



Landon State Office Building  
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Robert Moser, MD, Secretary  
Kari Bruffett, Director

Sam Brownback, Governor

**KanCare Advisory Council  
Curtis State Office Building, Topeka, Kansas  
Minutes of January 8, 2013**

**Council Members Present:**

Dr. DeDe Behrens  
Barney Mayse  
Colin McKenney  
Dr. John Calbeck  
Mike Conlin  
Representative Jerry Henry  
Steve Kelly  
Larry Martin  
David Sanford  
Senator Allen Schmidt  
Audrey Schremmer-Philip

**Council Members Absent:**

Mary Barba  
Andrew Brown  
Dr. Kevin Bryant  
Dr. Craig Concannon  
Randy Johnson  
Steve Ortiz  
Susette Schwartz

**Council Members Attending Via Phone:**

Dave Geist  
Walt Hill

**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

**Welcome- Steve Kelly, KanCare Advisory Council Chair**

Chairman Kelly began the meeting and welcomed Council members. The Chairman noted that during the meeting, Council members will hear presentations from each of the three selected KanCare managed care organizations (MCOs), a general KanCare update, an update from the external stakeholder workgroups and future structure, and information on the upcoming educational outreach events.

**Review and Approval of Minutes from November 13, 2012, Council Meeting**

Chairman Kelly asked if there was any discussion on the previous meeting's minutes. John Calbeck moved the minutes be approved. Senator Allen Schmidt seconded the motion and the minutes were approved by the Council.

**Presentations by KanCare Managed Care Organizations**

Each of the three KanCare managed care organizations (MCOs) provided the Council with an update.



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### *UnitedHealthcare of the Midwest*

Nan Thayer Kartsonis, Plan President for United Healthcare began with an update on United's activities. United continues to add new providers to their network, and is finalizing negotiations with several hospitals. The call center is up and active and has been taking 1,600-2,500 calls per day with high service levels. Member advocates are also in the process of making calls to all non-long term services and supports (LTSS) members. LTSS members get a welcome call from their case managers. Case managers will do a risk assessment and set up appointments for an initial visit to meet their members. The United care advocate group also began making calls at the end of last week to reach out to other members. The number one issue in welcome calls and the call center is the primary care provider (PCP) assignments. We are assisting consumers to change their PCP and reassuring members that they can see any in-network PCP even if they are listed on their card. All member paperwork including welcome packets and ID cards were mailed before January 1 and went smoothly. Staffing is also on track with a final set of case managers starting next week. Finally, the Request for Information for Empower Kansans was released to solicit ideas for this program.

*Allen Schmidt-* Is Empower Kansans on the website with the explanation of the program?

*Nan Thayer Kartsonis-* It is currently listed on a different United website, but I can reach out and provide this information more broadly.

*David Sanford-* As a representative of KAMU, we understand that there is a problem with the FQHC credentialing process.

*Nan Thayer Kartsonis-* That is not a problem for United but may be for other MCOs. We monitored the network to ensure that FQHCs could be assigned as a PCP. We are troubleshooting this for individual FQHCs as needed.

*David Sanford-* There is a general concern that providers who believed they had completed their credentialing are not in the system to become someone's PCP.

*Nan Thayer Kartsonis-* We have tried to keep a running list of those requests, and have re-assured members that they can access services regardless of PCP assignment, and we will re-assign retroactively.

*David Sanford-* I have also heard that a call center is telling folks they only have until February 14 to change plans.

*Nan Thayer Kartsonis-* I will ensure that does not happen at United.

*David Sanford-* Could each plan identify a primary contact at their MCO for FQHCs? And if we find there was a large mistake in assigning PCPs based on previous care providers, we would like to see a communication to members telling them they can change their PCP if they would like to.

*Nan Thayer Kartsonis-* We have no problem with that. The contacts for FQHCs would be myself and Christine Jones.

*David Sanford-* Has the encounter rate information Kari provided been loaded in your system?

*Nan Thayer Kartsonis-* Yes.

*Walt Hill-* United is not providing a post-able 835 remittance advice, but we have been told you are working on that. Could you estimate when this issue would be resolved and the 835s could be distributed?

