Fourth Quarter & Annual Report to CMS Regarding Operation of 1115 Waiver Demonstration Program
– Quarter Ending 12.31.2022
– Year Ending 12.31.2022

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

KanCare
Section 1115 fourth Quarter and Annual Report
Demonstration Year: 10 (1/1/2022-12/31/2022)
Federal Fiscal Quarter: 1/2023 (10/22-12/22)

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2022 Fourth 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; and
- 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.
- 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 December 31, 2022.

Demonstration Population	Enrollees at Close of Quarter (12/31/2022)	Total Unduplicated Enrollees in Quarter	Disenrolled in Quarter
Population 1: ABD/SD Dual	15,010	16,027	1,017
Population 2: ABD/SD Non-Dual	30,829	31,801	972
Population 3: Adults	74,427	75,380	953
Population 4: Children	270,228	272,917	2,689
Population 5: DD Waiver	8,962	9,066	104
Population 6: LTC	21,526	22,488	962
Population 7: MN Dual	5,275	6,025	750
Population 8: MN Non-Dual	1,514	1,731	217
Population 9: Waiver	4,453	4,836	383
Population 10: UC Pool	N/A	N/A	N/A
Population 11: DSRIP Pool	N/A	N/A	N/A
Total	432,224	440,271	8,047

III. Outreach/Innovation

The KanCare website[1] 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 twelve members: one legislator representing the House, one representing mental health providers, one representing community developmental disability organizations (CDDOs), two representing physicians and hospitals, three representing KanCare members, one former Kansas Senator, one representing pharmacists, one representing the Aging Community, and one representing Area Agencies on Aging and Aging Disability Resource Centers. The KanCare Advisory Council occurred December 14, 2022, via Zoom. The agenda was as follows:

- Welcome and Introductions
- Review and Approval of Minutes from Council Meeting, March 9, 2022, June 22, 2022, and September 29, 2022.
- Old Business
    - Homebound Frail Elderly receiving meals thru COVID funds – Allen Schmidt
    - What is our plan for researching other states' remedy to solve the nursing and PCA shortages; and what is the status of the challenges on the administrative side? – Ed Nicholas
    - Percentage of HCBS cases pending that cannot be staffed by home care agencies – Larry Martin

[1] www.kancare.ks.gov

- New Business
    - Review current membership of the Advisory Council and discuss recommendations for new members and their specialties – Larry Martini
    - KDADS provide an update on Governor Kelly's announcement of $51 million in bonus payments to direct support workers – Larry Martin
- KDHE Update – Janet Stanek, Secretary, Kansas Department of Health and Environment, Sarah Fertig, Medicaid Director, Kansas Department of Health and Environment, and Chris Swartz, Director of Operations/COO, Deputy Medicaid Director, Kansas Department of Health and Environment
- KDADS Update – Drew Adkins, Assistant Commissioner for Behavioral Health Services, Kansas Department for Aging and Disability Services and Mandy Flower, Interim Commissioner for Long Term Services and Supports, Kansas Department for Aging and Disability Services
- KanCare Ombudsman Report – Kerrie Bacon, Ombudsman, KanCare Ombudsman Office (written-only)
- Updates on KanCare with Q&A
    - Aetna Better Health of Kansas – Jane Brown
    - Sunflower State Health Plan – Stephanie Rasmussen
    - UnitedHealthcare Community Plan – Audrey Masoner
- Adjourn

The Tribal Technical Assistance Group met November 1, 2022. The tribal members were consulted on the following items:

- 22-0018 DAW1 and Drug Availability
- 22-0021 EPSDT Periodontal Treatment / Dental Crowns / Pediatricians' fee increase
- 22-0023 Ambulance Rate Changes, Legislation
- 22-0024 Behavioral Health Rate Increase, Legislation
- 22-0025 7.4.A DR SPA Sec D.8 $.50 Pharm Rescission
- 22-0026 1115 HCAIP
- 22-0027 Adult Dental
- 22-0028 Irrevocable Funeral Plan
- 22-0030 DR SPA

An explanation was given on the following SPAs that are pending CMS Approval since the last Tribal meeting.

- 22-0031 NF Rates SFY 23
- 22-0032 G-Tubes Rates
- 22-0035 PAD
- 22-0023 Ambulance Rate Changes, Legislation
- 22-0034 Behavioral Health Rate Increase, Legislation

Outstationed Eligibility Workers (OEW) staff participated in 397 in-person and virtual community events providing KanCare program outreach, education, and information for the following: El Centro, Impact Olathe event, School events: Lenexa, Shawnee, Merriam, Mission, Overland Park, Wamego, Wichita, Paola, Osawatomie, Hiawatha, Sedgwick, Hillsboro; Catholic Charities of Northeast Kansas; Topeka, Great Bend, SW Kansas, Wyandotte, Manhattan; Olathe Pregnancy Clinic, Safe Haven Baby Box, Embrace in Wichita; Health Departments in Gove, Kingman, Oakley, Wallace, Sherman, Thomas, Trego, Ness, Cheyenne, Rawlins, Stafford, Sheridan, Decatur, Harper, Marshall, Miami, Johnson, Crawford, Labette, Pittsburg; Pawnee, Rush, Barton, Marion, Clark, Comanche, Mitchell, McPherson, Graham, Norton, Phillips, Rooks, Sedgwick, Atchison, Chautauqua, Elk; Woodson, Pratt, Russell, Osborne, Jewell, Lincoln, Manhattan, Westmoreland; Brown NEK Multi-County Health Department; Ascension Via Christi Oncology; Good Samaritan Society; Linda Shankel Mercy in Joplin, Mercy and Truth Medical Mission Shawnee

county, Be able Home Center in Manhattan; WIC offices in Coffeyville, Sedan, Independence, Shawnee, Chautauqua, Montgomery, Parsons, Barton, Division of Children and Families-DCF in Pittsburgh, McPherson, Goodland, Miami, Colby, Concordia, Newton, Marysville; Mental Health Clinics in Crawford, Hays; Southeast Kansas Area on Aging in Columbus, Chanute, Manhattan, Hiawatha; Community Baby Showers in Salina, Hodgeman; Shawnee; Sedgwick; Johnson, Crawford; SKILL Crawford County; Community Health Center of Southeast Kansas; Central Plains Area Agency on Aging; County Council on Aging in Harvey and McPherson; KU Extension Office; KS Extension Offices in Pittsburgh, Marion, United Health Care member coordinator; Quaker Hill Care Baxter Spring Ks; clinics in Leavenworth; Cheyenne; Bird City; Great Bend, Newton, GraceMed clinics; Gove, Protection, Russell, Norton, Smith; Horton, Hiawatha, Kickapoo Health Clinic; WaKeeney Medical Center; Urgent Care Clinic at Mittens; Wallace County Family Practice; Goodland Family Health Center; Community Clinic in Crawford, Hospitals in Stanford, Minneola, Graham, Trego Lemke Memorial Hospital; Cheyenne Hospital, Kiowa District Hospital; Atchison; KU Medical Center; Ness City, Newton Medical Center; Edwards County HealthCare; Rawlins County Health Center; Senior Centers: Stafford, Halstead; Sedgwick; Clearwater; Lacrosse; Larned; Prairie Band/Potawatomi Elders Center; Wamego, Great Bend; Ashland; Pittsburg, Galva, Inman, Moundridge, Minneola, Horton, Hiawatha, Harper, Newton, Sedgwick, Flint Hills, Larned, Protection; Pharmacies in San Anthony; Medicine Lodge; Pratt; Kiowa; Goodland, Russell; Smith; Gove, Oakley; Cheyenne; Sheridan, Phillipsburg, Libraries: Newton, Hesston, Hays, Ness, Colby; Cheyenne, Atwood, Sheridan, Oberlin City, Graham, Marshall Paola, Osawatomie, Pittsburg, Phillipsburg, Stockton, Plainville, Hiawatha, Horton, Halstead, Osborne, Russell, Jewell, Moundridge, Oakley, Sharon Springs, Goodland City, Smith, Housing Authority: Newton, Moundridge, Halstead, Wyandotte, Pittsburg, Shadybrook Low income Apartments in Wichita; Project Home Event; Community Chaplain Response Team in Newton; Midland Group; Healthy Families; The Cedars Continuing Care Retirement Community in McPherson; Hillside Terrace in Pratt; Prairie Plaza in Coldwater, Carrington Place Assisted Living, Vintage Park Hiawatha; Food Banks in McPherson, Paola, Halstead, Caney Agape, Pittsburgh; Topeka Rescue Mission, Manhattan Homeless Center; Wesley House in Pittsburgh, Child Cares in McPherson, Hillsboro, Sedgwick; Reno County Early Childhood; Manhattan Early Head Start, Crawford; Substance Abuse Prevention Coalition in Hillsboro; Dental office in Pratt, St. Anthony; Hillsboro Civic Building; City Office in Sedgwick; City Hall in Horton; Goessel Post Office; Save N'Share McPherson; Health Fairs in Republic, Mineola, Kansas City, Lenexa, Emporia, Wichita, Family Resource Fair in Garden City; Breastfeeding Coalition Conference; Johnson County Job Fair; Insurance Brokers in Wichita, Hospices in Crawford County, Rehabilitation Center in Pittsburgh; Veteran's Affair Office Independence, VA Medical Center in Wichita; Virtual and in person meetings: Kansas Assistance Network, Genesis Family Health Advisory Board, Finney County Community Health Coalition, Central Kansas Partnership, Waiver KanCare Tours; County Resource meetings with; Cloud, Republic; Harper; Harvey; Salina Grace Resource Center; Riverside Resources Inc; Community Missionaries; Meeting with Leavenworth Community Service Org, Liberal Area Coalition meeting, Colby Central Kansas Partnership, Johnson County Health Department, Hispanic Task Force, Avenue of Life, Wyandotte County Family Advisory Board, Harvey Marion CDDO Affiliated Service Provider, KDHE Regional Meeting Beloit Ks; Kansas WORKS, Johnson County Human Services, Northeast Kansas Community Action Program in Hiawatha; Healthier Lyon County Alliance; Prairie Band Potawatomi Health Center; Logan County Regional Meeting; Regional Public Health Departments in Hutchinson; Public Health and Medicaid Advisory Workgroup for SW Kansas in Garden City; Sumner County Surge; Third Thursday Cowley County; Presumptive Medical Determination Training; Lifeline Topeka; Brown County Developmental Services.

Support and assistance for KanCare members was provided by KDHE's twenty-four OEWs. Staff determined eligibility for 1,668 applicants. The OEW staff also assisted in resolving 503 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 assisted with 1,707 phone calls, 508 walk-ins, and 645 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 (FE, PD and 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 nine subcommittees such as Suicide Prevention, Justice Involved Youth and Adult, and Rural and Frontier
- 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

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 December 31, 2022, there were thirty-three contracted OCK providers across the state. Moreover, as of December 2022, the program had 4,052 members opt-in; this number continues to grow with new members enrolling each month.

The State continues to utilize the MCOs as Lead Entities who 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 bi-monthly 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 1,199 individuals with community-based organizations and provider offices around the State.

Outreach Activities

ABHKS Community Development and System of Care 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 1,199 individuals associated with community-based organizations in Kansas. Examples of the community-based organizations include: COPE of Barton County, Salvation Army of Topeka, Central Plains Agency on Aging in Wichita, Bernadine Sitts Intermediate School in Garden City, Labette County Emergency Assistance Center in Parsons, Catholic Charities in Salina, Successful Beginnings in Kansas City and others. Educational information was shared with over 9,300 members or potential members of KanCare through attendance at both in-person and virtual events.

Advocacy Activities

ABHKS Member Advocates have an established relationship with the KanCare Ombudsman and receive direct referrals when member issues require intervention efforts. ABHKS Member Advocates assisted fourteen members referred from the Ombudsman.

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

Marketing Activities

Sunflower Health Plan (SHP) sponsored six local and statewide member and provider events, as well as initiatives to close care gaps. Sunflower's direct mail marketing material included member postcards and customized letters addressing preventive health care gaps for important screenings and immunizations. In addition, SHP partnered with multiple local health centers on events. Most notably, Sunflower participated in the Community-Based Child Welfare National Symposium and discussed best practices for community-based care models and how they can best address the needs of families and children. By attending the symposium, the health plan was provided with information of how to be a valued partner in the foster care delivery system for the upcoming RFP.

Notable stakeholder programs and events for marketing during the fourth quarter of 2022:

- Self-Advocates Coalition of Kansas Conference 2022
- Community-Based Child Welfare National Symposium
- Person-Centered Care Conference
- LeadingAge Kansas Fall Conference 2022
- Community Care Network of Kansas Annual Conference 2022
- 2022 Conference on Oral Health
- BIAK Family and Survivor Seminar
- Swope Health KidsCARE Fall/Winter Health Fair

Outreach Activities

The majority of SHP's outreach centered around members due for mammograms during the year. The Health Partnership Clinic partnered with Diagnostic Imaging Centers of Kansas City to bring their mobile mammogram unit on site and collaborated with Sunflower to invite and share event information with members.

Under the recently launched Employee Community Engagement Program, commemorating Sunflower's ten-year anniversary, several Sunflower employees volunteered with the Shalom House Men's Transitional Living Program to beautify the grounds. In addition, employees in Wichita donated their time packing backpacks with food for students who are considered "food insecure." In November, health plan staff also volunteered their time with the JA BizTown program, a life-simulation experience for 4th-6th graders running their very own city. This program leaves students with an increased awareness of career opportunities, financial decision-making and a greater appreciation of their academic success.

The following events involved coordination with local health systems and the other two managed care organizations.

- Participated in multiple community health events, including the KidsCARE health fair with Swope Health, aimed at closing care gaps among youth members in Wyandotte County
- Health Partnership Clinic Mammogram Event in Olathe, KS

Advocacy Activities

Sunflower Health Plan began a monthly Social Determinants of Health (SDoH) team to bring the health plan's SDoH initiatives and teams together in addressing programs and outreach to support employment, housing and food disparities across the state. This internal team made up of Community Relations, Community Health Service Representatives and the SDoH specialists collaborates to bring together all resources and supports for the benefit of health plan members. Sunflower staff contributed to community workgroups and coalitions advocating for health literacy, persons with disabilities and other topics addressing population health in Kansas.

Community meetings and workgroups included:

- Immunize Kansas Coalition Education and Awareness meeting
- Finney County Community Health coalition meeting
- Health and Wellness Coalition strategic planning meeting
- Social Determinants of Health monthly meeting

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

Marketing Activities
UnitedHealthcare Community Plan of Kansas staff completed new member welcome calls and health risk assessments over the phone. UnitedHealthcare continued the incentive program to offer ten dollar over-the-counter debit cards to new members who complete health risk assessments. New members were sent member ID Cards and welcome kits. UnitedHealthcare deployed an "Update your Address" campaign that included: emails to members encouraging them to update their addresses in preparation of upcoming eligibility renewals and Member Services actively assisting members to update their addresses at every interaction. Additionally, staff members conducted a live call campaign to all members identified as having possibly changed their address in the past year.

Outreach Activities
Outreach staff members continued to be involved in community vaccination activities, close gaps in care efforts, as well as supporting promotions, sponsorships, giveaways, food distribution, and volunteers. UnitedHealthcare staff has continued to reach out to providers to assess their needs and identify ways to help support them as they serve KanCare members, with special attention to increasing child well visits and vaccinations in general. UnitedHealthcare partnered with the other two MCOs to pilot an outreach campaign to bring kids back to their PCP in collaboration with Swope Health.

UnitedHealthcare hosted a member advisory meeting via conference call, which had excellent participation from members.

- Member Outreach: UnitedHealthcare outreach staff met with over 6,595 individuals who were members or potential members at community baby showers, vaccination events, clinic days, community trunk-or-treat events, lobby displays at Federally Qualified Health Centers (FQHCs), and other various community events.

- Community organization outreach: UnitedHealthcare outreach staff met and collaborated with several community agencies, which included: Alce su Voz, Association of Community Mental Health Centers, Bourbon County LHEAT, Boys and Girls Club of Topeka, Center of Grace Hispanic Task Force, Central Kansas HAT, Community Care Network of Kansas, Community Health Council of Wyandotte County, COPE Sedgwick County, Count the Kicks, Cover Kansas, Douglas County Healthy Food for All Workgroup, El Centro Inc, Evergreen Park Recreation Center, Facts Not Fear ICT, Habitat for Humanity, HealthCore Clinic, Healthier Lyon County Coalition, Healthy Babies Sedgwick County, Healthy Kids Work Group-DGCO Extension Office, Heartland Early Childhood Education Center, Heartland Early Education, Heartland Head Start, Heartland Healthy Babies, Hispanics of Today and Tomorrow, Immunization Coalition of Kansas, Juntos Center for Advancing Latino Health, Just Food, Kansas Children's Service League, Kansas City Kansas School Foundation for Excellence, Kansas Civic Engagement Table, Kansas Community Health Worker Coalition, Kansas Food Bank, Kansas HeadStart Association, Kansas Health Institute, Kansas Hispanic and Latino American Affairs Commission, Kansas Leadership Center, Kansas Rural Health Association, Kansas Safe Kids Network, KHLAAC, KIDS Safe Sleep, KSQuit, KVC Kansas, Lawrence-Douglas County Health Equity Board, My Family Labette County, NEK-CAP, SACK Self Advocacy Coalition of Kansas, Salud + Bienestar, Shawnee County LHEAT, United WE, Wichita State University Foundation, Willow Domestic Violence Shelter, among others.

- Provider outreach: UnitedHealthcare outreach staff met virtually and in-person with over twenty-five provider offices across the State, with a special focus on bringing awareness to upcoming eligibility renewals due to the end of PHE and about the KIERA Chatbot feature for updating addresses.

Advocacy Activities

Staff members continued to support state efforts on vaccine access and equity. UnitedHealthcare staff from Social Determinants of Health and Community Outreach teams, serving in health equity boards and volunteering with local health departments and FQHCs, and promoted vaccination and health education opportunities. UnitedHealthcare continues to identify the most successful approaches and supports them with funding or resources to amplify success.

UnitedHealthcare has two representatives serving in the Kansas Hispanic and Latino American Affairs Commission as Technical Advisors and one serving at the Lawrence Douglas County Health Equity Advisory Board, among other several 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 approved by CMS

Amendment Number	Subject	Submitted Date	Approved Date
20	High Cost Meds carved out of capitation	6/13/2022	10/12/2022
21	HCAIP Payments, Capitation 1/1/22-6/30/22 and 7/1/22 - 12/31/22	9/20/2022	10/20/2022

State Plan Amendments (SPAs) approved:

SPA Number	Subject	Submitted Date	Effective Date	Approval Date
22-0027	Adult Dental	8/03/2022	7/01/2022	10/04/2022
22-0028	Irrevocable Funeral Plan, Consumer Price Index Rate	8/12/2022	7/01/2022	10/04/2022
22-0030	DR PE Rescission	9/07/2022	7/01/2022	10/14/2022
22-0031	NF/NFMH Rates	9/12/2022	7/01/2022	11/23/2022
22-0032	Low Profile G-Tubes	9/28/2022	8/26/2022	12/15/2022
22-0034	BH Reimbursement Increase	10/11/2022	10/01/2022	12/07/2022
22-0035	PADS	10/19/2022	10/01/2022	11/23/2022

State Plan Amendments (SPA) pending approval:

SPA Number	Subject	Submitted Date	Effective Date
22-0036	Medicare Part B	12/13/2022	11/11/2022

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

b. Benefits: All pre-KanCare benefits continue and the program includes value-added benefits from each of the three KanCare MCOs at no cost to the State. A summary of the top three value-added benefits, as reported by each of the KanCare MCOs from January through December of 2022, follows.

MCO		Value-Added Benefits Calendar Year 2022	Units YTD	Value YTD
Aetna	Top Three VAB	Adult Dental	6,575	$914,257
		Healthy Rewards Gift Card - Birth to Age 12 Exam	20,913	$522,825
		Healthy Rewards Gift Card - Diabetic Eye Exam	25,558	$383,430
		Total of All Aetna VAB	127,041	$3,632,684
Sunflower	Top Three VAB	My Health Pays	96,270	$1,549,380
		Dental Visits for Adults	5,809	$187,440
		Start Smart for Your Baby®	1,729	$48,671
		Total of All Sunflower VAB	110,825	$1,880,039
United	Top Three VAB	Adult Dental Coverage	5,898	$556,230
		Home Helper Catalog	3,541	$167,910
		Reward for Completing Health Risk Assessment	13,099	$130,990
		Total of All United VAB	30,466	$1,182,835

c. Enrollment issues: For the fourth quarter of calendar year 2022, there were three Native Americans who chose to not enroll in KanCare, but they are still eligible for KanCare.

The table below represents the enrollment reason categories for the fourth quarter of calendar year 2022. All KanCare eligible members were defaulted to a managed care plan.

Enrollment Reason Categories	Total
Newborn Assignment	1,688
KDHE - Administrative Change	135
WEB - Change Assignment	263
KanCare Default - Case Continuity	1,040
KanCare Default – Morbidity	1,070
KanCare Default - 90 Day Retro-reattach	1,522
KanCare Default - Previous Assignment	175
KanCare Default - Continuity of Plan	837
Retro Assignment	65
AOE – Choice	316
Choice - Enrollment in KanCare MCO via Medicaid Application	3,374
Change - Enrollment Form	1
Change - Choice	278
Change - Access to Care – Good Cause Reason	5
Assignment Adjustment Due to Eligibility	570
IVR Change Assignment	64
Total	11,403

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	99%	99%	100%
% of Notices of Adverse Expedited Service Authorization Decisions Sent Within Compliance Standards	100%	67%	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	12	4	10	1	5	33
Billing and Financial issues (non-transportation)	3	27	3	9	2	18	62
Customer service	4	8	1	8	6	2	29
Health Home Services	1						1
MCO Determined Not Applicable		1					1
Member rights dignity		1		1			2
Non-Covered Service	1						1
Other				2		2	4
Pharmacy Issues			1	6		4	11
Quality of Care - Pain Medication			1		1		2
Quality of Care (non HCBS provider)	2	9	3	6	8	15	43
Quality of Care HCBS provider			1		1		2
Transportation - Late	3	8	10	11	7	9	48
Transportation - No Driver Available		2	11	6	5	2	26
Transportation - No Show	1	5	17	15	17	25	80
Transportation - Other	4	13	12	15	11	16	71
Transportation - Safety	7	1	1	6	1		16
Transportation Issues - Billing and Reimbursement		4	9	13	17	11	54
TOTAL	27	91	74	108	77	109	486

** 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%	98%

MCOs' Provider Grievance Database

MCO	ABH	SUN	UHC	Total
Benefits/Eligibility	1	1	0	2
Billing/Payment	1	2	0	3
Health Plan - Technology	0	1	0	1
Services	1	0	0	1
Transportation	0	8	0	8
TOTAL	3	12	0	15

** 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	Withdrawn by Member / Provider	MCO Reversed Decision on Appeal – MCO Error	MCO Reversed Decision on Appeal – Member/ Provider Mistake	MCO Upheld Decision on Appeal – Correctly Denied	MCO Upheld Decision on Appeal – Member/ Provider Mistake	MCO Determined not Applicable
MEDICAL NECESSITY/LEVEL OF CARE – Criteria Not Met							
MA - CNM - Behavioral Health Outpatient	9			1	8		
MA - CNM - Dental	8 5 3	1		2	6 2 3		2
MA - CNM - Durable Medical Equipment	31 24 14			19 12 3	11 9 11	1 1	2
MA - CNM - Health Home Services	1				1		
MA - CNM - Home Health	4			2	2		
MA – CNM – Inpatient Admissions (Non-Behavioral Health)	8 9 19	1		2 3 5	5 3 13		1 2 1
MA – CNM - Inpatient Behavioral Health	39			5	26		8
MA – CNM - Laboratory	5 1			1	4 1		
MA – CNM – Medical Procedure (NOS)	42 15 1			16 5	25 6 1	1 1	3
MA – CNM – Mental Health	19			6	13		
MA – CNM – Other	8 4			4 1	2 3	2	
MA – CNM – Out of network provider, specialist or specific provider request	1			1			

Member Appeal Reasons ABH - Red SUN – Green UHC - Purple	Number Resolved	Withdrawn by Member / Provider	MCO Reversed Decision on Appeal – MCO Error	MCO Reversed Decision on Appeal – Member/ Provider Mistake	MCO Upheld Decision on Appeal – Correctly Denied	MCO Upheld Decision on Appeal – Member/ Provider Mistake	MCO Determined not Applicable
MA – CNM – Pharmacy	122 55 103	 9 1		46 25 74	43 12 26	28 3	5 6 2
MA – CNM – PT/OT/ST	13	1		4	5	1	2
MA – CNM – Radiology	26 44			14 24	11 13	1 3	 4
MA – LOC – HCBS (change in attendant hours)	3 1			1	2 1		
MA – LOC – LTC NF	1			1			
MA – LOC – LTSS/HCBS	1 3	 1			1 1		 1
NONCOVERED SERVICES							
MA – NCS - Dental	2				2		
MA – NCS – Pharmacy	3				3		
MA – NCS – Other	4			2	2		
MA – LCK – Lock In	**3**		**1**	**1**	**1**		
TOTAL ABH - Red SUN – Green UHC - Purple	 247 226 181	 12 2	 1	 100 87 93	 110 87 81	 31 11	 6 29 4

** 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	Withdrawn by Member / Provider	MCO Reversed Decision on Appeal – MCO Error	MCO Reversed Decision on Appeal – Member/ Provider Mistake	MCO Upheld Decision on Appeal – Correctly Denied	MCO Upheld Decision on Appeal – Member/ Provider Mistake	MCO Determined not Applicable
Resolved at Appeal Level	247 226 181	 12 2	 1	100 87 93	110 87 81	31 11	6 29 4
TOTAL	247 226 181	 12 2	 1	100 87 93	110 87 81	31 11	6 29 4
Percentage Per Category		 5% 1%	 1%	41% 39% 51%	45% 39% 45%	13% 5%	1% 12% 2%
Range of Days to Reverse Due to MCO Error			22				

MCOs' Member Appeal Timeliness Compliance

MCO	ABH	SUN	UHC
% of Member Appeals Resolved and Appeal Resolution Notice Issued in 30 Calendar Days	100%	100%	98%
% of Expedited Appeals Resolved and Appeal Resolution Notice Issued in 72 hours	100%	96%	92%

MCOs' Reconsideration Database - Providers (reconsiderations resolved)

PROVIDER Reconsideration Reasons ABH - Red SUN – Green UHC - Purple	Number Resolved	Withdrawn by Provider	MCO Reversed Decision on Reconsideration – MCO Error	MCO Reversed Decision on Reconsideration – Provider Mistake	MCO Upheld Decision on Reconsideration – Correctly Denied / Paid	MCO Upheld Decision on Reconsideration – Provider Mistake	MCO Determined not Applicable
CLAIM DENIALS							
PR - CPD - Ambulance (Include Air and Ground)	341 91 1		3 1	56 51	277 27	1	4 13
PR - CPD - Behavioral Health Inpatient	2 17 379		1 48	 9 236	1 7 81	 10	 1 4
PR - CPD - Behavioral Health Outpatient and Physician	68 280 896		14 235	16 142 373	34 110 168	4 40	 28 80
PR - CPD - Dental	29 1		1	6	16 1		6
PR - CPD - Durable Medical Equipment	181 968 1,172		48 4 267	51 480 389	67 423 379	10 69	5 61 68
PR - CPD - HCBS	11 127		9	1 67	 46	1	 14
PR - CPD - Home Health	38 64		7	5 35	6 25		20 4
PR - CPD - Hospice	35 30 103		2 1 53	16 16 9	13 11 37	1 1	3 2 3
PR - CPD - Hospital Inpatient (Non-Behavioral Health)	161 245 651		22 2 343	37 102 101	78 135 140	7 25	17 6 42
PR - CPD - Hospital Outpatient (Non-Behavioral Health)	791 565 321	1	87 9 50	140 284 47	532 229 164	16 26	15 43 34
PR - CPD - Laboratory	135 222 355		1 93	8 69 47	119 125 174	6 17	1 28 24
PR - CPD - Medical (Physical Health not Otherwise Specified)	805 2,155 4,061		137 20 1,448	209 1,270 1,003	365 605 1,065	22 300	72 260 245
PR - CPD - Nursing Facilities - Total	34 58 26		7 10	2 35 11	19 20 5	6	 3
PR - CPD - Other	5 7		2 1	 2	 4		3
PR - CPD - Out of network provider, specialist or specific provider	653		155	93	254	66	85
PR - CPD - Pharmacy	2 51			1 7	1 40		 4
PR - CPD - PT/OT/ST	3 2				3 2		
PR - CPD - Radiology	28		6	5	11	1	5

PROVIDER Reconsideration Reasons ABH - Red SUN – Green UHC - Purple	Number Resolved	Withdrawn by Provider	MCO Reversed Decision on Reconsideration – MCO Error	MCO Reversed Decision on Reconsideration – Provider Mistake	MCO Upheld Decision on Reconsideration – Correctly Denied / Paid	MCO Upheld Decision on Reconsideration – Provider Mistake	MCO Determined not Applicable
PR - CPD - Radiology	303		75	54	131	29	14
PR - CPD - Vision	20 56 5		13 53 5	1	3 3	3	
Total Claim Payment Disputes	2,689 4,930 8,935	1	360 89 2,784	554 2,567 2,365	1,545 1,807 2,604	78 583	151 467 599
TOTAL ABH - Red SUN – Green UHC - Purple	2,689 4,930 8,935	1	360 89 2,784	554 2,567 2,365	1,545 1,807 2,604	78 583	151 467 599

** 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	Withdrawn by Provider	MCO Reversed Decision on Reconsideration – MCO Error	MCO Reversed Decision on Reconsideration – Provider Mistake	MCO Upheld Decision on Reconsideration – Correctly Denied / Paid	MCO Upheld Decision on Reconsideration – Provider Mistake	MCO Determined not Applicable
Resolved at Reconsideration Level	2,689 4,930 8,935	1	360 89 2,784	554 2,567 2,365	1,545 1,807 2,604	78 583	151 467 599
TOTAL	2,689 4,930 8,935	1	360 89 2,784	554 2,567 2,365	1,545 1,807 2,604	78 583	151 467 599
Percentage Per Category		<1%	13% 2% 31%	21% 52% 26%	57% 37% 29%	3% 7%	6% 9% 7%
Range of Days to Reverse Due to MCO Error			14 – 495 13 – 630 0 - 447				

MCOs' Provider Reconsiderations Timeliness Compliance

MCO	ABH	SUN	UHC
% of Provider Reconsideration Resolution Notices Sent Within Compliance Standards	99%	100%	100%

MCOs' Appeals Database - Providers (appeals resolved)

PROVIDER Appeal Reasons ABH - Red SUN – Green UHC - Purple	Number Resolved	Withdrawn by Provider	MCO Reversed Decision on Appeal – MCO Error	MCO Reversed Decision on Appeal – Provider Mistake	MCO Upheld Decision on Appeal – Correctly Denied / Paid	MCO Upheld Decision on Appeal – Provider Mistake	MCO Determined not Applicable
BILLING AND FINANCIAL ISSUES							
PA - BFI - Recoupment	2				2		
CLAIM PAYMENT DISPUTES							
PA - CPD - Ambulance (include Air and Ground)	5 26		 1	2 3	3 13		 9
PA - CPD - Behavioral Health Inpatient	5			1	4		
PA - CPD - Behavioral Health Outpatient and Physician	105 76		 2	37 31	21 37	42	5 6
PA - CPD - Dental	5 37 36	 1 	 7 5	1 7 2	3 14 29	 8 	1
PA - CPD - Durable Medical Equipment	31 65 39			5 4 5	15 35 33	1 3 	10 23 1
PA - CPD - HCBS	2				1		1
PA - CPD - Home Health	1 36 168		 2	 14 17	1 10 130	 2 	 10 19
PA - CPD - Hospice	1 3 1			 1 	1 1 		 1 1
PA - CPD - Hospital Inpatient (Non-Behavioral Health)	58 235 236		1 5	20 31 45	27 72 132	5 15 	5 117 54
PA - CPD - Hospital Outpatient (Non-Behavioral Health)	44 26 189		5 2	5 2 26	18 8 109	7 6 	9 10 52
PA - CPD - Laboratory	32 74 89			2 2 2	24 30 69	6 8 	 34 18
PA - CPD - Medical (Physical Health not Otherwise Specified)	77 169 414	 1	11 5	21 26 81	32 65 224	4 16 	9 62 103
PA - CPD - Nursing Facilities - Total	3 82		2 1	 3	1 60		 18
PA - CPD - Other	21			5	11		5
PA - CPD - Pharmacy	5 129		 1	 89	2 39		3
PA - CPD - PT/OT/ST	12 8			3 2	2 6	1	6
PA - CPD - Radiology	2 33 39			1 12 1	1 9 33	 3 	 9 5
PA - CPD - Vision	3 3		1 		2 3		

PROVIDER Appeal Reasons ABH - Red SUN – Green UHC - Purple	Number Resolved	Withdrawn by Provider	MCO Reversed Decision on Appeal – MCO Error	MCO Reversed Decision on Appeal – Provider Mistake	MCO Upheld Decision on Appeal – Correctly Denied / Paid	MCO Upheld Decision on Appeal – Provider Mistake	MCO Determined not Applicable
Total Claim Payment Disputes	264 803 1560	 1 1	20 7 24	57 139 313	129 272 931	23 104	35 280 291
MEDICAL NECESSITY/LEVEL OF CARE – Criteria Not Met							
PA - CNM - Ambulance (include Air and Ground)							
PA - CNM - Behavioral Health Outpatient Services and Testing	1			1			
PA - CNM - Dental	1				1		
PA - CNM - Durable Medical Equipment	1 17	 1		1 6	 7	 1	 2
PA - CNM - Home Health	1			1			
PA - CNM - Hospice							
PA - CNM - Inpatient Admissions (Non-Behavioral Health)	2 6			2 3	 3		
PA - CNM – Laboratory	14			8	6		
PA - CNM - Medical Procedure (NOS)	1 22			1 9	 7	 5	 1
PA - CNM - Other	20			9	11		
PA - CNM - Pharmacy	102	6		51	36	2	7
PA - CNM - PT/OT/ST	17			4	7	6	
PA - CNM - Radiology	1 52	 1		 32	1 16	 2	 1
NONCOVERED SERVICE							
PA - NCS - Dental	1			1			
TOTAL ABH - Red SUN – Green UHC - Purple	 271 1,055 1,560	 9 1	 20 7 24	 63 262 313	 130 366 931	 23 120	 35 291 291

** 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	Withdrawn by Provider	MCO Reversed Decision on Appeal – MCO Error	MCO Reversed Decision on Appeal – Provider Mistake	MCO Upheld Decision on Appeal – Correctly Denied / Paid	MCO Upheld Decision on Appeal – Provider Mistake	MCO Determined not Applicable
Resolved at Appeal Level	271 1,055 1,560	 9 1	20 7 24	63 262 313	130 366 931	23 120	35 291 291
TOTAL	271 1,055 1,560	 9 1	20 7 24	63 262 313	130 366 931	23 120	35 291 291
Percentage Per Category		 1% <1%	7% 1% 2%	23% 25% 20%	49% 35% 60%	8% 11%	13% 27% 18%
Range of Days to Reverse Due to MCO Error			19 – 155 6 – 48 26 - 487				

MCOs' Provider Appeal Timeliness Compliance

MCO	ABH	SUN	UHC
% of Provider Appeals Resolved in 30 Calendar Days	100%	99%	100%
% of Provider Appeal Resolution Notices Sent Within Compliance Standard	99%	100%	98%

State of Kansas Office of Administrative Fair Hearings - Members

ABH - Red SUN – Green UHC - Purple	Number Resolved	Withdrew	OAH Affirmed MCO Decision	OAH Reversed MCO Decision	Dismiss Moot MCO Reversed	Dismiss Not Ripe/ No MCO Appeal
ADMINISTRATIVE DENIALS						
MH – ADMIN – Denials of Authorization (Unauthorized by Members)	1				1	
MEDICAL NECESSITY/LEVEL OF CARE – Criteria Not Met						
MH – CNM – Durable Medical Equipment	1 1				1 1	
MH – CNM – Inpatient Behavioral Health	2				2	
MH – CNM – Medical Procedure (NOS)	2	1	1			
MH – CNM – Other	1					1
MH – CNM – Pharmacy	1 1		1		1	
MH – LOC – LTSS/HCBS	1 1	1		1		
NONCOVERED SERVICES						
MH – NCS – Durable Medical Equipment	1				1	
MH – NCS – Other	1					1
TOTAL ABH - Red SUN – Green UHC - Purple	 4 5 5	 1 1	 2 	 1 	 5 2	 2

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

State of Kansas Office of Administrative Fair Hearings - Providers

ABH - Red SUN – Green UHC - Purple	Number Resolved	Withdrew	OAH Affirmed MCO Decision	Dismiss Moot MCO Reversed	Dismiss Untimely	Dismiss Not Ripe/ No MCO Appeal
BILING AND FINANCIAL ISSUES						
PH – BFI - Recoupment	2	1		1		
CLAIM PAYMENT DISPUTES						
PH – CPD - Dental	1			1		
PH – CPD – Durable Medical Equipment	1 2			 2		1
PH – CPD – Hospital Inpatient (Non-Behavioral Health)	3 1 6	3 2	 2	 1		 1 1
PH – CPD – Laboratory	2	1		1		
PH – CPD – Medical (Physical Health not Otherwise Specified)	3			1	1	1
PH – CPD – Other	2	1	1			
PH – CPD – Vision	1			1		
MEDICAL NECESSITY/LEVEL OF CARE – Criteria Not Met						
PH – CNM – Inpatient Admissions (Non-Behavioral Health)	3	2	1			
PH – CNM – Other	1					1
TOTAL ABH – Red SHP – Green UHC - Purple	 7 9 12	 3 3 4	 1 3	 1 3 4	 1 	 2 2 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 April-June 2022 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, which is not an acceptable reason to switch plans outside of open enrollment.

When a GCR is denied by KDHE, the member is given their appeal/fair hearing rights. There were no state fair hearings for denied GCRs this quarter. A summary of GCR actions this quarter follows:

Status	Oct	Nov	Dec
Total GCRs filed	13	6	10
Approved	1	0	3
Denied	8	6	4
Withdrawn (resolved, no need to change)	0	0	0
Dismissed (due to inability to contact the member)	4	0	3
Pending	0	0	0

Providers are constantly added to the MCOs' networks, with much of the effort focused upon 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 3/31/2022	# of Unique Providers as of 6/30/2022	# of Unique Providers as of 9/30/2022	# of Unique Providers as of 12/31/2022
Aetna	51,079	53,215	54,137	54,657
Sunflower	39,654	37,286	41,283	43,702
UHC	44,947	45,053	45,651	46,187

h. Payment rates: There were no payment rate changes for the quarter ending 12/31/2022. Gainwell did process some retroactive rate adjustments during the QE 12/31/2022 to implement updated rates for Midyear CY 2022 rate adjustments.

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

j. MLTSS implementation and operation: Kansas placed 60 people on HCBS I/DD waiver services and 199 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):
    - The State continues to work with CMS regarding amendments to the seven HCBS waivers, including amendments to performance measures, unbundling Assistive Services, and provisional plans of care.
    - The State was engaged in regular technical assistance meetings offered through CMS.
    - The State is currently working with CMS to renew the SED and Autism waivers.

m. Legislative activity: KDADS testified to several legislative interim committees during the quarter. The Robert G. (Bob) Bethell Joint Committee on HCBS and KanCare Oversight met on November 2 and 3, 2022. The Committee heard presentations from individuals, providers, and organizations related to KanCare, KDHE, and KDADS. KDADS highlighted progress on HCBS Federal Medical Assistance Percentage (FMAP) Enhancement projects including workforce recruitment and retention bonus program for direct service workers, I/DD waiting list study, sequential intercept model conference, career ladder study, and employment first initiative.

    The 2022 Special Committee on I/DD Waiver Modernization met on October 13 and November 1, 2022. During the October meeting, KDADS presented information about the study that the Kansas University Center on Developmental Disabilities has been contracted to perform regarding individuals on the waiting list to receive services on the I/DD Waiver. The Committee held a roundtable discussion focused on topics of workforce, waiting list, assessment tools, and services. At the November meeting, the Committee made recommendations including a list of eleven services to be provided on a potential new community support waiver.

    KDHE leadership presented their respective updates during the Bob Bethell Joint Committee meeting held on November 2-3, 2022. State Medicaid Director Sarah Fertig opened the meeting with KanCare Updates. The update included the Health Care Access Improvement Program (HCAIP), postpartum extension, Support and Training to Employ People Successfully (STEPS) Program, Working Healthy Program, the Public Health Emergency, corrected MCO financial information, public information sessions on the KanCare 1115 Waiver, 1915(b) Waiver and State Plan Managed Care Authority. Director Fertig introduced LaTonya Palmer, Director of Eligibility, who provided an eligibility update, which included information on the KanCare Clearinghouse, Medicaid eligibility applications, transition of Medicaid application eligibility processing, KDHE staffing, preparation for the eventual end of the PHE and the new eligibility proposed rule.

n. Other Operational Issues: KDHE Clearinghouse continues to recruit to fill vacant positions. KDHE is piloting a small program to employ qualified staff from any location within the state to work 100% remotely. KDHE will monitor this pilot program for success in reducing vacancies. The Clearinghouse is operating at about 91% of capacity, an improvement of approximately 14%, compared to April 2022

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 December 31, 2022.

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					
	Oct-22	Nov-22	Dec-22	ADJ FOR SUD IMD	ADJ FOR Caretaker Medial	TOTAL QE 12 31 2022
DY1 CY2013	**0**	**0**	**0**	**0**	**0**	**0**
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					
	Oct-22	Nov-22	Dec-22	ADJ FOR SUD IMD	ADJ FOR Caretaker Medial	TOTAL QE 12 31 2022
DY2 CY2014	**0**	**0**	**0**	**0**	**0**	**0**
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
DY3 CY2015	**0**	**0**	**0**	**0**	**0**	**0**
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
DY4 CY2016	**0**	**0**	**0**	**0**	**0**	**0**
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
DY5 CY2017	**0**	**0**	**0**	**0**	**0**	**0**
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

DY MEG	Member Months					
	Oct-22	Nov-22	Dec-22	ADJ FOR SUD IMD	ADJ FOR Caretaker Medial	TOTAL QE 12 31 2022
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
DY6 CY2018	**0**	**0**	**0**	**0**	**0**	**0**
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
DY7 CY2019	**0**	**0**	**0**	**0**	**0**	**0**
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
DY8 CY2020	**45**	**34**	**(1)**	**0**	**0**	**78**
MEG 1 - ABD/SD DUAL	18	8	0	0	0	26
MEG 2 - ABD/SD NON DUAL	(5)	(1)	0	0	0	(6)
MEG 3 - ADULTS	5	2	0	0	0	7
MEG 4 - CHILDREN	20	7	0	0	0	27
MEG 5 - DD WAIVER	0	(1)	0	0	0	(1)
MEG 6 - LTC	2	0	0	0	0	2
MEG 7 - MN DUAL	(1)	14	(1)	0	0	12
MEG 8 - MN NON DUAL	4	6	0	0	0	10
MEG 9 - WAIVER	2	(1)	0	0	0	1
DY9 CY2021	**184**	**540**	**77**	**0**	**0**	**801**
MEG 1 - ABD/SD DUAL	129	95	72	0	0	296
MEG 2 - ABD/SD NON DUAL	(103)	(58)	35	0	0	(126)
MEG 3 - ADULTS	(5)	39	(10)	0	0	24

DY MEG	Member Months					
	Oct-22	Nov-22	Dec-22	ADJ FOR SUD IMD	ADJ FOR Caretaker Medial	TOTAL QE 12 31 2022
MEG 4 - CHILDREN	184	264	(119)	0	0	329
MEG 5 - DD WAIVER	1	(6)	0	0	0	(5)
MEG 6 - LTC	(1)	36	41	0	0	76
MEG 7 - MN DUAL	(4)	187	158	0	0	341
MEG 8 - MN NON DUAL	(15)	1	(75)	0	0	(89)
MEG 9 - WAIVER	(2)	(18)	(25)	0	0	(45)
DY10 CY2022	**431,853**	**428,821**	**426,937**	**(299)**	**(162,566)**	**1,124,746**
MEG 1 - ABD/SD DUAL	15,489	15,211	15,304	(22)	0	45,982
MEG 2 - ABD/SD NON DUAL	31,822	31,364	30,938	(55)	0	94,069
MEG 3 - ADULTS	73,881	73,434	74,048	(157)	(162,566)	58,640
MEG 4 - CHILDREN	268,344	267,230	269,457	(46)	0	804,985
MEG 5 - DD WAIVER	8,946	8,976	9,010	(1)	0	26,931
MEG 6 - LTC	21,786	21,358	17,059	(4)	0	60,199
MEG 7 - MN DUAL	5,205	5,250	5,386	(8)	0	15,833
MEG 8 - MN NON DUAL	2,083	1,630	1,269	(2)	0	4,980
MEG 9 - WAIVER	4,297	4,368	4,466	(4)	0	13,127
Grand Total	**432,082**	**429,395**	**427,013**	**(299)**	**(162,566)**	**1,125,625**

Note: Does not include CHIP or MCHIP.

VIII. Consumer Issues

A summary of the consumer issues is below:

Issue	Resolution	Action Taken to Prevent Further Occurrences
Members are 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.
Members were having issues with claims denial due to Third Party Liability showing active when inactive.	Upon review, there was a systematic change required. The State worked with KMAP and followed through completion of the project to resolve this concern.	The State worked with KMAP to resolve this concern to prevent future occurrences.

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. The MCOs were asked to provide HCBS consumer satisfaction data on a quarterly basis, starting with the third quarter of 2021. 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 last quarter of 2022:

Assessment	Oct	Nov	Dec	Total	% Total
How satisfied are you with the Health Plan?					
Satisfied	556	515	520	1,591	61.86%
Very Satisfied	308	340	290	938	36.47%
Dissatisfied	14	2	5	21	0.82%
Very Dissatisfied	10	4	8	22	0.86%
Total	888	861	823	2,572	
How satisfied are you with wait times for services in the home?					
Satisfied	94	58	61	213	28.20%
Very Satisfied	36	39	28	103	28.14%
Dissatisfied	12	13	11	36	9.84%
Very Dissatisfied	8	1	5	14	3.83%
Total	150	111	105	366	
How satisfied are you with your Adult Day Center Provider?					
Satisfied	194	181	167	542	61.87%
Very Satisfied	110	107	99	316	36.07%
Dissatisfied	5	1	8	14	1.60%
Very Dissatisfied	1	1	2	4	0.46%
Total	310	291	275	876	Total
How satisfied are you with your Assisted Living Facility Provider?					
Satisfied	56	59	55	170	61.37%
Very Satisfied	31	38	30	99	35.74%
Dissatisfied	3	2	3	8	2.89%
Very Dissatisfied	0	0	0	0	0.00%
Total	90	99	88	277	
How satisfied are you with your Care Coordinator?					
Satisfied	423	393	376	1,192	57.01%
Very Satisfied	312	309	258	879	42.04%
Dissatisfied	4	2	5	11	0.53%
Very Dissatisfied	6	0	3	9	0.43%
Total	745	704	642	2,091	
How satisfied are you with your Fiscal Management Agency?					
Satisfied	140	112	117	369	53.63%

Assessment	Oct	Nov	Dec	Total	% Total
Very Satisfied	108	110	94	312	45.35%
Dissatisfied	0	5	0	5	0.73%
Very Dissatisfied	2	0	0	2	0.29%
Total	250	227	211	688	
How satisfied are you with your Institutional Provider?					
Satisfied	86	61	61	208	63.61%
Very Satisfied	39	27	33	99	30.28%
Dissatisfied	2	5	8	15	4.59%
Very Dissatisfied	1	1	3	5	1.53%
Total	128	94	105	327	
How satisfied are you with your Personal Care Attendant/Worker Provider?					
Satisfied	196	177	172	545	50.56%
Very Satisfied	178	166	156	500	46.38%
Dissatisfied	7	14	6	27	2.50%
Very Dissatisfied	0	3	3	6	0.56%
Total	381	360	337	1,078	
How satisfied are you with your Transportation Provider?					
Satisfied	35	27	30	92	56.79%
Very Satisfied	19	11	9	39	24.07%
Dissatisfied	4	5	4	13	8.02%
Very Dissatisfied	5	5	8	18	11.11%
Total	63	48	51	162	
How satisfied are you with the availability of home providers?					
Satisfied	118	103	83	304	56.72%
Very Satisfied	49	51	40	140	26.12%
Dissatisfied	25	24	17	66	12.31%
Very Dissatisfied	11	5	10	26	4.85%
Total	203	183	150	536	
How satisfied are you with wait times for services in the home?					
Satisfied	94	58	61	213	28.20%
Very Satisfied	36	39	28	103	28.14%
Dissatisfied	12	13	11	36	9.84%
Very Dissatisfied	8	1	5	14	3.83%
Total	150	111	105	366	
Do you have a paid or volunteer job in the community?					
Yes	135	135	139	409	12.67%
No	940	922	958	2,820	87.33%
Total	1,075	1,057	1,097	3,229	
Do you feel safe in your home/where you live?					
Yes	1,070	1,061	1,067	3,198	98.89%
No	11	7	18	36	1.11%
Total	1,081	1,068	1,085	3,234	
Are you able to make decisions about your daily routine?					

Assessment	Oct	Nov	Dec	Total	% Total
Yes	1,056	1,027	1,054	3,137	96.70%
No	34	38	35	107	3.30%
Total	1,090	1,065	1,089	3,244	
Are you able to do things you enjoy outside of your home and with whom you want to?					
Yes	1,015	993	996	30,04	92.89%
No	75	69	87	231	7.14%
Total	1,090	1,062	1,083	3,235	
Can you see or talk to your friends and family (who do not live with you) When you want to?					
Yes	1,053	1,033	1,044	3,130	97.51%
No	25	27	28	80	2.49%
Total	1,078	1,060	1,072	3,210	
In general, do you like where you are living right now?					
Yes	1,058	1,036	1,045	3,139	97.51%
No	24	22	34	80	2.49%
Total	1,082	1,058	1,079	3,219	

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. Measures developed in 2022 include standardized templates to measure data more efficiently and reports that compare MCO data with contract requirements.
- Implemented the KanCare Report Administration (KRA) website that reports key performance components for the KanCare program through interagency and MCO collaboration. The use of the KRA automates report management and State partner communication. Documentation related to these processes has been established via updated tip sheets and a new standard operating procedure. KMMS Stage Two went live in 2022 to further automate reporting and reduce redundancy. Selected reports from the KRA are moved to the KMMS data warehouse as feasible.
- Monitored the External Quality Review Organization (EQRO) work plan. 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 the Kansas Foundation for Medical Care (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 EQRO, MCOs, KDADS, and KDHE to discuss EQRO activities and concerns.
- Began the 2022 Annual Contract Review, in collaboration with KDADS and additional audits, for completion on or before February 2023. The Annual Contract Review is also coordinated with the State EQRO's audit activities. The EQRO has submitted preliminary findings to the State for all three MCOs and is proceeding to send each MCO their Final Report incrementally.
- 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 that is shared with MCOs and KDADS for weekly review. There are plans for automation enhancements in 2023 for ease of use and to prepare for the end of support of 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 was required to be in long term care and there must be a PIP related to Early and Periodic Screening, Diagnostic, and Treatment. All PIPs have approved methodologies and have moved to the technical specification and data reporting phase. PIP activities focused on developing strong technical specifications that will be reported to the State and the EQRO via our data reporting system on a quarterly or monthly basis. This process went smoothly with KFMC and the State developing and providing a template as well as examples to act as a guide. Once technical specifications are approved, the MCOs begin reporting data on the PIP's interventions. The State reviews the data to assess the success or need for adjustments in the interventions. PIP meetings occur twice per quarter (or as needed) where the State, EQRO, and MCO can 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[2]. The file is in PDF for ease of access under 'Performance Improvement Projects'. KDHE has an internal system of tracking Performance Improvement Projects.
- KDHE and KDADS held the second biannual Quality Steering Committee meeting, in August 2022, to review progress on the objectives and goals in the QMS. Progress is being made in the number of Z-codes being submitted. The number of members enrolled into OneCare Kansas has more than tripled since 2020. Many other objectives remain stagnant or show slight decreases. It should be noted that the HEDIS objectives were not discussed at the August meeting due to the timing of the HEDIS data being released. HEDIS data will be reviewed at the next Quality Steering Committee.
- 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.

