



KANSAS HEALTH INSTITUTE

MEDICAID UNWINDING IN KANSAS

STRATEGIES FOR REACHING KANSANS AT RISK OF DISENROLLMENT

April 17, 2023



Today's Agenda

1. Welcome and Introductions
2. Overview of Unwinding and Medicaid Annual Review
3. County and Neighborhood Level Data
 - Areas where Kansans are at the highest risk of disenrollment
4. Panel Discussion
 - Strategies for reaching those at risk of disenrollment



Who We Are



- Nonprofit, nonpartisan educational organization based in Topeka.
- Established in 1995 with a multi-year grant by the Kansas Health Foundation.
- Committed to convening meaningful conversations around tough topics related to health.



Medicaid Unwinding 101

Russell Nittler

Kansas Department of Health and Environment



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Medicaid Annual Reviews
April 2023



Understanding Medicaid Annual Reviews

Eligibility Reviews Reinstated as of April 2023

- Annual eligibility reviews (or renewals) have been paused since March 2020 due to the COVID-19 Public Health Emergency.
- Reviewing Medicaid eligibility annually is a CMS requirement.
- With the ending of the continuous eligibility requirement, KanCare started sending out reviews in March for April 2023 reviews.
- Not all members will be reviewed in April 2023, but the reviews will take place over a 12-month period.
- KanCare will let members know when their review month is via mail.

Details

- Don't confuse the annual *financial review* with the annual *functional review* for members who are receiving Home and Community Based Services.
- This is also a different process than the open enrollment process where members can choose a new managed care organization.
- Most likely these will happen at different times.



Understanding Medicaid Annual Reviews

More Details

- It is very important that we have the *current address for the member and if they have one, the medical representative, the guardian and/or the conservator.*
- Review forms are sent to the member and, if the member has one, to the medical representative, the guardian and/or the conservator.
- There is a 3-month window following a closure of a member for no review submitted.
- If submitted in in the following 3 months, the review will be treated as submitted timely. If the member is *otherwise eligible* the KanCare coverage will be back dated to the month of closure.

Three Types of Reviews

- KanCare conducts *three* different types of annual reviews:
 1. Pre-populated
 2. Passive
 3. Super passive
- KanCare's eligibility computer system can verify some income and some assets.
- The review form a member gets depends on how successful the computer system's interfaces are.



Understanding Medicaid Annual Reviews

The Three Different Review Types

1. Prepopulated Review

- Forms will have the information known to KanCare already printed in the review form but have sections to report changes and new people in the household.
- Prepopulated reviews must be signed, dated and returned to the KanCare Clearinghouse. *If not returned*, the member's benefits case will close.
- Prepopulated review forms *do not* get a passive review letter.

The Three Different Review Types

2. Passive Review

- Have the information known to KanCare already printed in the review form. Passive reviews are *also to be* accompanied by a passive review letter.
- The passive review letter informs the member what eligibility we have determined via the computer system interfaces.
- If any information on the passive review form is *wrong or out of date* the member should call KanCare Clearinghouse at 1-800-792-4884 right away.
- We will take their changes over the phone and request documentation if needed.



Understanding Medicaid Annual Reviews

The Three Different Review Types

3. Super Passive Review

- If a member gets a super passive review letter, they will not get a review form with it.
- They only get the super passive review letter and they do not have to sign or return any documents.

KDHE Preparation for unwinding

- Implemented KIERA, chatbot that can update address on the KanCare Website
- Ramped up staffing at KDHE and contractors
- Trainings for staff on renewal process
- Reached out locally to hundreds of Kansans with unwinding information
- Providing Medicaid unwinding education to hundreds
- Requested flexibilities in verification rules from CMS

- It's important to watch your mail and/or email for messages from KanCare.



Understanding Medicaid Annual Reviews

Doing a Review Online

- A member has the option to create an account with the Medical Consumer Self-Service portal. The portal can be found at <https://cssp.kees.ks.gov/apspssp/>.
- Click on the *ACCESS my KanCare* icon the member can create an account and complete the review online.
- There are helpful demos on how to use the Medical Consumer Self-Service portal at <https://cssp.kees.ks.gov/apspssp/ssp.portal/informationLinks/trainingLinks>.



