



Robert G. Bethell Joint Committee on
Home and Community Based Services and
KanCare Oversight

November 18, 2014



KDADS Update:

Kari Bruffett, Secretary, KDADS

I/DD Transition into KanCare

Provider Payment Update

Total Billed, Total Paid, Total In Process

Reporting Date 11/05/14

<u>HCBS/IDD</u>	<u>Total</u>
HCBS/IDD Billed Amount	\$233,125,500
HCBS/IDD Amount in Process/Pending	\$4,267,162
HCBS/IDD Amount Paid	\$216,437,180
HCBS/IDD Amount Denied	\$9,366,011
<u>TCM/IDD</u>	<u>Total</u>
HCBS/IDD Billed Amount	\$8,627,423
HCBS/IDD Amount in Process/Pending	\$64,285
HCBS/IDD Amount Paid	\$7,978,589
HCBS/IDD Amount Denied	\$334,284



I/DD Transition into KanCare

Provider Payment Update

Total % of Claims denied

Reporting Date 11/05/14

- 2.46% denial rate for HCBS I/DD Claims
- 3.91% denial rate for TCM/IDD Claims

Total % of Claims denied, excluding duplicate claims denials

Statewide: 1.18%



Community Outreach and KanCare promotion efforts

Engagement with Member, Provider and Stakeholder Groups

- KanCare Consumer and Specialized Issue Workgroup (CSI)
- KanCare Provider and Operational Issues Workgroup (POI)
- HCBS I/DD Member and Provider “Lunch and Learn” calls
- Autism Steering Committee
- FMS Workgroup
- Technology Assisted Workgroup
- MFP Steering Committee
- HCBS Provider Forum
- Friends and Family Advisory Council
- Shared Living Workgroup
- MFP Advisory Council
- CDDO, CMHC, ADRC, KACIL, TCM, Big Tent, and InterHab engagement

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PD Waiting List: Current Efforts

PD Waiting List Management

To date in Calendar Year 2014, KDADS has offered more than 1200 individuals services from the PD Waiting list (*excludes individuals in crisis)

- 338 individuals were offered services in July and August
- 719 individuals were offered services in September and October
- 254 were sent Notice of Actions with appeal rights between July and October 2014

Current Status of Offers

- Will continue making offers to reach target of 6,092 on the PD waiver by the end of the year.

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I/DD Transition into KanCare

Provider Payment Update

Average Turn-around time from submission to payment
Reporting date 11/05/14

<u>HCBS/IDD</u>	State Average*
HCBS/IDD Average Days Age Clean	6.4
HCBS/IDD Average Days Age All Claims	6.4
<u>TCM/IDD</u>	State Average*
HCBS/IDD Average Days Age Clean	5.9
HCBS/IDD Average Days Age All Claims	5.9

*This is a weighted average based on the portion of MCO claims.



I/DD Transition into KanCare

Provider Payment Update

Reasons for Denial

Top HCBS/TCM Denial Reasons	Total
1. Non-covered service/item	388
2. Service not authorized	928
3. Service limit exceeded without PA	3,097
4. Member not eligible	199
5. Provider not contracted for service	32
6. Duplicate Claim	13,903
7. Error in billing (procedure code, NPI, etc.)	2,352
8. Date of service not covered	0
9. Exceeds filing time limit	342
10. Claim and PA not matching	141
11. Denial required from primary insurance (TPL)	340
12. Other	3,923



PD Waiting List: Current Efforts

The Process:

Services are offered by mail

- Consumers have 15 days to respond to the offer

If Services are Accepted

- The consumer must be functionally (ADRC) and financially (DCF) eligible
- The MCO will develop the plan of care for services to begin
- The consumer is removed from the waiting list and the next person is offered services

If Services are Declined or No Response

- A Notice of Action (NOA) with appeal rights will be sent
- The consumer has 33 days to appeal the decision
- The consumer is removed from the waiting list and the next person is offered services

PD Waiting List: Current Efforts

If services are accepted, KDADS walks the individual through the next steps in the eligibility process

Non-Medicaid Individuals

- The individual must submit a Medical Assistance Program application and all required documents for Medicaid eligibility determination
- DCF has up to 45 days to make a Medicaid eligibility determination

Current Medicaid Individuals

- The individual contacts DCF to determine if they need to submit additional information for Medicaid eligibility
- A 3160 is sent to the MCO for an estimated cost of care

I/DD Waiting List: Current Efforts

I/DD Waiting List Management

MCOs have assessed every individual on the waiting list.

- In September and October 2014, 127 previously unserved waiting lists consumers were offered HCBS-IDD services.
- Of those offers, (as of November 4th)
 - 61 have accepted services
 - 17 have declined services
 - 19 have not responded and were sent a Notice of Appeal (NOA) with appeal rights
 - 4 were assessed by CDDO and determined no longer eligible
 - 21 Awaiting Customer Response
- In 2014 through October, 167 previously unserved waiting list consumers have been placed on HCBS services.

Health Homes Update

- The State has tried very hard to make information about health homes as transparent as possible and to distribute it frequently.
 - Conducted two public forums
 - Consumer and provider Tours
 - Robust Website
 - Over 100 presentations.
- Federal rules regarding Health Homes say members cannot be enrolled in a Health Home and also have a targeted case manager who is not part of their Health Home.
 - Kansas designed its Health Home model to provide I/DD consumers with the opportunity to enroll in a health home but also keep their TCM.
- The State cannot force or require third parties, such as the HHPs or I/DD TCM providers, to contract with each other.
 - If a TCM is not contracted with a Health Home partner (HHP), the member can choose another HHP or opt out of the Health Homes entirely.

Update on DOL Rule

- **Current Status**

U.S. Department of Labor announced on Oct. 7, 2014 their plan to not enforce these required changes between January 1, 2015 and June 30, 2015.

- **Implications of Enforcement**

Enforcement – except for egregious circumstances, "back wage" liability is likely to extend back to the effective date of enforcement, rather than January 1, 2015.