

Update

Legislative Budget Committee

Nov. 14, 2012

Kari Bruffett, KDHE-DHCF

# Provider Manuals

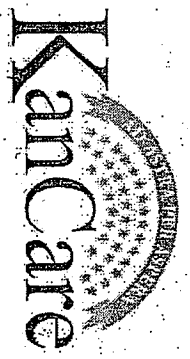
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13-2

Nearly all provider manuals have been approved as final, including hospital and long-term care manuals for each MCO.

## Outstanding:

- Amerigroup – Dental, Transportation
- Sunflower State – BH, FMS
- United – Dental, DME



# Staying on Track

13-3

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The Administration announced Oct. 19 it was moving forward with activities to ensure readiness for a Jan. 1 start date. Initial assignment mailings began Friday.

Contributing to that decision:

- Positive and productive meeting with CMS officials in Baltimore on Oct. 18
- Completion of two rounds of readiness reviews
- Ongoing monitoring of network development

# Readiness Reviews

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Mercer Government Human Services Consulting worked with the State to assess the readiness level MCOs.

Reviews consisted of a desk audit followed by onsite visits: Sept. 6-7 for United; Sept. 13-14 for Amerigroup; Sept. 20-21 for Sunflower.

Follow-up onsite visits: Oct. 4 for United; Oct. 11 for Amerigroup; Oct. 16 for Sunflower. Second onsite visits included representatives from the CMS Regional Office.

# Outcome

13-5

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**At the conclusion of the KanCare readiness review process, each MCO had met the October implementation readiness benchmark, which was defined as completing 90 percent of implementation activities.**

**Reviews established that the MCOs should be ready to begin enrolling members and providers and delivering Medicaid services upon federal approval of the State's KanCare demonstration application.**

# Section 1115 Application

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13-6

**Regular, intensive communications with CMS.**

**Definition of issues has included:**

- **Length of choice period in Year 1**
- **Format of safety net hospital pools**
- **Timing of pilots**
- **Assurances of HCBS beneficiary protections**

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# HCBS Transition/Protections

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- Education opportunities for beneficiaries and providers
- Stakeholder engagement
- MCO accountability to the State
- Ongoing completion of functional assessments
- Continuation of plans of care
- State oversight of plans of care
- Ride-alongs with state staff

# HCBS Transition/Protections

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- Rights of grievance and appeals
- Right to a State fair hearing
- KanCare Ombudsman
- Eligibility is determined by the State or contractors for the State, not by the MCOs
- Quality assessment and performance improvement
- I/DD waiver delay and pilots
- Front-end billing (FEB) solution
- Inclusion of current 1915(c) waiver structures and protections
- IT testing



# What's Next

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13-9

**Network Adequacy Benchmark: Nov. 16**

*(Please see handout for standards.)*

**KanCare member tour, last week of November (Dodge City, Garden City, Pittsburg, Independence, Topeka, Olathe, Hays, Salina, Wichita, El Dorado, Kansas City, and Emporia)**

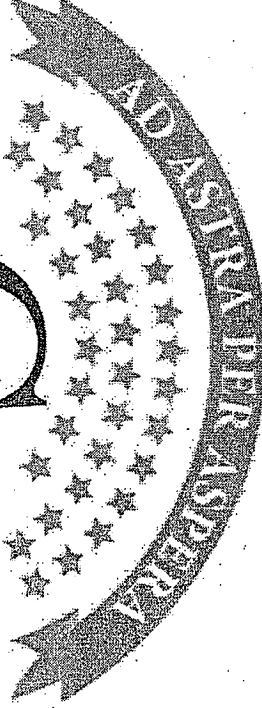
**MCO provider training underway now**

**Member advocate training: Oct. 31, Nov. 7, 14 and 30**



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# KenCare



AD ASI RAPHIR ASPERA

# Kansas Medical Assistance Program



P.O. Box 3571  
Topeka, KS 66601-3571

Provider Line: 1-800-933-6593  
Consumer Line: 1-800-766-9012

*From the office of the Fiscal Agent.*

Dear Member:

Beginning January 1, 2013, KanCare is the new State of Kansas health program that will provide for medical, mental health, dental, and long term care services. In most cases we have used medical bills to match members with a KanCare Health Plan. The plan chosen is listed on the Enrollment Form. If you are happy with the plan listed, you do not need to call or return the Enrollment Form. If you think a different plan would be better, follow the steps below before the end of December:

## BEFORE JANUARY 1, 2013

1. There are 3 ways to **change** the January 1, 2013, plan choice – Web, Mail or Phone
  - ◆ Enroll online at <https://www.kmap-state-ks.us/hcp/member>
  - ◆ Mail the completed Enrollment Form in the enclosed envelope
  - ◆ Call the Enrollment Center at 1-866-305-5147 (TDD/TTY 1-800-766-3777)
2. If any member has other health insurance please complete the Other Insurance form in this packet. Then mail it to us in the postage paid envelope.

