



**KanCare Update: Robert G. (Bob) Bethell KanCare Oversight
September 28, 2020**

Agenda

Dr. Lee Norman, KDHE Secretary

- Update from the Secretary

Sarah Fertig, State Medicaid Director

- KanCare Program
 - 1115 Waiver Amendment Update on Health Care Access Improvement Panel (HCAIP)
 - Status of Protected Income Limit Regulation Amendments
 - OneCare Kansas
 - Disability and Behavioral Health Employment Support Pilot Program
 - KanCare COVID-19 Update on Special Authorities and Changes to Program
- Performance Metrics
 - KanCare Analytics and Performance Metrics
 - MCO Financial Review
 - KanCare Executive Summary

Christiane Swartz, Director of Medicaid Operations

- Eligibility Update
 - Medicaid Eligibility Applications Update
 - KDHE Clearinghouse Staffing
 - Clearinghouse Contract

Update From The Secretary

Dr. Lee Norman

State of the KanCare Program

Sarah Fertig, State Medicaid Director

- KanCare Program Update
 - HCAIP / 1115 Amendment Update
 - Status of Protected Income Limit Regulation Amendments
 - OneCare Kansas
 - Disability and Behavioral Health Employment Support Pilot Program
 - KanCare COVID-19 update

HCAIP Update

- In May 2020, KDHE learned that CMS would not approve the proposed 1115 waiver amendment that would have increased the provider assessment from 1.83% to 3%, and expanded the scope of the assessment to include outpatient services. Since that time:
 - KDHE and KHA have met multiple times to discuss next steps. KHA has also made available outside expertise to help identify alternative options.
 - KDHE has identified a technical error in the original CMS budget neutrality (BN) calculations, and is finalizing a proposal asking CMS to correct that technical error.
 - If CMS agrees that the technical error requires correction, the anticipated effect would be a roughly \$395 million increase to the state's BN cap.
 - If approved by CMS, KDHE would then work with KHA to determine how much of an increase to HCAIP the state could afford while staying within our BN cap, and would submit a revised HCAIP proposal.

Update on Regulations: Protected Income Limit

Background:

- Effective September 1, 2019, the HCBS Protected Income Limit (PIL) increased from \$747/month to \$1,177/month.
- With new PIL, 92% of HCBS members have no client obligation, and an additional 2% have a client obligation <\$100.
- Provisos authorized the change, but KDHE regulations needed to catch up.

Since June:

- Proposed amendments to K.A.R. 129-6-103(c) have been approved by the Division of Budget, the Department of Administration, and the Attorney General's Office.
- KDHE is on track to publish notice of the public hearing in early October.
- Public hearing will be set for early December (must be at least 60 days from the date the notice is published).
- After the public hearing is held, assuming no changes are made, the regulation will take effect 15 days after publication in the Kansas Register.

OneCare Kansas

- Program launched on April 1, 2020.
 - To date, 37 providers have applied to be OneCare providers, with 33 already being fully contracted. One additional provider is expected to become fully contracted by October 1.
 - 412 members enrolled in Asthma population
 - 293 members enrolled in SMI population
- State staff are currently working with the MCOs to develop and finalize a single, standard audit tool for review of the OCK providers. The 6 month audits will begin in October.
- KDHE staff are conducting monthly provider Implementation Calls to answer OCK partner questions and facilitate program operation.
- The Learning Collaborative continues to be received well. This is a monthly virtual gathering of OCK partners where strategies for success and lessons learned can be shared.

What is OneCare Kansas?

The term “OneCare Kansas” refers to a new Medicaid option to provide coordination of physical and behavioral health care with long term services and supports for people with chronic conditions. OneCare Kansas expands upon medical home models to include links to community and social supports. OneCare Kansas focuses on the whole person and all his or her needs to manage his or her conditions and be as healthy as possible. All the caregivers involved in a OneCare Kansas member’s health communicate with one another so that all of a patient’s needs are addressed in a comprehensive manner.

OneCare Kansas is intended for people with certain chronic conditions, like diabetes, asthma, or mental illness. These people must be KanCare members. They can be members who also receive Medicare along with Medicaid.



Disability and Behavioral Health Employment Support Pilot Program

- Background:
 - KDHE will operate a voluntary pilot program for up to 500 eligible KanCare members through an 1115 demonstration.
 - This pilot will operate during the KanCare waiver period (2019-2023), with a possibility of renewal if effective.
 - Pilot participants will have access to Benefits Specialists who will provide program guidance to potential participants so that they are aware of any impact participation in the pilot may have on benefits.
- KDHE continues to work with and receive guidance from an advisory board.
- As appropriations allow, KDHE is hoping to hire two additional Benefits Specialists.

Disability and Behavioral Health Employment Support Pilot Program

- Update since June:
 - Received estimate from KEES contractor to design and build pilot-specific fields and functions. Declined due to cost (roughly \$1.6 million) and impact on KMMS project.
 - Researched and considered less-costly options with input from KDADS and CMS.
 - Plan: retain contractor to expedite implementation plan.
- Target go-live date remains July 2021.

KanCare COVID-19 UPDATE

The following pages will provide an overview of some of the adjustments that have been made to the KanCare program to ensure member safety and provider flexibility.

Since of the beginning of the Public Health Emergency, the Medicaid agencies have remained in close contact and have maintained constant communication to ensure a high level of execution.

Partnership with the MCOs and with our providers has been key to maintain a consistent flow of information. We continue to lean on our national associations and federal regulators for guidance and will continue to make any necessary adjustments through the entirety of the Public Health Emergency.

On July 23, 2020, U.S. Department of Health & Human Services Secretary Alex Azar renewed the PHE through October 22, 2020.

Special Authorities Exercised Across Program

- 1135 Waiver
 - Kansas received approval on March 24, among first group of states
- Appendix K
 - Submitted March 24 and approved April 1
 - Additive Appendix K – Submitted May 29 approved June 2
- CMS Concurrence for Eligibility Adjustments
 - Submitted request on March 20, and gained approval on April 7
- Disaster Relief SPA
 - CHIP disaster relief SPA submitted April 30 approved May 1
 - Medicaid Disaster Relief SPA submitted April 8 approved May 11
 - Medicaid Disaster Relief SPA submitted May 26 approved June 11
- Policy Flexibility for Telehealth
 - Have opened large number of new codes eligible for telehealth, and allowing home as originating site
- Continuing to look for additional flexibilities available to program and will amend above approvals as necessary

Additional Special Authorities Exercised Across Program Since June 2020

- Additive Appendix K#2 – Submitted June 15 approved June 16
 - Allows the State an additional 9 months to submit the Autism waiver cost effectiveness report
- Additive Appendix K#3 – Submitted August 4 approved August 6
 - Allows for three 30-day periods of provider retainer payments for the Brain Injury, Frail Elderly, Intellectual & Developmental Disability, Physical Disability, and Technology Assisted waivers.
- Additive Appendix K#4 – Draft submitted August 28
 - Provides for medically necessary support and personal care services for school-age children with an IEP during periods of remote education in order to ensure their health, safety, and welfare. This would impact the following waivers if approved: Autism, Brain Injury, Intellectual & Developmental Disability, Physical Disability, Serious Emotional Disturbance, and Technology Assisted. This additive amendment clarifies participant signature requirements in instances where telephonic or tele-video communications are utilized in lieu of face-to-face meetings.

