

# Summary of Annual KanCare Post Award Forum Held 12.7.2021

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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 2021 KanCare Public Forum, providing updates and opportunity for input, on Tuesday, December 7, 2021, from 3:00-4:00 pm via Zoom virtual meeting. The forum was published on the home page of the [www.KanCare.ks.gov](http://www.KanCare.ks.gov) website, starting in November 2021. A screen shot of the notice from the KanCare website face page is as follows:



At the public forum, less than 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; staff from the KanCare managed care organizations; and CMS. A summary of the information presented by state staff is included in the following PowerPoint documents:

**KDHE:**





## State of the KanCare Program

### Sarah Fertig, State Medicaid Director

- KanCare Program Update
  - Recent Audits Update
  - American Rescue Plan Act Update
  - Update on Protected Income Limit
- OneCare Kansas
- Disability and Behavioral Health Employment Support Pilot (STEPS) Program
- KanCare COVID-19 Update
- KanCare Analytics and Performance Metrics

### Christiane Swartz, Director of Medicaid Operations

- Eligibility Update
- Medicaid Eligibility Applications Update
- KDHE Clearinghouse Staffing
- KDHE Plan for Unwinding PHE



## Update: Recent Audits

### Payments after death audits – HHS OIG and Medicaid IG

- Audits identified capitation payments made on behalf of deceased beneficiaries. The HHS OIG examined the time period of July 1, 2017 to June 30, 2019. The MIG examined the time period of January 1, 2018, to April 30, 2021.
- Actions taken since early 2021:
  - Recouped overpayments from current MCOs through capitation payment offsets, and from Amerigroup as part of a settlement on all outstanding financial items.
  - Initiated a look-back project to January 1, 2013, to identify and correct any remaining cases with a date of death in the eligibility database but not in the capitation payments database.
  - Corrected the IT issue that caused the eligibility and capitation payments systems not to communicate.
- KDHE is considering leveraging additional resources to help validate date of death data.

### Update: Recent Audits (continued)

- Medicaid IG audits
  - #22-01 – *reporting Medicaid eligibility fraud*
    - KDHE concurs with findings. The Eligibility team is working with the IG to develop a workflow for fraud referrals. The Clearinghouse IVR system now includes an option to report eligibility fraud.
  - #22-02 – *MediKan eligibility*
    - **912** cases identified where MediKan eligibility exceeded the 12-month lifetime limit. Of these cases:
      - **432** were due to KDHE's decision to include MediKan in the FFCRA maintenance of effort requirement;
      - **462** were due to staff error; and
      - **18** were continued due to an IT systems issue related to the KEES rollout.
      - **175** had no claims, so no money was paid out.
    - MediKan is a fee-for-service program; all amounts paid were for services received from a provider.

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### The American Rescue Plan Act of 2021 – Pregnant Women

- Effective 4/1/22, states may extend Pregnant Women coverage to 12 months postpartum through a Medicaid state plan amendment. This would add 10 additional months of coverage for the Pregnant Women eligibility group.
- KDHE is studying whether Kansas should pursue this option.
  - Currently, about 2/3 of women in the Pregnant Women eligibility group lose Medicaid coverage around 60 days postpartum.
  - The Kansas Maternal Mortality [Report](#) found that nearly half of all pregnancy-associated deaths occurred after 42 days postpartum, and Medicaid moms are most at risk.
  - State plan amendment would allow both mom and baby to be covered for the first year of the baby's life.
  - KDHE has asked the KFMC to study the actual experience of moms whose eligibility has been extended during the pandemic.
  - Most states are actively working to extend coverage for postpartum women. See [this tracker](#).
- KDHE is working to develop a fiscal impact.

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### The American Rescue Plan Act of 2021 – 10% FMAP increase to supplement HCBS/PACE

- States may claim 10% additional FMAP on certain services between 4/1/21-3/30/22. These funds must be used to *supplement*, not supplant, current HCBS/PACE/home health spending.
- Funds may be spent through 3/30/24.
- On July 9, 2021, KDHE and KDADS submitted a joint initial spending plan to CMS for approval.
- KDHE projects (*all tentative pending CMS approval*):
  - Pilot investment in community health workers
  - Incentivize investments in housing for homeless or housing-insecure HCBS members
  - Training for primary care and dental providers to expand and improve services to HCBS members
  - In-depth evaluation of the STEPS supported employment program



### Update on the Protected Income Limit

2021 HB 2007 required KDHE to set the protected income limit (PIL) for HCBS waivers and PACE at 300% of SSI.

On August 16, 2021, CMS approved our amendments to the HCBS waivers impacted by the PIL change. Under the Kansas Medicaid state plan, the PACE PIL is linked to the FE waiver PIL.

The KanCare Clearinghouse has processed all impacted cases, with the PIL change effective July 1, 2021. KDHE is in the process of updating its PIL regulation.

Before PIL Change	Total members	Members with a Client Obligation	Percentage
HCBS	25,002	2496	9.98%
PACE	699	115	16.45%
	<b>25,701</b>	<b>2611</b>	<b>10.16%</b>
<b>After PIL change eff. 07/2021</b>			
	Total members	Members with a Client Obligation	Percentage
HCBS	25,102	180	0.72%
PACE	703	5	0.71%
	<b>25,805</b>	<b>185</b>	<b>0.72%</b>

### OneCare Kansas

- Program launched on April 1, 2020 and expanded to additional members on April 1, 2021.
  - The expansion opened eligibility to an additional 25,000 members with schizophrenia, bipolar and depressive disorders. Members must opt-in to OneCare Kansas.
  - **1084** members enrolled in Asthma population as of September 1, 2021.
  - **1843** members enrolled in SMI population as of September 1, 2021.
- State staff continue to engage OCK partners and stakeholders to explore options for increasing program participation, including adding additional eligible diagnoses.
- State staff are offering educational opportunities to inform Targeted Case Managers of the impact of OCK on populations who are eligible for both TCM as well as OCK.
- OCK recently published a [booklet](#) of success stories highlighting the impact the program has had on members.

#### What is OneCare Kansas?

The term "OneCare Kansas" refers to a new Medicaid option to provide coordination of physical and behavioral health care with long term services and supports for people with chronic conditions. OneCare Kansas expands upon medical home models to include links to community and social supports. OneCare Kansas focuses on the whole person and all his or her needs to manage his or her conditions and be as healthy as possible. All the caregivers involved in a OneCare Kansas member's health communicate with one another so that all of a patient's needs are addressed in a comprehensive manner.

OneCare Kansas is intended for people with certain chronic conditions, like diabetes, asthma, or mental illness. These people must be KanCare members. They can be members who also receive Medicare along with Medicaid.



### Support and Training to Employ People Successfully (STEPS) Pilot Program

- Background:
  - Kansas included this voluntary pilot program for up to 500 eligible KanCare members in our KanCare 2.0 1115 waiver.
  - Pilot participants will have access to Benefits Specialists who will provide program guidance to potential participants so that they are aware of any impact participation in the pilot may have on benefits.
- Update since April:
  - **STEPS launched on July 1, 2021.**
  - So far 57 individuals have been referred to the program by MCOs and Working Healthy Benefits Specialists. Six are enrolled in the program; 28 are in process.
    - Most are on the I/DD waiver wait list.
    - Referrals range in age from 19-45.
  - Outreach efforts continue to identify potential participants.
  - STEPS was featured in the [Liberal Leader & Times](#) newspaper.

