KMMC Priority Measures Pilot:
Health Care Utilization, Eligibility Determination & Network Adequacy

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May 17, 2019

- Overview
- Health Care Utilization
- Eligibility Determination
- Network Adequacy

Overview

- Objective
  - Pilot the collaborative process
  - Identify and Describe Priority Measures to Achieve a Shared Understanding of the KanCare Program
- Process
  - Measures selected by the Stakeholder Working Group (SWG)
  - Methodology reviewed by the Data Resources Working Group (DRWG)
  - Summary of measures by DRWG
  - **Apply shared understanding to address research questions**

List of Pilot Measures

- Health Care Utilization
  - Home and community based services (HCBS)
  - Non-emergency medical transportation (NEMT)
  - Inpatient hospitalization
  - Emergency department visit
- Eligibility Determination
  - Family medical
  - Elderly and disabled
  - Long-term care
- Network Adequacy

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Health Care Utilization

▶ KANCARE PROGRAM UPDATES

KanCare Utilization

- Members are more likely to attend their appointments; Transportation up 60% compared to Pre-KanCare levels
- Costly inpatient hospital stays have been reduced by 20%
- Emergency Room use down by 6%

KanCare Utilization

Types of Service	KanCare (2017) vs. Pre-KanCare (2012)	2017 vs. 2016
Primary Care Physician	3%	3%
Transportation NEMT	60%	3%
Outpatient Non-ER	-8%	6%
Inpatient	-20%	3%
Outpatient ER	-6%	4%
Dental	-2%	-6%
Pharmacy	3%	5%
Long Term Care	2%	2%
Vision	12%	-2%
HCBS Services	2%	0%

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Health Care Utilization

- Derived According to the KanCare Utilization Report Criteria

- Based on Claims/Encounter and Eligibility/Enrollment Data

- Reported at the High Level with Aggregated Summary Statistics

KanCare Utilization Report Criteria

Utilization
HCBS – SED/DD/PD/FE/AU/TA/HI
Non-Emergency Medical Transportation (NEMT)
Inpatient
Emergency Room (ER)

Source: KanCare Utilization Report Criteria, Draft, November 15, 2018

KanCare Utilization Report Criteria

Utilization	Criteria
HCBS – SED/DD/PD/ FE/AU/TA/HI	**Waiver covered procedure codes & Beneficiary assigned to these waivers on the 1st date-of-service of claim detail**
NEMT	**Procedure code = (NEMT) & Place of Service code other than 41 or 42**
Inpatient	**Claim Type = A or I**
ER	**Claim Type = C or O & Revenue code = 450-459**

Source: KanCare Utilization Report Criteria, Draft, November 15, 2018

KanCare Utilization Report Criteria

Utilization	Criteria	Units Reported
HCBS – SED/DD/PD/FE/AU/TA/HI	Waiver covered procedure codes & Beneficiary assigned to these waivers on the 1st date-of-service of claim detail	**Unit**
NEMT	Procedure code = (NEMT) & Place of Service code other than 41 or 42	**Claims**
Inpatient	Claim Type = A or I	**Days**
ER	Claim Type = C or O & Revenue code = 450-459	**Claims**

Source: KanCare Utilization Report Criteria, Draft, November 15, 2018

Health Care Utilization, contd.

