KanCare Extension Public Comments

July 2017

Report prepared by:

The Center for Organizational Development and Collaboration

Introduction

The state of Kansas is requesting a one-year extension of its existing 1115 demonstration Waiver, known as KanCare. The existing Waiver permission expires on December 31, 2017. Kansas is requesting an extension to allow time to fully evaluate changes that are being considered at the federal level and may offer new opportunities that may benefit Kansas' Medicaid recipients.

Kansas accepted public comment on the extension request from June 8th until July 10th, 2017. Comments could be provided via mail, email, during one of two (2) in person public hearings that were held in the state, or on a public hearing held via conference call. Kansas notified stakeholders of the public meeting locations and ways to provide input by mail, press release, website publication, listserv email, and provider bulletins. Public hearings facilitated by the WSU Community Engagement Institute Center for Organizational Development and Collaboration were held between July 6th and July 10th in Overland Park, Wichita, and by phone.

Date/Date	Time	Location
Thursday, July 6, 2017	1:30 – 3:00 pm	University of Kansas Edwards Campus Best Conference Center 12604 Quivira Rd. Overland Park, KS
Friday, July 7, 2017	1:30 – 3:00 pm	WSU Hughes Metroplex, Room 180 5015 E. 29th St. North Wichita, KS
Monday, July 10, 2017	6:00 – 7:00 pm	Conference Call:1-877-400-9499 Access Code: 134 228 8045

In total, 91 people attended the July hearings and had the opportunity to share comments and questions live and/or by writing on comment cards. Total written comments included 6 written on comment cards during public hearings and 2 by email, no written comments by postal mail or email attachment were received.

Technical Note

Where the commenter provided comments on multiple topics in one statement and when possible based on clear language breaks, the statement is segmented and categorized into different thematic categories. When the statement is unable to be segmented, it is themed in the category that it overwhelmingly represents. Some comments overlap multiple thematic areas and are not repeated in both to keep the report concise. All verbal comments, comment cards, and e-mailed comments are included only once in the themed document. Emailed comments are included in their entirety as an appendix at the end of the report.

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KanCare Extension

There were nine (9) questions/comments regarding the KanCare Extension. Two (2) general extension questions/comments, one (1) about the duration of the extension, four (4) asking what happens if the extension is denied, and two (2) voicing support of the extension.

General Questions/Comments Summary	**State Response**
There were two (2) general questions/comments about the extension, one (1) requesting no changes in the extension and one (1) asking why the meeting was ending early.	Thank you for your comment. The meeting ended early (2:20pm) because there were no more questions or comments.

Comments

1. I wanted to call to request no changes, same goals, same covered populations, same evaluation design and please continue the same funding. Could you verify the email address?
2. Why did it end so early, in the letter it said it when to 3:00pm. You guys were going to complain about the extensions in the program?

Purpose of 1-year Extension Summary	**State Response**
There was one (1) comment about the reason the extension is for one year.	We are in our fifth year of the original five-year demonstration. We want to have an additional year to plan our longer-term renewal request, so we are asking for a one-year extension, with no changes.

Comments

1. Why is it only a 1-year extension given the fact that it was a 5-year plan?

Denial of an Extension Summary	**State Response**
There were four (4) comments regarding the impact of CMS denying the KanCare extension.	We are working with CMS on the extension application, including having weekly calls with staff at CMS. We have every confidence that the request will be approved.

Comments

1. Earlier this year and the end of last year there was a renewal proposal for 5 years correct? Didn't the federal government deny the first extension request? So if you're not changing anything since the last time it was denied why do we anticipate it will be approved if nothing was changed?
2. In the event that that expectation is not (extension is approved) met and we are denied a second time, what is the follow up? What is the consequence? We did not anticipate denial the first time.
3. What if CMS says no for the extension?
4. She asked part of my question. About the extension and it was not approved what would happen?

Support of Extension Summary	**State Response**
There were two (2) comments in supporting the extension of KanCare.	Thank you for your comments.

