

## Who is covered in Kansas's Medicaid Program?

### ELIGIBILITY GROUPS

#### FFS<sup>1</sup>

Undocumented Immigrants



#### MCO<sup>1, 2</sup>



Children (0-18 years)



Current and Former Foster Care Children



Dual Eligibles



Parents and Other Caretaker Relatives



Pregnant Women



Aged, Blind, and Disabled Adults



Disabled Children



Qualified Non-Citizens\*



Intellectual and Developmental Disabilities\*\*

\* Qualified non-citizens can apply (and be eligible) for Medicaid after being in the U.S. for 5 years.

\*\* Covered through a combined HCBS and 1115 Waiver through managed care authority.

## Important News

**November 2016** - KanCare is projected to save the state \$1 billion over the next 5 years in Medicaid costs. It has done so by managing care and cutting Medicaid reimbursements to providers by 4%.<sup>3</sup>

**February 2017** - H.B.2044, a bill to expand Kansas' Medicaid program, passed the Kansas House of Representatives 81-44 and passed the Senate 25-13. However, the governor vetoed it.<sup>4</sup>

**January 2018** - Due to increasing bipartisan pressure from the public and government officials, Kansas Gov. Brownback announced that some proposed changes to the state Medicaid program KanCare would no longer be pursued, and that the state's application for KanCare 2.0 would be postponed.<sup>5</sup>



Do Medicaid health plans provide coverage?<sup>6</sup>



YES



NO

- Amerigroup Kansas, Inc.
- Sunflower State Health Plan
- UnitedHealthcare Community Plan of Kansas

## How has Kansas's Medicaid program engaged in Managed Care?

### SECTION 1115 WAIVERS<sup>7</sup>

**KanCare** was created to expand managed care to almost all Medicaid state plan populations (including some dual eligibles) for physical, behavioral, and long-term care services. KanCare also provides managed care authority for the state's Section 1915(c) home and community-based services (HCBS) waivers, creating the first Section 1115(a)/1915(c) combination. In October 2017, CMS approved a temporary 12-month extension request for KanCare. A finalized extension application for a proposed KanCare 2.0 program was submitted for approval on 12/26/2017 to create a work requirement for able-bodied adults and increase employment opportunities for Kansans with disabilities. Enrollees who are subject to work requirements but fail to meet them would only be eligible for 3 months of coverage in a 36-month period. Enrollees who are subject to work requirements and do meet the requirements would have a maximum coverage eligibility of 36 months. CMS did not approve the proposed lifetime eligibility limit but is still considering the rest of the submitted request, including the work requirements. As of June 2018, the extension request was still pending.

APPROVAL:  
12/27/2012

EFFECTIVE:  
1/27/2015

EXPIRATION:  
12/31/2018



**Status:** Extension request pending approval



# KANSAS MEDICAID FACTS

## How is Kansas meeting the needs of Medicaid enrollees?

### Value-Based Healthcare Initiatives

A private collaboration of physicians and foundations created the Kansas Patient Centered Medical Home (PCMH) initiative. The PCMH provides education about the PCMH and facilitation for eight practices to pilot transformations to become medical homes.<sup>8</sup>

Kansas's Delivery System Reform Incentive Payment (DSRIP) program works with two public hospitals, focusing on the following:<sup>9</sup>

- Sepsis reduction and heart failure resilience.
- Encouraging quality access for primary care across the delivery system through Patient-Centered Medical Homes.
- Implementing and expanding outpatient primary care centers to provide regional comprehensive care coordination for children with complex medical needs.



### Family Planning<sup>10</sup>

Kansas Family Planning Program services are offered to low-income families in need of additional family planning assistance. Services include:

- Pap smears
- Urinalysis
- Screening for anemia hypertension, and abnormal conditions of the breast and cervix.
- Pregnancy testing and counseling.
- Contraceptive methods including abstinence.
- Screening and treatment for sexually transmitted diseases.



### Women's Health<sup>11</sup>

Different women's health benefits are offered for each individual managed care plan:

#### Amerigroup:

**Taking Care of Baby and Me** program for pregnant women and new moms to support healthy pregnancies and healthy babies. The program includes support from a case manager, local health resources, and a self-care book to study and take notes during pregnancy.

**My Advocate** program offers maternal health education by phone, Text4Baby.

#### Sunflower State Health Plan:

**Start Smart for Your Baby** provides support, education, and gifts for moms, babies, and families, and baby showers with educational materials for pregnant members.

