MINUTES

ROBERT G. (BOB) BETHELL JOINT COMMITTEE ON HOME AND COMMUNITY BASED SERVICES AND KANCARE OVERSIGHT

February 15, 2019
Room 548-S—Statehouse

Members Present

Senator Gene Suellentrop, Chairperson
Representative Brenda Landwehr, Vice-chairperson
Senator Ed Berger
Senator Barbara Bollier
Representative Barbara Ballard
Representative John Barker (Morning only)
Representative Will Carpenter
Representative Susan Concannon
Representative Monica Murnan

Members Absent

Representative John Barker (Afternoon only)
Senator Bud Estes
Senator Mary Pilcher-Cook

Staff Present

Erica Haas, Kansas Legislative Research Department
David Fye, Kansas Legislative Research Department
Iraida Orr, Kansas Legislative Research Department
Jennifer Ouellette, Kansas Legislative Research Department
Scott Abbott, Office of Revisor of Statutes
Eileen Ma, Office of Revisor of Statutes
Gary Deeter, Committee Assistant

Conferees

Dr. Lee Norman, Acting Secretary of Health and Environment
Chris Swartz, Deputy Medicaid Director, Kansas Department of Health and Environment (KDHE)
Kim Burnam, Eligibility Director, KDHE
Adam Proffitt, Finance and Analytics Director, KDHE
Laura Howard, Acting Secretary for Aging and Disability Services
Amy Penrod, Commissioner of Community Services and Programs, Kansas Department for Aging and Disability Services (KDADS)
Patty Brown, Interim Commissioner of Survey, Certification and Credentialing, KDADS
Kimberly Lynch, Chief Counsel, KDADS

Andrew Brown, Interim Commissioner for Behavioral Health Services, KDADS
Sarah Fertig, Medicaid Inspector General
Kerrie Bacon, KanCare Ombudsman
Aaron Dunkel, Kansas Pharmacists Association
Audrey Schremmer, Kansas Association of Centers for Independent Living
Melissa Warfield, Director of Fiscal and Program Evaluation, KDADS
Cindy Luxem, President and Chief Executive Officer (CEO), Kansas Health Care Association and Kansas Center for Assisted Living
Melanie Jacobs, Private Citizen
Christi Nance, Policy Director, Oral Health Kansas
Haely Ordoyne, Kansas Adult Care Executives
Joan Kelley, Private Citizen
Rachel Monger, LeadingAge Kansas
Craig Knutson, Kansas Council on Developmental Disabilities
Sean Gatewood, KanCare Advocates Network
Mitzi McFatrich, Kansas Advocates for Better Care
Mike Burgess, Disability Rights Center of Kansas
Janet Williams, Founder and President, Minds Matter, LLC
Kevin Sparks, CEO, UnitedHealthcare Community Plan
Jeff Stafford, Chief Operating Officer, UnitedHealthcare Community Plan
Kim Crawford, Member Services Director, UnitedHealthcare Community Plan
Keith Wisdom, President and CEO, Aetna Better Health of Kansas
Michael Stephens, Plan President and CEO, Sunflower Health Plan

Others Attending

See Attached List.

All Day Session

Welcome

The Chairperson called the meeting to order at 8:32 a.m. and invited Committee members and staff to introduce themselves. He welcomed the leadership staff for the Kansas Department of Health and Environment (KDHE).

Dr. Lee Norman, Acting Secretary of Health and Environment; Chris Swartz, Deputy Medicaid Director; Kim Burnam, Eligibility Director; Adam Proffitt, Finance and Analytics Director

Dr. Lee Norman, Acting Secretary of Health and Environment, introduced himself to the Committee by providing a summary of his previous experience. Based on his work as a surgeon with the U.S. Army in the Middle East, he expressed concern about long hospital stays for Medicaid patients in Kansas, and he stated his intention to develop coordinated and collaborative approaches with service providers and clients.

