

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 feefor-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

