



KanCare Re-Procurement Public Meeting
October 2023



KanCare Re-Procurement Public Meeting

Wichita State University Community Engagement Institute

- Welcome
- Who we are
- Why we are here



**COMMUNITY
ENGAGEMENT
INSTITUTE**

Virtual Meeting Logistics

- Meeting is being recorded
- Zoom controls: chat, raise hand, mute
- Feel free to ask questions and offer comments
- Email questions or comments to KDHE.KanCare@ks.gov
- Directly message WSU staff if you have questions or need help writing your comments



KanCare Re-Procurement Public Meeting

KDHE Welcome & Introductions



KanCare Re-Procurement Public Meeting

Meeting Objectives

- To share the State's vision and goals for the future of KanCare.
- To explain how input was used to write the request for proposal (RFP) for new KanCare contracts.

Agenda





KanCare Re-Procurement Public Meeting

KanCare RFP Process

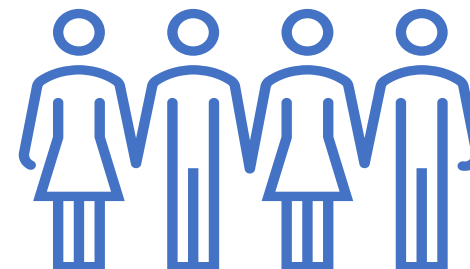


KanCare State Agencies

Kansas Department of Health and Environment (KDHE).

Kansas Department for Aging and Disability Services (KDADS).

Kansas Department for Children and Families (DCF).

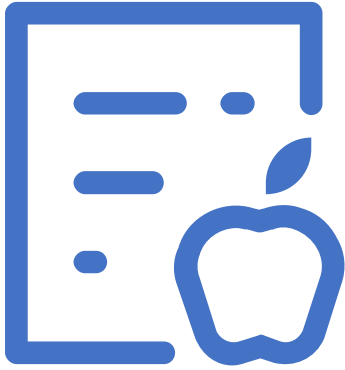


KanCare Medicaid/CHIP Enrollment

Total enrollment (as of August 2023): 520,000

Includes approximately:

- 320,000 children.
- 79,000 parents and pregnant women.
- 59,000 individuals with disabilities.
- 54,000 individuals 65 and older.



Number of KanCare MCOs:

- The State currently contracts with three KanCare MCOs and anticipates awarding three KanCare MCO contracts.



MCOs are responsible for:

- Coordinating care, including visits to a primary care doctor, specialty care, nursing facility services, hospital stays, substance use disorder (SUD) treatment 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.



Timeline for KanCare Bidding Process



* **Effective Date/Term of Contract:** The KanCare MCO contracts will go into effect on January 1, 2025, and continue through December 31, 2027. KDHE may elect to renew the KanCare contracts for two 1-year periods.



KanCare Re-Procurement Public Meeting

KanCare Vision and Goals



KanCare Vision and Goals

Partnering together to support Medicaid members in achieving health, wellness and independence for a healthier Kansas.

To advance this vision, the State has identified the following KanCare goals:

1. Improve member experience and satisfaction.
2. Improve health outcomes by providing holistic care to members that is integrated, evidence-based, well-coordinated, and that recognizes the impact of social determinants of health (SDOH).
3. Reduce health care disparities.
4. Expand provider network and direct care workforce capacity and skill sets.
5. Improve provider experience and encourage provider participation in Medicaid.
6. Increase the use of cost-effective strategies to improve health outcomes and the service delivery system.
7. Leverage data to promote continuous quality improvement to achieve the goals of the KanCare program.



KanCare Re-Procurement Public Meeting

Stakeholder Engagement

Who are the Stakeholders?



Provider (non-LTSS)

Person or organization that provides health care services, other than long-term services and supports (LTSS), to KanCare members.



LTSS Provider

Person or organization that provides LTSS to KanCare members.



Advocacy Organization

Non-profit groups that work to improve the KanCare program for KanCare members.



Provider Association and Organization

Organizations that represent the interests of LTSS and non-LTSS providers serving KanCare members to promote policies and practices that improve the KanCare program.



Legislator

A member of the Kansas State Legislature.



Self-Advocate

A KanCare member. An individual who receives health care through KanCare.



