



# OneCare Kansas Planning Council

Kansas Health Institute  
January 17, 2019

*Helping people live healthier lives by integrating and coordinating services and supports to treat the “whole-person” across the lifespan.*



Welcome

# Project Timeline Update

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Becky Ross | KDHE DHCF

# Legislative Proviso for Fiscal Year 2019 - UPDATED

## The current language states:

Expenditures shall be...in an amount not to exceed \$2.5 million from the State General Fund...to reinstate a program implementing state Medicaid services for health homes. [During the fiscal year ending June 30, 2019]

## Provided that participation in such program shall be:

- On an **opt-in basis** and not on the basis of automatic enrollment
- Open to **youth and adults**
- Structured to ensure that individuals with a **behavioral health diagnosis or chronic physical health condition** are served

## Further, the agency shall not:

- Allow any managed care organization providing the above services...to claim an administrative claiming rate **higher than 10%**

# Provider Application: Update

Samantha Ferencik & Kasey Sorrell | KDHE DHCF

# OCK Provider Application



- Captures basic contact and demographic information
- Records responses to 10 questions
- Evaluated by State team before sent to MCOs for contracting

# Question Categories



- Qualifying (Pass/Fail) Questions
- Preferential Status Question
- Prior Experience Questions
- Training Question
- Kansas Tobacco Guidelines Questions
- Community Partnership Question

## Qualifying (Pass/Fail) Questions

- 1) Do you have an Electronic Health Record (EHR)?
- 2) Staffing Requirements

## Preferential Status Question

- 3) Did you participate as a provider in the Health Homes Program?



## Prior Experience Questions

4) Do you have prior experience with similar programs?

5-6) Do you have experience with and processes for providing services?

## Training Question

7) Indicate the trainings that are required by your staff.

## **Kansas Tobacco Guidelines Questions**

8-9) Has your facility adopted the Kansas Tobacco Guidelines for Behavior Health?

## **Community Partnerships Question**

10) Describe your facility's established partnerships.

# Legislative Lunch: Getting Prepared

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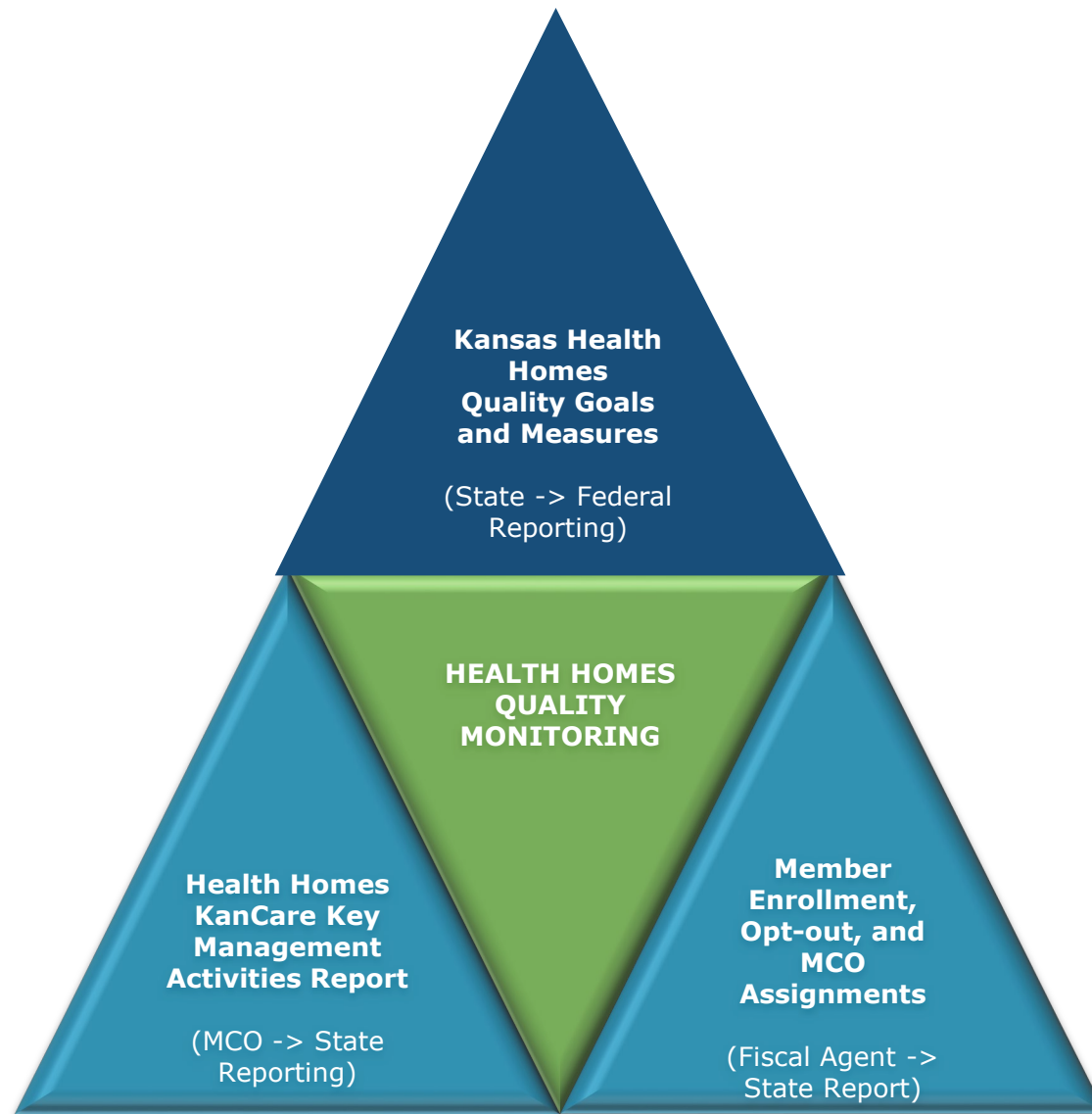
# Legislative Lunch: Follow-up Discussion

