



KanCare Overview
House Committee on Children & Seniors
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Secretary Susan Mosier, MD, MBA, FACS
Kansas Department of Health and Environment

Overview of Medicaid and CHIP

Medicaid and the State Children's Health Insurance Program (CHIP) are:

- Joint programs between state and federal government
- Major payers in our health care system
- Tailored by each state to meet the needs of the vulnerable populations of the state
- Growing

Overview of Medicaid Nationally

Medicaid:

- Created in 1965 through an amendment to the Social Security Act
- Provides coverage for a broad range of health care services
- Nationally, Medicaid state and federal expenditures in FY 2014 were over \$475 billion

Overview of CHIP Nationally

Children's Health Insurance Program (CHIP):

- Created in 1997, reauthorized in 2009
- Provides coverage for health care services
- Serves children in families who have too much income to qualify for Medicaid
- Nationally, CHIP state and federal expenditures in FY 2014 were \$13 billion

Current KanCare Beneficiaries

- Children
- Pregnant Women
- Individuals with disabilities (physical, intellectual, developmental)
- Technology assisted children
- Kids with autism
- Frail elderly
- Able-bodied parents/caretakers under 38% FPL
- Individuals with traumatic brain injury
- Individuals with severe emotional disturbance
- Individuals with breast and cervical cancer
- Individuals with tuberculosis
- Individuals with HIV and AIDS

KanCare Overview and Update

- KanCare 1115 Waiver Project
- Beginning year 4 of 5 year demonstration
- Capitated, risk-based, managed care model
- 95% of populations and services included
- Breaks down silos of care
- Improves quality/outcomes while bending cost curve down
- Provides integrated, coordinated care
- Has increased emphasis on health, wellness, prevention, early detection and early intervention

Innovations in Service Delivery

- Telementoring - Project ECHO
- Telemonitoring
- New Data Analytics and Predictive Modeling Platform

Telementoring: Project ECHO

- Telementoring program
- We are one of eight states selected to take part in a learning collaborative for state Medicaid programs
- Based on a successful model in New Mexico, it has since expanded to Illinois, Missouri, New York, Colorado, Oregon and here in Kansas
- Links expert specialist teams with primary care in local communities
- Together they manage the patients care

Project ECHO Basic Tenets

1. People need access to specialty care for their complex health conditions
2. There are not enough specialists to treat everyone who needs care, especially in rural and underserved areas
3. ECHO trains primary care clinicians to provide specialty care services, meaning more people can get the care they need
4. Patients get the right care, in the right place, at the right time; improving outcomes and reducing costs

Telemonitoring

- Uses available technologies to allow medical professionals to monitor patients from a distance
- Allows patients that are in high risk categories to remain in their homes while providing real time health supports
- Growing number of devices that can monitor a wide variety of metrics and conditions to help patient with better health

New Data Analytics Platform

- Part of recent Kansas Modular Medicaid System procurement
- First implementation of population health tool as an integrated part of state Medicaid data system
- Next generation data analytics and predictive modeling platform for the state
- Will provide quicker and easier access to Medicaid data for decision makers; including dashboards
- Can be scaled to include variety of data sources

Leveraging Public Health Expertise

- Oral Health Initiative
- Collaborative Improvement & Innovation Network (CoIIN)
- Million Hearts

Oral Health Initiative

The Two Aims of the Initiative are:

- Increase by 10 percentage points the proportion of Medicaid and CHIP children ages 1-20 who receive a preventive dental service
- Increase by 10 percentage points the proportion of Medicaid and CHIP children ages 6-9 who receive a dental sealant on a first permanent molar

Infant Mortality CoIN

- Public-private partnership to reduce infant mortality and improve birth outcomes
- Kansas priorities
 1. Reduce Smoking Before, During, and After Pregnancy
 2. Reduce Preterm and Early Term Births
 - Reduce elective delivery prior to 39 weeks
 - Increase utilization of progesterone
- Initiative sustained through Kansas Maternal & Child Health action plan and partnerships

Million Hearts

Goal: prevent 1 million heart attacks and strokes by 2017

Prevent heart disease and stroke by:

- Improving access to effective care.
- Improving the quality of care for the ABCS with a particular focus on blood pressure control
- Focusing clinical attention on the prevention of heart attack and stroke.
- Activating the public to lead a heart-healthy lifestyle.
- Improving the prescription and adherence to appropriate medications for the ABCS.

