**Administration, Kansas Department of**

**Moderator: Ross, Becky**

**April 18, 2019**

**09:00 AM CT**

This is Conference # 1048829

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| Operator | Good morning. My name is Elsa 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 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.   Thank you. Ms. Becky Ross, you may begin your conference. |
| Becky Ross | Thank you, Elsa. Good morning everyone. Thanks for joining us on this call. Just a reminder, we only have one more call scheduled for next Thursday, at this same time. You can find the recordings and the transcripts of all the calls on the KanCare website.   With that I'm going to turn it over to our MCOs to give you updates from each of them. And we'll start with Sunflower. |
| Michelle Buller | Good morning. This is [Michelle Buller] from Sunflower. And nothing new to report related to 2.0 implementation. Just wanted to remind everyone to review the CR logs for any ongoing issues related to that, that we update weekly. But nothing new to report specifically related to the 2.0. |
| Becky Ross | Thank you. And next we'll turn it over to Aetna for their update. |
| Kim Glenn | Good morning. This is Kim Glenn with Aetna, and we've got two updates today. And one is around credentialing, we know that we still had a few providers that needed to go through credentialing. Over the past couple of weeks we have had a major push, so we are close to getting our credentialing backlog out the door; and so there will be more welcome packet and things like that going out over the next few weeks. And then we also--I'm going to have Lesa Castillo, our Manager of Provider Relations, give an update related to the ERAs and the EFT issues that we've been having. And outside of that, again, all of our issues are out there on the CR log and being updated on a regular basis.   So I'm going to turn it over to Lesa now. |
| Lesa Castillo | Our vendor for ERAs and EFTs, Change Healthcare, has resolved their issues. If you have a clearing house everything should be going good. Any of the ones that did not have a clearinghouse and using payment manager, that was resolved, and they're in the process of reworking those forms and getting them enrolled. If you have any questions or issues, please contact your provider liaison that can work with you on that. |
| Kim Glenn | Okay. And that's it for Aetna. Thank you, guys. |
| Becky Ross | Thank you. Now I'll turn it over to United. |
| Carrie Kimes | Hi. Good morning. This is Carrie Kimes with UnitedHealthcare. No new implementation-related issues to report. Day-to-day operation issues or things we like to communicate out to providers would be on the KanCare claims resolution log, similar to the other MCOs reporting that. I do want to just do my normal reminder that our All MCO Training that we do as a combined effort starts next week. So we will be out in Hays on Tuesday the twenty-third, then in Wichita on Wednesday the twenty-fourth, and then the following week on May first we will be in Olathe.  So if you have not had a chance to go out to the KMAP website and look at the invitation that gives you information about the sessions or to register for those under the workshops schedule on the KMAP website we strongly encourage that you take a look. And if your schedule allows please come and join us at one of those sessions.  And that's all we have today, Becky. |
| Becky Ross | Now I'll turn it over to Candace Cobb with First Data. |
| Candace Cobb | Good morning everyone. This is Candace Cobb with First Data. Everything is running smoothly as far as reports are this morning, so if there's something else you need to contact us about please do so at the help desk, 1-800-441-4667, that is 1-800-441-4667. Or you can email the help desk at authenticare.support@firstdata.com, authenticare.support@firstdata.com. If you have any questions for me or if you are not on our flash communication list, please email me at candace.cobb@firstdata.com. And that's Candace with two A's. [candace.cobb@firstdata.com](mailto:candace.cobb@firstdata.com). Thanks, and have a great day. |
| Becky Ross | Thanks Candace. |
| Candace Cobb | You're welcome. |
| Becky Ross | Elsa, I think we're ready to open up the line for questions. |
| Operator | Thank you. As a reminder, to ask a question at this time please press star then the number one on your telephone keypad, that's star one to ask a question. We'll pause for just a moment to compile the Q&A roster.  And caller, state your name and ask your question.  And your line is open, please ask your question.  We are going to proceed with the next participant.  And caller, please state your name and ask your question. |
| Belinda Mahoney | This is Belinda from The Hutchinson Clinic. We've had a problem with getting one of our providers credentialed. Over a hundred have been credentialed buy Aetna, but this one we've been going around and around since the first of the year. And we're having problems getting hold of someone and getting an answer; and the last thing we were told it was going to be credentialed, then the next call he was termed. So, could I please have someone give me a call about that? |