The Acting Secretary outlined his priorities for the Kansas Department of Health and Environment (KDHE) as follows:

- Improve Medicaid eligibility processes by moving toward a cloud-based master health system management because the State's Medicaid services are currently processed on Kansas Eligibility and Enforcement System, which he called antiquated and difficult to maintain;

- Provide focused care for individuals who are elderly and disabled;

- Provide extensive training for staff to mitigate turnover;

- Address key vacancies in leadership; and

- Reduce the waiting lists.

The Acting Secretary summarized his comments by stating KanCare is workable and can be successful but changes are needed (Attachment 1) (Attachment 2).

Chris Swartz, Deputy Medicaid Director, KDHE, reported the agency is working with the managed care organizations (MCOs) to transition from Amerigroup to Aetna in order to facilitate beneficiary changes. She provided information on the 1115 Waiver, the Continuity of Care Policy, and the OneCare Kansas program. The 1115 Waiver was approved in December 2018 and the extension is valid until December 31, 2023. KDHE is required to provide quarterly and annual reports to the Centers for Medicare and Medicaid Services (CMS). On January 1, 2019, KDHE implemented the new KanCare contracts with Aetna Better Health of Kansas (Aetna), Sunflower Health Plan (Sunflower), and UnitedHealthcare Community Plan (United). KDHE conducted extensive readiness reviews of the MCOs to ensure the organizations were prepared to begin the new contracts. KDHE also provided educational sessions in six locations across the state for providers and beneficiaries to explain changes in the new contracts. KDHE implemented the Continuity of Care Policy to ensure a smooth transition as members move between MCOs and to ensure a smooth transition for on-boarding Aetna and off-boarding Amerigroup. Ms. Swartz stated, per the policy, beneficiaries who move to a different MCO are guaranteed no changes to their plan-of-care or prior authorizations for 90 days. Additionally, the policy provides that a contracting Medicaid provider with an existing MCO be treated as a contracting provider by a new MCO for the first 90 days of the plan year to allow additional time for a new MCO to enter into contracts with such provider. This would allow the provider to receive 100 percent of the Medicaid fee-for-service (FFS) rate or the contracted rate for the 90 days and not be treated as an out-of-network provider eligible for only 90.0 percent of the Medicaid FFS rate. The 90-day timeline is the minimum time frame and can be extended as needed should, for example, the MCO need additional time to review and assess the plans-of-care and prior authorizations or to finalize contracts with providers.

OneCare Kansas is scheduled to begin in state fiscal year 2019; however, KDHE may request an extension to a start date of January 1, 2020, because additional time is needed to finalize the program design in order to submit a Medicaid state plan amendment specific to the program design. When the program design is finalized, a Medicaid state plan amendment will be submitted to CMS.

Ms. Swartz responded to Committee members' questions as follows:

- The State establishes a floor for reimbursement rates of 100.0 percent of Medicaid FFS rates for contracted providers; then the rates are negotiated with contractors. If there is no contract, the reimbursement rate is 90.0 percent of the floor; and

- OneCare Kansas is a wrap-around "whole-person" approach based on a medical home. The program is a redesigned health homes program for a limited population to stay within the eligible funding and with the only changes to the previous program being an opt-in provision and a limit on the MCOs administrative cost of 10.0 percent. It includes six core services, in addition to the standard Medicaid services. A funding cap of $2.5 million from the State General Fund (SGF) was established.

Kim Burnam, Eligibility Director, KDHE, provided specific details on KDHE's efforts to reduce the backlog on the applications for family medical, the elderly and disabled, and long-term care. Ms. Burnam stated the current application backlog is 235 and breaks down as follows: 78 elderly and disabled applications, 115 long-term care applications, and 42 family medical applications. She addressed issues with the eligibility processing contractor, Maximus. Complaints about the timeliness of eligibility determinations have been received by KDHE from providers and beneficiaries over the past several years. KDHE has moved responsibility for employee training and quality of work from Maximus to KDHE, effective January 1, 2019. KDHE is in process of moving the responsibility of processing elderly and disabled and long-term care applications from Maximum to KDHE, effective January 1, 2020. Maximus' contract has been temporarily extended so KDHE can incrementally bring the application process for elderly and disabled and long-term care in house. KDHE will issue a request for proposal (RFP) for processing the family medical applications.

