



**KanCare Update: Robert G. (Bob) Bethell KanCare  
Oversight Committee  
June 24, 2024**

## Agenda

**Janet Stanek, Secretary**

**Christine Osterlund, Deputy Secretary for Agency Integration and State Medicaid Director**

- KanCare Updates
  - KDHE Rate Study
  - Medically Needy
  - Performance Metrics
  - MCO Financial Review
  - Program Enhancement Focus Areas
- Unwinding Recap
  - Capitation Payments
  - HCBS Waiver Eligibility
  - Enrollment/Disenrollment as of May 31
- Eligibility Updates
  - Medicaid Eligibility Application Status Update
  - Call Center Metrics

## KDHE Rate Study

- KDHE contracted with Optumas to conduct a comprehensive rate study that will do the following:
  - Compare rates to Medicare benchmarks.
  - Compare rates to other state Medicaid programs.
  - Identify rates that are above 100% and 85% thresholds for benchmarks.
  - Identify rates below 20% thresholds for benchmarks.
  - Rate study will include HCBS rates
- The study will allow KDHE to provide legislators and stakeholders with critical data to make informed decisions around rate increases or adjustments.
- Optumas has begun working and results will be available in the fall before the next legislative session begins.

## Medically Needy Program Update

- The Medically Needy (MN) program provides eligibility to certain populations whose income exceeds state eligibility limits:
  - Pregnant women.
  - Children under age 19.
  - Seniors age 65 or older.
  - Individuals determined disabled by Social Security rules.
- The MN population on average falls within the following age bands:

Age Range	MN Member Count
0-10	12
11-20	38
21-30	245
31-40	490
41-50	919
51-60	2,211
61-70	3,545
71-80	1,503
80+	687

## Medically Needy Program Update

- The Kansas Medically Needy income limit (MNIL) has been frozen at \$475 for a household of one or two for many years. This is because federal law generally links the income limit to the July 16, 1996, Aid to Families and Dependent Children (AFDC) levels.
- KDHE engaged with CMS in the spring and learned that states have the option to “disregard” types or amounts of income that are used to determine the protected income limit.
  - Kansas is among the states with lower MNIL – currently 29% of the 2023 FPL for a household of two.
- KDHE has identified options to improve the MN program.
- Option 1 would be to tie the current MNIL to 100% of SSI. Additional benefit is SSI thresholds are adjusted annually.
  - There would be a cost to this change as a result of more MN members meeting their spenddown and gaining Medicaid coverage sooner.
  - Costs would be subject to legislative approval via caseloads or the budget process.
  - Preliminary estimate is that setting the MNIL at 100% of SSI would cost **\$1.8 million** all funds, including **\$940,000** SGF.

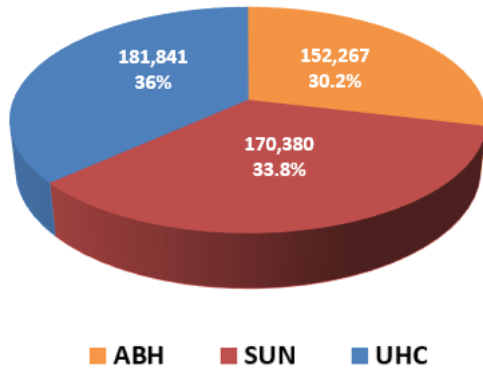
## Medically Needy Program Update

- Option 2 is to eliminate the spenddown.
  - States can operate the Medically Needy program without a spenddown amount by using an income disregard.
  - If Kansas chose this option, any child, pregnant woman, or aged and disabled applicant who fails the Medicaid or CHIP limits would be covered at no cost share.
  - This option creates disparity in the long-term care (LTC) population as it does not eliminate income disregard for all LTC populations.

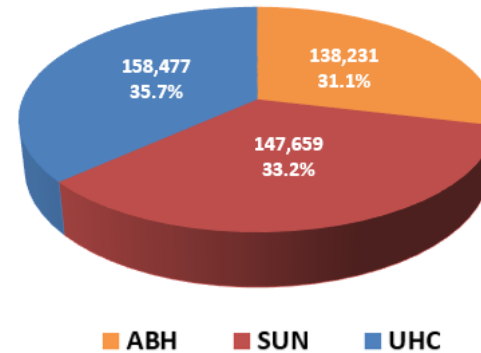
The count of KanCare beneficiaries continues decreasing.

- As of March 2024, average MCO-enrollment for the calendar year is 444,367 beneficiaries per month.
- UHC maintains the highest average MCO-enrollment per month, with 158,477 beneficiaries per month.
- Sunflower's beneficiaries account for 33.2% of MCO enrollment; Aetna's account for 31.1% of MCO enrollment.

**2022 (January - March)**  
504,488 Beneficiaries



**2024 (January - March)**  
444,367 Beneficiaries





# KanCare Update June 2024

## Processed & Denied Claims (January – March 2024)

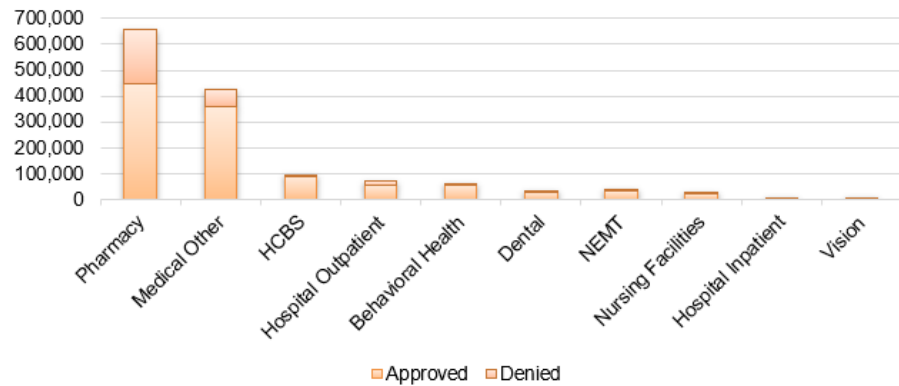
Service Type	Count of Processed Claims			% of Total Services by MCO		
	ABH	SUN	UHC	ABH	SUN	UHC
Pharmacy	655,690	516,394	526,348	46.11%	33.74%	33.11%
Medical Other	426,877	445,150	480,126	30.02%	29.09%	30.20%
HCBS	96,330	158,033	146,884	6.77%	10.33%	9.24%
Hospital Outpatient	75,630	85,349	96,657	5.32%	5.58%	6.08%
Behavioral Health	62,041	199,842	199,106	4.36%	13.06%	12.53%
Dental	33,200	47,144	46,794	2.33%	3.08%	2.94%
NEMT	35,720	27,572	38,755	2.51%	1.80%	2.44%
Nursing Facilities	27,777	26,771	31,445	1.95%	1.75%	1.98%
Hospital Inpatient	6,640	8,156	7,063	0.47%	0.53%	0.44%
Vision	2,064	16,058	16,391	0.15%	1.05%	1.03%
<b>Total</b>	<b>1,421,969</b>	<b>1,530,469</b>	<b>1,589,569</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>

