

Provider and Operational Issues Workgroup

Minutes

DCF Learning Center Conference Room, Topeka KS
March 20, 2014 10:00am – 12:00pm

Those attending in person:

Greg Hennen, Sandra Dixon, Jeremy Whitt, Carrie Kimes, Ric Dalke, Barbara Timberlake, Jerry Delashaw, Mike Larkin, Larry Martin,

Those attending by telephone:

Megan Smith, Sue Renteria, Frank Clepper, Stephanie Rasmussen, Alana Dobson

Meeting Opener:

Cindy Stortz, KDHE

Shirley introduced herself, stating her credentials and background and reviewed the group charter. She indicated she has invited MCO representatives to attend this meeting and give updates regarding where they are with different projects as upon reading through the charter for this meeting, she interprets it to mean members are to receive updates from MCOs as well as from State employees as well as providing input into issues requested of them.

Review of last meeting minutes:

Shirley Norris, KDHE

Shirley indicated that James is on Spring Break so there will be no updates on the I/DD Waiver or other waivers as was previously planned. She indicated as far as she has heard everything was still on target. Shirley did point out that Cindy had attached the I/DD Program Bulletin and members may read that at their leisure. She also pointed out the Lunch and Learn calls every Wednesday at noon and every Monday and Fridays for Providers from 11am-12pm.

The Health Homes Consumer Tour ran from March 3rd to March 12th. She indicated that the consumer turnout was lower than expected, however there were some good discussions and clarifications were made with several consumers.

The Health Home Provider Tour is coming up April 2nd through April 9th. Registration is on the KanCare website. There will be various seminars and trainings attendees may choose from. If you are planning to provide services for Health Homes you will need to complete the prep and planning tools so you will need to attend those portions. The SMI SPA PMPM has been finalized and is listed on the website also.

Annual Audit Reports: Audit reviews are still taking place and annual reports are still in the process of being finalized, possibly next month.

Utilization Data Comparisons: Shirley pointed out that the State actually gets their information from the MCOs and the providers so they have the data and she questioned what further information the group is requesting. Sandra Dixon stated that her agency actually doesn't have any data and that Kim Brown had brought 6 months data to compare from one year to another at one time. She is requesting the same type of information. National Outcome measures do not have a routine method either at the provider level or systemically for substance abuse treatment. Shirley indicated that this is a venue to

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suggest what type of data you would like to see and we can get with the plans and see what can be provided.

P4P: Shirley indicated there is new legislation is before the committee. The data is still being compiled for last year's reports.

Shirley then opened the floor to the members:

Barbara Timberlake: KU Physicians Barbara indicated that one of the things she would like to see happen was restarting the meetings KDADS used to have where there were inviting the entire community every 6 months in which a representative of all three MCOs would come and make presentations. Barbara indicated something similar to a state forum format with 200-300 providers involved in an open meeting. Carrie will send Shirley an agenda and minutes for the meetings that used to be held.

Carrie Kimes with United Healthcare and will be the representative working with this group along with her Chief Operating Officer.

Sue Renteria with Sunflower Health Plan is a Claims Specialist who works on projects and provider issues as they come up. She has 15 years' experience.

Megan Smith, Sunflower Health Plan is a Claims Liaison. She has 3 years' experience, 3 weeks in current position.

Frank Clepper, Amerigroup Vice President of Operations at the health plan in Kansas. Provider relations community with Rick Zuzinak. Frank indicated he began with Amerigroup on the 1st of October; Prior to that he was the CFO with Delta Dental of Kansas and before that a career military officer. He stated he was very happy to be working with KanCare and feels it will be a big benefit to consumers as well as the tax payers.

Alana Dobson with Sunflower health plan as an IDD Provider Relations specialist for the state of Kansas. She has been with Sunflower since the end of December, and prior to that she has 10 years' experience as a CDDO provider.

Stephanie Rasmussen indicated she has been the Director of IDD for Sunflower since Sept 2012, with an IDD provider for 23 years and with the State of Kansas for a couple of years. IDD implementation started Feb 1st and brought in long term supports and services for those with IDD. Care coordinators have been assigned with consumers with IDD to help develop an Integrated Support Plan and will be renewed yearly. They also make sure they have a choice in service providers across the state in an attempt to make sure they can receive the services they need.

Ric Dalke, CEO of Compass Behavioral Health, formerly Area Mental Health.

