



**KanCare Update to
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KanCare Oversight**

August 22-23, 2017

Agenda

- KanCare Results
- Nursing Facility Liaison Program
- Medicaid Eligibility Processing
- Kansas Eligibility Enforcement System (KEES)
- MCOs Financial Status
- KanCare Request for Proposal (RFP)

KanCare Utilization

- Members have used their Primary Care Physician 18% more with KanCare.
- Members are more likely to attend their appointments; Transportation up 58%.
- Costly inpatient hospital stays have been reduced by 30%.
- Emergency Room use down by 7%.

KanCare Utilization	
KanCare (2016) vs. Pre Kancare (2012)	
Type of Service	% Utilization Difference
Primary Care Physician	18%
Transportation	58%
Outpatient Non-ER	10%
Inpatient	-30%
Outpatient ER	-7%
Dental	25%
Pharmacy	2%
Vision	16%

As of March 2017.

Waiver Utilization

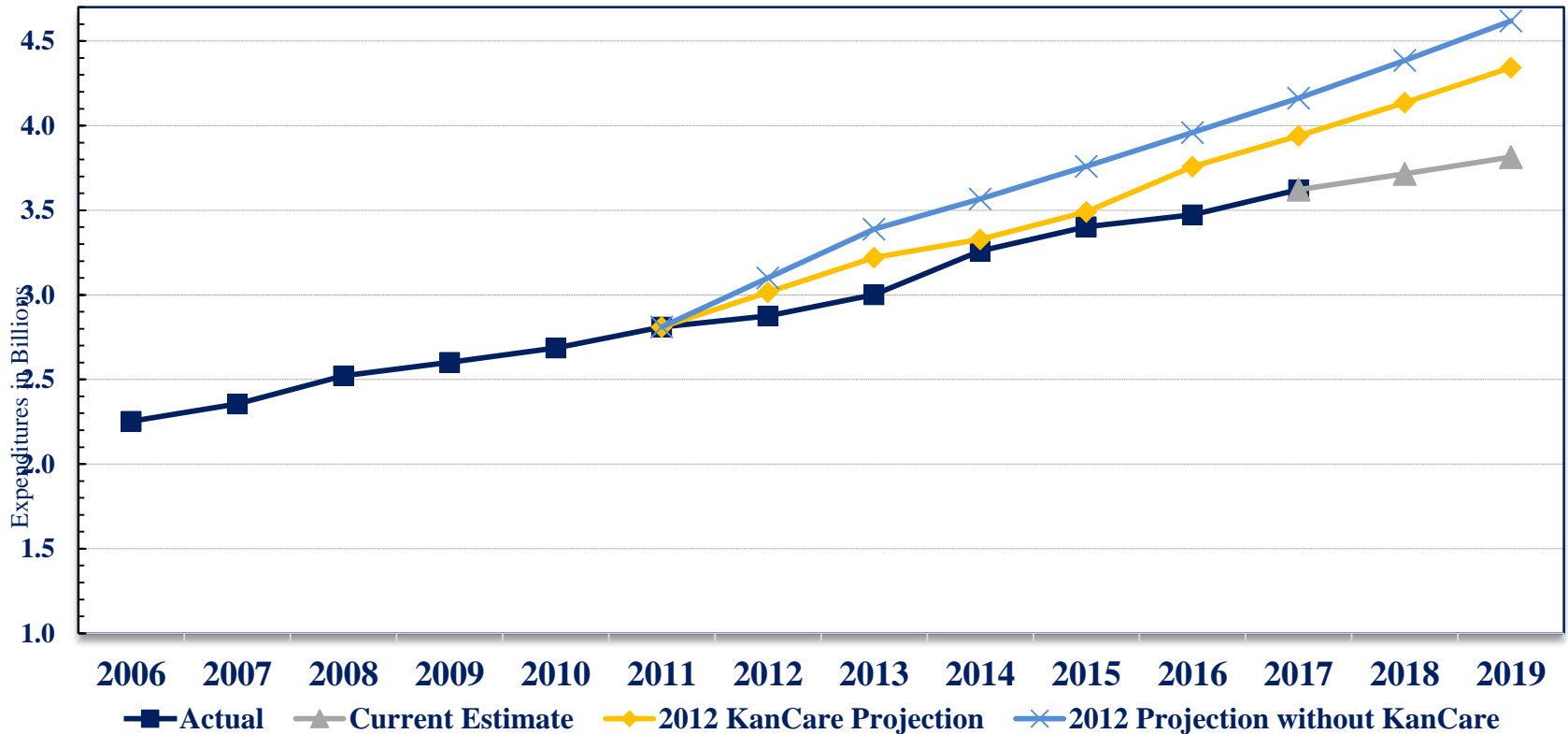
- Waiver members have used their Primary Care Physician 19% more with KanCare.
- Members are more likely to attend their appointments; Non-Emergency transportation up 52%.
- Costly inpatient hospital stays have been reduced by 16%.
- Emergency Room use up by 1%

