



Behavioral Health Provider Workshop

Presented by Provider Engagement



Today's Agenda

- * Connecting with Members
- * Online Provider Tools
- * Prior Authorizations - Submissions via the Provider Portal
- * Claims Overview
- * Submitting Claims via the Provider Portal
- * Corrected Claims
- * Top Behavioral Health Claim Denials
- * Provider Demographics
- * Quality Improvement
- * Provider Appeals Process
- * Pharmacy
- * Contact Information & Resources

Connecting with Members

Providing Culturally Competent Care

Sunflower Health Plan is committed to providing quality health care services regardless of age, gender, ethnicity, socioeconomic status, disability, or sexual orientation. Sunflower requires annual Cultural Competency and sensitivity training for internal staff.

Sunflower provides educational information, resources, and quarterly webinars to participating providers on Cultural Competency to support providers as they endeavor to foster equitable treatment and to prevent discrimination.

For additional information and resources on Sunflower's Cultural Competency program, please go to www.sunflowerhealthplan.com.

Social Determinants of Health

The *social determinants of health* are the conditions in which people are born, grow, live, work and age. These circumstances are shaped by the distribution of money, power and resources at global, national and local levels.

2019 Initiatives

* Employment

- * Sunflower Transition to Employment, GED preparation, transportation etc.
- * Employment Support Facilitator

* Housing

- * Housing Support Facilitator

* Food Insecurity

- * Farmers Market Vouchers

Care Management



We provide Care Management services for Sunflower members by using a multidisciplinary team that includes physicians, nurses, social workers, behavioral health professionals, chronic disease specialists and pharmacists. Focusing on the whole person means partnering with our trusted providers to ensure members receive the right services, in the right place, at the right time.

These services are implemented through:

- * Care Coordination
- * Complex / Intensive Case Management

Members can self refer for care management services by calling Sunflower Health Plan's Customer Service Center at 1-877-644-4623.

Members who have been newly determined eligible for support through a Home and Community Based Services (HCBS) waiver will be automatically assigned to a care coordinator for outreach.

New members who already receive HCBS services will be automatically assigned to a care coordinator for outreach.

Sunflower makes coordination of care easy by listing the member's primary care physician and phone number on the main member page in the Secure Provider Portal



Behavioral Health Care Management Initiatives

- * Outreach to providers (for all inpatient psychiatric, substance abuse and PRTF stays) to offer discharge planning assistance (resources, help with Logisticare, setting up outpatient appointments, etc.)
- * For PRTF-maintaining updated state PRTF waitlist which includes receiving updates from PRTF until child is admitted; after admission- participation in treatment team meetings and supporting PRTF's discharge plan for child
- * Following up with member/guardian post-discharge to ensure they are receiving needed services
- * Coordination of providers-encouraging member to notify their PCP of their mental health or substance abuse services, etc.
- * Assisting members with any barriers (finding providers, difficulty with getting appointments scheduled, transportation, etc)
- * Provider outreach to request labs be done for members in the SSD PIP population
- * Requesting input from providers on care plan goals for members
- * Outreach to providers for alternate contact information when member/family cannot be reached/located

myStrength – Digital Behavioral Health Program

myStrength digital behavioral health program has online tools to help members overcome depression and anxiety. myStrength includes weekly exercises, mood trackers and daily inspirational quotes and videos. The program can be used on its own or with other care to support mental health. myStrength can be found here: <https://app.mystrength.com/go/epc/kansas>

How does myStrength Help?

Proven Tools for Your Mind, Body and Spirit

- * Help you learn to reduce stress, anxiety, depression or substance use.

Free and Convenient

- * With web and mobile apps you'll have support at home and on-the-go.

Personal and Private

- * Your homepage is made for you. myStrength is secure and private.

Engaging and Inspirational

- * Activities help you learn new ideas while keeping you motivated!

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What you'll find on mystrength:

Personalized Workouts

- * Complete your new custom set of activities every day to support your mental health.

Positive Inspiration

- * Find hope with our community of users. We also help you build your own goals.

Monitor Progress

- * Use your MoodTracker and wellness assessments. You can see how you're doing with the myStrength phone app too.

Rock-solid advice

- * Explore videos and articles from leading clinicians. Discover sound tips on relationship and health topics.

Building Strong Relationships with Members

* Discuss Medications:

- * Member preferences
- * Options and substitutes
- * Benefits and Risks

* Labs & Testing Follow Up:

- * Document and acknowledge results in the member's chart
- * Inform the member of the results when they become available
- * Address abnormal results in a timely manor

* Communication

- * Stay A.L.E.R.T. during visits with the member / guardian: **A**lways **L**isten to the member carefully, **E**xplain in an understandable way, **R**espect what the member has to say, and **T**ime management perception (avoid having the member feel rushed).

Advance Directives

- * An **advance directive** is a legal document in which a person specifies what actions should be taken for their health if they are no longer able to make decisions for themselves because of illness or incapacity.
- * A **living will** allows individuals to document their wishes concerning medical treatments at the end of life.
- * A **medical power of attorney** (or healthcare proxy) allows an individual to appoint a person they trust as a healthcare agent (or surrogate decision maker), who is authorized to make medical decisions on their behalf. Before a medical power of attorney goes into effect a person's physician must conclude that they are unable to make their own medical decisions.
- * Sunflower Health Plan (SHP) provides information to members and providers regarding advance directives and how SHP facilitates member rights to utilize advance directives. Members receive a member handbook containing information regarding advance directives. Providers receive a provider manual that includes SHP policy on advance directives.

Access Standards

All Providers

- **Regular Appointments** – not to exceed 3 weeks from the date of member request
- **Urgent Care** – Members seen within 48 hours

Mental Health

- **Emergent** – Referral immediately.
- **Urgent** – Assessed within seventy-two hours of request for services
- **Non-urgent** – Assessed within fourteen business days of the date services are requested

Substance Use Disorder (SUD)

