KanCare Oversight Committee
House Health and Human Services
February 13, 2013

Secretary Robert Moser, M.D.
Clear Accountability

• Firm protections with a strong emphasis on data and outcomes

• Each MCO is required to:
  • Maintain a Health Information System (HIS)
  • Report data to DHCF and CMS
  • Submit to an External Quality Review (EQR)

• Performance Benchmarks
• KanCare Advisory Council
Transition Protections

- Continuity of Care
- 90 day choice period
Consumer Voice

• Administration formed an advisory group of advocates, providers, and other interested Kansans.

• MCOs are required to:
  • Create member advisory committee to receive regular feedback
  • Include stakeholders on the required Quality Assessment and Performance Improvement Committee
  • Have member advocates to assist other members who have complaints or grievances.
Health Outcomes

• KanCare provides the first-ever set of comprehensive goals and targeted results in Kansas Medicaid. The new standards exceed federal requirements and set Kansas on a path to historic improvement and efficiency.
  • KanCare clearly provides performance expectations and penalties if expectations are not met.
  • The State will require KanCare companies to create health homes.
Pay for Performance

• The State will withhold three to five percent of the total payments MCOs until certain quality thresholds are met.
  • Quality thresholds will increase each year to encourage continuous quality improvement.

• There will be six operational outcome measures in the first contract year, and 15 quality of care measures in Years two and three.
Pay for Performance

• The measures chosen for the P4P program will allow the State to place new emphasis on key areas:
  • Employment rates for people with disabilities
  • Person-centered care in nursing facilities
  • Resources to community-based care and services
Timely Claims Payment

The State has included stringent prompt payment requirements among its Year 1 pay for performance measures for managed care organizations.

- Includes a benchmark to process 100% of all clean claims within 20 days
- For nursing facilities, require processing of 90% of clean claims within 14 days
Timely Claims Payment

• While a large portion of Kansas Medicaid and CHIP are already provided through managed care, there are large groups of providers accustomed to fee-for-service Medicaid only.

• Front-End Billing Solution
Pharmacy

• KanCare MCOs and their Pharmacy Benefit Managers (PBMs):
  • Amerigroup
  • Sunflower
  • United
  • CVS/Caremark
  • U.S. Script
  • OptumRX
Pharmacy

• The state will have one Preferred Drug List (PDL) that all MCOs are required to follow
• The state has a centralized Pharmacy provider website that will serve as a hub for links to each MCOs information/forms/etc.
• MCOs have agreed to the state’s dispensing fee of $3.40 per claim
Pharmacy

• MCOs agreed to language regarding Maximum Allowable Cost (MAC) pricing that requires a grievance process to providers, timely updating of MAC prices, and an annual disclosure of MAC methodology and sources.
Ongoing Oversight

• **Daily, weekly monitoring includes:**

  • Review of key implementation data
  • Real-time progress on Pay for Performance measures
  • Network development
  • Daily oversight conference calls
  • Weekly calls with CMS
Ongoing Oversight

• Daily, weekly monitoring includes:
  • State staff "ride-alongs" with MCO care coordinators
  • State review of any proposed reductions in plans of care for members with long-term services and supports
Oversight of MCOs

• KanCare Rapid Response Calls and Pre-Calls
  • these are conducted daily
  • include updates and current event briefings between MCOs, state staff and targeted others (MMIS Fiscal Agent, ADRC contractor, KanCare Ombudsman, EVV contractor)
  • Related KanCare Issues Logs are regularly updated and posted both by KDHE and each MCO