

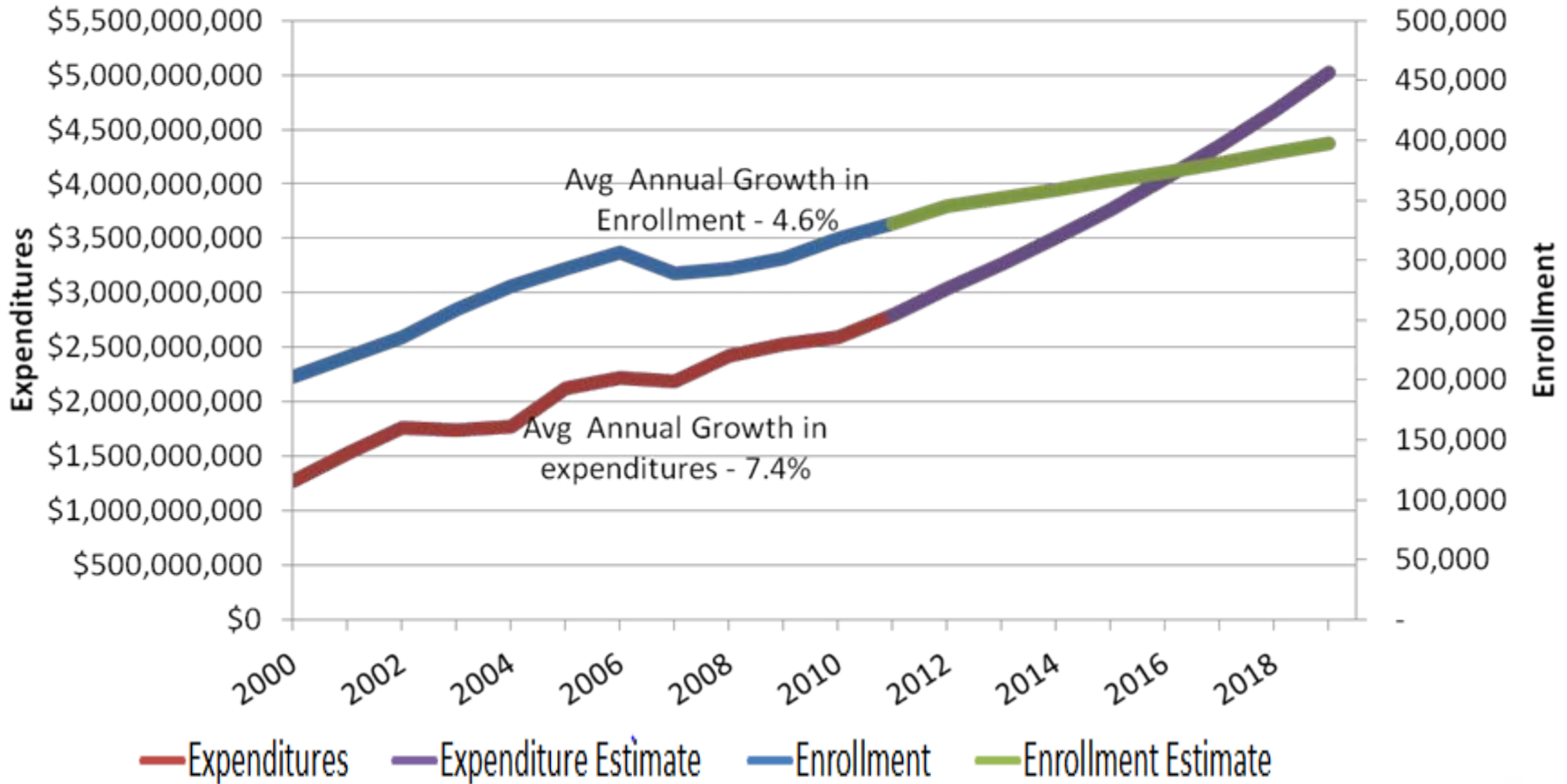


Statewide Managed Care through
Whole Person Health Homes

Susan Mosier, MD, MBA, FACS
Director of Medicaid Services, Kansas
May 30, 2013

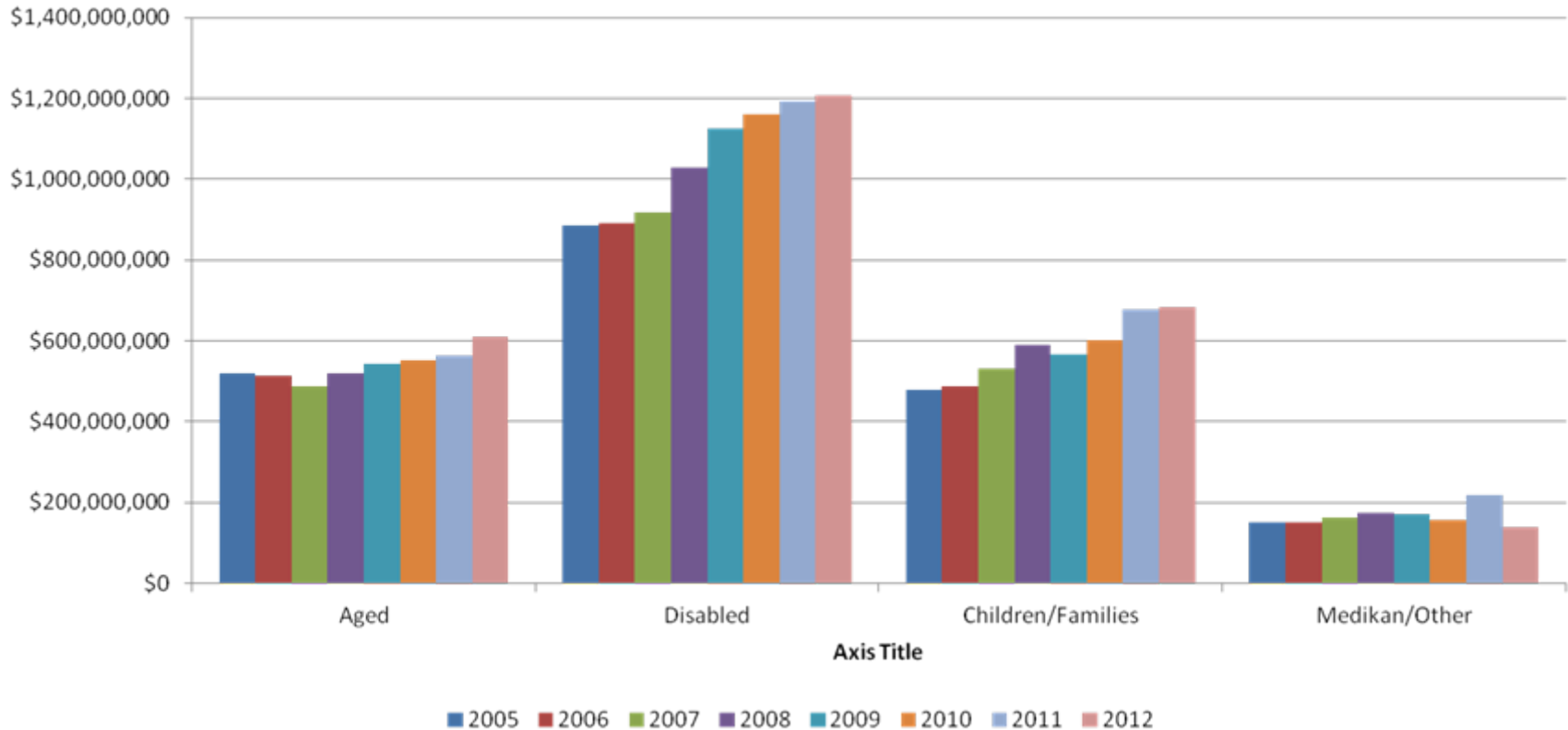
Sustained Medicaid Growth

Total Medicaid – without expansion



Growth by Population

Population Expenditures 2005-2012



Medicaid Components

SFY 2012 , in \$millions	Children/ Families	Individuals with Disabilities	Aged	MediKan/ Other	TOTAL
Physical Health	630	469	107	77	1283
Behavioral Health	46	126	15	48	235
Substance Abuse	8	7	0	4	19
Nursing Facilities	0	121	375	1	497
Home and Community Based Services	0	475	115	9	599
TOTAL	684	1198	612	139	2633

