



KANSAS HEALTH INSTITUTE

# KanCare 3.0: What's Next for Medicaid Managed Care?

February 20, 2024

Kansas Health Institute



# Who We Are

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- Nonprofit, nonpartisan educational organization based in Topeka.
- Established in 1995 with a multi-year grant by the Kansas Health Foundation.
- Committed to convening meaningful conversations around tough topics related to health.



# Hello!

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# Acknowledgments

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We recognize the following individuals for their contributions:



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# Agenda

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## KanCare 3.0: What's Next for Medicaid Managed Care?

- Background
- Procurement Process and Timeline
- Stakeholder Input and Recommendations, and Alignment with Request for Proposals (RFP)
- Key Topics: Discussion
- Q&A

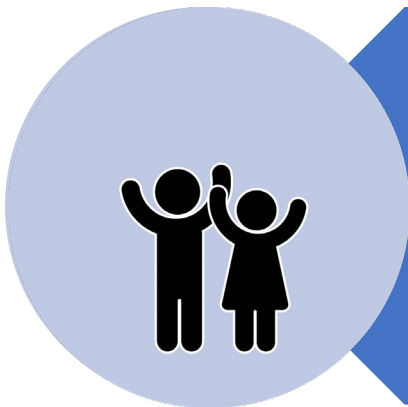


# Background: Kansas Medicaid and CHIP

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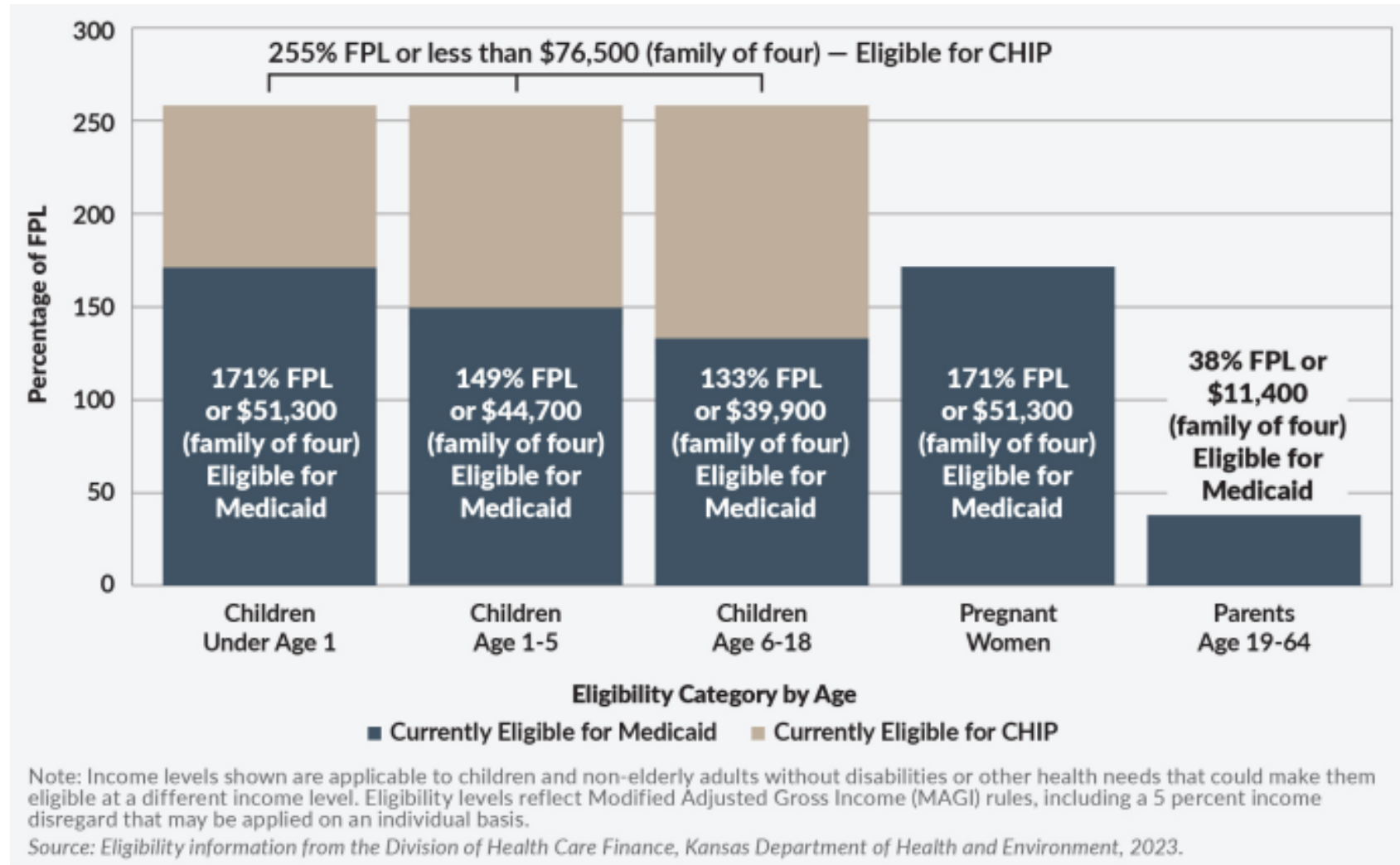
Medicaid: Enacted in 1965, it provides coverage for health services and long-term care to eligible low-income dependent children, parents, pregnant women, people with disabilities and older adults, as well as some individuals with specific health conditions.



