Kansas Department of Health and Environment

January 17, 2014

Robert Moser, MD
Secretary

KanCare and Population Health

KanCare goals are consistent with KDHE focus on integrating public health and primary care.

Not just focused on a medical model, but an integrated approach that uses:

- **A system of resources to support members; and**
- **Data and information to improve the program and individual interventions**

Shifting the Focus to Outcomes

In 2014, pay for performance measures shift from operational to outcomes:

Physical health
Behavioral health
HCBS/long-term care
Nursing facilities

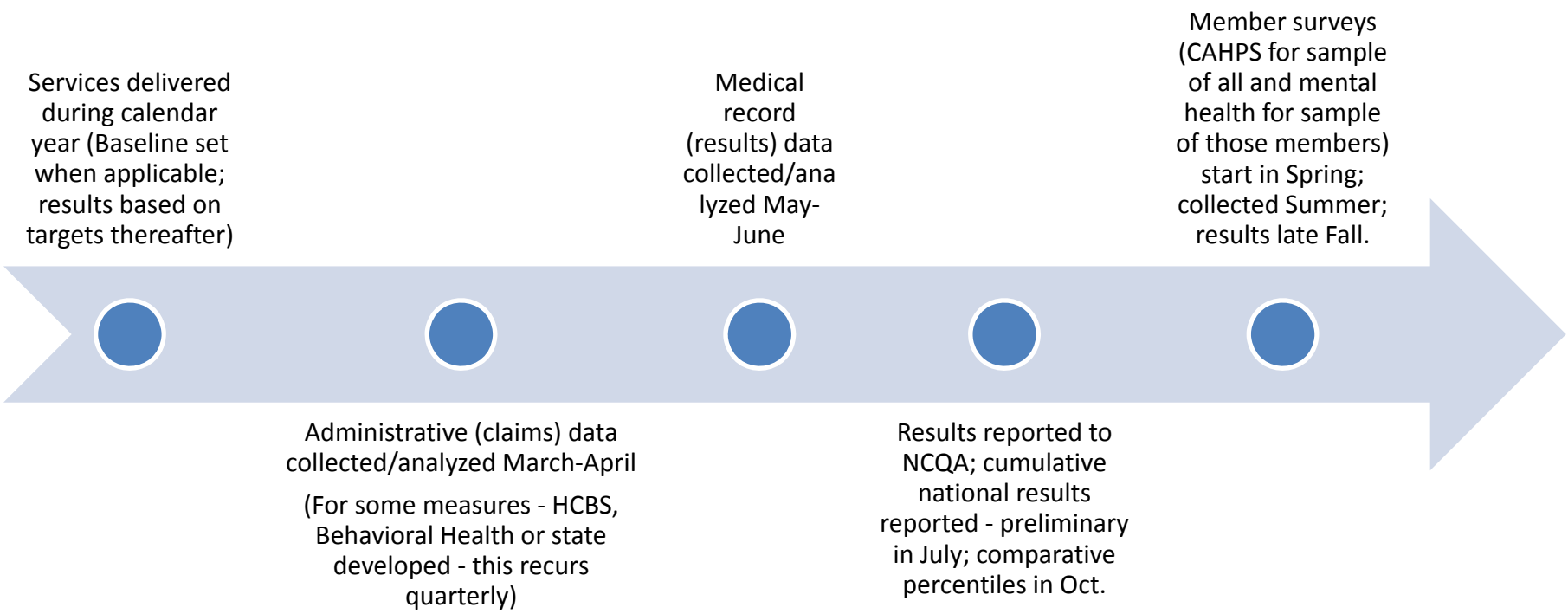
KanCare

Outcomes Reporting Timeline

- Physical health measure data collected after first quarter of each subsequent year (2013 complete after March 2014)
    - Reported to NCQA by June, with cumulative national results (establishing percentiles) released by NCQA in July
- Spring CAHPS survey results expected July-August
- Behavioral health survey results available in fall
- NOMs measured quarterly
- HCBS waiver performance measures measured quarterly, reported annually per 1915(c) waiver
- New state-developed measures (increased employment, etc.), generally reported 60 days after each quarter

KanCare

Recurring Cycle



Using Data

Data, both in aggregate and at the individual level, drive program improvement and interventions.

