

ADMINISTRATION, KANSAS DEPARTMENT OF

Moderator: Becky Ross
March 14, 2019
10:00 a.m. ET

Operator: This is Conference #9357876.

Hello, my name is (Dawn) and I will be your conference operator today. At this time, I would like to welcome everyone to the KanCare 2.0 Implementation 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 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.

I will now turn the call over to Becky Ross. Please go ahead.

Becky Ross: Thank you, (Dawn). Good morning, everyone. Thank you for joining us on the call. Just want to let you all know that these calls will continue through April. The recordings and the transcripts will be (inaudible) website at KanCare.ks.gov. Also a reminder that open enrollment continues through April 3rd, and that each MCO's customer service number in KanCare website as (inaudible) their websites and you can get to their websites either directly or through KanCare website.

Today, we're going to have some updates from two three MCOs and then a group update from our partners at First Data and then we'll turn it over for question. This morning, we're going to start with Sunflower.

Doug Klise: Good morning. Hi, this is Doug Klise with Sunflower. For this week, we have nothing new to report related to any issues with the KanCare 2.0 implementation.

Becky Ross: All right. Thanks, Doug. And now, we'll turn it over to United.

(Jeff Stafford): Hi. This is (Jeff Stafford) with United. In a similar vein, things seem to be implementing very well. No major systemic issues. One common theme that does come up is there are still providers that are newly discovering the new data KMAP ID. And that is something that we'd emphasize for ...

(Inaudible)

(Jeff Stafford): ... KMAP ID and therefore can be no credentialed and processed ...

(Inaudible)

(Jeff Stafford): ... all of the MCOs. That's the general issue.

Becky Ross: Thanks, (Jeff). And finally we'll turn it over to Aetna.

Kim Glenn: Good morning. This is Kim Glenn with Aetna. And first of all, we just want to talk about as we talked about last week, we are extending our transition of care period through the month of April.

That bulletin has been approved and it's posted on the KMAP site. And we are in the process of getting that posted on to the Aetna Better Health of Kansas website.

And the other thing that we're working on is we've ran a report of our participating providers that do not currently have a KMAP I.D., so we will be starting outreach within the next week to those providers to get them to the portal, the MCO portal, so that they can start getting registered and be ready for the 7/1 claims payments. And the rest of what we're doing for KanCare 2.0 is just daily business. That's all we have.

Becky Ross: Thanks, Kim. And now I'd like to turn it over to Candace Cobb at First Data.

Candace Cobb: Good morning, everyone. This is Candace with first data. I do want to remind you that if you have issues, in any kind, with claims with authorizations, I want you to reach out to our help desk, because at that point, you can have a ticket created and that's easier to track for both you and First Data. So that number is 1-800-441-4667. Or email and this is sometimes good when you can create screenshots to email your issue to authenticcare.support@firstdata.com – all one word – dot com. So authenticcare.support@firstdata.com.

And I would encourage you if you are a provider on the phone today, who provides HCBS services whose claims are mandated by KDADS to float through AuthentiCare, and you're not receiving flash communications from me or from client services if there are maintenance times to report to you.

Please do email me at candace.cobb@firstdata.com. And that's Candace with two As candace.cobb@firstdata.com. I want to make sure that you are on our flash communications list, so that you can receive those flashes and any training notices that come from me or from our client services team. Thank you.

Becky Ross: Hey, Candice. Could you repeat the help desk phone number one more time, please?

Candace Cobb: Certainly 1-800-441-4667. And there will be options to choose for Kansas, because we are in other jurisdictions. So again, 1-800-441-4667.

Becky Ross: Thanks, Candace.

Candace Cobb: You're welcome.

Becky Ross: Now, (Dawn), I think we're ready to open up the line for questions.

Operator: If you have a question, please press star one on your telephone keypad. Again, if you have a question, please press star one on your telephone keypad. We'll pause for just a moment.

OK. And we do have a question from the line of (Ruth Cornwall).

(Ruth Cornwall): Hi, good morning. My question is for Kim with Aetna. Kim, can you provide an update please? You indicated a couple weeks ago that you all had been sending out the welcome packet. I still have a large number of members who are reporting they've not seen anything.

Kim Glen: OK. Well, we mailed out, probably, a little over 700 packets a few weeks ago. Most of those one emailed, (Ruth). If you just get to us to those members are, we will be more than happy to send them out a second welcome packet.

Now, welcome packets did go out for folks that are complete – we do have a signed agreement – excuse me – and they have completed credentialing. But please just go ahead and give that list of providers to Mike, and we will make sure that if they've gone through and everybody's been credentialed, that they do have a welcome packet.

