Kansas Medicaid: Design and Implementation of a Public Input and Stakeholder Consult Process

September 16, 2011

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Executive Summary

Executive Summary

Purpose, Outcomes and Considerations

Background
The State of Kansas engaged Deloitte Consulting, LLP to design and implement a Public Input and Stakeholder Consult process to gather and summarize ideas about how to reform the Medicaid program. Extensive input was collected throughout the process via: • Three Public Forums held across the State, • A public input web-based survey, • Population-specific Stakeholder Workgroup conference calls, and • A final Wrap-up Forum. This Public Input and Stakeholder Consult process project was funded by the Health Care Foundation of Greater Kansas City, Kansas Health Foundation, REACH Healthcare Foundation, Sunflower Foundation and the United Methodist Health Ministry Fund.
Outcomes
More than 1,700 Kansans engaged in this process producing over two thousand ideas and comments. Public meeting notices and related materials were posted on the State's website. The major Medicaid reform themes that emerged throughout the process were: • Integrated, Whole-Person Care, • Preserving and Creating a Path to Independence, • Alternative Access Models, and • Utilizing Community Based Services. Due to the overwhelming number of responses, samples of feedback has been provided in this report.
Considerations
In light of the reform themes that emerged, additional information has been included that may be helpful as the State designs and implements their reform strategy and process. This last section of the report incudes options, high-level evaluations, and examples of other models that can be referenced.

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Background

Background
Kansas Medicaid Change Imperative

Kansas faces an imperative to control costs while improving the quality of care of its Medicaid beneficiaries.

Background

The Vision, Principles & Objectives

The States' vision for a transformed Medicaid program drives the core principles and objectives for reform. The public input process provided a mechanism to communicate the vision for the future state of Medicaid, the principles that drive decision making throughout the process and objectives that are hoped to be achieved.

Vision: To serve Kansans in need with a transformed, fiscally sustainable Medicaid program that provides high-quality, holistic care and promotes personal responsibility.

Medicaid Transformation Principles

- Holistic Care Focused on Outcomes
- Create a Strong, Dignified Safety Net for our Most Vulnerable Kansans
- Economically Rational
- Assist people from Medicaid to the workplace
- Reward Personal Responsibility for Health Outcomes

Kansas Medicaid Reform Objectives

- Improvement of quality of care and services
- Integration and coordination of care for a holistic, population-based approach
- Encouragement and elimination of disincentives for the disabled to work without losing health coverage
- Emphasis on Medicaid as a short-term option for coverage
- Expectation of personal responsibility for active participation in health care maintenance
- Elimination of silos between population groups, providers
- Expectation of accountability for outcomes
- Achievement of significant savings

Public Forums

Public Forums

Overview

In the summer of 2011, the State of Kansas (KS) hosted a series of Public Forums where participants engaged in discussions on how to reform Kansas' Medicaid system. These forums were announced in a press release on June 10th. Forums were held in Topeka, Wichita and Dodge City in June and July.

Topeka	Wichita	Dodge City
June 22, 2011 Location: Kansas Expocentre Maner Conference Center – Sunflower Ballroom	July 7, 2011 Location: Holiday Inn Wichita – Ballroom A & B	July 8, 2011 Location: United Wireless Arena – Magouirk Conference Center (Section B & C)
500 attendees	**400 attendees**	**250 attendees**

1,150 Kansans participated in the Public Forums across the State producing over 1,500 comments and recommendations for Medicaid reform.

Public Forums

Meeting Format

At each of the three Public Forums, representatives from the State and Deloitte Consulting, LLP presented on the following topics:

- Medicaid: A National Perspective,
- Medicaid: Where We Are Today, and
- Medicaid Transformation: Serving Kansans.

See Attachment A for Public Forum Presentations

The presentations were followed by table discussions where participants engaged in conversations focused on each of the following Medicaid population groups:

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

Participants were provided with population-specific statistics to help facilitate their discussions and assist them with making recommendations for Medicaid reform for each population group.

See Attachment B for Public Forum Demographic Sheets

Feedback from tables and individuals was shared publically and organized into major categories. Samples of the feedback is provided on the following pages and detailed responses from tables or individuals is provided in Attachment D.

See Attachment C for Summary of Public Forum Feedback

See Attachment D for detailed Public Forum Feedback Sheets

Public Forums

Population: Children, Families & Pregnant Women

Major Category	Sample Feedback
Access to Care	• Extended offices hours to improve access to providers – particularly in rural settings • Include primary care in alternative settings (i.e. Community Mental Health Centers (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	• Minimize provider application paperwork • Implement one-stop-shop concept • Improve Cross-Agency Coordination • Revisit presumptive eligibility: If person qualifies for one Department Social and Rehabilitative Services (SRS) program you qualify for others without additional application process
Care Coordination	• Integration of behavioral and physical health • Provide centralized/ targeted case management • Offer patient centered medical homes for children that are incentive-based

Public Forums

Population: Children, Families & Pregnant Women (continued)

Major Category	Sample Feedback
Community Resources	• Engage service organizations and faith-based organizations to support and educate Medicaid population • Support “school-based” healthcare programs
Education and Awareness	• Educate families (i.e. preventative health measures, appropriate emergency room use, family planning)
Employment	• 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	• 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	• Allow Advanced Registered Nurse Practitioners (ARNPs) and Physician Assistants (PAs) to open primary care clinics to treat patients • Encourage use of physician extenders • Utilize school nurses as a billable provider
Technology	• Institute electronic health records and electronic immunization records (would improve efficiency and ability to share information across specialties)

Public Forums

Population: Aged

Major Category	Sample Feedback
Access to Care	• 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 • Increase transportation infrastructure to improve care and ability to stay in home
Administrative Simplification	• Simplify meaningful use requirement • Reform payment models – why are various programs so separated (e.g., dental, behavioral, physical)? • Streamline Home and Community Based Services (HCBS) application process and provide bridge services to prevent steep declines in health • Improve Cross-Agency Coordination • Develop public/private partnerships
Benefits	• Expand long-term care insurance to include assisted living, not just nursing home coverage • Remove entitlement to institutional care so that Home and Community Based Services (HCBS) could be utilized • Create “live at home” alternatives (i.e. Adult Foster Care) • Fully fund HCBS – make it an entitlement

Public Forums

Population: Aged (continued)

Major Category	Sample Feedback
Care Coordination	• 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
Education and Awareness	• 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	• 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

Public Forums

Population: Aged (continued)

Major Category	Sample Feedback
Fraud & Abuse Monitoring	• 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	• Expand Program of All Inclusive Care for the Elderly (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	• 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.

Public Forums

Population: Disabled

Major Category	Sample Feedback
Access to Care	• Find ways to reduce wait lists (i.e., five year wait list for Developmental Disabilities (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	• Don't duplicate costs associated with physician's screen for inpatient hospital and Community Mental Health Center (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
Benefits	• Allow for billable time with family, not just with patient • Expand formulary for Medicaid approval • CMHC codes should be 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

Public Forums

Population: Disabled (continued)

Major Category	Sample Feedback
Care Coordination	• Physically Disabled (PD), Traumatic Brain Injury (TBI) and Mentally Retarded Developmentally Disabled (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	• 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 Federal Medical Assistance Percentages (FMAP) of 7 percentage points
Eligibility	• 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	• Look for opportunities to fill more State jobs with disabled (e.g., 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

Public Forums

Population: Disabled (continued)

Major Category	Sample Feedback
Managed Care Model	• 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	• 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	• 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

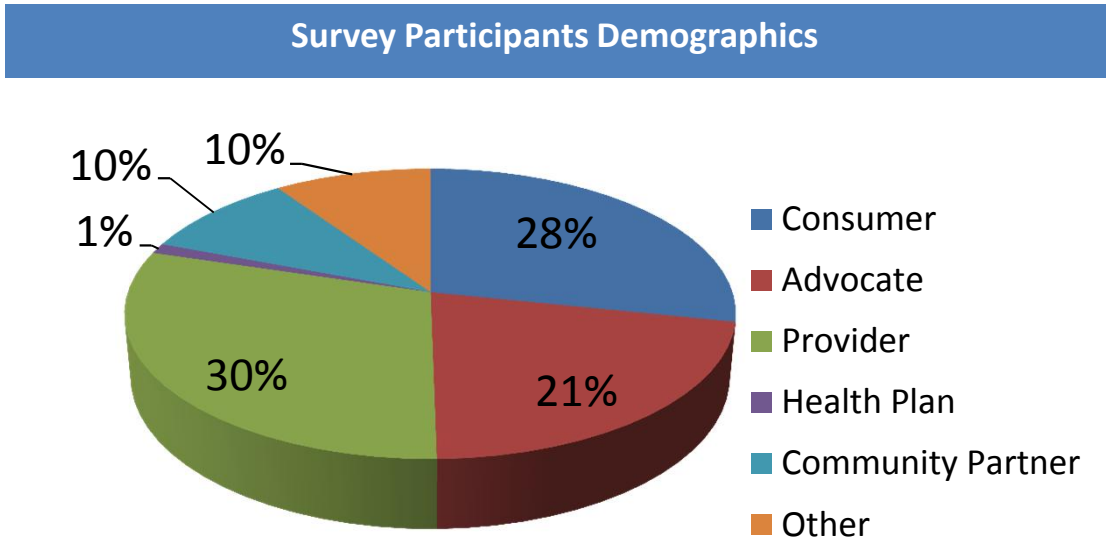
Public Input Survey

Public Input Survey

Overview

To further engage the public and offer an alternative for those unable to participate in the Public Forums, a web-based survey was developed and posted on the State's website. The survey was available to the public between July 11th and August 19th. The survey solicited recommendations and comments from over 150 people on Medicaid reform for the three target populations groups: Children, Families and Pregnant Women, the Aged, and the Disabled.

