Final Evaluation Design

Submitted by the Kansas Department of Health and Environment,
Division of Health Care Finance

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Revised March 2015

KanCare Evaluation Design

March 2015

Background

KanCare is an integrated managed care Medicaid program that will serve the State of Kansas through a coordinated approach. In 2011, Governor Sam Brownback identified the need to fundamentally reform the Kansas Medicaid program to control costs and improve outcomes. KanCare will enable provision of efficient and effective health care services and will ensure coordination of care and integration of physical and behavioral health services with each other and with home and community based services (HCBS).

On December 27, 2012, the Centers for Medicare and Medicaid Services (CMS) approved the State of Kansas Medicaid section 1115 demonstration proposal, entitled KanCare. KanCare is operating concurrently with the state's section 1915(c) Home and Community-Based Services (HCBS) waivers and together provide the authority necessary for the state to require enrollment of almost all Medicaid beneficiaries (including the aged, people with disabilities, and some individuals who are dually eligible) across the state into a managed care delivery system to receive state plan and HCBS waiver services. This represents an expansion of the state's previous managed care program, which consisted of HealthWave (managed care organization) and HealthConnect Kansas (primary care case management), and provided services to children, pregnant women, and parents in the state's Medicaid and CHIP programs. KanCare also includes a safety net care pool to support certain hospitals that incur uncompensated care costs for Medicaid beneficiaries and the uninsured, and to provide incentives to hospitals for programs that result in delivery system reforms that enhance access to health care and improve the quality of care.

This five year demonstration will:

- Maintain Medicaid state plan eligibility;
- Maintain Medicaid state plan benefits;
- Allow the state to require eligible individuals to enroll in managed care organizations (MCOs) to receive covered benefits through such MCOs, including individuals on HCBS waivers, except:
  - American Indian/Alaska Natives will be presumptively enrolled in KanCare but will have the option of affirmatively opting-out of managed care.
- Provide benefits, including long-term services and supports (LTSS) and HCBS, via managed care; and
- Create a Safety Net Care Pool to support hospitals that provide uncompensated care to Medicaid beneficiaries and the uninsured.

Goals

The KanCare demonstration will assist the state in its goals to:

- **Provide integration and coordination of care** across the whole spectrum of health to include physical health, behavioral health (mental health and substance use disorders) and LTSS;
- **Improve the quality of care** Kansas Medicaid beneficiaries receive through integrated care coordination and financial incentives paid for performance (quality and outcomes);
- **Control Medicaid costs** by emphasizing health, wellness, prevention and early detection, as well as integration and coordination of care; and
- **Establish long-lasting reforms** that sustain the improvements in quality of health and wellness for Kansas Medicaid beneficiaries and provide a model for other states for Medicaid payment and delivery system reforms as well.

Hypotheses

The evaluation will test the following KanCare hypotheses:

- By holding MCOs to outcomes and performance measures, and tying measures to meaningful financial incentives, the state will improve health care quality and reduce costs;
- The KanCare model will reduce the percentage of beneficiaries in institutional settings by providing additional HCBS and supports to beneficiaries that allow them to move out of an institutional setting when appropriate and desired;

- The state will improve quality in Medicaid services by integrating and coordinating services and eliminating the current silos between physical health, behavioral health, and LTSS; and
- KanCare will provide integrated care coordination to individuals with developmental disabilities, which will improve access to health services and improve the health of those individuals.

Performance Objectives

Through the extensive public input and stakeholder consultation process, when designing the comprehensive Medicaid reform plan, the State has identified a number of KanCare performance objectives and outcome goals to be reached through the comprehensive managed care contracts.

These objectives include the following:

- Measurably improve health care outcomes for Members in the areas including:
  - Diabetes
  - Coronary Artery Disease
  - Prenatal Care
  - Behavioral Health;
- Improve coordination and integration of physical health care with behavioral health care;
- Support Members' desires to live successfully in their communities;
- Promote wellness and healthy lifestyles; and
- Lower the overall cost of health care.

Evaluation Plan

Evaluation is required to measure the effectiveness and usefulness of the demonstration as a model to help shape health care delivery and policy. The KanCare evaluation is to be completed by the Kansas Foundation for Medical Care, Inc. (KFMC), which will subcontract as needed for targeted review. Evaluation criteria are outlined in the comprehensive KanCare Program Medicaid State Quality Strategy and the Centers for Medicare & Medicaid Services Special Terms and Conditions document.

In an effort to achieve safe, effective, patient-centered, timely and equitable care the State will assess the quality strategy on at least an annual basis and revise the State Quality Strategy document accordingly. The State Quality Strategy – as part of the comprehensive quality improvement strategy for the KanCare program – as well as the Quality Assurance and Performance Improvement (QAPI) plans of the KanCare MCOs, are dynamic and responsive tools to support strong, high quality performance of the program. As such, the State Quality Strategy will be regularly reviewed and operational details will be continually evaluated, adjusted and put into use. Revisions in the State Quality Strategy will be reviewed to determine the need for restructuring the specific measurements in the evaluation design and documented and discussed in the evaluation reports.

Evaluation Timeline

- Present overview and obtain feedback from KanCare Advisory Council, March 12, 2013.
- Present overview/design specifications and obtain feedback from combined meeting of Consumer and Specialized Issues (CSI) workgroup and the Provider and Operations Issues (POI) workgroup, on March 27, 2013.
- Revise draft by April 19, 2013, based on feedback obtained from Advisory Council and workgroups. Revisions included:
  - Adding Substance Use Disorder Consumer Survey results;
  - Clarifying the areas involving stratification by population categories and adding this stratification to the grievance reviews; and
  - Adding the populations with development disabilities and physical disabilities to the Healthy Life Expectancy composite measure.
- Draft Evaluation Design to CMS by April 26, 2013.
- CMS provided feedback regarding the Evaluation Design on June 25, 2013.

- Discussed CMS feedback and obtained further input from stakeholders in July.
- Final design completed by 8/24/2013.
- Quarterly and Annual evaluation progress reports will be submitted.
- Draft evaluation report to be submitted 120 days after expiration of the demonstration.
- Revision of the KanCare Evaluation Design in March 2015 due to program updates, changes in HEDIS measure specifications, and subsequent revisions of performance measures and updated monthly and quarterly reporting templates.

Evaluation Design Process

Data Sources

The evaluation will include assessment of quantitative or qualitative process and outcome measures using the following data sources:

- Administrative data (e.g., financial data; claims; encounters; nursing home Minimum Data Set [MDS]; Addiction and Prevention Services' Kansas Client Placement Criteria [KCPC] database; Mental Health Automated Information Management Systems [AIMS]; etc.).
- Medical and Case Records.
- Consumer and provider feedback (surveys, grievances, Ombudsman reports)

Additionally, the entities responsible for calculations vary among the measures, including the MCOs, KDHE and KDADS. For instance, there are Substance Use Disorder measures currently using the KCPC data noted above; KDADS manages this database and will be providing the measurement results. Previously, the Evaluation Design referred to "KDADS report." This has been clarified to indicate KDADS will be completing the calculation for the specific SUD measures. Given the length of this Demonstration, sources for the data and the entity responsible for calculation may change; the information provided in the measurement table reflects current data sources and entities responsible for calculation.

