

Administration, Kansas Department of

Moderator: Ross, Becky

February 28, 2019

09:00 AM CT

OPERATOR: This is Conference # 5287779

Operator Good morning my name is Crenessia, and I'll 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 speaker's remarks, there will be a question and answer session. If you like to ask a question during this time, simply press star then the number one on your telephone keypad. If you like to withdraw your question, press the pound key thank you.

I would now like to turn the conference over to Ms. Bobbie Graff-Hendrixson. Ma'am, you may begin.

Bobbi Graff-Hendrixson Thank you very much this is Bobbie Graff-Hendrixson. I appreciate everyone who joined the call this morning. Just wanted to remind folks that we are continuing these calls through the month of March. And at that time, we will evaluate if the call should continue and be scheduled further out at that time. Also, all of our recordings and transcripts for these calls are on the KanCare website as is our managed care organization's customer service line.

Another item I'd like to remind all of our persons about is that our open enrollment period for KanCare will continue through April the third. At this time, we have updates to be provided by First Data; that will be Ms.

Candice Cobb. Then we will go with Aetna, Sunflower, and United Health Care, which are our managed care organizations.

Candace, would you like to provide an update for us this morning please?

Candace Cobb Certainly, thank you very much Bobbie. Good morning, this is Candace Cobb with First Data. I just wanted to let everyone know that at this point, our call tracker is not registering calls about missing authorizations during this transition period from one MCO to the other three. So if you do have a missing authorization, I would like you to call the help desk because those issues that come to our help desk are issued a ticket for escalation.

And that way we can track that for you and be more knowledgeable if you have to contact us again, but once issues are escalated, we do track those very carefully. Calling our help desk is easy; it's 1 (800) 441-4667, and you'll wait to push the option code for Kansas. So again, 1 (800) 441-4667. If you would like to email and provide screen shots of anything for our help des, please do email authentic care, all one word, dot support at first data, all one word dot com.

So again, that's authenticare@firstdata.com, and you're always welcome to email me at Candace, C. A. N. D. A. C. E. dot Cobb C. O. B. B at first data, all one word, dot com, thank you.

Bobbi Graff-Hendrixson Thank you very much Candace. I would like to turn now over to our managed care organization. Aetna, Keith Wisdom, would you like to begin please?

Keith Wisdom Hello, just a quick update from Aetna. There's nothing formal to announce this week, just a reminder that providers can reach out to us directly any day of the week. Specific examples of your issues or concerns are extremely helpful for us to quickly determine any root causes, and help you resolve the issue so, thank you.

Bobbi Graff-Hendrixson Okay thank you Keith, Sunflower please.

Doug [Price] Hi, this is Doug [Price] with Sunflower. Nothing new to report, but I do want to share that we do have a dedicated phone line for HCBS authorization issues that they can reach out directly to. We had put that out

there in the past, but I'll go ahead and give the phone number; it is (877) 644-4623 extension 44329. In addition, we do have a email address to that department and it is HCBSauthorizations@sunflowerhealthplan.com.

So if you're having more than five issue, auth-related issues, you can email them into that email address, and we'll assist and get back to you thank you.

Bobbi Graff-
Hendrixson

Thank you very much Doug, United.

Kerry [Kyles]

Absolutely, good morning this is Kerry [Kyles], and similar to Doug, we are, kind of, working in steady state not seeing any items or issues outside what we would normally see day-over- day. So, I feel like things are going well. I did want to just make one mention that all MCO training is scheduled to occur end of April into the first of May.

We have three sessions. One in [Hayes], one in Wichita, and one in [Olathe] that those dates and the registration is now available for providers on the KMAP website under the workshops schedule. That allows you to look at the dates and register for the different sessions. We're doing it pretty similarly to how we've got it in the past where there'll be a general session [rel] and all three MCOs share information about claims billing, and eligibility, and things like that.

And then each MCO will have a session specifically to talk about MCO items and answer MCO questions. So if you have not seen that yet, it just came up yesterday or the day before. And there should be a bulletin coming out with the invitations. Those tend to be very popular and our seats fill up. So, we encourage you guys, if you're interested, please register and join us. That's all I have today.

Bobbi Graff-
Hendrixson

Thank you Kerry. Operator, we're now ready for questions please.