Service Type	Count of Denied Claims			% of Total Denied Claims by Service Type		
	ABH	SUN	UHC	ABH	SUN	UHC
Pharmacy	208,364	183,230	151,200	67.01%	59.82%	47.44%
Medical Other	66,092	75,880	101,548	21.26%	24.77%	31.86%
Hospital Outpatient	16,557	9,640	25,000	5.32%	3.15%	7.84%
Dental	3,815	5,842	7,483	1.23%	1.91%	2.35%
HCBS	3,622	4,723	4,567	1.16%	1.54%	1.43%
Behavioral Health	5,235	20,178	19,579	1.68%	6.59%	6.14%
Nursing Facilities	4,981	2,942	5,615	1.60%	0.96%	1.76%
Hospital Inpatient	1,913	2,040	1,719	0.62%	0.67%	0.54%
Vision	234	1,644	1,766	0.08%	0.54%	0.55%
NEMT	119	198	230	0.04%	0.06%	0.07%
<b>Total</b>	<b>310,932</b>	<b>306,317</b>	<b>318,707</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>



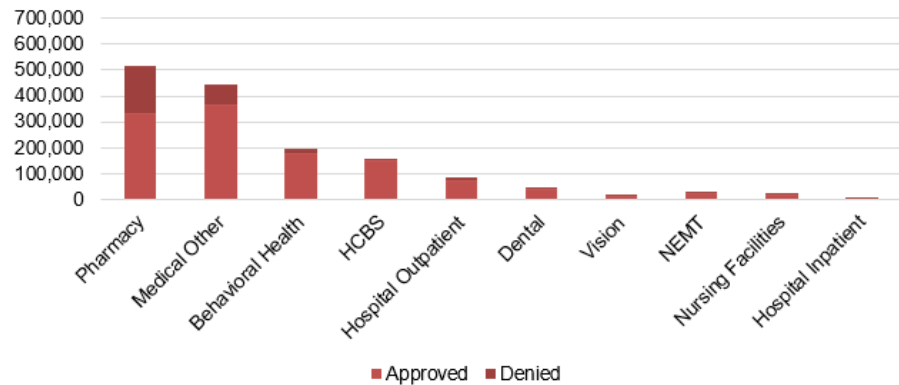
## Portion of Denied to Total Claims (January – March 2024)

Aetna

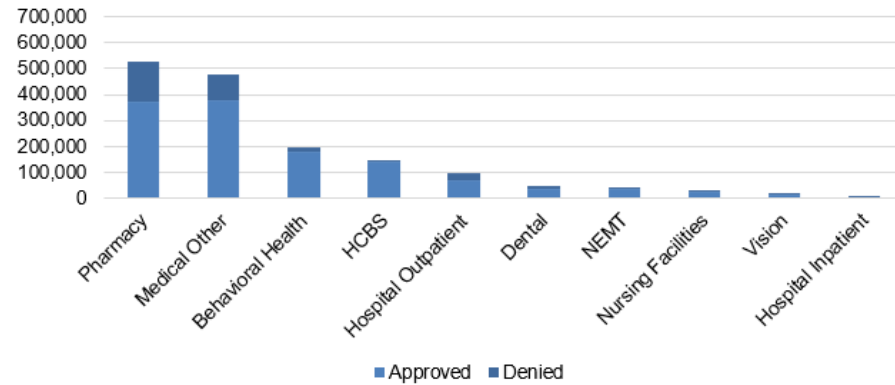


Pharmacy has the highest percentage of denied claims across the program because it is a point-of-sale service.

