

Update on KanCare Meaningful Measures Collaborative (KMMC)

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KMMC

- Introduction
- Consensus-building process
- KMMC priority measures pilot
- Next steps

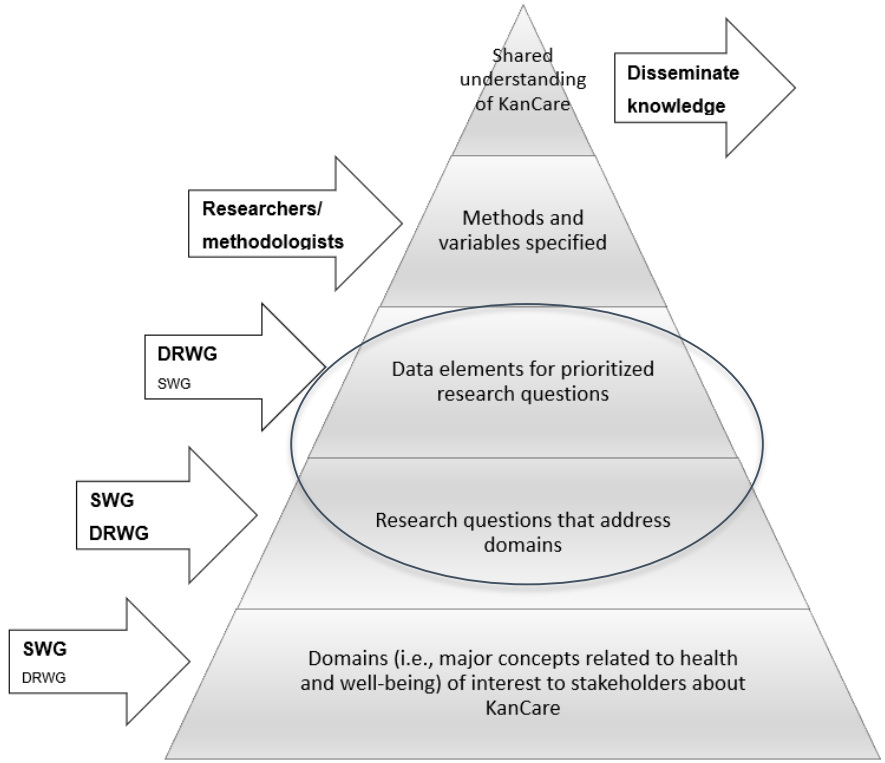
INTRODUCTION

- Increase the visibility, credibility, validity and usefulness of information broadly available about KanCare
- Establish a transparent process that transcends administrations and individuals

KMMC PURPOSE (cont.)

- Establish consensus on meaningful metrics, how to measure, how to report
- Focus on outcomes of whole person
- Over time, build capacity in Kansas to generate and use KanCare data

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.

Source: KanCare Meaningful Measures Collaborative, 2018-2019.

ANNUAL REPORT

- Information described in this presentation in annual report available at KMMCdata.org
- Get access to monthly updates via the KMMC newsletter. Email KMMC@khi.org to join

CONSENSUS-BUILDING PROCESS

- Two-pronged process:
 - Stakeholder engagement
 - Consumer engagement pilot
- Result: Initial priority areas

STAKEHOLDER ENGAGEMENT

- SWG membership: Advocates, provider associations, health plans
- Identified areas of interest via survey of SWG members, meeting discussions
 - 100+ questions submitted
- Grouped questions for common themes

CONSUMER ENGAGEMENT

- Pilot effort conducted February-March 2019 by three organizations
- Connected with KanCare consumers across the state
- Methods: Focus groups, phone interviews, in-person interactions

CONSUMER ENGAGEMENT

- Pilot themes:
 - Affordability/coverage of services;
 - Availability of services;
 - Respect/consumer treatment;
 - Living in community, independence & quality of life;
 - Communication;
 - Transportation;
 - Outcomes

UPCOMING CONSUMER ENGAGEMENT

- Expanded consumer engagement underway through September 30
- Nine organizations have expressed interest; some have already begun engaging consumers

INITIAL PRIORITY AREAS

- Enrollee treatment
- Application processing
- Quality assurance
- Care coordination
- Social determinants of health
- No access
- Pregnancy outcomes
- Network adequacy
- Setting of choice

PRIORITY MEASURES PILOT

- Reviewed state-reported measures; selected those where additional clarity was needed
- Working toward a shared understanding of KanCare
- Selected pilot measures:
 - Health Care Utilization
 - Eligibility Determination
 - Network Adequacy

E.G.: HEALTH CARE UTILIZATION

Utilization	Criteria	Units Reported
Home and Community-Based Services Waivers	Waiver covered procedure codes & Beneficiary assigned to these waivers on the 1 st date-of-service of claim detail	Unit
Outpatient Emergency Room	Claim Type = C (crossover/Medicare outpatient) or O (outpatient) & Revenue code = 450-459 (ER)	Claims
Inpatient	Claim Type = A (crossover/Medicare Part A) or I (inpatient)	Days
Non-Emergency Medical Transportation	Procedure codes NEMT & Place of Service code other than 41 (ambulance-land) or 42 (ambulance-air or water)	Claims

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

PILOT FINDINGS

- Stratification options: demographics, residential location, program participation
- Commonly used methodology for health care utilization
- Network adequacy difficult to compare across states

NEXT STEPS

- DRWG to identify and assess potential meaningful measures from SWG priority areas
- Development of data map
- Executive committee to prioritize selected meaningful measures



QUESTIONS?