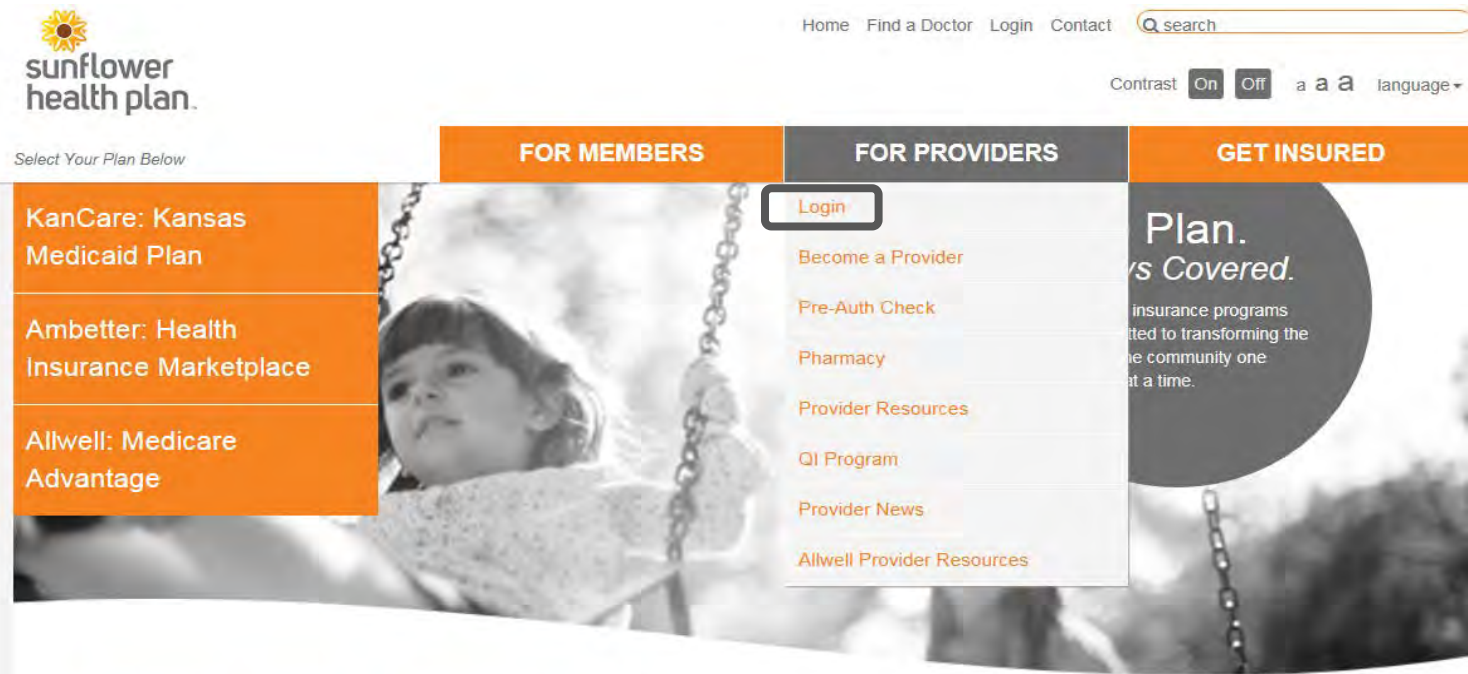
- **Emergent** – Referral immediately.
- **Urgent** – Assessment conducted within 24 hours of the initial contact and services delivered within 24 hours from the date and time of the assessment.
- **IV Drug Users** – Assessed and admitted to treatment within 14 days of initial contact
- **Pregnant IV Drug Users** – Admitted to treatment within 24 hours of assessment
- **Non-urgent** – Members assessed within 14 days of initial contact

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Online Provider Tools

SunflowerHealthPlan.com



Find a Doctor

Finding a doctor is quick and easy. Search for Primary Care Providers, hospitals, pharmacies and more.



Get Insured

Get more information on the health coverage we provide and what you are eligible for.



Ambetter from Sunflower Health Plan








sunflower
health plan™



Secure Provider Portal




FROMFROM

FeaturesJoin Our NetworkCREATE ACCOUNT


The Tools You Need Now!

Our site has been designed to help you get your job done.




Check Eligibility

Find out if a member is eligible for service.



Authorize Services

See if the service you provide is reimbursable.



Manage Claims

Submit or track your claims and get paid fast.

Login

User Name (Email)

Password

Login

[Forgot Password / Unlock Account](#)

Need To Create An Account?

Registration is fast and simple, give it a try.

Create An Account

How to Register

Our registration process is quick and simple. Please click the button to learn how to register.

Provider Registration Video


Provider Registration PDF






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Portal Dashboard – Provider View





 Eligibility Patients Authorizations Claims Messaging

USER NAME ▾

Viewing Dashboard For : PROVIDER TIN ▾ Behavioral Health KS Medi ▾ [GO](#)






Quick Eligibility Check

Member ID or Last NameBirthdate

123456789 or Smithmm/dd/yyyy

[Check Eligibility](#)

Recent Claims

STATUS	RECEIVED DATE	MEMBER NAME	CLAIM NO.
	05/16/2019	SUNNY D SEED	S136CKE00001
	05/16/2019	AMY B BETTER	S136CKE00002
	05/16/2019	ALLEN C WELL	S136CKE00003
	05/16/2019	CENDY T TENE	S136CKE00004
	05/16/2019	KAREN M ANAGER	S136CKE00005

Welcome

[Add a TIN to My ACCOUNT](#) >

[Reports](#) >

[Patient Analytics--*Coming Soon*](#) >

Recent Activity

Date	Activity
------	----------

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Approved 7-2-2019

[Instruction Manual \(PDF\)](#) [Terms and Conditions](#) [Privacy Policy](#) [Copyright © 2019, Centene Corporation](#)



Claim Submissions



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health plan™

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Eligibility Patients Authorizations Claims Messaging

USER NAME

Viewing Claims For :

PROVIDER TIN

Behavioral Health KS Med

GO


Upload EDI






Create Claim

Claims <div><div>Individual</div><div>Saved</div><div>Submitted</div><div>Batch</div><div>Payment History</div><div>My Downloads</div></div>					
Claims: Recent					
Search: <div>Date Range : 04/20/2019 to 05/20/2019 Change dates</div> <div> Filter Search</div>					
CLAIM NO. ↑	CLAIM TYPE ↑	MEMBER NAME ↑	SERVICE DATE(S) ↑	BILLED/ PAID ↑	CLAIM STATUS ↑
S136CKE00001	CMS-1500	SUNNY D SEED	05/15/2019 - 05/15/2019	\$50.00 / \$0.00	Pending
S136CKE00002	CMS-1500	AMY B BETTER	05/15/2019 - 05/15/2019	\$25.00 / \$0.00	Pending
S136CKE00003	CMS-1500	ALLEN C WELL	05/15/2019 - 05/15/2019	\$160.00 / \$0.00	Pending
S136CKE00004	CMS-1500	CENDY T TENE	05/15/2019 - 05/15/2019	\$40.00 / \$0.00	Pending
S136CKE00005	CMS-1500	KAREN M ANAGER	05/15/2019 - 05/15/2019	\$120.00 / \$0.00	Pending
S136CKE00006	CMS-1500	KANDACE C CARE	05/15/2019 - 05/15/2019	\$180.00 / \$0.00	Pending
S136CKE00007	CMS-1500	MICHAEL P SCOTT	05/15/2019 - 05/15/2019	\$400.00 / \$0.00	Pending
S136CKE00008	CMS-1500	DWIGHT E SCHRUTE	05/15/2019 - 05/15/2019	\$20.00 / \$0.00	Pending
S136CKE00009	CMS-1500	WALT M DISNEY	05/15/2019 - 05/15/2019	\$200.00 / \$0.00	Pending
S136CKE00010	CMS-1500	PETER D PAN	05/14/2019 - 05/14/2019	\$100.00 / \$0.00	Pending
438 items found, displaying 1 to 10. Page 1/44 1 2 3 4 5 6 7 8 Next Last					



Creating Authorizations



 Eligibility Patients Authorizations Claims MessagingUser Name ▾

Viewing Authorizations For :

Provider TIN ▾

Behavioral Health KS Medi ▾

GO

Create Authorization

Authorizations

ProcessedErrorsDisclaimer

Filter

Please call the health plan for questions regarding voided authorization submissions. The authorization page is updated every 24 hours.

