

Administration, Kansas Department of

Moderator: Ross, Becky

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09:00 AM CT

OPERATOR: This is Conference # 5258796

Operator Good morning, my name is Dennis, and I will be your conference operator today. At this time, I would like to welcome everyone to the KanCare 2.0 Implementation Call. All lines have been placed on mute to prevent any background noise.

After the speaker's remarks, there will be a question and answer session. If you would like to ask a question during this time, simply press star then the number one on your telephone keypad. If you would like to withdraw your question, press the pound key. I will now turn the call over to Ms. Becky Ross. Please go head.

Becky Ross Thank you, Dennis. Good morning, everyone. And welcome to this second implementation call. We're holding these on Tuesday and Thursday of this week. And this is your opportunity to ask us questions about the KanCare implementation.

We'll have a few updates from the state staff, so we have staff from KDHE and KDADS on the line, as well as staff from our three managed care organizations and DXC, our enrollment broker. So, for the KDHE update, first of all, I'd like to point you all to the KanCare website.

On the front page we have the transcript and the recording of last Thursday's call already posted. And we will post the information from today's call later today as soon as we receive that (inaudible - low

volume). So, it's right there on the front page for you.

Also, like to remind everyone that we're still in the open enrollment period, which will continue until April third. For members who have questions about open enrollment or would like to change their MCO, they can call the 1-866-305-5147. That's 1-866-305-5147 to change their managed care organizations. If they want to stay with the plan that they're with, they don't have to do anything.

I would also point members to the large sheet that was part of their enrollment packet that's called the Health Plan Highlights for Twenty Nineteen. And you'll note at the top that there are toll-free numbers there listed for each of the MCOs, along with most of their value based or their value-added services, the extra services that they bring. With that, I'll turn it over to KDADS for any updates that they may have.

Amy Penrod Hi this is Amy Penrod from KDADS. Today I don't have any particular updates. Thank you.

Becky Ross Okay. Thank you, Amy. Next, we'll turn to United for any updates they may have.

Carrie Kimes Hi. Good morning, this is Carrie Kimes with UnitedHealthcare. And we're not seeing any issues. We're seeing a little bit of an increase call volume at our member call center, which is expected when we have a new group of members coming in.

But we're not seeing any trending issues, just normal questions and inquiries from members. And we're not seeing any issues with transition files, they're coming in, we're able to load them up. (inaudible) providers, if they have questions. So, things are going as expected. Thank you.

Becky Ross Thanks, Carrie. Now we'll turn it over to Aetna for their update.

Keith Wisdom Hello this is Keith Wisdom from Aetna. Overall, our major processes are working. Member calls we're handling a pretty high volume, provider calls, pharmacy claims, prior authorizations, claims adjudication.

On the care coordination side, we're making outreach to both numbers and HCDS providers. So, feel things are working as they should. There were six items that we had as take-aways from the last call. And, Becky, I assume now is a good time for us to go over those.

Becky Ross Yes, absolutely

Keith Wisdom Okay. So, the questions from last Thursday. There were questions about our provider representatives and not being available on the website. There are five representatives and in their phone numbers that are on the website. We have three new hires in training and once they're available to you to service providers they'll be on the website as well.

There's always the provider service line and even the provider doesn't have an assigned rep at this time, we can make one available if that's needed. So, we think there's plenty of options there to reach people alive. On the website there were a number of fixes put in and requests from the state, along with provider directory search fixes put in place.

So, fifteen updates were made successfully over the weekend. The provider search is working well now, but we are still looking at some additional issues that we think need to be solved. So, there's a few cases where we're not seeing providers appear that we expect to be there. And so, we're working through additional rounds of testing and we'll solve that as soon as possible.

I think the functionality is incredibly improved, but we're not done working on it. The provider trainings and how somebody can sign up if they do not have all the required information. All the providers should have the information to complete a form, the NPI and those sorts of things. But associations should contact Mike McClure and he'll make sure that they can sign up for the provider trainings and make that available.

There were some hospitals wanting access to the entire list of prior auth., a fixed file as opposed to the search function online. We have supplied that file to KMS, KHA, and to the University of Kansas Hospital, who requested it. And we will not be placing that file on the website so that the real-time search function, that will be the first thing updated, will

always be the most accurate.

