

**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>Involve Vision</b> 866-921-7962   visionbenefits.involvehealth.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	N/A	<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 or initial visits. Precertification is required for treatments and inpatient rehabilitation.	N/A	<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.	<b>National Imaging Associates (NIA)</b> 877-644-4623   www.radmd.com
<b>Case Mgt. / Care Coordination</b>	<b>Amerigroup</b> 800-454-3730	<b>LTC Care Coordination</b> 877-542-9235 <b>Medical Care Coordination</b> 877-542-8997	<b>Care Management</b> 877-644-4623 <b>MATERNITY CARE</b> <b>Healthy First Steps Maternity Case Management Referrals</b> 800-599-5985 <b>OB Risk Assessment Forms</b> Fax to 877-353-6913 <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>	PreCert Look Up Tool found under the Quick Tools section of the website.	Complete and current list of services requiring prior authorization: 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 Fax / Websites</b>	<b>Amerigroup:</b> 800-454-3730 <b>Fax:</b> 800-964-3627 <b>Online:</b> providers.amerigroup.com	<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:</b> 877-213-7732 <b>Admissions/Face Sheet/Census:</b> 866-965-5433 <b>PT/ST/OT Outpatient &amp; Home Services:</b> 866-254-1798 <b>Behavioral Health Services:</b> 866-264-4452 <b>National Imaging Associates (CT, MRI):</b> www.radmd.com.  <b>Prior authorization online:</b> provider.sunflowerhealthplan.com

## 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. When Sunflower is secondary, provider has 180 days from 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.

Corrected claims can be submitted electronically as the original claim was submitted.

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 or www.payspanhealth.com

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## PROVIDER APPEALS

**Claims Reconsideration** Must be received within 60 days (plus 3 days if mailed) of the date of the EOP (explanation of payment). Written claim payment appeals: Payment Appeal Unit, Amerigroup Kansas, Inc., PO Box 61599, Virginia Beach, VA 23466-1599

Refer to Chapter 15 in the Provider Administration Guide.  
UnitedHealthcare, PO Box 5270, Kingston, NY 12401

**Provider Appeals** Claim payment appeals must be received in writing or via the web within 30 days (plus 3 days if mailed) of the reconsideration determination letter. Appeals via paper: Payment Appeal Unit, Amerigroup Kansas, Inc., PO Box 61599, Virginia Beach, VA 23466-1599

UnitedHealthcare, Formal Appeals, PO Box 31364, Salt Lake City, UT 84131-0364

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