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KanCare Advisory Council Meeting Minutes
Curtis State Office Building – Room 530, Topeka, KS
Minutes of April 2, 2015

Council Members Present:
Chairman Larry Martin
Senator Allen Schmidt
Representative Susan Concannon
Jamie Price
Mark Hinde
Edward Nicholas
Beth Simpson
Lora Key
Njeri Shomari

Council Members Absent:
Senator Mary Pilcher-Cook
Representative Jerry Henry
Dr. Michael Kennedy

Council Members Attending Via Phone:
Walter Hill

Other Participants:
Mike Randol, Director, Division of Health Care Finance, Kansas Department of Health and Environment
Kari Bruffett, Secretary, Kansas Department for Aging and Disability Services

Other Participants Absent:
Susan Mosier, M.D., Secretary, Kansas Department of Health and Environment/Medicaid Director
Lt. Governor Jeff Colyer, M.D.

Welcome – Chairman Larry Martin
Larry Martin opened the meeting. The agenda for the meeting was unanimously approved by the Council as published. Allen Schmidt made a motion to approve the meeting agenda and Ed Nicholas seconded the motion.

Review and Approval of Minutes from Council meeting, April 2, 2015
Chairman Larry Martin asked if there was any discussion on the previous meeting's minutes. Mark Hinde moved the minutes be approved. Lora Key seconded the motion and the minutes were approved by the Council.

KDHE Update – Mike Randol, Director, Division of Health Care Finance, Kansas Department of Health and Environment
Mike Randol reviewed the KanCare Executive Summary dated 4.2.15.
Eligibility and expenditure compositions: No significant changes from the previous report or the end of the calendar year; total population was 423,600 and total expenditures were about $2.8 billion. Children make up 65% of the population but only comprise about 27% of expenditures. Individuals with disabilities and the Frail

Elderly comprise 65% of expenditures and account for 24% of the population.

Capitation payments by cohorts and members by cohort: Cohorts include: CHIP, Deliveries, Foster Care, etc. Per Mike Randol, each of the MCOs share of the expenditures by cohort.

Capitation payments by MCO for CY14: Approximately one-third for each of the MCOs, Sunflower Health was slightly more at 37% and 36% in average member counts by MCO.

Our provider network tracks for the MCOs the number of Unique Providers for each quarter. Report reflects the number of Unique Providers from 3/31/14 thru 12/31/14 and the number of IDD Unique Providers for each of the MCOs. Denied claims: Includes a breakdown of the denial rate for the number of claims submitted cumulative year-to-date and a quarter to quarter comparison of the MCOs by service-type. Value added services: The total number of members served year to date is 244,000 and the total dollar value of services provided is almost $4 million. The total members that have received in lieu of services have been about 2,500 with the value of services at a little more than $4.5 million. Member Grievances and Appeals: Please see attached handout.

KanCare Financial Update – Mike Randol
Mike Randol spoke briefly on miscellaneous items that were submitted but did not make it onto the agenda. Some items were grouped under the KanCare Financial Update. With regard to questions about the MCOs profitability and business plans, the MCOs are required to file a report with the National Association of Insurance Commissioners. This is a quarterly report and the report for 2014 was submitted on March 15, 2015; further details and specifics can be found at, www.naic.org.

Mike Randol added that one of the concerns was in looking at the first year of losses of KanCare versus the second year of KanCare. We were seeing positive movement in profitability and looking at the final report for 2014, the percentage of losses for all 3 MCOs reported compared to 2013 was about 46%, this is less than half of what those losses were in the first year. Stated he went through an annual rate adjustment with the actuary on January 1, 2015 which took into consideration the expenditures of the MCOs which led to rate adjustment. We are very optimistic about moving into 2015, the third year of KanCare, that we will continue to see positive movement from all 3 MCOs. Contract timeline: the State has the option of extending two 1-year contracts and that process is currently under evaluation. Our primary concern is our consumer, the beneficiaries, and minimizing any impact to the services they receive. Regarding the process, we have until July 2015 to notify the MCOs of our intent and they will be notified prior to the timeline.

Another item was submitted by Dr. Michael Kennedy in reference to a concern raised by Dr. Kalia, a Consulting Psychologist in Wichita. The concern was on the subject of a potential lack of coordination between the Health Homes partners and the MCOs relative to her inpatient beneficiaries and attempts to coordinate activities with Health Home partners. Mike Randol reached out to the KDHE Health Homes manager who then reached out to Dr. Kalia and they will be meeting with the MCO Health Homes managers along with the ten Health Homes partners from the Wichita area to address those concerns.

