



KANCARE MEANINGFUL MEASURES COLLABORATIVE

December 9, 2020

Robert G. (Bob) Bethell Joint Committee on Home and Community  
Based Services and KanCare Oversight

# ACKNOWLEDGEMENTS

- Supported by a grant from the REACH Healthcare Foundation
- Participating organizations, agencies and individuals contribute their expertise, perspective and time to the effort
- Facilitated by the Kansas Health Institute

# KMMC PURPOSE

- KMMC is a coalition of KanCare consumers, stakeholders, researchers and state staff whose goal is not to evaluate the KanCare program, but instead to establish consensus around which data and metrics are most needed to better understand the performance of the program.

# CYCLE 1: PRIORITY AREAS

- Priority areas: Care Coordination, Network Adequacy, Pregnancy Outcomes and Social Determinants of Health
- Recommendations published April 2020, available here: <https://bit.ly/30MVMmm>

**New: Existing measures reports published October 2020, available here: <https://bit.ly/3nX32o9>**

# NETWORK ADEQUACY

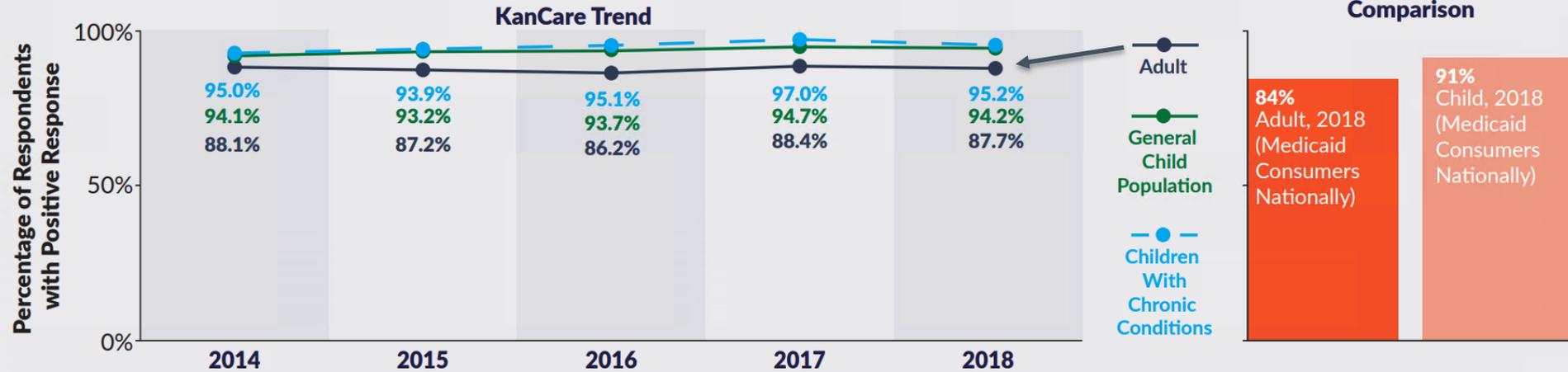
Figure 1. Examples of Meaningful Measures for Network Adequacy

Existing Meaningful Measures	New Meaningful Measures	Other Recommendations
<ul style="list-style-type: none"><li>• Percentage of members covered within network adequacy standards by provider type, managed care organization (MCO) and geography.</li><li>• Percentage of KanCare respondents with positive response to: In the last six 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?</li></ul>	<ul style="list-style-type: none"><li>• Sufficient number of providers by provider type, MCO and geography to provide adequate coverage within defined time and distance standards.</li></ul>	<ul style="list-style-type: none"><li>• Make technical documents available and provide the derivation of measures part of public reports.</li><li>• Describe the network adequacy monitoring process.</li><li>• Describe options available when the KanCare network is not able to meet an identified need.</li></ul>

Note: Check out the [supplemental tables](#) to see other Existing Meaningful Measures selected for network adequacy not reported in this brief. Check out the full set of recommendation for network adequacy here: <https://bit.ly/2Diax7B>.