Other

Members of the public, consulting companies, Kansas Employment First Oversight Commission

Virtual and In-person Meetings:

2022

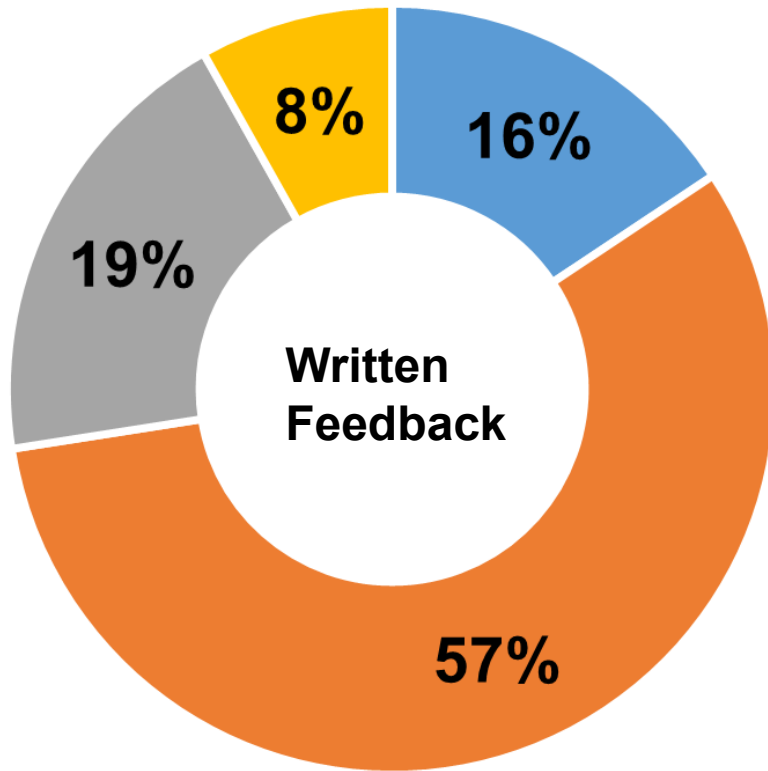
- Three virtual meetings to discuss RFP: (1) dental, pharmacy, hospital, physical health providers; (2) LTSS, HCBS providers, nursing facility association; and (3) self-advocacy groups.

2023

- Two virtual information sessions for provider association and advocacy groups March 2023.
- Four virtual information sessions for members and providers April 2023.
- One virtual information sessions for payors and bidders May 2023.
- Public Meeting Recordings and Resources posted on KanCare website.