Comments

1. My name is XX and my mother is one of your beneficiaries, I'm deeply grateful for the Medicaid program and services it provides and I'm whole heartedly favor the extension.
2. In favor of extension 2018. No changes. Same goals. Same covered populations. Same evaluation design. Continue

the same funding for program.

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Managed Care Organizations (MCOs), Service Delivery & Network Adequacy

There were seven (7) comments regarding Managed Care Organizations (MCOs), service delivery and network adequacy. Two (2) about service delivery and nonemergency medical transportation, three (3) related to network adequacy, and two (2) related to care coordination. Of the seven (7) total comments, three (3) referenced rural areas specifically.

Service Delivery Summary	**State Response**
There were two (2) service delivery comments, both related to nonemergency medical transportation service.	We continue to work with the MCOs to ensure that such the number of incidents decrease. We encourage members who have care coordinators to alert them about these issues so they can help prevent them in the future.

Comments

1. Is there any look at the lack of transportation for individuals seeking service for medical help, mental, dental, out in our rural areas? Cities don't have that problem but you get in the rural areas the doctors, that will accept you as a KanCare participant, might be 60 miles away, and you're not a driver weather you have a MRD or IDD waiver working healthy, or elderly what are we supposed to do?
   When my daughter calls to get access to care and gets a confirmation number, and is told to be ready at 7:15 in the morning to either go to a mental health appointment to get here required 28 day bloodwork done or to go in for any other checks and nobody shows up, and nobody calls her and tells her, "well we couldn't find anybody". From St Louis they could not find anybody, from Newton Kansas to be available. Now, for example she needs blood work on July 4. She had no idea that she had no ride on July 4th it was a holiday. Did they notify her? No. Then I was told that I could have taken her, and made $.56 a mile, I wasn't available to do that, and I'm her guardian conservator and so I can't be compensated for things according to what I've been reading. So where does that put her? Again this is a required blood draw. You can tell me, "Yes it's on paper". But what are you going to do about it? How can we be sure that these individuals, because I know she is only one case, what are we going to do? How can we fix this?
2. Getting transportation reimbursement is very difficult, I send in the reimbursement paperwork and never see a check after calling to ask where it is. I have called several times after turning one in and have received 1 reimbursement check.

Network Capacity/Adequacy Summary	**State Response**
There were three (3) network adequacy comments. Two (2) related to access to mental health services in specific geographic areas and one (1) related to accessibility in dental providers.	We work with the MCOs continuously to ensure that they each have adequate networks. We review their network adequacy reports regularly.

Comments

1. I would like to know, I would like to share a personal story about KanCare. [Interrupted] I do have a question about the extension, since you say nothing is going to change does that mean you are going to find a way to get providers to actually accept KanCare? Because I have found that services are limited and it is difficult to find Doctors who will actually accept KanCare because the model is so flawed to these providers, because they don't actually get reimbursed. So they are getting themselves out of KanCare. I'm curious how you're going to say nothing changes which to me means that no psychiatrist will take clients, in the Johnson County area, will take KanCare to get someone with a mental health issue any kind of medication, because they do not accept KanCare. I would like to know, how will you address those issues if you say nothing changes?
2. I'm cornered about rural care for beneficiaries, for example my mother lives in Coldwell and doesn't have any access to mental health services. I also have some questions and comments about the administration of the program that I won't say here because this is about the extension perhaps I can speak to some of the staff about that offline?

Thank you very much for the opportunity to be here.

3. We can't find a dental provider in the Wichita Area who has disability access (wheelchair)

Care Coordination Summary	**State Response**
There were two (2) care coordination questions/comments, one (1) asking what a care coordinator does and one (1) stating that people on a waiting list for a Waiver don't know they have a care coordinator.	Not everyone in KanCare is assigned a care coordinator at the MCO, but if a member has a care coordinator that position is responsible for helping to make sure the member gets needed physical and behavioral health service and that preventive care is provided. If the member is receiving long term services and supports, those will also be coordinated to ensure the member's needs are met.