## THINGS TO KNOW

1. If you are an American Indian or an Alaska Native you may opt out of KanCare. Please see the American Indian/Alaska Native Opt-Out Process enclosure for details.
2. Each member listed will get a **new member ID card**. You must use this card when getting services starting January 1, 2013.
3. The plan will send you a member handbook with phone numbers to call and get information. The plan will ask you to **pick a Primary Care Provider (PCP)** who will help you get the care needed. You may choose or change your PCP by calling your plan.
4. To get a copy of the plans' provider lists, call the Enrollment Center at the number above, or go to:
  - [www.sunflowerstatehealth.com](http://www.sunflowerstatehealth.com)
  - [www.myamerigroup.com/ks](http://www.myamerigroup.com/ks)
  - [www.uhccommunityplan.com](http://www.uhccommunityplan.com)

## JANUARY 1, 2013 and AFTER

1. Check to make sure the doctor or clinic you use for services is listed with your KanCare plan.
2. You must qualify for KanCare to stay enrolled with the plan each month.
3. You have 90 days starting January 1, 2013, to change plans for future months.
4. After this time frame you will stay with the same plan for the rest of 2013.
5. You will be able to change your plan during your annual open enrollment period. A packet will be mailed when open enrollment begins.

**Need Help?** If you need this letter in a different format please call us. If this letter is hard to understand, call us at 1-866-305-5147 (TDD/TTY 1-800-766-3777). You can call from 8:00 am to 5:00 pm Monday through Friday. Thank you for reading this letter. We look forward to helping you with your KanCare questions.

[(case-id)]

ENROLLMENT FORM

(Casehead Name)  
(Address)  
(City, ST, Zip)

( MONTH DD, YYYY)  
(Case ID)

| Member Name  | ID           | Assigned Plan<br>Plan Phone<br>Plan Effective Date | To Change Plans<br>Put an X in the box by<br>your choice                    |
|--------------|--------------|--|---|
| (XXXXXXXXXX) | (XXXXXXXXXX) | (Plan 1 - )<br>(5555555555)<br>(MM/DD/YYYY)        | <input type="radio"/> (Plan 2)<br><input type="radio"/> (Plan 3)            |
| (XXXXXXXXXX) | (XXXXXXXXXX) | (Plan 2 - )<br>(5555555555)<br>(MM/DD/YYYY)        | <input type="radio"/> (Plan 1)<br><input type="radio"/> (Plan 3)            |
| (XXXXXXXXXX) | (XXXXXXXXXX) | (Plan 1 - )<br>(5555555555)<br>(MM/DD/YYYY)        | <input type="radio"/> (Plan 2)<br><input checked="" type="radio"/> (Plan 3) |
| (XXXXXXXXXX) | (XXXXXXXXXX) | (Plan 2 - )<br>(5555555555)<br>(MM/DD/YYYY)        | <input type="radio"/> (Plan 1)<br><input type="radio"/> (Plan 3)            |

If you are happy with the plan listed above, you do not need to call or return this form.

If you do change, you will get a letter showing your change has been made.

Si usted está satisfecho con el plan mencionado, no es necesario llamar o regresar esta forma.

Si hace un cambio, usted recibirá una carta mostrando el cambio que ha sido hecho.



KanCare is scheduled to begin January 1, 2013. Some of the program must be approved by the federal government first. **If there are any changes to KanCare that affect you, we will inform you.**

When possible we picked a KanCare plan for you or your family by looking at providers you have seen in the past. The plan we picked for you is listed on your Enrollment Form.

**If you are happy with the plan  
we picked for you or your family,  
you do not need to send your form back or call.**

**You may stay in your current nursing home no matter which  
KanCare plan we picked or you choose.**

*Helpful information*

- You should read all of the packet materials so you know how the KanCare program will work.
- **Each person listed on the KanCare Enrollment Form will get a new member ID card from their KanCare plan.** You must use this card when getting services starting January 1, 2013.
- The plan will send you a member handbook with phone numbers to call and ask questions. The plan will ask you to pick a primary care provider (PCP) who will help you get the care you need. You may choose or change your PCP by calling your KanCare plan.

# **KanCare Enrollment Packet**



**KanCare Medical Assistance Program**

# Table of Contents

How do I make a change? ..... 2

Health Plan Highlights. .... 3

Contact Information ..... 5

*Other Insurance* ..... 6

*What are my rights and responsibilities?* ..... 6

What if I am not happy with my healthcare?..... 7

*Grievances*..... 7

*Appeals*..... 7

*Fair Hearings*..... 7

## How do I make a change?

**Step 1** Look at the **Enrollment Form** in the packet. It lists family members who are enrolled and may choose to change their health plan.

**Step 2** Look at the **Health Plan Highlights**. Ask the plans or check their website for the providers in their networks. You will find doctors, hospitals, pharmacies, or other providers you use. This includes aging or disability services, and mental health or substance abuse services.

**Amerigroup**

**1-800-600-4441**

[www.myamerigroup.com/ks](http://www.myamerigroup.com/ks)

**Sunflower State Health Plan**

**1-877-644-4623**

[www.sunflowerstatehealth.com](http://www.sunflowerstatehealth.com)

**UnitedHealthcare Community Plan - Kansas**

**1-877-542-9238**

[www.uhccommunityplan.com](http://www.uhccommunityplan.com)

*\*\*\*If you would like to use the Internet, but do not have a computer, try going to your public library, place of worship, neighborhood school, or DCF Access Point.*

**Step 3** You may change your plan by choosing one of the three options listed below.

**Option 1** - Enroll online at <https://www.kmap-state-ks.us/hcp/member>.

**Option 2** - Complete the **Enrollment Form** and return it in the enclosed envelope.




**Option 3** - Call the **Enrollment Center** at **1-866-305-5147** (TDD/TTY 1-800-766-3777), from 8:00 AM to 5:00 PM, Monday through Friday.