Questions and Answers:
Allen Schmidt – The 2013 losses were about $120 million; we're at 46% of that in 2014, still down $60 million. Do we expect that to be a positive or are we looking at another negative with just a better percentage?
Mike Randol – It would be my hope that we eventually get to a positive. There are a lot of factors involved but I am very optimistic that we will continue to see that going in a positive direction. We, along with the MCOs, have a long-term commitment to our consumers and beneficiaries. We continue to work with our MCOs as partners and our actuaries to determine the best way to move forward with that by looking at the expenditures and finding potential cost-saving opportunities. Very optimistic that with moving into 2015 that we will see significant improvement with respect to those losses.
Allen Schmidt – The IDD waiver hasn't had a rate increase since 2008. We are seeing things that are serious in our future, one being the 2-3% unemployment rate. In our area, the starting point is between $8.00-8.50/hour. We just got news that Walmart is looking to increase starting wages to $10.00/hour and we can't

compete with that. We have a serious concern that there will have to be some type of an adjustment to the rates or we will be unable to fill the ranks of our own people. This goes back to losses, higher rates equal higher expenditures; concerned with the impact of two years of losses under the 3-year KanCare contract with a possible extension year-by-year. Asked for clarification of the State's option to extend the two 1-year contracts.
Mike Randol – Correct, the State has the option.
Kari Bruffett – As for I/DD and rates, we have the I/DD rate study. We have also been working with CMS on the now four-year-old statute for I/DD provider assessment that would allow a net of federal funds into the system. CMS has not traditionally identified or allowed provider assessments on HCBS-type services because, for the most part, they only want provider assessments on services that are not Medicaid specific. We understand that other states have these in place and we are pursuing that. We have also been working with the I/DD side of the Provider Association to look at what would be the best way to deal with this if an additional source happened to come available. With that, we talked about trying to tie it to performance or some sort of basic quality measure, whether those are administrative (ex. characteristics of a high performing organization) that they could potentially be tied to. Payments would be through the MCO. Lots of work still to be done to discuss what that would look like to identify whether we can access some of those funds that the State statute already allows us to do. The statute states CMS has to add HCBS providers to the list of allowed provider assessments. This has not happened in the technical sense yet; trying to get from CMS what this could be like in Kansas as it's happening in other states, specifically for I/DD.
Mike Randol – If we were to move forward, that is not something we would be asking our MCOs to absorb. CMS requires us to set our capitated payment that we pay our MCOs to be actuarially sound. That would have to part of the capitated increase if we move forward with what was paid to the MCOs.
Allen Schmidt – Is that a cost year they carry? 60-40?
Mike Randol – About 56/44.
Kari Bruffett – The provider assessment would be the source of state funds. If you look at the hospital provider assessment or the nursing facility provider assessment, it works like a provider tax which generates what then becomes state funds that are used to match federal funds. Does not have a net impact to SGF; increase revenues as well as state costs at the same level. May see that a waiver number looks higher, but you would also have a higher revenue number.
Mike Randol – The general revenue number would not actually increase it would be matched by provider tax. We would utilize those dollars to pull down those federal matching dollars, which is approximately that 60/40.
Kari Bruffett – We can get the percentage and Talysha Hickerson to distribute to the council. We're still potentially a long way off; our region was not aware of this. Kentucky and other states are doing research on this.
Lora Key – With the state's evaluation of the MCOs, are you taking into consideration provider input?
Mike Randol – We're in communication with the Kansas Hospital Association and other provider associations. We met a couple of weeks ago with the KMGMA and listened to their concerns. Certainly, part of their evaluation is listening to all of those concerns relative to provider input (example: payments and customer service).

