

Claims Submission
Methods:

1. Sunflower State Secure Web Portal at www.SunflowerStateHealth.com
 - a. To register for the Portal:
 - b. Go to www.SunflowerStateHealth.com.
 - c. Click on “Log In”.
 - d. Click on “Register” under the Provider Secure Log in area
 - e. Supply the information requested.
 - f. You will receive an e-mail with a link. Follow the link to complete the registration process.
2. Submit claims electronically through one of the preferred Sunflower State EDI Clearinghouses: Emdeon, SSI, Gateway, Availity, and Smart Data Solutions. Our electronic payer id is 68069. If you are having issues with electronic billing, please call our EDI department at 800-225-2573 extension 25525 or e-mail at EDIBA@centene.com.
3. Submit claims through KMAP. Please see KMAP General Bulletin 12115 issued November, 2012. This bulletin is posted on the Sunflower State website. Click on For Providers, Provider Resources, Manuals and Guides, Guides – KanCare Bulletin-KMAP Billing.
4. For HCBS Providers, claims may be submitted through AuthentiCare. Claims will then be transferred to Sunflower State for final adjudication.
5. Submit paper claims to KanCare, PO Box 3571, Topeka, KS 66601-3571.

Long Term Care Wizard

The Web Portal offers a function called the Long Term Care Wizard. This function allows Nursing Home Facilities to build a patient list. Then, each month as claims are submitted, the admit date/service date can be updated and submitted rather than create a new claim each time. You must be a Registered User on the Secure Portal.

To access the Long Term Care Wizard:

1. Click on Claims
2. Click on Multiple
3. Select either the CMS 1500 or CMS UB04 Claim Type
4. Select the Service Location for the claim. Click on the Name
5. When creating a claim for the first time, enter the Member ID, Birthdate and click Add Member
6. After adding the new member to the Member list, click the box on the left of Member Name
7. Complete all information as requested on the screen
8. To submit subsequent claims requires much less coding. Follow the above steps. From the Member List check members with subsequent claims and enter the new information to update the claim for the next billing cycle. Click on Update Dates to apply new dates to all checked members. This will put the claims under the Claims Ready to be Submitted section. Click on Submit Claims.

Home and Community Based Service Provider Submission of Electronic Visit Verification Claims with Third Party Liability

1. Blanket Denials
 - a. The State of Kansas will continue to maintain a standard blanket denial list that will be updated and distributed to all MCOs for application in our systems. If a blanket denial is available, the provider’s claim will be received and processed without

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| <p>Claims Submission Methods (con't)</p> | <p>coordination of benefits (COB) information being required.</p> <ol style="list-style-type: none"> 2. Services without a Blanket Denial <ol style="list-style-type: none"> a. If a claim for services for a member with other insurance is submitted via AuthentiCare and no blanket denial is available, the initial claim will be received and denied back to the Provider with an explanation code (EX code) of L6 "Deny: Bill Primary Insurance First, Resubmit with EOB". 3. How to Provider COB Information After Denial <ol style="list-style-type: none"> a. Preferred method: A provider can access the initial claim submitted via the Sunflower State Provider Secure Portal. That initial claim can be corrected via the portal by providing the other insurance information and resubmitting the corrected claim. b. A provider can also submit a corrected claim electronically via a clearinghouse by following the appropriate corrected claim processing instructions located in the Sunflower State Billing Manual which is posted on the Sunflower State website. c. If an electronic option is not available to the provider, the provider can submit a paper corrected claim (following the corrected claim instructions in the Billing Manual) with a copy of the primary payer's Explanation of Payment to: KMAP, PO Box 3571, Topeka KS 66601-3571. |
| <p>Provider Numbers</p> | <p>The Provider Number for Sunflower State is the Rendering Provider NPI number. If you submit claims through AuthentiCare, you utilize your State issued Medicaid ID Number. The AuthentiCare claim will be transmitted to Sunflower State who will match up the Medicaid ID Number with the NPI number in order to process the claim.</p> <p>If you are an HCBS provider, you are required to bill through AuthentiCare and must use your State-issued Medicaid ID Number.</p> |
| <p>Claims Status Methods:</p> | <ol style="list-style-type: none"> 1. Sunflower State Secure Web Portal <ol style="list-style-type: none"> a. Follow the instructions above to register for the Portal. b. All claims submitted to Sunflower State will be reflected in the Portal within 48 hours. If the claim is submitted via the secure portal, the claim should appear within 2 hours. As an example, if the claim is submitted via the KMAP site, once received by Sunflower State, the claim will be viewable in the Sunflower State Secure Web Portal. 2. Utilize the Sunflower State Interactive Voice Response (IVR) Line at 877-644-4623 and follow the prompts to check claims status. You will be required to utilize the NPI number, tax id, member ID and date of birth so have these items available in preparation for the call. 3. Call Sunflower State Provider Services at 877-644-4623 and follow the prompts to Provider Services. |
| <p>Claims Remittance Methods:</p> | <ol style="list-style-type: none"> 1. Sunflower State utilizes PaySpan Health to administer Electronic Funds Transfer and Electronic Remittance Advice. <ol style="list-style-type: none"> a. To register for PaySpan call 877-331-7154 to receive the registration code. Go to www.payspanhealth.com and click the Register Now button. Enter the registration code, Provider ID Number (PIN) and Tax ID Number. b. A guide to PaySpan registration can be found on our website at http://www.sunflowerstatehealth.com/files/2012/12/How-to-Register-for-PaySpan-Health.pdf. 2. Paper Checks and Paper Remittance Advices |