Given the comprehensiveness of the State Quality Strategy and required reporting and monitoring, a large portion of the evaluation will draw from existing reports. Measures were chosen for the evaluation design by focusing on the KanCare objectives, as well as the STCs. Additionally, the evaluation design includes existing measures reviewing a range of ages, populations and programs in order to provide a broad representation of KanCare. There will be several evaluation measures requiring additional analyses using encounter and financial data. Existing reports include the following:

- Quantitative, performance measure reports using administrative and medical/case record information, including the following:
  - Healthcare Effectiveness Data and Information Set (HEDIS®)
  - Mental Health measures, including Serious Emotional Disturbance (SED) Waiver reports and National Outcome Measures (NOMS)
  - Nursing Facility measures
  - Substance Use Disorder measures
  - HCBS Waiver reports (e.g., Intellectual/Developmental Disability [I/DD]; Physical Disability [PD]; Traumatic Brain Injury [TBI])
  - Case Record reviews
  - Access reports
  - Financial reports
- Qualitative reports using surveys, and other forms of self-reported data including:
  - Consumer Assessment of Health Plans Study (CAHPS®)
  - Mental Health Statistical Improvement Program (MHSIP) consumer survey
  - Substance Use Disorder (SUD) consumer survey
  - Provider Survey
  - KCPC database contains member self-reported data
  - AIMS database includes some self-reported data
  - Care Manager feedback and surveys
  - Grievance reports

Analysis Plan

KFMC completed a review of initial background information, to assist in providing context for the evaluation findings. The background information involved determining demographics and characteristics of MCO enrollees: age, gender, marital status, race, language, %FPL, prevalence of chronic conditions, Type of Waiver, Nursing Facility (NF), Substance Use Disorder (SUD), Serious Mental Illness (SMI), Employment, and Residential Status. Initial review has occurred to determine potential demographic data to include in stratifications, based on apparent completeness of data. Following are potential types of stratifications and preliminary enrollee numbers per strata.

- Program types: Medicaid (323,869); CHIP (54,990)
- Race: Black (52,022); White (291,279); Asian (8,551); Native American (6,475); Other (19,532)
- Ethnicity: Hispanic (81,155); Non-Hispanic (296,704)
- Gender: Female (202,860); Male (174,992)
- County – to allow for stratification by Urban (203,331), Semi-urban (58,443), Densely Settled Rural (73,567), Rural (28,874), and Frontier (13,644)

The measurement table (Figure 1) below indicates the type of stratifications per measure. Many of the measures also are unique to a number of the other enrollee characteristics noted above. There are measures specific to SUD, SMI, HCBS Waivers, NF, chronic conditions, employment, residential status, sex and age. Further stratifications (e.g., by race, urban/rural etc.) may be warranted for further focused study.

To isolate the effects of the KanCare demonstration from other initiatives occurring in Kansas, KFMC is cataloguing the various related initiatives occurring in Kansas. KFMC is in regular contact with the various provider associations and state agencies to identify, at a minimum, initiatives with potential to affect a broad KanCare population. KFMC is collecting the following information about the other initiatives to help determine overlap with KanCare initiatives:

- Consumer and provider populations impacted
- Coverage by location/region
- Available performance measure data
- Start dates and current stage of the initiative

The evaluation will include baseline and cross-year comparisons. The first year of the KanCare demonstration, calendar year (CY) 2013, serves as a baseline year. Also, with many measures, pre-KanCare data is available, frequently multi-year data. Since the first Evaluation Design submission, some proposed comparisons have been changed to better reflect availability of comparable data. Further evaluation will occur regarding appropriateness of using pre-KanCare rates to compare to KanCare rates if the included populations are too different.

If no major overlapping initiatives are identified for a particular measure and statistical improvement is identified when compared to pre-KanCare or first year baseline rates, evaluation results will indicate the improvement is due to the effect of KanCare. Examples include assessing outcomes related to the MCOs' value-added services, such as determining correlations between use of smoking cessation value added services and consumer survey reported smoking measures.

When substantial overlapping initiatives are identified, KFMC will determine whether control comparisons are possible. Since KanCare is a statewide demonstration, control groups may not be available. Possibility for control group comparisons within KanCare include assessing performance measure results for members actively receiving care management services compared to results for members eligible for care management but who choose not to participate.

If there is overlap with other initiatives within the state, KFMC will determine whether the populations and areas impacted are distinct enough to warrant comparison between available performance measure results in the other initiatives, compared to the related KanCare initiative. One example is the various initiatives regarding health homes and person-centered medical home initiatives (PCMH). The KDHE

Division of Health Care Finance is implementing a health home initiative, with health homes potentially being based in non-medical settings. If these settings and consumers served are distinctly different enough from the PCMH related initiatives in the state, it may be possible to compare rates of improvement, to help determine the effect of the health home initiative. Furthermore, outcomes could be compared for KanCare consumers receiving care management without assignment to a health home, versus consumers receiving care management with assignment to a health home.

The following table includes design specifications structured by previously noted KanCare Demonstration Goals, Objectives, and Hypotheses, as well as the following STC Evaluation Domains of Focus:

- Impact of KanCare for each population regarding:
  - Access to Care
  - Quality of Care
  - Efficiency
  - Coordination of Care
  - Cost of Care
- Impact of including Long Term Support Services (with sub-focus on HCBS) in the capitated managed care benefit.
- The Ombudsman program's assistance.
- Evaluation of the Intellectual Disabilities/Developmental Disabilities (ID/DD) Pilot Project, lessons learned.
- Impact of the uncompensated care pool and the delivery system reform incentive payment pool.

Additionally, the table provides the following elements:

- Type of measure
- National Quality Forum and CMS Core Measure cross-walk
- Population and stratifications;
- Data source;
- Type of comparisons; and
- Evaluation frequency.

Individual components of the evaluation will be reviewed as the data become available. While some of the measures are monitored by the State on a more frequent basis (particularly within the first demonstration year), the overall KanCare evaluation is typically based on annual review, with some measures including interim monitoring. The evaluation frequency of each measure is provided in the Measurement table, Figure 1. KFMC will develop a "quality control" database/dashboard, similar to one used for their CMS Medicare Quality Improvement Organization contract. Due to the large amount of measurement involved in the evaluation, the database will allow for routine updating of data as it becomes available, as well as for tracking and trending over time.

KDHE proposed an amendment 8/19/2013 that delayed the implementation of the DSRIP Pool for one year, from DY 2 (2014) to DY 3 (2015), to allow the State and CMS to focus on other critical activities related to the KanCare demonstration. Consequently, receipt of CMS feedback on the DSRIP Protocols was delayed. On 2/05/2015, KDHE received notification from CMS of approval of the revised hospital DSRIP project proposals. Now that projects are approved, the State and KFMC (as the EQRO) will develop additional evaluation measures to assess overall and periodic progress of the hospital projects and trends over time.

External Evaluator

As previously noted, the Kansas Foundation for Medical Care, Inc. will serve as the external evaluator for the KanCare Demonstration. KFMC has 29 years of experience conducting case review for fee-for-service Medicaid. KFMC has also been the External Quality Review Organization (EQRO) for Kansas Medicaid since managed care was implemented in 1995. Through the EQRO contract, KFMC has conducted many focused studies, performance measurements and surveys, in addition to the various

validation activities to review MCO reported data. The KFMC Vice President responsible for the KanCare Evaluation has 18 years EQRO experience. The EQRO manager, KFMC Director of Quality Review and Epidemiologist, has a Ph.D. in Public Health and comes to KFMC with experience evaluating a variety of large data sources. As the Medicare Quality Improvement Organization, KFMC works with data on a daily basis, evaluating quality improvement data at the provider, regional and statewide levels. KFMC will subcontract as needed for targeted (e.g., financial) analyses.

Costs

The budget for the external evaluation of the five year demonstration will average $137,659.00 per year.

