



KanCare Executive Summary
Committee on HCBS & KanCare Oversight

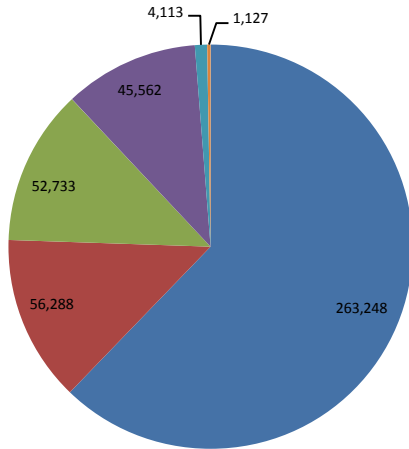
(Data reported through February 2018)

April 23rd, 2018

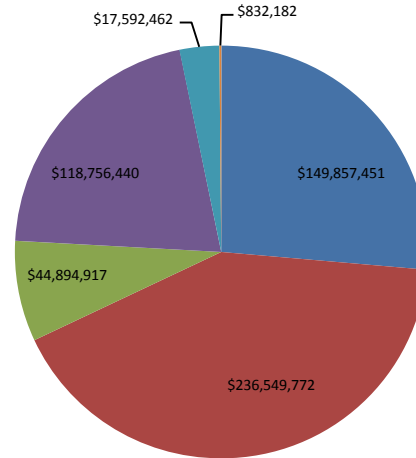
Medicaid/CHIP Member Eligibility and Expenditures

Calendar Year 2018 (January - February)

Eligibility Composition



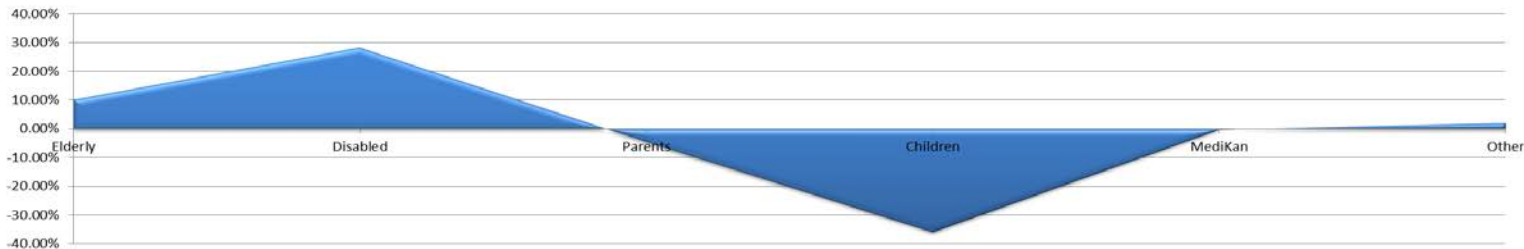
Expenditure Composition



	% Total	
	Population	Expenditures
Children	62.22%	26.36%
Disabled	13.30%	41.61%
Parents	12.46%	7.90%
Elderly	10.77%	20.89%
Other	0.97%	3.09%
MediKan	0.27%	0.15%
Total	100.00%	100.00%

■ Children ■ Individuals with Disabilities ■ Parents/Caretakers ■ Elderly ■ Other ■ MediKan

