Welcome to Sunflower State Health Plan
*a Subsidiary of Centene Corporation*

*Name and Title of Presenter*
Welcome Packet

- Provider Quick Reference Guide
- Provider Information for Medical Services
- Provider Portal Information Sheet
- Prior Authorization Fax Forms
- Notification of Pregnancy Form
- PCP Change Form
- Member Connections Brochure
- Member Connections Referral Form
- PaySpan Brochure
- HEDIS Guide
Overview of KanCare
Overview of Sunflower State
Member Eligibility
Website and Secure Portal Tools
Medical Management
Specialty Companies
Value-Added Services
Claims
Cultural Competency and Disability Awareness
Access Standards
Provider Relations
Questions
What is KanCare

• KanCare is the State’s new model for managing the Medicaid Program effective January 1, 2013
• Sunflower State Health Plan is one of the three managed care organizations (MCOs) selected to administer the KanCare program
• Most Medicaid Services fall within the KanCare program and will be administered by Sunflower State
  ➢ Behavioral care, including mental health and substance use disorders
  ➢ Physical health care including pharmacy, dental, vision and non-emergent transportation
  ➢ Long Term Supports and services including nursing facilities, Intermediate Care Facilities and HCBS services
  ➢ The Developmental Disability waiver services and targeted case management will be delayed one year
  ➢ Local Education Agencies (LEA) and Early Childhood Intervention Services will remain fee for service
Who is Covered

- All Medicaid and CHIP beneficiaries
- Excluded populations include:
  - Sixth Omnibus Reconciliation Act (SOBRA)
  - MediKan
  - Program for the All Inclusive Care for the Elderly (PACE)
  - Developmental Disabilities Waiver potentially added in 2014
- Native Americans can “opt-in” or “opt-out of the KanCare program
Who is Sunflower State?

• Home Office in Lenexa, KS
  ➢ Local CEO – Jean Rumbaugh
  ➢ Local Call Center
  ➢ Local Integrated Care Teams
  ➢ Local Medical Management
  ➢ Local Provider Relations and Contracting
• Subsidiary of Centene Corporation based in St. Louis, MO
  ➢ Sister Plan: Home State Health Plan
Member ID Cards

Name: [redacted]
Medicaid #: [redacted]
Effective Date: [redacted]
PCP Name: [redacted]
PCP Phone: [redacted]

Rx: US Script
BIN: 008019

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 State’s 24/7 nurse line at 1-877-644-4623 (TDD/TTY 1-888-282-6428).

Sunflower State Address: Four Pine Ridge Plaza, 8325 Lenexa Drive, Suite 200, Lenexa, KS 66214

www.SunflowerStateHealth.com
Member ID Cards

IMPORTANT CONTACT INFORMATION

Members:
Member Services: 1-877-644-4623
(TDD/TTY 1-888-282-8428)
Vision: 1-877-644-4623
Dental: 1-877-644-4623
Behavioral Health: 1-877-644-4623
24/7 NurseWise: 1-877-644-4623

Providers: Pharmacy: 1-877-249-2718
Provider Services & IVR Eligibility Inquiry
- Prior Auth: 1-877-644-4623

ED/I/EFT/ERA please visit
For Providers at
www.SunflowerStateHealth.com

All Paper Claims:
KanCare
PO Box 3571
Topeka, KS 66601-3571

Medical Correspondence/Non-Claims:
Sunflower State Health Plan
PO Box 4070
Farmington, MO 63640-3883

Behavioral Correspondence/Non-Claims:
Sunflower State Health Plan
PO Box 6400
Farmington MO 63640-38073

Provider Claims information via the web: www.SunflowerStateHealth.com
How to Verify Eligibility

- www.SunflowerStateHealth.com

- IVR or Member and Provider Services
  877-644-4623

- If registered with the State of Kansas website, you may also verify eligibility there as well.
Web-Based Tools

- Public site at www.SunflowerStateHealth.com
  - Provider Manual
  - Provider Billing Manual
  - Provider Information for Medical Services
  - Prior Authorization Code Checker
  - Operational forms such as Prior Authorization Forms, Notification of Pregnancy forms, etc.
  - Clinical Practice Guidelines
  - Provider Newsletters and Announcements
  - Plan News
  - Find a Provider

- Sunflower State is open to adding additional information to streamline administration of the Plan.

Contact Provider Relations at 1-877-644-4623
Through the Secure Web Portal, Providers can:

- Check Member Eligibility
- Submit Prior Authorization Requests
- View Patient Lists and Care Gaps
- Submit, view and adjust claims
- View Payment History

Registration is FREE and easy!