## KanCare COVID-19 Update - Recent Highlights

- Beginning April 1, 2021, COVID-19 vaccines are paid for with 100% federal dollars as allowed under the American Rescue Plan Act.
  - Beginning April 1, 2021, the Medicaid rate for COVID-19 vaccine administration matches the Medicare rate - \$40/shot.
  - Beginning June 8, 2021, Medicaid will also match Medicare in paying a \$35 bonus for vaccines administered in the patient's home.
- The PHE is currently set to expire on January 16, 2021.
  - Federal law allows the state to draw down 6.2% additional FMAP through the quarter in which the PHE ends. **As of June 30, 2021, the cumulative impact of the enhanced FMAP is \$381,207,143.**
- On September 10, 2021, the Biden administration announced its plans to require hospitals, nursing facilities, dialysis centers, ambulatory surgical centers, and other facilities to vaccinate their staff for COVID-19 as a condition of participating in Medicare and Medicaid. The interim final rule was released in November and has been enjoined. KDHE and KDADS are monitoring this development.

## Overview of Changes to Program (Not Complete List)

- Delay annual eligibility reviews; will not remove anyone from program during the PHE except if the person ceases to be a resident of the state, or voluntarily withdraws from the program (required for enhanced FMAP)
- Applicants and beneficiaries have an additional 120 days to request a fair hearing, if the original 33 day deadline falls between March 2020 and the end of the PHE
- Remove all cost sharing for COVID-19 testing/treatment/vaccines for KanCare members
- Allow for greater flexibility of day service location for HCBS members
  - Services can be rendered in home by family member, with reimbursement to family member
- Suspend provider revalidation, allowing for continuity of care
- Allow for out of state, non-KanCare providers to provide services in KS
- Suspend PASRR Level 1 and Level 2 requirements for 30 days
- Temporarily cease all physical visits from MCOs to providers/members
- Allow for early refill of maintenance prescriptions; increase level of pharmacy delivery and mail order availability



## KMAP Website



### COVID-19 KMAP Providers Information Page

To better serve Kansas Medical Assistance Program (KMAP) providers during the COVID-19 public health emergency, we will be updating this page with the latest information regarding changes being implemented by KMAP. This will allow providers to identify important information quickly and within a single area.

#### Bulletins

All KMAP bulletins are available [here](#).  
Bulletins related to COVID-19 are listed on the following pages.

[Telemedicine](#)  
[Contact Information](#)  
[Coverage Information](#)  
[Miscellaneous](#)

#### Online Resources

[KDHE COVID-19 Updates](#)  
[Kansas Medical Assistance Program \(KMAP\)](#)  
[Aetna](#)  
[Sunflower](#)  
[UnitedHealthcare](#)  
[Health and Human Services](#)  
[Centers for Disease Control and Prevention](#)

#### Manuals

All KMAP manuals are available [here](#).  
KMAP manuals do not currently contain information specific to the COVID-19 updates. Please refer to the bulletins on the following pages.

#### Important Contacts

Kansas Medical Assistance Program (KMAP): 1-800-933-6593  
Aetna Better Health of Kansas: 1-855-221-5656  
Sunflower State Health Plan: 1-877-644-4623  
UnitedHealthcare Community Plan of Kansas: 1-877-542-9235

## KMAP Website



### COVID-19 Related Bulletins

Bulletins related specifically to COVID-19 are listed below by category. All KMAP bulletins are available [here](#).  
Click [here](#) to return to main page.

#### Telemedicine

[20045: KanCare Telemedicine Reimbursement Update](#)  
[20046: Updated - Telemedicine in Response to COVID-19 Emergency](#)  
[20051: Updated - Expand Telemedicine to HCBS Services](#)  
[20052: Dental Codes Allowed by Telephone During COVID-19](#)  
[20062: Expansion of Telemedicine Services Allowed by ECI and LEA](#)  
[20065: Additional Telemedicine Codes During COVID-19 Emergency](#)  
[20067: Tobacco Cessation Counseling via Telemedicine During COVID-19](#)  
[20068: Updated - Telemedicine for BI Waiver Services During COVID-19](#)  
[20070: SED Waiver Codes via Telemedicine During COVID-19](#)  
[20072: Additional E/M Codes via Telemedicine During COVID-19](#)  
[20073: Expansion of Telemedicine Services for Therapy](#)  
[20075: Revision to April 2020 NCCI PTP MUE Files - Telemedicine](#)  
[20076: Wheelchair Seating Assessment Codes Allowed by Telemedicine](#)  
[20086: Mental Health Crisis Intervention Codes via Telemedicine](#)

#### Telemedicine - Continued

[20102: I/DD Telemedicine Services During COVID-19](#)  
[20105: Telemedicine Billing Guidelines During COVID-19](#)  
[20111: Clarification of Written Consent Requirement for Telemedicine](#)  
[20120: Expansion with Select Telemedicine Allowed Codes/Home Setting](#)  
[20219: Allowance of T2011 via Telemedicine](#)

#### Contact Information

[20043: KMAP Contact Updates During COVID-19 Emergency](#)  
[21082: COVID-19 Vaccine Resources During the Public Health Emergency](#)





## KMAP Website



### COVID-19 Related Bulletins

Bulletins related specifically to COVID-19 are listed below by category. All KMAP bulletins are available [here](#). Click [here](#) to return to main page.

#### Coverage Information

- [20041: Coronavirus \(COVID-19\) Coverage – Updated](#)
- [20056: Retail and Physician Administered Drug Plan for COVID-19](#)
- [20057: MCO Non-Network Provider Participation Requirements](#)
- [20059: Coverage of COVID-19 Testing and Treatment](#)
- [20069: COVID-19 Drug Shortage – Albuterol Inhalers](#)
- [20071: COVID-19 Temporary Waivers](#)
- [20088: Reimbursement to Providers and Facilities Serving the Uninsured](#)
- [20090: HCBS Exceptions – Specialized Medical Care](#)
- [20091: HCBS Exceptions – Day Supports and Residential Service](#)
- [20092: Disaster Emergency Exceptions – Personal Care Services](#)
- [20096: Extension of COVID-19 Emergency Policies](#)
- [20099: HCBS Background Check Exceptions During COVID-19](#)
- [20107: COVID-19 Antibody Testing and High Throughput Technology](#)
- [20121: COVID-19 Testing & Treatment Services – Unmet Spenddown](#)
- [20126: Rate Adjustments for COVID-19 Testing](#)
- [20259: Coverage of COVID-19 Syncytial Virus Testing](#)
- [20262: Updated - COVID-19 Vaccine Coverage](#)
- [20271: Rate Adjustments to support High Throughput COVID-19 Testing](#)

#### Coverage Information - Continued

- [21019: PHE COVID-19 Vaccine Billing by Pharmacy DME Providers](#)
- [21066: COVID-19 Vaccine Coverage During The Public Health Emergency](#)
- [21075: Additional Providers Approved for COVID-19 Vaccine Coverage During Public Health Emergency](#)
- [21074: Johnson & Johnson COVID-19 Vaccine Administration](#)
- [21085: COVID-19 Monoclonal Antibody Infusions](#)
- [21088: COVID-19 Vaccine Coverage During the Public Health Emergency – Pfizer BioNTech \(Age 12-15\)](#)
- [21136: Rate Increase for COVID-19 Vaccine Administration in the Home](#)
- [21142: Additional COVID-19 Monoclonal Antibody Infusion Codes](#)
- [21171: Third Dose of Pfizer and Moderna COVID-19 Vaccine](#)



## KMAP Website



### COVID-19 Related Bulletins

Bulletins related specifically to COVID-19 are listed below by category. All KMAP bulletins are available [here](#). Click [here](#) to return to main page.

