

Third Quarter Report to CMS Regarding  
Operation of 1115 Waiver  
Demonstration Program  
– Quarter Ending 09.30.2023



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

*KanCare*  
*Section 1115 Third Quarter Report*  
*Demonstration Year: 11 (1/1/2023-12/31/2023)*  
*Federal Fiscal Quarter: 4/2023 (7/23-9/23)*

**Table of Contents**

*2023 Third Quarter Report*..... 2

I. Introduction..... 2

II. Enrollment Information..... 4

III. Outreach/Innovation..... 4

IV. Operational Developments/Issues ..... 11

V. Policy Developments/Issues..... 25

VI. Financial/Budget Neutrality Development/Issues ..... 25

VII. Member Month Reporting ..... 26

VIII. Consumer Issues..... 30

IX. Quality Assurance/Monitoring Activity ..... 32

X. Managed Care Reporting Requirements ..... 35

XI. Safety Net Care Pool..... 46

XII. Demonstration Evaluation..... 46

XIII. Other (Claims Adjudication Statistics; Waiting List Management) ..... 46

XIV. Enclosures/Attachments ..... 47

XV. State Contacts..... 47

VI. Date Submitted to CMS..... 47

## 2023 Third Quarter Report

### 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 (CMS) 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 CMS approved a renewal of the Medicaid Section 1115 demonstration proposal entitled KanCare. On June 17, 2022 CMS approved an amendment to the Medicaid Section 1115 demonstration to adjust the budget neutrality cap to account for changes in the Health Care Access Improvement Program (HCAIP) payments. On August 15, 2022 CMS approved an amendment to Medicaid Section 1115 demonstration for continuous coverage for individuals aging out of CHIP for the period March 1, 2020 through the end of the COVID-19 Public Health Emergency (PHE) unwinding period, or until all redeterminations are conducted during the unwinding period as discussed in SHO #22-001. On September 29, 2022 CMS approved an amendment to Medicaid Section 1115 demonstration to enable the State to provide twelve-month continuous eligibility for parents and other caretaker relatives. The State submitted an amendment and five-year renewal for its 1115 demonstration on December 28, 2022. 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 eligible individuals) 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 (SNCP) 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 (DSRIP) program;
- Design and implement an alternative payment model (APM) program to replace the DSRIP program;

- Maintain the SNCP to support hospitals that provide uncompensated care to Medicaid beneficiaries and the uninsured;
- Increase beneficiary access to substance use disorder (SUD) treatment services; and
- 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 and 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) who are not otherwise eligible for Medicaid. The table does include members retroactively assigned as of June 30, 2023.

Demonstration Population	Enrollees at Close of Quarter (9/30/2023)	Total Unduplicated Enrollees in Quarter	Disenrolled in Quarter
Population 1: ABD/SD Dual	16,032	17,155	1,123
Population 2: ABD/SD Non-Dual	29,745	31,359	1,614
Population 3: Adults	67,144	74,291	7,147
Population 4: Children	228,285	256,969	28,684
Population 5: DD Waiver	8,849	8,989	140
Population 6: LTC	21,573	22,604	1,031
Population 7: MN Dual	4,532	5,747	1,215
Population 8: MN Non-Dual	1,131	1,422	291
Population 9: Waiver	4,929	5,209	280
Population 10: UC Pool	N/A	N/A	N/A
Population 11: DSRIP Pool	N/A	N/A	N/A
Total	382,220	423,745	41,525

Kansas continues to see increased disenrollments due to Public Health Emergency (PHE) unwinding activities.

## III. Outreach/Innovation

The KanCare website<sup>1</sup> is home to a wealth of information for providers, members, stakeholders, and policy makers. Sections of the website are designed specifically around the needs of members and providers. Information about the 1115 demonstration and its operation is provided in the interest of transparency and engagement.

The KanCare Advisory Council consists of eleven members: one legislator representing the House, one representing mental health providers, two representing physicians and hospitals, three representing KanCare members, one former Kansas Senator, one representing pharmacists, one representing the Aging Community, and one representing both the Area Agencies on Aging and Aging Disability Resource Centers. The KanCare Advisory Council Meeting occurred September 28, 2023, via Zoom. The agenda was as follows:

- Welcome and Introductions
- Review and Approval of Minutes from Council Meeting June 22, 2023
- Updates on KanCare with Q&A
  - Sunflower State Health Plan – Stephanie Rasmussen
  - UnitedHealthcare Community Plan – Dr. Teresa Wesley
  - Aetna Better Health of Kansas – Lisa Baird
- KDHE Update – Janet Stanek, Secretary, Kansas Department of Health and Environment and Christine Osterlund, Deputy Secretary of Agency Integration and Medicaid, Kansas Department of Health and Environment

<sup>1</sup> [www.kancare.ks.gov](http://www.kancare.ks.gov)

- KDADS Update – Drew Adkins, Assistant Commissioner for Behavioral Health Services, Kansas Department for Aging and Disability Services and Seth Kilber, Assistant Commissioner for Long Term Services and Supports, Kansas Department for Aging and Disability Services
- KanCare Ombudsman Report – Suzanne Lueker, Ombudsman, KanCare Ombudsman Office
- Old Business
  - Homebound Frail Elderly receiving meals thru COVID funds – Allen Schmidt
  - What is our plan for researching other State’s remedy to solve the nursing and PCA shortages; and what is the status of the challenges on the administrative side? – Ed Nicholas
  - Review current membership of the Advisory Council and discuss recommendations for new members and their specialties – Larry Martin
  - Discuss the short-term and long-term plans to bring down waiver waiting list numbers, especially for IDD – Allen Schmidt
  - Ongoing challenges, especially with third party liability in Certified Community Behavioral Health Clinic (CCBHC) billing to MCOs – Walt Hill
  - Recent request and reminder about reporting issues with Non-Emergency Medical Transportation (NEMT) services - Is there a concern statewide? – Walt Hill
  - Concerns statewide among pediatricians about children’s access to medical care in Kansas due to pandemic related problems and low payment causing lack of provider participation in KanCare – Dr. Rebecca Reddy
    - Is there data the State can share?
    - What percentage of children with KanCare are up to date on well child visits, immunizations, and dental exams?
    - Provide roster of primary care providers who are accepting children with KanCare, with their practice address.
  - Changes in Medicaid beneficiary numbers with the PHE expiration and return to regular qualification processes including the number of Medicaid members who are able to move to Market Place Plans and how Market Place Plans benefit packages compare to Medicaid. What is the outlook for ongoing Market Place subsidies? – Walt Hill
  - What is the status of the OneCare Kansas Program? – Walt Hill
  - Updates on Waitlists and new information from the Kansas University Study – Allen Schmidt
  - Updates on progress of new Community Support Waiver for The Intellectual/ Developmental Disability (I/DD) that originated from the work of the Modernization Work Committee? – Allen Schmidt
  - Concern about availability of dentists that provide sedated dentistry for adults – Ed Nicholas
  - Network adequacy now, compared to expanding availability to more people – Ed Nicholas
  - Challenges with getting appointments at hospitals and clinics – Ed Nicholas
  - Is there a contingency plan in place to alleviate the ever-expanding population issues in the future? – Ed Nicholas
- New Business – None received
- Adjourn

The Tribal Technical Assistance Group met August 1, 2023. The tribal members were consulted on the following items:

- 23-0034 Diabetes Self-Management Training
- 23-0036 Lactation Consultation Rate Increase
- 23-0037 EVV for Home Health Services

The following SPAs have been approved:

- 23-0019 DME Rate Increases
- 23-0020 Global Pregnancy Rate Increases
- 23-0021 Emergency Transportation Rate Increases
- 23-0022 Adult Dentures and Partial
- 23-0024 Community Health Workers
- 23-0028 IDD TCM Rate Increases
- 23-0029 Expanding Peer Support
- 23-0030 Pharmacy

Outstationed Eligibility Worker (OEW) staff members participated in fifty-nine in-person and virtual community events that provided KanCare program outreach, education, and information for the following: Impact Olathe event; School events: Johnson, Cowley, Jackson, Sedgwick, and Shawnee counties; WICK offices in Wilson, Montgomery, and Chautauqua; Senior & Community Centers in Labette County, Labette County Health Department; Gentiva Home Health & Hospice Labette County; Freeman Specialty Clinic in Crawford county; Department for Children and Families (DCF) in Johnson, Sedgwick, Cowley, and Butler counties; Community Baby Showers in Sedgwick County; Food Banks in Montgomery County; KU Extension Office Crawford County, Health on Purpose Wellness Fair Montgomery County, Patterson Health Center- Wellness Expo in Harper County, Together Sedgwick County Community Resource and Job fair, The Barton County Fair, Ellis County Resource/Job Fair, Douglas County Connecting Kansas Families Community Forum; Virtual and in person meetings: Central Kansas Partnership Barton County, Communities Organizing to Promote Equity, Harper County Department on Aging, McPherson Council on Aging, Health Department Family Advisory Board meeting, Avenue of Life Partner meeting, Wyandotte County Avenue of Life, Cowley County Third Thursday meeting, Pratt County Resource Council, Meeting with Aetna Insurance Broker in Sedgwick County.

Support and assistance for KanCare members was provided by KDHE's twenty-four OEWs. Staff members determined eligibility for 1,622 applicants. The OEW staff members also assisted in resolving 1,441 issues involving urgent medical needs, obtaining correct information on applications, and addressing gaps or errors in pending applications or reviews with the KanCare Clearinghouse. In addition, OEW staff members assisted with 3,471 phone calls, 1,101 walk-ins, and 1,027 e-mails from the public.

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, but now as needed during the Public Health Emergency (PHE))
- HCBS Provider Forum teleconferences (quarterly)
- Long-term Care Roundtable with Department of Children and 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

- Series of meetings with behavioral health institutions, private psychiatric hospitals, and Psychiatric Treatment Residential Facilities (PRTFs) to address care coordination and improved integration (weekly)
- Medicaid Functional Eligibility Instrument (Frail Elderly (FE), Physical Disability (PD) and Brain Injury (BI)) Advisory Workgroup
- The Intellectual / Developmental Disability (I/DD) Functional Eligibility Instrument Advisory Workgroup
- Systems Collaboration with Aging and Disability, Behavioral Health and Foster Care Agencies
- Psychiatric Residential Treatment Facility (PRTF) Stakeholder meeting (quarterly)
- Nursing Facility for Mental Health (NFMH) Directors meeting (monthly)
- CRO Directors meeting (bi-monthly)
- State Interagency Coordinating Council (bi-monthly)
- Kansas Mental Health Coalition meeting (monthly)
- Kansas Association of Addiction Professionals (monthly)
- Behavioral Health Association of Kansas (monthly)
- Heartland RADAC and Substance Abuse Center of Kansas (monthly)
- Complex Case Staffing's with MCOs (as needed M-F)
- Bi-monthly Governor's Behavioral Health Services Planning Council meetings and monthly meetings with the ten subcommittees: Prevention, Children's, Rural and Frontier, Justice Involved Youth and Adults, Housing and Homelessness, Service Members Veterans and Families, Evidence-Based Practices, Peer, Tobacco, and the Kansas Citizens' Committee on Alcohol and Drugs
- Monthly Nursing Facility Stakeholder Meetings
- KDADS Community Developmentally Disabled Organization (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
- CDDO Operations Meeting
- Statewide Independent Living Council of Kansas (SILCK)
- Kansas Association of Centers for Independent Living (KACIL)
- CBS Director Meetings
- Clinical Director Meetings with CMHCs
- Area Agencies on Aging (AAAs)

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). Although the program has a similar model to the State's previous health homes program, OCK was designed as an opt-in program. The program was launched on April 1, 2020 with an expansion implemented on April 1, 2021. As of September 30, 2023, there were twenty-five contracted OCK providers across the state and the program had 2,850 members opt-in.

As Community Mental Health Clinics (CMHCs) in Kansas become Certified Community Behavioral Health Clinics (CCBHCs), some clinics have determined providing comprehensive care coordination as a CCBHC is the best business model for their organization and the people they serve. Clinics have opted to become CCBHC providers instead of OCK providers which is accounting for the decrease of OCK providers in the state. KDHE and KDADS continue ongoing research, analysis, and collaboration with the CMHCs, CCBHCs, MCOs, and other stakeholders, as this part of the BH delivery system evolves.

The State continues to utilize the MCOs as Lead Entities that contract with the OneCare Kansas Partners in order to coordinate and offer the required six core services. Additionally, there are ongoing, monthly learning opportunities available to the provider network, including quarterly learning collaboratives and community of practices.

#### 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 UnitedHealthcare Community Plan – follows below.

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

#### Marketing Activities

Aetna Better Health of Kansas (ABHKS) staff members were able to provide information and education to 3,199 individuals with community-based organizations and provider offices from around the State.

#### Outreach Activities

ABHKS Community Development team, Social Determinants of Health, and Care Advocate Team staff provided both virtual and in-person outreach activities to community-based organizations, advocacy groups, and provider offices throughout Kansas. ABHKS staff visited virtually or in person with 3,199 individuals associated with community-based organizations in Kansas. Examples of the community-based organizations included: Juntos in KCK, USD 501 in Topeka; Kansas School Nurses Conference, Community Access Center in Independence, Smith County Memorial Hospital in Smith Center, Child Advocacy Center in Wichita; Hutchinson Public Schools, COPE Colby, Garden City Public Schools and others. Education information was shared with over 6,500 members or potential members of KanCare through attendance at both in-person and virtual events.

#### Advocacy Activities

ABHKS Member Advocates have established a relationship with the KanCare Ombudsman. Unfortunately, due to an employment opening for the Ombudsman in Kansas, there were no referrals for assistance during the quarter

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

#### Marketing Activities

Sunflower Health Plan (SHP) sponsored local and statewide member and provider events, as well as initiatives, to close care gaps. Most notably, July marked the beginning of the 2023 Farmers Market Voucher Program. This value-added benefit allows members to obtain fresh produce at their local farmers market. This was also SHP's first year participating in the Kansas State Fair hosting a vendor table and connecting with members from all over Kansas.

Notable marketing stakeholder programs and events:

- Member Day at Breadbasket Farmer's Market
- Member Day at Geary Community Farmer's Market
- Member Day at Downtown Hays Farmer's Market
- Member Day at Salina Farmer's Market
- Member Day at Atchison Farmer's Market
- Member Day at Downtown Topeka Farmer's Market
- Kansas State Fair



### Outreach Activities

The majority of SHP continues outreach activities centered around redetermination. Our recent events, like the Autism Speaks Walk and Connecting Families to Care with Swope Health, in which members that were non-compliant with various HEDIS measures could come for free screenings and tests.

Other events included the following:

- Shoes for Shots at Finney County Health Department
- USD 457 Garden City School Enrollment Event
- City of Cowley Co. Health Dept. Immunization Clinic
- Healthcore Clinic Fun Fridays
- County Pilot Community Outreach, Wyandotte County
- Adventure Dental Wellness Days (Kansas City, Topeka, and Wichita)
- Together Johnson County & Together Sedgwick County

### Advocacy Activities

Staff from the Provider Relations team participated in the Association of Community Mental Health Centers of Kansas Annual Meeting. SHP yearly attendance supports the dedicated partnership we have with community mental health centers in Kansas. SHP was honored to support the efforts of YLINK (Youth Leaders in Kansas) and their work around mental health.

SHP staff contributed to community workgroups and coalitions advocating for health literacy, mental health, and other topics addressing population health in Kansas.

Community meetings and workgroups included:

- Kansas Hospital Association Convention and Trade Show
- Kansas Pharmacist Association Annual Meeting
- Association of Community Mental Health Centers of Kansas Annual Conference
- Immunize Kansas Coalition Regional Meeting
- Kansas Home Care & Hospice Association Annual Meeting
- Autism Speaks Walk

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

### Marketing Activities

UnitedHealthcare Community (UHC) Plan of Kansas 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 that complete a health risk assessment. New members were sent member ID Cards and welcome kits. Member Services continued to actively help members update their addresses during every interaction and reminded members of upcoming KanCare renewals, provided them with their renewal date, and case number when asked. Member Services triaged calls when members contacted the KanCare Clearinghouse and answered frequently asked questions regarding renewals and enrollment.

### Outreach Activities

Outreach staff members have continued to be involved in community vaccination efforts by supporting with promotion, sponsorships, giveaways, food, and volunteers. UHC has also sponsored and attended several health fairs, baby showers, and closing gaps-in-care events, as well as Back to School fairs. UHC hosted several Mental Health First Aid Trainings open to the public, in both English and Spanish, with an excellent level of participation. UHC staff members have continued to reach out to providers and community organizations with special attention to raise awareness of KanCare renewals by supporting with printed fliers and posters for providers to spread the word.

UHC hosted a member advisory meeting via conference call with robust participation from members.

- Member Outreach: UHC outreach staff members met with over 7,255 individuals who were members or potential members at health fairs, community baby showers, vaccination events, food distribution events, lobby sits at FQHCs, cultural celebrations, and other various community events.
- Community organization outreach: Alliance for Healthy Kansas, American Academy of Pediatrics Kansas Chapter (KAAP), Bert Nash, Boys and Girls Club Lawrence, CCIR, Center of Grace Hispanic Task Force, Central Kansas Extension District Salina Office, Coalition for Human Services-Douglas County, Comanche Elementary, Community Care Network of Kansas, Community Health Council of Wyandotte County, Consulado de México en Kansas City, Cottonwood Incorporated, COVET , Cradle KC, Cross Lines, DCCCA, Discovery Center , El Centro Inc, Emporia Spanish Speakers, Family Advisory Board Meeting Wyandotte County, Give It, Get It, Health Equity Advisory Board for Lawrence Douglas County Health Department, Healthier Lyon County Coalition, Heartland Healthy Neighborhoods Healthy Babies Coalition, Heartland RADAC, Hispanics of Today and Tomorrow, Immunize Kansas Coalition, Just Food, Kansas Assistance Network, Kansas Breastfeeding Coalition, Kansas City Kansas Public Schools, Kansas Civic Engagement Table, Kansas Health Institute, Kansas Hispanic and Latino American Affairs Commission, KBEN, KCK School Foundation for Excellence, KHLAAC, KIDS Network, Inc., KU Center for Community Outreach, KVC Kansas, LiveWell DGCO, NAMI Kansas, NEK CAP Inc, SACK - Self Advocacy Coalition of Kansas, Sacred Heart Church, Salud + Bienestar, Skil Resource Center, St John The Evangelist Church, Sunflower Foundation, TFI Family Services, The Whole Person, Topeka Independent Living Resource Center, USD 259 Wichita Public Schools, among many others.
- Provider outreach: UHC staff members met virtually and in-person with over forty provider offices across the State with a special focus on bringing awareness to upcoming renewals due to PHE Unwinding, provided them with outreach materials and information on resources, and collaborated on data sharing for targeted member outreach. UHC has continued creating strong partnership to support the OneCare program and develop innovative approaches to closing gaps in care.

#### Advocacy Activities

UHC continues to support State efforts on health equity. UHC staff members from the Social Determinants of Health and Community Outreach teams serve in several health equity boards with local health departments and FQHCs. UHC identifies the most successful approaches and supports with funding or resources to amplify success. UHC has two representatives serving on the Kansas Hispanic and Latino American Affairs Commission as technical advisors and one serving on the Lawrence Douglas County Health Equity Advisory Board and the Heartland Community Health Center Board of Directors, among other local boards.

#### IV. Operational Developments/Issues

- a. 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 Medicaid Management Information System (MMIS) Fiscal Agent, with the operating state agency and/or with the MCOs and other contractors to address and resolve the issues.

##### KanCare Amendments Pending CMS Approval - None

Amendment Number	Subject	Submitted Date	Effective Date

##### KanCare Amendments Approved

Amendment Number	Subject	Submitted Date	Effective Date	Approval Date

##### State Plan Amendments (SPAs) approved:

SPA Number	Subject	Submitted Date	Effective Date	Approval Date
23-0019	DME 80% of Medicare	06/07/2023	07/01/2023	07/11/2023
23-0020	Global Pregnancy Rate Increase	06/16/2023	07/01/2023	07/11/2023
23-0021	Emergency Transportation Reimbursement Rates	06/16/2023	07/01/2023	07/12/2023
23-0022	Adult Dentals and Partial	06/21/2023	07/01/2023	08/07/2023
23-0027	Lab Rate Changes	06/28/2023	07/01/2023	07/20/2023
23-0028	IDD TCM Rate Change	07/07/2023	07/01/2023	08/21/2023
23-0029	Expanding Peer Support	07/07/2023	07/01/2023	09/18/2023
23-0030	Pharmacy Revisions	07/07/2023	07/01/2023	09/21/2023
23-0032	Procedural Reimbursement Rates	07/07/2023	07/01/2023	08/21/2023

##### State Plan Amendments (SPA) pending approval:

SPA Number	Subject	Submitted Date	Effective Date
23-0023	NF_NFMH Rates SFY 24	09/12/2023	07/01/2023
23-0031	BI Facility	07/19/2023	07/01/2023
23-0033	Pharmacist as Provider	08/30/2023	08/01/2023

Some additional specific supports to ensure effective identification and resolution of operational and reporting issues include activities described in [Section III](#) (Outreach/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 the top three value-added benefits, as reported by each of the KanCare MCOs from January through September of 2023, follows.

MCO		Value-Added Benefits Calendar Year 2023	Units YTD	Value YTD
Aetna	Top	OTC Medications and Supplies	92,490	\$2,312,250
	Three	Adult Dental	5,877	\$922,131
	VAB	Transportation Services	5,908	\$357,637
	Total of All Aetna VAB		131,202	\$4,688,449
Sunflower	Top	My Health Pays	34,085	\$780,879
	Three	Dental Visits for Adults	8,619	\$523,593
	VAB	Dentures	72	\$80,480
	Total of All Sunflower VAB		49,459	\$1,478,640
United	Top	Adult Dental Coverage	4,612	\$485,026
	Three	Pyx Health	2,256	\$225,000
	VAB	Reward for Completing Health Risk Assessment	15,943	\$159,430
	Total of All United VAB		40,585	\$1,400,767

- c. Enrollment: There were five Native Americans who chose to not enroll with a KanCare MCO.

The table below represents the enrollment reason categories for the third quarter of calendar year 2023. All newly eligible members were defaulted to a managed care plan

Enrollment Reason Categories	Total
Newborn Assignment	1,302
KDHE - Administrative Change	191
WEB - Change Assignment	3
KanCare Default - Case Continuity	376
KanCare Default – Morbidity	792
KanCare Default - 90 Day Retro-reattach	6,667
KanCare Default - Previous Assignment	786
KanCare Default - Continuity of Plan	1,906
Retro Assignment	47
AOE – Choice	300
Choice - Enrollment in KanCare MCO via Medicaid Application	4,563
Change - Choice	184
Change - Access to Care – Good Cause Reason	8
Assignment Adjustment Due to Eligibility	357
IVR Change Assignment	136
Total	17,618

d. Grievances, appeals, and state hearing information:

MCOs' Member Adverse Initial Notice Timeliness Compliance

MCO	ABH	SUN	UHC
% of Notices of Adverse Service Authorization Decisions Sent Within Compliance Standards	96%	98%	100%
% of Notices of Adverse Expedited Service Authorization Decisions Sent Within Compliance Standards	92%	71%	None Reported
% 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

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

MCOs' Member Grievance Database

MCO	ABH		SUN		UHC		Total
	HCBS Member	Non HCBS Member	HCBS Member	Non HCBS Member	HCBS Member	Non HCBS Member	
Access to service or Care	1	2	8	6	1	4	22
Billing and Financial issues (non-transportation)	5	26	4	13	4	29	81
Customer service	9	14	1	2	4	4	34
Health Home Services	2	1					3
MCO Determined Not Applicable	1						1
Member rights dignity				1	1		2
Non-Covered Service	1	1			1		3
Other		1		2	1	1	5
Pharmacy Issues		3	1	2			6
Quality of Care (non HCBS provider)		12	6	8	3	16	45
Quality of Care HCBS provider	3						3
Transportation - Late	1	1	8	5	5	1	21
Transportation - No Driver Available		1	9	6	2	4	22
Transportation - No Show	4	6	4	11	9	16	50
Transportation - Other	5	5	14	18	8	14	64
Transportation - Safety		3	1	3	2	2	11
Transportation Issues - Billing and Reimbursement		4	12	27	6	18	67
<b>TOTAL</b>	<b>32</b>	<b>80</b>	<b>68</b>	<b>104</b>	<b>47</b>	<b>109</b>	<b>440</b>

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

MCOs' Member Grievance Timeliness Compliance

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

MCOs' Provider Grievance Database

MCO	ABH	SUN	UHC	Total
Billing/Payment	4	4	0	8
Health Plan Technology	0	1	0	1
Other	0	1	0	1
Other - Dissatisfaction with MCO Associate	1	0	0	1
Services	1	2	0	3
Transportation	0	6	0	6

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

MCOs' Provider Grievance Timeliness Compliance

MCO	ABH	SUN	UHC
% of Provider Grievance Resolved Within 30 Calendar Days	100%	100%	None Reported
% of Provider Grievance Resolution Notices Sent Within Compliance Standards	100%	100%	None Reported

MCOs' Appeals Database

Member Appeal Reasons ABH - Red SUN - Green UHC - Purple	Number Resolved	MCO Determined not Applicable	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	Withdrawn by Member / Provider
<b>MEDICAL NECESSITY/LEVEL OF CARE - Criteria Not Met</b>							
MA - CNM - Behavioral Health Outpatient	6 2			3	3 2		
MA - CNM - Dental	4 7 12	2		1 3	3 2 8	1	2 1
MA - CNM - Durable Medical Equipment	18 31 25	2 5		14 13 5	4 10 14	5	1 1
MA - CNM - Health Home Services	2			2			
MA - CNM - Home Health	3 3 1	1		1 2	2 1		
MA - CNM - Inpatient Admissions (Non-Behavioral Health)	6 2 12			4 1 2	2 8		1 2
MA - CNM - Inpatient Behavioral Health	3 19	1		2 9	1 9		
MA - CNM - Laboratory	2 1			1	1 1		
MA - CNM - Medical Procedure (NOS)	37 16	1 5		6 7	30 3		1

Member Appeal Reasons ABH - Red SUN - Green UHC - Purple	Number Resolved	MCO Determined not Applicable	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	Withdrawn by Member / Provider
	2	1			1		
MA – CNM – Other	1 9			4	1 5		
MA – CNM – Pharmacy	125 59 89	11 8 3		52 36 68	11 9 16	50 5	1 1 2
MA – CNM – PT/OT/ST	12	1		5	4	2	
MA – CNM – Radiology	31 31	1 5	1	7 12	22 9	2	3
MA – LOC – HCBS (change in hours)	4			1	1	1	1
MA – LOC – LTSS/HCBS	1 1 17	2		2	1 1 11		2
MA – LOC – Mental Health	1				1		
<b>NONCOVERED SERVICES</b>							
MA – NCS - Dental	5	1		2	2		
MA – NCS – Pharmacy	1 1 29			1 20		1	
MA – NCS – Durable Medical Equipment	4				4		
MA – NCS – Behavioral Health	2	2					
MA – NCS – Other	1 7	1		3	3	1	
MA – NCS – Out of Network providers	1				1		
MA – LCK – Lock In	3		3				
<b>TOTAL</b>							
ABH - Red	239	13	1	94	80	50	1
SUN - Green	188	24		86	50	18	10
UHC - Purple	222	16	3	109	86		8

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

MCOs' Appeals Database - Member Appeal Summary

Member Appeal Reasons ABH - Red SUN - Green UHC - Purple	Number Resolved	MCO Determined not Applicable	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	Withdrawn by Member / Provider
Resolved at Appeal Level	239 188 222	13 24 16	1  3	94 86 109	80 50 86	50 18	1 10 8
TOTAL	239 188 222	13 24 16	1  3	94 86 109	80 50 86	50 18	1 10 8
Percentage Per Category		5% 13% 7%	>1%  1%	40% 45% 49%	34% 27% 39%	21% 10%	>1% 5% 4%
Range of Days to Reverse Due to MCO Error			47  22 - 62				

MCOs' Member Appeal Timeliness Compliance

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

MCOs' Reconsideration Database - Providers (reconsiderations resolved)

PROVIDER Reconsideration Reasons ABH - Red SUN - Green UHC - Purple	Number Resolved	MCO Determined Not Applicable	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
<b>CLAIM DENIALS</b>						
PR - CPD - Ambulance (Include Air and Ground)	51 69	13 8	7 1	13 29	11 31	7
PR - CPD - Behavioral Health Inpatient	2 13 147	5	1 25	2 5 79	7 26	12
PR - CPD - Behavioral Health Outpatient and Physician	14 448 1,320	1 74 195	5 304	2 223 454	6 151 259	108
PR - CPD - Dental	36 3	2	2 1	9	19 2	4
PR - CPD - Durable Medical Equipment	308 729 1,012	77 34 36	40 1 275	50 364 237	107 330 368	34 96
PR - CPD - HCBS	7 427	2 4	5	339	79	5
PR - CPD - Home Health	20 42	6 8	5	1 12	5 22	3



PROVIDER Reconsideration Reasons ABH - Red SUN - Green UHC - Purple	Number Resolved	MCO Determined Not Applicable	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
PR - CPD - Hospice	7 56 76	5 3 7	2 1 18	38 4	14 42	5
PR - CPD - Hospital Inpatient (Non-Behavioral Health)	280 186 452	63 18 57	20 3 172	66 75 95	92 90 88	39 40
PR - CPD - Hospital Outpatient (Non-Behavioral Health)	369 566 460	70 28 43	77 4 63	37 261 102	141 273 185	44 67
PR - CPD - Laboratory	69 246 571	30 22 31	1 69	33 125	31 190 262	8 84
PR - CPD - Medical (Physical Health not Otherwise Specified)	1,158 2,439 4,533	279 233 336	215 11 1,206	142 1,236 1,517	434 959 992	88 482
PR - CPD - Nursing Facilities - Total	17 206 47	3 6	8 1 11	2 153 20	4 46 11	5
PR - CPD - Other	9 16	1 2	6 3	1 6	1 4	1
PR - CPD - Out of network provider, specialist or specific provider	581	58	134	128	218	43
PR - CPD - Pharmacy	50	4		14	32	
PR - CPD - PT/OT/ST	9 1	1		4	5	
PR - CPD - Radiology	25 2 428	5 27	3 73	1 108	15 2 188	1 32
PR - CPD - Vision	7 7 20	1	3 20		6 4	
TOTAL	2,388 5,489 9,664	558 442 798	390 33 2,373	330 2,782 2,875	877 2,232 2,643	233 975

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

MCOs' Provider Reconsiderations Database - Provider Reconsiderations Summary

Provider Reconsideration Reasons ABH - Red SUN - Green UHC - Purple	Number Resolved	MCO Determined Not Applicable	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	Withdrawn by Provider
Resolved at Reconsideration Level	2,388 5,489 9,664	558 442 798	390 33 2,373	330 2,782 2,875	877 2,232 2,643	233 975	
TOTAL	2,388 5,489 9,664	558 442 798	390 33 2,373	330 2,782 2,875	877 2,232 2,643	233 975	
Percentage Per Category		23% 8% 8%	16% 1% 25%	14% 50% 30%	37% 41% 27%	10% 10%	
Range of Days to Reverse Due to MCO Error			12 - 309 4 - 385 1 - 839				

MCOs' Provider Reconsiderations Timeliness Compliance

MCO	ABH	SUN	UHC
% of Provider Reconsideration Resolution Notices Sent Within Compliance Standards	100%	100%	100%

MCOs' Appeals Database - Providers (appeals resolved)

PROVIDER Appeal Reasons ABH - Red SUN - Green UHC - Purple	Number Resolved	MCO Determined Not Applicable	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	Withdrawn by Provider
<b>BILLING AND FINANCIAL ISSUES</b>							
PA - BFI - Recoupment	3	2			1		
<b>CLAIM PAYMENT DISPUTES</b>							
PA - CPD - Ambulance (include Air and Ground)	6 46	5 15	1	1 19	11		
PA - CPD - Behavioral Health Inpatient	12	4		3	5		
PA - CPD - Behavioral Health Outpatient and Physician	1 44 40	4 10		1 8 7	32 23		
PA - CPD - Dental	23 43 43	8 3	11	3 1 6	7 31 33	5	1
PA - CPD - Durable Medical Equipment	54 58 32	27 14 2	3	6 6 9	15 38 21	3	
PA - CPD - HCBS	1				1		
PA - CPD - Home Health	10 26 184	5 5 40	1	3 3 62	2 18 81		
PA - CPD - Hospice	5 1	1 1			4		

PROVIDER Appeal Reasons ABH - Red SUN – Green UHC - Purple	Number Resolved	MCO Determined Not Applicable	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	Withdrawn by Provider
PA - CPD - Hospital Inpatient (Non-Behavioral Health)	134 354 221	60 122 85	8  3	20 43 41	30 189 92	16	
PA - CPD - Hospital Outpatient (Non-Behavioral Health)	53 254 165	24 69 69	2  3	10 11 24	12 174 69	5	
PA - CPD - Laboratory	108 113 154	40 21 63		3 11	62 89 80	6	
PA - CPD - Medical (Physical Health not Otherwise Specified)	171 510 504	90 110 288	25  1	9 37 62	31 363 153	16	
PA - CPD - Nursing Facilities - Total	45	15	1	2	27		
PA - CPD - Other	3 1 26	3 1 11	1	3	11		
PA - CPD - Pharmacy	2 136	1		112	1 24		
PA - CPD - PT/OT/ST	11 6	6 4			5 2		
PA - CPD - Radiology	1 87 19	1 32 7		12 4	43 8		
PA - CPD - Vision	4 3 2	3		1 1	1 2 1		
<b>MEDICAL NECESSITY/LEVEL OF CARE – Criteria Not Met</b>							
PA - CNM – Dental	2				2		
PA - CNM - Durable Medical Equipment	10	2		4	4		
PA - CNM - Home Health	1			1			
PA - CNM - Inpatient Admissions (Non-Behavioral Health)	4			3	1		
PA – CNM – Inpatient Behavioral Health	1	1					
PA – CNM – Laboratory	12	1		7	4		
PA - CNM - Medical Procedure (NOS)	18	3		7	8		
PA - CNM - Other							
PA - CNM - Pharmacy	108	9		74	17	3	5
PA - CNM - PT/OT/ST	17	1		3	8	5	
PA - CNM - Radiology	37	2		18	14	3	
TOTAL							
ABH - Red	569	266	38	53	161	51	
SUN – Green	1,721	405	11	242	1,047	11	5
UHC - Purple	1,639	619	11	366	642		1

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

MCOs' Appeals Database - Provider Appeal Summary

Provider Appeal Reasons ABH - Red SUN - Green UHC - Purple	Number Resolved	MCO Determined Not Applicable	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	Withdrawn by Provider
Resolved at Appeal Level	569 1,721 1,639	266 405 619	38 11 11	53 242 366	161 1,047 642	51 11	5 1
TOTAL	569 1,721 1,639	266 405 619	38 11 11	53 242 366	161 1,047 642	51 11	5 1
Percentage Per Category		47% 24% 38%	7% 1% 1%	9% 14% 22%	28% 60% 39%	9% 1%	>1% >1%
Range of Days to Reverse Due to MCO Error			18 – 784 4 – 76 53 - 199				

MCOs' Provider Appeal Timeliness Compliance

MCO	ABH	SUN	UHC
% of Provider Appeals Resolved in 30 Calendar Days	99%	100%	100%
% of Provider Appeal Resolution Notices Sent Within Compliance Standard	100%	100%	100%

State of Kansas Office of Administrative Fair Hearings - Members

ABH - Red SUN - Green UHC - Purple	Number Resolved	Default - Appellant Failed to Appear	Default/Initial Order Dismissed - Moot MCO Reversed Decision	Default/Initial Order Dismissed - Not Ripe/No MCO Appeal	OAH Affirmed Decision	Withdrawn
<b>MEDICAL NECESSITY/LEVEL OF CARE – Criteria Not Met</b>						
MH – CNM – Behavioral Health Outpatient	1		1			
MH – CNM – Dental	1	1				
MH – CNM – Durable Medical Equipment	1 4 2		1 1	1	1 1	1
MH – CNM – Inpatient Admissions (Non-Behavioral Health)	1		1			
MH – CNM – Inpatient Behavioral Health	2 1		2	1		
MH – CNM – Laboratory	1					1
MH – CNM – Medical Procedure (NOS)	3 1		1		1	2
MH – CNM - Other	3		2			1
MH – CNM – Pharmacy	2 3 3	1	1 1	1 2		2
MH – LOC – WORK	1		1			
<b>NONCOVERED SERVICES</b>						
MH – NCS - Dental	1		1			
MH – NCS – Other	1					1
<b>TOTAL</b>						
ABH - Red	8		3		1	4
SUN - Green	13	2	6	2	1	2
UHC - Purple	11		5	3	1	2

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

State of Kansas Office of Administrative Fair Hearings - Providers

ABH - Red SUN - Green UHC - Purple	Number Resolved	Default - Appellant Failed to Appear	Default/Initial Order Dismissed - Moot MCO Reversed Decision	Default/Initial Order Dismissed – No Adverse Action	Default/Initial Order Dismissed - Not Ripe/No MCO Appeal	Withdrawn
<b>BILLING AND FINANCIAL ISSUES</b>						
PH – BFI – Recoupment	1			1		
<b>CLAIM PAYMENT DISPUTES</b>						
PH – CPD – Ambulance (Include Air and Ground)	1	1				

ABH - Red SUN - Green UHC - Purple	Number Resolved	Default - Appellant Failed to Appear	Default/Initial Order Dismissed - Moot MCO Reversed Decision	Default/Initial Order Dismissed - No Adverse Action	Default/Initial Order Dismissed - Not Ripe/No MCO Appeal	Withdrawn
PH - CPD - Behavioral Health Outpatient	8		3			5
PH - CPD - Dental	1				1	
PH - CPD - Durable Medical Equipment	2		2			
PH - CPD - HCBS	1		1			
PH - CPD - Hospital Inpatient (Non-Behavioral Health)	8 4 5		1		2 3	8 2 1
PH - CPD - Hospital Outpatient (Non-Behavioral Health)	1 2				1 2	
PH - CPD - Laboratory	2 7				2 7	
PH - CPD - Medical (Physical Health not Otherwise Specified)	2		1		1	
PH - CPD - Nursing Facilities - Total	1		1			
PH - CPD - Other	4		1		3	
<b>MEDICAL NECESSITY/LEVEL OF CARE - Criteria Not Met</b>						
PH - CNM - Ambulance (include Air and Ground)	3		1		2	
PH - CNM - Behavioral Health Outpatient	3		3			
PH - CNM - Inpatient Admissions (Non-Behavioral Health)	1					1
PH - CNM - Inpatient Behavioral Health	1		1			
PH - CNM - Medical Procedure (NOS)	1				1	
PH - CNM - Pharmacy	1		1			
<b>TOTAL</b>						
ABH - Red	17	1	3		4	9
SUN - Green	26		10		9	7
UHC - Purple	17		3	1	12	1

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

- e. Quality of care: Please see [Section IX](#) “Quality Assurance/Monitoring Activity” below. The HCBS Quality Review Report for January-March 2023 is [attached](#) to this report.
- f. Changes in provider qualifications/standards: None.
- g. Access: Members who were not in their open enrollment period were unable to change plans without a good cause reason (GCR) pursuant to 42 CFR 438.56 or the KanCare STCs. Most GCR requests were about provider choice or because they disagreed with a prior authorization denial, which are not acceptable reasons to switch plans outside of open enrollment. When a GCR is denied by KDHE, the member is provided their appeal/fair hearing rights. No hearings were requested for denied GCRs this quarter. A summary of GCR actions this quarter is as follows:

Status	April	May	June
Total GCRs filed	14	13	15
Approved	2	1	4
Denied	10	8	5
Withdrawn (resolved, no need to change)	0	0	0
Dismissed (due to inability to contact the member)	2	4	6
Pending	0	0	0

Providers are constantly added to the MCOs’ networks with much of the effort focused on HCBS service providers. The counts below represent the unique number of National Provider Identifier (NPIs) or, where NPI is not available, provider name and service locations (based on the KanCare county designation identified in the KanCare Code Guide). This results in counts for the following:

- 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 Kansas 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 12/31/2022	# of Unique Providers as of 3/31/2023	# of Unique Providers as of 6/30/2023	# of Unique Providers as of 9/30/2023
Aetna	54,657	55,697	58,908	59,517
Sunflower	43,702	46,914	41,962	42,395
UHC	46,187	42,928	48,467	49,518

- h. Payment rates: There were no payment rate changes for the quarter ending September 30, 2023.
- i. Health plan financial performance that is relevant to the demonstration: All KanCare MCOs remain solvent.
- j. MLTSS implementation and operation: Kansas placed 119 people on HCBS I/DD waiver services and 307 people on HCBS PD waiver services.

- k. DSRIP was replaced with a Bridge Gap Year from January 1, 2021 through December 31, 2021. The State is using §438.6(c)(1)(iii)(B) to provide a uniform percentage increase to contracted rates between the large public teaching hospitals and border city children’s hospitals and the MCOs for inpatient and outpatient hospital services provided in CY2021. As a condition of receiving the uniform increase on inpatient and outpatient utilization, the covered hospitals will be required to report the following metrics to KDHE on a quarterly basis, as these measures will inform the State's development of an APM directed payment: (1) Number of flu vaccinations administered by age; (2) Hospital-specific counts for emergency room visits; (3) Lung Cancer Screenings with low dosage CT (Large Public Teaching Hospital); (4) Number of hospitals or clinics contacted regarding diabetes protocols and number of diabetes protocols received and reviewed; the protocols will not be distributed; and (5) Hospital-specific reporting to support the evaluation of the directed payment. The preprint for the Bridge Gap Year was approved on March 31, 2021. The first Bridge Gap Year payment was made November 19, 2021.
- l. Information on any issues regarding the concurrent 1915(c) waivers and on any upcoming 1915(c) waiver changes (amendments, expirations, renewals):
  - a. The State continued to prepare to submit amendments for the following HCBS waivers; BI, FE, I/DD, and PD, that included updates to the performance measures, unbundling Assistive Services, provisional plans of care, and flexibilities allowed during the PHE through Appendix K.
  - b. In July, the public comment period ended for the SED waiver amendment to update the performance measures, the State submitted an amendment for the TA waiver to make flexibilities allowed during the PHE through Appendix K permanent, and the State submitted the renewal for the TA HCBS waiver.
  - c. In September, the State submitted amendments for the AU, BI, FE, I/DD, PD, and SED waivers to change the managed care authority from the 1115 waiver to the 1915(b) waivers.
- m. Legislative activity: During the legislative interim, the Robert G. (Bob) Bethell Joint Committee on HCBS and KanCare Oversight met on August 2nd and 3rd, 2023. The Committee heard presentations from individuals, providers, KDHE, KDADS, and other organizations related to KanCare.

KDADS provided standard updates on monthly caseloads, HCBS waiver amendments and renewals, the HCBS Settings Final Rule, long-term care, and behavioral health. In addition, KDADS provided updates on distribution of federal American Rescue Plan Act (ARPA) funding for health projects, the newly created Dementia Services Coordinator position, a status update of the HCBS waitlist study, and initial plans for development of a Community Support Waiver.

Several legislative interim committees that met during the quarter include: the 2023 Special Committee on Intellectual and Developmental Disability Waiver, the 2023 Special Committee on Mental Health, and the 2023 Special Committee on Nursing Facility Reimbursement Rate Methodology. KDADS provided testimony regarding I/DD Waiver rates, updates on the I/DD Waitlist Study and plans to develop a Community Support Waiver, Certified Community Behavioral Health Clinics, 988 and general suicide prevention, and nursing facility reimbursement rates.



The KDHE leadership team presented updates during the Robert G. (Bob) Bethell Joint Committee on HCBS and KanCare Oversight meeting held on August 3, 2023. Janet Stanek, Secretary of the Kansas Department of Health and Environment gave an update on organizational structure change and Home Health Agency regulations. Medicaid Director Sarah Fertig followed with the KanCare Update. This update included: Medicaid births, KanCare contract reprocurement, update on the Medically Needy Program, performance metrics, and a MCO financial review. Christine Osterlund, Deputy Secretary for Agency Integration and Medicaid, provided a KDHE staffing update, Redetermination overview and timeline, Redetermination lessons learned, Unwinding data, and Call Center metrics.

- n. Other Operational Issues: Unwinding activities continue in accordance with the Consolidated Appropriations Act 2023 unwinding requirements. Currently, the unwinding period is scheduled to end April 2024. Guidance was received from CMS during the quarter regarding individual ex parte requirements for members, including reinstatement expectations. Kansas is adhering to the reinstatement guidance in the letter and is reinstating eligibility for impacted members by the CMS provided deadline of Novemeber 30, 2023.

## **V. Policy Developments/Issues**

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

## **VI. Financial/Budget Neutrality Development/Issues**

Budget neutrality: The State updated the Budget Neutrality template provided by CMS and submitted this through the PMDA system. The expenditures contained in the document reconcile to Schedule C from the CMS 64 report for quarter ending September 30, 2023.

General reporting issues: KDHE continues to work with Gainwell Technologies, 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 reflects member month counts for each Medicaid Eligibility Group (MEG) by Demonstration Year (DY).

