KanCare

Health Policy Oversight Committee

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Update

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Consumer Ombudsman

KanCare Ombudsman

On December 12, 2012 the State of Kansas hired an Ombudsman for KanCare enrollees

The Ombudsman will help KanCare consumers:

- -resolve service-related problems
- -understand and resolve billing issues/notices of non-coverage
- -learn and navigate the grievance and appeal process

Ombudsman will also serve as point-of-contact and resource for legislative and other inquiries into the provision of LTCSS

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Additional Responsibilities

Advocate for the rights and proper treatment of KanCare consumers

a) consumer councils
b) focus groups
c) mediation with consumers, State policy divisions, and KanCare plans

Provide counsel to the Secretary

Report annually to legislature

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Administrative Support

Office will be at the KDADs headquarters which will provide administrative and legal support from the Office of the Secretary, division of KDADS

The Office of the Secretary has 9 legal staff that can support the Ombudsman with legal research and information.

Hotline response time will be 48 hours or less.

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Front-End Billing

Front-End Billing

As a result of legislative and stakeholder input earlier this year, $1 million was appropriated during 2012 legislative session to implement KanCare front-end billing solution

Funds were restricted pending release by the State Finance Council after the approval of 1115 Demonstration Waiver by the Centers for Medicare and Medicaid Services (CMS)

The State Finance Council approved the release of the funding on December 12, 2012.

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Front-End Billing

The Front-End Billing (FEB) solution was developed to aid providers, billing agents, and clearinghouses participating in KanCare.

FEB allows entities to continue submitting UB-304, CMS-1500, and dental KanCare claims directly to the State's fiscal agent, or to submit claims electronically to each MCO.

Pharmacy point-of-service claims are excluded from FEB

The FEB service will forward claims the same day to the beneficiary's KanCare MCO.

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Performance/Accountability Enhancements

Pay for Performance (P4P)

- 3-5% of total payments to MCOs withheld until certain quality thresholds are met.
  - Thresholds increase yearly to promote continued quality improvement.
- 6 Operational Outcome Measures in Year One
- 15 Quality of Care Measures in Years Two and Three
- P4P program puts new emphasis on:
  - Employment rates for people with disabilities
  - Person-centered care in nursing facilities
  - Resources to community-based care and services

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Operational Outcome Measures

Year One P4Ps—Operational Outcome Measures:

1. Timely Claims Processing
2. Encounter Data Submission
3. Credentialing Process
4. Grievances
5. Appeals
6. Customer Service

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Enhanced Accountability

- Firm protections with a strong emphasis on data and outcomes (P4P)
- Each contractor is required to:
  - Maintain a Health Information System (HIS)
  - Report data to State of Kansas and Centers for Medicare and Medical Services (CMS)
  - Submit to an External Quality Review (EQR)
  - Write, and submit for approval, a Quality Assessment and Performance Improvement (QAPI) program
- Performance benchmarks

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CMS Oversight

Quarterly reports to CMS will include:

- --Enrollment information, by eligibility group
- --Outreach/Innovative Activities
- --Operational development/Issues
- --Financial/Budget neutrality development/issues
- --Member month reporting, by eligibility group
- --Consumer issues
- --Quality assurance/monitoring activity
- --Managed care reporting requirements (network adequacy, customer service, appeals process, grievances, ombudsman activities)
- --Safety net care pool
- --Demonstration evaluation (design and planning)

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