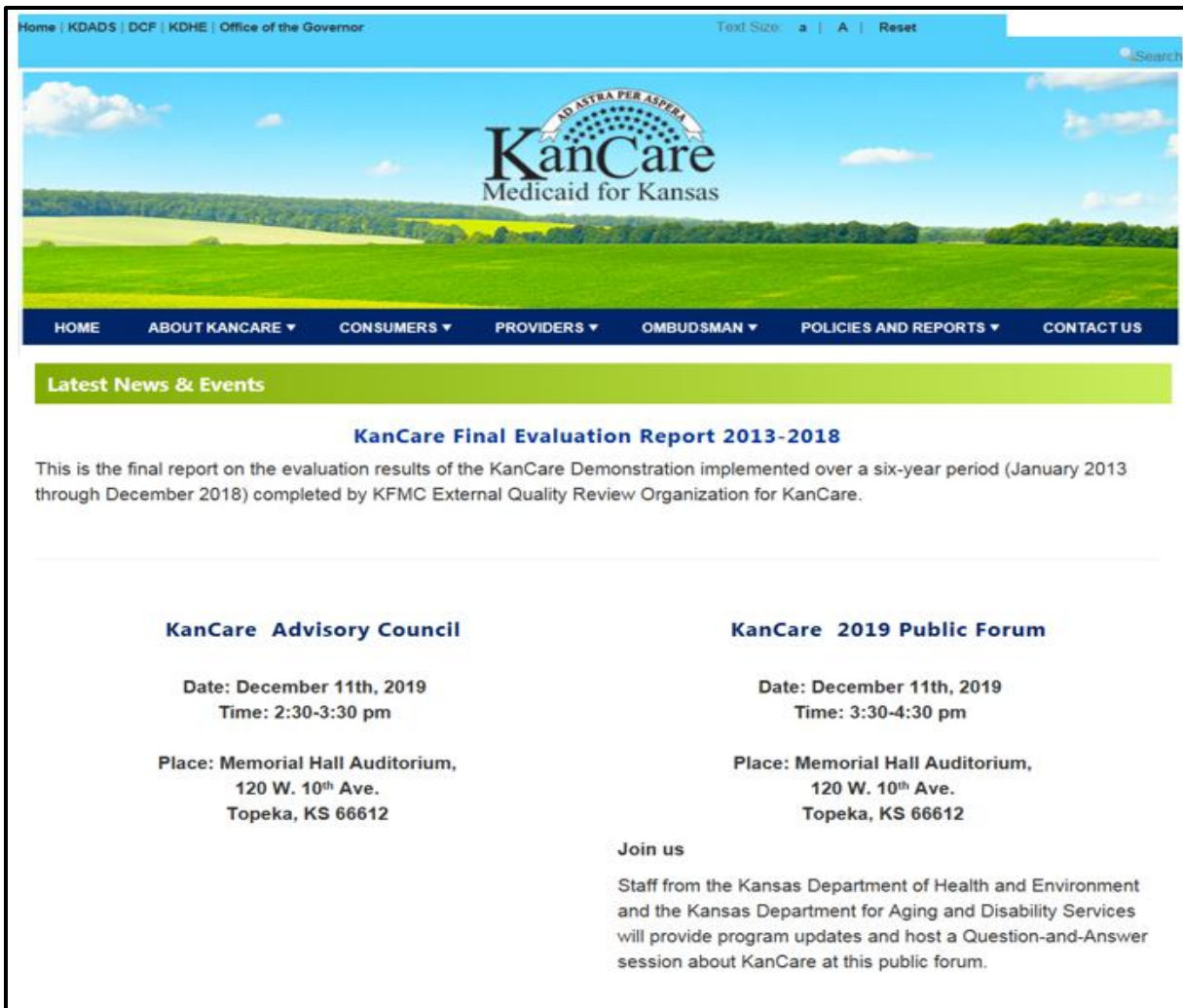


Summary of Annual KanCare Post Award Forum Held 12.11.19

The KanCare Special Terms and Conditions, at item #71, 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 STC64a, associated with the quarter in which the forum was held. The state must also include the summary of its annual report.

Consistent with this provision, Kansas held its 2019 KanCare Public Forum, providing updates and opportunity for input, on Wednesday, December 11, 2019, from 3:30-4:30 pm at Memorial Hall Auditorium, 120 SW 10th Ave., Topeka, Kansas. The forum was published on the face page of the www.KanCare.ks.gov website, starting in October 2019. A screen shot of the notice from the KanCare website face page is as follows:



The screenshot shows the KanCare website interface. At the top, there is a navigation bar with links for Home, KDADS, DCF, KDHE, and Office of the Governor. A search bar is located in the top right corner. Below the navigation bar is a large banner image of a green field under a blue sky with the KanCare logo and the text "Medicaid for Kansas". Below the banner is a horizontal menu with links: HOME, ABOUT KANCARE, CONSUMERS, PROVIDERS, OMBUDSMAN, POLICIES AND REPORTS, and CONTACT US. Below the menu is a section titled "Latest News & Events" with a green background. The main content area features a heading "KanCare Final Evaluation Report 2013-2018" and a paragraph of text. Below this, there are two columns of information for the "KanCare 2019 Public Forum".

