



Kansas Health Policy Authority

Sandra Akpovona

May 26, 2009



KHPA Vision Principles

- Access to care
- Quality and Efficiency in Health Care
- Affordable and Sustainable Health Care
- Promoting Health and Wellness
- Stewardship
- Education and Engagement of the Public



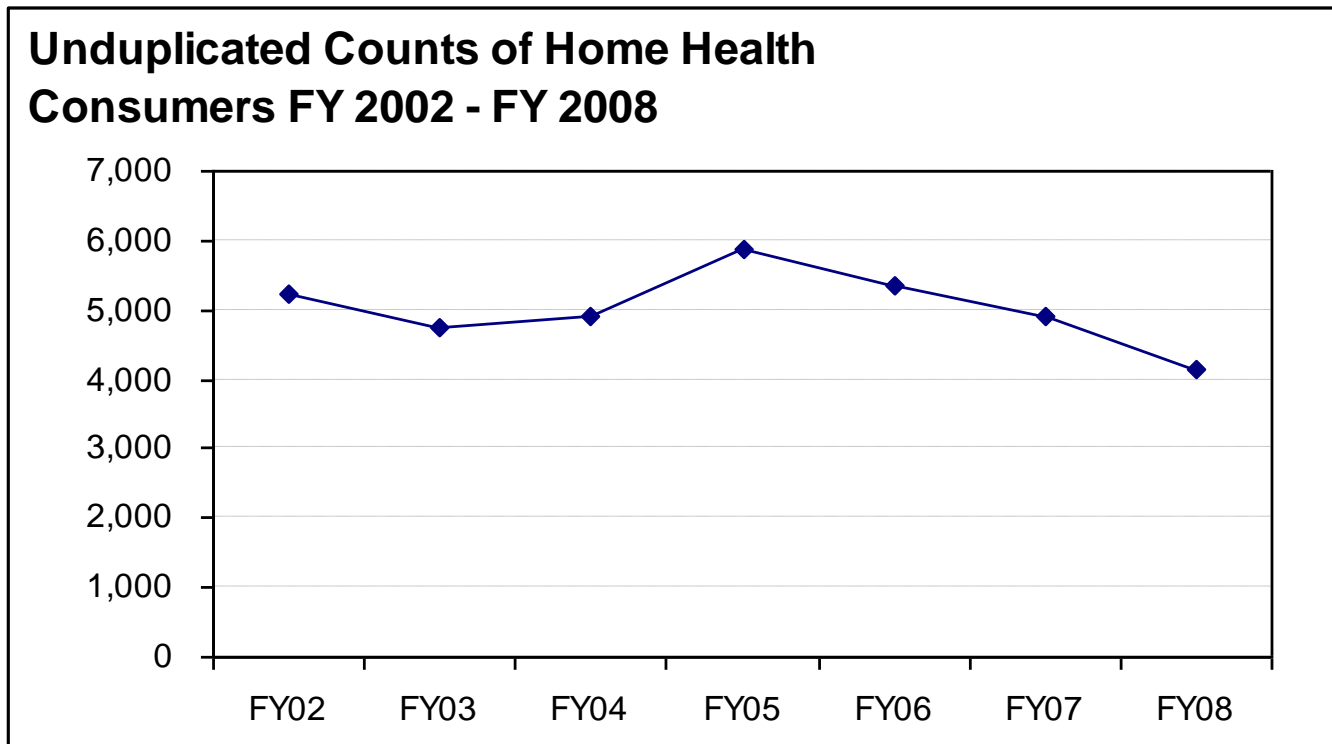
KHPA Mission Statement

- ***Mission:*** KHPA shall develop and maintain a coordinated health policy agenda that combines the effective purchasing and administration of health care with promotion oriented public health strategies.

