

Senate Public Health and Welfare Committee

Aetna Better Health of Kansas

Keith Wisdom, President and CEO

January 30, 2019



Building a Healthier World is our Mission

Excellence Integrity We do the right We strive to deliver thing for the the highest quality and value possible right reason. through simple, easy and relevant solutions. People we serve **Inspiration** Caring We inspire each other We listen to and respect to explore ideas that our customers and each other so we can act with can make the world a better place. insight, understanding and compassion.

Aetna at a glance

50,000 employees

23.5 million medical members

165 years of national and international experience

3rd largest managed care organization in US

Aetna in Kansas

Aetna Better Health of Kansas will serve ~125,000 members with approximately 500 locally based employees

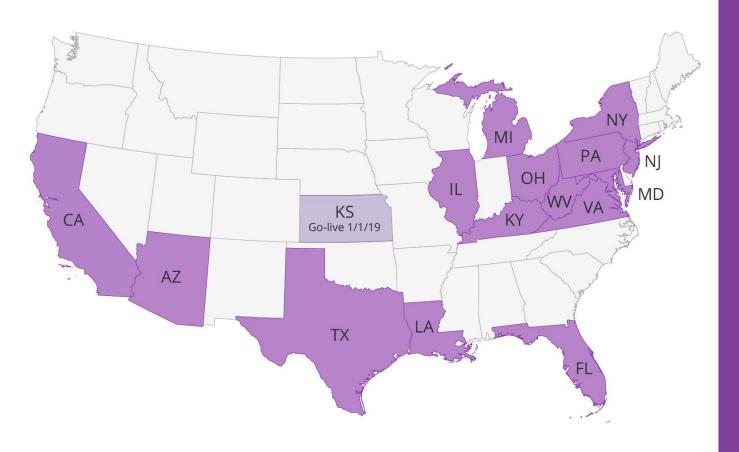
Currently serving approximately **380,000** commercial and Medicare members



Experience Matters **aetna**®

Aetna Medicaid overview

Leader in managing medically complex populations at the local, community-based level by integrating physical health, behavioral health, and social economic status of members



Over

3 million

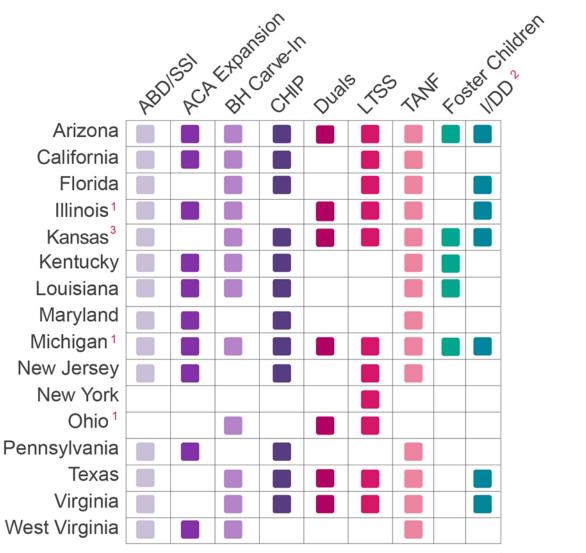
members across 16

states

years of managed care experience

successful implementations in the last 2 years

Populations we serve



¹ Medicare-Medicaid plan

² Acute care services

³Go-live January 1, 2019

Aetma Better Health® of Kansas

Aetna Better Health of Kansas Leadership Team



Janet GrantRegional Vice President



Keith WisdomCEO



Kim GlennChief Operating Officer



Rose StaufferChief Financial Officer



Dr. John EsslingerChief Medical Officer



Scott BrunnerHead of Community
Relations



Michael McClure
Director Provider
Experience

Kansas Medicaid Offices



9401 Indian Creek Parkway, Overland Park, KS



8535 East 21st Street North Wichita, KS



222 SW 7th Street Topeka, KS

Implementation Review Process

June 2018

Contract Award

60 days

- Submitted 700
 Policies and
 Procedures
- Specific Kansas processes documented
- Began weekly implementation meetings with KDHE and state system contractors
- Began weekly meetings with State Implementation contractor and KDHE staff

90 Days

- Two day readiness review on-site
- Created 3 tiers of post readiness deliverables over next 90 days
- Started
 Monthly 1-on-1
 meetings with
 KDHE and
 KDADS
 leadership
- Began attending the monthly all MCO meetings

December 2018

- State conducted a go/no-go assessment of readiness
- Conducted endto-end testing of all file exchanges, data formats, claims payment configuration, and eligibility file transfers
- Began working with state Electronic Visit Verification system vendor

January 2019

Twice

weekly state rapid response calls (transitio ned to weekly)





STAFFING to meet the needs of KanCare Members

- ☐ Have hired 458 people in Kansas to serve Medicaid and CHIP members.
- ☐ Includes 300 care management and coordination roles.
- □ Have filled all required positions and all key positions including CEO, CFO, COO, Chief Medical Officer, Behavioral Health Director, Directors of Quality, Service Coordination, Network, Pharmacy, and Compliance Officer.
- ☐ Filled 22 provider experience roles.