Ms. Burnam responded to Committee members' questions as follows:

- KDHE recently discovered some Maximus staff located at the Clearinghouse have not been trained on how to search the imaging system for documents, which may explain why beneficiaries have been told their documents were not received or could not be located. Training has been provided to alleviate this issue, and KDHE is working to create a more efficient system;

- KDHE's plan, pending negotiations on the contract extension options with Maximus, is to transition away from contractor Maximus for the processing of elderly and disabled and long-term care applications by January 1, 2020, with Maximus continuing to process family medical applications through June 30, 2020;

- If an application requires further documentation and the applicant sends the documents in within the 45-day processing period, the application does not go to the end of the line; however, that has been an issue in the past;

- There are other vendors besides Maximus that provide eligibility determination services for family medical. The new approach will be to provide training to certify

the qualification of each employee. A review coach will also be available to employees;

- If an applicant has an issue completing the application, the option to obtain assistance is to call the Clearinghouse. KDHE is exploring the option of restoring personal connections by placing staff in the field to assist applicants in person;

- KDHE will provide a flow chart of the application process to Committee members; and

- The Medicaid application has been revised and submitted to CMS for approval.

A Committee member requested KDHE provide information about how the move of long-term care and elderly and disabled application processing to KDHE will affect any contracts KDHE currently has and how many employees and how much space will be needed to accomplish the change. A Committee member expressed pleasure that the processing of some of the applications is moving in house.

Adam Proffitt, Finance and Analytics Director, KDHE, outlined the three pillars of KDHE's strategic vision related to data: analytical, which was reviewed during the February Committee meeting; operational; and public health, which will be reviewed at a future meeting. The operational pillar focuses on measuring effectiveness and impacts of policy changes. KDHE is working to improve standardized reporting on Medicaid data. Currently, MCOs submit canned reports to KDHE, and KDHE would like to receive the raw data behind the canned reports from the MCOs so KDHE can make better comparisons across MCOs.

Mr. Proffitt addressed the Kansas Telemedicine Act enacted in 2018 (Senate Sub. for HB 2028). He stated the bill purported to allow coverage for thousands more codes than are allowed by CMS. Effective January 1, 2019, KDHE implemented a policy to cover the codes allowed by CMS. KDHE is working with advocate groups to identify additional services that may be covered if the State were to contribute a portion of the funding. A Committee requested KDHE contact Kansas' federal delegation for help at the federal level to expand the scope Medicaid coverage of telemedicine. The Committee member mentioned other states are also having this issue.

A Committee member requested data referenced but not provided on KDHE's MCO financial update (page 17 of Attachment 2). A Committee member requested KDHE report to the Committee how many providers participate with all MCOs and whether those providers perform parallel services across MCOs.

Laura Howard, Acting Secretary for Aging and Disability Services; Amy Penrod, Commissioner of Community Services and Programs; Patty Brown, Interim Commissioner of Survey, Certification, and Credentialing; Kimberly Lynch, Chief Counsel; Andrew Brown, Interim Commissioner for Behavioral Health Services,

The Chairperson welcomed Laura Howard, Acting Secretary for Aging and Disability Services. The Acting Secretary noted her previous experience with the forerunner to KanCare and the Kansas Department of Social and Rehabilitation Services. She stated she plans to enhance collaboration across agencies as Secretary for Aging and Disability Services (Attachment 3).

