

Quarterly Report to CMS
Regarding Operation of 1115
Waiver Demonstration Program
– Quarter Ending 9.30.2020



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

KanCare
Section 1115 Quarterly Report
Demonstration Year: 8 (1/1/2020-12/31/2020)

Table of Contents

I. Introduction	2
II. Enrollment Information	3
III. Outreach/Innovation	3
IV. Operational Developments/Issues	10
V. Policy Developments/Issues	24
VI. Financial/Budget Neutrality Development/Issues.....	24
VII. Member Month Reporting.....	24
VIII. Consumer Issues	26
IX. Quality Assurance/Monitoring Activity.....	26
X. Managed Care Reporting Requirements	29
XI. Safety Net Care Pool	36
XII. Demonstration Evaluation.....	36
XIII. Other (Claims Adjudication Statistics; Waiting List Management).....	36
XIV. Enclosures/Attachments.....	37
XV. State Contacts.....	37
XVI. Date Submitted to CMS	37

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 and 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. On December 20, 2017, the State submitted an extension request for its Medicaid 1115 demonstration. On December 18, 2018 the Centers for Medicare and Medicaid Services approved a renewal of the Medicaid Section 1115 demonstration proposal entitled KanCare. The demonstration is effective from January 1, 2019 through December 31, 2023.

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 five-year demonstration will:

- Maintain Medicaid state plan eligibility;
- Maintain Medicaid state plan benefits;
- Continue to 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;
- Extend the Delivery System Reform Incentive Payment program; and
- Design and implement an alternative payment model (APM) program to replace the DSRIP program
- Maintain the Safety Net Care Pool to support hospitals that provide uncompensated care to Medicaid beneficiaries and the uninsured.
- Increase beneficiary access to substance use disorder (SUD) treatment services.
- Provide work opportunities and supports for individuals with specific behavioral health conditions and other disabilities.

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

- Continue to provide integration and coordination of care across the whole spectrum of health to include physical health, behavioral health, and LTSS/HCBS;
- Further improve the quality of care Kansas Medicaid beneficiaries receive through integrated care coordination and financial incentives paid for performance (quality and outcomes);

- Maintain Medicaid cost control by emphasizing health, wellness, prevention and early detection as well as integration and coordination of care;
- Continue to 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;
- Help Kansas Medicaid beneficiaries achieve healthier, more independent lives by coordinating services to strengthen social determinants of health and independence and person-centered planning;
- Promote higher levels of member independence through employment programs;
- Drive performance and improve quality of care for Kansas Medicaid beneficiaries by integrating value-based models, purchasing strategies and quality improvement programs; and
- Improve effectiveness and efficiency of the state Medicaid program with increased alignment of MCO operations, data analytic capabilities and expanded beneficiary access to SUD services.

This quarterly report is submitted pursuant to item #64 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 quarter, as of September 30, 2020.

Demonstration Population	Enrollees at Close of Quarter (9/30/2020)	Total Unduplicated Enrollees in Quarter	Disenrolled in Quarter
Population 1: ABD/SD Dual	15,849	16,678	829
Population 2: ABD/SD Non-Dual	30,284	31,354	1,070
Population 3: Adults	50,516	51,437	921
Population 4: Children	214,496	217,653	3,157
Population 5: DD Waiver	9,104	9,155	51
Population 6: LTC	21,453	22,374	921
Population 7: MN Dual	2,415	3,000	585
Population 8: MN Non-Dual	1,190	1,307	117
Population 9: Waiver	4,401	4,630	229
Population 10: UC Pool	N/A	N/A	N/A
Population 11: DSRIP Pool	N/A	N/A	N/A
Total	349,708	357,588	7,880

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 twelve members: three state legislators , one mental health provider, one CDDO representative, two physician and hospital representatives, three KanCare members, one former Kansas Senator, one pharmacy representative. The third quarter KanCare Advisory Council meeting occurred via Zoom on September 29, 2020. The agenda was as follows:

- Welcome

- Review and Approval of Minutes from Council Meeting, June 9, 2020
- Old Business
 - Ed Nicholas addressed these topics:
 - Define the capable person policy in regard to the care of our disabled children and adults in need of care per their personal care plans
 - Update on staffing issues for those in need of long-term care
 - Update on progress of the steps being done on the different agencies that can help waiver consumers obtain the hours of care that have been allotted via their personal centered care plans for Nursing and or Personal Care Attendants (Self-directed or agency directed)
 - Dr. Rebecca Reddy stated Aetna Better Health is still not paying anything that requires a CLIA number
 - Chris Swartz discussed inquiries from Cottonwood Pediatrics that HEDIS reports do not reflect a member’s refusal of a vaccine
- New Business
 - Walt Hill voiced concern with the delay in credentialing of providers for KanCare
 - Dr. Rebecca Reddy:
 - Requested the MCOs provide paid claim statistics comparing pandemic and pre-pandemic dates of services
 - Requested the MCOs provide pediatric patients enrollment by age.
 - Requested KanCare application processing information
 - Requested information regarding the MCOs’ readiness for the change in E and M service codes effective January 1, 2021
 - Discussion on new CPT codes related to outpatient care for COVID-19. Will the new codes 99072 and 87426 be reimbursed? Reimbursement of code 87426 does not fully cover the cost the provider incurs
 - Njeri Shomari stated providers of in-home HCBS services do not have adequate Personal Protective Equipment (PPE) and access to COVID-19 testing. Members are afraid to have providers in their home unless COVID-19 testing has occurred.
- KDHE Update – Sarah Fertig, Medicaid Director, Kansas Department of Health and Environment and Chris Swartz, Director of Operations/COO, Deputy Medicaid Director, Kansas Department of Health and Environment
- KDADS Update – Janis DeBoer, Deputy Secretary, Kansas Department for Aging and Disability Services
- KanCare Ombudsman Report – Kerrie Bacon, Ombudsman, KanCare Ombudsman Office
- Updates on KanCare with Q&A
 - Aetna Better Health of Kansas
 - Sunflower State Health Plan
 - UnitedHealthcare Community Plan
- Adjourn

The Tribal Technical Assistance Group was scheduled to meet on August 4, 2020. The tribal members were not able to attend, and the meeting was cancelled. During the third quarter the tribes were sent e-mails asking for their guidance on the following State Plan Amendments:

SPA Number/Subject	Date Sent to Tribal Nations	Feedback Received
20-0017 / Dental Rate Increase	July 16, 2020	None
20-0018/ Nursing Facility & Nursing Facility Mental Health SFY 2021	July 13, 2020	None

During the third quarter of 2020, KDHE Outstation Eligibility Worker (OEW) staff participated in eight community events providing KanCare program outreach, education and information for the following agencies/events: Parents as Teachers; Haskell Indian Health Center; Kickapoo Nation Health Center; Grace Med; WIC; Insight Women’s Center; Seward County Coalition meeting; Geary County Community Hospital; Riley County Health Department, Manhattan Area Interagency; Marshall County; Washington Co; Clay County; Pottawatomie Co; Flint Hills Wellness Coalition; Finney County Health Department; Russell County Health Department; LYFTE Prenatal Care education; Embrace Pregnancy Clinic; Better Choice Pregnancy Clinic; USD 259-Nurses; Salina Family Health Care; Area Agency on Aging; K-State Extension SHICK; Minneola Community Clinic; Fowler Community Clinic; Spearville Medical Clinic; Minneola District Hospital; Edwards County Medical Center; Dodge City Medical Center; Genesis Family Health Clinic; Catholic Charities; Trinity Manor Nursing Home; Manor of Plains; Bethel Home Inc; Hill Top House. Support and assistance for KanCare members was provided by KDHE’s 27 OEWs. Staff determined eligibility for 1,199 beneficiaries, assisted in resolving 632 issues involving urgent medical needs, obtained correct information on applications, addressed gaps or errors in pending applications/reviews with the KanCare Clearinghouse, and responded to 863 phone calls and 24 walk-in customers.

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:

- 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 & BI) 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
- KDADS-Series of meetings with a coalition of advocacy groups including KanCare Advocates Network and Disability Rights Commission to discuss ways KDADS can provide more effective stakeholder engagement opportunities

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 (OCK). The program launched on April 1st, 2020. The program has a similar model as the state’s previous health homes program. As of September 1, 2020, there were 33 contracted OCK providers across the state. OCK was designed as an opt-in program and thus far 715 members have chosen to opt into the program as of September 1, 2020. This number continues to climb with new members joining each month.

With the launch of the OCK program the state secured a 2-year grant allowing us to contract with the WSU Community Engagement Center. This contract is aimed at supporting program implementation through the initiation of three types of learning activities for administrators and staff within contracted OCK partners. These learning opportunities include: the OneCare Kansas Learning Collaborative; the OCK Community of Practice; and the OCK Health Action Plan Webinar Series.

The OneCare Kansas Learning Collaborative is a monthly event is designed for administrative teams in the program to gather with other contracted OCK service providers and their system partners to identify and discuss opportunities and challenges related to delivery of the six OneCare Kansas core services as part of an ongoing quality improvement process. Organizational participation in these events is MANDATORY as stated in Section 13 of the OneCare Kansas Program Manual. Due to the current public health emergency, these sessions - seven in total to date - have been held virtually.

The OCK Community of Practice is designed for social workers and care coordinators within the OCK program to allow for peer-to-peer learning and consultation on topics related to the development, monitoring, and support of member Health Action Plans. These virtual events are currently held monthly for those staff who are interested in learning more from other providers across the service delivery system. These events are NOT required but can serve as a valuable source of support of direct service professionals on the OCK team. There have been five sessions offered to date.

The OCK Health Action Plan Webinar Series is a monthly four-part training series that is designed for staff within contracted OCK partners who are responsible for the development of Health Action Plans. One segment of the live, virtual series was offered in the following months: July, August and September 2020.

MCO Outreach Activities

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

Information related to Aetna Better Health of Kansas marketing, outreach and advocacy activities:

Marketing Activities: Due to the COVID-19 pandemic, the third quarter of 2020 has seen a continued decline in time for outreach and marketing with Aetna Better Health of Kansas (ABHKS) as compared to 2019. Because of social distancing and policies against travel to stop the spread of the virus, the ability to spread the word in person about our work with KanCare members has been dramatically impacted. ABHKS has been working to communicate with community-based organizations and provider offices virtually since mid-March of 2020 and has seen varying results. In the beginning of the quarter, ABHKS Provider Experience and Community Outreach staff still found it difficult to contact many organizations due to

pandemic related closings although we saw an improvement over the second quarter. By the end of the third quarter, we have seen an increase in the number of virtual contacts although we are still not allowed to make personal visits or to attend events in person. Through our virtual efforts with contacts as well as attendance at several virtual State Association Conferences we contacted over 790 individuals from provider offices around the State. We were able to attend the following virtual conferences: Community Care Network of Kansas, Community Mental Health Association of Kansas, Kansas Adult Care Executives among others. ABHKS also delivered a Community E-newsletter via email to provider offices and community-based organizations each month. The newsletter provides the latest information on our work and the successes we have achieved by providing services to our members. The E-newsletter was sent out to over 650 individuals during the first week of July, August and September.

Outreach Activities: ABHKS Community Development and System of Care team staff provided virtual outreach activities to community-based organizations, advocacy groups and provider offices throughout Kansas. ABHKS Community Development staff visited virtually with over 1,030 individuals associated with community-based organizations in Kansas. Examples of the community-based organizations include: United Way of Harvey County, ECKAN Head Start in Ottawa, the Butler County Health Department, Wichita USD 259, the Salina Community Services Council, and El Centro in Kansas City. ABHKS provided education information to over 3,100 members or potential KanCare members through mailed information or by participating in virtual member events.

Advocacy Activities: ABHKS Member Advocates have established a relationship with the KanCare Ombudsman and receive direct referrals about member issues that require intervention efforts. ABHKS Member Advocates assisted seven members referred from the Ombudsman.

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

Marketing Activities: Sunflower Health Plan marketing activities included attending and/or sponsoring nine virtual member and provider events. Due to the COVID-19 pandemic and continued “Stay-at-Home” and “No Face to Face” member visits, multiple events were cancelled, postponed, moved to virtual or rescheduled to 2021. This list includes attended and sponsored activity:

- American Diabetes Association Annual Walk
- Back to School Events sponsored by Care Portal
- Kansas Hospital Association - Annual Meeting

Outreach Activities: Sunflower’s outreach activities centered on providing PPE, food, and funding support to organizations that serve and support members and the community.

Examples of notable member and community provider outreach activities this quarter:

- Funds to agencies to support food insecure populations and stock community pantries.
- PPE equipment (masks) to members who self-direct their care
- PPE equipment (masks) to community organizations that support adults and children returning to school, work or daycare.
- Provided WiFi Tablets to LTSS partner providers to assist with managing social isolation and employment support for members.
- Shelf-stable food boxes to members who self-direct their care

The quality improvement department continued to make warm calls to members to encourage them to close care gaps.

Advocacy Activities: Advocacy efforts centered on organizations that supported distributing additional PPE equipment to community supporting agencies and schools. Sunflower supplied an additional 5,000 cloth face coverings across the state of Kansas. Community partners such as The Whole Person, OCCK, Inc. Topeka Rescue Mission, along with Giving the Basics in Kansas City and Wichita.

In total, there were ten partner organizations that helped distribute PPE that Sunflower Health Plan sponsored and advocated for:

- I Am My Sister's Keeper
- KC Teen Summit
- First Baptist Church
- The Whole Person
- OCK Inc.
- Topeka Rescue Mission
- Giving the Basics KC
- Giving the Basics Wichita
- Kids TLC
- Made Men Inc. Wyandotte County

Information related to UnitedHealthcare Community Plan marketing, outreach and advocacy activities:

Marketing Activities: UnitedHealthcare Community Plan of Kansas continued to focus on virtual member, provider, and community education regarding KanCare benefits and general health education due to COVID-19. Health Plan staff completed new member welcome calls and health risk assessments over the phone. UHC continued the incentive program to offer a ten dollar over the counter debit cards to new Members to complete a health risk assessment. The debit cards can only be used at specific retailers to purchase CMS approved health related items. Due to COVID-19, UnitedHealthcare (UHC) focused on virtual outreach and meetings with key providers, hospitals, Federally Qualified Health Centers (FQHCs) and community organizations including homeless shelters, food pantries, churches, Catholic Charities, El Centro, Housing Authorities, meat packing plants, The Salvation Army, medical and behavioral health providers, health departments, and faith based organizations throughout the state with a focus on finding ways to support our members through community resources. In August the team showed support for FQHCs and Safety Net Clinics during National Health Center Week by delivering care packages.

Outreach Activities: UHC outreach focus changed dramatically due to COVID-19. There were few in-person events held during the period. Drive through events were held where individuals could stay in their car and talk to health care experts. The team continued to focus on identifying resources in the community that were available to help and support members. UHC worked with food pantries and Logisticare to arrange food deliveries to families who did not have access to food. Staff also reached out to providers to assess their needs and identify ways UHC could help support them as they serve KanCare members. The outreach team continued to attend meetings virtually.

UHC hosted the member advisory meeting via conference call. This advisory meeting focused on COVID-19. The UHC Director of Behavioral Health attended the meeting to offer resources in support of Behavioral health due to the isolation created from the pandemic.

- Member outreach: Outreach staff virtually met with approximately 2,744 individuals who were members or potential members via online, phone, and video meetings/events.
- Community organization outreach: Staff virtually met with approximately 1,597 individuals from community-based organizations. Full list of organizations is listed below.
- Provider outreach: Staff virtually met more than 840 individuals from provider offices located throughout the State.

Advocacy Activities: The focus continued to be around ways to support members through COVID-19, but also pivoted to encourage families to receive wellness checks and immunizations. The team met virtual with numerous providers and community organizations. The team also met with the community mental health centers to assist with telehealth service delivery.

Below is a list of the community organizations the UHC staff interacted with:

- 2020 Kansas Tribal Health Summit
- Angels Care Home Health
- ADAC of Thomas County
- Advancing the response for COVID-19 Practices for minorities
- Aging and Disability Resource Center (ADRC)
- All Food Policy Committee Meeting
- Angels Care Home Health
- Appleseed meeting
- ARC of Central Plains

- Area Agency on Aging
- Avenues for Change
- Barton Co. Community College
- Barton Co. Juvenile Services
- Barton Co. Youth Home
- Barton Community College
- Barton County Academy Learning Center
- Barton County Emergency Aid Association
- Barton County Young Men's Organization
- Be Well Barton Co.
- Beloit First Christian Church
- Bert Nash
- Big Brothers Big Sisters
- Birthright
- Butler County WIC Dept
- CASA
- CASA of the High Plains
- Catholic Charities
- Central Kansas Dream Center
- Central Kansas Educational Opportunity Center
- Central KS Partnership
- Centro Hispano Douglas County
- Cheyenne County Food Pantry
- Colby Housing Authority
- Colby Public School Dist.
- Communities Concerned for Immigrants and Refugees
- Community Assistance Center
- Community Care Network of Kansas
- Cowley County WIC Dept
- Derby Library
- Derby Rec Commission
- Developmental Services Of Northwest Kansas
- Disability: In Greater Network Meeting
- Dominican sisters
- Early Childhood Connections
- El Centro
- Ellinwod Rec. Commission
- Ellis USD
- Embrace
- Emporia State
- Faith Builders
- Family Crisis Center
- Family Resource Council - Healthy Lyon County Coalition
- FHSU Kelly Center
- Finney County Coalition Meeting
- First Call for Help (Ellis County)
- First Call for Help Hays, KS
- First Christian Church
- Ford county Breastfeeding Coalition
- Fort Hays State University Kelly Center
- Garden city Police Department Board
- Genesis Thomas County
- Girl Scouts of Kansas Heartland - Hays Regional Office
- Good Samaritan
- Goodland Housing Authority
- Goodland Public School Dist.
- GPS Kid's Club
- Great Bend Children's Learning Center
- Great Bend Commission on Aging
- Great Bend Housing Authority
- Great Bend Public Library
- Great Bend Public School Counselors/social workers
- Great Bend Rec. Commission
- Growing Futures (Head Start program)
- Hays Area Children's Center
- Hays Interagency Coordinating Council Mtg
- Hays Med Discharge Planning
- Heal Reno County for Pathways to a Healthy Kansas Program
- Health & Wellness Coalition of Eldorado
- Health & Wellness Coalition of Wichita
- Healthy Families (KCSL)
- Healthy Families, Great Bend
- Healthy Food Access
- Healthy Food for All Workgroup meeting
- Healthy Kansas Kids
- Heartland Conference on Health Equity
- Helping Hands Ministries
- Hill City Housing Authority
- Hoisington Community Food Bank
- Hoisington Trolley
- Hospice Services of Northwest Kansas
- Housing Authority - Phillips County
- Hoxie Public School Dist.
- Hungry Heart Soup Kitchen
- ICC Meeting
- Innovation affordable housing opportunities
- Johnson County Emergency Management
- Kansas Big Brothers Big Sisters
- Kansas board Nursing - Education/APRN/CEU's
- Kansas Board Nursing

- Kansas Breastfeeding Coalition
- Kansas Children Service League
- Kansas Commission on Disability Concerns
- Kansas Food Bank
- Kansas Guardianship Program
- Kansas Legal Services
- Kansas Office for Refugees
- Kansas School Social Worker Assoc.
- KANSASWORKS
- Kelly Counseling Center, Fort Hays State Univ.
- Kids/SIDs Network
- K-State Research and Extension-Douglas County
- KU Project Eagle
- Labette County Family Coalition
- Larned Public School Dist.
- LCMHF Discharge/MH
- LINK
- Luray Housing Authority
- Meeting Dept. of Transportation
- Mental Health Association
- Mitchell County Early Learning Center
- Mitchell County Partnership for Children
- Mobilizing Literacy
- NEK-CAP Inc
- North Central Kansas Home Health Agency
- Northwest Kansas Area Agency on Aging
- Options Family Shelter
- Orientation Kansas Board
- Osage County Human Services Coordinator-ECKAN
- Pratt County Coalition
- Regional Discussion on COVID-19 and health disparities
- Resolving Poverty Core Community
- Rosewood Services
- Russell Child Development
- Russell Co. Food Panty
- Russell Housing Authority
- Salvation Army
- School Counselors, USD 428
- Sedgwick Co CDDO
- Sedgwick County Community Action
- Sedgwick County Health Dept
- Sedgwick County WIC Dept
- Senior Life Solutions
- Seward County Coalition
- SKIL
- SKIL of Western Kansas
- SNAP-Ed Nutrition Education at K-State R&E
- Southeast Kansas Independent Living (SKIL)
- St. Francis Ministries
- St. Paul's United Church of Christ food pantry
- Starkey
- Sunflower Diversified
- The Treehouse
- Thomas Co. Food Pantry
- Thomas More Prep-Marian School
- Three Rivers Inc
- Topeka Partnership
- Topeka Rescue Mission
- United Way Barton Co.
- United Way Ellis Co.
- United Way of Douglas County
- United Way of the Flint Hills
- USD 259
- USD 428
- USD 489, Social worker
- Wichita Children's Home
- Wichita's Littlest Hero's
- Wyandotte County Back to School Fair
- YMCA
- YMCA Wichita

IV. Operational Developments/Issues

- Systems and reporting issues, approval and contracting with new plans:* 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.

There were no KanCare MCO Amendments pending approval by CMS in the third quarter.

Amendment Number	Subject	Submitted Date	Effective Date	Approval Date

KanCare MCO Amendments approved by CMS in the third quarter.

Amendment Number	Subject	Submitted Date	Effective Date	Approval Date
10	Health Homes – OneCare Kansas	03/17/2020	4/01/2020	7/23/2020

State Plan Amendments (SPAs) approved:

SPA Number	Subject	Submitted Date	Effective Date	Approval Date
19-0023	Medicaid- Application	12/30/2019	10/01/2020	7/10/2020
19-0024	CHIP – Application	12/30/2019	10/01/2020	8/12/2020
20-0004	Health Homes - SMI	4/20/2020	4/01/2020	7/16/2020
20-0005	Health Homes - Asthma	4/20/2020	4/01/2020	7/16/2020
20-0013	Health Homes - ABP	5/29/2020	4/01/2020	7/16/2020
20-0010	CHIP Support Act	6/19/2020	10/24/2019	9/08/2020
20-0011	Transfer Definition for Hospitals	7/14/2020	7/01/2020	9/21/2020

State Plan Amendments (SPA) pending approval:

SPA Number	Subject	Submitted Date	Effective Date
20-0015	Wheelchair Seating Assessments	6/29/2020	07/01/2020
20-0017	Dental Rate Increases	7/29/2020	07/17/2020
20-0018	NF/NFMH Rates	9/10/2020	07/01/2020

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 July-September, follows:

MCO	Value Added Service Jul-Sep 2020	Units YTD	Value YTD
Aetna	Healthy Rewards Gift Card	29,808	\$577,315
	PROMISE Pregnancy Program Gift Card	4,275	\$319,355
	Kids Club Program \$10 Gift Card	19,622	\$295,840
	Total of All Aetna VAS	61,775	\$1,706,579
Sunflower	My Health Pays	58,419	\$625,365
	Comprehensive Medication Review	11,379	\$299,645
	Dental visits for adults	3,983	\$122,048
	Total of All Sunflower VAS	109,535	\$1,561,127
United	Adult Dental Services	2,911	\$276,275
	Debit Card for Completing First Pre-Natal Visit	906	\$181,636
	Home Helper Catalog Supplies	165	\$129,436
	Total of All United VAS	15,072	\$922,672

- c. *Enrollment issues:* For the third quarter of calendar year 2020 there were four 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 third quarter of calendar year 2020. All KanCare eligible members were defaulted to a managed care plan.

Enrollment Reason Categories	Total
Newborn Assignment	2,564
KDHE - Administrative Change	673
WEB - Change Assignment	3
KanCare Default - Case Continuity	838
KanCare Default – Morbidity	847

KanCare Default - 90 Day Retro-reattach	624
KanCare Default - Previous Assignment	439
KanCare Default - Continuity of Plan	156
Retro Assignment	6
AOE – Choice	298
Choice - Enrollment in KanCare MCO via Medicaid Application	7,779
Change - Enrollment Form	200
Change - Choice	281
Change - Access to Care – Good Cause Reason	48
Assignment Adjustment Due to Eligibility	366
Total	15,122

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

MCOs' Member Adverse Initial Notice Timeliness Compliance
CY2020 third quarter report

MCO	ABHKS	SUN	UHC
% of Notices of Adverse Service Authorization Decisions Sent Within Compliance Standards	99%	100%	100%
% of Notices of Adverse Expedited Service Authorization Decisions Sent Within Compliance Standards	100%	100%	100%
% of Notices of Adverse Termination, Suspension or Reduction Decisions Sent Within Compliance Standards (10 calendar days only)	100%	100%	100%

MCOs' Provider Adverse Initial Notice Compliance
CY2020 third quarter report

MCO	ABHKS	SUN	UHC
% of Notices of Adverse Decision Sent to Providers Within Compliance Standards	100%	100%	99%

MCOs' Grievance Database
CY2020 third quarter report

MCO	ABHKS		SUN		UHC		Total
	HCBS Member	Non HCBS Member	HCBS Member	Non HCBS Member	HCBS Member	Non HCBS Member	
QOC (non HCBS Providers)		1	7	9	3	12	32
QOC – Pain Medication				2			2
Customer Service	1	4	1	9	4	11	30
Member Rights Dignity	1	2		1			4
Access to Service or Care		1	7	11	1	9	29
Non-Covered Services	1	5	1		2	5	14
Pharmacy Issues			1		2	1	4
QOC HCBS Provider			2				2
Billing/Financial Issues (non-Transportation)		3		4	7	42	56
Transportation – Billing and Reimbursement			1	5	1	4	11
Transportation - No Show		1	9	6	9	20	45
Transportation - Late	1	2	5	14	10	14	46
Transportation - Safety	4	2	5	4	7	3	25

Transportation - No Driver Available	1	1	3	2	2	2	11
Transportation - Other	5	2	17	13	10	28	75
Health Home Services		2					2
MCO Determined Not Applicable						1	1
Other					3	5	8
TOTAL	14	26	59	80	61	157	397

MCOs' Member Grievance Timeliness Compliance
CY2020 third quarter report

MCO	ABHKS	SUN	UHC
% of Member Grievance Resolved and Resolution Notice Issued Within 30 Calendar Days	93%	64%	100%

MCOs' Provider Grievance Database
CY2020 third quarter report

MCO	ABHKS	SUN	UHC	Total
Billing/Payment	1	9		10
Wrong Information		1		1
UM		3		3
CM		1		1
Transportation		10	14	24
Other – Dissatisfaction with MCO Associate		1		1
Other (Must provide description in narrative column of Summary Reports)			4	4
TOTAL	1	25	18	44

MCOs' Provider Grievance Timeliness Compliance
CY2020 third quarter report

MCO	ABHKS	SUN	UHC
% of Provider Grievance Resolved Within 30 Calendar Days	100%	92% / 96%	100%
% of Provider Grievance Resolution Notices Sent Within Compliance Standards	100%	68% / 68%	100%

MCOs' Appeals Database
Members – CY2020 third quarter report

Member Appeal Reasons ABHKS - Red SUN – Green UHC - Purple	Number Resolved	Withdrawn	MCO Reversed Decision on Appeal – MCO Error	MCO Reversed Decision on Appeal – Member/ Provider Mistake	MCO Upheld Decision on Appeal – Correctly Denied	MCO Upheld Decision on Appeal – Member/ Provider Mistake	MCO Determined not Applicable
MEDICAL NECESSITY/LEVEL OF CARE – Criteria Not Met							
MA – CNM - Durable Medical Equipment	3 26 16		1	14 7	1 6 9	3	1 3
MA – CNM - Inpatient Admissions (Non-Behavioral Health)	6 38	26		4	8	1	5

MA – CNM - Medical Procedure (NOS)	25 19 10		1	8 9 3	12 2 7	5	4 3
MA – CNM - Radiology	8 47		1	7 13	32	1	1
MA – CNM - Pharmacy	98 39 119	1 4 3	2	25 14 103	61 8 10	5	9 8 3
MA – CNM - PT/OT/ST	9			2	5	2	
MA – CNM - Dental	1 11 5	1			1 3 3	5	3 1
MA – CNM - Home Health	1 4	1		2	2		
MA – CNM - Out of network provider, specialist or specific provider request	1 4				4		1
MA – CNM - Inpatient Behavioral Health	4 10 5	1	1	1 6 1	2 4 3		
MA – CNM - Behavioral Health Outpatient Services and Testing	1				1		
MA – LOC - LTSS/HCBS	2 3			1	2 2		
MA – CNM - Mental Health	2			1	1		
MA – CNM - HCBS (change in attendant hours)	1				1		
MA – CNM - Other	2 12 4	1	1	5 2	1 2 1	2	2 1
NONCOVERED SERVICE							
MA – NCS - Dental	1 2 1				1 1 1		1
MA – NCS - Pharmacy	2 1	1		1	1		
MA – NCS - Durable Medical Equipment	1			1			
MA – NCS – Behavioral Health	1				1		
MA – NCS – Other	7			3	2	1	1
MA – LCK - Lock In	3				2		1
TOTAL							
ABHKS - Red	152	2	6	44	85		15
SUN – Green	197	5	1	69	70	25	27
UHC - Purple	206	32		120	48		6

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

MCOs' Appeals Database
Member Appeal Summary – CY2020 second quarter report

Member Appeal Reasons ABHKS - Red SUN – Green UHC - Purple	Number Resolved	Withdrawn	MCO Reversed Decision on Appeal – MCO Error	MCO Reversed Decision on Appeal – Member/ Provider Mistake	MCO Upheld Decision on Appeal – Correctly Denied	MCO Upheld Decision on Appeal – Member/ Provider Mistake	MCO Determined not Applicable
Resolved at Appeal Level	152 197 206	2 5 32	6 1	44 69 120	85 70 48	25	15 27 6
TOTAL	152 197 206	2 5 32	6 1	44 69 120	85 70 48	25	15 27 6
Percentage Per Category		1% 2% 16%	4% <1%	29% 35% 58%	56% 36% 23%	13%	10% 14% 3%
Range of Days to Reverse Due to MCO Error			68 – 148 32				

MCOs' Member Appeal Timeliness Compliance
CY2020 third quarter report

MCO	ABHKS	SUN	UHC
% of Member Appeals Resolved and Appeal Resolution Notice Issued in 30 Calendar Days	69%	98%	100%
% of Expedited Appeals Resolved and Appeal Resolution Notice Issued in 72 hours	87%	94%	100%

MCOs' Reconsideration Database
Providers – CY2020 second third report (reconsiderations resolved)

PROVIDER Reconsideration Reasons ABHKS - Red SUN – Green UHC - Purple	Number Resolved	Withdrawn by Provider	MCO Reversed Decision on Reconsideration – MCO Error	MCO Reversed Decision on Reconsideration – Provider Mistake	MCO Upheld Decision on Reconsideration – Correctly Denied / Paid	MCO Upheld Decision on Reconsideration – Provider Mistake	MCO Determined Not Applicable
CLAIM DENIALS							
PR – CPD - Hospital Inpatient (Non-Behavioral Health)	99 1,737 448	1	716 90	35 79 50	57 929 249	59	6 13
PR – CPD - Hospital Outpatient (Non-Behavioral Health)	41 2,971 3,501		4 1,784 802	13 35 677	22 1,092 1,291	731	2 60
PR – CPD - Dental	5 3		3	2	3		
PR – CPD - Vision	2 14 65		4 37	25	2 10		3
PR – CPD - Ambulance (Include Air and Ground)	15 23		1 14	8 1	3 8		3

	135		49	47	36	3	
PR – CPD - Medical (Physical Health not Otherwise Specified)	274 2,798 10,547		13 1,360 3,599	85 298 2,283	140 1,070 3,429	11 1,236	25 70
PR – CPD - Nursing Facilities - Total	2 102 414		61 160	1 105	40 113	36	1 1
PR – CPD - HCBS	6 600	2	426	3 21	1 133		20
PR – CPD - Hospice	3 225 191		109 81	2 27	1 70	13	3
PR – CPD - Home Health	4 7		1	1	2 5	2	
PR – CPD - Behavioral Health Outpatient and Physician	6 359 1,446		1 219 272	2 1 695	3 116 381	98	23
PR – CPD - Behavioral Health Inpatient	5 66		7	4 13	1 34	12	
PR – CPD - Out of network provider, specialist or specific provider	1,490 6,915		134 3,156	931	1,280 2,239	589	76
PR – CPD - Radiology	69 533 1,174		1 230 290	31 95 186	33 207 473	1 225	3 1
PR – CPD - Laboratory	80 1,282 4,340		768 938	1 100 979	73 401 1,602	3 821	3 13
PR – CPD - PT/OT/ST	8 42 25		3 15 6	3	1 26 14	5	1 1
PR – CPD - Durable Medical Equipment	58 708		4 454	32 6	19 225	1	2 23
PR – CPD - Other	21 605		13 158	122	5 224	101	3
Total Claim Payment Disputes	677 12,908 29,879	3	28 6,310 9,645	223 636 6,140	361 5,655 10,160	16 3,931	46 307 3
BILLING AND FINANCIAL ISSUES							
PR – BFI - Recoupment	4				3		1
TOTAL							
ABHKS - Red	681	3	28	223	364	16	47
SUN – Green	12,908		6,310	636	5,655		307
UHC - Purple	29,879		9,645	6,140	10,160	3,931	3

MCOs' Provider Reconsiderations Database
Provider Reconsideration Summary – CY2020 third quarter report