#### Miscellaneous

- [20047: OneCare Kansas Guidance](#)
- [20060: KMAP Provider Information Page](#)
- [20104: Stimulus Funds for HCBS Residents of LTC Facilities](#)
- [20130: CARES Act Relief Fund for Providers](#)
- [20145: Updated – HCBS Provider Retainer Payments](#)
- [20149: CARES Act Relief Fund for Providers – Additional Distributions](#)
- [20151: Application Fee Waived During COVID-19 Emergency](#)
- [20161: CMS Provided a Medicaid & CHIP Provider Relief Fund Update](#)
- [20162: HHS Distributing Funding to Hospitals – Apply Now](#)
- [20224: HHS Expands Relief Fund Eligibility and Updates Reporting](#)
- [21011: New COVID ICD-10 Diagnosis Codes and PCS Procedure Codes](#)

## Analytics and Performance Metrics

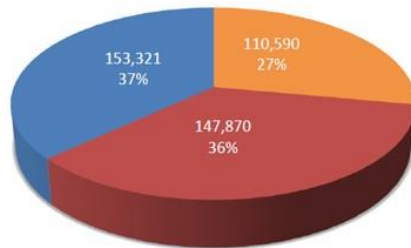
Sarah Fertig, State Medicaid Director

- Enrollment by Plan
- Claims Information – Number of Claims and Denial Rates
- Grievances and Appeals
- Customer Service and Call Center
- MCO Financial Review

Overall member counts continue to increase since the last reporting period.

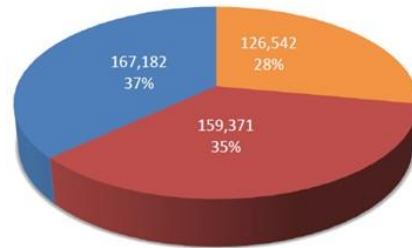
- Aetna remains stable, accounting for 28% of total membership.
- United and Sunflower also maintain their overall populations since the last reporting period.
- United continues to have the largest number of total members: 167,182 at the end of June.

**2020 Year-End**  
411,781 Members Total



■ ABH ■ SUN ■ UHC

**2021 YTD (January - June)**  
453,094 Members Total



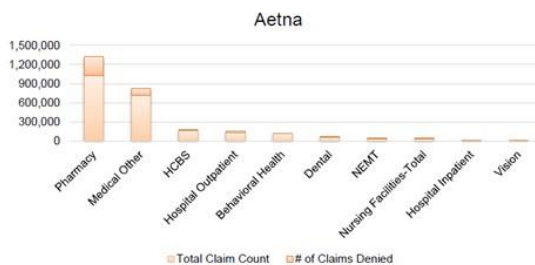
■ ABH ■ SUN ■ UHC

## Processed & Denied Claims Table

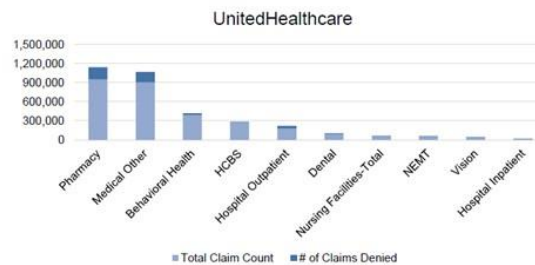
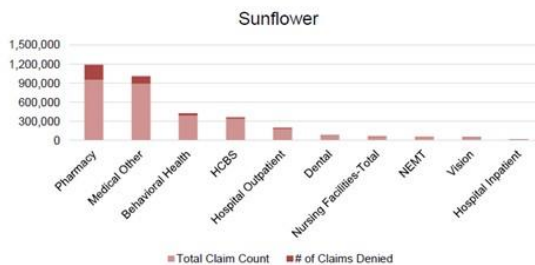
Service Type	Count of Processed Claims			% of Services by MCO		
	ABH	SUN	UHC	ABH	SUN	UHC
Pharmacy	1,022,507	956,316	951,183	44.42%	31.48%	32.04%
Medical Other	720,732	891,565	903,771	31.31%	29.35%	30.44%
HCBS	167,944	343,515	276,048	7.30%	11.31%	9.30%
Hospital Outpatient	123,327	181,986	181,751	5.36%	5.99%	6.12%
Behavioral Health	115,755	395,299	392,787	5.03%	13.01%	13.23%
Dental	59,185	80,043	89,595	2.57%	2.64%	3.02%
NEMT	39,350	59,019	59,225	1.71%	1.94%	2.00%
Nursing Facilities-Total	37,319	61,396	56,960	1.62%	2.02%	1.92%
Hospital Inpatient	11,529	18,259	14,687	0.50%	0.60%	0.49%
Vision	4,409	50,042	42,601	0.19%	1.65%	1.44%
<b>Total</b>	<b>2,302,057</b>	<b>3,037,440</b>	<b>2,968,608</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>

Service Type	Count of Denied Claims			% of All Denied Claims by Service Type		
	ABH	SUN	UHC	ABH	SUN	UHC
Pharmacy	296,858	232,276	188,028	66.55%	51.46%	41.56%
Medical Other	102,691	120,767	163,260	23.02%	26.76%	36.09%
Hospital Outpatient	23,851	20,632	38,297	5.35%	4.57%	8.47%
Dental	8,487	6,996	14,457	1.90%	1.55%	3.20%
HCBS	4,362	23,577	8,245	0.98%	5.22%	1.82%
Behavioral Health	4,066	32,134	24,203	0.91%	7.12%	5.35%
Nursing Facilities-Total	2,887	3,678	6,966	0.65%	0.81%	1.54%
Hospital Inpatient	2,400	4,464	2,946	0.54%	0.99%	0.65%
Vision	386	6,300	5,493	0.09%	1.40%	1.21%
NEMT	93	540	513	0.02%	0.12%	0.11%
<b>Total</b>	<b>446,081</b>	<b>451,364</b>	<b>452,408</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>

## Total Claims & Denied Claims (YTD January - June 2021)

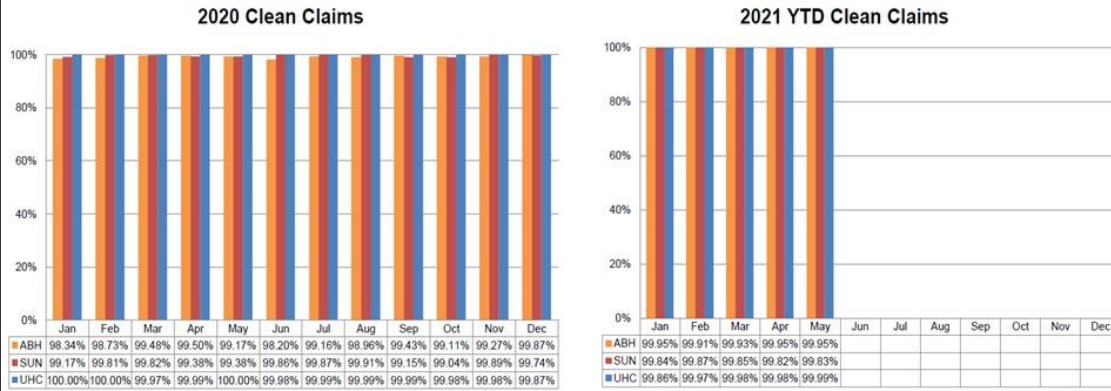


Pharmacy has the highest percentage of denied claims across the program because it is a point-of-sale service.