Overview of Changes to Program (Not Complete List)

- Delay annual eligibility reviews; will not remove anyone from program during the PHE except if the person moves away from the state or voluntarily withdraws from the program (required for enhanced FMAP)
- Applicants and beneficiaries have an additional 120 days to request a fair hearing, if the original 33 day deadline falls between March 2020 and the end of the Public Health Emergency
- Remove all cost sharing for testing/treatment of COVID for KanCare members
- Allow for greater flexibility of day service location for HCBS members
 - Services can be rendered in home by family member, with reimbursement to family member
- Suspend provider revalidation, allowing for continuity of care
- Allow for out of state, non-KanCare providers to provide services in KS
- Suspend PASRR Level 1 and Level 2 requirements for 30 days
- Temporarily cease all physical visits from MCOs to providers/members
- Allow for early refill of maintenance prescriptions; increase level of pharmacy delivery and mail order availability

KMAP Website Up to Date



COVID-19 KMAP Providers Information Page

To better serve Kansas Medical Assistance Program (KMAP) providers during the COVID-19 public health emergency, we will be updating this page with the latest information regarding changes being implemented by KMAP. This will allow providers to identify important information quickly and within a single area.

Bulletins

All KMAP bulletins are available [here](#).

Bulletins related to COVID-19 are listed on the following pages.

[Telemedicine](#)

[Contact Information](#)

[Coverage Information](#)

[Miscellaneous](#)

Online Resources

[KDHE COVID-19 Updates](#)

[Kansas Medical Assistance Program \(KMAP\)](#)

[Aetna](#)

[Sunflower](#)

[UnitedHealthcare](#)

[Health and Human Services](#)

[Centers for Disease Control and Prevention](#)

Manuals

All KMAP manuals are available [here](#).

KMAP manuals do not currently contain information specific to the COVID-19 updates. Please refer to the bulletins on the following pages.

Important Contacts

Kansas Medical Assistance Program (KMAP): 1-800-933-6593

Aetna Better Health of Kansas: 1-855-221-5656

Sunflower State Health Plan: 1-877-644-4623

UnitedHealthcare Community Plan of Kansas: 1-877-542-9235

KMAP Website Up to Date



COVID-19 Related Bulletins

Bulletins related specifically to COVID-19 are listed below by category. All KMAP bulletins are available [here](#). Click [here](#) to return to main page.

Telemedicine

- [20045: KanCare Telemedicine Reimbursement Update](#)
- [20046: Updated - Telemedicine in Response to COVID-19 Emergency](#)
- [20051: Updated - Expand Telemedicine to HCBS Services](#)
- [20052: Dental Codes Allowed by Telephone During COVID-19](#)
- [20062: Expansion of Telemedicine Services Allowed by ECI and LEA](#)
- [20065: Additional Telemedicine Codes During COVID-19 Emergency](#)
- [20067: Tobacco Cessation Counseling via Telemedicine During COVID-19](#)
- [20068: Updated - Telemedicine for BI Waiver Services During COVID-19](#)
- [20070: SED Waiver Codes via Telemedicine During COVID-19](#)
- [20072: Additional E/M Codes via Telemedicine During COVID-19](#)
- [20073: Expansion of Telemedicine Services for Therapy](#)
- [20075: Revision to April 2020 NCCI PTP MUE Files - Telemedicine](#)
- [20076: Wheelchair Seating Assessment Codes Allowed by Telemedicine](#)
- [20086: Mental Health Crisis Intervention Codes via Telemedicine](#)
- [20088: Reimbursement to Providers and Facilities Serving the Uninsured](#)

Telemedicine - Continued

- [20102: I/DD Telemedicine Services During COVID-19](#)
- [20105: Telemedicine Billing Guidelines During COVID-19](#)
- [20111: Clarification of Written Consent Requirement for Telemedicine](#)
- [20120: Expansion with Select Telemedicine Allowed Codes/Home Setting](#)

Contact Information

- [20043: KMAP Contact Updates During COVID-19 Emergency](#)

KMAP Website Up to Date



COVID-19 Related Bulletins

Bulletins related specifically to COVID-19 are listed below by category. All KMAP bulletins are available [here](#). Click [here](#) to return to main page.

Coverage Information

- [20041: Coronavirus \(COVID-19\) Coverage – Updated](#)
- [20056: Retail and Physician Administered Drug Plan for COVID-19](#)
- [20057: MCO Non-Network Provider Participation Requirements](#)
- [20059: Coverage of COVID-19 Testing and Treatment](#)
- [20069: COVID-19 Drug Shortage – Albuterol Inhalers](#)
- [20071: COVID-19 Temporary Waivers](#)
- [20090: HCBS Exceptions – Specialized Medical Care](#)
- [20091: HCBS Exceptions – Day Supports and Residential Service](#)
- [20092: Disaster Emergency Exceptions – Personal Care Services](#)
- [20096: Extension of COVID-19 Emergency Policies](#)
- [20099: HCBS Background Check Exceptions During COVID-19](#)
- [20107: COVID-19 Antibody Testing and High Throughput Technology](#)
- [20121: COVID-19 Testing & Treatment Services – Unmet Spenddown](#)
- [20126: Rate Adjustments for COVID-19 Testing](#)

Miscellaneous

- [20047: OneCare Kansas Guidance](#)
- [20060: KMAP Provider Information Page](#)
- [20104: Stimulus Funds for HCBS Residents of LTC Facilities](#)
- [20130: CARES Act Relief Fund for Providers](#)
- [20149: CARES Act Relief Fund for Providers – Additional Distributions](#)
- [20151: Application Fee Waived During COVID-19 Emergency](#)
- [20161: CMS Provided a Medicaid & CHIP Provider Relief Fund Update](#)
- [20162: HHS Distributing Funding to Hospitals – Apply Now](#)

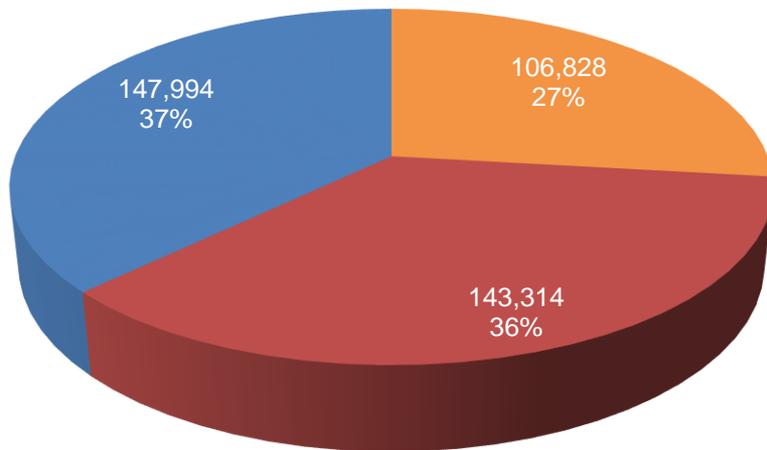
Analytics and Performance Metrics

Sarah Fertig, State Medicaid Director

- Enrollment by Plan
- Claims Information – Number of Claims and Denial Rates
- Grievances and Appeals
- Customer Service and Call Center
- MCO Financial Review

