
# KanCare Update: Robert G. (Bob) Bethell KanCare Oversight

November 19, 2019

# AGENDA

- Update from the Secretary – Dr. Lee Norman
- KanCare Program – Adam Proffitt
  - HCAIP Update
  - Protected Income Limit
  - OneCare Kansas
  - Eligibility Clearinghouse Contract
- MCO Update – Adam Proffitt
  - Aetna Corrective Action Plan
  - MCO Financial Review
  - Outstanding Claims Data: Number of Outstanding Claims, Claim
  - Amounts, and Length of Time Claims Pending
- Medicaid Expansion
  - Analysis of Cost of Medicaid Expansion
- Eligibility Update – Kim Burnam
  - Medicaid Eligibility Applications Update
  - Transition of Medicaid Application Eligibility Processing
    - KDHE Clearinghouse Staffing

# UPDATE FROM THE SECRETARY

Dr. Lee Norman

# STATE OF THE KANCARE PROGRAM

Adam Proffitt, Medicaid Director

- KanCare Program Update
  - HCAIP Update
  - Protected Income Limit
  - OneCare Kansas Update
  - Eligibility Clearinghouse Contract Update

# HCAIP – Proposed Changes

- 2019 legislature directed KDHE to increase the provider assessment from 1.83% of net inpatient revenues to 3.0% of net inpatient and outpatient revenues; will also change base tax year to 2016
  - Will bring in ~$163.6mil of SGF, which will become ~$381.5mil All Funds

- Distribution of funds will have wholesale changes
  - Funds will instead be distributed as a quarterly directed payment, based on Medicaid volume for each hospital (as opposed to per claim add-on)
  - No change to the physician portion of the program

- Increase in program fund necessitates amending our 1115 waiver to account for the new monies in our budget neutrality
  - KDHE has been engaged in negotiations with CMS to gain their approval
  - New program cannot be implemented without CMS approval

# HCAIP – Current Discussions with CMS

- State asking to adjust budget neutrality calculation within current waiver
  - KDHE Leadership has laid out case for change to CMS leadership
  - CMS yet to make determination on approval of amendment

- Target implementation date pushed to 07/01/20, pending CMS approval
  - New program requires changes by KDHE, DXC and each of the MCOs, which requires lead time taking us beyond the end of the year

- Proviso in SB25 grants KDHE authority to continue operating current program at the current funding levels through end of SFY20
  - New program requires changes by KDHE, DXC and each of the MCOs, which requires lead time taking us beyond the end of the year

# Protected Income Limit

- New PIL moved from $747/month to $1,177/month
- Obtained CMS approval in time for September 1 effective date
- Slightly exceeded original target of eliminating client obligation for 90% of HCBS members

| | % of HCBS Members with Client Obligation by $ Range | | | | |
|---|---|---|---|---|---|
| | $0 | $1-$100 | $101-$500 | $500+ | Grand Total |
| 08/01/19 | 77% | 5% | 12% | 6% | 100% |
| 09/01/19 | 92% | 2% | 4% | 2% | 100% |
| 10/01/19 | 92% | 2% | 4% | 2% | 100% |
| 11/01/19 | 92% | 2% | 4% | 2% | 100% |

# OneCare Kansas Update

- Target population has been determined, based on potential for highest savings and health outcome improvement
  - Children and adults with asthma who are at risk for a variety of other chronic conditions, including diabetes, COPD, heart disease, mental illness and SUD
  - Individuals with severe bipolar disorder
  - Individuals with paranoid schizophrenia
- Rates in process of being finalized and communicated to partners
- Training and engagement of potential OneCare partners continues monthly by way of webinars and newsletters, on top of Planning Council meetings
- OneCare partner applications are being received and reviewed by KDHE staff; no deadline to become a partner
- Moving implementation date back to April 1, 2020
  - This delay will allow all parties to have more time to fully evaluate the target population, as well as the reimbursement rates to assess feasibility
  - Timing the start date with the beginning of a quarter allows KDHE to receive a full quarter's worth of enhanced match from the Feds

# Clearinghouse Contract Update

- KDHE continues ownership and oversight of training and quality functions
- Transition of responsibility for Elderly & Disabled and Long Term Care processing nearly complete
  - Original target takeover was 01/01/20, but will be complete 12/01/19
- MAXIMUS to continue processing Family Medical applications through the end of the contract period (12/31/20)
- KDHE has released an RFP for a new contract for processing of Family Medical only, with start date of 01/01/21
  - **Bids currently under review; KDHE unable to comment any further until winning bid is selected and announced**

# MCO Update

Adam Proffitt, Medicaid Director

- Aetna Corrective Action Plan
- MCO Financial Review
- Performance Metrics
- Outstanding Claims Data: Number of Outstanding Claims, Claim Amounts, and Length of Time Claims Pending

# Aetna Better Health of Kansas Corrective Action Plan

**Goal (As stated during August Oversight Hearing)**

- KDHE hoping to partner with ABH to have them work themselves back into compliance, to ensure successful delivery of care to our members

**Status**

- KDHE accepted updated Corrective Action Plan submitted on September 1st, which contains greater detail and a clearer path to compliance
- Multiple teams within KDHE engaged in weekly meetings with ABH staff to work through open items
- Weekly call between KDHE and ABH leadership teams
- Have closed multiple items on the official CAP
  - Still have remaining items, but making steady progress

**Outlook**

- KDHE to continue to enforce high standards, and presses ABH to continue working tirelessly to work themselves back into full compliance

