

Administration, Kansas Department of

Moderator: Becky Ross
February 21, 2019
9:00 a.m. CT

OPERATOR: This is Conference #1248918

Operator: Good morning. My name's (Annie) and I will be your conference operator today. 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 speakers remarks there will be a question and answer session.

If you would like to ask a question simply press "star" then the number "1" on your telephone keypad. If you would like to withdraw your question press the "pound" key. Thank you, Mrs. Becca Ross you may begin your conference.

Rebecca Ross: Thank you. Good morning everyone and thank you for joining us on the call. We have our three MCO partners with us as well as KDADS, First Data, and DXC, our Enrollment Broker. We are continuing these calls every Thursday morning through March.

We'll assess towards the end of March whether or not we need to continue them or how frequently. The recordings and transcripts for each call are available on the front page of the KanCare website.

Also a reminder that open enrollment continues through April 3rd and that each MCO's customer service number can also be found on the KanCare website. And with that, I'll turn it over to Aetna for their update. Are you on mute, Keith? We'll circle back to Aetna. Let's go on to Sunflower.

Doug Klise: Hi, Stephanie this is Doug Klise with Sunflower. Are you on the call?

Stephanie Rasmussen: Yes. Can you hear me?

Doug Klise: Yes we can.

Stephanie Rasmussen: Thank you. This is Stephanie Rasmussen with Sunflower Health Plan. I just have one update for today and that is that we are continuing to enter the HCBS authorizations that we had received a few weeks ago in a second file from Amerigroup.

We should have those authorizations enter within the next week or two and if you have any issues or questions around a missing HCBS authorization for a person previously supported by Amerigroup please reach out to our HCBS provider relations team and we'll try to help resolve those issues as quickly as we can. And Becky, that's all I have for today.

Rebecca Ross: OK. Thank you. How about United?

Carrie Kimes: Hi, good morning. This is Carrie Kimes with United Healthcare and we have a similar update as Sunflower. Overall our day to day operations are going as we would expect. Not seeing any major spikes or things out of the ordinary.

We've done the – we're done with the load of the transition of care files but we are hearing from providers about (Wednesday, Tuesdays) that weren't on the file and that were missed and so we have processes in place to – for provides to make us aware of that and then we reach out to the state to see if Amerigroup has that information. So we're working through that on a case by case basis now that the files are fully loaded.

So providers can continue to reach out to their advocate, or to their care coordinator and let us know if they think there are transition (ops) missing and we're working through those are we come across them, but other than that things are going well and that is our update for today.

Rebecca Ross: Thank you, Carrie.

Carrie Kimes: You're welcome.

Rebecca Ross: OK. Aetna, are you ready for your update?

Doug Klise: I think their line might be muted by the operator.

Rebecca Ross: (Annie), have you muted the line of Keith Wisdom? He's one of the speakers and needs to be un-muted.

Operator: No ma'am. I think the line of Keith has been disconnected. I'm still checking for his line.

Rebecca Ross: OK.

Operator: Give me one minute, please.

Rebecca Ross: All right. I think while that's happening we'll move on to First Data, so Candace.

Female: You need to dial – it looks like you need to dial back in.

Candace Cobb: Hey everyone. This is Candace Cobb. We are noticing that the bulk of authorizations in the transition of (care) (are loaded) and that we are (inaudible).

Rebecca Ross: Candace, let's see if Aetna can give us their update. Sorry about that.

Candace Cobb: Certainly.

Keith Wisdom: Becky, can you hear me?

Rebecca Ross: OK.

Keith Wisdom: OK. So I don't know why we were talking into the mic but it wasn't working so – earlier so we must have been muted some how, so sorry for the technical difficulty. So this is Keith Wisdom from Aetna and I have five updates I want to give.

Revisit what we said last week, critical access hospitals. There was a slight underpayment on inpatient claims. It impacted 44 facilities and 441 claims. We're working through the claims project.

The hospitals do not need to do anything. We are working a claims project to reprocess the additional payment. That one and this one are on the claims logs.

There's a preventative ENM code that there was a change in state reimbursement and our – that we did not catch and the system has since been updated and a claims project will be completed.