Amy Penrod, Commissioner of Community Services and Programs, Kansas Department for Aging and Disability Services (KDADS), provided an update on Home and Community Based Services (HCBS). She addressed the waiting lists for the Intellectual and Developmental Disabilities (I/DD) and the Physical Disability (PD) waivers, and listed four waivers—I/DD, Traumatic Brain Injury (TBI), Frail Elderly (FE), and PD—scheduled to be renewed in 2019. She stated 9,076 individuals are being served on the I/DD waiver and 5,800 individuals are being served on the PD waiver. The I/DD waiver has 3,911 individuals on the waiting list and the PD waiver has 1,527 individuals on the waiting list. She commented on the Program of All-Inclusive Care for the Elderly (PACE) initiative designed for comprehensive care for the elderly. She stated the current PACE program serves about 555 individuals in 23 counties. Because of legislation enacted in 2018, funds are available for administrative case management to expand PACE and improve other HCBS waiver programs. Ms. Penrod reported KDADS issued a RFP for a contract that will expand these services by Spring 2019. The RFP bids were submitted in January 2019, and KDADS is in the process of reviewing the technical proposals. Administrative case management will provide assistance with completing Medicaid applications to individuals who are functionally eligible for PACE or for TBI, FE, or PD waivers.

Ms. Penrod responded to Committee members' questions as follows:

- Plans are for PACE to be expanded into additional rural areas as interest increases;
- PACE operates separate and apart from the MCOs;
- When a Medicaid-eligible person comes to an Aging and Disability Resource Center (ADRC), the individual is given the option of PACE if all the criteria are met;
- PACE participants are subject to a protected income level (PIL);
- Presently there is an eight-year waiting list for services on the I/DD waiver, and when services are presented to an individual on the list, there is a high response rate; and
- There is a complex process by which the State can attach assets, such as a house, after a Medicaid recipient (and, if applicable, the spouse) dies. These assets produce $10 million to $12 million annually, according to Brian Vazquez, General Counsel, KDHE.

A Committee member requested KDADS provide a number of individuals on waiting lists who are actually ready for services. The member stated some people may try to "reserve a spot" on a waiting list prior to being ready to receive services.

Ms. Penrod stated KDADS is hopeful a HCBS provider rate increase scheduled to go into effect April 1, 2019, and increased training will help address the provider shortage.

Ms. Penrod noted the corrective action plan (CAP) initiated by CMS and explained both KDADS and KDHE have completed the operational items of the CAP. After eight quarters of monitoring for compliance, the plan will be considered successful.

KDADS is planning to issue a RFP for ADRC contracts. The current ADRC contract ends in March 2019.

Patty Brown, Interim Commissioner of Survey, Certification and Credentialing, KDADS, noted the average census for state institutions and long-term care facilities and reported the agency is making progress in reducing the use of anti-psychotic drugs in nursing facilities. Kansas ranks 42nd in the nation in the use of anti-psychotic drugs in nursing facilities, and KDADS expects to continue to show improvement.

Ms. Brown stated the salary increase for long-term care certified surveyors has increased staff; therefore, the time gap between surveys has been reduced. It has also increased the complaints investigated, lowered the vacancy rate, and increased the total criminal record background checks.

Ms. Brown responded to Committee members' questions:

- Additional outside contractors to conduct nursing facility surveys were used only temporarily. None will be used going forward;
- Full certification for surveyors takes nine months;
- Most surveyors who resign do so for family reasons;
- A minor complaint follow-up is conducted with a phone call; more serious issues always result in an on-site visit; and
- The drop in immediate jeopardy citations was brought about by a CMS policy change; however, a Committee member pointed out that other states did not experience the same spike in immediate jeopardy citations as Kansas.

A Committee member mentioned a change to Kansas law is needed to allow the KBI to continue performing background checks for KDADS and other agencies.

