KHA KanCare Committee Action Items Open Items				
DATE	**ASSIGNED TO**	**ACTION ITEM**	**ACTION**	**DUE DATE**
6/22/2017	Ameri-group, Sunflower **Added Aetna 2-28-19**	Prior Authorization Requirement for Retro-eligibility	**6-22-17:** Amerigroup and Sunflower to provide update at the next TAG meeting on process to no longer require prior authorization for services for patients with retro eligibility. **10-13-17:** Sunflower reported they are still working to resolve the system edits. Until their system is updated, hospitals will need to call Sunflower to obtain authorization for patients with retro eligibility. Amerigroup has updated their system to override the PA requirement. **04-20-18:** Larry Morris, Stormont Vail, asked Amerigroup to review their process as his staff has reported concerns. Paula Kies will work with Larry's staff to identify concerns. Sunflower continues to require notification of inpatient admissions for patients with retro eligibility. **9-11-18:** Jonalan Smith, Sunflower, reported that they are no longer requiring hospitals to notify Sunflower when a patient is admitted with retro eligibility. Paul Kies reported that Amerigroup still requires phone notification. The Committee emphasized that Amerigroup should comply with the state's standard to not require notification. **2-28-19:** Amerigroup's contract with KDHE for KanCare ended on December 31, 2018. The Committee asked the new KanCare health plan, Aetna Better Health of Kansas, to report what their process is for prior authorization for patients with retro-eligibility. Mike McClure, Aetna, will review their process and report back to Tish. **7-26-19:** Kim Glenn, ABH, reported that hospitals will need to notify ABH prior to submitting an inpatient claim for a patient with retro eligibility. Discussion was held and supported by KDHE staff that ABH should comply with the state's standard to not require notification. Kim will take this back and report again at the next meeting. **2-10-20:** Lisa Baird will review the issue and hopes to have process in place in 30 days.	
2/28/2019	KHA	Lab Billing Policy	**2-28-19:** In May of 2018, Tish Hollingsworth met with then Medicaid Director, Jon Hamdorf, and Sandra Akpovona, KDHE Program Manager, to begin discussions regarding conflicting language in the KMAP Hospital (page 8-14 of Hospital Manual) on the state's policy for billing reference lab for Kansas Medicaid. The long-standing KMAP policy has been that only the provider performing the laboratory analysis can bill. However, Medicare and other payers allow and hospitals have billing agreements (a.k.a. billing "under arrangement") with reference labs to perform tests that the hospital cannot perform. Due to standard billing requirements, reference lab that may be done as part of an inpatient stay, emergency room visit, outpatient surgery, should be part of the claim being billed, if the hospital has an agreement with the reference lab to do the billing. A request has been made for KDHE to update their policy to reflect current billing standards. This issue is now being added to the Action Item Log for tracking due to the transition of the KDHE Medicaid Director and KDHE Medical Director. **7-26-19**: Dr. Esslingler, KDHE's new Medicaid Medical Director, will meet with KHA staff along with KDHE staff to review the recommendation. **2-10-20:** Dr. Esslinger requested additional clarification for the issue. He will again review the language in the KMAP manual and the KDHE policies. Tish will also re-send a copy of the Missouri Medicaid Policy, which has language that could be considered.	

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DATE	**ASSIGNED TO**	**ACTION ITEM**	**ACTION**	**DUE DATE**
2/28/2019	Via Christi	Coverage for Cologuard	**2-28-19:** Mike Moore, Via Christi, briefly discussed a request for coverage submitted to KDHE on 2-12-19 to KDHE for coverage of Colocrectal Cancer Screening for Cologuard (CPT 81528). Cologuard is a multitargeted stool-DNA testing (mt-sDNA) is covered by the Medicare program as well as commercial insurance. Chris Swartz acknowledged receipt of the request and reported that this policy will be reviewed once KDHE has hired a KDHE Medicaid Director and Medical Director. **7-26-19**: Dr. Esslingler, KDHE's new Medicaid Medical Director, will meet with KHA staff along with KDHE staff to review the recommendation. **2-10-20:** Dr. Esslinger reported that the request for coverage for cologuard is still under review by KDHE. A fiscal note will need to be determined to understand the potential impact to the budget.	
7/26/2019	Children's Mercy	Clarification needed on KMAP Bulletin 19115 Managed Care Rule Provider Enrollment	**7-26-19:** Jena Parker, Children's Mercy, reported that it appears the MCOs are requiring the location on the claim match the KMAP files, however, KMAP Bulletin 19115 does not require that location is a critical data element for claims processing. Jason Oesterhaus, KDHE, will take the concern back and provide clarification. **2-10-20:** Jason Osterhaus was not present for the meeting. No update.	
7/26/2019	KDHE	Results of Qualis Reviews on FFS claims.	**7-26-19** KDHE's contract with Qualis Health Care for audits and review of Medicaid FFS claims ended on June 30, 2019. Jason Oesterhaus will provide a summary of the audits for the Committee to review. **2-10-20:** Jason Osterhaus was not present for the meeting. No update.	
2/10/2020	KanCare Comm.	Meet with KDHE Provider Enrollment staff to review on concerns with Medicaid policy changes on provider enrollment.	**2-10-20:** Jena Parker, Children's Mercy, suggested that she would like to set up a meeting to discuss the impact of recent KMAP policy changes in provider enrollment on hospitals. Topics for discussion include the identification of the source of truth, concerns with lack of control for enrollment of all providers (ordering, referring, attending, etc.) and other operational issues. Hospital representatives that wanted to be included in the discussion included Patty Thompson, Salina, Bill Lane, Stormont, and Jena Parker, CMH. Adam Proffitt suggested reaching out to Jason Osterhaus at KDHE to schedule the meeting.	
2/10/2020	Adam Proffitt	Is Amerigroup included in the new KMAP Policy for External Third-Party Reviews?	**2-10-20**: Several Committee members reported recently receiving recoupment requests from Amerigroup, primarily for inpatient DRGs of 794 and 795 for newborns. Question was raised on how long Amerigroup can recoup on claims and if Amerigroup recoupment requests would be included for an external third-party review as indicated by the new policy. Adam will check and will provide an update to the Committee.	
2/10/2020	Adam Proffitt	Request to decrease the number of days that newborn claims are suspended.	**2-10-20:** Current KMAP policy is to suspend newborn claims for 45 days waiting on newborn ID. (Hospital Manual, page7-6). Bill Lane, Stormont, asked if KDHE would consider decreasing the number of days from 45 to allow for more timely payment processing. Adam Proffitt will take question back for review.	