[2] https://www.kancare.ks.gov/quality-measurement

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

X. Managed Care Reporting Requirements

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

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. Based on these conversations, the State completed another round of meetings with all three MCOs to collaborate and resolve issues concerning provider network reporting processes. The State team has been working on improvements to 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[3]

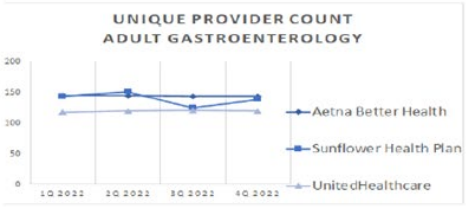
[3] https://www.kancare.ks.gov/policies-and-reports/network-adequacy

KanCare Managed Care Organization
Network Access As of January 1, 2023

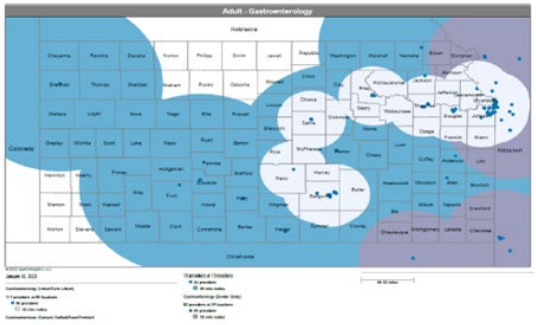
Gastroenterology

Quarterly Unique Provider Count

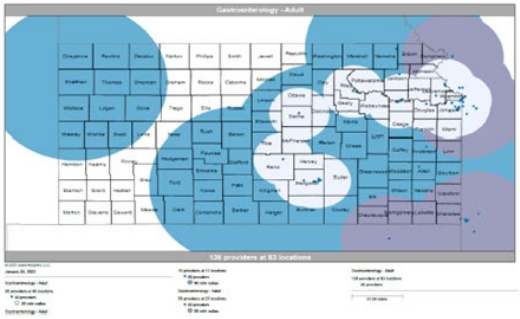
	1Q 2022	2Q 2022	3Q 2022	4Q 2022
Aetna Better Health	145	145	144	144
Sunflower Health Plan	144	151	125	139
UnitedHealthcare	118	120	121	120



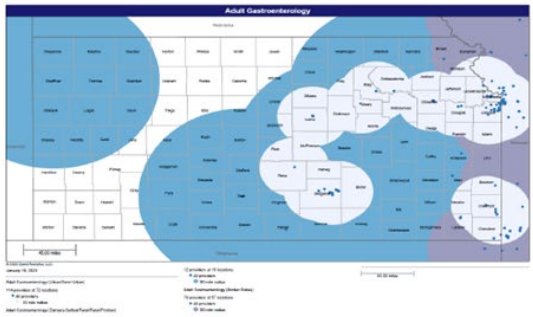
Aetna Better Health



Sunflower Health Plan



UnitedHealthcare

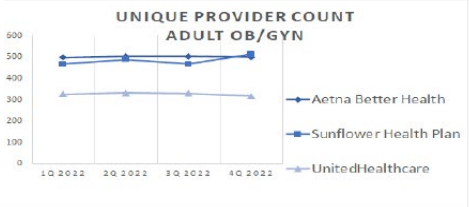


KanCare Managed Care Organization
Network Access As of January 1, 2023

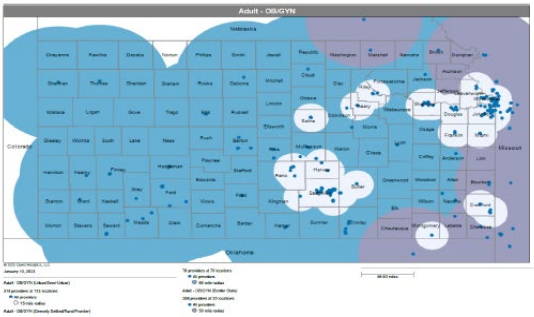
Obstetrics/Gynecology (OB/GYN)

Quarterly Unique Provider Count

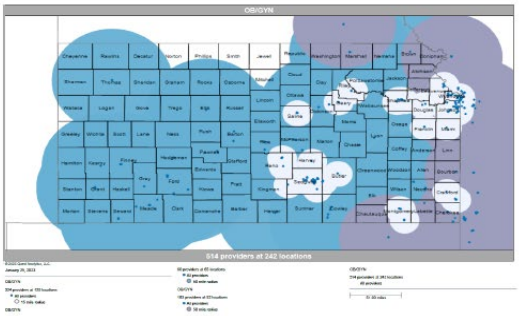
	1Q 2022	2Q 2022	3Q 2022	4Q 2022
Aetna Better Health	499	503	503	500
Sunflower Health Plan	467	489	466	514
UnitedHealthcare	326	332	329	317



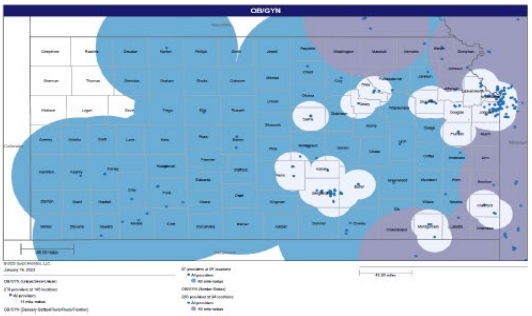
Aetna Better Health



Sunflower Health Plan



UnitedHealthcare

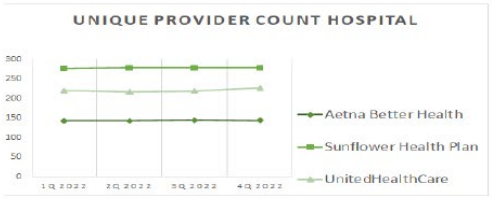


KanCare Managed Care Organization
Network Access As of January 1, 2023

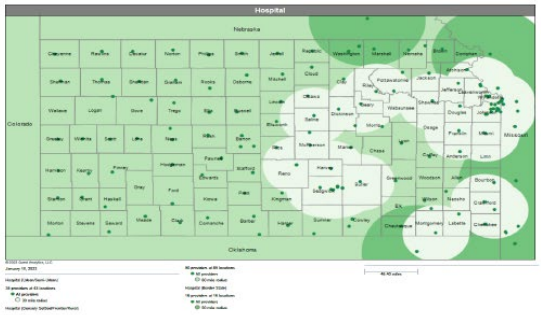
Hospitals

Quarterly Unique Provider Count

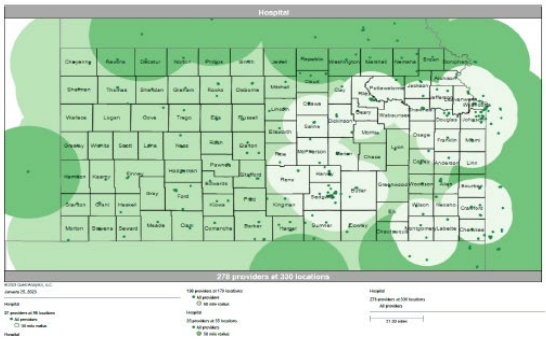
	1Q 2022	2Q 2022	3Q 2022	4Q 2022
Aetna Better Health	143	143	145	144
Sunflower Health Plan	276	278	278	278
UnitedHealthCare	220	218	219	227



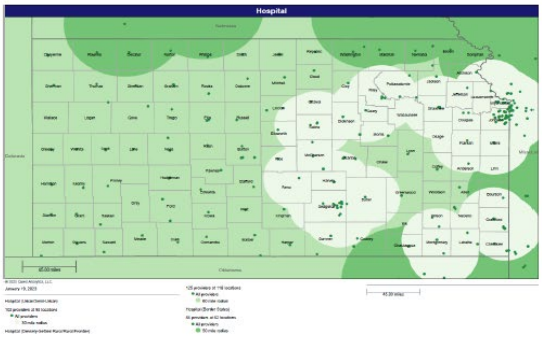
Aetna Better Health



Sunflower Health Plan



UnitedHealthcare

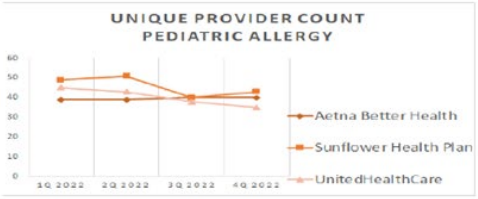


KanCare Managed Care Organization
Network Access As of January 1, 2023

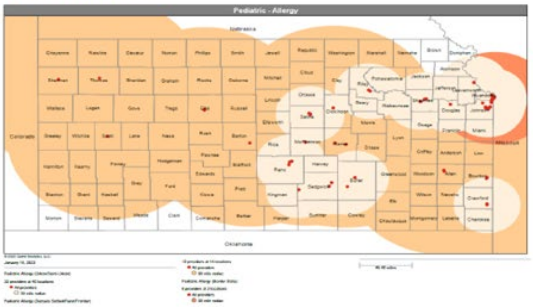
Allergy

Quarterly Unique Provider Count

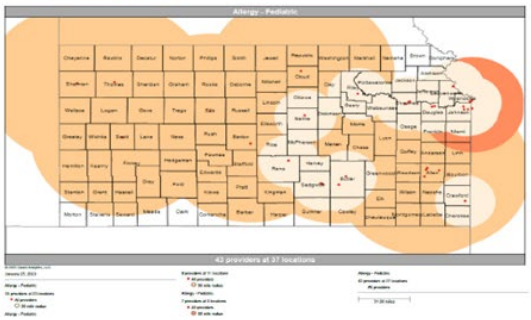
	1Q 2022	2Q 2022	3Q 2022	4Q 2022
Aetna Better Health	39	39	40	40
Sunflower Health Plan	49	51	40	43
UnitedHealthCare	45	43	38	35



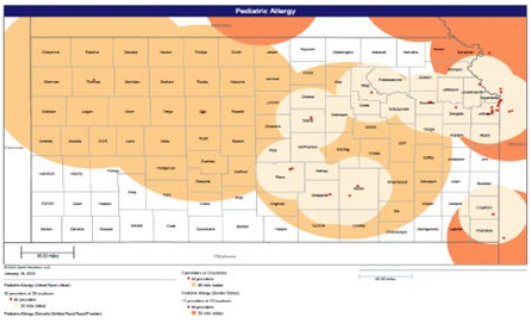
Aetna Better Health



Sunflower Health Plan



UnitedHealthcare



The KDHE and KDADS GeoAccess standards are posted on the KanCare website[4]. 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, October – December 2022:

KanCare Customer Service Report – Member

MCO/Fiscal Agent	Average Speed of Answer (Seconds)	Call Abandonment Rate	Total Calls
Aetna	17.29	4.64%	48,394
Sunflower	14.42	1.44%	33,768
United	16.0	.97%	35,223
Gainwell– Fiscal Agent	1	.03%	3,957

KanCare Customer Service Report - Provider

MCO/Fiscal Agent	Average Speed of Answer (Seconds)	Call Abandonment Rate	Total Calls
Aetna	5.21	.30%	19,362
Sunflower	24.0	1.47%	27,620
United	2.8	.13%	18,846
Gainwell– Fiscal Agent	1	.0%	6,358

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 30 member grievances categorized as Billing and Financial Issues (non-transportation) which is a significant increase of 18 from 12 reported third quarter.
- There were 11 member grievances categorized as Quality of Care (non HCBS Provider) which is a significant decrease of 13 from 24 reported third quarter.

Aetna Grievance Trends		
Total # of Resolved Grievances	118	
Top 5 Trends		
Trend 1: Billing and Financial Issues (non-transportation)	30	25%
Trend 2: Transportation – Other	17	14%
Trend 3: Access to Service or Care	13	11%
Trend 4: Customer Service	12	10%
Trend 5: Quality of Care (non HCBS Provider) and Transportation – Late	11	9%

[4] https://www.kancare.ks.gov/policies-and-reports/network-adequacy

Sunflower Member Grievances:

- There were 32 member grievances categorized as Transportation – No Show which is a significant decrease of 15 from 47 reported third quarter.
- There were 22 member grievances categorized as Transportation Issues – Billing and Reimbursement which is a significant decrease of 13 from 35 reported third quarter.
- There were 17 member grievances categorized as Transportation – No Driver Available which is a significant decrease of 15 from 32 reported third quarter.

Sunflower Grievance Trends		
Total # of Resolved Grievances	182	
Top 5 Trends		
Trend 1: Transportation – No Show	32	18%
Trend 2: Transportation – Other	27	15%
Trend 3: Transportation Issues – Billing and Reimbursement	22	12%
Trend 4: Transportation – Late	21	12%
Trend 5: Transportation – No Driver Available	17	9%

United Member Grievances:

- There were 28 member grievances categorized as Transportation Issues – Billing and Reimbursement which is a significant increase of 11 from 17 reported third quarter.
- There were 20 member grievances categorized as Billing and Financial Issues (non-transportation) which is a significant decrease of 17 from 37 reported third quarter.

United Grievance Trends		
Total # of Resolved Grievances	186	
Top 5 Trends		
Trend 1: Transportation – No Show	42	23%
Trend 2: Transportation Issues – Billing and Reimbursement	28	15%
Trend 3: Transportation – Other	27	15%
Trend 4: Quality of Care (non HCBS Provider)	23	12%
Trend 5: Billing and Financial Issues (non-transportation)	20	11%

MCOs' Grievance Trends Provider

Aetna Grievance Trends		
Total # of Resolved Grievances	3	
Top 5 Trends		
Trend 1: Benefits/Eligibility	1	33%
Trend 2: Billing/Payment	1	33%
Trend 3: Services	1	33%

Sunflower Grievance Trends		
Total # of Resolved Grievances	12	
Top 5 Trends		
Trend 1: Transportation	8	67%
Trend 2: Billing/Payment	2	17%

United Provider Grievances:

- None reported fourth quarter.

United Grievance Trends	
Total # of Resolved Grievances	0

MCOs' Reconsideration Trends Provider

Aetna Provider Reconsiderations

- There were 805 provider reconsiderations categorized as PR – CPD – Medical (Physical Health not Otherwise Specified) which is a significant decrease of 112 from 917 reported third quarter.
- There were 791 provider reconsiderations categorized as PR – CPD – Hospital Outpatient (Non-Behavioral Health) which is a significant increase of 438 from 353 reported third quarter.
- There were 341 provider reconsiderations categorized as PR – CPD – Ambulance (Include Air and Ground) which is a significant increase of 125 from 216 reported third quarter.
- There were 181 provider reconsiderations categorized as PR – CPD – Durable Medical Equipment which is a significant decrease of 146 from 327 reported third quarter.
- There were 161 provider reconsiderations categorized as PR – CPD – Hospital Inpatient (Non-Behavioral Health) which is a significant decrease of 48 from 209 reported third quarter.

Aetna Provider Reconsideration Trends		
Total # of Resolved Reconsiderations	2,689	
Top 5 Trends		
Trend 1: PR – CPD – Medical (Physical Health not Otherwise Specified)	805	30%
Trend 2: PR – CPD – Hospital Outpatient (Non-Behavioral Health)	791	29%
Trend 3: PR – CPD – Ambulance (Include Air and Ground)	341	13%
Trend 4: PR – CPD – Durable Medical Equipment	181	7%
Trend 5: PR – CPD – Hospital Inpatient (Non-Behavioral Health)	161	6%

Sunflower Provider Reconsiderations

- There were 2,155 provider reconsiderations categorized as PR – CPD – Medical (Physical Health not Otherwise Specified) which is a significant decrease of 382 from 2,537 reported third quarter.
- There were 968 provider reconsiderations categorized as PR – CPD – Durable Medical Equipment which is a significant decrease of 537 from 1,505 reported third quarter.
- There were 565 provider reconsiderations categorized as PR – CPD – Hospital Outpatient (Non-Behavioral Health) which is a significant decrease of 197 from 762 reported third quarter.
- There were 280 provider reconsiderations categorized as PR – CPD – Behavioral Health Outpatient and Physician which is a significant decrease of 329 from 609 reported third quarter.

Sunflower Provider Reconsideration Trends		
Total # of Resolved Reconsiderations	4,930	
Top 5 Trends		
Trend 1: PR – CPD – Medical (Physical not Otherwise Specified)	2,155	44%
Trend 2: PR – CPD – Durable Medical Equipment	968	20%
Trend 3: PR – CPD – Hospital Outpatient (Non-Behavioral Health)	565	11%
Trend 4: PR – CPD – Behavioral Health Outpatient and Physician	280	6%
Trend 5: PR – CPD – Hospital Inpatient (Non-Behavioral Health)	245	5%

United Provider Reconsiderations

- There were 651 provider reconsiderations categorized as PR – CPD – Hospital Inpatient (Non-Behavioral Health) which is a significant increase of 210 from 441 reported third quarter.

United Provider Reconsideration Trends		
Total # of Resolved Reconsiderations	8,935	
Top 5 Trends		
Trend 1: PR – CPD – Medical (Physical Health not Otherwise Specified)	4,061	45%
Trend 2: PR – CPD – Durable Medical Equipment	1,172	13%
Trend 3: PR – CPD – Behavioral Health Outpatient and Physician	896	10%
Trend 4: PR – CPD – Out of network provider, specialist or specific provider	653	7%
Trend 5: PR – CPD – Hospital Inpatient (Non-Behavioral Health)	651	7%

MCOs' Appeals Trends Member/Provider

Aetna Member Appeals:

- There were 42 member appeals categorized as MA – CNM – Medical Procedure (NOS) which is a significant increase of 12 from 30 reported third quarter.
- There were 31 member appeals categorized as MA – CNM – Durable Medical Equipment which is a significant increase of 15 from 16 reported third quarter.

Aetna Provider Appeals:

- There were 58 provider appeals categorized as PA – CPD – Hospital Inpatient (Non-Behavioral Health) which is a significant decrease of 33 from 91 reported third quarter.
- There were 32 provider appeals categorized as PA – CPD – Laboratory which is a significant decrease of 75 from 107 reported third quarter.
- There were 31 provider appeals categorized as PA – CPD – Durable Medical Equipment which is a significant decrease of 42 from 73 reported third quarter.

Aetna Member/Provider Appeal Trends					
Total # of Resolved Member Appeals	247		Total # of Resolved Provider Appeals	271	
Top 5 Trends			Top 5 Trends		
Trend 1: MA – CNM – Pharmacy	122	49%	Trend 1: PA – CPD – Medical (Physical Health not Otherwise Specified)	77	28%
Trend 2: MA – CNM – Medical Procedure (NOS)	42	17%	Trend 2: PA – CPD – Hospital Inpatient (Non-Behavioral Health)	58	21%
Trend 3: MA – CNM – Durable Medical Equipment	31	13%	Trend 3: PA – CPD – Hospital Outpatient (Non-Behavioral Health)	44	16%
Trend 4: MA – CNM – Radiology	26	11%	Trend 4: PA – CPD – Laboratory	32	12%
Trend 5: MA – CNM – Behavioral Health Outpatient	9	4%	Trend 5: PA – CPD – Durable Medical Equipment	31	11%

Sunflower Member Appeals:

- There were 55 member appeals categorized as MA – CNM – Pharmacy which is a significant increase of 19 from 36 reported third quarter.
- There were 44 member appeals categorized as MA – CNM – Radiology which is a significant increase of 12 from 32 reported third quarter.
- There were 39 member appeals categorized as MA – CNM – Inpatient Behavioral Health which is a significant increase of 15 from 24 reported third quarter.

Sunflower Provider Appeals:

- There were 235 provider appeals categorized as PA – CPD – Hospital Inpatient (Non-Behavioral Health) which is a significant increase of 77 from 158 reported third quarter.
- There were 105 provider appeals categorized as PA – CPD – Behavioral Health Outpatient and Physician which is a significant decrease of 93 from 198 reported third quarter.

Sunflower Member/Provider Appeal Trends					
Total # of Resolved Member Appeals	226		Total # of Resolved Provider Appeals	1,055	
Top 5 Trends			Top 5 Trends		
Trend 1: MA – CNM – Pharmacy	55	24%	Trend 1: PA – CPD – Hospital Inpatient (Non-Behavioral Health)	235	22%
Trend 2: MA – CNM – Radiology	44	19%	Trend 2: PA – CPD – Medical (Physical Health not Otherwise Specified)	169	16%
Trend 3: MA – CNM – Inpatient Behavioral Health	39	17%	Trend 3: PA – CPD – Behavioral Health Outpatient and Physician	105	10%
Trend 4: MA – CNM – Durable Medical Equipment	24	11%	Trend 4: PA – CNM – Pharmacy	102	10%
Trend 5: MA – CNM – Medical Procedure (NOS)	15	7%	Trend 5: PA – CPD – Laboratory	74	7%

United Member Appeals:

- There were 19 member appeals categorized as MA – CNM – Inpatient Admissions (Non-Behavioral Health) which is a significant decrease of 14 from 33 reported third quarter.
- There were 19 member appeals categorized as MA – CNM – Mental Health which is a significant increase of 18 from one reported third quarter.
- There were four member appeals categorized as MA – CNM – Other which is a significant decrease of 10 from 14 reported third quarter.

United Provider Appeals:

- There were 414 provider appeals categorized as PA – CPD – Medical (Physical Health not Otherwise Specified) which is a significant increase of 167 from 247 reported third quarter.
- There were 236 provider appeals categorized as PA – CPD – Hospital Inpatient (Non-Behavioral Health) which is a significant decrease of 52 from 288 reported third quarter.
- There were 189 provider appeals categorized as PA – CPD – Hospital Outpatient (Non-Behavioral Health) which is a significant increase of 70 from 119 reported third quarter.
- There were 168 provider appeals categorized as PA – CPD – Home Health which is a significant increase of 33 from 135 reported third quarter.

United Member/Provider Appeal Trends					
Total # of Resolved Member Appeals	181		Total # of Resolved Provider Appeals	1,560	
Top 5 Trends			Top 5 Trends		
Trend 1: MA – CNM – Pharmacy	103	57%	Trend 1: PA – CPD – Medical (Physical Health not Otherwise Specified)	414	27%
Trend 2: MA – CNM – Inpatient Admissions (Non-Behavioral Health)	19	10%	Trend 2: PA – CPD – Hospital Inpatient (Non-Behavioral Health)	236	15%
Trend 3: MA – CNM – Mental Health	19	10%	Trend 3: PA – CPD – Hospital Outpatient (Non-Behavioral)	189	12%
Trend 4: MA – CNM – Durable Medical Equipment	14	8%	Trend 4: PA – CPD – Home Health	168	11%
Trend 5: MA – CNM – Other and MA – NCS – Other	4	2%	Trend 5: PA – CPD – Pharmacy	129	8%

MCOs' State Fair Hearing Reversed Decisions - Member/Provider

- There were 14 member state fair hearings for all three MCOs. One decision was reversed by the Office of Administrative Hearings (OAH).
- There were 28 provider state fair hearings for all three MCOs. No decision was reversed by OAH.

Aetna					
Total # of Member SFH	4		Total # of Provider SFH	7	
OAH reversed MCO decision	1	25%	OAH reversed MCO decision	0	0%

Sunflower					
Total # of Member SFH	5		Total # of Provider SFH	9	
OAH reversed MCO decision	0	0%	OAH reversed MCO decision	0	0%

United					
Total # of Member SFH	5		Total # of Provider SFH	12	
OAH reversed MCO decision	0	0%	OAH reversed MCO decision	0	0%

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

e. Summary of ombudsman activities: The report for the fourth quarter of calendar year 2022 is attached.

f. Summary of MCO critical incident report:
The Adverse Incident Reporting (AIR) system is a critical incident management reporting and monitoring system for the detection, prevention, reporting, investigation and remediation of critical incidents with design components to ensure proper follow-up and resolution occurs for all defined adverse incidents. Additional requirements have been implemented to confirm review and resolutions regarding instances of seclusion, restraint, restrictive intervention, and death followed appropriate policies and procedures. The Kansas Department for Aging and Disability Services (KDADS) implemented enhancements to the AIR system on 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 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. 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 2021 AIR reports through the quarter ending December 31, 2022 follows:

Critical Incidents	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter	YTD
	AIR Totals	AIR Totals	AIR Totals	AIR Totals	TOTALS
Reviewed	2,980	2,877	2,825	2,631	11,313
Pending Resolution	12	17	13	7	49
Total Received	2,992	2,894	2,838	2,638	11,362
APS Substantiations*	192	180	145	174	691

**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.*

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 10 fourth quarter payments are being held while the State and CMS discuss the long-term consequences to the rural hospitals if the State recalculates the DY 9 (Uncompensated Care Costs (UCC Pool payments and recoups funds from the DY10 UCC Pool payments. The DY 10 fourth quarter LPTH/BCCH Uncompensated Care (UC) Pool payment was issued December 1, 2022.

SNCP and HCAIP reports for the fourth quarter of DY 10 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
A summary of the December 14, 2022, annual forum is attached to this report.

b. Claims Adjudication Statistics
KDHE's summary of the KanCare MCOs' claims adjudication reports covering January through December of 2022 is attached.

c. Waiting List Management
PD Waiting List Management
For the quarter ending December 31, 2022:

- Current number of individuals on the PD Waiting List: 2,542
- Number of individuals added to the waiting list: 392
- Number of individuals removed from the waiting list: 590
    - 201 started receiving HCBS-PD waiver services
    - 59 were deceased
    - 330 were removed for other reasons (refused services, voluntary removal, etc.)

I/DD Waiting List Management

For the quarter ending December 31, 2022:

- Current number of individuals on the I/DD Waiting List: 4,813
- Number of individuals added to the waiting list: 181
- Number of individuals removed from the waiting list: 296
    - 55 started receiving HCBS-I/DD waiver services
    - 8 were deceased
    - 233 were removed for other reasons (refused services, voluntary removal, etc.)

XIV. Enclosures/Attachments

Section of Report Where Attachment Noted	Description of Attachment
IV(e)	HCBS Quality Report for April-June 2022
X(e)	Summary of KanCare Ombudsman Activities for QE 12.31.2022
XI	Safety Net Care Pool Reports DY10 Q4 and HCAIP Reports DY10 Q4
XIII(b)	KDHE Summary of Claims Adjudication Statistics for January-December 2022

XV. State Contacts

Janet K. Stanek, Secretary
Sarah Fertig, Medicaid Director
Kansas Department of Health and Environment
Division of Health Care Finance
Landon State Office Building – 9th Floor
900 SW Jackson Street
Topeka, Kansas 66612
(785) 296-3563 (phone)
(785) 296-4813 (fax)
Janet.K.Stanek@ks.gov
Sarah.Fertig@ks.gov

VI. Date Submitted to CMS

March 31, 2023

2022 Annual Report

I. Introduction

Pursuant to the KanCare Special Terms and Conditions issued by the Centers for Medicare and Medicaid Services, Number 11-W-00283/7, the State of Kansas, Department of Health and Environment, Division of Health Care Finance, submits this tenth annual report related to Demonstration Year (DY) 2022. 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 Section 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 the 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 the 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 Medicaid Section 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 to support certain hospitals that incur uncompensated care costs for Medicaid beneficiaries and the uninsured, and to provide incentives to hospitals for programs that result in delivery system reforms that enhance access to health care and improve the quality of care.

This five-year demonstration will:

- Maintain Medicaid state plan eligibility;
- Maintain Medicaid state plan benefits;
- Continue to allow the State to require eligible individuals to enroll in managed care organizations (MCOs) to receive covered benefits through such MCOs, including individuals on HCBS waivers, except:
    - American Indian/Alaska Natives are presumptively enrolled in KanCare but will have the option of affirmatively opting-out of managed care.

- Provide benefits, including long-term services and supports (LTSS) and HCBS, via managed care;
- Extend the Delivery System Reform Incentive Payment program; and
- Design and implement an alternative payment model (APM) program to replace the DSRIP program
- Maintain the SNCP to support hospitals that provide uncompensated care to Medicaid beneficiaries and the uninsured.
- Increase beneficiary access to substance use disorder (SUD) treatment services.
- Provide work opportunities and supports for individuals with specific behavioral health conditions and other disabilities.

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

- Continue to provide integration and coordination of care across the whole spectrum of health to include physical health, behavioral health, and LTSS/HCBS;
- Further improve the quality of care Kansas Medicaid beneficiaries receive through integrated care coordination and financial incentives paid for performance (quality and outcomes);
- Maintain Medicaid cost control by emphasizing health, wellness, prevention and early detection as well as integration and coordination of care;
- Continue to establish long-lasting reforms that sustain the improvements in quality of health and wellness for Kansas Medicaid beneficiaries and provide a model for other states for Medicaid payment and delivery system reforms as well;
- Help Kansas Medicaid beneficiaries achieve healthier, more independent lives by coordinating services to strengthen social determinants of health and independence and person-centered planning;
- Promote higher levels of member independence through employment programs;
- Drive performance and improve quality of care for Kansas Medicaid beneficiaries by integrating value-based models, purchasing strategies and quality improvement programs; and
- Improve effectiveness and efficiency of the state Medicaid program with increased alignment of MCO operations, data analytic capabilities and expanded beneficiary access to SUD services.

II. STC 64(a) – Operational Updates

Items from the 2022 quarterly reports that are not included in other areas of this annual report, have not already been provided in cumulative annual form, and/or are subject to annualizing are summarized here:

A. Operational Developments/Issues:
   i. Systems and reporting issues, approval and contracting with new plans:
   No new plans have been contracted. 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 worked either internally, with our MMIS Fiscal Agent, with the operating state agency and/or with the MCOs and other contractors to address and resolve the issues. Examples of this include ongoing external work groups with consumer focus and provider focus; technical work groups with key provider associations to resolve outstanding issues; and provider surveys or focused projects to assess and address systemic issues. Annual reviews of the MCOs are discussed elsewhere in this report. Each quarter, the State reports then-current consumer issues, resolutions, and actions taken to prevent further occurrences. Summaries of those issues are included in the state's quarterly STC reports submitted to CMS and posted on the KanCare website[5].

[5] https://kancare.ks.gov/policies-and-reports/annual-and-quarterly-reports

B. KanCare Ombudsman Annual Report:
   i. A summary of the KanCare Ombudsman program activities for demonstration year 2022 is attached.

C. Legislative Activity:
   i. KDHE and KDADS conducted robust legislative activity and engagement throughout the 2022 demonstration year. Updated legislative activity is provided in each quarterly 1115 Waiver Report. For the most recent update please see section IV(m.) of the 2022 fourth quarter report.

D. Annual Public Forum Update:
   i. The KanCare annual public forum, pursuant to STC 71, was conducted on December 14, 2022. A summary of the forum, including comments and issues raised at the forum is attached.

III. STC 64(b) – Benefit Performance Metrics and Data

A. Benefits:
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 services (VAS), as reported by each of the KanCare MCOs from January through December of 2022 follows:

MCO		Value-Added Benefits Calendar Year 2022	Units YTD	Value YTD
Aetna	Top Three VAB	Adult Dental	6,575	$914,257
		Healthy Rewards Gift Card - Birth to Age 12 Exam	20,913	$522,825
		Healthy Rewards Gift Card - Diabetic Eye Exam	25,558	$383,430
		Total of All Aetna VAB	127,041	$3,632,684
Sunflower	Top Three VAB	My Health Pays	96,270	$1,549,380
		Dental Visits for Adults	5,809	$187,440
		Start Smart for Your Baby®	1,729	$48,671
		Total of All Sunflower VAB	110,825	$1,880,039
United	Top Three VAB	Adult Dental Coverage	5,898	$556,230
		Home Helper Catalog	3,541	$167,910
		Reward for Completing Health Risk Assessment	13,099	$130,990
		Total of All United VAB	30,466	$1,182,835

B. Enrollment issues: For the calendar year 2022, there were four Native Americans who chose to not enroll in KanCare.

The table below represents the enrollment reason categories for calendar year 2022. All KanCare eligible members were defaulted to a managed care plan.

Enrollment Reason Categories	Total
Newborn Assignment	8,985
KDHE - Administrative Change	921
WEB - Change Assignment	1,119
KanCare Default - Case Continuity	5,473
KanCare Default – Morbidity	5,637
KanCare Default - 90 Day Retro-reattach	5,572
KanCare Default - Previous Assignment	878
KanCare Default - Continuity of Plan	3,142
Retro Assignment	220
AOE – Choice	3,331
Choice - Enrollment in KanCare MCO via Medicaid Application	18,385
Change - Enrollment Form	230
Change - Choice	619
Change - Access to Care – Good Cause Reason	11
Assignment Adjustment Due to Eligibility	1,575
IVR Change Assignment	76
Total	56,174

C. Grievances and appeals:
The following grievance, appeal and state fair hearing data reports activity for all of 2022.

MCOs' Member Adverse Initial Notice Timeliness Compliance

MCO	ABH	SUN	UHC
% of Notices of Adverse Service Authorization Decisions Sent Within Compliance Standards	99%	100%	100%
% of Notices of Adverse Expedited Service Authorization Decisions Sent Within Compliance Standards	100%	85%	100%
% of Notices of Adverse Termination, Suspension or Reduction Decisions Sent Within Compliance Standards (10 calendar days only)	100%	100%	100%

MCOs' Provider Adverse Initial Notice Compliance

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	14	35	20	41	10	15	135
Billing and Financial issues (non-transportation)	8	49	14	41	18	170	300
Customer service	20	20	10	30	33	36	149
Health Home Services	9	1					10
MCO Determined Not Applicable		1	7	1	2	4	15
Member rights dignity		3	3	2			8
Non-Covered Service	1	3	1	2	2	6	15
Other			1	9	2	14	26
Pharmacy Issues	3	5	2	62	2	14	88
Quality of Care - Pain Medication		3	4	2	2	1	12
Quality of Care (non HCBS provider)	10	50	15	25	20	74	194
Quality of Care HCBS provider	5		5		4		14
Transportation - Late	12	15	39	46	33	41	186
Transportation - No Driver Available	1	2	53	46	57	38	197
Transportation - No Show	13	35	92	103	96	98	437
Transportation - Other	20	36	59	67	52	71	305
Transportation - Safety	14	6	11	20	7	5	63
Transportation Issues - Billing and Reimbursement	1	16	36	55	41	40	189
TOTAL	131	280	372	552	381	627	2,343

MCO's Member Grievance Timeliness Compliance

MCO	ABH	SUN	UHC
% of Member Grievance Resolved and Resolution Notice Issued Within 30 Calendar Days	100%	98%	99%

MCOs' Provider Grievance Database

MCO	ABH	SUN	UHC	Total
Benefits/Eligibility	1	2		3
Billing/Payment	4	8		12
CM		1		1
Credentialing - MCO		1		1
Health Plan - Technology		1		1
Other - Dissatisfaction with MCO Associate		2		2
Other (Must provide description in narrative column of Summary Reports)	1			1
Pharmacy		1	1	2
Services	1	2		3
Transportation		38	5	43
UM		1		1
Wrong Information		1		1
TOTAL	7	58	6	71

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

MCO's Provider Grievance Timeliness Compliance

MCO	ABH	SUN	UHC
% of Provider Grievance Resolved Within 30 Calendar Days	100%	98%	100%
% of Provider Grievance Resolution Notices Sent Within Compliance Standards	100%	100%	100%

MCOs' Appeals Database

Member Appeal Reasons ABH - Red SUN – Green UHC - Purple	Number Resolved	Withdrawn by Member / Provider	MCO Reversed Decision on Appeal – MCO Error	MCO Reversed Decision on Appeal – Member/ Provider Mistake	MCO Upheld Decision on Appeal – Correctly Denied	MCO Upheld Decision on Appeal – Member/ Provider Mistake	MCO Determined not Applicable
ADMINISTRATIVE DENIALS							
MA - ADMIN - Denials of Authorization (Unauthorized by Members)	2				2		
MEDICAL NECESSITY/LEVEL OF CARE – Criteria Not Met							
MA - CNM - Behavioral Health Outpatient	33 15	1		2 3	30 12		
MA - CNM - Dental	21 22 33	 4 3		4 1	16 15 26		1 2 4
MA - CNM - Durable Medical Equipment	82 97 82	 1 2	17	35 47 15	29 32 60	1 4	 13 5
MA - CNM - Health Home Services	1				1		
MA - CNM - Home Health	8 8			2 1	5 5	1	 2

Member Appeal Reasons ABH - Red SUN – Green UHC - Purple	Number Resolved	Withdrawn by Member / Provider	MCO Reversed Decision on Appeal – MCO Error	MCO Reversed Decision on Appeal – Member/ Provider Mistake	MCO Upheld Decision on Appeal – Correctly Denied	MCO Upheld Decision on Appeal – Member/ Provider Mistake	MCO Determined not Applicable
MA – CNM – Inpatient Admissions (Non-Behavioral Health)	18 27 107	2 6 54	2	3 8 12	10 11 39		1 2 2
MA – CNM - Inpatient Behavioral Health	11 88 10			3 24 3	7 53 7		1 11
MA – CNM - Laboratory	5 2			1	4 2		
MA – CNM – Medical Procedure (NOS)	164 59 31	 1 2	32 1	40 19 13	82 20 14	2 7	8 11 2
MA – CNM – Mental Health	32			15	16		1
MA – CNM – Other	51 33	1 4	1 1	29 11	12 16	3	5 1
MA – CNM – Out of network provider, specialist or specific provider request	2 10			2 6	 4		
MA – CNM – Pharmacy	401 230 507	 26 17	1 1	174 129 380	172 47 99	28 5	26 23 10
MA – CNM – PT/OT/ST	2 42 15	 1 1		1 18 4	1 10 10	 7	 6
MA – CNM – Radiology	87 151 1	 4	13	38 73 1	31 52	3 8	2 14
MA – LOC – HCBS (change in attendant hours)	7 1			1	3 1	2	1
MA – LOC – LTC NF	1 1			1	 1		
MA – LOC – LTSS/HCBS	4 5 29	 7		 3 1	3 2 18		1 3
MA – LOC – WORK	3				3		
NONCOVERED SERVICES							
MA – NCS - Dental	2 5				2 5		
MA – NCS – Pharmacy	3 4	1		 1	2 3		
MA – NCS – Out of network providers	7			7			
MA – NCS – OT/PT/Speech	2			1	1		

Member Appeal Reasons ABH - Red SUN – Green UHC - Purple	Number Resolved	Withdrawn by Member / Provider	MCO Reversed Decision on Appeal – MCO Error	MCO Reversed Decision on Appeal – Member/ Provider Mistake	MCO Upheld Decision on Appeal – Correctly Denied	MCO Upheld Decision on Appeal – Member/ Provider Mistake	MCO Determined not Applicable
MA – NCS – Durable Medical Equipment	1			1			
MA – NCS – Behavioral Health	1			1			
MA – NCS – Other	6 11	 1		3 4	2 6	1	
MA – LCK – Lock In	2 10		 2	 3	1 5		1
TOTAL ABH - Red SUN – Green UHC - Purple	 827 811 957	 3 45 91	 65 2 4	 300 363 481	 385 274 351	 34 38	 40 89 30

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

MCO's Appeals Database - Member Appeal Summary

Member Appeal Reasons ABH - Red SUN – Green UHC - Purple	Number Resolved	Withdrawn by Member / Provider	MCO Reversed Decision on Appeal – MCO Error	MCO Reversed Decision on Appeal – Member/ Provider Mistake	MCO Upheld Decision on Appeal – Correctly Denied	MCO Upheld Decision on Appeal – Member/ Provider Mistake	MCO Determined not Applicable
Resolved at Appeal Level	827 811 957	3 45 91	65 2 4	300 363 481	385 274 351	34 38	40 89 30
TOTAL	827 811 957	3 45 91	65 2 4	300 363 481	385 274 351	34 38	40 89 30
Percentage Per Category		<1% 6% 10%	8% <1% <1%	36% 45% 50%	47% 34% 37%	4% 5%	5% 10% 3%
Range of Days to Reverse Due to MCO Error			3 – 117 33 – 63 7 - 92				

MCO's Member Appeal Timeliness Compliance

MCO	ABH	SUN	UHC
% of Member Appeals Resolved and Appeal Resolution Notice Issued in 30 Calendar Days	100%	100%	99%
% of Expedited Appeals Resolved and Appeal Resolution Notice Issued in 72 hours	100%	97%	95%

MCOs' Reconsideration Database - Providers - (reconsiderations resolved)

PROVIDER Reconsideration Reasons ABH - Red SUN – Green UHC - Purple	Number Resolved	Withdrawn by Provider	MCO Reversed Decision on Reconsideration – MCO Error	MCO Reversed Decision on Reconsideration – Provider Mistake	MCO Upheld Decision on Reconsideration – Correctly Denied / Paid	MCO Upheld Decision on Reconsideration – Provider Mistake	MCO Determined not Applicable
CLAIM DENIALS							
PR - CPD - Ambulance (Include Air and Ground)	669 276 1		9 1 1	201 125	444 134	9	6 16
PR - CPD - Behavioral Health Inpatient	16 71 1,090		2 125	6 34 636	7 30 291	1 21	 7 17
PR - CPD - Behavioral Health Outpatient and Physician	214 1,522 3,033		65 36 758	28 661 1,228	108 745 814	11 81	2 80 152
PR - CPD - Dental	84 2 1		6	21 1 1	39 1	11	7
PR - CPD - Durable Medical Equipment	895 4,613 4,286	4	187 20 1,323	187 2,396 987	409 2,035 1,475	88 200	20 162 301
PR - CPD - HCBS	34 797		19 5	5 442	9 271	1	 79
PR - CPD - Home Health	84 217		28	21 85	14 113		21 19
PR - CPD - Hospice	44 106 340		6 5 192	16 52 17	16 42 102	1 4	5 7 25
PR - CPD - Hospital Inpatient (Non-Behavioral Health)	822 880 1,732		138 8 918	227 400 227	370 454 410	58 66	29 18 111
PR - CPD - Hospital Outpatient (Non-Behavioral Health)	1,725 3,444 1,275	1	204 22 294	474 1,827 149	918 1,503 628	87 68	41 92 136
PR - CPD - Laboratory	543 1,209 1,252		7 1 386	28 330 163	474 841 578	33 73	1 37 52
PR - CPD - Medical (Physical Health not Otherwise Specified)	3,663 11,469 15,321		648 57 6,379	1,028 7,020 3,136	1,535 3,967 4,001	333 958	119 425 847
PR - CPD - Nursing Facilities - Total	92 437 53		34 25	4 272 16	41 160 12	11	2 5
PR - CPD - Other	12 24		9 2	 8	 13	 1	3
PR - CPD - Out of network provider, specialist or specific provider	1 2,611		1 798	 309	 1,004	 217	 283
PR - CPD - Pharmacy	7 222			3 43	3 172	1	 7

PROVIDER Reconsideration Reasons ABH - Red SUN – Green UHC - Purple	Number Resolved	Withdrawn by Provider	MCO Reversed Decision on Reconsideration – MCO Error	MCO Reversed Decision on Reconsideration – Provider Mistake	MCO Upheld Decision on Reconsideration – Correctly Denied / Paid	MCO Upheld Decision on Reconsideration – Provider Mistake	MCO Determined not Applicable
PR - CPD - PT/OT/ST	19 10		 1	2	13 7	4 1	 1
PR - CPD - Radiology	193 4 1,212		65 394	41 179	79 4 473	3 71	5 95
PR - CPD - Vision	37 149 28		15 127 21	3 7	14 22	5	
Total Claim Payment Disputes	9,153 25,419 32,269	5	1,442 283 11,617	2,295 13,688 7,063	4,493 10,494 9,808	657 1,761	261 954 2,020
TOTAL ABH - Red SUN – Green UHC - Purple	9,153 25,419 32,269	5	1,442 283 11,617	2,295 13,688 7,063	4,493 10,494 9,808	657 1,761	261 954 2,020

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

MCOs' Provider Reconsiderations Database - Provider Reconsiderations Summary

Provider Reconsideration Reasons ABH - Red SUN – Green UHC - Purple	Number Resolved	Withdrawn by Provider	MCO Reversed Decision on Reconsideration – MCO Error	MCO Reversed Decision on Reconsideration – Provider Mistake	MCO Upheld Decision on Reconsideration – Correctly Denied / Paid	MCO Upheld Decision on Reconsideration – Provider Mistake	MCO Determined not Applicable
Resolved at Reconsideration Level	9,153 25,419 32,269	5	1,442 283 11,617	2,295 13,688 7,063	4,493 10,494 9,808	657 1,761	261 954 2,020
TOTAL	9,153 25,419 32,269	5	1,442 283 11,617	2,295 13,688 7,063	4,493 10,494 9,808	657 1,761	261 954 2,020
Percentage Per Category		<1%	16% 1% 36%	25% 54% 22%	49% 41% 30%	7% 6%	3% 4% 6%
Range of Days to Reverse Due to MCO Error			10 – 644 6 – 630 0 – 1,119				

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	Withdrawn by Provider	MCO Reversed Decision on Appeal – MCO Error	MCO Reversed Decision on Appeal – Provider Mistake	MCO Upheld Decision on Appeal – Correctly Denied / Paid	MCO Upheld Decision on Appeal – Provider Mistake	MCO Determined not Applicable
ADMINISTRATIVE DENIALS							
PA - ADMIN - Denials of Authorization (Unauthorized by Members)	3	1		1	1		
BILLING AND FINANCIAL ISSUES							
PA - BFI - Recoupment	6 8		1	 3	3 4	2	 1
CLAIM PAYMENT DISPUTES							
PA - CPD - Ambulance (include Air and Ground)	85 3 67		2 1	19 24	56 3 27	4	4 15
PA - CPD - Behavioral Health Inpatient	11 5 47		1 4	4 17	5 1 22	1	 8
PA - CPD - Behavioral Health Outpatient and Physician	5 481 257		 16 31	2 43 73	1 355 125	1 58	1 9 28
PA - CPD - Dental	28 80 130	1	3 12 5	13 17 25	8 41 99	 9	4 1
PA - CPD - Durable Medical Equipment	147 122 101		10	22 10 23	92 85 73	8 3	15 24 5
PA - CPD - HCBS	5		1		1		3
PA - CPD - Home Health	9 80 635		1 6	7 19 150	1 47 398	 2	 12 81
PA - CPD - Hospice	19 13 3		2	 1	11 11 2	5	1 1 1
PA - CPD - Hospital Inpatient (Non-Behavioral Health)	321 479 1,131	 3	22 2 7	103 86 206	147 243 520	36 16	13 132 395
PA - CPD - Hospital Outpatient (Non-Behavioral Health)	193 471 606		29 3 3	53 36 116	70 396 354	24 9	17 27 133
PA - CPD - Laboratory	220 184 292		 1	17 8 9	174 131 205	21 8	8 37 77
PA - CPD - Medical (Physical Health not Otherwise Specified)	449 590 1,207	 2	47 6 11	72 90 236	216 312 693	76 16	38 166 265
PA - CPD - Nursing Facilities - Total	16 5 124		4 2	 13	7 5 84	3	2 25
PA - CPD - Other	2				2		

PROVIDER Appeal Reasons ABH - Red SUN – Green UHC - Purple	Number Resolved	Withdrawn by Provider	MCO Reversed Decision on Appeal – MCO Error	MCO Reversed Decision on Appeal – Provider Mistake	MCO Upheld Decision on Appeal – Correctly Denied / Paid	MCO Upheld Decision on Appeal – Provider Mistake	MCO Determined not Applicable
	44 75		 1	9 22	35 43		 9
PA - CPD - Out of network provider, specialist or specific provider request	3 1				3		 1
PA - CPD - Pharmacy	9 523	 2	 2	1 387	5 128		3 4
PA - CPD - PT/OT/ST	18 33			4 12	7 19	1	6 2
PA - CPD - Radiology	13 135 79		1 1	4 35 4	6 85 55	1 3	1 12 19
PA - CPD - Vision	10 28 105		1 8 4	2 66	3 20 23	2 12	2
Total Claim Payment Disputes	1,533 2,756 5,424	 1 7	124 52 75	318 359 1,386	800 1,788 2,874	182 127 12	109 429 1,070
MEDICAL NECESSITY/LEVEL OF CARE – Criteria Not Met							
PA - CNM - Ambulance (include Air and Ground)	1 10			 10	1 		
PA - CNM - Behavioral Health Outpatient Services and Testing	1 1			1 	 1		
PA - CNM - Dental	18			6	10		2
PA - CNM - Durable Medical Equipment	1 49	 2		1 23	 19	 1	 4
PA - CNM - Health Home Services	2				1	1	
PA - CNM - Home Health	6			3	2		1
PA - CNM - Hospice	2				2		
PA - CNM - Inpatient Admissions (Non-Behavioral Health)	2 26			2 10	 14		 2
PA - CNM - Inpatient Behavioral Health	18			4	12		2
PA – CNM – Laboratory	15			9	6		
PA - CNM - Medical Procedure (NOS)	2 68			1 20	 38	 7	1 3
PA - CNM - Other	32			14	16	1	1
PA - CNM - Out of network provider, specialist or specific provider request	1						1
PA - CNM - Pharmacy	538	37		341	113	8	39
PA - CNM - PT/OT/ST	37			13	14	9	1
PA - CNM - Radiology	2 180	 2	1 	 99	1 69	 8	 2
NONCOVERED SERVICE							
PA - NCS - Dental	1 2			1 	 2		
PA - NCS - OT/PT/Speech	1				1		

PROVIDER Appeal Reasons ABH - Red SUN – Green UHC - Purple	Number Resolved	Withdrawn by Provider	MCO Reversed Decision on Appeal – MCO Error	MCO Reversed Decision on Appeal – Provider Mistake	MCO Upheld Decision on Appeal – Correctly Denied / Paid	MCO Upheld Decision on Appeal – Provider Mistake	MCO Determined not Applicable
PA - NCS - Other	5				5		
TOTAL							
ABH - Red	1,545		125	324	804	182	110
SUN – Green	3,765	42	52	911	2,111	162	487
UHC - Purple	5,427	8	75	1,387	2,875	12	1,070

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

MCOs' Appeals Database - Provider Appeal Summary

Provider Appeal Reasons ABH - Red SUN – Green UHC - Purple	Number Resolved	Withdrawn by Provider	MCO Reversed Decision on Appeal – MCO Error	MCO Reversed Decision on Appeal – Provider Mistake	MCO Upheld Decision on Appeal – Correctly Denied / Paid	MCO Upheld Decision on Appeal – Provider Mistake	MCO Determined not Applicable
Resolved at Appeal Level	1,545 3,765 5,427	 42 8	125 52 75	324 911 1,387	804 2,111 2,875	182 162 12	110 487 1,070
TOTAL	1,545 3,765 5,427	 42 8	125 52 75	324 911 1,387	804 2,111 2,875	182 162 12	110 487 1,070
Percentage Per Category		 1% <1%	8% 1% 1%	21% 24% 26%	52% 56% 53%	12% 5% <1%	7% 13% 20%
Range of Days to Reverse Due to MCO Error			16 – 1,088 6 – 413 0 - 487				

MCOs' Provider Appeal Timeliness Compliance

MCO	ABH	SUN	UHC
% of Provider Appeals Resolved in 30 Calendar Days	100%	98%	100%
% of Provider Appeal Resolution Notices Sent Within Compliance Standard	99%	100%	99%

State of Kansas Office of Administrative Fair Hearings - Members

ABH - Red SUN – Green UHC - Purple	Number Resolved	Withdrew	OAH Affirmed MCO Decision	OAH Reversed MCO Decision	Dismiss Moot MCO Reversed	Dismiss Not Ripe/ No MCO Appeal	Dismiss Appellant Verbally Withdrew	Default Appellant Failed to Appear
ADMINISTRATIVE DENIALS								
MH – ADMIN – Denials of Authorization (Unauthorized by Members)	3	1			2			
MEDICAL NECESSITY/LEVEL OF CARE – Criteria Not Met								
MH – CNM – Behavioral Health Outpatient	1							1
MH – CNM - Dental	4 2	1 2			2	1		
MH – CNM – Durable Medical Equipment	1 2 4	1 1 3			 1 1			
MH – CNM – HCBS (change in attendant hours)	1 1		1			1		

ABH - Red SUN – Green UHC - Purple	Number Resolved	Withdrew	OAH Affirmed MCO Decision	OAH Reversed MCO Decision	Dismiss Moot MCO Reversed	Dismiss Not Ripe/ No MCO Appeal	Dismiss Appellant Verbally Withdrew	Default Appellant Failed to Appear
MH – CNM – Inpatient Admissions (Non-Behavioral Health)	1						1	
MH – CNM – Inpatient Behavioral Health	2				2			
MH – CNM – Medical Procedure (NOS)	2 2 1	1 1	1		 1		1	
MH – CNM – Other	4		1		2	1		
MH – CNM – Out of network provider, specialist or specific provider	1					1		
MH – CNM – Pharmacy	1 5 3	 1 1	1		 2	 1 1	 1	 1
MH – CNM – Radiology	3				2			1
MH – LOC – LTSS/HCBS	1 3	 2	 1	1				
NONCOVERED SERVICES								
MH – NCS – Durable Medical Equipment	1				1			
MH – NCS – Laboratory	2				2			
MH – NCS – Other	1 1				1	 1		
MH – NCS – Pharmacy	2				1	1		
MH – LCK – Lock In	1		1					
TOTAL ABH - Red SUN – Green UHC - Purple	 6 23 27	 2 3 10	 2 2 2	 1	 12 8	 2 6	 3	 1 1 1

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

State of Kansas Office of Administrative Fair Hearings – Providers

ABH - Red SUN – Green UHC - Purple	Number Resolved	Withdrew	OAH Affirmed MCO Decision	OAH Reversed MCO Decision	Dismiss Moot MCO Reversed	Dismiss Moot Duplicate	Dismiss Untimely	Dismiss Not Ripe/ No MCO Appeal	Dismiss Appellant Verbally Withdrew	Default Appellant Failed to Appear
BILING AND FINANCIAL ISSUES										
PH – BFI - Recoupment	3	2			1					
CLAIM PAYMENT DISPUTES										
PH – CPD – Ambulance (Include Air and Ground)	5	1								4

ABH - Red SUN – Green UHC - Purple	Number Resolved	Withdrew	OAH Affirmed MCO Decision	OAH Reversed MCO Decision	Dismiss Moot MCO Reversed	Dismiss Moot Duplicate	Dismiss Untimely	Dismiss Not Ripe/ No MCO Appeal	Dismiss Appellant Verbally Withdrew	Default Appellant Failed to Appear
PH - Behavioral Health Outpatient and Physician	5		1		3				1	
PH – CPD – Dental	2				2					
PH – CPD – Durable Medical Equipment	2 2 2				 2 2			2		
PH – CPD – HCBS	1							1		
PH – CPD – Home Health	2					1		1		
PH – CPD – Hospice	4	4								
PH – CPD – Hospital Inpatient (Non-Behavioral Health)	15 3 33	12 22	 2	1 	 1 8			2 2 1		
PH – CPD – Hospital Outpatient (Non-Behavioral Health)	3 2	1					1	1 2		
PH – CPD – Laboratory	1 3 1	 1 1			 1			1 1		
PH – CPD – Medical (Physical Health not Otherwise Specified)	7	3			1		1	2		
PH – CPD – Nursing Facilities – Total	2	1			1					
PH – CPD – Other	8	3	2					3		
PH – CPD – Pharmacy	1							1		
PH – CPD – Vision	1				1					
TOTAL Claim Payment Disputes	37 16 52	21 1 27	 1 4	1 	1 7 14	 1	2 	8 6 6	 1 	4
MEDICAL NECESSITY/LEVEL OF CARE – Criteria Not Met										
PH – CNM - Dental	1				1					
PH – CNM – Inpatient Admissions (Non-Behavioral Health)	6	2	1					3		
PH – CNM – Medical Procedure (NOS)	1 4	 2						 2		1
PH – CNM – Other	2							2		
PH – CNM – Pharmacy	4	1			1					2
TOTAL ABH – Red SHP – Green UHC - Purple	 42 29 55	 22 5 29	 2 4	 1 	 2 8 15	 1	 2 	 8 13 6	 1 	 7

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

MCOs' Grievance Trends - Members

Aetna Member Grievances:

- There were 60 member grievances categorized as Quality of Care (non HCBS Provider) which is a significant increase of 23 from 37 reported in CY2021.
- There were 57 member grievances categorized as Billing and Financial Issues (non-transportation) which is a significant increase of 24 of from 33 reported in CY2021.
- There were 48 member grievances categorized as Transportation – No Show which is a significant increase of 20 from 28 reported in CY2021.

Aetna Grievance Trends		
Total # of Resolved Grievances	411	
Top 5 Trends		
Trend 1: Quality of Care (non HCBS Provider)	60	15%
Trend 2: Billing and Financial Issues (non-transportation)	57	14%
Trend 3: Transportation – Other	56	14%
Trend 4: Access to Service or Care	49	12%
Trend 5: Transportation – No Show	48	12%

Sunflower Member Grievances:

- There were 195 member grievances categorized as Transportation – No Show which is a significant increase of 71 from 124 reported in CY2021.
- There were 99 member grievances categorized as Transportation – No Driver Available which is a significant increase of 67 from 32 reported in CY2021.
- There were 91 member grievances categorized as Transportation Issues – Billing and Reimbursement which is a significant increase of 68 from 23 reported in CY2021.

Sunflower Grievance Trends		
Total # of Resolved Grievances	924	
Top 5 Trends		
Trend 1: Transportation – No Show	195	21%
Trend 2: Transportation – Other	126	14%
Trend 3: Transportation – No Driver Available	99	11%
Trend 4: Transportation Issues – Billing and Reimbursement	91	10%
Trend 5: Transportation – Late	85	9%

United Member Grievances:

- There were 188 member grievances categorized as Billing and Financial Issues (non-transportation) which is a significant decrease of 141 from 329 reported in CY2021.
- There were 123 member grievances categorized as Transportation – Other which is a significant decrease of 50 from 173 reported in CY2021.
- There were 95 member grievances categorized as Transportation – No Driver Available which is a significant increase of 28 from 67 reported in CY2021.

United Grievance Trends		
Total # of Resolved Grievances	1,008	
Top 5 Trends		
Trend 1: Transportation – No Show	194	19%
Trend 2: Billing and Financial Issues (non-transportation)	188	19%
Trend 3: Transportation – Other	123	12%
Trend 4: Transportation – No Driver Available	95	9%
Trend 5: Quality of Care (non HCBS Provider)	94	9%

MCOs' Grievance Trends – Provider

Aetna Provider Grievances:

Aetna Grievance Trends		
Total # of Resolved Grievances	7	
Top 5 Trends		
Trend 1: Billing/Payment	4	57%

Sunflower Provider Grievances:

Sunflower Grievance Trends		
Total # of Resolved Grievances	58	
Top 5 Trends		
Trend 1: Transportation	38	66%
Trend 2: Billing/Payment	8	14%
Trend 3: Benefits/Eligibility	2	3%
Trend 4: Other – Dissatisfaction with MCO Associate	2	3%
Trend 5: Services	2	3%

United Provider Grievances:

- There were five provider grievances categorized as Transportation which is a significant decrease of 26 from 31 reported in CY2021.

United Grievance Trends		
Total # of Resolved Grievances	6	
Top 5 Trends		
Trend 1: Transportation	5	83%

The analysis of 2022 provider reconsiderations and provider appeal trends continues to reflect the change that was effective July 1, 2021. The change affected the volumes of provider reconsiderations and provider appeals reported in third and fourth quarter 2021.

Aetna Provider Reconsiderations

- There were 3,663 provider reconsiderations categorized as PR – CPD – Medical (Physical Health not Otherwise Specified) which is a significant increase of 828 from 2,835 reported in CY2021.
- There were 1,725 provider reconsiderations categorized as PR – CPD – Hospital Outpatient (Non-Behavioral Health) which is a significant increase of 1,007 from 718 reported in CY2021.
- There were 895 provider reconsiderations categorized as PR – CPD – Durable Medical Equipment which is a significant increase of 601 from 294 reported in CY2021.
- There were 822 provider reconsiderations categorized as PR – CPD – Hospital Inpatient (Non-Behavioral Health) which is a significant increase of 307 from 515 reported in CY2021.
- There were 669 provider reconsiderations categorized as PR – CPD – Ambulance (Include Air and Ground) which is a significant increase of 470 from 199 reported in CY2021.

Aetna Provider Reconsideration Trends		
Total # of Resolved Reconsiderations	9,153	
Top 5 Trends		
Trend 1: PR – CPD – Medical (Physical Health not Otherwise Specified)	3,663	40%
Trend 2: PR – CPD – Hospital Outpatient (Non-Behavioral Health)	1,725	19%
Trend 3: PR – CPD – Durable Medical Equipment	895	10%
Trend 4: PR – CPD – Hospital Inpatient (Non-Behavioral Health)	822	9%
Trend 5: PR – CPD – Ambulance (Include Air and Ground)	669	7%

Sunflower Provider Reconsiderations

- There were 11,469 provider reconsiderations categorized as PR – CPD – Medical (Physical Health not Otherwise Specified) which is a significant decrease of 866 from 12,335 reported in CY2021.
- There were 4,613 provider reconsiderations categorized as PR – CPD – Durable Medical Equipment which is a significant increase of 1,051 from 3,562 reported in CY2021.
- There were 3,444 provider reconsiderations categorized as PR – CPD – Hospital Outpatient (Non-Behavioral Health) which is a significant decrease of 5,350 from 8,794 reported in CY2021.
- There were 1,522 provider reconsiderations categorized as PR – CPD – Behavioral Health Outpatient and Physician which is a significant decrease of 604 from 2,126 reported in CY2021.
- There were 1,209 provider reconsiderations categorized as PR – CPD – Laboratory which is a significant decrease of 2,931 from 4,140 reported in CY2021.

Sunflower Provider Reconsideration Trends		
Total # of Resolved Reconsiderations	25,419	
Top 5 Trends		
Trend 1: PR – CPD – Medical (Physical Health not Otherwise Specified)	11,469	45%
Trend 2: PR – CPD – Durable Medical Equipment	4,613	18%
Trend 3: PR – CPD – Hospital Outpatient (Non-Behavioral Health)	3,444	14%
Trend 4: PR – CPD – Behavioral Health Outpatient and Physician	1,522	6%
Trend 5: PR – CPD – Laboratory	1,209	5%

United Provider Reconsiderations

- There were 15,321 provider reconsiderations categorized as PR – CPD – Medical (Physical Health not Otherwise Specified) which is a significant decrease of 12,723 from 28,044 reported in CY2021.
- There were 4,286 provider reconsiderations categorized as PR – CPD – Durable Medical Equipment which is a significant decrease of 1,573 from 5,859 reported in CY2021.
- There were 2,611 provider reconsiderations categorized as PR – CPD – Out of network provider, specialist or specific provider which is a significant decrease of 4,270 from 6,881 reported in CY2021.
- There were 1,732 provider reconsiderations categorized as PR – CPD – Hospital Inpatient (Non-Behavioral Health) which is a significant decrease of 10,397 from 12,129 reported in CY2021.

United Provider Reconsideration Trends		
Total # of Resolved Reconsiderations	32,269	
Top 5 Trends		
Trend 1: PR – CPD – Medical (Physical Health not Otherwise Specified)	15,321	47%
Trend 2: PR – CPD – Durable Medical Equipment	4,286	13%
Trend 3: PR – CPD – Behavioral Health Outpatient and Physician	3,033	9%
Trend 4: PR – CPD – Out of network provider, specialist or specific provider	2,611	8%
Trend 5: PR – CPD – Hospital Inpatient (Non-Behavioral Health)	1,732	5%

MCOs' Appeals Trends - Member/Provider

Aetna Member Appeals:

- There were 401 member appeals categorized as MA – CNM – Pharmacy which is a significant increase of 157 from 244 reported in CY2021.
- There were 164 member appeals categorized as MA – CNM – Medical Procedure (NOS) which is a significant increase of 68 from 96 reported in CY2021.
- There were 82 member appeals categorized as MA – CNM – Durable Medical Equipment which is a significant increase of 38 from 44 reported in CY2021.
- There were 33 member appeals categorized as MA – CNM – Behavioral Health Outpatient which is a significant increase of 14 from 19 reported in CY2021.