**IMPORTANT:** If you are pregnant or will be adding a newborn (under 12 months of age) to your case - the baby will usually be added to the same plan as the mother. The system will try to keep the mother and baby together beginning at birth if eligibility is approved. Think about this when choosing your plan.

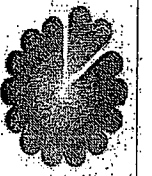


**Health Plan Highlights**

Look at your **Enrollment Form** to compare plans. All physical, mental, and substance abuse services are the same in each MCO. The chart shows extra services you can receive in KanCare.

|   |   |  |  |
|---|---|--|--|
|  <p><b>Amerigroup<br/>RealSolutions</b><br/>in healthcare</p>   | <p>Dental care for people 21 and over:</p> <ul style="list-style-type: none"> <li>• Two free exams (cleaning and scaling) per year</li> <li>• Free teeth whitening for certain conditions</li> </ul>  |  <p><b>SUNFLOWER STATE<br/>HEALTH PLAN</b></p> <p>Dental visits for adults: 2 routine dental check-ups per year</p>                             |  <p><b>UnitedHealthcare</b><br/>Community Plan</p> <p>Adult dental services will be a benefit. People over 21 can get an exam, x-ray, and teeth cleaning.</p> |
| <p>Members can earn between \$10 and \$50 in debit card credits each time they get certain health checkups and screenings (up to \$200 of credits can be earned).</p>   | <p>Members can earn rewards on our CentAccount debit card when they get health checkups and screenings. Members can get \$20 for the first health screening and \$20 a year for annual checkups.</p>  | <p>Adults can earn between \$5 and \$15 in gift cards to help them become and stay healthy. They can earn the gift cards by going to health screenings and checkups.</p>   |  |
| <p>We help certain members get free cell phones through Safelink® and up to 250 minutes of service each month plus:</p> <ul style="list-style-type: none"> <li>• 200 bonus minutes when you agree to get texts from us</li> <li>• Wellness texts and reminders to renew your benefits on time</li> <li>• Unlimited minutes to call our Member Services line.</li> </ul> | <p>Safelink® and Connections Plus are programs that provide a free cell phone to members. Safelink® provides up to 250 free minutes of service per month, with free calls to and from Sunflower State Health Plan. Members will be able to have telephone access to their health care providers.</p>  | <p>Some members will receive a cell phone to help them keep in touch with their doctors and Care Coordinator. We also have Smartphone applications to help members keep track of their medical appointments.</p>                   |  |
| <p>Taking Care of Baby and Me® prenatal and postnatal program with health resources, coaching, a special self-care book and more debit card credits.</p>  | <p>Start Smart for Your Baby - This program gives support and education for moms, babies, and families. The program includes the services below. There is no cost to member.</p> <ul style="list-style-type: none"> <li>• Start Smart home visits for new mothers</li> <li>• Start Smart baby showers for pregnant mothers</li> <li>• Start Smart birthday programs for children</li> </ul> | <p>Baby Blocks is a program to help those that are pregnant. Baby Blocks uses online tools so new moms can track their appointments. If they go to all of their appointments they can earn gifts for themselves or their baby.</p> |  |

1317



# Amerigroup RealSolutions<sup>SM</sup> in healthcare

Free programs for adults to:

- Stop smoking
  - Lose weight
  - Get a GED
  - Improve relationships
- Free healthy living coaching for preteens

Extra over-the-counter medicines through mail order for all waiver groups and members receiving SSI.

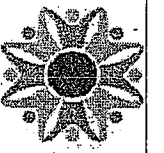
\$120 annually (\$10 monthly) towards the purchase of over-the-counter products.

Free rides to community health events and free caregiver transportation to doctor visits for all waiver groups and members receiving SSI.

Career development help and money to buy professional clothes for job interviews.

Free in-home pest control for all waiver groups and members receiving SSI (excludes members residing in ICF/MR, assisted living and nursing facilities, group homes, or similar settings).

Respite care for caregivers of Frail Elderly waiver members and extra respite care for members of Autism, Developmental Disability, and Serious Emotional Disturbance waiver groups (excludes members living alone or residing in ICF/MR, assisted living and nursing facilities, group homes, or similar settings).



# SUNFLOWER STATE HEALTH PLAN

Community Programs for Healthy Children: Sunflower offers free services, such as membership fees to Boys & Girls Clubs and Brownie Badge Programs to promote healthy lifestyles for kids.

We can send someone with members with a developmental disability or mental illness for support at doctor visits. We also have practice visits to OB/GYNs and dentists for members with a developmental disability so members are more comfortable with preventive care visits.

Peer and family support services for members with mental illness or disabilities to help them live in their community.

Healthy Schools & Adopt-A-School Program: Sunflower provides hands-on education and outreach to local community schools.

Pet therapy visits are offered. Members must be in an assisted living or nursing facility for this. Members on an HCBS waiver also have the chance for this visit.

In-home telemonitoring is available. It helps members be able to be more independent. This is offered to those that are aged, blind, and/or disabled.



# UnitedHealthcare<sup>SM</sup> Community Plan

We have great Sesame Street programs. Learn from Sesame Street friends about going to the doctor for checkups. Learn about asthma and lead tests. We have help for families to teach them how to eat better without much cost. We also send Sesame Street and Dr. Health E. Hound birthday cards for all kids.