# KanCare Update November 2019

**KanCare**

MCO Profit and Loss per NAIC Filings

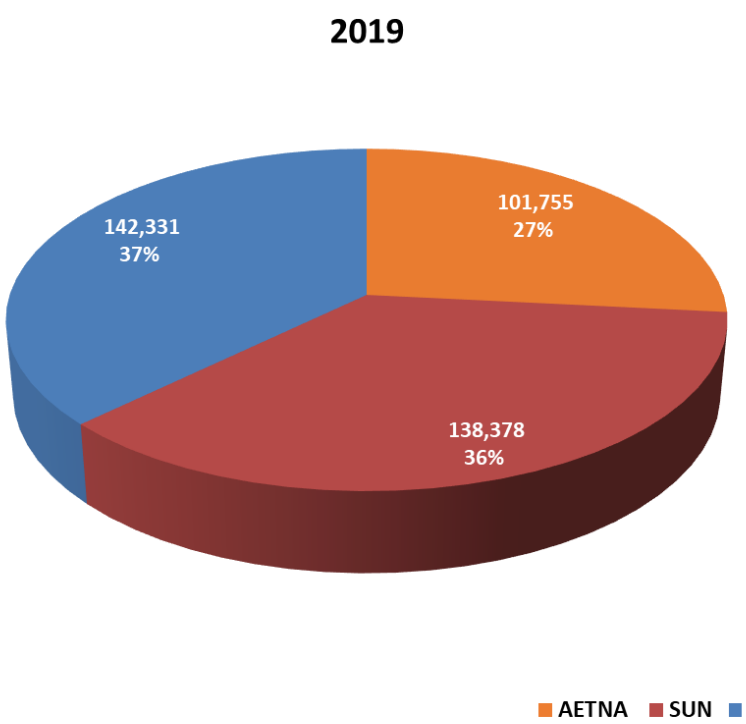
For the Quarter Ended June 30, 2019

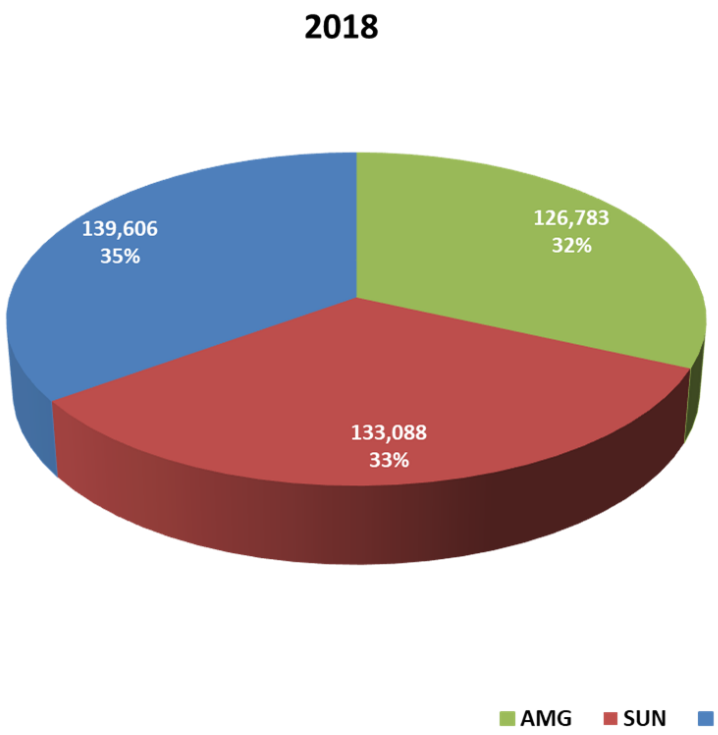
| | Aetna | Sunflower | United | Total |
|---|---|---|---|---|
| Total Revenues | $429,638,887 | $759,547,934 | $641,367,819 | $1,830,554,640 |
| Total hospital and medical | $374,578,135 | $651,323,322 | $546,118,026 | $1,572,019,483 |
| Claims adjustments, General Admin., Increase in reserves | $63,129,920 | $115,758,325 | $88,794,762 | $267,683,007 |
| **Net underwriting gain or (loss)** | ($8,069,169) | ($7,533,713) | $6,455,031 | ($9,147,851) |
| **Net income or (loss) after capital gains tax and before all other federal income taxes** | ($6,924,492) | ($5,722,096) | $6,455,031 | ($6,191,557) |
| Federal and foreign income tax/(benefit) | ($2,129,956) | ($1,268,598) | $579,033 | ($2,819,521) |
| **Adjusted Net income (loss) - Through June 30, 2019** | ($4,794,536) | ($4,453,498) | $5,875,998 | ($3,372,036) |
| **GP before income tax** | **-1.6%** | **-0.8%** | **1.0%** | **-0.3%** |
| ***Change from Q2 2018*** | **-** | **(13,659,769)** | **(4,202,746)** | **(17,862,515)** |
| ***Change from Q2 2018, adjusted for HIPF*** | **-** | **(17,775,931)** | **(8,986,614)** | **(26,762,545)** |

Per NAIC filings, which do not necessarily reflect how program is priced

# KanCare Update November 2019

- MCO percent of population has seen a slight shift from 2018 to 2019
  - Aetna accounts for 28% of total membership, vs. a 32% average share for Amerigroup in 2018; this is in line with the Q1 average membership
  - United and Sunflower have seen an increase in the percent of total members



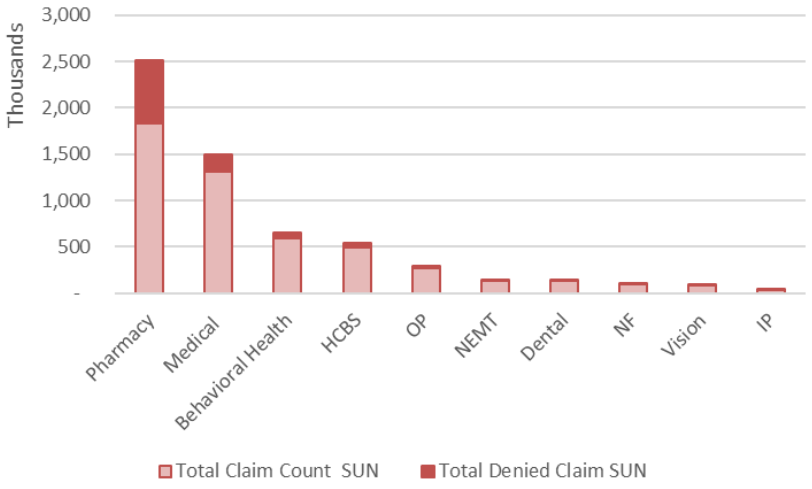



# KanCare Update November 2019

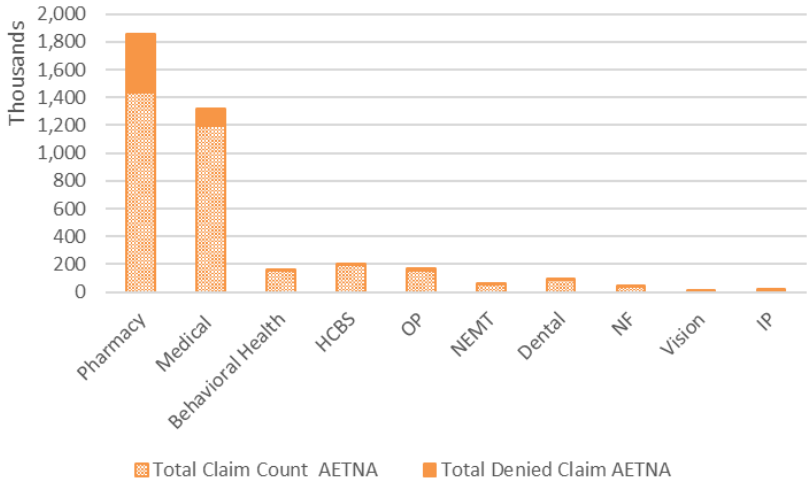
| Claims Processed 2019 (Jan-Sept) | Total Claim Count | | | Total Claim % | | |
|---|---|---|---|---|---|---|
| **Service Type** | **AETNA** | **SUN** | **UHC** | **AETNA** | **SUN** | **UHC** |
| Pharmacy | 1,430,790 | 1,827,846 | 1,421,573 | 43.0% | 36.8% | 33.0% |
| Medical | 1,192,123 | 1,316,197 | 1,275,110 | 35.9% | 26.5% | 29.6% |
| Behavioral Health | 153,489 | 591,209 | 556,511 | 4.6% | 11.9% | 12.9% |
| HCBS | 197,513 | 496,974 | 358,000 | 5.9% | 10.0% | 8.3% |
| Hospital Outpatient | 149,726 | 264,262 | 257,657 | 4.5% | 5.3% | 6.0% |
| NEMT | 58,463 | 129,531 | 142,297 | 1.8% | 2.6% | 3.3% |
| Dental | 85,469 | 129,457 | 126,575 | 2.6% | 2.6% | 2.9% |
| Nursing Facilities-Total | 38,031 | 101,029 | 79,972 | 1.1% | 2.0% | 1.9% |
| Vision | 6,618 | 85,238 | 62,212 | 0.2% | 1.7% | 1.4% |
| Hospital Inpatient | 11,943 | 29,951 | 22,774 | 0.4% | 0.6% | 0.5% |
| **Total All Services** | **3,324,165** | **4,971,694** | **4,302,681** | **100%** | **100%** | **100%** |