DY MEG	Member Months					
	Jul-23	Aug-23	Sep-23	ADJ FOR SUD IMD	ADJ FOR Caretaker Medial	TOTAL QE 9 30 2023
<b>DY1 CY2013</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
MEG 1 - ABD/SD DUAL	0	0	0	0	0	0
MEG 2 - ABD/SD NON DUAL	0	0	0	0	0	0
MEG 3 - ADULTS	0	0	0	0	0	0
MEG 4 - CHILDREN	0	0	0	0	0	0
MEG 5 - DD WAIVER	0	0	0	0	0	0
MEG 6 - LTC	0	0	0	0	0	0
MEG 7 - MN DUAL	0	0	0	0	0	0
MEG 8 - MN NON DUAL	0	0	0	0	0	0
MEG 9 - WAIVER	0	0	0	0	0	0
<b>DY2 CY2014</b>	<b>(1)</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>(1)</b>
MEG 1 - ABD/SD DUAL	0	0	0	0	0	0
MEG 2 - ABD/SD NON DUAL	(1)	0	0	0	0	(1)
MEG 3 - ADULTS	0	0	0	0	0	0
MEG 4 - CHILDREN	0	0	0	0	0	0
MEG 5 - DD WAIVER	0	0	0	0	0	0
MEG 6 - LTC	0	0	0	0	0	0
MEG 7 - MN DUAL	0	0	0	0	0	0
MEG 8 - MN NON DUAL	0	0	0	0	0	0
MEG 9 - WAIVER	0	0	0	0	0	0
<b>DY3 CY2015</b>	<b>(7)</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>(7)</b>
MEG 1 - ABD/SD DUAL	0	0	0	0	0	0
MEG 2 - ABD/SD NON DUAL	(7)	0	0	0	0	(7)
MEG 3 - ADULTS	0	0	0	0	0	0
MEG 4 - CHILDREN	0	0	0	0	0	0
MEG 5 - DD WAIVER	0	0	0	0	0	0
MEG 6 - LTC	0	0	0	0	0	0
MEG 7 - MN DUAL	0	0	0	0	0	0
MEG 8 - MN NON DUAL	0	0	0	0	0	0
MEG 9 - WAIVER	0	0	0	0	0	0

DY MEG	Member Months					
	Jul-23	Aug-23	Sep-23	ADJ FOR SUD IMD	ADJ FOR Caretaker Medial	TOTAL QE 9 30 2023
<b>DY4 CY2016</b>	<b>(1)</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>(1)</b>
MEG 1 - ABD/SD DUAL	0	0	0	0	0	0
MEG 2 - ABD/SD NON DUAL	(1)	0	0	0	0	(1)
MEG 3 - ADULTS	0	0	0	0	0	0
MEG 4 - CHILDREN	0	0	0	0	0	0
MEG 5 - DD WAIVER	0	0	0	0	0	0
MEG 6 - LTC	0	0	0	0	0	0
MEG 7 - MN DUAL	0	0	0	0	0	0
MEG 8 - MN NON DUAL	0	0	0	0	0	0
MEG 9 - WAIVER	0	0	0	0	0	0
<b>DY5 CY2017</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
MEG 1 - ABD/SD DUAL	0	0	0	0	0	0
MEG 2 - ABD/SD NON DUAL	0	0	0	0	0	0
MEG 3 - ADULTS	0	0	0	0	0	0
MEG 4 - CHILDREN	0	0	0	0	0	0
MEG 5 - DD WAIVER	0	0	0	0	0	0
MEG 6 - LTC	0	0	0	0	0	0
MEG 7 - MN DUAL	0	0	0	0	0	0
MEG 8 - MN NON DUAL	0	0	0	0	0	0
MEG 9 - WAIVER	0	0	0	0	0	0
<b>DY6 CY2018</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
MEG 1 - ABD/SD DUAL	0	0	0	0	0	0
MEG 2 - ABD/SD NON DUAL	0	0	0	0	0	0
MEG 3 - ADULTS	0	0	0	0	0	0
MEG 4 - CHILDREN	0	0	0	0	0	0
MEG 5 - DD WAIVER	0	0	0	0	0	0
MEG 6 - LTC	0	0	0	0	0	0
MEG 7 - MN DUAL	0	0	0	0	0	0
MEG 8 - MN NON DUAL	0	0	0	0	0	0
MEG 9 - WAIVER	0	0	0	0	0	0

DY MEG	Member Months					
	Jul-23	Aug-23	Sep-23	ADJ FOR SUD IMD	ADJ FOR Caretaker Medial	TOTAL QE 9 30 2023
<b>DY7 CY2019</b>	<b>(13)</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>(13)</b>
MEG 1 - ABD/SD DUAL	0	0	0	0	0	0
MEG 2 - ABD/SD NON DUAL	(12)	0	0	0	0	(12)
MEG 3 - ADULTS	0	0	0	0	0	0
MEG 4 - CHILDREN	(1)	0	0	0	0	(1)
MEG 5 - DD WAIVER	0	0	0	0	0	0
MEG 6 - LTC	0	0	0	0	0	0
MEG 7 - MN DUAL	0	0	0	0	0	0
MEG 8 - MN NON DUAL	0	0	0	0	0	0
MEG 9 - WAIVER	0	0	0	0	0	0
<b>DY8 CY2020</b>	<b>(16)</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>(16)</b>
MEG 1 - ABD/SD DUAL	0	0	0	0	0	0
MEG 2 - ABD/SD NON DUAL	(15)	0	0	0	0	(15)
MEG 3 - ADULTS	0	0	0	0	0	0
MEG 4 - CHILDREN	0	0	0	0	0	0
MEG 5 - DD WAIVER	0	0	0	0	0	0
MEG 6 - LTC	(1)	0	0	0	0	(1)
MEG 7 - MN DUAL	0	0	0	0	0	0
MEG 8 - MN NON DUAL	0	0	0	0	0	0
MEG 9 - WAIVER	0	0	0	0	0	0
<b>DY9 CY2021</b>	<b>(48)</b>	<b>(128)</b>	<b>(33)</b>	<b>0</b>	<b>0</b>	<b>(209)</b>
MEG 1 - ABD/SD DUAL	4	8	(4)	0	0	8
MEG 2 - ABD/SD NON DUAL	(33)	(19)	(12)	0	0	(64)
MEG 3 - ADULTS	0	(4)	(6)	0	0	(10)
MEG 4 - CHILDREN	(17)	3	(11)	0	0	(25)
MEG 5 - DD WAIVER	0	(3)	0	0	0	(3)
MEG 6 - LTC	(9)	(67)	(3)	0	0	(79)
MEG 7 - MN DUAL	(3)	(46)	6	0	0	(43)
MEG 8 - MN NON DUAL	3	(3)	(3)	0	0	(3)
MEG 9 - WAIVER	7	3	0	0	0	10

DY MEG	Member Months					
	Jul-23	Aug-23	Sep-23	ADJ FOR SUD IMD	ADJ FOR Caretaker Medial	TOTAL QE 9 30 2023
<b>DY10 CY2022</b>	<b>(245)</b>	<b>(136)</b>	<b>(320)</b>	<b>0</b>	<b>9</b>	<b>(692)</b>
MEG 1 - ABD/SD DUAL	113	78	11	0	0	202
MEG 2 - ABD/SD NON DUAL	(138)	(140)	(58)	0	0	(336)
MEG 3 - ADULTS	(52)	1	(29)	0	9	(71)
MEG 4 - CHILDREN	(72)	7	(115)	0	0	(180)
MEG 5 - DD WAIVER	0	(2)	0	0	0	(2)
MEG 6 - LTC	(20)	(19)	(2)	0	0	(41)
MEG 7 - MN DUAL	(31)	(80)	(77)	0	0	(188)
MEG 8 - MN NON DUAL	(68)	16	(54)	0	0	(106)
MEG 9 - WAIVER	23	3	4	0	0	30
<b>DY11 CY2023</b>	<b>417,454</b>	<b>413,903</b>	<b>389,217</b>	<b>(158)</b>	<b>(153,576)</b>	<b>1,066,840</b>
MEG 1 - ABD/SD DUAL	15,987	16,358	16,624	(14)	0	48,955
MEG 2 - ABD/SD NON DUAL	30,743	30,713	30,349	(25)	0	91,780
MEG 3 - ADULTS	73,343	72,541	68,360	(78)	(153,576)	60,590
MEG 4 - CHILDREN	255,553	252,484	232,759	(27)	0	740,769
MEG 5 - DD WAIVER	8,959	8,902	8,905	0	0	26,766
MEG 6 - LTC	21,844	21,674	21,509	(5)	0	65,022
MEG 7 - MN DUAL	5,172	5,106	4,800	(4)	0	15,074
MEG 8 - MN NON DUAL	1,182	1,317	1,090	(1)	0	3,588
MEG 9 - WAIVER	4,671	4,808	4,821	(4)	0	14,296
<b>Grand Total</b>	<b>417,123</b>	<b>413,639</b>	<b>388,864</b>	<b>(158)</b>	<b>(153,567)</b>	<b>1,065,901</b>

Note: Does not include CHIP or MCHIP.

## VII. Consumer Issues

A summary of the consumer issues is below:

Issue	Resolution	Action Taken to Prevent Further Occurrences
Members were having issues with locating and/or maintaining in-home Personal Care Services (PCS) workers.	Upon review, there is a staffing shortage of in-home care providers. While some of this concern is related to the PHE, the State performed a review and found that pay rates for PCS workers needs to be reviewed for consistency across waivers.	The State is ensuring that children services are being offered via EPSDT to allow additional non-HCBS providers.
Younger Members have been having complex behavioral health concerns. Many have ended up needing services through Kansas DCF and Medicaid.	The State (including KDHE, DCF, and at times KDADS) is working with all three MCOs to ensure assistance and education is provided to families in need. This includes Medicaid services, Family Preservation, and more.	Multiple state agencies and the MCOs have been working together to provide clear direction to members.

The following chart contains the quarterly results from HCBS consumer assessments. The questions and answers provide insight into consumer satisfaction with the health plan, satisfaction with the services received, and with general satisfaction with life. These results show an overwhelmingly positive view of the MCOs' services and the HCBS providers in KanCare. Some MCOs relied upon the annual Consumer Assessment of Health Care Providers and Systems (CAHPS) surveys to provide this information to the health plan (KDHE), and consequently they are still building their process to provide quarterly updates. Below is the information received for the HCBS satisfaction for the third quarter of 2023:

Assessment	July	Aug	Sept	Total	% Total
<b>How satisfied are you with the Health Plan?</b>					
Satisfied	520	523	451	1,494	61.51%
Very Satisfied	298	344	277	919	37.83%
Dissatisfied	4	5	4	13	0.54%
Very Dissatisfied	0	1	2	3	0.12%
Total	822	873	734	2,429	
<b>How satisfied are you with your Adult Day Center Provider?</b>					
Satisfied	164	158	161	483	64.14%
Very Satisfied	80	102	83	265	35.19%
Dissatisfied	0	3	1	4	0.53%
Very Dissatisfied	1	0	0	1	0.13%
Total	245	263	245	753	
<b>How satisfied are you with your Assisted Living Facility Provider?</b>					
Satisfied	25	39	30	94	49.21%
Very Satisfied	35	41	17	93	48.69%
Dissatisfied	0	3	0	3	1.57%
Very Dissatisfied	0	1	0	1	0.52%
Total	60	84	47	191	

Assessment	July	Aug	Sept	Total	% Total
<b>How satisfied are you with your Care Coordinator?</b>					
Satisfied	396	410	341	1,147	56.03%
Very Satisfied	282	326	286	894	43.67%
Dissatisfied	0	3	1	4	0.20%
Very Dissatisfied	0	2	0	2	0.10%
Total	678	741	628	2,047	
<b>How satisfied are you with your Fiscal Management Agency?</b>					
Satisfied	126	156	123	405	55.33%
Very Satisfied	103	108	106	317	43.31%
Dissatisfied	5	3	0	8	1.09%
Very Dissatisfied	2	0	0	2	0.27%
Total	236	267	229	732	
<b>How satisfied are you with your Institutional Provider?</b>					
Satisfied	46	50	38	134	72.04%
Very Satisfied	14	22	13	49	26.34%
Dissatisfied	0	2	1	3	1.61%
Very Dissatisfied	0	0	0	0	0.00%
Total	115	100	109	324	
<b>How satisfied are you with your Personal Care Attendant/Worker Provider?</b>					
Satisfied	179	174	158	511	49.09%
Very Satisfied	169	191	142	502	48.22%
Dissatisfied	8	11	6	25	2.40%
Very Dissatisfied	2	0	1	3	0.29%
Total	358	376	307	1,041	
<b>How satisfied are you with your Transportation Provider?</b>					
Satisfied	18	19	14	51	45.54%
Very Satisfied	17	16	9	42	37.50%
Dissatisfied	4	6	3	13	11.61%
Very Dissatisfied	0	3	3	6	5.36%
Total	39	44	29	112	
<b>How satisfied are you with the availability of home providers?</b>					
Satisfied	60	73	81	214	59.44%
Very Satisfied	38	30	26	94	26.11%
Dissatisfied	9	16	12	37	10.28%
Very Dissatisfied	6	5	4	15	4.17%
Total	145	158	160	463	
<b>How satisfied are you with wait times for services in the home?</b>					
Satisfied	39	45	57	141	60.00%
Very Satisfied	25	20	26	71	30.21%
Dissatisfied	6	10	3	19	8.09%
Very Dissatisfied	1	2	1	4	1.70%
Total	71	77	87	235	

Assessment	July	Aug	Sept	Total	% Total
Do you have a paid or volunteer job in the community?					
Yes	114	152	113	379	11.69%
No	963	1,008	892	2,863	88.31%
Total	1,056	1,216	1,016	3,288	
Do you feel safe in your home/where you live?					
Yes	1,076	1,152	990	3,218	98.83%
No	11	10	17	38	1.17%
Total	1,060	1,216	1,020	3,296	
Are you able to make decisions about your daily routine?					
Yes	1,052	1,120	963	3,135	96.17%
No	38	41	46	125	3.83%
Total	1,090	1,161	1,009	3,260	
Are you able to do things you enjoy outside of your home and with whom you want to?					
Yes	1,018	1,088	937	3,043	93.20%
No	77	74	71	222	6.80%
Total	1,095	1,162	1,008	3,265	
Can you see or talk to your friends and family (who do not live with you) When you want to?					
Yes	1,061	1,116	973	3,150	97.13%
No	28	35	30	93	2.87%
Total	1,089	1,151	1,003	3,243	
In general, do you like where you are living right now?					
Yes	1,060	1,133	977	3,170	97.54%
No	27	25	28	80	2.46%
Total	1,087	1,158	1,005	3,250	

## IX. Quality Assurance/Monitoring Activity

The State Quality Management Strategy (QMS) was 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, which 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 was 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 catalyst from which the State will continue to build and implement continuous QI principles 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. A Quality Strategy Toolkit was released in June 2021 and the State has updated the QMS to closely follow these recommendations. The intent of this updated QMS 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. The regular review and revision features 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 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.

The State participated in the following activities:

- Continued to develop quality improvement and performance enhancement measures with the MCOs to better serve KanCare members. Standardized templates are being utilized to measure data more efficiently along with reports that compare MCO data with contract requirements.
- Routine utilization of the KanCare Report Administration (KRA) website that reported key performance components for the KanCare program through interagency and MCO collaboration. The use of the KRA automates report management and State partner communication. The KRA has been operating at expected efficiency since implementation of site optimization and new procedures.
- Monitored the External Quality Review Organization (EQRO) work plan. The Kansas Foundation for Medical Care (KFMC), the State's EQRO, and the State used established tools to track EQRO, State, and MCO deliverables due dates. The tool is updated daily by KFMC and distributed to the State and MCOs quarterly. The State uses this mechanism to prepare for upcoming due dates.
- Participated in meetings with the KFMC, MCOs, KDADS, and KDHE to discuss EQRO activities and concerns.
- In collaboration with KDADS and additional audits, the 2023 Annual Contract Review virtual onsite visits and webinars were completed with all three MCOs at the end of September 2023. The Annual Contract Review is also coordinated with KFMC's audit activities. The State anticipates official final scores will be available in early 2024.
- Continued State staff participation in cross-agency long-term care meetings to report quality assurance and programmatic activities to KDHE for oversight and collaboration.
- Discussed program issues and work collaboratively towards solutions at new monthly HCBS waiver meetings with KDADS, KDHE and MCO waiver staff.
- 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 issue logs.
- Discussed issues and improvements with KanCare each month with leadership from KDADS, KDHE, and the three MCOs.

- Monitored large, global system issues through a weekly log issued to all MCOs and the State's fiscal agent. The resulting log is posted on the KanCare website for providers and other interested parties. Continued monthly meetings to discuss trends and progress.
- Monitored member or provider specific issues through a tracking database shared with MCOs and KDADS for weekly review. Automation enhancements continued to be discussed and are scheduled to be implemented later in the year with a focus on scripting processes. Documenting processes for tables and its use in other programs are ongoing while KDHE moves away from Microsoft Access.
- Attended various provider training and workshops presented by the MCOs. Monitored for accuracy and answered questions as needed.
- Each MCO was required to participate in at least three clinical and two non-clinical Performance Improvement Projects (PIPs). One of the non-clinical PIPs required is in the area of Long-Term Support Services and the other PIP must be related to Early and Periodic Screening, Diagnostic, and Treatment. All PIPs have approved methodologies and they follow the EQRO PIP Protocols laid out by CMS. MCOs continue to revise and update PIP interventions and metric technical specifications as needed. The metric technical specifications are reported to the State using an internal program titled the PIP Action Report Interface. The metric technical specifications are reviewed by the State and KFMC quarterly. The MCOs provide the State and KFMC annual reports regarding each PIP, the PIP interventions, and the outcome measures of the interventions. These are tracked internally by KDHE and KFMC. PIP meetings occur twice per quarter or as needed with the State, KFMC, and MCOs to have in-depth discussions related to PIP concerns and enhancements. A member-friendly table of all the MCOs' PIPs, with a simplified description of their interventions, is available on the KanCare website<sup>2</sup>. The file is in PDF for ease of access under 'Performance Improvement Projects'.
- KDHE and KDADS conducted the biannual Quality Steering Committee meeting in August 2023 to review the progress on the objectives and goals in the QMS. Notable progress has been made in increasing the average number of members utilizing Value Added Benefits offered by the MCOs. The number of members enrolled into OneCare Kansas is on track to continue to increase by 10% or more year over year.
- The number of members enrolled in OneCare Kansas continues to increase rapidly. The number of billed claims for specialists providing care via telehealth to frontier, densely settled rural, and rural counties has decreased due to beneficiaries returning to more in-person provider visits. Other telehealth related objectives also experienced substantial decrease in the number of claims filed.
- 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 Long Term Services and Supports (LTSS) Commission 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 measures were monitored and reviewed in collaboration with program staff in the LTSS Commission and reported through the Financial and Information Services Commission at KDADS. This oversight was enhanced through collaboration with the Department of Children and Families and the Department of Health and Environment. A quality assurance protocol and interpretative guidelines were 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.

<sup>2</sup> <https://www.kancare.ks.gov/quality-measurement>

HCBS Quality Review Rolling Timeline						
	FISC/IT	LTSS	MCO/Assessors	LTSS	FISC	LTSS
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, and Remediation Reviewed at LTC
01/01 – 03/31	4/1 – 4/15	4/16	4/16 – 6/15	5/16 – 8/15	9/15	November
04/01 – 06/30	7/1 – 7/15	7/16	7/16 – 9/15	8/16 – 11/15	12/15	February
07/01 – 09/30	10/1 – 10/15	10/16	10/16 – 12/15	11/16 – 2/15	3/15	May
10/01 – 12/31	1/1 – 1/15	1/16	1/16 – 3/15	2/16 – 5/15	6/15	August

## X. Managed Care Reporting Requirements

- a. A description of network adequacy reporting including GeoAccess mapping:

The three MCOs submitted quarterly reports detailing provider locations via the State’s KanCare Report Administration website. These reports included the MCO’s geographic mapping. KDHE uses this data to review where the MCOs are lacking provider coverage and encourages them to pursue providers in those areas. If there are no providers within those areas, KDHE notes it and follows up. As the KMMS project continues, KDHE will be able to improve internal research on the MCO provided data via the Network Adequacy reporting and Geographic Access reporting.

KDHE has continued to give MCOs feedback on the accuracy and completeness of their quarterly reports. As MCOs improve their reporting, feedback has expanded from reporting basic errors (such as duplicates) to include more detailed data issues at the provider level. The State used a portion of the annual contract review onsite sessions to present individualized feedback and ask questions of each MCO.

The State team continues to review the Provider Network Report, Provider Directory, Access and Availability Report, the Non-Emergency Medical Transportation (NEMT) report, the feedback report, mapping formats, Non-Participating Provider Reliance Report, and a HCBS Service Delivery Report. The team continues to match the MCOs’ reports against additional data sources to give a clearer picture of the reports’ accuracy and completeness. For example, the national NPI database is referenced for matching of NPI types/specialties and taxonomies.

In addition, the State collected data files for MCO provider directories to provide feedback to the MCOs if there were differences found between the quarterly directory file and network report. This process has increased report accuracy for office hours, provider services and locations, and Americans with Disabilities Act (ADA) capabilities. The State utilized a scoring tool to analyze the MCO’s online provider directory data by comparing them with contract requirements. The tool evaluated compliance of the provider directory with the contractual requirements and provided feedback on which metrics need the most improvement. The State has also begun research into the PRN file that is part of the KMMS system and how we can leverage this raw data in review of MCO reporting.

The State continues to employ GeoAccess maps submitted by the MCOs to verify providers' service coverage areas in the state to find errors, omissions, and to verify gaps in coverage. By using these maps, the State has focused on providers who have been identified by the State's exceptions request process as high priority for expansion of services. The State has been pursuing an ongoing dialogue with MCOs to recruit needed obstetricians, allergists, and gastroenterologists in underserved counties.

KDHE compared GeoAccess maps, provider directories, and provider network reports of the three MCOs to find any differences among the Medicaid coverage areas. Any differences were provided to the pertinent MCOs. If a provider contracted by an MCO was not found in an underserved county of the other two MCOs, those MCOs were notified to recruit that provider.

Examples of maps mentioned in this report are below. All the maps are available on the KanCare Network Adequacy Reporting website<sup>3</sup>

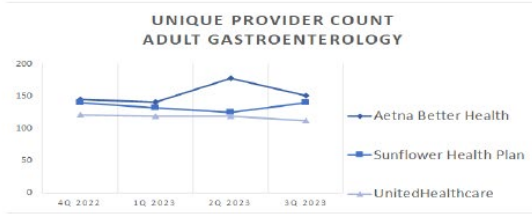
---

<sup>3</sup> <https://www.kancare.ks.gov/policies-and-reports/network-adequacy>

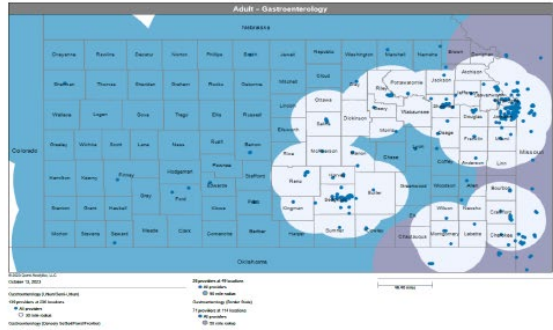
**Gastroenterology**

**Quarterly Unique Provider Count**

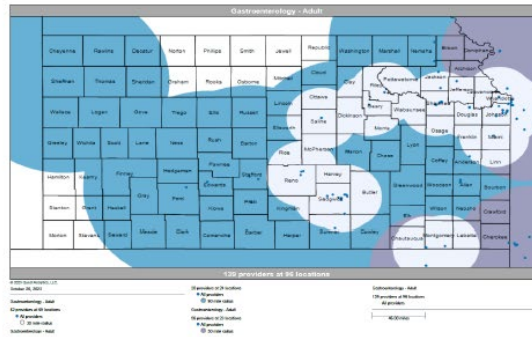
	4Q 2022	1Q 2023	2Q 2023	3Q 2023
Aetna Better Health	144	140	177	150
Sunflower Health Plan	139	131	124	139
UnitedHealthcare	120	118	118	111



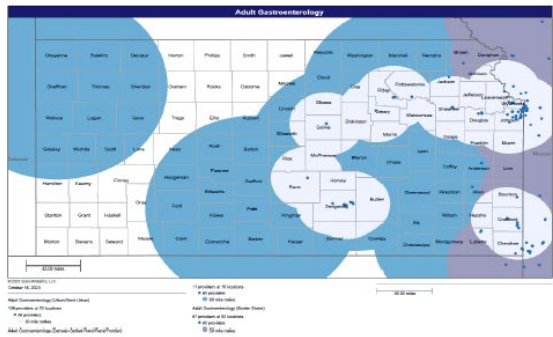
**Aetna Better Health**



**Sunflower Health Plan**



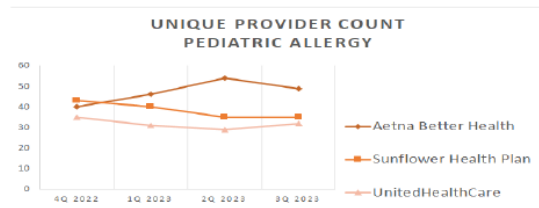
**UnitedHealthcare**



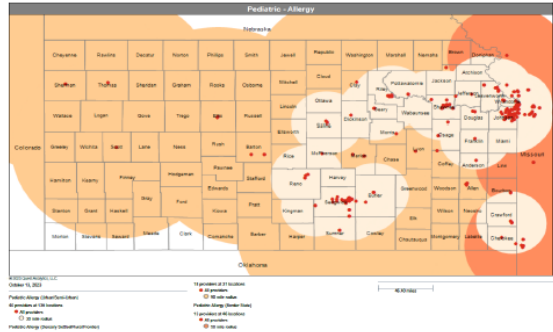
**Allergy**

**Quarterly Unique Provider Count**

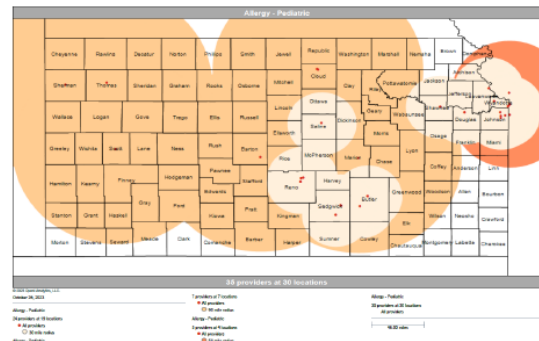
	4Q 2022	1Q 2023	2Q 2023	3Q 2023
Aetna Better Health	40	46	54	49
Sunflower Health Plan	43	40	35	35
UnitedHealthcare	35	31	29	32



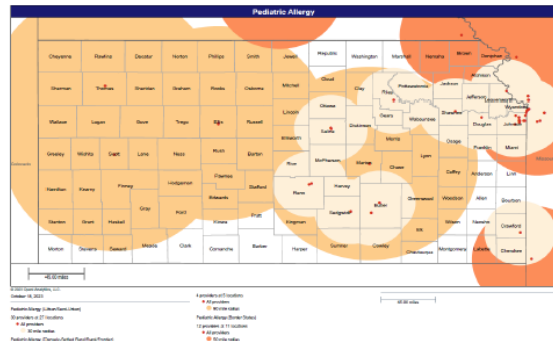
**Aetna Better Health**



**Sunflower Health Plan**



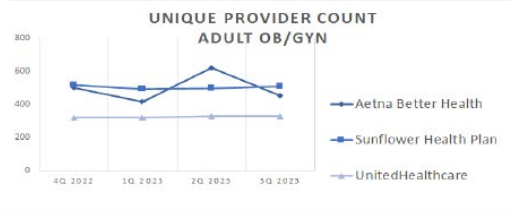
**UnitedHealthcare**





**Obstetrics/Gynecology (OB/GYN)**  
Quarterly Unique Provider Count

	4Q 2022	1Q 2023	2Q 2023	3Q 2023
Aetna Better Health	500	415	618	451
Sunflower Health Plan	514	490	495	506
UnitedHealthcare	317	317	328	326

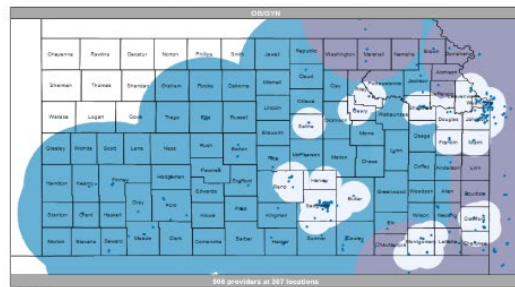


**Aetna Better Health**



October 1, 2023  
Aetna Better Health (Aetna)  
Map: OB/GYN (Aetna Better Health)  
Legend: 100 providers at 100 locations, 50 providers at 50 locations, 25 providers at 25 locations, 10 providers at 10 locations, 5 providers at 5 locations, 1 provider at 1 location

**Sunflower Health Plan**



October 1, 2023  
Sunflower Health Plan (Sunflower)  
Map: OB/GYN (Sunflower Health Plan)  
Legend: 100 providers at 100 locations, 50 providers at 50 locations, 25 providers at 25 locations, 10 providers at 10 locations, 5 providers at 5 locations, 1 provider at 1 location

**UnitedHealthcare**



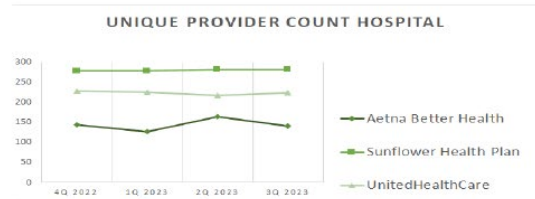
October 1, 2023  
UnitedHealthcare (UnitedHealthcare)  
Map: OB/GYN (UnitedHealthcare)  
Legend: 100 providers at 100 locations, 50 providers at 50 locations, 25 providers at 25 locations, 10 providers at 10 locations, 5 providers at 5 locations, 1 provider at 1 location



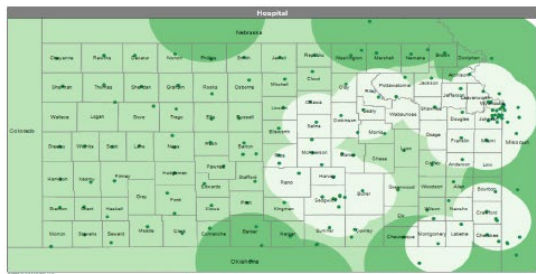
**Hospitals**

Quarterly Unique Provider Count

	4Q 2022	1Q 2023	2Q 2023	3Q 2023
Aetna Better Health	144	126	164	141
Sunflower Health Plan	278	278	281	281
UnitedHealthcare	227	225	216	223

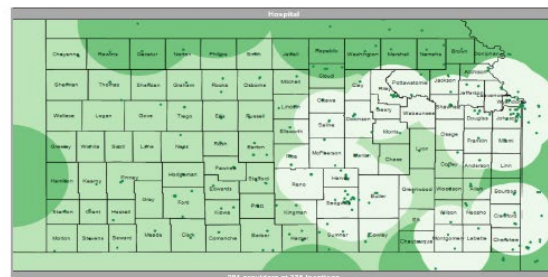


**Aetna Better Health**



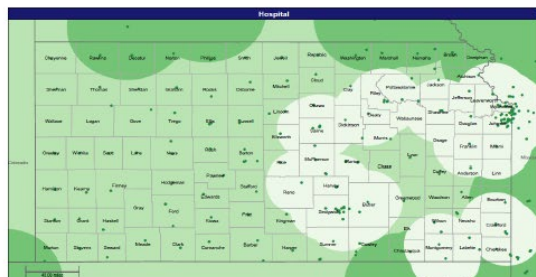
October 1, 2023  
Aetna Better Health (Aetna)  
Map: Hospital (Aetna Better Health)  
Legend: 100 providers at 100 locations, 50 providers at 50 locations, 25 providers at 25 locations, 10 providers at 10 locations, 5 providers at 5 locations, 1 provider at 1 location

**Sunflower Health Plan**



October 1, 2023  
Sunflower Health Plan (Sunflower)  
Map: Hospital (Sunflower Health Plan)  
Legend: 100 providers at 100 locations, 50 providers at 50 locations, 25 providers at 25 locations, 10 providers at 10 locations, 5 providers at 5 locations, 1 provider at 1 location

**UnitedHealthcare**



October 1, 2023  
UnitedHealthcare (UnitedHealthcare)  
Map: Hospital (UnitedHealthcare)  
Legend: 100 providers at 100 locations, 50 providers at 50 locations, 25 providers at 25 locations, 10 providers at 10 locations, 5 providers at 5 locations, 1 provider at 1 location

The KDHE and KDADS GeoAccess standards are posted on the KanCare website<sup>4</sup>. The State standards are found in two main documents:

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

The State also posts to the KanCare website the maps that the MCOs submitted. The State includes a trending graph to show change between quarters.

- b. Customer service reporting, including total calls, average speed of answer, and call abandonment rates for MCO-based and fiscal agent call centers during July – September 2023:

**KanCare Customer Service Report – Member**

MCO/Fiscal Agent	Average Speed of Answer (Seconds)	Call Abandonment Rate	Total Calls
Aetna	27.98	2.80%	53,499
Sunflower	22.03	1.94%	34,769
United	57.77	3.45%	42,641
Gainwell– Fiscal Agent	3.00	0.24%	4,247

**KanCare Customer Service Report - Provider**

MCO/Fiscal Agent	Average Speed of Answer (Seconds)	Call Abandonment Rate	Total Calls
Aetna	11.32	0.50%	18,107
Sunflower	3.92	0.72%	26,760
United	10.32	0.90%	16,686
Gainwell– Fiscal Agent	13.00	0.25%	6,725

- 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**

**Aetna Member Grievances:**

- There were 23 member grievances categorized as Customer Service which is an increase of 15 from eight reported second quarter.

Aetna Grievance Trends		
Total # of Resolved Grievances	112	
Top 5 Trends		
Trend 1: Billing and Financial issues (non-transportation)	31	28%
Trend 2: Customer Service	23	21%
Trend 3: Quality of Care (non HCBS provider)	12	11%
Trend 4: Transportation - No Show	10	9%
Trend 5: Transportation – Other	10	9%

<sup>4</sup> <https://www.kancare.ks.gov/policies-and-reports/network-adequacy>

Sunflower Member Grievances:

- There were 15 member grievances categorized as Transportation – No Show which is a decrease of 15 from 30 reported second quarter.

Sunflower Grievance Trends		
Total # of Resolved Grievances	172	
Top 5 Trends		
Trend 1: Transportation Issues - Billing and Reimbursement	39	23%
Trend 2: Transportation – Other	32	19%
Trend 3: Billing and Financial issues (non-transportation)	17	10%
Trend 4: Transportation - No Driver Available	15	9%
Trend 5: Transportation - No Show	15	9%

United Member Grievances:

- There were 33 member grievances categorized as Billing and Financial Issues (non-transportation) which is a decrease of 12 from 45 reported second quarter.
- There were 24 member grievances categorized as Transportation Issues – Billing and Reimbursement which is a decrease of 23 from 47 reported second quarter.

United Grievance Trends		
Total # of Resolved Grievances	156	
Top 5 Trends		
Trend 1: Billing and Financial issues (non-transportation)	33	21%
Trend 2: Transportation - No Show	25	16%
Trend 3: Transportation Issues - Billing and Reimbursement	24	15%
Trend 4: Transportation – Other	22	14%
Trend 5: Quality of Care (non HCBS provider)	19	12%

MCOs’ Grievance Trends Provider

Aetna Grievance Trends		
Total # of Resolved Grievances	6	
Top 5 Trends		
Trend 1: Billing/Payment	4	67%

Sunflower Grievance Trends		
Total # of Resolved Grievances	14	
Top 5 Trends		
Trend 1: Transportation	6	43%
Trend 2: Billing/Payment	4	29%
Trend 3: Services	2	14%

United Provider Grievances:

- United did not have any provider grievances this quarter.



## MCOs' Reconsideration Trends Provider

### Aetna Provider Reconsiderations

- There were 1,158 provider reconsiderations categorized as PR – CPD – Medical (Physical Health not Otherwise Specified) which is an increase of 156 from 1,002 reported second quarter.
- There were 308 provider reconsiderations categorized as PR – CPD – Durable Medical Equipment which is a decrease of 28 from 336 reported second quarter.
- There were 369 provider reconsiderations categorized as PR – CPD – Hospital Outpatient (Non-Behavioral Health) which is an increase of 64 from 305 reported second quarter.
- There were 280 provider reconsiderations categorized as PR – CPD – Hospital Inpatient (Non-Behavioral Health) which is an increase of 39 from 241 reported second quarter.
- There were 51 provider reconsiderations categorized as PR – CPD – Ambulance (include Air and Ground) which is a decrease of 45 from 96 reported second quarter.

Aetna Provider Reconsideration Trends		
Total # of Resolved Reconsiderations	2,388	
Top 5 Trends		
Trend 1: PR - CPD - Medical (Physical Health not Otherwise Specified)	1,158	48%
Trend 2: PR - CPD - Hospital Outpatient (Non-Behavioral Health)	369	15%
Trend 3: PR - CPD - Durable Medical Equipment	308	13%
Trend 4: PR - CPD - Hospital Inpatient (Non-Behavioral Health)	280	12%
Trend 5: PR - CPD - Ambulance (Include Air and Ground)	51	2%

### Sunflower Provider Reconsiderations

- There were 2,439 provider reconsiderations categorized as PR – CPD – Medical (Physical Health not Otherwise Specified) which is a decrease of 177 from 2,616 reported second quarter.
- There were 729 provider reconsiderations categorized as PR – CPD – Durable Medical Equipment which is an increase of 114 from 615 reported second quarter.
- There were 566 provider reconsiderations categorized as PR – CPD – Hospital Outpatient (Non-Behavioral Health) which is an increase of 42 from 524 reported second quarter.
- There were 448 provider reconsiderations categorized as PR – CPD – Behavioral Health Outpatient which is a decrease of 273 from 721 reported second quarter.

Sunflower Provider Reconsideration Trends		
Total # of Resolved Reconsiderations	5,489	
Top 5 Trends		
Trend 1: PR - CPD - Medical (Physical Health not Otherwise Specified)	2,439	44%
Trend 2: PR - CPD - Durable Medical Equipment	729	13%
Trend 3: PR - CPD - Hospital Outpatient (Non-Behavioral)	566	10%
Trend 4: PR - CPD - Behavioral Health Outpatient and Physician	448	8%
Trend 5: PR - CPD – HCBS	427	8%

### United Provider Reconsiderations

- There were 4,533 provider reconsiderations categorized as PR – CPD – Medical (Physical Health not Otherwise Specified) which is a decrease of 463 from 4,996 reported second quarter.
- There were 1,320 provider reconsiderations categorized as PR – CPD – Behavioral Health Outpatient and Physician which is a decrease of 128 from 1,448 reported second quarter.
- There were 1,012 provider reconsiderations categorized as PR – CPD – Durable Medical Equipment which is a decrease of 386 from 1,398 reported second quarter.
- There were 581 provider reconsiderations categorized as PR – CPD – Out of network provider, specialist or specific provider which is a decrease of 510 from 1,091 reported second quarter.
- There were 571 provider reconsiderations categorized as PR – CPD – Laboratory which is an increase of 195 from 376 reported second quarter.

United Provider Reconsideration Trends		
Total # of Resolved Reconsiderations	9,664	
Top 5 Trends		
Trend 1: PR - CPD - Medical (Physical Health not Otherwise Specified)	4,533	47%
Trend 2: PR - CPD - Behavioral Health Outpatient and Physician	1,320	14%
Trend 3: PR - CPD - Durable Medical Equipment	1,012	10%
Trend 4: PR - CPD - Out of network provider, specialist or specific provider	581	6%
Trend 5: PR - CPD – Laboratory	571	6%

### MCOs' Appeals Trends Member/Provider

#### Aetna Member Appeals:

- There were 125 member appeals categorized as MA – CNM – Pharmacy which is a decrease of 36 from 161 reported second quarter.
- There were 31 member appeals categorized as MA – CNM – Radiology which is a decrease of 21 from 52 reported second quarter.

#### Aetna Provider Appeals:

- There were 171 provider appeals categorized as PA – CPD – Medical (Physical Health not Otherwise Specified) which is an increase of 62 from 109 reported second quarter.
- There were 134 provider appeals categorized as PA – CPD – Hospital Inpatient (Non-Behavioral Health) which is an increase of 33 from 101 reported second quarter.
- There were 108 provider appeals categorized as PA – CPD – Laboratory which is an increase of 18 from 90 reported second quarter.
- There were 54 provider appeals categorized as PA – CPD – Durable Medical Equipment which is an increase of 41 from 13 reported second quarter.

Aetna Member/Provider Appeal Trends					
Total # of Resolved Member Appeals	239		Total # of Resolved Provider Appeals	569	
Top 5 Trends			Top 5 Trends		
Trend 1: MA – CNM – Pharmacy	125	52%	Trend 1: PA - CPD - Medical (Physical Health not Otherwise Specified)	171	30%
Trend 2: MA – CNM – Medical Procedure (NOS)	37	15%	Trend 2: PA - CPD - Hospital Inpatient (Non-Behavioral Health)	134	24%
Trend 3: MA – CNM – Radiology	31	13%	Trend 3: PA - CPD - Laboratory	108	19%
Trend 4: MA - CNM - Durable Medical Equipment	18	8%	Trend 4: PA - CPD - Durable Medical Equipment	54	9%
Trend 5: MA - CNM - Behavioral Health Outpatient and/or MA – CNM – Inpatient Admissions (Non-Behavioral Health)	6	3%	Trend 5: PA - CPD - Hospital Outpatient (Non-Behavioral Health)	53	9%

Sunflower Member Appeals:

- There were 31 member appeals categorized as MA – CNM – Radiology which is a decrease of 14 from 45 reported second quarter.
- There were 19 member appeals categorized as MA – CNM – Inpatient Behavioral Health which is a decrease of 12 from 31 reported second quarter.

Sunflower Provider Appeals:

- There were 510 provider appeals categorized as PA – CPD – Medical (Physical Health not Otherwise Specified) which is a decrease of 39 from 549 reported second quarter.
- There were 354 provider appeals categorized as PA – CPD – Hospital Inpatient (Non-Behavioral Health) which is an increase of 24 from 330 reported second quarter.
- There were 254 provider appeals categorized as PA – CPD – Hospital Outpatient (Non-Behavioral Health) which is an increase of 132 from 122 reported second quarter.
- There were 113 provider appeals categorized as PA – CPD – Laboratory which is an increase of 66 from 47 reported second quarter.

Sunflower Member/Provider Appeal Trends					
Total # of Resolved Member Appeals	188		Total # of Resolved Provider Appeals	1,721	
Top 5 Trends			Top 5 Trends		
Trend 1: MA – CNM – Pharmacy	59	31%	Trend 1: PA - CPD - Medical (Physical Health not Otherwise Specified)	510	30%
Trend 2: MA - CNM - Durable Medical Equipment	31	16%	Trend 2: PA - CPD - Hospital Inpatient (Non-Behavioral Health)	354	21%
Trend 3: MA – CNM – Radiology	31	16%	Trend 3: PA - CPD - Hospital Outpatient (Non-Behavioral Health)	254	15%
Trend 4: MA – CNM - Inpatient Behavioral Health	19	10%	Trend 4: PA - CPD - Laboratory	113	7%
Trend 5: MA – CNM – Medical Procedure (NOS)	16	9%	Trend 5: PA - CNM - Pharmacy	108	6%

United Member Appeals:

- There were 89 member appeals categorized as MA – CNM – Pharmacy which is an increase of 20 from 69 reported second quarter.
- There were 29 member appeals categorized as MA – NCS – Pharmacy which is a decrease of 38 from 67 reported second quarter.
- There were 25 member appeals categorized as MA – CNM – Durable Medical Equipment which is an increase of 13 from 12 reported second quarter.

United Provider Appeals:

- There were 504 provider appeals categorized as PA – CPD – Medical (Physical Health not Otherwise Specified) which is an increase of 247 from 257 reported second quarter.
- There were 184 provider appeals categorized as PA – CPD – Home Health which is an increase of 30 from 154 reported second quarter.
- There were 221 provider appeals categorized as PA – CPD – Hospital Inpatient (Non-Behavioral Health) which is a decrease of 21 from 242 reported second quarter.
- There were 154 provider appeals categorized as PA – CPD – Laboratory which is an increase of 52 from 102 reported second quarter.

United Member/Provider Appeal Trends							
Total # of Resolved Member Appeals		222		Total # of Resolved Provider Appeals		1,639	
Top 5 Trends				Top 5 Trends			
Trend 1: MA – CNM – Pharmacy		89	40%	Trend 1: PA - CPD - Medical (Physical Health not Otherwise Specified)		504	31%
Trend 2: MA – NCS – Pharmacy		29	13%	Trend 2: PA - CPD - Hospital Inpatient (Non-Behavioral Health)		221	13%
Trend 3: MA - CNM - Durable Medical Equipment		25	11%	Trend 3: PA - CPD - Home Health		184	11%
Trend 4: MA – LOC – LTSS/HCBS		17	8%	Trend 4: PA - CPD - Hospital Outpatient (Non-Behavioral Health)		165	10%
Trend 5: MA - CNM - Dental and/or MA – CNM – Inpatient Admissions (Non-Behavioral Health)		12	5%	Trend 5: PA - CPD - Laboratory		154	9%

#### MCOs’ State Fair Hearing Reversed Decisions - Member/Provider

- There were 32 member state fair hearings for all three MCOs. No decision was reversed by OAH.
- There were 60 provider state fair hearings for all three MCOs. No decision was reversed by OAH.

