KHPA Vision Principles

• Access to care
• Quality and Efficiency in Health Care
• Affordable and Sustainable Health Care
• Promoting Health and Wellness
• Stewardship
• Education and Engagement of the Public
KHPA Mission Statement

• **Mission:** KHPA shall develop and maintain a coordinated health policy agenda that combines the effective purchasing and administration of health care with promotion oriented public health strategies.
## Trends in Home Health Services
### FY 2005-2007

<table>
<thead>
<tr>
<th>SFY</th>
<th># Home Health Agencies</th>
<th># Unduplicated Beneficiaries</th>
<th>Total Medicaid Reimbursed</th>
<th>Average Expenditure per Beneficiary</th>
</tr>
</thead>
<tbody>
<tr>
<td>2008</td>
<td>135</td>
<td>4145</td>
<td>$12,085,293</td>
<td>$2,916</td>
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<td>2007</td>
<td>153</td>
<td>4888</td>
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<td>5364</td>
<td>$16,359,837</td>
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</table>
Unduplicated Counts of Home Health Consumers FY 2002 - FY 2008
Home Beneficiaries by HCBS Status

Home Health Beneficiaries by HCBS Status

- Non-HCBS
- HCBS

FY 04 FY 05 FY 06 FY 07
Home Health Expenditures by Diagnosis

Medicaid Home Health
FY 2005 - 2007

Diagnosis

Paid

$0
$500,000
$1,000,000
$1,500,000
$2,000,000
$2,500,000
$3,000,000
$3,500,000
$4,000,000
$4,500,000

4019
25002
25000
25001
25091
25003
29590
4280
311
29530

Diagnosis
Expenditures by Diagnostic Groups

Medicaid Home Health
FY 2005 - 2007

Paid

Diagnoses

- Diabetes
- Mental
- Circulatory
- Airway/Lung
- Skin

Paid amounts:
- Diabetes: $16,000,000
- Mental: $12,000,000
- Circulatory: $8,000,000
- Airway/Lung: $4,000,000
- Skin: $2,000,000

$0
$2,000,000 $4,000,000 $6,000,000 $8,000,000 $10,000,000 $12,000,000 $14,000,000 $16,000,000
Diagnosis Code Descriptions

• 401.9  Unspecified essential hypertension
• 250.02  DM without mention of complications, Type I or Type II, uncontrolled
• 250.00  DM without mention of complications, Type I or Type II, not stated as uncontrolled
• 250.01  DM without mention of complications, Type I (Juvenile Type) not stated as uncontrolled
• 250.91  DM with unspecified complication, Type I (Juvenile Type) not stated as uncontrolled
• 250.03  DM without mention of complication, Type I (Juvenile Type) uncontrolled
• 295.90  Unspecified schizophrenia, unspecified condition
• 428.0  Congestive heart failure, unspecified
• 311    Depressive disorder, not elsewhere classified
• 295.30  Paranoid schizophrenia, unspecified condition
Expenditures for Diabetes and Mental Health Diagnoses

Expenditures for Top 10 Mental Health and Diabetes Diagnoses

<table>
<thead>
<tr>
<th>Year</th>
<th>MH</th>
<th>DM</th>
<th>Linear (MH)</th>
<th>Linear (DM)</th>
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<tr>
<td>FY 07</td>
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</table>
2008 Home Health Recommendations

• Diabetes Management Forum
• Address best practices in diabetes care
• Prior Authorization of all home health services
• Acute Care Home Health services limited to 120 visits per year
• Home health aide visits limited to two per week
• Coordination of care through the Medical Home Concept
Three Home Health Service Benefit

1. Acute Care Home Health Service Plan

2. Long Term Care Home Health Service Plan

3. Diabetes Management Home Health Service Plan
Acute Care Home Health Service Plan

- The provision of services for conditions that have a rapid onset, severe symptoms, are of a short course and are medically predictable
- Initial admission for home health services post hospitalization, post surgery, acute injury or illness
- Limited to 120 all inclusive visits per year
- Includes skilled nursing, home health aide, PT, OT and speech therapy services
- Procedure Codes: G0154, T1002, T1003, 99601, S9128, S9129 and S9131
Long Term Care Home Health Service Plan

• The provision of services for diseases that show little change or are of a slow progression and long continuance
• The recipients are relatively stable and require frequent monitoring to prevent exacerbation of symptoms which would warrant emergent care and/or hospitalization
• The provision of services that are frequent and brief for assistance to monitor chronic conditions
• Procedure codes: 99600, 99601, S0315, G0156, T1004, T1030, T1031 and T1021
Diabetes Management Home Health Service Plan

• The provision of services for frequent and brief visits to assist recipients to manage their diabetes, due to cognitive and physical limitations
• The recipients and caregivers are deemed unable to self manage the disease
• Home health services warranted to assist recipient to maintain stable blood glucose levels, obtain periodic assessments in accordance with current best practices to prevent or delay costly complications associated with diabetes
• Procedure codes: S0315, S9460, 99600, 99601, T1030, and T1031,
Benefits of Proposed Changes to the Home Health Program

• Promote program integrity and transparency
• Promote effective and efficient use of home health expenditures
• Promote the provision of comprehensive diabetes management
• Provision of medically necessary home health services while promoting beneficiary participation and independence
• Compliance with recommendations of the 2008 Home Health Program OIG Audit
• Implementation of the program recommendations that were approved by the KHPA Board
Diabetes Management Project Update

• Collaboration with KHCA, KDHE and KHPA
• Develop training for diabetes management to present to the home health community
• Looking for a presenter – one CDE in mind
• Develop quality indicators
• Training sessions on program changes prior to implementation, approximately six sessions
• Training information sent to Jane Kelly for review
Diabetes Management Project Update (continued)

• Combine KHCA training needs identified with a diabetes management update

• Q&A session

• Possible CNE hours

• Training to be scheduled separately from annual meeting
Information Resources –

KMAP Provider information can be found at
www.kmap-state-ks.us/

KHPA information can be found at
www.khpa.ks.gov/

Sandra Akpovona, Home Health Program Manager
Sandra.Akpovona@khpa.ks.gov