

**KanCare Advisory Council Meeting Minutes
Curtis State Office Building – Room 530, Topeka, KS
Minutes of June 25, 2015**

Council Members Present:

Chairman Larry Martin
Senator Mary Pilcher-Cook
Representative Susan Concannon
Dr. Michael Kennedy
Jamie Price
Mark Hinde
Edward Nicholas
Beth Simpson
Lora Key

Council Members Absent:

Representative Jerry Henry

Council Members Attending Via Phone:

Walter Hill
Senator Allen Schmidt
Njeri Shomari

Other Participants:

Mike Randol, Director, Division of Health Care Finance, Kansas Department of Health and Environment
Kari Bruffett, Secretary, Kansas Department for Aging and Disability Services
Kerrie Bacon, Ombudsman, 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. The agenda for the meeting was unanimously approved by the Council as published. Mark Hinde made a motion to approve the meeting agenda and Dr. Michael Kennedy seconded the motion.

Review and Approval of Minutes from Council meeting, April 2, 2015

Chairman Larry Martin asked if there was any discussion on the previous meeting's minutes. Jamie Price moved the minutes be approved. Ed Nicholas and Mark Hinde seconded the motion and the minutes were approved by the Council.

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

Mike Randol briefly highlighted the KanCare Executive Summary dated 6.25.15.

Eligibility and expenditure compositions: No significant changes from the previous report.

Capitation payments by cohorts and members by cohort: One change is that we are now starting to track

Hepatitis C; this is paid outside of the capitated payment as a case rate.

Capitation payments by MCO: No significant changes or movement here.

Denied claims: Includes a breakdown of the denial rate for the number of claims submitted for a quarter to quarter comparison of the MCOs by service-type.

Value added services and in lieu of services: These are broken down by MCO; no changes here.

Member Grievances and Appeals: Please see attached handout.

Questions and Answers:

Chairman Larry Martin – Sunflower had a much higher number of health plan appeals reversed in the member's favor. Would like to get a comment on that.

Mike Randol – This is referring to the 73 appeals reversed in favor of the number. Sunflower to address during presentation.

KDADS Update – Secretary Kari Bruffett, Kansas Department for Aging and Disability Services
Secretary Bruffett provided an update on the HCBS waivers: We received confirmation this week that we have further extensions on our four outstanding HCBS waivers. These are renewals for the Intellectually and Developmentally Disabled (I/DD), Traumatic Brain Injury (TBI), Frail Elderly (FE) and the Physical Disability (PD) waivers as we had reached their expiration dates. The primary reasons we have had extensions up until this point due to the HCBS Settings Rule and the Statewide Transition Plan for the HCBS Settings Rule. We understand that our Statewide Transition Plan has now made it through the first of two phases of CMS review; the first phase is for completeness. CMS and their federal agency partners are finished with the assessment of the plan's contents. CMS is also working with a contractor for review of all 50 states. We are trying to get an idea of what number we are in line, but we do not know at this point. However, we continue to move forward with our transition plan for the Settings Rule.

Physical Disability (PD) and Intellectually and Developmentally Disabled (I/DD) waivers: Both of these waivers included an increase in enrollment caps. We received confirmation from CMS that we can add additional members using the funding that the legislature has approved under the old cap. Doing so, allows us to exceed those caps and once approved they will be retroactive to the original dates they were submitted. We will continue to see the Physical Disability (PD) waiver offers go out. We have had several hundred go out in June and another round is set to go out in July and beyond until we hit our waiver limit cap for the PD waiver. It will also allow us to make additional waiver offers for the Intellectually and Developmentally Disabled (I/DD) waiver, which we will be doing this summer. We will also be meeting with a group of stakeholders next week on the language that we will use for the review of the I/DD waiting list. We are awaiting feedback for the I/DD waiver; and also the Serious Emotional Disturbance (SED) waiver, where the renewal is near. We signed an extension for that because we are seeking CMS' feedback on the model of assessments and case management. There was discussion regarding settings, case management and conflict-free case management. The SED waiver assessments are completed by the community mental health centers under contract with the MCOs. We continue to get questions from steps and workflow of the Oversight Rule for I/DD.