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DATE	**ASSIGNED TO**	**ACTION ITEM**	**ACTION**	**DUE DATE**
2/10/2020	Tish Hollings-worth	Request to convene the Prior Authorization Workgroup to review list of PA requirements.	**2-10-20:** Tish reported that it has been a year since the KHA Prior Authorization Guide has been reviewed, and would like the MCOs and KDHE to review it as a group. Adam Proffitt suggested that Tish work with Dr. Esslinger to schedule a meeting to review the PA Guide.	

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DATE	ASSIGNED TO	ACTION ITEM	ACTION	DATE CLOSED
11/15/2016	Melanie Hanna, Newton	Auditing Hospital Inpatient Claims	**11-15-16:** KMAP Bulletin 16151 was published on 9-14-16 outlining policies for cost outlier reviews. Hospitals are reporting concerns during an audit where the outside review company is removing ICD-10 codes from claims, which can change the DRG assignment. Melanie Hanna said they have such a claim that is going to a fair hearing. She will send details to KDHE to review. **2-16-17:** Melanie Hanna will send an email to KDHE (Lisa and Sherry) to summarize the issue. **6-22-17:** KDHE is still reviewing the example from Melanie Hanna . Shirley Norris will check with Chris Swartz regarding a letter sent to KDHE from Via Christi on this topic. **10-13-17:** There was no update regarding a response to Via Christi's letter concerning audits targeting claims with sepsis (during the audit, the diagnosis of sepsis is being removed from the claim, resulting in a lower paying DRG.) Mike Randol will have staff check on the status of the response to Via Christi. Mike also asked the MCOs to let him know if they are removing the sepsis diagnosis code. **04-20-18:** Mike Moore will check with Dr. Antonios to see if Via Christi ever received a response from KDHE. **9-11-18:** Mike Moore reported that Dr. Antonios has still not received a response from KDHE regarding the letter that was sent in May of 2017 regarding DRG Validation reviews. Mike will send Tish a copy of the letter from Via Christi and will also set up a conference call with interested TAG members to discuss. Sunflower has a webinar scheduled on Oct. 2 to review the process for their DRG validation audits which will begin on Oct. 9. **2-28-19:** Discussion was held and determination made that this issue should be closed from the KanCare Committee, and a separate meeting/discussion be held with Via Christi and KDHE. **ISSUE CLOSED.**	**2/28/2019**
3/3/2017	Rowena Regier, KDHE	Develop process for annual review of DRG weights and rates to ensure they are implemented to pay correctly by Jan. 1	**6-22-17:** Rowena will set up a meeting. **10-13-17:** Rowena will send the draft DRG weights and rates to a select group of hospitals the week of October 16 for review, and would like the comments back within 2 weeks. **04-20-18:** Rowena Regier, KDHE, will work with KHA to begin the review process for the 2019 DRG updates. **9-11-18:** Rowena reported that a meeting is scheduled for Sept. 20 for the DRG group to review information with Optumas, the state's contractor. **2-28-19:** Rowena reported that members of the DRG group reviewed the proposed rates and provided comments to KDHE. The 2019 DRG rates and weights were implemented January 1, 2019. **ISSUE CLOSED.**	**2/28/2019**
6/22/2017	Jason Osterhaus KDHE	Credit Balance Audit Project	**6-22-17:** KDHE to provide an update on the audit findings at the next TAG meeting. **10-13-17**: Jason Osterhaus reported that the Credit Balance Audit project has been terminated. The results of the audit will be shared with the TAG when it is completed. **04-20-18:** Jason Osterhaus reported that KDHE has not yet received final results of the audits. **9-11-18:** Jason said there is still no update, but hopes to have information for the next Committee meeting. **2-28-19:** Jason reported that the final results of the Credit Balance Audit project will be ready by March 31, 2019. He will share a copy of the results with Tish to distribute to the KanCare Committee. **7-26-19:** Jason Osterhaus provided a summary of the final results of the Credit Balance Audit Project. **ISSUE CLOSED.**	**7/26/2019**