KanCare Waivered* Utilization	
KanCare 2016 v. Pre KanCare 2012	
KanCare Waivered Utilization	% Change
Primary Care Physician	19%
Transporation NEMT	52%
Outpatient Non-ER	6%
Inpatient	-16%
Outpatient ER	1%
Dental	23%
Pharmacy	12%
Vision	27%
HCBS Services	31%

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

KanCare Cost Comparison

CY 2006 - CY 2019

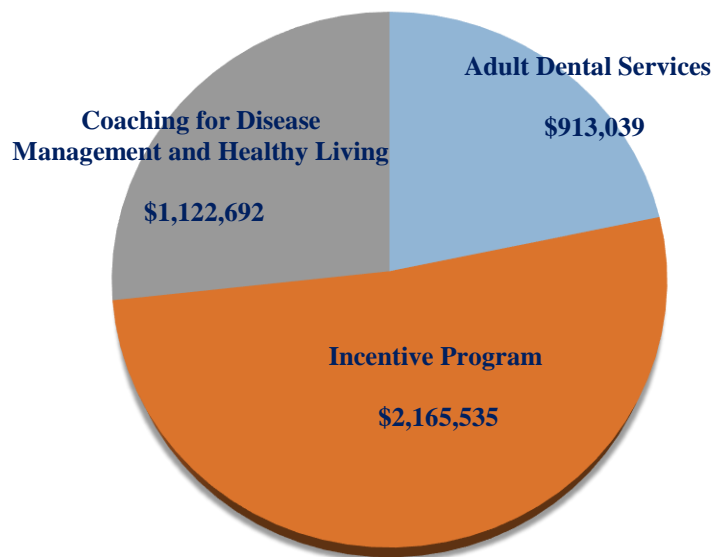


KanCare New Services

At No Cost to the State

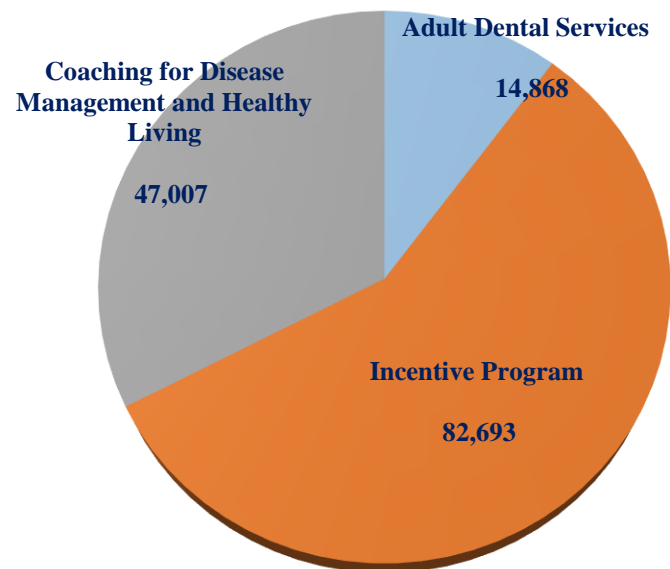
Top 3 Services by Expenditures

Calendar Year 2016



Top 3 Services by Members

Calendar Year 2016



- Since the beginning of KanCare, members have been provided over \$16 million dollars in total value of services at no cost to the state.
- These services were not available to members under old Medicaid.

LTC Application Status

- Implemented 90% advance payment for any Long Term Care (LTC) application over 45 days
- Developed and posted a checklist/manual for LTC facility staff explaining the process step by step to complete an application
<https://www.youtube.com/watch?v=X5nM1-UWUrs>
- Created a webinar for LTC staff working on eligibility- Youtube video available at
<https://www.youtube.com/watch?v=X5nM1-UWUrs&feature=youtu.be>
- Created a tutorial on the 2126 form for Nursing Homes – Youtube video available at
<https://www.youtube.com/watch?v=9h0ATNwW56w>

KanCare Clearinghouse Liaison Program

Goal: Deliver a more personalized level of service to ensure that nursing facility residents get access to the medical care they are eligible for in a timely fashion.

Pilot (12 facilities)  **Program** (330 facilities)

Status Update on Liaison Expansion:

1. Enrolled 12 additional nursing facilities in July 2017 (mostly small, non-profit)
2. Continue to identify nursing facilities to participate (KDHE will enroll 5 facilities in August)
3. Expand the program to all nursing facilities in 2018

KDHE would like to thank *Leading Age of Kansas* and *Kansas Health Care Association* for their assistance in helping to identify the 12 additional nursing facilities.

