

SWG Survey Results

After the May 17th KMMC meeting, Stakeholder Working Group (SWG) members completed a survey assessing the SWG’s consolidated questions. SWG members were asked to rate the consolidated questions on a scale of 1-5 using a set of seven criteria previously developed by the SWG. At the end of the survey SWG members were asked to select three priority questions. There were 16 responses from approximately 40 working group members (40% response rate).

Below are results from the survey, by consolidated question. The “summed average criteria score” column refers to a sum of the average criteria scores for each question (score could range from 7-35). The “times selected as priority” column refers to the number of times that question was selected as a top priority by a SWG member.

Figure 1. Survey Results by Consolidated Question

Consolidated Questions	Summed Average Criteria Score	Times Selected as Priority
14. Enrollee Treatment. Are KanCare enrollees satisfied with the way they are treated and the degree to which they understand and can make decisions about their services?	30.71	3
15. Application Processing. What are the barriers to having an application processed in a timely manner?	30.54	3
3. Quality Assurance. Are quality assurance measures in place to ensure that individuals receive the level of services they need?	29.93	3
13. Care Coordination. Are care coordination services (i.e., any services to help coordinate care; not limited to MCO-defined services) available for consumers who need it? Are care coordination services effective for those who have received them?	29.61	5
4. Social Determinants. What KanCare social determinants data do we have? What do the KanCare data tell us about the social determinants of health, and their impact on enrollees?	29.22	4
8. No Access. What are the outcomes associated with individuals who cannot access care?	29.06	3
7. Pregnancy Outcomes. How does KanCare impact pregnancy outcomes? (maternal mortality, infant mortality)	28.98	2

Consolidated Questions	Summed Average Criteria Score	Times Selected as Priority
11. Network Adequacy. What is the network adequacy in KanCare, relative to a benchmark (e.g., contract standard)? If network adequacy is below the benchmark, why?	28.92	4
2. Setting of Choice. Does KanCare improve enrollees' ability to live independently in the community setting of their choice?	28.79	4
5. Quality of Care. What quality of care measures are currently available?	27.96	2
10. Wait Lists. What impact on outcomes are associated with wait lists and high vacancy rates?	27.66	0
6. Disparities. Does KanCare reduce disparities related to health outcomes?	26.73	3
17. Service Location. Where are KanCare services provided, and to which consumers?	26.72	0
19. Total Cost of Care. Does the total cost of care for members vary based on location of service and how the services are accessed?	26.64	0
9. High-Cost Drivers. For high-cost drivers, is KanCare making a difference?, available for consumers who need it? Are care coordination services effective for those who have received them?	26.60	2
12. Levels of Care. Have levels of care for individuals in nursing facilities changed pre-KanCare compared to post-KanCare?	25.36	1
18. Funding Distribution. How are funding/costs associated with KanCare distributed?	25.16	1
1. Employment. What impact does KanCare have on employment?	24.82	1
16. Utilization. How is utilization measured, and how can it be stratified?	24.25	1

Note: The seven criteria used in the survey were: Important to consumers; Important to the SWG; Desire for more clarity; Number of people impacted; Level of impact on the consumer; Fiscal impact to the state/taxpayer; Actionability.

Additional Questions: SWG members were also asked to submit additional questions they felt were missing from the list of consolidated questions:

- Based on national disability/capita metrics, is KanCare reaching an acceptable number of Kansans?
- Participation in certain KanCare services; particularly the HCBS Frail Elderly and Brain Injury Waivers has dropped significantly from pre-KanCare numbers. What systems are in place to ensure access to these services hasn't been adversely affected by KanCare processes, eligibility evals, rules etc.
- Who holds MCO's accountable for network inadequacy? Based on plans of care what is the vacancy rate for services. For example, is 40 hours of care approved each week and only 10 utilized why? Lack of works or what other factors?
- How easy is it to access and understand KanCare Services?
- What do you appreciate most or would be most beneficial to you in your KanCare services?
- Are people getting informed consent? (i.e., do people know that many medical treatments do more harm than good?)
- Are people getting informed about community-based supports like peer support that are alternatives to the mainstream model?

Additional Comments: SWG members also provided additional comments on specific questions:

- #14 needs to be divided into two questions
- I would also like to suggest that our committee make #14 a priority for the State via a survey of consumers by an impartial third party; not the MCO's.
- I feel like #18 is a question that providers would like to know the answer to; not a quality measure for KanCare.