Understanding Medicaid Annual Reviews

KanCare Customer Service

Phone: 1-800-792-4884

FAX for Children and Families: 1-800-498-1255

FAX for Elderly and Disabled: 1-844-264-6285

TTY: 1-800-792-4292

Mailing address

KanCare Clearinghouse

P.O. Box 3599

Topeka, KS 66601

**County and Neighborhood Level Data:
Areas where the risk of KanCare disenrollment is highest
Sheena L. Schmidt, M.P.P.**



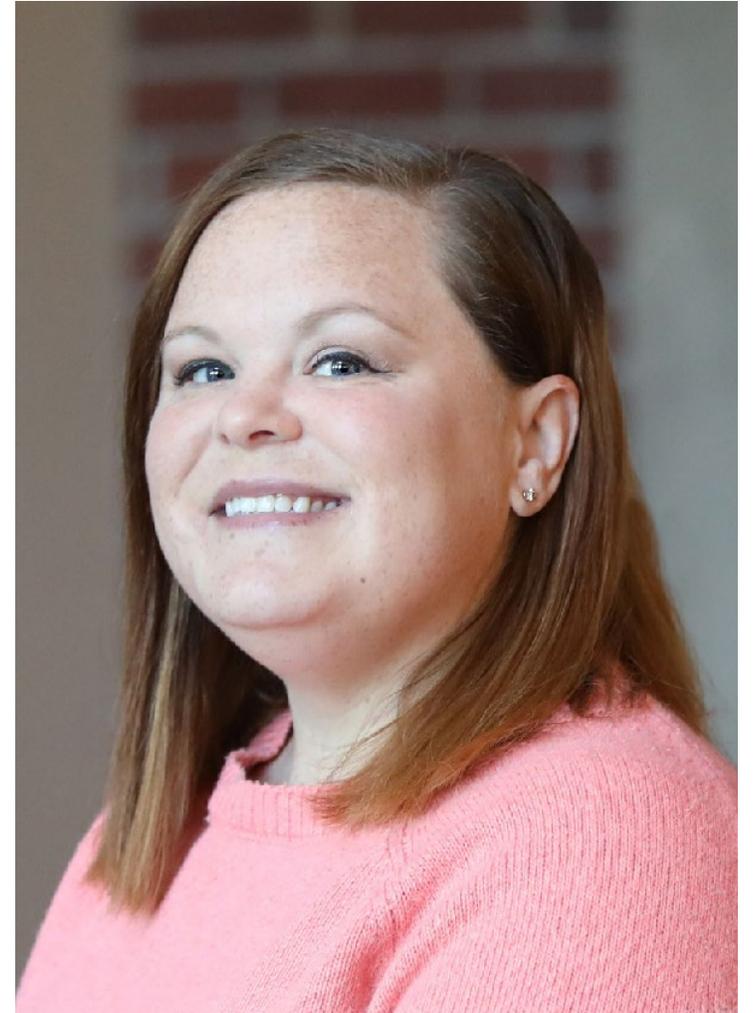
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Hello!

Sheena L. Schmidt, M.P.P.

Senior Analyst



Assessing Kansans at Risk of Disenrollment

The Community Care Network of Kansas commissioned KHI to study Medicaid enrollment during the pandemic and identify neighborhoods that may be most at risk of disenrollment once annual reviews and eligibility redeterminations restart. Using enrollment data provided by KDHE, KHI identified neighborhoods where KanCare enrollees may be at higher risk of disenrollment once unwinding begins. Two criteria were used to evaluate neighborhoods, excess growth and churn.

New enrollees in neighborhoods where KanCare enrollment grew more quickly during the pandemic than before the pandemic are assumed to be at higher risk of disenrollment once unwinding begins.

New enrollees in neighborhoods that experienced higher rates of “churn” where people re-enroll in Medicaid within one year after being disenrolled during an eligibility redetermination are assumed to be at a higher risk of being disenrolled once unwinding begins.



