

Summary of KanCare Annual Post Award Forum Held 12.01.16

The KanCare Special Terms and Conditions, at item #15, provide that annually “the state will afford the public with an opportunity to provide meaningful comment on the progress of the demonstration. At least 30 days prior to the date of the planned public forum, the state must publish the date, time and location of the forum in a prominent location on its website. ... The state must include a summary of the comments and issues raised by the public at the forum and include the summary in the quarterly report, as specified in STC77, associated with the quarter in which the forum was held. The state must also include the summary of its annual report as required in STC78.”

Consistent with this provision, Kansas held its 2016 KanCare Public Forum, providing updates and opportunity for input, on Thursday, December 1, 2016, from 3:00-4:00 pm at the Memorial Hall Auditorium, 2nd Floor, 120 SW 10th Avenue, Topeka, Kansas. The forum was published as a “Latest News – Upcoming Events” on the face page banner of the www.KanCare.ks.gov website, starting on October 25, 2016. A screen shot of the notice linked from the KanCare website face page banner is as follows:



KanCare Update and Q&A



2016 PUBLIC FORUM
Date: Thursday, Dec. 1, 2016
Time: 3:00-4:00 pm
Place: Memorial Hall Auditorium, 2nd Floor
120 SW 10th Ave.
Topeka, KS 66612

JOIN US
Staff from the Kansas Department of Health and Environment and the Kansas Department for Aging and Disability Services will provide progress updates and host a Question and Answer session about KanCare at this public forum.

At the public forum, approximately 28 KanCare program stakeholders (providers, members, and families) attended, as well staff from the Kansas Department of Health and Environment; staff from the Kansas Department of Aging and Disability Services; and staff from the KanCare managed care organizations. A summary of the information presented by state staff is included in the following PowerPoint documents:



Mike Randol
Director Division of Health Care Finance
State Medicaid Director

December 1, 2016

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KanCare Goals

- Whole Person Care Coordination
- Clear Accountability
- Improved Health Outcomes
- Financial Sustainability

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Agenda

- KanCare Overview
- Medicaid Eligibility Backlog Update
- Kansas Eligibility Enforcement System (KEES) Update
- CMS Services Review
- KanCare Request for Proposal (RFP) Update

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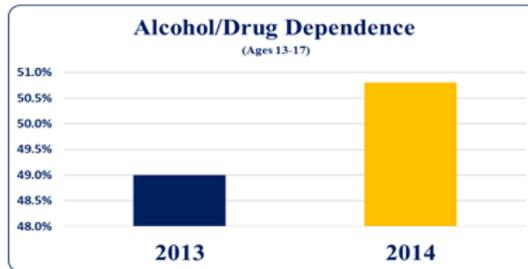
KanCare Goals

- Whole Person Care Coordination
- Clear Accountability
- Improved Health Outcomes
- Financial Sustainability

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Improved Alcohol/Drug Treatment

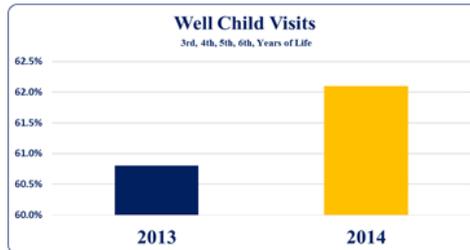


- Alcohol/Drug Dependence
Initiation of treatment Improved by 3.7% from 2013.

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Improved Well Child Visits

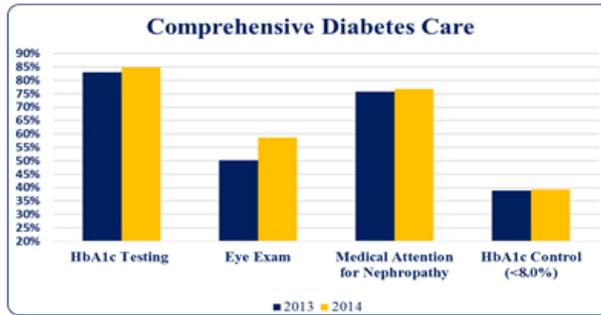


- Well Child Visits
Children who attended their well child visit in the third, fourth, fifth, and sixth years of life increased 2.1% from 2013.