STATUS	AUTH ID	MEMBER	FROM DATE	TO DATE	DIAGNOSIS	AUTH TYPE	SERVICE
APPROVE	OP100000000	SUNNY D SEED	05/02/2019	08/01/2019	R41.3	OUTPATIENT	Psych Testing
APPROVE	OP100000001	AMY B BETTER	04/16/2019	07/16/2019	R41.89	OUTPATIENT	Psych Testing
APPROVE	OP100000002	ALLEN C WELL	04/11/2019	07/10/2019	S06.9X9A	OUTPATIENT	Psych Testing
APPROVE	OP100000003	CENDY T TENE	04/09/2019	07/08/2019	R41.89	OUTPATIENT	Psych Testing
PEND	OP100000004	KAREN M ANAGER	04/09/2019	07/08/2019	I67.5	OUTPATIENT	Psych Testing
PEND	OP100000005	KANDACE C CARE	04/09/2019	07/08/2019	R41.3	OUTPATIENT	Psych Testing
APPROVE	OP100000006	PETER D PAN	04/08/2019	10/08/2019	F84.0	OUTPATIENT	Community Based Services

Client Profile

sunflower health plan

Eligibility

Patients

Authorizations

Claims

Messaging

USER NAME ▾

Viewing Eligibility For : Behavioral Health KS Med [Back to Eligibility Check](#)

SUNNY D SEED

Overview

[Assessments](#)[Care Plan](#)[Authorizations](#)[Referrals](#)[Coordination of Benefits](#)[Claims](#)

This patient is eligible as of today, May 20, 2019.

Patient Information

Name SUNNY D SEED

Gender M

Birthdate Jan 1, 2013

Age 6 years old

Member # 001100000000

Address 8325 LENEXA DRIVE
APT 200
LENEXA KS 66214

PCP Information

Name CENTENE HEALTH CENTER

Address 7700 CENTENE PLAZA
LENEXA KS 66214


[View PCP History](#)[EPSDT](#)

Eligibility History


Start Date	End Date	Product Name
Mar 6, 2019	Ongoing	TANF
Feb 1, 2019	Mar 5, 2019	TANF

[↗ more](#)


Case Management Referrals – Provider Portal




sunflower
health plan.




Eligibility




Patients



Authorizations



Claims



Messaging

USER NAME ▾

Viewing Eligibility For : PROVIDER TIN ▾ Behavioral Health KS Med ▾ **GO**

[Back to Eligibility Check](#) **SUNNY D SEED**

Overview

Assessments

Care Plan

Authorizations

Referrals

Coordination of Benefits

Claims

*Source Behavioral Health Referral to Health Plan ▾

*Date 05/20/2019 1 ▾ 10 ▾ PM ▾

Last Name, First Name USER PORTAL

Phone Number, Extension () -

Additional Comments [REASON FOR REFERRAL]

Submit

Prior Authorization Submissions via the Secure Portal

Why Should We Submit Prior Authorization Through the Portal?



- * Member eligibility is validated prior to submission
- * If generic codes are denied for claims, a message alerts the provider when they are submitting the prior authorization request. This prevents the claim from being denied
- * Providers can view the status of prior authorization requests as well as the individual service lines – this prevents phone calls and waiting on hold
- * Clinical documentation must be attached when submitting the request
- * Interqual criteria/smart sheets can be accessed to determine the necessary criteria for approval
- * Confirmation number is received immediately after submission



Behavioral Health Prior Authorizations

- * Behavioral health services follow Sunflower's standard notification requirements and timeframes noted in the Provider Manual. Late or no authorization requests will result in a denial - **Backdated requests** will be denied (with appeal rights) for untimely notification.
- * For standard treatment requests, the health plan will make a determination within fourteen (14) calendar days of receiving the necessary information for routine services.
- * For requests **MEETING** criteria, the provider will be notified of approval and authorization.
- * For requests **NOT** meeting criteria, the provider has an opportunity to request a peer to peer (timeframes apply – please see provider manual for details) or an appeal.
- * If a service requires prior authorization and an authorization is not obtained, if submitted a claim will deny and the provider will have to follow the appeal process.
 - * This will cause the claim to deny for NO Auth.

Outpatient Treatment Request (OTR)



* Web-Based Authorization Requests

- * OTR submissions will occur in “real-time” via the secure provider portal
- * Provider will be able to submit and view status of all OTR submissions
- * Electronic Signature is acceptable on the OTR request

* FaxCom System

- * IF electronic submission of completed OTRs is NOT possible, OTRs should be faxed to **(844) 824-7705**. The provider may use the appropriate inpatient or outpatient request form found on the Sunflower website under Provider Resources
- * System accepts attachments to OTR (e.g., progress notes, treatment plan updates)
- * Make sure OTR is signed by the clinician and completely filled out



Process Improvements for the KCPC System Manual Workaround

KMAP GENERAL BULLETIN 19061

- * The Kansas Department for Aging and Disability Services (KDADS) is in the process of procuring a new Substance Use Disorder (SUD) data system to replace the current Kansas Client Placement Criteria (KCPC) system. In the interim, SUD providers and contractors, KanCare managed care organizations (MCOs) and the Administrative System Organization (ASO) for the Block Grant, have been using different manual workaround forms and processes. The contractors are also using different prior authorization criteria.
- * At the request of providers and to streamline the process and make it more consistent, the contractors were asked by the State to collaborate and develop one common eligibility form for Block Grant members and member service authorizations (Block Grant and Medicaid). This process also ended the requirement for prior authorizations on SUD lower levels of care.
- * The Process Improvements for the KCPC System Manual Workaround policy is effective April 15, 2019. The policy with the SUD Services Request form and instruction sheet can be found on the KDADS website in the “Policies Related to Managed Care Organizations and Block Grant” section.
- * For questions regarding the SUD Services Request Form or Instructions, contact:
- * Sunflower Health Plan – Behavioral Health Utilization Management Department: 1-877-644-4623
- * For all policy-related questions, contact Cissy McKinzie at tamberly.mckinzie@ks.gov

Claims Overview

Claim Assistance



We have self service tools on our **Secure Portal, Customer Service Call Center, and Provider Relations** staff available to assist you with any question(s) regarding how a claim was processed. When reaching out for assistance please make sure you have the following information:

- * The Sunflower claim number
- * The member's Medicaid ID #
- * The date of service on the claim
- * Total billed charges
- * The Tax ID # or NPI for the provider
- * Provider contact information

If working with one of our Customer Service call centers or Provider Relations staff, please make sure you note in your file the name of the person you spoke with and the date and time of the call.