KanCare Enrollment Pre-Public Health Emergency Compared to December 2022

Pre-Public Health
Emergency

403,521 people were enrolled in KanCare on average each month (24.7 percent fewer than as of Dec. 2022).

December 2022

536,222 were enrolled in KanCare on average each month.

Some Kansans are expected to lose Medicaid (KanCare) coverage.



Which Kansans are at the Highest Risk of Disenrollment?

Statewide, about half (53.3 percent) of the 97,977 new KanCare enrollees lived in neighborhoods at higher risk of disenrollment.

Areas in Kansas at a higher risk of disenrollment include:

- Northeast
- South-Central
 - Sedgwick County had the most growth in enrollment in high-risk areas.
- Southwest

Enrollees living in neighborhoods in the most populous areas of the state are at the highest risk of disenrollment.

Groups that have historically faced higher rates of churn (children and young adults, Latino individuals, black individuals).



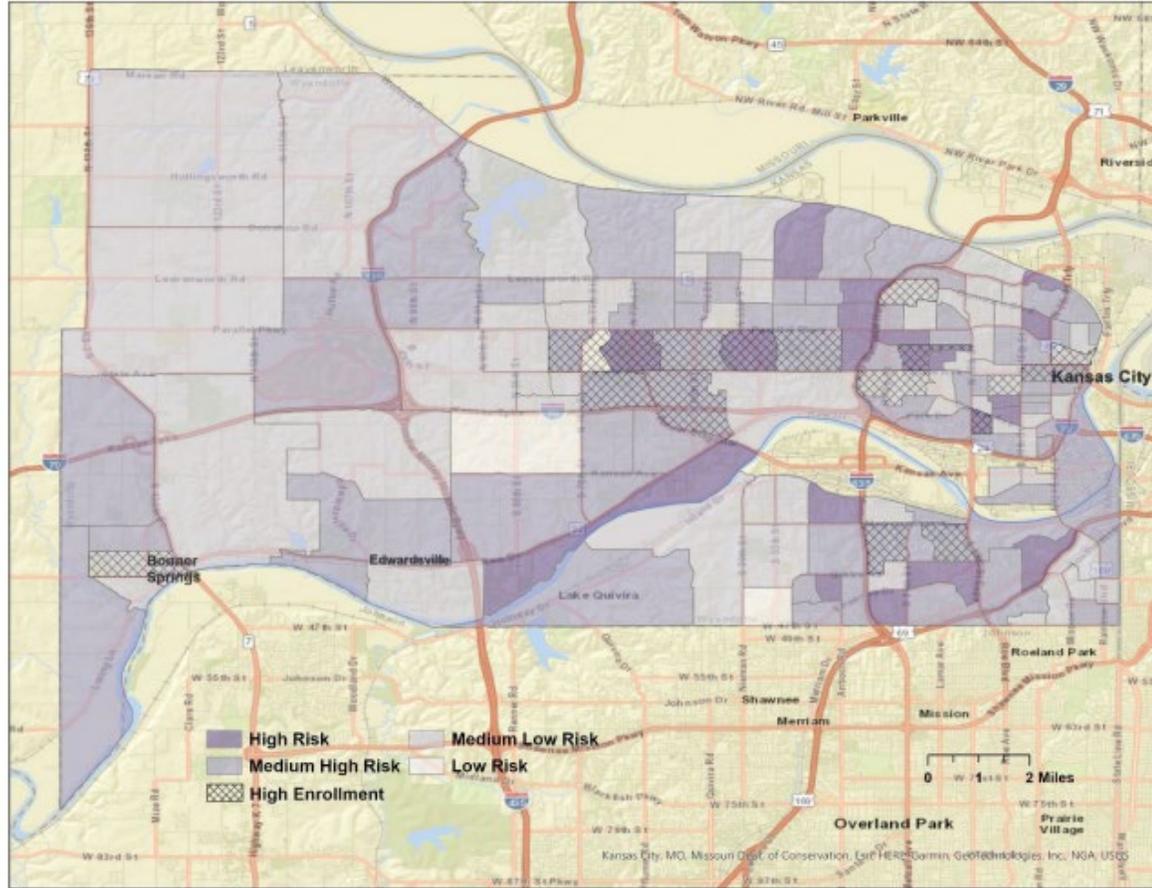
Areas at Highest Risk of Disenrollment

Northeast

County	February 2020 Enrollment	June 2022 Enrollment	Enrollment Growth (change)	Percent Change in Enrollment	Enrollment Growth in Areas at Higher Risk of Disenrollment	Percent of Enrollment Growth at Risk of Disenrollment
Johnson	40,275	54,362	14,087	35.0%	6,937	49.2%
Wyandotte	42,383	51,998	9,615	22.7%	5,821	60.5%
Shawnee	31,956	38,663	6,707	21.0%	3,502	52.2%



Figure A.25. Risk of KanCare Disenrollment Once the Public Health Emergency Ends, Wyandotte County



Note: Risk of Disenrollment is a measure calculated by separately sorting all block groups in the state from high to low churn and high to low excess growth then combining both variables into one of four categories of risk based on their ranking (quartile): 1. High Risk Census Block Group is in the top quartile for both excess growth and churn; 2. Medium High Risk Census Block Group is in the top quartile for either excess growth or churn; 3. Medium Low Risk Census Block Group is in the second or third quartile for excess growth and churn; and 4. Low Risk Census Block Group is in the bottom quartile for both excess growth and churn. Areas with crosshatch are in the top quintile statewide for number of enrollees.

Source: Kansas Health Institute analysis of KanCare enrollment and application data provided by the Kansas Department of Health and Environment.



