Quarterly Report to CMS Regarding Operation of 1115 Waiver Demonstration Program – Quarter Ending 12.31.18

State of Kansas
Kansas Department of Health and Environment
Division of Health Care Finance

KanCare
Section 1115 Quarterly Report
Temporary Extension Demonstration Year: 1 (1/1/2018-12/31/2018)
Federal Fiscal Quarter: 1/2019 (10/18-12/18)

Table of Contents

I. Introduction

KanCare is a managed care Medicaid program which serves the State of Kansas through a coordinated approach. The State determined that contracting with multiple managed care organizations will result in the provision of efficient and effective health care services to the populations covered by the Medicaid and Children's Health Insurance Program (CHIP) in Kansas and will ensure coordination of care and integration of physical and behavioral health services with each other and with home and community based services (HCBS).

On August 6, 2012, the State of Kansas submitted a Medicaid Section 1115 demonstration proposal, entitled KanCare. That request was approved by the Centers for Medicare & Medicaid Services on December 27, 2012, effective from January 1, 2013, through December 31, 2017. The State submitted a one-year temporary extension request of this demonstration to CMS on July 31, 2017. The temporary extension was approved on October 13, 2017.

KanCare is operating concurrently with the state's section 1915(c) Home and Community-Based Services (HCBS) waivers, which together provide the authority necessary for the state to require enrollment of almost all Medicaid beneficiaries (including the aged, disabled, and some dual eligibles) across the state into a managed care delivery system to receive state plan and waiver services. This represents an expansion of the state's previous managed care program, which provided services to children, pregnant women, and parents in the state's Medicaid program, as well as carved out managed care entities that separately covered mental health and substance use disorder services. KanCare also includes a safety net care pool to support certain hospitals that incur uncompensated care costs for Medicaid beneficiaries and the uninsured, and to provide incentives to hospitals for programs that result in delivery system reforms that enhance access to health care and improve the quality of care.

This six-year demonstration will:

- Maintain Medicaid state plan eligibility;
- Maintain Medicaid state plan benefits;
- Allow the state to require eligible individuals to enroll in managed care organizations (MCOs) to receive covered benefits through such MCOs, including individuals on HCBS waivers, except:
    - American Indian/Alaska Natives are presumptively enrolled in KanCare but will have the option of affirmatively opting-out of managed care.
- Provide benefits, including long-term services and supports (LTSS) and HCBS, via managed care; and
- Create a Safety Net Care Pool to support hospitals that provide uncompensated care to Medicaid beneficiaries and the uninsured.

The KanCare demonstration will assist the state in its goals to:

- Provide integration and coordination of care across the whole spectrum of health to include physical health, behavioral health, and LTSS/HCBS;
- Improve the quality of care Kansas Medicaid beneficiaries receive through integrated care coordination and financial incentives paid for performance (quality and outcomes);
- Control Medicaid costs by emphasizing health, wellness, prevention and early detection as well as integration and coordination of care; and
- Establish long-lasting reforms that sustain the improvements in quality of health and wellness for Kansas Medicaid beneficiaries and provide a model for other states for Medicaid payment and delivery system reforms as well.

This quarterly report is submitted pursuant to item #77 of the Centers for Medicare & Medicaid Services Special Terms and Conditions (STCs) issued regarding the KanCare 1115(a) Medicaid demonstration program, and in the format outlined in Attachment A of the STCs.

II. Enrollment Information

The following table outlines enrollment activity related to populations included in the demonstration. It does not include enrollment activity for non-Title XIX programs, including the Children's Health Insurance Program (CHIP), nor does it include populations excluded from KanCare, such as Qualified Medicare Beneficiaries (QMB) not otherwise eligible for Medicaid. The table does include members retroactively assigned for the second quarter known as of December 31, 2018.

Demonstration Population	Enrollees at Close of Qtr. (12/31/2018)	Total Unduplicated Enrollees in Quarter	Disenrolled in Quarter
Population 1: ABD/SD Dual	14,483	15,500	1,017
Population 2: ABD/SD Non-Dual	29,527	30,076	549
Population 3: Adults	47,405	51,488	4,083
Population 4: Children	219,435	232,204	12,769
Population 5: DD Waiver	9,066	9,110	44
Population 6: LTC	20,046	20,911	865
Population 7: MN Dual	1,153	1,266	113
Population 8: MN Non-Dual	929	1,000	71
Population 9: Waiver	4,283	4,483	200
Population 10: UC Pool	N/A	N/A	N/A
Population 11: DSRIP Pool	N/A	N/A	N/A
Total	**346,327**	**366,038**	**19,711**

III. Outreach/Innovation

The KanCare website, www.kancare.ks.gov, is home to a wealth of information for providers, consumers, stakeholders and policy makers. Sections of the website are designed specifically around the needs of consumers and providers; and information about the Section 1115 demonstration and its operation is provided in the interest of transparency and engagement.

The KanCare Advisory Council consists of 13 members: 3 legislators representing the House and Senate, 1 representing mental health providers, 1 representing CDDOs, 2 representing physicians and hospitals, 3 representing KanCare members, 1 representing the developmental disabilities community, 1 former Kansas Senator, 1 representing pharmacists. The 4th quarter KanCare Advisory Council meeting took place on December 14, 2018 at the CSOB Room 530. The agenda was as follows:

- Welcome
- Review and Approval of Minutes from Council Meeting, September 25, 2018
- KDHE Update – Jon Hamdorf, Director and Medicaid Director, Division of Health Care Finance, Kansas Department of Health and Environment
- KDADS Update – Amy Penrod, Commissioner, Community Services and Programs, Kansas Department for Aging and Disability Services
- KanCare Ombudsman Report - written
- Updates on KanCare with Q&A
    - Amerigroup Kansas

    - Sunflower State Health Plan
    - UnitedHealthcare Community Plan
- Miscellaneous Agenda Items
    - Aetna Better Health contract concerns
    - One Care Kansas
    - Update on the Meaningful Measures Workgroup
    - Update on MCO Transition
    - IDD and TA waiver concerns
    - Update on nursing/skilled staffing
    - KanCare Ombudsman update
- Next Meeting of KanCare Advisory Council – February 27, 2019, Curtis State Office Building, 2:00 to 4:00 p.m.
- Adjourn

The 4th quarter Tribal Technical Assistance Group (TTAG) meeting took place on November 19, 2018 in 9E at Landon State Office Building. There were 6 attendees present for the meeting – 4 attendees in person and 2 attendees by phone. The next scheduled meeting for TTAG is February 5, 2019.

Other ongoing routine and issue-specific meetings continued by state staff engaging in outreach to a broad range of providers, associations, advocacy groups and other interested stakeholders. Examples of these meetings include:

- Money Follows the Person (quarterly) – ending this quarter
- PACE Program (quarterly)
- HCBS Provider Forum teleconferences (monthly)
- Long-term Care Roundtable with Department of Children & Families (quarterly)
- Presentations, attendance, and information is available as requested by small groups, consumers, stakeholders, providers and associations across Kansas
- Community Mental Health Centers meetings to address billing and other concerns (monthly and quarterly)
- Series of workgroup meetings and committee meetings with the Managed Care Organizations and Community Mental Health Centers
- Regular meetings with the Kansas Hospital Association KanCare implementation technical assistance group
- Series of meetings with behavioral health institutions, private psychiatric hospitals, and Psychiatric Treatment Residential Facilities (PRTFs) to address care coordination and improved integration
- State Mental Health Hospital mental health reform meetings (quarterly)
- Medicaid Functional Eligibility Instrument (FE, PD & TBI) Advisory Workgroup
- IDD Functional Eligibility Instrument Advisory Workgroup
- Systems Collaboration with Aging & Disability, Behavioral Health and Foster Care Agencies
- PRTF Stakeholder meeting (quarterly)
- Mental Health Coalition meeting (bi-weekly)
- Kansas Association of Addiction Professionals (monthly)
- Crisis Response & Triage meetings with stakeholders including MCOs to improve timely, effective crisis services for members and improved care coordination post crises (bi-weekly)

- Lunch and Learn biweekly series on a variety of behavioral health topics including prevention and the prevention framework initiative; SUD 101; trauma informed systems of care; recovery and peer support; housing and homeless initiatives; community crisis center development
- Bi-monthly Governor's Behavioral Health Services Planning Council meetings; and monthly meetings with the nine subcommittees such as Suicide Prevention, Justice Involved Youth and Adult, and Rural and Frontier
- Mental Health Excellence and grant project meetings
- Monthly Nursing Facility Stakeholder Meetings
- KDADS-CDDO-Stakeholder Meetings (quarterly)
- KDADS-CDDO Eligibility workgroup tasked to update IDD Eligibility policy and Handbook- policy work meetings will start on 11/16/18

In addition, Kansas is pursuing some targeted outreach and innovation projects, including:

OneCare Kansas Program

A legislative proviso directed KDHE to implement a health homes program. To avoid the confusion caused by the term health homes, a new name was selected for the program – OneCare Kansas. Authority to spend planning money was received from CMS and a OneCare Kansas Planning council has convened to help plan implementation of the new health homes program. While many details still need to be developed, the program will have the same model as the state's previous health homes program. The target population will be defined differently, and payment will be simpler. The state will still use the MCOs as the Lead Entities, who will contract with selected providers to offer the six core services required. Implementation is currently expected at the end of State Fiscal Year 2019; however, the Legislature has been asked to grant an extension to the implementation date given the amount of work that still needs to be done.

MCO Outreach Activities

A summary of this quarter's marketing, outreach and advocacy activities conducted by the KanCare managed care organizations – Amerigroup Kansas, Sunflower State Health Plan, and United Healthcare Community Plan – follows below.

Information related to Amerigroup Kansas marketing, outreach and advocacy activities:

Marketing Activities: The Anthem Foundation Amerigroup supported the National Foundation for Governor's Fitness Council with a grant. The foundation also funded Christmas in October to support renovate house for low income or disabled persons.

Outreach Activities: Amerigroup's Outreach Care Specialists continued their telephonic outreach efforts and mailings to new members to welcome them and to ensure they have completed their initial health risk assessment. They also reached out to members who appeared to be due for an annual checkup or need other medical services to help schedule their appointment with their provider to help improve their overall health.

Advocacy Activities: None reported.

Information related to Sunflower State Health Plan marketing, outreach and advocacy activities:

Marketing Activities: During Q4 2018, Sunflower Health Plan attending and/or sponsoring 56 local and statewide member and provider events as well as fundraisers for charitable organizations such as the Giving Hope & Help. Sunflower's direct mail marketing material for the fourth quarter included member

postcards and customized letters addressing preventive health care gaps for important screenings and immunizations. Additionally, Sunflower Health Plan focused efforts on education on Value Added Benefits for the KanCare 2.0 rollout for 2019 via the education meetings. Notable stakeholder programs and events for marketing during Q4 2018:

- KanCare Enrollment Education Meetings
- Alzheimer's Association Kansas Education Conference
- NAMI Conference
- Johnson County Mental Health Recovery Conference
- Arthritis Foundation Jingle Bell Run
- Happy, Healthy, Holy Wellness Conference
- Brain Injury Association of Kansas Seminar
- Oral Health Kansas Conference
- I/DD Provider Fair for Clients hosted by Council Community Members (CCM)
- Timeliness of Prenatal Care Webinar Series
- Interhab Power Up Summit

Outreach Activities: Sunflower Health Plan's outreach activities for the 4th Quarter 2018, centered on youth through school visits, wellness education and health events. The health plan also continued member outreach for tobacco cessation. Sunflower continued its work with individuals and community agencies to address the social determinants of health in Kansas communities. Examples of member outreach activities this quarter:

- Participated in 5 Youth Health programs during the quarter
- Participated in 7 community health events serving all populations, including Say Grace 5k in Wichita, KS and Schlagle Health Fair in Kansas City, KS.
- Held Sunflower Health Plan's quarterly Member and Community Advisory Committee meeting on November 28 in Wyandotte County. The meeting was presented in an open format discussing all areas of the member benefits, member experience and connection to care.
- Invited members to one Clinic Day with Mercy & Truth clinic in Shawnee, KS to help close care gaps.
- Sunflower volunteered at the Hot 103 Jamz 14th Annual Toy & Food Drive.

Advocacy Activities: Sunflower Health Plan's advocacy efforts for Q4 2018 centered on supports for people with disabilities, underserved populations and work to help all populations improve individual health literacy. Sunflower participated in the following advocacy activities during Q4, 2018:

- Disability Mentoring Day for the I/DD community.
- Health Core Clinic food distribution day serving over 500 patrons with perishable and nonperishable food items.
- Flourishing Families 'Healthy Cooking Mama' event.
- Giving Hope & Help Feminine Products drive to support homeless and/or victims of abuse shelters in metro Kansas City, KS area.
- Johnson County Mental Health - Recovery Conference
- Helping Hands Turkey Drive to support Wyandotte County residents with a holiday meal.

Information related to UnitedHealthcare Community Plan marketing, outreach and advocacy activities:
Marketing Activities: UnitedHealthcare Community Plan of Kansas continued to focus on member, provider, and community education regarding KanCare benefits and general health education. Plan staff

completed new member welcome calls and Health Risk Assessments. New members were sent ID Cards and new member welcome kits in a timely manner. Throughout the quarter, UnitedHealthcare hosted a number of meetings and presentations with key providers, hospitals, Federally Qualified Health Centers (FQHC's) and Community Based Organizations like Catholic Charities, Consulate of Mexico, International Rescue Committee, Public Schools, Housing Authorities, Youth Rec Centers, YMCA, Salvation Army and InterHab as well as providers, health departments and faith based organizations throughout the state with a focus on innovation and collaboration. UnitedHealthcare also focused on grass-roots efforts by hosting small fun and educational events in low income housing and assisted living facilities where a lot of UHC members reside. The idea was to bring the information to the member without them having to travel.

Outreach Activities: UnitedHealthcare Community Plan participated in and/or supported 129 member facing activities, which included 45 lobby sits at provider offices as well as 47 events/health fairs or other educational opportunities for both consumers and providers. In Q3, UnitedHealthcare organized, participated in and supported 5 baby showers that were sponsored by UHC and/or other organizations. UnitedHealthcare representatives presented at all 6 of the statewide KanCare 2.0 Community Forums as well as the conference call only forum. UnitedHealthcare leveraged bilingual Community Outreach Specialists that focused on activities targeted within assigned geographical areas across Kansas. These specialists are fluent in both English and Spanish languages and effectively communicate with members with diverse cultural backgrounds. Additional Outreach Specialists supported activities in their respective territories. The Outreach Specialists regularly support one another working collaboratively to serve UHC Members. The key responsibility of the Outreach Specialist is to conduct educational outreach to members, community based organizations and targeted provider offices about Medicaid benefits, KanCare and UnitedHealthcare. Of key importance is to meet members where they are and help understand their personal goals and how UHC can help them reach those goals. UnitedHealthcare also interacts with key provider offices and the provider community to assist with issue resolution. Several key outreach initiatives this quarter included lobby sits, "Food for Thought Programs" hosted on-site at provider offices, and several health fairs. UnitedHealthcare also participated in a number of community stakeholder committee meetings during the second quarter of 2018.

Finally, UHC hosted the Q4 Member Advisory Meeting in Olathe. The Health Plan finds it critical to host meetings in different parts of the state in order to hear from those in both urban and rural areas, but this strategy makes it challenging to have the same committee at each meeting. This advisory meeting focused on explaining the 2019 value added benefits, and upcoming changes to the transportation provider.

UnitedHealthcare outreach staff personally met with approximately 11,071 individuals who were members or potential members at community events, at member orientation sessions, and at lobby sits held at key provider offices throughout Kansas.

UnitedHealthcare outreach staff personally met with approximately 891 individuals from community-based organizations located throughout Kansas. These organizations work directly with UHC members in various capacities.

UnitedHealthcare outreach staff personally met more than 635 individuals from provider offices located throughout the State.

Advocacy Activities: The UnitedHealthcare continued to support advocacy opportunities to support children and members with disabilities, and the individuals and agencies that support them.

Throughout this quarter, the team also worked closely with Health Plan Care Coordinators who support the waiver population. The Health Plan staff continued to stress to all members, including those with disabilities the desire to help support the members' personal goals and encouraged them to make informed decisions about enrollment in a KanCare plan. Staff will also meet consumers new to KanCare who are trying to understand their benefits. UnitedHealthcare remains committed to providing ongoing support and education to members and offering support to the consumers of Kansas. Health Plan staff supported InterHab's annual PowerUP! Conference and Disabilities Mentoring Days. Catholic Charities, Mexican Consulate, USD #457, DSNWK, and several other organizations and providers to help support individuals in areas of training and job development.

The Health Plan staff supported multiple committees and coalitions surrounding the challenges faced by consumers navigating the health care world.

Below is a sample of the organizations the Health Plan staff interacted with during fourth quarter:

- Self-Advocate Coalition of Kansas
- Hays Community Service Council
- Pratt County Community Health & Resource Council
- Thomas County Health Coalition
- Great Bend Interagency Committee
- WILCO Interagency Coalition
- Cultural Relations Board
- Ford County Health Coalition
- Kansas Association for the Medically Underserved (KAMU)
- Tobacco Cessation Work Group
- InterHab
- YMCA
- International Rescue Committee
- WIC
- Food Pantries
- Jayhawk ADRC
- Johnson County Mental Health Center
- Council on Aging
- KIDS KS Infant Death & SIDS
- ECKAN
- Growing Futures
- Parents as Teachers
- Wesley House
- Consulate of Mexico: Kansas City
- My Family Labette County
- USD 259 Wichita Public Schools & USD 457 Garden City & USD 500
- Reach Healthcare Foundation
- SafeHome
- My Family Labette County

IV. Operational Developments/Issues

a. *Systems and reporting issues, approval and contracting with new plans:* No new plans have been contracted with for the KanCare program through this final quarter of 2018. Through a variety of accessible forums and input avenues, the State is kept advised of any systems or reporting issues on an ongoing basis and such issues are managed either internally, with our MMIS Fiscal Agent, with the operating state agency and/or with the MCOs and other contractors to address and resolve the issues.

CMS approval is pending on KanCare Amendments 27, 30, 31, 32, 33 and 35.

Four State Plan Amendments (SPA) were approved as noted below:

SPA Number	Subject	Submitted Date	Effective Date	Approval Date
18-0009	Payment for services rendered in an outpatient and inpatient hospital setting will be increased 4%.	8/20/2018	07/01/2018	11/15/2018
18-0011	Payment for PRTF reserve days	9/25/2018	07/01/2018	11/23/2018
18-0012	Tobacco Cessation Counseling	9/26/2018	9/21/2018	11/06/2018
18-0004	DMEPOS	3/12/2018	2/09/2018	12/11/2018

No State Plan Amendments (SPA) were submitted.

One State plan Amendment (SPA) was withdrawn:

SPA Number	Subject	Submitted Date	Proposed Effective Date	Withdrawn Date
18-0013	Revisions to the Medicaid eligibility application	9/26/2018	1/01/2019	10/30/2018

Some additional specific supports to ensure effective identification and resolution of operational and reporting issues include activities described in Section III (Outreach and Innovation) above.

b. *Benefits:* All pre-KanCare benefits continue, and the program includes value-added benefits from each of the three KanCare MCOs at no cost to the State. A summary of value-added services utilization, per each of the KanCare MCOs, by top three value-added services and total for January-December 2018, follows:

MCO	Value Added Service Jan.- Dec. 2018	Units YTD	Value YTD
Amerigroup	Member Incentive Program	3,596	$1,630,736
	Adult Dental Care	3,811	$498,846
	Mail Order OTC	8,079	$149,896
	Total of All Amerigroup VAS	**16,785**	**$2,425,719**
Sunflower	CentAccount debit card	79,523	$861,477
	Dental visits for adults	5,863	$344,063
	Comprehensive Medication Review	9,862	$250,215
	Total of all Sunflower VAS	**129,647**	**$1,950,149**
United	Additional Vision Services	11,564	$295,432
	Home Helper Catalog Supplies	6,007	$140,234
	Baby Blocks Program and Rewards	1,077	$137,485
	Total of all United VAS	**42,747**	**$900,817**

c. *Enrollment issues:* For the fourth quarter of calendar year 2018 there were 9 Native Americans who chose to not enroll in KanCare and who are still eligible for KanCare.

The table below represents the enrollment reason categories for the fourth quarter of calendar year 2018. All KanCare eligible members were defaulted to a managed care plan.

Enrollment Reason Categories	Total
Beneficiary placed on Punitive Lock-In	0
Newborn Assignment	5
KDHE - Administrative Change	92
WEB - Change Assignment	18
KanCare Default - Case Continuity	312
KanCare Default – Morbidity	230
KanCare Default - 90 Day Retro-reattach	129
KanCare Default - Previous Assignment	355
KanCare Default - Continuity of Plan	672
AOE – Choice	83
Choice - Enrollment in KanCare MCO via Medicaid Application	2157
Change - Enrollment Form	383
Change - Choice	369
Change – Due to Quality of Care – Good Cause Reason	1
Change - Access to Care – Good Cause Reason	4
Change - Case Continuity – Good Cause Reason	1
Change – Due to Treatment not Available in Network – Good Cause	
Assignment Adjustment Due to Eligibility	115
Total	**4926**

d. *Grievances, appeals and state hearing information:*

MCOs' Grievance Database
CY18 4th quarter report

MCO	AMG		SUN		UHC		Total
	Non HCBS Member	HCBS Member	Non HCBS Member	HCBS Member	Non HCBS Member	HCBS Member	
QOC (non HCBS, Non Transportation)	8	3	13	9	26	7	66
QOC – Pain Management		1	3	1	2		7
Customer Service	3	1	7	7	8	7	33
Member Rights Dignity		2	3		1		6
Access to Service or Care	5	11	7	4	10	2	39
Non-Covered Services	1		1		3	2	7
Pharmacy	1				5	1	7
QOC HCBS Provider		7		9		9	25
Value Added Benefits		2	4	1	2	1	10
Billing/Financial Issues (non-Transportation)	34	9	6	2	45	5	101

Transportation – Billing and Reimbursement	1	1	3		2	1	8
Transportation - No Show	10	5	7	4	2	5	33
Transportation - Late	10	1	18	8	22	11	70
Transportation - Safety	5	2	6	6	3	4	26
No Driver Available				2	1		3
Transportation - Other	10	7	24	4	16	11	72
MCO Determined not Applicable				2			2
Other	1	1	6		1	1	10
TOTAL	89	53	108	59	149	67	525

MCOs' Appeals Database

Members – CY18 4th quarter report

Member Appeal Reasons **AMG – Red** **SUN – Green** **UHC - Purple**	**Number Resolved**	**Withdrawn**	**MCO Reversed Decision on Appeal**	**MCO upheld Decision on Appeal**	**MCO Determined not Applicable**
MEDICAL NECESSITY/LEVEL OF CARE – Criteria Not Met					
Durable Medical Equipment	29 18	1	12 9	16 9	
Inpatient Admissions (Non-Behavioral Health)	1 1 31	25	1	1 1 2	3
Medical Procedure (NOS)	16 15 1		8 4	7 11 1	1
Radiology	7 30		3 17	4 13	
Pharmacy	22 80 96	9 5	17 57 60	4 14 26	1 5
PT/OT/ST	6			6	
Dental	2 3 4		1 1	2 2 3	
Home Health	3 2		3 2		
Out of network provider, specialist or specific provider request	2		1	1	
Inpatient Behavioral Health	8 3 4	1 1	1 2	6 1 3	
Behavioral Health Outpatient Services and Testing	3 5		2	3 3	
LTSS/HCBS	4 9 1		3 2	1 7 1	

Mental Health	3		1	2	
HCBS (change in attendant hours)	4		4		
Other	11	1	5	5	
NONCOVERED SERVICE					
Dental	2			2	
Pharmacy	2 4		1 3	1 1	
Out of Network Providers	1		1		
OT/PT/Speech					
Durable Medical Equipment	10	1	6	3	
Other	20	1	10	9	
Lock In	1 1 1		1 1	 1	
Billing and Financial Issues					
AUTHORIZATION DENIAL					
Late submission by member/provider rep.	1 2			1 2	
No authorization submitted					
TOTAL **AMG – Red** **SUN – Green** **UHC - Purple**	 **66** **231** **172**	 **1** **13** **31**	 **37** **122** **80**	 **26** **96** **53**	 **2** **8**

** We removed categories from the above table that did not have any information to report for the quarter.*

MCO's Appeals Database

Member Appeal Summary – CY18 4th quarter report

AMG – Red **SUN – Green** **UHC - Purple**	**Number Resolved**	**Withdrawn**	**MCO Reversed Decision on Appeal**	**MCO upheld Decision on Appeal**	**MCO Determined Not Applicable**
Total Number of Appeals Resolved	66 231 172	1 13 31	37 122 80	26 96 53	2 8
Percentage Per Category		2% 6% 18%	56% 53% 47%	39% 41% 31%	3% 4%

MCOs' Reconsideration Database

Providers - CY18 4th quarter report (reconsiderations resolved)

PROVIDER Reconsideration Reasons **AMG – Red** **SUN – Green** **UHC - Purple**	**Number Resolved**	**Withdrawn**	**MCO Reversed Decision on Appeal**	**MCO upheld Decision on Appeal**	**MCO Determined Not Applicable**
CLAIM DENIALS					
Hospital Inpatient (Non-Behavioral Health)	480 990 870		55 377 395	303 545 475	122 68

Hospital Outpatient (Non-Behavioral Health)	525 1056 745		171 502 349	256 530 396	98 24
Dental	10		5	5	
Vision	13		8	5	
Ambulance (Include Air and Ground)	4 29 83		1 16 57	1 13 26	2
Medical Professional (Physical Health not Otherwise Specified)	3636 927 8569		1443 776 4887	1842 148 3682	351 3
Nursing Facilities - Total	238 99		85 95	118 4	35
HCBS	766 1042		335 770	331 222	100 50
Hospice	134 102 206		60 85 95	60 15 111	14 2
Home Health	2			2	
Behavioral Health Outpatient and Physician	1105 56 2082		689 15 1518	334 36 564	82 5
Behavioral Health Inpatient	20 55		6 20	13 35	1
Out of network provider, specialist or specific provider	33 1807		1 869	28 938	4
Radiology	566 248 649		202 140 333	329 106 316	35 2
Laboratory	521 434 1378		164 217 690	324 215 688	33 2
PT/OT/ST	7 22 20		2 22 11	5 9	
Durable Medical Equipment	64 414		19 330	35 84	10
Other	30 12 392		21 10 179	7 2 213	2
Total Claim Payment Disputes	8096 5487 16858		3253 3369 9403	3958 1958 7455	885 160
ADMINISTRATIVE DENIAL					
Denials of Authorization (Unauthorized by Members)					

TOTAL **AMG – Red** **SUN – Green** **UHC - Purple**	 **8096** **5487** **16858**		 **3253** **3369** **9403**	 **3958** **1958** **7455**	 **885** **160**

MCO's Provider Reconsiderations Database

Provider Reconsideration – Denied Claim Analysis – CY18 4th quarter report

AMG – Red **SUN – Green** **UHC – Purple**	**Claim Denied-MCO in Error**	**Claim Denied-Provider Error**	**Claim Denied – Correctly Billed and Correctly Denied/Paid**	**Claim Paid – Correctly Billed and Correctly Paid**	**Total**
Provider Reconsiderations					
MCO Reversed Decision on Reconsideration	163 3072 2381	20 295 2164	40 2 1270	4 3588	227 3369 9403
MCO Upheld Decision on Reconsideration	2 2594	194	14 1030 603	161 928 21430	371 1958 24627
Total Claim Payment Disputes	165 3072 4975	214 295 2164	54 1032 1873	165 928 25018	598 5327 34030

MCOs' Appeals Database

Provider Appeal Summary – CY18 4th quarter report (appeals resolved)

PROVIDER Appeal Reasons **AMG – Red** **SUN – Green** **UHC - Purple**	**Number Resolved**	**Withdrawn**	**MCO Reversed Decision on Appeal**	**MCO upheld Decision on Appeal**	**MCO Determined Not Applicable**
CLAIM DENIAL					
Hospital Inpatient (Non-Behavioral Health)	84 147 189		7 64 57	65 79 86	12 4 46
Hospital Outpatient (Non-Behavioral Health)	68 281 64	 3 	18 148 11	43 111 27	7 19 26
Pharmacy	1			1	
Dental	8 18 30		3 12 26	5 6 4	
Vision	4 11		 4	4 7	
Ambulance (Include Air and Ground)	3 7		2 4	1 	 3
Medical Professional (Physical Health not Otherwise Specified)	217 81		78 34	110 39	29 8

	105		29	22	54
Nursing Facilities - Total	36 5 6		16 3 1	11 2 2	9 3
HCBS	106		38	54	14
Hospice	9 6	 1	7 1	1 4	1
Home Health	5 43	2 	 7	3 17	 19
Behavioral Health Outpatient and Physician	80 11 31		41 1 17	34 10 1	5 13
Behavioral Health Inpatient	2 19		 9	2 9	 1
Out of network provider, specialist or specific provider	21		7	14	
Radiology	38 26		9 11	20 13	9 2
Laboratory	23 26 11		4 12 2	17 14 2	2 7
PT/OT/ST	1 2			1 	 2
Durable Medical Equipment	10 25	 1	5 18	4 5	1 1
Other	2 3 2		1 1	1 2 1	 1
Total Claim Payment Disputes	687 690 490	 7 	227 327 154	371 321 162	89 35 174
BILLING AND FINANCIAL ISSUES					
Recoupment	13 19		13 3	 6	 10
ADMINISTRATIVE DENIAL					
Denials of Authorization (Unauthorized by Members)	139 43		65 15	42 28	32
TOTAL **AMG – Red** **SUN – Green** **UHC - Purple**	 **826** **746** **509**	 **7** 	 **292** **355** **157**	 **413** **349** **168**	 **121** **35** **184**

Some categories from the above table that did not have any information to report for the quarter have been removed.

MCO's Appeals Database

Provider Appeal Summary – CY18 4th quarter report

AMG – Red SUN – Green UHC - Purple	Number Resolved	Withdrawn	MCO Reversed Decision on Appeal	MCO upheld Decision on Appeal	MCO Determined Not Applicable
Reconsideration	8096 5487 16858		3253 3369 9403	3958 1958 7455	885 160
Resolved at Appeal Level	826 746 509	7	292 355 157	413 349 168	121 35 184
TOTAL	**8922** **6233** **17367**	**7**	**3545** **3724** **9560**	**4371** **2307** **7623**	**1006** **195** **184**
Percentage Per Category		<1%	40% 60% 55%	49% 37% 44%	11% <1% 1%

MCO's Appeals Database

Provider Appeal – Denied Claim Analysis – CY18 4th quarter report

AMG – Red SUN – Green UHC – Purple	Claim Denied-MCO in Error	Claim Denied-Provider Error	Claim Denied – Correctly Billed and Correctly Denied/Paid	Claim Paid – Correctly Billed and Correctly Paid	Total
Provider Appeals					
MCO Reversed Decision on Appeal	163 5	20 4 131	40 291 23	4 27	227 327 154
MCO Upheld Decision on Appeal	2 158	194	14 275 4	161 46	371 321 162
Total Claim Denials	165 5 158	214 4 131	54 566 27	165 73	598 648 316

State of Kansas Office of Administrative Fair Hearings

Members – CY18 4th quarter report

AMG-Red SUN-Green UHC-Purple	Number Resolved	Withdrew	OAH Affirmed MCO Decision	OAH Reversed MCO Decision	Dismiss Moot MCO Reversed	Dismiss Moot Duplicate	Dismiss Untimely	Dismiss Not Ripe/ No MCO Appeal	Dismiss No Adverse Action	Dismiss No Auth.	Dismiss Appellant Verbally Withdrew	Dismiss Failure to State a Claim	Default Appellant Failed to Appear	Default Respondent Failed to Appear	Default Respondent Failed to File Agency Summary
MEDICAL NECESSITY/LEVEL OF CARE – Criteria Not Met															

Durable Medical Equipment	1 1 1	1			1			1							
Inpatient Admissions (Non-Behavioral Health)	1 1		1					1							
Medical Procedure (NOS)	1							1							
Pharmacy	4 2 1	1			1 1			2 1 1							
PT/OT/ST	2				2										
Dental															
Home Health	1				1										
Out of network provider, specialist or specific provider request															
Inpatient Behavioral Health															
Behavioral Health Outpatient Services and Testing	1		1												
LTSS/HCBS	4 1		1		3			1							
Mental Health	1							1							
HCBS (change in Attendant Hours)	3		1		2										
Other															
BILLING AND FINANCIAL ISSUES															
TOTAL **AMG-Red** **SUN-Green** **UHC-Purple**	 13 10 3	 1 1	 3 1		 7 4			 2 5 2							

** We removed categories from the above table that did not have any information to report for the quarter.*

State of Kansas Office of Administrative Fair Hearings

Providers – CY18 4th quarter report

AMG-Red SUN-Green UHC-Purple	Number Resolved	Withdrew	OAH Affirmed MCO Decision	OAH Reversed MCO Decision	Dismiss Moot MCO Reversed	Dismiss Moot Duplicate	Dismiss Untimely	Dismiss Not Ripe/ No MCO Appeal	Dismiss No Adverse Action	Dismiss No Auth.	Dismiss Appellant Verbally Withdrew	Dismiss Failure to State a Claim	Default Appellant Failed to Appear	Default Respondent Failed to Appear	Default Respondent Failed to File Agency Summary
CLAIM DENIAL															
Hospital Inpatient (Non-Behavioral Health)	26 4 6	4 4	 1 		21 1 1			1 2 	 1						
Pharmacy	1							1							
Ambulance	1								1						
Medical (Physical Health not Otherwise Specified)	6 1	1			5 1										
Nursing Facilities – Total	1				1										
HCBS	1 1				1 1										
Hospice	1								1						
Home Health	1 1				1			 1							
Behavioral Health Outpatient and Physician	1	1													
Radiology	20	10			1			9							
Laboratory	1							1							
PT/OT/ST															
Durable Medical Equipment	3 1	 1			3										
BILLING AND FINANCIAL ISSUES															
Recoupment	4 1				3 1	1									

TOTAL															
AMG-Red	45	6			35	1		1	2						
SUN-Green	28	11	1		4			12							
UHC-Purple	9	4			2			2	1						

** We removed categories from the above table that did not have any information to report for the quarter.*

e. *Quality of care:* Please see Section IX "Quality Assurance/Monitoring Activity" below. HCBS Quality Reports for January-March 2018 and April-June 2018 are attached to this report.

f. *Changes in provider qualifications/standards:* None.

g. *Access:* As noted in previous reports, members who are not in their open enrollment period are unable to change plans without a good cause reason pursuant to 42 CFR 438.56 or the KanCare STCs. In Q4 2018, the number dropped to 12 from 52 requests in Q3. The state offered all enrollees an open enrollment period starting in December 2018 since Amerigroup will be replaced by Aetna Better Health of Kansas beginning January 1, 2019. Open enrollment will continue through April 3, 2019.

Most of good cause requests (GCRs) are due to members mistakenly believing that they can file good cause requests because they prefer a provider outside of their assigned MCO's network. GCRs still occur due to providers advising patients to file GCRs to switch plans. And as in previous quarters, GCRs filed after the choice period are denied as not reflective of good cause if the request is based solely on the member's preference, when other participating providers are available within access standards. In these cases, the MCOs are tasked with offering to assist the member in scheduling an appointment with one of their participating providers. In Q4, the State made the decision to allow HCBS members to switch from Amerigroup if they desired to ensure continuity of care and a smooth transition to a new MCO for these members. Furthermore, in December, all members were notified that they would all be able to choose new MCOs if they wished. Due to that, we had zero good cause requests for December.

If a GCR is denied by KDHE, the member is given appeal/fair hearing rights. During the fourth quarter of 2018, there were no state fair hearings filed for a denied GCR. A summary of GCR actions this quarter is as follows:

Status	Oct	Nov	Dec
Total GCRs filed	9	3	0
Approved	5	0	0
Denied	3	1	0
Withdrawn (resolved, no need to change)	0	1	0
Dismissed (due to inability to contact the member)	1	1	0
Pending	0	0	0

Providers are constantly added to the MCOs' networks, with much of the effort focused upon HCBS service providers. Amerigroup's contract with KanCare ended December 31, 2019, so Amerigroup ceased most provider network activity, including recruiting new providers, and focused upon maintaining their network numbers to previous levels.

The chart below indicates unique providers by name, locale and NPI. Providers who serve multiple physical locations will be counted more than once:

KanCare MCO	# of Unique Providers as of 3/31/18	# of Unique Providers as of 6/30/18	# of Unique Providers as of 9/30/18	# of Unique Providers as of 12/31/18
Amerigroup	29,066	26,544	33,230	33,011
Sunflower	27,441	27,433	30,886	31,998
UHC	31,259	30,819	38,196	39,799

h. *Payment rates:* Changes were made to payment rates to reflect policy changes and service reimbursement increases (see Section IV. Operational Developments/Issues, a. Systems and reporting issues, approval and contracting with new plans).

i. *Health plan financial performance that is relevant to the demonstration:* All KanCare MCOs remain solvent.

j. *MLTSS implementation and operation:* In August 2018, Kansas offered services to 450 people on the HCBS PD waiting list. Of the 450 offers, 236 individuals accepted waiver services and 2 individuals declined as of 09/30/2018. Combined, 238 individuals have responded, resulting in a 53% initial response rate. There were several individuals from this offer round that accepted waiver services after the end of this quarter.

During this quarter, the Money follows the Person (MFP) program continued its transition to sustainability services. New referrals to MFP concluded on June 30, 2017 KDADS sought input from stakeholders and MCO on a proposed policy to continue to encourage supports designed to move members to community based services. Effective July 1, 2017, rather than being referred to the MFP program, persons seeking to transition from institutions to HCBS are referred to their assigned MCO and applicable waiver program manager for review and approval. Members of the MFP program prior to June 30, 2017 will continue to receive supports during the 365 days post-transition.

k. *Updates on the safety net care pool including DSRIP activities:* Currently there are two hospitals participating in the DSRIP activities. They are Children's Mercy Hospital (CMH) and Kansas University Medical Center (KU). CMH has chosen to do the following projects: Complex Care for Children, and Patient Centered Medical Homes. KU will be completing STOP Sepsis, and Self-Management and Care Resiliency for their projects. Kansas Foundation for Medical Care (KFMC) is working with the State on improving healthcare quality in KanCare. The hospitals continued identifying community partners, creating training for community partners, and working toward reaching the project milestones for the DY6.

l. Information on any issues regarding the concurrent 1915(c) waivers and on any upcoming 1915(c) waiver changes (amendments, expirations, renewals):

- The State has submitted a technical amendment to the Serious Emotional Disturbance Waiver (SED). The technical amendment addresses the Wraparound facilitator/targeted case manager planning for the initial plan of care meeting. KDADS received an informal request for additional information from CMS and has submitted answers to the questions. Currently the State awaits feedback for the technical amendment and IRAI questions.

- The IDD waiver expires on 7/1/19, and CMS has requested that the renewing waiver be submitted for review 180 days in advance of the termination date. IDD waiver will be submitted on 1/1/19. From September 10, 2018-September 17, 2018, KDADS hosted an HCBS forum on the renewing waivers to provide information and seek feedback from providers and stakeholders. The IDD waiver renewal will be posted for the public comment period from 11/1/18 to 11/30/18, as well as for the 60-day tribal notice period. An in-person meeting at the Prairie Band Potawatomi Government Center has been scheduled for 11/20/18 to discuss the waiver renewal with tribal members

m. *Legislative activity*: The Robert G. (Bob) Bethell Joint Committee on Home and Community Based Services and KanCare Oversight met November 8 and 9, 2018. The committee was provided a program update, information about KanCare Meaningful Measures Collaborative, an update on the implementation activities for the 2019 KanCare managed care contracts, and information on HCBS waivers and the waiting lists. In addition, the KanCare Ombudsman provided a report and testimony was provided by the three managed care organizations, several individuals, and associations who are stakeholders of the KanCare program.

n. *Other Operational Issues*: None

V. Policy Developments/Issues

General Policy Issues: Kansas addressed policy concerns related to managed care organizations and state requirements through weekly KanCare Policy Committee, monthly KanCare Steering Committee and monthly joint and one-on-one meetings between KDHE, KDADS and MCO leadership. Policy changes are also communicated to MCOs through other scheduled and ad hoc meetings as necessary to ensure leadership and program staff are aware of the changes. All policies affecting the operation of the Kansas Medicaid program and MMIS are addressed through a defined and well-developed process that is inclusive (obtaining input from and receiving review by user groups, all affected business areas, the state Medicaid policy team, the state's fiscal agent and Medicaid leadership) and results in documentation of the approved change.

VI. Financial/Budget Neutrality Development/Issues

Budget neutrality: Attached is the current budget neutrality document. The expenditures contained in the document reconcile to Schedule C from the CMS 64 report for QE 12 31 2018.

General reporting issues: KDHE continues to work with DXC, the fiscal agent, to modify reports as needed to have all data required in an appropriate format for efficient Section 1115 demonstration reporting. KDHE communicates with other state agencies regarding any needed changes.

VII. Member Month Reporting

We have updated this section to reflect member months reporting for each month by DY.

Demonstration Year MEG	Member Months

	Oct-18	Nov-18	Dec-18	TOTAL QE 12 31 2018
DY1 CY2013	**0**	**(15)**	**0**	**(15)**
MEG 1 - ABD/SD DUAL	0	(2)	0	(2)
MEG 2 - ABD/SD NON DUAL	0	(2)	0	(2)
MEG 3 - ADULTS	0	0	0	0
MEG 4 - CHILDREN	0	(11)	0	(11)
MEG 5 - DD WAIVER	0	0	0	0
MEG 6 - LTC	0	0	0	0
MEG 7 - MN DUAL	0	0	0	0
MEG 8 - MN NON DUAL	0	0	0	0
MEG 9 - WAIVER	0	0	0	0
DY2 CY2014	**0**	**(82)**	**0**	**(82)**
MEG 1 - ABD/SD DUAL	0	0	0	0
MEG 2 - ABD/SD NON DUAL	0	(6)	0	(6)
MEG 3 - ADULTS	0	0	0	0
MEG 4 - CHILDREN	0	(74)	0	(74)
MEG 5 - DD WAIVER	0	0	0	0
MEG 6 - LTC	0	(2)	0	(2)
MEG 7 - MN DUAL	0	0	0	0
MEG 8 - MN NON DUAL	0	0	0	0
MEG 9 - WAIVER	0	0	0	0
DY3 CY2015	**0**	**(85)**	**0**	**(85)**
MEG 1 - ABD/SD DUAL	0	0	0	0
MEG 2 - ABD/SD NON DUAL	0	(2)	0	(2)
MEG 3 - ADULTS	0	0	0	0
MEG 4 - CHILDREN	0	(83)	0	(83)
MEG 5 - DD WAIVER	0	0	0	0
MEG 6 - LTC	0	0	0	0
MEG 7 - MN DUAL	0	0	0	0
MEG 8 - MN NON DUAL	0	0	0	0
MEG 9 - WAIVER	0	0	0	0
DY4 CY2016	**(9)**	**(46)**	**(4)**	**(59)**
MEG 1 - ABD/SD DUAL	6	8	0	14
MEG 2 - ABD/SD NON DUAL	(13)	(8)	(4)	(25)
MEG 3 - ADULTS	(5)	(5)	0	(10)
MEG 4 - CHILDREN	6	(41)	0	(35)
MEG 5 - DD WAIVER	0	0	0	0
MEG 6 - LTC	(2)	0	0	(2)
MEG 7 - MN DUAL	5	2	0	7

MEG 8 - MN NON DUAL	(6)	(2)	0	(8)
MEG 9 - WAIVER	0	0	0	0
DY5 CY2017	**(585)**	**(21)**	**(36)**	**(642)**
MEG 1 - ABD/SD DUAL	2	93	44	139
MEG 2 - ABD/SD NON DUAL	(110)	(112)	(68)	(290)
MEG 3 - ADULTS	(19)	(19)	0	(38)
MEG 4 - CHILDREN	72	38	60	170
MEG 5 - DD WAIVER	(3)	(1)	(9)	(13)
MEG 6 - LTC	(482)	(35)	(55)	(572)
MEG 7 - MN DUAL	21	53	(11)	63
MEG 8 - MN NON DUAL	(54)	(30)	4	(80)
MEG 9 - WAIVER	(12)	(8)	(1)	(21)
DY6 CY2018	**334,807**	**348,484**	**345,460**	**1,028,751**
MEG 1 - ABD/SD DUAL	14,925	15,546	15,554	46,025
MEG 2 - ABD/SD NON DUAL	29,605	30,614	30,273	90,492
MEG 3 - ADULTS	43,247	50,237	49,644	143,128
MEG 4 - CHILDREN	211,380	216,062	213,748	641,190
MEG 5 - DD WAIVER	9,141	9,100	9,048	27,289
MEG 6 - LTC	19,983	20,214	20,384	60,581
MEG 7 - MN DUAL	1,236	1,360	1,437	4,033
MEG 8 - MN NON DUAL	952	1,016	1,009	2,977
MEG 9 - WAIVER	4,338	4,335	4,363	13,036
Grand Total	**334,213**	**348,235**	**345,420**	**1,027,868**

Note: Totals do not include CHIP or other non-Title XIX programs.

VIII. Consumer Issues

A summary of fourth quarter 2018 consumer issues is below:

Issue	Resolution	Action Taken to Prevent Further Occurrences
Member spenddown issues – spenddown incorrectly applied by plans, causing unpaid claims and inflated patient out of pocket amounts.	MCOs work with the State to monitor and adjust incorrect spenddown amounts. Weekly spreadsheets are sent to the State, showing the MCO remediation efforts.	All affected plans have system correction projects and reprocessing projects continuing in progress. This information is posted on each plan's Issue logs, and the KanCare Claims Resolution Log for providers and the State to review and monitor. MCOs must report spenddown files to the State that track the spenddown files. Unfortunately, this has been a difficult system issue to resolve.
Delays in HCBS services when the member transitions from	There are many reasons this can occur. If the provider must report transition (like a nursing facility) sometimes they fail to	The MCOs completed work on a common process to effectively transfer member plans of care to

one MCO to another, or from one setting to another.	turn in the correct forms. We require certain forms before we can switch the level of care coding in MMIS. Sometimes KDADS or KDHE failed to do something to switch the MMIS coding. Finally, the MCOs could fail to transfer service plans and other information when a member switches from one MCO to another.	another MCO. The data transfer files and processes will be streamlined in the future to more effectively transition members
Member transitions from Amerigroup to KanCare 2019 MCOs	Anxiety from some members/providers about the upcoming switch to new contractors. KanCare 2.0 MCOs concerned about transitioning data and authorizations from Amerigroup to their operations.	State issued a Transition of Care policy to meet the CMS managed care rule requirements as well as to assist with the transition from an existing contractor to a new contractor. The State worked with all MCOs to create a smooth data transition and service authorization transfer. Also created consistent messaging for members/providers about the transfer of care.
Members sometimes find it difficult to find providers with open panels.	MCOs are working to correct provider network directory database issues. Also educating providers to reach out to MCOs when their directory information changes or if they add/subtract providers to the practice.	MCOs are instructed to report Open/Closed panels for all provider types and report this data in the quarterly reporting template. As part of KanCare 2.0, guidelines for the provider directory mandated inclusion of the open panel status information in the MCO directories.
Retroactively eligible members are denied authorizations or claims denied for timely filing.	Members are denied authorization, services and care coordination due to retroactive eligibility.	Some of the MCO processes require manual intervention, which may lead to errors. Also, some MCOs require a claim to be submitted and denied before they can implement the retroactive eligibility protocol. All authorization and customer service employees receive frequent updates on how to deal with retro authorizations.