1115 Waiver for KanCare

- Move nearly all Medicaid populations into managed care
- Cover nearly all Medicaid services through managed care, including long-term services and supports
- Establish safety net care pools for hospitals

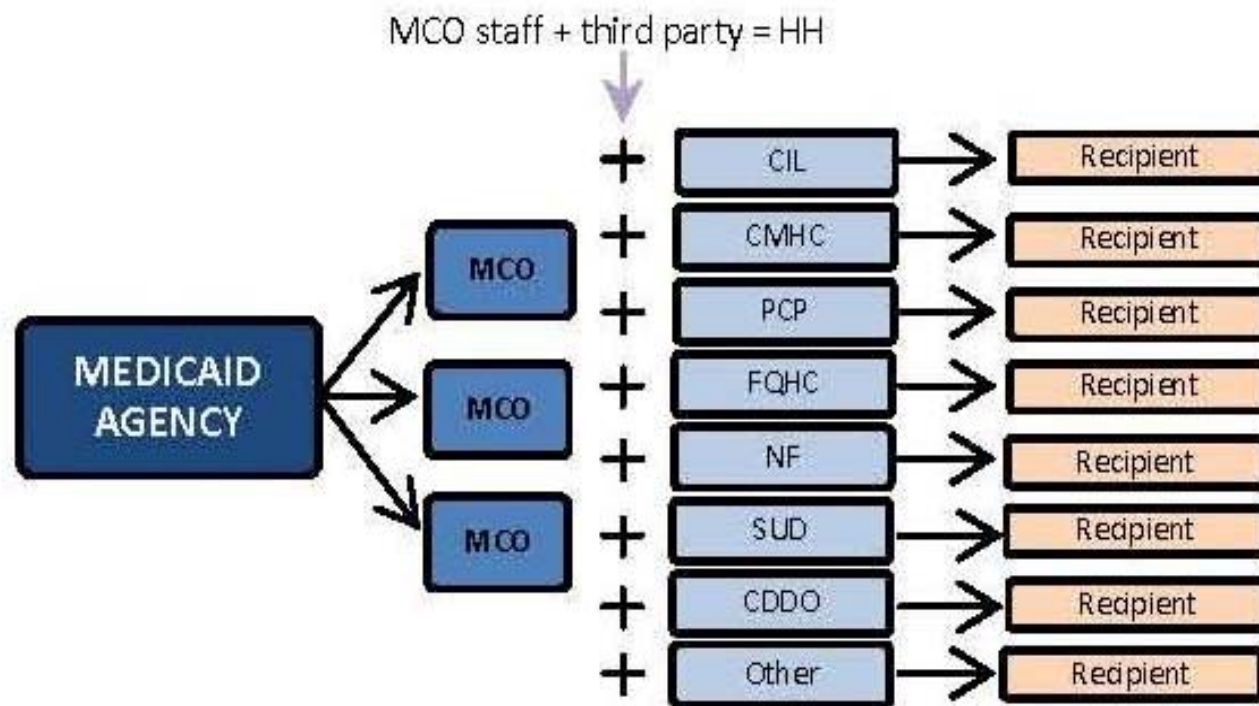
Health Homes in KanCare

- Integrate and coordinate care for the whole person
- For people with chronic conditions
- Can include medical homes
- Health homes do not replace acute care services

Six Core Services

- Comprehensive care management
- Care coordination and health promotion
- Comprehensive transitional care
- Patient and family support
- Referral to community and social support services
- Use of HIT to link services