Areas at Highest Risk of Disenrollment

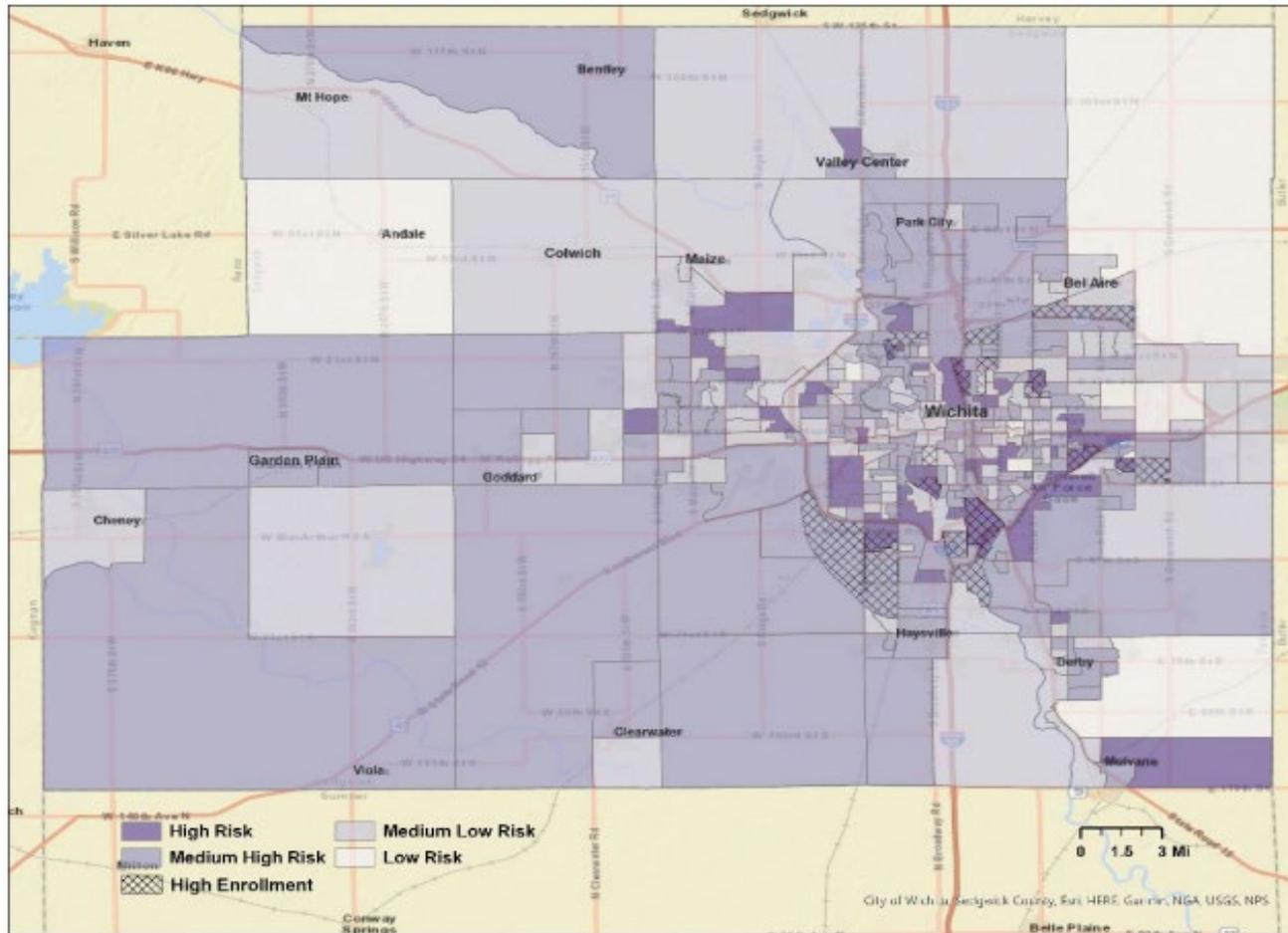
South Central

Sedgwick County

February 2020 Enrollment	June 2022 Enrollment	Enrollment Growth (change)	Percent Change in Enrollment	Enrollment Growth in Areas at Higher Risk of Disenrollment	Percent of