During the fourth quarter of 2018, support and assistance for consumers in the state for KanCare was provided by KDHE's 30 out-stationed eligibility workers (OEW). OEW staff determined eligibility for 3,232 consumers. OEW also assisted in resolving 1,923 issues involving urgent medical needs, obtaining correct information on applications, addressing gaps or errors in pending applications/reviews with the KanCare Clearinghouse. These OEW staff also assisted with 1,815 consumer phone calls.

During the fourth quarter of 2018, OEW staff participated in 45 community events providing KanCare program outreach, education and information for the following agencies/events: Local Health Departments/WIC clinics, FQHC clinics, Latino and Asian Wellness groups, Parents as Teachers, Prairie Band Potawatomie, Kickapoo, Sax and Fox Tribal Health centers, Haskell Indian College, Salvation

Army, Homeless Shelters, Circles Out of Poverty consumer groups, Community Health Fairs, Community Baby Showers, Homeless Family Health Fair, Job Corp, Perinatal coalition, Johnson County CDDO meeting, KanCare 2.0 community meetings, health care providers, advocates, and consumers.

IX. Quality Assurance/Monitoring Activity

The State Quality Management Strategy – The QMS is designed to provide an overarching framework for the State to allocate resources in an efficient manner with the objective of driving meaningful quality improvement (QI). Underneath the QMS lies the State's monitoring and oversight activities, across KDHE and KDADS, that act as an early alert system to more rapidly address MCO compliance issues and reported variances from expected results. Those monitoring and oversight activities represent the State's ongoing actions to ensure compliance with Federal and State contract standards. The framework of the QMS has been redesigned to look at the KanCare program and the population it serves in a holistic fashion to address all physical, behavioral, functional and social determinants of health and independence needs of the enrolled population. The QMS serves as the launch pad from which the State will continue to build and implement continuous QI principals in key areas of the KanCare program. The State will continue to scale the requirements of the QMS to address and support ongoing system transformation.

A requirement for approval of the 1115 waiver was development of a State QMS to define waiver goals and corresponding statewide strategies, as well as all standards and technical specifications for contract performance measurement, analysis, and reporting. CMS finalized new expectations for managed care service delivery in the 2017 Medicaid and CHIP Managed Care Final Rule. The intent of this QMS revision is to comply with the Final Rule, to establish regular review and revision of the State quality oversight process and maintain key State values of quality care to Medicaid recipients through continuous program improvement. Review and revision will feature processes for stakeholder input, tribal input, public notification, and publication to the *Kansas Register*.

The current QMS defines technical specifications for data collection, maintenance, and reporting to demonstrate recipients are receiving medically necessary services and providers are paid timely for service delivery. The original strategy includes most pre-existing program measures for specific services and financial incentives called pay for performance (P4P) measures to withhold a percentage of the capitation payment the managed care organizations (MCOs) can earn by satisfying certain quality benchmarks. Many of the program-specific, pre-existing measures were developed for the 1915(c) disability waivers designed and managed by the operating agency, KDADS, and administered by the single State Medicaid agency, KDHE. Regular and consistent cross-agency review of the QMS will highlight progress toward State goals and measures and related contractor progress. The outcome findings will demonstrate areas of compliance and non-compliance with Federal standards and State contract requirements. This systematic review will advance trending year over year for the State to engage contractors in continuous monitoring and improvement activities that ultimately impact the quality of services and reinforce positive change.

During 2018 Quarter 4, the State participated in the following activities:

- Ongoing automated report management, review and feedback between the State and the MCOs. Reports from the MCOs consist of a wide range of data reported on standardized templates.
- Ongoing interagency and cross-agency collaboration, and coordination with MCOs, to develop and communicate specific templates to be used for reporting key components of performance for the KanCare program, as well as the protocols, processes and timelines to be used for the ongoing receipt, distribution, review and feedback regarding submitted reports. The process of report

management, review and feedback is now automated to ensure efficient access to reported information and maximum utilization/feedback related to the data.

- Implementation and monitoring of the External Quality Review Organization (EQRO) work plan.
- Meetings with the EQRO along with the MCOs, KDADS and KDHE to discuss EQRO activities and concerns.
- Review of MCO submissions to address on-site Readiness Review audit deficiencies as identified by the state. The audits were conducted to determine each MCO's level of preparedness to implement the new KanCare contracts.
- Medicaid Fraud Control Unit monthly meetings to address fraud, waste, and abuse cases, referrals to MCOs and State, and collaborate on solutions to identify and prevent fraud, waste and abuse.
- Continued state staff participation in cross-agency long-term care meetings to report quality assurance and programmatic activities to KDHE for oversight and collaboration.
- Continued participation in weekly calls with each MCO to discuss ongoing provider and member issues, and to troubleshoot operational problems. Progress is monitored through these calls and through issue logs. Additionally, top management staff from KDADS, KDHE and the three MCOs meet monthly face-to-face to discuss issues and improvements to KanCare.
- Monitor large, global system issues through a weekly log issued to all MCOs and the State's fiscal agent. The resulting log is posted out on the KanCare website for providers and other interested parties to view. Continue monthly meetings to discuss trends and progress.
- Monitor member or provider specific issues through a tracking database that is shared with MCOs and KDADS for weekly review.
- Attend various provider training and workshops presented by the MCOs. Monitor for accuracy, answer questions as needed.
- Each MCO has submitted proposals for their Performance Improvement Projects (PIPs), and the State is currently reviewing those proposals.
- For the programs administered by KDADS: The Quality Assurance (QA) process is designed to give continuous feedback to KDADS, KDHE and stakeholders regarding the quality of services being provided to KanCare members. KDADS quality assurance staff are integrated in the Survey, Certification and Credentialing Commission (SCCC) to align staff resources for efficient and timely performance measurement. QA staff review random samples of individual case files to monitor and report compliance with performance measures designated in Attachment J of the MCO contracts.
- Also for the programs administered by KDADS: These measures are monitored and reviewed in collaboration with program staff in the Community Services and Programs Commission and reported through the Financial and Information Services Commission at KDADS. This oversight is enhanced through collaboration with the Department of Children and Families and the Department of Health and Environment. During this quarter, HCBS performance measures were reported to CMS via the 372 reporting process. A quality assurance protocol and interpretative guidelines are utilized to document this process and have been established with the goal of ensuring consistency in the reviews.
- Below is the timeline that the KDADS Quality Review Team follows regarding the quality review process.

HCBS Quality Review Rolling Timeline							
	FISC/IT	**SCC**	**MCO/Assess**	**SCC**	**FISC**	**SCC**	**CSP**
Review Period (look back period)	Samples Pulled *Posted to QRT	Notification to MCO/Assessor or Samples posted	MCO/Assessor Upload Period *(60 days)	Review of MCO data *(90 days)	Data pulled & Compiled (30days)	Data & Findings Reviewed at LTC Meeting ***	Remediation Reviewed at LTC Meeting
01/01 – 03/31	4/1 – 4/15	4/16	4/16 – 6/15	5/16 – 8/15	9/15	October	November
04/01 – 06/30	7/1 – 7/15	7/16	7/16 – 9/15	8/16 – 11/15	12/15	January	February
07/01 – 09/30	10/1 – 10/15	10/16	10/16 – 12/15	11/16 – 2/15	3/15	April	May
10/01 – 12/31	1/1 – 1/15	1/16	1/16 – 3/15	2/16 – 5/15	6/15	July	August

X. Managed Care Reporting Requirements

a. *A description of network adequacy reporting including GeoAccess mapping*: Each MCO submits a quarterly network adequacy report. The State uses this report to monitor the quality of network data and changes to the networks, drill down into provider types and specialties, and extract data to respond to requests received from various stakeholders. In addition, each MCO submits quarterly network reports that serve as a tool for KanCare managers to monitor accessibility to certain provider types. The MCOs generate two reports which are published to the KanCare website monthly for public viewing: http://www.kancare.ks.gov/policies-and-reports/network-adequacy. KDHE created new MCO guidelines and access requirements which are also posted on this same website. The new guidelines required additional GeoAccess maps, and also defined HCBS access standards. We are developing new reporting tools and collaborating with a small subject matter workgroup, which includes the MCOs, that may add new information for the public. We are creating more robust and reliable internal reports to track the accuracy and standardization of network data.

- MCO Network Access:
  This report pulls together a summary table from each MCO and provides a side-by-side comparison of the access maps for each plan by specialty.
- HCBS Providers by Waiver Service:
  Includes a network status table of waiver services for each MCO.

b. *Customer service reporting, including total calls, average speed of answer and call abandonment rates, for MCO-based and fiscal agent call centers, October-December 2018*:

KanCare Customer Service Report – Member

MCO/Fiscal Agent	Average Speed of Answer (Seconds)	Call Abandonment Rate	Total Calls
Amerigroup	0:34	3.87%	171,793
Sunflower	0:17	1.49%	169,040
United	0:16	0.77%	178,262
DXC – Fiscal Agent	0.05	0.47%	31,572

KanCare Customer Service Report - Provider

MCO/Fiscal Agent	Average Speed of Answer (Seconds)	Call Abandonment Rate	Total Calls
Amerigroup	0:24	1.29%	110,413

Sunflower	0:22	1.72%	91,339
United	0:10	0.62%	89,788
DXC – Fiscal Agent	0.08	0.45%	36,769

c. *A summary of MCO appeals for the quarter (including overturn rate and any trends identified) in addition to the information is included at item IV (d) above*:

MCOs' Grievance Trends
Members – CY18 4th Quarter

Amerigroup 4th Qtr. Grievance Trends		
Total # of Resolved Grievances	142	
Top 5 Trends		
Trend 1: Billing and Financial Issues (Non-Transportation)	43	30%
Trend 2: Transportation – Other	17	12%
Trend 3: Access to Service or Care	16	11%
Trend 4: Transportation – No Show	15	11%
Trend 5: Quality of Care (non HCBS) / Transportation – Late	11	8%

Amerigroup Member Grievances:

- There are 52 transportation grievances in CY2018 Quarter 4 which is a decrease of 12 (19%) from 64 transportation grievances in CY2018 Quarter 3.

Sunflower 4th Qtr. Grievance Trends		
Total # of Resolved Grievances	167	
Top 5 Trends		
Trend 1: Transportation – Other	28	17%
Trend 2: Transportation – Late	26	16%
Trend 3: Quality of Care (non HCBS)	22	13%
Trend 4: Customer Service	14	8%
Trend 5: Transportation – Safety	12	7%

Sunflower Member Grievances:

- There are 82 transportation grievances in CY2018 Quarter 4 which is an increase of 12 (17%) from 70 transportation grievances in CY2018 Quarter 3.

United 4th Qtr. Grievance Trends		
Total # of Resolved Grievances	216	
Top 5 Trends		
Trend 1: Billing and Financial Issues (Non-Transportation)	50	23%
Trend 2: Quality of Care (non HCBS)	33	15%
Trend 3: Transportation – Late	33	15%
Trend 4: Transportation – Other	27	13%
Trend 5: Customer Service	15	7%

United Member Grievances:

- There are 78 transportation grievances in CY2018 Quarter 4 which is a decrease of 19 (20%) from 97 transportation grievances in CY2018 Quarter 3.

MCO's Reconsideration Trends

Provider – CY2018 4th Quarter

Amerigroup 4th Qtr. Provider Reconsideration Trends		
Total # of Resolved Reconsiderations	8096	
Top 5 Trends		
Trend 1: Medical Professional (Physical Health not Otherwise Specified)	3636	45%
Trend 2: Behavioral Health Outpatient and Physician	1105	14%
Trend 3: HCBS	766	9%
Trend 4: Radiology	566	7%
Trend 5: Hospital Outpatient (Non-Behavioral Health)	525	6%

Amerigroup Provider Reconsiderations

- There are 1,105 provider reconsiderations categorized as Behavioral Health Outpatient and Physician in CY2018 Quarter 4 which is a significant increase of 109 from CY2018 Quarter 3.
- There are 766 provider reconsiderations categorized as HCBS in CY2018 Quarter 4 which is a significant increase of 58 from CY2018 Quarter 3.
- There are 480 provider reconsiderations categorized as Hospital Inpatient (Non-Behavioral Health) which is a significant increase of 294 from CY2018 Quarter 3.
- There are 30 provider reconsiderations categorized as Other in CY2018 Quarter 4 which is a significant increase of 20 from CY2018 Quarter 3.

Sunflower 4th Qtr. Provider Reconsideration Trends		
Total # of Resolved Reconsiderations	5487	
Top 5 Trends		
Trend 1: Hospital Outpatient (Non-Behavioral Health)	1056	19%
Trend 2: HCBS	1042	19%
Trend 3: Hospital Inpatient (Non-Behavioral Health)	990	18%
Trend 4: Medical Professional (Physical Health not Otherwise Specified)	927	17%
Trend 5: Laboratory	434	8%

Sunflower Provider Reconsiderations

- There are 1,042 provider reconsiderations categorized as HCBS in CY2018 Quarter 4 which is a significant increase of 371 from CY2018 Quarter 3.
- There are 13 provider reconsiderations categorized as Vision in CY2018 Quarter 4 which is a significant increase of 11 from CY2018 Quarter 3.
- There are 102 provider reconsiderations categorized as Hospice in CY2018 Quarter 4 which is a significant increase of 33 from CY2018 Quarter 3.
- There are 414 provider reconsiderations categorized as Durable Medical Equipment in CY2018 Quarter 4 which is a significant increase of 61 from CY2018 Quarter 3.
- There are 12 provider reconsiderations categorized as Other in CY2018 Quarter 4 which is a significant increase of 12 from CY2018 Quarter 3.

United 4th Qtr. Provider Reconsideration Trends		
Total # of Resolved Reconsiderations	16858	
Top 5 Trends		
Trend 1: Medical Professional (Physical Health not Otherwise Specified)	8569	51%
Trend 2: Behavioral Health Outpatient and Physician	2082	12%
Trend 3: Out of network provider, specialist or specific provider	1807	11%

Trend 4: Laboratory	1378	8%
Trend 5: Hospital Inpatient (Non-Behavioral Health)	870	5%

United Provider Reconsiderations

- There are 8,569 provider reconsiderations categorized as Medical Professional (Physical Health not Otherwise Specified) in CY2018 Quarter 4 which is a significant increase of 1,244 from CY2018 Quarter 3.
- There are 2,082 provider reconsiderations categorized as Behavioral Health Outpatient and Physician in CY2018 Quarter 4 which is a significant increase of 1,080 from CY2018 Quarter 3.
- There are 1,807 provider reconsiderations categorized as Out of Network Provider, Specialist or Specific Provider in CY2018 Quarter 4 which is a significant increase of 94 from CY2018 Quarter 3.
- There are 1,378 provider reconsiderations categorized as Laboratory in CY2018 Quarter 4 which is a significant increase of 193 from CY2018 Quarter 3.
- There are 870 provider reconsiderations categorized as Hospital Inpatient (Non-Behavioral Health) in CY2018 Quarter 4 which is a significant increase of 169 from CY2018 Quarter 3.
- There are 55 provider reconsiderations categorized as Behavioral Health Inpatient in CY2018 Quarter 4 which is a significant increase of 30 from CY2018 Quarter 3.
- There are 392 provider reconsiderations categorized as Other in CY2018 Quarter 4 which is a significant increase of 392 from CY2018 Quarter 3.

MCOs' Appeals Trends

Member/Provider – CY18 4th Quarter

Amerigroup 4th Qtr. Member/Provider Appeal Trends					
Total # of Resolved Member Appeals	66		**Total # of Resolved Provider Appeals**	826	
Top 5 Trends			**Top 5 Trends**		
Trend 1: Criteria Not Met – Pharmacy	22	33%	Trend 1: Medical Processional (Physical Health not Otherwise Specified)	217	26%
Trend 2: Criteria Not Met – Medical Procedure (NOS)	16	24%	Trend 2: Denials of Authorization (Unauthorized by Members)	139	17%
Trend 3: Criteria Not Met – Inpatient Behavioral Health	8	12%	Trend 3: HCBS	106	13%
Trend 4: Criteria Not Met – Radiology	7	11%	Trend 4: Hospital Inpatient (Non-Behavioral Health)	84	10%
Trend 5: Level of Care – LTSS/HCBS / Level of Care – HCBS (change in attendant hours)	4	6%	Trend 5: Behavioral Health Outpatient and Physician	80	10%

Amerigroup Provider Appeals:

- There are 106 provider appeals categorized as HCBS in CY2018 Quarter 4 which is a significant increase of 71 from CY2018 Quarter 3.
- There are 84 provider appeals categorized as Hospital Inpatient (Non-Behavioral Health) in CY2018 Quarter 4 which is a significant increase of 17 from CY2018 Quarter 3.
- There are 80 provider appeals categorized as Behavioral Health Outpatient and Physician in CY2018 Quarter 4 which is a significant increase of 40 from CY2018 Quarter 3.
- There are 38 provider appeals categorized as Radiology in CY2018 Quarter 4 which is a significant increase of 19 from CY2018 Quarter 3.
- There are 23 provider appeals categorized as Laboratory in CY2018 Quarter 4 which is a significant increase of 11 from CY2018 Quarter 3.

Sunflower 4th Qtr. Member/Provider Appeal Trends					
Total # of Resolved Member Appeals	231		**Total # of Resolved Provider Appeals**	746	
Top 5 Trends			**Top 5 Trends**		
Trend 1: Criteria Not Met - Pharmacy	80	35%	Trend 1: Hospital Outpatient (Non-Behavioral Health)	281	38%
Trend 2: Criteria Not Met – Radiology	30	13%	Trend 2: Hospital Inpatient (Non-Behavioral Health)	147	20%
Trend 3: Criteria Not Met – Durable Medical Equipment	29	13%	Trend 3: Medical Professional (Physical Health not Otherwise Specified)	81	11%
Trend 4: Other – Noncovered Service	20	9%	Trend 4: Denials of Authorization (Unauthorized by Members)	43	6%
Trend 5: Criteria Not Met – Medical Procedure (NOS)	15	6%	Trend 5: Radiology / Laboratory	26	3%

Sunflower Member Appeals:

- There are 80 member appeals categorized as Criteria Not Met – Pharmacy in CY2018 Quarter 4 which is a significant increase of 12 from CY2018 Quarter 3.
- There are 30 member appeals categorized as Criteria Not Met – Radiology in CY2018 Quarter 4 which is a significant increase of 10 from CY2018 Quarter 3.
- There are 10 member appeals categorized as Service Not Covered – OT/PT/Speech in CY2018 Quarter 4 which is a significant increase of 10 from CY2018 Quarter 3.

Sunflower Provider Appeals:

- There are 281 provider appeals categorized as Hospital Outpatient (Non-Behavioral Health) in CY2018 Quarter 4 which is a significant increase of 70 from CY2018 Quarter 3.
- There are 81 provider appeals categorized as Medical Professional (Physical Health not Otherwise Specified) in CY2018 Quarter 4 which is a significant increase of 50 from CY2018 Quarter 3.
- There are 25 provider appeals categorized as Durable Medical Equipment in CY2018 Quarter 4 which is a significant increase of 13 from CY2018 Quarter 3.
- There are 13 provider appeals categorized as Recoupment in CY2018 Quarter 4 which is a significant increase of 12 from CY2018 Quarter 3.

United 4th Qtr. Member/Provider Appeal Trends					
Total # of Resolved Member Appeals	172		**Total # of Resolved Provider Appeals**	509	
Top 5 Trends			**Top 5 Trends**		
Trend 1: Criteria Not Met – Pharmacy	96	56%	Trend 1: Hospital Inpatient (Non-Behavioral Health)	189	37%
Trend 2: Criteria Not Met – Inpatient Admissions (Non-Behavioral Health)	31	18%	Trend 2: Medical Professional (Physical Health not Otherwise Specified	105	21%
Trend 3: Criteria Not Met – Durable Medical Equipment	18	10%	Trend 3: Hospital Outpatient (Non-Behavioral Health)	64	13%
Trend 4: Criteria Not Met – Behavioral Health Outpatient Services and Testing	5	3%	Trend 4: Home Health	43	8%
Trend 5: Criteria Not Met – Dental / Criteria Not Met – Inpatient Behavioral Health / Service Not Covered – Pharmacy	4	2%	Trend 5: Behavioral Health Outpatient and Physician	31	6%

United Provider Appeals:

- There are 96 member appeals categorized as Criteria Not Met – Pharmacy in CY2018 Quarter 4 which is a significant increase of 23 from CY2018 Quarter 3.

United Provider Appeals:

- There are 43 provider appeals categorized as Home Health in CY2018 Quarter 4 which is a significant increase of 28 from CY2018 Quarter 3.
- There are 31 provider appeals categorized as Behavioral Health Outpatient and Physician in CY2018 Quarter 4 which is a significant increase of 14 from CY2018 Quarter 3.
- There are 30 provider appeals categorized as Dental in CY2018 Quarter 4 which is a significant increase of 30 from CY2018 Quarter 3.
- There are 19 provider appeals categorized as Recoupment in CY2018 Quarter 4 which is a significant increase of 16 from CY2018 Quarter 3.

MCOs' State Fair Hearing Reversed Decisions
Member/Provider – CY18 4th Quarter

Amerigroup 4th Qtr.					
Total # of Member SFH	13		**Total # of Provider SFH**	45	
OAH reversed MCO decision	0	0%	OAH reversed MCO decision	0	0%

Sunflower 4th Qtr.					
Total # of Member SFH	10		**Total # of Provider SFH**	28	
OAH reversed MCO decision	0	0%	OAH reversed MCO decision	0	0%

United 4th Qtr.					
Total # of Member SFH	3		**Total # of Provider SFH**	9	
OAH reversed MCO decision	0	0%	OAH reversed MCO decision	0	0%

d. *Enrollee complaints and grievance reports to determine any trends:* This information is included at items IV (d) and X(c) above.

e. Summary of ombudsman activities: The report for the fourth quarter of 2018 is attached.

f. *Summary of MCO critical incident report:* The Adverse Incident Reporting (AIR) system is a critical incident management reporting and monitoring system for the detection, prevention, reporting, investigation and remediation of critical incidents with design components to ensure proper follow-up and resolution occurs for all defined adverse incidents. Additional requirements have been implemented to confirm review and resolutions regarding instances of seclusion, restraint, restrictive intervention, and death followed appropriate policies and procedures. The Kansas Department for Aging and Disability Services (KDADS) implemented enhancements to the AIR system on 9/17/18. These enhancements allow KDADS, KDHE, and MCOs to manage specific critical incidents in accordance with KDADS' AIR Policy.

g. All of the Managed Care Organizations (MCOs) have access to the system. MCOs and KDADS staff may now both read and write information directly into the AIR system. Creating an Adverse Incident Report is forward facing, so anyone from a concerned citizen to an MCO Care Coordinator can report into the AIR system by visiting the KDADS website at www.kdads.ks.gov and selecting Adverse Incident Reporting (AIR) under the quick links. All reports are input into the system

electronically. While a system with DCF is being developed to automatically enter determinations into AIR, KDADS requires duplicate reporting for instances of Abuse, Neglect and Exploitation to both DCF and the AIR system. Determinations received from the Kansas Department for Children and Families (DCF) are received by KDADS staff who review the AIR system and attach to an existing report, or manually enter reports that are not already in the AIR system. After reports are received and reviewed and waiver information is verified by KDADS staff in MMIS, MCOs receive notification of assigned reports. MCOs have the ability to provide follow-up information within the AIR system and address corrective action plans issued by KDADS as appropriate. To protect member protected health information, MCO access is limited to only their enrolled members. Please note that Kansas is in the process of establishing an memorandum of understanding (MOU) between KDADS and DCF to improve communication, data sharing and leverage resources between the agencies.

As part of the implementation process, KDADS provided MCOs with training on the new AIR system on 9/12/18. As part of implementation of the new KanCare contract, Aetna received a training on 12/19/18 and KDHE presented a summary of the AIR system updates to interested parties on 12/12/18. KDADS will continue to offer further training sessions and refresher sessions as updates occur.

KDADS is planning regular meetings with MCOs to analyze trends and drill down on any specific cases, as appropriate.

AIR is not intended to replace the State reporting system for abuse, neglect and exploitation (ANE) of individuals who are served on the behavioral health and HCBS programs. ANE substantiations are reported separately to KDADS from the Department of Children and Families (DCF) and monitored by the KDADS program integrity team. The program integrity team ensures individuals with reported ANE are receiving adequate supports and protections available through KDADS programs, KanCare, and other community resources. A summary of the 2018 AIRS reports through the quarter ending December 31, 2018 follows:

Critical Incidents		**1st Qtr.**	**2nd Qtr.**	**3rd Qtr.**	**4th Qtr.**	**YTD**
		AIR Totals	AIR Totals	AIR Totals	AIR Totals	**TOTALS**
Reviewed		2,096	1,905	1,703	1,819	7,523
Pending Resolution		0	0	115	157	272
Total Received		2,096	1,905	1,818	1,976	7,795
APS Substantiations*		104	121	112	126	463

**The APS Substantiations exclude possible name matches when no date of birth is identified. One adult may be a victim/alleged victim of multiple types of allegations. The information provided is for adults on HCBS programs who were involved in reports assigned for investigation and had substantiations during the quarter noted. An investigation may include more than one allegation.*

XI. Safety Net Care Pool

The Safety Net Care Pool (SNCP) is divided into two pools: The Health Care Access Improvement Program (HCAIP) Pool and the Large Public Teaching Hospital/Border City Children's Hospital (LPTH/BCCH) Pool. The DY6 fourth quarter HCAIP UCC Pool payments were made November 8, 2018. The DY6 quarter four LPTH/BCCH UC Pool payments were made October 18, 2018.

SNCP and HCAIP reports for DY 6 Q4 are attached to this report.

Disproportionate Share Hospital payments continue, as does support for graduate medical education.

XII. Demonstration Evaluation

The entity selected by KDHE to conduct KanCare Evaluation reviews and reports is the Kansas Foundation for Medical Care (KFMC). The draft KanCare evaluation design was submitted by Kansas to CMS on April 26, 2013. CMS conducted review and provided feedback to Kansas on June 25, 2013. Kansas addressed that feedback, and the final design was completed and submitted by Kansas to CMS on August 23, 2013. On September 11, 2013, Kansas was informed that the Evaluation Design had been approved by CMS with no changes. KFMC developed and submitted quarterly evaluation reports, annual evaluation reports for 2013, 2014 and 2015, as well as a revised evaluation design in March 2015.

For the quarter ending 12.31.18, KFMC's quarterly report is attached. As with the previous evaluation design reports, the State will review the Quarterly Report, with specific attention to the related recommendations, and will continue to take responsive action designed to accomplish enhancements to the state's oversight and monitoring of the KanCare program, and to improve outcomes for members utilizing KanCare services.

XIII. Other (Claims Adjudication Statistics; Waiting List Management)

a. *Post-award forums*
A summary of the December 14, 2018 annual forum is attached to this report.

b. *Claims Adjudication Statistics*
KDHE's summary of the numerous claims adjudication reports for the KanCare MCOs, covering January-December 2018, is attached.

c. *Waiting List Management*
PD Waiting List Management
For the quarter ending December 31, 2018:

- Current number of individuals on the PD Waiting List: 1,527
- Number of individuals added to the waiting list: 346
- Number of individuals removed from the waiting list: 245
    - 119 started receiving HCBS-PD waiver services
    - 17 were deceased
    - 109 were removed for other reasons (refused services, voluntary removal, etc.)

I/DD Waiting List Management
For the quarter ending December 31, 2018:

- Current number of individuals on the I/DD Waiting List: 3,911
- Number of individuals added to the waiting list: 151
- Number of individuals removed from the waiting list: 86
    - 46 started receiving HCBS-I/DD waiver services
    - 1 was deceased
    - 39 were removed for other reasons (refused services, voluntary removal, etc.)

The current point-in-time limit for HCBS-IDD is 8,900. The IDD waiver renewal for 7/1/19 has updated that point-in-time number to 9,004. KDADS is currently serving 9076 individuals.

d. *Money Follows the Person*

Kansas stopped taking new admissions to the MFP program 07/01/2017. The number of remaining MFP enrollees as of September 2018 is listed in the table below. The grand total is down from the 81 participants in June 2018 at the end of the previous quarter.

Level of Care	Count
MFP DD	1
MFP FE	10
MFP PD	22
Grand Total	33

XIV. Enclosures/Attachments

Section of Report Where Attachment Noted	Description of Attachment
IV(e)	HCBS Quality Reports for QE 3.31.18 and QE 6.30.18
VI	KanCare Budget Neutrality Monitoring Spreadsheet for QE 12.31.18
X(e)	Summary of KanCare Ombudsman Activities for QE 12.31.18
XI	Safety Net Care Pool Report DY 6 Q3 and HCAIP Report DY6 Q4
XII	KFMC KanCare Evaluation Report for QE 12.31.18
XII(a)	Annual Post-Award Forum Summary for 2018
XIII(b)	KDHE Summary of Claims Adjudication Statistics for January-December 2018

XV. State Contacts

Lee Norman, MD, Secretary
Christiane Swartz, Deputy Medicaid Director
Kansas Department of Health and Environment
Division of Health Care Finance
Landon State Office Building – 9th Floor
900 SW Jackson Street
Topeka, Kansas 66612
(785) 296-3512 (phone)
(785) 296-4813 (fax)
Lee.Norman@ks.gov
Christiane.Swartz@ks.gov

VI. Date Submitted to CMS

February 28, 2019

Home and Community Based Services Quality Review Report January - March 2018

KDADS HCBS Quality Review Report

Administrative Authority
PM 1: Number and percent of Quality Review reports generated by KDADS, the Operating Agency, that were submitted to the State Medicaid Agency
Numerator: Number of Quality Review reports generated by KDADS, the Operating Agency, that were submitted to the State Medicaid Agency
Denominator: Number of Quality Review reports
Review Period: 01/01/2018 - 03/31/2018
Data Source: Quality Review Reports to KDHE

Compliance By Waiver	Statewide
PD	**100%**
Numerator	1
Denominator	1
FE	**100%**
Numerator	1
Denominator	1
IDD	**100%**
Numerator	1
Denominator	1
TBI	**100%**
Numerator	1
Denominator	1
TA	**100%**
Numerator	1
Denominator	1
Autism	**100%**
Numerator	1
Denominator	1
SED	**100%**
Numerator	1
Denominator	1

Compliance Trends	2013	2014	2015	2016	2017	Jan-Mar 2018
PD						
Statewide	25%	25%	25%	75%	100%	100%
FE						
Statewide	25%	25%	25%	75%	100%	100%
IDD						
Statewide	25%	25%	25%	75%	100%	100%
TBI						
Statewide	25%	25%	25%	75%	100%	100%
TA						
Statewide	25%	25%	25%	75%	100%	100%
Autism						
Statewide	25%	25%	25%	75%	100%	100%
SED						
Statewide	25%	25%	25%	75%	100%	100%

Explanation of Findings:

Performance measure achieved.

Remediation:

No remediation necessary.

KDADS HCBS Quality Review Report

Administrative Authority
PM 2: Number and percent of waiver amendments and renewals reviewed and approved by the State Medicaid Agency prior to submission to CMS by the State Medicaid Agency
Numerator: Number of waiver amendments and renewals reviewed and approved by the State Medicaid Agency prior to submission to CMS
Denominator: Total number of waiver amendments and renewals
Review Period: 01/01/2018 - 03/31/2018
Data Source: Number of waiver amendments and renewals sent to KDHE

Compliance By Waiver	Statewide
PD	**N/A**
Numerator	0
Denominator	0
FE	**N/A**
Numerator	0
Denominator	0
IDD	**N/A**
Numerator	0
Denominator	0
TBI	**N/A**
Numerator	0
Denominator	0
TA	**N/A**
Numerator	0
Denominator	0
Autism	**N/A**
Numerator	0
Denominator	0
SED	**N/A**
Numerator	0
Denominator	0

Compliance Trends	2013	2014	2015	2016	2017	Jan-Mar 2018
PD						
Statewide	N/A	100%	100%	100%	N/A	N/A
FE						
Statewide	not a measure	100%	100%	100%	N/A	N/A
IDD						
Statewide	100%	100%	100%	100%	N/A	N/A
TBI						
Statewide	100%	100%	100%	100%	N/A	N/A
TA						
Statewide	100%	100%	N/A	100%	N/A	N/A
Autism						
Statewide	100%	100%	N/A	N/A	100%	N/A
SED						
Statewide	100%	100%	N/A	N/A	100%	N/A

Explanation of Findings:

Not applicable. No waiver amendments or renewals sumbitted.

Remediation:

No remediation necessary.

KDADS HCBS Quality Review Report

Administrative Authority
PM 3: Number and percent of waiver policy changes that were submitted to the State Medicaid Agency prior to implementation by the Operating Agency
Numerator: Number of waiver policy changes that were submitted to the State Medicaid Agency prior to implementation by the Operating Agency
Denominator: Number of waiver policy changes implemented by the Operating Agency
Review Period: 01/01/2018 - 03/31/2018
Data Source: Presentation of waiver policy changes to KDHE

Compliance By Waiver	Statewide
PD	**N/A**
Numerator	0
Denominator	0
FE	**N/A**
Numerator	0
Denominator	0
IDD	**100%**
Numerator	1
Denominator	1
TBI	**N/A**
Numerator	0
Denominator	0
TA	**N/A**
Numerator	0
Denominator	0
Autism	**100%**
Numerator	1
Denominator	1
SED	**N/A**
Numerator	0
Denominator	0

Compliance Trends	2013	2014	2015	2016	2017	Jan-Mar 2018
PD						
Statewide	N/A	N/A	100%	N/A	100%	N/A
FE						
Statewide	N/A	N/A	100%	N/A	100%	N/A
IDD						
Statewide	100%	N/A	100%	100%	100%	100%
TBI						
Statewide	100%	N/A	100%	100%	100%	N/A
TA						
Statewide	N/A	N/A	N/A	N/A	100%	N/A
Autism						
Statewide	N/A	N/A	N/A	N/A	100%	100%
SED						
Statewide	N/A	N/A	N/A	N/A	100%	N/A

Explanation of Findings:

Performance measure achieved.

Remediation:

No remediation necessary.

KDADS HCBS Quality Review Report

Administrative Authority
PM 4: Number and percent of Long-Term Care meetings that were represented by the program managers through in-person attendance or written reports
Numerator: Number of Long-Term Care meetings that were represented by the program managers through in-person attendance or written reports
Denominator: Number of Long-Term Care meetings
Review Period: 01/01/2018 - 03/31/2018
Data Source: Meeting Minutes

Compliance By Waiver	Statewide
PD	**100%**
Numerator	3
Denominator	3
FE	**100%**
Numerator	3
Denominator	3
IDD	**100%**
Numerator	3
Denominator	3
TBI	**100%**
Numerator	3
Denominator	3
TA	**100%**
Numerator	3
Denominator	3
Autism	**100%**
Numerator	3
Denominator	3
SED	**100%**
Numerator	3
Denominator	3

Compliance Trends	2013	2014	2015	2016	2017	Jan-Mar 2018
PD						
Statewide	Not a measure	45%	67%	70%	100%	100%
FE						
Statewide	100%	82%	50%	70%	100%	100%
IDD						
Statewide	Not a measure	91%	Not Available	70%	100%	100%
TBI						
Statewide	Not a measure	73%	Not Available	70%	100%	100%
TA						
Statewide	Not a measure	64%	Not Available	70%	100%	100%
Autism						
Statewide	Not a measure	91%	100%	70%	100%	100%
SED						
Statewide	Not a measure	100%	Not Available	70%	100%	100%

Explanation of Findings:

Performance measure achieved.

Remediation:

No remediation necessary.

KDADS HCBS Quality Review Report

Level of Care
PM 1: Number of waiver participants who were determined to meet Level of Care requirements prior to receiving HCBS services
Numerator: Number of waiver participants who were determined to meet Level of Care requirements prior to receiving HCBS services
Denominator: Total number of initial enrolled waiver participants
Review Period: 01/01/2018 - 03/31/2018
Data Source: Functional Assessor Record Review

Compliance By Waiver	Statewide
PD	**92%**
Numerator	256
Denominator	278
FE	**96%**
Numerator	566
Denominator	591
IDD	**99%**
Numerator	179
Denominator	181
TBI	**90%**
Numerator	26
Denominator	29
TA	**100%**
Numerator	32
Denominator	32
Autism	**100%**
Numerator	4
Denominator	4
SED	**89%**
Numerator	493
Denominator	557

Compliance Trends	2013	2014	2015	2016	2017	Jan-Mar 2018
PD						
Statewide	64%	83%	96%	86%	89%	92%
FE						
Statewide	81%	91%	93%	98%	100%	96%
IDD						
Statewide	99%	94%	90%	100%	100%	99%
TBI						
Statewide	62%	89%	81%	85%	96%	90%
TA						
Statewide	97%	89%	100%	98%	100%	100%
Autism						
Statewide	82%	No Data	100%	N/A	77%	100%
SED						
Statewide	99%	89%	88%	91%	92%	89%

Explanation of Findings:

For this Performance Measure, KDADS is utilizing KAMIS assessment data and MMIS eligibility data to determine compliance for six of the waivers, and the Autism waiver remains a record review.

Remediation:

KDADS HCBS Quality Review Report

Level of Care
PM 2: Number and percent of waiver participants who receive their annual Level of Care evaluation within 12 months of the previous Level of Care determination
Numerator: Number of waiver participants who receive their annual Level of Care evaluation within 12 months of the previous Level of Care determination
Denominator: Number of waiver participants who received Level of Care redeterminations
Review Period: 01/01/2018 - 03/31/2018
Data Source: Functional Assessor Record Review

Compliance By Waiver	Statewide
PD	**82%**
Numerator	869
Denominator	1056
FE	**82%**
Numerator	723
Denominator	885
IDD	**97%**
Numerator	1736
Denominator	1792
TBI	**71%**
Numerator	53
Denominator	75
TA	**100%**
Numerator	111
Denominator	111
Autism	**50%**
Numerator	4
Denominator	8
SED	**50%**
Numerator	338
Denominator	675

Compliance Trends	2013	2014	2015	2016	2017	Jan-Mar 2018
PD						
Statewide	47%	52%	64%	69%	68%	82%
FE						
Statewide	68%	70%	76%	79%	68%	82%
IDD						
Statewide	97%	74%	75%	77%	78%	97%
TBI						
Statewide	39%	50%	62%	65%	62%	71%
TA						
Statewide	94%	90%	86%	96%	93%	100%
Autism						
Statewide	68%	No Data	75%	78%	63%	50%
SED						
Statewide	93%	88%	94%	88%	89%	50%

Explanation of Findings:

For this Performance Measure, KDADS is utilizing KAMIS assessment data and MMIS eligibility data to determine compliance for six of the waivers, and the Autism waiver remains a record review.

Remediation:

KDADS HCBS Quality Review Report

Level of Care
PM 3: Number and percent of waiver participants whose Level of Care (LOC) determinations used the state's approved screening tool
Numerator: Number of waiver participants whose Level of Care determinations used the approved screening tool
Denominator: Number of waiver participants who had a Level of Care determination
Review Period: 01/01/2018 - 03/31/2018
Data Source: Functional Assessor Record Review

Compliance By Waiver	Statewide
PD	**84%**
Numerator	77
Denominator	92
FE	**91%**
Numerator	82
Denominator	90
IDD	**99%**
Numerator	94
Denominator	95
TBI	**78%**
Numerator	43
Denominator	55
TA	**100%**
Numerator	57
Denominator	57
Autism	**83%**
Numerator	10
Denominator	12
SED	**93%**
Numerator	57
Denominator	61

Compliance Trends	2013	2014	2015	2016	2017	Jan-Mar 2018
PD						
Statewide	93%	84%	79%	80%	85%	84%
FE						
Statewide	88%	91%	91%	92%	88%	91%
IDD						
Statewide	97%	95%	99%	99%	99%	99%
TBI						
Statewide	64%	81%	79%	77%	82%	78%
TA						
Statewide	93%	98%	100%	100%	98%	100%
Autism						
Statewide	88%	No Data	90%	88%	91%	83%
SED						
Statewide	77%	79%	83%	88%	91%	93%

Explanation of Findings:

Assessment was completed for incorrect waiver. Assessment(s) were missing for the review period.

Remediation:

KDADS HCBS Quality Review Report

Level of Care
PM 4: Number and percent of initial Level of Care (LOC) determinations made by a qualified assessor
Numerator: Number of initial Level of Care (LOC) determinations made by a qualified assessor
Denominator: Number of initial Level of Care determinations
Review Period: 01/01/2018 - 03/31/2018
Data Source: Functional Assessor Record Review

Compliance By Waiver	Statewide
PD	**85%**
Numerator	78
Denominator	92
FE	**89%**
Numerator	80
Denominator	90
IDD	**98%**
Numerator	93
Denominator	95
TBI	**80%**
Numerator	44
Denominator	55
TA	**100%**
Numerator	57
Denominator	57
Autism	**83%**
Numerator	10
Denominator	12
SED	**92%**
Numerator	56
Denominator	61

Compliance Trends	2013	2014	2015	2016	2017	Jan-Mar 2018
PD						
Statewide	19%	68%	81%	80%	84%	85%
FE						
Statewide	24%	86%	91%	92%	88%	89%
IDD						
Statewide	92%	85%	96%	97%	96%	98%
TBI						
Statewide	57%	73%	83%	77%	82%	80%
TA						
Statewide	93%	100%	99%	100%	94%	100%
Autism						
Statewide	0%	No Data	57%	68%	85%	83%
SED						
Statewide	99%	71%	88%	86%	90%	92%

Explanation of Findings:

For this performance measure, the entire sample population is reviewed, regardless of whether the file contains an initial or an annual Level of Care determination.

The assessment was not completed by an assessor listed on the Qualified Assessor list for this review period. The assessment was not provided for review. Only partial documentation was provided that did not cover the entire review period. A valid signature was missing on the CAFAS.

Remediation:

KDADS HCBS Quality Review Report

Level of Care
PM 5: Number and percent of initial Level of Care (LOC) determinations made where the LOC criteria was accurately applied
Numerator: Number of initial Level of Care (LOC) determinations made where the LOC criteria was accurately applied
Denominator: Number of initial Level of Care determinations
Review Period: 01/01/2018 - 03/31/2018
Data Source: Functional Assessor Record Review

Compliance By Waiver	Statewide
PD	**84%**
Numerator	77
Denominator	92
FE	**91%**
Numerator	82
Denominator	90
IDD	**99%**
Numerator	94
Denominator	95
TBI	**78%**
Numerator	43
Denominator	55
TA	**100%**
Numerator	57
Denominator	57
Autism	**83%**
Numerator	10
Denominator	12
SED	**91%**
Numerator	48
Denominator	53

Compliance Trends	2013	2014	2015	2016	2017	Jan-Mar 2018
PD						
Statewide	73%	83%	96%	80%	84%	84%
FE						
Statewide	91%	90%	96%	91%	100%	91%
IDD						
Statewide	98%	95%	91%	98%	100%	99%
TBI						
Statewide	58%	81%	83%	76%	96%	78%
TA						
Statewide	93%	98%	100%	100%	100%	100%
Autism						
Statewide	89%	No Data	100%	88%	88%	83%
SED						
Statewide	99%	88%	87%	89%	92%	91%

Explanation of Findings:

For this performance measure, the entire sample population is reviewed, regardless of whether the file contains an initial or an annual Level of Care determination.

The current assessment was not provided for review. The consumer was assessed for the incorrect waiver or did not meet the minimum threshold for eligibilty.

Remediation:

KDADS HCBS Quality Review Report

Qualified Providers
PM 1: Number and percent of new licensed/certified waiver provider applicants that initially met licensure requirements, certification requirements, and other waiver standards prior to furnishing waiver services
Numerator: Number of new licensed/certified waiver provider applicants that initially met licensure requirements, certification requirements, and other waiver standards prior to furnishing waiver services
Denominator: Number of all new licensed/certified waiver providers
Review Period: 01/01/2018 - 03/31/2018
Data Source:

Compliance By Waiver	Amerigroup	Sunflower	United	Statewide
PD				
Numerator				
Denominator				
FE				
Numerator				
Denominator				
IDD				
Numerator				
Denominator				
TBI				
Numerator				
Denominator				
TA				
Numerator				
Denominator				
Autism				
Numerator				
Denominator				
SED				
Numerator				
Denominator				

Explanation of Findings:

MCOs are currently working on establishing policy and processes to ensure providers meet the standards.

Remediation:

Compliance Trends	2013	2014	2015	2016	2017	Jan-Mar 2018
PD						
Amerigroup				N/A		
Sunflower				N/A		
United				N/A		
Statewide	100%			N/A		
FE						
Amerigroup				5%		
Sunflower				30%		
United				N/A		
Statewide	100%			9%		
IDD						
Amerigroup				N/A		
Sunflower				N/A		
United				N/A		
Statewide	98%			N/A		
TBI						
Amerigroup				N/A		
Sunflower				N/A		
United				N/A		
Statewide	91%			N/A		
TA						
Amerigroup				N/A		
Sunflower				N/A		
United				N/A		
Statewide	93%			N/A		
Autism						
Amerigroup				N/A		
Sunflower				N/A		
United				N/A		
Statewide	100%			N/A		
SED						
Amerigroup				N/A		
Sunflower				N/A		
United				N/A		
Statewide	100%			N/A		

KDADS HCBS Quality Review Report

Qualified Providers
PM 2: Number and percent of enrolled licensed/certified waiver providers that continue to meet licensure requirements, certification requirements, and other waiver standards
Numerator: Number of enrolled licensed/certified waiver providers that continue to meet licensure requirements, certification requirements, and other waiver standards
Denominator: Number of enrolled licensed/certified waiver providers
Review Period: 01/01/2018 - 03/31/2018
Data Source:

Compliance By Waiver	Amerigroup	Sunflower	United	Statewide
PD				
Numerator				
Denominator				
FE				
Numerator				
Denominator				
IDD				
Numerator				
Denominator				
TBI				
Numerator				
Denominator				
TA				
Numerator				
Denominator				
Autism				
Numerator				
Denominator				
SED				
Numerator				
Denominator				

Explanation of Findings:

MCOs are currently working on establishing policy and processes to ensure providers meet the standards.

Remediation:

Compliance Trends	2013	2014	2015	2016	2017	Jan-Mar 2018
PD						
Amerigroup				0%		
Sunflower				0%		
United				0%		
Statewide	100%			0%		
FE						
Amerigroup				12%		
Sunflower				23%		
United				0%		
Statewide	Not a measure			11%		
IDD						
Amerigroup				0%		
Sunflower				0%		
United				0%		
Statewide	98%			0%		
TBI						
Amerigroup				0%		
Sunflower				0%		
United				0%		
Statewide	89%			0%		
TA						
Amerigroup				0%		
Sunflower				0%		
United				0%		
Statewide	93%			0%		
Autism						
Amerigroup				14%		
Sunflower				0%		
United				0%		
Statewide	100%			4%		
SED						
Amerigroup				0%		
Sunflower				0%		
United				0%		
Statewide	100%			0%		

KDADS HCBS Quality Review Report

Qualified Providers
PM 3: Number and percent of new non-licensed/non-certified waiver provider applicants that have met the initial waiver requirements prior to furnishing waiver services
Numerator: Number of new non-licensed/non-certified waiver provider applicants that have met the initial waiver requirements prior to furnishing waiver services
Denominator: Number of all new non-licensed/non-certified providers
Review Period: 01/01/2018 - 03/31/2018
Data Source:

Compliance By Waiver	Amerigroup	Sunflower	United	Statewide
PD				
Numerator				
Denominator				
FE				
Numerator				
Denominator				
IDD				
Numerator				
Denominator				
TBI				
Numerator				
Denominator				
TA				
Numerator				
Denominator				
Autism				
Numerator				
Denominator				
SED				
Numerator				
Denominator				

Explanation of Findings:

MCOs are currently working on establishing policy and processes to ensure providers meet the standards.

