

**KanCare Advisory Council Meeting Minutes
Curtis State Office Building – Room 530, Topeka, KS
Minutes of March 31, 2016**

Council Members Present:

Chairman Larry Martin
Dr. Michael Kennedy
Senator Allen Schmidt
Representative Susan Concannon
Mark Hinde
Edward Nicholas
Beth Simpson
Lora Key
Ed Nicholas

Council Members Absent:

Senator Mary Pilcher-Cook
Representative Jerry Henry
Jamie Price

Council Members Attending Via Phone:

Njeri Shomari
Walter Hill

Other Participants:

Mike Randol, Director, Division of Health Care Finance, Kansas Department of Health and Environment
Tim Keck, Interim Secretary, Kansas Department for Aging and Disability Services
Kerrie Bacon, Ombudsman, Kansas Department for Aging and Disability Services

Other Participants Absent:

Susan Mosier, M.D., Secretary, Kansas Department of Health and Environment/Medicaid Director
Lt. Governor Jeff Colyer, M.D.

Welcome – Chairman Larry Martin

Larry Martin opened the meeting. The agenda for the meeting was unanimously approved by the Council as published. Dr. Michael Kennedy made a motion to approve the meeting agenda and Allen Schmidt seconded the motion.

Review and Approval of Minutes from Council meeting, November 20, 2015

Chairman Larry Martin asked if there was any discussion on the previous meeting's minutes. Correction: Per Allen Schmidt, inflation rates are 37% not 3.7% (page 4). Allen Schmidt moved the minutes be approved. Mark Hinde seconded the motion and the minutes were approved as amended by the Council.

KDHE Update – Mike Randol, Director, Division of Health Care Finance, Kansas Department of Health and Environment

Mike Randol briefly reviewed the KanCare Executive Summary dated 3.31.16.

Eligibility and expenditure compositions: Includes breakdown by eligibility composition by the various Medicaid/CHIP populations; also, shows the expenditure compositions by population.

Members and Capitation Payments by Cohort: Displays a different perspective with the CHIP deliveries, foster care and members by cohort. Per Mike, Randol there are no dramatic changes to the capitated payments by cohort since our last meeting.

Provider Network: Includes our provider network and number of unique providers for each of the MCOs.

Financial trends: Includes a breakdown of the Per Member Per Month and Medical Loss Ratio for CY14-15; the medical loss ratio represents the percent of revenue spent on medical expenses and is a downtrend.

Claims: Percentage of clean claims processed within 30 days is almost 100% for CY15. Includes the Percent YTD Claims Adjusted, a proxy used for accuracy for claims that have been adjusted greater than three times to determine errors in claim or process.

Denied Claims by quarter comparison: Includes a breakdown of the denial rate for the number of claims submitted for a quarter to quarter comparison.

Utilization summary: Briefly highlighted both ED visits per 1,000 and ED visits with hospital admission. Mike Randol noted that we are seeing the same types of utilization patterns for CY15.

Value Added Services: Includes type of service of provided by each MCO and the type of member who is impacted; also includes: unit, cost and value of the value added service. This is provided by the MCO and is not a part of the capitated payment.

In Lieu of Services and Member Reporting: Summary includes a breakdown of grievances, appeals and State Fair Hearings.

Questions and Answers:
None.

KDADS Update – Tim Keck, Interim Secretary, Kansas Department for Aging and Disability Services

Update on the HCBS waivers: The Serious Emotional Disturbance (SED) waiver has been extended several times and recently through the RAI. Stated we have a conflict of interest concern and we are working toward a solution. KDADS had a recent call on the Autism and Traumatic Brain Injury (TBI) waivers. Our biggest concerns are the HR concerns. Per Tim Keck, KDADS has realigned staff within the HCBS division. Gave on update Brandt Haehn, HCBS Commissioner; he will be returning to the office in several weeks. At this time, Susan Fout has been filling in for him as Interim Commissioner; she will also be staying on to take over for Kimmie Pierson. Per Tim Keck, KDADS is looking to make positive changes and better deliver services. The agency is focused on getting the HR concerns aligned and delivering the best customer service.

A large part of Keck's time is spent with state hospitals and addressing their concerns in an attempt to find answers and get on the right track.

Questions and Answers:

*Allen Schmidt – In addition to the loss of key staff for various reasons, have you taken a cut to staff at KDADS?
Tim Keck – Not really; at central office, we have authorized in budget about 300 staff. We are down now about 30 to 40 people. We need staff as nursing home surveyors; at least 15-17 in the Northeast area. It is becoming harder to hire people and at this time, we are at full staff. We look to gain experience with our staff; stated we haven't taken a cut in staff other than the low unemployment rate.*

Updates on KanCare with Q&A

Amerigroup Kansas – Laura Hopkins

Laura Hopkins provided a brief update on Amerigroup.