Kansas NETWORK Build

- ☐ The Kansas network built on four strategies:
 - Deemed contracts from Children's Mercy Family Health Partners (FHP)
 - Deemed contracts and amendments from Aetna commercial
 - Direct Contracts for targeted providers
 - Vendor Contracts for Vision, Dental and Non-emergency transportation
- ☐ PCPs loaded and members assigned PCPs
- □ HCBS providers loaded and prior carrier authorizations loaded in EVV
- ☐ 173 out of 193 hospitals, FQHCs, & CMHCs are contracted
- Non-contracted providers are loaded to pay filed claims at Medicaid rates according to TOC policy through Q1

Clinical and Care coordination implementation

Processing current prior authorization requests. Honoring Amerigroup approved authorizations received via data file.

Loaded 11,000 authorization lines for HCBS providers over the last week into Authenticare, the Electronic Visit Verification system.

Care coordination team is making initial outreach calls to members, conducting health risk assessments, and reviewing Plans of Care.



Pioneers in Integrated Care Management

Total care management that includes physical, behavioral, and social supports

Enhancing quality and improving outcomes through:

- Integrating physical and behavioral health
- Simplifying the experience for members and providers
- Managing costs without compromising quality and access

Implementation Status: A look at our first 30 days

Major Accomplishments

- Regular exchange of eligibility files with KDHE
- Have paid 40,000 medical claims and 84,000 pharmacy claims.
- Member Services call center has been running since October and is exceeding performance targets.
- Three offices opened for employees
- Full public website is running and secure portals are functional
- Successfully completed readiness review 90 days after contract award
- Honoring Transition of Care by paying all providers as in network and honoring existing authorizations.

Priority Activities

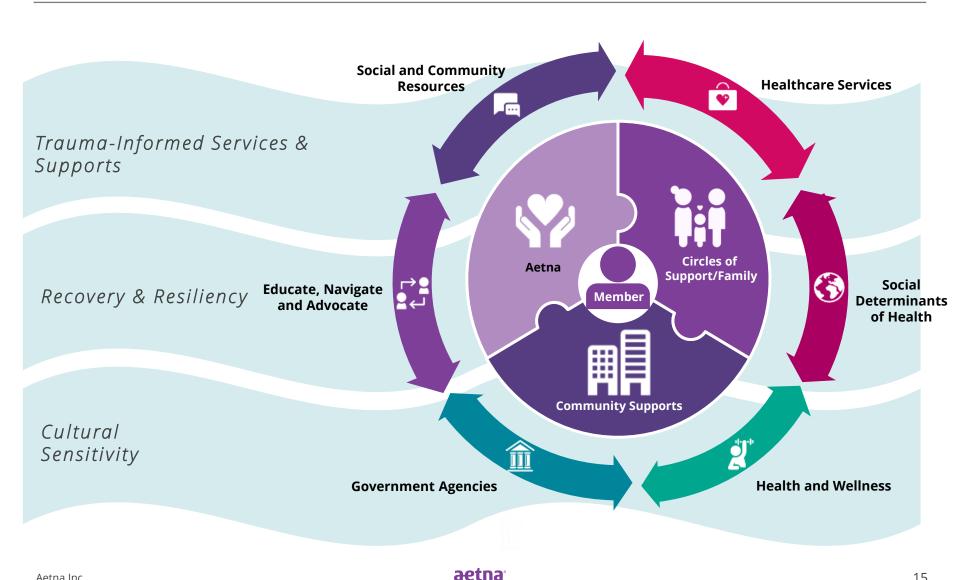
- Transition of Care policy through first quarter
- Verifying services authorized based on prior Amerigroup files
- Authorizing and coordinating care for current requests
- Care coordinators are contacting long term care and Home and Community Based Services members to verify plans of care and conduct assessments
- Completing provider credentialing, contracting process, and provider loading to confirm network status

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Our Managed Care Model, a System of Care aetna®

Our System of Care



Physical, behavioral, and social integration

We have leading edge medical management capabilities that focus on:



Fully integrated care encompassing physical health, behavioral health and social and cultural concerns of members



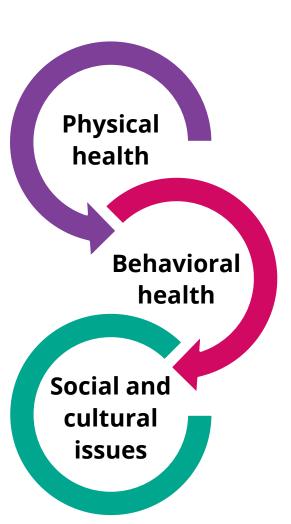
Strong provider partnerships and alliances with community based organizations



Interdisciplinary care teams that include the member and family



Leveraging technology to ensure care team has a view of the whole person



Experience Serving Elderly and People with Disabilities and Home and Community Based Services

Our approach is not a medical model.