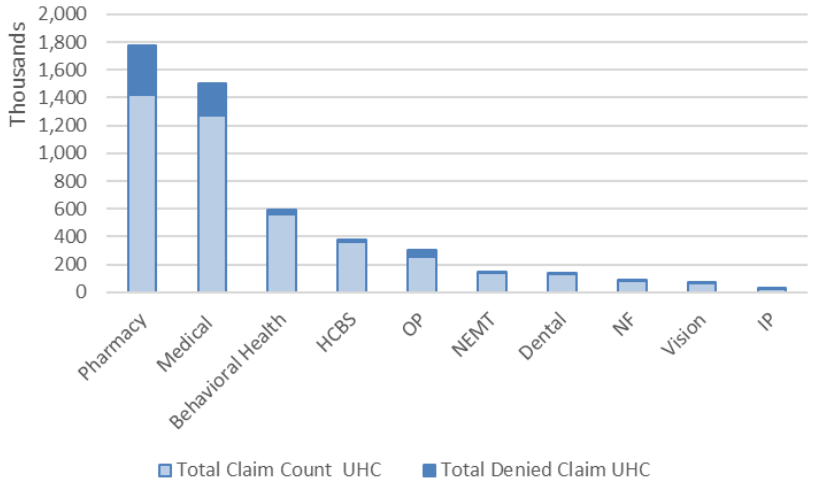
| Claims Processed 2019 (Jan-Sept) | Total Claim Count | | | Total Denied Claim | | | Total Claim Denied % | | |
|---|---|---|---|---|---|---|---|---|---|
| **Service Type** | **AETNA** | **SUN** | **UHC** | **AETNA** | **SUN** | **UHC** | **AETNA** | **SUN** | **UHC** |
| Pharmacy | 1,430,790 | 1,827,846 | 1,421,573 | 425,850 | 689,326 | 352,659 | 29.8% | 37.71% | 24.81% |
| Medical | 1,192,123 | 1,316,197 | 1,275,110 | 127,052 | 175,629 | 226,771 | 10.7% | 13.34% | 17.78% |
| Behavioral Health | 153,489 | 591,209 | 556,511 | 10,557 | 64,931 | 37,984 | 6.9% | 10.98% | 6.83% |
| HCBS | 197,513 | 496,974 | 358,000 | 7,020 | 38,654 | 17,364 | 3.6% | 7.78% | 4.85% |
| Hospital Outpatient | 149,726 | 264,262 | 257,657 | 22,044 | 33,301 | 47,094 | 14.7% | 12.60% | 18.28% |
| NEMT | 58,463 | 129,531 | 142,297 | 497 | 1,634 | 1,728 | 0.9% | 1.26% | 1.21% |
| Dental | 85,469 | 129,457 | 126,575 | 7,739 | 13,427 | 16,267 | 9.1% | 10.37% | 12.85% |
| Nursing Facilities-Total | 38,031 | 101,029 | 79,972 | 3,926 | 8,062 | 9,545 | 10.3% | 7.98% | 11.94% |
| Vision | 6,618 | 85,238 | 62,212 | 498 | 13,100 | 7,482 | 7.5% | 15.37% | 12.03% |
| Hospital Inpatient | 11,943 | 29,951 | 22,774 | 1,933 | 7,595 | 4,817 | 16.2% | 25.36% | 21.15% |
| **Total All Services** | **3,324,165** | **4,971,694** | **4,302,681** | **607,116** | **1,045,659** | **721,711** | **18.26%** | **21.03%** | **16.77%** |

# KanCare Update November 2019

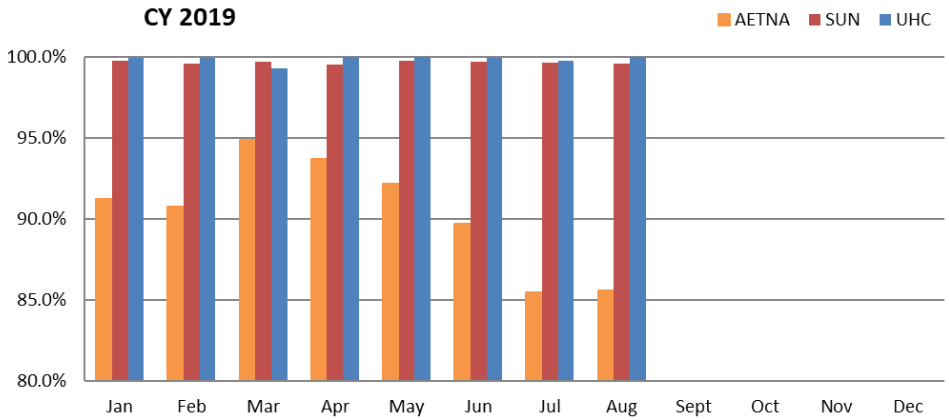


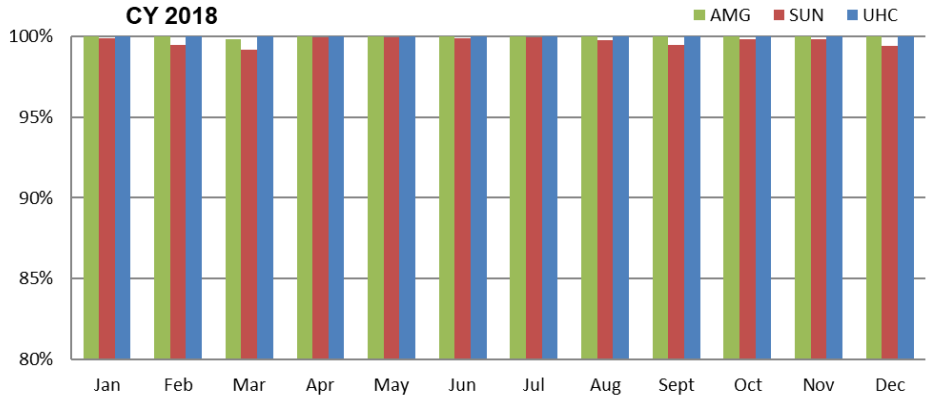

- Pharmacy has the highest percentage of denied claims across the program
- If you remove pharmacy, overall denial rate is reduced by 40%



# % Clean Claims Processed within 30 Days

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| Hospital Inpatient | 11,943 | 29,951 | 22,774 | 0.4% | 0.6% | 0.5% |
| **Total All Services** | **3,324,165** | **4,971,694** | **4,302,681** | **100%** | **100%** | **100%** |

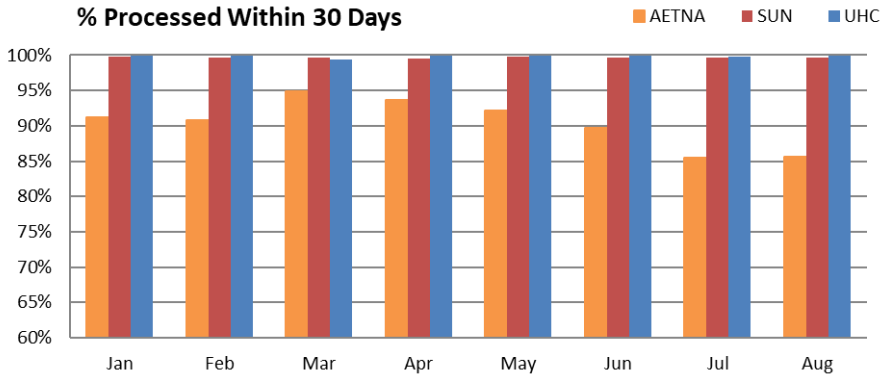
**Contact Standard: 100% of Clean Claims Processed within 30 days**