Sunflower



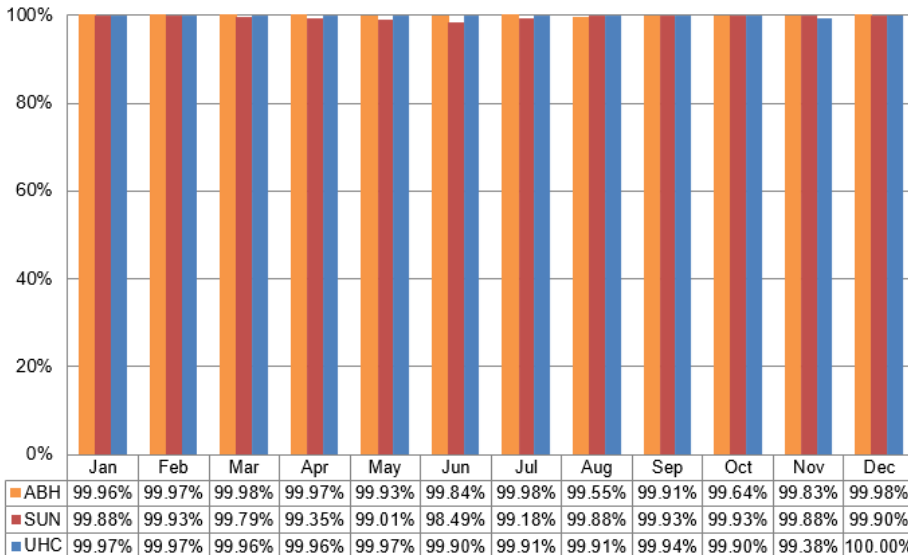
UnitedHealthcare



## Clean Claims Processed Within 30 Days Comparison

### 2022 Clean Claims

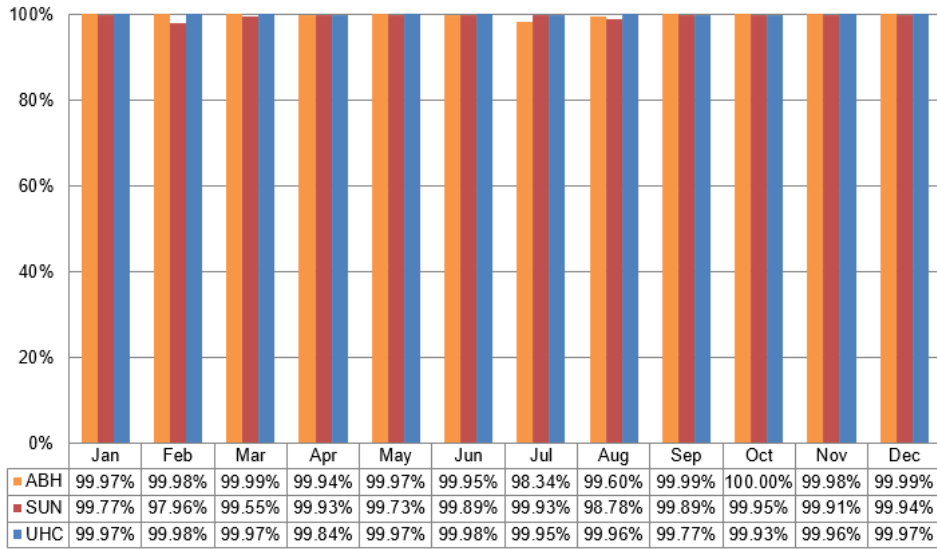
### 2023 Clean Claims



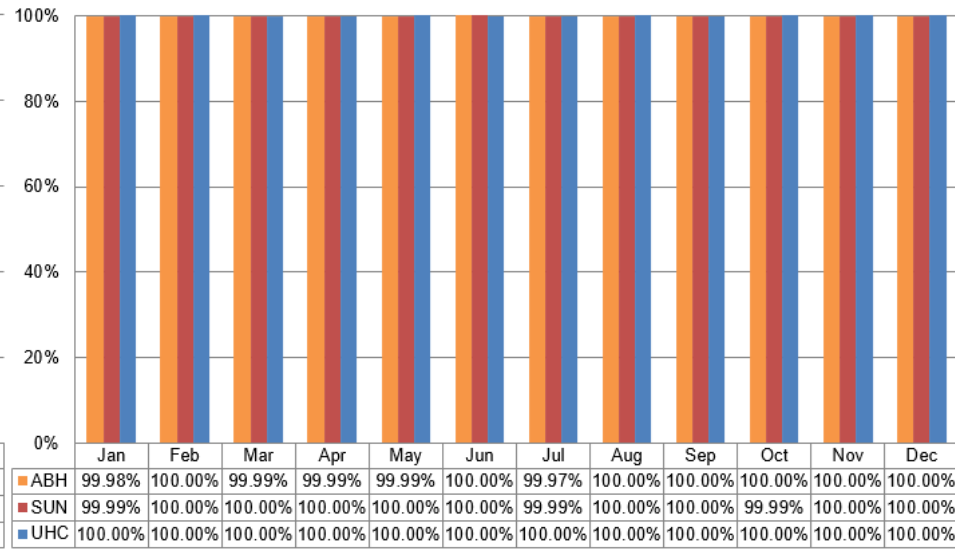
**The contract standard is 100% of clean claims will be processed within 30 days.** A clean claim is a claim that can be paid or denied with no additional intervention required. Clean claims do not include adjusted or corrected claims, claims that require documentation for processing (e.g., consent forms, medical records, etc.), claims from new out-of-network providers, or claims where a plan's updated policy changes were not received by the state at least 30 days before the effective date.

## Claims Processed Within 60 & 90 Calendar Days

### 2023 Processed in ≤ 60 Days



### 2023 Processed in ≤ 90 Days



The contract standard is 100% of clean claims will be processed within 30 days; 99% of non-clean claims will be processed within 60 calendar days; and 100% of non-clean claims will be processed within 90 calendar days.



# KanCare Update June 2024

<b>Aetna</b>				
MCO Profit and Loss per NAIC Filings				
Q2 2023 – Q1 2024				
	<u>Q2 2023</u>	<u>Q3 2023</u>	<u>Q4 2023</u>	<u>Q1 2024</u>
Total Revenues	\$798,195,497	\$1,140,177,102	\$1,558,366,351	\$437,496,917
Total hospital and medical	\$712,264,058	\$1,024,763,647	\$1,395,362,665	\$373,559,427
Claims adjustments, General Admin., Increase in reserves	\$93,145,099	\$137,476,863	\$190,156,066	\$51,614,137
Net underwriting gain or (loss)	(\$7,213,660)	(\$22,063,408)	(\$27,152,380)	\$12,323,353
<b>Net income or (loss) (after cap gains tax/before fed taxes)</b>	(\$3,726,217)	(\$16,677,161)	(\$20,078,873)	\$15,844,937
Federal and foreign income tax/(benefit)	(\$764,503)	(\$3,882,476)	(\$5,704,517)	\$2,710,980
Add Back Change to Reserves				
<b>Adjusted Net income (loss)</b>	(\$2,961,714)	(\$12,794,685)	(\$14,374,356)	\$13,133,957
<b>GP before income tax</b>	<b>-0.5%</b>	<b>-1.5%</b>	<b>-1.3</b>	<b>3.6%</b>

\*Per NAIC filings, which do not necessarily reflect how program is priced. **Quarterly reported financials, per NAIC statements, are reflective of full year-to-date results (i.e., Q2 2023 includes the cumulative results for Q1 and Q2).**



# KanCare Update June 2024

<b>Sunflower</b>				
MCO Profit and Loss per NAIC Filings				
Q2 2023 – Q1 2024				
	<u>Q2 2023</u>	<u>Q3 2023</u>	<u>Q4 2023</u>	<u>Q1 2024</u>
Total Revenues	\$895,287,676	\$1,255,222,575	\$1,673,971,845	\$424,824,268
Total hospital and medical	\$715,750,905	\$1,084,005,123	\$1,448,407,926	\$382,851,947
Claims adjustments, General Admin., Increase in reserves	\$180,028,270	\$165,671,999	\$225,027,095	\$52,500,824
Net underwriting gain or (loss)	(\$491,499)	\$5,545,453	\$536,824	(\$10,528,503)
<b>Net income or (loss) (after cap gains tax/before fed taxes)</b>	<b>\$6,538,212</b>	<b>\$15,854,572</b>	<b>\$13,972,817</b>	<b>(\$7,369,659)</b>
Federal and foreign income tax/(benefit)	\$1,574,761	\$3,714,835	\$3,989,261	(\$1,996,053)
Add Back Change to Reserves				
<b>Adjusted Net income (loss)</b>	<b>\$4,963,451</b>	<b>\$12,139,737</b>	<b>\$9,983,556</b>	<b>(\$5,373,606)</b>
<b>GP before income tax</b>	<b>0.7%</b>	<b>1.3%</b>	<b>0.8%</b>	<b>-1.7%</b>