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# CMS Quality Measures

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Amy Swanson | KDHE DHCF





**Kansas Health Homes  
Quality Goals and  
Measures**

(State -> Federal  
Reporting)

CMS Core Measures

**Previous SMI HH Measures:**

- I. Reduce utilization associated with inpatient stays
  - A.) Decrease in Institutional Care Utilization
  - B.) Inpatient Utilization- General hospital/Acute
  - C.) Plan- All Cause Readmission
  - D.) Ambulatory Care- Sensitive Condition Admission
  
- II. Improve management of chronic conditions
  - A.) HbA1C Testing
  - B.) LDL-C Screening
  - C.) Follow-up after Hospitalization for Mental Illness
  - D.) Adult BMI Assessment
  - E.) Screening for Clinical Depression and Follow-up Plan
  - F.) Controlling High Blood Pressure
  
- III. Improve Care Coordination
  - A.) Increased Integration of Care
  - B.) Initiations and Engagement of Alcohol and Other Drug Treatment
  - C.) Tobacco Use Assessment
  
- IV. Improve transitions of care among PCP and community providers and inpatient facilities
  - A.) Inpatient Utilization – General hospital/Acute Care (HEDIS)
  - B.) Care Transition- Transition Record Transmitted to Health Care Professional
  - C.) Follow-up after Hospitalization for Mental Illness

**New CMS Required Measures:**

- Prevention Quality Indicator: Chronic Condition Composite
- Nursing Facility Utilization

## KanCare HH Key Management Activities Report

NCO Name  
Service Issues/Concerns

<b>1. Member Services Issues/Concerns</b>			
<b>2. HHP or Other Provider Services Issues/Concerns</b>			
<b>Weekly IDD Provider Actions</b>			
<b>MW/DD</b>			
# Opt Out			
# Assigned to Current Provider for HH Services			
# Assigned to Different Provider for HH Services			
<b>Weekly Re-assignments</b>			
# Re-assigned from IE to HHP for some HH Services		# Re-assigned from one HHP to another HHP due to the Member refusing HH services and refusing to Opt out of HH services: <b>FIRST TIME</b>	96
# Re-assigned from IE to HHP for all 6 HH Services		# Re-assigned from one HHP to another HHP due to the Member refusing HH services and refusing to Opt out of HH services: <b>SECOND TIME</b>	2
# Re-assigned from one HHP to another HHP			
Top 5 topics of Calls/ Concerns:	CDDO - 0	CSP - 0	TOM - 0
<b>3. Implementation of Health Homes Goals and Measures</b>			
<b>General Other Areas of Activity</b>			

[Home](#) | 
 [Info](#) | 
 [Member & Provider Feedback](#) | 
 [Claims](#) | 
 [Claims HealthProm](#) | 
 [Claims CompCareMan](#) | 
 [Claims RefCommSocSupServ](#) | 
 [Claims IndFamSup](#) | 
 [Claims CompTransCare](#) | 
 [Claims-Ca](#)

### Health Homes KanCare Key Management Activities Report

(MCO -> State Reporting)