- Commonly Used Methodology
- Comparable Statistics from Other Sources/Places
  - ○ Mostly descriptive without risk/case-mix adjustment
- Information Presentation
  - ○ Include units reported in the presentation
  - ○ Overall vs. specific; cross-sectional vs. longitudinal
- Subgroup Analyses
  - ○ Existing variables (e.g., age, gender, region)
  - ○ Customized variables can be developed (e.g., high utilizers)
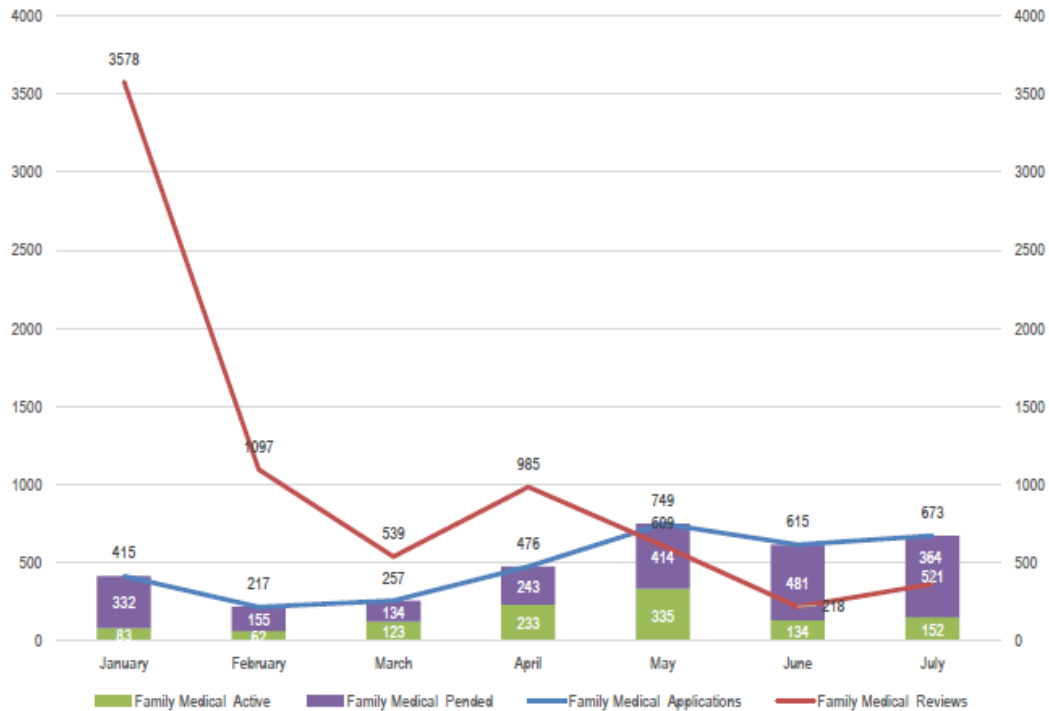 - ○ Need to avoid identifying an individual