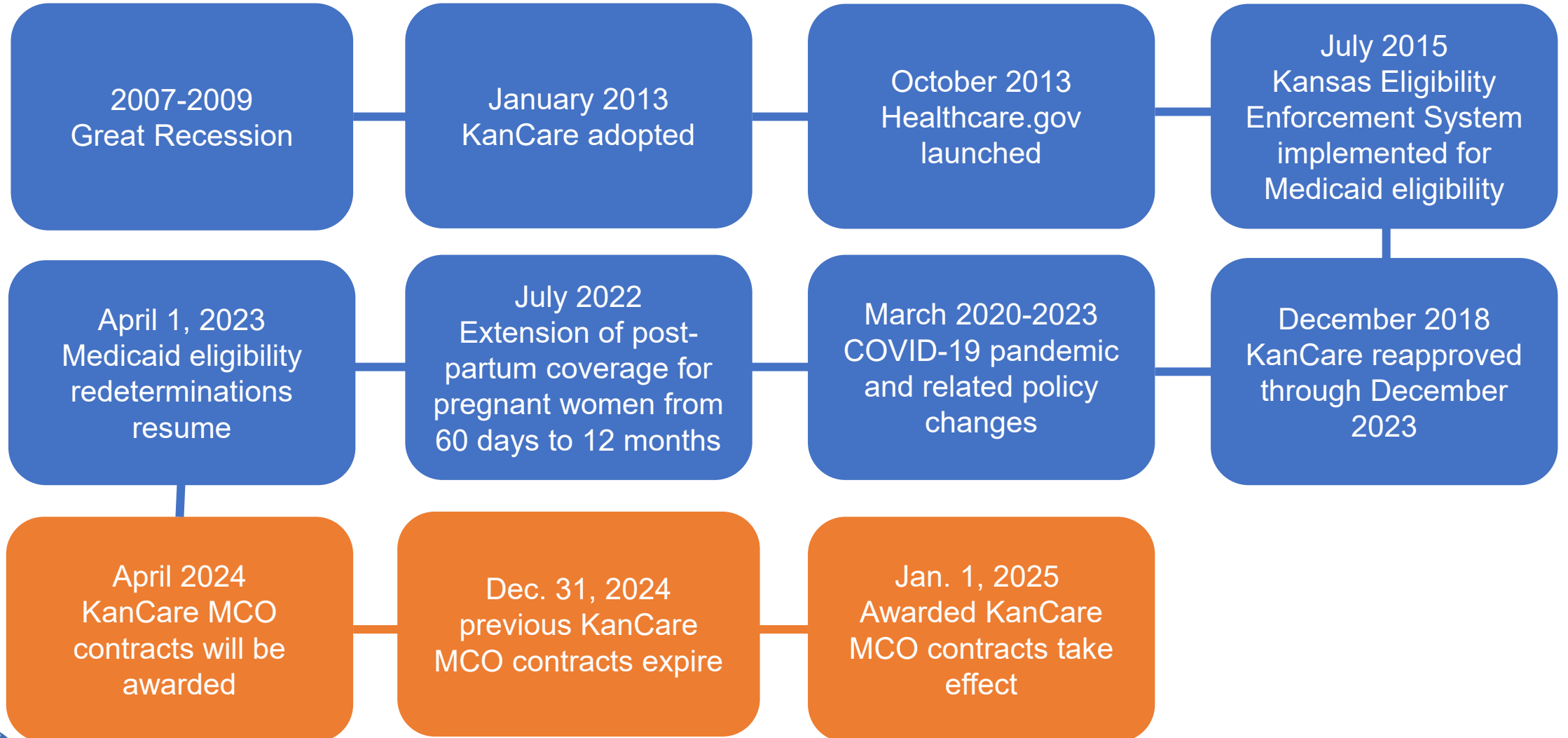
CHIP: Adopted in Kansas in 1998 and implemented in 1999. It provides similar coverage to uninsured children of low-income families who are not eligible for Medicaid, but who can't afford private coverage.



