

Client Obligation Process Clarification

June 27, 2013

Sunflower State Health Plan

- Client obligation is noted on the Plan of Care which is faxed or mailed to the providers within 7 business days of the assessment. Members may choose which provider is assigned. The Plan of Care document was updated to include this information in April. If you have a Plan of Care prior to April, Sunflower assigns client obligation to the attendant care services or highest cost service.
- We are also working to include the assigned provider for client obligation in our authorization approval letter. This is scheduled to be complete by the end of July 2013.
- The client obligation amount can be found in our provider web portal under “cost sharing” or through the KMAP site.
- We are actively working to include this information on our secure provider portal and estimated date of completion for this feature is the end of July. We encourage providers to register for the portal and their provider relations representative (map and contact information on www.sunflowerstatehealth.com) can help them get registered and walk them through the features.
- Providers are encouraged to call if they have any questions in general or member specific.

United Health Plan

1. UHC receives the member’s client obligation amounts from the State around the 25th of the month for the following month
2. Once the information is loaded into our system, we generate a report that lists client obligations for community members (around the last couple days of the month).
3. UHC then assigns a provider to collect the client obligation on each member.
 - Providers are assigned based on the amount of services they are providing. The providers with the highest cost of services (typically attendant care providers) are assigned. If there is not a single provider whose services are more than the client obligation, then the client obligation will be split between two providers. (This is not typical.)

- If the member was with UHC and had a client obligation in the previous month, then we assign the same provider.
4. UHC generates a letter to each member and their assigned provider (around the 7th of the month).
 - The member letter instructs the member which provider they should pay their client obligation to.
 - The provider letter informs the provider that they have been selected to collect that member's client obligation.
 5. UHC enters this information into the claims system, so that the client obligation amounts will be deducted from the specified provider's claims payment.

UHC is looking at ways to streamline this process.

Amerigroup

Purpose: To outline AGP's current and future processes for provider notification of client obligation

1. AGP complies with the State's guidance in assigning CO to specific procedure codes – and restricting the assignment from others. 2. General: the following top three scenarios result in AGP notifying providers of changes to the assignment and/or amount of CO.

- a. The member's obligation amount changes due to a change in financial situation.
- b. A new member is added.
- c. The member elects to change service providers.

The AGP system is configured to apply CO to a specific set of procedure codes (with high deference to attendant care services or those services with the highest cost) on a first in, first assessed methodology rather than at the provider level since some providers offer non-waiver services. (In the case of members with both client-directed and non-directed services, the client directed service codes are targeted for the CO, with the non-directed services following if the CO is not satisfied with the client-directed services alone).

3. Current process: AGP currently relies on our service coordinators to update AGP service plans to reflect CO amounts and

- a. For scenario 'a' or 'b' above the following process applies:
 - 1) AGP receives notification of CO from DCF on Form 3160 or 3161
 - 2) AGP adjusts the member's plan of care to reflect the amount of authorized services, the CO amount, and the assigned provider

3) Prior to 7/1, providers may contact AGP service coordinators to determine both CO amounts and the provider assignment. Service coordinators may be reached by calling 877-434-7579 ext. 50103.

4) Beginning 7/1, and until a more automated process is in place (TBD), when notified of a change to the CO amount or assignment, AGP will update the member's service plan and mail or fax a "Notice of Action" to the provider who has been assigned the member's CO within 10 days of POC development..

b. For scenario 'c' above.

1) AGP receives notice from the member of the change in servicing provider.

Steps 2 through 4 remain the same.

4. Future CO process design. AGP is moving forward to further automate the CO assignment and notification process. Service enhancements that AGP is investigating for deployment include:

a. Using the state electronic file containing CO at the member level, AGP will create a report for all members where CO has changed, including new members.

b. The file will be used to automatically generate the notice of action for distribution to the provider with CO assignment.

c. Create programming to directly assign CO to specific providers rather than rely solely on procedure codes, and claim timing for application of CO.

AGP is working to make the changes a. and b. effective at the beginning of 4th Quarter, 2013. We are still assessing the programming requirements for item c. and cannot presently project a completion date.