



# Medicaid Managed Care: KanCare Request for Proposals

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# What is Managed Care?

- Different than fee for service.
  - A Medicaid beneficiary seeks a health care service
  - A health care provider provides that service
  - The provider sends a bill to the state
  - The state pays the bill based on coverage rules and predetermined rates for each service.



# What is Managed Care?(continued)

- State leases a network of providers from a health plan or managed care organization (MCO)
- Health plan negotiates/contracts with providers
- Providers agree to accept patients from the health plan
- Health plans pay providers for services delivered

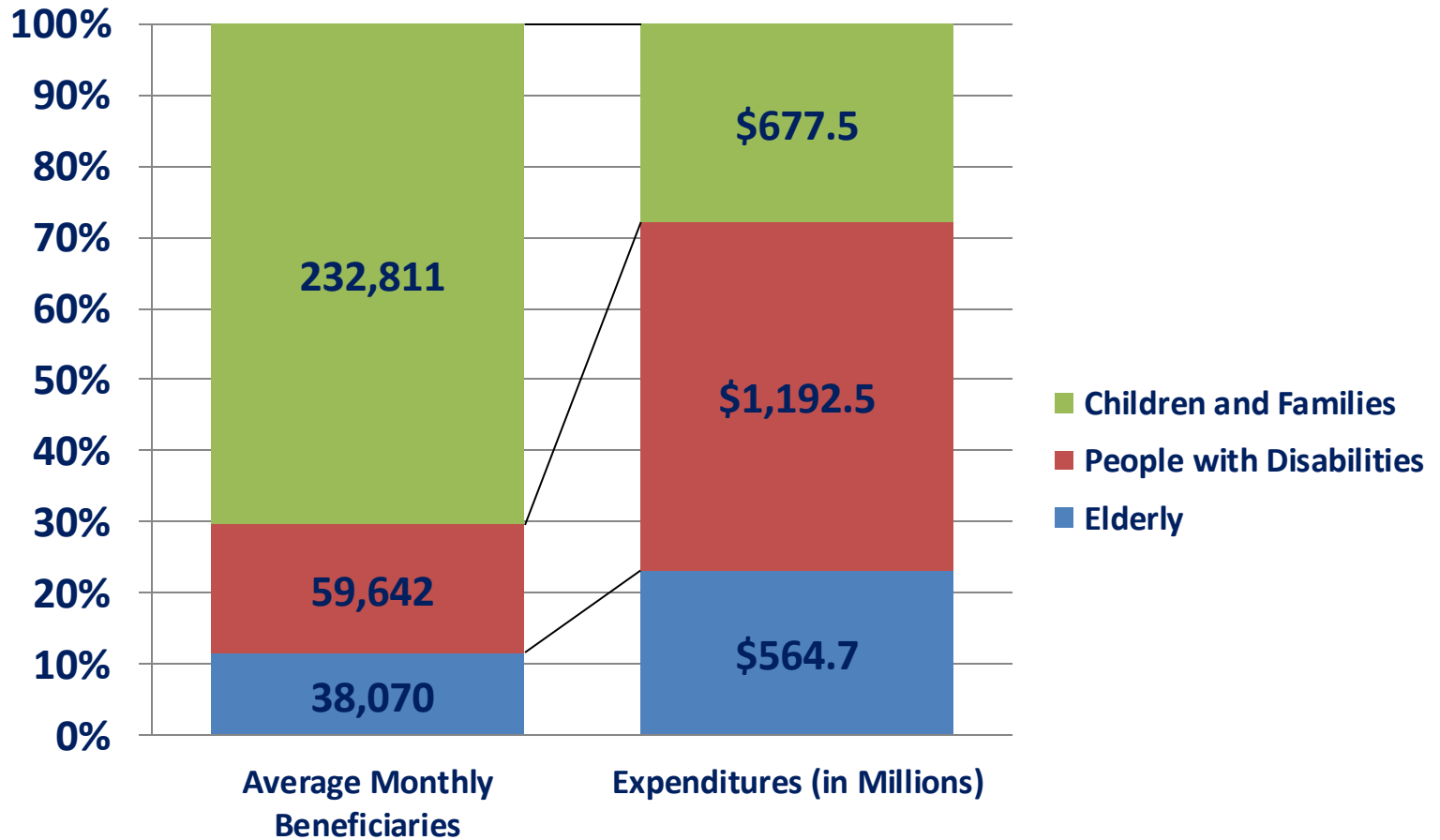


# What is Managed Care?(continued)

- Providers must meet access standards, case management requirements, treatment guidelines from the health plan.
- Health plans have performance standards in the contract from the state
  - Adequate network
  - Timely access to care
  - Clinical utilization standards
  - Quality of care
  - Payment timeliness



