

**Administration, Kansas Department of**

**Moderator: Ross, Becky**

**March 21, 2019**

**09:00 AM CT**

This is Conference # 2191487

Operator Good morning. My name is Erica and I will be your conference operator today. At this time I would like to welcome everyone to the KanCare 2.0 Implementation Conference Call. All lines have been placed on mute to prevent any background noise. After the speaker's remarks there will be a question and answer session. If you would like to ask a question during this time simply press star then the number one on your telephone keypad; if you would like to withdraw your question press the pound key.

Thank you. Ms. Mendy Jump, you may begin your conference.

Mendy Jump Thanks Erica. Good morning everyone and thank you for joining the call today. Just a few reminders, the calls will continue through April. The recordings and transcripts from the calls will be listed on the KanCare website at [kancare.ks.gov](http://kancare.ks.gov). Open enrollment continues through April third, so a little bit more time there. And each of the MCO's customer service phone numbers are listed in the KanCare website as well.

We'll go ahead and start with a few updates today and then we'll go to questions. We'll go ahead and start with Aetna.

Keith Wisdom Hello. This is Keith Wisdom. And so we have two items and they were updated on the claims resolution log that providers can see online today; and for follow-up they will continue to be updated on that log so status in the future can be monitored.

First one is client obligation. All prior auths were loaded related to client obligation, that was completed yesterday. And the prior auth process is how we're triggering in claims to make sure that the client obligation is processed. We'll be delivering an action plan to the state on Friday regarding how we will solve the past client obligation claims. When that processing happens that means recoupment notices will go out to providers, so that would be the next step in the process.

The second item relates to RHCs. After further investigation we determined there was a configuration issue that we are resolving right now. We're setting up for a proper payment of encounter versus fee-for-service rates with the target resolution date of April first. So that's when the claims would be processed correctly going forward, following that resolution we would initiate a claims project to reprocess the claims that went out that may have been incorrectly paid on an encounter versus fee-for-service rate for the RHCs.

So those are the two items that we wanted to make everyone aware of. And that's all I had, Mendy.

Mendy Jump

Alright. Thank you. Next, we'll go to United.

Kerry

Hi. Good morning. This is [Kerry unintelligible] with UnitedHealthcare. No new issues to report, things are going smoothly in our standard day-to-day operations. And I did want to just do a reminder for the providers that are on the call; we are in our Spring training sessions season and so we do have all in-season training scheduled end of April. And these are our training sessions that the three MCOs do as a combined effort where providers can come and attend the general sessions where all three MCOs present on similar topics and walk providers through processes for checking eligibility, verifying claim status, doing reconsiderations, filing appeals, things like that.

And then each MCO has dedicated time where you can attend a session and hear specific updates from the MCOs. The invitation for those sessions are posted on KMAP as a bulletin and then you can register for those online also through the KMAP portal under workshop schedule. And they are April twenty-third in Hays, Kansas; April twenty-fourth in Wichita; and then finally on May first will be in Olathe. So we encourage

providers if you can make that work with your schedule to please join us.

And that's all I've got for today, Mendy.

Mendy Jump Thank you. Next, we'll go to Sunflower.

Doug Klise Hi. This is Doug Klise and similar to Kerry we have no new issues to report. Adding on to Kerry's [unintelligible], the Summer will be the [state] HCBS ones as well. So we are doing separate HCBS trainings for those providers so look forward to those notices down the road. So just wanted to make you aware.

Mendy Jump Thank you. And then last but not least we have Candace from First Data.

Candace Cobb Good morning everyone. This is Candace Cobb with First Data. If you are a provider on the phone who provides HCBS services and you confirm those claims in AuthentiCare please let me know if you do not receive Flash Communications directly from me or from our client services team. To get on those lists please email me [candace.cobb@firstdata.com](mailto:candace.cobb@firstdata.com). We want to ensure you get all Flash Communications, training notices, and technical notices from First Data so I want to give you our help desk number. If you have any questions or any issues there's a number and an email for you; and the number is 1-800-441-4667, that's 1-800-441-4667 or email [authenticare.support@firstdata.com](mailto:authenticare.support@firstdata.com).

If you have a question the help desk cannot answer directly, quickly the tech there will create a ticket for escalation; and we'll give you that ticket number so that you can reference that in the future. They will escalate the issue if there's an issue, and you will have a resolution and a response very soon, so thank you for that. And that way all of your issues, if you have any, get tracked, both for us and for you; and we want to know if you have an issue so that we can help you resolve it as quickly as possible.