Claims Resources

Secure Provider Portal

The behavioral health provider portal is available at: provider.sunflowerhealthplan.com

- * Portal currently only accepts primary payer information

EDI

- * Sunflower's behavioral health network providers may choose to submit their claims through a clearinghouse. Sunflower accepts EDI transactions through Emdeon (866-369-8805); Gateway (800-969-3666) or Availity (800-282-4548). The Behavioral Health Payor ID Number is **68068**.


Paper Claim Submission

- * Submit clean claims on a CMS-1500 Form or a **UB-04** Form to the following address for processing and reimbursement:
 - * Sunflower Behavioral Health
P. O. Box 6400, Farmington, MO 63640-3807

For further information regarding electronic submission, contact the **Sunflower EDI Department at 800-225-2573, ext. 25525** or email at ediba@centene.com

Submitting Claims via the Provider Portal

Step 1: Click “Create Claim”



Eligibility

Patients

Authorizations

Claims

Messaging

USER NAME

Viewing Claims For :

PROVIDER TIN

Behavioral Health KS Med

GO

Upload EDI

Create Claim

Claims

Individual

Saved

Submitted

Batch

Payment History

My Downloads

Claims: Recent

Search: Date Range : 04/20/2019 to 05/20/2019 [Change dates](#)


Filter

Search

CLAIM NO. ↑	CLAIM TYPE ↑	MEMBER NAME ↑	SERVICE DATE(S) ↓	BILLED/ PAID ↑	CLAIM STATUS ↓
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Step 2: Enter Member Information – Click “ Find”



Eligibility

Patients

Authorizations

Claims

Messaging

USER NAME

Viewing Claims For :

PROVIDER TIN

Behavioral Health KS Med

GO

Member ID or Last Name
123456789 or Smith

Birthdate
mm/dd/yyyy

Find

Claims

Individual

Saved

Submitted

Batch

Payment History

My Downloads

Claims: Recent


Search: Date Range : 04/20/2019 to 05/20/2019 [Change dates](#)

Filter

Search



Step 3: Choose Claim Type



Eligibility Patients Authorizations Claims Messaging USER NAME

Viewing Claims For : PROVIDER TIN Behavioral Health KS Med GO Upload EDI Create Claim

Choose Claim for [SUNNY D SEED](#)

Choose a Claim Type

CMS 1500

Professional Claim →

CMS UB-04

Institutional Claim →

UPDATE: In order to be compliant with ICD-10 regulations, Cenpatico will require claims with discharge dates or service dates on or after October 1, 2015, be coded with ICD-10 codes. This change applies to the date of service on the claim, not the submission date. For more information, please refer to the applicable State provider page on cenpatico.com and click on the ICD-10 countdown box.

Step 4: General Information

sunflower health plan

Eligibility Patients Authorizations Claims Messaging USER NAME

Viewing Claims For: [dropdown] Behavioral Health KS Med [GO] [Upload EDI] [Create Claim]

Professional Claim for SUNNY D SEED Your Progress [Progress Bar]

THIS SECTION:
General Info
Information about the dates of the claim.

[Next →]

* Required field

Patient's Account Number* 123456789 29

Statement Dates* From 05/20/2019 To 05/20/2019

Date of current illness, injury, pregnancy (LMP) Select Type... [dropdown] MM/DD/YYYY 14

Other Date Latest Visit or Consultation [dropdown] 05/20/2019 15

Hospitalization From MM/DD/YYYY To MM/DD/YYYY 18

Additional Claim Information: XXXXXXXXXXXX 19a

Outside Lab? Yes No 20

Prior Authorization Number: XXXXXXXXXXXX 23a

CLIA Number: XXXXXXXXXXXX 23b

Amount Paid: XXXXXX 29

[Next →]

Step 5: Diagnosis Codes

sunflower health plan

Eligibility Patients Authorizations Claims Messaging USER NAME

Viewing Claims For: PROVIDER TIN [dropdown] Behavioral Health KS Med [GO] [Upload EDI] [Create Claim]

Professional Claim for SUNNY D SEED Your Progress [Progress Bar]

THIS SECTION:
Diagnosis Codes
Diagnosis Code and Additional Insurance information.

[← Back] [Next →]

* Required field

ICD Version Indicator* ☒ ICD 10

Please note that for the claim statement dates entered, valid ICD-10 codes only are accepted.

Diagnosis Codes* XXXX e.g. V87.2 [Add] (Enter diagnosis code and click on Add button) 21

F33 - MAJ DEPRESS D/O RECURRENT [Remove X]

Add Coordination of Benefits

[← Back] [Next →]



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Step 6: Input Service Lines then select “Save/Update”

Professional Claim for **SUNNY D SEED** Your Progress

THIS SECTION: **Service Lines**
Enter maximum of 50 service lines.

[← Back](#) [Provider Details →](#)

Total: \$0.00 * Required field [Save / Update](#)

[+ New Service Line](#)

Your added service lines will appear here.

Add New Service Line

Dates of Service* From 05/20/2019 To 05/20/2019 24.a

Place of Service* 53 - COMMUNITY MENTAL HEAL 24.b

Emergency Yes No 24.c EMG

Procedure Code* 90837 24.d

Modifiers XX Add Please enter the modifier and click the Add button.

Diagnosis Code(s)* ☒ F33 - MAJ DEPRESS D/O RECURRENT 24.e

Charges* 100.00 24.f

Units / Days* 1 Type* UN - Units 24.g

Family Planning Yes No EPSDT Select... 24.h

NDC NDC

Supplemental Information Supplemental Information

[Save / Update](#)

[← Back](#) [Provider Details →](#)

Step 7: Input Additional Lines or select “Next”

Professional Claim for **SUNNY D SEED** Your Progress

THIS SECTION: **Service Lines**
Enter maximum of 50 service lines.

[← Back](#) [Next →](#)

Total: \$100.00 * Required field [Delete](#) [Save / Update](#)

[+ New Service Line](#)

PROCEDURE / CHARGES
1: 90837 / \$100.00

Now Viewing Line 1: 90837 / \$100.00

Dates of Service* From 05/20/2019 To 05/20/2019 24.a

Place of Service* 53 - COMMUNITY MENTAL HEAL 24.b

Emergency Yes No 24.c EMG

Procedure Code* 90837 24.d

Modifiers XX Add Please enter the modifier and click the Add button.

Diagnosis Code(s)* ☒ F33 - MAJ DEPRESS D/O RECURRENT 24.e

Charges* 100.00 24.f

Units / Days* 1.0 Type* UN - Units 24.g

Family Planning Yes No EPSDT Select... 24.h

NDC NDC

Supplemental Information Supplemental Information

[Delete](#) [Save / Update](#)

[← Back](#) [Next →](#)

Step 8: Input Provider Information then select “Next”

Professional Claim for SUNNY D SEED Your Progress

THIS SECTION
Providers
Providers on this claim:

[← Back](#) [Next →](#)

* Required field

Referring Provider

NPI [Find Provider](#) Qualifier

Last Name or Organizational Name [Find Provider](#) First Name

Rendering Provider Only enter rendering provider information if not the same as Billing Provider information.