Remediation:

Compliance Trends	2013	2014	2015	2016	2017	Jan-Mar 2018
PD						
Amerigroup				N/A		
Sunflower				N/A		
United				N/A		
Statewide	75%			N/A		
FE						
Amerigroup				N/A		
Sunflower				N/A		
United				N/A		
Statewide	100%			N/A		
IDD						
Amerigroup				N/A		
Sunflower				N/A		
United				N/A		
Statewide	Not a measure			N/A		
TBI						
Amerigroup				N/A		
Sunflower				N/A		
United				N/A		
Statewide	88%			N/A		
TA						
Amerigroup				N/A		
Sunflower				N/A		
United				N/A		
Statewide	No Data			N/A		
Autism						
Amerigroup				N/A		
Sunflower				N/A		
United				N/A		
Statewide	82%			N/A		
SED						
Amerigroup				N/A		
Sunflower				N/A		
United				N/A		
Statewide	Not a measure			N/A		

KDADS HCBS Quality Review Report

Qualified Providers
PM 4: Number and percent of enrolled non-licensed/non-certified waiver providers that continue to meet waiver requirements
Numerator: Number enrolled non-licensed/non-certified waiver providers that continue to meet waiver requirements
Denominator: Number of enrolled non-licensed/non-certified providers
Review Period: 01/01/2018 - 03/31/2018
Data Source:

Compliance By Waiver	Amerigroup	Sunflower	United	Statewide
PD				
Numerator				
Denominator				
FE				
Numerator				
Denominator				
IDD				
Numerator				
Denominator				
TBI				
Numerator				
Denominator				
TA				
Numerator				
Denominator				
Autism				
Numerator				
Denominator				
SED				
Numerator				
Denominator				

Explanation of Findings:

MCOs are currently working on establishing policy and processes to ensure providers meet the standards.

Remediation:

Compliance Trends	2013	2014	2015	2016	2017	Jan-Mar 2018
PD						
Amerigroup				3%		
Sunflower				1%		
United				0%		
Statewide	75%			1%		
FE						
Amerigroup				0%		
Sunflower				0%		
United				0%		
Statewide	Not a measure			0%		
IDD						
Amerigroup				0%		
Sunflower				8%		
United				0%		
Statewide	Not a measure			2%		
TBI						
Amerigroup				8%		
Sunflower				0%		
United				0%		
Statewide	88%			3%		
TA						
Amerigroup				13%		
Sunflower				0%		
United				0%		
Statewide	No Data			4%		
Autism						
Amerigroup				8%		
Sunflower				0%		
United				0%		
Statewide	91%			2%		
SED						
Amerigroup				N/A		
Sunflower				N/A		
United				N/A		
Statewide	89%			N/A		

KDADS HCBS Quality Review Report

Qualified Providers
PM 5: Number and percent of active providers that meet training requirements
Numerator: Number of providers that meet training requirements
Denominator: Number of active providers
Review Period: 01/01/2018 - 03/31/2018
Data Source:

Compliance By Waiver	Amerigroup	Sunflower	United	Statewide
PD				
Numerator				
Denominator				
FE				
Numerator				
Denominator				
IDD				
Numerator				
Denominator				
TBI				
Numerator				
Denominator				
TA				
Numerator				
Denominator				
Autism				
Numerator				
Denominator				
SED				
Numerator				
Denominator				

Explanation of Findings:

MCOs are currently working on establishing policy and processes to ensure providers meet the standards.

Remediation:

Compliance Trends	2013	2014	2015	2016	2017	Jan-Mar 2018
PD						
Amerigroup				0%		
Sunflower				0%		
United				0%		
Statewide	No Data			0%		
FE						
Amerigroup				0%		
Sunflower				0%		
United				0%		
Statewide	No Data			0%		
IDD						
Amerigroup				0%		
Sunflower				0%		
United				0%		
Statewide	99%			0%		
TBI						
Amerigroup				0%		
Sunflower				0%		
United				0%		
Statewide	No Data			0%		
TA						
Amerigroup				0%		
Sunflower				0%		
United				0%		
Statewide	No Data			0%		
Autism						
Amerigroup				20%		
Sunflower				36%		
United				0%		
Statewide	No Data			11%		
SED						
Amerigroup				0%		
Sunflower				0%		
United				0%		
Statewide	88%			0%		

KDADS HCBS Quality Review Report

Service Plan
PM 1: Number and percent of waiver participants whose service plans address participants' goals
Numerator: Number of waiver participants whose service plans address participants' goals
Denominator: Number of waiver participants whose service plans were reviewed
Review Period: 01/01/2018 - 03/31/2018
Data Source: MCO Record Review

Compliance By Waiver	Amerigroup	Sunflower	United	Statewide
PD	**90%**	**75%**	**88%**	**84%**
Numerator	27	24	23	74
Denominator	30	32	26	88
FE	**65%**	**85%**	**94%**	**82%**
Numerator	17	28	29	74
Denominator	26	33	31	90
IDD	**81%**	**77%**	**83%**	**80%**
Numerator	22	33	19	74
Denominator	27	43	23	93
TBI	**59%**	**73%**	**78%**	**65%**
Numerator	20	8	7	35
Denominator	34	11	9	54
TA	**96%**	**83%**	**75%**	**88%**
Numerator	26	15	9	50
Denominator	27	18	12	57
Autism	**100%**	**25%**	**0%**	**42%**
Numerator	4	1	0	5
Denominator	4	4	4	12
SED	**100%**	**91%**	**94%**	**95%**
Numerator	23	20	15	58
Denominator	23	22	16	61

Explanation of Findings:

The documentation reflecting the goal of the individual was not signed or dated by the individual and/or the guardian. The goal section was incomplete or marked N/A. The service plan was missing for part or all of the review period. The MCO failed to upload documentation for the individual.

Remediation:

Compliance Trends	2013	2014	2015	2016	2017	Jan-Mar 2018
PD						
Amerigroup		55%	33%	63%	79%	90%
Sunflower		57%	64%	59%	81%	75%
United		33%	49%	86%	85%	88%
Statewide	55%	50%	48%	69%	81%	84%
FE						
Amerigroup		50%	42%	54%	70%	65%
Sunflower		56%	51%	75%	79%	85%
United		45%	56%	81%	90%	94%
Statewide	Not a measure	50%	49%	70%	80%	82%
IDD						
Amerigroup		36%	32%	53%	76%	81%
Sunflower		56%	56%	61%	70%	77%
United		52%	41%	73%	85%	83%
Statewide	99%	49%	45%	62%	75%	80%
TBI						
Amerigroup		37%	41%	58%	78%	59%
Sunflower		37%	38%	80%	74%	73%
United		22%	55%	78%	79%	78%
Statewide	44%	34%	43%	68%	77%	65%
TA						
Amerigroup		50%	44%	69%	90%	96%
Sunflower		73%	85%	82%	65%	83%
United		64%	32%	70%	95%	75%
Statewide	93%	61%	54%	73%	83%	88%
Autism						
Amerigroup		84%	56%	35%	88%	100%
Sunflower		47%	50%	50%	30%	25%
United		63%	36%	17%	13%	0%
Statewide	58%	69%	49%	37%	42%	42%
SED						
Amerigroup		91%	99%	98%	99%	100%
Sunflower		92%	95%	87%	98%	91%
United		89%	100%	98%	88%	94%
Statewide	98%	90%	98%	95%	95%	95%

KDADS HCBS Quality Review Report

Service Plan
PM 2: Number and percent of waiver participants whose service plans address their assessed needs and capabilities as indicated in the assessment
Numerator: Number of waiver participants whose service plans address their assessed needs and capabilities as indicated in the assessment
Denominator: Number of waiver participants whose service plans were reviewed
Review Period: 01/01/2018 - 03/31/2018
Data Source: MCO Record Review

Compliance By Waiver	Amerigroup	Sunflower	United	Statewide
PD	**97%**	**72%**	**88%**	**85%**
Numerator	29	23	23	75
Denominator	30	32	26	88
FE	**88%**	**88%**	**90%**	**89%**
Numerator	23	29	28	80
Denominator	26	33	31	90
IDD	**81%**	**88%**	**87%**	**86%**
Numerator	22	38	20	80
Denominator	27	43	23	93
TBI	**62%**	**82%**	**78%**	**69%**
Numerator	21	9	7	37
Denominator	34	11	9	54
TA	**96%**	**72%**	**75%**	**84%**
Numerator	26	13	9	48
Denominator	27	18	12	57
Autism	**75%**	**25%**	**0%**	**33%**
Numerator	3	1	0	4
Denominator	4	4	4	12
SED	**100%**	**95%**	**94%**	**97%**
Numerator	23	21	15	59
Denominator	23	22	16	61

Explanation of Findings:

Service plan or assessment(s) were missing for the review period. Service plan was not signed and dated by the individual and/or guardian/representative. The MCO failed to upload complete information on the individual for review. All assessed needs were not listed on the service plan.

Remediation:

Compliance Trends	2013	2014	2015	2016	2017	Jan-Mar 2018
PD						
Amerigroup		83%	55%	74%	83%	97%
Sunflower		90%	56%	63%	83%	72%
United		89%	68%	92%	87%	88%
Statewide	86%	87%	59%	76%	84%	85%
FE						
Amerigroup		79%	66%	74%	80%	88%
Sunflower		90%	53%	73%	75%	88%
United		88%	68%	84%	88%	90%
Statewide	87%	86%	61%	77%	81%	89%
IDD						
Amerigroup		85%	67%	64%	77%	81%
Sunflower		77%	36%	65%	70%	88%
United		72%	47%	78%	91%	87%
Statewide	99%	78%	48%	68%	77%	86%
TBI						
Amerigroup		67%	48%	65%	78%	62%
Sunflower		82%	28%	82%	74%	82%
United		70%	62%	80%	79%	78%
Statewide	72%	73%	45%	72%	77%	69%
TA						
Amerigroup		93%	58%	70%	88%	96%
Sunflower		98%	62%	74%	69%	72%
United		97%	58%	79%	92%	75%
Statewide	96%	96%	59%	73%	83%	84%
Autism						
Amerigroup		81%	59%	33%	88%	75%
Sunflower		50%	45%	47%	15%	25%
United		63%	21%	22%	13%	0%
Statewide	59%	68%	46%	36%	37%	33%
SED						
Amerigroup		91%	99%	98%	99%	100%
Sunflower		91%	92%	87%	93%	95%
United		89%	98%	96%	84%	94%
Statewide	92%	90%	97%	94%	92%	97%

KDADS HCBS Quality Review Report

Service Plan
PM 3: Number and percent of waiver participants whose service plans address health and safety risk factors
Numerator: Number of waiver participants whose service plans address health and safety risk factors
Denominator: Number of waiver participants whose service plans were reviewed
Review Period: 01/01/2018 - 03/31/2018
Data Source: MCO Record Review

Compliance By Waiver	Amerigroup	Sunflower	United	Statewide
PD	**97%**	**69%**	**88%**	**84%**
Numerator	29	22	23	74
Denominator	30	32	26	88
FE	**92%**	**88%**	**94%**	**91%**
Numerator	24	29	29	82
Denominator	26	33	31	90
IDD	**81%**	**88%**	**87%**	**86%**
Numerator	22	38	20	80
Denominator	27	43	23	93
TBI	**65%**	**82%**	**78%**	**70%**
Numerator	22	9	7	38
Denominator	34	11	9	54
TA	**96%**	**72%**	**75%**	**84%**
Numerator	26	13	9	48
Denominator	27	18	12	57
Autism	**75%**	**25%**	**0%**	**33%**
Numerator	3	1	0	4
Denominator	4	4	4	12
SED	**100%**	**95%**	**94%**	**97%**
Numerator	23	21	15	59
Denominator	23	22	16	61

Explanation of Findings:

Service plan or assessment(s) were missing for the review period. Service plan was not signed and dated by the individual and/or guardian/representative. The MCO failed to address all assessed needs on the service plan.

Remediation:

Compliance Trends	2013	2014	2015	2016	2017	Jan-Mar 2018
PD						
Amerigroup		90%	44%	73%	81%	97%
Sunflower		89%	49%	67%	85%	69%
United		96%	67%	90%	88%	88%
Statewide	90%	91%	51%	76%	84%	84%
FE						
Amerigroup		92%	55%	75%	82%	92%
Sunflower		92%	50%	73%	77%	88%
United		95%	70%	82%	88%	94%
Statewide	Not a measure	93%	57%	76%	82%	91%
IDD						
Amerigroup		90%	61%	67%	75%	81%
Sunflower		97%	36%	65%	73%	88%
United		89%	45%	78%	92%	87%
Statewide	99%	93%	46%	69%	78%	86%
TBI						
Amerigroup		79%	45%	64%	80%	65%
Sunflower		91%	26%	84%	70%	82%
United		83%	64%	80%	79%	78%
Statewide	84%	84%	43%	72%	78%	70%
TA						
Amerigroup		96%	49%	73%	89%	96%
Sunflower		95%	61%	76%	66%	72%
United		94%	58%	79%	92%	75%
Statewide	96%	96%	54%	75%	83%	84%
Autism						
Amerigroup		79%	59%	30%	88%	75%
Sunflower		61%	45%	47%	15%	25%
United		86%	21%	17%	13%	0%
Statewide	64%	74%	46%	34%	37%	33%
SED						
Amerigroup		90%	99%	97%	99%	100%
Sunflower		89%	95%	87%	98%	95%
United		86%	100%	97%	88%	94%
Statewide	99%	88%	98%	94%	95%	97%

KDADS HCBS Quality Review Report

Service Plan
PM 4: Number and percent of waiver participants whose service plans were developed according to the processes in the approved waiver
Numerator: Number of waiver participants whose service plans were developed according to the processes in the approved waiver
Denominator: Number of waiver participants whose service plans were reviewed
Review Period: 01/01/2018 - 03/31/2018
Data Source: MCO Record Review

Compliance By Waiver	Amerigroup	Sunflower	United	Statewide
PD	**97%**	**78%**	**88%**	**88%**
Numerator	29	25	23	77
Denominator	30	32	26	88
FE	**92%**	**91%**	**94%**	**92%**
Numerator	24	30	29	83
Denominator	26	33	31	90
IDD	**85%**	**91%**	**87%**	**88%**
Numerator	23	39	20	82
Denominator	27	43	23	93
TBI	**65%**	**82%**	**78%**	**70%**
Numerator	22	9	7	38
Denominator	34	11	9	54
TA	**96%**	**83%**	**75%**	**88%**
Numerator	26	15	9	50
Denominator	27	18	12	57
Autism	**75%**	**25%**	**0%**	**33%**
Numerator	3	1	0	4
Denominator	4	4	4	12
SED	**100%**	**95%**	**81%**	**93%**
Numerator	23	21	13	57
Denominator	23	22	16	61

Explanation of Findings:

The service plan or assessment(s) were missing for the review period. No valid signature and/or date was on the service plan. The service plan was incomplete or inaccurate.

Remediation:

Compliance Trends	2013	2014	2015	2016	2017	Jan-Mar 2018
PD						
Amerigroup		88%	68%	76%	85%	97%
Sunflower		87%	69%	73%	87%	78%
United		85%	77%	92%	88%	88%
Statewide	80%	87%	70%	80%	86%	88%
FE						
Amerigroup		84%	76%	78%	82%	92%
Sunflower		88%	61%	84%	86%	91%
United		86%	79%	87%	90%	94%
Statewide	Not a measure	86%	71%	83%	86%	92%
IDD						
Amerigroup		80%	80%	73%	77%	85%
Sunflower		80%	59%	74%	80%	91%
United		82%	55%	79%	92%	87%
Statewide	98%	81%	64%	75%	82%	88%
TBI						
Amerigroup		76%	53%	64%	79%	65%
Sunflower		86%	43%	86%	80%	82%
United		77%	69%	85%	79%	78%
Statewide	64%	80%	53%	74%	80%	70%
TA						
Amerigroup		84%	68%	71%	90%	96%
Sunflower		97%	86%	85%	68%	83%
United		96%	58%	79%	95%	75%
Statewide	No Data	91%	72%	77%	84%	88%
Autism						
Amerigroup		74%	59%	35%	88%	75%
Sunflower		51%	50%	47%	20%	25%
United		65%	29%	17%	13%	0%
Statewide	55%	65%	49%	36%	38%	33%
SED						
Amerigroup		92%	99%	98%	99%	100%
Sunflower		90%	94%	86%	98%	95%
United		87%	98%	97%	88%	81%
Statewide	Not a measure	90%	97%	94%	95%	93%

Service Plan
PM 5: Number and percent of waiver participants (or their representatives) who were present and involved in the development of their service plan
Numerator: Number of waiver participants (or their representatives) who were present and involved in the development of their service plan
Denominator: Number of waiver participants whose service plans were reviewed
Review Period: 01/01/2018 - 03/31/2018
Data Source: MCO Record Review

Compliance By Waiver	Amerigroup	Sunflower	United	Statewide
PD	**97%**	**78%**	**88%**	**88%**
Numerator	29	25	23	77
Denominator	30	32	26	88
FE	**92%**	**91%**	**94%**	**92%**
Numerator	24	30	29	83
Denominator	26	33	31	90
IDD	**85%**	**88%**	**87%**	**87%**
Numerator	23	38	20	81
Denominator	27	43	23	93
TBI	**71%**	**91%**	**78%**	**76%**
Numerator	24	10	7	41
Denominator	34	11	9	54
TA	**96%**	**83%**	**75%**	**88%**
Numerator	26	15	9	50
Denominator	27	18	12	57
Autism	**100%**	**25%**	**0%**	**42%**
Numerator	4	1	0	5
Denominator	4	4	4	12
SED	**100%**	**95%**	**88%**	**95%**
Numerator	23	21	14	58
Denominator	23	22	16	61

Explanation of Findings:

The service plan or assessment(s) were missing for the review period. The service plan was missing a valid signature and/or date or the service plan was incomplete.

Remediation:

Compliance Trends	2013	2014	2015	2016	2017	Jan-Mar 2018
PD						
Amerigroup		88%	70%	79%	87%	97%
Sunflower		87%	70%	74%	88%	78%
United		84%	79%	89%	88%	88%
Statewide	Not a measure	87%	72%	81%	88%	88%
FE						
Amerigroup		83%	78%	76%	84%	92%
Sunflower		86%	60%	83%	87%	91%
United		87%	83%	88%	91%	94%
Statewide	90%	85%	72%	83%	88%	92%
IDD						
Amerigroup		84%	76%	73%	76%	85%
Sunflower		82%	60%	74%	78%	88%
United		88%	51%	79%	93%	87%
Statewide	Not a measure	84%	63%	75%	81%	87%
TBI						
Amerigroup		73%	51%	65%	80%	71%
Sunflower		84%	45%	86%	80%	91%
United		80%	69%	59%	79%	78%
Statewide	Not a measure	78%	52%	74%	80%	76%
TA						
Amerigroup		83%	75%	71%	90%	96%
Sunflower		97%	86%	84%	68%	83%
United		97%	58%	79%	95%	75%
Statewide	Not a measure	91%	76%	76%	84%	88%
Autism						
Amerigroup		77%	59%	35%	88%	100%
Sunflower		53%	55%	50%	15%	25%
United		71%	36%	17%	6%	0%
Statewide	Not a measure	69%	52%	37%	35%	42%
SED						
Amerigroup		92%	98%	97%	97%	100%
Sunflower		90%	95%	86%	98%	95%
United		87%	99%	96%	86%	88%
Statewide	93%	90%	98%	94%	93%	95%

KDADS HCBS Quality Review Report

Service Plan
PM 6: Number and percent of service plans reviewed before the waiver participant's annual redetermination date
Numerator: Number of service plans reviewed before the waiver participant's annual redetermination date
Denominator: Number of waiver participants whose service plans were reviewed
Review Period: 01/01/2018 - 03/31/2018
Data Source: MCO Record Review

Compliance By Waiver	Amerigroup	Sunflower	United	Statewide
PD	**80%**	**78%**	**85%**	**81%**
Numerator	24	25	22	71
Denominator	30	32	26	88
FE	**77%**	**85%**	**97%**	**87%**
Numerator	20	28	30	78
Denominator	26	33	31	90
IDD	**74%**	**81%**	**87%**	**81%**
Numerator	20	35	20	75
Denominator	27	43	23	93
TBI	**71%**	**100%**	**78%**	**78%**
Numerator	24	11	7	42
Denominator	34	11	9	54
TA	**81%**	**83%**	**92%**	**84%**
Numerator	22	15	11	48
Denominator	27	18	12	57
Autism	**100%**	**50%**	**50%**	**67%**
Numerator	4	2	2	8
Denominator	4	4	4	12
SED	**96%**	**95%**	**94%**	**95%**
Numerator	22	21	15	58
Denominator	23	22	16	61

Explanation of Findings:

The service plan for the review period or prior service plan was missing so timeliness could not be determined. The service plan was not completed within the specified waiver timeline. A valid signature and/or date was missing on the plan of care.

Remediation:

Compliance Trends	2013	2014	2015	2016	2017	Jan-Mar 2018
PD						
Amerigroup		73%	67%	71%	72%	80%
Sunflower		82%	72%	72%	70%	78%
United		92%	73%	83%	76%	85%
Statewide	82%	82%	70%	75%	72%	81%
FE						
Amerigroup		81%	67%	63%	70%	77%
Sunflower		85%	57%	78%	78%	85%
United		90%	69%	84%	91%	97%
Statewide	81%	85%	64%	76%	81%	87%
IDD						
Amerigroup		75%	77%	68%	64%	74%
Sunflower		81%	66%	65%	63%	81%
United		91%	48%	54%	86%	87%
Statewide	97%	82%	66%	63%	70%	81%
TBI						
Amerigroup		65%	44%	56%	63%	71%
Sunflower		84%	40%	88%	61%	100%
United		77%	65%	70%	65%	78%
Statewide	60%	76%	47%	68%	63%	78%
TA						
Amerigroup		81%	78%	72%	88%	81%
Sunflower		94%	89%	85%	68%	83%
United		96%	59%	70%	91%	92%
Statewide	92%	89%	79%	76%	83%	84%
Autism						
Amerigroup		67%	52%	40%	82%	100%
Sunflower		43%	47%	38%	18%	50%
United		33%	38%	7%	20%	50%
Statewide	64%	57%	48%	31%	41%	67%
SED						
Amerigroup		89%	97%	94%	96%	96%
Sunflower		89%	91%	79%	92%	95%
United		83%	99%	85%	77%	94%
Statewide	80%	87%	96%	86%	88%	95%

Service Plan
PM 7: Number and percent of waiver participants with documented change in needs whose service plan was revised, as needed, to address the change
Numerator: Number of waiver participants with documented change in needs whose service plan was revised, as needed, to address the change
Denominator: Number of waiver participants whose service plans were reviewed
Review Period: 01/01/2018 - 03/31/2018
Data Source: MCO Record Review

Compliance By Waiver	Amerigroup	Sunflower	United	Statewide
PD	**93%**	**100%**	**100%**	**98%**
Numerator	28	30	26	86
Denominator	30	30	26	88
FE	**100%**	**91%**	**100%**	**97%**
Numerator	26	30	31	87
Denominator	26	33	31	90
IDD	**96%**	**95%**	**96%**	**96%**
Numerator	26	41	22	89
Denominator	27	43	23	93
TBI	**88%**	**91%**	**89%**	**89%**
Numerator	30	10	8	48
Denominator	34	11	9	54
TA	**96%**	**94%**	**100%**	**96%**
Numerator	26	17	12	55
Denominator	27	18	12	57
Autism	**100%**	**100%**	**75%**	**92%**
Numerator	4	4	3	11
Denominator	4	4	4	12
SED	**100%**	**95%**	**94%**	**97%**
Numerator	23	21	15	59
Denominator	23	22	16	61

Explanation of Findings:

The service plan and/or prior service plan was not provided for review. The service plan(s) were not signed and dated by the individual and/or guardian/ representative. The service plan was in effect for an ineligible individual.

Remediation:

Compliance Trends	2013	2014	2015	2016	2017	Jan-Mar 2018
PD						
Amerigroup		20%	36%	67%	68%	93%
Sunflower		53%	58%	50%	54%	100%
United		50%	63%	80%	67%	100%
Statewide	75%	39%	53%	65%	62%	98%
FE						
Amerigroup		24%	71%	42%	70%	100%
Sunflower		39%	51%	63%	59%	91%
United		50%	47%	87%	86%	100%
Statewide	78%	38%	54%	65%	67%	97%
IDD						
Amerigroup		7%	60%	27%	67%	96%
Sunflower		38%	16%	25%	47%	95%
United		16%	30%	30%	83%	96%
Statewide	97%	23%	28%	28%	60%	96%
TBI						
Amerigroup		24%	42%	61%	67%	88%
Sunflower		54%	27%	75%	44%	91%
United		46%	50%	75%	33%	89%
Statewide	53%	38%	38%	67%	57%	89%
TA						
Amerigroup		32%	73%	56%	94%	96%
Sunflower		54%	89%	63%	57%	94%
United		38%	43%	60%	100%	100%
Statewide	92%	42%	75%	60%	83%	96%
Autism						
Amerigroup		10%	0%	17%	75%	100%
Sunflower		17%	25%	50%	14%	100%
United		0%	0%	9%	0%	75%
Statewide	45%	11%	11%	16%	22%	92%
SED						
Amerigroup		90%	90%	97%	97%	100%
Sunflower		83%	79%	68%	88%	95%
United		84%	93%	83%	67%	94%
Statewide	85%	86%	88%	83%	83%	97%

KDADS HCBS Quality Review Report

Service Plan
PM 8: Number and percent of waiver participants who received services in the type, scope, amount, duration, and frequency specified in the service plan
Numerator: Number of waiver participants who received services in the type, scope, amount, duration, and frequency specified in the service plan
Denominator: Number of waiver participants whose service plans were reviewed
Review Period: 01/01/2018 - 03/31/2018
Data Source: MCO Record Review

Compliance By Waiver	Amerigroup	Sunflower	United	Statewide
PD	**93%**	**75%**	**88%**	**85%**
Numerator	28	24	23	75
Denominator	30	32	26	88
FE	**92%**	**88%**	**94%**	**91%**
Numerator	24	29	29	82
Denominator	26	33	31	90
IDD	**81%**	**88%**	**87%**	**86%**
Numerator	22	38	20	80
Denominator	27	43	23	93
TBI	**62%**	**91%**	**78%**	**70%**
Numerator	21	10	7	38
Denominator	34	11	9	54
TA	**93%**	**83%**	**83%**	**88%**
Numerator	25	15	10	50
Denominator	27	18	12	57
Autism	**100%**	**25%**	**0%**	**42%**
Numerator	4	1	0	5
Denominator	4	4	4	12
SED	**100%**	**95%**	**88%**	**95%**
Numerator	23	21	14	58
Denominator	23	22	16	61

Explanation of Findings:

Unable to determine if services were being received due to incomplete documentation. Service plan did not match documentation of services being received. Service plan was missing for part or all of the review period. A valid signature and/or date was missing on the service plan.

Remediation:

Compliance Trends	2013	2014	2015	2016	2017	Jan-Mar 2018
PD						
Amerigroup		94%	69%	79%	83%	93%
Sunflower		96%	72%	76%	88%	75%
United		96%	78%	91%	87%	88%
Statewide	85%	95%	72%	81%	86%	85%
FE						
Amerigroup		83%	76%	75%	81%	92%
Sunflower		96%	64%	86%	87%	88%
United		96%	79%	89%	88%	94%
Statewide	87%	92%	72%	83%	86%	91%
IDD						
Amerigroup		78%	84%	73%	75%	81%
Sunflower		97%	62%	77%	80%	88%
United		100%	59%	81%	90%	87%
Statewide	98%	92%	68%	77%	81%	86%
TBI						
Amerigroup		81%	55%	63%	77%	62%
Sunflower		95%	46%	84%	76%	91%
United		85%	71%	83%	76%	78%
Statewide	70%	87%	56%	72%	77%	70%
TA						
Amerigroup		98%	73%	79%	88%	93%
Sunflower		100%	86%	82%	68%	83%
United		96%	58%	82%	92%	83%
Statewide	100%	98%	74%	80%	83%	88%
Autism						
Amerigroup		89%	59%	37%	88%	100%
Sunflower		100%	55%	50%	15%	25%
United		50%	21%	17%	13%	0%
Statewide	50%	86%	49%	38%	37%	42%
SED						
Amerigroup		91%	99%	95%	99%	100%
Sunflower		96%	94%	84%	98%	95%
United		92%	99%	91%	86%	88%
Statewide	13%	93%	98%	90%	94%	95%

Service Plan
PM 9: Number and percent of survey respondents who reported receiving all services as specified in their service plan
Numerator: Number of survey respondents who reported receiving all services as specified in their service plan
Denominator: Number of waiver participants interviewed by QMS staff
Review Period: 01/01/2018 - 03/31/2018
Data Source: Customer Interview

Compliance By Waiver	Amerigroup	Sunflower	United	Statewide
PD	**100%**	**95%**	**100%**	**98%**
Numerator	21	19	14	54
Denominator	21	20	14	55
FE	**100%**	**95%**	**89%**	**95%**
Numerator	17	19	17	53
Denominator	17	20	19	56
IDD	**100%**	**96%**	**100%**	**98%**
Numerator	15	27	14	56
Denominator	15	28	14	57
TBI	**81%**	**67%**	**100%**	**80%**
Numerator	13	2	1	16
Denominator	16	3	1	20
TA	**93%**	**100%**	**100%**	**96%**
Numerator	13	6	5	24
Denominator	14	6	5	25
Autism	**100%**	**100%**	**100%**	**100%**
Numerator	2	1	1	4
Denominator	2	1	1	4
SED	**Not a waiver performance measure**			
Numerator				
Denominator				

Explanation of Findings:

Some individuals reported they were not receiving all of the approved services due to a lack of available workers. Individual stated that therapies had not been provided for almost a year. Some individuals reported not receiving any services. One individual did not know what services were listed on the service plan.

Remediation:

Compliance Trends	2013	2014	2015	2016	2017	Jan-Mar 2018
PD						
Amerigroup		97%			94%	100%
Sunflower		92%			97%	95%
United		93%			91%	100%
Statewide	Not a measure	94%	No Data	No Data	94%	98%
FE						
Amerigroup		85%			97%	100%
Sunflower		86%			93%	95%
United		82%			91%	89%
Statewide	87%	84%	No Data	No Data	94%	95%
IDD						
Amerigroup		92%			93%	100%
Sunflower		96%			99%	96%
United		93%			92%	100%
Statewide	Not a measure	94%	No Data	No Data	96%	98%
TBI						
Amerigroup		81%			81%	81%
Sunflower		88%			79%	67%
United		83%			76%	100%
Statewide	Not a measure	83%	No Data	No Data	80%	80%
TA						
Amerigroup		89%			96%	93%
Sunflower		84%			94%	100%
United		85%			94%	100%
Statewide	Not a measure	87%	No Data	No Data	95%	96%
Autism						
Amerigroup		74%			89%	100%
Sunflower		70%			50%	100%
United		60%			75%	100%
Statewide	Not a measure	71%	No Data	No Data	68%	100%
SED	**Not a waiver performance measure**					
Amerigroup						
Sunflower						
United						
Statewide						

KDADS HCBS Quality Review Report

Service Plan
PM 10: Number and percent of waiver participants whose record contains documentation indicating a choice of waiver service providers
Numerator: Number of waiver participants whose record contains documentation indicating a choice of waiver service providers
Denominator: Number of waiver participants whose service plans were reviewed
Review Period: 01/01/2018 - 03/31/2018
Data Source: MCO Record Review

Compliance By Waiver	Amerigroup	Sunflower	United	Statewide
PD	**97%**	**78%**	**88%**	**88%**
Numerator	29	25	23	77
Denominator	30	32	26	88
FE	**92%**	**91%**	**94%**	**92%**
Numerator	24	30	29	83
Denominator	26	33	31	90
IDD	**85%**	**88%**	**83%**	**86%**
Numerator	23	38	19	80
Denominator	27	43	23	93
TBI	**71%**	**91%**	**78%**	**76%**
Numerator	24	10	7	41
Denominator	34	11	9	54
TA	**85%**	**83%**	**75%**	**82%**
Numerator	23	15	9	47
Denominator	27	18	12	57
Autism	**100%**	**25%**	**0%**	**42%**
Numerator	4	1	0	5
Denominator	4	4	4	12
SED	**91%**	**68%**	**88%**	**82%**
Numerator	21	15	14	50
Denominator	23	22	16	61

Explanation of Findings:

Documentation was missing that would have shown "choice" was reviewed with the individual. "Choice" was marked on the service plan, but the service plan was not signed by the individual and/or the guardian. The service plan was missing for a portion of the review period, so "choice" could not be verified for that portion of the review period. Service plan did not indicate "choice." Family Choice Assurance Document (FCAD) was missing.

Remediation:

Compliance Trends	2013	2014	2015	2016	2017	Jan-Mar 2018
PD						
Amerigroup		68%	56%	68%	80%	97%
Sunflower		58%	69%	73%	85%	78%
United		69%	73%	89%	87%	88%
Statewide	52%	65%	65%	76%	84%	88%
FE						
Amerigroup		68%	59%	64%	82%	92%
Sunflower		76%	59%	82%	86%	91%
United		77%	75%	85%	91%	94%
Statewide	56%	74%	63%	77%	86%	92%
IDD						
Amerigroup		51%	45%	68%	74%	85%
Sunflower		68%	42%	69%	71%	88%
United		75%	55%	76%	91%	83%
Statewide	99%	64%	46%	70%	77%	86%
TBI						
Amerigroup		54%	50%	53%	76%	71%
Sunflower		75%	40%	86%	80%	91%
United		70%	74%	83%	79%	78%
Statewide	44%	65%	52%	67%	78%	76%
TA						
Amerigroup		87%	65%	68%	85%	85%
Sunflower		84%	80%	77%	66%	83%
United		92%	58%	79%	95%	75%
Statewide	96%	86%	68%	72%	81%	82%
Autism						
Amerigroup		67%	67%	47%	88%	100%
Sunflower		44%	45%	50%	40%	25%
United		88%	21%	17%	19%	0%
Statewide	40%	63%	49%	42%	48%	42%
SED						
Amerigroup		94%	91%	98%	99%	91%
Sunflower		91%	72%	84%	94%	68%
United		84%	97%	88%	88%	88%
Statewide	98%	89%	88%	90%	94%	82%

KDADS HCBS Quality Review Report

Service Plan
PM 11: Number and percent of waiver participants whose record contains documentation indicating a choice of waiver services
Numerator: Number of waiver participants whose record contains documentation indicating a choice of waiver services
Denominator: Number of waiver participants whose service plans were reviewed
Review Period: 01/01/2018 - 03/31/2018
Data Source: MCO Record Review

Compliance By Waiver	Amerigroup	Sunflower	United	Statewide
PD	**93%**	**72%**	**81%**	**82%**
Numerator	28	23	21	72
Denominator	30	32	26	88
FE	**92%**	**88%**	**90%**	**90%**
Numerator	24	29	28	81
Denominator	26	33	31	90
IDD	**85%**	**84%**	**78%**	**83%**
Numerator	23	36	18	77
Denominator	27	43	23	93
TBI	**71%**	**91%**	**78%**	**76%**
Numerator	24	10	7	41
Denominator	34	11	9	54
TA	**96%**	**72%**	**75%**	**84%**
Numerator	26	13	9	48
Denominator	27	18	12	57
Autism	**100%**	**25%**	**0%**	**42%**
Numerator	4	1	0	5
Denominator	4	4	4	12
SED	**91%**	**68%**	**88%**	**82%**
Numerator	21	15	14	50
Denominator	23	22	16	61

Explanation of Findings:

The service plan was not signed and/or dated by the individual and/or guardian/representative. Documentation was missing to show "choice of waiver services" was reviewed with the individual. Family Choice Assurance Document (FCAD) was missing.

Remediation:

Compliance Trends	2013	2014	2015	2016	2017	Jan-Mar 2018
PD						
Amerigroup		68%	53%	62%	79%	93%
Sunflower		72%	50%	71%	36%	72%
United		77%	73%	84%	78%	81%
Statewide	64%	72%	57%	72%	64%	82%
FE						
Amerigroup		67%	57%	67%	80%	92%
Sunflower		86%	47%	82%	35%	88%
United		85%	74%	84%	80%	90%
Statewide	59%	80%	57%	78%	63%	90%
IDD						
Amerigroup		55%	46%	70%	71%	85%
Sunflower		68%	35%	69%	34%	84%
United		77%	50%	74%	89%	78%
Statewide	No Data	66%	42%	71%	58%	83%
TBI						
Amerigroup		56%	50%	52%	74%	71%
Sunflower		80%	23%	86%	28%	91%
United		74%	67%	80%	76%	78%
Statewide	53%	68%	45%	66%	63%	76%
TA						
Amerigroup		86%	65%	71%	86%	96%
Sunflower		97%	53%	79%	29%	72%
United		94%	55%	64%	82%	75%
Statewide	96%	91%	60%	72%	68%	84%
Autism						
Amerigroup		79%	52%	47%	88%	100%
Sunflower		50%	27%	61%	20%	25%
United		88%	14%	17%	13%	0%
Statewide	55%	72%	35%	46%	38%	42%
SED						
Amerigroup		94%	92%	98%	99%	91%
Sunflower		91%	72%	84%	94%	68%
United		84%	97%	88%	87%	88%
Statewide	98%	89%	88%	90%	93%	82%

KDADS HCBS Quality Review Report

Service Plan
PM 12: Number and percent of waiver participants whose record contains documentation indicating a choice of community-based services v. an institutional alternative
Numerator: Number of waiver participants whose record contains documentation indicating a choice of community-based services
Denominator: Number of waiver participants whose files are reviewed for the documentation
Review Period: 01/01/2018 - 03/31/2018
Data Source: MCO Record Review

Compliance By Waiver	Amerigroup	Sunflower	United	Statewide
PD	**100%**	**78%**	**88%**	**89%**
Numerator	30	25	23	78
Denominator	30	32	26	88
FE	**92%**	**91%**	**94%**	**92%**
Numerator	24	30	29	83
Denominator	26	33	31	90
IDD	**93%**	**88%**	**83%**	**88%**
Numerator	25	38	19	82
Denominator	27	43	23	93
TBI	**76%**	**82%**	**78%**	**78%**
Numerator	26	9	7	42
Denominator	34	11	9	54
TA	**96%**	**83%**	**75%**	**88%**
Numerator	26	15	9	50
Denominator	27	18	12	57
Autism	**100%**	**25%**	**0%**	**42%**
Numerator	4	1	0	5
Denominator	4	4	4	12
SED	**91%**	**68%**	**88%**	**82%**
Numerator	21	15	14	50
Denominator	23	22	16	61

Explanation of Findings:

Choice box was not marked, so form was determined incomplete. The MCO failed to upload the file or only provided information for part of the review period. Family Choice Assurance Document (FCAD) was missing. ISP did not contain a valid signature and/or date from the individual and/or guardian. Documentation was missing that would have shown choice was made by the individual.

Remediation:

Compliance Trends	2013	2014	2015	2016	2017	Jan-Mar 2018
PD						
Amerigroup		76%	57%	67%	81%	100%
Sunflower		74%	67%	73%	87%	78%
United		80%	78%	88%	87%	88%
Statewide	Not a measure	76%	66%	75%	85%	89%
FE						
Amerigroup		67%	58%	72%	81%	92%
Sunflower		87%	56%	82%	86%	91%
United		85%	79%	84%	91%	94%
Statewide	65%	80%	63%	79%	86%	92%
IDD						
Amerigroup		47%	47%	66%	73%	93%
Sunflower		69%	41%	68%	74%	88%
United		78%	57%	79%	92%	83%
Statewide	No Data	64%	46%	70%	78%	88%
TBI						
Amerigroup		55%	51%	54%	78%	76%
Sunflower		79%	40%	86%	78%	82%
United		73%	74%	83%	79%	78%
Statewide	No Data	67%	52%	68%	78%	78%
TA						
Amerigroup		87%	65%	69%	85%	96%
Sunflower		98%	80%	81%	68%	83%
United		94%	55%	79%	95%	75%
Statewide	No Data	92%	68%	74%	81%	88%
Autism						
Amerigroup		86%	67%	65%	94%	100%
Sunflower		47%	59%	67%	70%	25%
United		75%	43%	33%	38%	0%
Statewide	No Data	72%	59%	60%	67%	42%
SED						
Amerigroup		94%	92%	98%	99%	91%
Sunflower		91%	72%	84%	94%	68%
United		85%	98%	88%	87%	88%
Statewide	99%	90%	89%	91%	93%	82%

KDADS HCBS Quality Review Report

Service Plan
PM 13: Number and percent of waiver participants whose record contains documentation indicating a choice of either self-directed or agency-directed care
Numerator: Number of waiver participants whose record contains documentation indicating a choice of either self-directed or agency-directed care
Denominator: Number of waiver participants whose files are reviewed for the documentation
Review Period: 01/01/2018 - 03/31/2018
Data Source: MCO Record Review

Compliance By Waiver	Amerigroup	Sunflower	United	Statewide
PD	**93%**	**78%**	**88%**	**86%**
Numerator	28	25	23	76
Denominator	30	32	26	88
FE	**85%**	**85%**	**94%**	**88%**
Numerator	22	28	29	79
Denominator	26	33	31	90
IDD	**85%**	**86%**	**83%**	**85%**
Numerator	23	37	19	79
Denominator	27	43	23	93
TBI	**71%**	**91%**	**78%**	**76%**
Numerator	24	10	7	41
Denominator	34	11	9	54
TA	**96%**	**83%**	**75%**	**88%**
Numerator	26	15	9	50
Denominator	27	18	12	57
Autism	**Self-direction is not offered for this waiver**			
Numerator				
Denominator				
SED	**Self-direction is not offered for this waiver**			
Numerator				
Denominator				

Explanation of Findings:

Documentation states, "Consumer chose to self-direct," but the service plan indicated the opposite. "Choice" box was not marked on the service plan. "Choice" was indicated on the service plan, but the service plan was not signed and/or dated by the individual and/or guardian. Documentation was missing to show choice was reviewed with the individual. MCO only uploaded information for part of the review period.

Remediation:

Compliance Trends	2013	2014	2015	2016	2017	Jan-Mar 2018
PD						
Amerigroup		64%	58%	72%	81%	93%
Sunflower		73%	68%	72%	87%	78%
United		77%	78%	88%	86%	88%
Statewide	Not a measure	71%	66%	77%	84%	86%
FE						
Amerigroup		64%	59%	73%	79%	85%
Sunflower		84%	59%	81%	87%	85%
United		77%	79%	85%	88%	94%
Statewide	65%	75%	64%	79%	85%	88%
IDD						
Amerigroup		34%	47%	64%	68%	85%
Sunflower		61%	39%	60%	65%	86%
United		77%	57%	73%	93%	83%
Statewide	No Data	53%	46%	64%	73%	85%
TBI						
Amerigroup		50%	50%	56%	73%	71%
Sunflower		85%	43%	82%	78%	91%
United		70%	74%	83%	79%	78%
Statewide	No Data	66%	52%	68%	75%	76%
TA						
Amerigroup		82%	56%	66%	84%	96%
Sunflower		98%	82%	79%	68%	83%
United		100%	58%	79%	95%	75%
Statewide	No Data	90%	64%	72%	81%	88%
Autism	**Self-direction is not offered for this waiver**					
Amerigroup						
Sunflower						
United						
Statewide						
SED	**Self-direction is not offered for this waiver**					
Amerigroup						
Sunflower						
United						
Statewide						

KDADS HCBS Quality Review Report

Health and Welfare
PM 1: Number and percent of unexpected deaths for which review/investigation resulted in the identification of preventable causes
Numerator: Number of unexpected deaths for which review/investigation resulted in the identification of non-preventable causes
Denominator: Number of waiver participants whose service plans were reviewed
Review Period: 01/01/2018 - 03/31/2018
Data Source:

Compliance By Waiver	Amerigroup	Sunflower	United	Statewide
PD				
Numerator				
Denominator				
FE				
Numerator				
Denominator				
IDD				
Numerator				
Denominator				
TBI				
Numerator				
Denominator				
TA				
Numerator				
Denominator				
Autism				
Numerator				
Denominator				
SED				
Numerator				
Denominator				

Explanation of Findings:

AIR policies still in the development process.

Remediation:

Compliance Trends	2013	2014	2015	2016	2017	Jan-Mar 2018
PD						
Amerigroup						
Sunflower						
United						
Statewide						
FE						
Amerigroup						
Sunflower						
United						
Statewide						
IDD						
Amerigroup						
Sunflower						
United						
Statewide						
TBI						
Amerigroup						
Sunflower						
United						
Statewide						
TA						
Amerigroup						
Sunflower						
United						
Statewide						
Autism						
Amerigroup						
Sunflower						
United						
Statewide						
SED						
Amerigroup						
Sunflower						
United						
Statewide						

KDADS HCBS Quality Review Report

Health and Welfare
PM 2: Number and percent of unexpected deaths for which review/investigation followed the appropriate policies and procedures
Numerator: Number of unexpected deaths for which review/investigation followed the appropriate policies and procedures as in the approved waiver
Denominator: Number of unexpected deaths
Review Period: 01/01/2018 - 03/31/2018
Data Source:

Compliance By Waiver	Amerigroup	Sunflower	United	Statewide
PD				
Numerator				
Denominator				
FE				
Numerator				
Denominator				
IDD				
Numerator				
Denominator				
TBI				
Numerator				
Denominator				
TA				
Numerator				
Denominator				
Autism				
Numerator				
Denominator				
SED				
Numerator				
Denominator				

Explanation of Findings:

AIR policies still in the development process.

Remediation:

Compliance Trends	2013	2014	2015	2016	2017	Jan-Mar 2018
PD						
Amerigroup						
Sunflower						
United						
Statewide						
FE						
Amerigroup						
Sunflower						
United						
Statewide						
IDD						
Amerigroup						
Sunflower						
United						
Statewide						
TBI						
Amerigroup						
Sunflower						
United						
Statewide						
TA						
Amerigroup						
Sunflower						
United						
Statewide						
Autism						
Amerigroup						
Sunflower						
United						
Statewide						
SED						
Amerigroup						
Sunflower						
United						
Statewide						

KDADS HCBS Quality Review Report

Health and Welfare
PM 3: Number and percent of unexpected deaths for which the appropriate follow-up measures were taken
Numerator: Number of unexpected deaths for which the appropriate follow-up measures were taken as in the approved waiver
Denominator: Number of unexpected deaths
Review Period: 01/01/2018 - 03/31/2018
Data Source:

Compliance By Waiver	Amerigroup	Sunflower	United	Statewide
PD				
Numerator				
Denominator				
FE				
Numerator				
Denominator				
IDD				
Numerator				
Denominator				
TBI				
Numerator				
Denominator				
TA				
Numerator				
Denominator				
Autism				
Numerator				
Denominator				
SED				
Numerator				
Denominator				

Explanation of Findings:

AIR policies still in the development process.

