



800-454-3730  
www.amerigroup.com



UnitedHealthcare® 877-542-9235  
Community Plan uhccommunityplan.com



sunflower health plan™ 877-644-4623  
SunflowerHealthPlan.com

**CONTACT INFO AND SPECIALTY SERVICES**

<b>Provider Website</b>	providers.amerigroup.com	UnitedHealthcareOnline.com	provider.SunflowerHealthPlan.com
<b>Nonemergent Medical Transport</b>	<b>Access2Care</b> 866-410-0002   www.access2care.net	<b>LogistiCare</b> 877-796-5847   member.logisticare.com	<b>LogistiCare</b> 877-917-8162   member.logisticare.com
<b>Pharmacy Services</b>	<b>Express Scripts</b> Fax: 800-601-4829   Phone: 855-201-7170 www.express-scripts.com	<b>Optum Rx</b> Help Desk: 877-305-8952   Service: 800-711-4555 UHCCommunityPlan.com	<b>Involve Pharmacy Solutions</b> , Bin #008019 877-644-4623 pharmacy.involvehealth.com
<b>Dental Benefits</b>	<b>Scion Dental</b> 855-812-9206   www.sciondental.com	<b>Dental Services</b> 855-878-5372	<b>Involve Dental</b> 877-644-4623   dental.involvehealth.com
<b>Vision Benefits</b>	<b>Ocular Benefits</b> 866-416-0150   www.ocularbenefits.com	<b>MARCH Vision Care</b> 844-506-2724   http://providers.eyesynergy.com	<b>Involve Vision</b> , Payor ID: 56190 877-644-4623   visionbenefits.involvehealth.com
<b>Laboratory Services</b>	Refer to provider website for additional laboratory services. <b>Quest Diagnostics</b> <b>LabCorp</b> 866-697-8378                      888-522-4452 questdiagnostics.com      labcorp.com	<b>Provider Services:</b> 877-542-9235	<b>Quest Diagnostics</b> <b>LabCorp</b> 866-697-8378                      888-522-4452 questdiagnostics.com      labcorp.com
<b>Specialty Therapy &amp; Rehab (Outpatient PT, OT &amp; ST)</b>	Precertification is not required for evaluations. Precertification is required for initial visits, treatments, and inpatient rehabilitation. Provider Service Unit: 800-454-3730	<b>Provider Services:</b> 877-542-9235	<b>Cenpatico</b> , Payor ID: 68068 877-264-6550   www.cenpatico.com
<b>High Tech Radiology Imaging</b>	<b>AIM</b> 800-714-0040   aimspecialtyhealth.com	No PA required. N/A	<b>National Imaging Associates (NIA)</b> 877-644-4623   www.radmd.com
<b>Case Mgt. / Care Coordination</b>	<b>Case Management/Care Coordination</b> <b>Physical Health:</b> 800-454-3730 <b>LTSS:</b> 800-454-3730 or email kscasespec@amerigroup.com <b>Maternity Care:</b> Taking Care of Baby and Me: Call Provider Services at 1-800-454-3730 or visit https://myadvocatehelps.com to learn more	<b>LTC Care Coordination</b> 877-542-9235 <b>Medical Care Coordination</b> 877-542-8997	<b>MATERNITY CARE</b> <b>Healthy First Steps Maternity Case Management</b> Referrals 800-599-5985 <b>OB Risk Assessment</b> Forms Fax to 877-353-6913
			<b>Care Management</b> Long Term Support Services CM and Physical Health CM 877-644-4623 <b>MATERNITY CARE</b> <b>Start Smart For Your Baby</b> 877-644-4623 <b>Notification of Pregnancy Forms</b> Provider portal or fax to 866-681-5125

**PRIOR AUTHORIZATION - Providers may also refer to the KanCare Prior Authorization/Notification Guide on KHA-net.org**

<b>Services Req. Prior Auth</b>	(PLUTO) PreCert Look Up Tool found under the Quick Tools section of the website. Or call Provider Services at 800-454-3730	Complete and current list of services requiring prior authorizations: UHCCommunityPlan.com or 866-604-3267.	Complete list of services requiring prior auth: SunflowerHealthPlan.com. Prior Authorization (PA) tool in Provider Resources.
<b>Prior Auth, Phone, Fax, Websites</b>	<b>Amerigroup:</b> 800-454-3730 <b>Fax:</b> 800-964-3627 <b>Online:</b> providers.amerigroup.com/KS	<b>Acute:</b> 866-943-6474 <b>LTC/LTSS:</b> 877-950-6887 <b>Pharmacy Prior Authorizations/Notification Forms:</b> UHCCommunityPlan.com  <b>Prior authorization online:</b> UnitedHealthcareOnline.com.	<b>Inpatient and Outpatient Fax Forms:</b> 888-453-4316 <b>Concurrent Review – Clinicals (Fax):</b> 877-213-7732 <b>Admissions/Face Sheet/Census (Fax):</b> 866-965-5433 <b>PT/ST/OT Outpatient &amp; Home Services (Fax):</b> 866-264-4452 <b>Behavioral Health Services (Fax):</b> 866-264-4452 <b>National Imaging Associates (CT, MRI):</b> www.radmd.com.  <b>Prior authorization online:</b> provider.sunflowerhealthplan.com