Percent of Population Expenditure vs. Population Count

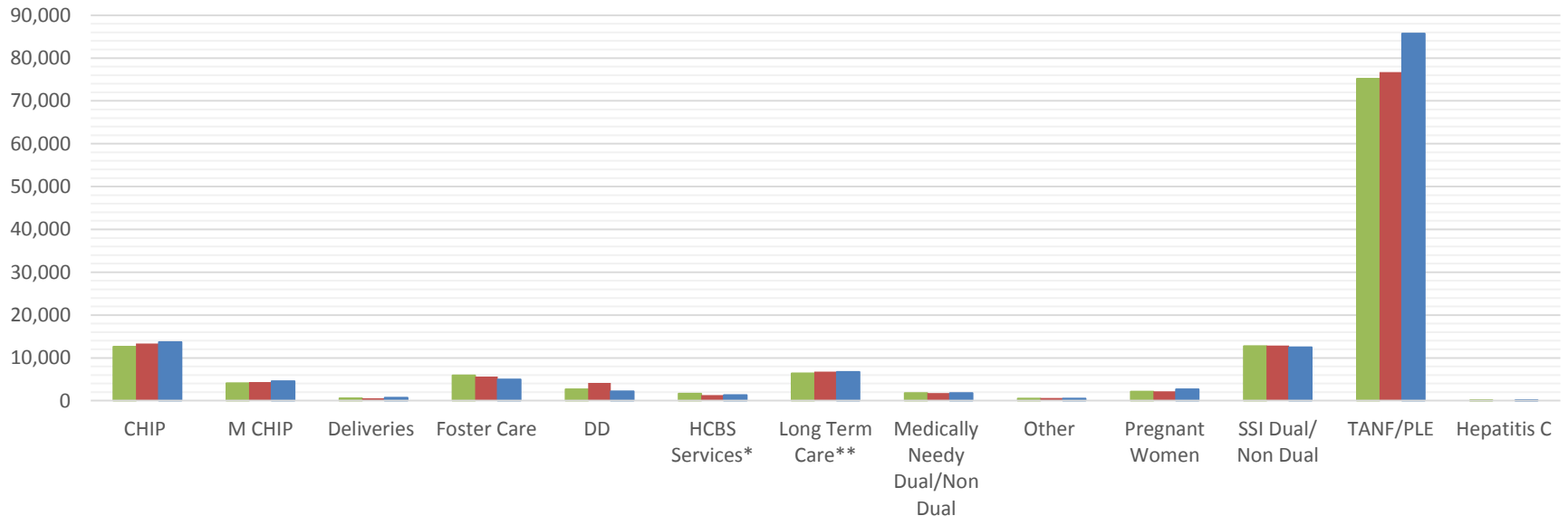


KanCare Executive Financial Summary

Members by Cohort CY18

February YTD CY 2018

AMG SUN UHC



*HCBS Services includes Autism, Severe Emotional Disturbance, Technology Assisted, and Traumatic Brain Injury

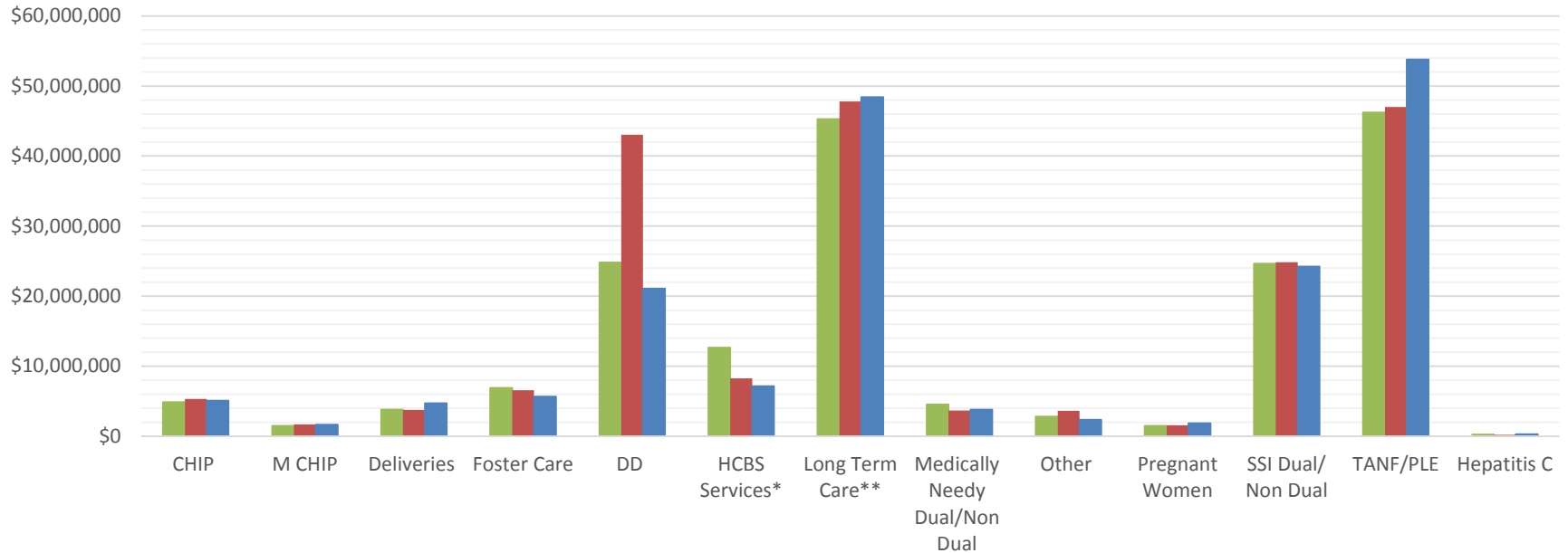
**Long Term Care includes Nursing Facilities, Money Follows the Person Frail Elderly and Physically Disabled, and the Physically Disabled and Frail Elderly Waivers