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DATE	ASSIGNED TO	ACTION ITEM	ACTION	DATE CLOSED
6/22/2017	KDHE	Provider Enrollment Portal	**6-22-17:** Jason Osterhaus reported the new provider enrollment module is in place and expected to go live in October. KDHE is working on a provider communication plan to outline the requirements and timelines. **10-13-17:** Jason Osterhaus reported that the module did not go live on October 1 as planned. A new timeline for the project is being developed and an update will be provided when available. **04-20-18:** Jason Osterhaus reported that Module 3 of the new KMMS portal was implemented on March 12 as planned. Full implementation of the portal is on target for December 2018. Refer to KMAP Bulletins 18026 and 18046. **9-11-18:** Jason reported Version 1.5 of the provider enrollment goes live in December of 2018, allowing providers to enroll into KMAP as well as the KanCare MCOs through the use of the standardized enrollment form through the portal. The MCOs will notify providers of any additional documents required to complete the enrollment. A KHA/KMS hosted webinar is scheduled for Sept. 27 to review the new portal. **2-28-19:** Jason said Version 1.5 of the provider enrollment is active and briefly discussed the functionality of the portal. No further questions were raised. **Issue Closed**	**2/28/2019**
4/20/2018	KHA	Audits of Emergency Room Claims	**04-20-18:** With the implementation of KMAP Bulletin 18020 regarding the policy change of paying ER claims based on the E&M billed instead of based on a list of diagnosis codes, KDHE indicated the Agency would implement an audit process. The KanCare MCOs will be required to use the same review criteria and vendor for the audits. **9-11-18:** Chris Swartz reported that Kasey Sorell, KDHE, is still working with the policy team to make final edits to the draft policy. The draft policy will be distributed for comments. **2-28-19:** Tish Hollingsworth provided a brief review of the discussions with KDHE and the KanCare Committee since the September meeting. Since KDHE and the MCOs were unable to secure a single auditor to review ER facility claims, KDHE recommended paying a single blended rate for all 5 levels of the Evaluation and Management services (99281-99285) in lieu of post pay audits. KDHE worked with KHA and the KanCare Committee to determine the single rate. KDHE distributed a final KMAP Bulletin 19021 clarifying the change. The fee schedules on the KMAP website will reflect a base rate of $45.45 with the Health Care Access Improvement Program (HCAIP) payment adjustment of 1.258% for a total fee schedule rate of $57.17. **ISSUE CLOSED.**	**2/28/2019**
9/16/2016	KDHE	Bronchiolitis Clinic: CPT 31720 Catheter Aspiration for nasal-tracheal suctioning for infants and young toddlers.	**9-16-16**: KMAP has coverage for CPT 31720, but it is only covered for professionals and not hospitals. Fran will research this further to determine if this could be covered by hospitals. Per discussion, this is typically done by an RT staff person in a treatment room and is usually a flat-rate charge to cover the cost of the RT staff, supplies and room. **11-15-16:** KDHE has reviewed and has determined that coverage for CPT 31720 is appropriate for hospitals. Coverage will be effective for dates of service 1-15-17 at a rate of $33.01. A KMAP Bulletin will be coming out soon. **2-16-17:** KMAP Bulletin #16202 was issued in December of 2016. Melanie Hanna indicated they are billing for this code and receiving reimbursement. **ISSUE CLOSED**	**2/16/2017**

