

The below information was requested by Committee members during the August KanCare Oversight Committee meeting.

### KDADS

- KDADS was asked to provide Committee members with a copy of the letter KDADS received from CMS indicating KDADS Medicaid screening process policy was violating federal mental health parity.

Response from KDADS: KDHE received this communication as an email, not a letter. The email is below.

During the review of the WORK Alternative Benefit Plan submitted by KS there were discussions surrounding Mental Health Parity. It appeared in the ABP that behavioral health patients had a prior authorization requirement (performed by the CMHCs) that was not required on the medical/surgical side for services. KS made the requested changes to the ABP plan as requested. After these discussions Kansas looked at the state process for behavioral health to ensure parity was not violated for other Medicaid beneficiaries. The process at the time was for all behavioral health patients (Medicaid and non-Medicaid) to be seen by Community Mental Health Centers (CMHCs) prior to receiving services. The CMHCs determined if patients needed to be hospitalized or if services would be offered in the community. If behavioral health services were not authorized by the CMHC, payment by Medicaid was denied. This prior authorization requirements was not present for medical/surgical services; therefore not in compliance with parity.

As a result of their review, the State Medicaid Agency updated the policy on how behavioral health services were to be offered. The state moved the prior authorization from the CMHCs to the MCOs. In addition, the MCOs do prior authorize some inpatient admissions for medical/surgical services. The CMHCs are still able to triage and make recommendations; however, the MCOs have the final determination of whether services or provide through hospitalization or in the community. This decision was based on the understanding that in determining parity, any processes, strategies, standards or other factors used to determine what behavioral health services are prior authorized can be no more restrictive processes, strategies, standards or other factors used to determine what medical/surgical services will be prior authorized. If MCO's want to contract with CMHCs to perform diversion services and prior authorization they can do so, but the MCO's must conduct their prior authorization process consistent with the final parity regulations.

#### KDHE (Responses Pending)

- Mr. Randol agreed to provide an update on nursing facility financial stability after meeting with Rachel Monger.
- KDHE agreed to invite members of the Waiver Integration Subcommittee to the Waiver Integration stakeholder meeting. Please provide an update.
- KDHE was asked to provide the number of Medicaid providers when KanCare started and the number of providers as of August 2016.
- Secretary Mosier was asked to inform the Committee whether providers are being paid if a person dies before eligibility is determined.
- Secretary Mosier was asked to provide the eligibility processing timeline.
- KDHE was asked to provide an update on the nursing facility advanced payment issue.
- KDHE was asked to provide the number of Medicaid applications that are repeat applications, i.e. the application was denied for some reason, the 45-day period expired, and the time frame for the application began again.