*Nan Thayer Kartsonis-* We do have a PDF available, but our IT team is working on the 835 and as soon as we know the timeframe we will announce that on the stakeholder call.

*Colin McKenney-* To clarify the issue of the PCP of record not affecting access—if you are indicated for a PCP that you had not been using, can you still access the PCP you had?

*Nan Thayer Kartsonis-* Yes, you can access any PCP. We just want the PCP of record for care management purposes.

*Colin McKenney-* The Empower Kansans RFI closed, was that extended?

*Nan Thayer Kartsonis-* If it was not extended it will be, due to the holidays.

*Colin McKenney-* We also found some information in the RFI that was not applicable.

*Nan Thayer Kartsonis-* We would welcome any feedback.

*Colin McKenney-* On another note, we have seen some people being assigned to a generic when it has been proven that the drug did not work for them.



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*Nan Thayer Kartsonis*- I will tell our PBM to be more tolerant.

*David Sanford*- We appreciate the value added services the MCOs are each offering, but there is some confusion on the adult dental benefit. Is there a way to make them more similar?

*Nan Thayer Kartsonis*- We will note that concern.

#### *Amerigroup of Kansas, Inc.*

Laura Hopkins, Plan President for Amerigroup of Kansas, gave an update for their health plan. Amerigroup has been busy answering an average of 2,200 calls per day in their call center. Amerigroup has also paid about 30 thousand pharmacy claims since January 1<sup>st</sup>, and medical claims are starting to come in now. Most of the calls received at the call center are regarding ID cards, benefits, and PCPs. Amerigroup continues to stress that PCPs are available and can be accessed, regardless of assignment. Outreach has also begun for our care coordination processes. Behavioral health managers are reaching out to severe emotional disturbance and autism waiver children. LTSS waiver managers are reaching out to the technology assistance, traumatic brain injury, physical disability, and frail elderly waiver consumers. Amerigroup is also working with Money Follows the Person program consumers who are trying to leave an institution and will work with nursing facility residents as well. Physical health care managers are also reaching out to pregnant women, people discharged from a hospital recently, and families with newborns.

*Representative Jerry Henry*- Are we tracking what percentage of providers are enrolling? At what point can we tell the legislature the percentage of providers who are enrolled with the plans?

*Kari Bruffett*- Our expectation is that they sign up all current Medicaid providers. That is a high standard and higher than what they actually need for network adequacy. We cannot force providers to sign up with all three plans, but we do encourage that for the benefit of members. Our next round of Geo Access reports are due this Thursday and will be posted online next week to compare the current Medicaid networks with the MCO networks. This also shows where there may be gaps with specialty care—it helps us understand if those are system gaps where no providers are available in the state. For individual members it is always best to have them call the plans or check the provider directories. Our continuity of care requirements will ensure the plans pay nonparticipating providers at 100 percent of Medicaid for the first 90 days and limit the prior authorization requirements. That will allow providers more time to contract. If a member were to have a need for a specialist that was not available in network, the plan must arrange for the service to be provided out of network.

*Colin McKenney*- You and Nan both mentioned Money Follows the Person, but that seems like a small program. Were there issues?

*Laura Hopkins*- No issues, but some members are transitioning and we want to make sure they receive the assistance they need.

#### *Sunflower State Health Plan*

Jean Rumbaugh, Plan President for Sunflower State Health Plan, provided an update to the Council. Sunflower has sent out all member packets including ID cards, and is currently receiving a high number of calls but have additional staffing to meet needs. The call center currently has high service levels, low abandonment rates and small hold times. Sunflower staff are also doing outbound member calls to conduct health risk assessments and welcome calls with case managers. From a network perspective, Sunflower is working very diligently to add providers. The contracting team is working to identify and address any holes in our hospital network. Sunflower also looks at overall network adequacy to meet the needs of members. PCPs have been assigned to members, as well as specialists and staff members are working on gaps in the Sunflower specialist networks. Sunflower has also added many HCBS providers and since January 3<sup>rd</sup>, 31 additional HCBS providers have joined the network. Sunflower continues to have contracting staff reach out to providers, including dental, pharmacy, and behavioral health providers. If someone is not participating Sunflower will treat them as in network while the contracting process is completed. If someone has the incorrect PCP they can continue to see any



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primary care provider. From a medical management perspective, Sunflower is focusing on making contact with members. Several care managers are in the field currently, and Sunflower is checking to ensure that staffing matches the locations of our membership. Pharmacy claims have been processed first, but the first check run will go out to other provider types soon.

