



ROBERT G. (BOB) BETHELL JOINT COMMITTEE ON
HOME AND COMMUNITY BASED SERVICES AND
KANCARE OVERSIGHT
Testimony, October 7, 2013

Rosie Cooper
KACIL Executive Director

KanCare Reimbursement

Member Agencies:

**Coalition for
Independence**

Kansas City, KS
913/321-5140 Voice/TT

**Independent Living
Resource Center**

Wichita, KS
316/942-6300 Voice/TT

Independence, Inc.

Lawrence, KS
785/841-0333 Voice
785/841-1046 TT

**Independent Connection/
OCCK**

Salina, KS
785/827-9383 Voice/TT

LINK, Inc.

Hays, KS
785/625-6942 Voice/TT

**Prairie Independent
Living Resource Center**

Hutchinson, KS
620/663-3989 Voice

**Resource Center for
Independent Living, Inc.**

Osage City, KS
785/528-3105 Voice
785/528-3106 TT

**Southeast Kansas
Independent Living, Inc.**

Parsons, KS
620/421-5502 Voice
620/421-6551 TT

The Whole Person, Inc.

Kansas City, MO
816/561-0304 Voice
816/627-2201 TT

Three Rivers ILC

Wamego, KS
785/456-9915 Voice

Madam Chairman and members of the committee thank you for the opportunity to testify. My name is Rosie Cooper, the Executive Director of the Kansas Association of Centers for Independent Living (KACIL).

KACIL member Centers for Independent Living (CILs) are Fiscal Management Service (FMS) providers. Since January of 2013, we have cultivated a relationship with KDADS, Ameri-group, Sunflower and United to do our part in the implementation of KanCare.

KACIL is pleased to report that two of the MCO's now have a form that can be uploaded into Authenticare. In addition, clean claims are now being reimbursed within seven days.

However, the paperwork can be very difficult to understand to monitor whether claims have been paid. KACIL members report the tracking is so tedious it necessitates hiring additional staff.

Prior to KanCare, if a Direct Service Worker (DSW) waited over 90 days to submit a time sheet to the FMS provider, the time could be billed to Medicaid. Under KanCare, this was reduced to 90 days. If a DSW turns in a time sheet on the 91st day, the Department of Labor requires the time to be paid; but the FMS provider is out of compliance will not get reimbursed for the DSW's wages. KACIL's recommendation is to create an exemption for DSW time records submitted past 90 days.

If an individual member has some type of insurance a 3rd party liability blanket claim must be filed, prior to KanCare those were filed annually. Since KanCare, FMS providers are required to file monthly for each member. Often this causes delayed billing even beyond the 90 day claim period resulting in the DSW being paid and the FMS provider filing an appeal. KACIL recommendation is to transfer this procedure to MCO's.

There appears to be confusion and inconsistency regarding client obligations. While the member's client obligation payments are their portion of the DSW's wages, the client obligation is often deducted from the FMS payment.

Consequently, resubmitting or adjusting a claim is a very cumbersome process. In one example it took several hours of staff time to process one hour of sleep cycle time for \$32.50.

In conclusion, reimbursement is better than it was in April and it will continue to improve as we communicate.

Robert G. (Bob) Bethell Joint
Committee on Home and Community
Based Services and KanCare Oversight
Date: 10-07-2013
Attachment: 12