Example: Performance Improvement Projects

Collaborative PIP (all three MCOs): Comprehensive Diabetes Management

KanCare

Using Data, cont.

Individual MCO PIPs – results monitored quarterly:

- **Amerigroup: Well Child Checks for ages 3-5**
- **Sunflower: Initiation and Engagement for Substance Use Disorder Services**
- **United: Access to Community Services Following Hospitalization for Mental Health Treatment**

Using data to connect chronically ill with providers: Health Homes

KanCare

Susan Mosier, MD
Director of Medicaid Services

Health Homes

- The term “health home” is unique to Medicaid
- Health homes are an option which states can choose to provide within their Medicaid programs
- A health home is not a building, but is a comprehensive and intense system of care coordination
- Health homes do not replace acute care services

KanCare

Federal Parameters

Must be eligible for Medicaid, and have at least:

- **Two chronic conditions;**
- **One chronic condition and is at risk for another chronic condition; or**
- **One serious and persistent mental illness**

KanCare

Chronic conditions

- Mental health conditions
- Substance use disorder
- Asthma
- Diabetes
- Heart disease
- Being overweight
- Expanded list

KanCare

Six Core Services

- Comprehensive care management
- Care coordination
- Health promotion
- Comprehensive transitional care
- Individual and family support
- Referral to community and social support services, if relevant

KanCare

Role of HIT

- To link services
- Quality reporting
- Provider supports/requirements
- Facilitate communication and feedback

KanCare

Other States

- To receive federal funding for health homes, states must amend their State Medicaid Plans
- 12 states currently operate Medicaid health homes programs
- 3 states operate them using two State Plan amendments (SPAs)
- Remaining states have a single SPA

