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KanCare Frequently Asked Questions

What are the major changes with Kansas Medicaid?

- Person-centered care coordination
- Clearer accountability
- Agency streamlining and name change
- Financing consolidation

Is KanCare being implemented on an appropriate timeline? KanCare is the result of an involved, detailed planning process that began more than a year ago. Lt. Governor Jeff Colyer, M.D. and the Secretaries of Health and Environment, Aging and Social and Rehabilitation Services met with people from around the state – consumers, legislators and the general public to get their ideas on the best way to deliver Medicaid care to clients.

Full implementation of KanCare will take more than 14 months. This is a far different than the paths taken by other states feeling the same budget pinch. Other states chose to simply impose rate cuts and stop providing care to thousands of needy citizens. These quick actions taken by other states do not work for Kansans.

Delaying KanCare will only guarantee continued cost increases, put providers at risk of rate cuts, and threaten the quality of care being provided to vulnerable Kansans. The status quo is not serving us well, and delay will not improve the health of anyone. To ensure a smooth transition, we will conduct readiness reviews and consult with providers. We will only move to final implementation if those reviews indicate we are ready.

How does KanCare compare to other states such as Kentucky who have moved forward with their own Medicaid reforms? Comparing Kentucky's reform plan to KanCare is like comparing apples and oranges. From concept to implementation, Kentucky completed its transition in only eight months. In Kansas we are taking more than two years to study, plan and implement KanCare. Also, Kentucky abruptly transferred 77% of its Medicaid consumers from a fee-for-service model into managed care, causing great confusion for consumers and health care providers. But in Kansas nearly 75% of Medicaid consumers already are part of managed care programs involving their doctors, hospitals, pharmacists and mental health providers.

Kansas is drawing from the best examples from around the country. We have put in place policies to avoid the stumbling blocks that have tripped up other states. Medicaid consumers will receive better services under KanCare. We will work with Kansans to ensure they understand the plan before it is implemented. KanCare contractors will be held accountable. Kansas expects to be on the leading edge when it comes to implementing an integrated system of care that focuses on Medicaid consumers as individuals, with individual needs, not numbers.

Will providers get paid on time under KanCare? The contracts stipulate that providers must be paid within 30 days or KanCare companies will face significant financial penalties. To further encourage timely claims, we also include a pay for performance measure for contractors to process 100% of clean claims within 20 days.

Will DD consumers be able to keep their case manager under KanCare? Persons with developmental disabilities will continue to work with their current case managers. The law ensures community developmental disability organizations (CDDOs) will conduct – either directly or by subcontract – the waiver eligibility assessments, case management and service.

What will be done to ensure Kansas Medicaid Consumers understand KanCare? We are planning an extensive educational campaign so all Kansas Medicaid consumers and their families, legal guardians and caregivers understand KanCare and the transition process.

Why is it important that all populations be included in KanCare? Why not carve out all long-term care and services? Nearly 75% of Kansas Medicaid patients already are part of integrated care. Carving out all long-term care and services from KanCare would maintain the existing, separated Home and Community Based Services system. Coordinating all care – including long-term services -- is critical if we are going to improve the health outcomes of all Kansans enrolled in the program.

A 2010 study by Kansas Medicaid and the KU Medical Center found Medicaid for Kansans with intellectual and developmental disabilities and those with physical disabilities was fragmented and poorly coordinated. It did not consistently provide recommended health care most people take for granted, such as screenings for breast, cervical or colorectal cancer. Lack of care coordination, and therefore lack of access, led to increased care costs and poor results.

The best way to rearrange this system that has been separating one kind of care from another is by coordinating all care for the each individual. KanCare also attaches financial incentives to the system. These are designed to encourage contractors to integrate behavioral care, medical care and long-term services and supports in a way that will provide more effective overall care for each individual.

Will the state continue to contract with existing providers? The KanCare contracts require that contractors use established community partners to deliver care and services. This includes hospitals, physicians, community mental health centers (CMHCs), primary care and safety net clinics, centers for independent living (CILs), area agencies on aging (AAAs), and community developmental disability organizations (CDDOs). It will allow these community partners to do an even better job. The state will continue to use CDDOs and other provider groups in their established roles, which are outlined in Kansas law.

How will KanCare result in cost savings without provider cuts or cuts in services? Savings in Kansas will be achieved by reducing the number of people who are being kept in institutional settings unnecessarily, by decreasing repeated hospitalizations, by better managing chronic conditions and by coordinating each individual's overall care. KanCare companies will be rewarded for paying for preventative care that keeps people healthy, so they don't get so ill that they need very expensive services. Over time this will help to slow to slow the fast-rising costs of the Medicaid system and ensure it continues to function effectively for those who need it.

Over five years, the state expects to reduce growth in Kansas Medicaid spending by 8-10 percent. This amounts to a one-third reduction in total Medicaid growth. Based on a conservative starting point of 6.6% growth in Medicaid without reforms (the actual growth rate over the past decade was 7.4%), KanCare is expected to achieve savings of **$853 million** (all funds) over the next five years.

	FY 2013	**FY 2014**	**FY 2015**	**FY 2016**	**FY 2017**	**5 Yr. Total**
All Funds	29,060,260	113,513,129	198,041,997	235,439,877	277,004,864	853,060,127
SGF	12,522,066	48,912,807	85,336,296	101,451,043	119,361,396	367,583,609

How will improved health outcomes be achieved? Kansas is in the process of crafting ironclad agreements with the integrated care companies which will become KanCare companies. These agreements have been part of the plan since we began developing the bidding process. They will be included in the signed contracts that spell out to the contractors what is expected of them, and the penalties the contractors are subject to if they fail to achieve better health outcomes for Kansans.

The state will require KanCare companies to create "health homes" revolving around our consumers' core health care companies, and to provide these health homes with technology, funding, individualized care coordination and communication required to improve the quality of the consumers' care.

These reforms create the first-ever set of comprehensive goals and targeted results in Kansas Medicaid. These new standards exceed the federal requirements and set Kansas on a path to historic improvement and efficiency.

In addition, Kansas is looking for the best ideas in the industry, so we announced to potential KanCare contractors that we expect them to put forth additional ideas on how to achieve meaningful improvements to consumer health.