

January 29, 2016

Update on the FIMR Community Action Team letter sent to the KanCare Oversight Committee:

The Wyandotte County FIMR CAT letter was submitted to the KanCare Oversight Committee on January 20th. Terrie Garrison, Wyandotte County Health Department Deputy Director, attended the Oversight Committee meeting on Friday 1-22-16 on the FIMR's behalf, along with Amanda from the Kansas Action for Children and Teresa Gerard of Guardian Group consulting. The Director of the Division of Healthcare Finance at KDHE, Michael Randol, was present at the meeting. Senator Kelly (Democrat from Topeka) suggested that Michael read our letter and meet with members of the FIMR Wyandotte County group about our concerns. Contact information was exchanged and an appointment was set up with Director Randol.

On Tuesday 1-26-16 3 Health Department staff members (Terrie Garrison, Jennifer Allen, and Michelle Smith) met with Michael Randol. Michael invited Christiane Swartz, the Deputy Medicaid Director of Operations, to the meeting. In the meeting, FIMR representatives discussed the concerns and suggestions stated in the letter and presented some cases as examples. The concerns discussed in the meeting were: the prolonged time it takes to process Medicaid applications, one outpost worker submitting applications for 4 counties, the presumptive eligibility process not being honored, technological issues with online applications, and newborns not being automatically approved for Medicaid based on their mother having Medicaid. The responses and actions that will be taken are outlined as followed:

- There is no guarantee that an additional outpost worker will be hired. KDHE will assess the current outpost worker situation to ensure that the necessary training and resources for completing online and paper applications are in place. It was clarified that the outpost worker's job is to help make sure the application is completed correctly and to mail off paper applications to the clearinghouse, which is where the application is to be processed by one of 160 workers. The FIMR representatives offered the idea of having an outpost worker stationed at the Wyandotte County health department.
- FIMR representatives asked about the process of presumptive eligibility and discussed this issue also to understand if providers are aware of the availability and process involved. Meeting participants concluded that providers are not aware of the presumptive eligibility guidelines or that this system is not working as it should. Christiane Swartz informed meeting participants that the current guideline is that presumptive eligibility starts at the time an individual submits their Medicaid application and covers up to 60 days after that application date. The client should receive their MCO Medicaid card before the end of the 60 days. During this period, providers are to be paid directly from the State of Kansas on a fee for services basis regardless of whether the client is approved or denied Medicaid. This should provide women the opportunity to seek early prenatal care, knowing they fall under this presumptive eligibility policy. Additionally, when an individual is approved for Medicaid their coverage can back-date to include up to 90 days prior to their initial application date. However, in order for this to be honored the individual has to mark on their initial application that they want the insurance to cover medical expenses 90 days

prior to their application date. Providers should be accepting patients if they have not yet received their medical card.

- Since this does not seem to be happening currently, it is recommended that:
 - The FIMR CAT set up an in-service training /information session with delivering physicians and their billing counterparts in the community to discuss this process and the concerns they have with it not working. At this training/In-service Christaine or another KDHE representative will be present for information sharing and Q&A.
 - Additionally, it is recommended that KDHE troubleshoot how women and their prenatal/ pediatric providers can ensure coverage and reimbursement within the 60 day presumptive eligibility time period. For example, having some type of confirmation sheet demonstrating the application date either for online submissions or submissions with the outpost worker is needed for physicians to be able to send a copy of this information with their billing as proof of application submission date.
 - Also, when an individual is approved for Medicaid their coverage can back-date to include up to 90 days prior to their initial application date. However, in order for this to be honored the individual has to mark on their initial application that they want the insurance to cover medical expenses 90 days prior to their application date.
- Regarding challenges with the online applications, they agreed to investigate the technological issues that they thought were corrected. Christaine asked us to submit a list of clients who have submitted online applications and have not been processed in a timely manner, so they can track these cases to identify and fix the problem. We had taken two specific client cases to the meeting with us and both have now been approved and are receiving their benefits. They strongly recommended having patients/ clients submit online applications to make the process move faster.
- For the newborns who are not receiving timely Medicaid coverage, Christaine asked us to get a list from KU and Children Mercy of those newborns so that she can look further into this issue.

Overall, the concerns of the FIMR group were heard and KDHE indicated a desire to implement changes to improve outcomes, including for pregnant women and newborns. As stated above, if any of our partners/stakeholders can identify particular cases that are not receiving their medical cards in a timely manner, they would like to track those cases and identify what is leading to the delays so they can identify areas that need to be corrected.