

Considerations for Decision-Makers Regarding the Upcoming Medicaid Managed Care Procurement Process

Introduction

The current procurement process regarding Kansas Medicaid and CHIP (KanCare) Managed Care contracts provides an opportunity to reflect and engage with stakeholders to ensure improved managed care performance and attention to racial and ethnic disparities in KanCare coverage and service provision. This summary includes observations, considerations, and recommendations for the request for proposal (RFP) and KanCare going forward.

Background

The REACH Healthcare Foundation, in collaboration with the Health Forward Foundation, hosted a discussion forum with nonpartisan facilitation support from the Kansas Health Institute on May 10, 2023. Participants included state agency leaders, providers, consumer advocates and subject matter experts who came together to identify and recommend improvements to strengthen managed care performance for children and adults that the State of Kansas could consider when developing the next Request for Proposal.

Prior to the forum, participants completed a survey to prioritize discussion topics and provide suggestions for improvements needed within those areas. The survey results were used to organize the discussion around six topics (presented in no particular order): 1) Network Adequacy, 2) Care Coordination, 3) Pregnancy Outcomes, 4) Social Determinants of Health and Health Equity, 5) Provider Innovations, and 6) Data Monitoring and Transparency.

During the forum, attendees participated in two rounds of discussions on their preferred topic(s). Each group shared observations and recommendations for improvement related to each topic area, which are summarized below along with relevant survey responses.

Discussion and Recommendations

The following section summarizes key issues of concern and associated recommendations for decision-makers to consider and incorporate into the procurement process, RFP evaluation, selection process, and the final contracts.

Network Adequacy

This topic includes, but is not limited to, the availability of providers and services. It also includes goals and measures related to **Network Adequacy**.

Key Issues

Participants identified the following key issues that need to be addressed regarding Network Adequacy:

- Provider reimbursement and payment structure is not adequate.
- There is a lack of availability and access to providers (e.g., specialty care, rural access).
- The contracting and credentialing process for providers is too cumbersome.
- There is a need for better coordination between Managed Care Organizations (MCOs), providers and the communities they serve.

Figure 1 summarizes issues, recommendations and measures related to Network Adequacy for consideration during the upcoming MCO procurement and contracting process.

Figure 1. Summary of Network Adequacy Issues and Recommendations

Issue	Recommendations and Measures
Provider Reimbursement and Payment Structure	<ul style="list-style-type: none"> • Reduce barriers to attract providers by increasing reimbursement rates.
Availability and Access to Providers (e.g., specialty care, rural access)	<ul style="list-style-type: none"> • Allow the provider network to be expanded to include additional types of providers — e.g., community health workers (CHWs), in-home therapists, doulas. • Enhance the provider network so that people in all areas of the state can access critical health care services, including specialized medical services and therapies. • Consider providing incentives for providers (e.g., training stipends) to assist with recruitment and retention. • Develop standards for MCO monitoring and compliance when network adequacy is not met. • Ensure the provider network list is kept up to date. • Evaluate access to care by measuring and analyzing utilization rates, provider retention rates and timeliness of service(s) provided.
Contracting and Credentialing Process	<ul style="list-style-type: none"> • Consider standardized credentialing and contracting across MCOs. • Consider a centralized credentialing process. • Consider establishing one application that is accepted by all MCOs and the state for contracting and credentialing. • Consider establishing a database of materials to minimize the administrative burden associated with this process.
MCO Coordination with Providers and the Communities They Serve	<ul style="list-style-type: none"> • Ensure MCO staff across the state are accessible to KanCare members. • Provide funding for health care organizations to have MCO staff in their facilities across the state. • Obtain more member feedback about network adequacy and what success looks like.

Source: Medicaid Managed Care Procurement Discussion Forum and Pre-Discussion Forum Survey, 2023.

Care Coordination

This topic includes, but is not limited to, case management, the level of support provided for members, access to care connectors/case manager support, and any special considerations for consumers in waiver categories — e.g., individuals with intellectual and developmental disabilities (I/DD), home and community based services (HCBS).

