

Administration, Kansas Department of

Moderator: Ross, Becky

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OPERATOR: This is Conference # 5965989

Operator Good morning, my name is Kyle 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 will be 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, simply press star then the number one on your telephone keypad. To withdraw your question, press the pound key, thank you. Ms. Becky Ross, you may begin your conference.

Becky Ross Thank you, Kyle. Good morning everyone and thank you for joining us on this call. I'll give you updates and then going to have some updates from our managed care organizations. We have KDHE and Kded staff on the line. We also have our MCO partners and DXP are enrollment broker and fiscal agent all here to answer your questions.

So our updates are pretty brief. First of all, for the rest of January, we will be holding these calls only on Thursday morning at nine, so the same time, just Thursday mornings not Tuesdays. And we'll assess towards the end of the month how frequently we need to hold calls if we need to continue holding them.

Also like to remind folks that the recordings of the previous calls with the transcripts are posted on the KanCare website right on the front page. So if you joined a call late or you missed a call, you can go there

to get the information. And the final reminder is open enrollment continues through April third. So folks will have up to that point to make their final selection of manage care organization for the year. With that, I'm going to turn it over to Sunflower for their updates.

John Alan Smith Good morning, this is John Alan Smith with Sunflower health plan. Everything continues to go very well with everything being implemented with KanCare 2.0 and we are experiencing no issues to share with you globally at this time, but happy to answer any questions that anyone may have regarding any issues. But at this point, we have no updates on any issues related to our implementation.

Becky Ross Thanks John Allen. Now I'll turn it over to United Healthcare.

Carrie Kimes Hi good morning this is Carrie Kimes with United Healthcare. We do have one item to report since we met on Tuesday. In the process of letting our transition of care files, it does appear that we have loaded some of our eight CDF authorizations twice. We wanted to really make sure they were in there for providers to be able to build services. And so, it really it has no negative impact on the members, providers do have active authorizations and authentic care to be able to bill for the services, it's more of just an internal clean up in our system.

We don't want to have to active authorization somewhere in the process of identifying other than getting a duplicative off removed. We're also going to contact the providers and let them know that we are aware that they were duplicatively entered and will remedy that, but there should be no negative impact while we do that clean up. Other than that, we've again continued to see a little bit of increased call volume in our member call center. Our teams are addressing that and able to assist our members, and that's all we have for today.

Becky Ross Thank you Carrie and finally we'll turn to Aetna.

Keith Wisdom This is Keith Wisdom from Aetna and our update on Tuesday is still the same situation right that member services have a large call volume bid, it's going smoothly with that. The provider service line all right open, were operating within the transition to care rules. We're working through the provider loads but that is all in line with expectations and we're handling the prior us. The people need in honoring the prior us

from Amerigroup members who were transferred to us. So same status as our discussion on Tuesday.

Becky Ross

Thanks Keith. Kyle, I think we're ready to take questions now.

Operator

Ladies and gentlemen, at this time, I would like to remind everyone, in order to ask a question, please press star, then the number one on your telephone keypad. Again, that would be star then the number one on your telephone keypad. We will pause for a moment to compile the Q&A roster. Your first question comes from the line of anonymous. Please speak your first and last name. Your line is now open. Excuse me, the line is now open for questions.

Shirley Gamble

Yes this is Shirley Gamble with the Sterling Medical Center and I was on the call preview the last call and Keith, someone was going to give me a call back in regards to an interaction I had regarding the website and trying to initiate the work around on the log in or sign in. I didn't get that call and I was wondering if I just haven't reached the list yet or you missed my number?

Keith Wisdom

So it's Shirley Gamble, correct?

Shirley Gamble

Correct.

Keith Wisdom

And 620-278-2123?

Shirley Gamble

Correct.

Keith Wisdom

Okay we have your information and I thought that call was made but we're double checking and so we'll make sure you're contacted today.