Home | KDADS | DCF | KDHE | Office of the Governor

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KanCare
Medicaid for Kansas

HOME ABOUT KANCARE CONSUMERS PROVIDERS OMBUDSMAN POLICIES AND REPORTS CONTACT US

Latest News & Events

KanCare Final Evaluation Report 2013-2018

This is the final report on the evaluation results of the KanCare Demonstration implemented over a six-year period (January 2013 through December 2018) completed by KFMC External Quality Review Organization for KanCare.

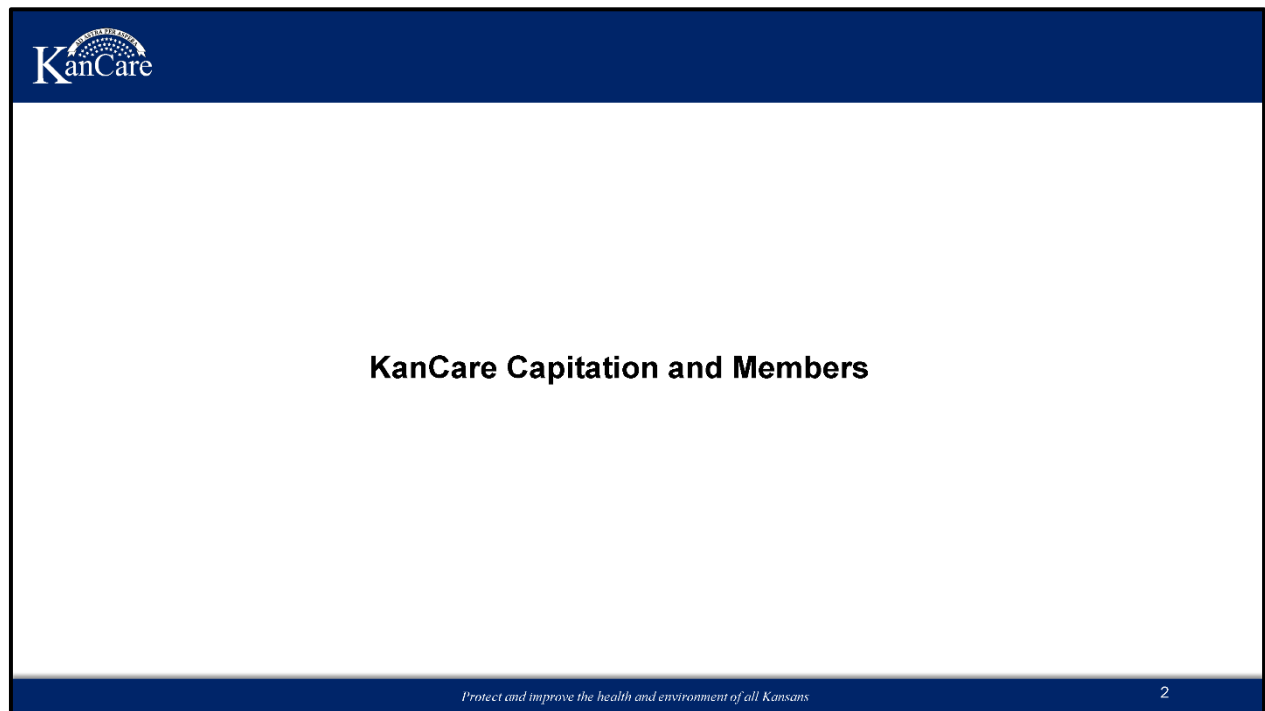
KanCare Advisory Council	KanCare 2019 Public Forum
Date: December 11th, 2019 Time: 2:30-3:30 pm	Date: December 11th, 2019 Time: 3:30-4:30 pm
Place: Memorial Hall Auditorium, 120 W. 10 th Ave. Topeka, KS 66612	Place: Memorial Hall Auditorium, 120 W. 10 th Ave. Topeka, KS 66612

Join us

Staff from the Kansas Department of Health and Environment and the Kansas Department for Aging and Disability Services will provide program updates and host a Question-and-Answer session about KanCare at this public forum.