Our adult members can go to free Weight Watchers classes. You can also earn workout gear for finishing the program.

Kids age 10 to 17 who are watching their weight can earn a \$50 gift card. They earn the gift card by finishing a healthy weight program. The family also helps them to develop a healthy lifestyle.

We will give all children the chance to join a youth organization. This can be a group like the YMCA, Boys and Girls Clubs, and 4-H.

We will provide more vision services. The services will include a better choice of eyeglass frames. It also includes replacement if your glasses are lost or stolen. Some members could get contact lenses.

Members can get more foot doctor visits. They need to be over 21 and get approval from their Care Coordinator. This could include up to two visits per year.

**Things to know:**

- Your primary care provider may be a doctor, physician assistant, nurse practitioner, or a clinic in your health plan. If you need a specialist, make sure the specialist you want to see is in your health plan.
- Call your primary care provider if you or your child gets sick. In an emergency, go to the nearest emergency room or call 911.
- If you have special health care needs, call your health plan after you are enrolled and they will make sure you get the care you need.
- KanCare will not have copays.

**Things that do not change:**

- The KanCare ID number will not change.
- The review date for eligibility will not change.
- The HIPPS program will not change for people who are already enrolled.
- The amount some people must pay their providers will not change such as spenddown, patient liability, and/or premiums.

**Contact Information**

| Agency Name   | Telephone Number   | Website Address   |
|---|--|---|
| <b>Enrollment Center</b><br>To change your KanCare health plan.   | 1-866-305-5147<br>TDD/TYY 1-800-766-3777<br>Business Hours:<br>Monday - Friday, 8:00 AM to 5:00 PM | <a href="https://www.kmap-state-ks.us/hcp/member">https://www.kmap-state-ks.us/hcp/member</a><br>Log on and password required |
| <b>Eligibility Verification</b><br>To confirm your eligibility and KanCare plan.  | 1-800-766-9012<br>TDD/TYY 1-800-766-3777<br>Business Hours:<br>Monday - Friday, 8:00 AM to 5:00 PM | <a href="https://www.kmap-state-ks.us/hcp/member">https://www.kmap-state-ks.us/hcp/member</a><br>Log on and password required |
| <b>KanCare Clearinghouse</b><br>For questions about your eligibility. Also to report household changes such as address, phone number, or family size. | 1-800-792-4884<br>Business Hours:<br>Monday - Friday, 8:00 AM to 5:00 PM                           | <a href="http://www.kancare.ks.gov">www.kancare.ks.gov</a>  |
| <b>Amerigroup</b><br>To pick a doctor and ask questions about your health care benefits including transportation.                                     | 1-800-600-4441<br>Business Hours:<br>Monday - Friday 8:00 AM to 5:00 PM                            | <a href="http://www.myamerigroup.com/ks">www.myamerigroup.com/ks</a>  |
| <b>Sunflower State Health Plan</b><br>To pick a doctor and ask questions about your health care benefits including transportation.                    | 1-877-644-4623<br>Business Hours:<br>Monday - Friday 8:00 AM to 5:00 PM                            | <a href="http://www.sunflowerstatehealth.com">www.sunflowerstatehealth.com</a>  |
| <b>UnitedHealthcare Community Plan - Kansas</b><br>To pick a doctor and ask questions about your health care benefits including transportation.       | 1-877-542-9238<br>Business Hours:<br>Monday - Friday 8:00 AM to 8:00 PM                            | <a href="http://www.uhccommunityplan.com">www.uhccommunityplan.com</a>  |

## ***Other Insurance***

Complete and return the enclosed **Other Insurance Information** form if the family member(s) listed on the Enrollment Form have other insurance besides KanCare.

### ***What are my rights and responsibilities?***

In the KanCare program, you have the right to:

- Be treated with respect.
- Receive information about KanCare benefits.
- Choose your primary provider within your plan.
- Make decisions about your health care.
- Have access to medical advice from your provider, either in person or by phone, 24 hours a day, 7 days a week.
- A second opinion.
- Voice concerns about your provider or services.
- Appeal any denials from the program.
- File a grievance if you are unhappy with your care.
- Ask if a service is covered before receiving it by asking your provider or calling your health plan.

In the KanCare program, you have the responsibility to:

- Choose your primary provider within the available plan.
- Call your provider for any medical problem.
- Go to your primary provider for preventive care.
- Read all information given to you on your medical benefits.
- Make and keep appointments. If you can't keep an appointment, call and cancel.
- Follow the advice of providers.
- Pay for services that are not covered by KanCare.
- Show respect to providers.
- Use services appropriately. Example: Use the emergency room only when you believe you are having a true emergency.
- Tell your provider about other insurance coverage you have, including Medicare.

## **What if I am not happy with my healthcare?**

### **Grievances**

A grievance is an expression of dissatisfaction about any matter other than an Action.

Call or write one of the Customer Service Centers below to file a grievance. A customer service staff member will help you file a grievance.

\*\*\* If your health plan is Amerigroup... call 1-800-600-4441 to file a grievance.

\*\*\* If your health plan is Sunflower State Health Plan ... call 1-877-644-4623 to file a grievance.

\*\*\* If your health plan is UnitedHealthcare Community Plan - Kansas... call 1-877-542-9238 to file a grievance.