KDADS Update – Secretary Kari Bruffett, Kansas Department for Aging and Disability Services Secretary Bruffett provided an update on the U.S. Department of Labor Rule and I/DD Implementation
KDADS is hosting an HCBS Educational Summit on April 13-14, 2015 at the Capitol Plaza Hotel in Topeka. Registration is available on the KDADS website, www.kdads.ks.gov. Anyone wishing to attend the summit is asked to register. If you wish to have lunch provided on April 14th, persons will need to register by Friday, April 3, 2015. The session on April 13th from 1:00pm-5:00pm is for professionals and providers only and continuing education credits are available, more information is available on the website. The April 14th session is all day from 8:00am to 5:00pm and is open to consumers, guardians, and providers. An agenda has been posted to the website which includes a list of session topics ranging from Nurse Practice Act and Nursing Delegation to Guardianship, Public Health, Participant Direction and Trauma Systems of Care and a series of Medicaid topics. There will also been one-on-one informational sessions with the Managed Care Organizations. Stated there are several hundred people enrolled now and hopes that everyone enrolled will attend and get a lot of it because we can learn from each other.

Update on HCBS waivers: Renewals for the Intellectually and Developmentally Disabled (I/DD), Traumatic Brain Injury (TBI), Frail Elderly (FE) and the Physical Disability (PD) waivers were submitted on December 31, 2014. We are in the fourth extension for I/DD and TBI, specifically, they are temporary extensions until June 30, 2015. Last week, we received a request for a formal RAI on those which typically comes earlier than the fourth extension and has been part of the process of review of our statewide transition plan. We submitted the statewide transition plan to CMS on March 17, 2015 and have not had anything other than cursory feedback at this point. The waiver transition plan and the statewide transition plans are similar and are posted on the KDADS website and are still available in the submitted form at, www.kdads.ks.gov.

Update on Waiting List: There have several rounds since we last met. Most recently, KDADS has offered 250 Physical Disability (PD) positions and 25 Intellectually and Developmentally Disabled (I/DD) positions last Friday. These are still on our course to try to get up to our 6,100 enrollees in PD. Last month, our PD total enrollment was 5,500, not including MFP. We made about 900 offers in December 2014 and some of those are still going through the eligibility process; we have seen an increase in the last several months. For Physical Disability (PD), we are now making offers for people who joined the waiting list in 2014. Asked to be notified if there are any individuals on the PD waiting list from 2013 who have not received an offer so that their contact information can be updated and they will be sent a letter. Has been a continuing issue but we have had a higher response to these most recent offers than we've had in the previous rounds of offers.

PACE Expansion: Programs of All-Inclusive Care for the Elderly (PACE) is an alternative to KanCare for some individuals who qualify and is in very specific geographic areas at this point. There have been PACE expansion applications signed by both the contractors and the Secretaries of KDADS and KDHE that will be submitted during the week of April 6, 2015 for Bluestem, a new provider in central Kansas. It will also add additional capacity to Midland which is based here in the Shawnee county area and they will expand further into northeast Kansas. Will look for approval of expansions by the midyear 2015 and the new service providers hopefully by the end of the year.

A request for proposals is coming soon for the Aging and Disability Resource Center (ADRC) contract. We are looking for this "no wrong door" system for information assistance and referral assessment. This is already in place right now for a current contract held by the AAA's in Kansas that selectively worked together to form that. We got RFI responses that helped us to craft the RFP, but there are still a few policy questions to be decided before we get that out to be published and we expect that though in the next few weeks.

Legislative update: KDADS had House Bill 2315, which was basically consolidating the Secretary's authority under one statute for licensure and regulation of HCBS and Behavioral Health services and facilities. Although the intent was to consolidate and clarify the authorities and make sure the regulations that already exist, line up with the statutory authority; because of the number of concerns from providers about the impact might be, we did pull that back and plan to work near an interim with stakeholders so they can understand what changes we are trying to accomplish and hopefully get something adopted that works for everyone. A portion of House Bill 2149 started out as Senate Bill 123 which is the access to mental health medications; creates the Mental Health Medications Advisory Committee to meet quarterly and support the Drug Utilization Review Board to establish guidelines for safety of prescribing mental health medications. The committee consists of nine members including psychiatrists, physicians, an APRN, and other mental health professionals nominated by various provider associations. KDHE Secretary Dr. Susan Mosier or a designee will also be a part of this group. That has passed the Senate unanimously and was built into a House bill; is currently in conference right now.

Secretary Bruffett to provide Talysha Hickerson with the link to the monthly HCBS Summary to send out to council members. The summary is found on the KDADS website and is added every month. The report is ran on the 15th of the month and includes the number of people of receiving services for each of our HCBS waivers, as well as those who are on the MFP program. Current numbers for waiver waiting lists are provided in the summary as well. Mike Randol asked that Talysha Hickerson provide a link to the Medical Assistance Report (MAR) to the council members as well. The MAR is a very extensive report of expenditures by population, capitated payments and other information; it is published monthly usually by the 15th or 20th of each month.