Survey responses were received from a diverse group of stakeholders, each offering a unique perspective on how the Medicaid system should be transformed to better serve Kansans.



More than 500 comments and recommendations for Medicaid reform were received through the Public Input Survey. A sample of this feedback (organized into major categories) is provided on the following pages.

Public Input Survey

Population: Children, Families and Pregnant Women

Major Category	Sample Feedback
Administrative Simplification	• Improve the system so applications are reviewed and approved in a timely manner. Pregnant women and children are especially vulnerable to the long wait for approval. • Use the opportunity of reform to streamline the children's healthcare advisory systems in the State and encourage comprehensive reform of the delivery system for children's services.
Education and Awareness	• Require school districts to adopt healthy meal planning to obtain State funding which could curb childhood obesity. • Discourage unhealthy behaviors (e.g., smoking). • Increase access to family planning services and encourage responsible parenting.
Benefits	• Medicaid should allow habilitative treatment to be received by children 0-21 from any provider who is willing to provide the service. Medicaid should not assume Part C and Local Education Agencies (LEA's) are providing therapy services recommended by children 's doctors. • Raise copays and premiums - increase client's personal investment in Medicaid services.
Reimbursement	• Enhance payment for lactation support services to reduce disease burden through successful breast feeding. • Provide reimbursement for genetic counseling services or contract with the two systems so that families may be informed of correct diagnosis more often and earlier in the clinical course of their infant's life. • Improve transparency of fees charged to members.

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Public Input Survey

Population: Aged

Major Category	Sample Feedback
Access to Care	• Create a mobile dental clinic and optometry clinic to provide these needs to rural communities.
Eligibility	• Scrutinize asset transfers and tighten eligibility rules to assure that applicants are not hiding financial resources to shift costs onto taxpayers
Care Coordination	• Have all prescription medications be dispensed by the State-funded hospitals that have pharmacists on staff. • Create a community transition program to empower the disabled to step up into personal and professional responsibility and gradually step out of systems back into the community. This could be accomplished by hiring Certified Peer Specialists (CPS)'s to step in and teach the many facets of "returning" not only to work but back into one's community.
Community Resources	• Develop neighborhood incentive programs where a block could receive neighborhood improvements by signing up for elderly care/watchdog type program.
Reimbursement	• Enhance the reimbursement for providers who meet the medical home criteria by establishing goals for reducing unnecessary emergency room visits and preventable hospitalizations. • Support the community effort to open the billing codes (crisis codes, case management codes, psychosocial and parent support) to the Medicaid approved “Private Providers”.

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Public Input Survey

Population: Disabled

Major Category	Sample Feedback
Access to Care	• Improve Medicaid transportation services. They are currently unreliable and people miss appointments because the transportation service does not pick them up.
Care Coordination	• Eliminate the separation of behavioral health systems from the rest of the patient's care. Encourage the availability of inpatient services (psychiatric and psychological consultations in general hospitals) through payment reform.
Education and Awareness	• Focus on preventative care so individuals are healthy and can go to work without health issues preventing participation in the workforce. • More education to the disabled about the Working Healthy Program. But, please remember that not ALL disabled people are able to work. But the ones that can should be able to without losing their social security disability benefits. More people on the Working Healthy Program may be a start.
Employment	• Create incentives for recipients to seek or maintain employment.
Fraud and Abuse Monitoring	• Make it easier for citizens to report fraud and do something about it when it is reported. • Scrutinize claims for disability to assure need.

Stakeholder Workgroup Sessions

Stakeholder Workgroup Sessions

Overview

The Stakeholder Workgroup Sessions were a series of conference calls focused on the specific population groups served by the Medicaid program. Stakeholders were invited by State representatives to participate in a two hour discussion about some of the recommendations provided during the Public Forum process. Stakeholders provided comments on ideas submitted thus far in the process, provided additional ideas, and mentioned issues and considerations for the State to keep in mind if the recommendation was adopted.

Session	Date	Stakeholder Participants	Proposed Discussion Themes
Session 1: Children, Families & Pregnant Women	8/9/2011	Approximately 20	• Care Coordination • Continuous Coverage • Access to Care • Preventative Services • Payment Reform
Session 2: Aged Population	8/9/2011	Approximately 30	• Care Coordination • Home and Community Based Services • Administration • Nursing Facility Supply
Session 3: Individuals with Disabilities Population	8/11/2011	Approximately 100	• Benefits and Reimbursement • Care Coordination • Eligibility • Employment • Community Resources

See Attachment E for Stakeholder Workgroup Presentations

Stakeholder Workgroup Sessions

Population: Children, Families and Pregnant Women

Theme	Sample Stakeholder Feedback	Sample Issues and Considerations
Care Coordination	• Integrate behavioral and physical health • Develop patient-centered medical homes for children that are incentive-based (for those in managed care and those in fee-for-service) • Improve management of chronic disease	• Create an incentive based payment • Measure and monitor specific outcomes • Review existing pilot projects in the State • Inform physicians of where to refer patients • Revisit the separate managed care contracts to see how they present barriers • Review tools that are available to transform providers into medical homes • Figure out ways for members to be active participants in their health care
Continuous Coverage	• Incent families to stay employed • Allow families to buy-in to Medicaid • Provide Health Savings Accounts	• Offer a subsidized premium program • Provide member incentives if they are compliant • Explore health savings accounts for beneficiaries to manage expenses for certain services • Leverage other systems in other State agencies

Stakeholder Workgroup Sessions

Population: Children, Families and Pregnant Women (continued)

Theme	Sample Stakeholder Feedback	Sample Issues and Considerations
Access to Care	• Provide services in non-traditional settings (including schools, SKYPE, telehealth) • Utilize mid-level providers • Extend office hours	• Explore telemedicine for rural areas • Utilize text messaging, emails, Skype, and community centers for access • Make sure systems can talk to one another • Determine how to reimburse for these services • Revisit provider credentialing process • Compare provider types against reimbursement rules • Need evening and weekend clinic hours • Educate members on how and where to access care • The providers' role in fostering health literacy among patients is an important factor to adherence and improved outcomes.

Stakeholder Workgroup Sessions

Population: Children, Families and Pregnant Women (continued)

Theme	Sample Stakeholder Feedback	Sample Issues and Considerations
Preventative Services	• Improve birth outcomes • Improve the infant mortality rate • Improve the rate and completeness of well child visits	• Offer behavioral health services (for mom) • Revisit opportunities to provide meaningful incentives to moms • Explore what has worked in other states • Review infant mortality panel recommendations • Address smoking and obesity • Determine how to provide care for undocumented moms since the baby becomes a citizen • *Bright Futures* guidelines need to be followed by providers
Payment Reform	• Episodic based payments using an episode grouper • Increased risk sharing with managed care entities • Shared risk payment with a pay for performance component	• Ensure the systems are in place to track and pay for the services if they are to be bundled • Providers willing to discuss shared risk arrangements • Review what other payers are doing for pay for performance and try to be consistent • Define whether program will be budget neutral or whether additional money will be available • Discuss any needed reporting requirements

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Stakeholder Workgroup Sessions

Population: Aged

Theme	Sample Stakeholder Feedback	Sample Issues and Considerations

Care Coordination	• Care Integration
	  o Integrate behavioral health and physical health
	  o Improve coordination while transitioning between levels of care
	• Case Management
	  o Implement case management structure to assist/promote coordination of care and services
	  o Case management should facilitate health prevention and screening
	• Financial Alignment
	  o Develop risk based capitated managed care model
		• Build a care coordination infrastructure that ensures communication and information travels across all provider types.
		• Review all transition points (e.g., hospital to home) and ensure there are community supports available.
		• Change reimbursement from being volume driven to being more coordinated care driven
		• Focus on health prevention
		• Leverage existing models
		• Review what has worked in other states