Shirley Gamble

Okay.

Keith Wisdom

You should have been contacted by now so I apologize (inaudible)

Shirley Gamble

Okay, thank you.

Operator

Your next question comes from the line of Linda Farwell. Your line is now open.

- Linda Farwell Good morning, I have a question in reference to the Kansas Telemedicine Act that went into law January first and about video visits for with patients while they're at home. We've not seen any kind of correspondence about that and how Medicaid in the MCU's are going to handle that.
- Becky Ross Linda, this is Becky Ross from KDH&E and I think we'll need to take that off line. Our staff are working on that and they're having some conversations, both with NCO's and legislators about that.
- Linda Farwell Okay, well we're in the process of trying to implement that. It's going to improve patient care and so can you just give me a call about it then.
- Chris Schwartz Linda, this is Chris Schwartz. I will give you a call (inaudible) the policies and the process of implementation and so forth. So that would be the regular process follow. As well as the notification to providers and this is going to be on the scope of this call where it's credited only to implementation of the KanCare 2.0 for the three MCU's though other drugs that will use separately from this call.
- Linda Farwell Oh okay, thanks Chris, I appreciate that. And then I just have one other question for Aetna. The provider loads and making sure they're all corrected with everyone. Do you have a time frame on when that will all be completed?
- Keith Wisdom There's multiple stages to that so there's no exact time frame. So what particularly are you concerned? Did you say this is Linda Farmer, did I get the name right?
- Linda Farwell No, it's Farwell, F.A.R.W.E.L.L. And is this Keith.
- Keith Wisdom Yes
- Linda Farwell Okay, we had some issues with our provider showing non-participating and problems with getting authorizations. We've been working through that but I just wondered if you had a time frame in mind when everything would be good.

Keith Wisdom So I mean we're working on your load in particular and we'll keep you updated. I know we've been in contact with you to work through the prior authorization issues and we'll continue to be in contact with you to discuss those issues. Would you like us to reach out to you today?

Linda Farwell No, you don't necessarily need to do that if you don't have a date. I'm just kind of getting some notes together for KM GMA meeting. So I'm sure there's other (unintelligible) that are facing the same thing. So I was just wondering if you had a date?

Keith Wisdom Yeah there's, I mean it's provider by provider discussion, there's a tremendous number of literally thousands of providers that have either haven't submitted or have incorrect OIG forms. By state regulation, they have to have OIG forms free loaded as contracted versus non contracted. So there's a lot of technicalities in this. It's a provider by provider discussion and we encourage the providers were reaching out to, to be back in contact us to supply the missing information and forms we're looking for. But like I said, we'll have those discussions with each provider and we've had already individual contact with all those providers as well.

Linda Farwell Great thanks everybody for information and this call.

Operator Your next question comes from the line of Roberta Reim. Your line is now open.

Roberta Reim Yeah, this question is for Keith at Aetna. We haven't received any response back from our contract. We've reached out asking for response on it which therefor causes issues of us not being in network and authorization issues. I didn't know if there were other providers that have heard anything.

Keith Wisdom Your name again please.

Roberta Reim Roberta, it's Robert Reim.

Keith Wisdom At that which provider?

Roberta Reim Kansas Spine and Specialty Hospital in Wichita.

Keith Wisdom (crosstalk) Do you want us to call the main number or do you want us to call a direct line when we reach out?

Roberta Reim I can give you my number. It's 316-462-5331.

Keith Wisdom Yeah we'll be reaching out to you directly. With the transition and care policy and the bulletin that KDHE issued. Prior authorizations followed the in network process for in network or out of network providers during the first three months of the first ninety days. And so issues related to a contract should not have a bearing on prior authorization. And if you have specific challenges you've encountered, but we'd be glad to discuss that with when you reach out.

Roberta Reim Yeah, well when our physician office was trying to authorize for our facility through eviCore, they were told that they would pen the auth until they verified network eligibility. So I didn't think they could verify network I'll eligibility until we ran in network.