Operator

If you would like to ask a question, please press star then the number one on your telephone keypad. Again, that's star then the number one on your telephone keypad. We'll pause for just a moment to compile the Q &A roster. You have a question from Lorie Walter.

Lorie Walter Hi, this is Laurie Walter from OCCK, and this is an HCBS question. Can each MCO please tell us the formula they use to calculate PCS monthly units?

Bobbi Graff-Hendrixson Okay, Aetna.

Alan Schaefer Yeah, this is Alan Schaefer with Aetna. We use four point five as the multiplier. Now, we did not have that in place to begin with because of some things we were not aware of the authenticare system giving up units between months. So, we had to make that change sometime in January I believe it was completed.

Bobbi Graff-Hendrixson Thank you very much Alan, Sunflower

Doug [Price] This is Doug [Price]. Alana, are you on the call today?

Alana I am.

Doug [Price] I'm going to do phone a friend.

Alana I believe we use around the [4.5] but I also know that they will calculate if members have specific days, that they need specific hours.

Bobbi Graff-Hendrixson Okay, United.

Kerry [Kyles] I'll have to get that. I don't know what the formula us right off the top of my head. So we'll get that from our team that have actually billed [the C ops] and put it in the notes for the needing.

Bobbi Graff-Hendrixson Okay so, Ms. Walter, I believe we heard from Aetna. It's four point five. Sunflower said four point five as the multiplier, but they also have some other information. It was kind of difficult to hear the person speaking because she's driving.

And United needs to provide us with that information. So what we'll do is that we will take this as a follow up item for Sunflower and United to

provide that information on our call next week so that you get a solid, clear answer. Thank you for your question. We're ready for the next one please.

Operator Your next question is from Janette Livingston.

Janette Livingston Hi, this is Janette Livingston with the [Cedric County] CCDO I had a question for Aetna.

Bobbi Graff-Hendrixson Yes, please go head.

Janette Livingston Okay want to make sure you can hear me. Part of the crisis access process for the IDB waiver is that case managers have to confirm with the managed care companies. That they don't have any value added services or services that could alleviate the potential crisis. And each of the MCO, kind of, had their own process about how they wanted that ran.

Does Aetna have a preference? I mean, right now the case managers are asking the care coordinators. And know I don't know if they really understand what we're asking. Some of the MCOs, you know there's one person that you call, and they do an assessment. With Aetna being new and the care coordinator is not necessarily knowing folks that are on the wait list.

Did you have a process -- a way you'd like us to do this?

Alan Schaefer Hi, this is again, this is Alan Schaefer. I -- right off the top, I do not know what the specific processes in place, but I will get with the case management folk and our IDD lead individual. And we'll come back with an answer next week or how do we want to do.

Keith Wisdom We can contact you directly.

Bobbi Graff-Hendrixson May we have your phone number Ms. Livingston please?

Janette Livingston My number is (316) 660-7635.

Alan Schaefer Thank you.

Janette Livingston All right thank you.

Operator Your next question is from Stacey Berndt.

Stacey Berndt Hi, my question is for Aetna. Two weeks ago on this call, you said that you would be taking off the prior authorization for [tubules]. And I'm just wondering when that's going to occur if we have any time line.

Keith Wisdom Yes, so we would go through our normal process to update prior authorizations, which includes the committee approval and documentation and approval of our revision with the state. So yeah, that process is not complete, but we also have posted on the log -- the state has [KDHE] houses on that we will do you.

If you submit the consent form with your claim, it should pay now based on the process we put in place. And anything that has not paid and got denied and you have a consent form, there are specific instructions on how to file a claim reconsideration, and we will we process those claims.

Stacey Berndt Okay, so the [unintelligible] instructions are out on the log.

Keith Wisdom Yes.

Kerry [Kyles] Yeah, we're waiting on our provider bulletin to be approved by KHDE. And, can we go ahead and get your name and what practice you're with again?

Stacey Berndt Yes, it's Stacey Berndt, and I'm with Lincoln Center OBGYN. And I've got a few that I need to send back in for reconsideration.

Bobbi Graff-Hendrixson Okay, Stacey could I get your phone number, and somebody from provider experience will give you a call to tell you exactly what we need in the boxes on the fifteen hundred for the claim?

