

**KMMC Data Resources Working Group Meeting**  
**1:00PM - 2:30PM, Large Conference Room (3<sup>rd</sup> Floor)**  
**KMMC Committee of the Whole Meeting**  
**2:40PM-4:00PM, Big Bluestem (1<sup>st</sup> Floor)**  
**Wednesday, December 19, 2018**  
**Kansas Health Institute**

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### **DRWG Agenda**

- 1:00PM      Welcome  
                 Data Inventory
- Recap Work Done with Measure Review Tool and General 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)
  - Inpatient Utilization
- 2:25PM      Plan for Report Out to SWG
- Comments and Questions for Stakeholder Working Group
- Next Steps
- Next KMMC meeting: February 21<sup>st</sup> from 1PM-4PM @ KHI
- 2:30PM      Break
- 2:40PM      KMMC Committee of the Whole (Big Bluestem, 1<sup>st</sup> Floor)
- 4:00PM      Adjourn

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### **Conference Line Information**

Join Zoom Meeting  
<https://khi.zoom.us/j/309560324>

Dial by your location  
+1 929 205 6099 US  
Meeting ID: 309 560 324

**Draft, for discussion only****Domain, Data Source and Existing Reporting for KMMC Measures**

Domain	Data Source	Existing Reporting
<ul style="list-style-type: none"> <li>• Eligibility Determination</li> <li>• Enrollee Characteristics</li> <li>• Health Care Utilization</li> <li>• Health Care Expenditures</li> <li>• Access to Care</li> <li>• Quality of Care</li> <li>• Coordination of Care</li> <li>• Quality of Life</li> <li>• Enrollee Satisfaction</li> <li>• .....</li> </ul>	<ul style="list-style-type: none"> <li>• Eligibility, Enrollment and Member Data</li> <li>• Claims and Encounter Data</li> <li>• HCBS Waiver Program Data</li> <li>• Network Adequacy Data</li> <li>• HEDIS Measures (medical records abstract and encounter data)</li> <li>• National Core Indicators for Aging and Disability Consumer Survey</li> <li>• National Core Indicator for Adults with I/DD Age 18 and Older</li> <li>• Long-term Care Survey</li> <li>• CAHPS Survey</li> <li>• Nursing Facility Resident Satisfaction Survey</li> <li>• Mental Health Survey</li> <li>• SUD Survey</li> <li>• Provider Survey</li> <li>• Grievances and Appeals Data</li> <li>• .....</li> </ul> <p>Note: data sources may not be publicly available</p>	<ul style="list-style-type: none"> <li>• Bethell Oversight Committee <ul style="list-style-type: none"> <li>○ Executive Summary slide set</li> <li>○ KDHE Update slide set</li> <li>○ KDADS Update slide set</li> </ul> </li> <li>• CMS <ul style="list-style-type: none"> <li>○ KanCare Quarterly Report</li> <li>○ KanCare Annual Report</li> <li>○ KanCare Annual Evaluation Report</li> </ul> </li> <li>• .....</li> </ul>

**Notes**

- Each domain could have subdomains followed by specific measures, for example
  - Subdomains for Enrollee Characteristics could include demographics, disability, disease, eligibility group, program (e.g., waiver), MCO plan etc.
  - Subdomain for Health Care Utilization and Health Care Expenditures could be major types of services
- Domains could overlay each other for subgroup analysis, for example
  - Health Care Utilization could be examined by subdomains/measures under Enrollee Characteristics
- Each data source could support more than one domain, for example
  - Claims and Encounter Data can be used for Health Care Utilization, health Care Expenditures, Access to Care and Quality of Care

## KMMC DRWG – Measure Review Tool

Measure Review Tool					
Measure (unit)	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>HCBS Utilization:</b> <i>Includes all waiver services specified by waiver type (units)</i>	HCBS Utilization, including all beneficiaries assigned to one of the seven waiver groups on the first day of service of the claim. Data sources are KanCare eligibility and enrollment files and MMIS.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<i>Please describe:</i> Waiver services vary across states and are defined by the individual state, but the Kansas data and methodology are consistent with those used in other states.		<i>Please describe:</i> NA	
		<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> Yes, such as by waiver type and type of service.		<i>Please describe:</i> Yes, by waiver type, age, gender, race/ethnicity, dual-eligibles v. Medicaid only, geographic location, population density	

<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.

## KMMC DRWG – Measure Review Tool

Measure Review Tool					
Measure (unit)	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>NEMT Utilization:</b> <i>Utilization of NEMT services (claims)</i>	Utilization of NEMT services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Data sources are KanCare eligibility and enrollment files and MMIS.	<i>Please describe:</i>		<i>Please describe:</i>	
				NA	
		Are there alternative ways to present this information?		Is there an interest and ability to stratify the existing measure for subcategories or subgroups of interest? <sup>2</sup>	
		Yes	No	Yes	No
		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<i>Please describe:</i>	<i>Please describe:</i>		<i>Please describe:</i>	
	Yes, such as broken out by eligibility group.			Yes, by eligibility group, age, gender, race/ethnicity, dual-eligibles v. Medicaid only, geographic location, population density	

<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.