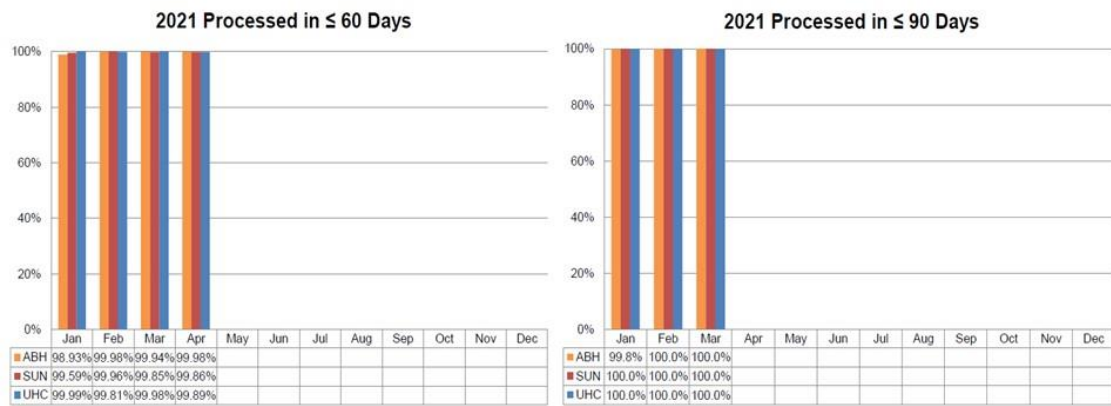


## Clean Claims Processed ≤ 30 Days



The contract standard is 100% of clean claims will be processed within 30 days. A clean claim is a claim that can be paid or denied with no additional intervention required. Clean claims do not include adjusted or corrected claims, claims that require documentation for processing (e.g., consent forms, medical records, etc.), claims from new out-of-network providers, or claims where a plan's updated policy changes were not received by the state at least 30 days before the effective date.

## Claims Processed Within 60-90 Calendar Days

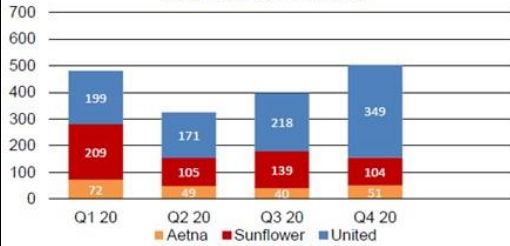


The contract standard is 100% of clean claims will be processed within 30 days; 99% of non-clean claims will be processed within 60 calendar days; and 100% of non-clean claims will be processed within 90 calendar days.

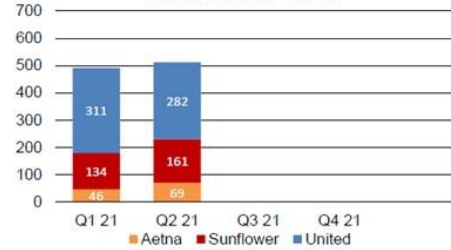


## KanCare Update December 2021

### Resolved Member Grievances 2020



### Resolved Member Grievances 2021



2021 2nd Qtr Member Grievance Top 5 Trends

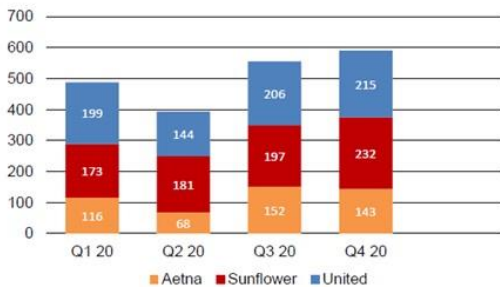
Aetna		Sunflower		United	
Total # of Resolved Grievances	69	Total # of Resolved Grievances	161	Total # of Resolved Grievances	282
Trend 1: Transportation – Other	20%	Trend 1: Transportation – Other	23%	Trend 1: Billing/Financial Issues (non-transportation)	26%
Trend 2: Quality of Care (non HCBS Providers)	19%	Trend 2: Transportation – No Show	19%	Trend 2: Transportation – Other	15%
Trend 3: Billing/Financial Issues (non-transportation)	17%	Trend 3: Transportation – Late	16%	Trend 3: Quality of Care (non HCBS Providers)	11%
Trend 4: Access to Service or Care	13%	Trend 4: Quality of Care (non HCBS Providers)	12%	Trend 4: Transportation – No Show	11%
Trend 5: Transportation – No Show	13%	Trend 5: Customer Service	6%	Trend 5: Transportation – Late	9%