Remediation:

Compliance Trends	2013	2014	2015	2016	2017	Jan-Mar 2018
PD						
Amerigroup						
Sunflower						
United						
Statewide						
FE						
Amerigroup						
Sunflower						
United						
Statewide						
IDD						
Amerigroup						
Sunflower						
United						
Statewide						
TBI						
Amerigroup						
Sunflower						
United						
Statewide						
TA						
Amerigroup						
Sunflower						
United						
Statewide						
Autism						
Amerigroup						
Sunflower						
United						
Statewide						
SED						
Amerigroup						
Sunflower						
United						
Statewide						

KDADS HCBS Quality Review Report

Health and Welfare
PM 4: Number and percent of waiver participants who received information on how to report suspected abuse, neglect, or exploitation
Numerator: Number of waiver participants who received information on how to report suspected abuse, neglect, or exploitation
Denominator: Number of waiver participants interviewed by QMS staff or whose records are reviewed
Review Period: 01/01/2018 - 03/31/2018
Data Source: MCO Record Review

Compliance By Waiver	Amerigroup	Sunflower	United	Statewide
PD	**97%**	**84%**	**89%**	**90%**
Numerator	29	27	24	80
Denominator	30	32	27	89
FE	**92%**	**94%**	**94%**	**93%**
Numerator	24	31	29	84
Denominator	26	33	31	90
IDD	**85%**	**91%**	**87%**	**88%**
Numerator	23	39	20	82
Denominator	27	43	23	93
TBI	**71%**	**100%**	**78%**	**78%**
Numerator	24	11	7	42
Denominator	34	11	9	54
TA	**96%**	**83%**	**75%**	**88%**
Numerator	26	15	9	50
Denominator	27	18	12	57
Autism	**100%**	**50%**	**0%**	**50%**
Numerator	4	2	0	6
Denominator	4	4	4	12
SED	**83%**	**32%**	**38%**	**52%**
Numerator	19	7	6	32
Denominator	23	22	16	61

Explanation of Findings:

Documentation was missing for all or part of the review period that would have indicated Abuse, Neglect, and Exploitation (A/N/E) was discussed. The MCO failed to upload the file. Documentation indicated an outdated brochure or other information was being used. A/N/E was listed on the documentation, but a valid signature and/or date was missing. Documentation indicated the individual signed the document after services began.

Remediation:

Compliance Trends	2013	2014	2015	2016	2017	Jan-Mar 2018
PD						
Amerigroup		51%	19%	67%	87%	97%
Sunflower		88%	72%	74%	90%	84%
United		90%	80%	88%	88%	89%
Statewide	65%	72%	53%	76%	88%	90%
FE						
Amerigroup		59%	16%	61%	85%	92%
Sunflower		86%	62%	84%	89%	94%
United		92%	80%	88%	93%	94%
Statewide	80%	78%	50%	78%	89%	93%
IDD						
Amerigroup		23%	6%	59%	78%	85%
Sunflower		87%	59%	75%	82%	91%
United		100%	56%	79%	93%	87%
Statewide	99%	68%	42%	71%	83%	88%
TBI						
Amerigroup		30%	12%	56%	81%	71%
Sunflower		94%	45%	84%	78%	100%
United		80%	76%	85%	79%	78%
Statewide	57%	63%	34%	69%	80%	78%
TA						
Amerigroup		61%	38%	75%	91%	96%
Sunflower		99%	86%	84%	72%	83%
United		97%	61%	79%	95%	75%
Statewide	86%	82%	57%	78%	86%	88%
Autism						
Amerigroup		62%	8%	23%	88%	100%
Sunflower		33%	29%	39%	50%	50%
United		43%	14%	6%	13%	0%
Statewide	90%	50%	16%	26%	50%	50%
SED						
Amerigroup		88%	64%	27%	25%	83%
Sunflower		80%	53%	22%	16%	32%
United		78%	63%	19%	5%	38%
Statewide	89%	82%	60%	23%	15%	52%

KDADS HCBS Quality Review Report

Health and Welfare
PM 5: Number and percent of participants' reported critical incidents that were initiated and reviewed within required time frames
Numerator: Number of participants' reported critical incidents that were initiated and reviewed within required time frames as specified in the approved waiver
Denominator: Number of participants' reported critical incidents
Review Period: 01/01/2018 - 03/31/2018
Data Source:

Compliance By Waiver	Amerigroup	Sunflower	United	Statewide
PD				
Numerator				
Denominator				
FE				
Numerator				
Denominator				
IDD				
Numerator				
Denominator				
TBI				
Numerator				
Denominator				
TA				
Numerator				
Denominator				
Autism				
Numerator				
Denominator				
SED				
Numerator				
Denominator				

Explanation of Findings:

AIR policies still in the development process.

Remediation:

Compliance Trends	2013	2014	2015	2016	2017	Jan-Mar 2018
PD						
Amerigroup						
Sunflower						
United						
Statewide						
FE						
Amerigroup						
Sunflower						
United						
Statewide						
IDD						
Amerigroup						
Sunflower						
United						
Statewide						
TBI						
Amerigroup						
Sunflower						
United						
Statewide						
TA						
Amerigroup						
Sunflower						
United						
Statewide						
Autism						
Amerigroup						
Sunflower						
United						
Statewide						
SED						
Amerigroup						
Sunflower						
United						
Statewide						

KDADS HCBS Quality Review Report

Health and Welfare
PM 6: Number and percent of reported critical incidents requiring review/investigation where the State adhered to its follow-up measures
Numerator: Number of reported critical incidents requiring review/investigation where the State adhered to the follow-up methods as specified in the approved waiver
Denominator: Number of reported critical incidents
Review Period: 01/01/2018 - 03/31/2018
Data Source:

Compliance By Waiver	Amerigroup	Sunflower	United	Statewide
PD				
Numerator				
Denominator				
FE				
Numerator				
Denominator				
IDD				
Numerator				
Denominator				
TBI				
Numerator				
Denominator				
TA				
Numerator				
Denominator				
Autism				
Numerator				
Denominator				
SED				
Numerator				
Denominator				

Explanation of Findings:

AIR policies still in the development process.

Remediation:

Compliance Trends	2013	2014	2015	2016	2017	Jan-Mar 2018
PD						
Amerigroup						
Sunflower						
United						
Statewide						
FE						
Amerigroup						
Sunflower						
United						
Statewide						
IDD						
Amerigroup						
Sunflower						
United						
Statewide						
TBI						
Amerigroup						
Sunflower						
United						
Statewide						
TA						
Amerigroup						
Sunflower						
United						
Statewide						
Autism						
Amerigroup						
Sunflower						
United						
Statewide						
SED						
Amerigroup						
Sunflower						
United						
Statewide						

KDADS HCBS Quality Review Report

Health and Welfare
PM 7: Number and percent of restraint applications, seclusion or other restrictive interventions that followed procedures as specified in the approved waiver
Numerator: Number of restraint applications, seclusion or other restrictive interventions that followed procedures as specified in the approved waiver
Denominator: Number of restraint applications, seclusion or other restrictive interventions
Review Period: 01/01/2018 - 03/31/2018
Data Source:

Compliance By Waiver	Amerigroup	Sunflower	United	Statewide
PD				
Numerator				
Denominator				
FE				
Numerator				
Denominator				
IDD				
Numerator				
Denominator				
TBI				
Numerator				
Denominator				
TA				
Numerator				
Denominator				
Autism				
Numerator				
Denominator				
SED				
Numerator				
Denominator				

Explanation of Findings:

AIR policies still in the development process.

Remediation:

Compliance Trends	2013	2014	2015	2016	2017	Jan-Mar 2018
PD						
Amerigroup						
Sunflower						
United						
Statewide						
FE						
Amerigroup						
Sunflower						
United						
Statewide						
IDD						
Amerigroup						
Sunflower						
United						
Statewide						
TBI						
Amerigroup						
Sunflower						
United						
Statewide						
TA						
Amerigroup						
Sunflower						
United						
Statewide						
Autism						
Amerigroup						
Sunflower						
United						
Statewide						
SED						
Amerigroup						
Sunflower						
United						
Statewide						

KDADS HCBS Quality Review Report

Health and Welfare
PM 8: Number and percent of unauthorized uses of restrictive interventions that were appropriately reported
Numerator: Number of unauthorized uses of restrictive interventions that were appropriately reported
Denominator: Number of unauthorized uses of restrictive interventions
Review Period: 01/01/2018 - 03/31/2018
Data Source:

Compliance By Waiver	Amerigroup	Sunflower	United	Statewide
PD				
Numerator				
Denominator				
FE				
Numerator				
Denominator				
IDD				
Numerator				
Denominator				
TBI				
Numerator				
Denominator				
TA				
Numerator				
Denominator				
Autism				
Numerator				
Denominator				
SED				
Numerator				
Denominator				

Explanation of Findings:

AIR policies still in the development process.

Remediation:

Compliance Trends	2013	2014	2015	2016	2017	Jan-Mar 2018
PD						
Amerigroup						
Sunflower						
United						
Statewide						
FE						
Amerigroup						
Sunflower						
United						
Statewide						
IDD						
Amerigroup						
Sunflower						
United						
Statewide						
TBI						
Amerigroup						
Sunflower						
United						
Statewide						
TA						
Amerigroup						
Sunflower						
United						
Statewide						
Autism						
Amerigroup						
Sunflower						
United						
Statewide						
SED						
Amerigroup						
Sunflower						
United						
Statewide						

KDADS HCBS Quality Review Report

Health and Welfare
PM 9: Number and percent of waiver participants who received physical exams in accordance with State policies
Numerator: Number of HCBS participants who received physical exams in accordance with State policies
Denominator: Number of HCBS participants whose service plans were reviewed
Review Period: 01/01/2018 - 03/31/2018
Data Source: MCO Record Review

Compliance By Waiver	Amerigroup	Sunflower	United	Statewide
PD	**43%**	**19%**	**11%**	**25%**
Numerator	13	6	3	22
Denominator	30	31	27	88
FE	**40%**	**20%**	**10%**	**22%**
Numerator	10	6	3	19
Denominator	25	30	31	86
IDD	**59%**	**65%**	**17%**	**52%**
Numerator	16	28	4	48
Denominator	27	43	23	93
TBI	**27%**	**36%**	**50%**	**33%**
Numerator	9	4	4	17
Denominator	33	11	8	52
TA	**27%**	**71%**	**42%**	**44%**
Numerator	7	12	5	24
Denominator	26	17	12	55
Autism	**75%**	**50%**	**100%**	**45%**
Numerator	3	2	3	5
Denominator	4	4	3	11
SED	**91%**	**91%**	**63%**	**54%**
Numerator	21	20	10	33
Denominator	23	22	16	61

Explanation of Findings:

Documentation showing evidence of a completed physical exam was missing. Documentation indicated the date of the doctor's visit in some cases, but there was no evidence that the doctor's visit was for an annual physical exam. The physical exam was not completed within the required timeline or the physical exam provided was not relevant to the review period. There was evidence that a physical exam was completed, but parts of the date were missing on the documentation.

Remediation:

Compliance Trends	2013	2014	2015	2016	2017	Jan-Mar 2018
PD						
Amerigroup		78%			20%	43%
Sunflower		81%			34%	19%
United		88%			34%	11%
Statewide	Not a measure	82%	No Data	No Data	29%	25%
FE						
Amerigroup		89%			23%	40%
Sunflower		97%			31%	20%
United		97%			31%	10%
Statewide	Not a measure	95%	No Data	No Data	29%	22%
IDD						
Amerigroup		91%			28%	59%
Sunflower		99%			52%	65%
United		99%			26%	17%
Statewide	Not a measure	97%	No Data	No Data	39%	52%
TBI						
Amerigroup		84%			21%	27%
Sunflower		94%			32%	36%
United		93%			19%	50%
Statewide	Not a measure	90%	No Data	No Data	23%	33%
TA						
Amerigroup		100%			39%	27%
Sunflower		100%			56%	71%
United		97%			68%	42%
Statewide	Not a measure	100%	No Data	No Data	49%	44%
Autism						
Amerigroup		100%			56%	75%
Sunflower		92%			65%	50%
United		100%			19%	100%
Statewide	Not a measure	98%	No Data	No Data	48%	45%
SED						
Amerigroup		54%			76%	91%
Sunflower		55%			27%	91%
United		46%			47%	63%
Statewide	Not a measure	52%	No Data	No Data	52%	54%

KDADS HCBS Quality Review Report

Health and Welfare
PM 10: Number and percent of waiver participants who have a disaster red flag designation with a related disaster backup plan
Numerator: Number of waiver participants who have a disaster red flag designation with a related disaster backup plan
Denominator: Number of waiver participants with a red flag designation
Review Period: 01/01/2018 - 03/31/2018
Data Source: MCO Record Review

Compliance By Waiver	Amerigroup	Sunflower	United	Statewide
PD	**93%**	**81%**	**88%**	**88%**
Numerator	28	26	23	77
Denominator	30	32	26	88
FE	**88%**	**94%**	**93%**	**92%**
Numerator	23	31	28	82
Denominator	26	33	30	89
IDD	**85%**	**74%**	**70%**	**76%**
Numerator	23	32	16	71
Denominator	27	43	23	93
TBI	**71%**	**100%**	**78%**	**78%**
Numerator	24	11	7	42
Denominator	34	11	9	54
TA	**96%**	**72%**	**75%**	**84%**
Numerator	26	13	9	48
Denominator	27	18	12	57
Autism	**100%**	**50%**	**0%**	**50%**
Numerator	4	2	0	6
Denominator	4	4	4	12
SED	**Not a waiver performance measure**			
Numerator				
Denominator				

Explanation of Findings:

The Backup Plan (BUP) was incomplete, as it did not address health and safety risks, staffing issues, and red flags. BUP was missing for all or part of the review period. BUP was missing the required signatures and/or dates from the individual and/or guardian. BUP was not completed within the required timeline.

Remediation:

Compliance Trends	2013	2014	2015	2016	2017	Jan-Mar 2018
PD						
Amerigroup		59%	53%	73%	86%	93%
Sunflower		77%	49%	66%	79%	81%
United		64%	80%	88%	87%	88%
Statewide	Not a measure	67%	58%	75%	84%	88%
FE						
Amerigroup		61%	62%	72%	84%	88%
Sunflower		72%	56%	72%	77%	94%
United		76%	81%	85%	91%	93%
Statewide	59%	70%	65%	76%	84%	92%
IDD						
Amerigroup		67%	61%	65%	74%	85%
Sunflower		58%	32%	59%	70%	74%
United		70%	58%	73%	90%	70%
Statewide	Not a measure	64%	47%	64%	76%	76%
TBI						
Amerigroup		46%	49%	62%	80%	71%
Sunflower		68%	42%	80%	84%	100%
United		56%	74%	80%	79%	78%
Statewide	Not a measure	56%	52%	70%	81%	78%
TA						
Amerigroup		75%	54%	79%	90%	96%
Sunflower		91%	58%	77%	78%	72%
United		86%	63%	79%	95%	75%
Statewide	Not a measure	83%	57%	78%	87%	84%
Autism						
Amerigroup		77%	44%	32%	88%	100%
Sunflower		53%	27%	67%	80%	50%
United		38%	7%	6%	13%	0%
Statewide	Not a measure	64%	30%	40%	62%	50%
SED	**Not a waiver performance measure**					
Amerigroup						
Sunflower						
United						
Statewide						

KDADS HCBS Quality Review Report

Financial Accountability
PM 1: Number and percent of clean claims that are paid by the managed care organization within the timeframes specified in the contract
Numerator: Number of clean claims that are paid by the managed care organization within the timeframes specified in the contract
Denominator: Total number of provider claims
Review Period: 01/01/2018 - 03/31/2018
Data Source: MCO Claims Data

Compliance By Waiver	Statewide
PD	**98%**
Numerator	73,228
Denominator	74,804
FE	**96%**
Numerator	41,456
Denominator	43,104
IDD	**96%**
Numerator	143,916
Denominator	149,747
TBI	**91%**
Numerator	8,120
Denominator	8,889
TA	**89%**
Numerator	7,029
Denominator	7,855
Autism	**85%**
Numerator	39
Denominator	46
SED	**85%**
Numerator	23,107
Denominator	27,117
All HCBS Waivers	**95%**
Numerator	296,895
Denominator	311,562

Compliance Trends	2013	2014	2015	2016	2017	Jan-Mar 2018
PD						
Statewide	not a measure	N/A	N/A	N/A	N/A	98%
FE						
Statewide	not a measure	N/A	N/A	N/A	N/A	96%
IDD						
Statewide	not a measure	N/A	N/A	N/A	N/A	96%
TBI						
Statewide	not a measure	N/A	N/A	N/A	N/A	91%
TA						
Statewide	not a measure	N/A	N/A	N/A	N/A	89%
Autism						
Statewide	not a measure	N/A	N/A	N/A	N/A	85%
SED						
Statewide	not a measure	N/A	N/A	N/A	N/A	85%
All HCBS Waivers						
Statewide	not a measure	90%	88%	95%	95%	95%

Explanation of Findings:

MCO self-reported data.

Remediation:

Financial Accountability
PM 2: Number and percent of payment rates that were certified to be actuarially sound by the State's actuary and approved by CMS
Numerator: Number of payment rates that were certified to be actuarially sound by the State's actuary and approved by CMS
Denominator: Total number of capitation (payment) rates
Review Period: 01/01/2018 - 03/31/2018
Data Source: KDHE

Compliance By Waiver	Statewide
PD	**100%**
Numerator	24
Denominator	24
FE	**100%**
Numerator	24
Denominator	24
IDD	**100%**
Numerator	48
Denominator	48
TBI	**100%**
Numerator	12
Denominator	12
TA	**100%**
Numerator	12
Denominator	12
Autism	**100%**
Numerator	12
Denominator	12
SED	**100%**
Numerator	12
Denominator	12

Compliance Trends	2013	2014	2015	2016	2017	Jan-Mar 2018
PD						
Statewide	not a measure	100%	100%	100%	100%	100%
FE						
Statewide	not a measure	100%	100%	100%	100%	100%
IDD						
Statewide	not a measure	100%	100%	100%	100%	100%
TBI						
Statewide	not a measure	100%	100%	100%	100%	100%
TA						
Statewide	not a measure	100%	100%	100%	100%	100%
Autism						
Statewide	not a measure	100%	100%	100%	100%	100%
SED						
Statewide	not a measure	100%	100%	100%	100%	100%

Explanation of Findings:

Performance measure achieved.

Remediation:

No remediation necessary.

Home and Community Based Services Quality Review Report April - June 2018

KDADS HCBS Quality Review Report

Administrative Authority
PM 1: Number and percent of Quality Review reports generated by KDADS, the Operating Agency, that were submitted to the State Medicaid Agency
Numerator: Number of Quality Review reports generated by KDADS, the Operating Agency, that were submitted to the State Medicaid Agency
Denominator: Number of Quality Review reports
Review Period: 04/01/2018 - 06/30/2018
Data Source: Quality Review Reports to KDHE

Compliance By Waiver	Statewide
PD	**100%**
Numerator	1
Denominator	1
FE	**100%**
Numerator	1
Denominator	1
IDD	**100%**
Numerator	1
Denominator	1
TBI	**100%**
Numerator	1
Denominator	1
TA	**100%**
Numerator	1
Denominator	1
Autism	**100%**
Numerator	1
Denominator	1
SED	**100%**
Numerator	1
Denominator	1

Compliance Trends	2013	2014	2015	2016	2017	Jan-Mar 2018	Apr-Jun 2018
PD							
Statewide	25%	25%	25%	75%	100%	100%	100%
FE							
Statewide	25%	25%	25%	75%	100%	100%	100%
IDD							
Statewide	25%	25%	25%	75%	100%	100%	100%
TBI							
Statewide	25%	25%	25%	75%	100%	100%	100%
TA							
Statewide	25%	25%	25%	75%	100%	100%	100%
Autism							
Statewide	25%	25%	25%	75%	100%	100%	100%
SED							
Statewide	25%	25%	25%	75%	100%	100%	100%

Explanation of Findings:

Performance measure achieved.

Remediation:

No remediation necessary.

KDADS HCBS Quality Review Report

Administrative Authority
PM 2: Number and percent of waiver amendments and renewals reviewed and approved by the State Medicaid Agency prior to submission to CMS by the State Medicaid Agency
Numerator: Number of waiver amendments and renewals reviewed and approved by the State Medicaid Agency prior to submission to CMS
Denominator: Total number of waiver amendments and renewals
Review Period: 04/01/2018 - 06/30/2018
Data Source: Number of waiver amendments and renewals sent to KDHE

Compliance By Waiver	Statewide
PD	**N/A**
Numerator	0
Denominator	0
FE	**N/A**
Numerator	0
Denominator	0
IDD	**N/A**
Numerator	0
Denominator	0
TBI	**N/A**
Numerator	0
Denominator	0
TA	**100%**
Numerator	1
Denominator	1
Autism	**N/A**
Numerator	0
Denominator	0
SED	**N/A**
Numerator	0
Denominator	0

Compliance Trends	2013	2014	2015	2016	2017	Jan-Mar 2018	Apr-Jun 2018
PD							
Statewide	N/A	100%	100%	100%	N/A	N/A	N/A
FE							
Statewide	not a measure	100%	100%	100%	N/A	N/A	N/A
IDD							
Statewide	100%	100%	100%	100%	N/A	N/A	N/A
TBI							
Statewide	100%	100%	100%	100%	N/A	N/A	N/A
TA							
Statewide	100%	100%	N/A	100%	N/A	N/A	100%
Autism							
Statewide	100%	100%	N/A	N/A	100%	N/A	N/A
SED							
Statewide	100%	100%	N/A	N/A	100%	N/A	N/A

Explanation of Findings:

Performance measure achieved.

Remediation:

No remediation necessary.

KDADS HCBS Quality Review Report

Administrative Authority
PM 3: Number and percent of waiver policy changes that were submitted to the State Medicaid Agency prior to implementation by the Operating Agency
Numerator: Number of waiver policy changes that were submitted to the State Medicaid Agency prior to implementation by the Operating Agency
Denominator: Number of waiver policy changes implemented by the Operating Agency
Review Period: 04/01/2018 - 06/30/2018
Data Source: Presentation of waiver policy changes to KDHE

Compliance By Waiver	Statewide
PD	**N/A**
Numerator	0
Denominator	0
FE	**N/A**
Numerator	0
Denominator	0
IDD	**N/A**
Numerator	0
Denominator	0
TBI	**N/A**
Numerator	0
Denominator	0
TA	**N/A**
Numerator	0
Denominator	0
Autism	**N/A**
Numerator	0
Denominator	0
SED	**N/A**
Numerator	0
Denominator	0

Compliance Trends	2013	2014	2015	2016	2017	Jan-Mar 2018	Apr-Jun 2018
PD							
Statewide	N/A	N/A	100%	N/A	100%	N/A	N/A
FE							
Statewide	N/A	N/A	100%	N/A	100%	N/A	N/A
IDD							
Statewide	100%	N/A	100%	100%	100%	100%	N/A
TBI							
Statewide	100%	N/A	100%	100%	100%	N/A	N/A
TA							
Statewide	N/A	N/A	N/A	N/A	100%	N/A	N/A
Autism							
Statewide	N/A	N/A	N/A	N/A	100%	100%	N/A
SED							
Statewide	N/A	N/A	N/A	N/A	100%	N/A	N/A

Explanation of Findings:

Not Applicable. No waiver policy changes submitted.

Remediation:

No remediation necessary.

KDADS HCBS Quality Review Report

Administrative Authority
PM 4: Number and percent of Long-Term Care meetings that were represented by the program managers through in-person attendance or written reports
Numerator: Number of Long-Term Care meetings that were represented by the program managers through in-person attendance or written reports
Denominator: Number of Long-Term Care meetings
Review Period: 04/01/2018 - 06/30/2018
Data Source: Meeting Minutes

Compliance By Waiver	Statewide
PD	**100%**
Numerator	3
Denominator	3
FE	**100%**
Numerator	3
Denominator	3
IDD	**100%**
Numerator	3
Denominator	3
TBI	**100%**
Numerator	3
Denominator	3
TA	**100%**
Numerator	3
Denominator	3
Autism	**100%**
Numerator	3
Denominator	3
SED	**100%**
Numerator	3
Denominator	3

Compliance Trends	2013	2014	2015	2016	2017	Jan-Mar 2018	Apr-Jun 2018
PD							
Statewide	Not a measure	45%	67%	70%	100%	100%	100%
FE							
Statewide	100%	82%	50%	70%	100%	100%	100%
IDD							
Statewide	Not a measure	91%	Not Available	70%	100%	100%	100%
TBI							
Statewide	Not a measure	73%	Not Available	70%	100%	100%	100%
TA							
Statewide	Not a measure	64%	Not Available	70%	100%	100%	100%
Autism							
Statewide	Not a measure	91%	100%	70%	100%	100%	100%
SED							
Statewide	Not a measure	100%	Not Available	70%	100%	100%	100%

Explanation of Findings:

Performance measure achieved.

Remediation:

No remediation necessary.

KDADS HCBS Quality Review Report

Level of Care
PM 1: Number of waiver participants who were determined to meet Level of Care requirements prior to receiving HCBS services
Numerator: Number of waiver participants who were determined to meet Level of Care requirements prior to receiving HCBS services
Denominator: Total number of initial enrolled waiver participants
Review Period: 04/01/2018 - 06/30/2018
Data Source: Functional Assessor Record Review

Compliance By Waiver	Statewide
PD	**92%**
Numerator	351
Denominator	380
FE	**96%**
Numerator	562
Denominator	586
IDD	**99%**
Numerator	208
Denominator	211
TBI	**84%**
Numerator	32
Denominator	38
TA	**100%**
Numerator	40
Denominator	40
Autism	**100%**
Numerator	7
Denominator	7
SED	**87%**
Numerator	454
Denominator	521

Compliance Trends	2013	2014	2015	2016	2017	Jan-Mar 2018	Apr-Jun 2018
PD							
Statewide	64%	83%	96%	86%	89%	92%	92%
FE							
Statewide	81%	91%	93%	98%	100%	96%	96%
IDD							
Statewide	99%	94%	90%	100%	100%	99%	99%
TBI							
Statewide	62%	89%	81%	85%	96%	90%	84%
TA							
Statewide	97%	89%	100%	98%	100%	100%	100%
Autism							
Statewide	82%	No Data	100%	N/A	77%	100%	100%
SED							
Statewide	99%	89%	88%	91%	92%	89%	87%

Explanation of Findings:

For this Performance Measure, KDADS is utilizing KAMIS assessment data and MMIS eligibility data to determine compliance for six of the waivers, and the Autism waiver remains a record review.

Data pull from KAMIS effective November 20, 2018.

Remediation:

KDADS HCBS Quality Review Report

Level of Care
PM 2: Number and percent of waiver participants who receive their annual Level of Care evaluation within 12 months of the previous Level of Care determination
Numerator: Number of waiver participants who receive their annual Level of Care evaluation within 12 months of the previous Level of Care determination
Denominator: Number of waiver participants who received Level of Care redeterminations
Review Period: 04/01/2018 - 06/30/2018
Data Source: Functional Assessor Record Review

Compliance By Waiver	Statewide
PD	**84%**
Numerator	1036
Denominator	1233
FE	**87%**
Numerator	791
Denominator	905
IDD	**97%**
Numerator	2033
Denominator	2106
TBI	**73%**
Numerator	54
Denominator	74
TA	**99%**
Numerator	116
Denominator	117
Autism	**100%**
Numerator	7
Denominator	7
SED	**46%**
Numerator	317
Denominator	682

Compliance Trends	2013	2014	2015	2016	2017	Jan-Mar 2018	Apr-Jun 2018
PD							
Statewide	47%	52%	64%	69%	68%	82%	84%
FE							
Statewide	68%	70%	76%	79%	68%	82%	87%
IDD							
Statewide	97%	74%	75%	77%	78%	97%	96%
TBI							
Statewide	39%	50%	62%	65%	62%	71%	73%
TA							
Statewide	94%	90%	86%	96%	93%	100%	99%
Autism							
Statewide	68%	No Data	75%	78%	63%	50%	100%
SED							
Statewide	93%	88%	94%	88%	89%	50%	46%

Explanation of Findings:

For this Performance Measure, KDADS is utilizing KAMIS assessment data and MMIS eligibility data to determine compliance for six of the waivers, and the Autism waiver remains a record review.

Data pull from KAMIS effective November 20, 2018.

Remediation:

KDADS HCBS Quality Review Report

Level of Care
PM 3: Number and percent of waiver participants whose Level of Care (LOC) determinations used the state's approved screening tool
Numerator: Number of waiver participants whose Level of Care determinations used the approved screening tool
Denominator: Number of waiver participants who had a Level of Care determination
Review Period: 04/01/2018 - 06/30/2018
Data Source: Functional Assessor Record Review

Compliance By Waiver	Statewide
PD	**68%**
Numerator	63
Denominator	92
FE	**93%**
Numerator	83
Denominator	89
IDD	**96%**
Numerator	89
Denominator	93
TBI	**87%**
Numerator	48
Denominator	55
TA	**100%**
Numerator	56
Denominator	56
Autism	**100%**
Numerator	14
Denominator	14
SED	**95%**
Numerator	75
Denominator	79

Compliance Trends	2013	2014	2015	2016	2017	Jan-Mar 2018	Apr-Jun 2018
PD							
Statewide	93%	84%	79%	80%	85%	84%	68%
FE							
Statewide	88%	91%	91%	92%	88%	91%	93%
IDD							
Statewide	97%	95%	99%	99%	99%	99%	96%
TBI							
Statewide	64%	81%	79%	77%	82%	78%	87%
TA							
Statewide	93%	98%	100%	100%	98%	100%	100%
Autism							
Statewide	88%	No Data	90%	88%	91%	83%	100%
SED							
Statewide	77%	79%	83%	88%	91%	93%	95%

Explanation of Findings:

No current assessment in KAMIS; no documents uploaded; documentation missing for part of review period.

Remediation:

KDADS HCBS Quality Review Report

Level of Care
PM 4: Number and percent of initial Level of Care (LOC) determinations made by a qualified assessor
Numerator: Number of initial Level of Care (LOC) determinations made by a qualified assessor
Denominator: Number of initial Level of Care determinations
Review Period: 04/01/2018 - 06/30/2018
Data Source: Functional Assessor Record Review

Compliance By Waiver	Statewide
PD	**67%**
Numerator	62
Denominator	92
FE	**93%**
Numerator	83
Denominator	89
IDD	**96%**
Numerator	89
Denominator	93
TBI	**87%**
Numerator	48
Denominator	55
TA	**100%**
Numerator	56
Denominator	56
Autism	**100%**
Numerator	14
Denominator	14
SED	**95%**
Numerator	75
Denominator	79

Compliance Trends	2013	2014	2015	2016	2017	Jan-Mar 2018	Apr-Jun 2018
PD							
Statewide	19%	68%	81%	80%	84%	85%	67%
FE							
Statewide	24%	86%	91%	92%	88%	89%	93%
IDD							
Statewide	92%	85%	96%	97%	96%	98%	96%
TBI							
Statewide	57%	73%	83%	77%	82%	80%	87%
TA							
Statewide	93%	100%	99%	100%	94%	100%	100%
Autism							
Statewide	0%	No Data	57%	68%	85%	83%	100%
SED							
Statewide	99%	71%	88%	86%	90%	92%	95%

Explanation of Findings:

For this performance measure, the entire sample population is reviewed, regardless of whether the file contains an initial or an annual Level of Care determination.

No current assessment in KAMIS; Assessor name not on approved list.

Remediation:

KDADS HCBS Quality Review Report

Level of Care
PM 5: Number and percent of initial Level of Care (LOC) determinations made where the LOC criteria was accurately applied
Numerator: Number of initial Level of Care (LOC) determinations made where the LOC criteria was accurately applied
Denominator: Number of initial Level of Care determinations
Review Period: 04/01/2018 - 06/30/2018
Data Source: Functional Assessor Record Review

Compliance By Waiver	Statewide
PD	**68%**
Numerator	63
Denominator	92
FE	**93%**
Numerator	83
Denominator	89
IDD	**96%**
Numerator	89
Denominator	93
TBI	**87%**
Numerator	48
Denominator	55
TA	**100%**
Numerator	56
Denominator	56
Autism	**100%**
Numerator	14
Denominator	14
SED	**95%**
Numerator	61
Denominator	64

Compliance Trends	2013	2014	2015	2016	2017	Jan-Mar 2018	Apr-Jun 2018
PD							
Statewide	73%	83%	96%	80%	84%	84%	68%
FE							
Statewide	91%	90%	96%	91%	100%	91%	93%
IDD							
Statewide	98%	95%	91%	98%	100%	99%	96%
TBI							
Statewide	58%	81%	83%	76%	96%	78%	87%
TA							
Statewide	93%	98%	100%	100%	100%	100%	100%
Autism							
Statewide	89%	No Data	100%	88%	88%	83%	100%
SED							
Statewide	99%	88%	87%	89%	92%	91%	95%

Explanation of Findings:

For this performance measure, the entire sample population is reviewed, regardless of whether the file contains an initial or an annual Level of Care determination.

No current assessment in KAMIS; documentation missing for part of review period; dates inaccurate; no documentation uploaded in QRT.

Remediation:

KDADS HCBS Quality Review Report

Qualified Providers
PM 1: Number and percent of new licensed/certified waiver provider applicants that initially met licensure requirements, certification requirements, and other waiver standards prior to furnishing waiver services
Numerator: Number of new licensed/certified waiver provider applicants that initially met licensure requirements, certification requirements, and other waiver standards prior to furnishing waiver services
Denominator: Number of all new licensed/certified waiver providers
Review Period: 04/01/2018 - 06/30/2018
Data Source:

Compliance By Waiver	Amerigroup	Sunflower	United	Statewide
PD				
Numerator				
Denominator				
FE				
Numerator				
Denominator				
IDD				
Numerator				
Denominator				
TBI				
Numerator				
Denominator				
TA				
Numerator				
Denominator				
Autism				
Numerator				
Denominator				
SED				
Numerator				
Denominator				

Explanation of Findings:

MCOs are currently working on establishing policy and processes to ensure providers meet the standards.

Remediation:

Compliance Trends	2013	2014	2015	2016	2017	Jan-Mar 2018	Apr-Jun 2018
PD							
Amerigroup				N/A			
Sunflower				N/A			
United				N/A			
Statewide	100%			N/A			
FE							
Amerigroup				5%			
Sunflower				30%			
United				N/A			
Statewide	100%			9%			
IDD							
Amerigroup				N/A			
Sunflower				N/A			
United				N/A			
Statewide	98%			N/A			
TBI							
Amerigroup				N/A			
Sunflower				N/A			
United				N/A			
Statewide	91%			N/A			
TA							
Amerigroup				N/A			
Sunflower				N/A			
United				N/A			
Statewide	93%			N/A			
Autism							
Amerigroup				N/A			
Sunflower				N/A			
United				N/A			
Statewide	100%			N/A			
SED							
Amerigroup				N/A			
Sunflower				N/A			
United				N/A			
Statewide	100%			N/A			

KDADS HCBS Quality Review Report

Qualified Providers
PM 2: Number and percent of enrolled licensed/certified waiver providers that continue to meet licensure requirements, certification requirements, and other waiver standards
Numerator: Number of enrolled licensed/certified waiver providers that continue to meet licensure requirements, certification requirements, and other waiver standards
Denominator: Number of enrolled licensed/certified waiver providers
Review Period: 04/01/2018 - 06/30/2018
Data Source:

Compliance By Waiver	Amerigroup	Sunflower	United	Statewide
PD				
Numerator				
Denominator				
FE				
Numerator				
Denominator				
IDD				
Numerator				
Denominator				
TBI				
Numerator				
Denominator				
TA				
Numerator				
Denominator				
Autism				
Numerator				
Denominator				
SED				
Numerator				
Denominator				

Explanation of Findings:

MCOs are currently working on establishing policy and processes to ensure providers meet the standards.

Remediation:

Compliance Trends	2013	2014	2015	2016	2017	Jan-Mar 2018	Apr-Jun 2018
PD							
Amerigroup				0%			
Sunflower				0%			
United				0%			
Statewide	100%			0%			
FE							
Amerigroup				12%			
Sunflower				23%			
United				0%			
Statewide	Not a measure			11%			
IDD							
Amerigroup				0%			
Sunflower				0%			
United				0%			
Statewide	98%			0%			
TBI							
Amerigroup				0%			
Sunflower				0%			
United				0%			
Statewide	89%			0%			
TA							
Amerigroup				0%			
Sunflower				0%			
United				0%			
Statewide	93%			0%			
Autism							
Amerigroup				14%			
Sunflower				0%			
United				0%			
Statewide	100%			4%			
SED							
Amerigroup				0%			
Sunflower				0%			
United				0%			
Statewide	100%			0%			

KDADS HCBS Quality Review Report

Qualified Providers
PM 3: Number and percent of new non-licensed/non-certified waiver provider applicants that have met the initial waiver requirements prior to furnishing waiver services
Numerator: Number of new non-licensed/non-certified waiver provider applicants that have met the initial waiver requirements prior to furnishing waiver services
Denominator: Number of all new non-licensed/non-certified providers
Review Period: 04/01/2018 - 06/30/2018
Data Source:

Compliance By Waiver	Amerigroup	Sunflower	United	Statewide
PD				
Numerator				
Denominator				
FE				
Numerator				
Denominator				
IDD				
Numerator				
Denominator				
TBI				
Numerator				
Denominator				
TA				
Numerator				
Denominator				
Autism				
Numerator				
Denominator				
SED				
Numerator				
Denominator				

Explanation of Findings:

MCOs are currently working on establishing policy and processes to ensure providers meet the standards.

Remediation:

Compliance Trends	2013	2014	2015	2016	2017	Jan-Mar 2018	Apr-Jun 2018
PD							
Amerigroup				N/A			
Sunflower				N/A			
United				N/A			
Statewide	75%			N/A			
FE							
Amerigroup				N/A			
Sunflower				N/A			
United				N/A			
Statewide	100%			N/A			
IDD							
Amerigroup				N/A			
Sunflower				N/A			
United				N/A			
Statewide	Not a measure			N/A			
TBI							
Amerigroup				N/A			
Sunflower				N/A			
United				N/A			
Statewide	88%			N/A			
TA							
Amerigroup				N/A			
Sunflower				N/A			
United				N/A			
Statewide	No Data			N/A			
Autism							
Amerigroup				N/A			
Sunflower				N/A			
United				N/A			
Statewide	82%			N/A			
SED							
Amerigroup				N/A			
Sunflower				N/A			
United				N/A			
Statewide	Not a measure			N/A			

KDADS HCBS Quality Review Report

Qualified Providers
PM 4: Number and percent of enrolled non-licensed/non-certified waiver providers that continue to meet waiver requirements
Numerator: Number enrolled non-licensed/non-certified waiver providers that continue to meet waiver requirements
Denominator: Number of enrolled non-licensed/non-certified providers
Review Period: 04/01/2018 - 06/30/2018
Data Source:

Compliance By Waiver	Amerigroup	Sunflower	United	Statewide
PD				
Numerator				
Denominator				
FE				
Numerator				
Denominator				
IDD				
Numerator				
Denominator				
TBI				
Numerator				
Denominator				
TA				
Numerator				
Denominator				
Autism				
Numerator				
Denominator				
SED				
Numerator				
Denominator				

Explanation of Findings:

MCOs are currently working on establishing policy and processes to ensure providers meet the standards.

Remediation:

Compliance Trends	2013	2014	2015	2016	2017	Jan-Mar 2018	Apr-Jun 2018
PD							
Amerigroup				3%			
Sunflower				1%			
United				0%			
Statewide	75%			1%			
FE							
Amerigroup				0%			
Sunflower				0%			
United				0%			
Statewide	Not a measure			0%			
IDD							
Amerigroup				0%			
Sunflower				8%			
United				0%			
Statewide	Not a measure			2%			
TBI							
Amerigroup				8%			
Sunflower				0%			
United				0%			
Statewide	88%			3%			
TA							
Amerigroup				13%			
Sunflower				0%			
United				0%			
Statewide	No Data			4%			
Autism							
Amerigroup				8%			
Sunflower				0%			
United				0%			
Statewide	91%			2%			
SED							
Amerigroup				N/A			
Sunflower				N/A			
United				N/A			
Statewide	89%			N/A			

KDADS HCBS Quality Review Report

Qualified Providers
PM 5: Number and percent of active providers that meet training requirements
Numerator: Number of providers that meet training requirements
Denominator: Number of active providers
Review Period: 04/01/2018 - 06/30/2018
Data Source:

Compliance By Waiver	Amerigroup	Sunflower	United	Statewide
PD				
Numerator				
Denominator				
FE				
Numerator				
Denominator				
IDD				
Numerator				
Denominator				
TBI				
Numerator				
Denominator				
TA				
Numerator				
Denominator				
Autism				
Numerator				
Denominator				
SED				
Numerator				
Denominator				

Explanation of Findings:

MCOs are currently working on establishing policy and processes to ensure providers meet the standards.

Remediation:

Compliance Trends	2013	2014	2015	2016	2017	Jan-Mar 2018	Apr-Jun 2018
PD							
Amerigroup				0%			
Sunflower				0%			
United				0%			
Statewide	No Data			0%			
FE							
Amerigroup				0%			
Sunflower				0%			
United				0%			
Statewide	No Data			0%			
IDD							
Amerigroup				0%			
Sunflower				0%			
United				0%			
Statewide	99%			0%			
TBI							
Amerigroup				0%			
Sunflower				0%			
United				0%			
Statewide	No Data			0%			
TA							
Amerigroup				0%			
Sunflower				0%			
United				0%			
Statewide	No Data			0%			
Autism							
Amerigroup				20%			
Sunflower				36%			
United				0%			
Statewide	No Data			11%			
SED							
Amerigroup				0%			
Sunflower				0%			
United				0%			
Statewide	88%			0%			

KDADS HCBS Quality Review Report

Service Plan
PM 1: Number and percent of waiver participants whose service plans address participants' goals
Numerator: Number of waiver participants whose service plans address participants' goals
Denominator: Number of waiver participants whose service plans were reviewed
Review Period: 04/01/2018 - 06/30/2018
Data Source: MCO Record Review

Compliance By Waiver	Amerigroup	Sunflower	United	Statewide
PD	**79%**	**74%**	**93%**	**82%**
Numerator	26	23	26	75
Denominator	33	31	28	92
FE	**76%**	**64%**	**94%**	**78%**
Numerator	19	21	30	70
Denominator	25	33	32	90
IDD	**88%**	**60%**	**87%**	**74%**
Numerator	21	26	20	67
Denominator	24	43	23	90
TBI	**68%**	**69%**	**100%**	**74%**
Numerator	21	9	10	40
Denominator	31	13	10	54
TA	**100%**	**95%**	**89%**	**97%**
Numerator	29	19	8	56
Denominator	29	20	9	58
Autism	**100%**	**20%**	**60%**	**57%**
Numerator	4	1	3	8
Denominator	4	5	5	14
SED	**97%**	**95%**	**100%**	**97%**
Numerator	28	20	29	77
Denominator	29	21	29	79

Explanation of Findings:

No current assessment in KAMIS; dates inaccurate; no documentation uploaded in QRT; documentation missing for part of review period.

Remediation:

Compliance Trends	2013	2014	2015	2016	2017	Jan-Mar 2018	Apr-Jun 2018
PD							
Amerigroup		55%	33%	63%	79%	90%	79%
Sunflower		57%	64%	59%	81%	75%	74%
United		33%	49%	86%	85%	88%	93%
Statewide	55%	50%	48%	69%	81%	84%	82%
FE							
Amerigroup		50%	42%	54%	70%	65%	76%
Sunflower		56%	51%	75%	79%	85%	64%
United		45%	56%	81%	90%	94%	94%
Statewide	Not a measure	50%	49%	70%	80%	82%	78%
IDD							
Amerigroup		36%	32%	53%	76%	81%	88%
Sunflower		56%	56%	61%	70%	77%	60%
United		52%	41%	73%	85%	83%	87%
Statewide	99%	49%	45%	62%	75%	80%	74%
TBI							
Amerigroup		37%	41%	58%	78%	59%	68%
Sunflower		37%	38%	80%	74%	73%	69%
United		22%	55%	78%	79%	78%	100%
Statewide	44%	34%	43%	68%	77%	65%	74%
TA							
Amerigroup		50%	44%	69%	90%	96%	100%
Sunflower		73%	85%	82%	65%	83%	95%
United		64%	32%	70%	95%	75%	89%
Statewide	93%	61%	54%	73%	83%	88%	97%
Autism							
Amerigroup		84%	56%	35%	88%	100%	100%
Sunflower		47%	50%	50%	30%	25%	20%
United		63%	36%	17%	13%	0%	60%
Statewide	58%	69%	49%	37%	42%	42%	57%
SED							
Amerigroup		91%	99%	98%	99%	100%	97%
Sunflower		92%	95%	87%	98%	91%	95%
United		89%	100%	98%	88%	94%	100%
Statewide	98%	90%	98%	95%	95%	95%	97%

KDADS HCBS Quality Review Report

Service Plan
PM 2: Number and percent of waiver participants whose service plans address their assessed needs and capabilities as indicated in the assessment
Numerator: Number of waiver participants whose service plans address their assessed needs and capabilities as indicated in the assessment
Denominator: Number of waiver participants whose service plans were reviewed
Review Period: 04/01/2018 - 06/30/2018
Data Source: MCO Record Review

Compliance By Waiver	Amerigroup	Sunflower	United	Statewide
PD	**91%**	**84%**	**93%**	**89%**
Numerator	30	26	26	82
Denominator	33	31	28	92
FE	**96%**	**73%**	**97%**	**88%**
Numerator	24	24	31	79
Denominator	25	33	32	90
IDD	**88%**	**77%**	**87%**	**82%**
Numerator	21	33	20	74
Denominator	24	43	23	90
TBI	**71%**	**85%**	**90%**	**78%**
Numerator	22	11	9	42
Denominator	31	13	10	54
TA	**100%**	**90%**	**89%**	**95%**
Numerator	29	18	8	55
Denominator	29	20	9	58
Autism	**100%**	**20%**	**20%**	**43%**
Numerator	4	1	1	6
Denominator	4	5	5	14
SED	**97%**	**90%**	**90%**	**92%**
Numerator	28	19	26	73
Denominator	29	21	29	79

Explanation of Findings:

Service plan was signed by individual, but not signed by Case Manager or Care Coordinator; ADLs indicated on functional needs assessment, but not included on Service plan; HRA and 2060 do not cover the entire review period; prior assessments are missing; Service plan not dated by consumer; no signature on Service plan for Guardian; Service plan does not reflect increase in hours indicated on functional needs assessment; no plan of care uploaded.

Remediation:

Compliance Trends	2013	2014	2015	2016	2017	Jan-Mar 2018	Apr-Jun 2018
PD							
Amerigroup		83%	55%	74%	83%	97%	91%
Sunflower		90%	56%	63%	83%	72%	84%
United		89%	68%	92%	87%	88%	93%
Statewide	86%	87%	59%	76%	84%	85%	89%
FE							
Amerigroup		79%	66%	74%	80%	88%	96%
Sunflower		90%	53%	73%	75%	88%	73%
United		88%	68%	84%	88%	90%	97%
Statewide	87%	86%	61%	77%	81%	89%	88%
IDD							
Amerigroup		85%	67%	64%	77%	81%	88%
Sunflower		77%	36%	65%	70%	88%	77%
United		72%	47%	78%	91%	87%	87%
Statewide	99%	78%	48%	68%	77%	86%	82%
TBI							
Amerigroup		67%	48%	65%	78%	62%	71%
Sunflower		82%	28%	82%	74%	82%	85%
United		70%	62%	80%	79%	78%	90%
Statewide	72%	73%	45%	72%	77%	69%	78%
TA							
Amerigroup		93%	58%	70%	88%	96%	100%
Sunflower		98%	62%	74%	69%	72%	90%
United		97%	58%	79%	92%	75%	89%
Statewide	96%	96%	59%	73%	83%	84%	95%
Autism							
Amerigroup		81%	59%	33%	88%	75%	100%
Sunflower		50%	45%	47%	15%	25%	20%
United		63%	21%	22%	13%	0%	20%
Statewide	59%	68%	46%	36%	37%	33%	43%
SED							
Amerigroup		91%	99%	98%	99%	100%	97%
Sunflower		91%	92%	87%	93%	95%	90%
United		89%	98%	96%	84%	94%	90%
Statewide	92%	90%	97%	94%	92%	97%	92%

KDADS HCBS Quality Review Report

Service Plan
PM 3: Number and percent of waiver participants whose service plans address health and safety risk factors
Numerator: Number of waiver participants whose service plans address health and safety risk factors
Denominator: Number of waiver participants whose service plans were reviewed
Review Period: 04/01/2018 - 06/30/2018
Data Source: MCO Record Review

Compliance By Waiver	Amerigroup	Sunflower	United	Statewide
PD	**91%**	**84%**	**96%**	**90%**
Numerator	30	26	27	83
Denominator	33	31	28	92
FE	**96%**	**67%**	**97%**	**86%**
Numerator	24	22	31	77
Denominator	25	33	32	90
IDD	**88%**	**79%**	**87%**	**83%**
Numerator	21	34	20	75
Denominator	24	43	23	90
TBI	**77%**	**92%**	**100%**	**85%**
Numerator	24	12	10	46
Denominator	31	13	10	54
TA	**97%**	**90%**	**89%**	**93%**
Numerator	28	18	8	54
Denominator	29	20	9	58
Autism	**100%**	**20%**	**20%**	**43%**
Numerator	4	1	1	6
Denominator	4	5	5	14
SED	**97%**	**95%**	**100%**	**97%**
Numerator	28	20	29	77
Denominator	29	21	29	79

Explanation of Findings:

Service plan was signed by individual, but not signed by Case Manager or Care Coordinator; Service plan not dated by consumer; no signature on Service plan for Guardian; HRA and 2060 do not cover the entire review period; no Service plan and/or plan of care was uploaded.

