

Breakout Session #2

Breakout Session #2 will discuss the consolidated questions related to Enrollee Treatment, Application Processing, Social Determinants and Network Adequacy.

Background:

In January-February 2019, Stakeholder Working Group (SWG) members submitted individual questions about KanCare via an online survey. The questions could relate to specific “domains” (e.g., quality of care) included in the KanCare annual report or could be other questions of interest about KanCare. More than 90 questions were submitted.

In February-March 2019, three partner organizations conducted a consumer engagement pilot. Each organization asked consumers a set of seven questions, with some adding additional questions. The SWG design team then analyzed consumer responses and grouped them into themes. The full pilot results and themes can be found here:

https://www.khi.org/assets/uploads/news/14860/2019.05.17_consumer_engagement_pilot_themes.pdf

In April 2019, SWG leadership sorted similar consumer engagement themes and individual SWG questions into groups. For each grouping, leadership drafted “consolidated questions” to draw together common ideas, which were reviewed and modified by the full SWG in May 2019. The SWG settled on 19 consolidated questions.

At the end of May 2019, the SWG completed a survey to assess the consolidated questions against a set of seven criteria. Criteria included items such as “important to consumers,” “actionability” and “number of people impacted.” The survey results were then reviewed by the SWG on June 13, 2019. In that meeting, the SWG used the survey results to prioritize the consolidated questions by splitting them into two tiers. While all questions were considered important by the SWG, the consolidated questions in the first tier (9 questions total) represent the initial priority questions for review by the DRWG.

This document includes the nine first-tier consolidated questions and the underlying consumer engagement themes (bulleted with “Consumer Engagement Theme” before the theme) and individual questions (bulleted with “SWG” before the question number) for context. The consolidated questions are sorted by how they scored in the May 2019 survey completed by the SWG, with the consolidated question with the highest score listed first, and the question with the lowest score listed last.

When DRWG met on July 12, they decided to refine the initial, consolidated questions from SWG as more precise research questions and pair those refined questions with possible measures. DRWG has now drafted those questions and measures and is seeking feedback on this work from the SWG before additional assessment is conducted.

Discussion Questions

1. Does the refined question still capture the priority of the SWG, or does it need to be modified?
2. Do the potential measures listed provide the type of information the SWG is interested in?

Table 1. Enrollee Treatment

Consolidated Question & Individual Questions and Consumer Engagement Themes
C14. 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?
<ul style="list-style-type: none"> • Consumer Engagement Theme: Living in Community, Independence, & Quality of Life
<ul style="list-style-type: none"> • Consumer Engagement Theme: Respect/Consumer Treatment
<ul style="list-style-type: none"> • Consumer Engagement Theme: Communication
<ul style="list-style-type: none"> • SWG 44. Cultural knowledge of medical providers.
<ul style="list-style-type: none"> • SWG 69. Are enrollees treated with respect by providers and MCOs?
<ul style="list-style-type: none"> • SWG 70. Do enrollees feel safe when receiving care?
<ul style="list-style-type: none"> • SWG 71. Do enrollees feel that providers and MCOs are available to answer their questions
<ul style="list-style-type: none"> • SWG 9. How aware of their benefits are KanCare enrollees?
<ul style="list-style-type: none"> • SWG 17. How many youths transitioning into adulthood reapply for services once they reach adulthood?
<ul style="list-style-type: none"> • SWG 6/13: How easy is it to access and understand KanCare Services?
<ul style="list-style-type: none"> • SWG 6/13: Are people getting informed about community-based supports like peer support that are alternatives to the mainstream model?
<ul style="list-style-type: none"> • SWG 6/13: Are people getting informed consent? (i.e., do people know that many medical treatments do more harm than good?)

Enrollee Treatment: Research Question & Measure(s)

C14. 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?

RC14a. How satisfied are KanCare consumers (enrollees) with the care (treatment) delivered by Medicaid providers?

RC14b. Are KanCare enrollees' choices and preferences respected by the KanCare MCOs specifically during care planning and goal identification process?

RC14c. Do KanCare enrollees understand medical or service coordination information shared by Managed Care Organizations?