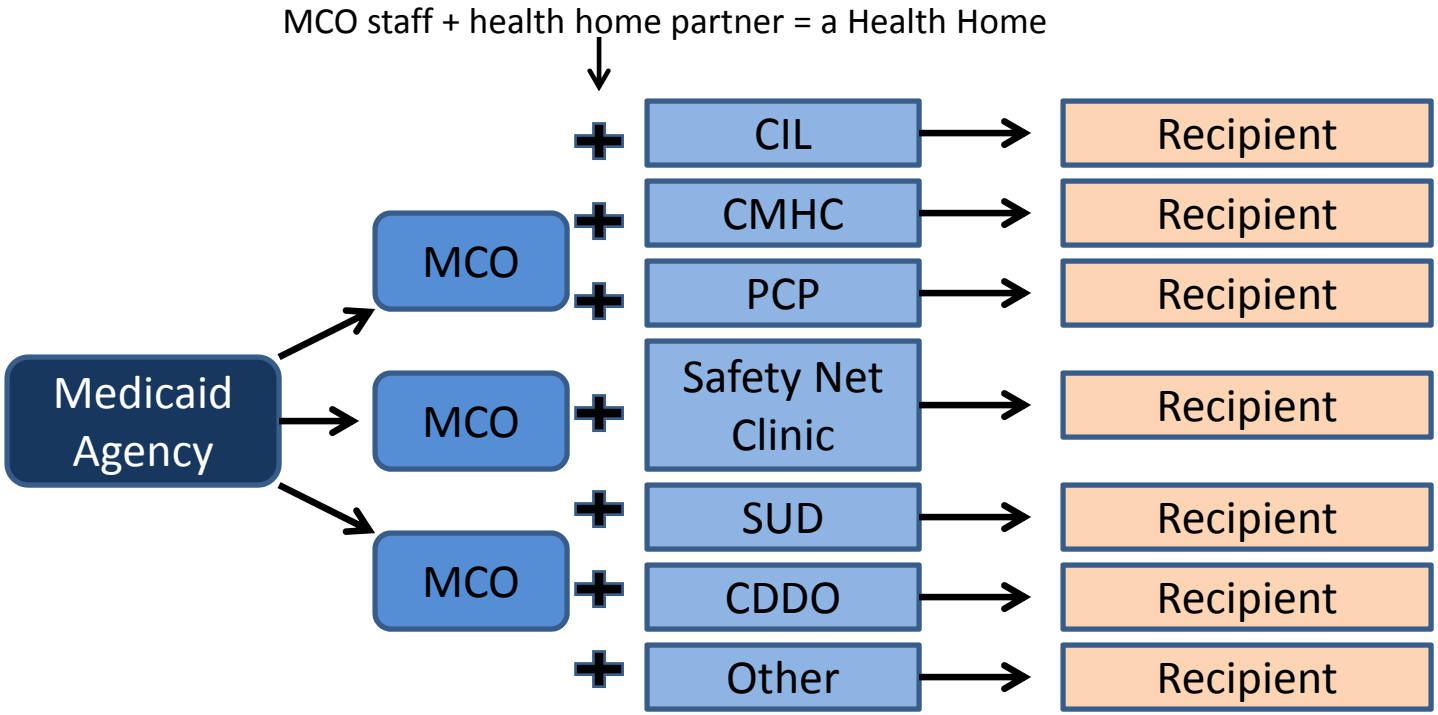
KanCare

Three Approaches to Integrated Care

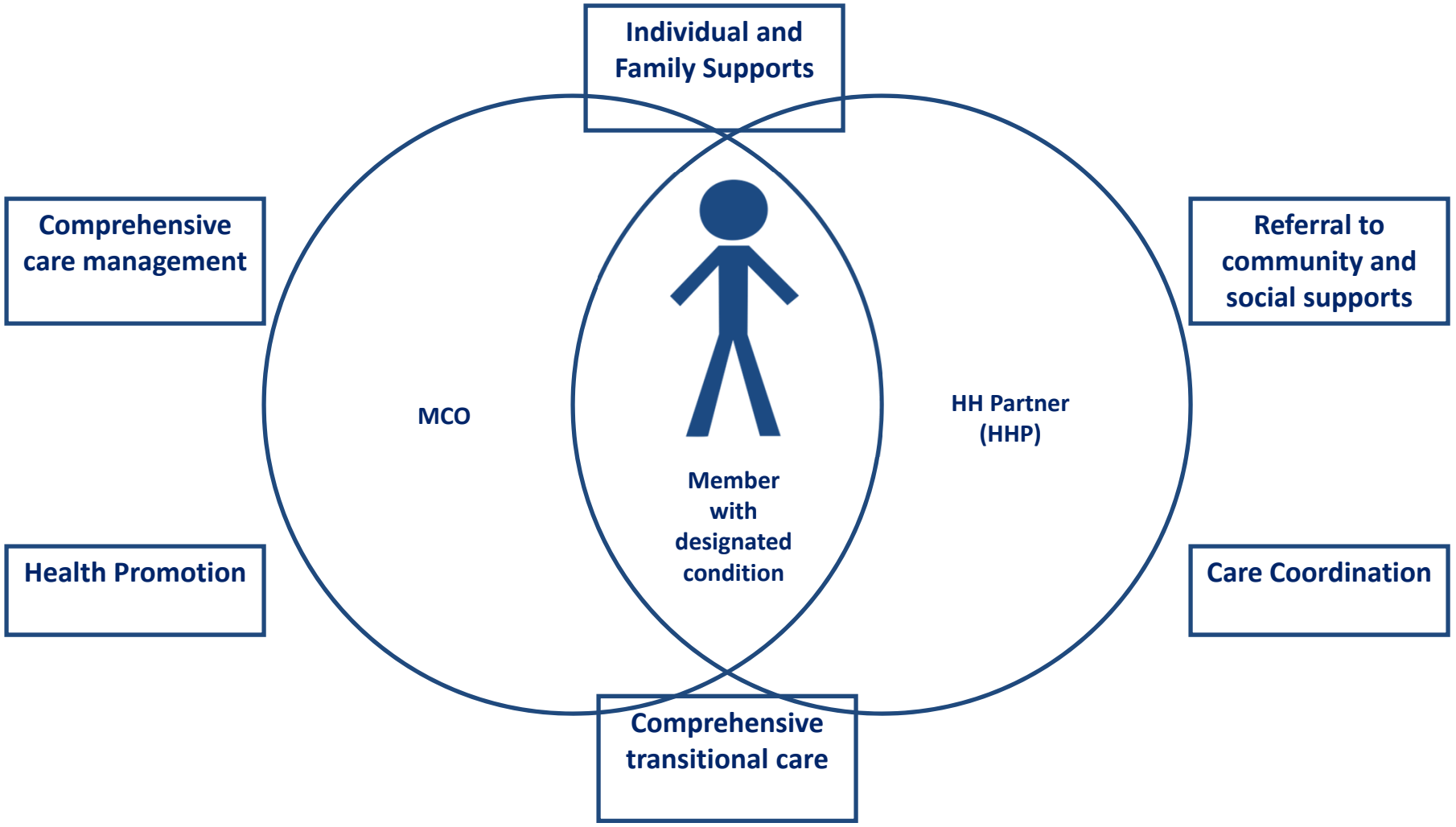
- Facilitated referral - develop formal and informal relationships
- Co-locate - behavioral health clinician in a physical health setting or vice versa
- In-house - provision of primary care and behavioral health care together