Protect and improve the health and environment of all Kansans

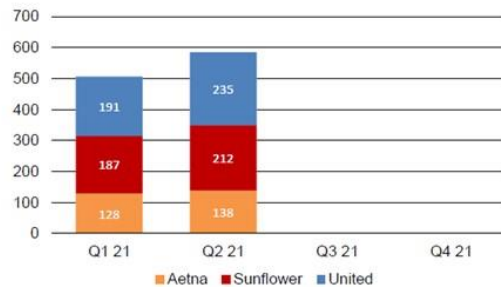


## KanCare Update December 2021

### Resolved Member Appeals 2020



### Resolved Member Appeals 2021



2021 2nd Qtr Member Appeals Top 5

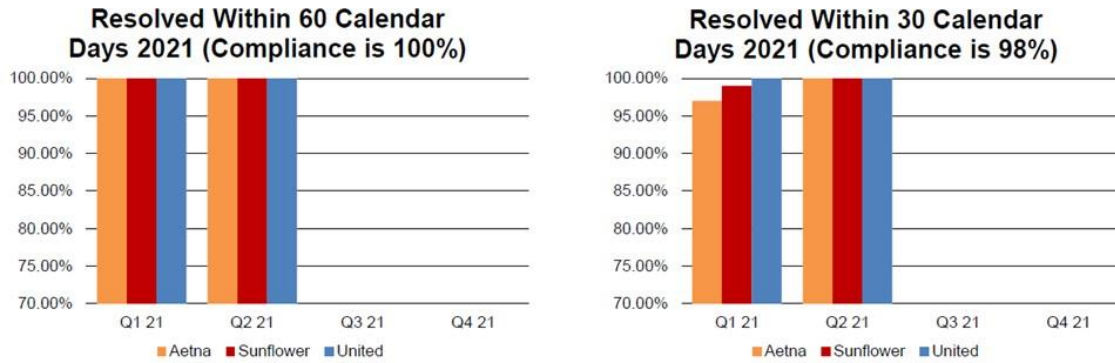
Aetna		Sunflower		United	
Total # of Resolved Member Appeals	138	Total # of Resolved Member Appeals	212	Total # of Resolved Member Appeals	235
1: Criteria Not Met – Pharmacy	51%	1: Criteria Not Met – Radiology	37%	1: Criteria Not Met – Pharmacy	57%
2: Criteria Not Met – Radiology	21%	2: Criteria Not Met – Pharmacy	28%	2: Criteria Not Met – Inpatient Admissions (Non-Behavioral Health)	14%
3: Criteria Not Met – Medical Procedure	8%	3: Criteria Not Met – Other	9%	3: Criteria Not Met – Durable Medical Equipment	7%
4: Criteria Not Met – Other	7%	4: Criteria Not Met – Durable Medical Equipment	8%	4: Criteria Not Met – Dental	4%
5: Criteria Not Met – Durable Medical Equipment	6%	5: Criteria Not Met – PT/OT/ST	4%	5: Criteria Not Met – Medical Procedure	4%

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## KanCare Update December 2021

### Provider Appeals



2021 2nd Qtr Provider Appeals Top 5

Aetna		Sunflower		United	
Total # of Resolved Provider Appeals	466	Total # of Resolved Provider Appeals	1,471	Total # of Resolved Provider Appeals	829
1: Claim Payment Denied – Medical (Physical Health not Otherwise Specified)	38%	1: Claim Payment Denied – Medical (Physical Health not Otherwise Specified)	27%	1: Claim Payment Denied – Medical (Physical Health not Otherwise Specified)	31%
2: Criteria Not Met – Hospital Inpatient (Non-Behavioral Health)	17%	2: Claim Payment Denied – Laboratory	21%	2: Claim Payment Denied – Hospital Inpatient (Non-Behavioral Health)	21%
3: Claim Payment Denied – Durable Medical Equipment	10%	3: Claim Payment Denied – Hospital Outpatient (Non-Behavioral Health)	10%	3: Claim Payment Denied – Laboratory	14%
4: Claim Payment Denied – Hospital Outpatient (Non-Behavioral Health)	9%	4: Claim Payment Denied – Hospital Inpatient (Non-Behavioral Health)	9%	4: Claim Payment Denied – Home Health	8%
5: Claim Payment Denied – Laboratory	8%	5: Claim Payment Denied – Durable Medical Equipment	6%	5: Claim Payment Denied – Hospital Outpatient (Non-Behavioral Health)	7%

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## KanCare Update December 2021

### KanCare

MCO Profit and Loss per NAIC Filings  
For the Quarter Ended June 30, 2021

	Aetna	Sunflower	United	Total
Total Revenues	\$552,088,294	\$882,190,432	\$730,495,578	\$2,164,774,304
Total hospital and medical	\$440,336,978	\$710,309,797	\$611,348,748	\$1,761,995,523
Claims adjustments, General Admin., Increase in reserves	\$74,284,902	\$138,873,800	\$88,398,952	\$301,557,654
Net underwriting gain (loss)	\$37,466,414	\$33,006,835	\$30,747,878	\$101,221,127
Net income (loss) after capital gain tax & before all other federal income taxes	\$40,243,844	\$33,994,370	\$30,747,878	\$104,986,092
Federal and foreign income tax/(benefit)	\$7,533,278	\$7,015,883	\$5,489,303	\$20,038,464
Add Back Change to Reserves				\$0
Adjusted Net income (loss)	\$32,710,566	\$26,978,487	\$25,258,575	\$84,947,628
GP before income tax	7.3%	3.9%	4.2%	4.8%

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

Protect and improve the health and environment of all Kansans

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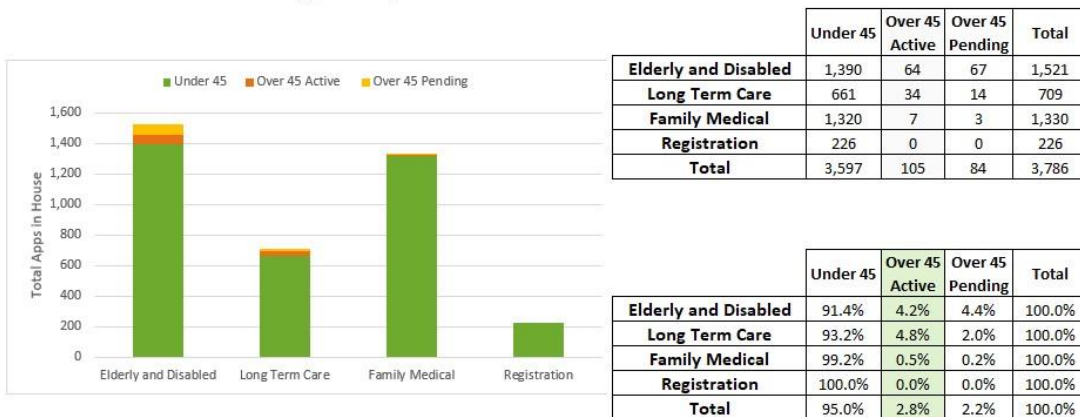
## Eligibility Update

Christiane Swartz, Director of Medicaid Operations

- Medicaid Eligibility Applications Update
- Federally Facilitated Marketplace Open Enrollment Update
- Transition of Medicaid Application Eligibility Processing
  - KDHE Staffing Update
- Status of Clearinghouse contract
- Preparation for the eventual end of the PHE

## Medicaid Eligibility Application Status

- 3,786 total applications in house
  - 189 applications over 45 days, 5% of total applications; 105 applications (3% of total) over 45 days in active status – ready to be processed
  - 84 applications (2% of total) over 45 days in pending status – waiting for more information from applicant/provider/financial institution



## Federally Facilitated Marketplace Open Enrollment Status

- The Federally Facilitated Marketplace yearly open enrollment which ended on 12/15 was followed by 2 Special Enrollment periods
- The second Special Enrollment period ended on August 15, 2021.

## KDHE Clearinghouse Staffing

- Filled most positions as part of the transition of the processing of the Elderly, Disabled, and Long Term care medical program applications to KDHE
  - Continue recruiting and hiring for eligibility staff
  - Continue conducting Training classes for new hires and existing staff

Department	Number of Staff
KDHE Training & Quality	27 – ongoing 27 – hired 0 – vacancy
KDHE Eligibility Staff (Elderly & Disabled, Long Term Care Medical Programs)	253 - ongoing 23 Supervisors hired 158 Eligibility staff hired 71 Eligibility staff vacancies 1 Supervisor vacancy
KDHE Operations	30 - ongoing 29 - hired 1 vacancies
<b>Total</b>	<b>310 staff      Vacancies 73 ( about 24%)</b>

### Clearinghouse Contract Update

- MAXIMUS continued to operate the Eligibility Clearinghouse, processing Family Medical applications through the end of its contract period (12/31/20).
- CONDUENT took over operations of the Eligibility Clearinghouse on 01/01/21, and has completed the first 8 months of operations.
  - Despite an extremely aggressive implementation timeline of 4 months, the transition from MAXIMUS to CONDUENT was very smooth.
  - No disruption in services occurred. Any issues identified post implementation were immediately addressed and resolved.
  - The transition had no impact on our ability to process applications within the statutory timelines and the clearinghouse is ready to continue managing the Special Enrollment Periods.
  - The agency oversees the daily performance of the contractor. During the first 8 months of operations, performance has steadily improved from month to month.

