

Public Notice and Comment Period – KanCare Extension

The Kansas Department of Health and Environment (KDHE) is offering the opportunity to attend additional public hearings regarding the state’s proposed one-year extension of the KanCare program, and to provide comments about the extension request application.

Public Comment – Timing and Process

This public comment period runs from February 16, 2017 until March 24, 2017. Comments will be accepted until March 24; and the state intends to submit the extension request on April 14, 2017.

Information about KanCare extension request is available for public review at the KanCare website: <http://www.kancare.ks.gov/about-kancare/kancare-renewal> .

Written comments about the KanCare extension request may be sent to this email address: kdhe.kancarerenewal@ks.gov; or may be mailed to: KanCare Renewal, c/o Becky Ross, KDHE-Division of Health Care Finance, 900 SW Jackson, LSOB – 9th Floor, Topeka, Kansas, 66612.

Public Hearings – When and Where

Additional public hearings about the KanCare extension will be held as follows:

Day/Date	Time	Location
Mon., Mar. 20, 2017	3:00 – 5:00 pm	Wichita Marriott, Kansas Grand Ballroom, 9100 Corporate Hills Drive, Wichita, KS
Tue., Mar. 21, 2017	3:00 – 5:00 pm	Ramada Convention Center, Downtown Topeka, Regency Ballroom, 420 SE 6 th St., Topeka, KS
Mon., Mar. 27, 2017	2:00 - 3:30 pm	Kansas Advisory Council meeting Curtis State Office Bldg., Room 530, 1000 SW Jackson, Topeka, KS

KanCare – Summary of Program and Extension Information

KanCare is the program through which the State of Kansas administers Medicaid. After a long period of study, the State determined that contracting with multiple managed care organizations would result in the provision of more efficient and effective health care services to the populations covered by Medicaid and Children’s Health Insurance Program (CHIP) in Kansas, and would ensure coordination of care and integration of physical and behavioral health services with each other and with home- and community-based services (HCBS).

On August 6, 2012, the State of Kansas submitted a Medicaid Section 1115 demonstration proposal, entitled KanCare, to the Centers for Medicare & Medicaid Services (CMS), a division of the U.S. Department of Health and Human Services. CMS approved that proposal on December 27, 2012, effective from January 1, 2013, through December 31, 2017. The state is now preparing to submit an

application to extend the KanCare program for one year, effective from January 1, 2018 through December 31, 2018.

KanCare is operating concurrently with the state's section 1915(c) Home- and Community-Based Services (HCBS) waivers. Together, those seven waivers provide provide the authority necessary for the state to require enrollment of almost all Kansas Medicaid beneficiaries (including the aged, disabled, and some dual eligibles) into a managed care delivery system to receive state plan and waiver services. This represents an expansion of the state's previous managed care program, which provided services to children, pregnant women, and parents in the state's Medicaid program, as well as carved out managed care entities that separately covered mental health and substance use disorder services. KanCare also includes a safety net care pool to support certain hospitals that incur uncompensated care costs for Medicaid beneficiaries and the uninsured, and to provide incentives to hospitals for programs that result in delivery system reforms that enhance access to health care and improve the quality of care.

The KanCare demonstration program will:

- Maintain Medicaid state plan eligibility;
- Maintain Medicaid state plan benefits;
- Allow the state to require eligible individuals to enroll in managed care organizations (MCOs) to receive covered benefits through such MCOs, including individuals on HCBS waivers, except:
 - American Indian/Alaska Natives, who are presumptively enrolled in KanCare but will have the option of affirmatively opting out of managed care.
- Provide benefits, including long-term services and supports (LTSS) and HCBS, via managed care; and
- Create a Safety Net Care Pool to support hospitals that provide uncompensated care to Medicaid beneficiaries and the uninsured.

The KanCare demonstration will assist the state in its goals to:

- Provide integration and coordination of care across the whole spectrum of health to include physical health, behavioral health, and LTSS/HCBS;
- Improve the quality of care Kansas Medicaid beneficiaries receive through integrated care coordination and financial incentives paid for performance (quality and outcomes);
- Control Medicaid costs by emphasizing health, wellness, prevention and early detection as well as integration and coordination of care; and
- Establish long-lasting reforms that sustain the improvements in quality of health and wellness for Kansas Medicaid beneficiaries as well as provide a model for other states that are reforming their programs for Medicaid payment and delivery systems.

The one-year extension of KanCare is designed to continue the program as it is currently structured, including:

- Eligible members covered: No change is anticipated in any eligibility group; potential change in timing of assignment into KanCare program for Medically Needy eligibility group (prior to spenddown being met these members would be in fee-for-service status).
- Benefits covered and cost sharing requirements: No change is planned as part of the extension.
- Annual enrollment and re-enrollment of members: No change is planned as part of the extension.
- Annual aggregate expenditures: No change is planned as part of the extension.
- Waiver and expenditure authorities: No change is planned as part of the extension.
- Hypothesis and evaluation parameters for the program: No change is planned as part of the extension; will expect to see ongoing improvement within the more mature program, and related expectations will be reflected in contractual and program policy content.

Information about the KanCare extension process and related documents will be maintained and kept current throughout the public comment and review process, during which the Centers for Medicaid Services (CMS) is reviewing and acting upon the state's extension request. This information will continue to be available at the KanCare Renewal page of the KanCare website:

<http://www.kancare.ks.gov/about-kancare/kancare-renewal>. In addition, once the request to extend the KanCare program is submitted to CMS, it will be posted by CMS on its website for viewing and commenting: https://www.medicaid.gov/medicaid/section-1115-demo/demonstration-and-waiver-list/waivers_faceted.html.