Again, no provider action is needed for that. Last week, the rural health centers were discussed in a concern that some claims were paid (fee) for service instead of encounters.

We're looking at a 2017 – I'm sorry – December 2018 bulletins and what impact that may have had from December 2018 forward and we're vetting the correction and the claims impact.

Next, there were some questions on third party liability and whether or not we had the blanket denial exception list implemented and we can confirm that our claims configuration was accurate and so those are loaded in our system. So any third party liability related services that should not be denied for third party liability will proceed correctly.

And then finally, a provider brought up serializations and we talked about how we would be altering, sometime soon, the prior authorization requirement and that will – when we make a prior auth update we will notify people, but for now providers, if they had denials for no prior authorization they can send a copy of the claim form and the consent form to our Overland Park address on the Indian Creek Parkway. Address it to grievance and appeals and put attention claims reconsideration and we'll address those.

They can also call our provider experience line if they have questions, but we will do a claims reconsideration on that if the consent form was signed for the procedure as required by the state. And those are our updates, thanks Becky.

Rebecca Ross: Thank you, Keith. OK, Candace now I think we're ready for First Data.

Candace Cobb: Thank you. Good morning again, this is Candace Cobb with First Data. I wanted to say that, as the MCO's have reported, we have seen that we have fewer authorization issues although we still have some and for those we are researching any authorization issues that we've received at our help desk collaborating then with that specific MCO contact that we have.

So know that you have a team of folks if you have a problem with a missing authorization or with duplicate authorizations do let us know as well as letting the MCO know.

We are working through some coding issues. That has taken some time with differences in coding and when that happens I do reach out to the KDADS program manager.

So those – that issue as those come up have been taken care of. Again, it was very important if you want a ticket created so that we can track and research your issue to call our help desk and that is 1-800-441-4667 – 1-800-441-4667.

If you need to email them screenshots or want to explain your issue in writing, please do so at authenticare.support@firstdata.com – First Data all one word dot com. Again my email address is Candace.cobb@firstdata.com and you can reach me at 785-727-6044. Thanks Becky.

Rebecca Ross: All right (Annie), I think we're ready to open up the line for questions.

Operator: At this time if you would like to ask a question, please press "star" then the number "one" on your telephone keypad. Again, that is "star," "one" on your telephone keypad. We'll pause for just a moment to compile the Q&A roster. (Inaudible) we have a question from the line of (Ruth Cornwall). Your line is open.

(Ruth Cornwall): Good morning. My question is for (Etna), these two quick questions. One, on the preventative (E&M) code, could you let – could you indicate which code that is and then on the sterilization prior – am I understanding then that (Etna)

will not be going back and reprocessing those claims or are they supposed to send in the claims to Grievance and Appeals. Could you repeat that?

Keith Wisdom: Yes, so on the – on the sterilization, those were on our prior authorization list to obtain the consent form and they have not been removed from it yet. We are in the process of updating those and we have to get proper notice if we're going to change that.

So no, we are not automatically reprocessing claims but we will definitely reconsider them if the right – because the reason for the prior auth was to get the consent form so we'll definitely, if that – that has been appropriately done reconsider the claim and process it.

Regarding (E&M), I'll turn it over to...

(Kim Glenn): On the preventative (E&M) codes, this is (Kim Glenn), that was the stuff that was sent in a bulletin early in the year and we are just – we're getting those -- our system is reconfigured to take account for those codes and we will – we are in the process of getting the claims report done so that we can get those claims reprocessed.

At this point I don't know how many claims we have or what the liability is but it is on the claims resolution log.

(Ruth Cornwell): (Kim), you can't – you can't speak to what – which (E&M) code it is, that it can be...

(Kim Glenn): I do not know. It was what came out in the January bulletin. We can follow up directly with you on that (Ruth). I don't have that bulletin with me right at the moment.

(Ruth Cornwell): That would be great, thank you.

(Kim Glenn): Yes, but it was the preventative (E&M) code update.

(Ruth Cornwell): Thanks.

(Kim Glenn): But I'll make sure (Mike) gets that to you.

(Ruth Cornwell): Thank you.

Operator: Your next question comes from the line of (Gail Herndon). Your line is open.