Aetna							
Total # of Member SFH		8		Total # of Provider SFH		17	
OAH reversed MCO decision		0	0%	OAH reversed MCO decision		0	0%

Sunflower							
Total # of Member SFH		13		Total # of Provider SFH		26	
OAH reversed MCO decision		0	0%	OAH reversed MCO decision		0	0%

United							
Total # of Member SFH		11		Total # of Provider SFH		17	
OAH reversed MCO decision		0	0%	OAH reversed MCO decision		0	0%

- Enrollee complaints and grievance reports to determine any trends: This information is included at items IV(d) and X(c) above.
- Summary of Ombudsman activities: The [report for the second and third quarters of calendar year 2023](#) is attached.
- 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 September 17, 2018. These enhancements allow KDADS, KDHE, and MCOs to manage specific critical incidents in accordance with KDADS’ AIR Policy.

All the Managed Care Organizations (MCOs) have access to the system. MCOs and KDADS staff may now both read and write information directly into the AIR system. Creating an Adverse Incident Report is forward facing, so anyone from a concerned citizen to an MCO Care Coordinator

can report into the AIR system by visiting the KDADS website at [www.kdads.ks.gov](http://www.kdads.ks.gov) and selecting Adverse Incident Reporting (AIR) under the quick links. All reports are input into the system electronically. Determinations received from the Kansas Department for Children and Families (DCF) are received by KDADS staff who review the AIR system and attach it to an existing report, or manually enter reports that are not already in the AIR system. After reports are received and reviewed and waiver information is verified by KDADS staff in MMIS, MCOs receive notification of assigned reports. MCOs can provide follow-up information within the AIR system and address corrective action plans issued by KDADS as appropriate. To protect member protected health information, MCO access is limited to only their enrolled members.

KDADS Program Integrity continues providing AIR training to Community Service Providers and any interested parties statewide upon request. Access to training materials and contact information to request training is located on the KDADS website. Along with provider and individual training, KDADS provides updated trainings to the MCOs as requested for new staff and as a refresher to ensure efficient and consistent processes.

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. In the table below, the Adult Protective Services (APS) Substantiations exclude possible name matches when no date of birth is identified. One adult may be a victim/alleged victim of multiple types of allegations. The information provided is for adults on HCBS programs who were involved in reports assigned for investigation and had substantiations during the quarter noted. An investigation may include more than one allegation. The program integrity team ensures individuals with reported ANE are receiving adequate supports and protections available through KDADS programs, KanCare, and other community resources. A summary of the 2023 AIR reports through the quarter ending September 30, 2023 follows:

Critical Incidents	1 <sup>st</sup> Quarter	2 <sup>nd</sup> Quarter	3 <sup>rd</sup> Quarter	4 <sup>th</sup> Quarter	YTD
	AIR Totals	AIR Totals	AIR Totals	AIR Totals	TOTALS
Reviewed	3,026	3,416	3,717		10,159
Pending Resolution	132	16	20		168
Total Received	3,158	3,432	3,737		10,327
APS Substantiations*	82	183	198		463

## 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 DY 11 third quarter HCAIP Uncompensated Care Pool payments were issued September 22, 2023. The DY 11 third quarter LPTH/BCCH Uncompensated Care (UC) Pool payment was issued September 29, 2023.

[SNCP and HCAIP reports for the third quarter of DY 11](#) are attached to this report.

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

## XII. Demonstration Evaluation

The entity selected by KDHE to conduct KanCare Evaluation reviews and reports is the Kansas Foundation for Medical Care, now known as KFMC Health Improvement Partners (KFMC). KFMC worked with KDHE to develop a draft evaluation design that was accepted by CMS February 26, 2020.

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

### a. Post-award forums

No post-award forum was held during the July-September 2023 quarter.

### b. Claims Adjudication Statistics

KDHE’s summary of the [KanCare MCOs’ claims adjudication reports covering January through September of 2023 is attached](#).

### c. Waiting List Management

#### PD Waiting List Management

For the quarter ending September 30, 2023:

- Current number of individuals on the PD Waiting List: 2,352
- Number of individuals added to the waiting list: 392
- Number of individuals removed from the waiting list 629:
  - 260 started receiving HCBS-PD waiver services
  - 67 were deceased
  - 302 were removed for other reasons (refused services, voluntary removal, etc.)

#### I/DD Waiting List Management

For the quarter ending September 30, 2023:

- Current number of individuals on the I/DD Waiting List: 5,137
- Number of individuals added to the waiting list: 193
- Number of individuals removed from the waiting list: 82
  - 34 started receiving HCBS-I/DD waiver services
  - 2 were deceased
  - 36 were removed for other reasons (refused services, voluntary removal, etc.)

#### XIV. Enclosures/Attachments

Section of Report Where Attachment Noted	Description of Attachment
<a href="#">IV(e)</a>	HCBS Quality Report for January- March 2023.
<a href="#">X(e)</a>	Summary of KanCare Ombudsman Activities for QE 06.30.2023 and QE 09.30.2023
<a href="#">XI</a>	Safety Net Care Pool Reports DY11 Q3 and HCAIP Reports DY11 Q3
<a href="#">XIII(b)</a>	KDHE Summary of Claims Adjudication Statistics for January-September 2023

#### XV. State Contacts

Janet K. Stanek, Secretary  
Christine Osterlund, Deputy Secretary for Agency Integration and Medicaid  
Kansas Department of Health and Environment  
Division of Health Care Finance  
Landon State Office Building – 9<sup>th</sup> Floor  
900 SW Jackson Street  
Topeka, Kansas 66612  
(785) 296-3563 (phone)  
(785) 296-4813 (fax)  
[Janet.K.Stanek@ks.gov](mailto:Janet.K.Stanek@ks.gov)  
[Christine.Osterlund@ks.gov](mailto:Christine.Osterlund@ks.gov)

#### VI. Date Submitted to CMS

November 28, 2023



Home and Community Based Services  
Quality Review Report  
January-March 2023



## HCBS Waiver Quality Review Rolling Timeline

	FISC/IT	LTSS	MCO/Assessors	LTSS	FISC	LTSS
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, and 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	November
04/01 – 06/30	7/1 – 7/15	7/16	7/16 – 9/15	8/16 – 11/15	12/15	February
07/01 – 09/30	10/1 – 10/15	10/16	10/16 – 12/15	11/16 – 2/15	3/15	May
10/01 – 12/31	1/1 – 1/15	1/16	1/16 – 3/15	2/16 – 5/15	6/15	August

\*Per HCBS Waiver Quality Review policy.

\*\*MCO and Assessor data and non-compliance reports will be compiled. MCOs/Assessors will receive the non-compliance data and will be given 15 calendar days to respond. No additional documentation will be accepted.

<b>April - June 2022 HCBS Quality Sample</b>			
Waiver	Population Count	Quarterly Sample Size	Completed Reviews
PD	6196	90	91
FE	6559	91	94
IDD	9087	91	93
BI	928	68	71
TA	683	62	64
Autism	62	14	13
SED	3388	86	89

<b>July - September 2022 HCBS Quality Sample</b>			
Waiver	Population Count	Quarterly Sample Size	Completed Reviews
PD	5996	90	93
FE	6742	91	93
IDD	9077	92	94
BI	956	69	72
TA	712	62	64
Autism	64	12	10
SED	3287	86	88

<b>October - December 2022 HCBS Quality Sample</b>			
Waiver	Population Count	Quarterly Sample Size	Completed Reviews
PD	6132	92	94
FE	6903	93	97
IDD	9063	94	96
BI	980	72	74
TA	714	65	67
Autism	55	14	13
SED	3271	90	92

<b>January - March 2023 HCBS Quality Sample</b>			
Waiver	Population Count	Quarterly Sample Size	Completed Reviews
PD	6111	92	93
FE	6996	92	93
IDD	9083	93	98
BI	1000	73	75
TA	732	65	67
Autism	62	14	13
SED	3450	90	93

## HCBS Quality Review Acronyms

<b>ABA</b>	Applied Behavior Analysis
<b>ANE</b>	Abuse, Neglect, and Exploitation
<b>AU</b>	Autism
<b>BUP</b>	Backup Plan
<b>CAFAS</b>	Child and Adolescent Functional Assessment Scale
<b>CBCL</b>	Child Behavior Checklist
<b>CC</b>	Care Coordinator
<b>DPOA</b>	Durable Power of Attorney
<b>FAI</b>	Functional Assessment Instrument
<b>FCAD (SED)</b>	Family Choice Assurance Document
<b>FE</b>	Frail Elderly
<b>FMAP</b>	Federal Medical Assistance Percentage
<b>HRA</b>	Health Risk Assessment
<b>IDD</b>	Intellectual Developmental Disability
<b>ISP</b>	Integrated Service Plan
<b>KAMIS</b>	Kansas Assessment Management Information System
<b>KMAP</b>	Kansas Medical Assistance Program
<b>KMMS</b>	Kansas Modular Medicaid System
<b>KBH (SED)</b>	Kan Be Healthy (Annual Physical Exam)
<b>LTSS</b>	Long Term Supports and Services
<b>MCO</b>	Managed Care Organization
<b>MMIS</b>	Medicaid Management Information System
<b>PCSP</b>	Person Centered Service Plan
<b>PD</b>	Physical Disability
<b>POC</b>	Plan of Care
<b>QP/PQ</b>	Qualified Provider(s)/Provider Qualifications
<b>R&amp;R</b>	Rights & Responsibilities
<b>SED</b>	Serious Emotional Disturbance
<b>TA</b>	Technology Assisted
<b>TBI/BI</b>	Traumatic Brain Injury/Brain Injury
<b>TLS</b>	Transitional Living Specialist
<b>UAR</b>	Universal Assessment Results
<b>UAT</b>	Universal Assessment Tool

## Level of Care Performance Measures 1 & 2

Beginning with the January to March 2018 Quality Review period, KDADS will perform a data pull to determine compliance for Level of Care Performance Measures 1 & 2. This change will apply 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.

**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: 01/01/2023 - 03/31/2023

Data Source: Quality Review Reports to KDHE

Compliance By Waiver	Statewide
<b>PD</b>	<b>100%</b>
Numerator	1
Denominator	1
<b>FE</b>	<b>100%</b>
Numerator	1
Denominator	1
<b>IDD</b>	<b>100%</b>
Numerator	1
Denominator	1
<b>BI</b>	<b>100%</b>
Numerator	1
Denominator	1
<b>TA</b>	<b>100%</b>
Numerator	1
Denominator	1
<b>Autism</b>	<b>100%</b>
Numerator	1
Denominator	1
<b>SED</b>	<b>100%</b>
Numerator	1
Denominator	1

Compliance Trends	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	Jan-Mar 2023
<b>PD</b>											
Statewide	25%	25%	25%	75%	100%	100%	100%	100%	100%	100%	100%
<b>FE</b>											
Statewide	25%	25%	25%	75%	100%	100%	100%	100%	100%	100%	100%
<b>IDD</b>											
Statewide	25%	25%	25%	75%	100%	100%	100%	100%	100%	100%	100%
<b>BI</b>											
Statewide	25%	25%	25%	75%	100%	100%	100%	100%	100%	100%	100%
<b>TA</b>											
Statewide	25%	25%	25%	75%	100%	100%	100%	100%	100%	100%	100%
<b>Autism</b>											
Statewide	25%	25%	25%	75%	100%	100%	100%	100%	100%	100%	100%
<b>SED</b>											
Statewide	25%	25%	25%	75%	100%	100%	100%	100%	100%	100%	100%

**Explanation of Findings:**

Performance Measure threshold achieved for all waivers.

**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: 01/01/2023 - 03/31/2023**

**Data Source: Number of waiver amendments and renewals sent to KDHE**

Compliance By Waiver	Statewide
<b>PD</b>	<b>N/A</b>
Numerator	0
Denominator	0
<b>FE</b>	<b>N/A</b>
Numerator	0
Denominator	0
<b>IDD</b>	<b>N/A</b>
Numerator	0
Denominator	0
<b>BI</b>	<b>N/A</b>
Numerator	0
Denominator	0
<b>TA</b>	<b>N/A</b>
Numerator	0
Denominator	0
<b>Autism</b>	<b>N/A</b>
Numerator	0
Denominator	0
<b>SED</b>	<b>N/A</b>
Numerator	0
Denominator	0

Compliance Trends	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	Jan-Mar 2023
<b>PD</b>											
Statewide	N/A	100%	100%	100%	N/A	N/A	100%	100%	100%	N/A	N/A
<b>FE</b>											
Statewide	Not a Measure	100%	100%	100%	N/A	N/A	100%	100%	100%	N/A	N/A
<b>IDD</b>											
Statewide	100%	100%	100%	100%	N/A	100%	100%	100%	100%	N/A	N/A
<b>BI</b>											
Statewide	100%	100%	100%	100%	N/A	100%	100%	100%	100%	N/A	N/A
<b>TA</b>											
Statewide	100%	100%	N/A	100%	N/A	100%	100%	100%	100%	N/A	N/A
<b>Autism</b>											
Statewide	100%	100%	N/A	N/A	100%	N/A	100%	100%	100%	N/A	N/A
<b>SED</b>											
Statewide	100%	100%	N/A	N/A	100%	N/A	100%	100%	100%	N/A	N/A

**Explanation of Findings:**

There were zero (0) waiver amendments or renewals reviewed and/or approved by the State Medicaid Agency during this reporting period.

**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: 01/01/2023 - 03/31/2023**

**Data Source: Presentation of waiver policy changes to KDHE**

Compliance By Waiver	Statewide
<b>PD</b>	<b>N/A</b>
Numerator	0
Denominator	0
<b>FE</b>	<b>N/A</b>
Numerator	0
Denominator	0
<b>IDD</b>	<b>N/A</b>
Numerator	0
Denominator	0
<b>BI</b>	<b>N/A</b>
Numerator	0
Denominator	0
<b>TA</b>	<b>N/A</b>
Numerator	0
Denominator	0
<b>Autism</b>	<b>N/A</b>
Numerator	0
Denominator	0
<b>SED</b>	<b>N/A</b>
Numerator	0
Denominator	0

Compliance Trends	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	Jan-Mar 2023
<b>PD</b>											
Statewide	N/A	N/A	100%	N/A	100%	100%	N/A	100%	N/A	N/A	N/A
<b>FE</b>											
Statewide	N/A	N/A	100%	N/A	100%	100%	N/A	100%	N/A	N/A	N/A
<b>IDD</b>											
Statewide	100%	N/A	100%	100%	100%	100%	N/A	100%	N/A	N/A	N/A
<b>BI</b>											
Statewide	100%	N/A	100%	100%	100%	100%	100%	100%	N/A	N/A	N/A
<b>TA</b>											
Statewide	N/A	N/A	N/A	N/A	100%	100%	N/A	100%	N/A	N/A	N/A
<b>Autism</b>											
Statewide	N/A	N/A	N/A	N/A	100%	100%	N/A	100%	N/A	N/A	N/A
<b>SED</b>											
Statewide	N/A	N/A	N/A	N/A	100%	N/A	N/A	100%	N/A	100%	N/A

**Explanation of Findings:**

There were zero (0) waiver policy changes that were submitted to the State Medicaid Agency/implemented by the Operating Agency during this reporting period.

**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: 01/01/2023 - 03/31/2023

Data Source: Meeting Minutes

Compliance By Waiver	Statewide
<b>PD</b>	<b>100%</b>
Numerator	3
Denominator	3
<b>FE</b>	<b>100%</b>
Numerator	3
Denominator	3
<b>IDD</b>	<b>100%</b>
Numerator	3
Denominator	3
<b>BI</b>	<b>100%</b>
Numerator	3
Denominator	3
<b>TA</b>	<b>100%</b>
Numerator	3
Denominator	3
<b>Autism</b>	<b>100%</b>
Numerator	3
Denominator	3
<b>SED</b>	<b>100%</b>
Numerator	3
Denominator	3

Compliance Trends	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	Jan-Mar 2023
<b>PD</b>											
Statewide	Not a measure	45%	67%	70%	100%	100%	100%	100%	100%	100%	100%
<b>FE</b>											
Statewide	100%	82%	50%	70%	100%	100%	100%	100%	100%	100%	100%
<b>IDD</b>											
Statewide	Not a measure	91%	Not Available	70%	100%	100%	100%	100%	100%	100%	100%
<b>BI</b>											
Statewide	Not a measure	73%	Not Available	70%	100%	100%	100%	100%	100%	100%	100%
<b>TA</b>											
Statewide	Not a measure	64%	Not Available	70%	100%	100%	100%	100%	100%	100%	100%
<b>Autism</b>											
Statewide	Not a measure	91%	100%	70%	100%	100%	100%	100%	100%	100%	100%
<b>SED</b>											
Statewide	Not a measure	100%	Not Available	70%	100%	100%	100%	100%	100%	100%	100%

**Explanation of Findings:**

Performance Measure threshold achieved for all waivers.

**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: 01/01/2023 - 03/31/2023**

**Data Source: Functional Assessor Record Review/State Data Systems**

Compliance By Waiver	Statewide
<b>PD</b>	<b>96%</b>
Numerator	323
Denominator	335
<b>FE</b>	<b>97%</b>
Numerator	844
Denominator	873
<b>IDD</b>	<b>99%</b>
Numerator	145
Denominator	146
<b>BI</b>	<b>99%</b>
Numerator	102
Denominator	103
<b>TA</b>	<b>98%</b>
Numerator	46
Denominator	47
<b>Autism</b>	<b>100%</b>
Numerator	13
Denominator	13
<b>SED</b>	<b>100%</b>
Numerator	93
Denominator	93

Compliance Trends	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	Jan-Mar 2023
<b>PD</b>											
Statewide	64%	83%	96%	86%	89%	92%	94%	88%	94%	96%	96%
<b>FE</b>											
Statewide	81%	91%	93%	98%	100%	96%	96%	93%	96%	97%	97%
<b>IDD</b>											
Statewide	99%	94%	90%	100%	100%	99%	99%	96%	92%	99%	99%
<b>BI</b>											
Statewide	62%	89%	81%	85%	96%	88%	93%	93%	96%	98%	99%
<b>TA</b>											
Statewide	97%	89%	100%	98%	100%	100%	100%	97%	98%	98%	98%
<b>Autism</b>											
Statewide	82%	No Data	100%	N/A	77%	96%	100%	100%	100%	100%	100%
<b>SED</b>											
Statewide	99%	89%	88%	91%	92%	90%	91%	88%	97%	99%	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.

Performance Measure threshold met for all waivers.

**Remediation:**

No remediation necessary.

**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: 01/01/2023 - 03/31/2023**

**Data Source: Functional Assessor Record Review/State Data Systems**

Compliance By Waiver	Statewide
<b>PD</b>	<b>57%</b>
Numerator	669
Denominator	1179
<b>FE</b>	<b>58%</b>
Numerator	705
Denominator	1211
<b>IDD</b>	<b>99%</b>
Numerator	1719
Denominator	1742
<b>BI</b>	<b>52%</b>
Numerator	94
Denominator	180
<b>TA</b>	<b>99%</b>
Numerator	163
Denominator	164
<b>Autism</b>	<b>100%</b>
Numerator	13
Denominator	13
<b>SED</b>	Not a waiver performance measure
Numerator	
Denominator	

Compliance Trends	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	Jan-Mar 2023
<b>PD</b>											
Statewide	47%	52%	64%	69%	68%	79%	72%	66%	58%	58%	57%
<b>FE</b>											
Statewide	68%	70%	76%	79%	68%	84%	80%	70%	59%	58%	58%
<b>IDD</b>											
Statewide	97%	74%	75%	77%	78%	97%	98%	97%	97%	98%	99%
<b>BI</b>											
Statewide	39%	50%	62%	65%	62%	70%	70%	57%	56%	49%	52%
<b>TA</b>											
Statewide	94%	90%	86%	96%	93%	99%	100%	99%	99%	100%	99%
<b>Autism</b>											
Statewide	68%	No Data	75%	78%	63%	65%	69%	100%	100%	98%	100%
<b>SED</b>											
Statewide	93%	88%	94%	88%	89%	Not a Measure	Not a Measure	Not a Measure	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 waiver 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.

COVID exception granted for re-assessments that fall between 1/27/2020 - 11/11/23 through Appendix K Guidance, which could explain some of the cases considered non-compliant utilizing the data pull.

**Remediation:**

KDADS requires assessing entities to remediate any PM under 100% on an individual member basis. Appendix K flexibilities continue to impact compliance measures as the PHE ended May 11, 2023.

KDADS continues to work closely with the ADRCs regarding their remediation efforts. KDADS has provided lists of out-of-date assessments and have ensured proper follow-up has been taken with these cases. KDADS continues to provide quarterly reports of out of compliance assessments to the ADRCs.

KDADS FE, PD, and BI Program Manager have monthly meetings with the ADRC to address any non-compliance issues and answer any questions.

KDADS hired an Eligibility Specialist for the FE and BI waivers in May of 2022 and for the PD waiver in December of 2022 in order to allow those Program Managers to be more effective.

**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: 01/01/2023 - 03/31/2023**

**Data Source: Functional Assessor Record Review**

Compliance By Waiver	Statewide
<b>PD</b>	<b>88%</b>
Numerator	82
Denominator	93
<b>FE</b>	<b>95%</b>
Numerator	88
Denominator	93
<b>IDD</b>	<b>100%</b>
Numerator	98
Denominator	98
<b>BI</b>	<b>96%</b>
Numerator	72
Denominator	75
<b>TA</b>	<b>100%</b>
Numerator	67
Denominator	67
<b>Autism</b>	<b>100%</b>
Numerator	13
Denominator	13
<b>SED</b>	<b>99%</b>
Numerator	92
Denominator	93

Compliance Trends	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	Jan-Mar 2023
<b>PD</b>											
Statewide	93%	84%	79%	80%	85%	81%	82%	87%	90%	85%	88%
<b>FE</b>											
Statewide	88%	91%	91%	92%	88%	93%	91%	93%	92%	97%	95%
<b>IDD</b>											
Statewide	97%	95%	99%	99%	99%	99%	99%	100%	100%	100%	100%
<b>BI</b>											
Statewide	64%	81%	79%	77%	82%	85%	89%	92%	93%	92%	96%
<b>TA</b>											
Statewide	93%	98%	100%	100%	98%	100%	100%	99%	100%	100%	100%
<b>Autism</b>											
Statewide	88%	No Data	90%	88%	91%	89%	89%	100%	100%	96%	100%
<b>SED</b>											
Statewide	77%	79%	83%	88%	91%	95%	93%	88%	91%	94%	99%

**Explanation of Findings:**

Performance Measure threshold met for all waivers.

**Remediation:**

No remediation necessary.

**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: 01/01/2023 - 03/31/2023**

**Data Source: Functional Assessor Record Review**

Compliance By Waiver	Statewide
<b>PD</b>	<b>88%</b>
Numerator	82
Denominator	93
<b>FE</b>	<b>95%</b>
Numerator	88
Denominator	93
<b>IDD</b>	<b>100%</b>
Numerator	98
Denominator	98
<b>BI</b>	<b>96%</b>
Numerator	72
Denominator	75
<b>TA</b>	<b>100%</b>
Numerator	67
Denominator	67
<b>Autism</b>	<b>100%</b>
Numerator	13
Denominator	13
<b>SED</b>	<b>92%</b>
Numerator	86
Denominator	93

Compliance Trends	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	Jan-Mar 2023
<b>PD</b>											
Statewide	19%	68%	81%	80%	84%	81%	81%	83%	89%	83%	88%
<b>FE</b>											
Statewide	24%	86%	91%	92%	88%	92%	91%	92%	91%	96%	95%
<b>IDD</b>											
Statewide	92%	85%	96%	97%	96%	98%	97%	94%	97%	100%	100%
<b>BI</b>											
Statewide	57%	73%	83%	77%	82%	85%	88%	86%	88%	92%	96%
<b>TA</b>											
Statewide	93%	100%	99%	100%	94%	100%	100%	100%	100%	100%	100%
<b>Autism</b>											
Statewide	0%	No Data	57%	68%	85%	89%	89%	98%	98%	91%	100%
<b>SED</b>											
Statewide	99%	71%	88%	86%	90%	94%	93%	88%	89%	87%	92%

**Explanation of Findings:**

Performance Measure threshold met for all waivers.

**Remediation:**

No Remediation necessary.

**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: 01/01/2023 - 03/31/2023**

**Data Source: Functional Assessor Record Review**

Compliance By Waiver	Statewide
<b>PD</b>	<b>87%</b>
Numerator	81
Denominator	93
<b>FE</b>	<b>95%</b>
Numerator	88
Denominator	93
<b>IDD</b>	<b>100%</b>
Numerator	98
Denominator	98
<b>BI</b>	<b>96%</b>
Numerator	72
Denominator	75
<b>TA</b>	<b>100%</b>
Numerator	67
Denominator	67
<b>Autism</b>	<b>100%</b>
Numerator	13
Denominator	13
<b>SED</b>	<b>100%</b>
Numerator	93
Denominator	93

Compliance Trends	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	Jan-Mar 2023
<b>PD</b>											
Statewide	73%	83%	96%	80%	84%	81%	82%	83%	92%	85%	87%
<b>FE</b>											
Statewide	91%	90%	96%	91%	100%	93%	91%	93%	95%	96%	95%
<b>IDD</b>											
Statewide	98%	95%	91%	98%	100%	98%	99%	100%	99%	100%	100%
<b>BI</b>											
Statewide	58%	81%	83%	76%	96%	85%	89%	90%	94%	92%	96%
<b>TA</b>											
Statewide	93%	98%	100%	100%	100%	100%	100%	100%	100%	100%	100%
<b>Autism</b>											
Statewide	89%	No Data	100%	88%	88%	89%	89%	100%	100%	96%	100%
<b>SED</b>											
Statewide	99%	88%	87%	89%	92%	95%	93%	88%	97%	99%	100%

**Explanation of Findings:**

Performance Measure threshold met for all waivers.

**Remediation:**

No Remediation necessary.

**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: 01/01/2023 - 03/31/2023**

**Data Source: Third Party Contractor Reports**

Compliance By Waiver	Statewide
<b>PD</b>	Not a Waiver Performance Measure
Numerator	
Denominator	
<b>FE</b>	Not a Waiver Performance Measure
Numerator	
Denominator	
<b>IDD</b>	Not a Waiver Performance Measure
Numerator	
Denominator	
<b>BI</b>	Not a Waiver Performance Measure
Numerator	
Denominator	
<b>TA</b>	Not a Waiver Performance Measure
Numerator	
Denominator	
<b>Autism</b>	Not a Waiver Performance Measure
Numerator	
Denominator	
<b>SED</b>	<b>N/A</b>
Numerator	0
Denominator	0

Compliance Trends	2017	2018	2019	2020	2021	2022	Jan-Mar 2023
<b>PD</b>	Not a Waiver Performance Measure						
<b>FE</b>	Not a Waiver Performance Measure						
<b>IDD</b>	Not a Waiver Performance Measure						
<b>BI</b>	Not a Waiver Performance Measure						
<b>TA</b>	Not a Waiver Performance Measure						
<b>Autism</b>	Not a Waiver Performance Measure						
<b>SED</b>							
Statewide	No Data	No Data	91%	97%	95%	N/A	N/A

**Explanation of Findings:**

Contract for third-party assessment ended December 2021

**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: 07/01/2022 - 09/30/2022**

**Data Source: MCO Record Review**

Compliance By Waiver	Aetna	Sunflower	United	Statewide
<b>PD</b>	<b>0%</b>	<b>33%</b>	<b>33%</b>	<b>33%</b>
Numerator	0	1	1	2
Denominator	1	3	3	6
<b>FE</b>	<b>100%</b>	<b>100%</b>	<b>50%</b>	<b>86%</b>
Numerator	2	4	1	6
Denominator	2	4	2	7
<b>IDD</b>	<b>N/A</b>	<b>100%</b>	<b>N/A</b>	<b>100%</b>
Numerator	0	1	0	1
Denominator	0	1	0	1
<b>BI</b>	<b>N/A</b>	<b>100%</b>	<b>0%</b>	<b>50%</b>
Numerator	0	1	0	1
Denominator	0	1	1	2
<b>TA</b>	<b>0%</b>	<b>N/A</b>	<b>N/A</b>	<b>0%</b>
Numerator	0	0	0	0
Denominator	1	0	0	1
<b>Autism</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>
Numerator	0	0	0	0
Denominator	0	0	0	0
<b>SED</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>
Numerator	0	0	0	0
Denominator	0	0	0	0

**Explanation of Findings:**

PD, BI, TA: Providers did not meet background check requirements set out in waiver and KDADS policy

**Remediation:**

All three contracted MCOs are on Quality Improvement Plans (QIPs) for this measure. KDADS and KDHE has reviewed the interpretive guidelines and provided clarification to the MCOs. KDADS directed the MCOs to follow the Background Check Policy. In response, the MCOs contracted with Averifi to conduct provider audits and ensure background check policy is consistently followed. KDADS continues to annually review the qualified provider measures and audits. In April of 2022, the State educated Averifi and the MCOs on HCBS background check requirements, specifically addressing the Nurse Registry check. Averifi maintains a website for providers to utilize for background check requirements and trainings.

KDADS met with MCOs again on March 30, 2023 with a six-month update of QIPs for all performance measures previously submitted. MCOs then provided KDADS with updated QIPs. After review of QIP submissions, in May of 2023, the State met with the MCOs to address identified barriers and provide clarification on expectations.

Compliance Trends	2013	2014	2015	2016	2017	2018	2019	2020	2021	Jan-Mar 2022	Apr-Jun 2022	Jul-Sept 2022
<b>PD</b>												
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	0%	25%	0%	50%	67%	0%
Amerigroup				N/A	0%	0%	N/A	N/A	N/A	N/A	N/A	N/A
Sunflower				N/A	0%	0%	0%	25%	0%	50%	100%	33%
United		No Data	No Data	N/A	0%	0%	0%	50%	0%	100%	67%	33%
Statewide	100%			N/A	0%	0%	0%	25%	0%	57%	67%	33%
<b>FE</b>												
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	0%	15%	9%	75%	80%	100%
Amerigroup				5%	0%	0%	N/A	N/A	N/A	N/A	N/A	N/A
Sunflower				30%	0%	0%	0%	15%	7%	0%	100%	100%
United		No Data	No Data	N/A	0%	0%	0%	13%	7%	67%	100%	50%
Statewide	100%			9%	0%	0%	0%	15%	5%	57%	83%	86%
<b>IDD</b>												
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	0%	23%	0%	N/A	N/A	N/A
Amerigroup				N/A	0%	0%	N/A	N/A	N/A	N/A	N/A	N/A
Sunflower				N/A	0%	0%	0%	27%	0%	0%	N/A	100%
United		No Data	No Data	N/A	0%	0%	0%	33%	0%	100%	N/A	N/A
Statewide	98%			N/A	0%	0%	0%	23%	0%	50%	N/A	100%
<b>BI</b>												
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	0%	0%	0%	N/A	100%	N/A
Amerigroup				N/A	0%	0%	N/A	N/A	N/A	N/A	N/A	N/A
Sunflower				N/A	0%	0%	0%	0%	N/A	N/A	N/A	100%
United		No Data	No Data	N/A	0%	0%	0%	0%	0%	100%	100%	0%
Statewide	91%			N/A	0%	0%	0%	0%	0%	100%	100%	50%
<b>TA</b>												
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	0%	N/A	N/A	100%	N/A	0%
Amerigroup				N/A	0%	0%	N/A	N/A	N/A	N/A	N/A	N/A
Sunflower				N/A	0%	0%	0%	N/A	0%	N/A	N/A	N/A
United		No Data	No Data	N/A	0%	0%	0%	N/A	N/A	100%	100%	N/A
Statewide	93%			N/A	0%	0%	0%	N/A	0%	100%	100%	0%
<b>Autism</b>												
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	0%	0%	N/A	N/A	N/A	N/A
Amerigroup				N/A	0%	0%	N/A	N/A	N/A	N/A	N/A	N/A
Sunflower				N/A	0%	0%	0%	0%	N/A	N/A	N/A	N/A
United		No Data	No Data	N/A	0%	0%	0%	0%	N/A	N/A	N/A	N/A
Statewide	100%			N/A	0%	0%	0%	0%	N/A	N/A	N/A	N/A
<b>SED</b>												
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	0%	50%	N/A	N/A	N/A	N/A
Amerigroup				N/A	0%	0%	N/A	N/A	N/A	N/A	N/A	N/A
Sunflower				N/A	0%	0%	0%	50%	N/A	N/A	N/A	N/A
United		No Data	No Data	N/A	0%	0%	0%	50%	N/A	N/A	N/A	N/A
Statewide	100%			N/A	0%	0%	0%	50%	N/A	N/A	N/A	N/A

Starting in 2022, this audit will be conducted quarterly in order to give more frequent feedback to the MCOs. There will continue to be a lag time in order to account time for claims data.

**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: 07/01/2022 - 09/30/2022

Data Source: MCO Record Review

Compliance By Waiver	Aetna	Sunflower	United	Statewide
<b>PD</b>	<b>67%</b>	<b>71%</b>	<b>76%</b>	<b>69%</b>
Numerator	10	12	13	18
Denominator	15	17	17	26
<b>FE</b>	<b>70%</b>	<b>64%</b>	<b>65%</b>	<b>68%</b>
Numerator	19	16	20	25
Denominator	27	25	31	37
<b>IDD</b>	<b>82%</b>	<b>84%</b>	<b>85%</b>	<b>83%</b>
Numerator	14	26	23	29
Denominator	17	31	27	35
<b>BI</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>
Numerator	2	3	3	3
Denominator	2	3	3	3
<b>TA</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>
Numerator	3	2	2	3
Denominator	3	2	2	3
<b>Autism</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>
Numerator	0	0	0	0
Denominator	0	0	0	0
<b>SED</b>	<b>57%</b>	<b>57%</b>	<b>67%</b>	<b>57%</b>
Numerator	4	4	4	4
Denominator	7	7	6	7

**Explanation of Findings:**

PD, FE, IDD, SED: Providers did not meet background check requirements set out in waiver and KDADS policy

**Remediation:**

All three contracted MCOs are on Quality Improvement Plans (QIPs) for this measure. KDADS and KDHE has reviewed the interpretive guidelines and provided clarification to the MCOs. KDADS directed the MCOs to follow the Background Check Policy. In response, the MCOs contracted with Averifi to conduct provider audits and ensure background check policy is consistently followed. KDADS continues to annually review the qualified provider measures and audits. In April of 2022, the State educated Averifi and the MCOs on HCBS background check requirements, specifically addressing the Nurse Registry check and Children's Residential policy. Averifi maintains a website for providers to utilize for background check requirements and trainings

KDADS met with MCOs again on March 30, 2023 with a six-month update of QIPs for all performance measures previously submitted. MCOs then provided KDADS with updated QIPs. After review of QIP submissions, in May of 2023, the State met with the MCOs to address identified barriers and provide clarification on expectations.

In August of 2023, the IDD Program Manager asked the assessing entities to remind their provider network of Averifi as a resource.

Compliance Trends	2013	2014	2015	2016	2017	2018	2019	2020	2021	Jan-Mar 2022	Apr-Jun 2022	Jul-Sept 2022
<b>PD</b>												
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	0%	38%	15%	72%	71%	67%
Amerigroup				N/A	0%	0%	N/A	N/A	N/A	N/A	N/A	N/A
Sunflower				N/A	0%	0%	0%	38%	16%	61%	65%	71%
United				N/A	0%	0%	0%	43%	17%	71%	76%	76%
Statewide	100%			N/A	0%	0%	0%	39%	15%	63%	70%	69%
<b>FE</b>												
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	0%	39%	23%	79%	75%	70%
Amerigroup				5%	0%	0%	N/A	N/A	N/A	N/A	N/A	N/A
Sunflower				30%	0%	0%	0%	38%	20%	86%	76%	64%
United				N/A	0%	0%	0%	42%	22%	74%	82%	65%
Statewide	Not a Measure			9%	0%	0%	0%	39%	23%	76%	79%	68%
<b>IDD</b>												
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	0%	39%	1%	78%	89%	82%
Amerigroup				N/A	0%	0%	N/A	N/A	N/A	N/A	N/A	N/A
Sunflower				N/A	0%	0%	0%	41%	3%	72%	90%	84%
United				N/A	0%	0%	0%	48%	0%	78%	86%	85%
Statewide	98%			N/A	0%	0%	0%	39%	3%	74%	84%	83%
<b>BI</b>												
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	0%	15%	0%	67%	100%	100%
Amerigroup				N/A	0%	0%	N/A	N/A	N/A	N/A	N/A	N/A
Sunflower				N/A	0%	0%	0%	14%	0%	75%	100%	100%
United				N/A	0%	0%	0%	15%	0%	71%	100%	100%
Statewide	89%			N/A	0%	0%	0%	14%	0%	75%	100%	100%
<b>TA</b>												
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	0%	15%	7%	100%	50%	100%
Amerigroup				N/A	0%	0%	N/A	N/A	N/A	N/A	N/A	N/A
Sunflower				N/A	0%	0%	0%	13%	7%	100%	50%	100%
United				N/A	0%	0%	0%	14%	0%	100%	50%	100%
Statewide	93%			N/A	0%	0%	0%	13%	6%	100%	50%	100%
<b>Autism</b>												
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	0%	0%	0%	N/A	N/A	N/A
Amerigroup				N/A	0%	0%	N/A	N/A	N/A	N/A	N/A	N/A
Sunflower				N/A	0%	0%	0%	0%	0%	N/A	N/A	N/A
United				N/A	0%	0%	0%	0%	0%	100%	N/A	N/A
Statewide	100%			N/A	0%	0%	0%	0%	0%	100%	N/A	N/A
<b>SED</b>												
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	0%	8%	0%	100%	71%	57%
Amerigroup				N/A	0%	0%	N/A	N/A	N/A	N/A	N/A	N/A
Sunflower				N/A	0%	0%	0%	8%	0%	100%	71%	57%
United				N/A	0%	0%	0%	8%	0%	100%	71%	67%
Statewide	100%			N/A	0%	0%	0%	8%	0%	100%	71%	57%

Starting in 2022, this audit will be conducted quarterly in order to give more frequent feedback to the MCOs. There will continue to be a lag time in order to account time for claims data.



**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: 07/01/2022 - 09/30/2022

Data Source: MCO Record Review

Compliance By Waiver	Aetna	Sunflower	United	Statewide
<b>PD</b>	<b>N/A</b>	<b>N/A</b>	<b>100%</b>	<b>100%</b>
Numerator	0	0	1	1
Denominator	0	0	1	1
<b>FE</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>
Numerator	0	0	0	0
Denominator	0	0	0	0
<b>IDD</b>	<b>N/A</b>	<b>N/A</b>	<b>100%</b>	<b>100%</b>
Numerator	0	0	1	1
Denominator	0	0	1	1
<b>BI</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>
Numerator	0	0	0	0
Denominator	0	0	0	0
<b>TA</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>
Numerator	0	0	0	0
Denominator	0	0	0	0
<b>Autism</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>
Numerator	0	0	0	0
Denominator	0	0	0	0
<b>SED</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>
Numerator	0	0	0	0
Denominator	0	0	0	0

**Explanation of Findings:**

Performance Measure threshold met for all waivers.

**Remediation:**

No remediation necessary.

Compliance Trends	2013	2014	2015	2016	2017	2018	2019	2020	2021	Jan-Mar 2022	Apr-Jun 2022	Jul-Sept 2022
<b>PD</b>												
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	0%	0%	0%	N/A	100%	N/A
Amerigroup				N/A	0%	0%	N/A	N/A	N/A	N/A	N/A	N/A
Sunflower				N/A	0%	0%	0%	0%	0%	N/A	100%	N/A
United		No Data	No Data	N/A	0%	0%	0%	0%	0%	N/A	100%	100%
Statewide	75%			N/A	0%	0%	0%	0%	0%	N/A	100%	100%
<b>FE</b>												
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	0%	0%	N/A	N/A	N/A	N/A
Amerigroup				5%	0%	0%	N/A	N/A	N/A	N/A	N/A	N/A
Sunflower				30%	0%	0%	0%	N/A	0%	N/A	100%	N/A
United		No Data	No Data	N/A	0%	0%	0%	0%	0%	100%	100%	N/A
Statewide	100%			9%	0%	0%	0%	0%	0%	100%	100%	N/A
<b>IDD</b>												
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	0%	N/A	0%	N/A	N/A	N/A
Amerigroup				N/A	0%	0%	N/A	N/A	N/A	N/A	N/A	N/A
Sunflower				N/A	0%	0%	0%	N/A	N/A	N/A	N/A	N/A
United		No Data	No Data	N/A	0%	0%	0%	N/A	N/A	N/A	N/A	100%
Statewide	Not a Measure			N/A	0%	0%	0%	N/A	0%	N/A	N/A	100%
<b>BI</b>												
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	0%	0%	N/A	N/A	N/A	N/A
Amerigroup				N/A	0%	0%	N/A	N/A	N/A	N/A	N/A	N/A
Sunflower				N/A	0%	0%	0%	N/A	N/A	N/A	N/A	N/A
United		No Data	No Data	N/A	0%	0%	0%	N/A	N/A	100%	N/A	N/A
Statewide	88%			N/A	0%	0%	0%	0%	N/A	100%	N/A	N/A
<b>TA</b>												
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	0%	N/A	N/A	N/A	N/A	N/A
Amerigroup				N/A	0%	0%	N/A	N/A	N/A	N/A	N/A	N/A
Sunflower				N/A	0%	0%	0%	N/A	N/A	N/A	N/A	N/A
United		No Data	No Data	N/A	0%	0%	0%	N/A	N/A	N/A	N/A	N/A
Statewide	No Data			N/A	0%	0%	0%	N/A	N/A	N/A	N/A	N/A
<b>Autism</b>												
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	0%	N/A	N/A	N/A	N/A	N/A
Amerigroup				N/A	0%	0%	N/A	N/A	N/A	N/A	N/A	N/A
Sunflower				N/A	0%	0%	0%	N/A	N/A	N/A	N/A	N/A
United		No Data	No Data	N/A	0%	0%	0%	N/A	N/A	N/A	N/A	N/A
Statewide	82%			N/A	0%	0%	0%	N/A	N/A	N/A	N/A	N/A
<b>SED</b>												
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	0%	N/A	N/A	N/A	N/A	N/A
Amerigroup				N/A	0%	0%	N/A	N/A	N/A	N/A	N/A	N/A
Sunflower				N/A	0%	0%	0%	N/A	N/A	N/A	N/A	N/A
United		No Data	No Data	N/A	0%	0%	0%	N/A	N/A	N/A	N/A	N/A
Statewide	Not a measure			N/A	0%	0%	0%	N/A	N/A	N/A	N/A	N/A

Starting in 2022, this audit will be conducted quarterly in order to give more frequent feedback to the MCOs. There will continue to be a lag time in order to account time for claims data.

**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: 07/01/2022 - 09/30/2022

Data Source: MCO Record Review

Compliance By Waiver	Aetna	Sunflower	United	Statewide
<b>PD</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>
Numerator	5	5	5	5
Denominator	5	5	5	5
<b>FE</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>
Numerator	6	6	6	6
Denominator	6	6	6	6
<b>IDD</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>
Numerator	2	1	1	2
Denominator	2	1	1	2
<b>BI</b>	<b>83%</b>	<b>83%</b>	<b>100%</b>	<b>83%</b>
Numerator	5	5	4	5
Denominator	6	6	4	6
<b>TA</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>
Numerator	3	3	3	3
Denominator	3	3	3	3
<b>Autism</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>
Numerator	0	0	0	0
Denominator	0	0	0	0
<b>SED</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>
Numerator	0	0	0	0
Denominator	0	0	0	0

**Explanation of Findings:**

BI: Providers did not meet background check requirements set out in waiver and KDADS policy

**Remediation:**

All three contracted MCOs are on Quality Improvement Plans (QIPs) for this measure. KDADS and KDHE has reviewed the interpretive guidelines and provided clarification to the MCOs. KDADS directed the MCOs to follow the Background Check Policy. In response, the MCOs contracted with Averitt to conduct provider audits and ensure background check policy is consistently followed. KDADS continues to annually review the qualified provider measures and audits. In April of 2022, the State educated Averitt and the MCOs on HCBS background check requirements, specifically addressing the Nurse Registry check and Children's Residential policy.

KDADS met with MCOs again on March 30, 2023 with a six-month update of QIPs for all performance measures previously submitted. MCOs then provided KDADS with updated QIPs. After review of QIP submissions, in May of 2023, the State met with the MCOs to address identified barriers and provide clarification on expectations.