Remediation:

Compliance Trends	2013	2014	2015	2016	2017	Jan-Mar 2018	Apr-Jun 2018
PD							
Amerigroup		90%	44%	73%	81%	97%	91%
Sunflower		89%	49%	67%	85%	69%	84%
United		96%	67%	90%	88%	88%	96%
Statewide	90%	91%	51%	76%	84%	84%	90%
FE							
Amerigroup		92%	55%	75%	82%	92%	96%
Sunflower		92%	50%	73%	77%	88%	67%
United		95%	70%	82%	88%	94%	97%
Statewide	Not a measure	93%	57%	76%	82%	91%	86%
IDD							
Amerigroup		90%	61%	67%	75%	81%	88%
Sunflower		97%	36%	65%	73%	88%	79%
United		89%	45%	78%	92%	87%	87%
Statewide	99%	93%	46%	69%	78%	86%	83%
TBI							
Amerigroup		79%	45%	64%	80%	65%	77%
Sunflower		91%	26%	84%	70%	82%	92%
United		83%	64%	80%	79%	78%	100%
Statewide	84%	84%	43%	72%	78%	70%	85%
TA							
Amerigroup		96%	49%	73%	89%	96%	97%
Sunflower		95%	61%	76%	66%	72%	90%
United		94%	58%	79%	92%	75%	89%
Statewide	96%	96%	54%	75%	83%	84%	93%
Autism							
Amerigroup		79%	59%	30%	88%	75%	100%
Sunflower		61%	45%	47%	15%	25%	20%
United		86%	21%	17%	13%	0%	20%
Statewide	64%	74%	46%	34%	37%	33%	43%
SED							
Amerigroup		90%	99%	97%	99%	100%	97%
Sunflower		89%	95%	87%	98%	95%	95%
United		86%	100%	97%	88%	94%	100%
Statewide	99%	88%	98%	94%	95%	97%	97%

KDADS HCBS Quality Review Report

Service Plan
PM 4: Number and percent of waiver participants whose service plans were developed according to the processes in the approved waiver
Numerator: Number of waiver participants whose service plans were developed according to the processes in the approved waiver
Denominator: Number of waiver participants whose service plans were reviewed
Review Period: 04/01/2018 - 06/30/2018
Data Source: MCO Record Review

Compliance By Waiver	Amerigroup	Sunflower	United	Statewide
PD	**82%**	**74%**	**93%**	**83%**
Numerator	27	23	26	76
Denominator	33	31	28	92
FE	**96%**	**67%**	**88%**	**82%**
Numerator	24	22	28	74
Denominator	25	33	32	90
IDD	**83%**	**77%**	**87%**	**81%**
Numerator	20	33	20	73
Denominator	24	43	23	90
TBI	**77%**	**77%**	**90%**	**80%**
Numerator	24	10	9	43
Denominator	31	13	10	54
TA	**93%**	**95%**	**89%**	**93%**
Numerator	27	19	8	54
Denominator	29	20	9	58
Autism	**100%**	**20%**	**60%**	**57%**
Numerator	4	1	3	8
Denominator	4	5	5	14
SED	**97%**	**100%**	**100%**	**99%**
Numerator	28	21	29	78
Denominator	29	21	29	79

Explanation of Findings:

Service plan signed by consumer, but not by Case Manager or Care Coordinator; goal line blank; BUP provided for only part of review period; goal listed is not on Service plan; no assessments uploaded; no goals listed; Service plan was incomplete; Service plan not signed and dated by the consumer and/or Guardian; appeals and grievances missing; no plan of care uploaded; Service plan not uploaded; only uploaded documentation for part of review period.

Remediation:

Compliance Trends	2013	2014	2015	2016	2017	Jan-Mar 2018	Apr-Jun 2018
PD							
Amerigroup		88%	68%	76%	85%	97%	82%
Sunflower		87%	69%	73%	87%	78%	74%
United		85%	77%	92%	88%	88%	93%
Statewide	80%	87%	70%	80%	86%	88%	83%
FE							
Amerigroup		84%	76%	78%	82%	92%	96%
Sunflower		88%	61%	84%	86%	91%	67%
United		86%	79%	87%	90%	94%	88%
Statewide	Not a measure	86%	71%	83%	86%	92%	82%
IDD							
Amerigroup		80%	80%	73%	77%	85%	83%
Sunflower		80%	59%	74%	80%	91%	77%
United		82%	55%	79%	92%	87%	87%
Statewide	98%	81%	64%	75%	82%	88%	81%
TBI							
Amerigroup		76%	53%	64%	79%	65%	77%
Sunflower		86%	43%	86%	80%	82%	77%
United		77%	69%	85%	79%	78%	90%
Statewide	64%	80%	53%	74%	80%	70%	80%
TA							
Amerigroup		84%	68%	71%	90%	96%	93%
Sunflower		97%	86%	85%	68%	83%	95%
United		96%	58%	79%	95%	75%	89%
Statewide	No Data	91%	72%	77%	84%	88%	93%
Autism							
Amerigroup		74%	59%	35%	88%	75%	100%
Sunflower		51%	50%	47%	20%	25%	20%
United		65%	29%	17%	13%	0%	60%
Statewide	55%	65%	49%	36%	38%	33%	57%
SED							
Amerigroup		92%	99%	98%	99%	100%	97%
Sunflower		90%	94%	86%	98%	95%	100%
United		87%	98%	97%	88%	81%	100%
Statewide	Not a measure	90%	97%	94%	95%	93%	99%

KDADS HCBS Quality Review Report

Service Plan
PM 5: Number and percent of waiver participants (or their representatives) who were present and involved in the development of their service plan
Numerator: Number of waiver participants (or their representatives) who were present and involved in the development of their service plan
Denominator: Number of waiver participants whose service plans were reviewed
Review Period: 04/01/2018 - 06/30/2018
Data Source: MCO Record Review

Compliance By Waiver	Amerigroup	Sunflower	United	Statewide
PD	**97%**	**84%**	**96%**	**92%**
Numerator	32	26	27	85
Denominator	33	31	28	92
FE	**100%**	**76%**	**97%**	**90%**
Numerator	25	25	31	81
Denominator	25	33	32	90
IDD	**88%**	**86%**	**87%**	**87%**
Numerator	21	37	20	78
Denominator	24	43	23	90
TBI	**81%**	**92%**	**100%**	**87%**
Numerator	25	12	10	47
Denominator	31	13	10	54
TA	**100%**	**95%**	**89%**	**97%**
Numerator	29	19	8	56
Denominator	29	20	9	58
Autism	**100%**	**20%**	**60%**	**57%**
Numerator	4	1	3	8
Denominator	4	5	5	14
SED	**97%**	**100%**	**100%**	**99%**
Numerator	28	21	29	78
Denominator	29	21	29	79

Explanation of Findings:

Service plan signed by consumer, but not by Case Manager or Care Coordinator; goal line blank; plan was incomplete; Service plan not signed and dated by the consumer and/or Guardian; Service plan missing for all or part of review period.

Remediation:

Compliance Trends	2013	2014	2015	2016	2017	Jan-Mar 2018	Apr-Jun 2018
PD							
Amerigroup		88%	70%	79%	87%	97%	97%
Sunflower		87%	70%	74%	88%	78%	84%
United		84%	79%	89%	88%	88%	96%
Statewide	Not a measure	87%	72%	81%	88%	88%	92%
FE							
Amerigroup		83%	78%	76%	84%	92%	100%
Sunflower		86%	60%	83%	87%	91%	76%
United		87%	83%	88%	91%	94%	97%
Statewide	90%	85%	72%	83%	88%	92%	90%
IDD							
Amerigroup		84%	76%	73%	76%	85%	88%
Sunflower		82%	60%	74%	78%	88%	86%
United		88%	51%	79%	93%	87%	87%
Statewide	Not a measure	84%	63%	75%	81%	87%	87%
TBI							
Amerigroup		73%	51%	65%	80%	71%	81%
Sunflower		84%	45%	86%	80%	91%	92%
United		80%	69%	59%	79%	78%	100%
Statewide	Not a measure	78%	52%	74%	80%	76%	87%
TA							
Amerigroup		83%	75%	71%	90%	96%	100%
Sunflower		97%	86%	84%	68%	83%	95%
United		97%	58%	79%	95%	75%	89%
Statewide	Not a measure	91%	76%	76%	84%	88%	97%
Autism							
Amerigroup		77%	59%	35%	88%	100%	100%
Sunflower		53%	55%	50%	15%	25%	20%
United		71%	36%	17%	6%	0%	60%
Statewide	Not a measure	69%	52%	37%	35%	42%	57%
SED							
Amerigroup		92%	98%	97%	97%	100%	97%
Sunflower		90%	95%	86%	98%	95%	100%
United		87%	99%	96%	86%	88%	100%
Statewide	93%	90%	98%	94%	93%	95%	99%

KDADS HCBS Quality Review Report

Service Plan
PM 6: Number and percent of service plans reviewed before the waiver participant's annual redetermination date
Numerator: Number of service plans reviewed before the waiver participant's annual redetermination date
Denominator: Number of waiver participants whose service plans were reviewed
Review Period: 04/01/2018 - 06/30/2018
Data Source: MCO Record Review

Compliance By Waiver	Amerigroup	Sunflower	United	Statewide
PD	**97%**	**81%**	**86%**	**88%**
Numerator	32	25	24	81
Denominator	33	31	28	92
FE	**88%**	**88%**	**97%**	**91%**
Numerator	22	29	31	82
Denominator	25	33	32	90
IDD	**83%**	**81%**	**78%**	**81%**
Numerator	20	35	18	73
Denominator	24	43	23	90
TBI	**65%**	**100%**	**100%**	**80%**
Numerator	20	13	10	43
Denominator	31	13	10	54
TA	**93%**	**95%**	**89%**	**93%**
Numerator	27	19	8	54
Denominator	29	20	9	58
Autism	**100%**	**80%**	**80%**	**86%**
Numerator	4	4	4	12
Denominator	4	5	5	14
SED	**97%**	**90%**	**100%**	**96%**
Numerator	28	19	29	76
Denominator	29	21	29	79

Explanation of Findings:

Service plan signed by consumer, but not by Case Manager or Care Coordinator; Service plan was incomplete; Service plan not signed and/or dated by the consumer and/or Guardian; documentation missing for all or part of review period; annual assessment and/or plan of care was late; no plan of care provided for review.

Remediation:

Compliance Trends	2013	2014	2015	2016	2017	Jan-Mar 2018	Apr-Jun 2018
PD							
Amerigroup		73%	67%	71%	72%	80%	97%
Sunflower		82%	72%	72%	70%	78%	81%
United		92%	73%	83%	76%	85%	86%
Statewide	82%	82%	70%	75%	72%	81%	88%
FE							
Amerigroup		81%	67%	63%	70%	77%	88%
Sunflower		85%	57%	78%	78%	85%	88%
United		90%	69%	84%	91%	97%	97%
Statewide	81%	85%	64%	76%	81%	87%	91%
IDD							
Amerigroup		75%	77%	68%	64%	74%	83%
Sunflower		81%	66%	65%	63%	81%	81%
United		91%	48%	54%	86%	87%	78%
Statewide	97%	82%	66%	63%	70%	81%	81%
TBI							
Amerigroup		65%	44%	56%	63%	71%	65%
Sunflower		84%	40%	88%	61%	100%	100%
United		77%	65%	70%	65%	78%	100%
Statewide	60%	76%	47%	68%	63%	78%	80%
TA							
Amerigroup		81%	78%	72%	88%	81%	93%
Sunflower		94%	89%	85%	68%	83%	95%
United		96%	59%	70%	91%	92%	89%
Statewide	92%	89%	79%	76%	83%	84%	93%
Autism							
Amerigroup		67%	52%	40%	82%	100%	100%
Sunflower		43%	47%	38%	18%	50%	80%
United		33%	38%	7%	20%	50%	80%
Statewide	64%	57%	48%	31%	41%	67%	86%
SED							
Amerigroup		89%	97%	94%	96%	96%	97%
Sunflower		89%	91%	79%	92%	95%	90%
United		83%	99%	85%	77%	94%	100%
Statewide	80%	87%	96%	86%	88%	95%	96%

KDADS HCBS Quality Review Report

Service Plan
PM 7: Number and percent of waiver participants with documented change in needs whose service plan was revised, as needed, to address the change
Numerator: Number of waiver participants with documented change in needs whose service plan was revised, as needed, to address the change
Denominator: Number of waiver participants whose service plans were reviewed
Review Period: 04/01/2018 - 06/30/2018
Data Source: MCO Record Review

Compliance By Waiver	Amerigroup	Sunflower	United	Statewide
PD	**100%**	**90%**	**100%**	**97%**
Numerator	33	28	28	89
Denominator	33	31	28	92
FE	**96%**	**88%**	**100%**	**94%**
Numerator	24	29	32	85
Denominator	25	33	32	90
IDD	**92%**	**95%**	**96%**	**94%**
Numerator	22	41	22	85
Denominator	24	43	23	90
TBI	**84%**	**92%**	**100%**	**89%**
Numerator	26	12	10	48
Denominator	31	13	10	54
TA	**97%**	**95%**	**100%**	**97%**
Numerator	28	19	9	56
Denominator	29	20	9	58
Autism	**100%**	**100%**	**100%**	**100%**
Numerator	4	5	5	14
Denominator	4	5	5	14
SED	**97%**	**86%**	**97%**	**87%**
Numerator	28	18	28	69
Denominator	29	21	29	79

Explanation of Findings:

Documentation missing for all or part of review period; signature and/or date missing on Service plan from consumer, Guardian, Case Manager, and/or Care Coordinator; log notes indicate consumer interested in additional services that were never added to plan of care.

Remediation:

Compliance Trends	2013	2014	2015	2016	2017	Jan-Mar 2018	Apr-Jun 2018
PD							
Amerigroup		20%	36%	67%	68%	93%	100%
Sunflower		53%	58%	50%	54%	100%	90%
United		50%	63%	80%	67%	100%	100%
Statewide	75%	39%	53%	65%	62%	98%	97%
FE							
Amerigroup		24%	71%	42%	70%	100%	96%
Sunflower		39%	51%	63%	59%	91%	88%
United		50%	47%	87%	86%	100%	100%
Statewide	78%	38%	54%	65%	67%	97%	94%
IDD							
Amerigroup		7%	60%	27%	67%	96%	92%
Sunflower		38%	16%	25%	47%	95%	95%
United		16%	30%	30%	83%	96%	96%
Statewide	97%	23%	28%	28%	60%	96%	94%
TBI							
Amerigroup		24%	42%	61%	67%	88%	84%
Sunflower		54%	27%	75%	44%	91%	92%
United		46%	50%	75%	33%	89%	100%
Statewide	53%	38%	38%	67%	57%	89%	89%
TA							
Amerigroup		32%	73%	56%	94%	96%	97%
Sunflower		54%	89%	63%	57%	94%	95%
United		38%	43%	60%	100%	100%	100%
Statewide	92%	42%	75%	60%	83%	96%	97%
Autism							
Amerigroup		10%	0%	17%	75%	100%	100%
Sunflower		17%	25%	50%	14%	100%	100%
United		0%	0%	9%	0%	75%	100%
Statewide	45%	11%	11%	16%	22%	92%	100%
SED							
Amerigroup		90%	90%	97%	97%	100%	97%
Sunflower		83%	79%	68%	88%	95%	86%
United		84%	93%	83%	67%	94%	97%
Statewide	85%	86%	88%	83%	83%	97%	87%

KDADS HCBS Quality Review Report

Service Plan
PM 8: Number and percent of waiver participants who received services in the type, scope, amount, duration, and frequency specified in the service plan
Numerator: Number of waiver participants who received services in the type, scope, amount, duration, and frequency specified in the service plan
Denominator: Number of waiver participants whose service plans were reviewed
Review Period: 04/01/2018 - 06/30/2018
Data Source: MCO Record Review

Compliance By Waiver	Amerigroup	Sunflower	United	Statewide
PD	**94%**	**87%**	**96%**	**92%**
Numerator	31	27	27	85
Denominator	33	31	28	92
FE	**88%**	**67%**	**94%**	**82%**
Numerator	22	22	30	74
Denominator	25	33	32	90
IDD	**88%**	**84%**	**87%**	**86%**
Numerator	21	36	20	77
Denominator	24	43	23	90
TBI	**81%**	**77%**	**80%**	**80%**
Numerator	25	10	8	43
Denominator	31	13	10	54
TA	**100%**	**95%**	**78%**	**95%**
Numerator	29	19	7	55
Denominator	29	20	9	58
Autism	**75%**	**20%**	**60%**	**50%**
Numerator	3	1	3	7
Denominator	4	5	5	14
SED	**97%**	**100%**	**100%**	**99%**
Numerator	28	21	29	78
Denominator	29	21	29	79

Explanation of Findings:

Service plan signed by consumer, but not by Case Manager or Care Coordinator; Service plan not signed and/or dated by the consumer and/or Guardian; documentation missing for all or part of review period; no plan of care uploaded; case showing as open after consumer moved out of state two years ago; no evidence that consumer is receiving services; no services or dates of service listed on plan of care; consumer-directed, but no FMS provider listed on plan of care.

Remediation:

Compliance Trends	2013	2014	2015	2016	2017	Jan-Mar 2018	Apr-Jun 2018
PD							
Amerigroup		94%	69%	79%	83%	93%	94%
Sunflower		96%	72%	76%	88%	75%	87%
United		96%	78%	91%	87%	88%	96%
Statewide	85%	95%	72%	81%	86%	85%	92%
FE							
Amerigroup		83%	76%	75%	81%	92%	88%
Sunflower		96%	64%	86%	87%	88%	67%
United		96%	79%	89%	88%	94%	94%
Statewide	87%	92%	72%	83%	86%	91%	82%
IDD							
Amerigroup		78%	84%	73%	75%	81%	88%
Sunflower		97%	62%	77%	80%	88%	84%
United		100%	59%	81%	90%	87%	87%
Statewide	98%	92%	68%	77%	81%	86%	86%
TBI							
Amerigroup		81%	55%	63%	77%	62%	81%
Sunflower		95%	46%	84%	76%	91%	77%
United		85%	71%	83%	76%	78%	80%
Statewide	70%	87%	56%	72%	77%	70%	80%
TA							
Amerigroup		98%	73%	79%	88%	93%	100%
Sunflower		100%	86%	82%	68%	83%	95%
United		96%	58%	82%	92%	83%	78%
Statewide	100%	98%	74%	80%	83%	88%	95%
Autism							
Amerigroup		89%	59%	37%	88%	100%	75%
Sunflower		100%	55%	50%	15%	25%	20%
United		50%	21%	17%	13%	0%	60%
Statewide	50%	86%	49%	38%	37%	42%	50%
SED							
Amerigroup		91%	99%	95%	99%	100%	97%
Sunflower		96%	94%	84%	98%	95%	100%
United		92%	99%	91%	86%	88%	100%
Statewide	13%	93%	98%	90%	94%	95%	99%

Service Plan
PM 9: Number and percent of survey respondents who reported receiving all services as specified in their service plan
Numerator: Number of survey respondents who reported receiving all services as specified in their service plan
Denominator: Number of waiver participants interviewed by QMS staff
Review Period: 04/01/2018 - 06/30/2018
Data Source: Customer Interview

Compliance By Waiver	Amerigroup	Sunflower	United	Statewide
PD	**95%**	**100%**	**100%**	**98%**
Numerator	18	15	14	47
Denominator	19	15	14	48
FE	**100%**	**93%**	**93%**	**95%**
Numerator	13	13	13	39
Denominator	13	14	14	41
IDD	**100%**	**92%**	**100%**	**96%**
Numerator	10	22	12	44
Denominator	10	24	12	46
TBI	**91%**	**75%**	**100%**	**89%**
Numerator	10	3	3	16
Denominator	11	4	3	18
TA	**100%**	**100%**	**100%**	**100%**
Numerator	18	7	2	27
Denominator	18	7	2	27
Autism	**33%**	**67%**	**67%**	**56%**
Numerator	1	2	2	5
Denominator	3	3	3	9
SED	**Not a waiver performance measure**			
Numerator				
Denominator				

Explanation of Findings:

Consumer does not recall having Service plan; no worker sent in over a month; consumer approved for services in March 2018, but has not received any services up through review period; can't find respite care; provider not fully staffed.

Remediation:

Compliance Trends	2013	2014	2015	2016	2017	Jan-Mar 2018	Apr-Jun 2018
PD							
Amerigroup		97%			94%	100%	95%
Sunflower		92%			97%	95%	100%
United		93%			91%	100%	100%
Statewide	Not a measure	94%	No Data	No Data	94%	98%	98%
FE							
Amerigroup		85%			97%	100%	100%
Sunflower		86%			93%	95%	93%
United		82%			91%	89%	93%
Statewide	87%	84%	No Data	No Data	94%	95%	95%
IDD							
Amerigroup		92%			93%	100%	100%
Sunflower		96%			99%	96%	92%
United		93%			92%	100%	100%
Statewide	Not a measure	94%	No Data	No Data	96%	98%	96%
TBI							
Amerigroup		81%			81%	81%	91%
Sunflower		88%			79%	67%	75%
United		83%			76%	100%	100%
Statewide	Not a measure	83%	No Data	No Data	80%	80%	89%
TA							
Amerigroup		89%			96%	93%	100%
Sunflower		84%			94%	100%	100%
United		85%			94%	100%	100%
Statewide	Not a measure	87%	No Data	No Data	95%	96%	100%
Autism							
Amerigroup		74%			89%	100%	33%
Sunflower		70%			50%	100%	67%
United		60%			75%	100%	67%
Statewide	Not a measure	71%	No Data	No Data	68%	100%	56%
SED	**Not a waiver performance measure**						
Amerigroup							
Sunflower							
United							
Statewide							

KDADS HCBS Quality Review Report

Service Plan
PM 10: Number and percent of waiver participants whose record contains documentation indicating a choice of waiver service providers
Numerator: Number of waiver participants whose record contains documentation indicating a choice of waiver service providers
Denominator: Number of waiver participants whose service plans were reviewed
Review Period: 04/01/2018 - 06/30/2018
Data Source: MCO Record Review

Compliance By Waiver	Amerigroup	Sunflower	United	Statewide
PD	**97%**	**84%**	**93%**	**91%**
Numerator	32	26	26	84
Denominator	33	31	28	92
FE	**100%**	**73%**	**97%**	**89%**
Numerator	25	24	31	80
Denominator	25	33	32	90
IDD	**83%**	**77%**	**87%**	**81%**
Numerator	20	33	20	73
Denominator	24	43	23	90
TBI	**81%**	**85%**	**100%**	**85%**
Numerator	25	11	10	46
Denominator	31	13	10	54
TA	**100%**	**95%**	**89%**	**97%**
Numerator	29	19	8	56
Denominator	29	20	9	58
Autism	**100%**	**40%**	**40%**	**57%**
Numerator	4	2	2	8
Denominator	4	5	5	14
SED	**100%**	**95%**	**100%**	**99%**
Numerator	29	20	29	78
Denominator	29	21	29	79

Explanation of Findings:

Service plan signed by consumer, but not by Case Manager or Care Coordinator; signature and/or date missing from Guardian; choice boxes not marked; missing documentation for all or part of review period.

Remediation:

Compliance Trends	2013	2014	2015	2016	2017	Jan-Mar 2018	Apr-Jun 2018
PD							
Amerigroup		68%	56%	68%	80%	97%	97%
Sunflower		58%	69%	73%	85%	78%	84%
United		69%	73%	89%	87%	88%	93%
Statewide	52%	65%	65%	76%	84%	88%	91%
FE							
Amerigroup		68%	59%	64%	82%	92%	100%
Sunflower		76%	59%	82%	86%	91%	73%
United		77%	75%	85%	91%	94%	97%
Statewide	56%	74%	63%	77%	86%	92%	89%
IDD							
Amerigroup		51%	45%	68%	74%	85%	83%
Sunflower		68%	42%	69%	71%	88%	77%
United		75%	55%	76%	91%	83%	87%
Statewide	99%	64%	46%	70%	77%	86%	81%
TBI							
Amerigroup		54%	50%	53%	76%	71%	81%
Sunflower		75%	40%	86%	80%	91%	85%
United		70%	74%	83%	79%	78%	100%
Statewide	44%	65%	52%	67%	78%	76%	85%
TA							
Amerigroup		87%	65%	68%	85%	85%	100%
Sunflower		84%	80%	77%	66%	83%	95%
United		92%	58%	79%	95%	75%	89%
Statewide	96%	86%	68%	72%	81%	82%	97%
Autism							
Amerigroup		67%	67%	47%	88%	100%	100%
Sunflower		44%	45%	50%	40%	25%	40%
United		88%	21%	17%	19%	0%	40%
Statewide	40%	63%	49%	42%	48%	42%	57%
SED							
Amerigroup		94%	91%	98%	99%	91%	100%
Sunflower		91%	72%	84%	94%	68%	95%
United		84%	97%	88%	88%	88%	100%
Statewide	98%	89%	88%	90%	94%	82%	99%

KDADS HCBS Quality Review Report

Service Plan
PM 11: Number and percent of waiver participants whose record contains documentation indicating a choice of waiver services
Numerator: Number of waiver participants whose record contains documentation indicating a choice of waiver services
Denominator: Number of waiver participants whose service plans were reviewed
Review Period: 04/01/2018 - 06/30/2018
Data Source: MCO Record Review

Compliance By Waiver	Amerigroup	Sunflower	United	Statewide
PD	**97%**	**68%**	**96%**	**87%**
Numerator	32	21	27	80
Denominator	33	31	28	92
FE	**100%**	**67%**	**97%**	**87%**
Numerator	25	22	31	78
Denominator	25	33	32	90
IDD	**88%**	**77%**	**87%**	**82%**
Numerator	21	33	20	74
Denominator	24	43	23	90
TBI	**81%**	**77%**	**100%**	**83%**
Numerator	25	10	10	45
Denominator	31	13	10	54
TA	**100%**	**95%**	**89%**	**97%**
Numerator	29	19	8	56
Denominator	29	20	9	58
Autism	**100%**	**40%**	**60%**	**64%**
Numerator	4	2	3	9
Denominator	4	5	5	14
SED	**100%**	**95%**	**100%**	**99%**
Numerator	29	20	29	78
Denominator	29	21	29	79

Explanation of Findings:

Service plan signed by consumer, but not signed and/or dated by Case Manager or Care Coordinator; signature and/or date missing from Guardian; choice boxes not marked; missing documentation for all or part of review period.

Remediation:

Compliance Trends	2013	2014	2015	2016	2017	Jan-Mar 2018	Apr-Jun 2018
PD							
Amerigroup		68%	53%	62%	79%	93%	97%
Sunflower		72%	50%	71%	36%	72%	68%
United		77%	73%	84%	78%	81%	96%
Statewide	64%	72%	57%	72%	64%	82%	87%
FE							
Amerigroup		67%	57%	67%	80%	92%	100%
Sunflower		86%	47%	82%	35%	88%	67%
United		85%	74%	84%	80%	90%	97%
Statewide	59%	80%	57%	78%	63%	90%	87%
IDD							
Amerigroup		55%	46%	70%	71%	85%	88%
Sunflower		68%	35%	69%	34%	84%	77%
United		77%	50%	74%	89%	78%	87%
Statewide	No Data	66%	42%	71%	58%	83%	82%
TBI							
Amerigroup		56%	50%	52%	74%	71%	81%
Sunflower		80%	23%	86%	28%	91%	77%
United		74%	67%	80%	76%	78%	100%
Statewide	53%	68%	45%	66%	63%	76%	83%
TA							
Amerigroup		86%	65%	71%	86%	96%	100%
Sunflower		97%	53%	79%	29%	72%	95%
United		94%	55%	64%	82%	75%	89%
Statewide	96%	91%	60%	72%	68%	84%	97%
Autism							
Amerigroup		79%	52%	47%	88%	100%	100%
Sunflower		50%	27%	61%	20%	25%	40%
United		88%	14%	17%	13%	0%	60%
Statewide	55%	72%	35%	46%	38%	42%	64%
SED							
Amerigroup		94%	92%	98%	99%	91%	100%
Sunflower		91%	72%	84%	94%	68%	95%
United		84%	97%	88%	87%	88%	100%
Statewide	98%	89%	88%	90%	93%	82%	99%

KDADS HCBS Quality Review Report

Service Plan
PM 12: Number and percent of waiver participants whose record contains documentation indicating a choice of community-based services v. an institutional alternative
Numerator: Number of waiver participants whose record contains documentation indicating a choice of community-based services
Denominator: Number of waiver participants whose files are reviewed for the documentation
Review Period: 04/01/2018 - 06/30/2018
Data Source: MCO Record Review

Compliance By Waiver	Amerigroup	Sunflower	United	Statewide
PD	**97%**	**84%**	**96%**	**92%**
Numerator	32	26	27	85
Denominator	33	31	28	92
FE	**100%**	**73%**	**97%**	**89%**
Numerator	25	24	31	80
Denominator	25	33	32	90
IDD	**88%**	**79%**	**83%**	**82%**
Numerator	21	34	19	74
Denominator	24	43	23	90
TBI	**81%**	**85%**	**100%**	**85%**
Numerator	25	11	10	46
Denominator	31	13	10	54
TA	**100%**	**95%**	**89%**	**97%**
Numerator	29	19	8	56
Denominator	29	20	9	58
Autism	**100%**	**60%**	**60%**	**71%**
Numerator	4	3	3	10
Denominator	4	5	5	14
SED	**100%**	**95%**	**100%**	**99%**
Numerator	29	20	29	78
Denominator	29	21	29	79

Explanation of Findings:

Service plan signed by consumer, but not by Case Manager or Care Coordinator; signature and/or date missing from Guardian; choice boxes not marked; missing documentation for all or part of review period.

Remediation:

Compliance Trends	2013	2014	2015	2016	2017	Jan-Mar 2018	Apr-Jun 2018
PD							
Amerigroup		76%	57%	67%	81%	100%	97%
Sunflower		74%	67%	73%	87%	78%	84%
United		80%	78%	88%	87%	88%	96%
Statewide	Not a measure	76%	66%	75%	85%	89%	92%
FE							
Amerigroup		67%	58%	72%	81%	92%	100%
Sunflower		87%	56%	82%	86%	91%	73%
United		85%	79%	84%	91%	94%	97%
Statewide	65%	80%	63%	79%	86%	92%	89%
IDD							
Amerigroup		47%	47%	66%	73%	93%	88%
Sunflower		69%	41%	68%	74%	88%	79%
United		78%	57%	79%	92%	83%	83%
Statewide	No Data	64%	46%	70%	78%	88%	82%
TBI							
Amerigroup		55%	51%	54%	78%	76%	81%
Sunflower		79%	40%	86%	78%	82%	85%
United		73%	74%	83%	79%	78%	100%
Statewide	No Data	67%	52%	68%	78%	78%	85%
TA							
Amerigroup		87%	65%	69%	85%	96%	100%
Sunflower		98%	80%	81%	68%	83%	95%
United		94%	55%	79%	95%	75%	89%
Statewide	No Data	92%	68%	74%	81%	88%	97%
Autism							
Amerigroup		86%	67%	65%	94%	100%	100%
Sunflower		47%	59%	67%	70%	25%	60%
United		75%	43%	33%	38%	0%	60%
Statewide	No Data	72%	59%	60%	67%	42%	71%
SED							
Amerigroup		94%	92%	98%	99%	91%	100%
Sunflower		91%	72%	84%	94%	68%	95%
United		85%	98%	88%	87%	88%	100%
Statewide	99%	90%	89%	91%	93%	82%	99%

KDADS HCBS Quality Review Report

Service Plan
PM 13: Number and percent of waiver participants whose record contains documentation indicating a choice of either self-directed or agency-directed care
Numerator: Number of waiver participants whose record contains documentation indicating a choice of either self-directed or agency-directed care
Denominator: Number of waiver participants whose files are reviewed for the documentation
Review Period: 04/01/2018 - 06/30/2018
Data Source: MCO Record Review

Compliance By Waiver	Amerigroup	Sunflower	United	Statewide
PD	**88%**	**81%**	**96%**	**88%**
Numerator	29	25	27	81
Denominator	33	31	28	92
FE	**96%**	**73%**	**97%**	**88%**
Numerator	24	24	31	79
Denominator	25	33	32	90
IDD	**88%**	**74%**	**87%**	**81%**
Numerator	21	32	20	73
Denominator	24	43	23	90
TBI	**81%**	**85%**	**100%**	**85%**
Numerator	25	11	10	46
Denominator	31	13	10	54
TA	**100%**	**95%**	**78%**	**95%**
Numerator	29	19	7	55
Denominator	29	20	9	58
Autism	**Self-direction is not offered for this waiver**			
Numerator				
Denominator				
SED	**Self-direction is not offered for this waiver**			
Numerator				
Denominator				

Explanation of Findings:

Service plan indicates FMS, but check box indicates agency-directed care; Service plan signed by consumer, but not Case Manager or Care Coordinator; box marked "no" for self-direction, but consumer has PCA and FMS; missing signature and/or date from consumer and/or guardian; choice box not marked; documentation missing for all or part of review period.

Remediation:

Compliance Trends	2013	2014	2015	2016	2017	Jan-Mar 2018	Apr-Jun 2018
PD							
Amerigroup		64%	58%	72%	81%	93%	88%
Sunflower		73%	68%	72%	87%	78%	81%
United		77%	78%	88%	86%	88%	96%
Statewide	Not a measure	71%	66%	77%	84%	86%	88%
FE							
Amerigroup		64%	59%	73%	79%	85%	96%
Sunflower		84%	59%	81%	87%	85%	73%
United		77%	79%	85%	88%	94%	97%
Statewide	65%	75%	64%	79%	85%	88%	88%
IDD							
Amerigroup		34%	47%	64%	68%	85%	88%
Sunflower		61%	39%	60%	65%	86%	74%
United		77%	57%	73%	93%	83%	87%
Statewide	No Data	53%	46%	64%	73%	85%	81%
TBI							
Amerigroup		50%	50%	56%	73%	71%	81%
Sunflower		85%	43%	82%	78%	91%	85%
United		70%	74%	83%	79%	78%	100%
Statewide	No Data	66%	52%	68%	75%	76%	85%
TA							
Amerigroup		82%	56%	66%	84%	96%	100%
Sunflower		98%	82%	79%	68%	83%	95%
United		100%	58%	79%	95%	75%	78%
Statewide	No Data	90%	64%	72%	81%	88%	95%
Autism	**Self-direction is not offered for this waiver**						
Amerigroup							
Sunflower							
United							
Statewide							
SED	**Self-direction is not offered for this waiver**						
Amerigroup							
Sunflower							
United							
Statewide							

KDADS HCBS Quality Review Report

Health and Welfare
PM 1: Number and percent of unexpected deaths for which review/investigation resulted in the identification of preventable causes
Numerator: Number of unexpected deaths for which review/investigation resulted in the identification of non-preventable causes
Denominator: Number of waiver participants whose service plans were reviewed
Review Period: 04/01/2018 - 06/30/2018
Data Source:

Compliance By Waiver	Amerigroup	Sunflower	United	Statewide
PD				
Numerator				
Denominator				
FE				
Numerator				
Denominator				
IDD				
Numerator				
Denominator				
TBI				
Numerator				
Denominator				
TA				
Numerator				
Denominator				
Autism				
Numerator				
Denominator				
SED				
Numerator				
Denominator				

Explanation of Findings:

AIR policies still in the development process.

Remediation:

Compliance Trends	2013	2014	2015	2016	2017	Jan-Mar 2018	Apr-Jun 2018
PD							
Amerigroup							
Sunflower							
United							
Statewide							
FE							
Amerigroup							
Sunflower							
United							
Statewide							
IDD							
Amerigroup							
Sunflower							
United							
Statewide							
TBI							
Amerigroup							
Sunflower							
United							
Statewide							
TA							
Amerigroup							
Sunflower							
United							
Statewide							
Autism							
Amerigroup							
Sunflower							
United							
Statewide							
SED							
Amerigroup							
Sunflower							
United							
Statewide							

KDADS HCBS Quality Review Report

Health and Welfare
PM 2: Number and percent of unexpected deaths for which review/investigation followed the appropriate policies and procedures
Numerator: Number of unexpected deaths for which review/investigation followed the appropriate policies and procedures as in the approved waiver
Denominator: Number of unexpected deaths
Review Period: 04/01/2018 - 06/30/2018
Data Source:

Compliance By Waiver	Amerigroup	Sunflower	United	Statewide
PD				
Numerator				
Denominator				
FE				
Numerator				
Denominator				
IDD				
Numerator				
Denominator				
TBI				
Numerator				
Denominator				
TA				
Numerator				
Denominator				
Autism				
Numerator				
Denominator				
SED				
Numerator				
Denominator				

Explanation of Findings:

AIR policies still in the development process.

Remediation:

Compliance Trends	2013	2014	2015	2016	2017	Jan-Mar 2018	Apr-Jun 2018
PD							
Amerigroup							
Sunflower							
United							
Statewide							
FE							
Amerigroup							
Sunflower							
United							
Statewide							
IDD							
Amerigroup							
Sunflower							
United							
Statewide							
TBI							
Amerigroup							
Sunflower							
United							
Statewide							
TA							
Amerigroup							
Sunflower							
United							
Statewide							
Autism							
Amerigroup							
Sunflower							
United							
Statewide							
SED							
Amerigroup							
Sunflower							
United							
Statewide							

KDADS HCBS Quality Review Report

Health and Welfare
PM 3: Number and percent of unexpected deaths for which the appropriate follow-up measures were taken
Numerator: Number of unexpected deaths for which the appropriate follow-up measures were taken as in the approved waiver
Denominator: Number of unexpected deaths
Review Period: 04/01/2018 - 06/30/2018
Data Source:

Compliance By Waiver	Amerigroup	Sunflower	United	Statewide
PD				
Numerator				
Denominator				
FE				
Numerator				
Denominator				
IDD				
Numerator				
Denominator				
TBI				
Numerator				
Denominator				
TA				
Numerator				
Denominator				
Autism				
Numerator				
Denominator				
SED				
Numerator				
Denominator				

Explanation of Findings:

AIR policies still in the development process.

Remediation:

Compliance Trends	2013	2014	2015	2016	2017	Jan-Mar 2018	Apr-Jun 2018
PD							
Amerigroup							
Sunflower							
United							
Statewide							
FE							
Amerigroup							
Sunflower							
United							
Statewide							
IDD							
Amerigroup							
Sunflower							
United							
Statewide							
TBI							
Amerigroup							
Sunflower							
United							
Statewide							
TA							
Amerigroup							
Sunflower							
United							
Statewide							
Autism							
Amerigroup							
Sunflower							
United							
Statewide							
SED							
Amerigroup							
Sunflower							
United							
Statewide							

KDADS HCBS Quality Review Report

Health and Welfare
PM 4: Number and percent of waiver participants who received information on how to report suspected abuse, neglect, or exploitation
Numerator: Number of waiver participants who received information on how to report suspected abuse, neglect, or exploitation
Denominator: Number of waiver participants interviewed by QMS staff or whose records are reviewed
Review Period: 04/01/2018 - 06/30/2018
Data Source: MCO Record Review

Compliance By Waiver	Amerigroup	Sunflower	United	Statewide
PD	**97%**	**87%**	**96%**	**93%**
Numerator	32	27	27	86
Denominator	33	31	28	92
FE	**100%**	**73%**	**97%**	**89%**
Numerator	25	24	31	80
Denominator	25	33	32	90
IDD	**88%**	**84%**	**87%**	**86%**
Numerator	21	36	20	77
Denominator	24	43	23	90
TBI	**81%**	**92%**	**100%**	**87%**
Numerator	25	12	10	47
Denominator	31	13	10	54
TA	**100%**	**95%**	**89%**	**97%**
Numerator	29	19	8	56
Denominator	29	20	9	58
Autism	**100%**	**40%**	**60%**	**64%**
Numerator	4	2	3	9
Denominator	4	5	5	14
SED	**59%**	**33%**	**38%**	**44%**
Numerator	17	7	11	35
Denominator	29	21	29	79

Explanation of Findings:

Service plan signed by consumer, but not by Case Manager or Care Coordinator; Documentation not uploaded for all or part of review period; A/N/E not valid due to missing signature; no information in case file for A/N/E; no evidence of information provided to family; SED brochure is insufficient source of information; waiver brochure insufficient source of information.

Remediation:

Compliance Trends	2013	2014	2015	2016	2017	Jan-Mar 2018	Apr-Jun 2018
PD							
Amerigroup		51%	19%	67%	87%	97%	97%
Sunflower		88%	72%	74%	90%	84%	87%
United		90%	80%	88%	88%	89%	96%
Statewide	65%	72%	53%	76%	88%	90%	93%
FE							
Amerigroup		59%	16%	61%	85%	92%	100%
Sunflower		86%	62%	84%	89%	94%	73%
United		92%	80%	88%	93%	94%	97%
Statewide	80%	78%	50%	78%	89%	93%	89%
IDD							
Amerigroup		23%	6%	59%	78%	85%	88%
Sunflower		87%	59%	75%	82%	91%	84%
United		100%	56%	79%	93%	87%	87%
Statewide	99%	68%	42%	71%	83%	88%	86%
TBI							
Amerigroup		30%	12%	56%	81%	71%	81%
Sunflower		94%	45%	84%	78%	100%	92%
United		80%	76%	85%	79%	78%	100%
Statewide	57%	63%	34%	69%	80%	78%	87%
TA							
Amerigroup		61%	38%	75%	91%	96%	100%
Sunflower		99%	86%	84%	72%	83%	95%
United		97%	61%	79%	95%	75%	89%
Statewide	86%	82%	57%	78%	86%	88%	97%
Autism							
Amerigroup		62%	8%	23%	88%	100%	100%
Sunflower		33%	29%	39%	50%	50%	40%
United		43%	14%	6%	13%	0%	60%
Statewide	90%	50%	16%	26%	50%	50%	64%
SED							
Amerigroup		88%	64%	27%	25%	83%	59%
Sunflower		80%	53%	22%	16%	32%	33%
United		78%	63%	19%	5%	38%	38%
Statewide	89%	82%	60%	23%	15%	52%	44%

KDADS HCBS Quality Review Report

Health and Welfare
PM 5: Number and percent of participants' reported critical incidents that were initiated and reviewed within required time frames
Numerator: Number of participants' reported critical incidents that were initiated and reviewed within required time frames as specified in the approved waiver
Denominator: Number of participants' reported critical incidents
Review Period: 04/01/2018 - 06/30/2018
Data Source:

Compliance By Waiver	Amerigroup	Sunflower	United	Statewide
PD				
Numerator				
Denominator				
FE				
Numerator				
Denominator				
IDD				
Numerator				
Denominator				
TBI				
Numerator				
Denominator				
TA				
Numerator				
Denominator				
Autism				
Numerator				
Denominator				
SED				
Numerator				
Denominator				

Explanation of Findings:

AIR policies still in the development process.

Remediation:

Compliance Trends	2013	2014	2015	2016	2017	Jan-Mar 2018	Apr-Jun 2018
PD							
Amerigroup							
Sunflower							
United							
Statewide							
FE							
Amerigroup							
Sunflower							
United							
Statewide							
IDD							
Amerigroup							
Sunflower							
United							
Statewide							
TBI							
Amerigroup							
Sunflower							
United							
Statewide							
TA							
Amerigroup							
Sunflower							
United							
Statewide							
Autism							
Amerigroup							
Sunflower							
United							
Statewide							
SED							
Amerigroup							
Sunflower							
United							
Statewide							

KDADS HCBS Quality Review Report

Health and Welfare
PM 6: Number and percent of reported critical incidents requiring review/investigation where the State adhered to its follow-up measures
Numerator: Number of reported critical incidents requiring review/investigation where the State adhered to the follow-up methods as specified in the approved waiver
Denominator: Number of reported critical incidents
Review Period: 04/01/2018 - 06/30/2018
Data Source:

Compliance By Waiver	Amerigroup	Sunflower	United	Statewide
PD				
Numerator				
Denominator				
FE				
Numerator				
Denominator				
IDD				
Numerator				
Denominator				
TBI				
Numerator				
Denominator				
TA				
Numerator				
Denominator				
Autism				
Numerator				
Denominator				
SED				
Numerator				
Denominator				

Explanation of Findings:

AIR policies still in the development process.

Remediation:

Compliance Trends	2013	2014	2015	2016	2017	Jan-Mar 2018	Apr-Jun 2018
PD							
Amerigroup							
Sunflower							
United							
Statewide							
FE							
Amerigroup							
Sunflower							
United							
Statewide							
IDD							
Amerigroup							
Sunflower							
United							
Statewide							
TBI							
Amerigroup							
Sunflower							
United							
Statewide							
TA							
Amerigroup							
Sunflower							
United							
Statewide							
Autism							
Amerigroup							
Sunflower							
United							
Statewide							
SED							
Amerigroup							
Sunflower							
United							
Statewide							

KDADS HCBS Quality Review Report

Health and Welfare
PM 7: Number and percent of restraint applications, seclusion or other restrictive interventions that followed procedures as specified in the approved waiver
Numerator: Number of restraint applications, seclusion or other restrictive interventions that followed procedures as specified in the approved waiver
Denominator: Number of restraint applications, seclusion or other restrictive interventions
Review Period: 04/01/2018 - 06/30/2018
Data Source:

Compliance By Waiver	Amerigroup	Sunflower	United	Statewide
PD				
Numerator				
Denominator				
FE				
Numerator				
Denominator				
IDD				
Numerator				
Denominator				
TBI				
Numerator				
Denominator				
TA				
Numerator				
Denominator				
Autism				
Numerator				
Denominator				
SED				
Numerator				
Denominator				

Explanation of Findings:

AIR policies still in the development process.