Figure 1: Measurement Table

Goals and Objectives	Evaluation Questions	Measurement	Type of Measure and Population	Measure Cross-Walk	Source of Data	Populations/ Stratifications	Comparisons for Purposes of Determining Effect of the Demonstration	Evaluation Frequency
Goal: **Improve the quality of care** Kansas Medicaid beneficiaries receive through integrated care coordination and financial incentives paid for performance (quality and outcomes). **Related Objectives:** Measurably improve health care outcomes for members in areas including: diabetes; coronary artery disease; prenatal care; behavioral health. Improve coordination and integration of physical health care with behavioral health care. Support members successfully in their communities. Promote wellness and healthy lifestyles.	**Hypothesis:** By holding MCOs to outcomes and performance measures, and tying measures to meaningful financial incentives, the state will improve health care quality and reduce costs; **Hypotheses:** The state will improve quality in Medicaid services by integrating and coordinating services and eliminating the current silos between physical health, behavioral health, mental health, substance use disorder, and LTSS.	**Quality of Care**						
		(1) Physical Health						
		Comprehensive Diabetes Care. This measure is actually a composite HEDIS measure composed of 8 rates • HbA1C testing***** • Eye Exam***** • Medical Attention for Nephropathy***** • HbA1C <8.0***** • HbA1C<7.0 • HbA1C poor control >9.0 • Blood pressure <140/90***** • LDL-C Screening	*****P4P for 5 of the 8 metrics Quantitative Process and Outcomes Measures	NQF: 0057 0055 0062 0575 0059 0061	MCO HEDIS (CDC) reports	• Ages 18-75 • Medicaid • Also see measure #4: SMI; I/DD; PD	Pre-KanCare compared to KanCare and trending over time.	Annual
		Well-Child Visits in the First 15 Months of Life.	Quantitative Process Measures	NQF1392 CMS Core	MCO HEDIS (W15) reports	• Age through 15 months • Medicaid and CHIP combined populations	Pre-KanCare compared to KanCare and trending over time.	Annual
		Well-Child Visits in the First 7 Months of Life – 4 visits in first 7 months for births in January – May.	P4P Quantitative Process Measures	NQF1392 CMS Core	MCO reports; HEDIS-like measure	• Age through 7 months • Medicaid and CHIP combined populations	Annual comparison to 2013 baseline	Annual
		Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life	Quantitative Process measure	NQF1516 CMS Core	MCO HEDIS (W34) reports	• Ages 3-6 years • Medicaid and CHIP combined populations	Pre-KanCare compared to KanCare and trending over time.	Annual
		Adolescent Well Care Visits	Quantitative Process measure	CMS Core	MCO HEDIS (AWC) reports	• Ages 12 - 21 • Medicaid and CHIP combined populations	Annual comparison to 2013 baseline and trending over time.	Annual

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		Adults' Access to Preventive/ Ambulatory Health Services	Quantitative process measure		MCO HEDIS (AAP) reports	• Ages 20-44; Ages 45-64; Age 65 and older; Total – ages 20 and older • Medicaid	Annual comparison to 2013 baseline for ages 65 and older. Pre-KanCare compared to KanCare (for ages <65).	Annual
		Preterm Birth. Each MCO has its own method validated by the EQRO.	P4P Quantitative Outcomes Measure		MCO	• Medicaid and CHIP combined populations	Annual comparison to 2013 baseline.	Annual
		Annual Monitoring for Patients on Persistent Medications	P4P Quantitative Process and Outcomes Measure	NQF2371	MCO HEDIS (MPM) report	• Medicaid • Age 18 and older	Annual comparison to 2013 baseline, trending over time.	Annual
		Medication Management for People with Asthma	Quantitative Process Measure	NQF1799 CMS Core	MCO HEDIS (MMA) report	• Ages 5 –11; Ages12-18; Ages 19-50; Ages 51-65; Total – Ages 5-65 • Medicaid and CHIP combined populations	Annual comparison to 2013/2014 baseline, trending over time.	Annual
		Follow-Up Care for Children Prescribed Attention-Deficit/Hyperactivity Disorder (ADHD) Medication	Quantitative Process Measure	NQF 0108 CMS Core	MCO HEDIS (ADD) report	• Ages 6-12 • Medicaid and CHIP combined populations	Annual comparison to 2013/2014 baseline, trending over time.	Annual
		Follow-up after Hospitalization for Mental Illness, within seven days of discharge	P4P Quantitative Process and Outcomes Measure	NQF0576 CMS Core	MCO HEDIS (FUH) report	• Medicaid and CHIP combined populations	Annual comparison to 2013 baseline, trending over time.	Annual
		Prenatal Care	Quantitative Process Measure	NQF1517	MCO HEDIS (PPC) report	• Medicaid and CHIP combined populations	Pre-KanCare compared to KanCare and trending over time.	Annual

Figure 1: Measurement Table

Goals and Objectives	Evaluation Questions	Measurement	Type of Measure and Population	Measure Cross-Walk	Source of Data	Populations/ Stratifications	Comparisons for Purposes of Determining Effect of the Demonstration	Evaluation Frequency
		Postpartum Care	Quantitative Process Measure	NQF1517	MCO HEDIS (PPC) report	• Medicaid and CHIP combined populations	Pre-KanCare compared to KanCare and trending over time.	Annual
		Chlamydia Screening in Women	Quantitative Process Measure	NQF0033	MCO HEDIS (CHL) report	• Medicaid and CHIP combined populations • Ages 16-20 • Ages 21-24 • Total - Ages 16-24	Annual comparison to 2013 baseline, trending over time	
		Controlling High Blood Pressure	Quantitative Process Measure	NQF0018	MCO HEDIS (CBP) report	• Medicaid • Age 18 and older	Annual comparison to 2013 baseline, trending over time	
		Initiation in AOD Dependence Treatment	Quantitative Process Measure	NQF0004	MCO HEDIS (IET) report	• Medicaid and CHIP combined populations • Ages 13-17 • Age 18 and older • Total – Age 13 and older	Annual comparison to 2013 baseline, trending over time	
		Engagement in AOD Dependence Treatment	Quantitative Process Measure	NQF0004	MCO HEDIS (IET) report	• Medicaid and CHIP combined populations • Ages 13-17 • Age 18 and older • Total – Age 13 and older	Annual comparison to 2013 baseline, trending over time	
		Weight Assessment for Children/Adolescents - BMI	Quantitative Process Measure	NQF0024	MCO HEDIS (WCC) report	• Medicaid and CHIP combined populations • Ages 3-11 • Ages 12-17 • Total – Ages 3-17	Annual comparison to 2013 baseline, trending over time	

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Goals and Objectives	Evaluation Questions	Measurement	Type of Measure and Population	Measure Cross-Walk	Source of Data	Populations/ Stratifications	Comparisons for Purposes of Determining Effect of the Demonstration	Evaluation Frequency
		Counseling for Nutrition for Children/Adolescents	Quantitative Process Measure	NQF0024	MCO HEDIS (WCC) report	• Medicaid and CHIP combined populations • Ages 3-11 • Ages 12-17 • Total – Ages 3-17	Annual comparison to 2013 baseline, trending over time	
		Counseling for Physical Activity for Children/Adolescents	Quantitative Process Measure	NQF0024	MCO HEDIS (WCC) report	• Medicaid and CHIP combined populations • Ages 3-11 • Ages 12-17 • Total – Ages 3-17	Annual comparison to 2013 baseline, trending over time	
		Adult BMI Assessment	Quantitative Process Measure		MCO HEDIS (ABA) report	• Medicaid • Age 18 and older	Annual comparison to 2013/2014 baseline, trending over time	
		Annual Dental Visit	Quantitative Process Measure		MCO HEDIS (ADV) report	• Medicaid and CHIP combined populations • Ages 2-3 • Ages 4-6 • Ages 7-10 • Ages 11-14 • Ages 15-18 • Ages 19-21 • Total – Ages 2-21 years	Annual comparison to 2013 baseline, trending over time	
		Appropriate Treatment for Children with Upper Respiratory Infection	Quantitative Process Measure	NQF0069	MCO HEDIS (URI) report	• Medicaid and CHIP combined population • Ages 3 months to18 years	Annual comparison to 2013 baseline, trending over time	