Eligibility Determination

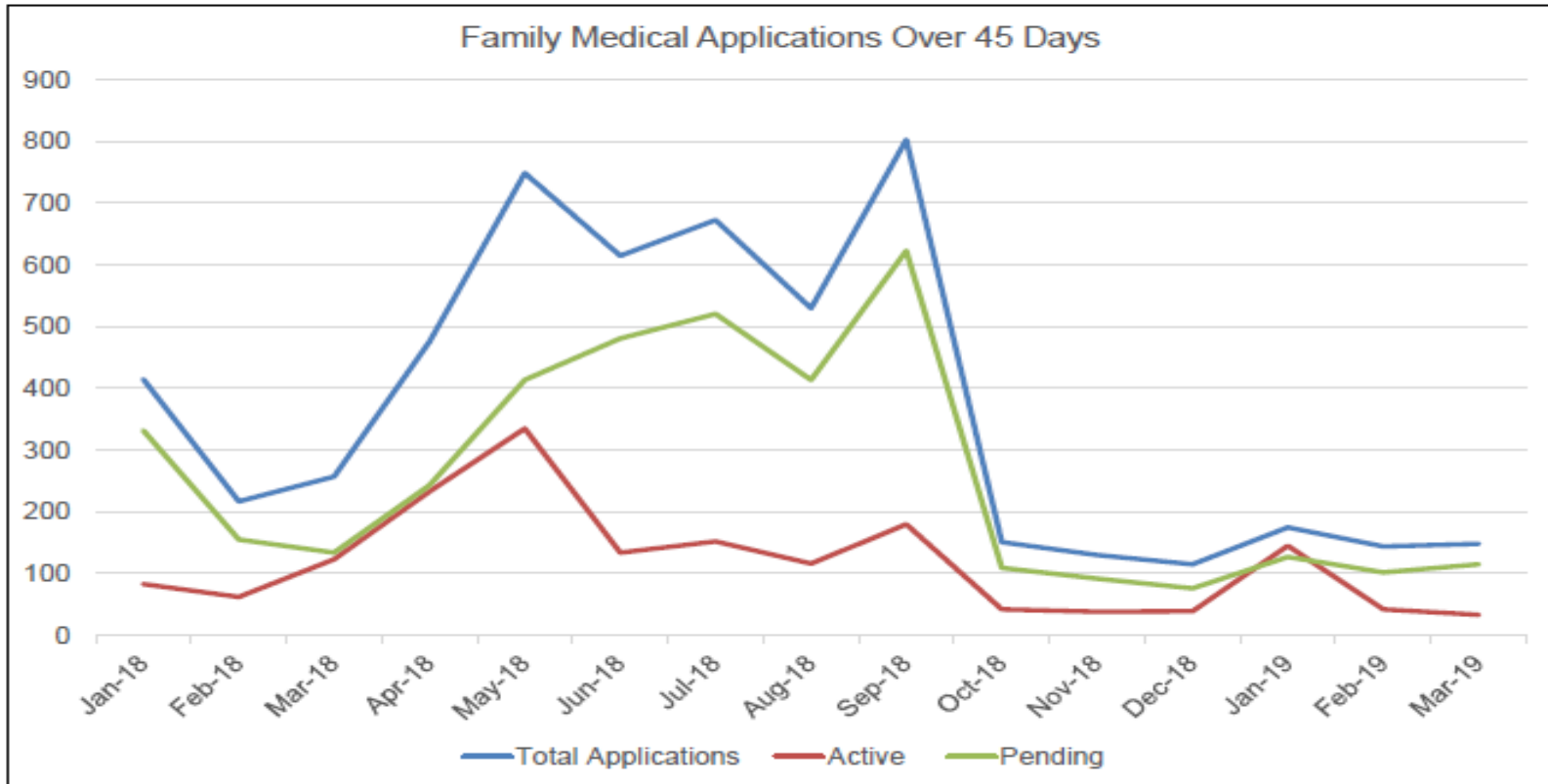Family Medical Applications and Reviews > 45 Days

Source: KanCare Update to the Robert G. (Bob) Bethell Oversight Committee, August 20-21, 2018

Eligibility Determination

- Annual Eligibility Determination and New Applications
  - Family medical, elderly and disabled, and long-term care
- Based on Data from the Kansas Eligibility and Enforcement System (KEES)
- Federal Regulation for Timely Determination of Eligibility
  - 90 days for applications on the basis of disability
  - 45 days for all other applications
  - Exceptions, e.g., missing information/documentation

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KanCare Update April 2019

Family Medical Applications Over 45 Days

Total Applications, Active, Pending

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Source: KanCare Update to the Robert G. (Bob) Bethell Oversight Committee, April 29, 2019

Eligibility Determination, contd.

- Active
  - Active applications > 45 days indicating the number of true backlog
- Pending
  - Pended applications > 45 days showing the number of exceptions per federal regulation
- Total Applications
  - The sum of Active and Pending

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Application Status

Over 45 days
- Active Status- applications ready to be processed
  - Family Medical – 36 (less than 1%)
  - Elderly & Disabled Medical – 86 (3%)
  - Long Term Care Medical – 93 (9%)
- Pending Status – applications waiting for information from applicant/provider/financial institution
  - Family Medical – 150 (3%)
  - Elderly & Disabled Medical – 314 (12%)
  - Long Term Care Medical – 153 (14%)

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Source: KanCare Update for the Robert G. (Bob) Bethell Oversight Committee, April 29, 2019

Eligibility Determination, contd.