Greg Hennen, Executive director of 4 County MHC. Ric and Greg are representatives of the Mental Health System and I hope we can keep in mind that the more the MCOs can establish policies, procedures, forms together so we have one system to work with rather than three it would be very helpful. Whatever we can do to help streamline that would be very time saving for providers.

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Mike Larkin is the Executive Director of the Kansas Pharmacist Association who indicated he was there to relay information regarding durable medical equipment and prescription drugs. He also stated he is involved as a way to find out what updates are coming so the pharmacy community could be prepared for the changes. Shirley asked if having a Pharmacy Specialist come in and speak would be helpful for him and Mike indicated that it would.

Jerry Delashaw of the Presbyterian Manor long term care and assisted living community. Moving from a structure of fee for service to one entity and shifting to a managed care system with three entities has been a bit complicated and challenging effort. Again, to the extent we can make the processes uniform would be very helpful to providers. Reports on how the system is progressing at this point would be very helpful as well. Long term care providers may not have a sense of how the system is working and since we will be beginning a new fiscal year in July, and planning for the next year's fiscal year will be beginning, having some information on how to budget and plan would be very helpful. Shirley stated if he would email the types of information he would like to see, we will certainly try to get that out to him as well as other members.

Jeremy Whitt is with the Netgiver Organization, which is an assisted living facility with a charitable purpose. As other members have already mentioned, Jeremy stated lack of uniformity across the three MCOs is a concern. There have been a number of things that have been implemented and we would like to see the forms, methods and procedures to have some consistency. If possible, a consistent portal navigation and design would be very helpful as tripling of training and knowledge required is unnecessary as they serve identical functions. Another issue is reporting; we have some access to electronic reporting but it's not in a manipulative format. At least giving us a way to download that data would be very helpful. Another question Jeremy had was what the process is that will evaluate where we go in the next year and a half? We have fiscal decisions that stretch out a decade to a decade and a half and, as Jerry indicated, strategic decisions have to be made and the sooner we can have visibility into the thought process that would at least give us some type of indication of how we can plan.

Sandra Dixon is the Director of Addiction Services for DCCA based in Lawrence. I was reminded last week that Kansas is actually a good state if you need treatment and are on Medicaid as we pay for the full continuum of care. Our providers work with other managed care companies and it would be helpful to have those companies also sitting at this table. Optum and Cenpatico are the other two in addition to the three MCO companies that we deal with. Communication between them is not very good. What is the data set available to us, rather than what we would like to see. If you would send some of the questions you would like to see Optum and Cenpatico to address would be helpful.

Mi: KU Pharmacy student

Larry Martin indicated he and his wife owned the Prestige Home Care of Kansas and is also a retired Army Officer. He stated he was on the KanCare Advisory Council as well as the Chairperson for the Advisory Committee for Jayhawk Area Agency, so I bring in a user's perspective from Jayhawk and from our business. One of the things that I would like to see is that the playing field does not get tilted so that smaller businesses have a hard time competing. Report on how the referrals are being handed out, oversight to ensure the playing field remains level. As a group it would be nice as part of our standard meeting we see a report card of where we are in meeting our goals and objectives within KanCare. Outcomes were something that was supposed to be a goal and we haven't seen anything on that, so

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improvements can be made. Shirley indicated that she has heard from providers that the paperwork and billing appear to be burdensome, particularly for smaller offices to which Larry indicated that sometimes it takes forever to get resolution. Larry reiterated that the lack of symmetry in the three websites is a very real burden and one of the challenges we have is that sometimes it falls into the category until you become a pain to everyone to get things resolved. MCOs appear to be doing a much better job but it remains a problem on occasion.

Barbara indicated they are getting different interpretations of Medicaid regs from each of the MCOs and we feel there should be one person at the State to interpret those for the MCOs. Barb will try to come up with some examples and send those to Shirley.

Sandra asked about the KDADS portal. Shirley indicated it was ran by KDADS which is a web driven Oracle data base where a provider can go in and register your issue, state which plan and it is then routed to that plan. This is supposed to be for KDADS issues. We will get the website and get that to you.

There are not enough resources to handle all the folks that need an advocate, to help them look out for their money. APS is working hard, but they have a huge case load. Larry indicated he would like to see some kind of system set up to look out for those folks.