KanCare Health Home Model



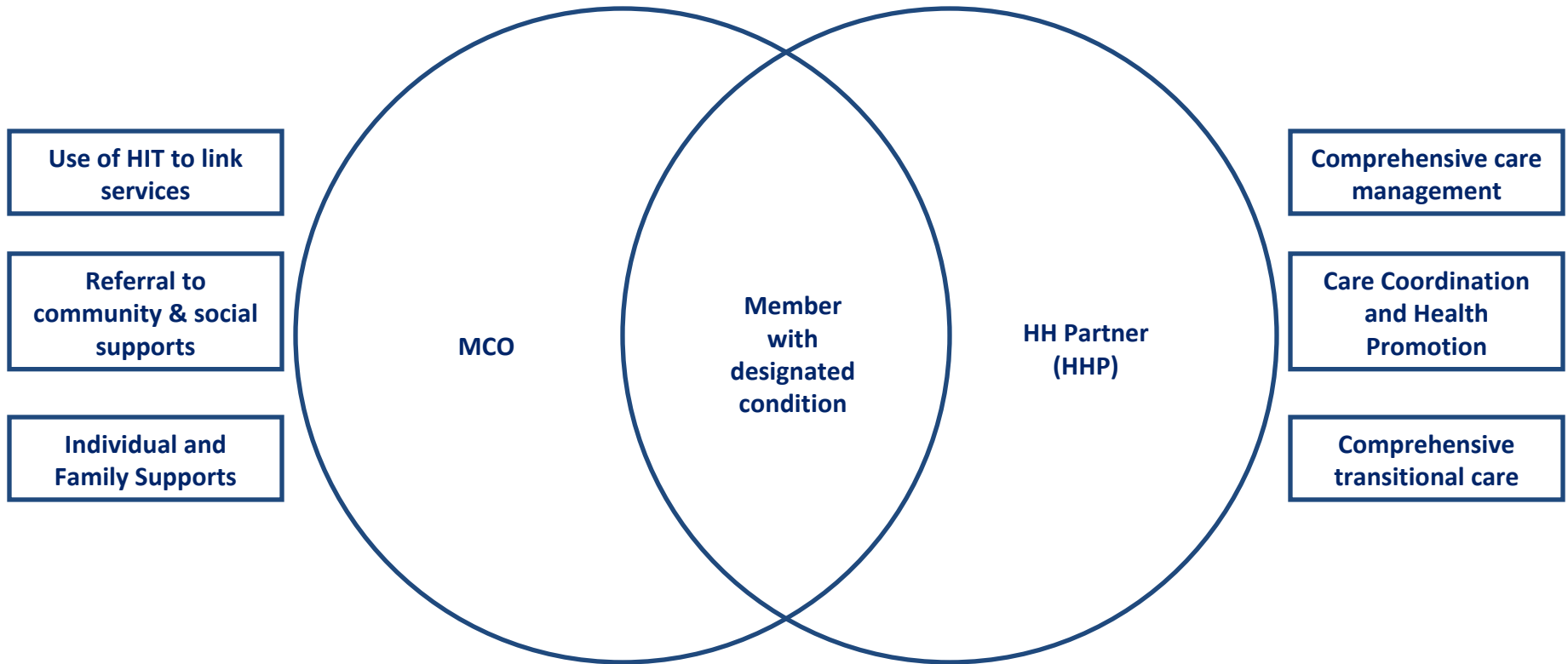
KanCare Health Home Model

- A partnership between the managed care organization (MCO) and another entity, a Health Home Partner (HHP)
- Offers flexibility for providing health home services within a capitated, risk-based managed care delivery system

KanCare Health Home Model

- Flexibility is critical since Kansas is a largely rural state and familiar community providers are important
- Health home beneficiaries likely have experience with, and preferences for, different types of Health Home Partners

KanCare Service Structure



Partnering to Provide Services

- Some health home services provided by the MCOs and some by the Health Home Partner (HHP)
- Some services may be jointly provided by the two
- Division of services, as well as payment between the MCO and the HHP, will be spelled out in contract

Health Homes Ensure

- Critical information is shared
- The beneficiary has the tools needed to help manage his/her chronic condition(s)
- Necessary screenings and tests occur on a timely basis
- Avoidable ER visits and hospital stays are reduced
- Community and social supports are in place