RC14d. Are KanCare enrollees making choices about the types of care, services, and community supports they want to receive through managed care?

Refined as Research Question(s)	Possible Data Sources and Measure(s)	Note
<p>RC14a. How satisfied are KanCare consumers (enrollees) with the care (treatment) delivered by Medicaid providers?</p>	<p><u>CAHPS: Adult, Child, Children with Chronic Conditions</u> Shared Decision-Making composite - Did you and doctor/provider talk about reasons: might want to (and might not want to) take a medicine - When talking about starting/stopping medicine, did doctor/provider ask you what you thought was best for you Customer Service composite: - Health plan gives the information or help you needed - Health Plan treat you with courtesy and respect</p> <p><u>KDADS HCBS Quality Review Report</u> Number and percent of waiver participants whose service plans address participants' goals</p> <p><u>HCBS CAHPS</u> <u>Community Inclusion and Empowerment</u> Get together with family members/friends who live by when want to How often could do things in community you like Did you take part in deciding what you do with your time each day and when</p>	<p><i>The sampling frame for CAHPS survey is all KanCare members and for NCI-IDD and NCI-AD measures mainly includes HCBS waiver participants. Considering an alternate sampling approach to represent Kansans with disabilities is an example of an interest of DRWG members.</i></p>

	<p><u>National Core Indicators for Aging and Disability Adults Consumer Surveys</u> Proportion of Seniors and Adults with Disabilities Whose Services Meet All of Needs and Goals Percent of People Reporting that Staff Treat Person with Respect</p>	
<p>RC14b. Are KanCare enrollees’ choices and preferences respected by the KanCare MCOs specifically during care planning and goal identification process?</p>	<p><u>KDADS HCBS Quality Review Report</u> Number and percent of waiver participants whose service plans address participants' goals Number and percent of waiver participants whose record contains documentation indicating a choice of waiver service providers Number and percent of waiver participants whose record contains documentation indicating a choice of waiver services Number and percent of waiver participants whose record contains documentation indicating a choice of community-based services v. an institutional alternative Number and percent of waiver participants whose record contains documentation indicating a choice of either self-directed or agency-directed care</p> <p><u>HCBS CAHPS</u> <u>Choosing Services</u> Did your service plan include none/some/most/all of the things that are important to you</p> <p><u>MH Survey (Adults and Youth)</u> Participation in Treatment Planning (choosing goals and services) Social Connectedness – encouraged to use consumer run programs (support groups, drop-in centers, crisis phone line etc.)</p> <p><u>National Core Indicators for Adults with I/DD Age 18 and Older</u> Proportion of Kansans Who Believe They Can Make Choices and Decisions Percent of People Reporting that Staff Treat Person with Respect</p>	<p><i>The sampling frame for CAHPS survey is all KanCare members and for NCI-DD and NCI-AD measures mainly includes HCBS waiver participants. Considering an alternate sampling approach to represent Kansans with disabilities is an example of an interest of DRWG members.</i></p>

<p>RC14c. Do KanCare enrollees understand medical or service coordination information shared by Managed Care Organizations?</p>	<p>New measures needed.</p>	
<p>RC14d. Are KanCare enrollees making choices about the types of care, services, and community supports they want to receive through managed care?</p>	<p><u>KDADS HCBS Quality Review Report</u> Number and percent of waiver participants (or their representatives) who were present and involved in the development of their service plan Number and percent of waiver participants whose record contains documentation indicating a choice of waiver service providers Number and percent of waiver participants whose record contains documentation indicating a choice of waiver services Number and percent of waiver participants whose record contains documentation indicating a choice of community-based services v. an institutional alternative Number and percent of waiver participants whose record contains documentation indicating a choice of either self-directed or agency-directed care</p> <p><u>Person-Centered Care Plans</u></p>	

Table 2. Application Processing

Consolidated Question & Individual Questions and Consumer Engagement Themes
C15. Application Processing. What are the barriers to having an application processed in a timely manner? Which application(s) specifically?
<ul style="list-style-type: none">• SWG 2. If the application is taking more than 45 days, what are the reason(s) for the delays.
<ul style="list-style-type: none">• SWG 3. What are the barriers to completing application review within the allowed time frame?
<ul style="list-style-type: none">• SWG 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.
<ul style="list-style-type: none">• SWG 8. How many are processed with no changes from year to year, especially those in long term care services?
<ul style="list-style-type: none">• SWG 57b. How many individuals receiving HCBS fail to complete reassessments in a timely manner?

