



Landon State Office Building  
900 SW Jackson Street, Room 900-N  
Topeka, KS 66612

Phone: 785-296-3981  
Fax: 785-296-4813  
[www.kdheks.gov/hcf/](http://www.kdheks.gov/hcf/)

Robert Moser, MD, Secretary  
Kari Bruffett, Director

Sam Brownback, Governor

**KanCare Advisory Council**  
**Curtis State Office Building, Topeka, Kansas**  
**Minutes of July 9, 2012**

**Council Members Present:**

Dr. DeDe Behrens  
Dr. Kevin Bryant  
Dr. John Calbeck  
Dr. Craig Concannon  
Mike Conlin  
Representative Jerry Henry  
Larry Martin  
Colin McKenney  
Audrey Schremmer-Philip  
Susette Schwartz

**Council Members Absent:**

Mary Barba  
Andy Brown  
Dave Geist  
Randy Johnson  
Representative Brenda Landwehr  
David Sanford

**Council Members Attending Via Phone:**

Walt Hill  
Steve Kelly  
Barney Mayse  
Senator Allen Schmidt

**Other Participants:**

Secretary Robert Moser, Kansas Department of Health and Environment  
Kari Bruffett, Director of KDHE Division of Health Care Finance  
Dr. Susan Mosier, Medicaid Director

**Welcome- Dr. Susan Mosier, Medicaid Director**

Dr. Susan Mosier began the meeting and welcomed Council members. Dr. Mosier noted that during the meeting, Council members will hear presentations from each of the three selected KanCare managed care organizations.

**Review and Approval of Minutes from May 21, 2012, Council Meeting**

Dr. Mosier asked if there was any discussion on the previous meeting's minutes. A correction was noted—Dave Geist was recorded absent but, in fact, attended via phone. Dr. Craig Concannon moved the minutes be approved as amended. Dr. John Calbeck seconded the motion and the motion was approved by the Council.

**Presentations by KanCare Managed Care Organizations**

Each of the three selected KanCare managed care organizations (MCOs) was asked to provide a brief presentation about their organization and what they will bring to the KanCare program.



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### *Amerigroup Kansas*

Laura Hopkins, Plan Chief Executive Officer for Amerigroup Kansas, introduced herself and noted that Amerigroup specializes in long term care services and supports. Ms. Hopkins then discussed Amerigroup's qualifications and the value Amerigroup believes they will bring to KanCare. Ms. Hopkins noted that Amerigroup works solely with government-funded programs such as Medicaid and CHIP. She also discussed her personal background and mentioned that she has experience working with providers such as hospitals and long term care service providers.

Amerigroup is currently serving 2 million Medicaid consumers across the United States. They intend to have a strong Kansas presence, and will have a main office in Overland Park. Amerigroup also intends to staff more than 200 FTE positions in the state of Kansas. A high-level organization chart was provided for the Council's review.

Ms. Hopkins then discussed the value-added services offered by Amerigroup in KanCare. Amerigroup will provide a number of additional benefits that will reward and incent healthy behaviors such as a rewards debit card, smoking cessation programs, career development opportunities for people with disabilities, GED preparation courses, and additional respite care.

Ms. Hopkins also reviewed Amerigroup's provider and member web portals. She went over the three websites that Amerigroup uses, and the content they will each contain.

### *Sunflower State Health Plan*

Holly Benson, Senior Vice President of Health Policy for Centene Corporation, provided an overview of Centene and their Kansas plan, the Sunflower State Health Plan. Ms. Benson emphasized the local approach of each of Centene's health plans. To establish a Kansas-based presence, Sunflower will utilize locally-based staff, and establish a medical home for members. Sunflower also invites local representatives to serve on their Board of Directors. Sunflower's care integration and clinical model also use locally-based resources.

Ms. Benson then discussed Sunflower's value-added services. A number of value-added services will be provided by Sunflower and its subsidiary companies such as its behavioral health company, Cenpatco. One featured value-added service is the CentAccount card, which provides credits to beneficiaries for members who comply with preventive exams and other healthy behaviors. Another value-added service is the Start Smart for Your Baby program, which identifies high-risk pregnant members and targets outreach to improve health outcomes.

The Sunflower website includes information for providers and members. The provider website includes functions that allow providers to check a member's eligibility, submit claims, and be paid in a timely manner.