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Improved Diabetes Care



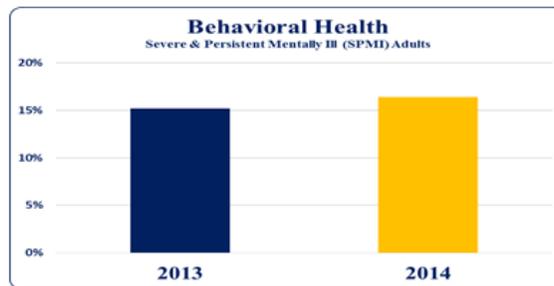
- Comprehensive Diabetes Care**

Diabetes Care measures have improved since 2013 and improved since old Medicaid measures in 2012.

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Improved Employment Status



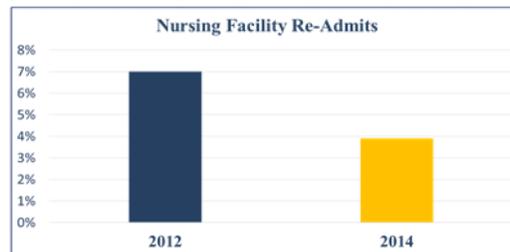
- Behavioral Health**

Severe and Persistent Mentally Ill adults (SPMI) competitively employed Q1 of 2014 increased by 1.3% into Q4 2014.

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Reduced NF Re-admits



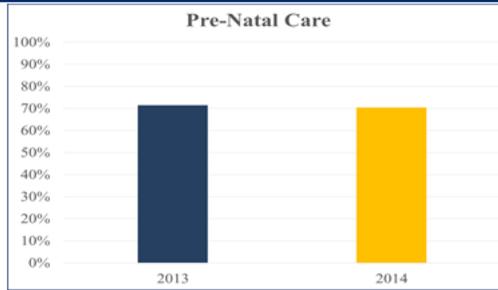
- Nursing Facility Re-admits**

The percentage of nursing facilities (NF) Medicaid members readmitted to a hospital decreased by 44% from 2012 to 2014.

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Decrease in Pre-Natal Care



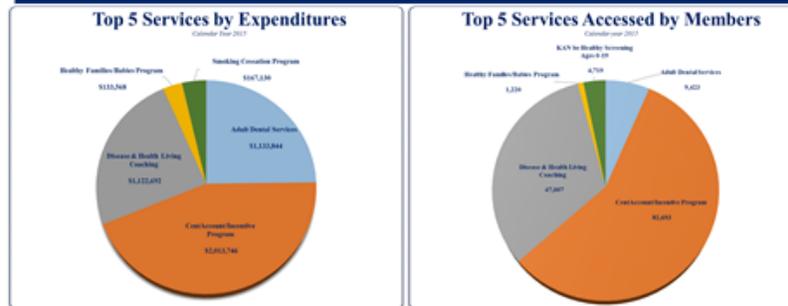
- **Pre-Natal Care**
Over 70% of pregnant women continue to get pre-natal care.

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KanCare New Services

At No Cost to the State



- In 2015, 133,012 members received value added services; this was an increase of 32% since 2014.
- Since the beginning of KanCare, members have been provided over \$12 million dollars in total value of services at no cost to the state.
- These services were not available to members under old Medicaid.

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KanCare Utilization

- Members have used their Primary Care Physician 24% more with KanCare.
- Members are more likely to attend their appointments; Transportation up 33%.
- Costly inpatient hospital stays have been reduced by 23%.
- Emergency Room use down by 1%.

| KanCare Utilization | |
|---------------------------------------|--------------------------|
| KanCare (2015) vs. Pre KanCare (2012) | |
| Type of Service | % Utilization Difference |
| Primary Care Physician | 24% |
| Transportation | 33% |
| Outpatient Non-ER | 10% |
| Inpatient | -23% |
| Outpatient ER | -1% |
| Dental | 32% |
| Pharmacy | 7% |
| Vision | 15% |

