



Landon State Office Building
900 SW Jackson Street, Room 900-N
Topeka, KS 66612

Phone: 785-296-3981
Fax: 785-296-4813
www.kdheks.gov/hcf/

Robert Moser, MD, Secretary
Kari Bruffett, Director

Sam Brownback, Governor

**KanCare Advisory Council Meeting
Curtis State Office Building, Topeka, KS
Minutes of May 21, 2012**

KanCare Advisory Council Members Present:

Andy Brown
Dr. Kevin Bryant
Dr. John Calbeck
Dr. Craig Concannon
Mike Conlin
Representative Jerry Henry
Walt Hill
Randy Johnson
Steve Kelly
Barney Mayse
David Sanford
Senator Allen Schmidt
Audrey Schremmer-Philip

Council Members Attending by Phone:

Colin McKenney
Dr. DeDe Behrens
Dave Geist

Council Members Absent:

Mary Barba
Larry Martin
Susette Schwartz
Representative Brenda Landwehr

Other Participants:

Secretary Robert Moser, Kansas Department of Health and Environment
Secretary Shawn Sullivan, Kansas Department on Aging
Kari Bruffett, Director of KDHE Division of Health Care Finance

Welcome by Chairman Steve Kelly

Secretary Sullivan opened the meeting by acknowledging the passing of Representative Bob Bethell. The Council heard a prayer and participated in a moment of silence honoring Representative Bethell.

Introductions and Approval of Minutes

Meeting participants briefly introduced themselves. Chairman Kelly asked if there was any discussion on the previous meeting's minutes. None was heard. Craig Concannon moved the minutes be approved. Walt Hill seconded the motion and the motion was approved.

Advisory Council Organizational Items- Council Chair Steve Kelly

Chairman Kelly discussed a few organizational items with Council members. Each Council member was provided with a list of future meeting dates. Chairman Kelly noted that the Council can continue to meet at KDHE or the



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meetings can move to a different location or multiple locations around the State. He asked members to think about where they would like to hold future meetings and bring their ideas to the next Council meeting in July.

Update on KanCare- Kari Bruffett

Kari Bruffett, Director of the KDHE Division of Health Care Finance, provided an update on the status of the KanCare program. Ms. Bruffett noted that the most substantial change to KanCare since the last council meeting was the legislative budget proviso, which will delay the inclusion of intellectual and developmental disability (I/DD) waiver services (including home and community based services and targeted case management) for one year. Copies of the budget proviso were given to Council members. Ms. Bruffett explained that the proviso does allow for pilot programs to bring these services into managed care, but does not compel Community Developmental Disability Organizations or community service providers to participate in such pilot programs.

During the legislative session, a KanCare Oversight Committee was also proposed, but not approved by the Legislature. This committee would have been exclusively dedicated to KanCare oversight. Although the committee was not approved, Ms. Bruffett noted that the state agencies involved in KanCare remain committed to transparency and will work with existing legislative committees to provide timely information about the program.

The Legislature included funding in the legislative budget to reduce the waiting lists for certain home and community based waiver programs. This additional funding will allow the I/DD waiver to serve approximately 100 additional individuals, and the physical disabilities waiver will serve approximately 200 additional individuals. The Legislature also added \$1 million to the budget to fund system changes to the Medicaid Management Information System. These changes will include adapting the current system to create a unified billing front door to ease the administrative burden on providers, and additional capacity for data analysis. Ms. Bruffett noted that additional money was also proposed by the Governor to fund a public education program in advance of KanCare implementation. That funding was not included in the final budget, but the State will utilize other funds to conduct an education campaign.

Ms. Bruffett then discussed the timeline for implementation. She emphasized that the proposed external workgroups will be critical to a successful implementation. The State has proposed a structure and has received a few initial volunteers. The goal of the external workgroups will be to integrate their input with the work of internal State staff to ensure that the selected managed care organizations are ready to implement the KanCare program January 1st. Ms. Bruffett informed the Council that the State has begun working with Mercer; one of the State's consulting agencies. Mercer will be providing technical assistance to the State regarding implementation—especially focusing on issues regarding the aged and disabled populations and long term services and supports. Mercer will also assist the State and participate with State staff in the readiness reviews for each managed care company.

Ms. Bruffett concluded by referring Council members to the State's completed Section 1115 Demonstration Waiver application. Each member was provided a copy of the application, and it is now posted online for public comment. Ms. Bruffett encouraged Council members to go to the CMS website to make comments or read the comments that have already been received. The State will select three managed care companies and a public announcement will be made after the contracts have been executed.

Input from Council Members- Secretary Shawn Sullivan

Secretary Sullivan then led the Council in a discussion of several items and asked for their input.

Old Business- KanCare Workgroups

Secretary Sullivan noted that during the last meeting, he asked members to note their concerns regarding KanCare and what they hoped the program would accomplish. Members noted different areas of concern, including provider credentialing, cultural changes, education on the enrollment process, provider payment, outcomes measures and data. To address many of these concerns, an interagency team developed a proposal of various workgroups. This proposal was provided to the Council. Secretary Sullivan briefly described the workgroups and solicited changes or additions from the Council. As proposed, there are four workgroups—a provider workgroup, a managed care organization workgroup, a member involvement and protections workgroup, and a specialized health care and network issues workgroup. Secretary



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Sullivan stated that workgroups will be comprised of Council members, State staff, advocates, providers, and others. State staff will be assigned to work with each of the groups, and there will be subgroups working on specific issues that fall under the umbrella of each of the four larger groups. Mercer will also help with this process. Secretary Sullivan asked members to send the names of potential workgroup members to Kari Bruffett via email by 5 p.m. on Friday, May 25th. He also noted that it will be important to ensure the groups remain manageable and include representative participation. Council members then asked questions and provided the following feedback on the workgroups:

Dr. Bryant- Can a provider group participate in more than one workgroup?