### **Appeals**

An appeal can only occur under the following circumstances:

- If an Action has occurred. An Action is the denial of services or a limitation of services, including the type of service; the reduction, suspension, or termination of a service you have been receiving; the denial, in whole or part, of payment for a service; or the failure of the health plan to act within established time requirements for service accessibility.
- You will receive a Notice of Action in the mail if an Action has occurred.
- An Appeal is a request for a review of any of the above actions.
- To file an Appeal: You, your friend, your attorney, or anyone else on your behalf can file an appeal.
- An appeal can be filed verbally, but it must be followed by a written request. The Customer Service Center for your health plan can also help you with an appeal.
- An appeal must be filed within 30 calendar days after you have received a Notice of Action.
- The appeal will be resolved within 30 calendar days unless more time is needed. You will be notified of the delay, but your appeal will be resolved in 45 calendar days.

You have other options for a quicker review of your appeal. Call your health plan for more information.

- If you are in Amerigroup, Sunflower State Health Plan, or UnitedHealthcare Community Plan - Kansas, you must finish your Appeal before filing a Fair Hearing.

### **Fair Hearings**

A Fair Hearing is a formal meeting where an impartial person (someone you do not know), assigned by the Office of Administrative Hearings, listens to all of the facts and then makes a decision based on the law.

- If you are not satisfied with the decision made on your appeal, you or your representative may ask for a fair hearing. It must be done in writing and mailed or faxed to:

Office of Administrative Hearings  
1020 S. Kansas Ave.  
Topeka, KS 66612-1327  
Fax: 785-296-4848

- The letter or fax must be received within 30 days of the date of the appeal decision.

## Other Insurance Information

Please complete this form if the family members listed on the Enrollment Form have other insurance. Return it in the enclosed envelope.

**Case No.** \_\_\_\_\_

The case number can be found on the Enrollment Form.

|                |                    |
|----------------|--------------------|
| Person Insured | Medicaid ID Number |
| Person Insured | Medicaid ID Number |
| Person Insured | Medicaid ID Number |
| Person Insured | Medicaid ID Number |
| Person Insured | Medicaid ID Number |

|                                 |                                      |              |     |
|---------------------------------|--------------------------------------|--------------|-----|
| Name of Other Insurance Company |                                      | Phone Number |     |
| Street Address                  | City                                 | State        | Zip |
| Policy Holder Name              | Policy Holder Social Security Number |              |     |
| Policy Holder Date of Birth     | Policy Number/ID Number              |              |     |
| Group ID or Name of Employer    |                                      |              |     |

**Return this form to:**

Kansas Medical Assistance Program  
 Attn: TPL Department  
 PO Box 3571  
 Topeka, KS 66601-3571

13-22

## American Indian/Alaska Native Opt-Out Process

American Indians and Alaska Natives may choose not to enroll in a KanCare health plan. Even if you choose not to be in a KanCare health plan, you may remain as a Medicaid member. If your children are in the CHIP program (sometimes known as KanCare 21 or Title 21), they will be in a KanCare health plan. If you do not want to be enrolled in a KanCare health plan, mark the box below. **Return this sheet, a copy of your tribal documentation** (see list below) and **the enrollment form** in the enclosed envelope or send by fax to 785-266-6109.

If you choose to be in a KanCare health plan, you still will be able to receive services from Indian Health Service, tribal, and urban Indian providers if you want to. If you choose not to be in a KanCare health plan, you cannot get value-added services provided by the KanCare plans. These services include dental services for adults, reward programs and cell phone programs. These value-added services are listed on page 3 of the enrollment guide.

**I do not want to be a part of a KanCare health plan.**

A copy of my tribal documentation is enclosed or attached.

Tribal documentation can be in the form of any one of the following:


- Tribal Enrollment Card
- Tribal Enrollment Letter
- Certificate of Degree of Indian Blood (CDIB)
- Documentation from an Indian Health Service, Tribal or Urban Indian clinic

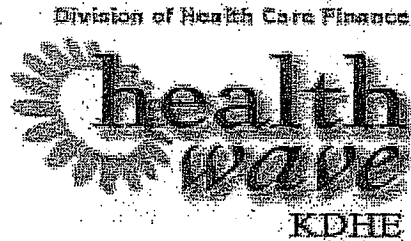
If you have questions about what documents are needed, you may call 1-866-305-5147.

**January 1, 2013**

**Kansas Medicaid and HealthWave**

**Kansas Medical Assistance Program (KMAP)**

|   |  |
|---|--|
| State of<br><b>Kansas</b><br>Medical Card   |  |
| Member Name   |  |
| Member ID   |  |
| Member DOB  |  |
|  |  |



**... are becoming KanCare**







Landon State Office Building  
900 SW Jackson Street, Room 900-N  
Topeka, KS 66612

Department of Health  
and Environment  
*Division of Health Care Finance*

Phone: 785-296-3981  
Fax: 785-296-4813  
[www.kdheks.gov/hcf/](http://www.kdheks.gov/hcf/)

Robert Moser, MD, Secretary  
Kari Bruffett, Director

Sam Brownback, Governor

## KANCARE READINESS REVIEW PROCESS

The State of Kansas is reforming how health care will be delivered to its most vulnerable citizens in an effort to better coordinate services, eliminate duplication and improve recipient's overall health. To help ensure system changes are implemented as efficiently and effectively as possible, the State is required per federal requirements to determine that the participating managed care organizations (MCOs) are ready to operate in the new KanCare environment.