Throughout the implementation, Sunflower has identified some issues and responded to them. One example was an issue with pharmacy claims. Staff members have outreached to impacted pharmacies to help them re-submit their claims. Sunflower also mistakenly assigned members to individual providers instead of the FQHCs, and will re-assign and send out letters to members. To correct this issue Sunflower also changed the information given to the call center. Sunflower is dedicated to responding to issues as they occur.

*John Calbeck-* You mentioned some provider network numbers, how is your substance use disorder (SUD) provider network, both numerically and geographically.

*Jean Rumbaugh-* We have all Community Mental Health Centers contracted and 518 locations of behavioral health providers. I will need to research and provide more detail for SUD providers.

#### **Update on KanCare**

Ms. Kari Bruffett noted that the continuity of care provisions have been shared broadly with stakeholders. Those are important for the State to communicate, so Ms. Bruffett implored Council members to help share that message if they have contacts through associations or other provider groups. The State would welcome the opportunity to work with Council members to share information.

Since the week before KanCare went live the State has hosted daily stakeholder calls. Every morning at 9 a.m. the call begins with a briefing from the State, fiscal agent and MCOs. The remainder of each call is devoted to a question and answer session with providers to go over technical issues. The information from the calls is posted onto the KanCare website for Council members and others to review. Any issues raised on these calls are tracked via an issues log that is maintained by the State and each of the MCOs if they have specific issues that need to be addressed. This allows all interested stakeholders to go through the issues and see how they were resolved, even if they were not on the call. The Readiness Activities page of the KanCare website also provides information about the provider networks, including the numbers and locations of providers. Information regarding contracted HCBS providers is listed in a separate document with an access standard of two providers available per county. These reports will be updated on a monthly basis.

*David Sanford-* You all have done well to run TV and radio advertisements to inform people. The missing piece is to see which patients are assigned to which MCO. How do we get that information?

*Kari Bruffett-* On our website and in our communications we have provided directions on the easiest way to change your PCP. You can also access a panel list from each of the MCOs, and you can confirm eligibility and plan assignment on KMAP.

*Steve Kelly-* If we have providers with questions, would you be the contact person for them?

*Kari Bruffett-* We have our provider assistance number that will work for more technical questions, and providers can always call into the daily calls for information.

*Craig Concannon-* There are several providers wondering why their panel sizes decreased after January 1. One decreased significantly after KanCare launched.

*Kari Bruffett-* That particular provider was on a rapid response call and we have worked through that issue with the provider.

*Craig Concannon-* Were the members assigned to a plan regardless of their previous PCP?

*Kari Bruffett-* No, we tried to preserve existing provider relationships. If there are issues with that we are happy to research them and see what went wrong.



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*Craig Concannon* – The Johnson County Health Department was designated as a PCP. There are few county health departments who are actually a PCP.

*Dr. Robert Moser*- There are some, but many instances such as this came up due to contracting problems. We are following up on that as well.

*Craig Concannon* - If they don't know where to go, they may end up in the emergency room.

*Dr. Robert Moser* - We agree and we want to promote using the most appropriate care in the right setting.

*Kari Bruffett* - Each of the MCOs is following up with the health departments to determine their capacity to be a PCP.

#### *Additional Updates, Secretary Shawn Sullivan*

Secretary Sullivan noted that since the last Advisory Council meeting the State has hired Mr. James Bart as the KanCare ombudsman. Mr. Bart stood to introduce himself to the Council and noted that he views his role as providing assistance to consumers in navigating the system to resolve their issues and concerns with KanCare. Mr. Bart is available by telephone and email, and offered to provide cards with contact information to Council members if desired. Mr. Bart also stated that he has already had some initial interactions with consumers and has been impressed thus far with the responsiveness of State and MCO staff.