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Waiver Utilization

- Waiver members have used their Primary Care Physician 80% more with KanCare.
- Members are more likely to attend their appointments; Non-Emergency transportation up 56%.
- Costly inpatient hospital stays have been reduced by 29%.
- Emergency Room use down by 7%

| KanCare Waiver Utilization | |
|----------------------------------|--------------------------|
| KanCare 2016 v. Pre KanCare 2012 | |
| Type of Service | % Utilization Difference |
| Primary Care Physician | 80% |
| Transportation | 56% |
| Outpatient Non-ER | 10% |
| HCBS Services | 34% |
| Inpatient | -29% |
| Outpatient ER | -7% |
| Dental | 36% |
| Pharmacy | 2% |
| Vision | 14% |

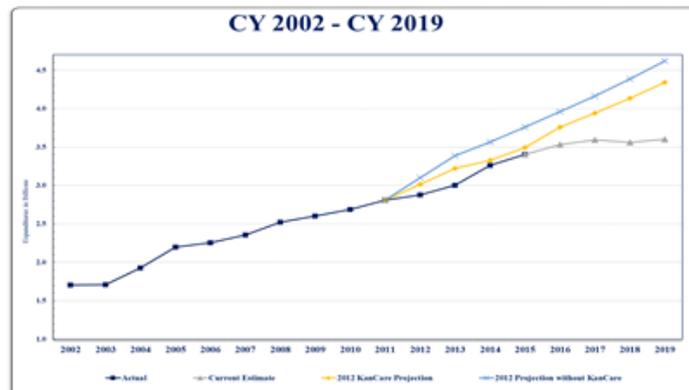
*SED, DD, PD, FE, Autism, TA, and TBI

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KanCare Cost Comparison

KanCare has produced more than \$1.4B in savings to the state. A portion of these savings has allowed us to invest in eliminating the PD waiver, as of August 2016, and reducing the DD waiver waiting lists.



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If Waivers were to be Carved Out

- Two Scenarios:
 1. If State takes over care coordination services -
 - Over \$180M in additional care and staffing costs would be incurred over 5 years.
 - Over 400 staff would be needed to perform services and manage recipients.
 2. If care coordination services go back to pre-KanCare levels -
 - Over \$340M in additional care and staffing costs would be incurred over 5 years.

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Backlog Update

- Resolution Activities
 - System Update and Enhancements
 - Staffing Increases
 - Process Improvements

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Active Backlog

- Active backlog is approximately 800 as of last CMS report

| Total number of Other applications and redeterminations | |
|---|-------------|
| | > 45 days |
| Unprocessed Applications - Total | 1970 |
| - Unprocessed Applications - Pended | 482 |
| - Unprocessed Applications - IROD <45 | approx. 700 |
| = Unprocessed Applications - Approx | 788 |

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Active Backlog Calculation Factors

- The report appears to show 1,970 applications are backlogged.
- 482 of these are pended and awaiting additional information from applicant.
- Approximately 700 are designated "Information Received on Denial". or IROD.
 - If an individual applies and is denied, and then reapplies, the system reports the original application date, not the date of the new application.
- Remainder, or about 800, represents Active backlog.

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System Enhancements & Updates

- Since Go-Live, KDHE and the KEES Vendor (Accenture) have developed and implemented 17 major system enhancements to improve system performance across these functional areas:
 - Eligibility
 - Customer Service
 - Imaging
 - Data Entry
 - Registration

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Staffing

- Clearinghouse vendor (Maximus) added 40 temporary staff for calendar year 2016 with additional 70 staff added in July.
 - 50 of these staff are specifically trained to process Family Medical applications.
 - This additional staff will also mitigate federally facilitated marketplace applications (FFM) from creating backlog.
- State has augmented staff by 20 temporary workers.
 - 12 of these are for registering FFM applications during the ACA open enrollment period.
- Staff working overtime as needed.