At the public forum, approximately 20 KanCare program stakeholders (providers, members, and families) attended, as well staff from the Kansas Department of Health and Environment; staff from the Kansas Department of Aging and Disability Services; and staff from the KanCare managed care organizations. A summary of the information presented by state staff is included in the following PowerPoint documents:

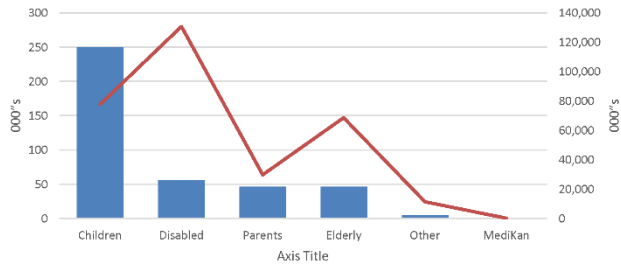
KDHE:





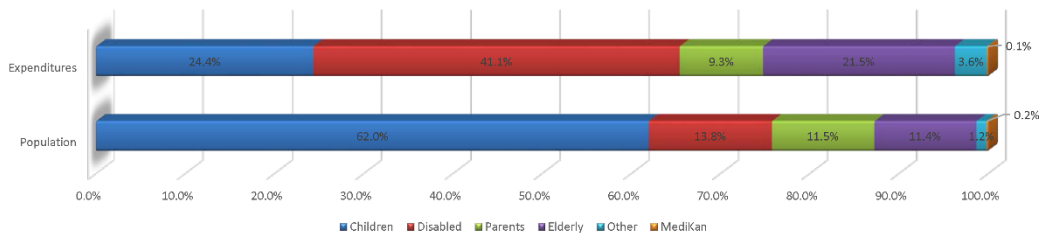
Medicaid/CHIP Member Eligibility and Expenditures

Calendar Year 2019 (Jan - Sep)



	% Total	
	Population	Expenditures
Children	62.0%	24.4%
Disabled	13.8%	41.1%
Parents	11.5%	9.3%
Elderly	11.4%	21.5%
Other	1.2%	3.6%
MediKan	0.2%	0.1%

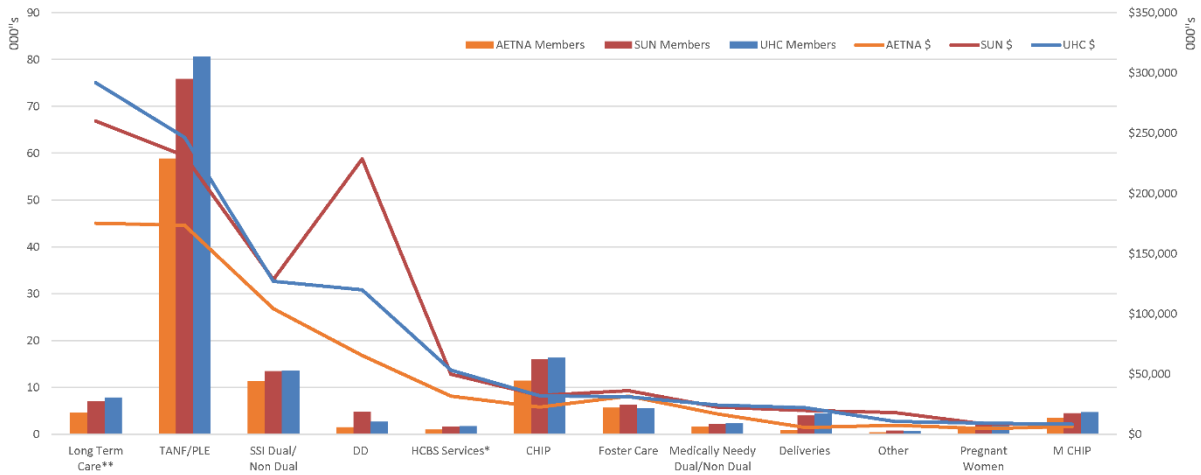
Eligibility and Expenditure Comparison



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Capitation Comparison with Members YTD CY 2019 (Jan - Sep)



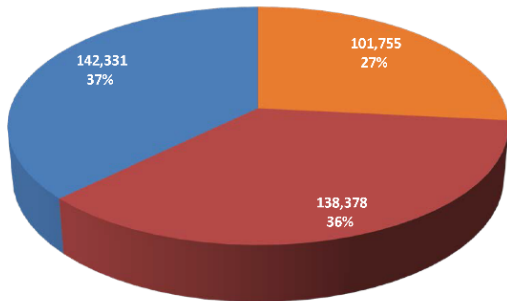
*HCBS Services includes Autism, Severe Emotional Disturbance, Technology Assisted, and Traumatic Brain Injury
 **Long Term Care includes Nursing Facilities, Money Follows the Person Frail Elderly and Physically Disabled, and the Physically Disabled and Frail Elderly Waivers

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Average Members by MCO YTD

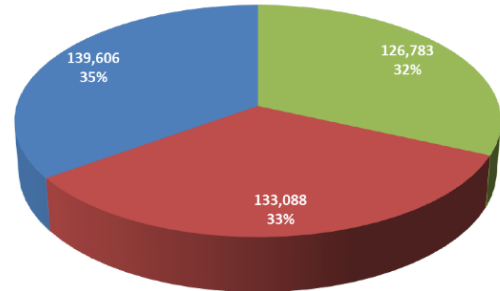
2019



YTD Total: 383,014

AETNA SUN UHC

2018



YTD Total: 399,477

AMG SUN UHC

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5



KanCare Provider Network

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6



Provider Network

KanCare MCO	# of Unique Provider/ Locations as of 12/31/18*	# of Unique Provider/ Locations as of 03/31/19*	# of Unique Providers as of 6/30/19	# of Unique Provider/ Locations as of 9/30/19
Aetna	N/A	17,724	21,603	32,598
Sunflower	31,998	35,139	35,188	30,258**
UHC	39,799	41,701 ^Δ	46,285	48,809

**3Q 2019 MCO terminated all network providers who do not have an active KMAP ID

*Changes to MCO reporting implemented in Q3-2019 now provide more complete HCBS provider counts. Specifically, for providers who travel to the member for services, the count now includes a count of each county in which a provider is contracted to provide services.