### Preparation for the eventual end of the PHE

Eligibility staff started planning for the eventual end of the federal public health emergency (PHE) and transition back to normal operations:

- Mitigation/management of increased workload: Due to the continuous enrollment requirement under section 6008 of the FFCRA, we will be faced with a large number of eligibility and enrollment actions including resumption of processing renewals that have accumulated since March 2020. CMS has issued guidance to assist the States and are conducting weekly technical assistance webinars.
- Clean up efforts to reverse actions taken to ensure continuous enrollment.
- Review of COVID-19 related eligibility policies and assess for retention or discontinuance.



## **Thank You/Questions**



KDADS:

## KDADS Updates

### **Presentation to KanCare Advisory Council Meeting & Public Hearing**

**Date: December 7, 2021**

**Time: 2:00-4:00 pm**

#### **Updates**

Department for Aging and Disability Services

**Janis DeBoer, Deputy Secretary**



September 22, 2021

## Priorities and Issues

- CMS 10% FMAP Bump for Medicaid community-based services with a focus on HCBS and PACE programs – Narrative and Spending Plans submitted
- SAMHSA Block Grant federal relief fund opportunities – Plans submitted
- Nursing Facilities for Mental Health (NFMHs) Pre-Litigation Settlement Agreement – signed
- Planning and Implementation Associated with Certified Community Behavioral Health Clinics (CCBHCs)
- Addressing Workforce Issues, including at State Hospitals
- Ongoing management of Covid-related issues



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## Agreement - Nursing Facilities for MH

- Kansas has ten state-funded nursing facilities for mental health (NF-MH), serving around 600 persons
- In August, the State announced a pre-litigation agreement with the Disability Rights Center of Kansas (DRC) and several national disability rights organizations in response to a demand letter issued in June, 2020 to Sec. Lee Norman and Sec. Laura Howard
- The demand letter alleged discrimination against persons with mental illness in violation of Title II of the Americans with Disabilities Act and other federal laws
- Over the last 10 months, all involved parties have met to see if we could reach an amicable path to address the issues in the demand letter
- The agreement focuses on enhancing informed choice and providing additional community options



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## Agreement - Nursing Facilities for MH

- **3 Outcomes/8 Practice Improvements.** The agreement provides for 3 outcomes with targeted goals for the next five years; and 8 practice improvements to be phased in over 8 years, with most completed in 1 – 5 years.
  - The outcomes focus on diversion, reducing long-term average lengths of stay, and increasing the number of residents who are discharged and successfully remain in the community.
  - The practice improvements are about informed choice, person-centered planning, a reformed PASSR process, employment, assertive community treatment and supported housing
- **Funding** in the approved FY 22 budget and policies supported by the 2021 Legislature cover most elements of the Agreement. Bridge funding through some one-time federal block grants funds will be used to 'kick start' some elements. CCBHC implementation covers many elements in the future.
- The agreement requires no specific spending levels, allows for renegotiation/mediation if circumstances change
- Parties agree not to initiate any class action litigation during the pendency of the Agreement.



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## Priorities and Issues Nursing Facility Receiverships

- KDADS took 22 adult care homes into receivership due to insolvency or because life-threatening or endangering conditions existed at the facilities.
- The Receivership Statute was updated during the 2019 legislative session: K.S.A. 39-954.
- Of the twenty-two nursing facilities in receivership:
  - One facility closed in 2018, one sold in early 2019.
  - The fifteen Skyline facilities sold effective October 1, 2019.
  - One of the three Pinnacle Receivership facilities sold November 1, 2019.
  - One facility sold June 1, 2020.
  - One facility sold in August 2020.
  - A facility sold in February 2021.
  - One facility remains on the market for sale.



## Nursing Facilities Medicaid Participation and Monthly Average Eligibility Caseload

- 325 licensed Nursing Facilities with 97.5% Medicaid participation as of July 29, 2021

Region	NF	NFMH	LTCU	Total
NE	76	6	4	86
NW	66		11	77
SE	74	3	3	80
SW	67	1	6	74
<b>Total</b>	<b>283</b>	<b>10</b>	<b>24</b>	<b>317</b>



## HCBS Waiver Enrollment—July 2021

HCBS Program	Number of People Eligible to Receive HCBS Services	Number of People on Wait List	Number of Proposed Recipients
Autism	44		350 (As of 07/31/2021)
Serious Emotional Disturbance (SED)	3,416		
Technology Assisted (TA)	623		
Frail Elderly (FE)	5,820		
Brain Injury (BI)*	764		
Intellectual and Developmental Disabilities (I/DD)	9,116	4,523	
Physical Disability (PD)	6,041	2,191	

Notes:

- Data as of August 16, 2021
- 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))



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## HCBS Waiver Projects in 2021

In addition to the day-to-day management of the seven HCBS Waiver programs, KDADS will focus on the following initiatives during 2021:

- 10% FMAP Enhancement Projects
- Final Settings Rule Compliance
- Brain Injury Waiver Policies
- Autism Task Team
- Autism and SED Waiver Renewals (renews in 2022)



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## 10% FMAP Enhancement Projects

KDADS is expected to draw down approximately \$80.3 million in additional federal match for Home and Community Based Services (HCBS) which must be reinvested in HCBS-related initiatives.

In order to determine how to invest the funding, KDADS leveraged several guiding principles:

### Maximize benefit to Kansas citizens

**Ensure equity.** Support full spectrum of eligible HCBS populations. Target underserved & minority populations.

**Balance direct and indirect investments.** Mix member services support with foundational enablers.

### Invest in lasting impact and change

**Balance near- and long-term benefits.** Mix one-time benefits with systemic changes.

**Measure, track & report impact.** Compare future metrics to baseline to prove impact.

**Prioritize sustainable initiatives.** Invest in continuity after funding is exhausted (e.g., initiatives with cost savings).

### Ensure flexibility to meet evolving needs

**Incorporate ability to scale pilot programs up or down.** Align on decision milestone & leverage impact metrics.

**Leverage flexibility** of initial spending plan to re-evaluate needs during implementation process.

### Fully utilize all Federal funding

**Use all one-time funding.** Slightly frontload expenditures and ensure exhaust funding by 2024.

**Comply with requirements.** Ensure compliance with Federal requirements where they exist.



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## 10% FMAP Enhancement Projects

KDADS gathered ideas from several key stakeholders across Kansas:



### Advocacy groups

e.g., Interhab, Big Tent Coalition



### Service providers

e.g., Aging and Disability Resource Centers, Managed Care Organizations



### Government agencies

e.g., KDADS



### Educational institutions

e.g., University of Kansas Lifespan Institute



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## 10% FMAP Enhancement Projects

The long list of ideas was narrowed down into three priority investment areas based on size of need and alignment to principles:



### Workforce

Improve DSW **retention and training** leading to enhanced capacity, quality of care, and career opportunities



### Employment

Support disabled workers to **find integrated jobs** at employers who pay fair minimum wage



### Access to care

Expand accessibility to HCBS through **transition management**, & increased **capacity**

## 10% FMAP Enhancement Projects



### Workforce

Workforce Initiatives account for approximately 71% of the project spending proposal.

