



Care Coordination Summits
November 2013

Agenda

- Welcome and Introductions
- KanCare Overview and Timeline
- Care Coordination Goals
- MCO Presentations
- Case Study Discussions
- Question and Answer
- Closing

What is KanCare?

- On January 1st, the Kansas Medicaid and Healthwave programs became KanCare
- Everyone who was in Medicaid or HealthWave before became part of KanCare in January 1, 2013
- The State is working with managed care organizations (MCOs) or health plans
 - Amerigroup of Kansas, Inc (Amerigroup)
 - Sunflower State Health Plan (Sunflower)
 - UnitedHealthcare of the Midwest (United)

KanCare Goals

- A primary goal of KanCare was to create better integration across the various Medicaid programs.
- Other goals included:
 - Reducing cost growth
 - Expenditure growth 2000-2011 = 7.4%
 - Causing a crowd-out effect within state budget
 - Improving overall quality of care
 - Aging: Higher than average institutionalization
 - Disabled: Fragmented service provision
 - No eligibility changes or provider rate cuts

KanCare Goals

Cross-cutting Themes

- Integrated, whole-person care:
 - Aligning financing around care for whole person
 - Health homes
 - Enhancing health literacy and personal stake in care
- Preserving independence/creating a path to independence:
 - Removing barriers to work
 - Delaying or preventing institutionalization

KanCare Goals

- More specific to long-term care, the State wanted to reduce nursing facility utilization.
- Despite having a well developed home and community based services waiver program Kansas also has very high nursing home utilization rates.
 - Kansas ranked in the top 5 nationwide for per capita utilization of HCBS services.
 - Kansas also ranked in the top 5 nationally for per capita nursing facility utilization.

Care Coordination

- Many of the Goals of KanCare are Driven by Care Coordination
 - Better integration: Care coordinators will work to ensure whole-person care.
 - Reduction of costs: Through care coordination we expect reduction of unnecessary or preventable services.
 - Improved outcomes: Care coordinators will help members manage their healthcare better.

Care Coordination

- Care Management for Nursing Facility Residents
Pay-for-Performance measures
 - Percent of members with a plan of care that addresses identified member needs, as identified by comparing the resident health risk assessment results against plan of care (case audits)
 - Percent of members with evidence that plan of care services were provided (case audits)
 - Percent of members indicating satisfaction with integration of their services (resident survey)

More Questions? Contact Us

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Go to Our Website: www.kancare.ks.gov