

KanCare Consumer and Specialized Issues Workgroup

Meeting Minutes

March 28, 2014 1:30PM-3:30PM

Clay Center Housing Authority, Clay Center, KS

Those in attendance:

Russell Nittler, Joe Ewert, Kerri Bacon, Shawn Gaywood, Barb Conant, Steve Gieber, Ed Nicholas, John Kahl

Those attending by telephone:

Sue Zupancic, Njeri Shomari, Aldona Carney, Kristi Berning, Christopher Beurman, Nicolette Marino, Misty Tarry, Eric Harkness, Tamela Curtis, Kelley Thames

Review of Minutes from Last Meeting:

Russell Nittler, KDHE

Russell asked if there were any changes, additions or subtractions for last quarter's minutes.

Aldona Carney asked if the information Russell had found on the internet regarding Dental information had been sent out. Russell indicated he would be sure to resend that out to the group.

Comments from the Chair:

Russell Nittler, KDHE

During one of our past meetings, it was requested that the MCOs post the minutes from their consumer meetings on their websites. Russell indicated the MCOs are not able to do that based on HIPPA regulations.

Q: It was asked if there were notices posted on the website regarding dates they will be held.

A: Amerigroup sends the information out via email or a hard copy in the meeting material packet. Amerigroup has a set membership that gets this information.

A: Sunflower's representative stated currently they are still assembling the member self-advocacy group and are open to suggestions as to how to do this. Mailings and connections with care coordinators are currently how members are receiving information regarding meeting times.

A: Chris with United Healthcare stated they are actively recruiting any members that would like to join the Member Advisory Council. Once we receive a name of an interested member, UHC send out information regarding meeting times and agendas. Next week there is a meeting at the Johnson County Community College Health Information Center. Steve Gieber stated they had several people that have gone through Partner and Policy making in the last couple of years that may be a good group to recruit members from. If you will send Steve your email address, he will send you a listing of names. Steve then gave his email address for any of the MCOs interested.

Joe then asked Sunflower if they have a time frame for when they are going to start these meetings. No timeframe was given and Joe asked if she would speak to her leadership and get a time frame from them and report that information back to Russell. Aldona also asked for a timeframe from Sunflower.

I/DD Waiver Updates:

Joe Ewert, KDADS

Joe began by stating he was not the Program Manager for the DD waiver, however he contacted the Program Manager and got the following information: \$33,000,000 has been billed and \$29.6,000,000 has been paid. There appear to be some issues with a few denials grouped around duplicate claims and procedure code/NPI usage. Other feedback says that the payments are coming, average turnaround time for a clean claim is 5.5 days.

Joe then asked for feedback from the group that he is willing to take back. John Kahl expressed a concern regarding getting members off the waiting list for at-home care as he understands if there is a family member that can take care of a member but don't bill for it, the member is left on a waiting list if at a later time they then need at-home care. Kerri then indicated that the State is working to make this a non-issue as they believe that parents take the best care of the children for the most part, and they are trying to set it up to be supportive of that while also staying in compliance with Federal Regulations. The I/DD waiver is currently being renewed with CMS and so all these portions are being reviewed. There was then a discussion regarding how the waiver renewals work.

He stated that it was his understanding the object they are fighting right now is to do away with the underserved list. Other examples were given and questions were asked if the state were looking at those types of issues also, with Joe and Russell giving answers they were aware of.

Q: Aldona asked the MCOs if they were attempting to recruit more dental providers into their provider base for those who are both under and over the age of 21.

A: Russell then pointed out that the dental packet for those under 21 is different than the packets for those over 21 before turning it over to the MCOs.

A: Misty from Sunflower stated they were working very hard with all their providers to attempt to increase capacity and expand that selection for members.

A: Chris then came on stating that one of the most difficult aspects of the provider recruitment is in the dental field. He stated that if anyone knew of any dentists that may be interested, please have them contact Chris.

A: Kelly from Amerigroup stated the same issues that United Healthcare mentioned in that dental providers are very hard to recruit.

The question as to why dentists were not interested in becoming KanCare providers to which the answer was "reimbursement rates". There was a discussion that followed with different examples from members being shared. Kelley reminded members that if there were special circumstances involved, they should be contacting the representatives and make sure these situations are being tracked because there are times some of these examples are covered.

Aldona then stated that maybe it would be good for those dentists that serve Medicaid clients to educate those dentists that are not servicing this community. Chris stated he thought this was a good idea in that anything that can be done to educate providers to serve those in need will help everyone in the long run. Barb agreed stating the line of communication will need to be kept open.