- Registration begins on December 1, 2012.
- Must be participating or if non-participating, must have submitted a claim
Medical Management Program

Goals

- Improve the quality of life for individuals with chronic conditions and disabilities
- Ensure care in the most appropriate setting
- Increase PCP visits
- Partner with you to reduce unnecessary ER visits
- Significantly increase EPSDT (Kan Be Healthy) screenings, prenatal/postpartum care and other preventive health screenings
• Medical Management services include:
  ➢ Utilization Management (Prior Authorizations)
  ➢ Care Management (OB/GYN management, Long Term Care management)
  ➢ Disease Management (Asthma, Diabetes)
  ➢ Quality Review (Clinical Outcomes Review)

• Medical Management hours:
  ➢ Monday thru Friday
  ➢ 8:00 am to 5:00 pm CST (excluding holidays)

• 24/7 – 365 Phone Coverage:
  ➢ NurseWise representatives
• Limited Authorization Requirements:
  ➢ Certain Ancillary Services – DME over certain dollar amounts, home health care, PT/OT/ST, Genetic Testing, Cochlear Implants
  ➢ Procedures/Services – all out of network, potentially cosmetic, bariatric surgery, high tech imaging, experimental/investigational, > 2 OB ultrasounds
  ➢ Home and Community Based Services
    ❖ Adult day care, attendant care, etc.
Inpatient Authorizations including Observation

• Urgent/Emergent – 1 business day
• Elective/Scheduled – 5 business days
  ➢ Medical inpatient
  ➢ Hospice
  ➢ Rehabilitation Facility
  ➢ SNF
  ➢ Nursing Facility
  ➢ Acute Medical Detoxification
  ➢ Transplants
Utilization Management

Able to submit authorizations by:

• Secure Web Portal at:  
  www.SunflowerStateHealth.com

• Fax –  
  ➢ Medical, Inpatient Admissions and Concurrent Review to: 888-453-4316

• Phone – 877-644-4623
Utilization Management

- Sunflower State utilizes InterQual® Criteria
- Urgent/Expedited Authorization requests will be turned around within 72 hours after all necessary clinical information is received
- Urgent/Concurrent decisions are made within 24 hours of receiving all necessary clinical information
- Written or electronic notification of the authorization request will be received by provider
- Be sure to request Authorizations using the NPI number that will be billed on the claim
Apex Appeal Process

- Peer to Peer for denial of care
  - Request at time of verbal denial notification
  - Requesting provider speaks with MCO Medical Director
- Must file within 30 days from Notice Of Action
- Standard determination timeframe is 14 days
- Expedited decision is 72 hours
- Appeal will be reviewed by same/similar specialist not involved in original decision
- Providers may also access the State’s Fair Hearing Process
Medical Management –
Specialty Therapy and Rehabilitative Services

- Cenpatico Specialty Therapy and Rehabilitative Services (STRS) offers Sunflower State members access to all covered, medically necessary outpatient home health, physical, occupational and speech therapy.

- Prior authorization is required for:
  - Outpatient home health
  - Physical Therapy
  - Occupational Therapy
  - Speech Therapy
  - No prior authorization is required for the Initial Evaluation

- Obtain Physician’s Order/Prescription for Therapy
  - Complete Therapy Evaluation/Written Plan of Care
  - Submit Outpatient Treatment Request form by faxing to 866-264-4452 or submit through Sunflower State Secure Portal
  - Form can be found at www.SunflowerStateHealth.com
• Medical Necessity Criteria – Clinical Practice Guidelines developed by professional associations for Physical, Occupational and Speech therapy in addition to InterQual® criteria. The criteria may be found at www.Cenpatico.com

• UM staff can be reached at 1-877-644-4623

• Claims should be submitted to Sunflower State Health Plan

• Cenpatico is a subsidiary of Centene Corporation
• Cenpatico Behavioral Health offers Sunflower State members access to all covered, medically necessary behavioral health including substance use disorder services.

• Prior authorization includes but is not limited to: required for Inpatient, Psychiatric Residential, ECT, IOP, PHP, Psych testing, office or home visits, targeted case management, acute detoxification, HCBS SED Waiver Services, HCBS Autism Waiver services
• To determine medical necessity, Cenpatico utilizes InterQual® as well as the Kansas Client Placement Criteria (KCPC) which is based upon the American Society of Addiction Medicine Placement Criteria (ASAM) for substance use disorder criteria.