Secretary Sullivan- Yes.

John Calbeck- Information technology concerns will be of interest to many constituents and may need to be considered by the workgroups.

Craig Concannon- Information technology will be a major area of interest. Each provider has their own electronic health records system and we will need to sort out how those systems can work together.

Mike Conlin- KanCare contracts need language specifying the role of their pharmacy benefit manager and ensure community pharmacies aren't excluded from caring for individuals with complex needs in their communities

David Sanford- Thank you for the opportunity to nominate participants. I will consult with my constituents.

Andy Brown- I am concerned about the auto-enrollment process and how beneficiaries will be assigned. It will be important to ensure that the 45 day choice period is honored and assignments are made at the beginning of the period. I am also curious as to whether or not auto-assignments will be reviewed with the MCOs to match patients with their primary care provider.

Kari Bruffett- The assignment algorithm will account for current providers and will match beneficiaries with a plan in which their current providers are enrolled. Initial assignments will be made in November, and the 45 day choice window will begin on January 1.

Senator Allen Schmidt- We need to ensure that the core set of measures is based on professional and industry standards that focus on areas of performance with the greatest potential to improve outcomes, effectiveness and efficiency. This will include having the right metrics at the consumer and provider levels to ensure that we are at least maintaining current performance. We should also consider having quality triggers that will ensure action if things start to go awry.

Barney Mayse- Is there a desired number of individuals for each group?

Secretary Sullivan- Please submit one or two names.

Audrey Schremmer-Philip- Regarding the grievance and appeals process, we will ensure that consumers and providers understand how the process will work.

Representative Jerry Henry- Has an interagency team been formed, and have staff members been assigned to that team?

Kari Bruffett - The KanCare Steering committee has been in place since before the RFP was released, and is being transitioned into the new role of an interagency implementation team.

Representative Jerry Henry - Are we monitoring other states in managed care and what is and is not working? We need to ensure that we understand rural and urban complexities associated with the implementation and that each are represented in the workgroups.



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Walt Hill- I am also concerned about our frontier counties in Kansas. We need to ensure that the care coordination and the health home model include best practices for rural providers. Information technology will also be important for population health regarding mental health and substance use disorder screenings. I also would like to know more about the dental program, if it is included in the plan, and where it falls in the overall implementation.

Randy Johnson- Dental questions are critical for the mental health community. I do have three other questions, but I like the workgroup list overall.

1. On member involvement I would like to see some assurance that member input is actually acted upon.
2. For the specialized issues workgroup you mention Community Mental Health Center and Community Developmental Disability Organization connections. Will that address how communities interact and work with program as a whole? How will the work that is completed in the specialized group be integrated into the other 3 groups?

Kari Bruffett- There will be overlap among the workgroups. Part of the idea is to address specific issues that only concern those groups, but issues may be a subset of another group. We want to make sure that those particular issues have a place to be heard.

3. I am happy to hear the discussion on outcomes. Where is the work on outcomes being done?

Secretary Sullivan- We will have presentation on those outcomes today that should answer most of your questions.

Ms. Bruffett then noted that she would email Council members the address where they should send the names of individuals they would like to nominate to the workgroups.

*New Business-*Presentation on Industry Standard Metrics for Senior and Disabled Care

Chairman Kelly then introduced Ms. Elizabeth Phelps from Disability and Behavioral Health Services in SRS. Ms. Phelps provided an overview of the metrics included in KanCare for the aged and disabled populations. Ms. Phelps introduced other State staff who took part in the presentation, and began by stating that she was excited to address the comprehensive set of issues associated with KanCare. Ms. Phelps noted that the goal is to add value for consumers through the KanCare program. All performance measures, including the pay for performance (P4P) measures, are considered significantly important in realizing the potential and demonstrating the success of KanCare. Ms. Phelps also noted that some of the measures represent performance that is above or beyond existing programs and will require additional effort by providers and the selected managed care organizations. Council members were provided a handout which contained more detailed information on the variety of performance measures included in KanCare.

Ms. Phelps then provided an overview of the KanCare measures related to behavioral health, and Dave Halferty of the Kansas Department on Aging discussed measures targeted at the aged population. Council members heard detailed information regarding how the measures were built and how staff members ensured a focus on outcomes and adding value to the current programs.

Lynne Valdivia of the Kansas Foundation for Medical Care (KFMC) also contributed to the presentation. Ms. Valdivia noted that KFMC is the State's designated external quality review organization, and has been working with CMS and the Kansas Medicaid program for more than 20 years. KFMC assisted the State in crafting some of the performance measures and benchmarks, and will continue to be a part of this process during the implementation phase of KanCare.

Following the presentation, Council members had the opportunity to ask questions about the quality programs in KanCare.

Walt Hill- Has there been any consideration in your discussions with bidders regarding the impact of collecting all of this data on providers?

Elizabeth Phelps- We are sensitive to that issue and will bring it into the discussion.

Senator Allen Schmidt- Do you intend to build a dashboard of quality indicators for publication?

Elizabeth Phelps- Yes.



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Randy Johnson- Regarding the negotiations on the specific methodology and data for the measures, how will consumer input be brought into the process?

Elizabeth Phelps- Robustly. We want to ensure consumers are as involved in the process as is practical and useful.

Adjournment- Chairman Kelly

Chairman Kelly noted that the next meeting of the KanCare Advisory Council will be July 9, 2012 from 2:00-3:30 p.m. in the Curtis State Office Building. He then asked for a motion to adjourn the meeting.

Walt Hill moved that the Council adjourn, and Randy Johnson seconded the motion. The motion passed and the meeting was adjourned.