

Kentucky Department for Medicaid Services ICD-10 Testing for Providers

Website: <http://chfs.ky.gov/dms/ICD10.htm>

Email: KY_EDH_HelpDesk@hp.com

The Department for Medicaid Services, in conjunction with its MMIS fiscal agent, HP Enterprise Services, highly recommends conducting end-to-end testing. HP plans to begin testing in July.

To be a beta tester, please e-mail the [EDI Helpdesk](#) with the following information:

1. Your trading partner ID with Kentucky Medicaid
2. Company name
3. Testing contact information
4. Testing contact:
5. E-mail address:
6. Phone number:
7. Type of claim you are testing
8. Notifications from Kentucky Medicaid (if different from testing contact)
9. Contact name:
10. E-mail address

Future ICD-10 information, such as testing dates, testing environments and guidelines will be sent to the trading partner contact you designate in your response.

Presentation to Medicaid Advisory Council (MAC)

May 28, 2015

Helping people achieve

Lifelong well-being



INSPIRE
health



CULTIVATE
uniqueness



RETHINK
routine



PIONEER
simplicity



THRIVE
efficiency



Humana

Confidential : For Internal Use Only


CareSource[™]

Member Story



Alex is a pre-school aged child who suffered severe injuries as a result of alleged child abuse. He was admitted for 3 months, and had multiple surgeries. He now has to be fed via tube.

Alex's Case Manager, Alicia, worked closely with DCBS Social Workers for Medically Fragile Children, and with the hospital Case Manager, to coordinate all post-discharge arrangements and services that he would need.

He was discharged to an approved relative, and the hospital reported to Alicia that Alex went home "with a big smile on his face". Alex does have more surgery planned in the near future, and Alicia will continue to ensure a smooth and orderly coordination of care.

Disclaimer: Names, images, and certain other identifying details have been changed to protect the privacy of individuals.





Forging Community Partnerships

- ❑ Dedicated Community Education Representatives engage in community education about Medicaid, Humana-CareSource benefits, and how to enroll
- ❑ In 2014, participated in 430 events and conducted 152 group presentations to consumers
- ❑ Actively engaging in community partnerships to meet the needs of vulnerable members
- ❑ Partnership, and other initiatives, with a number of nonprofit organizations, such as:
 - Crusade for Children
 - March of Dimes
 - American Diabetes Association
 - American Heart Association
 - American Lung Association
 - National Kidney Association
 - American Cancer Society
 - Epilepsy Foundation of Kentuckiana
 - Easter Seal
 - Lupus Foundation
 - United Way
 - American Red Cross
 - National Alliance of Mental illness
 - KaBOOM!



On September 27, members of the Humana Medicaid Team volunteered for a KaBOOM! playground build at the Neighborhood House located at 201 N. 25th Street in Louisville.



- ❑ Medication Therapy Management Program
 - Engaged over 5300 members, with over 8700 interactions, at 625 pharmacies in Kentucky (Jan-April 2015)
 - The primary MTM interactions are medication adherence checks, formulary conversions, and Comprehensive Medication Reviews (CMR's)
 - Interventions saved over \$530K, and continues to grow

- ❑ Generic Dispense Rate of 87.2%

- ❑ Formulary compliance is 97.9%





- ❑ Strong focus on integration of Humana-CareSource and Beacon Health Strategies- onsite/co-located within our Kentucky office:
 - Providing more holistic, better managed, care for individuals with co-occurring disorders.
 - Creating a system that allows for interdisciplinary care teams that can be accountable for the full range of medical and behavioral health services
 - Improving information and administrative data sharing across systems, making relevant information more readily available to a multidisciplinary care team.

- ❑ Focused efforts made to initiate outreach and provide access to care for members whose situations are associated with higher risk for health problems.
 - 94 members engaged in Behavioral Health Case Management
 - 43 of 94 are co-managed for physical health conditions.