Million Hearts Achievements

- Standardization of blood pressure measurement protocols
- Use of electronic health record (EHR) systems to more accurately identify and manage hypertensive patients
- Development of a referral process to identify patients with undiagnosed hypertension
- Counseling and wellness support for lifestyle change among hypertensive patients (nutrition, physical activity, smoking cessation)
- Implementation of hypertension management protocols to control hypertension

Million Hearts Results

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- Percentage of patients with controlled hypertension increased from 46% to 52% in participating clinics in 6 months
- Of those patients identified as having undiagnosed hypertension, 36% achieved controlled BP values



Waiver Integration – Purpose

- To create parity for populations served through Home and Community Based Services (HCBS) – services should be based on a personalized plan of care and centered on an individual's needs rather than their disability
- To offer a broader array of services – some individuals have disabilities that qualify them for more than one HCBS program, but they are limited to a single set of services
- Entrance to HCBS will remain the same, but services will fall into two broader categories:
 - Children's Services
 - Adults' Services

Waiver Integration – Update

- Public information meetings and calls held August 25 – September 2, 2015
- Waiver Integration Stakeholder Engagement (WISE) workgroup convened and met in September and October
- Project implementation date moved to January 2017
- WISE workgroup recommendations posted and shared at public meetings and conference calls held in November

Waiver Integration – Next Steps

- Stakeholder focus groups will provide advice and recommendations on:
 - Defining new services
 - Refining and improving supportive employment
 - Developing a communication and education plan
 - Dealing with waiting lists
- WISE workgroup recommendations, focus group recommendations, public input and MCO recommendations will all inform development of 1115 amendment

Mental Health Medication Advisory Committee (MHMAC)

- Charged with providing recommendations to the Medicaid Drug Utilization Review board to promote better management of behavioral health drugs in the Medicaid program
- In three meetings MHMAC board members have proposed criteria and discussed processes for prior authorization implementation and review, including a 'Preferred Prescriber Status'
- Next meeting scheduled for February 9th

Approved MHMAC Criteria

- Approved MHMAC proposals that appeared before DUR Board on Jan 13th:
 - Antipsychotic Dosing Limits
 - Use of Multiple Concurrent Antipsychotics
 - Antipsychotics for Children Age 13 or Younger
 - Benzodiazepine Dosing Limits
 - Use of Multiple Concurrent SNRIs
 - Use of Multiple Concurrent SSRIs
 - Use of Multiple Concurrent Antidepressants