But requests for that file can be made to the provider rep or Mike McClure and we will make that file available. As we know some provider systems wish to load that list in their medical records system. The notices related to updates from Aetna and how will those occur.

It will be you know the most effective method possible and dependent on the urgency of the issue, but that the most kind of practice is going to be to post changes on our provider website, along with using a mass email and blast fax function. And, of course, major items will notify associations of the Issues involved. And so, that that'll be the communication process.

And then, there was a lot of discussion about clinical guidelines on the last call. and I think there was some confusion and topics in that discussion, so I just want to provide some clarity. The links on the website to national clinical guidelines are truly clinical guidelines.

And I believe that questions that we were receiving last time really had to do with claims and payment guidelines, prior auths. and edits, and those sorts of things. And our policies a hundred percent follow the policies in edits and our claims system was set up a hundred percent following the state bulletins policies and edits.

As far as putting those in a written text form, we will be drafting those policies as requested, but that will be, as you would expect, a time-consuming process. But the state guidance is our guiding. getting light in that regard. I believe that covers the six items we had as take-aways from last time. So, I'll turn it back over to you, Becky.

Becky Ross

Thank, Keith. And finally, we turn to Sunflower for their update.

Jonalan Smith

Hi, this is Jonalan Smith with Sunflower. We just had one item that we provided an update on last time and we do have a little more of an update this time. It's for the work program and that the IRS website is back up and running. We are able to get employer IDs for our members in a work program.

But there is an issue that the IRS is currently not able to answer any questions due to the government shut down. So, in the meantime we are going to continue to pay workers, if you're not able to get your questions answered.

But at least the IRS website is back up and running. So that's a step in the right direction. Similar to Carrie at United, we have no other major updates or implementation issues to share at this time, unless there's any questions from those on the phone.

Becky Ross Thank you. And finally, I'll turn to DXC and ask if they have any updates (inaudible).

Lona Hoffsommer I don't believe we have anything at this time.

Becky Ross Okay. Thanks, Lona. So, Dennis, I think we're ready to take questions from participants.

Operator Okay. At this time, I would like to remind everyone in order to ask a question, simply press star then the number one on your telephone keypad. Again, everyone if you would like to ask a question, simply press star then the number one on your telephone keypad. Okay. We have a question from the line of Belinda Mahoney. Please go ahead.

Belinda Mahoney Yes. In your transition plan it refers to ninety days paid as fee for service. My concern is we have fee for service and we have an RHC, so I'm assuming that we will be paid the RHC rates for the RHCs during this transition, is that correct?

Becky Ross Yes. That's correct.

Belinda Mahoney Okay. And do you feel comfortable about the per DM billing for the RHCs? In the past we've had problems with all of the MCOs differentiating between the two.

Becky Ross I think that you're asking that particular question of Aetna, correct?

Belinda Mahoney Correct. Yes.

Kim Glenn This is Kim Glenn with Aetna. And yes, for your RH covered services we will be paying you your per DM rate. And, Belinda, which RHC are you with?

Belinda Mahoney Hutchison Clinic. We have three RHCs.

Kim Glenn Okay. Yes. And then, for your non-RHC services we will pay you at the fee for service rate. So, we truly understand that methodology and we have things loaded that way.

Belinda Mahoney Okay. Thank you. And I do have another question. The ocular Skygen, your vision program vendor, will they have a transition period?

Kim Glenn Yes.

Belinda Mahoney And it will be the ninety days?

Kim Glenn Correct. They'll be following all of our benefit manager vendors, Skygen will be following the transition of care policy

Belinda Mahoney Okay. That's good. Thank you very much.

Kim Glenn You're welcome.

Operator Your next question from the line of Tish Hollingsworth. Please go ahead.

Tish Hollingsworth Yes. Good morning and thanks everyone for the updates. Just a kind of a follow-up maybe comment back to Keith and thank you for all of your updates on the issues that were raised last week. We did receive the file the complete file of that prior authorization requirements.

And what I might suggest, and maybe you've already considered it, is on the website, where you have the look up tool, that maybe you also put a note on to the website that you if you are interested in receiving a complete file, how they go about doing that.

