

SWG Questions from Survey (3/1)	Draft Consolidated Questions (4/12)	SWG Approval/Modifications (5/17)
<i>Domains: Social Determinants of Health, Employment, Quality of Life</i>		
76b. What additional services would help enrollees find employment?	1. What impact does KanCare have on employment?	
77. What are (competitive, integrated) employment levels of Kansans with disabilities pre and post KanCare? Are people aware of employment supports available to them? Are providers reimbursed at a rate that supports services that promote competitive, integrated employment?		
78. Would we also want to know how many individuals on Medicaid are employed or going to training/school - to answer the question or debunk the myth presented by several legislators?		
79. It might not be bad to explore ongoing employment services (if any) that are available to continue to improve a youth's employment opportunity.		
80. How many folks are employed already in Kansas receiving the benefits?		
66. What services are available in KanCare to help enrollees avoid institutionalization or loss of independence? Do MCOs have financial incentives to limit enrollee's ability to stay in a home environment?	2. Does KanCare improve enrollees' ability to live independently in the community setting of their choice?	
67. Are people achieving their vision of a "good life" under KanCare?		
68. Quality of life measures should assess the delay of complications from life either through conditions, disorders, disease or aging. I do not know enough about the data set to propose a specific question.		

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51. Are people with more significant disabilities more likely to remain in nursing homes vs in the community? Has this changed from pre-KanCare trends?	3. Are quality assurance measures in place to ensure that individuals receive the level of services they need?	
33. What are the health care conditions that are impacted by personal care assistance; i.e. capability to self-administer drugs.		
10. How does the number of individuals self-directing their care compare to pre-KanCare?		
5. For individuals deemed eligible for HCBS in home supports, what is the number of approved plans of care with 20 or fewer hours per week attendant care services?		
88. Does KanCare/HCBS support community involvement and social supports?		
<b>Consumer Engagement Theme: Living in Community, Independence, Quality of Life</b>	4. 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?	
89. How do social determinants of health including: Income and social status Employment and working conditions Education and literacy Childhood experiences Physical environments Social supports and coping skills Healthy behaviors Access to health services Biology and genetic endowment Gender Culture Impact health outcomes/treatment/enrollment/etc.?		
90. Do enrollees have access to safe housing? Do enrollees need help finding work (combine social determinants with employment domain)? Do enrollees have access to a network of caring friends or family? If not, what would help?		

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91. What data are being collected for SDOH? How do providers use the data to support provision of health care? What about the health plans? KanCare - at the state agency level? Are there differences in rates/frequencies for various SDOH by region of the state, rural/urban, etc.		
92. What data are being collected as SDOH and how are the data being used to support patients in their care? Are there regional differences in data and how is this being communicated?		
93. How available is transportation in your community to social activities, church, etc.? (In other words, not medical appointments) How available is safe and affordable housing?		
94. What housing data is available to compared to the chronic conditions metrics?		
95. Financial hardships around older Americans who need services.		
<b>Consumer Engagement Theme: Transportation</b>		
<i>Domains: Quality, Outcomes</i>		
54. How does Quality of Care differ from Rural to Urban?	5. What quality of care measures are currently available?	
55. What are the quality of care definitions?		
86. How are key chronic health conditions compared and contrasted between different disabilities?	6. Does KanCare reduce disparities related to health outcomes?	
87. How are key chronic health conditions compared across rural and urban?		
<b>Consumer Engagement Theme: Outcomes (recovery-oriented outcomes and provider-oriented outcomes are not the same)</b>		

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81. What is the frequency of low-weight births?	7. How does KanCare impact pregnancy outcomes? (maternal mortality, infant mortality)	
82. How does the frequency of low-weight births relate to when eligible mothers began receiving health care?		
83. What are the outcomes associated with low-weight births?		
84. What are the inputs associated with low-weight births? How does racism relate to low-weight births/preterm births/infant mortality?		
85. How many babies are born with neonatal abstinence syndrome? It would be good to have maternal mortality information, as well. Overall mortality and premature death - all ages is good to know; how does this compare to the general population?		
<i>Domains: Access, Coordination of Care</i>		
35. Perhaps a question around the high user patients.....is it because of their health condition, social determinants, lack of primary care, lack of transportation, lack of effective case management?	8. For high-cost drivers, is KanCare making a difference?	
27. Definitely feel we should always look at whether access to emergency care is decreasing as consumers have improved access to primary care providers.		
60. How many and for what reasons are people re-admitted to the hospital for the same health event? How long does it take for an individual on Medicaid to be seen by their primary care provider post discharge from hospital, ED, specialty care, PT, etc.		
41. How do beneficiaries manage if they are not receiving services? (waiting lists)	9. What impact on outcomes are associated with high vacancy rates and wait lists?	
49. What is the vacancy rates on plan of cares for example 60 hours of services approved each week but only 30 covered? Factors for the vacancy		

