

KanCare Evaluation & EQRO Data

October 2, 2018

Road map...

- What do we do?
- What data do we have?
- Where do the opportunities exist?

What do we do?

- **External Quality Review**
 - Using CMS protocols, KFMC monitors and evaluates Medicaid MCO activities and works with State agencies and their stakeholders to provide actionable recommendations geared toward improvement of access, quality and timeliness of care for their consumers.
- **KanCare Evaluation**
 - Evaluation is required to measure the effectiveness and usefulness of the demonstration as a model to help shape health care delivery and policy, based on evaluation criteria outlined in the comprehensive KanCare Program Medicaid State Quality Strategy and the Centers for Medicare & Medicaid Services Special Terms and Conditions document.

EQRO Activities

- Regulatory Compliance Reviews
- Information Systems Capabilities Assessments
- Validation of MCO and State based performance measures (including Pay-for-performance metrics)
- Validation and aggregation of HEDIS rates and comparison with Quality Compass rankings, with cross-year comparisons
- Evaluation of MCOs' performance improvement projects
- Conduct annual Mental Health Survey
- Review of MCOs' member satisfaction surveys (CAHPS), aggregate data and compare across years
- Conduct HCBS CAHPS survey (first survey to be completed in spring 2019)
- Validate and/or conduct provider surveys
- Overall KanCare evaluation

KanCare Evaluation Data

- A large portion of the evaluation draws from existing reports.
- Measures were chosen for the evaluation design by focusing on the KanCare objectives, as well as the STCs.

Performance Objectives

Through the extensive public input and stakeholder consultation process, when designing the comprehensive Medicaid reform plan, the State has identified a number of KanCare performance objectives and outcome goals to be reached through the comprehensive managed care contracts.

These objectives include the following:

- Measurably improve health care outcomes for Members in the areas including:
 - Diabetes
 - Coronary Artery Disease
 - Prenatal Care
 - Behavioral Health;
- Improve coordination and integration of physical health care with behavioral health care;
- Support Members' desires to live successfully in their communities;
- Promote wellness and healthy lifestyles; and
- Lower the overall cost of health care.

KanCare Evaluation Data

- A large portion of the evaluation will draw from existing reports.
- Measures were chosen for the evaluation design by focusing on the KanCare objectives, as well as the STCs.
- Evaluation design includes existing measures of a range of ages, populations and programs in order to provide a broad representation of KanCare.
- Quantitative performance measure reports using administrative (including claims/encounters) and medical/case record information.
- Qualitative reports using surveys, and other forms of self-reported data.

KanCare Evaluation Domains

- **Quality of Care**
 - Physical Health (Medicaid and CHIP populations)
 - Substance Use Disorder services
 - Mental Health Services (National Outcome Measures System [NOMS])
 - Healthy Life Expectancy (Health Literacy, Prevention, Chronic Conditions)
 - HCBS Waiver Services (Service Plans)
 - Long Term Care: Nursing Facilities
 - Member Survey
 - Provider Survey
 - Grievances
- **Coordination of Care (and Integration)**
 - Care Management for members receiving HCBS services
 - Member Survey (Adult, Child, Children with Chronic Conditions)
 - Member Survey (Mental Health)
 - Member Survey (Substance Use Disorder)
 - Provider Survey

KanCare Evaluation Domains Cont'd

- **Cost of Care (service utilization, per member per month costs)**
- **Access to Care**
 - Provider Network – GeoAccess (Medical, Behavioral Health, HCBS)
 - After Hours Access and Appointment Wait Times
 - Member Survey
 - Adult, Child, Children with Chronic Conditions
 - Mental Health
 - Substance Use Disorder
 - Provider Survey
 - Grievances
- **Ombudsman Program**
- **Efficiency – Systems/Timeliness; Member Surveys**

Data Sources

CAHPS, Adult and Child

(Consumer Assessment of Healthcare Providers and Systems)

Developed by the National Committee for Quality Assurance (NCQA) and conducted by MCO contracted survey vendors.

Data aggregated by KFMC.

Composite Measures:

- Customer Service
- Getting Needed Care
- Getting Care Quickly
- Ratings of Health Plan; Personal Doctor; Specialist; and Health Care
- How Well Doctors Communicate
- Shared Decision Making
- Health Promotion and Education
- Coordination of Care
- For adults: Flu Vaccinations
- For adults: Medical Assistance with Smoking and Tobacco Use Cessation
- Supplemental questions vary by MCO

CAHPS cont'd

Consumer Assessment of Healthcare Providers and Systems

Additional questions regarding Children with Chronic Conditions:

- Access to Prescription Medicines
- Access to Specialized Services
- Family-Centered Care: Personal Doctor Who Knows Child
- Family-Centered Care: Getting Needed Information
- Coordination of Care for Children with Chronic Conditions

CAHPS Home and Community Based Services (HCBS) Survey

First survey results to be available spring 2019;
conducted by KFM- contracted survey vendor.