KanCare

KanCare Health Home Model



Service Structure



KanCare

Improving Health

- Critical information is shared
- Patient has tools needed to help manage his/her chronic condition
- Necessary screenings and tests occur timely
- Unnecessary emergency room visits and hospital stays are avoided
- Community and social supports are in place

KanCare

Health Home Goals

- Reduce utilization associated with avoidable (preventable) inpatient stays
- Improve management of chronic conditions
- Improve care coordination
- Improve transitions of care between primary care providers and inpatient facilities

KanCare

Target Populations

- First target population is people with serious mental illness (SMI)
- Second target population includes people with asthma or diabetes who are also at risk for another chronic condition
- Can't exclude dual eligibles or limit to a particular age group
- All HH members must be in KanCare and must select a HHP within the MCO network

KanCare

Enrollment

- Passive enrollment with “opt out” feature
- Enrollee will receive a letter; may choose to opt out
- Must have a choice of health home provider, but may be limited to certain number of times in a year
- Grievance and appeal rights

KanCare

Meet Earleen

Earleen is unemployed but interested in employment

Earleen is 41 years old

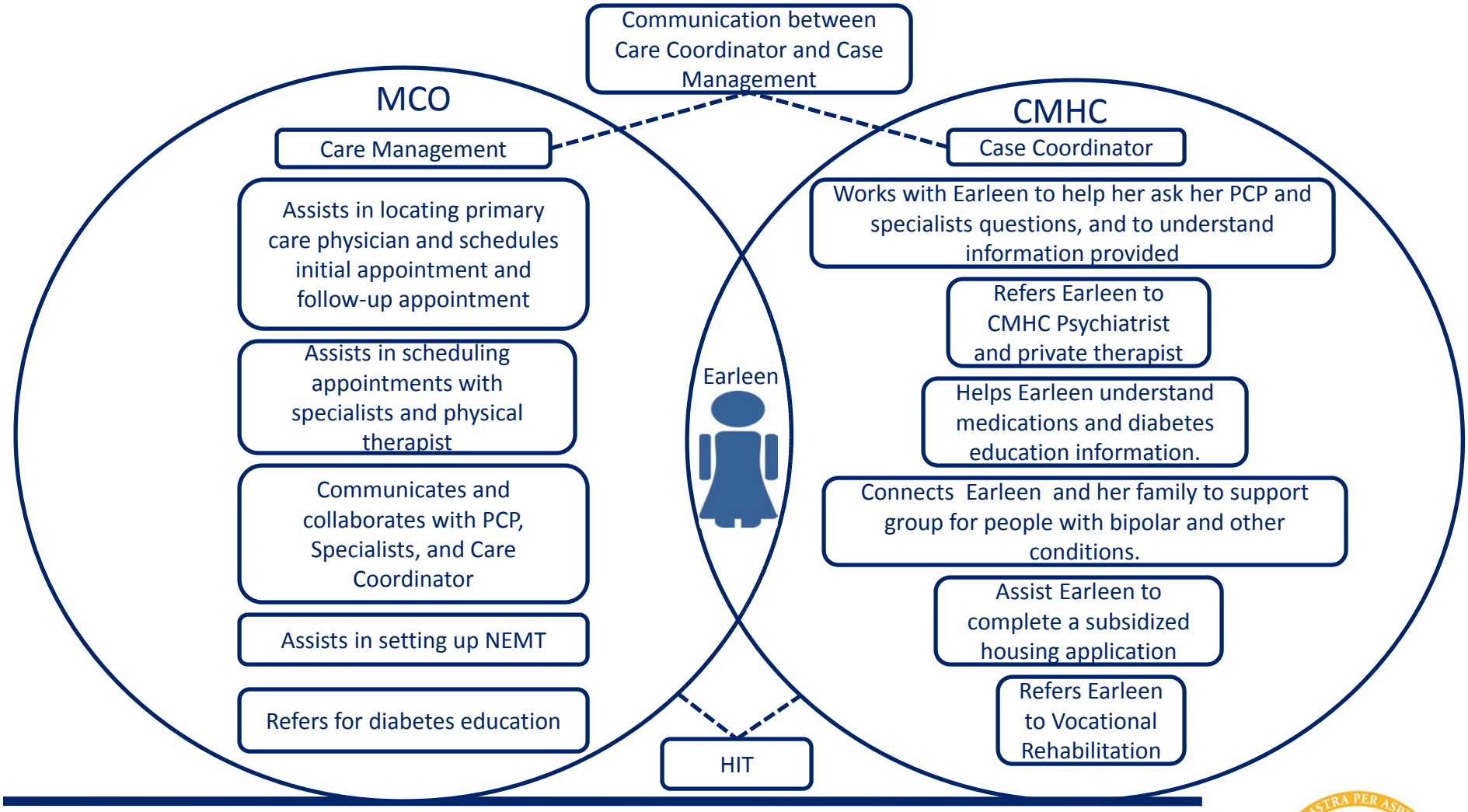
Earleen has bipolar disorder

Earleen has diabetes

Earleen has COPD

Earleen has been admitted to the hospital 4 times in the past year.

KANCARE Health Home: Scenario – How will KanCare help Earleen?



