

KanCare Member Involvement and Protections Workgroup

08-08-2012 2:00pm

Minutes

Attending: (In Person):

<u>Name</u>	<u>Organization</u>
Cynthia Breitenbach	Mirror, Inc.
Maury Thompson	J.C.D.S.
Anna Lanbertson	Ks Health Consumer Coalition
Dana Poole	Amerigroup
Martha Hodgesmith	KU RTC/IL
Mitzi McFatrach	Kansas Advocates for Better Care
Sue Schuster	KDADS
Kim Doty	The Legacy @ ParkView
Susan Zalenski	Johnson and Johnson
Mary Digman	Sunflower SHP
Chris Beurman	United Healthcare
Rick Cagan	NAMI Kansas
Joe Ewert	KDADS, co-chair
Ira Stamm	Private Practice, Psychologist
Bill Gale	KDHE
Rachel Monger	Leading Age Kansas
Tish Hollingsworth	Kansas Hospital Association
Russell Nittler	KDHE, chair

Attending (phone)

Tanya Dorf-Brunner	Oral Health Kansas
David Johnson	Bert Nash Area Mental Health Center
Bernie Mays	The Whole Person
Annette Graham	CPAAA
*Katherine Gard	Amerigroup
*Della Lafferty	Skilled Health Care
*Pam Shipley	SunFlower

Meeting Minutes

I. II. Meeting called to order and roll call taken as above.

III. Approval of minutes from the last meeting.

IV. Feedback from 1st KanCare Tour/brochure/Logo:

- brochure was a good thing but needed information made more specific
- A request was made to define both “*provider*” and “*plan*” in the brochure.
- many people have no computer access so important to have the materials in print;
- Russell is working on a chart with all choices between 3 plans side by side (much like state insurance information is laid out);
- presenters felt like they learned as they went and later presentations captured some of the Issues they were missing at first;
- Amerigroup clarified one of the issues related to dental cleanings – 2 per year are covered.

1st KanCare tour meeting attendance was reported:

Garden City: 51members /142 provider;

Wichita: 174 members/366 providers;

Salina 104 members/295 providers;
Hays: 37 member/208 providers
Topeka: 151 member/367 providers;
Leavenworth 76 member/155 providers;
Ft. Scott: 42 member/209 providers;
Overland Park: 217 member/260 providers

- A second round of meetings are scheduled for September with a last round in October. Locations to date are: Ellsworth, Manhattan, Atchison, Olathe, Emporia, Iola, Pittsburg, Hutchinson, Russell, Colby, El Dorado, Dodge City. The plan is “fine tuning” in the September attempts with the details filling out by October sessions.
- Rick Cagan noted the information at this point is insufficient regarding providers; Joe noted that for the October meeting there is a plan to include a list of providers.
- Kim Doty noted how difficult it is for nursing home residents to be in attendance at any meeting;
- One of the sessions has been recorded and will be available online
- a request was also made for advance notice of the meetings being held to be on radio and TV for planning purposes; consumers have a difficult time arranging transportation at the last moment.

The committee noted that any mailing costs approximately \$85,000 each time something is sent out to all Medicaid consumers and often the mailing label in the system may not be the actual individual but to whom the mail is requested to be sent.

- Barney Mays, *The Whole Person*, would like accommodations for those with hearing and vision issues.
- Joe noted that over 200 accommodations had been made between vision, hearing and transportation; he noted that when the steering committee is aware of the need the attempt will be made.
- Remarks were received regarding “wayfaring” to make sure directional assist is available to those needing it: signage, someone directing traffic to parking, getting folks to the correct building, room etc.
- Frequently asked questions are being transcribed and will be available; consumers and providers need to remain aware that this is an “ever-changing process” at this point.

V. New Business:

(a)rules for changing MCO’s and (b) MCO assignment:

Everyone will receive an enrollment packet; everyone will be auto-assigned; if the consumer does not want to be in the one assigned then the other (2) provider’s information will be available. Care will be given in auto-assigning for a “good fit” initial assignment.
A request was made re: who would be available to assist consumers?

- Consumers will have up to 45 days after assignment to change if they so choose.
- Disabilities consumers are delayed by 1 year from having to enter KanCare;
- Consumers may switch MCO’s for “good cause”; this is not to be confused with their ability to change a doctor when they might choose to do so as long as the provider is on the MCO’s list.

-Discussion was had regarding coming in and out of the system, being assigned “back” to an MCO; if a consumer is out of the system more than 60 days they would have the 45 days again to switch to MCO of choice.

-Tonya (Ks Dental) discussed the language around “health plan manager” vs. case manager or service manager or provider, to make sure consumers and providers both understood who terms were speaking of.

-Also discussed out of network provider and how using one would be billed.

-As a wrap-up to the discussion Russell shared there will be a booth for KanCare at the State Fair; the logo is being approved for use and there will soon be a KDHE website with KanCare information that will be rolled out as soon as it is ready. He also explained the current latitude of what the MCO’s are able to do for marketing: if they are approached by a consumer they are able to give their information but at this point they may not do direct marketing to consumers. He also gave some limited information regarding when and how enrollment would come due for consumers.

-Input on brochure as it changes was to “date” version of the brochure so people knew when they had the latest information.

-The proposal was resubmitted to CMS but there is no reason to believe they will not approve it. There is hope the result of this will be known by the end of September 2012.

-Final discussions were had regarding the manner in which customer concerns will be satisfied. Russell explained there were 12 people across the state that are able to give information and sign people up; there is a phone into Landon for concerns as well. At this point the MCO care managers will start out handling the grievances and concerns; the ombudsman may be handling some issues for nursing home consumers.

A plea was made to encourage all Medicaid members to make sure the beneficiary address and phone is updated and current: this will help as much as anything to make sure people receive information timely.

The meetings will continue to be held 2nd Wednesday of each month with the next being 09/12/2012.

