Agenda

• Introductions and Opening Remarks

• Stakeholder and Legislative Engagement

• KanCare Program Updates

• Data and Analytics

• Eligibility Updates

• Opioid Epidemic and Antipsychotic Use in Nursing Homes
Stakeholder and Legislative Engagement
## 2018 Schedule of Meetings

<table>
<thead>
<tr>
<th>Month</th>
<th>2nd Tuesday @ 10:00</th>
<th>3rd Tuesday @ 10:00</th>
<th>4th Tuesday @ 10:00</th>
</tr>
</thead>
<tbody>
<tr>
<td>January</td>
<td>9th Kansas Medical Society Kansas Hospital Association</td>
<td>16th Kansas Association for the Medically Underserved, KS Dental Association, Oral Health Kansas</td>
<td>23rd Kansas Council on DD, University Center for Excellence on DD (KU), Protection &amp; Advocacy (DRC)</td>
</tr>
<tr>
<td>March</td>
<td>13th Kansas Pharmacy Association, Kansas Independent Pharmacy Service Corporation, National Association of Chain Drugstores ARJ Infusions</td>
<td>20th Kansas Health Care Association, Leading Age Kansas, Kansas Adult Care Executives, Kansas Advocates for Better Care, KanCare Advocates Network</td>
<td>27th All groups meet</td>
</tr>
<tr>
<td>April</td>
<td>10th Kansas Medical Society Kansas Hospital Association</td>
<td>17th Kansas Association for the Medically Underserved, KS Dental Association, Oral Health Kansas</td>
<td>24th Kansas Council on DD, University Center for Excellence on DD (KU), Protection &amp; Advocacy (DRC)</td>
</tr>
<tr>
<td>June</td>
<td>12th Kansas Pharmacy Association, Kansas Independent Pharmacy Service Corporation, National Association of Chain Drugstores ARJ Infusions</td>
<td>19th Kansas Health Care Association, Leading Age Kansas, Kansas Adult Care Executives, Kansas Advocates for Better Care, KanCare Advocates Network</td>
<td>26th All groups meet</td>
</tr>
<tr>
<td>July</td>
<td>10th Kansas Medical Society Kansas Hospital Association</td>
<td>17th Kansas Association for the Medically Underserved, KS Dental Association, Oral Health Kansas</td>
<td>24th Kansas Council on DD, University Center for Excellence on DD (KU), Protection &amp; Advocacy (DRC)</td>
</tr>
<tr>
<td>September</td>
<td>11th Kansas Pharmacy Association, Kansas Independent Pharmacy Service Corporation, National Association of Chain Drugstores ARJ Infusions</td>
<td>18th Kansas Health Care Association, Leading Age Kansas, Kansas Adult Care Executives, Kansas Advocates for Better Care, KanCare Advocates Network</td>
<td>25th All groups meet</td>
</tr>
<tr>
<td>October</td>
<td>9th Kansas Medical Society Kansas Hospital Association</td>
<td>16th Kansas Association for the Medically Underserved, KS Dental Association, Oral Health Kansas</td>
<td>30th Kansas Council on DD, University Center for Excellence on DD (KU), Protection &amp; Advocacy (DRC)</td>
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</tbody>
</table>

Our Mission: To protect and improve the health and environment of all Kansans.
Ad Hoc Engagement

**Stakeholder Meetings**
- 35 Meetings (15 different organizations)

**Legislator Meetings**
- 17 meetings

**Testimony Provided**
- 12 times

**Meetings Refused**
- 0

January 8 – Feb 16 (24 days)
Success Together

340 B Pharmacy Policy
- KHA, KAMU, and legislators

10 Days to request continuation of Services
- Disability Rights Center, Molly Wood

Telehealth for Speech and Hearing Services
- Greenbush, Representatives Kelly and Murnan

Data Requests / Legislative Collaboration
- KAMU – Dental data (3 days)
- KAMU – New Project with State and KUMC
- NAMI – Medicaid removal / reauthorization of services
- HB 2591, SB 300
Working Items

Provider Module Upgrade – 4 Week Downtime
• Working with KHA, KAMU, KMS, and ACHMCK

Autism Capacity
• Process to become provider
• Medicaid reimbursement versus private insurance
• Service delivery (in schools, health facilities, and telehealth)

Quality and Audit Capacity
• Contractor auditing (DXE, Maximus, and MCOs)
• In-house auditing (Outstation workers, PE staff, and KDADS)
• Provider auditing (claims match encounters)
• Member service verification

