



## Information for the Provider

Reinventing Medicaid for Kansas

The State has selected three health plans, or managed care organizations (MCOs), to provide services to Medicaid consumers in the KanCare program. More information about each plan and how to contact the plans for contracting and other questions are below. If you are a Medicaid provider and have not been contacted by any of the MCOs, please call them.

- **Amerigroup of Kansas, Inc. (Amerigroup)**  
Phone: 1-888-821-1108 Website: <http://kansas.joinagp.com>
- **Sunflower State Health Plan (Sunflower)**  
Phone: 1-877-644-4623 Website: <http://www.sunflowerstatehealth.com>
- **UnitedHealthcare Community Plan of Kansas (United)**  
Phone: 1-877-542-9235 Website: <http://www.uhccommunityplan.com>




### KanCare Health Plans' Subcontractors

The KanCare health plans will partner with subcontracted organizations to help in providing certain sets of services. The table below includes information about which organizations are working with the KanCare health plans.

Services	 Amerigroup RealSolutions in healthcare	 SUNFLOWER STATE HEALTH PLAN	 UnitedHealthcare®
<b>Pharmacy Benefits Manager (PBM)</b>	CVS Caremark 1-866-488-4708	US Script 1-800-460-8988 <a href="http://www.ussscript.com">www.ussscript.com</a>	OptumRX Jeanne Cavanaugh 1-248-331-4277 <a href="mailto:Jeanne_m_cavanaugh@uhc.com">Jeanne_m_cavanaugh@uhc.com</a>
<b>Behavioral Health</b>	Amerigroup will not use a behavioral health subcontractor	Cenpatco 1-800-989-1655 <a href="http://www.cenpatco.com">www.cenpatco.com</a>	Optum Behavioral Health (also known as United Behavioral Health) Nancy Garner-Powers 1-314-592-3743 <a href="mailto:Nancy.garner-powers@optum.com">Nancy.garner-powers@optum.com</a>
<b>Dental Services</b>	Scion Dental 1-855-812-9206	DentaQuest 1-855-873-1283 <a href="http://www.dentaquestgov.com">www.dentaquestgov.com</a>	Scion Dental 1-855-878-5372 <a href="mailto:networkdevelopment@sciondental.com">networkdevelopment@sciondental.com</a>
<b>Vision Services</b>	Occular Benefits 1-866-416-0150	Opticare 1-800-531-2818 <a href="http://www.opticare.com">www.opticare.com</a>	VSP Nancy Gall 1-916-858-5339 <a href="mailto:providerrelationrequests@vsp.com">providerrelationrequests@vsp.com</a>
<b>Non-emergency Medical Transportation (NEMT)</b>	Access2Care 1-314-768-1345	Medical Transportation Management (MTM) 1-888-561-8747 <a href="http://www.mtm-inc.net">www.mtm-inc.net</a>	Logisticare Mike VanPelt 1-800-243-5560 ext 204

### Value Added Services

KanCare health plans will be required to offer all current Medicaid services to beneficiaries who are enrolled in their plans. Additionally, as part of the KanCare program, each of the health plans will offer some extra (value-added) services to consumers at no cost to the State. Providers who supply these services to consumers can contact each of the KanCare plans with specific questions. A list of all the value-added services offered by KanCare plans is shown in the table on page 2. We provide you this information as patients you care for will likely be asking you about the various plans since you have an established, trusting relationship with them.