Provider Reconsideration Reasons ABHKS - Red SUN – Green UHC - Purple	Number Resolved	Withdrawn	MCO Reversed Decision on Appeal – MCO Error	MCO Reversed Decision on Appeal – Member/	MCO Upheld Decision on Appeal – Correctly Denied	MCO Upheld Decision on Appeal – Member/	MCO Determined not Applicable

				Provider Mistake		Provider Mistake	
Resolved at Reconsideration Level	681 12,908 29,879	3	28 6,310 9,645	223 636 6,140	364 5,655 10,160	16 3,931	47 307 3
TOTAL	681 12,908 29,879	3	28 6,310 9,645	223 636 6,140	364 5,655 10,160	16 3,931	47 307 3
Percentage Per Category		1%	4% 49% 32%	33% 5% 21%	53% 44% 34%	2% 13%	7% 2% <1%

MCOs' Provider Reconsiderations Timeliness Compliance
CY2020 third quarter report

MCO	ABHKS	SUN	UHC
% of Provider Reconsideration Resolution Notices Sent Within Compliance Standards	93%/97%	100%	100%

MCOs' Appeals Database
Providers - CY2020 third quarter report (appeals resolved)

PROVIDER Appeal Reasons ABHKS - Red SUN - Green UHC - Purple	Number Resolved	Withdrawn by Provider	MCO Reversed Decision on Appeal - MCO Error	MCO Reversed Decision on Appeal - Provider Mistake	MCO Upheld Decision on Appeal - Correctly Denied / Paid	MCO Upheld Decision on Appeal - Provider Mistake	MCO Determined Not Applicable
MEDICAL NECESSITY/LEVEL OF CARE - Criteria Not Met							
PA - CNM - Durable Medical Equipment	9 14			3 5	3 5	2	3 2
PA - CNM - Inpatient Admissions (Non-Behavioral Health)	38 20	1	1	10 9	22 4	1 3	4 3
PA - CNM - Medical Procedure (NOS)	98 13	1	5 1	22 9	56 1	4 2	10
PA - CNM - Radiology	3 2			1	3	1	
PA - CNM - Pharmacy	57	4		41	6	4	2
PA - CNM - PT/OT/ST	5			1	3	1	
PA - CNM - Dental	1 11			1 2	4	2	3
PA - CNM - Home Health	5			2	2	1	
PA - CNM - Out of network provider, specialist or specific provider request	1			1			
PA - CNM - Inpatient Behavioral Health	3 4		1	3 1		1	1
PA - CNM - Behavioral Health Outpatient Services and Testing	5			3	1		1
PA - LOC - LTSS/HCBS	1				1		
PA - CNM - Ambulance (include Air and Ground)	1 4			1 2			2
PA - CNM - Other	3			1		2	
NONCOVERED SERVICE							

PA - NCS - Dental	2 1 12			1 5	7		2
PA - NCS - Pharmacy	2			2			
PA - NCS - Durable Medical Equipment	4			2	2		
CLAIM DENIAL							
PA – CPD - Hospital Inpatient (Non-Behavioral Health)	26 145 255		1	8 72 66	13 66 162	3	5 4 26
PA – CPD - Hospital Outpatient (Non-Behavioral Health)	24 158 91		1 2 1	4 57 20	17 83 59	1 5	1 11 11
PA – CPD - Dental	29 6		6	1 2	22 4		
PA – CPD - Vision	1 4 3		1 3	1	3		
PA – CPD - Ambulance (Include Air and Ground)	2 9			2 5	2		2
PA – CPD - Medical (Physical Health not Otherwise Specified)	59 321 134	1	1 16	5 161 27	24 116 71	10	28 18 36
PA – CPD - Nursing Facilities - Total	16 11			5 2	11 7		2
PA – CPD - HCBS	4			3			1
PA – CPD - Hospice	3 2 1		1	3	1	1	
PA – CPD - Home Health	1 67 125		2 1	1 52 31	11 85	2	8
PA – CPD - Behavioral Health Outpatient and Physician	5 66 63			19 29	5 47 32		2
PA – CPD - Behavioral Health Inpatient	3 10			3 5	5		
PA – CPD - Out of network provider, specialist or specific provider	26 1		1	7	17 1	1	
PA – CPD - Radiology	1 41 2		1	23 2	1 16	1	
PA – CPD - Laboratory	31 129 77		1 2	1 17 3	25 107 64	2 3	2 10
PA – CPD - PT/OT/ST	30			6	24		
PA – CPD - Durable Medical Equipment	12 114 2		2 2	5 44 1	62 6	2 5	3 1
PA – CPD - Other	11 10			5 7	6 3		
Total Claim Payment Disputes							

BILLING AND FINANCIAL ISSUES	330 1,308 834	2 5	11 36 6	77 551 207	171 618 524	10 50	59 48 97
PA – BFI - Recoupment	143 2	1	9	93	31 2	5	4
TOTAL							
ABHKS - Red	330	2	11	77	171	10	59
SUN – Green	1,451	6	45	644	649	55	52
UHC - Purple	836		6	207	526		97

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

MCOs' Appeals Database
Provider Appeal Summary – CY2020 third quarter report

Provider Appeal Reasons ABHKS - Red SUN – Green UHC - Purple	Number Resolved	Withdrawn	MCO Reversed Decision on Appeal – MCO Error	MCO Reversed Decision on Appeal – Member/ Provider Mistake	MCO Upheld Decision on Appeal – Correctly Denied	MCO Upheld Decision on Appeal – Member/ Provider Mistake	MCO Determined not Applicable
Resolved at Appeal Level	330 1,451 836	2 6	11 45 6	77 644 207	171 649 526	10 55	59 52 97
TOTAL	330 1,451 836	2 6	11 45 6	77 644 207	171 649 526	10 55	59 52 97
Percentage Per Category		1% 2%	3% 3% 1%	23% 44% 25%	52% 45% 63%	3% 3%	18% 3% 11%
Range of Days to Reverse Due to MCO Error			50 – 199 8 – 430 44-118				

MCO's Provider Appeal Timeliness Compliance
CY2020 third quarter report

MCO	ABHKS	SUN	UHC
% of Provider Appeals Resolved in 30 Calendar Days	84% / 88%	99% / 100%	100%
% of Provider Appeal Resolution Notices Sent Within Compliance Standard	90% / 95%	100%	99%

State of Kansas Office of Administrative Fair Hearings
Members – CY2020 third quarter report

ABHKS - Red SUN – Green UHC - Purple	Number Resolved	Withdrawn	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 Withdrawn	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															
MH – CNM - Durable Medical Equipment	1 2	1	1		1										
MH – CNM - Medical Procedure (NOS)	1				1										
MH – CNM – Pharmacy	2 7		1	1	1			5	1						
MH – CNM – Home Health	1 1		1		1										
MH – CNM - Inpatient Behavioral Health	1 2	1			1			1							
MH – LOC – LTSS/HCBS	2	2													
MH – CNM - Other	3	2			1										
NONCOVERED SERVICE															
MH-NCS - Dental	1												1		
TOTAL															
ABHKS - Red	4		3	1											
SUN – Green	5	2			1			1					1		
UHC - Purple	15	4			5			5	1						
Range of Days to Reverse MCO Decision					103 110 - 265										

* 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 – CY2020 third quarter report

ABHKS - Red SUN – Green UHC - Purple	Number Resolved	Withdrawn	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 Withdrawn	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															
PH - CNM - Inpatient Admissions (Non-	3 1			1	1										2

Behavioral Health)														
PH - CNM - Radiology	1						1							
CLAIM DENIAL														
PH - CPD - Hospital Inpatient (Non-Behavioral Health)	1 2 4	2			1 2		2							
PH - CPD - Hospital Outpatient (Non-Behavioral Health)	1													1
PH - CPD - Pharmacy	4						1					3		
PH - CPD - Dental	1				1									
PH - CPD - Medical (Physical Health not Otherwise Specified)	3	1					2							
PH - CPD - Nursing Facilities - Total	3				3									
PH - CPD - Hospice	1						1							
PH - CPD - Behavioral Health Outpatient and Physician	6				6									
PH - CPD - Behavioral Health Inpatient	1				1									
PH - CPD - Laboratory	9						9							
PH - CPD - Durable Medical Equipment	1 6		1		1		1					4		
PH - CPD - Other	2 3				2		2					1		
TOTAL ABHKS - Red	8	1		1	1		2							3

SUN – Green	27		1		13		1	12						
UHC - Purple	18	2			4			4					8	
Range of Days to Reverse MCO Decision					251									
					59-									
					406									
					96-									
					657									

* 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 Report for January through March 2020 is 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. If a Good Cause Request (GCR) is denied by KDHE, the member is given appeal/fair hearing rights. During the third quarter of 2020, there were two state fair hearings filed for any denied GCRs and both were upheld. A summary of GCR actions this quarter is as follows:

Status	July	August	September
Total GCRs filed	36	24	20
Approved	6	6	9
Denied	11	9	3
Withdrawn (resolved, no need to change)	1	0	0
Dismissed (due to inability to contact the member)	3	1	3
Pending	15	8	5

Providers are added to the MCOs’ networks, with much of the effort focused upon HCBS service providers. The counts below represent the unique number of NPIs or, where an NPI is not available, the provider name and service locations. This is based on the KanCare county designation identified in the KanCare Code Guide. The following table includes:

- Providers with a service location in a Kansas county are counted once for each county.
- Providers with a service location in a border area are counted once for each state in which they have a service location that is within 50 miles of the KS border.
- Providers for services provided in the home are counted once for each county in which they are contracted to provide services.

KanCare MCO	# of Unique Providers as of 12/31/2019	# of Unique Providers as of 3/31/2020*	# of Unique Providers as of 6/30/2020*	# of Unique Providers as of 9/30/2020*
Aetna	34,229	39,097	40,323	39,494
Sunflower	31,888	33,764	29,286	30,097
UHC	46,946	42,772	44,634	44,248

*Beginning Quarter 1, 2020, the # of unique providers excludes out-of-state providers located more than 50 miles from a Kansas border.

- 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:* Between July and September of 2020, Kansas did not make any waitlist offers of services to individuals on either the PD or I/DD waiver wait list. However, 273 individuals were placed on HCBS-PD services during this quarter from previous rounds of waitlist offers and crisis requests. Fifty-two individuals were placed on HCBS-I/DD waiver from crisis and exception requests.
- 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 DY8.
- l. *Information on any issues regarding the concurrent 1915(c) waivers and on any upcoming 1915(c) waiver changes (amendments, expirations, renewals):*
- The PD and FE waivers are on temporary extensions which expire on 12/25/2020. Kansas submitted both the PD and the FE waiver drafts to CMS on October 1, 2019. Both waivers remain under review by CMS.
 - Amendments across waivers for updates to performance measures, unbundling of assistive services, unbundling of Day Supports for I/DD, as well as others are being considered.
- m. *Legislative activity:* KDADS and KDHE attended the Robert G. (Bob) Bethell Joint Committee on Home and Community Based Services and KanCare Oversight Committee.

Robert G. (Bob) Bethell Joint Committee on Home and Community Based Services and KanCare

The Robert G. (Bob) Bethell Joint Committee on Home and Community Based Services and KanCare Oversight met on September 28, 2020. The members heard presentations from individuals, providers, stakeholders, and advocacy organizations related to KanCare. KDADS presented testimony on Home and Community Based Services (HCBS), Behavioral Health, Olmstead, Nursing Homes, and State Hospitals. Secretary Howard presented an update on COVID-19 activities and KDADS programs. The Committee heard from the KanCare Ombudsman and the Interim Medicaid Inspector General. Each MCO provided information about their operations.

KDHE Secretary Dr. Norman provided the Committee with an update on the KanCare program adjustments made during the public health emergency. This includes the special authorities exercised across the program, telehealth enhancements, and updates to the Kansas Medical Assistance Program (KMAP) website. An update on the processing of eligibility applications was also provided to the committee members. Medicaid Director Sarah Fertig provided program updates to the Committee covering the following topics; capitation and members, the provider network, an overview of claims processing statistics, member benefits, grievances, appeals, state fair hearings, the health homes program known as OneCare Kansas, and the Employment Pilot. Both agencies addressed outstanding issues and took action items from the Committee staff members for follow-up.

- n. *Other Operational Issues:* During this reporting period, Secretary Azar’s public health declaration and President Trump’s proclamation of a national emergency were still active and in effect.
- In August KDHE and KDADS submitted to CMS for approval, an Appendix K Additive #3 to make an emergency adjustment to the KanCare program. This Appendix K Additive #3

was submitted on August 4, 2020 and was approved on August 6, 2020. This authority allows for up to three episodes of 30 consecutive days per beneficiary for personal assistance retainer payments as outlined in CMS guidance dated, June 30, 2020.

- KDHE and KDADS continued to implement the previous approved emergency authorities from the second quarter (1135, Appendix K, Additive #1, Additive #2, Medicaid and CHIP Disaster Relief SPAs), to assist beneficiaries and providers during the COVID-19 emergency.

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. Policy development and related issues continued to focus on the COVID-19 public health emergency and its’ impact on KanCare members.

VI. Financial/Budget Neutrality Development/Issues

Budget neutrality: The State has updated the Budget Neutrality template provided by CMS and has submitted this through the PMDA system. The expenditures contained in the document reconcile to Schedule C from the CMS 64 report for the quarter ending September 30, 2020.

General reporting issues: KDHE continues to work with 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

This section has been updated to reflect member months reporting for each Medicaid Eligibility Group (MEG) by DY.

DY MEG	Member Months			
	Jul-20	Aug-20	Sep-20	TOTAL QE 9 30 2020
DY1 CY2013	0	0	0	0
MEG 1 - ABD/SD DUAL	0	0	0	0
MEG 2 - ABD/SD NON DUAL	0	0	0	0
MEG 3 - ADULTS	0	0	0	0
MEG 4 - CHILDREN	0	0	0	0
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	(1)	0	0	(1)
MEG 1 - ABD/SD DUAL	0	0	0	0
MEG 2 - ABD/SD NON DUAL	(1)	0	0	(1)

MEG 3 - ADULTS	0	0	0	0
MEG 4 - CHILDREN	0	0	0	0
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
DY3 CY2015	(37)	0	0	(37)
MEG 1 - ABD/SD DUAL	0	0	0	0
MEG 2 - ABD/SD NON DUAL	(37)	0	0	(37)
MEG 3 - ADULTS	0	0	0	0
MEG 4 - CHILDREN	0	0	0	0
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	(179)	(21)	0	(200)
MEG 1 - ABD/SD DUAL	0	0	0	0
MEG 2 - ABD/SD NON DUAL	(178)	(21)	0	(199)
MEG 3 - ADULTS	0	0	0	0
MEG 4 - CHILDREN	0	0	0	0
MEG 5 - DD WAIVER	0	0	0	0
MEG 6 - LTC	(1)	0	0	(1)
MEG 7 - MN DUAL	0	0	0	0
MEG 8 - MN NON DUAL	0	0	0	0
MEG 9 - WAIVER	0	0	0	0
DY5 CY2017	(294)	(24)	0	(318)
MEG 1 - ABD/SD DUAL	0	0	0	0
MEG 2 - ABD/SD NON DUAL	(288)	(24)	0	(312)
MEG 3 - ADULTS	0	0	0	0
MEG 4 - CHILDREN	0	0	0	0
MEG 5 - DD WAIVER	0	0	0	0
MEG 6 - LTC	(6)	0	0	(6)
MEG 7 - MN DUAL	0	0	0	0
MEG 8 - MN NON DUAL	0	0	0	0
MEG 9 - WAIVER	0	0	0	0
DY6 CY2018	(364)	(14)	0	(378)
MEG 1 - ABD/SD DUAL	0	11	7	18
MEG 2 - ABD/SD NON DUAL	(346)	(28)	(14)	(388)
MEG 3 - ADULTS	(2)	0	0	(2)
MEG 4 - CHILDREN	4	10	7	21
MEG 5 - DD WAIVER	0	0	0	0
MEG 6 - LTC	(25)	(4)	0	(29)
MEG 7 - MN DUAL	15	0	0	15
MEG 8 - MN NON DUAL	(10)	0	0	(10)
MEG 9 - WAIVER	0	(3)	0	(3)
DY7 CY2019	(387)	(10)	(3)	(400)
MEG 1 - ABD/SD DUAL	41	111	76	228
MEG 2 - ABD/SD NON DUAL	(541)	(106)	(102)	(749)
MEG 3 - ADULTS	(2)	(6)	(1)	(9)

MEG 4 - CHILDREN	141	57	30	228
MEG 5 - DD WAIVER	5	0	0	5
MEG 6 - LTC	(31)	(25)	(11)	(67)
MEG 7 - MN DUAL	68	5	17	90
MEG 8 - MN NON DUAL	(65)	(16)	(5)	(86)
MEG 9 - WAIVER	(3)	(30)	(7)	(40)
DY8 CY2020	342,427	348,492	352,339	1,043,258
MEG 1 - ABD/SD DUAL	16,136	16,423	16,530	49,089
MEG 2 - ABD/SD NON DUAL	30,508	30,974	31,009	92,491
MEG 3 - ADULTS	48,796	50,084	51,059	149,939
MEG 4 - CHILDREN	208,890	212,581	215,017	636,488
MEG 5 - DD WAIVER	9,105	9,122	9,125	27,352
MEG 6 - LTC	21,635	21,652	21,659	64,946
MEG 7 - MN DUAL	2,117	2,220	2,429	6,766
MEG 8 - MN NON DUAL	1,009	1,117	1,202	3,328
MEG 9 - WAIVER	4,231	4,319	4,309	12,859
Grand Total	341,165	348,423	352,336	1,041,924

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

VIII. Consumer Issues

The third quarter 2020 had one consistent consumer issue, listed below. Due to COVID-19, reported issues remain lower than normal.

Issue	Resolution	Action Taken to Prevent Further Occurrences
Members accessing specialty providers has been challenging due to limited hours/providers.	MCOs have worked with members and providers to ensure that specialty needs are met.	MCOs have been working with specialty providers to ensure availability for members during COVID-19 restrictions.

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 the quarter, 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. The State developed and posted a template for reporting Annual Core Measures in the report management system to ensure the MCOs report data at the same time and in identical format. The State also worked with the MCOs to develop and post a template for reporting Provider Timeliness survey results. In addition to an agreed upon template for reporting, an annual due date was established. This process should be more efficient and will allow the State to quickly access data for analysis, trending, and issue resolution.
- 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. The State began a project to identify contract requirements where further data reporting may be helpful. The plan is to prioritize and assign reporting during the fourth quarter. This project is in part possible due to the additional analyst positions added to the Quality Team.
- Monitoring of the External Quality Review Organization (EQRO) work plan. Discussions began between the State and Kansas Foundation for Medical Care, the State's EQRO, to develop a tracking mechanism for deliverables. The plan is to update daily and distribute to the State and MCOs quarterly. The State plans to use this mechanism to prepare for upcoming due dates and watch for due dates that get missed or overlooked.
- Continued systems design with the EQRO to collect reports specific to PIPs and the Health Action Planning for the OneCare Kansas health homes program. Initial reporting of data for the MCOs collaborative HPV and EPSDT PIPs continued. There is a clear pattern of decreasing visits for preventive care emerging because of COVID-19. The State began receiving data from UHC, ABHKS, and SHP related to each MCOs' PIPs.
- Meetings with the EQRO along with the MCOs, KDADS and KDHE to discuss EQRO activities and concerns.
- Receiving and reviewing final documents for the 2019 Joint BBA and State KanCare contract audit. Draft reports have been completed and are being reviewed for finalization.
- The State added a new Program Manager that is dedicated to the annual contract review and added a new data analyst position to provide support. This year's review will be coordinated with the EQRO's audit activities. Because of COVID-19, other changes to the process for 2020 were made. The focus for 2020 will be on those contract requirements that scored below Partially Met in 2019. All onsite meetings for 2020 will be held virtually through Microsoft Teams. All the 2020 onsite meetings are scheduled for fourth quarter 2020.

- 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.
- With the implementation of KanCare 2.0, each MCO is required to participate in six PIPs. All eighteen PIPs have approved methodologies and have moved to the technical specification and data reporting phase. PIP activities focused on developing strong technical specifications for those interventions that will be reported more than annually. This process went smoothly with KFMC and the State developing and providing a template as well as examples to act as a guide. Once technical specifications are approved, the MCOs begin reporting data on the PIP's interventions. The next phase will involve review of the data to assess the success or need for adjustments in the interventions.
- A member-friendly table of all the MCOs' PIPs, with a simplified description of their interventions, has been added to the KanCare website, here: <https://www.kancare.ks.gov/policies-and-reports/quality-measurement>. In the next quarter, we will develop a table that includes more technical information and highlights the change being piloted with each intervention.
- The State began improvements to the quality section of the KanCare website. The plan is to put all the quality measurement tools and reports on one page. The intention is to make this page as member-friendly as possible.
- 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 Aging & Disability Community Services and Programs Commission (A&D CSP) 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. The MCOs contracted with Averifi to serve as a single vendor to conduct HCBS Provider Qualification audits. Status reports are presented at monthly MCO meetings. As of September 1, 2020 Averifi had completed 226 reviews with a total of 2,808 employees.
- Programs administered by KDADS: These measures are monitored and reviewed in collaboration with program staff in the Aging and Disability 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. No HCBS performance measures were reported to CMS via the 372 reporting process due to permissions granted in the Appendix K. 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	A&D CSP	MCO/Assess	A&D CSP	FISC	A&D CSP	CSP
Review Period (look back period)	Samples Pulled *Posted to QRT	Notification to MCO/Assessor 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. The State’s network data and analysis tools were moved from Excel into a dedicated database on a secure server during the second quarter of 2019. This database allows the State to give more robust and timely feedback to the MCOs. This method is less prone to breakdowns and improves business continuity.

The State met virtually with each of the MCOs’ network staff. The State has been using Microsoft Teams to conduct meetings during COVID-19. This has been working out well and we have been able to individualize our meetings to address each plans’ issues or concerns, ask and answer questions, and introduce updates and changes. Much of our time was spent developing our mapping capabilities and doing comparisons between the maps the MCOs submit and the maps the State is now able to create.

The EQRO is in the process of performing a comparison audit between the MCO provider directories, KMAP provider files, and the MCO Provider Network Reports. This will give the State insight into opportunities for improvement. Results are expected by end of 2020. The EQRO is also conducting an audit of after-hour access of PCPs. Development of this process was finalized, and calls began. Results are due Spring 2021.

KDHE received the third submission of the revised GeoAccess Report. The KDHE provider network team meets weekly to improve tools and processes and to analyze the data. The team continues to give feedback to the MCOs regarding data discrepancies and implemented an exceptions process focused on OBGYNs. The Geo maps submitted by the MCOs were posted to the KanCare website. A trending graph was added for each provider specialty to show whether there was growth or not in that part of the MCOs’ network. UHC is working to submit accurate maps and provider counts.

The KDHE and KDADS GeoAccess standards are posted on our KanCare website at <https://www.kancare.ks.gov/policies-and-reports/network-adequacy> :

- Final GeoAccess Standards – Effective 5.31.19
- GeoAccess maps for each required specialty for each MCO by quarter

- b. *Customer service reporting, including total calls, average speed of answer and call abandonment rates, for MCO-based and fiscal agent call centers, July - September 2020:*

KanCare Customer Service Report – Member

MCO/Fiscal Agent	Average Speed of Answer (Seconds)	Call Abandonment Rate	Total Calls
Aetna	4.58	2.3%	113,539
Sunflower	25.43	2.7%	110,237
United	21.41	.88%	123,502
DXC – Fiscal Agent	10	.78%	17,466

KanCare Customer Service Report – Provider

MCO/Fiscal Agent	Average Speed of Answer (Seconds)	Call Abandonment Rate	Total Calls
Aetna	1.01	1%	64,787
Sunflower	22.49	1.9%	72,312
United	4.74	.63%	60,291
DXC – Fiscal Agent	22	1.39%	22,178

- 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 – CY2020 third quarter

Aetna Member Grievances:

- 19 of 40 member grievances resolved third quarter were categorized as transportation grievances.

Aetna Third Quarter Grievance Trends		
Total # of Resolved Grievances	40	
Top 5 Trends		
Trend 1: Transportation – Other	7	18%
Trend 2: Non-Covered Services	6	15%
Trend 3: Transportation – Safety	6	15%
Trend 4: Customer Service	5	13%
Trend 5: Member Rights Dignity / Billing/Financial Issues (non-transportation) / Transportation – Late	3	8%

Sunflower Member Grievances:

- 84 of 105 member grievances resolved third quarter were categorized as transportation grievances.
- There were 16 member grievances categorized as Quality of Care (non HCBS Providers) which is a decrease of 10 from 26 reported CY2020 quarter two.

Sunflower Third Quarter Grievance Trends		
Total # of Resolved Grievances	105	
Top 5 Trends		
Trend 1: Transportation – Other	30	22%
Trend 2: Transportation – Late	19	14%
Trend 3: Access to Service or Care	18	13%
Trend 4: Quality of Care (non HCBS Providers)	16	12%
Trend 5: Transportation – No Show	15	11%

United Member Grievances:

- 110 of 218 member grievances resolved third quarter were categorized as transportation grievances.
- There were 49 member grievances categorized as Billing/Financial Issues (non-transportation) which is an increase of 10 from 39 reported CY2020 quarter two.
- There were 38 member grievances categorized as Transportation - Other which is an increase of 11 from 27 reported CY2020 quarter two.

United Third Quarter Grievance Trends		
Total # of Resolved Grievances	218	
Top 5 Trends		
Trend 1: Billing/Financial Issues (non-transportation)	49	22%
Trend 2: Transportation – Other	38	17%
Trend 3: Transportation – No Show	29	13%
Trend 4: Transportation – Late	24	11%
Trend 5: Quality of Care (non HCBS Providers) / Customer Service	15	7%

MCOs’ Grievance Trends
Provider – CY2020 third quarter

Aetna Provider Grievances:

- There was one provider grievance resolved third quarter which is a decrease of two from three reported CY2020 quarter two.

Aetna Third Quarter Grievance Trends		
Total # of Resolved Grievances	1	
Top 5 Trends		
Trend 1: Billing/Payment	1	100%

Sunflower Provider Grievances:

- There were 25 provider grievances resolved third quarter which is an increase of 15 from 10 reported CY2020 quarter two.

Sunflower Third Quarter Grievance Trends		
Total # of Resolved Grievances	25	
Top 5 Trends		
Trend 1: Transportation	10	40%
Trend 2: Billing/Payment	9	36%
Trend 3: UM	3	17%

United Provider Grievances:

- There were 18 provider grievances resolved third quarter which is an increase of nine from nine reported CY2020 quarter two.
- There were 14 provider grievances categorized as Transportation which is an increase of 9 from 5 reported CY2020 quarter two. This increase explains the increase of total provider grievances resolved third quarter.

United Third Quarter Grievance Trends		
Total # of Resolved Grievances	18	
Top 5 Trends		
Trend 1: Transportation	14	78%
Trend 2: Other (Must provide description in narrative column of Summary Reports)	4	22%

MCO's Reconsideration Trends
Provider – CY2020 third quarter

Aetna Provider Reconsiderations

- There were 681 provider reconsiderations resolved third quarter which is a decrease of 323 from CY2020 quarter two.
- There were 274 provider reconsiderations categorized as PR – CPD – Medical (Physical Health not Otherwise Specified) which is a decrease of 186 from 460 reported CY2020 second quarter.
- There were 99 provider reconsiderations categorized as PR – CPD – Hospital Inpatient (Non-Behavioral Health) which is a decrease of 70 from 169 reported CY2020 second quarter.
- There were 80 provider reconsiderations categorized as PR – CPD – Laboratory which is an increase of 43 from 37 reported CY2020 quarter two.
- There were 69 provider reconsiderations categorized as PR – CPD – Radiology which is an increase of 62 from seven reported CY2020 quarter two.

Aetna Third Quarter Provider Reconsideration Trends		
Total # of Resolved Reconsiderations	681	
Top 5 Trends		
Trend 1: PR – CPD – Medical (Physical Health not Otherwise Specified)	274	40%
Trend 2: PR – CPD – Hospital Inpatient (Non-Behavioral Health)	99	15%
Trend 3: PR – CPD – Laboratory	80	12%
Trend 4: PR – CPD – Radiology	69	10%
Trend 5: PR – CPD – Durable Medical Equipment	58	9%

Sunflower Provider Reconsiderations

- There were 12,908 provider reconsiderations resolved third quarter which is an increase of 472 from CY2020 quarter two.
- There were 2,798 provider reconsiderations categorized as PR – CPD – Medical (Physical Health not Otherwise Specified) which is an increase of 431 from 2,367 reported CY2020 quarter two.
- There were 1,737 provider reconsiderations categorized as PR – CPD = Hospital Inpatient (Non-Behavioral Health) which is an increase of 26 from 1,711 reported CY2020 quarter two.
- There were 1,490 provider reconsiderations categorized as PR – CPD – Out of network provider, specialist or specific provider which is a decrease of 78 from 1,568 reported CY2020 quarter two.
- There were 1,282 provider reconsiderations categorized as PR – CPD – Laboratory which is a decrease of 353 from 1,635 reported CY2020 quarter two.

Sunflower Third Quarter Provider Reconsideration Trends		
Total # of Resolved Reconsiderations	12,908	
Top 5 Trends		
Trend 1: PR – CPD – Hospital Outpatient (Non-Behavioral Health)	2,971	23%
Trend 2: PR – CPD – Medical (Physical Health not Otherwise Specified)	2,798	22%
Trend 3: PR – CPD – Hospital Inpatient (Non-Behavioral Health)	1,737	13%
Trend 4: PR – CPD – Out of network provider, specialist or specific provider	1,490	12%
Trend 5: PR – CPD – Laboratory	1,282	10%

United Provider Reconsiderations

- There were 29,879 provider reconsiderations resolved third quarter which is a decrease of 6,608 from CY2020 quarter two.
- There were 10,547 provider reconsiderations categorized as PR – CPD – Medical (Physical Health not Otherwise Specified) which is a decrease of 2,930 from 13,477 reported CY2020 quarter two.

- There were 6,915 provider reconsiderations categorized as PR – CPD – Out of network provider, specialist or specific provider which is a decrease of 1,185 from 8,000 reported CY2020 quarter two.
- There were 4,340 provider reconsiderations categorized as PR – CPD – Laboratory which is a decrease of 656 from 4,996 reported CY2020 quarter two.
- There were 3,501 provider reconsiderations categorized as PR – CPD – Hospital Outpatient (Non-Behavioral Health) which is a decrease of 599 from 4,100 reported CY2020 quarter two.
- There were 1,446 provider reconsiderations categorized as PR – CPD – Behavioral Health Outpatient and Physician which is a decrease of 264 from 1,710 reported CY2020 quarter two.

United Third Quarter Provider Reconsideration Trends		
Total # of Resolved Reconsiderations	29,879	
Top 5 Trends		
Trend 1: PR – CPD – Medical (Physical Health not Otherwise Specified)	10,547	35%
Trend 2: PR – CPD – Out of network provider, specialist or specific provider	6,915	23%
Trend 3: PR – CPD – Laboratory	4,340	15%
Trend 4: PR – CPD – Hospital Outpatient (Non-Behavioral Health)	3,501	12%
Trend 5: PR – CPD – Behavioral Health Outpatient and Physician	1,446	5%

MCOs’ Appeals Trends
Member/Provider – CY2020 third quarter

Aetna Member Appeals:

- There were 152 member appeals resolved third quarter which is an increase of 84 from 68 reported CY2020 quarter two.
- There were 98 member appeals categorized as MA – CNM – Pharmacy which is an increase of 62 from 36 reported CY2020 quarter two.
- There were 25 member appeals categorized as MA – CNM – Medical Procedure (NOS) which is an increase of 18 from 7 reported CY2020 quarter two.

Aetna Provider Appeals:

- There were 330 provider appeals resolved third quarter which is an increase of 30 from 300 reported CY2020 quarter two.
- There were 98 provider appeals categorized as PA – CNM – Medical Procedure (NOS) which is an increase of 36 from 63 reported CY2020 quarter two.
- There were 59 provider appeals categorized as PA – CPD – Medical (Physical Health not Otherwise Specified) which is an increase of 23 from 36 reported CY2020 quarter two.
- There were 26 provider appeals categorized as PA – CPD – Hospital Inpatient (Non-Behavioral Health) which is a decrease of 20 from 46 reported CY2020 quarter two.

Aetna Third Quarter Member/Provider Appeal Trends					
Total # of Resolved Member Appeals	152		Total # of Resolved Provider Appeals	330	
Top 5 Trends			Top 5 Trends		
Trend 1: MA – CNM – Pharmacy	98	64%	Trend 1: PA – CNM – Medical Procedure (NOS)	98	30%
Trend 2: MA – CNM – Medical Procedure (NOS)	25	16%	Trend 2: PA – CPD – Medical (Physical Health not Otherwise Specified)	59	18%
Trend 3: MA – CNM – Radiology	8	5%	Trend 3: PA – CNM – Inpatient Admissions (Non-Behavioral Health)	38	12%
Trend 4: MA – CNM – Inpatient Behavioral Health	4	3%	Trend 4: PA – CPD – Laboratory	31	9%
Trend 5: MA – CNM – Durable Medical Equipment	3	2%	Trend 5: PA – CPD – Hospital Inpatient (Non-Behavioral Health)	26	8%

Sunflower Member Appeals:

- There were 197 member appeals resolved third quarter which is an increase of 16 from 181 reported CY2020 second quarter.
- There were 47 provider appeals categorized as PA – CNM –Radiology which is an increase of 13 from 34 reported CY2020 quarter two.
- There were 19 provider appeals categorized as PA – CNM –Medical Procedure (NOS) which is an increase of 11 from nine reported CY2020 quarter two.