\*Per NAIC filings, which do not necessarily reflect how program is priced. **Quarterly reported financials, per NAIC statements, are reflective of full year-to-date results (i.e., Q2 2023 includes the cumulative results for Q1 and Q2).**

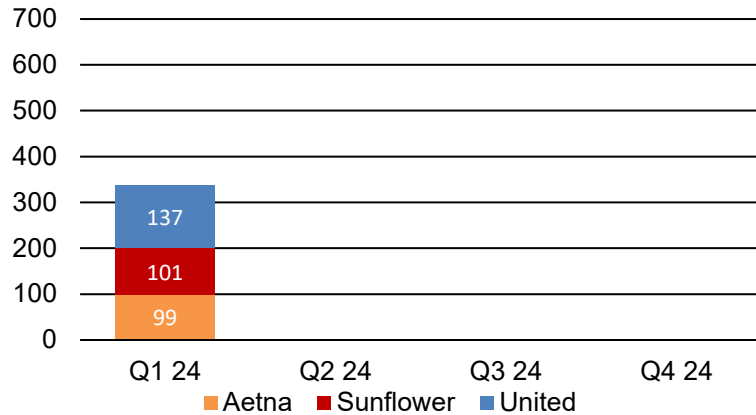


# KanCare Update June 2024

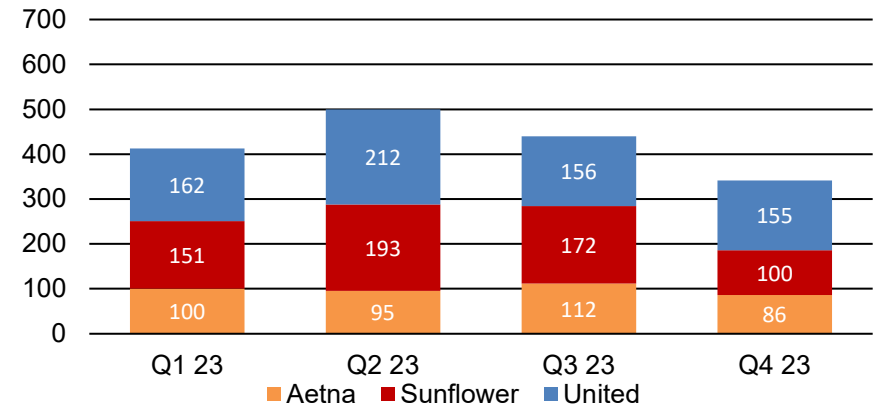
<b>United</b>				
MCO Profit and Loss per NAIC Filings				
Q2 2023 – Q1 2024				
	<u>Q2 2023</u>	<u>Q3 2023</u>	<u>Q4 2023</u>	<u>Q1 2024</u>
Total Revenues	\$812,060,333	\$1,241,112,203	\$1,664,050,241	\$429,370,501
Total hospital and medical	\$703,210,780	\$1,062,809,186	\$1,409,681,805	\$362,139,056
Claims adjustments, General Admin., Increase in reserves	\$94,204,221	\$143,786,871	\$187,340,095	\$48,105,240
Net underwriting gain or (loss)	\$14,645,332	\$34,516,146	\$67,028,341	\$19,126,205
<b>Net income or (loss) (after cap gains tax/before fed taxes)</b>	<b>\$14,645,332</b>	<b>\$34,516,146</b>	<b>\$67,028,341</b>	<b>\$19,126,205</b>
Federal and foreign income tax/(benefit)	\$2,326,808	\$6,059,200	\$12,258,225	\$3,489,855
Add Back Change to Reserves				
<b>Adjusted Net income (loss)</b>	<b>\$12,318,524</b>	<b>\$28,456,946</b>	<b>\$54,770,116</b>	<b>\$15,636,350</b>
<b>GP before income tax</b>	<b>1.8%</b>	<b>2.8%</b>	<b>4.0%</b>	<b>4.5%</b>

\*Per NAIC filings, which do not necessarily reflect how program is priced. **Quarterly reported financials, per NAIC statements, are reflective of full year-to-date results (i.e., Q2 2023 includes the cumulative results for Q1 and Q2).**

## Resolved Member Grievances 2024



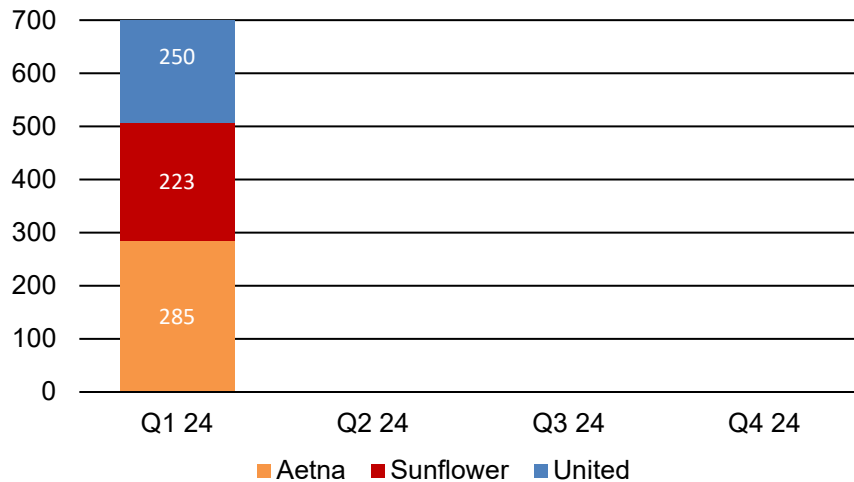
## Resolved Member Grievances 2023



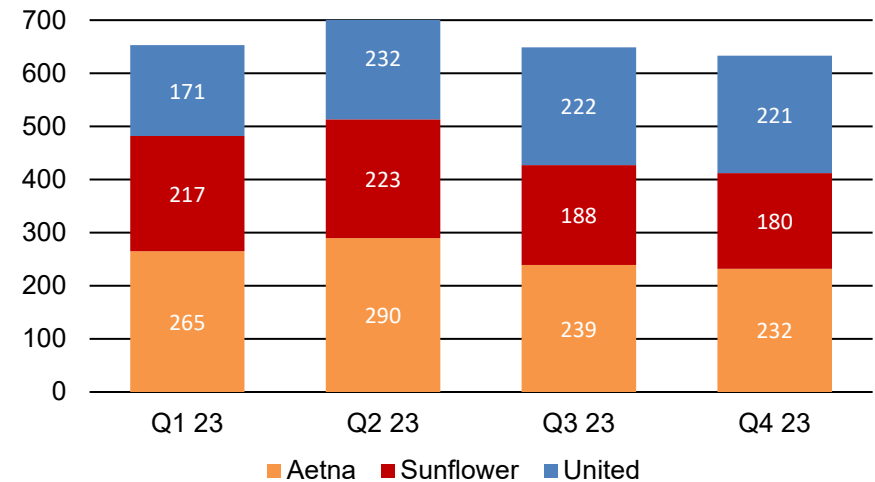
### 2024 1<sup>st</sup> Qtr. Member Grievance Top 5 Trends