NPI Tax ID [Find Provider](#)

Taxonomy # Last Name or Organizational Name First Name [Clear X](#)

Billing Provider

Tax ID

Name* NPI Taxonomy*

Address* City* State* Zip*

Service Facility Location [Same As Billing Provider](#)

Name NPI

Address City State Zip

[← Back](#) [Next →](#)

Step 9: Upload Attachments

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Eligibility Patients Authorizations Claims Messaging USER NAME

Viewing Claims For: PROVIDER TIN [GO](#) [Upload EDI](#) [Create Claim](#)

Professional Claim for SUNNY D SEED Your Progress

THIS SECTION
Attachments
Add attachments to the claim (5MB limit). Supported types are jpg, tif, pdf and xml

[← Back](#) [Next →](#) **If there are no attachments, click Next.**

Attachments

***Do NOT send password protected files. You must click ATTACH for each file being submitted.**

File* [Browse...](#) Attachment Type* [Attach](#)

There are no attached files.

[← Back](#) [Next →](#) **If there are no attachments, click Next.**

33



Step 10: Review Claim Data

Step 11: Click Submit - Review Confirmation Screen



Professional Claim for SUNNY D SEED

Your Progress

THIS SECTION:

Review

Please review your claim and submit.

Back

Submit

Almost done!

You can go back to review your claim or submit now.

Claim Id: 987654321

Member Record Number: 123789654

Member Claim Amount Paid:

Patient's Account Number: 123456789

General Info

Edit

Statement From Date: 05/20/2019

Statement To Date: 05/20/2019

Date of current illness, injury, pregnancy (LMP):

Other Date: 05/20/2019

Hospitalized From:

Hospitalized To:

Additional Claim Information:

Outside Lab?: No

Outside Lab Amount:

Prior Authorization Number:

CLIA Number:

Diagnosis Codes and Primary Insurance

Edit

Diagnosis Codes

F33 -- MAJ DEPRESS D/O RECURRENT

Service Lines

Edit

Line	From	To	Place	EMG	Proc	Diagnosis	Amount	Units/Days	Family Plan	EPSDT	NDC	Supplemental Info
1	05/20/2019	05/20/2019	53	No	90837	F33	\$100.00	1.0	No			

Providers

Edit

Provider Type	Name	Tax ID	NPI	Taxonomy	Address
ReferringProvider					
RenderingProvider	CENTENE CARE CLINIC	123456987	9876543210		7700 Centene Plaza Lenexa KS 66214
BillingProvider	CENTENE CARE CLINIC	123456987	9876543210		7700 Centene Plaza Lenexa KS 66214

Service Facility Location

Attachments

Back

Submit

Institutional Claim for SUNNY D SEED

Your Progress

THIS SECTION:

Congratulations!

Your claim has been submitted.

Thanks for submitting your Claim.


Institutional claim for Sunny D Seed.






Your confirmation number is 50123456.

PRO TIP: Print Confirmation screen or write down confirmation code prior to exiting the page.




Submitted Claims – How to Search With a Confirmation Code



 Eligibility Patients Authorizations **Claims** Messaging


USER NAME ▾

Viewing Claims For : PROVIDER TIN ▾ Behavioral Health KS Med ▾ **GO**

 Upload EDI **Create Claim**



Claims

Individual Saved **Submitted** Batch Payment History My Downloads

 Filter

Claim Submission Dates:
From 04/20/2019 To 05/20/2019 **Confirmation #** Status Select... ▾ **Go!**

To search, enter one or more of the following search criteria. The Submission Date range you provide is limited to a one-month span. Only the last 24 months of claims data is available online.

SUBMITTED STATUS ↑	DATE SUBMITTED ↑	WEB #/ REF # ↑	CLAIM NUMBER ↑	CLAIM TYPE ↑	MEMBER NAME ↑	MEMBER ID ↑	ORIGINAL CLAIM # ↑	TOTAL CHARGES ↑
	05/14/2019	814000001	S113CKE00000	CMS-1500	SUNNY D SEED	00123456789		\$150.00
	04/23/2019	814000002	S113CKE00001	CMS-1500	SUNNY D SEED	00123456789		\$150.00

Corrected Claims

What Claims Can be Corrected?

- * A claim that has been submitted with incorrect or missing information, e.g.,:
 - * Attending Provider Name and NPI (box 76 on a CMS UB-04 claim form)
 - * Ordering, Referring or Prescribing Provider Name and NPI (box 17b on a CMS1500)
 - * ***Note:** Claims missing or denied for Attending, Ordering, Referring or Prescribing Provider may not be corrected using Sunflower Health Plan's Secure Provider Portal.
 - * Diagnosis Codes (boxes 21 and 24E of the CMS-1500 or boxes 66, 67, 67A-Q on a CMS UB-04 claim form)
 - * CPT, HCPCS or Revenue Codes (box 24D of the CMS-1500 or boxes 42 and 44 on a CMS UB-04 claim form, for inpatient and outpatient hospital services respectively)
 - * Unit Values are changed
 - * Late charges are added to an inpatient facility claim
 - * EOP from the Primary/Other Insurer or the EOPs from the Primary and Secondary Other Insurers (when the member has tertiary coverage)
 - * Providers not making changes to an original claim are allowed to resubmit the Sunflower EOB with a copy of the primary payer's EOB attached.
 - * If a new primary EOB is submitted and that EOB does not match the original claim, submit a Corrected Claim and primary payer EOB using one of the following methods.
 - * Consent forms
 - * Manufacturer Suggested Retail Price (MSRP) Invoices
 - * Medical Records (when a claim contains a Not Otherwise Classified (NOC) or Unlisted Procedure Code)

How to Submit a Corrected Claim

Correct Claims via **Sunflower's Secure Provider Portal**

1. Click **Claims** at the top of the screen.
2. Select an individual paid claim to see the details.
3. The claim displays for you to correct as needed. Click **Correct Claim**.
4. Proceed through the claims screens correcting the information that you may have omitted when the claim was originally submitted.
5. Continue clicking **Next** to move through the screens required to resubmit.
6. Review the claim information you have corrected before clicking **Submit**.
7. You receive a success message confirming your submittal.

NOTE: Claim Corrections are not available if the provider data on the first submission is different than the corrected claim submission. The term provider data includes the billing, performing, ordering, referring, attending, and prescriber information. For claims with incorrect provider data – providers can use the void/recoup button on the portal. Allow Sunflower to recoup the claim, then submit new claim under correct provider OR submit a corrected claim via their system or on paper.

