KanCare Meaningful Measures Collaborative (KMMC) Meeting
Wednesday, June 22, 1:00PM-2:30PM

Attendees: Aaron Dunkel, Anna Purcell, Annette Graham, Audrey Dunkel, Audrey Schremmer, Beth Nech, Carrie Wendel-Hummell, Elizabeth Calhoun, Steve Gieber, Jean Hall, Kari Bruffett, Kim Anderson, Kyle Kessler, Lucia Jones Herrera, Lynn Valdivia, Miranda Steele, Michele Sumpter, Sarah Fertig, Sarah Good, Scott Wituk, Tami Allen, Tiffany Uhlenhake, Vincetta Baker, Wen-Chieh Lin

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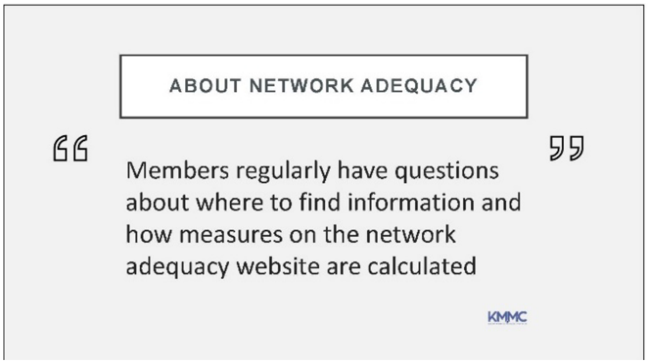
KanCare Update

Sarah Fertig gave an update on KanCare 3.0. The KanCare RFP has been blocked by HB2387, a bill to extend the current KanCare contracts and require the Medicaid program to have legislative approval for all changes to the Medical Assistance Program. Steve Gieber asked Director Fertig if the law bars the state from researching additional options outside of MCOs. Sarah stated the law does not restrict researching additional options. Sarah also reported KDHE has hired a new KanCare communications employee who will be developing and assisting with KanCare communications.

Reviewing Consumer Engagement Toolkit

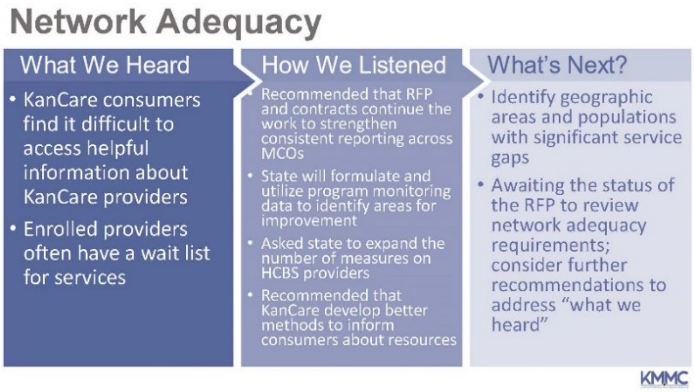
The discussion moved to Miranda Steele to cover the Communication and Outreach Toolkit. Miranda reminded the group this document is meant to aid in ongoing, multi-directional communication about KMMC's stakeholder engagement and the recommendations submitted to the State. Miranda shared a selection from the toolkit PowerPoint, using Network Adequacy as an example.



ABOUT NETWORK ADEQUACY

"Members regularly have questions about where to find information and how measures on the network adequacy website are calculated"

KMMC



Network Adequacy

What We Heard
- KanCare consumers find it difficult to access helpful information about KanCare providers
- Enrolled providers often have a wait list for services

How We Listened
- Recommended that RFP and contracts continue the work to strengthen consistent reporting across MCOs
- State will formulate and utilize program monitoring data to identify areas for improvement
- Asked state to expand the number of measures on HCBS providers
- Recommended that KanCare develop better methods to inform consumers about resources