• Cenpatico UM staff may be reached at: 877-644-4623

• Claims should be submitted to Cenpatico’s Payor ID which is 68068 or through Cenpatico’s secure web portal at www.Cenpatico.com

• Cenpatico is a subsidiary of Centene Corporation
National Imaging Associates (NIA)

- Provides Hi Tech Radiology Management services
- PA required for Non-Emergent Outpatient CT, CTA, CCTA, MRI, MRA
- Ordering physician responsible for obtaining PA
- Rendering provider must ensure PA has been obtained
- For prior auth call 877-644-4623 or enter request authorization at www.radmd.com
- Claims are submitted to Sunflower State.
OptiCare will administer:

- All services billed by an Ophthalmologist or Optometrist
- For questions regarding OptiCare, please call Sunflower State at 877-644-4623. Please visit www.opticare.com
- Paper Claims for vision services should be submitted to:
  
  KanCare
  Office of the Fiscal Agent
  P.O. Box 3571
  Topeka, KS 66601-3571
- Electronic claims may be submitted to payor id 56190
- OptiCare is a subsidiary of Centene Corporation
Dental benefits for Sunflower State members will be managed by DentaQuest.

DentaQuest contracts with local, community based dental practices in addition to FQHC’s, etc.

For information regarding DentaQuest, please call Sunflower State at 877-644-4623 or visit www.dentaquest.com.

Paper DentaQuest claims should be submitted to:

KanCare
Office of the Fiscal Agent
P.O. Box 3571
Topeka, KS 66601-3571
• MTM will administer the non-emergent transportation benefit for Sunflower State members.

• MTM contracts with local transportation providers.

• Questions regarding the transportation benefit should be directed to Sunflower State at 877-644-4623 or www.mtm-inc.net
• US Script will administer the pharmacy benefit for Sunflower State members.
• The Preferred Drug List is developed and maintained by KanCare. A link to the KanCare website will be posted at www.SunflowerStateHealth.com
• The BIN # for claims submission is 008019
• US Script may be contacted at 877-644-4623
• US Script is a subsidiary of Centene Corporation
Clients with existing services on 12/31/12 will continue those services for at least 90 days or until assessed by Case Management.

The State is sending a file of existing authorizations and Plan Of Care. We are auto-approving these auths.

Reassessments will be prioritized based on the expiration of existing Plan Of Care.

Providers are encouraged to contact Sunflower State to assist with transition and obtain authorization for continuation of existing services – where authorization is needed.
Purpose: To improve the health outcomes of the people we serve

Assessments:
- Health Risk Screening
- Notification of Pregnancy
- HCBS Services Assessment
  - Self-directed Care
- LTC Level of Care
The MemberConnections ® Program is Sunflower State’s outreach program designed to provide education to our members on how to access healthcare and develop healthy lifestyles in a setting where they feel most comfortable.

Components of Sunflower State’s MemberConnections® Program:

- ✓Community Connections (Connects Members to Community resources)
- ✓Home Connections (Connects Members who are home bound to other resources)
- ✓Connections Plus® (Provides free pre-programmed cell phones to members who are in disease management programs)

For more information call 1-877-644-4623 to speak with a Sunflower Health Care Manager or visit www.SunflowerStateHealth.com
The CentAccount® Program promotes appropriate utilization of preventative services by rewarding members for practicing healthy behavior.

Benefits of the program:

• Members receive a prepaid MasterCard® debit card

• Credit is added to the account balance when the member receives a certain screening or preventative care

• Members may use the cards to purchase healthcare goods and services
START SMART for your baby®

- Prenatal Coordinated Care Program
- Main Objectives of the Program:
  ✓ Decrease infant mortality rates
  ✓ Increase number of women receiving early prenatal care
  ✓ Increase abstinence from alcohol and illicit drugs among pregnant women
  ✓ Increase number of mothers who breastfeed
- Incorporates Clinical and Outreach efforts to assist pregnant women with issues that affect their pregnancy such as smoking
- Works in conjunction with established healthcare delivery systems, provider community care coordinators, and community resources
Claims and Payment

• Timely Filing
  ✓ Original claims and encounters within 180 calendar days from date of service
  ✓ Secondary claims within 180 calendar days from primary date of payment
• Paper claims submission:

  KanCare
  Office of the Fiscal Agent
  P.O. Box 3571
  Topeka, KS 66601-3571

• Providers who utilize AuthentiCare will continue to do so
• Clearinghouses and Payer ID: 68069