- MCO percent of population has seen a slight shift from 2019 to 2020
 - Aetna remains stable accounting for 27% of total membership
 - United and Sunflower have maintained their positions compared to last reporting. United currently holds the largest number of total members

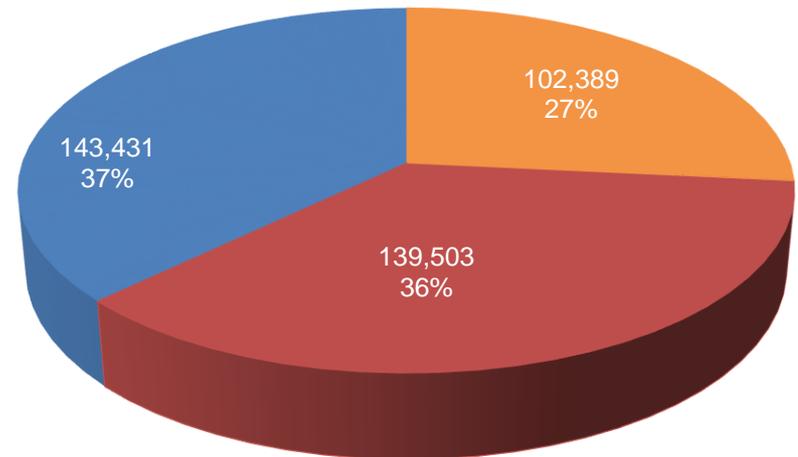
2020



YTD Total: 393,137

■ ABH ■ SUN ■ UHC

2019



YTD Total: 385,872

■ ABH ■ SUN ■ UHC

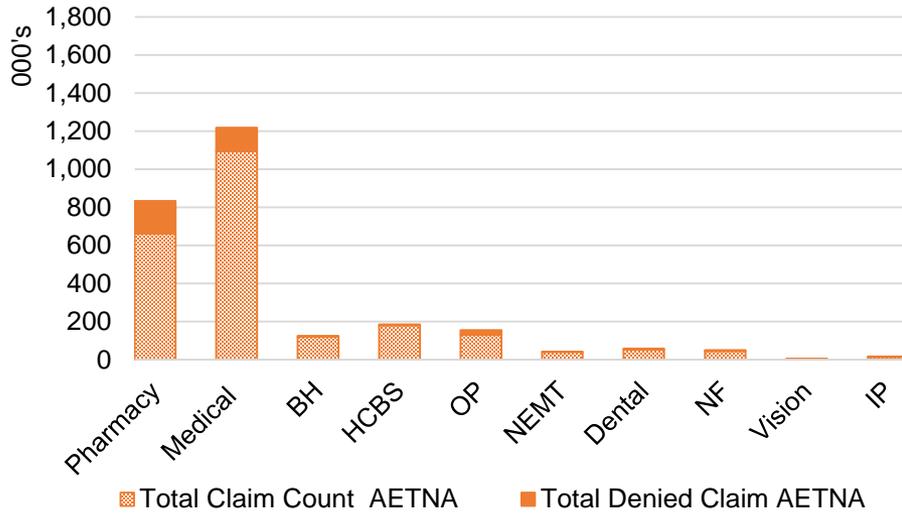


KanCare Update September 2020

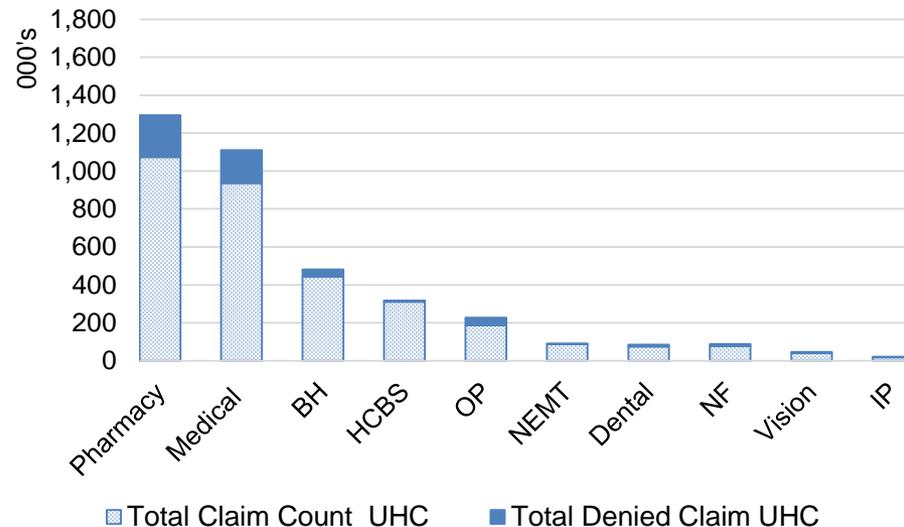
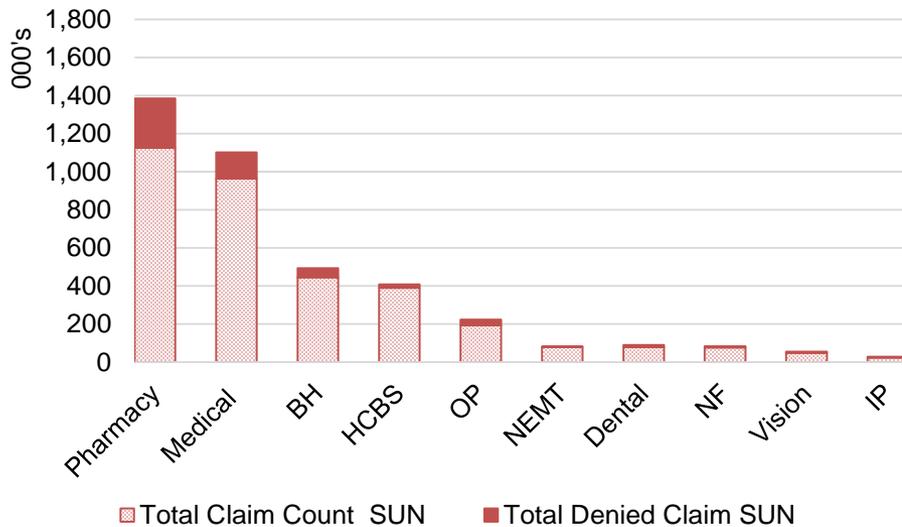
Claims Processed 2020 YTD (Jan-Jul)	Total Claim Count			Total claim %		
	ABH	SUN	UHC	ABH	SUN	UHC
Pharmacy	661,212	1,124,970	1,072,934	26%	33%	33%
Medical Other	1,094,310	963,147	936,651	43%	28%	29%
Behavioral Health	120,618	446,019	442,693	5%	13%	14%
HCBS	180,488	389,722	310,636	7%	11%	10%
Outpatient Hospital	131,150	193,473	187,433	5%	6%	6%
NEMT	40,676	80,384	87,980	2%	2%	3%
Dental	52,560	78,724	74,061	2%	2%	2%
Nursing Facilities	45,227	77,277	75,746	2%	2%	2%
Vision	4,178	48,244	39,430	0%	1%	1%
Inpatient Hospital	14,001	23,598	17,518	1%	1%	1%
Total All Services	2,570,135	3,425,558	3,245,082	100%	100%	100%

