

**KanCare Advisory Council
Capitol - Room 346-S, Topeka, Kansas
Minutes of December 18, 2013**

Council Members Present:

Dr. Michael Kennedy
Larry Martin
Representative Jerry Henry
Jamie Price
Mark Hinde
Beth Simpson
Edward Nicholas
Allen Schmidt
Representative Susan Concannon

Council Members Absent:

Steve Ortiz

Council Members Attending Via Phone:

Walter Hill
Senator Mary Pilcher-Cook

Other Participants:

Secretary Shawn Sullivan, Kansas Department for Aging and Disability Services
Kari Bruffett, Director of KDHE Division of Health Care Finance
Susan Mosier, M.D., Medicaid Director

Other Participants Absent:

Secretary Robert Moser, M.D., Kansas Department of Health and Environment
Mark Dugan, Chief of Staff for the Lt. Governor
Lt. Governor Jeff Colyer, M.D.

Welcome – Dr. Mosier

Dr. Mosier opened the meeting by thanking the Council members for their willingness to serve. Dr. Mosier provided a brief overview of the KanCare Advisory Council's role and the agenda for the meeting.

Introductions – Dr. Mosier

Dr. Mosier asked members of the Advisory Council to introduce themselves and briefly describe their background and city where they reside.

Update on KanCare

KanCare Overview – Division Director Kari Bruffett

Kari Bruffett provided a brief update on KanCare.

Open Enrollment – Members who joined KanCare in January 2013 can change plans during this first enrollment period (Dec. 1, 2013 – March 2, 2014). Members who enrolled in KanCare after 1/1/13 will have their open enrollment period in 2014 during the corresponding month of their original enrollment. Approximately 200,000 families received packets in November.

Provider Experience Survey – Brief, electronic survey (5-10 minutes) sent with a 2 week window for responses. One response per entity, targeting senior leadership. Providers will be asked to participate in followup surveys.

1115 Amendment – Kansas requested CMS approval to implement three changes to KanCare, effective January 1, 2014. 1) LTSS for individuals with intellectual/development disabilities inclusion into KanCare. 2) Establishment of three pilot programs to support employment and alternatives to Medicaid. 3) Change the timeline for the Delivery System Reform Incentive Program (DSRIP) pool. Update: 1) DSRIP pool timeline change approved. 2) Continued engagement on I/DD LTSS, including: Conference calls, Data exchange, CMS participation in onsite DD readiness reviews and a listening session. 3) Discussion around pilots has been less robust.

Health Homes – Not a physical place or building, a Health Home is the new Medicaid option to provide coordinated care for people with chronic conditions. Initial implementation date was 1/1/14, moved to 7/1/14. 1) Ensures optimal success during implementation. 2) Appropriate technology and systems will be in place. 3) Allows full focus on successful inclusion of I/DD services. Health Home Focus group has 70+ stakeholders and provides input on the development and review of health home design and implementation.

Health Homes - Rebecca Ross

Becky Ross provided an update on Health Homes

Introduction – The term “health home” is unique to Medicaid. A health home is a comprehensive and intense system of care coordination that integrates and coordinates all services and supports for people with complex chronic conditions. Intended for people with certain chronic conditions.

The Problem: 68% of people with mental illness have one or more co-occurring conditions: Asthma, diabetes, high blood pressure, heart disease and obesity. People with mental illness die earlier than the general population.

Diabetes in Medicaid (FY 2011) – Diabetes prevalence in adult beneficiaries is 20.5% (N=37,577). Net payment by Kansas Medicaid \$559,307,804 (36.1% of total expenses); \$14,884/person.

How Health Homes Improve Health: Health homes ensure: 1) Critical information is shared among providers and with consumer. 2) Consumer has tools needed to help manage his chronic condition. 3) Necessary screenings and tests occur timely. 4) Unnecessary emergency room visits and hospital stays are avoided. 5) Community and social supports are in place to help maintain health.

Federal Eligibility For Health Homes – Person must be eligible for Medicaid and have at least 1) Two chronic conditions. 2) One chronic condition and is at risk for another chronic condition. 3) One serious and persistent mental illness.

Chronic Conditions: Mental health condition, substance use disorder, asthma, diabetes, heart disease, being overweight, as evidenced by a body mass index over 25. Section 1945(h)(2) of the ACA authorizes the Secretary of Health and Human Services to expand the list of chronic conditions.

Six Core Services: 1) Comprehensive care management. 2) Care coordination. 3) Health promotion. 4) Comprehensive transitional care, including appropriate follow-up, from inpatient to other settings. 5) Individual and family support (including authorized representative). 6) Referral to

community and social support services, if relevant.

Becky reviewed the KanCare health home model and service structure.

Partnering to Provide Services – 1) Some health home services provided by the MCOs and some by the Health Home Partner (HHP). 2) Division of services, as well as payment between the MCO and the HHP, will be spelled out in contract between the MCO and HHP. 3) HHP may contact for one or more services with another provider.