Enrollment Growth at Risk of Disenrollment
87,397	112,816	25,419	29.1%	13,889	54.6%



Figure A.23. Risk of KanCare Disenrollment Once the Public Health Emergency Ends, Sedgwick County



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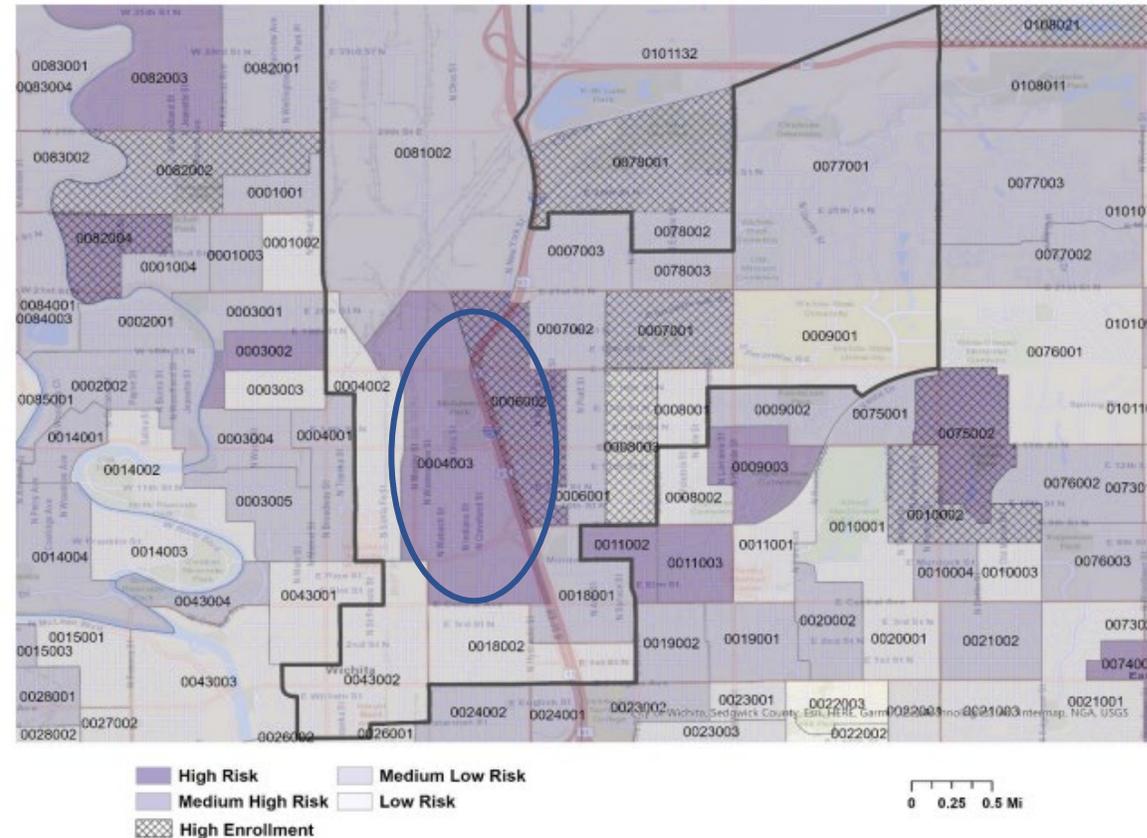