Stacey Berndt Perfect, my number is (785) 231-0617, thank you.

Bobbi Graff-Hendrixson And, we'll get somebody - get you a call and tell you exactly what to do to get those claims reprocessed

- Operator Your next question is from Shirley Gamble.
- Shirley Gamble Good morning, this questions are for Aetna, and I haven't been on the last few calls because I've been out of the office. So forgive me if I'm just behind. I am in RHC, real health clinic, and we are continuing to have claims processed incorrectly not with our encounter rate. I understand that this issue is now known to Aetna, and that you are working on it. Do you have a status for us on that?
- Kim Glen Stacey, this is Kim Glen with Aetna, and we are hopeful that this will get completed here in the next few weeks. We're going back and double checking everybody's rates, and I will look to see where your particular RHC is in that process and whether that has been updated. And we can give you a call back today.
- Shirley Gamble Okay and I have two RHCs: Lyons Medical Center and sterling Medical Center. And --
- Kim Glen Okay, go ahead.
- Shirley Gamble So, my understanding from my billing company is not that the wrong rate is being paid as far as a different RHC rate. Their claims are not paying as an RHC encounter rate period. They're paying fee for service.
- Kim Glen Correct, and that's what we're getting, and I just need to see where we're at in the process of updating your encounter rate.
- Shirley Gamble Okay, so this has been going on from the beginning. And so we do need to have some of that because there's significant differences in fee for service payment versus provider based RHCs sees in many cases. So as much help you can give us would be appreciated on that. What about an update on the status of the contract and then credentialing for the providers. Are you still working on that or is everything that you have in house have been addressed?
- Keith Wisdom So credential providers were meetings our time frames on credentialing providers. Often times, providers held up in credentialing are really not -- it's not credentialing. It's holding it up. It's having the complete set of information, so we certainly can work you directly to make sure that we

have every piece of that as it's needed to complete the credentialing process.

Shirley Gamble Okay, so for about two months, now I've had issues getting website access for all of my providers. I finally, with the help of the provider experience rep, was able to get one of my providers and have access to that provider, but the other ten are not on there.

Kind of been working back and forth, but not making much progress. So I'm going to call that provider person back again today and hope to get more movement. So, I was wondering if it's a credentialing issue that was taking place; although, they're saying they can see all of my providers in their system.

Keith Wisdom Credentialing would not prevent you from access to the portal as far as I understand, but who are you working with on our team?

Shirley Gamble Jesse Cruz.

Keith Wisdom Okay, yes continue to work with her, and we'll be working with her as well to make sure you have what you need.

Shirley Gamble Okay, and then previously I had asked if there would be an opportunity for you guys to include the gaps of care information on your website for the patients so that we know what gaps of care you are showing that they need to be -- need to be closed. That's something that the other in MCOs have on their websites, and you were going to do some research on it. And I apologize if you've already reported back on this but--

Kim Glen That's okay Shirley. As a new MCO, we do not have a lot of claims data within our warehouse yet to be able to start to run those gaps of care reports. We looked it -- we'll probably be able to start to have some of that information as we're going into second quarter of this year. And we're just kind of following up as we really got to get the claims data in there for our quality team to start to run those reports. So we will keep you updated on where we're at there

Shirley Gamble All right thank you and one last question, kind of a, follow up on Stacey's question on the prior auth for the [tubules] two. My understanding is since

it's been determined that this is no longer going to be needed, the consent form being submitted with the claim is all we need at this point moving forward.

Kim Glen That is correct, and just a friendly reminder for the providers on the call, there is a new KDHE consent form that will go into effect as of tomorrow that you can pull down from the KMAP website.

Shirley Gamble Thank you, that's all my questions at this point.

Bobbi Graff-
Hendrixson Thank you.

Operator The next question is from Barb Zimmerman.

Barb
Zimmerman Yes, I have a question for Aetna. Yesterday we received our first copy of an ISP, and the only signature that was on there at that time was that of the care coordinator. And generally when we receive those, the family has already signed, and then we sign after that. So I'm just wondering your process in sending out your ISPs. Second of all, when we do sign them, where specifically would you like us to send those back?

