



KanCARE Overview

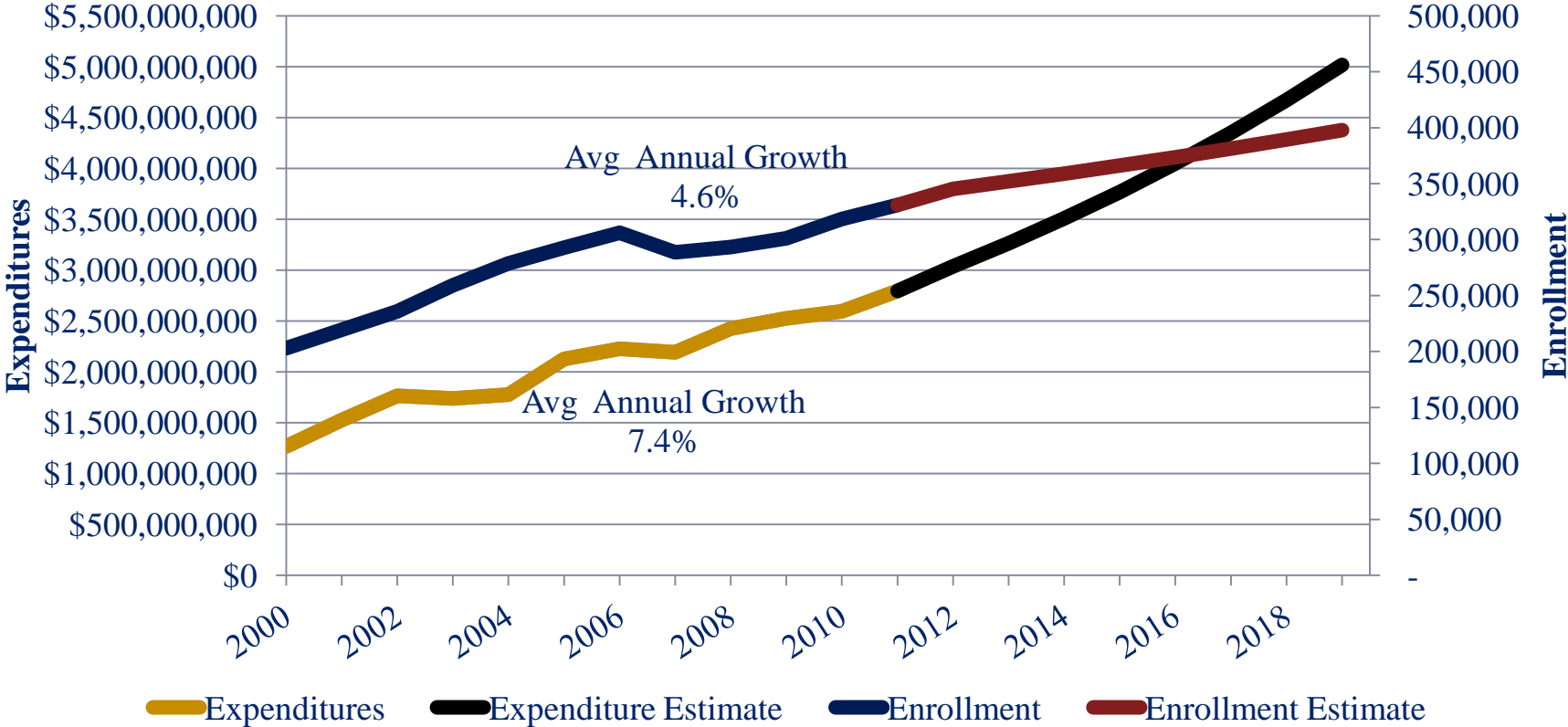
Kansas Medicaid Integrated Care

How We Got Here

- Long-term increases in Medicaid spending is due to an increase in enrollment and spending per person.
- It is not “just the economy” – Kansas is in the middle of a sustained period of accelerated growth as baby boomers reach age of acquired disability.