Approximately \$57.1 million is included in the Kansas Initial Spending Plan.

- Workforce Recruitment & Retention Bonus Program
- Training Grants
- Study & Design of Career Ladder

## 10% FMAP Enhancement Projects



### Employment

Employment Initiatives account for approximately 3% of the project spending proposal.

\$2.0 million is included in the Kansas Initial Spending Plan.

- Create a Roadmap for Employment First in Kansas

## 10% FMAP Enhancement Projects



### Access to care

Access to Care Initiatives account for approximately 26% of the project spending proposal.

\$20.7 million is included in the Kansas Initial Spending Plan.

- Waiting List Study
- Transition Services
- Behavioral Management Training Pilot
- KDADS Final Settings Rule Staffing
- Remodeling Grants for Final Settings Rule
- Study TCM Models
- Mobile Crisis for I/DD
- SIM Consultant

# HCBS Final Rule

## Community Connections



### What is the HCBS Settings Final Rule?

- Published in the Federal Register on January 16, 2014.
- The HCBS Settings Final Rule defines the qualities of settings that are eligible to receive HCBS funding.
- The Final Rule is designed with the intent to improve people's quality of life, increase their choices for services and settings, and provide them with more protections.
- Aims to ensure that individuals receiving long-term services and supports through home and community based service programs have full access to benefits of community living and the opportunity to receive services in the most integrated setting appropriate.
- The Final Rule applies to all settings where Home and Community Based Services are delivered.
- HCBS Settings include non-residential settings, such as adult day service centers, as well as residential settings, such as assisted living facilities.
- HCBS Settings are required to come into compliance by March 17, 2023.

# Autism Task Team

**Secretary Howard asked KDADS to work closely with KDHE and DCF to establish an Autism Task Team.**

**A contract was secured with KHI in August to assist with facilitation.**

**The first meeting was held on August 31, 2021.**

*The Autism Task Team, which will convene between August 2021-January 2022, is comprised of various professionals and those with personal experiences and is charged to develop recommendations to the Secretary for Aging and Disability Services on autism services in Kansas. The Kansas Health Institute, a nonpartisan and neutral educational organization, will be providing administrative support and facilitation services. KDADS need your assistance in asking, "how might we."*



# Administrative Case Management

Administrative Case Management provides eligibility and enrollment assistance to individuals who have been found functionally eligible for the Brain Injury, Physical Disability, and Frail Elderly waivers, as well as PACE.

- Administrative Case Management services launched statewide on May 1, 2020.

Administrative Case Management			
CY 2021	# Unduplicated Served	# Units	# Hours
January	565	2,387	596.75
February	640	3,020	755.00
March	689	3,443	860.75
April	651	2,713	678.25
May	589	2,792	698.00
June	557	3,134	783.50
<b>Total</b>		<b>17,489</b>	<b>4,372.25</b>



# Program of All-Inclusive Care for the Elderly (PACE)

## PACE Enrollment

PACE Program	Enrollment
Ascension Via Christi Hope	279
Midland Care	386
Bluestem Communities	93
<b>Total PACE Enrollment</b>	<b>758</b>

Note: Data as of August 1, 2021.



## Program of All-Inclusive Care for the Elderly (PACE)

Via Christi Hope	Midland Care	Bluestem Communities
<ul style="list-style-type: none"><li>• Sedgwick</li></ul>	<ul style="list-style-type: none"><li>• Douglas</li><li>• Jackson</li><li>• Jefferson</li><li>• Leavenworth</li><li>• Lyon</li><li>• Marshall</li><li>• Nemaha</li><li>• Osage</li><li>• Shawnee</li><li>• Pottawatomie</li><li>• Wabaunsee</li><li>• Wyandotte</li></ul>	<ul style="list-style-type: none"><li>• McPherson</li><li>• Ottawa*</li><li>• Saline</li><li>• Rice*</li><li>• Marion</li><li>• Reno*</li><li>• Harvey</li></ul>

\*PACE is available in limited zip codes within these counties.

## Psychiatric Residential Treatment Facilities

- Current MCO wait list as of 9/2/21 was 106, which is down from the previous report.
  - Of the 106 individuals, 24 were in foster care which is down from the previous report.
- Current number of PRTF licensed beds is 424 an increase of 12 with the licensing of the new PRTF at Emberhope in July. 127 of these beds are not being used by providers due mainly to staffing shortages. Current census is 297 total, of which 78 are foster care youth.
- KDADS has solicited PRTFs and MCOs for ideas to address staffing shortages, those ideas are being reviewed to determine how KDADS might be able to assist in their implementation.
- PRTF Regulations are being reviewed for fiscal impact and to determine if a public hearing is required.
- KDADS continues to meet with MCOs and DCF weekly to review individual cases on the wait list.

## Psychiatric Residential Treatment Facilities cont.

The average number of days on PRTF Waitlist for foster care youth was calculated for the time frame 1/1/21 to 6/30/21 providing a 6 month working average:

Aetna- 33 days  
Sunflower- 32 days  
United- 18 days

All three MCOs continue to make good progress on connecting youth with community-based services while they are waiting on PRTF admission.

## Hays Children's Hospital RFP

- KDADS continues to work with an organization to open a licensed facility in Hays.



## Kansas Family Response

Working with KDHE and DCF, KDADS has assisted in the development of mobile crisis KanCare policy and State Plan Amendment for the Kansas Family Response which will launch on October 1<sup>st</sup>.

The program utilizes Beacon Health Options as a contractor to receive crisis calls and dispatch mobile crisis services. Providers then bill the MCOs for services covered by KanCare.

KDADS is providing state funding to help with the training and development of the provider network and to help cover services to the uninsured.

KDADS will also be adding state funding to assist with the provision of services to the uninsured and adult populations.

Its anticipated that these crisis services will reduce the need for hospitalizations and PRTF admissions.



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## CCBHC updates

KDADS and KDHE continue to work together to implement readiness for CCBHC certification by May 2022.

KDADS and KDHE have been meeting with National Council and ACMHCK to prepare for CCBHC certification. KDADS has posted CCBHC positions which were funded and will have those positions filled soon. KDHE has engaged in planning with KDADS around the development of a timeline for submitting the required State Plan Amendments and developing KanCare policy needed for the MCOs to begin setting up PPS1 payments for the CCBHCs.