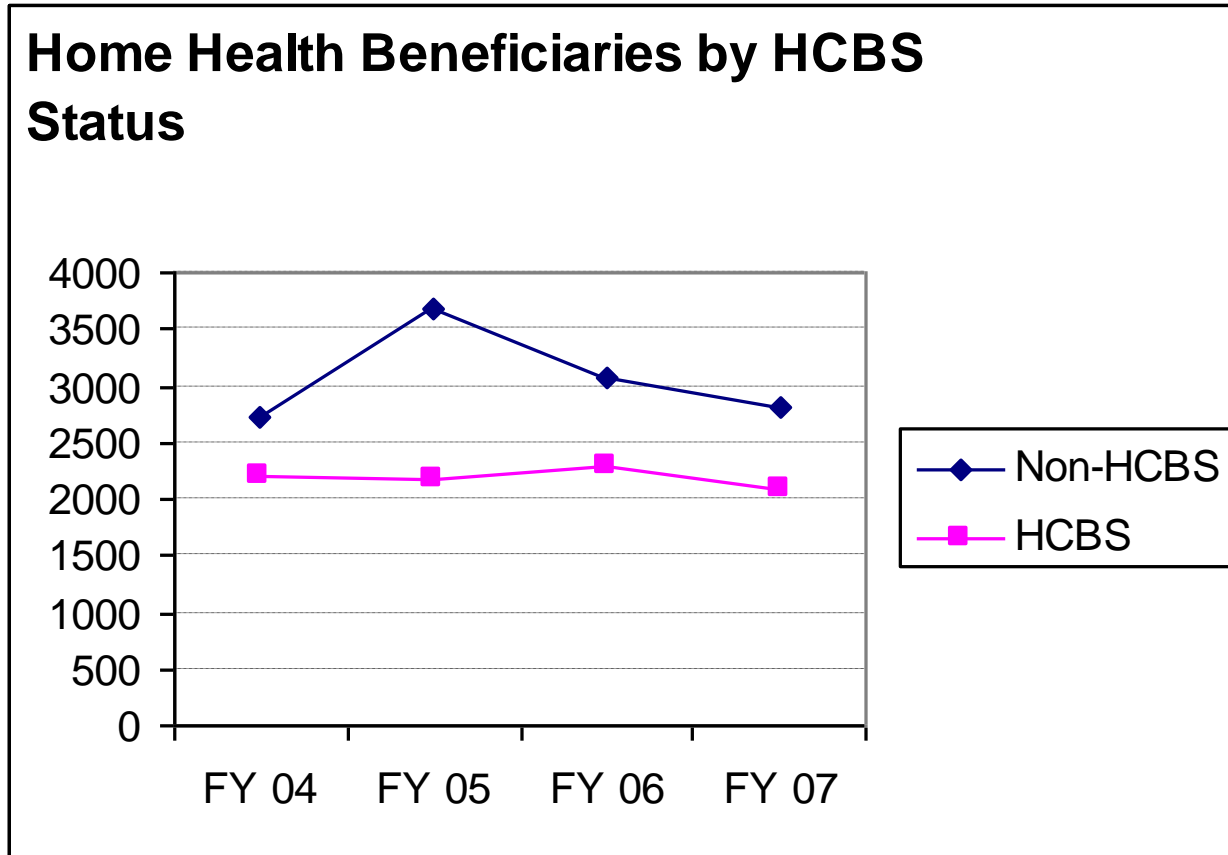
Trends in Home Health Services FY 2005-2007

SFY	# Home Health Agencies	# Unduplicated Beneficiaries	Total Medicaid Reimbursed	Average Expenditure per Beneficiary
2008	135	4145	\$12,085,293	\$2,916
2007	153	4888	\$14,790,240	\$3,026
2006	151	5364	\$16,359,837	\$3,049
2005	149	5865	\$16,570,270	\$2,825
2004	147	4922	\$13,277,138	\$2,698
2003	164	4750	\$16,077,318	\$3,385
2002	179	5227	\$28,220,999	\$5,399