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37. How is network adequacy reported? How does reported adequacy relate to individuals' experiences accessing care?	10. What is the network adequacy in KanCare, relative to a benchmark (e.g., contract standard)? If network adequacy is below the benchmark, why?	
38. What is the percentage of individuals in different counties on home and community based services (HCBS) waivers over time?		
43. What percentage of individuals receiving HCBS report access to adequate health and dental services?		
45. Equity of care.		
46. How does access to care in Kansas compare to other state Medicaid plans? How do the reimbursements in Kansas compare to other state Medicaid plans?		
47. What is the true network adequacy for providers serving KanCare? For example, how many dentists do we truly have that provide dental services to individuals on KanCare? What is the available panel spots for patients seeking care - do they really have choice? Do we have sufficient level of Behavioral Health Consultants to meet the full need - and if not, why are plans not willing to credential new providers because their "networks are full?"		
48. Do patients have access to the care/services they need within the area as required by network adequacy. The number of available panel spots for patients seeking care. Do all patients have choice? Do MCO limits on credentialing providers (behavioral health) limits access to care.		
<b>Consumer Engagement Theme: Disparity of Services</b>		

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22. Are there common characteristics associated with children/youth entering psychiatric treatment residential facilities (PRTF)? Who's being screened out from entering PRTFs?	11. Are care coordination services available for consumers who need this service? Are care coordination services available based on individuals' level of need?	
40. Have levels of care for individuals in nursing facilities changed pre-KanCare compared to post-KanCare?		
56. Who is helping children/youth with behavioral health conditions receive services, such as getting into psychiatric residential treatment facilities (PRTF)?		
58. What KanCare populations receive coordination of care services? Who makes that determination? Do MCOs limit member access to waiver programs?		
59. I think there are a lot of questions surrounding coordination of care, especially with regard to LTSS (re: I/DD waiver). Is coordination of care best implemented on an MCO level or on a local level via Targeted Case Manager like in the I/DD waiver?		
61. Who is ensuring follow-up visits when transitioning between types of care (for example; inpatient, specialty care, or post-partum)?		
62. How are cases coordinated for children's and adults with multiple physical and mental health conditions?		
63. What is the "help" that is being provided regarding PRTF admission and continuing service therein?		
64. It might be important to determine how many of the youth with behavioral health conditions are in state custody (DCF/Corrections) and who helps coordinate THOSE services vs. youth with behavioral health conditions NOT in custody, etc.		

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65. Who helps an elder if they want to leave an institution?		
39. How do results provided in the Mental Health Survey correlate to services provided?		
<i>Domains: Eligibility Determination, Enrollee Characteristics, Enrollee Satisfaction</i>		
44. Cultural knowledge of medical providers.	12. Are KanCare enrollees satisfied with the way they are treated and the degree to which they understand and can make decisions about their services?	
69. How is enrollee satisfaction currently measured? Is there independent data collection of consumer satisfaction of MCO services?		
69. Are enrollees treated with respect by providers and MCOs?		
70. Do enrollees feel safe when receiving care?		
71. Do enrollees feel that providers and MCOs are available to answer their questions		
9. How aware of their benefits are KanCare enrollees?		
17. How many youths transitioning into adulthood reapply for services once they reach adulthood?		
<b>Consumer Engagement Theme: Living in Community, Independence, &amp; Quality of Life</b>		
<b>Consumer Engagement Theme: Respect/Consumer Treatment</b>		
<b>Consumer Engagement Theme: Communication</b>		
11. Demographics (race/ethnicity, income, etc.)	13. What are the demographic characteristics of individuals enrolled in KanCare?	
12. How do enrollees break down by county or state legislative district? What are ages, genders, languages spoken and types of members in various areas of the state? What are the various personas of the enrollees? (e.g. child, mom, elderly)		

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13. What are the characteristics of the persons enrolled in KanCare, including age, race, gender, education, employment, income, etc.		
14. What are the characteristics of the persons enrolled in KanCare in addition to income? Age, Race, Gender, Education, employment and at what capacity are they employed. (and so on)		
15. Rank the common characteristics by age, geographic area and diagnosis.		
16. How many Enrollees are from other ethnic origins?		
1. KDHE regularly reports "applications/reviews that take longer than 45 days" to the legislature. What data is included when this is reported?	14. What are the barriers to having an application processed in a timely manner?	
2. If the application is taking more than 45 days, what are the reason(s) for the delays.		
3. What are the barriers to completing application review within the allowed time frame?		
4. What are the patient characteristics for those that take longer than 45 days? For example, are there more patients in a certain geographic area, indicating a need for eligibility outreach? Is there a higher volume of patients with applications for patients for certain waivers, etc.		
8. How many are processed with no changes from year to year, especially those in long term care services?		
57b. How many individuals receiving HCBS fail to complete reassessments in a timely manner?		
<b>Consumer Engagement Theme: Availability of Services</b>		