- Federal Regulation Sets the Allowable Review Period (45 or 90 days)

- Comparable Statistics from Other States
  - Clearinghouse operation varies across states

- Information Presentation
  - Changed recently for reporting to the Bethell Oversight Committee in April 2019

- Subgroup Analyses
  - Currently three eligibility groups

Network Adequacy

Provider Network

| KanCare MCO	# of Unique Provider/ Locations as of 9/30/17	# of Unique Provider/ Locations as of 12/31/17	# of Unique Provider/ Locations as of 3/31/18	# of Unique Provider/ Locations as of 6/30/18
Amerigroup	25,396	27,107	29,066	26,544
Sunflower	31,506	31,168	27,441	27,433
UHC	30,610	31,247	31,259	30,819

NOTES:
Provider number reflects the number of unique providers per name, NPI and city. Since Kansas is a highly rural state with many providers serving in multiple clinic locales, this report reflects more accurately network capacity.

KanCare

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Source: KanCare Executive Summary to the Robert G. (Bob) Bethell Oversight Committee, August 20-21, 2018

Network Adequacy

- Established Network Adequacy Standards
  - CMS Toolkit for provider network adequacy
  - Environmental scan
  - Provider specialties and urban/rural areas
- Based on Provider Data Submitted by MCOs
- KanCare Network Adequacy Reporting, https://www.kancare.ks.gov/policies-and-reports/network-adequacy
  - 2019 GeoAccess Standards
  - MCO Network Access 4-30-2018

PROVIDER TYPE	INCLUDED PROVIDER SPECIALTIES	URBAN & SEMI-URBAN COUNTY (MILES/TRAVEL TIME)	DENSELY-SETTLED RURAL, RURAL & FRONTIER COUNTY (MILES/TRAVEL TIME)
(i) Primary care, adult and pediatric			
Adult Primary Care Providers (PCPs)	Any provider who is contracted as a PCP and has one of the following provider types/specialties: 316 - Family Practitioner 318 - General Practitioner 328 - Obstetrician/Gynecologist 344 - General Internist Any physician extender who supports a PCP in one of the above provider specialties and has one of the following provider type/specialties: 093 - Nurse Practitioner (Other) 100 - Physician Assistant Any provider who is contracted as a PCP (if not in specialties listed above, please note additional specialties that are included in the PCP map within the report narrative), such as: 080 - Federally Qualified Health Clinic (FQHC) 081 - Rural Health Clinic (RHC) 351 - Indian Health Services	20 Miles/30 Minutes	30 Miles/45 Minutes