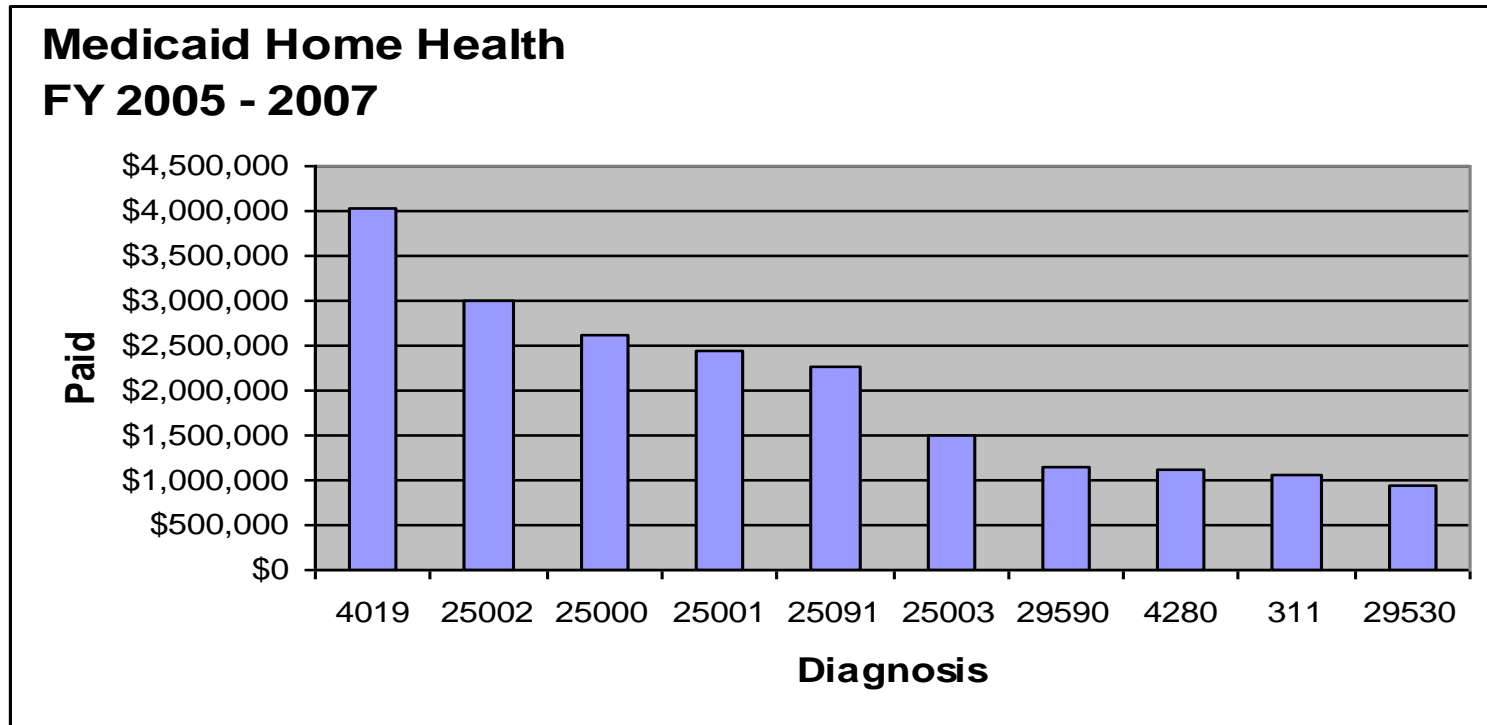
Unduplicated Counts of Home Health Consumers