Providers may mail in a corrected paper claim to the following address:
Sunflower Health Plan, PO BOX 4070 Farmington MO 63640

How to Submit a Corrected Claim

Correction of Paper Claims

- * All paper claims submissions should be free of handwritten verbiage and submitted on a standard red-and-white UB-04 or CMS1500 claim form. Any UB-04 or CMS1500 forms received that do not meet the Centers for Medicare and Medicaid Services (CMS) printing requirements will be rejected and sent back to the provider or facility upon receipt.
- * In addition to submitting corrected claims on a standard red-and-white form, the previous claim number should be referenced as outlined in the National Uniform Claim Committee (NUCC) guidelines, <http://www.nucc.org/>.
- * Paper Corrected Claims can be mailed to:

Medical

Sunflower Health Plan
Attn: Corrected Claims
P.O. Box 4070
Farmington, MO 63640-3833

Behavioral Health

Sunflower Health Plan
Attn: Corrected Claims
P.O. Box 6400
Farmington MO 63640

Top Behavioral Health Claim Denials

Top Behavioral Health Claim Denials

1. **EX18 – DENY: Duplicate claim service**
 - * Check the status of the original claim with Sunflower before submitting additional claims
 - * Check past Provider Remittance Advice documents or contact Provider Services to obtain information on the previously processed claims
 - * Corrected claims will deny as duplicate if the original claim number is not documented on the claim submitted and the correct frequency code is not reported.
2. **EXA1 – DENY: No authorization on file that matches service(s) billed**
 - * An authorization is not on file for the facility, provider, member, services and/or date(s) of service.
 - * An authorization was not obtained because the member was not eligible at the time of service.
3. **EXDS – DENY: Duplicate claim submission – Original claim still in pend status**
 - * Check the status of the original claim with Sunflower before submitting additional claims
4. **EX29 – DENY: The time limit for filing has expired**
 - * Provider needs to check the MCO provider contract to verify timely filing limits
 - * If it is determined the claim was submitted outside timely filing limits, the claim needs to be posted as a contractual write-off
 - * If a provider believes a claim was denied in error for timely filing, submit a reconsideration or a formal appeal
5. **EXL6 – DENY: Bill primary insurer first – Resubmit with EOB**
 - * Original claim was submitted without primary/secondary payer information
 - * If a provider has the primary/secondary payer information but it was not submitted, submit a corrected claim with the required information
 - * If a provider does not have other insurance on file for the member, check the Provider Portal for member's other insurance information. The provider is required to submit a claim to the primary and/or secondary payer for consideration
 - * If a provider believes they submitted the required primary/secondary payer information with the original claim and it was not considered, submit a claims reconsideration or formal appeal

Top Behavioral Health Claim Denials

6. EXyn – MAXIMUM allowance exceeded
 - * This denial is applied by our code audit software. This denial applies unit limitations as it relates to NCCI and coding guidelines.
 - * If you feel this denial is inappropriate, please submit reconsideration and/or appeal with medical records to support the review.
7. EXZC – DENY: Procedure is inappropriate for provider specialty
 - * Some Services on the BH side require special licensing and provider requirements which will result in denial if these components are not present.
8. EXBK – DENY: This service is not included in the member's benefit package
 - * T1017 is not covered for Chip members per state benefit information
 - * Waiver services are only covered when the corresponding level of care is present in the eligibility information.
9. EXHF – DENY: No authorization on file that matches service(s) billed
 - * Authorization is on file; however does not match the service billed (i.e. S5110 in the authorization, S5150 billed on the claim)

Provider Demographics

KMAP Provider Enrollment Wizard

- * The Kansas Modular Medicaid System (KMMS) Provider Enrollment Wizard became available for use starting Monday, December 31, 2018
- * Providers must enroll directly with Sunflower Health Plan via the KMMS portal for Medicaid <https://portal.kmap-state-ks.us/ProviderEnrollment/EnrollmentCreate>
- * Providers may upload and submit the attachments required for enrolling with Sunflower Health Plan directly through KMMS
- * Until further notification, all providers should direct any changes to their provider record to KMAP. KMAP is the central point of contact for these updates. Once the updates are received, KMAP will forward the requested updates to the MCOs. The MCOs will then update their records accordingly.
- * For more information please view the following KMAP Bulletins: 18261, 18180, and 19064 at <https://www.kmap-state-ks.us/Public/bulletins/bulletinsearch.asp>

For providers interested in contracting with the Allwell (Medicare) and/or Ambetter (Marketplace) products, these requests may be made through the Sunflower Health Plan website – Join Our Network feature.

Quality Improvement

Behavioral Health HEDIS Measures

Measure	Qualifiers	Note
FUH Follow Up After Hospitalization for Mental Illness	<ul style="list-style-type: none"> 6+ years of age Hospitalized for treatment of mental illness or intentional self-harm 	<ul style="list-style-type: none"> Report two ways: <ul style="list-style-type: none"> % of discharges followed up by a Mental Health Practitioner <ul style="list-style-type: none"> within 30 days within 7 days Exclude if readmission/direct transfer (no matter the diagnosis) within 30 days.
SSD Diabetes Screening for People with Schizophrenia or Bipolar Disorder Who Use Antipsychotic Medications	<ul style="list-style-type: none"> 18-64 years of age Schizophrenia, schizoaffective or bipolar disorder Dispensed antipsychotic medication 	<ul style="list-style-type: none"> A1c or Glucose RESULT (measure is not met by submitting "order" for lab test) During the measurement year Exclusions: if member has diabetes
SAA Adherence to Antipsychotic Medications for Individuals With Schizophrenia	<ul style="list-style-type: none"> 19-64 years of age Schizophrenia or schizoaffective disorder Remained on antipsychotic medication for at least 80% of their treatment period. 	<ul style="list-style-type: none"> Calculated using Claims/encounter data (Injections) or Pharmacy data (injections/oral medication), NOT Medical Records. Treatment period=Date of 1st dispensing event of antipsychotic medication through the end of the measurement year. Exclusions: <ul style="list-style-type: none"> Dementia <2 Antipsychotic dispensing events

Provider Appeals Process

Provider Appeals Timeline

The provider appeal process can only be initiated by the provider or provider designee. Providers must exhaust the Sunflower provider appeal process prior to accessing the State Fair Hearing process.