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| Payment Frequency | | FEB | Clearinghouse | MCO Portal |
| | From Claim Submission to Claim Received by MCO Claim's System | <3 Business Days | 1 Business Day or Same Day | 1 Business Day or Same Day |
| | From Claim Submission to Claim Appears on MCO Secure Portal with Current Adjudication Status* | <4 Business Days | 1 Business Day or Same Day | 1 Business Day or Same Day |
| | Number of Days for Pends and Other Claims Review From Date Claims Received by MCO | < 7 Business Days on Average | < 7 Business Days on Average | < 7 Business Days on Average |
| | From Claim Received by MCO to Final Payable (Paid/Denied) | < 7 Business Days on Average State Requirement = <20 Days for Clean Claims | < 7 Business Days on Average State Requirement = <20 Days for Clean Claims | < 7 Business Days on Average State Requirement = <20 Days for Clean Claims |
| | From Claim Hitting Payable to EFT Received by Provider | 1 Business Day or Same Day Depending on Bank | 1 Business Day or Same Day Depending on Bank | 1 Business Day or Same Day Depending on Bank |
| | From Claim Hitting Payable to Provider Receiving Paper Check | 2-4 Business Mail Days | 2-4 Business Mail Days | 2-4 Business Mail Days |
| | Specific-Identified Claims Issues as of January 17, 2013. | <u>SNF Claims Incorrectly Routed to Cenpatico Behavioral Health</u> SNF claims are incorrectly being routed to Cenpatico Behavioral Health (CBH) via the Front End Billing process through KMAP. CBH and the State continue to work to correct this | | |

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| <p>Please reference the Claims Issues Log posted on the Sunflower State web site for up-to-date information on verified claim payment issues.</p> | <p>programming. You may receive confirmation reports indicating the claims were re-routed to CBH. Sunflower is manually voiding those claims and re-keying them into the medical account. There is nothing the SNF needs to do in this situation. Until the systemic issue is corrected, you may see a 2-4 day delay in your claims appearing on the Sunflower State Secure Provider Portal. If after 4 days, your claim doesn't appear, please contact Provider Services at 877-644-4623. The state has indicated the fix for this issue should be in production on Friday 1/18/2013.</p> <p><u>SNF/LTC Claims with Admit Date Prior to 1/1/2013 – B2 Pends</u></p> <ul style="list-style-type: none"> • SNF and LTC providers may have experienced a delay in payment or may be seeing B2 pends when checking the claim status via the Secure Provider Portal. This is due to the fact that the admit date on the claim was prior to the Sunflower State effective date of January 1, 2013. • Any claims submitted with an admit date on or after January 1, 2013 will be adjudicated more quickly than claims submitted with an admit date prior to • January 1, 2013. Claims submitted with an admit date prior to January 1, 2013 require manual adjudication and this manual adjudication could potentially lead to a payment delay. • Sunflower did send a Fax Blast on January 22, 2013 confirming that claims can be submitted with an effective date prior to January 1, 2013. <p><u>HCBS Fee Schedule</u></p> <p>With the assistance of HCBS providers, Sunflower State identified an issue within our fee schedules. The entire fee schedules have been re-worked to ensure that all issues are resolved. All affected claims should be reprocessed no later than February 8, 2013.</p> <p><u>Intermediate Care Facility Type of Bill (TOB) 61X Invalid as of January 1, 2013</u></p> <p>The State has issued a bulletin to providers indicating that claims should be rebilled using the Type of Bill of 65X or 66X. If the claim was submitted through KMAP, it should be corrected and resubmitted there. Please see the Sunflower State Provider Manual and Billing Manual posted on the website at www.SunflowerStateHealth.com for instructions on how to submit a corrected claim NOT initially submitted through KMAP.</p> |
| <p>General Claim Guidance</p> | <ol style="list-style-type: none"> 1. 21X is the correct bill type for Nursing Facilities. 2. Revenue Code 120 must be utilized to submit room and board charges 3. Revenue Codes 180, 181, 183, or 185 must be utilized for reserve days 4. Admitting diagnosis codes are required on all claims. 5. The admitting provider is required on all SNF claims. This is in accordance with HIPPA compliant billing rules. 6. Providers must code diagnoses to the highest level of specificity. That is, if the highest level of specificity is a diagnosis code with 4 digits, a diagnosis code containing 4 digits must be utilized when submitting the claim. This is also true for diagnosis codes where the highest level of specificity is 5 digits. 7. Sunflower State will follow the existing Kansas Medicaid Pricing Algorithm for processing professional and institutional Medicare-related claims. 8. Sunflower State will apply the Coordination of Benefits/Third Party Liability rules as stated in the State's TPL Manual that covers Long Term Care Insurance 9. Continue to complete the MS-2126 form and submit to the State. Sunflower does not need this form for claims processing. |

