



Jean Rumbaugh
Sunflower State Health Plan

Testimony before Robert G. Bethell, Joint Committee on Home
and Community Based Services and KanCare Oversight
October 7, 2013

Good morning, Madame Chair and members. My name is Jean Rumbaugh, and I am the CEO of Sunflower State Health Plan. I am honored to be here today to provide you an update on our operations of the KanCare program.

Sunflower is part of Centene Corporation which currently serves Medicaid beneficiaries in 18 states. We are committed to providing fully-integrated care to all of our members, and we believe in holding ourselves accountable for improving health outcomes for our members. I would like to share with you some examples of how we are addressing quality, access and cost in support of the KanCare goals.

Improve the quality of care Kansas Medicaid beneficiaries receive through integrated care coordination across the whole spectrum of health to include physical health, behavioral health, mental health, substance use disorders and Long Term Support Services.

- All members who receive LTSS and in nursing facilities have had plans of care reviewed and updated. We have created integrated care teams and case conferences to support individual choice, appropriate level and coordinated care. To date, fifty individuals have been moved out of their nursing homes to a community setting.
- Our care management team uses data in order to focus our interventions appropriately.
 - We have completed almost 70,000 additional health risk assessments and now have over 11,000 women and children in active case management
 - From April to present a 38% increase in high risk members enrolled in case management and a 20% increase in case management over entire membership
 - We have programs for women with high risk pregnancies in order to improve birth outcomes, including Start Smart, 17P and case management - 82.8% of pregnant members had a Notice of Pregnancy completion to assist in identification and management of high risk members
 - Review of pharmacy profiles including quality focus on psychotropic medication reviews
- We want to make sure our members have a primary care provider. When we find members who have had 3 or more ED encounters in 3 months, we intervene with case

management and help them find a permanent provider. We have decreased utilization to 655 ER visits / 1000 in July (39% decrease from January)

- Commitment to ongoing training of staff working with community and provider resources
- 16% reduction in readmission rates (from 4/2013 to 8/2013)

Providing access to needed and appropriate care for all individuals covered through KanCare.

- We want to ensure our members have access to the providers they need so we have built a comprehensive network and work proactively with providers to address issues and be good business partners
 - Provider Relations Team, Provider Summit Calls, Provider Workshops
 - Average claims turn-around time of 6.14 days with 80% auto-adjudication
 - 97.85% clean claims paid within 20 days
 - Average prior-authorization turn-around time of 2 days

We acknowledge there continues to be reimbursement issues and I have provided a list of our top system issues. We will continue to diligently work these and individual provider concerns.

We are committed to continue to improve communication and administration of KanCare. We will build on that foundation to develop relationships and partner with Kansas providers to improve health outcomes.

- We also provide more than the minimum services required and have value added services
 - \$2,714,550.50 total invested in Sunflower value added services YTD
 - SafeLink/Centaccount cell phones: 8,567 phones provided to members to assure access to needed services and providers
 - Dental visits for adults: 8,918 dental exams provided as a new KanCare benefit to Sunflower members.
 - Practice dental visits for individuals with disabilities

Control Medicaid costs by emphasizing health, wellness, prevention and early detection as well as integration and coordination of care

- Cent Account debit cards: 55,298 rewards given for healthy behaviors to Sunflower members
- Wellness and prevention outreach – current campaign regarding access to flu shots and integrated in all care management activities
 - 500% increase in 3 well child visits (chosen secondary to continuous enrollment limitations)
 - 24% increase in HgbA1c testing
 - 22% increase in adherence with persistent medications

Sunflower appreciates the efforts of KDHE and KDADS to work in partnership to ensure program performance and outcomes. We are invested to continue improvement of the KanCare program and outcomes with exciting opportunities such as the implementation of Health Homes. We are working diligently to assure a smooth and successful transition of LTSS services for the I/DD population.

We are committed to resolving any issues in a timely manner, and I want to make sure that you know how to reach me. The fastest way to reach me is by e-mail at jrumbaugh@sunflowerstatehealth.com. Jim Gardner, our VP of Government Relations is also a great resource to help resolve any issue, and I know several of you have worked with him in the past.