# Background: Income Eligibility Levels for Children and Families in Kansas Medicaid and CHIP, 2023



# Key Events Impacting Medicaid and CHIP





# Background

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## KanCare

- The Kansas Department of Health and Environment (KDHE), the Kansas Department for Aging and Disability Services (KDADS) have authority and oversight of KanCare and closely collaborate with the Kansas Department for Children and Families (DCF)
- The State of Kansas began contracting with Managed Care Organizations (MCOs) for most Medicaid services in 2013 under the Brownback Administration
- FY 2022 Costs: \$4.95 B (All funds) and \$1.19 B (State General Fund)
- In state fiscal year (FY) 2023, which began July 1, 2022, Medicaid and CHIP covered an average of 529,075 people in Kansas per month



# Background

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## MCOs are responsible for:

- Coordinating care, including visits to primary care, specialty care, nursing facilities, hospital stays, substance use disorder treatments and home and community-based services (HCBS)
- Developing a provider network that meets the needs of its members
- Paying providers for health care services
- Ensuring quality of care



# KanCare 3.0 Procurement

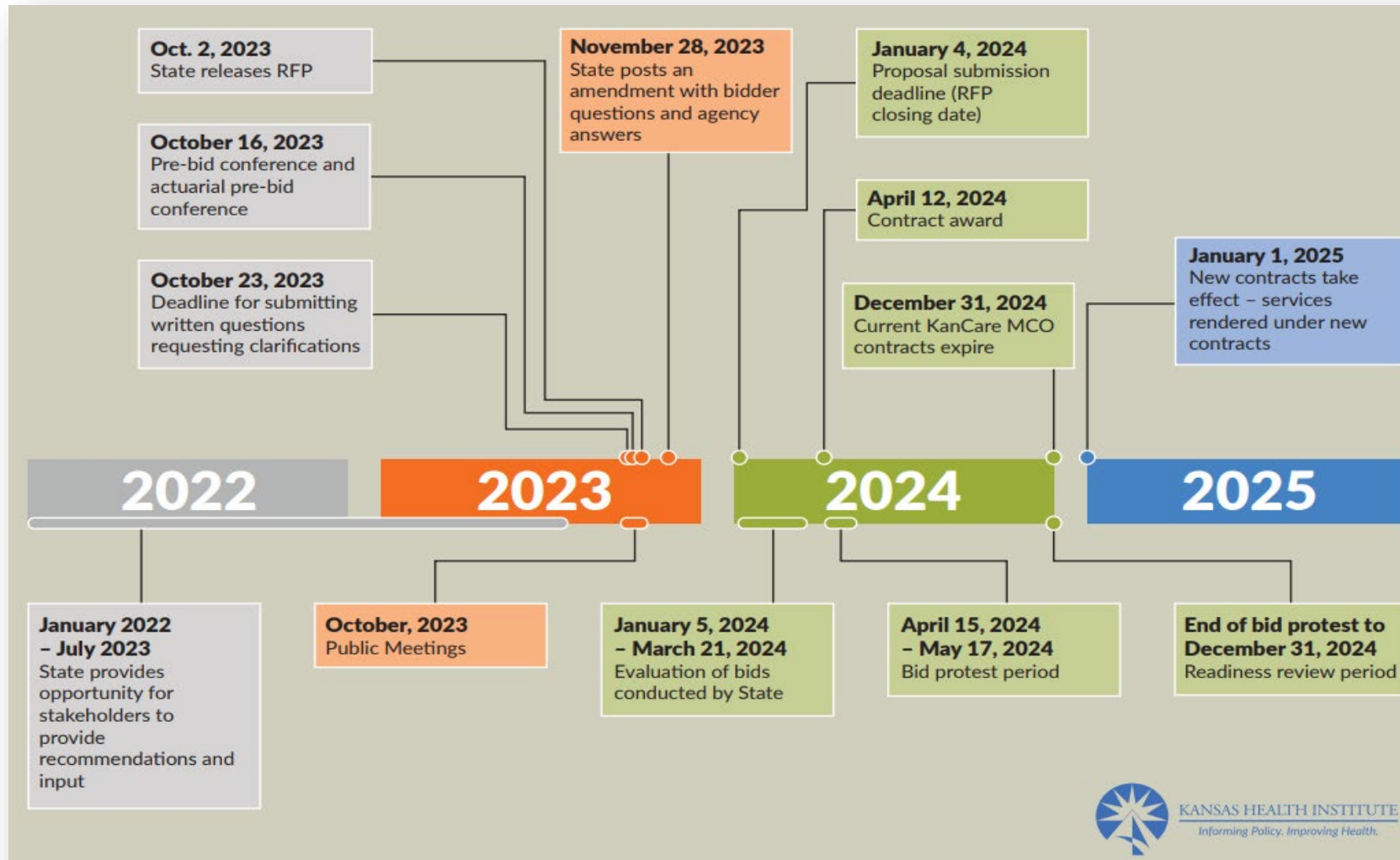
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## The Procurement Process is Underway

