

JUNE 2024

KMAP GENERAL BULLETIN 24118

KDHE Announces KanCare Managed Care Organizations Contracts

The Kansas Department of Health and Environment (KDHE) has announced the selection of three Managed Care Organizations (MCOs) that will serve the Kansas Medicaid program, known as KanCare, from January 1, 2025, to December 31, 2027. The KanCare program currently serves 458,000 individuals throughout the State. The contracts include two incumbents, Sunflower Health Plan and United Healthcare Community Plan, and one new organization, Healthy Blue.

“I would like to thank all of the bidders, and everyone involved in the development of the Request for Proposal (RFP) and new contract over the last year,” **KDHE Secretary Janet Stanek said.** “This was a major team effort, with a constant focus and alignment on achieving our vision for KanCare ‘Partnering together to support Medicaid members in achieving health, wellness and independence for a healthier Kansas’. We look forward to our continued collaboration with the MCOs.”

The MCOs were selected from a pool of seven candidates who submitted bids during the RFP process that began in October 2023, and concluded May 14, 2024.

“I would like to especially thank all of the members, providers, advocacy organizations and associations who provided feedback on ways to improve the KanCare program before the RFP was written,” the **Kansas Department of Aging and Disability Services (KDADS) Secretary Laura Howard said.** “That feedback was invaluable and is reflected in many of the key enhancements we incorporated into the RFP.”

Some of the key improvements in the new contracts include:

- Educating, engaging, incentivizing and empowering members to achieve personally defined health goals.
- Enhancing care coordination to ensure timely access to needed services, continuity of care, successful care transitions and improved member outcomes.
- Improving prenatal and postpartum care, including requirements for maternity care coordination.
- Increasing the recruitment and retention of providers.
- Expanding access to services in rural and frontier areas.

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The selection process was extensive and included a multi-step review conducted by several teams of staff members with subject matter expertise, experience in and knowledge of the Kansas Medicaid system. Stakeholders, including plan members, providers, legislators and community-based organizations, provided input that was the impetus for most RFP requirements.

At this time, current KanCare members do not need to take any action. Members who are currently enrolled in an MCO that was not selected will be contacted soon about their options to select another MCO.

For more information about KanCare, visit kancare.ks.gov. The evaluation results and the finalized contracts will soon be posted on the [Kansas Department of Administration's website](#).

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