KanCare

KANCARE Health Home: Scenario – Meet Bobby

Bobby has Asthma

Bobby's Asthma is not controlled

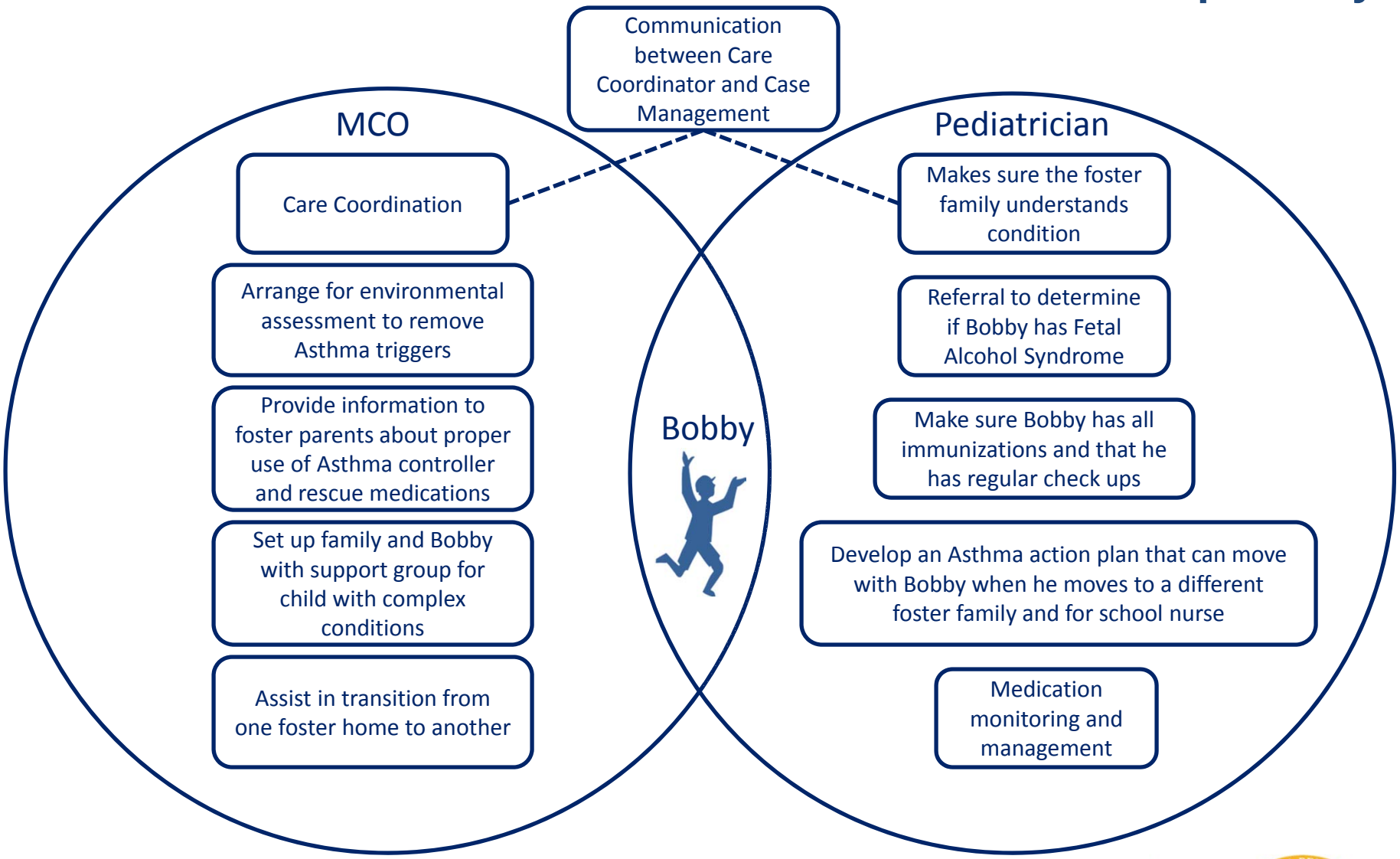
Bobby is 8 years old

Bobby is in Foster Care and has moved to