#### Unitedhealthcare Community & State:

Pregnant members receive the "Baby Basics" book in addition to the following:

**Baby Blocks** program is a sponsored community baby shower event for pregnant and new mothers to learn about health and wellness for themselves and their babies.

Pregnant members receive OFF brand Bug Spray to help protect against mosquitos.

### Mental Health and Substance Use Disorder

Kansans have access to the Behavioral Health System, which offers community-based services. Services include:<sup>12</sup>

- Access to Community Mental Health Centers (CMHCs)**
  - Psychosocial rehabilitation, community psychiatric support and treatment, peer support, and case management
- Community Support Medication Program (CSMP)**
  - Support for residents who need an atypical antipsychotic medication (first-come, first-served basis)
- Consumer-Run Organizations (CROs)**
  - Non-traditional peer support
- Nursing Facilities for Mental Health (NF/MHs)**
  - Round-the-clock supervision, residential care, and rehabilitation treatment
- Private Psychiatric Hospitals (PPHs)**
  - Acute inpatient psychiatric services
- Residential Care Facilities (RCFs)**
  - Housing and support to persons who cannot find their own housing
- Substance Use Treatment Services<sup>13</sup>**
  - Acute detoxification, case management, crisis intervention, inpatient treatment, intensive outpatient treatment, outpatient treatment, reintegration treatment, and therapeutic community treatment
- Drug therapies covered: naloxone, naltrexone, and disulfiram<sup>14</sup>**

### Oral Health<sup>11</sup>

Different oral health benefits are offered for each individual managed care plan.

#### Amerigroup:

Preventive dental care for members 21 years of age and older, including two free cleanings per year and free scaling and polishing procedures.

#### Sunflower State Health Plan:

One dental visit for adults 21 years of age and older every six months.

#### Unitedhealthcare Community Plan:

Any member over age 21 can visit a participating dental provider once a year for a screening and cleaning, which includes scaling and polishing teeth. Dentist will provide one x-ray per year.





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# Timeline

## Federal

## Kansas

President Johnson signs Social Security Amendments of 1965, creating Medicaid as public health program for the poor.

1965

Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) services are a requirement for children enrolled in Medicaid.

1967

1967

Kansas adopts the Medicaid program.<sup>15</sup>



Supplemental Security Income (SSI) program becomes Medicaid eligibility category for the elderly and persons with disabilities.

1972



Home and Community-Based Services (HCBS) waivers created for Long-Term Care (LTC) and Disproportional Share Hospital (DSH) payments.

1981

Children and pregnant women become mandatory Medicaid eligibility groups.

1984

1985

Kansas creates HealthConnect, a primary care case management program (PCCM) available statewide on a mandatory basis for all Medicaid enrollees, except dual eligibles and foster children. Services include acute care, primary care, specialty care, behavioral health, pharmacy, dental, and transportation services.<sup>16</sup>

Children up to age 6 and pregnant women up to 133 percent of the federal poverty level (FPL) become eligible; EPSDT benefit expanded.

1989

Mandatory eligibility extended to children ages 6 to 18 years in families up to 100 percent FPL; eligibility phased in from 1990 through 2002.

1990



Balanced Budget Act of 1997 allows Medicaid to be delivered through managed care organizations; State Children's Health Insurance Program (CHIP) created; states now have option to provide coverage for uninsured children in low-income families above FPL.

1997

1995

Kansas expands managed care through HealthWave 19, a comprehensive risk-based program, which primarily enrolls low-income children and parents to provide coverage for acute care, primary care, specialty care, pharmacy, and transportation services.<sup>16</sup>

Olmstead decision allows expanded HCBS coverage for persons with disabilities.

1999

2002

Kansas operates a Program for All-Inclusive Care for the Elderly (PACE), which covers all Medicare and Medicaid acute care and long-term services and supports to individuals age 55 and older who meet a nursing home level of care.<sup>16</sup>



2006

Iowa begins contracting with separate managed care organizations (MCOs) to provide mental health and substance use services to most Medicaid eligibility groups on a prepaid basis.<sup>16</sup>

Affordable Care Act (ACA) expands Medicaid eligibility to adults with incomes up to 138 percent FPL.

2010

National Federation of Independent Business v. Sebelius decision makes Medicaid expansion optional for states.

2012

2013

Kansas creates the managed care plan KanCare for the entire Medicaid population, including those formerly served in the primary care case management (PCCM) program, the Health Wave 19 program and older adults, and people with disabilities formerly served in fee-for-service.<sup>16</sup>

ACA implementation begins.

2014

32 states and the District of Columbia (DC) have expanded Medicaid since passage of the ACA.

2017