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		Appropriate Treatment for Children with Pharyngitis	Quantitative Process Measure	NQF0002	MCO HEDIS (CWP) report	• Medicaid & CHIP combined population • Ages 2-18	Annual comparison to 2013 baseline, trending over time	
		(2) Substance Use Disorder Services						
		The number and percent of members, receiving SUD services, whose living arrangements improved.	Qualitative outcome measure for population receiving SUD services		KCPC, containing member self-reported information. Measure calculated by KDADS.	SUD	Pre-KanCare compared to KanCare and trending over time.	Annual
		The number and percent of members, receiving SUD services, whose criminal justice involvement improved.	Quantitative outcome measure for population receiving SUD services		KCPC, containing member self-reported information. Measure calculated by KDADS.	SUD	Pre-KanCare compared to KanCare and trending over time.	Annual
		The number and percent of members, receiving SUD services, whose drug and/or alcohol use decreased.	Qualitative outcome measure for population receiving SUD services		KCPC, containing member self-reported information. Measure calculated by KDADS .	SUD	Pre-KanCare compared to KanCare and trending over time.	Annual
		The number and percent of members, receiving SUD services, whose attendance of self-help meetings increased.	Qualitative process measure for population receiving SUD services		KCPC, containing member self-reported information. Measure calculated by KDADS.	SUD	Pre-KanCare compared to KanCare and trending over time.	Annual

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Goals and Objectives	Evaluation Questions	Measurement	Type of Measure and Population	Measure Cross-Walk	Source of Data	Populations/ Stratifications	Comparisons for Purposes of Determining Effect of the Demonstration	Evaluation Frequency
		The number and percent of members, receiving SUD services, whose employment status increased.	P4P Qualitative outcome measure for population receiving SUD services.		KCPC, containing member self-reported information. Measure calculated by KDADS.	SUD	Pre-KanCare compared to KanCare and trending over time.	Annual
		(3) Mental Health Services – National Outcome Measurement System (NOMS)						
		The number and percent of adults with SPMI who had increased access to services.	P4P Quantitative process measure for population with SPMI		KDADS calculations using AIMS and MMIS data.	SPMI	Pre-KanCare compared to KanCare and trending over time.	Annual
		The number and percent of youth experiencing SED who had increased access to services.	P4P Quantitative process measure for youth with SED		KDADS calculations using AIMS and MMIS data.	SED	Pre-KanCare compared to KanCare and trending over time.	Annual
		The number and percent of adults with SPMI who were homeless at the initiation of CSS services and experienced improvement in their housing status.	Qualitative Outcome Measure for adults with SPMI		KDADS calculations using MMIS and AIMS – (member self-reported housing status)	SPMI	Pre-KanCare compared to KanCare and trending over time.	Annual
		The number and percent of KanCare youth receiving MH services with improvement in their Child Behavior Checklist (CBCL) Competence T-scores.	Qualitative Outcome Measure for youth with SED		KDADS calculations using MMIS and AIMS – (includes member self-reported components of CBCL)	SED	Pre-KanCare compared to KanCare and trending over time.	Annual
		The number and percent of youth with an SED who experienced improvement in their residential status.	Quantitative Outcome Measure for youth with SED		KDADS calculations using MMIS and AIMS	SED	Pre-KanCare compared to KanCare and trending over time.	Annual

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Goals and Objectives	Evaluation Questions	Measurement	Type of Measure and Population	Measure Cross-Walk	Source of Data	Populations/ Stratifications	Comparisons for Purposes of Determining Effect of the Demonstration	Evaluation Frequency
		The number and percent of youth with an SED who maintained their residential status.	Quantitative Outcome Measure for youth with SED		KDADS calculations using MMIS and AIMS	SED	Pre-KanCare compared to KanCare and trending over time.	Annual
		The number and percent of KanCare members, diagnosed with SPMI whose employment status increased.	P4P Quantitative Outcome Measure for adults with SPMI		MCO	• Ages 18-65 • SPMI	Annual comparison to 2013 baseline, trending over time.	Annual
		The number and percent of members utilizing inpatient psychiatric services, including state psychiatric facilities and private inpatient mental health services.	P4P Quantitative Measure for KanCare population		Inpatient Screening Database	KanCare	Annual comparison to 2013 baseline, trending over time.	Annual
		(4) Healthy Life Expectancy						
		Health Literacy: <u>Adult members:</u> *In the last 6 months,* • Did you and a doctor or other health provider talk about specific things you could do to prevent illness? • How often did your personal doctor explain things in a way that was easy to understand? • How often did your personal doctor listen carefully to you? • Did you and a doctor or other health provider talk about starting or stopping a prescription medicine? If yes: *When you talked about starting or stopping a prescription medicine,* o How much did a doctor or other health provider talk about the reasons you might want to take a medicine?	Qualitative Measure for KanCare population		CAHPS survey data	• Medicaid • CHIP • Adult • Child – General population • Child – CCC population	Annual comparison to 2014 baseline, trending over time	Annual

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Goals and Objectives	Evaluation Questions	Measurement	Type of Measure and Population	Measure Cross-Walk	Source of Data	Populations/ Stratifications	Comparisons for Purposes of Determining Effect of the Demonstration	Evaluation Frequency
		o How much did a doctor or other health provider talk about the reasons you might not want to take a medicine? o Did a doctor or other health provider ask you what you thought was best for you? <u>Child members (General population and CCC population):</u> *In the last 6 months,* • Did you and your child's doctor or other health provider talk about specific things you could do to prevent illness in your child? • How often did you have your questions answered by your child's doctors or other health providers? • How often did your child's personal doctor explain things about your child's health in a way that was easy to understand? • How often did your child's personal doctor explain things in a way that was easy for <u>your child</u> to understand? • How often did your child's personal doctor listen carefully to you? • Did you and your child's doctor or other health provider talk about starting or stopping a prescription medicine for your child? If yes: *When you talked about your child starting or stopping a prescription medicine,* o How much did a doctor or other health provider talk about the reasons you might want your child to take a						

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		medicine? o How much did a doctor or other health provider talk about the reasons you might <u>not</u> want your child to take a medicine? o Did a doctor or other health provider ask you what you thought was best for your child?						
		Flu Shots for adults	P4P Qualitative Measure for KanCare population	NQF: 0039	CAHPS survey data HEDIS (FVA)	• Medicaid	Annual comparison to 2014 baseline, trending over time.	Annual
		Smoking Cessation • Do you now smoke cigarettes or use tobacco every day, some days, or not at all? *If every day or some days –* *In the last 6 months:* • How often were you advised to quit smoking or using tobacco by a doctor or other health provider in your plan? (*P4P) • How often was medication recommended or discussed by a doctor or health provider to assist you with quitting smoking or using tobacco? Examples of medication are: nicotine gum, patch, nasal spray, inhaler, or prescription medication? (**NQF0027) • How often did your doctor or health provider discuss or provide methods and strategies other than medication to assist you with quitting smoking or using tobacco? Examples of methods and strategies are:	P4P* Qualitative Measure for KanCare population	NQF: 0027**	CAHPS survey data HEDIS (MSC)**	• Medicaid	Annual comparison to 2014 baseline, trending over time.	Annual