KanCare Executive Financial Summary

Capitation Payments by Cohort CY18

February YTD CY 2018

AMG SUN UHC



*HCBS Services includes Autism, Severe Emotional Disturbance, Technology Assisted, and Traumatic Brain Injury

**Long Term Care includes Nursing Facilities, Money Follows the Person Frail Elderly and Physically Disabled, and the Physically Disabled and Frail Elderly Waivers

Provider Network

KanCare MCO	# of Unique Providers as of 3/31/17	# of Unique Providers as of 6/30/17	# of Unique Providers as of 9/30/17	# of Unique Providers as of 12/31/17
Amerigroup	16,498/23,758*	25,904*	25,396*	27,107*
Sunflower	22,313/30,992*	31,780*	31,506*	31,168*
UHC	23,777/39,881*	32,216*	30,610*	31,247*

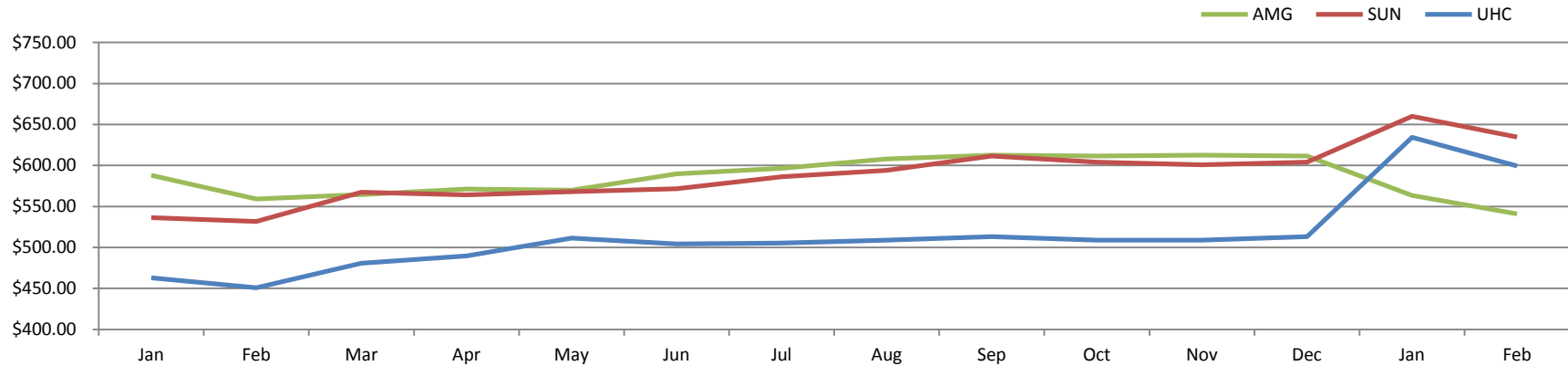
*Reflects the revised provider pull to reflect the number of unique providers per name, NPI and city .

NOTES:

Q1 2017, we have revised the provider pull to reflect the number of unique providers per name, NPI and city. Previously, we indicated unique providers by name and NPI, eliminating multiple records for providers who served in more than one city. Since Kansas is a highly rural state with many providers serving in multiple clinic locales, we felt a revision of this report would be a more accurate reflection of network capacity. The old method of calculation is listed first, then the new way.

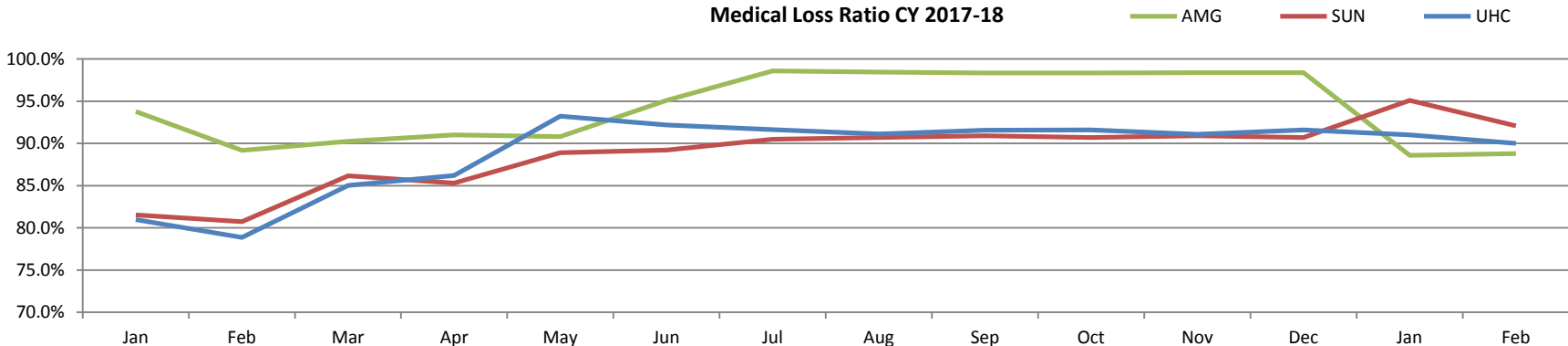
Medical Loss Ratio & Per Member Per Month CY 2017-18