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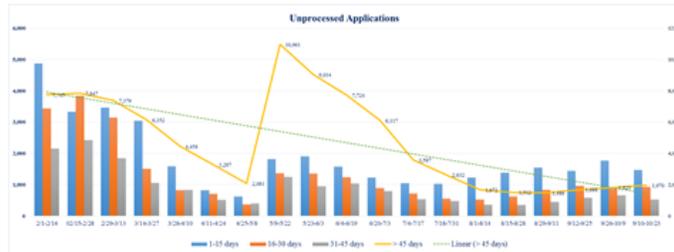
Process Improvements

- Internal and external process reviews to identify work flow improvements:
 - Internal - continuously working to identify process improvement opportunities with state staff, Maximus and Accenture.
 - External — worked with process experts to assess workflow and identified and implemented a number of short-term and long-term improvements.
- Clearinghouse vendor installed a new call management system that better serves beneficiaries.
 - Since February 2016, the overall average speed to answer has declined from 27 minutes to about 46 seconds and the maximum wait time has declined from over 1 hour and 22 minutes to less than 11 minutes.

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Backlog Trend



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Backlog Reduction

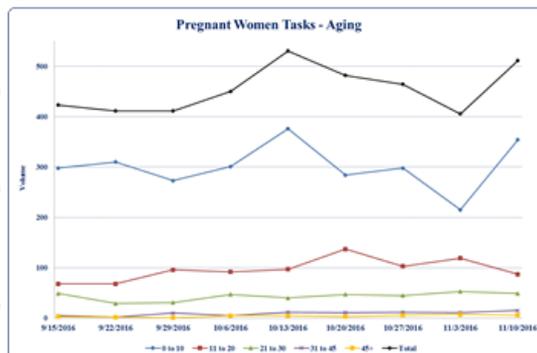
- Trend has been consistent since March after some of the fixes were put into place.
- The increase in May was due to a reporting issue which was identified and rectified.
- Current reporting reflects all 45+ day and over applications which include:
 - Pended SSI
 - Information Received on Denial (IROD)
 - Pended waiting for additional information from applicant
 - Active Backlog over 45+ days

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Trends for Pregnant Women

- 70% of pregnant women cases are processed in less than 10 days.
- 96% of pregnant women cases are processed in less than 30 days.
- 4% of the cases are on hold waiting for additional information from the applicant.



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Pregnant Women Facts

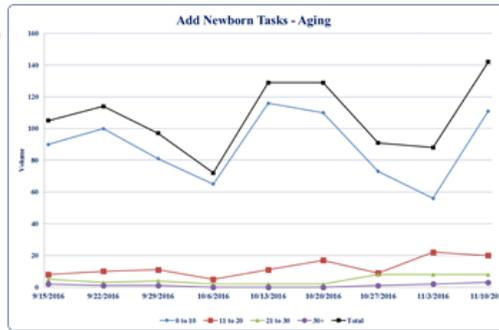
- Pregnant women who meet the criteria for presumptive eligibility, will receive coverage for prenatal and/or emergency room visits until a final determination has been completed.
- Hospitals and clinics that have completed or scheduled training for the Presumptive Eligibility system:
 - Children's Mercy Hospital
 - Community Health Center of Southeast Kansas
 - GraceMed Health Clinic
 - Hunter Health Clinic
 - Via Christi Regional Medical Center
 - Stormont Vail Healthcare Inc.
- These hospitals represent 12% of Medicaid births in 2015.
- We are in the process of enrolling and training additional hospitals in the Presumptive Eligibility System.

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Trends for Newborns

- 94% of all newborn cases are processed within 20 days.
- 78% of those are processed in less than 10 days.
- 6% are waiting additional information from the applicant.



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KanCare 2.0

- Extending request for proposal (RFP) development
 - Looking at exciting possibilities around potential future reforms
 - Identifying opportunities that will enhance KanCare's position as a model program for the nation
- Providing opportunities to greatly reduce provider burden and member satisfaction
 - Uniform credentialing requirement
 - Care Coordination services
 - Timing
 - Level of Interaction
 - Documentation
 - Value-Based Purchasing Guidance
 - More meaningful access to data to monitor and manage MCOs
- Currently working with vendor on drafting of RFP

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Thank You

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KanCare Annual Public Forum for 2016

December 1, 2016

I/DD Waiting List: Current Efforts

IDD Waiting List Management

- 8,976 on the HCBS IDD Program as of 10/13/16
- Waiting List: 3,528
- 250 People offered services