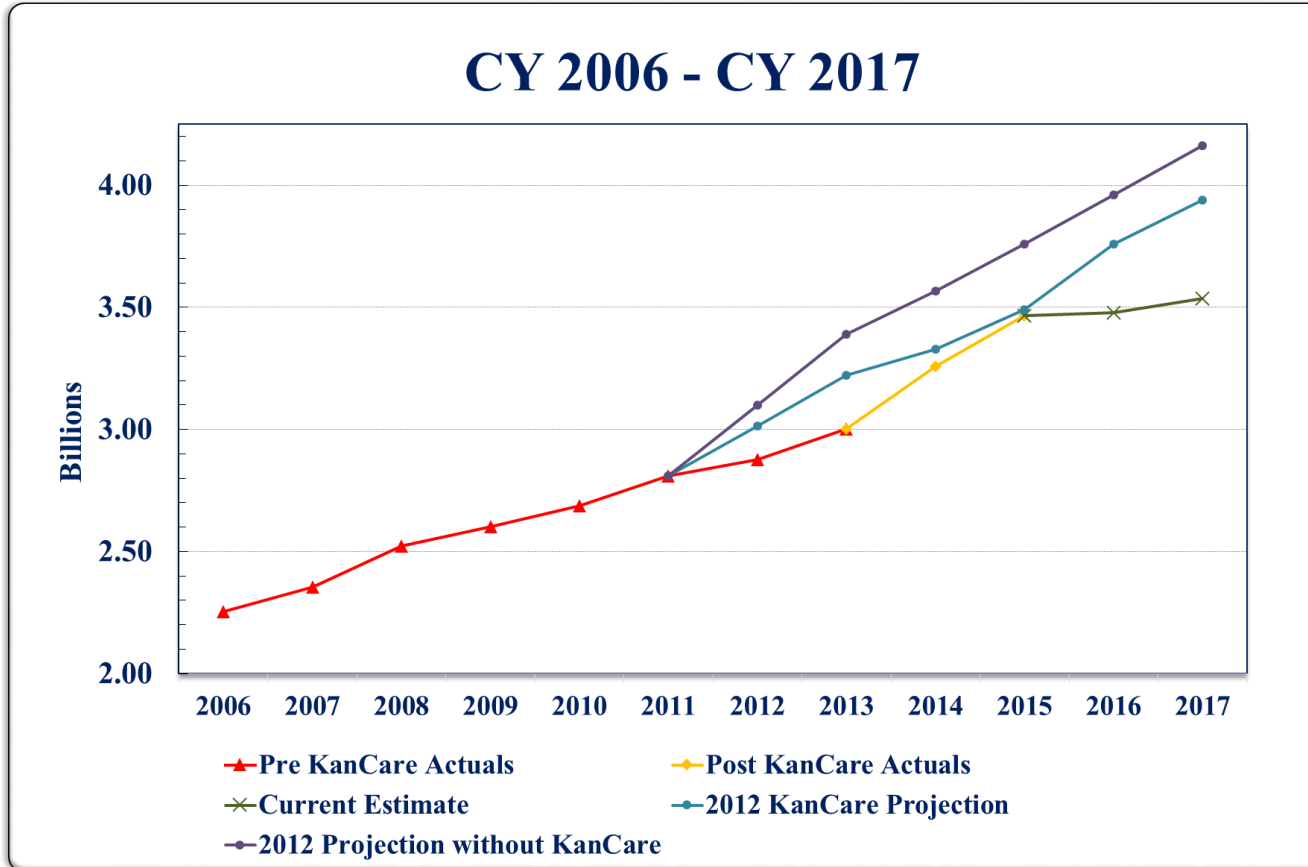
DUR Board

- Drug Utilization Review (DUR) Board must accept or reject proposals in full
 - If rejected, proposals will return to MHMAC for further development
 - If accepted, state will coordinate implementation (with patient and prescriber education and outreach) with MCOs