The Kansas Department of Health and Environment (KDHE) contracted with Mercer Government Human Services Consulting (Mercer) to work with the State to assess the readiness level of the three selected KanCare MCOs – United Healthcare, Amerigroup and Sunflower (Centene). The readiness reviews consisted of a document request and desk audit followed by an onsite visit in the month of September for each MCO. The initial onsite readiness reviews occurred on the following dates: September 6–7, 2012 for United; September 13–14, 2012 for Amerigroup and September 20–21, 2012 for Sunflower. Each MCO also received a follow-up onsite visit to ensure areas identified in the first onsite review were resolved and progress was made towards meeting the State's expectations for readiness. The follow-up reviews occurred on October 4, 2012 for United Healthcare; October 11, 2012 for Amerigroup and October 16, 2012 for Sunflower and were attended by representatives from the Centers for Medicare and Medicaid Services.

In conjunction with the State, Mercer developed a readiness review tool that was used to assess each plan's readiness in four managed care operational areas: Organizational/Administration; Clinical; Financial and Systems. The readiness review tool captured each of these operational areas via the specific federal and State contractual requirements in order to determine a MCO's readiness. Examples of operational issues include whether a MCO has in place an adequate physician and provider network, an efficient and timely claims processing system and a system to respond quickly to patient and physician complaints.

More specifically, each MCO was assessed both qualitatively and quantitatively on the following operational areas:

1. Organizational/Administration
  - A. Member services
  - B. Grievance and appeals
  - C. Provider network
  - D. Fraud and abuse
  - E. Administration
  - F. Organization/Delegation

13-25

2. Clinical
  - A. Quality management
  - B. Care management
  - C. Utilization review
3. Financial
  - A. Financial reporting and monitoring
  - B. Financial solvency
4. Systems
  - A. Claims management
  - B. IT and encounter data management

As part of the onsite review for each MCO, the State was provided with an overview of a member's and provider's experience once they enroll with the MCO including member/provider on-boarding, member/provider outreach and education, member/provider grievances and appeals, plans of care and care coordination, utilization management, integration of physical health, behavioral health and long term care, and claims operations. In addition, key MCO leadership in the four operational areas was interviewed to discuss in greater detail the specific proposed operational issues. If there were instances where an area or areas were not meeting federal or contractual requirements of the State, the MCO was asked to supply additional documentation to "correct" the deficiency to reach compliance. The MCOs would have at least two weeks following the onsite review to submit any supporting documents. If there were areas that required further follow-up, this was completed during the second onsite readiness review visit conducted by the State. This second onsite visit was held approximately four weeks following the first onsite readiness review.

At the conclusion of the KanCare readiness review process, each MCO had met the contractual October implementation readiness benchmark, which was defined as completing 90 percent of implementation activities. As a result, on October 19, 2012, the State determined that all three MCOs were substantially ready to implement the new KanCare program as outlined in the contract. Based on the review, United Healthcare, Amerigroup and Sunflower should be ready to begin enrolling members and providers and delivering Medicaid services upon federal approval of the State's KanCare demonstration application.

The State will continue to closely monitor the implementation progress and immediately address any issues as they arise. The State has developed a process to triage these early implementation issues by providing extra training for its staff, MCOs, new members and community partners. The State will also continue to closely monitor oversight of the MCOs compliance with the KanCare requirements on an ongoing basis. In addition, the State is establishing an interagency monitoring team with representation from both KDHE and the Kansas Department for Aging and Disability Services that has been tasked with providing ongoing oversight and monitoring all aspects of the quality management process. This team approach will enable the State to analyze trends, identify issues and prioritize opportunities for the improvement of the KanCare program. Additional requirements of the State's ongoing monitoring efforts are further outlined in the managed care contracts.

## Geo-Access Requirements for Future Reports

### County Designations

All plans must use the KDHE-defined county designations defined in this document:  
<http://www.kdheks.gov/olrh/download/PCUARpt.pdf>

There are five identified county types in the document above:

- Urban (n=6)
- Semi-urban (n=10)
- Densely-settled rural (n=21)
- Rural (n=32)
- Frontier (n=36)

For the specialties described in the table below, the State expect that plans will use the county designations as stipulated in the above document, but apply the standards in place in the table for each provider type.

### Required Geo Access Standards for Reports

The table below notes the provider groups for which the State would like to Geo-Access maps. Each provider type in the table below should have a map with the indicated mileage standards used for mapping in the report.

For every Geo map, the State would also like to see a breakdown of the percent of members without access to at least one provider by county.