Comments

1. Back to the slides that you pushed through here quickly it is a lot of information, you said something about coordinating care, I'd like for you to explain how that was implemented in the extension, or what has been addressed. It seems as though you were referring to someone that was coordinating dental mental health care combined or something? I have not seen that? So I would like to know where that is in the extension. So my daughter who is IDD and is on the waiver should be having one of those? And that person, the independent living counsel, is supposed to be aware of the medical needs?
2. Her question about care coordination brought up an issue that has been troubling to me. We work with IDD population and the IDD folks on the IDD waiver they typically know care coordinator and will meet with them. I will tell you that the people on waiting list do not know that they have a care coordinator. They don't have contact with them. If there is coordination of care going on they are not familiar with it. They know they have a TCM and that's who they rely on. The Coordination is a little different depending on weather you are on the waiting list.

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Home and Community Based Services (HCBS)

There were five (5) comments regarding Home and Community Based Services (HCBS) in KanCare. Two (2) general comments and questions relating to HCBS services in KanCare and three (3) relating to HCBS policy.

General Questions/Comments Summary	**State Response**
There were two (2) general HCBS Waiver questions, asking how to find out what Waiver the person receives and one (1) asking what percent of the Medicaid population is on a Wavier.	Roughly 10% of the KanCare population is receiving services from one of the seven HCBS waivers. Members who must pay premiums are members who may qualify for one of the HCBS waivers, but have chosen to be on the Work Opportunities Rewarding Kansans (WORK) program. Some HCBS members may also have a client obligation, which is a cost share, due to their income.

Comments

1. If you have a job and you're on Medicaid, it's a full-time job, and you're trying to get off SSI, do you have to pay a premium to keep Medicaid? I have SSI and I have a job that pays me weekly, and I have Sunflower. I was told I have to pay a premium because I was working full-time even though – I was on the great expectation program, but you don't have that anymore. I don't know what program I'm under now. How do I find that out?
2. You mentioned how many KanCare folks are on Medicare. Can you tell us how many are HCBS recipients? I was thinking that the population maybe 2% of recipients or 15% of the recipients?

HCBS Policy Summary	**State Response**
There were three (3) HCBS policy comments/questions, two (2) related to a recent Person Centered Service Plan Policy and one (1) regarding capable person policy.	The policy mentioned in these comments has been withdrawn by KDADS.

Comments

1. I have a question, on why they are trying to cut home health care for quote "capable persons"?*
2. So you said that with the KanCare extension that nothing will change correct? So the MCOs determining the level of care, and the individual's level of need, and not the case managers, is that not considered a change? Ok you are just changing the people who determine those needs, who just so happen to be to people and companies who are paying for those needs, Ok.
3. When you talk about no changes, we just got a new policy draft from KDADS that said case management is going to, in my estimation, is going to change. It says in the policy that the MCOs are going to do the person centered support plans along with the ISPs, they already do the needs assessments. So right now if that goes through, which think is egregious, I think it's a conflict of interest, because you've got the MCOs determining services, determining funding, determining the needs, and it used to be separated out and now that is going to be one entity. That is a definite change, it goes against choice and it goes against what the case manager has always been mandated to do. So I would like you to explain who decided on this new policy and how you came up with this? It's up for comment until the 14 of July, and I encourage everybody to comment in this room, to make sure you make your comments are known. I would also like to say and make sure people in this room know that PAC is going to be having a meeting addressing this very same issue. We've invited CMS to come, we will be inviting the state as well, to explain this policy to everyone, and also we will have the press there. We've invited all of our families and providers so that we will have a very large meeting and people will understand what is going on.

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Individual Situations

Summary	**State Response**
There were five (5) comments related to individual situations or experiences. One (1) was a provider comment related to MCO payment for services provided, one (1) related to renewal of a Working Healthy application, two (2) related to spenddown, and one (1) related to guardianship.	KDHE encourages individual providers and members with specific coverage or payment issues to contact us directly with details so that we may help them.