Questions and Answers:
Beth Simpson – Did you include how many I/DD people were still on the waiting list?
Kari Bruffett – As of March 16th, there are 3,121.
Beth Simpson – For House Bill 2149, does a new drug include an AB-rated generic, if it's a new generic to the market?
Kari Bruffett – Are you talking about the Behavioral Health Beds bill or the one about new drugs being added to the PDO?
Beth Simpson – The review process for the Drug Utilization Board and recommendation by the Council of psychiatrists, doctors and pharmacists.
Kari Bruffett – I don't know, but we can get that question out. There a couple of pieces in legislation where that would be an applicable question to: 1. Behavioral Health meds; 2. JCAR process – about how adding a hold on new medications (non-Behavioral Health medications) only with PA until they've gone through that process.
Mike Randol asked Beth Simpson to repeat the question; stated we will get that information for you.
Beth Simpson – It specifies in HB 2149 that "a new drug would be subjected to prior authorization until reviewed".
Kari Bruffett – It is actually not in the Behavioral Health meds part, it's a separate process for non-Behavioral Health medications but, it's all wrapped into the same bill now.
Beth Simpson- The bill defined mental health medications according to the FDA per the manufacturer's packaging. For example, Neuronin is oftentimes used for mood but the insert says it's for seizures and neuropathic pain. That's very common in I/DD where psychiatrists use off label, very common. I was just curious where those medications would fall.
Kari Bruffett – Right now, we use the same definition to define what a mental health drug is, that therefore currently can't have restrictions on access. The only difference on the Behavioral Health medications side is that it could have restrictions only after going through the review process. But, how you would define a mental health medication hasn't changed from what our current practice is. So, if it's a medication that currently is not considered a mental health medication and cannot be subject to restriction, it would have to go through a separate process before there could be the safety process on it. If it's not currently protected, it may already have clinical authorization or, at least there's no statutory protection against it currently. There could conceivably be, as part of this process, the Mental Health Advisory Committee could establish specific safety requirements on it, but it may not exclude PA, if PA is already allowed currently. Unsure if there is a different application to the other part of the legislation that was previously Senate Bill 181 and doesn't impact behavioral health drugs.
Chris Swartz – Did we get the question?

Beth Simpson to send Mike Randol an email with the specific question and we will have our pharmacists and others review that and will get an answer to her. Beth Simpson expressed concerned about the how spots would be filled for members on the council if there was an opening. Also, questioned protections of community health and retail pharmacists versus doctors, psychiatrists and pharmacists specifically from the I/DD field. Concerned with how much impact they have had since they are such a large portion of the budget.

Kari Bruffett- You are right, that's not in the legislation. It was added by suggestion of the workgroup to include it. Makes sense to have someone with that background included.
Allen Schmidt – What is the status of Medicaid expansion?
Mike Randol – We're all aware of the new stories and there was a lot of testimony both proponents and opponents of Medicaid expansion. To my knowledge, there are no further meetings scheduled; not aware of any movement forward with respect to that. I think that you'll recall to that KDHE provided informational testimony relative to Medicaid expansion.

Updates on KanCare with Q&A
Amerigroup Kansas – Laura Hopkins
Laura Hopkins provided a brief update on Amerigroup.
Underscoring year-end 2014, we had successful implementation of our Health Homes program. Our Health

Homes program has a really high retention rate at 85%. Looking forward to having enough data to bring back to you some results we are starting to see in the program. We also had a successful I/DD implementation last year and we continue to work with those consumers and move that program forward.

Financial performance: Amerigroup Kansas has more than 300 employees deployed across the state. We are all in and we remain committed to KanCare and to our consumers, our providers and to our staff to continue to help this program work and grow. We believe that we can be successful here working with the State and other stakeholders and our members and providers by innovating and bringing high quality services to the State. In short, based on our experience we are beginning to see a bending of the cost curve. By focusing on the important outcomes that contribute to the well-being of our members we can continue to drive some of the innovation and outcomes that help drive down costs. This includes: having effective relationships between our care management staff and our members; Health Homes, service coordination and other folks between our members and providers to really create situations where we help people avoid avoidable emergency room stays, hospital stays and nursing facility stays which are beginning to show in the data. As part of this, we have people helping to facilitate an I/DD member with getting out of prison. We are focused on ongoing member education and helping folks to understand how to get the right care at the right time; we also focus on providing the support and assistance that we can to help people address gaps. Added that ongoing stakeholder engagement is helpful to their success and addressing gaps; they are working towards finding creative ways to work with people and keep them in the community. Year 14 to 13, they've seen a 2% overall decrease in emergency room usage. We are seeing that people are going the emergency room more appropriately which means we are getting people to primary care more timely and effectively. There has been dramatic improvement in the use of facilities, a 7-8% reduction in nursing facilities year over year. We have seen improvement with waiver participants as well and their inpatient hospital usage which means that we are able to get to people timely.