Aetna Provider Appeals:

- There were 449 provider appeals categorized as PA – CPD – Medical (Physical Health not Otherwise Specified) which is a significant decrease of 189 from 638 reported in CY2021.
- There were 321 provider appeals categorized as PA – CPD – Hospital Inpatient (Non-Behavioral Health) which is a significant increase of 71 from 250 reported in CY2021.
- There were 193 provider appeals categorized as PA – CPD – Hospital Outpatient (Non-Behavioral Health) which is a significant increase of 68 from 125 reported in CY2021.
- There were 147 provider appeals categorized as PA – CPD – Durable Medical Equipment which is an increase of 29 from 118 reported in CY2021.

Aetna Member/Provider Appeal Trends					
Total # of Resolved Member Appeals	827		Total # of Resolved Provider Appeals	1,545	
Top 5 Trends			Top 5 Trends		
Trend 1: MA – CNM – Pharmacy	401	48%	Trend 1: PA – CPD – Medical (Physical Health not Otherwise Specified)	449	29%
Trend 2: MA – CNM – Medical Procedure (NOS)	164	20%	Trend 2: PA – CPD – Hospital Inpatient (Non-Behavioral Health)	321	21%
Trend 3: MA – CNM – Radiology	87	11%	Trend 3: PA – CPD – Laboratory	220	14%
Trend 4: MA – CNM – Durable Medical Equipment	82	10%	Trend 4: PA – CPD – Hospital Outpatient (Non-Behavioral Health)	193	12%
Trend 5: MA – CNM – Behavioral Health Outpatient	33	4%	Trend 5: PA – CPD – Durable Medical Equipment	147	10%

Sunflower Member Appeals:

- There were 151 member appeals categorized as MA – CNM – Radiology which is a significant decrease of 52 from 203 reported in CY2021.
- There were 97 member appeals categorized as MA – CNM – Durable Medical Equipment which is an increase of 40 from 57 reported in CY2021.
- There were 88 member appeals categorized as MA – CNM – Inpatient Behavioral Health which is a significant increase of 54 from 34 reported in CY2021.
- There were 59 member appeals categorized as MA – CNM – Medical Procedure (NOS) which is a significant increase of 13 from 46 reported in CY2021.

Sunflower Provider Appeals:

- There were 590 provider appeals categorized as PA – CPD – Medical (Physical Health not Otherwise Specified) which is a significant decrease of 960 from 1,550 reported in CY2021.
- There were 538 provider appeals categorized as PA – CNM – Pharmacy which is a significant increase of 127 from 411 reported in CY2021.
- There were 481 provider appeals categorized as PA – CPD – Behavioral Health Outpatient and Physician which is a significant increase of 162 from 319 reported in CY2021.

Sunflower Member/Provider Appeal Trends					
Total # of Resolved Member Appeals	811		Total # of Resolved Provider Appeals	3,765	
Top 5 Trends			Top 5 Trends		
Trend 1: MA – CNM – Pharmacy	230	28%	Trend 1: PA – CPD – Medical (Physical Health not Otherwise Specified)	590	16%
Trend 2: MA – CNM – Radiology	151	19%	Trend 2: PA – CNM – Pharmacy	538	14%
Trend 3: MA – CNM – Durable Medical Equipment	97	12%	Trend 3: PA – CPD – Behavioral Health Outpatient and Physician	481	13%
Trend 4: MA – CNM – Inpatient Behavioral Health	88	11%	Trend 4: PA – CPD – Hospital Inpatient (Non-Behavioral Health)	479	13%
Trend 5: MA – CNM – Medical Procedure (NOS)	59	7%	Trend 5: PA – CPD – Hospital Outpatient (Non-Behavioral Health)	471	13%

United Member Appeals:

- There were 107 member appeals categorized as MA – CNM – Inpatient Admissions (Non-Behavioral Health) which is a significant decrease of 27 from 134 reported in CY2021.
- There were 33 member appeals categorized as MA – CNM – Dental which is a significant decrease of 32 from 65 reported in CY2021.
- There were 33 member appeals categorized as MA – CNM – Other which is a significant increase of 26 from seven reported in CY2021.

United Provider Appeals:

- There were 1,207 provider appeals categorized as PA – CPD – Medical (Physical Health not Otherwise Specified) which is a significant increase of 295 from 912 reported in CY2021.
- There were 635 provider appeals categorized as PA – CPD – Home Health which is a significant increase of 350 from 285 reported in CY2021.
- There were 606 provider appeals categorized as PA – CPD – Hospital Outpatient (Non-Behavioral Health) which is a significant increase of 219 from 387 reported in CY2021.
- There were 523 provider appeals categorized as PA – CPD – Pharmacy which is a significant increase of 249 from 274 reported in CY2021.

United Member/Provider Appeal Trends					
Total # of Resolved Member Appeals	957		Total # of Resolved Provider Appeals	5,427	
Top 5 Trends			Top 5 Trends		
Trend 1: MA – CNM – Pharmacy	507	53%	Trend 1: PA – CPD – Medical (Physical Health not Otherwise Specified)	1,207	22%
Trend 2: MA – CNM – Inpatient Admissions (Non-Behavioral Health)	107	11%	Trend 2: PA – CPD – Hospital Inpatient (Non-Behavioral Health)	1,131	21%
Trend 3: MA – CNM – Durable Medical Equipment	82	9%	Trend 3: PA – CPD – Home Health	635	12%
Trend 4: MA – CNM – Dental	33	3%	Trend 4: PA – CPD – Hospital Outpatient (Non-Behavioral Health)	606	11%
Trend 5: MA – CNM – Other	33	3%	Trend 5: PA – CPD – Pharmacy	523	10%

MCOs' State Fair Hearing Reversed Decisions - Member/Provider

- There were 56 member state fair hearings for all three MCOs. One decision was reversed by OAH.
- There were 126 provider state fair hearings for all three MCOs. One decision was reversed by OAH.

Aetna					
Total # of Member SFH	6		Total # of Provider SFH	42	
OAH reversed MCO decision	1	17%	OAH reversed MCO decision	1	2%

Sunflower					
Total # of Member SFH	23		Total # of Provider SFH	29	
OAH reversed MCO decision	0	0%	OAH reversed MCO decision	0	0%

United					
Total # of Member SFH	27		Total # of Provider SFH	55	
OAH reversed MCO decision	0	0%	OAH reversed MCO decision	0	0%

D. Customer Service: Reporting, including total calls, average speed of answer and call abandonment rates, for MCO-based and fiscal agent call centers January- December 2022:

KanCare Customer Service Report – Member

MCO/Fiscal Agent	Average Speed of Answer (Seconds)	Call Abandonment Rate	Total Calls
Aetna	17.29	4.64%	186,398
Sunflower	14.42	1.44%	139,701
United	16.0	.97%	146,580
Gainwell– Fiscal Agent	1	.8%	7,810

KanCare Customer Service Report - Provider

MCO/Fiscal Agent	Average Speed of Answer (Seconds)	Call Abandonment Rate	Total Calls
Aetna	5.21	.30%	75,187
Sunflower	24.0	1.47%	109,972
United	2.8	.13%	77,226
Gainwell– Fiscal Agent	1	.09%	15,286

The MCO Customer Service Report for both member and provider have higher numbers on the average speed of answer and abandonment rate than the numbers reported on the 2021 year-end report. The increase is due to the impact of COVID 19 on call center staffing. The KDHE DHCF monthly monitors Customer Service reports to immediately address outlier performance.

E. Critical Incident Summary of Reporting:

Critical Incidents	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter	YTD
	AIR Totals	AIR Totals	AIR Totals	AIR Totals	TOTALS
Reviewed	2,980	2,877	2,825	2,631	11,313
Pending Resolution	12	17	13	7	49
Total Received	2,992	2,894	2,838	2,638	11,362
APS Substantiations*	192	180	145	174	691

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

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 a 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.

All determinations received from the Department for Children and Families (DCF) involving allegations of abuse, neglect and exploitation (ANE) are manually entered into the AIR system and assigned for follow-up by the individuals corresponding MCO. Evidence verifies the updated process provides assurances for individual health, safety and welfare and that quality of care concerns are consistently identified and resolved. KDADS and DCF regularly collaborate and meet when trends are identified, as well as on a case-by-case basis to utilize all available resources and ensure necessary action is taken to resolve.

Performance Measure data regarding abuse, neglect, exploitation, restraint, seclusion and unexpected deaths, along with all other defined adverse incidents, are tracked in real-time as Adverse Incident Reports are completed. KDADS Program Integrity staff reviews and provides confirmation of resolution or Corrective Action if there is insufficient follow-up to resolve. Though some Corrective Action Plans (CAPs) were necessary following implementation of the updated process, MCOs provided follow-up action and documentation ahead of agreed upon timeframes to address any insufficiencies. CAPs issued were beneficial to establish guidelines and ensure consistent follow-up to complete reports. Following state issued CAPs, the MCOs have made necessary adjustments to maintain processes that follow policy and procedure.

The MCOs contact KDADS Program Integrity Manager to ensure proper follow-up occurs and to address any questions on a case-by-case basis. The MCOs also provide outreach via email to indicate if additional time, beyond follow-up requirements, is necessary and/or if there are any additional updates to include on a completed report. Collaboration between KDADS Program Integrity and the MCOs helps ensure individual health, safety, welfare and quality of care is maintained and necessary action is taken to avoid reoccurrence.

F. Access to Care:
As noted in previous reports, members who are not in their open enrollment period are unable to change plans without a good cause reason pursuant to 42 CFR 438.56 or the KanCare STCs. GCRs (member "Good Cause Requests" for change in MCO assignment) after the choice period are denied as not reflective of good cause if the request is based solely on the member's preference, when other participating providers with that MCO are available within access standards. The majority of the requests were due largely to members mistakenly believing that they can file good cause requests because they prefer a provider outside of their assigned MCO's network. In these cases, the MCOs are tasked with offering to assist the member in scheduling an appointment with one of their participating providers.

There were three state fair hearings for denied GCRs in 2022; two denied GCRs were upheld, and one denied GCR was overturned. A summary of GCR actions for 2022 is as follows:

Status	2022 Totals
Total GCRs filed	228
Approved	19
Denied	155
Withdrawn (resolved, no need to change)	3
Dismissed (due to inability to contact the member)	51
Pending	0

Access to Dental Care: KanCare and partner agencies continue to emphasize the importance of regular dental care for our members and are committed to increasing utilization of these important services. Rates in 2021 that decreased compared to 2020 were most likely due to the continuation of the COVID-19 pandemic. When compared nationally, the total rate for persons aged 2 to 20 was above the 75th percentile, which is where it has remained since 2015. Rankings for 2021 were greater than the 75th percentile for children in the age groups of 4 to 6, 7 to 10, and 11 to 14.

Annual Dental Visit – Ages 2 to 20		
Year	Percentage	National Ranking (Quality Compass percentile)
2021	57.5%	>75th
2020	55.3%	>75th
2019	66.7%	>75th
2018	65.4%	>75th
2017	64.8%	>75th
2016	63.7%	>75th
2015	60.9%	>75th
2014	60.0%	>66.67th

G. HCBS Waiver Updates:

i. FE: The State continues to work on waiver amendments to the FE waiver as agreed upon with CMS and appreciates the opportunity to continue work with CMS-provided technical assistance. The State continues to operate under the provisions of Appendix K measures during the COVID-19 pandemic to promote social distancing and support individuals and families care needs. Waiver amendments have been developed to extend Appendix K flexibilities for Paid Family Caregiving and Virtual Delivery of Services along with standardized Performance Measures, requiring provisional plan of care and unbundling of Assistive Services. Kansas continues to work with CMS to move these amendments forward.

ii. I/DD: The State continues to work on waiver amendments to the I/DD waiver as agreed upon with CMS and appreciates the opportunity to continue work with CMS-provided technical assistance. The State continues to operate under the provisions of Appendix K measures during the COVID-19 pandemic to promote social distancing and support individuals and families care needs. Waiver amendments have been developed to extend Appendix K flexibilities for Paid Family Caregiving and Virtual Delivery of Services along with standardized Performance Measures, requiring provisional plan of care, amending Specialized Medical Care limits, authorizing Residential Services for married couples and unbundling of Assistive Services. Kansas continues to work with CMS to move these amendments forward.

iii. PD: The State continues to work on waiver amendments to the PD waiver as agreed upon with CMS and appreciates the opportunity to continue work with CMS-provided technical assistance. The State continues to operate under the provisions of Appendix K measures during the COVID-19 pandemic to promote social distancing and support individuals and families care needs. Waiver amendments have been developed to extend Appendix K flexibilities for Paid Family Caregiving and Virtual Delivery of Services along with standardized Performance Measures, requiring provisional plan of care and unbundling of Assistive Services. Kansas continues to work with CMS to move these amendments forward.

iv. TA: The State continues to work on waiver amendments to the TA waiver as agreed upon with CMS and appreciates the opportunity to continue work with CMS-provided technical assistance. The State continues to operate under the provisions of Appendix K measures during the COVID-19 pandemic to promote social distancing and support individuals and families care needs. Waiver amendments have been developed to extend Appendix K flexibilities for Paid Family Caregiving and Virtual Delivery of Services along with standardized Performance Measures, requiring provisional plan of care, amending Specialized Medical Care units and unbundling of Assistive Services. Kansas continues to work with CMS to move these amendments forward

v. SED: The State submitted its renewal application for the SED Waiver in December 2021. The State appreciates the opportunity to continue work with CMS-provided technical assistance. The State continues to operate under the provisions of Appendix K measures during the COVID-19 pandemic to promote social distancing and support individuals and families care needs. Kansas continues to work with CMS to incorporate the substantial changes requested to renew the waiver.
vi. Autism: The State submitted is renewal application for the Autism waiver in December 2021. The State appreciates the opportunity to continue work with CMS-provided technical assistance. The State continues to operate under the provisions of Appendix K measures during the COVID-19 pandemic to promote social distancing and support individuals and families care needs. Kansas continues to work with CMS to incorporate the substantial changes requested to renew the waiver.
vii. BI: State continues to work on waiver amendments to the BI waiver as agreed upon with CMS and appreciates the opportunity to continue work with CMS-provided technical assistance. The State continues to operate under the provisions of Appendix K measures during the COVID-19 pandemic to promote social distancing and support individuals and families care needs. Waiver amendments have been developed to extend Appendix K flexibilities for Paid Family Caregiving and Virtual Delivery of Services along with standardized Performance Measures, requiring provisional plan of care and unbundling of Assistive Services. Kansas continues to work with CMS to move these amendments forward.

H. Beneficiary CAHPS Survey:
The Consumer Assessment of Health Care Providers and Systems (CAHPS) surveys are conducted annually by the KanCare Managed Care organizations and validated by the state's External Quality Review organization (EQRO) KFMC.

The CAHPS questionnaires assess consumer satisfaction and member experiences with their health plan. They are nationally standardized survey tools sponsored by the Agency for Health Care Research and Quality (AHRQ) and co-developed with National Committee for Quality Assurance (NCQA). The survey measures how well health plans are meeting their members' expectations and goals to determine what areas of service have the greatest effect on members' overall satisfaction. The CAHPS survey is also used to identify areas of opportunity for improvement that can aid plans in increasing the quality of care provided to its members.

Detailed specifications are provided by NCQA to be used by health plans in conducting the survey. In order for a health plan's CAHPS survey to be a dependable source of information, it must be administered according to the published CAHPS technical specifications. When administered properly, CAHPS surveys provide information regarding the access, timeliness and quality of health care services provided to health care consumers.

The 2022 CAHPS health plan surveys were conducted by Aetna Better Health of Kansas (Aetna or ABH), Sunflower Health Plan (Sunflower or SHP), and UnitedHealthcare Community Plan of Kansas (UnitedHealthcare or UHC) in February through May 2022. The populations surveyed were adult members, general child (GC) Title XIX/Medicaid (TXIX) members, GC Title XXI/CHIP (TXXI) members, Children with Chronic Conditions (CCC) TXIX members, and CCC TXXI members.

Key results reported by KFMC for the 2021 survey are summarized in the table below:

2021 CAHPS Global Ratings, Core Survey Composite Scores, and CCC Composite Scores						
	Adult		General Child (GC)		Children with Chronic Conditions (CCC)	
Global Rating	Rate	Rank	Rate	Rank	Rate	Rank
Rating of Health Plan	80.0%	≥50th	89.9%	>75th	87.1%	>75th
Rating of All Health Care	76.9%	<50th	89.5%	≥50th	87.3%	<50th
Rating of Personal Doctor	85.4%	>66.67th	89.5%	<33.33rd	89.3%	<50th
Rating of Specialist Seen Most Often	86.4%	>75th	84.9%	<25th	↓85.6%	<25th
Core Survey Composite						
Getting Care Quickly	85.1	>75th	↓91.0	>75th	↓92.6	>66.67th
Getting Needed Care	88.5	>75th	89.1	>75th	↓89.3	≥50th
Coordination of Care	89.9	>75th	84.6	<33.33rd	84.7	<50th
How Well Doctors Communicate	93.4	>66.67th	95.7	>66.67th	96.5	>75th
Customer Service	91.7	>75th	89.2	≥50th	89.7	<33.33rd
Children with Chronic Conditions Composite						
Access to Prescription Medicines					94.6	>75th
Access to Specialized Services					↓79.9	>75th
Coordination of Care for Children with Chronic Conditions					72.2	<25th
Family-Centered Care: Getting Needed Information					↓91.8	>66.67th
Family-Centered Care: Personal Doctor Who Knows Child					91.2	≥50th

Rankings are based on the Quality Compass national percentiles: <5th, <10th, <25th, <33.33rd, <50th, ≥50th, >66.67th, >75th, >90th, and >95th.

↓Indicates a statistically significant decrease compared to the prior year; $p<.05$. Increases were not statistically significant.

The response rates were lower than historically realized, which was potentially an effect of the COVID-19 Pandemic.

Strengths

Global Ratings

- Rating of Health Plan – The KanCare GC rate (90%, >75th) and the KanCare CCC rank (>75th) were very high. Increasing 5-year trends were obtained for KanCare adult (1.1 pp/yr), SHP adult (1.5 pp/yr), KanCare GC (0.6 pp/yr), and SHP TXXI CCC (1.3 pp/yr) rates.
- Rating of All Health Care – An increasing 5-year trend was obtained for SHP TXXI CCC (1.1 pp/yr) rates.
- Rating of Personal Doctor – The SHP adult rank was >95th. Increasing 5-year trends were obtained for KanCare adult (0.8 pp/yr) and UHC adult (1.7 pp/yr).
- Rating of Specialist Seen Most Often – The KanCare adult rank was >75th. Increasing 5-year trends were observed for KanCare adult (1.1 pp/yr) and UHC adult (2.4 pp/yr) rates.

Composites

- Getting Care Quickly – The KanCare adult rank (>75th), KanCare GC rate and rank (91, >75th), and the KanCare CCC rate (93) were very high.
- Getting Needed Care – The KanCare adult rank (>75th) and the KanCare GC rate and rank (90, >75th) were very high.
- Coordination of Care – The KanCare adult rate and rank (90, >75th) were very high.
- How Well Doctors Communicate – The KanCare adult rate (93), KanCare GC rate (96), and the KanCare CCC rate and rank (97, >75th) were very high. Increasing 5-year trends were obtained for SHP TXIX GC (0.4 p/yr) and SHP TXXI GC (0.4 p/yr) rates.
- Customer Service – The KanCare adult rate and rank (92, >75th) and the KanCare CCC rate (90) were very high. An increasing 5-year trend was obtained for KanCare adult (0.8 p/yr) rates.

CCC Composites

- Access to Prescription Medicines – The KanCare CCC rate and rank (95, >75th) were very high. Rates from 2017 to 2021 were all 91 or greater.
- Access to Specialized Services – The KanCare CCC rank was very high (>75th).
- Family-Centered Care: Getting Needed information – The KanCare CCC rate (92) was very high. Rates from 2017 to 2021 were all 90 or greater.
- Family-Centered Care: Personal Doctor Who Knows Child – The KanCare CCC rate (91) was very high. Rates from 2020 to 2021 were all 90 or greater. Increasing 5-year trends were obtained for KanCare (0.6 p/yr), SHP TXIX (1.0 p/yr) and SHP TXXI (1.2 p/yr) rates.

Notable Improvements

- Medical Assistance with Smoking and Tobacco Use Cessation
- Smoking and Tobacco Usage – SHP rates showed an improving trend (1.6 pp/yr).
- Discussing Cessation Medications – SHP rates showed an improving trend (3.1 pp/yr).

Opportunities for Improvement

- Rating of All Health Care – The 2021 KanCare adult and KanCare CCC rates ranked <50th. Rates were also relatively low for ABH TXIX CCC and SHP TXIX CCC; both ranked <25th.
- Rating of Personal Doctor – Ratings were relatively low for KanCare GC (<33.33rd) and KanCare CCC (<50th).
- Getting Care Quickly – Although rates remained very high, KanCare GC and KanCare CCC rates declined significantly from 2020. Decreasing 5-year trends were observed for SHP TXXI GC (0.8 p/yr), UHC TXXI GC (1.0 p/yr), KanCare CCC (0.4 p/yr), SHP TXIX CCC (0.6 p/yr), and UHC TXXI CCC (0.7 p/yr) rates.
- Coordination of Care for Children with Chronic Conditions – The KanCare CCC rate (72, <25th) was the lowest score from 2017 to 2021. Rates were also relatively low for each MCO. Declining 5-year trendlines were observed for KanCare CCC (0.9 p/yr) and UHC TXIX and TXXI CCC (2.0 p/yr) rates.

I. Annual Summary of Network Adequacy:

The MCOs continue to recruit and add providers to their networks. The data in this table is based on the Provider Network Report submitted by each MCO quarterly. The counts represent the unique number of NPIs—or, where NPI is not available—provider name and service locations. 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 KS border.
- Qualifying out of state providers (>50 miles from KS border) are counted once.
- Providers for services provided in the member's home are counted once for each county in which they are contracted to provide services.

KanCare MCO	# of Unique Providers as of 3/31/2022	# of Unique Providers as of 6/30/2022	# of Unique Providers as of 9/30/2022	# of Unique Providers as of 12/31/2022
Aetna	51,079	53,215	54,137	54,657
Sunflower	39,654	37,286	41,283	43,702
UHC	44,947	45,053	45,651	46,187

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

^Increases in provider counts reflect revisions subsequent to annual audit and other meetings with MCOs that occurred in Quarter 4, 2020.

KDHE continues to provide feedback and analysis of data trends in the Network Adequacy Report through the KDHE-built monitoring tool. The network adequacy reporting from the MCOs remains problematic to analyze due to repetitive and extensive errors with duplication, incorrect types and specialties, incorrect addresses, and inconsistency in reporting between MCOs.

The State participated in the following Provider Network activities:

- Ongoing automated report management, review and feedback between the State and the MCOs. Reports from the MCOs consist of a wide range of network data reported on standardized templates. Every quarter, the MCOs submit to the State provider network reports with data of providers within their network. Within these reports are unique provider counts that show how many providers are serving KanCare members.
- The MCOs submit a quarterly spreadsheet of the provider directory containing contract required data used in the MCOs' online provider directories for their network members' use.
- The network adequacy team met frequently with each MCO to review policies, and to examine issues of network reporting within the MCOs' quarterly reports. Issues discussed included inconsistent unique provider counts, gaps in provider coverage, and compliance with State report submission protocol.
- The network adequacy team began to implement a new exceptions request process, with the team focusing first on OBGYNs, then Allergists and Gastroenterologists. As a result, MCOs have begun to close service gaps by adding new providers and documenting activities to close any remaining gaps.
- The State applies a trending graph to show changes of provider counts between quarters. With the increase in consistency of map reporting and formatting, the next set of maps the State posts will contain trending graphs which represent count of unique providers and will trend the third quarter 2022 with fourth quarter 2022.

- As a means of contractual compliance, the network adequacy team created the Contract/Directory Evaluation Report in the fourth quarter of 2021 and it was implemented as a quarterly report going forward. The report analyzes the MCOs' quarterly provider directory data by comparing them with the KDHE contract requirements. The results of compliance are measured by a percentage score and are reported to the MCOs.
- The State conducts the Annual Contract Review to assess the MCOs compliance with the contract by reviewing case files, policies, procedures, etc. All contract areas are reviewed every three years. In 2022 (audit year 2), the State chiefly reviewed Service Coordination, Utilization Management, and Drug Coverage. Unsatisfactory compliance is subject to remediation; State subject matter experts have the capability to either approve or change the MCOs plan(s). Contract areas that are inadequate are also reviewed in the following year, as appropriate.
- The State team continues to make improvements to the Access and Availability Report, the Non-Emergency Transport (NEMT) report, the feedback report and mapping formats. The network adequacy team has been working on two additional reports: Non-Participating Provider Reliance Report and HCBS Service Delivery Report.

The team continues to match the MCO's reports against additional data sources to give a clearer picture of the report's accuracy and completeness. The State continued to collect the data files for MCO provider directories in 2022.

As the new Managed Care rules have removed enrollment responsibility from MCOs, the State of Kansas added complete provider enrollment duties into the contract with its Fiscal Agent to build a new MMIS system. In that new system, the State built a provider enrollment portal that all Kansas Medicaid providers must use to enroll. The Fiscal Agent assigns specialties and provider types per the enrollment and taxonomy information provided by the provider. Phase one of this system was operational in 2017. Phase two went live April 2022. The PRN Provider Network File is in JSON format. This file is sent in its entirety at the beginning of the month with additional daily PRN update files sent between the State of Kansas' Fiscal Agent, Gainwell, and the MCOs. Many of the reports that the MCOs generate utilize data within the PRN file. KDHE plans to create mirror data sets from the PRN files to ensure that the data sent from the MCOs' reports are reflective of the data they receive from the Fiscal Agent.

Regarding MCO compliance with provider 24/7 availability, here are the processes, protocols and results from each of the MCOs.

Aetna Annual Assessment of Network Appointment Accessibility

Methodology:
Aetna Better Health of Kansas contracted with SPH Analytics to assess the adequacy of member access to appointments and after-hours services for network providers. Data was collected by SPH Analytics and the results were analyzed against the State standards for access to services for both during and after business hours. The data collection period was from September 13 to September 29, 2022. Opportunities were prioritized and action plans were developed as appropriate; urgent matters were addressed with management immediately. Results are presented to the Grievance and Appeals Committee, Service Improvement Committee, Quality Management/Utilization Management Committee, and the Quality Management Oversight Committee.

Aetna Better Health of Kansas defines practitioner types as follows:

Category	Practitioner Type
Primary Care Provider	General Pediatrician, Family Practitioner, General Internist, General Practitioner, Federally Qualified Health Center, Rural Health Center,
Specialty Care	Oncology
Obstetrician	Obstetrician/Gynecologist
Behavioral Health	Prescribers: Psychiatrist, Psychiatric Nurse Practitioner, Non-Prescribers: Licensed Clinical Mental Health Professional-LCMHP, Licensed Mental Health Professional-LMHP, Psychiatrist, Licensed Clinical Psychotherapist - LCP, Positive Behavior Support, Licensed Master's Level Psychologist -LMLP

For appointment availability audits, 2,115 unique provider telephone numbers were included in the sample, which represented all available unique telephone numbers in the Aetna Better Health of Kansas provider universe. When de-duplicating by unique phone number, preference was given to provider types that were smaller (i.e., OBGYN, oncology). Providers with the following specialty types were included: PCPs, Oncologists, Obstetrician/Gynecologists, Behavioral, and SUD Providers. These providers were not reached because these surveys were assigned a disposition code that indicated the reason for failure to reach (i.e., wrong number, non-working number, fax number).

Table 1: Most Common Reasons for Not Being Able to Survey Offices

	PCP		Specialist		OB		MH		SUD		Total	
	2021	2022	2021	2022	2021	2022	2021	2022	2021	2022	2021	2022
	% (n)		% (n)		% (n)		% (n)		% (n)		% (n)	
Sample Size (Total Number of Providers Contacted)	663	1159	80	14	112	48	340	805	331	89	1526	2115
a. Survey Completed	226	392	14	3	29	9	45	141	48	31	362	576
b. Survey Not Completed	437	767	66	11	83	39	295	663	283	59	1164	1539
Refused to Participate	0.5%	0.9%	0.0%	0.0%	0.9%	0.0%	0.0%	0.6%	0.0%	0.0%	0.3%	0.7%
(number)	3	10	0	0	1	0	0	5	0	0	4	15
Unable to Contact After 3 Attempts	48.9 %	50.7 %	62.5 %	50.0 %	56.3 %	47.9 %	71.2 %	74.8 %	70.1 %	55.1 %	59.7 %	60.0 %
(number)	324	588	50	7	63	23	242	602	232	49	911	1269
Technical Problems	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
(number)	0	0	0	0	0	0	0	0		0	0	0
Moved, No Updated Information	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
(number)	0	0	0	0	0	0	0	0	0	0	0	0
Incorrect Phone Number	15.8 %	14.5 %	20.0 %	28.6 %	17.0 %	33.3 %	14.7 %	7.0%	15.4 %	11.2 %	15.8 %	12.0 %
(number)	105	168	16	4	19	16	50	56	51	10	241	254
Other	0.8%	0.1%	0.0%	0.0%	0.0%	0.0%	0.9%	0.0%	0.0%	0.0%	0.5%	0.0%
(number)	5	1	0	0	0	0	3	0	0	0	8	1
Total Not Surveyed	65.9 %	66.2 %	82.5 %	78.6 %	74.1 %	81.3 %	86.8 %	82.4 %	85.5 %	66.3 %	76.3 %	60.8 %
(number should equal Row 7)	437	767	66	11	83	39	295	663	283	59	1164	1285

Table 2.1a: Offices Surveyed in Compliance with State Contractual Appointment Standards

	PCP (Overall)		Specialist		MH		SUD		Total	
	2021	2022	2021	2022	2021	2022	2021	2022	2021	2022
	% (n)		% (n)		% (n)		% (n)		% (n)	
Sample Size-Total Sampled	663	1159	80	14	340	805	331	89	1414	2067
Emergency Care	19.5%	18.6%	17.5%	14.3%	5.6%	3.7%	7.9%	15.7%	13.3%	12.7%
(number)	129	216	14	2	19	30	26	14	188	262
Urgent Care	20.1%	19.0%	25.0%	7.1%	6.2%	7.7%	6.6%	18.0%	13.9%	14.5%
(number)	133	220	20	1	21	62	22	16	196	299
Routine Care	26.5%	27.9%	42.5%	14.3%	9.7%	12.5%	13.9%	23.6%	20.4%	21.6%
(number)	176	323	34	2	33	101	46	21	289	447
Adult Physical	0.0%	19.6%	N/A		N/A		N/A		0.0%	0.0%
(number)	0	130							0	617
EPSDT/Well-Child	0.0%	10.1%	N/A		N/A		N/A		N/A	0.0%
(number)	0	67							0	0

Table 2.1b: Offices Surveyed in Compliance with State Contractual Appointment Standards

	OB	
	2021	2022
	% (n)	
Sample Size-Total Sampled	112	48
After-Hours Coverage	15.2%	12.5%
(number)	17	6
OB 1st Trimester	14.3%	16.7%
(number)	16	8
OB 2nd Trimester	9.8%	12.5%
(number)	11	6
OB 3rd Trimester	5.4%	10.4%
(number)	6	5
OB High Risk	N/A	
(number)	N/A	

For after-hours audits, the same universe of providers at unique telephone numbers was utilized and a random sample of 500 providers were selected for outreach. This represents a statistically valid sample of the unique telephone numbers in the Aetna Better Health Provider Network. All providers who were non-compliant in 2021 and who were still participating in the Aetna Better Health of Kansas Network at the time of the 2022 survey were included.

Table 3: After-Hours Access Compliance

	PCP		Specialist		OB		BH		Total	
	2021	2022	2021	2022	2021	2022	2021	2022	2021	2022
	% (n)		% (n)		% (n)		% (n)		% (n)	
Sample Size (after-hours)	208	219	80	14	112	48	154	219	554	500
Compliant*										
Acceptable Response	34.1%	12.8%	28.8%	14.3%	11.6%	4.2%	5.8%	5.5%	20.9%	8.8%
(number)	71	28	23	2	13	2	9	12	116	44
Answering Machine	25.5%	27.%	23.8%	50.0%	31.3%	35.4%	17.5%	15.5%	24.2%	23.8%
(number)	53	61	19	7	35	17	27	34	134	119
Percent Compliant	59.6%	40.%	52.5%	64.3%	42.9%	39.6%	23.4%	21.0%	45.1%	32.%
Total Compliant	124	89	42	9	48	19	36	46	250	163
Non-Compliant**										
No Answer	15.9%	16.9%	15.0%	14.3%	23.2%	16.7%	22.1%	10.5%	19.0%	14.0%
(number)	33	37	12	2	26	8	34	23	105	70
Other Unacceptable	24.5%	42.5%	32.5%	21.4%	33.9%	43.8%	54.5%	68.5%	35.9%	53.4%
(number)	51	93	26	3	38	21	84	150	199	267
Percent Non-Compliant	40.4%	59.4%	47.5%	35.7%	57.1%	60.4%	76.6%	79.0%	54.9%	67.4%
Total Non-Compliant	84	130	38	5	64	29	118	173	304	337

The overall response rate was 27% of providers that ABH tried to reach for the 2022 survey. The Unsuccessful Attempts to contact after three calls rate is a concern, however many of those answering the phone did not feel they were qualified to answer questions for the survey, thus reducing the response rate. For those providers who responded to the survey but were not compliant, Aetna Better Health of Kansas Provider Experience team will make outreach to educate regarding the State standards and work with those provider offices to reduce any barriers to meeting the standards.

Barriers to Compliance Notated by Providers:

- Most appointment schedulers are not able to make appointments for anything other than routine services.
- The Behavioral Health Providers also uniformly agreed that the options for after-hours coverage for independent providers is a complex issue, which requires additional cooperation with the larger CMHCs/CCBHCs. This is a conversation that ABH KS plans to coordinate in the coming year.

Lessons Learned:
Three attempts may not be enough to increase the number of responses. Next year ABH KS proposes that the combined survey include more than three attempts to contact providers.

Plans for Improvement:
Aetna Better Health would like to work cooperatively with the other two MCOs to create one large survey, conducted by an agreed upon Vendor. We believe that one outreach, versus three separate attempts will elicit a higher number of responses, and a more accurate reflection of the Access and Availability of our provider community.

Additionally, based on these survey results, our Provider Experience team will reach out to each provider who is not compliant with the State Standards. ABH anticipated having those calls completed by December 31, 2022. This allowed them to determine how they can improve their practice needs for patient scheduling, appointment availability, and determine how they can break down any barriers to care.

Sunflower Annual Assessment of Network Appointment Accessibility

Sunflower Health Plan monitors primary care appointment and after-hours access, specialty care, and behavioral health practitioner appointment accessibility annually against its standards, and initiates actions as needed to improve. It monitors primary care practitioner (PCP) and specialist appointment accessibility, primary care after-hours access, and behavioral health practitioners to ensure members have access to medical care 24 hours a day, 7 days a week. Sunflower Health Plan also monitors office wait times and defines an acceptable wait time as within 45 minutes from the time the member enters a practitioner office, for both PCP and specialists.

The Appointment Availability survey and the script included both Appointment Availability and Provider Directory accuracy questions. Sunflower supplied SPH Analytics with a list of the following provider types in the network for the Appointment Availability Survey: PCPs, Oncologists, OB/GYNs, Behavioral Health Prescribers, and Behavioral Health Non-Prescribers. SPH removed records with duplicate telephone numbers, so that one survey was attempted for each unique telephone number. SPH Analytics used a Computer-Assisted Telephone Interviewing (CATI) methodology.

Sunflower Health Plan's appointment availability surveys request confirmation that the practitioner can accommodate members' appointment needs based on current practitioner availability for routine and urgent appointments. Data was collected by standardized survey; offices were contacted by telephone during normal business hours to determine if practitioners are adhering to the appointment access standards for new patients. Offices were queried about urgent appointments and routine care accessibility for the first available, second available, and third available appointments, as well as office wait time. Sunflower Health Plan considers the third appointment availability to be the best overall indicator of appointment availability, as the first and second available appointments may reflect available urgent appointments or appointments available due to cancellations for a given day, which may not represent average accessibility. Successful survey completions were completed with 895 practitioner offices for PCPs and specialists.

Table 1: Most Common Reasons for Not Being Able to Survey Offices

	PCP		Specialist		OB		MH		SUD		Total	
	2021	2022	2021	2022	2021	2022	2021	2022	2021	2022	2021	2022
	% (n)		% (n)		% (n)		% (n)		% (n)		% (n)	
Sample Size (Total Providers Contacted)	200	403	75	56	100	198	129	117	46	121	550	895
a. Survey Completed	238	403	18	56	118	198	214	117	0	121	588	895
b. Survey Not Completed	285	0	125	0	116	0	238	0	0	0	764	0
Refused to Participate	0.5%	0.0%	5.3%	0.0%	2.0%	0.0%	2.3%	0.0%	0.0%	0.0%	1.8%	0.0%
(number)	1	0	4	0	2	0	3	0	0	0	10	0
Unable to Contact After 3 Attempts	26.5%	0.0%	46.7%	0.0%	46.0%	0.0%	99.2%	0.0%	0.0%	0.0%	47.6%	0.0%
(number)	53	0	35	0	46	0	128	0	0	0	262	0
Technical Problems	10.5%	0.0%	16.0%	0.0%	5.0%	0.0%	28.7%	0.0%	0.0%	0.0%	13.6%	0.0%
(number)	21	0	12	0	5	0	37	0	0	0	75	0
Moved, No Updated Inf	43.0%	0.0%	40.0%	0.0%	34.0%	0.0%	27.9%	0.0%	0.0%	0.0%	33.8%	0.0%
(number)	86	0	30	0	34	0	36	0	0	0	186	0
Incorrect Phone Number	44.5%	0.0%	16.0%	0.0%	7.0%	0.0%	10.1%	0.0%	0.0%	0.0%	22.0%	0.0%
(number)	89	0	12	0	7	0	13	0	0	0	121	0
Other	17.5%	0.0%	42.7%	0.0%	22.0%	0.0%	16.3%	0.0%	0.0%	0.0%	20.0%	0.0%
(number)	35	0	32	0	22	0	21	0	0	0	110	0
Total Not Surveyed	142.5%	0.0%	166.7%	0.0%	116.0%	0.0%	184.5%	0.0%	0.0%	0.0%	138.9%	0.0%

Table 2: Offices Surveyed in Compliance with State Contractual Appointment Standards

	PCP (Overall)		Specialist		MH		SUD		Total	
	2021	2022	2021	2022	2021	2022	2021	2022	2021	2022
	% (n)		% (n)		% (n)		% (n)		% (n)	
Sample Size-Total Sampled	200	403	75	56	129	117	46	121	450	697
Emergency Care	0.0%	0.0%	0.0%	0.0%	52.7%	0.0%	0.0%	0.0%	15.1%	0.0%
(number)	0	0	0	0	68	0	0	0	68	0
Urgent Care	75.5%	84.1%	25.3%	32.1%	32.6%	57.3%	0.0%	86.0%	47.1%	75.8%
(number)	151	339	19	18	42	67	0	104	212	528
Routine Care	67.5%	95.8%	30.7%	35.7%	38.8%	55.6%	0.0%	94.2%	46.2%	83.9%
(number)	135	386	23	20	50	65	0	114	208	585
Adult Physical	0.0%	0.0%	N/A	N/A	N/A	N/A	N/A	N/A	0.0%	0.0%
(number)	0	0	0	0	0	0	0	0	0	0
EPSDT/Well-Child	0.0%	84.1%	N/A	N/A	N/A	N/A	N/A	N/A	0.0%	84.1%
(number)	0	339	0	0	0	0	0	0	0	339

Table 3: Offices Surveyed in Compliance with State Contractual Standards

	OB	
	2021	2022
	% (n)	
Sample Size-Total Sampled	100	198
After-Hours Coverage	0.0%	0.0%
(number)	0	0
OB 1st Trimester	31.0%	94.4%
(number)	31	187
OB 2nd Trimester	30.0%	92.9%
(number)	30	184
OB 3rd Trimester	31.0%	88.4%
(number)	31	175
OB High Risk	N/A	
(number)	N/A	

Primary Care Providers (PCPs) were canvassed for the after-hours survey. The sample size for the after-hours survey was 1,644 with 1,168 having an answering service or answering machine and 123 answered in person. Interviewers utilized a prepared script that identified Sunflower Health Plan during the call. If connected to an answering service, it assessed how urgent/emergency calls are handled to determine if the provider was compliant or noncompliant. The overall compliance for the 2022 after-hours survey was 71%, with an increase of 17% from the prior year. The increase in providers surveyed likely contributed to the additional training and outreach to providers. Sunflower will continue to ensure providers are aware of after-hours standards through bulletins, information in their provider manual, website, trainings, and forums and discussions.

Table 4: After-Hours Access Compliance

	PCP	
	2021	2022
	% (n)	
Sample Size (number of providers contacted after regular business hours)	201	1,644
	Compliant	
Acceptable Response	19.9%	44.7%
(Number)	40	719
Answering Machine	33.80%	27.3%
(Number)	68	449
Percent Compliant	53.7%	71.0%
Total Compliant	108	1,168
	Non-Compliant	
No Answer	1.5%	16.4%
(number)	3	271
Other Unacceptable	44.8%	12.4%
(number)	90	205
Percent Non-Compliant	46.3%	29.0%
Total Non-Compliant	93	476

UnitedHealthcare Annual Assessment of Network Appointment Accessibility

UHC sampled 914 providers including all non-compliant providers. The follow-up items from the 2022 Timeliness Survey have been provided and discussed with the Provider Relations manager and the Provider Relations team is currently working through these issues. While improvements have occurred, the health plan remains aware that there is still an opportunity for improving provider demographic information. The main cause of unsuccessful attempts throughout the survey were due to a provider not accepting Medicaid insurance or not accepting new patients, the provider is a specialist provider but was not coded as such in United's database, or provider moved. The demographic data has improved, as there were 89 providers noted as "moved" during the 2021 survey and that has decreased to 11 providers noted as "moved" during the 2022 survey. Correcting provider demographic information remains on the forefront of assignments for the Provider Relations team. The Provider Relations team continues to provide education to practices regarding the process of notifying UHC when a provider leaves their practice. The Median Numbers of Days Wait to Appointment Times were within the state's standards for all provider types and improvements in wait time were noted with several of the provider appointment types. Per the Provider Relations Manager, most of the After-hours Non-compliance issues are related to having the incorrect after-hours phone number on file. The Provider Relations team continues to work on updating these phone numbers in the UHC system, as follow-up with provider offices occurs. Most providers have an answering service, nurse line, on-call provider, or the voicemail recording provides a contact number for a provider on call.

Table 1: Most Common Reasons for Not Being Able to Survey Offices

	PCP		Specialist		OB		MH		SUD		Total	
	2021	2022	2021	2022	2021	2022	2021	2022	2021	2022	2021	2022
	% (n)		% (n)		% (n)		% (n)		% (n)		% (n)	
Sample Size (Total Number of Providers Contacted)	242	237	224	213	149	188	241	199	78	77	934	914
a. Survey Completed	183	204	179	180	113	156	222	199	75	74	772	813
b. Survey Not Completed	58	33	45	33	36	32	19	-	3	3	161	101
Refused to Participate	0.0%	0.0%	1.3%	3.8%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.3%	0.9%
(number)	0	0	3	8	0	0	0	0	0	0	3	8
Unable to Contact After 3 Attempts	0.4%	0.0%	3.6%	1.9%	3.4%	0.0%	0.0%	0.0%	0.0%	0.0%	1.5%	0.4%
(number)	1	0	8	4	5	0	0	0	0	0	14	4
Technical Problems	0.0%	0.0%	0.0%	2.8%	0.0%	6.4%	0.0%	0.0%	0.0%	0.0%	0.0%	2.0%
(number)	0	0	0	6	0	12	0	0	0	0	0	18
Moved, No Updated	9.9%	2.5%	12.5%	1.9%	10.1%	0.5%	7.9%	0.0%	3.8%	0.0%	9.5%	1.2%
(number)	24	6	28	4	15	1	19	0	3	0	89	11
Incorrect Phone Number	0.0%	2.5%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.7%
(number)	0	6	0	0	0	0	0	0	0	0	0	6
Other	13.6%	8.9%	2.7%	5.2%	10.7%	9.6%	0.0%	0.0%	0.0%	3.9%	5.9%	5.8%
(number)	33	21	6	11	16	18	0	0	0	3	55	53
Total Not Surveyed	24.0%	13.9%	20.1%	15.5%	24.2%	16.5%	7.9%	0.0%	3.8%	3.9%	17.2%	10.3%
(number should equal Row 7)	58	33	45	33	36	31	19	0	3	3	161	94

Table 2: Offices Surveyed in Compliance with State Contractual Appointment Standards

	PCP (Overall)		Specialist		MH		SUD		Total	
	2020	2021	2020	2021	2020	2021	2020	2021	2020	2021
	% (n)		% (n)		% (n)		% (n)		% (n)	
Sample Size-Total Sampled	242	237	224	213	241	199	78	77	785	726
Emergency Care	75.6%	85.7%	67.0%	84.5%	92.1%	100.0%	96.2%	90.9%	80.3%	89.8%
(number)	183	203	150	180	222	199	75	70	630	652
Urgent Care	75.6%	86.1%	67.9%	69.5%	88.8%	90.5%	96.2%	96.1%	79.5%	83.5%
(number)	183	204	152	148	214	180	75	74	624	606
Routine Care	52.5%	78.5%	62.1%	84.5%	92.1%	100.0%	96.2%	96.1%	71.7%	88.0%
(number)	127	186	139	180	222	199	75	74	563	639
Adult Physical	0.0%	0.0%	N/A	N/A	N/A	N/A	N/A	N/A	0.0%	0.0%
(number)	0	0	N/A	N/A	N/A	N/A	N/A	N/A	0	0
EPSDT/Well-Child	0.0%	0.0%	N/A	N/A	N/A	N/A	N/A	N/A	0.0%	0.0%
(number)	0	0	N/A	N/A	N/A	N/A	N/A	N/A	0	0

Table 3: Offices Surveyed in Compliance with State Contractual Appointment Standards

	OB	
	2021	2022
	% (n)	
Sample Size-Total Sampled	149	188
After-Hours Coverage	89.3%	100.0%
(number)	133	188
OB 1st Trimester	70.5%	83.0%
(number)	105	156
OB 2nd Trimester	68.5%	78.7%
(number)	102	148
OB 3rd Trimester	65.1%	78.7%
(number)	97	148
OB High Risk	N/A	
(number)	N/A	

Table 4: After-Hours Access Compliance

	PCP		Specialist		OB		BH		Total	
	2021	2022	2021	2022	2021	2022	2021	2022	2021	2022
	% (n)		% (n)		% (n)		% (n)		% (n)	
Sample Size (contacted after regular business hours)	242	237	183	213	136	189	319	199	880	838
Compliant*										
Acceptable Response	97.1%	98.7%	91.8%	94.8%	85.3%	100.0%	93.4%	93.0%	92.8%	96.7%
(number)	235	234	168	202	116	189	298	185	817	810
Answering Machine	0.0%	0.0%	6.0%	0.0%	12.5%	0.0%	1.9%	0.0%	3.9%	0.0%
(number)	0	0	11	0	17	0	6	0	34	0
Percent Compliant	97.1%	98.7%	97.8%	94.8%	97.8%	100.0%	95.3%	93.0%	96.7%	96.7%
Total Compliant	235	234	179	202	133	189	304	185	851	810
Non-Compliant**										
No Answer	1.6%	0.4%	1.5%	0.0%	0.9%	0.0%	0.0%	1.6%	1.4%	0.7%
(number)	2	1	2	0	1	0	0	5	5	6
Other Unacceptable	2.4%	2.5%	1.5%	2.2%	0.9%	2.2%	0.0%	3.1%	1.6%	2.6%
(number)	3	6	2	4	1	3	0	10	6	23
Percent Non-Compliant	4.1%	2.9%	3.0%	2.2%	1.8%	2.2%	0.0%	4.7%	3.0%	3.3%
Total Non-Compliant	5	7	4	4	2	3	0	15	11	29

KFMC HEALTH IMPROVEMENT PARTNERS PRIMARY PROVIDER ACCESS STUDY

The State asked KFMC to perform a targeted analysis of PCP access in KanCare. The draft 2022 report is not due to the State until March 31, 2023; therefore, currently there is nothing further to report. KFMC sample sizes and records from 2021 are in the table below:

Managed Care Organization	Sample Frame Size (N)	Sample Size (n)	Count of Records in Final Sample
Aetna Better Health of Kansas	3,312	416	405
Sunflower Health Plan	2,126	531	456
UnitedHealthcare Community Plan of Kansas	2,024	387	366
PCPs represented by multiple MCOs	n/a	15	15
KanCare	n/a	1,318*	1,211*

Call Results Callers placed calls to providers listed in 1,318 PCP records ("all records") from September 22, 2021, through January 3, 2022.

Category of audit results	Number of records	% of total 1,211 eligible
Fully Met	159	13.1%
Substantially Met	478	39.5%
Partially Met	276	22.8%
Not Met	298	24.6%

Records deemed Not Met clearly failed to satisfy the study's standards for PCP after-hours availability. Subcategories of this group were:

- Calls in which the caller reached a provider's answering machine recording that offered no instructions or was unclear,
- Calls in which the person reached indicated that a provider could not be made available after hours,
- Calls in which the person reached indicated that the provider was not practicing at that location and no provider could be made available after hours, and
- Calls regarded as "no answer" where one or more of the following outcomes were present: a busy signal was reached, the call either disconnected or the phone stopped ringing, the caller reached a recording that indicated the phone number was no longer in service, there was no connection after the line rang for at least 30 seconds, or other reason beyond those indicated previously.

Once the MCOs have had a chance to review and rebut the findings, the full completed report will be attached to the Annual EQRO KanCare Technical Evaluation Report.

J. HCBS Consumer Satisfaction Surveys

Beginning July 2021, the managed care organizations began to submit quarterly satisfaction data from their consumers. Most of the surveys were taken during care coordination visits, but there were also some survey answers derived from interactive voice surveys during consumer calls to the health plans. 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.

In 2022, the MCOs and the State started to standardize HCBS consumer satisfaction questions to ask during the year. The MCOs worked to change their processes and to encourage care coordinators to assess their assigned consumer's contentedness with their services and care. Mid-year, the State requested two new questions to further define satisfaction with home services. The following is the 2022 yearly summary.

Assessment	Q1 2022	Q2 2022	Q3 2022	Q4 2022	Total	% Total
How satisfied are you with the Health Plan?						
Satisfied	2,304	1,691	1,201	1,591	6,787	59.68
Very Satisfied	1,485	1,086	980	938	4,489	39.47
Dissatisfied	0	15	13	21	49	0.43
Very Dissatisfied	0	18	8	22	48	0.42
Total	3,789	2,810	2,202	2,572	11,373	
How satisfied are you with your Adult Day Center Provider?						
Satisfied	753	537	476	542	2,308	62.56
Very Satisfied	442	340	297	316	1,395	39.47
Dissatisfied	8	8	7	14	37	1.00
Very Dissatisfied	4	7	3	4	18	0.49
Total	1,207	823	783	876	3,689	
How satisfied are you with your Assisted Living Facility Provider?						
Satisfied	152	145	120	170	587	55.17
Very Satisfied	110	117	115	99	441	41.45
Dissatisfied	10	5	7	8	30	2.82
Very Dissatisfied	1	4	1	0	6	0.56
Total	273	271	243	277	1,064	
How satisfied are you with your Care Coordinator?						
Satisfied	1,879	1,269	1,093	1,192	5,433	56.40
Very Satisfied	1,435	1,030	935	879	4,279	44.42
Dissatisfied	0	8	5	11	24	0.25
Very Dissatisfied	4	10	7	9	30	0.31
Total	3,318	21,84	2,040	2,091	9,633	
How satisfied are you with your Fiscal Management Agency?						
Satisfied	638	386	348	369	1,741	53.13
Very Satisfied	481	385	329	312	1,507	45.99
Dissatisfied	5	8	5	5	23	0.70
Very Dissatisfied	1	2	1	2	6	0.18
Total	1,125	781	683	688	3,277	
How satisfied are you with your Institutional Provider?						
Satisfied	195	217	141	208	761	67.83
Very Satisfied	61	83	72	99	315	28.07
Dissatisfied	2	6	5	15	28	2.50
Very Dissatisfied	0	11	2	5	18	1.60
Total	258	317	220	327	1,122	
How satisfied are you with your Personal Care Attendant/Worker Provider?						
Satisfied	866	520	512	545	2,443	44.47
Very Satisfied	869	940	570	500	2,879	52.41

Assessment	Q1 2022	Q2 2022	Q3 2022	Q4 2022	Total	% Total
Dissatisfied	40	45	23	27	135	2.46
Very Dissatisfied	8	14	8	6	36	0.66
Total	1,783	1,519	1,113	1,078	5,493	
How satisfied are you with your Transportation Provider?						
Satisfied	94	79	55	92	320	54.79
Very Satisfied	34	60	35	39	168	28.77
Dissatisfied	8	14	14	13	49	8.39
Very Dissatisfied	3	10	16	18	47	8.05
Total	139	163	120	162	584	
How satisfied are you with the availability of home providers?						
Satisfied	4	336	270	304	914	49.25
Very Satisfied	2	286	170	140	598	32.22
Dissatisfied	0	112	70	66	248	13.36
Very Dissatisfied	0	47	23	26	96	5.17
Total	6	781	533	536	1856	
How satisfied are you with wait times for services in the home?						
Satisfied	3	269	196	213	681	44.42
Very Satisfied	3	276	173	103	555	36.20
Dissatisfied	1	107	70	36	214	13.96
Very Dissatisfied	0	48	21	14	83	5.41
Total	7	700	460	366	1533	
Do you have a paid or volunteer job in the community?						
Yes	697	497	438	409	2,041	13.30
No	4,398	3,113	2,979	2,820	13,310	86.70
Total	5,095	3,610	3,417	3,229	15,351	
Do you feel safe in your home/where you live?						
Yes	5,091	3,550	3,383	3,198	15,222	99.14
No	27	38	31	36	132	0.86
Total	5,118	3,588	3,414	3,234	15,234	
Are you able to make decisions about your daily routine?						
Yes	5,027	3,492	3,330	3,137	14,986	97.21
No	122	109	92	107	430	2.79
Total	5,149	3,601	3,422	3,244	15,416	
Are you able to do things you enjoy outside of your home and with whom you want to?						
Yes	4,825	3,355	3,193	3,004	14,377	93.24
No	330	259	222	231	1,042	6.76
Total	5,155	3,614	3,415	3,235	15,419	
Can you see or talk to your friends and family (who do not live with you) When you want to?						
Yes	4,972	3,505	3,309	3,130	14,916	97.51
No	146	78	77	80	381	2.49
Total	5,118	3,583	3,386	3,210	15,297	
In general, do you like where you are living right now?						
Yes	5,013	3,492	3,322	3,139	14,966	97.82
No	91	86	76	80	333	2.18
Total	5,104	3,578	3,398	3,219	15,299	

IV. STC 64(c) – Budget Neutrality and Financial Reporting Requirements

Total annual expenditures for the demonstration population, with administrative costs reported separately, are set out in the attached document entitled "KanCare Expenditure & Enrollment Data DY10 CY2022." Yearly enrollment reports for demonstration enrollees are also set out in the attached document entitled "KanCare Expenditure & Enrollment Data DY10 CY2022." The yearly enrollment reports include all individuals enrolled in the demonstration, the member months as required to evaluate compliance with the budget neutrality agreement, and the total number of unique enrollees within the demonstration year.

The State has updated the quarterly Budget Neutrality template provided by CMS and has submitted this through the PDMA system. Please see Section VI of the fourth quarter report. The expenditures contained in the document reconcile to Schedule C from the CMS 64 report for quarter ending December 31, 2022.

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 attached Safety Net Care Pool Reports identify pool payments to participating hospitals, including funding sources, applicable to DY10 (CY2022).

Disproportionate Share Hospital payments continue, as does support for graduate medical education.
Delivery System Reform Incentive Payment (DSRIP) Pool: The DSRIP pool ended December 21, 2020.

Summary of Plan Financial Performance: As of December 31, 2022, all three plans are in a sound and solvent financial standing.

Statutory filings for the KanCare health plans can be found on the National Association of Insurance Commissioners' (NAIC) "Company Search for Compliant and Financial Information" website[6].

V. STC 64(d) – Evaluation Activities and Interim Findings

A. The State Quality Strategy:

The KanCare Quality Management Strategy, along with the Quality Assurance and Performance Improvement (QAPI) plans of the KanCare MCOs, are dynamic and responsive tools to support strong, high quality performance of the program. As such, they will be regularly reviewed and operational details will be continually evaluated, adjusted and put into use. This approach is guided by information collected from KanCare managed care organization (MCO) and state reporting, quality monitoring, onsite reviews and other KanCare contract monitoring results; external quality review findings and reports; feedback from State and Federal agencies, the KanCare MCOs, Medicaid providers, Medicaid members, and public health advocates. This combined information assists KDHE, KDADS and the MCOs to identify and recommend quality initiatives to monitor and implement the State's KanCare Quality Management Strategy (QMS). The QMS is consistent with the managed care contract and approved terms and conditions of the KanCare 1115 Medicaid demonstration. A draft of the revised QMS was posted to the KanCare website for feedback, shared with the Medical Care Advisory Committee, and sent for tribal consideration. The State allowed at least 30 days for these groups to examine the proposed QMS and provide comments. The feedback and the State's responses to the feedback was included in the QMS. The revised QMS is posted on the KanCare website under the Quality Measurement tab in the Quality Management Strategy section

[6] https://eapps.naic.org/cis/

The State values a collaborative approach that will allow all KanCare MCOs, providers, policy makers and monitors to maximize the strength of the KanCare program and services. Kansas recognizes that some of the performance measures for this program represent performance that is above the norm in existing programs, or first-of-their-kind measures designed to drive to stronger ultimate outcomes for members and will require additional effort by the KanCare MCOs and network providers. Therefore, Kansas continues to work collaboratively with the MCOs and provide ongoing policy guidance and program direction in a good faith effort to ensure that all of the measures are clearly understood; that all measures are consistently and clearly defined for operationalizing; that the necessary data to evaluate the measures are identified and accessible; and that every concern or consideration from the MCOs is heard. When that process is complete (and as it recurs over time), as determined by the State, final details are communicated and binding upon each MCO.