KanCare Health Homes Goals : 1) Reduce utilization associated with inpatient stays. 2) Improve management of chronic conditions. 3) Improve care coordination. 4) Improve transitions of care among primary care and community providers and inpatient facilities.

Target Populations – 1) One target population is people with serious mental illness (SMI). 2) Another target population yet to be determined, but will include people with diabetes. 3) Can't exclude dual eligibles or limit to a particular age group. 4) All HH members must be in KanCare and must select a HHP within MCO network.

Enrollment – 1) Passive enrollment with "opt out" feature. 2) Enrollee will receive a letter and have to choose to opt out. 3) Must have a choice of health home provider, but may be limited to certain number of times in a year. 4) Grievance and appeal rights.

Where We Are – 1) Engaging stakeholders. 2) First SPA drafted. 3) Consultation with SAMHSA complete. 4) Monthly calls with CMS. 5) Working on operational issues. 6) Analyzing data to designate target population for second SPA. 7) Implement HHs for both target group (SMI and other chronic conditions) July 1, 2014.

Questions and Answers:

Larry Martin – What is your target population?

Becky Ross – Roughly 36,000 at the start.

Larry Martin - Will it overlap folks in the PACE program?

Becky Ross – We have a question in to CMS. I would assume if an individual is in the PACE program they would not need a health home. This could happen potentially, but have not received an answer back from CMS.

Larry Martin - Would there be folks with chronic conditions in PACE?

Becky Ross - Yes.

Allen Schmidt – Lots of Veterans coming back with traumatic brain injury where does this fit in?

Becky Ross – This could be defined as a chronic condition and ask the government to approve it. We will continue to look at those who need to be added. There will be a lot of overlap.

Michael Kennedy – One of things at the commission was the severe mental condition as qualifying for home health chronic conditions. Assume this is only people who are already enrolled in KanCare that have these options, is this correct?

Becky Ross – Yes, you have to be in Medicaid.

Michael Kennedy – So those individuals who do not qualify for Medicaid would be excluded?

Becky Ross – Yes, because it is Medicaid funded. There is a requirement for hospitals that are Medicaid and Medicare funded to refer people they believe are potentially eligible for health homes and who they see in the emergency departments.

Michael Kennedy – Is there some work for establishing a liaison between the in-patient and out-patient arena to form that care coordination?

Becky Ross – We have been in conversation about this issue within our project team. As we are putting together our rates for providers who would like to be health home partners, one of the requirements is for them to have discussions with their hospital partners and other provider partners in the area to talk about how this is going to work and establish agreements for emergency room health use so they can coordinate this as tightly as possible.

Amerigroup Kansas – Laura Hopkins

Laura Hopkins provided a brief update on Amerigroup.

- Amerigroup is providing services statewide thru the KanCare program.
- Statistics: Helped over 90 people move from an institution back into the community. \$1 million in value added benefits used for services that are not typically covered on Medicaid.
- Claims Operations – Average 4-6 days for turnaround time on claims.
- I/DD readiness review earlier in the fall. Staff has been hired to support the program and have been undergoing training for several months.
- Working with members who have I/DD and their families.
- Made a number of additional enhancements to our operations to help things go more smoothly for providers who are new to managed care.
- Laura's e-mail address: laura.hopkins@amerigroup.com.

Sunflower State Health Plan – Jean Rumbaugh

Jean Rumbaugh provided an update on Sunflower State Health Plan.

- Dental visits for adults 21 and older – 1 dental check up every six months.
- Cent Account program - \$1.2 million given to individuals in the Cent Account program that rewards people for healthy behavior.
- SafeLink and Connections Plus are programs that provide a free cell phone to members.
- Community Programs for Healthy Children: Sunflower offers free services to promote healthy lifestyles for kids.
- MyStrength online program offers eLearning to help members overcome depression and anxiety with simple tools.
- 24/7 nurse line.
- High risk pregnancy individuals are assigned to case managers to help get the care needed.
- Issues can be resolved by calling 1-877-644-4623 and follow the prompts to claims payable or www.sunflowerstatehealth.com.
- Readiness and preparedness to I/DD long term support - Committed to the providers and members. Pathways program provides family support, community residential, employment, physical and behavioral health and member-directed support.

UnitedHealthcare Community Plan – Tim Spilker

Tim Spilker provided an update on UnitedHealthcare.

- UnitedHealthcare has programs through Sesame Street and Baby Blocks. Sample Value Adds: Weight watchers, incentives for wellness visits, transportation for job-related training. Over \$2 million in value added services provided to members year to date.
- Provider relationship and Outcomes: "Connect with the Community" provider sessions continue twice a week. Simplified issues log posted on UHCCommunityplan.com. Intensive outreach to provider community.
- Discussed provider key project update- completed projects as of 12/17/13 and provider key project status – ongoing projects as of 12/17/13.
- I/DD Preparations: On site state readiness review 11/12/13. Updated on claims payment, clinical and member engagement and provider engagement and contracting.