Stakeholder Workgroup Sessions

Population: Aged (continued)

Theme	Sample Stakeholder Feedback	Sample Issues and Considerations

Home and Community Based Services (HCBS)	• Network Expansion
	  o Expand PACE program
	  o Increase transportation infrastructure
	  o Provide primary care in non-traditional settings
	  o Utilize Community First Choice Option
	• Technology
	  o Use telemedicine and allow for traveling clinics
	  o Use integrated system for medications and diagnosis
	  o Utilize tele-health systems
	• Personal & Community Responsibility
	  o Develop Health Savings Account (HSA) system
	  o Engage service organizations and faith based organized to support and educate Medicaid population
		• Provide background checks
		• Review whether costs will go up vs. down
		• Review options for enhanced match with the Center for Medicare and Medicaid Services (CMS)
		• Explore options to invest in community supports

Stakeholder Workgroup Sessions

Population: Aged (continued)

Theme	Sample Stakeholder Feedback	Sample Issues and Considerations
Administrative	• Medicaid Eligibility o Incentivize purchase of long-term care insurance o Look at look-back period, inheritance issues, hidden assets & fraud issues o Collateralize life insurance policies o Look at Medicaid estate recovery process • Administrative Simplification o Streamline eligibility process o Improve cross-agency coordination • Program Integrity o Utilize predictive modeling o Improve oversight of HCBS	• Reach out to agents to gather ideas • Talk to people about insurance before they reach senior status • Review why carriers stopped offering insurance • Review ways to use assets of members if they don't have dependents • Routinely inspect HCBS providers
Nursing Facility (NF) Supply	• Utilize NFs to provide HCBS services in rural areas • Provide incentives or capital for NFs to diversify in exchange for lowering bed capacity	• Review findings of NF Bed Supply Workgroup

Stakeholder Workgroup Sessions

Population: Disabled

Theme	Sample Stakeholder Feedback	Sample Issues and Considerations
Benefits & Reimbursement	• Payment Reform Models - Partner with other providers to lower costs (such as bulk buying) • Benefits - Use value based pharmacy benefit plans – provide at no cost drugs that are effective	• Provide case management across all waiver types • Follow evidence-based practices • Provide incentives to improve outcomes • Annually review reimbursement schedule against services provided • Break down the funding silos • Partnering brings up liability issues • Different drugs have different side effects • Limiting pharmacy services may cause increases in other services

Stakeholder Workgroup Sessions

Population: Disabled (continued)

Theme	Sample Stakeholder Feedback	Sample Issues and Considerations
Care Coordination	• Care Integration -Use well trained case managers to reinforce medication support • Managed Care Model - Standardize gatekeeper process	• Provide incentives to keep out of institutions • Engage members and connect with community • Have the care manager be someone the member knows • Communicate what is important by defining it in the contract • Utilize health homes and pilot projects • Build on case management systems • Evidence does not show any savings or effective engagement in a model that carves behavioral health into a large Managed Care Organization (MCO) structure • No evidence of a lot of savings associated with carved-in HCBS services • Private MCOs that cover behavioral health services hire subcontractors to handle

Stakeholder Workgroup Sessions

Population: Disabled (continued)

Theme	Sample Stakeholder Feedback	Sample Issues and Considerations
Eligibility	• Eligibility Determination - Allow people with disabilities to have private pay insurance to cover medical bills and also have Medicaid to cover HCBS	• Review services provided to children aged 3-5 – early intervention is key • Mental health conditions are sometimes life long – maintenance is as important as acute episode • Review third party limitations and federal rules
Employment	• Employment – o Look for opportunities to fill some State jobs with people with Disabilities o Address fear of losing benefits if employed	• Case managers are key and can help • Work with employers to resolve barriers • Members need ongoing supports • Schools can help with employment • Coordinate efforts across government departments • Utilize current benefits counselors more and expand their network so they can provide support
Community Resources	• Leverage Community Organizations - Partner with faith-based and community organizations to assist individuals with disabilities to and from episodes of care	• Revisit transportation system – difficult to manage due to changing rules • Review best practices • Reach out to employers, landlords, teachers, coaches, pastors

Public Forum Wrap-Up Session

Public Forum Wrap-Up Session

Overview & Meeting Format

The Public Forum Wrap-Up Session presented an opportunity for the public to further develop the issues and considerations that were brought up during the previous phases of the input process.

Forum Site	Date & Location	Stakeholder Participants
Overland Park	August 17, 2011 Overland Park Convention Center - Exhibit Hall B	**300**

While at tables, participants had the opportunity to give further input on various recommendations and provide comments on issues and considerations for the State to keep in mind if the recommendation was adopted. Participants were asked to comment on a series of Medicaid reform themes that applied to all populations, as well as specific themes for Home and Community Based Services (HCBS) and Nursing Facility (NF) Supply.

Feedback	Themes
Cross-Population	• Integrated, Whole Person Care • Preserving or Creating a Path to Independence • Alternative Access Models
HCBS and NF Supply	• Improved Home and Community Based Services • Lower Nursing Facility Utilization and Supply

See Attachment F for Public Forum Wrap-up Session Presentation
See Attachment G for Public Forum Wrap-up Session Feedback Sheets

Public Forum Wrap-Up Sessions

Cross-Population

Theme: Integrated, Whole-Person Care	
Public Recommendation	**Sample Issues and Considerations**
Implement patient-centered health homes	• Technology is key – utilize electronic health records • Create an incentive based funding mechanism to develop a care coordination infrastructure • Incentives for process, not just health outcome • Funding, training, and technical assistance to make provision reasonable to private doctors • Look at lessons learned
Enhance health literacy and personal stake in care	• Utilize patient educators who may be non-physicians • Must incentivize • Explore use of medical savings accounts • Call center to funnel patient care • Empowerment (shared decision making) • Learning Library - utilize DVDs to provide patients being discharged an opportunity to review (as needed) exact discharge instructions

Public Forum Wrap-Up Sessions

Cross-Population

Theme: Integrated, Whole-Person Care (continued)	
Public Recommendation	**Sample Issues and Considerations**
Incentivize development of integrated care networks to improve quality	• Set specific quality outcomes to be measured and evaluated • Utilize health information technology and electronic medical records • Align financing around care for the whole person. Need to integrate actual care, not just financing. One doesn't lead to the other. • Review current potential barriers due to separate contracts. Mental Health centers can't be primary care.
Advance provider use of electronic health records (EHR)/ e-prescribing	• Develop a financing structure to advance EHRs • Brainstorm with providers about obstacles to using EHR/e-prescribing. Done already but need common, interfaced software. • E-prescribing could be used to compare prescriptions for a patient to avoid negative reactions of multiple prescriptions.

Public Forum Wrap-Up Sessions

Cross-Population

Theme: Preserving or Creating a Path to Independence	
Public Recommendation	**Sample Issues and Considerations**
Remove barriers to work	• Incentivize employers to employ persons with disabilities • Seek out grant opportunities – like Working Healthy • Reinforce Employment First initiatives. • Eliminate the supplemental security income (SSI) criteria in Working Healthy to open this program to a broader disabled population. This will increase the "Return to Work" ratio of working disabled. • Consider focusing on younger, graduating disabled persons rather than those in the system for a long time • Consider a subsidized premium payment program, where beneficiaries continue with some portion of benefits and pay for a portion of the premium
Align incentives among providers and beneficiaries	• Incentivize employers to participate in employee health programs • Use local schools for exercise and education • Look for ways to invest in healthy lifestyles – Increase state tobacco tax – decreases smoking rate and revenue can be used for health improvement • Offer incentives to discourage emergency room use • Financial incentives based on specific outcomes-based measures (e.g., reductions in hospitalization). Beware these incentives can push some people in inappropriate treatment models. Must remain sensitive to individual needs.

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Public Forum Wrap-Up Sessions

Cross-Population

Theme: Preserving or Creating a Path to Independence (continued)	
Public Recommendation	**Sample Issues and Considerations**
Delay or prevent institutionalization	• Better transition – bridge back to home • Volunteers from Working Healthy to assist those who are starting out • Better reimbursement for family to provide services – but only if so thru training program (can be in-home training) and monitoring by service provider • Focus on super-users and highest cost patients for care coordination and healthy coaching

Public Forum Wrap-Up Sessions

Cross-Population

Theme: Alternative Access Models	
Public Recommendation	**Sample Issues and Considerations**
Utilize technology and nontraditional settings	• Investigate using the Nurse Lines for 24/7 access – this will cut down on emergency room visits • Use online peer support services • Broadcast Public Service Announcements • Remove limitations on billing for services provided via tele-health
Think creatively about who can deliver what care	• Ensure rates are adequate to cover service needs • Deliver more services with extenders – do not need physicians to deliver many services • Increase wages for attendant care and include benefits • More efficient credentialing – have the State meet more often to credential. This would help access standards.