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DATE	ASSIGNED TO	ACTION ITEM	ACTION	DATE CLOSED
9/16/2016	KDHE	Injection Natalizumab: HCPCS J2323	**9-16-16:** KMAP issued Bulletin 16124 indicating J2323 will be covered and processed correctly of August 1, 2016, retroactive back to Oct. 1, 2014. **10-26-16:** KMAP Bulletin 16177 was published indicating that claims incorrectly denied must be resubmitted by the provider for payment reconsideration. **ISSUE CLOSED.**	**10/26/2016**
9/16/2016	KDHE	Place of Service Code 51: KMAP does not accept POS Code 51, (inpatient psych facility) for acute care hospitals.	**9-16-16:** Melanie Hanna at Newton Medical requested a review of this policy because they have a distinct inpatient psych unit and feels that they must use POS 51. Tish will ask Melanie to send further information to Sherry Kesel to review. Is their Inpatient Psych Unit separately licensed by the State? KMAP will review further once information is received from Newton. **9-23-16:** KDHE will review once information is received from WPS. **10-26-16:** KDHE received response from WPS indicated that POS 51 is not intended for a psychiatric unit within a general acute care hospital, only a freestanding facility. Hospitals should use POS 21 inpatient hospital. **ISSUE CLOSED**.	**10/26/2016**
9/16/2016	KDHE	Miscellaneous Dental Procedure 41899 re-priced from $2020 to $84.04	**9-16-16:** Effective July 1, 2016, KMAP Bulletin 16048 indicates that 41899 is changed from a manual pricing of $2020 to a procedure reimbursement of $84.04. Sherry and Chris will check as this was not the intent of the change. **9-23-16:** Sherry said a policy is being written. No records will be required. **11-15-16:** KMAP Bulletin #16182 published on November 1 clarifying payment restored back to the previous amounts retroactive back to May 1, 2016. **ISSUE CLOSED.**	**11/15/2016**
9/16/2016	KDHE	Modifier for RT Services	**9-16-16:** The KanCare MCOs are taking directive that hospitals must append modifier 25 to the RT charges when being billed with another E&M service. This is not correct coding. Sherry will review and respond. **11-15-16:** Sherry said KDHE did review this concern with HP and the MCOs at a recent meeting and reminded them that modifier 25 should not be appended to the RT charges, but that it could be appropriate to append a modifier to the ER visit. Linda Sherman indicated LMH did get letter from Sunflower requesting refunds due to lack of a modifier on the RT charge. She will check to make sure that the request has been closed. **2-16-17:** Linda Sherman said that KMAP Bulletin 15104 needs to be updated to reflect the clarification above. Sherry will get the Bulletin updated. **6-15-17:** KMAP Bulletin 17052 was published in March of 2017 to clarify that the modifier 25 would be appended to the E&M service, not the RT service. **ISSUE CLOSED.**	**6/15/2017**

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9/16/2016	Bob Seitz, KDHE	Updated KMAP Bulletin for G0463 Facility Fees	**9-16-16:** KMAP's intention for coverage of G0463 was to only pay for visiting clinicians and never for treatment room charges. Furthermore, KMAP policy excludes coverage of G0463 for Peer Group 1 hospitals. Discussion was held regarding appropriate code to use for treatment room charges for ALL hospitals for the following types of services: dressing changes (supplies, nursing time, room costs); injections (to monitor patients for potential adverse reactions); anti-coagulation clinics, OB checks (when patient thinks they may be in labor, patient is directed to OB area and bypasses the ED), etc. CPT codes 99211 to 99215 are currently the treatment codes used by hospitals for services rendered when there is no other specific CPT code. KMAP says these codes are not currently allowed in KMAP because they are considered professional charges. They will review and determine if these codes could potentially be used with an appropriate modifier. **9-23-16:** Mike Randol said KDHE will look at fiscal note. **11-15-16:** Sherry said this is still with KDHE leadership. Will discuss at the KanCare TAG meeting on November 22. **11-22-16:** Policy was discussed at the KanCare TAG meeting. Bob Seitz, KDHE, indicated that he will work with Mike Randol. **2-16-17:** Sherry Kesel reported that Bob Seitz, KDHE, has been working with Mike Randol and she would expect an update for the TAG meeting in March. **6-15-17:** KMAP Bulletin 17107, Billing for Code 99211, was published on May 18 outlining the billing for services and costs associated with the use of the room and supplies for treatment such as wound care, obstetrical checks, etc. The Bulletin will be updated to take out bronchiolitis clinic, because that service is covered by another policy. Need to review policy at TAG meeting on 6-22-17 to see if there are other concerns with the policy. One question to discuss: What happens if the codes 99212 to 99215 were billed? Is it downcoded to 99211? If no further concerns, this policy issue can be closed. **6-22-17:** KMAP Bulletin 17107 was published on 5-18-17 indicating that hospitals may bill with procedure code 99211 for RN services and costs associated with the use of the room and supplies. This includes, but is not limited to, wound care, obstetrical checks and other treatment rooms. Reimbursement is $16.87. This bulletin needs to be corrected to remove "bronchiolitis" as it has a separate KMAP Bulletin. **10-13-17:** KDHE will revise the Bulletin to remove "bronchiolitis". **ISSUE CLOSED.** 04-20-18: KDHE Policy staff believes KMAP Bulletin was updated and will provide updated KMAP Bulletin showing "bronchiolitis" being removed. **04-20-18:** Sherry Kesel said KMAP Bulletin 17107 was updated in October of 2017. **ISSUE CLOSED**	**4/20/2018**