(Gail Herndon): Hi, I'm with OCCK and this is for (Etna). I downloaded our first major payment yesterday and we had 37 claims that the client obligation was not deducted from. So that's just from the first payment.

So we've been overpaid \$12,500 and some odd dollars. When is this going to be fixed? We ran into this with your predecessor when they first started up and it took them two years to correct this so hopefully this isn't going to repeat itself.

Keith Wisdom: We will, (Gail) we'll reach out to you to get the information and then investigate the issue and the proper resolution.

(Gail Herndon): OK.

Keith Wisdom: Can we get your phone number so somebody on the team can reach back out to you?

(Gail Herndon): Yes, I'll give you my cell phone number, it's (785-819-3456).

Keith Wisdom: Thank you. Thank you for catching that (Gail) and we'll reach out to you.

(Gail Herndon): OK, thank you.

Operator: (Inaudible), we have another question from the line of (John Cardell). Your line is open.

(John Cordell): Hi yes, I'm with (Flag Patterns) and this is – my questions are for (Etna). I actually have two. How – what is the expected response on – to get from the provider experience email or a rep because I'm experiencing about a week and still not getting an answer and then also you said something about the third party insurance for hospitals or whoever to resubmit their claims.

What about providers like us who do FMS and PCS payroll who got denied for invalid prior insurance or an attachment, other documentation is required to adjudicate this claim service. Those are my requests from the – the provider experience email and I haven't been able to get a response.

Keith Wisdom: So apologize for the turnaround (patents) you're experiencing. It should not take a week for us to provide a response. The – I think there's a little confusion there on the TPO item I brought up.

There wasn't anything about a claims project. It was confirming that the blanket denial exception list was properly implemented in our claims system so there wasn't any correction.

Now, we will – I do want to have – make sure our team is working with you on – on the issue you're having trouble resolving. And – and so your question relates to is it third-party liability or...

(John Cordell): Well I got denied for these two codes 525 – or 550 – or 252 and attachment, "other documentation is required to adjudicate this claimed service" and N4, missing/incomplete/invalid prior insurance carrier's EOV and we should be covered under not having to provide insurance to get paid a claim. The T-1019, the T-2040-U2, the S51-26-UB and U6 codes should be not on the exempt list.

Keith Wisdom: OK, then we will follow up with you and those details to make sure that there isn't an issue there. Can we get your phone number?

(John Cordell): Yes, it's 785-273-7189.

Keith Wisdom: 273-7189?

(John Cordell): Yes.

Keith Wisdom: OK. Thank you (John). We'll be in contact.

(John Cordell): Thank you.

Operator: Again, everyone if you would like to ask a question, please press “star” then the number “one” on your telephone keypad. We have another question from the line of (Cathy Anderson). Your line is open.

(Cathy Anderson): Yes I’m calling from an ophthalmology in Wichita Kansas, we’re having credentialing issues with all three of the providers, we’ve been referred to the carve out for (involved inocular benefits).

And we’ve filled out applications, we’ve been told by Aetna that we can go ahead and file out of network, because we do have a KMAP number. We were not previously in the KanCare system at all, so we’re new to KMAP and new to all the carriers.

But we’re just still having credentialing issues, I contact people and they ask for more information and we still don’t have our credentialing finalized with any of the three providers. Can we get some more information on what we need to do on that?

Female: Could you give us a provider name again please?

(Cathy Anderson): The provider is Central Plains Eye MD’s, we’re an ophthalmology practice in Wichita Kansas.

Female: Oh, sorry, and your first name was (Cathy Anderson)?

(Cathy Anderson): Yes.

Female: If we can get your contact information well see if (we’ll have our) -- we’ll need to reach out and get some specific information and then we can give specific details on where the credentialing application is in our process for (United) so if you can share with us your phone number we’ll have somebody ready out to you today..

(Cathy Anderson): OK. This is for all three providers as far as I know we’ve been working on this several months and we still do not have confirmation that we’re able to file claims, in fact I called on one of our Sunflower patients who had Medicare and then Sunflower secondary, and I called them and was told that we could

not file that claim because we weren't in the system even though we had filled out all the information and everything for that payer. So yes, my number is three one six, seven one two, four nine seven zero, extension four fifty one.