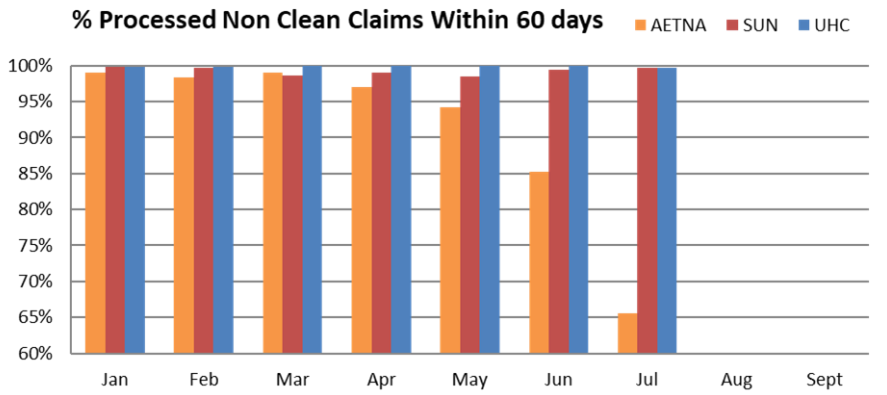
A clean claim is a claim that can be paid or denied with no additional intervention required and does **not** include: Adjusted or corrected claims, Claims that require documentation (i.e., consent forms, medical records) for processing, Claims from out-of-network providers that require research and setup of that provider in the system, Claims from providers where the updated rates, benefits or policy changes were not provided by the State 30 days or more before the effective date (these claims may be pended until rates are loaded so the appropriate amounts can be paid)

**Percent** = Number clean claims processed within 30 days divided by Number of claims received

**Processed** = adjudication decision making of a claim being approved to paid or denied.

# % Clean Claims Processed within 30/60/90 Days

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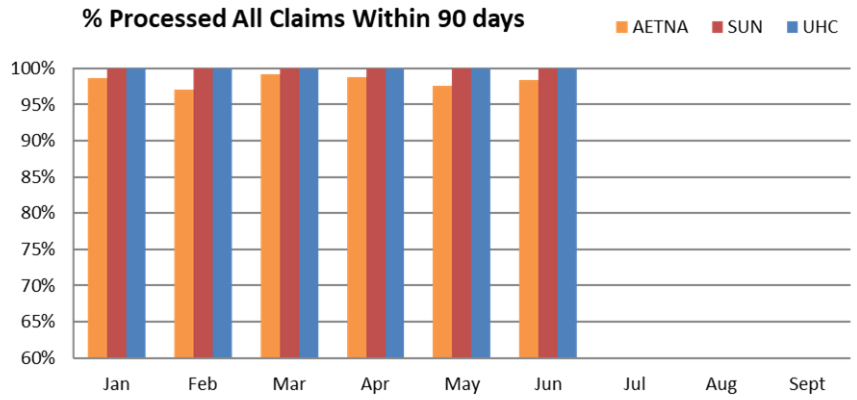
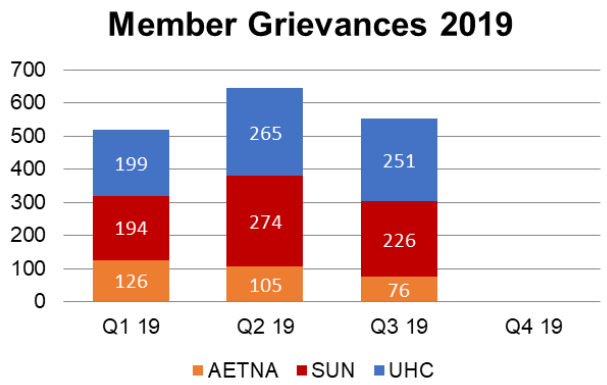
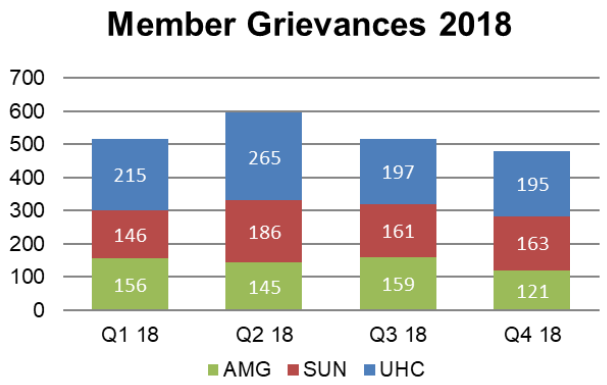


