

**Attachment: Specialized Health Care and Network Issues Workgroup Minutes  
July 12, 2012**

Issues for Initial Consideration	
Workgroup Member	Concerns
Pete Stern	<ol style="list-style-type: none"> <li>1. Community pharmacies should be incorporated into the health homes concept as they are important providers and can increase efficiency.</li> <li>2. Will we have pilot communities for health homes?</li> <li>3. I would like to ensure that KanCare moves forward with its various initiatives in a pragmatic way.</li> </ol>
Tim Cunningham	<ol style="list-style-type: none"> <li>1. Is there an effective national model for health homes, or a good model that has worked in Kansas?</li> <li>2. I would like to see more definition to this group's role in establishing CDDO and CMHC connections.</li> <li>3. I am concerned about the NEMT program.</li> <li>4. The DD pilot projects are an initial concern.</li> </ol>
Amanda Reichard	<ol style="list-style-type: none"> <li>1. I am concerned that we ensure the current providers and systems remain in place and that MCOs take into account beneficiaries with disabilities</li> <li>2. MCOs need data and information to meet the needs of beneficiaries appropriately, effectively, and efficiently.</li> <li>3. KanCare should prevent and eliminate disparities where possible.</li> <li>4. We need to ensure that the waivers will not be seen as medical services.</li> </ol>
Gary Robbins	<ol style="list-style-type: none"> <li>1. How will optometrists be accommodated in the medical home model for referrals?</li> <li>2. I am confused by the terminology of health homes. I believe this concept must incorporate electronic health records, but is this the same as PCMH?</li> <li>3. Smaller practices will need assistance in</li> </ol>

	adopting technology.
Elizabeth Schmidt	<ol style="list-style-type: none"> <li>1. I am concerned for members with I/DD who are worried about KanCare.</li> <li>2. What will person-centered health care mean? Will they have the same providers and continuity of care? Will medication history be honored?</li> <li>3. How do we move forward to ensure that capacity improves in rural areas and ensure that small clinics and pharmacies remain healthy?</li> </ol>
Sheldon Weisgrau	<ol style="list-style-type: none"> <li>1. I am concerned about rural issues and rural network adequacy.</li> <li>2. Health homes should be implemented in rural primary care offices, but there are health information technology concerns.</li> <li>3. Currently, adequate transportation is a huge issue.</li> </ol>
Kevin Crowley	<ol style="list-style-type: none"> <li>1. We have had a lot of changes with long-term care in the past, this is just one more.</li> <li>2. Collections is an issue for nursing facilities.</li> <li>3. How will MCOs pay nursing facilities? Cash flow and payment timing are an issue.</li> <li>4. Will the MCOs collect patient liability?</li> <li>5. The current centers all have different rates—how will assignment to centers work with various payments?</li> </ol>
Amy Campbell	<ol style="list-style-type: none"> <li>1. I would like to see what the current groups have accomplished regarding health homes. How will health homes work in KanCare?</li> <li>2. For behavioral health care, a key issue is integration with wrap-around services that help with recovery. How will we determine access and wrap-around services?</li> <li>3. How does KanCare this compare with traditional utilization review processes?</li> <li>4. I am interested in the array of services and providers that will be available under KanCare vs. old managed care system.</li> <li>5. There is a constant issue with access to medications. We need to ensure there will be</li> </ol>

	no preferred drug list or prior authorizations for mental health drugs.
Greg Hennen	<ol style="list-style-type: none"> <li>1. My primary concerns are the unique population needs—wraparound services are critical.</li> <li>2. Most work in our field is community-based, so we must ensure the MCOs understand those needs and that there is a model that will help meet those needs.</li> <li>3. Transportation is critical. We are currently a NEMT provider, but we have had many issues. We are just trying to stay on as one through the end of the year.</li> </ol>
Mary Ann Maroon	<ol style="list-style-type: none"> <li>1. There are concerns with timeliness of payments.</li> <li>2. There are many facility differences between rural and urban areas.</li> <li>3. We see an opportunity in KanCare to educate about long term care and advise the MCOs on they can assist us.</li> <li>4. Much work will be focused on rehabilitating people back to their homes, so we have concerns about services in rural communities.</li> <li>5. What do we expect of MCOs that return people to their homes? What will happen next?</li> </ol>
Walt Hill	<ol style="list-style-type: none"> <li>1. How will the MCOs' role in utilization review and case management connect with CDDOs and CMHCs that will still do case management? How will we coordinate, not duplicate?</li> <li>2. I am excited about health homes. We have previously allowed CMHCs and FQHCs to try different models, but want a consistent model.</li> <li>3. I am also concerned about long term services for adults with mental illnesses. We need to sort out the issues of how MCOs will coordinate with CMHCs, NFMH, and others.</li> <li>4. Regarding the SED waiver, how will that be impacted by MCO involvement? There are many high-need children on that waiver, so how will their care be coordinated?</li> <li>5. Transportation is a major concern. We</li> </ol>

struggle with the current NEMT system.