Compliance Trends	2013	2014	2015	2016	2017	2018	2019	2020	2021	Jan-Mar 2022	Apr-Jun 2022	Jul-Sept 2022
<b>PD</b>												
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	0%	6%	13%	100%	100%	100%
Amerigroup				N/A	0%	0%	N/A	N/A	N/A	N/A	N/A	N/A
Sunflower				N/A	0%	0%	0%	7%	12%	100%	100%	100%
United		No Data	No Data	N/A	0%	0%	0%	8%	13%	100%	100%	100%
Statewide	75%			N/A	0%	0%	0%	6%	12%	100%	100%	100%
<b>FE</b>												
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	0%	11%	9%	100%	N/A	100%
Amerigroup				5%	0%	0%	N/A	N/A	N/A	N/A	N/A	N/A
Sunflower				30%	0%	0%	0%	17%	7%	100%	N/A	100%
United		No Data	No Data	N/A	0%	0%	0%	14%	7%	100%	0%	100%
Statewide	Not a Measure			9%	0%	0%	0%	11%	7%	100%	0%	100%
<b>IDD</b>												
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	0%	0%	0%	100%	N/A	100%
Amerigroup				N/A	0%	0%	N/A	N/A	N/A	N/A	N/A	N/A
Sunflower				N/A	0%	0%	0%	0%	N/A	100%	N/A	100%
United		No Data	No Data	N/A	0%	0%	0%	0%	N/A	100%	N/A	100%
Statewide	Not a Measure			N/A	0%	0%	0%	0%	0%	100%	N/A	100%
<b>BI</b>												
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	0%	9%	0%	100%	100%	83%
Amerigroup				N/A	0%	0%	N/A	N/A	N/A	N/A	N/A	N/A
Sunflower				N/A	0%	0%	0%	10%	0%	100%	100%	83%
United		No Data	No Data	N/A	0%	0%	0%	9%	0%	100%	100%	100%
Statewide	88%			N/A	0%	0%	0%	9%	0%	100%	100%	83%
<b>TA</b>												
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	0%	N/A	0%	100%	100%	100%
Amerigroup				N/A	0%	0%	N/A	N/A	N/A	N/A	N/A	N/A
Sunflower				N/A	0%	0%	0%	N/A	0%	100%	100%	100%
United		No Data	No Data	N/A	0%	0%	0%	N/A	0%	100%	100%	100%
Statewide	No Data			N/A	0%	0%	0%	N/A	0%	100%	100%	100%
<b>Autism</b>												
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	0%	N/A	N/A	N/A	N/A	N/A
Amerigroup				N/A	0%	0%	N/A	N/A	N/A	N/A	N/A	N/A
Sunflower				N/A	0%	0%	0%	N/A	N/A	N/A	N/A	N/A
United		No Data	No Data	N/A	0%	0%	0%	N/A	N/A	N/A	N/A	N/A
Statewide	91%			N/A	0%	0%	0%	N/A	N/A	N/A	N/A	N/A
<b>SED</b>												
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	0%	N/A	N/A	N/A	N/A	N/A
Amerigroup				N/A	0%	0%	N/A	N/A	N/A	N/A	N/A	N/A
Sunflower				N/A	0%	0%	0%	N/A	N/A	N/A	N/A	N/A
United		No Data	No Data	N/A	0%	0%	0%	N/A	N/A	N/A	N/A	N/A
Statewide	89%			N/A	0%	0%	0%	N/A	N/A	N/A	N/A	N/A

Starting in 2022, this audit will be conducted quarterly in order to give more frequent feedback to the MCOs. There will continue to be a lag time in order to account time for claims data.

**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: 07/01/2022 - 09/30/2022

Data Source: MCO Record Review

Compliance By Waiver	Aetna	Sunflower	United	Statewide
<b>PD</b>	N/A	N/A	N/A	N/A
Numerator				
Denominator				
<b>FE</b>	N/A	N/A	N/A	N/A
Numerator				
Denominator				
<b>IDD</b>	N/A	N/A	N/A	N/A
Numerator				
Denominator				
<b>BI</b>	N/A	N/A	N/A	N/A
Numerator				
Denominator				
<b>TA</b>	N/A	N/A	N/A	N/A
Numerator				
Denominator				
<b>Autism</b>	N/A	N/A	N/A	N/A
Numerator				
Denominator				
<b>SED</b>	N/A	N/A	N/A	N/A
Numerator				
Denominator				

**Explanation of Findings:**

The State does not currently have an approved training process in place.

**Remediation:**

KDADS is working on identifying the educational requirements and determining and/or identifying the method the MCOs use to track how providers are meeting educational requirements. KDADS has begun to implement its plan to use Federal Medical Assistance Percentages (FMAP) funding to enhance training for providers to meet waiver requirements. KDADS plans to have this completed by the close of 2024.

Compliance Trends	2013	2014	2015	2016	2017	2018	2019	2020	2021	Jan-Mar 2022	Apr-Jun 2022	Jul-Sept 2022
<b>PD</b>												
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Amerigroup				N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Sunflower				N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
United		No Data	No Data	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Statewide	No Data			N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
<b>FE</b>												
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Amerigroup				5%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Sunflower				30%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
United		No Data	No Data	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Statewide	No Data			9%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
<b>IDD</b>												
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Amerigroup				N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Sunflower				N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
United		No Data	No Data	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Statewide	99%			N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
<b>BI</b>												
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Amerigroup				N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Sunflower				N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
United		No Data	No Data	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Statewide	No Data			N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
<b>TA</b>												
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Amerigroup				N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Sunflower				N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
United		No Data	No Data	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Statewide	No Data			N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
<b>Autism</b>												
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Amerigroup				N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Sunflower				N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
United		No Data	No Data	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Statewide	No Data			N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
<b>SED</b>												
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Amerigroup				N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Sunflower				N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
United		No Data	No Data	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Statewide	88%			N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A

**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: 01/01/2023 - 03/31/2023**

**Data Source: MCO Record Review**

Compliance By Waiver	Aetna	Sunflower	United	Statewide
<b>PD</b>	<b>93%</b>	<b>97%</b>	<b>86%</b>	<b>91%</b>
Numerator	26	28	31	85
Denominator	28	29	36	93
<b>FE</b>	<b>89%</b>	<b>88%</b>	<b>95%</b>	<b>91%</b>
Numerator	24	23	38	85
Denominator	27	26	40	93
<b>IDD</b>	<b>100%</b>	<b>90%</b>	<b>77%</b>	<b>88%</b>
Numerator	16	47	23	86
Denominator	16	52	30	98
<b>BI</b>	<b>96%</b>	<b>100%</b>	<b>85%</b>	<b>92%</b>
Numerator	22	19	28	69
Denominator	23	19	33	75
<b>TA</b>	<b>100%</b>	<b>100%</b>	<b>86%</b>	<b>94%</b>
Numerator	18	21	24	63
Denominator	18	21	28	67
<b>Autism</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>
Numerator	4	3	6	13
Denominator	4	3	6	13
<b>SED</b>	<b>100%</b>	<b>91%</b>	<b>88%</b>	<b>92%</b>
Numerator	27	30	29	86
Denominator	27	33	33	93

**Explanation of Findings:**

Performance Measure threshold met for all waivers.

**Remediation:**

No Remediation necessary.

Compliance Trends	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	Jan-Mar 2023
<b>PD</b>											
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	68%	51%	84%	89%	93%
Amerigroup		55%	33%	63%	79%	86%	N/A	N/A	N/A	N/A	N/A
Sunflower		57%	64%	59%	81%	78%	86%	49%	55%	87%	97%
United		33%	49%	86%	85%	85%	76%	49%	46%	68%	86%
Statewide	55%	50%	48%	69%	81%	83%	78%	49%	60%	80%	91%
<b>FE</b>											
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	75%	47%	83%	85%	89%
Amerigroup		50%	42%	54%	70%	75%	N/A	N/A	N/A	N/A	N/A
Sunflower		56%	51%	75%	79%	73%	86%	53%	68%	81%	88%
United		45%	56%	81%	90%	87%	71%	34%	46%	74%	95%
Statewide	Not a Measure	50%	49%	70%	80%	79%	78%	43%	62%	79%	91%
<b>IDD</b>											
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	60%	46%	84%	98%	100%
Amerigroup		36%	32%	53%	76%	83%	N/A	N/A	N/A	N/A	N/A
Sunflower		56%	56%	61%	70%	71%	73%	35%	61%	90%	90%
United		52%	41%	73%	85%	85%	58%	33%	49%	71%	77%
Statewide	99%	49%	45%	62%	75%	78%	67%	36%	61%	85%	88%
<b>BI</b>											
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	43%	28%	71%	87%	96%
Amerigroup		37%	41%	58%	78%	72%	N/A	N/A	N/A	N/A	N/A
Sunflower		37%	38%	80%	74%	73%	81%	33%	47%	91%	100%
United		22%	55%	78%	79%	87%	75%	34%	46%	72%	85%
Statewide	44%	34%	43%	68%	77%	75%	71%	32%	54%	82%	92%
<b>TA</b>											
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	78%	42%	76%	96%	100%
Amerigroup		50%	44%	69%	90%	99%	N/A	N/A	N/A	N/A	N/A
Sunflower		73%	85%	82%	65%	89%	87%	44%	53%	84%	100%
United		64%	32%	70%	95%	70%	87%	38%	76%	92%	86%
Statewide	93%	61%	54%	73%	83%	90%	85%	41%	69%	90%	94%
<b>Autism</b>											
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	0%	21%	57%	75%	100%
Amerigroup		84%	56%	35%	88%	100%	N/A	N/A	N/A	N/A	N/A
Sunflower		47%	50%	50%	30%	33%	62%	73%	75%	82%	100%
United		63%	36%	17%	13%	41%	65%	22%	47%	73%	100%
Statewide	58%	69%	49%	37%	42%	52%	56%	35%	57%	76%	100%
<b>SED</b>											
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	96%	30%	67%	91%	100%
Amerigroup		91%	99%	98%	99%	96%	N/A	N/A	N/A	N/A	N/A
Sunflower		92%	95%	87%	98%	96%	95%	32%	63%	91%	91%
United		89%	100%	98%	88%	97%	98%	38%	64%	74%	88%
Statewide	98%	90%	98%	95%	95%	97%	97%	34%	64%	85%	92%

\*Audit methodology has changed for this question, effective April-June 2021

**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: 01/01/2023 - 03/31/2023**

**Data Source: MCO Record Review**

Compliance By Waiver	Aetna	Sunflower	United	Statewide
<b>PD</b>	<b>86%</b>	<b>93%</b>	<b>97%</b>	<b>92%</b>
Numerator	24	27	35	86
Denominator	28	29	36	93
<b>FE</b>	<b>85%</b>	<b>96%</b>	<b>98%</b>	<b>94%</b>
Numerator	23	25	39	87
Denominator	27	26	40	93
<b>IDD</b>	<b>100%</b>	<b>96%</b>	<b>93%</b>	<b>96%</b>
Numerator	16	50	28	94
Denominator	16	52	30	98
<b>BI</b>	<b>87%</b>	<b>95%</b>	<b>91%</b>	<b>91%</b>
Numerator	20	18	30	68
Denominator	23	19	33	75
<b>TA</b>	<b>83%</b>	<b>100%</b>	<b>93%</b>	<b>93%</b>
Numerator	15	21	26	62
Denominator	18	21	28	67
<b>Autism</b>	<b>50%</b>	<b>67%</b>	<b>100%</b>	<b>77%</b>
Numerator	2	2	6	10
Denominator	4	3	6	13
<b>SED</b>	<b>78%</b>	<b>85%</b>	<b>76%</b>	<b>80%</b>
Numerator	21	28	25	74
Denominator	27	33	33	93

**Explanation of Findings:**

AU: Service Plan does not contain any services to address assessed needs and capabilities

SED: Service plan and/or assessments not provided or does not cover entire review period

**Remediation:**

Data reviews and audit requirements continue to be discussed and reviewed with MCOs at the scheduled quarterly meetings and the Quality Improvement Plan (QIP) meetings, until measures meet 86% or greater for eight consecutive quarters.

Each MCO met on August 9, 2022 and were requested to provide an annual updated QIP for each PM under 86% as well as for each waiver that showed over 50% of PMs not being met.

Until May 11th, 2023, MCOs continued to have participant or guardian approval of Service Plans with verbal signatures then sending copies of the Service Plans to participants via mail with self addressed stamped envelopes so that the plans can be signed and returned. Each MCO also has State approved electronic signature platforms.

KDADS met with MCOs again on March 30, 2023 with a six-month update of QIPs for all performance measures previously submitted. MCOs then provided KDADS with updated QIPs. After review of QIP submissions, in May of 2023, the State met with the MCOs to address identified barriers and provide clarification on expectations. During this meeting in May, KDADS reminded all MCOs that the SED waiver needs renewed every 90 days, as this shorter renewal period has been identified as a significant barrier to compliance. MCOs are executing systematic outreach with Autism providers, both waiver and state plan services, to encourage enrollment.

The 2023 Autism Waiver renewal included the option to self-direct respite care.

Compliance Trends	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	Jan-Mar 2023
<b>PD</b>											
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	66%	41%	77%	83%	86%
Amerigroup		83%	55%	74%	83%	93%	N/A	N/A	N/A	N/A	N/A
Sunflower		90%	56%	63%	83%	77%	86%	59%	76%	94%	93%
United		89%	68%	92%	87%	94%	88%	48%	77%	91%	97%
Statewide	86%	87%	59%	76%	84%	88%	83%	50%	77%	90%	92%
<b>FE</b>											
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	71%	40%	77%	81%	85%
Amerigroup		79%	66%	74%	80%	88%	N/A	N/A	N/A	N/A	N/A
Sunflower		90%	53%	73%	75%	76%	86%	57%	73%	91%	96%
United		88%	68%	84%	88%	90%	88%	49%	74%	97%	98%
Statewide	87%	86%	61%	77%	81%	84%	84%	50%	74%	90%	94%
<b>IDD</b>											
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	51%	40%	77%	95%	100%
Amerigroup		85%	67%	64%	77%	83%	N/A	N/A	N/A	N/A	N/A
Sunflower		77%	36%	65%	70%	77%	78%	52%	67%	93%	96%
United		72%	47%	78%	91%	90%	78%	43%	82%	97%	93%
Statewide	99%	78%	48%	68%	77%	82%	75%	47%	74%	95%	96%
<b>BI</b>											
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	38%	19%	65%	83%	87%
Amerigroup		67%	48%	65%	78%	75%	N/A	N/A	N/A	N/A	N/A
Sunflower		82%	28%	82%	74%	73%	79%	38%	56%	98%	95%
United		70%	62%	80%	79%	84%	82%	33%	66%	89%	91%
Statewide	72%	73%	45%	72%	77%	76%	71%	31%	63%	90%	91%
<b>TA</b>											
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	81%	35%	72%	94%	83%
Amerigroup		93%	58%	70%	88%	98%	N/A	N/A	N/A	N/A	N/A
Sunflower		98%	62%	74%	69%	85%	90%	40%	70%	95%	100%
United		97%	58%	79%	92%	84%	91%	31%	84%	98%	93%
Statewide	96%	96%	59%	73%	83%	91%	89%	35%	76%	96%	93%
<b>Autism</b>											
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	0%	0%	57%	67%	50%
Amerigroup		81%	59%	33%	88%	82%	N/A	N/A	N/A	N/A	N/A
Sunflower		50%	45%	47%	15%	28%	31%	60%	63%	91%	67%
United		63%	21%	22%	13%	24%	62%	0%	80%	95%	100%
Statewide	59%	68%	46%	36%	37%	39%	44%	14%	72%	87%	77%
<b>SED</b>											
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	56%	27%	48%	48%	78%
Amerigroup		91%	99%	98%	99%	96%	N/A	N/A	N/A	N/A	N/A
Sunflower		91%	92%	87%	93%	88%	83%	32%	50%	50%	85%
United		89%	98%	96%	84%	76%	77%	38%	80%	83%	76%
Statewide	92%	90%	97%	94%	92%	87%	76%	33%	61%	62%	80%

\*Audit methodology has changed for this question, effective April-June 2021

**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: 01/01/2023 - 03/31/2023**  
**Data Source: MCO Record Review**

Compliance By Waiver	Aetna	Sunflower	United	Statewide
<b>PD</b>	<b>86%</b>	<b>93%</b>	<b>97%</b>	<b>92%</b>
Numerator	24	27	35	86
Denominator	28	29	36	93
<b>FE</b>	<b>85%</b>	<b>96%</b>	<b>98%</b>	<b>94%</b>
Numerator	23	25	39	87
Denominator	27	26	40	93
<b>IDD</b>	<b>100%</b>	<b>96%</b>	<b>93%</b>	<b>96%</b>
Numerator	16	50	28	94
Denominator	16	52	30	98
<b>BI</b>	<b>87%</b>	<b>100%</b>	<b>94%</b>	<b>93%</b>
Numerator	20	19	31	70
Denominator	23	19	33	75
<b>TA</b>	<b>83%</b>	<b>100%</b>	<b>93%</b>	<b>93%</b>
Numerator	15	21	26	62
Denominator	18	21	28	67
<b>Autism</b>	<b>100%</b>	<b>67%</b>	<b>100%</b>	<b>92%</b>
Numerator	4	2	6	12
Denominator	4	3	6	13
<b>SED</b>	<b>78%</b>	<b>85%</b>	<b>76%</b>	<b>80%</b>
Numerator	21	28	25	74
Denominator	27	33	33	93

**Explanation of Findings:**

SED: Service plan not provided or does not cover entire review period

**Remediation:**

Data reviews and audit requirements continue to be discussed and reviewed with MCOs at the scheduled quarterly meetings and the Quality Improvement Plan (QIP) meetings, until measures meet 86% or greater for eight consecutive quarters.

Each MCO met on August 9, 2022 and were requested to provide an annual updated QIP for each PM under 86% as well as for each waiver that showed over 50% of PMs not being met.

Until May 11th, 2023, MCOs continued to have participant or guardian approval of Service Plans with verbal signatures then sending copies of the Service Plans to participants via mail with self addressed stamped envelopes so that the plans can be signed and returned. Each MCO also has State approved electronic signature platforms.

KDADS met with MCOs again on March 30, 2023 with a six-month update of QIPs for all performance measures previously submitted. MCOs then provided KDADS with updated QIPs. After review of QIP submissions, in May of 2023, the State met with the MCOs to address identified barriers and provide clarification on expectations. During this meeting in May, KDADS reminded all MCOs that the SED waiver needs renewed every 90 days, as this shorter renewal period has been identified as a significant barrier to compliance.

Compliance Trends	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	Jan-Mar 2023
<b>PD</b>											
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	66%	41%	75%	83%	86%
Amerigroup			44%	73%	81%	94%	N/A	N/A	N/A	N/A	N/A
Sunflower			89%	49%	67%	85%	75%	86%	61%	76%	93%
United			96%	67%	90%	88%	95%	86%	48%	78%	91%
Statewide	90%	91%	51%	76%	84%	88%	82%	51%	77%	90%	92%
<b>FE</b>											
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	73%	39%	77%	80%	85%
Amerigroup			55%	75%	82%	89%	N/A	N/A	N/A	N/A	N/A
Sunflower			92%	50%	73%	77%	74%	86%	56%	74%	91%
United			95%	70%	82%	88%	91%	88%	49%	74%	96%
Statewide	Not a measure	93%	57%	76%	82%	84%	85%	50%	75%	90%	94%
<b>IDD</b>											
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	51%	40%	79%	97%	100%
Amerigroup			90%	61%	67%	75%	83%	N/A	N/A	N/A	N/A
Sunflower			97%	36%	65%	73%	78%	77%	51%	68%	93%
United			89%	45%	78%	92%	90%	77%	44%	82%	97%
Statewide	99%	93%	46%	69%	78%	83%	74%	47%	74%	95%	96%
<b>BI</b>											
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	40%	21%	66%	85%	87%
Amerigroup			79%	45%	64%	80%	79%	N/A	N/A	N/A	N/A
Sunflower			91%	26%	84%	70%	74%	79%	39%	56%	100%
United			83%	64%	80%	79%	89%	82%	33%	66%	90%
Statewide	84%	84%	43%	72%	78%	79%	72%	32%	63%	91%	93%
<b>TA</b>											
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	81%	35%	72%	94%	83%
Amerigroup			96%	49%	73%	89%	98%	N/A	N/A	N/A	N/A
Sunflower			95%	61%	76%	66%	85%	90%	40%	67%	100%
United			94%	58%	79%	92%	84%	91%	31%	84%	98%
Statewide	96%	96%	54%	75%	83%	91%	89%	35%	75%	96%	93%
<b>Autism</b>											
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	0%	0%	67%	67%	100%
Amerigroup			79%	59%	30%	88%	91%	N/A	N/A	N/A	N/A
Sunflower			61%	45%	47%	15%	28%	31%	73%	75%	67%
United			86%	21%	17%	13%	24%	62%	0%	83%	100%
Statewide	64%	74%	46%	34%	37%	41%	44%	18%	77%	87%	92%
<b>SED</b>											
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	96%	30%	48%	48%	78%
Amerigroup			90%	99%	97%	99%	96%	N/A	N/A	N/A	N/A
Sunflower			89%	95%	87%	98%	97%	95%	32%	50%	85%
United			86%	100%	97%	88%	97%	98%	38%	80%	83%
Statewide	99%	88%	98%	94%	95%	97%	97%	34%	61%	62%	80%

\*Audit methodology has changed for this question, effective April-June 2021

**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:** 01/01/2023 - 03/31/2023

**Data Source:** MCO Record Review

Compliance By Waiver	Aetna	Sunflower	United	Statewide
<b>PD</b>	<b>82%</b>	<b>93%</b>	<b>83%</b>	<b>86%</b>
Numerator	23	27	30	80
Denominator	28	29	36	93
<b>FE</b>	<b>78%</b>	<b>77%</b>	<b>88%</b>	<b>82%</b>
Numerator	21	20	35	76
Denominator	27	26	40	93
<b>IDD</b>	<b>100%</b>	<b>83%</b>	<b>67%</b>	<b>81%</b>
Numerator	16	43	20	79
Denominator	16	52	30	98
<b>BI</b>	<b>74%</b>	<b>89%</b>	<b>76%</b>	<b>79%</b>
Numerator	17	17	25	59
Denominator	23	19	33	75
<b>TA</b>	<b>61%</b>	<b>81%</b>	<b>86%</b>	<b>78%</b>
Numerator	11	17	24	52
Denominator	18	21	28	67
<b>Autism</b>	<b>25%</b>	<b>100%</b>	<b>100%</b>	<b>77%</b>
Numerator	1	3	6	10
Denominator	4	3	6	13
<b>SED</b>	<b>74%</b>	<b>76%</b>	<b>76%</b>	<b>75%</b>
Numerator	20	25	25	70
Denominator	27	33	33	93

**Explanation of Findings:**

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

IDD: No valid signature and/or date, documentation containing goals and/or assessment documents 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, DPOA paperwork not provided for validation

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

AU: No valid signature and/or date, authorized service section on service plan is missing or not completed fully

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

Compliance Trends	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	Jan-Mar 2023
<b>PD</b>											
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	58%	41%	65%	70%	82%
Amerigroup		88%	68%	76%	85%	91%	N/A	N/A	N/A	N/A	N/A
Sunflower		87%	69%	73%	87%	77%	86%	47%	43%	68%	93%
United			85%	77%	92%	88%	94%	82%	40%	33%	67%
Statewide	80%	87%	70%	80%	86%	87%	78%	43%	45%	68%	86%
<b>FE</b>											
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	69%	37%	65%	71%	78%
Amerigroup		84%	76%	78%	82%	91%	N/A	N/A	N/A	N/A	N/A
Sunflower		88%	61%	84%	86%	76%	86%	52%	49%	73%	77%
United		86%	79%	87%	90%	90%	81%	35%	33%	68%	88%
Statewide	Not a Measure	86%	71%	83%	86%	85%	81%	41%	46%	70%	82%
<b>IDD</b>											
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	47%	40%	68%	70%	100%
Amerigroup		80%	80%	73%	77%	94%	N/A	N/A	N/A	N/A	N/A
Sunflower		80%	59%	74%	80%	79%	77%	38%	39%	68%	83%
United		82%	55%	79%	92%	90%	72%	30%	42%	67%	67%
Statewide	98%	81%	64%	75%	82%	83%	71%	36%	45%	68%	81%
<b>BI</b>											
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	43%	21%	51%	66%	74%
Amerigroup		76%	53%	64%	79%	79%	N/A	N/A	N/A	N/A	N/A
Sunflower		86%	43%	86%	80%	73%	77%	30%	37%	74%	89%
United		77%	69%	85%	79%	84%	79%	29%	34%	65%	76%
Statewide	64%	80%	53%	74%	80%	78%	71%	28%	40%	68%	79%
<b>TA</b>											
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	70%	33%	48%	90%	61%
Amerigroup		84%	68%	71%	90%	96%	N/A	N/A	N/A	N/A	N/A
Sunflower		97%	86%	85%	68%	89%	88%	33%	43%	62%	81%
United		96%	58%	79%	95%	84%	90%	24%	56%	84%	86%
Statewide	No Data	91%	72%	77%	84%	92%	86%	29%	50%	78%	78%
<b>Autism</b>											
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	0%	0%	43%	58%	25%
Amerigroup		74%	59%	35%	88%	91%	N/A	N/A	N/A	N/A	N/A
Sunflower		51%	50%	47%	20%	39%	31%	60%	56%	82%	100%
United		65%	29%	17%	13%	35%	65%	0%	43%	91%	100%
Statewide	55%	65%	49%	36%	38%	50%	47%	14%	47%	80%	77%
<b>SED</b>											
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	96%	30%	54%	40%	74%
Amerigroup		92%	99%	98%	99%	96%	N/A	N/A	N/A	N/A	N/A
Sunflower		90%	94%	86%	98%	97%	95%	32%	49%	42%	76%
United		87%	98%	97%	88%	95%	98%	38%	63%	72%	76%
Statewide	Not a measure	90%	97%	94%	95%	96%	97%	34%	52%	53%	75%

**Remediation:**

Data reviews and audit requirements continue to be discussed and reviewed with MCOs at the scheduled quarterly meetings and the Quality Improvement Plan (QIP) meetings until measures meet 86% or greater for eight consecutive quarters.

KDADS has continued to coordinate with the MCOs in educating their Care Coordinators on how to adequately complete a Person-Centered Service Plan (PCSP) through each MCO's quality improvement plans, includes implementation of SMART goals. The MCOs have implemented internal trainings targeting participant goals being documented in their Service Plans, required documentation, and Service Plan due date cycles.

Each MCO met on August 9, 2022 and were requested to provide an annual updated QIP for each PM under 86% as well as for each waiver that showed over 50% of PMs not being met.

Until May 11th, 2023, MCOs continued to have participant or guardian approval of Service Plans (SPs) with verbal signatures. Care Coordinators then sent copies of the Service Plans to participants via mail with self addressed stamped envelopes so that the plans can be signed and returned. Each MCO also has State approved electronic signature platforms.

KDADS met with MCOs again on March 30, 2023 with a six-month update of QIPs for all performance measures previously submitted. MCOs then provided KDADS with updated QIPs. After review of QIP submissions, in May of 2023, the State met with the MCOs to address identified barriers and provide clarification on expectations. During this meeting in May, KDADS reminded all MCOs that the SED waiver needs renewed every 90 days, as this shorter renewal period has been identified as a significant barrier to compliance.

**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: 01/01/2023 - 03/31/2023**

**Data Source: MCO Record Review**

Compliance By Waiver	Aetna	Sunflower	United	Statewide
<b>PD</b>	<b>79%</b>	<b>93%</b>	<b>83%</b>	<b>85%</b>
Numerator	22	27	30	79
Denominator	28	29	36	93
<b>FE</b>	<b>78%</b>	<b>85%</b>	<b>88%</b>	<b>84%</b>
Numerator	21	22	35	78
Denominator	27	26	40	93
<b>IDD</b>	<b>100%</b>	<b>85%</b>	<b>77%</b>	<b>85%</b>
Numerator	16	44	23	83
Denominator	16	52	30	98
<b>BI</b>	<b>83%</b>	<b>95%</b>	<b>85%</b>	<b>87%</b>
Numerator	19	18	28	65
Denominator	23	19	33	75
<b>TA</b>	<b>78%</b>	<b>81%</b>	<b>86%</b>	<b>82%</b>
Numerator	14	17	24	55
Denominator	18	21	28	67
<b>Autism</b>	<b>75%</b>	<b>100%</b>	<b>100%</b>	<b>92%</b>
Numerator	3	3	6	12
Denominator	4	3	6	13
<b>SED</b>	<b>74%</b>	<b>76%</b>	<b>76%</b>	<b>75%</b>
Numerator	20	25	25	70
Denominator	27	33	33	93

**Explanation of Findings:**

PD: No valid signature and/or date, service plan not provided or does not cover entire review period

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

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

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

SED: No valid signature and/or date, service plan not provided or does not cover entire review period

**Remediation:**

Data reviews and audit requirements continue to be discussed and reviewed with MCOs at the scheduled quarterly meetings and the Quality Improvement Plan (QIP) meetings until measures meet 86% or greater for eight consecutive quarters.

KDADS has continued to coordinate with the MCOs in educating their Care Coordinators on how to adequately complete a Person-Centered Service Plan (PCSP) through each MCO's quality improvement plans, includes implementation of SMART goals. The MCOs have implemented internal trainings targeting participant goals being documented in their Service Plans, required documentation, and Service Plan due date cycles.

Each MCO met on August 9, 2022 and were requested to provide an annual updated QIP for each PM under 87% as well as for each waiver that showed over 50% of PMs not being met.

Until May 11th, 2023, MCOs continued to have participant or guardian approval of Service Plans (SPs) with verbal signatures. Care Coordinators then sent copies of the Service Plans to participants via mail with self addressed stamped envelopes so that the plans can be signed and returned. Each MCO also has State approved electronic signature platforms.

KDADS met with MCOs again on March 30, 2023 with a six-month update of QIPs for all performance measures previously submitted. MCOs then provided KDADS with updated QIPs. After review of QIP submissions, in May of 2023, the State met with the MCOs to address identified barriers and provide clarification on expectations. During this meeting in May, KDADS reminded all MCOs that the SED waiver needs renewed every 90 days, as this shorter renewal period has been identified as a significant barrier to compliance.

Compliance Trends	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	Jan-Mar 2023
<b>PD</b>											
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	68%	44%	69%	74%	79%
Amerigroup			88%	70%	79%	87%	97%	N/A	N/A	N/A	N/A
Sunflower			87%	70%	74%	88%	80%	86%	60%	56%	74%
United			84%	79%	89%	88%	95%	87%	50%	36%	75%
Statewide	Not a Measure	87%	72%	81%	88%	91%	83%	52%	52%	74%	85%
<b>FE</b>											
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	46%	43%	67%	75%	78%
Amerigroup			83%	78%	76%	84%	92%	N/A	N/A	N/A	N/A
Sunflower			86%	60%	83%	87%	78%	65%	56%	50%	79%
United			87%	83%	88%	91%	92%	66%	50%	38%	73%
Statewide	90%	85%	72%	83%	88%	87%	63%	51%	49%	75%	84%
<b>IDD</b>											
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	53%	40%	68%	73%	100%
Amerigroup			84%	76%	73%	76%	85%	N/A	N/A	N/A	N/A
Sunflower			82%	60%	74%	78%	83%	79%	52%	43%	73%
United			88%	51%	79%	93%	90%	78%	43%	50%	74%
Statewide	Not a Measure	84%	63%	75%	81%	85%	76%	47%	49%	73%	85%
<b>BI</b>											
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	40%	21%	51%	72%	83%
Amerigroup			73%	51%	65%	80%	82%	N/A	N/A	N/A	N/A
Sunflower			84%	45%	86%	80%	79%	77%	38%	42%	80%
United			80%	69%	59%	79%	92%	85%	35%	38%	72%
Statewide	Not a Measure	78%	52%	74%	80%	83%	72%	32%	43%	74%	87%
<b>TA</b>											
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	78%	33%	54%	93%	78%
Amerigroup			83%	75%	71%	90%	99%	N/A	N/A	N/A	N/A
Sunflower			97%	86%	84%	68%	89%	90%	40%	52%	67%
United			97%	58%	79%	95%	86%	91%	32%	62%	85%
Statewide	Not a Measure	91%	76%	76%	84%	93%	89%	35%	57%	81%	82%
<b>Autism</b>											
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	17%	0%	43%	75%	75%
Amerigroup			77%	59%	35%	88%	100%	N/A	N/A	N/A	N/A
Sunflower			53%	55%	50%	15%	44%	69%	73%	88%	100%
United			71%	36%	17%	6%	47%	65%	13%	70%	95%
Statewide	Not a Measure	69%	52%	37%	35%	59%	60%	23%	72%	91%	92%
<b>SED</b>											
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	93%	30%	46%	40%	74%
Amerigroup			92%	98%	97%	97%	97%	N/A	N/A	N/A	N/A
Sunflower			90%	95%	86%	98%	96%	95%	32%	40%	43%
United			87%	99%	96%	86%	96%	98%	38%	73%	79%
Statewide	93%	90%	98%	94%	93%	97%	96%	34%	54%	56%	75%



**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: 01/01/2023 - 03/31/2023**

**Data Source: MCO Record Review**

Compliance By Waiver	Aetna	Sunflower	United	Statewide
<b>PD</b>	<b>75%</b>	<b>90%</b>	<b>78%</b>	<b>81%</b>
Numerator	21	26	28	75
Denominator	28	29	36	93
<b>FE</b>	<b>74%</b>	<b>88%</b>	<b>88%</b>	<b>84%</b>
Numerator	20	23	35	78
Denominator	27	26	40	93
<b>IDD</b>	<b>100%</b>	<b>77%</b>	<b>70%</b>	<b>79%</b>
Numerator	16	40	21	77
Denominator	16	52	30	98
<b>BI</b>	<b>87%</b>	<b>95%</b>	<b>88%</b>	<b>89%</b>
Numerator	20	18	29	67
Denominator	23	19	33	75
<b>TA</b>	<b>78%</b>	<b>90%</b>	<b>86%</b>	<b>85%</b>
Numerator	14	19	24	57
Denominator	18	21	28	67
<b>Autism</b>	<b>75%</b>	<b>100%</b>	<b>100%</b>	<b>92%</b>
Numerator	3	3	6	12
Denominator	4	3	6	13
<b>SED</b>	<b>93%</b>	<b>94%</b>	<b>88%</b>	<b>91%</b>
Numerator	25	31	29	85
Denominator	27	33	33	93

**Explanation of Findings:**

PD: No valid signature and/or date, service plan not provided or does not cover entire review period, annual service plans not provided or completed timely

FE: No valid signature and/or date, service plan not provided or does not cover entire review period, DPOA/Guardianship paperwork not provided for validation, annual service plans not provided or completed timely

IDD: No valid signature and/or date, service plan not provided or does not cover entire review period, DPOA/Guardianship paperwork not provided for validation, annual service plans not provided or completed timely

TA: No valid signature and/or date, service plan not provided or does not cover entire review period, DPOA/Guardianship paperwork not provided for validation, annual service plans not provided or completed timely

Compliance Trends	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	Jan-Mar 2023
<b>PD</b>											
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	84%	47%	62%	70%	75%
Amerigroup		73%	67%	71%	72%	91%	N/A	N/A	N/A	N/A	N/A
Sunflower		82%	72%	72%	70%	81%	82%	67%	49%	68%	90%
United		92%	73%	83%	76%	89%	88%	58%	36%	67%	78%
Statewide	82%	82%	70%	75%	72%	87%	85%	58%	48%	68%	81%
<b>FE</b>											
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	81%	63%	65%	83%	74%
Amerigroup		81%	67%	63%	70%	84%	N/A	N/A	N/A	N/A	N/A
Sunflower		85%	57%	78%	78%	83%	86%	66%	50%	77%	88%
United		90%	69%	84%	91%	91%	86%	66%	52%	74%	88%
Statewide	81%	85%	64%	76%	81%	86%	85%	66%	55%	78%	84%
<b>IDD</b>											
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	73%	45%	60%	67%	100%
Amerigroup		75%	77%	68%	64%	80%	N/A	N/A	N/A	N/A	N/A
Sunflower		81%	66%	65%	63%	81%	77%	57%	38%	62%	77%
United		91%	48%	54%	86%	84%	75%	41%	48%	63%	70%
Statewide	97%	82%	66%	63%	70%	81%	76%	50%	45%	63%	79%
<b>BI</b>											
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	73%	58%	64%	78%	87%
Amerigroup		65%	44%	56%	63%	73%	N/A	N/A	N/A	N/A	N/A
Sunflower		84%	40%	88%	61%	88%	83%	58%	56%	80%	95%
United		77%	65%	70%	65%	84%	88%	70%	50%	76%	88%
Statewide	60%	76%	47%	68%	63%	80%	83%	63%	56%	78%	89%
<b>TA</b>											
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	92%	51%	58%	88%	78%
Amerigroup		81%	78%	72%	88%	92%	N/A	N/A	N/A	N/A	N/A
Sunflower		94%	89%	85%	68%	85%	90%	52%	56%	74%	90%
United		96%	59%	70%	91%	93%	96%	45%	64%	85%	86%
Statewide	92%	89%	79%	76%	83%	90%	93%	49%	60%	83%	85%
<b>Autism</b>											
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	50%	42%	57%	75%	75%
Amerigroup		67%	52%	40%	82%	100%	N/A	N/A	N/A	N/A	N/A
Sunflower		43%	47%	38%	18%	83%	77%	85%	81%	100%	100%
United		33%	38%	7%	20%	59%	73%	33%	70%	91%	100%
Statewide	64%	57%	48%	31%	41%	78%	71%	48%	72%	89%	92%
<b>SED</b>											
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	83%	70%	80%	81%	93%
Amerigroup		89%	97%	94%	96%	95%	N/A	N/A	N/A	N/A	N/A
Sunflower		89%	91%	79%	92%	92%	92%	58%	76%	84%	94%
United		83%	99%	85%	77%	97%	95%	54%	85%	86%	88%
Statewide	80%	87%	96%	86%	88%	95%	92%	60%	80%	84%	91%

**Remediation:**

Data reviews and audit requirements continue to be discussed and reviewed with MCOs at the scheduled quarterly meetings and the Quality Improvement Plan (QIP) meetings until measures meet 86% or greater for eight consecutive quarters.

KDADS has continued to coordinate with the MCOs in educating their Care Coordinators on how to adequately complete a Person-Centered Service Plan (PCSP) through each MCO's quality improvement plans, includes implementation of SMART goals. The MCOs have implemented internal trainings targeting participant goals being documented in their Service Plans, required documentation, and Service Plan due date cycles.

Each MCO met on August 9, 2022 and were requested to provide an annual updated QIP for each PM under 86% as well as for each waiver that showed over 50% of PMs not being met.

Until May 11th, 2023, MCOs continued to have participant or guardian approval of Service Plans (SPs) with verbal signatures. Care Coordinators then sent copies of the Service Plans to participants via mail with self addressed stamped envelopes so that the plans can be signed and returned. Each MCO also has State approved electronic signature platforms.

KDADS met with MCOs again on March 30, 2023 with a six-month update of QIPs for all performance measures previously submitted. MCOs then provided KDADS with updated QIPs. After review of QIP submissions, in May of 2023, the State met with the MCOs to address identified barriers and provide clarification on expectations.

**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:** 01/01/2023 - 03/31/2023

**Data Source:** MCO Record Review

Compliance By Waiver	Aetna	Sunflower	United	Statewide
<b>PD</b>	<b>100%</b>	<b>100%</b>	<b>94%</b>	<b>98%</b>
Numerator	28	29	34	91
Denominator	28	29	36	93
<b>FE</b>	<b>100%</b>	<b>96%</b>	<b>100%</b>	<b>99%</b>
Numerator	27	25	40	92
Denominator	27	26	40	93
<b>IDD</b>	<b>100%</b>	<b>98%</b>	<b>97%</b>	<b>98%</b>
Numerator	16	51	29	96
Denominator	16	52	30	98
<b>BI</b>	<b>91%</b>	<b>100%</b>	<b>94%</b>	<b>95%</b>
Numerator	21	19	31	71
Denominator	23	19	33	75
<b>TA</b>	<b>94%</b>	<b>95%</b>	<b>93%</b>	<b>94%</b>
Numerator	17	20	26	63
Denominator	18	21	28	67
<b>Autism</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>
Numerator	4	3	6	13
Denominator	4	3	6	13
<b>SED</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>
Numerator	27	33	33	93
Denominator	27	33	33	93

**Explanation of Findings:**

Performance measure threshold achieved for all waivers.

**Remediation:**

No remediation necessary.

Compliance Trends	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	Jan-Mar 2023
<b>PD</b>											
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	95%	85%	93%	96%	100%
Amerigroup		20%	36%	67%	68%	98%	N/A	N/A	N/A	N/A	N/A
Sunflower		53%	58%	50%	54%	94%	95%	93%	93%	95%	100%
United		50%	63%	80%	67%	99%	98%	89%	92%	92%	94%
Statewide	75%	39%	53%	65%	62%	97%	96%	89%	93%	94%	98%
<b>FE</b>											
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	100%	91%	98%	93%	100%
Amerigroup		24%	71%	42%	70%	96%	N/A	N/A	N/A	N/A	N/A
Sunflower		39%	51%	63%	59%	92%	97%	91%	93%	100%	96%
United		50%	47%	87%	86%	98%	97%	92%	90%	92%	100%
Statewide	78%	38%	54%	65%	67%	96%	98%	92%	93%	95%	99%
<b>IDD</b>											
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	96%	88%	100%	98%	100%
Amerigroup		7%	60%	27%	67%	95%	N/A	N/A	N/A	N/A	N/A
Sunflower		38%	16%	25%	47%	97%	96%	97%	97%	99%	98%
United		16%	30%	30%	83%	97%	91%	86%	95%	97%	97%
Statewide	97%	23%	28%	28%	60%	96%	94%	92%	97%	98%	98%
<b>BI</b>											
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	95%	89%	84%	92%	91%
Amerigroup		24%	42%	61%	67%	88%	N/A	N/A	N/A	N/A	N/A
Sunflower		54%	27%	75%	44%	86%	92%	85%	97%	91%	100%
United		46%	50%	75%	33%	97%	93%	90%	89%	95%	94%
Statewide	53%	38%	38%	67%	57%	89%	93%	88%	90%	93%	95%
<b>TA</b>											
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	97%	88%	100%	96%	94%
Amerigroup		32%	73%	56%	94%	96%	N/A	N/A	N/A	N/A	N/A
Sunflower		54%	89%	63%	57%	92%	95%	87%	92%	99%	95%
United		38%	43%	60%	100%	98%	97%	95%	94%	97%	93%
Statewide	92%	42%	75%	60%	83%	95%	96%	90%	95%	97%	94%
<b>Autism</b>											
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	100%	92%	86%	100%	100%
Amerigroup		10%	0%	17%	75%	100%	N/A	N/A	N/A	N/A	N/A
Sunflower		17%	25%	50%	14%	94%	85%	95%	88%	100%	100%
United		0%	0%	9%	0%	82%	96%	75%	100%	100%	100%
Statewide	45%	11%	11%	16%	22%	91%	93%	85%	94%	100%	100%
<b>SED</b>											
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	81%	80%	82%	96%	100%
Amerigroup		90%	90%	97%	97%	96%	N/A	N/A	N/A	N/A	N/A
Sunflower		83%	79%	68%	88%	91%	92%	64%	85%	94%	100%
United		84%	93%	83%	67%	96%	95%	69%	93%	98%	100%
Statewide	85%	86%	88%	83%	83%	93%	92%	78%	87%	96%	100%

**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: 01/01/2023 - 03/31/2023**

**Data Source: MCO Record Review**

Compliance By Waiver	Aetna	Sunflower	United	Statewide
<b>PD</b>	<b>89%</b>	<b>93%</b>	<b>92%</b>	<b>91%</b>
Numerator	25	27	33	85
Denominator	28	29	36	93
<b>FE</b>	<b>85%</b>	<b>92%</b>	<b>98%</b>	<b>92%</b>
Numerator	23	24	39	86
Denominator	27	26	40	93
<b>IDD</b>	<b>100%</b>	<b>96%</b>	<b>93%</b>	<b>96%</b>
Numerator	16	50	28	94
Denominator	16	52	30	98
<b>BI</b>	<b>83%</b>	<b>84%</b>	<b>88%</b>	<b>85%</b>
Numerator	19	16	29	64
Denominator	23	19	33	75
<b>TA</b>	<b>94%</b>	<b>95%</b>	<b>93%</b>	<b>94%</b>
Numerator	17	20	26	63
Denominator	18	21	28	67
<b>Autism</b>	<b>0%</b>	<b>0%</b>	<b>50%</b>	<b>23%</b>
Numerator	0	0	3	3
Denominator	4	3	6	13
<b>SED</b>	<b>78%</b>	<b>82%</b>	<b>76%</b>	<b>78%</b>
Numerator	21	27	25	73
Denominator	27	33	33	93

**Explanation of Findings:**

**BI:** Service plan is incomplete, notes indicate individual is not receiving services as specified in service plan, service plan not provided or does not cover entire review period

**AU:** Service plan is incomplete, notes indicate individuals are on wait list for services or is not receiving any services

**SED:** Service plan not provided or does not cover entire review period, notes indicate individual is not receiving services as specified in service plan

**Remediation:**

Data reviews and audit requirements continue to be discussed and reviewed with MCOs at the scheduled quarterly meetings and the Quality Improvement Plan (QIP) meetings, until measures meet 86% or greater for eight consecutive quarters.

Each MCO met on August 9, 2022 and were requested to provide an annual updated QIP for each PM under 86% as well as for each waiver that showed over 50% of PMs not being met.

KDADS met with MCOs again on March 30, 2023 with a six-month update of QIPs for all performance measures previously submitted. MCOs then provided KDADS with updated QIPs. After review of QIP submissions, in May of 2023, the State met with the MCOs to address identified barriers and provide clarification on expectations. KDADS highlighted the need for Care Coordinator training when services are not being delivered in a sufficient way. KDADS also stressed the 90-day reassessment period in the SED waiver, again. The MCOs have integrated specific training to Care Coordinators on meeting the SED 90-day service plan timelines.

HCBS Program Managers are auditing utilization records and following up with MCOs when gaps in service are discovered.

KDADS hired an Eligibility Specialist for the BI waiver in May of 2022 in order to allow the Program Manager to be more effective.