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		telephone helpline, individual or group counseling, or cessation program.						
		Diabetes Monitoring for People with Diabetes and Schizophrenia	Quantitative Process Measure for Medicaid population	NQF1934	MCO HEDIS (SMD) report	• Medicaid • Ages 18-64	Annual comparison to 2013 baseline, trending over time	Annual
		Healthy Life Expectancy for persons with Serious Mental Illness (SMI); for persons with Intellectual or Developmental Disabilities (I/DD); and for persons with Physical Disabilities (PD). • Prevention Screenings, Vaccinations, Preventable Emergency Visits: o Mammograms (BCS)* o Cervical Cancer Screening (CCS)* o Preventive Ambulatory Health Service (AAP)* • Treatment/Recovery • Diabetes Management – 5 measures: HbA1C testing; HbA1C <8.0; Medical attention for Nephropathy; Eye Exam; Blood Pressure < 140/90	P4P Qualitative and Quantitative Measures for population with SMI, I/DD and PD	NQF: 2372 0032 0057 0055 0062 0575 0059 0061	HEDIS data reported for SMI, I/DD, PD subpopulations	• SMI • I/DD • PD	Annual comparison to 2013/2014 baseline, trending over time.	Annual
		(5) HCBS Waiver Services (see item 3 for additional SED Waiver measures)						
		The number and percent of KanCare members, receiving HCBS Physical Disability (PD) or Traumatic Brain Injury (TBI) waiver services that are eligible for the WORK program who have increased competitive employment.	P4P Quantitative Outcome Measure for members receiving TBI HCBS services		MCO's Case Management data collection	• Ages 18-65 • PD • TBI	Annual comparison to 2013 baseline	Annual

Figure 1: Measurement Table

Goals and Objectives	Evaluation Questions	Measurement	Type of Measure and Population	Measure Cross-Walk	Source of Data	Populations/ Stratifications	Comparisons for Purposes of Determining Effect of the Demonstration	Evaluation Frequency
		Number and percent of waiver participants whose service plans address their assessed needs and capabilities as indicated in the assessment	HCBS Waiver Services Process Measure		Record Review	Waivers: • SED • I/DD • PD • TBI • TA • Autism • MFP • FE	Comparison between years, with baseline being pre-KanCare calendar year 2012.	Annual
		Number and percent of waiver participants who received services in the type, scope, amount, duration, and frequency specified in the service plan.	Medicaid Quality Strategy Measure for members receiving HCBS Waiver services		Record review	Waivers: • SED • I/DD • PD • TBI • TA • Autism • MFP • FE	Comparison between years, with baseline being pre-KanCare calendar year 2012.	Annual
		(6) Long Term Care: Nursing Facilities						
		Percentage of Medicaid Nursing Facility (NF) claims denied by the MCOs.	P4P (2013/2014) Quantitative Process Measure, regarding populations in Nursing Facilities		MCO report	NF	Comparison of pre-KanCare to KanCare and trending over time.	Annual
		The percentage of NF members who had a fall with a major injury.	P4P Quantitative Outcome Measure for members in NF.		KDADS report using nursing home MDS data	NF	Comparison of pre-KanCare to KanCare and trending over time.	Annual
		The percentage of members discharged from a NF who had a hospital admission within 30 days.	P4P Quantitative Measure for members discharged from an NF.		MCO report using claims data.	NF	Comparison of pre-KanCare to KanCare and trending over time.	Annual

Figure 1: Measurement Table

Goals and Objectives	Evaluation Questions	Measurement	Type of Measure and Population	Measure Cross-Walk	Source of Data	Populations/ Stratifications	Comparisons for Purposes of Determining Effect of the Demonstration	Evaluation Frequency
		Number of Person Centered Care Homes as recognized by the PEAK program (Promoting Excellent Alternatives in Kansas) in the MCO network.	P4P Quantitative Process Measure regarding Nursing Facilities		KDADS report	NF	Comparison of pre-KanCare to KanCare and trending over time.	Annual
Goal: **Improve the quality of care** Kansas Medicaid beneficiaries receive through integrated care coordination and financial incentives paid for performance (quality and outcomes); **Related Objectives:** Measurably improve health care outcomes for members in the following areas: diabetes; coronary artery disease; chronic obstructive pulmonary disease; prenatal care; behavioral health.	**Hypothesis:** The state will improve quality in Medicaid services by integrating and coordinating services and eliminating the current silos between physical health, behavioral health, mental health, substance use disorder, and LTSS. **STC Domains of Focus:** What is the impact of the managed care expansion on access to care, the quality, efficiency, and coordination of care, and the cost of care, for each demonstration population or relevant population group (STC XV 103.a.i.)	**(7) Member Survey – Quality**						
		Member perceptions of provider treatment: • Rating of personal doctor. • Rating of health care. • Rating of health plan. • Rating of specialist seen most often. • Doctor spent enough time with the member. • Doctor respected member comments.	Qualitative measures for the Medicaid and CHIP populations.		MCO CAHPS Survey Results (Adult, Child, and Children with Chronic Conditions Module)	• Medicaid Adult Child – general Child- Chronic Condition • CHIP Child – general Child – Chronic Conditions	Comparison to pre-KanCare and KanCare	Annual
		Member perceptions of mental health provider treatment as measured by the following: • If I had other choices, I would still get services from my mental health providers. • My mental health providers helped me obtain information I needed so that I could take charge of managing my illness. • I, not my mental health providers, decided my treatment goals. • I felt comfortable asking questions about my treatment and medication. • My mental health providers spoke with me in a way I understood. • As a direct result of services I received, I am better able to control my life.	Qualitative Measures for members with SPMI or SED.		Mental Health Statistics Improvement Program (MHSIP) Survey Results (adult, youth, SED Waiver)	• Adult - MH • Youth – general MH • Youth – SED Waiver	Comparison to pre-KanCare and KanCare	Annual

Figure 1: Measurement Table

Goals and Objectives	Evaluation Questions	Measurement	Type of Measure and Population	Measure Cross-Walk	Source of Data	Populations/ Stratifications	Comparisons for Purposes of Determining Effect of the Demonstration	Evaluation Frequency
		• As a direct result of services I received, I am better able to deal with crisis. • As a direct result of services I received, I am better able to do things that I want to do.						
		Member perceptions of SUD services as measured by the following: • Overall, how would you rate the quality of service you have received from your counselor? • How would you rate your counselor on involving you in decisions about your care? • Since beginning treatment, in general are you feeling much better, better, about the same, or worse?	Qualitative Measures for members receiving SUD services		Substance Use Disorder Consumer Survey Results	SUD	Comparison to pre-KanCare and KanCare	Annual
		(8) Provider Survey						
		Provider perceptions of beneficiary quality of care • Please rate your satisfaction with the MCO's demonstration of their commitment to high quality of care for their members.	Qualitative Measures		Provider Survey	MCO Providers	Comparison between years beginning 2014.	Annual
		(9) Grievances						
		Compare/track number of grievances related to quality over time, by population type.	Quantitative measure		Grievance Reports	KanCare	Comparison of baseline to subsequent years.	Quarterly
		(10) Other (Tentative) Studies (Specific studies to be determined.)						
		Impact of P4P on quality. For HEDIS measures that were less than the 50th percentile at baseline, what was the level of improvement in the P4P measures compared to the non-P4P measures?	Quantitative for Medicaid and CHIP populations.		MCO HEDIS reports	Medicaid and CHIP combined populations	Compare baseline to subsequent years.	DY 3-5