To support the quality strategy, KDHE staff conducts regular meetings with MCO staff, relevant cross-agency program management staff, and EQRO staff to work on KanCare operational details and ensure that quality activities are occurring consistent with Section 1115 standard terms and conditions, the KanCare quality management strategy and KanCare contract requirements. Included in this work have been reviews, revisions, and updates to the QMS, including operational specifications of the performance measures (and pay for performance measures); reporting specifications and templates; LTSS oversight and plan of care review/approval protocols; KanCare Key Activity Management Reports; and PIP Activity Reports (PARs). All products are distributed to relevant cross-agency program and financial management staff and are incorporated into updated QMS and other documents.

Kansas has provided quarterly updates to CMS about the various activities related to HEDIS measurements, CAHPS surveys, Mental Health surveys, Pay for Performance measures, and about specific activities related to MLTSS services, quality measures, and related HCBS waiver amendment application development and submission. Performance measures continue to evolve, and change based upon analysis of Healthcare Effectiveness Data and Information Set (HEDIS) data and claim encounter data.

The State participated in the following activities:

- Developed detailed methodologies and analytic plans for testing hypotheses.
- Continued participation in OCK and Employment Pilot Advisory Group meetings.
- Reviewed/discussed data sources, reports and findings with KDHE, KDADS and the MCOs during quarterly contract meetings and as needed.
- Provided quarterly written updates to KDHE regarding KanCare 2.0 Evaluation progress.
- Provided annual reports of progress and any key findings by April each year.
- Participated in ongoing automated report management, review, and feedback between the State and the MCOs. Reports from the MCOs consist of a wide range of data reported on standardized templates. State administration of the reporting site transitioned to the External Quality Review (EQR) audit team. The team continued to work with the site administrator to make improvements to the reporting database. For example, discontinuing unneeded reports, adding new reports and updating the tip sheets with more robust information for all levels of users.
- The Provider Satisfaction Survey results were reported in the Report Administration system. This includes the MCOs submission of survey tools and methodology for State approval prior to survey implementation. The methodologies for the 2022 surveys were submitted on or before August 31, 2022. None of the plans met the requirements in the 2022 surveys and the State sent feedback to each MCO with the changes needed to meet the requirements in 2023. The MCOs continued to collaborate with a shared contractor on a survey where providers answer the same questions regarding their experience with all three MCOs in the same survey. The collaborative survey is scheduled to be sent to the State in 2023 for review and approval.

- Posted a member-friendly table of all the MCOs' PIPs, with a simplified description of their interventions, to the KanCare website. KDHE developed a table that includes more technical information and highlights the change being piloted with each intervention.
- Reviewed feedback from CMS on June 22, 2022, regarding the QMS. CMS requested information related to non-duplication option in 42 CFR 438.360 for the EQR. The State has responded to CMS regarding this comment. CMS was notified that the State incorrectly indicated that KanCare utilizes the non-duplication option. Kansas does not use the non-duplication option.
- Continued state staff participation in cross-agency long-term care meetings to report quality assurance and programmatic activities to KDHE for oversight and collaboration.
- Continued participation in weekly calls with each MCO to discuss ongoing provider and member issues, and to troubleshoot operational problems. Progress is monitored through these calls and through issue logs. Leadership from KDADS, KDHE and the three MCOs meet monthly to discuss issues and improvements to KanCare.

B. Utilization Data:

One component of the State's analysis of the Medicaid program is a comparison of the previous KanCare demonstration year (ending CY 2020) with the current demonstration year (beginning CY 2021). Each annual report will add utilization data for the previous calendar year throughout the KanCare 2.0 demonstration period. This comparison provides information on shifts and trends in general and specific service areas, including services for both physical and behavioral health care needs, nursing facility and, HCBS services, as well as inpatient and outpatient service settings. Refinement of the processes for compiling utilization data has allowed the State to compare utilization across a spectrum of twenty-one service types which allows the monitoring of specific service areas as well as general service types across the entire array of Managed Care services. There have been changes to the method of calculation for HCBS and LTC, while the numbers are different the trending information remains the same. The State will continue to build off this for further analysis.

		Claims/1000 member-months		Days/1000 member-months		Unduplicated prescriptions/1000	
		2020	2021	2020	2021	2020	2021
Outpatient ER	Claims	822	888	0	0	0	0
Outpatient ER ANCILLARY	Claims	3,391	3,628	0	0	0	0
Outpatient Non-ER	Claims	3,440	3,750	0	0	0	0
Inpatient	Days			783	631	0	0
Medical-Specialty	Claims	2,460	2,665	0	0	0	0
Medical-General Practice	Claims	4,498	4,481	0	0	0	0
Medical-Other	Claims	728	722	0	0	0	0
Dental	Claims	3,324	3,328	0	0	0	0
Vision	Claims	1,142	1,222	0	0	0	0
FQHCs/RHCs	Claims	1,040	1,173	0	0	0	0
Transportation - AMB	Claims	222	208	0	0	0	0
Transportation - NEMT	Claims	823	804	0	0	0	0
Pharmacy	Prescriptions			0	0	5,119	4,998
DME	Claims	764	732	0	0	0	0
Hospice	Claims	265	204	0	0	0	0
Independent Laboratory	Claims	1,695	1,719	0	0	0	0
Renal Dialysis Center	Claims	334	363	0	0	0	0
Targeted Case Management	Claims	591	658	0	0	0	0
HCBS	Units	463,055	457,178	0	0	0	0
Behavioral Health	Claims	5,349	5,521	133	128	0	0
Long Term Care	Days	0	0	376,736	369,715	0	0

C. Summary of Performance Improvement Projects (PIPs):

With the implementation of KanCare 2.0, each MCO is required to participate in six PIPs. MCOs are contractually required to annually perform at least three clinical, two non-clinical PIPs, and one of the non-clinical PIPs focused on LTSS.

With changes to Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) Reporting the State has begun stratifying by age. All three MCOs fell below the 85% mark on their EPSDT 416 report measures except in the case of the under 1-year old population. They are all required to initiate an EPSDT Outreach and Engagement PIP.

Summary of PIP activities include:

- Beginning in 2022, MCO PIP meetings were ad hoc rather than regularly scheduled.
- Approval of all PIP Methodology worksheets.
- Collaborative PIP to focus on the COVID-19 pandemic and increasing the rates of COVID-19 vaccinations. One of the MCOs experienced a technical issue causing underreporting of pediatric vaccine data, which was resolved. Regarding the child population, data is being stratified by foster care agency for children in foster care. This will provide the necessary data to allow the MCOs to work directly with the agencies to reach children who may be unvaccinated.
- Continuation of tools and processes that focus on complying with protocols, ensuring interventions are measurable, ease of use, consistency and improve documentation of outcomes. KDHE and our EQRO have begun new operating procedures in order to streamline efforts. The State and the EQRO updated the PIP instructional guide. This was distributed to the MCOs on February 10, 2022.
- Pre-approval of interventions

- Tools for the MCOs to report major adjustment to an intervention continues to work with improvements being planned.
- Define and document technical specifications for each measure.
- A PIP Activity Report (PAR) is produced monthly or quarterly depending on the PIP from a web-based system. These reports show impacts of the interventions or changes to the overall outcome rates. With this system, the MCOs submit the monthly and/or quarterly data (numerators and denominators) to the web-system, where the data is loaded, and PAR graphs and charts are created. This transition enables the MCOs and the State to visualize progress of each intervention, as well as determine if an invention is not viable, and needs to cease. The State is planning on cross-referencing PAR data with other data sources for analytics.

The EQRO reviews and validates the reports for each PIP annually. The State reviews these reports and adds them to our records.

D. Outcomes of Performance Measure Monitoring:

A summary of statewide results (all three KanCare MCOs aggregated) for calendar years 2017-2021 (measurements conducted in 2022) was validated by KFMC Health Improvement Partners. These numbers show the Kansas performance compared to the national 50th percentile on each of the measures. This information is detailed in a chart "HEDIS Comparison Measures-Physical Health MY 2021 Performance Measure Validation" attached to this report.

E. Pay for Performance Measures:

The results of the KanCare MCOs' performance for the 2021 pay for performance measures (measured in 2022) are detailed in the "CY2021 P4P Measures Results" document attached to this report. Please note that these results are still preliminary as our MCO partners have yet to finalize the findings.

Outcomes of Onsite Reviews:

The State of Kansas collaborated with its contracted External Quality Review Organization (EQRO), KFMC Health Improvement Partners), to conduct the 2022 Annual Contract Review. The Annual Contract Review included assessment of the level to which each Managed Care Organization (MCO) performs the duties of the KanCare 2.0 contract through operationalization of MCO policies and procedures and the quality of services delivered to providers and members. The State has adopted a three-year contract review model, specifically, the full contract is reviewed in a three-year time frame. This change allows the State to better focus on each contract area and complete a quality review. A remediation process has also been instituted so State subject matter experts (SMEs) can work with the MCO's to fix non-compliance before low scoring contract areas are reviewed again in the next Annual Contract Review cycle.

Virtual site visits to MCOs took place between October and November of 2022. Interviews with MCO staff were conducted by State team leads and accompanying Subject Matter Experts (SMEs). Principal topics included:

- Service Coordination for HSAs, HRAs, LTSS, special needs, care transitions, reporting, etc.
- Drug Coverage in adherence to KanCare 2.0 Attachment C contract.
- Review of plans of services and person-centered service planning for special needs populations contract compliance, policies, desk procedures, and review of case files.
- Provider payments and accuracy of claims processing.
- Member and provider appeal notification and timeliness demonstrating adherence to KanCare 2.0 Attachment D contract

- Utilization Management to include post-desk review discussion of members' physical health, behavior health, LTSS, SHCN, UM policies, desk procedures, workflow, and PH/BH service integration. Considerable time was taken to hear MCO staff describe changes to the service coordination process designed to address non-compliance in the previous Annual Contract Review and utilized to ensure members receive timely and appropriate initial health screenings, Health Risk Assessments, and needs assessments.
- Behavioral health provider network standards review of case files and other processes.

The findings for the audits are currently in the initial draft stage and planned for MCOs to receive their final findings report in the second quarter of 2023.

VI. STC 64(e) – SUD Health IT

Kansas had two primary SUD Health IT systems functioning at a statewide level, the Kansas Substance Use Reporting Solution (KSURS) and K-TRACS. KSURS was primarily used by SUD service providers to collect client level data to submit to the state. K-TRACS is the state's prescription drug monitoring program.

KSURS serves a basic function of collecting and monitoring client level data but does not fully replace the more robust electronic health record which would include additional provider-oriented tools like ASAM assessments and treatment plans. Kansas continues to support KSURS with periodic updates and continuous quality improvement on data submissions. Kansas completed its procurement process for the state hospital EHR and is contracted with WellSky to develop a next generation SUD Health IT solution for SUD providers to modernize their data collection and reporting processes. The State is currently about nine months into the development and implementation process for this system change, which will replace its current KSURS solution when it is complete.

The Kansas Board of Pharmacy is responsible for the oversight and implementation of K-TRACS. The Kansas SUD Health IT Plan focuses on improving the functionality and utilization of K-TRACS to monitor the prescription and usage of controlled substances and other drugs of concern in Kansas. At the end of 2022, K-TRACS was connected to thirty-four other states, Washington DC, Puerto Rico, and the Military Health System to share data through the PMP Interconnect (PMPi) data sharing hub.

The Board of Pharmacy continues to onboard pharmacies, independent provider offices, hospitals, and health systems to an integrated solution to deliver K-TRACS patient reports through electronic health records systems. At the end of 2022, 301 healthcare organizations across the state had successfully connected to K-TRACS.

In 2021, K-TRACS became a sub-recipient of a Substance Abuse and Mental health Services Administration (SAMHSA) grant through the KDADS. This grant will allow the program to develop and implement a robust compliance plan focused on pharmacies reporting prescription information to K-TRACS, as well as educate pharmacist and prescribers about K-TRACS and clinical issues around controlled substances.

Kansas' progress on the submitted SUD Health IT Plan is evident in the outcomes below demonstrating increased provider use and growth of the PDMP program. K-TRACS continues to see increases in utilization and user enrollment quarterly.

Measure	Q1 2022	Q2 2022	Q3 2022	Q4 2022
Aggregate Registered Users	12,881	13,291	13,820	14,203
Prescribers	9,319	9,662	10,036	10,336
Pharmacists	3,436	3,498	3,643	3,710
Others (investigators, administrators, agencies)	126	131	141	157

Measure	Q1 2022	Q2 2022	Q3 2022	Q4 2022
New Users				
Prescribers	290	345	373	300
Pharmacists	77	63	142	71
Others (investigators, administrators, agencies)	14	6	10	16

2022	January	February	March	April	May	June
Total Patient Queries	468,947	433,763	509,362	471,295	480,421	484,276
	July	August	September	October	November	December
	477,070	541,489	517,551	519,958	522,279	519,740

VII. Enclosures/Attachments

The following items are attached to and incorporated in this annual report:

Section of Report Where Attachment Noted	Description of Attachment
STC 64(b)	KanCare Ombudsman Report Annual 2022
STC 64(c)	KanCare Expenditure & Enrollment Data DY10 CY2022
STC 64(c)	KanCare Safety Net Care Pool Reports
STC 64(d)	KanCare 2022 Public Forum Summary
STC 64(d)	HEDIS Comparison Measures-Physical Health & 2021 Performance Measure Validation
STC 64(e)	2021 Pay for Performance Summary

VIII. State Contacts(s)

Janet K. Stanek, Secretary
Sarah Fertig, Medicaid Director
Kansas Department of Health and Environment
Division of Health Care Finance
Landon State Office Building – 9th Floor
900 SW Jackson Street
Topeka, Kansas 66612
(785) 296-3563 (phone)
(785) 296-4813 (fax)
Janet.K.Stanek@ks.gov
Sarah.Fertig@ks.gov

IX. Date Submitted to CMS

March 31, 2023

Home and Community Based Services Quality Review Report

April - June 2022

HCBS Waiver Quality Review Rolling Timeline

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

Revised: 04/06/2022

July - September 2021 HCBS Quality Sample			
Waiver	Population Count	Quarterly Sample Size	Completed Reviews
PD	6116	91	92
FE	6081	90	93
IDD	9132	92	95
BI	822	60	63
TA	653	61	63
Autism	57	15	13
SED	3616	87	89

October - December 2021 HCBS Quality Sample			
Waiver	Population Count	Quarterly Sample Size	Completed Reviews
PD	6116	91	94
FE	6249	90	92
IDD	9090	92	94
BI	872	66	67
TA	676	62	65
Autism	58	22	21
SED	3504	87	91

January - March 2022 HCBS Quality Sample			
Waiver	Population Count	Quarterly Sample Size	Completed Reviews
PD	6196	90	92
FE	6316	91	94
IDD	9042	93	94
BI	904	68	70
TA	676	62	64
Autism	62	10	9
SED	3374	87	89

April - June 2022 HCBS Quality Sample			
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

HCBS Quality Review Acronyms

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

Level of Care Performance Measures 1 & 2

Beginning with the January to March 2018 Quality Review period, KDADS 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: 04/01/2022 - 06/30/2022
Data Source: Quality Review Reports to KDHE

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

Compliance Trends	2013	2014	2015	2016	2017	2018	2019	2020	2021	Jan-Mar 2022	Apr-Jun 2022
PD											
Statewide	25%	25%	25%	75%	100%	100%	100%	100%	100%	100%	100%
FE											
Statewide	25%	25%	25%	75%	100%	100%	100%	100%	100%	100%	100%
IDD											
Statewide	25%	25%	25%	75%	100%	100%	100%	100%	100%	100%	100%
BI											
Statewide	25%	25%	25%	75%	100%	100%	100%	100%	100%	100%	100%
TA											
Statewide	25%	25%	25%	75%	100%	100%	100%	100%	100%	100%	100%
Autism											
Statewide	25%	25%	25%	75%	100%	100%	100%	100%	100%	100%	100%
SED											
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: 04/01/2022 - 06/30/2022
Data Source: Number of waiver amendments and renewals sent to KDHE

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

Compliance Trends	2013	2014	2015	2016	2017	2018	2019	2020	2021	Jan-Mar 2022	Apr-Jun 2022
PD											
Statewide	N/A	100%	100%	100%	N/A	N/A	100%	100%	100%	N/A	N/A
FE											
Statewide	Not a Measure	100%	100%	100%	N/A	N/A	100%	100%	100%	N/A	N/A
IDD											
Statewide	100%	100%	100%	100%	N/A	100%	100%	100%	100%	N/A	N/A
BI											
Statewide	100%	100%	100%	100%	N/A	100%	100%	100%	100%	N/A	N/A
TA											
Statewide	100%	100%	N/A	100%	N/A	100%	100%	100%	100%	N/A	N/A
Autism											
Statewide	100%	100%	N/A	N/A	100%	N/A	100%	100%	100%	N/A	N/A
SED											
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: 04/01/2022 - 06/30/2022
Data Source: Presentation of waiver policy changes to KDHE

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

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

Explanation of Findings:

There were zero (0) policy changes submitted to the State Medicaid 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: 04/01/2022 - 06/30/2022
Data Source: Meeting Minutes

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

Compliance Trends	2013	2014	2015	2016	2017	2018	2019	2020	2021	Jan-Mar 2022	Apr-Jun 2022
PD											
Statewide	Not a measure	45%	67%	70%	100%	100%	100%	100%	100%	100%	100%
FE											
Statewide	100%	82%	50%	70%	100%	100%	100%	100%	100%	100%	100%
IDD											
Statewide	Not a measure	91%	Not Available	70%	100%	100%	100%	100%	100%	100%	100%
BI											
Statewide	Not a measure	73%	Not Available	70%	100%	100%	100%	100%	100%	100%	100%
TA											
Statewide	Not a measure	64%	Not Available	70%	100%	100%	100%	100%	100%	100%	100%
Autism											
Statewide	Not a measure	91%	100%	70%	100%	100%	100%	100%	100%	100%	100%
SED											
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: 04/01/2022 - 06/30/2022
Data Source: Functional Assessor Record Review/State Data Systems

Compliance By Waiver	Statewide
PD	**95%**
Numerator	316
Denominator	334
FE	**96%**
Numerator	810
Denominator	844
IDD	**100%**
Numerator	149
Denominator	149
BI	**99%**
Numerator	110
Denominator	111
TA	**100%**
Numerator	34
Denominator	34
Autism	**100%**
Numerator	13
Denominator	13
SED	**100%**
Numerator	89
Denominator	89

Compliance Trends	2013	2014	2015	2016	2017	2018	2019	2020	2021	Jan-Mar 2022	Apr-Jun 2022
PD											
Statewide	64%	83%	96%	86%	89%	92%	94%	88%	94%	97%	95%
FE											
Statewide	81%	91%	93%	98%	100%	96%	96%	93%	96%	99%	96%
IDD											
Statewide	99%	94%	90%	100%	100%	99%	99%	96%	92%	100%	100%
BI											
Statewide	62%	89%	81%	85%	96%	88%	93%	93%	96%	99%	99%
TA											
Statewide	97%	89%	100%	98%	100%	100%	100%	97%	98%	95%	100%
Autism											
Statewide	82%	No Data	100%	N/A	77%	96%	100%	100%	100%	100%	100%
SED											
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: 04/01/2022 - 06/30/2022
Data Source: Functional Assessor Record Review/State Data Systems

Compliance By Waiver	Statewide
PD	**60%**
Numerator	814
Denominator	1357
FE	**56%**
Numerator	656
Denominator	1162
IDD	**98%**
Numerator	2158
Denominator	2207
BI	**50%**
Numerator	90
Denominator	180
TA	**100%**
Numerator	137
Denominator	137
Autism	**92%**
Numerator	12
Denominator	13
SED	Not a waiver
Numerator	performance
Denominator	measure

Compliance Trends	2013	2014	2015	2016	2017	2018	2019	2020	2021	Jan-Mar 2022	Apr-Jun 2022
PD											
Statewide	47%	52%	64%	69%	68%	79%	72%	66%	58%	57%	60%
FE											
Statewide	68%	70%	76%	79%	68%	84%	80%	70%	59%	58%	56%
IDD											
Statewide	97%	74%	75%	77%	78%	97%	98%	97%	97%	98%	98%
BI											
Statewide	39%	50%	62%	65%	62%	70%	70%	57%	56%	50%	50%
TA											
Statewide	94%	90%	86%	96%	93%	99%	100%	99%	99%	100%	100%
Autism											
Statewide	68%	No Data	75%	78%	63%	65%	69%	100%	100%	100%	92%
SED											
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-until rescinded through Appendix K Guidance, which could explain some of the cases considered non-compliant utilizing the data pull.

Remediation:

ADRCs were sent consumer data beginning on 04/19/2022 for members who had not had an assessment prior to COVID exception with Appendix K. ADRCs were tasked with conducting outreach with these members and determine if cases should be closed or not. They have finished this process, however, have requested that KDADS send a quarterly "fall out" data list so they can ensure records match as to whom is due for assessments.

Meeting conducted again on 01/10/23 to provide continued education with the ADRCs regarding the intent and usage of each system: Kansas Modular Medicaid System (KMMS), Kansas Assessment Management Information System II (KAMIS), Kansas Medical Assistance Program (KMAP) and 3161 process (**Notification of KanCare, HCBS/MFP Changes and Updates)**. Reminding the assessing entities they have to check KMAP to ensure cases are closed when they send the 3161s to close. ADRC claims issues with logging into KMAP and getting locked out- explained this happens with lack of usage.

Ongoing conversations occur with KDHE eligibility regarding processing of 3161s for closure.

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KDADS HCBS Quality Review Report

Level of Care
PM 3: Number and percent of waiver participants whose Level of Care (LOC) determinations used the state's approved screening tool
Numerator: Number of waiver participants whose Level of Care determinations used the approved screening tool
Denominator: Number of waiver participants who had a Level of Care determination
Review Period: 04/01/2022 - 06/30/2022
Data Source: Functional Assessor Record Review

Compliance By Waiver	Statewide
PD	**86%**
Numerator	78
Denominator	91
FE	**97%**
Numerator	91
Denominator	94
IDD	**100%**
Numerator	93
Denominator	93
BI	**92%**
Numerator	65
Denominator	71
TA	**100%**
Numerator	64
Denominator	64
Autism	**92%**
Numerator	12
Denominator	13
SED	**94%**
Numerator	84
Denominator	89

Compliance Trends	2013	2014	2015	2016	2017	2018	2019	2020	2021	Jan-Mar 2022	Apr-Jun 2022
PD											
Statewide	93%	84%	79%	80%	85%	81%	82%	87%	90%	87%	86%
FE											
Statewide	88%	91%	91%	92%	88%	93%	91%	93%	92%	95%	97%
IDD											
Statewide	97%	95%	99%	99%	99%	99%	99%	100%	100%	100%	100%
BI											
Statewide	64%	81%	79%	77%	82%	85%	89%	92%	93%	94%	92%
TA											
Statewide	93%	98%	100%	100%	98%	100%	100%	99%	100%	100%	100%
Autism											
Statewide	88%	No Data	90%	88%	91%	89%	89%	100%	100%	89%	92%
SED											
Statewide	77%	79%	83%	88%	91%	95%	93%	88%	91%	88%	94%

Explanation of Findings:

Performance measure threshold achieved for all waivers.

Remediation:

No remediation necessary for all assessing entities; however, KDADS requires assessing entities to remediate any performance measure under 100% on an individual member basis.

KDADS HCBS Quality Review Report

Level of Care
PM 4: Number and percent of initial Level of Care (LOC) determinations made by a qualified assessor
Numerator: Number of initial Level of Care (LOC) determinations made by a qualified assessor
Denominator: Number of initial Level of Care determinations
Review Period: 04/01/2022 - 06/30/2022
Data Source: Functional Assessor Record Review

Compliance By Waiver	Statewide
PD	**86%**
Numerator	78
Denominator	91
FE	**97%**
Numerator	91
Denominator	94
IDD	**100%**
Numerator	93
Denominator	93
BI	**93%**
Numerator	66
Denominator	71
TA	**100%**
Numerator	64
Denominator	64
Autism	**92%**
Numerator	12
Denominator	13
SED	**90%**
Numerator	80
Denominator	89

Compliance Trends	2013	2014	2015	2016	2017	2018	2019	2020	2021	Jan-Mar 2022	Apr-Jun 2022
PD											
Statewide	19%	68%	81%	80%	84%	81%	81%	83%	89%	82%	86%
FE											
Statewide	24%	86%	91%	92%	88%	92%	91%	92%	91%	94%	97%
IDD											
Statewide	92%	85%	96%	97%	96%	98%	97%	94%	97%	100%	100%
BI											
Statewide	57%	73%	83%	77%	82%	85%	88%	86%	88%	94%	93%
TA											
Statewide	93%	100%	99%	100%	94%	100%	100%	100%	100%	100%	100%
Autism											
Statewide	0%	No Data	57%	68%	85%	89%	89%	98%	98%	67%	92%
SED											
Statewide	99%	71%	88%	86%	90%	94%	93%	88%	89%	80%	90%

Explanation of Findings:

Performance measure threshold achieved for all waivers.

Remediation:

No remediation necessary for all assessing entities; however, KDADs requires assessing entities to remediate any performance measure under 100% on an individual member basis.

KDADS HCBS Quality Review Report

Level of Care
PM 5: Number and percent of initial Level of Care (LOC) determinations made where the LOC criteria was accurately applied
Numerator: Number of initial Level of Care (LOC) determinations made where the LOC criteria was accurately applied
Denominator: Number of initial Level of Care determinations
Review Period: 04/01/2022 - 06/30/2022
Data Source: Functional Assessor Record Review

Compliance By Waiver	Statewide
PD	**86%**
Numerator	78
Denominator	91
FE	**97%**
Numerator	91
Denominator	94
IDD	**100%**
Numerator	93
Denominator	93
BI	**92%**
Numerator	65
Denominator	71
TA	**100%**
Numerator	64
Denominator	64
Autism	**92%**
Numerator	12
Denominator	13
SED	**100%**
Numerator	89
Denominator	89

Compliance Trends	2013	2014	2015	2016	2017	2018	2019	2020	2021	Jan-Mar 2022	Apr-Jun 2022
PD											
Statewide	73%	83%	96%	80%	84%	81%	82%	83%	92%	87%	86%
FE											
Statewide	91%	90%	96%	91%	100%	93%	91%	93%	95%	95%	97%
IDD											
Statewide	98%	95%	91%	98%	100%	98%	99%	100%	99%	100%	100%
BI											
Statewide	58%	81%	83%	76%	96%	85%	89%	90%	94%	94%	92%
TA											
Statewide	93%	98%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Autism											
Statewide	89%	No Data	100%	88%	88%	89%	89%	100%	100%	89%	92%
SED											
Statewide	99%	88%	87%	89%	92%	95%	93%	88%	97%	96%	100%

Explanation of Findings:

Performance measure threshold achieved for all waivers.

Remediation:

No remediation necessary for all assessing entities; however, KDADs requires assessing entities to remediate any performance measure under 100% on an individual member basis.

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: 04/01/2022 - 06/30/2022
Data Source: Third Party Contractor Reports

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

Compliance Trends	2017	2018	2019	2020	2021	Jan-Mar 2022	Apr-Jun 2022
PD	Not a Waiver Performance Measure						
FE	Not a Waiver Performance Measure						
IDD	Not a Waiver Performance Measure						
BI	Not a Waiver Performance Measure						
TA	Not a Waiver Performance Measure						
Autism	Not a Waiver Performance Measure						
SED							
Statewide	No Data	No Data	91%	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: Calendar Year 2021
Data Source: MCO Record Review

Compliance By Waiver	Aetna	Sunflower	United	Statewide
PD	**0%**	**0%**	**0%**	**0%**
Numerator	0	0	0	0
Denominator	4	4	3	5
FE	**9%**	**7%**	**7%**	**5%**
Numerator	1	1	1	1
Denominator	11	15	14	19
IDD	**0%**	**0%**	**0%**	**0%**
Numerator	0	0	0	0
Denominator	6	4	4	6
BI	**0%**	**N/A**	**0%**	**0%**
Numerator	0	0	0	0
Denominator	1	0	2	2
TA	**N/A**	**0%**	**N/A**	**0%**
Numerator	0	0	0	0
Denominator	0	1	0	1
Autism	**N/A**	**N/A**	**N/A**	**N/A**
Numerator	0	0	0	0
Denominator	0	0	0	0
SED	**N/A**	**N/A**	**N/A**	**N/A**
Numerator	0	0	0	0
Denominator	0	0	0	0

Explanation of Findings:

PD, FE, IDD, 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. Based upon when further clarification was made between MCOs, KDADs and the contracted MCO background check provider, improvements should be seen in the July-September quality review report.

Compliance Trends	2013	2014	2015	2016	2017	2018	2019	2020	2021
PD									
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	0%	25%	0%
Amerigroup		No Data	No Data	N/A	0%	0%	N/A	N/A	N/A
Sunflower				N/A	0%	0%	0%	25%	0%
United				N/A	0%	0%	0%	50%	0%
Statewide	100%			N/A	0%	0%	0%	25%	0%
FE									
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	0%	15%	9%
Amerigroup		No Data	No Data	5%	0%	0%	N/A	N/A	N/A
Sunflower				30%	0%	0%	0%	15%	7%
United				N/A	0%	0%	0%	13%	7%
Statewide	100%			9%	0%	0%	0%	15%	5%
IDD									
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	0%	23%	0%
Amerigroup		No Data	No Data	N/A	0%	0%	N/A	N/A	N/A
Sunflower				N/A	0%	0%	0%	27%	0%
United				N/A	0%	0%	0%	33%	0%
Statewide	98%			N/A	0%	0%	0%	23%	0%
BI									
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	0%	0%	0%
Amerigroup		No Data	No Data	N/A	0%	0%	N/A	N/A	N/A
Sunflower				N/A	0%	0%	0%	0%	N/A
United				N/A	0%	0%	0%	0%	0%
Statewide	91%			N/A	0%	0%	0%	0%	0%
TA									
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	0%	N/A	N/A
Amerigroup		No Data	No Data	N/A	0%	0%	N/A	N/A	N/A
Sunflower				N/A	0%	0%	0%	N/A	0%
United				N/A	0%	0%	0%	N/A	N/A
Statewide	93%			N/A	0%	0%	0%	N/A	0%
Autism									
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	0%	0%	N/A
Amerigroup		No Data	No Data	N/A	0%	0%	N/A	N/A	N/A
Sunflower				N/A	0%	0%	0%	0%	N/A
United				N/A	0%	0%	0%	0%	N/A
Statewide	100%			N/A	0%	0%	0%	0%	N/A
SED									
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	0%	50%	N/A
Amerigroup		No Data	No Data	N/A	0%	0%	N/A	N/A	N/A
Sunflower				N/A	0%	0%	0%	50%	N/A
United				N/A	0%	0%	0%	50%	N/A
Statewide	100%			N/A	0%	0%	0%	50%	N/A

KDADS HCBS Quality Review Report

Qualified Providers
PM 2: Number and percent of enrolled licensed/certified waiver providers that continue to meet licensure requirements, certification requirements, and other waiver standards
Numerator: Number of enrolled licensed/certified waiver providers that continue to meet licensure requirements, certification requirements, and other waiver standards
Denominator: Number of enrolled licensed/certified waiver providers
Review Period: Calendar Year 2021
Data Source: MCO Record Review

Compliance By Waiver	Aetna	Sunflower	United	Statewide
PD	**15%**	**16%**	**17%**	**15%**
Numerator	15	16	15	16
Denominator	101	103	90	105
FE	**23%**	**20%**	**22%**	**23%**
Numerator	28	28	30	36
Denominator	121	142	134	159
IDD	**1%**	**3%**	**0%**	**3%**
Numerator	1	4	0	4
Denominator	110	129	111	143
BI	**0%**	**0%**	**0%**	**0%**
Numerator	0	0	0	0
Denominator	21	20	20	22
TA	**7%**	**7%**	**0%**	**6%**
Numerator	1	1	0	1
Denominator	14	14	12	16
Autism	**0%**	**0%**	**0%**	**0%**
Numerator	0	0	0	0
Denominator	3	2	2	3
SED	**0%**	**0%**	**0%**	**0%**
Numerator	0	0	0	0
Denominator	25	24	24	25

Explanation of Findings:

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

Remediation:

Current policy requires change to include Motor Vehicle checks being conducted only for staff that drive for all waivers.

MCOs are working with Averifi and contracted providers to ensure policy is followed and marked consistently across all MCOs to ensure the background check policy is being followed. MCOs met with Averifi on April 22, 2022 to meet with request for follow up w/KDADs regarding clarification of response to if Nurse Registry checks were conducted on all staff.

Additionally clarification was given to MCOs regarding Foster Care licensing and IDD Children's Residential. Although Foster Care licensing does conduct background checks, they do not conduct all the background checks necessary for HCBS waiver members.

Further education and compliance information shared with the MCOs and Averifi on 06/01/2022. MCOs will now submit Qualified Provider (QP) information on a quarterly basis as well as continue to meet with their contractor on a routine basis to ensure all requirements are being followed.

There has been ongoing communication with the KDADS Program Integrity Team and the MCOs to ensure compliance of these measures with the MCO contractor. Improvements should be seen in the July-September quality review report.

Compliance Trends	2013	2014	2015	2016	2017	2018	2019	2020	2021
PD									
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	0%	38%	15%
Amerigroup		No Data	No Data	N/A	0%	0%	N/A	N/A	N/A
Sunflower				N/A	0%	0%	0%	38%	16%
United				N/A	0%	0%	0%	43%	17%
Statewide	100%			N/A	0%	0%	0%	39%	15%
FE									
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	0%	39%	23%
Amerigroup		No Data	No Data	5%	0%	0%	N/A	N/A	N/A
Sunflower				30%	0%	0%	0%	38%	20%
United				N/A	0%	0%	0%	42%	22%
Statewide	Not a Measure			9%	0%	0%	0%	39%	23%
IDD									
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	0%	39%	1%
Amerigroup		No Data	No Data	N/A	0%	0%	N/A	N/A	N/A
Sunflower				N/A	0%	0%	0%	41%	3%
United				N/A	0%	0%	0%	48%	0%
Statewide	98%			N/A	0%	0%	0%	39%	3%
BI									
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	0%	15%	0%
Amerigroup		No Data	No Data	N/A	0%	0%	N/A	N/A	N/A
Sunflower				N/A	0%	0%	0%	14%	0%
United				N/A	0%	0%	0%	15%	0%
Statewide	89%			N/A	0%	0%	0%	14%	0%
TA									
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	0%	15%	7%
Amerigroup		No Data	No Data	N/A	0%	0%	N/A	N/A	N/A
Sunflower				N/A	0%	0%	0%	13%	7%
United				N/A	0%	0%	0%	14%	0%
Statewide	93%			N/A	0%	0%	0%	13%	6%
Autism									
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	0%	0%	0%
Amerigroup		No Data	No Data	N/A	0%	0%	N/A	N/A	N/A
Sunflower				N/A	0%	0%	0%	0%	0%
United				N/A	0%	0%	0%	0%	0%
Statewide	100%			N/A	0%	0%	0%	0%	0%
SED									
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	0%	8%	0%
Amerigroup		No Data	No Data	N/A	0%	0%	N/A	N/A	N/A
Sunflower				N/A	0%	0%	0%	8%	0%
United				N/A	0%	0%	0%	8%	0%
Statewide	100%			N/A	0%	0%	0%	8%	0%

KDADS HCBS Quality Review Report

Qualified Providers
PM 3: Number and percent of new non-licensed/non-certified waiver provider applicants that have met the initial waiver requirements prior to furnishing waiver services
Numerator: Number of new non-licensed/non-certified waiver provider applicants that have met the initial waiver requirements prior to furnishing waiver services
Denominator: Number of all new non-licensed/non-certified providers
Review Period: Calendar Year 2021
Data Source: MCO Record Review

Compliance By Waiver	Aetna	Sunflower	United	Statewide
PD	**0%**	**0%**	**0%**	**0%**
Numerator	0	0	0	0
Denominator	4	2	2	4
FE	**N/A**	**0%**	**0%**	**0%**
Numerator	0	0	0	0
Denominator	0	1	1	1
IDD	**0%**	**N/A**	**N/A**	**0%**
Numerator	0	0	0	0
Denominator	1	0	0	1
BI	**N/A**	**N/A**	**N/A**	**N/A**
Numerator	0	0	0	0
Denominator	0	0	0	0
TA	**N/A**	**N/A**	**N/A**	**N/A**
Numerator	0	0	0	0
Denominator	0	0	0	0
Autism	**N/A**	**N/A**	**N/A**	**N/A**
Numerator	0	0	0	0
Denominator	0	0	0	0
SED	**N/A**	**N/A**	**N/A**	**N/A**
Numerator	0	0	0	0
Denominator	0	0	0	0

Explanation of Findings:

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

Remediation:

Current policy requires change to include Motor Vehicle checks being conducted only for staff that drive for all waivers.

MCOs are working with Averifi and contracted providers to ensure policy is followed and marked consistently across all MCOs to ensure the background check policy is being followed. MCOs met with Averifi on April 22, 2022 to meet with request for follow up w/KDADs regarding clarification of response to if Nurse Registry checks were conducted on all staff.

Additionally clarification was given to MCOs regarding Foster Care licensing and IDD Children's Residential. Although Foster Care licensing does conduct background checks, they do not conduct all the background checks necessary for HCBS waiver members.

Further education and compliance information shared with the MCOs and Averifi on 06/01/2022. MCOs will now submit Qualified Provider (QP) information on a quarterly basis as well as continue to meet with their contractor on a routine basis to ensure all requirements are being followed.

There has been ongoing communication with the KDADS Program Integrity Team and the MCOs to ensure compliance of these measures with the MCO contractor. Improvements should be seen in the July-September quality review report.

Compliance Trends	2013	2014	2015	2016	2017	2018	2019	2020	2021
PD									
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	0%	0%	0%
Amerigroup		No Data	No Data	N/A	0%	0%	N/A	N/A	N/A
Sunflower				N/A	0%	0%	0%	0%	0%
United				N/A	0%	0%	0%	0%	0%
Statewide	75%			N/A	0%	0%	0%	0%	0%
FE									
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	0%	0%	N/A
Amerigroup		No Data	No Data	5%	0%	0%	N/A	N/A	N/A
Sunflower				30%	0%	0%	0%	N/A	0%
United				N/A	0%	0%	0%	0%	0%
Statewide	100%			9%	0%	0%	0%	0%	0%
IDD									
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	0%	N/A	0%
Amerigroup		No Data	No Data	N/A	0%	0%	N/A	N/A	N/A
Sunflower				N/A	0%	0%	0%	N/A	N/A
United				N/A	0%	0%	0%	N/A	N/A
Statewide	Not a Measure			N/A	0%	0%	0%	N/A	0%
BI									
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	0%	0%	N/A
Amerigroup		No Data	No Data	N/A	0%	0%	N/A	N/A	N/A
Sunflower				N/A	0%	0%	0%	N/A	N/A
United				N/A	0%	0%	0%	0%	N/A
Statewide	88%			N/A	0%	0%	0%	0%	N/A
TA									
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	0%	N/A	N/A
Amerigroup		No Data	No Data	N/A	0%	0%	N/A	N/A	N/A
Sunflower				N/A	0%	0%	0%	N/A	N/A
United				N/A	0%	0%	0%	N/A	N/A
Statewide	No Data			N/A	0%	0%	0%	N/A	N/A
Autism									
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	0%	N/A	N/A
Amerigroup		No Data	No Data	N/A	0%	0%	N/A	N/A	N/A
Sunflower				N/A	0%	0%	0%	N/A	N/A
United				N/A	0%	0%	0%	N/A	N/A
Statewide	82%			N/A	0%	0%	0%	N/A	N/A
SED									
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	0%	N/A	N/A
Amerigroup		No Data	No Data	N/A	0%	0%	N/A	N/A	N/A
Sunflower				N/A	0%	0%	0%	N/A	N/A
United				N/A	0%	0%	0%	N/A	N/A
Statewide	Not a measure			N/A	0%	0%	0%	N/A	N/A

KDADS HCBS Quality Review Report

Qualified Providers
PM 4: Number and percent of enrolled non-licensed/non-certified waiver providers that continue to meet waiver requirements
Numerator: Number enrolled non-licensed/non-certified waiver providers that continue to meet waiver requirements
Denominator: Number of enrolled non-licensed/non-certified providers
Review Period: Calendar Year 2021
Data Source: MCO Record Review

Compliance By Waiver	Aetna	Sunflower	United	Statewide
PD	**13%**	**12%**	**13%**	**12%**
Numerator	3	3	3	3
Denominator	23	25	24	26
FE	**9%**	**7%**	**7%**	**7%**
Numerator	1	1	1	1
Denominator	11	15	14	15
IDD	**0%**	**N/A**	**N/A**	**0%**
Numerator	0	0	0	0
Denominator	2	0	0	2
BI	**0%**	**0%**	**0%**	**0%**
Numerator	0	0	0	0
Denominator	15	15	15	15
TA	**0%**	**0%**	**0%**	**0%**
Numerator	0	0	0	0
Denominator	10	10	10	10
Autism	**N/A**	**N/A**	**N/A**	**N/A**
Numerator	0	0	0	0
Denominator	0	0	0	0
SED	**N/A**	**N/A**	**N/A**	**N/A**
Numerator	0	0	0	0
Denominator	0	0	0	0

Explanation of Findings:

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

Remediation:

Current policy requires change to include Motor Vehicle checks being conducted only for staff that drive for all waivers.

MCOs are working with Averifi and contracted providers to ensure policy is followed and marked consistently across all MCOs to ensure the background check policy is being followed. MCOs met with Averifi on April 22, 2022 to meet with request for follow up w/KDADs regarding clarification of response to if Nurse Registry checks were conducted on all staff.

Additionally clarification was given to MCOs regarding Foster Care licensing and IDD Children's Residential. Although Foster Care licensing does conduct background checks, they do not conduct all the background checks necessary for HCBS waiver members.

Further education and compliance information shared with the MCOs and Averifi on 06/01/2022. MCOs will now submit Qualified Provider (QP) information on a quarterly basis as well as continue to meet with their contractor on a routine basis to ensure all requirements are being followed.

There has been ongoing communication with the KDADS Program Integrity Team and the MCOs to ensure compliance of these measures with the MCO contractor. Improvements should be seen in the July-September quality review report.

Compliance Trends	2013	2014	2015	2016	2017	2018	2019	2020	2021
PD									
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	0%	6%	13%
Amerigroup		No Data	No Data	N/A	0%	0%	N/A	N/A	N/A
Sunflower				N/A	0%	0%	0%	7%	12%
United				N/A	0%	0%	0%	8%	13%
Statewide	75%			N/A	0%	0%	0%	6%	12%
FE									
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	0%	11%	9%
Amerigroup		No Data	No Data	5%	0%	0%	N/A	N/A	N/A
Sunflower				30%	0%	0%	0%	17%	7%
United				N/A	0%	0%	0%	14%	7%
Statewide	Not a Measure			9%	0%	0%	0%	11%	7%
IDD									
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	0%	0%	0%
Amerigroup		No Data	No Data	N/A	0%	0%	N/A	N/A	N/A
Sunflower				N/A	0%	0%	0%	0%	N/A
United				N/A	0%	0%	0%	0%	N/A
Statewide	Not a Measure			N/A	0%	0%	0%	0%	0%
BI									
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	0%	9%	0%
Amerigroup		No Data	No Data	N/A	0%	0%	N/A	N/A	N/A
Sunflower				N/A	0%	0%	0%	10%	0%
United				N/A	0%	0%	0%	9%	0%
Statewide	88%			N/A	0%	0%	0%	9%	0%
TA									
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	0%	N/A	0%
Amerigroup		No Data	No Data	N/A	0%	0%	N/A	N/A	N/A
Sunflower				N/A	0%	0%	0%	N/A	0%
United				N/A	0%	0%	0%	N/A	0%
Statewide	No Data			N/A	0%	0%	0%	N/A	0%
Autism									
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	0%	N/A	N/A
Amerigroup		No Data	No Data	N/A	0%	0%	N/A	N/A	N/A
Sunflower				N/A	0%	0%	0%	N/A	N/A
United				N/A	0%	0%	0%	N/A	N/A
Statewide	91%			N/A	0%	0%	0%	N/A	N/A
SED									
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	0%	N/A	N/A
Amerigroup		No Data	No Data	N/A	0%	0%	N/A	N/A	N/A
Sunflower				N/A	0%	0%	0%	N/A	N/A
United				N/A	0%	0%	0%	N/A	N/A
Statewide	89%			N/A	0%	0%	0%	N/A	N/A

KDADS HCBS Quality Review Report

Qualified Providers
PM 5: Number and percent of active providers that meet training requirements
Numerator: Number of providers that meet training requirements
Denominator: Number of active providers
Review Period: Calendar Year 2021
Data Source: MCO Record Review

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

Explanation of Findings:

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 that education requirements are met by providers. KDADS has a 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
PD									
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Amerigroup		No Data	No Data	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
United				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
FE									
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Amerigroup		No Data	No Data	5%	N/A	N/A	N/A	N/A	N/A
Sunflower				30%	N/A	N/A	N/A	N/A	N/A
United				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
IDD									
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Amerigroup		No Data	No Data	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
United				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
BI									
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Amerigroup		No Data	No Data	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
United				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
TA									
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Amerigroup		No Data	No Data	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
United				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
Autism									
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Amerigroup		No Data	No Data	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
United				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
SED									
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Amerigroup		No Data	No Data	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
United				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

KDADS HCBS Quality Review Report

Service Plan
PM 1: Number and percent of waiver participants whose service plans address participants' goals
Numerator: Number of waiver participants whose service plans address participants' goals
Denominator: Number of waiver participants whose service plans were reviewed
Review Period: 04/01/2022 - 06/30/2022
Data Source: MCO Record Review

Compliance By Waiver	Aetna	Sunflower	United	Statewide
PD	**80%**	**93%**	**57%**	**75%**
Numerator	20	27	21	68
Denominator	25	29	37	91
FE	**96%**	**86%**	**66%**	**81%**
Numerator	26	25	25	76
Denominator	27	29	38	94
IDD	**100%**	**94%**	**76%**	**89%**
Numerator	16	45	22	83
Denominator	16	48	29	93
BI	**86%**	**95%**	**57%**	**77%**
Numerator	19	20	16	55
Denominator	22	21	28	71
TA	**88%**	**85%**	**93%**	**89%**
Numerator	15	17	25	57
Denominator	17	20	27	64
Autism	**50%**	**67%**	**63%**	**62%**
Numerator	1	2	5	8
Denominator	2	3	8	13
SED	**76%**	**91%**	**72%**	**80%**
Numerator	19	29	23	71
Denominator	25	32	32	89

Explanation of Findings:

PD: Document containing goals not provided or does not cover entire review period

FE: Document containing goals not provided or does not cover entire review period

BI: Document containing goals not provided or does not cover entire review period, no meeting date on service plan

AU: Document containing goals not provided for review

SED: Document containing goals not provided or does not cover entire review period

Compliance Trends	2013	2014	2015	2016	2017	2018	2019	2020	2021	Jan-Mar 2022	Apr-Jun 2022
PD											
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	68%	51%	84%	96%	80%
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%	80%	93%
United		33%	49%	86%	85%	85%	76%	49%	46%	47%	57%
Statewide	55%	50%	48%	69%	81%	83%	78%	49%	60%	73%	75%
FE											
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	75%	47%	83%	80%	96%
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%	67%	86%
United		45%	56%	81%	90%	87%	71%	34%	46%	59%	66%
Statewide	Not a Measure	50%	49%	70%	80%	79%	78%	43%	62%	67%	81%
IDD											
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	60%	46%	84%	94%	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%	85%	94%
United		52%	41%	73%	85%	85%	58%	33%	49%	73%	76%
Statewide	99%	49%	45%	62%	75%	78%	67%	36%	61%	83%	89%
BI											
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	43%	28%	71%	76%	86%
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%	90%	95%
United		22%	55%	78%	79%	87%	75%	34%	46%	57%	57%
Statewide	44%	34%	43%	68%	77%	75%	71%	32%	54%	73%	77%
TA											
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	78%	42%	76%	100%	88%
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%	76%	85%
United		64%	32%	70%	95%	70%	87%	38%	76%	100%	93%
Statewide	93%	61%	54%	73%	83%	90%	85%	41%	69%	92%	89%
Autism											
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	0%	21%	57%	50%	50%
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%	100%	67%
United		63%	36%	17%	13%	41%	65%	22%	47%	33%	63%
Statewide	58%	69%	49%	37%	42%	52%	56%	35%	57%	56%	62%
SED											
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	96%	30%	67%	100%	76%
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%	64%	72%
Statewide	98%	90%	98%	95%	95%	97%	97%	34%	64%	83%	80%

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

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 87% or greater. Root cause analysis has found that there are not signed service plans that can be used to validate that goals were addressed with the participants.

KDADS believes having a signed service plan will improve the compliance with most performance measures.
MCOs will continue to complete Service Plan (SPs) processes by telephone or video and begin sending SP's to participants via mail with self addressed stamped envelopes so that participants can sign and return. With the earlier HCBS Waiver Programs COVID-19 guidance exception that was rescinded in September 2020, 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. Part of that education includes implementation of SMART goals as this continues to be an issue and weakness within plans.

All three contracted MCOs now have electronic signature platforms and can continue to utilize verbal signature processes until PHE is rescinded. MCOs will mail PCSP for signature and within that letter indicate if signature not received services will be closed in 60 days .

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. Further guidance was provided to the MCOS on September 21, 2022 with a deadline of updates due October 7, 2022 and final approval given on October 28, 2022.
KDADS accepted the plans and will continue to monitor on a quarterly basis to ensure timelines are being followed or to mitigate issues as they arise.

Ongoing non compliance across all 3 MCOs include:
1. Not closing cases w/over 90 days of unsuccessful contacts
2. Not closing cases timely
3. Late assessments and Service Plans
4. Physical exam information
5. Signatures

KDADS HCBS Quality Review Report

Service Plan
PM 2: Number and percent of waiver participants whose service plans address their assessed needs and capabilities as indicated in the assessment
Numerator: Number of waiver participants whose service plans address their assessed needs and capabilities as indicated in the assessment
Denominator: Number of waiver participants whose service plans were reviewed
Review Period: 04/01/2022 - 06/30/2022
Data Source: MCO Record Review

Compliance By Waiver	Aetna	Sunflower	United	Statewide
PD	**72%**	**97%**	**89%**	**87%**
Numerator	18	28	33	79
Denominator	25	29	37	91
FE	**93%**	**90%**	**95%**	**93%**
Numerator	25	26	36	87
Denominator	27	29	38	94
IDD	**94%**	**96%**	**97%**	**96%**
Numerator	15	46	28	89
Denominator	16	48	29	93
BI	**82%**	**90%**	**82%**	**85%**
Numerator	18	19	23	60
Denominator	22	21	28	71
TA	**88%**	**90%**	**96%**	**92%**
Numerator	15	18	26	59
Denominator	17	20	27	64
Autism	**50%**	**100%**	**100%**	**92%**
Numerator	1	3	8	12
Denominator	2	3	8	13
SED	**36%**	**22%**	**81%**	**47%**
Numerator	9	7	26	42
Denominator	25	32	32	89

Explanation of Findings:

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

SED: Service plan and/or assessments not provided or does not cover entire 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 87% or greater. Root cause analysis has found that there are not signed service plans that can be used to validate that goals were addressed with the participants.

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MCOs will continue to complete Service Plan (SPs) processes by telephone or video and begin sending SP's to participants via mail with self addressed stamped envelopes so that participants can sign and return. With the earlier HCBS Waiver Programs COVID-19 guidance exception that was rescinded in September 2020, 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. Part of that education includes implementation of SMART goals as this continues to be an issue and weakness within plans.

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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. Further guidance was provided to the MCOS on September 21, 2022 with a deadline of updates due October 7, 2022 and final approval given on October 28, 2022.
KDADS accepted the plans and will continue to monitor on a quarterly basis to ensure timelines are being followed or to mitigate issues as they arise.

Ongoing non compliance across all 3 MCOs include:
1. Not closing cases w/over 90 days of unsuccessful contacts
2. Not closing cases timely
3. Late assessments and Service Plans
4. Physical exam information
5. Signatures

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

*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: 04/01/2022 - 06/30/2022
Data Source: MCO Record Review

Compliance By Waiver	Aetna	Sunflower	United	Statewide
PD	**72%**	**97%**	**89%**	**87%**
Numerator	18	28	33	79
Denominator	25	29	37	91
FE	**89%**	**90%**	**95%**	**91%**
Numerator	24	26	36	86
Denominator	27	29	38	94
IDD	**100%**	**96%**	**97%**	**97%**
Numerator	16	46	28	90
Denominator	16	48	29	93
BI	**86%**	**90%**	**82%**	**86%**
Numerator	19	19	23	61
Denominator	22	21	28	71
TA	**88%**	**90%**	**96%**	**92%**
Numerator	15	18	26	59
Denominator	17	20	27	64
Autism	**50%**	**100%**	**100%**	**92%**
Numerator	1	3	8	12
Denominator	2	3	8	13
SED	**36%**	**22%**	**81%**	**47%**
Numerator	9	7	26	42
Denominator	25	32	32	89

Explanation of Findings:

SED: Service plan not provided or does not cover entire 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 87% or greater. Root cause analysis has found that there are not signed service plans that can be used to validate that goals were addressed with the participants.

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KDADS accepted the plans and will continue to monitor on a quarterly basis to ensure timelines are being followed or to mitigate issues as they arise.

Ongoing non compliance across all 3 MCOs include:
1. Not closing cases w/over 90 days of unsuccessful contacts
2. Not closing cases timely
3. Late assessments and Service Plans
4. Physical exam information
5. Signatures

Compliance Trends	2013	2014	2015	2016	2017	2018	2019	2020	2021	Jan-Mar 2022	Apr-Jun 2022
PD											
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	66%	41%	75%	89%	72%
Amerigroup		90%	44%	73%	81%	94%	N/A	N/A	N/A	N/A	N/A
Sunflower		89%	49%	67%	85%	75%	86%	61%	76%	90%	97%
United		96%	67%	90%	88%	95%	86%	48%	78%	88%	89%
Statewide	90%	91%	51%	76%	84%	88%	82%	51%	77%	89%	87%
FE											
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	73%	39%	77%	72%	89%
Amerigroup		92%	55%	75%	82%	89%	N/A	N/A	N/A	N/A	N/A
Sunflower		92%	50%	73%	77%	74%	86%	56%	74%	90%	90%
United		95%	70%	82%	88%	91%	88%	49%	74%	100%	95%
Statewide	Not a measure	93%	57%	76%	82%	84%	85%	50%	75%	89%	91%
IDD											
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	51%	40%	79%	88%	100%
Amerigroup		90%	61%	67%	75%	83%	N/A	N/A	N/A	N/A	N/A
Sunflower		97%	36%	65%	73%	78%	77%	51%	68%	85%	96%
United		89%	45%	78%	92%	90%	77%	44%	82%	100%	97%
Statewide	99%	93%	46%	69%	78%	83%	74%	47%	74%	90%	97%
BI											
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	40%	21%	66%	76%	86%
Amerigroup		79%	45%	64%	80%	79%	N/A	N/A	N/A	N/A	N/A
Sunflower		91%	26%	84%	70%	74%	79%	39%	56%	100%	90%
United		83%	64%	80%	79%	89%	82%	33%	66%	93%	82%
Statewide	84%	84%	43%	72%	78%	79%	72%	32%	63%	90%	86%
TA											
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	81%	35%	72%	100%	88%
Amerigroup		96%	49%	73%	89%	98%	N/A	N/A	N/A	N/A	N/A
Sunflower		95%	61%	76%	66%	85%	90%	40%	67%	90%	90%
United		94%	58%	79%	92%	84%	91%	31%	84%	96%	86%
Statewide	96%	96%	54%	75%	83%	91%	89%	35%	75%	95%	92%
Autism											
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	0%	0%	67%	50%	50%
Amerigroup		79%	59%	30%	88%	91%	N/A	N/A	N/A	N/A	N/A
Sunflower		61%	45%	47%	15%	28%	31%	73%	75%	50%	100%
United		86%	21%	17%	13%	24%	62%	0%	83%	100%	100%
Statewide	64%	74%	46%	34%	37%	41%	44%	18%	77%	67%	92%
SED											
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	96%	30%	48%	35%	36%
Amerigroup		90%	99%	97%	99%	96%	N/A	N/A	N/A	N/A	N/A
Sunflower		89%	95%	87%	98%	97%	95%	32%	50%	36%	22%
United		86%	100%	97%	88%	97%	98%	38%	80%	85%	81%
Statewide	99%	88%	98%	94%	95%	97%	97%	34%	61%	54%	47%

*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: 04/01/2022 - 06/30/2022
Data Source: MCO Record Review

Compliance By Waiver	Aetna	Sunflower	United	Statewide
PD	**60%**	**79%**	**59%**	**66%**
Numerator	15	23	22	60
Denominator	25	29	37	91
FE	**78%**	**76%**	**58%**	**69%**
Numerator	21	22	22	65
Denominator	27	29	38	94
IDD	**50%**	**69%**	**52%**	**60%**
Numerator	8	33	15	56
Denominator	16	48	29	93
BI	**68%**	**81%**	**54%**	**66%**
Numerator	15	17	15	47
Denominator	22	21	28	71
TA	**88%**	**45%**	**81%**	**72%**
Numerator	15	9	22	46
Denominator	17	20	27	64
Autism	**50%**	**100%**	**88%**	**85%**
Numerator	1	3	7	11
Denominator	2	3	8	13
SED	**28%**	**22%**	**69%**	**40%**
Numerator	7	7	22	36
Denominator	25	32	32	89

Explanation of Findings:

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

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

IDD: No valid signature and/or date, documentation containing goals 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

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

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

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

Compliance Trends	2013	2014	2015	2016	2017	2018	2019	2020	2021	Jan-Mar 2022	Apr-Jun 2022
PD											
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	58%	41%	65%	71%	60%
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%	43%	79%
United		85%	77%	92%	88%	94%	82%	40%	33%	47%	59%
Statewide	80%	87%	70%	80%	86%	87%	78%	43%	45%	53%	66%
FE											
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	69%	37%	65%	72%	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%	53%	76%
United		86%	79%	87%	90%	90%	81%	35%	33%	59%	58%
Statewide	Not a Measure	86%	71%	83%	86%	85%	81%	41%	46%	61%	69%
IDD											
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	47%	40%	68%	69%	50%
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%	56%	69%
United		82%	55%	79%	92%	90%	72%	30%	42%	77%	52%
Statewide	98%	81%	64%	75%	82%	83%	71%	36%	45%	65%	60%
BI											
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	43%	21%	51%	62%	68%
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%	57%	81%
United		77%	69%	85%	79%	84%	79%	29%	34%	46%	54%
Statewide	64%	80%	53%	74%	80%	78%	71%	28%	40%	54%	66%
TA											
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	70%	33%	48%	88%	88%
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%	48%	45%
United		96%	58%	79%	95%	84%	90%	24%	56%	78%	81%
Statewide	No Data	91%	72%	77%	84%	92%	86%	29%	50%	70%	72%
Autism											
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	0%	0%	43%	50%	50%
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%	50%	100%
United		65%	29%	17%	13%	35%	65%	0%	43%	100%	88%
Statewide	55%	65%	49%	36%	38%	50%	47%	14%	47%	67%	85%
SED											
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	96%	30%	54%	26%	28%
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%	30%	22%
United		87%	98%	97%	88%	95%	98%	38%	63%	76%	69%
Statewide	Not a measure	90%	97%	94%	95%	96%	97%	34%	52%	46%	40%

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 87% or greater. Root cause analysis has found that there are not signed service plans that can be used to validate that goals were addressed with the participants.