Home Beneficiaries by HCBS Status

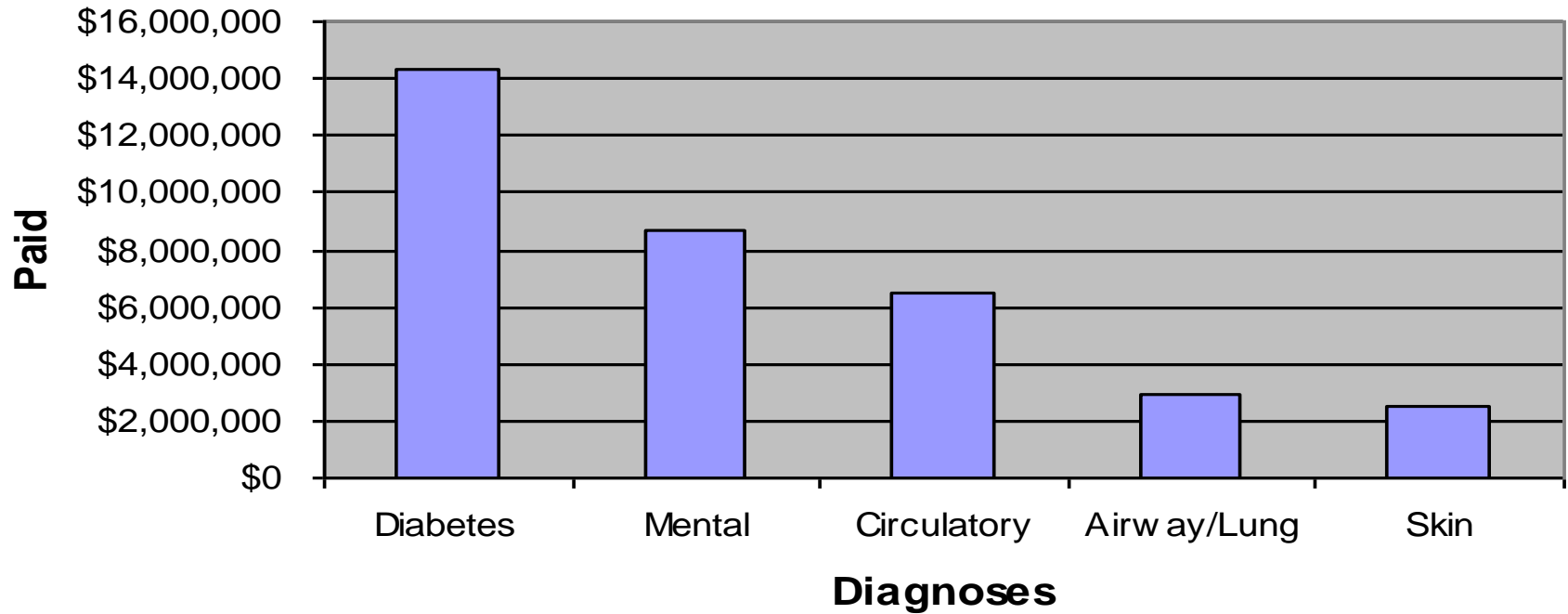


Home Health Expenditures by Diagnosis



Expenditures by Diagnostic Groups

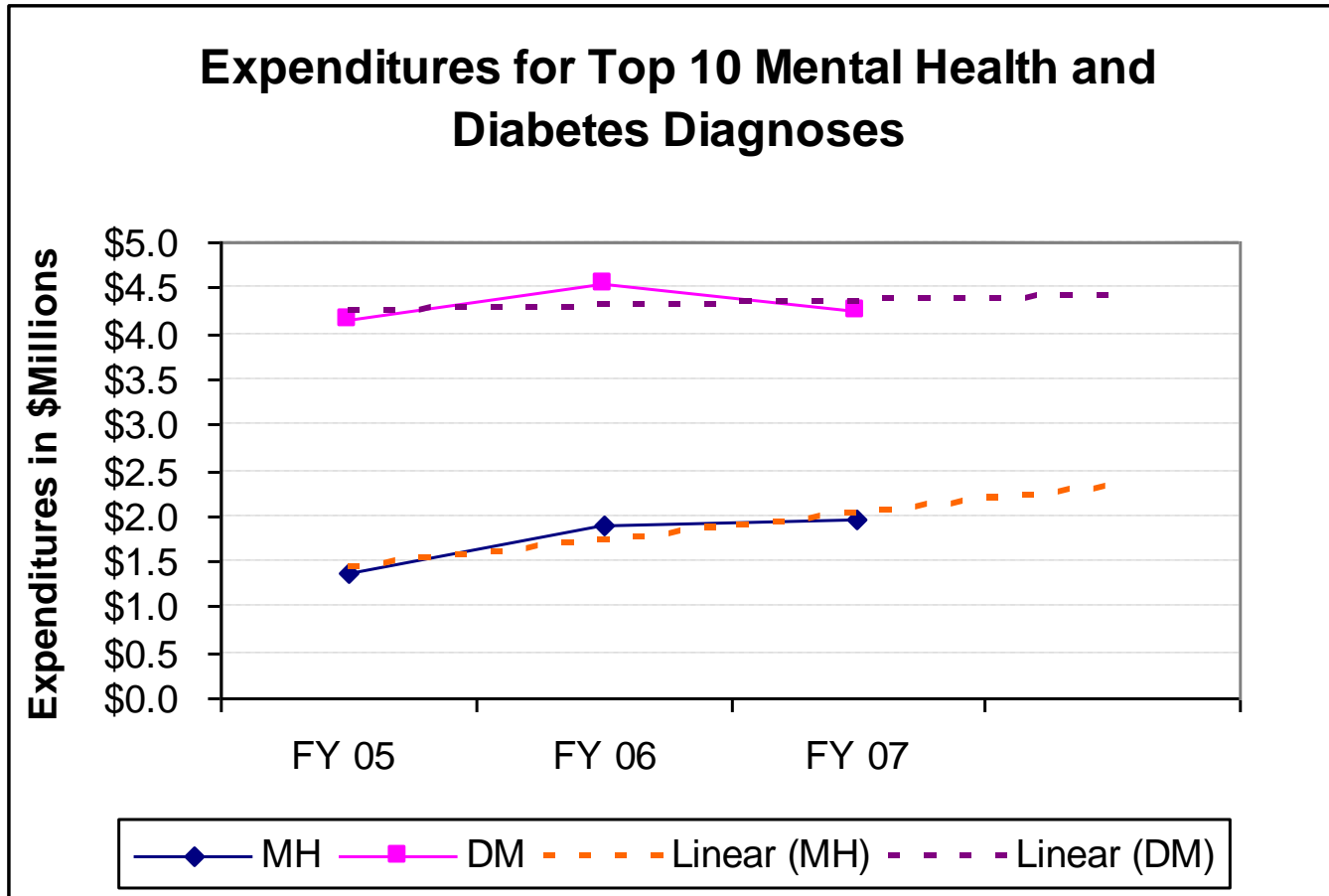
Medicaid Home Health FY 2005 - 2007



Diagnosis Code Descriptions

- 401.9 Unspecified essential hypertension
- 250.02 DM without mention of complications, Type I or Type II, uncontrolled
- 250.00 DM without mention of complications, Type I or Type II, not stated as uncontrolled
- 250.01 DM without mention of complications, Type I (Juvenile Type) not stated as uncontrolled
- 250.91 DM with unspecified complication, Type I (Juvenile Type) not stated as uncontrolled
- 250.03 DM without mention of complication, Type I (Juvenile Type) uncontrolled
- 295.90 Unspecified schizophrenia, unspecified condition
- 428.0 Congestive heart failure, unspecified
- 311 _ Depressive disorder, not elsewhere classified
- 295.30 Paranoid schizophrenia, unspecified condition

Expenditures for Diabetes and Mental Health Diagnoses



2008 Home Health Recommendations

- Diabetes Management Forum
- Address best practices in diabetes care
- Prior Authorization of all home health services
- Acute Care Home Health services limited to 120 visits per year
- Home health aide visits limited to two per week
- Coordination of care through the Medical Home Concept

Three Home Health Service Benefit

1. Acute Care Home Health Service Plan
2. Long Term Care Home Health Service Plan
3. Diabetes Management Home Health Service Plan

Acute Care Home Health Service Plan

- The provision of services for conditions that have a rapid onset, severe symptoms, are of a short course and are medically predictable
- Initial admission for home health services post hospitalization, post surgery, acute injury or illness
- Limited to 120 all inclusive visits per year
- Includes skilled nursing, home health aide, PT, OT and speech therapy services
- Procedure Codes: G0154, T1002, T1003, 99601, S9128, S9129 and S9131

Long Term Care Home Health Service Plan

- The provision of services for diseases that show little change or are of a slow progression and long continuance
