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Robert Moser, MD, Secretary
Kari Bruffett, Director

Sam Brownback, Governor

**KanCare Advisory Council Meeting
Curtis State Office Building, Topeka, Kansas
Minutes of March 29, 2012**

KanCare Advisory Council Members Present:

Andy Brown
Dr. Kevin Bryant
Dr. John Calbeck
Dr. Craig Concannon
Mike Conlin
Dave Geist
Walt Hill
Randy Johnson
Steve Kelly
Larry Martin
Barney Mayse
Colin McKenney
David Sanford
Audrey Schremmer-Philip
Susette Schwartz
Senator Allen Schmidt

Council Members Absent:

Mary Barba
Representative Jerry Henry
Representative Brenda Landwehr
Senator Vicki Schmidt

Other Participants:

Lieutenant Governor Jeff Colyer
Secretary Phyllis Gilmore
Secretary Robert Moser
Secretary Shawn Sullivan
Kari Bruffett, Director of KDHE Division of Health Care Finance
Mark Dugan, Chief of Staff for the Lt. Governor
Gary Haulmark, Deputy Secretary of SRS
Dr. Susan Mosier, Medicaid Director

Welcome By Dr. Susan Mosier

Dr. Mosier opened the meeting by thanking Council members for their willingness to serve. Dr. Mosier discussed the relevance of health care reform initiatives, including at the national level, and the importance of health reform to Kansas. The goals of the KanCare program were reviewed. They include improving health outcomes and decreasing program costs while not cutting services, rates, or beneficiaries.

Introductions

Dr. Mosier introduced meeting participants, including Lieutenant Governor Jeff Colyer; Secretary Phyllis Gilmore; Secretary Robert Moser; Secretary Shawn Sullivan; Kari Bruffett; Mark Dugan; and Gary Haulmark. Council

members introduced themselves to the room and briefly described their background and who they will be representing on the council.

Overview of KanCare- Lt. Governor Jeff Colyer

Lieutenant Governor Colyer provided a brief overview of the KanCare program and the goals of the Advisory Council. Dr. Colyer expressed to participants that the Council will be committed to a long-term process that will not end with the completion of the KanCare procurement. The goal of the Council is to help ensure that KanCare improves outcomes for all Medicaid groups.

Dr. Colyer then described how the Administration arrived at the KanCare model as a solution to problems in the Medicaid program. He discussed the budgetary problems that Kansas Medicaid faces and solutions that were implemented in other states. The Administration committed to transforming Medicaid rather than implementing draconian cuts. The key principles of KanCare include getting better results through integrated, coordinated care, looking at the whole person, planning ahead for funding cuts from the federal government, and helping beneficiaries reduce their dependence upon the system.

Lieutenant Governor Colyer also thanked Council members for their willingness to serve. KanCare will be a vibrant transformation process, and Council members will be at the heart of the process for the next several years. Council members' ideas will be critical as we move forward. Dr. Colyer also thanked Dr. Mosier, Medicaid Director, for her leadership.

KanCare Advisory Council Logistics- Dr. Susan Mosier

Dr. Mosier then provided additional information about the KanCare Advisory Council. Each of the Council's members was selected for their healthcare background and individual experiences. The Council will meet bimonthly in the future, but meetings could be held monthly as needed. Steve Kelley, the Chief Executive of Newton Medical Center, has accepted the invitation to chair the Council.

Update on KanCare- Kari Bruffett

Kari Bruffett, Director of the Kansas Department of Health and Environment's (KDHE) Division of Health Care Finance, provided an update on where KanCare currently stands and the KanCare timeline through implementation. Ms. Bruffett discussed the procurement of contracts and the timeline for sending contracts to CMS and when they will be signed by winning managed care organizations (MCOs). The details of KanCare contracts will not be made public until after CMS has approved them and the final versions are signed.

Ms. Bruffett also reviewed the implementation timeline that was included in the Council members' binders. The timeline includes details on the procurement process, provider network development for the MCOs, and interagency coordination among implementation staff. The State will also conduct educational campaigns for beneficiaries and readiness reviews for each MCO to ensure they are ready to begin providing services January 1, 2013. Several operational status and stakeholder workgroups will also be formed and will meet during implementation to address specific issue areas.

Ms. Bruffett then discussed the status of Kansas' request for a Section 1115 waiver demonstration project. Council members received information about this effort in their binders, including the concept paper that was submitted to CMS and a summary report of the public meetings held by Deloitte last summer. Kansas has requested a two-track waiver process; the first track includes a request for all of the authorities necessary to implement KanCare, and the second track will be a global waiver request. Kansas has had several conversations with CMS thus far, and all have been encouraging. KDHE continues to seek public comments on this process through its website and outreach.

Input from Council Members- Secretary Sullivan and Council Members

Secretary Sullivan provided an overview of the public input process to date. Since KanCare was announced, the State has performed dozens of presentations, listening tours, and town hall meetings. All of the suggestions brought forward have been taken into consideration to create the best product for the Kansans we serve, and our door will continue to be open. Secretary Sullivan stated that the State believes the best way to address most concerns will be contractually with the bidders. Secretary Sullivan also briefly stated that the major concerns the State has heard thus far were regarding oversight, provider billing, and education for consumers. The Administration is working to mitigate those issues, and is eager to work with the Council on these and other issues.

Secretary Sullivan then asked the Council members to each describe what they believe success looks like for the KanCare program, and to detail their recommendations and feedback for how to make it successful. During the course of discussion, Secretary Sullivan also described the health home model and its components.

Andy Brown-Mr. Brown stated he is aware that the HealthWave program is already a managed care system. He has concerns about branding—specifically he would like to make sure HealthWave consumers are aware of the program and branding change. He also wants to ensure a smooth transition during enrollment, education, and outreach for this population. Mr. Brown has noticed a lot of discussion regarding the 45 day enrollment period for beneficiaries, and he noted that period may need to be longer if feasible.