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<tbody>
<tr>
<td>Emdeon</td>
<td>Availity</td>
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<tr>
<td>SSI</td>
<td>Smart Data Solutions</td>
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<tr>
<td>Gateway</td>
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</tbody>
</table>

• EDI Contact:
  ➢ 800-225-2573 ext. 25525
  ➢ E-mail: EDIBA@centene.com

• Secure Provider Portal
Clean Claim
✓ Processed without obtaining additional information from provider or a third party

Clean Claims processing:
➢ 95% of clean claims within 30 calendar days of receipt
➢ 95% of all claims within 60 calendar days of receipt
➢ 99% of clean claims within 90 calendar days of receipt

Exceptions
☐ Claim for which fraud is suspected
☐ Third Party Liability
Corrected Claims

• Corrected claims must be received within 180 days of the original explanation of payment (EOP)
• Corrected Claims may be submitted through the Secure Web Portal
• Corrected Paper claims should be mailed to:

  KanCare
  Office of the Fiscal Agent
  P.O. Box 3571
  Topeka, KS  66601-3571
• Requests for reconsideration and claims disputes must be received within 180 days of the EOP or denial.
• This is a written request which includes the demographic information of the requesting provider as well as the reason(s) for the request. It does not include the submission of medical records and the claim should NOT be submitted.
• Claim Reconsiderations should be mailed to:

  Sunflower State Health Plan
  Attn: Reconsideration
  P.O. Box 4070
  Farmington, MO 63640-3833
Claim Disputes

- A claim dispute should be utilized when a provider has received an unsatisfactory response to a Request for Reconsideration.
- Complete a Claims Dispute Form which is located at www.SunflowerStateHealth.com.
- Claim Dispute Forms should be mailed to Sunflower State at the address below:
  Sunflower State Health Plan
  Attn: Claim Dispute
  P.O. Box 4070
  Farmington, MO 63640-3833

- All Corrected Claims, Requests for Reconsideration and Claims Disputes will be resolved within 30 days of receipt of all necessary information to make a determination.
- If a provider is not satisfied with the dispute review process, the provider may utilize the Dispute Resolution process in the Participating Provider Agreement or request a State Fair Hearing.
• PaySpan® Health
• Electronic Funds Transfer (EFT)
• Electronic Remittance Advice (ERA)
• Free Service and fast online enrollment
• Register at www.payspanhealth.com
• Register for Webinars
• More information call 877-331-7154
• Member may not be balance billed

• No Show
  ➢ Contact Member Connection
  ➢ Provide education to members

• If a member asks for a service to be provided that is not a covered service, you must ask the member to sign a statement indicating that they will pay for the specific service.
• Cultural Competency is defined as the willingness and ability of a system to value the importance of culture in the delivery of services to all segments of the population including those members with Disabilities.

• Sunflower State believes its members are entitled to dignified, appropriate, and quality care and expects this of its providers and of the Sunflower State staff serving our members.

• Providers are encouraged to complete the U.S. Department of Health and Human Services Physician Practical Guide to Culturally Competent Care.
The Americans with Disabilities Act (ADA) defines a person with a disability as:

• A person who has a physical or mental impairment that substantially limits one or more major life activities

• This includes people who have a records of an impairment, even if they do not currently have a disability

• It also includes individuals who do not have a disability, but are regarded as having a disability

• The ADA also makes it unlawful to discriminate against a person based on that person’s association with a person with a disability
## People First Language

<table>
<thead>
<tr>
<th>Handicap/Handicapped</th>
<th>Disability/Disabled</th>
</tr>
</thead>
<tbody>
<tr>
<td>Handicapped Parking/Seating</td>
<td>Accessible Parking/Accessible Seating</td>
</tr>
<tr>
<td>Patient</td>
<td>Use only if the person is under a Dr’s care</td>
</tr>
<tr>
<td>Stricken/Victim/Suffering from</td>
<td>Had or has a Disability</td>
</tr>
<tr>
<td>Retard/Mongoloid</td>
<td>Cognitive or Intellectual Impairment</td>
</tr>
<tr>
<td>Wheelchair bound/confined</td>
<td>Uses a Wheelchair</td>
</tr>
<tr>
<td>(MCS) Respiratory Disorders</td>
<td>Do not wear perfumes, do not use sprays or chemicals, maintain good ventilation</td>
</tr>
<tr>
<td>Dumb/Deaf-mute</td>
<td>Person with a Communication Disorder</td>
</tr>
<tr>
<td>The Deaf</td>
<td>A person who is Deaf</td>
</tr>
<tr>
<td>The Blind</td>
<td>A person/people who are blind</td>
</tr>
</tbody>
</table>
Disability Sensitivity