Kimberly Lynch, Chief Counsel, KDADS, outlined the receivership actions taken to address Skyline, Pinnacle, Fort Scott, Great Bend, Franklin Peabody, and Westview of Derby nursing facility bankruptcies. She explained KSA 2018 Supp. 39-954 allows the Secretary for Aging and Disability Services to file an application for an order appointing the Secretary as the receiver to operate an adult care home when certain conditions occur. The Secretary for Aging

and Disability Services, using resources from the Civil Monetary Penalty (CMP) Fund, has stabilized the operation of each home; none has closed. She reported the Secretary for Aging and Disability Services is working to find new operators and to date has returned $2.8 million to the CMP Fund.

Andrew Brown, Interim Commissioner for Behavioral Health Services, KDADS, commenting on behavioral health, reported on the requirement of "medical necessity" before admitting youth to a psychiatric residential treatment facility (PRTF). The agency employed the Kansas Foundation for Medical Care (KFMC) to audit the finding of medical necessity; KFMC determined 100 percent of the medical necessity placements were appropriate. Responding to a question regarding why should out-of-state youth be admitted to a Kansas PRTF when there is a waiting list for Kansas' youth, Mr. Brown replied all out-of-state placements have occurred at only one facility because of the unique treatment it offers. To other questions, he replied the waiting lists are sorted by MCO and, in a foster care situation, the foster parent becomes the advocate for the youth.

Ms. Lynch briefed the Committee on the state hospitals. She referenced the data regarding weekly vacancy rates and overtime trends at Osawatomie State Hospital and Larned State Hospital.

Presentation by Medicaid Inspector General, Sarah Fertig

Sarah Fertig, Medicaid Inspector General, provided a history of the function of an inspector general and explained the nonpartisan office will evaluate the efficiency and transparency of the KanCare MCOs. She will have two or three staff serving with her (Attachment 4).

Presentation by KanCare Ombudsman, Kerrie Bacon

Kerrie Bacon, KanCare Ombudsman, highlighted portions of the 2018 KanCare Ombudsman's annual report (Attachment 5). She noted the KanCare Ombudsman's Office (three full-time employees, one part-time employee, and volunteers) averages 1,000 calls per quarter. Adding a toll-free number increased capacity without increasing the budget, and staff resolve nearly all calls within two days. She identified trends over the past four years: transition to another MCO spiked concerns, grievances and appeals have remained steady, and spend-down issues have significantly increased. She added an appendix to the annual report. Answering a question, she replied the transition from Amerigroup to Aetna has gone smoothly.

KanCare Meaningful Measures Collaborative

Aaron Dunkel, Kansas Pharmacists Association, reported on the progress of the KanCare Meaningful Measures Collaborative (KMMC), which is an initiative to increase the validity and usefulness of data broadly available about KanCare, as well as to establish a transparent process that "transcends administrations and individuals." He reported the 75 members have been divided into 3 groups: the Executive Committee, the Stakeholder Working Group, and the Data Resources Working Group. He identified the function of each group, stating their work will result in precise, clear decisions (Attachment 6).

Audrey Schremmer, Kansas Association of Centers for Independent Living and chairperson of the Stakeholders Working Group, outlined the work of the group: determine the data measures, establish criteria, and provide a Consumers Engagement Pilot.

Melissa Warfield, KDADS, reported data mapping and a methodology template will enable the Data Resources Working group to finalize analytics and develop a work plan for the remaining measures.

Mr. Dunkel concluded the presentation by stating the group will continue to update the Committee on its progress.

Break

The Chairperson announced a break at 11:24 a.m. The meeting resumed at 12:06 p.m.

Presentations on KanCare from Individuals, Providers, and Organizations

Cindy Luxem, President and CEO, Kansas Health Care Association and Kansas Center for Assisted Living, cited the failures of the Clearinghouse to provide an effective Medicaid eligibility process. She recommended a vendor (Prefix Health Technologies) that can give providers better tools by restructuring the eligibility process. She reported several providers are willing to offer a pilot program to test the process (Attachment 7).

Melanie Jacobs, private citizen, stated the KDHE Adult Disabled Child Criteria form discriminates against adoptive children. She introduced her daughter and related the difficulties she experienced in getting her daughter qualified for adult Medicaid services, a difficulty compounded by the client obligation of $512 per month. She suggested rule and form changes that would provide a better process for others in the same circumstances (Attachment 8).