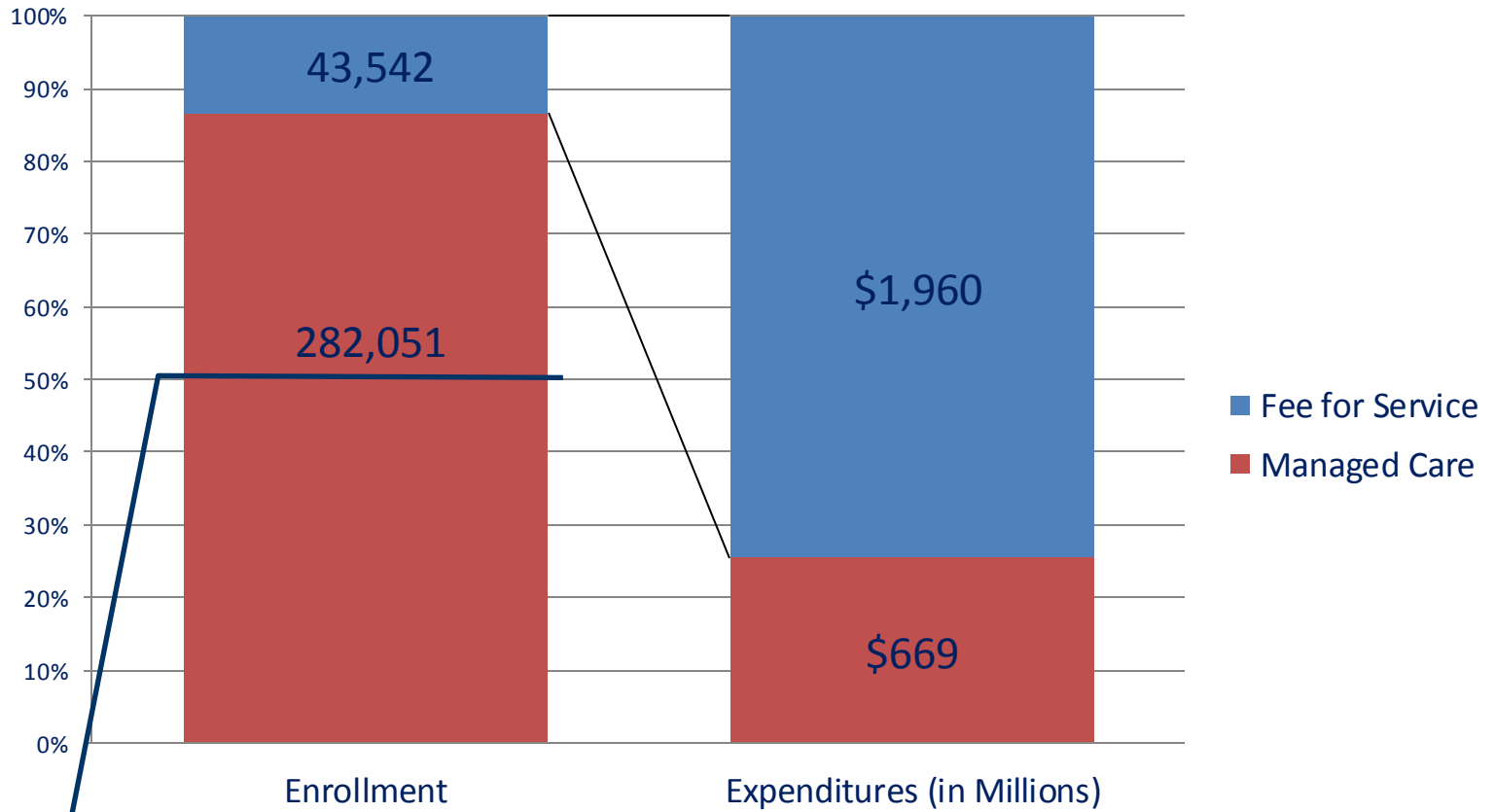
# Medicaid/CHIP Population and Spending



FY 2011



# Medicaid and CHIP Managed Care



FY 2011

163,882 people are currently in comprehensive managed care



# Who's included in KanCare?

- All Medicaid eligible people
  - Infants and children (Medicaid and CHIP)
  - Pregnant women
  - Low income adults
  - Persons with disabilities
- Dual eligible Medicare and Medicaid elderly, foster children and children with special health care needs included through a “waiver”



## What services are covered?

- All medically necessary services available through the Medicaid State Plan or HCBS waivers.
- Must be in an “amount, duration and scope” no less than required by Medicaid





# What services are covered? (continued)

- MCOs can offer “valued added” services
  - Gift cards or vouchers
  - Specialized medical equipment