Sunflower Provider Appeals:

- There were 1,451 provider appeals resolved third quarter which is an increase of 282 from 1,169 reported CY2020 quarter two.
- There were 321 provider appeals categorized as PA – CPD – Medical (Physical Health not Otherwise Specified) which is an increase of 56 from 265 reported CY2020 quarter two.
- There were 158 provider appeals categorized as PA – CPD – Hospital Outpatient (Non-Behavioral Health) which is an increase of 33 from 125 reported CY2020 quarter two.
- There were 145 provider appeals categorized as PA – CPD – Hospital Inpatient (Non-Behavioral Health) which is an increase of 27 from 118 reported CY2020 quarter two.
- There were 143 provider appeals categorized as PA – BFI – Recoupment which is an increase of 74 from 69 reported CY2020 quarter two.

Sunflower Third Quarter Member/Provider Appeal Trends					
Total # of Resolved Member Appeals	197		Total # of Resolved Provider Appeals	1,451	
Top 5 Trends			Top 5 Trends		
Trend 1: MA – CNM – Radiology	47	24%	Trend 1: PA – CPD – Medical (Physical Health not Otherwise Specified)	321	22%
Trend 2: MA – CNM – Pharmacy	39	20%	Trend 2: PA – CPD – Hospital Outpatient (Non-Behavioral Health)	158	11%
Trend 3: MA – CNM – Durable Medical Equipment	26	13%	Trend 3: PA – CPD – Hospital Inpatient (Non-Behavioral Health)	145	10%
Trend 4: MA – CNM – Medical Procedure (NOS)	19	10%	Trend 4: PA – BFI – Recoupment	143	10%
Trend 5: MA – CNM - Other	7	4%	Trend 5: PA – CPD – Laboratory	129	9%

United Member Appeals:

- There were 206 member appeals resolved third quarter which is an increase of 62 from 144 reported CY2020 quarter two.
- There were 119 member appeals categorized as MA – CNM – Pharmacy which is an increase of 45 from 74 reported CY2020 quarter two.
- There were 38 member appeals categorized as MA – CNM – Inpatient Admissions (Non-Behavioral Health) which is an increase of 23 from 15 reported CY2020 quarter two.

United Provider Appeals:

- There were 836 provider appeals resolved third quarter which is an increase of 10 from 826 reported CY2020 quarter two.
- There were 255 provider appeals categorized as PA – CPD – Hospital Inpatient (Non-Behavioral Health) which is a decrease of 17 from 272 reported CY2020 quarter two.
- There were 135 provider appeals categorized as PA – CPD – Medical (Physical Health not Otherwise Specified) which in an increase of 36 from 98 reported CY2020 quarter two.
- There were 77 provider appeals categorized as PA – CPD – Laboratory which is an increase of 18 from 59 reported CY2020 quarter two.

United Third Quarter Member/Provider Appeal Trends					
Total # of Resolved Member Appeals	206		Total # of Resolved Provider Appeals	836	

Top 5 Trends			Top 5 Trends		
Trend 1: MA – CNM – Pharmacy	119	58%	Trend 1: PA – CPD – Hospital Inpatient (Non-Behavioral Health)	255	31%
Trend 2: MA – CNM – Inpatient Admissions (Non-Behavioral Health)	38	18%	Trend 2: PA – CPD – Medical (Physical Health not Otherwise Specified)	134	16%
Trend 3: MA – CNM – Durable Medical Equipment	16	8%	Trend 3: PA – CPD – Home Health	125	15%
Trend 4: MA – CNM – Medical Procedure (NOS)	10	5%	Trend 4: PA – CPD – Hospital Outpatient (Non-Behavioral Health)	91	11%
Trend 5: MA – CNM – Dental / MA – CNM – Inpatient Behavioral Health)	5	2%	Trend 5: PA – CPD – Laboratory	77	9%

**MCOs' State Fair Hearing Reversed Decisions
Member/Provider – CY2020 third quarter**

- There were 24 Member State Fair Hearings for all three MCOs. No decisions were reversed by OAH.
- There were 53 Provider State Fair Hearings for all three MCOs. Four of Aetna's state fair hearing decisions were reversed by OAH. One was reversed after a hearing and three were reversed due to Default – Respondent Failed to File Agency Summary.

Aetna Third Quarter				
Total # of Member SFH	4		Total # of Provider SFH	8
OAH reversed MCO decision	0	0%	OAH reversed MCO decision	4 50%

Sunflower Third Quarter				
Total # of Member SFH	5		Total # of Provider SFH	27
OAH reversed MCO decision	0	0%	OAH reversed MCO decision	0 0%

United Third Quarter				
Total # of Member SFH	15		Total # of Provider SFH	18
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 third quarter of calendar year 2020 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.

KDADS continues working with the MCOs on a case-by-case basis and provides training and guidance upon request for each MCO. KDADS and MCOs are in regular contact for individual cases

and to analyze trends to address as necessary. Along with collaboration involving MCOs and KDADS, the providers are also involved throughout the process. From continued education for providers regarding the AIR system and reporting requirements, to the benefits of making a report to help with any additional resources and/or changes in plans to prevent reoccurrence and improve quality of life and care. Review of MCO follow-up and resolution details verifies the system is operating as planned, sufficient follow-up and resolution details are provided to ensure health, safety and welfare of those receiving and providing HCBS services. The AIR system is also working as designed to ensure all necessary parties are notified, education and corrective action is provided as necessary and ensure the prevention of reoccurrence.

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 majority of APS Substantiations involve Self-Neglect. The program integrity team, in coordination with the corresponding MCO, ensures individuals with reported ANE are receiving adequate supports and protections available through KDADS programs, KanCare, and other community resources and that all necessary parties are notified and involved in the resolution of Substantiated reports. A summary of the 2020 AIR reports through the quarter ending June 30, 2020 follows:

Critical Incidents	1 st Qtr.	2 nd Qtr.	3 rd Qtr.	4 th Qtr.	YTD
	AIR Totals	AIR Totals	AIR Totals	AIR Totals	TOTALS
Reviewed	2,896	2,664	3,112		8,672
Pending Resolution	70	40	49		159
Total Received	2,966	2,704	3,161		8,831
APS Substantiations*	138	182	211		531

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 DY8 third quarter HCAIP UCC Pool payments were issued July 16, 2020. The DY8 third quarter LPTH/BCCH UCC Pool payments were issued August 6, 2020.

SNCP and HCAIP reports for DY 8 third quarter are attached to this report.

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

XII. Demonstration Evaluation

In January 2020, KFMC, KDHE and KDADS worked together to address CMS recommendations regarding the KanCare 2.0 Evaluation Design. The revised design was submitted to CMS on January 17, 2020. This evaluation design addresses the "OneCareKansas" program (based on the health home model), the "Service Coordination Strategy" for integrating physical and behavioral health, the incorporation of value-based models into the state's demonstration, the implementation of telehealth services, and the provision of independent living and employment support services. KDHE received notice of CMS approval on February 19, 2020.

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

a. Post-award forums

No post-award forum was held during the July-September 2020 quarter.

b. Claims Adjudication Statistics

KDHE’s summary of the numerous claims adjudication reports for the KanCare MCOs, covering July-September 2020, is attached.

c. *Waiting List Management*

PD Waiting List Management

For the quarter ending September 30, 2020:

- Current number of individuals on the PD Waiting List: 1,706
- Number of individuals added to the waiting list: 396
- Number of individuals removed from the waiting list: 460
 - 273 started receiving HCBS-PD waiver services
 - 46 were deceased
 - 141 were removed for other reasons (refused services, voluntary removal, etc.)

I/DD Waiting List Management

For the quarter ending September 30, 2020:

- Current number of individuals on the I/DD Waiting List: 4,337
- Number of individuals added to the waiting list: 113
- Number of individuals removed from the waiting list: 85
 - 52 started receiving HCBS-I/DD waiver services (crisis/exception requests)
 - 2 were deceased
 - 31 were removed for other reasons (refused services, voluntary removal, etc.)

XIV. Enclosures/Attachments

Section of Report Where Attachment Noted	Description of Attachment
IV(e)	January-March 2020 HCBS Quality Review Report
X(e)	Summary of KanCare Ombudsman Activities for QE 9.30.2020
XI	Safety Net Care Pool Reports DY 8 Q3 and HCAIP Reports DY 8 Q3
XIII(b)	KDHE Summary of Claims Adjudication Statistics for July-September 2020

XV. State Contacts

Lee Norman, M.D., Secretary
Sarah Fertig
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
[REDACTED] (phone)
(785) 296-4813 (fax)
Lee.Norman@ks.gov
Sarah.Fertig@ks.gov

XVI. Date Submitted to CMS

November 24, 2020



Home and Community Based Services
Long-Term Care Quality Review Report

January - March 2020

October 8, 2020

HCBS Waiver Quality Review Rolling Timeline

	FISC/IT	A&D CSP	MCO/Assessors	A&D CSP	FISC	A&D CSP	A&D CSP
Review Period (look back period)	Samples Pulled and Posted to QRT	Notification to MCO/Assessor Samples Posted	MCO/Assessor Upload Period *(60 days)	Review of MCO/Assessor Documentation *(90 days)	Data Pulled & Reports Compiled** (30 days)	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

*Per HCBS Waiver Quality Review policy.

**LTC, MCO, and Assessor data and fallout reports will be compiled.

***MCOs/Assessors will receive the data with explanation of findings following the presentation of data to the LTC meeting. They will be given 15 calendar days to respond. No additional documentation will be accepted.

April - June 2019 HCBS Quality Sample			
Waiver	Population Count	Quarterly Sample Size	Completed Reviews
PD	5781	91	92
FE	4697	89	89
IDD	9066	93	93
TBI	424	51	50
TA	579	58	58
Autism	52	11	11
SED	3722	88	88

July - September 2019 HCBS Quality Sample			
Waiver	Population Count	Quarterly Sample Size	Completed Reviews
PD	5935	91	89
FE	4766	90	91
IDD	9119	93	92
BI	444	52	51
TA	596	59	1
Autism	49	14	14
SED	3575	87	87

October - December 2019 HCBS Quality Sample			
Waiver	Population Count	Quarterly Sample Size	Completed Reviews
PD	6184	91	90
FE	4942	89	91
IDD	9158	92	92
BI	473	54	54
TA	592	59	59
Autism	52	15	15
SED	3551	87	87

January - March 2020 HCBS Quality Sample			
Waiver	Population Count	Quarterly Sample Size	Completed Reviews
PD	6203	90	90
FE	5046	89	89
IDD	9149	92	91
BI	516	56	55
TA	605	59	58
Autism	49	8	7
SED	3579	87	87

HCBS Quality Review Acronyms

ABA	Applied Behavior Analysis
ANE	Abuse, Neglect, and Exploitation
AU	Autism
BUP	Backup Plan
CAFAS	Child and Adolescent Functional Assessment Scale
CBCL	Child Behavioral Checklist Assessment
CC	Care Coordinator
DPOA	Durable Power of Attorney
FAI	Functional Assessment Instrument
FCAD (SED)	Family Choice Assurance Document
FE	Frail Elderly
HRA	Health Risk Assessment
IDD	Intellectual Developmental Disability
ISP	Integrated Service Plan
KAMIS	Kansas Assessment Management Information System
KBH (SED)	Kan Be Healthy (Annual Physical Exam)
MCO	Managed Care Organization
MMIS	Medicaid Management Information System
PCSP	Person Centered Service Plan
PD	Physical Disability
POC	Plan of Care
R&R	Rights & Responsibilities
SED	Serious Emotional Disturbance
TA	Technology Assistance
TBI/BI	Traumatic Brain Injury/Brain Injury
TLS	Transitional Living Specialist
UAR	Universal Assessment Results
UAT	Universal Assessment Tool

Level of Care Performance Measures 1 & 2

Beginning with the January to March 2018 Quality Review period, KDADS began performing a data pull to determine compliance for Level of Care Performance Measures 1 & 2. This change applies to each waiver, except Autism, which remains a record review.

Level of Care Performance Measure 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

- For Level of Care Performance Measure 1, KDADS will review all waiver participants who became newly eligible during the review period, as determined by MMIS eligibility data. KAMIS assessment data is then pulled for these individuals. Waiver participants are considered “Compliant” if they have had a functional assessment within 365 days prior to their eligibility effective date.

Level of Care Performance Measure 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

- For Level of Care Performance Measure 2, KDADS will review 100% of waiver participants throughout the four quarters of the year. MMIS eligibility data will be used to determine the denominator, which is the total number of existing waiver participants who had an eligibility effective month within the quarter being reviewed. KAMIS assessment data is then pulled for these individuals. Waiver participants are considered “Compliant” if they received an assessment within 365 days of their previous assessment, and their most current assessment is within 365 days of the review period.

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: 01/01/2020 – 03/31/2020

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
BI	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	2018	2019	Jan-Mar 2020
PD								
Statewide	25%	25%	25%	75%	100%	100%	100%	100%
FE								
Statewide	25%	25%	25%	75%	100%	100%	100%	100%
IDD								
Statewide	25%	25%	25%	75%	100%	100%	100%	100%
BI								
Statewide	25%	25%	25%	75%	100%	100%	100%	100%
TA								
Statewide	25%	25%	25%	75%	100%	100%	100%	100%
Autism								
Statewide	25%	25%	25%	75%	100%	100%	100%	100%
SED								
Statewide	25%	25%	25%	75%	100%	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: 01/01/2020 – 03/31/2020

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
BI	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	2018	2019	Jan-Mar 2020
PD								
Statewide	N/A	100%	100%	100%	N/A	N/A	100%	N/A
FE								
Statewide	Not a Measure	100%	100%	100%	N/A	N/A	100%	N/A
IDD								
Statewide	100%	100%	100%	100%	N/A	100%	100%	N/A
BI								
Statewide	100%	100%	100%	100%	N/A	100%	100%	N/A
TA								
Statewide	100%	100%	N/A	100%	N/A	100%	100%	N/A
Autism								
Statewide	100%	100%	N/A	N/A	100%	N/A	100%	N/A
SED								
Statewide	100%	100%	N/A	N/A	100%	N/A	100%	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: 01/01/2020 – 03/31/2020

Data Source: Presentation of waiver policy changes to KDHE

Compliance By Waiver	Statewide
PD	100%
Numerator	2
Denominator	2
FE	100%
Numerator	3
Denominator	3
IDD	100%
Numerator	5
Denominator	5
BI	100%
Numerator	2
Denominator	2
TA	100%
Numerator	3
Denominator	3
Autism	100%
Numerator	1
Denominator	1
SED	100%
Numerator	1
Denominator	1

Compliance Trends	2013	2014	2015	2016	2017	2018	2019	Jan-Mar 2020
PD								
Statewide	N/A	N/A	100%	N/A	100%	100%	N/A	100%
FE								
Statewide	N/A	N/A	100%	N/A	100%	100%	N/A	100%
IDD								
Statewide	100%	N/A	100%	100%	100%	100%	N/A	100%
BI								
Statewide	100%	N/A	100%	100%	100%	100%	100%	100%
TA								
Statewide	N/A	N/A	N/A	N/A	100%	100%	N/A	100%
Autism								
Statewide	N/A	N/A	N/A	N/A	100%	100%	N/A	100%
SED								
Statewide	N/A	N/A	N/A	N/A	100%	N/A	N/A	100%

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: 01/01/2020 – 03/31/2020

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
BI	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	2018	2019	Jan-Mar 2020
PD								
Statewide	Not a measure	45%	67%	70%	100%	100%	100%	100%
FE								
Statewide	100%	82%	50%	70%	100%	100%	100%	100%
IDD								
Statewide	Not a measure	91%	Not Available	70%	100%	100%	100%	100%
BI								
Statewide	Not a measure	73%	Not Available	70%	100%	100%	100%	100%
TA								
Statewide	Not a measure	64%	Not Available	70%	100%	100%	100%	100%
Autism								
Statewide	Not a measure	91%	100%	70%	100%	100%	100%	100%
SED								
Statewide	Not a measure	100%	Not Available	70%	100%	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: 01/01/2020 – 03/31/2020

Data Source: Functional Assessor Record Review/State Data Systems

Compliance By Waiver	Statewide
PD	89%
Numerator	310
Denominator	349
FE	95%
Numerator	561
Denominator	592
IDD	100%
Numerator	122
Denominator	122
BI	93%
Numerator	83
Denominator	89
TA	98%
Numerator	64
Denominator	65
Autism	100%
Numerator	8
Denominator	8
SED	100%
Numerator	87
Denominator	87

Compliance Trends	2013	2014	2015	2016	2017	2018	2019	Jan-Mar 2020
PD								
Statewide	64%	83%	96%	86%	89%	92%	94%	89%
FE								
Statewide	81%	91%	93%	98%	100%	96%	96%	95%
IDD								
Statewide	99%	94%	90%	100%	100%	99%	99%	100%
BI								
Statewide	62%	89%	81%	85%	96%	88%	93%	93%
TA								
Statewide	97%	89%	100%	98%	100%	100%	100%	98%
Autism								
Statewide	82%	No Data	100%	N/A	77%	96%	100%	100%
SED								
Statewide	99%	89%	88%	91%	92%	90%	91%	100%

Explanation of Findings:

For this Performance Measure, KDADS is utilizing KAMIS assessment data and MMIS eligibility data to determine compliance for five of the waivers. The Autism and SED waiver compliance is determined through a record review.

Remediation:

As part of their remediation, ADRC's and the other assessing entities have indicated continued staff training as their remediation plan. Through this training, KDADS has identified some improvements in its performance measures.

KDADS will continue to coordinate with ADRCs and other assessing entities to provide training to current and new assessors, emphasizing the regimen specific to contacting initial and renewal waiver participants. For initial waiver participants, a minimum of three phone calls are required and a written letter sent via the USPS. For waiver participants due for reassessments, the same protocol must be followed. If unsuccessful in making contact, ADRCs are to send a 3161 to MCO and KDADS program manager stating so. All responses, call logged, the letter sent, and 3161 sent are to be documented in KAMIS case logs as completed.

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: 01/01/2020 – 03/31/2020

Data Source: Functional Assessor Record Review/State Data Systems

Compliance By Waiver	Statewide
PD	70%
Numerator	804
Denominator	1155
FE	79%
Numerator	703
Denominator	887
IDD	99%
Numerator	1789
Denominator	1805
BI	64%
Numerator	44
Denominator	69
TA	99%
Numerator	126
Denominator	127
Autism	100%
Numerator	8
Denominator	8
SED	Not a waiver
Numerator	performance
Denominator	measure

Compliance Trends	2013	2014	2015	2016	2017	2018	2019	Jan-Mar 2020
PD								
Statewide	47%	52%	64%	69%	68%	79%	72%	70%
FE								
Statewide	68%	70%	76%	79%	68%	84%	80%	79%
IDD								
Statewide	97%	74%	75%	77%	78%	97%	98%	99%
BI								
Statewide	39%	50%	62%	65%	62%	70%	70%	64%
TA								
Statewide	94%	90%	86%	96%	93%	99%	100%	99%
Autism								
Statewide	68%	No Data	75%	78%	63%	65%	69%	100%
SED								
Statewide	93%	88%	94%	88%	89%	Not a Measure	Not a Measure	Not a Measure

Explanation of Findings:

For this Performance Measure, KDADS is utilizing KAMIS assessment data and MMIS eligibility data to determine compliance for five of the waivers. The Autism compliance is determined through a record review.

Explanation of Findings for administrative data pull, PD: FE, BI: The individual has not had a functional assessment within the last 365 calendar days or the individual did not have a functional assessment within 365 days of the previous assessment. Re-assessments that fall between 1/27/2020-1/26/2021 have an exception in place through Appendix K Guidance, which could explain some of the cases considered non-compliant utilizing the data pull.

Remediation:

As part of their remediation, ADRC's and the other assessing entities have indicated continued staff training as their remediation plan. Through this training, KDADS has identified some improvements in its performance measures. ADRC will be required to institute measures that will remind their assessors of reassessments 60 days before the 365-day reassessment deadline to provide sufficient time to complete reassessments.

KDADS will continue to coordinate with ADRCs and other assessing entities to provide training to current and new assessors, emphasizing the regimen specific to contacting initial and renewal waiver participants. For initial waiver participants, a minimum of three phone calls are required and a written letter sent via the USPS. For waiver participants due for reassessments, the same protocol must be followed. If unsuccessful in making contact, ADRCs are to send a 3161 to MCO and KDADS program manager stating so. All responses call logged, the letter sent, and 3161 sent are to be documented in KAMIS case logs as completed.

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: 01/01/2020 – 03/31/2020

Data Source: Functional Assessor Record Review

Compliance By Waiver	Statewide
PD	85%
Numerator	76
Denominator	89
FE	91%
Numerator	83
Denominator	91
IDD	100%
Numerator	92
Denominator	92
BI	91%
Numerator	51
Denominator	56
TA	98%
Numerator	55
Denominator	56
Autism	100%
Numerator	8
Denominator	8
SED	100%
Numerator	87
Denominator	87

Compliance Trends	2013	2014	2015	2016	2017	2018	2019	Jan-Mar 2020
PD								
Statewide	93%	84%	79%	80%	85%	81%	82%	85%
FE								
Statewide	88%	91%	91%	92%	88%	93%	91%	91%
IDD								
Statewide	97%	95%	99%	99%	99%	99%	99%	100%
BI								
Statewide	64%	81%	79%	77%	82%	85%	89%	91%
TA								
Statewide	93%	98%	100%	100%	98%	100%	100%	98%
Autism								
Statewide	88%	No Data	90%	88%	91%	89%	89%	100%
SED								
Statewide	77%	79%	83%	88%	91%	95%	93%	100%

Explanation of Findings:

PD: Current assessment for waiver missing for the review period, therefore could not determine if the approved tool was utilized

Remediation:

ADRCs and other assessing entities (KVC, CRN, CDDO and CMHC) have indicated continued staff training in their remediation plans. Through these trainings we have identified some improvements in their performance measures pre COVID-19. With COVID-19 there have been some disruption of adequate assessment due to the inability of assessors to visit with waiver participants

KDADS will continue to coordinate with ADRCs and other assessing entities to provide training to current and new assessors on the need to use the State's approved screen tool in participants Level of Care (LOC) determination.

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: 01/01/2020 – 03/31/2020

Data Source: Functional Assessor Record Review

Compliance By Waiver	Statewide
PD	84%
Numerator	75
Denominator	89
FE	91%
Numerator	83
Denominator	91
IDD	95%
Numerator	87
Denominator	92
BI	89%
Numerator	50
Denominator	56
TA	98%
Numerator	55
Denominator	56
Autism	100%
Numerator	8
Denominator	8
SED	100%
Numerator	87
Denominator	87

Compliance Trends	2013	2014	2015	2016	2017	2018	2019	Jan-Mar 2020
PD								
Statewide	19%	68%	81%	80%	84%	81%	81%	84%
FE								
Statewide	24%	86%	91%	92%	88%	92%	91%	91%
IDD								
Statewide	92%	85%	96%	97%	96%	98%	97%	95%
BI								
Statewide	57%	73%	83%	77%	82%	85%	88%	89%
TA								
Statewide	93%	100%	99%	100%	94%	100%	100%	98%
Autism								
Statewide	0%	No Data	57%	68%	85%	89%	89%	100%
SED								
Statewide	99%	71%	88%	86%	90%	94%	93%	100%

Explanation of Findings:

PD: Current assessment for waiver missing for the review period, therefore could not determine if determination was made by a valid assessor

Remediation:

ADRCs and other assessing entities (KVC, CRN, CDDO and CMHC) have indicated continued staff training in their remediation plans. Through these trainings we have identified some improvements in their performance measures pre COVID-19. With COVID-19 there have been some disruption of adequate assessment due to the inability of assessors to visit with waiver participants

KDADS will continue to coordinate with ADRCs and other assessing entities to provide training to all current assessors within 30 days, on the need to document why FAI was not completed in the KAMIS logs or included in the waiver participant's file and uploaded.

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: 01/01/2020 – 03/31/2020

Data Source: Functional Assessor Record Review

Compliance By Waiver	Statewide
PD	84%
Numerator	75
Denominator	89
FE	92%
Numerator	84
Denominator	91
IDD	100%
Numerator	92
Denominator	92
BI	91%
Numerator	51
Denominator	56
TA	98%
Numerator	55
Denominator	56
Autism	100%
Numerator	8
Denominator	8
SED	100%
Numerator	87
Denominator	87

Compliance Trends	2013	2014	2015	2016	2017	2018	2019	Jan-Mar 2020
PD								
Statewide	73%	83%	96%	80%	84%	81%	82%	84%
FE								
Statewide	91%	90%	96%	91%	100%	93%	91%	92%
IDD								
Statewide	98%	95%	91%	98%	100%	98%	99%	100%
BI								
Statewide	58%	81%	83%	76%	96%	85%	89%	91%
TA								
Statewide	93%	98%	100%	100%	100%	100%	100%	98%
Autism								
Statewide	89%	No Data	100%	88%	88%	89%	89%	100%
SED								
Statewide	99%	88%	87%	89%	92%	95%	93%	100%

Explanation of Findings:

PD: Current assessment for waiver missing for the review period, therefore could not determine if LOC criteria was accurately applied

Remediation:

ADRCs and other assessing entities (KVC, CRN, CDDO and CMHC) have indicated continued staff training in their remediation plans. Through these trainings we have identified some improvements in their performance measures pre COVID-19. With COVID-19 there have been some disruption of adequate assessment due to the inability of assessors to visit with waiver participants. We are hopeful that there will be improvement in the performance measures when COVID-19 rules are relaxed.

KDADS will continue to coordinate with ADRCs and other assessing entities on the need to track the reason(s) why an assessment was not conducted within the 12 months by completing data entry into the KAMIS notes OR by maintaining a spreadsheet. Training is to be provided within 30 days to remind the assessors of this requirement.

KDADS HCBS Quality Review Report

Level of Care

PM 6: Number and percent of third party contractor level of care (LOC) determinations found to be valid

Numerator: Number of LOC assessments found valid by a third party contractor

Denominator: Total number of LOC assessments completed by a third party contractor

Review Period: 01/01/2020 – 03/31/2020

Data Source:

Compliance By Waiver	Statewide
PD	Not a Waiver Performance Measure
Numerator	
Denominator	
FE	Not a Waiver Performance Measure
Numerator	
Denominator	
IDD	Not a Waiver Performance Measure
Numerator	
Denominator	
BI	Not a Waiver Performance Measure
Numerator	
Denominator	
TA	Not a Waiver Performance Measure
Numerator	
Denominator	
Autism	Not a Waiver Performance Measure
Numerator	
Denominator	
SED	100%
Numerator	40
Denominator	40

Compliance Trends	2017	2018	2019	Jan-Mar 2020
PD				
	Not a Waiver Performance Measure			
FE				
	Not a Waiver Performance Measure			
IDD				
	Not a Waiver Performance Measure			
BI				
	Not a Waiver Performance Measure			
TA				
	Not a Waiver Performance Measure			
Autism				
	Not a Waiver Performance Measure			
SED				
Statewide	No Data	No Data	91%	100%

Explanation of Findings:

Performance measure achieved

Remediation:

No remediation necessary

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: 01/01/2020 – 03/31/2020

Data Source:

Compliance By Waiver	Aetna	Sunflower	United	Statewide
PD				
Numerator				
Denominator				
FE				
Numerator				
Denominator				
IDD				
Numerator				
Denominator				
BI				
Numerator				
Denominator				
TA				
Numerator				
Denominator				
Autism				
Numerator				
Denominator				
SED				
Numerator				
Denominator				

Explanation of Findings:

MCO audits are currently underway

Remediation:

Compliance Trends	2013	2014	2015	2016	2017	2018	2019	Jan-Mar 2020
PD								
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Amerigroup		No Data	No Data	N/A	No Data	No Data	No Data	No Data
Sunflower				N/A				
United				N/A				
Statewide	100%			N/A				
FE								
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Amerigroup		No Data	No Data	5%	No Data	No Data	No Data	No Data
Sunflower				30%				
United				N/A				
Statewide	100%			9%				
IDD								
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Amerigroup		No Data	No Data	N/A	No Data	No Data	No Data	No Data
Sunflower				N/A				
United				N/A				
Statewide	98%			N/A				
BI								
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Amerigroup		No Data	No Data	N/A	No Data	No Data	No Data	No Data
Sunflower				N/A				
United				N/A				
Statewide	91%			N/A				
TA								
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Amerigroup		No Data	No Data	N/A	No Data	No Data	No Data	No Data
Sunflower				N/A				
United				N/A				
Statewide	93%			N/A				
Autism								
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Amerigroup		No Data	No Data	N/A	No Data	No Data	No Data	No Data
Sunflower				N/A				
United				N/A				
Statewide	100%			N/A				
SED								
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Amerigroup		No Data	No Data	N/A	No Data	No Data	No Data	No Data
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: 01/01/2020 – 03/31/2020

Data Source:

Compliance By Waiver	Aetna	Sunflower	United	Statewide
PD				
Numerator				
Denominator				
FE				
Numerator				
Denominator				
IDD				
Numerator				
Denominator				
BI				
Numerator				
Denominator				
TA				
Numerator				
Denominator				
Autism				
Numerator				
Denominator				
SED				
Numerator				
Denominator				

Explanation of Findings:

MCO audits are currently underway

Remediation:

Compliance Trends	2013	2014	2015	2016	2017	2018	2019	Jan-Mar 2020
PD								
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Amerigroup		No Data	No Data	0%	No Data	No Data	No Data	No Data
Sunflower				0%				
United				0%				
Statewide	100%			0%				
FE								
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Amerigroup		No Data	No Data	12%	No Data	No Data	No Data	No Data
Sunflower				23%				
United				0%				
Statewide	Not a Measure			11%				
IDD								
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Amerigroup		No Data	No Data	0%	No Data	No Data	No Data	No Data
Sunflower				0%				
United				0%				
Statewide	98%			0%				
BI								
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Amerigroup		No Data	No Data	0%	No Data	No Data	No Data	No Data
Sunflower				0%				
United				0%				
Statewide	89%			0%				
TA								
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Amerigroup		No Data	No Data	0%	No Data	No Data	No Data	No Data
Sunflower				0%				
United				0%				
Statewide	93%			0%				
Autism								
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Amerigroup		No Data	No Data	14%	No Data	No Data	No Data	No Data
Sunflower				0%				
United				0%				
Statewide	100%			4%				
SED								
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Amerigroup		No Data	No Data	0%	No Data	No Data	No Data	No Data
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: 01/01/2020 – 03/31/2020

Data Source:

Compliance By Waiver	Aetna	Sunflower	United	Statewide
PD				
Numerator				
Denominator				
FE				
Numerator				
Denominator				
IDD				
Numerator				
Denominator				
BI				
Numerator				
Denominator				
TA				
Numerator				
Denominator				
Autism				
Numerator				
Denominator				
SED				
Numerator				
Denominator				

Explanation of Findings:

MCO audits are currently underway

Remediation:

Compliance Trends	2013	2014	2015	2016	2017	2018	2019	Jan-Mar 2020
PD								
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Amerigroup		No Data	No Data	N/A	No Data	No Data	No Data	No Data
Sunflower				N/A				
United				N/A				
Statewide	75%			N/A				
FE								
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Amerigroup		No Data	No Data	N/A	No Data	No Data	No Data	No Data
Sunflower				N/A				
United				N/A				
Statewide	100%			N/A				
IDD								
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Amerigroup		No Data	No Data	N/A	No Data	No Data	No Data	No Data
Sunflower				N/A				
United				N/A				
Statewide	Not a Measure			N/A				
BI								
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Amerigroup		No Data	No Data	N/A	No Data	No Data	No Data	No Data
Sunflower				N/A				
United				N/A				
Statewide	88%			N/A				
TA								
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Amerigroup		No Data	No Data	N/A	No Data	No Data	No Data	No Data
Sunflower				N/A				
United				N/A				
Statewide	No Data			N/A				
Autism								
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Amerigroup		No Data	No Data	N/A	No Data	No Data	No Data	No Data
Sunflower				N/A				
United				N/A				
Statewide	82%			N/A				
SED								
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Amerigroup		No Data	No Data	N/A	No Data	No Data	No Data	No Data
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: 01/01/2020 – 03/31/2020

Data Source:

Compliance By Waiver	Aetna	Sunflower	United	Statewide
PD				
Numerator				
Denominator				
FE				
Numerator				
Denominator				
IDD				
Numerator				
Denominator				
BI				
Numerator				
Denominator				
TA				
Numerator				
Denominator				
Autism				
Numerator				
Denominator				
SED				
Numerator				
Denominator				

Explanation of Findings:

MCO audits are currently underway

Remediation:

Compliance Trends	2013	2014	2015	2016	2017	2018	2019	Jan-Mar 2020
PD								
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Amerigroup		No Data	No Data	3%	No Data	No Data	No Data	No Data
Sunflower				1%				
United				0%				
Statewide	75%			1%				
FE								
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Amerigroup		No Data	No Data	0%	No Data	No Data	No Data	No Data
Sunflower				0%				
United				0%				
Statewide	Not a Measure			0%				
IDD								
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Amerigroup		No Data	No Data	0%	No Data	No Data	No Data	No Data
Sunflower				8%				
United				0%				
Statewide	Not a Measure			2%				
BI								
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Amerigroup		No Data	No Data	8%	No Data	No Data	No Data	No Data
Sunflower				0%				
United				0%				
Statewide	88%			3%				
TA								
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Amerigroup		No Data	No Data	13%	No Data	No Data	No Data	No Data
Sunflower				0%				
United				0%				
Statewide	No Data			4%				
Autism								
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Amerigroup		No Data	No Data	8%	No Data	No Data	No Data	No Data
Sunflower				0%				
United				0%				
Statewide	91%			2%				
SED								
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Amerigroup		No Data	No Data	N/A	No Data	No Data	No Data	No Data
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: 01/01/2020 – 03/31/2020

Data Source:

Compliance By Waiver	Aetna	Sunflower	United	Statewide
PD				
Numerator				
Denominator				
FE				
Numerator				
Denominator				
IDD				
Numerator				
Denominator				
BI				
Numerator				
Denominator				
TA				
Numerator				
Denominator				
Autism				
Numerator				
Denominator				
SED				
Numerator				
Denominator				

Explanation of Findings:

MCO audits are currently underway

Remediation:

Compliance Trends	2013	2014	2015	2016	2017	2018	2019	Jan-Mar 2020
PD								
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Amerigroup				0%				
Sunflower		No Data	No Data	0%	No Data	No Data	No Data	No Data
United				0%				
Statewide	No Data			0%				
FE								
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Amerigroup				0%				
Sunflower		No Data	No Data	0%	No Data	No Data	No Data	No Data
United				0%				
Statewide	No Data			0%				
IDD								
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Amerigroup				0%				
Sunflower		No Data	No Data	0%	No Data	No Data	No Data	No Data
United				0%				
Statewide	99%			0%				
BI								
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Amerigroup				0%				
Sunflower		No Data	No Data	0%	No Data	No Data	No Data	No Data
United				0%				
Statewide	No Data			0%				
TA								
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Amerigroup				0%				
Sunflower		No Data	No Data	0%	No Data	No Data	No Data	No Data
United				0%				
Statewide	No Data			0%				
Autism								
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Amerigroup				20%				
Sunflower		No Data	No Data	36%	No Data	No Data	No Data	No Data
United				0%				
Statewide	No Data			11%				
SED								
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Amerigroup				0%				
Sunflower		No Data	No Data	0%	No Data	No Data	No Data	No Data
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: 01/01/2020 – 03/31/2020

Data Source: MCO Record Review

Compliance By Waiver	Aetna	Sunflower	United	Statewide
PD	58%	84%	76%	74%
Numerator	14	27	26	67
Denominator	24	32	34	90
FE	50%	69%	62%	62%
Numerator	9	22	24	55
Denominator	18	32	39	89
IDD	42%	61%	32%	49%
Numerator	5	31	9	45
Denominator	12	51	28	91
BI	42%	65%	48%	53%
Numerator	5	13	11	29
Denominator	12	20	23	55
TA	69%	67%	63%	66%
Numerator	9	14	15	38
Denominator	13	21	24	58
Autism	0%	100%	25%	43%
Numerator	0	2	1	3
Denominator	1	2	4	7
SED	95%	93%	100%	97%
Numerator	20	27	37	84
Denominator	21	29	37	87

Explanation of Findings:

PD: No valid signature and/or date, documentation containing goals not provided or does not cover entire review period

FE: No valid signature and/or date, documentation containing goals not provided or does not cover entire review period, DPOA paperwork not provided for validation

IDD: No valid signature and/or date, documentation containing goals not provided or does not cover entire review period, DPOA/Guardianship paperwork not provided for validation

BI: No valid signature and/or date, documentation containing goals not provided or does not cover entire review period

TA: No valid signature and/or date, documentation containing goals not provided or does not cover entire review period, DPOA/Guardianship paperwork not provided for validation

Remediation:

(MCOs) have indicated continued staff training as part of their remediation plans. Through this training, we have identified some improvements in their performance measures pre-COVID-19.