Key Issues

Participants identified the following key issues that need to be addressed regarding **Care Coordination**:

- 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.
- The prior authorization process is cumbersome and inconsistent across MCOs, which could impact access to care.
- Case management challenges exist in several areas, including the lack of eligibility for these services among some KanCare populations including HCBS, frail elderly (FE), physical disability (PD), brain injury (BI), and children, as well as timeliness, cohesiveness and continuity, and the need for expanded and improved relationships with community partners.
- Improvements are needed regarding service delivery and accountability mechanisms when members do not receive the appropriate services according to their plans of care.
- Improvements are needed regarding MCO staff capacity to serve members in appropriate geographic settings, MCO staff knowledge of services and choices, training, and care coordination efforts.

Figure 2 summarizes issues, recommendations, and measures related to Care Coordination for consideration during the upcoming MCO procurement process and contracting process.

Figure 2. Summary of Care Coordination Issues and Recommendations

Issue	Recommendations and Measures
Access to Care	<ul style="list-style-type: none">• Ensure that KanCare members have access to the right care at the right time.• 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 or encouraging co-locating mental health providers in medical clinics where possible.• Ensure lists or databases of providers accepting patients are up to date and available.
Prior Authorizations	<ul style="list-style-type: none">• The State of Kansas should consider:<ul style="list-style-type: none">○ Standardizing the prior authorization process across all MCOs.○ Ensuring MCO contracts include transparency and accountability regarding the prior authorization process by clearly outlining procedures that require prior authorization, describing the appeals process, and requiring a third party to review complaints.

	<ul style="list-style-type: none"> ○ Establishing stricter guidelines regarding prior authorizations, including the amount of time MCOs are allowed to respond to emergency, urgent and chronic care situations. ○ Minimizing the number of services, medications or procedures that require prior authorization.
Case Management	<ul style="list-style-type: none"> ● Ensure comprehensive case management is timely, person-centered and offers choice of provider. ● Case management should provide more cohesive services, including follow-up with KanCare members to ensure their needs are being met in addition to better relationships with community partners assisting clients. ● Offer case management for HCBS, FE, PD and BI populations and all children to ensure they receive quality, person-centered care in the setting of their choice. ● Use language that is clear and easy to understand for members and case managers to facilitate appropriate care.
Service Delivery	<ul style="list-style-type: none"> ● Enhance accountability measures regarding service quality and delivery among providers and KanCare as a whole. Examples include: <ul style="list-style-type: none"> ○ The State of Kansas should develop and provide incentives and penalties for providers based on utilization rates (e.g., providers would receive incentive payment when their utilization is at least 80 percent). ○ Develop mechanisms to ensure members are receiving the services they need and better support to assist where needed if they are not receiving services. ○ Track and analyze complaints to ensure state-level review of common issues. ● Improve transparency and communication around available services, costs, and complaints, and include the use of satisfaction surveys.
Staff Capacity	<ul style="list-style-type: none"> ● Ensure MCO staff are provided with more training on provider choice and hours of care. ● Consider allowing providers to have the option to manage care coordination outside of the MCO (e.g., community health workers). ● Reduce caseloads and geographic coverage area for staff across the state.

Source: Medicaid Managed Care Procurement Discussion Forum and Pre-Discussion Forum Survey, 2023.

Maternal and Child Health/Pregnancy Outcomes

This topic includes, but is not limited to, timely access to prenatal and postpartum care, measures for births and maternal health.

Key Issues

Participants identified the following key issues that need to be addressed regarding **Maternal and Child Health/Pregnancy Outcomes**:

- Utilize best practices and pilots around maternal and child health.
- Collect and use disaggregated maternal and child health data to address disparities that exist in this area.
- Incorporate incentives for including safe sleep education in provided services.
- Provide support and referrals for members when postpartum coverage ends.
- Expand and improve MCO partnerships with communities to address maternal and child health needs of KanCare members.

Figure 3 summarizes issues, recommendations and measures related to Maternal and Child Health/Pregnancy Outcomes for consideration during the upcoming MCO procurement and contracting process.