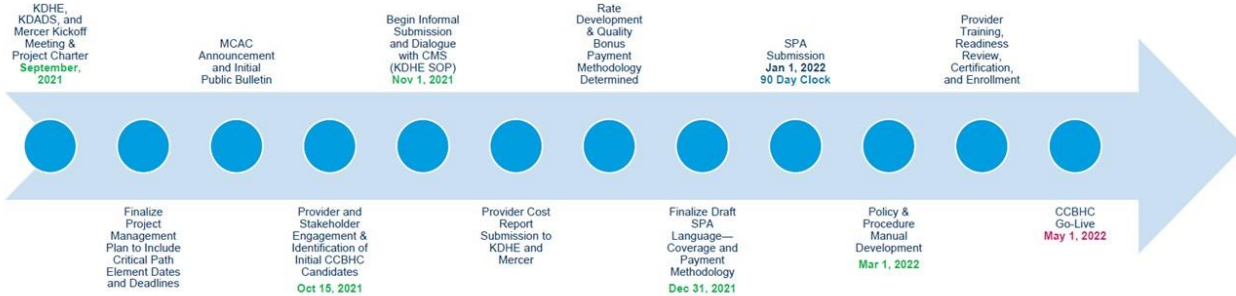
KDADS has awarded grants to CMHCs that are working towards CCBHC certification and continues to work to provide support like PsychArmor's training for CMHC staff on veteran/military cultural competency, and training on EBPs and Crisis Services required in CCBHC criteria.

KDADS has also been working to establish state specific criteria, a list of covered services, and a readiness evaluation process. KDADS surveyed CMHCs in Kansas and identified 12 CMHCs that are interested in trying to be certified in FY 22.



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# Kansas CCBHC Timeline



Note: Timeline is not to scale



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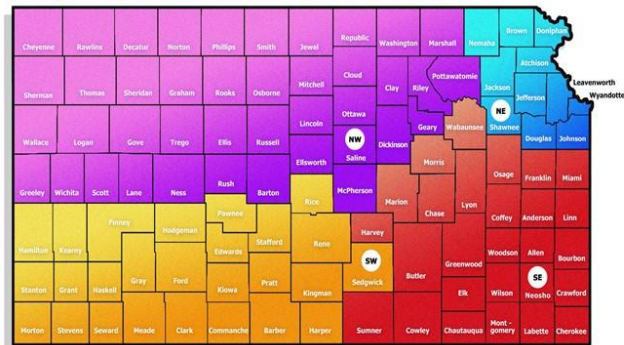
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## KDADS Survey and Certification Commission

- 326 Certified Nursing Facilities (NFs) in Kansas
- 3 Adult Day Care
- 2 Boarding Care Homes
- 128 Assisted Living Facilities
- 176 Home Plus Facilities
- 49 Residential Health Care Facilities
- 101 NFs with an attached State Licensed Only (SLO) facility
- 6 SLO Staff and 2 Vacancies
- 37 Certified Staff and 17 Vacancies
- Kansas only employees Registered Nurses for Long Term Care Surveys
- The average salary of a Kansas surveyor once they have become LTCSP certified is \$53,000 annually
- Average of 62 beds per home in Kansas.



### Survey, Certification and Credentialing Commission District Offices



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# Priorities and Issues Adult Care Homes

## KANSAS DEPARTMENT OF HEALTH AND ENVIRONMENT LONG-TERM CARE FACILITY STAFF VACCINATION COVERAGE DASHBOARD

The Kansas Department of Health and Environment's (KDHE)'s **Long-Term Care Facility Staff Vaccination Coverage Dashboard** provides a view of the healthcare personnel vaccination rates for Kansas's federally licensed long-term care facilities (LTCFs). The goal of the Kansas Department for Aging and Disability Services (KDADS) is to reach a vaccination rate of at least 90% among healthcare personnel in all LTCFs.

The dashboard includes both a map view and a table view. The map view of the dashboard categorizes federally licensed LTCFs into four categories based on healthcare personnel vaccination rates:

- Below 50%
- 50-70%
- 70-90%
- Above 90%

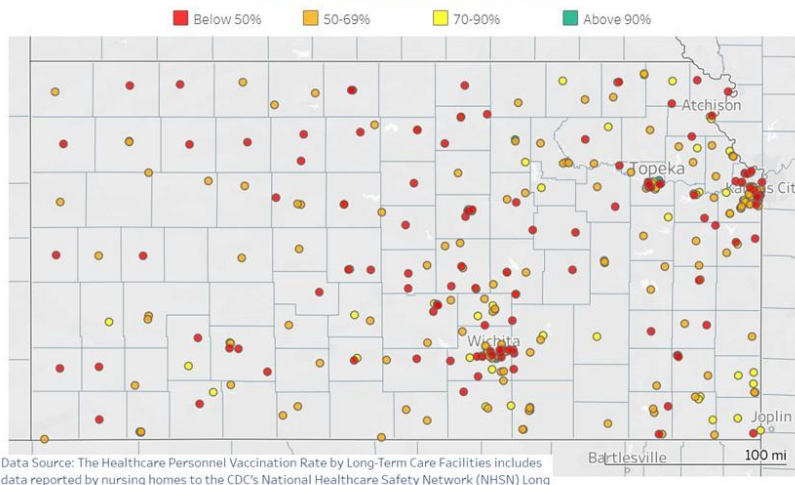
The table view provides a list of all federally licensed LTCFs and their healthcare personnel vaccination rates.

The dashboard includes the most recent healthcare personnel vaccination rate data available from the Centers for Medicare & Medicaid Services (CMS). CMS publishes data reported by nursing homes to the Centers for Disease Control and Prevention (CDC)'s National Healthcare Safety Network (NHSN) on a weekly basis; the data is typically published 11 days after being submitted. More information is available on the CMS website.



# Priorities and Issues Adult Care Homes

Kansas Long-Term Care Facilities  
COVID-19 Staff Vaccination Coverage



Data Source: The Healthcare Personnel Vaccination Rate by Long-Term Care Facilities includes data reported by nursing homes to the CDC's National Healthcare Safety Network (NHSN) Long Term Care Facility (LTCF) COVID-19 Module; Surveillance Reporting Pathways and COVID-19 Vaccinations.



# Recruiting and Retaining Staff

## Larned State Hospital

While the overall LSH vacancy rate has decreased, Larned continues to struggle to fill positions. LSH recruits most heavily to fill direct care positions. However, the vacancy rates remain high in direct care areas; the lowest direct care vacancy rate is in the Safety and Security Department, which received the greatest pay increase in 2020 with Executive Directive (19-510).

**Direct Care Staff Vacancy Rates as of 07/28/2021**

RN	52.6%
LPN/LMHT	52.4%
MHDD	40.1%
Security	22.1%

**Overall LSH Vacancy Rates over time**

6/10/2020	34.7%
9/16/2020	33.8%
11/25/2020	30.8%
01/01/2021	33.8%
03/31/2021	32.1%
07/28/2021	35.0%

In addition to the direct care positions, LSH struggles to hire other positions, including support services as well as clinical positions which directly impact patient care. LSH is recruiting to fill five Activity Therapy positions, eight Social Services positions and eight Psychology positions.



After the presentations from both KDHE and KDADS, participants were offered the opportunity to present questions or comments for discussion. There were no comments or questions from the public at the Annual Public Forum. Director Sarah Fertig thanked all participants for joining the Public Forum.