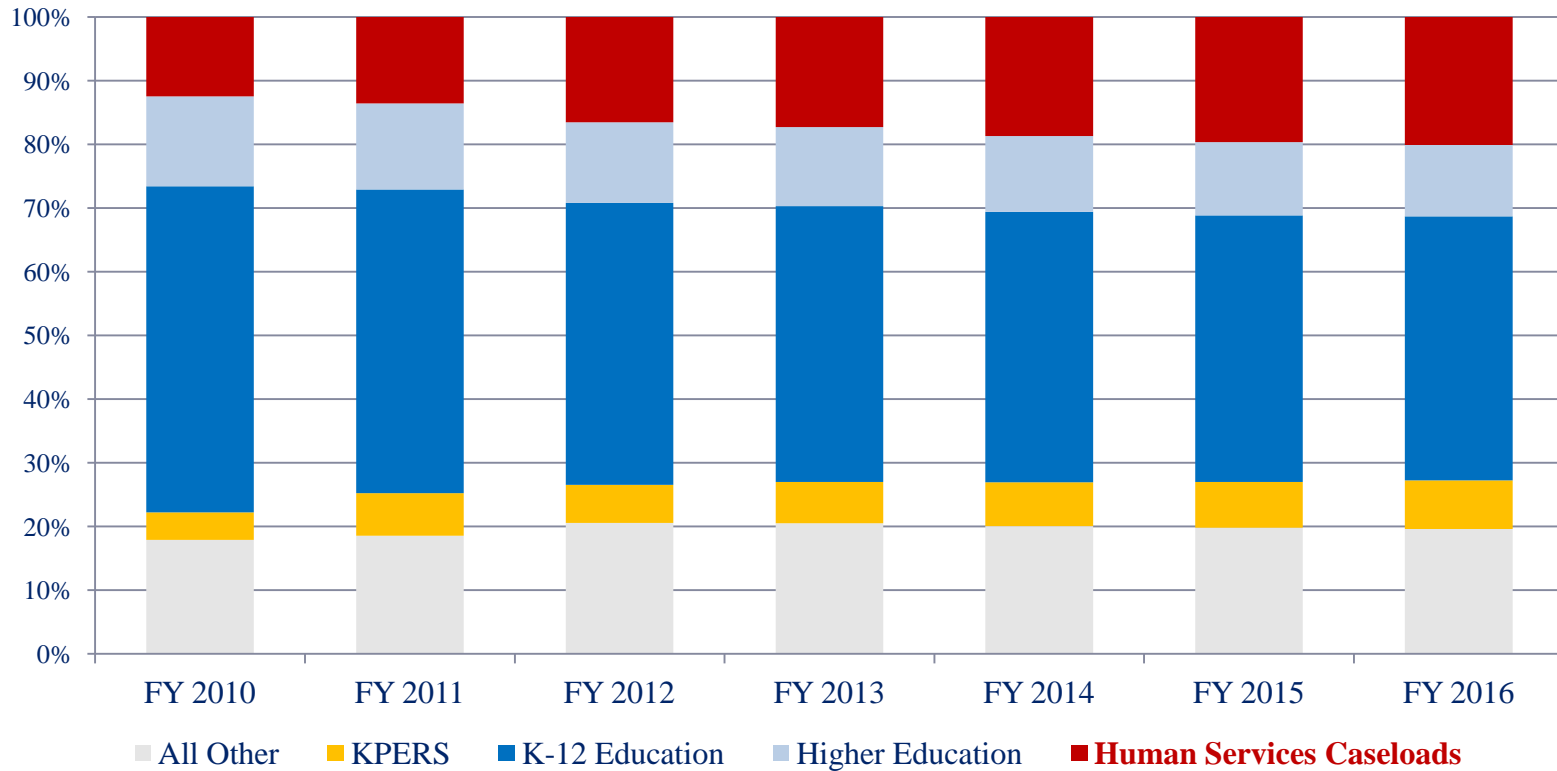
How We Got Here

Total Medicaid – without KanCare



Crowding Out Effect

Expenses as % of State General Fund



FY 12-16 is projected spending; it illustrates the impact on other programs if Medicaid spending growth continues, at the current rate. The graph assumes the projected growth would be offset in other programs.

Kansas Opportunities

- **Reducing Health Care Fragmentation**
 - There is no uniform set of outcomes, measures or incentives to make sure individuals' health is improving for insurance companies or health care providers.
- **Integrated Whole-Person Care**
 - Providing financing around care for whole person.
 - Utilizing patient-centered medical homes.
- **Preserving Independence or Creating a Path to Independence**
 - Aligning incentives among health care providers and individuals receiving Medicaid benefits.
 - Preventing or delaying institutionalization.
- **Alternative Access Models**
 - Utilizing technology and nontraditional settings for care administration.
 - Thinking creatively about who can deliver care.

The KanCare Solution

- **Person-Centered Care Coordination**
 - There will be 3 integrated care companies, you will choose one to enroll with. Your KanCare company will:
 - Improve your health and coordinate all aspects of your care.
 - Be held accountable for improving your health, not for cutting services.
 - Use established community partners, such as CDDOs, CMHCs, CILs and AAAs.
 - Ensure provider quality.
 - Educate you about your health, medications and preventative measures you can take.
 - Health homes will be created initially for individuals with a mental illness, diabetes or both.

The KanCare Solution

- **Person-Centered Care Coordination**
 - Coordinate Medicare and Medicaid coverage.
 - Create a conflict-free eligibility and enrollment process.
 - Prevent premature institutional placement.
 - Case management structure that fully integrates and coordinates care across all health care settings.

KanCare Performance Measures

- Physical Health
 - Comprehensive Diabetes Care.
 - Well child visits within first 15 months of life.
 - Prenatal and postpartum care.
 - Annual monitoring for patients on multiple chronic medications.
 - Follow-up after hospitalization for mental illness.
- Behavioral Health
 - Number who gain and maintain competitive employment.
 - Substance Use Disorder services measures.
 - Decrease utilization of inpatient psychiatric services.
 - Exceed current community integration rates.

KanCare Performance Measures

- Long-Term Care
 - Reduce re-admissions to hospital from nursing home.
 - Number of nursing home days vs. total number of nursing home eligible individuals.
 - Customer satisfaction survey results.
 - Percent of clean nursing home payment claims.
 - Percent of total nursing home resident days provided in homes designated as “Person-Centered Care Homes” by the PEAK program.

The KanCare Solution

- **Integrated whole person care.**
- **Tighten loopholes.**
- **Build capacity in home and community based settings.**
- **Develop risk-based, capitated payment model.**
- **State agency re-organization.**

QUESTIONS?