HCBS Settings Rule – Primarily designed to ensure that the settings where individuals are receiving home and community-based settings are truly community-based settings, not institutional by another name. We are pending approval of the transition plan and are proceeding with the implementation at this point. This includes: an assessment tool that providers must complete by June 30; if a provider does not complete this by the deadline, they will be added to the first phase of onsite reviews. We are also working on an HCBS Onsite Workgroup made up of consumers and advocates.

HCBS Enrollment – Waiver enrollment numbers for May 2015 are posted to the KDADS website, www.kdads.ks.gov. Handout provided. Please review attached document.

Secretary Bruffett also addressed questions regarding the TA waiver for medically fragile children. The new policy is to include a clinical interpretation with respect to the requirement of total dependence of feeding tubes. Updates to policy have been finalized and will be posted today. She also addressed FMS (Financial Management Service) requirements, Aquila Jordan and Sec. Kari Bruffett met with an association representing the FMS providers and there were no complaints related to disruption. Fiscal and programmatic audits will be submitted in 2016.

Questions and Answers:

Dr. Michael Kennedy – Are there any group homes that qualify as a community based setting?

Kari Bruffett – All settings where HCBS is being provided will be assessed. There was a lengthy Q&A posted on June 5 that talks about who is responsible for a self-assessment tool. We do not go into individual homes or single family homes.

Dr. Michael Kennedy – In homes where there is one more than one disabled dependent, this would bring it to group home status.

Kari Bruffett – There is a question specific to that in the Q&A; will look to find the information. This is a very extensive process.

Larry Martin – Is this for all HCBS or only those that provide settings?

Kari Bruffett – The provider self-assessment is those who have ownership or control of the setting.

Larry Martin – What is the timeline?

Kari Bruffett – The deadline for the self-assessment is June 30. We will be conducting public meetings in July if these have not been set yet. We are looking to get feedback from the general public as well.

Updates on KanCare with Q&A

Amerigroup Kansas – Frank Clepper

Frank Clepper provided a brief update on Amerigroup.

Claims: Total claim count for May 2015 was over 473,000 claims with an average turnaround time of 5.6 days. Average turnaround time to get the claims to providers is 7.7 days and includes adjudication and EFT. Denied claims: Running at about 9.7 days.

PR Staff – Had two vacancies and the positions are now filled positions. These employees have been now been trained and assigned territories.

Health Homes – Current completing documentation reviews for all of our Health Homes partners that provided services between Jan 1- Apr 30. Working with Health Homes partners to assist in completing action plans for members who are actively engaged in the plan. Working with the State Health Homes planning team on an action plan for true findings. We are currently awaiting approval on new provider collaterals that will better assist our Health Homes partners in managing Medicaid for benefits and chronic conditions.

Long Term Support (LTS) – Realigning functions and we want to make sure that any urgent issues are taken care of in a timely fashion. Stated all persons are encouraged to contact Outreach Care Specialists with questions or concerns at (877) 434-7579, ext. 50103. The case specialist email address is also listed on the provider website.

Home Modifications – Rules we follow: Must have an OT evaluation of the home, the member must be waiver eligible, the member and legal guardian must own or purchase a dwelling or have a landlord's consent to reside in the dwelling being modified. This is true for all waivers with the exception of I/DD. We follow the Assisted Services waiver guidelines; we expect to have a minimum of two bids from conflict-free providers to ensure we are getting the best value for the services. For I/DD, providers must be affiliated with the CDDO and contracted with the MCO. Once we receive the bid, they are reviewed by the committee within 14 days. Lastly, all service requests should be directed to the service coordinators.

Questions and Answers:

Mark Hinde – Are all of the specifications you mentioned on the website?

Frank Clepper – Yes.

Walt Hill – For 2013 and 2014 claim resolutions, what kind of plans, commitments or processes are there? Providers are struggling and we'd like to get these off the books.

Frank Clepper – For 2013 claims and all claims, you are encouraged to bring that to your provider rep and also make sure that you are submitting appeals through the national call center which maintains appeal rights and opens the door to State Fair Hearing. From 2013, there are no large projects remaining, there is still some work but for the most part, we have wrapped up 2013. For 2014, we are working on DRG changes with the hospitals; we are also working with KDHE on the methodology to do that and we are looking at October 1 as the start date. We will have accurate processing of DRG fee schedule on July 20. Limited projects in CMHC for systemic PA denials and timely filing issues. Other than the DRG and continuing rate changes in the nursing facility and Hospice world, we do not have any large projects. Walt, did that answer your question?

