

**KanCare Advisory Council Meeting Minutes
Curtis State Office Building – Room 530, Topeka, KS
Minutes of June 13, 2017**

Council Members Present:

Chairman Larry Martin
Jamie Price
Lora Key
Mark Hinde
Ed Nicholas

Council Members Absent:

Representative Susan Concannon
Senator Mary Pilcher-Cook
Representative Jerry Henry
Dr. Michael Kennedy
Beth Simpson

Council Members Attending Via Phone:

Senator Allen Schmidt
Walter Hill
Njeri Shomari

Other Participants:

Mike Randol, Director, Division of Health Care Finance, Kansas Department of Health and Environment/Medicaid Director
Brad Ridley, Director of Operations, Kansas Department for Aging and Disability Services
Kerrie Bacon, Ombudsman, Kansas Department for Aging and Disability Services

Other Participants Absent:

Susan Mosier, M.D., Secretary, Kansas Department of Health and Environment
Lt. Governor Jeff Colyer, M.D.

Welcome – Chairman Larry Martin

Larry Martin opened the meeting. Larry Martin stated that there was no quorum of members for today's meeting and the discussion will serve as an information session.

Review and Approval of Minutes from Council meeting, March 27, 2017

Due to not having a quorum of members, the Council reviewed the meeting minutes and will later approve the minutes via email.

KDHE Update – Mike Randol, Director, Division of Health Care Finance, Kansas Department of Health and Environment

Mike Randol briefly provided an overview of the KanCare Executive Summary dated 6.13.17.
Medicaid/CHIP Member Eligibility and Expenditure Compositions: Includes a breakdown of the Elderly, Parents/Caretakers, and MediKan populations. Predominantly, our eligibility is composed of women and children

which account for almost 75% of the population.

Capitation Payments by Cohort: The three colors represent the three MCOs and their total payment YTD through April CY2017.

Members by Cohort: Demonstrates TANF/PLE as the predominant population.

Provider Network: To note, the asterisks on this chart represent the number of unique providers. We have made changes to this area during the first quarter of 2017. Previously, we were counting one NPI number at multiple locations once. Now, if we have a provider with a unique NPI number at ten locations, which is really ten locations and access points for our members. We need to count ten versus one. This has resulted in a change in numbers and we will proceed on in this way going forward. For example, Amerigroup went from almost 16,500 to almost 24,000 unique providers as of 3/31/17.

Claims: Percentage of clean claims processed within 30 days for CY17. YTD Claims Adjusted greater than three times is our proxy for accuracy; we have identified that if a claim was adjusted more than three times, it likely wasn't processed correctly. The document shows a comparison between 2016 and 2017.

Denied Claims: Includes a breakdown of the denial percentage from each MCO and a comparison of Q1 2016 to Q1 2017.

Value Added Services: Each year we ask that the MCOs provide us with their new listing of value added services and the State will approve those for our membership for the following calendar year.

In Lieu of Services and Grievances and Appeals: Mike Randol briefly noted the summary on in lieu of services used by KanCare members by each of the MCOs. Grievances and appeals and State Fair Hearings were also highlighted for each of the MCOs.

Questions and Answers:

Larry Martin – In the Member State Fair Hearings, first quarter FY16 was significantly larger for Amerigroup predominantly, but all of them were higher. What is the rationale behind this?

Mike Randol – I think that each of the MCOs can address that when they provide their update.

Lora Key – Why did UnitedHealth Care's claims data drop from 100% to 99.8% for CY17?

Mike Randol – We have to be careful with encounter data as we are just now into CY17. When I publish reports and provide information to providers, individuals, or advocates, I go back 6 months. I am just now comfortable as an agency releasing 2016 data because you've got that 6 month lag. That may have something to do with this, but also, bear in mind that it is 99.7% versus 100%.

David Rossi – We do business reviews and I think all three MCOs do that as well. Even if it wasn't the claims lag catching up, we would be looking at that to determine were there specific reasons. For example, you could have claims come in and sit in a file but that's very rare.

KDADS Update – Brad Ridley, Director of Operations, Kansas Department for Aging and Disability Services
Brad Ridley provided an update on KDADS.

Staff Update: KDADS has a new Community Services and Programs Commissioner. Amy Penrod, formerly the Finance and Budget Director, has replaced Brandt Haehn in this position. She will oversee the Home and Community Based waivers, KNI and Parsons State Hospitals, as well as the PACE program.

CARE Program: Assessments that are done for persons entering a nursing home which impact eligibility of the Medicaid program. We have been working to streamline some of that process and working closely with the Clearinghouse to ensure that in working with nursing homes we provide better education on what that CARE process is, what the expectations are so that we ensure we get the information we need from the nursing homes timely; so, that we can process on our end and get it to KDHE where it will impact eligibility process for those folks in nursing homes. We have been working with our Nursing Home Associations on how we can get that training and improve processes. There is a lot of work being done internally on this process across the agency.

HCBS Waivers: We received CMS approval of our SED waiver a few weeks ago. That waiver has been renewed for 5 years. The Autism waiver is still with CMS awaiting approval. Currently, there is some information going back and forth between the State and CMS on that waiver.

Questions and Answers:

None.

Updates on KanCare with Q&A

Amerigroup Kansas – Fred Clepper

Fred Clepper provided a brief update on Amerigroup. Please review attached document.