Ralph has Down Syndrome

Ralph has Hypothyroidism

Ralph has high cholesterol

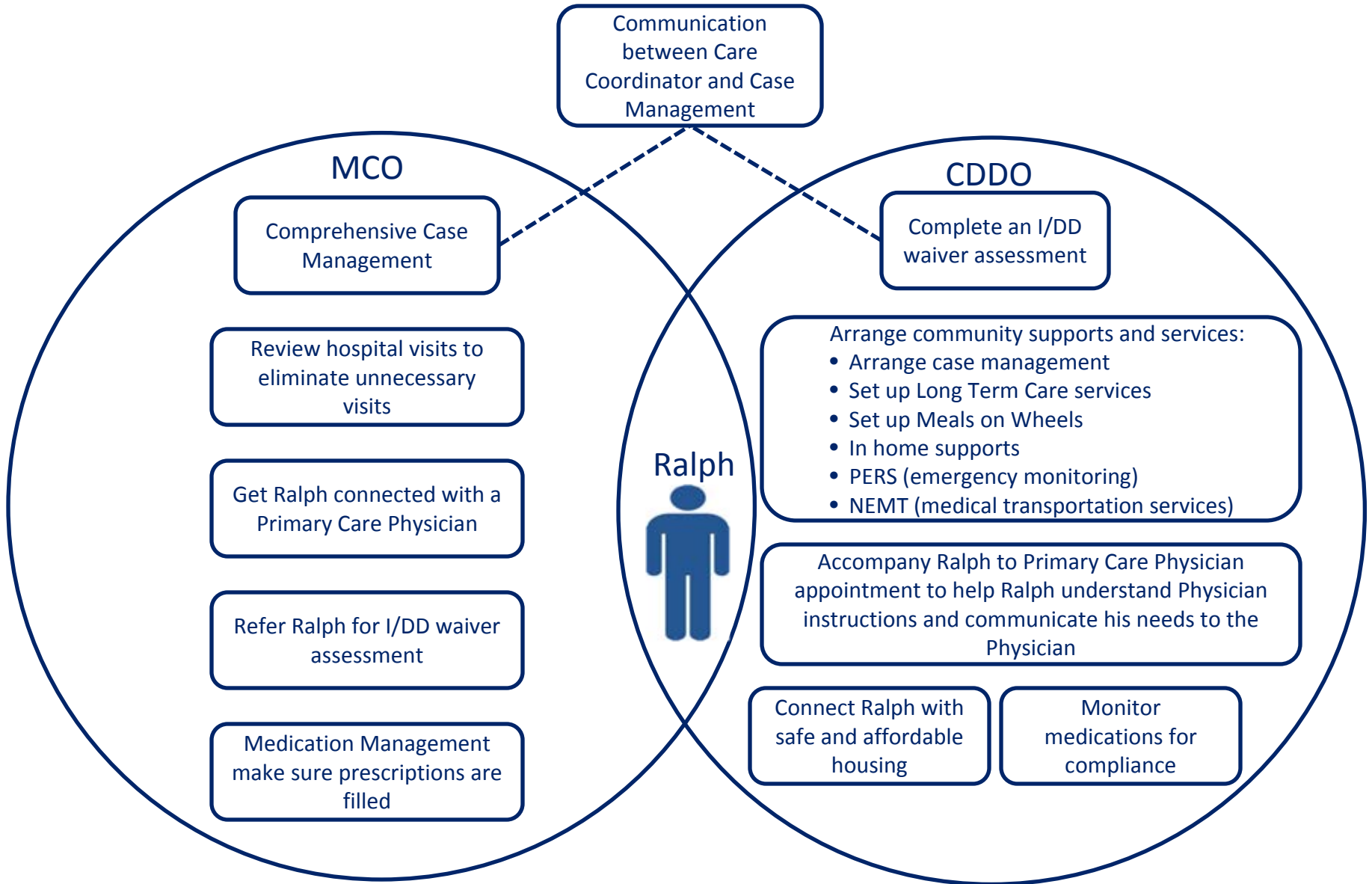


Ralph is 41 years old and overweight

Ralph does not have a Primary Care Physician and goes to the Emergency Room often.