Claims Processed 2020 YTD (Jan-Jul)	Total Claim Count			Total Claim Denied			Total Claim Denied %		
	ABH	SUN	UHC	ABH	SUN	UHC	ABH	SUN	UHC
Pharmacy	661,212	1,124,970	1,072,934	172,129	259,778	221,260	26%	23%	21%
Medical Other	1,094,310	963,147	936,651	124,155	138,068	173,026	11%	14%	18%
Behavioral Health	120,618	446,019	442,693	5,097	46,920	37,896	4%	11%	9%
HCBS	180,488	389,722	310,636	5,143	18,729	6,548	3%	5%	2%
Outpatient Hospital	131,150	193,473	187,433	23,769	29,998	38,978	18%	16%	21%
NEMT	40,676	80,384	87,980	2,164	1,072	1,150	5%	1%	1%
Dental	52,560	78,724	74,061	6,835	11,426	10,843	13%	15%	15%
Nursing Facilities	45,227	77,277	75,746	4,616	5,811	11,893	10%	8%	16%
Vision	4,178	48,244	39,430	416	7,891	7,135	10%	16%	18%
Inpatient Hospital	14,001	23,598	17,518	2,483	5,387	3,784	18%	23%	22%
Total All Services	2,344,420	3,425,558	3,245,082	346,807	525,080	512,513	15%	15%	16%

Total YTD Claims Compared to YTD Denied Claims



Pharmacy has the highest percentage of denied claims across the program as it is a point of sale service.

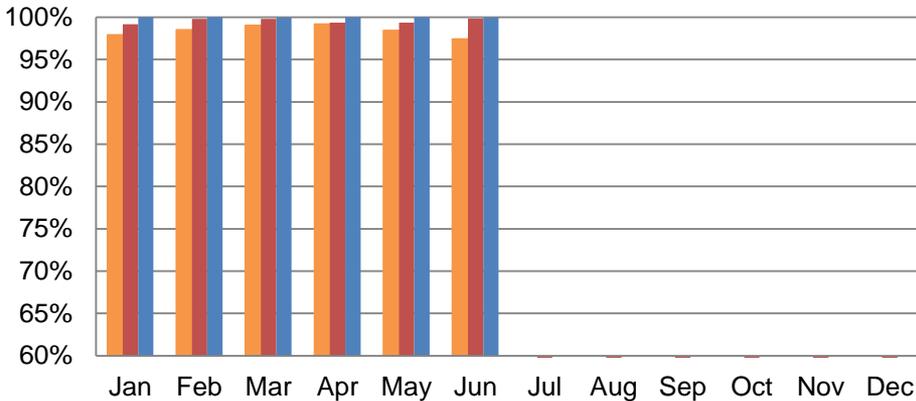


% Clean Claims Processed within 30 Days

Contact Standard: 100% of Clean Claims Processed within 30 days

CY 2020

ABH SUN UHC

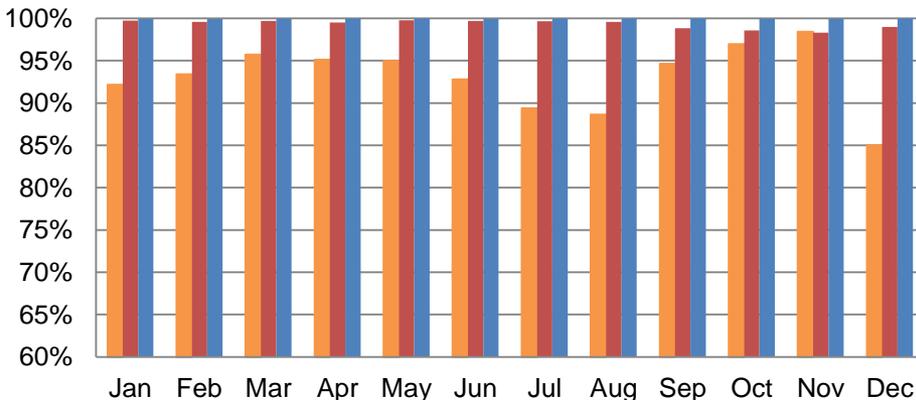


Claims Processed 2020

Service Type	Total Claim Count			Total claim %		
	ABH	SUN	UHC	ABH	SUN	UHC
Pharmacy	661,212	1,124,970	1,072,934	26%	33%	33%
Medical Other	1,094,310	963,147	936,651	43%	28%	29%
Behavioral Health	120,618	446,019	442,693	5%	13%	14%
HCBS	180,488	389,722	310,636	7%	11%	10%
Outpatient Hospital	131,150	193,473	187,433	5%	6%	6%
NEMT	40,676	80,384	87,980	2%	2%	3%
Dental	52,560	78,724	74,061	2%	2%	2%
Nursing Facilities	45,227	77,277	75,746	2%	2%	2%
Vision	4,178	48,244	39,430	0%	1%	1%
Inpatient Hospital	14,001	23,598	17,518	1%	1%	1%
Total All Services	2,570,135	3,425,558	3,245,082	100%	100%	100%

CY 2019

ABH SUN UHC



Contact Standard: 100% of Clean Claims Processed within 30 days

A clean claim is a claim that can be paid or denied with no additional intervention required and does not include: Adjusted or corrected claims, Claims that require documentation (i.e., consent forms, medical records) for processing, Claims from out-of-network providers that require research and setup of that provider in the system, Claims from providers where the updated rates, benefits or policy changes were not provided by the State 30 days or more before the effective date (these claims may be pended until rates are loaded so the appropriate amounts can be paid)

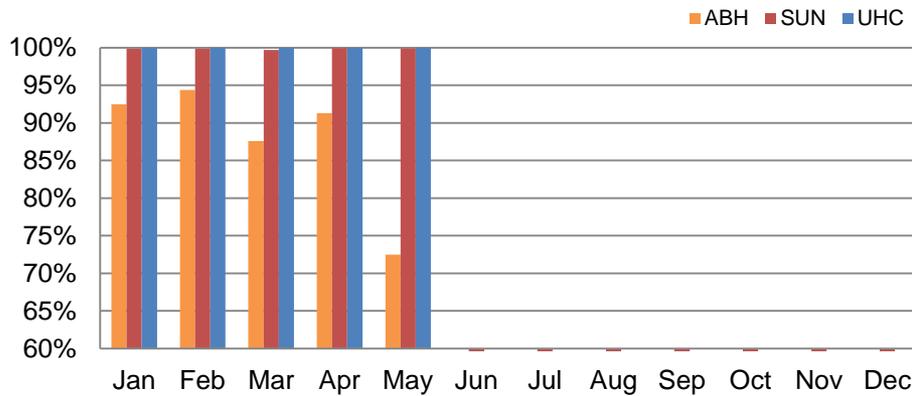
Percent = Number clean claims processed within 30 days divided by Number of claims received

