

**ROBERT G. (BOB) BETHELL
JOINT COMMITTEE ON
HOME AND COMMUNITY BASED SERVICES AND
KANCARE OVERSIGHT**

**UnitedHealthcare Community Plan
November 25, 2013**

Robert G. (Bob) Bethell Joint Committee
on Home and Community Based services and KanCare Oversight
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Attachment 28



Provider Relationships and Outcomes



Provider Engagement and Communications

- "Connect with the Community" provider sessions continue twice a week, with DD focus on Tuesdays and general focus on Thursdays
- Simplified issues log posted on UHCCcommunityplan.com
- Intensive outreach to provider community, including CMHCs, facilities and associations. Hired three additional provider advocates focused on HCBS providers.

Claims Payment Outcomes

- **Timeliness:**
 - Paid 99.99% of clean claims within 20 days for both August and September (fewer than five claims paid outside of 20 days); paid 100% of clean claims within 20 days in October
 - Paid +99.95% of all claims within 60 days YTD
- **Denial rates:** Trending downward
- **Adjustments:** Significant adjustment activity in Q3 and Q4 as provider projects are completed

Provider Key Project Status

Status as of 11/25/13



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Project	Status	Completion Dates	
		New claims	Adjustments
Provider Pick: Ensure system selects correct provider number	System corrected and adjustments completed for health departments. Continue IT development work for all others.	8/19 (local health depts.)	10/18 (local health depts.)
COB Lessor of Logic: Pay claims correctly due based coordination of benefit payment logic	Completed system configuration and new claims paying correctly as of 7/15; claims adjustments nearing completion.	7/15	12/6
Mixed Protocol: Pay mental health and medical claims correctly, based on appropriate fee schedule	Complete.	11/4	11/4
DRG Outliers: Ensure outliers payment calculate and pay correctly	Complete.	10/18	11/15
DRG Outliers: Ensure neonatal payments calculate and pay correctly	System reconfigured and new claims paying correctly; completing claims adjustments.	10/18	12/31
ER Down coding: Pay ER codes correctly	System reconfigured and new claims paying correctly; completing claims adjustments.	10/18	12/31
SNF Claims Processing: Address system issues with claims denials and adjust all previous quarters based on rate adjustments	Complete.	10/4 (for Q4 rates)	9/28 (for Q1 through Q3)
Hospice Prior Authorizations: Simplify prior auth procedures for hospice claims	Complete. UHC removed PA requirements for hospice	9/18	10/14
DME Max Frequency: Adjust system to simplify payment vs. dispensing dates	Complete.	9/7	11/12
DME Manually Priced: Ensure DME payments over \$500 pay correctly	System reconfigured and new claims paying correctly; completing claims adjustments.	11/20	12/31
HCBS claim denials for no authorization: Ensure HCBS claims are paying correctly	Complete. Also engaged providers to support claims submission accuracy.	9/13	10/14
Ambulance claims: Ensure claims for emergency transportation are routed and paid correctly	Complete.	9/3	10/8
Non-Par Prior Auth requirements: Simplify prior auth requirements for nonpar providers	System reconfigured and new claims paying correctly; completing claims adjustments.	11/15	12/31

Other key projects: CLIA certifications for providers rendering lab services, 2014 DRG rate configuration, A18 denials (related to revenue vs. procedure codes), PPACA PCP payment increase adjustments, support for providers with front end billing issues

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I/DD Readiness

On-site State Readiness Review (11/12/13)

- Positive State feedback with 18 practices identified as "outstanding."

Claims Payment

- Reviewing every "pended" or denied claim and engaged providers on any issues.
- For 1/1, enhanced focus on "end to end" testing to address unique scenarios, including hand-offs to/from care coordination, authorizations and claims payment.

Status	Number
Total Claims Received YTD	469
Total Claims Paid YTD	356
Total Claims In Process YTD	38
Total Claims Denied YTD	36
Total Amount Paid YTD	\$361,930.34
IAT YTD	9 days

Clinical and Member Engagement

- To date, completed face to face ride-along visits with TCMS and caregivers for 76% of pilot members. Will complete all visits by 12/24.
- Initiating outreach to full DD membership via their TCMS in November and December.
- Creating DD specific supplement to member handbook.

Provider Engagement and Contracting

- Currently in process of contracting with DD providers and TCMS.
- Revising and simplifying contracts for I/DD providers and TCMS in partnership with provider community.
- Numerous provider trainings scheduled, including weekly webinars for I/DD providers, weekly "Connect with the Community" calls and TCM training sessions.
- Just released RFP for "Empower Kansans" grants to support employment programs and capacity building.

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Contact Information



UnitedHealthcare Community Plan of Kansas

We are committed to helping Medicaid recipients in Kansas live healthier lives by simplifying health care, meeting consumer health and wellness needs and building trusted relationships with care providers.

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