



*Kansas Health Policy Authority  
Update:  
Presumptive Medical Disability*

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# Objectives

- Brief background on KHPA
- Presumptive Medical Disability
  - Background
  - Process
  - Issues – MediKan caseload decline
  - PMD “Catch up” plan
  - PMD Partners
  - PMD Stakeholders and Next Steps



# **Kansas Health Policy Authority**

*Coordinating health & health care for a thriving Kansas*

- KHPA created in 2005 Legislative Session
- Built on Governor Sebelius' "Executive Reorganization Order"
- Modified by State Legislature to:
  - Create a nine member Board to govern health policy
  - Executive Director reports to Board
  - Added a specific focus on health promotion and data driven policy making



**July 1, 2005**

Kansas Health Policy Authority Established. Transfer programs of programs to a Division first, then to a separate agency.

**January 1, 2006**

Assume responsibilities of Health Care Data Governing Board and oversight of KS Business Health Partnership program.

**March 1, 2006**

Authority plan for various program transfers submitted to Legislature.

**July 1, 2006**

Transfer programs to Authority.

**2007 Legislative Session**

Authority plan for additional program transfers submitted to 2007 and 2008 Legislatures.

**2008 Legislative Session**

# Programs Transferred to KHPA in 2006

- **Medicaid**  
(Regular Medicaid)
- **MediKan**
- State Children's Health Insurance Program
- Ticket to Work/Working Healthy
- Medicaid Management Information System
- Medicaid Drug Utilization Review & related programs
- State Employee Health Insurance
- State Workers Compensation
- Health Care Data Governing Board
- Business Health Partnership Program

# KHPA Board Members

- **Nine voting board members**
  - Three members appointed by the Governor
  - Six members appointed by legislative leaders.
- **Seven nonvoting, *ex officio* members include:**
  - Secretaries of Health and Environment, Social and Rehabilitation Services, Administration, and Aging; the Director of Health in the Department of Health and Environment; the Commissioner of Insurance; and the Executive Director of the Authority.



# Vision Principles & Health Indicators

- Adopted by the Board in 2006
- Provides governance and operational direction to the Board
- Provides guiding framework to analyze health reform options
- Provides “yardstick” to measure over time improved health in Kansas

## Quality and Efficiency

## Affordable, Sustainable Health Care

## Access to Care

- ❑ Health Insurance Status
- ❑ Health Professions Workforce
- ❑ Safety Net Stability
- ❑ Medicaid Eligibility
- ❑ Health Disparities

- ❑ Use of HIT/HIE
- ❑ Patient Safety
- ❑ Evidence based care
- ❑ Quality of Care
- ❑ Transparency (Cost, Quality, etc.)

- ❑ Health insurance premiums
- ❑ Cost-sharing
- ❑ Uncompensated Care
- ❑ Medicaid/SCHIP Enrollment
- ❑ Health and health care spending

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- ❑ Physical Fitness
- ❑ Nutrition
- ❑ Age appropriate screening
- ❑ Tobacco control
- ❑ Injury control

- ❑ Open Decision Making
- ❑ Responsible Spending
- ❑ Financial Reporting
- ❑ Accessibility of Information
- ❑ CMS Cooperation

- ❑ Council Participation
- ❑ Data Consortium
- ❑ Public Communication
- ❑ Community/Advocacy Partnership
- ❑ Foundation Engagement

## Health and Wellness

## Stewardship

## Public Engagement

### SRS

- Mental Health
- LTC for Disabled
- Substance Abuse

### KDHE

- Health Promotion
- Child, Youth & Families
- Consumer Health
- Health & Envir. Statistics
- Local & Rural Health

### KDOA

- Aged
- Institutional Care
- Community Care

### KID

- Private Health Insurance
- Business Health Partnership

# KHPA Legislative Report Card

- Significant support this year by the legislature:
  - To fund operations – 31 new positions
  - To fund Eligibility Clearinghouse and resolve backlog created by federal requirements
  - To support payment reforms required by CMS
  - To support SB 11: Premium Assistance and analysis of health insurance reforms
  - To address Presumptive Medical Disability Backlog