several different families in the past several years

Bobby has gone to the ER several times this year for Asthma related issues

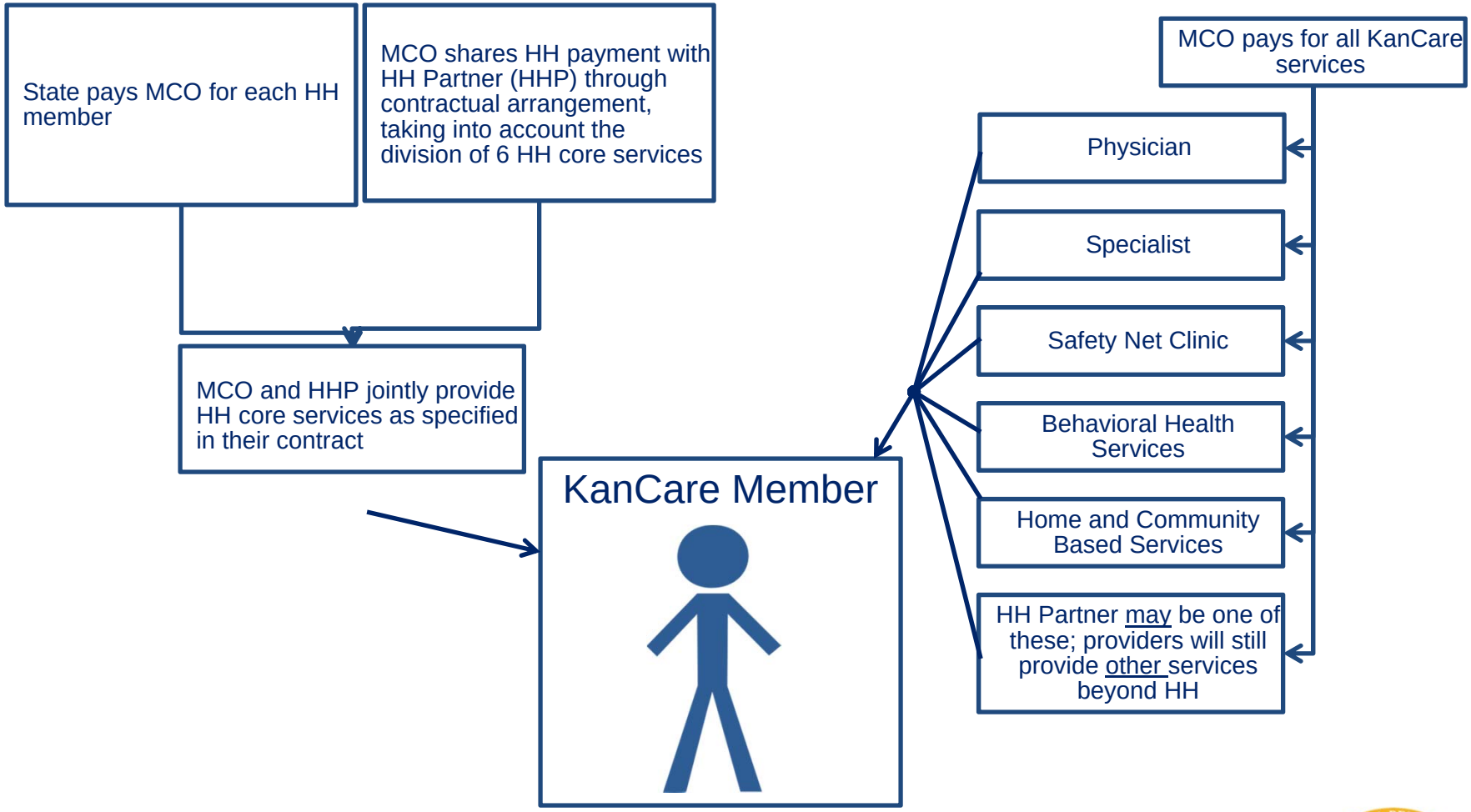
Bobby possibly has Fetal Alcohol Syndrome

