



Kansas Medicaid Public Forum Summary

In the summer of 2011, the State of Kansas facilitated a series of Medicaid Public Forums where more than 1,000 participants engaged in discussions on how to reform Kansas’ Medicaid system. Forum participants from Topeka, Wichita and Dodge City produced over 1,500 comments and recommendations for reform. Recommendations were focused on the three segments of the Medicaid population:

- Children, Families and Pregnant Women,
- the Aged and
- the Disabled.

This document presents a summary of the population-based ideas that were generated as a result of this process.

Children Families and Pregnant Women

Category	Summary Comments
Access to Care	<ul style="list-style-type: none"> • Extended offices hours to improve access to providers – particularly in rural settings • Include primary care in alternative settings (i.e. CMHCs, rural health centers, schools) • Improve transportation availability • Create incentives to retain providers that take Medicaid patients and practice in rural communities (i.e. tax breaks, increase provider payments) • Allow families to buy-in to Medicaid
Administrative Simplification	<ul style="list-style-type: none"> • Minimize provider application paperwork • Implement one-stop-shop concept • Improve Cross-Agency Coordination • Revisit presumptive eligibility: If person qualifies for one SRS program you qualify for others without additional application process
Care Coordination	<ul style="list-style-type: none"> • Integration of behavioral and physical health • Provide centralized/ targeted case management • Offer patient centered medical homes for children that are incentive-based
Community Resources	<ul style="list-style-type: none"> • Engage service organizations and faith-based organizations to support and educate Medicaid population • Support “school-based” healthcare programs
Education and Awareness	<ul style="list-style-type: none"> • Educate families (i.e. preventative health measures, appropriate emergency room use, family planning)

Category	Summary Comments
Employment	<ul style="list-style-type: none"> • Incentivize staying at work by not completely cutting parents off at earning thresholds • Provide more grant funding programs for education and job growth
Fraud and Abuse Monitoring	<ul style="list-style-type: none"> • Require photo ids at stores so vision cards aren't being used by others • Provide careful review of persons wanting to be a provider of Medicaid to eliminate fraud • Educate on how to report abuse, waste and fraud
Network Expansion	<ul style="list-style-type: none"> • Allow ARNPs and PAs to open primary care clinics to treat patients • Encourage use of physician extenders • Utilize school nurses as a billable provider
Technology	<ul style="list-style-type: none"> • Institute electronic health records and electronic immunization records (would improve efficiency and ability to share information across specialties)

Aged

Category	Summary Comments
Access to Care	<ul style="list-style-type: none"> • Allow roving (traveling) clinics to increase rural access • Improve access to assistive services so seniors can stay in place and avoid nursing facilities • Need more providers in rural towns - reimburse for mileage to allow existing groups to expand coverage areas • Transportation - increase transportation infrastructure to improve care and ability to stay in home
Administrative Simplification	<ul style="list-style-type: none"> • Simplify meaningful use requirement • Reform payment models – why are various programs so separated (e.g., dental, behavioral, physical)? • Streamline HCBS application process and provide bridge services to prevent steep declines in health • Improve Cross-Agency Coordination • Develop public/private partnerships
Benefits	<ul style="list-style-type: none"> • Expand long-term care insurance to include assisted living, not just nursing home coverage • Remove entitlement to institutional care so that HCBS could be utilized • Create “live at home” alternatives (i.e. Adult Foster Care) • Fully fund HCBS – make it an entitlement
Care Coordination	<ul style="list-style-type: none"> • Implement case management structure to assist/promote coordination of care and services (include care conferencing) • Improve coordination between various providers when patients are transitioning between various levels of care (emergency room, rehabilitation, skilled nursing facilities) • Case management should facilitate health prevention and screening - require hospitals to refer to Area Agency on Aging (AAA) for home discharge assessment