- The State of Kansas is undergoing procurement of new KanCare contracts that will be in place starting Jan. 1, 2025
- The State is currently reviewing proposals submitted by:
  - Aetna Better Health
  - United Healthcare of Kansas
  - Sunflower State Health Plan
  - Molina Healthcare of Kansas
  - Ucare Kansas
  - Healthy Blue
  - CareSource



# KanCare 3.0 Procurement



Source: Kansas Health Institute Analysis of Kansas Department of Health and Environment RFP Materials, 2023



# Stakeholder Input

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- State-hosted public meetings
- Examples of organizational input:
  - KanCare Meaningful Measures Collaborative
  - REACH Healthcare Foundation and Health Forward Foundation Discussion Forum



# Stakeholder Input: Key Topic Areas

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Care  
Coordination

Network  
Adequacy

Social  
Determinants of  
Health

Maternal and  
Child  
Health/Pregnancy  
Outcomes

Provider  
Innovations

Behavioral Health

Telehealth

Quality Assurance

Data Monitoring  
and Transparency



# Stakeholder Input: Network Adequacy

Stakeholder Recommendations	Alignment with RFP
Reduce barriers to attract providers by increasing reimbursement rates	<ul style="list-style-type: none"><li>• Increase the recruitment and retention of providers</li><li>• Expand access to services in rural and frontier areas</li><li>• Expand access to oral health services and increase the utilization of preventive oral health services, contract with specific provider types</li><li>• Reduce the administrative burden for providers, including burdens related to credentialing and prior authorization</li><li>• Increase and strengthen the direct care workforce</li></ul>
Allow the provider network to be expanded to include additional types of providers (e.g., Community Health Workers, doulas)	
Enhance the provider network so that people in all areas of the state can access critical health care services, including specialized medical services and therapies	
Consider standardized credentialing and contracting across MCOs	
Provide funding for health care organizations to have MCO staff in their facilities across the state	



# Stakeholder Input: Care Coordination

Stakeholder Recommendations	Alignment with RFP
<p>MCOs should work with communities and Community Health Workers to provide adequate care coordination</p>	<ul style="list-style-type: none"><li>• Enhance care coordination to ensure timely access to needed services, continuity of care, successful care transitions and improve member outcomes</li><li>• Implement community-based care coordination for home and community-based services waiver populations that do not receive targeted case management</li><li>• Educate, engage, incentivize and empower members to achieve personally defined health goals</li></ul>
<p>Offer case management for HCBS, FE, PD and BI populations and all children to ensure they receive quality, person-centered care in the setting of their choice</p>	