# NETWORK ADEQUACY

Figure 3. Percentage of KanCare respondents and Medicaid respondents nationwide with positive response to: 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?



Source: The KanCare data was reported by the Kansas Foundation for Medical Care and is available in Table 42 (page 175) in the 2018 KanCare evaluation report: <https://bit.ly/2XCDGB4>. The Medicaid nationwide data was reported by the Agency for Healthcare Research and Quality and is available here: <https://bit.ly/2DrAYrn>.

# PREGNANCY OUTCOMES

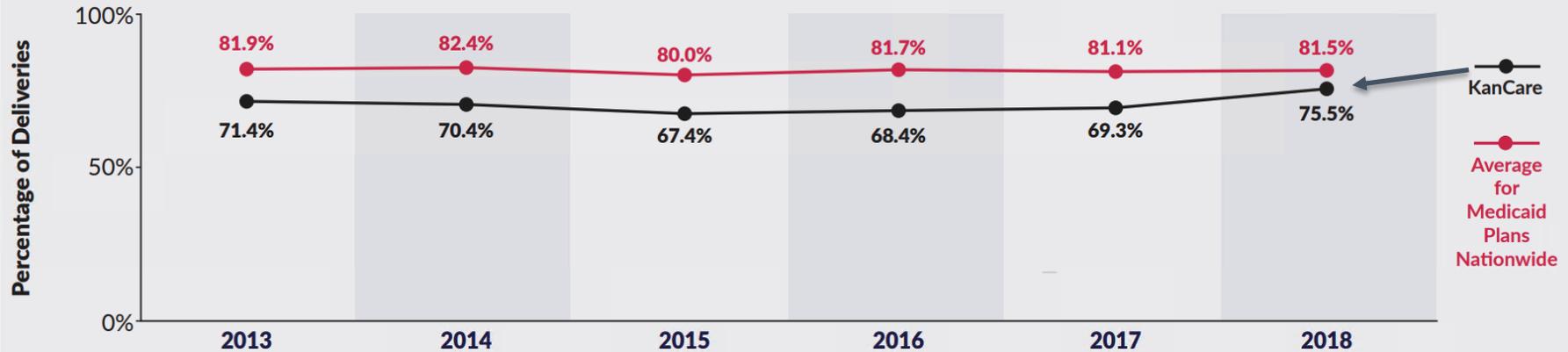
Figure 1. Examples of Meaningful Measures for Pregnancy Outcomes

Existing Meaningful Measures	New Meaningful Measures	Other Recommendations
<ul style="list-style-type: none"><li>• Timeliness of prenatal care.</li><li>• Postpartum care.</li></ul>	<ul style="list-style-type: none"><li>• Birth weight.</li><li>• Gestational age.</li><li>• Infant mortality.</li></ul>	<ul style="list-style-type: none"><li>• Identify if disparities exist in measures.</li><li>• Explore use of the Pregnancy Risk Assessment Monitoring System (PRAMS) data.</li></ul>

Note: Check out the full set of recommendation for pregnancy outcomes here: <https://bit.ly/2Diax7B>.

# PREGNANCY OUTCOMES

Figure 3. Percentage of deliveries that received a prenatal care visit as a member of the organization in the first trimester, on the enrollment start date or within 42 days of enrollment in the organization



Source: KanCare data for 2013-2017 was reported by the Kansas Foundation for Medical Care and is available in Table 2 (page 109) in the 2018 KanCare evaluation report, available here: <https://bit.ly/2XCDGB4>. The 2018 KanCare data was reported by the Kansas Foundation for Medical Care and is available in Table B2 (page 112) in the KanCare Program Annual External Quality Review Technical Report, available here: <https://bit.ly/2Ec07XI>. The Medicaid plan data was calculated by NCQA and is available here: <https://bit.ly/31k4Opu>.