Figure 1: Measurement Table

Goals and Objectives	Evaluation Questions	Measurement	Type of Measure and Population	Measure Cross-Walk	Source of Data	Populations/ Stratifications	Comparisons for Purposes of Determining Effect of the Demonstration	Evaluation Frequency
		Impact of targeted value-added services (e.g. smoking cessation programs for the MCOs that provide these services) on outcomes (e.g., number of members who smoke [per CAHPS]) and costs, if appropriate.	TBD		MCO value added reports and CAHPS data	TBD	Compare baseline to subsequent years.	DY 3-5
Goal: **Provide integration and coordination of care** across the whole spectrum of health to include physical health, behavioral health, mental health, substance use disorders and LTSS; **Related Objectives:** Improve coordination and integration of physical health care with behavioral health care. Support members successfully in their communities.	**Hypothesis:** The KanCare model will reduce the percentage of beneficiaries in institutional settings by providing additional HCBS and supports to beneficiaries that allow them to move out of an institutional setting when appropriate and desired; **STC Domain of Focus:** What is the impact of including LTSS in the capitated managed care benefit, with a sub-focus on the inclusion of HCBS in capitated managed care? (STC XV. 103.a.ii.)	**Coordination of Care (and Integration) – HCBS and LTSS**						
		(11) Care Management for Members Receiving HCBS Services						
		The number and percent of KanCare member waiver participants with documented change in needs whose service plans were revised, as needed, to address the change.	Quantitative Measure for HCBS members		Case Audits completed by the State or its contractor/ agent.	Members receiving HCBS services.	Comparison of baseline to subsequent years.	Annual
		The number and percent of KanCare member waiver participants who had assessments completed by the MCO that included physical, behavioral, and functional components to determine the member's needs.	Quantitative Measure for HCBS members.		Case Audits completed by the State or its contractor/ agent.	Members receiving HCBS services.	Comparison of baseline to subsequent years.	Annual
		Increased Preventive Care: Increase in the number of primary care visits	P4P Quantitative Measure for members using HCBS waiver services		HEDIS-like measure; HEDIS criteria (AAP) limited to members receiving HCBS waiver services	Members receiving HCBS waiver services	Comparison of baseline to subsequent years	Annual
		Decrease in Emergency Room visits	P4P Quantitative Measure for members using HCBS waiver services		HEDIS-like measure; HEDIS criteria (AMBA) limited to members receiving HCBS waiver services	Members receiving HCBS waiver services	Comparison of baseline to subsequent years	Annual

Figure 1: Measurement Table

Goals and Objectives	Evaluation Questions	Measurement	Type of Measure and Population	Measure Cross-Walk	Source of Data	Populations/ Stratifications	Comparisons for Purposes of Determining Effect of the Demonstration	Evaluation Frequency
		Increase in annual dental visits	P4P Quantitative Measure for members using HCBS waiver services		HEDIS-like measure; HEDIS criteria (ADV) limited to members receiving HCBS waiver services	Members receiving HCBS waiver services, Ages 2-21	Comparison of baseline to subsequent years	Annual
		(12) Other (Tentative) Study (Specific study to be determined.)						
		Impact of in lieu of services on inpatient/institutional/facility utilization.	Quantitative analyses of utilization of services		Claims	• TBD	Comparison of baseline to subsequent years.	Year 5 study, looking back annually.
	Hypothesis: KanCare will provide integrated care coordination to individuals with developmental disabilities, which will improve access to health services and improve the health of those individuals. **STC Domain of Focus:** What did the state learn from the ID/DD Pilot Project that could assist the state in moving ID/DD HCBS services into managed care? (STC XV.103.a.iv.)	**(13) Care Management for members with I/DD** (Also see I/DD related measures in items 4, 5, 13,and 19.)						
		Number of I/DD providers who, having requested it, report receiving helpful information and assistance from MCOs about how to enter their provider network.	Qualitative Measure for population in I/DD pilot project.		Survey/ Interviews	I/DD	To Be Determined (TBD)	End of Pilot
		Number of DD providers submitting a credentialing application to an MCO, who completed the credentialing application to an MCO, who completed the credentialing process within 45 days.	Quantitative Process Measure for DD providers		MCO Reports	I/DD	(TBD)	End of Pilot
		Number of DD providers who, having requested it, report receiving helpful information and assistance from MCOs about how to submit claims for services provided.	Qualitative Measure for population in I/DD pilot project.		Survey/ Interviews	I/DD	(TBD)	End of Pilot
		Number of providers who, having participated in the DD pilot project, report understanding how to help the members they support understand the services available in the KanCare program and how to access those services.	Qualitative Measure for population in I/DD pilot project.		Survey/ Interviews	I/DD	(TBD)	End of Pilot

Figure 1: Measurement Table

Goals and Objectives	Evaluation Questions	Measurement	Type of Measure and Population	Measure Cross-Walk	Source of Data	Populations/ Stratifications	Comparisons for Purposes of Determining Effect of the Demonstration	Evaluation Frequency
		Improved access to services including physical health, behavioral health, specialists, prevention. Targeted Case Managers participating in the pilot will be the focus of this measurement.	Qualitative Measure for population in I/DD pilot project.		Survey/ Interviews	I/DD	(TBD)	End of Pilot
		Wichita State University will facilitate the process for determining that members and guardians are aware of service options and how to access services in the KanCare structure. Focus will be members, family members, parents and guardians participating in the pilot. Areas covered will include: • What is KanCare • DD services • TCM role • Care coordinator role • Coordination of DD services and other Medicaid services. • Provider network navigation and selecting an MCO • How can services be accessed to meet new or changing needs.	Qualitative Measure for population in I/DD pilot project.		Survey/ Interviews	I/DD	(TBD)	End of Pilot
		MCOs have demonstrated an understanding of the Kansas DD service system. <u>MCOs demonstrate a knowledge and understanding of:</u> • The statutes and regulations that govern the IDD service delivery system. • The person-centered planning process and regulations related to the process. • The various types of providers and the roles they play in the IDD service system. • Tools/strategies used by CDDO/Stakeholder processes.	Qualitative Measure for population in I/DD pilot project.		Survey/ Interviews	I/DD	(TBD)	End of Pilot

Figure 1: Measurement Table

Goals and Objectives	Evaluation Questions	Measurement	Type of Measure and Population	Measure Cross-Walk	Source of Data	Populations/ Stratifications	Comparisons for Purposes of Determining Effect of the Demonstration	Evaluation Frequency
		• The tools used by CDDOs to implement various local processes (local quality assurance, funding committees, crisis determinations, public school system collaboration, etc.)						
	Hypothesis: The state will improve quality in Medicaid services by integrating and coordinating services and eliminating the current silos between physical health, behavioral health, mental health, substance use disorder, and LTSS (in this case to be measured through patient perceptions of care). Other measures address this hypothesis through other data sources (e.g., administrative data, case record review etc.).	**(14) Member Survey - CAHPS**						
		Perception of care and treatment in Medicaid and CHIP populations: • In the last 6 months, did you get care from a doctor or other health provider besides your personal doctor? • In the last 6 months, how often did your personal doctor seem informed and up-to-date about the care you got from these doctors or other health providers? • In the last 6 months, did you make any appointments to see a specialist? • In the last 6 months, how often did you get an appointment to see a specialist as soon as you needed? • In the last 6 months, how often was it easy to get the care, tests, or treatment you needed? Children with Chronic Conditions (CCC) Module • In the last 6 months, did your child get care from a doctor or other health provider besides his or her personal doctor? • In the last 6 months, how often did your child's personal doctor seem informed and up-to-date about the care your child got from these doctors or other health providers?	Qualitative Measure for Medicaid an CHIP populations		MCO Survey Report	• Medicaid Adult Child-general Child-CCC • CHIP Child-general Child-CCC	Comparison of baseline to subsequent years.	Annual

Figure 1: Measurement Table

Goals and Objectives	Evaluation Questions	Measurement	Type of Measure and Population	Measure Cross-Walk	Source of Data	Populations/ Stratifications	Comparisons for Purposes of Determining Effect of the Demonstration	Evaluation Frequency
		• In the last 6 months, did your child get care from more than one kind of health care provider or use more than one kind of health care service? • In the last 6 months, did anyone from your child's health plan, doctor's office, or clinic help coordinate your child's care among these different providers or services? • Does your child have any medical, behavioral, or other health conditions that have lasted more than 3 months? • Does your child's personal doctor understand how these medical, behavioral or other health conditions affect your child's day-to-day life? • Does your child's personal doctor understand how your child's medical, behavioral or other health conditions affect your family's day-to-day life? • In the last 6 months, did you make any appointments for your child to see a specialist? • In the last 6 months, how often was it easy to get appointments for your child with specialists? • In the last 6 months, how often was it easy to get the care, tests, or treatment you thought your child needed through his or her health plan? • In the last 6 months, did you get or refill any prescription medicines for your child? • In the last 6 months, was it easy to get prescription medicines for your child through his or her health plan?						

