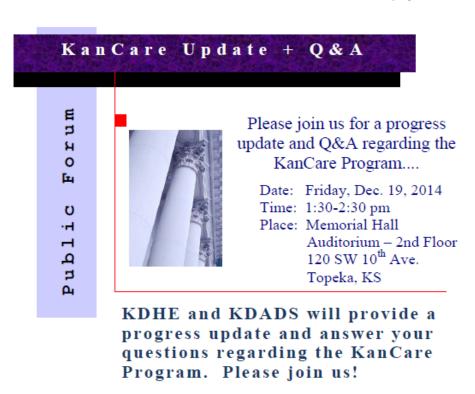
# Summary of KanCare Annual Post Award Forum Held 12.19.14

The KanCare Special Terms and Conditions, at item #15, provide that annually "the state will afford the public with an opportunity to provide meaningful comment on the progress of the demonstration. At least 30 days prior to the date of the planned public forum, the state must publish the date, time and location of the forum in a prominent location on its website. ... The state must include a summary of the comments and issues raised by the public at the forum and include the summary in the quarterly report, as specified in STC77, associated with the quarter in which the forum was held. The state must also include the summary of its annual report as required in STC78."

Consistent with this provision, Kansas held its 2014 KanCare Public Forum, providing updates and opportunity for input, on Friday, December 19, 2014, from 1:30-2:30 pm at the Memorial Hall Auditorium, 120 SW 10<sup>th</sup> Ave., Topeka, Kansas. The forum was published as a "Latest News – Upcoming Events" on the face page banner of the <a href="www.KanCare.ks.gov">www.KanCare.ks.gov</a> website, starting on November 20, 2014. A screenshot of that face page banner is included in the PowerPoint document utilized at the forum (set out below). A screen shot of the notice linked from the KanCare website face page banner is as follows:



At the public forum, 22 KanCare program stakeholders attended and participated, as well as Acting Secretary Susan Mosier, MD, and additional staff from the Kansas Department of Health and

Environment; and Secretary Kari Bruffett, and additional staff from the Kansas Department of Aging and Disability Services. A summary of the information presented by state staff is included in the following PowerPoint document:



#### 2014 KanCare Public Forum Updates & Opportunity for Input

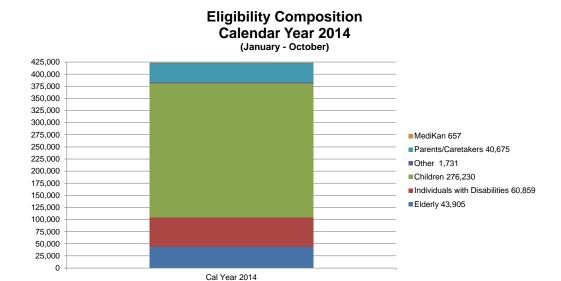
Friday, December 19, 2014

#### Agenda for Today

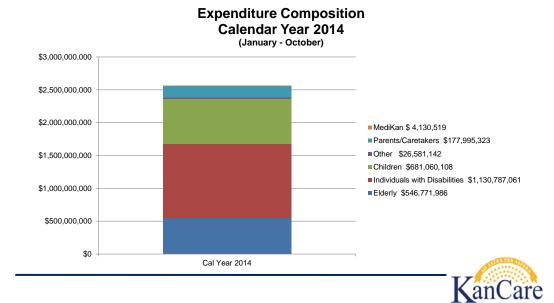
- Review Some KanCare Updates
  - Medicaid Members & Expenditures
  - KanCare Member Issues And Updates
  - KanCare Expenditures
  - Provider Network
  - Value Added Benefits
  - Customer Service
  - Health Homes
- Receive Questions, Suggestions And Other Feedback
  - Note Cards
  - Follow Up Today And After