What specific email address do you want us to send those to? And where specifically on your ISP would we be able to find if there is an exception for billing over twelve hours or a capable person exception or any additional information that we would need to know.

Alan Schaefer This Alan Schaefer. We'll need to get your phone number, so we can get back to you and walk through all that.

Barb
Zimmerman Okay the number is (913) 322-7212

Alan Schaefer And who are you with again and where are you located.

Alan Schaefer Helpers Inc.

Alan Schaefer What was the -- Helpers Inc., are you down in Wichita?

Barb Zimmerman No, we're in [Olathe].

Alan Schaefer [Olathe] okay, all right we'll get someone to get in contact with you. We'll let them know the specific member and look back at what the issue might have been.

Barb Zimmerman All right, thank you.

Operator At this time, there are no questions.

Bobbi Graff-Hendrixson Are there still no other questions operator?

Operator At this time, there are no questions. Would you like for me to re prompt the participants?

Bobbi Graff-Hendrixson Yes please.

Operator Okay, if you would like to ask a question, please press star then the number one on your telephone keypad. Again, that's star then the number one on your telephone keypad. And you have a question from Brooke Bumstead.

Brooke Bumstead Hi, this is Brooke Bumstead with [Girard] Medical Center for Aetna, just wondering about welcome packet.

Kim Glen Brooke, this is Kim Glen with Aetna. We are in the process of getting our welcome packets out. We've been doing those over the past few weeks. We are on track that they will be done by the end of this week. If you've not received yours I will -- if you'll give us your telephone number, we'll look at whether that has been -- if it's part of the last group that needs to go out, and we'll follow up with you.

Brooke Bumstead Yep, it's (620) 724-5153.

Kim Glen Okay thank you, we'll take a look at that and go from there.

Keith Wisdom And then the provider name.

Kim Glen Girard Medical Center.

Operator You have a question from Tish Hollingsworth.

Tish Hollingsworth Good morning, and actually not a question, but just to comment that I appreciate everybody's efforts in trying to make these calls continue on. I think it's been very helpful, not only for the provider community, but us in the association to hear if there's issues and concerns going on in the field.

So I know it takes a lot of time on everybody's part, but hopefully this has been helpful to make the transition smooth, so appreciate the ongoing efforts everybody.

Bobbi Graff-Hendrixson Thank you Tish.

Operator You have a question from Patty Halsech.

Patty Halsech Hi, yes my question is for Aetna. Last week we had a conference call. On the call, somebody had asked about the monthly obligations not being withheld. How is that going to be handled?

Bobbi Graff-Hendrixson Ms. Halsech, this is Bobbie Graff-Hendrixson. Could you please tell us what organization you're with please?

Tish Hollingsworth We're with Rosewood Services in Great Bend.

Bobbi Graff-Hendrixson Thank you very much.

Tish Hollingsworth And I had one other question as well. Do we have a -- is there an access to the provider rep that we need to contact if we have other questions because I guess I haven't been able to find that yet.

Mike McClure Hi, this is Mike McClure, and the provider rep list is out on our website. And I will make sure that your particular provider rep reaches out to you today if you can provide me your phone number.

Patty Halsech Yes, my phone number is (620) 793-5888.

Mike McClure Thank you.

Patty Halsech Thank you very much.

Kim Glen And Patty this is Kim Glen. When Mike reaches out any claims examples that you have related to client liability, just give him a couple of those because we've been having to work those, kind of, provider specific.

Keith Wisdom Okay, and that's, kind of, what I was enquiring about, but I just wanted to make sure if there was going to be a resolution for it in the future billing that we're going to get going on now.

Kim Glen Okay and we will be able to finish researching that and let you know thank you.

Patty Halsech Awesome, thank you, and that's all I had.

Bobbi Graff-Hendrixson Thank you.

Operator At this time, there are no questions.

Bobbi Graff-Hendrixson Operator since there are no more questions we will conclude this call. I'd like to remind everyone that our calls will continue. Our next scheduled call is on Thursday March seventh.

And as a reminder, it's stated at the beginning of the call all of these calls are recorded and are available on our KanCare website as are the transcripts of the call. The state staff certainly appreciates all of our providers and our managed care organizations that call in and participate as we move forward to a successful implementation of KanCare, thank you very much.

Operator This concludes today's conference. You may now disconnect.