Aetna		Sunflower		United	
<b>Total # of Resolved Grievances</b>	99	<b>Total # of Resolved Grievances</b>	101	<b>Total # of Resolved Grievances</b>	137
Trend 1: Customer Service	20%	Trend 1: Transportation – Other	22%	Trend 1: Billing and Financial Issues (non-transportation)	24%
Trend 2: Quality of Care (non HCBS Provider)	15%	Trend 2: Access to Service or Care	15%	Trend 2: Transportation – No Show	13%
Trend 3: Billing and Financial Issues (non-transportation)	14%	Trend 3: Transportation Issues – Billing and Reimbursement	12%	Trend 3: Customer Service	12%
Trend 4: Access to Service or Care	12%	Trend 4: Transportation – No Show	11%	Trend 4: Transportation Issues – Billing and Reimbursement	10%
Trend 5: Transportation – Other	8%	Trend 5: Billing and Financial Issues (non-transportation) and/or Quality of Care (non HCBS Provider)	10%	Trend 5: Quality of Care (non HCBS Provider)	10%

## Resolved Member Appeals 2024



## Resolved Member Appeals 2023



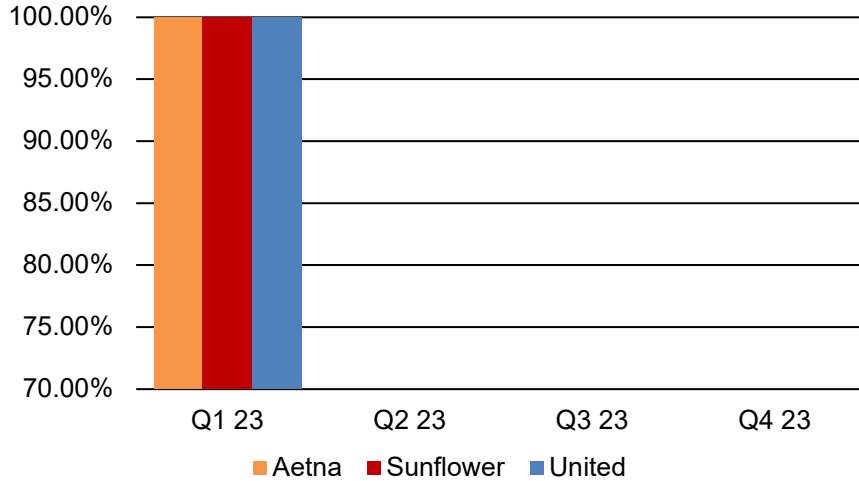
### 2024 1<sup>st</sup> Qtr. Member Appeals Top 5 Trends

Aetna		Sunflower		United	
Total # of Resolved Member Appeals	285	Total # of Resolved Member Appeals	223	Total # of Resolved Member Appeals	250
Trend 1: Criteria Not Met – Pharmacy	58%	Trend 1: Criteria Not Met – Pharmacy	30%	Trend 1: Criteria Not Met – Pharmacy	60%
Trend 2: Criteria Not Met – Medical Procedure	12%	Trend 2: Criteria Not Met – Durable Medical Equipment	20%	Trend 2: Noncovered Service – Pharmacy	10%
Trend 3: Criteria Not Met – Radiology	11%	Trend 3: Criteria Not Met – Radiology	13%	Trend 3: Criteria Not Met – Durable Medical Equipment	9%
Trend 4: Criteria Not Met – Behavioral Health Outpatient Services and Testing	8%	Trend 4: Criteria Not Met – Inpatient Behavioral Health	10%	Trend 4: Criteria Not Met – Inpatient Admissions (Non-Behavioral Health)	4%
Trend 5: Criteria Not Met – Durable Medical Equipment	6%	Trend 5: Criteria Not Met – PT/OT/ST	8%	Trend 5: Criteria Not Met – Other	3%

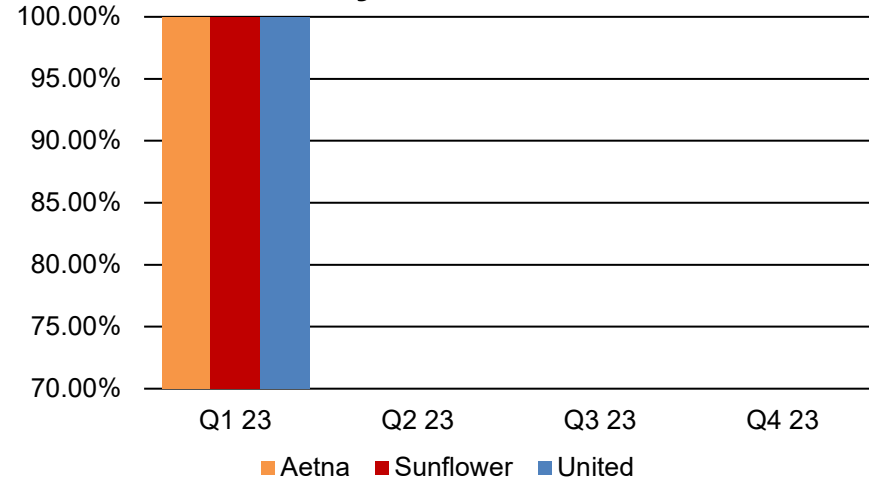


## Provider Appeals

### Resolved Within 30 Calendar Days 2024



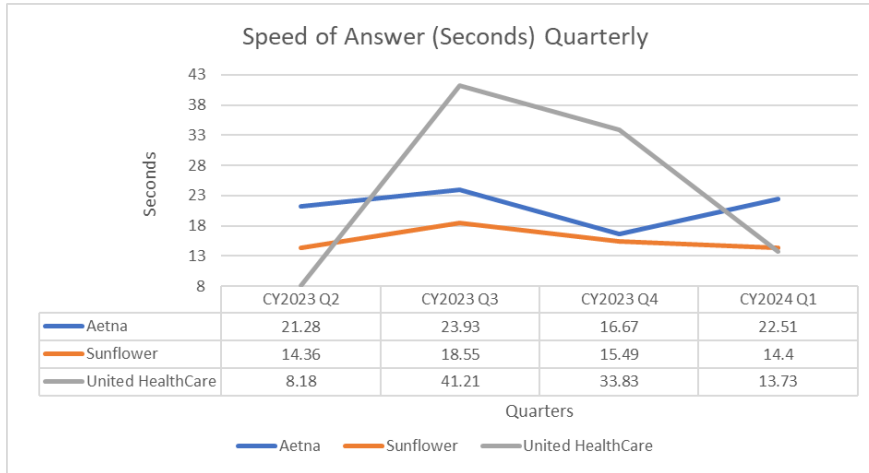
### Resolved Within 60 Calendar Days 2024