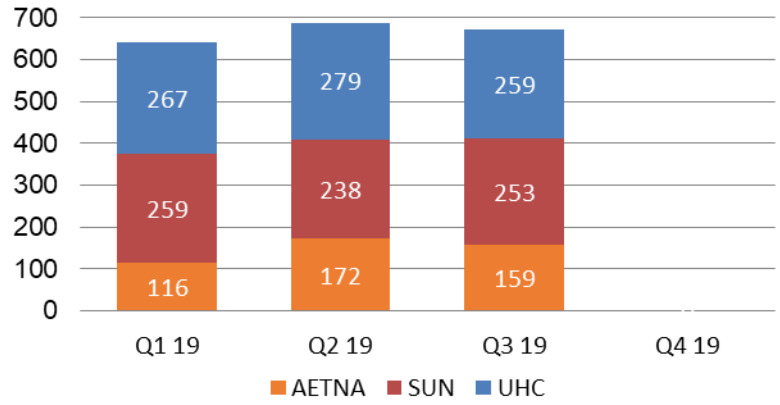
# KanCare Update November 2019

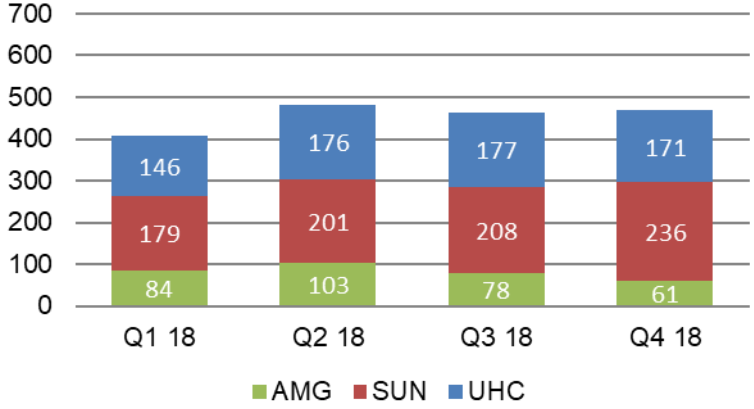


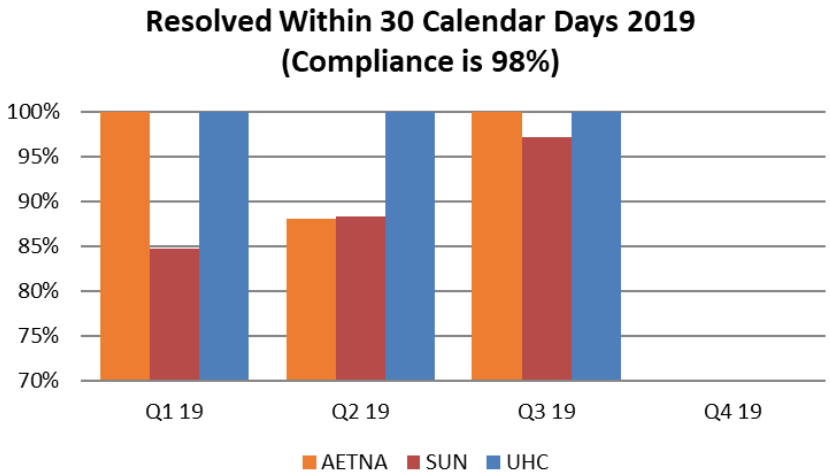



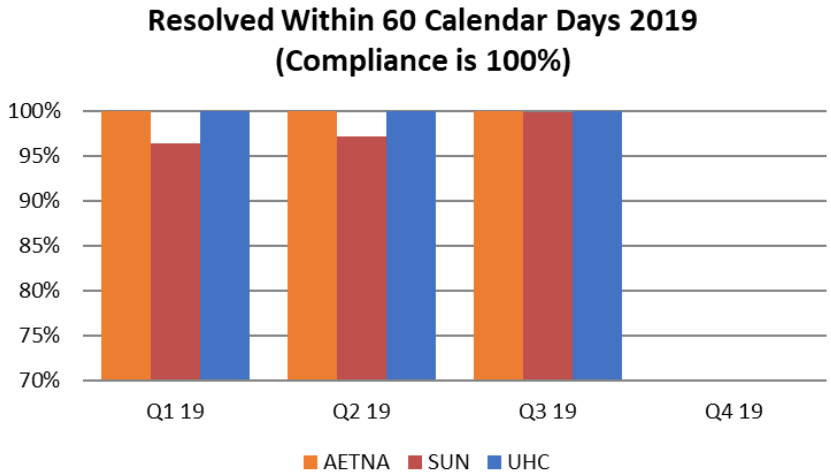

| MCOs' Grievance Trends – Members CY19 3rd Quarter | | | | | | | |
|---|---|---|---|---|---|---|---|
| Aetna | | | Sunflower | | | United | |
| Top 5 Trends | | | Top 5 Trends | | | Top 5 Trends | |
| Trend 1: Transportation - Late | | 19% | Trend 1: Transportation - Other | | 21% | Trend 1: Billing and Financial Issues (non-transportation) | 23% |
| Trend 2: Quality of Care (non HCBS, non-Transportation) | | 17% | Trend 2: Transportation - Late | | 19% | Trend 2: Transportation - Other | 15% |
| Trend 3: Transportation - Other | | 16% | Trend 3: Quality of Care (non HCBS, non-Transportation) | | 14% | Trend 3: Quality of Care (non HCBS, non-transportation) | 14% |
| Trend 4: Customer Service | | 11% | Trend 4: Transportation – No Show | | 10% | Trend 4: Transportation - Late | 11% |
| Trend 5: Transportation – No Show | | 10% | Trend 5: Access to Service or Care | | 6% | Trend 5: Transportation – No Show | 8% |

# KanCare Update November 2019



## KanCare Customer Service Report - Members

| MCO/Fiscal Agent | Average Speed of Answer (Seconds) | Call Abandonment Rate | Total Calls |
|---|---|---|---|
| Aetna | 7.41 | 1.85% | 143,176 |
| Sunflower | 24.07 | 2.31% | 154,955 |
| United | 16.74 | 0.75% | 160,115 |

## KanCare Customer Service Report - Providers

| MCO/Fiscal Agent | Average Speed of Answer (Seconds) | Call Abandonment Rate | Total Calls |
|---|---|---|---|
| Aetna | 13.46 | 1.22% | 47,364 |
| Sunflower | 19.69 | 1.72% | 77,790 |
| United | 0.89 | 0.83% | 67,227 |

## Reconsideration > Appeal > State fair hearing

### Reconsideration

**Why should a provider submit a reconsideration?**

- When a claim underpays or denies inappropriately
- It is no longer a requirement to request a reconsideration prior to requesting an appeal

**When does a reconsideration need to be submitted?**

- 120 calendar days from remit (plus three calendar days for mailing)


**How can a reconsideration be submitted?**

- Call Provider Services at **1-800-454-3730.**
- Submit it through the Availity Portal.
- Mail it with the *Reimbursement Reconsideration Submission Form.*

### Appeal

**Why should a provider submit an appeal?**

- When a claim underpays or denies inappropriately

**When does an appeal need to be submitted?**

- 60 calendar days (plus three calendar days for mailing) from the remit or reconsideration determination letter date

**How can an appeal be submitted?**

- Through the Availity Portal; the provider must include the note "Please bypass reconsideration and consider this appeal."
- Mail it with the *Claim Payment Appeal Submission Form.*

### State fair hearing

**Why should a provider submit a state fair hearing?**

- When a claim underpays or denies inappropriately and the appeal determination letter was upheld

**When does a state fair hearing need to be submitted?**


- 120 calendar days from appeal determination letter date (plus three calendar days for mailing)
- An appeal must be denied prior to submitting a request for state fair hearing

**How can a state fair hearing be submitted?**

- By fax to: **785-296-4848**
- By mail to: Kansas Office of Administrative Hearings, 1020 S. Kansas Ave., Topeka, KS 66612-1327

- Process for filing appeal can be found on [www.KanCare.ks.gov](http://www.KanCare.ks.gov)
- Providers must follow appeals process, as the contract is between the provider and the MCO

