

**KanCare Advisory Council Meeting Minutes
Curtis State Office Building – Room 530, Topeka, KS
Minutes of June 30, 2016**

Council Members Present:

Chairman Larry Martin
Senator Allen Schmidt
Representative Susan Concannon
Dr. Michael Kennedy
Mark Hinde
Beth Simpson
Lora Key
Jamie Price
Njeri Shomari

Council Members Absent:

Senator Mary Pilcher-Cook
Representative Jerry Henry
Ed Nicholas

Council Members Attending Via Phone:

Senator Allen Schmidt
Walter Hill

Other Participants:

Mike Randol, Director, Division of Health Care Finance, Kansas Department of Health and Environment
Tim Keck, Interim Secretary, Kansas Department for Aging and Disability Services

Other Participants Absent:

Susan Mosier, M.D., Secretary, Kansas Department of Health and Environment/Medicaid Director
Lt. Governor Jeff Colyer, M.D.

Welcome – Chairman Larry Martin

Larry Martin opened the meeting and asked for recommendations for amendment of the agenda. Additions were added to the agenda and the council would like to discuss the status of the integrated waiver. Larry Martin sent out an email asking council members to make a quick statement on the impact in their areas on reimbursement rate cuts; would like to discuss this item and get feedback, if time allows. Two items were added: status of the integrated waiver and a quick statement by Advisory Council members on the impact in their areas on reimbursement rate cuts. Jamie Price made a motion to approve the meeting agenda as amended and Mark Hinde seconded the motion. The agenda for the meeting was approved by the Council as amended.

Review and Approval of Minutes from Council meeting, March 31, 2016

Chairman Larry Martin requested that the meeting packets be distributed at least one day prior to the discussion to allow for council review. KDHE to send out items at least day one prior. Chairman Larry Martin asked that discussion of the integrated waiver from the March 31 meeting be added to the minutes. Per Talysha Hickerson, the item was not added as the discussion was inaudible to the transcriber; and, therefore will not be open to the public. Mark Hinde moved the minutes be approved. Representative Susan Concannon seconded the motion and the

minutes were approved as amended by the Council.

KDHE Update – Mike Randol, Director, Division of Health Care Finance, Kansas Department of Health and Environment

Mike Randol briefly reviewed the KanCare Executive Summary dated 6.30.16.

Eligibility and expenditure compositions: No changes to report at this time.

Members and Capitation Payments by Cohort: A new membership, M CHIP, has been added as a result of the ACA and we now have to designate those members as Medicaid/CHIP. There is no difference in our Medicaid and CHIP programs. They provide the same level of services based on a certain poverty level. The capitation payments by cohort, specifically the provider network and the number of unique providers, are reflected through March 2016.

Financial trends: Includes a breakdown of the Medical Loss Ratio for CY15-16; the medical loss ratio represents how many dollars are spent on medical services and acute care services. In the new Managed Care Rule, there is a recommendation from CMS that we look at a minimum medical loss ratio from our MCOs. They must report the ratio but, the State does not mandate. Mike Randol also noted the Per Member Per Month cost and trend.

Claims: Percentage of clean claims processed within 30 days is just shy of 100% for CY16. The YTD Claims Adjusted is our proxy used for accuracy with claims that have been adjusted more than three times to determine any errors in claim or process.

Denied Claims by quarter, by month: Includes a breakdown of the denial rate for the number of claims submitted for a monthly and quarterly comparison.

Utilization summary: Briefly highlighted the downward trends of both ED visits per 1,000 and ED visits with hospital admission. Mike Randol noted the hospital average length of stay for each of the MCOs.

Value Added Services: Includes types of service of provided by each MCO, the dollar amount and units. Value added services are services that the MCOs choose to provide to our members and are not reimbursable by the State. They are different for each MCO and are approved by the State on an annual basis. The primary use for these services is Delta Dental.

In Lieu of Services: In lieu of services are reimbursable by the State. We have the flexibility in our 1115 waiver to implement or introduce new services through the MCOs (ex. nursing facility admission or the number of units a member may have on a waiver) and it is added as part of the capitated payment.