Figure 1: Measurement Table

Goals and Objectives	Evaluation Questions	Measurement	Type of Measure and Population	Measure Cross-Walk	Source of Data	Populations/ Stratifications	Comparisons for Purposes of Determining Effect of the Demonstration	Evaluation Frequency
		• Did anyone from your child's health plan, doctor's office, or clinic help you get your child's prescription medicines? • In the last 6 months, did you need your child's doctors or other health providers to contact a school or daycare center about your child's health or health care? • In the last 6 months, did you get the help you needed from your child's doctors or other health providers in contacting your child's school or daycare?						
		(15) Member Survey – MH						
		<u>Perception of care coordination for members receiving MH services:</u> • I was encouraged to use consumer-run programs (support groups, drop-in centers, crisis phone line, etc.). • My family got as much help as we needed for my child. (I was able to get all the services I thought I needed.)	Qualitative Measure for Adults and Youth with at least one MH service, and for Youth receiving SED Waiver services.		MHSIP Survey conducted by KFMC	• Adult – MH • General Youth – MH • Youth - SED Waiver	Comparison to pre-KanCare and - KanCare	Annual
		(16) Member Survey - SUD						
		<u>Perception of care by SUD population:</u> • Has your counselor requested a release of information for this other substance abuse counselor who you saw? • Has your counselor requested a release of information for and discussed your treatment with your medical doctor?	Qualitative Measure for population receiving SUD services.		MCO Survey	SUD	Comparison to pre-KanCare and KanCare	Annual
		(17) Provider Survey						
		Provider perceptions regarding coordination of care: • Satisfaction with obtaining precertification and/or authorization for members.	Quality Measure for KanCare providers.		MCO Reports	KanCare providers (stratification to be determined)	Comparison between baseline CY2013 and subsequent years.	Annual

Figure 1: Measurement Table

Goals and Objectives	Evaluation Questions	Measurement	Type of Measure and Population	Measure Cross-Walk	Source of Data	Populations/ Stratifications	Comparisons for Purposes of Determining Effect of the Demonstration	Evaluation Frequency
Goal: **Control Medicaid costs** by emphasizing health, wellness, prevention and early detection, as well as integration and coordination of care. **Related Objectives:** Promote wellness and healthy lifestyles. Lower the overall cost of health care.	**Hypothesis**: By holding MCOs to outcomes and performance measures, and tying measures to meaningful financial incentives, the state will improve health care quality and reduce costs. **STC Domains of Focus:** What is the impact of the managed care expansion on access to care, the quality, efficiency, and coordination of care, and the cost of care, for each demonstration population or relevant population group (STC XV 103.a.i.)	**Cost of Care**						
		(18) Costs						
		Total dollars spent on HCBS budget compared to institutional costs	Quantitative Measure		Financial/ Claims/ Encounter Data	HCBS	Compare pre-KanCare to KanCare and trend over time	DY 2-5
		Per member per month (PMPM) costs • Compare pre-KanCare PMPM costs to KanCare PMPM costs by MEG.	Quantitative Measure		Financial/ Claims/	• ABD/SD Dual • ABD/SD Non Dual • Adults • Children • DD Waiver • LTC • Waiver	Compare pre-KanCare to KanCare and trend over time	DY 2-5
		• Compare pre-KanCare and KanCare costs for members in care management, comparing costs prior to enrollment in care management to costs after enrollment in care management.	Quantitative Measure		Financial/ Claims/ Encounter Data	Care Management	Compare baseline to subsequent years	DY2-5
Goal: **Establish long-lasting reforms** that sustain the improvements in quality of health and wellness for Kansas Medicaid beneficiaries and provide a model for other states for Medicaid payment and delivery system reforms as well. **Related Objectives:** Measurably improve health outcomes for members. Support members successfully in their communities.	**Hypothesis:** The state will improve quality in Medicaid services by integrating and coordinating services and eliminating the current silos between physical health, behavioral health, mental health, substance use disorder, and LTSS. **STC Domains of Focus:** (STC XV 103.a.i.) What is the impact of the managed care expansion on access to care, the quality, efficiency, and coordination of care, and the cost of care, for each	**Access to Care**						
		(19) Provider Network - GeoAccess						
		Percent of counties covered within access standards, by provider type (physicians, hospital, eye care, dental, ancillary [PT, OT, x-ray, lab], and pharmacy). • Urban/Semi-Urban • Densely Settled Rural/Rural Frontier	Quantitative Access Measure		MCO Geo-Access Reports	Provider Type	Comparisons will occur to pre-KanCare access and trending over time.	Annual
		Average distance to a behavioral health provider • Urban/Semi-Urban • Densely Settled Rural • Rural Frontier	Quantitative Access Measure		MCO Geo-Access Reports	BH Provider	Comparisons will occur to pre-KanCare access and trending over time	Annual
		Percent of counties covered within access standards for behavioral health	Quantitative Access Measure		MCO Geo-Access Reports	BH Provider	Comparisons will occur to pre-KanCare access	Annual

Figure 1: Measurement Table

Goals and Objectives	Evaluation Questions	Measurement	Type of Measure and Population	Measure Cross-Walk	Source of Data	Populations/ Stratifications	Comparisons for Purposes of Determining Effect of the Demonstration	Evaluation Frequency
Promote wellness and healthy lifestyles. Improve coordination and integration of physical health care with behavioral health care. Lower the overall cost of health care.	demonstration population or relevant population group? (STC XV.103.a.iii.) How did the Ombudsman's program assist the KanCare program and its beneficiaries? (STC XV.103.a.v.) How did the UC Pool impact care under Medicaid in the state? (STC XV.103.a.vi.) An assessment of the impact of DSRIP payments to participating providers including:	• Urban/Semi-Urban • Densely Settled Rural • Rural Frontier					and trending over time	
		Home and Community Based Services (HCBS) Counties with Access to at least two providers, by provider type and services • Adult Day Care • Assistive Services • Assistive Technology • Attendant Care Services (Direct) • Behavior Therapy • Cognitive Therapy • Comprehensive Support (Direct) • Financial Management Services (FMS) • Health Maintenance Monitoring • Home Modification • Home Telehealth • Home-Delivered Meals (HDM) • Intermittent Intensive Medical Care • Long-Term Community Care Attendant • Medication Reminder • Nursing Evaluation Visit • Occupational Therapy • Personal Emergency Response (Installation) • Personal Emergency Response (Rental) • Personal Services • Physical Therapy • Sleep Cycle Support • Specialized Medical Care/Medical Respite • Speech Therapy • Transitional Living Skills • Wellness Monitoring	Quantitative Access Measure		MCO Geo-Access Reports	HCBS Provider Type	Comparisons will occur to pre-KanCare access and trending over time	Annual