How Stakeholder Feedback was Shared with the State

- Email
- Letter
- Report
- Stakeholder Meeting

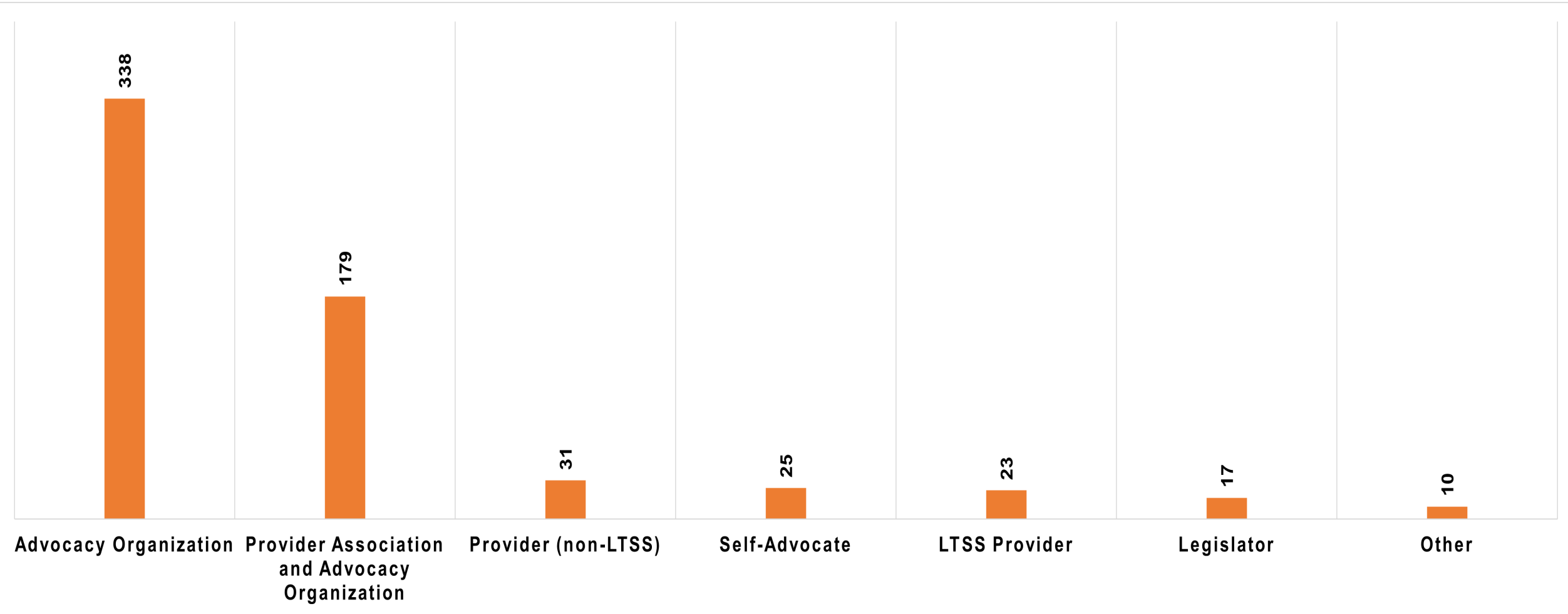


More than 485

individuals and organizations submitted their written feedback or attended a meeting.



Recommendations Submitted by Stakeholder Type





KanCare Public Meetings

Summary of Stakeholder Feedback and Impact on RFP

KanCare Program Priorities

Care
coordination



Access to care
and services



Maternal and
infant health



Social
Determinants
of Health



Ensure quality of
health and health
care across all
populations



Care Coordination

- Need ‘checks and balances’ for care coordination.
- Make sure approved HCBS waiver services are provided.
- Offer community support coordination or independent care management.
- Improve training for care coordinators.
- Require in-person visits.
- Improve care coordinator response time.
- Provide more opportunities for employment in the community.



Care Coordination

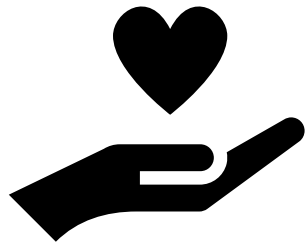
- State can refuse to pay a managed care organization (MCO) if it does not provide personal care services and specialized medical care hours in a member's person-centered service plan (PCSP).
- MCO must provide notice and appeal rights if a member's PCSP or plan of service does not include a covered service that they requested.
- Strengthens care coordination requirements.
- Care coordinators must assist members in keeping Medicaid eligibility, including when a member works.



Care Coordination

- New language emphasizing community integration.
- MCOs must provide community-based care coordination for HCBS waiver populations that do not receive targeted case management.
- MCOs must ensure coordination between the MCO's care coordinator, the community care coordinator, and/or other care coordination entities.

Question in RFP: MCOs bidding to participate in KanCare must describe their care coordination model and their approach to meet the needs of members with complex needs.



Access to Services/Workforce

- It is difficult to access durable medical equipment (DME).
- It is difficult to find direct care workers.
- Provider directories are not accurate.
- Improve non-emergency transportation services.



Access to Services/Workforce

- Care coordinators must help members access DME, assistive devices, and home modifications.
- MCOs to work with stakeholders to simplify the process to access DME, assistive devices, and home modifications.
- MCOs to increase the direct care workforce for behavioral health and HCBS.
- MCOs required to improve the non-emergency medical transportation (NEMT) experience for members.



Access to Services/Workforce

- Provider directories will be updated more often.
- MCO to develop an emergency management plan to provide services during emergencies.

Question in RFP: MCOs bidding to participate in KanCare must address workforce development challenges in the State.

Question in RFP: MCOs bidding to participate in KanCare must describe how they will maintain an up-to-date provider directory.