Christi Nance, Policy Director, Oral Health Kansas, expressed appreciation for the increased dental benefits offered by the three MCOs and recommended increased reimbursement rates for dental providers. She also stated support for the reintroduction of legislation to create dental therapists in Kansas (Attachment 9).

Haely Ordoyne, Kansas Adult Care Executives, expressed gratitude for the Governor's $8.1 million allocation to bring KanCare eligibility processing back under KDHE. She enumerated the costs to providers caused by delays in determining Medicaid eligibility (Attachment 10).

Ms. Schremmer commented on the burden the PIL creates for Medicaid recipients and how it discourages them from seeking gainful employment. She noted the current rate of $747 per month is 22.0 percent below the federal poverty level (FPL). She also commented "critical need" language inserted in a recent rule change is denying those on the TBI waiver access to assistive technology (Attachment 11).

Joan Kelly, independent advocate and private citizen, commented on the importance of state institutions to provide services for disabled individuals. She cited the story of an individual

as an example of those well served in an institution and poorly served in a community setting (Attachment 12).

Rachel Monger, LeadingAge Kansas, reviewed what she called the "failure of the Medicaid application system." She stated the eligibility processing delays have placed serious financial strains on nursing facilities and have caused senior citizens to not only be denied access to services, but sometimes actually lose the services they have. She recommended moving the application process back to KDHE (Attachment 13).

Craig Knutson, Kansas Council on Developmental Disabilities, expressing concern about the growing length of the waiting list for I/DD individuals, offered a solution: re-prioritize funding to change the current disincentives for employing I/DD individuals so service providers are empowered to enable disabled citizens access to competitive, integrated employment (Attachment 14).

Sean Gatewood, KanCare Advocates Network, commented on two bills currently being considered by the Kansas Legislature (SB 10 and HB 2205) that will address the burden created by the PIL. He also compared Kansas' PIL ($747) with other states (Attachment 15).

Mitzi McFatrich, Kansas Advocates for Better Care, expressed gratitude for the additional funds to reduce the gap in nursing facility inspections. She reviewed information to show the importance of the surveys and noted assisted living facility inspections have also been delayed. She cited deficiencies in some of the surveys that do not show up on reports (Attachment 16).

Mike Burgess, Disability Rights Center of Kansas, focused his testimony on two areas. He stated the supported employment pilot program for individuals on an HCBS waiting list or who have mental health needs has been effective in dealing with the HCBS waiver waiting list, and raising the PIL for HCBS waivers and PACE, both of which are being addressed by legislation during the 2019 Session, are positive steps (Attachment 17).

Janet Williams, Minds Matter, LLC, related how well the TBI waiver is working. She expressed approval for the pending redefinition of brain injury that will occur on July 1, 2019, but noted Medicaid reimbursement rates need to be increased. She also noted how inadequately the PIL addresses the needs of those on the HCBS waiver (Attachment 18).

Conferees responded to Committee members' questions as follows:

- The recommendation to remove the PIL cap has no specific number; some states have made the cap 300.0 percent of the FPL (Mr. Gatewood);
- Regarding elder care, the reimbursement rates are not adequate (Ms. Ordoyne);
- Nursing facilities cannot compete with local providers; staff continues to leave for higher-paying jobs in the community (Rachel Monger);
- The delays to approve Medicaid applications for long-term care briefly improved; however, they are now back to long delays (Ms. Ordoyne);

- The surveys for assisted living facilities are not completed in as timely a manner as the nursing facilities (Ms. McFatrich); and

- Supplemental Security Income falls under federal guidelines, which are complex, especially when a recipient moves from being a child to an adult (Ms. Burnam).