And that way they can make sure, as they have that prior authorization page up, that if they're wanting it, it's right there easily accessible for them to know what they need to do because I appreciate getting the file and that's great.

I will not be pushing it out. I will not be posting it or anything for fear that when it's updated it's out of date and I'm not the source of truth on it. So, I think if you can do that, that would be really good to help those providers that do you want the entire list of codes for prior authorizations.

Keith Wisdom Yeah. We can discuss that more with you, Tish. I mean, then we would also be pushing out a fixed single-dated file that would be obsolete if they don't come back later and if they don't remember to (inaudible - crosstalk).

Tish
Hollingsworth Right.

Keith Wisdom That has the same downside if we do it.

Tish
Hollingsworth Yeah. But I think if you can put the note on there how they can ask for complete file it would be helpful, so that they know that it's available and what they need to do to be able to get it.

Keith Wisdom Okay. Well, we'll take a look at that. Thank you.

Tish
Hollingsworth Okay. And then, a second follow up on you know the updates from Aetna. Could you give some consideration of maybe, at least, now during the that initial transition to Aetna Health Plan, that there's a button or something that has the latest updates?

So that any kind of latest updates that you're pushing out, whether it's through email fax or whatever is in kind of a common area so that if I'm trying to remember when a notice came out on something, I go to one area on your website that might indicate latest news or something like that.

Keith Wisdom Yeah. We are working on implementing a "What's New" section on the website. So, that's under development, so don't have any details or

timing or exactly what that will look like yet. But that's something that the project is already being considered and scoped.

Tish
Hollingsworth

Okay. Thank you very much.

Keith Wisdom

Sure.

Operator

Your next question from the line but Nicole Bigham. Please go ahead.

Nicole Bigham

Hi. Thank you. My question is directed at Aetna. I am a social worker at Children's Mercy Hospital. And we work with all of the KanCare plans frequently for patients that we're working with.

And Sunflower and UnitedHealthcare offer pretty extensive ancillary services through their non-emergency medical transportation, including transportation or gas reimbursement lodging assistance if Ronald McDonald House is full, depending on mileage requirements, as well as mail reimbursements.

And when social work staff has been calling Access to Care through Aetna, we're getting very conflicting information from representatives as to what ancillary benefits are available, as well as how families access those services.

And the reason I'm calling in today is because I've tried numerous avenues to get a hold of someone who can shed some light on this, so we can provide accurate information to all of our social work staff to then, in turn, give to families.

And have not received a call back from representatives at Aetna or Access to Care. So, I'm just trying to get some clarification on if your plan will kind of mirror that of Sunflower and UnitedHealthcare in terms of those ancillary services that are available?

Keith Wisdom

Okay. So, I appreciate that question, Nicole. The first day or two there was some confusion with our call lines on who should handle that and the appropriate transfer. But the coordination of lodging and/or meals relating to non-emergent transportation, right, is something our case management team will take care of. They accept the calls and process

the requests.

So, there was I know a few calls mis-transferred and misunderstood as to our exact process. But there's in a lot of clarity in meetings throughout our impacted parties to make sure that the exact process is understood. So, case management is where the responsibility for that lies and can be [processed](#).

Nicole Bigham And so, how do we access those because we've had, even yesterday, four different social workers had four very different experiences. And at one point were told we were not allowed to have access to case manager information on how to connect with them.

And I don't know if it be better if perhaps you have my phone number and you reach out to me later. Yes, and we have a more thorough conversation and so as to not tie this line up, but I really need to get some very clear information that we can provide to the store social work team here, so they know how to best serve families.

Keith Wisdom Yes.

Nicole Bigham And we have a more thorough conversation so as to not tie this line up. But I really need to get some very clear information that we can provide to our social work team here, so they know how to best serve families.

Alan Schafer So, this is the Alan Shafer with Aetna. We also have care management mailboxes for general service coordination requests as well as HCBS requests. So, we can get that distributed in some way.

Keith Wisdom Yeah.

Alan Schafer So that people because those are monitored every hour on the hour through normal business hours. And so, that is the quickest way we can respond to requests.

Nicole Bigham Okay.

Keith Wisdom The other thing is we would like to contact offline and understand what your experience was and make sure you are comfortable with all the processes. So, yes, we would like to reach out to you, as well.

