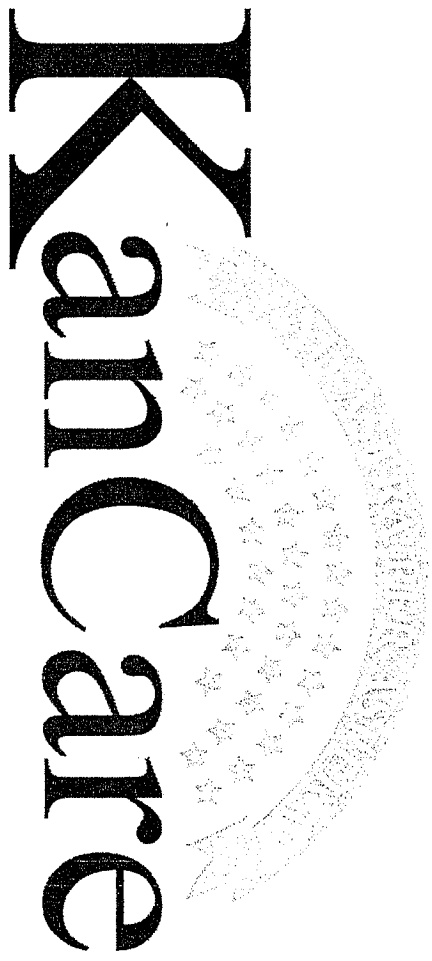




KanCare

**Robert G. Bethell Joint Committee on
Home and Community Based Services and
KanCare Oversight**

November 25, 2013



KDHE-DHCF Update:

Kari Bruffett, Director, DHCF



1115 Amendment

Kansas requested CMS approval to implement three changes to KanCare, effective January 1, 2014:

1. LTSS for individuals with intellectual/developmental disabilities inclusion into KanCare
2. Establishment of three pilot programs to support employment and alternatives to Medicaid
3. Change the timeline for the Delivery System Reform Incentive Program (DSRIP) pool.

1115 Amendment

Update:

1. DSRIP pool timeline change approved.
2. Continued engagement on I/DD LTSS, including:
 - Conference calls
 - Data exchange
 - CMS participation in onsite DD readiness review
3. Discussion around pilots has been less robust.

Open Enrollment

Members who joined KanCare in January 2013 can change plans during this first open enrollment period (Dec. 1, 2013—March 2, 2014).

Members who enrolled in KanCare after 1/1/13 will have their open enrollment period in 2014 during the corresponding month of their original enrollment