Ralph lives in substandard housing and is in need of home support (he is not currently on the DD waiver or waiting list)

How will a Health Home help?



Cathy is 41
year old

Cathy is unemployed
but interested in
employment

Cathy has
bipolar
disorder

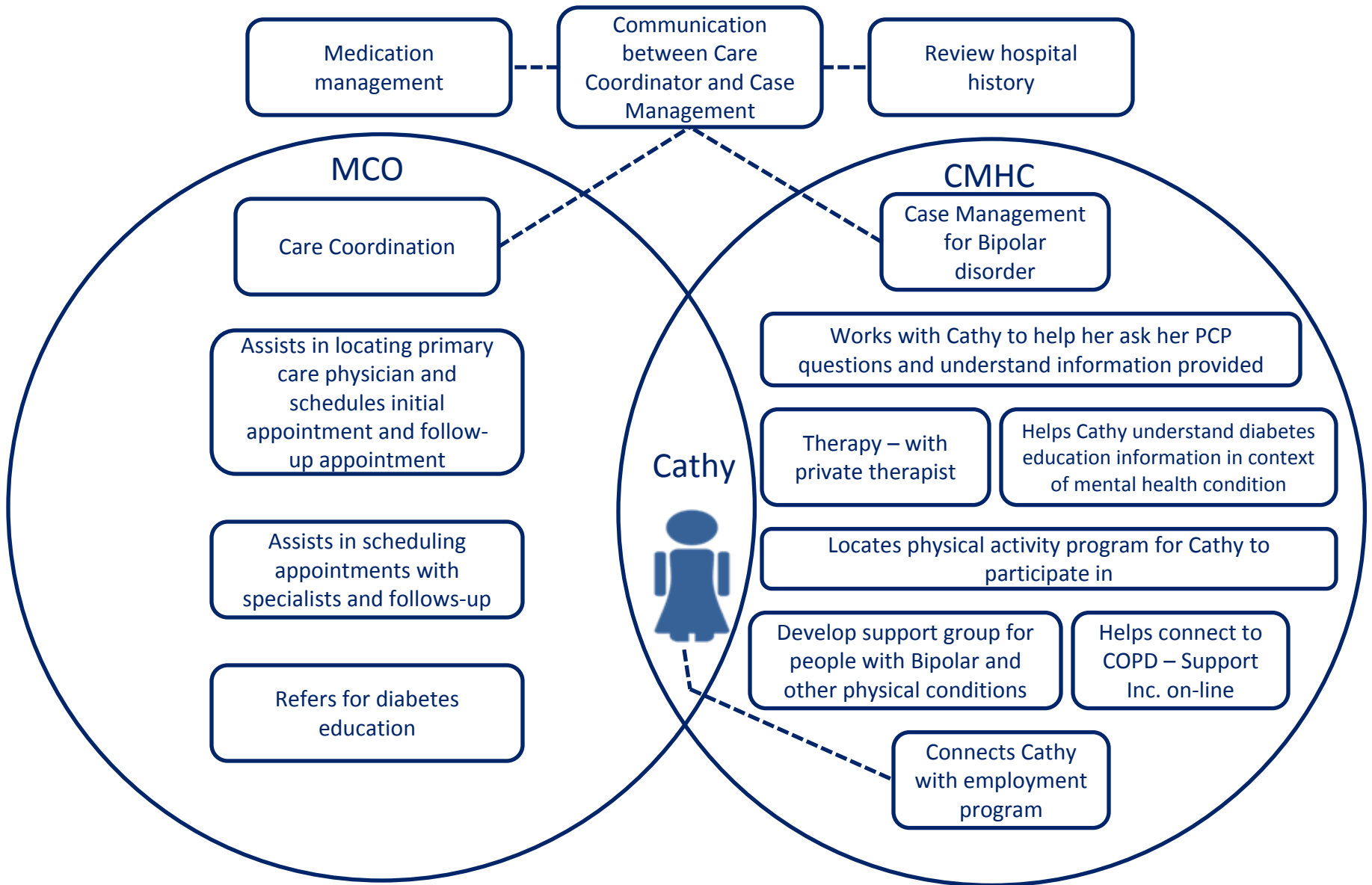
Cathy has
Diabetes



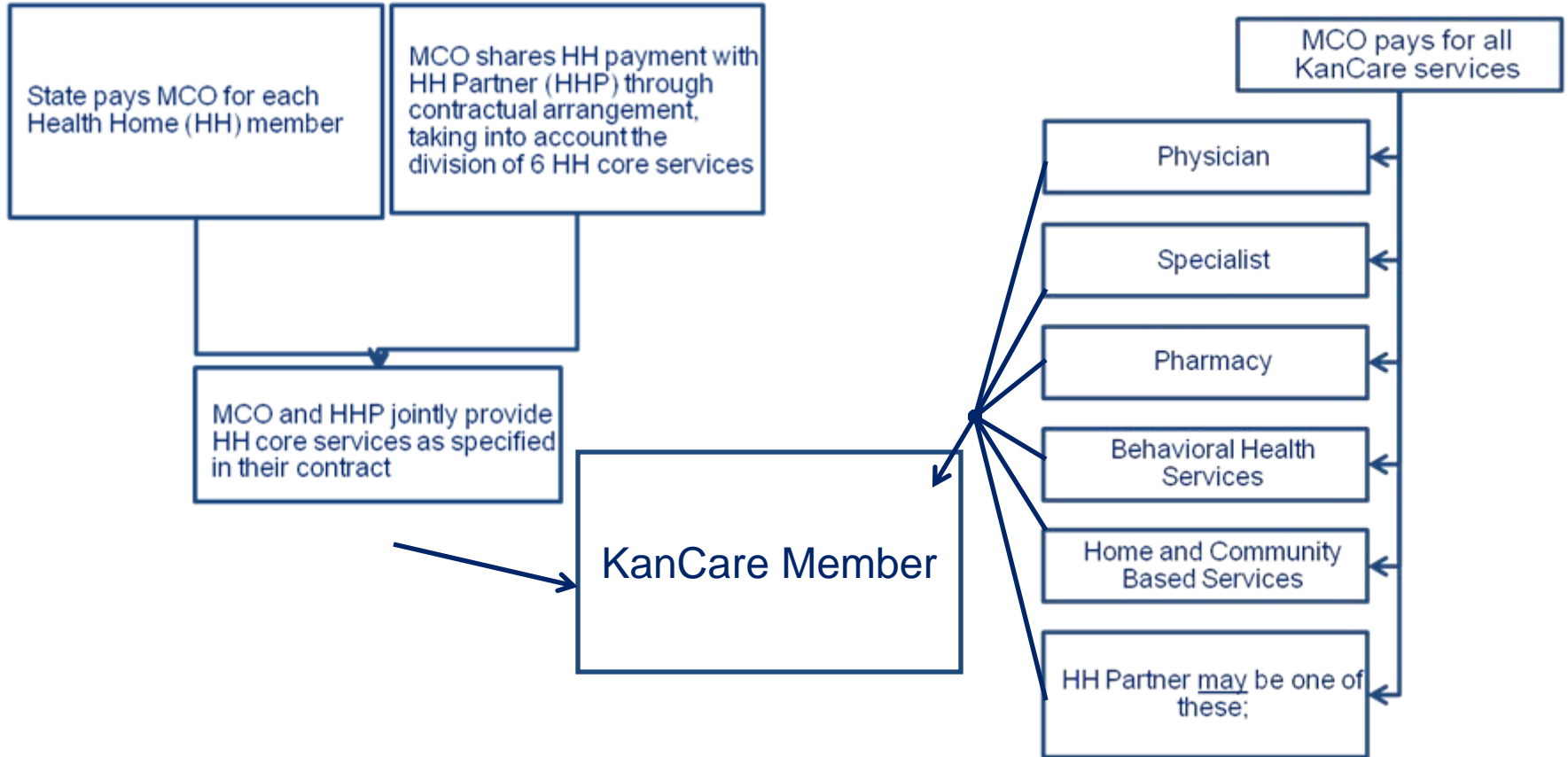
Cathy has
COPD

Cathy has been admitted to the
hospital 4 times in the past year.