The State, including Program Managers, continues to strategize, both internally and with the MCOs and other outside agencies, on addressing the workforce shortage crisis and provider networks building.

The Autism Program Manager continue to discuss increasing network adequacy with the MCOs for the Autism Waiver during monthly meetings. In the Autism Waiver Renewal in 2023, the option to self-direct respite care has been approved to help address this barrier.

Compliance Trends	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	Jan-Mar 2023
<b>PD</b>											
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	68%	41%	80%	85%	89%
Amerigroup							93%	N/A	N/A	N/A	N/A
Sunflower							86%	59%	76%	94%	93%
United							93%	88%	49%	73%	90%
Statewide	85%	95%	72%	81%	86%	88%	83%	50%	76%	90%	91%
<b>FE</b>											
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	71%	42%	75%	80%	85%
Amerigroup							86%	N/A	N/A	N/A	N/A
Sunflower							88%	56%	74%	91%	92%
United							92%	89%	49%	72%	96%
Statewide	87%	92%	72%	83%	86%	85%	86%	50%	73%	90%	92%
<b>IDD</b>											
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	51%	39%	76%	98%	100%
Amerigroup							82%	N/A	N/A	N/A	N/A
Sunflower							79%	51%	66%	94%	96%
United							89%	77%	44%	82%	95%
Statewide	98%	92%	68%	77%	81%	84%	75%	47%	73%	95%	96%
<b>BI</b>											
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	43%	19%	63%	73%	83%
Amerigroup							77%	73%	N/A	N/A	N/A
Sunflower							76%	76%	74%	34%	56%
United							85%	71%	83%	76%	81%
Statewide	70%	87%	56%	72%	77%	75%	70%	30%	61%	81%	85%
<b>TA</b>											
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	81%	31%	267%	90%	94%
Amerigroup							98%	73%	79%	88%	98%
Sunflower							100%	86%	82%	68%	87%
United							96%	58%	82%	92%	86%
Statewide	100%	98%	74%	80%	83%	93%	89%	35%	73%	93%	94%
<b>Autism</b>											
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	0%	13%	14%	17%	0%
Amerigroup							89%	59%	37%	88%	91%
Sunflower							100%	55%	50%	15%	28%
United							50%	21%	17%	13%	41%
Statewide	50%	86%	49%	38%	37%	48%	40%	11%	40%	36%	23%
<b>SED</b>											
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	96%	30%	46%	51%	78%
Amerigroup							91%	99%	95%	99%	96%
Sunflower							96%	94%	84%	98%	98%
United							92%	99%	91%	86%	96%
Statewide	13%	93%	98%	90%	94%	97%	97%	34%	59%	63%	78%

\*Audit methodology has changed for this question, effective April-June 2021

**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: 01/01/2023 - 03/31/2023**

**Data Source: Customer Interview**

Compliance By Waiver	Aetna	Sunflower	United	Statewide
<b>PD</b>	<b>95%</b>	<b>78%</b>	<b>90%</b>	<b>88%</b>
Numerator	18	14	18	50
Denominator	19	18	20	57
<b>FE</b>	<b>80%</b>	<b>92%</b>	<b>88%</b>	<b>88%</b>
Numerator	8	12	15	35
Denominator	10	13	17	40
<b>IDD</b>	<b>90%</b>	<b>96%</b>	<b>94%</b>	<b>94%</b>
Numerator	9	22	15	46
Denominator	10	23	16	49
<b>BI</b>	<b>100%</b>	<b>89%</b>	<b>67%</b>	<b>83%</b>
Numerator	8	8	8	24
Denominator	8	9	12	29
<b>TA</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>
Numerator	3	5	5	13
Denominator	3	5	5	13
<b>Autism</b>	<b>100%</b>	<b>N/A</b>	<b>50%</b>	<b>67%</b>
Numerator	1	0	1	2
Denominator	1	0	2	3
<b>SED</b>	Not a Waiver Performance Measure			
Numerator				
Denominator				

**Explanation of Findings:**

BI: Waiver beneficiary or responsible party reporting individual is not receiving as indicated on service plan

AU: Responsible party reporting individual is not receiving as indicated on service plan

**Remediation:**

Data reviews and audit requirements continue to be discussed and reviewed with MCOs at the scheduled quarterly meetings and the Quality Improvement Plan (QIP) meetings, until measures meet 86% or greater for eight consecutive quarters.

Each MCO met on August 9, 2022 and were requested to provide an annual updated QIP for each PM under 86% as well as for each waiver that showed over 50% of PMs not being met.

KDADS met with MCOs again on March 30, 2023 with a six-month update of QIPs for all performance measures previously submitted. MCOs then provided KDADS with updated QIPs. After review of QIP submissions, in May of 2023, the State met with the MCOs to address identified barriers and provide clarification on expectations. KDADS highlighted the need for Care Coordinator training when services are not being delivered in a sufficient way.

HCBS Program Managers are auditing utilization records and following up with MCOs when gaps in service are discovered.

KDADS hired an Eligibility Specialist for the BI waiver in May of 2022 in order to allow the Program Manager to be more effective.

The State continues to strategize, including Program Managers, both internally and with the MCOs and other outside agencies, on addressing the workforce shortage crisis and provider network building.

The Autism Program Manager continue to discuss increasing network adequacy with the MCOs for the Autism Waiver during monthly meetings. In the Autism Waiver Renewal in 2023, the option to self-direct respite care has been approved to help address this barrier.

Compliance Trends	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	Jan-Mar 2023
<b>PD</b>											
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	93%	100%	93%	93%	95%
Amerigroup							94%	94%	N/A	N/A	N/A
Sunflower							97%	98%	94%	81%	99%
United							91%	98%	91%	85%	95%
Statewide	Not a Measure	94%	No Data	No Data	94%	97%	93%	88%	96%	94%	88%
<b>FE</b>											
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	100%	92%	93%	88%	80%
Amerigroup							85%	97%	96%	N/A	N/A
Sunflower							86%	93%	95%	96%	100%
United							82%	91%	94%	94%	93%
Statewide	87%	84%	No Data	No Data	94%	95%	96%	95%	92%	92%	88%
<b>IDD</b>											
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	100%	100%	97%	97%	90%
Amerigroup							92%	100%	N/A	N/A	N/A
Sunflower							96%	99%	97%	96%	95%
United							93%	100%	95%	90%	98%
Statewide	Not a Measure	94%	No Data	No Data	96%	98%	96%	95%	98%	96%	94%
<b>BI</b>											
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	100%	88%	91%	86%	100%
Amerigroup							81%	87%	N/A	N/A	N/A
Sunflower							88%	79%	78%	95%	88%
United							76%	92%	92%	100%	81%
Statewide	Not a Measure	83%	No Data	No Data	80%	85%	95%	91%	86%	81%	83%
<b>TA</b>											
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	60%	100%	94%	96%	100%
Amerigroup							89%	98%	N/A	N/A	N/A
Sunflower							84%	94%	100%	100%	94%
United							85%	94%	100%	93%	91%
Statewide	Not a Measure	87%	No Data	No Data	95%	98%	92%	100%	93%	94%	100%
<b>Autism</b>											
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	N/A	100%	75%	40%	100%
Amerigroup							74%	89%	67%	N/A	N/A
Sunflower							70%	50%	88%	67%	100%
United							60%	75%	50%	73%	33%
Statewide	Not a Measure	71%	No Data	No Data	68%	68%	71%	71%	71%	68%	63%
<b>SED</b>	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: 01/01/2023 - 03/31/2023**

**Data Source: MCO Record Review**

Compliance By Waiver	Aetna	Sunflower	United	Statewide
<b>PD</b>	<b>89%</b>	<b>93%</b>	<b>97%</b>	<b>94%</b>
Numerator	25	27	35	87
Denominator	28	29	36	93
<b>FE</b>	<b>85%</b>	<b>96%</b>	<b>98%</b>	<b>94%</b>
Numerator	23	25	39	87
Denominator	27	26	40	93
<b>IDD</b>	<b>100%</b>	<b>98%</b>	<b>93%</b>	<b>97%</b>
Numerator	16	51	28	95
Denominator	16	52	30	98
<b>BI</b>	<b>96%</b>	<b>100%</b>	<b>97%</b>	<b>97%</b>
Numerator	22	19	32	73
Denominator	23	19	33	75
<b>TA</b>	<b>100%</b>	<b>100%</b>	<b>96%</b>	<b>99%</b>
Numerator	18	21	27	66
Denominator	18	21	28	67
<b>Autism</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>
Numerator	4	3	6	13
Denominator	4	3	6	13
<b>SED</b>	<b>100%</b>	<b>91%</b>	<b>88%</b>	<b>92%</b>
Numerator	27	30	29	86
Denominator	27	33	33	93

**Explanation of Findings:**

Performance measure threshold achieved for all waivers.

**Remediation:**

No remediation necessary.

Compliance Trends	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	Jan-Mar 2023
<b>PD</b>											
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	64%	49%	85%	88%	89%
Amerigroup							N/A	N/A	N/A	N/A	N/A
Sunflower							68%	64%	78%	96%	93%
United							58%	69%	73%	85%	80%
Statewide	52%	65%	65%	76%	84%	90%	88%	56%	75%	91%	97%
<b>FE</b>											
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	73%	44%	82%	86%	85%
Amerigroup							N/A	N/A	N/A	N/A	N/A
Sunflower							68%	59%	64%	82%	92%
United							76%	59%	82%	86%	77%
Statewide	56%	74%	63%	77%	86%	87%	88%	57%	73%	97%	98%
<b>IDD</b>											
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	51%	48%	77%	98%	100%
Amerigroup							51%	45%	68%	74%	84%
Sunflower							68%	42%	69%	71%	79%
United							75%	55%	76%	91%	89%
Statewide	99%	64%	46%	70%	77%	83%	75%	52%	73%	96%	97%
<b>BI</b>											
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	38%	24%	71%	87%	96%
Amerigroup							54%	50%	53%	82%	80%
Sunflower							75%	40%	86%	80%	80%
United							70%	74%	83%	79%	92%
Statewide	44%	65%	52%	67%	78%	83%	73%	39%	65%	92%	97%
<b>TA</b>											
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	76%	47%	75%	96%	100%
Amerigroup							87%	65%	68%	85%	96%
Sunflower							84%	80%	77%	66%	89%
United							92%	58%	79%	95%	100%
Statewide	96%	86%	68%	72%	81%	92%	88%	52%	76%	97%	99%
<b>Autism</b>											
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	17%	21%	57%	75%	100%
Amerigroup							67%	67%	47%	88%	100%
Sunflower							44%	45%	50%	40%	50%
United							88%	21%	17%	19%	29%
Statewide	40%	63%	49%	42%	48%	54%	60%	31%	77%	91%	100%
<b>SED</b>											
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	91%	56%	83%	92%	100%
Amerigroup							94%	91%	98%	97%	99%
Sunflower							91%	72%	84%	94%	87%
United							84%	97%	88%	88%	97%
Statewide	98%	89%	88%	90%	94%	94%	94%	58%	80%	91%	92%

\*Audit methodology has changed for this question, effective April-June 2021

**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: 01/01/2023 - 03/31/2023**

**Data Source: MCO Record Review**

Compliance By Waiver	Aetna	Sunflower	United	Statewide
<b>PD</b>	<b>89%</b>	<b>93%</b>	<b>97%</b>	<b>94%</b>
Numerator	25	27	35	87
Denominator	28	29	36	93
<b>FE</b>	<b>85%</b>	<b>96%</b>	<b>98%</b>	<b>94%</b>
Numerator	23	25	39	87
Denominator	27	26	40	93
<b>IDD</b>	<b>100%</b>	<b>98%</b>	<b>93%</b>	<b>97%</b>
Numerator	16	51	28	95
Denominator	16	52	30	98
<b>BI</b>	<b>96%</b>	<b>100%</b>	<b>97%</b>	<b>97%</b>
Numerator	22	19	32	73
Denominator	23	19	33	75
<b>TA</b>	<b>100%</b>	<b>100%</b>	<b>96%</b>	<b>99%</b>
Numerator	18	21	27	66
Denominator	18	21	28	67
<b>Autism</b>	<b>75%</b>	<b>100%</b>	<b>100%</b>	<b>92%</b>
Numerator	3	3	6	12
Denominator	4	3	6	13
<b>SED</b>	<b>100%</b>	<b>91%</b>	<b>88%</b>	<b>92%</b>
Numerator	27	30	29	86
Denominator	27	33	33	93

**Explanation of Findings:**

Performance measure threshold achieved for all waivers.

**Remediation:**

No remediation necessary.

Compliance Trends	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	Jan-Mar 2023
<b>PD</b>											
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	59%	50%	85%	88%	89%
Amerigroup		68%	53%	62%	79%	96%	N/A	N/A	N/A	N/A	N/A
Sunflower		72%	50%	71%	36%	74%	86%	64%	78%	96%	93%
United		77%	73%	84%	78%	94%	88%	56%	75%	91%	97%
Statewide	64%	72%	57%	72%	64%	88%	81%	57%	79%	92%	94%
<b>FE</b>											
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	73%	44%	82%	86%	85%
Amerigroup		67%	57%	67%	80%	92%	N/A	N/A	N/A	N/A	N/A
Sunflower		86%	47%	82%	35%	74%	88%	58%	74%	92%	96%
United		85%	74%	84%	80%	92%	88%	56%	73%	97%	98%
Statewide	59%	80%	57%	78%	63%	86%	86%	54%	75%	93%	94%
<b>IDD</b>											
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	49%	48%	77%	98%	100%
Amerigroup		55%	46%	70%	71%	85%	N/A	N/A	N/A	N/A	N/A
Sunflower		68%	35%	69%	34%	79%	78%	54%	66%	94%	98%
United		77%	50%	74%	89%	88%	80%	51%	85%	98%	93%
Statewide	No Data	66%	42%	71%	58%	83%	75%	52%	74%	96%	97%
<b>BI</b>											
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	38%	24%	71%	87%	96%
Amerigroup		56%	50%	52%	74%	82%	N/A	N/A	N/A	N/A	N/A
Sunflower		80%	23%	86%	28%	79%	82%	48%	58%	99%	100%
United		74%	67%	80%	76%	92%	85%	42%	66%	91%	97%
Statewide	53%	68%	45%	66%	63%	83%	74%	39%	65%	92%	97%
<b>TA</b>											
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	73%	47%	75%	96%	100%
Amerigroup		86%	65%	71%	86%	99%	N/A	N/A	N/A	N/A	N/A
Sunflower		97%	53%	79%	29%	86%	90%	62%	67%	95%	100%
United		94%	55%	64%	82%	86%	91%	46%	85%	98%	96%
Statewide	96%	91%	60%	72%	68%	93%	88%	52%	76%	97%	99%
<b>Autism</b>											
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	17%	21%	57%	75%	75%
Amerigroup		79%	52%	47%	88%	100%	N/A	N/A	N/A	N/A	N/A
Sunflower		50%	27%	61%	20%	56%	69%	78%	63%	100%	100%
United		88%	14%	17%	13%	41%	65%	13%	83%	95%	100%
Statewide	55%	72%	35%	46%	38%	61%	60%	31%	74%	91%	92%
<b>SED</b>											
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	91%	56%	83%	92%	100%
Amerigroup		94%	92%	98%	99%	97%	N/A	N/A	N/A	N/A	N/A
Sunflower		91%	72%	84%	94%	87%	93%	57%	75%	93%	91%
United		84%	97%	88%	87%	97%	95%	59%	84%	88%	88%
Statewide	98%	89%	88%	90%	93%	94%	94%	58%	80%	91%	92%

\*Audit methodology has changed for this question, effective April-June 2021

**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: 01/01/2023 - 03/31/2023**

**Data Source: MCO Record Review**

Compliance By Waiver	Aetna	Sunflower	United	Statewide
<b>PD</b>	<b>89%</b>	<b>93%</b>	<b>97%</b>	<b>94%</b>
Numerator	25	27	35	87
Denominator	28	29	36	93
<b>FE</b>	<b>85%</b>	<b>96%</b>	<b>98%</b>	<b>94%</b>
Numerator	23	25	39	87
Denominator	27	26	40	93
<b>IDD</b>	<b>100%</b>	<b>98%</b>	<b>93%</b>	<b>97%</b>
Numerator	16	51	28	95
Denominator	16	52	30	98
<b>BI</b>	<b>96%</b>	<b>100%</b>	<b>97%</b>	<b>97%</b>
Numerator	22	19	32	73
Denominator	23	19	33	75
<b>TA</b>	<b>100%</b>	<b>100%</b>	<b>96%</b>	<b>99%</b>
Numerator	18	21	27	66
Denominator	18	21	28	67
<b>Autism</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>
Numerator	4	3	6	13
Denominator	4	3	6	13
<b>SED</b>	<b>100%</b>	<b>91%</b>	<b>88%</b>	<b>92%</b>
Numerator	27	30	29	86
Denominator	27	33	33	93

**Explanation of Findings:**

Performance measure threshold achieved for all waivers.

**Remediation:**

No remediation necessary.

Compliance Trends	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	Jan-Mar 2023
<b>PD</b>											
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	7%	13%	85%	88%	89%
Amerigroup		76%	57%	67%	81%	98%	N/A	N/A	N/A	N/A	N/A
Sunflower		74%	67%	73%	87%	80%	86%	64%	78%	96%	93%
United		80%	78%	88%	87%	95%	88%	57%	76%	91%	97%
Statewide	Not a Measure	76%	66%	75%	85%	91%	70%	48%	79%	92%	94%
<b>FE</b>											
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	8%	25%	82%	86%	85%
Amerigroup		67%	58%	72%	81%	92%	N/A	N/A	N/A	N/A	N/A
Sunflower		87%	56%	82%	86%	77%	88%	58%	74%	92%	96%
United		85%	79%	84%	91%	93%	88%	46%	69%	97%	98%
Statewide	65%	80%	63%	79%	86%	87%	76%	51%	75%	93%	94%
<b>IDD</b>											
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	7%	21%	77%	98%	100%
Amerigroup		47%	47%	66%	73%	87%	N/A	N/A	N/A	N/A	N/A
Sunflower		69%	41%	68%	74%	80%	78%	54%	66%	94%	98%
United		78%	57%	79%	92%	88%	79%	50%	83%	98%	93%
Statewide	No Data	64%	46%	70%	78%	84%	69%	48%	73%	96%	97%
<b>BI</b>											
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	0%	5%	69%	84%	96%
Amerigroup		55%	51%	54%	78%	84%	N/A	N/A	N/A	N/A	N/A
Sunflower		79%	40%	86%	78%	79%	82%	48%	58%	99%	100%
United		73%	74%	83%	79%	92%	84%	42%	66%	91%	97%
Statewide	No Data	67%	52%	68%	78%	84%	65%	34%	65%	91%	97%
<b>TA</b>											
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	16%	18%	73%	96%	100%
Amerigroup		87%	65%	69%	85%	99%	N/A	N/A	N/A	N/A	N/A
Sunflower		98%	80%	81%	68%	89%	89%	62%	66%	95%	100%
United		94%	55%	79%	95%	86%	91%	45%	85%	98%	96%
Statewide	No Data	92%	68%	74%	81%	93%	78%	45%	76%	97%	99%
<b>Autism</b>											
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	0%	8%	57%	75%	100%
Amerigroup		86%	67%	65%	94%	100%	N/A	N/A	N/A	N/A	N/A
Sunflower		47%	59%	67%	70%	61%	69%	78%	69%	100%	100%
United		75%	43%	33%	38%	35%	69%	16%	87%	95%	100%
Statewide	No Data	72%	59%	60%	67%	61%	60%	28%	77%	91%	100%
<b>SED</b>											
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	91%	56%	83%	92%	100%
Amerigroup		94%	92%	98%	99%	97%	N/A	N/A	N/A	N/A	N/A
Sunflower		91%	72%	84%	94%	87%	93%	57%	75%	93%	91%
United		85%	98%	88%	87%	97%	95%	59%	84%	89%	88%
Statewide	99%	90%	89%	91%	93%	94%	94%	58%	80%	91%	92%

\*Audit methodology has changed for this question, effective April-June 2021

**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: 01/01/2023 - 03/31/2023**

**Data Source: MCO Record Review**

Compliance By Waiver	Aetna	Sunflower	United	Statewide
<b>PD</b>	<b>93%</b>	<b>93%</b>	<b>97%</b>	<b>95%</b>
Numerator	26	27	35	88
Denominator	28	29	36	93
<b>FE</b>	<b>85%</b>	<b>92%</b>	<b>98%</b>	<b>92%</b>
Numerator	23	24	39	86
Denominator	27	26	40	93
<b>IDD</b>	<b>100%</b>	<b>98%</b>	<b>93%</b>	<b>97%</b>
Numerator	16	51	28	95
Denominator	16	52	30	98
<b>BI</b>	<b>96%</b>	<b>100%</b>	<b>97%</b>	<b>97%</b>
Numerator	22	19	32	73
Denominator	23	19	33	75
<b>TA</b>	<b>100%</b>	<b>100%</b>	<b>96%</b>	<b>99%</b>
Numerator	18	21	27	66
Denominator	18	21	28	67
<b>Autism</b>	Self-Direction is not offered for this Waiver			
Numerator				
Denominator				
<b>SED</b>	Self-Direction is not offered for this Waiver			
Numerator				
Denominator				

**Explanation of Findings:**

Performance measure threshold achieved for all waivers.

**Remediation:**

No remediation necessary.

Compliance Trends	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	Jan-Mar 2023
<b>PD</b>											
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	12%	16%	85%	88%	93%
Amerigroup		64%	58%	72%	81%	92%	N/A	N/A	N/A	N/A	N/A
Sunflower		73%	68%	72%	87%	79%	84%	63%	78%	95%	93%
United		77%	78%	88%	86%	95%	88%	56%	76%	91%	97%
Statewide	Not a Measure	71%	66%	77%	84%	89%	70%	48%	79%	91%	95%
<b>FE</b>											
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	10%	22%	82%	86%	85%
Amerigroup		64%	59%	73%	79%	88%	N/A	N/A	N/A	N/A	N/A
Sunflower		84%	59%	81%	87%	74%	87%	58%	74%	92%	92%
United		77%	79%	85%	88%	93%	88%	56%	73%	97%	98%
Statewide	65%	75%	64%	79%	85%	85%	76%	50%	75%	93%	92%
<b>IDD</b>											
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	7%	21%	77%	98%	100%
Amerigroup		34%	47%	64%	68%	84%	N/A	N/A	N/A	N/A	N/A
Sunflower		61%	39%	60%	65%	77%	75%	53%	66%	93%	98%
United		77%	57%	73%	93%	89%	79%	51%	84%	98%	93%
Statewide	No Data	53%	46%	64%	73%	82%	68%	48%	74%	95%	97%
<b>BI</b>											
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	5%	5%	69%	85%	96%
Amerigroup		50%	50%	56%	73%	80%	N/A	N/A	N/A	N/A	N/A
Sunflower		85%	43%	82%	78%	79%	81%	48%	58%	99%	100%
United		70%	74%	83%	79%	89%	84%	42%	66%	91%	97%
Statewide	No Data	66%	52%	68%	75%	81%	66%	34%	65%	91%	97%
<b>TA</b>											
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	19%	16%	73%	96%	100%
Amerigroup		82%	56%	66%	84%	99%	N/A	N/A	N/A	N/A	N/A
Sunflower		98%	82%	79%	68%	89%	89%	62%	67%	94%	100%
United		100%	58%	79%	95%	84%	91%	46%	85%	98%	96%
Statewide	No Data	90%	64%	72%	81%	93%	78%	45%	76%	96%	99%
<b>Autism</b>	Self-Direction is not offered for this Waiver										
Aetna											
Amerigroup											
Sunflower											
United											
Statewide											
<b>SED</b>	Self-Direction is not offered for this Waiver										
Aetna											
Amerigroup											
Sunflower											
United											
Statewide											

\*Audit methodology has changed for this question, effective April-June 2021



**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: 01/01/2023 - 03/31/2023**

**Data Source: MCO Record Review**

Compliance By Waiver	Aetna	Sunflower	United	Statewide
<b>PD</b>	Not a Waiver Performance Measure			
Numerator				
Denominator	Not a Waiver Performance Measure			
FE				
Numerator	Not a Waiver Performance Measure			
Denominator				
<b>IDD</b>	Not a Waiver Performance Measure			
Numerator				
Denominator	Not a Waiver Performance Measure			
<b>BI</b>				
Numerator	Not a Waiver Performance Measure			
Denominator				
<b>TA</b>	Not a Waiver Performance Measure			
Numerator				
Denominator	Not a Waiver Performance Measure			
<b>Autism</b>				
Numerator	Not a Waiver Performance Measure			
Denominator				
<b>SED</b>	<b>78%</b>	<b>82%</b>	<b>76%</b>	<b>78%</b>
Numerator	21	27	25	73
Denominator	27	33	33	93

Compliance Trends	2017	2018	2019	2020	2021	2022	Jan-Mar 2023
<b>PD</b>	Not a Waiver Performance Measure						
<b>FE</b>	Not a Waiver Performance Measure						
<b>IDD</b>	Not a Waiver Performance Measure						
<b>BI</b>	Not a Waiver Performance Measure						
<b>TA</b>	Not a Waiver Performance Measure						
<b>Autism</b>	Not a Waiver Performance Measure						
<b>SED</b>							
Aetna	N/A	N/A	80%	32%	46%	37%	78%
Amerigroup	99%	92%	N/A	N/A	N/A	N/A	N/A
Sunflower	88%	90%	88%	34%	35%	45%	82%
United	83%	94%	94%	36%	70%	81%	76%
Statewide	91%	92%	89%	35%	51%	56%	78%

**Explanation of Findings:**

SED: No valid signature and/or date, service plan not provided or does not cover entire review period

**Remediation:**

Data reviews and audit requirements continue to be discussed and reviewed with MCOs at the scheduled quarterly meetings and the Quality Improvement Plan (QIP) meetings, until measures meet 86% or greater for eight consecutive quarters.

Each MCO met on August 9, 2022 and were requested to provide an annual updated QIP for each PM under 86% as well as for each waiver that showed over 50% of PMs not being met.

Until May 11th, 2023, MCOs continued to have participant or guardian approval of Service Plans with verbal signatures then sending copies of the Service Plans to participants via mail with self addressed stamped envelopes so that the plans can be signed and returned. Each MCO also has State approved electronic signature platforms.

KDADS met with MCOs again on March 30, 2023 with a six-month update of QIPs for all performance measures previously submitted. MCOs then provided KDADS with updated QIPs. After review of QIP submissions, in May of 2023, the State met with the MCOs to address identified barriers and provide clarification on expectations. During this meeting in May, KDADS reminded all MCOs that the SED waiver needs renewed every 90 days, as this shorter renewal period has been identified as a significant barrier to compliance.

**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: 01/01/2023 - 03/31/2023**

**Data Source: Adverse Incident Reporting**

Compliance By Waiver	Aetna	Sunflower	United	Statewide
<b>PD</b>	N/A	100%	93%	96%
Numerator	0	9	13	22
Denominator	0	9	14	23
<b>FE</b>	100%	100%	91%	95%
Numerator	4	6	10	20
Denominator	4	6	11	21
<b>IDD</b>	75%	100%	100%	95%
Numerator	3	12	6	21
Denominator	4	12	6	22
<b>BI</b>	100%	100%	100%	100%
Numerator	1	1	1	3
Denominator	1	1	1	3
<b>TA</b>	100%	N/A	100%	100%
Numerator	1	0	4	5
Denominator	1	0	4	5
<b>Autism</b>	N/A	N/A	N/A	N/A
Numerator	0	0	0	0
Denominator	0	0	0	0
<b>SED</b>	N/A	N/A	N/A	N/A
Numerator	0	0	0	0
Denominator	0	0	0	0

**Explanation of Findings:**

Thresholds achieved for all measures.

**Remediation:**

There is not any need for remediation, all thresholds were met for this measure.

Compliance Trends	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	Jan-Mar 2023	
<b>PD</b>												
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	N/A	100%	88%	100%	N/A	
Amerigroup								N/A	N/A	N/A	N/A	
Sunflower	No Data							90%	96%	83%	91%	100%
United	No Data							100%	86%	97%	97%	93%
Statewide	No Data							92%	93%	89%	95%	96%
<b>FE</b>												
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	N/A	100%	100%	100%	100%	
Amerigroup								N/A	N/A	N/A	N/A	
Sunflower	No Data							100%	100%	92%	85%	100%
United	No Data							75%	96%	94%	100%	91%
Statewide	No Data							96%	98%	94%	92%	95%
<b>IDD</b>												
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	100%	100%	91%	100%	75%	
Amerigroup								N/A	N/A	N/A	N/A	
Sunflower	No Data							98%	100%	83%	95%	100%
United	No Data							93%	95%	92%	95%	100%
Statewide	No Data							97%	99%	86%	96%	95%
<b>BI</b>												
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	N/A	0%	100%	33%	100%	
Amerigroup								N/A	N/A	N/A	N/A	
Sunflower	No Data							100%	100%	80%	0%	100%
United	No Data							N/A	N/A	75%	71%	100%
Statewide	No Data							100%	67%	79%	55%	100%
<b>TA</b>												
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	100%	100%	100%	
Amerigroup								N/A	N/A	N/A	N/A	
Sunflower	No Data							100%	100%	100%	100%	
United	No Data							N/A	100%	75%	100%	
Statewide	No Data							100%	100%	86%	100%	
<b>Autism</b>												
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	
Amerigroup								N/A	N/A	N/A	N/A	
Sunflower	No Data							N/A	N/A	N/A	N/A	
United	No Data							N/A	N/A	N/A	N/A	
Statewide	No Data							N/A	N/A	N/A	N/A	
<b>SED</b>												
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	
Amerigroup								N/A	N/A	N/A	N/A	
Sunflower	No Data							N/A	N/A	N/A	N/A	
United	No Data							N/A	N/A	N/A	N/A	
Statewide	No Data							N/A	N/A	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: 01/01/2023 - 03/31/2023**

**Data Source: Adverse Incident Reporting**

Compliance By Waiver	Aetna	Sunflower	United	Statewide
<b>PD</b>	N/A	100%	86%	91%
Numerator	0	9	12	21
Denominator	0	9	14	23
<b>FE</b>	100%	100%	100%	100%
Numerator	4	6	11	21
Denominator	4	6	11	21
<b>IDD</b>	100%	100%	100%	100%
Numerator	4	12	6	22
Denominator	4	12	6	22
<b>BI</b>	100%	100%	100%	100%
Numerator	1	1	1	3
Denominator	1	1	1	3
<b>TA</b>	100%	N/A	100%	100%
Numerator	1	0	4	5
Denominator	1	0	4	5
<b>Autism</b>	N/A	N/A	N/A	N/A
Numerator	0	0	0	0
Denominator	0	0	0	0
<b>SED</b>	N/A	N/A	N/A	N/A
Numerator	0	0	0	0
Denominator	0	0	0	0

**Explanation of Findings:**

Thresholds achieved for all measures.

**Remediation:**

There is not any need for remediation, all thresholds were met for this measure.

Compliance Trends	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	Jan-Mar 2023
<b>PD</b>											
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	N/A	100%	100%	100%	N/A
Amerigroup								N/A	N/A	N/A	N/A
Sunflower	No Data						83%	100%	98%	100%	100%
United	No Data						100%	100%	100%	100%	86%
Statewide	No Data						88%	100%	99%	100%	91%
<b>FE</b>											
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	N/A	100%	100%	100%	100%
Amerigroup								N/A	N/A	N/A	N/A
Sunflower	No Data						89%	100%	96%	98%	100%
United	No Data						75%	100%	97%	100%	100%
Statewide	No Data						87%	100%	97%	99%	100%
<b>IDD</b>											
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	100%	100%	100%	100%	100%
Amerigroup								N/A	N/A	N/A	N/A
Sunflower	No Data						92%	100%	96%	100%	100%
United	No Data						87%	100%	92%	100%	100%
Statewide	No Data						92%	100%	95%	100%	100%
<b>BI</b>											
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	N/A	100%	100%	100%	100%
Amerigroup								N/A	N/A	N/A	N/A
Sunflower	No Data						100%	100%	100%	100%	100%
United	No Data						N/A	N/A	100%	57%	100%
Statewide	No Data						100%	100%	100%	73%	100%
<b>TA</b>											
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	100%	100%	100%
Amerigroup								N/A	N/A	N/A	N/A
Sunflower	No Data						100%	100%	100%	100%	N/A
United	No Data						N/A	100%	100%	100%	100%
Statewide	No Data						100%	100%	100%	100%	100%
<b>Autism</b>											
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Amerigroup								N/A	N/A	N/A	N/A
Sunflower	No Data						N/A	N/A	N/A	N/A	N/A
United	No Data						N/A	N/A	N/A	N/A	N/A
Statewide	No Data						N/A	N/A	N/A	N/A	N/A
<b>SED</b>											
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Amerigroup								N/A	N/A	N/A	N/A
Sunflower	No Data						N/A	N/A	N/A	N/A	N/A
United	No Data						N/A	N/A	N/A	N/A	N/A
Statewide	No Data						N/A	N/A	N/A	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: 01/01/2023 - 03/31/2023**

**Data Source: Adverse Incident Reporting**

Compliance By Waiver	Aetna	Sunflower	United	Statewide
<b>PD</b>	N/A	100%	100%	100%
Numerator	0	9	14	23
Denominator	0	9	14	23
<b>FE</b>	100%	100%	100%	100%
Numerator	4	6	11	21
Denominator	4	6	11	21
<b>IDD</b>	100%	100%	100%	100%
Numerator	4	12	6	22
Denominator	4	12	6	22
<b>BI</b>	100%	100%	100%	100%
Numerator	1	1	1	3
Denominator	1	1	1	3
<b>TA</b>	100%	N/A	100%	100%
Numerator	1	0	4	5
Denominator	1	0	4	5
<b>Autism</b>	N/A	N/A	N/A	N/A
Numerator	0	0	0	0
Denominator	0	0	0	0
<b>SED</b>	N/A	N/A	N/A	N/A
Numerator	0	0	0	0
Denominator	0	0	0	0

**Explanation of Findings:**

Thresholds achieved for all measures.

**Remediation:**

There is not any need for remediation, all thresholds were met for this measure.

Compliance Trends	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	Jan-Mar 2023
<b>PD</b>											
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	100%	100%	N/A
Amerigroup									N/A	N/A	N/A
Sunflower	No Data						100%	100%	100%	100%	100%
United	No Data						100%	100%	100%	100%	100%
Statewide	No Data						100%	100%	100%	100%	100%
<b>FE</b>											
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	100%	100%	100%
Amerigroup									N/A	N/A	N/A
Sunflower	No Data						100%	100%	100%	100%	100%
United	No Data						100%	100%	100%	100%	100%
Statewide	No Data						100%	100%	100%	100%	100%
<b>IDD</b>											
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	86%	100%	100%	100%	100%
Amerigroup							N/A	N/A	N/A	N/A	N/A
Sunflower	No Data						98%	100%	100%	100%	100%
United	No Data						100%	100%	100%	100%	100%
Statewide	No Data						97%	100%	100%	100%	100%
<b>BI</b>											
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	N/A	100%	100%	100%	100%
Amerigroup								N/A	N/A	N/A	N/A
Sunflower	No Data						100%	100%	100%	100%	100%
United	No Data						N/A	N/A	100%	100%	100%
Statewide	No Data						100%	100%	100%	100%	100%
<b>TA</b>											
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	100%	100%	100%
Amerigroup									N/A	N/A	N/A
Sunflower	No Data						100%	100%	100%	100%	N/A
United	No Data						N/A	100%	100%	100%	100%
Statewide	No Data						100%	100%	100%	100%	100%
<b>Autism</b>											
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Amerigroup									N/A	N/A	N/A
Sunflower	No Data						N/A	N/A	N/A	N/A	N/A
United	No Data						N/A	N/A	N/A	N/A	N/A
Statewide	No Data						N/A	N/A	N/A	N/A	N/A
<b>SED</b>											
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Amerigroup									N/A	N/A	N/A
Sunflower	No Data						N/A	N/A	N/A	N/A	N/A
United	No Data						N/A	N/A	N/A	N/A	N/A
Statewide	No Data						N/A	N/A	N/A	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: 01/01/2023 - 03/31/2023**

**Data Source: MCO Record Review**

Compliance By Waiver	Aetna	Sunflower	United	Statewide
<b>PD</b>	<b>93%</b>	<b>93%</b>	<b>97%</b>	<b>95%</b>
Numerator	26	27	35	88
Denominator	28	29	36	93
<b>FE</b>	<b>85%</b>	<b>100%</b>	<b>98%</b>	<b>95%</b>
Numerator	23	26	39	88
Denominator	27	26	40	93
<b>IDD</b>	<b>100%</b>	<b>98%</b>	<b>93%</b>	<b>97%</b>
Numerator	16	51	28	95
Denominator	16	52	30	98
<b>BI</b>	<b>96%</b>	<b>100%</b>	<b>97%</b>	<b>97%</b>
Numerator	22	19	32	73
Denominator	23	19	33	75
<b>TA</b>	<b>100%</b>	<b>100%</b>	<b>96%</b>	<b>99%</b>
Numerator	18	21	27	66
Denominator	18	21	28	67
<b>Autism</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>
Numerator	4	3	6	13
Denominator	4	3	6	13
<b>SED</b>	<b>100%</b>	<b>91%</b>	<b>91%</b>	<b>94%</b>
Numerator	27	30	30	87
Denominator	27	33	33	93

**Explanation of Findings:**

Performance measure threshold achieved for all waivers.

**Remediation:**

There is not any need for remediation, all thresholds were met for this measure.

Compliance Trends	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	Jan-Mar 2023
<b>PD</b>											
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	38%	33%	85%	88%	93%
Amerigroup							N/A	N/A	N/A	N/A	N/A
Sunflower							89%	69%	79%	97%	93%
United							90%	62%	79%	92%	97%
Statewide	65%	72%	53%	76%	88%	93%	78%	56%	81%	92%	95%
<b>FE</b>											
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	35%	31%	85%	86%	85%
Amerigroup							N/A	N/A	N/A	N/A	N/A
Sunflower							80%	92%	63%	79%	100%
United							92%	80%	88%	93%	98%
Statewide	80%	78%	50%	78%	89%	88%	83%	54%	78%	93%	95%
<b>IDD</b>											
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	20%	29%	79%	98%	100%
Amerigroup							N/A	N/A	N/A	N/A	N/A
Sunflower							83%	56%	73%	96%	98%
United							90%	56%	86%	98%	93%
Statewide	99%	68%	42%	71%	83%	86%	75%	52%	78%	97%	97%
<b>BI</b>											
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	23%	23%	71%	85%	96%
Amerigroup							N/A	N/A	N/A	N/A	N/A
Sunflower							86%	48%	65%	99%	100%
United							92%	48%	69%	91%	97%
Statewide	57%	63%	34%	69%	80%	85%	73%	41%	68%	92%	97%
<b>TA</b>											
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	27%	33%	75%	96%	100%
Amerigroup							N/A	N/A	N/A	N/A	N/A
Sunflower							90%	66%	76%	96%	100%
United							93%	59%	85%	99%	96%
Statewide	86%	82%	57%	78%	86%	93%	81%	55%	79%	97%	99%
<b>Autism</b>											
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	0%	8%	57%	75%	100%
Amerigroup							N/A	N/A	N/A	N/A	N/A
Sunflower							62%	83%	88%	100%	100%
United							47%	16%	87%	95%	100%
Statewide	90%	50%	16%	26%	50%	63%	62%	30%	83%	91%	100%
<b>SED</b>											
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	46%	34%	83%	91%	100%
Amerigroup							N/A	N/A	N/A	N/A	N/A
Sunflower							66%	43%	75%	97%	91%
United							21%	64%	85%	90%	91%
Statewide	89%	82%	60%	23%	15%	45%	62%	41%	81%	93%	94%

\*Audit methodology has changed for this question, effective April-June 2021

**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: 01/01/2023 - 03/31/2023**

**Data Source: Adverse Incident Reporting**

Compliance By Waiver	Aetna	Sunflower	United	Statewide
<b>PD</b>	<b>100%</b>	<b>36%</b>	<b>98%</b>	<b>77%</b>
Numerator	29	28	111	168
Denominator	29	77	113	219
<b>FE</b>	<b>100%</b>	<b>49%</b>	<b>99%</b>	<b>86%</b>
Numerator	48	32	128	208
Denominator	48	65	129	242
<b>IDD</b>	<b>100%</b>	<b>49%</b>	<b>100%</b>	<b>71%</b>
Numerator	300	597	652	1549
Denominator	300	1225	655	2180
<b>BI</b>	<b>100%</b>	<b>55%</b>	<b>100%</b>	<b>86%</b>
Numerator	47	36	93	176
Denominator	47	65	93	205
<b>TA</b>	<b>100%</b>	<b>14%</b>	<b>100%</b>	<b>84%</b>
Numerator	1	1	29	31
Denominator	1	7	29	37
<b>Autism</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>
Numerator	0	0	0	0
Denominator	0	0	0	0
<b>SED</b>	<b>100%</b>	<b>57%</b>	<b>100%</b>	<b>91%</b>
Numerator	2	4	23	29
Denominator	2	7	23	32

**Explanation of Findings:**

The reason for non-compliance is due to multiple coding errors within the Adverse Incident Reporting application. These errors impacted the MCOs' access to reports. The Program Integrity and Compliance team reviewed and referred each report to the appropriate MCO. The system is setup to automatically generate a notification email to the MCO and record the date the report was referred. It was identified that although the MCOs were being notified of the referral, not all reports were accessible. Once the limited access to the reports was discovered, the State immediately began working with IT to address the problem. As the State made corrections to the coding, the system was rerouting reports to follow the new coding, but the date of referral was not modified. For this measure, the State compares the date of referral to the date the MCO completed the report. Since the MCOs did not gain access to the reports on the date of referral and the system was correcting the routing of reports as coding errors were identified, the dates recorded in the application are not accurate.

Historical data verifies that all MCOs have performed above threshold since 2020 and the State believes that the drop in performance was caused by the adverse incident reporting application errors.

**Remediation:**

The State immediately began working with IT personnel and the MCOs to remediate the identified coding concerns. IT personnel and PIC worked together to identify which reports were impacted, and search for solutions. IT personnel corrected several coding errors with the AIR application that caused either the AIR Report Status and/or the MCO Report Status to be incorrect. IT has also put in safeguards in place to minimize the impact of any related errors in the future. They have created an automated process that runs every two hours to find incident reports that have been referred to an MCO, but the MCO Report Status is set to "NOT REFERRED TO MCO". When these reports are identified, IT personnel will update the MCO Report Status to "REFERRED TO MCO" and have also began developing an AIR Management Dashboard to provide real-time statuses and historical statistics of all incident reports.

Additionally, IT personnel plan to build an audit log table to capture changes to relevant fields connected to the incident reports so that a history of data changes can be analyzed when necessary.

Compliance Trends	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	Jan-Mar 2023
<b>PD</b>											
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	79%	97%	97%	98%	100%
Amerigroup							N/A	N/A	N/A	N/A	N/A
Sunflower	No Data						98%	88%	92%	92%	36%
United	No Data						100%	99%	99%	100%	98%
Statewide	No Data						96%	96%	96%	97%	77%
<b>FE</b>											
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	83%	97%	96%	97%	100%
Amerigroup							N/A	N/A	N/A	N/A	N/A
Sunflower	No Data						96%	85%	95%	90%	49%
United	No Data						98%	99%	100%	100%	99%
Statewide	No Data						95%	94%	97%	95%	86%
<b>IDD</b>											
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	85%	93%	98%	99%	100%
Amerigroup							N/A	N/A	N/A	N/A	N/A
Sunflower	No Data						97%	89%	91%	96%	49%
United	No Data						99%	99%	99%	100%	100%
Statewide	No Data						96%	93%	94%	97%	71%
<b>BI</b>											
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	91%	100%	96%	98%	100%
Amerigroup							N/A	N/A	N/A	N/A	N/A
Sunflower	No Data						99%	90%	95%	96%	55%
United	No Data						99%	100%	100%	100%	100%
Statewide	No Data						98%	96%	97%	98%	86%
<b>TA</b>											
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	93%	100%	100%	100%	100%
Amerigroup							N/A	N/A	N/A	N/A	N/A
Sunflower	No Data						100%	88%	81%	100%	14%
United	No Data						100%	100%	100%	99%	100%
Statewide	No Data						98%	98%	97%	99%	84%
<b>Autism</b>											
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	100%	N/A	N/A
Amerigroup							N/A	N/A	N/A	N/A	N/A
Sunflower	No Data						N/A	100%	100%	N/A	N/A
United	No Data						100%	100%	100%	N/A	N/A
Statewide	No Data						100%	100%	100%	N/A	N/A
<b>SED</b>											
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	100%	N/A	100%
Amerigroup							N/A	N/A	N/A	N/A	N/A
Sunflower	No Data						N/A	N/A	100%	89%	57%
United	No Data						N/A	N/A	100%	100%	100%
Statewide	No Data						N/A	N/A	100%	99%	91%

**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: 01/01/2023 - 03/31/2023**

**Data Source: Adverse Incident Reporting**

Compliance By Waiver	Aetna	Sunflower	United	Statewide
<b>PD</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>
Numerator	29	68	99	196
Denominator	29	68	99	196
<b>FE</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>
Numerator	44	59	118	221
Denominator	44	59	118	221
<b>IDD</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>
Numerator	296	1213	649	2158
Denominator	296	1213	649	2158
<b>BI</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>
Numerator	46	64	92	202
Denominator	46	64	92	202
<b>TA</b>	<b>N/A</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>
Numerator	0	7	25	32
Denominator	0	7	25	32
<b>Autism</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>
Numerator	0	0	0	0
Denominator	0	0	0	0
<b>SED</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>
Numerator	2	7	23	32
Denominator	2	7	23	32

**Explanation of Findings:**

Thresholds achieved for all measures.