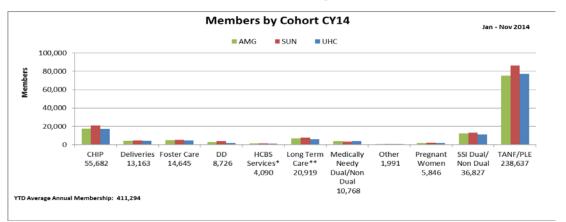
### Medicaid Members - General



### Medicaid Expenditures



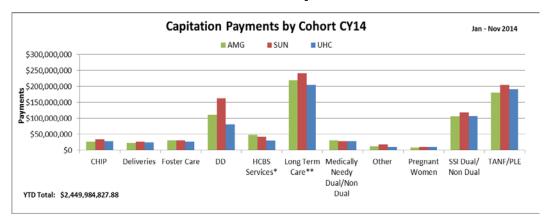
### Members & Expenditures



\*HCBS Services includes Autism, Severe Emotional Disturbance, Technology Assistance, and Traumatic Brain Injury
\*\*Long Term Care includes Nursing Facilities; Money Follows the Person – Frail Elderly and Physical Disability
Services; and the Physical Disability and Frail Elderly Waivers



### Members & Expenditures



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#### Member Issues - KDADS

- Physical Disability Waiver Waiting List
- Intellectual/Developmental Disability Waiver Transition
- Mental Health Updates
- Utilization of Hospital Services by HCBS Waiver Members
  - Reduction in Emergency Department services for HCBS members
  - Decrease in use of inpatient services for HCBS members



#### **Provider Networks**

KanCare MCO	# of Unique Providers as of
	9/30/14
Amerigroup	13,682
Sunflower	17,728
United	19,747

KanCare MCO	# of IDD Unique Providers HCBS / TCM			
	as of 5/20/14	as of 10/31/14		
Amerigroup	74%/ 89%	76%/ 92%		
Sunflower	81%/ 93%	82%/ 94%		
United	73%/ 79%	73%/ 83%		



#### Value Added Benefits

Amerigroup	Members YTD	Total Units YTD	Total Value YTD
Adult Dental Care	1,463	3,023	\$347,842
Member Incentive Program	4,539	9,510	\$222,580
Mail Order OTC	6,518	7,434	\$122,694
Healthy Families Program	73	79	\$62,500
Pest Control	205	232	\$29,920
Smoking Cessation Program	122	223	\$23,958
Hypoallergenic Bedding	104	111	\$10,921
Weight Watcher Vouchers	117	169	\$6,233
Member Transportation to Community Locations	100	1	\$287
Entertainment Book Coupons	25	26	\$14
2014 YTD GRAND TOTAL	18,359	24,333	\$826,950



### Value Added Benefits

Sunflower	Members YTD	Total Units YTD	Total Value YTD
CentAccount debit card	42,591	43,232	\$864,640
Dental visits for adults	5,729	16,589	\$319,723
Smoking cessation program	465	465	\$111,600
Start Smart (mothers/children)	3,341	3,341	\$94,049
Disease and Healthy Living Coaching	27,705	27,688	\$72,268
Lodging for specialty and inpatient care	92	603	\$48,843
SafeLink®/ Connections Plus cell phones	265	265	\$12,675
In-home caregiver support/ additional respite	34	3,132	\$10,181
Community Programs for Healthy Children:	410	410	\$6,150
Meals for specialty and inpatient care	24	119	\$2,975
Hospital companion	6	699	\$2,272
2014 YTD GRAND TOTAL	74,419	96,544	\$1,545,374