		
Dental care for people 21 and over: <b>Two free</b> exams (cleaning and scaling) per year <b>Free teeth</b> whitening for certain conditions	Dental visits for adults: <b>Two routine</b> dental check-ups per year	Adult dental services will be a benefit. People over 21 can get an exam, x-ray and teeth cleaning.
Members can earn between \$10 and \$50 in debit card credits each time they get certain health checkups and screenings	Members can earn rewards on our CentAccount debit card when they get health checkups and screenings. Members can get \$20 for the first health screening and \$20 a year for annual checkups.	Adults can earn between \$5 and \$15 in gift cards to help them become and stay healthy. They can earn the gift cards by going to health screenings and check-ups.
We help certain members get free cell phones through SafeLink® and up to 250 minutes of service each month plus: <b>200 bonus</b> minutes when you agree to get texts from us <b>Wellness texts</b> and reminders to renew your benefits on time <b>Unlimited minutes</b> to call our Member Services line	SafeLink® and Connections Plus are programs that provide a free cell phone to members. SafeLink® provides up to 250 free minutes of service per month, with free calls to and from Sunflower State Health Plan. Members will be able to have telephone access to their health care providers.	Some members will receive a cell phone to help them keep in touch with their doctors and Care Coordinator. We also have Smartphone applications to help members keep track of their medical appointments.
Taking Care of Baby and Me® prenatal and postnatal program with health resources, coaching, a special self-care book and more debit card credits	Start Smart for Your Baby: This program gives support and education for moms, babies and families. The program includes the services below at no cost to member. <b>Home visits</b> for new mothers. <b>Baby showers</b> for pregnant mothers. <b>Birthday</b> programs for children	Baby Blocks is a program to help those that are pregnant. Baby Blocks uses online tools so new moms can track their appointments. If they go to all of their appointments they can earn gifts for themselves or their baby.
Free programs for adults to: <b>Stop</b> smoking <b>Lose</b> weight <b>Get</b> a GED <b>Improve</b> relationships <b>Free healthy</b> living coaching for preteens	Community Programs for Healthy Children: Sunflower offers free services, such as membership fees to Boys & Girls Clubs and Brownie Badge Programs to promote healthy lifestyles for kids	We have great Sesame Street programs. Learn from Sesame Street friends about going to the doctor for check-ups. Learn about asthma and lead tests. We have help for families to teach them how to eat better without much cost. We also send Sesame Street and Dr. Health E. Hound birthday cards for all kids.
Extra over-the-counter medicines through mail order for all waiver groups and members receiving SSI  \$120 annually (\$10 monthly) towards the purchase of over-the-counter products	We can send someone with members with a developmental disability or mental illness for support at doctor visits. We also have practice visits to OB/GYNs and dentists for members with a developmental disability so members are more comfortable with preventive care visits	Our adult members can go to free Weight Watchers classes. You can also earn workout gear for finishing the program.
Free rides to community health events and free caregiver transportation to doctor visits for all waiver groups and members receiving SSI	Peer and family support services for members with mental illness or disabilities to help them live in their community	Kids age 10 to 17 who are watching their weight can earn a \$50 gift card. They earn the gift card by finishing a healthy weight program. The family also helps them to develop a healthy lifestyle.
Career development help and money to buy professional clothes for job interviews	Healthy Schools and Adopt-A-School Program: Sunflower provides hands-on education and outreach to local community schools	We will give all children the chance to join a youth organization. This can be a group like the YMCA, Boys and Girls Clubs and 4-H.
Free in-home pest control for all waiver groups and members receiving SSI (excludes members residing in ICF/MR, assisted living and nursing facilities, group homes, or similar settings)	Pet therapy visits are offered. Members must be in an assisted living or nursing facility for this. Members on an HCBS waiver also have the chance to qualify for this visit.	We will provide more vision services. The services will include a better choice of eyeglass frames. It also includes replacement if your glasses are lost or stolen. Some members could get contact lenses.
Respite care for caregivers of Frail Elderly waiver members and extra respite care for members of Autism, Developmental Disability and Serious Emotional Disturbance waiver groups (excludes members living alone or residing in ICF/MR, assisted living and nursing facilities, group homes, or similar settings)	In-home telemonitoring is available. It helps members to be more independent. This is offered to those that are aged, blind and/or disabled.	Members can get more foot doctor visits. They need to be over 21 and get approval from their Care Coordinator. This could include up to two visits per year.

## Provider Information *Weekly Stakeholder Status Call*

Starting Oct.10, KDHE will host a Weekly KanCare Stakeholder Status Call. This will occur every Wednesday morning from 10:30-11:30 a.m. The number to call is 877-247-8650 and the Conference ID is: 43583589. At the beginning of the call, each of the three health plans will give a short status update about their progress in implementing KanCare. The remainder of the call will be devoted to questions and answers.

### Things to Know

- If you wish to continue serving Kansas Medicaid consumers, you must sign up with at least one of the KanCare plans. Medicaid consumers will be assigned evenly across all three health plans, so to ensure you can continue to see all of your Medicaid patients, you should sign up with all three.
- The KanCare health plans must pay at least 100 percent of the current fee-for-service Medicaid rate (as of 11/9/12) to all contracted, in-plan providers. The rate cannot decrease for the life of the KanCare contracts. You can negotiate a different reimbursement structure if you would like to do so.
- If you do not sign up with the KanCare health plans, you will be considered an out of network provider. Out of network providers will receive 90 percent of the current fee-for-service rates. If you accept payment from one of the MCOs as an out of network provider, you cannot balance bill the patient. If you choose to see a KanCare patient and are not participating (contracted with any of the MCOs in KanCare) then your contract for services is between you and the patient.