KDADS believes having a signed service plan will improve the compliance with most performance measures.
MCOs will continue to complete Service Plan (SPs) processes by telephone or video and begin sending SP's to participants via mail with self addressed stamped envelopes so that participants can sign and return. With the earlier HCBS Waiver Programs COVID-19 guidance exception that was rescinded in September 2020, 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. Part of that education includes implementation of SMART goals as this continues to be an issue and weakness within plans.

All three contracted MCOs now have electronic signature platforms and can continue to utilize verbal signature processes until PHE is rescinded. MCOs will mail PCSP for signature and within that letter indicate if signature not received services will be closed in 60 days .

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. Further guidance was provided to the MCOS on September 21, 2022 with a deadline of updates due October 7, 2022 and final approval given on October 28, 2022.
KDADS accepted the plans and will continue to monitor on a quarterly basis to ensure timelines are being followed or to mitigate issues as they arise.

Ongoing non compliance across all 3 MCOs include:
1. Not closing cases w/over 90 days of unsuccessful contacts
2. Not closing cases timely
3. Late assessments and Service Plans
4. Physical exam information
5. Signatures

KDADS HCBS Quality Review Report

Service Plan
PM 5: Number and percent of waiver participants (or their representatives) who were present and involved in the development of their service plan
Numerator: Number of waiver participants (or their representatives) who were present and involved in the development of their service plan
Denominator: Number of waiver participants whose service plans were reviewed
Review Period: 04/01/2022 - 06/30/2022
Data Source: MCO Record Review

Compliance By Waiver	Aetna	Sunflower	United	Statewide
PD	**64%**	**83%**	**68%**	**71%**
Numerator	16	24	25	65
Denominator	25	29	37	91
FE	**81%**	**90%**	**61%**	**76%**
Numerator	22	26	23	71
Denominator	27	29	38	94
IDD	**50%**	**73%**	**62%**	**66%**
Numerator	8	35	18	61
Denominator	16	48	29	93
BI	**77%**	**86%**	**61%**	**73%**
Numerator	17	18	17	52
Denominator	22	21	28	71
TA	**88%**	**50%**	**85%**	**75%**
Numerator	15	10	23	48
Denominator	17	20	27	64
Autism	**50%**	**100%**	**100%**	**92%**
Numerator	1	3	8	12
Denominator	2	3	8	13
SED	**28%**	**22%**	**75%**	**43%**
Numerator	7	7	24	38
Denominator	25	32	32	89

Explanation of Findings:

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

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

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

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, DPOA paperwork not provided for validation

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

Compliance Trends	2013	2014	2015	2016	2017	2018	2019	2020	2021	Jan-Mar 2022	Apr-Jun 2022
PD											
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	68%	44%	69%	75%	64%
Amerigroup		88%	70%	79%	87%	97%	N/A	N/A	N/A	N/A	N/A
Sunflower		87%	70%	74%	88%	80%	86%	60%	56%	43%	83%
United		84%	79%	89%	88%	95%	87%	50%	36%	59%	68%
Statewide	Not a Measure	87%	72%	81%	88%	91%	83%	52%	52%	59%	71%
FE											
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	46%	43%	67%	72%	81%
Amerigroup		83%	78%	76%	84%	92%	N/A	N/A	N/A	N/A	N/A
Sunflower		86%	60%	83%	87%	78%	65%	56%	50%	60%	90%
United		87%	83%	88%	91%	92%	66%	50%	38%	69%	61%
Statewide	90%	85%	72%	83%	88%	87%	63%	51%	49%	67%	76%
IDD											
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	53%	40%	68%	75%	50%
Amerigroup		84%	76%	73%	76%	85%	N/A	N/A	N/A	N/A	N/A
Sunflower		82%	60%	74%	78%	83%	79%	52%	43%	60%	73%
United		88%	51%	79%	93%	90%	78%	43%	50%	80%	62%
Statewide	Not a Measure	84%	63%	75%	81%	85%	76%	47%	49%	69%	66%
BI											
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	40%	21%	51%	62%	77%
Amerigroup		73%	51%	65%	80%	82%	N/A	N/A	N/A	N/A	N/A
Sunflower		84%	45%	86%	80%	79%	77%	38%	42%	62%	86%
United		80%	69%	59%	79%	92%	85%	35%	38%	57%	61%
Statewide	Not a Measure	78%	52%	74%	80%	83%	72%	32%	43%	60%	73%
TA											
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	78%	33%	54%	94%	88%
Amerigroup		83%	75%	71%	90%	99%	N/A	N/A	N/A	N/A	N/A
Sunflower		97%	86%	84%	68%	89%	90%	40%	52%	57%	50%
United		97%	58%	79%	95%	86%	91%	32%	62%	78%	85%
Statewide	Not a Measure	91%	76%	76%	84%	93%	89%	35%	57%	75%	75%
Autism											
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	17%	0%	43%	50%	50%
Amerigroup		77%	59%	35%	88%	100%	N/A	N/A	N/A	N/A	N/A
Sunflower		53%	55%	50%	15%	44%	69%	73%	88%	100%	100%
United		71%	36%	17%	6%	47%	65%	13%	70%	100%	100%
Statewide	Not a Measure	69%	52%	37%	35%	59%	60%	23%	72%	78%	92%
SED											
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	93%	30%	46%	26%	24%
Amerigroup		92%	98%	97%	97%	97%	N/A	N/A	N/A	N/A	N/A
Sunflower		90%	95%	86%	98%	96%	95%	32%	40%	30%	22%
United		87%	99%	96%	86%	96%	98%	38%	73%	79%	75%
Statewide	93%	90%	98%	94%	93%	97%	96%	34%	54%	47%	42%

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 87% or greater. Root cause analysis has found that there are not signed service plans that can be used to validate that goals were addressed with the participants.

KDADS believes having a signed service plan will improve the compliance with most performance measures.
MCOs will continue to complete Service Plan (SPs) processes by telephone or video and begin sending SP's to participants via mail with self addressed stamped envelopes so that participants can sign and return. With the earlier HCBS Waiver Programs COVID-19 guidance exception that was rescinded in September 2020, 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. Part of that education includes implementation of SMART goals as this continues to be an issue and weakness within plans.

All three contracted MCOs now have electronic signature platforms and can continue to utilize verbal signature processes until PHE is rescinded. MCOs will mail PCSP for signature and within that letter indicate if signature not received services will be closed in 60 days .

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. Further guidance was provided to the MCOS on September 21, 2022 with a deadline of updates due October 7, 2022 and final approval given on October 28, 2022.
KDADS accepted the plans and will continue to monitor on a quarterly basis to ensure timelines are being followed or to mitigate issues as they arise.

Ongoing non compliance across all 3 MCOs include:
1. Not closing cases w/over 90 days of unsuccessful contacts
2. Not closing cases timely
3. Late assessments and Service Plans
4. Physical exam information
5. Signatures

KDADS HCBS Quality Review Report

Service Plan
PM 6: Number and percent of service plans reviewed before the waiver participant's annual redetermination date
Numerator: Number of service plans reviewed before the waiver participant's annual redetermination date
Denominator: Number of waiver participants whose service plans were reviewed
Review Period: 04/01/2022 - 06/30/2022
Data Source: MCO Record Review

Compliance By Waiver	Aetna	Sunflower	United	Statewide
PD	**56%**	**69%**	**68%**	**65%**
Numerator	14	20	25	59
Denominator	25	29	37	91
FE	**85%**	**79%**	**71%**	**78%**
Numerator	23	23	27	73
Denominator	27	29	38	94
IDD	**50%**	**71%**	**52%**	**61%**
Numerator	8	34	15	57
Denominator	16	48	29	93
BI	**73%**	**76%**	**71%**	**73%**
Numerator	16	16	20	52
Denominator	22	21	28	71
TA	**76%**	**45%**	**89%**	**72%**
Numerator	13	9	24	46
Denominator	17	20	27	64
Autism	**0%**	**100%**	**88%**	**77%**
Numerator	0	3	7	10
Denominator	2	3	8	13
SED	**80%**	**81%**	**88%**	**83%**
Numerator	20	26	28	74
Denominator	25	32	32	89

Explanation of Findings:

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

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

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

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

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

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

Compliance Trends	2013	2014	2015	2016	2017	2018	2019	2020	2021	Jan-Mar 2022	Apr-Jun 2022
PD											
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	84%	47%	62%	64%	56%
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%	40%	69%
United		92%	73%	83%	76%	89%	88%	58%	36%	56%	68%
Statewide	82%	82%	70%	75%	72%	87%	85%	58%	48%	53%	65%
FE											
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	81%	63%	65%	76%	85%
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%	63%	79%
United		90%	69%	84%	91%	91%	86%	66%	52%	69%	71%
Statewide	81%	85%	64%	76%	81%	86%	85%	66%	55%	69%	78%
IDD											
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	73%	45%	60%	63%	50%
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%	52%	71%
United		91%	48%	54%	86%	84%	75%	41%	48%	70%	52%
Statewide	97%	82%	66%	63%	70%	81%	76%	50%	45%	60%	61%
BI											
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	73%	58%	64%	67%	73%
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%	62%	76%
United		77%	65%	70%	65%	84%	88%	70%	50%	61%	71%
Statewide	60%	76%	47%	68%	63%	80%	83%	63%	56%	63%	73%
TA											
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	92%	51%	58%	88%	76%
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%	81%	45%
United		96%	59%	70%	91%	93%	96%	45%	64%	70%	89%
Statewide	92%	89%	79%	76%	83%	90%	93%	49%	60%	78%	72%
Autism											
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	50%	42%	57%	75%	0%
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%	100%	88%
Statewide	64%	57%	48%	31%	41%	78%	71%	48%	72%	89%	77%
SED											
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	83%	70%	80%	87%	80%
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%	82%	81%
United		83%	99%	85%	77%	97%	95%	54%	85%	88%	88%
Statewide	80%	87%	96%	86%	88%	95%	92%	60%	80%	85%	83%

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 87% or greater. Root cause analysis has found that there are not signed service plans that can be used to validate that goals were addressed with the participants.

KDADS believes having a signed service plan will improve the compliance with most performance measures.
MCOs will continue to complete Service Plan (SPs) processes by telephone or video and begin sending SP's to participants via mail with self addressed stamped envelopes so that participants can sign and return. With the earlier HCBS Waiver Programs COVID-19 guidance exception that was rescinded in September 2020, 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. Part of that education includes implementation of SMART goals as this continues to be an issue and weakness within plans.

All three contracted MCOs now have electronic signature platforms and can continue to utilize verbal signature processes until PHE is rescinded. MCOs will mail PCSP for signature and within that letter indicate if signature not received services will be closed in 60 days .

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. Further guidance was provided to the MCOS on September 21, 2022 with a deadline of updates due October 7, 2022 and final approval given on October 28, 2022.
KDADS accepted the plans and will continue to monitor on a quarterly basis to ensure timelines are being followed or to mitigate issues as they arise.

Ongoing non compliance across all 3 MCOs include:
1. Not closing cases w/over 90 days of unsuccessful contacts
2. Not closing cases timely
3. Late assessments and Service Plans
4. Physical exam information
5. Signatures

KDADS HCBS Quality Review Report

Service Plan
PM 7: Number and percent of waiver participants with documented change in needs whose service plan was revised, as needed, to address the change
Numerator: Number of waiver participants with documented change in needs whose service plan was revised, as needed, to address the change
Denominator: Number of waiver participants whose service plans were reviewed
Review Period: 04/01/2022 - 06/30/2022
Data Source: MCO Record Review

Compliance By Waiver	Aetna	Sunflower	United	Statewide
PD	**96%**	**100%**	**86%**	**93%**
Numerator	24	29	32	85
Denominator	25	29	37	91
FE	**85%**	**100%**	**82%**	**88%**
Numerator	23	29	31	83
Denominator	27	29	38	94
IDD	**94%**	**100%**	**97%**	**98%**
Numerator	15	48	28	91
Denominator	16	48	29	93
BI	**86%**	**90%**	**89%**	**89%**
Numerator	19	19	25	63
Denominator	22	21	28	71
TA	**100%**	**95%**	**93%**	**95%**
Numerator	17	19	25	61
Denominator	17	20	27	64
Autism	**100%**	**100%**	**100%**	**100%**
Numerator	2	3	8	13
Denominator	2	3	8	13
SED	**92%**	**94%**	**97%**	**94%**
Numerator	23	30	31	84
Denominator	25	32	32	89

Explanation of Findings:

Performance measure threshold achieved for all waivers.

Remediation:

No remediation required for this Performance Measure.

Compliance Trends	2013	2014	2015	2016	2017	2018	2019	2020	2021	Jan-Mar 2022	Apr-Jun 2022
PD											
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	95%	85%	93%	93%	96%
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%	93%	100%
United		50%	63%	80%	67%	99%	98%	89%	92%	100%	86%
Statewide	75%	39%	53%	65%	62%	97%	96%	89%	93%	96%	93%
FE											
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	100%	91%	98%	100%	85%
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%	100%
United		50%	47%	87%	86%	98%	97%	92%	90%	97%	82%
Statewide	78%	38%	54%	65%	67%	96%	98%	92%	93%	99%	88%
IDD											
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	96%	88%	100%	100%	94%
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%	100%	100%
United		16%	30%	30%	83%	97%	91%	86%	95%	97%	97%
Statewide	97%	23%	28%	28%	60%	96%	94%	92%	97%	99%	98%
BI											
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	95%	89%	84%	95%	86%
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%	86%	90%
United		46%	50%	75%	33%	97%	93%	90%	89%	96%	89%
Statewide	53%	38%	38%	67%	57%	89%	93%	88%	90%	93%	89%
TA											
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	97%	88%	100%	100%	100%
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%	100%	95%
United		38%	43%	60%	100%	98%	97%	95%	94%	96%	93%
Statewide	92%	42%	75%	60%	83%	95%	96%	90%	95%	98%	95%
Autism											
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%
SED											
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	81%	80%	82%	100%	92%
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%	100%	94%
United		84%	93%	83%	67%	96%	95%	69%	93%	100%	97%
Statewide	85%	86%	88%	83%	83%	93%	92%	78%	87%	100%	94%

KDADS HCBS Quality Review Report

Service Plan
PM 8: Number and percent of waiver participants who received services in the type, scope, amount, duration, and frequency specified in the service plan
Numerator: Number of waiver participants who received services in the type, scope, amount, duration, and frequency specified in the service plan
Denominator: Number of waiver participants whose service plans were reviewed
Review Period: 04/01/2022 - 06/30/2022
Data Source: MCO Record Review

Compliance By Waiver	Aetna	Sunflower	United	Statewide
PD	**72%**	**97%**	**89%**	**87%**
Numerator	18	28	33	79
Denominator	25	29	37	91
FE	**93%**	**93%**	**92%**	**93%**
Numerator	25	27	35	87
Denominator	27	29	38	94
IDD	**100%**	**96%**	**97%**	**97%**
Numerator	16	46	28	90
Denominator	16	48	29	93
BI	**64%**	**90%**	**68%**	**73%**
Numerator	14	19	19	52
Denominator	22	21	28	71
TA	**76%**	**90%**	**96%**	**89%**
Numerator	13	18	26	57
Denominator	17	20	27	64
Autism	**50%**	**33%**	**50%**	**46%**
Numerator	1	1	4	6
Denominator	2	3	8	13
SED	**40%**	**31%**	**81%**	**52%**
Numerator	10	10	26	46
Denominator	25	32	32	89

Explanation of Findings:

BI: Service plan not provided or does not cover entire review period, no meeting date on service plan or notes in case file document individual is not receiving services as indicated on plan

AU: Service plan is incomplete, notes indicate individuals are on wait list for services

SED: Service plan not provided or does not cover entire 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 87% or greater. Root cause analysis has found that there are not signed service plans that can be used to validate that goals were addressed with the participants.

KDADS believes having a signed service plan will improve the compliance with most performance measures.
MCOs will continue to complete Service Plan (SPs) processes by telephone or video and begin sending SP's to participants via mail with self addressed stamped envelopes so that participants can sign and return. With the earlier HCBS Waiver Programs COVID-19 guidance exception that was rescinded in September 2020, 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. Part of that education includes implementation of SMART goals as this continues to be an issue and weakness within plans.

All three contracted MCOs now have electronic signature platforms and can continue to utilize verbal signature processes until PHE is rescinded. MCOs will mail PCSP for signature and within that letter indicate if signature not received services will be closed in 60 days .

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. Further guidance was provided to the MCOS on September 21, 2022 with a deadline of updates due October 7, 2022 and final approval given on October 28, 2022.
KDADS accepted the plans and will continue to monitor on a quarterly basis to ensure timelines are being followed or to mitigate issues as they arise.

Ongoing non compliance across all 3 MCOs include:
1. Not closing cases w/over 90 days of unsuccessful contacts
2. Not closing cases timely
3. Late assessments and Service Plans
4. Physical exam information
5. Signatures

Compliance Trends	2013	2014	2015	2016	2017	2018	2019	2020	2021	Jan-Mar 2022	Apr-Jun 2022
PD											
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	68%	41%	80%	89%	72%
Amerigroup		94%	69%	79%	83%	93%	N/A	N/A	N/A	N/A	N/A
Sunflower		96%	72%	76%	88%	80%	86%	59%	76%	87%	97%
United		96%	78%	91%	87%	93%	88%	49%	73%	88%	89%
Statewide	85%	95%	72%	81%	86%	88%	83%	50%	76%	88%	87%
FE											
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	71%	42%	75%	68%	93%
Amerigroup		83%	76%	75%	81%	86%	N/A	N/A	N/A	N/A	N/A
Sunflower		96%	64%	86%	87%	77%	88%	56%	74%	90%	93%
United		96%	79%	89%	88%	92%	89%	49%	72%	95%	92%
Statewide	87%	92%	72%	83%	86%	85%	86%	50%	73%	86%	93%
IDD											
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	51%	39%	76%	94%	100%
Amerigroup		78%	84%	73%	75%	82%	N/A	N/A	N/A	N/A	N/A
Sunflower		97%	62%	77%	80%	82%	79%	51%	66%	85%	96%
United		100%	59%	81%	90%	89%	77%	44%	82%	100%	97%
Statewide	98%	92%	68%	77%	81%	84%	75%	47%	73%	91%	97%
BI											
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	43%	19%	63%	62%	64%
Amerigroup		81%	55%	63%	77%	73%	N/A	N/A	N/A	N/A	N/A
Sunflower		95%	46%	84%	76%	76%	74%	34%	56%	81%	90%
United		85%	71%	83%	76%	82%	81%	32%	63%	82%	68%
Statewide	70%	87%	56%	72%	77%	75%	70%	30%	61%	76%	73%
TA											
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	81%	31%	267%	100%	76%
Amerigroup		98%	73%	79%	88%	98%	N/A	N/A	N/A	N/A	N/A
Sunflower		100%	86%	82%	68%	87%	89%	40%	66%	90%	90%
United		96%	58%	82%	92%	86%	92%	32%	81%	93%	96%
Statewide	100%	98%	74%	80%	83%	93%	89%	35%	73%	94%	89%
Autism											
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	0%	13%	14%	0%	50%
Amerigroup		89%	59%	37%	88%	91%	N/A	N/A	N/A	N/A	N/A
Sunflower		100%	55%	50%	15%	28%	23%	35%	31%	0%	33%
United		50%	21%	17%	13%	41%	58%	0%	50%	67%	50%
Statewide	50%	86%	49%	38%	37%	48%	40%	11%	40%	22%	46%
SED											
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	96%	30%	46%	35%	40%
Amerigroup		91%	99%	95%	99%	96%	N/A	N/A	N/A	N/A	N/A
Sunflower		96%	94%	84%	98%	98%	95%	32%	47%	33%	31%
United		92%	99%	91%	86%	96%	98%	38%	79%	85%	81%
Statewide	13%	93%	98%	90%	94%	97%	97%	34%	59%	53%	52%

*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: 04/01/2022 - 06/30/2022
Data Source: Customer Interview

Compliance By Waiver	Aetna	Sunflower	United	Statewide
PD	**100%**	**100%**	**83%**	**95%**
Numerator	13	14	10	37
Denominator	13	14	12	39
FE	**100%**	**93%**	**80%**	**90%**
Numerator	10	14	12	36
Denominator	10	15	15	40
IDD	**100%**	**93%**	**91%**	**94%**
Numerator	10	27	10	47
Denominator	10	29	11	50
BI	**67%**	**75%**	**85%**	**78%**
Numerator	4	6	11	21
Denominator	6	8	13	27
TA	**100%**	**100%**	**100%**	**100%**
Numerator	8	9	11	28
Denominator	8	9	11	28
Autism	**0%**	**N/A**	**100%**	**75%**
Numerator	0	0	3	3
Denominator	1	0	3	4
SED	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 are continued to be discussed and reviewed with MCOs at the scheduled quarterly meetings and the Quality Improvement Plan (QIP) meetings until measures meet 87% or greater. Root cause analysis has found that there are not signed service plans that can be used to validate that goals were addressed with the participants.

KDADS believes having a signed service plan will improve the compliance with most performance measures.
MCOs will continue to complete Service Plan (SPs) processes by telephone or video and begin sending SP's to participants via mail with self addressed stamped envelopes so that participants can sign and return. With the earlier HCBS Waiver Programs COVID-19 guidance exception that was rescinded in September 2020, 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. Part of that education includes implementation of SMART goals as this continues to be an issue and weakness within plans.

All three contracted MCOs now have electronic signature platforms and can continue to utilize verbal signature processes until PHE is rescinded. MCOs will mail PCSP for signature and within that letter indicate if signature not received services will be closed in 60 days .

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. Further guidance was provided to the MCOS on September 21, 2022 with a deadline of updates due October 7, 2022 and final approval given on October 28, 2022.
KDADS accepted the plans and will continue to monitor on a quarterly basis to ensure timelines are being followed or to mitigate issues as they arise.

Ongoing non compliance across all 3 MCOs include:
1. Not closing cases w/over 90 days of unsuccessful contacts
2. Not closing cases timely
3. Late assessments and Service Plans
4. Physical exam information
5. Signatures

Compliance Trends	2013	2014	2015	2016	2017	2018	2019	2020	2021	Jan-Mar 2022	Apr-Jun 2022
PD											
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	93%	100%	93%	93%	100%
Amerigroup		97%			94%	94%	N/A	N/A	N/A	N/A	N/A
Sunflower		92%			97%	98%	94%	81%	99%	93%	100%
United		93%			91%	98%	91%	85%	95%	93%	83%
Statewide	Not a Measure	94%	No Data	No Data	94%	97%	93%	88%	96%	93%	95%
FE											
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	100%	92%	93%	80%	100%
Amerigroup		85%			97%	96%	N/A	N/A	N/A	N/A	N/A
Sunflower		86%			93%	95%	96%	100%	88%	93%	93%
United		82%			91%	94%	94%	94%	93%	87%	80%
Statewide	87%	84%	No Data	No Data	94%	95%	96%	95%	92%	88%	90%
IDD											
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	100%	100%	97%	100%	100%
Amerigroup		92%			93%	100%	N/A	N/A	N/A	N/A	N/A
Sunflower		96%			99%	97%	96%	95%	111%	95%	93%
United		93%			92%	100%	95%	90%	98%	90%	91%
Statewide	Not a Measure	94%	No Data	No Data	96%	98%	96%	95%	98%	94%	94%
BI											
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	100%	88%	91%	71%	67%
Amerigroup		81%			81%	87%	N/A	N/A	N/A	N/A	N/A
Sunflower		88%			79%	78%	95%	88%	89%	67%	75%
United		83%			76%	92%	92%	100%	81%	91%	85%
Statewide	Not a Measure	83%	No Data	No Data	80%	85%	95%	91%	86%	79%	78%
TA											
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	60%	100%	94%	100%	100%
Amerigroup		89%			96%	98%	N/A	N/A	N/A	N/A	N/A
Sunflower		84%			94%	95%	100%	100%	94%	100%	100%
United		85%			94%	100%	93%	100%	91%	90%	100%
Statewide	Not a Measure	87%	No Data	No Data	95%	98%	92%	100%	93%	96%	100%
Autism											
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	N/A	100%	75%	100%	0%
Amerigroup		74%			89%	67%	N/A	N/A	N/A	N/A	N/A
Sunflower		70%			50%	88%	67%	100%	50%	100%	N/A
United		60%			75%	50%	73%	33%	78%	50%	100%
Statewide	Not a Measure	71%	No Data	No Data	68%	68%	71%	71%	68%	75%	75%
SED	Not a Waiver Performance Measure										
Aetna											
Amerigroup											
Sunflower											
United											
Statewide											

KDADS HCBS Quality Review Report

Service Plan
PM 10: Number and percent of waiver participants whose record contains documentation indicating a choice of waiver service providers
Numerator: Number of waiver participants whose record contains documentation indicating a choice of waiver service providers
Denominator: Number of waiver participants whose service plans were reviewed
Review Period: 04/01/2022 - 06/30/2022
Data Source: MCO Record Review

Compliance By Waiver	Aetna	Sunflower	United	Statewide
PD	**76%**	**100%**	**89%**	**89%**
Numerator	19	29	33	81
Denominator	25	29	37	91
FE	**96%**	**93%**	**95%**	**95%**
Numerator	26	27	36	89
Denominator	27	29	38	94
IDD	**100%**	**92%**	**97%**	**95%**
Numerator	16	44	28	88
Denominator	16	48	29	93
BI	**86%**	**95%**	**82%**	**87%**
Numerator	19	20	23	62
Denominator	22	21	28	71
TA	**88%**	**90%**	**96%**	**92%**
Numerator	15	18	26	59
Denominator	17	20	27	64
Autism	**50%**	**100%**	**100%**	**92%**
Numerator	1	3	8	12
Denominator	2	3	8	13
SED	**80%**	**91%**	**88%**	**87%**
Numerator	20	29	28	77
Denominator	25	32	32	89

Explanation of Findings:

Performance measure threshold achieved for all waivers.

Remediation:

No remediation required for this Performance Measure.

Compliance Trends	2013	2014	2015	2016	2017	2018	2019	2020	2021	Jan-Mar 2022	Apr-Jun 2022
PD											
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	64%	49%	85%	96%	76%
Amerigroup		68%	56%	68%	80%	97%	N/A	N/A	N/A	N/A	N/A
Sunflower		58%	69%	73%	85%	80%	86%	64%	78%	93%	100%
United		69%	73%	89%	87%	94%	88%	56%	75%	85%	89%
Statewide	52%	65%	65%	76%	84%	90%	82%	57%	79%	91%	89%
FE											
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	73%	44%	82%	80%	96%
Amerigroup		68%	59%	64%	82%	92%	N/A	N/A	N/A	N/A	N/A
Sunflower		76%	59%	82%	86%	77%	88%	58%	74%	90%	93%
United		77%	75%	85%	91%	93%	88%	57%	73%	97%	95%
Statewide	56%	74%	63%	77%	86%	87%	86%	55%	75%	90%	95%
IDD											
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	51%	48%	77%	94%	100%
Amerigroup		51%	45%	68%	74%	84%	N/A	N/A	N/A	N/A	N/A
Sunflower		68%	42%	69%	71%	79%	77%	54%	65%	85%	92%
United		75%	55%	76%	91%	89%	80%	51%	85%	100%	97%
Statewide	99%	64%	46%	70%	77%	83%	75%	52%	73%	91%	95%
BI											
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	38%	24%	71%	76%	86%
Amerigroup		54%	50%	53%	76%	82%	N/A	N/A	N/A	N/A	N/A
Sunflower		75%	40%	86%	80%	80%	82%	48%	58%	100%	95%
United		70%	74%	83%	79%	92%	84%	41%	66%	96%	82%
Statewide	44%	65%	52%	67%	78%	83%	73%	39%	65%	91%	87%
TA											
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	76%	47%	75%	100%	88%
Amerigroup		87%	65%	68%	85%	96%	N/A	N/A	N/A	N/A	N/A
Sunflower		84%	80%	77%	66%	89%	90%	62%	67%	90%	90%
United		92%	58%	79%	95%	86%	91%	46%	85%	96%	86%
Statewide	96%	86%	68%	72%	81%	92%	88%	52%	76%	95%	92%
Autism											
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	17%	21%	57%	50%	50%
Amerigroup		67%	67%	47%	88%	100%	N/A	N/A	N/A	N/A	N/A
Sunflower		44%	45%	50%	40%	50%	69%	78%	81%	100%	100%
United		88%	21%	17%	19%	29%	65%	13%	80%	100%	100%
Statewide	40%	63%	49%	42%	48%	54%	60%	31%	77%	78%	92%
SED											
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	91%	56%	83%	100%	80%
Amerigroup		94%	91%	98%	99%	97%	N/A	N/A	N/A	N/A	N/A
Sunflower		91%	72%	84%	94%	87%	93%	57%	75%	94%	91%
United		84%	97%	88%	88%	97%	95%	59%	84%	88%	88%
Statewide	98%	89%	88%	90%	94%	94%	94%	58%	80%	93%	87%

*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: 04/01/2022 - 06/30/2022
Data Source: MCO Record Review

Compliance By Waiver	Aetna	Sunflower	United	Statewide
PD	**76%**	**100%**	**89%**	**89%**
Numerator	19	29	33	81
Denominator	25	29	37	91
FE	**96%**	**93%**	**95%**	**95%**
Numerator	26	27	36	89
Denominator	27	29	38	94
IDD	**100%**	**92%**	**97%**	**95%**
Numerator	16	44	28	88
Denominator	16	48	29	93
BI	**86%**	**95%**	**82%**	**87%**
Numerator	19	20	23	62
Denominator	22	21	28	71
TA	**88%**	**90%**	**96%**	**92%**
Numerator	15	18	26	59
Denominator	17	20	27	64
Autism	**50%**	**100%**	**100%**	**92%**
Numerator	1	3	8	12
Denominator	2	3	8	13
SED	**80%**	**91%**	**88%**	**87%**
Numerator	20	29	28	77
Denominator	25	32	32	89

Explanation of Findings:

Performance measure threshold achieved for all waivers.

Remediation:

No remediation required for this performance measure.

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

*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: 04/01/2022 - 06/30/2022
Data Source: MCO Record Review

Compliance By Waiver	Aetna	Sunflower	United	Statewide
PD	**76%**	**100%**	**89%**	**89%**
Numerator	19	29	33	81
Denominator	25	29	37	91
FE	**96%**	**93%**	**95%**	**95%**
Numerator	26	27	36	89
Denominator	27	29	38	94
IDD	**100%**	**92%**	**97%**	**95%**
Numerator	16	44	28	88
Denominator	16	48	29	93
BI	**82%**	**95%**	**82%**	**86%**
Numerator	18	20	23	61
Denominator	22	21	28	71
TA	**88%**	**90%**	**96%**	**92%**
Numerator	15	18	26	59
Denominator	17	20	27	64
Autism	**50%**	**100%**	**100%**	**92%**
Numerator	1	3	8	12
Denominator	2	3	8	13
SED	**80%**	**91%**	**88%**	**87%**
Numerator	20	29	28	77
Denominator	25	32	32	89

Explanation of Findings:

Performance measure threshold achieved for all waivers.

Remediation:

No remediation required for this performance measure.

Compliance Trends	2013	2014	2015	2016	2017	2018	2019	2020	2021	Jan-Mar 2022	Apr-Jun 2022
PD											
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	7%	13%	85%	96%	76%
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%	93%	100%
United		80%	78%	88%	87%	95%	88%	57%	76%	85%	89%
Statewide	Not a Measure	76%	66%	75%	85%	91%	70%	48%	79%	91%	89%
FE											
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	8%	25%	82%	80%	96%
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%	90%	93%
United		85%	79%	84%	91%	93%	88%	46%	69%	100%	95%
Statewide	65%	80%	63%	79%	86%	87%	76%	51%	75%	91%	95%
IDD											
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	7%	21%	77%	94%	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%	85%	92%
United		78%	57%	79%	92%	88%	79%	50%	83%	100%	97%
Statewide	No Data	64%	46%	70%	78%	84%	69%	48%	73%	91%	95%
BI											
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	0%	5%	69%	71%	82%
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%	100%	95%
United		73%	74%	83%	79%	92%	84%	42%	66%	96%	82%
Statewide	No Data	67%	52%	68%	78%	84%	65%	34%	65%	90%	86%
TA											
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	16%	18%	73%	100%	88%
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%	90%	90%
United		94%	55%	79%	95%	86%	91%	45%	85%	96%	96%
Statewide	No Data	92%	68%	74%	81%	93%	78%	45%	76%	95%	92%
Autism											
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	0%	8%	57%	50%	50%
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%	100%	100%
Statewide	No Data	72%	59%	60%	67%	61%	60%	28%	77%	78%	92%
SED											
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	91%	56%	83%	100%	80%
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%	94%	91%
United		85%	98%	88%	87%	97%	95%	59%	84%	88%	88%
Statewide	99%	90%	89%	91%	93%	94%	94%	58%	80%	93%	87%

*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: 04/01/2022 - 06/30/2022
Data Source: MCO Record Review

Compliance By Waiver	Aetna	Sunflower	United	Statewide
PD	**76%**	**97%**	**89%**	**88%**
Numerator	19	28	33	80
Denominator	25	29	37	91
FE	**96%**	**93%**	**95%**	**95%**
Numerator	26	27	36	89
Denominator	27	29	38	94
IDD	**100%**	**92%**	**97%**	**95%**
Numerator	16	44	28	88
Denominator	16	48	29	93
BI	**82%**	**95%**	**82%**	**86%**
Numerator	18	20	23	61
Denominator	22	21	28	71
TA	**88%**	**90%**	**96%**	**92%**
Numerator	15	18	26	59
Denominator	17	20	27	64
Autism	Self-Direction is not offered for this Waiver			
Numerator				
Denominator				
SED	Self-Direction is not offered for this Waiver			
Numerator				
Denominator				

Explanation of Findings:

Performance measure threshold achieved for all waivers.

Remediation:

No remediation required for this performance measure.

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

*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: 04/01/2022 - 06/30/2022
Data Source: MCO Record Review

Compliance By Waiver	Aetna	Sunflower	United	Statewide
PD	Not a Waiver Performance Measure			
Numerator				
Denominator				
FE	Not a Waiver Performance Measure			
Numerator				
Denominator				
IDD	Not a Waiver Performance Measure			
Numerator				
Denominator				
BI	Not a Waiver Performance Measure			
Numerator				
Denominator				
TA	Not a Waiver Performance Measure			
Numerator				
Denominator				
Autism	Not a Waiver Performance Measure			
Numerator				
Denominator				
SED	**28%**	**22%**	**75%**	**43%**
Numerator	7	7	24	38
Denominator	25	32	32	89

Compliance Trends	2017	2018	2019	2020	2021	Jan-Mar 2022	Apr-Jun 2022
PD	Not a Waiver Performance Measure						
FE	Not a Waiver Performance Measure						
IDD	Not a Waiver Performance Measure						
BI	Not a Waiver Performance Measure						
TA	Not a Waiver Performance Measure						
Autism	Not a Waiver Performance Measure						
SED							
Aetna	N/A	N/A	80%	32%	46%	17%	28%
Amerigroup	99%	92%	N/A	N/A	N/A	N/A	N/A
Sunflower	88%	90%	88%	34%	35%	36%	22%
United	83%	94%	94%	36%	70%	85%	75%
Statewide	91%	92%	89%	35%	51%	49%	43%

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 are continued to be discussed and reviewed with MCOs at the scheduled quarterly meetings and the Quality Improvement Plan (QIP) meetings until measures meet 87% or greater. Root cause analysis has found that there are not signed service plans that can be used to validate that goals were addressed with the participants.

KDADS believes having a signed service plan will improve the compliance with most performance measures.
MCOs will continue to complete Service Plan (SPs) processes by telephone or video and begin sending SP's to participants via mail with self addressed stamped envelopes so that participants can sign and return. With the earlier HCBS Waiver Programs COVID-19 guidance exception that was rescinded in September 2020, 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. Part of that education includes implementation of SMART goals as this continues to be an issue and weakness within plans.

All three contracted MCOs now have electronic signature platforms and can continue to utilize verbal signature processes until PHE is rescinded. MCOs will mail PCSP for signature and within that letter indicate if signature not received services will be closed in 60 days .

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. Further guidance was provided to the MCOS on September 21, 2022 with a deadline of updates due October 7, 2022 and final approval given on October 28, 2022.
KDADS accepted the plans and will continue to monitor on a quarterly basis to ensure timelines are being followed or to mitigate issues as they arise.

Ongoing non compliance across all 3 MCOs include:
1. Not closing cases w/over 90 days of unsuccessful contacts
2. Not closing cases timely
3. Late assessments and Service Plans
4. Physical exam information
5. Signatures

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: 04/01/2022 - 06/30/2022
Data Source: Adverse Incident Reporting

Compliance By Waiver	Aetna	Sunflower	United	Statewide
PD	**N/A**	**67%**	**100%**	**91%**
Numerator	0	2	8	10
Denominator	0	3	8	11
FE	**N/A**	**83%**	**100%**	**92%**
Numerator	0	5	6	11
Denominator	0	6	6	12
IDD	**100%**	**91%**	**100%**	**95%**
Numerator	7	10	2	19
Denominator	7	11	2	20
BI	**N/A**	**0%**	**100%**	**50%**
Numerator	0	0	1	1
Denominator	0	1	1	2
TA	**100%**	**100%**	**N/A**	**100%**
Numerator	1	1	0	2
Denominator	1	1	0	2
Autism	**N/A**	**N/A**	**N/A**	**N/A**
Numerator	0	0	0	0
Denominator	0	0	0	0
SED	**N/A**	**N/A**	**N/A**	**N/A**
Numerator	0	0	0	0
Denominator	0	0	0	0

Explanation of Findings:

Sunflower had one report of death with preventable causes being identified for the BI waiver. The member was found deceased in a car outside of a family members home. There is an open investigation of the incident by LE. There is no suspicion of foul play on the behalf of a provider.

Remediation:

No remediation necessary.

Compliance Trends	2013	2014	2015	2016	2017	2018	2019	2020	2021	Jan-Mar 2022	Apr-Jun 2022
PD											
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	N/A	100%	88%	N/A	N/A
Amerigroup	No Data						N/A	N/A	N/A	N/A	N/A
Sunflower							90%	96%	83%	88%	67%
United							100%	86%	97%	91%	100%
Statewide							92%	93%	89%	89%	91%
FE											
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	N/A	100%	100%	N/A	N/A
Amerigroup	No Data						N/A	N/A	N/A	N/A	N/A
Sunflower							100%	100%	92%	69%	83%
United							75%	96%	94%	100%	100%
Statewide							96%	98%	94%	81%	92%
IDD											
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	100%	100%	91%	100%	100%
Amerigroup	No Data						N/A	N/A	N/A	N/A	N/A
Sunflower							98%	100%	83%	94%	91%
United							93%	95%	92%	90%	100%
Statewide							97%	99%	86%	94%	95%
BI											
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	N/A	0%	100%	0%	N/A
Amerigroup	No Data						N/A	N/A	N/A	N/A	N/A
Sunflower							100%	100%	80%	N/A	0%
United							N/A	N/A	75%	50%	100%
Statewide							100%	67%	79%	40%	50%
TA											
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	100%	N/A	100%
Amerigroup	No Data						N/A	N/A	N/A	N/A	N/A
Sunflower							100%	100%	100%	100%	100%
United							N/A	100%	75%	100%	N/A
Statewide							100%	100%	86%	100%	100%
Autism											
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Amerigroup	No Data						N/A	N/A	N/A	N/A	N/A
Sunflower							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
SED											
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Amerigroup	No Data						N/A	N/A	N/A	N/A	N/A
Sunflower							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 2: Number and percent of unexpected deaths for which review/investigation followed the appropriate policies and procedures
Numerator: Number of unexpected deaths for which review/investigation followed the appropriate policies and procedures as in the approved waiver
Denominator: Number of unexpected deaths
Review Period: 04/01/2022 - 06/30/2022
Data Source: Adverse Incident Reporting

Compliance By Waiver	Aetna	Sunflower	United	Statewide
PD	**N/A**	**100%**	**100%**	**100%**
Numerator	0	3	8	11
Denominator	0	3	8	11
FE	**N/A**	**83%**	**100%**	**92%**
Numerator	0	5	6	11
Denominator	0	6	6	12
IDD	**100%**	**100%**	**100%**	**100%**
Numerator	7	11	2	20
Denominator	7	11	2	20
BI	**N/A**	**100%**	**100%**	**100%**
Numerator	0	1	1	2
Denominator	0	1	1	2
TA	**100%**	**100%**	**N/A**	**100%**
Numerator	1	1	0	2
Denominator	1	1	0	2
Autism	**N/A**	**N/A**	**N/A**	**N/A**
Numerator	0	0	0	0
Denominator	0	0	0	0
SED	**N/A**	**N/A**	**N/A**	**N/A**
Numerator	0	0	0	0
Denominator	0	0	0	0

Explanation of Findings:

All thresholds were met.

Remediation:

No remediation necessary.

Compliance Trends	2013	2014	2015	2016	2017	2018	2019	2020	2021	Jan-Mar 2022	Apr-Jun 2022
PD											
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	N/A	100%	100%	N/A	N/A
Amerigroup	No Data						N/A	N/A	N/A	N/A	N/A
Sunflower							83%	100%	98%	100%	100%
United							100%	100%	100%	100%	100%
Statewide							88%	100%	99%	100%	100%
FE											
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	N/A	100%	100%	N/A	N/A
Amerigroup	No Data						N/A	N/A	N/A	N/A	N/A
Sunflower							89%	100%	96%	100%	83%
United							75%	100%	97%	100%	100%
Statewide							87%	100%	97%	100%	92%
IDD											
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	100%	100%	100%	100%	100%
Amerigroup	No Data						N/A	N/A	N/A	N/A	N/A
Sunflower							92%	100%	96%	100%	100%
United							87%	100%	92%	100%	100%
Statewide							92%	100%	95%	100%	100%
BI											
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	N/A	100%	100%	100%	N/A
Amerigroup	No Data						N/A	N/A	N/A	N/A	N/A
Sunflower							100%	100%	100%	N/A	100%
United							N/A	N/A	100%	50%	100%
Statewide							100%	100%	100%	60%	100%
TA											
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	100%	N/A	100%
Amerigroup	No Data						N/A	N/A	N/A	N/A	N/A
Sunflower							100%	100%	100%	100%	100%
United							N/A	100%	100%	100%	N/A
Statewide							100%	100%	100%	100%	100%
Autism											
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Amerigroup	No Data						N/A	N/A	N/A	N/A	N/A
Sunflower							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
SED											
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Amerigroup	No Data						N/A	N/A	N/A	N/A	N/A
Sunflower							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 3: Number and percent of unexpected deaths for which the appropriate follow-up measures were taken
Numerator: Number of unexpected deaths for which the appropriate follow-up measures were taken as in the approved waiver
Denominator: Number of unexpected deaths
Review Period: 04/01/2022 - 06/30/2022
Data Source: Adverse Incident Reporting

Compliance By Waiver	Aetna	Sunflower	United	Statewide
PD	**N/A**	**100%**	**100%**	**100%**
Numerator	0	3	8	11
Denominator	0	3	8	11
FE	**N/A**	**100%**	**100%**	**100%**
Numerator	0	6	6	12
Denominator	0	6	6	12
IDD	**100%**	**100%**	**100%**	**100%**
Numerator	7	11	2	20
Denominator	7	11	2	20
BI	**N/A**	**100%**	**100%**	**100%**
Numerator	0	1	1	2
Denominator	0	1	1	2
TA	**100%**	**100%**	**N/A**	**100%**
Numerator	1	1	0	2
Denominator	1	1	0	2
Autism	**N/A**	**N/A**	**N/A**	**N/A**
Numerator	0	0	0	0
Denominator	0	0	0	0
SED	**N/A**	**N/A**	**N/A**	**N/A**
Numerator	0	0	0	0
Denominator	0	0	0	0

Explanation of Findings:

All thresholds were met.

Remediation:

No remediation necessary.

Compliance Trends	2013	2014	2015	2016	2017	2018	2019	2020	2021	Jan-Mar 2022	Apr-Jun 2022
PD											
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	100%	N/A	N/A
Amerigroup	No Data						N/A	N/A	N/A	N/A	N/A
Sunflower							100%	100%	100%	100%	100%
United							100%	100%	100%	100%	100%
Statewide							100%	100%	100%	100%	100%
FE											
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	100%	N/A	N/A
Amerigroup	No Data						N/A	N/A	N/A	N/A	N/A
Sunflower							100%	100%	100%	100%	100%
United							100%	100%	100%	100%	100%
Statewide							100%	100%	100%	100%	100%
IDD											
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	86%	100%	100%	100%	100%
Amerigroup	No Data						N/A	N/A	N/A	N/A	N/A
Sunflower							98%	100%	100%	100%	100%
United							100%	100%	100%	100%	100%
Statewide							97%	100%	100%	100%	100%
BI											
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	N/A	100%	100%	100%	N/A
Amerigroup	No Data						N/A	N/A	N/A	N/A	N/A
Sunflower							100%	100%	100%	N/A	100%
United							N/A	N/A	100%	100%	100%
Statewide							100%	100%	100%	100%	100%
TA											
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	100%	N/A	100%
Amerigroup	No Data						N/A	N/A	N/A	N/A	N/A
Sunflower							100%	100%	100%	100%	100%
United							N/A	100%	100%	100%	N/A
Statewide							100%	100%	100%	100%	100%
Autism											
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Amerigroup	No Data						N/A	N/A	N/A	N/A	N/A
Sunflower							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
SED											
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Amerigroup	No Data						N/A	N/A	N/A	N/A	N/A
Sunflower							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 4: Number and percent of waiver participants who received information on how to report suspected abuse, neglect, or exploitation
Numerator: Number of waiver participants who received information on how to report suspected abuse, neglect, or exploitation
Denominator: Number of waiver participants interviewed by QMS staff or whose records are reviewed
Review Period: 04/01/2022 - 06/30/2022
Data Source: MCO Record Review

Compliance By Waiver	Aetna	Sunflower	United	Statewide
PD	**76%**	**100%**	**89%**	**89%**
Numerator	19	29	33	81
Denominator	25	29	37	91
FE	**96%**	**97%**	**95%**	**96%**
Numerator	26	28	36	90
Denominator	27	29	38	94
IDD	**100%**	**98%**	**100%**	**99%**
Numerator	16	47	29	92
Denominator	16	48	29	93
BI	**82%**	**95%**	**82%**	**86%**
Numerator	18	20	23	61
Denominator	22	21	28	71
TA	**88%**	**95%**	**96%**	**94%**
Numerator	15	19	26	60
Denominator	17	20	27	64
Autism	**50%**	**100%**	**100%**	**92%**
Numerator	1	3	8	12
Denominator	2	3	8	13
SED	**80%**	**100%**	**88%**	**90%**
Numerator	20	32	28	80
Denominator	25	32	32	89

Explanation of Findings:

Performance measure threshold achieved for all waivers.

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 87% or greater. Root cause analysis has found that there are not signed service plans that can be used to validate that goals were addressed with the participants.

KDADS believes having a signed service plan will improve the compliance with most performance measures.
MCOs will continue to complete Service Plan (SPs) processes by telephone or video and begin sending SP's to participants via mail with self addressed stamped envelopes so that participants can sign and return. With the earlier HCBS Waiver Programs COVID-19 guidance exception that was rescinded in September 2020, 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. Part of that education includes implementation of SMART goals as this continues to be an issue and weakness within plans.

All three contracted MCOs now have electronic signature platforms and can continue to utilize verbal signature processes until PHE is rescinded. MCOs will mail PCSP for signature and within that letter indicate if signature not received services will be closed in 60 days .

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. Further guidance was provided to the MCOS on September 21, 2022 with a deadline of updates due October 7, 2022 and final approval given on October 28, 2022.
KDADS accepted the plans and will continue to monitor on a quarterly basis to ensure timelines are being followed or to mitigate issues as they arise.

Ongoing non compliance across all 3 MCOs include:
1. Not closing cases w/over 90 days of unsuccessful contacts
2. Not closing cases timely
3. Late assessments and Service Plans
4. Physical exam information
5. Signatures

Compliance Trends	2013	2014	2015	2016	2017	2018	2019	2020	2021	Jan-Mar 2022	Apr-Jun 2022
PD											
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	38%	33%	85%	96%	76%
Amerigroup		51%	19%	67%	87%	97%	N/A	N/A	N/A	N/A	N/A
Sunflower		88%	72%	74%	90%	85%	89%	69%	79%	93%	100%
United		90%	80%	88%	88%	95%	90%	62%	79%	88%	89%
Statewide	65%	72%	53%	76%	88%	93%	78%	56%	81%	92%	89%
FE											
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	35%	31%	85%	80%	96%
Amerigroup		59%	16%	61%	85%	92%	N/A	N/A	N/A	N/A	N/A
Sunflower		86%	62%	84%	89%	80%	92%	63%	79%	90%	97%
United		92%	80%	88%	93%	92%	91%	58%	74%	100%	95%
Statewide	80%	78%	50%	78%	89%	88%	83%	54%	78%	91%	96%
IDD											
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	20%	29%	79%	94%	100%
Amerigroup		23%	6%	59%	78%	86%	N/A	N/A	N/A	N/A	N/A
Sunflower		87%	59%	75%	82%	85%	83%	56%	73%	85%	98%
United		100%	56%	79%	93%	90%	84%	56%	86%	100%	100%
Statewide	99%	68%	42%	71%	83%	86%	75%	52%	78%	91%	99%
BI											
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	23%	23%	71%	76%	82%
Amerigroup		30%	12%	56%	81%	82%	N/A	N/A	N/A	N/A	N/A
Sunflower		94%	45%	84%	78%	86%	86%	48%	65%	100%	95%
United		80%	76%	85%	79%	92%	87%	48%	69%	96%	82%
Statewide	57%	63%	34%	69%	80%	85%	73%	41%	68%	91%	86%
TA											
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	27%	33%	75%	100%	88%
Amerigroup		61%	38%	75%	91%	99%	N/A	N/A	N/A	N/A	N/A
Sunflower		99%	86%	84%	72%	90%	90%	66%	76%	90%	95%
United		97%	61%	79%	95%	84%	93%	59%	85%	100%	96%
Statewide	86%	82%	57%	78%	86%	93%	81%	55%	79%	97%	94%
Autism											
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	0%	8%	57%	50%	50%
Amerigroup		62%	8%	23%	88%	100%	N/A	N/A	N/A	N/A	N/A
Sunflower		33%	29%	39%	50%	56%	62%	83%	88%	100%	100%
United		43%	14%	6%	13%	47%	77%	16%	87%	100%	100%
Statewide	90%	50%	16%	26%	50%	63%	62%	30%	83%	78%	92%
SED											
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	46%	34%	83%	96%	80%
Amerigroup		88%	64%	27%	25%	75%	N/A	N/A	N/A	N/A	N/A
Sunflower		80%	53%	22%	16%	39%	66%	43%	75%	94%	100%
United		78%	63%	19%	5%	21%	64%	43%	85%	91%	88%
Statewide	89%	82%	60%	23%	15%	45%	62%	41%	81%	93%	90%

*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: 04/01/2022 - 06/30/2022
Data Source: Adverse Incident Reporting

Compliance By Waiver	Aetna	Sunflower	United	Statewide
PD	**100%**	**98%**	**98%**	**99%**
Numerator	34	61	64	159
Denominator	34	62	65	161
FE	**91%**	**98%**	**100%**	**97%**
Numerator	29	57	51	137
Denominator	32	58	51	141
IDD	**99%**	**99%**	**99%**	**99%**
Numerator	388	1163	520	2071
Denominator	390	1171	527	2088
BI	**100%**	**100%**	**99%**	**100%**
Numerator	36	94	116	246
Denominator	36	94	117	247
TA	**100%**	**100%**	**95%**	**96%**
Numerator	1	7	18	26
Denominator	1	7	19	27
Autism	**N/A**	**N/A**	**N/A**	**N/A**
Numerator	0	0	0	0
Denominator	0	0	0	0
SED	**N/A**	**100%**	**100%**	**100%**
Numerator	0	3	16	19
Denominator	0	3	16	19

Explanation of Findings:

All thresholds were met.

Remediation:

No remediation necessary.

Compliance Trends	2013	2014	2015	2016	2017	2018	2019	2020	2021	Jan-Mar 2022	Apr-Jun 2022
PD											
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	79%	97%	97%	100%	100%
Amerigroup	No Data						N/A	N/A	N/A	N/A	N/A
Sunflower							98%	88%	92%	96%	98%
United							100%	99%	99%	100%	98%
Statewide							96%	96%	96%	99%	99%
FE											
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	83%	97%	96%	100%	91%
Amerigroup	No Data						N/A	N/A	N/A	N/A	N/A
Sunflower							96%	85%	95%	97%	98%
United							98%	99%	100%	100%	100%
Statewide							95%	94%	97%	98%	97%
IDD											
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	85%	93%	98%	98%	99%
Amerigroup	No Data						N/A	N/A	N/A	N/A	N/A
Sunflower							97%	89%	91%	99%	99%
United							99%	99%	99%	99%	99%
Statewide							96%	93%	94%	99%	99%
BI											
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	91%	100%	96%	98%	100%
Amerigroup	No Data						N/A	N/A	N/A	N/A	N/A
Sunflower							99%	90%	95%	100%	100%
United							99%	100%	100%	99%	99%
Statewide							98%	96%	97%	99%	100%
TA											
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	93%	100%	100%	100%	100%
Amerigroup	No Data						N/A	N/A	N/A	N/A	N/A
Sunflower							100%	88%	81%	100%	100%
United							100%	100%	100%	100%	95%
Statewide							98%	98%	97%	100%	96%
Autism											
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	100%	N/A	N/A
Amerigroup	No Data						N/A	N/A	N/A	N/A	N/A
Sunflower							N/A	100%	100%	N/A	N/A
United							100%	100%	100%	N/A	N/A
Statewide							100%	100%	100%	N/A	N/A
SED											
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	100%	N/A	N/A
Amerigroup	No Data						N/A	N/A	N/A	N/A	N/A
Sunflower							N/A	N/A	100%	100%	100%
United							N/A	N/A	100%	100%	100%
Statewide							N/A	N/A	100%	100%	100%

KDADS HCBS Quality Review Report

Health and Welfare
PM 6: Number and percent of reported critical incidents requiring review/investigation where the State adhered to its follow-up measures
Numerator: Number of reported critical incidents requiring review/investigation where the State adhered to the follow-up methods as specified in the approved waiver
Denominator: Number of reported critical incidents
Review Period: 04/01/2022 - 06/30/2022
Data Source: Adverse Incident Reporting

Compliance By Waiver	Aetna	Sunflower	United	Statewide
PD	**100%**	**100%**	**100%**	**100%**
Numerator	34	59	57	150
Denominator	34	59	57	150
FE	**100%**	**100%**	**100%**	**100%**
Numerator	32	52	45	129
Denominator	32	52	45	129
IDD	**100%**	**100%**	**100%**	**100%**
Numerator	383	1160	525	2068
Denominator	383	1160	525	2068
BI	**100%**	**100%**	**100%**	**100%**
Numerator	36	93	116	245
Denominator	36	93	116	245
TA	**N/A**	**100%**	**100%**	**100%**
Numerator	0	6	19	25
Denominator	0	6	19	25
Autism	**N/A**	**N/A**	**N/A**	**N/A**
Numerator	0	0	0	0
Denominator	0	0	0	0
SED	**N/A**	**100%**	**100%**	**100%**
Numerator	0	3	16	19
Denominator	0	3	16	19

Explanation of Findings:

All thresholds were met.

Remediation:

No remediation necessary.