### Value Added Benefits

United	Members YTD	Total Units YTD	Total Value YTD
Additional Vision Services	7,222	9,208	\$449,600
Join for Me - Pediatric Obesity Classes*	35	35	\$87,500
Adult Dental Services	1,475	1,528	\$82,062
Annual Wellness Reminders	89,380	97,299	\$61,298
Baby Blocks Program and Rewards	1,089	831	\$49,361
Peer Bridgers Program	177	210	\$47,628
Sesame Street - Food For Thought	982	988	\$34,580
Weight Watchers - Free Classes	604	289	\$34,391
Membership to Youth Organizations	566	681	\$34,050
Infant Care Book for Pregnant Women	923	1,014	\$13,182
Mental Health First Aid Program	114	133	\$12,594
KAN Be Healthy Screening Age 3 to 19 - Debit Card Reward	957	957	\$9,570
KAN Be Healthy Screening Age Birth to 30 months - Debit Card Reward	442	742	\$7,420
Additional Podiatry Visits	69	47	\$4,560
Asthma Bedding	104	81	\$4,212
New Member Dental Exam - Debit Card Reward	277	354	\$3,540
Coverage for Sports/School Physicals	128	45	\$2,916
New Member Vision Exam - Debit Card Reward	207	255	\$2,550
Join for Me - Reward for Completion of Program	209	35	\$1,750
Weight Watchers Reward - Reward for Completing Classes	184	30	\$1,500
Adult Biometric Screening - Debit Card Reward	86	94	\$1,410
A is for Asthma	1,030	1,144	\$572
Annual Vision Exam for Person with Diabetes - Debit Card Reward	89	15	\$300
Annual A1C Exam - Debit Card Reward	17	15	\$150
Follow-Up After Behavioral Health Hospitalization - Debit Card Reward	54	5	\$125
Annual Monitoring for Persistent Medications - Debit Card Reward	11	12	\$120
2014 YTD GRAND TOTAL	114,472	116,047	\$946,942

### **Customer Service**

MEMBER SERVICES MCO/Fiscal Agent JanSept. 2014	Average Speed of Answer (Seconds)	Call Abandonment Rate	Total Calis
Amerigroup	0:17	1.69%	132,616
Sunflower	0:19	2.45%	149,379
United	0:14	1.46%	124,272
HP – Fiscal Agent	0:00	.06%	5,103

PROVIDER SERVICES MCO/Fiscal Agent JanSept. 2014	Average Speed of Answer (Seconds)	Call Abandonment Rate	Total Calls
Amerigroup	0:19	1.19%	63,609
Sunflower	0:18	1.20%	88,329
United	0:11	.41%	56,037
HP – Fiscal Agent	0:00	.02%	6,599



#### **Health Homes**

- Health Homes for members with Serious Mental Illness – implemented July 1, 2014
- As of December, 2014
  - 34,151 members enrolled
  - Approximately 90 contracted Health Partners



#### **Health Homes**

- Seeing many early implementation success stories from members using Health Home service
- Sharing information and updates in many ways, including monthly Health Homes Herald Newsletter
- Example of success story



#### Q&A / Input / Suggestions / Next Steps

#### Note Cards

- Write out your question/suggestion
- Include your name and phone # or email address for feedback

#### Next Steps

- Address what can here today
- Follow up on individual questions/suggestions as needed
- Summary of today's forum and your input/follow up will be included in the next KanCare quarterly report



## More Information on: www.KanCare.ks.gov



A summary of the questions from participants, with responsive information provided, is as follows:

#	Public Forum Participant Question	Summary of Response
1	The waiver renewal calls for PD waiver consumers to move to the FE waiver when they turn 65. Is the FE waiver reimbursement going to be raised to the level of the PD wavier so Direct Support workers will not be taking a 40 cent an hour pay cut?	This proposal has generated a number of public comments, and we know a required transition at age 65 is a concern for some. The State will take those comments into account prior to submitting the waiver renewal Dec. 31. (Note: Subsequently, at the conclusion of the comment period, the State removed that provision.)
2	Will the final proposal of the TBI waiver be shared with providers/members prior to submission?  Is the intent of the TBI waiver understood by the current administration, and are the values and cost savings noted? Per charts, HCBS is less costly – we need to keep members home rather than in facilities.	The waiver renewal application will be posted on the KDADS website when it is submitted, with a summary of changes based on public input.  The State does value the TBI and other HCBS waivers, which help people remain in their homes and communities.
3	Have you made any progress on the FLSA home setting rule? Please share what you're going to do.	Kansas has proposed policy changes that will further clarify and assist self-directed consumers in their role as employer. The State is also closely following related litigation on this issue. No restrictions on services related to the Final Rule were proposed as part of the waiver renewals (for example, no new restrictions on work week).
4	When do you think case managers will stabilize? (i.e. decrease turnover)  Is there a plan to improve notification when a case manager changes?	Clarified that the questions were indeed focused on the care coordinators who are employees of the MCO's.  Provided these answers: Given the relative newness of the KanCare program, the state expected there would be some turnover of care coordination staff, and has monitored that issue consistently from the beginning of the program. Care coordination staffing has stabilized over time, and during 2014 the care coordinator positions vacated have ranged between 1 and 2.5 per month across the three MCOs. The state will continue to monitor this issue.  The MCO's have notification plans in place when care coordinators change. If there are particular concerns with an MCO please let state staff know.
5	After adding the next group for chronic conditions into Health Homes, do you have plans to add other types of groups into the Health Home program, such as making I/DD a condition for enrollment into a Health Home?	Yes, following the implementation of the Chronic Conditions Health Home (Asthma and Diabetes), the plan would be to add additional groups to Health Homes. (The question came from an I/DD provider.) Specifically, if you have ideas relating to how the I/DD population could be included in Health Homes, we would welcome them.
6	KanCare contractors are still far behind on their payments to service providers. What can be done to facilitate these payments?	This is an issue that we continue to monitor closely, and review MCO performance regularly. Some additional improvement activities include:  Developing regulations to implement the inclusion of MCO payments to providers as part of Kansas' Prompt Pay Act (via HB2552 in the 2014 legislative session).

- Returning an enhanced performance in timeliness of claim payment as one of the Pay for Performance measures for 2015.
- Reviewing regular reporting from and conducting monthly meetings with MCO leadership and staff which includes review of claim payment issues and any related provider concerns.

7 Customer Service: Are there any statistics on call resolutions? Is there a breakdown between providers calling MCOs and how successful their questions were resolved? And is there a breakdown of consumers calling the MCOs and how successful their questions were answered?

Yes – a snapshot of customer service inquiries resolution is included in the KanCare Evaluation report that is attached to each of the state's KanCare Special Terms and Conditions reports (available at the KanCare website). From the latest report, this summary:

Table 1 - Timeliness of Resolution of Customer Service Inquiries							
	CY2013				CY2014		
	Q1	Q2	Q3	Q4	Q1	Q2	Q3
Number of Inquiries Received	261,286	181,427	157,547	146,374	141,964	133,570	143,028
Number of Inquiries Resolved Within 2 Business Days	260,859	180,903	157,185	146,299	141,907	133,539	142,705
Number of Inquiries Not Resolved Within 2 Business Days	298	524	362	75	57	27	323
Percent of Inquiries Resolved Within 2 Business Days	99.84%	99.71%	99.77%	99.95%	99.96%	99.98%	99.77%
Number of Inquiries Resolved Within 5 Business Days	261,286	181,427	157,458	146,349	141,951	133,570	143,001
Number of Inquiries Not Resolved Within 5 Business Days	0	0	89	25	13	0	27
Percent of Inquiries Resolved Within 5 Business Days	100%	100%	99.94%	99.98%	99.99%	100%	99.98%
Number of Inquiries Resolved Within 15 Business Days	261,286	181,427	157,547	146,374	141,964	133,570	143,028
Number of Inquiries Not Resolved Within 15 Business Days	0	0	0	0	0	0	0
Percent of Inquiries Resolved Within 15 Business Days	100%	100%	100%	100%	100%	100%	100%

Of the 143,028 customer service inquiries in the third quarter of calendar year 2014 (the most recent reporting period), 89,682 (62.7%) were from members, and 53,346 (37.3%) were from providers. For member inquiries, "resolved" means that the issue about which the member called was answered or addressed to conclusion. For provider inquiries, "resolved" can mean that the caller was referred to the correct MCO staff to get the inquiry answered or addressed to conclusion.