Case Management Highlights

- ❑ Mobile Case Management utilizing a member centric team
- ❑ The Johns Hopkins ACG's incorporated into Humana CareSource cluster methodology to identify at-risk members
- ❑ Based on 2014 Case Management Survey 83.3% of members indicated greatly, or somewhat improved, quality of life following case management intervention.
- ❑ Bridge to Home Care Transition Program provides follow-up to members discharged from an inpatient facility
 - 2% decrease in readmission rate for 2014





- Member incentive for prenatal, postpartum, and well-child care visits
- Age & gender specific Annual Birthday Cards identifying preventative care needs
- Seasonal Preventive Care Reminders
- Direct/Interactive telephonic outreach
 - Children due for well-child visits, lead screenings, and dental preventative services
 - Reminder/Assist newly pregnant members with scheduling prenatal appointments
 - Reminder/Assist members with postpartum visit scheduling
- Diabetes and Asthma Disease Management delivered via an educational and high risk approach
- Member Profile used by case managers to identify member care gaps
- Clinical Practice Registry for use by providers to identify member care gaps



Online Tools

- Web-based access to care delivery tools, care management programs.
- Electronic claim submission via provider portal- no costs
 - Now upgraded to include certain pre-populated data which improves accuracy of submissions, by decreasing opportunities for transcription errors, missing, or incorrect data.
- 24-hour automated member eligibility verification
- Online Formulary Search Tool

Your **Partner** in care

- Enhanced care management for patients identified with significant medical and behavioral needs

Provider incentive payments based on quality driven performance-*Coming soon!*



KENTUCKY

Cabinet for Health and Family Services

DEPARTMENT FOR MEDICAID SERVICES (DMS)

Special House Committee

May 20, 2015

Contents

Medicaid Waiver Forums	3
Forum Presentation Overview.....	4
Forum Participant Input	6
Forum General Themes	7
Forum Key Themes	8
Follow-Up Process	11
Follow-Up Process: Next Steps	12
Federal HCBS Rules: Key Dates	14
Appendix: Consumer Forum Presentation	15

Medicaid Waiver Forums

CHFS and its sponsors held seven forums targeted for consumers and family members from February – April 2015.

Purpose:

- Share information about new federal HCBS waiver requirements
- Collect ideas and suggestions about how to implement federal requirements in Kentucky

Location	Date
Frankfort	February 4
Prestonsburg	March 17
Bowling Green	March 25
Paducah	March 26
Florence	March 31
Louisville	April 1
Lexington	April 13

Thank You to Our Sponsors:

- Commonwealth Council on Developmental Disabilities and Integration Subcommittee of the HB 144 Commission
- The Arc of Kentucky
- Brain Injury Association of Kentucky (BIAK)
- The Arc of Central Kentucky and the Autism Society of the Bluegrass

Forum Presentation Overview

CMS adopted new regulations for Home and Community Based Services (HCBS) waivers which will apply to all of Kentucky's 1915(c) waivers.

Topics Covered:

Implementation Timeline

- CHFS will implement these federal rules in two rounds to allow providers ample time to come into compliance
 - First round: **November 2015**
 - Second round: **January 2019**

Person-Centered Planning Process Requirements

- Individual leads the process, when possible
- Individual has the information to make informed choices
- Includes a method for the individual to request updates
- Includes strategies to resolve conflict

Person-Centered Service Plan Requirements

- Reflects individual's needs, strengths, preferences, and goals
- Reflects services and supports to meet the individual's needs
- Reflects risk factors and measures to minimize them
- Be distributed to the individual and all people involved

Forum Presentation Overview

CMS adopted new regulations for Home and Community Based Services (HCBS) waivers which will apply to all of Kentucky's 1915(c) waivers.

Topics Covered:

Conflict-Free Case Management

- A provider (including any entity that has a business interest in the provider) who renders case management to an individual must not also provide waiver services to that same individual, unless a geographic exception is allowed
- CHFS is developing a transition plan for affected individuals

Residential Setting Requirements

- Individual has a legally enforceable lease agreement
- Individual has privacy in their living unit
- The setting is physically accessible to the individual
- Individual has choice of roommates and visitors at any time

All Setting Requirements

- Individual is integrated and has full access to the community
- Individual selects both the setting (location) and provider
- Individual has rights of privacy, dignity, and respect
- Individual has autonomy in making life choices

HCBS Federal Final Rules Overview

The Centers for Medicare & Medicaid Services (CMS) implemented new regulations for Medicaid's 1915(c) Home and Community-Based Services (HCBS) waivers on March 17, 2014. Key elements of the rule include:



PERSON-CENTERED SERVICE PLAN

The service plan must reflect the needs identified through an assessment, as well as the individual's strengths, preferences, identified goals, and desired outcomes

CONFLICT-FREE CASE MANAGEMENT



Providers of HCBS waiver services for the individual must not provide case management for that same individual, except if they are the only willing and qualified provider within 30 miles of the participant's residence