Application Processing: Research Question & Measure(s)

C15. Application Processing. What are the barriers to having an application processed in a timely manner? Which application(s) specifically?

RC15a. Has the timely determination of KanCare eligibility improved for new applications and redetermination, respectively?

RC15b. What are the member characteristics associated with the delay (>45 days) in KanCare new applications and redetermination, respectively?

Refined as Research Question(s)	Possible Data Sources and Measure(s)	
<p>RC15a. Has the timely determination of KanCare eligibility improved for new applications and redetermination, respectively?</p>	<p><u>Kansas Eligibility Enforcement System (KEES)</u> Total number active and pending application > 45 days and the proportion relative to the total applications</p> <p>Number of active applications (backlog cases) > 45 days and the proportion relative to the total applications <i>Note: Applications ready to be processed</i></p> <p>Number of pending applications (exceptions under the federal regulation) > 45 days and the proportion relative to the total applications <i>Note: Applications waiting information from applicants, providers or financial institutions</i></p> <p><u>KDADS HCBS Quality Review Report</u> Number of waiver participants who were determined to meet Level of Care requirements prior to receiving HCBS services</p> <p>Number and percent of waiver participants who receive their annual Level of Care evaluation within 12 months of the previous Level of Care determination</p> <p>Number and percent of service plans reviewed before the waiver participant's annual redetermination date</p> <p><u>Other</u> Number and percent of reviews that are completed via automation (note: requires no action from member)</p>	

<p>RC15b. What are the member characteristics associated with the delay (>45 days) in KanCare new applications and redetermination, respectively?</p>	<p><u>Kansas Eligibility Enforcement System (KEES)</u> Member characteristics, eligibility types, waiver types and regions of residence for active applications comparing to approved applications Member characteristics, eligibility types, waiver types and regions of residence for pending applications comparing to approved applications Reasons for exceptions, i.e., pending applications</p> <p><u>Case Study or Record Review</u> Examples for exception:</p> <ul style="list-style-type: none">- An application is received and the individual reports they have 4 life insurance policies at 4 different companies. The individual is asked to provide a letter from the insurance company showing the owner, face value, cash value and any loans on policy. The individual has to ask for this information. There are some companies that do not respond as quickly as others and if the individual requests an extension to allow time to obtain, the request is usually granted.- An application is received, and the individual is in a nursing facility; however, the current durable power of attorney (DPOA; who is family) is not cooperating and fails to pay the facility and not provide requested information needed for the Medicaid determination. A referral is made to Adult Protective Service (APS) with the state agency, Dept for Children and Families. APS does an investigation and finds the DPOA is unwilling to cooperate. APS files a motion in court requesting a new DPOA/Conservator to handle the nursing facility resident's financial affairs. The court sets the date. The current DPOA challenges. The court sets another date. The court eventually determines a new DPOA is needed and one is assigned. The new DPOA assists with the providing appropriate documentation. We obtain and determine if they meet Medicaid eligibility criteria.	
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Note: The analysis can be conducted separately for Family Medical, Elderly and Disabled, and Long-term Care as presented to the Bethell Oversight Committee.

Table 5. Social Determinants

Consolidated Question & Individual Questions and Consumer Engagement Themes
C4. 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?
<ul style="list-style-type: none"> • Consumer Engagement Theme: Transportation
<ul style="list-style-type: none"> • 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.?
<ul style="list-style-type: none"> • 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?
<ul style="list-style-type: none"> • 91c. Are there differences in rates/frequencies for various SDOH by region of the state, rural/urban, etc.
<ul style="list-style-type: none"> • 92b. Are there regional differences in SDOH data and how is this being communicated?
<ul style="list-style-type: none"> • 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?
<ul style="list-style-type: none"> • 94. What housing data is available to compared to the chronic conditions metrics? (What is the relationship between housing status and chronic conditions?)
<ul style="list-style-type: none"> • 95. Financial hardships around older Americans who need services.