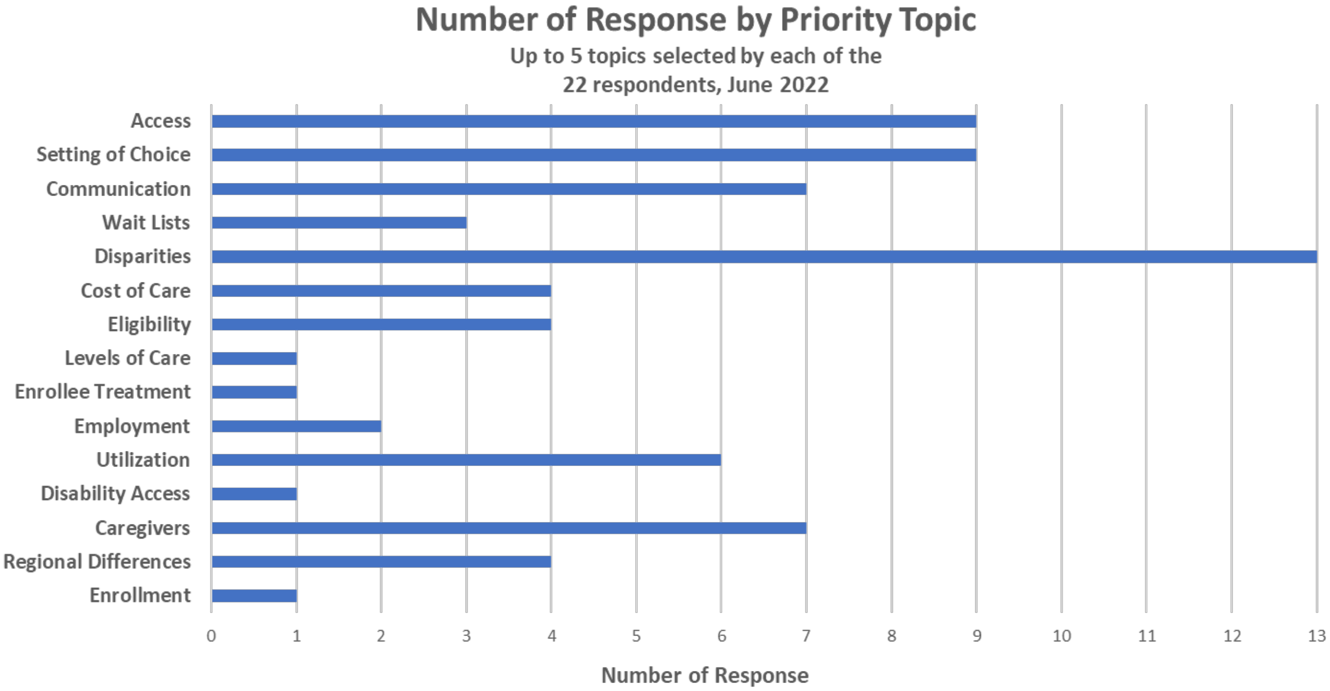
What's Next?
- Identify geographic areas and populations with significant service gaps
- Awaiting the status of the RFP to review network adequacy requirements; consider further recommendations to address "what we heard"

KMMC

The document will have a standard set of branded slides with starter text around the seven topics. It is important to let consumers and other stakeholders know that their voices were heard during the engagement sessions, that KMMC provided state partners with the results of its efforts, and that KMMC will continue to follow up on next steps related to its recommendations. The task team is currently in the process of reviewing the slides with each of the task leads for the topic areas for additional feedback. Once this is complete, the team will review with the Executive Committee for approval and send to the whole collaborative. Director Fertig asked to make sure she gets a copy for her staff as well.

Selecting the Next Priority Topics

The discussion moved into the next round of priority topics the committee would like to focus on. Prior to the meeting, a survey was sent to all members asking them to prioritize up to five topics based on importance of the issue and the feasibility of assessing the measures related to the topic. The list included topics that the stakeholders identified as important but were not included in the first two cycles. Wen-Chieh Lin walked the group through the survey results.



