



Landon State Office Building
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www.kdheks.gov/hcf/

Robert Moser, MD, Secretary
Kari Bruffett, Director

Sam Brownback, Governor

**KanCare Advisory Council
Memorial Hall, Topeka, Kansas
Minutes of June 25, 2013**

Council Members Present:

Dr. John Calbeck
Dr. Craig Concannon
Mike Conlin
Representative Jerry Henry
Walter Hill
Steve Kelly
Larry Martin

Council Members Absent:

Mary Barba
Dr. DeDe Behrens
Andrew Brown
Dr. Kevin Bryant
Steve Cadue
Lt Governor Colyer
Mike Dougherty
Mark Dugan
Secretary Gilmore
Randy Johnson
Brenda Landwehr
Steve Ortiz
Tim Rhodd
David Sanford
Audrey Schremmer-Philip

Council Members Attending Via Phone:

Dave Geist
Colin McKenney
Barney Mayse
Senator Allen Schmidt

Other Participants:

Secretary Robert Moser, Kansas Department of Health and Environment
Secretary Shawn Sullivan, Kansas Department on Aging and Disability Services
Kari Bruffett, Director of KDHE Division of Health Care Finance
Dr. Susan Mosier, Medicaid Director
James Bart, KanCare Ombudsman

Welcome- Steve Kelly, KanCare Advisory Council Chair

Steve Kelly began the meeting and welcomed Council members and others in attendance.



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KanCare Post-Award Public Forum (2:00 – 3:00 pm)

Update on KanCare – Secretary Robert Moser, M.D, Kansas Department of Health and Environment

Secretary Robert Moser provided an update on KanCare (Sec. 1115 Demonstration). The KanCare 1115 Demonstration began January 1, 2013. The State of Kansas and the Centers for Medicare and Medicaid Services (CMS) agreed jointly to Special Terms and Conditions (STCs) for the KanCare 1115 Demonstration. STCs for KanCare can be found online at www.kancareks.gov.

Secretary Moser gave an update on the following:

1. Quarterly Report
2. Independent Ombudsman Program
3. KanCare Dividends
4. I/DD Pilot Project
5. Draft Evaluation Design

Quarterly Report

The Quarterly Report can be located at www.kancare.ks.gov/reports.htm. The first report begins with the rollout of KanCare on January 1st ending March 31, 2013. 15,753 members changed plans from January to end of March. The open enrollment period ended on April 4, 2013 for changing providers. KanCare extended the continuity of care protection set forth for providers still in process for getting contracts with MCOs. Daily rapid response calls began December 26, 2012 through the rollout of KanCare and gradually over time have tapered to weekly. The MCOs have reported \$1.93 million in value-added services utilization January – March, 2013. Continue educational meetings and have held 24 meetings across the state.

Independent Ombudsman Program

James Bart, KanCare Ombudsman has been tasked with assisting in the resolution of issues between MCOs and participants regarding services, coverage, access and rights. The contact volume averages 70 contacts per week, with a resolution of 86%.

KanCare Dividends

April 19, 2013 Governor Brownback and KanCare officials announced the recommendation that a portion of projected “KanCare Dividends” be directed towards reducing the waiting lists for the PD and I/DD HCBS waiting lists. The budget as approved includes \$18.5 million in each of FY 2014 and 2015 for waiting list reduction.

I/DD Pilot Project

A Pilot Committee, comprised of stakeholders from the I/DD system, has orchestrated the development of a project to successfully transition I/DD HCBS waivers services into KanCare on January 1, 2014. The pilot is voluntary, and has a total of 525 individual participants and 25 provider participants.

Draft Evaluation Design

In conjunction with the KanCare Advisory Council, KDHE developed and submitted a draft evaluation required by CMS to evaluate the extent to which KanCare achieved its intended goals. These goals include: 1)Providing integration and coordination of care 2)Improve the quality of care 3)Control Medicaid costs 4)Establish long-lasting reforms.

Future public meetings will be held to solicit comments on the KanCare Section 1115 Demonstration Amendment, which will be published in draft form later this week for public comments. These meetings will be held July 15th at the WSU Metroplex, Wichita and July 16th – Downtown Ramada, Madison Ballroom, Topeka.



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Public Comments

Kari Bruffett explained the purpose of the public forum meeting. The forum is focused on the progress of KanCare to date. E-mailed comments received by June 28th will be included in the summary of comments received at this Forum (kancare@kdheks.gov). Cards were handed out at the end of the meeting to attendees with this information.

