

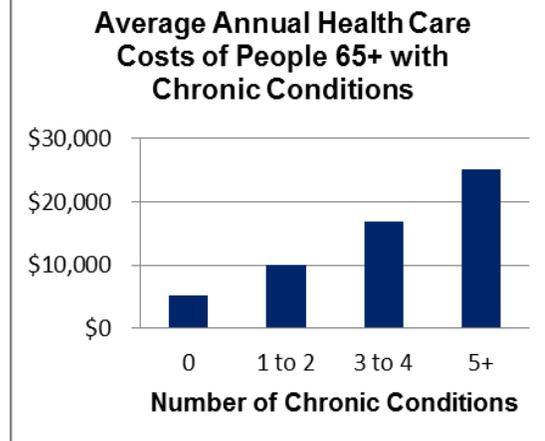
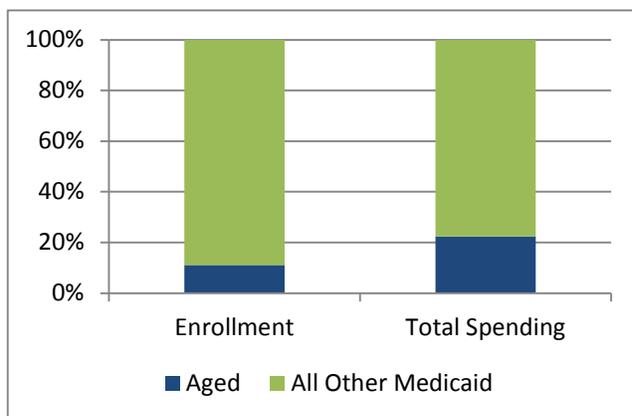


## Kansas Medicaid: Aged Population

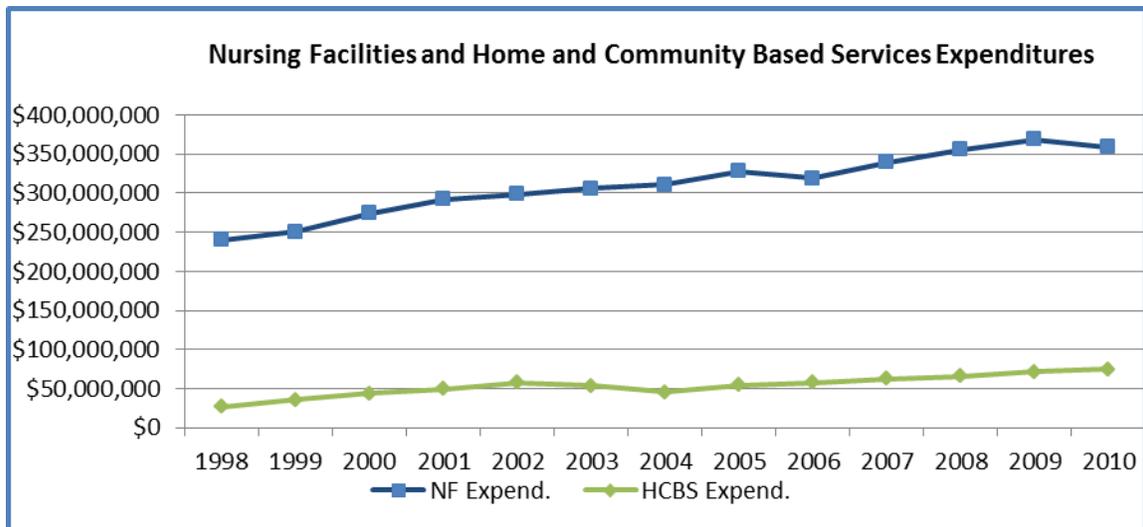
Population	Demographics
Aged	Population 36,000 (SFY 2010) Cost per member per month: \$2,427 in institutions/\$1,299 for those enrolled in HCBS programs at some point during the year

**Background:** Health coverage and long-term care services for people over age 65 are available through Kansas Medicaid. In addition to regular Medicaid benefits, participants may also be eligible for Home and Community Based Services (HCBS) as an alternative to institutional care. HCBS can be accessed through Area Agencies on Aging or a Case Management entity. Medicaid can be used in conjunction with Medicare benefits, paying first for those services not covered by Medicare (e.g., nursing home and long-term care) and second for services also covered by Medicare.