To ensure a broad base of providers, we encourage that you as providers enroll with each of the KanCare plans. To help make that transition easier, an application for facilities, hospitals and HCBS providers and an application for behavioral health providers has been developed which all of the plans will be using. These standardized applications can be found at each of the health plans' web sites. The applications will be used for waiver services, long term care facilities, behavioral health providers and hospitals. For any clinicians who wish to enroll, this process can be done through the CAQH credentialing process.

If you do choose to participate in all three KanCare plans please fill the initial application out and make copies to submit to the other two plans. **It is very important that the signature page is an original for all three application sets.**

Please refer to the KanCare website, [www.kancare.ks.gov](http://www.kancare.ks.gov), as there are many resources for you and your staff including many of the questions other providers have asked at the public education meetings held across the state in August and September. Additional provider meetings will be conducted by the MCOs and the state staff in the coming months. However, in order for you to contract now with the MCOs, you should refer to this information and contact the MCO's directly if you have any specific questions about their Provider Manuals and contract language. The state cannot directly work with providers on their specific contracts but we will provide answers to any questions you have where you feel the MCOs are not conforming to the contract they have with the State of Kansas.

### Frequently Asked Questions

#### **What if I don't sign a contract with a health plan?**

If you don't sign a contract with a specific health plan, you would be considered an "out-of-network" provider.

#### **If I don't sign up with any health plan, can I still be a Medicaid provider?**

Yes, you can; however, the services you provide may be limited to a very small Medicaid population or be considered "out-of-network" by the health plans.

#### **Do all the plans have to contract with me?**

The State requires each health plan to offer contracts to all existing Medicaid providers.

**What if the health plan doesn't pay my claim quickly?**

The contract with the health plan requires payment of all "clean claims" within 30 days. There is also a performance incentive payment for paying claims more quickly.

**What is a "clean claim"?**

A clean claim means one that can be processed without obtaining additional information from the provider of the service or from a third party.

**If a claim is denied by a health plan, can I bill fee-for-service Medicaid?**

No. You are responsible for obtaining authorization (if the health plan requires it for the service) and billing the KanCare health plan the member is enrolled in.

**What if a health plan wants to pay me less than I was paid in the fee for service program?**

The health plan must pay you at least the fee for service rate in effect November 9, 2012.

**Will there be training for providers about KanCare?**

Yes. Each of the health plans will offer training to providers who sign contracts with them and State staff will provide some educational sessions in July and October 2012.

**Will all three health plans have the same prior authorization requirements?**

Each may have different requirements, but the State is requiring them to have transparent requirements so that providers will easily know what the requirements are.

**Will each health plan have different medical necessity requirements?**

All three must use the State definition outlined in Attachment C of the KanCare RFP, which is incorporated by reference into the contract with each health plan.

**Will providers who submit in-home service claims through Authenticare continue to do so?**

Yes. Providers will work with Authenticare.

**I provide services to someone who self-directs. What changes for me?**

You will continue to work with an FMS agency and report your hours through Authenticare.

**Will each health plan have its own preferred drug list (PDL)?**

No. The State will maintain the PDL.

**Are the health plans incentivizing mail order pharmacy?**

No, although they may offer it as an option for members.

**What are providers' options to file a grievance or appeal?**

You must file your grievance or appeal with the health plan involved. Each of them has established processes that must meet federal regulations and will be described in their contract with you or their provider manual.

**Will providers have any input into how KanCare operates?**

Yes. The health plans have committees that will have provider representatives. Providers are also represented on the Governor's KanCare Advisory Council. There are four external workgroups that will help the State implement KanCare; providers are represented on each of those workgroups.

**Will I submit claims to the three health plans or continue to submit them to the State's MMIS?**

The State will maintain a single, front-door billing interface where providers can submit claims. You can also submit claims to each health plan directly, or use an established commercial clearinghouse.

Please go to [http://www.kancare.ks.gov/provider\\_faqs.htm](http://www.kancare.ks.gov/provider_faqs.htm) for many more answers to questions asked by providers during the educational tours.