Access to Services/Workforce

- Care coordinators must provide information on accessing DME, assistive devices, and home modifications, and to help members navigate the process.
- MCOs to collaborate with one another and stakeholders to standardize and streamline the process for accessing DME, assistive devices, and home modifications and to make the process more transparent.
- MCOs to increase and strengthen the direct care workforce for behavioral health and LTSS, including an annual workforce development plan and providing monthly updates.
- MCOs required to improve non-emergency medical transportation (NEMT).



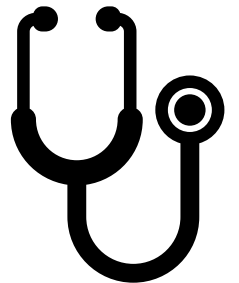
Provider Experience

- Standardize or centralize credentialing.
- Standardize prior authorization.
- Reduce prior authorization timeframes.
- Peer-to-peer consultation should be provided by qualified peers.



Provider Experience

- State to implement centralized credentialing.
- Prior to centralized credentialing, timeframes to be shortened for credentialing.
- Requirements to help streamline and standardize prior authorization processes across MCOs.
- Timeframe for MCOs to make prior authorization decisions is reduced.
- Enhanced the requirements for peer-to-peer consultation, including qualifications.



Provider Experience

- Require MCOs to provide one-on-one assistance regarding claims, including if the MCO has or will deny 25% of the provider's claims in a 90-day period.

Question in RFP: MCOs bidding to participate in KanCare must describe their strategies to reduce provider administrative burdens, partner with and support providers, and address provider concerns.

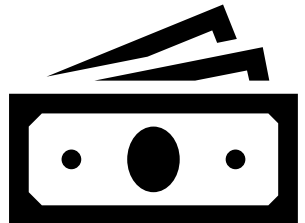


What we heard

- MCOs are not always willing to offer VBP arrangements.

What is new in the RFP

- If a provider requests VBP, MCO must make a good faith effort to enter a VBP arrangement with the provider.



Maternal and Infant Health

- Provide outreach about the extension of postpartum coverage to 12 months.
- Reimburse certified members of the health care team such as community health workers, home visitors, doulas, and lactation consultants.
- Improve care coordination for pregnant members.
- Provide postpartum care that follows national recommendations.
- Review quality measures to identify disparities in access and outcomes.



Maternal and Infant Health

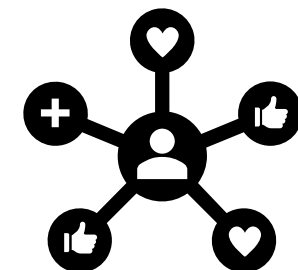
- Encouraged MCOs to provide more value-added services for pregnant and postpartum women, including doulas, peer supports, home visiting, and lactation consultation.
- Care coordinators must educate members about postpartum coverage and ensure quality care.
- State may require the MCOs to support development of a summary of prenatal and postpartum measures.

Question in RFP: MCOs bidding to participate in KanCare must describe how they will meet maternal and infant health care needs.



Social Determinants of Health

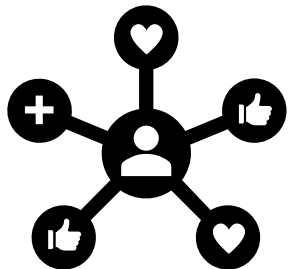
- Require MCOs to have community reinvestment funds.
- Improve the use of health screenings.
- Require MCOs to track referrals to a community-based organization.
- Drop the term “independence” from Social Determinants of Health and Independence (SDOHI).



Social Determinants of Health (SDOH)

- Required MCOs to invest some of their profits in the community.
- Strengthened requirements for health screening.
- MCOs required to identify and address SDOH needs of members, including connecting members to necessary SDOH resources and tracking referrals.
- SDOHI changed to SDOH. Dropped “independence” from SDOHI.

Question in RFP: MCOs bidding to participate in KanCare must describe how the MCO will identify, track and address SDOH needs.



Ensure Quality of Health and Health Care Across Populations

- MCOs should designate health equity champions.
- MCOs should stratify data and develop health equity score cards.
- MCOs should have a health equity plan.
- Improve access to interpreters.



