

Managed Care Organizations Workgroup

7-9-12 Meeting Minutes

I. **Introductions:**

Sean Balke of Craig Home Care in Wichita has experience working with children utilizing technology assistance and specialized nursing services.

Robbin Cole of Pawnee Mental Health in Manhattan is a LCSW with experience with Long Term Care recipients in nursing facilities, with MCOs.

Michael Pitts of RCIL in Osage City has experience working with persons on the Physical Disability waiver in a supervisory capacity and experience with the Authenticare electronic billing system.

Jeremy Whitt of Netgiver in Kansas City has experience with property management and lobbying.

Mike Nicholes of Netgiver in Kansas City has experience as a Client Service Manager and experience in addiction services.

Lori Feldkamp of Big Lakes in Manhattan is an MBA and has experience with IDD waiver participants.

Maria sat in for Chris Swartz and is the KDHE Business Ops Manager experienced with the HP and MCO contracts.

Scott Hines of Medicalodge in Fort Scott is experienced serving long term care populations.

Dale Stiffler with Capper Easter Seals is an experience provider of IDD services.

Kevin Miller of Hutchison Regional Health Care has experience with Horizons Mental Health and MCO implementation.

Suzanne Wikle is with the Kansas Action for Children and has experience with public advocacy and working with children.

Liz Long

Lizz Phelps

Amy Swanson

On Phone:

Tom Eigsti of Wesley Towers

Representatives from Amerigroup

II. **Recap of MCO Workgroup Charge**

Handout – ‘Kickoff Meeting Highlights’

A. Context

B. Charge

C. Meeting demographics

D. Initial thoughts on charge: Having experience there are known hot spot issues where things can go wrong. What can be pointed out what can go wrong? It’s good to focus on positive, but need to watch out for issues.

III. Considering our purpose...

A. Claims Processing and Payment Systems:

1. Key Issues to Address

- Standardization across MCOs regarding the pre authorization, claims processing, payment, and drug formulary. Uniformity is crucial. (More feedback to group.)
- Pre-Authorization: availability and accessibility of MCO. Can't have waits of 30 min and 2 hours. This impacts patient care! Live body within so many minutes.
- Standardization of documentation expectations across MCOs
- Have one CLAIMS submission system, even if they are standardized otherwise it creates more effort for a provider. Example of group services provided to multiple MCO recipients how does this get divided tracked and monitored for documentation accuracy.
- Claims errors correction and re-processing challenges.
- 3 MCO processes reduces productivity and challenges to new staff and little experience requiring training on three systems.
- Documentation requirements, billing staff will have less efficiency with 3 processes.
- Policy procedures standardized is expected.
- Providing service should be focus, documentation and record keeping work load increases, take resources from providing care to individuals.
- Cash Flow Concerns - Every mistake in billing can cost money is opportunity for MCO to look at a claim and can lead to recoupment as well claims payment timing.
- Know the Standards of processing for all claims expectations regardless of the clean or unclean submission rate.

2. Values:

- Consider all populations, for example, don't treat kids like Medicare recipients.
- Clear expectations of documentation and service provision
- Balance of service provision and the documentation required
- Centralized system for documentation and claims processing
- Focus on individual outcomes

B. Customer service Call center

1. Key Issues to Address

- Track the calls answered, time it takes, transfers, 24hour response availability, have a live person on the phone.
- SLAs that define the above
- Give providers education around what to expect from MCO
- Need to account for support persons that will assist kids and individuals with IDD when accessing the call center. (HIPPA and confidentiality)

- Call center staff need to have authority to deal with situation or be immediately available
- Authorizations can't take days or weeks.
- 24/7/365 availability
- Strong training plans for the call center personnel.

2. Values

- User friendly for both for beneficiaries and service providers.
- Ability to understand the different populations and provider group language and acronyms.

C. Member Enrollment and Assignment

Key Issues

- How often can someone change MCO or physician?
- Required language from contract

Values

- Ability for members to make changes in their MCO.

D. Key questions about our work and KanCare

- What makes it a "clean claim" and timeliness?
- Who is working with MCOs on the Call center coordination and expectations? (SLA important too)
- Are they prepared to handle these expectations, readiness review?
- Electronic billing system- will paper claims be allowed? Yes.
- The ER use factor- work with MCO and providers about appropriate use of the hospital ER as they cannot turn people away. Are alternative means to support individuals addressed?
- Why are certain populations delayed or carved out? How can we educate the MCOs to keep this from causing issues with care for persons utilizing these services?
- Is there integration with local pharmacies or are there national pharmacy requirement directives by the MCO? Does the provider or the member choose the pharmacy?

E. Existing Service Systems Not to Lose

- EVV will continue into the MCO work
- Appeal process via administrative review.

IV. Connections

Workgroup Connections to Internal Workgroups

- Real time member eligibility process to verify
- Beneficiary engagement
- Plans of care
- Prior authorization
- MMIS process changes
- Medical necessity
- Program integrity
- Utilization
- Eligibility-rebranding health wave
- Provider education
- Policy changes Medicaid

V. Next Steps

A. What do we need to accomplish very next?

- Follow up on some questions presented
- Provide reading materials to team (pull highlight reel)
- Updated list of members
- Tell us what input you need from team
- Bring in other experts for presentations? How do we do this?

B. How do we want to organize ourselves?

- i. Frequency - Monthly meeting
- ii. Meeting length – ½ Day
- iii. Information Gathering - Workgroup updates and workgroup postings of meeting summaries will be on the KanCare website.

Next meeting: Monday, 8-13-12; 10:00am-3:00pm at the Learning Center, Room D.