Steve Gieber stated his organization has some information on their website regarding a study they had worked with KU on that may be useful information. Chris then stated he felt that may be a way the health plans can work together with providers/patient advocates to resolve some of these issues. Steve's organizations' website is: kcdd.org

Open Enrollment Results:

Russell Nittler, KDHE

Russell indicated that in November KDHE mailed out 188,000 open enrollment packets, effecting approximately 331,000 members. That first period, which ended on March 1, 2014, resulted in around 10,000 members changing MCOs. Out of that 10,000 there were 453 members changed MCOs more than once.

Russell stated he felt this either tells us that members are happy with their MCOs or that members didn't open the packets when they received them in the mail. Russell indicated he did not break down how many for each MCO changed over for this meeting, but he did state it has been broken down on the website by county and MCO.

What kind of data is collected on why members switched MCOs? Russell stated he doesn't feel there is any and Joe agreed stating the re-enrollment is designed to be as simple as possible. A group member suggested having that information may be useful and other members agreed with that statement.

MAGI Rules:

Russell Nittler, KDHE

Russell indicated the MAGI: Modified Adjusted Gross Income, rule has taken affect effective January 1st of this year. He then went on to explain these rules are part of the Affordable Healthcare Act and may affect parents and care givers and relatives. Pregnant women, children under the age of nineteen and medically needy cases will be ones that are affected. Russell then went on to explain to the group what a spend down was and how members are determined to have one.

The prospective and current members not included are those who receive KanCare due to receiving an SSI check, those that are aged (over the age of 65), blind or disabled. Anyone in long term care or assisted living or medically needy for the aged, blind or disabled (those with spend downs), Medicare aging programs are not subject to the MAGI rules.

These rules are more based on tax rules, for example if a person is on your taxes, you have the legal right to apply for KanCare for them. Countable income has also been changed and is based on tax rules, with the largest change being child support will not be counted since it's not a taxable income.

Basically if members fall into the MAGI categories they are subject to the new rules.

Russell indicated there were also new policies regarding what information we can ask for from members. Asking people to verify their wages has always been a hurdle for most, leading to many denials. Now, the state has access to the Kansas Department of Labor information that we can utilize to verify wages with the help of members. There is also a web service called the Work Number where a lot of employers feed wages into, we can also use that. If there is no way the State can verify an income using one of these and other resources, the State may have to ask prospective members to provide the last 30 days paystubs. A question was asked if it could be checked to see if there is more than one job involved and Russell indicated yes, that is certainly something that can and is being done.

There are other changes attached to the MAGI rules that Russell went over with the group, including not accepting some of the deductions that used to be accepted and changing income limits.

Russell then mentioned the applications have grown in size in part due to the fact the State now has to ask how each household member is filing their taxes. He then explained how they handle situations in which no household member files taxes.

Russell went on to explain many of the other differences that are being implemented since the implementation of the MAGI rules.

New KanCare Ombudsperson:

Kerri Bacon, KDADS

Russell then introduced Kerri Bacon as the new KanCare Ombudsperson and has been in this position for 2 ½ months. Kerri came to this position from KDADS, Money Follows the Person (MFP). Kerri, Joe and Russell then went on to explain what MFP covers and how it is helpful to some, answering questions from group members as they arose.

Kerri indicated that Mike Horan is now in charge of the MFP program.

Annual report for 2013 includes a review of one year activities, data regarding contact log information, as well as other information group members may find interesting.

Kerri went on to state the Ombudsman's office, although their focus is to be long term care and HCBS, they are there for all 400,000 people. She stated her office gets phone calls regarding eligibility issues, payment and access.

There is also an attachment regarding what CMS expects from the Ombudsman's office that Kerri stated she thought may be interesting for group members to read. There is also quite a lot of information on the Ombudsman's website.

They are in the process of hiring a volunteer coordinator and getting the data tracker set up.

Aldona stated she emailed her complaints regarding pharmacy denials and asked if she was logging those and Kerri stated she has just begun logging email issues.

Quarterly Reports:

Russell Nittler, KDHE

Russell then pointed out some information on the quarterly reports, stating there is not enough time to go over these but encouraged members of the group to review these at their leisure.

Russell and Joe then gave some information regarding PACE expansion, where it will be located and how it will be utilized.

The meeting was then adjourned.

cls