**Remediation:**

There is not any need for remediation, all thresholds were met for this measure.

Compliance Trends	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	Jan-Mar 2023
<b>PD</b>											
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	100%	100%	100%	100%	100%
Amerigroup							N/A	N/A	N/A	N/A	N/A
Sunflower	No Data						100%	100%	100%	100%	100%
United	No Data						100%	100%	100%	100%	100%
Statewide	No Data						100%	100%	100%	100%	100%
<b>FE</b>											
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	100%	100%	100%	100%	100%
Amerigroup							N/A	N/A	N/A	N/A	N/A
Sunflower	No Data						100%	100%	100%	100%	100%
United	No Data						100%	100%	100%	100%	100%
Statewide	No Data						100%	100%	100%	100%	100%
<b>IDD</b>											
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	100%	100%	100%	100%	100%
Amerigroup							N/A	N/A	N/A	N/A	N/A
Sunflower	No Data						100%	100%	100%	100%	100%
United	No Data						100%	100%	100%	100%	100%
Statewide	No Data						100%	100%	100%	100%	100%
<b>BI</b>											
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	100%	100%	100%	100%	100%
Amerigroup							N/A	N/A	N/A	N/A	N/A
Sunflower	No Data						100%	100%	100%	100%	100%
United	No Data						100%	100%	100%	100%	100%
Statewide	No Data						100%	100%	100%	100%	100%
<b>TA</b>											
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	100%	100%	100%	100%	N/A
Amerigroup							N/A	N/A	N/A	N/A	N/A
Sunflower	No Data						100%	100%	100%	100%	100%
United	No Data						100%	100%	100%	100%	100%
Statewide	No Data						100%	100%	100%	100%	100%
<b>Autism</b>											
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	100%	N/A	N/A
Amerigroup							N/A	N/A	N/A	N/A	N/A
Sunflower	No Data						N/A	100%	100%	N/A	N/A
United	No Data						100%	100%	100%	N/A	N/A
Statewide	No Data						100%	100%	100%	N/A	N/A
<b>SED</b>											
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	100%	100%	100%
Amerigroup							N/A	N/A	N/A	N/A	N/A
Sunflower	No Data						N/A	N/A	100%	100%	100%
United	No Data						N/A	N/A	100%	100%	100%
Statewide	No Data						N/A	N/A	100%	100%	100%

**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: 01/01/2023 - 03/31/2023**

**Data Source: Adverse Incident Reporting**

Compliance By Waiver	Aetna	Sunflower	United	Statewide
<b>PD</b>	N/A	N/A	N/A	N/A
Numerator	0	0	0	0
Denominator	0	0	0	0
<b>FE</b>	N/A	N/A	N/A	N/A
Numerator	0	0	0	0
Denominator	0	0	0	0
<b>IDD</b>	91%	98%	93%	95%
Numerator	20	58	50	128
Denominator	22	59	54	135
<b>BI</b>	N/A	N/A	N/A	N/A
Numerator	0	0	0	0
Denominator	0	0	0	0
<b>TA</b>	N/A	N/A	N/A	N/A
Numerator	0	0	0	0
Denominator	0	0	0	0
<b>Autism</b>	N/A	N/A	N/A	N/A
Numerator	0	0	0	0
Denominator	0	0	0	0
<b>SED</b>	N/A	N/A	N/A	N/A
Numerator	0	0	0	0
Denominator	0	0	0	0

**Explanation of Findings:**

Thresholds achieved for all measures.

**Remediation:**

There is not any need for remediation, all thresholds were met for this measure.

Compliance Trends	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	Jan-Mar 2023
<b>PD</b>											
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Amerigroup											
Sunflower	No Data						N/A	N/A	N/A	N/A	N/A
United	No Data						N/A	N/A	N/A	0%	N/A
Statewide	No Data						N/A	N/A	N/A	100%	N/A
<b>FE</b>											
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	0%	N/A
Amerigroup											
Sunflower	No Data						N/A	N/A	N/A	N/A	N/A
United	No Data						N/A	N/A	N/A	0%	N/A
Statewide	No Data						0%	N/A	N/A	50%	N/A
<b>IDD</b>											
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	100%	90%	75%	93%	91%
Amerigroup							N/A	N/A	N/A	N/A	N/A
Sunflower	No Data						91%	N/A	89%	92%	98%
United	No Data						58%	N/A	72%	92%	93%
Statewide	No Data						83%	93%	82%	92%	95%
<b>BI</b>											
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Amerigroup											
Sunflower	No Data						N/A	N/A	N/A	N/A	N/A
United	No Data						N/A	N/A	100%	N/A	N/A
Statewide	No Data						N/A	N/A	100%	N/A	N/A
<b>TA</b>											
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Amerigroup											
Sunflower	No Data						N/A	N/A	N/A	N/A	N/A
United	No Data						0%	N/A	N/A	N/A	N/A
Statewide	No Data						0%	N/A	N/A	N/A	N/A
<b>Autism</b>											
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Amerigroup											
Sunflower	No Data						N/A	N/A	N/A	N/A	N/A
United	No Data						N/A	N/A	N/A	N/A	N/A
Statewide	No Data						N/A	N/A	N/A	N/A	N/A
<b>SED</b>											
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Amerigroup											
Sunflower	No Data						N/A	N/A	N/A	100%	N/A
United	No Data						N/A	N/A	100%	N/A	N/A
Statewide	No Data						N/A	N/A	100%	100%	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: 01/01/2023 - 03/31/2023**

**Data Source: Adverse Incident Reporting**

Compliance By Waiver	Aetna	Sunflower	United	Statewide
<b>PD</b>	N/A	N/A	N/A	N/A
Numerator	0	0	0	0
Denominator	0	0	0	0
<b>FE</b>	N/A	N/A	N/A	N/A
Numerator	0	0	0	0
Denominator	0	0	0	0
<b>IDD</b>	100%	100%	100%	100%
Numerator	1	1	6	8
Denominator	1	1	6	8
<b>BI</b>	N/A	N/A	N/A	N/A
Numerator	0	0	0	0
Denominator	0	0	0	0
<b>TA</b>	N/A	N/A	N/A	N/A
Numerator	0	0	0	0
Denominator	0	0	0	0
<b>Autism</b>	N/A	N/A	N/A	N/A
Numerator	0	0	0	0
Denominator	0	0	0	0
<b>SED</b>	N/A	N/A	N/A	N/A
Numerator	0	0	0	0
Denominator	0	0	0	0

**Explanation of Findings:**

Thresholds achieved for all measures.

**Remediation:**

There is not any need for remediation, all thresholds were met for this measure.

Compliance Trends	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	Jan-Mar 2023
<b>PD</b>											
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Amerigroup											
Sunflower	No Data						N/A	N/A	N/A	N/A	N/A
United							N/A	N/A	100%	N/A	N/A
Statewide							N/A	N/A	100%	N/A	N/A
<b>FE</b>											
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Amerigroup											
Sunflower	No Data						N/A	N/A	N/A	N/A	N/A
United							N/A	N/A	N/A	N/A	N/A
Statewide							N/A	N/A	N/A	N/A	N/A
<b>IDD</b>											
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	N/A	90%	100%	N/A	100%
Amerigroup							N/A	N/A	N/A	N/A	N/A
Sunflower	No Data						100%	N/A	78%	100%	100%
United							91%	100%	58%	100%	100%
Statewide							94%	100%	68%	100%	100%
<b>BI</b>											
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Amerigroup											
Sunflower	No Data						N/A	N/A	N/A	N/A	N/A
United							N/A	N/A	N/A	N/A	N/A
Statewide							N/A	N/A	N/A	N/A	N/A
<b>TA</b>											
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Amerigroup											
Sunflower	No Data						N/A	N/A	N/A	N/A	N/A
United							100%	N/A	N/A	N/A	N/A
Statewide							100%	N/A	N/A	N/A	N/A
<b>Autism</b>											
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Amerigroup											
Sunflower	No Data						N/A	N/A	N/A	N/A	N/A
United							N/A	N/A	N/A	N/A	N/A
Statewide							N/A	N/A	N/A	N/A	N/A
<b>SED</b>											
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Amerigroup											
Sunflower	No Data						N/A	N/A	N/A	N/A	N/A
United							N/A	N/A	N/A	N/A	N/A
Statewide							N/A	N/A	N/A	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: 01/01/2023 - 03/31/2023**

**Data Source: MCO Record Review**

Compliance By Waiver	Aetna	Sunflower	United	Statewide
<b>PD</b>	<b>86%</b>	<b>76%</b>	<b>97%</b>	<b>87%</b>
Numerator	24	22	35	81
Denominator	28	29	36	93
<b>FE</b>	<b>74%</b>	<b>65%</b>	<b>93%</b>	<b>80%</b>
Numerator	20	17	37	74
Denominator	27	26	40	93
<b>IDD</b>	<b>88%</b>	<b>94%</b>	<b>100%</b>	<b>95%</b>
Numerator	14	49	30	93
Denominator	16	52	30	98
<b>BI</b>	<b>78%</b>	<b>53%</b>	<b>97%</b>	<b>80%</b>
Numerator	18	10	32	60
Denominator	23	19	33	75
<b>TA</b>	<b>83%</b>	<b>86%</b>	<b>93%</b>	<b>88%</b>
Numerator	15	18	26	59
Denominator	18	21	28	67
<b>Autism</b>	<b>100%</b>	<b>67%</b>	<b>100%</b>	<b>92%</b>
Numerator	4	2	6	12
Denominator	4	3	6	13
<b>SED</b>	<b>85%</b>	<b>79%</b>	<b>76%</b>	<b>80%</b>
Numerator	23	26	25	74
Denominator	27	33	33	93

**Explanation of Findings:**

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

BI: 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

SED: 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

**Remediation:**

Data reviews and audit requirements are continued to be discussed and reviewed with MCOs at the scheduled quarterly meetings and the Quality Improvement Plan (QIP) meetings until measures meet 86% or greater.

MCOs have continued to struggle to obtain evidence of a participant's physical exam. Several factors have an effect on this outcome. MCOs are relying on outside agencies to provide them with this documentation. At times, participants choose not to engage in an annual physical. Providers outside of the MCO's network complete the annual physical, therefore there are no billing codes to reference. Third-party liability continues to be a concern in some medical networks.

KDADS hired an Eligibility Specialist for the FE and BI waivers in May of 2022 in order to allow those Program Managers to be more effective.

The State has continued to educate the MCOs on regulation, answer questions, and offer suggestions. The State encourages the MCOs to obtain and document verbal reports of physical exams. MCOs have implemented various methods in addressing this Performance Measure, including developing tools that Care Coordinators can utilize that assist them in identifying how/who to ask for physical exams, additional trainings, and incorporating administrative support. Some of these implementation dates are as recent as June 1st of 2023, so although the Performance Measures Percentages continue to be non-compliant, MCOs continue to make systematic improvements with KDADS oversight.

Compliance Trends	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	Jan-Mar 2023
<b>PD</b>											
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	76%	68%	68%	72%	86%
Amerigroup							20%	46%	N/A	N/A	N/A
Sunflower							34%	40%	54%	71%	75%
United							34%	23%	77%	79%	94%
Statewide	Not a Measure	82%	No Data	No Data	29%	37%	68%	73%	80%	84%	87%
<b>FE</b>											
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	56%	64%	76%	83%	74%
Amerigroup							89%	23%	34%	N/A	N/A
Sunflower							31%	28%	59%	66%	60%
United							97%	18%	71%	78%	92%
Statewide	Not a Measure	95%	No Data	No Data	29%	27%	64%	71%	74%	80%	80%
<b>IDD</b>											
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	88%	83%	73%	84%	88%
Amerigroup							28%	56%	N/A	N/A	N/A
Sunflower							52%	70%	86%	84%	89%
United							26%	29%	72%	73%	87%
Statewide	Not a Measure	97%	No Data	No Data	39%	56%	82%	83%	85%	88%	95%
<b>BI</b>											
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	60%	81%	76%	80%	78%
Amerigroup							21%	29%	N/A	N/A	N/A
Sunflower							32%	30%	55%	76%	53%
United							19%	35%	78%	88%	92%
Statewide	Not a Measure	90%	No Data	No Data	23%	30%	64%	82%	79%	84%	80%
<b>TA</b>											
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	81%	74%	88%	85%	83%
Amerigroup							39%	54%	N/A	N/A	N/A
Sunflower							100%	79%	91%	69%	84%
United							97%	68%	62%	87%	86%
Statewide	Not a Measure	100%	No Data	No Data	49%	63%	88%	77%	86%	86%	88%
<b>Autism</b>											
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	40%	79%	57%	83%	100%
Amerigroup							100%	90%	N/A	N/A	N/A
Sunflower							92%	73%	77%	100%	100%
United							100%	19%	42%	60%	43%
Statewide	Not a Measure	98%	No Data	No Data	48%	59%	63%	65%	87%	89%	92%
<b>SED</b>											
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	70%	84%	76%	80%	85%
Amerigroup							54%	76%	87%	N/A	N/A
Sunflower							55%	27%	71%	72%	73%
United							46%	61%	59%	62%	81%
Statewide	Not a Measure	52%	No Data	No Data	52%	67%	66%	71%	80%	76%	80%

**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: 01/01/2023 - 03/31/2023

Data Source: MCO Record Review

Compliance By Waiver	Aetna	Sunflower	United	Statewide
<b>PD</b>	<b>89%</b>	<b>93%</b>	<b>97%</b>	<b>94%</b>
Numerator	25	27	35	87
Denominator	28	29	36	93
<b>FE</b>	<b>85%</b>	<b>96%</b>	<b>98%</b>	<b>94%</b>
Numerator	23	25	39	87
Denominator	27	26	40	93
<b>IDD</b>	<b>100%</b>	<b>94%</b>	<b>93%</b>	<b>95%</b>
Numerator	16	49	28	93
Denominator	16	52	30	98
<b>BI</b>	<b>96%</b>	<b>100%</b>	<b>97%</b>	<b>97%</b>
Numerator	22	19	32	73
Denominator	23	19	33	75
<b>TA</b>	<b>100%</b>	<b>100%</b>	<b>96%</b>	<b>99%</b>
Numerator	18	21	27	66
Denominator	18	21	28	67
<b>Autism</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>
Numerator	4	3	6	13
Denominator	4	3	6	13
<b>SED</b>	Not a Waiver Performance Measure			
Numerator				
Denominator				

**Explanation of Findings:**

Performance measure threshold achieved for all waivers.

**Remediation:**

There is not any need for remediation, all thresholds were met for this measure.

Compliance Trends	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	Jan-Mar 2023
<b>PD</b>											
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	79%	52%	81%	87%	89%
Amerigroup		59%	53%	73%	86%	96%	N/A	N/A	N/A	N/A	N/A
Sunflower		77%	49%	66%	79%	85%	86%	64%	75%	95%	93%
United		64%	80%	88%	87%	94%	88%	56%	76%	91%	97%
Statewide	Not a Measure	67%	58%	75%	84%	92%	85%	58%	77%	91%	94%
<b>FE</b>											
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	77%	47%	82%	86%	85%
Amerigroup		61%	62%	72%	84%	90%	N/A	N/A	N/A	N/A	N/A
Sunflower		72%	56%	72%	77%	81%	86%	60%	72%	92%	96%
United		76%	81%	85%	91%	91%	89%	56%	73%	97%	98%
Statewide	59%	70%	65%	76%	84%	87%	86%	56%	75%	93%	94%
<b>IDD</b>											
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	64%	50%	76%	98%	100%
Amerigroup		67%	61%	65%	74%	86%	N/A	N/A	N/A	N/A	N/A
Sunflower		58%	32%	59%	70%	72%	78%	52%	66%	95%	94%
United		70%	58%	73%	90%	86%	80%	51%	84%	98%	93%
Statewide	Not a Measure	64%	47%	64%	76%	79%	77%	52%	74%	96%	95%
<b>BI</b>											
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	48%	30%	70%	84%	96%
Amerigroup		46%	49%	62%	80%	82%	N/A	N/A	N/A	N/A	N/A
Sunflower		68%	42%	80%	84%	88%	85%	44%	58%	98%	100%
United		56%	74%	80%	79%	89%	86%	41%	65%	91%	97%
Statewide	Not a Measure	56%	52%	70%	81%	85%	77%	39%	65%	91%	97%
<b>TA</b>											
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	65%	47%	75%	96%	100%
Amerigroup		75%	54%	79%	90%	99%	N/A	N/A	N/A	N/A	N/A
Sunflower		91%	58%	77%	78%	85%	89%	63%	67%	95%	100%
United		86%	63%	79%	95%	86%	91%	46%	85%	98%	96%
Statewide	Not a Measure	83%	57%	78%	87%	92%	86%	52%	76%	97%	99%
<b>Autism</b>											
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	17%	21%	57%	75%	100%
Amerigroup		77%	44%	32%	88%	100%	N/A	N/A	N/A	N/A	N/A
Sunflower		53%	27%	67%	80%	72%	77%	78%	88%	100%	100%
United		38%	7%	6%	13%	41%	69%	13%	80%	95%	100%
Statewide	Not a Measure	64%	30%	40%	62%	67%	64%	31%	81%	91%	100%
<b>SED</b>	Not a Waiver Performance Measure										
Aetna											
Amerigroup											
Sunflower											
United											
Statewide											

\*Audit methodology has changed for this question, effective April-June 2021

**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: 01/01/2023 - 03/31/2023**

**Data Source: MCO Claims Data**

Compliance By Waiver	Statewide
<b>PD</b>	<b>99%</b>
Numerator	73,037
Denominator	73,049
<b>FE</b>	<b>99%</b>
Numerator	51,429
Denominator	51,443
<b>IDD</b>	<b>99%</b>
Numerator	133,850
Denominator	133,869
<b>BI</b>	<b>99%</b>
Numerator	17,962
Denominator	17,964
<b>TA</b>	<b>99%</b>
Numerator	7,966
Denominator	7,972
<b>Autism</b>	<b>100%</b>
Numerator	22
Denominator	22
<b>SED</b>	<b>100%</b>
Numerator	16,432
Denominator	16,432
<b>All HCBS Waivers</b>	<b>99%</b>
Numerator	300,698
Denominator	300,751

Compliance Trends	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	Jan-Mar 2023
<b>PD</b>											
Statewide	Not a Measure	N/A	N/A	N/A	N/A	96%	97%	99%	99%	99%	99%
<b>FE</b>											
Statewide	Not a Measure	N/A	N/A	N/A	N/A	95%	95%	97%	99%	99%	99%
<b>IDD</b>											
Statewide	Not a Measure	N/A	N/A	N/A	N/A	97%	95%	96%	97%	99%	99%
<b>BI</b>											
Statewide	Not a Measure	N/A	N/A	N/A	N/A	90%	94%	97%	98%	99%	99%
<b>TA</b>											
Statewide	Not a Measure	N/A	N/A	N/A	N/A	91%	95%	95%	99%	99%	99%
<b>Autism</b>											
Statewide	Not a Measure	N/A	N/A	N/A	N/A	82%	95%	76%	97%	100%	100%
<b>SED</b>											
Statewide	Not a Measure	N/A	N/A	N/A	N/A	82%	78%	90%	95%	99%	100%
<b>All HCBS Waivers</b>											
Statewide	Not a Measure	90%	88%	95%	95%	95%	95%	97%	98%	99%	99%

**Explanation of Findings:**

Threshold achieved for all waivers.

**Remediation:**

No remediation necessary.

**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 2023**

**Data Source: KDHE**

Compliance By Waiver	Statewide
<b>PD</b>	<b>100%</b>
Numerator	24
Denominator	24
<b>FE</b>	<b>100%</b>
Numerator	24
Denominator	24
<b>IDD</b>	<b>100%</b>
Numerator	48
Denominator	48
<b>BI</b>	<b>100%</b>
Numerator	12
Denominator	12
<b>TA</b>	<b>100%</b>
Numerator	12
Denominator	12
<b>Autism</b>	<b>100%</b>
Numerator	12
Denominator	12
<b>SED</b>	<b>100%</b>
Numerator	12
Denominator	12

Compliance Trends	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
<b>PD</b>											
Statewide	Not a Measure	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
<b>FE</b>											
Statewide	Not a Measure	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
<b>IDD</b>											
Statewide	Not a Measure	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
<b>TBI</b>											
Statewide	Not a Measure	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
<b>TA</b>											
Statewide	Not a Measure	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
<b>Autism</b>											
Statewide	Not a Measure	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
<b>SED</b>											
Statewide	Not a Measure	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%

**Explanation of Findings:**

Threshold achieved for all waivers.

**Remediation:**

No remediation necessary



## KanCare Ombudsman Office

### Report for Quarter 2, 2023

(based on calendar year)

April 1 – June 30, 2023

**Suzanne Lueker, JD, LL.M**

**KanCare Ombudsman / Executive Director**

KanCare Ombudsman Office

Office of Public Advocates

900 SW Jackson St., Suite 1041, Topeka, KS 66612

Phone: 785-296-6270

Toll Free: 1-855-643-8180

Relay: 711

Email: [KanCare.Ombudsman@ks.gov](mailto:KanCare.Ombudsman@ks.gov) or [Suzanne.Lueker@ks.gov](mailto:Suzanne.Lueker@ks.gov)

Website: [www.KanCare.ks.gov/Ombudsman](http://www.KanCare.ks.gov/Ombudsman)

Find us on [Facebook](#)

# I. Table of Contents

I.	Table of Contents.....	2
II.	Brief Overview .....	3
A.	KanCare Ombudsman Office Statement of Purpose .....	3
B.	New KanCare Ombudsman Search .....	3
III.	Accessibility to the KanCare Ombudsman Office .....	4
A.	Initial Contacts .....	4
B.	Accessibility through the KanCare Ombudsman Volunteer Program.....	5
IV.	KanCare Ombudsman Office Outreach .....	5
V.	KanCare Ombudsman Office Data .....	6
A.	Data by Region.....	6
B.	Data by Office Location .....	8
C.	Data by Contact Method .....	8
D.	Data by Caller Type.....	9
E.	Data by Program Type .....	9
F.	Data by Priorities .....	10
G.	Data by Issue Categories .....	11
H.	Data by Managed Care Organization (MCO).....	13
VI.	Action Taken.....	13
A.	Responding to Issues .....	13
VII.	Enhancements/Updates.....	15
A.	Staff updates .....	15
B.	Reminder of fact sheets on web pages .....	15
VIII.	Appendix A: Outreach by KanCare Ombudsman Office .....	16
A.	Outreach through Education and Collaboration .....	16
B.	Outreach through Social Media and Print Media .....	17
IX.	Appendix B: Managed Care Organization (MCO) Data .....	19
A.	Aetna .....	19
B.	Sunflower.....	22
C.	United .....	25

## II. Brief Overview

### A. KanCare Ombudsman Office Statement of Purpose

The primary role of the KanCare Ombudsman Office is to help individuals understand how to navigate the KanCare system, and to assist them in solving any problems or difficulties they encounter. As such, treating people with dignity and respect is a core value of the KanCare Ombudsman Office.

Our staff regularly assists with answering questions and resolving issues related to KanCare and Medicaid, including but not limited to:

- Understanding letters from KanCare;
- Responding when a member disagrees with a decision or change in coverage;
- Completing an initial or renewal application;
- Filing an appeal or fair hearing request;
- Filing a complaint (grievance);
- Learning about in-home services (Home & Community Based Services)

The Centers for Medicare and Medicaid Services [Special Terms and Conditions \(2019-2023\), Section 36](#) for KanCare, provides the KanCare Ombudsman program description and objectives.

### B. New KanCare Ombudsman Search

The KanCare Ombudsman position was vacant as of June 30, 2023, with the retirement of Kerrie Bacon. In April 2023, the KanCare Ombudsman position was listed on the State of Kansas Careers Portal ([jobs.sok.ks.gov](http://jobs.sok.ks.gov)).

Thank you to Kerrie Bacon for her years of service as the KanCare Ombudsman for the State of Kansas.



### III. Accessibility to the KanCare Ombudsman Office

#### A. Initial Contacts

The KanCare Ombudsman Office was available to members and applicants of KanCare/Kansas Medicaid by phone, email, written communication, social media, the Integrated Referral and Intake System (IRIS) and WellSky (formerly Healthify) during the second quarter of 2023. The category of “Initial Contacts” is a measurement of the number of people who have contacted our office, not the number of contacts within the time of helping them.

As you can see in the chart below, **the second quarter of 2023 produced the highest number of contacts since the beginning of the pandemic.**

Initial Contacts	Qtr. 1	Qtr. 2	Qtr. 3	Qtr. 4
2019	1,060	1,097	1,071	915
2020	903	478	562	601
2021	564	591	644	566
2022	524	526	480	546
2023	645	901		

The chart below shows the impact of the public health emergency (PHE) to the number of contacts for these two organizations. You can see that the KanCare Ombudsman Office number of contacts for the second quarter of 2023 (-0.2%) is almost identical to the pre-pandemic numbers, at just 0.2% under the Q1/2020 number.

	KanCare Ombudsman Office Contacts	% +/- Comparison to Q1/20	KanCare Clearing-house Contacts	% +/- Comparison to Q1/20
Q4/19	915		126,682	
Q1/20	903		128,033	
Q2/20	478	-47%	57,720	-55%
Q3/20	562	-38%	57,425	-55%
Q4/20	601	-33%	59,161	-54%
Q1/21	564	-38%	81,398	-36%
Q2/21	591	-35%	64,852	-49%
Q3/21	644	-29%	65,156	-49%
Q4/21	566	-37%	50,009	-61%
Q1/22	524	-42%	52,821	-59%
Q2/22	526	-42%	48,546	-62%
Q3/22	480	-47%	49,971	-61%
Q4/22	546	-40%	49,741	-61%
Q1/23	645	-29%	57,899	-55%
Q2/23	901	-0.2%		

## B. Accessibility through the KanCare Ombudsman Volunteer Program

The KanCare Ombudsman Office has two satellite offices for the volunteer program: one in the Kansas City Metro and one in Wichita. The volunteers in both satellite offices answer KanCare questions for members and assist with outreach projects as needed.

During the second quarter, six volunteers assisted in the offices. Calls to the toll-free number are covered by volunteers in the satellite offices. When a gap in coverage exists, the Topeka staff receive all incoming calls.

Office	Volunteer Hours	# of Volunteers	# of hours covered/wk.	Area Codes covered
Kansas City Office	Mon: 9:00am to noon Tues: 1:00 to 4:00pm Thurs. 9am to noon	3	12	Northern Kansas Area Codes 785, 913, (and 816)
Wichita Office	Mon: 9:00 to 4pm Tues: 9:00 to noon Wed. 9am to 4pm Thurs: 9am to noon	3	20	Southern Kansas Area Codes 316, 620

As of June 30, 2023

## IV. KanCare Ombudsman Office Outreach

The KanCare Ombudsman Office is responsible for helping members and applicants to understand the KanCare application process, benefits, and services available to them. In addition, we provide training and outreach to the managed care organizations, providers, and community organizations. The office does this through:

- Resources provided on the KanCare Ombudsman webpage;
- Resources provided with contacts to members, applicants, and providers;
- Outreach through presentations, conferences, conference calls, video calls, social media, and in-person contacts.

The chart below shows the outreach efforts during the second quarter (including Facebook) by the KanCare Ombudsman Office. For a detailed listing of outreach activities, please see Appendix A.

	Q1/22	Q2/22	Q3/22	Q4/22	Q1/23	Q2/23
<b>Outreach</b>	77	86	100	73	87	84

Facebook is an important part of the KanCare Ombudsman Office outreach. The Wichita Satellite office team is responsible for the Facebook research, creation and posting on this medium. They also monitor the level of interaction that each post has, as a measure of outreach for the office.

	Q1/22	Q2/22	Q3/22	Q4/22	Q1/23	Q2/23
<b>Facebook posts</b>	43	45	38	51	55	43

*\*Please see Appendix A for a detailed listing of outreach activities.*

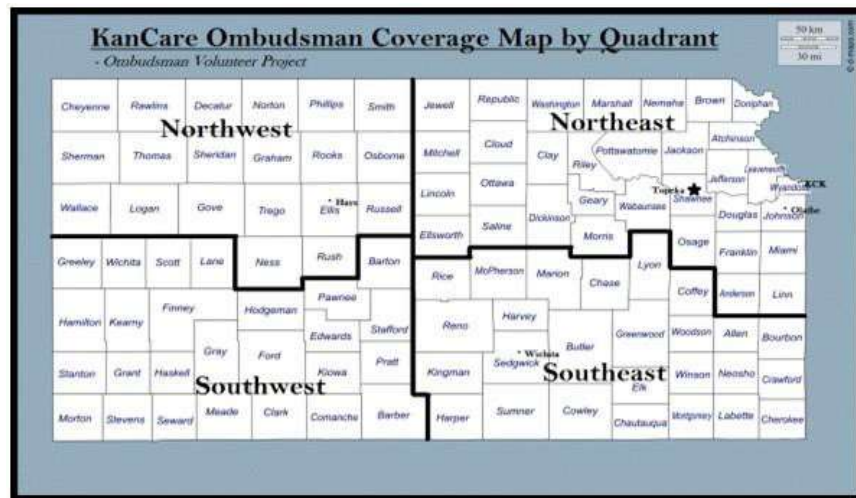
## V. KanCare Ombudsman Office Data

Data for the KanCare Ombudsman Office includes data by region, office location, contact method, caller type, program type, priorities, and issue categories.

### A. Data by Region

- **Initial Contacts to the KanCare Ombudsman Office by Region**

KanCare Ombudsman Office coverage is divided into four regions. The map 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).



The chart below, by region, shows that most KanCare Ombudsman contacts come from the Northeast and Southeast part of Kansas.

- 785, 913 and 816 area code toll-free calls are routed to the Kansas City Metro Satellite office.
- 316 and 620 area code toll-free calls are routed to the Wichita Satellite office.
- The out of state phone number calls, direct calls, all complex calls, emails, and IRIS/WellSky referrals go to the Topeka (main) office. The chart below shows the contacts by region to the KanCare Ombudsman Office

## KanCare Ombudsman Office Member Contacts by Region

REGION	Q1/22	Q2/22	Q3/22	Q4/22	Q1/23	Q2/23
Northwest	6	3	3	4	10	6
Northeast	77	88	98	150	170	163
Southwest	11	8	3	14	13	11
Southeast	73	70	75	120	125	66
Unknown	353	355	299	247	325	650
Out of State	4	2	2	11	2	5
<b>Total</b>	<b>524</b>	<b>526</b>	<b>480</b>	<b>546</b>	<b>645</b>	<b>901</b>

- **Kansas Medicaid members by Region**

The chart below shows the **Kansas Medicaid population** by the KanCare Ombudsman regions. Most of the Medicaid population is in the eastern two regions. Most Medicaid members have not been dropped due to the pandemic health emergency (PHE) order. The renewal process started in March 2023, so these numbers will begin to decrease due to updated information on eligibility.

This data includes *all* Medicaid members; KanCare *and* Fee for Service members.

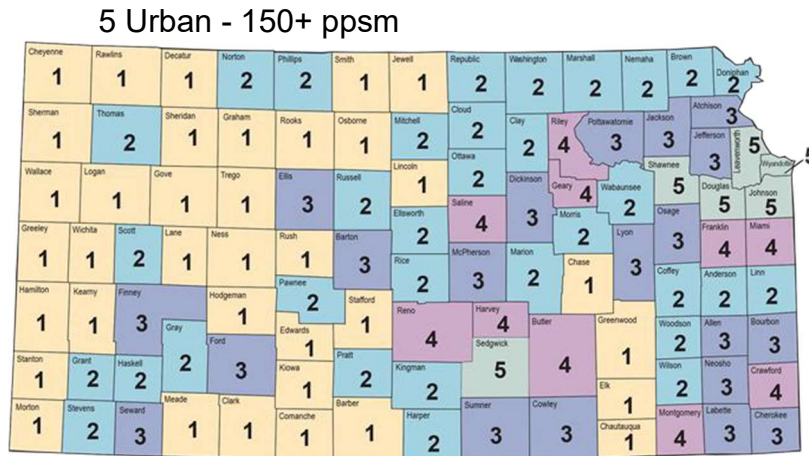
### Medicaid Members by Region

Region	Q1/22	Q2/22	Q3/22	Q4/22	Q1/23
Northwest	15,281	15,393	15,670	15,670	16,093
Northeast	235,371	239,190	243,511	243,511	250,362
Southwest	45,647	46,516	47,573	47,573	49,104
Southeast	213,493	217,347	221,215	221,215	226,581
<b>Total</b>	<b>296,299</b>	<b>301,099</b>	<b>306,754</b>	<b>527,969</b>	<b>542,140</b>

- **Kansas Population Density**

This map pictured below shows the population density of Kansas and helps with understanding why most of the Medicaid population and KanCare Ombudsman contacts are from the eastern part of Kansas.

This map is based on 2015 Census data. The [Kansas Population Density map](#) shows population density using number of people per square mile (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

During the second quarter, we had the assistance of volunteers in the satellite offices approximately four days per week. When there was no volunteer coverage for the day, the Ombudsman Administrative Specialist or the Ombudsman took the toll-free number calls.

This chart shows that the Topeka main office has been greatly assisted by the two satellite offices, especially given the increase in initial contacts for the office.

Contacts by Office	Q1/22	Q2/22	Q3/22	Q4/22	Q1/23	Q2/23
Main - Topeka	347	344	258	286	280	438
Kansas City Metro	78	119	144	129	190	233
Wichita	99	63	78	131	175	230
<b>Total</b>	<b>524</b>	<b>526</b>	<b>480</b>	<b>546</b>	<b>645</b>	<b>901</b>

## C. Data by Contact Method

The contact method most frequently used continues to be telephone and email. The “Other” category includes the use of the Integrated Referral and Intake System (IRIS), as well as WellSky, a community partner tool designed to encourage “warm handoffs” among community partners, keeping providers updated along the way.

Contact Method	Q1/22	Q2/22	Q3/22	Q4/22	Q1/23	Q2/23
Telephone	377	386	364	366	454	624
Email	144	137	111	151	174	205
Letter	0	0	1	1	2	1
Face-to-Face Meeting	2	1	4	6	10	8
Other	0	0	0	21	2	3
Online	1	2	0	1	3	0
<b>CONTACT METHOD TOTAL</b>	<b>524</b>	<b>526</b>	<b>480</b>	<b>546</b>	<b>645</b>	<b>901</b>

## D. Data by Caller Type

Most Consumer contacts are from applicants, members, family, friends, etc. The “Other type” callers are usually state employees, school social workers, lawyers and students/researchers looking for data, etc.

The provider contacts that are not for an individual member, are forwarded to the Kansas Department of Health and Environment/Health Care Finance (KDHE/HCF.)

CALLER TYPE	Q1/22	Q2/22	Q3/22	Q4/22	Q1/23	Q2/23
Provider	93	88	67	91	106	102
Consumer	364	346	333	384	469	688
MCO Employee	2	5	2	3	1	6
Other Type	65	87	78	68	69	105
<b>CALLER TYPE TOTAL</b>	<b>524</b>	<b>526</b>	<b>480</b>	<b>546</b>	<b>645</b>	<b>901</b>

## E. Data by Program Type

The KanCare Ombudsman Office had a significant increase in contacts regarding the Frail Elderly HCBS waiver between the fourth quarter of 2022 to the first quarter of 2023. Elevated numbers continue in the second quarter of 2023.

PROGRAM TYPE	Q1/22	Q2/22	Q3/22	Q4/22	Q1/23	Q2/23
PD	26	17	11	15	13	19
I/DD	10	14	16	19	10	20
FE	18	21	14	12	26	26
AUTISM	1	2	2	0	0	1
SED	5	6	6	7	6	5
TBI	5	2	11	6	10	9
TA	0	7	9	3	1	5
WH	0	0	0	1	0	5
MFP	2	1	0	1	3	0
PACE	0	0	0	0	2	1

PROGRAM TYPE	Q1/22	Q2/22	Q3/22	Q4/22	Q1/23	Q2/23
MENTAL HEALTH	3	1	3	2	1	5
SUB USE DIS	0	0	0	1	0	0
NURSING FACILITY	29	21	19	36	13	9
FOSTER CARE	3	0	0	0	1	3
MEDIKAN	1	1	0	2	0	0
INSTITUTIONAL TRANSITION FROM LTC/NF	1	1	2	3	2	2
INSTITUTIONAL TRANSITION FROM MH/BH	0	1	0	1	0	0
INSTITUTIONAL TRANSITION FROM PRISON/JAIL	0	0	0	1	0	1
<b>PROGRAM TYPE TOTAL</b>	<b>104</b>	<b>95</b>	<b>93</b>	<b>110</b>	<b>88</b>	<b>111</b>

*\*There may be multiple selections for a member/contact.*

## F. Data by Priorities

The Ombudsman Office is tracking priorities for two purposes:

- This allows our staff and volunteers to select pending cases, review their status, and possibly request an update from the partner organization from whom we have requested assistance.
- This helps provide information on the more complex cases that are handled by the KanCare Ombudsman Office, including HCBS and long-term care cases.

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 – a case that needs a higher level of attention and/or ongoing review until closed.
- Life Threatening – If not resolved in 1-4 days person’s life could be endangered. (should not be used very often.)

PRIORITY	Q1/22	Q2/22	Q3/22	Q4/22	Q1/23	Q2/23
HCBS	29	37	43	64	62	64
Long Term Care / MF	28	22	14	43	27	16
Urgent Medical Need	8	8	10	10	9	15
Urgent	17	17	10	27	17	40
Life Threatening	2	2	1	3	3	0
<b>PRIORITIES TOTAL</b>	<b>84</b>	<b>86</b>	<b>78</b>	<b>147</b>	<b>118</b>	<b>135</b>

## 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 Issues (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.

- **Medicaid Issues**

Three of the larger issues that reflect increased contacts during the second quarter are: Medicaid Eligibility Issues; Medicaid General Issues/Questions; and, Medicaid Information (Status) Updates.

<b>MEDICAID ISSUES</b>	<b>Q1/22</b>	<b>Q2/22</b>	<b>Q3/22</b>	<b>Q4/22</b>	<b>Q1/23</b>	<b>Q2/23</b>
Access to Providers (usually Medical)	12	10	17	31	17	10
Appeals/Fair Hearing questions/issues	8	11	7	12	16	12
Background Checks	0	0	0	0	0	0
Billing	39	29	32	34	35	45
Care Coordinator Issues	8	8	12	9	11	12
Change MCO	4	4	7	2	6	6
Choice Info on MCO	4	1	2	4	5	4
Coding Issues	4	7	5	0	3	2
Consumer said Notice not received	5	0	0	2	2	1
Cultural Competency	1	0	0	1	0	1
Data Requests	10	10	7	7	5	10
Dental	7	6	8	7	10	8
Division of Assets	13	12	3	7	6	12
Durable Medical Equipment	4	8	6	13	9	10
Grievances Questions/Issues	13	16	23	25	18	25
Help understanding mail (NOA)	16	8	8	24	21	14
MCO transition	2	1	2	1	0	1
Medicaid Application Assistance	110	95	90	116	120	107
Medicaid Eligibility Issues	102	105	100	95	111	121
Medicaid Fraud	1	3	3	2	6	1
Medicaid General Issues/questions	167	139	145	172	182	228
Medicaid info (status) update	78	94	88	71	112	117
Medicaid Renewal	2	8	3	7	12	167
Medical Card issues	14	12	18	12	14	17
Medicare Savings Plan Issues	26	19	11	25	21	23
MediKan issues	3	9	4	3	5	6
Moving to / from Kansas	8	5	12	12	8	13
Medical Services	19	16	20	36	17	16
Pain management issues	1	3	2	1	0	0
Pharmacy	10	5	6	8	10	21



<b>MEDICAID ISSUES</b>	<b>Q1/22</b>	<b>Q2/22</b>	<b>Q3/22</b>	<b>Q4/22</b>	<b>Q1/23</b>	<b>Q2/23</b>
Pregnancy issues	18	13	5	17	8	19
Prior authorization issues	1	11	3	5	1	5
Refugee/Immigration/SOBRA issues	0	3	2	3	2	1
Respite	1	1	1	0	0	0
Spend Down Issues	17	28	13	23	15	14
Transportation	13	15	7	10	12	6
Working Healthy	6	2	3	2	1	2
<b>MEDICAID ISSUES TOTAL</b>	<b>747</b>	<b>717</b>	<b>675</b>	<b>799</b>	<b>821</b>	<b>1057</b>

*\*There may be multiple selections for a member/contact.*

- **HCBS/LTSS Issues:** The top issues for the past several quarters are HCBS General Issues and HCBS Eligibility Issues.

<b>HCBS/LTSS ISSUES</b>	<b>Q1/22</b>	<b>Q2/22</b>	<b>Q3/22</b>	<b>Q4/22</b>	<b>Q1/23</b>	<b>Q2/23</b>
Client Obligation	13	15	10	4	4	18
Estate Recovery	17	20	12	12	10	18
HCBS Eligibility issues	51	54	38	35	37	43
HCBS General Issues	49	42	51	51	53	56
HCBS Reduction in hours of service	1	4	8	7	4	3
HCBS Waiting List	7	6	5	7	7	5
Nursing Facility Issues	28	42	32	31	20	21
<b>HCBS/LTSS ISSUES TOTAL</b>	<b>166</b>	<b>183</b>	<b>156</b>	<b>147</b>	<b>135</b>	<b>166</b>

*\*There may be multiple selections for a member/contact.*

- **Other Issues:** This section shows issues or concerns that may be *related* to KanCare/Medicaid. “Medicare Related Issues” was a top concern this quarter.

<b>OTHER ISSUES</b>	<b>Q1/22</b>	<b>Q2/22</b>	<b>Q3/22</b>	<b>Q4/22</b>	<b>Q1/23</b>	<b>Q2/23</b>
Abuse / neglect complaints	10	16	15	13	8	17
ADA Concerns	0	3	0	2	1	4
Adoption issues	0	1	1	1	3	2
Affordable Care Act Calls	0	2	1	1	7	2
Community Resources needed	11	6	11	23	13	3
Domestic Violence concerns	1	3	1	2	0	0
Foster Care issues	5	4	3	4	6	11
Guardianship	1	3	1	6	6	5
Homelessness	0	3	0	3	3	3
Housing Issues	4	12	7	10	16	9
Medicare related Issues	21	23	13	24	34	11
Social Security Issues	13	22	8	13	14	7
Used Interpreter	4	0	2	3	6	5
X-Other	39	68	58	66	72	60
Z Thank you	204	191	210	260	296	364
Z Unspecified	20	39	39	30	31	125
Health Homes	0	0	0	0	0	0
<b>OTHER ISSUES TOTAL</b>	<b>333</b>	<b>396</b>	<b>370</b>	<b>461</b>	<b>516</b>	<b>628</b>

*\*There may be multiple selections for a member/contact.*

## H. Data by Managed Care Organization (MCO)

See Appendix B

## VI. Action Taken

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

1. Responding to issues - response rates for the KanCare Ombudsman office.
2. Organization resolution rate – how long it takes to resolve the question/concern for related organizations that are asked to assist by the Ombudsman office.
3. Action Taken - information on resources provided.
4. KanCare Ombudsman Office Resolution Rate - how long it takes for contacts to be resolved or completed.

### A. Responding to Issues

- **KanCare Ombudsman Office response to members/applicants/stakeholders**

Quarter/Year	Number of Contacts	% Responded 0-2 Days	% Responded 3-7 Days	% Responded 8 or more Days
Q1/2022	524	92%	8%	1%
Q2/2022	526	90%	9%	1%
Q3/2022	480	84%	15%	1%
Q4/2022	546	84%	15%	2%
Q1/2023	644	85%	15%	0%
Q2/2023	899	86%	13%	1%

- 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 from whom the Ombudsman’s office requests assistance, and the amount of time it takes to resolve these concerns.

**Q2, 2023**

Number of Referrals	Referred to	% Resolved 0-2 Days	% Resolved 3-7 Days	% Resolved 7-30 Days	% Resolved 31 or More Days
13	Clearinghouse	85%	15%	0%	0%
1	DCF	100%	0%	0%	0%
1	KDADS-Behavior Health	100%	0%	0%	0%
4	KDADS-HCBS	75%	25%	0%	0%
-	KDADS-Health Occ. Cred.	-	-	-	-
34	KDHE-Eligibility	47%	32%	12%	6%
3	KDHE-Program Staff	100%	0%	0%	0%
6	KDHE-Provider Contact	67%	17%	16%	0%
-	KMAP	-	-	-	-
2	Aetna	0%	50%	50%	0%
3	Sunflower	0%	34%	33%	33%
7	UnitedHealthcare	71%	0%	15%	14%

- Action Taken by KanCare Ombudsman Office to resolve requests**

Action Taken Resolution Type	Q1/22	Q2/22	Q3/22	Q4/22	Q1/23	Q2/23
Questions/Issue Resolved (No Resources)	36	38	32	41	69	97
Used Contact or Resources/Issue Resolved	450	425	397	448	500	708
Closed (No Contact)	31	42	40	43	38	79
<b>ACTION TAKEN RESOLUTION TYPE TOTAL</b>	<b>517</b>	<b>505</b>	<b>469</b>	<b>532</b>	<b>607</b>	<b>884</b>

*\*There may be multiple selections for a member/contact.*

Action Taken Additional Help	Q1/22	Q2/22	Q3/22	Q4/22	Q1/23	Q2/23
Provided Resources	449	416	388	451	490	693
Mailed/Email Resources	102	76	66	81	119	117
<b>ACTION TAKEN ADDITIONAL HELP TOTAL</b>	<b>551</b>	<b>492</b>	<b>454</b>	<b>532</b>	<b>609</b>	<b>810</b>

*\*There may be multiple selections for a member/contact.*

- **KanCare Ombudsman Office Resolution Rate**

Quarter/ Year	Number Contacts	Avg Days To Completion	% Completed in 0-2 Days	% Completed in 3-7 Days	% Completed in 8 or More Days
Q1/2022	510	5	76%	12%	12%
Q2/2022	493	6	75%	12%	13%
Q3/2022	460	7	68%	14%	18%
Q4/2022	519	10	62%	18%	20%
Q1/2023	558	7	69%	19%	11%
Q2/2023	831	10	66%	16%	21%

## VII. Enhancements/Updates

### A. Staff updates

The KanCare Ombudsman Office appreciates the service of the Ombudsman Administrative Assistant, Rob Stevens, who kept the Topeka Main Office running during the time between the retirement of the prior Ombudsman, and the onboarding of the new Ombudsman. The staff and volunteers at the Wichita and Kansas City Metro locations also deserve recognition for doing an outstanding job with member communications, projects, and outreach. Thank you for your service to the KanCare Ombudsman Office and the State of Kansas.