Keith Wisdom We will make sure we have a discussion with eviCore regarding that.

Roberta Reim Okay. Okay I'll look for your call them.

Keith Wisdom Thanks.

Operator Your next question comes from the line of Belinda Mahoney. Your line is now open.

Belinda Mahoney Hi, this is for Aetna. We're having the same issues as the previous caller getting prior authorizations and eviCore was one of the problems and being told that we're not in network and we couldn't get the prior off. One example we made three phone calls and on the last phone call we finally did get the prior authorization. My question is, if we cannot get a prior authorization through the transition period and we've tried to, will it be honored by Aetna?

Keith Wisdom We will solve these issues. Prior (unintelligible) are not dependent on your network status and we will make sure these issues are solved today.

Belinda Mahoney Okay.
And Belinda, what organization are you with and how can we (crosstalk?)

Belinda Mahoney I'm with the Hutchinson Clinic and it's large clinic and we make a lot of calls to get prior authorization so it does affect us.

Keith Wisdom Do you have a direct line you want us to contact or call the main number.

Belinda Mahoney No my direct line is 620-669-2644.

Keith Wisdom Thank you, we'll be in contact today.

Belinda Mahoney Okay, thanks a lot.

Operator Again if you would like to ask a question, please press star then the number one on your telephone keypad. Your next question comes from the line of Ruth Cornwall. Your line is now open.

Ruth Cornwall Hey good morning. My question is for Aetna. This is kind of a follow-up to the questions that we talked about on Tuesday with respect to access to the provider portal. I understood it that the provider for asked for a claim number in order to access that but there was a work around to that and that folks were to reach out to their provider experience rep or contact the provider experience department. There maybe was a hiccup if there's a few data elements missing. Now I'm hearing that until the provider won't have access to the secure portal until they completed contracting and credentialing. Is that correct?

Keith Wisdom Say that last piece again.

Ruth Cornwall I'm hearing that in order for a provider to have access to the secure portal, they'll need to be completed with contracting and credentialing.

Keith Wisdom So they do have to be loaded as a contracted provider and so that is true that it has to be complete and they have to be loaded as contracted. We are taking the registration information in there at the top of the list when

they do get loaded to be contacted to finish the process. We are working internally to evaluate if there's a possibility providing portal access for providers not loaded as contracted. But obviously, there's legal and security implications that have to be evaluated before we can (inaudible) in addition to the IT infrastructure implications to see if that can be done.

Ruth Cornwall Okay sir, do we have any idea of like the back log in my time at the length of time that you're looking to get these caught up and put in. Earlier you indicated that you all are working on a provider loads and that you are needing to stage expectations what is the state expectation. So, I didn't use those words but I did say it is a provider by provider issue. And we're glad to have those discussions with each provider, that gives us the opportunity for the providers who have missing information and missing forms for those to be completed. But yeah same answer as we just discussed.

Ruth Cornwall And I appreciate that Keith. We represented roughly thirty-five hundred actively practicing positions in the state and majority of them participate in the Medicaid program. I'm being inundated with calls from folks with many of the issues that have been brought up already this morning, but most heavily is the provider for portal piece. So I think if we could get updates on the status of how those are going, those would be helpful, at least for me and our organization.

Keith Wisdom Yeah I will reiterate a discussion I had with KDHE yesterday in meetings. One of the challenges were having with providers across the state and across all sorts of provider tribes, we literally have thousands of pieces of missing information and forms that we have to have to comply with state regulations within CQA and with internal controls. And we average over three hundred calls a day to providers requesting information to be completed in forms to be submitted.

And we get completed forms and completed information all of what we called about solved for about thirty to forty providers a day. So that means we're accomplishing about - and you would think that after calling multiple times and doing this process for weeks now, that would start to snowball as far as getting across the finish line and it hasn't. So I think a very important part of this discussion is the platform you have to

share with your members the importance of the request that are there and the forms that we need.