Disability Etiquette – Not All Disabilities are Apparent

<table>
<thead>
<tr>
<th>Disability Type</th>
<th>Etiquette</th>
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<tbody>
<tr>
<td>Mobility Impairments</td>
<td>Don’t push or touch someone’s wheelchair, don’t lean on the chair, when possible bring yourself down to their level to speak to them</td>
</tr>
<tr>
<td>Visually impaired</td>
<td>Identify yourself, do not speak to our touch a guide dog who is working</td>
</tr>
<tr>
<td>Deaf or Hard of Hearing</td>
<td>Speak directly to the person not the interpreter, do not assume they can read your lips, do not chew gum or wear sunglasses or otherwise obscure your face</td>
</tr>
<tr>
<td>Speech Disorders</td>
<td>Don’t finish the persons sentences, ask the person repeat or you can repeat to make sure you understood</td>
</tr>
<tr>
<td>Seizure Disorders</td>
<td>Do not interfere with the seizure, protect their head during the event, do not assume they need you to call 911</td>
</tr>
<tr>
<td>(MCS) Respiratory Disorders</td>
<td>Do not wear perfumes, do not use sprays or chemicals, maintain good ventilation</td>
</tr>
<tr>
<td>Developmental Disabilities</td>
<td>Speak clearly using simple words, do not use baby talk or talk down to the person, do not assume they cannot make their own decisions unless you have been told otherwise</td>
</tr>
</tbody>
</table>
Disability Sensitivity

Your designated Provider Relations Representative will discuss and review your facility for ADA compliance

<table>
<thead>
<tr>
<th>Ramps and curb cut outs in sidewalks and entrances</th>
<th>Designated accessible parking spaces</th>
</tr>
</thead>
<tbody>
<tr>
<td>Raised markings on elevator control buttons</td>
<td>Flashing alarm lights</td>
</tr>
<tr>
<td>No turnstiles or if there, provide an alternative accessible path</td>
<td>Widen doors and install accessible door hardware (lever style handles)</td>
</tr>
<tr>
<td>Toilet partitions and raised toilet seats</td>
<td>Insulated lavatory pipes to prevent burns</td>
</tr>
<tr>
<td>Paper towel dispenses, water fountains w/accessible paper cup dispenses, telephones and shelves for easy access</td>
<td>No high-pile, low density carpet</td>
</tr>
<tr>
<td>Adequate space in exam rooms to turn a wheelchair</td>
<td>Adjustable height, padded exam tables, platform or sitting scales</td>
</tr>
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Mainstreaming

• Sunflower State and providers are expected to treat members without regard to race, color, creed, sex, religion, age, national origin ancestry, marital status, sexual preference, health status, income status, program membership, physician or behavioral disabilities

• Prohibited practices include:
  ✓ Denying a member a covered service or availability of a facility
  ✓ Provide services to a Sunflower State member differently than other “public” or private pay members.
Fraud, Waste, and Abuse

• Sunflower State takes Fraud, Waste, and Abuse very seriously.
• Sunflower State in conjunction with its parent company, Centene Corporation, operates a Fraud, Waste and Abuse unit.
• The Special Investigations Unit performs routine, retrospective audits as part of the Fraud, Waste, and Abuse detection program.
• If you suspect or witness Fraud, please contact the Fraud, Waste and Abuse hotline at 866-685-8664. All calls are confidential.
• Please see the Provider Manual for more details.
• The contract between KanCare and Sunflower State includes specific standards related to appointment times and wait times.

• These standards are based upon provider specialties

• Please consult the Provider Manual for specifics related to your specialty

• Compliance with these standards will be monitored by the Sunflower State Quality Department and your dedicated Provider Relations Representative
Dedicated Provider Relations Representative

- Demographic Information Update
- Education on how to initiate credentialing of a new practitioner
- Schedule an in-service
- Obtain clarification of policies and procedures
- Contract clarification
- Fee schedule information
- Membership roster questions
- Claims dispute and resolution
- Register for the Provider Portal, PaySpan

Provider Services at 877-644-4623
Provider Relations Contact Information:

<table>
<thead>
<tr>
<th>Name</th>
<th>Phone</th>
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Questions?