KDADS quality review team (QRT) met with Aetna representatives in August to discuss the issue of signature, DPOA/Guardianship document, and some unrecognized attachment to their services plan that did not meet compliant. Aetna plan to retrain their staff on proper documentation and upload.

Sunflower has initiated (Service Plan) retraining with a proposed (Completion Oct/15/2020) to educate their Care coordinators on signature, guardianship documentation, documentation requirement, and completion of service plan form to ensure that waiver participant choice is documented.

UHC is also retraining their staff on Service Plan with varied dates of completion: They are training their uploading team to include all relevant documents with a completion date of (10/15/2020). Their Autism staff was retrained in August (08/11/2020) to ensure that the correct documents are uploaded to cover the entire audit/review timeframe. UHC has also noted that guardianship signatures have been difficult for them to obtain and are now trialing DocuSign as a more effective way to obtain guardianship signatures (11/01/2020). Their staff was also retrained in August (08/21/2020) to ensure that the correct documents are uploaded to cover the entire audit timeframe.

KDADS is aware that there was some confusion with the State earlier COVID 19 guidance that "allow person-centered service planning processes (PCSP) to be completed using telephonic or video visits without member signature until a visit can occur."

While KDAD is unsure on how much this earlier guidance impacted providers in the Service Plan process, KDADS will continue to coordinate with the MCOs to educate their Care Coordinators on how to adequately complete a Service Plan (SP). And to document reason(s) why the assessment was not completed, signature on the service plan not obtained, and DPOA/Guardianship document not provided for validation

Compliance Trends	2013	2014	2015	2016	2017	2018	2019	Jan-Mar 2020
PD								
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	68%	58%
Amerigroup		55%	33%	63%	79%	86%	N/A	N/A
Sunflower		57%	64%	59%	81%	78%	86%	84%
United		33%	49%	86%	85%	85%	76%	76%
Statewide	55%	50%	48%	69%	81%	83%	78%	74%
FE								
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	75%	50%
Amerigroup		50%	42%	54%	70%	75%	N/A	N/A
Sunflower		56%	51%	75%	79%	73%	86%	69%
United		45%	56%	81%	90%	87%	71%	62%
Statewide	Not a Measure	50%	49%	70%	80%	79%	78%	62%
IDD								
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	60%	42%
Amerigroup		36%	32%	53%	76%	83%	N/A	N/A
Sunflower		56%	56%	61%	70%	71%	73%	61%
United		52%	41%	73%	85%	85%	58%	32%
Statewide	99%	49%	45%	62%	75%	78%	67%	49%
BI								
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	43%	42%
Amerigroup		37%	41%	58%	78%	72%	N/A	N/A
Sunflower		37%	38%	80%	74%	73%	81%	65%
United		22%	55%	78%	79%	87%	75%	48%
Statewide	44%	34%	43%	68%	77%	75%	71%	53%
TA								
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	78%	69%
Amerigroup		50%	44%	69%	90%	99%	N/A	N/A
Sunflower		73%	85%	82%	65%	89%	87%	67%
United		64%	32%	70%	95%	70%	87%	63%
Statewide	93%	61%	54%	73%	83%	90%	85%	66%
Autism								
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	0%	0%
Amerigroup		84%	56%	35%	88%	100%	N/A	N/A
Sunflower		47%	50%	50%	30%	33%	62%	100%
United		63%	36%	17%	13%	41%	65%	25%
Statewide	58%	69%	49%	37%	42%	52%	56%	43%
SED								
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	96%	95%
Amerigroup		91%	99%	98%	99%	96%	N/A	N/A
Sunflower		92%	95%	87%	98%	96%	95%	93%
United		89%	100%	98%	88%	97%	98%	100%
Statewide	98%	90%	98%	95%	95%	97%	97%	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: 01/01/2020 – 03/31/2020

Data Source: MCO Record Review

Compliance By Waiver	Aetna	Sunflower	United	Statewide
PD	50%	94%	71%	73%
Numerator	12	30	24	66
Denominator	24	32	34	90
FE	33%	72%	77%	66%
Numerator	6	23	30	59
Denominator	18	32	39	89
IDD	42%	75%	57%	65%
Numerator	5	38	16	59
Denominator	12	51	28	91
BI	33%	75%	52%	56%
Numerator	4	15	12	31
Denominator	12	20	23	55
TA	69%	76%	75%	74%
Numerator	9	16	18	43
Denominator	13	21	24	58
Autism	0%	50%	0%	14%
Numerator	0	1	0	1
Denominator	1	2	4	7
SED	86%	93%	100%	94%
Numerator	18	27	37	82
Denominator	21	29	37	87

Explanation of Findings:

PD: Assessment documents and/or service plan not provided or do not cover entire review period, no valid signature and/or date, incomplete service plan provided

FE: Assessment documents and/or service plan not provided or do not cover entire review period, no valid signature and/or date, DPOA document not provided for validation, incomplete service plan provided

IDD: Assessment documents and/or service plan not provided or do not cover entire review period, no valid signature and/or date, DPOA/Guardianship document not provided for validation, incomplete service plan provided

BI: Assessment documents and/or service plan not provided or do not cover entire review period, no valid signature and/or date, incomplete service plan provided

TA: Assessment documents and/or service plan not provided or do not cover entire review period, no valid signature and/or date, DPOA/Guardianship document not provided for validation

AU: Assessment documents and/or service plan not provided or do not cover entire review period

Compliance Trends	2013	2014	2015	2016	2017	2018	2019	Jan-Mar 2020
PD								
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	66%	50%
Amerigroup		83%	55%	74%	83%	93%	N/A	N/A
Sunflower		90%	56%	63%	83%	77%	86%	94%
United		89%	68%	92%	87%	94%	88%	71%
Statewide	86%	87%	59%	76%	84%	88%	83%	73%
FE								
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	71%	33%
Amerigroup		79%	66%	74%	80%	88%	N/A	N/A
Sunflower		90%	53%	73%	75%	76%	86%	72%
United		88%	68%	84%	88%	90%	88%	77%
Statewide	87%	86%	61%	77%	81%	84%	84%	66%
IDD								
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	51%	42%
Amerigroup		85%	67%	64%	77%	83%	N/A	N/A
Sunflower		77%	36%	65%	70%	77%	78%	75%
United		72%	47%	78%	91%	90%	78%	57%
Statewide	99%	78%	48%	68%	77%	82%	75%	65%
BI								
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	38%	33%
Amerigroup		67%	48%	65%	78%	75%	N/A	N/A
Sunflower		82%	28%	82%	74%	73%	79%	75%
United		70%	62%	80%	79%	84%	82%	52%
Statewide	72%	73%	45%	72%	77%	76%	71%	56%
TA								
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	81%	69%
Amerigroup		93%	58%	70%	88%	98%	N/A	N/A
Sunflower		98%	62%	74%	69%	85%	90%	76%
United		97%	58%	79%	92%	84%	91%	75%
Statewide	96%	96%	59%	73%	83%	91%	89%	74%
Autism								
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	0%	0%
Amerigroup		81%	59%	33%	88%	82%	N/A	N/A
Sunflower		50%	45%	47%	15%	28%	31%	50%
United		63%	21%	22%	13%	24%	62%	0%
Statewide	59%	68%	46%	36%	37%	39%	44%	14%
SED								
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	56%	86%
Amerigroup		91%	99%	98%	99%	96%	N/A	N/A
Sunflower		91%	92%	87%	93%	88%	83%	93%
United		89%	98%	96%	84%	76%	77%	100%
Statewide	92%	90%	97%	94%	92%	87%	76%	94%

Remediation:

(MCOs) have indicated continued staff training as part of their remediation plans. Through this training, we have identified some improvements in their performance measures pre-COVID-19.

KDADS quality review team (QRT) met with Aetna representatives in August to discuss the issue of signature, DPOA/Guardianship document, and some unrecognized attachment to their services plan that did not meet compliant. Aetna plan to retrain their staff on proper documentation and upload.

Sunflower has initiated (Service Plan) retraining with a proposed (Completion Oct/15/2020) to educate their Care coordinators on signature, guardianship documentation, documentation requirement, and completion of service plan form to ensure that waiver participant choice is documented.

UHC is also retraining their staff on Service Plan with varied dates of completion: They are training their uploading team to include all relevant documents with a completion date of (10/15/2020). Their Autism staff was retrained in August (08/11/2020) to ensure that the correct documents are uploaded to cover the entire audit/review timeframe. UHC has also noted that guardianship signatures have been difficult for them to obtain and are now trialing DocuSign as a more effective way to obtain guardianship signatures (11/01/2020). Their staff was also retrained in August (08/21/2020) to ensure that the correct documents are uploaded to cover the entire audit timeframe. KDADS is aware that there was some confusion with the State earlier COVID 19 guidance that "allow person-centered service planning processes (PCSP) to be completed using telephonic or video visits without member signature until a visit can occur."

While KDAD is unsure on how much this earlier guidance impacted providers in the Service Plan process, KDADS will continue to coordinate with the MCOs to educate their Care Coordinators on how to adequately complete a Service Plan (SP). And to document reason(s) why the assessment was not completed, signature on the service plan not obtained, and DPOA/Guardianship document not provided for validation

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: 01/01/2020 – 03/31/2020

Data Source: MCO Record Review

Compliance By Waiver	Aetna	Sunflower	United	Statewide
PD	50%	94%	71%	73%
Numerator	12	30	24	66
Denominator	24	32	34	90
FE	33%	72%	74%	65%
Numerator	6	23	29	58
Denominator	18	32	39	89
IDD	42%	75%	61%	66%
Numerator	5	38	17	60
Denominator	12	51	28	91
BI	42%	75%	52%	58%
Numerator	5	15	12	32
Denominator	12	20	23	55
TA	69%	76%	75%	74%
Numerator	9	16	18	43
Denominator	13	21	24	58
Autism	0%	100%	0%	29%
Numerator	0	2	0	2
Denominator	1	2	4	7
SED	95%	93%	100%	97%
Numerator	20	27	37	84
Denominator	21	29	37	87

Explanation of Findings:

PD: Assessment documents and/or service plan not provided or do not cover entire review period, no valid signature and/or date, incomplete service plan provided

FE: Assessment documents and/or service plan not provided or do not cover entire review period, no valid signature and/or date, DPOA document not provided for validation, incomplete service plan provided

IDD: Assessment documents and/or service plan not provided or do not cover entire review period, no valid signature and/or date, DPOA/Guardianship document not provided for validation, incomplete service plan provided

BI: Assessment documents and/or service plan not provided or do not cover entire review period, no valid signature and/or date, incomplete service plan provided

TA: Assessment documents and/or service plan not provided or do not cover entire review period, no valid signature and/or date, DPOA/Guardianship document not provided for validation

AU: Assessment documents and/or service plan not provided or do not cover

Remediation:

(MCOs) have indicated continued staff training as part of their remediation plans. Through this training, we have identified some improvements in their performance measures pre-COVID-19.

KDADS quality review team (QRT) met with Aetna representatives in August to discuss the issue of signature, DPOA/Guardianship document, and some unrecognized attachment to their services plan that did not meet compliant. Aetna plan to retrain their staff on proper documentation and upload.

Sunflower has initiated (Service Plan) retraining with a proposed (Completion Oct/15/2020) to educate their Care coordinators on signature, guardianship documentation, documentation requirement, and completion of service plan form to ensure that waiver participant choice is documented.

UHC is also retraining their staff on Service Plan with varied dates of completion. They are training their uploading team to include all relevant documents with a completion date of (10/15/2020). Their Autism staff was retrained in August (08/11/2020) to ensure that the correct documents are uploaded to cover the entire audit/review timeframe. UHC has also noted that guardianship signatures have been difficult for them to obtain and are now trialing DocuSign as a more effective way to obtain guardianship signatures (11/01/2020). Their staff was also retrained in August (08/21/2020) to ensure that the correct documents are uploaded to cover the entire audit timeframe.

KDADS is aware that there was some confusion with the State earlier COVID 19 guidance that "allow person-centered service planning processes (PCSP) to be completed using telephonic or video visits without member signature until a visit can occur."

While KDAD is unsure on how much this earlier guidance impacted providers in the Service Plan process, KDADS will continue to coordinate with the MCOs to educate their Care Coordinators on how to adequately complete a Service Plan (SP). And to document reason(s) why the assessment was not completed, signature on the service plan not obtained, and DPOA/Guardianship document not provided for validation

Compliance Trends	2013	2014	2015	2016	2017	2018	2019	Jan-Mar 2020
PD								
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	66%	50%
Amerigroup		90%	44%	73%	81%	94%	N/A	N/A
Sunflower		89%	49%	67%	85%	75%	86%	94%
United		96%	67%	90%	88%	95%	86%	71%
Statewide	90%	91%	51%	76%	84%	88%	82%	73%
FE								
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	73%	33%
Amerigroup		92%	55%	75%	82%	89%	N/A	N/A
Sunflower		92%	50%	73%	77%	74%	86%	72%
United		95%	70%	82%	88%	91%	88%	74%
Statewide	Not a measure	93%	57%	76%	82%	84%	85%	65%
IDD								
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	51%	42%
Amerigroup		90%	61%	67%	75%	83%	N/A	N/A
Sunflower		97%	36%	65%	73%	78%	77%	75%
United		89%	45%	78%	92%	90%	77%	61%
Statewide	99%	93%	46%	69%	78%	83%	74%	66%
BI								
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	40%	42%
Amerigroup		79%	45%	64%	80%	79%	N/A	N/A
Sunflower		91%	26%	84%	70%	74%	79%	75%
United		83%	64%	80%	79%	89%	82%	52%
Statewide	84%	84%	43%	72%	78%	79%	72%	58%
TA								
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	81%	69%
Amerigroup		96%	49%	73%	89%	98%	N/A	N/A
Sunflower		95%	61%	76%	66%	85%	90%	76%
United		94%	58%	79%	92%	84%	91%	75%
Statewide	96%	96%	54%	75%	83%	91%	89%	74%
Autism								
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	0%	0%
Amerigroup		79%	59%	30%	88%	91%	N/A	N/A
Sunflower		61%	45%	47%	15%	28%	31%	100%
United		86%	21%	17%	13%	24%	62%	0%
Statewide	64%	74%	46%	34%	37%	41%	44%	29%
SED								
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	96%	95%
Amerigroup		90%	99%	97%	99%	96%	N/A	N/A
Sunflower		89%	95%	87%	98%	97%	95%	93%
United		86%	100%	97%	88%	97%	98%	100%
Statewide	99%	88%	98%	94%	95%	97%	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: 01/01/2020 – 03/31/2020

Data Source: MCO Record Review

Compliance By Waiver	Aetna	Sunflower	United	Statewide
PD	50%	88%	68%	70%
Numerator	12	28	23	63
Denominator	24	32	34	90
FE	39%	72%	51%	56%
Numerator	7	23	20	50
Denominator	18	32	39	89
IDD	42%	63%	36%	52%
Numerator	5	32	10	47
Denominator	12	51	28	91
BI	42%	70%	48%	55%
Numerator	5	14	11	30
Denominator	12	20	23	55
TA	62%	67%	67%	66%
Numerator	8	14	16	38
Denominator	13	21	24	58
Autism	0%	50%	0%	14%
Numerator	0	1	0	1
Denominator	1	2	4	7
SED	95%	93%	100%	97%
Numerator	20	27	37	84
Denominator	21	29	37	87

Explanation of Findings:

PD: No valid signature and/or date, documentation containing goals not provided or does not cover entire review period, DPOA paperwork not provided for validation

FE: No valid signature and/or date, documentation containing goals not provided or does not cover entire review period, DPOA paperwork not provided for validation, service plan incomplete

IDD: No valid signature and/or date, documentation containing goals not provided or does not cover entire review period, DPOA/Guardianship paperwork not provided for validation

BI: No valid signature and/or date, documentation containing goals not provided or does not cover entire review period

TA: No valid signature and/or date, documentation containing goals and/or assessments not provided or does not cover entire review period, DPOA/Guardianship paperwork not provided for validation

AU: Documentation containing goals and/or service plan not provided or do not cover entire review period

Remediation:

(MCOs) have indicated continued staff training as part of their remediation plans. Through this training, we have identified some improvements in their performance measures pre-COVID-19.

KDADS quality review team (QRT) meet with Aetna representatives in August to discuss the issue of signature, DPOA/Guardianship document, and some unrecognized attachment to their services plan that did not meet compliant. Aetna plan to retrain their staff on proper documentation and upload.

Sunflower has initiated (Service Plan) retraining with a proposed (Completion Oct/15/2020) to educate their Care coordinators on signature, guardianship documentation, documentation requirement, and completion of service plan form to ensure that waiver participant choice is documented.

UHC is also retraining their staff on Service Plan with varied dates of completion:They are training their uploading team to include all relevant documents with a completion date of (10/15/2020). Their Autism staff was retrained in August (08/11/2020) to ensure that the correct documents are uploaded to cover the entire audit/review timeframe. UHC has also noted that guardianship signatures have been difficult for them to obtain and are now trialing DocuSign as a more effective way to obtain guardianship signatures (11/01/2020). Their staff was also retrained in August (08/21/2020) to ensure that the correct documents are uploaded to cover the entire audit timeframe.

KDADS is aware that there was some confusion with the State earlier COVID 19 guidance that "allow person-centered service planning processes (PCSP) to be completed using telephonic or video visits without member signature until a visit can occur."

While KDAD is unsure on how much this earlier guidance impacted providers in the Service Plan process, KDADS will continue to coordinate with the MCOs to educate their Care Coordinators on how to adequately complete a Service Plan (SP). And to document reason(s)why the assessment was not completed, signature on the service plan not obtained, and DPOA/Guardianship document not provided for validation

Compliance Trends	2013	2014	2015	2016	2017	2018	2019	Jan-Mar 2020
PD								
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	58%	50%
Amerigroup		88%	68%	76%	85%	91%	N/A	N/A
Sunflower		87%	69%	73%	87%	77%	86%	88%
United		85%	77%	92%	88%	94%	82%	68%
Statewide	80%	87%	70%	80%	86%	87%	78%	70%
FE								
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	69%	39%
Amerigroup		84%	76%	78%	82%	91%	N/A	N/A
Sunflower		88%	61%	84%	86%	76%	86%	72%
United		86%	79%	87%	90%	90%	81%	51%
Statewide	Not a Measure	86%	71%	83%	86%	85%	81%	56%
IDD								
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	47%	42%
Amerigroup		80%	80%	73%	77%	94%	N/A	N/A
Sunflower		80%	59%	74%	80%	79%	77%	63%
United		82%	55%	79%	92%	90%	72%	36%
Statewide	98%	81%	64%	75%	82%	83%	71%	52%
BI								
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	43%	42%
Amerigroup		76%	53%	64%	79%	79%	N/A	N/A
Sunflower		86%	43%	86%	80%	73%	77%	70%
United		77%	69%	85%	79%	84%	79%	48%
Statewide	64%	80%	53%	74%	80%	78%	71%	55%
TA								
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	70%	62%
Amerigroup		84%	68%	71%	90%	96%	N/A	N/A
Sunflower		97%	86%	85%	68%	89%	88%	67%
United		96%	58%	79%	95%	84%	90%	67%
Statewide	No Data	91%	72%	77%	84%	92%	86%	66%
Autism								
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	0%	0%
Amerigroup		74%	59%	35%	88%	91%	N/A	N/A
Sunflower		51%	50%	47%	20%	39%	31%	50%
United		65%	29%	17%	13%	35%	65%	0%
Statewide	55%	65%	49%	36%	38%	50%	47%	14%
SED								
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	96%	95%
Amerigroup		92%	99%	98%	99%	96%	N/A	N/A
Sunflower		90%	94%	86%	98%	97%	95%	93%
United		87%	98%	97%	88%	95%	98%	100%
Statewide	Not a measure	90%	97%	94%	95%	96%	97%	97%

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: 01/01/2020 – 03/31/2020

Data Source: MCO Record Review

Compliance By Waiver	Aetna	Sunflower	United	Statewide
PD	58%	94%	74%	77%
Numerator	14	30	25	69
Denominator	24	32	34	90
FE	44%	72%	77%	69%
Numerator	8	23	30	61
Denominator	18	32	39	89
IDD	42%	76%	57%	66%
Numerator	5	39	16	60
Denominator	12	51	28	91
BI	42%	75%	52%	58%
Numerator	5	15	12	32
Denominator	12	20	23	55
TA	69%	81%	79%	78%
Numerator	9	17	19	45
Denominator	13	21	24	58
Autism	0%	100%	0%	29%
Numerator	0	2	0	2
Denominator	1	2	4	7
SED	95%	93%	100%	97%
Numerator	20	27	37	84
Denominator	21	29	37	87

Explanation of Findings:

PD: Service plan not provided, is incomplete or does not cover entire review period, no valid signature and/or date

FE: Service plan not provided, is incomplete or does not cover entire review period, no valid signature and/or date, DPOA document not provided for validation

IDD: Service plan not provided, is incomplete or does not cover entire review period, no valid signature and/or date, DPOA/Guardianship document not provided for validation

BI: Service plan not provided, is incomplete or does not cover entire review period, no valid signature and/or date

TA: Service plan not provided or does not cover entire review period, no valid signature and/or date, DPOA/Guardianship document not provided for validation

AU: Service plan not provided or do not cover entire review period

Remediation:

(MCOs) have indicated continued staff training as part of their remediation plans. Through this training, we have identified some improvements in their performance measures pre-COVID-19.

KDADS quality review team (QRT) meet with Aetna representatives in August to discuss the issue of signature, DPOA/Guardianship document, and some unrecognized attachment to their services plan that did not meet compliant. Aetna plan to retrain their staff on proper documentation and upload.

Sunflower has initiated (Service Plan) retraining with a proposed (Completion Oct/15/2020) to educate their Care coordinators on signature, guardianship documentation, documentation requirement, and completion of service plan form to ensure that waiver participant choice is documented.

UHC is also retraining their staff on Service Plan with varied dates of completion: They are training their uploading team to include all relevant documents with a completion date of (10/15/2020). Their Autism staff was retrained in August (08/11/2020) to ensure that the correct documents are uploaded to cover the entire audit/review timeframe. UHC has also noted that guardianship signatures have been difficult for them to obtain and are now trialing DocuSign as a more effective way to obtain guardianship signatures (11/01/2020). Their staff was also retrained in August (08/21/2020) to ensure that the correct documents are uploaded to cover the entire audit timeframe.

KDADS is aware that there was some confusion with the State earlier COVID 19 guidance that "allow person-centered service planning processes (PCSP) to be completed using telephonic or video visits without member signature until a visit can occur."

While KDAD is unsure on how much this earlier guidance impacted providers in the Service Plan process, KDADS will continue to coordinate with the MCOs to educate their Care Coordinators on how to adequately complete a Service Plan (SP). And to document reason(s) why the assessment was not completed, signature on the service plan not obtained, and DPOA/Guardianship document not provided for validation

Compliance Trends	2013	2014	2015	2016	2017	2018	2019	Jan-Mar 2020
PD								
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	68%	58%
Amerigroup		88%	70%	79%	87%	97%	N/A	N/A
Sunflower		87%	70%	74%	88%	80%	86%	94%
United		84%	79%	89%	88%	95%	87%	74%
Statewide	Not a Measure	87%	72%	81%	88%	91%	83%	77%
FE								
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	46%	44%
Amerigroup		83%	78%	76%	84%	92%	N/A	N/A
Sunflower		86%	60%	83%	87%	78%	65%	72%
United		87%	83%	88%	91%	92%	66%	77%
Statewide	90%	85%	72%	83%	88%	87%	63%	69%
IDD								
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	53%	42%
Amerigroup		84%	76%	73%	76%	85%	N/A	N/A
Sunflower		82%	60%	74%	78%	83%	79%	76%
United		88%	51%	79%	93%	90%	78%	57%
Statewide	Not a Measure	84%	63%	75%	81%	85%	76%	66%
BI								
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	40%	42%
Amerigroup		73%	51%	65%	80%	82%	N/A	N/A
Sunflower		84%	45%	86%	80%	79%	77%	75%
United		80%	69%	59%	79%	92%	85%	52%
Statewide	Not a Measure	78%	52%	74%	80%	83%	72%	58%
TA								
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	78%	69%
Amerigroup		83%	75%	71%	90%	99%	N/A	N/A
Sunflower		97%	86%	84%	68%	89%	90%	81%
United		97%	58%	79%	95%	86%	91%	79%
Statewide	Not a Measure	91%	76%	76%	84%	93%	89%	78%
Autism								
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	17%	0%
Amerigroup		77%	59%	35%	88%	100%	N/A	N/A
Sunflower		53%	55%	50%	15%	44%	69%	100%
United		71%	36%	17%	6%	47%	65%	0%
Statewide	Not a Measure	69%	52%	37%	35%	59%	60%	29%
SED								
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	93%	95%
Amerigroup		92%	98%	97%	97%	97%	N/A	N/A
Sunflower		90%	95%	86%	98%	96%	95%	93%
United		87%	99%	96%	86%	96%	98%	100%
Statewide	93%	90%	98%	94%	93%	97%	96%	97%

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: 01/01/2020 – 03/31/2020

Data Source: MCO Record Review

Compliance By Waiver	Aetna	Sunflower	United	Statewide
PD	63%	88%	76%	77%
Numerator	15	28	26	69
Denominator	24	32	34	90
FE	50%	69%	79%	70%
Numerator	9	22	31	62
Denominator	18	32	39	89
IDD	42%	76%	43%	62%
Numerator	5	39	12	56
Denominator	12	51	28	91
BI	50%	70%	78%	69%
Numerator	6	14	18	38
Denominator	12	20	23	55
TA	69%	81%	67%	72%
Numerator	9	17	16	42
Denominator	13	21	24	58
Autism	0%	100%	25%	43%
Numerator	0	2	1	3
Denominator	1	2	4	7
SED	95%	93%	100%	97%
Numerator	20	27	37	84
Denominator	21	29	37	87

Explanation of Findings:

PD: Service plan not provided, is incomplete or does not cover entire review period, no valid signature and/or date

FE: Service plan not provided, is incomplete or does not cover entire review period, no valid signature and/or date, DPOA document not provided for validation

IDD: Service plan not provided, is incomplete or does not cover entire review period, no valid signature and/or date, DPOA/Guardianship document not provided for validation

BI: Service plan not provided, is incomplete or does not cover entire review period, no valid signature and/or date

TA: Service plan not provided or does not cover entire review period, no valid signature and/or date, DPOA/Guardianship document not provided for validation

Remediation:

(MCOs) have indicated continued staff training as part of their remediation plans. Through this training, we have identified some improvements in their performance measures pre-COVID-19.

KDADS quality review team (QRT) met with Aetna representatives in August to discuss the issue of signature, DPOA/Guardianship document, and some unrecognized attachment to their services plan that did not meet compliant. Aetna plan to retrain their staff on proper documentation and upload.

Sunflower has initiated (Service Plan) retraining with a proposed (Completion Oct/15/2020) to educate their Care coordinators on signature, guardianship documentation, documentation requirement, and completion of service plan form to ensure that waiver participant choice is documented.

UHC is also retraining their staff on Service Plan with varied dates of completion. They are training their uploading team to include all relevant documents with a completion date of (10/15/2020). Their Autism staff was retrained in August (08/11/2020) to ensure that the correct documents are uploaded to cover the entire audit/review timeframe. UHC has also noted that guardianship signatures have been difficult for them to obtain and are now trialing DocuSign as a more effective way to obtain guardianship signatures (11/01/2020). Their staff was also retrained in August (08/21/2020) to ensure that the correct documents are uploaded to cover the entire audit timeframe.

KDADS is aware that there was some confusion with the State earlier COVID 19 guidance that "allow person-centered service planning processes (PCSP) to be completed using telephonic or video visits without member signature until a visit can occur."