Comments

1. Michael Southern, Psychiatric Practitioner – I'm not saying that it's not appropriate, the extension. I am concerned about the babble with the current MCOs and being the most solvent, and literally seeing thousands of people including the Medicaid population particularly: the disabled, the SPMI, the CHIP, the children's program, foster care, DCF. However, the MCOs seem to have a serious problem with actually making payments for service. Literally, I have hundreds of payments that are not made. Whether or not if the extension is appropriate, in my case, and with having only 1 psychiatrist for 13 counties. This can't go on and the reason for my comment is I hope to have an understanding how the extension may change the current status with the 3 MCOs. Formal grievances have been made to all MCOs, and we're talking about 100s of services which are not taken care of. How will the extension help that issue as a provider of the most vulnerable population? [Becky asked if he was a practitioner.] Yes, I'm a private psychiatric practitioner in southwest Kansas. I see 20,000 people with all their follow-up. I travel 500,000 miles seeing folks in these counties. [Becky asked, "As a private provider the MCOs are not paying you?]. That's correct or they will drawback and then by the time is up, oh well, "time's up". I have a huge concern about everyone saying they will take the situation and keep on doing it because it is in the best interest of people we serve, but I just can't imagine how we can continue to sustain and support an extension if we cannot actually accomplish what I've been trying to clear up since 2013 with documented calls to the Kansas Department of Health and Environment, KanCare, and all the MCOs. I'm happy to provide testimony as well as call logs.

   With Medicaid being a state ran and MCOs being a for profit entity and being able to say oh we should go retroactive or do all of these "things" but uh not able to be able to make headway on this is where the meta error comes in.
2. Is the working healthy, is that still related to Medicaid? I'm working on that, and my daughter is just wanting to start working. I'm renewing an application and it says a new person on here. There is no new person and is same one that has been staying here. She's not on the renewal. I'm not sure if she had to be on that too. She's 16 and we live in Olathe. [Becky provided referral information to KDHE benefits specialist.]
3. What is a NSO? [Becky clarified, an MCO?] Affirmed. My brother was on Medicaid and he didn't spend enough in the spenddown and they cut him off. In 6-months they wanted him to spend at least $6,200 in medical and they didn't help him when he needed it. Now he owes the hospital over $25,000.
4. Supposedly, you said that this is supposed to be free correct? So what a copayment? I have the exact same income and even more expensive because I'm on food stamps, my food stamps were cut from $100 from the last state I lived in. Which was just as conservative as this state. I have a spend-down of $1600 which means I can't go to a doctor because I can't afford to pay anything. I don't have that kind of an income. So I have no medical coverage which means that, what it says about emergency rooms? Well if I have a problem that's where I'm going because don't have to pay. You need to revise this.
   I had to pay my Medicare because you were to slow covering me and I did and after being billed for a total of three months of Medicare, I called KanCare and they said you're gonna be reimbursed, but I have not been and I have been reimbursed for two months and I lost a whole month that I had to pay.

5.	I have a sibling that I am the payee for and care giver to an extent. On several occasions I have been asked to become his guardian. Do I do that through you? I mean I used to communicate with the case worker but in the past couple of years it have been harder to communicate with case workers. It seems to be what I was at ease with before now it seems to have changed drastically. I do have the papers where they signed for that, but to actually be guardian and put things in my control, I don't want to go that far but it will make it better for the individual.

Utilization and Cost Savings

Summary	**State Response**
There were two (2) questions/comments related to utilization of service, both related to utilization of inpatient services.	Thank you for your comments.

Comments

1. I'm XX with the SCDDO I wanted to mention I've seen the measure a few times about the reduction in outpatient visits and inpatient hospitalizations. I want to make sure that it's clear that a reduction in inpatient admissions doesn't mean people are getting the mental health care that they need, and there is in particular a real gap for folks with intellectual disabilities in getting the mental health care that they need, and that your measure may not be discrete enough in getting that. I think there is still some room for improvement in that.
2. Tip- when talking about the success, utilization of in-patient services is good for the health of recipients not just a $ savings

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General Questions & Comments

There were five (5) general questions and seven (7) general comments. This category is formatted to allow the state to respond to each individual question due to their unique nature and acknowledge the comments the same as other comments.

