AGENDA

• Introduction to the Acting Secretary – Dr. Lee Norman
• State of the KanCare Program – Chris Swartz, Deputy Director
  • KanCare Program Overview
  • 1115 Waiver Update
  • Continuity of Care Policy
  • OneCare Kansas Update
• Eligibility Update – Kim Burnam, Eligibility Director
  • Eligibility Backlog
  • Clearinghouse Contract Update
• Finance and Analytics Update – Adam Proffitt, Finance/Analytics Director
  • Analytics Goals for Division
  • MCO Financial Review
  • Telemedicine Update
State of the KanCare Program

Chris Swartz, Deputy Medicaid Director

- KanCare Program Updates
  - 1115 Waiver Update
  - Transition to a new MCO
  - Continuity of Care Policy
- OneCare Kansas Update
1115 WAIVER EXTENSION

- Approved December 18, 2018
  - Granting the State of Kansas the authority to operate the new KanCare program through December 31, 2023
  - Special Terms and Conditions (STCs) also received in December
  - Requires quarterly and annual Reporting to CMS
Transition to a new MCO

- Successfully onboarded (Aetna) to begin serving our members 01/01/2019
- Conducted readiness reviews
- Held Statewide KanCare public education meetings to explain the changes that would occur in 2019
- Open Enrollment period for all beneficiaries
- Conducting post go-live support – weekly calls are scheduled on Thursday for providers, associations and beneficiaries
Continuity of Care Policy

- **Overview:** Policy was put in place to ensure a smooth transition for beneficiaries and providers.
  - Plan of Care in place with the original MCO will be honored for 90 days by the receiving MCO
  - Non contracted providers to be paid 100% of Medicaid fee for service rates
  - Prior authorizations in place are to be honored for 90 days
  - Full policy can be found at [https://www.kancare.ks.gov/policies-and-reports/transition-of-care](https://www.kancare.ks.gov/policies-and-reports/transition-of-care)
OneCare Kansas (Health Homes)

- Proviso requires implementation in SFY 2019
- State team working with Planning Council (associations and advocates) and MCOs to develop program specifics
- Work still to be done includes:
  - Specifically defining the population narrowly to manage within funding and see positive outcomes
  - Developing the payment rate for OneCare providers
  - Consulting with Substance Abuse and Mental Health Services Administration (SAMHSA) – requirement
  - Developing and submitting a Medicaid State Plan Amendment
Eligibility Update

Kim Burnam, Eligibility Director

- Eligibility Backlog
- Clearinghouse Contract Update
KanCare Update February 2019

Family Medical Applications and Reviews > 45 Days

- Active
- Pended
- Applications
- Reviews

Months:
- January
- February
- March
- April
- May
- June
- July
- August
- September
- October
- November
- December
- January

Applications and Reviews Count:

- January: Active 83, Pended 62, Applications 123, Reviews 233
- February: Active 335, Pended 134, Applications 152, Reviews 116
- March: Active 180, Pended 42, Applications 36, Reviews 38
- April: Active 145, Pended 152, Applications 233, Reviews 335
KanCare Update  February 2019

Elderly and Disabled Applications and Reviews > 45 Days

- **Active**
- **Pended**
- **Applications**
- **Reviews**
KanCare Update  February 2019

Long Term Care Applications and Reviews > 45 Days

- Active
- Pended
- Applications
- Reviews

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<th>Month</th>
<th>Active</th>
<th>Pended</th>
<th>Applications</th>
<th>Reviews</th>
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<tr>
<td>January</td>
<td>154</td>
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<tr>
<td>February</td>
<td>168</td>
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<td>March</td>
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<td>July</td>
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<td>August</td>
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<td>September</td>
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<tr>
<td>January</td>
<td>145</td>
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Maximus Eligibility Contractor

• Maximus started processing applications and reviews for all Medicaid programs in 2016
  • Prior to January 2016, the scope of work was limited to processing Family Medical programs
• Maximus responsibilities
  • Training and Quality
  • Processing eligibility for Family Medical programs (CHIP- Children’s Health Insurance Program and Medicaid)
  • Processing eligibility for Elderly, Disabled and Long Term Care medical programs
Challenges
• Delays in processing resulting in backlog of applications
• Complaints from beneficiaries
• CMS scrutiny