Public Forum Wrap-Up Sessions

HCBS and NF

Theme: Improved Home and Community Based Services	
Public Recommendation	**Sample Issues and Considerations**
Increase transportation infrastructure	• Consider Salina transit model as possibility for lower-population areas of State • Pass legislation that allows local communities to vote on designated sales tax to support public transit expansion • Bring services into the home • Let transportation cross State line if that is where the person on Medicaid has to go to receive services i.e., hearing aid place is 1 block into Missouri but Medicaid transportation can't take a person to the door. They can let them out in Kansas but to the elderly and disabled 1 block can seem like a mile • Share federal transportation dollars
Utilize technology to increase network access	• Allow telemedicine service to be billable • Allow for traveling clinics – great for rural areas – also needs to be for home visits • Get all agencies in line and able to share information

Public Forum Wrap-Up Sessions

HCBS and NF

Theme: Improved Home and Community Based Services (continued)	
Public Recommendation	**Sample Issues and Considerations**
Review tiered eligibility and reimbursement system for population to incent care for the most at-risk clients to reduce premature nursing facility placement (across multiple waivers)	• Use personal care attendants • Keep people in assisted living rather than nursing homes • Keep Frail and Elderly (tiers or not) focused on in-home support not institutional setting • Provide in-home doctor visits. Recipients sometime cannot get out for health concerns and then let it go too far then head to nursing home care
Implement case management structure to assist and promote coordination of care and services	• Allow CPSs to fill this role. They can also provide community resourcing roles with both populations • Review plans of care costs comparing AAA case managers and non-AAA case managers • Enable case managers to continue as clients move from various settings, i.e., continued cased management during hospitalization

Public Forum Wrap-Up Sessions

HCBS and NF

Theme: Lower Nursing Facility Utilization and Supply	
Public Recommendation	**Sample Issues and Considerations**
Utilize nursing facilities to provide HCBS services in rural areas	• Reduce wait for new home health licenses (currently over one year) • Review HCBS requirements against current capabilities of nursing facilities and determine gaps – make HCBS easier to acquire • Determine which rural areas are in greatest need – utilize rural NHs by offering incentives to providers or recipients to move to that community
Provide incentives or capital for nursing facilities to diversify in exchange for lowering bed capacity	• More smaller psych hospitals under 17 beds • Peer run crisis alternatives • Educate patients in self-care and less dependency

Considerations

Considerations

Overview

This section of the report provides options, initial evaluations, and examples from other states (and the federal government) for several of the Medicaid reform recommendations provided by the public during the process. These are provided for the State to review and reference as the Medicaid reform plan is developed and implemented. The public recommendations in this section have been organized into high-level themes as follows:

Theme	Public Recommendations
Integrated, Whole-Person Care	• Implement patient-centered medical homes* • Enhance health literacy and personal stake in care • Incentivize development of integrated care networks to improve quality • Advance provider use of electronic health records/e-prescribing
Preserving or Creating a Path to Independence	• Remove barriers to work • Align incentives among providers and beneficiaries
Alternative Access Models	• Utilize technology and non-traditional settings • Think creatively about who can deliver what care
Utilizing Community Based Services	• Delay or prevent premature placement into Nursing Facilities • Incentivize Nursing Facilities to diversify

* Note we are using the term 'medical home' vs. 'health home' to include programs that are applicable to the larger population, not just the high risk population.

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Considerations

Overview (continued)

In this section, we provide:

- Summary of Recommendations - a high-level evaluation of each recommendation, summarized into one table and discussed in detail throughout the remainder of the section. This evaluation is based on Deloitte Consulting's analysis and is organized into the following categories:
  - Short term Savings
  - Long term Savings
  - Potential Quality Impact
  - Investment
  - Implementation Challenges

  The initial evaluations have been estimated based on their impact on the applicable service category and population group. We have used three general indicators (i.e., low, moderate, and high) to provide the State with an estimate of the relative impact. Note that these are initial evaluations of high-level recommendations and they would need to be revised to reflect Kansas-specific program characteristics and infrastructure.

- Overview of each recommendation
- Initial evaluation results and comments of each recommendation
- Example states and federal programs to provide a sample of what exists in the market for each of the recommendations

Considerations

Overview (continued)

It is important to note the following about the information in this section:

- The examples of state and federal programs complied do not represent a comprehensive list of all activity in the marketplace,
- Some of these examples could fall under multiple recommendations because the programs cover several different initiatives (e.g., some programs cover both *patient-centered medical home* and *integrated care networks* initiatives or cover both *personal stake in care* and *aligning incentives between providers and beneficiaries* initiatives),
- These examples have not specifically been selected or customized for Kansas (i.e., the State will need to review these programs and determine what will work for Kansas – some of these may have been tried in the past),
- Since these recommendations are high-level at this point, particular characteristics of the program will need to be determined and evaluations will need to be revisited, once they are more thoroughly defined.
- The State may have already reviewed these programs (since some of them were suggested by the public during the process).

These options, initial evaluations, and examples have been provided as resources for the State and will need to be customized as they design and implement their Medicaid reform plan. In addition to reviewing this information, we recommend that the State continue to work internally across agencies and reach out to local health plans and providers to determine best practices.

Considerations

Summary of Public Recommendations – Initial Evaluations

Public Recommendations	Short term savings	Long term savings	Potential quality impact	Investment	Implementation challenges
Implement patient-centered medical homes					
Enhance health literacy and personal stake in care					
Incentivize development of integrated care networks to improve quality					
Advance provider use of electronic health records/e-prescribing					
Remove barriers to work					
Align Incentives among providers and beneficiaries					
Utilize technology and non-traditional settings					
Think creatively about who can deliver what care					
Delay or prevent premature placement into nursing facilities					
Incentivize Nursing Facilities to diversify					

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Low Impact Moderate Impact High Impact

Considerations

Theme: Integrated, Whole-Person Care

Public Recommendation: Implement patient-centered medical homes (PCMH) - Overview

There has been significant interest and activity in PCMH across all payers. The early results of patient-centered medical homes (PCMH) have been promising and there is increasing interest in supporting the development of more capacity of physician practices to support the PCMH model.

There are challenges to the broad based use of PCMH in the Kansas Medicaid program. The first challenge is how to assist and incent physician practices (especially smaller group practices and individual practitioners) to develop the infrastructure and culture within the practice necessary to be an effective PCMH. A second challenge is, given the high level of behavioral health morbidity that is present in Kansas' Medicaid population, is how to ensure that the PCMH's effectively integrate or coordinate behavioral services in their approach.

There are a number of options (or combination of options) Kansas could pursue to implement PCMH:

1) Require/incent existing Medicaid MCOs to support the development of PCMH in their primary care networks.
2) If the State retains its Primary Care Case Management (PCCM) program, determine what needs to be done to incorporate the PCMH model.
3) If Kansas moves forward with managed care for its aged/blind/disabled (ABD) population, require/incent Medicaid MCOs to develop PCMH in their primary care networks.
4) Examine and support physician incentive models in both the fee–for-service program and managed care program to increase the adoption of PCMH.
5) Consider the development of incentives for Medicaid consumers that select a PCMH (e.g., lower co-pays).
6) Consider the inclusion of behavioral health related measures in performance metrics for PCMH.

Considerations

Theme: Integrated, Whole-Person Care

Public Recommendation: Implement PCMH - Evaluation

Evaluation Categories	Estimated Impact	Comments
Short term savings	Low	Early studies of PCMH have shown mixed to positive results. Lack of infrastructure and readiness across physicians and physician groups limits short term savings opportunities.
Long term savings	Moderate to High	As more physician practices are capable of serving as a PCMH and the more experience is gained with the model, the potential opportunity for savings is significant.
Potential quality impact	Moderate to High	Early evaluations of PCMH have shown improvement in quality indicators.
Investment	Moderate	The State will have to consider new reimbursement models that encourage physician adoption of PCMH. Also, the State will need to determine any impact on MCO contracts and rates.
Implementation Challenges	Moderate to High	Creating a statewide network of PCMH that serve the majority of Medicaid consumers will require significant support of physician practices. Creating strong linkages to behavioral health services will also be a key element to successful implementation of PCMH.