Approximately 200,000 families receiving packets this month

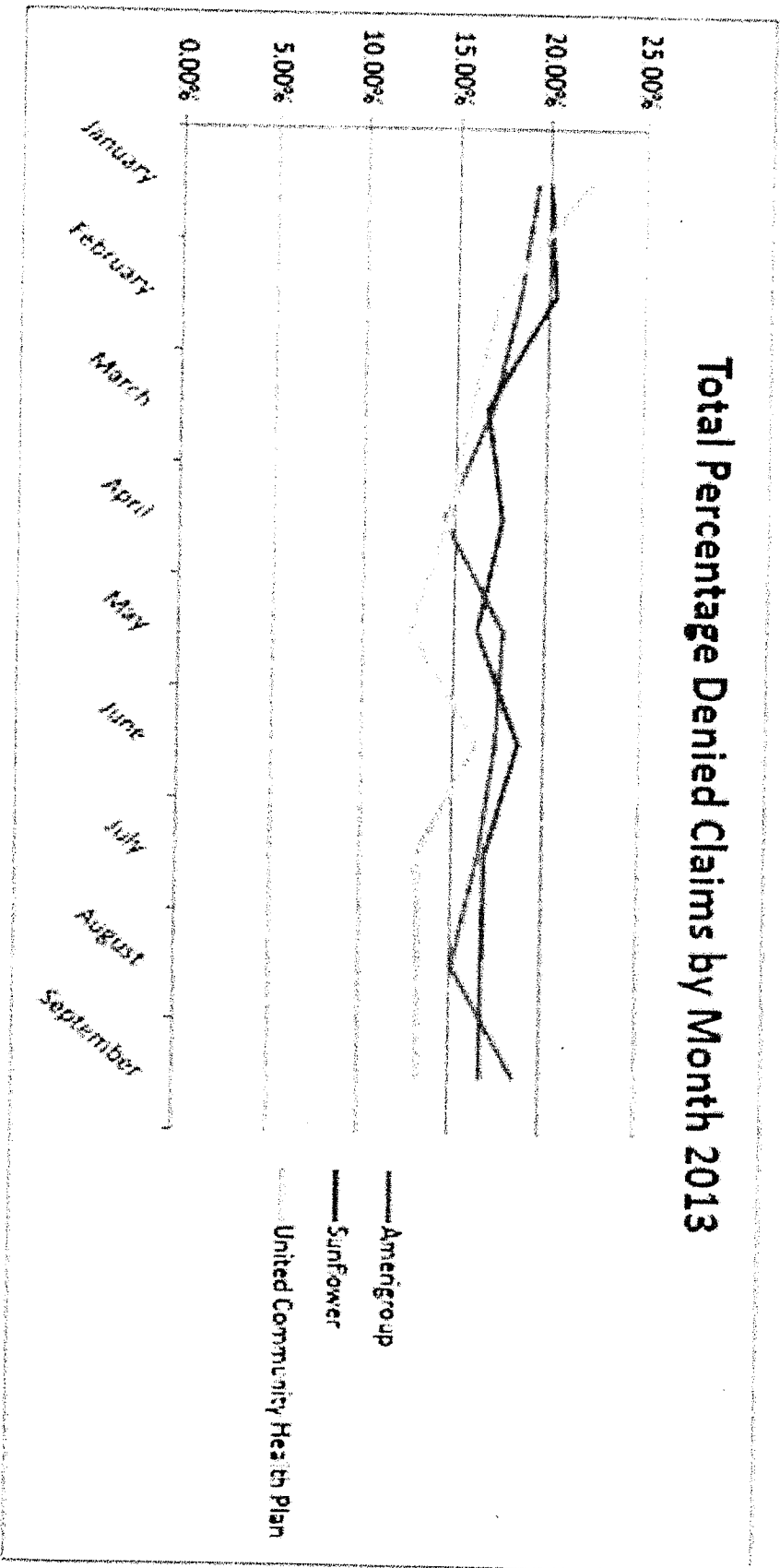
Provider Payment Comparison

Provider Payment Comparison — 2012 and 2013

Type of Service	January through October 2012	January through October 2013
HCBS	\$467,564,759	\$475,527,137
Behavioral Health	\$196,634,964	\$172,277,794
Pharmacy	\$223,659,137	\$247,846,598
Dental	\$42,031,467	\$47,454,270
Nursing Facility	\$393,130,004	\$392,938,098
Medical/All Other	\$780,575,588	\$743,705,745
Total	\$2,103,595,919	\$2,079,749,641
Payer	January through October 2012	January through October 2013
KMAP	\$1,584,556,609	\$537,200,280
Prior MCOS	\$519,039,310	\$51,402,718
Amerigroup	\$0	\$480,833,404
Sunflower	\$0	\$538,960,164
United Healthcare Community Plan	\$0	\$471,353,076
Total	\$2,103,595,919	\$2,079,749,641

MCO Denied Claims by Month

3-7



Top 10 Denial Reasons

Provided in the handouts for today is a sheet that breaks down the top 10 denial reasons by MCO and Service:

- Hospital inpatient
- Hospital outpatient
- Pharmacy
- Dental
- Vision
- Medical
- Nursing facilities
- HCBS
- Behavioral health



Budget Neutrality

	YEAR TO DATE
	ALL Medicaid Eligibility Groups (MEG)
Total Expenditures:	\$1,728,743,486
Eligible Member Months:	2,935,503
PMPM - All MEG Total:	\$13,725.47
PMPM Limit or CAP:	\$15,233.03
Percentage:	90.10%

Cap established by KanCare Special Terms and Conditions.
 Excludes CHIP and populations not in KanCare.

