

Administration, Kansas Department of

Moderator: Ross, Becky

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09:00 AM CT

OPERATOR: This is Conference # 7196847

Operator: Good morning, my name is Shawn, and I will be your conference operator today. At this time, I would like to welcome everyone to the KanCare 2.0 Implementation Conference Call.

All lines have been placed on mute to prevent any background noise. After the speakers' 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, you may press the pound key. Thank you. Ms. Becky Ross, the floor is yours ma'am.

Becky Ross: Thank you. Good morning everyone and thanks for joining us again on our weekly rapid response call for KanCare 2.0 Implementation. Just to let you know, we are continuing these calls through February same day, Thursday, same time 9 O'clock, same number, which is posted on the KanCare Website. Also as reminder that the recordings and transcripts of these calls are also posted on the KanCare website and one more reminder that open enrollment continues through April 3rd for KanCare, so folks are interested and choosing in different MCO, they can do that up to that date.

So with that, I'll turn it over to Sunflower for their update.

Stephanie Rasmusen: Good morning. This is Stephanie Rasmusen with Sunflower Health Plan. Our update item this morning is the follow up to the call last week and that the load of authorizations for individuals that we had moved from Amerigroup to Sunflower, has successfully occurred within the AuthentiCare System. If you recall, we were having some issues last week and let you know that we would keep you updated about that.

We did send out a provider bulletin last Friday and wanted to confirm that those authorizations are now in the AuthentiCare System. If you have any issues with obtaining access to any authorization, you can contact your Sunflower HCBS provider Rep or call our AuthentiCare authorization line to receive assistance.

And Becky, that's all I have for this morning.

Becky Ross: Thanks Stephanie. Now, I'll turn it over to Keith Wisdom for Aetna update.

Keith Wisdom: Hello, we had discussed last week, the authorizations were successfully ended for the HCBS providers in AuthentiCare early last week. We did determine that the FMS authorizations had not passed to AuthentiCare. So we are in the process of correcting that the authorization file we'll send to First Data by the end of day today. We expect them to show up in the system tomorrow, but it could take a day longer than that. So, this is just for FMS authorizations. Those were missing in AuthentiCare and we have a -- we're on a path to a solution.

We also had discussed in prior weeks the PCP assignments indeed many numbers for the prior carrier were assigned to groups, not individuals and for HEDIS and NCQA. We want individual PCP provider assignments for all our members and so there were some new cards that were sent this week and next week ID cards with the individual PCP names and just like all we use a member is welcome to see anyone within that PCP practice within that facility that has multiple PCPs.

We're not trying to limit that. We use to claims logic and everything else to get to the most accurate individual provider, but the normal rules of being able to see anyone in that practice still apply. So India as always members are welcome to call and change their PCP if they wish to see anyone.

And then just on the claims payment front, you know we talked previously that a large volume of claims are you know coming in and getting paid and so we're over 46,000 pay claims at this point across the spectrum of a provider types just wanted to give you some sense of the volume that is coming through and we -- that is accelerating and showed us as people get -- as providers get used to sending to us and we get more volume the service is going so look forward to continuing that.

And I think that's it, that FMS authorizations. Becky dose address the one outstanding issue that was on the log, so that actually close the loop on that. Thank you.

Becky Ross: Thank you. Now, I will ask Candace Cobb from First Data to provide any updates from her end.

Candace Cobb: Good morning. This is Candace with First Data, has been working with all three MCOs for those outlier issues. Stephanie, thank you for your report. I can tell you that early morning, 125 3785 Sunflower authorization should come in you know in the middle of the night, so provider should have been able to view those and that took care of that issue from last week. So that what have been 125, which would have been last Friday.

I do want to say that we've had some Issues with each one of MCOs, not just with that not, so please know that we are working closely with those of you who ever reported those as well as the applicable MCO. I would ask providers to please contact our helpdesk with these issues with me on copy is fine, but the reason the helpdesk is so important to you is that they open tickets and we tracked those and can report when those tickets have been closed. The AuthentiCare support email is authenticare.supoort@firstdata.com.

That is monitored Monday through Friday, seven to seven -- 7 am to 7 pm. The AuthentiCare support 800 number --1-800-441-4667 is monitored 24/7, so please use those two contact entities, so that we can track your tickets and make sure that we have the authorization that you need. We've had some reports of authorization, so you do not have the same number of units either there one or two units off, so those are important to

talk to your HCBS Rep at the applicable MCO.

It could be a difference in the way calculations are made, so please do bring those up because we want to assure that transition -- that 90-day transition of care for each one of your HCBS consumers. And as always if you have any questions or problems, you can also email me at candace.cobb@firstdata.com or put me on copy for those helpdesk issues. My phone number is 1-785-727-6044. Thank you.

Becky Ross: Thanks Candace and my apologies I skipped over to United, so I will turn to Carrie (unintelligible), your line update.