Considerations

Theme: Integrated, Whole-Person Care

Public Recommendation: Implement PCMH

State Examples

- *Colorado's* Medicaid program has found that those children with designated medical homes have lower medical costs, are more likely to have a well-child visit, and are less likely to visit the emergency room for non-life threatening conditions. http://www.colorado.gov/cs/Satellite/HCPF/HCPF/1216634432039

- *Illinois* has a medical home model embedded inside their managed care pilot for non-dual members which focuses on wellness, preventive care, effective evidence-based management of chronic health conditions and coordination and continuity of care. http://www.hfs.illinois.gov/managedcare/

- *North Carolina* offers a medical home network comprised of local non-profit community networks with physicians, hospitals, social service agencies, and county health departments provide and manage care. The network will soon allow participation of individuals with job-based insurance. http://www.kff.org/medicaid/upload/7899_ES.pdf

- *Rhode Island's* global waiver includes goals of participating in medical home pilots and enrolling members into managed care where medical home principals were part of their recent managed care procurement. http://www.eohhs.ri.gov/reports/index.php

Considerations

Theme: Integrated, Whole-Person Care

Public Recommendation: Implement PCMH

Federal Programs

- *CMS' Integrate Care for Dual Eligible Individuals Program* - fifteen states are developing programs to coordinate care across primary, acute, behavioral health and long-term support services for Dual eligibles. The goal is to be able to utilize these models in other states. For example,
  - *Colorado* will enroll duals into their blended primary care medical home model and accountable care organization model.
  - *Oregon* will coordinate acute and behavioral health services and require person-centered plans for those with high acute needs and will phase in medical homes for dual eligibles. Coordination will also need to be done with long-term care services and supports.
  - *Wisconsin* will serve dual adults with physical and developmental disabilities who are at a nursing home level of care.

  http://www.cms.gov/medicare-medicaid-coordination/05_StateDesignContractSummaries.asp#TopOfPage
- *CMS' Multi-Payer Advanced Primary Care Practice (APC) Project* **-** Eight states have been selected to participate in a CMS demonstration project to evaluate the effectiveness of different APC models. APC is the leading model for efficient management and delivery of quality health services. https://www.cms.gov/DemoProjectsEvalRpts/MD/itemdetail.asp?itemID=CMS1230016
- *CMS' Federally Qualified Health Center (FQHC) Advanced Primary Care Practice Demonstration* **-** will test the effectiveness of doctors and other health professionals working in teams to treat low-income Medicare patients at community health centers. States submitted applications on 8/26/11. http://www.innovations.cms.gov/areas-of-focus/seamless-and-coordinated-care-models/fqhc/

Considerations

Theme: Integrated, Whole-Person Care

Public Recommendation: Enhance health literacy and personal stake in care - Overview

Empowering Medicaid consumers to make better health care decisions can be a key strategy in the potential transformation of the Kansas Medicaid program. Traditional approaches to Medicaid redesign and cost containment have focused on incenting providers and other entities like MCOs to improve health outcomes and reduce the cost and frequency of care. Limited attention has been focused on how to more effectively engage Medicaid consumers in managing their health needs in a way which is both cost effective for the health care system and beneficial to the health status of the consumer.

There are a number of strategies that Kansas could pursue to support this initiative, some options include:

1) Implement a Medicaid version of a Health Savings Account (HSA) - Several states have experimented with HSA style programs (e.g., Rhode Island, Indiana) for some segments of their Medicaid population. Such programs can be operated within either a fee-for-service or managed care environment. One significant challenge of an HSA approach is how to design cost sharing and incentive programs that encourage more consumer engagement that do not have the unintended consequence of increasing barriers to needed care.

2) Explore approaches that could begin to migrate Medicaid from a defined benefit to defined contribution model – For example ,the State could explore the possibility of moving some or all of the optional benefits provided to a defined contribution approach where Kansas capped the amount of spending for optional benefits but allowed consumers to determine what optional benefits they utilized up to the capped amount.

3) Implement a 24 hour nurse advice line and web-based health decision support tool – Nurse advice lines and decision support tools assist consumers with making decisions about the level of care needed to deal with their urgent medical needs and also providing consumers with access to evidenced based information on treatment options for a broad array of conditions. These programs can be provided either in a fee-for-service or managed care environment.

Considerations

Theme: Integrated, Whole-Person Care

Public Recommendation: Enhance health literacy and personal stake in care - Evaluation

Evaluation Categories	Estimated Impact	Comments
Short term savings	Low	Improving health literacy and focusing more personal responsibility on health status has the potential for short term savings, but is more likely to have longer term impacts.
Long term savings	Moderate	The enhancement of health literacy and creating both more accountability for personal health decisions and more incentives for positive decisions and outcomes could lead to long term savings in the Kansas Medicaid program.
Potential quality impact	Moderate to High	Focusing consumer attention and interest in improving health status should result in an improvement in quality.
Investment	Moderate	Depending on the model chosen to implement this recommendation, the State may need to invest in infrastructure to support consumer decision making and provide appropriate consumer incentives.
Implementation Challenges	Moderate to High	Moving the Medicaid program to a more consumer directed model may require significant negotiations with CMS, especially if the concept is applied to more vulnerable and complex segments of the Medicaid population. Changing the "culture" of the program to a more consumer driven model will most likely not be achieved in a short term time frame.

Considerations

Theme: Integrated, Whole-Person Care

Public Recommendation: Enhance health literacy and personal stake in care

State Examples

- *Florida's* Literacy Coalition and Blue Cross and Blue Shield of Florida make targeted grants to promote health literacy. The Coalition also develops and distributes health curricula for adult education students. http://www.floridaliteracy.org/literacy_resources__teacher_tutor__health_literacy.html
- *Indiana* offers a program that covers essential medical services and focuses on preventive services. The members enroll with a health plan and have a POWER account (where members can earn points by completing activities related to wellness and points can be used to purchase a gift). There is a special plan for members with high-risk medical conditions where disease management services are also provided. http://provider.indianamedicaid.com/about-indiana-medicaid/member-programs/healthy-indiana-plan-(hip).aspx
- *Kentucky* has formed a partnership of more than 35 organizations that have come together to address the issues and challenges associated with limited health literacy http://healthliteracyky.org/about-us.htm
- *New York's* Literacy Assistance Center Health Literacy Initiative provides professional development to help literacy instructors integrate health literacy skills in their curriculum, facilitate partnerships between literacy and healthcare organizations, develop programs such as Baby Basics NY to assist at-risk populations, and offer assistance with effective communication to healthcare and social service organizations http://www.lacnyc.org/profdev/healthlit/healthlit.htm

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Considerations

Theme: Integrated, Whole-Person Care

Public Recommendation: Enhance health literacy and personal stake in care

State Examples

- *Massachusetts'* Central Massachusetts Health Literacy Project is a coalition of health care providers who share the vision of a healthier Central Massachusetts through health literacy efforts. http://www.centralmasshealthliteracy.org/index2.html

- *Montana,* like many other states, has a Medicaid Nurse First Advice Line is a 24x7, toll free and confidential nurse triage line staffed by licensed-registered nurses. Eligible patients are encouraged to call when symptomatic, before making appointments or visiting an urgent care or emergency room. http://medicaidprovider.hhs.mt.gov/providerpages/nursefirst.shtml

- *Minnesota's* Health Literacy Partnership supports programs such as the HeLP MN Seniors which helps seniors communicate with your health care provider, and find reliable and accurate health information on the Internet. http://www.healthliteracymn.org/about-us/initiatives

- *Utah's* new 1115 waiver application seeks to place limits on out-of-network provider usage, revisit outdated copayment limitations, and allow the new Accountable Care Organization providers to offer incentives that will help increase patient compliance. http://health.utah.gov/medicaid/stplan/1115%20waivers/1115%20waiver%20payment%20and%20service%20delivery%20reform%20document_jun%2029%202011v2.pdf

Considerations

Theme: Integrated, Whole-Person Care

Public Recommendation: Incentivize development of integrated care networks to improve quality – Overview

There is a significant level of behavioral health co-morbidity in Kansas' Medicaid population, particularly among the ABD population (e.g. 25% of adults in the Kansas Medicaid ABD population have severe mental illness (SMI).* At the same time, the behavioral health and physical health services are siloed into two different programs and across different agencies. Currently, Medicaid behavioral health services are carved out from the Medicaid physical health program. There are number of options available to Kansas to promote better integration, for example:

1) Consider expanding the Medicaid managed care program to the ABD populations – moving the ABD population to managed care can create the opportunity to improve care coordination by requiring the MCOs to develop integrated care models and to work closely with the behavioral health managed care program.

2) Consider combining behavioral health and physical health services into one MCO contract – As the State considers moving its ABD population into managed care, it could also consider merging the physical and behavioral health services into a single program focusing on "whole person management" so that the responsibility for improving integration resides with a single entity.

* FY 2009 data as provided by the Medicaid Reform Data Workgroup during the August 17th Public Wrap-up Forum in Overland Park Kansas..

Considerations

Theme: Integrated, Whole-Person Care

Public Recommendation: Incentivize development of integrated care networks to improve quality – Overview (continued)

3) Create “cross” incentives for the behavioral and physical health managed care programs – if the State decides that integrating the two managed care programs won’t work for Kansas, it could also consider creating incentives for each program that would require cooperation and integration in order to achieve the integration. For example, having a performance metric based on reducing emergency room utilization with a secondary or primary behavioral health diagnosis present could incent the two programs to develop joint programs designed to reduce emergency room use.