Figure 1: Measurement Table

Goals and Objectives	Evaluation Questions	Measurement	Type of Measure and Population	Measure Cross-Walk	Source of Data	Populations/ Stratifications	Comparisons for Purposes of Determining Effect of the Demonstration	Evaluation Frequency
		• Provider After Hour Access (24 hrs. per day/7 days per week) • Annual Provider Appointment Standards Access (In-office wait times; emergent, urgent and routine appointments; prenatal care – first, second, third trimester and high risk) • Provider Open/Closed Panel Report	Process Access Measure for Medicaid and CHIP populations, as well as applicable stratified populations (e.g., MH, SUD, HCBS)		MCOs' Access Reports	Types of providers (e.g., PCP, Specialist, etc.)	Pre-KanCare compared to KanCare and trending over time.	Annual, beginning 2013
		(20) Member survey - CAHPS						
		• In the last 6 months, did you make any appointments (for your child) to see a specialist? • In the last 6 months, how often did you get an appointment (for your child) to see a specialist as soon as you needed? • In the last 6 months, how often was it easy to get the care, tests, or treatment you (your child) needed? • In the last 6 months, did you make any appointments for a check-up or routine care (for your child) at a doctor's office or clinic? • In the last 6 months, not counting the times you needed care right away, how often did you get an appointment for (your child) for a check-up or routine care at a doctor's office or clinic as soon as you thought you needed? • In the last 6 months did you (your child) have an illness, injury, or condition that needed care right away in a clinic, emergency room, or doctor's office?	Qualitative Access Measure for Medicaid and CHIP populations		Consumer Assessment of Healthcare Providers and Systems (CAHPS) Survey Results (Adult, child, and Children with Chronic Conditions (CCC) Module) conducted by MCOs	Title 19 • Adults • Children • Children with Chronic Conditions (CCC) CHIP • Children • Children with Chronic Conditions (CCC)	Comparisons will occur to pre-KanCare access and trending over time.	Annual, beginning 2014

Figure 1: Measurement Table

Goals and Objectives	Evaluation Questions	Measurement	Type of Measure and Population	Measure Cross-Walk	Source of Data	Populations/ Stratifications	Comparisons for Purposes of Determining Effect of the Demonstration	Evaluation Frequency
		• In the last 6 months, when you needed care right away, how often did you get care as soon as you thought you needed?						
		(21) Member Survey - MH						
		• My mental health providers were willing to see me as often as I felt it was necessary. • My mental health providers returned my calls in 24 hours. • Services were available at times that were good for me. • I was able to get all the services I thought I needed. • I was able to see a psychiatrist when I wanted to. • During a crisis, I was able to get the services I needed. • If you are on medication for emotional/behavioral health problems, were you able to get it timely?	Qualitative Measure for Adults and Youth with at least one MH service, and for Youth receiving SED Waiver services		MHSIP Survey Results (adult, youth, SED Waiver). MCOs required to provide assistance to members as needed for completion of surveys; State to monitor.	• Adult - MH • Youth – general MH • Youth -SED Waiver	Comparisons will occur to pre-KanCare and trending over time.	Annual
		(22) Member Survey - SUD						
		• Did you get an appointment as soon as you wanted? • For urgent problems, how satisfied are you with the time it took you to see someone? • For urgent problems, were you seen within 24 hours, 24 to 48 hours, or did you wait longer than 48 hours? • 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?	Qualitative Access Measure for population receiving SUD services		Substance Use Disorder Consumer Survey Results conducted by MCOs.	SUD	Comparisons will occur to pre-KanCare access and trending over time.	Annual, beginning 2013

Figure 1: Measurement Table

Goals and Objectives	Evaluation Questions	Measurement	Type of Measure and Population	Measure Cross-Walk	Source of Data	Populations/ Stratifications	Comparisons for Purposes of Determining Effect of the Demonstration	Evaluation Frequency
		(23) Provider Survey						
		Provider perception of access to specialists: How satisfied are you with the availability of specialists?	Qualitative Access Measure for KanCare providers		Provider Survey	KanCare Providers	Annual comparisons	Annual
		(24) Grievances						
		Compare/track number of access related grievances over time, by population categories.	Qualitative and Quantitative Access Measure by population type		MCO Grievance Reports	KanCare	Quarterly comparisons	Quarterly
		Ombudsman Program						
		(25) Calls and Assistance						
		Evaluate for trends regarding types of questions and grievances submitted to Ombudsman's Office.	Qualitative Measure for overall KanCare population		Ombudsman report		Quarterly trending	Quarterly
		Track number and type of assistance provided by the Ombudsman's Office.	Quantitative Measure for overall KanCare population		Ombudsman report		Quarterly trending	Quarterly
		Efficiency						
		(26) Systems						
		Quantify system design innovations implemented by KanCare such as: Person Centered Medical Homes Electronic Health Record use Use of Telehealth Electronic Referral Systems	Qualitative and Quantitative Process Improvement		KDADS, KDHE and MCO reports	Overall KanCare	Pre-KanCare compared to KanCare	Annual
		• Emergency Department visits • Inpatient Hospitalizations • Inpatient Readmissions within 30 days of inpatient discharge	Quantitative Utilization Measures		Claims Encounters	KanCare Total MH I/DD PD TBI FE	Compare preKanCare to KanCare and trending over time.	DY 2-5

Figure 1: Measurement Table

Goals and Objectives	Evaluation Questions	Measurement	Type of Measure and Population	Measure Cross-Walk	Source of Data	Populations/ Stratifications	Comparisons for Purposes of Determining Effect of the Demonstration	Evaluation Frequency
		• Timely resolution of grievances • Timely resolution of customer service inquiries • Timeliness of claims processing	Year 1 P4P Process Measures for overall KanCare population		MCO reports	Overall KanCare	Comparison of baseline to post-measurement over time.	Quarterly
		(27) Member Surveys						
		In the last 6 months, did you get the information or help from your (child's) health plan's customer service? If yes, how often did your (child's) health plan's customer service give you the information or help you needed?	Qualitative Measures for Medicaid and CHIP populations		MCO CAHPS report	Medicaid • Adult • Child-general • Child – CCC CHIP • Child- general • Child – CCC	Comparison of baseline CY2013 to annual measurement and trending over time.	Annual
		My mental health providers returned my calls in 24 hours.	Qualitative Measures for Adults and Youth with at least one MH service and for youth receiving SED Waiver Services		MHSIP survey conducted by KFMC.	Adult Youth – general Youth – SED Waiver	Comparison of baseline CY2013 to annual measurement and trending over time.	Annual
		How would you rate your counselor on communicating clearly with you?	Qualitative Measures for SUD population		SUD survey reported by MCOs	SUD	Pre-KanCare compared to Post-KanCare and trend over time.	Annual
		Uncompensated Care Pool						
		Number of Medicaid Days for UC Pool hospitals compared to UC Pool payments	Quantitative Measure		Claims data	Medicaid	Comparison/trending over time	Annual
		DSRIP						
		Delivery System Reform Incentive – KDHE proposed an amendment August 19, 2013, to delay the implementation of the DSRIP Pool for one year, from DY 2 (2014) to DY 3 (2015), to allow the State and CMS to focus on other critical activities related to the KanCare demonstration. CMS provided feedback in 2014, and the DSRIP hospitals revised their project proposals based the feedback. CMS approval of the revised DSRIP projects was received on 2/5/2015. Now that projects are approved, KDHE and KFMC (as the EQRO) will develop additional evaluation measures to assess overall progress of the hospital projects over time.						