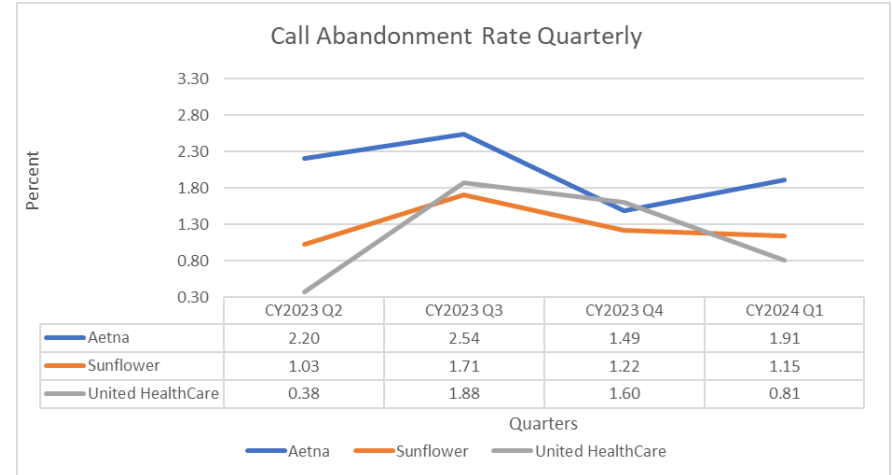
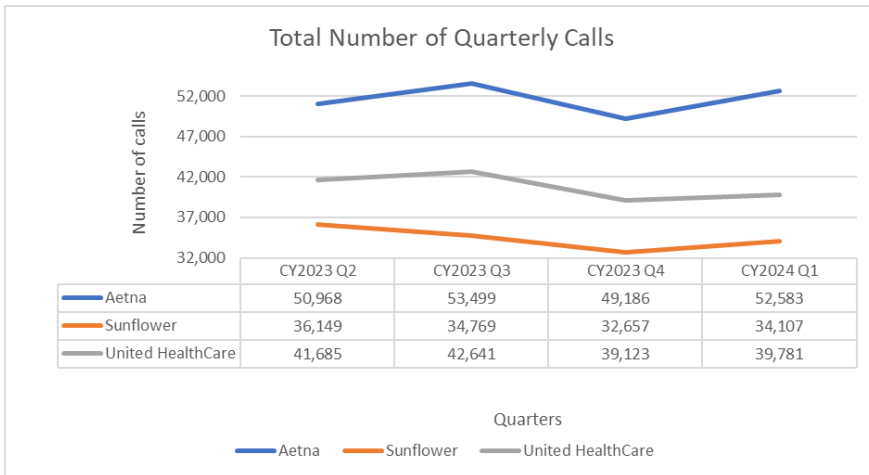
### 2024 1<sup>st</sup> Qtr. Provider Appeals Top 5 Trends

Aetna		Sunflower		United	
<b>Total # of Resolved Provider Appeals</b>	679	<b>Total # of Resolved Provider Appeals</b>	1,039	<b>Total # of Resolved Provider Appeals</b>	1,959
Trend 1: PA - CPD - Medical (Physical Health not Otherwise Specified)	29%	Trend 1: PA - CPD - Medical (Physical Health not Otherwise Specified)	22%	Trend 1: PA - CPD - Medical (Physical Health not Otherwise Specified)	18%
Trend 2: PA - CPD - Hospital Inpatient (Non-Behavioral Health)	21%	Trend 2: PA - CNM - Pharmacy	14%	Trend 2: PA - CPD - Nursing Facilities - Total	17%
Trend 3: PA - CPD - Laboratory	18%	Trend 3: PA - CPD - Hospital Inpatient (Non-Behavioral Health)	13%	Trend 3: PA - CPD - Hospital Inpatient (Non-Behavioral Health)	15%
Trend 4: PA - CPD - Hospital Outpatient (Non-Behavioral Health)	12%	Trend 4: PA - CPD - Laboratory	13%	Trend 4: PA - CPD - Pharmacy	10%
Trend 5: PA - CPD - Durable Medical Equipment	11%	Trend 5: PA - CPD - Hospital Outpatient (Non-Behavioral Health)	7%	Trend 5: PA - CPD - Home Health	10%