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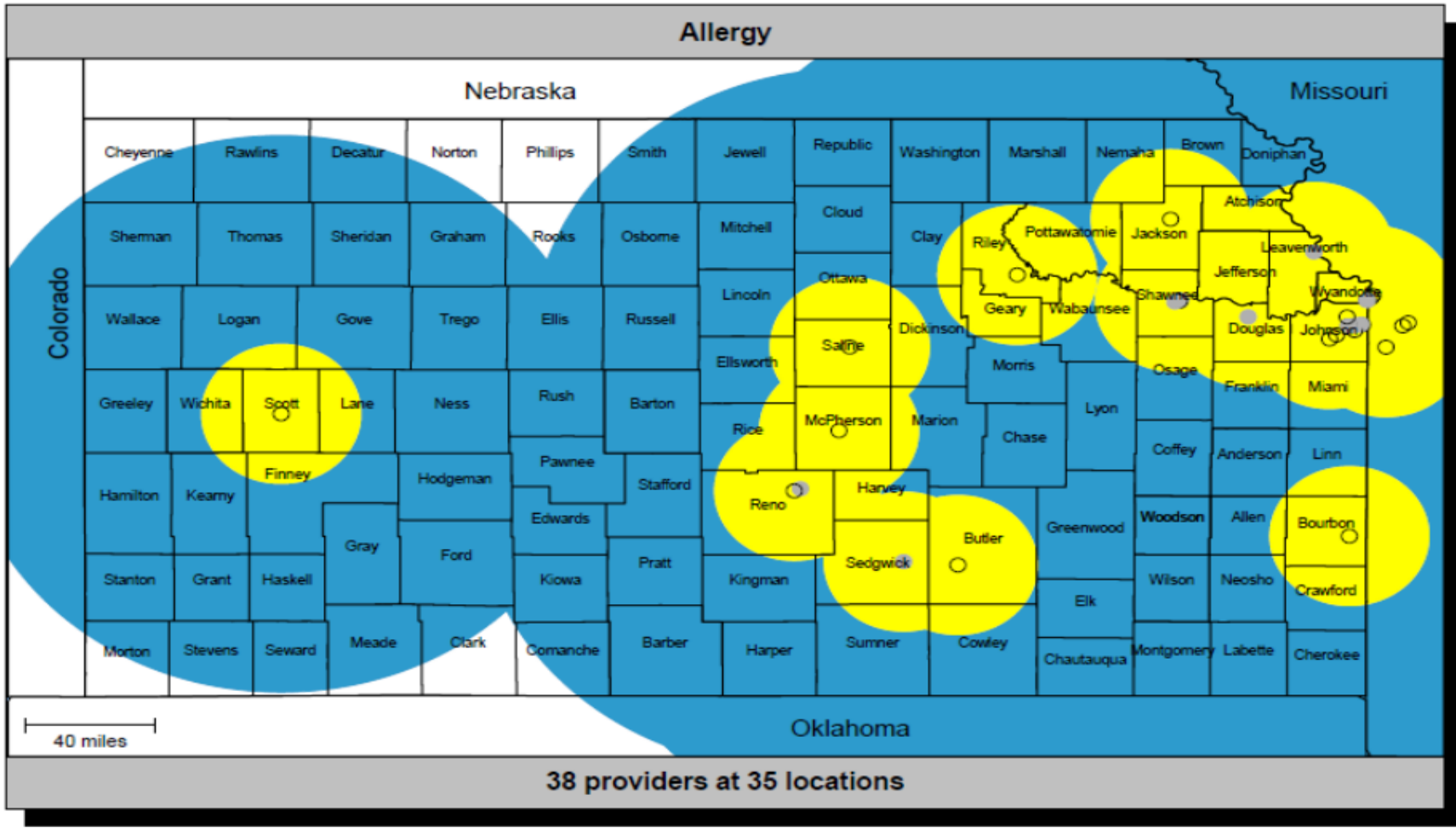# Sunflower Health Plan