While KDAD is unsure on how much this earlier guidance impacted providers in the Service Plan process, KDADS will continue to coordinate with the MCOs to educate their Care Coordinators on how to adequately complete a Service Plan (SP). And to document reason(s) why the assessment was not completed, signature on the service plan not obtained, and DPOA/Guardianship document not provided for validation

Compliance Trends	2013	2014	2015	2016	2017	2018	2019	Jan-Mar 2020
PD								
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	84%	63%
Amerigroup		73%	67%	71%	72%	91%	N/A	N/A
Sunflower		82%	72%	72%	70%	81%	82%	88%
United		92%	73%	83%	76%	89%	88%	76%
Statewide	82%	82%	70%	75%	72%	87%	85%	77%
FE								
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	81%	50%
Amerigroup		81%	67%	63%	70%	84%	N/A	N/A
Sunflower		85%	57%	78%	78%	83%	86%	69%
United		90%	69%	84%	91%	91%	86%	79%
Statewide	81%	85%	64%	76%	81%	86%	85%	70%
IDD								
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	73%	42%
Amerigroup		75%	77%	68%	64%	80%	N/A	N/A
Sunflower		81%	66%	65%	63%	81%	77%	76%
United		91%	48%	54%	86%	84%	75%	43%
Statewide	97%	82%	66%	63%	70%	81%	76%	62%
BI								
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	73%	50%
Amerigroup		65%	44%	56%	63%	73%	N/A	N/A
Sunflower		84%	40%	88%	61%	88%	83%	70%
United		77%	65%	70%	65%	84%	88%	78%
Statewide	60%	76%	47%	68%	63%	80%	83%	69%
TA								
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	92%	69%
Amerigroup		81%	78%	72%	88%	92%	N/A	N/A
Sunflower		94%	89%	85%	68%	85%	90%	81%
United		96%	59%	70%	91%	93%	96%	67%
Statewide	92%	89%	79%	76%	83%	90%	93%	72%
Autism								
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	50%	0%
Amerigroup		67%	52%	40%	82%	100%	N/A	N/A
Sunflower		43%	47%	38%	18%	83%	77%	100%
United		33%	38%	7%	20%	59%	73%	25%
Statewide	64%	57%	48%	31%	41%	78%	71%	43%
SED								
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	83%	95%
Amerigroup		89%	97%	94%	96%	95%	N/A	N/A
Sunflower		89%	91%	79%	92%	92%	92%	93%
United		83%	99%	85%	77%	97%	95%	100%
Statewide	80%	87%	96%	86%	88%	95%	92%	97%

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: 01/01/2020 – 03/31/2020

Data Source: MCO Record Review

Compliance By Waiver	Aetna	Sunflower	United	Statewide
PD	83%	100%	88%	91%
Numerator	20	32	30	82
Denominator	24	32	34	90
FE	94%	94%	97%	96%
Numerator	17	30	38	85
Denominator	18	32	39	89
IDD	83%	98%	89%	93%
Numerator	10	50	25	85
Denominator	12	51	28	91
BI	92%	95%	87%	91%
Numerator	11	19	20	50
Denominator	12	20	23	55
TA	92%	86%	96%	91%
Numerator	12	18	23	53
Denominator	13	21	24	58
Autism	100%	100%	100%	100%
Numerator	1	2	4	7
Denominator	1	2	4	7
SED	95%	93%	100%	97%
Numerator	20	27	37	84
Denominator	21	29	37	87

Explanation of Findings:

Performance measure achieved

Remediation:

No remediation necessary

Compliance Trends	2013	2014	2015	2016	2017	2018	2019	Jan-Mar 2020
PD								
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	95%	83%
Amerigroup		20%	36%	67%	68%	98%	N/A	N/A
Sunflower		53%	58%	50%	54%	94%	95%	100%
United		50%	63%	80%	67%	99%	98%	88%
Statewide	75%	39%	53%	65%	62%	97%	96%	91%
FE								
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	100%	94%
Amerigroup		24%	71%	42%	70%	96%	N/A	N/A
Sunflower		39%	51%	63%	59%	92%	97%	94%
United		50%	47%	87%	86%	98%	97%	97%
Statewide	78%	38%	54%	65%	67%	96%	98%	96%
IDD								
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	96%	83%
Amerigroup		7%	60%	27%	67%	95%	N/A	N/A
Sunflower		38%	16%	25%	47%	97%	96%	98%
United		16%	30%	30%	83%	97%	91%	89%
Statewide	97%	23%	28%	28%	60%	96%	94%	93%
BI								
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	95%	92%
Amerigroup		24%	42%	61%	67%	88%	N/A	N/A
Sunflower		54%	27%	75%	44%	86%	92%	95%
United		46%	50%	75%	33%	97%	93%	87%
Statewide	53%	38%	38%	67%	57%	89%	93%	91%
TA								
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	97%	92%
Amerigroup		32%	73%	56%	94%	96%	N/A	N/A
Sunflower		54%	89%	63%	57%	92%	95%	86%
United		38%	43%	60%	100%	98%	97%	96%
Statewide	92%	42%	75%	60%	83%	95%	96%	91%
Autism								
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	100%	100%
Amerigroup		10%	0%	17%	75%	100%	N/A	N/A
Sunflower		17%	25%	50%	14%	94%	85%	100%
United		0%	0%	9%	0%	82%	96%	100%
Statewide	45%	11%	11%	16%	22%	91%	93%	100%
SED								
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	81%	95%
Amerigroup		90%	90%	97%	97%	96%	N/A	N/A
Sunflower		83%	79%	68%	88%	91%	92%	93%
United		84%	93%	83%	67%	96%	95%	100%
Statewide	85%	86%	88%	83%	83%	93%	92%	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: 01/01/2020 – 03/31/2020

Data Source: MCO Record Review

Compliance By Waiver	Aetna	Sunflower	United	Statewide
PD	50%	94%	71%	73%
Numerator	12	30	24	66
Denominator	24	32	34	90
FE	44%	72%	74%	67%
Numerator	8	23	29	60
Denominator	18	32	39	89
IDD	42%	76%	57%	66%
Numerator	5	39	16	60
Denominator	12	51	28	91
BI	33%	70%	52%	55%
Numerator	4	14	12	30
Denominator	12	20	23	55
TA	62%	81%	79%	76%
Numerator	8	17	19	44
Denominator	13	21	24	58
Autism	0%	50%	0%	14%
Numerator	0	1	0	1
Denominator	1	2	4	7
SED	95%	93%	100%	97%
Numerator	20	27	37	84
Denominator	21	29	37	87

Explanation of Findings:

PD: Service plan not provided, is incomplete or does not cover entire review period, no valid signature and/or date

FE: Service plan not provided, is incomplete or does not cover entire review period, no valid signature and/or date, DPOA document not provided for validation

IDD: Service plan not provided, is incomplete or does not cover entire review period, no valid signature and/or date, DPOA/Guardianship document not provided for validation

BI: Service plan not provided, is incomplete or does not cover entire review period, no valid signature and/or date

TA: Service plan not provided or does not cover entire review period, no valid signature and/or date, DPOA/Guardianship document not provided for validation

AU: Service plan not provided or do not cover entire review period

Remediation:

MCOs have indicated continued staff training as part of their remediation plans. Through this training, we have identified some improvements in their performance measures pre-COVID-19.

KDADS quality review team (QRT) met with Aetna representatives in August to discuss the issue of signature, DPOA/Guardianship document, and some unrecognized attachment to their services plan that did not meet compliant. Aetna plan to retrain their staff on proper documentation and upload.

Sunflower has initiated (Service Plan) retraining with a proposed (Completion Oct/15/2020) to educate their Care coordinators on signature, guardianship documentation, documentation requirement, and completion of service plan form to ensure that waiver participant choice is documented.

UHC is also retraining their staff on Service Plan with varied dates of completion: They are training their uploading team to include all relevant documents with a completion date of (10/15/2020). Their Autism staff was retrained in August (08/11/2020) to ensure that the correct documents are uploaded to cover the entire audit/review timeframe. UHC has also noted that guardianship signatures have been difficult for them to obtain and are now trialing DocuSign as a more effective way to obtain guardianship signatures (11/01/2020). Their staff was also retrained in August (08/21/2020) to ensure that the correct documents are uploaded to cover the entire audit timeframe.

KDADS is aware that there was some confusion with the State earlier COVID 19 guidance that "allow person-centered service planning processes (PCSP) to be completed using telephonic or video visits without member signature until a visit can occur."

While KDAD is unsure on how much this earlier guidance impacted providers in the Service Plan process, KDADS will continue to coordinate with the MCOs to educate their Care Coordinators on how to adequately complete a Service Plan (SP). And to document reason(s) why the assessment was not completed, signature on the service plan not obtained, and DPOA/Guardianship document not provided for validation

Compliance Trends	2013	2014	2015	2016	2017	2018	2019	Jan-Mar 2020
PD								
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	68%	50%
Amerigroup		94%	69%	79%	83%	93%	N/A	N/A
Sunflower		96%	72%	76%	88%	80%	86%	94%
United		96%	78%	91%	87%	93%	88%	71%
Statewide	85%	95%	72%	81%	86%	88%	83%	73%
FE								
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	71%	44%
Amerigroup		83%	76%	75%	81%	86%	N/A	N/A
Sunflower		96%	64%	86%	87%	77%	88%	72%
United		96%	79%	89%	88%	92%	89%	74%
Statewide	87%	92%	72%	83%	86%	85%	86%	67%
IDD								
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	51%	42%
Amerigroup		78%	84%	73%	75%	82%	N/A	N/A
Sunflower		97%	62%	77%	80%	82%	79%	76%
United		100%	59%	81%	90%	89%	77%	57%
Statewide	98%	92%	68%	77%	81%	84%	75%	66%
BI								
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	43%	33%
Amerigroup		81%	55%	63%	77%	73%	N/A	N/A
Sunflower		95%	46%	84%	76%	76%	74%	70%
United		85%	71%	83%	76%	82%	81%	52%
Statewide	70%	87%	56%	72%	77%	75%	70%	55%
TA								
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	81%	62%
Amerigroup		98%	73%	79%	88%	98%	N/A	N/A
Sunflower		100%	86%	82%	68%	87%	89%	81%
United		96%	58%	82%	92%	86%	92%	79%
Statewide	100%	98%	74%	80%	83%	93%	89%	76%
Autism								
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	0%	0%
Amerigroup		89%	59%	37%	88%	91%	N/A	N/A
Sunflower		100%	55%	50%	15%	28%	23%	50%
United		50%	21%	17%	13%	41%	58%	0%
Statewide	50%	86%	49%	38%	37%	48%	40%	14%
SED								
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	96%	95%
Amerigroup		91%	99%	95%	99%	96%	N/A	N/A
Sunflower		96%	94%	84%	98%	98%	95%	93%
United		92%	99%	91%	86%	96%	98%	100%
Statewide	13%	93%	98%	90%	94%	97%	97%	97%

KDADS HCBS Quality Review Report

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: 01/01/2020 – 03/31/2020

Data Source: Customer Interview

Compliance By Waiver	Aetna	Sunflower	United	Statewide
PD	N/A	N/A	N/A	N/A
Numerator	0	0	0	0
Denominator	0	0	0	0
FE	N/A	N/A	N/A	N/A
Numerator	0	0	0	0
Denominator	0	0	0	0
IDD	N/A	N/A	N/A	N/A
Numerator	0	0	0	0
Denominator	0	0	0	0
BI	N/A	N/A	N/A	N/A
Numerator	0	0	0	0
Denominator	0	0	0	0
TA	N/A	N/A	N/A	N/A
Numerator	0	0	0	0
Denominator	0	0	0	0
Autism	N/A	N/A	N/A	N/A
Numerator	0	0	0	0
Denominator	0	0	0	0
SED	Not a waiver performance measure			
Numerator				
Denominator				

Explanation of Findings:

Data unable to be calculated, due to COVID-19 pandemic.

Remediation:

Compliance Trends	2013	2014	2015	2016	2017	2018	2019	Jan-Mar 2020
PD								
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	93%	N/A
Amerigroup		97%			94%	94%	N/A	N/A
Sunflower					97%	98%	94%	N/A
United		93%			91%	98%	91%	N/A
Statewide	Not a Measure	94%	No Data	No Data	94%	97%	93%	N/A
FE								
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	100%	N/A
Amerigroup		85%			97%	96%	N/A	N/A
Sunflower		86%			93%	95%	96%	N/A
United		82%			91%	94%	94%	N/A
Statewide	87%	84%	No Data	No Data	94%	95%	96%	N/A
IDD								
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	100%	N/A
Amerigroup		92%			93%	100%	N/A	N/A
Sunflower		96%			99%	97%	96%	N/A
United		93%			92%	100%	95%	N/A
Statewide	Not a Measure	94%	No Data	No Data	96%	98%	96%	N/A
BI								
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	100%	N/A
Amerigroup		81%			81%	87%	N/A	N/A
Sunflower		88%			79%	78%	95%	N/A
United		83%			76%	92%	92%	N/A
Statewide	Not a Measure	83%	No Data	No Data	80%	85%	95%	N/A
TA								
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	60%	N/A
Amerigroup		89%			96%	98%	N/A	N/A
Sunflower		84%			94%	95%	100%	N/A
United		85%			94%	100%	93%	N/A
Statewide	Not a Measure	87%	No Data	No Data	95%	98%	92%	N/A
Autism								
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Amerigroup		74%			89%	67%	N/A	N/A
Sunflower		70%			50%	88%	67%	N/A
United		60%			75%	50%	73%	N/A
Statewide	Not a Measure	71%	No Data	No Data	68%	68%	71%	N/A
SED	Not a Waiver Performance Measure							
Aetna								
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: 01/01/2020 – 03/31/2020

Data Source: MCO Record Review

Compliance By Waiver	Aetna	Sunflower	United	Statewide
PD	58%	94%	74%	77%
Numerator	14	30	25	69
Denominator	24	32	34	90
FE	44%	75%	79%	71%
Numerator	8	24	31	63
Denominator	18	32	39	89
IDD	42%	80%	64%	70%
Numerator	5	41	18	64
Denominator	12	51	28	91
BI	42%	80%	52%	60%
Numerator	5	16	12	33
Denominator	12	20	23	55
TA	77%	86%	88%	84%
Numerator	10	18	21	49
Denominator	13	21	24	58
Autism	0%	100%	0%	29%
Numerator	0	2	0	2
Denominator	1	2	4	7
SED	95%	97%	100%	98%
Numerator	20	28	37	85
Denominator	21	29	37	87

Explanation of Findings:

PD: Service plan not provided, is incomplete or does not cover entire review period, no valid signature and/or date

FE: Service plan not provided, is incomplete or does not cover entire review period, no valid signature and/or date, DPOA document not provided for validation, missing documentation of choice

IDD: Service plan not provided, is incomplete or does not cover entire review period, no valid signature and/or date, DPOA/Guardianship document not provided for validation, missing documentation of choice

BI: Service plan not provided, is incomplete or does not cover entire review period, no valid signature and/or date

TA: Service plan not provided or does not cover entire review period, no valid signature and/or date, DPOA/Guardianship document not provided for validation

Remediation:

MCOs) have indicated continued staff training as part of their remediation plans. Through this training, we have identified some improvements in their performance measures pre-COVID-19.

KDADS quality review team (QRT) met with Aetna representatives in August to discuss the issue of signature, DPOA/Guardianship document, and some unrecognized attachment to their services plan that did not meet compliant. Aetna plan to retrain their staff on proper documentation and upload.

Sunflower has initiated (Service Plan) retraining with a proposed (Completion Oct/15/2020) to educate their Care coordinators on signature, guardianship documentation, documentation requirement, and completion of service plan form to ensure that waiver participant choice is documented.

UHC is also retraining their staff on Service Plan with varied dates of completion: They are training their uploading team to include all relevant documents with a completion date of (10/15/2020). Their Autism staff was retrained in August (08/11/2020) to ensure that the correct documents are uploaded to cover the entire audit/review timeframe. UHC has also noted that guardianship signatures have been difficult for them to obtain and are now trialing DocuSign as a more effective way to obtain guardianship signatures (11/01/2020). Their staff was also retrained in August (08/21/2020) to ensure that the correct documents are uploaded to cover the entire audit timeframe.

KDADS is aware that there was some confusion with the State earlier COVID 19 guidance that "allow person-centered service planning processes (PCSP) to be completed using telephonic or video visits without member signature until a visit can occur."

While KDAD is unsure on how much this earlier guidance impacted providers in the Service Plan process, KDADS will continue to coordinate with the MCOs to educate their Care Coordinators on how to adequately complete a Service Plan (PCSP). And to document reason(s) why the assessment was not completed, signature on the service plan not obtained, and DPOA/Guardianship document not provided for validation

Compliance Trends	2013	2014	2015	2016	2017	2018	2019	Jan-Mar 2020
PD								
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	64%	58%
Amerigroup		68%	56%	68%	80%	97%	N/A	N/A
Sunflower		58%	69%	73%	85%	80%	86%	94%
United		69%	73%	89%	87%	94%	88%	74%
Statewide	52%	65%	65%	76%	84%	90%	82%	77%
FE								
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	73%	44%
Amerigroup		68%	59%	64%	82%	92%	N/A	N/A
Sunflower		76%	59%	82%	86%	77%	88%	75%
United		77%	75%	85%	91%	93%	88%	79%
Statewide	56%	74%	63%	77%	86%	87%	86%	71%
IDD								
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	51%	42%
Amerigroup		51%	45%	68%	74%	84%	N/A	N/A
Sunflower		68%	42%	69%	71%	79%	77%	80%
United		75%	55%	76%	91%	89%	80%	64%
Statewide	99%	64%	46%	70%	77%	83%	75%	70%
BI								
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	38%	42%
Amerigroup		54%	50%	53%	76%	82%	N/A	N/A
Sunflower		75%	40%	86%	80%	80%	82%	80%
United		70%	74%	83%	79%	92%	84%	52%
Statewide	44%	65%	52%	67%	78%	83%	73%	60%
TA								
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	76%	77%
Amerigroup		87%	65%	68%	85%	96%	N/A	N/A
Sunflower		84%	80%	77%	66%	89%	90%	86%
United		92%	58%	79%	95%	86%	91%	88%
Statewide	96%	86%	68%	72%	81%	92%	88%	84%
Autism								
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	17%	0%
Amerigroup		67%	67%	47%	88%	100%	N/A	N/A
Sunflower		44%	45%	50%	40%	50%	69%	100%
United		88%	21%	17%	19%	29%	65%	0%
Statewide	40%	63%	49%	42%	48%	54%	60%	29%
SED								
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	91%	95%
Amerigroup		94%	91%	98%	99%	97%	N/A	N/A
Sunflower		91%	72%	84%	94%	87%	93%	97%
United		84%	97%	88%	88%	97%	95%	100%
Statewide	98%	89%	88%	90%	94%	94%	94%	98%

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: 01/01/2020 – 03/31/2020

Data Source: MCO Record Review

Compliance By Waiver	Aetna	Sunflower	United	Statewide
PD	58%	94%	74%	77%
Numerator	14	30	25	69
Denominator	24	32	34	90
FE	44%	75%	77%	70%
Numerator	8	24	30	62
Denominator	18	32	39	89
IDD	42%	80%	64%	70%
Numerator	5	41	18	64
Denominator	12	51	28	91
BI	42%	80%	52%	60%
Numerator	5	16	12	33
Denominator	12	20	23	55
TA	77%	86%	88%	84%
Numerator	10	18	21	49
Denominator	13	21	24	58
Autism	0%	100%	0%	29%
Numerator	0	2	0	2
Denominator	1	2	4	7
SED	95%	97%	100%	98%
Numerator	20	28	37	85
Denominator	21	29	37	87

Explanation of Findings:

PD: Service plan not provided, is incomplete or does not cover entire review period, no valid signature and/or date

FE: Service plan not provided, is incomplete or does not cover entire review period, no valid signature and/or date, DPOA document not provided for validation, missing documentation of choice

IDD: Service plan not provided, is incomplete or does not cover entire review period, no valid signature and/or date, DPOA/Guardianship document not provided for validation, missing documentation of choice

BI: Service plan not provided, is incomplete or does not cover entire review period, no valid signature and/or date

TA: Service plan not provided or does not cover entire review period, no valid signature and/or date, DPOA/Guardianship document not provided for validation

AU: Service plan not provided or do not cover entire review period

Remediation:

MCOs have indicated continued staff training as part of their remediation plans. Through this training, we have identified some improvements in their performance measures pre-COVID-19.

KDADS quality review team (QRT) met with Aetna representatives in August to discuss the issue of signature, DPOA/Guardianship document, and some unrecognized attachment to their services plan that did not meet compliant. Aetna plan to retrain their staff on proper documentation and upload.

Sunflower has initiated (Service Plan) retraining with a proposed (Completion Oct/15/2020) to educate their Care coordinators on signature, guardianship documentation, documentation requirement, and completion of service plan form to ensure that waiver participant choice is documented.

UHC is also retraining their staff on Service Plan with varied dates of completion: They are training their uploading team to include all relevant documents with a completion date of (10/15/2020). Their Autism staff was retrained in August (08/11/2020) to ensure that the correct documents are uploaded to cover the entire audit/review timeframe. UHC has also noted that guardianship signatures have been difficult for them to obtain and are now trialing DocuSign as a more effective way to obtain guardianship signatures (11/01/2020). Their staff was also retrained in August (08/21/2020) to ensure that the correct documents are uploaded to cover the entire audit timeframe.

KDADS is aware that there was some confusion with the State earlier COVID 19 guidance that "allow person-centered service planning processes (PCSP) to be completed using telephonic or video visits without member signature until a visit can occur."

While KDAD is unsure on how much this earlier guidance impacted providers in the Service Plan process, KDADS will continue to coordinate with the MCOs to educate their Care Coordinators on how to adequately complete a Service Plan (PCSP). And to document reason(s) why the assessment was not completed, signature on the service plan not obtained, and DPOA/Guardianship document not provided for validation

Compliance Trends	2013	2014	2015	2016	2017	2018	2019	Jan-Mar 2020
PD								
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	59%	58%
Amerigroup		68%	53%	62%	79%	96%	N/A	N/A
Sunflower		72%	50%	71%	36%	74%	86%	94%
United		77%	73%	84%	78%	94%	88%	74%
Statewide	64%	72%	57%	72%	64%	88%	81%	77%
FE								
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	73%	44%
Amerigroup		67%	57%	67%	80%	92%	N/A	N/A
Sunflower		86%	47%	82%	35%	74%	88%	75%
United		85%	74%	84%	80%	92%	88%	77%
Statewide	59%	80%	57%	78%	63%	86%	86%	70%
IDD								
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	49%	42%
Amerigroup		55%	46%	70%	71%	85%	N/A	N/A
Sunflower		68%	35%	69%	34%	79%	78%	80%
United		77%	50%	74%	89%	88%	80%	64%
Statewide	No Data	66%	42%	71%	58%	83%	75%	70%
BI								
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	38%	42%
Amerigroup		56%	50%	52%	74%	82%	N/A	N/A
Sunflower		80%	23%	86%	28%	79%	82%	80%
United		74%	67%	80%	76%	92%	85%	52%
Statewide	53%	68%	45%	66%	63%	83%	74%	60%
TA								
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	73%	77%
Amerigroup		86%	65%	71%	86%	99%	N/A	N/A
Sunflower		97%	53%	79%	29%	86%	90%	86%
United		94%	55%	64%	82%	86%	91%	88%
Statewide	96%	91%	60%	72%	68%	93%	88%	84%
Autism								
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	17%	0%
Amerigroup		79%	52%	47%	88%	100%	N/A	N/A
Sunflower		50%	27%	61%	20%	56%	69%	100%
United		88%	14%	17%	13%	41%	65%	0%
Statewide	55%	72%	35%	46%	38%	61%	60%	29%
SED								
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	91%	95%
Amerigroup		94%	92%	98%	99%	97%	N/A	N/A
Sunflower		91%	72%	84%	94%	87%	93%	97%
United		84%	97%	88%	87%	97%	95%	100%
Statewide	98%	89%	88%	90%	93%	94%	94%	98%

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: 01/01/2020 – 03/31/2020

Data Source: MCO Record Review

Compliance By Waiver	Aetna	Sunflower	United	Statewide
PD	0%	94%	74%	61%
Numerator	0	30	25	55
Denominator	24	32	34	90
FE	11%	75%	35%	64%
Numerator	2	24	31	57
Denominator	18	32	89	89
IDD	8%	80%	64%	66%
Numerator	1	41	18	60
Denominator	12	51	28	91
BI	0%	80%	52%	51%
Numerator	0	16	12	28
Denominator	12	20	23	55
TA	0%	86%	83%	66%
Numerator	0	18	20	38
Denominator	13	21	24	58
Autism	0%	100%	0%	29%
Numerator	0	2	0	2
Denominator	1	2	4	7
SED	95%	97%	100%	98%
Numerator	20	28	37	85
Denominator	21	29	37	87

Explanation of Findings:

PD: Service plan not provided, is incomplete or does not cover entire review period, no valid signature and/or date, missing documentation of choice

FE: Service plan not provided, is incomplete or does not cover entire review period, no valid signature and/or date, DPOA document not provided for validation, missing documentation of choice

IDD: Service plan not provided, is incomplete or does not cover entire review period, no valid signature and/or date, DPOA/Guardianship document not provided for validation, missing documentation of choice

BI: Service plan not provided, is incomplete or does not cover entire review period, no valid signature and/or date, missing documentation of choice

TA: Service plan not provided or does not cover entire review period, no valid signature and/or date, DPOA/Guardianship document not provided for validation, missing documentation of choice

Remediation:

MCOs) have indicated continued staff training as part of their remediation plans. Through this training, we have identified some improvements in their performance measures pre-COVID-19.

KDADS quality review team (QRT) met with Aetna representatives in August to discuss the issue of signature, DPOA/Guardianship document, and some unrecognized attachment to their services plan that did not meet compliant. Aetna plan to retrain their staff on proper documentation and upload. Sunflower has initiated (Service Plan) retraining with a proposed (Completion Oct/15/2020) to educate their Care coordinators on signature, guardianship documentation, documentation requirement, and completion of service plan form to ensure that waiver participant choice is documented.

UHC is also retraining their staff on Service Plan with varied dates of completion: They are training their uploading team to include all relevant documents with a completion date of (10/15/2020). Their Autism staff was retrained in August (08/11/2020) to ensure that the correct documents are uploaded to cover the entire audit/review timeframe. UHC has also noted that guardianship signatures have been difficult for them to obtain and are now trialing DocuSign as a more effective way to obtain guardianship signatures (11/01/2020). Their staff was also retrained in August (08/21/2020) to ensure that the correct documents are uploaded to cover the entire audit timeframe.

KDADS is aware that there was some confusion with the State earlier COVID 19 guidance that "allow person-centered service planning processes (PCSP) to be completed using telephonic or video visits without member signature until a visit can occur."

While KDAD is unsure on how much this earlier guidance impacted providers in the Service Plan process, KDADS will continue to coordinate with the MCOs to educate their Care Coordinators on how to adequately complete a Person-Centered Service Plan (PCSP). And to document reason(s) why the assessment was not completed, signature on the service plan not obtained, and DPOA/Guardianship document not provided for validation

Compliance Trends	2013	2014	2015	2016	2017	2018	2019	Jan-Mar 2020
PD								
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	7%	0%
Amerigroup		76%	57%	67%	81%	98%	N/A	N/A
Sunflower		74%	67%	73%	87%	80%	86%	94%
United		80%	78%	88%	87%	95%	88%	74%
Statewide	Not a Measure	76%	66%	75%	85%	91%	70%	61%
FE								
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	8%	11%
Amerigroup		67%	58%	72%	81%	92%	N/A	N/A
Sunflower		87%	56%	82%	86%	77%	88%	75%
United		85%	79%	84%	91%	93%	88%	35%
Statewide	65%	80%	63%	79%	86%	87%	76%	64%
IDD								
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	7%	8%
Amerigroup		47%	47%	66%	73%	87%	N/A	N/A
Sunflower		69%	41%	68%	74%	80%	78%	80%
United		78%	57%	79%	92%	88%	79%	64%
Statewide	No Data	64%	46%	70%	78%	84%	69%	66%
BI								
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	0%	0%
Amerigroup		55%	51%	54%	78%	84%	N/A	N/A
Sunflower		79%	40%	86%	78%	79%	82%	80%
United		73%	74%	83%	79%	92%	84%	52%
Statewide	No Data	67%	52%	68%	78%	84%	65%	51%
TA								
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	16%	0%
Amerigroup		87%	65%	69%	85%	99%	N/A	N/A
Sunflower		98%	80%	81%	68%	89%	89%	86%
United		94%	55%	79%	95%	86%	91%	83%
Statewide	No Data	92%	68%	74%	81%	93%	78%	66%
Autism								
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	0%	0%
Amerigroup		86%	67%	65%	94%	100%	N/A	N/A
Sunflower		47%	59%	67%	70%	61%	69%	100%
United		75%	43%	33%	38%	35%	69%	0%
Statewide	No Data	72%	59%	60%	67%	61%	60%	29%
SED								
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	91%	95%
Amerigroup		94%	92%	98%	99%	97%	N/A	N/A
Sunflower		91%	72%	84%	94%	87%	93%	97%
United		85%	98%	88%	87%	97%	95%	100%
Statewide	99%	90%	89%	91%	93%	94%	94%	98%

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: 01/01/2020 – 03/31/2020

Data Source: MCO Record Review

Compliance By Waiver	Aetna	Sunflower	United	Statewide
PD	8%	94%	74%	63%
Numerator	2	30	25	57
Denominator	24	32	34	90
FE	0%	75%	79%	62%
Numerator	0	24	31	55
Denominator	18	32	39	89
IDD	8%	80%	64%	66%
Numerator	1	41	18	60
Denominator	12	51	28	91
BI	0%	80%	52%	51%
Numerator	0	16	12	28
Denominator	12	20	23	55
TA	0%	86%	88%	67%
Numerator	0	18	21	39
Denominator	13	21	24	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:

PD: Service plan not provided, is incomplete or does not cover entire review period, no valid signature and/or date, missing documentation of choice

FE: Service plan not provided, is incomplete or does not cover entire review period, no valid signature and/or date, DPOA document not provided for validation, missing documentation of choice

IDD: Service plan not provided, is incomplete or does not cover entire review period, no valid signature and/or date, DPOA/Guardianship document not provided for validation, missing documentation of choice

BI: Service plan not provided, is incomplete or does not cover entire review period, no valid signature and/or date

TA: Service plan not provided or does not cover entire review period, no valid signature and/or date, DPOA/Guardianship document not provided for validation, missing documentation of choice

Remediation:

MCOs) have indicated continued staff training as part of their remediation plans. Through this training, we have identified some improvements in their performance measures pre-COVID-19.

KDADS quality review team (QRT) met with Aetna representatives in August to discuss the issue of signature, DPOA/Guardianship document, and some unrecognized attachment to their services plan that did not meet compliant. Aetna plan to retrain their staff on proper documentation and upload.

Sunflower has initiated (Service Plan) retraining with a proposed (Completion Oct/15/2020) to educate their Care coordinators on signature, guardianship documentation, documentation requirement, and completion of service plan form to ensure that waiver participant choice is documented.

UHC is also retraining their staff on Service Plan with varied dates of completion: They are training their uploading team to include all relevant documents with a completion date of (10/15/2020). Their Autism staff was retrained in August (08/11/2020) to ensure that the correct documents are uploaded to cover the entire audit/review timeframe. UHC has also noted that guardianship signatures have been difficult for them to obtain and are now trialing DocuSign as a more effective way to obtain guardianship signatures (11/01/2020). Their staff was also retrained in August (08/21/2020) to ensure that the correct documents are uploaded to cover the entire audit timeframe.

KDADS is aware that there was some confusion with the State earlier COVID 19 guidance that "allow person-centered service planning processes (PCSP) to be completed using telephonic or video visits without member signature until a visit can occur."

While KDAD is unsure on how much this earlier guidance impacted providers in the Service Plan process, KDADS will continue to coordinate with the MCOs to educate their Care Coordinators on how to adequately complete a Service Plan (SP). And to document reason(s) why the assessment was not completed, signature on the service plan not obtained, and DPOA/Guardianship document not provided for validation

Compliance Trends	2013	2014	2015	2016	2017	2018	2019	Jan-Mar 2020
PD								
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	12%	8%
Amerigroup		64%	58%	72%	81%	92%	N/A	N/A
Sunflower		73%	68%	72%	87%	79%	84%	94%
United		77%	78%	88%	86%	95%	88%	74%
Statewide	Not a Measure	71%	66%	77%	84%	89%	70%	63%
FE								
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	10%	0%
Amerigroup		64%	59%	73%	79%	88%	N/A	N/A
Sunflower		84%	59%	81%	87%	74%	87%	75%
United		77%	79%	85%	88%	93%	88%	79%
Statewide	65%	75%	64%	79%	85%	85%	76%	62%
IDD								
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	7%	8%
Amerigroup		34%	47%	64%	68%	84%	N/A	N/A
Sunflower		61%	39%	60%	65%	77%	75%	80%
United		77%	57%	73%	93%	89%	79%	64%
Statewide	No Data	53%	46%	64%	73%	82%	68%	66%
BI								
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	5%	0%
Amerigroup		50%	50%	56%	73%	80%	N/A	N/A
Sunflower		85%	43%	82%	78%	79%	81%	80%
United		70%	74%	83%	79%	89%	84%	52%
Statewide	No Data	66%	52%	68%	75%	81%	66%	51%
TA								
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	19%	0%
Amerigroup		82%	56%	66%	84%	99%	N/A	N/A
Sunflower		98%	82%	79%	68%	89%	89%	86%
United		100%	58%	79%	95%	84%	91%	88%
Statewide	No Data	90%	64%	72%	81%	93%	78%	67%
Autism	Self-Direction is not offered for this Waiver							
Aetna								
Amerigroup								
Sunflower								
United								
Statewide								
SED	Self-Direction is not offered for this Waiver							
Aetna								
Amerigroup								
Sunflower								
United								
Statewide								

KDADS HCBS Quality Review Report

Service Plan

PM 14: Number and percent of service plans reviewed at least every 90 days

Numerator: Number of service plans reviewed at least every 90 days

Denominator: Number of waiver participants whose service plans were reviewed

Review Period: 01/01/2020 – 03/31/2020

Data Source: MCO Record Review

Compliance By Waiver	Aetna	Sunflower	United	Statewide
PD	Not a Waiver Performance Measure			
Numerator				
Denominator				
FE	Not a Waiver Performance Measure			
Numerator				
Denominator				
IDD	Not a Waiver Performance Measure			
Numerator				
Denominator				
BI	Not a Waiver Performance Measure			
Numerator				
Denominator				
TA	Not a Waiver Performance Measure			
Numerator				
Denominator				
Autism	Not a Waiver Performance Measure			
Numerator				
Denominator				
SED	95%	86%	95%	92%
Numerator	20	25	35	80
Denominator	21	29	37	87

Compliance Trends	2017	2018	2019	Jan-Mar 2020
PD	Not a Waiver Performance Measure			
Numerator				
FE	Not a Waiver Performance Measure			
Numerator				
IDD	Not a Waiver Performance Measure			
Numerator				
BI	Not a Waiver Performance Measure			
Numerator				
TA	Not a Waiver Performance Measure			
Numerator				
Autism	Not a Waiver Performance Measure			
Numerator				
SED				
Aetna	N/A	N/A	80%	95%
Amerigroup	99%	92%	N/A	N/A
Sunflower	88%	90%	88%	86%
United	83%	94%	94%	95%
Statewide	91%	92%	89%	92%

Explanation of Findings:

Performance measure achieved

Remediation:

No remediation necessary

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 unexpected deaths

Review Period: 01/01/2020 – 03/31/2020

Data Source: Adverse Incident Reporting

Compliance By Waiver	Aetna	Sunflower	United	Statewide
PD	N/A	100%	100%	100%
Numerator	0	10	2	12
Denominator	0	10	2	12
FE	N/A	N/A	N/A	N/A
Numerator	0	0	0	0
Denominator	0	0	0	0
IDD	100%	100%	100%	100%
Numerator	1	14	3	18
Denominator	1	14	3	18
BI	N/A	100%	N/A	100%
Numerator	0	1	0	1
Denominator	0	1	0	1
TA	N/A	N/A	N/A	N/A
Numerator	0	0	0	0
Denominator	0	0	0	0
Autism	N/A	N/A	N/A	N/A
Numerator	0	0	0	0
Denominator	0	0	0	0
SED	N/A	N/A	N/A	N/A
Numerator	0	0	0	0
Denominator	0	0	0	0

Explanation of Findings:

UHC had one report from the I/DD waiver for which review and investigation identified the potential for preventable causes.