Secretary Sullivan continued with his update, noting that the Aging and Disability Resource Center (ADRC) was fully functioning as of January 1<sup>st</sup>. The ADRC staff members are providing assessments and options counseling for the physical disability (PD), frail elderly (FE), and traumatic brain injury (TBI) waivers. They will not handle technology assistance waiver. Secretary Sullivan asked if Dave Geist, who leads the Statewide ADRC would like to say a few words. Mr. Geist noted that the ADRC is working through the eleven Area Agencies on Aging across the state. The ADRC's primary contact with consumers is through the call center in Wichita. The ADRC is helping individuals on the previously mentioned waivers to select an MCO and doing assessments for those waivers. The call center has received over 500 calls since last week and things are going well. Secretary Sullivan noted that the State wants to continue to highlight the ADRC as a resource for consumers.

Secretary Sullivan noted that the State is also tracking the member outreach activities of the plans and overseeing their additional assessments. One of the most frequent calls the State has received at the State call center was about the specific codes that were to be billed to the MCOs for individuals on the I/DD waiver versus which codes should be billed fee for service. The State will send out a communication to providers with more information to hopefully clear up any confusion. The State is also watching payments to our providers and the provider networks of each of the plans.

*Senator Allen Schmidt*- How is the transition going from the Area Agencies on Aging to the ADRCs? Is the work they are doing now similar to what they did before?

*Secretary Shawn Sullivan*- The Area Agencies on Aging handled information assistance for seniors. Now they have been trained to help the TBI and PD consumer systems as well. We continue to work with them on that. They will also begin doing a weekly update on the rapid response calls to let people know how their work is going.

*Representative Jerry Henry*- The State Finance Council put some funding out for claims. Are we okay with claims financing?

*Kari Bruffett*- The funds were allocated for front-end-billing and they were released after the 1115 waiver was approved.

#### **Update from KanCare External Work Groups**

Ms. Becky Ross provided a proposal for post-KanCare implementation work groups. Ms. Ross noted that she currently leads the Specialized HealthCare and Network Issues (SHNI) work group. Now that KanCare is up and running, State staff see the need to look at things a little differently, especially with regarding to receiving more consumer input. The State also noted overlap in the four existing work groups. This proposal would move the structure from four work groups to two, and the State would try to keep the same size of work groups. To do so, some members would lose their seat, but hopefully more direct consumers of KanCare could be involved in the process. Consumers who participated in the work groups would receive some supports such as transportation to help them participate. Council members have a



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nomination form in their meeting handouts. This form can be used to nominate members to the new work groups. Ms. Ross also noted that the State is looking for members for the medical advisory committee as well, so this nomination form could be used for both. The State proposes posting this form on the KanCare website to allow members to nominate themselves or someone else to participate. The State would also send this out through our partners to get members the information.

Following this description, Ms. Ross noted that the Council had also received proposed charters for the groups. The charters include the purpose, term limits, membership, meetings, locations, and other expectations for membership. Kari Bruffett noted that the goal is to continue the work groups, but recognize that their work has changed and the focus now will be on the issues that are occurring in the KanCare program. The State would like to see more member nominations to serve on both this work group and the medical care advisory committee.

*ColinMcKenney*- What has been communicated to the members of the work groups regarding this change?

*Kari Bruffett* - Nothing yet, we wanted to propose the idea to this Council first.

*ColinMcKenney*- What would be the process for selecting members to the next groups?

*Kari Bruffett* - This would be by nomination of the Advisory Council and the state agencies.

*Becky Ross*- The groups have also been losing members as time went on. We could also look at that to see if those folks are still interested.

Each of the four KanCare external stakeholder work groups provided a brief update for the Council.

#### *Specialized Healthcare and Network Issues- Becky Ross*

Ms. Ross then provided an update on the SHNI work group. This group has had 2 meetings since the last update, once in December for a short meeting, and also on January 7. The work group met Mr. James Bart and discussed suggestions from the committee for the State to help educate consumers on when they should call the ombudsman. State staff are now putting together a table that identifies who a consumer and/or provider should call if they have certain types of questions. In many cases there may be several places they can call—for example they can always call HP, the State's fiscal agent, and they can direct the question to the appropriate person. The group also reviewed some pre-transportation broker data and the group asked for more information on that subject. Work group members also discussed the 1115 waiver and associated special terms and conditions and talked about the daily rapid response calls, and issues that are surfacing there. The group also suggested that we link to the MCO issue logs on the KanCare website.