PD Waiting List Management

- 6,210 on the HCBS PD Program as of 10/13/2016
- Waiting List 350
- Underserved wait list was eliminated in 2014
- The HCBS Monthly Summary is posted on the HCBS page at www.kdads.ks.gov

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Physical Disability Waitlist

Waitlist Accountability

- Agency continues to hear anecdotal stories that people did not get offers of service
- KDADS is trying to locate these individuals and encourage them contact us
- To date, we have not been contacted by anyone on waitlist who has not received services as expected when waitlist was cleared
- This not only a KDADS issue, this is a state issue that needs to be solved
- We want to partner with advocates and families in order to identify anyone not receiving services so we will be able to provide services to anyone who is eligible.



Autism Services:

Waiver Renewal:

- Recently submitted autism waiver renewal application
- 62 currently receiving services; more children will get services because of transfer of some autism waiver services to the State Plan under the new waiver
- **Key Changes:**
 - Three behavioral services transferred from waiver to the State Plan
 - The goal is to work with families to provide the right plan of services and care
 - We expect a significant reduction in proposed recipient list
 - More children will receive early intervention Autism services



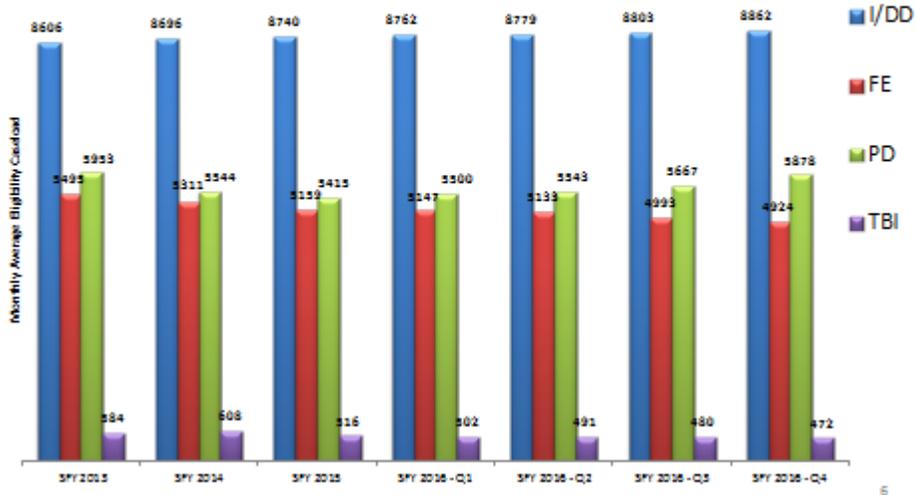
Serious Emotional Disturbance:

Waiver Renewal:

- KDADS is working on the waiver renewal application for the SED waiver
- CMS has approved a 90-day extension 2016 due to concerns about conflict of interest.
 - Currently the CMHC provides all eligibility determinations, plan of care development, and provision of services.
 - CMS has said the CMHC cannot continue to perform all these tasks.
 - KDADS is working with CMS to determine specifically what CMS will require to address conflict of interest.

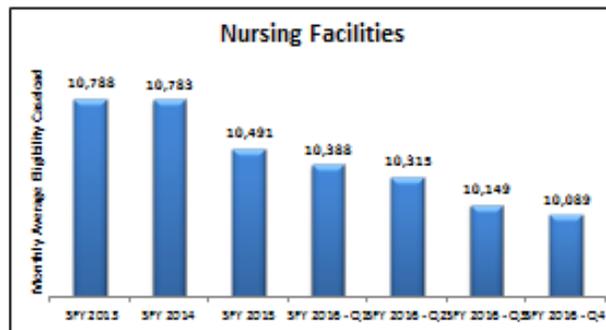


Average Monthly Caseload for State Institutions and Long-Term Care Facilities



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Average Census for Long-Term Care Facilities



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After presentation of the update information from both KDHE and KDADS, participants were offered the opportunity to present questions or comments for discussion, either in writing or verbally. No questions or comments were presented, and the 2016 public forum was concluded.