



High Impact Stakeholder Issues Log

Date Identified	Issue Log #	Affected Stakeholder Group	Issue Title	Comments	Estimated Resolution Date	Issue Status	Resolution Date
1/3/2013	20	Member	Pharmacy Benefit - Auto-Refill Policy	<p>Question: AGP was asked whether or not our pharmacy benefit included an auto-refill option for beneficiaries; if auto-refill is an option to describe our policy for using this service.</p> <p>Response: Neither AGP nor CAREMARK have a policy addressing auto-refill. A beneficiary may participate in a pharmacy's auto-refill program independent of the MCO provided the program conforms to the Kansas Pharmacy Benefit rules (e.g. 31 day supply, etc ...).</p>	1/4/2013	Closed	1/3/2013
1/9/2013	28	Member	ADAP not going over on 834	<p>Issue: HP found that the monthly file sent over in December did not include the QMB/ADAP indicator. They've also identified that a third indicator is needed for those beneficiaries that are ADAP+QMB.</p> <p>Response: 1. HP will send an 834 update file today for the plans. (This should give the plans their folks with ADAP or QMB. If someone has both, then they only get the ADAP). 2. HP will send each plan a list of their beneficiaries who have both ADAP and QMB. 3. HP will update the specs to accommodate a new value that equals ADAP + QMB and send to the plans. (The plans will need to</p>	TBD	Pending	



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				code for this change).			
1/8/2013	29	Member	PCP Change	<p>Issue: If a member wants to change PCP, information on website under consumer referrals info says the health plan would like to have a record of that change. How does member go about doing this and letting MCO know the info?</p> <p>Response: Member can call MCO customer service center and they can assist them in making PCP changes.</p>	1/8/2013	Closed	1/8/2013
1/9/2013	30	Member	Out-of-Network Balance Billing	<p>Issue: If a member sees an out of network provider, will they be balance billed?</p> <p>Response: Cannot balance bill the member – either in the first 90 days (when full Medicaid rate will be paid) or after that (when if not in network will get 90% of the rate). If the provider is not a Medicaid provider at all, provider could attempt to not bill Medicaid and directly bill the member.</p>	1/9/2013	Closed	1/9/2013