Health Plan Policies & Provider Bulletins Micro** – Nov. 5, 1 pm

Ambetter Providers:

- **Provider Orientation** Oct. 6, 9 am
- **Provider Review** Oct. 15, 9 am
- **Provider Orientation** Dec. 1, 9 am

Medicaid Providers:

- **Provider Orientation** – Oct. 1, 1 pm
- **Provider Review** – Oct. 7, 2 pm
- **CEO Provider Forum** – Oct. 15, 2 pm
- **Ambulance Providers** – Oct. 20, 1 pm
- **HCBS/LTSS Providers** – Oct. 22, 9:30 am
- **BH Billing Basics** – Nov. 10, 9 Am
- **Hospice Providers** – Nov. 12, 1 pm
- **Provider Orientation** – Dec. 2, 9 am

Wellcare Providers:

- **Provider Review** – Oct. 13, 9 am
- **Provider Orientation** – Nov. 12, 9 am

Required Provider Actions

Line of Business	Required Actions
All Providers	• 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.
Ambetter Providers	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 .
Medicaid Providers	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. • 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.
Wellcare Providers	• 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.

Making the Most of APV Visits, Understanding Modifier 25

Annual preventive visits (APVs) often include more than routine screening. In many cases, providers also address additional health concerns that require further evaluation during the same visit. When that happens, how services are reflected in claims can influence both reimbursement and how care is represented.

Modifier 25 is designed to indicate that a distinct, medically necessary Evaluation and Management (E/M) service was provided on the same day as another service. In the context of an APV, this allows for both preventive care and separately identifiable clinical management to be reflected when appropriate.

Providers may consider this approach when an APV includes both a preventive service and additional evaluation for a separate condition. Structuring claims in a way that distinguishes these services can help ensure the full scope of care delivered is represented.

Taking a moment to review billing practices and workflows can help identify whether opportunities like this are consistently captured. This can support more accurate reporting, reduce the need for corrections, and better align claims with the care provided.

NCQA Appointment Access and Availability Standards Update

Appointment Access and Availability Standards ensure timely, equitable access to care for all members and reinforce our commitment to quality service delivery. Sunflower has updated provider manual language, created flyers and slide decks to educate provider offices on the appointment availability requirements. Let us know what barriers your office faces preventing compliance with the requirements. Also, share how Sunflower Health Plan can assist you by emailing KS_Access_Standards@sunflowerhealthplan.com.

Sunflower monitors compliance through phone call audits. Please educate office staff to be responsive and participate in these required regulatory audits.

After-Hours Access

Members must be able to reach their providers 24 hours a day, 365 days a year.

- Acceptable after-hours access includes:
 - Intended provider or on-call provider answers the call
 - Answering services or systems that page a physician
 - A triage/nurse/crisis line with access to the provider or physician
 - Answering service that will page the physician after a message is left
 - Answering system provides a phone number to access the provider or answering service
 - Outgoing message states a call back will be received within 30 minutes for urgent calls or 24-hours for non-urgent calls

Unacceptable After-hours coverage includes but not limited to:

- A recording only telling callers to leave a message
- A recording only recommends calling back during business hours
- A recording telling callers to go to an urgent care center or emergency department that does not give any other directions to receive after-hours assistance

It is recommended to record the message banner in English and Spanish. All pre-recorded messages must be high-quality, informative, and provide callers with certainty that they have reached the practice whose number they dialed.

 **Reminder:** Providers are encouraged to review their current access protocols and ensure compliance with these standards. Let's continue to deliver timely, high-quality care to every member.

Please see Sunflower's [Appointment Availability and Wait Times](#) web page for more information.

NCQA Appointment Access and Availability Standards Update

Medicaid Standards

Primary Care & Pediatric: Urgent within 48 hours; Routine within 21 calendar days; Annual Adult Physical within 21 calendar days; Annual Well-Child Visit within 21 calendar days

Specialist: Urgent within 48 hours; Routine within 30 calendar days

OBGYN: Urgent within 48 hours; Routine within 15 business days

- **1st trimester:** Within 3 weeks
- **2nd trimester:** Within 2 weeks
- **3rd trimester:** Within 1 week

Substance Use Disorder (SUD)

- **Urgent:** Assessed & services within 48 hours
- **Routine:** Assessed within 10 business days
- **Pregnant SUD & PWID:** Services within 48 hours
- **PWID:** Treatment within 10 business days

Behavioral Health:

- **Non-Life-Threatening Emergency:** Referral within 6 hours
- **Urgent:** Within 72 hours
- **Routine (initial and follow-up):** Within 10 business days

Ambetter Standards

Primary Care & Pediatric:

- **Urgent:** Within 24 hours
- **Non-Urgent/Sick:** Within 48 hours
- **Routine:** Within 15 business days

OBGYN:

- **Urgent:** Within 24 hours
- **Routine:** Within 30 business days

Specialist:

- **Urgent:** Within 24 hours
- **Routine:** Within 30 business days

Behavioral Health:

- **Urgent:** Within 48 hours
- **Non-Life-Threatening Emergency:** Referral within 6 hours
- **Initial & Follow-Up:** Within 10 business days

Wellcare Standards

Primary & Specialist Care:

- **Emergency/Urgent:** Within 24 hours
- **Routine:** Within 30 days
- **Sick Care:** Within 7 days

Behavioral Health:

- **Non-Life-Threatening Emergency:** Referral within 6 hours
- **Urgent:** Within 48 hours
- **Routine (Initial and Follow-up):** Within 30 business days
- **Sick Care:** Within 7 business days