^Δ May not include full county counts for 588 home-based service providers for whom incomplete data was received.

Note: The counts below represent the unique number of NPIs—or, where NPI is not available—provider name and service locations (based on the KanCare county designation identified in the KanCare Code Guide). This results in counts for the following:

Providers with a service location in a Kansas county are counted once for each county.

Providers with a service location in a border area are counted once for each state in which they have a service location that is within 50 miles of the KS border.

Out of state providers (>50 miles from KS border) are counted once.

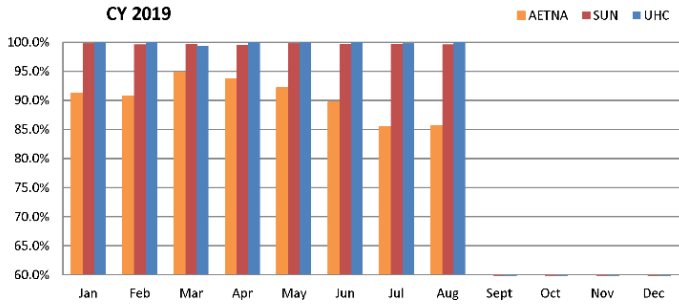
Providers for services provided in the home are counted once for each county in which they are contracted to provide services.



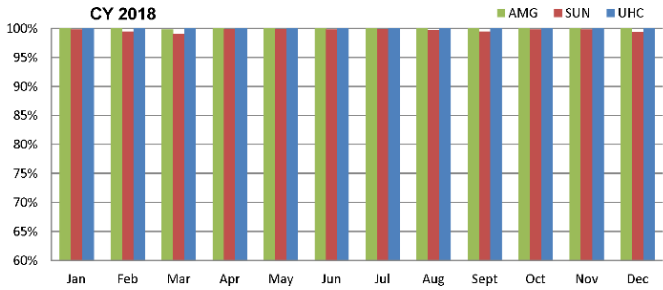
KanCare Claims Overview



Claims Data-% Clean Claims Processed Within 30 days



Service Type	Total Claim Count			Total Claim %		
	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	65,238	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%



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

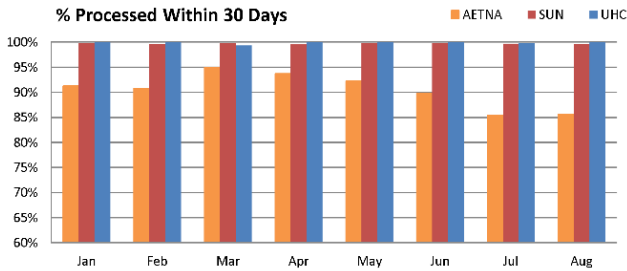
A clean claim is a claim that can be paid or denied with no additional intervention required and does not include: Adjusted or corrected claims, Claims that require documentation (i.e., consent forms, medical records) for processing, Claims from out-of-network providers that require research and setup 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 pending 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.



Claims Data-% Clean Claims Processed Within 30 days

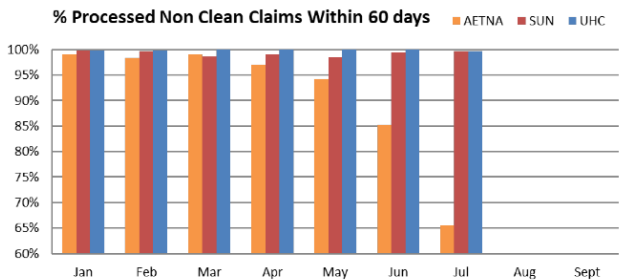


Contact Standard: 100% of Clean Claims Processed within 30 days

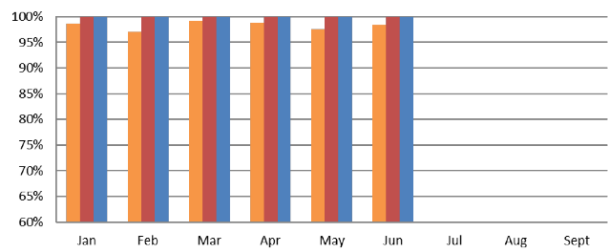
A clean claim is a claim that can be paid or denied with no additional intervention required and does not include: Adjusted or corrected claims, Claims that require documentation (i.e., consent forms, medical records) for processing, Claims from out-of-network providers that require research and setup 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 pending 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.