Thank you both for the opportunity to present to you today and for the opportunity to serve Kansans. We look forward to working with you in the months and years ahead.

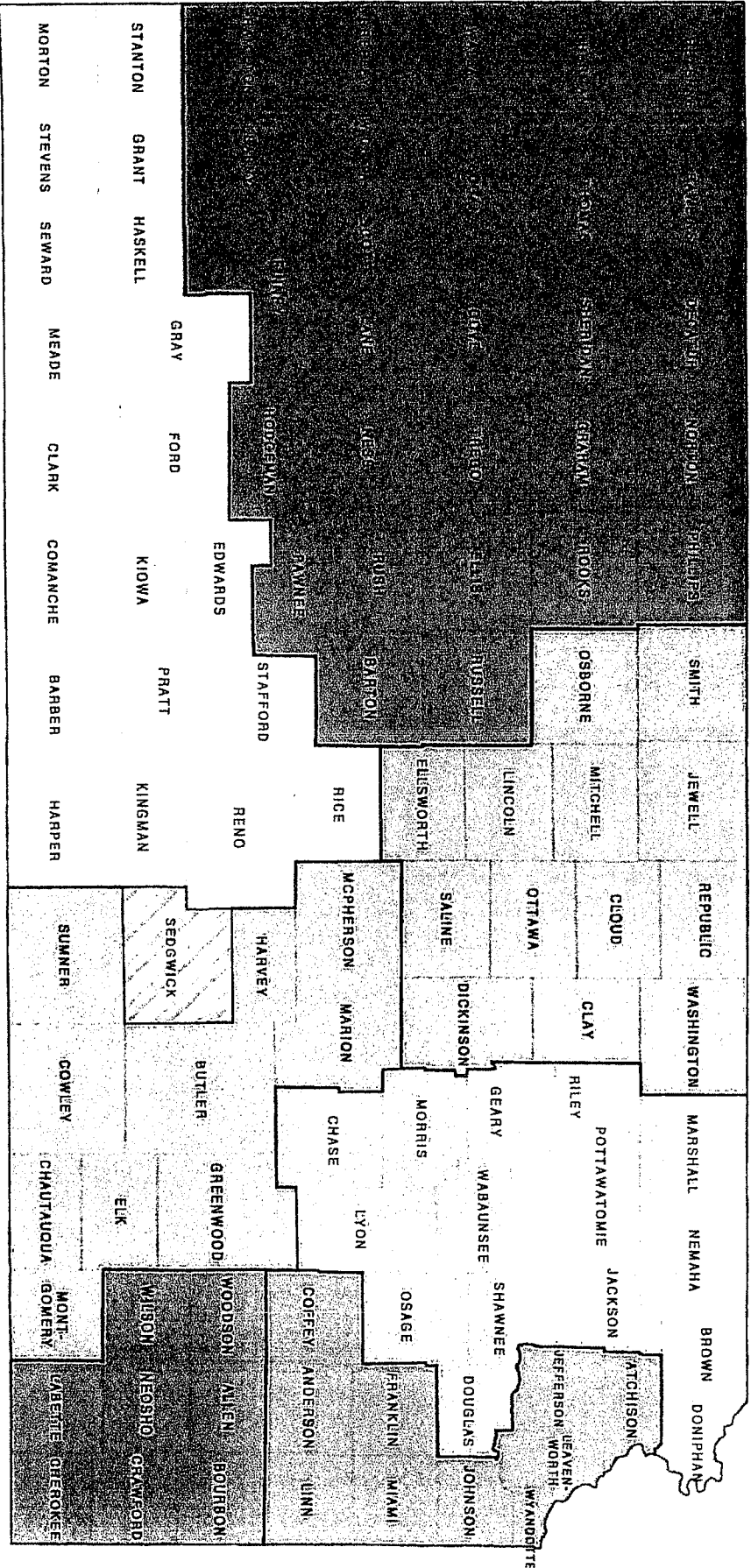
Sunflower Top System Issues and Status

October 7, 2013

Top Issues / description	Date System Fix	Actionable Item/Issue Status	Affected Provider Types	Date Expected Claims Are to be Reprocessed
Spend down not being taken from hospital claim types: Program Jobs for Share of Cost SD/CO/PL. Fix complete on 9/16. 576 claims affected by this and a claims project will be run to fix these.	9/16/2013	System updated; Claims reprocessed	Hospital	100% complete
Waiver Service S5125, S5130, S5135 & T1016 denied with EX35 due to incorrect benefit limit configuration. Configuration will be updated and all affected claims will be reprocessed. System has been updated as of 09/10/13 and reprocessing of claims in process.	9/10/2013	System updated; Claims being reprocessed	Waiver	25% complete
Radiology codes (71260, 76856) were configured as non covered in error	8/15/2013	System updated; Claims being reprocessed	ALL	87% complete
Vaccine admin codes (990471-90474) Retro active rate change to 1/1/2013	7/10/2013	System updated; Claims being reprocessed	ALL	87% complete
COB claims denied due to configuration where authorization was required for secondary and COB claims paid as primary due to errors in other insurance records . 2 separate projects in progress	5/13/2013	System updated; Claims being reprocessed	ALL	85% complete
FQHC / RHC - Place of Service issue, provider setup related to claims processing for FFS rates vs. encounter rates with incorrect denials	9/7/2013	System updated; Claims being reprocessed	FQHC/RHC	70% complete
Issue has been identified related to hearing aids and related accessories denying in error. Provider fixes completed and claims sweep completed on 09/09/2013. We will need to create a new project for those claims that are affected by the Blanket Denial fix needed from system upgrade	9/9/2013	System has been updated; First step of claims project complete	DME	11/15/2013
Issue identified related to the TPL non covered listing configuration causing incorrect EXL6 denials. Issue has been identified and system corrected by 09/13/13. All affected claims will be identified and reprocessed.	9/13/2013	System updated; Claims being reprocessed	ALL	11/15/2013
Elig program set CO/PL to zero from the 834 file. Program fix deployed 09/18/2013, this should eliminate retro and off date elig updates for changes to a members elig status. New changes should go through normally. Next step is to identify all claims in the historical spans and run a claims project.	9/18/2013	Eligibility System corrected; Claims project in process	NF, Waiver	TBD
QMB only non covered list needs to be updated separately from global blanket denial list		In Analysis	ALL	