South Central

Neighborhood Identified as having KanCare Enrollees at higher risk of being disenrolled:

- Example: Sedgwick County Neighborhood 1
- Northeast Wichita (0004003) north and west of Wichita State University campus

Figure A.50. Neighborhood 1 Risk of KanCare Disenrollment Once the Public Health Emergency Ends, Sedgwick County



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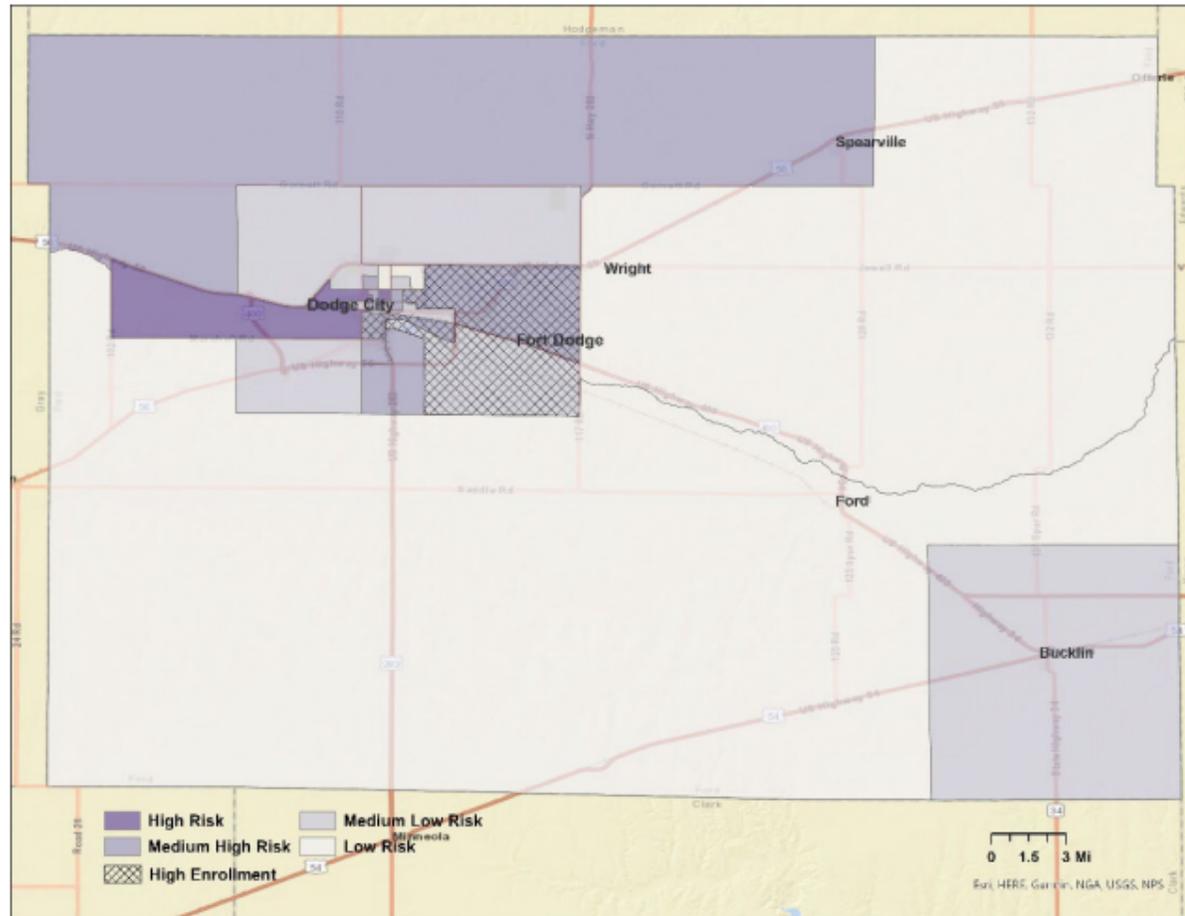
Areas at Highest Risk of Disenrollment