Per Member Per Month CY 2017-18



Year to Date Per Member Per Month Average Costs

Medical Loss Ratio CY 2017-18



Year To Date MLR Percentages

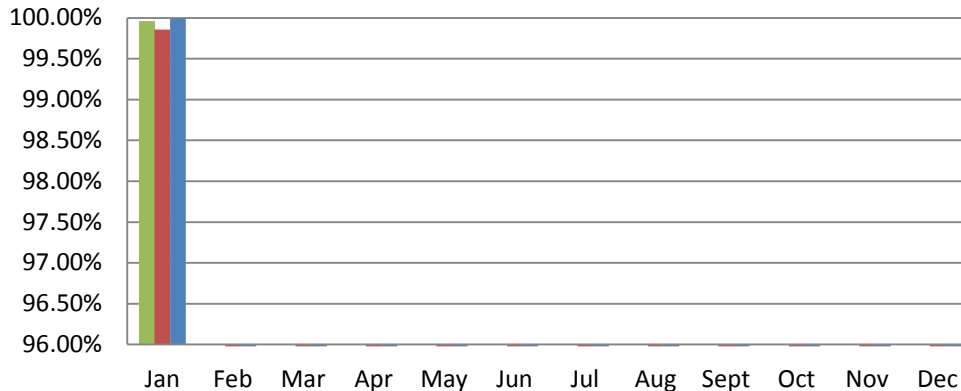
MLR=Total Claims Paid/Capitations

PMPM= Current Expenditures/ Current Members/12 months



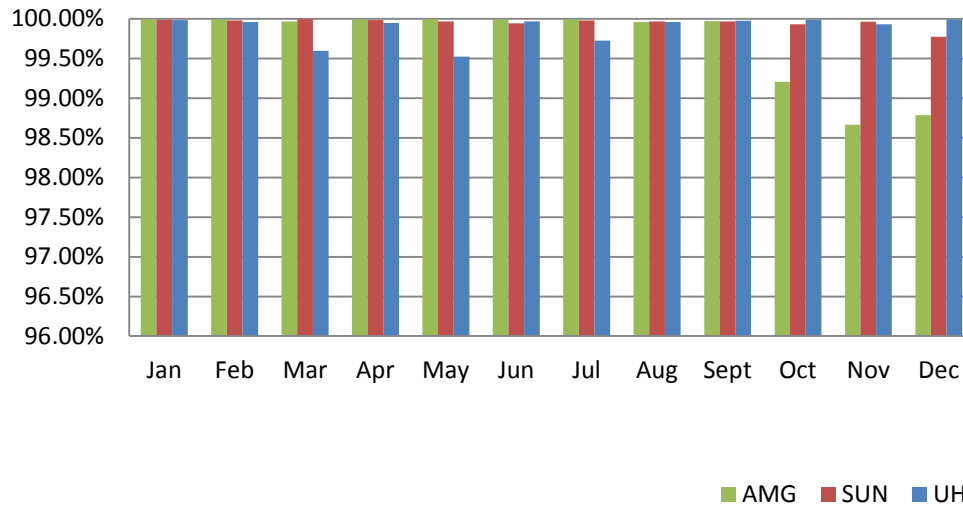
Claims Data-% Clean Claims Processed Within 30 days

CY 2018



Claims Processed 2018 Service Type	Total claim count			Total claim %		
	AMG	SUN	UHC	AMG	SUN	UHC
Pharmacy	185,716	395,436	323,747	38%	37%	36%
Medical	161,873	286,093	290,168	33%	27%	32%
Behavioral Health	48,465	148,390	94,481	10%	14%	10%
HCBS	27,889	95,131	60,663	6%	9%	7%
Hospital Outpatient	27,459	55,197	54,673	6%	5%	6%
NEMT	8,703	24,561	25,989	2%	2%	3%
Dental	8,259	21,964	21,753	2%	2%	2%
Nursing Facilities	7,896	21,748	15,482	2%	2%	2%
Vision	4,940	16,041	13,416	1%	1%	1%
Hospital Inpatient	3,053	5,439	4,774	1%	1%	1%
Total All Services	484,253	1,070,000	905,146	100%	100%	100%