% Processed All Claims Within 90 days

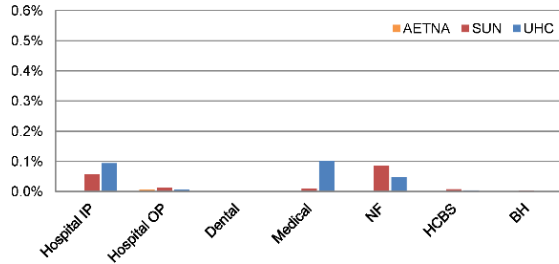


Timely Claims Processing Standard- 100% of clean claims are processed within 30 calendar days; 99% of all non clean claims are processed within 60 calendar days; 100% of all claims are processed within 90 calendar days

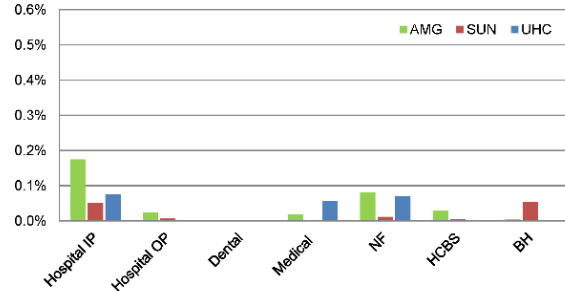


Claims Data-Percent of Claims Adjusted more than 3 times

CY 2019 (Jan-Sept)



CY 2018 (Jan-Dec)



YTD claim requiring adjustments greater than 3 times represents Accuracy

Purpose: The purpose is to review payment accuracy

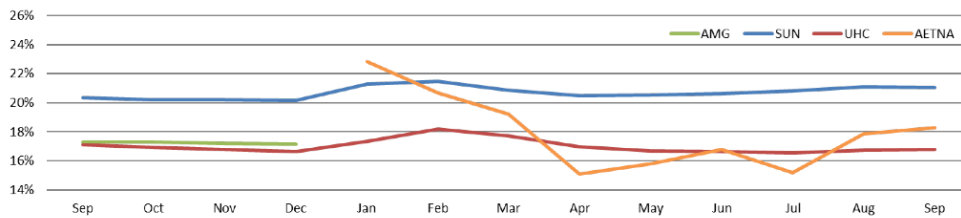
Methodology: Monitoring the frequency of the claims adjustments by MCO in each category utilizing the total claims adjusted/claims processed (category provider type: Hospital Inpatient, Hospital Outpatient, Dental, Medical, Nursing Facilities, HCBS, BH). Pharmacy, Vision and NEMT Have had 0% adjustments over 3 times for over one year so have been dropped from this report. Pharmacy is point of sale processing so will not have adjustments

Total YTD claims adjusted 4 or more times divided by the YTD total number of claims processed by service type.

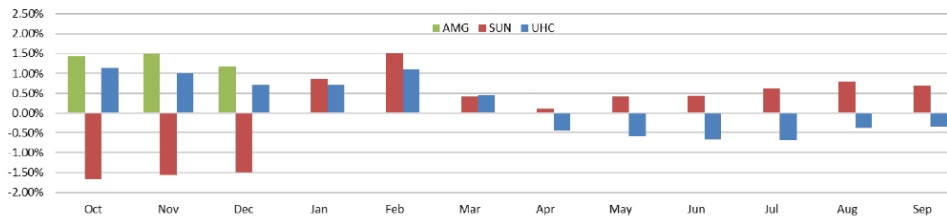


Claims Denial Data CY 2018-19

Percent Denied Claims by Month YTD Cumulative



Percentage Point Increase/Decrease From Previous Year





Claims Denial Data

Service Type	Total Claim Count			Total Claim %		
	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%

Service Type	Total Claim Count			Total Denied Claim			Total Claim Denied %		
	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	38,854	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%

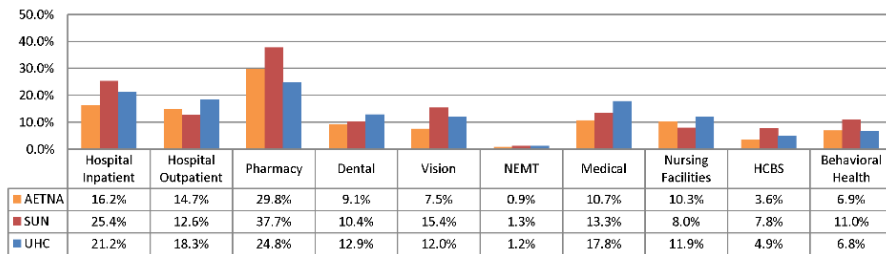
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Claims Denial Data

Percent Denied YTD 2019



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KanCare Member Benefits

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Value Added Services - January- September 2019