Mike Randol briefly noted grievances, appeals and State Fair Hearings. Mike Randol highlighted the miscellaneous agenda items and noted the MCOs were given a request to provide an update on the transition plan with regard to Health Homes. Larry Martin asked what the primary reason for terminating the Health Homes program was. Mike Randol stated when looking at the membership after submitting our State Plan Amendment to CMS, we had to prove cost-effectiveness. We took a look at the control group versus the Health Homes members and we took a look at the categories of service and the utilization of those services (example: ER utilization, inpatient utilization, primary care physician, etc.). We weren't seeing a difference between the control group and those members in Health Homes receiving services. We believe KanCare with care coordination and the integration of care was effectively doing what Health Homes was doing. We didn't see any differences in the two programs. There were some successes in the program; but after taking the cost effectiveness study, Health Homes was costing us more on a Per Member Per Month basis.

Questions and Answers:

None.

KDADS Update – Tim Keck, Interim Secretary, Kansas Department for Aging and Disability Services

Interim Secretary Tim Keck provided a brief update on KDADS.

Update on HCBS waivers: The Serious Emotional Disturbance (SED) waiver is on its fourth extension until September 24, 2016. The Autism waiver extension is until September 26, 2016. KDADS will continue work with

KDHE and CMS on those two waivers and move forward on that timeline. In May 2016, KDADS announced their Peak 2.0 program where they recognized nine adult care homes for excellence in providing person-centered care. Those recognized were: Atchison Senior Village – Atchison, KS; Attica LTC – Attica, KS; Bethesda Home – Goessel, KS; Leonardville Nursing Home – Leonardville, KS; Parkside Home – Hillsboro, KS; Prairie Mission Retirement Village – Saint Paul, KS; Dooley Center – Atchison, KS; Pine Village – Moundridge, KS; and, Medicalodges of Columbus – Columbus, KS. Tim Keck congratulated and expressed thanks to the care homes and stated that the program continues to be a success.

Final Settings Rule: Community input meetings were held June 14-16, 2016. KDADS will begin collecting information from the community as they move forward on the rule. There will be a training session on the Final Settings Rule set for July 7 at the Holiday Inn in Salina, KS from 9:30am-3:30pm. Additional details can be found on the KDADS website, www.kdads.ks.gov.

Questions and Answers:
None.

Updates on KanCare with Q&A

Amerigroup Kansas – Fred Clepper

Fred Clepper provided a brief update on Amerigroup.

Questions and Answers:

Beth Simpson – For the folks that were assigned a case manager under the Health Home, letters went out yesterday? If someone were under I/DD waiver, would they go back to their previous case manager or would they be assigned a new case manager?

Fred Clepper – No, they would go back to their targeted case manager that they had before.

Beth Simpson – A traumatic brain injury person that didn't have a targeted case manager, would they see a coordinator under Amerigroup?

Fred Clepper – That's correct.

Beth Simpson – Would they be randomly assigned again then?

Fred Clepper – Yes.

Beth Simpson – Or, would they go back to who they had before?

Fred Clepper – If the service coordinator or targeted case manager is still available, we will certainly try to assign them back to the originals. But, if they are not available or are not on staff anymore, then they will be selected at random.

Beth Simpson – So, if a person called in, you would be able to say who they are assigned to?

Fred Clepper – Yes, we would be able to do that.

Sunflower State Health Plan – Miranda Steele

Miranda Steele provided a brief update on Sunflower State Health. Please review attached document.

Questions and Answers:

Rep. Susan Concannon – You do a patient survey, a satisfaction survey. Do you also do a provider survey?

Miranda Steele – We do.

Rep. Susan Concannon – Are those in here?

Miranda Steele – The provider information is in here. I mentioned that when we were talking about “access to care”. Rep. Concannon we can get you some information on that after we get back to the office.

Rep. Susan Concannon – I think we have talked about that before.