Michelle Demoine – I am a recipient of the Sunflower state health plan and have a medical condition that requires me to have a CPAP machine. The business I purchased the equipment from applied for prior authorization, it was granted, so equipment was given to me to take home. 2 weeks later, I was told the equipment would not be paid for and the equipment was returned. This has left me without a machine and I quit breathing at night and this machine helps me to stay breathing. I may be responsible for paying the \$600 for having the equipment for 3 months - \$415 for the first month and \$99.57 for each month after. My quality of care is not good with this new KanCare and my quality of life is going down. They paid for my new glasses but will not help get life-saving equipment. My experience is not positive.

Kari Bruffett – Thank you Michelle. James Bart, KanCare Consumer Ombudsman will talk with you after this meeting to help work through this experience.

Melissa Fisher – I have no comment at this time.

Kari Bruffett asked if others in attendance who had not signed up would like to make comments at this time.

Beth Simpson (Heartland Homecare Pharmacy) – We serve primarily folks with intellectual development disabilities across Kansas. I had no intention of saying anything today. So far I think KDHE has done above and beyond a great job on helping. Constructive criticism would be to help improve the eligibility file, share information trying to get the lag reduced a little bit which is the biggest thing we are experiencing, especially during the open enrollment period. Lots of customers changing at least once or twice, so there was a considerable lag between KMAP showing up who was eligible and then translated to each MCO and then for pharmacy there is a third party involved about getting information from the MCO who processes the prescription. The activation is the biggest thing I am dealing with now. The activations and retroactive going to the 3 parties and making sure everyone enters the retroactive dates correctly. Our experience overall has been really great with KDHE and the help especially from Kelley Melton.

Kari Bruffett – Thank you. The time lag between the eligibility file is one of the items summarized in the quarterly report. This problem was identified and we are working on some solutions to improve.

Rick Cagan (NAMI Kansas) – This is not a comment on your quarterly or 1115 Waiver Amendment. This is just a question that has come up repeatedly regarding the Ombudsman and the 80% resolution. I do not think I have ever heard an answer on what it means to resolve a call to the Ombudsman. If we could get some clarification about resolution means that would be very helpful.

Kari Bruffett – Thank you Rick. I believe we have someone here to answer this question.

James Bart (KanCare Ombudsman) – Rick, I know you have raised this concern in another Forum and I am sorry we have not had an opportunity to visit regarding that. What I regard as a numbers resolve matter is if I pend the matter for follow up. So if it is resolved either favorably or unfavorably due to consumer and they have concluded in seeking my intervention for resolving the issue, I close that case. If it is pended and I am following up on a periodic matter than it is considered unresolved, so hopefully that clears it up for you.

Kari Bruffett thanked everyone for their participation and the public comment session of the meeting ended.



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Review and Approval of Minutes from May 14, 2013, Council Meeting

Steve Kelly asked if there was any discussion on the previous meeting minutes. ?? moved the minutes to be approved. ?? seconded the motion and the minutes were approved by the Council.

Update from KanCare Ombudsman – James Bart, JD

James Bart reported he provided an update in the most recent KanCare Advisory Council Meeting and had very little to add to that report. During that report it was reported contact volume averaging 70 contacts per week via both e-mail and telephone with a resolution rate of 86%. For clarity this is matters that have been pended for further action. All other items discussed with the consumer have reached resolution, either a positive or an adverse resolution. As KanCare Ombudsman, Mr. Bart is busy every day answering consumer questions and inquiries. The number of inquiries is manageable and have decreased over time. The complexity of the questions continues to be a challenge and opportunity on a daily basis. Mr. Bart reiterated the prior report listing the six areas of concerns for questions received:

1. Eligibility for KanCare and choice of plan.
2. Status of plan provider networks and choice of primary providers.
3. Establishing a relationship and communication with the plans.
4. Pharmacy prior authorization and denials.
5. Transportation concerns and scheduling.
6. Claims denials.

These inquiries require working with various stakeholders including the plans, state plan personnel and providers in order to respond to consumer concerns and work closely with the consumer to communicate the resolution. Mr. Bart opened the floor for questions after providing the brief overall update for his office.

Rick Cagan – Do you have a sense of what the ratio of positive to adverse resolution is?

James Bart – I would estimate roughly 90% positive outcomes and 10% issues resolved that are not to the satisfaction of the consumer.

Mr. Bart asked for any additional follow up questions and stated business cards with contact information would be located on a table following the meeting.