Walt Hill – Yes, thank you very much for the mentioning of the appeal process. A lot of this has been done on an informal project basis and kind of got drug out.

Frank Clepper – Our Anthem foundation continues to be very active in the community. We recently entered into a partnership between KDHE and the March of Dimes for our becoming a mom program which is trying to move the needle on outcomes for pregnant women. We continue to work very diligently and we believe that it is going to be very important in terms of both altering the cost curve and also the delivery of care for this particular set of individuals. This was initially sponsored with a \$20,000 donation to keep it moving and we are very proud of this.

Secretary Kari Bruffett gave update/corrections on the HCBS Settings Rule. What types of providers have to complete the survey? Is this for provider-owned or controlled services? We are asking that all providers complete the survey. The difference may affect how you complete the survey; and, this how we get information on where services are provided in individuals' homes or group homes rather than asking the provider or family to do this. Regardless of whether they own, operate or control the setting, we are asking all HCBS providers to do that.

Joe Ewert (KDADS) – we need to report the number of individuals being reviewed for this process to CMS. We need to know where they are being served; it is more about demographics in addition to self-attestation regarding the provider controlled settings.

Larry Martin – How did you get the word out about the survey?

Joe Ewert – We have had multiple meetings, several listserv and an email blast.

Larry Martin – All of this information is on the web?

Joe Ewert – Yes.

Kari Bruffett – There is a page on the provider website and the KDADS website as well. At the top of the page for HCBS settings is information about the self-assessment and it links to the federal requirements.

Sunflower State Health Plan – Stephanie Rasmussen

Stephanie Rasmussen provided a brief update on Sunflower State Health. Please review attached document.

Questions and Answers:

Mark Hinde – Regarding Home Mods, we have a small foundation and we like to be the payer of last resort if Medicaid and private insurance will pay for services. Recently, we have had requests on wheelchair ramps in the home which deals with interior modifications. We want to make sure that they have done what they needed to do. The targeted case managers are generally the ones who bring these to us on behalf of the individual.

Stephanie Rasmussen – If you or any provider feels like we are spending too much time looking for outside resources that just aren't there, we can take a look at it and get it moving. I have gotten calls from foundations that won't cover it if we are. We just want to be sure if it is available to the person or not.

Stephanie Rasmussen also highlighted success stories relative to employment and a pilot project in Shawnee County.

Dr. Michael Kennedy - What do you do to track the "Text for Health" service? How effective is it?

Stephanie Rasmussen – We aren't necessarily tracking it 1-for-1, but we are looking at overall improvement in people going to see their PCP once a year, reducing emergency room visits and inpatient health stays. We are looking for any improvement related to the implementation of this.

Kari Bruffett – Are you able to track specifically for those with SafeLink phones?

Stephanie Rasmussen – Yes, we know who those members are and could pull it specifically to them.

Beth Simpson – I was just curious about the cards to pay for over-the-counter items; it actually has to be swiped, right? Can people call in?

Stephanie Rasmussen – They can get online and use Amazon to order items.

Beth Simpson – Sunflower actually pays for the most over-the-counter items and I think it is wonderful that you all have been covering Mucinex and Robitussin which is a good thing to do with allergy season here. When our people get sick, the antibiotics are covered but never before have any cough and cold products been covered and I think that is really good. It would be nice if we could process a payment for some of the over-the-counter items that still aren't covered (ex. fish oil). It is a struggle for a lot of our people to pay.

Kari Bruffett – Can you take the number and process?

Beth Simpson – No, I've never been able to process a payment over the phone; usually if it is a VISA or MasterCard we can. A long time ago, Mitzi Tyree, did some of the payments over the phone.

Stephanie Rasmussen – I'll double check on that and see what are capability might be.

Susan Concannon – For the appeals that were reversed, can you give an example of what you meant by "they didn't have the information"? Is that a provider mistake?

Stephanie Rasmussen – I don't know that it is a provider mistake, but maybe we didn't have all of the clinical information needed to determine the person met medical necessity for that service. Or, the eligibility criteria for needs based.

Susan Concannon – I still don't understand why it would be so much higher for you than the other two.