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DATE	ASSIGNED TO	ACTION ITEM	ACTION	DATE CLOSED
9/23/2016		Coverage for Behavioral Health Observation	**9-23-16:** Mike Randol indicated that KDHE will accept input from KHA regarding screening criteria prior to developing an updated KMAP policy. **11-15-16:** Tish is working with KHA's Behavioral Task Force to provide input to KDHE on coverage guidelines for a KMAP policy. **12-12-16:** Tish sent the recommendations from KHA's Behavioral Health Task Force to Mike Randol and Fran Seymour Hunter for review. **2-16-17:** Fran Seymour Hunter reported that the MCOs are reviewing the information and recommendations that were sent to KDHE from KHA's Behavioral Health Task Force on December 12. Fran will also research and find the old KMAP Bulletin that was published on H2013 and send it to Tish. **5-25-17:** Draft of KMAP Bulletin was distributed for review by KHA and others. KHA provided input to KDHE on revisions. **6-15-17:** KDHE has drafted KMAP Bulletin 17113. Discussion to be held at TAG meeting. **6-22-17:** Bulletin was published on 6-21-17, changing the code to bill from H2013 to S9485. The TAG will review at next TAG meeting to determine if there are any additional questions or comments on the policy. **10-13-17:** Discussion was held regarding revenue code and units to bill for the hospital claim. KDHE indicated that hospitals should bill with 762 Observation, and only bill 1 unit per day using S9485. Physicians should bill with a regular E&M code. **ISSUE CLOSED**	**10/13/2017**

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DATE	ASSIGNED TO	ACTION ITEM	ACTION	DATE CLOSED
9/23/2016	Sherry Kesel, Tish H.	Review list of hospitals continuing to utilize "ET" modifer in error for emergency room services.	**9-23-16:** KMAP has historically required the use of the ET modifier to identify the facility charge of the emergency room visits because KMAP used to allow hospitals to bill the professional (physician) charge on the UB along with the ER room charge. KMAP now requires hospitals to bill the processional charge on the 1500 form, so KDHE will research the need to continue to have the ET modifier on the UB. The ET modifier is not accepted by Medicare, so these claims have to be manually edited for crossover claims. Even though there is typically no payment for thecrossover claims, hospitals must receive the appropriate denial for Medicare cost report purposes. Sherry will do a data pull and then will contact Tish to discuss. **11-15-16:** Sherry said that a data run indicates that hospitals are still billing the professional charges on the UB along with the facility charge. Until this practice is discontinued, the modifier will have to be kept. Sherry also said that if the ER charge is currently billed without the ET modifier, the ER charge is denied. Sherry will do another data pull for discussion at next week's TAG meeting. Question for the MCOS: Do you recognize revenue codes? **11-22-16:** Sherry reported to the TAG that she is till doing research on the ET modifier policy. **2-16-17:** Sherry is working to get a data pull to see how many hospitals are still billing using the ET modifier **4-12-17:** Sherry Kesel sent Tish a listing of hospitals. Tish provided outreach individual hospitals with highest usage of "ET" modifier. **6-7-17:** KDHE indicated the volume of usage has decreased and KDHE is researching an edit when "ET" modifier is used. **6-15-17:** KDHE provided the list of hospitals billing with the ET modifier to Tish and outreach was provided to remind hospitals of the KMAP policy. KDHE indicated that a more recent data pull indicated there was a significant decrease in the number of times the ET modifier was billed. KDHE is exploring a system edit to assist with the resolution. **6-22-17:** Sherry reported that KDHE is drafting a policy. Until the policy is changed, the ET modifier is required. The MCOs indicated that once a policy change is made, it will take up to 60 days to implement. **10-13-17:** KDHE is drafting a Bulletin that will remove the requirement for hospitals to bill the "ET" modifier for the facility charge for ER. Once the Bulletin is published, the MCOs indicated that it would take around 60 days to make system changes. **04-20-18:** KMAP Bulletin 18044 was published on February 23, 2018. **ISSUE CLOSED**	**4/20/2018**
11/15/2016	KDHE	Revisions to Unacceptable Primary Diagnosis Codes	**11-15-16:** KMAP Bulletin 16161 was published on 9-30-16 to follow Medicare guidelines of unacceptable principal diagnosis codes. Linda Sherman indicated that a claim for a newborn baby born outside of the hospital was denied due to this edit. Sherry asked Linda to send additional information to her to review. **2-16-17:** Linda will re-send the claim information to Sherry for review. **6-15-17**: KMAP Bulletin 17067 was published on March 17 retroactive to October 2016 to add the ICD-10 codes for newborns born outside of the hospital. **ISSUE CLOSED**	**6/15/2017**
11/15/2016	KDHE	Drug Amount Discarded – Modifier JW	**11-15-16:** KDHE has adopted Medicare guidelines and will issue a KMAP Bulletin soon. **2-16-17:** KMAP Bulletin #16194 was issued explaining the state's policy on the use of JW modifier. Following input and discussion from TAG members and other hospital staff, KMAP Bulletin #16226 was issued revising the policy to indicate that KDHE will accept the JW modifier, but it does not impact reimbursement, nor is it required. **ISSUE CLOSED.**	**2/16/2017**