| Female | And I apologize. Could I get your name again? |
| Belinda Mahoney | Yes. It's Belinda Mahoney from Hutchinson Clinic. |
| Female | Okay. And your number, Belinda, and we will have somebody reach out to you today. |
| Belinda Mahoney | Okay. It's 620-669-2644 |
| Female | And could you give me that particular physician's name so we can maybe get ahead of that before we call you back? |
| Belinda Mahoney | Yes. It's Jeremiah Kempke. That's K-e-m-p-k-e. |
| Female | Okay. Thank you so much. |
| Belinda Mahoney | Thank you. I also have another question, if I can ask it? |
| Female | Oh, of course. |
| Belinda Mahoney | Okay. I called last week about getting a contact for SKYGEN, and I did get a couple of calls back from Aetna and an email with the information provided to get on the portal. And I was able to do that, but I cannot get a copy of the contract, is there someone in contracts at SKYGEN that I could speak to directly or email directly? |
| Female | Yes, Belinda. I will make sure that we get that to you on who to talk to specifically, I've got that name and number. And I will give that to our manager of PR and she can give you that information when we call you back related to Dr. Kempke. |

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| Belinda Mahoney | Okay. Thanks a lot. |

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| Female | You're welcome. |
| Operator | And your next question comes from the line of Tish Hollingsworth. |
| Tish Hollingsworth | Good morning. This question is for Aetna; and I think Lesa was that you that talked about the ERAs and EFTs? |
| Lesa Castillo | Yes. |
| Tish Hollingsworth | Okay. So just last week I spoke with Mike and Scott about several of our hospitals that didn't have EFT to set up now, so my understanding that you have reached out to those individual hospitals and gotten their issues resolved as well? |
| Mike | Tish, this is Mike. I do know that she's worked with Stormont Vail. And I don't have my notes in front of me, that's the only specific ones that I recall. I know we discussed that information be available at the All MCO meetings that if people were having any kind of issues that they could get with their liaison there, and that they do have to go in and enroll in those services. |
| Tish Hollingsworth | Okay. Mike, maybe you can look at the email that I sent last week, I think there were a couple of other hospitals. I just want to make sure that we are reaching out to the ones that I know that have expressed concerns with it the ERA. So... |
| Mike | Yeah. And I do have that email, Tish, so I'll make sure that somebody connects with them. |
| Tish Hollingsworth | Okay. Thank you. |
| Mike | Uh huh. |
| Operator | And your next question is from the line of Gail Herndon. |
| Gail Herndon | Hello. |
| Female | Yep. We can hear you, Gail. |
| Gail Herndon | Okay. I've got three items here today. The first is probably for all MCOs, although I'm starting to get issues with Aetna payments. For AuthentiCare through the personal care support systems were getting denials for duplicates, and with the personal care services often times us as providers have late time come-in where we're having to hold payment to the personal attendants because of paperwork and that sort of thing, so in my estimation personal care services shouldn't ever hit a duplicate and duplicate denials.  So we need to address that issue overall because we have to then turn around and go in and submit corrected claims to get this all paid up. And I don't know whether this is a point of discussion for personal care services but through the AuthentiCare system, I mean, people are allowed to have multiple assistance during a particular day, so duplicate services shouldn't be hitting and denying for that service. |
| Becky Ross | Gail, this is Becky. I just want to be clear I understand the issue here. So you're seeing denials for claims that were not necessarily the same time of day or... |
| Gail Herndon | And when it hits, Becky, it's because, for example, we have individuals occasionally that if the claims have either been held or there was late time submitted and it's a different month; like we just billed March but we had some February claims that released out of AuthentiCare in March, but then those February claims if that particular date had been paid the previous month then it's hitting as a duplicate and denying payment. So I guess my question is can we lift these edits for personal care services. I understand duplicate days of service and not wanting to pay it, but in the AuthentiCare system that's kind of a whole different ballgame. |
| Scott Brunner | Gail, this is Scott Brunner with Aetna, just to make sure I understand the issues. So if the care attendant was there from nine to eleven one day in February, that claim was paid in February, but then there was maybe some hold up in their afternoon session where they were they're from two to four, that doesn't process until March and just being denied as a duplicate for that date in February but it's a different time of day that worker was there. Is that close to the scenario? |
