

Managed Care Organizations Workgroup - Meeting Agenda

<p>Date: August 13, 2012 Time: 10:00 – 3:00 p.m. Place: DCF Learning Center, Room D</p> <p>Next Meeting: September 17, 2012 10:00am-3:00pm</p>	<p align="center"><u>Invited</u></p> <p>Kathy Allen, Sear Balke, Robbin Cole, Lori Feldkamp, B. Finuf, Dave Geist, S. Helt, Scott Hines, Elizabeth M., Kevin Miller, Michael Pitts, Dale Stiffler, Jeremy Whitt, Suzanne Wikle, Mike Nicholes</p> <p>Amerigroup, Sunflower and United Representatives</p>	<p align="center"><u>Attending</u></p> <p>Sean Balke, Robbin Cole, Michael Pitts, Jeremy Whitt, Mike Nicholes, Lori Feldkamp, Scott Hines, Kevin Miller, Laura Hopkins, Margaret Zillinger, Suzanne Wikle, Mary Ellen Wright, Debbie Huske, Chris Swartz, Lizz Phelps, Amy Swanson</p> <p>By conference call: Kathy Allen; Adam Peterson, Sunflower; Judy Peterson, Amerigroup; Matt Scott, Amerigroup; Sara Aldona, Amerigroup; Brian Ludhart, Amerigroup, Dana Poole, Amerigroup</p>
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TOPIC	DISCUSSION
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<p>I. Introduction - Christiane Swartz</p> <p>10:00am- 10:30am</p> <p>1. Introductions 2. Recap of the KanCare Tour</p>	<p>1. Introductions 2. Recap of the KanCare Tour and provided handouts including FAQs, member brochure, and additional information provided to thousands of members and providers during the tours. Referenced Q&A posted to the KanCare Website and requested any additional feedback by e-mail from attendees.</p>
<p>II. Review of 7-9-12 Meeting - Christiane Swartz and Lizz Phelps</p> <p>10:30am-11:00am</p> <p>1. Review Meeting Minutes 2. Answer Questions from 7-9-12 Meeting</p>	<p>1. Review and approval of 7-9-12 minutes with the addition of Sunflower attendance by conference call. 2. Provided handout, 'Principals for KanCare MCO Provider Agreements', which includes the federal definition of 'clean claims' adopted by the State.</p>
<p>III. Claims - MCOs and Amy Swanson</p> <p>11:00am-12:00pm</p> <p>How do we include LTC services with the least disruption to members?</p>	<p>Claims presentations from Amerigroup, Sunflower and United.</p> <p><u>Amerigroup:</u></p> <p>Claims Operations:</p> <ul style="list-style-type: none"> A. Meet performance guarantees B. Dedicated Claims Team C. Focus of quality and process improvement including turn-around times <ul style="list-style-type: none"> • Visibility on provider claims status.

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- Team to resolve claims issues.

Adoption of the State's 'clean claims' definition.

Holds a series of orientation meetings to train providers on claims.

Timely Filing:

- 90 days or 180 days for NFs, hospitals and Indian Health Providers.
- Special processes in place for certain circumstances.
- An average turnaround day for electronic submissions is 4.4 days and for paper submissions is 9.6.
- The average electronic funds transfer is 24-72 hours.
- Three options for submission include the Health Plan Clearinghouse, the State Clearinghouse and the Web Portal.

Life Cycle of A Claim:

- System Adjudication
- Manual Review
- Code Edit
- Paid/Denied

Focus on provider support services including provider experience programs.

- Agents available through the National Customer Care and the Internal Resolution Unit.
- Timelines for Authorization
- Precertification Required – has been reduced by 75% in the past two years
- Recertification Not Required list.

Medication:

- Drug formulary across all three plans. The PDL is set by the State and formularies are directed by the State.
- Precertification staff are Clinical RNs highly trained pharmacy techs familiar with clinical criteria.
- Physician orders for medical equipment go through the local, contracted DME provider.

Case Management

- Precertification - Health plan developed plan and meets requirements of CM. Re-asses all persons (not LOC) but in terms of service planning.
- Check financial and clinical eligibility
- Transition Process
- Utilization data transfer

Providers

- Agencies required to meet licensing standards
- Complete Care Plan

Redirection of members from the ER:

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- Use claims data to identify
- Help persons work on options with health care including outreach and education
- Providers share frequent flier information with the Health Plans

Serving the TA population:

- Provider outreach
- Education of participants
- Continuity of Care
- Utilize data to identify high-risk children
- One of the first agencies to provide services to waiver populations.

