



Sunflower Provider Pulse

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Message from Our Leadership

At Sunflower Health Plan, we recognize that our provider partners are the foundation of quality care for our members. Your dedication, expertise and compassion make a meaningful difference in the lives of those we serve across Kansas.

This newsletter is designed with you in mind. Each edition will offer timely updates on our policies, highlight training opportunities, share best practices for improving HEDIS performance and guide you to the resources and support available to help you navigate our systems with ease.

We are committed to fostering a strong, transparent and collaborative relationship with our provider network. Through this newsletter, we hope to keep you informed, engaged and empowered—because when you succeed, our members thrive.

Thank you for your continued partnership and for the care you provide every day.

Warm regards,

Michael Stephens
Sunflower Health Plan President & CEO



Help Prevent Vision Loss in Your Medicare Patients with Sunflower

Diabetic retinopathy is the leading cause of vision loss among working-age adults, affecting over 537 million people worldwide. Early detection through diabetic retinal exams can significantly reduce the risk of vision loss.

Sunflower Health Plan is partnering with Medicare providers to close care gaps by offering the RetinaVue™ camera—a portable device that enables in-office retinal scans for patients with diabetes. This service is free of charge and includes:

- Delivery of the RetinaVue™ camera to your practice
- Training for your staff by our Quality Practice Advisors
- Fast results—images are reviewed by retinal specialists, with reports typically available within one business day

These exams meet HEDIS requirements for diabetic eye screenings and help improve patient outcomes.

Interested in participating? Contact your Quality Practice Advisor or Provider Relations Representative today to get started.



Provider Training Opportunities

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

All Providers:

- **Office Hours** – Tuesdays 8:30-9 am
No sessions Oct. 28 or Nov. 11.
- **Cultural Competency** – Oct. 14, 9:15-10 am

Ambetter Providers:

- **Provider Review** – Oct. 9, 10-11 am
- **New Provider Orientation** – Oct. 16, 10-11 am

Medicaid Providers:

- **Documentation & Resources for SDoH** – Sept. 25, 11 am-12 pm
- **HCBS/LTSS Review** – Nov. 4, 10-11 am
- **Behavioral Health Review** – Nov. 5, 1:30-2:30 pm
- **New Provider Orientation** – Nov. 6, 10-11:30 am
- **Culturally Competent Approaches to Healing & Well-Being of American Indians** – Nov. 7, 11 am-12 pm
- **Hospice Review** – Nov. 19, 9-10 am
- **Provider Review** – Nov. 25, 9:30-10:30 am
- **Ambulance Review** – Dec. 2, 10-11 am
- **BH Billing Basics** – Dec. 9, 9:30-10:30 am

Wellcare Providers:

- **New Provider Orientation** – Oct. 7, 10-11 am
- **Provider Review** – Oct. 22, 10-11 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.

News Roundup

June 2: [Quarter 3 Provider Training Events](#)

May 21: [New HEDIS Behavioral Health Toolkit Now Available](#)

May 16: [Electronic Payment Options for Sunflower Providers](#)

May 5: [At-Home Diabetic Test Kits](#)

Ambetter News

April 18: [Nasal/Sinus Endoscopy New Prior Auth Requirement](#)

February 12: [Routine Foot Care](#)

KMAP News

Find all the KMAP Bulletins on our [KMAP News Page](#).

Sunflower Medicaid News Bulletins

June 3: [Doula Care Provider Training](#)

April 23: [The Importance of Blood Lead Screening in Children](#)

[HCBS Provider Insider Vol 1, Iss 2](#)

[HCBS Provider Insider Vol 1, Iss 1](#)

Wellcare News

May 8: [Medicare Prior Authorization Change](#)

EVV Claims Processing Guidance

KMAP General Bulletin 24230

Effective January 23, 2025, AuthentiCare will become the sole approved claims entry point for services that require Electronic Visit Verification (EVV). Initial claims for services that require EVV that are not received from AuthentiCare will be denied. Claims will be created from AuthentiCare to cover all services that require EVV, excluding Work Opportunities Reward Kansans (WORK) and Supports and Training for Employing People Successfully (STEPS).