So that's why it gets down to a provider by provider issue, I don't want to paint a broad brush. There's thousands of providers that have provided every single thing but there's also thousands of providers that are helping in completing the record. So doing gross generalizations in either direction is not helpful. We need to work through, like I said, you just (inaudible) on a provider by provider basis.

- Ruth Cornwall Thank you.
- Operator Your next question comes from the line of Collette Sanchez. Your line is now open.
- Colette Sanchez Hi, this question is for Aetna. So if you don't have providers loaded and we can't get on the provider portal, how is that going to affect our payments?
- Keith Wisdom So the issues not providers are not loaded right, there has to be loaded as contract is the final step to a very complete record to get access to the portal. All providers are treated as in network, no matter of their contract load status and the top priority for loads are claims that come in the door. So we are paying claims, we're educating claims, we're receiving hundreds of claims and that's soon going to be thousands of claims today. And with our first payments issue tomorrow so that is not an area of concern that it's going to get in the way of claim statement.
- Colette Sanchez Okay and that'll lead into my next question. So are you paying claims once a week then? (crosstalk) is your payment frequency going to be?
- Keith Wisdom We adjudicate claims daily by the payments are the issue twice a week. Joe do you have the exact timing on that?
- Joe Everwine So Aetna's process right now is we are doing a hundred percent audit of all of our claims both that is appended and are moved to either pay or deny status. So we do not have auto adjudication going on right now so we want to make sure we've got everything paid correct or denied correctly. Most of our denials we're seeing are for data service prior to

January first, that's our number one reason for claims denial. We do have our first check run going this Friday We will at some point move once we believe we have all of our systems are working a hundred percent, we don't have any major issues, we will stop the hundred percent QA environment. Things work auto adjudicate or auto deny and those check ground will actually occur twice a week. We just want to make sure that we've got things paid right and denied right so we're only doing one check ran a week at this time.

Colette Sanchez Well I appreciate that. I'd rather have it accurate than go back and redo so thank you for answering the questions.

Operator Your next question comes from the line of Ruth Cornwall. Your line is now open.

Tiff Hollingsworth Good morning this is actually Tiff Hollingsworth. Ruth and I are taking the call together. Keith, I'll give you just a little bit of a break right now and I'll ask this question of KDHE. I'm starting to get some questions regarding Amerigroup. And I know during our December all peers workshop, there was some information that was shared to us during that meeting regarding phone numbers and exiting information from Amerigroup. Is that information also available on the KDHE website and if it's not can it be maybe place somewhere there? Now I'm starting to get a lot of calls, hospitals are starting to get concerned about I better hurry up and get those claims paid and or building and paid through Amerigroup.

Shirley Gamble Hi Tiff is Shirley (inaudible) at KDHE.

Tiff Hollingsworth Hi, we can certainly put that information out there on the KanCare website, it is not out there right now. We could post it both at KMAB and KanCare just so providers have that information, that's a good point thank you.

Shirley Gamble Ok, thank you very much.

Operator Your next question comes from the line of his Jackie Clifton. Your line is now open.

Jackie Cliston Okay thank you this is Jackie Cliston with Advocate Care Services and we are an FMS provider with KanCare and I haven't heard much mentioned about when Aetna will be showing in AuthentiCare and went AuthentiCare will be loading authorizations for self-directed care. So we're kind of curious on when we will see authorizations and how we will bill since we use AuthentiCare for all of the billing, how that's going to work. So I don't know if this is for Aetna and KDHE and KDES all together or who might want to address this.

Scott Hi this is Scott (unintelligible) with Aetna. Jo Everwine is going to answer that question but he was out of the room when you were asking it so I hate to ask you to repeat the question but could you go through it one more time to make sure I don't miscommunicate with the question was.