KDHE Response
• Bring Training and Quality back in house effective 01/01/2019 – COMPLETED
• Bring processing of Elderly, Disabled and Long Term Care medical back in house 01/01/2020 – IN PROGRESS
Maximus Contract

• Current Contract
  • Three year base 01/01/2016 to 12/31/2018
  • Two optional extension years
    • KDHE is in negotiations with Maximus to exercise its options to further extend the contract

• Status
  • KDHE plans on exercising the following options
    • 07/01/2019 to 12/31/2019 – Extend Maximus contract to process applications and reviews for all programs
    • 01/01/2020 to 06/30/2020 – Extend Maximus contract to process applications and reviews for Family Medical programs only
    • 01/01/2020 – State takes over processing of applications and reviews for Elderly, Disabled and Long Term Care Medical programs
Analytics and Finance Update

Adam Proffitt, Finance and Analytics Director

- Analytic Goals for Division
- MCO Financial Update
- Telemedicine Update
Data and Analytics Update

• Three key pillars of strategic vision for data within the Division
  • Analytical – Reviewed at last Bethell
  • Operational
    • Operational Efficiency
      • Measuring the effectiveness of programs and the impacts of policy changes
    • Automated reporting
      • Standardizing operational reports, and creating actionable dashboards
  • MCO Interaction
    • Exchange of data, with ability to analyze information differently, as opposed to canned reports
  • Public Health – Will review at future meeting

• Contribution to KMMC
KanCare
MCO Profit and Loss per NAIC Filings
September 30, 2018 Compared to September 30, 2017

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<tr>
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<th>Amerigroup</th>
<th>Sunflower</th>
<th>United</th>
<th>Total</th>
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<tr>
<td>Total Revenues</td>
<td>$812,656,911</td>
<td>$1,011,642,769</td>
<td>$830,206,183</td>
<td>$2,654,505,863</td>
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<td>Total hospital and medical</td>
<td>$704,817,606</td>
<td>$832,054,274</td>
<td>$687,960,644</td>
<td>$2,224,832,524</td>
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<td>Claims adjustments, General Admin., Increase in reserves</td>
<td>$115,765,736</td>
<td>$167,607,435</td>
<td>$127,703,962</td>
<td>$411,077,133</td>
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<td>Net underwriting gain or (loss)</td>
<td>($7,926,431)</td>
<td>$11,981,060</td>
<td>$14,541,577</td>
<td>18,596,206</td>
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<tr>
<td>Net income or (loss) after capital gains tax and before all other federal income taxes</td>
<td>($5,089,845)</td>
<td>$14,028,508</td>
<td>$14,541,577</td>
<td>23,480,240</td>
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<td>Federal and foreign income tax/(benefit)</td>
<td>$2,290,442</td>
<td>$5,715,322</td>
<td>$8,749,164</td>
<td>$16,754,928</td>
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<td>Add Back Change to Reserves</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
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<td>Adjusted Net income (loss) - Through September 30, 2018</td>
<td>($7,380,287)</td>
<td>$8,313,186</td>
<td>$5,792,413</td>
<td>$6,725,312</td>
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<td>GP before income tax</td>
<td>-0.6%</td>
<td>1.4%</td>
<td>1.8%</td>
<td>0.9%</td>
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HIPF (Q4 booked in Q1) 3,678,000 269,174 2,459,348 6,406,522
Adj'd net income before income tax (1,411,845) 14,297,682 17,000,925 29,886,762
GP before income tax and wo extra HIPF -0.17% 1.41% 2.05% 1.13%
Telemedicine Update

- The Kansas Telemedicine Act was implemented in accordance with modified Medicare guidelines, including provider types and services that Medicare deems appropriate for the provision of telemedicine.
- A policy was implemented on January 1, 2019, allowing providers specified in the Kansas Telemedicine law to furnish services via telemedicine.
- A policy was implemented January 1, 2019, allowing speech-language pathologist and audiologist to provide services via telemedicine.
- Analyzing program to identify codes outside of CMS approved list to identify potential gaps in coverage.
THANK YOU/QUESTIONS