



Medicaid Managed Care: KanCare Request for Proposals

House Social Services Budget Committee
Topeka, Kansas • January 11, 2012

Scott Brunner

Senior Analyst

Kansas Health Institute



What is Managed Care?

- Different than fee for service.
 - A Medicaid beneficiary seeks a health care service
 - A health care provider provides that service
 - The provider sends a bill to the state
 - The state pays the bill based on coverage rules and predetermined rates for each service.



What is Managed Care?(continued)

- State leases a network of providers from a health plan or managed care organization (MCO)
- Health plan negotiates/contracts with providers
- Providers agree to accept patients from the health plan
- Health plans pay providers for services delivered

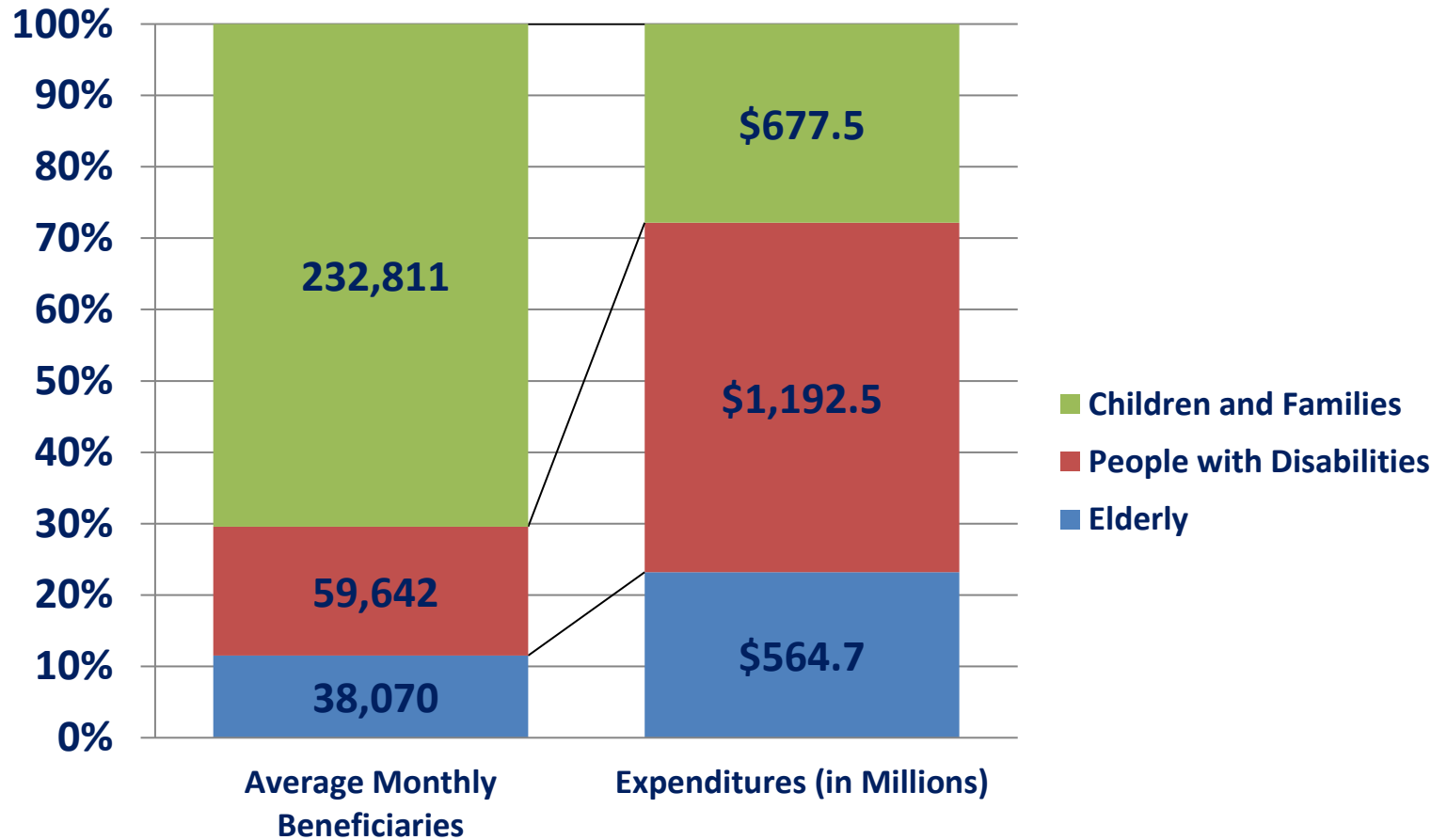


What is Managed Care?(continued)

- Providers must meet access standards, case management requirements, treatment guidelines from the health plan.
- Health plans have performance standards in the contract from the state
 - Adequate network
 - Timely access to care
 - Clinical utilization standards
 - Quality of care
 - Payment timeliness



