



RuralHealthClinic.com
Experienced Knowledge



Kentucky RHC Resources

February 2019

One of the biggest issues in Kentucky is credentialing with the State for RHC services and getting good billing help familiar with the ever-changing rules and complexities of billing RHC services in Kentucky. It is certainly difficult to keep up with the changes and understand why the process takes so long when you submit a paper MAP-811 to the state. With a processing time of 4 to 6 months on average it is maddening to wait with your money being held up that long. As our frustration with the process increased, we reached out and have found some resources to speed up the process.

Kentucky Primary Care Association

IPA for Rural Health Clinics

The Kentucky Primary Care Association (KPCA) is a membership organization, the state delegate for the National Association of Rural Health Clinics and we offer educational programs, group purchasing and other services to help clinics. KPCA also manages a Messenger Model Independent Practice Association that has a variety of contracts with MCOs and commercial payer plans in KY that are available to those practices who are eligible for IPA membership. A clinic must be a member of the Association before being considered for the IPA. The IPA looks



RuralHealthClinic.com
Experienced Knowledge

for a commitment to quality as well as a commitment to cost savings. Use of EMR is also a determining factor for eligibility.

In a conversation with Noel Harilson, Director of IPA Services, he indicated the KPCA average turnaround for obtaining a KY Medicaid ID is 22 days versus 4 to 6 months submitting directly to the State. They have delegated credentialing agreements with 4 of the 5 MCOs which really speeds up the process of credentialing as well. Here is the website with information on the IPA: <https://kpca.net/ipa-synopsis>. We have also included a summary of the IPA Benefits at the end of this report. Contact information for Noel is as follows:

Noel A. Harilson, MS
Kentucky Primary Care Association, Inc.
Director, IPA Services
226 West Main Street
Frankfort, KY 40601
PH: 502.545.3867
nharilson@kypca.net
www.kpca.net



RuralHealthClinic.com
Experienced Knowledge

Independent Practice Association



Kentucky Primary Care Association Summary of IPA Contracts

Updated for IPA Members September 2018

The Kentucky Primary Care Association (KPCA) operates a messenger-model Independent Practice Association (IPA), which negotiates on behalf of clinic members with Medicaid Managed Care Organizations (MCOs), Medicare Advantage plans, and other commercial payors.

IPA participating clinics can “opt in” (participate) or “opt out” (not participate) of any contract. Contracts KPCA negotiates include a range of incentives for quality, Patient Centered Medical Home (PCMH) recognition, control of medical services spending, as well as delegated credentialing to expedite enrollment with most health plans.

KPCA contracts with Precision Healthcare Delivery (Precision) to manage clinic provider rosters, delegated credentialing, claims resolution issues that cannot be resolved at the Provider Services/Claims Resolution/Provider Representative level with the Managed Care Organization (MCO) or other payers. The IPA also receives claims data from the MCOs and develops reports with actionable data provided to clinics on a secure FTP (File Transfer Protocol) web site. The IPA supports a team of Quality Improvement Specialists who work directly with clinics to help them review HEDIS and incentive quality measures to help you achieve the targeted measures for incentive payments. The IPA provides assistance on achievement of initial recognition and ongoing maintenance of PCMH through the Kentucky REC and through individualized consultation from a KPCA National Committee for Quality Assurance (NCQA) reviewer/expert for clinics. Some MCOs provide additional incentives for



RuralHealthClinic.com
Experienced Knowledge

PCMH recognition and it is a model that helps transform practices to accommodate the value-based reimbursement system that is wide-spread among insurers and MCOs.

The KPCA IPA and Precision provide weekly communications and updates, more frequent information as needed and a monthly webinar on the 3rd Wednesday of each month. All of these communications are essential information meant to help you succeed. It is highly recommended that you participate in the webinar and the many educational offerings through KPCA.

KEYS TO SUCCESS FOR YOUR CLINIC

- Always check eligibility, preferably on the MCO or Insurance Carriers Web Site. This allows the clinic to access the most recent information as we all know patients often move between plans and/or eligibility.
- Always check the PCP the patient is assigned to for care. If the patient is not assigned to your clinic, ask them to change so you can receive credit for the work you do. If you do not move these patients to your panel you may miss PMPM payments and targeted incentives.
- Check your NPI, Taxonomy Codes (both the facility and every billable provider), Provider Type with Provider Enrollment DMS.
- Submit all information requested by KPCA in a timely fashion. Credentialing of your providers and facilities is essential for the clinic to be paid timely.
- Watch your coding! The MCOs and all commercial carriers are required to follow NCCI requirements (National Correct Coding Initiative).
- Check and update your patient's problem list routinely. This is ultimately useful in setting risk scores. Not paying attention to this could adversely affect your ability to reach targeted MLR for incentive payments.
- Know your Clearing House, what it does, if it is submitting up to seven diagnostic codes (used in determining Risk Scores) and notification on front-end edits that may mean your claims are not being submitted, among other things. Most have reporting that is useful in working AR for a clinic.
- As a first step in claims resolution contact the individual MCO if you have issues. Always get a reference number and the name of the person from Customer Support, or document the contact with the MCO's Provider Representative. If the issue is not resolved timely contact the KPCA's contracted IPA management group, Precision, and the issues will be addressed by them for resolution directly, in bi-weekly Issues Log Discussions, or in a face-to-face meeting held every other month.
- Submit and review your provider roster routinely and let Precision know about any changes or additions of providers or facilities. If they are not loaded or the providers are not credentialed, you will not get paid. It generally takes up to six weeks from the date



RuralHealthClinic.com
Experienced Knowledge

of submission of a complete provider credentialing packet to review and approve the provider. Facilities may also need to be surveyed, depending on the requirements of the payor.

- Keep your provider credentialing information updated (review the CAQH, Council for Affordable Quality Healthcare, routinely as required, as an example), and submit your credentialing information timely and in a complete fashion.
- Use the data available to you provided by KPCA/Precision.
- Work with the KPCA/Precision QI Specialists to reach quality targets.
- Read the material that is sent to you and participate in the webinars and other trainings offered by KCPA.

If you are interested in being in the KPCA IPA, you must first become a licensed member of the KPCA. For more information call the office at 502-227-4379

IPA Benefits

The Kentucky Primary Care Association operates a messenger-style Independent Practice Association (IPA), which contracts with Medicaid Managed Care Organizations, Medicare and commercial payors on behalf of KPCA members. The IPA aims to create a high performing preferred provider network with financially stable membership providing cost effective, high quality patient centered primary care.

- The benefits of participating in the IPA:
- Contracting with health plans for Medicaid, Medicare Advantage and commercial products
- Negotiated rates and gain share opportunities
- Pay-for-performance and pay-for-quality incentive programs
- Delegated credentialing
- Weekly communications to keep you up-to-date on contracts, incentives and other IPA issues
- Online reporting of claims data for your organization
- Training and technical assistance to help your practice maximize revenue and improve quality
- Assistance with the 340B Rx program



RuralHealthClinic.com
Experienced Knowledge

Membership Options

Membership Package: *

FQHC/RHC Entity: \$1,000.00

\$2,000,001 or more in operating expenses

FQHC/RHC Entity: \$750.00

\$500,001 to \$2,000,000 in operating expenses

FQHC/RHC Entity : \$500.00

Less than \$500,000 in operating expenses

Organizational Membership : \$480.00

Over 50 Employees

Organizational Membership : \$320.00

26 - 50 Employees

Organizational Membership: \$200.00

0-25 Employees

Individual : \$20.00