Jackie Cliston Yes this is about the FMS and self-directed care. The authorizations get loaded into AuthentiCare by the MCO's and then clients clock in and out. So there's no authorization they can't clock in or out so I'm not quite sure how that's working right now with our clients who have transition to Aetna. But we don't see any authorizations in there. We do see Aetna - no we don't see Aetna listed as a pair. So we're just curious about when this is all going to happen for us to be able to capture the information we need to bill and time lines on how that's going to work.

Joe Everwine Yes, this is Joe ever wind and then we kind of give an overview and then we do need to make sure we have your contact because you should be able to see Aetna as a payer. We do have a challenge as you can imagine, we have all these Amerigroup HCBS authorizations loaded in. We found as we were moving forward with the implementation of the EVV system through first data.

Some of these providers were either not contracted or we didn't even have them on the radar as if even providers that we needed to reach out to. We have that full list; we know what information is needed. From what I understand, from our network team reached out to all the providers (unintelligible) needed demographic information so that we can get these observations loaded.

We're right now back into the somewhat process that Keith kind of raised, we're trying to load everything into our systems, especially all

these providers that we weren't even aware about. We have a time line for this afternoon to have that dos entered or tomorrow morning so I need to follow up on that. We are still planning to have everything done by next Friday.

We've been updating KDHE on a daily basis because it's been kind of a challenge with the Amerigroup transition and also the EVV transition. But we do need to make sure we have your information and make sure that you're seeing Aetna as a payer. That should be all set up.

- Jackie Cliston We have had the issue where we're working through the end of December. Amerigroup claims and each of those claims are showing Aetna so we have to go in and change it back to Amerigroup to make sure that they actually get billed properly. So we've seen Aetna in that respect but were only still seeing Amerigroup Sunflower and United as the payers. So I don't know if (crosstalk).
- Joe Everwine And these are dates of service past January first.
- Jackie Cliston No, we're just dealing with up to December thirty first, we do the billing in arrears, so we're (crosstalk) yes.
- Becky Ross This is Becky Ross. Could you give us your phone number and we'll have somebody from (unintelligible) data and or Cadance contact you about this issue.
- Jackie Cliston Yes and it would be nice if maybe Cadance would reach out to all FMS providers because I'm sure everybody's experiencing the same thing. But to call me, it would be 316-260-9910 and either talk to me or Jennifer. She's the billing expert at our office and she's the one that's looking at all these off, or not off.
- Becky Ross Right and so your issue is you've got claims that were from twenty eighteen in December. (crosstalk.)
- Jackie Cliston No, the issue is we've had to change those to Amerigroup to bill and so we had to manually do that. So for some reason there was a glitch there but we found that and fixed it, but there's nothing in there from January first going forward. So any client that went to Aetna, and we don't know

who to those are, they will not be able to clock in or out unless it's still under Amerigroup. So, we don't know how this is going to work and we have payroll on January fifteenth. We'll pay January at the end of January yes but we don't want to spend a whole month not knowing how this was going to work.

Becky Ross Okay, so I want to be clear here, the issue is not the previous Amerigroup claims for December that you've got that fixed.

Jackie Cliston Yes, correct.

Becky Ross Okay and so the issue now is going forward for January, you don't see Aetna as a payer and there's no authorization in there.

Jackie Cliston Correct. I do have something else for Aetna if you're done Becky

Becky Ross Yeah go ahead.

Jackie Cliston Okay regarding contracting, we were contacted by Aetna In twenty eighteen, I would say like March, April time frame, sent contracting information. We filled it out, I believe I submitted in May so it's been quite a while. Didn't hear anything for a long time, then had another person contact me and requested some information that I'm sure I've sent but I sent it again. And then most recently, it's been at least a month now, I had contact from someone that said they needed a copy of our business license.