Our Mission: To protect and improve the health and environment of all Kansans.
1115 Waiver Application Timeline

Public Notice process
*October 27 – November 26, 2017*

KanCare 2.0 application submitted to CMS
*December 20, 2017*

CMS accepted application
*December 28, 2017*

Continue to work with Stakeholders and Legislative Representatives and negotiate standard terms and conditions with CMS

KanCare 1.x begins
*January 1, 2019*
CHIP Reauthorization

• After a short Federal Government shutdown, Congress passed a Continuing Resolution on January 23, 2018 which funded CHIP in full for an additional six (6) years

• Budget bill passed which funded CHIP in full for an additional ten (10) years

• System updates included in a off-cycle release which was not implemented (increasing eligibility up to 251% FPL, ages 19 and under)
HB 2026 Updates

• Medicaid Policy to not allow MCOs to deny contracts to pharmacies who meet requirements (Policy effective 2/5/2018)

• Standardizing Provider Enrollment
  • Provider Module Upgrade (March 2018)

• Standardizing Prior Authorizations
  • Next meeting with KHA and MCOs in February

• Independent Auditor RFP posted: EVT0005653, “Audit Services of Medicaid Managed Care Organizations,” Bid closing date 3/6/2018
Working Healthy / WORK Updates

• Employment resulted in the elimination of Federal cash subsidies/benefits: 78 members

• Members earning over $1,100.00 / month: 168 members

• Members who have worked their way off of Working Healthy: 2 members
KanCare Utilization

- Members have used their Primary Care Physician 2% more with KanCare.
- Members are more likely to attend their appointments; Transportation up 109%.
- Costly inpatient hospital stays have been reduced by 15%.
- Emergency Room use down by 3%.

<table>
<thead>
<tr>
<th>Type of Service</th>
<th>% Utilization Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td>Primary Care Physician</td>
<td>2%</td>
</tr>
<tr>
<td>Transportation NEMT</td>
<td>109%</td>
</tr>
<tr>
<td>Outpatient Non-ER</td>
<td>2%</td>
</tr>
<tr>
<td>Inpatient</td>
<td>-15%</td>
</tr>
<tr>
<td>Outpatient ER</td>
<td>-3%</td>
</tr>
<tr>
<td>Dental</td>
<td>12%</td>
</tr>
<tr>
<td>Pharmacy</td>
<td>7%</td>
</tr>
<tr>
<td>Nursing Facility</td>
<td>22%</td>
</tr>
<tr>
<td>Vision</td>
<td>22%</td>
</tr>
<tr>
<td>HCBS Services</td>
<td>35%</td>
</tr>
</tbody>
</table>

As of January 2017.
KanCare HCBS Waiver Utilization

- Number of people receiving waiver services are down by 24%

- Driven primarily by TBI (-21%), FE (-17%), and SED (-24%)

- Increases in membership in I/DD (5%), TA (11%), and AU (35%)

- % change in waiver member months -4.3%

### KanCare Utilization In Waiver Population

<table>
<thead>
<tr>
<th>Type of Service</th>
<th>% Utilization Difference</th>
<th>Normalized Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td>Primary Care Physician</td>
<td>-3%</td>
<td>1%</td>
</tr>
<tr>
<td>Transportation NEMT</td>
<td>193%</td>
<td>189%</td>
</tr>
<tr>
<td>Outpatient Non-ER</td>
<td>-10%</td>
<td>-6%</td>
</tr>
<tr>
<td>Inpatient</td>
<td>-34%</td>
<td>-30%</td>
</tr>
<tr>
<td>Outpatient ER</td>
<td>-17%</td>
<td>-13%</td>
</tr>
<tr>
<td>Dental</td>
<td>64%</td>
<td>60%</td>
</tr>
<tr>
<td>Pharmacy</td>
<td>-1%</td>
<td>3%</td>
</tr>
<tr>
<td>Vision</td>
<td>57%</td>
<td>53%</td>
</tr>
<tr>
<td>HCBS Services</td>
<td>35%</td>
<td>31%</td>
</tr>
</tbody>
</table>

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

As of January 2017.
KanCare Cost Comparison

Our Mission: To protect and improve the health and environment of all Kansans.
Since the beginning of KanCare, members have been provided more than $18.2 million dollars in total value of services they did not have access to under old Medicaid at no cost to the state.
# MCO Financial Status Update

## KanCare

MCO Profit and Loss per NAIC Filings
September 30, 2017 Compared to September 30, 2016