| Provider/Service Type  | Urban or Semi-Urban County in miles (unless otherwise noted) | Densely-settled rural, Rural, or Frontier County in miles (unless otherwise noted); Greater of miles stated or community standard | Provider Types and Specialties Included   |
|--|--|---|---|
| <b>Physicians</b>  |  |   |   |
| Primary Care Physician or physician extender (including nurse practitioner or physician assistant) | 20 miles   | 30 miles unless documented that community standards are greater   | -Any provider who is contracted as a PCP and has one of the following provider types/specialties<br>316- Family Practitioner<br>318- General Practitioner<br>322- Internist<br>328- Obstetrician/Gynecologist<br>344- General Internist |

| Provider/Service Type   | Urban or Semi-Urban County in miles (unless otherwise noted) | Densely-settled rural, Rural, or Frontier County in miles (unless otherwise noted); Greater of miles stated or community standard | Provider Types and Specialties Included   |
|-------------------------|--|---|---|
|                         |  |   | 345- General Pediatrician<br><br>-Any physician extender who supports a PCP in one of the above provider specialties and has one of the following provider type/specialties<br>100- Physician Assistant<br>93- Nurse Practitioner (other)<br><br>-Any provider who is contracted as a PCP (if not in specialties listed above, please note additional specialties that are included in the PCP map) |
| Obstetrics/Gynecology   | 15   | 60  | 328- Obstetrician/Gynecologist<br>181- Maternity<br>335- Maternal Fetal Medicine<br>95- Certified Nurse Midwife   |
| Dental Primary Care     | 20 miles or 30 minutes                                       | 30 miles or 30 minutes unless documented that community standards are greater   | 271- General Dentistry Practitioner<br>274- Pediatric Dentist   |
| Neurology               | 25   | 100   | 325- Neurological Surgeon<br>326- Neurologist   |
| Dermatology             | 25   | 100   | 314- Dermatologist  |
| Neonatology             | 25   | 100   | 323- Neonatologist  |
| Physical Medicine/Rehab | 25   | 100   | 336- Physical Medicine and Rehabilitation Practitioner  |
| Podiatry                | 25   | 100   | 140- Podiatrist   |
| Optometry               | 30 minutes transport time<br>30 miles                        | 30 minutes transport time unless documented that community standards  | 180- Optometrist  |

| <b>Provider/Service Type</b>       | <b>Urban or Semi-Urban County in miles (unless otherwise noted)</b> | <b>Densely-settled rural, Rural, or Frontier County in miles (unless otherwise noted): Greater of miles stated or community standard</b> | <b>Provider Types and Specialties Included</b>                                      |
|------------------------------------|---|--|---|
|                                    |   | are greater<br>30 miles  |   |
| Allergy                            | 25  | 100  | 310- Allergist  |
| Cardiology                         | 25  | 100  | 312- Cardiologist<br>313- Cardiovascular surgeon                                    |
| Endocrinology                      | 25  | 100  | 322- Internist<br>344- General Internist  |
| Gastroenterology                   | 25  | 100  | 317- Gastroenterologist   |
| Hematology/Oncology                | 25  | 100  | 329- Oncologist   |
| Neurosurgery                       | 25  | 100  | 325- Neurological Surgeon   |
| Plastic and Reconstructive Surgery | 25  | 100  | 337- Plastic Surgeon  |
| Nephrology                         | 25  | 100  | 324- Nephrologist   |
| Ophthalmology                      | 25  | 100  | 330- Ophthalmologist  |
| Orthopedics                        | 25  | 100  | 331- Orthopedic Surgeon   |
| Otolaryngology                     | 25  | 100  | 332- Otologist,<br>Laryngologist, Rhinologist                                       |
| Pulmonary Disease                  | 25  | 100  | 340- Pulmonary Disease Specialist   |
| Urology                            | 25  | 100  | 343- Urologist  |
| General Surgery                    | 25  | 100  | 319- General Surgeon  |
| Psychiatrist                       | 15  | 60   | 11- Psychiatric<br>339- Psychiatrist  |
| <b>Hospitals</b>                   |   |  |   |
| Hospital                           | 30  | Within community standard if exceeding 30 miles  | 01- Hospital<br>10- Acute care  |
| <b>Ancillary Services</b>          |   |  |   |
| Physical Therapy                   | 30  | 30   | 170- Physical Therapist   |
| Occupational Therapy               | 30  | 30   | 171- Occupational Therapist   |
| X-ray                              | 30  | 30 miles unless documented that community standards are greater  | 290-Free standing x-ray Clinic<br>291- Mobile X-Ray Clinic<br>293- Diagnostic X-ray |
| Lab                                | 30  | 30 miles unless documented that community standards  | 280- Independent Lab  |

| Provider/Service Type | Urban or Semi-Urban County in miles (unless otherwise noted) | Densely-settled rural, Rural, or Frontier County in miles (unless otherwise noted): Greater of miles stated or community standard | Provider Types and Specialties Included   |
|-----------------------|--|---|---|
|                       |  | are greater   |   |
| Pharmacy              |  |   |   |
| Retail Pharmacy       | 10   | 30  | 240- Pharmacy<br>241- Institutional Pharmacy<br>242- Pharmacy Mail (out of state) |

### Additional Report Requirements

For remaining provider types and specialties, the State has defined the following access standards for reporting.

#### Specialties With Access Standard of At Least One Provider Available in Each County

For the following specialties, the state has defined an access standard of at least one provider available to serve each of the 105 Kansas counties. The provider does not necessarily need to be located in the county, but must be available to provide the services to that county.

Rather than a map, the State would like the plans to list for each specialty any counties that do not have services available. For any specialty that has at least one county where services are not available, please note how the plan will provide access to those services in the counties where there is no provider available.