### B. Reminder of fact sheets on web pages

KDHE created three new, easy to understand fact sheets regarding the unwinding, or starting up of the renewal process. Those have both been added as the first item on the KanCare Ombudsman Resource page. [Resources \(ks.gov\)](#)

## VIII. Appendix A: Outreach by KanCare Ombudsman Office

This is a listing of second quarter KanCare Ombudsman Office Outreach to members, providers, and community organizations. Outreach takes place via conferences, newsletters, social media, training events, and direct outreach, as well as via community events/presentations for the purpose of education, networking, and referrals.

### A. Outreach through Education and Collaboration

#### April 2023

- 4/1: Staff exhibited at the Sedgwick County Health Department Community Baby Shower.
- 4/3: Staff emailed with United Way 211 Assistance Directory personnel to update/maintain resource listing.
- 4/5: Staff attended the SG Co CPAAA monthly networking meeting.
- 4/6: Staff attended the Butler County monthly Aging Council networking meeting.
- 4/11: Staff attended the KanCare Public hearing meeting via Zoom.
- 4/13: Staff attended the Healthier Lyon County networking meeting via Zoom.
- 4/13: Staff exhibited at the Butler County RCIL Transitions Resource Fair in Andover.
- 4/14: Staff exhibited at the WSU Positive Aging Day.
- 4/17: Staff presented as a panelist on a webinar through the Kansas Health Institute about resources during the Unwinding process. KHI reported 150 attendees.
- 4/17: As a result of the KHI webinar, KMUW contacted Staff for Medicaid information
- 4/18: As a result of the KHI webinar, Staff responded to resource request from Konza Prairie Community Health Center.
- 4/18: Staff spoke with Spanish Ad Hoc Translations about opportunities to present to Hispanic/non-English speaking groups in the Wichita area. Staff also provided several packages of brochures.
- 4/18: Staff responded to resource request from Extension Agent at SG Co Extension Office and SHICK project coordinator.
- 4/19: Staff exhibited at the Dodge City SWKAAA Senior Expo.
- 4/24: Staff presented to St Francis Community Ministries employees. This meeting had approximately 100 staff.
- 4/24: Staff spoke with Aetna to discuss resources, and provided several brochure packages.
- 4/24: Staff emailed with United MCO and Hutchinson Clinic.

#### May 2023

- 5/4: Staff attended the Butler County monthly Aging Council networking meeting.
- 5/11: Staff exhibited at the Butler County Dept on Aging Annual Spring Fling and spoke to over 150 attendees. One attendee recognized our agency name and told Staff that we had recently helped her contact the Clearinghouse and she was grateful for our help.
- 5/11: Staff spoke with the Service Coordinator at Wichita's Sheridan Village/Key Management about a staff presentation on Medicaid topics.
- 5/11: Staff attended the Healthier Lyon County outreach meeting via Zoom.
- 5/11: Staff attended the Via Christi Hope PACE program Open House.
- 5/11: Staff provided application assistance resources to area residents.

- 5/12: Staff responded to email request for Medicaid unwinding resources from Licensed Health Insurance Agents
- 5/17: Staff attended the Butler County Early Childhood Taskforce monthly networking meeting via Zoom.
- 5/19: Staff attended the Saline County Senior Health Fair in Salina and spoke to fair goers about our office's services.
- 5/19: Staff spoke with North Central-Flint Hills Area Agency on Aging regarding how to order bulk paper applications.
- 5/19: Staff spoke with Interim Healthcare of Salina Ks regarding how to order bulk paper applications.
- 5/26: Staff answered email inquiries regarding the application assistance resource.

## June 2023

- 6/2: Staff attended the Junction City Fab-Fit-Fun day with JOCO volunteer coordinator
- 6/2: Staff handed out two packages of our brochures to Junction City Social Workers
- 6/3: Staff attended the Café Con Leche Resource Fair at Evergreen Community Center.
- 6/6-7: Staff attended the Kansas Recovery Conference in Wichita. She spoke with attendees regarding their current coverage and the renewal process.
- 6/8: Staff attended the Alzheimer's Association Dementia Conference in Mulvane. Staff spoke with 60 attendees about Medicaid and the services offered by our office.
- 6/8: Staff spoke with a conference attendee that had recently lost Medicaid due to income, and discussed potential options available after a loss of Medicaid coverage.
- 6/9: Staff presented on the services of the KanCare Ombudsman Office for 9 local service coordinators
- 6/15: Staff tabled at the Community Health Worker Symposium at WSU.
- 6/15: Staff sent the application assistance guide to community health workers.
- 6/15: Staff sent the bulk application order form to community health workers.
- 6/21: Staff attended the Butler County Early Childhood Taskforce meeting.
- 6/29: Staff attended an education Zoom meeting on Medicaid and CHIP renewals held by CMS.

## B. Outreach through Social Media and Print Media

Date of post	Topic	# "reaches"	# "engagements"	# of shares
1-Apr	Happy April Fool's Day, Medicaid is Tricky	130	14	0
3-Apr	Broadband access	2,418	175	13
5-Apr	Medicaid Dental Benefits	74	3	1
6-Apr	Caregiving resources	56	9	1
6-Apr	Ombudsman Office Is Hiring: Ombudsman	646	135	9
7-Apr	MCO bids & feedback	506	50	4

Date of post	Topic	# "reaches"	# "engagements"	# of shares
10-Apr	Medicaid Dental Benefits for Children	59	2	0
10-Apr	Scam Alert	122	6	2
11-Apr	Renewal Resources	275	37	3
13-Apr	Affordable Internet Connectivity	153	10	3
19-Apr	Medicaid Dental Benefits for Children	177	8	2
22-Apr	Happy Earth Day	52	4	0
24-Apr	MSP Resources	50	2	0
24-Apr	School Nurses Conference	48	2	0
24-Apr	Take Back the Night Event	35	1	0
25-Apr	Volunteer Appreciation	53	0	0
27-Apr	Foster Care KanCare Resources	60	8	1
29-Apr	KanCare Renewal resources	69	5	0

Date of post	Topic	# "reaches"	# "engagements"	# of shares
10-May	Family Fun-n-Fit Day promo	102	4	0
17-May	Salina Health Fair promo	55	2	0
18-May	Resource for mental health and substance abuse treatment	85	3	0
18-May	Clearinghouse Voicemail Tip	112	7	2
19-May	KanCare renewals	86	3	0
19-May	Café de Leche promo	66	3	0
22-May	KanCare renewals	130	6	1
23-May	New Renewal Fact Sheets	172	8	4
24-May	Closed for Memorial Day!	48	1	0
25-May	KanCare Renewals	117	6	2
26-May	Community Feedback	130	6	2
30-May	Scam alert	305	15	9
31-May	KanCare renewals	443	19	12

Date of post	Topic	# "reaches"	# "engagements"	# of shares
1-June	KanCare Renewals	393	35	7
2-June	What is an "Ombudsman"	250	39	3
5-June	KanCare Renewals	261	16	3
8-June	Healthy Kansas Kids	61	7	0
16-June	KanCare Renewal	154	14	2
19-June	SACK Conference	134	12	0
20-June	KanCare Renewal Tips	176	29	2
23-June	KanCare Renewal Due Dates	88	5	0
27-June	KanCare Renewal	473	28	6
27-June	Health Insurance Marketplace	49	4	0
29-June	KanCare Renewal	119	17	2
30-June	State Office Closed 4 <sup>th</sup> of July	43	3	0

## IX. Appendix B: Managed Care Organization (MCO) Data

### A. Aetna

<b>MEDICAID ISSUES</b>	<b>Q1/22</b>	<b>Q2/22</b>	<b>Q3/22</b>	<b>Q4/22</b>	<b>Q1/23</b>	<b>Q2/23</b>
Access to Providers (usually Medical)	1	0	3	3	3	4
Appeals/Fair Hearing questions/issues	1	1	0	1	2	0
Background Checks	0	0	0	0	0	0
Billing	3	2	1	4	5	5
Care Coordinator Issues	3	1	3	1	1	2
Change MCO	1	1	3	0	3	2
Choice Info on MCO	1	0	1	1	0	1
Coding Issues	0	0	1	0	0	1
Consumer said Notice not received	0	0	0	0	0	0
Cultural Competency	0	0	0	1	0	0
Data Requests	0	0	0	0	0	0
Dental	0	0	3	0	1	2
Division of Assets	0	0	0	0	0	0
Durable Medical Equipment	1	0	0	4	3	0
Grievances Questions/Issues	1	0	2	4	4	3
Help understanding mail (NOA)	0	0	0	0	1	0
MCO transition	1	0	1	0	0	0
Medicaid Application Assistance	1	0	1	0	0	0
Medicaid Eligibility Issues	4	1	1	3	1	4
Medicaid Fraud	0	0	0	0	2	0
Medicaid General Issues/questions	9	2	9	11	4	9
Medicaid info (status) update	5	2	2	2	2	6
Medicaid Renewal	0	0	0	1	0	4
Medical Card issues	1	1	4	1	0	4
Medicare Savings Plan Issues	2	0	1	1	0	0
MediKan issues	0	0	0	0	0	0
Moving to / from Kansas	0	0	0	0	0	0
Medical Services	4	2	3	4	6	2
Pain management issues	0	0	0	0	0	0
Pharmacy	0	1	0	1	1	3
Pregnancy issues	0	0	0	0	0	1
Prior authorization issues	0	2	0	1	1	0
Refugee/Immigration/SOBRA issues	0	0	0	0	0	0
Respite	0	0	0	0	0	0
Spend Down Issues	1	0	1	1	0	0
Transportation	1	1	0	0	2	1
Working Healthy	0	0	1	1	0	1
<b>MEDICAID ISSUES TOTAL</b>	<b>41</b>	<b>17</b>	<b>41</b>	<b>46</b>	<b>42</b>	<b>55</b>



## Aetna, cont'd.

<b>HCBS/LTSS ISSUES</b>	<b>Q1/22</b>	<b>Q2/22</b>	<b>Q3/22</b>	<b>Q4/22</b>	<b>Q1/23</b>	<b>Q2/23</b>
Client Obligation	0	1	0	0	0	1
Estate Recovery	0	0	0	0	0	0
HCBS Eligibility issues	3	3	4	4	0	3
HCBS General Issues	8	3	5	6	7	5
HCBS Reduction in hours of service	0	0	2	3	0	1
HCBS Waiting List	0	0	0	0	0	0
Nursing Facility Issues	0	0	5	1	2	1
<b>HCBS/LTSS ISSUES TOTAL</b>	<b>11</b>	<b>7</b>	<b>16</b>	<b>14</b>	<b>9</b>	<b>11</b>

<b>OTHER ISSUES</b>	<b>Q1/22</b>	<b>Q2/22</b>	<b>Q3/22</b>	<b>Q4/22</b>	<b>Q1/23</b>	<b>Q2/23</b>
Abuse / neglect complaints	1	1	1	0	2	1
ADA Concerns	0	0	0	0	0	0
Adoption issues	0	0	0	0	0	1
Affordable Care Act Calls	0	0	0	0	0	0
Community Resources needed	0	0	0	1	0	1
Domestic Violence concerns	0	0	0	0	0	0
Foster Care issues	0	0	0	0	0	2
Guardianship	0	0	0	0	0	0
Homelessness	0	0	0	0	0	0
Housing Issues	1	1	0	2	1	0
Medicare related Issues	1	0	0	0	2	0
Social Security Issues	1	0	0	0	0	0
Used Interpreter	0	0	0	0	1	0
X-Other	0	1	5	4	2	2
Z Thank you	14	4	17	18	19	28
Z Unspecified	0	1	0	0	2	2
Health Homes	0	0	0	0	0	0
<b>OTHER ISSUES TOTAL</b>	<b>18</b>	<b>8</b>	<b>23</b>	<b>25</b>	<b>29</b>	<b>38</b>

## Aetna, cont'd.

PROGRAM TYPE	Q1/22	Q2/22	Q3/22	Q4/22	Q1/23	Q2/23
PD	2	4	4	4	1	2
I/DD	0	0	0	2	0	3
FE	6	0	7	1	2	0
AUTISM	0	0	0	0	0	0
SED	0	0	1	2	2	0
TBI	1	1	3	0	1	0
TA	0	0	0	0	0	0
WH	0	0	0	1	0	0
MFP	0	0	0	0	0	0
PACE	0	0	0	0	0	0
MENTAL HEALTH	0	0	0	0	0	0
SUB USE DIS	0	0	0	0	0	0
NURSING FACILITY	0	1	0	0	1	2
FOSTER CARE	0	0	0	0	0	2
MEDIKAN	0	0	0	0	0	0
INSTITUTIONAL TRANSITION FROM LTC/NF	0	0	2	2	1	0
INSTITUTIONAL TRANSITION FROM MH/BH	0	0	0	0	0	0
INSTITUTIONAL TRANSITION FROM PRISON/JAIL	0	0	0	0	0	0
<b>PROGRAM TYPE TOTAL</b>	<b>9</b>	<b>6</b>	<b>17</b>	<b>12</b>	<b>8</b>	<b>9</b>
PRIORITY	Q1/22	Q2/22	Q3/22	Q4/22	Q1/23	Q2/23
HCBS	2	3	5	8	6	4
Long Term Care / MF	0	1	0	3	2	1
Urgent Medical Need	1	0	1	1	3	2
Urgent	0	3	0	3	4	3
Life Threatening	0	1	0	0	0	0
<b>PRIORITIES TOTAL</b>	<b>3</b>	<b>8</b>	<b>6</b>	<b>15</b>	<b>15</b>	<b>10</b>

## B. Sunflower

<b>MEDICAID ISSUES</b>	<b>Q1/22</b>	<b>Q2/22</b>	<b>Q3/22</b>	<b>Q4/22</b>	<b>Q1/23</b>	<b>Q2/23</b>
Access to Providers (usually Medical)	2	1	3	2	2	3
Appeals/Fair Hearing questions/issues	1	2	1	0	3	4
Background Checks	0	0	0	0	0	0
Billing	3	5	8	2	3	4
Care Coordinator Issues	0	2	1	0	2	1
Change MCO	0	0	1	0	0	2
Choice Info on MCO	0	0	0	0	0	0
Coding Issues	0	0	0	0	0	0
Consumer said Notice not received	0	0	0	1	0	0
Cultural Competency	0	0	0	0	0	0
Data Requests	0	0	0	0	0	0
Dental	0	0	2	0	1	2
Division of Assets	0	0	0	0	0	0
Durable Medical Equipment	1	2	3	3	0	0
Grievances Questions/Issues	0	2	6	4	2	3
Help understanding mail (NOA)	1	1	1	2	0	0
MCO transition	0	0	0	0	0	1
Medicaid Application Assistance	1	0	0	1	2	1
Medicaid Eligibility Issues	1	5	4	1	5	1
Medicaid Fraud	0	0	0	1	0	0
Medicaid General Issues/questions	4	10	7	11	7	9
Medicaid info (status) update	1	1	5	2	3	3
Medicaid Renewal	0	0	0	0	0	4
Medical Card issues	1	1	2	0	2	0
Medicare Savings Plan Issues	0	0	0	1	0	0
MediKan issues	0	0	0	0	0	0
Moving to / from Kansas	1	2	0	1	1	1
Medical Services	2	2	3	5	3	3
Pain management issues	0	0	1	0	0	0
Pharmacy	1	1	2	0	1	1
Pregnancy issues	0	2	0	0	0	0
Prior authorization issues	0	1	1	0	0	0
Refugee/Immigration/SOBRA issues	0	0	0	0	0	0
Respite	0	0	1	0	0	0
Spend Down Issues	0	0	4	1	1	0
Transportation	2	2	1	1	1	0
Working Healthy	0	0	0	0	0	0
<b>MEDICAID ISSUES TOTAL</b>	<b>22</b>	<b>42</b>	<b>57</b>	<b>39</b>	<b>39</b>	<b>43</b>

## Sunflower, cont'd.

<b>HCBS/LTSS ISSUES</b>	<b>Q1/22</b>	<b>Q2/22</b>	<b>Q3/22</b>	<b>Q4/22</b>	<b>Q1/23</b>	<b>Q2/23</b>
Client Obligation	0	1	0	0	0	0
Estate Recovery	0	0	1	0	1	0
HCBS Eligibility issues	1	3	0	2	5	3
HCBS General Issues	4	5	8	5	8	3
HCBS Reduction in hours of service	0	0	1	0	1	0
HCBS Waiting List	1	0	0	0	1	0
Nursing Facility Issues	2	2	4	2	0	0
<b>HCBS/LTSS ISSUES TOTAL</b>	<b>8</b>	<b>11</b>	<b>14</b>	<b>9</b>	<b>16</b>	<b>6</b>

<b>OTHER ISSUES</b>	<b>Q1/22</b>	<b>Q2/22</b>	<b>Q3/22</b>	<b>Q4/22</b>	<b>Q1/23</b>	<b>Q2/23</b>
Abuse / neglect complaints	2	0	2	0	1	0
ADA Concerns	0	0	0	0	0	0
Adoption issues	0	0	0	0	1	0
Affordable Care Act Calls	0	0	0	0	0	0
Community Resources needed	0	0	1	1	3	0
Domestic Violence concerns	0	1	0	0	0	0
Foster Care issues	0	0	0	0	1	0
Guardianship	0	0	0	0	1	0
Homelessness	0	0	0	0	0	0
Housing Issues	0	1	1	0	1	0
Medicare related Issues	0	0	2	2	3	0
Social Security Issues	0	0	0	1	1	0
Used Interpreter	0	0	0	0	0	0
X-Other	2	3	4	3	2	3
Z Thank you	9	16	15	15	13	15
Z Unspecified	0	0	0	0	0	4
Health Homes	0	0	0	0	0	0
<b>OTHER ISSUES TOTAL</b>	<b>13</b>	<b>21</b>	<b>25</b>	<b>22</b>	<b>27</b>	<b>22</b>

## Sunflower, cont'd.

<b>PROGRAM TYPE</b>	<b>Q1/22</b>	<b>Q2/22</b>	<b>Q3/22</b>	<b>Q4/22</b>	<b>Q1/23</b>	<b>Q2/23</b>
PD	2	2	0	1	2	3
I/DD	1	5	4	0	2	1
FE	1	2	0	2	1	1
AUTISM	0	0	0	0	0	0
SED	0	2	1	0	1	0
TBI	0	0	0	2	3	1
TA	0	2	4	0	1	2
WH	0	0	0	0	0	0
MFP	0	0	0	0	0	0
PACE	0	0	0	0	0	0
MENTAL HEALTH	0	0	1	1	0	1
SUB USE DIS	0	0	0	0	0	0
NURSING FACILITY	1	0	3	1	0	0
FOSTER CARE	0	0	0	0	1	0
MEDIKAN	0	0	0	0	0	0
INSTITUTIONAL TRANSITION FROM LTC/NF	0	0	0	0	0	0
INSTITUTIONAL TRANSITION FROM MH/BH	0	0	0	0	0	0
INSTITUTIONAL TRANSITION FROM PRISON/JAIL	0	0	0	0	0	0
<b>PROGRAM TYPE TOTAL</b>	<b>5</b>	<b>13</b>	<b>13</b>	<b>7</b>	<b>11</b>	<b>9</b>
<b>PRIORITY</b>	<b>Q1/22</b>	<b>Q2/22</b>	<b>Q3/22</b>	<b>Q4/22</b>	<b>Q1/23</b>	<b>Q2/23</b>
HCBS	2	8	8	6	7	6
Long Term Care / MF	1	0	3	0	0	1
Urgent Medical Need	1	4	4	1	0	1
Urgent	4	2	3	2	0	2
Life Threatening	1	0	0	1	0	0
<b>PRIORITIES TOTAL</b>	<b>9</b>	<b>14</b>	<b>18</b>	<b>10</b>	<b>7</b>	<b>10</b>

## C. United Healthcare

<b>MEDICAID ISSUES</b>	<b>Q1/22</b>	<b>Q2/22</b>	<b>Q3/22</b>	<b>Q4/22</b>	<b>Q1/23</b>	<b>Q2/23</b>
Access to Providers (usually Medical)	4	1	2	12	1	2
Appeals/Fair Hearing questions/issues	2	2	3	3	1	1
Background Checks	0	0	0	0	0	0
Billing	8	3	5	5	8	5
Care Coordinator Issues	2	1	3	6	7	6
Change MCO	2	0	0	1	0	1
Choice Info on MCO	1	0	0	1	3	0
Coding Issues	1	1	1	0	2	1
Consumer said Notice not received	2	0	0	1	0	1
Cultural Competency	0	0	0	0	0	0
Data Requests	0	1	0	0	1	0
Dental	2	1	0	1	1	2
Division of Assets	0	1	0	0	0	1
Durable Medical Equipment	1	3	0	3	5	5
Grievances Questions/Issues	4	3	3	9	3	8
Help understanding mail (NOA)	1	2	0	2	0	0
MCO transition	0	1	0	0	0	0
Medicaid Application Assistance	1	4	0	2	0	0
Medicaid Eligibility Issues	8	7	1	4	3	3
Medicaid Fraud	0	0	0	0	0	1
Medicaid General Issues/questions	15	13	4	17	7	16
Medicaid info (status) update	7	8	3	6	4	1
Medicaid Renewal	0	1	0	0	1	5
Medical Card issues	1	2	0	2	2	0
Medicare Savings Plan Issues	3	1	0	1	0	1
MediKan issues	0	0	0	0	0	0
Moving to / from Kansas	0	0	0	0	0	0
Medical Services	3	1	3	12	0	3
Pain management issues	1	0	0	1	0	0
Pharmacy	5	0	2	4	2	2
Pregnancy issues	0	0	0	0	0	1
Prior authorization issues	1	4	1	1	0	1
Refugee/Immigration/SOBRA issues	0	0	0	0	0	0
Respite	0	0	0	0	0	0
Spend Down Issues	2	0	0	4	0	1
Transportation	5	0	0	7	6	0
Working Healthy	1	0	0	0	0	0
<b>MEDICAID ISSUES TOTAL</b>	<b>83</b>	<b>61</b>	<b>31</b>	<b>105</b>	<b>57</b>	<b>69</b>

## United HealthCare, cont'd.

<b>HCBS/LTSS ISSUES</b>	<b>Q1/22</b>	<b>Q2/22</b>	<b>Q3/22</b>	<b>Q4/22</b>	<b>Q1/23</b>	<b>Q2/23</b>
Client Obligation	0	0	0	0	0	0
Estate Recovery	0	0	0	0	0	1
HCBS Eligibility issues	2	3	0	5	1	2
HCBS General Issues	4	5	5	11	8	7
HCBS Reduction in hours of service	1	1	3	2	2	1
HCBS Waiting List	1	2	0	2	0	1
Nursing Facility Issues	2	0	0	3	2	0
<b>HCBS/LTSS ISSUES TOTAL</b>	<b>10</b>	<b>11</b>	<b>8</b>	<b>23</b>	<b>13</b>	<b>12</b>

<b>OTHER ISSUES</b>	<b>Q1/22</b>	<b>Q2/22</b>	<b>Q3/22</b>	<b>Q4/22</b>	<b>Q1/23</b>	<b>Q2/23</b>
Abuse / neglect complaints	1	1	0	3	2	1
ADA Concerns	0	1	0	0	0	1
Adoption issues	0	0	0	0	0	0
Affordable Care Act Calls	0	0	0	0	0	0
Community Resources needed	1	0	0	4	2	0
Domestic Violence concerns	0	0	0	1	0	0
Foster Care issues	1	0	0	0	1	0
Guardianship	0	0	0	0	0	0
Homelessness	0	0	0	0	0	1
Housing Issues	0	1	1	0	4	1
Medicare related Issues	4	3	2	4	2	0
Social Security Issues	1	0	0	2	0	0
Used Interpreter	0	0	1	0	1	1
X-Other	4	2	2	7	0	4
Z Thank you	17	17	9	29	31	35
Z Unspecified	1	1	2	1	0	2
Health Homes	0	0	0	0	0	0
<b>OTHER ISSUES TOTAL</b>	<b>30</b>	<b>26</b>	<b>17</b>	<b>51</b>	<b>43</b>	<b>46</b>

## United HealthCare, cont'd.

<b>PROGRAM TYPE</b>	<b>Q1/22</b>	<b>Q2/22</b>	<b>Q3/22</b>	<b>Q4/22</b>	<b>Q1/23</b>	<b>Q2/23</b>
PD	5	4	0	4	2	2
I/DD	1	2	3	3	1	1
FE	0	1	1	0	5	1
AUTISM	0	0	0	0	0	0
SED	1	0	0	1	1	0
TBI	1	0	1	2	3	3
TA	0	1	1	1	0	1
WH	0	0	0	0	0	0
MFP	0	0	0	0	0	0
PACE	0	0	0	0	0	0
MENTAL HEALTH	1	0	0	1	0	1
SUB USE DIS	0	0	0	0	0	0
NURSING FACILITY	2	1	1	3	1	0
FOSTER CARE	0	0	0	0	0	0
MEDIKAN	0	0	0	0	0	0
INSTITUTIONAL TRANSITION FROM LTC/NF	0	0	0	0	1	0
INSTITUTIONAL TRANSITION FROM MH/BH	0	0	0	1	0	0
INSTITUTIONAL TRANSITION FROM PRISON/JAIL	0	0	0	0	0	0
<b>PROGRAM TYPE TOTAL</b>	<b>11</b>	<b>9</b>	<b>7</b>	<b>16</b>	<b>14</b>	<b>9</b>
<b>PRIORITY</b>	<b>Q1/22</b>	<b>Q2/22</b>	<b>Q3/22</b>	<b>Q4/22</b>	<b>Q1/23</b>	<b>Q2/23</b>
HCBS	3	5	6	10	10	6
Long Term Care / MF	2	4	1	4	4	1
Urgent Medical Need	2	0	3	4	1	0
Urgent	2	2	0	4	4	6
Life Threatening	0	0	0	1	1	0
<b>PRIORITIES TOTAL</b>	<b>9</b>	<b>11</b>	<b>10</b>	<b>23</b>	<b>20</b>	<b>13</b>





## KanCare Ombudsman Office

### Report for Quarter 3, 2023

(based on calendar year)

July 1 – September 30, 2023

**Suzanne Lueker, JD, LL.M**

**KanCare Ombudsman / Executive Director**

KanCare Ombudsman Office

Office of Public Advocates

900 SW Jackson St., Suite 1041, Topeka, KS 66612

Phone: 785-296-6270

Toll Free: 1-855-643-8180

Relay: 711

Email: [KanCare.Ombudsman@ks.gov](mailto:KanCare.Ombudsman@ks.gov) or [Suzanne.Lueker@ks.gov](mailto:Suzanne.Lueker@ks.gov)

Website: [www.KanCare.ks.gov/Ombudsman](http://www.KanCare.ks.gov/Ombudsman)

Find us on [Facebook](#)

# I. Table of Contents

I.	Table of Contents.....	2
II.	Brief Overview.....	3
A.	KanCare Ombudsman Office Statement of Purpose .....	3
B.	Introduction to the New Ombudsman .....	3
III.	Accessibility to the KanCare Ombudsman Office .....	4
A.	Initial Contacts .....	4
B.	Accessibility through the KanCare Ombudsman Volunteer Program.....	5
IV.	KanCare Ombudsman Office Outreach .....	5
V.	KanCare Ombudsman Office Data .....	6
A.	Data by Region.....	6
B.	Data by Office Location .....	8
C.	Data by Contact Method .....	8
D.	Data by Caller Type.....	9
E.	Data by Program Type .....	9
F.	Data by Priorities .....	10
G.	Data by Issue Categories .....	11
H.	Data by Managed Care Organization (MCO).....	13
VI.	Action Taken.....	13
A.	Responding to Issues .....	13
VII.	Enhancements/Updates.....	15
A.	Staff updates .....	15
B.	Reminder of fact sheets on web pages .....	15
VIII.	Appendix A: Outreach by KanCare Ombudsman Office .....	16
A.	Outreach through Education and Collaboration .....	16
B.	Outreach through Social Media and Print Media .....	17
IX.	Appendix B: Managed Care Organization (MCO) Data .....	19
A.	Aetna .....	19
B.	Sunflower.....	22
C.	United .....	25

## II. Brief Overview

### A. KanCare Ombudsman Office Statement of Purpose

The primary role of the KanCare Ombudsman Office is to help individuals understand how to navigate the KanCare system, and to assist them in solving any problems or difficulties they encounter. As such, treating people with dignity and respect is a core value of the KanCare Ombudsman Office.

Our staff regularly assists with answering questions and resolving issues related to KanCare and Medicaid, including but not limited to:

- Understanding letters from KanCare;
- Responding when a member disagrees with a decision or change in coverage;
- Completing an initial or renewal application;
- Filing an appeal or fair hearing request;
- Filing a complaint (grievance);
- Learning about in-home services (Home & Community Based Services)

The Centers for Medicare and Medicaid Services [Special Terms and Conditions \(2019-2023\), Section 36](#) for KanCare, provides the KanCare Ombudsman program description and objectives.

### B. Introduction to the New Ombudsman

Suzanne Lueker, KanCare Ombudsman, joined the office by Appointment in August 2023. Throughout her career, Suzanne has pursued opportunities to advocate for underrepresented populations, most recently serving as executive director for a child advocacy center in Illinois. Suzanne's previous State of Kansas employment includes her time at Kansas State University, serving as the Director of Non-Traditional and Veteran Student Services from 2008-2014. During her tenure, she created the K-State Veterans Center, which expanded the programs, services, and opportunities for military-affiliated students at K-State. Suzanne again served the State of Kansas as Administrator of Permanency for the Department for Children and Families from 2019-2020.

Beyond her work for the state, Suzanne has worked extensively with matters involving child welfare, elder law, and veterans benefits. She has led and served on numerous university, community, and state-wide committees and initiatives, and has held various advocacy roles. Suzanne also has experience practicing alternative dispute resolution, having previously served as a conflict resolution and mediation trainer.

Suzanne holds a Bachelor of Arts and Master of Arts in Sociology, and a Graduate Certificate in Conflict Resolution and Mediation from Kansas State University; a Juris Doctorate from Washburn University School of Law, with certificates in Advocacy and Family Law; and a LL.M in Elder Law from Stetson University College of Law.

### III. Accessibility to the KanCare Ombudsman Office

#### A. Initial Contacts

The KanCare Ombudsman Office was available to members and applicants of KanCare/Kansas Medicaid by phone, email, written communication, social media, the Integrated Referral and Intake System (IRIS) and WellSky (formerly Healthify) during the third quarter of 2023. The category of “Initial Contacts” is a measurement of the number of people who have contacted our office, not the number of contacts within the time of helping them.

As you can see in the chart below, the third quarter number is the second highest it has been since the beginning of the pandemic. We continue to see increasing numbers of contacts.

Initial Contacts	Qtr. 1	Qtr. 2	Qtr. 3	Qtr. 4
2019	1,060	1,097	1,071	915
2020	903	478	562	601
2021	564	591	644	566
2022	524	526	480	546
2023	645	901	870	

The chart below shows the impact of the public health emergency (PHE) to the number of contacts for these two organizations. You can see that third quarter of 2023 (-4%) is very similar to the pre-pandemic numbers, at just 4% under the Q1/2020 number.

	KanCare Ombudsman Office Contacts	% +/- Comparison to Q1/20	KanCare Clearing-house Contacts	% +/- Comparison to Q1/20
Q4/19	915		126,682	
Q1/20	903		128,033	
Q2/20	478	-47%	57,720	-55%
Q3/20	562	-38%	57,425	-55%
Q4/20	601	-33%	59,161	-54%
Q1/21	564	-38%	81,398	-36%
Q2/21	591	-35%	64,852	-49%
Q3/21	644	-29%	65,156	-49%
Q4/21	566	-37%	50,009	-61%
Q1/22	524	-42%	52,821	-59%
Q2/22	526	-42%	48,546	-62%
Q3/22	480	-47%	49,971	-61%
Q4/22	546	-40%	49,741	-61%
Q1/23	645	-29%	57,899	-55%
Q2/23	901	-0.2%		
Q3/23	870	-4%		

## B. Accessibility through the KanCare Ombudsman Volunteer Program

The KanCare Ombudsman Office has two satellite offices for the volunteer program: one in the Kansas City Metro and one in Wichita. The volunteers in both satellite offices answer KanCare questions for members and assist with outreach projects as needed.

During the third quarter, five volunteers assisted in the offices. Calls to the toll-free number are covered by volunteers in the satellite offices. When a gap in coverage exists, the Topeka staff receive all incoming calls.

Office	Volunteer Hours	# of Volunteers	# of hours covered/wk.	Area Codes covered
Kansas City Office	Mon: 9:00am to noon Tues: 1:00 to 4:00pm Thurs. 9am to noon	2	9	Northern Kansas Area Codes 785, 913, (and 816)
Wichita Office	Mon: 9:00 to 4pm Tues: 9:00 to noon Wed. 9am to 4pm Thurs: 9am to noon	3	20	Southern Kansas Area Codes 316, 620

As of October 31, 2023

## IV. KanCare Ombudsman Office Outreach

The KanCare Ombudsman Office is responsible for helping members and applicants to understand the KanCare application process, benefits, and services available to them. In addition, we provide training and outreach to the managed care organizations, providers, and community organizations. The office does this through:

- Resources provided on the KanCare Ombudsman webpage;
- Resources provided with contacts to members, applicants, and providers;
- Outreach through presentations, conferences, conference calls, video calls, social media, and in-person contacts.

The chart below shows the outreach efforts during the third quarter (including Facebook) by the KanCare Ombudsman Office. For a detailed listing of outreach activities, please see Appendix A.

	Q1/22	Q2/22	Q3/22	Q4/22	Q1/23	Q2/23	Q3/23
<b>Outreach</b>	77	86	100	73	87	84	58

Facebook is an important part of the KanCare Ombudsman Office outreach. The Wichita Satellite office team is responsible for the Facebook research, creation and posting on this medium. They also monitor the level of interaction that each post has, as a measure of outreach for the office.

	Q1/22	Q2/22	Q3/22	Q4/22	Q1/23	Q2/23	Q3/23
<b>Facebook posts</b>	43	45	38	51	55	43	29

*\*Please see Appendix A for a detailed listing of outreach activities.*

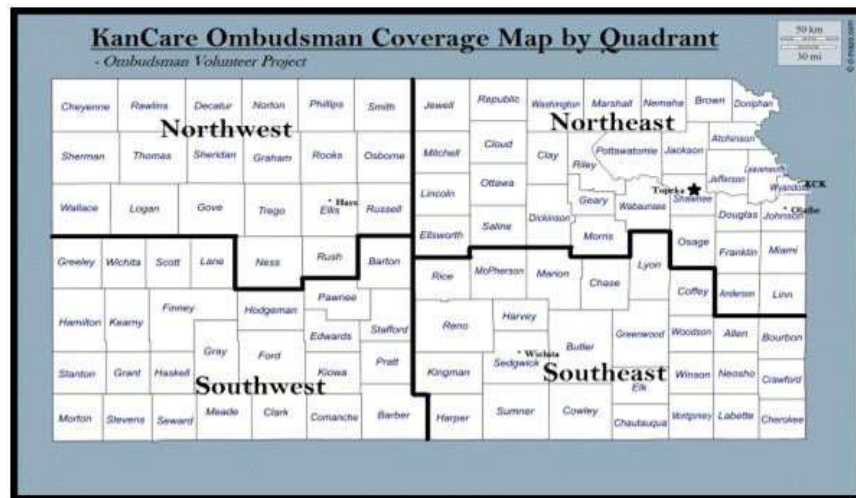
## V. KanCare Ombudsman Office Data

Data for the KanCare Ombudsman Office includes data by region, office location, contact method, caller type, program type, priorities, and issue categories.

### A. Data by Region

- **Initial Contacts to the KanCare Ombudsman Office by Region**

KanCare Ombudsman Office coverage is divided into four regions. The map 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).



The chart below, by region, shows that most KanCare Ombudsman contacts come from the Northeast and Southeast part of Kansas.

- 785, 913 and 816 area code toll-free calls are routed to the Kansas City Metro Satellite office.
- 316 and 620 area code toll-free calls are routed to the Wichita Satellite office.
- The out of state phone number calls, direct calls, all complex calls, emails, and IRIS/WellSky referrals go to the Topeka (main) office. The chart below shows the contacts by region to the KanCare Ombudsman Office

## KanCare Ombudsman Office Member Contacts by Region

REGION	Q1/22	Q2/22	Q3/22	Q4/22	Q1/23	Q2/23	Q3/23
Northwest	6	3	3	4	10	6	1
Northeast	77	88	98	150	170	163	99
Southwest	11	8	3	14	13	11	3
Southeast	73	70	75	120	125	66	35
Unknown	353	355	299	247	325	650	732
Out of State	4	2	2	11	2	5	0
<b>Total</b>	<b>524</b>	<b>526</b>	<b>480</b>	<b>546</b>	<b>645</b>	<b>901</b>	<b>870</b>

- **Kansas Medicaid members by Region**

The chart below shows the **Kansas Medicaid population** by the KanCare Ombudsman regions. Most of the Medicaid population is in the eastern two regions. Most Medicaid members have not been dropped due to the pandemic health emergency (PHE) order. The renewal process started in March 2023, so these numbers will begin to decrease due to updated information on eligibility.

This data includes *all* Medicaid members; KanCare *and* Fee for Service members.

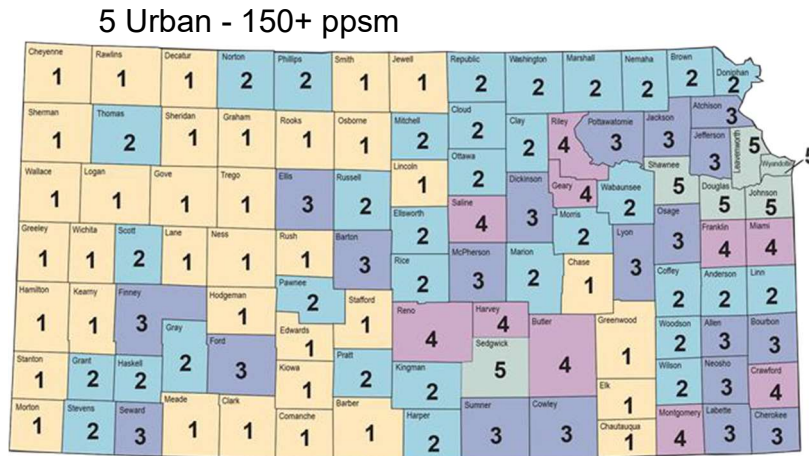
### Medicaid Members by Region

Region	Q1/22	Q2/22	Q3/22	Q4/22	Q1/23
Northwest	15,281	15,393	15,670	15,670	16,093
Northeast	235,371	239,190	243,511	243,511	250,362
Southwest	45,647	46,516	47,573	47,573	49,104
Southeast	213,493	217,347	221,215	221,215	226,581
<b>Total</b>	<b>296,299</b>	<b>301,099</b>	<b>306,754</b>	<b>527,969</b>	<b>542,140</b>

- **Kansas Population Density**

This map pictured below shows the population density of Kansas and helps with understanding why most of the Medicaid population and KanCare Ombudsman contacts are from the eastern part of Kansas.

This map is based on 2015 Census data. The [Kansas Population Density map](#) shows population density using number of people per square mile (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

During the third quarter, we had the assistance of volunteers in the satellite offices approximately four days per week. When there was no volunteer coverage for the day, the Ombudsman Administrative Specialist or the Ombudsman took the toll-free number calls.

This chart shows that the Topeka main office has been greatly assisted by the two satellite offices, especially given the increase in initial contacts for the office.

Contacts by Office	Q1/22	Q2/22	Q3/22	Q4/22	Q1/23	Q2/23	Q3/23
Main - Topeka	347	344	258	286	280	438	231
Kansas City Metro	78	119	144	129	190	233	358
Wichita	99	63	78	131	175	230	281
<b>Total</b>	<b>524</b>	<b>526</b>	<b>480</b>	<b>546</b>	<b>645</b>	<b>901</b>	<b>870</b>

## C. Data by Contact Method

The contact method most frequently used continues to be telephone and email. The “Other” category includes the use of the Integrated Referral and Intake System (IRIS), as well as WellSky, a community partner tool designed to encourage “warm handoffs” among community partners, keeping providers updated along the way.



Contact Method	Q1/22	Q2/22	Q3/22	Q4/22	Q1/23	Q2/23	Q3/23
Telephone	377	386	364	366	454	624	767
Email	144	137	111	151	174	205	101
Letter	0	0	1	1	2	1	0
Face-to-Face Meeting	2	1	4	6	10	8	1
Other	0	0	0	21	2	3	0
Online	1	2	0	1	3	0	1
<b>CONTACT METHOD TOTAL</b>	<b>524</b>	<b>526</b>	<b>480</b>	<b>546</b>	<b>645</b>	<b>901</b>	<b>870</b>

## D. Data by Caller Type

Most Consumer contacts are from applicants, members, family, friends, etc. The “Other type” callers are usually state employees, school social workers, lawyers and students/researchers looking for data, etc.

The provider contacts that are not for an individual member, are forwarded to the Kansas Department of Health and Environment/Health Care Finance (KDHE/HCF.)

CALLER TYPE	Q1/22	Q2/22	Q3/22	Q4/22	Q1/23	Q2/23	Q3/23
Provider	93	88	67	91	106	102	65
Consumer	364	346	333	384	469	688	757
MCO Employee	2	5	2	3	1	6	3
Other Type	65	87	78	68	69	105	45
<b>CALLER TYPE TOTAL</b>	<b>524</b>	<b>526</b>	<b>480</b>	<b>546</b>	<b>645</b>	<b>901</b>	<b>870</b>

## E. Data by Program Type

The KanCare Ombudsman Office had a significant increase in contacts regarding the Frail Elderly HCBS waiver between the fourth quarter of 2022 to the first quarter of 2023. Elevated numbers continue in the third quarter of 2023, albeit slightly less than quarters one and two of 2023.

PROGRAM TYPE	Q1/22	Q2/22	Q3/22	Q4/22	Q1/23	Q2/23	Q3/23
PD	26	17	11	15	13	19	11
I/DD	10	14	16	19	10	20	13
FE	18	21	14	12	26	26	17
AUTISM	1	2	2	0	0	1	1
SED	5	6	6	7	6	5	5
TBI	5	2	11	6	10	9	8
TA	0	7	9	3	1	5	2
WH	0	0	0	1	0	5	0
MFP	2	1	0	1	3	0	0
PACE	0	0	0	0	2	1	0

PROGRAM TYPE	Q1/22	Q2/22	Q3/22	Q4/22	Q1/23	Q2/23	Q3/23
MENTAL HEALTH	3	1	3	2	1	5	0
SUB USE DIS	0	0	0	1	0	0	0
NURSING FACILITY	29	21	19	36	13	9	9
FOSTER CARE	3	0	0	0	1	3	3
MEDIKAN	1	1	0	2	0	0	4
INSTITUTIONAL TRANSITION FROM LTC/NF	1	1	2	3	2	2	0
INSTITUTIONAL TRANSITION FROM MH/BH	0	1	0	1	0	0	0
INSTITUTIONAL TRANSITION FROM PRISON/JAIL	0	0	0	1	0	1	0
<b>PROGRAM TYPE TOTAL</b>	<b>104</b>	<b>95</b>	<b>93</b>	<b>110</b>	<b>88</b>	<b>111</b>	<b>73</b>

*\*There may be multiple selections for a member/contact.*

## F. Data by Priorities

The Ombudsman Office is tracking priorities for two purposes:

- This allows our staff and volunteers to select pending cases, review their status, and possibly request an update from the partner organization from whom we have requested assistance.
- This helps provide information on the more complex cases that are handled by the KanCare Ombudsman Office, including HCBS and long-term care cases.

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 – a case that needs a higher level of attention and/or ongoing review until closed.
- Life Threatening – If not resolved in 1-4 days person's life could be endangered. (should not be used very often.)