Remediation:

Compliance Trends	2013	2014	2015	2016	2017	Jan-Mar 2018	Apr-Jun 2018
PD							
Amerigroup							
Sunflower							
United							
Statewide							
FE							
Amerigroup							
Sunflower							
United							
Statewide							
IDD							
Amerigroup							
Sunflower							
United							
Statewide							
TBI							
Amerigroup							
Sunflower							
United							
Statewide							
TA							
Amerigroup							
Sunflower							
United							
Statewide							
Autism							
Amerigroup							
Sunflower							
United							
Statewide							
SED							
Amerigroup							
Sunflower							
United							
Statewide							

KDADS HCBS Quality Review Report

Health and Welfare
PM 8: Number and percent of unauthorized uses of restrictive interventions that were appropriately reported
Numerator: Number of unauthorized uses of restrictive interventions that were appropriately reported
Denominator: Number of unauthorized uses of restrictive interventions
Review Period: 04/01/2018 - 06/30/2018
Data Source:

Compliance By Waiver	Amerigroup	Sunflower	United	Statewide
PD				
Numerator				
Denominator				
FE				
Numerator				
Denominator				
IDD				
Numerator				
Denominator				
TBI				
Numerator				
Denominator				
TA				
Numerator				
Denominator				
Autism				
Numerator				
Denominator				
SED				
Numerator				
Denominator				

Explanation of Findings:

AIR policies still in the development process.

Remediation:

Compliance Trends	2013	2014	2015	2016	2017	Jan-Mar 2018	Apr-Jun 2018
PD							
Amerigroup							
Sunflower							
United							
Statewide							
FE							
Amerigroup							
Sunflower							
United							
Statewide							
IDD							
Amerigroup							
Sunflower							
United							
Statewide							
TBI							
Amerigroup							
Sunflower							
United							
Statewide							
TA							
Amerigroup							
Sunflower							
United							
Statewide							
Autism							
Amerigroup							
Sunflower							
United							
Statewide							
SED							
Amerigroup							
Sunflower							
United							
Statewide							

KDADS HCBS Quality Review Report

Health and Welfare
PM 9: Number and percent of waiver participants who received physical exams in accordance with State policies
Numerator: Number of HCBS participants who received physical exams in accordance with State policies
Denominator: Number of HCBS participants whose service plans were reviewed
Review Period: 04/01/2018 - 06/30/2018
Data Source: MCO Record Review

Compliance By Waiver	Amerigroup	Sunflower	United	Statewide
PD	**47%**	**52%**	**25%**	**42%**
Numerator	15	16	7	38
Denominator	32	31	28	91
FE	**27%**	**32%**	**17%**	**25%**
Numerator	6	10	5	21
Denominator	22	31	30	83
IDD	**50%**	**60%**	**29%**	**50%**
Numerator	12	26	6	44
Denominator	24	43	21	88
TBI	**33%**	**17%**	**38%**	**30%**
Numerator	10	2	3	15
Denominator	30	12	8	50
TA	**56%**	**71%**	**63%**	**62%**
Numerator	14	12	5	31
Denominator	25	17	8	50
Autism	**100%**	**75%**	**33%**	**73%**
Numerator	4	3	1	8
Denominator	4	4	3	11
SED	**82%**	**62%**	**66%**	**71%**
Numerator	23	13	19	55
Denominator	28	21	29	78

Explanation of Findings:

No evidence of physical exam uploaded; file includes doctor visit, but not physical exam; no date in file of actual physical exam; documentation missing for all or part of review period; noted physical exam in log, but full date not provided (only month and year); documentation did not include physician's name; KBH not included in documentation.

Remediation:

Compliance Trends	2013	2014	2015	2016	2017	Jan-Mar 2018	Apr-Jun 2018
PD							
Amerigroup		78%			20%	43%	47%
Sunflower		81%			34%	19%	52%
United		88%			34%	11%	25%
Statewide	Not a measure	82%	No Data	No Data	29%	25%	42%
FE							
Amerigroup		89%			23%	40%	27%
Sunflower		97%			31%	20%	32%
United		97%			31%	10%	17%
Statewide	Not a measure	95%	No Data	No Data	29%	22%	25%
IDD							
Amerigroup		91%			28%	59%	50%
Sunflower		99%			52%	65%	60%
United		99%			26%	17%	29%
Statewide	Not a measure	97%	No Data	No Data	39%	52%	50%
TBI							
Amerigroup		84%			21%	27%	33%
Sunflower		94%			32%	36%	17%
United		93%			19%	50%	38%
Statewide	Not a measure	90%	No Data	No Data	23%	33%	30%
TA							
Amerigroup		100%			39%	27%	56%
Sunflower		100%			56%	71%	71%
United		97%			68%	42%	63%
Statewide	Not a measure	100%	No Data	No Data	49%	44%	62%
Autism							
Amerigroup		100%			56%	75%	100%
Sunflower		92%			65%	50%	75%
United		100%			19%	100%	33%
Statewide	Not a measure	98%	No Data	No Data	48%	45%	73%
SED							
Amerigroup		54%			76%	91%	82%
Sunflower		55%			27%	91%	62%
United		46%			47%	63%	66%
Statewide	Not a measure	52%	No Data	No Data	52%	54%	71%

KDADS HCBS Quality Review Report

Health and Welfare
PM 10: Number and percent of waiver participants who have a disaster red flag designation with a related disaster backup plan
Numerator: Number of waiver participants who have a disaster red flag designation with a related disaster backup plan
Denominator: Number of waiver participants with a red flag designation
Review Period: 04/01/2018 - 06/30/2018
Data Source: MCO Record Review

Compliance By Waiver	Amerigroup	Sunflower	United	Statewide
PD	**97%**	**90%**	**96%**	**95%**
Numerator	32	28	27	87
Denominator	33	31	28	92
FE	**96%**	**82%**	**94%**	**90%**
Numerator	24	27	30	81
Denominator	25	33	32	90
IDD	**88%**	**70%**	**87%**	**79%**
Numerator	21	30	20	71
Denominator	24	43	23	90
TBI	**81%**	**92%**	**100%**	**87%**
Numerator	25	12	10	47
Denominator	31	13	10	54
TA	**100%**	**85%**	**89%**	**93%**
Numerator	29	17	8	54
Denominator	29	20	9	58
Autism	**100%**	**80%**	**60%**	**79%**
Numerator	4	4	3	11
Denominator	4	5	5	14
SED	**Not a waiver performance measure**			
Numerator				
Denominator				

Explanation of Findings:

Documentation missing for all or part of review period; Service plan not dated by consumer; Signature and/or date missing from DPOA/Guardian, Case Manager, or Care Coordinator; No BUP; TCM initialed, but did not provide date;

Remediation:

Compliance Trends	2013	2014	2015	2016	2017	Jan-Mar 2018	Apr-Jun 2018
PD							
Amerigroup		59%	53%	73%	86%	93%	97%
Sunflower		77%	49%	66%	79%	81%	90%
United		64%	80%	88%	87%	88%	96%
Statewide	Not a measure	67%	58%	75%	84%	88%	95%
FE							
Amerigroup		61%	62%	72%	84%	88%	96%
Sunflower		72%	56%	72%	77%	94%	82%
United		76%	81%	85%	91%	93%	94%
Statewide	59%	70%	65%	76%	84%	92%	90%
IDD							
Amerigroup		67%	61%	65%	74%	85%	88%
Sunflower		58%	32%	59%	70%	74%	70%
United		70%	58%	73%	90%	70%	87%
Statewide	Not a measure	64%	47%	64%	76%	76%	79%
TBI							
Amerigroup		46%	49%	62%	80%	71%	81%
Sunflower		68%	42%	80%	84%	100%	92%
United		56%	74%	80%	79%	78%	100%
Statewide	Not a measure	56%	52%	70%	81%	78%	87%
TA							
Amerigroup		75%	54%	79%	90%	96%	100%
Sunflower		91%	58%	77%	78%	72%	85%
United		86%	63%	79%	95%	75%	89%
Statewide	Not a measure	83%	57%	78%	87%	84%	93%
Autism							
Amerigroup		77%	44%	32%	88%	100%	100%
Sunflower		53%	27%	67%	80%	50%	80%
United		38%	7%	6%	13%	0%	60%
Statewide	Not a measure	64%	30%	40%	62%	50%	79%
SED	**Not a waiver performance measure**						
Amerigroup							
Sunflower							
United							
Statewide							

KDADS HCBS Quality Review Report

Financial Accountability
PM 1: Number and percent of clean claims that are paid by the managed care organization within the timeframes specified in the contract
Numerator: Number of clean claims that are paid by the managed care organization within the timeframes specified in the contract
Denominator: Total number of provider claims
Review Period: 04/01/2018 - 06/30/2018
Data Source: MCO Claims Data

Compliance By Waiver	Statewide
PD	**96%**
Numerator	73,072
Denominator	76,192
FE	**95%**
Numerator	41,734
Denominator	43,872
IDD	**97%**
Numerator	145,694
Denominator	150,876
TBI	**93%**
Numerator	8,525
Denominator	9,185
TA	**90%**
Numerator	7,632
Denominator	8,498
Autism	**75%**
Numerator	21
Denominator	28
SED	**85%**
Numerator	20,669
Denominator	24,263
All HCBS Waivers	**95%**
Numerator	297,347
Denominator	312,914

Compliance Trends	2013	2014	2015	2016	2017	Jan-Mar 2018	Apr-Jun 2018
PD							
Statewide	not a measure	N/A	N/A	N/A	N/A	98%	96%
FE							
Statewide	not a measure	N/A	N/A	N/A	N/A	96%	95%
IDD							
Statewide	not a measure	N/A	N/A	N/A	N/A	96%	97%
TBI							
Statewide	not a measure	N/A	N/A	N/A	N/A	91%	93%
TA							
Statewide	not a measure	N/A	N/A	N/A	N/A	89%	90%
Autism							
Statewide	not a measure	N/A	N/A	N/A	N/A	85%	75%
SED							
Statewide	not a measure	N/A	N/A	N/A	N/A	85%	85%
All HCBS Waivers							
Statewide	not a measure	90%	88%	95%	95%	95%	95%

Explanation of Findings:

MCO self-reported data.

Remediation:

KDADS HCBS Quality Review Report

Financial Accountability
PM 2: Number and percent of payment rates that were certified to be actuarially sound by the State's actuary and approved by CMS
Numerator: Number of payment rates that were certified to be actuarially sound by the State's actuary and approved by CMS
Denominator: Total number of capitation (payment) rates
Review Period: 04/01/2018 - 06/30/2018
Data Source: KDHE

Compliance By Waiver	Statewide
PD	**100%**
Numerator	24
Denominator	24
FE	**100%**
Numerator	24
Denominator	24
IDD	**100%**
Numerator	48
Denominator	48
TBI	**100%**
Numerator	12
Denominator	12
TA	**100%**
Numerator	12
Denominator	12
Autism	**100%**
Numerator	12
Denominator	12
SED	**100%**
Numerator	12
Denominator	12

Compliance Trends	2013	2014	2015	2016	2017	Jan-Mar 2018	Apr-Jun 2018
PD							
Statewide	not a measure	100%	100%	100%	100%	100%	100%
FE							
Statewide	not a measure	100%	100%	100%	100%	100%	100%
IDD							
Statewide	not a measure	100%	100%	100%	100%	100%	100%
TBI							
Statewide	not a measure	100%	100%	100%	100%	100%	100%
TA							
Statewide	not a measure	100%	100%	100%	100%	100%	100%
Autism							
Statewide	not a measure	100%	100%	100%	100%	100%	100%
SED							
Statewide	not a measure	100%	100%	100%	100%	100%	100%

Explanation of Findings:

Performance measure achieved.

Remediation:

No remediation necessary.

STATE OF KANSAS
1115 WAIVER BUDGET NEUTRALITY
MEDICAID (EXCLUDES MCHIP)
DATA THROUGH QE 12 31 2018

DY1

MEG	MEMBER MONTHS	PMPM LIMIT	EXPENDITURE LIMIT	ACTUAL EXPENDITURES	(OVER)/UNDER LIMIT	% of Limit
ABD/SD DUAL	220,772	$ 192.83	42,571,465	$ 63,699,980	$ (21,128,515)	150%
ABD/SD NON DUAL	350,315	$ 1,072.16	375,593,730	$ 360,407,669	$ 15,186,062	96%
ADULTS	408,224	$ 631.05	257,609,755	$ 233,604,819	$ 24,004,936	91%
CHILDREN	2,553,620	$ 218.47	557,889,361	$ 510,878,189	$ 47,011,172	92%
DD WAIVER	103,493	$ 3,873.00	400,828,389	$ 383,508,707	$ 17,319,682	96%
LTC	263,398	$ 3,488.61	918,892,897	$ 812,869,815	$ 106,023,082	88%
MN DUAL	16,423	$ 1,380.10	22,665,382	$ 18,812,725	$ 3,852,657	83%
MN NON DUAL	15,432	$ 1,785.86	27,559,392	$ 21,926,311	$ 5,633,080	80%
WAIVER	52,877	$ 2,590.95	137,001,663	$ 150,672,912	$ (13,671,249)	110%
TOTAL	3,984,554		2,740,612,035	$ 2,556,381,128	$ 184,230,907	93%

DY2

MEG	MEMBER MONTHS	PMPM LIMIT	EXPENDITURE LIMIT	ACTUAL EXPENDITURES	(OVER)/UNDER LIMIT	% of Limit
ABD/SD DUAL	223,789	$ 192.83	43,153,233	$ 46,371,112	$ (3,217,879)	107%
ABD/SD NON DUAL	351,391	$ 1,092.75	383,982,515	$ 405,255,036	$ (21,272,521)	106%
ADULTS	492,318	$ 661.81	325,820,976	$ 288,602,462	$ 37,218,514	89%
CHILDREN	2,713,893	$ 224.30	608,726,200	$ 588,628,082	$ 20,098,118	97%
DD WAIVER	104,552	$ 3,915.99	409,424,586	$ 463,559,801	$ (54,135,215)	113%
LTC	257,608	$ 3,640.34	937,780,707	$ 903,382,033	$ 34,398,674	96%
MN DUAL	17,099	$ 1,440.12	24,624,612	$ 15,993,973	$ 8,630,639	65%
MN NON DUAL	13,675	$ 1,863.53	25,483,773	$ 24,957,923	$ 525,849	98%
WAIVER	48,206	$ 2,703.63	130,331,188	$ 134,408,366	$ (4,077,178)	103%
TOTAL	4,222,531		2,889,327,789	$ 2,871,158,787	$ 18,169,002	99%

DY3

MEG	MEMBER MONTHS	PMPM LIMIT	EXPENDITURE LIMIT	ACTUAL EXPENDITURES	(OVER)/UNDER LIMIT	% of Limit
ABD/SD DUAL	208,018	$ 192.83	40,112,111	$ 38,302,535	$ 1,809,576	95%
ABD/SD NON DUAL	343,676	$ 1,113.73	382,762,271	$ 402,573,114	$ (19,810,843)	105%
ADULTS	547,127	$ 694.07	379,744,437	$ 305,972,981	$ 73,771,456	81%
CHILDREN	2,716,974	$ 230.29	625,691,942	$ 625,451,514	$ 240,428	100%
DD WAIVER	105,107	$ 3,959.46	416,166,962	$ 483,273,951	$ (67,106,988)	116%
LTC	252,688	$ 3,798.66	959,875,798	$ 972,551,831	$ (12,676,033)	101%

MN DUAL	16,218	$ 1,502.75	24,371,600	$ 10,451,647	$ 13,919,953	43%
MN NON DUAL	13,504	$ 1,944.58	26,259,608	$ 19,272,511	$ 6,987,098	73%
WAIVER	46,519	$ 2,821.22	131,240,333	$ 146,139,154	$ (14,898,821)	111%
TOTAL	4,249,831		2,986,225,063	$ 3,003,989,238	$ (17,764,175)	101%

DY4

MEG	MEMBER MONTHS	PMPM LIMIT	EXPENDITURE LIMIT	ACTUAL EXPENDITURES	(OVER)/UNDER LIMIT	% of Limit
ABD/SD DUAL	187,601	$ 192.83	36,175,101	$ 45,277,571	$ (9,102,470)	125%
ABD/SD NON DUAL	339,435	$ 1,135.11	385,296,063	$ 418,207,846	$ (32,911,783)	109%
ADULTS	633,164	$ 727.90	460,880,076	$ 319,667,071	$ 141,213,005	69%
CHILDREN	2,826,294	$ 236.44	668,248,953	$ 647,150,717	$ 21,098,237	97%
DD WAIVER	106,609	$ 4,003.41	426,799,537	$ 489,535,856	$ (62,736,320)	115%
LTC	247,122	$ 3,963.87	979,559,482	$ 961,449,985	$ 18,109,497	98%
MN DUAL	15,696	$ 1,568.11	24,613,055	$ 10,211,117	$ 14,401,937	41%
MN NON DUAL	14,643	$ 2,029.15	29,712,843	$ 25,429,557	$ 4,283,287	86%
WAIVER	52,179	$ 2,943.92	153,610,802	$ 147,626,035	$ 5,984,767	96%
TOTAL	4,422,743		3,164,895,911	$ 3,064,555,755	$ 100,340,157	97%

DY5

MEG	MEMBER MONTHS	PMPM LIMIT	EXPENDITURE LIMIT	ACTUAL EXPENDITURES	(OVER)/UNDER LIMIT	% of Limit
ABD/SD DUAL	182,242	$ 192.83	35,141,725	$ 44,504,351	$ (9,362,626)	127%
ABD/SD NON DUAL	343,922	$ 1,156.90	397,883,362	$ 408,960,308	$ (11,076,947)	103%
ADULTS	632,111	$ 763.38	482,540,895	$ 320,369,454	$ 162,171,441	66%
CHILDREN	2,610,135	$ 242.75	633,610,271	$ 601,235,980	$ 32,374,291	95%
DD WAIVER	107,507	$ 4,047.85	435,172,210	$ 514,328,852	$ (79,156,642)	118%
LTC	243,899	$ 4,136.26	1,008,829,678	$ 1,003,230,383	$ 5,599,295	99%
MN DUAL	15,600	$ 1,636.31	25,526,436	$ 9,902,258	$ 15,624,178	39%
MN NON DUAL	13,892	$ 2,117.40	29,414,921	$ 26,428,917	$ 2,986,003	90%
WAIVER	53,422	$ 3,071.96	164,110,247	$ 152,467,320	$ 11,642,927	93%
TOTAL	4,202,730		3,212,229,745	$ 3,081,427,824	$ 130,801,921	96%

DY6

MEG	MEMBER MONTHS	PMPM LIMIT	EXPENDITURE LIMIT	ACTUAL EXPENDITURES	(OVER)/UNDER LIMIT	% of Limit
ABD/SD DUAL	163,203	$ 192.83	31,470,434	$ 44,724,175	$ (13,253,740)	142%
ABD/SD NON DUAL	325,378	$ 1,179.11	383,655,897	$ 417,563,307	$ (33,907,410)	109%
ADULTS	549,602	$ 800.59	440,005,536	$ 347,266,234	$ 92,739,302	79%
CHILDREN	2,357,820	$ 249.23	587,635,702	$ 646,706,041	$ (59,070,339)	110%
DD WAIVER	100,014	$ 4,092.78	409,335,630	$ 497,131,859	$ (87,796,229)	121%
LTC	221,046	$ 4,316.15	954,067,095	$ 938,516,625	$ 15,550,470	98%
MN DUAL	13,973	$ 1,707.48	23,858,564	$ 13,585,933	$ 10,272,631	57%
MN NON DUAL	10,576	$ 2,209.49	23,367,546	$ 26,093,867	$ (2,726,321)	112%
WAIVER	49,313	$ 3,205.57	158,076,217	$ 156,993,794	$ 1,082,422	99%

TOTAL	3,790,925	3,011,472,621	$	3,088,581,834	$	(77,109,213)	103%

GRAND TOTAL DY1-DY6	24,873,314	18,004,763,164	$	17,666,094,565	$	338,668,599	98.12%

Note:
Member months are reported net of adjustments, sorted by capitation month (benefit month). The data is from the capitation files, including data through the capitation file paid in Dec 2018.
Expenditures are pulled from Schedule C, through QE 12 31 2018. See SCH C ADJUSTED tab for details and adjustments.
Above does not include MCHIP.

Kerrie J. Bacon
KanCare Ombudsman
Qtr. 4, 2018 (based on calendar year)

I. Quarterly Report Oct. 1 – Dec. 31, 2018

Data downloaded on 1/15/19

KanCare Ombudsman

I. Table of Contents

Contents

KanCare Ombudsman

II. Highlights/Dashboard

A. Contact Information – page 3

Average Quarterly Initial Contacts for 2018 is trending 22% above last year's quarterly average (2017) and 41% above the 2016 quarterly average.

Initial Contacts	Qtr. 1	Qtr. 2	Qtr. 3	Qtr. 4	Avg. qtr.
2016	1130	846	687	523	797
2017	825	835	970	1040	918
2018	1214	1059	1088	1124	1,121
2017 vs. 2018	47%	27%	12%	8%	22%
2016 vs. 2018	7%	25%	58%	115%	41%

**2013 year does not include emails in the data*

B. Ombudsman Office Response to initial contacts – page 14

The format for this report has changed with the timeframe on the left and the information being reviewed (titles) across the top. The last three quarters have remained relatively stable.

Quarter yr.	Nmbr. Contacts	Avg. Days To Respond	%Responded 0-2 Days	% Responded in 3-7 Days	% Response 8 or More Days
Q1/2018	1213	1	82%	17%	1%
Q2/2018	1059	1	90%	10%	1%
Q3/2018	1088	1	87%	12%	1%
Q4/2018	1124	1	86%	14%	0%

C. Organizational Response to initial contacts – page 15

The organizations below are an example. There are thirteen organizations for which data is documented (page 5 for complete list.) The referrals may include conference calls made with the Ombudsman Staff and beneficiary to the organization.

Nmbr Referrals	Avg. Days Referred	Referred to	% Responded 0-2 Days	% Responded 3-7 Days	% Responded 8-30 Days	% Responded 31 or More Days
151	3	Clearinghouse	74%	16%	7%	3%
5	2	DCF	80%	0%	20%	0%

III. Accessibility by Ombudsman's Office

A. Initial Contacts

The KanCare Ombudsman office was available to members and potential members of KanCare (Medicaid) by phone, email, written communication, and in person during fourth quarter of 2018. The number of initial contacts the Ombudsman's office received continues to increase. The initial contacts have been increasing for the last six quarters. 2018 is averaging about 200 initial contacts per quarter higher than 2017.

Initial Contacts	Qtr. 1	Qtr. 2	Qtr. 3	Qtr. 4	Avg. qtr.
2014	545	474	526	547	523
2015	510	462	579	524	519
2016	1130	846	687	523	797
2017	825	835	**970**	**1040**	918
2018	**1214**	**1059**	**1088**	**1124**	1121
2017 vs. 2018	47%	27%	12%	8%	22%
2016 vs. 2018	7%	25%	58%	115%	41%

**2013 year does not include emails in the data*

B. Additional Contacts

The KanCare Ombudsman office provides follow up contact with members, providers and organizations. These include requests for follow-up to another organization and their responses, and follow-up contacts to and from the beneficiary. There may be multiple contacts for a member/applicant.

Additional Contacts: Notes History (ongoing contacts with beneficiary to note calls and/or updates with issue/concern)	Qtr. 1	Qtr. 2	Qtr. 3	Qtr. 4
2017	1,388	1,651	1,954	2,122
2018	2,251	1,892	1,898	1,855

Additional Contacts: Email History (emails with beneficiaries and follow up with agencies, MCOs and providers, to resolve cases)	Qtr. 1	Qtr. 2	Qtr. 3	Qtr. 4
2017	655	919	1,338	1,490
2018	1,389	1,252	1,315	1,211

C. Accessibility through the KanCare Ombudsman Volunteer Program

Both KanCare Ombudsman Satellite offices answer KanCare questions and help with issues as well as assist with filling out KanCare applications on the phone and in person at the offices. The Olathe office has one volunteer in training (not listed below) and two volunteer interviews in February. The Satellite offices **current coverage** is listed below.

	Volunteer Hours	# of Volunteers	# of hours covered/wk.	Area Codes covered
Olathe Satellite Office	T:9am-12pm W:9am-12pm Th: 9am-4pm	3	13.5	913, 785, 816
Wichita Satellite Office	M: 9am-4pm T: 9am-2pm W: 9pm-4:30pm Th: 9am-1pm	3	19.5	316, 620

IV. Outreach by Ombudsman's office

A. Outreach through Collaboration and Education

- Performed outreach to approximately 100 providers and consumers regarding the Ombudsman's Office and our services at the KDHE Wichita Open Enrollment Forum on 10/1
- Open Enrollment Education Meetings for Members and Providers (Topeka, KS) (October 1)
- Performed outreach to approximately 30 providers and consumers regarding the Ombudsman's Office and our services at the KDHE Dodge City Open Enrollment Forum on 10/2.
- Attended and provided assistance as needed at Olathe MCO Open Enrollment, October 2
- Performed outreach to approximately 30 providers and consumers regarding the Ombudsman's Office and our services at the KDHE Pittsburg Open Enrollment Forum on 10/3.
- Tabled at the Kansas Public Health Association Conference on 10/2 to 231 attendees regarding the Ombudsman Office's services and our liaison training opportunities.
- Vending table at the Olathe MCO provider training; October 4
- Presented at the Andover Senior Center on 10/5 to approximately 30 seniors regarding our volunteer opportunities and services.

- Presented at the Andover Senior Center on 10/5 to approximately 30 seniors regarding our volunteer opportunities and services.
- Presented at the Derby Senior Center on 10/11 to approximately 10 seniors regarding our volunteer opportunities and services.
- Spoke to Shaunna Millar's Social Welfare Policy Class at Wichita State on 10/11 about the Ombudsman Office's internship opportunities to approximately 35 students.
- Presented at the Derby Senior Center on 10/11 to approximately 10 seniors regarding our volunteer opportunities and services.
- Spoke to Sonja Armbruster's US Healthcare Administration class at Wichita State on 10/11 about the Ombudsman Office's internship opportunities to approximately 50 students.
- Shared information regarding our upcoming liaison training in Wichita to approximately 20 attendees at the United Way Emergency Assistance Network Meeting on 10/16.
- Attended the Sedgwick County CDDO Community Council Meeting on 10/19 and shared information about the Ombudsman Office to the approximately 40 attendees.
- Tabled at the Healthier Lyon County Health Fest to approximately 200 attendees regarding the Ombudsman Office on 10/20.
- Attended a question and answer session with the United Methodist Open Door staff regarding KanCare, and how the Ombudsman Office can assist them and their clients on 10/22.
- Spoke to Hana Shahin's Introduction to Community Psychology Class at Wichita State on 10/23 about the Ombudsman Office's internship opportunities to approximately 25 students.
- Vending table at the 2018 NAMI Conference; Topeka, KS (October 12-13)
- Overview of Protected Income Limit and Client Obligation for Big Tent Coalition, Topeka, October 11
- Presentation on KanCare; Norton, KS Senior Center (Norton, KS) (October 19)
- Vending table at the Live Well/Age Well (Overland Park, KS) (October 29, 2018)
- Provided monthly reports to the KanCare Long Term Care Workgroup meeting; Oct. 11, Nov. 8, Dec 13.
- Provided written report to Bob Bethell HCBS KanCare Oversight Joint Committee, Nov. 8-9
- Participated in Kansas Meaningful Measures Committee meeting; Nov. 16

- Vending table at Hearing Loss Summit (Overland Park, KS) (November 17)
- Overview of KanCare Ombudsman's office with KanCare Inspector General, Sara Fertig; Topeka, November 28
- Vending table at the Heartland Conference; Kansas City, KS; December 6 and 7
- Presented at the Butler County Aging Network Meeting about the Ombudsman Office and our services; El Dorado; Dec. 6
- Overview of KanCare Ombudsman's office for Aetna Member Advocate team; Dec. 12.
- Presented at the Disability Advocates 4 Action (organization) about the Ombudsman Office and our services; Wichita; Dec. 12
- Provided written report for KanCare Advisory Council meeting and open forum; Dec. 14
- Project Eagle Presentation on KanCare for those with non-US Citizen status (Kansas City, KS) (December 14)

B. Outreach through Publications

- Christ Church Anglican – e-newsletter (Counties: Johnson) (October 2018)
- Shepherd's Voice (Kansas City, KS) (October 2018)
- Livable Neighborhoods Task Force (Kansas City, KS) (October and November 2018)
- Hung 51 recruitment fliers advertising the Ombudsman Office's internship opportunities in and around Wichita State's campus and buildings on 10/15-10/19.
- Hung a recruitment flier in the common area of the Wichita Public Library Westlink Branch on 10/20.
- Aquatics Center of Leawood – Flyer posted (Counties: Johnson) (November 2018)
- Olathe Community Center – Flyer posted (Counties: Johnson) (December 2018)
- Golden Years Newspaper (Counties: Franklin, Osage, Anderson, Linn, Coffey) (Oct., Nov., Dec. 2018)
- Olathe Public Library (Olathe, KS) (Oct., Nov., Dec. 2018)
- Sent recruitment and outreach information to Butler County Department on Aging to be included in their quarterly newsletter (Nov 2018)

- Delivered a volunteer flier to be hung in the common area of Oxford Villa Active Senior Apartments on 11/28 and put in their resident newsletter.
- Delivered a volunteer flier to be hung in the common area of Reflection Ridge Retirement Community on 11/28 and put in their resident newsletter.
- Delivered a volunteer flier to be hung in the common area of Grassland Estates on 11/28 and put in their resident newsletter.
- Delivered a volunteer flier to be hung in the common area of Park West Plaza Retirement Community on 11/28 and put in their resident newsletter.
- Left an invitation for staff at Country Acres Senior Residences to the Sedgwick County Liaison Training on 11/28. Also delivered a volunteer flier to be hung in the common area and put in their resident newsletter.
- Left an invitation for staff at Via Christi Village to the Sedgwick County Liaison Training on 11/28. Also delivered a volunteer flier to be hung in the common area and put in their resident newsletter.
- Left an invitation for staff at Finch Hollow Senior Residences to the Sedgwick County Liaison Training on 11/28. Also delivered a volunteer flier to be hung in the common area and put in their resident newsletter.
- Left an invitation for staff at Woodlake Senior Residences to the Sedgwick County Liaison Training on 11/28. Also delivered a volunteer flier to be hung in the common area and put in their resident newsletter.

C. Outreach through Collaboration and Training

Liaison Trainings with Community Partners

- Smith Co. (Smith Center, KS) (October 18, 2018)
- Wyandotte Co. (Kansas City, KS) (November 7, 2018)
- Johnson Co. (Olathe, KS) (December 11, 2018)
- Sedgwick County at the Community Engagement Institute on 12/3.

V. Data by Ombudsman's Office

A. Data by Region

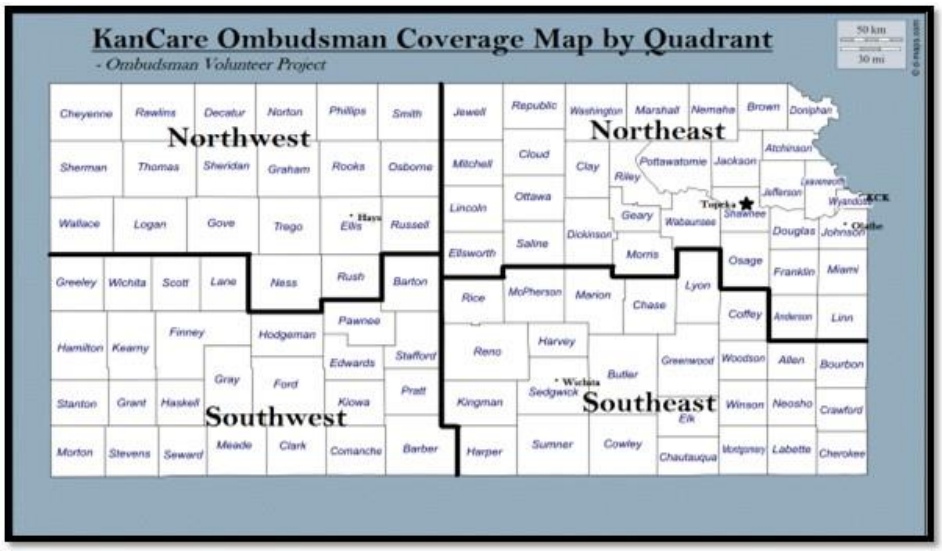
1. Initial Contacts to KanCare Ombudsman Office by Region

The KanCare Ombudsman's office began pulling data by region in 3rd quarter 2018. See regional map on next page. Most calls are coming from the east side of the state which also ties to the Medicaid members within the state and population density of Kansas.

Region	Q1/18	Q2/18	Q3/18	Q4/18
Northeast	157	220	238	187
Southeast	59	135	163	244
Northwest	14	16	10	14
Southwest	14	18	14	29
Out of State	14	17	21	17
Not Identified	955	653	639	633
Total	**1,213**	**1,059**	**1,085**	**1,124**

The KanCare Ombudsman map shows the counties included in each region. The north/south dividing line is based on the state area codes in general (785 and 620).

- 785, 913 and 816 area codes in the northern regions go to the Olathe Satellite office.
- 316 and 620 area codes in the southern regions go to the Wichita Satellite office.



2. KanCare/Medicaid Members by Region

Region	Total
Northeast	194,798
Southeast	175,370
Northwest	12,488
Southwest	38,023
Total	**420,679**

Data pulled by KDHE 11/20/18

3. Population Density by KanCare Ombudsman Region

Population Density	Urban	Semi Urban	Densely Settled Rural	Rural	Frontier	Total Counties
NE	5	5	6	15	2	33
SE	1	5	9	7	4	26
NW			1	4	15	20
SW			4	7	15	26
Total	**6**	**10**	**20**	**33**	**36**	**105**

Based on 2015 Census data – www.KCDCinfo.ks.gov Kansas Population Density map using number of people per square mile (ppsm):

Frontier - less than 6 ppsm
Rural - 6 to 19.9 ppsm
Densely-Settled Rural - 20 to 39.9 ppsm
Semi-Urban - 40-149.9 ppsm
Urban - 150+ ppsm

B. Data by Issue Category

The top issues for fourth quarter are all Medicaid issues: Medicaid General Issues/questions, Medicaid Eligibility questions, Medicaid Application Assistance, Medicaid Information/Status Update. The second tier of issues are: Other, HCBS General issues, HCBS eligibility issues. There may be multiple selections for a member/contact.

ISSUE CATEGORY	Q1/2018	Q2/2018	Q3/2018	Q4/2018
Access to Providers (usually Medical)	4	2	8	10
Abuse / neglect complaints	10	10	7	2
Affordable Care Act Calls	15	12	9	8
Appeals/Fair Hearing questions/issues	46	26	38	16
Background Checks	4	0	1	0
Billing	40	26	33	19
Care Coordinator Issues	10	11	7	14
Change MCO	12	7	5	37
Choice Info on MCO	3	3	3	20
Client Obligation	53	35	24	27
Coding Issues	32	9	11	21
Consumer said Notice not received	16	6	15	13
Cultural Competency	0	1	1	3
Data Requests	3	2	4	0
Dental	10	9	6	7
Division of Assets	10	3	5	11
Durable Medical Equipment	1	4	9	13
Estate Recovery	10	4	10	8
Grievances Questions/Issues	28	35	23	12
Guardianship	3	6	5	5
HCBS Eligibility issues	46	28	37	34
HCBS General Issues	36	35	60	49
HCBS Reduction in hours of service	7	2	3	2
HCBS Waiting List	4	4	4	10
Health Homes	0	1	0	1
Help understanding mail	4	16	21	21
Housing Issues	7	8	7	4
Medicaid Application Assistance	185	135	144	174
Medicaid Coding	0	0	0	0
Medicaid Eligibility Issues	209	219	183	187

ISSUE CATEGORY (cont.)	Q1/2018	Q2/2018	Q3/2018	Q4/2018
Medicaid Fraud	3	2	2	5
Medicaid General Issues/questions	63	186	200	256
Medicaid info (status) update	210	217	196	187
Medicaid Renewal	103	58	39	24
Medical Services	23	27	11	13
Medicare related Issues	17	23	27	31
Medicare Savings Plan Issues	19	17	20	25
Moving to / from Kansas	16	14	21	19
Nursing Facility Issues	20	19	23	24
Pain management issues	0	0	0	1
Pharmacy	16	1	2	11
Prior authorization issues	1	2	0	4
Respite	0	1	0	1
Social Security Issues	9	13	12	24
Spend Down Issues	28	32	24	28
Transportation	16	10	9	12
Working Healthy	3	6	8	9
X-Other	213	114	132	135
Z Thank you.	558	509	481	497
Z Unspecified	78	68	72	80
ISSUE CATEGORY TOTAL	**2204**	**1979**	**1962**	**2115**

There may be multiple selections for a member/contact.

C. Data by Office Location

The increase for the Johnson County Satellite office from 2nd to 3rd quarters is due to changing the toll-free number for the Ombudsman's office for numbers with 913, 785 and 816 area code. Phone calls from these area codes are now directed to the Johnson County Satellite office (Olathe) rather than the Topeka main Ombudsman's office.

Contacts by Office	Q1/17	Q2/17	Q3/17	Q4/17	Q1/18	Q2/18	Q3/18	Q4/18
Main	648	639	759	718	772	619	491	546
Johnson County	28	81	51	62	68	81	223	177
Wichita	149	115	160	260	374	359	371	401
Total	**827**	**835**	**970**	**1040**	**1214**	**1059**	**1085**	**1124**

D. Data by Contact Method

Although the bottom line number of contacts remained stable from last quarter, the contacts by email and face-to-face increased over earlier quarters. There were several listening sessions during third and fourth quarters that the Ombudsman's office participated in which would account for the increase in face-to-face initial contacts.

Contact Method	Q1/2018	Q2/2018	Q3/2018	Q4/2018
Email	112	119	153	161
Face-to-Face Meeting	7	9	22	20
Letter	2	1	2	3
ONLINE	0	0	0	0
Other	2	0	2	1
Telephone	1090	930	909	939
CONTACT METHOD TOTAL	**1213**	**1059**	**1088**	**1124**

E. Data by Caller Type

The Other type category has increased in the last two quarters. The types of people that fall in the "Other type" of callers tend to be schools, lawyers, students and/or researchers looking for data, and state employees.

CALLER TYPE	Q1/2018	Q2/2018	Q3/2018	Q4/2018
Consumer	1065	943	899	977
MCO Employee	6	4	5	4
Other type	46	31	85	50
Provider	96	81	99	93
CALLER TYPE TOTAL	**1213**	**1059**	**1088**	**1124**

F. Data by Program Type

The top program types that we receive calls for are the three waivers (Physical Disability, Intellectual/Developmental Disability, and Frail Elderly) and nursing facility concerns. There may be multiple selections for a member/contact.

PROGRAM TYPE	Q1/2018	Q2/2018	Q3/2018	Q4/2018
PD	51	27	28	37
I/DD	29	27	36	32
FE	27	22	30	31
AUTISM	1	1	2	4
SED	9	2	8	7
TBI	7	10	9	6
TA	5	3	7	3
WH	5	4	6	5
MFP	1	0	0	0
PACE	0	0	0	0
MENTAL HEALTH	2	1	3	2
SUB USE DIS	0	0	0	0
NURSING FACILITY	47	39	28	41
PROGRAM TYPE TOTAL	**184**	**136**	**157**	**168**

VI. Action Taken

During 4th quarter we started tracking data to show the length of time it takes to resolve issues that need help from other organizations.

A. Responding to Issues

1. Ombudsman Office response to members/applicants (*New Format*)

The Ombudsman Office goal is to respond to a contact within two business days. Weekends and holidays create some issues with meeting this goal 100%, especially in fourth quarter when there can be 2-3 longer weekend breaks.

Quarter yr.	Nmbr. Contacts	Avg. Days To Respond	%Responded 0-2 Days	% Responded in 3-7 Days	% Response 8 or More Days
Q1/2017	827	1	77%	21%	2%
Q2/2017	835	1	80%	19%	1%
Q3/2017	970	2	65%	31%	4%
Q4/2017	1040	2	69%	22%	9%
Q1/2018	1213	1	82%	17%	1%
Q2/2018	1059	1	90%	10%	1%
Q3/2018	1088	1	87%	12%	1%
Q4/2018	1124	1	86%	14%	0%

2. Organizational response to Ombudsman requests *(NEW)*

The KanCare Ombudsman office sends requests for review and assistance to various state organizations. The following information provides data on the response/resolution response rate for issues that have been referred.

1.

Q4/2018

Nmbr Referrals	Avg. Days Referred	Referred to	% Responded 0-2 Days	% Responded 3-7 Days	% Responded 8-30 Days	% Responded 31 or More Days
151	3	Clearinghouse	74%	16%	7%	3%
5	2	DCF	80%	0%	20%	0%
2	0	KDADS-Behavior Health	100%	0%	0%	0%
15	3	KDADS-HCBS	73%	13%	13%	0%
-	-	KDADS-Health Occ. Cred.	0%	0%	0%	0%
10	5	KDHE-Eligibility	70%	10%	10%	10%
9	5	KDHE-Program Staff	67%	22%	0%	11%
8	1	KDHE-Provider Contact	88%	13%	0%	0%
3	0	KMAP	100%	0%	0%	0%
1	0	Aetna	100%	0%	0%	0%
9	13	Amerigroup	22%	22%	56%	0%
13	8	Sunflower	62%	23%	8%	8%
6	7	UnitedHealthcare	50%	17%	17%	17%

B. Resolving requests

1. Action Taken by KanCare Ombudsman Office to resolve requests

Action Taken Resolution Type	Q1/18	Q2/18	Q3/18	Q4/18
Questions/Issue Resolved (No Resources)	105	69	70	106
Used Contact or Resources/Issue Resolved	766	675	752	873
Closed (No Contact)	101	133	109	132
ACTION TAKEN RESOLUTION TYPE TOTAL	**972**	**877**	**931**	**1111**

There may be multiple selections for a member/contact

2. Additional Help provided by KanCare Ombudsman Office

Action Taken Additional Help	Q1/18	Q2/18	Q3/18	Q4/2018
Provided Resources	772	758	808	665
Mailed/Email Resources	221	182	136	140
ACTION TAKEN ADDITIONAL HELP TOTAL	**993**	**940**	**944**	**805**

There may be multiple selections for a member/contact.

3. Referred Beneficiary to an Organization for Assistance/Follow-up

This section has been expanded in 4th quarter to identify groups within the state organizations and the managed care organizations (MCOs) individually for better tracking purposes.

ACTION TAKEN (Old Categories)	Q1/18	Q2/18	Q3/18
KDHE CONTACT	71	51	41
DCF CONTACT	4	5	8
MCO CONTACT	21	29	20
CLEARINGHOUSE CONTACT	193	179	153
HCBS TEAM CONTACT	26	18	5
CSP MENTAL HEALTH CONTACT	0	2	1

There may be multiple selections for a member/contact.

Action Taken Refer Caller to Organization (New Categories)	Q4/2018
Clearinghouse	316
KDADS-Behavior Health	0
KDADS-HCBS	18
KDADS-Health Occ. Cred.	0
KDHE	18
KMAP	9
DCF	10
Aetna	11
Amerigroup	19
Sunflower	23
UnitedHealthcare	20
State or Community Agency	142
Disability Rights and/or KLS	8
ACTION TAKEN REFER CALLER TO ORGANIZATION TOTAL	**594**

4. Staff request Assistance from Organization on behalf of beneficiary

This section has been expanded to identify organizations contacted by the KanCare Ombudsman staff for assistance in resolving an issue. There may be multiple selections for a member/contact.

ACTION TAKEN (Old Categories)	Q1/18	Q2/18	Q3/18
MCO REFERRAL	39	29	29
CLEARINGHOUSE REFERRAL	246	218	207
HCBS TEAM REFERRAL	14	10	11
OTHER KDADS CONTACT/REFERRAL	87	54	30
STATE OR COMMUNITY AGENCY REFERRAL	101	91	104
DISABILITY RIGHTS AND/OR KLS REFERRAL	6	4	1
(NOT IDENTIFIED)	58	5	49

Action Taken Staff Contact Organization (New Categories)	Q4/2018
Clearinghouse	151
KDADS-Behavior Health	2
KDADS-HCBS	15
KDADS-Health Occ. Cred.	0
KDHE-Eligibility	10
KDHE-Program Staff	9
KDHE-Provider Contact	8
KMAP	3
DCF	5
Aetna	1
Amerigroup	9
Sunflower	13
UnitedHealthcare	6
ACTION TAKEN STAFF CONTACT ORGANIZATION TOTAL	**232**

5. Ombudsman Office Resolution of Issues

The average days to close/resolve an issue remained relatively the same from 3rd to 4th quarter. The improvement in 3rd quarter was due to clarification for staff and volunteers to close based on resolution date or if no response, on the date last contacted. Prior to this, cases were closed by many at the end of the quarter when I sent out the reminder to close cases; using the end of quarter date.

	Q1/17	Q2/17	Q3/17	Q4/17	Q1/18	Q2/18	Q3/18	Q4/18
Avg. Days to close/resolve Issue	11	9	9	7	8	10	3	4
% files closed/resolved in 0-2 or less					60%	61%	73%	72%
% of files closed/resolved in 3-7 days					17%	13%	17%	18%
% of files closed/resolved in 7-30 days					12%	14%	8%	6%
% of files closed/resolved in greater than 30 days					11%	13%	2%	3%
% files closed	88%	92%	90%	83%	81%	93%	93%	97%

VII. Appendix A – Information by Managed Care Organization

A. Amerigroup-Issue Category

There may be multiple selections for a member/contact.

ISSUE CATEGORY	Q1/2018	Q2/2018	Q3/2018	Q4/2018
Access to Providers (usually Medical)	1	0	3	0
Abuse / neglect complaints	1	2	1	0
Affordable Care Act Calls	1	0	0	0
Appeals/Fair Hearing questions/issues	2	1	2	5
Background Checks	1	0	0	0
Billing	7	7	5	5
Care Coordinator Issues	3	4	3	5
Change MCO	4	2	4	19
Choice Info on MCO	0	1	2	11
Client Obligation	8	10	4	4
Coding Issues	5	2	3	2
Consumer said Notice not received	2	0	3	3
Cultural Competency	0	0	1	0
Data Requests	0	0	1	0
Dental	3	0	0	0
Division of Assets	0	0	0	0
Durable Medical Equipment	0	1	4	7
Estate Recovery	0	0	0	2
Grievances Questions/Issues	3	5	2	5
Guardianship	0	0	0	0
HCBS Eligibility issues	6	3	2	5
HCBS General Issues	4	5	9	11
HCBS Reduction in hours of service	6	1	1	1
HCBS Waiting List	0	0	0	1
Health Homes	0	0	0	0
Help understanding mail	1	1	2	2
Housing Issues	0	1	2	1
Medicaid Application Assistance	3	4	2	1
Medicaid Coding	0	0	0	0
Medicaid Eligibility Issues	11	13	8	12
Medicaid Fraud	0	1	0	0
Medicaid General Issues/questions	6	11	9	17
Medicaid info (status) update	11	8	7	6
Medicaid Renewal	8	6	7	2
Medical Services	4	4	1	3
Medicare related Issues	1	1	2	3
Medicare Savings Plan Issues	0	2	0	0
Moving to / from Kansas	0	0	0	0
Nursing Facility Issues	1	1	1	3
Pain management issues	0	0	0	0
Pharmacy	1	0	1	2

ISSUE CATEGORY (cont.)	Q1/2018	Q2/2018	Q3/2018	Q4/2018
Prior authorization issues	0	0	0	1
Questions for Conference Calls/Sessions	0	0	0	0
Respite	0	0	0	0
Social Security Issues	1	0	1	2
Spend Down Issues	4	4	0	3
Transportation	3	2	2	4
Working Healthy	0	0	0	2
X-Other	18	9	9	5
Z Thank you.	38	42	41	58
Z Unspecified	2	0	3	2
ISSUE CATEGORY TOTAL	**170**	**154**	**148**	**215**

B. Amerigroup–Waiver Information

There may be multiple selections for a member/contact.