Medicaid Eligibility Processing

- Steady State for applications reached as of March 24, 2017
- All Applications over 45 Days Have Been Touched
- CMS discontinued reporting requirement in May 2017

Application Status Update

- Unprocessed Applications are approximately 308 as of last report

Total number of other applications and redeterminations	
	> 45 days
Unprocessed Applications - Total	1,428
- Unprocessed Applications -Pended	1,120
= Unprocessed Applications - Approx	308

Pended claims are awaiting additional information from the applicant.

Application Status Detail

- The report reflects 1,428 applications over 45 days old.
- 1,120 of these are pended and awaiting additional information from applicants.
- Remainder of 308 represents applications in process.
- Since March 24, 2017, there are no applications over 45 days old that are untouched.

KEES Phase 3 Implementation

Overview

- Eligibility determination for non-medical services will move to KEES, retiring 8 different legacy systems
- Enhancements will be made to the management of medical services, including additional reporting, application tracking enhancements, and system changes to better meet CMS requirements

Benefits

- Integrates medical and non-medical eligibility to streamline the application process
- Standardizes the use of data between agencies and creates a single source of truth for all eligibility information
- Provides a platform for beneficiaries to access information about their medical and non-medical services from one location

KEES Phase 3 Implementation

- Timing
 - Cutover to new system began 8/18
 - Full system availability by early September
- Medical Services During Upgrade: We will...
 - Continue previously approved benefits without disruption
 - Maintain call center operations and be able to answer questions
 - Accept paper applications and other documents submitted via mail or fax
 - Pre-screen applications for required information
 - Request necessary documents from members and providers
 - Process cases that meet emergency medical criteria and authorize benefits for emergency medical
 - Communicate to all stakeholders, leveraging press releases, FAQ sheets, provider bulletins, website messages, and call center information
- Non-emergency medical benefit authorization will resume when the upgrade completes

MCO Financial Status Update

MCO Profit and Loss per NAIC Filings

March 31, 2016 Compared to March 31, 2017

	<u>Amerigroup</u>	<u>Sunflower</u>	<u>United</u>	<u>Total</u>
Total Revenues	\$238,498,755	\$273,510,636	\$231,780,300	\$743,789,691
Total hospital and medical	\$220,913,910	\$242,852,064	\$201,659,300	\$665,425,274
Claims adjustments, General Admin., Increase in reserves	\$10,795,215	\$27,554,433	\$26,797,700	\$65,147,348
Net underwriting gain or (loss)	(\$8,835,196)	\$3,104,139	\$3,323,300	(\$2,407,757)
Net income or (loss) after capital gains tax and before all other federal income taxes	(\$8,655,902)	\$3,465,677	\$3,323,300	(\$1,866,925)
Federal and foreign income tax/(benefit)	(\$3,008,549)	\$1,123,253		(\$1,885,296)
Add Back Change to Reserves	\$0	\$0		\$0
Adjusted Net income (loss) - Through March 31, 2017	<u>(\$5,647,353)</u>	<u>\$2,342,424</u>	<u>\$3,323,300</u>	<u>\$18,371</u>
Add Back Change to Reserves	\$0	\$0		\$0
Net income (loss) - March 31, 2016	(\$5,038,061)	(\$9,401,103)	(\$4,621,247)	(\$19,060,411)
Adjusted Net income (loss) - March 31, 2016	<u>(\$5,038,061)</u>	<u>(\$9,401,103)</u>	<u>(\$4,621,247)</u>	<u>(\$19,060,411)</u>
Difference from Q1 2016 to Q1 2017	(\$609,292)	\$11,743,527	\$7,944,547	\$19,078,782

KanCare 2.0

- Request for Proposal (RFP) development
 - Member and provider engagement
 - Looking at potential future reforms
 - Identifying opportunities that will enhance KanCare's position as a model program for the nation
- Reduce provider burden and improve member satisfaction
 - Uniform credentialing requirement
 - Care Coordination services
 - Timing
 - Level of Interaction
 - Documentation
 - Value-Based Purchasing Guidance
 - Enhanced data analytics for MCO oversight

KanCare 1 Year Extension

- Extends existing KanCare program through Dec. 31, 2018
- CMS and KDHE worked closely together
- Submitted 1 year extension to CMS on July 31, 2017.
- CMS notified state application is considered complete

Next Steps

- Continue to work with CMS on new waiver application and the extension
- RFP provider and advocacy group meetings in September, 2017
- RFP public stakeholder calls in October, 2017
- RFP posted in November