- 360- Personal Care- Individual
- 362- Family/Individual Supports
- 363- Personal Services- IH
- 364- Residential Supports
- 365- Supportive Home Care
- 366- Night Support- HI
- 367- Personal Service- PD
- 41- Head Injury Rehabilitation
- 410- Adult Day Care
- 440- Assistive Services
- 441- Assistive Technology Services
- 50- Home Health Agency
- 500- Assistive Services- PD
- 501- Attendant Care for Independent Living (ACIL)
- 502- Communication Devices

503- Assistive Services- HI  
506- Independent Living Counselor  
509- Medication Reminder  
51- Specialized Home Nursing Services  
510- Attendant Care- Level I  
511- Attendant Care- Level II  
513- Sleep Cycle Support  
514- Wellness Monitoring- FE  
515- Nursing Evaluation  
516- Respite Care- FE  
518- Comprehensive Support Services- FE  
520- Day Supports  
522- Assessment Service  
526- Assistive Services  
53- Respite Care Home and Community Based Services  
530- FMS AWC  
535- Home Delivered Meals PD  
536- Home Delivered Meals TBI  
540- Transitional Living Skill  
550- Autism Specialist  
551- Intensive Individual Support- AU  
552- Respite Care- AU  
553- Parent Support- AU  
554- Family Adjustment Counseling- AU  
556- Medical Respite/TA  
557- Medical Service Technician/TA  
559- Home Modifications/TA  
558- Personal Service Attendant/TA  
560- Health Maintenance Monitoring  
561- Intermittent Intensive Medical Care  
60- Hospice  
260- Ambulance

Specialties that Should Have Reported Totals, but Not be Included in Geo-Access Reports

For the following provider types and specialties, the state will not require a map, but would like to see a total number of contracted providers for each of the following.

111- Community Mental Health Center  
122- Non-CMHC Affiliate  
12- Rehabilitation  
131- Public Health or Welfare Agency and Clinic  
19- State Mental Hospital  
190- Optician  
191- Ocularist  
200- Audiologist

220- Hearing Aid Dealer  
230- Nutritionist  
231- Assistive Technology  
283- Pathology Lab  
232- Behavior Management/PRTF  
35- Skilled Nursing Facility  
351- Indian Health Services  
59- Independent Living Counseling  
80- Federally Qualified Health Clinic (FQHC)  
81- Rural Health Clinic  
83- Family Planning Clinic  
20- Ambulatory Surgical Center  
250- DME/Medical Supply Dealer  
252- Emergency Response Installation  
253- Emergency Response – Rental  
255- Vaccine Administration  
256- Van Lifts  
257- Wheelchair Modifications  
261- Air ambulance  
268- Medical Alert  
270- Endodontist  
272- Oral Surgeon  
273- Orthodontist  
275- Periodontist  
277- Prosthesis  
282- KDHE Lab Billing  
300- Renal Dialysis Center  
311- Anesthesiologist  
315- Emergency Medicine Practitioner  
333- Pathologist  
334- Pediatric Surgeon  
338- Proctologist  
341- Radiologist  
342- Thoracic Surgeon  
346- Dispensing Physician  
347- Radiation Therapist  
349- Exempt License Physician  
350- Preventive Medicine  
94- Certified Registered Nurse Anesthetist (CRNA)

Specialties that will be Included in KanCare in 2014 (no Geo reports required at this time)

The specialties below represent providers of DD waiver services. The State is interested in seeing how the MCOs are doing in developing this network of providers, but no Geo reports or maps will be required at this time.



- 233- Community Developmental Disability Organization
- 236- Screening
- 237- Targeted Case Management
- 238- Non-CDDO Affiliate
- 368- Sleep Cycle Support- MRDD
- 369- Supported Employment Services- MRDD
- 370- Personal Assistant Services- MRDD
- 512- Respite Care- MRDD
- 517- Wellness Monitoring- MRDD
- 521- Specialized Medical Care RN/MRDD
- 523- Specialized Medical Care LPN/MRDD

Specialty Descriptions to Remove from Provider Spreadsheet

The following specialties provide services that are carved out of KanCare or are otherwise not applicable, and do not need to be included in future Network Adequacy reports.

- 120- Local Education Agency
- 173- Speech/Hearing Therapists
- 183- Early Intervention Services
- 186- Family Service Coordination for ECI
- 450- QMB
- 555-Case Management/Care Coordination/TA
- 71- MCO
- 72- Family Preservation Contract
- 75- PACE

Non-Emergency Medical Transportation (NEMT)

For all NEMT providers, the State would like to see a total number of providers contracted. Please identify any counties where NEMT services are not available, and note how the plan will ensure access to NEMT services in those counties.

## **Geo-Access Requirements for Future Reports Behavioral Health Standards**

### **Report Format**

Each health plan should submit one Geo Access map for all behavioral health providers (including both substance use disorder and mental health providers)

### **Excluded Provider Types**

No Geo Access map is required for Community Mental Health Centers (CMHCs), psychiatric residential treatment facilities (PRTFs) or Regional Alcohol and Drug Assessment Centers (RADACs). For these provider types, health plans should note in the report narrative which specific providers are represented in the larger behavioral health Geo Access map.

### **County Designations**

The State expects that health plans will use the county designations identified in the KDHE report, "Primary Care Health Professional Underserved Areas Report" located online (<http://www.kdheks.gov/olrh/download/PCUARpt.pdf>)

There are five identified county types in the document above:

- Urban (n=6)
- Semi-urban (n=10)
- Densely-settled rural (n=21)
- Rural (n=32)
- Frontier (n=36)

### **Access Standards**

For behavioral health, the following access standards will apply:

Urban/Semi-urban = 30 miles  
Densely Settled = 45 miles  
Rural/Frontier = 60 miles