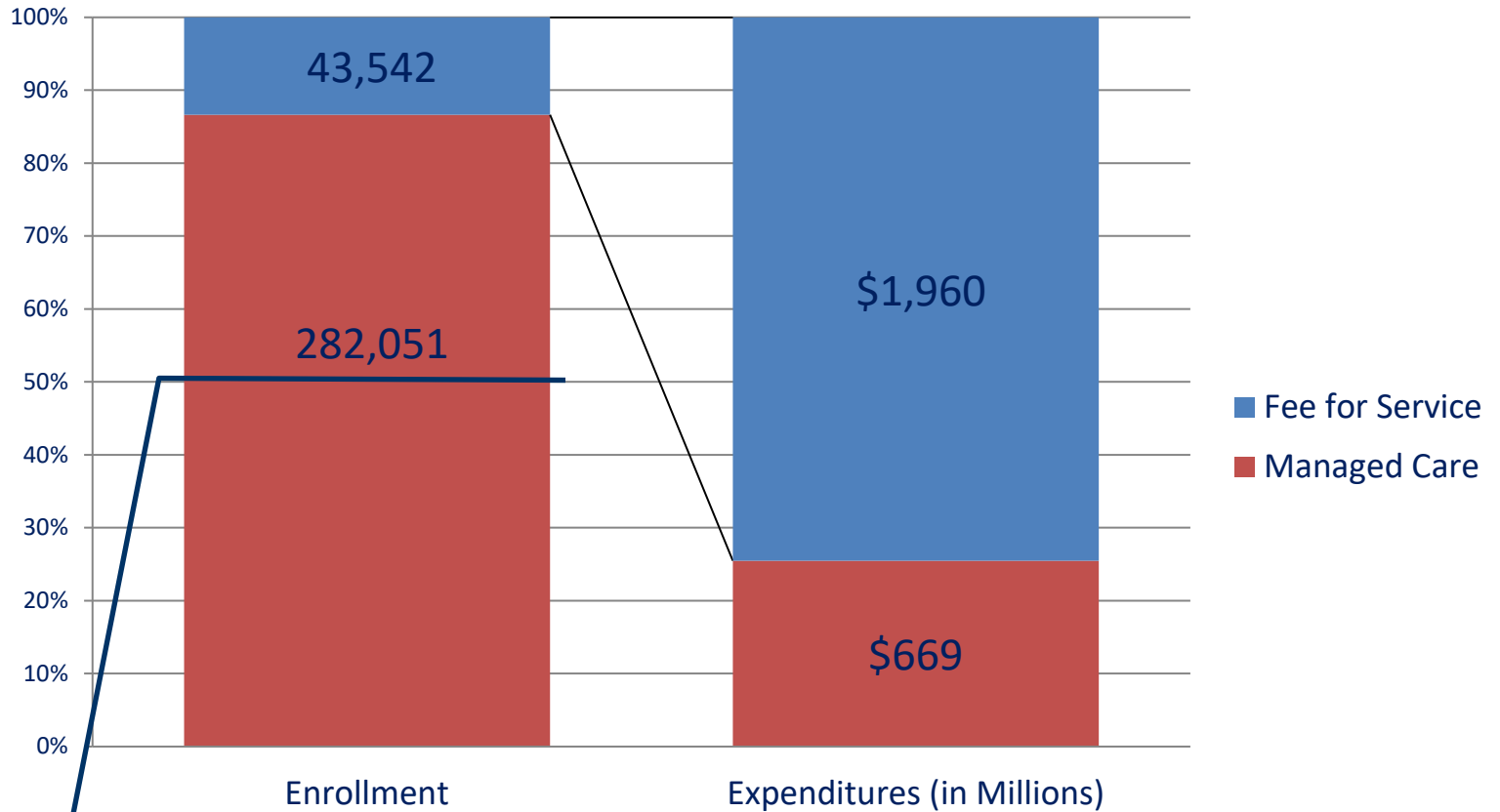
Medicaid/CHIP Population and Spending



FY 2011



Medicaid and CHIP Managed Care



FY 2011

163,882 people are currently in comprehensive managed care



Who's included in KanCare?

- All Medicaid eligible people
 - Infants and children (Medicaid and CHIP)
 - Pregnant women
 - Low income adults
 - Persons with disabilities
- Dual eligible Medicare and Medicaid elderly, foster children and children with special health care needs included through a “waiver”



What services are covered?

- All medically necessary services available through the Medicaid State Plan or HCBS waivers.
- Must be in an “amount, duration and scope” no less than required by Medicaid



What services are covered? (continued)

- MCOs can offer “valued added” services
 - Gift cards or vouchers
 - Specialized medical equipment
