**KanCare Meaningful Measures Collaborative (KMMC) Meeting**
**Friday, March 1, 2019, 1:00PM-4:00PM**
**Kansas Health Institute (KHI)**

# KMMC Agenda

1:00PM Comments from Governor Laura Kelly

1:10PM KMMC (Committee of the Whole)
- Discuss proposed meeting dates for the remainder of 2019:
  - Friday, May 17, 1PM-4PM
  - Friday, July 12, 1PM-4PM
  - Friday, September 6, 1PM-4PM
  - Friday, November 1, 1PM-4PM
- Review KMMC process (page 2, *Figure 1*)
- Review working group agendas

1:30PM Breakout sessions to discuss selected domains/research questions (page 3)

2:50PM *Break*

3:00PM Working Group Meetings
- Stakeholder Working Group: Big Bluestem
- Data Resources Working Group: Large Meeting Room on 3rd floor

4:00PM Adjourn

## Zoom Information

For those who cannot attend the meeting in person, you may join the meeting via the following Zoom meeting information:

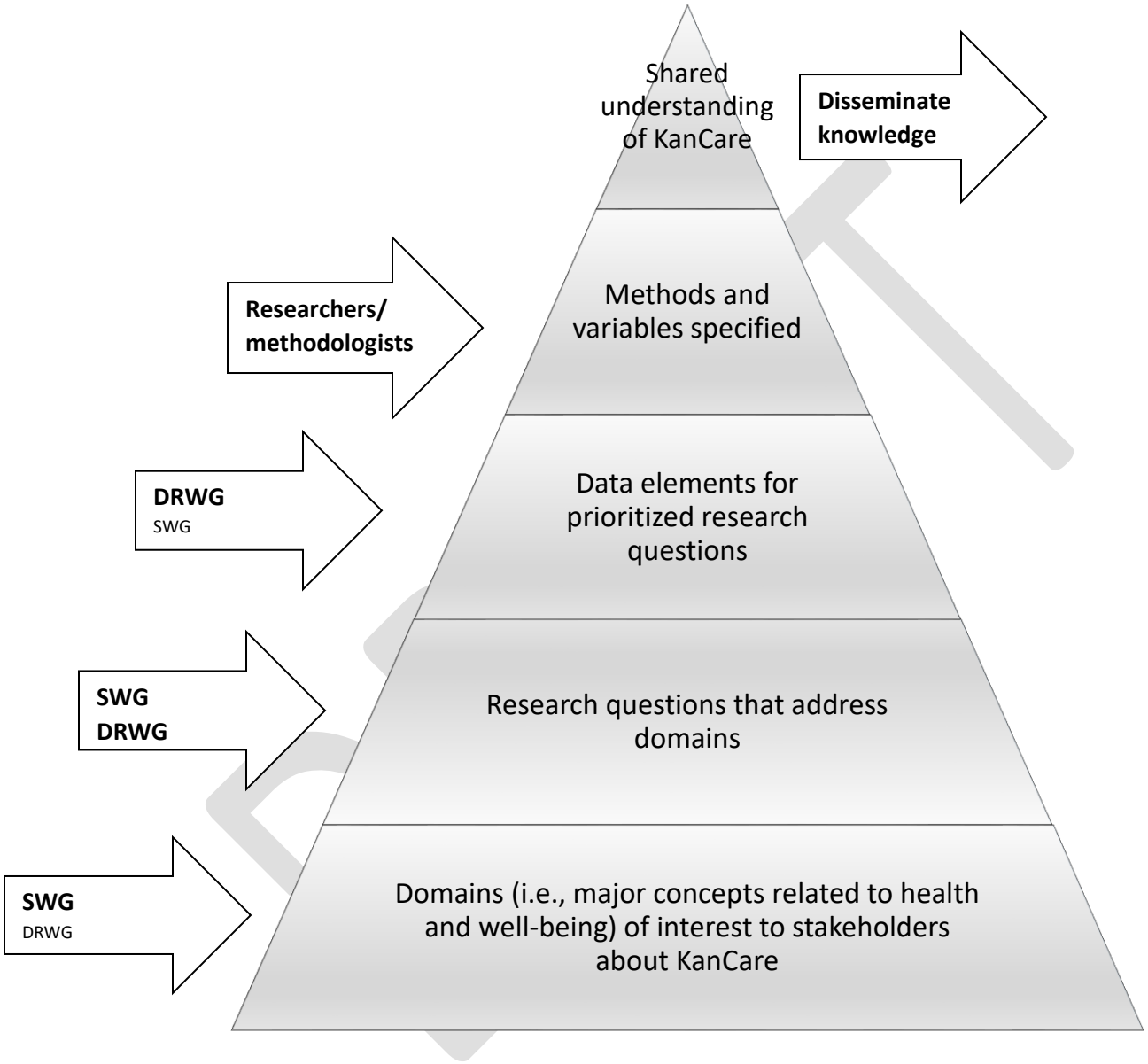
**KMMC meeting information:** Please use the following information to join the KMMC (Committee of the Whole) meeting at 1:00PM
- To join using your computer: https://khi.zoom.us/j/396965405
- To join using your phone: (929) 205-6099 (Meeting ID: 396 965 405)

**SWG meeting information:** Please use the following information to join the SWG at 3PM
- Same as KMMC information, listed above.

**DRWG meeting information:** Please use the following information to join the DRWG at 3PM
- To join using your computer: https://khi.zoom.us/j/862727985
- To join using your phone: (929) 205-6099 (Meeting ID: 862 727 985)

All meeting materials will be posted prior to the start of the meeting at KMMCdata.org.

***Figure 1.*** KMMC Process




Note: DRWG stands for "Data Resources Working Group." SWG stands for "Stakeholder Working Group." The arrows to the left of the pyramid indicate parties responsible for that part of the process, with the name of dominant party bolded.