(Ruth Cornwall): Kim, I appreciate that. I have nearly 3,500 actively practicing physicians in the state. And while I'm sure not all of them are Aetna Better Health participants, that's a – that's a pretty long list to compile.

Kim Glenn: OK. And so, (Ruth), those providers can go ahead and call our provider experience line, and somebody can get them – email them out a welcome packet upon receipt of their phone call.

(Ruth Cornwall): So my understanding that have you just sent out 700 packets?

Kim Glenn: And new packets go out every week as folks come through credentialing. I mean, it is not – we did not stop every – welcome packets go out almost on a daily basis as we get providers going through the process.

(Ruth Cornwall): OK. Could you also speak to the claims processing how many claims you've received, and how many claims have actually paid out?

Kim Glenn: Let me – I have somebody pull up those numbers for the week. I mean, I can tell you what we have paid out for the – excuse me.

(Ruth), I do not – as I have been out of the office this week, I apologize, we do not have that information readily available. But we can pull up where we're currently at in our claims number amount paid and Mike McClure follow up with you.

(Ruth Cornwall): Could we get that added to maybe the agenda and have the weekly report on updates on claim processes versus paid? I mean received versus paid?

Kim Glenn: We can just – I will make sure that Mike – I know that Mike is working with you guys weekly and we'll just – we can have that update given to you on your weekly phone calls.

(Ruth Cornwall): OK. I think it would be beneficial to everyone on the call, and that's fine. I can work with Mike.

Kim Glenn: OK, thank you.

Operator: Your next question line of (Gail Herndon).

(Gail Herndon): Hi, this is (Gail Herndon) with (OCCK), and I've got a couple of things for Aetna.

First of all, I'm going to need a phone call from somebody concerning cognitive therapy under the GBI waiver. I'm getting inappropriate payments from Aetna on that. And this is an ongoing issue we had with Amerigroup, so I want to get on top of this.

Secondly, we had visited about a month ago about client obligations not being deducted from claims in January, and I just downloaded our first payment from February claims and they are still not being deducted.

I have 70 claims I'm tracking from January. Now, I'm going to double that for February. So we have got to get this stopped. And that's all I have to do.

Kim Glenn: (Gail), this is Kim. OK. And we will have somebody, if you'll give us your phone number, we'll have somebody reach out to you. We do know that there was an issue with getting a data fields filled in, so that the client obligation would deduct, we did figure that out a couple of weeks ago.

We were in the process of getting those authorizations updated with that information, so that those would process correctly. So if you would just give us your number again, (Gail), we will have somebody reach out to you around cognitive therapy and take a look at those claims example but you should start seeing ...

(Gail Herndon): OK.

Kim Glenn: ... client liability as we did find out there was a data field not completed.

(Gail Herndon): Well, hopefully we can get it done, because now I mean the – and like I said, two months worth of (tracking) misses, this is really not fun to do.

Kim Glenn: And ...

(Gail Herndon): And then we're going to have to do (inaudible) ...

Kim Glenn: ... we understand that.

(Gail Herndon): ... at your recruitment processes after that, so that sometimes doesn't take – takes quite a bit of time. Anyway, my number 785-819-3456.

Kim Glenn: And that was 3456?

(Gail Herndon): Yes.

Kim Glenn: OK. Thank you so much.

(Gail Herndon): Thank you.

Operator: And your next question comes from the line of (Belinda Mahoney).

(Belinda Mahoney): Hi. We have a problem with a cardiology surgery claim with Amerigroup that we can't get paid. The claim keeps denying as primary Medicare Part A, and we've filed reconsiderations and appeals and explain that our provider would not file to Medicare Part A and the patient did not have Part B.

And we've had similar claims like this that have been overturned and paid. Now, Amerigroup is telling us we need to file for a state hearing. Is there any one we can reach out to Amerigroup to that can get this cleared up for us?

Shirley Norris: Hello. This is Shirley Norris with KDHE, and I'm in charge of the Amerigroup transition. So if you could email me that claim number, plus your appeal number, I can get in touch with someone ...

(Belinda Mahoney): That'd be great.

Shirley Norris: Yes, my email is Shirley S-H-I-R-L-E-Y. I hope you can hear me because I've got a cold. And then period, and last name is Norris with the N as in Nancy, O-R-R-I-S- @ks.gov, I'll be happy to help you.

(Belinda Mahoney): OK, thank you.

Shirley Norris: Thank you.

Operator: And we have a question from a caller. Please state your name and then ask your question. Your line is open.