REPORT : MGD-XXXX-M  
 PROCESS : MGDJMXXX  
 LOCATION: MGDXXXXM

KANSAS MEDICAL ASSISTANCE PROGRAM  
 REPORTING SYSTEM  
 HEALTH HOME Opt-Out Totals  
 REPORT PERIOD: 04/2014

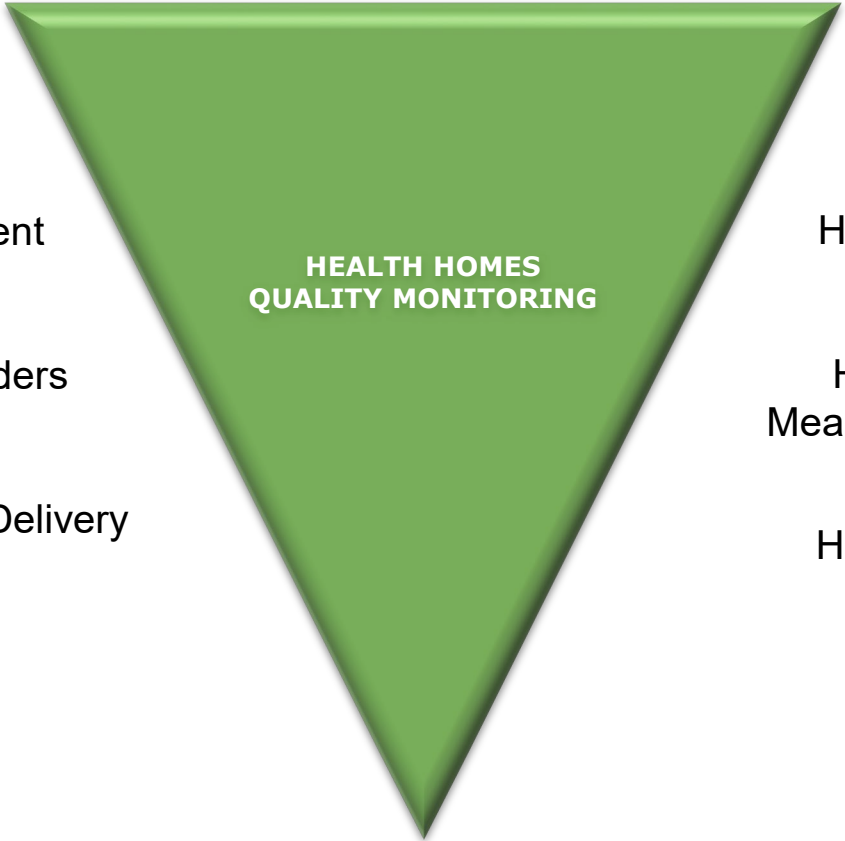
County: Allen

Opt Out Reason: NOC - I don't think I have a serious condition

Capitation Category	Total	AMG	UHC	SUN	Total SMI	AMG SMI
Autism Non Dual	999,999	999,999	999,999	999,999	999,999	999,999
Breast & Cervical Cancer	999,999	999,999	999,999	999,999	999,999	999,999
Child Institution	999,999	999,999	999,999	999,999	999,999	999,999
DD Dual <45	999,999	999,999	999,999	999,999	999,999	999,999
DD Dual 45+	999,999	999,999	999,999	999,999	999,999	999,999
DD Non Dual	999,999	999,999	999,999	999,999	999,999	999,999
Foster Care/Adoption <1	999,999	999,999	999,999	999,999	999,999	999,999
Foster Care/Adoption 1-6	999,999	999,999	999,999	999,999	999,999	999,999
Foster Care/Adoption 7-12	999,999	999,999	999,999	999,999	999,999	999,999
Foster Care/Adoption 13-17	999,999	999,999	999,999	999,999	999,999	999,999
Foster/Adoption 18+	999,999	999,999	999,999	999,999	999,999	999,999
ICF/MR	999,999	999,999	999,999	999,999	999,999	999,999
MN Aged, Blind,& Disabled Dual <65	999,999	999,999	999,999	999,999	999,999	999,999
MN Aged, Blind,& Disabled Dual 65+	999,999	999,999	999,999	999,999	999,999	999,999
MN Aged, Blind,& Disabled Non Dual	999,999	999,999	999,999	999,999	999,999	999,999
MH NF	999,999	999,999	999,999	999,999	999,999	999,999
PLE Pregnant Woman <30	999,999	999,999	999,999	999,999	999,999	999,999
PLE Pregnant Woman 30+	999,999	999,999	999,999	999,999	999,999	999,999
SPDN Aged, Blind, & Disabled Dual <65	999,999	999,999	999,999	999,999	999,999	999,999
SPDN Aged, Blind, & Disabled Dual 65+	999,999	999,999	999,999	999,999	999,999	999,999
SPDN Non Dual	999,999	999,999	999,999	999,999	999,999	999,999
SSI Dual <22	999,999	999,999	999,999	999,999	999,999	999,999
SSI Dual 22-44	999,999	999,999	999,999	999,999	999,999	999,999
SSI Dual 45-64	999,999	999,999	999,999	999,999	999,999	999,999
SSI Dual 65+	999,999	999,999	999,999	999,999	999,999	999,999
SSI Non Dual <1	999,999	999,999	999,999	999,999	999,999	999,999
SSI Non Dual 1-5	999,999	999,999	999,999	999,999	999,999	999,999
SSI Non Dual 6-21	999,999	999,999	999,999	999,999	999,999	999,999
SSI Non Dual 22-44	999,999	999,999	999,999	999,999	999,999	999,999
SSI Non Dual 45+	999,999	999,999	999,999	999,999	999,999	999,999
TA	999,999	999,999	999,999	999,999	999,999	999,999
TAF & PLE <1	999,999	999,999	999,999	999,999	999,999	999,999
TAF & PLE 1-5	999,999	999,999	999,999	999,999	999,999	999,999
TAF & PLE 6-14	999,999	999,999	999,999	999,999	999,999	999,999
TAF & PLE 15-21F	999,999	999,999	999,999	999,999	999,999	999,999
TAF & PLE 15-21M	999,999	999,999	999,999	999,999	999,999	999,999
TAF 22-29F	999,999	999,999	999,999	999,999	999,999	999,999
TAF 22-34M	999,999	999,999	999,999	999,999	999,999	999,999
TAF 30-34F	999,999	999,999	999,999	999,999	999,999	999,999