# Defining Health Reform Process

- Coordination of current reform initiatives
  - *Existing initiatives within the KHPA*
  - *In Partnership with other agencies*
- Input from **Advisory Councils**
- **Economic analyses** required by SB 11
- Final **health reform options** developed by KHPA Board and Health for All Kansans Steering Committee

# Current reforms within the KHPA

- **Medicaid Reform:**
  - Premium Assistance
  - Fraud and Abuse: Inspector General
  - Enhanced Care Management Pilot
  - Community Health Record Pilot
  - Disproportionate Share for Hospitals (DSH) Reform
- **State Employee Health Plan (SEHBP) Reforms:**
  - Health and Wellness Incentives
  - Self-Insurance
  - Actuarial Analyses
- **System Reforms**
  - Health Information Technology
  - Transparency and quality information for consumers

# Concurrent Reform Priorities with Sister Agencies

- **Kansas Department on Health and Environment (KDHE):**
  - Obesity, tobacco control policy, chronic disease management
- **Social and Rehabilitation Services (SRS):**
  - **MediKan**, Mental health, substance abuse, child welfare reforms
- **Kansas Department on Aging (KDOA):**
  - Long term care reforms
- **Kansas Department on Insurance (KID)**
  - Reinsurance
  - Long Term Care Partnership

# KHPA Reform Priorities

- **Providing and protecting affordable health insurance**
  - Focus on small business, the uninsured and the underinsured
- **Prevention and primary care**
  - Focus on obesity, tobacco control, chronic disease management and incentives for primary care
- **Promoting personal responsibility**
  - For responsible health behaviors
  - Informed purchase of health care services
  - Contributing to the cost of health insurance, based on sliding scale

# Presumptive Medical Disability (PMD)

Legislative Update

# PMD Background

- Definition: PMD provides disability screening for persons applying for General Assistance (GA) and MediKan, modeled on Social Security Administration screening
- Start Date: September 2006
- Advantages:
  - Can offer a full range of Medicaid benefits to those GA recipients with the most severe disabilities
  - Can draw down additional federal dollars, saving SGF

# PMD Process

- Telephone consultation: PMD staff and consumer
- Medical evidence: Collected by PMD staff from providers
- Based on information collected:
  - Significant impairment which prevents employment ►
    - Consumer qualifies for Medicaid and General Assistance
  - Impairment does not meet SSA guidelines ►
    - Consumer qualifies for Medicaid and General Assistance
- Both groups must continue to pursue SSA benefits as a condition of participation

# PMD Issues

- Decline in MediKan caseload identified by end of '06: 4,473 prior to PMD (6/06), 3,630 January '07
- Caseload issues shared with key legislators
- Decline in caseload/backlog created by:
  - Time consuming PMD process
  - Inexperienced and insufficient staff
  - Equipment issues

# PMD “Catch Up” Plan

- Support from legislature and Governor: \$300,000 (All Funds) to hire additional staff
- Additional space to house staff secured in July; 8 new staff hired
- Backlog should be significantly reduced by end of September, 07
- PMD Process Goals:
  - Reduce telephone consultation from 45 days to 15 days
  - Reduce overall process from 90 days to 45 days

# PMD Partners

- Kansas Legal Services (KLS):
  - Has been responsible for providing Social Security advocacy services to General Assistance recipients for several years
  - **Recent change in contract** to enable KLS to help consumers earlier in PMD process (initial application and telephone interview)
  - New process should:
    - **Ensure more accurate information**
    - **More timely processing**
  - Implemented by end of September 07

# Early Returns

- Current enrollment in MediKan and Medicaid as a result of PMD nearly unchanged:

3,448 (6/07 MediKan) + 863 (6/07 PMD Medicaid) = 4,311 vs. 4,473 (6/06 MediKan)

# Stakeholder Concerns

- Regarding capacity of current program to care for vulnerable consumers
- KHPA and SRS partnering to:
  - **Convening stakeholders** to discuss long range plans for modified GA program
  - PMD appropriate screening process for Medicaid/Medikan services – **open to other options to improve system**
  - Well developed plan to be formulated prior to '08 legislative session



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