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| | <p>10. Sunflower State accepts cross-over claims.</p> |
| <p>Provider Relations</p> | <p>Sunflower State has dedicated Provider Relations Specialists throughout the State. To determine who your dedicated Provider Relations Specialist is:</p> <ol style="list-style-type: none"> 1. Visit our website at www.SunflowerStateHealth.com 2. Click on For Providers 3. Click on Provider Resources 4. Under Resources on the right hand side of the web page, click on Territories Map <p>Providers may always call Provider Services at 877-644-4623 for information.</p> <p>Provider Relations Specialists are available to conduct Orientations and visits. If you have not already been contacted by your assigned Provider Relations Specialist, you may reach them by sending an e-mail to the e-mail address listed on the above Territories Map.</p> <p>Sunflower State sends Fax Blasts from time to time regarding important health plan information. These Fax Blasts are also posted on the website at www.SunflowerStateHealth.com.</p> |
| <p>Medical Management Scenarios</p> | <p><u>Member is in a Nursing Facility as of January 1, 2013 – “Go-Live”</u></p> <ol style="list-style-type: none"> 1. The Sunflower Case Managers will be contacting each facility to identify themselves and to provide their contact information. If you have not heard from your Case Manager, call Sunflower at 877-644-4623 and follow the prompts to Waiver Case Management. 2. The Case Managers will be scheduling onsite reviews with these members and will advise the facilities of their schedule of when they expect to be at the Nursing Facility. 3. The Case Managers will always announce themselves when they arrive in the Nursing Facility. 4. The Case Managers may attend some Care Planning on occasion, especially when the Nursing Facility needs support with the member’s family. 5. The Case Managers will work with the facilities when members choose to follow Money Follows the Person (MFP) programs and other discharge planning from the Nursing Facility. <p><u>Members being admitted to a Nursing Facility from an inpatient facility</u></p> <ol style="list-style-type: none"> 1. A Sunflower Concurrent Review Nurse will be involved in the case and as part of discharge planning will assist with transferring the member to the selected Nursing Facility. 2. The Concurrent Review Nurse will provide a listing of available Nursing Facilities 3. The Concurrent Review Nurse will work with the hospital discharge planner to ensure appropriate authorizations are in place to transfer the member 4. The Sunflower State Concurrent Review Nurse will also ensure authorizations for any services or equipment needed outside of the Nursing Facility Covered Services/Items are in place as indicated by the Sunflower Prior Authorization list. 5. The length of the authorization will depend on the member diagnosis, acuity and intended treatment plan. The length of the authorization will be shorter for skilled and rehabilitative admissions. 6. Authorizations for custodial care will be at six month intervals so that the Sunflower State case manager can reassess member status at least semi-annually and upon |

Medical Management
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significant change.

Members being admitted directly from home or an assisted living facility

1. The admitting physician and/or receiving Nursing Facility should contact Sunflower's Prior Authorization department 5-7 days in advance of the admission or as soon as the need for admission is identified
2. The member will be assigned a case manager who will work with the family and the Nursing Facility to ensure a smooth transfer
3. The Case Manager will ensure appropriate authorizations are in place as noted above and schedule transportation as indicated.
4. Sunflower will require information related to any medical conditions, physician admitting orders, and a level of care assessment (CARE assessment if available) and proposed treatment plan.
5. Sunflower will use InterQual criteria to review for medical necessity of the admission and the appropriate level of care.

Member discharge from a Nursing Facility to a lower level of care:

1. The Sunflower State Case Manager should be engaged as early as possible in the discharge planning process.
2. The Sunflower State Case Manager will assist with identifying and obtaining authorizations for any home and community based services and/or medical equipment needed to maintain the member safely at home.
3. The Sunflower Case Manager will also assist with setting up transportation, follow-up physician appointments, and outpatient treatment as indicated by the member's treatment plan.

In all scenarios, the Sunflower State Case Manager is empowered to approve authorization at the time of receipt of all necessary clinical information. As such, Sunflower does not anticipate any lost days of reimbursement between the hospital, Nursing Facility or home and community based services.

NurseWise is Sunflower State's 24 hour 365 service which is staffed by registered nurses. Should you have any questions regarding admissions after hours, on weekends, or on holidays, you may reach NurseWise at 877-644-4623.