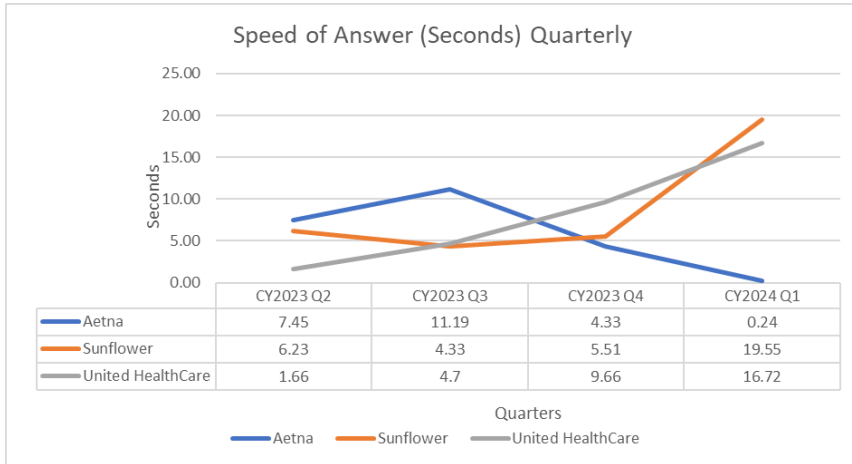
## Customer Service Center – Members



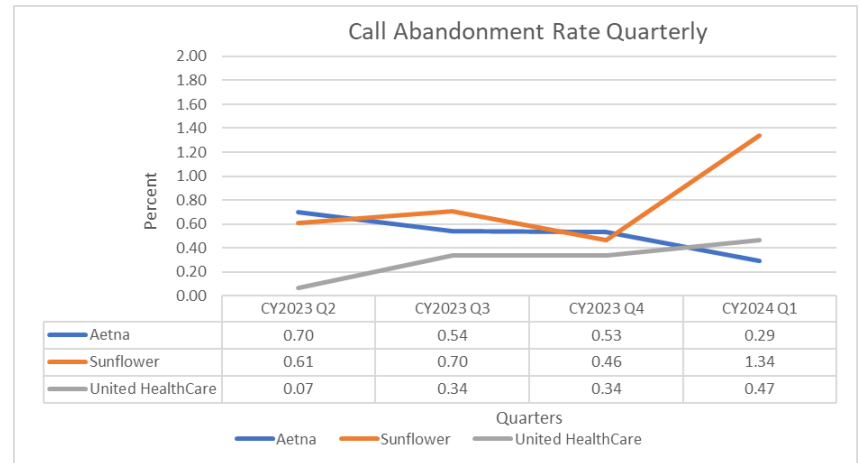
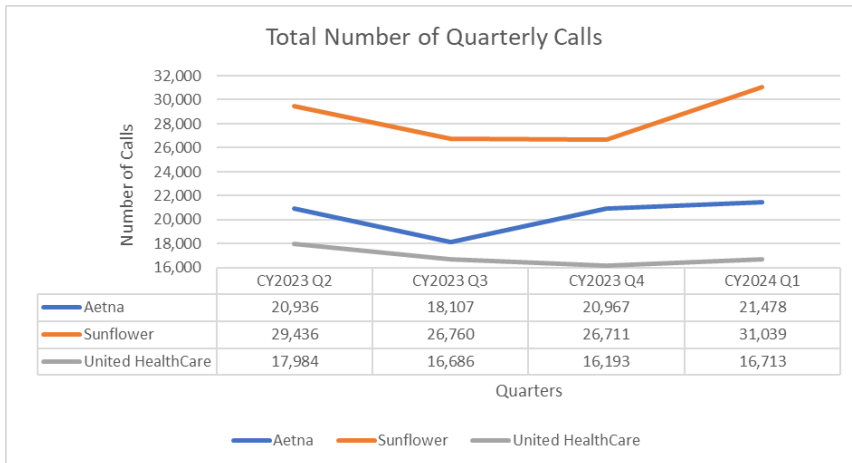
	LAST FOUR QUARTERS AVERAGES		
	Avg Speed of Answer (Seconds)	Avg Call Abandonment Rate	Avg # of Total Calls per Quarter
Aetna	21.2	0.52%	51,559
Sunflower	15.7	0.78%	34,421
United HealthCare	24.3	0.30%	40,808
<b>Total</b>			<b>126,787.000</b>



## Customer Service Center – Providers



	LAST FOUR QUARTERS AVERAGES		
	Avg Speed of Answer (Seconds)	Avg Call Abandonment Rate	Avg # of Total Calls per Quarter
Aetna	5.58	0.51%	20,372
Sunflower	9.24	0.80%	28,487
United HealthCare	8.05	0.30%	16,894
<b>Total</b>			<b>65,753</b>



## Unwinding Update

- Capitation Payments
- HCBS Waiver Eligibility
- Enrollment/Disenrollment as of May 31

## Capitation Payments for Increased Unwinding Enrollment

- Since KDHE did not complete renewals from April 2020 to March 2024 due to the Public Health Emergency (PHE), there is no data to determine when individuals enrolled during the PHE no longer met Medicaid eligibility thresholds.
  - To proxy how many individuals may not have been eligible during the PHE months, we compared historical enrollment rates by rate cell compared to PHE enrollment and the difference was used to calculate potential individuals that were enrolled but not eligible.
- The number of potential individuals enrolled but not eligible was then used to calculate potential capitation payments made to individuals no longer eligible.
- Total capitation amount was then compared to enhanced FMAP received by Kansas during the PHE to determine impact to state general funds.

## Capitation Payments for Increased Unwinding Enrollment

- Kansas spent between \$641,800,000 and \$784,400,000 in all funds during the PHE on capitation payments for individuals potentially not eligible
- Kansas received over \$1 billion in enhanced FMAP during that same time period.

### Estimated Impact of PHE Continuous Enrollment Policy

Based on potential additional membership that was covered that may not have otherwise been in the absence of the PHE

Primarily driven by TANF children and adults, as well as M-CHIP and Medically Needy

All Funds	2020	2021	2022	2023	2024	Total
Low	\$ 20,200,000	\$ 131,500,000	\$ 257,800,000	\$ 214,600,000	\$ 17,600,000	\$ 641,800,000
Mid	\$ 22,400,000	\$ 146,200,000	\$ 286,500,000	\$ 238,500,000	\$ 19,500,000	\$ 713,100,000
High	\$ 24,700,000	\$ 160,800,000	\$ 315,100,000	\$ 262,300,000	\$ 21,500,000	\$ 784,400,000

6.20% Enhanced FMAP

Total Capitation for April 2020 to  
March 2024 (including both eligible

\$ 16,970,720,016 and potentially ineligible)

**\$ 1,052,184,641 Impact of enhanced FMAP**

## HCBS Disenrollment

- HCBS enrollment fluctuates monthly.
- Common reasons for HCBS member losing eligibility:
  - No longer eligible for Medicaid due to income, resources or program requirements.
  - Death.
  - Voluntary withdrawal.
  - Relocation to another state.

HCBS CASES CLOSED: CUMMULATIVE DURING UNWINDING			
Waiver Category	No Longer Eligible*	Other Closure Reason**	
Frail Elderly	271	825	
Physical Disabled	142	255	
Intellectual and Developmental Disability	116	138	
Technology Assisted	12	24	
Brain Injury	33	23	
Serious Emotional Disturbance	207	15	
Autism	1	0	
<b>Total</b>	<b>782</b>	<b>1280</b>	<b>2062</b>

\*No Longer Eligible: These are members who lost coverage due to eligibility factors such as income, resources, program requirements, etc.

\*\*Other Closure Reason: These are members who were closed due to death, duplicate applications, or voluntary withdrawal.

## Current Unwinding Data

- Medicaid enrollment was just over 540,000 members when Unwinding began in April 2023.
- KDHE estimated that between 100,000 and 125,000 individuals would lose eligibility during the Unwinding.
- As of May 31, 2024:
  - 75,532 individuals discontinued (determined no longer eligible) during the Unwinding.
  - 425,641 individuals are currently enrolled in Medicaid and CHIP.
  - Reduction of just under 114,000 individuals enrolled in the program.