<table>
<thead>
<tr>
<th></th>
<th>Amerigroup</th>
<th>Sunflower</th>
<th>United</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Revenues</td>
<td>$733,912,628</td>
<td>$827,466,189</td>
<td>$711,391,700</td>
<td>$2,272,770,517</td>
</tr>
<tr>
<td>Total hospital and medical</td>
<td>$682,372,730</td>
<td>$719,705,263</td>
<td>$621,109,700</td>
<td>$2,023,187,693</td>
</tr>
<tr>
<td>Claims adjustments, General Admin., Increase in reserves</td>
<td>$77,997,641</td>
<td>$97,664,266</td>
<td>$80,044,900</td>
<td>$255,706,807</td>
</tr>
<tr>
<td>Net underwriting gain or (loss)</td>
<td>($26,457,743)</td>
<td>$10,096,660</td>
<td>$10,237,100</td>
<td>($6,123,983)</td>
</tr>
<tr>
<td>Net income or (loss) after capital gains tax and before all other federal income taxes</td>
<td>($24,471,834)</td>
<td>$11,311,888</td>
<td>$10,237,100</td>
<td>($2,922,846)</td>
</tr>
<tr>
<td>Federal and foreign income tax/(benefit)</td>
<td>($7,800,844)</td>
<td>$3,967,941</td>
<td>(3,832,903)</td>
<td>($3,832,903)</td>
</tr>
<tr>
<td>Add Back Change to Reserves</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>Adjusted Net income (loss) - Through September 30, 2017</td>
<td>($16,670,990)</td>
<td>$7,343,947</td>
<td>$10,237,100</td>
<td>$910,057</td>
</tr>
<tr>
<td>Add Back Change to Reserves</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>Net income (loss) - September 30, 2016</td>
<td>$3,382,597</td>
<td>$5,470,052</td>
<td>$30,232,186</td>
<td>$39,084,855</td>
</tr>
<tr>
<td>Adjusted Net income (loss) - Through September 30, 2016</td>
<td>$3,382,597</td>
<td>$5,470,052</td>
<td>$30,232,186</td>
<td>$39,084,855</td>
</tr>
<tr>
<td>Difference from Q3 2016 to Q3 2017</td>
<td>($20,053,587)</td>
<td>$1,873,895</td>
<td>($19,995,086)</td>
<td>($38,174,778)</td>
</tr>
</tbody>
</table>
# KanCare Corrective Action Plan (CAP) Update

<table>
<thead>
<tr>
<th>CAP Progress by Task Area</th>
<th>% of Tasks Completed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Task Area</td>
<td></td>
</tr>
<tr>
<td>Administrative Authority</td>
<td>93%</td>
</tr>
<tr>
<td>Person-Centered Planning</td>
<td>82%</td>
</tr>
<tr>
<td>Provider Access and Network Adequacy</td>
<td>100%</td>
</tr>
<tr>
<td>Participant Protections</td>
<td>77%</td>
</tr>
<tr>
<td>Support for Beneficiaries</td>
<td>100%</td>
</tr>
<tr>
<td>Stakeholder Engagement Process Development</td>
<td>100%</td>
</tr>
<tr>
<td>Overall % of CAP Tasks Complete</td>
<td>92%</td>
</tr>
</tbody>
</table>
KanCare 2.0 RFP

- State is continuing to score the RFP as posted
- ~30% of staff is working on RFP plus Mercer
- Continue until new direction is communicated
Data and Analytics Update
Data and Analytics Update

• Building Capacity and Partnerships
  • Growing internal team / competencies
  • Kansas Health Institute
  • University of Kansas Medical School

• Data Analytics Stakeholder Group
  • October 2018

• Executive Dashboards
  • Agency
  • Administration
  • Legislators
NOTE: Test data displayed, not real values
Eligibility Updates
Eligibility Activities

- Maximus informed of non-compliance by Department of Administration on 1/30/2018
- Daily calls with Maximus clearinghouse management
- Weekly meetings with Maximus leadership
- Creating an Eligibility Workgroup after review of current policies and regulations (Federal, Legislative, and Agency)
- Future Planning – Options and Decision Process
- Tennessee and Texas Conversations
Metrics

• Financial Payment Accuracy – 98%
• 95% of all applications/reviews/maintenance must not include a high risk error
• 80% of all applications/reviews/maintenance must not include a low risk error
• 90% of expedited pregnant woman requests completed to KDHE staff in 7 days
• 100% of expedited pregnant woman requests completed to KDHE staff in 10 days
Metrics (cont.)