Processed = adjudication decision making of a claim being approved to paid or denied

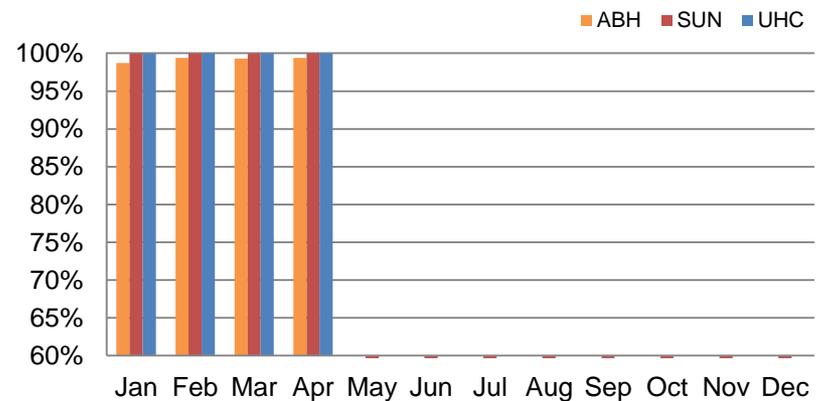
% All Claims Processed within 60/90 Days

Timely Claims Processing Standard- 99% of all non clean claims are processed within 60 calendar days; 100% of all claims are processed within 90 calendar days

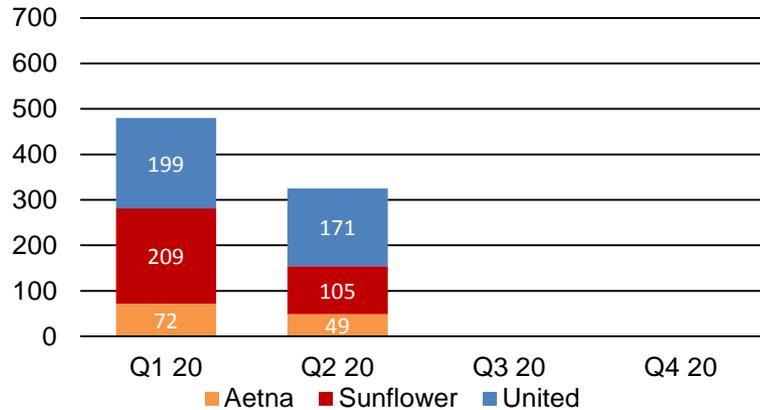
Non Clean Claims Processed Within 60 Days



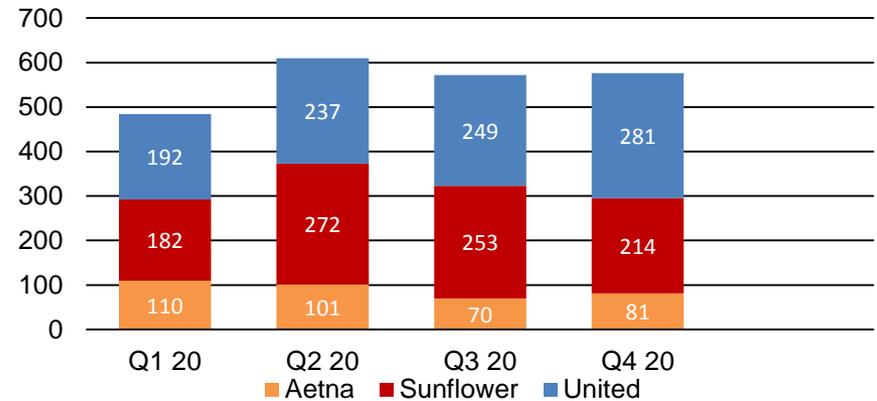
All Claim Processed Within 90 Days



Resolved Member Grievances 2020



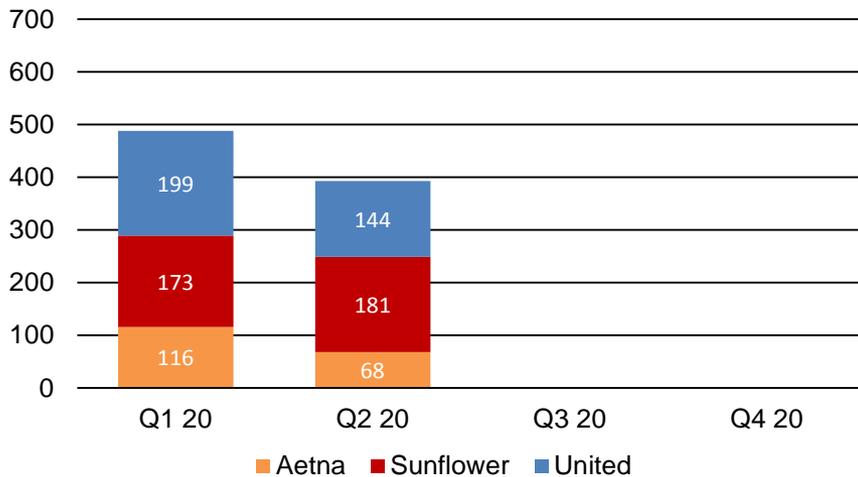
Resolved Member Grievances 2019



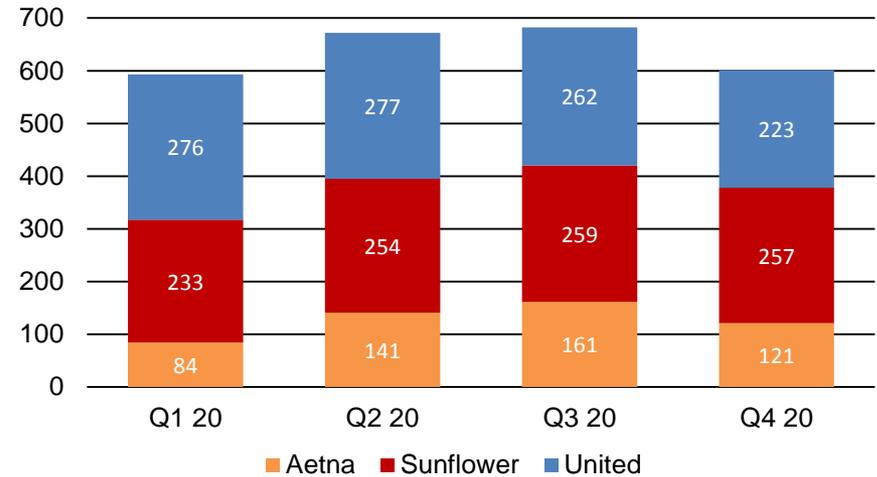
2020 2nd Qtr Member Grievance Top 5 Trends