# Stakeholder Input: Social Determinants of Health and Health Equity

Stakeholder Recommendations	Alignment with RFP
<p>Require MCOs to provide robust plans and support for transportation, childcare and housing, as they impact members' ability to access care</p>	<ul style="list-style-type: none"><li>• Identify and address factors that impact health to improve health outcomes</li><li>• Enhance timeliness and accountability for non-emergency medical transportation</li><li>• Improve access to interpretation services</li><li>• Reduce health care disparities</li><li>• Require MCOs to invest a portion of their profits in local communities in Kansas to improve health outcomes</li></ul>
<p>Encourage MCOs to invest in Kansas communities with the purpose of addressing systemic barriers for populations served by KanCare</p>	
<p>Formally integrate Community Health Workers into the care team because it is essential to addressing social determinants of health for KanCare members</p>	
<p>Data on services and outcomes should be disaggregated by race, gender and ethnicity to identify disparities and target areas for improvement.</p>	



# Stakeholder Input: Maternal and Child Health/Pregnancy Outcomes

Stakeholder Recommendations	Alignment with RFP
Ensure MCO case managers provide more support and coordination for services and resources to members when their postpartum coverage ends	<ul style="list-style-type: none"><li>• Improve prenatal and postpartum care, including requirements for maternity care coordination</li><li>• Increase and strengthen the direct care workforce</li></ul>
Require MCOs to increase postpartum care visits through use of incentives, technology (text reminders) and home visits	
Recognize and reimburse credentialed members of the health care team such as Community Health Workers, home visitors, doulas and lactation consultants to improve access to culturally competent, quality and community-based care	



# Stakeholder Input: Provider Innovations

Stakeholder Recommendation	Alignment with RFP
<p>Allow the use of Community Health Workers or staff working in health centers to provide services and/or conduct care coordination and permit them to bill for their time</p>	<ul style="list-style-type: none"><li>Promote payment models designed to improve health outcomes and increase delivery system efficiencies</li></ul>
<p>Create a more comprehensive data dashboard for providers to manage their patients</p>	
<p>Require more shared data between MCOs and providers to assist with access to care</p>	
<p>Establish provider incentives for seeing patients with disabilities, oral health needs and additional visits with health care providers that might be needed</p>	



# What is important to you?

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**POLL QUESTION:** What is the most important topic area that should be addressed in KanCare going forward?

- Network Adequacy
- Care Coordination
- Social Determinants of Health
- Maternal and Child Health/Pregnancy Outcomes
- Provider Innovations
- Data Monitoring and Transparency
- Other



# Deeper Dive



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# Questions

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- What opportunities exist around procuring new contracts for administering Kansas Medicaid and CHIP, and what role does the RFP play in that process?
- The RFP included expectations around increasing network adequacy. Stakeholders also recommended increased access for specialty and behavioral health providers. What challenges exist in this area, especially for rural and frontier communities? How might they address these challenges?



# Questions

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- Where do you think the RFP had the most alignment with stakeholder input that was provided?
- The RFP included expectations for MCOs to address social determinants of health. What are some ways MCOs could approach this?
- There were several recommendations encouraging MCOs to work within community settings, including involving Community Health Workers in care coordination. What potential impacts might result from this approach?



# Data Monitoring and Transparency



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# Data Monitoring and Transparency

Stakeholder Recommendation	Alignment with RFP
Disaggregated service data, outcome data and cost data must be available to meaningfully compare plan performance and advocate for system improvements	<ul style="list-style-type: none"><li>• Enhance MCO reporting requirements and State enforcement options</li><li>• Solicit member, family, and provider feedback to drive system improvement</li></ul>
Establish consistent measures across all MCOs that are reported consistently from all organizations	
MCO contracts should require periodic reports from MCOs to highlight key indicators such as: network capacity, service delivery, utilization, ability to receive all recommended services, hospitalization rates, preventable hospital admissions, service delivery setting, and other measures to ensure person-centeredness and cost-effectiveness	



# Deeper Dive Continued



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# Questions: Data Monitoring and Transparency

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- The issue of disaggregated data came up several times throughout the recommendations. Why is it important to have disaggregated data by race, ethnicity, etc. as a part of monitoring and oversight?
- Stakeholders recommended having consistent measures reported across all MCOs. How would implementing that recommendation improve monitoring and oversight?
- The issue of having easily accessible, publicly available data was an important issue for stakeholders. How could data be used to support oversight and monitoring efforts? What other ways could it be used?
- Encouraging member input also came up as a recommendation in several areas (e.g., care coordination, network adequacy). What are some ways to gather member input and how could it be used to measure outcomes?



# Hearing from You



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# THANK YOU!

Any Questions?



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# Connect With Us

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