- * **Provider Appeal Timeline:**

- * Step 1: Provider files completed Provider Appeal Request form with any supporting documents to the address provided on the EOP or notice of action within 63 calendar days
- * Step 2: Sunflower sends a letter within 10 calendar days to acknowledge receipt
- * Step 3: Sunflower sends provider a notice of decision within 30 calendar days of receipt of the appeal
- * Step 4: If not satisfied with the Sunflower appeal decision, provider can request a State Fair Hearing

View the entire *Provider* Appeals process outlined here → [Provider Appeal Process](#)

Provider Reconsideration

Step 1 *OPTIONAL*

- * Providers may request by calling Customer Service, notifying health plan staff, mailing to Sunflower/Specialty Partner as noted on EOP
- * Should clearly indicate that they are requesting a reconsideration and send claim number/authorization information, reason for request, supporting documentation and other items as requested
- * Providers must submit their request within 123 calendar days from the date of the original EOP
- * Plan will resolve within 30 calendar days from the date received
- * Provider will be sent a revised/unrevised EOP for same claim number within 5 business days of resolution
- * Providers can request an appeal after the receipt of the reconsideration resolution notice or discontinue a reconsideration and proceed to appeal within 63 calendar days from date of the notice of action

Provider Appeals

Step 2 *REQUIRED*

- * Provider appeals must be submitted to the health plan in writing using the Provider Appeal Request form or clearly indicate that they are requesting an appeal, along with the claim number/authorization, reason for request and supporting documentation
- * Provider Appeal Request forms are submitted to address provided on notice of action or EOP
- * Providers have 63 calendar days from the date of the notice of action or EOP to request their appeal
- * Sunflower will acknowledge appeal request in writing within 10 calendar days of receipt
- * Sunflower will resolve appeal request in writing within 30 calendar days of receipt
- * Providers must complete appeal process before proceeding to State Fair Hearing



Provider State Fair Hearing

Step 3 *REQUIRED*

- * Providers may request to have a Sunflower appeal decision reviewed by a judge from OAH
- * Providers must exhaust the plan's internal appeal process step before proceeding to SFH
- * Providers must submit SFH request to either OAH or Sunflower within 123 calendar days of the date of the Provider Appeal Resolution notice
- * Providers must submit their request for SFH in writing to OAH or Sunflower/contracted vendor
- * Written requests for SFH received by Sunflower or vendor, must be submitted to OAH within 1 business day of receipt
- * Providers **must ensure** their request for SFH is received by OAH within 123 calendar days



Provider Expectations

- * 60 Days – Providers have to refund overpayments or establish a payment plan
- * 180 Days – Providers have to submit claims from the date of service (DOS) or from the date of eligibility determination
- * 180 Days – Providers have to submit claims when the member has other insurance, from the date on the primary payer's EOP
- * 365 Days – Providers have to submit corrected claims*

Sunflower Turnaround Times

- ✱ 30 Days – Sunflower has to pay or deny clean claims
- ✱ 30 Days – Sunflower has to pay or deny claims before Interest begins to apply
- ✱ 30 Days – Sunflower has to pay or deny corrected claims
- ✱ 90 Days – Sunflower has to pay or deny non-clean claims

Pharmacy

Introducing CoverMyMeds

- ✱ Sunflower Health Plan is excited to offer providers a streamlined process for requesting electronic prescription drug prior authorizations through CoverMyMeds! CoverMyMeds provides a fast and efficient way to complete PA requests online.
- ✱ Benefits of using CoverMyMeds include:
 - ✱ Elimination of telephone calls and faxes, saving up to 15 minutes per PA request.
 - ✱ Renew previously submitted PA requests.
 - ✱ Complete pharmacy-initiated requests electronically.
 - ✱ Secure and Health Insurance Portability and Accountability Act (HIPAA) compliant.

How to Use CoverMyMeds

- 1. Log in:** Go to covermymeds.com and register for a free account, or log in to your existing CoverMyMeds account.
- 2. Start a new request:** Click New Request, enter the drug name and the BIN, PCN and Rx Group from the patient's insurance card for the best results. If unavailable, enter the patient's plan or pharmacy benefit manager (PBM). Select the appropriate form and click Start Request.
- 3. Complete the request:** Enter all demographic fields marked with a "Required" flag and click Send to Plan. Complete the returned list of patient-specific, clinical questions and click Send to Plan again to complete the request.
- 4. Confirmation:** Once the request has been reviewed, the determination will appear in your CoverMyMeds account.

CoverMyMeds Training

Our partners at CoverMyMeds host webinars (3) times per week for providers to learn how easy it is to use CoverMyMeds and to ask questions.

To sign up for a training please go to:

<https://register.gotowebinar.com/rt/6087409114949257218>



Pharmacy Resources

- * Have a question for our Pharmacy Team? Contact them directly at:
pharmacy@sunflowerhealthplan.com
- * Pharmacy Quick Links:
 - * Sunflower Pharmacy Webpage
<https://www.sunflowerhealthplan.com/providers/pharmacy.html>
 - * KDHE Pharmacy Webpage – Forms, PDL Drug Listing*, Criteria: PDL and Clinical
<http://www.kdheks.gov/hcf/pharmacy/default.htm>
- * *Sunflower Health Plan follows KDHE's policies on the Preferred Drug Listing (PDL) and Drug Utilization Review (DUR).

Contact Us!

For more information, visit our website:
www.SunflowerHealthPlan.com

Or call Customer Service:
1-877-644-4623
TTY 711

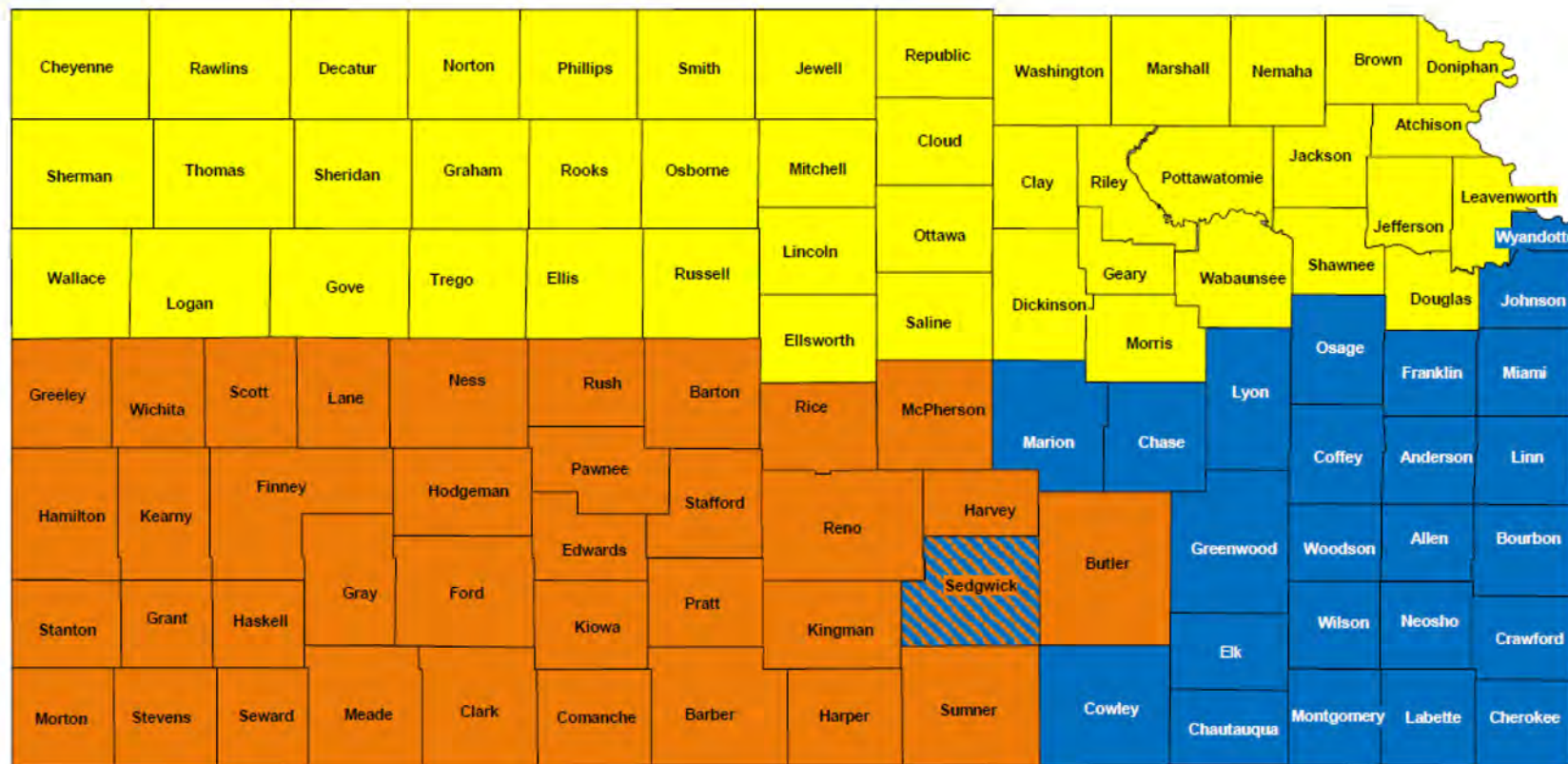
Provider Relations Email
providerrelations@sunflowerhealthplan.com