SED reports are not currently routed to the HCBS worklist in the AIR system. Behavioral Health receives SED AIR reports and provide follow-up and remediation, as applicable.

Remediation:

MCO follow-up and investigation followed appropriate policies and procedures and provided sufficient documentation/evidence to confirm appropriate measures were taken to resolve.

KDADS HCBS continues to work with the Behavioral Health Commission to include accurate information as it pertains to SED member reports.

Compliance Trends	2013	2014	2015	2016	2017	2018	2019	Jan-Mar 2020
PD								
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Amerigroup	No Data						N/A	N/A
Sunflower	No Data						90%	100%
United	No Data						100%	100%
Statewide	No Data						92%	100%
FE								
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Amerigroup	No Data						N/A	N/A
Sunflower	No Data						100%	N/A
United	No Data						75%	N/A
Statewide	No Data						96%	N/A
IDD								
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	100%	100%
Amerigroup	No Data						N/A	N/A
Sunflower	No Data						98%	100%
United	No Data						93%	100%
Statewide	No Data						97%	100%
BI								
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Amerigroup	No Data						N/A	N/A
Sunflower	No Data						100%	100%
United	No Data						N/A	N/A
Statewide	No Data						100%	100%
TA								
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Amerigroup	No Data						N/A	N/A
Sunflower	No Data						100%	N/A
United	No Data						N/A	N/A
Statewide	No Data						100%	N/A
Autism								
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Amerigroup	No Data						N/A	N/A
Sunflower	No Data						N/A	N/A
United	No Data						N/A	N/A
Statewide	No Data						N/A	N/A
SED								
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Amerigroup	No Data						N/A	N/A
Sunflower	No Data						N/A	N/A
United	No Data						N/A	N/A
Statewide	No Data						N/A	N/A

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: 01/01/2020 – 03/31/2020

Data Source: Adverse Incident Reporting

Compliance By Waiver	Aetna	Sunflower	United	Statewide
PD	N/A	100%	100%	100%
Numerator	0	10	2	12
Denominator	0	10	2	12
FE	N/A	N/A	N/A	N/A
Numerator	0	0	0	0
Denominator	0	0	0	0
IDD	100%	100%	100%	100%
Numerator	1	14	3	18
Denominator	1	14	3	18
BI	N/A	100%	N/A	100%
Numerator	0	1	0	1
Denominator	0	1	0	1
TA	N/A	N/A	N/A	N/A
Numerator	0	0	0	0
Denominator	0	0	0	0
Autism	N/A	N/A	N/A	N/A
Numerator	0	0	0	0
Denominator	0	0	0	0
SED	N/A	N/A	N/A	N/A
Numerator	0	0	0	0
Denominator	0	0	0	0

Explanation of Findings:

SED reports are not currently routed to the HCBS worklist in the AIR system. Behavioral Health receives SED AIR reports and provide follow-up and remediation, as applicable.

Remediation:

KDADS HCBS continues to work with the Behavioral Health Commission to include accurate information as it pertains to SED member reports.

Compliance Trends	2013	2014	2015	2016	2017	2018	2019	Jan-Mar 2020
PD								
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Amerigroup	No Data						N/A	N/A
Sunflower	No Data						83%	100%
United	No Data						100%	100%
Statewide	No Data						88%	1200%
FE								
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Amerigroup	No Data						N/A	N/A
Sunflower	No Data						89%	N/A
United	No Data						75%	N/A
Statewide	No Data						87%	N/A
IDD								
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	100%	100%
Amerigroup	No Data						N/A	N/A
Sunflower	No Data						92%	100%
United	No Data						87%	100%
Statewide	No Data						92%	100%
BI								
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Amerigroup	No Data						N/A	N/A
Sunflower	No Data						100%	100%
United	No Data						N/A	N/A
Statewide	No Data						100%	100%
TA								
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Amerigroup	No Data						N/A	N/A
Sunflower	No Data						100%	N/A
United	No Data						N/A	N/A
Statewide	No Data						100%	N/A
Autism								
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Amerigroup	No Data						N/A	N/A
Sunflower	No Data						N/A	N/A
United	No Data						N/A	N/A
Statewide	No Data						N/A	N/A
SED								
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Amerigroup	No Data						N/A	N/A
Sunflower	No Data						N/A	N/A
United	No Data						N/A	N/A
Statewide	No Data						N/A	N/A

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: 01/01/2020 – 03/31/2020

Data Source: Adverse Incident Reporting

Compliance By Waiver	Aetna	Sunflower	United	Statewide
PD	N/A	100%	100%	100%
Numerator	0	10	2	12
Denominator	0	10	2	12
FE	N/A	N/A	N/A	N/A
Numerator	0	0	0	0
Denominator	0	0	0	0
IDD	100%	100%	100%	100%
Numerator	1	14	3	18
Denominator	1	14	3	18
BI	N/A	100%	N/A	100%
Numerator	0	1	0	1
Denominator	0	1	0	1
TA	N/A	N/A	N/A	N/A
Numerator	0	0	0	0
Denominator	0	0	0	0
Autism	N/A	N/A	N/A	N/A
Numerator	0	0	0	0
Denominator	0	0	0	0
SED	N/A	N/A	N/A	N/A
Numerator	0	0	0	0
Denominator	0	0	0	0

Explanation of Findings:

SED reports are not currently routed to the HCBS worklist in the AIR system. Behavioral Health receives SED AIR reports and provide follow-up and remediation, as applicable.

Remediation:

KDADS HCBS continues to work with the Behavioral Health Commission to include accurate information as it pertains to SED member reports.

Compliance Trends	2013	2014	2015	2016	2017	2018	2019	Jan-Mar 2020
PD								
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Amerigroup	No Data						N/A	N/A
Sunflower							100%	100%
United							100%	100%
Statewide							100%	100%
FE								
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Amerigroup	No Data						N/A	N/A
Sunflower							100%	N/A
United							100%	N/A
Statewide							100%	N/A
IDD								
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	86%	100%
Amerigroup	No Data						N/A	N/A
Sunflower							98%	100%
United							100%	100%
Statewide							97%	100%
BI								
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Amerigroup	No Data						N/A	N/A
Sunflower							100%	100%
United							N/A	N/A
Statewide							100%	100%
TA								
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Amerigroup	No Data						N/A	N/A
Sunflower							100%	N/A
United							N/A	N/A
Statewide							100%	N/A
Autism								
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Amerigroup	No Data						N/A	N/A
Sunflower							N/A	N/A
United							N/A	N/A
Statewide							N/A	N/A
SED								
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Amerigroup	No Data						N/A	N/A
Sunflower							N/A	N/A
United							N/A	N/A
Statewide							N/A	N/A

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: 01/01/2020 – 03/31/2020

Data Source: MCO Record Review

Compliance By Waiver	Aetna	Sunflower	United	Statewide
PD	25%	94%	88%	73%
Numerator	6	30	30	66
Denominator	24	32	34	90
FE	17%	81%	82%	69%
Numerator	3	26	32	61
Denominator	18	32	39	89
IDD	33%	80%	64%	69%
Numerator	4	41	18	63
Denominator	12	51	28	91
BI	50%	75%	61%	64%
Numerator	6	15	14	35
Denominator	12	20	23	55
TA	46%	90%	88%	79%
Numerator	6	19	21	46
Denominator	13	21	24	58
Autism	0%	100%	0%	29%
Numerator	0	2	0	2
Denominator	1	2	4	7
SED	90%	90%	100%	94%
Numerator	19	26	37	82
Denominator	21	29	37	87

Explanation of Findings:

PD: Service plan/documentation of ANE not provided, is incomplete or does not cover entire review period, no valid signature and/or date

FE: Service plan/documentation of ANE not provided, is incomplete or does not cover entire review period, no valid signature and/or date, DPOA document not provided for validation

IDD: Service plan/documentation of ANE not provided, is incomplete or does not cover entire review period, no valid signature and/or date, DPOA/Guardianship document not provided for validation

BI: Service plan not provided, is incomplete or does not cover entire review period, no valid signature and/or date

TA: Service plan/documentation of ANE not provided or does not cover entire review period, no valid signature and/or date, DPOA/Guardianship document not provided for validation

AU: Service plan/documentation of ANE not provided or does not cover entire review period

Remediation:

KDADS will continue to coordinate with the MCOs to educate their Care Coordinators on how to adequately upload documents, and to document reason(s) why abuse, neglect and exploitation (ANE) documentation is missing, signature on service plan not obtained and DPOA/Guardianship document not provided for validation.

Compliance Trends	2013	2014	2015	2016	2017	2018	2019	Jan-Mar 2020
PD								
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	38%	25%
Amerigroup		51%	19%	67%	87%	97%	N/A	N/A
Sunflower		88%	72%	74%	90%	85%	89%	94%
United		90%	80%	88%	88%	95%	90%	88%
Statewide	65%	72%	53%	76%	88%	93%	78%	73%
FE								
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	35%	17%
Amerigroup		59%	16%	61%	85%	92%	N/A	N/A
Sunflower		86%	62%	84%	89%	80%	92%	81%
United		92%	80%	88%	93%	92%	91%	82%
Statewide	80%	78%	50%	78%	89%	88%	83%	69%
IDD								
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	20%	33%
Amerigroup		23%	6%	59%	78%	86%	N/A	N/A
Sunflower		87%	59%	75%	82%	85%	83%	80%
United		100%	56%	79%	93%	90%	84%	64%
Statewide	99%	68%	42%	71%	83%	86%	75%	69%
BI								
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	23%	50%
Amerigroup		30%	12%	56%	81%	82%	N/A	N/A
Sunflower		94%	45%	84%	78%	86%	86%	75%
United		80%	76%	85%	79%	92%	87%	61%
Statewide	57%	63%	34%	69%	80%	85%	73%	64%
TA								
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	27%	46%
Amerigroup		61%	38%	75%	91%	99%	N/A	N/A
Sunflower		99%	86%	84%	72%	90%	90%	90%
United		97%	61%	79%	95%	84%	93%	88%
Statewide	86%	82%	57%	78%	86%	93%	81%	79%
Autism								
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	0%	0%
Amerigroup		62%	8%	23%	88%	100%	N/A	N/A
Sunflower		33%	29%	39%	50%	56%	62%	100%
United		43%	14%	6%	13%	47%	77%	0%
Statewide	90%	50%	16%	26%	50%	63%	62%	29%
SED								
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	46%	90%
Amerigroup		88%	64%	27%	25%	75%	N/A	N/A
Sunflower		80%	53%	22%	16%	39%	66%	90%
United		78%	63%	19%	5%	21%	64%	100%
Statewide	89%	82%	60%	23%	15%	45%	62%	94%

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: 01/01/2020 – 03/31/2020

Data Source: Adverse Incident Reporting

Compliance By Waiver	Aetna	Sunflower	United	Statewide
PD	96%	99%	99%	98%
Numerator	53	81	82	216
Denominator	55	82	83	220
FE	96%	100%	100%	99%
Numerator	22	74	65	161
Denominator	23	74	65	162
IDD	90%	100%	100%	99%
Numerator	255	1334	637	2226
Denominator	284	1335	638	2257
BI	100%	100%	100%	100%
Numerator	3	45	67	115
Denominator	3	45	67	115
TA	100%	100%	100%	100%
Numerator	10	16	4	30
Denominator	10	16	4	30
Autism	N/A	100%	N/A	100%
Numerator	0	2	0	2
Denominator	0	2	0	2
SED	N/A	N/A	N/A	N/A
Numerator	0	0	0	0
Denominator	0	0	0	0

Explanation of Findings:

SED reports are not currently routed to the HCBS worklist in the AIR system. Behavioral Health receives SED AIR reports and provide follow-up and remediation, as applicable.

Remediation:

KDADS HCBS continues to work with the Behavioral Health Commission to include accurate information as it pertains to SED member reports.

Compliance Trends	2013	2014	2015	2016	2017	2018	2019	Jan-Mar 2020
PD								
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	79%	96%
Amerigroup	No Data						N/A	N/A
Sunflower	No Data						98%	99%
United	No Data						100%	99%
Statewide	No Data						96%	98%
FE								
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	83%	96%
Amerigroup	No Data						N/A	N/A
Sunflower	No Data						96%	100%
United	No Data						98%	100%
Statewide	No Data						95%	99%
IDD								
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	85%	90%
Amerigroup	No Data						N/A	N/A
Sunflower	No Data						97%	100%
United	No Data						99%	100%
Statewide	No Data						96%	99%
BI								
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	91%	100%
Amerigroup	No Data						N/A	N/A
Sunflower	No Data						99%	100%
United	No Data						99%	100%
Statewide	No Data						98%	100%
TA								
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	93%	100%
Amerigroup	No Data						N/A	N/A
Sunflower	No Data						100%	100%
United	No Data						100%	100%
Statewide	No Data						98%	100%
Autism								
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Amerigroup	No Data						N/A	N/A
Sunflower	No Data						N/A	100%
United	No Data						100%	N/A
Statewide	No Data						100%	100%
SED								
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Amerigroup	No Data						N/A	N/A
Sunflower	No Data						N/A	N/A
United	No Data						N/A	N/A
Statewide	No Data						N/A	N/A

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: 01/01/2020 – 03/31/2020

Data Source: Adverse Incident Reporting

Compliance By Waiver	Aetna	Sunflower	United	Statewide
PD	100%	100%	100%	100%
Numerator	55	72	81	208
Denominator	55	72	81	208
FE	100%	100%	100%	100%
Numerator	23	74	65	162
Denominator	23	74	65	162
IDD	100%	100%	100%	100%
Numerator	283	1321	635	2239
Denominator	283	1321	635	2239
BI	100%	100%	100%	100%
Numerator	3	44	67	114
Denominator	3	44	67	114
TA	100%	100%	100%	100%
Numerator	10	16	4	30
Denominator	10	16	4	30
Autism	N/A	100%	N/A	100%
Numerator	0	2	0	2
Denominator	0	2	0	2
SED	N/A	N/A	N/A	N/A
Numerator	0	0	0	0
Denominator	0	0	0	0

Explanation of Findings:

SED reports are not currently routed to the HCBS worklist in the AIR system. Behavioral Health receives SED AIR reports and provide follow-up and remediation, as applicable.

Remediation:

KDADS HCBS continues to work with the Behavioral Health Commission to include accurate information as it pertains to SED member reports.

Compliance Trends	2013	2014	2015	2016	2017	2018	2019	Jan-Mar 2020
PD								
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	100%	100%
Amerigroup	No Data						N/A	N/A
Sunflower	No Data						100%	100%
United	No Data						100%	100%
Statewide	No Data						100%	100%
FE								
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	100%	100%
Amerigroup	No Data						N/A	N/A
Sunflower	No Data						100%	100%
United	No Data						100%	100%
Statewide	No Data						100%	100%
IDD								
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	100%	100%
Amerigroup	No Data						N/A	N/A
Sunflower	No Data						100%	100%
United	No Data						100%	100%
Statewide	No Data						100%	100%
BI								
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	100%	100%
Amerigroup	No Data						N/A	N/A
Sunflower	No Data						100%	100%
United	No Data						100%	100%
Statewide	No Data						100%	100%
TA								
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	100%	100%
Amerigroup	No Data						N/A	N/A
Sunflower	No Data						100%	100%
United	No Data						100%	100%
Statewide	No Data						100%	100%
Autism								
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Amerigroup	No Data						N/A	N/A
Sunflower	No Data						N/A	100%
United	No Data						100%	N/A
Statewide	No Data						100%	100%
SED								
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Amerigroup	No Data						N/A	N/A
Sunflower	No Data						N/A	N/A
United	No Data						N/A	N/A
Statewide	No Data						N/A	N/A

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: 01/01/2020 – 03/31/2020

Data Source: Adverse Incident Reporting

Compliance By Waiver	Aetna	Sunflower	United	Statewide
PD	N/A	N/A	N/A	N/A
Numerator	0	0	0	0
Denominator	0	0	0	0
FE	N/A	N/A	N/A	N/A
Numerator	0	0	0	0
Denominator	0	0	0	0
IDD	100%	96%	78%	95%
Numerator	4	77	7	88
Denominator	4	80	9	93
BI	N/A	N/A	N/A	N/A
Numerator	0	0	0	0
Denominator	0	0	0	0
TA	N/A	N/A	N/A	N/A
Numerator	0	0	0	0
Denominator	0	0	0	0
Autism	N/A	N/A	N/A	N/A
Numerator	0	0	0	0
Denominator	0	0	0	0
SED	N/A	N/A	N/A	N/A
Numerator	0	0	0	0
Denominator	0	0	0	0

Explanation of Findings:

SED reports are not currently routed to the HCBS worklist in the AIR system. Behavioral Health receives SED AIR reports and provide follow-up and remediation, as applicable.

Remediation:

KDADS HCBS continues to work with the Behavioral Health Commission to include accurate information as it pertains to SED member reports.

Compliance Trends	2013	2014	2015	2016	2017	2018	2019	Jan-Mar 2020
PD								
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Amerigroup	No Data						N/A	N/A
Sunflower	No Data						N/A	N/A
United	No Data						N/A	N/A
Statewide	No Data						N/A	N/A
FE								
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Amerigroup	No Data						N/A	N/A
Sunflower	No Data						N/A	N/A
United	No Data						0%	N/A
Statewide	No Data						0%	N/A
IDD								
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	100%	100%
Amerigroup	No Data						N/A	N/A
Sunflower	No Data						91%	96%
United	No Data						58%	78%
Statewide	No Data						83%	95%
BI								
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Amerigroup	No Data						N/A	N/A
Sunflower	No Data						N/A	N/A
United	No Data						N/A	N/A
Statewide	No Data						N/A	N/A
TA								
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Amerigroup	No Data						N/A	N/A
Sunflower	No Data						N/A	N/A
United	No Data						0%	N/A
Statewide	No Data						0%	N/A
Autism								
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Amerigroup	No Data						N/A	N/A
Sunflower	No Data						N/A	N/A
United	No Data						N/A	N/A
Statewide	No Data						N/A	N/A
SED								
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Amerigroup	No Data						N/A	N/A
Sunflower	No Data						N/A	N/A
United	No Data						N/A	N/A
Statewide	No Data						N/A	N/A

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: 01/01/2020 – 03/31/2020

Data Source: Adverse Incident Reporting

Compliance By Waiver	Aetna	Sunflower	United	Statewide
PD	N/A	N/A	N/A	N/A
Numerator	0	0	0	0
Denominator	0	0	0	0
FE	N/A	N/A	N/A	N/A
Numerator	0	0	0	0
Denominator	0	0	0	0
IDD	N/A	100%	100%	100%
Numerator	0	3	2	5
Denominator	0	3	2	5
BI	N/A	N/A	N/A	N/A
Numerator	0	0	0	0
Denominator	0	0	0	0
TA	N/A	N/A	N/A	N/A
Numerator	0	0	0	0
Denominator	0	0	0	0
Autism	N/A	N/A	N/A	N/A
Numerator	0	0	0	0
Denominator	0	0	0	0
SED	N/A	N/A	N/A	N/A
Numerator	0	0	0	0
Denominator	0	0	0	0

Explanation of Findings:

SED reports are not currently routed to the HCBS worklist in the AIR system. Behavioral Health receives SED AIR reports and provide follow-up and remediation, as applicable.

Remediation:

KDADS HCBS continues to work with the Behavioral Health Commission to include accurate information as it pertains to SED member reports.

Compliance Trends	2013	2014	2015	2016	2017	2018	2019	Jan-Mar 2020
PD								
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Amerigroup	No Data						N/A	N/A
Sunflower	No Data						N/A	N/A
United	No Data						N/A	N/A
Statewide	No Data						N/A	N/A
FE								
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Amerigroup	No Data						N/A	N/A
Sunflower	No Data						N/A	N/A
United	No Data						N/A	N/A
Statewide	No Data						N/A	N/A
IDD								
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Amerigroup	No Data						N/A	N/A
Sunflower	No Data						100%	100%
United	No Data						91%	100%
Statewide	No Data						94%	100%
BI								
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Amerigroup	No Data						N/A	N/A
Sunflower	No Data						N/A	N/A
United	No Data						N/A	N/A
Statewide	No Data						N/A	N/A
TA								
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Amerigroup	No Data						N/A	N/A
Sunflower	No Data						N/A	N/A
United	No Data						100%	N/A
Statewide	No Data						100%	N/A
Autism								
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Amerigroup	No Data						N/A	N/A
Sunflower	No Data						N/A	N/A
United	No Data						N/A	N/A
Statewide	No Data						N/A	N/A
SED								
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Amerigroup	No Data						N/A	N/A
Sunflower	No Data						N/A	N/A
United	No Data						N/A	N/A
Statewide	No Data						N/A	N/A

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: 01/01/2020 – 03/31/2020

Data Source: MCO Record Review

Compliance By Waiver	Aetna	Sunflower	United	Statewide
PD	67%	72%	71%	70%
Numerator	16	23	24	63
Denominator	24	32	34	90
FE	56%	66%	56%	60%
Numerator	10	21	22	53
Denominator	18	32	39	89
IDD	83%	80%	86%	82%
Numerator	10	41	24	75
Denominator	12	51	28	91
BI	67%	60%	74%	67%
Numerator	8	12	17	37
Denominator	12	20	23	55
TA	92%	81%	92%	88%
Numerator	12	17	22	51
Denominator	13	21	24	58
Autism	100%	100%	50%	71%
Numerator	1	2	2	5
Denominator	1	2	4	7
SED	86%	69%	73%	75%
Numerator	18	20	27	65
Denominator	21	29	37	87

Explanation of Findings:

PD: Evidence of physical exam not provided for review and/or did not meet physical exam requirement

FE: Evidence of physical exam not provided for review and/or did not meet physical exam requirement, physical exam documentation submitted not current for review period

IDD: Evidence of physical exam not provided for review and/or did not meet physical exam requirement, physical exam documentation submitted not current for review period

BI: Evidence of physical exam not provided for review and/or did not meet physical exam requirement

AU: Evidence of physical exam not provided for review

SED: Evidence of physical exam not provided for review, physical exam documentation submitted not current for review period

Remediation:

To forestall the issue of annual physical, United Health Care is now requesting medical records directly from PCP to provide more robust evidence of physical exam. KDADS will encourage the other MCOs to do the same.

Compliance Trends	2013	2014	2015	2016	2017	2018	2019	Jan-Mar 2020
PD								
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	76%	67%
Amerigroup		78%			20%	46%	N/A	N/A
Sunflower		81%			34%	40%	54%	72%
United		88%			34%	23%	77%	71%
Statewide	Not a Measure	82%	No Data	No Data	29%	37%	68%	70%
FE								
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	56%	56%
Amerigroup		89%			23%	34%	N/A	N/A
Sunflower		97%			31%	28%	59%	66%
United		97%			31%	18%	71%	56%
Statewide	Not a Measure	95%	No Data	No Data	29%	27%	64%	60%
IDD								
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	88%	83%
Amerigroup		91%			28%	56%	N/A	N/A
Sunflower		99%			52%	70%	86%	80%
United		99%			26%	29%	72%	86%
Statewide	Not a Measure	97%	No Data	No Data	39%	56%	82%	82%
BI								
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	60%	67%
Amerigroup		84%			21%	29%	N/A	N/A
Sunflower		94%			32%	30%	55%	60%
United		93%			19%	35%	78%	74%
Statewide	Not a Measure	90%	No Data	No Data	23%	30%	64%	67%
TA								
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	81%	92%
Amerigroup		100%			39%	54%	N/A	N/A
Sunflower		100%			56%	79%	91%	81%
United		97%			68%	62%	87%	92%
Statewide	Not a Measure	100%	No Data	No Data	49%	63%	88%	88%
Autism								
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	40%	100%
Amerigroup		100%			56%	90%	N/A	N/A
Sunflower		92%			65%	73%	77%	100%
United		100%			19%	42%	60%	50%
Statewide	Not a Measure	98%	No Data	No Data	48%	59%	63%	71%
SED								
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	70%	86%
Amerigroup		54%			76%	87%	N/A	N/A
Sunflower		55%			27%	71%	72%	69%
United		46%			47%	61%	59%	73%
Statewide	Not a Measure	52%	No Data	No Data	52%	67%	66%	75%

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: 01/01/2020 – 03/31/2020

Data Source: MCO Record Review

Compliance By Waiver	Aetna	Sunflower	United	Statewide
PD	63%	91%	74%	77%
Numerator	15	29	25	69
Denominator	24	32	34	90
FE	56%	81%	79%	75%
Numerator	10	26	31	67
Denominator	18	32	39	89
IDD	50%	71%	64%	66%
Numerator	6	36	18	60
Denominator	12	51	28	91
BI	58%	75%	52%	62%
Numerator	7	15	12	34
Denominator	12	20	23	55
TA	77%	90%	83%	84%
Numerator	10	19	20	49
Denominator	13	21	24	58
Autism	0%	100%	0%	29%
Numerator	0	2	0	2
Denominator	1	2	4	7
SED	Not a Waiver Performance Measure			
Numerator				
Denominator				

Explanation of Findings:

PD: Service plan/backup plan not provided, is incomplete or does not cover entire review period, no valid signature and/or date

FE: Service plan/back up plan not provided, is incomplete or does not cover entire review period, no valid signature and/or date, DPOA document not provided for validation

IDD: Service plan/backup plan not provided, is incomplete or does not cover entire review period, no valid signature and/or date, DPOA/Guardianship document not provided for validation

BI: Service plan/backup plan not provided, is incomplete or does not cover entire review period, no valid signature and/or date

TA: Service plan not provided or does not cover entire review period, no valid signature and/or date, DPOA/Guardianship document not provided for validation

AU: Service plan not provided or do not cover entire review period

Remediation:

MCOs) have indicated continued staff training as part of their remediation plans. Through this training, we have identified some improvements in their performance measures pre-COVID-19.

KDADS quality review team (QRT) met with Aetna representatives in August to discuss the issue of signature, DPOA/Guardianship document, and some unrecognized attachment to their services plan that did not meet compliant. Aetna plan to retrain their staff on proper documentation and upload.

Sunflower has initiated (Service Plan) retraining with a proposed (Completion Oct/15/2020) to educate their Care coordinators on signature, guardianship documentation, documentation requirement, and completion of service plan form to ensure that waiver participant choice is documented.

UHC is also retraining their staff on Service Plan with varied dates of completion:They are training their uploading team to include all relevant documents with a completion date of (10/15/2020). Their Autism staff was retrained in August (08/11/2020) to ensure that the correct documents are uploaded to cover the entire audit/review timeframe. UHC has also noted that guardianship signatures have been difficult for them to obtain and are now trialing DocuSign as a more effective way to obtain guardianship signatures (11/01/2020). Their staff was also retrained in August (08/21/2020) to ensure that the correct documents are uploaded to cover the entire audit timeframe.

KDADS is aware that there was some confusion with the State earlier COVID 19 guidance that "allow person-centered service planning processes (PCSP) to be completed using telephonic or video visits without member signature until a visit can occur."

While KDAD is unsure on how much this earlier guidance impacted providers in the Service Plan process, KDADS will continue to coordinate with the MCOs to educate their Care Coordinators on how to adequately complete a Service Plan (SP). And to document reason(s)why the assessment was not completed, signature on the service plan not obtained, and DPOA/Guardianship document not provided for validation

Compliance Trends	2013	2014	2015	2016	2017	2018	2019	Jan-Mar 2020
PD								
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	79%	63%
Amerigroup		59%	53%	73%	86%	96%	N/A	N/A
Sunflower		77%	49%	66%	79%	85%	86%	91%
United		64%	80%	88%	87%	94%	88%	74%
Statewide	Not a Measure	67%	58%	75%	84%	92%	85%	77%
FE								
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	77%	56%
Amerigroup		61%	62%	72%	84%	90%	N/A	N/A
Sunflower		72%	56%	72%	77%	81%	86%	81%
United		76%	81%	85%	91%	91%	89%	79%
Statewide	59%	70%	65%	76%	84%	87%	86%	75%
IDD								
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	64%	50%
Amerigroup		67%	61%	65%	74%	86%	N/A	N/A
Sunflower		58%	32%	59%	70%	72%	78%	71%
United		70%	58%	73%	90%	86%	80%	64%
Statewide	Not a Measure	64%	47%	64%	76%	79%	77%	66%
BI								
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	48%	58%
Amerigroup		46%	49%	62%	80%	82%	N/A	N/A
Sunflower		68%	42%	80%	84%	88%	85%	75%
United		56%	74%	80%	79%	89%	86%	52%
Statewide	Not a Measure	56%	52%	70%	81%	85%	77%	62%
TA								
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	65%	77%
Amerigroup		75%	54%	79%	90%	99%	N/A	N/A
Sunflower		91%	58%	77%	78%	85%	89%	90%
United		86%	63%	79%	95%	86%	91%	83%
Statewide	Not a Measure	83%	57%	78%	87%	92%	86%	84%
Autism								
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	17%	0%
Amerigroup		77%	44%	32%	88%	100%	N/A	N/A
Sunflower		53%	27%	67%	80%	72%	77%	100%
United		38%	7%	6%	13%	41%	69%	0%
Statewide	Not a Measure	64%	30%	40%	62%	67%	64%	29%
SED	Not a Waiver Performance Measure							
Aetna								
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: 01/01/2020 – 03/31/2020

Data Source: MCO Claims Data

Compliance By Waiver	Statewide
PD	98%
Numerator	105,824
Denominator	107,628
FE	97%
Numerator	59,011
Denominator	60,830
IDD	96%
Numerator	166,163
Denominator	173,394
BI	96%
Numerator	12,987
Denominator	13,477
TA	92%
Numerator	8,086
Denominator	8,830
Autism	71%
Numerator	12
Denominator	17
SED	88%
Numerator	16,920
Denominator	19,196
All HCBS Waivers	96%
Numerator	369,003
Denominator	383,372

Compliance Trends	2013	2014	2015	2016	2017	2018	2019	Jan-Mar 2020
PD								
Statewide	Not a Measure	N/A	N/A	N/A	N/A	96%	97%	98%
FE								
Statewide	Not a Measure	N/A	N/A	N/A	N/A	95%	95%	97%
IDD								
Statewide	Not a Measure	N/A	N/A	N/A	N/A	97%	95%	96%
BI								
Statewide	Not a Measure	N/A	N/A	N/A	N/A	90%	94%	96%
TA								
Statewide	Not a Measure	N/A	N/A	N/A	N/A	91%	95%	92%
Autism								
Statewide	Not a Measure	N/A	N/A	N/A	N/A	82%	95%	71%
SED								
Statewide	Not a Measure	N/A	N/A	N/A	N/A	82%	78%	88%
All HCBS Waivers								
Statewide	Not a Measure	90%	88%	95%	95%	95%	95%	96%

Explanation of Findings:

MCO self-reported data.

All AU claim denials were through Sunflower, with additional information regarding specific cause of denial for each claim unavailable.

The top 3 reasons for denial of HCBS service claims for all waivers was (1) No authorization on file that matches service(s) billed, (2) Service has exceeded the authorized limit, and (3) duplicate claim service.