Doug Klise: Hey (Cathy), hi this is Doug Klise with Sunflower, I just wanted to check with you since you're on the call. You have -- have you registered for a KMAP I.D. number, I just wanted to check to make sure you've done that process.

(Cathy Anderson): Yes, back in October we didn't have any problem doing that. But we just cannot seem to get information, we didn't even know about the carve out's.

We started out trying to credential with Sunflower (at) then United Healthcare, and then we found out about all these carve out's that our applications we're just being bumped in these carve outs, and so we're dealing SKYGEN, and (Involve) and some other people.

United Healthcare hasn't gotten back to us, I think they have a carve out but we haven't had any information about that at all. We are in the system for Aetna and United Healthcare, we've not been in Sunflower but we do have a KMAP number.

Doug Klise: OK. (Cathy) this is Doug Klise with Sunflower. We'll make sure someone reaches out today to you and give you an update.

(Cathy Anderson): OK. Thanks Doug.

Female: Just a quick question (from) United, do you do both medical and routine vision, it just let's us know which -- since we have a vision vendor who handles our routine vision, that would be with our vendor MARCH Vision, you're doing medical vision then we'll also need to work with you directly.

(Cathy Anderson): Well, we've seen the MARCH vision on some things, but no one from United Healthcare has ever contacted us about credentialing with MARCH.

Every time I call United Healthcare they ask me for one other thing. They ask me for a tax ID number or one other -- one other piece of information but they never come back and tell me anything about the credentialing.

Male: And we don't do routine vision, we are medical and surgical.

(Cathy Anderson): We do medical and surgical, we don't do glasses or anything routine. We just do on referrals for glaucoma and retina evaluations.

Female: OK so it's medical only, that would be United, so that -- (Tim) thank you that clarifies then who we need to work with. Thank you. (Cathy) did I hear you correctly, you're in the commercial network, or Medicare network for Aetna and United?

(Cathy Anderson): OK. Thank you. Yes. Both of those. Yes, I've been forever, but we haven't been in the KenCare (project). We haven't been a KMAP provider until this year.

Keith Wisdom: This is Keith Wisdom from Aetna, could you repeat your phone number again?

(Cathy Anderson): Three one six, seven one two, four nine seven zero, extension four five one.

Keith Wisdom: Thank you. We will reach out.

(Cathy Anderson): Thank you.

Operator: Again if you would like to ask a question, please press star then the number one on your telephone keypad. We have a follow up question from the line (Ruth Cornwall) your line is open.

(Ruth Cornwall): Hi, good morning. My question is for the (date). When I go to the (KMS) website and click on the claims resolution log, it takes me to the bulletin search.

When I back out of that and go back a little further to main page and I try to click on Aetna it's just the Aetna information, it's not claims resolution. Can we get the needed link on the KenCare issues (log) active and (to the) right place?

(Maria McGonmery): Hey this is (Maria McGonmery) can you repeat your question?

(Ruth Cornwall): Yes.

(Maria McGonmery): You're having trouble viewing the (CR) log? Is that correct?

(Ruth Cornwall): Right, I go to the (KMS) website and I click on claims resolution log and it --
and when I click on claims resolution it takes me to the bulletin search.

(Maria McGonmery): OK.

(Ruth Cornwall): I can send you those links (Maria).

(Maria McGonmery): OK, yeah that's correct. And then it brings the list of bulletins and the
(CR) log is located in there, the open and closed version, in the list.

(Ruth Cornwall): On the bulletin search log?

(Maria McGonmery): Yes.

Female: Yes.

(Maria McGonmery): They've always been there. So if you click on the bulletin but and it
should bring up the list...

(Ruth Cornwall): ...Oh I see, it says (inaudible) got it. Thank you.

(Maria McGonmery): OK, you're welcome.

Operator: Again if you would like to ask a question, please press star then the number
one of your telephone keypad. There's no further questions on the line
presenters, you may continue.

Female: All right well thank you all for joining us on the call today. We will be here
again next Thursday. Have a great day.

Operator: This concludes this conference call, everyone you may no all disconnect.
Thank you for participating. You have a good day.

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