Female Spaker: Thanks Becky. We have one item this week just to kind of close the loop on our open issue with duplicate authorizations and got later for our HCBS providers, but also tied to the one issue we have from providers last week Advocate Care services. We did confirm that we have all of the duplicate off end dated as of today. Due to the way our system works, we don't delete those. We just put an end date and so starting tomorrow, those duplicate awful be out of the system.

We did follow up with Jennifer at Advocate Care services as Jackie was not available to review that with them. Let him know how we could work through any individual specific concerns that they had, but I'm as far as we can tell that will -- issue will be fully resolved by first thing tomorrow.

And never -- as always providers can reach out to you myself or just after it or their HCBS provider Advocate if they have concerns with the HCBC authorization, but we think that is now fully resolved or not is our only item for today Becky.

Becky Ross: Okay, thanks Carrie. So Shawn I think we're ready to open up for questions.

Operator: Yes, ma'am. Everyone if you would like to ask the question over the phone, you may press star then the number one in your telephone keypad. Again if you would like to ask the question, you may press star then the number one on your telephone keypad. I will pause for just a moment to compile the Q&A roster.

We have a questions online, please state your first and last name. Your line is open.

Shirley Gamble: This is Shirley Gamble from Sterling Medical Center. And I have a question for Aetna. It is regarding the provider portal when we're searching for our patients on there and to bring up the information under HEDIS, it is showing that there's no data found. Either other areas where we could find the care gap opportunities. So, we can try to close his gaps when we're seeing in these patients.

Keith Wisdom: No, this is Keith Wisdom, so we'll need to investigate that issue and see if it's a portal functionality issue or if the claims histories has been loaded to that, obviously, we don't have adequate claims history from our own experience the first month to populate that, so we will investigate and get back with you.

Shirley Gamble: Okay, my second question is again about the portal. It gives us an opportunity to view the patient's ID card, but I am not able to print that card. And that would be great if we could be able to print it. Because even though it is requested that they bring their cards with them. Many of them do not for various reasons.

Keith Wisdom: And again on that one, we will check on the functionality in the feasibility of that request.

Shirley Gamble: Thank you.

Keith Wisdom: And we'll be back in touch with you.

Shirley Gamble: Okay.

Keith Wisdom: We have your number from I think previous calls right?

Shirley Gamble: That is correct.

Keith Wisdom: I said let's get it. Okay, let's just to be sure one more time.

Shirley 620-278-2123.

Gamble:

Keith Right, thank you Shirley.

Wisdom:

Shirley You're welcome.

Gamble:

Operator: Okay, we have another question. Your line is open. You may ask your question. Please state your first and last name. We have a questions online, please state your first and last name. Your line is open.

Female This is Kerry Ensminger with Physician Practice Management and my
Speaker: questions for Keith Wisdom. I just wanted to check on the PCPs with the cards and now with Aetna and you say that the people will be able to see anybody in the practice, so if the card doesn't have somebody in the practice or is that a problem if we see them, should we be getting a referral?

Keith No, if the physicians do not practice or not the PCP on the ID card the
Wisdom: claim one denied for a service that does not need authorization. She would only need to get authorizations based on the normal authorization criteria for in network providers during this 90-day transition of care period and then you know in network after that period, it's still just the in network, and things that need offer you know the normal list. So no, it does not prevent them from seeing another PCP in it you know practice not listed on their card, but we would encourage if that's permanent change in PCP for the member to please call us, so we can get the records updated.

Female Okay, all right. Thank you.

Speaker:

Operator: We have another questions online. Mr. John Grace, your line is open.

John Grace: Okay, thank you. My name is John Grace. I'm an Executive with a Nonprofit Organization called SunPorch and we are the manager of Three facilities in Kansas. SunPorch of Dodge City, SunPorch of Smith Center and the Cheyenne county village in St. Francis. These are all small facilities. The Cheyenne county village is 30 beds, the SunPorch at Smith Center, its 23 beds and Dodge City facility is 36 beds.

So if as small facilities, it is extremely important for us when we have 50% Medicaid to be able to get our claims process properly and to get payment on a regular basis. So each of those facilities were involved with a former owner and we took over those facilities. So the transition of the old owner to the new owner is a process that I think really needs to be looked that by each of the MCOs and it should be clearly identified and describe.

So that the when the change of ownership occurs that everyone the old owner and the new owner has a complete and full understanding of how the involvement or how the transfer to the MCOs would take place. We've found in each of these facilities, each of the and MCOs have a different process, have a different way of dealing with that and when you're working with the state, which has their own process for change of ownership and the MCOs and you've got telephone calls flying back and forth and emails going back and forth. At the same time, you've got payments not coming. And when you're a small facility and you go for a month without payments of three or four people, it's very, very hermetic on that organization. So that's a comment that I have.