Category	Summary Comments
Education and Awareness	<ul style="list-style-type: none"> • Educate elderly about local centers (e.g. AAA) and utilize these centers as the central information and reference point • Promote purchase of long term care insurance via early education • Educate hospitals and discharge planners on the in-home option • Provide education and advocacy to encourage home health and community-based services • Educate family members about alternatives to institutions
Employment	<ul style="list-style-type: none"> • For those who want to continue to work after retirement, provide opportunities within communities for part time employment in addition to opportunities to volunteer • Pay caregivers a decent wage with decent benefits and train them to do good work
Fraud and Abuse Monitoring	<ul style="list-style-type: none"> • Look at inheritance issues, hidden assets, fraud issues in qualifying for Medicaid (and protected trusts that are exempt) • Utilize predictive modeling • Improve oversight of home-based services
Network Expansion	<ul style="list-style-type: none"> • Expand PACE program • Expand adult day care in Western KS • Support the introduction of a registered dental practitioner to allow mid-level dental provider in KS provide care to seniors
Technology	<ul style="list-style-type: none"> • Institute a computerized integrated system for medications and diagnosis • Invest in telemonitoring, telemedicine and assistive technology to keep seniors safe, healthy and independent • Health Information Exchange must progress more quickly to be robust • Expand rural delivery via telemedicine, Skype, checkups at home.

Disabled

Category	Summary Comments
Access to Care	<ul style="list-style-type: none"> • Find ways to reduce wait lists (i.e., five year wait list for DD waiver) • Improve transportation capability which limits access to services – especially in rural and remote areas. Look at how to effectively and efficiently improve access
Administrative Simplification	<ul style="list-style-type: none"> • Don't duplicate costs associated with physician's screen for inpatient hospital and CMHC screen to authorize admission • Partner with other providers to lower costs (such as bulk buying) • Cross-Agency coordination - encourage more partnerships between agencies to collaborate and integrate care and services

Category	Summary Comments
Benefits	<ul style="list-style-type: none"> • Allow for billable time with family, not just with patient • Expand formulary for Medicaid approval • CHMC codes amended to open behavioral health codes to other services to avoid duplication of services • Use value based pharmacy benefit plans – provide at no cost drugs to be effective
Care Coordination	<ul style="list-style-type: none"> • PD, TBI and MRDD case managers should work with SRS on authorization of hours and ensure the plan of care is followed • Cover crisis stabilization units to prevent hospitalization – other states fund multidisciplinary teams who rotate on call to respond to hospitals and law enforcement • Use well trained case managers to reinforce medication support
Community Resources	<ul style="list-style-type: none"> • Bring together Medicaid and school programs (e.g., Head Start) – coordinate with community services • Use faith-based organizations to take disabled populations to the doctor • KS should opt into the Community First Choice Option which would come with an increase of FMAP of 7 percentage points
Eligibility	<ul style="list-style-type: none"> • Disability waiver should be based on level of need instead of diagnosis • Review/modify the income caps for working disabled • Allow disabled to have private pay insurance to cover medical bills and also have Medicaid to cover HCBS
Employment	<ul style="list-style-type: none"> • Look for opportunities to fill more State jobs with disabled (i.e. receptionist) • Address fear of losing benefits if employed • Fund job coaches to obtain and retain employment in the private sector • Incentivize employment of disabled persons
Managed Care Model	<ul style="list-style-type: none"> • Standardize gatekeeper process • Disabled population should have the opportunity to enroll in managed care plan. This would save money and potentially increase access. This would provide info to keep from extra medications.
Network Expansion	<ul style="list-style-type: none"> • Allow private providers to deliver and bill for case management, attendant care, etc. • Registered dental practitioner can help provide necessary dental care to people with disabilities.
Reimbursement	<ul style="list-style-type: none"> • Change reimbursement for DD waiver – provide lower payments for sheltered work and higher payments for competitive employment in the community • Increase the HCBS tier rates which will build capacity and quality of services