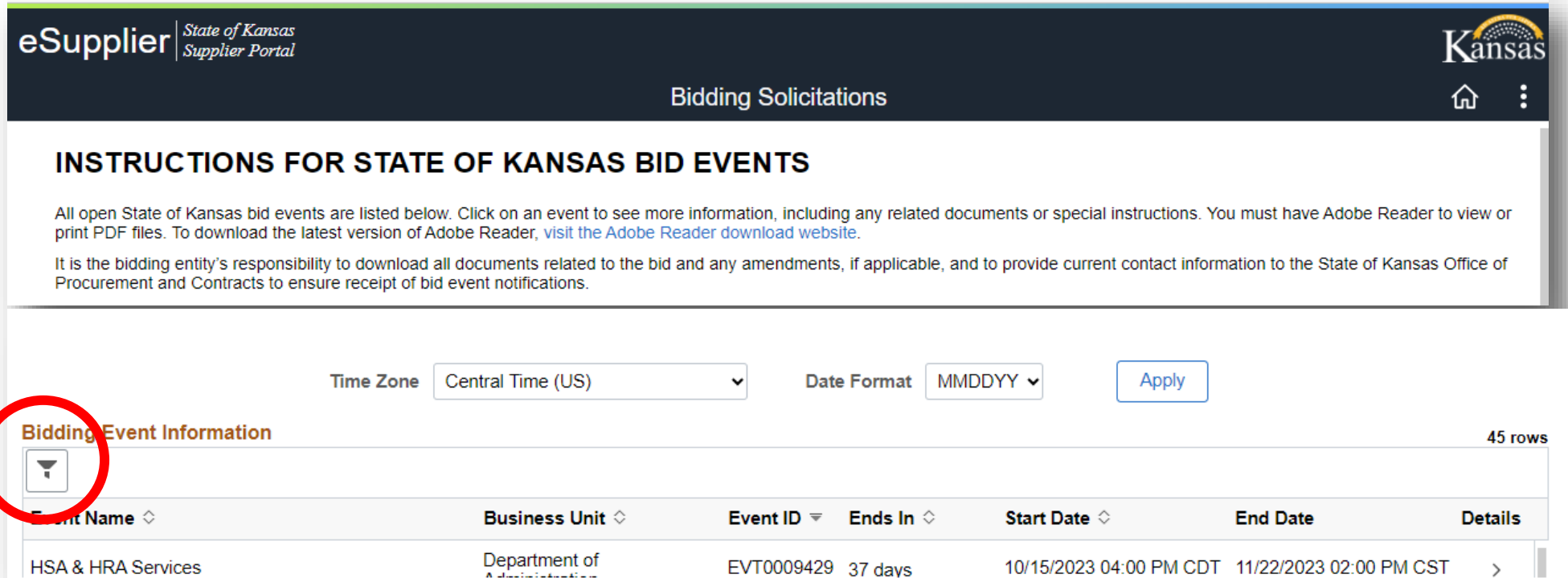
Ensure Quality of Health and Health Care Across Populations

- MCOs required to have a health equity director/manager.
- MCOs required to identify and address health disparities.
- Requirements to improve access to interpretation services.

Question in RFP: MCOs bidding to participate in KanCare must describe how they will identify and address health disparities.



Additional Information and Feedback



eSupplier | State of Kansas Supplier Portal

Bidding Solicitations

INSTRUCTIONS FOR STATE OF KANSAS BID EVENTS

All open State of Kansas bid events are listed below. Click on an event to see more information, including any related documents or special instructions. You must have Adobe Reader to view or print PDF files. To download the latest version of Adobe Reader, [visit the Adobe Reader download website](#).

It is the bidding entity's responsibility to download all documents related to the bid and any amendments, if applicable, and to provide current contact information to the State of Kansas Office of Procurement and Contracts to ensure receipt of bid event notifications.