Question and Answer Session with KanCare MCOs and the State On Requested Topics - Kari Bruffett, Division of Health Care Finance, Kansas Department of Health and Environment

Director Kari Bruffett introduced Randy Smith from United Healthcare, Jean Rumbaugh from Sunflower State Health Plan and Laura Hopkins from Amerigroup.

Laura Hopkins - Amerigroup

PD/FE and TBI Waivers – Number of beneficiaries served

In terms of our distribution of numbers on the waiver, we have approximately 2,500 on the DD Waiver, 240 on traumatic brain injury waiver, 1,500 fragile elder waiver, another 2,100 total in P. 700 of those are on the PD waiting list. 190 children on the technology assisted waiver and 1,120 children on the SED waiver and 15 children on the autism waiver.



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Claims Processing and Payments

Turnaround time is average of 10 days.

PD Waiting list

Behavioral Health \$24 million since beginning of program, nursing facilities \$47 million, home community base service and waivers \$28 million.

In terms of overall contact rate: Waiver recipients have been visited with at least one face to face visit and most with multiple visits. Amerigroup has finished seeing most of the consumers on I/DD pilot and are finishing up seeing consumers enrolled in the DD pilot.

Randy Smith – United Healthcare

PD/FE and TBI Waivers – Number of beneficiaries served

1,827 on frail elder waiver, 1,566 on the PD waiver, 68 members on TA waiver, 134 members, on the TBI waiver, 3,300 members in nursing home facilities. 1,187 members on SED waiver and 7 children on the autism waiver. This is the current KanCare waiver population United Healthcare is supporting.

PD Waiting list

Member Services experience for members calling in to our service centers, excluding January calls volume which is high, we have had fairly consistent call volumes in our call centers but decreasing from January down to the current month. The service levels for the last several months have been over 99%. United Healthcare has been answering phones in less than 1 second for the members. For providers we average around 200 calls per week, answering phones calls at 1 second on average, service levels around 98% consistently.

Claims Processing and Payments

Daily claims – Paying out consistently daily. 99% of the claims are paid out in 14 days.

Randy announced upcoming community activities for the month of July that United Healthcare would support through KanCare.

Jean Rumbaugh – Sunflower State Health Plan

PD/FE and TBI Waivers – Number of beneficiaries served

12 autism waiver, 3,800 DD, 1,844 members for the elderly, 2,000 for physically disabled PD, 1,135 SED, 155 for TA, 223 traumatic brain injury, 3,600 members in nursing facilities, 493 PD on waiting list.

Claims Processing and Payments

Claims paid two times a week. Continue to monitor improvement over time from January to current. 98.74% claims paid within 30 days for the month of April and 95.5% for the month of May. Nursing facilities paid 98.42% in May and dental requests paid 100%, sympatical 98.5%, Opticare 100% within 30 days.

PD Waiting list

Monitor claims age and intervene when needed to process claims.



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Claims center calls continue to be questions on eligibility and claims issue. Staff is adjusted to meet performance standards.

Kari Bruffett distributed and reviewed in detail the handout sheets for the Provider Payment Comparison January – May 2013 and Non-Claims Provider Payments January – May 2013. The sheets will be sent electronically after the meeting.

Steve Kelley: How do you monitor appeals and when does someone intervene to make certain the issue is resolved? Also explain the appeals process?

Jean Rumbaugh – Very definite process for both member and provider appeals. We record to the state on a weekly basis the number of appeals, issue and resolution. This process has helped Sunflower to identify trends. As of last week, 149 member appeals, 302 member grievances and 122 provider appeals. Jean encouraged phone calls to make issues known and to make resolutions.

Randy Smith – United Healthcare tracks member and provider appeals and shares this information with the state. 95.6% appeals resolved during the month of May with an average time of 11.3 days for providers.

Laura Hopkins – AmeriGroup reports for member and provider appeals to the state on a weekly basis. The appeal rate has been relatively low and appeals resolutions are turned around in the required 30 days.

Kari Bruffett shared information from the Quarterly Report to CMS (1/13-3/13), Page 10, regarding grievances, appeals and state hearing information.

Larry Martin – Feedback has been received from members who have not received their initial visit with the cutoff date of June 3rd. A very well established pharmacy in Leavenworth has encountered problems with reimbursement for some prescription drugs being reduced in reimbursement by all 3 MCOs. Larger pharmacies can absorb this cost but is a problem for small independent operators.

Kari Bruffett – A meeting occurred last week with pharmacy benefit managers. The state is involved in tracking the number of appeals and changes in this area.