| Gail Herndon | That is correct. And it's more than likely is a different worker that got held up. Yeah. So that is correct. That's exactly what I'm trying to get across. And I'm assuming with Aetna that we can still correct claims in Availity, didn't I hear that on the previous phone call? |
| Female | Yeah. You should be able to, Gail. |
| Gail Herndon | Okay. Okay. And then I have a group of claims with Aetna that is the provider rep Angela went through all of our claims that are supposed to have been paid; and I have about a dozen claims that are stating that they've been paid, they have claim numbers-- and this is for OCCK--but there's been no payment, I can see no remittance advice out on the website, on Aetna, for about a dozen claims. And it's about eleven thousand dollars, so I don't understand why they're stating they're paid; but we've not, number one, not received payment and, number two, I can't see [an RA], I can't... And I did email this list to Angela last week, but I haven't heard anything back so I didn't know... |
| Lesa Castillo | Gail, this is Lesa. I'll follow up with Angela and I'll make sure we get an answer to you. |
| Gail Herndon | Yeah. Okay. And then the elephant in the room is can we have an a update from Aetna as to when client obligations are actually going to start processing correctly? |
| Kim Glenn | That is on the CR log, and we do have that fixed in place, and we are this week still working on running the claims report, Gail, to make the adjustment, but we'll also have that in detail when Lesa or Angela gives you a call back today. But the fix is in place and we will continue to work to make sure that current date claims are processing correctly. We've been doing a lot of testing, and we have a status at the end of the week here on the claims report. |
| Gail Herndon | Okay. And then as far as going back and recouping the client obligations, I think myself and other providers have indicated that this actually needs to be done per person that the client obligation was not deducted from. We need to see a clear paper trail when these recoupments start coming through for each individual, and I'm assuming you're working on that issue as well. |
| Kim Glenn | That is correct because we will adjust the actual claim, we just don't go in and say okay it's ten thousand dollars and take that off any payment, we actually go in and reprocess that claim and it's on that number, and then you will see that on the remittance advice. |
| Gail Herndon | Okay. And that's all I have today. Thank you. |
| Kim Glenn | Okay. Thank you. |
| Operator | And your next question comes from the line of Ruth Cornwall. |
| Ruth Cornwall | Hi. Good morning. My question is for Aetna, I have a couple. We continue to hear from our members who don't know their status on the credentialing piece, many of them have indicated they put their credentialing in back in November, yet to receive anything; some have indicated that maybe they've heard on two or three of their providers but maybe not the entire group. Can you speak to please and give an idea as to the numbers, what kind of numbers we're talking about when you said that you still have a [unintelligible] the credentials? |
| Kim Glenn | Okay. Ruth, this is Kim Glenn. And as we indicated, we had a major push over the past couple of weeks, our physicians are well up over and they're broken out by specialty. Everybody's over ninety percent in those buckets that have been credentialed over the past couple of weeks, we saw that in our report that goes to the state this week. And we are working on how we put the rosters with the welcome packets, and any particular providers if you want to send us names or we can reach out--we've seen that major push over the past couple of weeks, so if they did not get their welcome packet previously--and as we've been moving things every week, it's daily through credentialing--there is a big push that happened over the past couple of weeks. |
| Ruth Cornwall | That's great to hear. |
| Kim Glenn | I don't have the exact provider account, but I can tell you as we track the percentages, like I said, we are well over ninety percent in every category for physicians. |
| Ruth Cornwall | That's good to hear, I'm just concerned because I know of one practice--only one that I talked to and I've talked to hundreds--who have received a welcome packet. And my understanding from the welcome packet was that you guys were going to go back and make some changes to the timely filing piece that was in there, as well as there was not a list of the providers as to who that welcome packet was intended for, will that be something that you can see in these recent pieces. |