The following individuals provided written-only testimony regarding KanCare:

- Roxanne Hidaka and Meredith Funkhouser, Case Management Services, Inc (Attachment 19);

- Jane Kelly, Kansas Home Care and Hospice Association (Attachment 20);

- Ron Fugate, private citizen (Attachment 21);

- Mike Oxford, Topeka Independent Living Resource Center (Attachment 22);

- Rodney Whittington, Villa St. Francis (Attachment 23);

- Kayla Brown, Anthony Community Care Center (Attachment 24);

- Charlotte Rathke, Locust Grove Village (Attachment 25);

- Holly Noble, Attica Long Term Care (Attachment 26);

- Dynel Wood, Options Services (Attachment 27);

- Amanda Atkisson, Solomon Valley Manor (Attachment 28);

- Jamie Frazier, Lakeview Village (Attachment 29);

- Silynda Christensen, private citizen (Attachment 30);

- Matt Fletcher, InterHab (Attachment 31);

- Sean Balke, Craig Home Care (Attachment 32); and

- Lou Ann Kibbee, SKIL (Attachment 33).

MCO Presentations

Kevin Sparks, CEO, United, noted United is now operating under KanCare 2.0. Jeff Stafford, Chief Operating Officer commented on the 360 readiness documents reviewed by the State; noted the agency's 6.0 percent increase in membership, which includes 6,648 new

members transitioned from Amerigroup; and cited 27 issues that have been addressed and resolved. Kim Crawford, Member Services Director, identified the value-added benefits included in the 2019 contract, such as dental benefits, assistance with transportation, and vision coverage (Attachment 34).

Keith Wisdom, President and CEO, Aetna Better Health of Kansas, reviewed the history of Aetna services and experience in 16 states with varied populations. He outlined the implementation review process, the network being built in the state, and the clinical and care coordination efforts. He assured Committee members Aetna is honoring prior authorizations and has almost 14,000 contract providers in its managed care system. Mr. Wisdom provided details on the agency's integrated system of care. He noted the agency's approach is a non-medical model that partners with stakeholders to reach a spectrum of populations, including care for the elderly and individuals with a disability. He identified value-added benefits for each of these disparate populations, and he listed advantages associated with Aetna, such as budget stability, state investment, and resolving health disparities (Attachment 35).

Michael Stephens, Plan President and CEO, Sunflower, reviewed the agency's core beliefs: focus on individuals, address whole-person health issues, and be actively involved in the communities. He cited ways in which Sunflower has provided in-lieu-of services, value-added benefits, and sponsorship and grants beyond Medicaid, and he commented on a dual-special-needs Medicare Advantage plan recently initiated in selected counties. He discussed mental health services and telemedicine that have involved 1,000 individuals not previously participating in health care. Mr. Stephens provided further information in an appendix (Attachment 36). He also referenced a project to improve health in rural counties (Attachment 37).

The conferees responded to Committee members' questions as follows:

- Sunflower has extensive experience with analytics, but relies on providers to identify issues (Mr. Stephens);
- Hospital discharge information is important for Aetna to be able to assign case managers (Mr. Wisdom);
- Data trends help United to direct attention toward addressing specific risks (Mr. Sparks);
- Nationally, about 20.0 percent of the Medicaid-eligible population receive benefits (Mr. Sparks);
- Aetna will address the waiting list for PRTFs through policies (Mr. Wisdom);
- All Sunflower members are grandfathered in regarding pre-authorization for opioid drugs (Mr. Stephens);
- More home visits produce better outcomes regarding infant mortality (Mr. Wisdom);

- As soon as an issue is identified, Sunflower assigns a case manager (Mr. Stephens); and

- When Sunflower identifies barriers for individuals with a disability, Sunflower adds services. A two-year grant is helping Sunflower produce measurable outcomes (Mr. Stephens).

Adjourn

The meeting was adjourned at 2:05 p.m. The next meeting is scheduled for Monday, April 29, 2019.

Prepared by Gary Deeter

Edited by Erica Haas and Iraida Orr

Approved by the Committee on:

April 29, 2019
(Date)