Aetna		Sunflower		United	
Total # of Resolved Grievances	49	Total # of Resolved Grievances	105	Total # of Resolved Grievances	171
Trend 1: Transportation – Other	24%	Trend 1: Quality of Care (non-HCBS provider)	25%	Trend 1: Billing and Financial Issues (Non-Transportation)	23%
Trend 2: Transportation – Billing and Financial Issues (non-Transportation)	16%	Trend 2: Transportation – No Show	22%	Trend 2: Transportation - Other	16%
Trend 3: Customer Service	12%	Trend 3: Transportation – Other	10%	Trend 3: Transportation – No Show	12%
Trend 4: Transportation – Late	10%	Trend 4: Access to Service or Care	10%	Trend 4: Transportation – Late	12%
Trend 5: Transportation – No Show	8%	Trend 5: Billing and Financial Issues (non-Transportation)	8%	Trend 5: Transportation – Billing and Reimbursement	9%

Resolved Member Appeals 2020



Resolved Member Appeals 2019

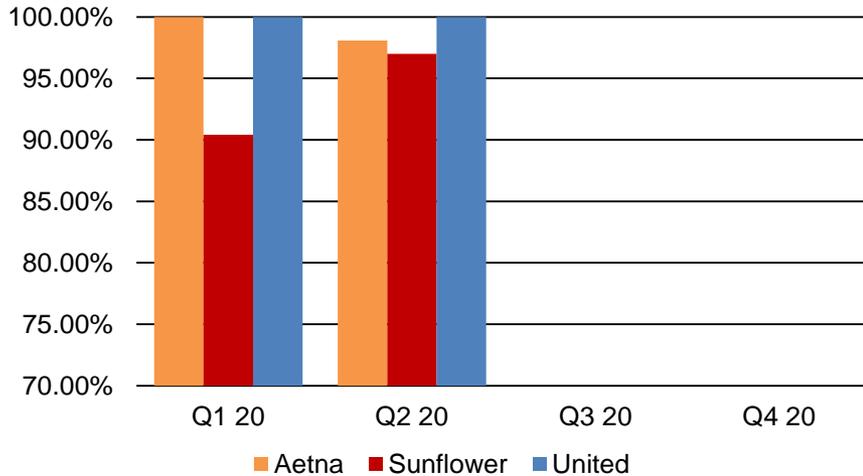


2020 2nd Qtr Member Appeals Top 5

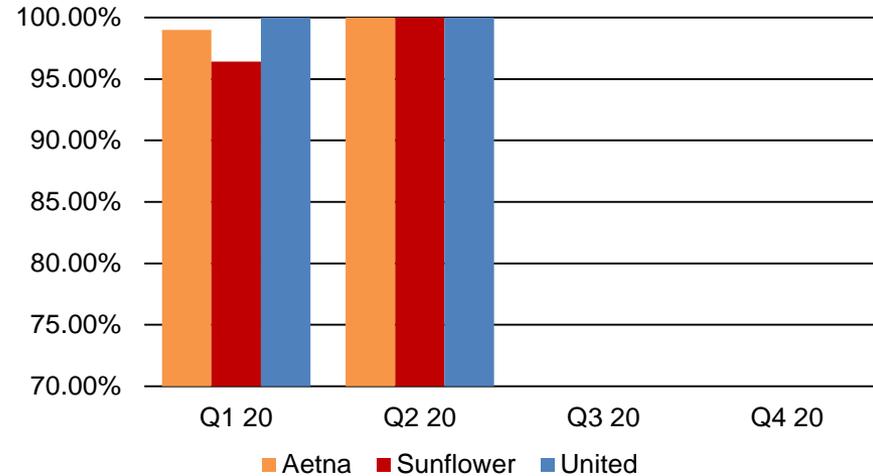
Aetna		Sunflower		United	
Total # of Resolved Member Appeals	68	Total # of Resolved Member Appeals	181	Total # of Resolved Member Appeals	144
1: Criteria Not Met – Pharmacy	53%	1: Criteria Not Met – Pharmacy	21%	1: Criteria Not Met – Pharmacy	51%
2: Criteria Not Met – Medical Procedure	10%	2: Criteria Not Met – Radiology	29%	2: Criteria Not Met – Durable Medical Equipment	16%
3: Criteria Not Met – Inpatient Behavioral Health	7%	3: Criteria Not Met – Durable Medical Equipment	17%	3: Criteria Not Met – Inpatient Admissions (Non-Behavioral Health)	10%
4: Non-Covered Service – Pharmacy	6%	4: Criteria Not Met – Other	7%	4: Lock In	5%
		5: Non-Covered Service – Other	7%	5: Criteria Not Met – Dental	4%

Provider Appeals

Resolved Within 30 Calendar Days 2020 (Compliance is 98%)



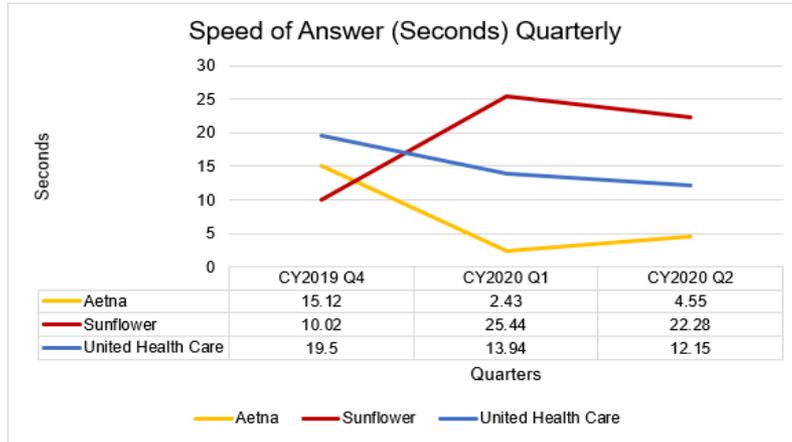
Resolved Within 60 Calendar Days 2020 (Compliance is 100%)