Questions and Answers:
Mark Hinde – On PAS services (page 8-12), there are limitations to the PAS services. One of our targeted case managers was referred to as a capable person rule, where do you find that capable person rule?
Kari Bruffett – The capable person policy is in each of the HCBS waivers; it is also in the proposed waiver which is still pending and will hopefully clarify what is/what is not. Typically, capable person policies are at the benefit of the entire household.
Mark Hinde – It's in the waiver?
Kari Bruffett – Yes and I'm most familiar with the proposed I/DD waiver renewal. We can get policy specifics and provide that to you.

Lastly, Laura Hopkins referenced an Amerigroup member success story in "Real Stories". Please review attached document.

UnitedHealthcare Community Plan – Tim Spilker
David Rossi provided a brief update on UnitedHealthcare. Please review attached document.
Questions and Answers: None.

Sunflower State Health Plan – Chris Coffey
Chris Coffey provided a brief update on Sunflower State Health. Please review attached document.
Questions and Answers: None.

Update from KanCare Ombudsman – Kerrie Bacon
Kerrie Bacon provided an overview of the KanCare Ombudsman report. Please review attached report.

Questions and Answers:
Kari Bruffett – Could you describe what the volunteer would do? What function would they perform?
Kerrie Bacon – Right now, I'm the only person who answers calls for all 400,000 people who call in and although most questions are regarding HCBS and Long Term Care, there are some very sick people who don't fit in that category. Those people need the extra commitment that go along with the Ombudsman's office

and sometimes they will need more services. Sometimes, we get a lot of calls regarding applications and we have to send them over to the Clearinghouse. Eventually, we will have a toll free 1-800 number and we will be able to send calls based on the zip code and divide the state up. And, if someone needs help with filling out their Medicaid application, our office can help with that. Those are some of things we're hoping our volunteer will be able to do; they will be available in the state where people can come into the office and meet you face-to-face and will talk with you and assist.

Update on Employment First Initiative and Employment Pilots - Mary Ellen Wright
Mary Ellen Wright provided an update on the Working Healthy program.
Employment First is not our initiative alone, that term came out of the Developmental Disability community years ago basically saying this is what people with developmental disabilities wanted to see as a first option. Over the years, it has evolved and now it is being used for all of the disability communities. Several years ago a statute was passed in Kansas called the Employment First Initiative Act. It requires a competitive, integrated employment as the first option when serving people with disabilities and it has impact on how state agencies provide their services. It also created an Employment First Oversight Commission made up of 6 members with the majority of minority leaders in each House was able to recommend someone as well as the Governor. The Commission meets quarterly and they are supposed to see how employment is going in the State and make recommendations to the legislature each year. The 2015 report is on the Kansas Commission on Disability Concerns website, http://kcdcinfo.ks.gov/, and lists their recommendations for the upcoming year.

There are employment initiatives going on throughout the state and KDHE participates in all of them. All three MCOs have employment initiatives and we do work closely with them and their staff. We also have the Kansas Council on Developmental Disabilities and they have a systems change project going on right now with a National Technical Assistance Provider, Griffin and Hammis. The Department of Commerce also works with state agencies and the MCOs with the Lied Center, another technical assistance provider. The Governor's Mental Health Planning Service Council has a vocational sub-committee working on employment for people with mental illness. Interhab, a membership organization for persons with intellectual developmental disabilities and their providers has an employment resource network. The vocational rehabilitation has an initiative called, Independence, it involves five agencies which includes KDHE and the goal is to employ 2,000 people over the next five years.

