About KanCare in Kansas

KanCare is the Kansas Medicaid program that provides health care to more than 420,000 disabled, low-income and elderly Kansans.

KanCare Successes

- **Improved** health outcomes
- **Increased** utilization of primary care
- $2 billion in **savings** to the state

KanCare Utilization

23% — **Reduction** in inpatient hospital stays

24% — **Increase** in members using their primary care physician under KanCare

33% — **Increase** in non-emergency transportation; members more likely to attend their appointments

1% — **Reduction** in emergency room use

10% — **Increase** in outpatient non-emergency treatment

Disability Waiver Utilization

- Waiver members have used their primary care physician **80%** more under KanCare
- Inpatient hospital stays have been reduced by **29%**
- Emergency Room use down by **7%**
- Members more likely to attend appointments; non emergency transportation usage up **56%**
- Dental services up by **36%**
- Volume of HCBS services provided up by **36%**
- Outpatient non-emergency treatment up by **10%**
- Percentage of KanCare members readmitted to a hospital from a nursing home has decreased by **44%**
- Diabetes care is now comprehensive, and diabetics on KanCare are receiving more routine tests needed to maintain health
- Number of KanCare members receiving alcohol and drug dependence treatment is up

Better preventative care access results in better health outcomes.

KanCare Timeline

Nov-2011
KanCare RFP published

Jan-2012
Kansas submits Section 1115 Demonstration concept paper to CMS

Apr-2012
Kansas submits Demonstration Application for Section 1115 Waiver

Jun-2012
State signs KanCare contracts with Amerigroup Kansas, Inc., Sunflower State Health Plan, and UnitedHealthcare Community Plan of Kansas

Jan-2013
KanCare goes live

Feb-2013
IDD Waiver Services included in KanCare

Dec-2015
Final year of MCO's initial contracts

Dec-2016
Contract extensions granted for all 3 MCOs

Jun-2017
KanCare public input meetings

Aug-2017
1115 Demonstration (KanCare) Extension Application submitted to CMS

Oct-2017
Conference calls to explain how public input is used in creating RFP

Nov-2017
RFP posted on Kansas Dept. of Administration website

Dec-2017
1115 Demonstration (KanCare) Renewal Final renewal application submitted

Jan-2018
Bids close - Evaluation of proposals begins

Apr-2018
Face-to-face meetings with vendors

Jun-2018
MCO Contracts awarded

Oct-2018
Conduct readiness reviews

Nov-2018
Conduct readiness reviews

Jan-2019
New KanCare contracts begin

Key improvements in the new MCO contracts

- Greater oversight and accountability
- Improved response to consumer needs
- Enhanced care coordination
- Supported employment pilot for persons with disabilities and behavioral health needs
- New value-added benefits
- Adult dental services will continue

What Does This Mean for Amerigroup Consumers?

Coverage for Amerigroup consumers will continue as usual until the new contract takes effect on January 1, 2019.

After open enrollment has closed, if an Amerigroup consumer did not elect to change MCOs, the consumer will automatically be provided coverage by Aetna.

In October, KanCare consumers will have the opportunity to choose a new MCO during the open enrollment period.

Who are the MCOs?

sunflower health plan	UnitedHealthcare	aetna
Sunflower State Health Plan, Inc.	United Healthcare, Midwest Inc.	Aetna Better Health of Kansas, Inc.

What is an MCO?

KanCare contracts with three managed care organizations (MCOs) who:

- Enroll providers
- Pay for services
- Receive a monthly payment for each person in KanCare
- Are at financial risk for almost all the costs of care for KanCare members

Kansas Department of Health and Environment

For more information

1-800-766-9012 www.KanCare.ks.gov