Compliance Trends	2013	2014	2015	2016	2017	2018	2019	2020	2021	Jan-Mar 2022	Apr-Jun 2022
PD											
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	100%	100%	100%	100%	100%
Amerigroup	No Data						N/A	N/A	N/A	N/A	N/A
Sunflower							100%	100%	100%	100%	100%
United							100%	100%	100%	100%	100%
Statewide							100%	100%	100%	100%	100%
FE											
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	100%	100%	100%	100%	100%
Amerigroup	No Data						N/A	N/A	N/A	N/A	N/A
Sunflower							100%	100%	100%	100%	100%
United							100%	100%	100%	100%	100%
Statewide							100%	100%	100%	100%	100%
IDD											
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	100%	100%	100%	100%	100%
Amerigroup	No Data						N/A	N/A	N/A	N/A	N/A
Sunflower							100%	100%	100%	100%	100%
United							100%	100%	100%	100%	100%
Statewide							100%	100%	100%	100%	100%
BI											
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	100%	100%	100%	100%	100%
Amerigroup	No Data						N/A	N/A	N/A	N/A	N/A
Sunflower							100%	100%	100%	100%	100%
United							100%	100%	100%	100%	100%
Statewide							100%	100%	100%	100%	100%
TA											
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	100%	100%	100%	100%	N/A
Amerigroup	No Data						N/A	N/A	N/A	N/A	N/A
Sunflower							100%	100%	100%	100%	100%
United							100%	100%	100%	100%	100%
Statewide							100%	100%	100%	100%	100%
Autism											
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	100%	N/A	N/A
Amerigroup	No Data						N/A	N/A	N/A	N/A	N/A
Sunflower							N/A	100%	100%	N/A	N/A
United							100%	100%	100%	N/A	N/A
Statewide							100%	100%	100%	N/A	N/A
SED											
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	100%	N/A	N/A
Amerigroup	No Data						N/A	N/A	N/A	N/A	N/A
Sunflower							N/A	N/A	100%	100%	100%
United							N/A	N/A	100%	100%	100%
Statewide							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: 04/01/2022 - 06/30/2022
Data Source: Adverse Incident Reporting

Compliance By Waiver	Aetna	Sunflower	United	Statewide
PD	**N/A**	**0%**	**N/A**	**0%**
Numerator	0	0	0	0
Denominator	0	1	0	1
FE	**0%**	**N/A**	**N/A**	**0%**
Numerator	0	0	0	0
Denominator	1	0	0	1
IDD	**100%**	**94%**	**80%**	**93%**
Numerator	6	29	4	39
Denominator	6	31	5	42
BI	**N/A**	**N/A**	**N/A**	**N/A**
Numerator	0	0	0	0
Denominator	0	0	0	0
TA	**N/A**	**N/A**	**N/A**	**N/A**
Numerator	0	0	0	0
Denominator	0	0	0	0
Autism	**N/A**	**N/A**	**N/A**	**N/A**
Numerator	0	0	0	0
Denominator	0	0	0	0
SED	**N/A**	**N/A**	**N/A**	**N/A**
Numerator	0	0	0	0
Denominator	0	0	0	0

Explanation of Findings:

Aetna had one report of use of restrictive measures not approved by the waiver on the PD waiver. This member is secluding themselves and the support team is making several efforts to assist member.

Remediation:

No remediation necessary.

Compliance Trends	2013	2014	2015	2016	2017	2018	2019	2020	2021	Jan-Mar 2022	Apr-Jun 2022
PD											
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Amerigroup	No Data						N/A	N/A	N/A	N/A	N/A
Sunflower							N/A	N/A	N/A	N/A	0%
United							N/A	N/A	N/A	N/A	N/A
Statewide							N/A	N/A	N/A	N/A	0%
FE											
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	0%
Amerigroup	No Data						N/A	N/A	N/A	N/A	N/A
Sunflower							N/A	N/A	N/A	N/A	N/A
United							0%	N/A	N/A	0%	N/A
Statewide							0%	N/A	N/A	0%	0%
IDD											
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	100%	90%	75%	67%	100%
Amerigroup	No Data						N/A	N/A	N/A	N/A	N/A
Sunflower							91%	N/A	89%	90%	94%
United							58%	N/A	72%	86%	80%
Statewide							83%	93%	82%	89%	93%
BI											
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Amerigroup	No Data						N/A	N/A	N/A	N/A	N/A
Sunflower							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
TA											
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Amerigroup	No Data						N/A	N/A	N/A	N/A	N/A
Sunflower							N/A	N/A	N/A	N/A	N/A
United							0%	N/A	N/A	N/A	N/A
Statewide							0%	N/A	N/A	N/A	N/A
Autism											
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Amerigroup	No Data						N/A	N/A	N/A	N/A	N/A
Sunflower							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
SED											
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Amerigroup	No Data						N/A	N/A	N/A	N/A	N/A
Sunflower							N/A	N/A	N/A	100%	N/A
United							N/A	N/A	100%	N/A	N/A
Statewide							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: 04/01/2022 - 06/30/2022
Data Source: Adverse Incident Reporting

Compliance By Waiver	Aetna	Sunflower	United	Statewide
PD	**N/A**	**N/A**	**N/A**	**N/A**
Numerator	0	0	0	0
Denominator	0	0	0	0
FE	**N/A**	**N/A**	**N/A**	**N/A**
Numerator	0	0	0	0
Denominator	0	0	0	0
IDD	**N/A**	**N/A**	**N/A**	**N/A**
Numerator	0	0	0	0
Denominator	0	0	0	0
BI	**N/A**	**N/A**	**N/A**	**N/A**
Numerator	0	0	0	0
Denominator	0	0	0	0
TA	**N/A**	**N/A**	**N/A**	**N/A**
Numerator	0	0	0	0
Denominator	0	0	0	0
Autism	**N/A**	**N/A**	**N/A**	**N/A**
Numerator	0	0	0	0
Denominator	0	0	0	0
SED	**N/A**	**N/A**	**N/A**	**N/A**
Numerator	0	0	0	0
Denominator	0	0	0	0

Explanation of Findings:

There were zero (0) unauthorized uses of restrictive interventions during this reporting period.

Remediation:

No remediation necessary.

Compliance Trends	2013	2014	2015	2016	2017	2018	2019	2020	2021	Jan-Mar 2022	Apr-Jun 2022
PD											
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Amerigroup	No Data						N/A	N/A	N/A	N/A	N/A
Sunflower							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
FE											
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Amerigroup	No Data						N/A	N/A	N/A	N/A	N/A
Sunflower							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
IDD											
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	N/A	90%	100%	N/A	N/A
Amerigroup	No Data						N/A	N/A	N/A	N/A	N/A
Sunflower							100%	N/A	78%	100%	N/A
United							91%	100%	58%	N/A	N/A
Statewide							94%	100%	68%	100%	N/A
BI											
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Amerigroup	No Data						N/A	N/A	N/A	N/A	N/A
Sunflower							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
TA											
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Amerigroup	No Data						N/A	N/A	N/A	N/A	N/A
Sunflower							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
Autism											
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Amerigroup	No Data						N/A	N/A	N/A	N/A	N/A
Sunflower							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
SED											
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Amerigroup	No Data						N/A	N/A	N/A	N/A	N/A
Sunflower							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: 04/01/2022 - 06/30/2022
Data Source: MCO Record Review

Compliance By Waiver	Aetna	Sunflower	United	Statewide
PD	**68%**	**90%**	**95%**	**86%**
Numerator	17	26	35	78
Denominator	25	29	37	91
FE	**85%**	**69%**	**92%**	**83%**
Numerator	23	20	35	78
Denominator	27	29	38	94
IDD	**88%**	**90%**	**97%**	**91%**
Numerator	14	43	28	85
Denominator	16	48	29	93
BI	**91%**	**76%**	**86%**	**85%**
Numerator	20	16	24	60
Denominator	22	21	28	71
TA	**76%**	**85%**	**89%**	**84%**
Numerator	13	17	24	54
Denominator	17	20	27	64
Autism	**50%**	**100%**	**88%**	**85%**
Numerator	1	3	7	11
Denominator	2	3	8	13
SED	**72%**	**72%**	**75%**	**73%**
Numerator	18	23	24	65
Denominator	25	32	32	89

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

TA: 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

AU: 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 87% or greater. Root cause analysis has found that there are not signed service plans that can be used to validate that goals were addressed with the participants.

KDADS believes having a signed service plan will improve the compliance with most performance measures.
MCOs will continue to complete Service Plan (SPs) processes by telephone or video and begin sending SP's to participants via mail with self addressed stamped envelopes so that participants can sign and return. With the earlier HCBS Waiver Programs COVID-19 guidance exception that was rescinded in September 2020, 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. Part of that education includes implementation of SMART goals as this continues to be an issue and weakness within plans.

All three contracted MCOs now have electronic signature platforms and can continue to utilize verbal signature processes until PHE is rescinded. MCOs will mail PCSP for signature and within that letter indicate if signature not received services will be closed in 60 days .

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. Further guidance was provided to the MCOS on September 21, 2022 with a deadline of updates due October 7, 2022 and final approval given on October 28, 2022.
KDADS accepted the plans and will continue to monitor on a quarterly basis to ensure timelines are being followed or to mitigate issues as they arise.

Ongoing non compliance across all 3 MCOs include:
1. Not closing cases w/over 90 days of unsuccessful contacts
2. Not closing cases timely
3. Late assessments and Service Plans
4. Physical exam information
5. Signatures

Compliance Trends	2013	2014	2015	2016	2017	2018	2019	2020	2021	Jan-Mar 2022	Apr-Jun 2022
PD											
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	76%	68%	68%	75%	68%
Amerigroup		78%			20%	46%	N/A	N/A	N/A	N/A	N/A
Sunflower		81%			34%	40%	54%	71%	75%	77%	90%
United		88%			34%	23%	77%	79%	94%	97%	95%
Statewide	Not a Measure	82%	No Data	No Data	29%	37%	68%	73%	80%	84%	86%
FE											
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	56%	64%	76%	76%	85%
Amerigroup		89%			23%	34%	N/A	N/A	N/A	N/A	N/A
Sunflower		97%			31%	28%	59%	66%	56%	57%	69%
United		97%			31%	18%	71%	78%	86%	97%	92%
Statewide	Not a Measure	95%	No Data	No Data	29%	27%	64%	71%	74%	79%	83%
IDD											
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	88%	83%	73%	75%	88%
Amerigroup		91%			28%	56%	N/A	N/A	N/A	N/A	N/A
Sunflower		99%			52%	70%	86%	84%	88%	92%	90%
United		99%			26%	29%	72%	73%	87%	90%	97%
Statewide	Not a Measure	97%	No Data	No Data	39%	56%	82%	83%	85%	88%	91%
BI											
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	60%	81%	76%	81%	91%
Amerigroup		84%			21%	29%	N/A	N/A	N/A	N/A	N/A
Sunflower		94%			32%	30%	55%	76%	66%	62%	76%
United		93%			19%	35%	78%	88%	92%	96%	86%
Statewide	Not a Measure	90%	No Data	No Data	23%	30%	64%	82%	79%	81%	85%
TA											
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	81%	74%	88%	94%	76%
Amerigroup		100%			39%	54%	N/A	N/A	N/A	N/A	N/A
Sunflower		100%			56%	79%	91%	69%	84%	81%	85%
United		97%			68%	62%	87%	85%	86%	96%	89%
Statewide	Not a Measure	100%	No Data	No Data	49%	63%	88%	77%	86%	91%	84%
Autism											
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	40%	79%	57%	100%	50%
Amerigroup		100%			56%	90%	N/A	N/A	N/A	N/A	N/A
Sunflower		92%			65%	73%	77%	100%	100%	100%	100%
United		100%			19%	42%	60%	43%	87%	100%	88%
Statewide	Not a Measure	98%	No Data	No Data	48%	59%	63%	65%	87%	100%	85%
SED											
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	70%	84%	76%	91%	72%
Amerigroup		54%			76%	87%	N/A	N/A	N/A	N/A	N/A
Sunflower		55%			27%	71%	72%	73%	81%	82%	72%
United		46%			47%	61%	59%	62%	81%	85%	75%
Statewide	Not a Measure	52%	No Data	No Data	52%	67%	66%	71%	80%	85%	73%

KDADS HCBS Quality Review Report

Health and Welfare
PM 10: Number and percent of waiver participants who have a disaster red flag designation with a related disaster backup plan
Numerator: Number of waiver participants who have a disaster red flag designation with a related disaster backup plan
Denominator: Number of waiver participants with a red flag designation
Review Period: 04/01/2022 - 06/30/2022
Data Source: MCO Record Review

Compliance By Waiver	Aetna	Sunflower	United	Statewide
PD	**76%**	**100%**	**89%**	**89%**
Numerator	19	29	33	81
Denominator	25	29	37	91
FE	**96%**	**93%**	**95%**	**95%**
Numerator	26	27	36	89
Denominator	27	29	38	94
IDD	**100%**	**96%**	**97%**	**97%**
Numerator	16	46	28	90
Denominator	16	48	29	93
BI	**86%**	**90%**	**82%**	**86%**
Numerator	19	19	23	61
Denominator	22	21	28	71
TA	**88%**	**90%**	**96%**	**92%**
Numerator	15	18	26	59
Denominator	17	20	27	64
Autism	**50%**	**100%**	**100%**	**92%**
Numerator	1	3	8	12
Denominator	2	3	8	13
SED	Not a Waiver Performance Measure			
Numerator				
Denominator				

Explanation of Findings:

Performance measure threshold achieved for all waivers.

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 87% or greater. Root cause analysis has found that there are not signed service plans that can be used to validate that goals were addressed with the participants.

KDADS believes having a signed service plan will improve the compliance with most performance measures.
MCOs will continue to complete Service Plan (SPs) processes by telephone or video and begin sending SP's to participants via mail with self addressed stamped envelopes so that participants can sign and return. With the earlier HCBS Waiver Programs COVID-19 guidance exception that was rescinded in September 2020, 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. Part of that education includes implementation of SMART goals as this continues to be an issue and weakness within plans.

All three contracted MCOs now have electronic signature platforms and can continue to utilize verbal signature processes until PHE is rescinded. MCOs will mail PCSP for signature and within that letter indicate if signature not received services will be closed in 60 days .

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. Further guidance was provided to the MCOS on September 21, 2022 with a deadline of updates due October 7, 2022 and final approval given on October 28, 2022.
KDADS accepted the plans and will continue to monitor on a quarterly basis to ensure timelines are being followed or to mitigate issues as they arise.

Ongoing non compliance across all 3 MCOs include:
1. Not closing cases w/over 90 days of unsuccessful contacts
2. Not closing cases timely
3. Late assessments and Service Plans
4. Physical exam information
5. Signatures

Compliance Trends	2013	2014	2015	2016	2017	2018	2019	2020	2021	Jan-Mar 2022	Apr-Jun 2022
PD											
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	79%	52%	81%	96%	76%
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%	90%	100%
United		64%	80%	88%	87%	94%	88%	56%	76%	88%	89%
Statewide	Not a Measure	67%	58%	75%	84%	92%	85%	58%	77%	91%	89%
FE											
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	77%	47%	82%	80%	96%
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%	90%	93%
United		76%	81%	85%	91%	91%	89%	56%	73%	100%	95%
Statewide	59%	70%	65%	76%	84%	87%	86%	56%	75%	91%	95%
IDD											
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	64%	50%	76%	94%	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%	85%	96%
United		70%	58%	73%	90%	86%	80%	51%	84%	100%	97%
Statewide	Not a Measure	64%	47%	64%	76%	79%	77%	52%	74%	91%	97%
BI											
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	48%	30%	70%	71%	86%
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%	100%	90%
United		56%	74%	80%	79%	89%	86%	41%	65%	96%	82%
Statewide	Not a Measure	56%	52%	70%	81%	85%	77%	39%	65%	90%	86%
TA											
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	65%	47%	75%	100%	88%
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%	90%	90%
United		86%	63%	79%	95%	86%	91%	46%	85%	96%	96%
Statewide	Not a Measure	83%	57%	78%	87%	92%	86%	52%	76%	95%	92%
Autism											
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	17%	21%	57%	50%	50%
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%	100%	100%
Statewide	Not a Measure	64%	30%	40%	62%	67%	64%	31%	81%	78%	92%
SED	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: 04/01/2022 - 06/30/2022
Data Source: MCO Claims Data

Compliance By Waiver	Statewide
PD	**99%**
Numerator	81,451
Denominator	81,602
FE	**99%**
Numerator	52,064
Denominator	52,080
IDD	**99%**
Numerator	139,985
Denominator	140,344
BI	**99%**
Numerator	17,302
Denominator	17,336
TA	**98%**
Numerator	7,696
Denominator	7,783
Autism	**100%**
Numerator	43
Denominator	43
SED	**99%**
Numerator	17,688
Denominator	17,692
All HCBS Waivers	**99%**
Numerator	312,170
Denominator	312,820

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

Explanation of Findings:

Performance Measure threshold achieved for all waivers.

Remediation:

No remediation necessary.

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 2022
Data Source: KDHE

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

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

Explanation of Findings:

Performance Measure threshold achieved for all waivers.

Remediation:

No remediation necessary.

KanCare Ombudsman Office Report

Quarter 4, 2022 (based on calendar year)

October 1 – December 31, 2022

Data downloaded 1/13/2023

Kerrie Bacon, KanCare Ombudsman
Office of Public Advocates
Email: KanCare.Ombudsman@ks.gov or Kerrie.Bacon@ks.gov
Phone: (785) 296-6270
Cell: (785) 213-2258
Toll Free: 1-855-643-8180
Relay: 711
Address: 900 S. Jackson, Suite 1041, Topeka, KS 66612
Website: www.KanCareOmbudsman.ks.gov
Find Us on Facebook

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II. Brief Overview

A. Contacts

Contacts for fourth quarter increased and were the highest for the 2022 year. We anticipate that the contact numbers will continue to increase as the change in policy regarding renewals goes into effect in the spring.

Initial Contacts	Qtr. 1	Qtr. 2	Qtr. 3	Qtr. 4
2020	903	478	562	601
2021	564	591	644	566
2022	524	526	480	546

B. Outreach

Facebook is an important part of the KOO outreach. The Wichita Satellite office is responsible for the Facebook research, creation and posting. During 2022, we averaged 44 Facebook posts per quarter.

	Q1/22	Q2/22	Q3/22	Q4/22	Avg.
Facebook posts	43	45	38	51	44

C. Response Time

Response time, from initial contact to returning the initial call, is down for third and fourth quarters. The Ombudsman will be reviewing this issue to ensure better response times going forward.

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

D. Annual Survey

The KanCare Ombudsman Office (KOO) is required by Centers for Medicare and Medicaid Services (CMS) to get feedback on how we are doing by beneficiaries, providers and other stakeholders.

The survey was available on our webpages at Survey & Listening Sessions (ks.gov) from October 3 to October 31. The survey results will be included in the KanCare Ombudsman Annual Report and can be found on the KOO webpage for Annual Surveys.

III. KanCare Ombudsman Purpose

The KanCare Ombudsman Office helps Kansas Medicaid members and applicants, with a priority on individuals participating in long-term supports and services through KanCare. The KanCare Ombudsman Office assists KanCare members and applicants with access, service, and benefit problems. The KanCare Ombudsman office helps with:

- Answers to questions
- Resolving issues
- Understanding letters from KanCare
- Responding when you disagree with a decision or change
- Completing an application or renewal
- Filing a complaint (grievance)
- Filing an appeal or fair hearing
- Learning about in-home services, also called Home and Community Based Services (HCBS)

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.

IV. Accessibility to the Ombudsman's Office

E. 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 Healthify during fourth quarter. 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. This chart shows only the number of people who have contacted us.

The last three years of contacts are down; we believe it is due to the policy of not dropping members from coverage during the federal pandemic emergency order. Fourth quarter results were higher than the other three quarters this year. KDHE will begin the renewal process this spring and we anticipate initial contact numbers will continue to grow.

Initial Contacts	Qtr. 1	Qtr. 2	Qtr. 3	Qtr. 4
2017	825	835	970	1,040
2018	1,214	1,059	1,088	1,124
2019	1,060	1,097	1,071	915
2020	903	478	562	601
2021	564	591	644	566
2022	524	526	480	546

The chart below shows an example of another organization that has had a significant decrease in contacts during the public health emergency (PHE) as well. According to the chart below, the KanCare Clearinghouse and the KanCare Ombudsman Office have had similar decreases when comparing contacts to second quarter of 2020 through the most recent quarter.

	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%

F. Accessibility through the KanCare Ombudsman Volunteer Program

The KanCare Ombudsman Office has two satellite offices for the volunteer program: one in Kansas City Metro and one in Wichita. The volunteers in both satellite offices answer KanCare questions, help with issues and assist with KanCare applications questions.

During fourth quarter, six volunteers assisted in the offices. One of the volunteers in Wichita is a student intern that provides two days of coverage on the phones. Calls to the toll-free number are covered by volunteers in the satellite offices, and when there is a gap in coverage, the Topeka staff cover the phones.

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 Wed. 9am to noon Thurs. 9am to noon	4	12	Northern Kansas Area Codes 785, 913, 816
Wichita Office	Mon: 9:00 to 4pm Wed. 9am to 4pm Fri: 9:00am to noon	2	15	Southern Kansas Area Codes 316, 620

V. Outreach by KanCare Ombudsman Office

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

- resources provided on the KanCare Ombudsman web pages
- resources provided with contacts to members, applicants, and providers
- outreach through presentations, conferences, conference calls, video calls, social media, and in-person contacts.

The below chart shows the outreach efforts by the KanCare Ombudsman Office.

	Q1/21	Q2/21	Q3/21	Q4/21	Q1/22	Q2/22	Q3/22	Q4/22
Outreach	49	171	348	142	77	86	100	73

For the full listing of outreach, see Appendix A.

Facebook is an important part of the KOO outreach. The Wichita Satellite office is responsible for the Facebook research, creation and posting. During 2022, we averaged 44 Facebook posts per quarter.

	Q1/22	Q2/22	Q3/22	Q4/22	Avg.
Facebook posts	43	45	38	51	44

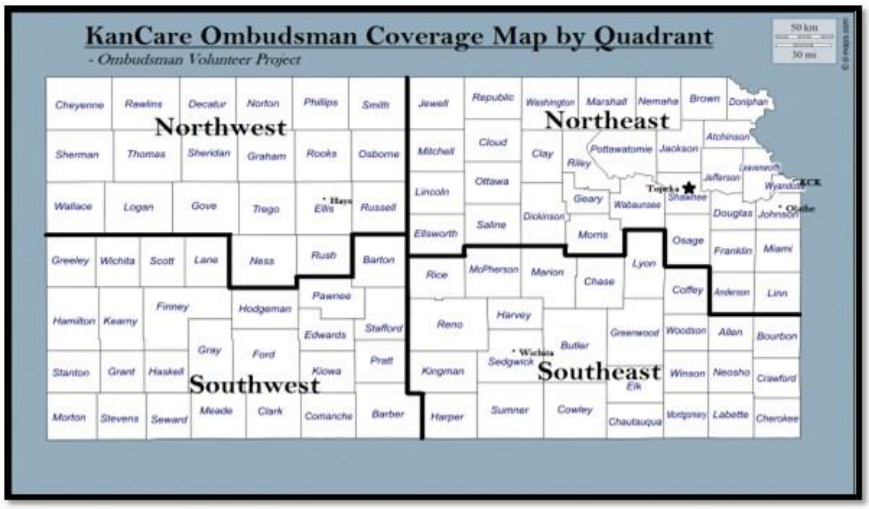
VI. Data for the KanCare Ombudsman Office

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

KanCare Ombudsman Office Member Contacts by Region

REGION	Q1/21	Q2/21	Q3/21	Q4/21	Q1/22	Q2/22	Q3/22	Q4/22
Northwest	10	7	9	8	6	3	3	4
Northeast	80	147	94	80	77	88	98	150
Southwest	16	19	12	14	11	8	3	14
Southeast	60	134	96	94	73	70	75	120
Unknown	400	284	432	367	353	355	299	247
Out of State	0	1	1	3	4	2	2	11
Total	**566**	**592**	**644**	**566**	**524**	**526**	**480**	**546**

- Kansas Medicaid members by Region

The below chart shows the **Kansas Medicaid population** by the KanCare Ombudsman regions. Most of the Medicaid population is in the eastern two regions. Most Medicaid members are not being dropped at this time due to the pandemic health emergency (PHE) order, so the total Medicaid number is increasing each quarter.

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

Medicaid Member Contacts by Region

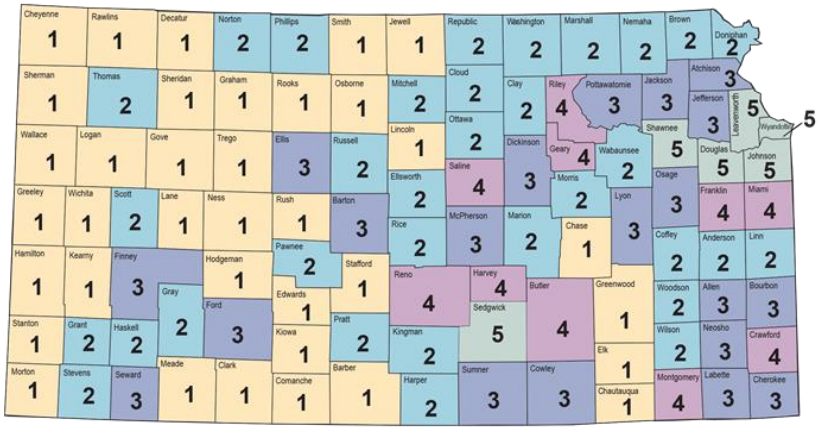
Medicaid

Region	Q1/21	Q2/21	Q3/21	Q4/21	Q1/22	Q2/22	Q3/22	Q4/22
Northwest	14,310	14,409	14,817	15,087	15,281	15,393	15,670	15,670
Northeast	218,205	222,688	227,276	231,064	235,371	239,190	243,511	243,511
Southwest	41,958	42,834	43,910	44,639	45,647	46,516	47,573	47,573
Southeast	198,235	202,161	206,092	209,226	213,493	217,347	221,215	221,215
Total	**274,473**	**279,931**	**286,003**	**290,790**	**296,299**	**301,099**	**306,754**	**527,969**

- **Kansas Population Density**

This map shows the population density of Kansas and helps in 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).



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

B. Data by Office Location

During fourth quarter, we had the assistance of volunteers in the satellite offices about four days per week (including new volunteers being mentored on the phones). When there was no volunteer coverage for the day, the Ombudsman Administrative Specialist or the Ombudsman took the toll-free number calls.

Contacts by Office	Q1/21	Q2/21	Q3/21	Q4/21	Q1/22	Q2/22	Q3/22	Q4/22
Main - Topeka	387	432	458	410	347	344	258	286
Kansas City Metro	74	90	104	46	78	119	144	129
Wichita	103	69	82	110	99	63	78	131
Total	**564**	**591**	**644**	**566**	**524**	**526**	**480**	**546**

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) and Healthify, a community partner tool designed to encourage warm handoffs among community partners, keeping providers updated along the way.

Contact Method	Q1/21	Q2/21	Q3/21	Q4/21	Q1/22	Q2/22	Q3/22	Q4/22
Telephone	473	449	510	446	377	386	364	366
Email	86	139	126	106	144	137	111	151
Letter	1	1	1	3	0	0	1	1
Face-to-Face Meeting	0	0	3	5	2	1	4	6
Other	2	1	3	5	0	0	0	21
Online	4	2	1	1	1	2	0	1
CONTACT METHOD TOTAL	**566**	**592**	**644**	**566**	**524**	**526**	**480**	**546**

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 Kansas Department of Health and Environment/Health Care Finance (KDHE/HCF.)

CALLER TYPE	Q1/21	Q2/21	Q3/21	Q4/21	Q1/22	Q2/22	Q3/22	Q4/22
Provider	62	100	82	61	93	88	67	91
Consumer	465	434	478	447	364	346	333	384
MCO Employee	2	4	10	5	2	5	2	3
Other Type	37	54	74	53	65	87	78	68
CALLER TYPE TOTAL	**566**	**592**	**644**	**566**	**524**	**526**	**480**	**546**

E. Data by Program Type

Nursing facility, Intellectual Developmental Disability (IDD) waiver, and Physical Disability (PD) waiver concerns are the top program concerns within the Program Type contacts received for fourth quarter.

PROGRAM TYPE	Q1/21	Q2/21	Q3/21	Q4/21	Q1/22	Q2/22	Q3/22	Q4/22
PD	9	14	11	12	26	17	11	15
I/DD	9	17	8	10	10	14	16	18
FE	13	23	23	16	18	21	14	12
AUTISM	0	2	1	1	1	2	2	0
SED	1	1	1	8	5	6	6	7
TBI	5	6	6	5	5	2	11	5
TA	1	1	0	2	0	7	9	3
WH	0	1	0	0	0	0	0	1
MFP	1	1	1	2	2	1	0	1
PACE	0	1	0	3	0	0	0	0
MENTAL HEALTH	3	1	9	4	3	1	3	2
SUB USE DIS	0	0	0	0	0	0	0	1
NURSING FACILITY	24	20	15	35	29	21	19	36
FOSTER CARE	1	0	1	1	3	0	0	0
MEDIKAN	2	1	2	0	1	1	0	2
INSTITUTIONAL TRANSITION FROM LTC/NF	1	1	0	3	1	1	2	3
INSTITUTIONAL TRANSITION FROM MH/BH	1	1	0	0	0	1	0	1
INSTITUTIONAL TRANSITION FROM PRISON/JAIL	0	0	0	0	0	0	0	1
PROGRAM TYPE TOTAL	**71**	**91**	**78**	**102**	**104**	**95**	**93**	**108**

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 pull up pending cases, review their status and possibly request an update from the partnering organization that we have requested assistance from.
- This helps provide information on the more complex cases that are worked by the Ombudsman Office, 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	Q1/21	Q2/21	Q3/21	Q4/21	Q1/22	Q2/22	Q3/22	Q4/22
HCBS	21	33	28	30	29	37	43	64
Long Term Care / MF	14	22	19	35	28	22	14	43
Urgent Medical Need	9	15	8	10	8	8	10	10
Urgent	15	30	24	24	17	17	10	27
Life Threatening	2	2	0	1	2	2	1	3
PRIORITIES TOTAL	**61**	**102**	**79**	**100**	**84**	**86**	**78**	**147**

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 rising contacts over the last several quarters are Medicaid Application Assistance and Medical Services.

MEDICAID ISSUES	Q1/21	Q2/21	Q3/21	Q4/21	Q1/22	Q2/22	Q3/22	Q4/22
Access to Providers (usually Medical)	9	11	11	14	12	10	17	31
Appeals/Fair Hearing questions/issues	12	15	7	5	8	11	7	12
Background Checks	0	0	2	2	0	0	0	0
Billing	38	35	43	45	39	29	32	34
Care Coordinator Issues	7	6	4	6	8	8	12	9
Change MCO	6	3	2	2	4	4	7	2
Choice Info on MCO	1	4	3	4	4	1	2	4
Coding Issues	8	3	1	2	4	7	5	0
Consumer said Notice not received	1	2	1	1	5	0	0	2
Cultural Competency	1	2	0	0	1	0	0	1
Data Requests	6	5	19	11	10	10	7	7
Dental	4	5	6	9	7	6	8	7
Division of Assets	11	10	4	6	13	12	3	7
Durable Medical Equipment	3	7	11	4	4	8	6	13
Grievances Questions/Issues	18	13	12	17	13	16	23	25
Help understanding mail (NOA)	11	24	19	12	16	8	8	24
MCO transition	0	1	0	1	2	1	2	1
Medicaid Application Assistance	124	104	130	133	110	95	90	116
Medicaid Eligibility Issues	108	88	110	103	102	105	100	95
Medicaid Fraud	3	2	3	2	1	3	3	2
Medicaid General Issues/questions	143	173	176	172	167	139	145	172
Medicaid info (status) update	90	86	127	86	78	94	88	71
Medicaid Renewal	14	6	3	3	2	8	3	7
Medical Card issues	10	12	24	20	14	12	18	12
Medicare Savings Plan Issues	31	21	29	30	26	19	11	25
MediKan issues	5	5	4	4	3	9	4	3
Moving to / from Kansas	2	12	10	13	8	5	12	12
Medical Services	22	25	20	11	19	16	20	36
Pain management issues	1	3	3	2	1	3	2	1
Pharmacy	10	10	7	11	10	5	6	8
Pregnancy issues	30	38	23	5	18	13	5	17
Prior authorization issues	4	7	5	7	1	11	3	5
Refugee/Immigration/SOBRA issues	2	2	2	2	0	3	2	3
Respite	2	2	0	1	1	1	1	0
Spend Down Issues	19	19	21	17	17	28	13	23
Transportation	5	14	12	7	13	15	7	10
Working Healthy	2	2	1	2	6	2	3	2
MEDICAID ISSUES TOTAL	**763**	**777**	**855**	**772**	**747**	**717**	**675**	**799**
OTHER ISSUES	**Q1/21**	**Q2/21**	**Q3/21**	**Q4/21**	**Q1/22**	**Q2/22**	**Q3/22**	**Q4/22**

There may be multiple selections for a member/contact.

- **HCBS/LTSS Issues**

The top issues for the past year are HCBS General Issues, HCBS Eligibility issues, and Nursing Facility issues.

HCBS/LTSS ISSUES	Q1/21	Q2/21	Q3/21	Q4/21	Q1/22	Q2/22	Q3/22	Q4/22
Client Obligation	14	10	7	24	13	15	10	4
Estate Recovery	3	9	9	12	17	20	12	12
HCBS Eligibility issues	30	51	45	47	51	54	38	35
HCBS General Issues	45	54	43	36	49	42	51	51
HCBS Reduction in hours of service	3	2	1	1	1	4	8	7
HCBS Waiting List	4	4	5	3	7	6	5	7
Nursing Facility Issues	26	38	35	51	28	42	32	31
HCBS/LTSS ISSUES TOTAL	**125**	**168**	**145**	**174**	**166**	**183**	**156**	**147**

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 and Community Resources Needed were the two top concerns this quarter.

OTHER ISSUES	Q1/21	Q2/21	Q3/21	Q4/21	Q1/22	Q2/22	Q3/22	Q4/22
Abuse / neglect complaints	7	13	10	17	10	16	15	13
ADA Concerns	1	1	0	1	0	3	0	2
Adoption issues	0	3	3	3	0	1	1	1
Affordable Care Act Calls	4	1	3	2	0	2	1	1
Community Resources needed	11	6	6	11	11	6	11	23
Domestic Violence concerns	0	0	1	1	1	3	1	2
Foster Care issues	2	2	10	3	5	4	3	4
Guardianship	3	5	5	4	1	3	1	6
Homelessness	2	4	0	6	0	3	0	3
Housing Issues	5	9	4	17	4	12	7	10
Medicare related Issues	14	17	20	26	21	23	13	24
Social Security Issues	14	15	15	25	13	22	8	13
Used Interpreter	4	2	5	4	4	0	2	3
X-Other	207	54	49	55	39	68	58	66
Z Thank you	336	346	355	294	204	191	210	260
Z Unspecified	26	31	22	19	20	39	39	30
Health Homes	0	0	0	0	0	0	0	0
OTHER ISSUES TOTAL	**636**	**509**	**508**	**488**	**333**	**396**	**370**	**461**

There may be multiple selections for a member/contact.

H. Data by Managed Care Organization (MCO)

See Appendix B (pages 22-30)

VII. Action Taken

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

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**

The Ombudsman Office goal is to respond to a contact within two business days. Third and fourth quarters shows a decrease in the response rate. The ombudsman will be addressing this concern with staff and volunteers.

Quarter/Year	Number of Contacts	% Responded 0-2 Days	% Responded 3-7 Days	% Responded 8 or more Days
Q1/2021	566	87%	12%	1%
Q2/2021	592	89%	10%	1%
Q3/2021	644	87%	12%	1%
Q4/2021	566	87%	12%	2%
Q1/2022	524	92%	7%	1%
Q2/2022	526	90%	9%	1%
Q3/2022	480	84%	15%	1%
Q4/2022	546	84%	15%	2%

- **Organizational final response to Ombudsman requests**

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

Q4, 2022

Number Referrals	Referred to	% Resolved 0-2 Days	% Resolved 3-7 Days	% Resolved 7-30 Days	% Resolved 31 or More Days
41	Clearinghouse	100%	0%	0%	0%
4	DCF	25%	25%	50%	0%
6	KDADS-HCBS	83%	17%	0%	0%
11	KDHE-Eligibility	64%	27%	9%	0%
4	KDHE-Program Staff	50%	25%	25%	0%
8	KDHE-Provider Contact	75%	13%	13%	0%
1	KMAP	100%	0%	0%	0%
9	Aetna	11%	33%	44%	11%
5	Sunflower	80%	0%	0%	20%
15	UnitedHealthcare	53%	27%	20%	0%

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

Action Taken Resolution Type	Q1/21	Q2/21	Q3/21	Q4/21	Q1/22	Q2/22	Q3/22	Q4/22
Questions/Issue Resolved (No Resources)	28	19	25	32	35	39	32	41
Used Contact or Resources/Issue Resolved	496	542	591	513	450	424	397	445
Closed (No Contact)	39	24	21	21	31	42	39	32
ACTION TAKEN RESOLUTION TYPE TOTAL	**563**	**585**	**637**	**566**	**516**	**505**	**468**	**518**

There may be multiple selections for a member/contact

Action Taken Additional Help	Q1/21	Q2/21	Q3/21	Q4/21	Q1/22	Q2/22	Q3/22	Q4/2
Provided Resources	261	526	585	522	449	415	388	449
Mailed/Email Resources	90	131	107	86	102	76	66	81
ACTION TAKEN ADDITIONAL HELP TOTAL	**351**	**657**	**692**	**608**	**551**	**491**	**454**	**530**

There may be multiple selections for a member/contact

- **KanCare Ombudsman Office Resolution Rate**

Although the average days to close/resolve an issue has been improving over the last year, third and fourth quarter numbers were down compared to prior quarters. Since we have been down one to two staff people during this timeframe, we were not able to review cases at the end of the quarter to see if some had been resolved and not closed yet.

Quarter/ Year	Number Contacts	Avg Days To Completion	% Completed in 0-2 Days	% Completed in 3-7 Days	% Completed in 8 or More Days
Q1/2021	552	5	71%	16%	13%
Q2/2021	578	4	72%	16%	12%
Q3/2021	631	5	74%	15%	12%
Q4/2021	564	4	74%	14%	12%
Q1/2022	509	4	76%	12%	12%
Q2/2022	492	5	75%	12%	13%
Q3/2022	459	4	68%	18%	14%
Q4/2022	480	5	66%	20%	14%

VIII. Enhancements/Updates

A. Staff updates

The Volunteer Coordinator resigned mid-August. After several rounds of interviews, a new Volunteer Coordinator was hired mid-December. Her husband retired in January, and they have decided to move out of state. We will continue to work to fill this position.

B. Updates

The KanCare Ombudsman Office worked with the KDHE Eligibility Team to create new training for the new Families with Children application (KC-1100). This training is intended for providers that work with applicants but can also be used by applicants. The documents are posted on the KanCare website on the Apply for KanCare page (at the bottom). Apply for KanCare (ks.gov)

C. KanCare Ombudsman Office survey

The KanCare Ombudsman Office (KOO) is required by Centers for Medicare and Medicaid Services (CMS) to get feedback on how we are doing by beneficiaries, providers and other stakeholders. The survey was available on our webpages at Survey & Listening Sessions (ks.gov) from October 3 to October 31. The survey results will be included in the KanCare Ombudsman Annual Report and can be found on the KOO webpage for Annual Surveys.

IX. Appendix A: Outreach by KanCare Ombudsman Office

This is a listing of fourth quarter KanCare Ombudsman Outreach to members, providers and community organizations through conferences, newsletters, social media, training events, direct outreach, and community events/presentations such as education, networking and referrals, etc.

A. Outreach through Education and Collaboration

- 10/5: Aurora and Lydia attended the monthly CPAAA networking meeting via Zoom and reminded attendees that KanCare members need to update their mailing address with Clearinghouse before the end of the COVID PHE. (Aurora repeated this message at all outreach events and meetings.)
- 10/5: Aurora emailed volunteer recruitment resources with Sharon Wetzell from the Catholic Diocese of Wichita
- 10/4: Aurora emailed with Crawford County Health Dept to provide KanCare application resources
- 10/4: Aurora exhibited at the Saline County Health Dept Baby Fair event
- 10/12-10/13: Aurora and VISTA/AmeriCorps members exhibited at the InterHab Power Up annual conference
- 10/14: Aurora and Lydia exhibited at the Sedgwick County-area Veterans' Resource Drive Through Fair

- 10/18: Aurora presented at the KCSL Governor's Conference on the Prevention of Child Abuse and Neglect. The 1-hour Zoom workshop was titled "Basics of Children's KanCare Coverage" and had 53 attendees.
- 10/18: Aurora attended the Wellsky quarterly outreach meeting via Zoom.
- 10/19: Aurora and Lydia attended and assisted with separate KDHE feedback sessions.
- 10/20: Aurora exhibited at the Emporia Together Resource fair in Emporia, organized by DCF Workforce staff.
- 11/2: Aurora and Lydia attended the monthly CPAAA networking meeting via Zoom and reminded attendees that KanCare members need to update their mailing address with Clearinghouse before the end of COVID PHE.
- 11/2; Presentation at the Bethel Joint Committee on HCBS and KanCare Oversight.
- 11/10: Aurora attended the quarterly Lyon County Family Resource Council meeting via Zoom.
- 11/14: Aurora and Lydia attended the United Way of the Plains lunch for community volunteer organizations
- 11/16: Aurora attended the United HealthCare MCO member advisory meeting via Zoom.
- 12/1: Aurora emailed www.kshomecare.org (Kansas Home Care & Hospice Association) to request placement on their resource page: https://www.kshomecare.org/helpful_links. Will continue to follow up.
- 12/6: Aurora spoke with Aetna Community Development Coordinator Liz Zuiss regarding case issues and community outreach opportunities.
- 12/14: Aurora and Lydia attended the KanCare Public Forum via Zoom.
- 12/14: Aurora attended the Butler County Early Childhood Taskforce monthly meeting via Zoom.
- 12/14; Attended and provided written report for the KanCare Advisory Committee. Attended the Public Forum.

B. Outreach through Social Media and Print Media

Created and posted 51 Facebook posts on the KanCare Ombudsman Office Facebook page.

Date of post	Topic	# "reaches	# "engagements"
1-Oct	Sedgwick County HD Baby Fair Event	101	4
3-Oct	Saline County HD Baby Fair Event	81	2
3-Oct	Survey initial post -- boosted	39,445	2,566
3-Oct	Social Security Admin information	62	2
4-Oct	State Fair Hearings	61	2
5-Oct	Medicaid Enrollment dates are ongoing	71	3
6-Oct	SG CO area Veteran's Resource Fair	474	17
7-Oct	Resources from Area Agencies on Aging	83	7
10-Oct	Changing MCO resources	110	10
18-Oct	Affordable Connectivity.gov resource	85	17
24-Oct	Ombudsman Office Is Hiring	172	24
25-Oct	Feedback Survey closes soon!	58	3
28-Oct	Support Groups in KC resources	83	13
10/26	LINKEDIN post with job posting		
1-Nov	Adult Dental Benefits	48	4
4-Nov	Call us or email for assistance (don't send us FB messages)	67	4
7-Nov	Veteran's Day Closure	49	1
7-Nov	SSI Resources turning 18	41	1
9-Nov	Update your info at Clearinghouse	250	16
9-Nov	We are hiring!	42	2
10-Nov	Area Agency on Aging Resource Share	41	39
16-Nov	Miami County HD Resource Share	77	7
17-Nov	Medicare Savings Program information	91	9
17-Nov	boosted post: We're hiring	5,401	1,352
17-Nov	We are hiring!	70	7
18-Nov	Value Added Benefits	77	13
21-Nov	Thanksgiving Closure dates	27	0
22-Nov	We are problem solvers!	63	5
24-Nov	Medicaid Basics/Medicare Resources	32	5
26-Nov	Difference between SSI & SSDI	234	39
26-Nov	KanCare Ombudsman Home Page	26	4
28-Nov	ABLE account resources	237	25
28-Nov	Resource share: Juntos Center for Advancing Latino Health	54	5
29-Nov	Resource "Who Should I Call" fact sheet	322	40
30-Nov	ADRC spotlight	26	26

Date of post	Topic	# "reaches	# "engagements"
6-Dec	Maternal Mental Health Support Resources	42	4
7-Dec	Kansas Homeowners Assistance Fund	32	4
7-Dec	Volunteer Recruitment	33	4
8-Dec	KDADS Get Set Up Resource Share	25	1
9-Dec	Medicaid is different in every state	82	3
13-Dec	Flu Shot	39	4
14-Dec	DSNP fact sheet update	33	5
15-Dec	Division of Assets & Estate Recovery	64	17
16-Dec	Dental Coverage Update	30	3
19-Dec	KCDD Council Member Recruitment	92	8
20-Dec	Ks Housing Resources Corp Resources	41	2
21-Dec	Office Closure Reminder	39	1
21-Dec	Volunteer Recruitment & Thank you	47	4
21-Dec	Office Closure -- Inclement Weather	86	3
27-Dec	Grievances, Appeals, Fair Hearings	26	1
29-Dec	How to report Adult Abuse, Neglect, Exploitation	24	3

X. Appendix B: Managed Care Organization (MCO) Data

A. Aetna

MEDICAID ISSUES	Q1/21	Q2/21	Q3/21	Q4/21	Q1/22	Q2/22	Q3/22	Q4/22
Access to Providers (usually Medical)	0	3	1	2	1	0	3	3
Appeals/Fair Hearing questions/issues	0	1	0	1	1	1	0	1
Background Checks	0	0	0	0	0	0	0	0
Billing	2	4	2	6	3	2	1	4
Care Coordinator Issues	1	0	1	3	3	1	3	1
Change MCO	1	0	0	0	1	1	3	0
Choice Info on MCO	0	0	0	0	1	0	1	1
Coding Issues	0	1	0	1	0	0	1	0
Consumer said Notice not received	0	1	0	0	0	0	0	0
Cultural Competency	0	1	0	0	0	0	0	1
Data Requests	0	0	0	0	0	0	0	0
Dental	0	0	1	0	0	0	3	0
Division of Assets	0	0	0	0	0	0	0	0
Durable Medical Equipment	0	0	0	0	1	0	0	4
Grievances Questions/Issues	0	1	0	5	1	0	2	4
Help understanding mail (NOA)	0	0	0	0	0	0	0	0
MCO transition	0	0	0	0	1	0	1	0
Medicaid Application Assistance	0	0	0	1	1	0	1	0
Medicaid Eligibility Issues	2	2	4	1	4	1	1	3
Medicaid Fraud	0	0	1	0	0	0	0	0
Medicaid General Issues/questions	3	6	9	5	9	2	9	11
Medicaid info (status) update	3	2	4	6	5	2	2	2
Medicaid Renewal	1	1	0	0	0	0	0	1
Medical Card issues	0	1	3	2	1	1	4	1
Medicare Savings Plan Issues	1	0	0	0	2	0	1	1
MediKan issues	0	0	0	0	0	0	0	0
Moving to / from Kansas	0	1	0	0	0	0	0	0
Medical Services	2	6	4	0	4	2	3	4
Pain management issues	0	0	1	1	0	0	0	0
Pharmacy	0	1	2	2	0	1	0	1
Pregnancy issues	1	0	0	0	0	0	0	0
Prior authorization issues	0	2	0	1	0	2	0	1
Refugee/Immigration/SOBRA issues	0	0	0	0	0	0	0	0
Respite	0	0	0	0	0	0	0	0
Spend Down Issues	0	1	3	2	1	0	1	1
Transportation	0	2	0	1	1	1	0	0
Working Healthy	0	0	0	0	0	0	1	1
MEDICAID ISSUES TOTAL	**17**	**37**	**36**	**40**	**41**	**17**	**41**	**46**

Aetna

HCBS/LTSS ISSUES	Q1/21	Q2/21	Q3/21	Q4/21	Q1/22	Q2/22	Q3/22	Q4/2
Client Obligation	2	0	0	1	0	1	0	0
Estate Recovery	0	0	0	0	0	0	0	0
HCBS Eligibility issues	0	2	2	1	3	3	3	4
HCBS General Issues	0	2	2	3	8	3	4	6
HCBS Reduction in hours of service	0	0	0	0	0	0	2	3
HCBS Waiting List	0	0	0	0	0	0	0	0
Nursing Facility Issues	1	1	1	4	0	0	5	1
HCBS/LTSS ISSUES TOTAL	**3**	**5**	**5**	**9**	**11**	**7**	**14**	**14**

OTHER ISSUES	Q1/21	Q2/21	Q3/21	Q4/21	Q1/22	Q2/22	Q3/22	Q4/22
Abuse / neglect complaints	0	0	0	3	1	1	1	0
ADA Concerns	0	0	0	0	0	0	0	0
Adoption issues	0	1	1	0	0	0	0	0
Affordable Care Act Calls	0	0	0	0	0	0	0	0
Community Resources needed	0	0	0	0	0	0	0	1
Domestic Violence concerns	0	0	0	0	0	0	0	0
Foster Care issues	0	0	1	0	0	0	0	0
Guardianship	0	0	1	0	0	0	0	0
Homelessness	0	0	0	0	0	0	0	0
Housing Issues	0	0	0	1	1	1	0	2
Medicare related Issues	0	0	1	0	1	0	0	0
Social Security Issues	0	0	0	0	1	0	0	0
Used Interpreter	0	0	0	0	0	0	0	0
X-Other	5	0	1	1	0	1	5	4
Z Thank you	7	18	17	11	14	4	17	18
Z Unspecified	0	0	3	0	0	1	0	0
Health Homes	0	0	0	0	0	0	0	0
OTHER ISSUES TOTAL	**12**	**19**	**25**	**16**	**18**	**8**	**23**	**25**

PRIORITY	Q1/21	Q2/21	Q3/21	Q4/21	Q1/22	Q2/22	Q3/22	Q4/22
HCBS	1	6	1	2	2	3	5	8
Long Term Care / MF	0	2	1	0	0	1	0	3
Urgent Medical Need	1	2	2	1	1	0	1	1
Urgent	0	3	3	2	0	3	0	3
Life Threatening	0	0	0	0	0	1	0	0
PRIORITIES TOTAL	**2**	**13**	**7**	**5**	**3**	**8**	**6**	**15**

Aetna

PROGRAM TYPE	Q1/21	Q2/21	Q3/21	Q4/21	Q1/22	Q2/22	Q3/22	Q4/22
PD	1	1	0	2	2	4	4	4
I/DD	0	1	0	0	0	0	0	1
FE	0	1	0	0	6	0	6	1
AUTISM	0	0	0	0	0	0	0	0
SED	0	0	0	0	0	0	1	2
TBI	0	0	1	1	1	1	3	0
TA	0	1	0	0	0	0	0	0
WH	0	0	0	0	0	0	0	1
MFP	0	0	0	0	0	0	0	0
PACE	0	0	0	0	0	0	0	0
MENTAL HEALTH	0	0	0	0	0	0	0	0
SUB USE DIS	0	0	0	0	0	0	0	0
NURSING FACILITY	0	0	1	1	0	1	0	0
FOSTER CARE	0	0	1	0	0	0	0	0
MEDIKAN	0	0	0	0	0	0	0	0
INSTITUTIONAL TRANSITION FROM LTC/NF	1	1	0	0	0	0	2	2
INSTITUTIONAL TRANSITION FROM MH/BH	0	0	0	0	0	0	0	0
INSTITUTIONAL TRANSITION FROM PRISON/JAIL	0	0	0	0	0	0	0	0
PROGRAM TYPE TOTAL	**2**	**5**	**3**	**4**	**9**	**6**	**16**	**11**

B. Sunflower

MEDICAID ISSUES	Q1/21	Q2/21	Q3/21	Q4/21	Q1/22	Q2/22	Q3/22	Q4/22
Access to Providers (usually Medical)	2	2	1	2	2	1	3	2
Appeals/Fair Hearing questions/issues	1	2	1	0	1	2	1	0
Background Checks	0	0	0	0	0	0	0	0
Billing	5	3	5	3	3	5	8	2
Care Coordinator Issues	0	1	0	0	0	2	1	0
Change MCO	0	1	0	1	0	0	1	0
Choice Info on MCO	0	2	0	0	0	0	0	0
Coding Issues	0	0	1	0	0	0	0	0
Consumer said Notice not received	0	0	0	0	0	0	0	1
Cultural Competency	0	0	0	0	0	0	0	0
Data Requests	0	0	1	1	0	0	0	0
Dental	0	0	1	2	0	0	2	0
Division of Assets	0	0	0	0	0	0	0	0
Durable Medical Equipment	0	2	2	0	1	2	3	3
Grievances Questions/Issues	4	2	0	1	0	2	6	4
Help understanding mail (NOA)	1	1	0	0	1	1	1	2
MCO transition	0	1	0	0	0	0	0	0
Medicaid Application Assistance	0	0	0	0	1	0	0	1
Medicaid Eligibility Issues	1	0	4	0	1	5	4	1
Medicaid Fraud	0	0	0	0	0	0	0	1
Medicaid General Issues/questions	2	6	7	2	4	10	7	11
Medicaid info (status) update	1	2	3	2	1	1	5	2
Medicaid Renewal	0	0	0	0	0	0	0	0
Medical Card issues	1	0	2	1	1	1	2	0
Medicare Savings Plan Issues	0	0	0	0	0	0	0	1
MediKan issues	0	0	0	0	0	0	0	0
Moving to / from Kansas	0	0	0	0	1	2	0	1
Medical Services	4	2	3	3	2	2	3	5
Pain management issues	0	1	0	1	0	0	1	0
Pharmacy	0	2	2	3	1	1	2	0
Pregnancy issues	0	0	0	0	0	2	0	0
Prior authorization issues	0	1	0	1	0	1	1	0
Refugee/Immigration/SOBRA issues	0	0	0	0	0	0	0	0
Respite	0	0	0	1	0	0	1	0
Spend Down Issues	1	0	0	0	0	0	4	1
Transportation	0	2	3	0	2	2	1	1
Working Healthy	0	0	0	0	0	0	0	0
MEDICAID ISSUES TOTAL	**23**	**33**	**36**	**24**	**22**	**42**	**57**	**39**

Sunflower

HCBS/LTSS ISSUES	Q1/21	Q2/21	Q3/21	Q4/21	Q1/22	Q2/22	Q3/22	Q4/22
Client Obligation	1	1	0	0	0	1	0	0
Estate Recovery	0	0	0	0	0	0	1	0
HCBS Eligibility issues	3	2	3	0	1	3	0	2
HCBS General Issues	4	4	1	3	4	5	8	5
HCBS Reduction in hours of service	0	0	0	0	0	0	1	0
HCBS Waiting List	0	1	1	0	1	0	0	0
Nursing Facility Issues	2	1	0	2	2	2	4	2
HCBS/LTSS ISSUES TOTAL	**10**	**9**	**5**	**5**	**8**	**11**	**14**	**9**

OTHER ISSUES	Q1/21	Q2/21	Q3/21	Q4/21	Q1/22	Q2/22	Q3/22	Q4/22
Abuse / neglect complaints	0	0	0	1	2	0	2	0
ADA Concerns	0	0	0	0	0	0	0	0
Adoption issues	0	1	0	0	0	0	0	0
Affordable Care Act Calls	0	0	0	0	0	0	0	0
Community Resources needed	0	2	0	0	0	0	1	1
Domestic Violence concerns	0	0	0	0	0	1	0	0
Foster Care issues	0	0	0	0	0	0	0	0
Guardianship	2	1	0	0	0	0	0	0
Homelessness	0	0	0	0	0	0	0	0
Housing Issues	0	2	0	0	0	1	1	0
Medicare related Issues	2	1	0	1	0	0	2	2
Social Security Issues	1	0	0	0	0	0	0	1
Used Interpreter	0	0	0	0	0	0	0	0
X-Other	4	4	0	1	2	3	4	3
Z Thank you	19	17	12	6	9	16	15	15
Z Unspecified	1	0	1	0	0	0	0	0
Health Homes	0	0	0	0	0	0	0	0
OTHER ISSUES TOTAL	**29**	**28**	**13**	**9**	**13**	**21**	**25**	**22**

PRIORITY	Q1/21	Q2/21	Q3/21	Q4/21	Q1/22	Q2/22	Q3/22	Q4/22
HCBS	3	4	6	3	2	8	8	6
Long Term Care / MF	1	3	1	0	1	0	3	0
Urgent Medical Need	1	5	2	2	1	4	4	1
Urgent	1	6	1	3	4	2	3	2
Life Threatening	1	1	0	0	1	0	0	1
PRIORITIES TOTAL	**7**	**19**	**10**	**8**	**9**	**14**	**18**	**10**

Sunflower

PROGRAM TYPE	Q1/21	Q2/21	Q3/21	Q4/21	Q1/22	Q2/22	Q3/22	Q4/22
PD	1	1	0	0	2	2	0	1
I/DD	2	5	1	2	1	5	4	0
FE	1	2	2	1	1	2	0	2
AUTISM	0	0	0	0	0	0	0	0
SED	0	0	0	0	0	2	1	0
TBI	2	1	3	0	0	0	0	2
TA	0	0	0	1	0	2	4	0
WH	0	0	0	0	0	0	0	0
MFP	0	0	0	0	0	0	0	0
PACE	0	0	0	0	0	0	0	0
MENTAL HEALTH	1	0	1	0	0	0	1	1
SUB USE DIS	0	0	0	0	0	0	0	0
NURSING FACILITY	0	0	1	1	1	0	3	1
FOSTER CARE	0	0	0	0	0	0	0	0
MEDIKAN	0	0	0	0	0	0	0	0
INSTITUTIONAL TRANSITION FROM LTC/NF	0	0	0	0	0	0	0	0
INSTITUTIONAL TRANSITION FROM MH/BH	1	0	0	0	0	0	0	0
INSTITUTIONAL TRANSITION FROM PRISON/JAIL	0	0	0	0	0	0	0	0
PROGRAM TYPE TOTAL	**8**	**9**	**8**	**5**	**5**	**13**	**13**	**7**

C. United Healthcare

MEDICAID ISSUES	Q1/21	Q2/21	Q3/21	Q4/21	Q1/22	Q2/22	Q3/22	Q4/22
Access to Providers (usually Medical)	0	3	3	1	4	1	2	12
Appeals/Fair Hearing questions/issues	0	4	1	1	2	2	3	3
Background Checks	0	0	0	0	0	0	0	0
Billing	3	4	5	7	8	3	5	5
Care Coordinator Issues	0	2	1	1	2	1	3	6
Change MCO	0	2	0	0	2	0	0	1
Choice Info on MCO	0	1	0	0	1	0	0	1
Coding Issues	0	0	0	1	1	1	1	0
Consumer said Notice not received	0	0	0	0	2	0	0	1
Cultural Competency	0	0	0	0	0	0	0	0
Data Requests	0	0	1	0	0	1	0	0
Dental	0	2	1	1	2	1	0	1
Division of Assets	0	0	0	0	0	1	0	0
Durable Medical Equipment	1	0	3	1	1	3	0	3
Grievances Questions/Issues	3	3	3	2	4	3	3	9
Help understanding mail (NOA)	1	1	0	2	1	2	0	2
MCO transition	0	0	0	0	0	1	0	0
Medicaid Application Assistance	1	0	2	0	1	4	0	2
Medicaid Eligibility Issues	2	1	2	3	8	7	1	4
Medicaid Fraud	0	1	0	0	0	0	0	0
Medicaid General Issues/questions	4	9	8	7	15	13	4	17
Medicaid info (status) update	3	2	5	1	7	8	3	6
Medicaid Renewal	1	0	0	1	0	1	0	0
Medical Card issues	0	1	1	2	1	2	0	2
Medicare Savings Plan Issues	0	2	1	1	3	1	0	1
MediKan issues	0	0	0	0	0	0	0	0
Moving to / from Kansas	0	1	0	1	0	0	0	0
Medical Services	1	5	5	1	3	1	3	12
Pain management issues	0	2	1	0	1	0	0	1
Pharmacy	0	4	3	2	5	0	2	4
Pregnancy issues	0	2	0	0	0	0	0	0
Prior authorization issues	0	2	2	2	1	4	1	1
Refugee/Immigration/SOBRA issues	0	0	0	0	0	0	0	0
Respite	0	0	0	0	0	0	0	0
Spend Down Issues	1	1	0	1	2	0	0	4
Transportation	0	3	2	1	5	0	0	7
Working Healthy	0	0	0	0	1	0	0	0
MEDICAID ISSUES TOTAL	**21**	**58**	**50**	**40**	**83**	**61**	**31**	**105**

United HealthCare

HCBS/LTSS ISSUES	Q1/21	Q2/21	Q3/21	Q4/21	Q1/22	Q2/22	Q3/22	Q4/22
Client Obligation	0	1	1	0	0	0	0	0
Estate Recovery	0	0	0	0	0	0	0	0
HCBS Eligibility issues	2	1	2	2	2	3	0	5
HCBS General Issues	4	4	4	5	4	5	5	11
HCBS Reduction in hours of service	1	0	0	0	1	1	3	2
HCBS Waiting List	1	1	1	0	1	2	0	2
Nursing Facility Issues	1	2	4	7	2	0	0	3
HCBS/LTSS ISSUES TOTAL	**9**	**9**	**12**	**14**	**10**	**11**	**8**	**23**

OTHER ISSUES	Q1/21	Q2/21	Q3/21	Q4/21	Q1/22	Q2/22	Q3/22	Q4/22
Abuse / neglect complaints	1	2	2	0	1	1	0	3
ADA Concerns	0	0	0	0	0	1	0	0
Adoption issues	0	0	0	0	0	0	0	0
Affordable Care Act Calls	0	0	0	0	0	0	0	0
Community Resources needed	0	2	0	1	1	0	0	4
Domestic Violence concerns	0	0	0	0	0	0	0	1
Foster Care issues	0	0	1	0	1	0	0	0
Guardianship	0	0	0	0	0	0	0	0
Homelessness	0	1	0	1	0	0	0	0
Housing Issues	0	3	0	3	0	1	1	0
Medicare related Issues	1	2	0	0	4	3	2	4
Social Security Issues	0	0	0	2	1	0	0	2
Used Interpreter	0	0	0	0	0	0	1	0
X-Other	6	2	6	4	4	2	2	7
Z Thank you	8	23	25	13	17	17	9	29
Z Unspecified	1	0	2	0	1	1	2	1
Health Homes	0	0	0	0	0	0	0	0
OTHER ISSUES TOTAL	**17**	**35**	**36**	**24**	**30**	**26**	**17**	**51**

PRIORITY	Q1/21	Q2/21	Q3/21	Q4/21	Q1/22	Q2/22	Q3/22	Q4/22
HCBS	3	4	4	5	3	5	6	10
Long Term Care / MF	0	1	4	5	2	4	1	4
Urgent Medical Need	2	0	1	2	2	0	3	4
Urgent	2	5	6	3	2	2	0	4
Life Threatening	0	0	0	1	0	0	0	1
PRIORITIES TOTAL	**7**	**10**	**15**	**16**	**9**	**11**	**10**	**23**

PROGRAM TYPE	Q1/21	Q2/21	Q3/21	Q4/21	Q1/22	Q2/22	Q3/22	Q4/22
PD	1	2	1	0	5	4	0	4
I/DD	1	5	1	0	1	2	3	3
FE	1	1	1	3	0	1	1	0
AUTISM	0	0	0	0	0	0	0	0
SED	0	0	0	1	1	0	0	1
TBI	0	2	1	2	1	0	1	2
TA	1	0	0	0	0	1	1	1
WH	0	0	0	0	0	0	0	0
MFP	0	0	0	0	0	0	0	0
PACE	0	0	0	0	0	0	0	0
MENTAL HEALTH	0	1	5	2	1	0	0	1
SUB USE DIS	0	0	0	0	0	0	0	0
NURSING FACILITY	0	1	1	5	2	1	1	3
FOSTER CARE	0	0	0	0	0	0	0	0
MEDIKAN	0	0	0	0	0	0	0	0
INSTITUTIONAL TRANSITION FROM LTC/NF	0	0	0	1	0	0	0	0
INSTITUTIONAL TRANSITION FROM MH/BH	0	0	0	0	0	0	0	1
INSTITUTIONAL TRANSITION FROM PRISON/JAIL	0	0	0	0	0	0	0	0
PROGRAM TYPE TOTAL	**4**	**12**	**10**	**14**	**11**	**9**	**7**	**16**

1115 Waiver- Safety Net Care Pool Report

Demonstration Year 10 - Quarter Four

Large Public Teaching Hospital\Border City Children's Hospital Pool

Paid date 12/1/2022

Hospital Name	LPTH\BCCH DY/QTR 2022/4	State General Fund 1000	Federal Medicaid Fund 3414
University Of Kansas Hospital Authority*	1,848,104	629,095	1,219,009
Children's Mercy Hospital	616,035	209,698	406,337
Total	**2,464,139**	**838,793**	**1,625,346**

*SGF paid with IGT.