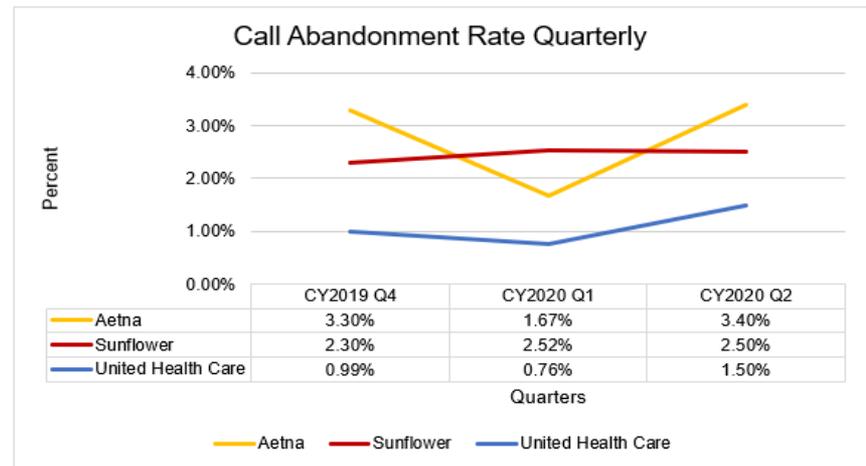
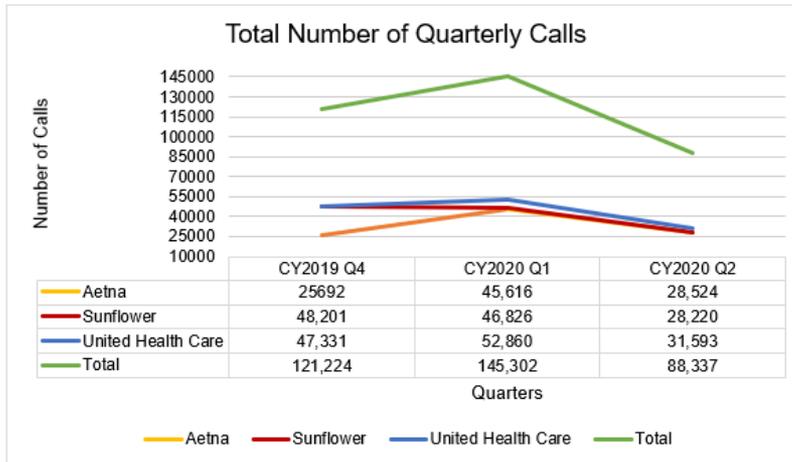
2020 2nd Qtr Provider Appeals Top 5

Aetna		Sunflower		United	
Total # of Resolved Provider Appeals	300	Total # of Resolved Provider Appeals	1,169	Total # of Resolved Provider Appeals	826
1: Criteria Not Met - Medical Procedure	21%	1: Claim Payment Denied – Medical (Physical Health not Otherwise Specified)	23%	1: Claim Payment Denied – Hospital Inpatient (Non-Behavioral Health)	33%
2: Claim Payment Denied – Hospital Inpatient (Non-Behavioral Health)	15%	2: Claim Payment Denied – Laboratory	11%	2: Claim Payment Denied – Home Health	15%
3: Claim Payment Denied – Hospital Outpatient (Non-Behavioral Health)	13%	3: Claim Payment Denied – Hospital Outpatient (Non-Behavioral Health)	11%	3: Claim Payment Denied – Hospital Outpatient (Non-Behavioral Health)	12%
4: Claim Payment Denied – Medical (Physical Health not Otherwise Specified)	12%	4: Claim Payment Denied – Durable Medical Equipment	10%	4: Claim Payment Denied – Medical (Physical Health not Otherwise Specified)	12%
5: Criteria Not Met – Inpatient Admissions (Non-Behavioral Health)	11%	5: Claim Payment Denied – Hospital Inpatient (Non-Behavioral Health)	10%	5: Claim Payment Denied – Laboratory	7%

Customer Service Center – Members

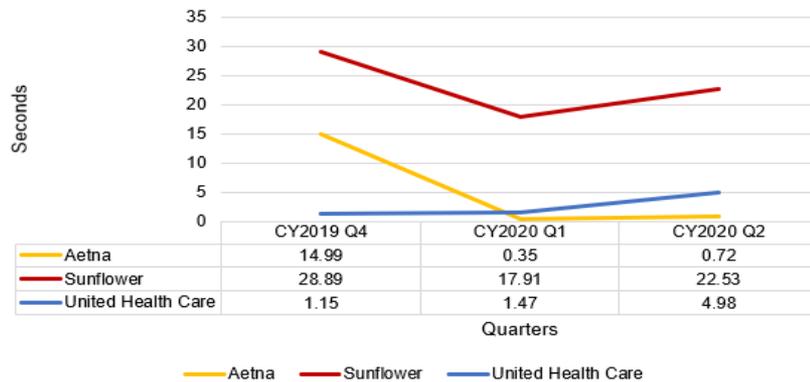


	Average Speed of Answer (Seconds)	Average Call Abandonment Rate	Average Number of Total Calls per Quarter
Aetna	4.55	3.4%	37,070
Sunflower	22.28	2.5%	37,523
United Health Care	12.15	1.5%	42,227
Total			116,820



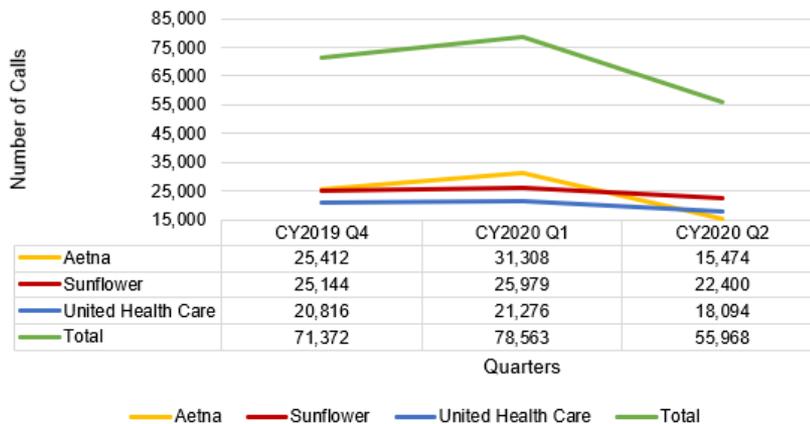
Customer Service Center – Providers

Speed of Answer (Seconds) Quarterly

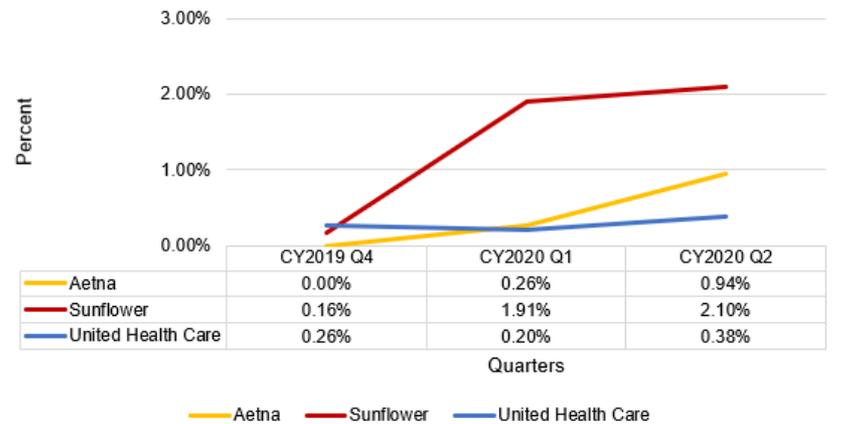


	Average Speed of Answer (Seconds)	Average Call Abandonment Rate	Average Number of Total Calls per Quarter
Aetna	0.72	0.94%	23,391
Sunflower	22.53	2.1%	24,190
United Health Care	4.98	.38%	19,685
Total			67,266