Laura Hopkins – Lisa Todd, Pharmacist works directly with Kelley Melton to resolve any issues regarding MAP pricing. If there are any issues please contact myself directly at laura.hopkins@amerigroup.com to help resolve the problem.

Randy Smith – If any problems arise please contact United Healthcare and the pharmacist will help resolve the issue. If providers have any issue contact Lisa Gravelle, Senior Health Service Director at lisa_gravelle@uhcl.com.

Jean Rumbaugh – Sunflower plan of care health assessments are complete with an exception of individuals unable to find. MAP pricing tool is in the process of being worked on for improvement.



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Walt Hill – After reviewing the payment comparison, do you have a sense of the extent to which complications of claims payment are reducing pro payments vs how much of this may be a reduction in utilization? Do you have an estimate of claim issues that resolve the year to date payments?

Jean Rumbaugh – Track the percent denied and the dollar amount and identify the claims issue. This varies from provider to provider because the issues are specific to provider type.

Randy Smith – 5% difference of the state tracking to see how much that is from utilization. Feel they are getting pretty close to claims payments. Clinical teams are working with members through care coordination to improve health and quality. Unable to break out the states 5% difference at this time.

Laura Hopkins – Added there are some community mental health centers that did not bill until pretty late in the first quarter, so this could have affected some of the statistics. Some providers negotiated some timely filing, more complicated member bases, etc. Do not feel there has been a drop in utilization.

John Calbeck – The substance abuse field has providers that are large and small and the accounts receivable in late payments affect their ability to provide services. Becomes particularly important in rural Kansas and needs to be closely monitored. Listening to people talk about denials, makes me wonder if there is some kind of metric or ratio on denials for tracking.

Kari Bruffett – On the phone received a suggestion for adding some reporting on denial percentages. This is something tracked with the MCOs and can be added as well.

Steve Kelley introduced a special guest, the Lt. Governor.

The Lt. Governor stated himself and Governor Brownback would like to personally thank everyone for the rollout and the hard work that has been accomplished over the last five months. The Lt Governor and Governor Brownback are responsible for over 300,000 people and this is something the Governor, himself, and everyone takes personally. Lots of work has been accomplished and more to come in the future.

Update on I/DD Pilot and Services – Secretary Shawn Sullivan, Kansas Department for Aging and Disability Services

Secretary Sullivan of KDADS updated the Council on I/DD Pilot and Services. The legislative session ended a few weeks ago and are working towards a January 1, 2014 roll-in. The Kansas Legislature passed a proviso which made law the policy safe-guards guaranteed by the Administration. Currently in the process with KDHE of sending an amendment to the DD waiver to CMS for approval to allow billing within the pilot and should be coming very soon. A pilot has been going since March with 550 participants and 25 providers. This pilot has had a slow roll out and has been implemented in several different stages: 1) Initial contact – letter from our agency. 2) Initial contact from the care coordinators and respective MCO staff during March and April. 3) Worked with Wichita State Community Services and research department to help develop the consumer survey that was sent out in early April to help collect and develop baseline data for the pilot. The Advisory Council (12-13 members) went out and completed a series of trainings for the pilot providers. Some of the future activities include: 1) Credentialing contracting process to allow us to go through the billing part for providers. 2) Start billing through the pilot for the 25 providers or those who are interested. 3) 500 + participants will receive access to a new plan of care process that will be joint collaboration between the care



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coordinators, MCO staff and case managers. Beginning in September/October there will be education forums around the state for families/guardians of those we serve. A question was asked if there was any difference between the contracting process for I/DD providers compared to general KanCare providers. This is one of the items being discussed and worked on with the Advisory Council, providers, our staff and MCO's.

Jerry Henry – The proviso is quite long with a lot of requirements and detailed. Over the next few months hope to work together to have the information to the legislators to help answer questions. Ex: Page 3 of the Quarterly Report to CMS (Quarter ending 3/31/13) lists 20,545 disenrolled in quarter. He feels legislators will want to have information on how, why, who was disenrolled and what happened. These will be questions legislators will receive all the way down to how many disenrolled from their district. Legislators will need more detailed information to help answer questions from their district.

Secretary Sullivan - These changes are currently tracked and information can be given.

Kari reviewed information on Quarterly Report to CMS – Quarter ending 3/31/13: Charts on Pg 3 Enrollment Information and Pg 21 Member Month Reporting.