And to me, I said well, I'm not sure what you what you mean, we're an HCBS provider, we're contracted with HeyMap and the state and I sent all that. But they want a general business license for Kansas and we don't have that, it's not a requirement. Not every business is required to be licensed. So I'm not sure if your person in Arizona is figuring that out or if this is affecting other people but we've been around for fifteen plus years and never had this issue, so I'm not quite sure why the contract is taking so long.

Keith Wisdom So Jackie, this is Keith Wisdom from Aetna. We wrote down your phone number, we'll be in contact with you. We'll investigate whether it was credentialing related or some other related request to see

specifically what was requested and we'll be in contact. We did look up during this discussion and verified that we have your contract paperwork complete. We'll investigate what was requested and get back with to.

Jackie Cliston Okay and sorry one more question to just add to that. In all of that paperwork, I don't believe there was ever anything that we submitted that said, okay, if you're going to pay yes here's how to pay us either. So I don't know if we need to do some paperwork to be ACH paid through you guys, if that's something we find on your website. But once AuthentiCare gets set up, we submit those electronically, And I wonder, well how are you going to pay us or how do you know how to pay yes at that point. So we don't send paper claims and we don't bill through your website, we build straight - AuthentiCare send it to you.

Female Participant So Keith, are you going to address all of these issues for Jackie when you get a call, a contractor issue and then (unintelligible) that she had?

Keith Wisdom Yeah we will discuss that issue directly Jackie.

Jackie Cliston Okay, thank you.

Becky Ross All right thank you.

Operator Again if you would like to ask a question, please press star then the number one on your telephone keypad. Your next question comes from the line of Stacey Berndt. Your line is now open.

Stacey Berndt Hi, this is Stacey Berndt from Lincoln Center OBGYN in Topeka. My question is, on the payment for Aetna, currently we receive ESP's with Aetna payments for Aetna commercial. Is this going to be a separate payments or do I need to tell them to be looking out for something else?

Kim Glenn This is Kim Glenn with Aetna and it will be a separate payment. We do you operate our Medicaid business under a separate claim to adjudication system so you will also need to sign up to do on electronic with Aetna Better Health of Kansas.

Stacey Berndt But if we have not signed up, we will receive a paper check?

Kim Glenn That is correct.

Stacey Berndt All right thank you.

Kim Glenn You're welcome.

Operator Your next question comes from the line of Ruth Cornwall your line is open.

Ruth Cornwall I'm back. Back to that dead horse, the provider portal. Once you're granted access to the provider portal, will it be one sign on or will practices or RHD's have multiple sign on's? Is it going to be by group ID or tax ID or the pay two, if you have a different pay two?

Kim Glenn Ruth, if everybody's under the same provider ID really kind of tax ID, then there will be one sign on, but if we do have multiple tax ID's and looking at, depending on how we've got those configured based upon the pay two records, then there could be multiple sing ons.

Ruth Cornwall Okay.

Joe Everwine Just to add on to like Kim said, normally there's an administrator that's responsible and then they can delegate out within the practice so everybody can use that one sign on. They're using it into one tax ID.

Ruth Cornwall Thank you. I was concerned more about from the pay two perspective as far as we've got a different pay two, you'll have multiple sign ons to get in and look at different things.

Keith Wisdom That would be correct.

Ruth Cornwall Thank you.

Operator Again, if you would like to ask a question, please press star then the number one on your telephone keypad. There are no questions at this time, please continue.

Becky Ross Thank you Kyle, Thank you everyone for all the questions and for those of you who provided phone numbers, folks will be getting back with you about your particular issues. Just a reminder that we're going to move to Thursday only calls through the end of January. Same time, nine o'clock, will be the same, I assume the same participant dial in. But if it's different, we'll certainly get that posted on the KanCare website. Recordings and transcripts are out there as well. So any last updates from any of our managed care organizations or any of the state team? All right, hearing none, thank you all for joining the call and we'll talk to you next week.

Operator This concludes today's conference call, you may now disconnect.