### Spending and Enrollment



Costs by Category of Service		
	Total Cost	% of total cost for population
Inpatient Hospital	\$ 14,581,685	3%
Pharmacy	\$ 5,797,791	1%
Physician Services	\$ 5,686,712	1%
Medicare Buy-in	\$ 46,732,100	8%
Outpatient Hospital	\$ 1,918,946	0%
Other	\$ 32,096,935	6%
Behavioral health	\$ 11,768,982	2%
Substance Abuse	\$ 107,082	0%
Nursing Facilities	\$ 312,191,812	57%
HCBS	\$ 120,757,758	22%
<b>Total</b>	<b>\$ 551,639,802</b>	<b>100%</b>



#### Policy Considerations

- How can we improve quality while significantly reducing costs?
- How do we prevent premature placement in institutions? Kansas' average nursing home utilization rate (for the 65+ population) is 5.6%, while the national average is 3.8%.
- How do we create infrastructure for better long-term care delivery in rural and frontier parts of Kansas?
- How do we utilize HCBS more effectively for the frailest seniors in Kansas and encourage seniors and their families to use HCBS as the provider of last resort?
- How do we coordinate chronic care, across multiple settings, for the frailest seniors?
- How can we create incentives for Kansans to prepare for their long-term care needs?
- What role can families, faith communities and our civil society play?

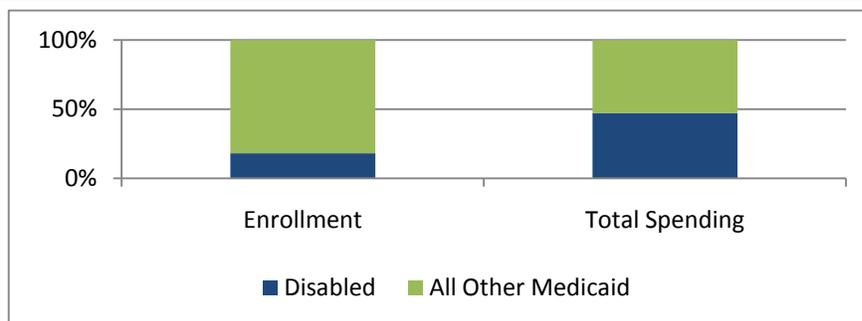


## Kansas Medicaid: Disabled Population

Population	Demographics
Disabled (includes physical and intellectual disability and severe and persistent mental illness)	Population 57,000 (SFY 2010) Cost per member per month for those enrolled in a waiver at some point during the year: Physical Disability Waiver: \$2,395, Developmental Disability Waiver: \$3,629, Traumatic Brain Injury Waiver: \$3,200, Seriously Emotionally Disturbed Waiver: \$1,482, Technology Assisted Waiver: \$6,889, All Other Disabled: \$871

**Background:** The Medicaid program plays an important role for persons with disabilities, and is the largest single insurer of this group of people in the state of Kansas. About 49% of the growth in Medicaid spending in Kansas from FY 2005 to FY 2010 was related to services for the disabled population. This is in part because services such as institutional care and community based services are expensive. While long-term care plays a significant role in driving the costs for the disabled, it is important to note that acute care spending is also greater for this group of beneficiaries than it is for children, pregnant women and parents. Many disabled enrollees have multiple conditions. For example, mental health conditions are the most commonly treated conditions associated with diabetes and hypertension in this population.

