Managed Care in Kansas

This profile reflects state managed care program information as of August 2014, and only includes information on active federal operating authorities, and as such, the program start date may not reflect the earliest date that a program enrolled beneficiaries and provided services. Some states report populations and services available to program participants under the federal authority (e.g. Section 1115 waiver), so these features cannot be easily distinguished for each program.

Overview of Current Managed Care Programs

In 2011, nearly 90 percent of Medicaid beneficiaries were enrolled in managed care. Kansas first introduced managed care in 1985 through **HealthConnect**, a primary care case management program (PCCM) available statewide on a mandatory basis for all Medicaid beneficiaries, except dual eligibles and foster children. HealthConnect enrollees can receive a variety of services coordinated through a designated primary care provider, including acute, primary, and specialty care, plus behavioral health, pharmacy, dental, and transportation services. In 1995 the state expanded managed care through **HealthWave 19**, a comprehensive risk-based program, which primarily enrolls low-income children and parents and covers acute, primary, and specialty care, pharmacy, and transportation services. In 2006, the state also began contracting with separate managed care organizations to provide **mental health and substance abuse services** to most Medicaid eligibility groups on a prepaid basis. In addition, Kansas has operated a **Program for All-Inclusive Care for the Elderly (PACE)** since 2002, which covers all Medicare and Medicaid acute care and long term services and supports to individuals aged 55 and older who meet a nursing home level of care.

In 2013, Kansas began to significantly redesign its Medicaid system by enrolling virtually the entire Medicaid population – including those formerly served in the primary care case management program, the Health Wave 19 program, as well as older adults and people with disabilities formerly served in the fee-for-service system – into a comprehensive managed care program called **KanCare.** In addition to acute, primary and specialty care, and transportation services, as of January 1, 2013, Kansas operates an 1115(a) Demonstration Waiver, called KanCare to provide all Medicaid services to nearly all Medicaid and CHIP beneficiaries, including Long Term Services and Supports (LTSS). The state created concurrent 1115(a) and 1915(c) waivers in order to provide Home and Community Bases Services (HCBS) through a managed care delivery system. As of February 1, 2014, the State also includes the Intellectual/Developmental Disability (1915(c) waiver in managed care. This HCBS waiver was originally carved out of KanCare for the first year of implementation. Kansas also plans to expand the PACE program to additional regions of the state.

Participating Plans, Plan Selection, and Rate Setting

Under KanCare, the state contracts with **three national, for-profit plans** (Amerigroup, Sunflower State Health Plan, and United Healthcare of the Midwest), which were selected through a competitive procurement. Kansas sets rates based on competitive bidding within rate rages, and at the start of KanCare, the state will use a risk corridor approach to limit its financial risk and as well as the risk to plans that could result from rates that are estimated based on limited cost experience.

Quality and Performance Incentives

The state requires plans to report HEDIS measures annually, as well as CAHPS data. Under KanCare, MCOs are subject to a three percent withhold of payment which can be earned back if plans meet performance standards related to administrative procedures, such as timely claims processing and prompt attention to grievances and appeals. Starting in 2014, five percent of state payments will be withheld subject to meeting quality of care benchmarks in physical health, behavioral health, and long-term care. Plans that fail to meet these standards may be required to complete corrective action plans and performance improvement projects.

Table: Managed Care Program Features, as of August

Program Name	KanCare	Program for the All-Inclusive Care for the Elderly (PACE)
Program Type	1115 Demonstration	PACE
Program Start Date	January 2013	September 2002
Statutory Authorities	1115 Demonstration	PACE
Geographic Reach of Program	Statewide	Select Regions
Populations Enrolled *(Exceptions may apply for certain individuals in each group)*		
Aged	X	X
Disabled Children & Adults	X	X (age 55+)
Children	X	
Low-Income Adults	X	
Medicare-Medicaid Eligibles ("duals")	X	X (age 55+)
Foster Care Children	X	
American Indians/Alaska Natives	X	
Mandatory or Voluntary enrollment?	Varies	Voluntary
Medicaid Services Covered in Capitation *(Specialized services other than those listed may be covered. Services not marked with an X are excluded or "carved out" of the benefit package.)*		
Inpatient hospital	X	X

Program Name	KanCare	Program for the All-Inclusive Care for the Elderly (PACE)
Primary Care and Outpatient services	X	X
Pharmacy	X	X
Institutional LTC	X	X
Personal Care/ HCBS	X	X
Inpatient Behavioral Health Services	X	X
Outpatient Behavioral Health Services	X	X
Dental	X	X
Transportation	X	X
Participating Plans and Organizations	1. Amerigroup Kansas Inc.; Sunflower State Health Plan; United Healthcare of the Midwest	1. Midland Care Services 2. Via Chrisit HOPE (Wichita)
Uses HEDIS Measures or Similar	X	NA
Uses CAHPS Measures or Similar	X	NA
State requires MCOs to submit HEDIS or CAHPS data to NCQA	NA	NA
State Requires MCO Accreditation	NA	NA
External Quality Review Organization	Kansas Foundation for Medical Care	
State Publicly Releases Quality Reports	Yes	

Sources: Centers for Medicare and Medicaid Services (CMS), National Summary of State Medicaid Managed Care Programs as of July 1, 2011.

Kaiser Commission on Medicaid and the Uninsured. Profile of Medicaid Managed Care Programs in 2010. September 2011.

National Committee on Quality Assurance. NCQA Medicaid Managed Care Toolkit 2012 Health Plan Accreditation Standards. State Use of Accreditation as of February 2012.

Notes: Managed Care Organization (MCO); Prepaid Inpatient Health Plans (PIHP); Prepaid Ambulatory Health Plan (PAHP); Mental Health/Substance Use Disorder (MH/SUD); Healthcare Effectiveness Data and Information Set (HEDIS); Consumer Assessment of Healthcare Providers and Systems (CAHPS).

Primary Care and Outpatient Services include physician services, hospice, laboratory, imaging, FQHC, and other specialty services delivered in outpatient offices and clinics. Institutional Long Term Care (LTC) includes Skilled Nursing Facilities (SNF) and/or Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IDD).

External Quality Review Organization activities are only required for MCOs, PIHPs, PAHPs, and other applicable entities with comprehensive risk contracts.

* In 2013, the KanCare program replaced several former managed care programs, including HealthConnect Kansas, HealthWave 19, Mental Health and Substance Abuse services (formerly provided through a PHIP), and NEMT services.

** The 2011 National Summary of State Medicaid Managed Care Programs lists American Indian/Alaska Natives as both included and excluded populations.