4) Encourage coordination of behavioral health services as part of a PCMH initiative – For example, better integration of care could also be encouraged at the provider level by including behavioral health related performance metrics into any PCMH incentive program.

Considerations

Theme: Integrated, Whole-Person Care

Public Recommendation: Incentivize development of integrated care networks to improve quality - Evaluation

Evaluation Categories	Estimated Impact	Comments
Short term savings	Moderate	Given the high level of behavioral health co-morbidity in the Kansas Medicaid population, there is the opportunity for short term savings by better integrating behavioral and physical health services.
Long term savings	Moderate to High	As integration/ coordination efforts mature, savings opportunities should increase.
Potential quality impact	Moderate to High	Developing an integrated “whole person” approach should increase quality of care for the member.
Investment	Low	Investment through incentives may generate short savings, making it possible to re-coup investment.
Implementation Challenges	Moderate to High	The behavioral health and physical health delivery systems are significantly siloed. Breaking down these silos will require a significant shift at all levels of the delivery system.

Considerations

Theme: Integrated, Whole-Person Care

Public Recommendation: Incentivize development of integrated care networks to improve quality

State Examples

- *Arizona* and *Pennsylvania* currently have separate contracts with vendors that provide physical health and behavioral health benefits. http://www.azahcccs.gov/applicants/medicalservices.aspx?ID=acute. http://www.dpw.state.pa.us/provider/healthcaremedicalassistance/managedcareinformation/index.htm

- *Illinois*, *Georgia and Washington* contract with health plans who coordinate both physical and behavioral health services.
  http://www.hfs.illinois.gov/managedcare/managedcare.html.
  http://dch.georgia.gov/00/channel_title/0,2094,31446711_42144860,00.html
  http://www.dshs.wa.gov/manuals/eaz/sections/managedcare/MC_D_Pilot_Snohomish.shtml

- *Oregon* contracts with managed care entities that are provider-based and fully-capitated health plans. http://www.oregon.gov/OHA/healthplan/managed-care/main.shtml

- *Texas* has a long-standing program that integrates acute and long-term care services for disabled and elderly members through managed care and primary care case management models. http://www.hhsc.state.tx.us/starplus/Overview.htm

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Considerations

Theme: Integrated, Whole-Person Care

Public Recommendation: Incentivize development of integrated care networks to improve quality

Federal Opportunity

- *CMS* is accepting letters of intent (due October 1) if states are interested in testing some financial models (capitated or managed fee-for-service models) for members who are dually eligible. https://www.cms.gov/medicare-medicaid-coordination/08_FinancialModelstoSupportStatesEffortsinCareCoordination.asp#TopOfPage

Considerations

Theme: Integrated, Whole-Person Care

Public Recommendation: Advance provider use of electronic health records/ e-prescribing - Overview

The federal government (through the American Recovery and Reinvestment Act) has provided significant incentives for providers that serve the Medicaid population to adopt electronic health records (EHR). In addition to these incentives, Kansas could explore:

1) Hosting workshops for providers to discuss best practices for implementation and use of EHRs.

2) Working with other payers to provide joint educational opportunities to support EHRs.

3) Creating a performance metric for the Medicaid MCOs for the percentage of their physician networks that have achieved the EHR meaningful use standard.

4) Creating a performance metric for the Medicaid MCOs for the percentage of their physician networks that use e-prescribing tools.

Considerations

Theme: Integrated, Whole-Person Care

Public Recommendation: Advance provider use of electronic health records/ e-prescribing - Evaluation

Evaluation Categories	Estimated Impact	Comments
Short term savings	Low	Potential savings come from less duplication of services and increased use of evidenced based practices/prescribing. Short term savings are limited by current provider adoption rates.
Long term savings	Low	As provider adoption improves, the opportunity for program savings continues over the longer term.
Potential quality impact	Moderate	Studies of EHR adoption suggest practice quality metrics improve with meaningful use.
Investment	Low	The federal government has already provided significant incentives for providers to adopt EHRs.
Implementation Challenges	Moderate	Encouraging adoption by small group and individual practitioners, especially in rural areas is challenging. Meaningful use of EHR requires the commitment of the practice to change behaviors to maximize the value of the technology

Considerations

Theme: Integrated, Whole-Person Care

Public Recommendation: Advance provider use of electronic health records/e-prescribing

State Examples

- *Arkansas'* Medicaid e-prescribing project facilitates the adoption and utilization of e-prescribing among primary care providers. https://www.medicaid.state.ar.us/InternetSolution/Provider/pharm/eprescribe.aspx

- *California* will launch the State Level Registry on October 3, 2011, allowing Eligible Hospitals to attest to Adoption, Implementation or Upgrade of certified EHR technology, and receive Medi-Cal EHR Incentive payments. http://www.dhcs.ca.gov/provgovpart/Pages/dhcsohit.aspx

- *District of Columbia's* Department of Health Care Finance coordinates key health information technology and health information exchange activities, including the development of a "Medicaid Patient Data Hub" to support electronic health record (EHR) technology and health information exchange for Medicaid enrollees. http://dhcf.dc.gov/dhcf/cwp/view,A,1413,Q,611222.asp

- *Virginia's* CommonwealthRx program was launched in 2009 to increase the volume of e-prescribing in Virginia. The goal of CommonwealthRx is to increase the use of electronic prescriptions in Virginia by providing the structure to support purchase and meaningful use of eRx and offering ongoing technical support to prescribers. http://www.commonwealthrx.com/

Considerations

Theme: Preserving or Creating a Path to Independence

Public Recommendation: Remove barriers to work - Overview

Typically when states discuss strategies to manage the impact of growing Medicaid enrollment, one focus is on reducing eligibility for services. Another strategy is to reduce Medicaid enrollment by reducing the length of time a consumer is on Medicaid by supporting their entry into the work force and access to employer sponsored health insurance. Strategies that Kansas could explore include the following:

1) If Kansas develops a HSA strategy, the State could allow consumers to use HSA balances (or a portion of them) to help offset the cost of private health insurance when they are no longer eligible for Medicaid.

2) Within an HSA, add an consumer incentive for work seeking activities.

3) Adding a metric to a MCO incentive program that tracks how many of its members are engaged in work seeking activities.

4) For Medicaid enrollees who are also enrolled in the State's TANF and/or SNAP programs, provide coordinated case management activities focused on helping Medicaid consumers prepare for, look for, or enter into that paid labor force.

5) Consider applying for a federal waiver to impose a work requirement similar to the TANF work requirement, for all able-bodied Medicaid consumers .

Considerations

Theme: Preserving or Creating a Path to Independence

Public Recommendation: Remove barriers to work - Evaluation

Evaluation Categories	Estimated Impact	Comments
Short term savings	Low	Better coordination with welfare-to-work programs like TANF can achieve short-term savings, the magnitude of which is dictated by the number of people on Medicaid who are also on TANF.
Long term savings	Low	Savings are possible if strategies are successful in reducing the length of time consumers remain on Medicaid.
Potential quality impact	High	Successfully entering the work force improves quality of life.
Investment	Low	Low cost strategies are available to remove barriers to work.
Implementation Challenges	Low to Moderate	Depending on the approach, some strategies to promote work may require CMS approval (e.g., HSAs and adoption of a work requirement).

Considerations

Theme: Preserving or Creating a Path to Independence

Public Recommendation: Remove barriers to work

State Examples

- *Illinois* offers subsidized coverage for families through their FamilyCare and All Kids programs where members pay low premiums and copays on basic benefits based on income. http://www.allkids.com and http://www.familycareillinois.com/
- *Massachusetts* offers a subsidized program for adults up to 300% FPL with low premiums and cost sharing on certain services. https://www.mahealthconnector.org/portal/binary/com.epicentric.contentmanagement.servlet.ContentDeliveryServlet/Health%2520Care%2520Reform/Facts%2520and%2520Figures/Facts%2520and%2520Figures.pdf
- *New Jersey* was recently awarded a waiver to enroll non-pregnant women and childless adults who were previously unable to get health insurance, but will be covered under the ACA expansion in 2014. https://www.cms.gov/apps/media/press/factsheet.asp?Counter=3930&intNumPerPage=10&checkDate=&checkKey=&srchType=1&numDays=3500&srchOpt=0&srchData=&keywordType=All&chkNewsType=6&intPage=&showAll=&pYear=&year=&desc=false&cboOrder=date
- *Texas,* like many other states, has a Health Insurance Premium Payment program (HIPP) that helps families pay for private health insurance when a parent or spouse has private health insurance and a child or spouse has Medicaid. http://www.hhsc.state.tx.us/QuickAnswers/index.shtml#STAR_PLUS

Considerations

Theme: Preserving or Creating a Path to Independence

Public Recommendation: Align incentives among providers and beneficiaries - Overview

Aligning incentives among MCOs, providers, and consumers have the potential to focus the entire system on key drivers for program improvement. Some opportunities include aligning:

1) MCO, provider, and consumer incentives to reward work seeking activities.

