



Senate Public Health and Welfare Committee

H.B.2552-Managed Care Organizations, Prompt Pay legislation

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Payment Impact on HCBS providers

Home and Community Based Service (HCBS) providers are especially sensitive to a regular Medicaid revenue cycle.

- They rely upon Medicaid payments more than any other revenue sources (private pay, medicare ,etc.)

As a result we have multiple layers of protection for those providers

- DD Provider payment monitoring
- Weekly phone calls
- Ombudsman's Office

Current Protections In Place

Examples of the IDD monitoring and implementation due to the high reliance these providers have on Medicaid revenue:

- ***Plan of Care Authorizations:*** MCOs will not deny claims for HCBS/DD plans of care authorizations that they have not received. Review process and then reinstatement of plans of care.
- ***Date Span Billing:*** During implementation, MCOs are relaxing their edits and providing increased training opportunities.
- ***Third Party Liability:*** Working with providers and MCOs to get blanket denials which can be used during Implementation.
- ***Client Obligation:*** Issues were identified and MCOs made appropriate process changes to accurately assign client obligation amounts.

Impact of H.B. 2552

- In 2013, after some initial issues integrating the MCOs with Authenticare, timely processing was not a major issue with HCBS providers as a group.
- **This prompt pay bill would add another tool to assure providers that timeliness remains a key priority.**