Questions and Answers:

Allen Schmidt – The chart on I/DD has 72 claims listed as total claims denied year to date. How would you characterize the percentage of claims not completed?

Tim Spilker – Claims denial rate is 10-12 %. Reasons for denial are usually submitted incorrectly or a configuration issue.

Consumer and Specialized Issues Workgroup - Russell Nittler

Agenda item not discussed during the meeting.

Provider and Operational Issues Workgroup - Paul Endacott

Agenda item not discussed during the meeting.

Tribal Technical Advisory Group – Division Director Kari Bruffett

Agenda item not discussed during the meeting.

I/DD Pilot - Secretary Shawn Sullivan

Shawn Sullivan reviewed the Quarterly Report to CMS Regarding Operation of 1115 Waiver Demonstration Program – Quarter Ending 9.30.13.

KanCare I/DD Pilot Program: There are over 500 providers in the KanCare I/DD Pilot Program who are being served by 25 providers. The Pilot is supported by the I/DD Pilot Committee, which met bi-weekly in the third quarter to ensure the three main objectives of the KanCare I/DD Pilot Project are met: 1) Relationship building/shared understanding between MCOs and I/DD system. 2) Define how services/service delivery will look under KanCare. 3) Develop/Test billing processes for January 1, 2014 inclusion.

Provider updates include: 1) Providers were trained on the AIR reporting system and will begin using it to report critical incidents for individuals with I/DD in the fourth quarter. 2) Providers attended training and question and answer sessions hosted by the State to address contracting and credentialing concerns, present pilot updates and prepare providers for changes coming on January 1, 2014. 3) The I/DD Pilot Committee identified needed changes to the current billing and claims process that included a system change to a 15 minute billing unit for Day Supports to be effective January 1. 4) Pilot updates are being added to the website monthly. 5) During the month of September, staff from the Lieutenant Governor's office, KDADS and the three MCOs conducted a statewide tour to Hays, Wichita, Parsons and Olathe. 6) Members of the Pilot Advisory Group, Pilot Providers, the KanCare Managed Care Organizations and KDADS staff had an opportunity to meet with national experts from National Association of State Directors of Developmental Disabilities and the Autistic Self-Advocacy Network. 7) The Pilot Advisory Group and Friends and Family Advisory Council will work with KDADS to review the recommendations provided by a CDDO Workgroup related to how services and service delivery will function under KanCare. 8) MCO care coordinators and targeted case managers are working together to develop plans of care, prior to January 1, for individuals with I/DD. 9) MCOs began training on how to bill through the MCO portals during the third quarter. 10) The State began testing billing claims with the MCOs during the third quarter. During the month of September test claims files were submitted daily to determine any potential claims and billing errors that may arise. During the fourth quarter, providers will bill directly through KMAP or the MCO and will be paid by the MCO to finalize the billing and testing claims process and ensure timely payments to providers.

KanCare Implementation for I/DD LTSS: Day-long weekly meetings with MCOs and the State began during the third quarter to ensure policies and procedures were in place for the I/DD LTSS. The discussions include technical staff from HP, KDADS, KDHE, and the MCOs to ensure system readiness on January 1, 2014. Readiness reviews will be conducted in the fourth quarter.

Questions and Answers:

Jerry Henry – You discussed this in the meeting at one point and I do not understand the concept. There is a concern about claims not being paid to providers, especially those who have limited cash flow. You talk about emergency funding and possibilities; could you explain what that is, how that would be implemented and how that would be possible?

Shawn Sullivan – We are working with the MCOs to prevent this problem. State is in the process of uploading each provider for provider services in receipt of payment for last few quarters and work with the MCOs claim payments to be in the state tracking system. This process will help troubleshoot problems.

Jerry Henry – When will you have written procedure for the providers?

Shawn Sullivan – In the process of implementing a policy. Available 1/1/14.

Advisory Council Organizational Items

Council Chair

If you would like to nominate someone in the group or yourself to the Council Chair position, please submit by close of business day January 8, 2014 to Dr. Susan Mosier or Kim Tjelmeland by e-mail. An individual will be appointed from the nominations.

Future Meetings

The KanCare Advisory Meetings are held on a quarterly basis. The timing of the meeting is the 2nd half of the quarter that will allow the quarterly reports sent to CMS to be available for review prior to the meeting.

Dr. Mosier pointed out additional resources available on the KanCare website to obtain information. The report grid will be sent to the council members for input on what reports are most important to receive.

Input from Council Members

Jerry Henry – Kari, on the CMS approval waiver are we assured that we are close to the 1/1/14 date?

Kari – Yes, it is very close. We are in regular conversation with CMS and still have some issues to work out on special terms and conditions. 1/1/14 is not a guaranteed date.

Adjourn

Dr. Mosier thanked everyone for attending and adjourned the meeting.

Next Meeting of KanCare Advisory Council – March 26, 2014, 2:00-3:30 p.m., Curtis State Office Building, Room 530