



Medicaid Managed Care Discussion Forum and Recommendations

REACH Healthcare Foundation and Health Forward Foundation

June 21, 2023

Discussion Forum Overview

- Hosted by the REACH Healthcare Foundation and Health Forward Foundation with facilitation support from KHI
- The group heard from <u>Andy Schneider</u>, Georgetown Center for Children and Families
- Pre-Discussion Forum Survey
- Small Group Discussions
 - Groups shared their ideas and recommendations related to each topic
- The discussion and survey results were summarized and sent to KDHE, KDADS and the Governor's Office for consideration



Discussion Topics

Network Adequacy Care Coordination

Pregnancy Outcomes

Provider Innovations

Social
Determinants
of Health and
Equity

Data
Monitoring and
Transparency



Key Points from Discussions



Key Themes

- Data Monitoring and Transparency
- State's Role in Monitoring and Oversight
- Addressing Social Determinants of Health
- Access to care
- Streamlining and Simplifying Processes
- Prior Authorizations
- Provider Contracting and Credentialing



Which topic(s) would you like to hear more about?

Take the poll.

- Use QR Code on the right or Click on the link in the chat
- Enter code: 2363 6964





Network Adequacy

Key Issues:

- Provider reimbursement structure is not adequate
- Lack of availability and access to providers (specialty care, rural access, behavioral healthcare)
- Contracting and credentialing process is too cumbersome
- Need for better coordination between MCOs, providers and the communities they serve

- Reduce barriers to attract providers by increasing reimbursement rates
- Allow provider network to be expanded to include additional types of providers (e.g., CHWs)
- Consider standardizing the credentialing and contracting process across all MCOs
- Provide funding for healthcare organizations to have MCO staff in their facilities across the state



Care Coordination

Key Issues:

- Access to care, including receiving timely care and the type of care needed is a concern especially for accessing specialty care and behavioral health care.
- Prior Authorization process is too cumbersome and inconsistent across MCOs, which could impact access to care.
- Case management challenges
- Improvements needed regarding MCO staff capacity to serve members in appropriate geographic settings, knowledge of services and choices, training and care coordination efforts

- Expand the availability of mental health providers to ensure access to mental health services. Options could
 include making a behavioral health specialist available via telemedicine
- Standardize prior authorization process across all MCOs
- Ensure MCO contracts include transparency and accountability regarding the prior authorization process
- Ensure comprehensive case management is timely, person-centered and offers choice of provider
- Enhance accountability measures regarding service quality and delivery



Maternal and Child Health/Pregnancy Outcomes

Key Issues:

- Utilization of best practices and pilots around maternal and child health
- The need to collect and use disaggregated data to address disparities that exist in this area
- Support and referrals for members when post partum coverage ends
- The need to expand and improve MCO partnerships with communities to address maternal and child health needs of KanCare members.

- Recognize and reimburse credentialed members of the healthcare team such as CHWs, home visitors, doulas and lactation consultants to improve access to culturally competent, quality and community-based care
- Require MCOs to follow the Governor's Commission on Racial Equity and Justice 2021 report recommendation to collect and report child core set measures disaggregated by race/ethnicity and service location for children ages 0-3.
- Require MCOs to increase postpartum care visits (PPC) through use of incentives, technology (text reminders, etc.) and home visits.



Social Determinants of Health and Health Equity

Key Issues:

- How KanCare defines and addresses equity and social determinants of health (e.g., transportation, childcare, housing, education, and other supports) for various populations, including racial/ethnic groups, those with disabilities, and those living in rural communities.
- Concerns exist specific to the I/DD population in Kansas.
- Lack of integration of CHWs into the care team for those receiving services impacts social determinants of health and equity in KanCare.
- There is a lack of disaggregated data to understand and address disparities.

- Recognize and reimburse credentialed members of the healthcare team such as CHWs, home visitors, doulas and lactation consultants to improve access to culturally competent, quality and community-based care
- Require MCOs to follow the Governor's Commission on Racial Equity and Justice 2021 report recommendation to collect and report child core set measures disaggregated by race/ethnicity and service location for children ages 0-3.
- Require MCOs to increase postpartum care visits (PPC) through use of incentives, technology (text reminders, etc.) and home visits.



Provider Innovations

Key Issues:

- Ability to use CHWs or other staff employed by health centers to provide services and provide care coordination.
- Efforts around modernization and utilizing strategies such as telemedicine to increase access to care.
- Adequacy of provider payment rates to see patients for services such as dental care or behavioral health needs.

- Allow the use of CHWs or staff working in health centers to provide services and/or conduct care coordination and permit them to bill for their time.
- Create a more comprehensive data dashboard for providers to manage their patients.
- Require more shared data between MCOs and providers to assist with access to care.
- Establish provider incentives for seeing patients with disabilities, oral health needs and additional visits with health care providers that might be needed.



Data Monitoring and Transparency

Key Issues:

- The need for more transparency and publicly available data to understand quality of care, satisfaction, cost of care, and other areas of interest.
- Improvements needed regarding the oversight and monitoring provided by state agencies responsible for KanCare.

- Establish consistent measures across all MCOs that are reported consistently from all organizations. Ensure the focus is on data that can have a positive impact on outcomes of populations most impacted by social determinants of health.
- Disaggregated service data, outcome data, and cost data must be available to meaningfully compare plan performance and advocate for system improvements.
- Include indicators to assess patient quality of care (e.g., hold times, hold times for peer-to-peer consults to look at administrative burden; number of denials outright by MCO on a quarterly basis; prior authorization response times; and designated contacts at MCOs for providers and patients.)
- MCO contracts should require periodic reports from MCOs to highlight key indicators
- Adopt representative governance for KanCare to ensure that all elements are focused on achieving the identified outcomes for populations served. Strategies to improve accountability in KanCare should be identified and presented to stakeholders early in the engagement process.
- Allow the state's monitoring process to be reviewed, re-vamped and vetted publicly.



Given the discussion around data monitoring and transparency, how does this work align with KMMC work?



What are some next steps that KMMC could take considering this information?



THANK YOU!

Any Questions?

Contact Sheena Schmidt at sschmidt@khi.org