Questions	**State Response**
1. What's the waiver that you refer too?	The 1115 demonstration waiver.
2. Like what requirements are we waiving with the 1115 Waiver, what requirements are we getting around by having KanCare?	This waiver allows us to require that almost all of the populations Kansas serves in Medicaid and all of the Children's Health Insurance Program (CHIP) population be served in managed care for all of their services including long term services and supports.
3. I'm not sure if this this regarding the extension or not but you mentioned KanCare 2.0 would come in after the extension. Can you speak to that at all?	KanCare 2.0 is the name we use to talk about the renewal of the 1115 demonstration waiver and the request for proposals (RFP) that we will be doing later this year to create a new contract with MCOs and do some new and different things we aren't doing in the current 1115.
4. With the repeal of Obama Care is this basically, you're saying if they decide to repeal it or do something else, this will stay the same for a year, is that the point you're trying to get across? No matter what they do? You're not going to guarantee an extension. You're saying that this is a one-year extension but whatever they (federal government) decide, then it all changes? So you're saying this isn't grandfather in then? So when they change federal law, basically with whatever they determine, you will be having these meetings again to explain whatever the law is? So you're basically getting feedback from the public for the new policy (from the federal administration)?	Until Congress passes a health care bill, we can only do some calculations and projections about how each might affect the KanCare program. We are proceeding with our extension request and will make adjustments, if a bill is passed that requires us to do so.
5. Isn't it true that KanCare doesn't comply with the law at this point though? Isn't that why we are making changes to KanCare now? (It) Is that KanCare doesn't comply with the federal Medicaid laws as they stand now? Isn't that why there are changes that have to be made I mean we're voted or got censured I'm not sure what the terms are because I'm not the head of Medicaid and I don't pay that close of attention, but I pay close enough attention to know that KanCare is literally not compliant with at the requirements of Medicaid at the federal level.	No, this is not true. The Centers for Medicare and Medicaid (CMS) required Kansas to prepare a corrective action plan for some issues they noted in their review of the program. We have submitted that CAP and have weekly calls with CMS about our progress. We also have weekly calls about our 1115 extension and we have every confidence that the extension request will be approved.

Comments	**State Response**
1. ::Gentleman interrupted the speaker:: This isn't right… [unintelligible] you aren't. Just like the rest of them. [Unintelligible]. I don't understand. Okay. There is a lot of confusion. 19th the 17th. October 2017. And then a year. Okay, a year and 2 months. But any benefit, I don't understand. [Unintelligible] what all the way to the 19th, because I don't understand. A lot of people are going to die… and a lot of people are going to die and how is this turning a negative into a positive? You upgrade in October? I don't understand. November and December in 18 and 19. And do I qualify? How do I know what category am I in in the 1115? I don't know? [Unintelligible background conversation]. What's your name? How do you spell your name? [Asked if he's calling about his Medicaid application by Becky Ross]. Yes. [Unintelligible background conversation]. People die over these issues every day. People are laughing over this. You all have a good day. God bless you.	Thank you for your comments.
2. KanCare SUCKS. It has done NOTHING to help IDD services. It's sickening to hear the state try to convince people otherwise!!	Thank you for your comment.
3. Thank you for offer us to use KanCare and help me out my child (kids). We use for long time we are happy for the service. God bless all of you.	Thank you for your comment.
4. A few years ago, in 2012, you guys had implemented this into KanCare. How long is it going to take for it to go through this process? There are lots who have the Medicaid. When we try to reach out or anything, when we try to get through the wormholes, we want to know what our future is and we're put on hold. Our MCOs say we can't do anything because we don't know. It's frustrating for people with disabilities. For people with disabilities and from all walks of life, can it be cut down to an easier format so we know exactly what you're trying to tell us? I'm on a council that's supposed to be working with you guys and when you set up these meetings, many of us can't get around. Some are in Wichita and Topeka and bigger cities and we can't make it. This concerns me. You want our feedback, but we are far away, some are in wheelchairs or are blind and can't give that feedback.	KDHE makes every effort to comply with federal public comment requirements by holding meetings in various cities, with populations that make it likely a number of our members and providers, as well as other stakeholders will be able to attend. We also always try to have a conference call option and accept comments via e-mail and through the U.S. Postal Service. We serve over 400,000 members and it is impractical to hold enough meetings to accommodate everyone.
5. Current KanCare benefits very nice.	Thank you for your comment.