Questions and Answers:

None.

Sunflower State Health Plan – Jonalan Smith

Jonalan Smith provided a brief update on Sunflower State Health. Please review attached document.

Questions and Answers:

None.

United Healthcare Community Plan – David Rossi

David Rossi provided a brief update on United Healthcare. Please review attached document.

Questions and Answers:

None.

Update from KanCare Ombudsman – Kerrie Bacon

Kerrie Bacon provided a brief update on the KanCare Ombudsman Quarterly Report. Please review attached document.

Miscellaneous Agenda Items – Mike Randol

Update on 2016 CMS findings regarding KanCare Advisory Council. Larry Martin requested that we discuss the statutory requirements in terms of membership and mission. Mike Randol stated that the CMS finding is not relative to this Council. The statutory 42 CFR that CMS referred to was the Medical Care Advisory Council. Per Mike Randol, there is no statute that regulates the KanCare Advisory Council; this Council was formed under our Special Terms and Conditions per our contract with CMS. If you look at STC 40, it shares with us membership, but it does not specify numbers. Members should be represented as well hospitals, and pharmacies. We've gotten a recommendation that we need to update membership periodically. Per Mike Randol, we can specify this and the Director appoints members to the Advisory Council. Per Larry Martin and Mike Randol, the membership has not been updated since March 2014. Mike Randol stated that this item could be considered for discussion at our next meeting. Larry Martin asked how long the Advisory Council would continue. Mike Randol confirmed that it will remain through December 31, 2017 upon the waiver expiration. We are going the process and will be getting approval from CMS soon to extend the waiver by one year (December 31, 2018). Mike Randol believes that CMS will require the State to continue with the KanCare Advisory Council through KanCare 2.0. Larry Martin asked the committee members to discuss membership, renewal of positions and rotation of members at next meeting.

Brad Ridley gave an update on the ADRC RFP. The request for proposal closed at the end of May 2017. KDADS received bids and is currently establishing a review team internally to go through those bid proposals. Larry Martin asked if the agency is looking to restructure the ADRCs within the State. Brad Ridley explained that the core ADRC current contract and RFP includes three main functions: 1. Information, referral and assistance; 2. Options counseling; 3. Functional assessments. Currently, the assessment includes FE, TBI, PD and nursing home assessments. We did have modules in the RFP to gather information regarding the remaining waiver assessments (SED, I/DD, Autism and TA), but no decision has been made. Brad Ridley confirmed that was in reference to us

potentially having to find another contractor as were going through the SED waiver process with CMS. Stated they are gathering information as part of the RFP to see depending on where CMS landed on conflict of interest if ADRC would be an option if the current contractors and organizations could not continue to do functional assessments. But, that is not part of the base RFP and no decision has been made to change any kind of structure regarding functional assessments. Allen Schmidt asked for a list of the waivers impacted. Brad Ridley confirmed that waivers included in the ADRC base RFP will be targeted go-live April 2018 and are the same as the waivers in the ADRC contract currently which are the FE, PD and TBI functional assessments as well as the CARE PASRR assessments that are done for nursing facilities. Allen Schmidt stated he has two CDDOs in the area he previously represented in the Senate and asked if they would not be affected because they represent I/DD. Brad Ridley stated they will not be a part of the RFP that will go live April 2018. They are referenced in the RFP as a module to gather information if we would need to find another contractor if the decision came about during the next ADRC contract. Larry Martin stated that currently there is one ADRC listed as contract lead for all of the ADRCs and asked if CMS is alluding that there is a conflict of interest. Per Brad Ridley, this is not with the ADRCs. The conflict of interest concern has come up with the SED waiver and right now our I/DD waiver has been approved. We have received indication from CMS that when that waiver opens up, they will be addressing conflict of interest issues with the I/DD waiver. Regarding the SED waiver, it has been approved and KDADS proposed a mitigation strategy to CMS. The conflict of interest was one of the reasons that waiver took so long to approve because there was a lot of concern from CMS in having the same entity do the functional assessment that brought people into the system, the plan of care to determine the number of amount of services needed and providing the services. In part of the negotiation with CMS, part of the waiver change for the SED waiver is that plan of care will be moving to the Managed Care Organizations which will no longer pose a conflict. Initially, CMS had concerns regarding the same entity completing functional assessments and providing services. We did propose a mitigation as part of the SED waiver where the State would bring in a contractor to oversee a sampling of the assessments that are done to ensure that there is no conflict there. As CMS approves the waiver, they will be monitoring twice monthly and meeting with the State to see how that mitigation process is going.

Larry Martin asked if there were any questions or comments for the next meeting. Lora Key asked for the status of the State's approval for the one-year extension and confirmed that KanCare 2.0 will begin in 2019. Lora Key added that she has received a letter from another MCO who is wanting to build a network. Mike Randol confirmed that in the one-year extension of the current contract nothing changes and KanCare 2.0 will take effect January 1, 2019. Allen Schmidt requested that the meeting minutes be sent out in advance prior to the agenda being distributed. Mike Randol agreed and stated that he will try to get them out earlier as he approves the meeting minutes.

Larry Martin thanked everyone for attending the meeting and adjourned.

Next Meeting of KanCare Advisory Council – October 17, 2017, 2:30-4:00pm, Curtis State Office Building, Room 530