

**KMMC Data Resources Working Group Meeting**  
**1:00PM-3:00PM, Large Conference Room (3<sup>rd</sup> Floor)**  
**KMMC Committee of the Whole Meeting**  
**3:10PM-4:00PM, Big Bluestem (1<sup>st</sup> Floor)**  
**Friday, November 16, 2018**  
**Kansas Health Institute**

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### **DRWG Agenda**

- 1:00PM      Welcome
- Recap Measure Review Tool and General Methodology Template
- Work on Measure for KanCare Utilization – Inpatient
- Pilot the Measure Review Tool
  - Pilot the Inpatient Utilization Methodology Template
- Plan for Remaining Measures
- KanCare Utilization – Transportation NEMT
  - KanCare Utilization – Outpatient ER
  - KanCare Utilization – HCBS Services
  - Reviews that take >45 days – Family Medical Applications and Reviews
  - Reviews that take >45 days – Elderly and Disabled Applications and Reviews
  - Reviews that take >45 days – Long Term Care Applications and Reviews
  - Network Adequacy (still need to determine what metric(s) to work)
- 2:25PM      Data Map/Inventory
- Additional data sources
  - Additional feedback
- 2:45PM      Plan for Report Out to SWG
- Comments and Questions for Stakeholder Working Group
- Next Steps
- Assign Measures to individuals/groups to work before end of the year
  - Next KMMC meeting December 19 from 1pm to 4pm at KHI
- 3:00PM      Break
- 3:10PM      KMMC Committee of the Whole (Big Bluestem, 1<sup>st</sup> Floor)
- 4:00PM      Adjourn

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### **Conference Line Information**

**DRWG conference line: (888) 226-0457**

- Please dial this line at 1:00PM to join the DRWG meeting.
- Access Code: no code required

## KMMC DRWG – Measure Review Tool

Measure Review Tool					
Measure	Describe data sources and methodology	Are the data sources and methodology used consistent with industry standards?		Are the best benchmarks being used for comparison?	
	<i>Please describe:</i>	Yes	No	Yes	No
<b>KanCare utilization by major service type</b> (Source: August 2018 KDHE update to the Bethell Committee, slide 1, “KanCare Program Updates: KanCare Utilization”)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<i>Please describe:</i>		<i>Please describe:</i>	
		<b>Are there alternative ways to present this information?</b>		<b>Is there an interest and ability to stratify the existing measure for subcategories or subgroups of interest?<sup>1</sup></b>	
		Yes	No	Yes	No
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<i>Please describe:</i>		<i>Please describe:</i>	

<sup>1</sup> Subcategories or subgroups of interest could include time period, provider type, region, gender, age, race/ethnicity, self-directing consumers, high-utilizers, difficult-to-place patients, LGBTQ persons, non-native English-speakers, etc.

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Measure Review Tool					
Measure	Describe data sources and methodology	Are the data sources and methodology used consistent with industry standards?		Are the best benchmarks being used for comparison?	
	<i>Please describe:</i>	Yes	No	Yes	No
<b>Applications and reviews that take longer than 45 days by eligibility group</b> <i>(Source: August 2018 KDHE update to the Bethell Committee, slides 5-7, “KanCare Update: Family Medical Applications and Reviews &gt;45 Days)</i>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<i>Please describe:</i>		<i>Please describe:</i>	
		<b>Are there alternative ways to present this information?</b>		<b>Is there an interest and ability to stratify the existing measure for subcategories or subgroups of interest?<sup>2</sup></b>	
		Yes	No	Yes	No
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<i>Please describe:</i>		<i>Please describe:</i>	

<sup>2</sup> Subcategories or subgroups of interest could include time period, provider type, region, gender, age, race/ethnicity, self-directing consumers, high-utilizers, difficult-to-place patients, LGBTQ persons, non-native English-speakers, etc.

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	<i>Please describe:</i>	Yes	No	Yes	No
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Number of providers in each MCO network/KanCare website network adequacy reports (Source: August 2018 KanCare Executive Summary for the Bethell Committee, slide 9. For more detailed information related to network adequacy, visit <a href="https://www.kancare.ks.gov/policies-and-reports/network-adequacy">https://www.kancare.ks.gov/policies-and-reports/network-adequacy</a> )	<i>Please describe:</i>	<i>Please describe:</i>		<i>Please describe:</i>	
		<b>Are there alternative ways to present this information?</b>		<b>Is there an interest and ability to stratify the existing measure for subcategories or subgroups of interest?<sup>3</sup></b>	
		Yes	No	Yes	No
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<i>Please describe:</i>	<i>Please describe:</i>		<i>Please describe:</i>	

<sup>3</sup> Subcategories or subgroups of interest could include time period, provider type, region, gender, age, race/ethnicity, self-directing consumers, high-utilizers, difficult-to-place patients, LGBTQ persons, non-native English-speakers, etc.

