



Guiding Principles for KanCare 2.0

Core Principles:

- It is significantly important to Kansas hospitals that a “Kansas-based” solution is reached on expansion.
- KanCare 2.0 will be a statewide demonstration program that will provide coverage through the KanCare program for all individuals below 138 percent of the Federal Poverty Level.
- KanCare 2.0 will utilize the 100 percent federal match through 2016. Beginning in 2017, the State of Kansas will be responsible for the state’s portion of KanCare 2.0.
- Dedicated funding sources should be used to help offset the state's financial share of KanCare 2.0.

Key Policy Provisions in Concept Paper:

- Use of Premium Assistance for those who have access to employer sponsored insurance;
- Use of high deductible health plan model, in conjunction with a funded health savings account, to empower beneficiaries to become better consumers and access services at the right place and the right time;
- Beneficiary contributions would be required for those individuals above 100% FPL, subject to a lock-out period for non-payment and optional for those below 100% of the FPL;
- Cost-sharing for those who do not participate in the health savings accounts who fall under 100% FPL – again, to promote the use of services at the right place and right time;
- Incentives for healthy behaviors – use of preventive services like prenatal care, blood sugar monitoring, and cholesterol monitoring, etc. – that include roll-over of health savings account balances to reduce the required contribution for the following year;
- Incentives for participation in job search and training;
- Incentives for participation in adult education for those who do not yet have either a high school diploma or GED;
- Assistance and incentives for seeking a disability determination where appropriate and assistance with assistive technology where it is not;
- Focus on continuing health delivery reform initiatives, such as improving health status and quality of care, promoting patient centered medical homes, reducing emergency department utilization, increase use of prenatal care, and reduced infant mortality rates;
- Dedicated funding sources will be sought to help offset the state's financial share of KanCare 2.0.
- Provision opting out of expansion if the federal match rate drops below 90%.