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: Calendar Year 2020

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	2018	2019	2020
PD								
Statewide	Not a Measure	100%	100%	100%	100%	100%	100%	100%
FE								
Statewide	Not a Measure	100%	100%	100%	100%	100%	100%	100%
IDD								
Statewide	Not a Measure	100%	100%	100%	100%	100%	100%	100%
TBI								
Statewide	Not a Measure	100%	100%	100%	100%	100%	100%	100%
TA								
Statewide	Not a Measure	100%	100%	100%	100%	100%	100%	100%
Autism								
Statewide	Not a Measure	100%	100%	100%	100%	100%	100%	100%
SED								
Statewide	Not a Measure	100%	100%	100%	100%	100%	100%	100%

Explanation of Findings:

Performance measure achieved

Remediation:

No remediation necessary



KanCare Ombudsman Report

Quarter 3, 2020 (based on calendar year)

July 1 – September 30, 2020

Data downloaded 10/26/2020

KanCare Ombudsman Office

Kerrie Bacon, KanCare Ombudsman

Email: KanCare.Ombudsman@ks.gov or Kerrie.Bacon@ks.gov

Phone: (785) 296-6270

Cell: (785) 213-2258

Toll Free: 1-855-643-8180

Relay: 711

Address: 503 S. Kansas Ave., Topeka, KS 66603

Website: www.kancareombudsman.ks.gov



I. Table of Contents

Contents

I.	Table of Contents.....	2
II.	Highlights/Dashboard	4
A.	Volunteer program starting back up in small steps	4
B.	Outreach increased dramatically.....	4
III.	KanCare Ombudsman Purpose.....	5
IV.	Accessibility by Ombudsman’s Office	5
A.	Initial Contacts.....	5
B.	Accessibility through the KanCare Ombudsman Volunteer Program.....	6
V.	Outreach by Ombudsman’s office.....	6
VI.	Data by Ombudsman Office	7
A.	Data by Region.....	7
1.	Initial Contacts to KanCare Ombudsman Office by Region	7
2.	KanCare/Medicaid Members by Region	8
3.	Kansas Population Density.....	8
B.	Data by Office Location	9
C.	Data by Contact Method	9
D.	Data by Caller Type.....	10
E.	Data by Program Type	11
F.	Data by Priorities.....	12
G.	Data by Issue Categories.....	13
1.	Medicaid Issues.....	14
2.	HCBS/LTSS Issues	15
3.	Other Issues	15
H.	Data by Managed Care Organization – See Appendix B.....	15
VII.	Action Taken	16
A.	Responding to Issues	16
1.	Ombudsman Office response to members/applicants	16
2.	Organizational final response to Ombudsman requests.....	17
3.	Action Taken by KanCare Ombudsman Office to resolve requests	18
4.	Referred Beneficiary to an Organization for Assistance	18
5.	Ombudsman Office Resolution of Issues	19

- VIII. Enhancements and Future Changes.....20
 - A. Changes in the KanCare Ombudsman Office..... 20
 - 1. Staff 20
 - 2. Johnson County Satellite office20
 - 3. Wichita Satellite office 20
- IX. Appendix A - Outreach by Ombudsman’s office 21
 - A. Outreach through Collaboration and Education..... 21
 - B. Outreach through Print Media and Social Media 24
 - C. Outreach through Collaboration and Training..... 24
 - D. Facebook Addendum 25
 - E. Aetna-Issue Categories 27
 - F. Aetna -Program Type 29
 - G. Sunflower–Issue Category.....30
 - H. Sunflower-Program Type..... 32
 - I. UnitedHealthcare-Issue Category..... 33
 - J. UnitedHealthcare-Program Type 35

II. Highlights/Dashboard

A. Volunteer program starting back up in small steps

The KanCare Ombudsman Volunteer program has two volunteers starting back at the Johnson County office in October. There are three new volunteers starting their mentoring process in October; one in Olathe and two in Wichita. Once the new volunteers are trained, it will help with overall coverage of the phones.

With volunteer coverage starting up, but at a small level in both offices, we have needed to create new protocols for communicating between the three offices to make sure no contacts fall through the cracks. The protocol has been updated weekly so far based on team and volunteer feedback.

B. Outreach increased dramatically

The KanCare Ombudsman Team contacted all of the community partners involved with the 14 Integrated Referral and Intake System (IRIS) Community Champions in Kansas, either through email or mail, to introduce them to our organization and how we may be able to help the people they are working with. (see page 6 and Appendix A)

	Q1/2019	Q2/2019	Q3/2019	Q4/2019	Q1/2020	Q2/2020	Q3/2020
Outreach	49	23	14	8	74	16	96

III. KanCare Ombudsman Purpose

The KanCare Ombudsman Office helps Kansas Medicaid beneficiaries and applicants, with a priority on individuals participating in long-term supports and services through KanCare.

The KanCare Ombudsman Office assists KanCare beneficiaries and applicants with access, service and benefit problems. The office:

- assists KanCare members with seeking resolution to complaints or concerns regarding their interaction with their KanCare plan or eligibility
- helps applicants with information, resources and assistance with the KanCare application and renewal process
- provides information about the KanCare grievance and appeal process that is available through the KanCare plans and the State Fair Hearing process

The Centers for Medicare and Medicaid Services [Special Terms and Conditions \(2019\), Section 42](#) for KanCare, provides the KanCare Ombudsman program description and objectives.

IV. 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 social media during Quarter 3 of 2020.

The KanCare Ombudsman Office has helped KanCare members and applicants since the inception of KanCare in January 2013.

- Starting in 2016, with the beginning of trained volunteer help in the two satellite offices (Olathe and Wichita), the help we provide has increased significantly.
- The KanCare Ombudsman Office third quarter contacts are up somewhat from second quarter, but still down compared to first quarter.

Initial Contacts	Qtr. 1	Qtr. 2	Qtr. 3	Qtr. 4
2014	545	474	526	547
2015	510	462	579	524
2016	1,130	846	687	523
2017	825	835	970	1,040
2018	1,214	1,059	1,088	1,124
2019	1,060	1,097	1,071	915
2020	903	477	561	

- Compared to first quarter, the Clearinghouse contacts continue to be down by 55%. The KanCare Ombudsman contacts have improved from 47% down in second quarter to 38% down in third quarter. We attribute this to outreach done in third quarter through Facebook and the IRIS program.

	Q4, 2019	Q1, 2020	Q2, 2020	% +/- Q2 vs. Q1, 2020	Q3, 2020	% +/- vs Q3 vs. Q1, 2020
KanCare Ombudsman Contacts	915	903	477	-47%	561	-38%
CH contacts	126,682	128,033	57,720	-55%	57,428	-55%

B. Accessibility through the KanCare Ombudsman Volunteer Program

The Kancare Ombudsman Office has two satellite offices; one in Overland Park and one in Wichita. Both satellite offices answer KanCare questions, help with issues and assist with filling out KanCare applications.

The main means of contact with the two satellite offices is through the KanCare Ombudsman Toll Free number, which directs calls based on the area code of the caller.

Both Satellite office were closed the second week of March due to COVID-19 and remained closed during all of second and third quarter. Most volunteers are seniors and thus fall into the higher risk category. Many of them also have underlying health issues that are also of concern in this environment. Callers may leave a message and the messages are picked up by the Topeka and Wichita office staff.

V. Outreach by Ombudsman’s office

The KanCare Ombudsman Office is responsible to help beneficiaries and applicants to understand the KanCare application process, benefits and services, and provide training and outreach to community organizations. The office does this through education, publications and training.

The outreach for third quarter, 2020 is up due to Facebook and IRIS outreach. The number for third quarter includes the 41 (August) and 35 (September) contacts to IRIS Community partners through email or mailed letters of introduction.

	Q1/2019	Q2/2019	Q3/2019	Q4/2019	Q1/2020	Q2/2020	Q3/2020
Outreach	49	23	14	8	74	16	96

For the full listing of outreach events, see Appendix A on page 21.

VI. Data by Ombudsman Office

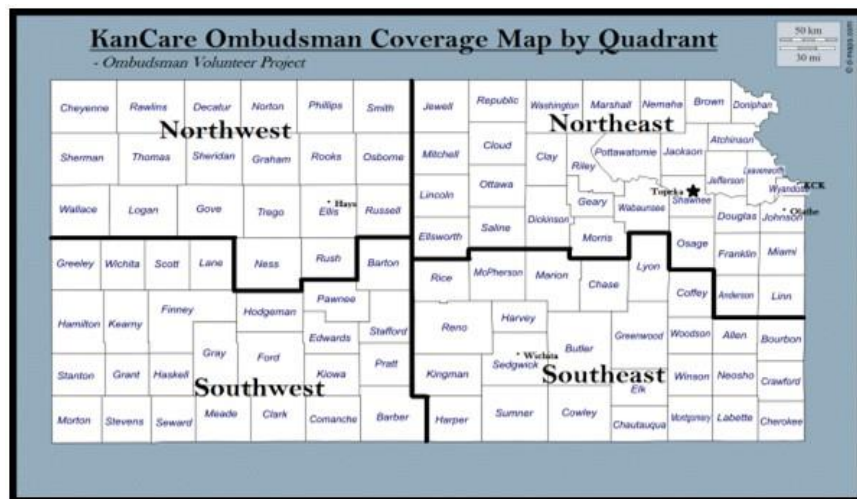
The data for the KanCare Ombudsman Office includes data by region, office location, contact method, caller type, program type, issue category, action taken and priority.

A. Data by Region

1. Initial Contacts to KanCare Ombudsman Office by Region

The KanCare Ombudsman coverage is divided into four regions. The map directly below shows the counties included in each region. The north/south dividing line is based on the state's approximate area code coverage (785 and 620).

- 785, 913 and 816 area code calls go to the Johnson County Satellite office.
- 316 and 620 area code calls go to the Wichita Satellite office.
- The remaining calls, direct calls and complex calls go to the Topeka (main) office.
- During COVID-19, with satellite offices closed, most calls are being handled by the Topeka staff.



Most contacts for the KanCare Ombudsman Office are coming from the east side of the state which also ties to where Medicaid members are located within the state (see Medicaid member chart on page 8) and the population density of Kansas (see map on page 8). This chart shows the contacts to the KanCare Ombudsman Office by region.

Ombudsman Office Calls by Region

The increase in unknown calls during third quarter is due to reduced staff to handle calls and less time available for pulling this documentation.

REGION	Q1/2019	Q2/2019	Q3/2019	Q4/2019	Q1/2020	Q2/2020	Q3/2020
Northwest	7	20	11	8	15	4	1
Northeast	184	210	174	183	158	90	47
Southwest	20	24	17	17	16	11	6
Southeast	208	129	126	172	171	104	36
Unknown	633	706	739	532	544	257	466
Out of State	16	8	4	3	2	12	5
Total	1,068	1,097	1,071	915	906	478	561

2. KanCare/Medicaid Members by Region

This chart shows the **KanCare/Medicaid population** by the KanCare Ombudsman regions. The majority of the Medicaid population is located in the eastern two regions. Most Medicaid members are not being dropped at this time due to COVID-19, so the bottom line number is increasing each quarter.

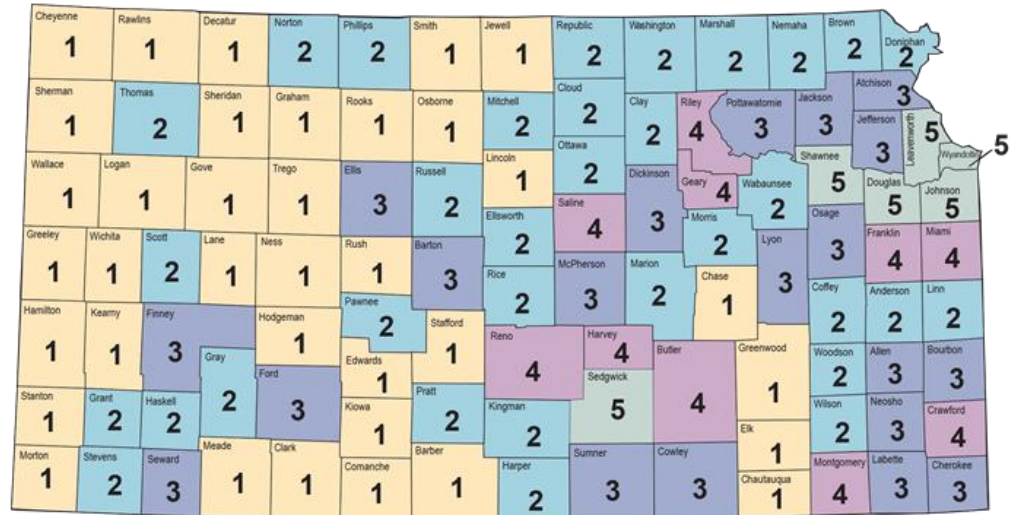
Region	Q1/2019	Q2/2019	Q3/2019	Q4/2019	Q1/2020	Q2/2021	Q3/2022
Northeast	205,267	179,011	188,184	189,133	193,061	199,226	207,371
Southeast	185,683	160,821	169,598	170,237	174,330	180,611	188,171
Northwest	13,240	11,575	12,163	12,223	12,550	12,964	13,507
Southwest	40,073	34,613	36,291	36,472	36,984	38,200	39,667
Total	444,263	386,020	406,236	408,065	416,925	431,001	448,716

Data from September 2020

3. Kansas Population Density

This chart shows the population density of Kansas and helps in understanding why most of the Medicaid population and KanCare Ombudsman calls are from the eastern part of Kansas.

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



- 5 Urban - 150+ ppsm
- 4 Semi-Urban - 40-149.9 ppsm
- 3 Densely-Settled Rural - 20 to 39.9 ppsm
- 2 Rural - 6 to 19.9 ppsm
- 1 Frontier - less than 6 ppsm

B. Data by Office Location

Initial phone calls to the KanCare Ombudsman toll-free number (1-855-643-8180) are sent directly to one of three KanCare Ombudsman offices based on the area code the call is coming from. The Johnson County office receives 913, 785 and 816 area code calls. The Wichita office receives 620 and 316 area code calls. All other toll-free calls go to the Main office (Topeka) in addition to direct calls to staff.

During third quarter, the Ombudsman Assistant covered most Olathe and Wichita contacts while the Wichita project specialist focused on training of four new volunteers (virtual ZOOM training).

Contacts by Office	Q1/2019	Q2/2019	Q3/2019	Q4/2019	Q1/2020	Q2/2020	Q3/2020
Main - Topeka	561	620	733	537	540	362	534
Johnson County	166	213	212	182	142	0	1
Wichita	333	264	126	196	221	112	26
Total	1,060	1,097	1,071	915	903	474	561

C. Data by Contact Method

Contact method continues to be mostly by phone and then email.

Contact Method	Q1/2019	Q2/2019	Q3/2019	Q4/2019	Q1/2020	Q2/2020	Q3/2020
Telephone	898	948	956	794	773	355	464
Email	152	138	107	109	114	117	89
Letter	1	5	2	1	5	4	6
Face-to-Face Meeting	12	6	5	8	11	0	0
Other	5	0	0	1	0	1	1
Social Media	0	0	1	2	3	0	1
CONTACT METHOD TOTAL	1,068	1,097	1,071	915	906	477	561

D. Data by Caller Type

Most contacts are consumers which includes beneficiaries, family member, friend, etc. The “Other type” callers are usually state employees, lawyers, schools, and students/researchers looking for data.

Provider issues are a combination of providers calling to assist a member or applicant having issues, or a provider with billing issues, questions on how to become a provider in Kansas, etc. The provider contacts that are not for an individual member, we forward to KDHE.

CALLER TYPE	Q1/2019	Q2/2019	Q3/2019	Q4/2019	Q1/2020	Q2/2020	Q3/2020
Provider	93	69	112	65	70	63	63
Consumer	920	939	901	794	773	374	450
MCO Employee	8	11	1	7	3	6	5
Other Type	47	78	57	49	60	34	43
CALLER TYPE TOTAL	1,068	1,097	1,071	915	906	477	561

E. Data by Program Type

The top program types that we received calls for in third quarter were Physical Disability waiver and the Frail Elderly waiver.

PROGRAM TYPE	Q1/2019	Q2/2019	Q3/2019	Q4/2019	Q1/2020	Q2/2020	Q3/2020
PD	40	32	21	29	32	25	35
I/DD	30	36	37	20	23	23	16
FE	25	20	43	37	34	19	26
AUTISM	3	4	1	2	1	1	2
SED	5	7	13	10	5	3	2
TBI	13	11	7	12	7	4	9
TA	5	7	7	10	6	5	2
WH	2	5	1	2	0	1	0
MFP	0	0	0	1	0	1	0
PACE	2	1	2	4	1	0	0
MENTAL HEALTH	2	5	2	5	3	8	2
SUB USE DIS	1	0	2	1	0	0	0
NURSING FACILITY	33	27	27	48	39	29	9
FOSTER CARE	0	0	0	0	0	1	0
MEDIKAN	0	0	9	3	2	0	0
INSTITUTIONAL TRANSITION FROM LTC/NF	0	0	1	5	3	2	3
INSTITUTIONAL TRANSITION FROM MH/BH	0	0	0	3	0	1	1
INSTITUTIONAL TRANSITION FROM PRISON/JAIL	0	0	0	0	0	0	0
PROGRAM TYPE TOTAL	161	155	173	192	156	123	107

There may be multiple selections for a member/contact.

F. Data by Priorities

This is data we started collecting in August 2019. The Ombudsman Office is tracking priorities for two purposes:

- This allows our staff and volunteers to pull up pending cases, review their status and possibly request an update from the partnering organization that we have requested assistance from.
- This helps provide information on the more complex cases that are worked by the Ombudsman Office.

The priorities are defined as follows:

- HCBS – Home and Community Based Services
- Long Term Care/NF – Long Term Care/Nursing Facility
- Urgent Medical Need – 1) there is a medical need, 2) if the need is not resolved in 5-10 days, the person could end up in the hospital.
- Urgent – non-medical need that needs to be resolved in the next 7-10 days; could be eviction from home or nursing facility or urgent financial.
- Life Threatening – If not resolved in 1-4 days person’s life could be endangered. (should not be used very often.)

PRIORITY	Q3/2019	Q4/2019	Q1/2020	Q2/2020	Q3/2020
HCBS	39	61	66	65	35
Long Term Care / MF	12	24	25	26	12
Urgent Medical Need	13	33	24	8	8
Urgent	23	29	22	12	13
Life Threatening	6	8	8	0	1
PRIORITIES TOTAL	93	155	145	111	69

There may be multiple selections for a member/contact.

G. Data by Issue Categories

The Issue Categories have been divided into three groups for easier tracking and reporting purposes. The three groups are:

1. Medicaid Issues
2. Home and Community Based Services/Long Term Supports and Services (HCBS/LTSS)
3. Other Issues: Other Issues may be Medicaid related but are tied to a non-Medicaid program or an issue that is worthy of tracking.

1. Medicaid Issues

The top issues are Medicaid Application assistance and Medicaid Eligibility issues. Note that the contacts to the KanCare Ombudsman Office regarding Medicaid General Issues and Medicaid Information/Status updates are starting to rise again after a significant decrease in second quarter. The chart on page 5 shows that the Clearinghouse is maintaining the significant decrease in calls from first quarter (-55%).

MEDICAID ISSUES	Q1/2019	Q2/2019	Q3/2019	Q4/2019	Q1/2020	Q2/2020	Q3/2020
Access to Providers (usually Medical)	11	14	26	15	11	3	1
Appeals/Fair Hearing questions/issues	17	12	10	12	23	8	9
Background Checks	2	1	0	1	0	0	0
Billing	30	29	54	35	25	16	20
Care Coordinator Issues	18	5	15	16	19	3	4
Change MCO	12	10	4	6	7	3	8
Choice Info on MCO	7	8	3	3	4	2	1
Coding Issues	15	11	9	4	8	2	8
Consumer said Notice not received	6	7	3	6	3	0	1
Cultural Competency	0	0	1	0	0	1	0
Data Requests	2	4	0	1	4	4	1
Dental	11	6	6	6	4	7	5
Division of Assets	8	11	13	12	10	8	7
Durable Medical Equipment	4	5	3	2	3	9	2
Grievances Questions/Issues	12	19	26	36	33	11	10
Help understanding mail (NOA)	0	0	3	6	9	4	7
MCO transition	0	0	1	3	2	0	1
Medicaid Application Assistance	171	137	130	171	150	114	118
Medicaid Eligibility Issues	152	145	147	188	206	63	109
Medicaid Fraud	1	4	3	2	1	2	3
Medicaid General Issues/questions	273	254	183	199	188	89	103
Medicaid info (status) update	124	175	149	188	150	35	107
Medicaid Renewal	56	119	84	51	51	3	9
Medical Card issues	0	0	1	9	9	6	9
Medicare Savings Plan Issues	22	29	62	78	49	22	15
MediKan issues	0	0	4	3	3	0	2
Moving to / from Kansas	20	17	18	17	19	7	14
Medical Services	18	10	13	18	24	19	12
Pain management issues	5	1	0	2	0	2	0
Pharmacy	18	16	10	11	12	11	4
Pregnancy issues	0	0	5	5	5	2	9
Prior authorization issues	0	0	1	1	2	2	1
Refugee/Immigration/SOBRA issues	0	0	3	10	3	0	1
Respite	1	0	0	1	0	0	0
Spend Down Issues	29	21	34	33	28	17	23
Transportation	11	9	14	9	9	6	0
Working Healthy	3	5	5	6	0	1	0
MEDICAID ISSUES TOTAL	1059	1084	1043	1166	1074	482	624

There may be multiple selections for a member/contact.

2. HCBS/LTSS Issues

The top two issues for this group are HCBS Eligibility Issues and HCBS General Issues. (HCBS stands for Home and Community Based Services)

HCBS/LTSS ISSUES	Q1/2019	Q2/2019	Q3/2019	Q4/2019	Q1/2020	Q2/2020	Q3/2020
Client Obligation	22	19	27	14	14	10	6
Estate Recovery	4	9	10	9	3	3	12
HCBS Eligibility issues	35	33	46	61	51	34	54
HCBS General Issues	62	47	65	68	60	55	55
HCBS Reduction in hours of service	6	3	3	0	5	3	14
HCBS Waiting List	6	7	8	6	2	0	12
Nursing Facility Issues	36	39	54	49	39	26	29
HCBS/LTSS ISSUES TOTAL	171	157	213	207	174	131	182

There may be multiple selections for a member/contact.

3. Other Issues

This section shows topics issues or concerns that may be *related* to Medicaid.

OTHER ISSUES	Q1/2019	Q2/2019	Q3/2019	Q4/2019	Q1/2020	Q2/2020	Q3/2020
Abuse / neglect complaints	8	6	4	3	8	10	9
ADA Concerns	0	0	0	0	0	0	1
Adoption issues	0	0	1	2	1	1	0
Affordable Care Act Calls	5	5	3	4	3	7	1
Community Resources needed	0	0	3	6	8	10	2
Domestic Violence concerns	0	0	1	0	0	0	1
Foster Care issues	0	0	1	2	6	4	3
Guardianship	1	1	2	6	4	5	2
Homelessness	0	0	1	3	2	3	4
Housing Issues	5	5	7	4	1	7	12
Medicare related Issues	18	15	18	23	16	17	11
Social Security Issues	16	15	19	7	16	15	18
Used Interpreter	0	0	0	6	1	5	4
X-Other	134	119	114	85	137	91	181
Z Thank you	408	399	350	400	335	218	268
Z Unspecified	97	110	137	99	75	47	40
Health Homes	0	0	0	0	0	0	0
OTHER ISSUES TOTAL	692	675	661	650	613	440	557

There may be multiple selections for a member/contact.

H. Data by Managed Care Organization – See Appendix B

VII. Action Taken

This section reflects the action taken by the KanCare Ombudsman Office and the related organizations assisting the KanCare Ombudsman Office. This data shows information on:

- response rates for the KanCare Ombudsman office
- response rates to resolve the question/concern for related organizations that are asked to assist by the Ombudsman office
- information on resources provided
- how contacts are resolved

A. Responding to Issues

1. Ombudsman Office response to members/applicants

The Ombudsman Office goal is to respond to a contact within two business days. During most of second quarter there were two people answering the contacts rather than three offices, volunteers and staff. In June, a third person returned to work and the Wichita person began training of a VISTA volunteer, an intern and two Johnson County volunteers, all through zoom. The Topeka office took over the responsibility for all contacts at that point. The improved numbers reflect one staff member solely working on returning calls and assisting callers.

<u>Quarter</u> <u>yr.</u>	<u>Nbr</u> <u>Contacts</u>	<u>%</u> <u>Responded</u> <u>0-2 Days</u>	<u>%</u> <u>Responded</u> <u>in 3-7 Days</u>	<u>%</u> <u>Response</u> <u>8 or More</u> <u>Days</u>
Q1/2019	1,068	88%	11%	1%
Q2/2019	1,096	91%	8%	1%
Q3/2019	1,071	95%	4%	1%
Q4/2019	915	93%	6%	0%
Q1/2020	902	92%	4%	4%
Q2/2020	475	60%	37%	3%
Q3/2020	561	86%	12%	2%

Chart reflects calendar day response time.

2. Organizational final response to Ombudsman requests

The KanCare Ombudsman office sends requests for review and assistance to various KanCare/related organizations. The following information provides data on the **resolution rate** for organizations the Ombudsman’s office requests assistance from and the amount of time it takes to resolve.

Q3/2020

Nbr Referrals	Referred to	% Responded 0-2 Days	% Responded 3-7 Days	% Responded 7-30 Days	% Responded 31 or More Days
40	Clearinghouse	100%	0%	0%	0%
3	DCF	67%	0%	33%	0%
-	KDADS-Behavior Health	0%	0%	0%	0%
7	KDADS-HCBS	86%	0%	0%	14%
1	KDADS-Health Occ. Cred.	100%	0%	0%	0%
11	KDHE-Eligibility	46%	9%	36%	9%
2	KDHE-Program Staff	100%	0%	0%	0%
4	KDHE-Provider Contact	50%	25%	25%	0%
-	KMAP	0%	0%	0%	0%
5	Aetna	60%	20%	20%	0%
8	Sunflower	38%	12%	50%	0%
9	UnitedHealthcare	78%	11%	11%	0%

3. Action Taken by KanCare Ombudsman Office to resolve requests

93% (which is will above 4 out of 5) initial contacts were resolved by providing some type of resource. For example, the KanCare Ombudsman office:

- contacted another organization to ask assistance in resolving the issue
- shared information, resources, mailings, etc.
- provided referrals to other organizations

Note: The totals will not match “Initial Contacts chart” because not all cases are closed at the end of the quarter. This information must be filled in before closing a case.

Action Taken Resolution Type	Q1/2019	Q2/2019	Q3/2019	Q4/2019	Q1/2020	Q2/2020	Q3/2020
Questions/Issue Resolved (No Resources)	94	85	69	58	68	51	8
Used Contact or Resources/Issue Resolved	837	871	909	768	713	356	510
Closed (No Contact)	126	123	79	62	50	31	31
ACTION TAKEN RESOLUTION TYPE TOTAL	1,057	1,079	1,057	888	831	438	549

There may be multiple selections for a member/contact

4. Referred Beneficiary to an Organization for Assistance

This chart shows when information/resources are provided verbally and when resources are emailed or mailed.

Action Taken Additional Help	Q1/2019	Q2/2019	Q3/2019	Q4/2019	Q1/2020	Q2/2020	Q3/2020
Provided Resources	567	537	682	663	555	333	316
Mailed/Email Resources	151	123	152	168	113	73	84
ACTION TAKEN ADDITIONAL HELP TOTAL	718	660	834	831	668	406	400

There may be multiple selections for a member/contact.

5. Ombudsman Office Resolution of Issues

The average days to close/resolve an issue remained relatively the same over the last four quarters.

During third quarter the percentage for closing cases in 0-2 days went back to a normal measurement compared to fourth and first quarter. This is due to one staff returning to work and reduced number of contacts.

<u>Quarter/Year</u>	<u>Number Contacts</u>	<u>Avg Days To Completion</u>	<u>% Completed 0-2 Days</u>	<u>% Completed in 3-7 Days</u>	<u>% Completed 8 or More Days</u>
Q1/2019	1,051	5	71%	17%	13%
Q2/2019	1,021	4	75%	13%	13%
Q3/2019	1,002	5	75%	10%	15%
Q4/2019	837	5	72%	11%	17%
Q1/2020	788	7	74%	9%	17%
Q2/2020	394	5	46%	32%	22%
Q3/2020	524	3	78%	13%	9%

VIII. Enhancements and Future Changes

A. Changes in the KanCare Ombudsman Office

1. Staff

The KanCare Ombudsman Volunteer Coordinator position is currently open. Once we are able to hire this position, it will be located in the Johnson County office in order to better support and supervise the volunteers in this location.

2. Johnson County Satellite office

The Johnson County Satellite office was not open during third quarter. During October we had two volunteers return and a new volunteer starting.

3. Wichita Satellite office

The Wichita Satellite office was not open during third quarter. During October we have two new volunteers starting.

IX. Appendix A - Outreach by Ombudsman's office

This is a listing of the KanCare Ombudsman Outreach to members and community by way of participation in conferences where members and/or providers attend, newsletters, social media, training events, public comments sessions by the state for KanCare related issues, etc.

A. Outreach through Collaboration and Education

- 7/1 – WSU CEI staff and VISTA attended CPAAA networking meeting (via WebEx); WSU CEI staff are on the CPAAA schedule to present information about the Ombudsman Office and volunteer opportunities at the October CPAAA meeting.
- 7/29 – WSU CEI staff emailed with the United Way of the Plains Emergency Assistance Provider coordinator with a program update and general greeting.
- Throughout July, KanCare Ombudsman Team worked with Lindsay Galindo of KU's Center for Public Partnerships and Research to implement engagement with the Integrated Referral and Intake System (IRIS). This software enables communities in over 20 Kansas counties to make connections and referrals for Kansas residents. In July, the Ombudsman Office staff signed user agreements and began communicating with IRIS "community champions" in each IRIS community. As a result, WSU CEI staff made direct connection with the director of Child Care Aware of Eastern Kansas, located in Topeka. WSU CEI staff compiled introductory emails as IRIS/KU staff sent them throughout July. By the end of the month, WSU CEI staff made plans to target each community champion with outreach information. These efforts were set to begin in August.
- 8/5: WSU CEI staff and VISTA attended CPAAA networking meeting (via WebEx); WSU CEI staff are on the CPAAA schedule to present information about the Ombudsman Office and volunteer opportunities at the October CPAAA meeting.
- 8/14: WSU CEI staff responded to NE KS DCF staff request for resources via email.
- Throughout August, KanCare Ombudsman Team worked to establish engagement with the Integrated Referral and Intake System (IRIS). Letters of introduction and KanCare Ombudsman brochures were mailed to about half of the IRIS communities and email connections made with several others. As a result, the KanCare Ombudsman team connected with the following community agencies:
 - Barton County Health Department (email & USPS)
 - Sedgwick County Health Department
 - Wichita KU Medical School
 - Spring River Mental Health (SE Kansas)
 - Hays Area Children's Center
 - Johnson County Dept of Health and Environment
 - Mitchell County Regional Medical Foundation
 - Riley County Health Department
 - Saline County Health Department (email & USPS)
 - Child Care Aware of Eastern Kansas
 - Wyandotte County-area KU Medical School

- Franklin County Health Department
 - Harvey County Health Department
 - Hutchinson Community Foundation
 - Reno County Health Department
 - Geary County-area KU Center for Public Policy and Research
 - 20th Judicial Court Services
 - 20th Judicial Court Services Juvenile
 - Barton County Community College
 - Central KS Community Corrections
 - Journey to Resolve Poverty (Barton County)
 - Kansas Children's Service League
 - Stafford County Health Department
 - Sunflower Early Education Services
 - The Center for Counseling and Consultation
 - USD 428
 - USD 440
 - USD 373 - Chisolm Middle School
 - Cooper Early Education Center
 - Halstead Public Library
 - Healthy Families (Newton)
 - Kansas Big Brothers Big Sisters (Harvey County)
 - Peace Connections
 - Baby Talk ICT
 - Free State Healthcare
 - Healthy Babies
 - Holy Family Medical
 - Human Kind
 - KS KIDS
 - The Treehouse
 - The Village ICT
- 9/2: WSU CEI staff mailed updated brochures to community partners with previous relationships or special requests. These included personnel at South Central KS Area Agency on Aging and Disability Resource Center, Derby Senior Services Center, and Planeview Senior Services Center.
 - 9/24: WSU CEI staff, practicum student, and VISTA attended Sedgwick County CDDO quarterly networking/education meeting via Zoom.
 - WSU CEI staff emailed with coordinators of Healthier Lyon County Community Coalition, Butler County Early Childhood Coalition, and Greenwood County Community Coalition. Staff has been included in invitations to future meetings.
 - Continuing from August, KanCare Ombudsman Team worked to establish engagement with the Integrated Referral and Intake System (IRIS). This software enables communities in over 20 Kansas counties to make connections and referrals

for Kansas residents. As a result, connections were made with the following 43 community agencies:

- o Chanute KANSASWORKS
 - o Cherokee County Health Dept
 - o Child Care Link
 - o Community Access Center SEK
 - o Crawford County Health Dept
 - o Greenbush Education
 - o Holy Cross Hutchinson
 - o Horizons Mental Health Center
 - o Human Kind Wichita
 - o Independence KANSASWORKS
 - o Interfaith Ministries Hutchinson
 - o KCSL
 - o KS Kids SG Co
 - o K-State Research & Extension SEK
 - o Labette County Health Dept
 - o Mother to Mother Ministry
 - o My Family – SEK
 - o Neosho County Health Dept
 - o New Beginnings
 - o Parents as Teachers Greenbush
 - o Pittsburg KANSASWORKS
 - o Prairie Independent Living Resource Center
 - o Reno County Government departments,
including Health Dept and Juvenile Corrections
 - o Safe Families for Children
 - o SEK CAP Early Childhood
 - o St Francis Ministries
 - o TECH Inc
 - o The Salvation Army Pittsburg
 - o The Treehouse Wichita
 - o Topeka Head Start
 - o USD 308
 - o USD 309
 - o USD 445 Parents as Teachers
 - o Vie Medical Clinic
 - o Wilson County Health Dept
- KanCare Ombudsman Team attended the following IRIS community meetings:
 - o 9/14: Shawnee County Early Childhood Coalition IRIS meeting (presented)
 - o 9/22: SEK funding network & brainstorming meeting
 - o 9/24: Sedgwick County IRIS quarterly network meeting

- WSU CEI staff coordinated with Aetna Community Outreach staff to highlight the KanCare Ombudsman Office in an upcoming Aetna newsletter (i.e. November).