Update on KanCare MCO Performance Monitoring – Elizabeth Phelps, JD, MPH, Director of KanCare Interagency Coordination and Contract Monitoring

Elizabeth Phelps updated the Council on I/DD Pilot and Services. Three phases on monitoring

- 1) Readiness and launch – Conducting the readiness reviews based on the KanCare contracts. End of December began the daily rapid response stakeholder calls as well as daily KanCare Key Management Activities Reporting (KKMR) calls. Five key issues were reviewed around performance. 1) Customer service issues and resolution management 2) Call center performance 3) Grievances and appeals 4) Claims processing/payment timely accuracy 5) Updates on provider networks/ LTSS management/MCO Personnel and Critical incident management. All of these areas were critical to the infrastructure of the MCO's and helped identify early and respond to issues. Also in this phase, started weekly business meetings with the MCO's as well as the Quality Team, KanCare Interagency Coordination & Contract Monitoring (KICCM) Team work sessions as well as operational work groups on a weekly basis.
- 2) Implementation to stability – Weekly KKMR reports as well as rapid response calls and bi-weekly business meetings with MCO's and more targeted work sessions.

As this phase ends and we come to a conclusion of our first six months, we will stand down the rapid response calls and the KKMR meetings and reporting and will substitute focus on site review with each of the MCO's in July and at that point pull back the curtain and look at what is behind some of the reporting and show ourselves it is creditable and valid. Look more deeply at customer service for members and providers to ensure quality performance and accuracy of information. Dig deeper on grievance management and resolution, take a look at service access, review prior authorizations are being handled timely and accurately, provider credentialing and review limited TPL practices.

- 3) Operational strength and stability – At this point we will substitute more of the long term monitoring functions and will have annual onsite reviews by both state staff (October – December) and external quality review organization staff and monthly and quarterly operational reports and business meetings with the MCO's.



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How are we assessing outcomes?

Elizabeth Phelps – This is a very broad question. We have some performance measures that are outcome based. We are looking at the infrastructure process issues that we know support good ultimate outcomes and we have the paid for performance measures. Each month and quarterly we receive a series of reports that demonstrate performance on key issues.

Are these clinical outcomes?

Elizabeth Phelps – Some are clinical and some are operational.

How are you assessing these?

Elizabeth Phelps – There is a whole book of measures that I can provide. These are listed on the KanCare website and will be updated.

There have been built in incentives for other kinds of insurances in which Medicaid has been exempt because they are a state program until KanCare. When you had unresolved claims that were the fault of the insurances there was an incentive to pay them or they had to pay insurance penalties. Are there any penalties or any incentives that is immediate, not at the end of the year withholds but says okay as long this continues to remain open and it is a clean claim, even though there is a dispute, at the end when it is in favor of the provider is there some type of compensation for the time they are not paid for their services?

Elizabeth Phelps – Basically when we receive the daily/weekly reports about performance there has been a constant monitoring and action by our claims review team. Issues have also been brought on the rapid response calls that have allowed us to drill down and get fixes identified by examples. A lot of monitoring through the pay for performance measure that the timeliness and standards are being met.

I understand you are collecting information but what incentive do they have to do this? Not a carrot but is there a stick involved?

Kari Bruffett - There is. In addition to the pay for performance standard there are contractual standards. The state can execute penalties if the MCOs does not meet the contract standard. Unless it is in their contract the prompt payment law does not apply to the MCOs. This previously did not apply to healthcare and does not at this time either. Providers and hospitals have been interested in having some of this penalty accrued for their benefit but is not part of the statute but certainly could be explored. This continues to be an issue.

KanCare Advisory Council for KanCare Demonstration Year 2 – Susan Mosier, MD, MBA, Medicaid Director, Kansas Department of Health and Environment

Susan Mosier thanked each of the members of the Advisory Council for their service to the people of the state of Kansas and thanked them for their advice, input and feedback which has been valuable. As Representative Henry stated there has been a proviso that asked us to continue the Advisory Council. The current Advisory Council's term ends today as the first term. If anyone is interested in continuing on in a Second Term of the Advisory Council, there will be a selection process later this summer. E-mails can be submitted and will be forwarded to the



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Governor's office for the selection process of the second term. Susan stated another purpose of the Advisory Council in addition to the oversight of KanCare, is a place that the provider and operational issues work group reports out and the consumer and specialized initiatives work group reports out. These groups have just started up and the consumer and specialized initiative work group recently met this month. The provider and operational issues work group will meet tomorrow for the first time. Dr. Mosier concluded thanking everyone for their service.

Adjourn – Steve Kelly, KanCare Advisory Council Chair

Steve Kelly thanked the members of the Advisory Council and adjourned the meeting.