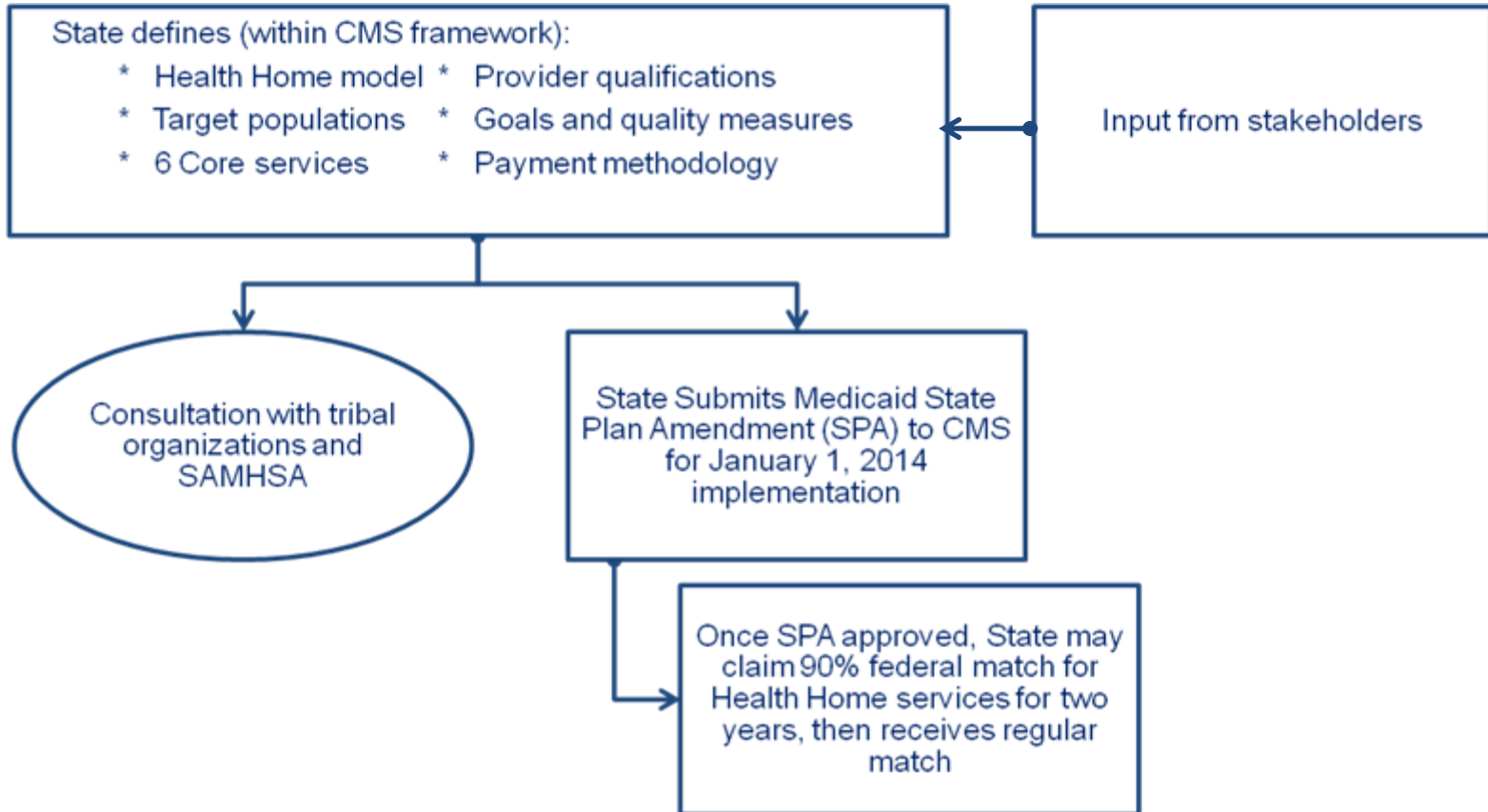
How will a Health Home help?



Payment Structure



Process for Federal Approval



Questions?