# Medicaid Expansion

Adam Proffitt, Medicaid Director

- Analysis of Cost of Medicaid Expansion

# Key Assumptions from Current Expansion Bills (HB2066)

- Multiple layers of conservatism built into estimates

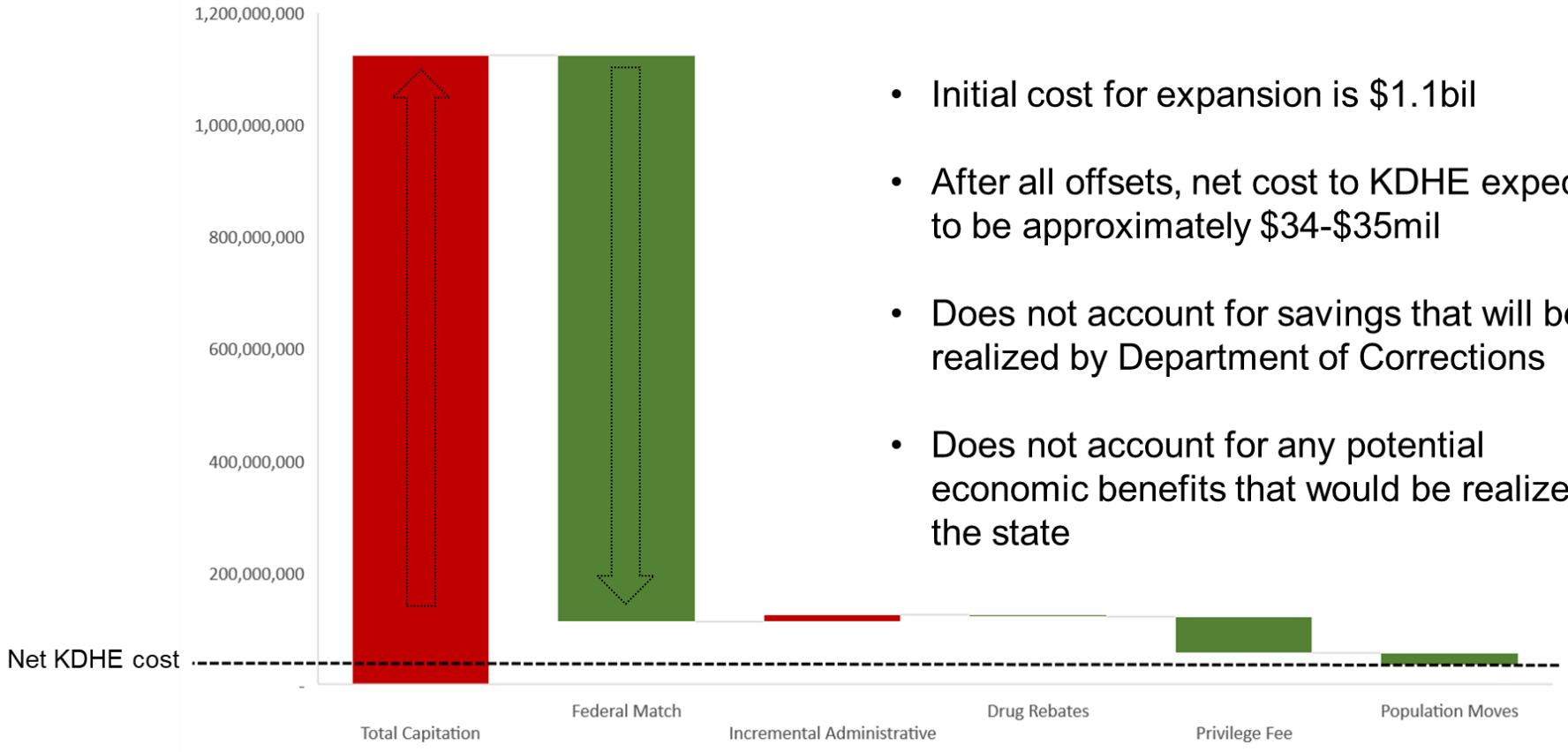
- 150k newly eligible
  - Would equate to a 36% increase to total program
  - This is in line with national average (35%), but above states that have most recently expanded (22%)

- $625 per member/per month capitation payment
  - National average has been $530 at its highest point
  - Base for calculation was TAF population, then indexed up/down for Childless Adult/Parent cohorts, and accounts for mix between the two cohorts

- Offsets – including privilege fee, incremental drug rebates, etc. – to reduce total cost
  - Also in official fiscal note is the savings that will be realized in the Department of Corrections, due to increased ability to draw down federal funds for expansion population

- Assumes straight Medicaid expansion – does not account for any additional layers that would be placed on top of program

## KDHE Costs and offsets for Expansion (HB2066)




- Initial cost for expansion is $1.1bil
- After all offsets, net cost to KDHE expected to be approximately $34-$35mil
- Does not account for savings that will be realized by Department of Corrections
- Does not account for any potential economic benefits that would be realized by the state

# Share of Medicaid Expansion Costs (in millions)

## Ohio Actual and Forecasted Experience

| | SFY 2019 | SFY 2020 | SFY 2021 |
|---|---|---|---|
| Total Group VIII cost | $4,814 | $5,074 | $5,348 |
| *Match rate (state fiscal year)* | *6.5%* | *8.5%* | *10.0%* |
| **Ohio share of Group VIII cost** | **$313** | **$431** | **$534** |
| Drug rebates | ($43) | ($58) | ($72) |
| DRC medical expense savings | ($18) | ($18) | ($18) |
| Enhanced FMAP for hospital UPL | ($40) | ($38) | ($36) |
| MCO member-month tax | ($198) | ($198) | ($198) |
| MCO HIC tax | ($45) | ($48) | ($50) |
| **Net Impact on Ohio** | **($31)** | **$72** | **$161** |
| *Effective match rate* | *0.0%* | *1.4%* | *3.0%* |

- Net gain to state in SFY19
- In SFY20, Fed match drops by 2ppts,increasing effective state match by corresponding amount

## Kansas Projected Experience

| | |
|---|---|
| **Total Capitation** | **1,125** |
| FMAP | 90% |
| Federal Share Capitation | (1,013) |
| Incremental Administrative | 13 |
| Drug Rebates | (4) |
| Privilege Fee | (65) |
| Population Moves | (21) |
| **Net State Share** | **35** |
| **Effective Match Rate** | **3.1%** |

Similar Effective Match rate projection in 90/10 year

# Eligibility Update

Kim Burnam, Director of Eligibility

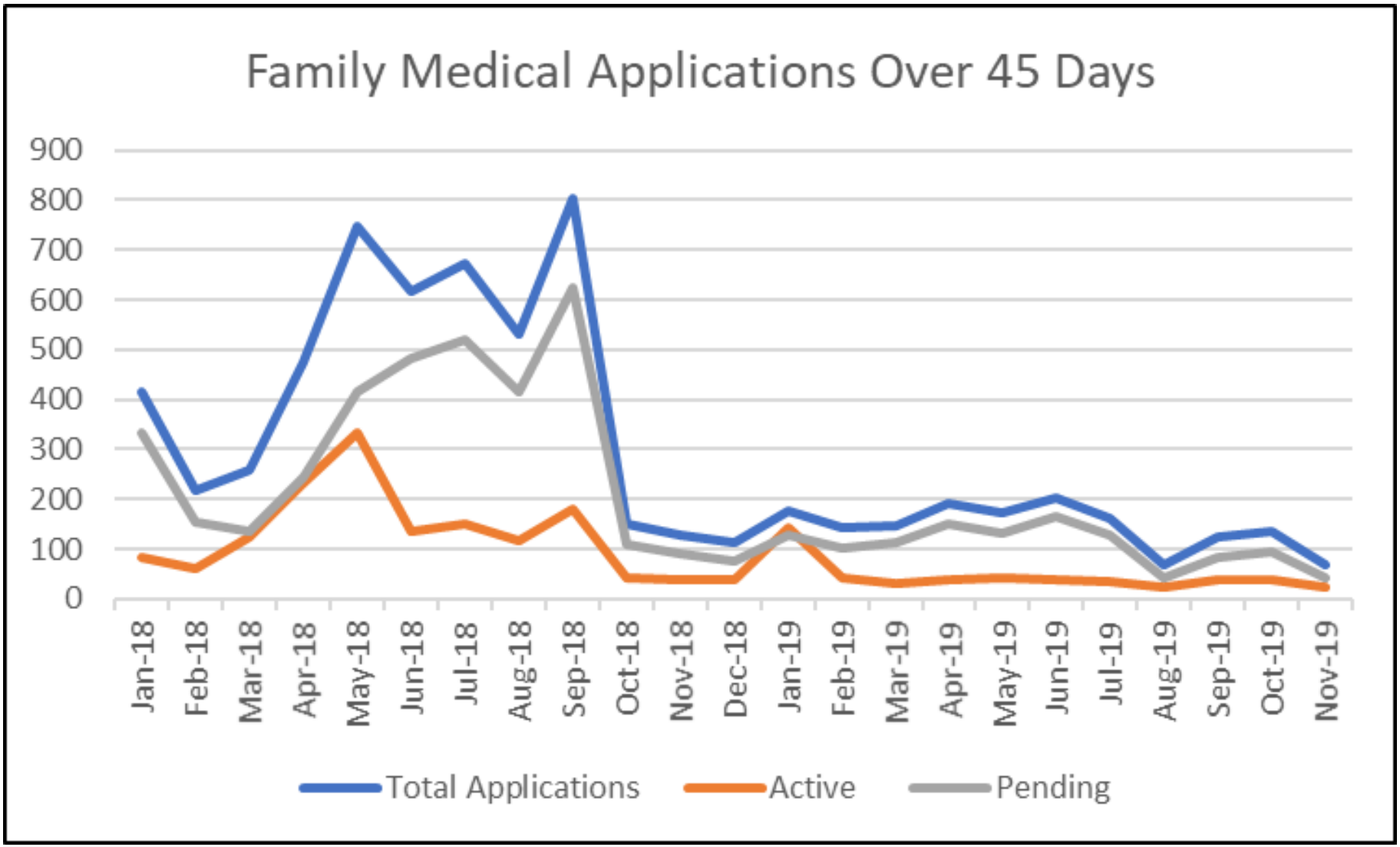
- Medicaid Eligibility Applications - Update
- Marketplace Open Enrollment
- Eligibility Process for Restrictive Settings
- Transition of Medicaid Application Eligibility Processing
  - Clearinghouse Staffing
  - Transition of Workload
  - Communication