- 90% of all applications/reviews/maintenance referred to KDHE staff or determined (CHIP) in 20 calendar days
- 98% of all applications/reviews/maintenance referred to KDHE staff or determined (CHIP) in 30 calendar days
- 100% of all applications/reviews/maintenance referred to KDHE staff or determined (CHIP) in 45 calendar days
- 90% of all cases returned by KDHE due to error must be accurately returned within 10 calendar days
- 100% of all cases returned by KDHE due to error must be accurately returned within 20 calendar days
Metrics (cont.)

- 98% of address changes completed in 5 calendar days
- 95% of all case maintenance that are not pended completed in 10 calendar days
- 100% of all case maintenance actions completed in 20 calendar days
- Additional criteria on customer service, registration of applications, reporting, quality control and staffing
Non-Compliance / LDs

• Have until June 1, 2018, else retroactive back to 1/30/18

• Financial Payment Accuracy – 98% (current 40%)
  • Liquidated damage - $100 per instance
  • If 500 processed at 40% = $30,000 / day

• Applications and Reviews – 100% by 45 days
  • Liquidated damage - $50 / application / day
  • Current 2,924 = $146,200 / day

• Case Management – 95% within 10 days
  • Liquidated Damage - $300 / day
  • Current 11,370 over 10 days

As of 2/7/2018
Eligibility Overview

- **NF**
  - Income (Social Security)
  - Past 5 years
  - Resources (Life Ins, Farm, Annuity, Burial, CDs, and Bank Accounts)

- **Elderly and Disabled**
  - Income (Social Security)
  - Resources (Life Ins, Farm, Annuity, Burial, CDs, and Bank Accounts)

- **Pregnant Women**
  - Income (Pay Stub)

- **Family Medical and Kids**
  - Income (Pay Stub)
Liaison Program Expansion

Status Update

- Will add approximately 60 facilities every month until all facilities are in the Liaison program.
Liaison Program Overview

Staffing
- Each Nursing Facility (NF) is assigned a specific ‘pod’ of staff
- Each pod has ~6 Eligibility Specialists that work with approximately 52 NFs
- Pods are supported by Lead Eligibility Specialists, and Supervisors, and dedicated Quality, Training, and Administrative Staff
- Total number of staff supporting Liaison is 41 workers

Additional Education
- Nursing Facility News, a Newsletter for participating facilities was released in February
- Quarterly Informational Sessions highlighted the Escalation Process, Authorization and Communication, available online resources, and Do’s and Don’ts

Survey Feedback
- Positive feedback from participants reflecting appreciation for more personal service from a team dedicated to their facility’s cases
- Identified areas where additional training is needed to shorten processing time and improve quality
Opioid Epidemic and Nursing Home Antipsychotic Use
Opioid Updates

Medicaid Opioid Policies

• The first Medicaid policy addressing opioid use limits was implemented in 1997.
• Since then, there have been 30 (new or revised) policies regarding the safety (proper use and dosing limits) for opioids.
• A new Opioid Use for Pain Management PA was approved by the DUR Board in January 2018. The planned completion date for provider education and PA implementation is May 1, 2018.
• Dr. Lakin leading state opioid strategy.
Medicaid Goals for Reduction of Anti-Psychotic Drug Use in Patients with Dementia

Our Mission: To protect and improve the health and environment of all Kansans.

Specific area of Concern: CFR §483.25(l) Unnecessary Drugs in the LTC

1. General. Each resident’s drug regimen must be free from unnecessary drugs. An unnecessary drug is any drug when used:
   (i) In excessive dose (including duplicate therapy); or
   (ii) For excessive duration; or
   (iii) Without adequate monitoring; or
   **(iv) Without adequate indications for its use**; or
   (v) In the presence of adverse consequences which indicate the dose should be reduced or discontinued; or
   (vi) Any combinations of the reasons above.
Medicaid Goals for Reduction of Anti-Psychotic Drug Use in Patients with Dementia

**Action:** Require appropriate diagnosis prior to antipsychotic drug use.

1. Prior Authorization (PA) draft proposed to the Mental Health Medicaid Advisory Committee (MHMAC) on February 13, 2018.

2. Once the PA draft is amended or approved by MHMAC, the PA will be proposed to the Drug Utilization Review (DUR) Board for final approval.

3. If given DUR Board approval, this PA will require the correct diagnosis for a patient to receive an antipsychotic in the LTC, non-dual eligible Medicaid population, ages ≥ 65yrs.

4. A provider education letter will be posted prior to implementation of the approved PA.