Testimony for Oversight Committee – Marilyn Kubler, JENIAN, Inc., Targeted Case Management Agency

Madam Chairperson:

I own a targeted case management agency in Shawnee, Kansas and employee six individuals. We provide services to 128 clients on the I/DD HCBS waiver and 7 clients on the Working Healthy/WORK program. The WORK program was integrated into Kancare on January 1, 2013, and our agency has been billing the MCO's directly for our services to these clients since that time. You might say we have been working on our own pilot program since the beginning of the year. I would like to share with you the following problems we have encountered and concerns for 2014.

The MCO's did not have the WORK procedure code entered into their systems until April or May and were caught unprepared. This caused manual intervention to override the denials we received and delayed payments for weeks.

TPL information from the state is not being pulled into at least one of the MCO's billing systems correctly. For clients who have Medicare Advantage plans through another insurance company (such as Aetna, United Healthcare, or Coventry), the MCO system does not recognize this insurance as Medicare, and denies payments for these clients. There is currently no work around that we are aware of for this issue.

For clients with a primary insurance who are not on the TPL list, we must request annual blanket denial letters for each client. If we receive the blanket denial letter, we must attach the letter every month to our claim. However, we learned this week that at least one of the web portals does not have an attachment function, so we will have to mail the blanket denial letter in every month (since there is no way to store this information by client). This will cause another payment delay.

For clients whose primary insurance does not provide a blanket denial letter, the protocol we have been asked to follow is to bill the primary insurance first, wait for a denial from them (which could take up to 30 days), then attached that denial to a resubmitted claim we provide to the MCO's. This causes a significant delay in payments and in trying to manage our payroll budget. In the many years of providing TCM services to our clients, we have NEVER run across an insurance plan that pays for our services. This is the single biggest cause of concern for us at this time as we are the mercy of a primary insurance company to provide us with the information that we need in order to bill the MCO for our services.

So far, I have been able to absorb the delay in payments and make my monthly payroll. But if these problems are not corrected before 1/1/2014 and we have significant problems in being reimbursed for services that we provide, I am afraid that our agency will not survive. This is not just a problem impacting our agency, but every small to mid-size agency will be struggling with these issues.

We are not billers – we don't have the expertise, we don't have a billing department, and we can't afford to hire an additional employee to keep track of and run down all the claims issues that I foresee. We are being asked to learn three billing systems, understand the requirements of each, and still do our primary job.

The mission of Jenian states – to unlock the potential of the individuals we serve by providing support and accessing resources which empower them to enhance their quality of life, increase their independence and meet their dreams and desires to the best of their abilities.

We want to continue to provide this support to our individuals, but we need you to help us find solutions to these issues by the time these supports move to Kancare on 1/1/2014.

Thank you for your time and I look forward to your assistance as we work through these concerns.

Robert G. (Bob) Bethell Joint Committee on Home and Community Based Services and KanCare Oversig
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