Composite Measures:

- Getting Needed Services From Personal Assistant and Behavioral Health Staff (15 questions)
- How Well Personal Assistant and Behavioral Health Staff Communicate With and Treat You (9 Qs)
- Getting Needed Services From Homemakers (4 Qs)
- How Well Homemakers Communicate With and Treat You (7 Qs)
- Your MCO Care Coordinator (8 Qs)
- Your Targeted Care Manager (8 Qs)

HCBS CAHPS cont'd

Composite Measures Cont'd:

- Choosing Your Services (3 Qs)
- Transportation (4 Qs)
- Personal Safety (11 Qs)
- Community Inclusion and Empowerment (8 Qs)

Supplemental Employment Module

- Work/want to work for pay and barriers (4 Qs)
- Help finding a job, choosing a job (6 Qs)
- Help provided to work at their job (11 Qs)

Supplemental Access Questions (3 Qs to be determined)

Mental Health Consumer Perception Adult and Youth Surveys

Conducted by KFMC annually.

Composite Measures:

- General Satisfaction (3 adult, 6 youth questions)
- Service Access (6 adult, 2 youth Qs)
- Participation in Treatment Planning (2 adult, 3 youth Qs)
- Service Quality and Appropriateness (9 adult Qs only)
- Cultural Sensitivity (4 youth Qs only)
- Outcomes (8 adult, 7 youth Qs)
- Improved Functioning (5 adult, 6 youth Qs)
- Social Connectedness (4 adult, 4 youth Qs)
- Crisis Management (3 adult, 3 youth Qs)

Supplemental Questions

- Smoking Cessation (4 adults questions)
- Employment (1 adult question)

HEDIS

(Healthcare Effectiveness Data and Information Set)

Developed by NCQA; calculated annually by the MCOs;
validated and aggregated by KFMC.

Domains of Care:

- Effectiveness of Care
 - Prevention and Screening
 - Respiratory Conditions
 - Cardiovascular Conditions
 - Diabetes
 - Musculoskeletal Conditions
 - Behavioral Health
 - Medicaid Management and Care Coordination
 - Overuse/Appropriateness
- Access/Availability of Care
- Utilization
- Risk Adjusted Utilization

SUD

Member Satisfaction Survey of Substance Use Disorder Services
Conducted annually by MCOs

Domains:

- Counselor Experience
- Coordination of Care
- Access to Care (time and distance to appointment)
- Access to Care – Urgent Problem(time to be seen)
- Outcomes of Services
- Residential Services
- Telephonic Services

Current Pay for Performance Measures

	2014	2015	2016	2017	2018
Measure					
CDC - HbA1c Control (< 8.0%)	Y	Y	Y	Y	Y
Annual Dental Visit		baseline	Y	Y	Y
Timeliness of Prenatal Care		baseline	Y	Y	Y
Combination 2 (Meningococcal, Tdap, HPV) - age 13			baseline	Y	Y
Combination 10 (10 immunizations that follow) - age 2			baseline	Y	Y
Use of Multiple Concurrent Antipsychotics in Children and Adolescents (APC)			baseline	Y	Y
Cervical Cancer Screening (CCS)			baseline	Y	Y
Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life (W34)			baseline	Y	Y
State Data Sources					
Decreased Percentage of Members Discharged from a NF Having Hospital Admission Within 30 Days	Y	Y		Y	Y
% covered services accurately submitted via encounter within 30 days of claim paid date		Q1	Q1	Q1	Q1
		Q2	Q2	Q2	Q2
		Q3	Q3	Q3	Q3
		Q4	Q4	Q4	Q4
% of reported financial reflecting service payments that are matched by an encounter record submitted by the MCO		Q1	Q1	Q1	Q1
		Q2	Q2	Q2	Q2
		Q3	Q3	Q3	Q3
		Q4	Q4	Q4	Q4
Residents of a NF or Nursing Facility for Mental Health (NFMH) receiving antipsychotic medication*			baseline	Y	Y
Authorizations of plans of care loaded into Authenticare within 5 calendar days of plan of care start date			baseline	Y	Y
Residents of a NF or NFMH discharged to a community setting			baseline	Y	Y
* goal is to be below the 50th percentile					

Where do the opportunities
exist?

The KanCare demonstration will assist the state in its goals to:

- Provide integration and coordination of care
- Improve the quality of care
- Control Medicaid costs
- Establish long-lasting reforms

For example...

Care of Acute and Chronic Conditions		
1800***	NCQA	Asthma Medication Ratio: Ages 5–18 (AMR-CH)*
NA	NCQA	Ambulatory Care: Emergency Department (ED) Visits (AMB-CH)

Behavioral Health Care		
0108	NCQA	Follow-Up Care for Children Prescribed Attention-Deficit/Hyperactivity Disorder (ADHD) Medication (ADD-CH)
0576	NCQA	Follow-Up After Hospitalization for Mental Illness: Ages 6–20 (FUH-CH)
2801	NCQA	Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics (APP-CH)
NA	NCQA	Use of Multiple Concurrent Antipsychotics in Children and Adolescents (APC-CH)

Core Measure Groupings

- Experience of Care
- Behavioral Health Care
- Primary Care Access and Preventative Care
- Maternal and Perinatal Health
- Care of Acute and Chronic Conditions
- Dental and Oral Health Services (Children's Set Only)

- Home and Community Based Services
- Long Term Care

What others would demonstrate value?

Let's Get Started....