Figure 3. Summary of Maternal and Child Health/Pregnancy Outcomes Issues and Recommendations

Issue	Recommendations and Measures
Best Practices	<ul style="list-style-type: none"> • Recognize and reimburse credentialed members of the health care team such as CHWs, home visitors, doulas and lactation consultants to improve access to culturally competent, quality and community-based care. • Require MCOs to adopt key evidence-based strategies around breastfeeding and postpartum care. • Encourage incorporation of community-based strategies and efforts around maternal and child health care, including pilots that focus on using CHWs, similar to those currently happening in the Kansas City metro area and Douglas County.
Disaggregated Data	<ul style="list-style-type: none"> • Stratify quality measures and other indicators of interest to Kansas for postpartum coverage extension by race, ethnicity, geography, and language, among others, as recommended by the Centers for Medicare and Medicaid Services (CMS). • 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.
Postpartum Care	<ul style="list-style-type: none"> • Ensure MCO case managers provide more support and coordination for services and resources to members when their postpartum coverage ends. • Require MCOs to increase postpartum care visits (PPC) through use of incentives, technology (text reminders, etc.) and home visits.

Safe Sleep	<ul style="list-style-type: none"> • Develop and implement incentives for incorporating safe sleep practices into services provided as unsafe sleep practices are a leading driver of infant mortality.
Community Partnerships	<ul style="list-style-type: none"> • Language in the 2018 KanCare 2.0 RFP requires contractors to coordinate with Women, Infants, and Children (WIC) Program, local health departments and other Title V programs in Section 5.1.5 (Cooperation with Other Agencies, Page 17). Maintain these references in the next RFP for MCO contract language. • Encourage MCOs to develop partnerships in the community between medical and non-medical entities to promote place-based care, as it is important in addressing social determinants of health and disparities.

Note: For additional key issues and recommendations related to this topic, see Appendix B, KanCare 3.0 Recommendations for Maternal and Child Health submitted by the Kansas Breastfeeding Coalition, Inc.

Source: Medicaid Managed Care Procurement Discussion Forum and Pre-Discussion Forum Survey, 2023.

Social Determinants of Health and Health Equity

This topic includes, but is not limited to, services and resources that should be provided to address social determinants of health (non-medical factors that influence health outcomes). Examples include transportation, education, built environment, etc. Health equity is the state in which everyone has a fair and just opportunity to attain their highest level of health. According to the Centers for Disease Control and Prevention (CDC), achieving health equity requires valuing everyone equally with focused and ongoing societal efforts to address avoidable inequalities, historical and contemporary injustices, and the elimination of health and health care disparities.

Key Issues

Participants identified the following key issues that need to be addressed regarding **Social Determinants of Health and Equity**:

- How KanCare, as a whole, 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.
 - Long-standing issues such as transportation and housing will continue to be barriers to inclusion for the I/DD population until addressed.
 - Access to behavioral health services, dental care and some preventive care remain unresolved for many Kansans with I/DD.
- 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.

Figure 4 (page 7) summarizes issues, recommendations and measures related to Social Determinants of Health and Equity Issues for consideration during the upcoming MCO procurement and contracting process.

Figure 4. Summary of Social Determinants of Health and Equity Issues and Recommendations

Issue	Recommendations and Measures
Addressing Equity and Social Determinants of Health	<ul style="list-style-type: none"> • Require MCOs to provide robust plans and support for transportation, childcare and housing, as they impact members’ ability to access care. • Encourage MCOs to invest in Kansas communities with the purpose of addressing systemic barriers for populations served by KanCare. • Provide specific additional support and resources for providers in areas where racially marginalized people are more clearly disadvantaged. • Require MCOs to provide anti-racist, culturally appropriate services. For example: <ul style="list-style-type: none"> ○ MCO staff should be required to receive training on unconscious bias and racial and ethnic discrimination. ○ MCOs should increase staffing with individuals who speak the languages of members they serve or provide appropriate translation services.
I/DD Population	<ul style="list-style-type: none"> • Encourage exploration and adoption of innovations that address social determinants of health, such as value-based reimbursement models, occurring elsewhere in the United States as it relates to individuals with I/DD.
Integration of CHWs	<ul style="list-style-type: none"> • Formal integration of CHWs into the care team is essential to addressing social determinants of health for KanCare members.
Disaggregated Data	<ul style="list-style-type: none"> • Data on services and outcomes should be disaggregated by race, gender, and ethnicity to identify disparities and target areas for improvement.