PROGRAM TYPE	Q1/18	Q2/18	Q3/18	Q4/18
PD	5	6	5	8
I/DD	3	3	5	9
FE	4	5	2	14
AUTISM	0	0	0	1
SED	4	1	1	2
TBI	1	5	2	2
TA	0	1	2	0
WH	0	1	0	1
MFP	0	0	0	0
PACE	0	0	0	0
MENTAL HEALTH	0	1	0	0
SUB USE DIS	0	0	0	0
NURSING FACILITY	3	6	0	1
PROGRAM TYPE TOTAL	**20**	**29**	**17**	**38**

C. Sunflower–Issue Category

There may be multiple selections for a member/contact.

ISSUE CATEGORY	Q1/2018	Q2/2018	Q3/2018	Q4/2018
Access to Providers (usually Medical)	3	1	4	5
Abuse / neglect complaints	2	0	0	1
Affordable Care Act Calls	0	0	1	0
Appeals/Fair Hearing questions/issues	0	4	5	0
Background Checks	1	0	0	0
Billing	8	6	6	2
Care Coordinator Issues	2	2	0	2
Change MCO	3	2	1	3
Choice Info on MCO	0	0	0	1
Client Obligation	5	3	4	1
Coding Issues	7	2	1	5
Consumer said Notice not received	1	2	3	4
Cultural Competency	0	0	0	0
Data Requests	0	0	0	0
Dental	3	1	0	4
Division of Assets	1	0	0	0
Durable Medical Equipment	1	1	0	2
Estate Recovery	0	0	0	0
Grievances Questions/Issues	2	5	5	4
Guardianship	0	1	1	1
HCBS Eligibility issues	8	5	8	3
HCBS General Issues	12	3	9	8
HCBS Reduction in hours of service	1	0	0	1
HCBS Waiting List	0	0	0	1
Health Homes	0	0	0	0
Help understanding mail	0	2	1	3
Housing Issues	1	0	0	2
Medicaid Application Assistance	2	2	0	1
Medicaid Coding	0	0	0	0
Medicaid Eligibility Issues	8	13	10	11
Medicaid Fraud	0	0	0	2
Medicaid General Issues/questions	7	9	13	17
Medicaid info (status) update	7	5	9	5
Medicaid Renewal	3	6	4	4
Medical Services	4	4	0	3
Medicare related Issues	0	3	3	2
Medicare Savings Plan Issues	2	2	3	0
Moving to / from Kansas	1	0	0	0
Nursing Facility Issues	1	0	3	0

ISSUE CATEGORY (cont.)	Q1/2018	Q2/2018	Q3/2018	Q4/2018
Pain management issues	0	0	0	0
Pharmacy	2	0	0	5
Prior authorization issues	0	1	0	2
Questions for Conference Calls/Sessions	0	0	0	0
Respite	0	0	0	0
Social Security Issues	1	0	0	1
Spend Down Issues	0	3	1	3
Transportation	2	1	1	2
Working Healthy	0	1	1	1
X-Other	8	9	8	15
Z Thank you.	49	27	49	40
Z Unspecified	0	2	0	5
ISSUE CATEGORY TOTAL	**158**	**128**	**154**	**172**

D. Sunflower-Waiver Information

There may be multiple selections for a member/contact.

PROGRAM TYPE	Q1/18	Q2/18	Q3/18	Q4/18
PD	13	5	7	6
I/DD	5	3	4	3
FE	5	2	0	2
AUTISM	0	0	1	0
SED	0	0	1	1
TBI	1	0	3	3
TA	2	0	0	0
WH	1	1	1	0
MFP	1	0	0	0
PACE	0	0	0	0
MENTAL HEALTH	0	0	0	0
SUB USE DIS	0	0	0	0
NURSING FACILITY	4	1	3	0
PROGRAM TYPE TOTAL	**32**	**12**	**20**	**15**

E. UnitedHealthcare-Issue Category

There may be multiple selections for a member/contact.

ISSUE CATEGORY	Q1/2018	Q2/2018	Q3/2018	Q4/2018
Access to Providers (usually Medical)	0	0	0	0
Abuse / neglect complaints	0	3	0	0
Affordable Care Act Calls	0	0	0	0
Appeals/Fair Hearing questions/issues	4	2	5	2
Background Checks	0	0	0	0
Billing	6	3	9	2
Care Coordinator Issues	4	4	3	4
Change MCO	2	1	0	3
Choice Info on MCO	0	1	0	1
Client Obligation	8	2	6	7
Coding Issues	2	0	1	3
Consumer said Notice not received	0	0	1	2
Cultural Competency	0	0	0	0
Data Requests	0	0	1	0
Dental	0	1	0	2
Division of Assets	1	0	0	0
Durable Medical Equipment	0	0	0	1
Estate Recovery	0	0	0	0
Grievances Questions/Issues	3	3	4	0
Guardianship	0	0	1	0
HCBS Eligibility issues	5	3	6	3
HCBS General Issues	4	5	15	10
HCBS Reduction in hours of service	0	0	1	0
HCBS Waiting List	0	1	1	1
Health Homes	0	0	0	0
Help understanding mail	0	3	6	3
Housing Issues	1	0	0	0
Medicaid Application Assistance	4	4	1	6
Medicaid Coding	0	0	0	0
Medicaid Eligibility Issues	11	14	10	9
Medicaid Fraud	0	0	0	1
Medicaid General Issues/questions	4	7	10	18
Medicaid info (status) update	4	9	4	2
Medicaid Renewal	7	6	3	3
Medical Services	2	7	6	3
Medicare related Issues	0	0	1	1
Medicare Savings Plan Issues	4	1	1	1
Moving to / from Kansas	1	0	0	1
Nursing Facility Issues	0	3	3	3
Pain management issues	0	0	0	1

ISSUE CATEGORY (cont.)	Q1/2018	Q2/2018	Q3/2018	Q4/2018
Pharmacy	4	1	0	3
Prior authorization issues	1	0	0	0
Questions for Conference Calls/Sessions	0	0	0	0
Respite	0	1	0	0
Social Security Issues	0	1	0	1
Spend Down Issues	3	7	6	4
Transportation	6	2	2	0
Working Healthy	0	0	1	1
X-Other	9	3	4	9
Z Thank you.	46	40	42	47
Z Unspecified	1	0	1	1
ISSUE CATEGORY TOTAL	**147**	**138**	**155**	**159**

F. UnitedHealthcare-Waiver Information

There may be multiple selections for a member/contact.

PROGRAM TYPE	Q1/18	Q2/18	Q3/18	Q4/18
PD	7	5	3	9
I/DD	2	3	7	1
FE	4	2	4	3
AUTISM	0	0	0	0
SED	1	0	4	1
TBI	1	1	3	0
TA	0	1	0	2
WH	2	1	1	0
MFP	0	0	0	0
PACE	0	0	0	0
MENTAL HEALTH	0	0	0	2
SUB USE DIS	0	0	0	0
NURSING FACILITY	3	3	2	4
PROGRAM TYPE TOTAL	**20**	**16**	**24**	**22**

1115 Waiver - Safety Net Care Pool Report
Demonstration Year 6 - Quarter 4
Health Care Access Improvement Pool
Paid dates 11/1/2018, 11/8/2018

Provider Name	HCAIP DY/QTR: 2018/4	Provider Access Fund 2443	Federal Medicaid Fund 3414
Bob Wilson Memorial Grant County Hospital	36,435.80	16,491	19,945
Childrens Mercy South	241,447.07	109,279	132,168
Coffeyville Regional Medical Center Inc	77,400.22	35,031	42,369
Geary County Hospital	77,273.39	34,974	42,299
Great Bend Regional Hospital	95,175.39	43,076	52,099
Hays Medical Center Inc	172,279.75	77,974	94,306
Hutchinson Regional Medical Center Inc	177,103.16	80,157	96,946
Kansas Heart Hospital Llc	5,132.14	2,323	2,809
KVC Prairie Ridge Psychiatric Hospital**	1,151.52	521	630
Labette Co Med	52,140.68	23,599	28,542
Lawrence Memorial Hospital	252,470.36	114,268	138,202
Mcpherson Hospital Inc	48,080.19	21,761	26,319
Menorah Medical Center	163,717.24	74,098	89,619
Mercy Hospital Fort Scott	63,197.71	28,603	34,594
Mercy Hospital Inc	5,683.60	2,572	3,111
Miami County Medical Center Inc	49,444.74	22,379	27,066
Midwest Division Oprmc Llc	849,032.05	384,272	464,760
Newton Medical Center	149,867.36	67,830	82,037
Olathe Medical Center Inc	254,272.64	115,084	139,189
Prairie View Hospital	2,866.07	1,297	1,569
Pratt Regional Medical Center Corportation	36,950.91	16,724	20,227
Providence Medical Center	344,961.01	156,129	188,832
Ransom Memorial Hospital	64,186.19	29,051	35,136
St John Hospital	80,740.23	36,543	44,197
Saint Lukes Cushing Hospital	50,784.31	22,985	27,799
Saint Lukes South Hospital Inc	59,506.45	26,933	32,574
Salina Regional Health Center	233,575.69	105,716	127,859
Salina Surgical Hospital	2,868.14	1,298	1,570
Shawnee Mission Medical Center Inc	670,563.95	303,497	367,067
South Central Kansas Regional Medical Center	48,117.66	21,778	26,340
Southwest Medical Center	94,516.32	42,778	51,738
St Catherine Hospital	215,248.72	97,422	117,827
Stormont Vail Health Care Inc	1,178,866.96	533,555	645,312
Susan B Allen Memorial Hospital	113,210.64	51,239	61,972
Topeka Hospital LLC	480,562.67	217,503	263,060
Via Christi Hospital Manhattan	267,463.41	121,054	146,409
Via Christi Hospital Pittsburg	208,785.45	94,496	114,289
Via Christi Hospital Wichita St Teresa Inc *	214,680.63	97,164	117,516
Via Christi Hospitals Wichita Inc	1,875,550.42	848,874	1,026,676
Via Christi Rehabilitation Hospital Inc	22,648.49	10,251	12,398
Wesley Medical Center	1,154,814.24	522,669	632,145
Western Plains Medical Complex	120,573.97	54,572	66,002
Total	10,313,347.54	4,667,821	5,645,526

*Paid DY5 Q1 & Q2 $124,552
**Paid DY6 Q3 $575.76

1115 Waiver - Safety Net Care Pool Report
Demonstration Year 6 - Quarter 4
Large Public Teaching Hospital/Border City Children's Hospital Pool
Paid date 10/18/2018

Provider Name	DY/QTR: 2018/4	State General Fund 1000	Federal Medicaid Fund 3414
Children's Mercy Hospital	616,036	278,818	337,218
University of Kansas Hospital	1,848,103	836,451*	1,011,652
Total	2,464,139	1,115,269	1,348,870

*IGT funds are received from the University of Kansas Hospital

Kansas Foundation for Medical Care, Inc.
800 SW Jackson, Suite 700
Topeka, Kansas 66612
Phone 785-273-2552
Fax: 785-273-0237
www.kfmc.org
URAC ACCREDITED Independent Review Organization: External Expires 06/01/2021

February 26, 2019

Becky Ross
Medicaid Initiatives Coordinator
Kansas Department of Health & Environment
Division of Health Care Finance
900 SW Jackson St.
Topeka, KS 66612

RE: 2018 KanCare Evaluation Quarterly Report
Year 6, Quarter 4, October - December

Dear Ms. Ross:

Enclosed is the 2018 Quarter 4 KanCare Evaluation Quarterly Report. If you have questions or corrections regarding this information, please contact me, lsanchez@kfmc.org or (785) 271-4118.

Sincerely,

Laura Sanchez, RN

Laura Sanchez, RN
Healthcare Quality Review Analyst

Electronic Version: Shirley Norris, Senior Manager, MCO Operations, KDHE
Amy Swanson, Quality Manager, KDHE

Kansas Foundation for Medical Care, Inc

URAC ACCREDITED Independent Review Organization: External Expires 06/01/2021

2018 KanCare Evaluation

Quarterly Report

Year 6, Quarter 4, October - December

Contract Number:	**11231**
Program(s) Reviewed:	**KanCare Demonstration**
Submission Date:	**February 26, 2019**
Review Team:	**Laura Sanchez, RN, Healthcare Quality Review Analyst** **Tracy Atkins, LMSW, Project Manager** **Lynne Valdivia, MSW, BSN, RN, CCEP, Vice President, Director of Quality Review** **Angie Heiniger, EQRO Project Specialist**

Prepared for:

KanCare

Table of Contents

2018 KanCare Evaluation Quarterly Report

Year 6, Quarter 4, October - December

Table of Contents

2018 KanCare Evaluation Quarterly Report

Year 6, Quarter 4, October - December

List of Tables

KanCare Evaluation Quarterly Report
Year 6, Quarter 4, October – December 2018
February 26, 2019

Background/Objectives

The Kansas Department of Health and Environment (KDHE), Division of Health Care Finance (DHCF), submitted the KanCare Evaluation Design to the Centers for Medicare & Medicaid Services (CMS) in August 2013; it was approved by CMS in September 2013 and updated in March 2015. The Kansas Foundation for Medical Care (KFMC) is conducting the evaluation. KFMC also serves as the External Quality Review Organization (EQRO) for Kansas Medicaid managed care.

The KanCare Evaluation Design includes over 100 annual performance measures developed to measure the effectiveness of the KanCare demonstration managed care Medicaid program. A subset of the annual performance measures was selected to be assessed and reported quarterly. The quarterly measures for the fourth quarter (Q4) Calendar Year (CY) 2018 report include the following:

- Timely resolution of member and provider customer service inquiries
- Timeliness of claims processing
- Grievances
  - Timeliness of grievance resolution.
  - Number of access-related grievances over time, by population categories.
  - Number of grievances related to quality over time, by population.
- Ombudsman's office
  - Number and type of assistance provided by the Ombudsman's office.
  - Types of questions and grievances submitted to the Ombudsman's office.
  - Timeliness of inquiry response and resolution by Ombudsman's office and other involved entities.

In 2018, KanCare healthcare services were coordinated by three managed care organizations (MCOs): Amerigroup of Kansas, Inc. (Amerigroup), Sunflower State Health Plan (Sunflower), and UnitedHealthcare Community Plan of Kansas (UnitedHealthcare). For the KanCare Quarterly and Annual Evaluations, data from the three MCOs are combined wherever possible to better assess the overall impact of the KanCare program.

Quarterly and annual KanCare Evaluation topics and recommendations are discussed with MCO staff at quarterly KanCare interagency meetings that include participants from the State, the MCOs, and the EQRO.

Timely Resolution of Customer Service Inquiries

Quarterly tracking of timely resolution of customer service inquiries in the KanCare Evaluation are based on the MCOs' contractual requirements to resolve 95% of all inquiries within two business days of inquiry receipt, 98% of all inquiries within five business days, and 100% within 15 business days.

Data Sources

The data sources for the KanCare Quarterly Evaluation Reports are monthly call center customer service reports MCOs submit to KDHE. In these reports, MCOs report the monthly number and category of member and provider inquiries resolved within 2, 5, 8, 15, and greater than 15 days, as well as the percentage of inquiries pending at month's end.

Reporting both the number of contacts and number of inquiries is necessary for accurate trend analysis by MCO and for aggregating results. An MCO reporting half as many inquiries as another MCO may have had the same number of contacts but may be reporting only one inquiry for each contact even if the contact addressed multiple topics. UnitedHealthcare, for example, confirmed in February 2018 that each contact equals one inquiry, with only the "primary inquiry" categorized; according to KDHE staff, Amerigroup and Sunflower reported categorizing multiple inquiries per contact if the contact includes more than one inquiry.

Current Quarter and Trend Over Time

A new monthly Customer Service Report template became effective in August 2018 for July MCO reporting. KDHE staff provided the MCOs training focused on the revisions in April 2018. The new template included changes to both the member and provider inquiry types. The changes included combining some provider service inquiry categories, removing a customer service member inquiry category, and adding some new categories for both provider inquiries and member inquiries. Also, the description was modified for some categories. Due to these changes, categories that cannot be compared across all four quarters in 2018 have been shaded in Tables 2 and 3.

In the new template, the "Time to Resolve" inquiry category was moved from inquiry types to a measurement category in the monthly performance data provided in separate tabs. During review of this data for Q3 and Q4, KFMC identified some differences for each of the MCOs and among the three MCOs. For example, the member and provider inquiry counts on the "Inquiry Types" tab were different from the counts included in the "Performance" tabs, and the number of some inquiries were much higher than before. These differences were discussed with KDHE. With the new template, inquiry data is being captured from the MCOs' vendors. KDHE reported the MCO vendor data compliance is in process and it should improve in the future.

Another new Customer Service Report template will be effective in February 2019 for January MCO reporting. The template does not include changes to the member or provider inquiry types. However, the measures for "Contact Center" (call center type to which incoming calls are routed, e.g., MCO vendors), included in the same template, have been modified and expanded. Measures were also added for "Documentation & Quality" and "Inquiry Timeliness."

The timeliness to resolution for member and provider customer service inquiries reported in Q4 CY2018 are detailed in Table 1. The number of member and provider inquiries resolved may differ from the number of inquiries received in a quarter due to resolution of inquiries received in previous quarters and open inquiries.

Table 1. Timeliness of Resolution of Member and Provider Customer Service Inquiries, by MCO and Combined CY2018 Quarter 4

	Member Inquiries				Provider Inquiries			
	AGP	SSHP	UHC	Total	AGP	SSHP	UHC	Total
Number of Inquiries Received	39,657	59,314	52,073	151,044	26,175	20,615	21,523	68,313
Number of Inquiries Resolved*	39,667	59,334	52,082	151,083	24,909	20,615	21,520	67,044
Number Resolved within 2 Business Days	39,619	59,202	50,561	149,382	24,731	20,615	21,364	66,710
Number Not Resolved within 2 Business Days	48	132	1,521	1,701	178	0	156	334
% Resolved Within 2 Business Days	99.88%	99.78%	97.08%	98.87%	99.29%	100.00%	99.28%	99.50%
Number Resolved within 5 Business Days	39,625	59,235	51,464	150,324	24,756	20,615	21,457	66,828
Number Not Resolved within 5 Business Days	42	99	618	759	153	0	63	216
% Resolved within 5 Business Days	99.89%	99.83%	98.81%	99.50%	99.39%	100.00%	99.71%	99.68%
Number Resolved within 15 Business Days	39,635	59,283	52,052	150,970	24,783	20,615	21,487	66,885
Number Not Resolved within 15 Business Days	32	51	30	113	126	0	33	159
% Resolved within 15 Business Days	99.92%	99.91%	99.94%	99.93%	99.49%	100.00%	99.85%	99.76%

*Not all inquiries are resolved in the quarter in which they were received.
% Resolved in X Business Days = Number Resolved within X Business Days/(Number Resolved within X Business Days + Number Not Resolved within X Business Days)

Resolved within 2 business days:

- In Q4 CY2018, all three MCOs met contractual requirements to resolve 95% of customer service inquiries within 2 business days.
- Of the 151,083 customer service member inquiries resolved during Q4 CY2018, 98.87% were resolved within 2 business days; 99.50% of the 67,044 resolved provider inquiries were resolved within 2 business days. Sunflower resolved 100% of their provider inquiries within 2 business days.
- Of the 1,701 customer service inquiries from members in Q4 CY2018 not resolved within 2 business days, 48 were reported by Amerigroup, 132 were reported by Sunflower, and 1,521 were reported by UnitedHealthcare. Of the 334 provider inquiries not resolved within 2 business days, 178 were reported by Amerigroup and 156 were reported by UnitedHealthcare.

Resolved within 5 business days:

- In Q4 CY2018, all three MCOs met contractual requirements to resolve 98% of customer service inquiries within 5 business days.
- Of the 151,083 customer service member inquiries resolved during Q4 CY2018, 99.50% were resolved within 5 business days and 99.68% of the 67,044 resolved provider inquiries met the timeliness of resolution standard.
- Of the 759 customer service inquiries from members in Q4 CY2018 not resolved within 5 business days, 42 were reported by Amerigroup, 99 were reported by Sunflower, and 618 were reported by UnitedHealthcare. Of the 216 provider inquiries not resolved within 5 business days, 153 were reported by Amerigroup and 63 were reported by UnitedHealthcare.

Resolved within 15 business days:

- The three MCOs did not meet the contractual requirement to resolve 100% of member inquiries within 15 days (Amerigroup [99.92%], Sunflower [99.91%], and UnitedHealthcare [99.94%]). Of the 113 customer service inquiries from members in Q4 CY2018 not resolved within 15 business days, 32 were reported by Amerigroup, 51 were reported by Sunflower, and 30 were reported by UnitedHealthcare.

- Amerigroup and UnitedHealthcare did not meet the contractual requirement to resolve 100% of provider inquiries within 15 business days (99.49% and 99.85% respectively). Of the 159 provider inquiries not resolved within 15 business days, 126 were reported by Amerigroup and 33 were reported by UnitedHealthcare.

Member Customer Service Inquiries

In Q3 CY2018, four new inquiry types were added, *Expression of dissatisfaction*, *Client obligation*, *HCBS – Waiver questions*, and *Spend down.* One category was removed, *Concern with access to service or care*; *or concern with service or care disruption.* As noted in the Q2 CY2018 report, this category potentially described contacts tracked as grievances or appeals in the State's quarterly Grievance and Appeal (GAR) reports. To address this, KDHE removed this category beginning in July 2018, and added the category *Expression of dissatisfaction.* They are also working with MCO staff to ensure inquiries meeting grievance criteria receive appropriate follow-up. The MCOs categorize member customer service inquiries in their monthly call center reports by 21 service inquiry categories (see Table 2).

- Of the 143,887 Q4 CY2018 member inquiries detailed in the MCOs' customer service monthly call center reports, 23% were reported by Amerigroup, 41% by Sunflower, and 36% by UnitedHealthcare. In Q3 there were a total of 152,056 inquiries from members.
- The highest number and percent of member inquiries in Q4 CY2018 was *Need transportation,* at 62,196 (43.2%) and it was also the highest in Q3 CY2018 at 68,778 (45.2%). The second highest in Q4 CY2018 was *Benefit questions* at 22,414 (15.6%) and it was also the second highest in Q3 CY2018 at 21,794 (14.3%). In Q1 and Q2 CY2018, *Benefit questions* had been the highest (17,539 [21.0%] and 17,372 [22.4%], respectively) and *Eligibility questions* had been the second highest (14,211 and 13,184 [both 17.0%], respectively).
- As in previous quarters, there are categories where two-thirds or more of the inquiries in the quarter were reported by one MCO. This may be due to differing interpretations of the criteria for several of the categories in the reporting template. In Q3 and Q4 CY2018, Amerigroup had the most categories. The categories where two-thirds or more of the inquiries were reported by one MCO in Q4 CY2018 included:

  Amerigroup
  - *Assistance with scheduling an appointment:* 88.9% of 18 inquiries
  - *Client obligation:* 100% of 9 inquiries
  - *HCBS – waiver questions:* 100% of 28 inquiries
  - *Spenddown:* 100% of 56 inquiries

  UnitedHealthcare
  - *Expression of dissatisfaction*: 69.5% of 773 inquiries
  - *Question about letter or outbound call*: 69.3% of 1,924 inquiries

This area intentionally left blank.

Table 2. Customer Service Inquiries from Members, CY2018 by Quarter				
Member Inquiries	CY2018			
	Q1	Q2	Q3	Q4
1. Assistance with scheduling an appointment	98	44	17	18
2. Benefit questions	17,539	17,372	21,794	22,414
3. Expression of dissatisfaction			645	773
4. Care management or health plan program	937	901	1,398	1,605
5. Claim or billing question	5,011	5,550	6,060	5,653
6. Client obligation			20	9
7. Coordination of benefits	2,986	2,324	2,484	2,672
8. Disenrollment request	418	431	522	365
9. Eligibility questions	14,211	13,184	14,741	12,022
10. Enrollment information	2,619	2,314	1,993	2,659
11. Find/change PCP	10,207	8,834	8,505	8,323
12. Find a specialist	3,168	3,061	3,423	2,986
13. HCBS – Waiver questions			20	28
14. Member emergent or crisis call	331	323	395	304
15. Need transportation	1,455	1,534	68,778	62,196
16. Order ID card	6,198	5,408	5,692	5,537
17. Question about letter or outbound call	2,975	2,211	2,015	1,924
18. Request member materials	1,056	930	883	969
19. Spend down			75	56
20. Update demographic information	7,259	6,821	6,516	6,557
21. Other	4,671	4,311	6,080	6,817
Shaded categories with member inquiry data only in Q3 and Q4 were either new or modified.				

Recommendation (Member Customer Service Inquiries)

Continue to work with the MCOs to help ensure their interpretation of the criteria for the Member Customer Service Inquiries categories are consistent. Specifically review the categories where one MCO has over two-thirds or more of the inquiries.

Provider Customer Service Inquiries

The MCOs categorize provider customer service inquiries in their monthly call center reports by 17 provider service inquiry categories (see Table 3).

- Of the provider inquiries in Q4 CY2018 (96,910), Amerigroup reported 38% (Q1 CY2018: 44%; Q2 CY2018: 40%; Q3 CY2018: 39%), Sunflower 24% (Q1 CY2018: 46%; Q2 CY2018: 51%; Q3 CY2018: 24%), and UnitedHealthcare 38% (Q1 CY2018: 11%; Q2 CY2018: 9%; Q3 CY2018: 37%). In Q3 there were a total of 92,952 inquiries from providers.
- *Claim status questions* was the highest percentage of provider inquiries in Q4 CY2018 (31.5%) and in Q3 CY2018 (33.4%). The second highest was *Benefit questions* in Q4 CY2018 (12.0%) and in Q3 CY2018 (15.8%). In Q1 and Q2 CY2018, *Claim status questions* had been the highest (19,320 [52.9%]; 20,350 [51.3%], respectively).

Table 3. Customer Service Inquiries from Providers, CY2018 by Quarter				
Provider Inquiries	CY2018			
	Q1	Q2	Q3	Q4
1. Authorization – New	1,392	2,715	4,219	5,999
2. Authorization – Status	1,930	2,394	6,954	8,490
3. Expression of dissatisfaction			33	81
4. Benefit questions	2,280	2,049	14,726	11,651
5. Billing questions	261	334	1,808	1,205
6. Claim status questions	19,320	20,350	31,038	30,557
7. Claim payment denial/dispute questions			3,519	4,591
8. Coordination of benefits	133	141	2,201	2,517
9. Credentialing/contracting issues	160	368	284	332
10. Member eligibility inquiry	1,608	1,999	8,377	8,772
11. Recoupment	64	52	402	329
12. Pharmacy/prescription inquiry	477	582	4,842	4,289
13. Prior authorization			2,770	5,610
14. Update demographic information or request provider materials			1,299	1,796
15. Change participation status	261	313	137	105
16. Web support	38	42	213	187
17. Other	653	971	10,130	10,399
Shaded categories with provider inquiry data only in Q3 and Q4 were either new or modified.				

Categories where two-thirds or more of the provider inquiries were reported by one MCO included:
Amerigroup (also had more categories in Q3)

- *Authorization—New*: 77.5% of 5,999 inquiries
- *Expression of dissatisfaction*: 79.0% of 81 inquiries
- *Claim payment denial/dispute questions*: 75.1% of 4,591 inquiries
- *Recoupment*: 75.1% of 329 inquiries
- *Prior authorization*: 96.3% of 5,610 inquiries
- *Web support*: 72.2% of 187 inquiries

Sunflower

- *Pharmacy/prescription inquiry*: 75.3% of 4,289 inquiries
- *Change participation status*: 71.4% of 105 inquiries

United Healthcare

- *Coordination of benefits*: 85.5% of 2,517 inquiries

Of the 17 provider inquiry categories, six are claims-related: *Authorization–New*, *Authorization–Status*, *Benefit questions*, *Claim Status questions*, *Claim payment denial/dispute payment*, and *Billing questions*. As shown in Table 4, the range of inquiries for these six claims-related categories varied greatly, but somewhat consistently by MCO. For the last 4 quarters, for example, Amerigroup has reported the

maximum number of provider inquiries categorized as *Authorization—New* and UnitedHealthcare has reported the minimum number. UnitedHealthcare has also reported, for each quarter in CY2018, the minimum number of provider inquiries categorized as *Billing questions*. In Q3 CY2018, the categories *Claim denial and Claim payment questions/dispute were* combined; therefore, data for these separate categories are no longer available and there are only six claims-related inquiries.

Table 4. Maximum and Minimum Numbers of Claim-Related Provider Inquiries by MCO, CY2018 by Quarter

	CY2018							
	Q1		Q2		Q3		Q4	
	Max	Min	Max	Min	Max	Min	Max	Min
Authorization – New	1,369	0	2,706	0	2,818	0	4,647	1
Authorization – Status	1,492	97	1,857	47	3,531	1,567	3,738	2,144
Benefit questions	1,847	96	1,611	95	6,286	2,898	6,018	1,958
Claim status questions	12,085	313	14,497	258	14,055	8,149	15,857	6,772
Claim payment denial/ dispute payment					3,229	10	3,449	11
Billing questions	155	0	218	0	1,314	58	708	47

Amerigroup | UnitedHealthcare | Sunflower

Combining the six claims-related inquiries may allow a better comparison over time overall and by MCO (see Table 5). In Q4 2018, UnitedHealthcare's percentage of the total MCO quarterly reported claims-related provider inquiries was 41.1%, Amerigroup's was 34.2%, and Sunflower's was 24.7%. The percent of MCO reported claims-related provider inquiries decreased in CY2018 for Amerigroup (38.5%) and Sunflower (31.7%) from CY2017 (42.1% and 44.0%, respectively), while UnitedHealthcare increased in CY2018 (29.8%) from CY2017 (13.9%). As detailed in the Q3 2018 report, in review of the data, KFMC identified some differences for each of the MCOs and among the three MCOs. For example, the member and provider inquiry counts were different from the data included with the monthly performance data, and the number of some inquiries were much higher than before (e.g., UHC - provider inquiries increased from 3,519 in Q2 2018 to 23,940 in Q3 2018; AGP – from 14,069 in Q2 2018 to 23,593 in Q3 2018).

Table 5. Combined Totals of the Claims-Related Provider Inquiry Categories by MCO, Q1–Q4 and Annual for CY2017 and CY2018

	CY2017					CY2018				
	Q1	Q2	Q3	Q4	Annual	Q1	Q2	Q3	Q4	Annual
Amerigroup	15,015	14,663	14,813	13,715	58,206	14,445	14,069	23,593	21,395	73,502
Sunflower	13,213	16,787	16,604	14,187	60,791	14,206	16,218	14,731	15,426	60,581
UnitedHealthcare	5,337	5,004	5,024	3,781	19,146	3,721	3,519	23,940	25,672	56,852
Total	33,565	36,454	36,441	31,683	138,143	32,372	33,806	62,264	62,493	190,935

Follow-up on Previous Recommendations (Timely Resolution of Customer Service Inquiries)

- *After implementation of the revised customer service inquiry template, the State should monitor to ensure comparable categorization of inquiries by each of the MCOs. Of particular focus should be ensuring inquiries that meet grievance or appeal criteria are being appropriately forwarded for follow-up and tracking as grievances or appeals.*
  Follow-up response: The new template was implemented in Quarter 3 2018 and MCOs changed January 1, 2019 (Aetna contracted added; Amerigroup contract ended). KDHE has provided training to the MCOs and will continue to evaluate comparable categorization in future quarterly reports by the State.

Recommendation (Provider Customer Service Inquiries)

Given that 2018 was the last year of Amerigroup's contract with the State of Kansas, the recommendations apply to Sunflower and UnitedHealthcare.

1. Continue to work with the MCOs to help ensure their interpretation of the criteria for the Provider Customer Service Inquiries categories are consistent.
2. Monitoring is recommended to ensure the template changes, effective Q3 2018, improve vendor data reporting compliance.

Timeliness of Claims Processing

MCOs, including their vendors, are contractually required to process 100% of "clean" claims within 30 days; 99% of "non-clean" claims within 60 calendar days; and 100% of all claims within 90 calendar days, except those meeting specific exclusion criteria. Claims excluded from the measures include "*claims submitted by providers placed on prepayment review or any other type of payment suspension or delay for potential enforcement issues*" and "*any claim which cannot be processed due to outstanding questions submitted to KDHE*."

A "clean claim" is a claim that can be paid or denied with no additional intervention required and does not include the following: adjusted or corrected claims; claims that require documentation (i.e., consent forms, medical records) for processing; claims from out-of-network providers that require research and setup of that provider in the system; claims from providers where the updated rates, benefits, or policy changes were not provided by the State 30 days or more before the effective date; claims from providers under investigation for fraud or abuse; and/or claims under review for medical necessity. Claims received in the middle or end of a month may be processed in that month or the following month(s). Since a non-clean claim may take up to 60 days to process, a claim received in mid-September, for example, may be processed in September or may not be processed until early November and still meet contractual requirements.

Data Sources

In monthly Claims Overview reports, MCOs report the monthly number of claims received and processed, including whether these claims were processed in a timely manner as defined by the type of claim and State-specified timelines. Due to claims lag, claims processed in one month may be from that month or from a month or two prior to that month.

Timeliness of Claims Processing by Claim Type and Date Received

To allow for claims lag, the KanCare Evaluation Report for Q4 CY2018 assesses timeliness of processing clean, non-clean, and all claims reports received through Q3 CY2018. See Table 6 for quarterly aggregated claims processing counts by claim type.

Clean claims:

- None of the MCOs met the contractual requirement to process 100% of clean claims within 30 days.
- Of the 4,063,720 included clean claims received in Q3 CY2018, 99.90% were reported by the MCOs as processed within 30 days.
- Of the 4,040 included clean claims not processed within 30 days – 57 (1.4%) were claims received by Amerigroup; 3,918 (97.0%) were claims received by Sunflower; and 65 (1.6%) were claims received by UnitedHealthcare.

Table 6. Timeliness of Claims Processing – Q1 CY2017 to Q3 CY2018

	CY2017				CY2018		
	Q1	Q2	Q3	Q4	Q1	Q2	Q3
Clean Claims							
Clean claims received in quarter	4,331,085	4,289,623	4,216,700	4,141,115	4,372,076	4,182,217	4,063,720
Number of claims excluded	242	343	362	183	125	161	217
Number of clean claims not excluded	4,330,843	4,289,280	4,216,338	4,140,932	4,371,951	4,182,056	4,063,503
Clean claims received within quarter processed within 30 days	4,328,106	4,285,879	4,214,069	4,125,063	4,363,258	4,180,329	4,059,463
Clean claims received within quarter not processed within 30 days	2,737	3,401	2,269	15,869	8,693	1,727	4,040
Percent of clean claims processed within 30 days	99.94%	99.92%	99.95%	99.62%	99.80%	99.96%	99.90%
Non-Clean Claims							
Non-clean claims received in quarter	230,131	166,333	181,989	198,106	285,427	259,307	226,090
Number of claims excluded	1,174	1,193	2,005	491	104	84	32
Number of non-clean claims not excluded	228,957	165,140	179,984	197,615	285,323	259,223	226,011
Non-clean claims received within quarter processed within 60 days	228,092	163,503	178,459	197,359	285,064	258,469	225,395
Non-clean claims received within quarter not processed within 60 days	865	1,637	1,545	256	259	754	616
Percent of non-clean claims processed within 60 days	99.62%	99.01%	99.15%	99.87%	99.91%	99.71%	99.73%
All Claims							
All claims received in quarter	4,561,216	4,455,956	4,398,689	4,339,221	4,657,503	4,441,524	4,289,810
Number of claims excluded	1,416	1,536	2,367	674	229	245	249
Number of claims not excluded	4,559,800	4,454,420	4,396,322	4,338,547	4,657,274	4,441,279	4,289,561
Number of all claims received within quarter processed within 90 days	4,559,302	4,453,939	4,396,198	4,338,003	4,656,967	4,441,059	4,289,342
Number of all claims received within quarter not processed within 90 days	498	481	124	544	307	220	219
Percent of all claims processed within 90 days	99.989%	99.989%	99.997%	99.987%	99.993%	99.995%	99.995%

Non-clean claims:

- Of the 226,011 included non-clean claims (not excluded) received in Q3 CY2018, 99.73% (225,395) were reported by the MCOs as processed within 60 days. Of the 226,011 non-clean claims (not

excluded) – 19.7% (44,430) were claims received by Amerigroup; 54.5% (123,112) were claims received by Sunflower; and 25.9% (58,469) claims received by UnitedHealthcare.
- Of the 616 non-clean claims not processed within 60 days – 6 (1.0%) were claims received by Amerigroup; 453 (73.5%) were claims received by Sunflower; and 157 (25.5%) were claims received by UnitedHealthcare.

All claims:
- 99.995% (4,289,342) of 4,289,561 "*number of claims not excluded*" received in Q3 CY2018 were reported by the MCOs as processed within 90 days.
- Of the 219 claims not processed within 90 days – 32 (14.6%) were claims received by Amerigroup, 118 (53.9%) were claims received by Sunflower, and 69 (31.5%) were claims received by UnitedHealthcare.

Due to the high volume and same-day processing of pharmacy claims, questions were previously raised at KanCare legislative public meetings about the impact of pharmacy claims on the reported high percentage of clean claims processed within 30 days. To assess the impact of pharmacy claims on the clean claims processing rate, KFMC also calculates the processing rates excluding pharmacy claims (see Table 7). From Q1 2017 through Q3 2018 the rate of clean claims processing within 30 days decreased by 0.02 to 0.21 percentage points when excluding pharmacy claims. Over the past seven quarters, the clean claims processing rate excluding pharmacy claims has ranged from 99.41% to 99.94%.

Table 7. Timeliness of Clean Claims Processing – Q1 CY2017 to Q3 CY2018, Excluding Prescriptions

	CY2017				CY2018		
	Q1	Q2	Q3	Q4	Q1	Q2	Q3
Clean claims received in quarter	4,331,085	4,289,623	4,216,700	4,141,115	4,372,076	4,182,217	4,063,720
Number of pharmacy claims (excluded)	1,790,595	1,722,540	1,445,711	1,456,248	1,586,923	1,470,636	1,417,812
Number of other claims excluded	242	343	362	183	125	161	217
Number of clean claims not excluded	2,540,248	2,566,740	2,770,627	2,684,684	2,785,028	2,711,422	2,645,691
Clean claims (not excluded) processed within 30 days	2,537,511	2,563,339	2,768,358	2,668,815	2,776,335	2,709,695	2,641,651
Clean claims not processed within 30 days	2,737	3,401	2,269	15,869	8,693	1,727	4,040
Percent of clean claims processed within 30 days (excluding pharmacy)	99.89%	99.87%	99.92%	99.41%	99.69%	99.94%	99.85%
Percent of clean claims processed within 30 days (including pharmacy)	*99.94%*	*99.92%*	*99.95%*	*99.62%*	*99.80%*	*99.96%*	*99.90%*

Previous Recommendations (Timeliness of Claims Processing by Claim Type and Date Received)

Sunflower and UnitedHealthcare should evaluate the claims that were not processed within the timeliness requirements to determine possible actions to take for improvement. Continue to provide notes regarding rationale for changes in rates and plans for improvement.

Recommendations (Timeliness of Claims Processing by Claim Type and Date Received)

The KanCare MCOs should assess their timeliness of claims processing on an ongoing basis to review for any variations. Notes should be provided regarding variations in the monthly Claims Overview Report.

Average Turnaround Time (TAT) for Processing Clean Claims

As indicated in Table 8, the MCOs reported 4,248,664 clean claims were processed in Q4 CY2018 (includes claims received prior to Q4). Excluding 1,497,760 pharmacy claims (processed same-day), there were 2,750,904 clean claims processed in Q4 CY2018.

Table 8. Average Monthly Turnaround Time Ranges for Processing Clean Claims, by Service Category – Comparison of Current and Previous Quarter and Annual Quarterly Ranges*

Service Category	Current and Previous Quarter		Annual Quarterly Ranges			
	Q3 CY2018	Q4 CY2018	CY2015	CY2016	CY2017	CY2018
Hospital Inpatient	10.3 to 15.2	9.3 to 14.2	6.4 to 15.9	7.1 to 18.4	6.0 to 15.6	9.3 to 16.0
Hospital Outpatient	5.1 to 10.2	5.2 to 10.6	3.5 to 10.8	4.0 to 12.9	4.5 to 10.1	5.1 to 11.4
Pharmacy	same day	same day	same day	same day	same day	same day
Dental	6.0 to 13.0	6.0 to 13.0	4.0 to 13.1	6.0 to 13.0	6.0 to 13.0	6.0 to 14.0
Vision	5.0 to 14.4	4.0 to 14.4	9.0 to 12.5	7.0 to 12.7	5.0 to 15.1	4.0 to 17.1
Non-Emergency Transportation	10.7 to 15.0	10.7 to 14.0	10.4 to 16.0	9.0 to 14.4	10.9 to 14.0	10.7 to 15.0
Medical (Physical health not otherwise specified)	5.5 to 9.8	5.4 to 10.1	3.4 to 10.5	4.2 to 10.7	4.7 to 9.8	5.4 to 10.2
Nursing Facilities	5.9 to 9.3	8.0 to 9.5	4.1 to 9.7	4.6 to 9.0	4.3 to 10.5	5.8 to 10.1
HCBS	6.9 to 9.7	6.9 to 9.3	4.1 to 10.2	5.7 to 10.8	5.7 to 12.2	6.9 to 19.4
Behavioral Health	4.5 to 10.9	4.8 to 11.7	2.7 to 10.5	4.1 to 11.7	3.8 to 9.9	4.9 to 14.9
Total Claims (Including Pharmacy)	4,065,634	4,248,664	17,820,402	17,820,402	17,302,422	16,960,523
Total Claims (Excluding Pharmacy)	2,647,822	2,750,904	10,999,807	10,999,807	10,887,328	10,987,392
Average TAT (Excluding Pharmacy)^	**6.2 to 9.7**	**6.3 to 10.3**	**4.3 to 10.3**	**5.0 to 10.6**	**5.3 to 9.9**	**6.2 to 10.8**

*The average TAT monthly ranges reported in Table 8 only include clean claims processed by the MCOs and do not include clean claims received but not yet processed.
^Average TATs are weighted averages calculated after excluding pharmacy claims.

Of the 2,750,904 clean claims processed in Q4 CY2018 (excluding 1,497,760 pharmacy claims), the average TAT was 6.3 to 10.3 days. The average TAT for processing clean claims for individual service types varies by service type and by MCO.

Average quarterly ranges were widest in Q4 CY2018 for Vision claims (4.0 – 14.4 days), Dental (6.0 – 13.0 days), and Behavioral Health (4.8–11.7).

The widest average service type monthly ranges in Q4 CY2018 by MCO were:

- **Dental** – Average monthly TATs for Dental had the widest range for Q4 CY2018 among the service categories. The TATs ranged from 13.0 days for Amerigroup, 6.0–7.0 days for Sunflower, and for 13.0 days for UnitedHealthcare.
- **Behavioral Health** – Average monthly TATs for Behavioral Health claims had the second widest range for Q4 CY2018 among the service categories. The TAT's ranged from 4.8 for Amerigroup, 8.9–11.7 for Sunflower, and 9.6–9.8 for UnitedHealthcare.

Grievances

Data Sources

Grievances are reported and tracked on a quarterly basis by MCOs in the Grievance and Appeal (GAR) report. The report tracks the number of grievances received in the quarter, the number of grievances closed in the quarter, the number of grievances resolved within 30 calendar days, and the number of grievances resolved within 60 calendar days. The GAR report also provides detailed descriptions of each grievance resolved, including narratives of grievance descriptions and resolution, category type, date received, Medicaid ID, waiver type, and number of calendar days to resolve.

Timeliness of Grievance Resolution

Quarterly tracking and reporting of timely resolution of grievances in the KanCare Evaluation are based on the MCOs' contractual requirements to resolve 98% of all grievances within 30 calendar days and 100% of all grievances within 60 calendar days (via an extension request). The number of grievances reported as resolved in a quarter includes some grievances from the previous quarter. As a result, the number of grievances reported as *"received"* each quarter does not (and is not expected to) equal the number of grievances *"resolved"* during the quarter (see Table 9). Of the 501 grievances resolved in Q4 CY2018, 137 (27%) were reported by Amerigroup, 157 (31%) by Sunflower, and 207 (41%) by UnitedHealthcare.

Table 9. Timeliness of Resolution of Grievances – Q1 to Q4 CY2018 and CY2014 to CY2018

	CY2018				CY2013 to CY2018				
	Q1	Q2	Q3	Q4	2014	2015	2016	2017	2018
Grievances received in quarter	516	599	530	501	2,287	2,021	1,767	1,917	2,146
Grievances resolved in quarter*	498	566	530	501	2,307	2,046	1,743	1,912	2,095
Grievances resolved within 30 business days*	486	564	527	499	2,283	2,006	1,667	1,892	2,076
Percent resolved within 30 business days	97.6%	99.6%	99.4%	99.6%	99.0%	98.0%	95.6%	99.0%	99.1%
Grievances not resolved within 30 business days	12	2	3	2	24	40	76	20	19
Grievances resolved within 60 business days*	488	565	530	501	2,299	2,035	1,742	1,909	2,084
Percent resolved within 60 business days*	98.0%	99.8%	100%	100.0%	99.7%	99.5%	99.9%	99.8%	99.5%
Grievances closed in quarter not resolved in 60 business days*	10	1	0	0	8	11	1	3	11

*Grievances resolved in the quarter include grievances received in the previous quarter.

In Q4 CY2018, 99.6% (499) of the 501 grievances reported by the MCOs were reported as resolved within 30 calendar days. For CY2018, of the 2,095 grievances reported by the MCOs, 99.1% (2,076) were resolved within 30 calendar days.

- Amerigroup – Resolved 135 of 137 (98.5%) grievances within 30 days
- Sunflower – Resolved 100% of grievances (157) within 30 days
- UnitedHealthcare – Resolved 100% of grievances (207) within 30 days

Compare/Track the Number of Grievances, Including Access-Related and Quality-Related Grievances, Over Time, by Population Categories

All Grievances

An additional 23 grievances were identified in Q4 CY2018 where members noted more than one grievance during their contact to the MCO based on the grievance description. In August 2018, KDHE staff updated the grievance report template and added a new grievance category for *Quality of Care – Opioids*. This category was changed by KDHE staff in Q4 to *Quality of Care – Pain Management*.

In Q4, 18% (91) of the grievances appeared to be categorized incorrectly (based on grievance descriptions and resolution details). See Table 10 for the number of reclassifications within each grievance reason category. In the comparison of grievances between *"as categorized by MCOs"* and *"based on grievance descriptions,"* the three categories with the most changes were *"Customer Service"* (19), *"Transportation – Safety"* (12), and *"Billing and Financial Issues"* (11).

Table 10. Comparison of Grievances as Categorized by MCOs and Based on Grievance Descriptions Q4 CY2018*

	As Categorized by MCOs	Based on Grievance Descriptions
Billing and Financial Issues	88	99
Access to Service or Care	42	38
Quality of Care (non-HCBS provider)	54	63
Quality of Care HCBS provider	23	28
Quality of Care – Pain Management	4	8
Customer Service	52	33
Pharmacy Issues	13	7
Member's Rights/Dignity	5	6
Value-Added Benefit	8	10
Transportation – Other	73	74
Transportation – Reimbursement	5	8
Transportation – Safety	14	26
Transportation – No Show	36	34
Transportation – Late	64	66
Transportation – No Driver Available	2	3
Other	15	12
Non-Covered Services	3	9
Total	**501**	**524**

*Includes grievances received in Quarter 3 CY2018 resolved in Quarter 4 CY2018

Transportation-related grievances (based on grievance descriptions) continued to be the most frequently reported – 211 (40%) in Q4 CY2018. Of the 211 transportation-related grievances, 50 (24%) were reported by Amerigroup, 82 (39%) were reported by Sunflower, and 79 (37%) were reported by UnitedHealthcare. The number of *Transportation – Other* (74) and *Transportation – Late (*66*)* grievances continued to be high, in Q4. Also, of concern is the number of *Transportation – No Show* (34), and *Transportation – Safety* grievances (26). The State requires the MCOs to send monthly Non-Emergency Medical Transportation (NEMT) reports, in addition to quarterly reports, to promote quicker follow-up and resolution of transportation-related issues.