And then secondly on the HCBS program and the enrollment in the assisted living or residential care. Each of the MCOs seems to have a payment program for that. And there's a process for an assisted living building to enroll in the program with state, but I find that process again very confusing, very unclear and it's on the part of both the state and the MCOs. Now, just from a policy standpoint if the state has a policy, we would like to encourage people to be in the appropriate setting then the process should be clearly laid out and it should be -- and completed in a timely way.

And so we have at least what we have assisted living in two of our campuses -- I'm sorry. We have assisted living in one and then we have apartments in another one. So, what I would like to have is a clear process identified by the state and the MCOs on how you enroll your assisted living or how you would have a residence -- a potential residents for an assisted living be able to access payment through the MCO and I don't know if that's out there, if it's out there then I'd like to have someone show it to me and each of MCOs you know laid out.

But also, I'd like to know just from a policy standpoint, how many people are we enrolling in assisted living under the HCBS program. Where can I find that data and what is the payment rates that are being paid for those people? And so those are my comments this morning.

Becky Ross: Thank you John. Related to enrollment in Medicaid, you can always go to K-map. We have information there about how to enroll? They are also provide your manual and I'll let KDAD folks trying in here in a minute, but in terms of individuals accessing HCBS that always starts with the screening in the ADRC, so your local ADRC office, which is located at the Triple A in your facilities areas does the screening for individuals to determine if they're eligible for HCBS and that is the process that starts whether or not someone can access HCBS funding whether it's for assisted living or any other HCBS service.

So I'll let KDAD chime in if they need to and then we'll see what the MCOs have to say.

Amy Penrod: Hi, this is Amy Penrody from KDAD and John if you have particular cases that you're interested in that it needs an assistance, you can certainly feel free to email me, be happy to help work through that but back yes correct the kind of entry to HCBS is to have that functional assessment via ADRC.

John Grace: And what's your phone number.

Amy Penrod: My phone number is 785-296-0141 and my email address is amy.penrod1@ks.com.

John Grace: Thank you.

Operator: Again, we have another question comes from Newman Regional Health. Your line is open. You may ask your question.

Maggie: Hi, this is Maggie. This a question is for Aetna. We're not a contracting provider with the new Aetna Better Health or we able to logon and register on the provider portal?

Keith Wisdom: Yes, when your provider record has been loaded, you will have the ability to register in our provider portal. The normal process is to call the 1-800 number and select that provider experience helpline and they can walk you through that sign up process.

Maggie: Okay, what's that phone number?

Keith Wisdom: Just a second, sorry about that. We should have it memorized, but we don't. Just a second. It's 1-855-221-5656 and that's the 1-800 number you can find on Aetna Better Health at Kansas website. It's the same number for member or provider services. It's just through the menu tree, you'll get to the right group of people that to help you with that. If you have problems with that, you can reach out to our contracting team later, but that team signs up people for the portal every day.

Maggie: Okay, thank you.

Keith Wisdom: You're welcome.

Operator: Again, if you would like to ask the question, you may press star then the number one on your telephone keypad. Okay, we have a question comes from the line of Roberta Reim. Your line is open.

Roberta Reim: Yeah and this is Roberta Reim with Kansas Spine and Specialty Hospital in Wichita and I was just wondering what the status is of finalizing contracts and communication with the providers in respect to that.

Becky Ross: Are you asking related to Aetna?

Roberta Reim: Yes, I'm sorry. For Aetna, yes.

Keith Wisdom: So, Roberta, you give us your phone number and we will reach out to directly and we can tell you of your status the 1-855 number I talked about that line can also update you on status, but we're glad to reach back out to you. We have mention at previous call that the provider welcome pack kits will be distributed during February to that they will try to wrap up the process with all the instructions and verifying that you're a provider, but you know we have you know thousands of providers

loaded in and but we'll reach out to you and verify your status for you. Can get a number to reach you out.

Roberta Reim: 316-462-5331.

Keith Wisdom: Thank you Roberta, somebody else call today.

Roberta Reim: So, well, what you're telling me is that you feel like by February sometime you'll have everybody contracted.

Keith Wisdom: So, we have a very robust network contracted in and actually loaded. It's the -- it's the wrap up communication piece. There are some provider still in credentialing. There's a smaller subset still being loaded, but you know for the most part you know the vast majority is loaded and so it's the wrap up process of the member -- the provider welcome package and returning you assign contracted in the sorts of things that are the final pieces that haven't been done, but that doesn't change your status as whether or not you're contracted and loaded in, so we'll get you that information that's what I think you're most concerned about it and we'll be able to verify that for you.

Roberta Reim: Okay, that'll be fine. Thanks.

Keith Wisdom: Sure.

Operator: Again if you would like to ask the question, you may press star then the number one on your telephone keypad. There are no further questions at this time. Presenter, please continue.

Becky Ross: All right, thank you. Thank you all for joining us today. Please remember that we have these calls every Thursday at 9 o'clock and thank you and have a great day.

Operator: This concludes today's conference call. You may now disconnect. Thank you everyone.