Social Determinants: Research Question & Measure(s)

C4. 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?

RC1. (informational question) What KanCare SDOH data are available? What might be available in the future?

RC2. How do SDOH differ by member demographics, eligibility type, waiver program and residential location?

Refined as Research Question(s)	Possible Data Sources and Measure(s)	Note
<p>RC1. (informational question) What KanCare SDOH data are available? What might be available in the future?</p>	<p>MCO Health Risk Assessment (HRA) Surveys may be a source of data in the future.</p> <p>Other SDOH data that is available does not allow for assessment by KanCare enrolment status, eligibility type or waiver program.</p>	
<p>RC2. How do SDOH differ by member demographics, eligibility type, waiver program and residential location?</p>	<p><u>MCO Health Risk Assessment Survey</u></p> <p>Housing How many addresses have you had in the past 12 months?</p> <p>Food Do you find that you sometimes have to choose between buying groceries or medications? Is there a stove and refrigerator present and working? In the past seven (7) days, how many servings of fruits and vegetables did you typically eat each day? (1 serving = 1 cup) Do you need help doing the following? Preparing a meal? Eating a meal?</p> <p>Employment If employed, do you feel that you are employed adequately based on your skills and knowledge?</p> <p>Financial Do you worry about paying bills?</p> <p>Transportation What transportation do you use?</p>	

	<p>Education Do you attend school? If yes, name of school and grade What is the highest grade or level of school you completed? How often do you need to have someone help you when you read instructions, pamphlets, or other written material from your doctor or pharmacy?</p> <p><u>Z-Codes (ICD-10-CM diagnosis codes in claims data)</u> Z55 to Z65 Persons with potential health hazards related to socioeconomic and psychosocial circumstances Z55 Problems related to education and literacy Z56 Problems related to employment and unemployment Z57 Occupational exposure to risk factors Z59 Problems related to housing and economic circumstances Z60 Problems related to social environment Z62 Problems related to upbringing Z63 Other problems related to primary support group, including family circumstances Z64 Problems related to certain psychosocial circumstances Z65 Problems related to other psychosocial circumstances</p> <p><u>Billable/specific Z codes for select topics:</u></p> <p>Housing Z59.0 Homelessness Z59.1 Inadequate housing Z59.8 Other problems related to housing and economic circumstances Z59.9 Problem related to housing and economic circumstances, unspecified</p> <p>Food Z59.4 Lack of adequate food and safe drinking water</p>	
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	<p>Financial Z59.5 Extreme poverty Z59.6 Low income</p> <p>Employment Z56.0 Unemployed, unspecified</p> <p>Transportation (Several organizations have proposed to expand ICD-10 to capture more details. Couple examples related to transportation barriers resulting from low income are shown below for reference. They have not been widely adopted yet.) Z59.64 Unable to pay for transportation for medical appointments or prescriptions Z59.641 Unable to pay for transportation for medical appointments or prescriptions Z59.642 Unable to pay for transportation unrelated to health care – work Z59.643 Unable to pay for transportation unrelated to health care – getting things needed for daily living</p> <p>Education Z55.0 Illiteracy and low-level literacy Z55.1 Schooling unavailable and unattainable</p> <p><u>Measures to Develop</u></p> <p>Housing Do you feel physically and emotionally safe where you currently live?</p> <p>Food Within the past 12 months did you worry that your food would run out before you got more? Within the past 12 months did the food you bought just not last and you didn't have money to get more?</p>	
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	<p>Financial Within the past 12 months Have you or your family members you live with been unable to get utilities (heat, electricity) when it was really needed?</p> <p>Transportation Within the past 12 months has lack of transportation kept you from medical appointments, getting your medicines, non-medical meetings or appointments, work, or from getting things that you need?</p>	
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Table 8. Network Adequacy