### *UnitedHealthcare of the Midwest*

Nan Kartsonis, Plan Chief Executive Officer for UnitedHealthcare, provided information regarding the United KanCare program. Ms. Kartsonis first discussed the value-added services offered by United, which include a wellness rewards program, programs to encourage healthy pregnant women and babies, and programs to promote physical activity, weight management, and communication between members and providers. United will also offer additional services for vision, asthma care, and nutrition.

United currently has a strong statewide presence in Kansas. They will add approximately 350 new staff members to support KanCare. Some employees will be located in Johnson County, but the majority will be care coordination staff that will be located throughout the state. The Overland Park office will include senior staff as well as member services, member advocates, care coordination staff, and others.

Ms. Kartsonis then discussed the provider and member portals used by United. The provider portal has functionality that will allow providers to check member eligibility, submit claims, and access the provider manual and pharmacy benefit information. The member portal will allow members to sign in and access secure content. Members can search for a provider, print an ID card, and check the results of their health risk assessment.

## **Question and Answer Session with KanCare MCOs**



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Council members were then given an opportunity to dialog and ask questions of the three KanCare contractors.

*Senator Allen Schmidt-* How do you plan to interface with current provider success metrics to determine quality of care at the provider level? Will you use the current metrics or bring new metrics to the program?

*Holly Benson-* The State was very clear about their expectations. In the first year, the measures will be mostly operational, but in later years the State has said they will work with the plans to develop new measures. We will use national metrics such as HEDIS that providers are currently reporting to relieve administrative burdens.

*Senator Allen Schmidt-* Do you plan to change provider qualifications or add training?

*Holly Benson-* We have been talking with the State about the credentialing process. The State currently has a strong process in place, so we want to use that process and build upon it for improvements.

*Laura Hopkins-* As we begin to work with providers, there will be opportunities to gain their input on how to improve quality of care in the areas of member satisfaction, quality of services and in other areas.

*Nan Kartsonis-* Each of the plans has a very robust provider education and communication plan. We know that educating providers and allowing them to feel involved in the process is important.

*Barney Mayse-* It sounds like all three plans will rely heavily on online information dissemination. How will providers who have limited access to technology be able to get information in a timely fashion?

*Laura Hopkins-* We communicate on a variety of levels, including hard copies, faxes, and electronic information. We try to make information available at whatever level the provider may need. Amerigroup is working in other states currently and provides information in whatever form is necessary.

*Holly Benson-* Members can contact us in a number of ways, including our call centers and mailed information. We want to ensure that there are a number of channels for members to access information.

*John Calbeck-* I am tasked with representing substance abuse providers. I am sure certain details will be addressed at the implementation workgroups, but I would like to know your experience in integrating an existing structure for substance use disorder services in other states?

*Nan Kartsonis -* We have worked with other states to reach out to the current provider systems, get them into the network, and learn about how the providers practice within the specific culture of the state. We had some initial contact with substance use disorder providers, but many wanted to wait for the award to sign contracts.

*Laura Hopkins-* Amerigroup uses a similar approach. We talk with providers, support groups, and analyze the standards of care currently in place.

*Holly Benson-* Sunflower's practices are similar to those of United and Amerigroup.

*John Calbeck-* Does substance use disorder prevention have a role in your services?

*Laura Hopkins-* Yes, it is a main focus in many of our markets. We make use of educational programs that providers currently have and develop new programs.

*Larry Martin-* Will providers invoice through your website or with the State's current vendor, Authenticare?

*Nan Kartsonis-* We will contract directly with Authenticare and use the current system.

*Susette Schwartz-* What has been your experience interfacing with the Indian Health Service/Tribal/Urban (I/T/U) service system?

*Laura Hopkins-* We have contracts with this system, and Indian health providers including FQHCs in our New Mexico program. There are a lot of nuances in the system, so the key will be communication and education.

*Nan Kartsonis-* United has a similar program in New Mexico, so we are accustomed to this system as well.

*Holly Benson-* We have some experience in Arizona, but look forward to working with Kansas providers to learn the specific details of this system.



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*Susette Schwartz*- Are you familiar with GPRA measures that I/T/U providers use, and what has been your experience in coordinating them?

*Laura Hopkins*- These are not used in our New Mexico program, so there we utilize HEDIS measures across the board. We will need to work through those measures with you.

*Nan Kartsonis*- We will also need to sit down and work with you on how to utilize those.

*Mike Conlin*- Do any of your organizations offer provider exclusivity?

*Nan Kartsonis*- It is our policy that any willing provider can participate in the program. We are going to great lengths to reach out to all current providers and facilitate a smooth transition of care with all providers.