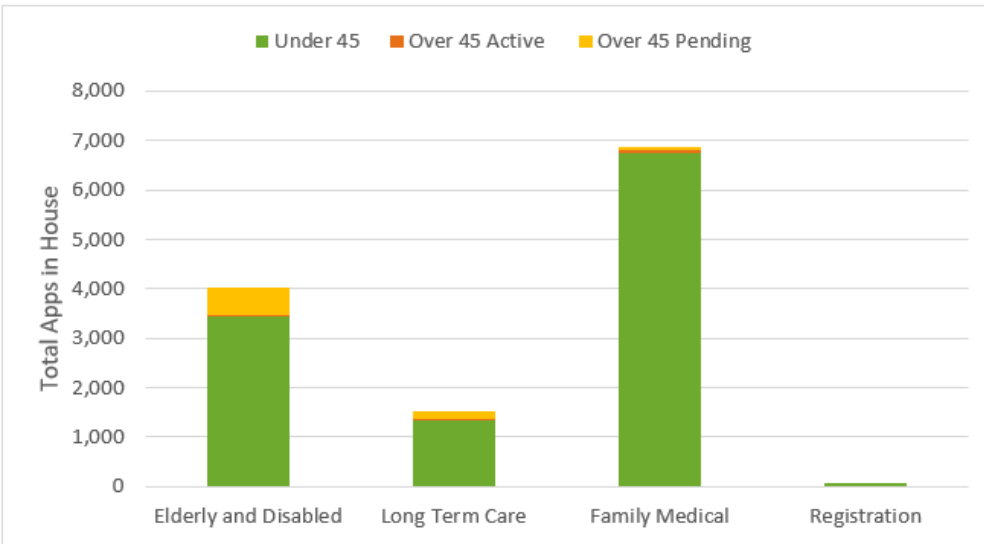


## Eligibility Update

- Medicaid Eligibility Application Status Update
- Call Center Metrics

## Medicaid Eligibility Application Status

- 12,525 total applications in house.
  - 908 applications over 45 days (7% of total applications); 96 applications (1% of total) over 45 days in active status — ready to be processed.
  - 812 applications (6.5% of total) over 45 days in pending status — waiting for more information from applicant/provider/financial institution.



	Under 45	Over 45 Active	Over 45 Pending	Total
<b>Elderly and Disabled</b>	3,433	25	582	4,040
<b>Long Term Care</b>	1,352	20	156	1,528
<b>Family Medical</b>	6,761	51	74	6,886
<b>Registration</b>	71	0	0	71
<b>Total</b>	11,617	96	812	12,525

	Under 45	Over 45 Active	Over 45 Pending	Total
<b>Elderly and Disabled</b>	85.0%	0.6%	14.4%	100.0%
<b>Long Term Care</b>	88.5%	1.3%	10.2%	100.0%
<b>Family Medical</b>	98.2%	0.7%	1.1%	100.0%
<b>Registration</b>	100.0%	0.0%	0.0%	100.0%
<b>Total</b>	92.8%	0.8%	6.5%	100.0%

## Call Center Metrics

- April 2023 data is not a full month but is reflective of when call volumes dramatically escalated.

Date	Number of Calls Received	Abandon Percentage	Average Speed to Answer (minutes)
May-24	34,558	0.52%	0:25
Apr-24	34,681	0.53%	0:29
Mar-24	31,128	0.43%	0:21
Feb-24	33,265	0.96%	0:44
Jan-24	37,283	3.23%	2:36
Dec-23	32,336	1.50%	1:16
Nov-23	35,006	9.26%	5:46
Oct-23	34,031	1.96%	1:26
Sep-23	31,299	1.18%	0:49
Aug-23	37,350	3%	2:00
Jul-23	37,150	15%	11:00
Jun-23	38,115	19.15%	14:00
May-23	37,533	29.83%	24:00
Apr-23 (April 21 – April 30)	19,785	53%	43:00

## Eligibility Improvements

- Renewal form
  - The signature page was moved to page three on renewals in May 2024.
- Fax solution automation scheduled for August 2024.
  - Eliminates the need to print and scan faxes.
  - Reduces lost fax documents.
  - Creates reporting for balancing faxes received/processed.
- Unwinding flexibilities made permanent:
  - Resource compatibility attested comparison in June 2024.
    - Compare attested resource values with electronic interfaces to determine if they may be considered verified without requesting information.
    - Simplifies eligibility processing and reduces consumer burden.
  - Pursuit of potential resources no longer a condition of eligibility in June 2024.
    - Applicants/recipients no longer required to pursue potential resources as a condition of Medicaid eligibility. Potential include Social Security benefits, retirement pensions, Veterans benefits, unemployment compensation, etc. The exception to this rule is Medicare and pursuing the return of transferred property.
    - Simplifies eligibility processing and reduces consumer burden.

## Eligibility Improvements

- Proactive communications tool is scheduled for release in July 2024 for renewals.
  - Allows KanCare to call, text or email members who opted in.
  - Interactions in the journey may include:
    - **Update contact information** – Confirmation that the state has received members review paperwork along with processing next steps and upcoming review date.
    - **Upcoming Review** – Lets the member know that their review submission is coming up on a set date and/or the SSN is missing and needs to be updated.
    - **Review Reminder** – Review submission received and/or review submission hasn't been completed and send a reminder.
    - **Missing Signature** – Customer form has been returned because of a missing signature and provide instructions to sign.
    - **Review Decision** – Review submission received and decision has been made on benefits continuation.
    - **Survey Feedback** – Ability for consumers to provide feedback to KanCare.

## KanCare 3.0 Contract Program Enhancement Focus Areas



### Care Coordination

- Care coordination
- Community-based care coordination for HCBS waiver populations
- Coordination between entities providing care coordination
- Provision of services in person-centered service plan

### Access to Services/ Workforce

- Direct care workforce for behavioral health and LTSS
- Non-emergency medical transportation
- Accessing durable medical equipment (DME)
- Provider directory
- Emergency management plan

### Provider Experience

- Credentialing timeliness
- Centralized credentialing
- Prior authorization processes
- Reducing administrative burden
- Peer-to-peer consultation
- Claims assistance

### Maternal and Infant Health

- Maternity care coordination
- Value-added benefits for pregnant and postpartum women
- Dashboard reporting of prenatal and postpartum measures

### Social Determinants of Health (SDOH)

- Health screening
- Identification of SDOH needs
- SDOH resource identification, development, and investment
- Tracking member referrals to SDOH resources

### Ensure Quality of Health and Health Care Across All Populations

- Quality improvement and population health
- Identification and remediation of health disparities
- Improvement of access to interpretation services

## Thank You and Questions