Health Homes


Not a physical place or building, a Health Home is the new Medicaid option to provide coordinated care for people with chronic conditions

Initial implementation date was 1/1/14 → 7/1/14

- Ensures optimal success during implementation
- Appropriate technology and systems will be in place
- Allows full focus on successful 1/1/14 inclusion of I/DD services

Health Home Focus group

- 70+ stakeholders
- Provides input on the development and review of health home design and implementation



KanCare

KDADS Update:

Shawn Sullivan, Secretary, KDADS

I/DD Transition Update

MCO Readiness Reviews

- Readiness reviews completed for all MCO's
- *Topics discussed:*
 - Care coordination
 - Staff capacity
 - Grievances/appeals
 - Critical incidents and documentation
 - Policies related to the proviso requirements
 - Contracting and Credentialing of providers
 - Quality Measurements
 - Claims/Payments
 - Transferring of Data
- KDADS requested additional documents from MCOs

I/DD Transition Update

3-13

Communication/Training Efforts

- Letters to Consumers (10/15)
- Provider Trainings (October; 650 individuals across KS)
- Provider Notification (11/15)
- Lunch and Learn Rapid Response Calls for Individuals and Providers (Weekly, Start in December)
- Education tour for Consumers (12/2-12/5; 8 locations state-wide)
- Monthly HCBS Forum (next one meets 12/17)
- Consumer Brochure (1/1/13)

MCO and CDDO Responsibilities

CDDO

- Single Point of Entry -(determine eligibility)
- Initial and Annual BASIS Assessment (level of care determination)
- Information, Assistance and Community Service Referral
- Expend State Aid & SGF Children's Funds for non-HCBS IDD persons
- Single Point of Entry for Extraordinary Funding, Crisis Exception
- Report suspected fraud, waste and abuse, neglect, exploitation
- Build capacity in CDDO area

MCO

- Comprehensive Care Coordination
- Physical & Behavioral Health Services
- Jan. 1, 2014 = Long-Term Supports and Services (HCBS services)
- Development of an Integrated Service Plan, which includes the HCBS Plan of Care
- Collaborate with Targeted Case Managers (TCMs) to develop person-centered documents
- Collaborate with CDDOs to ensure access to HCBS services
- Network Adequacy, Capacity Building across the State of Kansas

Assisted Living Reimbursements under KanCare

- Concern among Assisted Living Facilities (ALFs) regarding payment methodology for HCBS clients in ALFs.
- Methodology is no different than what was in place prior to KanCare.
- KDADS has met with providers, provider reps, and the MCOS to discuss other methodologies.
- KDADS has requested MCOS provide information:
 - ✓ ALF utilization
 - ✓ Analysis of potential impact of payment methodology on ALF discharges and Nursing Facility Admissions.



ACA Impact on FMS Agency Providers

- Concern that FMS Agencies will be subject to ACA Employer mandates
- FMS Workgroup has been meeting to study this impact.
 - ✓ Recent recommendation for a new KS FMS model to support participant or self-direction.
 - ✓ Would define KS FMS as a fiscal/employer Agent (government or vendor) model under the Employer Authority.
- Would address Federal, State, and local employment tax and labor and workers compensation insurance rule.

DOL Rules and Impact on HCBS Waivers

- In September, DOL issued final rule to change Companionship Exemption in Fair Labor Standards Act (FLSA)
 - Revision of 1975 rule for “companionship services”.
 - Final rule prevents third party employers, such as home health agencies from filing an exemption for OT for employees.
- Major impact=domestic service workers fall under FLSA’s minimum wage, overtime, and recordkeeping provisions.
 - Increased cost for employers; possible decrease in hours
 - Potential fiscal impact on state programs and policies is high