Total Number of Quarterly Calls



Call Abandonment Rate Quarterly





KanCare Update September 2020

MCO Profit and Loss per NAIC Filings For the Quarter Ended June 30, 2020

	<u>Aetna</u>	<u>Sunflower</u>	<u>United</u>	<u>Total</u>
Total Revenues	\$468,261,986	\$838,065,963	\$699,663,046	\$2,005,990,995
Total hospital and medical	\$406,678,364	\$657,144,267	\$561,330,514	\$1,626,796,065
Claims adjustments, General Admin., Increase in reserves	\$80,604,313	\$147,745,483	\$104,261,533	\$332,611,329
Net underwriting gain or (loss)	(\$19,020,691)	\$33,176,213	\$34,070,999	\$48,226,521
				\$0
Net income or (loss) after capital gains tax and before all other federal income taxes	(\$17,848,714)	\$33,877,083	\$34,070,999	\$50,099,368
Federal and foreign income tax/(benefit)	(\$794,775)	\$11,076,803	\$13,986,443	\$24,268,471
Adjusted Net income (loss)	(\$17,053,939)	\$22,800,280	\$20,084,556	\$25,830,897
GP before income tax	-3.8%	4.0%	4.9%	2.5%

*Per NAIC filings, which do not necessarily reflect how program is priced

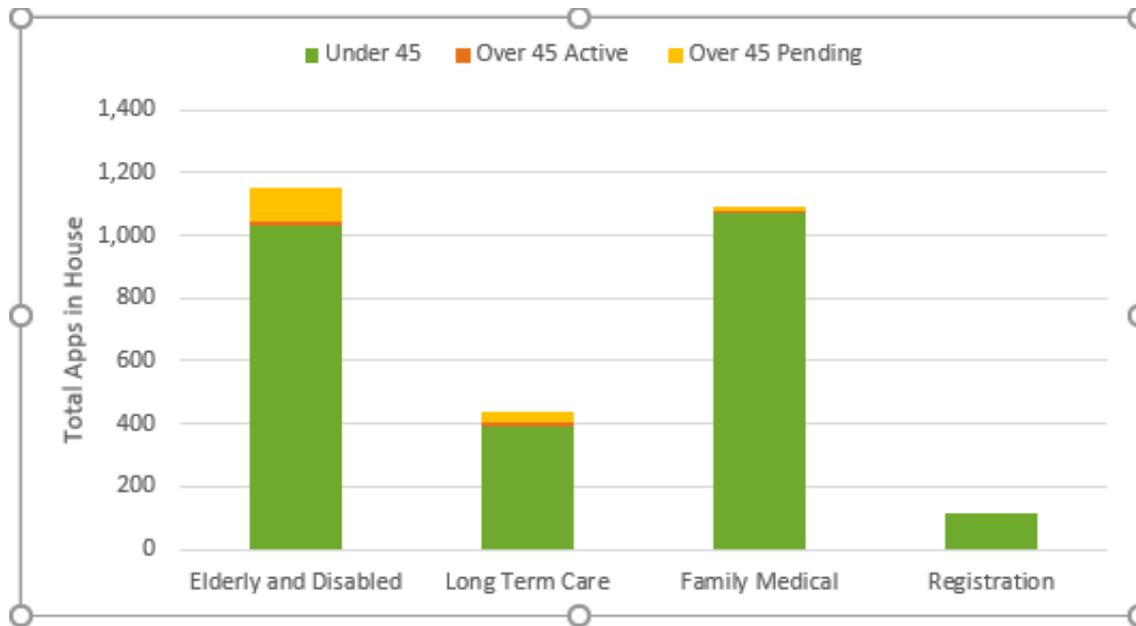
Eligibility Update

Christiane Swartz, Director of Medicaid Operations

- Medicaid Eligibility Applications Update
- Transition of Medicaid Application Eligibility Processing
 - Workload Transition
 - KDHE Staffing Update
- Status of Clearinghouse RFP

Medicaid Eligibility Application Status

- 2,796 total applications in house
 - 184 applications over 45 days, 7% of total applications
 - 30 applications (1% of total) over 45 days in active status – ready to be processed
 - 154 applications (6% of total) over 45 days in pending status – waiting for more information from applicant/provider/financial institution



	Under 45	Over 45 Active	Over 45 Pending	Total
Elderly and Disabled	1,030	16	107	1,153
Long Term Care	394	8	37	439
Family Medical	1,074	6	10	1,090
Registration	114	0	0	114
Total	2,612	30	154	2,796

	Under 45	Over 45 Active	Over 45 Pending	Total
Elderly and Disabled	89.3%	1.4%	9.3%	100.0%
Long Term Care	89.7%	1.8%	8.4%	100.0%
Family Medical	98.5%	0.6%	0.9%	100.0%
Registration	100.0%	0.0%	0.0%	100.0%
Total	93.4%	1.1%	5.5%	100.0%

Transition of Workload from MAXIMUS

- Transition completed by target date of 01/01/20
- Rapid response calls completed
- KDHE Eligibility staff available to answer HCBS, Elderly & Disabled, and Nursing Facility application questions by phone
- Bi-monthly meetings with Nursing Facility Association stakeholders

Program	Date of Transition
Nursing Facility	September 2019 - December 2019
Psychiatric Residential Treatment Facilities (PRTF)	October 2019
Home and Community Based Services (HCBS)	November 2019
Spenddown Program	November 2019
Medicare Saving Programs	November 2019
Working Healthy Program	November 2019
Batch Reports for Long Term Care programs	December 2019
Batch Reports for Elderly and Disabled programs	January 2020

KDHE Clearinghouse Staffing

- Have filled majority of positions as part of transition of Elderly, Disabled, and Long Term care medical program processing to KDHE
 - Continue recruiting and hiring for eligibility staff
 - Training classes for new hires have been largely successful

Department	Number of Staff
KDHE Training & Quality	27- Complete
KDHE Eligibility Staff (Elderly & Disabled, Long Term Care Medical Programs)	256 - ongoing 24 Supervisors hired 192 Eligibility staff hired 38 Eligibility staff vacancies
KDHE Operations	30 - ongoing 27 Hired 3 vacancies
Total	313

Clearinghouse Contract Update

- MAXIMUS to continue processing Family Medical applications through the end of the contract period (12/31/20)
- Procurement of a new Clearinghouse contract is complete and in August 2020 the contract was awarded to a new contractor: CONDUENT
- CONDUENT will begin processing Family Medical applications at the start of the new contract period 01/01/21
 - Delays in contract award caused by the COVID-19 pandemic are resulting in an extremely aggressive implementation timeline
 - KDHE and CONDUENT are engaged in multiple planning and implementation activities
 - KDHE and MAXIMUS are engaged in multiple end of contract and transition activities

Thank You/Questions