| Kim Glenn | When we found the error in the timely filing the welcome packets were updated to change the one-twenty to the one-eighty, and we are working on how to most expeditiously pull a roster when we send the welcome packet. So that is something that is in the works, and Mike can keep you updated; hopefully we'll have an answer again on your weekly meeting with Mike and Scott, but we are working on getting that resolved so everybody knows in their practice that everybody came through on credentialing. |
| Ruth Cornwall | Has there been any discussions about extending the transition of care to the end of May? |
| Kim Glenn | I do not have any update at this time related to extension of transition of care. |
| Ruth Cornwall | Thank you. |
| Operator | And again, to ask a question please press star then the number one on your telephone keypad.  And your next question comes from the line of Barb Zimmerman. |
| Barb Zimmerman | Hi. Yes, I have several questions this morning, I'll start with Aetna. We recently had a consumer tell us that they had just had their meeting with the care coordinator and that they were increasing their units on their plan of care, their ISP, but they were going to make it retroactive; we are an FMS provider and we cannot have retroactive authorizations. If the person didn't clock in for time we can't have them just submit us time to make up these additional units, and that's what they're thinking is going to happen. So, I just need to make sure that there's not ISP being written that are for months that have already passed. |
| Kim Glenn | And this is Kim Glenn. First of all, can we get your name and who you're with again? I apologize. |
| Becky Ross | Yeah. It's Barb, and I'm with Helpers, Inc. |
| Kim Glenn | Okay. Barb, we're all sitting here in the room agreeing there should be no retro changes to those authorization. So I do know that you're actively talking with both [Jennifer Perente and Stephanie Gramlich], so we'd like that specific example so that we can close the loop there on those. But, yeah, we all are in agreement with you that no retroactivity there. |
| Barb Zimmerman | Okay. I'll find the name of that consumer and send it to them. |
| Kim Glenn | Okay. Thank you. |
| Barb Zimmerman | Uh huh. And then we had submitted a couple MS-1500s to void a couple of claims that were billed in error and they're being processed and they're denying as duplicate instead of void. We used the number eight code on the CMS-1500 as indicated for a void, so that took thirty days or longer to do that and now it's not being voided, so I'm not sure what the next step is to get those claims voided. |
| Lesa Castillo | Barb, this is Lesa. I'll give you a call after this so I can get those examples, and then I'll work on that for you. |
| Barb Zimmerman | Okay. And then I had a question in regards to the ERA. I got a note saying that we had been set up with Aetna and that if we hadn't requested our claim payment remittance be delivered via ERA that we were to contact the provider experience department, which I did, and we were set up correctly, but I'm questioning where are these ERAs being delivered to, do they go directly to Change Healthcare? |
| Lesa Castillo | Yes, because you don't have a clearinghouse, so you would need to get it from Change Healthcare, and we can work with you on that. |
| Barb Zimmerman | And we need to set up a [inaudible] through Change Healthcare? |
| Lesa Castillo | Yeah. |
| Barb Zimmerman | Okay. Because they're asking what system that Change Healthcare is going to receive those ERAs, so they're asking me if it's going to be on the claims and denial advisor or the [accessandbeyond.com]. |
| Lesa Castillo | And we'll give you a call after this and we can walk you through it, Barb  . |
| Barb Zimmerman | Alright. That'll be great. Alright. And then my last concern is for Sunflower. We've been working on clearing up some old issues, missing ISPs and such for the month of February and March. I know you have a lot of new members and a lot going on, but we now have sixty current issues for April. It seems like they're being sent to the auth team, but we've sent them two or three times for a couple weeks and nothing's getting resolved, so I'm wondering if we could get some help getting those issues resolved? |
| Michelle Buller | Barb, this [Michelle Buller] I will take that back and see what is going on with the different requests from you, and I will be in touch with you. |
| Barb Zimmerman | Okay. Great. Thank you very much. |
| Operator | And your next question comes from the line of Colette Sandquist. |