  - Additional transportation
  - Health Opportunity Accounts
- Health Literacy Training
- Health Risk Assessments



# What services are covered? (continued)

- MCOs must provide “Health Homes”
  - Develop a person-centered care plan
  - Integrate clinical and non-clinical needs and services
  - Coordinate all services and care management across service settings
- Required for people with chronic conditions
  - Mental illness, substance abuse, asthma, diabetes, heart disease and obesity



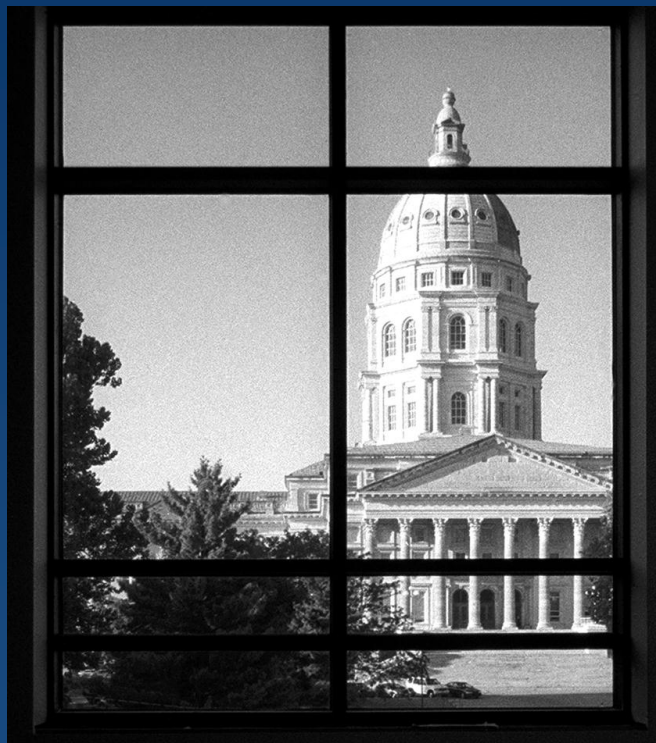
## Key Takeaways

- Managed care shifts responsibility for public programs to the private companies.
- KanCare shifts 100% of the Medicaid population into comprehensive managed care.
- KanCare shifts 75% of Medicaid spending into managed care.



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