Aetna			Sunflower			United					
Members YTD	Total Units YTD	Total Value YTD	Members YTD	Total Units YTD	Total Value YTD	Members YTD	Total Units YTD	Total Value YTD			
Adult Dental	958	1,407	\$247,729	Healthy Rewards	70,104	70,596	\$735,894	Home Helper Catalog Supplies	3,345	9,536	\$171,425
Transportation Services	123	439	\$44,498	Comprehensive Medication Review	5,451	7,798	\$222,116	Baby Blocks Program and Rewards Debit Card for Completing First Pre-Natal Visit	1,026	1,026	\$123,120
Weight Management	90	98	\$12,898	Dental visits for adults	1,431	2,165	\$129,583	Adult Dental Services	587	587	\$118,274
Podiatry Visits	156	228	\$7,321	In-home telemonitoring: Service	340	340	\$85,000	Adult Dentures	2,389	2,669	\$111,993
Healthy Teens Membership	46	46	\$1,610	Farmers Market Vouchers	7,768	7,768	\$77,680	Frames and Lenses	84	187	\$79,156
GED Support	9	9	\$1,188	Community Health Services Home Visiting Program	2,337	2,337	\$61,089	UHC Health Rewards Program	858	2,544	\$77,197
Asthma Hypoallergenic Sheets	10	10	\$70	Start Smart for Your Baby	1,987	2,109	\$59,368	Membership to Youth Organizations	3,066	3,066	\$48,174
Home-delivered meals	9	9	\$63	Smoking cessation program	246	246	\$59,040	Pest Control	608	608	\$27,760
Memory Care Locks	1	1	\$34	Caregiving Collaborations - Assessment Assistance	496	1,633	\$38,721	Respite Care Services	74	74	\$18,967
				Healthy Solutions for Life - Disease Management	10,124	10,124	\$20,248	Medications Calendar	11	27	\$15,662
				Dentures	13	19	\$14,863	Seeking Safety Training Events	1,907	1,907	\$4,251
				Boys & Girls Clubs	284	284	\$14,200	Transportation to WIC Appointments	5	5	\$4,025
				NF-Community Transition	21	80	\$5,617	Mental Health First Aid Program	21	24	\$2,875
				Sunny's Kid Club	1,611	1,611	\$4,978	Sesame Street - Food For Thought	27	54	\$1,563
				Healthy Solutions for Life - Weight Management Program	1,969	1,969	\$3,938	MediAlert Bracelets	40	40	\$1,400
				Employment - GED Test Vouchers	6	6	\$3,344	Adults Parks and Rec Catalog	79	79	\$400
				In-home telemonitoring: Install	13	13	\$2,275	A is for Asthma	8	8	\$400
				Adopt-A-School Program	1	1	\$225	Help Getting GED	741	741	\$371
				Employment - Transportation	12	15	\$162		15	15	\$275
				Employment - Referral	12	12	\$140				
				Enhanced Transportation for F/E & PD waiver members	2	3	\$48				
TOTAL	1,403	2,248.0	\$315,411	TOTAL	104,711	109,804	\$1,562,628	TOTAL	14,891	23,197	\$627,616
KanCare Grand Total	121,006	135,249	\$2,705,555								

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In Lieu of Services January- September 2019

Aetna	Unduplicated Members	Value of Service Provided	Value of Services Avoided	Sunflower	Unduplicated Members	Value of Service Provided	Value of Services Avoided	United	Unduplicated Members	Value of Service Provided	Value of Services Avoided
Additional Medicaid covered services, beyond existing limitations, including personal care services, sleep cycle support, home modifications, equipment and assisted services ... in lieu of members needing to be admitted to an acute care hospital or nursing facility	10	\$119,719	\$326,430	Additional personal care services, beyond existing waiver limitations... in lieu of members needing to be admitted to a nursing facility	73	\$403,288	\$1,113,459	Additional personal care services, personal care services, beyond existing waiver limitation, sleep cycle support, and home delivered meals ... in lieu of members needing to be admitted to a nursing facility	45	\$665,954	\$1,588,000
Non-Covered services including private nurse, PET scans, CPAP equipment and sleep cycle support in lieu of members needing to access ICU, acute hospital, or nursing facility services	0	\$0	\$0	Non-Covered services covering a wide range of equipment, orthotics, testing, physician services and outpatient surgery in lieu of members needing to access acute hospital, home health, or more intensive physical or behavioral health services	32	\$17,521	\$819,095	Non-Covered services Sleep studies, testing, and home health in lieu of members needing to access to acute hospital, or nursing facility services	316	\$1,605,503	\$5,464,001
Totals	10	\$119,719	\$326,430	Totals	105	\$420,809	\$1,932,554	Totals	361	2,271,457	\$7,052,001

KanCare YTD Total

Unduplicated Members	Value of Service Provided	Value of Services Avoided
476	\$7,592,529	\$9,310,985

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KanCare Grievance, Appeal and State Fair Hearing

