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.
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 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