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### CLAIMS

**Timely Filing** **Primary claims:** Claims must be received within your contractual timely filing period. **Secondary claims:** Timely filing for claims involving other carrier payments begins on the date of the primary payor EOP. **\*\*Providers should refer to their specific provider contract for timely filing periods.**

**Primary claims:** Standard requirement is 180 days from the date of service, however this can vary by contract. Please refer to your UnitedHealthcare Participation Agreement for your specific requirement. **Secondary claims:** 180 days from the date on the Explanation of Benefits from the primary payer. **Members with Retroactivity:** If submitting a claim for retroactive eligibility on a member, timely filing limits start on the day member is determined to be eligible by KDHE and not the back-dated eligibility start date.

180 days from date of service, eligibility determination or date of primary payor EOP.

**Electronic Claims Submission**  
• Established claim clearinghouse  
• Provider web portal (Availity): apps.availity.com  
• KanCare front-end billing option (KMAP)  
• Many home and community-based services require electronic visit verification (EVV) and are billed via AuthentiCare

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• Electronic clearinghouse vendors. Emdeon, Gateway, SSI, Availity & Smart Data Solutions  
• Provider web portal: provider.sunflowerhealthplan.com  
• KanCare front-end billing option (KMAP)  
• HCBS providers must continue to use AuthentiCare

**Payor ID** Payor ID: Emdeon 27514; Capario 28804; Availity 26375

Payor ID: 96385

Payor ID: 68069

**Paper Claims** Submit your paper claims to: Amerigroup Kansas, Inc., PO Box 61010, Virginia Beach, VA 23466-1010

Mail the completed claim to: UnitedHealthcare, PO Box 5270, Kingston, NY 12402

Mail paper claims to: Sunflower Health Plan, PO Box 4070, Farmington, MO 63640-3833

**Corrected Claims** May be submitted within 365 calendar days of the date of service.

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Must be received within 365 days from the date of explanation of payment (EOP).

**Corrected Claims Mailing** Include claim correspondence form: Claims Correspondence, Amerigroup Kansas, Inc., PO Box 61599, Virginia Beach, VA 23466-1599

If you chose to mail your corrected claims, please mail it to: United HealthCare, P.O. Box 5270, Kingston, NY 12402

Sunflower Health Plan, PO Box 4070, Farmington, MO 63640-3833

**Claims Payment** **PaySpan** (free EFT & ERA) 877-331-7154, payspanhealth.com

**Electronic Payment and Statements (EPS)** 1-877-620-6194, Option 1 (enrollment) or Option 2 (Questions/Support)

**PaySpan** (free EFT & ERA) 877-331-7154, payspanhealth.com

### PROVIDER RECONSIDERATIONS AND APPEALS

**Claims Reconsideration (Optional)** Must be received within 120 days of the remittance date, plus 3 calendar days when mailing. May be submitted online through www.availity.com, or in writing to: Payment Appeal Unit, Amerigroup Kansas, Inc., PO Box 61599, Virginia Beach, VA 23466-1599. Please include the Reimbursement Reconsideration Submission Form found online at providers.amerigroup.com/KS

Requests must be submitted within 120 calendar days from the remittance date, plus 3 calendar days from the date of the notice. Submit by phone: 877-542-9235; electronically: using the claimLINK tool at UHCProvider.com; by mail: UnitedHealthcare Community Plan, PO Box 31350, Salt Lake City, UT 84131-0350.

Must submit by phone, by email, in person or in writing within 120 days of the date of the action. Send written reconsideration requests to: Sunflower Health Plan, P.O. Box 4070 Farmington, MO 63640-3833. Sunflower will resolve your reconsideration within 30 calendar days from date of receipt.

**Provider Appeals** Must be received in writing within 60 days of the date of the reconsideration letter; or, within 60 days of the remittance date (when bypassing the reconsideration process). If filing an appeal online through Availity, must write on the request "I would like to bypass the reconsideration." Mail to: Payment Appeal Unit, Amerigroup Kansas, Inc., P.O. Box 61599, Virginia Beach, VA 23466-1599. Please include the Claim Payment Appeal Submission Form found online at providers.amerigroup.com/KS

Must file a request for appeal in writing within 60 calendar days, plus 3 calendar days from the date of the PRA or notice of action. By mail: UnitedHealthcare, Grievances and Appeals, PO Box 31364, Salt Lake City, UT 84131-0364. In person (8am-5pm CT): United Healthcare Community Plan, 10895 Grandview Dr., Ste. 200, Overland Park, KS 66210.

Must file a request for appeal in writing within 60 calendar days from the action, plus 3 calendar days if the notice was mailed. Must include the *Provider Reconsideration & Appeal Form*. Send to: Sunflower Health Plan, P.O. Box 4070, Farmington, MO 63640-3833. Sunflower will send resolution letter within 30 calendar days. Providers not satisfied with the resolution of their appeal have the right to a State Fair Hearing.