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.

KanCare

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.**

KanCare

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 — CVS/Caremark
  - Sunflower — U.S. Script
  - United — 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