6.	Give medicaid back to the state, instead of privatizing it through "MCOs".	Thank you for your comment.
7.	My Name is XX, I am 42 years old now and was diagnosed with MS with multiple connected problems at the age of 21. I have been fighting this horrible disease for more than twenty years now. From this I have learned a great deal about the Medical establishment, good and bad. I have fought with many Health Insurance companies over payment of services for many years now, so I guess you could call me an "expert" of sort. Please, if you will, let me start with the wonderful assistance KanCare has provided me. I know these day, you probably hear of all the complaints and problems related to the health care industry. It surely seems to me it can be a terrific amount of "Red Tape." I know it's not sustainable as is, change is needed. You should know of the wonderful job KanCare has been doing for me in the time I have had coverage with you. Your constant attention to my needs has been better than superb. All of your staff has been willing to step in and step up to help with any problems that may occur. I am especially thankful for XX my case manager. I do not give compliments very often, but you guys deserve all the credit you can get. Without your care and coverage, I feel my life would have been quite different than it is today. I would hate to imagine, what my life would be like without your services... So I am Grateful!!! Thank You for all you do for me. Your care and assistance even effects my Husband's life. His health is poor and getting worse. You make it easier for him, You give him peace of mind. God only knows how many lives you touch because you care as you do. Like a pebble tossed into a calm lake, you make ripples that reach further than you realise. Thank you, for My Life being possible because of the wonderful care by all my providers. Especially Dr. XX, whose Awesome services, would Not be possible, without KanCare! Thank you!!!	Thank you for your comments.

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From: r klerk
To: KanCare Renewal
Subject: Kancare Renewal comment
Date: Monday, July 10, 2017 8:27:44 PM

July 10, 2017 (6:00- 7:00 pm)
Conference call: 1-877-400-9499 Access Code: 134 228 8045.

In favor of extension 2018. No changes. Same goals. Same covered populations. Same evaluation design. Continue the same funding for program.

Thank you
R. Clark
950 Jana Drive
Lawrence, KS 66049
785-550-9054

From: gailyn@cableone.net
To: KanCare Renewal
Subject: KDHE KanCare Renewal Extension Question
Date: Monday, July 10, 2017 10:51:03 PM

Ms. Gailyn Webre
1012 Grant St.
Neodesha, Kansas 66757-1350
Monday 10 July, 2017 10:30 P.M.

KanCare Extension Request Renewal
My Personal Account of KanCare

Re: KDHE KanCare Renewal Conference Call

My Name is Gailyn Webre, I am 42 years old now and was was diagnosed with MS with multiple connected problems at the age of 21. I have been fighting this horrible disease for more than twenty years now. From this I have learned a great deal about the Medical establishment, good and bad.

I have fought with many Health Insurance companies over payment of services for many years now, so I guess you could call me an "expert" of sort.

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Your care and assistance even effects my Husband's life. His health is poor and getting worse. You make it easier for him, You give him peace of mind. God only knows how many lives you touch because you care as you do. Like a pebble tossed into a calm lake, you make ripples that reach further than you realise.

Thank you, for My Life being possible because of the wonderful care by all my providers. Especially Dr. Amy Cunningham D.O., whose Awesome services, would Not be possible, without KanCare! Thank you!!!

With all my Gratitude,
Gailyn Webre
The "Silly Ole Lady" with a Lifetime of Listening To Others
Especially Medical Professionals and Patients

Sent from my iPad