Primary Care Providers

2,380 providers at 831 locations
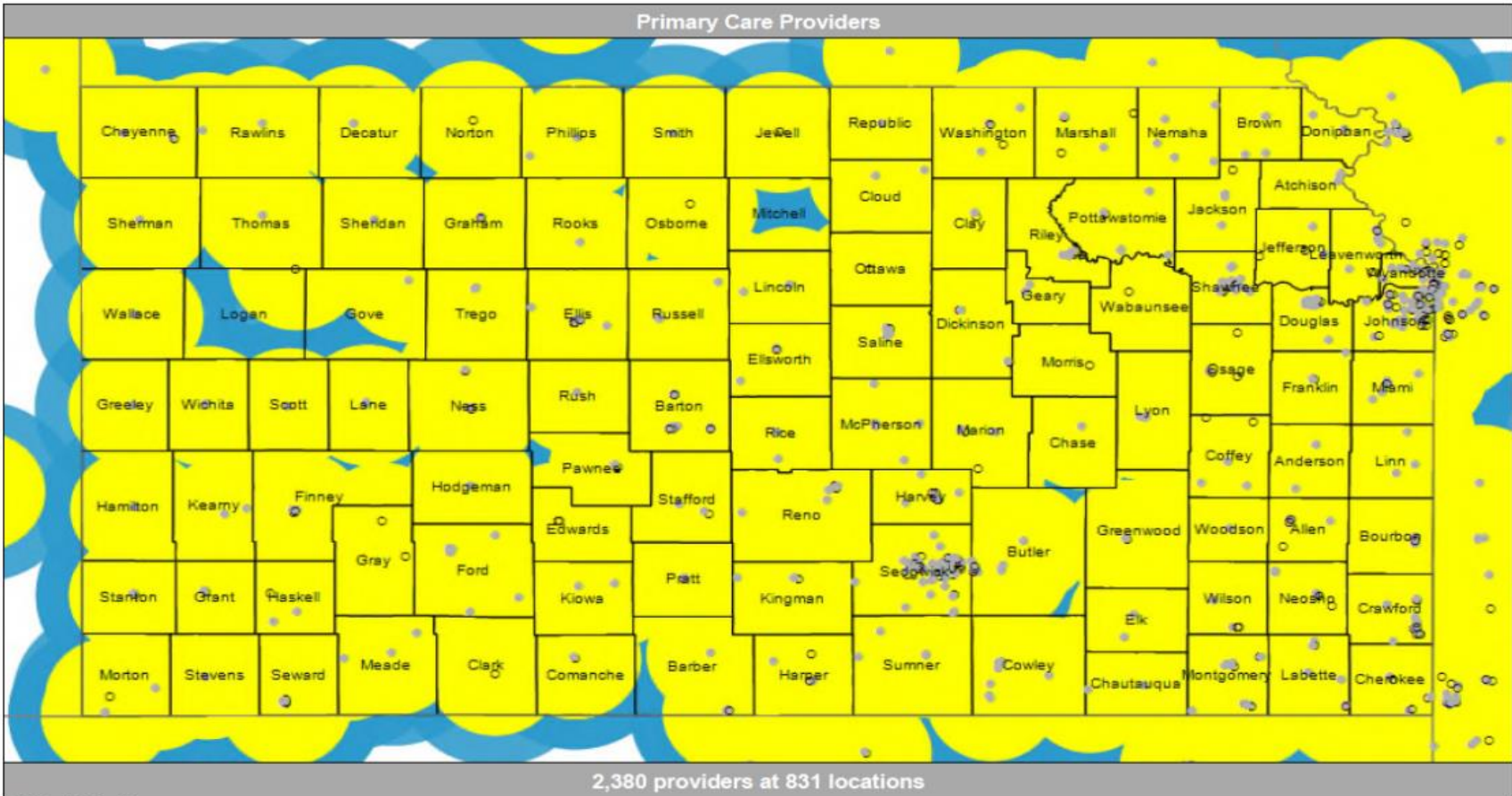
© 2018 Quest Analytics, LLC.
Primary Care Providers (PCPs) (NEW KS 50Plus)

2,380 providers at 831 locations
- ○ Single providers (242)
- ● Multiple providers (589)
  - ○ 20 mile radius
  - ● 30 mile radius

45.00 miles

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UnitedHealthcare

Allergy — Kansas map showing provider coverage by 25 mile radius and 100 mile radius. 38 providers at 35 locations.

○ Single provider locations (24)
● Multiple provider locations (11)

□ 25 mile radius
□ 100 mile radius

Source: MCO Network Access 4-30-2018, KanCare Network Adequacy Reporting, accessed May 15, 2019

Network Adequacy Monitoring Overview

State Monitoring Process

- Readiness OnSite Reviews
- Monitoring MCO Reporting (Network Reports, Customer Service, & Grievance and Appeals)
- Annual OnSite Reviews

External Quality Review Organization

- Annual KanCare Evaluation includes:
  - Data validation
  - Assesment of Network
  - Provider Availabilty
  - Appointment Availability
  - Recommendations

CMS Oversight

- Quarterly Standard Terms and Conditions reporting (includes EQRO findings)
- Annual Program Report (includes EQRO findings)
- CMS Technical Assistance, Guidance and Feedback.

Source: KanCare, Personal Communication, February 28, 2019

Network Adequacy, contd.

- Network Adequacy Standards
  - Developed by the state and approved by CMS
  - Internal and external monitoring and oversight activities
- Comparable Statistics from Other States
  - Geography varies across states
- Information Presentation
  - Significantly updated templates for Geographic Mapping Reports
- Subgroup Analyses
  - Provider specialties and geographic locations

THANK YOU

Any Questions or Comments?

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