TAF 35+	999,999	999,999	999,999	999,999	999,999	999,999
TBI	999,999	999,999	999,999	999,999	999,999	999,999
WORK	999,999	999,999	999,999	999,999	999,999	999,999
Working Disabled	999,999	999,999	999,999	999,999	999,999	999,999
LTC Dual	999,999	999,999	999,999	999,999	999,999	999,999
LTC Non Dual	999,999	999,999	999,999	999,999	999,999	999,999
County Total	999,999	999,999	999,999	999,999	999,999	999,999

**Member Enrollment,  
 Opt-out, and MCO Assignments**

(Fiscal Agent -> State Report)



Member Engagement

Health Homes Providers

Health Homes Service Delivery  
Systems

Health Homes Services

Health Homes Quality  
Measurement and Evaluation

Health Homes Payment  
Methodologies

# Target Population Identification

University of Kansas Medical Center

# Our Research Team

- \* Primary Researcher- Dr. Tami Gurley-Calvez, Ph.D.
  - \* Emily Burgen, MPH, Project manager
  - \* Alex Lemcke, MHA Candidate, Graduate research assistant
- \* Biostatistician
  - \* Emily Cramer, Ph.D.
  - \* Eric Dai, MS
  - \* Milind Phadnis, Ph.D.
- \* Qualitative Researchers
  - \* Joanna Brooks, MA, Ph.D.
  - \* Mary Zimmerman, Ph.D.
- \* Providers
  - \* Edward Ellerbeck, M.D., MPH
  - \* Glendon Cox, M.D., MHA, MBA
- \* Demographer
  - \* Jarron Saint-Onge, Ph.D.

## Goal:

Find population with the highest potential value added from program participation.

# Key Analysis Questions

- \* What can we learn from past interventions and their policies?
- \* Where does Kansas Medicaid Data suggest the greatest potential for value added is?

# Looking to the Past

- \* KanCare

- \* Examine pre and post changes in utilization and cost
- \* Assess which behavioral health and chronic physical conditions were associated with the greatest impact

- \* Previous Health Home

- \* Establish a comparison group
- \* Assess which behavioral health and chronic physical conditions were associated with the greatest impact
- \* Examine the timing of changes in utilization and cost, including changes after the conclusion of the program

# Focusing in on the Target Population

- \* Use information from the analysis of past interventions
- \* Consider the distribution of utilization and spending to find the areas with the greatest potential for value added
  - \* Within diagnosis groups
  - \* Over time

# Key Inputs

- \* 7 years of Medicaid claims data
- \* Input from stakeholders
- \* Provider perspectives
- \* Use the most rigorous methods for policy analysis
- \* Consider the implications of an opt-in approach



# Filling in the Context

- \* Review the literature and program reports
- \* Translating data into practice
- \* Qualitative analysis and data collection

# Where we are in the process

- \* We have University approval to conduct research.
- \* We have an IT protocol to protect the data in place.
- \* Contract is in the final stages of approval.
- \* KDHE is already working to gather the data.
- \* We are prepping for the data and analysis



Any Questions?