Nicole Bigham Fantastic. And so, when I dialed in I provided my phone number. Does that give you my phone number or do you need me to give you my phone number (inaudible - noise)?

Becky Ross You'll need to provide that to Keith.

Nicole Bigham Okay. Perfect. So, my direct phone number at Children's Mercy is 816-983-6811.

Keith Wisdom Thank you, Nicole. And somebody from our team will be getting back with you today.

Nicole Bigham I appreciate it. Thank you.

Operator Our next question comes from the line of Ron Campbell. Please go head.

Ron Campbell Yes. Hi. I'm calling from Cotton O'Neil in Stormont Vail. This question is for Aetna. We've run into some issues here in the last forty-eight hours, and I don't know if anybody else has. We've got part of our group, it looks like, has been correctly listed as in-network.

 And the majority of our group as listing is out-of-network as we're calling in trying to get prior authorizations on CTs and MRIs right now. We have reached out to Mike McClure, but we were wondering if anybody else is seeing that issue or if there's any guidance you can give us as we're struggling to get patients in who are urgently needing to be seen?

Keith Wisdom So, is your question related to the call-ins when you're asking for the prior auths. or the online search function?

Ron Campbell I believe it's when they're calling in and talking to someone, they're being told that we've got a couple of locations of ours that were listed as in-network, unfortunately they're not any locations that have a CT scanner or an MRI.

Keith Wisdom Yeah. So, the complete load process you know the transition of care takes care of this, right. So, it doesn't matter whether your record is showing in-network or out-of-network, the transition of care process, you will be treated in-network and paid at the you know the negotiated rates we have. So, there's no issue with that as to whether or not they tell you they find a record that's in network or not.

You know we have an extensive roster and location list and not all of those rosters and location lists are a hundred percent loaded. But the one I have a problem doing the prior auth. as long as we have a provider record. If we don't have a specific provider record that you need we'll call you and have a discussion, you know we'll follow up with you.

Ron Campbell Okay. So, would your recommendation be that we go ahead and schedule them or would your recommendation be that we hold off and talk off line? I just want to make sure I understand correctly.

Keith Wisdom We'll call you immediately following this call, so we can solve that issue right then, so.

Ron Campbell Okay. All right. Great.

Keith Wisdom This call I would expect to be done before ten and we'll talk by then.

Ron Campbell No, that sounds great. My number is 785-270-0710. Thank you.

Keith Wisdom 0710?

Ron Campbell Yes, that's correct.

Keith Wisdom Thank you.

Ron Campbell Thank you.

Operator Your next question is from the line of Amie Price. Please go head.

Jamie Price This is actually Jamie Price with Community Living Opportunities and this question is for Aetna. You had just previously mentioned that there

is a general case management telephone number, call in line. Is there any way for you to get that number over the call today so that it goes into the transcript so that providers and family members and all have access to that number?

Keith Wisdom Yeah. Just a minute.

Becky Ross Jamie, this is Becky Ross, I think they were referencing an email box not a phone number.

Jamie Price Okay. Or even the email, Becky, yeah whatever the. Perfect. Thank you, whatever the.

Keith Wisdom So, we were referencing an email box, but our general one eight hundred number that works for provider calls, case management, member calls is 1-855-221-5656. That's 855-221-5656 and then there's prompts that'll get you to a provider line, a member line, or case management.

Jamie Price Perfect. Thank you. Is it possible to get the general email address as well?

Keith Wisdom Just a minute.

Jamie Price And we can go on to other questions and it's just long as you can give it to the group at some point, I'm fine with moving on.

Keith Wisdom Yeah. Look, why don't we do that after the other questions.

Jamie Price Great. Thank you very much.

Operator And again, everyone, if you would like to ask a question, simply press star then the number one on your telephone keypad. And at this time there appear to be no further questions.

Becky Ross Thanks, Dennis.

Operator And I apologize, Ms. Ross, we have another question just come into queue and it's from the line of the Ruth Cornwall. Please go head, Ruth.

