KHA/KMS Recommendations to KDHE for Consideration of RFP for KanCare

September 2017

- *Reimbursement Rate Sustainability/Improvement*
  - *Engage work group to validate and ensure accuracy of annual updates to the Critical Access Hospital (CAH) Cost Adjustment Factor (CAF) and inpatient DRG rates*
  - *Protection of the payment increases from the Health Care Access Improvement Program (HCAIP)*
  - *Nursing Home rates*

- *Reduction of Administrative Burden*
  - *Advocate for a maximum of three MCO contractors*
  - *Reduce and standardize the prior authorization requirements across contracted MCOs*
  - *Increase the number of qualified MCO provider representatives to respond to inquiries on KanCare*
  - *Require MCO to have listserv for provider updates*

- *Payment Integrity*
  - *Limit MCO recoupment timeline to mirror state expectation of 2 years – leaving open timeline for fraud and abuse*
  - *Enforcement of state policies and manual*
  - *Minimize the number of audits for providers – lifting or reducing the number of for those in compliance*
  - *Require emergency room services to paid at in-network rates*
  - *Monitor effectiveness of prompt pay law to ensure compliance*

- *Data Integrity and Transparency*
  - *Third-party liability (Ensure state is the source of truth for TPL)*
  - *Accurate encounter data to be used in state reporting and to report to providers upon request*
  - *Increased transparency of data to KanCare providers*
  - *Ensure MCO patient portal data accurately reflects provider's panel*
  - *Timely publication of all external quality review studies and reporting provided by the State's contracted Medicaid External Review Organization (EQRO) regarding the quality of and access to services provided by the State's contracted MCOs*

- *Outcomes Accountability and Integrity*
    - *Create a Provider Advisory Council to include provider associations and the KanCare MCOs, to identify, address and resolve systemic issues and provider specific-issues*
    - *Increase KDHE oversight by assigning staff to each MCO to monitor compliance with state contract and federal requirements*
    - *KDHE reporting on MCO compliance/non-compliance with state contract*
    - *KDHE reporting on compliance with HB 2026 to KanCare Oversight Committee*

- *Quality-Based Performance Simplification*
    - *Engage provider associations in the development of quality-based performance measures to ensure appropriateness and consistency of measures as well as to avoid increased administrative burden on providers*
    - *Work with or model existing efforts such as Kansas Healthcare Collaborative/Practice Transformation Network (KHC/PTN)*
    - *Standardization of data definitions, processes, quality metrics and initiatives (e.g., performance measures, performance incentive projects) across contracted MCOs*

- *Increase Care Coordination between patient, providers, and payors*
    - *Continue efforts of the Lt. Governor's KanCare Working Group on "difficult to place" patients*
    - *Convene regularly scheduled meetings of provider groups, KDHE, and the MCOs to engage in collaborative discussions regarding gaps in patient care and to identify solutions*
    - *Identify outside organization/providers to contract with MCOs for care coordination*

- *Miscellaneous*
    - *Ensure sufficient time (minimum of 180 days) for any new KanCare MCO to be ready for the beginning date of KanCare 2.0*
    - *State should be primary source of communication for RFP and upcoming changes*
    - *MCOs required to maintain a minimum medical loss ratio of 85%*