

KDHE Responses to Requests from Joint Committee on HCBS/KanCare Oversight

04.19.17

KDHE herewith submits responses to pending requests for information from Committee members:

1. Provide follow up regarding letter Stephanie Sharp received dropping her foster son from Medicaid services for reasons she states were untrue.

Response:

- March 23, 2016 – Review form mailed for the Medicaid case. Form never returned.
- January 6, 2017 – KDHE mailed a closure notice. Notice did contain incorrect reasons for closure, however, did indicate date of case closure.
- February 2, 2017 – Case manager called Clearinghouse, however, no release of information was on file.
- February 6, 2017 – Clearinghouse was called and told caller why case was closed – lack of returning the review. Individual stated they had sent in an on-line application Feb 3, 2017, but failed to request for HCBS services.
- February 7, 2017 – Clearinghouse creates an urgent medical request.
- February 8, 2017 –
 - Case manager called Clearinghouse – Still no release of information on file.
 - Case manager called Clearinghouse – wanted application marked urgent. Still no release of information on file.
 - Case manager calls – individual needs medication. Release of information had been faxed, but incorrectly completed.
 - Information of releases signed
- February 9, 2017 – Application processed and approved. Urgent Medical was processed within the 72 hours.

2. Number of Medicaid providers by type from 2012 and 2016.

Response: [Please see chart below.](#)

Provider Groups	2012	2016
Physicians	4,146	7,590
Hospitals	1,059	1,355
Nursing Facilities	354	321
HCBS	740	1,057
Behavioral Health	1,228	2,241
All Others	5,630	6,221
Totals	13,157	18,785

3. How many states have privatized Medicaid, which states have managed care and what provisions/populations are included? Which states have abandoned privatization (managed care) or at least parts of it?

Response:

- 96% of states have some form of a Managed Care delivery system.
- 92% of the states cover Low Income Families and Children.
- 56% of the states provide coverage for Foster Care Children.
- Approximately 18% of each states total population is covered by Medicaid/CHIP.
- On average, each state has approximately 5 managed care organizations.
(Information provided from Kaiser Foundation, updated between September 2015 and September 2016)

There are several states, such as Illinois and Iowa, who have evaluated and made changes to their Medicaid Managed Care programs in order to be cost effective.

4. Was the eligibility backlog cleared by March 2017, as stated at the February meeting during KDHE's testimony?

Response: **Yes.**

5. Representative Eplee stated Medicaid providers not allowed to cap the number of Medicaid appointments but can delay appointments so much that it is essentially implementing a cap. He wants to know if there is a provision prohibiting that practice in the KanCare RFP.

Response:

2.2.15.1.1.4

Appointment/Waiting Times: Usual and customary practice not to exceed 3 weeks from date of a patient's request for regular appointments and 48 hours for urgent care. Waiting times shall not exceed 45 minutes.

2.2.8.11.2

If the initial or unplanned request is determined to be an emergency, all services shall be provided immediately as necessary to resolve the emergency. After the emergency has been resolved, if the Member is not detained for inpatient care and treatment, that Member shall be scheduled for a follow-up appointment and provided any necessary and appropriate services consistent with the requirements of the CONTRACT.

2.2.8.11.3

If the initial or unplanned request is determined to be an urgent matter or a routine matter, the Member shall be scheduled for an appointment with the appropriate staff within a timely period after that initial contact.

2.2.8.11.4

After a Member's first appointment, CONTRACTOR(S) shall begin providing any necessary and appropriate services to that Member within a timely period.

2.2.8.12.6

In cases of discharge from institutional care, the CONTRACTOR will monitor provider contact to member following inpatient discharge with goals of offering and encouraging member’s attendance at follow-up appointments. The timeframe begins with the day of the member’s discharge. The CONTRACTOR will ensure 85% of contact attempts will occur between 24 to 72 hours of discharge, 90% of contact attempts will occur within 1-7 days and 95% of contact attempts will occur within 1-10 days. The CONTRACTOR will have protocols in place to review.

6. Has the pilot project to expedite Clearinghouse communications been implemented?

Response: **Yes. An update will be provided during the oral presentation on April 19.**

7. The profit margin for each MCO.

Response: **Please see chart below.**

KDHE-DHCF			
NAIC Profit Margins			
2016			
For the year ended December 31, 2016			
	Amerigroup Kansas, Inc.	Sunflower State Health Plan, Inc.	United Healthcare
Total revenues (line 8)	997,723,977	1,106,271,810	941,687,475
Net Income (Loss) BEFORE taxes (line 30)	18,690,264	23,089,953	46,798,625
Statutory Gross Profit	1.9%	2.1%	5.0%