KanCare Health Home: Scenario – How will KanCare help Bobby?



KanCare

Payment Structure



Health Homes Project Structure

- Interagency team of KDHE and KDADS staff
- Technical assistance partner – Center for Health Care Strategies (CHCS)
- Project team of state staff, university and actuary partners, with MCO representatives
- Health Homes Focus Group – 80+ stakeholders who provide advice and input

KanCare

Where We Are

- Engaging stakeholders
- First SPA drafted
- SAMHSA consultation on first SPA complete
- Monthly calls with CMS
- Working on operational issues
- Preparing second SPA
- Implement HHs for two target populations (SMI and chronic conditions) July 1, 2014

KanCare

Staying Informed

- Web page: www.kancare.ks.gov/health_home
- Monthly newsletter: *Health Homes Herald*
- E-mail questions/comments: healthhomes@kdheks.gov

KanCare

Kari Bruffett
Director, KDHE-DHCF

Eligibility

Total Medicaid/CHIP:

Medicaid			CHIP	
July	342392		July	55097
August	342309		August	55637
September	342146		September	56386
October	344574		October	56905
November	346331		November	56803
December	350294		December	56194

Applications by Month:

Month	Applications			
	# of Apps Received	Members Eligible for Medicaid	Members Eligible for CHIP	Members Ineligible
Dec-13	7,445	7,363	769	6,758
Nov-13	7,483	7,088	779	5,509
Oct-13	8,870	9,319	953	7,961

KanCare

Trend in Applications

Federal Marketplace "flat file" has 7,725 records of individuals assessed as likely eligible for Medicaid/CHIP. (As of flat file received 1/14)

The flat file does not contain enough information to make eligibility determinations.

KDHE has contacted all individuals for whom contact information is complete in the flat file.

KanCare

Trend in Applications, cont.

Expect outreach to those individuals will lead to a bump in applications through the KEES online self-service portal.

Last week, 1,300 online applications were submitted to the portal, compared to an average of 635 each week in October/November/December.

Open Enrollment

Members who joined KanCare in January 2013 can change plans during the open enrollment period (12/1/13 to 3/2/14). Approximately 330,000 individuals received packets.

As of 1/14: **7,155 changed plans effective 1/1**
876 changed plans effective 2/1

Members who gained eligibility after 1/1/13 will have open enrollments corresponding with their initial enrollment date.

Executive Summary

Please see Executive Summary, which includes:

- Capitation Payments
- Members by Cohort
- Network Count
- Claims At a Glance
- Denials
- Value-Added Services
- “In Lieu of” Services
- Grievances and Appeals
- Plan of Care Reductions
- Pay for Performance Measures