**Prioritized Domains and Corresponding Research Questions**

The following domains (Access to Care, Coordination of Care, Social Determinants of Health) were prioritized by the Stakeholder Working Group via an online survey. Each domain has 10-15 draft research questions, which require further discussion and prioritization. The Data Resources Working Group can assist in these discussions, such as by providing information on available data sources. After refinement and prioritization by the Stakeholder Working Group, research questions will be passed to the Data Resources Working Group. These are not the only domains and research questions of interest to the Stakeholder Working Group but are a starting point for discussion.

**Domain 1: Access to Care**

1. How is network adequacy reported? How does reported adequacy relate to individuals' experiences accessing care?
2. What is the percentage of individuals in different counties on home and community based services (HCBS) waivers over time?*
3. How do results provided in the Mental Health Survey correlate to services provided?
4. Have levels of care for individuals in nursing facilities changed pre-KanCare compared to post-KanCare?*
5. How do beneficiaries manage if they are not receiving services? (e.g., waiting lists)
6. Screening, Brief Intervention, and Referral to Treatment (SBIRT): Look at adequacy of network related to utilization - are people able to receive services, including specialty services - close to home?
7. What percentage of individuals receiving Home and Community Based Services (HCBS) report access to adequate health and dental services?
8. Cultural knowledge of medical providers?
9. Equity of care?
10. How does access to care in Kansas compare to other state Medicaid plans? How does reimbursement in Kansas compare to other state Medicaid plans?
11. What is the true network adequacy for providers serving KanCare?
    - For example, how many dentists do we truly have that provide dental services to individuals on KanCare? What is the available panel spots for patients seeking care - do they really have choice?
        - Do we have sufficient Behavioral Health Consultants to meet the full need - and if not, why are plans not willing to credential new providers because their "networks are full?"
12. Do patients have access to the care/services they need within the area as required by network adequacy. The number of available panel spots for patients seeking care. Do all patients have choice? Do MCO limits on credentialing providers (behavioral health) limit access to care?
13. What is the vacancy rates on plans of care? For example, 60 hours of services approved each week but only 30 covered. Factors related to the vacancy?
14. The UB-04 claim might be helpful in identifying a number of issues, including access to care. The source of admission (did the patient walk in, were they brought in by ambulance, etc.) and the discharge disposition (did the patient go home, were they transferred to another facility, did they go to a nursing home, did they go to a psych facility, etc.) might be used to help identify access issues. Is the source of admission or the discharge disposition a field that is included in the encounter data that the MCOs report to KDHE?

* Note: In the survey, some stakeholders expressed concern over phrasing of questions that include statements like “over time” and comparisons of pre-KanCare versus post-KanCare. Assessing potential bias in research question language will be important during discussion.

**Domain 2: Coordination of Care**

1. Who is helping children/youth with behavioral health conditions receive services, such as getting into psychiatric residential treatment facilities (PRTF)?
2. Who is assisting individuals with significant disabilities and/or seniors on HCBS to complete Medicaid annual reassessments? How many individuals receiving HCBS fail to complete reassessments in a timely manner?
3. What KanCare populations receive coordination of care services? Who makes that determination? Do MCOs limit member access to waiver programs?
4. I think there are a lot of questions surrounding coordination of care, especially with regard to LTSS (re: I/DD waiver). Is coordination of care best implemented on an MCO level or on a local level via Targeted Case Manager like in the I/DD waiver?
5. How many and for what reasons are people re-admitted to the hospital for the same health event? How long does it take for an individual on Medicaid to be seen by their primary care provider post discharge from hospital, ED, specialty care, PT, etc.
6. Who is ensuring follow-up visits when transitioning between types of care (for example; inpatient, specialty care, or post-partum)?
7. How are cases coordinated for children’s and adults with multiple physical and mental health conditions?
8. What is the "help" that is being provided regarding PRTF admission and continuing service therein?
9. It might be important to determine how many of the youth with behavioral health conditions are in state custody (DCF/Corrections) and who helps coordinate THOSE services vs. youth with behavioral health conditions NOT in custody, etc.
10. Who helps an elder if they want to leave an institution?

**Social Determinants of Health (SDOH)**

1. Does KanCare/HCBS support community involvement and social supports?
2. How do social determinants of health (e.g., income and social status, employment and working conditions, education and literacy, childhood experiences, physical environments, social supports and coping skills, healthy behaviors, access to health services, biology and genetic endowment, gender, and culture) impact health outcomes/treatment/enrollment/etc.?
3. Do enrollees have access to safe housing?
4. Do enrollees need help finding work (combine social determinants with employment domain)?
5. Do enrollees have access to a network of caring friends or family? If not, what would help?
6. What data are being collected for SDOH? How do providers use the data to support provision of health care? What about the health plans? KanCare - at the state agency level? Are there differences in rates/frequencies for various SDOH by region of the state, rural/urban, etc.

7. What data are being collected as SDOH and how are the data being used to support patients in their care? Are there regional differences in data and how is this being communicated?
8. How available is transportation in your community to social activities, church, etc.? (In other words, not medical appointments)
9. How available is safe and affordable housing?
10. What housing data is available to compare to chronic condition metrics?
11. Financial hardships around older Americans who need services?

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**Stakeholder Working Group Prioritization Criteria**

The following criteria were developed by the Stakeholder Working Group to prioritize research questions. The intention was that each research question would be rated as low, medium or high for each criterion:

- Important to the Stakeholder Working Group
- Desire for more clarity on this issue
- Number of people impacted
- Level of impact on the consumer
- Fiscal impact to the state/taxpayer
- Actionability
- Important to consumers
- Regularly available information