Southwest

County	February 2020 Enrollment	June 2022 Enrollment	Enrollment Growth (change)	Percent Change in Enrollment	Enrollment Growth in Areas at Higher Risk of Disenrollment	Percent of Enrollment Growth at Risk of Disenrollment
Ford	7,038	9,043	2,005	28.5%	1,300	64.8%
Finney	7,498	9,498	2,000	26.7%	1,233	61.7%



Figure A.28. Risk of KanCare Disenrollment Once the Public Health Emergency Ends, Ford County



Note: Risk of Disenrollment is a measure calculated by separately sorting all block groups in the state from high to low churn and high to low excess growth then combining both variables into one of four categories of risk based on their ranking (quartile): 1. High Risk Census Block Group is in the top quartile for both excess growth and churn; 2. Medium High Risk Census Block Group is in the top quartile for either excess growth or churn; 3. Medium Low Risk Census Block Group is in the second or third quartile for excess growth and churn; and 4. Low Risk Census Block Group is in the bottom quartile for both excess growth and churn. Areas with crosshatch are in the top quintile statewide for number of enrollees.

Source: Kansas Health Institute analysis of KanCare enrollment and application data provided by the Kansas Department of Health and Environment.



Tell us about yourself!

POLL

Please use the QR Code or click the link in the chat to tell us about yourself.

Enter the code:

22 37 86 9

Menti QR Code



Panelists

Strategies for Reaching Kansans Who May Be At Risk of Disenrollment



**Kate Gramlich,
Facilitator**

Cover Kansas



Molly Gotobed

*Kansas Assistance
Network and
Community Health
Council of Wyandotte
County*



Aurora Myers

*KanCare
Ombudsman's Office
at Wichita State
University's
Community
Engagement Institute*



Alydia Offutt

*Hoxie Medical Clinic
and Sheridan County
Health Complex*



Panel Questions

- 1. What role do you or your organization play in this process?**
- 2. How can members access you or contact you?**
- 3. Describe the populations you work with.**



Additional Panel Questions

- 1. How can we use data to plan and promote outreach?**
- 2. Have you used digital communication/electronic outreach?**
- 3. Can you share any examples of surprising partnerships?**
- 4. How about outside-the-box events and other innovative outreach strategies?**



Resources

1. If you want to help spread the word about KanCare renewals, join the Helper Network here:
<https://getcoveredkansas.org/helper>
2. Find Community Resources by County here:
<https://kancare.ks.gov/kancare-ombudsman-office/community-resources-by-county>
3. Report: [Maps of KanCare Enrollment and Risk of Disenrollment Once the Covid-19 Ends](#)



THANK YOU!

Any Questions?

Contact Linda Sheppard at lsheppard@khi.org and
Sheena Schmidt at sschmidt@khi.org



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212 SW 8th Avenue | Topeka, KS | 785.233.5443