2) MCO, provider, and consumer incentives around key healthy behaviors (e.g., smoking cessation, weight loss, medication adherence).

3) Physical health MCO, behavioral health MCO, provider and consumer incentives to support compliance with chronic condition care plans.

4) MCO and provider focus by changing how services are reimbursed (e.g., bundling payments) – which may cause providers to revisit how care is delivered and in turn, improve quality.

Considerations

Theme: Preserving or Creating a Path to Independence

Public Recommendation: Align incentives among providers and beneficiaries - Evaluation

Evaluation Categories	Estimated Impact	Comments
Short term savings	Low	While incentive alignment can support other saving initiatives, alignment alone is unlikely to generate significant savings.
Long term savings	Low	As with the short term savings, alignment alone is unlikely to generate significant savings.
Potential quality impact	Moderate	Aligning incentives around key metrics and outcomes can contribute to quality improvement.
Investment	Low	Incentives to support behavior change may not be offset by short term savings.
Implementation Challenges	Low	Incentive alignment should not raise significant implementation challenges (depending on the option selected).

Considerations

Theme: Preserving or Creating a Path to Independence

Public Recommendation: Align incentives among providers and beneficiaries

State Examples

- *Arkansas* is transforming their Medicaid program and a component of the plan includes moving to episodic bundled payments instead of paying for individual services. https://ardhs.sharepointsite.net/dms%20public/forms/allitems.aspx?rootfolder=%2fdms%20public%2fmedicaid%20transformation&folderctid=&view=%7b501c27b5%2da45a%2d4e54%2db124%2df4a2118d63f0%7d

- *Florida's* 1115 waiver allows members to choose from different benefit packages, with the assistance of choice counselors. The members will also be rewarded for demonstrating health practices and personal responsibility. http://ahca.myflorida.com/medicaid/medicaid_reform/waiver_stc.shtml

- *Montana* uses a full Ambulatory Payment Classification (i.e., bundled) fee schedule and have closely followed the Medicare model. http://medicaidprovider.hhs.mt.gov/

- *New York* uses Enhanced Ambulatory Patient Groups (EAPGs) that take a more bundled approach than Ambulatory Payment Classifications, that is, fewer ancillary services are separately payable. www.nyhealth.gov/health_care/medicaid/rates/index.htm

Considerations

Theme: Preserving or Creating a Path to Independence

Public Recommendation: Align incentives among providers and beneficiaries

Federal Project

- *CMS* recently awarded states opportunities to test and evaluate the effectiveness of providing financial and non-financial incentives to members who participate in prevention programs and demonstrate changes in health risk and outcomes and adopt health behaviors. http://www.cms.gov/MIPCD/

Considerations

Theme: Alternative Access Models

Public Recommendation: Utilize technology and non-traditional settings - Overview

There are numerous potential opportunities to leverage new technology approaches as well as use of non-traditional approaches that could support other proposed initiatives, especially those focused on better care coordination. Some examples include:

1) Use of in-home monitoring technology to better monitor the health of consumers with chronic conditions – there is increasing interest in using technology that provides more interactive and more frequent communication between consumers and care givers. Programs are usually focused on high cost/high risk populations because of the cost of interventions Monitoring tools have also been deployed to ensure that in-home services that are being billed for are actually being provided.

2) Potential use of consumer health records and web-based decision support tools – Many employers are using personal health record tools in conjunction with other web-based tools to increase their employees' knowledge of their incurred health care costs, help them manage the own cost obligations, and provide evidence-based health information. As Medicaid consumers gain more access to internet based services, the use of such tools could enhance a number of the other recommendations in this report.

3) Potential use of virtual health visits – Access to physician services is a growing problem in the Kansas Medicaid program and will only get worse in 2014 with the planned expansion of coverage up to 133% of the FPL. Kansas could explore an initiative that allowed Medicaid consumers to interact with their providers through email and other tools like "live chat" to access health information or receive follow up services, thus avoiding the need for an office visit.

Considerations

Theme: Alternative Access Models

Public Recommendation: Utilize technology and non-traditional settings - Evaluation

Evaluation Categories	Estimated Impact	Comments
Short term savings	Low	There are a variety of potential technology and non-traditional service delivery strategies available, however most will have a limited impact on the overall Kansas Medicaid budget.
Long term savings	Low	As with the short term savings, most initiatives will have a limited impact on the overall Kansas Medicaid budget.
Potential quality impact	Moderate	There are opportunities to use technology and non-traditional settings that could result in better care coordination and improved access to services.
Investment	Moderate	Deployment of new technology approaches usually entails initial investments of resources (people and technology).
Implementation Challenges	Moderate	Given the low savings opportunities, one of the challenges around this recommendation is dedicating sufficient resources to successfully support potential initiatives. An alternative may be to look for the integration of technology and non-traditional approaches into other higher yielding initiatives.

Considerations

Theme: Alternative Access Models

Public Recommendation: Utilize technology and non-traditional settings

State Examples

- *California's* Telehealth Network (CTN) is a statewide broadband telehealth initiative that will provide managed broadband access to more than 800 California health care facilities, connecting public and nonprofit health care providers in rural and urban locations. http://www.universityofcalifornia.edu/news/factsheets/telehealth.pdf

- *Delaware* along with several other states are using cell phone text messaging to remind Medicaid recipients of appointments, let them know if they have missed an appointment and inform them when they should be scheduling tests or additional appointments. http://www.dmap.state.de.us/home/index.html

- *Florida* uses wireless technology to make 100 days of recipients' prescription drug history available to practitioners at the point of service which permits immediate utilization and compliance review as well as providing information about coverage and restrictions. The system also incorporates an e-prescribing function that permits immediate transmission of prescription authorization to the patient's pharmacy. http://aspe.hhs.gov/medicaid/july06/sSybil%20Richard.pdf

- *Oklahoma's* Health Care Authority's (OHCA) secure provider site, "Medicaid on the Web," allows all providers to receive communications directly from OHCA. They also can check member eligibility, submit claims, and request and check the status of prior authorizations. https://www.ohcaprovider.com/oklahoma/security/logon.xhtml

Considerations

Theme: Alternative Access Models

Public Recommendation: Think creatively about who can deliver what care - Overview

The steady increase in Medicaid enrollment and the planned expansion in 2014 are raising significant concerns about the capacity of the current Medicaid provider network to meet the Medicaid population's medical needs. Strategies to increase service delivery capacity could include:

1) Potentially allowing pharmacists to provide medication counseling - A number of pharmacy chains have been creating medication counseling programs. Other pharmacies have also created "mini-clinics" staffed by nurse practitioners to provide both urgent and routine care to their customers. Care must be taken if considering this approach to integrate it with other PCMH initiatives so as not to disrupt consumers' relationship with their primary care provider.

2) Consider expanding the scope of practice for Nurse Practitioners and Physician Assistants – numerous states have expanded or have contemplated expanding the scope of practice of these "practice extenders" to allow them to be more independent and thus creating more points of access for consumers.

3) Examine longer term strategies to promote more medical students selecting primary care as their specialty and encourage them to practice in Kansas, with particular focus in the rural areas. A number of states, with some success have offered a vary of incentives (e.g., loan forgiveness) for physicians to practice in needed areas after their completion of their residencies.

Considerations

Theme: Alternative Access Models

Public Recommendation: Think creatively about who can deliver what care - Evaluation

Evaluation Categories	Estimated Impact	Comments
Short term savings	Low	These strategies are more focused on increasing access, which can have a savings impact – but more long term and indirect in nature.
Long term savings	Low	As with the short term savings, these strategies are more focused on increasing access, which can have a savings impact – but more indirect in nature.
Potential quality impact	Low	Increasing access to services by increasing supply can improve prevention and care management initiatives.
Investment	Low	Strategies might impact reimbursement or system changes to allow for certain provider types.
Implementation Challenges	Moderate	Initiatives like increasing the scope of practice may require legislative or regulatory changes.