Focused on member goals through integrated, holistic, and outcomes-based care.

We focus on increasing a member's capacity to live a self-determined life including:

- meaningful employment
- community living
- interacting in their community as citizens with a voice.

Partner with stakeholders and service providers to build capacity and improve quality of care for members.

Specialized staff to work with HCBS Waiver providers, systems, and to advocate for members.

Person Centered Thinking, Planning and Living!

- LifeCourse Framework (UMKC)
- Self Determination Inventory (KU)
- Johnson County VBP Employment Pilot
- I/DD Crisis (Proactive and Reactive)
- Positive Behavioral Supports Initiative
- National Core Indicators Internal Workgroup
- Housing, Employment, School to Adult Transitions Initiatives
- Assistive Technology initiative with the KU Life Span Institute. (Assistive Technology for Kansans Program).

Value Added Benefits

All Members

- Rides to doctor appointments, pharmacy, WIC and pre-natal classes
- Ten free rides per year for job-related and community health services
- Mental Health First Aid training
- Healthy Rewards Incentive Program
- Text-based reminder and wellness programs:
 - Care4life Diabetes
 - Text4kids
 - Text4baby
 - Text4health
 - Text2quit

Children and Teens

- Up to \$35 per year to join YMCA, 4H, Boys and Girls Club or Boy and Girl Scouts
- \$25 gift card for annual well teen visits

Adults

- \$500 per year toward dental services
- Android smartphone with 1,000 minutes or megabytes per year
- Stop Smoking program
- Weight Watchers membership
- Vision services including an additional \$50 per year for glasses or contact lenses
- GED Assistance
- Foot doctor visits for members with diabetes
- Home delivered meals after a hospital stay
- One set of hypoallergenic bedding per year for those members with asthma

Value Added Benefits

Members with Special Needs

- An extra 120 hours of respite care for those on the I/DD, Autism, Frail Elderly (FE), Physically Disabled (PD), and Traumatic Brain Injury waivers; as well as Foster care and HCBS waiting list members.
- 24 hours of extra personal care services for those on the I/DD, PD and FE waivers
- Peer support specialists for members on the PD, Autism and SMI waiver programs.
- No Place Like Home Grants. Up to \$5,000 per member to help move from a nursing home to an HCBS setting
- Memory Care. 2 door alarms and 6 window locks for members with Alzheimer's or dementia when moving into an community setting from a nursing home.

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Pregnant Women

PROMISE Pregnancy Program

Incentives to reward frequent prenatal and postnatal visits to make sure you and your baby are healthy, including:

- Gift cards up to \$30 for doctor visits
- Gift card rewards for baby equipment such strollers, portable cribs or play yards
- Text4baby alerts and support

The Aetna difference: experience where it counts



Budget stability

Exceeding savings targets for the states we serve

Promote value-based payment models

Invest in data sharing technology with providers.

Invest in member facing technology that reduces complexity for members and integrates care.

Provide policy advice to promote the financial sustainability of Medicaid and CHIP



National expertise

More than 3 million Medicaid members and 30 years of experience

Best-in-class operations, meeting or exceeding auto adjudication and clean claims payment requirements

National Advisory Council engages stakeholders and shares best practices

Thought Leadership: opioid, post incarceration, behavior health integration and pharmacy benefit integration.

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State investment

Local plans with local employees and investments in community programs addressing social determinants of health

Filling 483 positions in Kansas for the health plan.

Expanding two office locations and opening 1 additional office.

Promote community involvement supporting local causes and organizations through volunteerism and grants.

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The Aetna difference: experience where it counts



Transforming care Aetna is personal health care company that cares for every member we serve

Population Health Platform to support personalized health and Social Determinants of Health

Telehealth/remote monitoring increased access and affordability

Twelve of our Medicaid Plans are accredited by NCQA demonstrating Aetna's strong commitment to quality



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Healthier communities

Solving for health disparities in partnership with our states

Aetna Home and Community Care Circle of support and care coordination

Local, member-facing staff trained in cultural competencies

Branding and community investment in food security, substance abuse and supportive housing

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Questions?