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DATE	ASSIGNED TO	ACTION ITEM	ACTION	DATE CLOSED
11/15/2016	Tish H.	Update the Always, Sometimes, and Never list of diagnosis codes for recommendations for updates to KDHE.	**11-15-16:** Tish Hollingsworth held a conference call with the Kansas Health Information Management Association (KHMIA) Coding Committee today to ask for their assistance in reviewing the Always, Sometimes, Never diagnosis list for emergency room payments. KDHE has indicated they will consider input from this group to made updates and changes to the list. KHIMA indicated an interest in assisting with the review, however, they would also need some clinical expertise to review the list as well. **12-14-16:** Tish sent an email to Sherry Kesel and Chris Swartz regarding KHIMA's response to reviewing the emergency room list of covered diagnosis codes, with their recommendation to have a clinical review in conjunction with the coding review. Also requested KDHE input on who to use for the clinical review. **2-16-17:** Sherry said she will discuss options for moving forward with Chris. **3-20-17:** Meeting to review list was scheduled, but had to be cancelled. **5- 12-17:** Tish visited with Ruth Cornwall at KMS to discuss the potential of including an ER Physician from the Kansas Chapter, American College of Emergency Physicians, in the meeting as well. **6-22-17:** Discussion was held at TAG meeting. Tish will set up a meeting and include the Medical Directors of MCOs as well as KMS and KDHE staff to begin discussions on the review of the list. **9-20-17:** A conference call was held with KDHE and a group of individuals with representation by KHA, KMS, 2 emergency room physicians, Kansas Health Information Management Association, and a clinic) to begin discussions on the emergency room policy. Chris Swartz, KDHE, reported that state legal staff want to further review the Medicaid Managed Care rule that was published in May of 2016 to determine if an actual list of codes can be used to determine coverage of emergency room services. KDHE asked the group for questions and comments the Agency should review when developing their revised policy. Those comments were provided to KDHE on September 20. **10-13-17:** KDHE is drafting a Bulletin that will not allow the downcoding of ER claims to non-emergent based on diagnosis codes. Post-pay reviews will be conducted on claims for 99283 to 99285 and 99291 to ensure documentation in the record supports the level of E&M billed. Tish Hollingsworth requested that KDHE involve the ER Workgroup and KHA in the development of the policy. **04-20-18:** KMAP Bulletin 18020 was published in January of 2018 indicating that retroactive to dates of service on or after July 1, 2017, ER visits would not be reduced to a non-emergent 99281 based on a list of diagnosis codes. This issue will be closed and a separate issue regarding potential audits of ER claims will be opened. **ISSUE CLOSED**	**4/20/2018**

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DATE	ASSIGNED TO	ACTION ITEM	ACTION	DATE CLOSED
2/16/2017	Tish H.	KMAP Policy on hospital readmissions.	**2-16-17:** Tish asked for clarification regarding KMAP Bulletin 14100 Hospital Inpatient Readmission. There is information in the KMAP Hospital Manual (Section 8410 on page 8-44) that indicates: "When a Medicaid beneficiary is discharged prematurely and subsequently readmitted within 30 days, only the DRG payment for the first stay will be made if the discharging and readmitting hospital are the same. If the discharging and readmitting hospitals are not the same, only the readmitting hospital will be reimbursed." Some hospitals are reporting that all inpatient admissions within 30 days are being denied. The language "is discharged prematurely" is most likely causing the inconsistencies and should be clarified as to the intent of the policy. Sherry will look at the policy and provide an update. **6-15-17:** KDHE has reviewed the readmissions policy with the MCOs. The MCOs should not be denying all claims for patients readmitted within 30 days, but should be following the KMAP guidelines published prior to KanCare. Sherry will provide a copy of the bulletin. **6-22-17:** A policy on readmissions is being drafted by KDHE. Discussion was held at TAG meeting concerning the new KanCare reform legislation that indicated readmissions could not be denied within 15 days of the original admission and must be for same diagnosis. It was suggested that there be a physician review from the MCO for readmissions instead of just a straight denial to determine if patient was denied prematurely. Consideration should be given if the patient was non-compliant and/or if the patient has a chronic condition requiring readmission. **10-13-17:** KDHE is drafting a Bulletin regarding hospital readmissions. **04-20-18:** KMAP Bulletin 18028 regarding the readmission criteria was published in February 2018. **ISSUE CLOSED**	**4/20/2018**
3/3/2017	Chris Swartz	Send Tish Hollingsworth KDHE's process for requesting consideration for coverage of new drugs and new hospital services.	**6-21-17:** Chris Swartz indicated that a request can be submitted to the Medicaid Director and which is then is distributed to either the pharmacy staff or clinical staff for evlauation. Any analysis done by the requestor on benefits and anticipated cost/savings is welcome. **ISSUE CLOSED.**	**6/22/2017**
3/3/2017	TAG Members	Send examples of DRG downcoding and IP to Observations changes for UHC claims to Carrie Kimes at UHC.	**6-21-17:** Carrie has received examples from Stormont, but no other hospitals. There have been some on-going discussions with Stormont. **ISSUE CLOSED.**	**6/22/2017**
3/3/2017	Tish H.	Send TAG information regarding public meetings on KanCare (listed in Feb. 15 Kansas Register)	**3-7-17:** Emailed information regarding public meetings to TAG members. **ISSUE CLOSED**	**3/22/2017**
3/3/2017	TAG Members	Submit recommendations for topics to Carrie Kimes at UHC for All MCO KMAP educational programs.	**5-16-17:** Training sessions held on May 16 and 18. **ISSUE CLOSED**.	**6/22/2017**