B. Outreach through Print Media and Social Media

- July 2020 - Wichita Ombudsman VISTA and WSU CEI staff focused approximately 12 hours on Facebook design & posting plans. These efforts addressed volunteer recruitment/recognition and community outreach. **Please refer to Addendum of Outreach – below) for details; note that the boosted post concerned general community outreach promoting KanCare Ombudsman services.**
- August 2020 - Wichita Ombudsman VISTA and WSU CEI staff focused approximately 26 hours on Facebook design & posting plans. These efforts addressed volunteer recruitment/recognition and community/KanCare member outreach.
 - Wichita Ombudsman VISTA made 6 Facebook posts:
 - 8/6: 2020 Prosperity Tour: 31 people reached, 3 engagements
 - 8/7: Title V Grant: 29 people reached, 2 engagements
 - 8/13: Brain Injury Waiver Age Update: 486 people reached, 47 engagements
 - 8/19: 2020 Census reminder: 71 people reached, 4 engagements
 - 8/25: MCO changes & selections: 24 people reached, 4 engagements
 - 8/27: Volunteer Appreciation/Recruitment: 24 people reached, 1 engagement
- September 2020 - Wichita Ombudsman VISTA and WSU CEI staff focused approximately 26 hours on Facebook design & posting plans. These efforts addressed volunteer recruitment/recognition and community outreach.
- WSU CEI staff emailed staff at Wichita/Sedgwick County area newsletter “The Active Age,” to be included in that publication’s annual directory of services affecting the 55 years and older population.

C. Outreach through Collaboration and Training

- August 13, KanCare Long Term Care agency meeting; reported on activities.
- September 10, KanCare Long Term Care agency meeting; reported on activities.
- September 28, Provided Quarter 2 KanCare Ombudsman report to Bethell Joint Committee on HCBS and KanCare Oversight.
- KanCare Liaison Training continues to be available through video presentation (YouTube) through the [KanCare Ombudsman Community Training web page](#). The various videos have had anywhere from 39 to 177 views since their posting in March 2020.

D. Facebook Addendum

Facebook Report – The Before and After Picture of Boosting a Post on FB

1. What is an “engagement” on Facebook?

An engagement on Facebook could be what we’re most familiar with, such as likes or reactions, comments, or shares. However, an engagement can also include tags, or any other action related to that post on our page. Simply viewing the post is counted as an engagement but is also referred to as “people reached”.

2. What is our average reach on a non-boosted post?

For the purposes of this question, I went back to the month of June (06/22/20) and looked at our post regarding the VISTA opening in Johnson County. This post reached only 23 views with 4 actual engagements. This means 23 individuals saw this post but only 4 “liked/reacted, commented, shared or tagged” someone in this post.

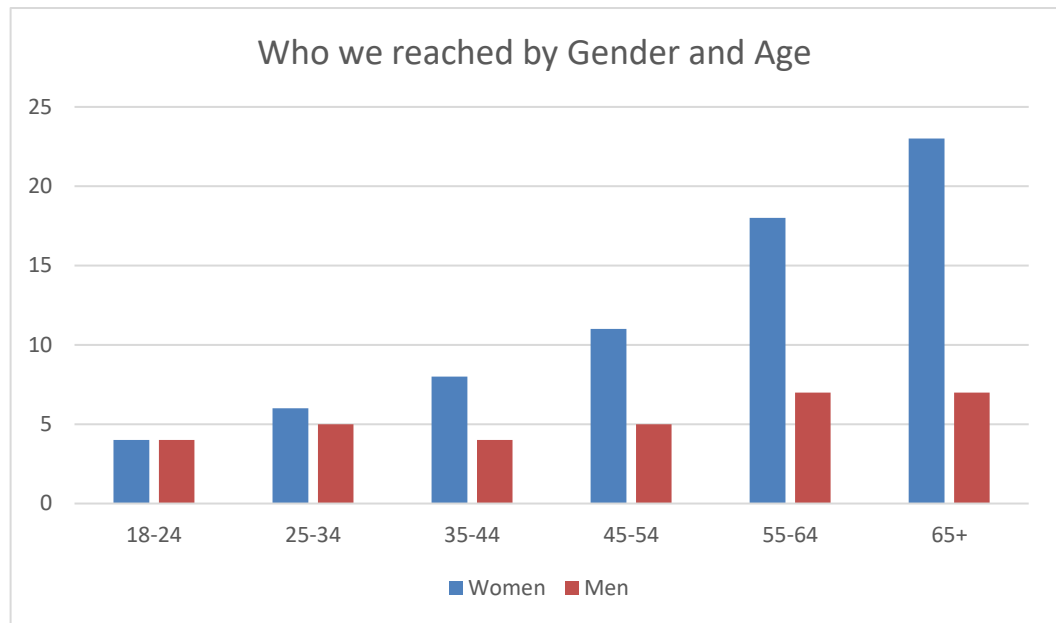
*Our lifetime total likes only changed, during this month, from 114 to 119. So, we’re only looking at about 5 likes gained during this time.

3. What was our reach on this boosted post?

The post we boosted, started in July (07/20/20) and reached a staggering 12,167 people. Of these 12,167 people, we had 734 engagements on this post. 391 of those engagements were likes/reactions, comments, and shares. Because we spent \$200 to boost this specific post, we paid roughly \$.51 per like/reaction, comment and share. Most of the comments were individuals tagging other individuals, to come look at the post. Most of the reactions were just regular “likes”.

4. What were the demographics for the individuals this post reached?

For this post, we hoped to reach an audience of men and women, living in Kansas, over the age of 18. Below is a chart highlighting the difference between gender and the different age groups, over the age of 18, that we reached on this post. The Y-axis represents the percent each section made up of our total people reached. The X-Axis represents the ages and the gender of the individual accessing the post.



5. What were the agencies, if any, that this post reached?

Of the shares, I saw that at least 3 of these shares were from other agencies. The three that I found were:

- Three Rivers Inc.
- Kansas Council on Developmental Disabilities
- Kansas Commission on Disability Concerns

6. Lastly, how much did our incoming calls increase during the time of this boosted post?

Kerrie Bacon reported the following call volume data:

July wk. 1	July wk. 2	July wk. 3 <i>(Post ran during this week)</i>	July wk. 4	Aug wk. 1
25	40	45	42	44

Unfortunately, we did not see a large increase in call volume at the time the post was boosted. We will leave this to be interpreted by Kerrie Bacon and other KanCare Ombudsman Staff. All-staff conversations have included discussions around other general KanCare trends, including the fact that Clearinghouse seems to have experienced a decrease in call volume as well. This indicates a system-wide pattern that is not exclusive to the KanCare Ombudsman Office.

Note: the average over the rest of the quarter (from July week 3 to the end of September) was 45.

E. Aetna-Issue Categories

MEDICAID ISSUES	Q1/19	Q2/19	Q3/19	Q4/19	Q1/20	Q2/20	Q3/20
Access to Providers (usually Medical)	2	2	4	5	0	1	0
Appeals/Fair Hearing questions/issues	0	1	1	0	1	1	0
Background Checks	0	0	0	0	0	0	0
Billing	3	0	5	4	2	2	2
Care Coordinator Issues	10	1	4	4	0	0	1
Change MCO	4	3	2	2	4	0	1
Choice Info on MCO	2	0	2	2	1	0	0
Coding Issues	1	0	1	1	0	0	0
Consumer said Notice not received	0	1	0	0	0	0	1
Cultural Competency	0	0	0	0	0	0	0
Data Requests	0	0	0	0	0	0	0
Dental	3	0	2	2	1	0	1
Division of Assets	0	0	0	1	0	0	0
Durable Medical Equipment	1	2	2	0	1	2	1
Grievances Questions/Issues	2	2	4	3	5	3	1
Help understanding mail (NOA)	0	0	0	0	0	0	1
MCO transition	0	0	1	2	0	0	0
Medicaid Application Assistance	2	1	1	2	0	0	0
Medicaid Eligibility Issues	5	7	2	5	1	1	1
Medicaid Fraud	0	0	0	0	0	0	0
Medicaid General Issues/questions	16	18	5	9	4	2	1
Medicaid info (status) update	4	1	4	5	4	4	1
Medicaid Renewal	1	12	3	2	3	0	0
Medical Card issues	0	0	0	0	0	0	1
Medicare Savings Plan Issues	2	1	1	3	3	0	0
MediKan issues	0	0	0	0	0	0	0
Moving to / from Kansas	0	0	1	1	0	0	0
Medical Services	3	4	4	3	2	2	2
Pain management issues	0	1	0	0	0	1	0
Pharmacy	4	3	1	2	1	0	0
Pregnancy issues	0	0	0	0	0	0	0
Prior authorization issues	0	0	0	0	0	0	1
Refugee/Immigration/SOBRA issues	0	0	0	0	0	0	0
Respite	0	0	0	0	0	0	0
Spend Down Issues	1	3	2	3	2	2	2
Transportation	4	0	4	5	1	1	0
Working Healthy	0	0	0	0	0	0	0
MEDICAID ISSUES TOTAL	70	63	56	66	36	22	18

There may be multiple selections for a member/contact.

HCBS/LTSS ISSUES	Q1/19	Q2/19	Q3/19	Q4/19	Q1/20	Q2/20	Q3/20
Client Obligation	2	3	2	2	0	0	0
Estate Recovery	0	0	0	0	0	0	0
HCBS Eligibility issues	5	3	3	7	0	0	0
HCBS General Issues	7	5	7	6	0	5	2
HCBS Reduction in hours of service	0	0	1	0	0	1	0
HCBS Waiting List	2	0	0	1	0	0	0
Nursing Facility Issues	0	1	3	2	3	1	2
HCBS/LTSS ISSUES TOTAL	16	12	16	18	3	7	4

There may be multiple selections for a member/contact.

OTHER ISSUES	Q1/19	Q2/19	Q3/19	Q4/19	Q1/20	Q2/20	Q3/20
Abuse / neglect complaints	0	0	0	0	1	2	1
ADA Concerns	0	0	0	0	0	0	0
Adoption issues	0	0	0	0	0	0	0
Affordable Care Act Calls	0	0	0	0	0	0	0
Community Resources needed	0	0	0	0	0	1	0
Domestic Violence concerns	0	0	0	0	0	0	0
Foster Care issues	0	0	0	0	0	1	0
Guardianship	0	0	0	0	0	0	0
Homelessness	0	0	0	0	0	0	0
Housing Issues	0	0	1	0	0	0	1
Medicare related Issues	0	1	4	2	1	0	0
Social Security Issues	1	1	1	0	0	0	0
Used Interpreter	0	0	0	0	0	0	0
X-Other	14	6	6	3	3	6	4
Z Thank you	26	32	28	23	9	10	4
Z Unspecified	1	1	3	3	0	0	0
Health Homes	0	0	0	0	0	0	0
OTHER ISSUES TOTAL	42	41	43	31	14	20	10

There may be multiple selections for a member/contact.

F. Aetna -Program Type

PROGRAM TYPE	Q1/19	Q2/19	Q3/19	Q4/19	Q1/20	Q2/20	Q3/20
PD	3	2	1	2	1	2	1
I/DD	1	4	2	1	0	2	0
FE	2	1	3	2	0	0	0
AUTISM	0	0	0	0	0	0	0
SED	0	1	0	2	0	1	0
TBI	2	3	2	2	0	0	2
TA	2	1	2	1	0	2	0
WH	0	0	0	0	0	0	0
MFP	0	0	0	0	0	0	0
PACE	0	0	0	0	0	0	0
MENTAL HEALTH	0	0	2	0	0	0	0
SUB USE DIS	0	0	0	0	0	0	0
NURSING FACILITY	0	2	1	2	2	2	0
FOSTER CARE	0	0	0	0	0	1	0
MEDIKAN	0	0	0	0	0	0	0
INSTITUTIONAL TRANSITION FROM LTC/NF	0	0	0	0	0	0	1
INSTITUTIONAL TRANSITION FROM MH/BH	0	0	0	0	0	0	0
INSTITUTIONAL TRANSITION FROM PRISON/JAIL	0	0	0	0	0	0	0
PROGRAM TYPE TOTAL	10	14	13	12	3	10	4

There may be multiple selections for a member/contact.

G. Sunflower–Issue Category

MEDICAID ISSUES	Q1/19	Q2/19	Q3/19	Q4/19	Q1/20	Q2/20	Q3/20
Access to Providers (usually Medical)	4	3	5	2	2	0	0
Appeals/Fair Hearing questions/issues	1	3	0	0	4	2	1
Background Checks	0	0	0	0	0	0	0
Billing	4	7	6	2	2	1	4
Care Coordinator Issues	2	4	5	4	6	1	0
Change MCO	2	1	1	0	0	1	3
Choice Info on MCO	1	1	0	1	0	1	0
Coding Issues	4	3	0	0	0	0	1
Consumer said Notice not received	0	0	0	0	0	0	0
Cultural Competency	0	0	1	0	0	0	0
Data Requests	0	0	0	0	1	1	0
Dental	0	2	0	0	1	1	0
Division of Assets	0	0	0	0	0	0	0
Durable Medical Equipment	0	0	0	0	1	2	1
Grievances Questions/Issues	0	6	6	4	6	3	0
Help understanding mail (NOA)	0	0	0	0	2	1	0
MCO transition	0	0	0	0	0	0	0
Medicaid Application Assistance	1	0	1	2	3	0	0
Medicaid Eligibility Issues	14	5	3	10	5	1	1
Medicaid Fraud	0	0	0	0	0	1	0
Medicaid General Issues/questions	18	6	7	9	12	2	0
Medicaid info (status) update	4	8	4	9	6	1	2
Medicaid Renewal	4	10	6	6	3	0	0
Medical Card issues	0	0	1	0	2	1	0
Medicare Savings Plan Issues	0	0	2	2	1	0	0
MediKan issues	0	0	0	0	0	0	0
Moving to / from Kansas	1	0	0	0	2	0	0
Medical Services	5	3	2	5	6	2	1
Pain management issues	1	0	0	0	0	0	0
Pharmacy	6	2	0	2	0	1	0
Pregnancy issues	0	0	0	2	0	0	0
Prior authorization issues	0	0	0	0	0	1	0
Refugee/Immigration/SOBRA issues	0	0	0	0	0	0	0
Respite	0	0	0	0	0	0	0
Spend Down Issues	2	0	3	3	3	0	0
Transportation	2	1	2	2	3	2	0
Working Healthy	1	0	1	0	0	0	0
MEDICAID ISSUES TOTAL	77	65	56	65	71	26	14

There may be multiple selections for a member/contact.

HCBS/LTSS ISSUES	Q1/19	Q2/19	Q3/19	Q4/19	Q1/20	Q2/20	Q3/20
Client Obligation	1	0	4	1	2	0	0
Estate Recovery	0	0	0	0	0	0	0
HCBS Eligibility issues	5	5	6	4	1	0	3
HCBS General Issues	7	9	6	8	7	9	7
HCBS Reduction in hours of service	2	1	0	0	1	2	2
HCBS Waiting List	1	1	1	1	0	0	1
Nursing Facility Issues	0	1	1	0	1	0	2
HCBS/LTSS ISSUES TOTAL	16	17	18	14	12	11	15

There may be multiple selections for a member/contact.

OTHER ISSUES	Q1/19	Q2/19	Q3/19	Q4/19	Q1/20	Q2/20	Q3/20
Abuse / neglect complaints	0	0	1	0	1	0	0
ADA Concerns	0	0	0	0	0	0	0
Adoption issues	0	0	0	0	0	1	0
Affordable Care Act Calls	0	1	0	0	0	0	0
Community Resources needed	0	0	0	0	0	1	0
Domestic Violence concerns	0	0	0	0	0	0	0
Foster Care issues	0	0	0	0	0	0	0
Guardianship	0	0	0	0	1	0	0
Homelessness	0	0	0	0	0	1	0
Housing Issues	0	0	0	0	0	1	1
Medicare related Issues	1	0	0	1	2	1	0
Social Security Issues	0	0	0	0	0	1	0
Used Interpreter	0	0	0	0	0	0	0
X-Other	10	8	5	5	9	6	6
Z Thank you	34	29	23	29	24	14	11
Z Unspecified	3	4	2	1	0	1	0
Health Homes	0	0	0	0	0	0	0
OTHER ISSUES TOTAL	48	42	31	36	37	27	18

There may be multiple selections for a member/contact.

H. Sunflower-Program Type

PROGRAM TYPE	Q1/19	Q2/19	Q3/19	Q4/19	Q1/20	Q2/20	Q3/20
PD	2	5	5	4	4	5	5
I/DD	5	4	4	2	0	2	2
FE	3	2	6	2	1	1	1
AUTISM	0	0	1	0	1	0	1
SED	0	0	0	1	0	1	0
TBI	4	2	0	2	1	1	0
TA	1	0	2	1	1	1	0
WH	1	1	0	0	0	0	0
MFP	0	0	0	0	0	0	0
PACE	0	0	0	0	0	0	0
MENTAL HEALTH	0	0	0	0	0	0	0
SUB USE DIS	0	0	0	0	0	0	0
NURSING FACILITY	0	1	0	2	1	0	1
FOSTER CARE	0	0	0	0	0	0	0
MEDIKAN	0	0	0	0	0	0	0
INSTITUTIONAL TRANSITION FROM LTC/NF	0	0	0	0	0	0	0
INSTITUTIONAL TRANSITION FROM MH/BH	0	0	0	1	0	0	0
INSTITUTIONAL TRANSITION FROM PRISON/JAIL	0	0	0	0	0	0	0
PROGRAM TYPE TOTAL	16	15	18	15	9	11	10

There may be multiple selections for a member/contact.

I. UnitedHealthcare-Issue Category

MEDICAID ISSUES	Q1/19	Q2/19	Q3/19	Q4/19	Q1/20	Q2/20	Q3/20
Access to Providers (usually Medical)	2	2	4	2	1	0	0
Appeals/Fair Hearing questions/issues	1	1	1	0	4	2	0
Background Checks	0	1	0	0	0	0	0
Billing	1	2	4	3	4	2	3
Care Coordinator Issues	5	0	1	4	6	0	2
Change MCO	2	3	0	3	2	1	1
Choice Info on MCO	0	1	0	0	1	1	0
Coding Issues	3	1	1	0	1	0	0
Consumer said Notice not received	0	0	1	1	0	0	0
Cultural Competency	0	0	0	0	0	0	0
Data Requests	0	0	0	0	0	0	0
Dental	3	1	1	0	0	0	0
Division of Assets	0	0	0	0	0	0	0
Durable Medical Equipment	2	1	1	1	1	3	0
Grievances Questions/Issues	4	0	2	4	6	1	0
Help understanding mail (NOA)	0	0	0	0	0	0	0
MCO transition	0	0	0	0	1	0	0
Medicaid Application Assistance	2	0	0	0	0	1	0
Medicaid Eligibility Issues	11	9	4	0	4	2	1
Medicaid Fraud	0	0	0	0	0	0	0
Medicaid General Issues/questions	20	10	10	4	8	1	1
Medicaid info (status) update	9	10	3	3	9	1	0
Medicaid Renewal	2	6	3	3	1	0	0
Medical Card issues	0	0	0	2	2	1	0
Medicare Savings Plan Issues	0	0	1	0	0	0	0
MediKan issues	0	0	1	0	0	0	0
Moving to / from Kansas	0	0	0	0	0	0	0
Medical Services	2	0	1	0	3	3	5
Pain management issues	2	0	0	0	0	0	0
Pharmacy	2	4	3	0	2	2	2
Pregnancy issues	0	0	0	0	0	0	0
Prior authorization issues	0	0	1	0	1	0	0
Refugee/Immigration/SOBRA issues	0	0	0	0	0	0	0
Respite	0	0	0	0	0	0	0
Spend Down Issues	4	2	1	2	2	0	1
Transportation	1	2	1	1	3	2	0
Working Healthy	0	1	0	0	0	0	0
MEDICAID ISSUES TOTAL	78	57	45	33	62	23	16

There may be multiple selections for a member/contact.

HCBS/LTSS ISSUES	Q1/19	Q2/19	Q3/19	Q4/19	Q1/20	Q2/20	Q3/20
Client Obligation	2	1	2	0	0	0	1
Estate Recovery	0	0	0	1	0	0	0
HCBS Eligibility issues	4	2	1	3	2	0	2
HCBS General Issues	12	8	4	4	8	1	5
HCBS Reduction in hours of service	3	0	0	0	1	0	4
HCBS Waiting List	2	0	2	1	0	0	0
Nursing Facility Issues	2	0	3	3	4	0	0
HCBS/LTSS ISSUES TOTAL	25	11	12	12	15	1	12

There may be multiple selections for a member/contact.

OTHER ISSUES	Q1/19	Q2/19	Q3/19	Q4/19	Q1/20	Q2/20	Q3/20
Abuse / neglect complaints	0	0	0	0	0	0	0
ADA Concerns	0	0	0	0	0	0	0
Adoption issues	0	0	0	0	0	0	0
Affordable Care Act Calls	0	0	0	0	0	0	0
Community Resources needed	0	0	0	0	0	1	0
Domestic Violence concerns	0	0	0	0	0	0	0
Foster Care issues	0	0	0	0	0	0	0
Guardianship	0	0	0	0	0	0	0
Homelessness	0	0	0	0	0	0	1
Housing Issues	0	1	0	0	1	0	0
Medicare related Issues	2	0	0	1	1	1	0
Social Security Issues	0	0	1	0	0	0	1
Used Interpreter	0	0	0	0	0	0	0
X-Other	11	7	2	2	5	2	8
Z Thank you	49	29	22	14	18	8	11
Z Unspecified	2	1	2	5	0	1	0
Health Homes	0	0	0	0	0	0	0
OTHER ISSUES TOTAL	64	38	27	22	25	13	21

There may be multiple selections for a member/contact.

J. UnitedHealthcare-Program Type

PROGRAM TYPE	Q1/19	Q2/19	Q3/19	Q4/19	Q1/20	Q2/20	Q3/20
PD	10	5	2	5	3	1	5
I/DD	6	10	1	0	1	0	0
FE	4	3	3	1	3	0	3
AUTISM	1	0	0	0	0	0	0
SED	2	1	0	0	0	1	0
TBI	2	0	1	0	2	1	1
TA	0	1	0	0	1	0	1
WH	0	0	0	0	0	0	0
MFP	0	0	0	0	0	0	0
PACE	0	0	0	0	0	0	0
MENTAL HEALTH	0	1	0	0	0	1	0
SUB USE DIS	0	0	0	0	0	0	0
NURSING FACILITY	2	1	2	5	3	0	0
FOSTER CARE	0	0	0	0	0	0	0
MEDIKAN	0	0	1	0	0	0	0
INSTITUTIONAL TRANSITION FROM LTC/NF	0	0	0	1	1	0	1
INSTITUTIONAL TRANSITION FROM MH/BH	0	0	0	0	0	1	0
INSTITUTIONAL TRANSITION FROM PRISON/JAIL	0	0	0	0	0	0	0
PROGRAM TYPE TOTAL	27	22	10	12	14	5	11

There may be multiple selections for a member/contact.

1115 Waiver- Safety Net Care Pool Report

Demonstration Year 8 - Quarter Three

Large Public Teaching Hospital\Border City Children's Hospital Pool
Paid date 8/6/2020

Hospital Name	Program Name	Program ID	Amount	Payment Date	Liability Date	Warrant number	State General Fund 1000	Federal Medicaid Fund 3414
Childrens Mercy Hospital	Large Public Teaching Border City Children Hosp	04264	616,034	8/6/2020	9/30/2020	008471457	213,394	402,640
University Of Kansas Hospital Authority	Large Public Teaching Border City Children Hosp	04264	1,848,103	8/6/2020	9/30/2020	008471625	640,183*	1,207,920
Total			2,464,137				853,577	1,610,560

*IGT from University of Kansas Hospital Authority

**1115 Waiver- Safety Net Care Pool Report
Demonstration Year 8 - Quarter Three**

Health Care Access Improvement Pool

Paid Dates 7/16/2020, 8/6/2020, 8/13/2020 and 8/27/2020

Provider Name	Program Name	Program ID	Amount	Payment Date	Liability Date	Warrant number	Provider Access Fund 2443	Federal Medicaid Fund 3414
Adventhealth Ottawa	Health Care Access Improvement Program Pool	03264	60,639	7/16/20	9/30/20	008453951	21,005	39,634
Adventhealth Shawnee Mission Medical Center Inc	Health Care Access Improvement Program Pool	03264	839,299	7/16/20	9/30/20	008453654	290,733	548,566
Ascension Via Christi Hospital St. Teresa Inc	Health Care Access Improvement Program Pool	03264	69,177	7/16/20	9/30/20	005240822	23,963	45,214
Ascension Via Christi Rehabilitation Hospital	Health Care Access Improvement Program Pool	03264	18,476	7/16/20	9/30/20	008453766	6,400	12,076
Bob Wilson Memorial Grant County Hospital	Health Care Access Improvement Program Pool	03264	23,393	7/16/20	9/30/20	008453632	8,103	15,290
Childrens Mercy South	Health Care Access Improvement Program Pool	03264	204,840	7/16/20	9/30/20	008453605	70,957	133,883
Coffeyville Regional Medical Center Inc	Health Care Access Improvement Program Pool	03264	64,769	7/16/20	9/30/20	008453781	22,436	42,333
Doctors Hospital Llc	Health Care Access Improvement Program Pool	03264	8,386	7/16/20	9/30/20	005240696	2,905	5,481
Geary County Hospital	Health Care Access Improvement Program Pool	03264	99,991	7/16/20	9/30/20	005240707	34,637	65,354
Hays Medical Center	Health Care Access Improvement Program Pool	03264	272,343	7/16/20	9/30/20	008453641	94,340	178,003
Hutchinson Regional Medical Center Inc	Health Care Access Improvement Program Pool	03264	244,074	8/6/20	9/30/20	008471538	84,547	159,527
Kansas Heart Hospital Llc	Health Care Access Improvement Program Pool	03264	12,589	7/16/20	9/30/20	008453895	4,361	8,228
Kansas Rehabilitation Hospital	Health Care Access Improvement Program Pool	03264	25,201	7/16/20	9/30/20	008453844	8,730	16,471
Kansas Surgery And Recovery Center Llc	Health Care Access Improvement Program Pool	03264	2,611	7/16/20	9/30/20	008453764	904	1,707
Labette Co Med	Health Care Access Improvement Program Pool	03264	78,449	7/16/20	9/30/20	005240826	27,175	51,274
Lawrence Memorial Hospital	Health Care Access Improvement Program Pool	03264	290,612	7/16/20	9/30/20	008453821	100,668	189,944
Mcperson Hospital Inc	Health Care Access Improvement Program Pool	03264	22,012	7/16/20	9/30/20	008453703	7,625	14,387
Menorah Medical Center	Health Care Access Improvement Program Pool	03264	192,086	7/16/20	9/30/20	008453809	66,539	125,547
Mercy Hospital Inc	Health Care Access Improvement Program Pool	03264	4,583	7/16/20	9/30/20	005240773	1,588	2,995
Miami County Medical Center Inc	Health Care Access Improvement Program Pool	03264	59,801	7/16/20	9/30/20	005240628	20,715	39,086
Midamerica Rehabilitation Hospital	Health Care Access Improvement Program Pool	03264	21,396	7/16/20	9/30/20	008453889	7,412	13,984
Newton Medical Center	Health Care Access Improvement Program Pool	03264	145,602	7/16/20	9/30/20	008453744	50,437	95,165
Olathe Medical Center Inc	Health Care Access Improvement Program Pool	03264	360,645	7/16/20	9/30/20	005240630	124,927	235,718
Overland Park Reg Med Ctr	Health Care Access Improvement Program Pool	03264	718,580	7/16/20	9/30/20	008453607	248,916	469,664
Pratt Regional Medical Center Corporation	Health Care Access Improvement Program Pool	03264	37,199	7/16/20	9/30/20	008453750	12,886	24,313
Providence Medical Center	Health Care Access Improvement Program Pool	03264	430,054	7/16/20	9/30/20	005240644	148,971	281,083
Rehabilitation Hospital Of Overland Park	Health Care Access Improvement Program Pool	03264	19,362	7/16/20	9/30/20	005240915	6,707	12,655
Saint John Hospital	Health Care Access Improvement Program Pool	03264	75,858	7/16/20	9/30/20	005240642	26,277	49,581
Saint Lukes Cushing Hospital	Health Care Access Improvement Program Pool	03264	79,041	7/16/20	9/30/20	008453638	27,380	51,661
Saint Lukes South Hospital Inc	Health Care Access Improvement Program Pool	03264	60,326	7/16/20	9/30/20	008453798	20,897	39,429
Salina Regional Health Center	Health Care Access Improvement Program Pool	03264	290,522	7/16/20	9/30/20	008453777	100,637	189,885
South Central Kansas Regional Medical Center	Health Care Access Improvement Program Pool	03264	31,618	8/13/20	9/30/20	008475836	10,952	20,666

1115 Waiver- Safety Net Care Pool Report
Demonstration Year 8 - Quarter Three
 Health Care Access Improvement Pool
 Paid Dates 7/16/2020, 8/6/2020, 8/13/2020 and 8/27/2020

Provider Name	Program Name	Program ID	Amount	Payment Date	Liability Date	Warrant number	Provider Access Fund 2443	Federal Medicaid Fund 3414
Southwest Medical Center	Health Care Access Improvement Program Pool	03264	80,782	7/16/20	9/30/20	008453659	27,983	52,799
St Catherine Hospital	Health Care Access Improvement Program Pool	03264	151,209	7/16/20	9/30/20	008453631	52,379	98,830
Stormont Vail Health Care Inc	Health Care Access Improvement Program Pool	03264	353,425	7/16/20	9/30/20	008453637	122,426	230,999
Susan B Allen Memorial Hospital	Health Care Access Improvement Program Pool	03264	95,273	8/27/20	9/30/20	008483911	33,003	62,270
The University Of Kansas Health System Great Ber	Health Care Access Improvement Program Pool	03264	77,263	7/16/20	9/30/20	005240866	26,764	50,499
Topeka Hospital Llc D/B/A The University Of Kansas	Health Care Access Improvement Program Pool	03264	284,553	7/16/20	9/30/20	008453946	98,569	185,984
Via Christi Hospital Manhattan	Health Care Access Improvement Program Pool	03264	360,254	7/16/20	9/30/20	008453787	124,792	235,462
Via Christi Hospital Pittsburg	Health Care Access Improvement Program Pool	03264	255,632	7/16/20	9/30/20	008453635	88,551	167,081
Via Christi Hospitals Wichita Inc	Health Care Access Improvement Program Pool	03264	1,503,561	7/16/20	9/30/20	008453780	520,834	982,727
Wesley Medical Center	Health Care Access Improvement Program Pool	03264	1,970,770	7/16/20	9/30/20	008453850	682,675	1,288,095
Wesley Rehabilitation Hospital, An Affiliate Of En	Health Care Access Improvement Program Pool	03264	26,452	7/16/20	9/30/20	008453544	9,163	17,289
Western Plains Medical Complex	Health Care Access Improvement Program Pool	03264	115,882	8/13/20	9/30/20	008475646	40,142	75,740
			10,138,590				3,512,008	6,626,582

**KDHE Summary of Claims Adjudication Statistics –
July - September 2020 – KanCare MCOs**

Aetna 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	17,474	\$937,788,904	3,163	\$203,400,139	18.10%
Hospital Outpatient	168,342	\$636,393,670	30,865	\$187,566,859	18.33%
Pharmacy	1,418,507	\$111,822,286	172,129	\$0	12.13%
Dental	69,704	\$26,595,330	8,520	\$3,184,802	12.22%
Vision	5,779	\$1,407,448	540	\$131,511	9.34%
NEMT	61,178	\$2,454,621	2,294	\$13,253	3.75%
Medical (physical health not otherwise specified)	1,001,848	\$503,985,072	140,920	\$94,178,707	14.07%
Nursing Facilities-Total	58,134	\$156,083,657	5,725	\$18,402,434	9.85%
HCBS	231,525	\$108,661,382	6,236	\$4,846,992	2.69%
Behavioral Health	170,065	\$76,684,744	8,185	\$9,237,287	4.81%
Total All Services	3,202,556	2,561,877,115	378,577	520,961,982	11.82%

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	29,227	\$1,541,654,183	6,593	\$451,944,001	22.56%
Hospital Outpatient	245,835	\$806,104,961	35,579	\$156,737,120	14.47%
Pharmacy	1,425,382	\$146,565,894	328,037	\$63,684,347	23.01%
Dental	103,698	\$36,369,752.52	13,941	\$3,238,164.15	13.44%
Vision	64,137	\$17,964,204.31	9,926	\$3,075,671.06	15.48%
NEMT	102,830	\$2,852,151.44	1,253	\$43,312.95	1.22%
Medical (physical health not otherwise specified)	1,232,385	\$822,557,582	172,949	\$167,919,350	14.03%
Nursing Facilities-Total	98,489	\$241,122,992	8,302	\$28,198,396	8.43%
HCBS	498,567	\$295,619,936	23,339	\$17,214,331	4.68%
Behavioral Health	568,848	\$102,929,405	57,205	\$13,664,362	10.06%
Total All Services	4,369,398	\$4,013,741,062	657,124	\$905,719,054	15.04%

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	22,405	\$1,112,692,372	4,780	\$270,911,843	21.33%
Hospital Outpatient	243,322	\$812,375,430	50,336	\$173,133,404	20.69%
Pharmacy	1,376,749	\$165,382,115	281,206	\$57,765,040	20.43%
Dental	98,547	\$38,368,470	13,927	\$5,878,683	14.13%
Vision	53,433	\$12,755,021	9,218	\$2,152,701	17.25%
NEMT	112,640	\$3,468,069	1,334	\$33,215	1.18%
Medical (physical health not otherwise specified)	1,215,627	\$832,887,860	218,053	\$234,631,364	17.94%
Nursing Facilities-Total	96,995	\$278,241,689	13,937	\$40,656,079	14.37%
HCBS	400,055	\$188,887,619	8,489	\$5,928,711	2.12%
Behavioral Health	566,915	\$142,190,157	48,514	\$27,673,622	8.56%
Total All Services	4,186,688	\$3,587,248,803	649,794	\$818,764,663	15.52%