PERSON-CENTERED PLANNING

Individual leads the process to the maximum extent possible and is provided information and support to make informed choices regarding his/her services, as well as choice of providers

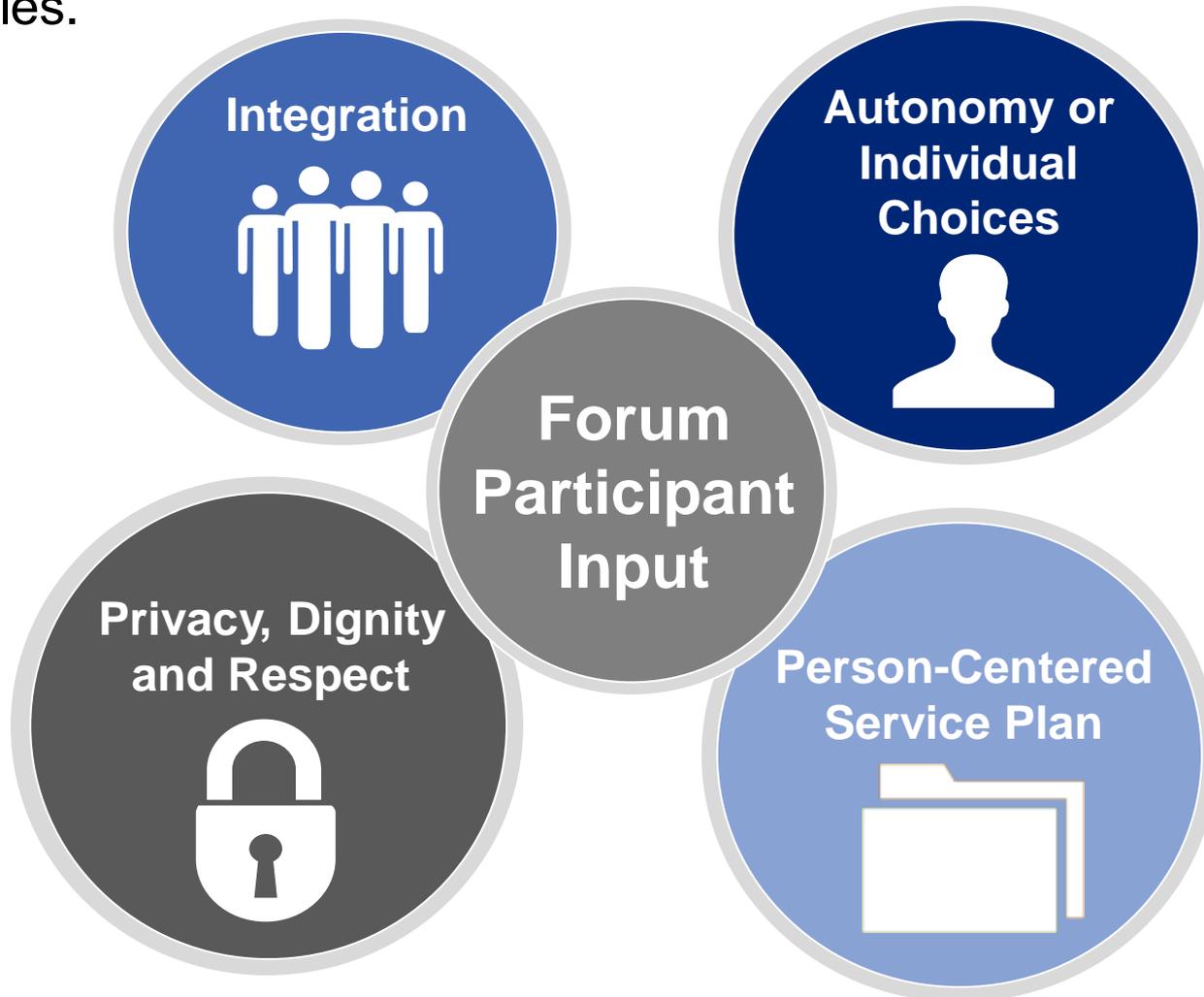


PROVIDER SETTINGS

The setting is integrated in and supports full access of individuals receiving HCBS to the greater community, giving the individual initiative and independence in making life choices

Forum Participant Input

After presenting the overview of the federal HCBS requirements, CHFS asked forum participants to provide input on four key elements of the federal rules.



Forum General Themes

Attendees at each forum welcomed the presentation and were eager to provide input.