1115 Waiver- Safety Net Care Pool Report

Demonstration Year 10 - Quarter Four

Health Care Access Improvement Pool

No Payments Issued

Provider Name	Program Name	Program ID	Amount	Payment Date	Liability Date	Warrant number	Provider Access Fund 2443	Federal Medicaid Fund 3414
Total			0				0	0

KanCare Summary of Claims Adjudication Statistics per MCO (January – December 2022)

Aetna YTD Cumulative Claims					
Service Type	Total Count	Total Count Value	Total Denied	Total Denied Value	Percent Claims Denied
Hospital Inpatient	25,090	$1,548,146,601	5,400	$536,710,463	21.52%
Hospital Outpatient	294,113	$1,013,014,684	51,886	$122,622,726	17.64%
Pharmacy	2,467,083	$201,490,441	713,241	$1,636,283	28.91%
Dental	131,611	$56,783,988	19,558	$8,411,597	14.86%
Vision	9,771	$2,530,961	772	$252,031	7.90%
NEMT	117,952	$6,327,346	447	$30,743	0.38%
Medical	1,664,663	$1,127,131,859	223,846	$213,501,020	13.45%
Nursing Facilities	83,751	$240,606,518	5,280	$19,400,026	6.30%
HCBS	355,605	$190,702,128	11,974	$8,353,532	3.37%
Behavioral Health	233,645	$134,366,646	8,899	$15,888,088	3.81%
Total All Services	5,383,284	$4,521,101,170	1,041,303	$926,806,509	19.34%

Sunflower YTD Cumulative Claims					
Service Type	Total Count	Total Count Value	Total Denied	Total Denied Value	Percent Claims Denied
Hospital Inpatient	35,660	$2,444,909,557	8,746	$804,369,825	24.53%
Hospital Outpatient	384,230	$1,310,520,790	43,993	$217,870,026	11.45%
Pharmacy	2,048,352	$258,007,018	506,614	$99,279,270	24.73%
Dental	182,199	$78,674,119	20,533	$6,877,487	11.27%
Vision	114,806	$35,761,295	13,883	$4,690,121	12.09%
NEMT	113,129	$4,152,596	731	$26,323	0.65%
Medical	1,890,240	$1,418,503,052	271,604	$449,588,530	14.37%
Nursing Facilities	113,061	$298,445,131	8,260	$35,695,417	7.31%
HCBS	687,852	$448,256,948	25,903	$22,571,543	3.77%
Behavioral Health	777,841	$183,012,828	71,897	$17,595,579	9.24%
Total All Services	6,347,370	$6,480,243,334	972,164	$1,658,564,120	15.32%

United YTD Cumulative Claims					
Service Type	Total Count	Total Count Value	Total Denied	Total Denied Value	Percent Claims Denied
Hospital Inpatient	28,175	$1,787,258,258	6,682	$504,416,613	23.72%
Hospital Outpatient	407,021	$1,559,049,494	90,254	$395,129,684	22.17%
Pharmacy	2,121,187	$287,098,222	451,594	$105,621,088	21.29%
Dental	189,717	$86,952,543	31,488	$17,460,423	16.60%
Vision	89,134	$22,492,791	11,172	$2,989,298	12.53%
NEMT	128,879	$4,757,801	1,231	$42,180	0.96%
Medical	1,974,386	$1,307,566,445	355,243	$332,219,000	17.99%
Nursing Facilities	113,516	$364,373,786	17,111	$64,499,909	15.07%
HCBS	575,945	$311,597,236	16,030	$15,329,549	2.78%
Behavioral Health	762,216	$242,975,407	71,457	$39,783,226	9.37%
Total All Services	6,390,176	$5,974,121,984	1,052,262	$1,477,490,969	16.47%

Kansas
Office of Public Advocates
KanCare Ombudsman Office

ANNUAL REPORT 2022

KANCARE OMBUDSMAN OFFICE

Kerrie Bacon, KanCare Ombudsman
Email: KanCare.Ombudsman@ks.gov or Kerrie.Bacon@ks.gov
Phone: (785) 296-6270
Cell: (785) 213-2258
Toll Free: 1-855-643-8180
Relay: 711
Address: 503 S. Kansas Ave., Topeka, KS 66603
Website: www.KanCareOmbudsman.ks.gov
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II. Dashboard/Summary

The major change for the KanCare Ombudsman Office (KOO) has been the move from Kansas Department of Aging and Disability Services to the Office of Public Advocates, functioning as in independent agency and attached to the Department of Administration. (see page 5) The transition happened over about eight months and went smoothly.

The KanCare Ombudsman Office had several avenues for outreach during the 2022 year which included: in-person or video outreach to stakeholders, new fact sheet (PRTF), partnership with KDHE creating application guides now posted on the KanCare website, continued and increasing Facebook presence, and the 2022 KanCare Ombudsman Office Survey. (pages 5-6)

The KOO survey for 2022 (Appendix B, pages 34-40) had a significant increase in participation (196%). There were again, this year, a significant number of respondents that had not heard of the KanCare Ombudsman Office. We received a significant number of comments regarding barriers to this office. 56% were comments on not knowing about the office, how to get in contact with the office, and what an ombudsman is or does. 22% were comments that were operational or things that the KOO office can make adjustments to and improve. The comments had to do with things like response time and follow up. The attached survey is a summary with Key Responses included. The full survey with all responses can be found on the KOO web pages. Survey & Listening Sessions (ks.gov)

The initial contacts show 2022 with another decrease in contacts. Fourth quarter of 2022 showed an increase, and the largest contact numbers of four 2022 quarters. I anticipate further increases once the eligibility reviews begin this spring. (page 6)

The data by region has a percent to total by region (NEW) for KanCare Ombudsman contacts and Medicaid. The percent to totals show that KOO receives contacts by region in a similar manner to the Medicaid population in Kansas. (page 9-10)

Other data that may be of interest is an increase over the last three years in transportation concerns (page 15), abuse and neglect and community resources have been steadily increasing over the last four years (page 16).

On page 19, the data shows that KOO response time within 2 days has decreased over the last two quarters. This ties with the feedback from the survey and will be addressed operationally.

In the 2023 calendar year, the KanCare Ombudsman Office will complete the moved of training to LearnWorlds and begin using. KOO will also be contracting with a vendor to replace the current on-line tracker. The original one has met capacity and can no longer be updated or create new reports.

III. KanCare Ombudsman Purpose

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

The KanCare Ombudsman Office assists KanCare/Kansas Medicaid members and applicants with access, service, and benefit problems. The KanCare Ombudsman office helps with:

- Answers to questions
- Resolving issues
- Understanding letters from KanCare
- How to Respond when you disagree with a decision or change
- Completing an application or renewal
- How to file a complaint (grievance)
- How to file an appeal or fair hearing
- Providing more information about in-home services, also called Home and Community Based Services (HCBS)

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

IV. Office Updates

A. Transition to New Small Independent Agency

The KanCare Ombudsman Office (KOO) has transitioned from being part of Kansas Department of Aging and Disability Services to function as a small independent agency connected to the Department of Administration.

- The fiscal transition happened with beginning of the new 2023 fiscal year (July 1, 2022).
- The memorandums of understanding were completed before June 10th, or started on the new fiscal year start date of July1, 2022.
- The physical move of the office was May 9th. The new location of the KanCare Ombudsman Office is 900 S Jackson, Suite 1041, Topeka, KS 66612. The technology changes were done at the same time.
- The 2023-2024 budget process was completed in August.
- The emails and phone numbers have all remained the same.

B. Grievance Process created for KanCare Ombudsman Office

The KanCare Ombudsman Office worked with KHDE to set up a grievance process for the KanCare Ombudsman Office. The grievance process explains what a grievance is, examples of a grievance, if there are deadlines, how to submit a grievance, and what the process is after submitting a grievance. Information can be found on our website at: Grievance (ks.gov).

C. Staff update

The Volunteer Coordinator resigned in August. Multiple interviews were conducted over the next several months. A new volunteer was hired in December. Her husband decided to retire, and they are moving out of state. Her last day will be 1/31/23. We will continue to work toward filling this position.

V. Accessibility to the Ombudsman's Office

A. Initial Contacts

The KanCare Ombudsman Office worked with 2,076 individuals during 2022. Although the annual number is low compared to the last five years, there is evidence of an increase in contacts looking at the increase in fourth quarter compared to the last year.

Initial Contacts	Qtr. 1	Qtr. 2	Qtr. 3	Qtr. 4	Total
2018	1,214	1,059	1,088	1,124	4,485
2019	1,060	1,097	1,071	915	4,143
2020	903	478	562	601	2,544
2021	566	592	644	566	2,368
2022	524	526	480	546	2,076

> I received answers that I was having difficulty getting elsewhere. - Survey 2022

B. Accessibility through the KanCare Ombudsman Volunteer Program

The KanCare Ombudsman Office has two satellite offices for the volunteer program; one in Kansas City metro area and one in Wichita. The volunteers in both satellite offices answer KanCare member and applicant questions, help with issues and assist with filling out KanCare applications.

> I have always found the Ombudsman's office to be helpful, responsive and bold when necessary. They continually fight for what is right for our consumers.
> – Survey 2022

VI. Outreach by KanCare Ombudsman Office

A. Resources and Training

The KanCare Ombudsman Office is responsible to help members, applicants and providers, community-based organizations, etc. understand the KanCare application process, benefits, and services, and provide training and outreach. The office does outreach through

1. resources provided on the KanCare Ombudsman web pages
2. resources provided to members, applicants and providers, community-based organizations, etc.
3. outreach through conferences, local and state meetings, resource fairs, trainings, social media, and in-person contacts.

> Time spent on Ombudsman communications (resources) for us is time saved for the consumer and our team… Thank you for all you do for us and for the community and for providing a much-needed resource.
> -Survey 2022

The below chart shows the outreach efforts by the KanCare Ombudsman Office.

	2018	2019	2020	2021	2022
Outreach	164	94	243	710	339

For the full listing of 2022 outreach, see the 2022 quarterly reports and look for the full listing in the Appendix.

B. Resource: New Fact Sheet on PRTF

The Psychiatric Residential Treatment Facility (PRTF) fact sheet was created in partnership with the Kansas Department for Aging and Disability Services (KDADS) Behavior Health for Children and Youth team and the KanCare Ombudsman Office.

The goal was to provide information for members, families, providers, and state agency staff regarding the PRTF process prior to entering a PRTF, during a PRTF stay, transitioning out of a PRTF and the state fair hearing process for members and providers. The document was reviewed and received comments from stakeholders and is publish on the KanCare Ombudsman Office web pages.

C. Resource: Help with Application process

The KanCare Ombudsman Office partnered with KDHE to create and publish three sets of documents on the three applications: Elderly and Disabled, Children and Families, Medicare Savings Plan. The resources are available on the KanCare website at the bottom of the Apply for KanCare page. Apply for KanCare (ks.gov)

D. Facebook Outreach

The KanCare Ombudsman Office prioritized using Facebook as an outreach tool consistently and effectively. The chart shows the number of Facebook posts (175) and the increase in the number of followers in 2022 (164).

Facebook posts during 2022	**175**
# followers on Jan 1, 2022	405
# followers on Dec 31, 2022	569
increase in followers during 2022	**164**

E. Survey of Stakeholders

The KanCare Ombudsman Office did outreach to current and past members, applicants, guardians, family and friends, MCOs, their providers, state agencies, and community organizations, who contacted us in the past two years. The October notice requested participation in a survey to provide feedback on how the KanCare Ombudsman office is doing. Total respondents for 2021 was 263; total respondents for 2022 was 779; a 196% increase. There was a 541% increase in current and past members, applicants, guardians, family and friends (75 in 2021 to 481 in 2022). The survey is a means for the KanCare Ombudsman Office to also reach out to new stakeholders that may not have heard of this organization yet. **The survey summary is Appendix B in this report**. The full survey (with all comments) can be found on the KanCare.ks.gov website, on the Ombudsman pages; Survey Information.

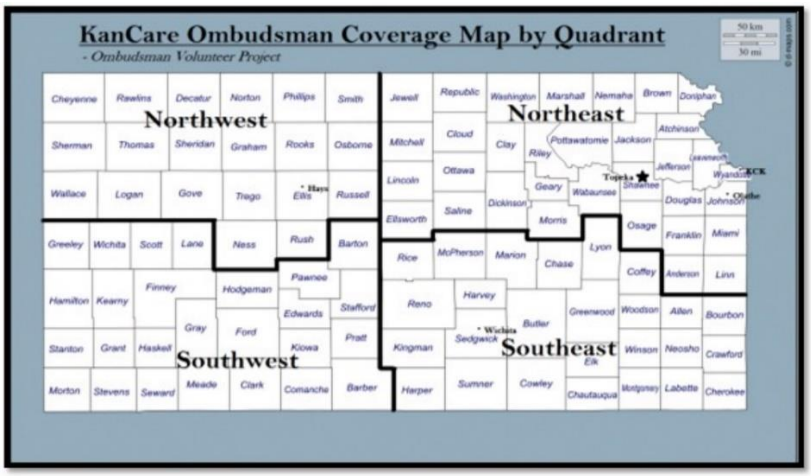
VII. Data by KanCare Ombudsman Office

The data section of this report reflects the work done by the staff, VISTAs, and volunteers in chart format, by region, office location, contact method, caller type, program type, issue category, action taken, and priority.

A. Data by Region

1. Initial Contacts to KanCare Ombudsman Office by Region

The KanCare Ombudsman Office coverage is divided into four regions. The map below shows the counties included in each region



- 785, 913 and 816 area code calls go to the Kansas City Metro Satellite office (the two north regions).
- 316 and 620 area code calls go to the Wichita Satellite office (the two south regions).
- The out-of-state area code calls, direct and complex calls, emails and referrals go to the Topeka (main) office.
- The following chart, by region, shows that most KanCare Ombudsman calls come from the Northeast and Southeast part of Kansas.

REGION	2018	2019	2020	2021	2022	2022 % to total
Northwest	54	46	25	33	16	2%
Northeast	805	751	367	401	413	51%
Southwest	76	78	41	61	36	4%
Southeast	605	635	395	383	338	42%
Unknown	2,875	2,610	1,700	1,485	1254	
Out of State	69	31	1	5	19	
Total	**4,484**	**4,151**	**2,529**	**2,368**	**2,076**	**100%**

2. KanCare/Medicaid members by Region

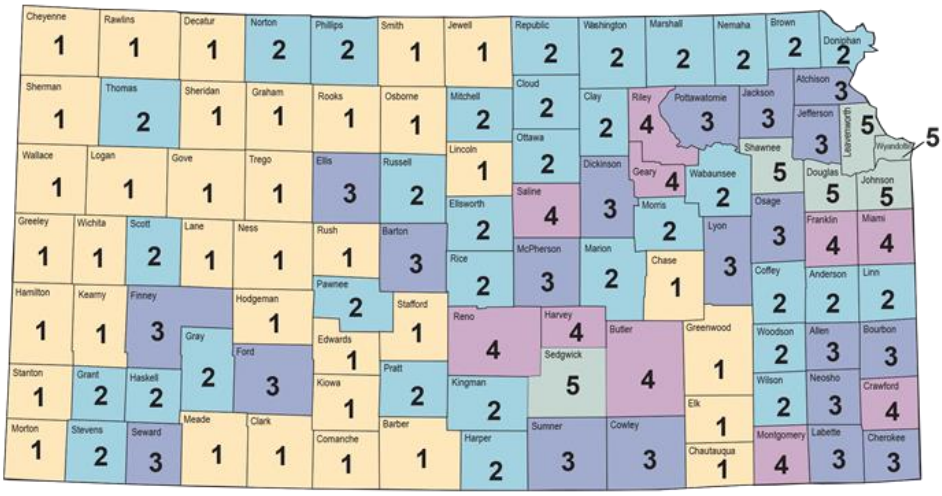
This chart shows the **KanCare/Kansas Medicaid population** by the KanCare Ombudsman regions. Most of the Medicaid population is in the eastern two regions. Most Medicaid members were not dropped during the year due to the Public Health Emergency, so the number is increasing each quarter. These numbers reflect total Kansas Medicaid members, which includes KanCare members. The percent to total for Medicaid members and people contacting the KanCare Ombudsman Office are very similar.

Medicaid

Region	Q4/19	Q4/20	Q4/21	Q4/22	2022 % to total
Northwest	12,223	13,928	15,087	15,670	3%
Northeast	189,133	212,844	231,064	243,511	46%
Southwest	36,472	40,724	44,639	47,573	9%
Southeast	170,237	193,347	209,226	221,215	42%
Total	**408,065**	**460,843**	**500,016**	**527,969**	**100%**

3. Kansas Population Density

This map shows the population density of Kansas and helps in understanding why most of the Medicaid population and KanCare Ombudsman calls are from the eastern part of Kansas.
Based on 2015 Census data – Kansas Population Density map using number of people per square mile (ppsm). Borrowed from the [Kansas Commission on Disability Concerns Disability Service Maps.]



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

B. Data by Office Location

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

As demonstrated by the chart below, in 2022 the Topeka office initially received about 60% of the contacts. The part that does not show here are the number of calls that are forwarded to the Topeka office as complex cases.

Contacts by Office	2018	2019	2020	2021	2022	2022 % to total
Main - Topeka	2,428	2,451	1,876	1,690	1,235	59%
Kansas City	549	773	201	321	470	23%
Wichita	1,505	919	470	357	371	18%
Total	4,482	4,143	2,547	2,368	2,076	100%

C. Data by Contact Method

The contact method most used by beneficiaries continues to be telephone and email. The "Other" category includes the use of the Integrated Referral and Intake System (IRIS), a tool designed to encourage warm handoffs among community partners, while keeping providers updated along the way.

Contact Method	2018	2019	2020	2021	2022
Telephone	3,868	3,596	2,104	1,878	1,493
Email	545	506	404	457	543
Letter	8	9	17	6	2
Face-to-Face Meeting	58	31	11	8	13
Other	5	6	7	11	21
Social Media	0	3	4	8	4
CONTACT METHOD TOTAL	**4,484**	**4,151**	**2,547**	**2,368**	**2,076**

D. Data by Caller Type

Most contacts are consumers, which includes members, applicants, family members, friends, etc.

- "Provider" issues are a combination of providers calling to assist a member or applicant having issues, or a provider with billing issues, questions on how to become a provider in Kansas, etc. The provider contacts that are not for an individual member, are forwarded to KDHE.
- "MCO Employee" callers are usually case managers with concerns for a member (i.e., losing eligibility, losing HCBS eligibility etc.).
- The "Other Type" callers are usually state employees, lawyers, social workers at schools and hospitals, and students/researchers looking for data.

The number of **providers** contacting our office has increased to pre-COVID19 levels even though our total calls have not. The types of calls have increasingly been from providers that are trying to assist a KanCare member and have not been successful on their own.

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CALLER TYPE	2018	2019	2020	2021	2022
Provider	369	339	254	304	339
Consumer	3,884	3,554	2,096	1,824	1,427
MCO Employee	19	27	22	21	12
Other Type	212	231	175	219	298
CALLER TYPE TOTAL	**4,484**	**4,151**	**2,547**	**2,368**	**2,076**

E. Data by Program Type

The top program types that we received calls for in 2022 were Nursing Facility issues, Physical Disability waiver, and the Frail Elderly waiver. Nursing facility calls were, in general, on the following concerns:

- KanCare application questions/assistance/eligibility
- Nursing facility complaints (referred to KDADS complaint hotline)
- Concerns about persons perceived to be in need of nursing facility care (we ask many questions and see if they may need HCBS services, more assistance from MCO, etc.)
- Estate planning questions for those preparing to apply for a nursing facility care or Home and Community Based Services (HCBS). We do not attempt to answer these questions; instead, we encourage them to apply and suggest the consult an estate planning lawyer.

PROGRAM TYPE	2018	2019	2020	2021	2022
PD	143	122	104	46	69
I/DD	124	123	74	44	58
FE	110	125	96	75	65
AUTISM	8	10	7	4	5
SED	26	35	13	11	24
BI	32	43	23	21	23
TA	18	29	14	4	19
WH	20	10	1	1	1
PACE	0	9	2	4	0
MENTAL HEALTH	8	14	14	15	9
SUB USE DIS	0	4	0	0	1
NURSING FACILITY	155	135	99	93	105
FOSTER CARE	0	0	1	3	3
MEDIKAN	0	12	5	5	4
INSTITUTIONAL TRANSITION FROM LTC/NF	0	6	10	5	7
INSTITUTIONAL TRANSITION FROM MH/BH	0	3	2	2	2
INSTITUTIONAL TRANSITION FROM PRISON/JAIL	0	0	0	0	1
PROGRAM TYPE TOTAL	**645**	**681**	**466**	**337**	**396**

There may be multiple selections for a member/contact.

F. Data by Priorities

- This data is an indicator of some of our more complex cases. Not all complex cases are marked with a Priority code, but most of the cases that have this marking are complex. Nursing Facility issues continue to increase as priority or complex cases. The types of calls we receive regarding nursing facility issues range over several types of concerns; abuse neglect, cost of the patient liability, transition from the facility to community, eligibility concerns for those in a nursing facility, and so on.

The priorities are defined as follows:

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

PRIORITY	2019	2020	2021	2022
HCBS	100	197	111	173
Long Term Care / NF	36	79	89	107
Urgent Medical Need	46	52	42	36
Urgent	52	65	93	71
Life Threatening	14	13	5	8
PRIORITIES TOTAL	**248**	**406**	**340**	**395**

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.

1. Medicaid Issues

Two areas of interest are the Access to Providers is up significantly. These calls are about getting access to the medical provider they need and about getting access to providers that provide HCBS services in the home. Transportation calls have increased to Pre-COVID levels.

MEDICAID ISSUES	2018	2019	2020	2021	2022
Access to Providers (usually Medical)	24	66	24	45	70
Appeals/Fair Hearing questions/issues	126	51	56	39	38
Background Checks	5	4	0	4	0
Billing	118	148	91	161	134
Care Coordinator Issues	42	54	33	23	37
Change MCO	61	32	24	13	17
Choice Info on MCO	29	21	9	12	11
Coding Issues	73	39	21	14	16
Consumer said Notice not received	50	22	6	5	7
Cultural Competency	0	1	1	3	2
Data Requests	9	7	10	41	34
Dental	32	29	19	24	28
Division of Assets	29	44	29	31	35
Durable Medical Equipment	27	14	19	25	31
Grievances Questions/Issues	98	93	76	60	77
Help understanding mail (NOA)	0	9	28	66	56
MCO transition	0	4	3	2	6
Medicaid Application Assistance	638	609	514	490	411
Medicaid Eligibility Issues	798	632	477	408	402
Medicaid Fraud	12	10	9	10	9
Medicaid General Issues/questions	705	909	503	662	623
Medicaid info (status) update	810	636	389	388	331
Medicaid Renewal	224	310	83	25	20
Medical Card issues	0	10	34	66	56
Medicare Savings Plan Issues	81	191	132	111	81
MediKan issues	0	7	13	18	19
Moving to / from Kansas	70	72	54	37	7
Medical Services	74	59	72	78	91
Pain management issues	1	8	3	9	7
Pharmacy	30	55	34	38	29
Pregnancy issues	0	10	38	96	53
Prior authorization issues	0	2	9	23	20
Refugee/Immigration/SOBRA issues	0	13	5	8	8
Respite	2	2	0	5	3
Spend Down Issues	112	117	95	76	81
Transportation	47	43	23	38	45
Working Healthy	26	19	3	7	13
MEDICAID ISSUES TOTAL	**4,353**	**4,352**	**2,939**	**3,161**	**2,908**

There may be multiple selections for a member/contact.

2. HCBS/LTSS Issues

The top issues for this group are HCBS General Issues and HCBS eligibility issues. These have also been the top issues for the last four years.

HCBS/LTSS ISSUES	2018	2019	2020	2021	2022
Client Obligation	139	82	38	55	42
Estate Recovery	32	32	35	33	61
HCBS Eligibility issues	145	175	179	172	178
HCBS General Issues	180	242	218	177	193
HCBS Reduction in hours of service	14	12	27	7	20
HCBS Waiting List	22	27	25	16	25
Nursing Facility Issues	86	178	139	150	133
HCBS/LTSS ISSUES TOTAL	**618**	**748**	**661**	**610**	**652**

There may be multiple selections for a member/contact.

3. Other Issues

This section shows issues or concerns that may be *related* to KanCare/Medicaid. There is a steady increase in Abuse/neglect Complaints and Community Resources Needed over the last four years.

OTHER ISSUES	2018	2019	2020	2021	2022
Abuse / neglect complaints	29	21	34	47	54
ADA Concerns	0	0	1	3	5
Adoption issues	0	3	4	9	3
Affordable Care Act Calls	44	17	15	10	4
Community Resources needed	0	9	24	34	51
Domestic Violence concerns	0	1	3	2	7
Foster Care issues	0	3	14	17	16
Guardianship	19	10	14	17	11
Homelessness	0	4	11	12	6
Housing Issues	26	21	25	34	33
Medicare related Issues	97	74	69	77	81
Social Security Issues	58	57	70	69	56
Used Interpreter	0	6	14	15	9
X-Other	594	452	627	365	231
Z Thank you	2,048	1,557	1,105	1,328	865
Z Unspecified	298	443	232	98	128
Health Homes	0	0	0	0	0
OTHER ISSUES TOTAL	**3,213**	**2,678**	**2,262**	**2,137**	**1,560**

There may be multiple selections for a member/contact.

H. Data by Managed Care Organization (MCO) – See Appendix A, page 23

VIII. Action Taken

This section reflects the action taken by the KanCare Ombudsman Office in responding to people who contact the office and related organizations assisting the KanCare Ombudsman Office.

This data shows information on:

1. Response rates for the KanCare Ombudsman Office
2. Organizational final resolution number of days when asked to assist by the KanCare Ombudsman Office
3. Information on action taken and resources provided
4. Resolution: number of days for KanCare Ombudsman Office to resolve issues

A. Responding to Issues

1. KanCare Ombudsman Office response to members/applicants

The KanCare Ombudsman Office goal is to respond to a contact within two business days. The last two quarters, the response time for responding within 2 business days has decreased, with the increase falling within 3-7 days. The office will be focusing on improving response times.

Qtr./Year	Nmbr. Contacts	% Responded 0-2 Days	% Responded in 3-7 Days	% Responded 8 or More Days
Q1/2018	1213	82%	17%	1%
Q2/2018	1059	89%	10%	1%
Q3/2018	1088	87%	12%	1%
Q4/2018	1124	86%	14%	0%
Q1/2019	1068	88%	11%	1%
Q2/2019	1096	91%	8%	1%
Q3/2019	1071	95%	4%	1%
Q4/2019	915	93%	7%	0%
Q1/2020	905	92%	4%	4%
Q2/2020	476	60%	36%	4%
Q3/2020	562	86%	12%	2%
Q4/2020	601	84%	15%	1%
Q1/2021	566	88%	12%	0%
Q2/2021	592	89%	10%	1%
Q3/2021	644	87%	12%	1%
Q4/2021	566	87%	11%	2%
Q1/2022	524	92%	7%	1%
Q2/2022	526	90%	9%	1%
Q3/2022	480	84%	15%	1%
Q4/2022	546	84%	15%	2%

2. Organizational final response to Ombudsman requests

The KanCare Ombudsman Office sends requests for review and assistance to various KanCare/related organizations. The following information provides data on the **resolution rate** for organizations the Ombudsman's office requests assistance from and the amount of time it takes to resolve. For this annual report, this is a comparison of two quarters; fourth quarter for 2021 and 2022.

Quarter yr.: Q4/2021

Number Referrals	Referred to	% Resp. 0-2 Days	% Resp. 3-7 Days	% Resp. 7-30 Days	% Resp. 31 or More Days
49	Clearinghouse	100%	0%	0%	0%
2	DCF	50%	0%	50%	0%
1	KDADS-Health Occ. Cred.	0%	100%	0%	0%
6	KDHE-Eligibility	33%	17%	50%	0%
2	KDHE-Program Staff	100%	0%	0%	0%
2	KDHE-Provider Contact	100%	0%	0%	0%
1	KMAP	100%	0%	0%	0%
5	Aetna	80%	20%	0%	0%
5	Sunflower	40%	0%	40%	20%
3	UnitedHealthcare	100%	0%	0%	0%

Quarter yr.: Q4/22

Number Referrals	Referred to	% Resolved 0-2 Days	% Resolved 3-7 Days	% Resolved 7-30 Days	% Resolved 31 or More Days
41	Clearinghouse	100%	0%	0%	0%
4	DCF	25%	25%	50%	0%
6	KDADS-HCBS	83%	17%	0%	0%
11	KDHE-Eligibility	64%	27%	9%	0%
4	KDHE-Program Staff	50%	25%	25%	0%
8	KDHE-Provider Contact	75%	13%	13%	0%
1	KMAP	100%	0%	0%	0%
9	Aetna	11%	33%	44%	11%
5	Sunflower	80%	0%	0%	20%
15	UnitedHealthcare	53%	27%	20%	0%

3. Action Taken by KanCare Ombudsman Office to resolve requests

85% of initial contacts were resolved by providing some type of resource. For example, the KanCare Ombudsman Office:

- contacted other organization(s) to ask assistance in resolving the issue
- shared information, resources, mailings, etc.
- called with member/applicant or provided referrals to other organizations

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

Action Taken Resolution Type	2018	2019	2020	2021	2022
Questions/Issue Resolved (No Resources)	356	309	145	102	147
Used Contact or Resources/Issue Resolved	3,091	3,387	2,125	2,136	1,716
Closed (No Contact)	483	394	157	103	144
ACTION TAKEN RESOLUTION TYPE TOTAL	**3,930**	**4,090**	**2,427**	**2,341**	**2,007**

There may be multiple selections for a member/contact

This chart shows when information/resources are provided verbally, mailed, or emailed to a member/applicant.

Action Taken Additional Help	2018	2019	2020	2021	2022
Provided Resources	3,004	2,451	1,556	1,887	1,701
Mailed/Email Resources	679	594	390	413	325
ACTION TAKEN ADDITIONAL HELP TOTAL	**3,683**	**3,045**	**1,946**	**2,300**	**2,026**

4. Ombudsman Office Resolution of Issues

This chart shows the number of contacts, the average number of days to close a case, and what percentage of cases were closed in 0-2 days, 3-7 days, and 8 or more days.

Quarter yr	Number Contacts	Avg Days To Completion	% Completed 0-2 Days	% Completed 3-7 Days	% Completed 8 or More Days
Q1/2018	1069	12	56%	16%	28%
Q2/2018	1036	10	60%	13%	27%
Q3/2018	1043	4	72%	17%	11%
Q4/2018	1107	4	71%	18%	11%
Q1/2019	1051	5	71%	16%	13%
Q2/2019	1021	4	74%	13%	13%
Q3/2019	1002	5	75%	10%	15%
Q4/2019	850	5	72%	11%	17%
Q1/2020	804	5	74%	9%	17%
Q2/2020	404	7	46%	31%	23%
Q3/2020	537	5	76%	13%	11%
Q4/2020	576	5	69%	17%	14%
Q1/2021	552	5	71%	16%	13%
Q2/2021	578	4	72%	16%	12%
Q3/2021	630	4	74%	15%	11%
Q4/2021	543	3	76%	14%	10%
Q1/2022	509	4	76%	12%	12%
Q2/2022	492	5	75%	12%	13%
Q3/2022	459	4	68%	18%	14%
Q4/2022	480	5	66%	20%	14%

IX. Enhancements/Changes from the past year

A. Office Updates

1. Transition to New Small Independent Agency

- Executive Order 21-27, signed by Governor Kelly on 10/4/21, transferred the KanCare Ombudsman Office from KDADS to the Office of Public Advocates, which is attached to the Department of Administration.
- The KanCare Ombudsman Office functions as an independent agency.
- Most of the memorandums of understanding (MOU) were completed in May. One of the MOU's started on the new fiscal year start date of July1, 2022.
- The physical move of the office was May 9th. The new location of the KanCare Ombudsman Office is 900 S Jackson, Suite 1041, Topeka, KS 66612. The technology changes were done at the same time.
- The fiscal transition happened with beginning of the new 2023 fiscal year (July 1, 2022).
- The 2023-2024 budget process was completed in August.
- The emails and phone numbers have all remained the same.

2. Grievance Process created for KanCare Ombudsman Office

The KanCare Ombudsman Office worked with KHDE to set up a grievance process for the KanCare Ombudsman Office. The grievance process explains what a grievance is, examples of a grievance, if there are deadlines, how to submit a grievance, and what the process is after submitting a grievance. Information can be found on our website at: Grievance (ks.gov).

3. Staff update

The Volunteer Coordinator resigned in August. Multiple interviews were conducted over the next several months. A new volunteer was hired in December. Her husband decided to retire, and they are moving out of state. Her last day will be 1/31/23. We will continue to work toward filling this position.

B. Enhancements

1. PRTF fact sheet – see page 7.
2. Guides for completing KanCare Applications – see page 7.

C. Future

1. On-line training

The KanCare Ombudsman Office is using a new software product, LearnWorlds, for staff and volunteer training. It is an on-line training program that includes review questions and tests for each section. It will be available for use by the office in first quarter of 2023.

2. Working with a vendor to replace the current on-line tracker

Plans are in process to contract with a vendor to create a new tracker to manage contacts with the KanCare Ombudsman Office. The original one has met capacity and can no longer be updated or create new reports.

X. Appendix A: Managed Care Organization (MCO) Data

A. Aetna

MEDICAID ISSUES	2018	2019	2020	2021	2022
Access to Providers (usually Medical)	0	13	4	6	7
Appeals/Fair Hearing questions/issues	1	2	3	2	3
Background Checks	0	0	0	0	0
Billing	1	12	11	14	10
Care Coordinator Issues	0	19	2	5	8
Change MCO	3	11	7	1	5
Choice Info on MCO	1	6	1	0	3
Coding Issues	0	3	0	2	1
Consumer said Notice not received	0	1	1	1	0
Cultural Competency	0	0	0	1	1
Data Requests	0	0	0	0	0
Dental	0	7	2	1	3
Division of Assets	0	1	0	0	0
Durable Medical Equipment	0	5	6	0	5
Grievances Questions/Issues	0	11	10	6	7
Help understanding mail (NOA)	0	0	1	0	0
MCO transition	0	3	0	0	2
Medicaid Application Assistance	3	6	2	1	2
Medicaid Eligibility Issues	0	19	7	9	9
Medicaid Fraud	0	0	0	1	0
Medicaid General Issues/questions	2	48	12	23	31
Medicaid info (status) update	0	14	12	15	11
Medicaid Renewal	0	18	4	2	1
Medical Card issues	0	0	1	6	7
Medicare Savings Plan Issues	1	7	4	1	4
MediKan issues	0	0	0	0	0
Moving to / from Kansas	0	2	0	1	0
Medical Services	0	14	9	12	13
Pain management issues	0	1	2	2	0
Pharmacy	0	10	2	5	2
Pregnancy issues	0	0	0	1	0
Prior authorization issues	0	0	2	3	3
Refugee/Immigration/SOBRA issues	0	0	0	0	0
Respite	0	0	0	0	0
Spend Down Issues	1	9	7	6	3
Transportation	0	13	3	3	2
Working Healthy	0	0	1	0	2
MEDICAID ISSUES TOTAL	**13**	**255**	**116**	**130**	**145**

Aetna

HCBS/LTSS ISSUES	2018	2019	2020	2021	2022
Client Obligation	0	9	0	3	1
Estate Recovery	0	0	0	0	0
HCBS Eligibility issues	0	18	0	5	14
HCBS General Issues	2	25	9	7	22
HCBS Reduction in hours of service	0	1	1	0	5
HCBS Waiting List	0	3	0	0	0
Nursing Facility Issues	0	6	6	7	6
HCBS/LTSS ISSUES TOTAL	**2**	**62**	**16**	**22**	**48**

OTHER ISSUES	2018	2019	2020	2021	2022
Abuse / neglect complaints	0	0	4	3	3
ADA Concerns	0	0	0	0	0
Adoption issues	0	0	0	2	0
Affordable Care Act Calls	0	0	0	0	0
Community Resources needed	0	0	1	0	1
Domestic Violence concerns	0	0	0	0	0
Foster Care issues	0	0	1	1	0
Guardianship	0	0	0	1	0
Homelessness	0	0	1	0	0
Housing Issues	0	1	2	1	4
Medicare related Issues	2	7	2	1	1
Social Security Issues	0	3	0	0	1
Used Interpreter	0	0	0	0	0
X-Other	4	29	18	7	10
Z Thank you	4	109	38	53	53
Z Unspecified	0	8	1	3	1
Health Homes	0	0	0	0	0
OTHER ISSUES TOTAL	**10**	**157**	**68**	**72**	**74**

PRIORITY	2018	2019	2020	2021	2022
HCBS	0	8	11	10	18
Long Term Care / MF	0	1	3	3	4
Urgent Medical Need	0	3	1	6	3
Urgent	0	7	6	8	6
Life Threatening	0	3	0	0	1
PRIORITIES TOTAL	**0**	**22**	**21**	**27**	**32**

Aetna

PROGRAM TYPE	2018	2019	2020	2021	2022
PD	1	8	5	4	14
I/DD	1	8	3	1	1
FE	0	8	0	1	14
AUTISM	1	0	0	0	0
SED	1	3	1	0	3
TBI	0	9	2	2	5
TA	0	6	2	1	0
WH	0	0	0	0	1
MFP	0	0	0	0	0
PACE	0	0	0	0	0
MENTAL HEALTH	0	2	0	0	0
SUB USE DIS	0	0	0	0	0
NURSING FACILITY	1	5	4	2	1
FOSTER CARE	0	0	1	1	0
MEDIKAN	0	0	0	0	0
INSTITUTIONAL TRANSITION FROM LTC/NF	0	0	1	2	4
INSTITUTIONAL TRANSITION FROM MH/BH	0	0	0	0	0
INSTITUTIONAL TRANSITION FROM PRISON/JAIL	0	0	0	0	0
PROGRAM TYPE TOTAL	**5**	**49**	**19**	**14**	**43**

B. Sunflower

MEDICAID ISSUES	2018	2019	2020	2021	2022
Access to Providers (usually Medical)	13	14	4	7	8
Appeals/Fair Hearing questions/issues	9	4	15	4	4
Background Checks	1	0	0	0	0
Billing	22	19	14	16	18
Care Coordinator Issues	6	15	8	1	3
Change MCO	9	4	4	2	1
Choice Info on MCO	1	3	2	2	0
Coding Issues	15	7	2	1	0
Consumer said Notice not received	10	0	1	0	1
Cultural Competency	0	1	0	0	0
Data Requests	0	0	2	2	0
Dental	8	2	2	3	2
Division of Assets	1	0	0	0	0
Durable Medical Equipment	4	0	4	4	9
Grievances Questions/Issues	16	16	13	7	12
Help understanding mail (NOA)	0	0	4	2	5
MCO transition	0	0	0	1	0
Medicaid Application Assistance	5	4	4	1	2
Medicaid Eligibility Issues	42	32	7	5	11
Medicaid Fraud	2	0	1	0	1
Medicaid General Issues/questions	46	40	16	18	32
Medicaid info (status) update	26	25	11	8	9
Medicaid Renewal	17	26	3	0	0
Medical Card issues	0	1	4	4	4
Medicare Savings Plan Issues	7	4	1	0	1
MediKan issues	0	0	0	0	0
Moving to / from Kansas	1	1	2	0	4
Medical Services	11	15	13	12	12
Pain management issues	0	1	0	2	1
Pharmacy	7	10	1	7	4
Pregnancy issues	0	2	1	0	2
Prior authorization issues	0	0	1	2	2
Refugee/Immigration/SOBRA issues	0	0	0	0	0
Respite	0	0	0	1	1
Spend Down Issues	7	8	4	1	5
Transportation	6	7	5	5	6
Working Healthy	3	2	0	0	0
MEDICAID ISSUES TOTAL	**295**	**263**	**149**	**118**	**160**

Sunflower

HCBS/LTSS ISSUES	2018	2019	2020	2021	2022
Client Obligation	13	6	3	2	1
Estate Recovery	0	0	0	0	1
HCBS Eligibility issues	24	20	5	9	6
HCBS General Issues	32	30	26	12	22
HCBS Reduction in hours of service	2	3	7	0	1
HCBS Waiting List	1	4	1	2	1
Nursing Facility Issues	4	2	5	5	10
HCBS/LTSS ISSUES TOTAL	**76**	**65**	**47**	**30**	**42**

OTHER ISSUES	2018	2019	2020	2021	2022
Abuse / neglect complaints	3	1	1	1	4
ADA Concerns	0	0	0	0	0
Adoption issues	0	0	2	1	0
Affordable Care Act Calls	1	1	0	0	0
Community Resources needed	0	0	1	2	2
Domestic Violence concerns	0	0	0	0	1
Foster Care issues	0	0	0	0	0
Guardianship	3	0	1	3	0
Homelessness	0	0	1	0	0
Housing Issues	3	0	3	2	2
Medicare related Issues	8	2	3	4	4
Social Security Issues	2	0	1	1	1
Used Interpreter	0	0	0	0	0
X-Other	40	28	28	9	12
Z Thank you	166	115	64	55	55
Z Unspecified	7	10	2	2	0
Health Homes	0	0	0	0	0
OTHER ISSUES TOTAL	**233**	**157**	**107**	**80**	**81**

PRIORITY	2018	2019	2020	2021	2022
HCBS	0	15	33	17	24
Long Term Care / MF	0	3	2	5	4
Urgent Medical Need	0	5	7	10	10
Urgent	0	4	10	11	11
Life Threatening	0	4	1	2	2
PRIORITIES TOTAL	**0**	**31**	**53**	**45**	**51**

Sunflower

PROGRAM TYPE	2018	2019	2020	2021	2022
PD	31	16	14	2	5
I/DD	15	15	4	10	10
FE	9	13	6	6	5
AUTISM	1	1	2	0	0
SED	2	1	1	0	3
TBI	7	8	2	6	2
TA	2	4	3	1	6
WH	3	2	0	0	0
MFP	1	0	0	0	0
PACE	0	0	0	0	0
MENTAL HEALTH	0	0	1	2	2
SUB USE DIS	0	0	0	0	0
NURSING FACILITY	8	3	3	2	5
FOSTER CARE	0	0	0	0	0
MEDIKAN	0	0	0	0	0
INSTITUTIONAL TRANSITION FROM LTC/NF	0	0	1	0	0
INSTITUTIONAL TRANSITION FROM MH/BH	0	1	0	1	0
INSTITUTIONAL TRANSITION FROM PRISON/JAIL	0	0	0	0	0
PROGRAM TYPE TOTAL	**79**	**64**	**37**	**30**	**38**

C. United Healthcare

MEDICAID ISSUES	2018	2019	2020	2021	2022
Access to Providers (usually Medical)	0	10	4	7	19
Appeals/Fair Hearing questions/issues	13	3	8	6	10
Background Checks	0	1	0	0	0
Billing	20	10	12	19	21
Care Coordinator Issues	15	10	11	4	12
Change MCO	6	8	5	2	3
Choice Info on MCO	2	1	2	1	2
Coding Issues	6	5	1	1	3
Consumer said Notice not received	3	2	0	0	3
Cultural Competency	0	0	0	0	0
Data Requests	1	0	0	1	1
Dental	3	5	0	4	4
Division of Assets	1	0	0	0	1
Durable Medical Equipment	1	5	5	5	7
Grievances Questions/Issues	10	10	10	11	19
Help understanding mail (NOA)	0	0	0	4	5
MCO transition	0	0	1	0	1
Medicaid Application Assistance	15	2	2	3	7
Medicaid Eligibility Issues	44	24	10	8	20
Medicaid Fraud	1	0	0	1	0
Medicaid General Issues/questions	39	44	12	28	49
Medicaid info (status) update	19	25	12	11	24
Medicaid Renewal	19	14	1	2	1
Medical Card issues	0	2	5	4	5
Medicare Savings Plan Issues	7	1	1	4	5
MediKan issues	0	1	0	0	0
Moving to / from Kansas	2	0	0	2	0
Medical Services	18	3	12	12	19
Pain management issues	1	2	0	3	2
Pharmacy	8	9	9	9	11
Pregnancy issues	0	0	0	2	0
Prior authorization issues	0	1	2	6	7
Refugee/Immigration/SOBRA issues	0	0	0	0	0
Respite	1	0	0	0	0
Spend Down Issues	20	9	6	3	6
Transportation	10	5	8	6	12
Working Healthy	2	1	0	0	1
MEDICAID ISSUES TOTAL	**287**	**213**	**139**	**169**	**280**

United

HCBS/LTSS ISSUES	2018	2019	2020	2021	2022
Client Obligation	23	5	2	2	0
Estate Recovery	0	1	0	0	0
HCBS Eligibility issues	17	10	6	7	10
HCBS General Issues	34	28	21	17	25
HCBS Reduction in hours of service	1	3	8	1	7
HCBS Waiting List	3	5	0	3	5
Nursing Facility Issues	9	8	6	14	5
HCBS/LTSS ISSUES TOTAL	**87**	**60**	**43**	**44**	**52**

OTHER ISSUES	2018	2019	2020	2021	2022
Abuse / neglect complaints	3	0	0	5	5
ADA Concerns	0	0	0	0	1
Adoption issues	0	0	0	0	0
Affordable Care Act Calls	0	0	0	0	0
Community Resources needed	0	0	1	3	5
Domestic Violence concerns	0	0	0	0	1
Foster Care issues	0	0	0	1	1
Guardianship	1	0	0	0	0
Homelessness	0	0	1	2	0
Housing Issues	1	1	2	6	2
Medicare related Issues	2	3	3	3	13
Social Security Issues	2	1	2	2	3
Used Interpreter	0	0	0	0	1
X-Other	25	22	23	18	15
Z Thank you	175	114	53	69	72
Z Unspecified	3	10	2	3	5
Health Homes	0	0	0	0	0
OTHER ISSUES TOTAL	**212**	**151**	**87**	**112**	**124**

PRIORITY	2018	2019	2020	2021	2022
HCBS	0	4	25	16	24
Long Term Care / MF	0	4	6	10	11
Urgent Medical Need	0	2	5	5	9
Urgent	0	2	6	16	8
Life Threatening	0	1	0	1	1
PRIORITIES TOTAL	**0**	**13**	**42**	**48**	**53**

United

PROGRAM TYPE	2018	2019	2020	2021	2022
PD	24	22	13	4	13
I/DD	13	17	2	7	9
FE	13	11	8	6	2
AUTISM	0	1	0	0	0
SED	6	3	1	1	2
TBI	5	3	6	5	4
TA	3	1	2	1	3
WH	4	0	0	0	0
MFP	0	0	0	0	0
PACE	0	0	0	0	0
MENTAL HEALTH	2	1	1	8	2
SUB USE DIS	0	0	0	0	0
NURSING FACILITY	12	10	3	7	7
FOSTER CARE	0	0	0	0	0
MEDIKAN	0	1	0	0	0
INSTITUTIONAL TRANSITION FROM LTC/NF	0	1	3	1	0
INSTITUTIONAL TRANSITION FROM MH/BH	0	0	1	0	1
INSTITUTIONAL TRANSITION FROM PRISON/JAIL	0	0	0	0	0
PROGRAM TYPE TOTAL	**82**	**71**	**40**	**40**	**43**

XI. Appendix B: KanCare Ombudsman Survey Results Summary – October 2022

The KanCare Ombudsman Office (KOO) helps Medicaid members and applicants with problems regarding services, coverage access and rights. The goal of the survey was to find out what our stakeholders think about how we are doing so we can make improvements.

The KanCare Ombudsman Office completed its second annual survey during October 2022, requesting input from members, families, guardians, providers, and other organizations that are stakeholders of KanCare.

The survey was posted and available for use from October 3 – October 31, 2022, on the KanCare Ombudsman webpages. Notifications were sent to:

- Users of KanCare Services that had provided email addresses and other community-based organizations using Mail Chimp; over 1400 contacts.
- The three managed care organizations (MCO's) sent out information to their provider and member lists.
- Disability News List Serve through the Kansas Commission on Disability Concerns.
- KanCare Ombudsman Office Facebook post that was boosted during the month of October. Results of the Facebook post were 39,445 reaches, and 2,566 engagements.

In comments sections, Individual responses were limited to **Key Responses** for this summary report. A full listing of comments can be found at Survey & Listening Sessions (ks.gov).

> The KanCare Ombudsman was so compassionate, knowledgeable, kind, and really took the time to get to the bottom of the problem. She responded so quickly to emails and phone calls while we were sorting out a solution. I feel like finally someone heard my voice and actually cared enough to help. She was able to provide resources within the state of Kansas and specific to Johnson County. She has given me hope and bettered the lives of Kansas children.
>
> -KanCare Ombudsman Office Survey 2022

A. Who Are You?

There was a 196% increase in the number of total respondents this year versus last year. Current and past member/applicant/guardian/family/friend had 541% increase, this year over last year's response.

Who Are You?		2021		2022		
#		%	Count	%	Count	% inc./ dec. TY over LY
1-3	Current/past KanCare member/applicant/guardian/family/ friend	10%	75	32%	481	541%
4	Provider	13%	34	17%	131	285%
5	Community organization or Association	17%	45	7%	57	27%
6	MCO employee	14%	37	4%	29	-22%
7	State employee	13%	33	2%	17	-48%
8	Other	15%	39	8%	64	64%
	Total	**100%**	**263**	**100%**	**779**	196%

B. "What language do you use most often at home?"

KOO added American Sign Language (ASL) as an option in the 2022 survey. Six ASL respondents in 2022.

What language do you use most often at home?		2021		2022	
#	Answer	%	Count	%	Count
1	English	95%	253	98%	762
2	Spanish	3%	7	1%	10
3	Other	2%	6	0%	0
4	American Sign Language	n/a	n/a	1%	6
	Total	**100%**	**266**	**100%**	**778**

C. How often have you used the KanCare Ombudsman Office?

42% in 2021 said "never" compared to 66% in 2022.

How often have you used the KanCare Ombudsman Office for help or resources?		2021		2022	
#	Answer	%	Count	%	Count
1	Never	42%	111	66%	516
2	1-2 times	32%	84	21%	161
3	Multiple times	26%	70	13%	100
	Total	**100%**	**265**	**100%**	**777**

D. Did you get an answer to your question or concern?

28% responded “no.”

Did you get an answer to your question or concern?		2021		2022	
#	Answer	%	Count	%	Count
1	No	20%	30	28%	71
2	Yes	80%	118	72%	183
	Total	**100%**	**148**	**100%**	**254**

E. Please describe why you may not have gotten an answer to your concern.

17 respondents, or 31% said the office did not respond.

Please describe why you may not have gotten an answer to your concern		2022	
#	Answer	%	Count
1	I am still working with the KanCare Ombudsman Office to resolve the concern.	7%	4
2	Medicaid regulations did not allow it.	5%	3
3	The KanCare Ombudsman Office did not respond.	31%	17
5	The KanCare Ombudsman Office provided the wrong information.	7%	4
6	Other	49%	27
	Total	**100%**	**55**

Of the 27 “Other” responses, 16 provided written information which is included in the full report on the KanCare Ombudsman web pages.

F. How was your experience of working with the KanCare Ombudsman Office?

Options 1-4, for “Agree”, had good number increases in each category, however the percent to total was down from 2021.