# Medicaid Eligibility Application Status

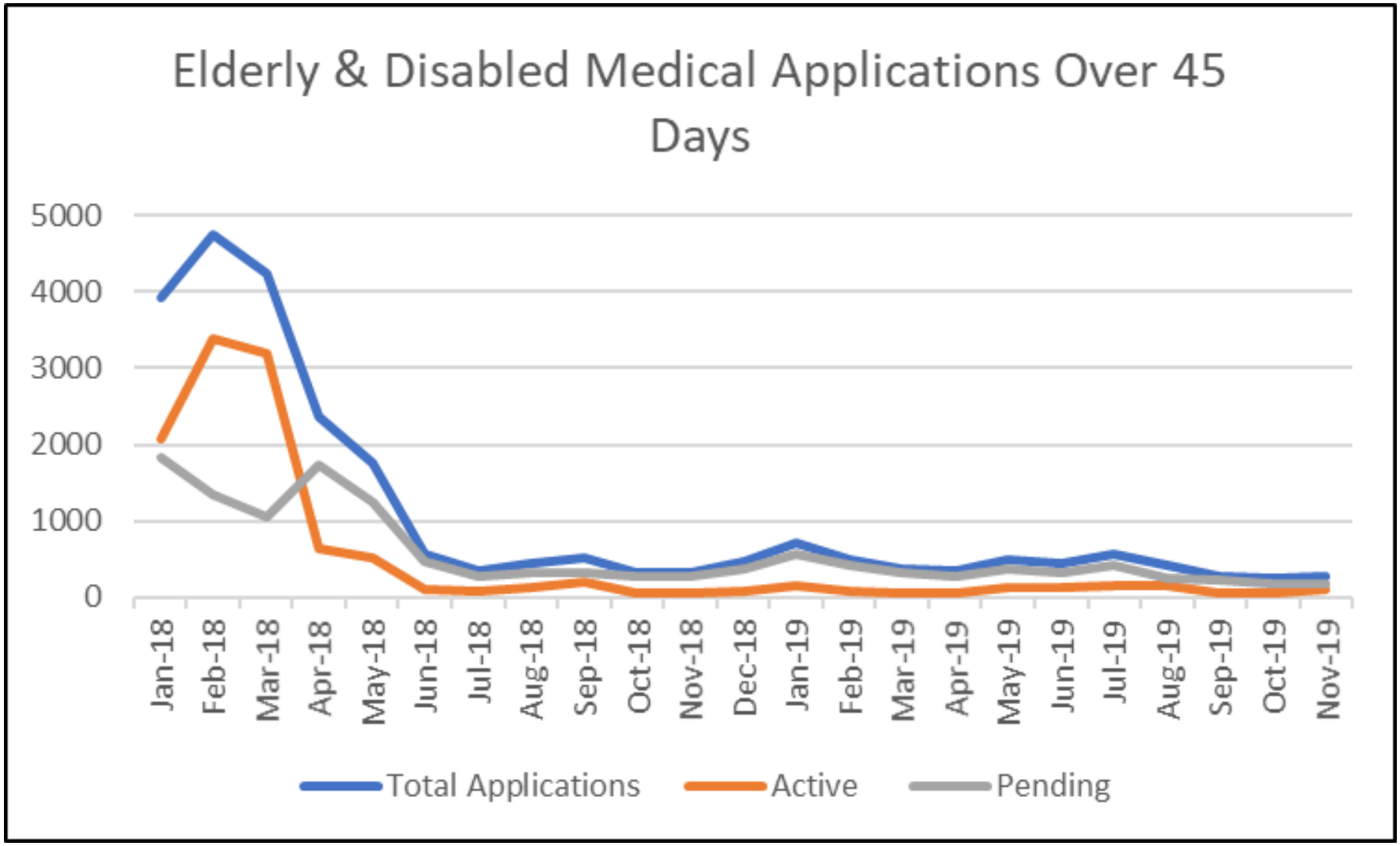
**Over 45 days - Based on total applications in house- 5833**

- Active Status- applications ready to be processed
  - Family Medical – 53 (2%)
  - Elderly & Disabled Medical –99 (5%)
  - Long Term Care Medical – 79 (8%)
- Pending Status – applications waiting for information from applicant/provider/financial institution
  - Family Medical – 75 (3%)
  - Elderly & Disabled Medical – 183 (9%)
  - Long Term Care Medical – 117 (12%)