Forum Participant/Input Themes:

Attendance

- Great attendance at most locations
- Consisted of participants, families, advocates, and providers
- Requested that all input be from the perspective of the individual, rather than providers

Themes

- Some theme variation from location to location
- Many common themes across locations
- Received many long-term suggestions
- Received suggestions about procedures as well as policies

Forum Key Themes

Key input themes regarding the main elements of the federal rules emerged across multiple forums.

Key Themes:

Integration

- Transportation is key to enabling participants to access the community
- Education is needed (for participants, case managers, and the public) regarding integration opportunities and resources
- There is a need for increased employment opportunities for participants and education for employers
- Transitions (for example, from school to work) can be problematic and need additional attention
- Integration of students with disabilities in schools continues to be an issue
- Flexible resources are needed to support medically fragile members in community integration
- Adequate support (financial, emotional, etc.) is needed to enable community integration for participants
- Integration may be difficult in rural areas where there are few community opportunities

Forum Key Themes

Key input themes regarding the main elements of the federal rules emerged across multiple forums.

Key Themes:

Autonomy/Individual Choices

- Technology is a promising tool to enhance independence and integration
 - Need more technology training for professionals
 - Need easier access to technological solutions
 - Technology should be used to its maximum effectiveness
- Individual choice is dependent on having adequate staff
 - Need more training and increased pay for direct service providers
 - Need more CLS workers; some consumers are concerned that allowable CLS hours will be decreased
- There is a need for better information about options to support informed choice

Forum Key Themes

Key input themes regarding the main elements of the federal rules emerged across multiple forums.

Key Themes:

Privacy, Dignity, and Respect

- There is a problem with consistency in interpreting regulations and documentation requirements
- Consumers feel that they are over-protected and want more independence
 - Balance between safety and independence
- Complaint processes for consumers and family members should be clear and widely publicized

Person-Centered Service Plan

- Flexibility in services is needed to achieve a true person-centered service plan
- Workshops provide an important service and should be continued

Follow-up Process

The HCBS Federal Rules Work Group has been working through the following actions to ensure that consumer concerns are addressed:

Took notes on suggestions relevant to final rules at each forum

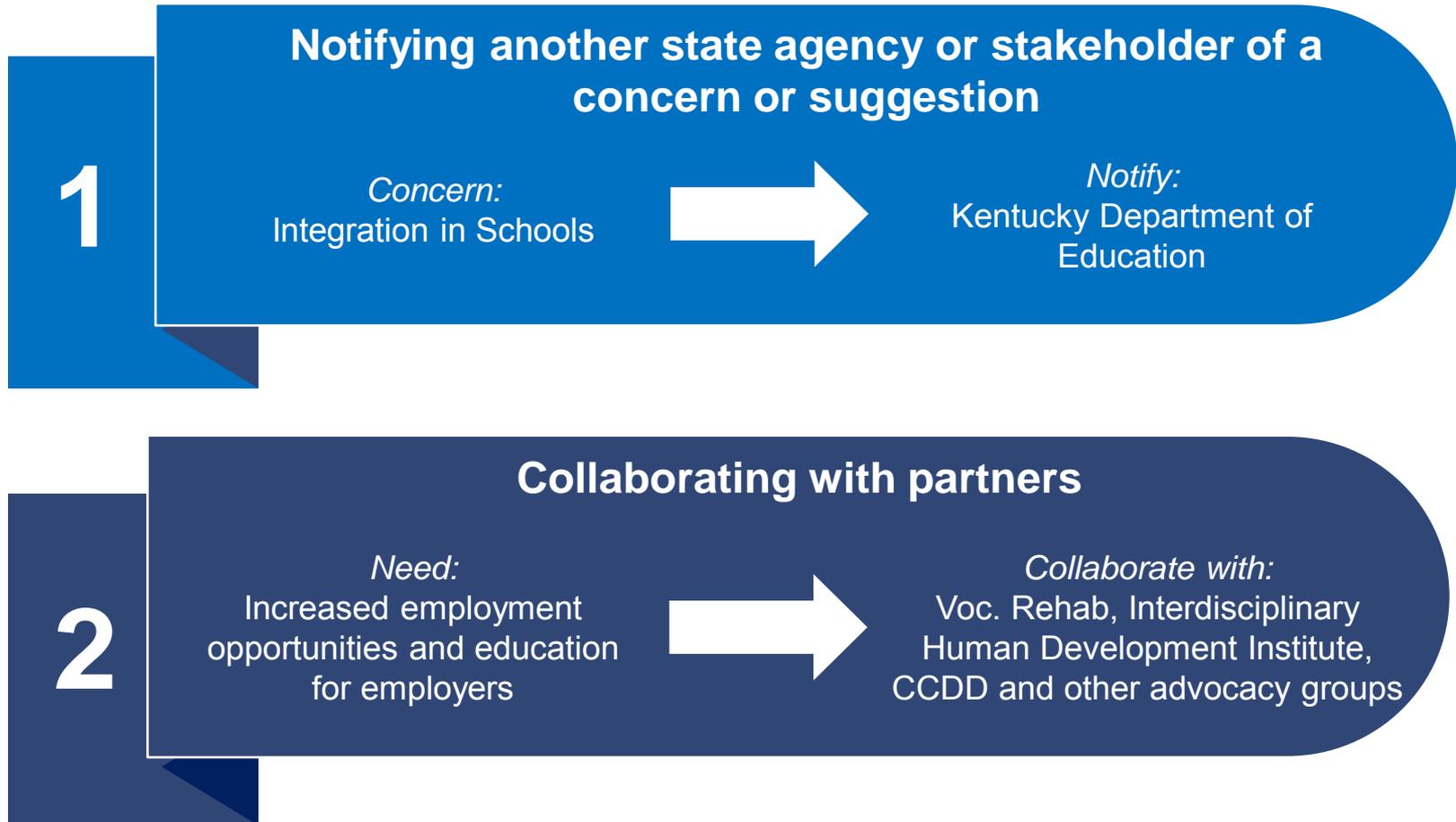
Identified key themes at each forum

Reviewed all suggestions from all forums to identify additional key themes

The workgroup is currently reviewing key themes and brainstorming potential policy or program improvements to address these themes.

Follow-up Process: Next Steps

The workgroup has brainstormed a variety of potential approaches to address key themes identified at the consumer forums.



Follow-up Process: Next Steps

Potential approaches (continued):

3

Changing a process within DMS or enhancing outreach and education

Need:
Flexibility in order to achieve person-centered services



Action:
Offer provider training on potential models for individualized planning, in collaboration with provider associations

4

Changing a policy within DMS

Need:
Increased transportation



Policy Change:
Consider revising waiver regulations to allow broader access to transportation services

After the workgroup completes its review of key themes and brainstorms potential improvements, it will forward recommendations to Department and Cabinet leadership for consideration.

CHFS HCBS Federal Final Rules Workgroup



Waiver staff representing various departments across the CHFS comprise the HCBS rules workgroup that will be implementing the key activities outlined in the transition plan.

Key Workgroup Activities

Completed

- Submitted statewide transition plan to CMS; submitted minor revisions to plan after receiving CMS comments
- Drafted HCBS rules language changes to include in revised regulations
- Developed stakeholder engagement strategy to seek input from participants and providers
- Presented overview of HCBS rules to participants and providers at various meetings
- Created and distributed compliance plan templates to providers to complete
- Submitted HCB waiver renewal to CMS
- Posted SCL waiver renewal for public comment

Upcoming

- Update monitoring tools for provider reviews that comply with HCBS final rules
- File amended regulations for each waiver
- Receive approval of statewide transition plan from CMS
- Submit ABI, ABI-LTC, and MPW waiver amendments to CMS
- Evaluate provider compliance plan templates and adjust providers' compliance categories, as needed

Federal HCBS Rules: Key Dates

The following timeline highlights key dates for Federal HCBS rule changes in waiver applications, amendments, and regulations.

	Waiver Application			Regulation	
	Public Comment	Due Date to CMS	Effective Date	Expected Submission Date	Effective Date
ABI	6/29/15 to 7/29/15	Amendment: 8/1/15	11/1/15	5/2015	11/2015
ABI-LTC	6/29/15 to 7/29/15	Amendment: 8/1/15	11/1/15	5/2015	11/2015
HCBS*	4/10/15 to 5/10/15	Renewal: 4/1/15	7/1/15	Emergency: 7/1/15	7/1/15 HCBS Rules: 11/2015
MPW	6/29/15 to 7/29/15	Amendment: 8/1/15	11/1/15	5/2015	11/2015
MIIW	5/30/15 to 6/29/15	Renewal: 7/1/15	10/1/15	5/2015	11/2015
SCL	4/29/15 to 5/29/15	Renewal: 6/1/15	9/1/15	5/2015	11/2015