		2021						
How was your experience of working with the KanCare Ombudsman Office?		**Agree**		**Neutral**		**Disagree**		**Total**
1	They were respectful.	86%	110	11%	14	3%	4	128
2	They were encouraging.	77%	97	17%	22	6%	7	126
3	They were helpful.	74%	95	15%	19	11%	14	128
4	They shared good resources.	69%	88	20%	25	11%	14	127

		2022						
How was your experience of working with the KanCare Ombudsman Office?		**Agree**		**Neutral**		**Disagree**		**Total**
1	They were respectful.	77%	160	19%	40	4%	8	208
2	They were encouraging.	59%	121	29%	59	12%	25	205
3	They were helpful.	67%	139	18%	38	14%	29	206
4	They shared good resources.	60%	122	25%	51	16%	32	205
5	They responded within two business days.	63%	130	18%	36	19%	39	205

G. What worked well when you used the KanCare Ombudsman Office?

1. Problem Solved – 70 responses
2. Not resolved – 11 responses
3. Policy – 3 responses
4. Other – 14 responses

Key responses:

- "I have always found the Ombudsman's office to be helpful, responsive and bold when necessary. They continually fight for what is right for our consumers."
- "We were listened to and felt they really cared!"
- "I was removed from the program without cause and couldn't get any answers. I called the ombudsman office, and they had the problem solved within a day. They apparently have enough power to get things done."
- "They responded quickly and give us a good feeling of caring and understood our situation."

H. Do you have a positive experience you would like to share?

#	Answer	%	Count
1	Yes	18 %	37
2	No	82%	166
	Total	100%	203

I. Share your positive experience. (23 responses)

1. Key Responses:

- "There was an agency mistake regarding income/eligibility, and while the agency admitted the mistake was theirs, it was compounded by the amount of time it took to resolve. After several weeks of "be patient everything will be retroactive", I was financially penalized for their mistake. The Ombudsman listened, advised me on how to proceed, and monitored my case to make sure it was fixed. She then intervened again to make sure the decision was applied retroactively so that I didn't lose coverage."

- "I was having difficulty finding out what to do with some unexpected funds for my sister. I was getting piecemeal answers from KanCare and Estate Recovery. The ombudsman answered all of my questions fully, and in a timely fashion."

- "Kerrie Bacon was helpful to us when we had a very difficult PRTF case that had a difficult discharge. She was able to step in, help the parents and help us advocate for the safest plan possible."

J. What didn't work well and could be improved in the KanCare Ombudsman Office? 55 responses

1. Issues – Key Responses
   - Issues with getting return calls.
   - Slow on returning calls.
   - No one answers the phone. Have to leave a voicemail.
   - Issues with follow up and resolution.
   - Better information on how to help with concerns.
   - Refer to other organizations that refer them back to KanCare Ombudsman Office.
2. Need better outreach – 2 responses
3. Policy Issues – 6 responses
4. Positive comments – 10 responses
5. Other - 26 responses

K. Have you heard of the KanCare Ombudsman Office before now?

Have you heard of the KanCare Ombudsman Office before now?					
		2021		2022	
	Answer	%	Count	%	Count
1	No	43%	47	67%	339
2	Yes	57%	63	33%	167
	Total	**100%**	**110**	**100%**	**506**

L. Do you know how to reach the KanCare Ombudsman Office?

2022 had a significantly higher percent to total number of people that answered "no."

Do you know how to reach the KanCare Ombudsman Office?					
		2021		2022	
#	Answer	%	Count	%	Count
1	No	59.09%	65	77.82%	393
2	Yes	40.91%	45	22.18%	112
	Total	**100%**	**110**	**100%**	**505**

M. Do you think there are barriers to talking with the KanCare Ombudsman Office.

The percent to totals for both years were similar, but the total number of respondents for 2022 was much higher than 2021.

Do you think there are barriers to talking with the KanCare Ombudsman Office?					
		2021		2022	
#	Answer	%	Count	%	Count
1	No	59%	64	64%	436
2	Yes	41%	45	36%	245
	Total	**100%**	**109**	**100%**	**681**

N. What barriers do you see to talking to the KanCare Ombudsman Office?

Of the 186 responses to this question, 105 were regarding the issue of not knowing about the office, how to contact the office, what an ombudsman is and what the KanCare Ombudsman Office does.

1. Did not know of the KanCare Ombudsman Office, how to contact, or what they do. 105 responses (56% of responses)

   Key Responses

   - Lack of awareness that the office exists, what service it provides, or how to access it
   - What is an ombudsman? What are they for? What do they do? Why would I contact one?
   - Communication. I have never observed or seen anything that offered communication to the Ombudsman.
   - Office and contact info not readily shared.
   - Lack of knowing it exists and lack of trust anything will change.
2. Retaliation - 1 response
3. Language – 6 responses

   - Language alternatives not easily visible; TTY, email, and interpreters.
   - KanCare.ks.gov website where information about the KanCare Ombudsman's Office is located needs to be redesigned. can't really find the information quickly.
   - Difficult for Spanish speaker to fully communicate with the Ombudsman
4. Operational KOO issues - 41 responses (22% of responses)

   Key Responses

   - Don’t respond; Don’t answer the phone
   - Lack of follow up
   - The automated system

- Not very helpful
- Not getting issue resolved.
- Not being open to listen to the situation or issue before trying to troubleshoot
- Do not trust.
- Language a lay person can understand

5. Other – 33 responses

This survey has been very helpful in identifying areas where the KanCare Ombudsman Office needs to focus its efforts. The KanCare Ombudsman Office will be reviewing the policy of response time, follow up on open cases, and how to identify if a caller has gotten the information and assistance they need.

The KanCare Ombudsman Office is appreciative of all who participated in this process to help us continue to improve our services.

The KanCare Ombudsman Office internet information is found on the KanCare.ks.gov website under Ombudsman. Phone: 1-855-643-8180 or email: KanCare.Ombudsman@ks.gov.

THANK YOU TO ALL WHO PARTICIPATED IN THIS PROCESS TO HELP US CONTINUE TO IMPROVE OUR SERVICE TO KANSANS.

State of Kansas
Kansas Department of Health & Environment
Division of Health Care Finance
KanCare Annual Report
Demonstration Year 10
Calendar Year 2022

Population	Unduplicated Beneficiaries by Population	Member Months	Expenditures
Pop 1: ABD/SD Dual	21,176	182,626	$50,714,806
Pop 2: ABD/SD Non Dual	37,372	375,712	$541,647,468
Pop 3: Adults	80,989	693,559	$370,641,049
Pop 4: Children	286,740	3,135,197	$928,417,519
Pop 5: DD Waiver	9,343	108,000	$648,001,167
Pop 6: LTC	26,832	250,964	$1,173,935,333
Pop 7: MN Dual	9,496	58,895	$58,038,599
Pop 8: MN Non Dual	3,589	21,561	$48,154,175
Pop 9: Waiver	6,710	53,196	$216,491,431
Total	482,247	4,879,710	$4,036,041,548
Administration			$232,417,462
Overall Unduplicated Beneficiaries	461,235		

Notes:
1. CHIP and MCHIP are excluded.
2. Enrollment data is updated through Feb 2023 capitation data.
3. Member months data is updated through Feb 2023 capitation data.
4. Expenditure data is updated through QE 12 31 2022 actuals.

1115 Waiver - Safety Net Care Pool Report

Demonstration Year Ten- YE 2022

Health Care Access Improvement Pool

No Payments Issued

Provider Names	YE 2022 Amt Paid	Provider Access Fund 2443	Federal Medicaid Fund 3414
Total	0	0	0

1115 Waiver - Safety Net Care Pool Report

Demonstration Year Ten- YE 2022

Large Public Teaching Hospital\Border City Children's Hospital Pool

Paid dates 1/1/2022 through 12/31/2022

Hospital Name	YE 2022 Amt Paid	State General Fund 1000	Federal Medicaid Fund 3414
Children's Mercy Hospital	$ 2,464,137	$ 831,400	$ 1,632,737
University Of Kansas Hospital Authority*	$ 7,392,413	$ 2,494,200	$ 4,898,213
Total	**$ 9,856,550**	**$ 3,325,600**	**$ 6,530,950**
*IGT funds are received from the University of Kansas Hospital			

Summary of Annual KanCare Post Award Forum Held 12.14.2022

The KanCare Special Terms and Conditions, at item #71, provide that annually "the state will afford the public with an opportunity to provide meaningful comment on the progress of the demonstration. At least 30 days prior to the date of the planned public forum, the state must publish the date, time and location of the forum in a prominent location on its website. The state must include a summary of the comments and issues raised by the public at the forum and include the summary in the quarterly report, as specified in STC64a, associated with the quarter in which the forum was held. The state must also include the summary of its annual report.

Consistent with this provision, Kansas held its 2022 KanCare Public Forum, providing updates and opportunity for input, on Wednesday, December 14, 2022, from 3:00-4:00 pm via Zoom virtual meeting. The forum was published on the home page of the www.KanCare.ks.gov website, starting in November 2022. A screen shot of the notice from the KanCare website face page is as follows:

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

The presentation by KDHE can be found HERE
The presentation by KDADS can be found HERE

After the presentations from both KDHE and KDADS, participants were offered the opportunity to present questions or comments for discussion. There were no comments or questions from the public at the Annual Public Forum. Director Sarah Fertig thanked all participants for joining the Public Forum.

KanCare Public Forum
December 14, 2022

1

1

KanCare Public Forum 2022

2022 Medicaid Recap

- No Medicaid expansion yet.
- Postpartum eligibility extension effective April 1, 2022.
- The 2022 legislative session saw major investments in Medicaid, including:
  - 25% rate increase for I/DD providers;
  - Rate increases for EMS, nursing facilities, pediatricians; and
  - Adding select dental services for adult Medicaid coverage.
- Gained CMS approval for the Health Care Access Improvement Program (HCAIP) expansion.
- Discussed options for future Medicaid managed care authority with legislators, stakeholders, and KanCare members and secured legislative support for moving away from the 1115 waiver model.
- Adopted streamlined member address update procedures in preparation for the end of the COVID-19 federally-declared public health emergency.

2

KanCare Public Forum 2022

Health Care Access Improvement Program (HCAIP)

– The HCAIP is a program created by K.S.A. 65-6207 *et seq*. It imposes an assessment on inpatient revenues for most Kansas hospitals and those funds are used to draw down federal matching dollars to help improve access to medical care. Legislation passed in 2020 increased the provider assessment and expanded the scope of the assessment to include outpatient services. Those statutory changes could not take effect unless approved by CMS.

Update:

– ***All required approvals from CMS have been received.*** The final approval was received on October 20, 2022. Governor Kelly and Senators Roger Marshall and Jerry Moran were instrumental in efforts to gain approval. The four Kansas United States Representatives also assisted in these efforts.
– First payments to hospitals are scheduled to occur in mid-December.

3

KanCare Public Forum 2022

Medicaid Postpartum Extension Update

– Approved by the 2022 Legislature. Allows Medicaid to continue coverage through 12 months postpartum, rather than cutting off Medicaid eligibility around 60 days postpartum.
– Three State Plan Amendments (SPAs) necessary to implement this policy change were approved by early August, each with an effective date of April 1, 2022.
– KDHE's Medicaid and Public Health divisions are working together to leverage the additional 10 months of Medicaid coverage to help improve health outcomes for mothers and babies. Recent initiatives include:
  – Removing the limit on the number of maternal depression screenings Medicaid can pay for.
  – Identifying partnership opportunities for Medicaid and Title V programs, with the goal of helping both programs operate more efficiently.

Next steps:

– Researching opportunities to add/expand Medicaid-covered services to help reduce maternal mortality rates and help support vulnerable new moms.

4

KanCare Public Forum 2022

Support and Training to Employ People Successfully (STEPS) Program

Background:

- Kansas included this voluntary pilot program for up to 500 eligible KanCare members in our KanCare 2.0 1115 waiver.
- Pilot participants have access to Benefits Specialists so that they are aware of any impact participation in the pilot may have on benefits.
- STEPS launched on July 1, 2021.

Update:

- 38 individuals are currently enrolled in the program, up from 36 in September, 28 in April, and 14 in February. Of those 38:
  - 24 are on the I/DD waiver wait list;
  - Two are on the Physical Disability (PD) waiver wait list; and
  - Twelve are in the behavioral health population.
- A total of 181 referrals to the program so far. Outreach efforts continue to identify potential participants.
- More information about STEPS can be found using on this website.

5

KanCare Public Forum 2022

Working Healthy Program Update

- Working Healthy is Kansas' "Medicaid Buy-In" program. It allows individuals with disabilities to keep their Medicaid coverage while on the job. Working Healthy (WH) participants can earn up to 300% of the FPL and keep Medicaid coverage. In a typical month, around 1,250 KanCare members participate in WH.
- WH members earning at least 100% of the FPL pay monthly premiums. The premiums vary depending on income and range from $55/month to $152/month for a one-person household.
- After the 2021 increase to the HCBS protected income level, some WH participants on HCBS waiver waiting lists were considering moving to a waiver because they would have a $0 client obligation under a waiver versus a monthly WH premium of $55 - $83. In some cases, choosing WH over an HCBS waiver is more expensive for the member.
- KDHE is reviewing a potential change to current WH premium rules that would help keep employment an attractive option. The change being considered would increase the income threshold at which premiums are required, with the goal of encouraging WH members who would meet HCBS waiver financial eligibility standards to stay employed.

6

KanCare Public Forum 2022

Public Health Emergency (PHE) Update

- The federally-declared PHE that was set to expire on October 13, 2022, has been renewed for another 90-day period. It is now set to expire on **January 11, 2023**.
- While the PHE is in place, Kansas Medicaid may not terminate Medicaid eligibility unless (1) the beneficiary moves away from Kansas; (2) the beneficiary dies; or (3) the beneficiary asks to terminate coverage.
- The U.S. Department for Health and Human Services has promised to give states 60 days' notice before allowing the PHE to expire. Based on the current PHE expiration date of January 11, 2023, the 60-day notice deadline was November 12, 2022.
- HHS did not send states notice that the PHE would be allowed to expire in January, and therefore states are proceeding under the assumption that the PHE will be renewed for another 90-day period. That would set the PHE expiration day in mid-April 2023.

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KanCare Public Forum 2022

Update on KanCare 1115 Waiver

- The KanCare Section 1115 Demonstration Waiver expires on December 31, 2023.
- To renew an 1115 waiver, with or without amendments, CMS requires a renewal application to be submitted 12 months before expiration. This means that Kansas *must* submit an application to CMS by the end of 2022.
- KDHE has been discussing the expiration of the KanCare 1115 Waiver with the Legislature and stakeholders throughout 2022.
- Our goal: be fully transparent with KanCare members and their families, legislators, advocates, providers and other stakeholders.
  - How does the KanCare 1115 Waiver impact them?
  - What changes is the state proposing?
  - Why are we proposing these changes?
  - What are the pros and cons of the changes?

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KanCare Public Forum 2022

Update on KanCare 1115 Waiver – Public Information Sessions

- In October, KDHE and KDADS jointly hosted **15** public information sessions on the 1115 Waiver renewal.
- The agencies were assisted by the Wichita State University Community Engagement Institute and the state's consultant on the 1115 Waiver, Mercer.
- Five (5) virtual sessions were held via Zoom on October 11–13.
- Ten (10) in-person sessions were held. To best encourage stakeholder engagement, two sessions were held in each city, one in the afternoon and one in the early evening.
  - October 17: Topeka
  - October 18: Hays
  - October 18: Kansas City, Kansas
  - October 19: Wichita
  - October 19: Pittsburg
- Recordings of the virtual informational and the session materials are available on the KanCare website.

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KanCare Public Forum 2022

Update on KanCare 1115 Waiver – Public Information Sessions

What we heard at the public information sessions:

- The State needs to do more to support KanCare members with disabilities, including reducing the I/DD Waiver wait list, increasing the HCBS workforce, increasing rates for durable medical equipment and making employment supports a priority.
- The State needs to move quickly to increase private duty nursing (T1000) rates. Even with the rate increases passed in the past two years the Medicaid rate remains far below market, leaving some of our most vulnerable members without needed care.
- Stakeholders generally felt that their relationships with the State and the KanCare MCOs had improved since KanCare's launch in 2013. But we consistently heard that more investments are needed to make sure KanCare is making progress toward the promises made ten years ago.

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KanCare Public Forum 2022

Update on the KanCare 1115 Waiver – Next Steps

- The State publicly posted the draft 1115 waiver renewal application, which also outlines the proposed changes in Medicaid managed care authority, on November 17, 2022.
- CMS requires that Kansas hold a formal public hearing on the proposed 1115 waiver renewal. To fulfill that requirement, KDHE and KDADS conducted two formal hearings last week, an in-person hearing on December 6 and a virtual hearing on December 7.
- After the formal public hearing, the State will make any necessary revisions to the draft 1115 waiver renewal application.
- KDHE continues to welcome any input on the proposed changes to the 1115 waiver. We have established a dedicated email address for that purpose: KanCareRenewal@ks.gov.

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KanCare Public Forum 2022

Eligibility Update

LaTonya Palmer, Director of Eligibility

- Medicaid Eligibility Applications Update
- Transition of Medicaid Application Eligibility Processing
  - KDHE Staffing Update
- Preparation for the Eventual End of the PHE

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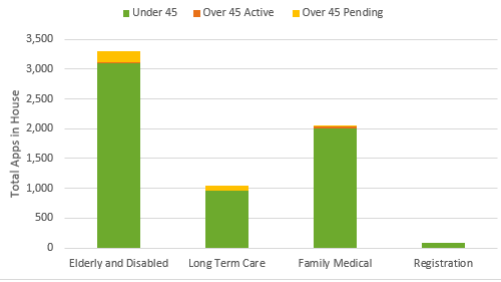
KanCare Public Forum 2022

Medicaid Eligibility Application Status

- 6,474 total applications in house
  - 333 applications over 45 days (5% of total applications); 58 applications (1% of total) over 45 days in active status — ready to be processed.
  - 275 applications (4% of total) over 45 days in pending status — waiting for more information from applicant/provider/financial institution.
  - Federal Marketplace open enrollment began November 1, 2022. An increase in applications in house is typical, due to Marketplace transfers.



	Under 45	Over 45 Active	Over 45 Pending	Total
Elderly and Disabled	3,093	17	184	3,294
Long Term Care	954	15	78	1,047
Family Medical	2,010	26	13	2,049
Registration	84	0	0	84
Total	6,141	58	275	6,474

	Under 45	Over 45 Active	Over 45 Pending	Total
Elderly and Disabled	93.9%	0.5%	5.6%	100.0%
Long Term Care	91.1%	1.4%	7.4%	100.0%
Family Medical	98.1%	1.3%	0.6%	100.0%
Registration	100.0%	0.0%	0.0%	100.0%
Total	94.9%	0.9%	4.2%	100.0%

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KanCare Public Forum 2022

Preparation for the Eventual End of the PHE

- Eligibility staff continue planning for the eventual end of the federal public health emergency (PHE) and transition back to normal operations.
  - Mitigating/managing increased workload: Due to the continuous enrollment requirement under section 6008 of the FFCRA, we will be faced with a large number of eligibility and enrollment actions including resumption of processing renewals that have accumulated since March 2020.
  - Monitoring continued guidance provided by CMS to support States as they return to normal eligibility and enrollment operations by attending weekly technical assistance webinars offered by CMS.
  - Conducting refresher trainings for staff on processing renewals.
  - Messaging through the KDHE website, social media and the Clearinghouse IVR encouraging members to provide updated contact information and respond to eligibility requests for information.

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KanCare Public Forum 2022

Preparation for the Eventual End of the PHE (cont.)

- Implementing the Kansas Integrated Eligibility Reporting Assistant (KIERA), a chat bot on the KanCare website for members to submit updated contact information updates.
- Engaging in dialogue with community partners. Participated in over 200 outreach and informational events since June 2022, which includes partnerships with multiple organizations.
  - Collaborating with associations, foundations, MCOs and providers to assist with messaging and reaching members.
  - Kansas Grantmakers in Health partnership.
- Revamping the eligibility discontinuance letters to members to include local navigator resources that are available. Navigators can assist members no longer eligible for Medicaid with applying for insurance through the federal Marketplace.
- Approximately **100,000 to 125,000** Medicaid members may lose eligibility once the PHE ends. Some may be eligible for affordable health coverage through the Federal Marketplace.

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KanCare Public Forum 2022

Thank You/Questions

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KDADS Updates

Presentation to
The KanCare Advisory Council Meeting & Public Hearing
December 14, 2022

Scott Brunner, Deputy Secretary of Hospitals & Facilities

Kansas Department for Aging and Disability Services

Priorities and Issues

- ARPA HCBS 10% FMAP enhancement for Medicaid HCBS services – Narrative and Spending Plans approved
  - Workforce Recruitment and Retention Bonus Program
  - I/DD Waitlist Study
  - SIM Conference
  - Career Ladder
  - Employment First
- Implementation of Certified Community Behavioral Health Clinics (CCBHCs)
- Distribution of $15M ARPA funds to adult care homes
- Money Follows the Person (MFP) Grant

Kansas Department for Aging and Disability Services

Nursing Facility Program
SFY23 Q2 Updates

- In recent years KDADS took 22 adult care homes into receivership due to insolvency or because life-threatening or endangering conditions existed at the facilities. Of those, only one facility, located in Topeka, remains unresolved/for sale.
- Nursing Facility Cost Report reviews have been completed.
- SFY 2023 Nursing Facility and NFMH rates have been finalized and the final notice has been published in the Kansas Register. Rate notices have been sent to Nursing Facility providers and the MCOs.
- In conjunction with the Governor's Recovery Office, KDADS is administering the $15 million ARPA funds allocated by the 2022 Kansas Legislature. Currently, Nursing Facilities are completing and submitting beneficiary agreements needed prior to payment.

Kansas Department for Aging and Disability Services

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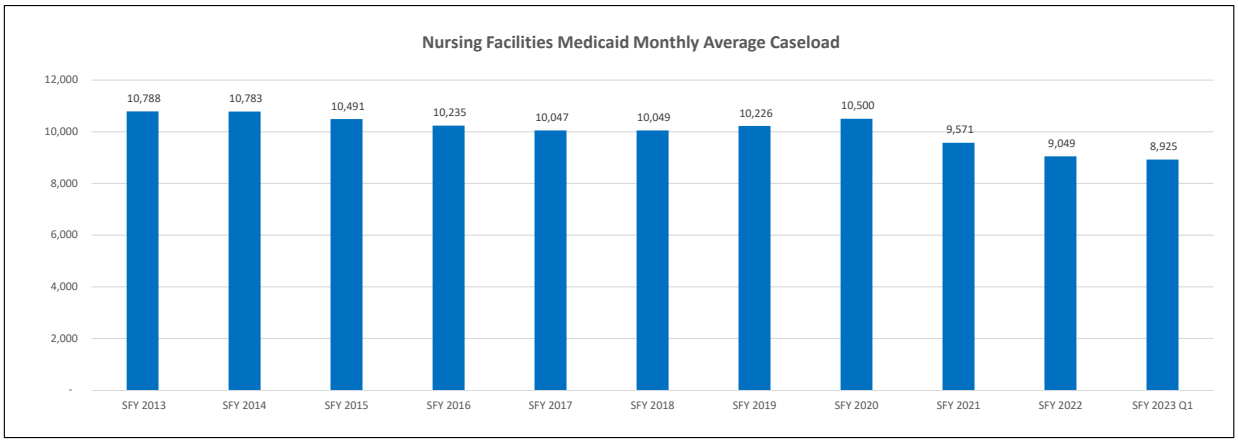
Nursing Facilities Medicaid Monthly Average Caseload



Kansas Department for Aging and Disability Services

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KDADS PEAK Update

Advisory Board and PEAK Team

- The PEAK program has resumed full activity after a re-evaluation of the program.
- Currently, the program is working with over 50 homes on person-centered care education.
- Throughout the month of September, there were six “Mentor Home Experience” trainings scheduled at upper-level PEAK homes throughout the state.
- KSU and KACE hosted a PEAK workshop on October 25th in Manhattan. Scott Brunner presented awards to PEAK Homes at level 3 and 5.

Kansas Department for Aging and Disability Services

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HCBS Waiver Enrollment—September 2022

HCBS Program	Number of People Eligible to Receive HCBS Services	Number of People on Wait List	Number of Proposed Recipients
Autism	58		428 (As of 09/30/2022)
Serious Emotional Disturbance (SED)	2,913		
Technology Assisted (TA)	690		
Frail Elderly (FE)	6,636		
Brain Injury (BI)	916		
Intellectual and Developmental Disabilities (I/DD)	9,053	4,840	
Physical Disability (PD)	6,102	2,427	

Notes:
- Data as of October 11, 2022
- The HCBS Monthly Summary is posted under Monthly Waiver Program Participation Reports at http://kdads.ks.gov/commissions/home-community-based-services-(hcbs)

Kansas Department for Aging and Disability Services

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HCBS Waiver Projects in 2022

In addition to the day-to-day management of the seven HCBS Waiver programs, KDADS continues to focus on the following initiatives:

- 10% FMAP Enhancement Projects
- Money Follows the Person
- Final Settings Rule Compliance
- Waiver Amendments for Telehealth/Virtual Delivery of Services, Paid Family Caregivers, and Waiver Quality Performance Measures
- Autism and SED Waiver Renewals (renews in 2022)

Kansas Department for Aging and Disability Services

10% FMAP Enhancement Projects

KDADS will draw down approximately $80.3 million in additional federal match for Home and Community Based Services (HCBS) for which the State Funds savings must be reinvested in HCBS-related initiatives.

- Projects focus on Workforce, Employment, and Access to Care.

- Highest priority project was the Workforce Recruitment & Retention Bonus Program.
  - Launched March 28, 2022.
  - Applications due April 29, 2022.
  - 212 applications received benefitting 28,574 DSWs
  - $51 million distributed to providers
  - Providers are in the process of distribution of funds
  - March 2023-recipient providers will complete an exit survey
    - Survey will ask providers if Recruitment and Retention program improved staffing levels at their organization.

Kansas Department for Aging and Disability Services

10% FMAP Enhancement Projects

Projects in Development:

- Workforce Career Ladder Study

Projects in Procurement:

- Workforce Training Grants
- Behavioral Management Training Pilot
- Employment First

Completed Projects and those in the Execution Phase:

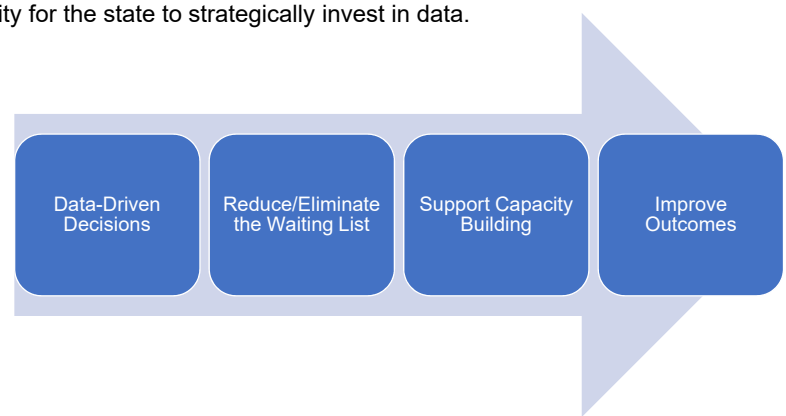
- Workforce Retention Program-Ongoing
- Sequential Intercept Modeling (SIM) Conference-Presented November 9-10
- I/DD and PD Waiting List Study

Kansas Department for Aging and Disability Services

FMAP Initiative - Waiting List Study

Goal of Project

The availability of one-time funding via the 10% FMAP Enhancement provides a unique opportunity for the state to strategically invest in data.



Kansas Department for Aging and Disability Services

FMAP Initiative - Waiting List Study

- The Kansas University Center on Developmental Disabilities (KUCDD) and KDADS staff have started work on the Waiting List Study.
- There are over 4,800 Kansans on the Waiting List for the Intellectual and Developmental Disabilities (I/DD) HCBS waiver program.
- While the State can track basic information (e.g. age, residence), there is not a process established to gather information about current needs or their anticipated needs during the next 5 years.

Kansas Department for Aging and Disability Services

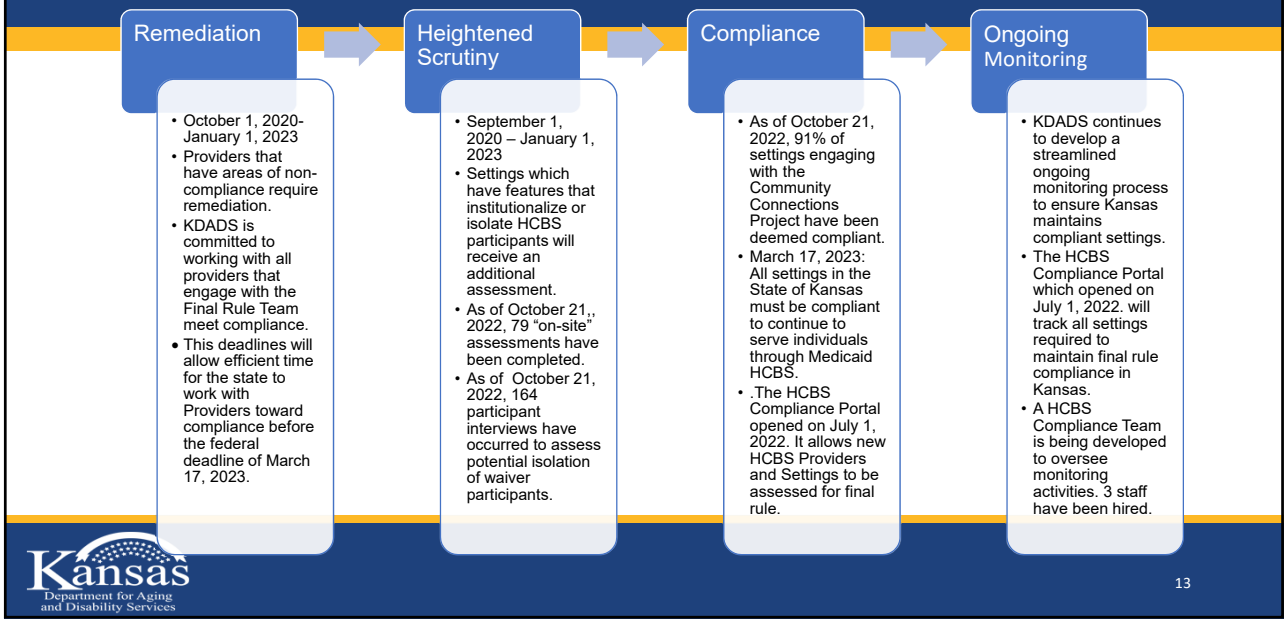
FMAP Initiative - Employment First

Kansas Employment First Act Initiative

- Competitive and integrated employment shall be considered its first option when serving persons with disabilities who are of working age to obtain employment.
- Competitive Employment: Work in the competitive labor market that is performed on a full-time or part-time basis in an integrated setting; and for which and individual is compensated at or above minimum wage, but not less than the customary wage and level of benefits paid by the employer for the same or similar work performed by individuals who are not disabled.
- Integrated Setting: A setting typically found in the community in which applicants or eligible individuals interact with non-disabled individuals to the same extent that non-disabled individuals in comparable positions interact with other persons.

Kansas Department for Aging and Disability Services

HCBS Final Rule



Kansas Department for Aging and Disability Services

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HCBS Final Rule

HCBS Final Settings Rule - Community Connections KS

COMMUNITY CONNECTIONS

- The Community Connections Project is in the process of being phased out by December 31, 2022 as KDADS brings required ongoing monitoring activities in-house. All existing Provider data will be migrated from the Community Connections database to the HCBS Compliance Portal.
- The HCBS Compliance Portal can be accessed at the following link for new HCBS Providers and Settings KDADS HCBS Final Rule - Sign-In (ks.gov)
- Please contact LaTonia Wright at latonia1.wright@ks.gov for assistance related to final rule trainings, speaking engagements or other general inquiries.

Kansas Department for Aging and Disability Services

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Psychiatric Residential Treatment Facilities

- Current MCO wait list as of 10/20/22 was 68
  - Of the 68 individuals, 25 were in foster care which is up 1 from the previous report.
- Current number of PRTF licensed beds is 424. 155 of these beds are not being used by providers due mainly to staffing shortages and Covid-19 protocols shrinkage. Current census is 269 total, of which 74 are foster care youth.
- KDADS continues to meet with MCOs and DCF weekly to review individual cases on the wait list.
- All 3 MCOs continue to make good progress on connecting members to community services.
- KDADS continues to analyze referral data from MCOs by CMHC catchment area to determine if SED waiver services are being applied for and provided prior to referral to PRTFs.

Kansas Department for Aging and Disability Services

Hays Children's Psychiatric Beds

- KDADS contracted with KVC Hospitals (Now known as Camber Children's Mental Health) to open and maintain operation of a new PPH facility in Hays through 6/30/2027.
- The new Camber Hays facility will be at 3000 New Way Blvd. in Hays, KS
- Services will begin in January 2023.
- The facility will have 14 beds for children's psychiatric inpatient hospital treatment.
- Dane G. Hansen Foundation provided a $250,000 lead grant to kick off Camber's capital campaign for the project.
- KDADS provided $2.5M in additional grant funding to Camber to assist with the relocation of Camber Hays PRTF services.
- The new facility will participate in the State Institution Alternative program. The Governor and members of the KS Legislature toured the site while it was under renovation in August.

Kansas Department for Aging and Disability Services

CCBHC Updates

- KDADS continues towards onboarding and readiness for the next schedule of CMHCs to become CCBHCs by July 1, 2023.
- KDADS CCBHC program staff had their first baseline review with a CCBHC in mid-October. The main service delivery constraint currently with this center was crisis services available 24/7.
- KDADS continues their baseline reviews of individuals centers for the next several weeks into January until all 9 are complete. KDADS will continue to monitor and pay attention to any barriers or issues mentioned about service delivery with implementation of the CCBHC model.
- KDADS is working diligently on the recent SAMHSA planning grant opportunity in hopes that Kansas can become a demonstration state for the CCBHC model. Applications are due December 19th, 2022.

Kansas Department for Aging and Disability Services

KDADS Updates

QUESTIONS?

Kansas Department for Aging and Disability Services

Physical Health Measures, MY 2017 to 2021										
Measure	HEDIS Aggregated Results					Quality Compass ≥50th Percentile				
	2017	2018	2019	2020	2021	2017	2018	2019	2020	2021
Adults' Access to Preventive/Ambulatory Health Services (AAP)										
Ages 20–44	83.6%	^83.1%	84.2%	81.6%	**80.3%**	↑	↑	↑	↑	↑
Ages 45–64	90.7%	^90.4%	91.4%	89.8%	**89.9%**	↑	↑	↑	↑	↑
Ages 65 and older	90.9%	^91.3%	91.3%	87.2%	**89.2%**	↑	↑	↑	↑	↑
Total – Ages 20 and older	86.7%	^86.6%	87.7%	84.9%	**84.0%**	↑	↑	↑	↑	↑
Annual Dental Visit (ADV)										
Ages 2–3	46.6%	45.8%	47.7%	38.7%	**41.1%**	↑	↑	↑	↑	↑
Ages 4–6	70.7%	71.2%	72.1%	58.8%	**63.6%**	↑	↑	↑	↑	↑
Ages 7–10	73.7%	74.9%	75.8%	64.2%	**68.5%**	↑	↑	↑	↑	↑
Ages 11–14	67.7%	68.6%	70.1%	58.8%	**62.0%**	↑	↑	↑	↑	↑
Ages 15–18	58.7%	59.5%	60.7%	51.6%	**53.2%**	↑	↑	↑	↑	↑
Ages 19–20	33.9%	35.5%	37.0%	33.0%	**31.4%**	↓	↓	↓	↑	↑
Total – Ages 2–20	64.8%	65.4%	66.7%	55.3%	**57.5%**	↑	↑	↑	↑	↑
Initiation in Treatment for Alcohol or other Drug Dependence (IET) *(CMS Core Quality Measure)*										
Ages 13–17	* 43.6%	43.4%	47.9%	^ 52.0%	**45.4%**	↑	↑	↑	↑	↑
Ages 18 and older	* 34.7%	35.3%	40.2%	^ 43.4%	**40.6%**	↓	↓	↓	↓	↓
Total – Ages 13 and older	* 35.8%	36.2%	41.2%	^ 44.3%	**41.1%**	↓	↓	↓	↓	↓
Engagement in Treatment for Alcohol or other Drug Dependence (IET) *(CMC Core Quality Measure)*										
Ages 13–17	* 23.6%	21.5%	25.5%	^ 22.9%	**18.7%**	↑	↑	↑	↑	↑
Ages 18 and older	* 10.4%	10.3%	11.9%	^ 11.7%	**11.3%**	↓	↓	↓	↓	↓
Total – Ages 13 and older	* 12.0%	11.6%	13.6%	^ 12.9%	**12.1%**	↓	↓	↓	↓	↓
Prenatal and Postpartum Care (PPC) *(CMS Core Quality Measure)*										
Timeliness of Prenatal Care	69.3%	* 75.5%	* 84.3%	^ 80.1%	**79.3%**	↓	↓	↓	↓	↓
Postpartum Care	61.1%	58.2%‡	* 67.0%	^ 76.0%	**75.3%**	↓	↓	↓	↓	↓
Chlamydia Screening in Women (CHL) *(CMS Core Quality Measure)*										
Ages 16–20	39.6%	37.5%	40.3%	37.9%	**40.1%**	↓	↓	↓	↓	↓
Ages 21–24	54.5%	54.9%	55.9%	51.2%	**53.8%**	↓	↓	↓	↓	↓
Total – Ages 16–24	45.1%	43.5%	45.3%	42.2%	**44.5%**	↓	↓	↓	↓	↓
Weight Assessment & Counseling for Nutrition and Physical Activity for Children/Adolescents *(CMS Core Quality Measure)*										
Weight Assessment/BMI for Children and Adolescents (WCC)										
Ages 3–11	64.3%	^66.3%‡	60.3%	^ 65.7%	**63.6%**	↓	↓	↓	↓	↓
Ages 12–17	65.6%	^59.3%‡	60.4%	^ 64.2%	**60.0%**	↓	↓	↓	↓	↓
Total – Ages 3–17	64.7%	^63.8%‡	60.3%	^ 65.1%	**62.3%**	↓	↓	↓	↓	↓
Counseling for Nutrition for Children and Adolescents (WCC)										
Ages 3–11	60.6%	^59.5%‡	58.8%	59.1%	**65.3%**	↓	↓	↓	↓	↓
Ages 12–17	56.7%	^53.2%‡	60.9%	56.7%	**52.4%**	↓	↓	↓	↓	↓
Total – Ages 3–17	59.2%	^57.2%‡	59.6%	58.2%	**60.5%**	↓	↓	↓	↓	↓
Counseling for Physical Activity for Children and Adolescents (WCC)										
Ages 3–11	51.9%	^53.8%‡	50.6%	52.1%	**57.1%**	↓	↓	↓	↓	↓
Ages 12–17	57.8%	^57.3%‡	62.2%	61.3%	**55.3%**	↓	↓	↓	↓	↓
Total – Ages 3–17	53.9%	^55.0%‡	54.9%	55.7%	**56.4%**	↓	↓	↓	↓	↓

↑ Rate is greater than or equal to the Quality Compass 50th percentile; ↓ rate is less than the Quality Compass 50th percentile.

* Quality Compass identified "Break in Trending" due to specification changes from prior year.

^ Quality Compass identified "Trend with Caution" due to specification changes from prior year.

† HEDIS rates greater than 50th percentile that indicate poor performance.

‡ KanCare rates for measures are aggregation of only Sunflower Health Plan and UnitedHealthcare data.

µ Unable to report rate due to the denominator being a small number.

Physical Health Measures, MY 2017 to 2021 (Continued)										
Measure	HEDIS Aggregated Results					Quality Compass ≥50th Percentile				
	2017	2018	2019	2020	2021	2017	2018	2019	2020	2021
Follow-Up after Hospitalization for Mental Illness (FUH) *(CMS Core Quality Measure)*										
Within 7 days of discharge	* 59.0%	^ 55.3%	54.4%	^ 52.8%	**52.0%**	↑	↑	↑	↑	↑
Within 30 days of discharge	* 76.5%	^ 74.6%	73.5%	^ 72.2%	**72.9%**		↑	↑	↑	↑
Follow-Up Care for Children Prescribed ADHD Medication (ADD) *(CMS Core Quality Measure)*										
Initiation Phase	^ 49.5%	48.7%	52.8%‡	^ 54.2%	**45.1%**	↑	↑	↑	↑	↑
Continuation & Maintenance Phase	^ 57.5%	56.1%	59.9%‡	^ 61.4%	**56.9%**	↑	↑	↑	↑	↑
Child and Adolescent Well Care Visits (WCV) *(CMS Core Quality Measure)*										
Ages 3–11				48.4%	**53.2%**				↓	↓
Ages 12–17				46.1%	**49.0%**				↑	↓
Ages 18–21				23.9%	**21.5%**				↓	↓
Total – Ages 3–21				45.2%	**47.6%**				↓	↓
Well-Child Visits in the First 30 Months of Life (W30) *(CMS Core Quality Measure)*										
First 15 Months				* 55.1%	**56.8%**				↑	↑
Fifteen Months–30 Months				65.3%	**60.5%**				↓	↓
Controlling High Blood Pressure (CBP) *(CMS Core Qualilty Measure)*										
	53.6%	*58.6%‡	54.4%	* 60.3%	**62.0%**	↓	↓	↓	↑	↑
Comprehensive Diabetes Care (CDC)										
HbA1c Testing *(CMS Core Quality Measure 2017-2019)*	86.2%	^ 87.7%	85.8%	^ 85.2%	**84.4%**	↓	↓	↓	↑	↓
Eye Exam (Retinal)	62.4%	^ 64.8%	62.9%	^ 61.5%	**63.6%**	↑	↑	↑	↑	↑
HbA1c Control (<8.0%)	55.0%	^ 54.9%	53.2%	^ 53.9%	**50.1%**	↑	↑	↑	↑	↓
HbA1c Poor Control (>9.0%) *(CMS Core Quality Measure)*	35.3%	^ 36.8%	39.0%	^ 36.6%	**41.4%**	↑ †	↑ †	↓ †	↑ †	↓ †
Blood Pressure Control (<140/90)	61.1%	^ 43.3%	58.5%	* 59.3%	**58.3%**	↓	↓	↓	↑	↓
Appropriate Testing for Pharyngitis (CWP)										
Ages 3–17	68.6%	73.3%	* 73.8%	^ 74.7%	**74.8%**	↓	↓	↓	↓	↓
Ages 18–64			* 63.6%	^ 64.2%	**66.2%**			↓	↓	↑
Ages 65 and older *(too few to report)*										
Total – Ages 3 and older			* 72.3%	^ 73.0%	**72.8%**			↓	↓	↑
Appropriate Treatment for Upper Respiratory Infection (URI)										
Ages 3 months–17 years	81.9%	86.6%	* 88.1%	89.8%	**91.5%**	↓	↓	↓	↓	↓
Ages 18–64			* 77.2%	81.3%	**83.1%**			↑	↑	↑
Ages 65 and older			* 83.4%	89.3%	**µ**			↑	↑	
Total – Ages 3 months and older			* 86.5%	88.6%	**90.2%**			↓	↓	↓

↑ Rate is greater than or equal to the Quality Compass 50th percentile; ↓ rate is less than the Quality Compass 50th percentile.

* Quality Compass identified "Break in Trending" due to specification changes from prior year.

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‡ KanCare rates for measures are aggregation of only Sunflower Health Plan and UnitedHealthcare data.

µ Unable to report rate due to the denominator being a small number.

Calendar Year (CY) 2021 KanCare Pay for Performance (P4P) Measures: Aetna

Measure	2021 Target	2021 Rate	PP change	>50th QC	Met/ Not Met	2021 $$ % Available	2021 $$ % Earned	2021 Performance Targets Thresholds
Comprehensive Diabetes Care (CDC): *HbA1c Poor Control (>9.0%)* ***Lower rate indicates better performance.**	36.36%	43.31	-1.95	No	Not Met	7.14%	0%	Rate ≥ 5 pps or ≥ 50th QC = 100%; ≥ 3pps = 50%
Childhood Immunization Status: *Combination 10*	40.04%	31.87%	-3.17	No	Not Met	7.14%	0%	Rate ≥ 5 pps or ≥ 50th QC = 100%; ≥ 3pps = 50%
Chlamydia Screening in Women	45.65%	41.73%	1.08	No	Not Met	7.14%	0%	Rate ≥ 5 pps or ≥ 50th QC = 100%; ≥ 3pps = 50%
Timeliness of Prenatal Care	82.37%	72.02%	-5.35	No	Not Met	7.14%	0%	Rate ≥ 5 pps or ≥ 50th QC = 100%; ≥ 3pps = 50%
Postpartum Care	81.64%	73.48%	-3.16	No	Not Met	7.14%	0%	Rate ≥ 5 pps or ≥ 50th QC = 100%; ≥ 3pps = 50%
Cervical Cancer Screening	54.88%	54.26%	***4.38***	***No***	***Met 50%***	7.14%	3.57%	Rate ≥ 5 pps or ≥ 50th QC = 100%; ≥ 3pps = 50%
Lead Screening in Children	56.34%	50.12%	***-1.22***	***No***	***Met 50%***	7.14%	3.57%	Rate ≥ 5 pps or ≥ 50th QC = 100%; 3 pp increase = 62.5%; Valid Rate = 50%
Residents of a NF or nursing facility for mental health (NFMH), receiving antipsychotic medication ***Lower rate indicates better performance.**	≤12.00%	13.39%	NA	NA	Not Met	7.14%	0%	Rate ≤ 12% = 100%
Nursing Home residents discharged to the community who are admitted to a hospital within 30 days of discharge ***Lower rate indicates better performance.**	≤12.00%	12.33%	-1.06	NA	Not Met	7.14%	0%	Rate ≤ 12% = 100%; decrease ≥ 1pps = 50%
Peer Support services utilization for Behavioral Health services.	≥10.00%	2.18%	NA	NA	Not Met	7.14%	0%	Rate ≥ 10.00% = 100%

Updated 3/28/23

Measure	2021 Target	2021 Rate	PP change	>50th QC	Met/ Not Met	2021 $$ % Available	2021 $$ % Earned	2021 Performance Targets Thresholds
Residents of a NF or NFMH discharged to a community setting	≥55.00%	55.01%	NA	NA	Met 100%	14.29%	14.29%	Rate ≥ 55% = 100%
% covered services accurately submitted via encounter within 30 days of claim paid date - Q1	98%	97.05%	NA	NA	***Met 50%***	1.79%	0.89%	Rate ≥ 98.00% = 100%; Rate ≥ 95.00% = 50%
% covered services accurately submitted via encounter within 30 days of claim paid date - Q2	98%	99.62%	NA	NA	Met 100%	1.79%	1.79%	Rate ≥ 98.00% = 100%; Rate ≥ 95.00% = 50%
% covered services accurately submitted via encounter within 30 days of claim paid date - Q3	98%	94.04%	NA	NA	Not Met	1.79%	0%	Rate ≥ 98.00% = 100%; Rate ≥ 95.00% = 50%
% covered services accurately submitted via encounter within 30 days of claim paid date - Q4	98%	99.21%	NA	NA	Met 100%	1.79%	1.79%	Rate ≥ 98.00% = 100%; Rate ≥ 95.00% = 50%
% Service payments matched to / validated by encounter record Q1	98%	98.72%	NA	NA	Met 100%	1.79%	1.79%	Rate ≥ 98.00% = 100%; Rate ≥ 95.00% = 50%
% Service payments matched to / validated by encounter record Q2	98%	98.27%	NA	NA	Met 100%	1.79%	1.79%	Rate ≥ 98.00% = 100%; Rate ≥ 95.00% = 50%
% Service payments matched to / validated by encounter record Q3	98%	99.03%	NA	NA	Met 100%	1.79%	1.79%	Rate ≥ 98.00% = 100%; Rate ≥ 95.00% = 50%
% Service payments matched to / validated by encounter record Q4	98%	99.01%	NA	NA	Met 100%	1.79%	1.79%	Rate ≥ 98.00% = 100%; Rate ≥ 95.00% = 50%

2021 Portion Met	**33.03%**
2021 Portion Unmet	**66.97%**

Updated 3/28/23

2021 Portion Pending	**0.00%**
	100.0%

Calendar Year (CY) 2021 KanCare Pay for Performance (P4P) Measures: Sunflower

Measure	2021 Target	2021 Rate	PP change	>50th QC	Met/ Not Met	2021 $$ % Available	2021 $$ % Earned	2021 Performance Targets Thresholds
Comprehensive Diabetes Care (CDC): *HbA1c Poor Control (>9.0%)* ***Lower rate indicates better performance.**	33.20%	50.61%	-12.41	No	Not Met	7.14%	0%	Rate ≥ 5 pps or ≥ 50th QC = 100%; ≥ 3pps = 50%
Childhood Immunization Status: *Combination 10*	48.31%	36.25%	-7.06	Yes	Met 100%	7.14%	7.14%	Rate ≥ 5 pps or ≥ 50th QC = 100%; ≥ 3pps = 50%
Chlamydia Screening in Women	48.05%	44.62%	1.57	No	Not Met	7.14%	0%	Rate ≥ 5 pps or ≥ 50th QC = 100%; ≥ 3pps = 50%
Timeliness of Prenatal Care	74.34%	68.86%	-0.48	No	Not Met	7.14%	0%	Rate ≥ 5 pps or ≥ 50th QC = 100%; ≥ 3pps = 50%
Postpartum Care	73.37%	66.91%	-1.46	No	Not Met	7.14%	0%	Rate ≥ 5 pps or ≥ 50th QC = 100%; ≥ 3pps = 50%
Cervical Cancer Screening	67.04%	62.04%	0	Yes	Met 100%	7.14%	7.14%	Rate ≥ 5 pps or ≥ 50th QC = 100%; ≥ 3pps = 50%
Lead Screening in Children	65.34%	47.69%	*-12.65*	*No*	***Met 50%***	7.14%	3.57%	Rate ≥ 5 pps or ≥ 50th QC = 100%; 3 pp increase = 62.5%; Valid Rate = 50%

Updated 3/28/23

Measure	2021 Target	2021 Rate	PP change	>50th QC	Met/ Not Met	2021 $$ % Available	2021 $$ % Earned	2021 Performance Targets Thresholds
Residents of a NF or nursing facility for mental health (NFMH), receiving antipsychotic medication ***Lower rate indicates better performance.**	≤12.00	12.99%	NA	NA	Not Met	7.14%	0%	Rate ≤ 12% = 100%
Nursing Home residents discharged to the community who are admitted to a hospital within 30 days of discharge ***Lower rate indicates better performance.**	≤12.00	14.03%	-0.41%	NA	Not Met	7.14%	0%	Rate ≤ 12% = 100%; decrease ≥ 1pps = 50%
Peer Support services utilization for Behavioral Health services.	10.00%	15.78%	NA	NA	Met 100%	7.14%	7.14%	Rate ≥ 10.00% = 100%
Residents of a NF or NFMH discharged to a community setting	≥55.00%	54.31%	NA	NA	Not Met	14.29%	0%	Rate ≥ 55% = 100%
% covered services accurately submitted via encounter within 30 days of claim paid date - Q1	98%	99.21%	NA	NA	Met 100%	1.79%	1.79%	Rate ≥ 98.00% = 100%; Rate ≥ 95.00% = 50%
% covered services accurately submitted via encounter within 30 days of claim paid date - Q2	98%	99.61%	NA	NA	Met 100%	1.79%	1.79%	Rate ≥ 98.00% = 100%; Rate ≥ 95.00% = 50%
% covered services accurately submitted via encounter within 30 days of claim paid date - Q3	98%	90.75%	NA	NA	Not Met	1.79%	0%	Rate ≥ 98.00% = 100%; Rate ≥ 95.00% = 50%
% covered services accurately submitted via encounter within 30 days of claim paid date - Q4	98%	98.55%	NA	NA	Met 100%	1.79%	1.79%	Rate ≥ 98.00% = 100%; Rate ≥ 95.00% = 50%
% Service payments matched to / validated by encounter record Q1	98%	99.11%	NA	NA	Met 100%	1.79%	1.79%	Rate ≥ 98.00% = 100%; Rate ≥ 95.00% = 50%
% Service payments matched to / validated by encounter record Q2	98%	98.30%	NA	NA	Met 100%	1.79%	1.79%	Rate ≥ 98.00% = 100%; Rate ≥ 95.00% = 50%

Updated 3/28/23

Measure	2021 Target	2021 Rate	PP change	>50th QC	Met/ Not Met	2021 $$ % Available	2021 $$ % Earned	2021 Performance Targets Thresholds
% Service payments matched to / validated by encounter record Q3	98%	99.43%	NA	NA	Met 100%	1.79%	1.79%	Rate ≥ 98.00% = 100%; Rate ≥ 95.00% = 50%
% Service payments matched to / validated by encounter record Q4	98%	99.17%	NA	NA	Met 100%	1.79%	1.79%	Rate ≥ 98.00% = 100%; Rate ≥ 95.00% = 50%

2021 Portion Met	**44.64%**
2021 Portion Unmet	**55.36%**
2021 Portion Pending	**0.00%**
	100.0%

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Updated 3/28/23

Calendar Year (CY) 2021 KanCare Pay for Performance (P4P) Measures: UnitedHealthcare

Measure	2021 Target	2021 Rate	PP change	>50th QC	Met/ Not Met	2021 $$ % Available	2021 $$ % Earned	2021 Performance Targets Thresholds
Comprehensive Diabetes Care (CDC): *HbA1c Poor Control (>9.0%)* ***Lower rate indicates better performance.**	26.63%	31.14%	0.49	Yes	Met 100%	7.14%	7.14%	Rate ≥ 5 pps or ≥ 50th QC = 100%; ≥ 3pps = 50%
Childhood Immunization Status: *Combination 10*	45.15%	38.69%	-1.46	Yes	Met 100%	7.14%	7.14%	Rate ≥ 5 pps or ≥ 50th QC = 100%; ≥ 3pps = 50%
Chlamydia Screening in Women	47.44%	46.36%	***3.92***	***No***	***Met 50%***	7.14%	3.57%	Rate ≥ 5 pps or ≥ 50th QC = 100%; ≥ 3pps = 50%
Timeliness of Prenatal Care	97.70%	94.40%	1.70	Yes	Met 100%	7.14%	7.14%	Rate ≥ 5 pps or ≥ 50th QC = 100%; ≥ 3pps = 50%
Postpartum Care	88.21%	84.91%	1.70	Yes	Met 100%	7.14%	7.14%	Rate ≥ 5 pps or ≥ 50th QC = 100%; ≥ 3pps = 50%
Cervical Cancer Screening	69.48%	66.18%	1.70	Yes	Met 100%	7.14%	7.14%	Rate ≥ 5 pps or ≥ 50th QC = 100%; ≥ 3pps = 50%
Lead Screening in Children	64.12%	52.55%	*-6.57`*	*No*	***Met 50%***	7.14%	3.57%	Rate ≥ 5 pps or ≥ 50th QC = 100%; 3 pp increase = 62.5%; Valid Rate = 50%
Residents of a NF or nursing facility for mental health (NFMH), receiving antipsychotic medication ***Lower rate indicates better performance.**	≤12.00%	13.29%	NA	NA	Not Met	7.14%	0%	Rate ≤ 12% = 100%
Nursing Home residents discharged to the community who are admitted to a hospital within 30 days of discharge ***Lower rate indicates better performance.**	≤12.00%	14.77%	-3.72%	NA	Not Met	7.14%	0%	Rate ≤ 12% = 100%; decrease ≥ 1pps = 50%
Peer Support services utilization for Behavioral Health services.	10.00%	0.87%	NA	NA	Not Met	7.14%	0%	Rate ≥ 10.00% = 100%

Updated 3/28/23

Measure	2021 Target	2021 Rate	PP change	>50th QC	Met/ Not Met	2021 $$ % Available	2021 $$ % Earned	2021 Performance Targets Thresholds
Residents of a NF or NFMH discharged to a community setting	≥55.00%	56.14%	NA	NA	Met 100%	14.29%	14.29%	Rate ≥ 55% = 100%
% covered services accurately submitted via encounter within 30 days of claim paid date - Q1	98%	99.55%	NA	NA	Met 100%	1.79%	1.79%	Rate ≥ 98.00% = 100%; Rate ≥ 95.00% = 50%
% covered services accurately submitted via encounter within 30 days of claim paid date - Q2	98%	99.95%	NA	NA	Met 100%	1.79%	1.79%	Rate ≥ 98.00% = 100%; Rate ≥ 95.00% = 50%
% covered services accurately submitted via encounter within 30 days of claim paid date - Q3	98%	99.90%	NA	NA	Met 100%	1.79%	1.79%	Rate ≥ 98.00% = 100%; Rate ≥ 95.00% = 50%
% covered services accurately submitted via encounter within 30 days of claim paid date - Q4	98%	99.75%	NA	NA	Met 100%	1.79%	1.79%	Rate ≥ 98.00% = 100%; Rate ≥ 95.00% = 50%
% Service payments matched to / validated by encounter record Q1	98%	99.61%	NA	NA	Met 100%	1.79%	1.79%	Rate ≥ 98.00% = 100%; Rate ≥ 95.00% = 50%
% Service payments matched to / validated by encounter record Q2	98%	98.61%	NA	NA	Met 100%	1.79%	1.79%	Rate ≥ 98.00% = 100%; Rate ≥ 95.00% = 50%
% Service payments matched to / validated by encounter record Q3	98%	99.61%	NA	NA	Met 100%	1.79%	1.79%	Rate ≥ 98.00% = 100%; Rate ≥ 95.00% = 50%
% Service payments matched to / validated by encounter record Q4	98%	99.66%	NA	NA	Met 100%	1.79%	1.79%	Rate ≥ 98.00% = 100%; Rate ≥ 95.00% = 50%

2021 Portion Met	**71.43%**
2021 Portion Unmet	**28.57%**

Updated 3/28/23

2021 Portion Pending			**0.00%**
			100.0%