# KMMC DRWG – Measure Review Tool

## Draft General Methodology Template for KMMC Measures

**Note: If methodology document has been established, e.g., HEDIS measures by NCQA, we will refer to these original sources**

### KMMC Measure

- Describe the measure
- Specify the study period

### KMMC Domain

- Refer to the KMMC Data Map

### KMMC Subdomain

- Refer to the KMMC Data Map

### Study Population

- Describe the study population and inclusion/exclusion criteria
- If applicable, describe subgroups for analysis

### Data Sources

- Describe data sources for deriving the measure
- Describe the year(s) of data required
- If applicable, specify the year(s) for baseline and follow-up, respectively
- Describe the database system, e.g., MMIS, EDW and survey database, that the data will be retrieved

### Variables

- Specify variables to be used for deriving the measures
- Describe variables to be used for establishing the denominator for rate calculation
- Describe variables to be used for identifying subgroups or developing categories

### Analysis

- Describe the derivation and/or calculation of measures
- Describe the analytical approaches, e.g., cross-sectional analysis, comparisons between two years, and trend analysis
- If applicable, describe the approach of risk adjustment

### Benchmarks

- Describe the benchmarks to be used for comparisons
- Review and document differences in the methodology

### Reporting

- Describe the presentation of results, e.g., table, pie chart, bar chart, line chart

### Resource Estimate

- Describe the level of effort or resource allocation required for assessment

## An Example for Methodology Document

**Note: Place holders are shown in brackets, <xxxxx>**

### KMMC Measure

- Number of acute care hospital discharges in state fiscal year (SFY) 2018

### KMMC Domain

- <Health care utilization>

### KMMC Subdomain

- <Hospitalization>

### Study Population

- KanCare members
- Inclusion and exclusion criteria
  - <Enrollment length; continuous enrollment>
  - <Eligibility group>
  - <Age>
  - <Dual eligibles>
  - <Specific programs/demonstrations, e.g., PACE>
  - <Other criteria>
- Subgroups for analysis
  - <Age>
  - <Race/ethnicity>
  - <Region>
  - <High-need high-cost population>
  - <Others>

### Data Sources

- KanCare eligibility and enrollment files
- KanCare encounter data
- Data retrieved from <MMIS or EDW>

### Variables

- Acute care hospital discharges
  - Hospitalizations that occurred in acute care hospitals with discharge dates from 7/1/2017 through 6/30/2018
- <If applicable, describe variables to be used for establishing the denominator for rate calculation>
- <If applicable, describe variables to be used for subgroup analyses>

### Analysis

- Count of acute care hospital discharge during SFY 2018
  - <Claim Type or Service Type> will be used to identify hospitalizations from 7/1/2017 to 6/30/2018
  - <Hospital Type> will be used to identify hospitalizations occurred in acute care hospitals

- Hospitalizations in <rehabilitation hospital, psychiatric hospitals, state hospitals> will be excluded
- <Patient Discharge Status> will be used to identify hospital discharges
  - Hospitalizations with “still a patient” will not be considered as discharges
- Number of acute care hospital discharges will be counted for SFY 2018
- Notes
  - If the measure will be presented as a rate, describe the derivation method, e.g., for the number of acute care hospitalization per 1,000 people in the study population/subgroup, we will divide the number of acute care hospital discharges (numerator) by the number of people in the study population/subgroup (denominator) and then multiply it by 1,000
  - The measure, either count or rate, will become the base to develop additional measures/analyses, e.g., comparison of acute care hospital discharge between SFYs 2017 and 2018, trend of acute care hospital discharges from SFYs 2012 to 2018
  - The approach for comparisons will be specified, e.g., absolute difference between two years (subtracting baseline value from current value) vs. relative difference between two years (dividing the absolute difference by the baseline value for the magnitude of change)

**Benchmarks**

- <Compare to the measure in the previous year and over time in Kansas>
- <Compare to published statistics from other states and/or federal agencies>
- <Note: review differences in methodology and consider risk adjustment>

**Reporting**

- Number of acute care hospital discharges in SFY 2018
- Results will be presented in a table along with other utilization measures
  - Unit could vary across utilization measures and will be specified