Stakeholders raised concerns with Medicaid managed care roll-out which could negatively affect service allocations for children and youth with special health care needs (CYSHCN).

**Suggested Solutions:**
- Additional training and educational materials
- Improve care coordination
- Minimize burden on families, assessors, and providers
- Improve clinical data accuracy

**Methods**

- Research question: What are the real-world consequences of a massive systems change and implementation of a complex intervention from the perspective of caregivers and providers of the target population: children and youth with special health care needs (CYSHCN)?
- Our process evaluation sought specifically to amplify the experiences of families, caregivers, and providers of CYSHCN exposed to the STAR Kids Medicaid Managed Care Program and the SK-SAI assessment.
- Research guided by an adapted Complex Innovation Implementation Framework, which is useful for facilitating successful implementation of complex (i.e., a new practice, program, or technology innovation) that require coordination of multiple people.
- Our process evaluation, which followed the Medical Research Council Process evaluation framework as applicable, assisted in identifying barriers, organizational readiness, and describing the implementation environment.
- Three focus groups were conducted at Texas A&M University Health Science Center in 2017. Convenience sampling in Central Texas led to the recruitment of 22 participants: advocates (1), providers (not employed by MCOs) (11), caregivers (6), and employees from three MCOs (14). Participants were placed into one of three focus groups: caregivers and providers (8); MCO assessors (7); and MCO management (7).
- Data were analyzed using an iterative method. The focus group data were reviewed and coded several times before organized into themes. Theme documents were re-read to generate categories. Data were further distilled into thinking maps using charts and tables based on emerging similarities and differences found in the links and relationships between categories. The clarity of the categories was verified using stakeholder checks.

**Results**

- Stakeholders raised concerns grouped into 3 categories: accuracy of clinical information, policies and procedures, and issues with the assessment.
- Issues centered on 10 themes (Table 1).
- 4 recommendations for systems changes (Table 2).

**Perceptions of a Medicaid Managed Care Roll-Out Among Stakeholders of Children and Youth with Special Health Care Needs: The STAR Kids Program in Texas**

**Presenter:** Melissa Welch, MA, LMFT

**INTRO**
- Growth of Medicaid managed care (MMC) brings about concerns including network adequacy, actuarial soundness, appropriate access to care, and continuity of care.
- New requirements present challenges to patients and caregivers that may disrupt ongoing patient-provider relationships. This is concerning for patients with high needs and can negatively influence healthcare experiences.
- With increasing numbers of patients transitioning to MMC, it is crucial to consider the experiences of individuals impacted by those changes.
- Clear communication is vital in health care and requires feedback from all stakeholders: providers, payors, patients and caregivers.
- Listening to the needs and priorities of stakeholders, researchers and policy makers can better understand how to improve care and make delivery patient- and family-centered. This allows for care and quality improvement, greater provider- and patient-satisfaction, and patient-centrization.
- Evaluating the experiences of consumers is a vital step in improving quality and building trust.
- Trust is developed through competence, communication, and openness with patients and their families. We aim to strengthen trust by considering and sharing the valuable input of our patients, leading to a better functioning health system and identifying areas for further improvement.

**METHODS**

- Research question: What are the real-world consequences of a massive systems change and implementation of a complex intervention from the perspective of caregivers and providers of the target population: children and youth with special health care needs (CYSHCN)?
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- Four follow-up interviews were held with members of organizations with interests in Medicaid programs for CYSHCN. Members were presented with the results and asked if they matched their experiences.

**RESULTS**

- Stakeholders raised concerns grouped into 3 categories: accuracy of clinical information, policies and procedures, and issues with the assessment.
- Issues centered on 10 themes (Table 1).
- 4 recommendations for systems changes (Table 2).

**Table 1 Caregiver and Provider Experiences with Medicaid Managed Care: Categories & Themes**

| Issues Related to Accuracy of Clinical Information | • Using the right assessor for the right child | • Data accuracy | • Loss of services |
| Issues Related to Policies and Procedures | • Lack of care coordination | • Lack of MCO relationships with providers & families | • Turnover | • Information transmission | • Medication policies changing |

**Issues Related to Assessment**

| Burden placed on families and providers to complete the assessment | Understanding the assessment/Navigating the electronic assessment |

**Table 2 Recommendations for Systems Changes**

| Provide additional trainings and educational materials to all stakeholders involved | Create informational materials about topics related to the changes, including purpose of change. |
| Update any related websites to be ADA-compliant and user-friendly. | Conduct trainings for employees associated with the change. |
| Release TV/radio campaign with positive, factual stories of successes related to the change. | Distribute letters to families with important dates to the change process. |

**Improve care coordination process**

| Ensure all members of a care team (including PCPs, pharmacists, therapists, etc.) are aware of change and provided with information specific to their role. | Ensure billing codes specific to new work related to the innovations. |
| Track and assess caregiver/care coordinator turnover with system change. Reduce if necessary. | If the complex innovation has a data collection component, minimize burden on families, assessors, and providers. |

**Improve clinical data accuracy**

| Release medical and service information to assessors so they can pre-fill data collection tools. | Allow families to pre-fill data collection tools. |
| Pre-fill information from medical records or other documents, when possible. | Ensure the data submission allows for timely and informative feedback between stakeholders such as contractors or state agencies. |

**Improve clinical data accuracy**

| Create process that allows time for review and revision of data errors by stakeholders, Use independent (not associated with MCO or state agency) assessors. |