Thank you. Do communicate with us if you have a question, we're happy to be there for your support.

Mendy Jump Alright. Thank you, Candace. And I think, Erica, we are ready for questions.

Operator            At this time I would like to remind everyone in order to ask a question please press star followed by the number one on your telephone keypad. We'll pause for just a moment to compile the Q&A roster.

                          And there are no questions at this time.

Mendy Jump        Okay. We'll wait just a moment.

Operator            And we do have a question from the line of Ruth Cornwall.

Ruth Cornwall      Hi. Good morning. My question is for Aetna. Keith, I'm going to ask again about claims. Can you give me an idea on the number of claims received and paid?

Keith Wisdom      So similar to our previous discussions, Ruth, any claim [unintelligible] is only meaningful when there is a point of reference and there's no point of reference since we're a new MCO. We know some providers have held back claims and haven't billed other claims, so I don't think those are really meaningful numbers for this call.

                          I think underlying your question I'm assuming--and please correct me if I'm wrong--is the desire to know are there other providers that don't have claims paid and that are seeing significant delays. We're not aware of those, but we want those providers to reach out to us directly; and if you know of them please tell us we want to reach out to them.

                          These calls and all our interaction with providers is we want to know the problem, understand the root, and resolve it. A lot of it's just one-off issues, but if there's bigger issues we'll get to the bottom of it. So I think that's the key is that providers reach out if they have concerns or are seeing any delays that would be unusual.

Ruth Cornwall      Keith, I appreciate that, and I have providers who have been reaching out and aren't getting resolution. The reason I asked about the number of claims, not the claim dollars because the dollars don't specifically tell us anything except for what you're paying out; so when we can look at claims by provider type--claims received/denied--it shows them trending. And I think that's information, and I think that information is important and is helpful. And as I understand it is something that's typically

reported to the Legislative Oversight Committee, so I don't know what the trepidation is in sharing those numbers.

Keith Wisdom      And we do have a lot of reporting--monthly, quarterly, and to other teams--and so there's a significant amount of reporting going on; But like I said, there's nothing to compare it to provide a baseline or a trending, so I don't think that's meaningful for these calls.

Operator            And your next question comes from the line of Gail Herndon.

Gail Herndon        Hi. I've just got a couple of things this morning. One. The first, Keith, you were saying that on the client obligations to get them recouped that you would be sending recoupments letters, but my expectation from a provider standpoint would be that once those letters [unintelligible] that you would recoup each individual's client obligation from future claims, and I hope that's what you're looking at and processing?

Keith Wisdom        Yeah. It's my understanding that we have to provide the notice and allow sixty days to pass in case a provider doesn't want to, but we would then after the sixty days start the recoupment process. If you want the recoupment process to begin immediately we will take request in writing from providers if you have direct contact with our Provider Experience Team and we would start the recoupment sooner, and we'd be glad to do that.

Gail Herndon        Okay, super. Thank you so much. Also, I wanted to let you know that I spoke with [Lisa Castile], I think, yesterday from Aetna, and she's researching. OCK had three different people for their day in residential from February that the claims paid out at zero but there was absolutely no explanation code on the remittance advice as to why Lisa is researching them, but I wanted to let you know that we really need to kind of know from the remittance advices why we're not getting [paid].

Keith Wisdom        Yeah. Understood. Lisa's here and others on the team, and they're definitely in the process of researching that to get to the bottom of that.

Gail Herndon        Okay. Thank you.

- Operator            Again, ladies and gentlemen, if you would like to ask a question at this time simply press star then the number one on your telephone keypad.
- And we do have a question from a caller that we did not get their name from. If you pressed star one to ask a question, go ahead with your question.
- Barb Zimmerman    Hi. My name is Barb Zimmerman at Helpers, Inc. I have a couple of questions. For Aetna, reiterating the obligations not being withheld, we have not had those withheld either; I guess we'll go ahead and request the recoupment process. We've not received a notice letter stating that they have not been removed from Aetna; if that was your process we have not received that yet.
- And also, in regards to the 835, we were speaking yesterday with a couple of your people at Aetna and they're asking if our clearinghouse could be Availity, and at that point we could possibly correct claims on the Availity portal. Do you know if that's going to be a possibility?
- Keith Wisdom        So on the client obligation recoupment letters we are submitting our--as I said earlier, our action plan [unintelligible] on Friday--so no recoupment letters have been sent. So that's why you haven't seen those yet, I was just explaining what you will see in that in the future.
- Regarding your clearinghouse I'm going to have to ask someone else to ensure that question.
- Female Speaker      And that is correct, Barb. I think you worked with Angela and you submitted the form. You will be able to do that with Availity and you'll receive your ERAs. [Unintelligible] Healthcare will send them to there, to Availity.
- Barb Zimmerman    Okay. I'll get in contact with Angela and see what our status is on that then.
- Candace Cobb        Well. Yeah. We'll have Angie reach out to you.
- Barb Zimmerman    Okay, great. Alright. And then I have one other comment for Sunflower. We have been having issues with duplicate authorizations in AuthentiCare and we keep getting the message that those cannot be