PRIORITY	Q1/22	Q2/22	Q3/22	Q4/22	Q1/23	Q2/23	Q3/23
HCBS	29	37	43	64	62	64	51
Long Term Care / MF	28	22	14	43	27	16	10
Urgent Medical Need	8	8	10	10	9	15	19
Urgent	17	17	10	27	17	40	62
Life Threatening	2	2	1	3	3	0	3
<b>PRIORITIES TOTAL</b>	<b>84</b>	<b>86</b>	<b>78</b>	<b>147</b>	<b>118</b>	<b>135</b>	<b>145</b>

## 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 Issues (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.

- **Medicaid Issues**

The issues that reflect increased contacts during third quarter are Medicaid Application Assistance; Medicaid General Issues/Questions; and, Medicaid Information (Status) Updates.

<b>MEDICAID ISSUES</b>	<b>Q1/22</b>	<b>Q2/22</b>	<b>Q3/22</b>	<b>Q4/22</b>	<b>Q1/23</b>	<b>Q2/23</b>	<b>Q3/23</b>
Access to Providers (usually Medical)	12	10	17	31	17	10	11
Appeals/Fair Hearing questions/issues	8	11	7	12	16	12	7
Background Checks	0	0	0	0	0	0	0
Billing	39	29	32	34	35	45	26
Care Coordinator Issues	8	8	12	9	11	12	9
Change MCO	4	4	7	2	6	6	6
Choice Info on MCO	4	1	2	4	5	4	5
Coding Issues	4	7	5	0	3	2	2
Consumer said Notice not received	5	0	0	2	2	1	0
Cultural Competency	1	0	0	1	0	1	0
Data Requests	10	10	7	7	5	10	6
Dental	7	6	8	7	10	8	2
Division of Assets	13	12	3	7	6	12	6
Durable Medical Equipment	4	8	6	13	9	10	5
Grievances Questions/Issues	13	16	23	25	18	25	12
Help understanding mail (NOA)	16	8	8	24	21	14	9
MCO transition	2	1	2	1	0	1	5
Medicaid Application Assistance	110	95	90	116	120	107	141
Medicaid Eligibility Issues	102	105	100	95	111	121	97
Medicaid Fraud	1	3	3	2	6	1	5
Medicaid General Issues/questions	167	139	145	172	182	228	236
Medicaid info (status) update	78	94	88	71	112	117	236
Medicaid Renewal	2	8	3	7	12	167	126
Medical Card issues	14	12	18	12	14	17	20
Medicare Savings Plan Issues	26	19	11	25	21	23	33
MediKan issues	3	9	4	3	5	6	8
Moving to / from Kansas	8	5	12	12	8	13	27
Medical Services	19	16	20	36	17	16	18
Pain management issues	1	3	2	1	0	0	0
Pharmacy	10	5	6	8	10	21	14

MEDICAID ISSUES	Q1/22	Q2/22	Q3/22	Q4/22	Q1/23	Q2/23	Q3/23
Pregnancy issues	18	13	5	17	8	19	12
Prior authorization issues	1	11	3	5	1	5	1
Refugee/Immigration/SOBRA issues	0	3	2	3	2	1	3
Respite	1	1	1	0	0	0	0
Spend Down Issues	17	28	13	23	15	14	19
Transportation	13	15	7	10	12	6	6
Working Healthy	6	2	3	2	1	2	2
<b>MEDICAID ISSUES TOTAL</b>	<b>747</b>	<b>717</b>	<b>675</b>	<b>799</b>	<b>821</b>	<b>1057</b>	<b>1115</b>

*\*There may be multiple selections for a member/contact.*

- **HCBS/LTSS Issues:** The top issues for the past several quarters are HCBS General Issues and HCBS Eligibility Issues.

HCBS/LTSS ISSUES	Q1/22	Q2/22	Q3/22	Q4/22	Q1/23	Q2/23	Q3/23
Client Obligation	13	15	10	4	4	18	6
Estate Recovery	17	20	12	12	10	18	5
HCBS Eligibility issues	51	54	38	35	37	43	36
HCBS General Issues	49	42	51	51	53	56	41
HCBS Reduction in hours of service	1	4	8	7	4	3	3
HCBS Waiting List	7	6	5	7	7	5	5
Nursing Facility Issues	28	42	32	31	20	21	17
<b>HCBS/LTSS ISSUES TOTAL</b>	<b>166</b>	<b>183</b>	<b>156</b>	<b>147</b>	<b>135</b>	<b>166</b>	<b>113</b>

*\*There may be multiple selections for a member/contact.*

- **Other Issues:** This section shows issues or concerns that may be *related to* KanCare/Medicaid. “Medicare Related Issues” was a top concern this quarter.

OTHER ISSUES	Q1/22	Q2/22	Q3/22	Q4/22	Q1/23	Q2/23	Q3/23
Abuse / neglect complaints	10	16	15	13	8	17	6
ADA Concerns	0	3	0	2	1	4	1
Adoption issues	0	1	1	1	3	2	1
Affordable Care Act Calls	0	2	1	1	7	2	1
Community Resources needed	11	6	11	23	13	3	13
Domestic Violence concerns	1	3	1	2	0	0	0
Foster Care issues	5	4	3	4	6	11	5
Guardianship	1	3	1	6	6	5	1
Homelessness	0	3	0	3	3	3	1
Housing Issues	4	12	7	10	16	9	7
Medicare related Issues	21	23	13	24	34	11	19
Social Security Issues	13	22	8	13	14	7	9
Used Interpreter	4	0	2	3	6	5	1
X-Other	39	68	58	66	72	60	33
Z Thank you	204	191	210	260	296	364	358
Z Unspecified	20	39	39	30	31	125	145
Health Homes	0	0	0	0	0	0	0
<b>OTHER ISSUES TOTAL</b>	<b>333</b>	<b>396</b>	<b>370</b>	<b>461</b>	<b>516</b>	<b>628</b>	<b>603</b>

*\*There may be multiple selections for a member/contact.*

## H. Data by Managed Care Organization (MCO)

See Appendix B

## VI. Action Taken

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

1. Responding to issues - response rates for the KanCare Ombudsman office.
2. Organization resolution rate – how long it takes to resolve the question/concern for related organizations that are asked to assist by the Ombudsman office.
3. Action Taken - information on resources provided.
4. KanCare Ombudsman Office Resolution Rate - how long it takes for contacts to be resolved or completed.

### A. Responding to Issues

- **KanCare Ombudsman Office response to members/applicants/stakeholders**

Quarter/Year	Number of Contacts	% Responded 0-2 Days	% Responded 3-7 Days	% Responded 8 or more Days
Q1/2022	524	92%	8%	1%
Q2/2022	526	90%	9%	1%
Q3/2022	480	84%	15%	1%
Q4/2022	546	84%	15%	2%
Q1/2023	644	85%	15%	0%
Q2/2023	899	86%	13%	1%
Q3/2023	866	72%	27%	17%

- 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 from whom the Ombudsman’s office requests assistance, and the amount of time it takes to resolve these concerns.

**Q2, 2023**

Number of Referrals	Referred to	% Resolved 0-2 Days	% Resolved 3-7 Days	% Resolved 7-30 Days	% Resolved 31 or More Days
13	Clearinghouse	85%	15%	0%	0%
1	DCF	100%	0%	0%	0%
1	KDADS-Behavior Health	100%	0%	0%	0%
4	KDADS-HCBS	75%	25%	0%	0%
-	KDADS-Health Occ. Cred.	-	-	-	-
34	KDHE-Eligibility	47%	32%	12%	6%
3	KDHE-Program Staff	100%	0%	0%	0%
6	KDHE-Provider Contact	67%	17%	16%	0%
-	KMAP	-	-	-	-
2	Aetna	0%	50%	50%	0%
3	Sunflower	0%	34%	33%	33%
7	UnitedHealthcare	71%	0%	15%	14%

- Action Taken by KanCare Ombudsman Office to resolve requests**

Action Taken Resolution Type	Q1/22	Q2/22	Q3/22	Q4/22	Q1/23	Q2/23	Q3/23
Questions/Issue Resolved (No Resources)	36	38	32	41	69	97	85
Used Contact or Resources/Issue Resolved	450	425	397	448	500	708	634
Closed (No Contact)	31	42	40	43	38	79	97
<b>ACTION TAKEN RESOLUTION TYPE TOTAL</b>	<b>517</b>	<b>505</b>	<b>469</b>	<b>532</b>	<b>607</b>	<b>884</b>	<b>816</b>

*\*There may be multiple selections for a member/contact.*

Action Taken Additional Help	Q1/22	Q2/22	Q3/22	Q4/22	Q1/23	Q2/23	Q3/23
Provided Resources	449	416	388	451	490	693	602
Mailed/Email Resources	102	76	66	81	119	117	268
<b>ACTION TAKEN ADDITIONAL HELP TOTAL</b>	<b>551</b>	<b>492</b>	<b>454</b>	<b>532</b>	<b>609</b>	<b>810</b>	<b>870</b>

*\*There may be multiple selections for a member/contact.*

- **KanCare Ombudsman Office Resolution Rate**

Quarter/ Year	Number Contacts	Avg Days To Completion	% Completed in 0-2 Days	% Completed in 3-7 Days	% Completed in 8 or More Days
Q1/2022	510	5	76%	12%	12%
Q2/2022	493	6	75%	12%	13%
Q3/2022	460	7	68%	14%	18%
Q4/2022	519	10	62%	18%	20%
Q1/2023	558	7	69%	19%	11%
Q2/2023	831	10	66%	16%	21%
Q3/2023	774	10	57%	27%	16%

## VII. Enhancements/Updates

### A. Staff updates

The KanCare Ombudsman Office will soon be hiring a second, full-time staff member, as our numbers continue to increase. It is anticipated that this position will be housed in our Wichita satellite office.

### B. Reminder of fact sheets on web pages

KDHE created three new, easy to understand fact sheets regarding the unwinding, or starting up of the renewal process. Those have both been added as the first item on the KanCare Ombudsman Resource page. [Resources \(ks.gov\)](#)

## VIII. Appendix A: Outreach by KanCare Ombudsman Office

This is a listing of third quarter KanCare Ombudsman Office Outreach to members, providers, and community organizations. Outreach takes place via conferences, newsletters, social media, training events, and direct outreach, as well as via community events/presentations for the purpose of education, networking, and referrals.

### A. Outreach through Education and Collaboration

#### July 2023

- 7/18-19: Staff attended the 34<sup>th</sup> Annual Kansas School Nurse Conference, and spoke to the school nurses about helping their student's families to get through the renewal process.
- 7/19: Staff sent the bulk application order form to school nurses as result of talking to them at Nurse Conference
- 7/20: Staff attended Covered Kansas Medicaid Renewal Stakeholders Zoom meeting.
- 7/29: Staff attended the Convoy of Hope at Bethel Life Center.
- 7/29: Staff talked to several members about applying or renewing their Medicaid coverage. She handed out several Application Resource Handouts (Application Checklist and Flowchart)

#### August 2023

- 8/1: Staff attended the Oaklawn Night Out in Wichita.
- 8/2: Staff attended the Butler County Baby Jubilee in Eldorado, telling expectant and new mothers about Medicaid eligibility and how our office can be of assistance. Butler County Community Resource Guides were also shared for those who wanted them.
- 8/8: Staff attended the Urban League Night Out.
- 8/10: Staff attended the Together Sedgwick County DCF job/resource fair at the Boys and Girls Club in Wichita.
- 8/16: Staff attended the Butler County Early Childhood Taskforce virtual meeting.
- 8/17: Staff attended the virtual Medicaid Stakeholders Meeting through CoverKS.
- 8/19: Staff attended the Midwest Ability Summit in Overland Park.
- 8/25: Staff attended the WSU on-campus job fair to recruit students to volunteer in the office.
- 8/25: Staff attended the Maternal & Child Health Equity Conference in Wichita.
- 8/29: Staff attended the virtual Kansas Community Networking Meeting for the WellSky Shawnee Co. referral network.
- 8/30: Staff went to the Celebrate Seniors Hawaiian Luau in Dickinson County, and spoke to attendees about MSPs, applications, and income eligibility.
- 8/30: Staff handed out 3 packs of the office brochures to fellow vendors at Celebrate Seniors who said they recommend clients to call our office.
- 8/31: Staff attended the WSU Student Involvement Fair on WSU campus.

#### September 2023

- 9/1: Staff emailed with SHICK program coordinator about Medicare and Medicaid application resources.
- 9/6: Staff attended the Sedgwick County CPAAA monthly networking meeting in person.



- 9/7: Staff attended the Butler County monthly Aging Network meeting in Augusta, in person.
- 9/9: Staff provided a resource table at the Harvey County Baby Shower event in Newton.
- 9/11: Staff emailed Prairie View staff regarding inquiries about application packets and assistance.
- 9/13-14: Staff provided a resource table at the ACMHCK Conference in Topeka.
- 9/14: Staff spoke with Brown County/Kanza Mental Health staff about the Brown County Resource Fair.
- 9/21: Staff attended the Medicaid Stakeholders monthly networking call through KDHE and CoverKS.
- 9/22: Staff emailed with SG CO IRIS administrators.
- 9/27: Staff provided a resource table at the Catholic Diocese of Wichita Seasoned Servant resource event.
- 9/28: Staff provided a resource table at the Wichita PBS Senior Exhibition event.

## B. Outreach through Social Media and Print Media

Date of post	Topic	# "reaches"	# "engagements"	# of shares
7/5	Midwest Ability Summit	261	22	3
7/6	Oral Health Factsheet	57	4	0
7/20	Convoy of Hope	95	9	1
7/20	Cover Kansas	39	3	0
7/21	Ombudsman	152	8	1
7/24	KanCare Ombudsman	78	9	1

Date of post	Topic	# "reaches"	# "engagements"	# of shares
8/2	Butler Co Baby Jubilee	84	3	0
8/2	Medicaid renewal resources	65	1	0
8/8	Together SG CO Job & Resource Fair	79	3	0
8/9	CoverKS resources for the Medicaid-ineligible	59	2	1
8/15	Medicaid unwinding -- renewal reminder	117	3	0
8/23	Harvey CO Baby Shower	98	4	0
8/24	Medicaid renewal resources	61	3	1
8/25	Maternal & Child Health Equity Conference	129	9	1
8/30	CoverKS unwinding resources	28	2	0
8/31	Labor Day Office Closure	30	0	0

Date of post	Topic	# "reaches"	# "engagements"	# of shares
9/1	KDADS State Fair Senior Discount	55	3	0
9/11	Unwinding: missed your renewal deadline?	56	6	2
9/17	PBS Senior Expo event promotion	111	6	2
9/20	General Ombudsman Office resources tab	37	4	0
9/20	Release Resources	43	2	0
9/21	KanCare Self Service Portal	51	4	1
9/22	KanCare Dental Benefits (Oral Health Ks)	70	8	0
9/22	Medicare vs Medicaid Open Enrollment – Application Assistance	254	14	5
9/25	Medicare vs Medicaid Open Enrollment Medicaid Application Assistance (again)	97	7	2
9/26	Spenddown questions & resources	1,000	156	14
9/27	Veteran's Drive Through Resource Fair event promotion	60	3	0
9/28	KTAP assistive technology communications resources	196	29	6
9/29	MCO Contract Public Feedback Meetings	117	16	2

## IX. Appendix B: Managed Care Organization (MCO) Data

### A. Aetna

<b>MEDICAID ISSUES</b>	<b>Q1/22</b>	<b>Q2/22</b>	<b>Q3/22</b>	<b>Q4/22</b>	<b>Q1/23</b>	<b>Q2/23</b>	<b>Q3/23</b>
Access to Providers (usually Medical)	1	0	3	3	3	4	3
Appeals/Fair Hearing questions/issues	1	1	0	1	2	0	0
Background Checks	0	0	0	0	0	0	0
Billing	3	2	1	4	5	5	1
Care Coordinator Issues	3	1	3	1	1	2	2
Change MCO	1	1	3	0	3	2	3
Choice Info on MCO	1	0	1	1	0	1	1
Coding Issues	0	0	1	0	0	1	0
Consumer said Notice not received	0	0	0	0	0	0	0
Cultural Competency	0	0	0	1	0	0	0
Data Requests	0	0	0	0	0	0	0
Dental	0	0	3	0	1	2	0
Division of Assets	0	0	0	0	0	0	0
Durable Medical Equipment	1	0	0	4	3	0	1
Grievances Questions/Issues	1	0	2	4	4	3	1
Help understanding mail (NOA)	0	0	0	0	1	0	0
MCO transition	1	0	1	0	0	0	1
Medicaid Application Assistance	1	0	1	0	0	0	0
Medicaid Eligibility Issues	4	1	1	3	1	4	1
Medicaid Fraud	0	0	0	0	2	0	0
Medicaid General Issues/questions	9	2	9	11	4	9	3
Medicaid info (status) update	5	2	2	2	2	6	5
Medicaid Renewal	0	0	0	1	0	4	7
Medical Card issues	1	1	4	1	0	4	3
Medicare Savings Plan Issues	2	0	1	1	0	0	2
MediKan issues	0	0	0	0	0	0	0
Moving to / from Kansas	0	0	0	0	0	0	0
Medical Services	4	2	3	4	6	2	3
Pain management issues	0	0	0	0	0	0	0
Pharmacy	0	1	0	1	1	3	0
Pregnancy issues	0	0	0	0	0	1	0
Prior authorization issues	0	2	0	1	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	1	0	1	1	0	0	0
Transportation	1	1	0	0	2	1	1
Working Healthy	0	0	1	1	0	1	0
<b>MEDICAID ISSUES TOTAL</b>	<b>41</b>	<b>17</b>	<b>41</b>	<b>46</b>	<b>42</b>	<b>55</b>	<b>38</b>

## Aetna, cont'd.

<b>HCBS/LTSS ISSUES</b>	<b>Q1/22</b>	<b>Q2/22</b>	<b>Q3/22</b>	<b>Q4/22</b>	<b>Q1/23</b>	<b>Q2/23</b>	<b>Q3/23</b>
Client Obligation	0	1	0	0	0	1	0
Estate Recovery	0	0	0	0	0	0	0
HCBS Eligibility issues	3	3	4	4	0	3	2
HCBS General Issues	8	3	5	6	7	5	3
HCBS Reduction in hours of service	0	0	2	3	0	1	0
HCBS Waiting List	0	0	0	0	0	0	1
Nursing Facility Issues	0	0	5	1	2	1	1
<b>HCBS/LTSS ISSUES TOTAL</b>	<b>11</b>	<b>7</b>	<b>16</b>	<b>14</b>	<b>9</b>	<b>11</b>	<b>7</b>

<b>OTHER ISSUES</b>	<b>Q1/22</b>	<b>Q2/22</b>	<b>Q3/22</b>	<b>Q4/22</b>	<b>Q1/23</b>	<b>Q2/23</b>	<b>Q3/23</b>
Abuse / neglect complaints	1	1	1	0	2	1	0
ADA Concerns	0	0	0	0	0	0	0
Adoption issues	0	0	0	0	0	1	0
Affordable Care Act Calls	0	0	0	0	0	0	0
Community Resources needed	0	0	0	1	0	1	0
Domestic Violence concerns	0	0	0	0	0	0	0
Foster Care issues	0	0	0	0	0	2	0
Guardianship	0	0	0	0	0	0	0
Homelessness	0	0	0	0	0	0	0
Housing Issues	1	1	0	2	1	0	0
Medicare related Issues	1	0	0	0	2	0	0
Social Security Issues	1	0	0	0	0	0	0
Used Interpreter	0	0	0	0	1	0	0
X-Other	0	1	5	4	2	2	1
Z Thank you	14	4	17	18	19	28	22
Z Unspecified	0	1	0	0	2	2	3
Health Homes	0	0	0	0	0	0	0
<b>OTHER ISSUES TOTAL</b>	<b>18</b>	<b>8</b>	<b>23</b>	<b>25</b>	<b>29</b>	<b>38</b>	<b>26</b>

## Aetna, cont'd.

PROGRAM TYPE	Q1/22	Q2/22	Q3/22	Q4/22	Q1/23	Q2/23	Q3/23
PD	2	4	4	4	1	2	3
I/DD	0	0	0	2	0	3	1
FE	6	0	7	1	2	0	0
AUTISM	0	0	0	0	0	0	0
SED	0	0	1	2	2	0	0
TBI	1	1	3	0	1	0	0
TA	0	0	0	0	0	0	1
WH	0	0	0	1	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	0	1	2	0
FOSTER CARE	0	0	0	0	0	2	0
MEDIKAN	0	0	0	0	0	0	0
INSTITUTIONAL TRANSITION FROM LTC/NF	0	0	2	2	1	0	0
INSTITUTIONAL TRANSITION FROM MH/BH	0	0	0	0	0	0	0
INSTITUTIONAL TRANSITION FROM PRISON/JAIL	0	0	0	0	0	0	0
<b>PROGRAM TYPE TOTAL</b>	<b>9</b>	<b>6</b>	<b>17</b>	<b>12</b>	<b>8</b>	<b>9</b>	<b>5</b>
PRIORITY	Q1/22	Q2/22	Q3/22	Q4/22	Q1/23	Q2/23	Q3/23
HCBS	2	3	5	8	6	4	3
Long Term Care / MF	0	1	0	3	2	1	0
Urgent Medical Need	1	0	1	1	3	2	0
Urgent	0	3	0	3	4	3	0
Life Threatening	0	1	0	0	0	0	0
<b>PRIORITIES TOTAL</b>	<b>3</b>	<b>8</b>	<b>6</b>	<b>15</b>	<b>15</b>	<b>10</b>	<b>3</b>

## B. Sunflower

<b>MEDICAID ISSUES</b>	<b>Q1/22</b>	<b>Q2/22</b>	<b>Q3/22</b>	<b>Q4/22</b>	<b>Q1/23</b>	<b>Q2/23</b>	<b>Q3/23</b>
Access to Providers (usually Medical)	2	1	3	2	2	3	1
Appeals/Fair Hearing questions/issues	1	2	1	0	3	4	1
Background Checks	0	0	0	0	0	0	0
Billing	3	5	8	2	3	4	1
Care Coordinator Issues	0	2	1	0	2	1	1
Change MCO	0	0	1	0	0	2	0
Choice Info on MCO	0	0	0	0	0	0	0
Coding Issues	0	0	0	0	0	0	0
Consumer said Notice not received	0	0	0	1	0	0	0
Cultural Competency	0	0	0	0	0	0	0
Data Requests	0	0	0	0	0	0	0
Dental	0	0	2	0	1	2	2
Division of Assets	0	0	0	0	0	0	0
Durable Medical Equipment	1	2	3	3	0	0	0
Grievances Questions/Issues	0	2	6	4	2	3	2
Help understanding mail (NOA)	1	1	1	2	0	0	0
MCO transition	0	0	0	0	0	1	0
Medicaid Application Assistance	1	0	0	1	2	1	1
Medicaid Eligibility Issues	1	5	4	1	5	1	0
Medicaid Fraud	0	0	0	1	0	0	0
Medicaid General Issues/questions	4	10	7	11	7	9	5
Medicaid info (status) update	1	1	5	2	3	3	3
Medicaid Renewal	0	0	0	0	0	4	3
Medical Card issues	1	1	2	0	2	0	1
Medicare Savings Plan Issues	0	0	0	1	0	0	0
MediKan issues	0	0	0	0	0	0	0
Moving to / from Kansas	1	2	0	1	1	1	0
Medical Services	2	2	3	5	3	3	4
Pain management issues	0	0	1	0	0	0	0
Pharmacy	1	1	2	0	1	1	0
Pregnancy issues	0	2	0	0	0	0	0
Prior authorization issues	0	1	1	0	0	0	0
Refugee/Immigration/SOBRA issues	0	0	0	0	0	0	0
Respite	0	0	1	0	0	0	0
Spend Down Issues	0	0	4	1	1	0	0
Transportation	2	2	1	1	1	0	0
Working Healthy	0	0	0	0	0	0	0
<b>MEDICAID ISSUES TOTAL</b>	<b>22</b>	<b>42</b>	<b>57</b>	<b>39</b>	<b>39</b>	<b>43</b>	<b>25</b>

## Sunflower, cont'd.

<b>HCBS/LTSS ISSUES</b>	<b>Q1/22</b>	<b>Q2/22</b>	<b>Q3/22</b>	<b>Q4/22</b>	<b>Q1/23</b>	<b>Q2/23</b>	<b>Q3/23</b>
Client Obligation	0	1	0	0	0	0	0
Estate Recovery	0	0	1	0	1	0	0
HCBS Eligibility issues	1	3	0	2	5	3	1
HCBS General Issues	4	5	8	5	8	3	0
HCBS Reduction in hours of service	0	0	1	0	1	0	0
HCBS Waiting List	1	0	0	0	1	0	0
Nursing Facility Issues	2	2	4	2	0	0	0
<b>HCBS/LTSS ISSUES TOTAL</b>	<b>8</b>	<b>11</b>	<b>14</b>	<b>9</b>	<b>16</b>	<b>6</b>	<b>1</b>

<b>OTHER ISSUES</b>	<b>Q1/22</b>	<b>Q2/22</b>	<b>Q3/22</b>	<b>Q4/22</b>	<b>Q1/23</b>	<b>Q2/23</b>	<b>Q3/23</b>
Abuse / neglect complaints	2	0	2	0	1	0	0
ADA Concerns	0	0	0	0	0	0	0
Adoption issues	0	0	0	0	1	0	0
Affordable Care Act Calls	0	0	0	0	0	0	0
Community Resources needed	0	0	1	1	3	0	0
Domestic Violence concerns	0	1	0	0	0	0	0
Foster Care issues	0	0	0	0	1	0	0
Guardianship	0	0	0	0	1	0	0
Homelessness	0	0	0	0	0	0	0
Housing Issues	0	1	1	0	1	0	0
Medicare related Issues	0	0	2	2	3	0	0
Social Security Issues	0	0	0	1	1	0	0
Used Interpreter	0	0	0	0	0	0	0
X-Other	2	3	4	3	2	3	0
Z Thank you	9	16	15	15	13	15	12
Z Unspecified	0	0	0	0	0	4	1
Health Homes	0	0	0	0	0	0	0
<b>OTHER ISSUES TOTAL</b>	<b>13</b>	<b>21</b>	<b>25</b>	<b>22</b>	<b>27</b>	<b>22</b>	<b>13</b>

## Sunflower, cont'd.

<b>PROGRAM TYPE</b>	<b>Q1/22</b>	<b>Q2/22</b>	<b>Q3/22</b>	<b>Q4/22</b>	<b>Q1/23</b>	<b>Q2/23</b>	<b>Q3/23</b>
PD	2	2	0	1	2	3	1
I/DD	1	5	4	0	2	1	0
FE	1	2	0	2	1	1	1
AUTISM	0	0	0	0	0	0	0
SED	0	2	1	0	1	0	0
TBI	0	0	0	2	3	1	1
TA	0	2	4	0	1	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	1	1	0	1	0
SUB USE DIS	0	0	0	0	0	0	0
NURSING FACILITY	1	0	3	1	0	0	0
FOSTER CARE	0	0	0	0	1	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	0	0	0	0
INSTITUTIONAL TRANSITION FROM PRISON/JAIL	0	0	0	0	0	0	0
<b>PROGRAM TYPE TOTAL</b>	<b>5</b>	<b>13</b>	<b>13</b>	<b>7</b>	<b>11</b>	<b>9</b>	<b>3</b>
<b>PRIORITY</b>	<b>Q1/22</b>	<b>Q2/22</b>	<b>Q3/22</b>	<b>Q4/22</b>	<b>Q1/23</b>	<b>Q2/23</b>	<b>Q3/23</b>
HCBS	2	8	8	6	7	6	4
Long Term Care / MF	1	0	3	0	0	1	0
Urgent Medical Need	1	4	4	1	0	1	2
Urgent	4	2	3	2	0	2	1
Life Threatening	1	0	0	1	0	0	1
<b>PRIORITIES TOTAL</b>	<b>9</b>	<b>14</b>	<b>18</b>	<b>10</b>	<b>7</b>	<b>10</b>	<b>8</b>



## C. United Healthcare

<b>MEDICAID ISSUES</b>	<b>Q1/22</b>	<b>Q2/22</b>	<b>Q3/22</b>	<b>Q4/22</b>	<b>Q1/23</b>	<b>Q2/23</b>	<b>Q3/23</b>
Access to Providers (usually Medical)	4	1	2	12	1	2	4
Appeals/Fair Hearing questions/issues	2	2	3	3	1	1	1
Background Checks	0	0	0	0	0	0	0
Billing	8	3	5	5	8	5	4
Care Coordinator Issues	2	1	3	6	7	6	4
Change MCO	2	0	0	1	0	1	1
Choice Info on MCO	1	0	0	1	3	0	2
Coding Issues	1	1	1	0	2	1	1
Consumer said Notice not received	2	0	0	1	0	1	0
Cultural Competency	0	0	0	0	0	0	0
Data Requests	0	1	0	0	1	0	1
Dental	2	1	0	1	1	2	0
Division of Assets	0	1	0	0	0	1	0
Durable Medical Equipment	1	3	0	3	5	5	1
Grievances Questions/Issues	4	3	3	9	3	8	1
Help understanding mail (NOA)	1	2	0	2	0	0	0
MCO transition	0	1	0	0	0	0	1
Medicaid Application Assistance	1	4	0	2	0	0	1
Medicaid Eligibility Issues	8	7	1	4	3	3	1
Medicaid Fraud	0	0	0	0	0	1	2
Medicaid General Issues/questions	15	13	4	17	7	16	7
Medicaid info (status) update	7	8	3	6	4	1	7
Medicaid Renewal	0	1	0	0	1	5	7
Medical Card issues	1	2	0	2	2	0	2
Medicare Savings Plan Issues	3	1	0	1	0	1	2
MediKan issues	0	0	0	0	0	0	0
Moving to / from Kansas	0	0	0	0	0	0	0
Medical Services	3	1	3	12	0	3	2
Pain management issues	1	0	0	1	0	0	0
Pharmacy	5	0	2	4	2	2	2
Pregnancy issues	0	0	0	0	0	1	0
Prior authorization issues	1	4	1	1	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	0	4	0	1	2
Transportation	5	0	0	7	6	0	0
Working Healthy	1	0	0	0	0	0	0
<b>MEDICAID ISSUES TOTAL</b>	<b>83</b>	<b>61</b>	<b>31</b>	<b>105</b>	<b>57</b>	<b>69</b>	<b>56</b>

## United HealthCare, cont'd.

<b>HCBS/LTSS ISSUES</b>	<b>Q1/22</b>	<b>Q2/22</b>	<b>Q3/22</b>	<b>Q4/22</b>	<b>Q1/23</b>	<b>Q2/23</b>	<b>Q3/23</b>
Client Obligation	0	0	0	0	0	0	0
Estate Recovery	0	0	0	0	0	1	0
HCBS Eligibility issues	2	3	0	5	1	2	3
HCBS General Issues	4	5	5	11	8	7	7
HCBS Reduction in hours of service	1	1	3	2	2	1	1
HCBS Waiting List	1	2	0	2	0	1	0
Nursing Facility Issues	2	0	0	3	2	0	0
<b>HCBS/LTSS ISSUES TOTAL</b>	<b>10</b>	<b>11</b>	<b>8</b>	<b>23</b>	<b>13</b>	<b>12</b>	<b>11</b>

<b>OTHER ISSUES</b>	<b>Q1/22</b>	<b>Q2/22</b>	<b>Q3/22</b>	<b>Q4/22</b>	<b>Q1/23</b>	<b>Q2/23</b>	<b>Q3/23</b>
Abuse / neglect complaints	1	1	0	3	2	1	1
ADA Concerns	0	1	0	0	0	1	0
Adoption issues	0	0	0	0	0	0	0
Affordable Care Act Calls	0	0	0	0	0	0	0
Community Resources needed	1	0	0	4	2	0	0
Domestic Violence concerns	0	0	0	1	0	0	0
Foster Care issues	1	0	0	0	1	0	0
Guardianship	0	0	0	0	0	0	0
Homelessness	0	0	0	0	0	1	0
Housing Issues	0	1	1	0	4	1	1
Medicare related Issues	4	3	2	4	2	0	1
Social Security Issues	1	0	0	2	0	0	0
Used Interpreter	0	0	1	0	1	1	0
X-Other	4	2	2	7	0	4	4
Z Thank you	17	17	9	29	31	35	32
Z Unspecified	1	1	2	1	0	2	1
Health Homes	0	0	0	0	0	0	0
<b>OTHER ISSUES TOTAL</b>	<b>30</b>	<b>26</b>	<b>17</b>	<b>51</b>	<b>43</b>	<b>46</b>	<b>40</b>

## United HealthCare, cont'd.

PROGRAM TYPE	Q1/22	Q2/22	Q3/22	Q4/22	Q1/23	Q2/23	Q3/23
PD	5	4	0	4	2	2	2
I/DD	1	2	3	3	1	1	2
FE	0	1	1	0	5	1	2
AUTISM	0	0	0	0	0	0	0
SED	1	0	0	1	1	0	0
TBI	1	0	1	2	3	3	3
TA	0	1	1	1	0	1	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	1	0	0	1	0	1	0
SUB USE DIS	0	0	0	0	0	0	0
NURSING FACILITY	2	1	1	3	1	0	0
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	1	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
<b>PROGRAM TYPE TOTAL</b>	<b>11</b>	<b>9</b>	<b>7</b>	<b>16</b>	<b>14</b>	<b>9</b>	<b>9</b>
PRIORITY	Q1/22	Q2/22	Q3/22	Q4/22	Q1/23	Q2/23	Q3/23
HCBS	3	5	6	10	10	6	9
Long Term Care / MF	2	4	1	4	4	1	0
Urgent Medical Need	2	0	3	4	1	0	1
Urgent	2	2	0	4	4	6	2
Life Threatening	0	0	0	1	1	0	0
<b>PRIORITIES TOTAL</b>	<b>9</b>	<b>11</b>	<b>10</b>	<b>23</b>	<b>20</b>	<b>13</b>	<b>12</b>

# 1115 Waiver- Safety Net Care Pool Report

## Demonstration Year 11 - Quarter Three

Large Public Teaching Hospital\Border City Children's Hospital Pool  
Paid date 9/28/2023

Hospital Name	LPTH\BCCH DY/QTR 2023/3	State General Fund 1000	Federal Medicaid Fund 3414
University Of Kansas Hospital Authority*	1,848,103	697,474	1,150,629
Children's Mercy Hospital	616,034	232,491	383,543
<b>Total</b>	<b>2,464,137</b>	<b>929,965</b>	<b>1,534,172</b>

\*SGF paid with IGT.

**1115 Waiver- Safety Net Care Pool Report**

Demonstration Year 11 - Quarter Three

Health Care Access Improvement Pool

Paid Date 9/21/2023

Provider Name	Program Name	Program ID	Amount	Payment Date	Liability Dates	Warrant number	Provider Access Fund 2443	Federal Medicaid Fund 3414
Adventhealth Ottawa	Health Care Access Improvement Program	3264	7,286	9/21/2023	7/1/2023	0009542493	2,750	4,536
Adventhealth Shawnee Mission	Health Care Access Improvement Program	3264	891,698	9/21/2023	7/1/2023	0009542059	336,527	555,171
Ascension Via Christi Hospital Manhattan	Health Care Access Improvement Program	3264	202,649	9/21/2023	7/1/2023	0009542297	76,480	126,169
Ascension Via Christi Hospital Pittsburg	Health Care Access Improvement Program	3264	311,424	9/21/2023	7/1/2023	0009542038	117,531	193,893
Ascension Via Christi Rehabilitation Hospital	Health Care Access Improvement Program	3264	28,835	9/21/2023	7/1/2023	0009542256	10,882	17,953
Ascension Via Christi St. Francis	Health Care Access Improvement Program	3264	2,367,569	9/21/2023	7/1/2023	0009546251	893,521	1,474,048
Ascension Via Christi St. Teresa	Health Care Access Improvement Program	3264	60,227	9/21/2023	7/1/2023	2006218013	22,730	37,497
Bob Wilson Memorial Grant County Hospital	Health Care Access Improvement Program	3264	44,324	9/21/2023	7/1/2023	0009542034	16,728	27,596
Children's Mercy Hospital Kansas	Health Care Access Improvement Program	3264	24,094	9/21/2023	7/1/2023	0009542011	9,093	15,001
Coffeyville Regional Medical Center Inc	Health Care Access Improvement Program	3264	17,433	9/21/2023	7/1/2023	0009542292	6,579	10,854
Hays Medical Center	Health Care Access Improvement Program	3264	74,620	9/21/2023	7/1/2023	0009542044	28,162	46,458
Hutchinson Regional Medical Center Inc	Health Care Access Improvement Program	3264	44,837	9/21/2023	7/1/2023	0009542177	16,921	27,916
Kansas Heart Hospital LLC	Health Care Access Improvement Program	3264	2,894	9/21/2023	7/1/2023	0009542422	1,092	1,802
Kansas Medical Center LLC	Health Care Access Improvement Program	3264	1,599	9/21/2023	7/1/2023	0009541945	603	996
Kansas Rehabilitation Hospital Inc	Health Care Access Improvement Program	3264	2,297	9/21/2023	7/1/2023	0009542382	867	1,430
Kansas Spine & Specialty	Health Care Access Improvement Program	3264	392	9/21/2023	7/1/2023	0009542331	148	244
Kansas Surgery And Recovery Center LLC	Health Care Access Improvement Program	3264	1,545	9/21/2023	7/1/2023	0009542252	583	962
Labette Co Med	Health Care Access Improvement Program	3264	17,424	9/21/2023	7/1/2023	0009542378	6,576	10,848
Lawrence Memorial Hospital	Health Care Access Improvement Program	3264	115,302	9/21/2023	7/1/2023	0009542354	43,515	71,787
Manhattan Surgical Hospital	Health Care Access Improvement Program	3264	125	9/21/2023	7/1/2023	2006217861	47	78
Mcperson Hospital Inc	Health Care Access Improvement Program	3264	4,736	9/21/2023	7/1/2023	0009542182	1,787	2,949
Menorah Medical Center	Health Care Access Improvement Program	3264	234,920	9/21/2023	7/1/2023	0009542335	88,659	146,261
Mercy Hospital Inc	Health Care Access Improvement Program	3264	1,801	9/21/2023	7/1/2023	2006217991	680	1,121
Miami County Medical Center Inc	Health Care Access Improvement Program	3264	42,978	9/21/2023	7/1/2023	0009542255	16,220	26,758
Midamerica Rehabilitation Hospital	Health Care Access Improvement Program	3264	3,931	9/21/2023	7/1/2023	0009542418	1,484	2,447
Morton County Hospital	Health Care Access Improvement Program	3264	1,140	9/21/2023	7/1/2023	0009542186	430	710
NMC Health Medical Center	Health Care Access Improvement Program	3264	24,529	9/21/2023	7/1/2023	0009542224	9,257	15,272
Olathe Medical Center Inc	Health Care Access Improvement Program	3264	368,338	9/21/2023	7/1/2023	0009542050	139,011	229,327
Overland Park Reg Med Ctr	Health Care Access Improvement Program	3264	998,554	9/21/2023	7/1/2023	0009542017	376,854	621,700
Prairie View Hospital	Health Care Access Improvement Program	3264	30,389	9/21/2023	7/1/2023	0009542060	11,469	18,920
Pratt Regional Medical Center	Health Care Access Improvement Program	3264	2,260	9/21/2023	7/1/2023	0009542231	853	1,407
Providence Medical Center	Health Care Access Improvement Program	3264	345,135	9/21/2023	7/1/2023	2006217874	130,254	214,881

**1115 Waiver- Safety Net Care Pool Report**

Demonstration Year 11 - Quarter Three

Health Care Access Improvement Pool

Paid Date 9/21/2023

Provider Name	Program Name	Program ID	Amount	Payment Date	Liability Dates	Warrant number	Provider Access Fund 2443	Federal Medicaid Fund 3414
Rehabilitation Hospital Of Overland Park	Health Care Access Improvement Program	3264	5,326	9/21/2023	7/1/2023	2006218110	2,010	3,316
Saint John Hospital	Health Care Access Improvement Program	3264	6,659	9/21/2023	7/1/2023	2006217872	2,513	4,146
Saint Lukes South Hospital Inc	Health Care Access Improvement Program	3264	92,187	9/21/2023	7/1/2023	0009542310	34,791	57,396
Salina Regional Health Center	Health Care Access Improvement Program	3264	205,108	9/21/2023	7/1/2023	0009542284	77,408	127,700
Salina Surgical Hospital	Health Care Access Improvement Program	3264	268	9/21/2023	7/1/2023	Z0016114102	101	167
South Central Kansas Regional Medical Center	Health Care Access Improvement Program	3264	1,164	9/21/2023	7/1/2023	0009542211	439	725
Southwest Medical Center	Health Care Access Improvement Program	3264	4,530	9/21/2023	7/1/2023	0009540532	1,710	2,820
St Catherine Hospital Garden City	Health Care Access Improvement Program	3264	199,886	9/21/2023	7/1/2023	0009542033	75,437	124,449
St Catherine Hospital Dodge City	Health Care Access Improvement Program	3264	31,333	9/21/2023	7/1/2023	0009542037	11,825	19,508
Stormont Vail Health Care Inc	Health Care Access Improvement Program	3264	559,894	9/21/2023	7/1/2023	0009542041	211,304	348,590
Stormont Vail Health Flint Hills	Health Care Access Improvement Program	3264	10,658	9/21/2023	7/1/2023	0009542505	4,022	6,636
Susan B Allen Memorial Hospital	Health Care Access Improvement Program	3264	17,616	9/21/2023	7/1/2023	0009542054	6,648	10,968
The University Of Kansas Health System Great Bend	Health Care Access Improvement Program	3264	7,265	9/21/2023	7/1/2023	0009542487	2,742	4,523
Topeka Hospital LLC D/B/A The University Of Kansas	Health Care Access Improvement Program	3264	339,810	9/21/2023	7/1/2023	0009542485	128,244	211,566
Wesley Medical Center	Health Care Access Improvement Program	3264	2,491,840	9/21/2023	7/1/2023	0009542393	940,420	1,551,420
<b>Total</b>			10,248,829				3,867,908	6,380,921

## KanCare Summary of Claims Adjudication Statistics Per MCO (January – September 2023)

Aetna YTD Cumulative Claims					
Service Type	Total Count	Total Count Value	Total Denied	Total Denied Value	Percent Claims Denied
Hospital Inpatient	19,915	\$1,319,980,754	4,270	\$430,739,416	21.44%
Hospital Outpatient	228,790	\$861,195,100	41,104	\$107,407,878	17.97%
Pharmacy	2,027,298	\$165,996,335	622,802	\$786,469	30.72%
Dental	104,369	\$48,396,120	11,425	\$5,265,605	10.95%
Vision	7,497	\$2,150,616	699	\$195,957	9.32%
NEMT	98,951	\$5,156,967	211	\$9,921	0.21%
Medical	1,350,399	\$923,521,640	191,417	\$182,063,090	14.17%
Nursing Facilities	73,014	\$222,826,219	8,278	\$27,235,594	11.34%
HCBS	289,091	\$173,387,701	7,020	\$4,991,877	2.43%
Behavioral Health	204,259	\$132,280,271	18,549	\$20,574,984	9.08%
<b>Total All Services</b>	<b>4,403,583</b>	<b>\$3,854,891,722</b>	<b>905,775</b>	<b>\$779,270,792</b>	<b>20.57%</b>

Sunflower YTD Cumulative Claims					
Service Type	Total Count	Total Count Value	Total Denied	Total Denied Value	Percent Claims Denied
Hospital Inpatient	25,753	\$2,077,583,503	6,291	\$765,513,896	24.43%
Hospital Outpatient	271,420	\$1,057,848,905	28,293	\$164,803,586	10.42%
Pharmacy	1,511,365	\$360,158,329	377,590	\$74,967,806	24.98%
Dental	148,331	\$69,041,841	17,682	\$6,795,889	11.92%
Vision	95,269	\$29,268,954	8,622	\$3,242,803	9.05%
NEMT	81,673	\$3,543,596	682	\$16,600	0.84%
Medical	1,377,530	\$1,116,745,014	212,723	\$261,274,626	15.44%
Nursing Facilities	74,345	\$228,933,572	6,202	\$27,545,754	8.34%
HCBS	485,863	\$367,538,707	12,237	\$13,516,545	2.52%
Behavioral Health	635,568	\$189,712,658	70,903	\$22,615,521	11.16%
<b>Total All Services</b>	<b>4,707,117</b>	<b>\$5,500,375,078</b>	<b>741,225</b>	<b>\$1,340,293,026</b>	<b>15.75%</b>

United YTD Cumulative Claims					
Service Type	Total Count	Total Count Value	Total Denied	Total Denied Value	Percent Claims Denied
Hospital Inpatient	20,839	\$1,306,474,868	5,298	\$380,251,249	25.42%
Hospital Outpatient	302,203	\$1,309,428,309	79,617	\$468,396,573	26.35%
Pharmacy	1,626,162	\$244,166,505	411,652	\$103,094,728	25.31%
Dental	149,585	\$75,640,865	26,649	\$16,202,108	17.82%
Vision	66,052	\$18,333,745	6,934	\$2,198,428	10.50%
NEMT	106,299	\$4,587,208	982	\$51,082	0.92%
Medical	1,493,931	\$1,037,786,837	285,271	\$298,552,865	19.10%
Nursing Facilities	87,714	\$304,227,928	14,137	\$53,046,915	16.12%
HCBS	433,135	\$261,706,842	9,153	\$8,055,065	2.11%
Behavioral Health	616,233	\$221,055,465	68,149	\$35,346,745	11.06%
<b>Total All Services</b>	<b>4,902,153</b>	<b>\$4,783,408,572</b>	<b>907,842</b>	<b>\$1,365,195,757</b>	<b>18.52%</b>