Questions for the Plans: Sunflower State Health Plan

What is your timely filing requirement?

Standard Timely Filing is 180 days.

Can I contract with just a plans Medicaid product?

It is Sunflower's preference to include potential future products, such as Exchange or Medicare Advantage in the event that Kansas rolls out a new program for Dual eligibles. This would avoid the need for both parties to negotiate addendums for these products at a later date. However, Sunflower will NOT make participation in Medicare or Exchange a condition of participation in KanCare.

Can I contract directly with the plans and not go through Multi-plan or Providers Care?

For Sunflower, you may contract either through ProviDRsCare or directly with Sunflower.

How soon after submitting a prior authorization can a provider expect to hear back? How will this be communicated?

For standard authorizations requests (non-urgent), a response will be returned within fourteen (14) days. Urgent and/or Expedited requests will receive a response within 72 hours. A request for urgent concurrent review of an ongoing inpatient admission decision will be issues within 24 hours of the request. All authorization decisions will be submitted to the requestor either via written or electronic response.

How many separate contracts will I need to contract for? Example...Lab, vision, medical

Sunflower will be contracting directly (and through ProviDRsCare) for physical health services and for Long Term Supports and Services (Nursing, Assisted Living, Long Term Facilities as well as Home and Community Based Services). Behavioral Health Services will require a contract with Cenpatico. Medical and routine vision services (Ophthalmology, Optometry, Optical) will require a contract with Opticare. Retail Pharmacy will require a contract with US Script. Dental will require a contract with DentaQuest. Non Emergency Transportation will require a contract with MTM.

When will your provider manual be available?

Sunflower's provider Manual is currently with the State for approval. However, draft Provider Manuals are available for review upon request and are also available on the Sunflower State Health Plan website @ www.sunflowerstatehealth.com

How will you handle a provider who doesn't met credentialing guidelines? Will you do an access needs waiver?

Providers who do not meet credentialing guidelines will not be allowed to join Sunflower network. No access needs waivers will be granted.

What happens if a contracted Kansas physicians sees a medicaid patient from another state where the assigned plan is also contracted, will the KS physician be paid? If so, by which state fee schedule?

All Non-Par providers of each health plan are required to obtain an authorization prior to providing services to a member. If the provider sees a Home State Health Plan member but is not participating with Home State, they will need an authorization and will be paid in accordance with Missouri Medicaid methodology. It the provider is participating with Home State and sees a Home State member, they will be paid according to their Home State agreement.

How may a provider opt out of their contract?

Sunflower's standard contract provisions allow for Providers to terminate their contracts with 180 days prior notice.

How will you communicate updates?

Updates are communicated in a variety of ways. Depending on the subject matter, updates may be communicated through fax or e-mail blast. These fax/e-mail blasts will also be posted on the Sunflower State website. Additionally, updates will be communicated via periodic Newsletters. Finally, Provider Relations Representatives will conduct outreach visits to their assigned providers and will communicate and updates.

How does a claim get paid in the event a prior auth was needed but not obtained?

If a Provider did not obtain an authorization as required and a claim is subsequently denied, the Provider would need to follow the appeal process outlined in the Provider Manual.

Do admits to nursing homes have to be precertified? If so, for what type, skilled care, swing bed, etc.?

All admissions to nursing home will require authorization regardless of level of care provided.

Once a claim is denied what is your time frame for an appeal after receiving a denial on a remit?

Appeals must be submitted within 180 days from the date of the remittance.

When a patient has a primary insurance and once the primary has paid can the providers file the claim to the MCOs as secondary via an electronic claim as is done in Medicare or does the provider have to submit a paper claim along with the EOP from the primary.

The claim and EOP may be submitted either via electronic submission or paper. Electronic submission is preferred.

How will providers receive their RA's? Will they be posted on the secure portal of the MCO's web, or are they mailed to the provider.

Sunflower State utilizes PaySpan Health for Electronic Funds Transfer and Electronic Remittance Advice. Enrolling with PaySpan is easy and free to the provider. Otherwise, the remittance advice will be mailed to the provider. The provider may view the remittance advice through the Secure Portal.

How will you handle fee schedule changes? For example if the state makes a change 5/1/13 and makes the change retroactive to 1/1/13 will the MCO's go back and adjust claims automatically and pay the providers to the effective date of the change.?

We are currently working with the State on the update frequency and method of their fee schedules. Sunflower's standard provider contract language allows for 30 days to upload fee schedules without retroactively paying claims. The effective date of the fee schedule change is the later of the published effective date by the state or 30 days after the fee schedule update is published.

Do you have dedicated provider enrollment telephone numbers?

There is one dedicated phone number for Sunflower State Health Plan, 1-877-644-4623. The provider may choose the appropriate choice through the IVR line.

On send out labs are we required to use specific lab companies such as LabCorp or Quest or can we send lab to our local hospitals or lab companies we currently utilize?

Sunflower State is contracted with Quest and Lab Corp. In addition, providers may send/order labs at participating hospitals or other participating providers of laboratory services.

Will you be promoting a Physician incentive program in Kansas? If so when will the programs start?

Once baseline data has been received, Sunflower will be developing physician incentive programs that are meaningful to the providers and improve outcomes for the members. We expect these to be in place the later part of 2013 or 2014.

How will Ophthalmology claims be handled; medical plan or vision vendor? Is it driven by diagnosis or provider type? Please provide rationale

OptiCare will be Sunflower's vendor for Medical and Routine (Opthalmology, Optometry and Optical). Claims for these provider types will need to be submitted to OptiCare regardless of diagnosis or service.