Source: Medicaid Managed Care Procurement Discussion Forum and Pre-Discussion Forum Survey, 2023.

Provider Innovations

This topic includes, but is not limited to, potential innovations in provider types and services offered. This could include incentives for expanding the use of community health workers or other types of providers.

Key Issues

Participants identified the following key issues that need to be addressed regarding **Provider Innovations**:

- 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.

Figure 5 (page 8) summarizes issues, recommendations and measures related to Provider Innovation for consideration during the upcoming MCO procurement and contracting process.

Figure 5. Summary of Provider Innovation Issues and Recommendations

Issue	Recommendations and Measures
Community Health Workers and other Support Staff	<ul style="list-style-type: none"> • 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. • CHWs and health center staff have strong relationships with patients, which could assist with addressing health needs and produce improved outcomes.
Modernization	<ul style="list-style-type: none"> • 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.
Provider Rates	<ul style="list-style-type: none"> • Establish provider incentives for seeing patients with disabilities, oral health needs and additional visits with health care providers that might be needed.

Source: Medicaid Managed Care Procurement Discussion Forum and Pre-Discussion Forum Survey, 2023.

Data Monitoring and Transparency

This topic includes, but is not limited to, data collection, monitoring, and reporting of data by MCOs, state agencies and other related organizations. It also includes key issues related to transparency, including care coordination, case management, data collection and reporting, audits, etc.

Key Issues

Participants identified the following key issues that need to be addressed regarding **Data Monitoring and Transparency**:

- 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.

Figure 6 summarizes issues, recommendations and measures related to Data Monitoring and Transparency issues for consideration during the upcoming MCO procurement and contracting process.

Figure 6. Summary of Data Monitoring and Transparency Issues and Recommendations

Issue	Recommendations and Measures
Transparency and Publicly Available Data	<ul style="list-style-type: none"> • The State of Kansas must improve its ability to access, interpret and publicly share data from the KanCare model. This includes web-based dashboards and similar technology that would improve transparency in 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.

	<ul style="list-style-type: none"> • Provide MCOs greater access to Clearinghouse information and capabilities so they can answer questions regarding renewals, due dates, updating information, eligibility verification, etc. • Require financial reporting by MCOs that shows profit margins for the companies, and what the difference is between their capitated rates and amounts paid for beneficiaries.
Suggested Indicators	<ul style="list-style-type: none"> • 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 such as: <ul style="list-style-type: none"> ○ network capacity, ○ service delivery, ○ utilization, ○ ability to receive all recommended services, ○ hospitalization rates, ○ preventable hospital admissions, ○ service delivery setting (home, community or institutional), and ○ other measures to ensure person-centeredness and cost-effectiveness. • Reports should be routinely submitted to legislators to assist in assessing effectiveness and modifications needed and to the public to ensure cost savings are not based on reduced service delivery.
Oversight and Monitoring	<ul style="list-style-type: none"> • Require satisfaction surveys to be completed by an independent party. • 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.

Source: Medicaid Managed Care Procurement Discussion Forum and Pre-Discussion Forum Survey, 2023.

Concluding Thoughts

The REACH Healthcare Foundation and Health Forward Foundation want to acknowledge the time commitment, contributions and input provided by participants, and thank the leaders of Kansas state government agencies who attended and provided additional insights during the discussion. It is our foundations’ shared desire that the information be reflected on and fully considered in the procurement process and beyond.

KanCare provides health coverage to approximately 500,000 Kansans, serving as a critical vehicle for strengthening the health and well-being across multiple and overlapping, diverse populations – ultimately impacting the immediate and long-term health of Kansans overall. We acknowledge the State of Kansas’ commitment to engaging with partners and its ongoing efforts to improve KanCare. We look forward to continuing to engage health providers and community members in these discussions as well as more collaboration with state agencies and communities in the future.

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