#### *Managed Care Organizations-Related Issues- Christiane Swartz*

Ms. Christiane Swartz noted that the managed care organizations (MCO) work group has only met a couple of times since the last Council meeting. The meetings were used to discuss the status of meetings with CMS on the waiver, assurances and protections for HCBS providers and beneficiaries, as well as beneficiaries in residential care. State staff also shared information on amendments to the 1915 (c) waivers and answered questions on those activities. One meeting was used to discuss the status of network development, front-end billing processes, the assignment logic, and educational activities. This discussion included both State and MCO educational activities. The work group also reviewed and provided feedback on the materials used for enrollment and educational sessions. This was useful feedback. Our next meeting will be an 11 a.m. conference call on January 14<sup>th</sup>.

#### *Member Involvement and Protections- Russell Nittler*

Mr. Russell Nittler noted that the member work group has met once since the last Council meeting. This group will be meeting again tomorrow. At the last meeting the group continued a discussion on members' previous case managers and how beneficiaries can get more information on where their old case manager has gone. The work group also discussed the I/DD waiver. Tomorrow the group will hear from Greg Wintle, the I/DD waiver manager. He will speak to the group about the waiver and answer questions. We also discussed the ombudsman, and James will be on the



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agenda tomorrow to make a brief presentation. The group also provided feedback on the enrollment packet since all packets were mailed and received by the middle of December.

*Colin McKenney*- The case manager discussion is interesting and could have different outcomes.

*Russell Nittler*- Case managers have strong relationships with consumers. We did not want a case manager to impact the decision of which MCO the members would choose.

*Kari Bruffett*- Each of the plans will acknowledge if a case manager is employed at their organization and can tell consumers who their case manager will be.

#### *Provider Issues- Paul Endacott*

Mr. Paul Endacott noted that the provider work group has met once since the last update in November. The primary issue at this meeting was claims payment. The plans presented at the meeting and provided information on their websites and other information sources. Since implementation, providers are now concerned about prior authorizations, so the State and MCOs have provided instructions on where to find PA information on the plans' websites. The next meeting of this work group is scheduled for January 17<sup>th</sup>.

#### *Tribal Technical Advisory Group (TTAG)- Kari Bruffett*

Ms. Kari Bruffett noted that this group will be permanent as the State moves forward with KanCare. The group held a meeting this morning and typically meets the first Tuesday of each month. Meetings are held in Topeka but will rotate around to the nations as well. The TTAG also discussed KanCare and various Medicaid State Plan Amendments that will need to be made, including the changes that the State will be submitting. The group heard a report this morning on the number of individuals who had opted out of KanCare. So far only about 10 consumers have opted out, and the State is working to identify if any of these individuals were receiving HCBS services. None that opted out so far are HCBS. The State continues to have educational sessions at the nations and health clinics. Two sessions will be held Thursday at Haskell.

*Colin McKenney* - How do we support 10 people who chose to opt out?

*Kari Bruffett*- They will use the FFS system.

*Colin McKenney* - Does it cause the State difficulty to have them out of the system?

*Kari Bruffett*- It is manageable now, given the small number.

#### **Upcoming Educational Events- Dr. Susan Mosier**

Dr. Moser noted that the State will continue the daily stakeholder calls for a few weeks. The information for those calls is listed on the KanCare website, along with the issues log for the State. This log includes broad issues that span across all three health plans. Additionally, the State will hold two more educational tours. We will have a broad tour in February and another HCBS-focused tour in May.

*Colin McKenney*- Have you had a good response so far for the KanCare meeting for new legislators?

*Secretary Shawn Sullivan*- We are not sure of the response yet.

#### **Next Meeting of KanCare Advisory Council and Final Questions**

The next meeting of the KanCare Advisory Council will be March 12, 2013 from 2:00-3:30 p.m. in Topeka at the Curtis State Office Building. We need to consider the value or appropriateness of this Council going forward.

#### **Adjournment**

Chairman Kelly asked for a motion to adjourn the meeting. David Sanford moved that the Council adjourn, and Michael Conlin seconded the motion. The motion passed and the meeting was adjourned.