- The recipients are relatively stable and require frequent monitoring to prevent exacerbation of symptoms which would warrant emergent care and/or hospitalization
- The provision of services that are frequent and brief for assistance to monitor chronic conditions
- Procedure codes: 99600, 99601, S0315, G0156, T1004, T1030 ,T1031 and T1021

Diabetes Management Home Health Service Plan

- The provision of services for frequent and brief visits to assist recipients to manage their diabetes, due to cognitive and physical limitations
- The recipients and caregivers are deemed unable to self manage the disease
- Home health services warranted to assist recipient to maintain stable blood glucose levels, obtain periodic assessments in accordance with current best practices to prevent or delay costly complications associated with diabetes
- Procedure codes: S0315, S9460, 99600, 99601, T1030, and T1031,

Benefits of Proposed Changes to the Home Health Program

- Promote program integrity and transparency
- Promote effective and efficient use of home health expenditures
- Promote the provision of comprehensive diabetes management
- Provision of medically necessary home health services while promoting beneficiary participation and independence
- Compliance with recommendations of the 2008 Home Health Program OIG Audit
- Implementation of the program recommendations that were approved by the KHPA Board

Diabetes Management Project Update

- Collaboration with KHCA, KDHE and KHPA
- Develop training for diabetes management to present to the home health community
- Looking for a presenter – one CDE in mind
- Develop quality indicators
- Training sessions on program changes prior to implementation, approximately six sessions
- Training information sent to Jane Kelly for review

Diabetes Management Project Update (continued)

- Combine KHCA training needs identified with a diabetes management update
- Q&A session
- Possible CNE hours
- Training to be scheduled separately from annual meeting

Information Resources –

KMAP Provider information can be found at

www.kmap-state-ks.us/

KHPA information can be found at

www.khpa.ks.gov/

Sandra Akpovona, Home Health Program Manager

Sandra.Akpovona@khpa.ks.gov