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DATE	ASSIGNED TO	ACTION ITEM	ACTION	DATE CLOSED
3/3/2017	Chris Swartz	Send Tish Hollingsworth KDHE's process for requesting consideration for coverage of new drugs and new hospital services.	**6-21-17:** Chris Swartz indicated that a request can be submitted to the Medicaid Director and which is then is distributed to either the pharmacy staff or clinical staff for evlauation. Any analysis done by the requestor on benefits and anticipated cost/savings is welcome. **6-22-17:** Shirley Norris will check with Chris Swartz to see if a KMAP Bulletin be issued to outline the practice. **10-13-17:** Mike Randol said that KDHE will not develop a Bulletin explaining the State's process to consider new services, but will accept a letter addressed to KDHE requesting coverage. **ISSUE CLOSED**	**10/13/2017**
3/3/2017	Dorothy Noblitt, KDHE	Send draft of KMAP Bulletin on appeals process changes and timelines to KHA.	**3-16-17:** Distributed summary of appeals process received from Dorothy to TAG members for comment. **6-22-17:** Dorothy was not able to be present at the meeting. Request that Dorothy attend the next TAG meeting to review the Bulletin and updated appeals process. The MCOs and Shirley Norris will research whether the results of the appeal could be directed to an individual if requested by the hospitals. **10-13-17:** Dorothy Noblit, KDHE, reviewed the changes in the appeals timelines and processes. She clarified that the hospital's contract, if different than the State's standardized appeal process, will prevail. MCOs can go back 2 years from the date of service to audit. Amerigroup will allow appeals to be filed in writing or by submitting an appeal via Availity. Sunflower rquires appeals to be filed in writing along with the Provider Reconsideration & Appeal Form. UHC requires that appeals be submitted in writing and must specifically indicate that an appeal is being requested (otherwise it will process as a reconsideration). **ISSUE CLOSED**	**10/13/2017**
6/22/2017	KDHE	Lag time in sharing and updating TPL Information	**6-22-17:** Question was raised concerning the lag time in KDHE updating the TPL files received from the MCOs. Currently, the MCOs are sending daily update files to KMAP, however, the KMAP system is not being updated timely, which may cause issues with accurate information. Some hospitals are sending an electronic 270 transaction to KMAP to return the 271 eligibility response because KMAP is the source of truth for TPL. **6-30-17:** Tish sent an email to KDHE to request clarification on process and source of truth for TPL. **6-30-17** KDHE responded to inquiry indicating there is a known issue with accurate and consistent information being exchanged between the MCOs and DXC, causing a lot of manual review. They are working with DXC's vendor and are projecting a target date for completion of the project of mid July. KMAP Bulletin 17090 was published in late May asking providers to check with the member's MCO for the latest TPL information. **10-13-17:** Jason Osterhaus, KDHE, reported that some progress has been made on system upgrades, with the new target date for completion by the end of 2017. **04-20-18:** Jason Osterhaus, KDHE, reported the the new target date for completion is August of 2018. **9-11-18:** Jason reported that the system upgrades have been completed and there should not be a lag time in TPL information. **ISSUE CLOSED**	**7/15/2017**