*Audrey Schremmer-Philip*- Everyone's concern is that the process will become too medical-focused. How do you see your programs promoting an individualized approach?

*Laura Hopkins*- We have been successful in doing this in our programs in New Mexico. It is very cultural and communal, so we want our processes to always be consumer-driven and allow consumers to make choices related to their own service provision. We want people to feel comfortable in their communities and access new services there if they are needed.

*Nan Kartsonis*- Medical care is important, but there are also concerns with ensuring that the community supports and services are available. We use our local care coordinators to identify resources and communicate with members.

*Holly Benson*- We all believe that you have to put members at the center of care, but that requires coordinating with families and communities.

*Kevin Bryant*- I have a question about the care coordinators. How many members will a care coordinator be assigned to represent?

*Nan Kartsonis*- I can get that information to you. There will be a ratio for each care manager depending upon the population.

*Laura Hopkins*- We look at the different populations we have and see how many visits per year will be required. We also consider population density when assigning workloads and how many visits a coordinator can make.

*Kevin Bryant* - Was there a minimum ratio in the RFP?

*Kari Bruffett*- There was no minimum ratio, but plans must meet the access to care requirements.

*Mike Conlin*- Will you incentivize the use of mail-order pharmacies for prescription drugs?

*Nan Kartsonis*- No.

*Dr. DeDe Behrens*- Will dental services be included in KanCare?

*Kari Bruffett*- Yes.

*Dr. DeDe Behrens*- - None of the PowerPoints include information about dental information.

*Nan Kartsonis, Laura Hopkins and Holly Benson* - We will provide that information to you.

*Susette Schwartz*- Will adult dental be provided?

*Kari Bruffett*- The current services will be maintained.

*Representative Jerry Henry*- When do we anticipate a timeline will be available for provider training and other educational components? There have been issues with our motor vehicles system roll-out, so I want to ensure those type of issues are not occurring under KanCare. Are we developing a timeline and will it be available for the public to see?

*Dr. Susan Mosier*- You will receive a timeline by the end of this month. We will also begin our first round of town halls at the end of this month to educate consumers across the state. The managed care organizations will come and participate by listening to the concerns.



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### **Update on KanCare- Kari Bruffett, Director, Division of Health Care Finance**

Ms. Bruffett provided an update on KanCare, noting that there has been a change in the 1115 waiver application timeline. The State realized that we inadvertently failed to meet certain guidelines which required consultations with Indian health providers. The State is now soliciting public comments on the 1115 waiver application until July 14<sup>th</sup>. CMS will have another 30-day comment period after the State has submitted our application. The public comments which were made in the previous round were saved and will be incorporated into the new application. Ms. Bruffett noted that the State continues to work with CMS to maintain the previous timeline. The State has held three additional consultations with tribal leaders, which were well attended and included robust participation as well as written discussions. Further, the State conducted two more general public comment meetings in June, with high participation at each.

As the State noted before, the formal application is still a work in progress because it is part of our continuing discussions with CMS. To have your comments included in the formal comment period, comments should be submitted to the State by July 14<sup>th</sup>.

### **KanCare External Workgroups**

Dr. Mosier noted that the first meetings of external stakeholder workgroups began this week. The dates and times of meetings for each of the four workgroups will be posted online. Additionally, a new workgroup will form soon that will focus on sovereign nations and Indian health providers' issues. The KanCare external workgroups are focused on the following areas:

- MCO-Related Issues
- Specialized Healthcare and Network Issues
- Member Involvement and Protections
- Providers and Quality Issues
- Sovereign Nations/Indian Health Providers

*Susette Schwartz*- Prairie Band Potawatomi Nation gave me a summary to distribute regarding the KanCare consultations, so I can share that with this group.

*Kari Bruffett*- Thank you. We also want to be clear that protections will remain for Indian Health Providers and sovereign nations.

### **First KanCare Public Education Tour: July 30-August 2**

Dates have been set for the first round of KanCare educational meetings. Public education meetings will be held July 30-August 2 at locations across the State. The full schedule of educational meetings will be posted on the KanCare webpage as soon as it is finalized.

### **Next Meeting of KanCare Advisory Council**

The next meeting of the KanCare Advisory Council will be Thursday, September 13 from 2:00-3:30 p.m. Council members discussed potential locations for the Council meeting and decided to keep meeting in Topeka at the Curtis State Office Building.

### **Adjournment**

Dr. Mosier asked for a motion to adjourn the meeting. Dr. Craig Concannon moved that the Council adjourn, and Larry Martin seconded the motion. The motion passed and the meeting was adjourned.