Questions and Answers:

Dr. Michael Kennedy – Going back to the report on the Executive Summary for KDHE, there was a spike in member State Fair Hearings in the third quarter of 2015 and there were 314 dismissals. Is there an explanation?
Laura Hopkins – As we work with consumers on their individual service plans, the consumer and our staff are in line about what the plan will be going forward. We had appeals relative to providers where a claim didn't get paid and those were identified in the dismissals. In those cases where we found that the provider was right, we paid the claim or addressed the issue and the claim was dismissed.
Dr. Michael Kennedy – I noticed that it returned back to base one in the 4th quarter. It's not a trend, but it was an interesting spike.
Laura Hopkins – Yes, I think it is several different things; not one particular issue.

Sunflower State Health Plan – Chris Coffey

Chris Coffey provided a brief update on Sunflower State Health. Please review attached document.

Questions and Answers:

Dr. Michael Kennedy – The childhood immunization rate just stresses me and Kansas continues to rank very low nationwide. Have you broken that down to where is the sticking point? What is your definition of compliance? Is it 100% of immunizations accomplished or is it a percentage? Where does HPV fit?
Chris Coffey – I don't have the specific data but, in our contract we had some new measures tied to immunizations. For HPV, there is a specific project improvement plan. Outside of those measures, that the 3 MCOs are all focused on, there are 81-88 different HEDIS measures that link in to this as well. I don't know what all those are because in our contract there may 10-12 specific immunizations that we have improvements on; this is a 5% year-to-year improvement. There are some areas where the rates aren't too bad considering there weren't really any specific initiatives around them and there are others that are really low, to your point of HPV. There are specific plans and collaborative work plans around HPV, but there is no real data at this time as it is still early into year.

United Healthcare Community Plan – Tim Spilker

Tim Spilker provided a brief update on United Healthcare. Please review attached document.

Questions and Answers:

Lora Key – Going back to the Executive Summary, I noticed that the denied claims for 2015 were quite high. Sunflower had a spike in 2015 but overall, the percent of denied claims were quite high.
Laura Hopkins – In our Health Homes model, subsequent claims are not paid which resulted in a higher than baseline denial rate.
Mike Randol – There were 6 core services in the Health Homes program and each of those services had 1 CPT code that they could submit and get paid. We only allow one encounter and one payment but we still wanted those claims submitted so we could track what services were being provided.
Tim Spilker – We continue to see a significant number of duplicate claims. The percentage of denied claims by provider type is very different; denied claims vary.
Chris Coffey – Duplicate claims are a large factor in denied claims.

Update from KanCare Ombudsman – Kerrie Bacon, Ombudsman, Kansas Department for Aging and Disability Services

Kerrie Bacon provided a brief update on the KanCare program. Please review attached document.

Discussion was held regarding the Medicaid eligibility issues and increase in consumer calls. An issue was raised surrounding consumers' lack of knowledge with regard to filling out the application. The Department of Children and Families (DCF) is no longer available for processing these applications which led to a gap.

Miscellaneous Agenda Items – Mike Randol

Mike Randol confirmed the Health Homes program will end June 30, 2016. Discussion was held regarding the timeline for bringing I/DD on board. Mike Randol confirmed that I/DD has been in effect since February 2014. Mike Randol reported that the State has exercised the two 1-year extensions with the MCOs. Every year we have to

reopen the contract for discussion and rate adjustments. We are now in the first of the extension years. Next year, we will negotiate and evaluate responses from vendors. Contract ends December 2017. Discussion was held regarding the Medicaid backlog. Mike Randol gave background on what contributed to the backlog (ERO43, KEES and open enrollment for the federal marketplace). The backlog consists of any application over 45 days. Mike Randol confirmed that there have been big improvements to managing the issue.

Mike Randol provided an update on the integrated waiver. Additional comments and questions relative to that discussion were inaudible to the transcriber and therefore not open to the public.

Larry Martin asked if there were any questions or comments for the next meeting. Larry Martin asked for a motion to adjourn. Mark Hinde made a motion to adjourn the meeting and Dr. Michael Kennedy seconded the motion. Larry Martin thanked everyone for attending the meeting and adjourned.

Next Meeting of KanCare Advisory Council – June 30, 2016, 2:00-3:30pm, Curtis State Office Building, Room 530