MCO Updates:

Carrie Kimes, United Healthcare

From a United perspective the primary focus has been the IDD implementation, making sure the members continue to get care without interruptions. Health Homes is also something we are spending time working with providers interested in working with consumers. First year issues, lessons learned, resolutions with getting things from 2013 from a claims perspective cleaned up. KMAP website KanCare claims resolution log, also on the UHC provider issues log sorted by provider type. We report out each week. Provider services is our focus for the next few months, getting out and talking with providers to try to make the process less cumbersome. Systemically, some things may not be possible *Stephanie*

Mike Larkin asked how they consider an issue resolved. Carrie indicated that if a claim is denied and it shouldn't have been, the system is fixed and the provider agrees the issue is resolved. For policy issues we will go to the State for confirmation of the intent. Angie Taylor is the plan manager for United. Some of the challenges are that we can systemically change something and then at the national level they change something that overlays what we have done locally which is a challenge. She then gave examples of different situations they have dealt with. For specific examples, Carrie will leave her card. Shirley indicated that after working in the private sector, even with a global issue that you feel you have fixed there may still be something small that differs and leaves claims sitting out there. So if you have any examples, please let them know and they can look into them more closely.

Greg stated that on the KDADS website on the left hand column down about 12 links: Provider Issue Tracking.

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Stephanie from Sunflower:

Most of our intention has been spent on the IDD implementation. She stated that regarding the smaller providers that is something they try to focus on, referrals still through statute comes from the CDDOs and providers.

Also focused on Health Homes and planning for that. Going back and seeing where we may still be having issues with claims or education with provider and being a little more proactive with provider reps training research techniques. Sue indicated they continuously work toward providing good service for consumers and providers. Please let us know if there is an issue that we may not know about. Any feedback would be greatly appreciated.

Frank Lepper from Amerigroup:

As with the others, we are also focused on provider relationships, IDD implementation, Health Homes preparedness, ICD10. Provider outreach and communication efforts ask Amerigroup call on Thursdays : 4pm 866-590-5055 participant code 5494876.

Working very diligently to finish cleanup by end of March and beginning of April for CMHC providers. 5-20-14 new website functionality which hopefully be easier and more intuitive.

Weekly provider call: Carrie stated United had something similar and she would send the link to the group. Alana Fridays 1pm 855.351.5537 4156574972 participant code.

I/DD Waiver Implementation Updates:

James Bart, KDADS

One thing that was part of the charter was to review provider educational materials. If you have something that you are putting together if you would provide that with the group so they can give their input. Also group members if they have something they would like to see as educational tools if they would give them. Carrie indicated they also need input from providers as to how they communicate the information.

Comments from the Chair:

Shirley Norris, KDHE

Shirley then went over the issue log and how that is working at KDHE. She stated it may be more helpful if folks would look at the implementation logs that are on the KanCare website to see if their issues are a global issue, system issue or individual issues rather than calling on everything that may be going wrong. Unknowns are the ones that we need to hear about.

KDHE has individual plan managers who take calls from providers, pass it on to MCOs. Claim issues need to have examples attached so we can research. Vague issues are difficult to pinpoint, so more detail is a good thing for faster resolution.

Send out an updated listing of office responsibilities, phone numbers. KDADS issues would go to James; KDHE issues would go to us. Send it to someone it will get where it's supposed to be.

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What did we not discuss?

Barb indicated the TPL claims that were paid at 100% are still confusing and she would like to see a resolution of that. Clean up is a mess at this point. Either recoup it or give us time to refund. We would prefer it to be recouped. Consistency within each MCO is not happening.

Ric indicated that the collaborating of the three MCOs, is that meeting accessible to everyone, notes or something? Can we get a sense that our concerns are being discussed. Carrie indicated right now the meetings are prn but we could talk about having one meeting.

Right now there is a joint meeting on Kansas policy where a discussion would take place regarding aligning policies. Sherry Kessel and Lisa Wessel keep minutes and weekly notes and they would have a listing of items being discussed and progress on those items.

Shirley then indicated she will work on getting information on the following for the next meeting:

- Direction in which the State may be moving for purposes of provider preparation
- Streamlining forms and processes on the part of the MCOs
- Consistency across each portal even if unfriendly

Shirley stated that she is hopeful in the next few meetings together we can start hammering down some of these issues.

Shirley indicated that the next meetings have been scheduled for:

June 19th
September 25th
December 11th

All meetings will be held at the DCF Learning Center in Topeka from 10:00am to Noon.

The meeting was adjourned at 11:35am.

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