After the review of the results, the members selected to start the discussion with Access and Disparities. The two additional topics with the highest votes included Setting of Choice and Caregivers. The group split into two breakout groups to discuss the topics further.

Each of the groups were asked three questions to address for each of their topics. The first question relates to the language/question as originally asked. The group was asked if the question should be restated for clarification or updated to incorporate new information. To help the Data Resources Working Group, the group was asked if it could identify potential data sources to address the question. The final question related to whether measures that will be identified or developed would be actionable in 1-3 years, or 3+ years.

Group 1: Setting of Choice & Caregivers

Setting of Choice:

Does KanCare improve enrollees' ability to live independently in the community setting of their choice?

Language Review: Should the question be restated for clarification or updated to incorporate new information?

- Remove the word *independently.*
- Are they living where they choose to live? Keeping *community setting*.
- Most critical is keeping *setting of choice*, making sure that consumers know that they have a choice and that they can access the supports needed to help return to the community/stay in the community.
- Make sure they are provided the choices – access to the information – and that an array of services are available.

Data Sources: To help the Data Resources Working Group, can you identify potential data sources to address the question?

- MCO data (enrolled providers, services provided, location, county served)
- Data about transitions to/from hospital, nursing home, community
- Claims data
- Community developmental disability organizations (CDDOs)
- Centers for Independent Living (CILs)
- Aging and Disability Resource Centers (ADRCs)
- Nursing home assessment Minimum Data Set (MDS)

Feasibility: Would the measures that will be identified or developed be actionable in 1-3 years, or 3+ years?

- Short term

Caregivers:

Understanding how Kansas accounts for caregivers and the level of support they provide is important, as caregiving responsibilities can keep some individuals from pursuing other employment. Understanding the cost benefit provided by caregivers will be important, even if they are not paid directly by the state for the care they provide. Further, looking at the benefit provided by caregivers would encourage the state to take a broader look at families overall, and not just the individual Medicaid member.

Language Review: Should the question be restated for clarification or updated to incorporate new information?

- What is the cost benefit provided by caregivers, both paid/un-paid/non-paid?
- What is the cost to family serving as caregivers in terms of earning potential, stress or other factors?
- What is driving the shortage of paid caregivers and how can we overcome?

Data Sources: To help the Data Resources Working Group, can you identify potential data sources to address the question?

- HCBS Claims
- *Authenticare*

Group 2: Access & Disparities

Access:

Where re KanCare services provided, and to which consumers? What are the outcomes associated with individuals who cannot access care?

Disparities:

Does KanCare reduce disparities related to health outcomes? (e.g., geography, race/ethnicity, disability type)

Language Review: Should the question(s) be restated for clarification or updated to incorporate new information?

- What are reasons for issues with access to care?
- Are services of interest available to KanCare members who need them?
- What are disparities experienced by KanCare members?
- How do these disparities have impacts on access to care?
- Group pointed out that outcomes should be identified first for the task groups to focus on.
- Examples of factors to be considered include rurality, transportation and type of disability.

Data Sources: To help the Data Resources Working Group, can you identify potential data sources to address the question?

- HEDIS measures and Quality Compass benchmarks
- P4P measures
- CAHPS
- NCI-AD
- NCQA LTSS accreditation requirements
- KanCare claims data
- Census data
- Community indexes

Feasibility: Would the measures that will be identified or developed be actionable in 1-3 years, or 3+ years?

- Existing measures from several potential data sources mentioned above could be considered for outcomes of interest. However, they might not fully cover questions on disparities and access to care.
- Combined use of data sources would help us better understand the issues.

Discussion

The groups met again to recap each session and discuss the next steps. One question asked of Group 1 was about the suggestion to remove the word “independently,” as supporting independence has been integral to the work of advocates for people with disabilities. There was discussion that interdependence is being recognized more often in current discourse. There was no clear resolution related to how the word “independence/independently” should be used in research questions.

The material and meeting minutes from today's meeting will be compiled by KHI and sent to all members. The next steps and topics will be discussed by the Executive Committee at its meeting in July.

Adjourn