Considerations

Theme: Alternative Access Models

Public Recommendation: Think creatively about who can deliver what care

State Examples

- *New York's* School Supportive Health Services program allows students to provide essential health-related services to disabled children under the School Supportive Health Services Program. Schools are required to comply with the Individuals with Disabilities Education Act ("IDEA") while also complying with the technical record-keeping and billing requirements of Medicaid. http://www.oms.nysed.gov/medicaid/q_and_a/SSHSP_Q_A.pdf

- *California* is among 23 states that allow nurse practitioners to act as primary care providers without a doctor's supervision http://www.rn.ca.gov/pdfs/regulations/npr-i-25.pdf

- *Tennessee* moved to a managed-care model for its Medicaid program and cut costs by 23 percent when nurse practitioners were used as full-scope, primary-care providers http://www.tn.gov/sos/rules/0880/0880-06.pdf

Considerations

Theme: Utilizing Community Based Services

Public Recommendation: Delay or prevent premature placement into nursing facilities - Overview

Improving the long term care delivery system to encourage seniors to age at home is not a new strategy. Kansas and many other states have long focused on using community supports to reduce the need for nursing home services. Despite these efforts, nursing home costs continue to be a significant driver for Medicaid expenditures. New strategies that focus on better coordination of care are emerging and could provide opportunities for Kansas.

1) Potential use of managed care strategies to better coordinate services – states are looking to expand the use of managed care to include long term care services. States are expanding the use of risk based capitation that includes a mix of HCBS and nursing home services and are looking to managed care vendors and/or PACE vendors to improve coordination of services .

2) Potential development of shared savings models with Medicare for the dual eligibles – The vast majority of Kansas Medicaid consumers who are eligible for nursing home services are dual eligible (eligible for both Medicare and Medicaid). Coordinating these systems has always been the most significant challenge for long term care reform efforts. CMS has signaled a new willingness to work with states to create better alignment of incentives, better data sharing and new delivery models. These models could be either managed care or fee-for-service basis.

Considerations

Theme: Utilizing Community Based Services

Public Recommendation: Delay or prevent premature placement into nursing facilities – Overview (continued)

3) Potential use of health homes - better coordination/integration of Medicare and Medicaid services at the physician practice level is a critical component of a long term strategy focused on allowing Kansas seniors to age at home. CMS has recently developed new health home approaches that states like Kansas could utilize.

4) More focused intervention of HCBS services – Kansas already spends $120 million a year on HCBS for the Aged population *. It may be worthwhile for Kansas to consider evaluating its criteria to focus HCBS at consumers who are at greater risk of going into a nursing home than those who are eligible but at less immediate risk.

* FY 2010 data as per the Public Forum Demographic Sheets presented at the Topeka, Wichita and Dodge City forums.

Considerations

Theme: Utilizing Community Based Services

Public Recommendation: Delay or prevent premature placement into nursing facilities - Evaluation

Evaluation Categories	Estimated Impact	Comments
Short term savings	Moderate	Allowing Kansas seniors to age at home while accessing HCBS saves the Medicaid program $1,200 per member per month*. There are short term strategies that can be implemented to achieve the goal of aging at home.
Long term savings	High	A comprehensive strategy as described during the public process has the potential of significantly impacting nursing home expenditures.
Potential quality impact	Moderate	Better care coordination of medical and home and community based services should result in higher quality of services for seniors
Investment	Moderate	Comprehensive strategies will require investments in new care coordination infrastructure. May be offset if shared savings model with Medicare is adopted.
Implementation Challenges	Moderate to High	The delivery system for long term care is complex and siloed. Improving the system will require changes at the local, State and federal level.

* FY 2010 data as per the Public Forum Demographic Sheets presented at the Topeka, Wichita and Dodge City forums.

Considerations

Theme: Utilizing Community Based Services

Public Recommendation: Delay or prevent premature placement into nursing facilities

State Examples

- *Arizona's* Long-Term Care System (ALTCS) - The program fully capitates all Medicaid primary, acute, and long-term care services for elderly individuals and persons with disabilities (physical and developmental) who require a nursing facility or ICF/MR level of care and coordinates the delivery of Medicare-covered services. http://www.azahcccs.gov/applicants/application/ALTCS.aspx

- *California* has Special Needs Plans that coordinate Medicaid and Medicare services for members under a coordinated, managed care model http://californiamedicareplans.com/california-medicare-special-needs-plans.php

- *Florida*'s Nursing Home Diversion program has successfully delayed participants' entry into nursing homes. Frail elders participating in the Nursing Home Diversion program were more likely to delay entry into a nursing home than similar frail elders who were not enrolled in any Medicaid community-based waiver programs. Program participants also experienced shorter nursing home stays and were more likely to return to their homes to continue program services. http://www.oppaga.state.fl.us/MonitorDocs/Reports/pdf/0645rpt.pdf

Considerations

Theme: Utilizing Community Based Services

Public Recommendation: Delay or prevent premature placement into nursing facilities

State Examples

- *Minnesota's* Senior Health Options (MSHO) program enrollment is voluntary and open to dual eligible seniors who are either nursing home certifiable (NHC) or non-NHC. MSHO contracts with non-profit health systems to provide enrollees with all Medicare and Medicaid benefits, including home and community based waiver services. http://www.dhs.state.mn.us/main/idcplg?idcservice=get_dynamic_conversion&revisionselectionmethod=latestreleased&ddocname=id_006271

- *Massachusetts'* Senior Care Options (SCO) program provides managed long-term services and supports to dually-eligible individuals on a voluntary basis. It is somewhat similar to the PACE program in its integration of Medicaid and Medicare benefits and reimbursement, but has more extensive eligibility criteria and greater flexibility in the delivery and coordination of care. http://www.massresources.org/senior-care-options.html

- *New York* provides managed programs for those who are chronically ill or have disabilities by offering both Programs of All-Inclusive Care for the Elderly (PACE) and partially-capitated long-term care plans. http://www.health.state.ny.us/health_care/managed_care/mltc/index.htm

- *New York's* Nursing Home Transition and Diversion (NHTD) Medicaid Waiver - The NHTD waiver uses Medicaid funding to provide supports and services to assist individuals with disabilities and seniors toward successful inclusion in the community. Waiver participants may come from a nursing facility or other institution (transition), or choose to participate in the waiver to prevent institutionalization (diversion). http://www.health.state.ny.us/facilities/long_term_care/waiver/nhtd_manual/section_01/index.htm

Considerations

Theme: Utilizing Community Based Services

Public Recommendation: Incentivize Nursing Facilities to diversify - Overview

The nursing home industry is well established in Kansas and has made significant past investments in their facilities. Encouraging the nursing home industry to make new investments into community and home based services requires strategies that provide a clear path for the industry to profitably diversify and do not diminish the value of their existing assets. Strategies could include:

1) Examine potential use of “episodes of care” payment methodologies that would put the nursing homes more at risk for all services including hospital admission during a nursing home stay or pharmacy costs related to an individual’s stay in the nursing home.

2) Potentially allow nursing homes to participate in a long term care managed care program as a managed care vendor or allow nursing homes to develop long term care accountable care organization models with gain sharing for reductions in expected costs.

3) Examine potential incentives for nursing homes to create PACE sites as way of creating better integration of community, home and facility services.

4) Developing a nursing home bed “buy back” program that provides financial support for a nursing home that wants or needs to take beds out of service as a result of reduced demand for nursing home services.

Considerations

Theme: Utilizing Community Based Services

Public Recommendation: Incentivize Nursing Facilities to diversify - Evaluation

Evaluation Categories	Estimated Impact	Comments
Short term savings	Low	Diversification strategies will be challenging to encourage.
Long term savings	Low	While encouraging the nursing home industry to diversify is an important strategy to help reduce demand for nursing home services, nursing home operators will still be focused on having their current facilities operate at a profitable level.
Potential quality impact	Moderate	Encouraging nursing home operators to expand their business model to include community services could improve care coordination.
Investment	Moderate	Depending on the approach, incentive programs require up-front investments with returns generated in future time periods.
Implementation Challenges	High	Getting an established industry to change its business model will be a significant hurdle.

Considerations

Theme: Utilizing Community Based Services

Public Recommendation: Incentivize Nursing Facilities to diversify

State Examples

- *Iowa's* Senior Living Revolving Loan Fund enables for-profit and non-profit entities to apply for below-market loan assistance to convert nursing homes either to assisted living facilities or "housing with services. http://www.iowafinanceauthority.gov/en/for_developers_managers/affordable_rental_production/senior_living_revolving_loan_fund/

- *Pennsylvania* reinvests resources currently used in nursing homes to expand the community based infrastructure by offering grants or loans for nursing home owners to realign their business model. For example, one nursing home owner replaced its building and reduced capacity from 290 to 180 beds, and built additional supportive housing units, including an adult day care program. The State provided the owner with a $3 million grant to support the conversion and construction. http://www.sph.umn.edu/hpm/ltcresourcecenter/research/rebalancing/attachments/2007_case_studies/Pennsylvania_final_case_study_as_of_December_2007.pdf

- *Tennessee's* Nursing Home Diversification Grant program provides funding to nursing homes wishing to diversify their businesses to include HCBS http://news.tn.gov/node/2273


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