removed; however, other MCOs have been able to do that, and I know we pulled First Data into this yesterday. There are other MCOs that have ways of end-dating authorizations to remove duplicates, we really need to see if we can have Sunflower get this process in place because we have multiple problems with duplicate authorizations. And even for members that are deceased we still have authorizations in that system that need taken out. It creates a huge problem for us confirming claims and checking all that, so I'm hoping that we can get a resolution to getting those auths out of the system.

Alana Dotson Hi Barb, it's Alana. I did notify the information that you sent me yesterday, I did let the Auth team lead know about that. But we can also send that on up so that they can reach out with Candace possibly.

Barb Zimmerman Okay. Thank you.

Operator And there are no further questions at this time.

Mendy Jump Okay. We'll give it just a little bit to see if anybody else has any questions.

Operator And just as a reminder, it's star one for questions.

And we did have a caller come into queue that did not leave their name. Your line is open. If you pressed star one go ahead with your question.

Lorraine This is Lorraine with Another Day.

Operator Lorraine, go ahead with your question.

Lorraine Hello. This is Lorraine. One of the things that are happening to us is we are getting a lot of duplicate authorizations coming in through faxes or emails, etcetera. We will get three/four copies on the same consumer; they're sometimes duplicates, sometimes we're getting a copy of what we have already signed and returned through the portal, if the MCO's would want to take a look at that it could save you some real resources and certainly a lot of time for us. Thank you.

Female Speaker Lorraine, have you experienced that with all MCOs or just...?

- Lorraine We are experiencing with all, we have not figured out a way to return the authorizations after we've signed them; back to Aetna, yes, it works like it does for UnitedHealthcare or Sunflower, but we're certainly seeing it from United and Sunflower .Sometimes we will get it in a fax, we'll get it in an email, and we'll get it in mail; sometimes we will get three different faxes, some coming in one after the other, some coming in several days apart. But now we're getting them returned after we've already signed them asking for us to sign them again.
- Doug Klise Lorraine, this is Doug Klise from Sunflower, we will have to look. Alana, have you heard of that issue come up? And I believe Deb Rear from our medical management [area] is on the line as well if either of you have a comment related to Lorraine's issue please [inaudible].
- Alana Dotson I have not heard of that. But, Lorraine, I'll give you a call little bit later so we can talk about it.
- Lorraine I can show you the copies of all of them, if you want to see them. I don't think you do, but...
- Doug Klise We need to see the copies to research what the issue is, Lorraine. So, thank you.
- Lorraine Alright. Thank you.
- Kerry Yeah. And this is Kerry with United. We've heard on the items where we've seen these and we've reviewed them we are required to send out a new [PCSP], if we make any change of it at all it has to come back out for re-signature. And so if you're seeing ones that are identical and there wasn't some sort of change we would like to see those as well.
- But generally, what we've seen historically is when we look at it there was a change that does require it to come back out and be resigned, and so that's generally what we find when we see that you've gotten an individual's [PCSP] a couple of times. So we'll have somebody reach out to you today and look at a few examples; and if it's not that, what's causing it.

- Lorraine            You know one of the things you might do if that's the case is--I don't know how you do it--but it's like we need one without our signature on it already because we spend a lot of time poring over them to make sure that they are accurate and they do not need some changes in the first place. So to spend our time doing that over and over, it's, yeah. We'd be happy to talk with you about some alternative ways to handle it. Thank you.
- Kerry                Lorraine, can you give us your phone number so that they can contact you?
- Lorraine            Yes. I'll go ahead. 913-599-2221. And probably contact Starrlene at her extension, 2356. Thank you.
- Operator            And there are no further questions at this time.
- Mendy Jump        Okay. Well if there's no other questions then we can go ahead and end the call for today. Thank you everybody for calling in.
- Operator            Thank you. This does conclude today's conference call, you may now disconnect.