Consolidated Question & Individual Questions and Consumer Engagement Themes
<p>C11. 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?</p>
<ul style="list-style-type: none"> • Consumer Engagement Theme: Availability of Services
<ul style="list-style-type: none"> • Consumer Engagement Theme: Disparity of Services
<ul style="list-style-type: none"> • 37b. How does reported network adequacy relate to individuals' experiences accessing care?
<ul style="list-style-type: none"> • 38. What is the percentage of individuals in different counties on home and community-based services (HCBS) waivers over time?
<ul style="list-style-type: none"> • 43. What percentage of individuals receiving HCBS report access to adequate health and dental services?
<ul style="list-style-type: none"> • 45. Equity of care. (Does access to/quality of care vary by demographic?)
<ul style="list-style-type: none"> • 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?
<ul style="list-style-type: none"> • 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?"
<ul style="list-style-type: none"> • 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.
<ul style="list-style-type: none"> • 48b. Do all patients have a choice of providers? Do MCO limits on credentialing providers (behavioral health) limit access to care?

Network Adequacy: Research Question & Measure(s)

C11. 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?

RC11a. What is the current measure for network adequacy in KanCare? What is the current measure for network adequacy in KanCare relative to a benchmark (e.g., contract standard)? If network adequacy is below the benchmark, why?

RC11b. Overall, do KanCare members feel they have adequate access to care and services?

RC11c. (Informational question) What will KanCare MCOs do when members do not have access to care/services as required by the contract for network adequacy? What adjustments do they make to get KanCare members access when there are gaps?

Refined as Research Question(s)	Possible Data Sources and Measure(s)	Note
<p>RC11a. What is the current measure for network adequacy in KanCare? What is the current measure for network adequacy in KanCare relative to a benchmark (e.g., contract standard)? If network adequacy is below the benchmark, why?</p>	<p><u>MCO Network Adequacy Report</u> % of members covered within network adequacy standards by provider type, MCO and county Number and % of members not within access distance by MCO, provider type, and county Number of Counties with 0% Provider Access How many exceptions have been granted to MCOs for specific access to care gaps by county and type and MCO?</p> <p><u>KDADS HCBS Quality Review Report</u> Service Plan PM8 - Number and percent of waiver participants who received services in the type, scope, amount, duration, and frequency specified in the service plan. Service Plan PM9 - Number and percent of survey respondents who reported receiving all services as specified in their service plan.</p>	<p><i>The final GeoAccess Standards available on KanCare website has included HCBS standards since January 1, 2019.</i></p>
<p>RC11b. Overall, do KanCare members feel they have adequate access to care and services?</p>	<p><u>CAHPS Access to Care Questions</u> In the last 6 months, when you (your child) needed care right away, how often did you (your child) get care as soon as you (he or she) needed? In the last 6 months, how often did you get (when you made) an appointment for a check-up or routine care (for your child) at a doctor's office or clinic (how often did you get an appointment) as soon as you (your child) needed?</p>	<p><i>The sampling frame for CAHPS survey is all KanCare members and for NCI-DD and NCI-AD measures mainly includes HCBS waiver participants. Considering an alternate sampling approach to</i></p>

	<p>How often was it easy to get the care, tests, or treatment you (your child) needed? How often did you get an appointment (for your child) to see a specialist as soon as you needed?</p> <p><u>Mental Health Survey</u> I was able to get all the services I thought I needed. My family got as much help as we needed for my child. Services were available at times that were good for me (convenient for us/me). My mental health providers returned my calls in 24 hours.</p> <p><u>SUD Survey</u> Is the distance you travel to your counselor a problem or not a problem? Were you placed on a waiting list? If you were placed on a waiting list, how long was the wait? For urgent problems, how satisfied are you with the time it took to see someone? Thinking back to your first appointment for your current treatment, did you get an appointment as soon as you wanted?</p> <p><u>HEDIS</u> Children and Adolescents' Access to Primary Care Practitioners</p>	<p><i>represent Kansans with disabilities is an example of an interest of DRWG members.</i></p>
<p>RC11c. (Informational question) What will KanCare MCOs do when members do not have access to care/services as required by the contract for network adequacy? What adjustments do they make to get KanCare members access when there are gaps?</p>		