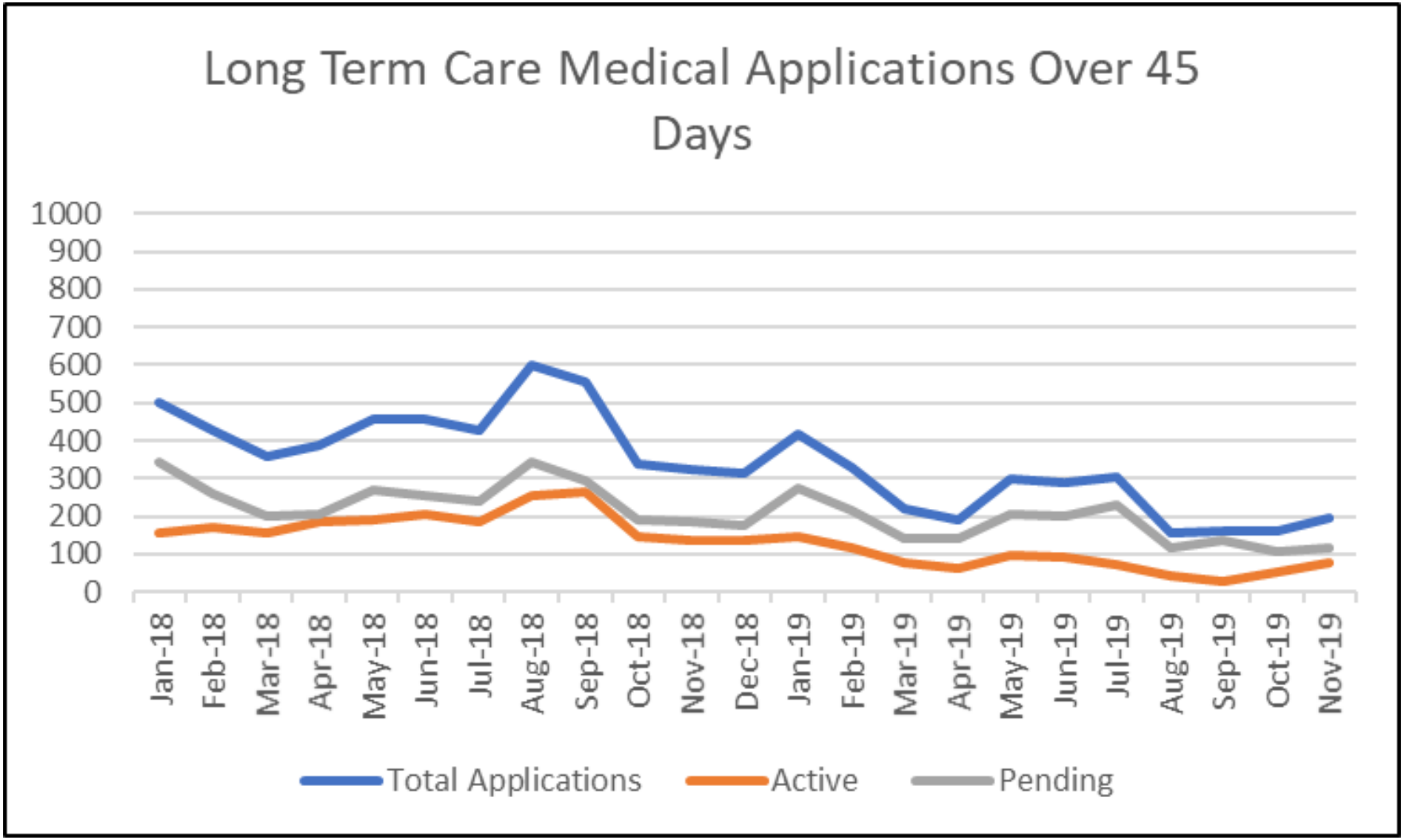
# KanCare Update November 2019



# KanCare Update November 2019



# KanCare Update November 2019



# Marketplace Open Enrollment 11-1 to 12-15

During this timeframe, KDHE receives between 10,000 to 15,000 applications from the Marketplace. These are individuals who may be potentially eligible for Medicaid or CHIP (Children's Health Insurance Program).

- 3554 applications received as of 11/13/19

# Eligibility Process for Restrictive Settings

## All processes handled by dedicated unit of State staff

| Prisons incarceration/Pre-Release planning: | State hospital releases | Mental Health Institutions- Discharge planning | County jails incarceration/releases |
|---|---|---|---|
| Incarcerations:<br>• The Dept of Correction sends a monthly file to KDHE which contains a list of people incarcerated in State Prisons.<br>• KDHE performs a data match against its Medicaid database.<br>• Matches are reported to the dedicated specialized unit who performs a secondary validation of the report through KASPER before terminating eligibility.<br>Releases:<br>• The Dept of Corrections staff sends applications and supporting documents to a Specialty email box managed by the specialty unit.<br>• Application is processed and remains on hold until the Release notification is received from KDOC (Kansas Department of Corrections)<br>• When the unit is notified of the release, staff completes processing of the application.<br>• The unit also has a monthly conference call with KDOC to monitor the cases in process. | • Applications, Discharge plan paperwork and PMDT (Presumptive Medical Disability Team) paperwork are emailed to the specialized unit by the KDADS (Kansas Department for Aging and Disability Services) contact up to 90 days prior to the release date<br>• The specialized unit processes the application, notifies the KDADs contact and waits until notified of the actual discharge<br>• Upon discharge, KDADs notifies the KDHE staff of the release; KDHE completes processing of the application and notifies KDADS and the beneficiary of the outcome. | • Applications, Discharge plan paperwork and PMDT paperwork are emailed to the specialized unit by the KDADS (Kansas Department for Aging and Disability Services) contact up to 90 days prior to the release date<br>• The specialized unit processes the application, notifies the KDADs contact and waits until notified of the actual discharge<br>• Upon discharge, KDADs notifies the KDHE staff of the release; KDHE completes processing of the application and notifies KDADS and the beneficiary of the outcome. | KDHE secured a contract with a company named APPRISS who provides a daily file of people entering and exiting the jails. The interface with APPRISS was implemented August 5th, 2019. KDHE performs a data match against its Medicaid database and generates a report for its specialized unit to work:<br>• All newly incarcerated individuals who have Medicaid/Medikan coverage, have their coverage terminated in accordance with program guidelines until KDHE receives notice of their release.<br>• Newly released inmates that were Medicaid/Medikan prior to incarceration are treated as follows:<br>  • Incarcerated less than 90 days---- Eligibility is reinstated within the same Medical program<br>  • Incarcerated more than 90 days---- are deemed eligible for Medikan for 3 months until a review is conducted. |

# Transition Update

- Clearinghouse Staffing
- Transition of Workload
- Communication

# KDHE Staffing Update

| Department | Number of Staff |
|---|---|
| Training & Quality | 27- Complete |
| Eligibility Staff (Elderly & Disabled, Long Term Care Medical Programs) | 256<br>24 Supervisors (Complete)<br>172 Eligibility Staff (Hired)<br>58 Eligibility Staff (Interviewing) |
| Operations | 17/30 hired<br>13 (interviewing) |
| Total | 313 |

# Transition of Workload

| Program | Date of Transition |
|---|---|
| Nursing Facility | September 2019 - December 2019 |
| Psychiatric Residential Treatment Facilities (PRTF) | October 2019 |
| Home and Community Based Services (HCBS) | November 2019 |
| Spendown Program | November 2019 |
| Medicare Saving Programs | November 2019 |

# Communication

- **KanCare Newsletter**
  - Volume 1 – September
  - Volume 2 – December
- **Rapid Response Calls**
  - Started in September, held weekly
  - KDHE provides updates, takes questions from stakeholders regarding the transition
- **Surveys**
  - **Providers**
    - Timeliness, Customer Service, Confidence in State staff
  - **Eligibility Staff**

# Examples of Positive Feedback from Stakeholders

- The recent changes with team 1 have been amazing. They are very timely and the entire team is very customer service oriented . They are so professional and helpful. It feels like we are a mutual team and we very much appreciate them . It feels like we are part of the same mission to help people. Before it felt like we were fighting to help people instead of being a team to help people. Thank you so much for the changes.
- I like that I will receive a phone call letting me know that more info is needed that allows me to get it back more timely.  Everyone is very friendly and answers any questions I have and if they aren't sure they check it out and get back to me.
- Customer Service much better! Application much smoother and processing faster. Only improvement or feedback is processing 2126 faster. Still have some of those hanging out there.
- I've done a lot of clean up with the State and I really appreciate all the help. My questions and cases are being responded to in a timely matter I have no complaints

# THANK YOU/QUESTIONS