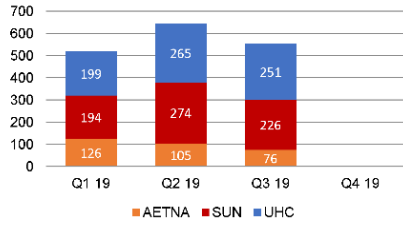
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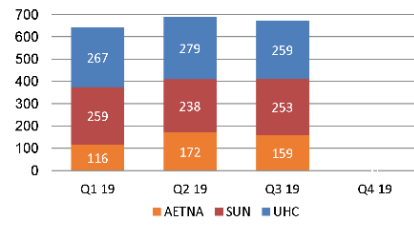


Member Grievance and Appeals Comparison

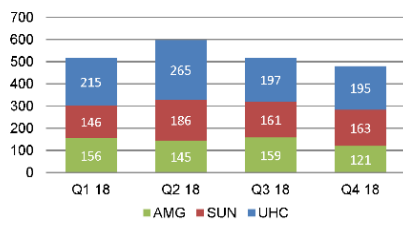
Member Grievances 2019



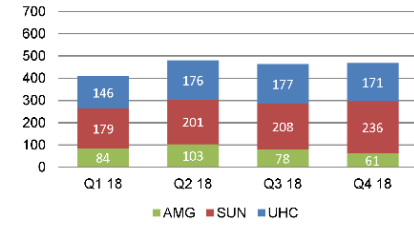
Member Appeals 2019



Member Grievances 2018



Member Appeals 2018



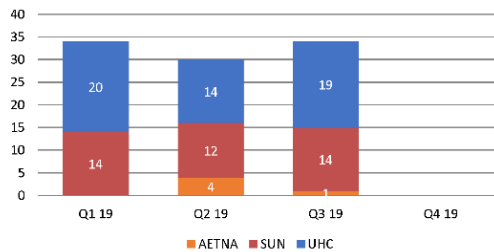
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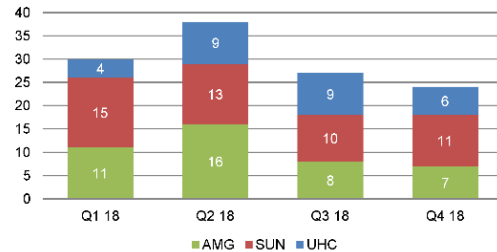


Member State Fair Hearing Comparison

Member State Fair Hearings 2019



Member State Fair Hearings 2018

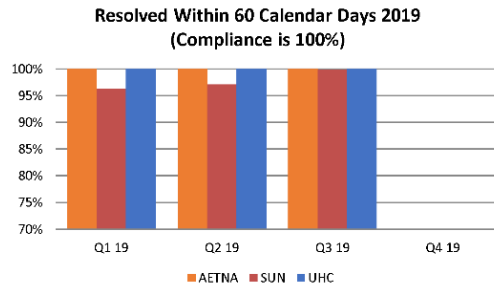
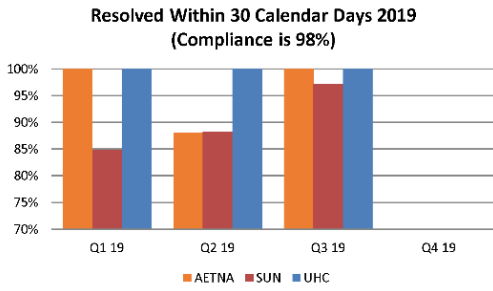


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Provider Appeal Compliance



KDADS:



KanCare

KanCare Public Forum
December 11, 2019



HOME AND COMMUNITY BASED SERVICES (HCBS)

2 *Protecting Kansans, Promoting Recovery, Supporting Self Sufficiency* 



HCBS Waiver Enrollment – October

HCBS Program	Number of People Eligible to Receive HCBS Services	Number of People on Wait List	Number of Proposed Recipients
Autism	50		317 (as of 10/31/2019)
Serious Emotional Disturbance (SED)	3,240		
Technology Assisted (TA)	574		
Frail Elderly (FE)	4,775		
Brain Injury (BI)*	425		
Intellectual and Developmental Disabilities (I/DD)	9,019	4,021	
Physical Disability (PD)	5,882	1,576	

Notes:

- *Approved as BI waiver August 5, 2019
- Data as of November 7, 2019
- The HCBS Monthly Summary is posted under Monthly Waiver Program Participation Reports at [http://kdads.ks.gov/commissions/home-community-based-services-\(hcbs\)](http://kdads.ks.gov/commissions/home-community-based-services-(hcbs))

3

Protecting Kansans, Promoting Recovery, Supporting Self Sufficiency



Current Efforts to Reduce the Waiting List

HCBS Program	Number of People Eligible to Receive HCBS Services	Number of People on Wait List	Offers
Intellectual and Developmental Disabilities (I/DD)	9,019	4,021	257 offers made YTD 2019
Physical Disability (PD)	5,882	1,576	1,394 offers made YTD 2019

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Protecting Kansans, Promoting Recovery, Supporting Self Sufficiency

2018 vs. 2019 Eligibility & Wait List

HCBS Program	Number of People Eligible to Receive HCBS Services		Number of People on Wait List	
	2018	2019	2018	2019
Intellectual and Developmental Disabilities (I/DD)	9,077	9,019	3,840	4,021
Physical Disability (PD)	5,823	5,882	1,645	1,576