# CARE COORDINATION

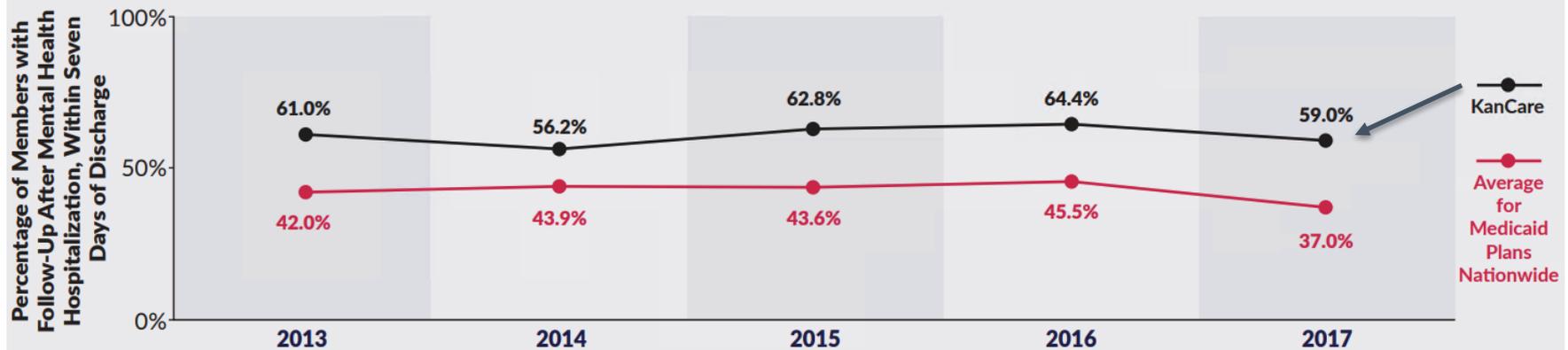
Figure 1. Examples of Meaningful Measures for Care Coordination

Existing Meaningful Measures	New Meaningful Measures	Other Recommendations
<ul style="list-style-type: none"><li>• Personal doctor seemed informed and up-to-date about your (your child's) care received from other providers.</li><li>• Proportion of people who felt comfortable and supported enough to go home (or where they live) after being discharged from a hospital or rehabilitation facility in the past year.</li></ul>	<ul style="list-style-type: none"><li>• Measures from home and community-based services Consumer Assessment of Healthcare Providers and Systems (CAHPS) survey.</li><li>• Targeted case management measures.</li></ul>	<ul style="list-style-type: none"><li>• Develop measures for member experience on the Serious Emotional Disturbance (SED) waiver.</li><li>• Increase the home and community-based services CAHPS sample size to allow comparisons.</li></ul>

Note: Check out the [supplemental tables](#) to see the other Existing Meaningful Measures selected for care coordination not reported in this brief. The full set of recommendation for care coordination, including the "other recommendations," are here: <https://bit.ly/2DiAx7B>.

# CARE COORDINATION

Figure 4. Follow-Up After Hospitalization for Mental Illness, Within Seven Days of Discharge



Source: The KanCare data was calculated by the Kansas Foundation for Medical Care and is available in Table 2 (page 109) in the 2018 KanCare evaluation report: <https://bit.ly/2XCDGB4>. The Medicaid plan nationwide data was reported by NCQA and is available here: <https://bit.ly/31pJqPY>.

# CONSUMER ENGAGEMENT

- Surveyed ~700 KanCare consumers who received behavioral health services via telehealth
- High levels of satisfaction and preference for some form of telehealth available following COVID-19
- Benefits: access, convenience, transportation issues resolved
- Challenges: technical challenges, staying engaged, lack of personal connection

# NEXT STEPS

- Additional analysis on telehealth consumer engagement results
- Potential new priority areas: behavioral health, communication, quality assurance, telehealth
- What would be helpful for the Committee from the KMMC?

# THANK YOU

- Questions?
- Connect with the KMMC:
  - Website: [kmmcddata.org](http://kmmcddata.org)
  - Email [kmmc@khi.org](mailto:kmmc@khi.org) to receive the monthly newsletter