Shirley Gamble: This is Shirley Gamble with this – Sterling Medical Center and Rural Health Clinic. And I just wanted to let you know that we did receive a welcome packet for our clinic. And I had a question. Would we be receiving those welcome packets just by the clinic or would each individual provider be receiving a welcome packet?

Kim Glenn: Shirley, this is Kim Glenn. With that – now, I'm assuming the question was for us and ...

Shirley Gamble: Yes.

Kim Glenn: ... that comes in for the clinic. If you need any additional information, please reach back out or we can reach back out and get more documents to you.

Shirley Gamble: OK. Just wanted to know what to expect. So I have a question included in the welcome packet, there were two things I had a question on. One of them is you have included some fraud and abuse training information. Are you

wanting us to pass that on to each of our individual providers? Do we need to have them sign off on it? We do fraud and abuse training as a clinic through a third party. Is this something that by contract you're wanting us to do in addition to?

Mike McClure: Shirley, this is Mike McClure, no, I don't think it's something that you do – need to do in addition, to what you're already doing.

I will have (Lisa) follow up with you and talk through that issue and the others as well.

Shirley Gamble: OK. The other thing is when I was looking through the welcome packet on page five, it indicates that the timely filing is 120 days, and we signed a contract say in 180 days.

I did was actually speaking with (Lisa) on a different topic and brought that up to her. And because of her involvement with the welcome packet, she was going to go back and kind of look at that but everybody needs to kind of have a heads up that it was coming out, at least, what came out to us, indicated an incorrect timely filing number of days. So ...

Mike McClure: Shirley, this is Mike again. Yes, that is being corrected. We follow the Kansas regulatory timely filing and, unfortunately, some of those packets went out without the regulatory compliance addendum attached that supersedes what was in that generic product assessment.

So we will get that corrected and get just you out any regulatory compliance addendum that clearly states that it's following the state timely filing.

Shirley Gamble: Thank you, Mike.

Mike McClure: You're welcome.

Shirley Gamble: And then any status update on the Rural Health Clinic claims issue? I know you'd – they had said about 30 days and we're getting really close to that. Have that internal problem been fixed? I understand it was a provider pick or

provider selection by the system that was not picking the RHC information.
Has that been corrected yet?

Kim Glenn: We will follow up with that on, Shirley. Yes. Last week, we did meet with our system configuration people and one of the things was very focused on the RHC issue. It was where we did go in and pick the incorrect provider record. We will have somebody look to where we're on the status of getting those claims reprocessed, Shirley, and reach back out to you.

Shirley Gamble: And that is fine. That's fine for me. We have over – probably over 70 claims by now, it's 50 last week but that's something that if you can just put out on the log, because ...

Kim Glenn: Yes.

Shirley Gamble: ... I'm directing all the agencies that that I work with through an – a organization to go to the logs to check for the most recent updates.

Kim Glenn: Yes, and we do have that out on the claims resolution log, and we will keep that updated. Thank you.

Shirley Gamble: I appreciate that. Thank you. That's all my questions.

Operator: And there are no further questions in queue.

Becky Ross: Operator, let's just give it a few more seconds to see if ...

Operator: OK.

Becky Ross: ... anything come up.

Operator: We do, and again if you have a question, please press star one on your telephone keypad.

And we have a question from the line of Helpers, Inc.

Barb Zimmerman: Yes, this is Barb Zimmerman with Helpers, Inc. SMS provider. I was just wondering about the 835 files that we – for Aetna. We've not been able to get

those files to get that uploaded into AuthentiCare. And I know we spoke to several people but we get no update on that, and it's probably something they need to be working with First Data with, but we don't have a clearinghouse to go through to get those files currently. I just want to make somebody aware of that.

And then I also wanted to know we had several claims sent in for correction due to being paid by wrong rates or they were paid with – asking for third-party liability, which they were going to correct for us. And that – those have been over a month waiting for those corrections. I'm just wondering when we'll start seeing those corrections.

Female: Please go, Aetna. Yes. You're asking a question of Aetna, right?

Mike McClure: Barb, this is Mike McClure. I do know that when you have a internal meetings this afternoon to continue the discussion on working through the issues with the 835, so as soon as we have a solution to that, I'll make sure that (Lisa) or myself reaches out to you to let you know what we what we found on that.

And then I don't have in front of the alignment size on the claims issues that you mentioned, but we'll take a look at that as well and give you an update.

Barb Zimmerman: OK, thank you.

Mike McClure: Welcome.

Operator: OK. And there are no further questions.

Becky Ross: All right. Well, thank you all for participating in the call this morning and we look forward to hearing from you next week at the same time. Thanks.

Operator: Thank you for participating in today's conference call. You may disconnect this time.

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