Sunflower:

Teresa Dodd – Manages claims and will serve as the point of contact.

Teams include a Goals of Payment Excellence Team and a Network Development Team

Identification of common issues providers can avoid.

- Pro-active communication
- Test with providers

Implementation Program

- Contract
- On-boarding
- Testing (if willing)
- Go Live (Jan 1)

Clearinghouse – Providers may use their system or state-sponsored clearinghouse.

Centralized claims processing staffed by seasoned veterans with proven results.

Six Steps of Adjudication

Utilization Management – Over-seen by the Medical Director, responsible for any adverse determination.

Prior Authorization

- 14 day processing with a goal of 2 days.
- Behavioral health services

Transition of Care timeframes 30-90 days (medical necessity).

Case Management dialogue is still open.

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	<p><u>United:</u> Provider advocates and Customer Care on the ground in Kansas. Follows regulations for medical necessity, payment, filing, PA, etc. Claims</p> <ul style="list-style-type: none"> • State objectives of 100% clean claims within 20 days. Currently at 30 day with a 95% rate. • Claims issued twice weekly. • Consistency across MCOs <p>Internal Quality Audits – Statistical Review, Claims Processor Review, and Reporting. Prior Authorization</p> <ul style="list-style-type: none"> • Limited goal to reduce the number of PAs to the extent possible. • Intake Coordinator • Approval Process conducted by clinical staff. The Medical Director is part of this process. • Care Coordinators – facilitate requests on behalf of the provider. <p>Transition of CM</p> <ul style="list-style-type: none"> • Education • Communication <p>FQHCs</p> <ul style="list-style-type: none"> • Contract with the Health Plan <p>Avoiding ER visits - Bring FQHCs, hospitals and health plan together to avoid ER use. Peer to Peer – Psychiatrists to assist with complex case problem solving.</p>
<p>IV. Presentation by Dr. Gratney</p>	<p align="center">  Presentation - Dr Gratny.pdf </p>
<p>V. Customer Service MCOs and Amy Swanson 1:00pm-2:00pm How do we include LTC services with the least disruption to members?</p>	<p>Customer Service presentations from Amerigroup, Sunflower and United.</p> <p><u>Amerigroup:</u> Kansas Call Center – Overland Park Regular program updates through Blast Facts Provider Orientation and Education</p> <ul style="list-style-type: none"> • Majority are TANIF • Billing specific to provider type by area and provider need. • Website Registration

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- On-line options for PA, check policy, and technical assistance.

Sunflower:

Transition to State's enrollment Broker.

Health Plan Customer Experience

Language service vendor transfer in 15 seconds or less.

Call Center System

- Pick-up time and transfer time will meet State requirements
- Cascade Plan
- Workforce Management software
- Staffing Analysis
- Quality Monitoring at 90% or above
- Screen scrape to ensure performance agent monitor recording and side-by-side comparisons.
- Member Relationship Management – tracks the frequency of provider calls, also.
- Hipaa Validation

Self-Service Website available 24/7.

United:

Member service overview

- Toll free phone option available 8am-8pm, Monday through Friday.
- Customer Care Professionals
- Member Advocates
- Automated System for 24/7 access to nursing/clinicians.

Summary of Services

- Member Services
- Interpreter Services including Braille and Vietnamese
- Oversight Governance
- Contact with Care Managers and Subject Matter Experts

VI. Member Enrollment / Assignment

MCOs and Amy Swanson

2:00pm-3:00pm

How do we include LTC services with the least

For All Health Plans

Eligibility –Auto assigned.

Equal membership, equal risk

Stratified claims data

PCP Assignments to triage customers.

First Call Resolution

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disruption to members?

Subject matter experts and a drill down approach is utilized for member call transfers.
ADRC will be consistent across the three MCOs.

VII. Next Steps

1. Information will be posted to the website.
2. Each MCO will add a couple of slide to focus on behavioral health.
3. Behavioral health will be a focus area for the next MCO External Workgroup.
4. Each of the presentations will be send to team members.