Sunflower State Representative Territories Map

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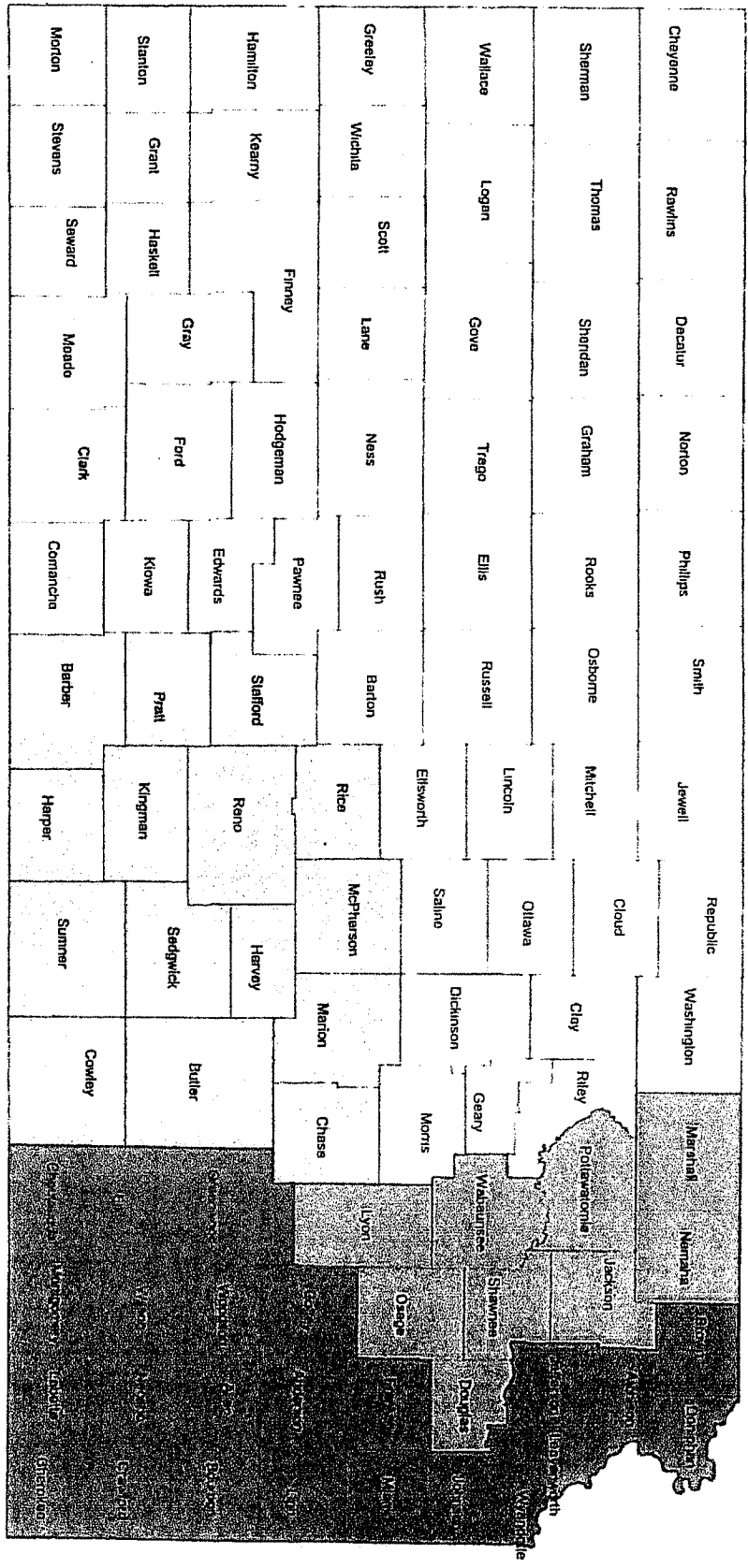


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Upcoming Provider Workshops

Sunflower State Health Plan will be holding Provider Workshops starting in October, 2013. These workshops will be held at various locations around the state and are first come/first serve for registration.

Providers will register for these workshops through the ksproviderevents@sunflowerstatehealth.com email. In the email, providers need to **provide their name, name of the organization, phone number and the date/location of the workshop they choose to attend.**

The presentation will focus on SSHP updates and give time for Q&A. The presentation will be posted on our website by 10/03/13 and may be printed if you choose to bring it with you.

Here are the Provider Workshop locations, dates and times available.

Monday, October 7th – 9am-11am
Ramada West Hotel
605 SW Fairlawn, Topeka, KS
Salon A & B



Tuesday, October 8th – 9am-11am
Holiday Inn & Suites
8787 Reeder Road, Overland Park, KS
Shawnee 1 Conference Room

Wednesday, October 9th – 9am-11am
Labette Health
1902 S. Hwy. 59, Parsons, KS
Jerry Little Conference Center Rooms 1 & 2

Thursday, October 10th – 9:30am-11:30am
Salina Regional Healthcare Center
400 S. Santa Fe, Salina, KS
Conference Rooms 6 & 7

Friday, October 11th – 10am-12pm
Fort Hays State University Robbins Center/Alumni Office
One Tiger Place, West of Gross Memorial Coliseum, SW corner
of FHSU Campus off Hwy. 183 Bypass, Hays, KS

Friday, October 11th – 2pm-4pm
Via Christi Hospital
929 N. St. Francis, Ste. M157, Wichita, KS
St. Francis Campus Conference Room 2035 (2nd floor up off the main lobby)

Monday, October 14th – 10am-12pm
St. Catherine Hospital
401 East Spruce, Garden City, KS
Classroom # 1 (Enter North Lobby door- take elevator to lower level, classroom is on the left)