- Ruth Cornwall Hi, good morning. I was a few minutes late getting on the call and I apologize if this has already been addressed, but could you speak to the work around that you have in place, Aetna, regarding the access to the portal? Some of our members are indicating that they can't get into the portal until they have a claim.
- Keith Wisdom So, you know we talked about that last time. Call the provider experience line and they can help them register over the phone line. So, there's no delays if they just call the provider experience line, which is the same one eight hundred number we just mentioned.
- Ruth Cornwall And then, once they're done, I mean, reaching out, they'll have access that day?
- Mike McClure Yeah. Ruth, this is Mike McClure. Yes, they can do that live. Now, as we discussed yesterday there are some circumstances where they've been unable to link the provider due to some data detail and they've been keeping a list of those providers. And as they get that corrected, then they'll reach back out to the provider and let them know that it's been completed and what their numbers are.
- Ruth Cornwall Okay. So, that's what I just wanted to verify and share with the group, Mike, thank you. When you say that once a data is in there, any idea how far out that goes? I mean is it just typically a few days to wrap those providers up so that they can obtain access?
- Mike McClure Well, you know that's really kind of provider specific. So, you know I don't really feel like I can you know commit to a time frame on that. But, certainly, we're working on those issues as quickly as we can.
- Ruth Cornwall Great. Thanks, Mike.
- Mike McClure Thanks, Ruth.
- Keith Wisdom For the previous question about the case management mailbox. There were two questions related to that and so we wanted to get this out there. The case management mailbox at Aetna is `atenabetterhealth`, all spelled out, no spaces, `aetnabetterhealthkscm@aetna.com`, `aetnabetterhealthkscm@aetna.com`.

Operator And your next question is from the line of Shirley Gamble. Please go ahead.

Shirley Gamble Good morning. This is the first time I've been on the call, so again, I'm going to apologize if I'm asking a question that was asked and answered before I tried to get on the portal to register and was unable to, for obvious reasons, because of a claim number.

 So, I did call the provider experience line and I was informed that I had to complete the ERA form and send it in and then I would have a representative call me back and after that then I would be given my access. I'm not the person in my office that has authority to sign that agreement.

 I just wanted it for eligible eligibility checks and other issues so that we may need to get on there and look at. Did I just got the wrong provider experienced representative or am I going to have to complete this ERA form first?

Keith Wisdom So, we have some puzzle books here about the ERA form. So, what's the title on the form?

Shirley Gamble It is "To Sign Up for Electronic Remittance Advices."

Keith Wisdom Okay.

Shirley Gamble And it has all the clearing house information and all that. My office my staff is wanting to look at eligibility and verify different things like that. But she was very insistent that that form would have to be filled out and without it we would not have access to the provider portal.

Kim Glenn Okay. So, this is Kim Glenn. And on the provider portal you can, and that can be done telephonically it does not have to require a signature for electronic remittance advices and you can look up eligibility, claim status, do all of that. And then for the electronic remittance advice, that does have to work through our clearing house and not form does require a signature, but it is two separate transactions.

Shirley Gamble So, I just got a hold of somebody that wasn't completely informed that there are two separate transactions?

Kim Glenn And I apologize for that, but that is probably correct.

Shirley Gamble So, I just need to call back in. Okay.

Kim Glenn Could we get your name and your contact information, again? I apologize.

Shirley Gamble That's fine. My name is Shirley Gamble G. A. M. B. L. E. I'm with the Sterling Medical Center. And my phone number is 620-278-2123.

Kim Glenn We will make an outreach call to you, Shirley, following this call.

Shirley Gamble Okay. Thank you.

Operator And once again, everyone, if you would like to ask a question, simply press star then the number one on your telephone keypad. Again, that was star then the number one if you would like to ask a question. And, Ms. Ross at this time there are no further questions.

Becky Ross All right. Thank you, Dennis. So, I'll ask KDHE, KDAD, MCOs, if anybody has any last update or comments, anything they want to share with the group. Before we sign off.

Jon Hamdorf This is Jon Hamdorf from KDHE, I don't believe we have anything else. Thank you, everyone, for participating.

Becky Ross All right. Thank you all. As I said, the transcript and the recording could be posted on the front page of the KanCare website today or tomorrow. And a reminder that we have another call scheduled for Thursday of this week the same time. Thank you all for calling in.

Operator Ladies and gentlemen, thank you for joining today's call. You may now disconnect.