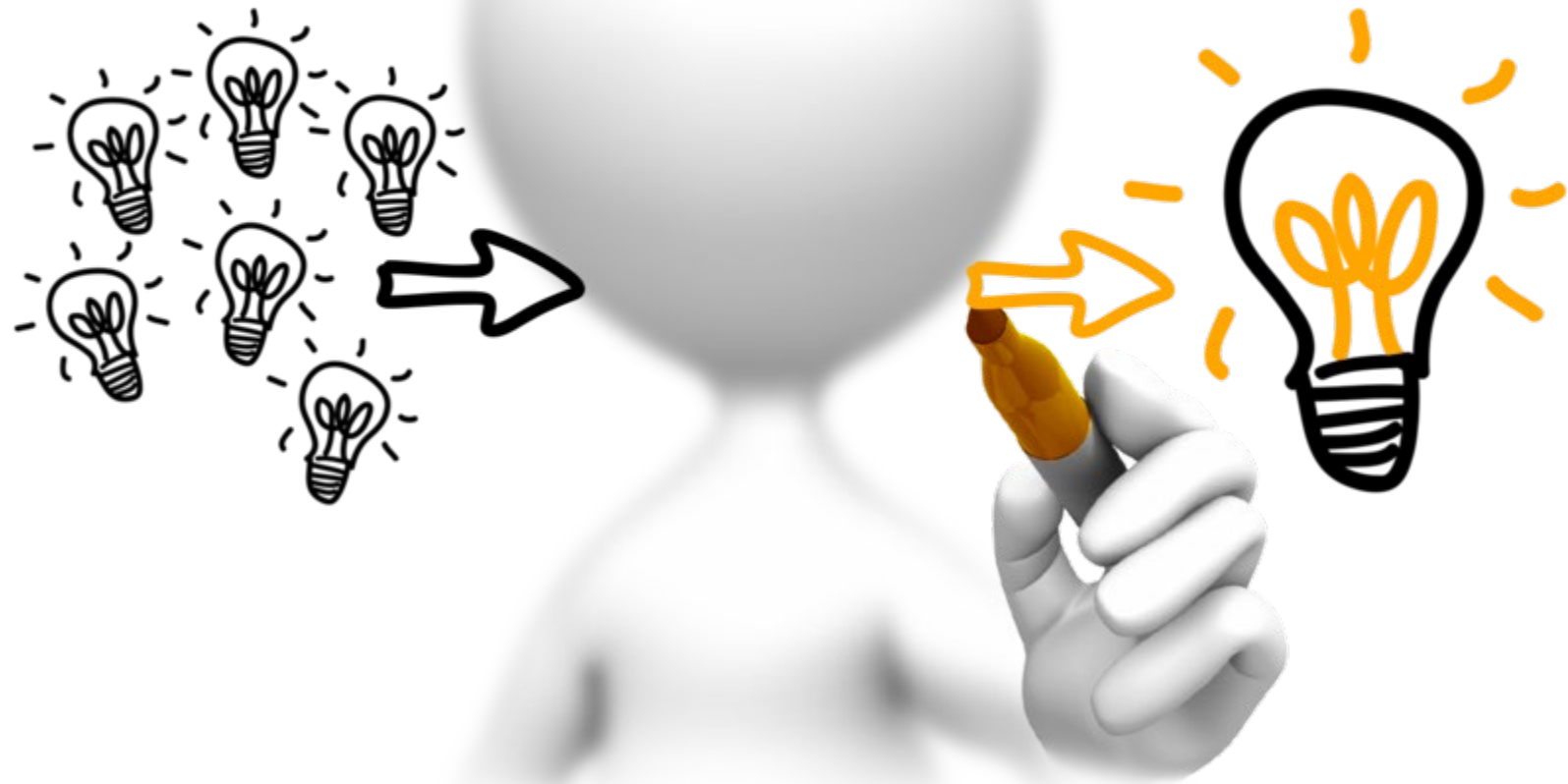
# Discussion: OneCare Kansas Forum

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# Structure and Purpose

- March 21 @ Capital Plaza Hotel in Topeka
- Full day event for potential organizational partners
- Provide education and gain feedback
- Plenary session
- Breakout topics (a.m. and p.m.)
- Facilitated discussion by topic







# *Next Steps*

*Thank you!  
See you in February!*