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6. Do MCOs do anything to limit KanCare eligibility? How does Kansas' eligibility determination process compare with other state Medicaid plans?	Informational: These questions can be answered directly, without additional analysis.	
7. How does the data rank the factors that impact the eligibility determination?		
52. What HEDIS or other quality metrics are tracked by the KanCare program? What portion of provider or MCO profit is void if those entities fail to meet quality standards? What accreditation or credentialing is done for the KanCare program? How does this compare to other state Medicaid programs?		
53. There are so many more questions related to quality of care, it is hard to know where to start. I would be interested in knowing how KanCare selects their performance measures related to quality of care - are we truly measuring what is most important?		
57. Who is assisting individuals with significant disabilities and/or seniors on HCBS to complete Medicaid annual reassessments?		
70. When a consumer has a complaint, is there an independent source of support to assist with filing a complaint?		
74. What services are available that facilitate employment opportunities for youth?		
75. What services are available that facilitate employment opportunities for adults with significant disabilities?		
76. What services are available to facilitate employment opportunities for adults?		
50. I have shared some comments with KHI staff regarding information that is put into the UB-04 claim that might be helpful in		

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<p>identifying a number of issues, including access to care. The source of admission (did the patient walk in, were they brought in by ambulance, etc.) and the discharge disposition (did the patient go home, were they transferred to another facility, did they go to a nursing home, did they go to a psych facility, etc.) might be used to help identify access issues. However....I don't know if the source of admission or the discharge disposition is a field that is included in the encounter data that the MCOs report to KDHE.</p>		
<i>Domains: Utilization and Expenditures</i>		
<p>18. How is utilization measured and calculated (particularly inpatient utilization)?</p>	<p>15. How is utilization measured, and how can it be stratified?</p>	
<p>29. Not sure how to phrase it, but there should be some type of breakdown of healthcare expenditures vs waiver expenditures. For example, on the I/DD waiver there is roughly a \$140M difference between capitated payments to MCOs and payments to HCBS service providers. How much of this goes to healthcare expenditures, and what are those expenditures.</p>		
<p>31. Total cost of care as it relates to the lines of business offered by the MCOs and the varied service providers. Geographic data related to the expenditures to determine the ancillary costs of patients being required to travel for care.</p>		
<p>32. Break down of the dollars spent on various health care expenditures.</p>		
<p>34. How are Health Care Expenditures defined?</p>		
<p>19. Can utilization be stratified for different groups?</p>		

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23. How are services consumed and in what proportion by different types of KanCare members?	16. Where are KanCare services provided, and to which consumers?	
26. Where are services provided in KanCare (e.g., schools)?		
21. What is the current utilization of Early and Periodic Screening, Diagnostic and Treatment (EPSDT; e.g., characteristics of individuals receiving services, types of services)?		
<b>Consumer Engagement Theme: Affordability/Coverage of Services</b>		
<b>Consumer Engagement Theme: Availability of Services</b>		
<b>Consumer Engagement: Communication</b>	17. How are funding/costs associated with KanCare distributed?	
28. What opportunities exist for KanCare to share costs with other programs? (e.g. dual special need plans with Medicare)		
36. Health care related program in Kansas: Determining what funding Kansas receives and who administers it.		
<b>Consumer Engagement Theme: Affordability/Coverage of Services</b>	18. Is Screening, Brief Intervention, and Referral to Treatment (SBIRT) being utilized effectively?	
24. What is the current utilization of SBIRT as well as the additional characteristics?		
42. SBIRT Look at adequacy of network related to utilization - are people able to receive services, including specialty services - close to home?	19. What is the current utilization of telehealth services?	
20. Prior to the upcoming expansion of telehealth services, what is the current utilization of telehealth services, and who's accessing them?		
25. Geographic Location of all telehealth use.		

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<p>30. Compare total cost of care - as well as specific costs of care (inpatient, outpatient, lab, etc.) - for individuals receiving primary through community health centers (FQHC) as compared to care from traditional primary care providers. This type of analysis could be used in other ways, depending on what is helpful to know. For example, total cost of care, and cost of care for the various service lines analyzed by MCO, by rural/urban, etc. If members are unable to receive services close to home (e.g., specialty services), what does this do to total cost of care?</p>	<p>20. Does the total cost of care for members vary based on location of service and how the services are accessed?</p>	
<p>31b. Geographic data related to the expenditures to determine the ancillary costs of patients being required to travel for care.</p>		