Access & Availability Standards

- [Medicaid Appointment Availability and Wait Times](#)
- [Ambetter Access & Availability Standards](#)

HEDIS Highlights

HEDIS Highlights Next Issue: *FUI – Follow-Up After High-Intensity Care for Substance Use Disorder (SUD)*

The **Depression Screening and Follow-Up (DSF-E)** measure tracks the percentage of members 12 years of age and older who are screened for depression using standardized tools such as the PHQ-2 or PHQ-9 and the percentage who receive appropriate follow-up care within 30 days of a positive screening result.

Follow-up care may include in-person or virtual visits, phone outreach, behavioral health or case management interactions, or prescriptions for antidepressants.

To support accurate reporting, depression screening results should be submitted using Logical Observation Identifiers Names and Codes (LOINC®), through submission of electronic data (supplemental or bidirectional exchange). Follow-up care is captured using SNOMED CT® codes, which represent clinical concepts such as diagnoses, procedures, and interventions. Together, LOINC and SNOMED CT enable standardized data exchange across healthcare systems, ensuring that both screening and follow-up activities are accurately reflected in quality reporting.

Establishing supplemental data feed or EMR connectivity with Sunflower can close numerous care gaps and decrease administrative burden for office staff. For guidance on initiating a supplemental data submission process using these coding systems, please contact your Quality Practice Advisor or Provider Relations Representative.

The **Lead Screening in Children (LSC)** HEDIS measure monitors the percentage of children 2 years of age who had one or more capillary or venous lead blood tests for lead poisoning by their second birthday. Providers should:

- Perform the blood lead test on or before the child's second birthday to be compliant.
- Educate parents about the major sources of lead and poisoning prevention.
- Remember that a lead screening questionnaire does not count. Only a blood lead test will satisfy the requirement.

Important to Note: Medicaid guidelines require a blood lead test at ages 12 months and 24 months. Adhering to this requirement will satisfy the LSC HEDIS measure and maintain compliance with Medicaid standards.

The **WCC-BMI (Weight Assessment and Counseling for Nutrition and Physical Activity – BMI Percentile)** measure tracks the percentage of children and adolescents aged 3 to 17 who had their BMI percentile documented during the measurement year. Because BMI norms for youth vary with age and gender, the measure evaluates whether BMI percentile is assessed, rather than an absolute BMI value.

Documentation must include height, weight and BMI percentile during the measurement year. Either of the following meets criteria for BMI percentile:

- BMI percentile within medical record
- BMI percentile plotted on an age-growth chart

Ranges and thresholds do not meet criteria for this indicator. A distinct BMI percentile is required.

Availity Essentials

Use Availity Essentials to:

- Chat with Medicaid Customer Service
- Submit claims
- Check member eligibility
- Check claim status
- Submit claim corrections, reconsiderations and appeals
- Request Prior Authorizations
- View Explanation of Payment
- Attend or view Availity training modules

Required Provider Actions

Line of Business	Required Actions
All Providers	<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.
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	<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.
Wellcare Providers	<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.

Sunflower Provider Incentive Programs

We're excited to announce a comprehensive provider webinar this September covering all Provider Incentive Programs. This is a great opportunity to stay informed and keep your practice aligned with current quality initiatives.

Topics to be covered:

- Medicaid & Medicare Pay for Quality (P4Q)
- Notice of Pregnancy (NOP) Incentive – Medicaid
- Z-code Submission Incentive – Medicaid
- Continuity of Care (CoC) – All lines of business (Medicare, Medicaid, and Marketplace)

A provider bulletin will be sent in advance with webinar dates and registration details.

If you'd like to guarantee you receive an invitation or have any questions, please reach out to your Quality Practice Advisor.

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