 - Additional transportation
 - Health Opportunity Accounts
- Health Literacy Training
- Health Risk Assessments



What services are covered? (continued)

- MCOs must provide “Health Homes”
 - Develop a person-centered care plan
 - Integrate clinical and non-clinical needs and services
 - Coordinate all services and care management across service settings
- Required for people with chronic conditions
 - Mental illness, substance abuse, asthma, diabetes, heart disease and obesity

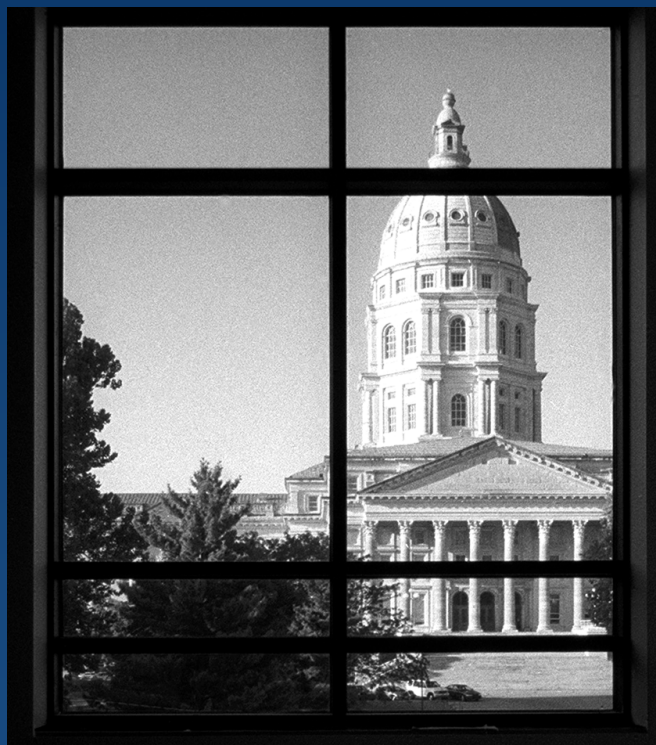


Key Takeaways

- Managed care shifts responsibility for public programs to the private companies.
- KanCare shifts 100% of the Medicaid population into comprehensive managed care.
- KanCare shifts 75% of Medicaid spending into managed care.



Kansas Health Institute



Information for policy makers. Health for Kansans.