Miranda Steele – For the questions about providers getting the resources they need to carry about business and operations, we will be able to provide to you.

Rep. Susan Concannon – Okay, thank you.

Miranda Steele – You're welcome.

United Healthcare Community Plan – David Rossi

David Rossi provided a brief update on United Healthcare. Please review attached document.

Questions and Answers:
None.

Update from KanCare Ombudsman – Kerrie Bacon

KanCare Ombudsman Kerrie Bacon did not present and was unavailable for June 30 discussion.

Miscellaneous Agenda Items – Mike Randol

Current Rate Study: Mike Randol stated that the current rate study results have not been finalized. Per Mike Randol, we are working to finalize. Sen. Allen Schmidt asked if it had not been finalized and stated that the rate study is out. Tim Keck stated that the study has been released and discussed with stakeholders but, it has not been finalized. Per Mike Randol, it has been presented to stakeholders and feedback has been given. Per Secretary Keck, HCBS Commissioner Brandt Haehn wants to analyze the feedback and make modifications to the report.

Upcoming CMS meetings in Kansas: Sen. Allen Schmidt requested the item be added to the agenda; stated that he was inquiring about upcoming CMS meetings specifically with families. No additional information was available.

Medicaid Application Backlog: Several weeks ago, KDHE announced that what was thought was the application backlog was not. For several months, the State had been working with contractors on the believed identified numbers of applications in backlog status. A plan was developed and we decreased the number that would have eliminated that backlog this month. After working with the contractor, it was discovered that the report being pulled from data was incomplete. Not all of the applications were being pulled and as a result, when prior Medicaid determinations lead to a denial and a new application was submitted; only the new Medicaid determinations were being pulled, not the existing ones. The number has been identified and the State continues working with both contractors to address it. Per Mike Randol, the State has retained 20 staff to process Medicaid determination applications with MAXIMUS. There is continued work with the contractor, Accenture, to look at KEES and system enhancements that will improve application processing times, and help to address the backlog. We will continue to train and provide assistance to those members who are doing the actual application process with training guides. We are moving toward an end date and are working toward finalizing a plan and timeline for the completing the backlog. Representative Susan Concannon stated the numbers were reported as being off in spring 2016 and asked if this had been an ongoing problem. Per Mike Randol, there were inaccuracies in news reports that reported 15,000 applications in backlog which would include all applications; the application backlog is not at 15,000 and we were not aware that the numbers were incorrect. We had identified what we thought was the backlog and were progressing toward reducing it.

Update on the Integrated Waiver status: No changes to report since our last KanCare Advisory Council meeting. The next step is to have internal communications to determine what the next steps are. Per Mike Randol, the State hopes to have an additional update by the next Advisory Council meeting. Mark Hinde asked if the Integrated Waiver is still on the State's plight. Mike Randol stated yes. Mark Hinde stated there was email sent out from Becky Ross of KDHE stating that waiver integration had been suspended at this point. Per Mike Randol, the integration has not been suspended and we will engage external stakeholders for feedback. Lastly, there will be additional meetings to follow with stakeholders on KanCare Renewal and Managed Care.

Reimbursement Cuts: The Council was asked if there were any questions or comments regarding the impact in their functional areas on those cuts. Per Mike Randol, for the 100 hospitals that are exempt from the 4% reduction, it's for inpatient and outpatient services. For hospitals that provide ancillary services (ex. Transportation, lab, etc.), they are subject to the 4% reduction. Discussion was held regarding impact and how hospitals are struggling to keep up and prioritize cases. For many facilities, they cannot afford to continue providing services to Medicaid patients as a result of the cuts.

Larry Martin asked if there were any questions or comments for the next meeting. No additional comments given. Larry Martin asked for a motion to adjourn. Mark Hinde made a motion to adjourn the meeting and Jamie Price seconded the motion. Larry Martin thanked everyone for attending the meeting and adjourned.

Next Meeting of KanCare Advisory Council – September 12, 2016, 2:00-3:30pm, Curtis State Office Building, Room 530