Dr. Kevin Bryant- Dr. Bryant noted that he is still in the process of gathering information about and understanding KanCare. He encourages any type of activities that will engage KanCare enrollees in taking responsibility for their own health care. Dr. Bryant also noted that education on preventive care for individuals is likely to pay off over time.

Dr. John Calbeck- Dr. Calbeck also noted that he is still gathering information about KanCare. He listed five primary areas where he thinks we should focus. These included licensure and credentialing for the substance abuse community, the interface between substance abuse and mental health providers, electronic interface issues, and working with the prevention community to enhance savings.

Dr. Craig Concannon- Dr. Concannon stated that he believes the medical home model is the right strategy for improving coordination of care. He also expressed his desire to ensure that those involved are accountable for their areas of responsibility.

Mike Conlin- Mr. Conlin expressed that he would like to see no change in reimbursement for medications that would impact how providers and patients use them. He also provided some ideas on how to manage costs using formulary instruments such as tiers for medications.

Dave Geist- Mr. Geist noted that one purpose of the Area Agencies on Aging is to keep people in their homes as long as possible, so it was natural for them to support KanCare. The Agencies' concerns are with ensuring that seniors are not lost in the shuffle, and do not lose services.

Randy Johnson- The mental health community wants to discuss how KanCare will work on the ground, especially the health home concept. It will be important for everyone to recognize that this is a significant cultural change at both the individual and community levels so resources should be dedicated to community providers who can make the program work. Mr. Johnson indicated that he likes the attention to outcomes that KanCare brings, and he noted that the more organizations can work together to build beliefs and systems that support outcomes, the more successful the program will be.

Steve Kelly- Mr. Kelly noted that hospitals are looking for cost savings, but the current system is designed to pay for services and procedures, not outcomes. He expressed a need to reward healthy behaviors and wellness, and noted that hospitals are now glad to be a part of the solution.

Larry Martin- Mr. Martin stated that beneficiaries are anxious and will need assistance during the education and enrollment processes. He also stated his support for improving outcomes and noted that from a business perspective, we need to ensure a level playing field for providers.

Colin McKenney- Mr. McKenney said he has some concerns about payments to providers and noted that there are many diverse providers for disability services who may not be equipped to deal with specific issues. The developmental disability community is especially focused on ensuring that KanCare supports the community-based system in place currently. Mr. McKenney stated his support for the goals in the RFP, but he expressed doubts that all goals could be accomplished in the first year, so a phased-in approach might be needed.

David Sanford- Mr. Sanford noted that primary care providers and safety net clinics are encouraged by the focus on prevention in KanCare. These providers have had conversations with the bidding managed care organizations regarding how to address prevention and cut down on emergency room use and hospitalization. Mr. Sanford also expressed support

for the health homes concept, quality measures that focus on outcomes, increasing connectivity for electronic health records, and working to build some consistency among the three managed care organizations.

Audrey Schremmer-Philip- Ms. Schremmer-Philip agreed with the previous concerns noted by Council members. She stated her organization is focused on keeping people in the community and out of hospitals. They want to focus on healthy initiatives, and KanCare could be a great way to fund prevention and increase access. Ms. Schremmer-Philip also noted that people with disabilities fear that the changes proposed could alter their individual status. All of the changes have happened very quickly so there is some stress and worry and education will be important. She also noted that a test group could help to work out any issues before enrollment.

Susette Schwartz- Ms. Schwartz stated that she would like to see the concepts of the patient-centered medical home model followed and more emphasis on prevention. Her concerns are for the financial stability of Kansas' safety net providers, and there is a need to adequately reimburse for prevention services. There are also issues in the current system with getting those who are eligible for Medicaid and other programs enrolled, which leaves some uninsured. Ms. Schwartz also stated that she would like more information about the 1115 waiver and its impact, and noted the need to ensure the tribal system of care is consulted.

Senator Allen Schmidt- Senator Schmidt noted his agreement with previous comments, especially the discussion about cultural change. He stated that improved outcomes will be extremely important for buy-in, and that outcomes are more important to the consumers and providers than anyone so they need to see the merit in improving those outcomes. Outcomes metrics should be transparent and measured at the consumer and provider level.

Barney Mayse- Mr. Mayse noted the need for representation of the traumatic brain injury community and their unique needs. He also noted that the current system of siloed care does not address secondary issues such as mental health disorders that are present in many populations. Issues with dually eligible members who are also enrolled in Medicare need to be addressed as well, and education will be important—especially for consumers with limited access to technology. For Mr. Mayse, success in the KanCare program would include coordinated care.

Walt Hill- Mr. Hill noted that the payment structure will be an important factor impacting how outcomes are achieved. He also stated that the cultural changes inherent in KanCare will impact many other partners and we will need to coordinate with them. For KanCare to succeed, outcomes must be measured statewide and services must be delivered in an effective way that addresses service gaps. Although there are challenges with bringing together the various disability and other population groups, the system must remain whole to succeed and carving out any piece would dilute success.

Secretary Sullivan thanked Council members for their feedback and noted that in crafting the KanCare program Kansas pulled best practices from other states, and we will use their experiences and learn from them.

Announcements- Kari Bruffett

Ms. Bruffett announced that stakeholder teams will be forming soon. State staff will add the Council members' suggestions to the various initiatives that are currently taking place. They will then follow up with Council members and others who might want to participate.

Adjournment- Dr. Susan Mosier

Dr. Mosier thanked participants for their attendance and noted that the people of Kansas will benefit from the Council members' input into the KanCare program. The meeting was adjourned.