As shown in Table 11, of 524 grievances in Q4 CY2018 (based on grievance descriptions), 179 (34%) were from members receiving waiver services; 345 grievances (66%) were from members not receiving waiver services. The majority (54%) of grievances from waiver members were from members receiving PD Waiver services; 14% were from members receiving FE services; and 13% were from members receiving I/DD waiver services. There were a total of 91 (17%) QOC grievances (non-HCBS and HCBS); 41 (45%) of these were reported by Waiver members and 50 (55%) were reported by non-Waiver members. Of the 38 *Access to Service or Care grievances*, 37% (14) were waiver members.

Table 11. Grievances Reported by Waiver/non-Waiver Members Resolved in Q4 CY2018*									
	Waiver Members								Non-Waiver
	FE	I/DD	PD	SED	TA	TBI	Autism	Grievances	Grievances
Billing and Financial Issues	1	2	5	2	2	2	1	15	84
Access to Service or Care	0	4	6	1	1	1	1	14	24
Quality of Care (non-HCBS provider)	4	1	10	1	0	1	1	18	45
Quality of Care HCBS provider	3	8	10	1	1	0	0	23	5
Quality of Care - Pain Management	0	0	2	0	0	0	0	2	6
Customer Service	3	4	5	2	0	2	0	16	17
Pharmacy Issues	0	0	1	0	0	0	0	1	6
Member's Rights/Dignity	0	0	2	0	0	0	0	2	4
Value-Added Benefit	0	0	4	0	0	0	0	4	6
Transportation – Other	2	2	22	0	0	3	0	29	45
Transportation – Reimbursement	0	0	1	1	0	0	0	2	6
Transportation – Safety	0	1	9	1	0	1	0	12	14
Transportation – No Show	5	0	8	0	0	2	0	15	19
Transportation – Late	5	0	7	1	0	5	0	18	48
Transportation – No Driver Available	1	0	1	0	0	0	0	2	1
Other	0	2	2	0	0	0	0	4	8
Non-Covered Services	1	0	1	0	0	0	0	2	7
Not Applicable	0	0	0	0	0	0	0	0	0
Total	**25**	**24**	**96**	**10**	**4**	**17**	**3**	**179**	**345**

*Counts are based on MCO grievance descriptions.
In Quarter 4 2018, there were no grievances reported for the "MCO Determined Not Applicable."

As shown in Table 12, the percentage of transportation-related grievances was higher among members receiving Waiver services in Q1-Q4 CY2018 (43%–58%) compared to members not receiving Waiver services (35%–39%).

This area intentionally left blank.

Table 12. Percentage of Transportation-Related Grievances Resolved in Q1 to Q4 CY2018, by Waiver/Non-Waiver	# Total Grievances				% Transportation Related			
	2018				2018			
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
Waiver Member Grievances	189	218*	188	179*	44%	58%	43%	44%
Non-Waiver Member Grievances	333	367	359	345	37%	35%	38%	39%
All Member Grievances	522	367	547	524	40%	44%	39%	41%
Physical Disability (PD)	96	133	102	96	60%	71%	45%	50%
Frail Elderly (FE)	34	30	31	25	38%	50%	74%	52%
Intellectual/Developmental Disability (I/DD)	26	25	22	24	12%	20%	14%	13%
Traumatic Brain Injury (TBI)	10	8	15	17	20%	38%	27%	65%
Serious Emotional Disturbance (SED)	10	17	10	10	40%	47%	30%	30%
Technology Assisted (TA)	13	4	8	4	23%	25%	25%	0%

*Autism Waiver grievances are not transportation related, and therefore are not included in the grievances by waiver; however, they are counted in the number of Waiver Member grievances.

In Q4, of the 179 grievances reported by waiver members, 78 (44%) were transportation-related.

- Physical Disability (PD) Waiver members – of the 96 grievances, 48 were transportation-related; 96 (18%) of the 524 total grievances reported in Q4 were from PD Waiver members.
- Frail Elderly (FE) Waiver members – of the 25 grievances, 13 were transportation-related.
- Intellectual/Developmental Disability (I/DD) Waiver members – of the 24 grievances, 3 were transportation-related.
- Serious Emotional Disturbance (SED) Waiver members – of the 10 grievances, 3 were transportation-related.
- Traumatic Brain Injury (TBI) Waiver members – of the 17 grievances, 11 were transportation-related.
- There were no transportation-related grievances for the Technology Assistance (TA) and Autism Waiver members.

Previous Recommendations (Grievances)

- MCOs should continue to report QOC grievances separately for HCBS-related services and for QOC grievances not related to HCBS services. Provide additional staff training as needed.
- The MCOs and the State should continue to compare Customer Service Reports and Grievance Reports each quarter to assess whether customer service inquiry counts for Expression of Dissatisfaction relatively correlate to the number of grievances reported. Review for large differences between MCOs that may indicate inaccurate categorizing of inquiries and grievances. In Q4 CY2018, there were 773 Expressions of Dissatisfaction in the Customer Service Reports and 524 Grievances. UnitedHealthcare reported 537 *Expressions of Dissatisfaction* and 217 grievances; Sunflower reported 177 *Expressions of Dissatisfaction* and 169 grievances; Amerigroup reported 59 *Expressions of Dissatisfaction* and 138 grievances.

Recommendations (Grievances)

Given that 2018 is the last year of Amerigroup's contract with the State of Kansas, no recommendations are included in this report for Amerigroup.

1. MCOs should continue to report QOC grievances separately for HCBS-related services and for QOC grievances not related to HCBS services. Provide additional staff training as needed.

2. The MCOs and the State should continue to compare Customer Service Reports and Grievance Reports each quarter for each MCO and between MCOs to assess whether there may be discrepancies in categorization of inquiries and grievances. Continue to review categorization guidance with the MCOs (e.g., Expressions of Dissatisfaction).

Ombudsman's Office

Data Sources

The primary data source in Q4 CY2018 is the quarterly KanCare Ombudsman Quarterly Report.

Current Quarter and Trend over Time

Ombudsman Office assistance is provided by the Ombudsman (Kerrie Bacon), three office staff (noted on the Ombudsman website, www.KanCare.ks.gov/kancare-ombudsman-office), and six trained volunteers at two satellite offices. Since the last quarterly report, the number of volunteers decreased from ten to six in the satellite offices; an additional volunteer is currently being trained and two volunteer interviews are being conducted in February. The Ombudsman's Office is located in Topeka, with satellite offices in Wichita (Sedgwick County) and Olathe (Johnson County). Assistance is provided by phone and in-person, including assistance completing Medicaid applications.

Since the last quarterly report, the Olathe satellite office decreased the number of weekly covered hours from 19.5 to 13.5 and the Wichita office decreased from 22 to 19.5 hours, and the offices decreased office availability from five days a week each to four days a week for Wichita and three days a week in Olathe.

Information (as well as volunteer applications) is provided through the Ombudsman's Office website in-person, phone calls, mail and email. A wide variety of resources are available on the KanCare Ombudsman website, including forms, fact sheets, application and documentation checklists, information on where to find additional assistance, information on applying for eligibility and renewal, and grievance and appeal process. During Q4 2018, the Ombudsman's Office conducted outreach through collaboration and education during 33 opportunities/events. Eighteen instances of outreach through publications occurred and four liaison trainings with community partners were conducted in Q4 2018.

As delineated in the CMS Kansas Special Terms and Conditions (STC), revised in January 2014, the Ombudsman's Office data to be tracked include date of incoming requests (and date of any change in status); contact method; the volume and types of requests for assistance; the time required to receive assistance from the Ombudsman (from initial request to resolution); the issue(s) presented in requests for assistance; the health plan involved in the request, if any; the geographic area of the beneficiary's residence; waiver authority if applicable (I/DD, PD, etc.); current status of the request for assistance, including actions taken by the Ombudsman; and the number and type of education and outreach events conducted by the Ombudsman.

The average number of initial contacts per quarter has increased annually over time, with an average of 523 per quarter in CY2014 and an average of 1,121 per quarter in CY2018. As shown in Table 13, the KanCare Ombudsman's office enhanced their report in Q3 CY2018, providing initial contact data by region. The report indicates most initial contacts with an identified region are coming from the east side of the state, which also ties to the distribution of Medicaid members within the state and population density of Kansas. However, 56% of the contacts were not identified. As the Ombudsman's office continues to improve the information provided, reporting contacts and issues by region will allow for further evaluation of areas for improvement.

Table 13. Ombudsman Office – Initial Contact Data by Region, Q3–Q4 CY2018

Region	2018	
	Q3	Q4
Northeast	238	187
Southeast	163	244
Northwest	10	14
Southwest	14	29
Out-of-State	21	17
Not Identified	639	633
Total	1,085	1,124

The Ombudsman Office began reporting data by region in Q3, 2018.

The Ombudsman's Office also reports contact issues by waiver-related type. As shown in Table 14, there were 120 waiver-related contacts in Q4 2018; 67 of these inquiries identified an MCO. The three most frequent waiver-related issues in Q4 were related to the PD Waiver (37), I/DD Waiver (32), and FE Waiver (31). The number of waiver-related inquiries specifying an MCO was lower in Q4 2018 (67) and calendar year 2018 (218) compared to Q4 2017 (79) and calendar year 2017 (275).

Table 14. Waiver-Related Inquiries to Ombudsman – Q4 and Annual CY2017 and CY2018

Waiver	Q4				Annual			
	2017		2018		2017		2018	
	All	MCO-related	All	MCO-related	All	MCO-related	All	MCO-related
Intellectual/Developmental Disability	77	29	32	13	200	67	123	48
Physical Disability	45	24	37	23	154	91	143	78
Technology Assisted	7	4	3	2	27	22	18	7
Frail Elderly	38	19	31	19	128	61	110	47
Traumatic Brain Injury	6	2	6	5	27	17	32	20
Serious Emotional Disturbance	5	1	7	4	18	11	26	16
Autism	0	0	4	1	7	6	8	2
Total	178	79	120	67	561	275	460	218

Since some contacts include more than one issue, the Ombudsman's Office tracks the number of certain issues addressed during contacts, including the number of issues that are MCO-related (see Table 15).

This area intentionally left blank.

Table 15. MCO-Related Issues Tracked by Ombudsman's Office – CY2018 by Quarter and Annual

	CY2018									
	Q1		Q2		Q3		Q4		Annual	
	All	MCO Related	All	MCO Related	All	MCO Related	All	MCO Related	All	MCO Related
Medicaid Eligibility Issues	208	30	212	38	182	28	187	32	789	128
Medicaid Info (status) Update	210	22	215	22	195	18	187	13	807	75
Medicaid Renewal	103	18	57	18	39	13	24	9	223	58
Medicaid General Issues/Questions	62	17	181	26	198	32	256	52	697	127
Medicaid Application Assistance	185	9	134	10	144	3	174	8	637	30
HCBS - Total	93	46	65	26	103	46	95	45	356	163
HCBS General Issues	*36*	*20*	*33*	*13*	*60*	*29*	*49*	*29*	178	91
HCBS Eligibility Issues	*46*	*19*	*26*	*11*	*36*	*15*	*34*	*11*	142	56
HCBS Reduction in Hours of Service	*7*	*7*	*2*	*1*	*3*	*1*	*2*	*2*	14	11
HCBS Waiting List	*4*	*0*	*4*	*1*	*4*	*1*	*10*	*3*	22	5
Appeal/Fair Hearing Questions/Issues	45	6	25	7	35	10	16	7	121	30
Grievances Questions/Issues	28	8	34	13	23	11	12	9	97	41
Billing	40	21	26	16	32	19	19	9	117	65
Client Obligation & Spenddown Issues	81	28	65	27	47	19	55	22	248	96
Coding Issues	32	14	8	4	10	4	21	10	71	32
Transportation	16	11	10	5	9	5	12	6	47	27
Medical Services	23	10	27	15	10	6	13	9	73	40
Care Coordinator Issues	10	9	11	10	7	4	14	11	42	34
Change MCO & Choice Info on MCO	15	9	10	7	8	7	57	38	90	61
Medicare-related & Savings Plan Issues	36	7	39	9	47	10	56	7	178	33
Pharmacy	16	7	1	1	2	1	11	10	30	19
Dental	10	6	9	2	6	0	7	6	32	14
Consumer said Notice not Received	16	3	4	1	14	5	13	9	47	18
Abuse/Neglect Complaints	10	3	10	5	7	0	2	1	29	9
Social Security Issues	9	2	13	1	11	1	24	4	57	8
Nursing Facility Issues	21	2	18	4	23	7	24	6	86	19
Housing Issues	7	2	7	1	7	1	4	3	25	7
Access to Providers	2	2	2	1	8	6	10	5	22	14
Moving to/from Kansas	16	2	13	0	21	0	19	1	69	3
Background Checks	4	2	0	0	1	0	0	0	5	2
Durable Medical Equipment	1	1	4	2	9	3	13	10	27	16
Help Understanding Mail	4	1	15	6	21	8	21	8	61	23
Prior Authorization Issues	1	1	2	1	0	0	4	3	7	5
Affordable Care Act Calls	15	1	12	0	9	1	8	0	44	2
Cultural Competency	0	0	1	0	1	0	3	0	5	0
Data Requests	3	0	2	0	4	2	0	0	9	2
Division of Assets	10	2	3	0	5	0	11	0	29	2
Estate Recovery	11	0	4	0	10	0	8	2	33	2
Guardianship	3	0	6	1	5	2	5	1	19	4
Health Homes	0	0	1	0	0	0	1	0	2	0
Medicaid Fraud	3	0	2	1	2	0	5	3	12	4
Pain Management Issues	0	0	0	0	0	0	1	1	1	1
Respite	0	0	1	1	0	0	1	0	2	1
Working Healthy	3	0	6	1	8	2	9	4	26	7
Other	214	35	132	23	132	19	135	29	613	106
Total Issues - All & MCO-Related*	**1,566**	337	**1,387**	305	**1,395**	293	**1,537**	393	**5,885**	1,328
% MCO-Related*		22%		22%		21%		26%		23%

Quarterly /Annual data is reported as at a point time from the quarterly Ombudsman report, as the Ombudsman identified, "Numbers may vary from prior reports due to continuing work on past quarters and pulling information from data reporting rather than adding information to chart each quarter."

*Excludes in Q4 2018: Unspecified (80; 8 MCO-related), Thank You (497; 145 MCO-related), and categories with zero issues reported for CY2018 (Medicaid Coding - 0 and Questions for Conference Calls/Sessions - 0)

In Q4 2018, for Table 15, issue categories that were previously combined into the Ombudsman "Other" category were reported out seperately. There were 1,537 issues reported in Q4 2018 and of those, 393 (26%) specified an MCO. For CY2018, there were 5,885 issues and of those, 1,328 (23%) specified an MCO. In Q4 2018, there were a higher number of issues in the category "Change MCO and Choice of

Information on MCO" than in the previous three quarters (Q1-Q3, 2018). This may be due to open enrollment, Amerigroup's contract ending, and Aetna becoming a Kansas MCO effective January 1, 2019.

The Ombudsman's goal of responding to members/applicants is within two business days. In Q4, 2018, there were 1,124 initial contacts reported with an average of one day response time. There was a reported 86% response in 0-2 days, 14% in 3-7 days, and 0% response in 8 or more days. In Q4 2018, the KanCare Ombudsman office began tracking data to show the length of time it takes to respond/resolve issues that need review and assistance from other state organizations. There were 232 referrals reported for Q4 2018, of which, 72% (166) were responded to within 0-2 days; 16% (36) in 3-7 days; 9% (22) in 8-30 days; and 3% (8) in 31 or more days.

In Q4, 2018, the Ombudsman's office also began tracking data to detail the length of time it takes to resolve issues that need help from other organizations (i.e., Clearinghouse [151]; KDADS – Behavioral Health [2], HCBS [15], Health Occ. Cred. [0]; KDHE – Eligibility [10], Program Staff [9], Provider Contact [8]; KMAP [3]; DCF [5]; Aetna [1]; Amerigroup [9]; Sunflower [13]; and UnitedHealthcare [6]). The response/resolution rates for issues that were referred in Q4 2018 (232) were, 71% (165) in 0-2 days; 16% (36) in 3-7 days; 9% (22) in 8-30 days; and 4% (9) in 31 or more days.

Recommendations (Ombudsman)

1. In the Ombudsman report:
    a. Include information regarding quarterly variation in the number of volunteers and weekly covered hours (both decreased in Q4 2018); address implications related to the number of contacts per quarter (were higher in 2018); and discuss plans/efforts to increase volunteers and covered hours based on need.
    b. In all tables that report data for the days to respond to member/applicants:
        i. Add a "Total" line; and
        ii. Include the number of responses along with the percent responded (e.g., Clearinghouse – Of 151 referrals, [111] 74% in "0-2 Days"; [24] 16% in "3-7 Days"; [11] 7% "in 8-30 Days"; [5] 3% "31 or More Days").
    c. Explore methods to improve capturing the region associated with the contact and decrease the number of regions "Not Identified."

Conclusions Summary (Quarter 4, 2018)

Timely Resolution of Customer Service Inquiries

- The MCOs met the contractual requirements of two and five business day inquiry resolution:
    - 95% within 2 business days - member inquiries: 98.87%; provider inquiries: 99.50%
    - 98% within 5 business days - member inquiries: 99.50%; provider inquiries: 99.68%.
    - Sunflower fully met (100%) the requirement for both 2 and 5 business days.
- The requirement for 100% inquiry resolution within 15 business days was overall not quite met, at 99.93% member and 99.76% provider inquiry resolution. Sunflower fully met the requirement for provider inquiries. Amerigroup reported 99.49% and UnitedHealthcare reported 99.85% of provider inquiries were resolved within 15 business days. For member inquiries, Amerigroup reported 99.92%, Sunflower reported 99.91%, and UnitedHealthcare reported 99.94% were resolved within 15 business days.

- Member customer service inquiries:
  - Of the 143,887 customer service inquiries from members in Q4 CY2018, 23% were reported by Amerigroup, 41% by Sunflower, and 36% by UnitedHealthcare.
  - *Need transportation* inquiries were the highest percentage (43.2%) of member inquiries in Q4. The second highest in Q4 CY2018 was *Benefit questions* at 15.6% of member inquiries.
  - Regarding categories where two-thirds or more of the inquiries were reported by one MCO, UnitedHealthcare reported 69.5% of the *Expression of dissatisfaction* inquiries.
- Provider customer service inquiries:
  - Of the provider inquiries received by MCOs in Q4 CY2018, Amerigroup had 38%, Sunflower 24%, and UnitedHealthcare 38%.
  - *Claim status questions* were again the highest percentage (31.5%) of provider inquiries and were the highest in each quarter of CY2018.

Timeliness of Claims Processing

- For claims received in Q3 CY2018, none of the MCOs met the contractual requirement to process 100% of clean claims within 30 days. Of the 4,063,720 included clean claims received in Q3 CY2018, 99.90% were reported by the MCOs as processed within 30 days.
- Of the 4,040 included clean claims not processed within 30 days – 57 (1.4%) were claims received by Amerigroup; 3,918 (97.0%) were claims received by Sunflower; and 65 (1.6%) were claims received by UnitedHealthcare.
- Of the 226,011 included non-clean claims (not excluded) received in Q3 CY2018, 99.73% were reported by the MCOs as processed within 60 days. Of the 616 non-clean claims not processed within 60 days – 6 (1.0%) were claims received by Amerigroup; 453 (73.5%) were claims received by Sunflower; and 157 (25.5%) were claims received by UnitedHealthcare.
- None of the MCOs met the contractual requirement to process all claims within 90 days. Of the 219 claims not processed within 90 days – 32 (14.6%) were claims received by Amerigroup, 118 (53.9%) were claims received by Sunflower, and 69 (31.5%) were claims received by UnitedHealthcare.
- To assess the impact of pharmacy claims on the clean claims processing rate, KFMC calculated processing rates excluding pharmacy claims. Over the past seven quarters, the clean claims processing rate excluding pharmacy claims has ranged from 99.41% to 99.94%.

Turnaround time (TAT) ranges for processing clean claims

Of the 2,750,904 clean claims processed in Q4 CY2018 (excluding 1,497,760 pharmacy claims), the average TAT was 6.3 to 10.3 days. The average TAT for processing clean claims for individual service types varies by service type and by MCO.

Average quarterly ranges were widest in Q4 CY2018 for Vision claims (4.0 – 14.4 days), Dental (6.0 – 13.0 days), and Behavioral Health (4.8–11.7).

Grievances

- Of the 501 grievances resolved in Q4 CY2018, in Q4 CY2018, 99.6% (499) of the 501 grievances reported by the MCOs were reported as resolved within 30 calendar days. Sunflower and UnitedHealthcare resolved 100% of grievances within 30 days.
- In Q4, 18% (91) of the grievances appeared to be categorized incorrectly (based on grievance descriptions and resolution details). The three categories with the most changes were *"Customer Service"* (19), *"Transportation – Safety"* (12), and *"Billing and Financial Issues"* (11). KDHE continues to provide clarification and guidance to the MCOs regarding grievance reason categorization.

- Transportation-related grievances continued to be the most frequently reported grievances – 211 (40%) in Q4 CY2018. The percentage of transportation-related grievances was higher among members receiving Waiver services in Q1-Q4 CY2018 (43%–58%) compared to members not receiving Waiver services (35%–39%). The State requires the MCOs to send monthly NEMT reports, in addition to quarterly reports, to promote quicker follow-up and resolution of transportation-related issues.
- Of 524 grievances in Q4 (based on grievance descriptions), 179 (34%) were from members receiving Waiver services. The majority (54%) of grievances from waiver Members were from members receiving PD Waiver services; 14% were from members receiving FE services; and 13% were from members receiving I/DD waiver services.

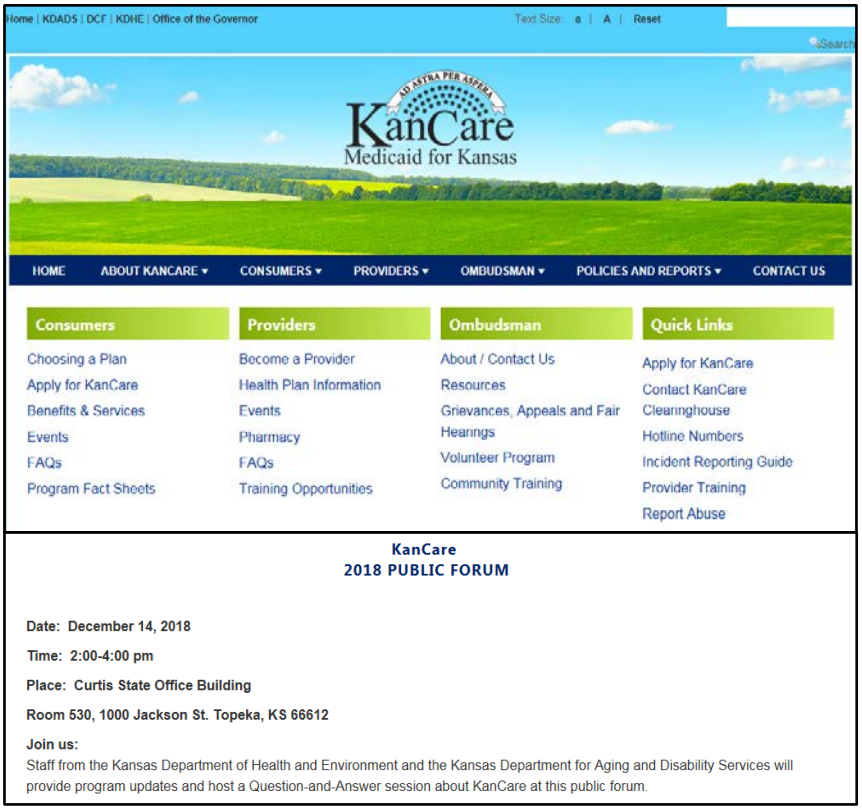
Ombudsman's Office

- Ombudsman's Office assistance is available at the main office in Topeka, two satellite offices (Wichita and Olathe), and on the Ombudsman's Office website.
- The Olathe satellite office decreased the number of weekly covered hours from 19.5 to 13.5 and the Wichita office decreased from 22 to 19.5 hours, and office availability decreased from five days at each location to four days a week in Wichita and three days in Olathe. Volunteers have decreased from ten to six; however, an additional volunteer is being trained and two interviews have recently occurred. The Ombudsman's Office is enhancing their data collection and reporting to allow for further evaluation (e.g., tracking contacts by region; reporting more issue categories to reduce the amount of issues reported as "other," and tracking timeliness of response/resolution for other entities involved [in addition to the Ombudsman's office]).
- The number of initial contacts has increased annually over time, with an average of 523 per quarter in CY2014 to an average of 1,121 in per quarter in CY2018.
- The most frequently reported issues quarterly to date have been Medicaid Eligibility Issues, Medicaid General Issues/Questions, HCBS-related Issues, and Client Obligation & Spenddown Issues.
- The three most frequent waiver-related issues in Q4 were related to the PD Waiver (37), I/DD Waiver (32), and FE Waiver (31).
- In Q4 2018, the Ombudsman's office responded to initial contacts within 0-2 days for 86% of the contacts, and for 100% within 7 days.
- The response/resolution rates for issues that were referred to other entities in Q4 2018 were 71% in 0-2 days; 16% in 3-7 days; 9% in 8-30 days; and 4% in 31 or more days.

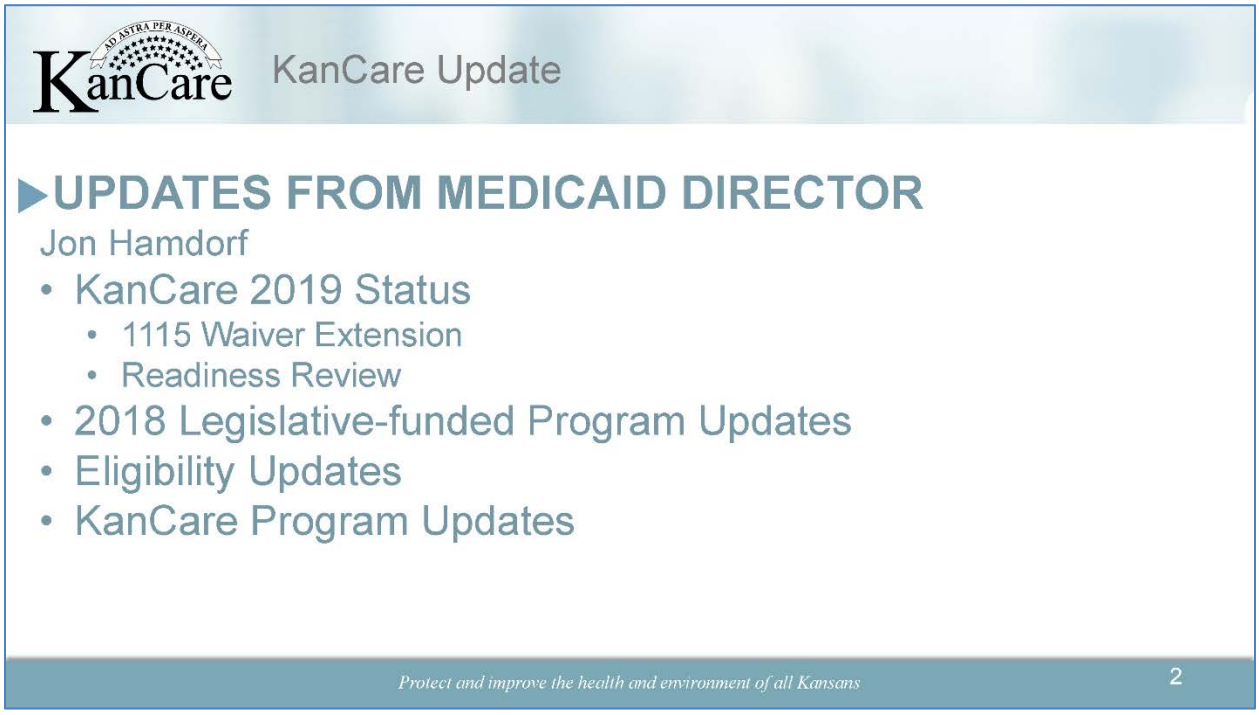
Summary of KanCare Annual Post Award Forum Held 12.14.18

The KanCare Special Terms and Conditions, at item #15, provide that annually "the state will afford the public with an opportunity to provide meaningful comment on the progress of the demonstration. At least 30 days prior to the date of the planned public forum, the state must publish the date, time and location of the forum in a prominent location on its website. … The state must include a summary of the comments and issues raised by the public at the forum and include the summary in the quarterly report, as specified in STC77, associated with the quarter in which the forum was held. The state must also include the summary of its annual report as required in STC78."

Consistent with this provision, Kansas held its 2018 KanCare Public Forum, providing updates and opportunity for input, on Tuesday, December 14, 2016, from 2:00-4:00 pm at the Curtis State Office Building, Room 530, 1000 Jackson St., Topeka, Kansas. The forum was published on the face page of the www.KanCare.ks.gov website, starting on October 17, 2018. A screen shot of the notice from the KanCare website face page is as follows:



At the public forum, approximately 40 KanCare program stakeholders (providers, members, and families) attended, as well staff from the Kansas Department of Health and Environment; staff from the Kansas Department of Aging and Disability Services; and staff from the KanCare managed care organizations. A summary of the information presented by state staff is included in the following PowerPoint documents:



KanCare Update

1115 WAIVER EXTENSION

- December Approval
  - Budget Neutrality completed
  - STCs finalized
  - IMD Exclusion for SUD – Implementation Plan
  - All other programs with July 1, 2019,or later date

KanCare Update

READINESS REVIEW

- Go-live date: January 1, 2019
- Finishing readiness review reports for CMS
- Continuity of Care Policy
  - 90-day plan of care hold
  - Provider payments without contract for new MCOs
  - Prior Authorization suspension (limited time/services)
- Post go-live phone support in January
- Prior authorizations and single provider credentialing form (HB 2026)

KanCare Update

▶LEGISLATIVE-FUNDED PROGRAMS

Program	Status	Engagement With Stakeholders/Associations	Risks	ETA
OneCare Kansas (Health Homes)	Draft Policy to review with Steering Committee. Systems estimate for MMIS	Steering committee2 meeting December 20	Systems / Data Development Timing (Quarter)	TBD
Reinstatement post incarceration	Positions hired. Contract completed with Appriss	Coordination with DOC	DCF Funding	January 2019
Mid Year Rate Adjustment	Completed	Completed	None	Completed
Juvenile Crisis Centers	Working with DCF on RFI / RFP	tbd	Medicaid payments Medical Necessity	Spring / Summer 2019

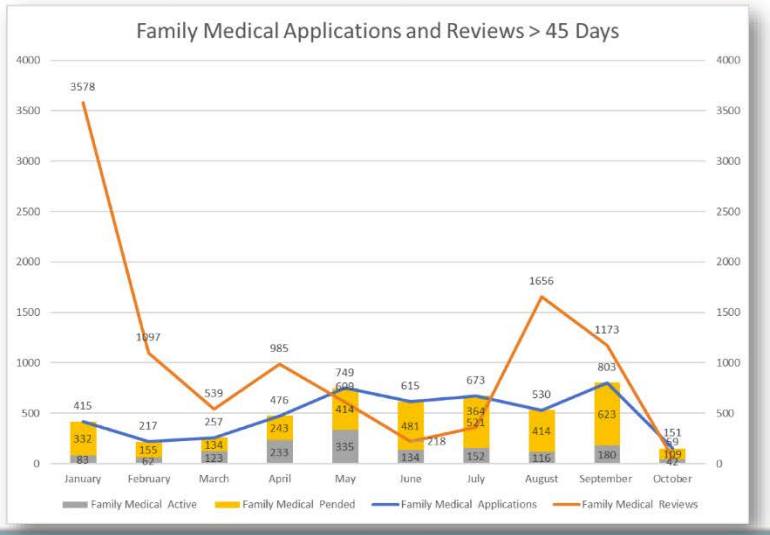
KanCare Update

▶LEGISLATIVE-FUNDED PROGRAMS

Issues/Challenges

- Telehealth Bill
  - All providers/services?
  - Follow CMS guidance for now
- Juvenile Crisis Center Bill
  - Payment for covered and medically necessary services (use of federal matching funds and SGF)
  - Discharge, recidivism, transient population
  - Non-Medicaid population

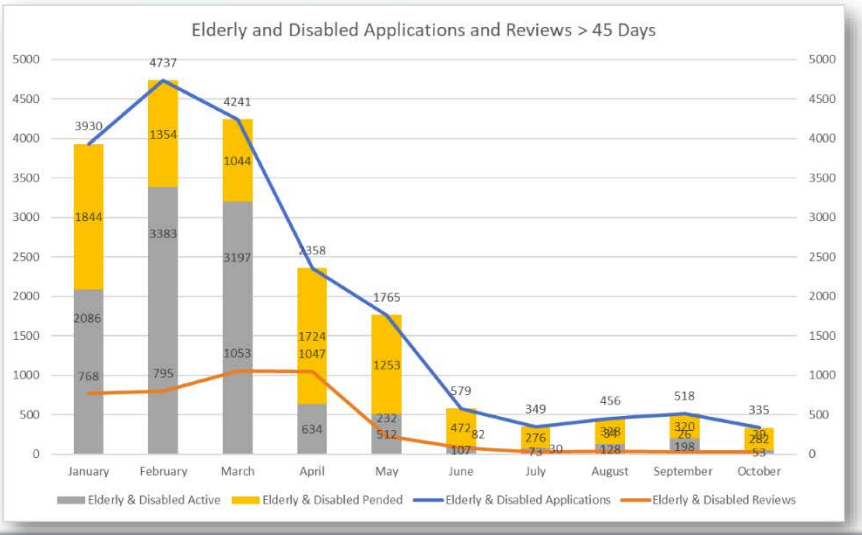
KanCare Update



Protect and improve the health and environment of all Kansans

7

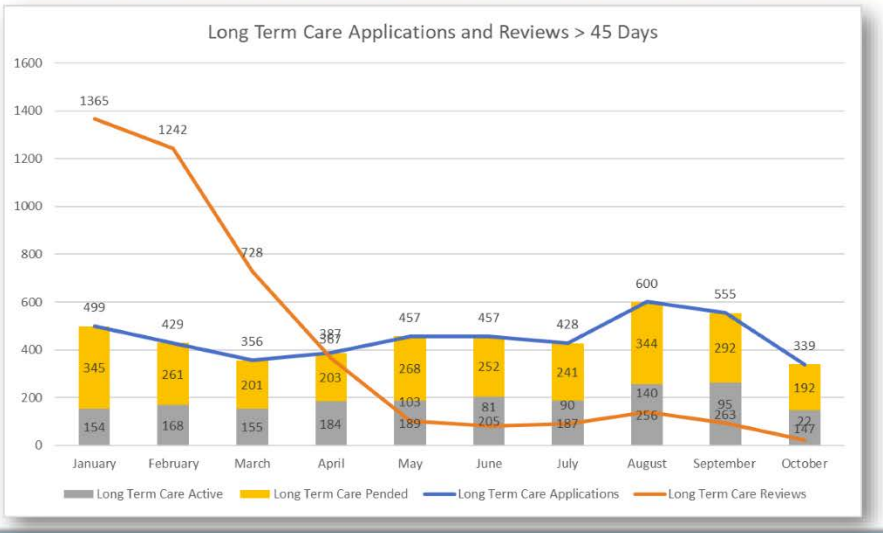
KanCare Update



Protect and improve the health and environment of all Kansans

8

KanCare Update



KanCare Update

Liquidated Damages

LD Daily Calculation

Year-Month	Evaluation Date	SLA 1 - ED&LTC App LD Amt	SLA 2 - Await Dis LD Amt	SLA 3 - FM App LD Amt	SLA 4 - PW 7 Day LD Amt	SLA 5 - PW 30 Day LD Amt	SLA 6 - Reviews LD Amt	SLA 7-CM LD Amt	All SLA LD Amt
2018-10	10/18/2018	$7,900	$0	$6,350	$3,700	$350	$13,750	$300	$32,350
	10/19/2018	$5,750	$0	$4,850	$1,150	$50	$11,900	$300	$24,000
	10/23/2018	$8,650	$0	$8,900	$1,400	$50	$7,750	$300	$27,050
	10/24/2018	$6,800	$0	$3,600	$1,300	$0	$4,500	$300	$16,500
	10/25/2018	$5,650	$0	$1,450	$1,650	$50	$3,500	$300	$12,600
	10/26/2018	$5,500	$0	$1,300	$400	$50	$3,400	$300	$10,950
	10/30/2018	$4,500	$0	$50	$100	$50	$0	$0	$4,700
	10/31/2018	$1,950	$0	$0	$0	$0	$0	$0	$1,950

KanCare Update

KANCARE PROGRAM UPDATES

KanCare Utilization

- Members are more likely to attend their appointments; Transportation up 60% compared to pre-KanCare levels
- Costly inpatient hospital stays have been reduced by 19%
- Emergency Room use down by 8%
- All metrics use number of claims as basis of measurement, with exception of Inpatient (Days) and Pharmacy (prescriptions)

KanCare Utilization

Types of Service	KanCare (2017) vs. Pre-KanCare (2012)	2017 vs. 2016
Primary Care Physician	3%	3%
Transportation NEMT	60%	3%
Outpatient Non-ER	-8%	6%
Inpatient	-19%	4%
Outpatient ER	-8%	6%
Dental	-1%	-6%
Pharmacy	3%	5%
Long Term Care	2%	2%
Vision	13%	-1%
HCBS Services	2%	0%

KanCare Update

KANCARE PROGRAM UPDATES

KanCare Utilization

- Primary Care utilization is up by 21% vs. 2012, up 1% to previous year
- Inpatient hospital stays have decreased by 12% compared to 2012
- ER visits have decreased by 21%
- Dental services have increased by 34%
- All metrics use units as measurement

HCBS Waiver Utilization

Type of Service	KanCare (2017) vs. Pre-KanCare (2012)	2017 vs. 2016
Primary Care Physician	21%	1%
Transportation NEMT	113%	1%
Outpatient Non-ER	-12%	2%
Inpatient	-12%	3%
Outpatient ER	-21%	3%
Dental	34%	-6%
Pharmacy	10%	5%
Vision	21%	1%
HCBS Services	2%	0%

MCO Financial Update

KanCare
MCO Profit and Loss per NAIC Filings
June 30, 2018 Compared to June 30, 2017

MCOs owe HIPF in 2018
- Fee is based on 2017 revenues, payable in 2018
- Statutory reporting expenses the entire annual fee in Q1 of 2018
- GP rates have been restated by the State by allocating HIPF proportionately

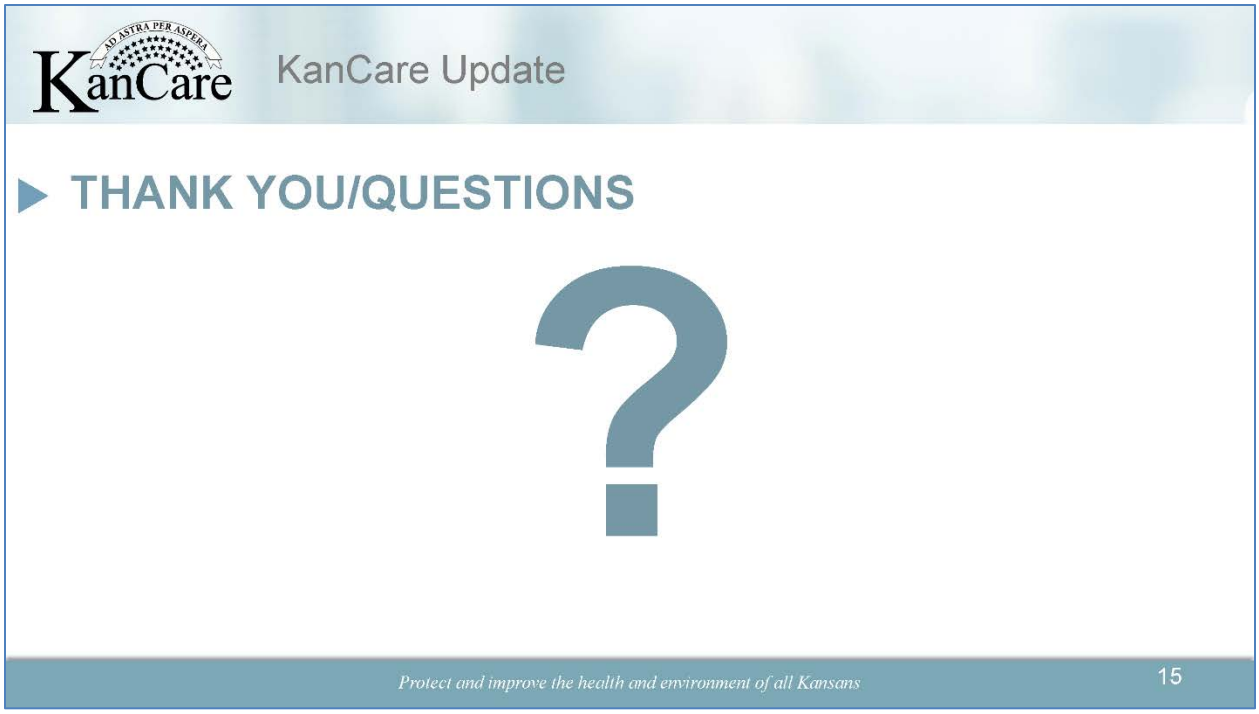
	Amerigroup	Sunflower	United	Total
Total Revenues	$534,051,202	$675,305,514	$554,542,315	$1,763,899,031
Total hospital and medical	$468,333,186	$551,480,552	$455,766,541	$1,475,580,279
Claims adjustments, General Admin., Increase in reserves	$82,739,070	$117,066,487	$88,117,997	$287,923,554
Net underwriting gain or (loss)	($17,021,054)	$6,758,475	$10,657,777	395,198
Net income or (loss) after capital gains tax and before all other federal income taxes	($15,273,900)	$7,937,673	$10,657,777	3,321,550
Federal and foreign income tax/(benefit)	$183,636	$4,497,639	$8,210,752	$12,892,027
Add Back Change to Reserves	$0	$0	$0	$0
Adjusted Net income (loss) - Through June 30, 2018	($15,457,536)	$3,440,034	$2,447,025	($9,570,477)
GP before income tax	**-2.9%**	**1.2%**	**1.9%**	**0.2%**
HIPF (Q3-Q4 booked in Q1)	7,669,000	4,116,162	4,783,868	16,569,030
Adj'd net income before income tax	(7,604,900)	12,053,835	15,441,645	19,890,580
GP before income tax and wo extra HIPF	**-1.42%**	**1.78%**	**2.78%**	**1.13%**

KanCare Update

CORRECTIVE ACTION PLAN - MLTSS

CAP PROGRESS BY TASK AREA	
Task Area	**% of Tasks Complete**
Administrative Authority	100%
Person-Centered Planning	100%
Provider Access and Network Adequacy	100%
Participant Protections	100%
Support for Beneficiaries	100%
Stakeholder Engagement Process Development	100%
Overall % of CAP Tasks Complete	100%

Corrective Action Plan Completed October 2018



After presentation of the update information from both KDHE and KDADS, participants were offered the opportunity to present questions or comments for discussion. Most of the comments and questions were related to a well-child examinations policy that resulted in a rate reduction. Director Hamdorf explained that the consequences of the policy were unintended, and he had directed KDHE staff to reverse the policy and correct the rate reduction retroactively back to November 1, 2018. He also stated he had recommended to Governor-elect Kelly's transition team that they consider a rate increase for pediatric services; however, the projection for that was about $11 million. One parent complained that he had not received notice of the education meetings held in September and October to explain the transition from Amerigroup to Aetna Better Health of Kansas.

KDHE Summary of Claims Adjudication Statistics –

January through December 2018 – KanCare MCOs

AMERIGROUP Service Type	Total claim count - YTD cumulative	total claim count $ value YTD cumulative	# claims denied – YTD cumulative	$ value of claims denied YTD cumulative	% claims denied – YTD cumulative
Hospital Inpatient	37,232	$1,709,951,185.79	5,704	$326,091,013.16	15.32%
Hospital Outpatient	331,275	$954,421,949.70	37,796	$104,016,285.12	11.41%
Pharmacy	1,914,663	$154,917,746.18	569,939	Not Applicable	29.77%
Dental	142,085	$43,533,018.97	13,942	$4,929,363.77	9.81%
Vision	78,534	$22,399,058.56	10,877	$3,641,623.17	13.85%
NEMT	146,105	$5,877,861.64	622	$39,943.92	0.43%
Medical (physical health not otherwise specified)	1,872,402	$1,126,070,873.08	232,451	$163,931,428.49	12.41%
Nursing Facilities-Total	86,300	$243,109,794.17	9,364	$31,784,536.28	10.85%
HCBS	296,941	$190,949,023.22	18,198	$15,563,519.72	6.13%
Behavioral Health	578,337	$82,446,481.60	42,318	$6,427,345.80	7.32%
Total All Services	5,483,874	$4,533,676,992.91	941,211	$656,425,059.43	17.16%

SUNFLOWER Service Type	Total claim count - YTD cumulative	total claim count $ value YTD cumulative	# claims denied – YTD cumulative	$ value of claims denied YTD cumulative	% claims denied – YTD cumulative
Hospital Inpatient	34,626	$1,551,704,112	8,269	$431,796,155	23.88%
Hospital Outpatient	320,132	$884,583,791	38,903	$141,976,668	12.15%
Pharmacy	2,265,680	$282,972,795.72	818,493	$152,712,882.83	36.13%
Dental	156,821	$45,918,006.52	15,925	$3,348,551.40	10.15%
Vision	99,997	$25,663,636.67	15,934	$4,190,760.59	15.93%
NEMT	152,177	$4,311,522.48	2,166	$55,418.46	1.42%
Medical (physical health not otherwise specified)	1,661,019	$936,622,555	228,667	$184,209,644	13.77%
Nursing Facilities-Total	126,468	$306,079,287	10,252	$41,843,355	8.11%
HCBS	564,011	$313,676,291	30,893	$16,437,464	5.48%
Behavioral Health	757,383	$126,084,127	67,299	$12,936,112	8.89%
Total All Services	6,138,314	$4,477,616,125	1,236,801	$989,507,012	20.15%

UNITED Service Type	Total claim count - YTD cumulative	total claim count $ value YTD cumulative	# claims denied – YTD cumulative	$ value of claims denied YTD cumulative	% claims denied – YTD cumulative
Hospital Inpatient	26,438	$1,148,280,194.29	5,957	$296,439,502	22.53%
Hospital Outpatient	315,706	$918,076,031.79	57,486	$178,485,645	18.21%
Pharmacy	1,792,788	$265,919,453.85	447,396	$139,930,714	24.96%
Dental	155,276	$48,088,994.07	20,439	$7,185,418	13.16%
Vision	79,973	$18,573,397.92	13,363	$2,999,714	16.71%
NEMT	173,124	$4,760,598.04	1,586	$49,587	0.92%
Medical (physical health not otherwise specified)	1,618,541	$891,816,530.69	266,512	$222,947,326	16.47%
Nursing Facilities-Total	95,530	$271,671,148.51	12,772	$37,535,686	13.37%
HCBS	384,677	$175,003,471.60	15,448	$8,484,834	4.02%
Behavioral Health	669,074	$163,274,530.38	42,263	$18,836,722	6.32%
Total All Services	5,311,127	$3,905,464,351.14	883,222	$912,895,147	16.63%