*Compares October 2018 and October 2019 HCBS Monthly Summary Data

Efforts to Impact Kansas Waitlists

- KDHE and KDADS are working collaboratively on a Disability and Behavioral Health Employment Support Pilot Program.
- The pilot is designed to help 500 members obtain and maintain employment.
- The pilot will operate a voluntary pilot program for eligible KanCare members through the 1115 demonstration.
- The pilot will operate during the KanCare waiver period, with a possibility of renewal, if deemed effective.
- Members may be eligible for the pilot program depending on their eligibility group and financial eligibility:
 - Individuals eligible for SSI on a waiting list for HCBS may be eligible.
 - Individuals eligible for SSI who choose to leave HCBS may be eligible.
 - Individuals eligible for SSI or SSDI and determined disabled according to the Social Security Standards.

Waiver Renewal Listening Sessions

- As part of our commitment to increasing collaboration with stakeholders, KDADS has utilized the last three months to conduct listening sessions with participants, families, stakeholders and providers regarding the I/DD, PD, and FE Waivers.
- The sessions focused on the vision for the future of the 1915c waivers, as well as potential amendments to the current waivers to address stakeholder concerns.
- KDADS has also engaged a TA Waiver workgroup and an Autism services workgroup to evaluate the needs of participants receiving these services.

Waiver Renewal Listening Sessions (continued)

HCBS Waiver Listening Sessions			
Date	Group Name	Location	No. of Attendees
July 31, 2019	Waiver Service Providers	Great Bend	10
July 31, 2019	Stakeholders/Participants	Great Bend	11
August 1, 2019	Waiver Service Providers	Garden City	15
August 1, 2019	Stakeholders/Participants	Garden City	17
August 2, 2019	Kansas Advocates Network	Topeka	22
August 29, 2019	Self-Advocates Coalition of Kansas	Topeka	15
September 11, 2019	Families for KanCare Reform	Lenexa	7
September 10, 2019	Community Developmental Disability Organizations (CDDOs)	Topeka	27
September 19, 2019	GRAIL	Topeka	2
September 25, 2019	Johnson County Developmental Services Stakeholders	Olathe	30
October 8, 2019	Self-Advocates of Lawrence	Lawrence	18
October 15, 2019	Stakeholders/Participants/Providers	Parsons	16
October 22, 2019	Cottonwood CDDO Affiliate Meeting	Lawrence	17

Waiver Renewal Listening Sessions (continued)

Throughout the listening sessions, stakeholders addressed many topics which could be grouped into several common themes:

- HCBS Waitlist Management and Transitions
- HCBS Waiver Services
- Employment and Workforce Issues
- Self-Direction and Self-Determination
- Transportation Issues
- Targeted Case Management
- Background Checks
- General KanCare or MCO-Related Issues

Brain Injury Waiver

- Kansas received formal approval on November 25, 2019 to expand the BI Waiver to include youth ages birth through 15 years. The amendment was effective December 1, 2019.
- Development of the functional assessment tool for youth ages 4 through 15 years is completed and is available for use.
- Children ages birth through 3 years will access the waiver via a physician order.

Protected Income Level Success Stories

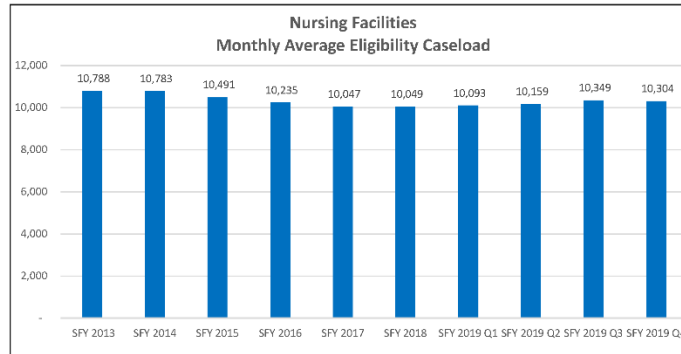
The change in the Protected Income Level has had a significant impact on HCBS waiver participants. A few examples of the letters we've received:

- "We could buy meat!"
- A participant reports that she'll now be able to eat more and pay off bills she hasn't been able to. She says this is going to lower her stress.
- "Because of the reduction, he can pay for some of the dental and medical that was not covered by insurance. He can afford to get shoes twice a year at \$200 each time. They are special order..."

LONG-TERM CARE

Average Census for State Institutions and Long-Term Care Facilities

- The monthly Medicaid average eligibility caseload for nursing facilities has remained steady.



After the presentations from both KDHE and KDADS, participants were offered the opportunity to present questions or comments for discussion. Most of the comments and questions were related to Aetna onboarding and Medicaid Expansion. Director Proffitt explained the work the agencies were completing on the new data warehouse. One stakeholder-advocate complained about the low attendance and that he had not received notice of the annual public forum. Director Proffitt explained the publication of the notice for the Public Forum on the KanCare website.