KHA KanCare Committee Action Items
Closed Items

DATE	ASSIGNED TO	ACTION ITEM	ACTION	DATE CLOSED
10/13/2017	Stormont Vail	Medicaid Coverage for Chronic Care Management	**10-13-17:** Larry Morris requested that KDHE consider coverage of Chronic Care Management (99490 and 99487). Currently, Medicare provides coverage and it would seem fitting that the coverage should be considered for managed care. Larry will work with his staff to develop a letter requesting consideration of the services. **04-20-18:** Larry has not received information from staff to develop a position for coverage of chronic care management. He suggested the issue be closed for now and could be re-opened later. **ISSUE CLOSED**	**4/20/2018**
10/13/2017	Newton Medical Center	Claims Processing Errors with ICD-10 codes	**10-13-17:** Melanie Hanna, Newton Medical Center, asked about a recent claims processing issue that came to light where charges were denied in error as "Diagnosis code not payable with the procedure code billed". The issue stemmed from ICD-10 implementation and it was a "known" issue. Melanie said she had a response from KMAP on October 6, indicating that a clean-up project was being initiated, but that providers had to submit a list of claims to him. It was requested that a KMAP Bulletin be issued to alert the providers of the issue and the resolution. **04-20-18:** Chris Swartz reported that as codes are identified, KDHE can provide an update through KMAP Bulletins and the MCOs will be required to do a claims sweep. She requested the TAG members alert KDHE if they find codes as well. **9-11-18:** Melanie Hanna reported that claims impacted by this issue have been resolved. It was clarified that it was specific to fee-for-service claims. **ISSUE CLOSED.**	**9/11/2018**
10/13/2017	Sabetha Comm Hospital	Coverage Requested for Diabetic Education	**10-13-17:** Lora Key, Sabetha Community, requested KDHE to consider coverage of Diabetic Education for KanCare. Lora reported they are providing the service with no reimbursement, but feel it is critical for patients with diabetes, including gestational diabetes. It was suggested that Lora submit a letter to KDHE explaining the benefits of diabetic education and requesting coverage. **04-20-18:** KDHE has not received any information from Lora Key regarding coverage of diabetic education. Garrett Colglazier will follow up. **9-11-18:** Garrett reviewed the letter Sabetha Community Hospital sent to KDHE in July requesting consideration for coverage of diabetic education for Medicaid patients. Chris Swartz reported that the letter was routed to the state's Medical Director and will be reviewed with the policy team for a determination of coverage. **2-28-19:** Chris reported that KDHE's Medical Director and Medicaid Director both resigned at the end of 2018, and the positions have not been filled. Until these positions are filled, there may be little movement on KDHE's consideration for coverage of Diabetic Education. **7-26-19**: Dr. Esslingler, KDHE's new Medicaid Medical Director, will meet with KHA staff along with KDHE staff to review the recommendation. **2-10-20:** Dr. Esslinger, KDHE Medicaid Medical Director, said that a policy has been drafted to cover Diabetes Self-Management Training effective July 1, 2020, for accredited outpatient DSMT programs for patients diagnosed with diabetes. **ISSUE CLOSED**.	**2/10/2020**

KHA KanCare Committee Action Items
Closed Items

DATE	ASSIGNED TO	ACTION ITEM	ACTION	DATE CLOSED
4/20/2018	HCA	Dental Surgery, CPT 41899	**04-20-18:** Melanie Fielder, HCA, asked for clarification of the KMAP policy for billing and reimbursement for CPT 41899, unlisted dental procedures. Both Amerigroup and Sunflower are inconsistent in processing the claims, in that sometimes it is paid upon the first submission and other times providers must to an appeal with operatiive notes and other documentation. Melanie will provide examples to Amerigroup and Sunflower. **9-11-18:** Melanie reported that concerns have been addressed. **ISSUE CLOSED.**	**9/11/2018**
4/20/2018	Childrens Mercy	Present on Admissions	**04-20-18:** Jena Parker, Children's Mercy Hospital, reported a number of claims for Amerigroup being held up for processing due to an issue with Present on Admission (POA) indicator. Paula Kies verified that Amerigroup received clarification of the POA policy and has updated their system to correcly pay claims that were denied for POA. Impacted claims are being reprocessed. **9-11-18:** This issue has been resolved per email from Jena Parker. **ISSUE CLOSED.**	**9/11/2018**
9/11/2018	Via Christi	Coverage for Transitional Care Management and Chronic Care Management	**9-11-18:** Mike Moore, Via Christi, asked for an update regarding the letter sent to KDHE requesting coverage of Transitional Care Management (TCM). **2-28-19:** Tish Hollingsworth discussed a joint letter sent from KHA and the Kansas Medical Society to KDHE on February 21, 2019 to support coverage for TCM as well as Chronic Care Mangement (CCM). Chris Swartz reported that KDHE's Medical Director and Medicaid Director both resigned at the end of 2018, and the positions have not been filled. Until these positions are filled, there may be little movement on discussions for coverage of TCM and CCM. **7-26-19:** Dr. Esslingler, KDHE's new Medicaid Medical Director, will meet with KHA staff along with KDHE staff to review the recommendation. **2-20-20:** Dr. Esslinger reviewed the request for coverage for Transitional Care Management and Chronic Care Management with KDHE leadership. Because the KanCare MCOs are providing care coordination and care management as part of their functions within KanCare, KDHE has determined that additional reimbursement is not warranted. **ISSUE CLOSED.**	**2/10/2020**
2/28/2019	Stormont Vail	Recoupment request from Sunflower on J-codes	**2-28-19:** Bill Lane, Stormont Vail, reported he had recently received a recoupment request from Sunflower for what was determined as an overpayment on J-codes. Rowena Regier, KDHE, indicated that KDHE had been reviewing the list of codes that should have had the 25.8% HCAIP payment bump applied and determined that some of the J-codes had the payment bump inappropriately applied. KDHE did not intend to have the MCOs recoup any payments, but indicated the HCAIP payment increase would be removed from the J-codes. Sunflower will not pursue any recoupments. KDHE will publish further information about this policy change. **7-26-19:** KDHE indicated that the current rates published in the fee schedule, including the rates for J-codes, will remain in effect. The KMAP fee schedule will be reviewed later in 2019 along with changes to be imlemented for the January 1, 2020 changes to the Health Care Access Improvement Program (Medicaid Provider Assessment). **ISSUE CLOSED.**	**7/26/2019**