Stephanie Rasmussen – I would have to speak with our quality department to gain insight on that.

Larry Martin – Maybe you could research this and send out to us.

Mike Randol – Please send to myself and Talysha Hickerson to distribute to council.

Beth Simpson – Regarding the Text for Health service, you stated it is not to include other things like reminders for a person to test their blood sugar...

Stephanie Rasmussen – No, it is mainly to text out health information and what you should do for instance, it is a good idea to do this. In the past, we have provided for members who we have a specific care plan on because they have been to the emergency room a lot. We provide support and help you schedule your visits. We put them in case management and send out reminder calls when we identify a need.

Jamie Price – Is it unlimited texting?

Stephanie Rasmussen – Yes, for those with SafeLink phones the texts they get from Sunflower are unlimited.

Jamie Price – Only from Sunflower, not a physician provider group or health homes coordinator?

Stephanie Rasmussen – Yes, that's my understanding. Are you saying it could be beneficial?

Jamie Price – It could be beneficial for health homes coordinators to send a text reminder for physician appointments or things specific.

Beth Simpson – Physician appointments and blood sugar are the biggest for reminders.

UnitedHealthcare Community Plan – David Rossi

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

Questions and Answers: None.

Lora Key had question for Mike Randol, KDHE. Stated that her providers received calls from young women saying that they needed to verify and confirm that they were pregnant in order to apply for Medicaid or KanCare. Do you know where that is coming from?

Mike Randol – No, and there were several hearings that we had during the legislative session where I was asked that same question. Senator Kelly gave the actual eligibility and determination on what the process is. Regarding your question, this is not true and I am unclear on the source. If we could have more information on where it might be coming from, but if you know of the source or have someone continue to say this, I would love to be able to address it.

Update from KanCare Ombudsman – Kerrie Bacon

Kerrie Bacon provided an overview of the KanCare Ombudsman report. Please review attached report.
Questions and Answers: None.

Miscellaneous Agenda Items – Mike Randol

Mike Randol stated there is no \$50M cut to Medicaid. As you will recall, the Governor has approximately that much to cut across the state because the tax package that was passed was that much less relative to the budget. That is not a \$50M cut to Medicaid and to date I am not aware of any specific impact that it's going to have on any reimbursement rates to the providers. Next, there was a question on the impact of House Bill 2281 for KanCare stakeholders. If you recall, House Bill 2281 is the MCO privilege fee was raised from 1% to 3.31%; because of the funding mechanism and how it is funded and how capitated rates are determined and actuarial soundness, there is no impact to stakeholders.

Craig Kaberline, Commissioner for Aging, KDADS, gave background on InterRAI. In 2013, KDADS contracted with the Center for Research of Aging and Disability options with the University of Kansas to develop a more comprehensive assessment tool. In the beginning of the process, we developed a stakeholder group which has been involved throughout. This stakeholder group involves representatives from various state agencies, various aging and disability provider and advocacy groups and the MCOs. The group created a number of different assessment tools. They decided the process would be much easier if we looked at tools that were ready developed across the country versus starting from scratch. We reviewed a variety of tools that used; the group including the stakeholders determined interRAI was the best tool. It is now used worldwide in 18 different states. It has strong reliability and validity and has been certified by CMS for Medicaid use. We figured it shouldn't be a huge issue for us to have it in Kansas. Specific adaptations were made to this tool for Kansas. We are currently working with The University of Kansas and they are field testing with Aging and Disability Resource Centers which will be completed by Nov. 1. Training for the assessors will take place in spring 2016 and the new assessment tool will roll out on July 1, 2016.

Questions and Answers:

Larry Martin – This assessment tool will only be used by area agencies, is that correct?

Craig Kaberline – It will be used by the Aging and Disability Resource Centers.

Larry Martin – This is the initial assessment program.

Craig Kaberline – Correct, functional eligibility.

Chairman Larry Martin asked if there were any questions, comments or suggestions for the next meeting. Larry Martin asked for a motion to adjourn. Dr. Michael Kennedy made a motion to adjourn the meeting and Mark Hinde seconded the motion. Larry Martin thanked everyone for attending the meeting and adjourned.

Next Meeting of KanCare Advisory Council – September 10, 2015, 2:00-3:30pm, Curtis State Office Building, Room 530