One of our own initiatives is the "pilots". There is specific focus on the Supplemental Security Income pilot as we are actively moving forward with it. This is a demonstration that will involve 400 people between the ages of 16-65 who are on either the I/DD or PD waiver waiting lists. If these individuals become employed at a minimum of 40 hours per month we would provide them with $1500 each month to purchase personal assistance or for employment supports. We submitted our proposal to CMS on February 20, 2015 and they added a number of things they wanted before they would officially accept the proposal. CMS wanted our tribal notice to be done first and that will go in to the register today and the tribal notice will end May 2, 2015. We have to have it submitted 120 days before we can start, so while we were hoping to start July 1st, we are probably looking at least October 1, 2015 as the start date, if approved. This program would run similarly to how we run the WORK program which provides personal assistance for Working Healthy. Individuals would not actually be given the money, it goes through an FMS provider, but they do get to decide how they want to purchase their services, what they want to purchase, how much they want to pay, etc. and they use them for working in the community. We want to see people employed in competitive, integrated settings; we want to see that they're healthier. In a 10-year study, we found that people in the Working Healthy program are much healthier when continuously enrolled and their Medicaid and Medicare costs drop if they are enrolled for any period of time. We also want to know about program satisfaction and quality of life from the person's perception that this is working for them.

Questions and Answers:
Kerrie Bacon – If they go into the pilot for the I/DD program, will they be able to go on the I/DD waiting list?
Mary Ellen Wright – KDADS is represented on the implementation team and we will be working with them to similarly to how we have done with WORK. If you lose employment, the plan is for them to stay on the waiting

list and keep moving up. They have the option to go onto the waiver if they had the opportunity but, we hope they would stay on the pilot.
Ed Nicholas – I hear a lot about all of the different programs out there, do they all collaborate and work together? In the past, I've heard from consumers who have worked with agencies, groups, private sectors, the State, etc. and it seems like they're not all working together. Is there a measure? Seems like we're putting a lot of money out there and we report the outcomes yet still we don't have consumers employed. In other states like Nebraska, they've got hellacious grade employment and they spend more money. I understand we do things differently but do we collaborate with them?
Mary Ellen Wright - We do collaborate and we do have a silo approach to disabilities but, we are trying. One of the United Empower Kansas grants actually did go for collaborative effort with Disability stakeholders. We do look at other states and what they're doing but it's not always easy to replicate because our systems are so different.
Ed Nicholas – It sounds like there are a lot of walls to knock down; we have a shortfall with the State's income and we have people employed which is better than them not doing anything. For people on disability, I work with kids whose parents sit at home befuddled and when they get done with their transition, they're at home sitting in front of the T.V. because their parents are worried about them getting out into the world. We need to have programs out there that work together to give them a safe alternative.
Mary Ellen Wright – I think that is one of the intents of the pilot.
Ed Nicholas – We need to get the information out to the consumers, guardians, and parents. When KanCare rolled over, people thought the world would change; to have the rollover and it is a good thing, we need to celebrate successes and be in the forefront.
Allen Schmidt – To the statement about working people are healthier, we have a highly successful program ran in Fort Hays, KS called Senior Companions. I visited with the Director and others and the people who are doing the volunteer work are staying healthier because they are staying active and participating in the community. It would be a good program to look at because they have been very successful; the volunteers are also very fulfilled.
Steve Gieber, Developmental Disabilities Council (KCDD) – We were seeing these same things and that was one of the reasons the council put out a grant to look at the whole employment issue in Kansas. It will try to compare us to other states and added that the Griffin and Hammis folks have been in state. For the last few days, they met with not only state agencies, stakeholders and families and they will come back and do that a few more times. They will then develop a report/roadmap to help us figure out the outcomes and how we can work together. It can be frustrating when we have all of these programs but we still aren't seeing the employment outcomes we want to see and I'm hoping the Council will play a role in helping us fix that but it takes all of us.

Chairman Larry Martin asked if there were any questions, comments or suggestions for the next meeting.

Questions and Answers:
Larry Martin – Proposed that the focus be on reimbursement and asked that council members look in their functional areas and bring items forth for agenda input.
Lora Key – Is there a Prompt Pay legislation and hearing coming up in April or May?
Mike Randol – April 24, 2015

Larry Martin asked for a motion to adjourn the meeting. Mark Hinde made a motion to adjourn the meeting agenda and Allen Schmidt seconded the motion. Larry Martin thanked everyone for attending the meeting and adjourned.

Next Meeting of KanCare Advisory Council – June 25, 2015, 2:00-3:30pm, Curtis State Office Building, Room 530