Time Zone: Central Time (US) | Date Format: MMDDYY | [Apply](#)

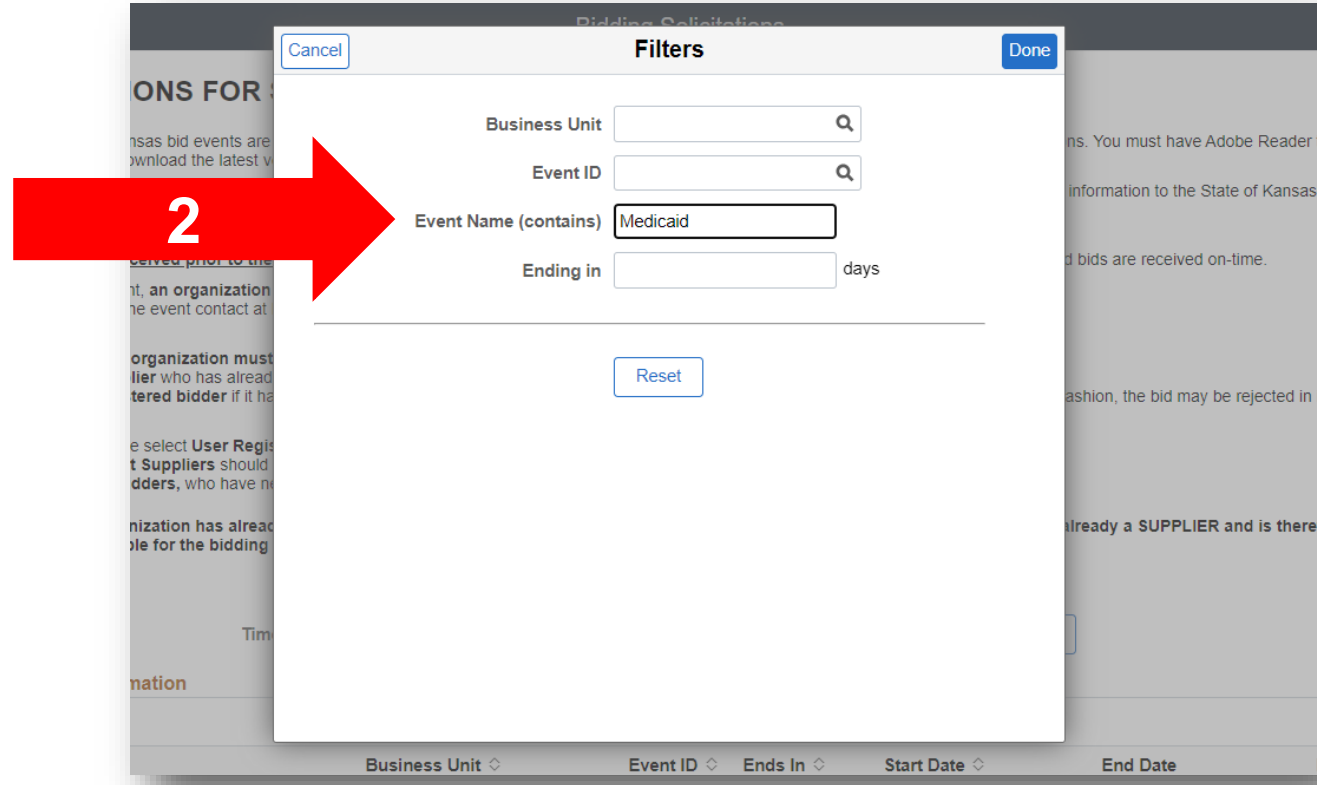
Bidding Event Information 45 rows

Event Name	Business Unit	Event ID	Ends In	Start Date	End Date	Details
HSA & HRA Services	Department of Administration	EVT0009429	37 days	10/15/2023 04:00 PM CDT	11/22/2023 02:00 PM CST	>

Bidding Solicitations: [Bidding Event Information \(ks.gov\)](https://kancare.ks.gov)

Website: <https://kancare.ks.gov>

Additional Information and Feedback



The screenshot shows a 'Filters' dialog box with the following fields and buttons:

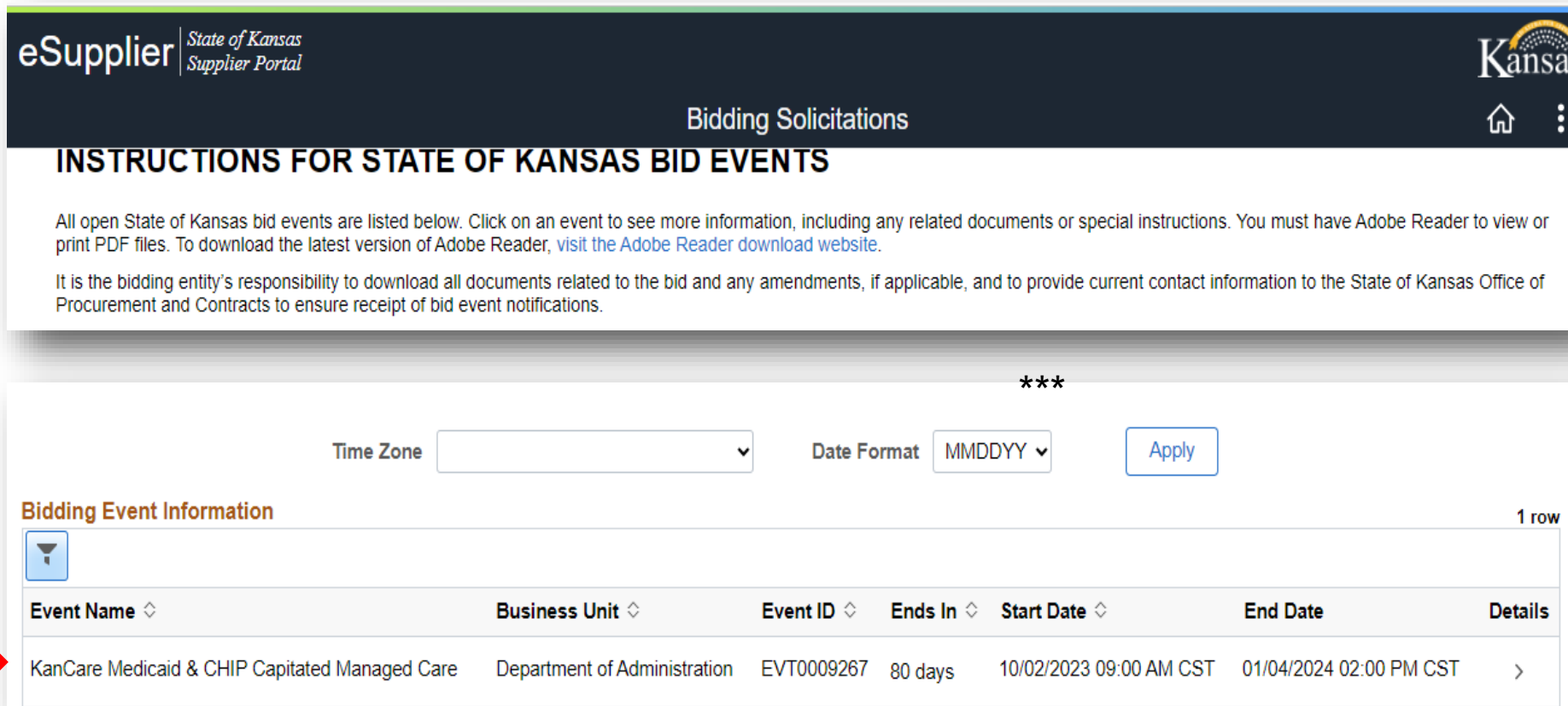
- Business Unit:
- Event ID:
- Event Name (contains):
- Ending in: days
- Buttons: Cancel, Done, Reset

A red arrow with the number '2' points to the 'Event Name (contains)' field.

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Time Zone Date Format

Bidding Event Information 1 row

Event Name	Business Unit	Event ID	Ends In	Start Date	End Date	Details
KanCare Medicaid & CHIP Capitated Managed Care	Department of Administration	EVT0009267	80 days	10/02/2023 09:00 AM CST	01/04/2024 02:00 PM CST	>



Bidding Solicitations: [Bidding Event Information \(ks.gov\)](https://kancare.ks.gov)

Website: <https://kancare.ks.gov>

Questions & Comments





KanCare Re-Procurement Public Meeting

Thank You

- For enrollment/eligibility assistance please contact the KanCare Clearinghouse at: **1-800-792-4884**.
- General KanCare questions: **KDHE.KanCare@ks.gov**.
- Or visit **kancare.ks.gov** for more information.