Or contact your designated Provider Network Specialist

KDHE-Approved 7-2-2019



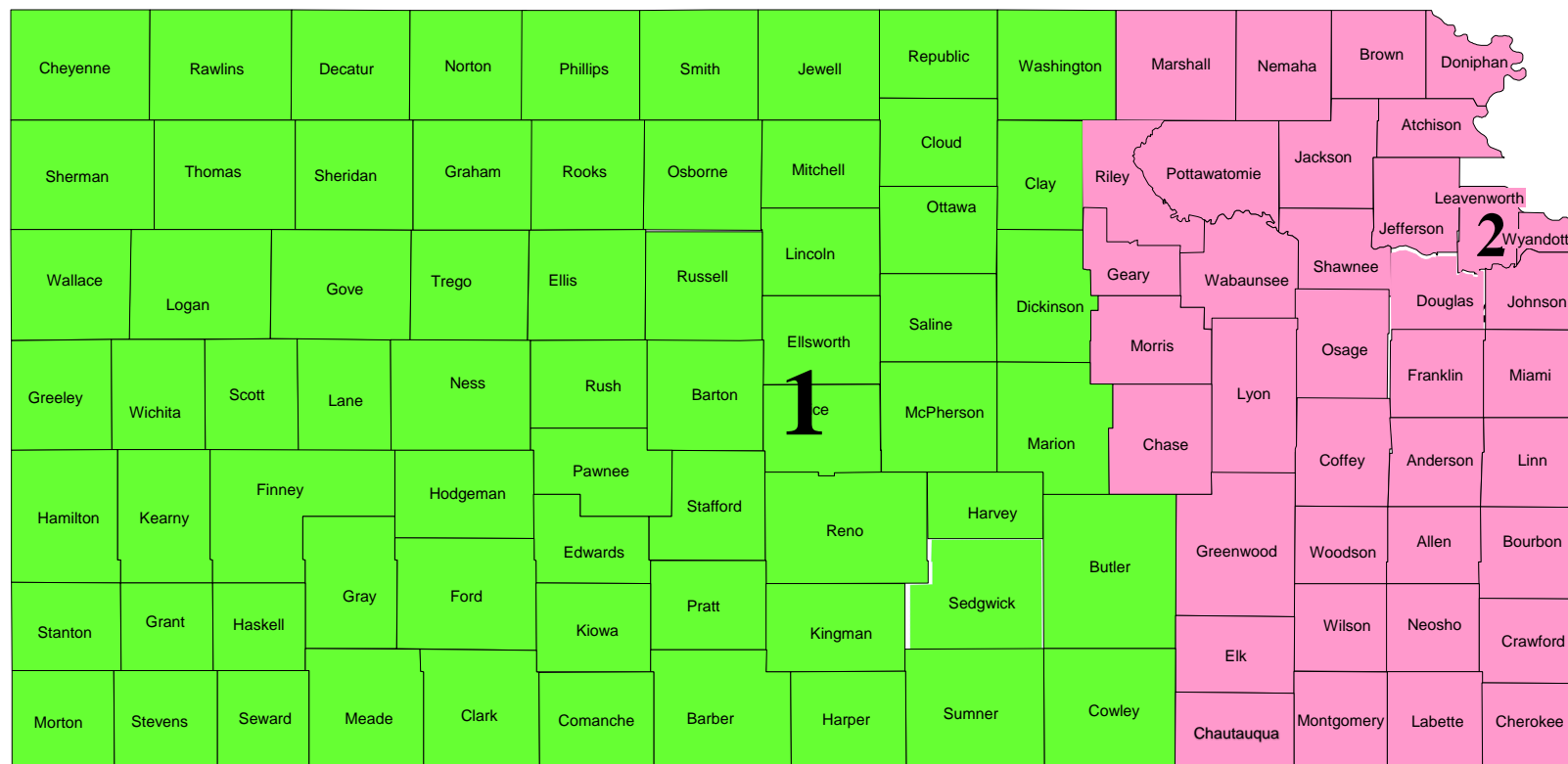
Behavioral Health Provider Relations Territory Map



-  **Leon Frankiewicz - 913-401-4210**
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-  **Ryan Bernasek - 913-333-4560**
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Provider Relations LTSS/HCBS Territory Map



1

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2

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sunflower
health plan™

Sunflower Provider Relations Territory Map



1

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6

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Helpful Tips and Links

- * Provider Resources – www.sunflowerhealthplan.com/providers/resources.html
- * Provider Quick Reference Guide -
www.sunflowerhealthplan.com/content/dam/centene/sunflower/pdfs/Provider%20Quick%20Reference%20Guide%20QRG%20508.pdf
- * Corrected Claims – Quick Reference Guide –
www.sunflowerhealthplan.com/providers/resources/forms-resources/corrected-claims-qrg.html
- * Provider Post-Service or Claim Appeal Process REFERENCE GUIDE -
www.sunflowerhealthplan.com/providers/resources/dispute-appeal-process.html
- * Sunflower Provider Office Manual -
www.sunflowerhealthplan.com/providers/resources/forms-resources.html
- * HEDIS FAQs - www.sunflowerhealthplan.com/providers/resources/forms-resources.html
- * Advance Directives – “Five Wishes” www.agingwithdignity.org/five-wishes/about-five-wishes

Questions?

Thank you for your attendance