### Spending and Enrollment



Costs by Category of Service		
	Total Cost	% of total cost for population
Inpatient Hospital	\$ 158,695,321	14%
Pharmacy	\$ 117,943,402	10%
Physician Services	\$ 51,058,951	4%
Medicare Buy-in	\$ 28,582,363	2%
Outpatient Hospital	\$ 28,059,716	2%
Other	\$ 65,297,317	6%
Behavioral Health	\$ 101,874,659	9%
Substance Abuse	\$ 7,488,822	1%
Nursing Facilities	\$ 110,729,787	10%
HCBS	\$ 479,036,272	42%
<b>Total</b>	<b>\$ 1,148,766,610</b>	<b>100%</b>

### Policy Considerations

- How can we improve quality while significantly reducing costs?
- How do we better manage the care of these members across providers?
- How can we design the program to help the disabled return to their families or active participation in their communities? How can we encourage and support those with potentially disabling conditions to work?
- How do we improve the coordination of physical and behavioral health care?
- How do we improve adherence to medication?

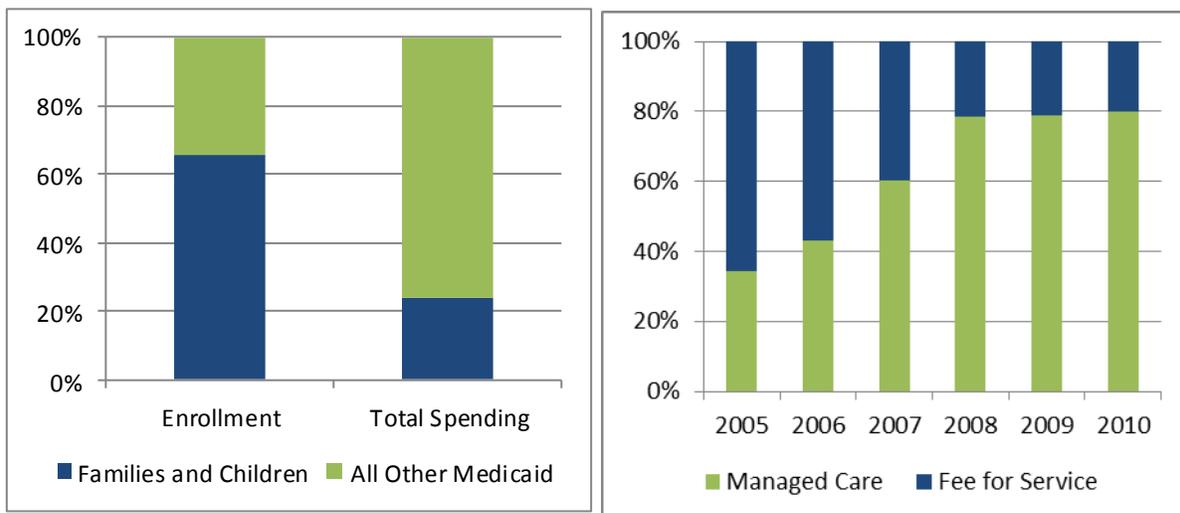


## Kansas Medicaid: Children, Families and Pregnant Women

Population	Demographics
Children, Families and Pregnant Women	Population 210,000 (SFY 2010) Cost per member per month: \$240

**Background:** Most children, families and pregnant women served by Medicaid are in the regional HealthWave (managed care) program. This population is more comparable to the privately insured population, and families frequently earn their way out of Medicaid. HealthWave enables families with children who are eligible for CHIP and Medicaid to have the same health plan and provider for all family members. If federal Medicaid expansion is not overturned, HealthWave could nearly double in size in 2014.

### Spending and Enrollment



Costs by Category of Service		
	Total Cost	% of total cost for the population
Managed Care	\$ 405,363,492	67%
Inpatient Hospital	\$ 53,877,349	9%
Pharmacy	\$ 12,956,188	2%
Physician Services	\$ 21,072,162	4%
Outpatient Hospital	\$ 7,991,797	1%
Other	\$ 54,051,383	9%
Behavioral Health	\$ 37,616,897	6%
Substance Abuse	\$ 7,672,867	1%
Nursing Facilities	\$ 104,498	0%
<b>Total</b>	<b>\$ 600,706,634</b>	<b>100%</b>

### Policy Considerations

- How can we improve quality while significantly reducing costs?
- How do we better coordinate care (and improve the health) for this population?
- How do we improve care for rural families?
- How can we help stabilize relationships with health plans and care providers for these families?
- How do we encourage self-sufficiency and engage families in health care decisions?