| Colette Sandquist | Good morning. I have a question, actually two questions for Aetna. One has to do with the credentialing. I have been trying to get a new provider credentialed since February and I keep getting hung up with the lady that's processing it, her name is Adriana Trujillo. She doesn't want to send my packet through or credentialing through because I didn't answer two questions dealing with the Native Indians or the Native Alaskans. I had heard at one point I didn't have to answer those two questions; we do see those patients but we're not contracting like with Indian Health Services or the Native Alaskan program, so I didn't know why that would hold up a contract when no other MCO asked that question, and let alone regular Medicaid.​​​​​​​  And the other question I have is regarding our—we're getting our automatic deposits and then I go out to the Aetna Kansas Better Health and get our remits out there, but I have to plug in and find a physician that actually has a claim on that remit. Emily had told me she would try and figure out why we can't get it to come up under Mowery Clinic, I haven't heard anything from her for over a month. And we have not received one welcome letter, and I have twenty-eight physicians; so I just need some guidance on the new physician and when are we going to be able to pull up our remittance advice by Mowery Clinic instead of individual providers? |
| Lesa Castillo | Colette, this is Lesa. I will get with you after the call. |
| Colette Sandquist | Okay. |
| Lesa Castillo | Could we get your number again, Colette? |
| Colette Sandquist | 785-822-0202 |
| Lesa Castillo | Okay. Thank you so much. |
| Colette Sandquist | Thank you. |
| Operator | And your next question comes from the line of Kathy Anderson. |
| Kathy Anderson | Yes. This is Kathy. |
| Female | Go ahead, Kathy. |
| Kathy Anderson | Okay. I talked to Lesa this morning, she actually called to see if we got our credential letter. So I was just going to call in and tell her that I did, and I printed them off; and they say SKYGEN at the top, we're an ophthalmology practice. And the letter comes from Scion Dental Credentialing Committee, and it says that we are recredentialed, we will contact you for recredentialing in the Scion dental network and it's signed by the chief dental officer. I'm not sure that this is what the letter that we were intended. It's made out to our two physicians here, but like I said we're an ophthalmology practice and we were looking for a welcome letter, and this one comes from Scion Dental Credentialing. |
| Lesa Castillo | Yeah. SKYGEN's our dental and vision, but that is you're welcome letter. This is Lesa, sorry Kathy. But that's your approval letter for both your providers. |
| Female | And SKYGEN is the new name from Scion and they may not have got--we will follow up with them. But Scion was purchased by SKYGEN and they may still be in the process of getting some things updated. But we will follow up on that because we do agree that that's confusing when we know the new vendor name is SKYGEN. |
| Kathy Anderson | Well the letterhead on the letter says SKYGEN USA, but the letter is clearly from Scion Dental Credentialing Committee, is what it says, it says they reviewed this April the tenth, and it's signed by a dental officer. |
| Female | Alright. We will follow back up with them. Thank you. |
| Kathy Anderson | Okay. Thank you. |
| Operator | And again, to ask a question please press star than the number one on your telephone keypad.  And your next question comes from the line of Ruth Cornwall. |
| Ruth Cornwall | Hi. Me again. To follow up on Colette's question about credentialing. That administrative form that Aetna was initially asking providers to fill out, we approached the state with concerns about that, the other two MCOs haven't been requesting that information yet. And we understood from the state that providers did not have to fill that form out at this time, that this is something that the provider rep could obtain when they're out doing their practice visit. Is that the understandings? |
| Female | Yes, Ruth, you are correct. We suspended using that supplemental provider form months ago, we will follow back up. It may just be an issue with this particular [cred analyst]. but we've got that as a follow-up because we did agree that we could pick that up during office visits to get that additional information that we need for directory purposes and that. So, we will circle back around specifically related to the one employee that Mowery Clinic identified. |
| Ruth Cornwall | Great. That'd be great. I have another question, you kind of led into it there with the provider directory. Once the provider has completed contracting, then credentialing, can we expect to see them in the online provider directory? |
| Female | You should, and that is the right process. We know that there are a couple of glitches that we are trying to figure out, especially with a couple of key hospitals that we know are in your service area, so we continue to push a few things up the ladder to make sure that that gets corrected. But, yes, a provider once they go into our claims payment system should appear on the online directory. |
| Ruth Cornwall | Okay. Thank you. |
| Operator | And again, it's star one to ask a question.  And there are no further questions at this time. |
| Becky Ross | Alright. Thank you all for participating in the call, and remember that we have one more scheduled for next Thursday at the same time. Thank you for joining us. |
| Operator | And this concludes today's conference, you may now disconnect. |