## General Methodology KMMC Measures

### HCBS Utilization (SED, DD, PD, FE, AU, TA, HI)

#### KMMC Measure

- Description: HCBS Utilization includes all waiver services specified by waiver type
- Study period: calendar year (CY)
- Unit Reported: units

#### KMMC Domain

- Health Care Utilization

#### KMMC Subdomain

- HCBS

#### Study Population

- HCBS-eligible KanCare members
- Must have a covered waiver procedure code and be assigned to a waiver benefit plan
- Inclusion criteria:
  - Assigned to a waiver group on the first day of service of the claim
  - Aged, blind, disabled (ABD)
  - All ages, depending on waiver type
- Subgroups (analysis by subgroups will be possible if data from eligibility files can be merged with the claims data, as envisioned for the EDW):
  - Waiver type
  - Geographic Region
  - Gender
  - Age
  - Race/Ethnicity
  - Dual eligibles
  - Self-directing consumers ?
  - Beneficiaries with high utilization and/or cost ?

#### Data Sources

- KanCare eligibility and enrollment files
- KanCare claims/encounter data
- Data retrieved from MMIS

#### Variables

- All procedure codes associated with the following benefit plan codes:  
Autism waiver = HCAU; DD = HCDD; Frail Elderly = HCFE; Head Injury = HCHI;  
Physical Disability = HCPD; Severe Emotional Disturbance = HCSED; Technical Assistance = HCTA
- Denominator is all beneficiaries eligible for waivers listed above
- Subgroups for analysis could include: benefit plan; county code; gender/sex code; dob; race/ethnicity code; flag for dual eligibility; *self-directing consumer = Is there a field or modifier code to identify*. To conduct analyses for beneficiaries with high utilization and/or cost would require multiple variables such as paid amount (for cost) or other units based on benchmark(s)

**Analysis**

- Age = date of service – dob (and categorized into groups for meaningful comparison, e.g. 18-64 or under 18, etc.); geographic region = county codes grouped into defined regions of the state (e.g. northeast = Atchison, Brown, Douglas, etc. or potentially urban/suburban/densely settled rural/rural/frontier)
- Possible analytic approaches: utilization comparisons between subgroups listed above, including waiver type, age, gender, race/ethnicity, dual eligibility, geographic region and comparisons between calendar years, and trend analyses

**Benchmarks**

- Calendar year comparisons, year-to-year and trends over time
- Potential to compare to other states with similar waiver eligibility criteria
- Potential to identify high-utilizers, but a benchmark and definition for “high” would need to be identified

**Reporting**

- Presentation of results in manner most efficient and understandable for legislators and general public, e.g., table, pie chart, bar chart, line chart

## **KMMC General Methodology KMMC Measures**

### **Non-Emergency Medical Transportation**

#### **KMMC Measure**

- Description: Utilization of NEMT services
- Study period: calendar year (CY)
- Units Reported: claims

#### **KMMC Domain**

- Utilization

#### **KMMC Subdomain**

- NEMT

#### **Study Population**

- All eligible KanCare members
- Inclusion criteria:
  - Eligible for KanCare on the first date of service
  - Procedure codes:
    - A0080: Non-emergency transportation, per mile - vehicle provided by volunteer (individual or organization), with no vested interest
    - A0090: Non-emergency transportation, per mile - vehicle provided by individual (family member, self, neighbor) with vested interest
    - A0100: Non-emergency transportation; taxi
    - A0110: Non-emergency transportation and bus, intra- or inter-state carrier
    - A0130: Non-emergency transportation: wheel-chair van
    - A0200: Non-emergency transportation: ancillary: lodging escort
    - A0210: Non-emergency transportation: ancillary: meals-escort
    - A0380: Basic life support (Bls) mileage (per mile)
    - A0425: Ground mileage, per statute mile
    - T2002: Non-emergency transportation; per diem
    - T2003: Non-emergency transportation; encounter/trip
    - T2005: Non-emergency transportation; stretcher van
- Exclusion criteria:
  - Place of service codes 41 and 42
- Subgroups: (analysis by subgroups will be possible if data from eligibility files can be merged with the claims data, as envisioned for the EDW):
  - Eligibility group (e.g. ABD, Waiver types, Mothers/children, etc.)
  - Geographic Region
  - Population Density
  - Gender
  - Age
  - Race/Ethnicity

#### **Data Sources**

- KanCare eligibility and enrollment files

- KanCare claims/encounter data
- Data retrieved from MMIS

#### **Variables**

- Procedure codes for NEMT(A0080, A0090, A0100, A0110, A0130, A0200, A0210, A0380, A0425, T2002, T2003, T2005)
- Denominator is all KanCare beneficiaries eligible
- Subgroups for analysis require other variables: eligibility group; county code; gender/sex code; dob; race/ethnicity code; perhaps zip code

#### **Analysis**

- age = date of service – dob (and categorized into groups for meaningful comparison, e.g. 18-64 or under 18, etc.); geographic region = county codes grouped into defined regions of the state (e.g. northeast = Atchison, Brown, Douglas, etc.); and population density (e.g. urban/suburban/densely settled rural/rural/frontier)
- Possible analytic approaches: utilization comparisons between subgroups listed above, including eligibility group, age, gender, race/ethnicity, geographic region, population density and comparisons between calendar years, and trend analyses

#### **Benchmarks**

- Calendar year comparisons, year-to-year and trends over time
- Potential to compare to other states
- Potential to identify areas of the state (counties or rural/urban) with low/high NEMT usage

#### **Reporting**

- Presentation of results in manner most efficient and understandable for legislators and general public, e.g., table, pie chart, bar chart, line chart