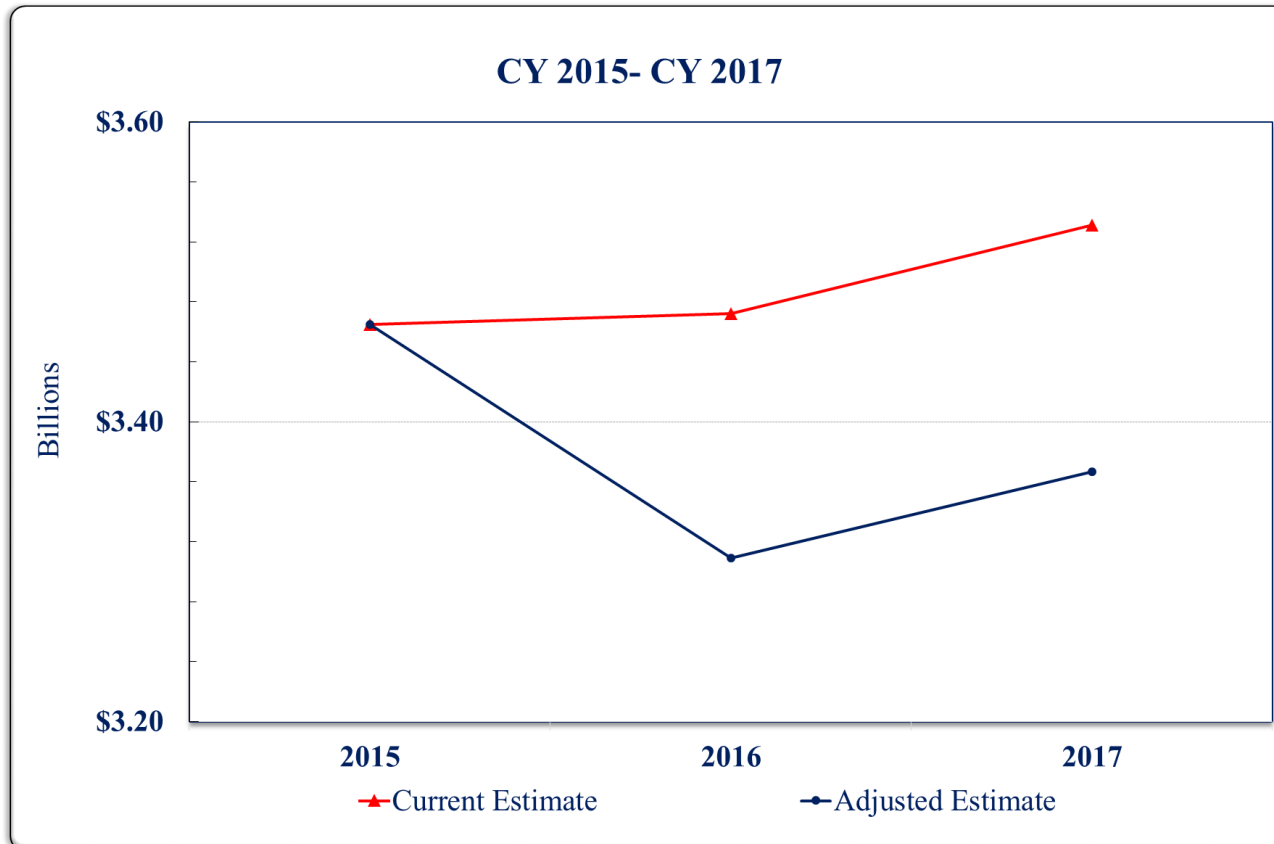
Medicaid Cost by Population

	SFY 2013	SFY 2014	SFY 2015
Children/Families	\$758,635,561	\$912,105,856	\$1,018,413,861
Individuals with Disabilities	\$1,195,106,320	\$1,261,568,920	\$1,329,427,581
Elderly	\$516,331,676	\$537,847,233	\$587,174,646
MediKan/Other	\$33,276,183	\$34,644,315	\$27,276,844
TOTAL	\$2,503,349,740	\$2,746,166,325	\$2,962,292,931

KanCare Cost Comparison



Effect of Required Federal Changes



Adjusted Projection is net of ACA Health Insurance Providers Fee (HIPF), DOL Sleep Cycle, Medicare Part B, Hepatitis C, and Woodwork effect.

Cost Comparison Components

	SGF FUNDS	
	CY 2016	CY 2017
ACA HIPF	\$ 25,093,640	\$ 25,082,200
DOL Sleep Cycle	\$ 7,896,600	\$ 8,208,720
Medicare Part B increase	\$ 6,141,800	\$ 6,378,723
Hep C	\$ 14,915,800	\$ 14,909,000
Woodwork	\$ 17,548,000	\$ 17,540,000
Total	\$ 71,595,840	\$ 72,118,643

- ACA HIPF: nationally \$8 billion in 2014, \$14.3 billion in 2018
- DOL Sleep Cycle ruling effective January 1, 2016 from per diem to hourly rate
- Medicare Part B increase
- Hepatitis C: Federal requirement to cover new treatment drugs
- ACA Woodwork: individuals previously eligible who now apply

Utilization Comparison

KanCare Utilization			
Pre Kancare (2012) vs. KanCare (2014)			
Type of Service	Units Reported	Utilization Per/1000	% Difference
Behavioral Health	Claims	-149	-3%
Dental	Claims	153	17%
HCBS	Unit	694,315	23%
Inpatient	Days	-203	-17%
Nursing Facility	Days	1,428	0%
Outpatient ER	Claims	-23	-3%
Outpatient Non-ER	Claims	116	6%
Pharmacy	Prescriptions	985	10%
Transportation	Claims	354	57%
Vision	Claims	48	15%
Primary Care Physician	Claims	893	23%
FQHC/RHC	Claims	51	6%

Diabetes Care Outcomes

- Eight measures: Percent of diabetic population receiving HbA1c testing, eye exam, medical attention for nephropathy, HbA1c control (<7.0%), HbA1c control (<8.0%), HbA1c control (<9.0%), blood pressure control and LDL-C screening
- All eight measures were below the 50th percentile for CY 2014
- All eight measures were higher than the pre-KanCare rates for CY 2012

Behavioral Health Outcomes

- 15.2 % of SPMI adults competitively employed Q1 of 2014 increased to 16.5% in Q4 of 2014
- % of homeless adults SPMI has decreased: was higher than 2012 earlier in 2014 but 4th quarter 2014 is 4.4% lower than 4th quarter 2012
- SUD Services – employment status improved in 2014

Long Term Care Outcomes

- The percentage of nursing facilities claims denied has decreased from 11.51% in CY2012 to 9.52% in CY2014
- Falls with major injuries decreased from .62% in CY2012 to .50% in CY2014
- The percentage of nursing facilities' (NF) Medicaid members readmitted to a hospital after being discharged from a NF decreased from 7.18% in CY2012 to 3.84% in CY2014

Performance Improvement Projects

- Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life
- SUD – Attendance at self-help programs

Thank you

Questions?