CY 2017



Contact Standard: 100% of Clean Claims Processed within 30 days

A clean claim is a claim that can be paid or denied with no additional intervention required and does **not** include: Adjusted or corrected claims, Claims that require documentation (i.e., consent forms, medical records) for processing, Claims from out-of-network providers that require research and setup of that provider in the system, Claims from providers where the updated rates, benefits or policy changes were not provided by the State 30 days or more before the effective date (these claims may be pended until rates are loaded so the appropriate amounts can be paid)

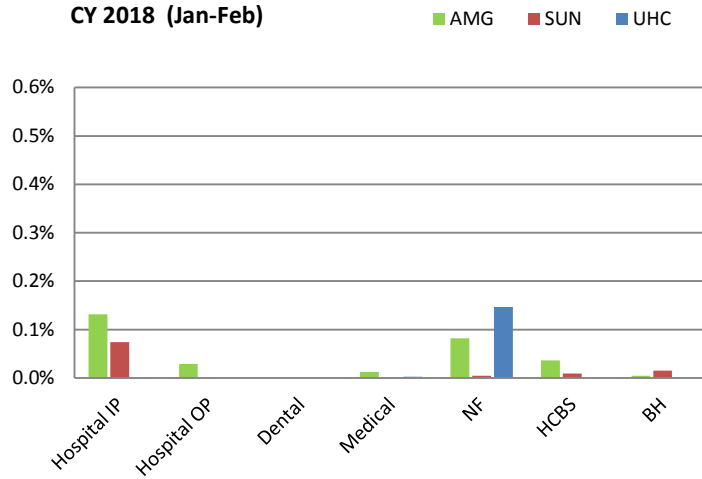
Percent = Number clean claims processed within 30 days divided by Number of claims received

Processed = adjudication decision making of a claim being approved to paid or denied.

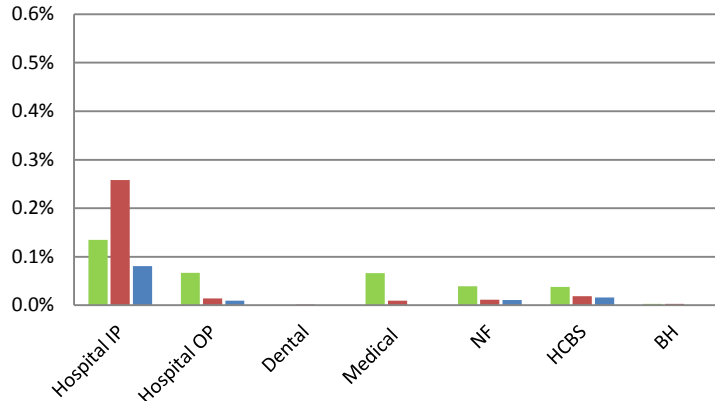


Claims Data-Percent of Claims Adjusted more than 3 times

CY 2018 (Jan-Feb)



CY 2017 (Jan-Dec)



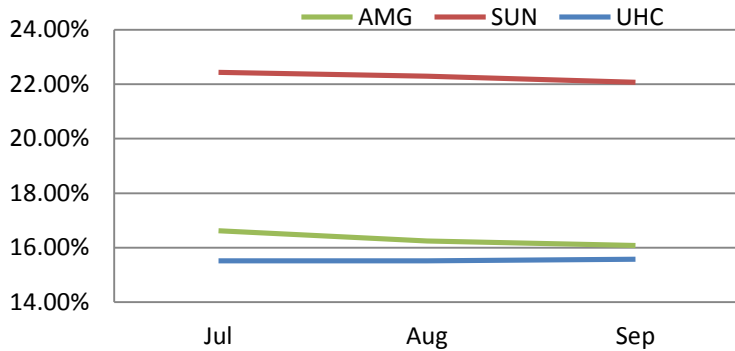
YTD claim requiring adjustments greater than 3 times represents Accuracy

Purpose: The purpose is to review payment accuracy
Methodology: Monitoring the frequency of the claims adjustments by MCO in each category utilizing the total claims adjusted/claims processed (*category provider type: Hospital Inpatient, Hospital Outpatient, Dental, Medical, Nursing Facilities, HCBS, BH*). Pharmacy, Vision and NEMT Have had 0% adjustments over 3 times for over one year so have been dropped from this report. Pharmacy is point of sale processing so will not have adjustments

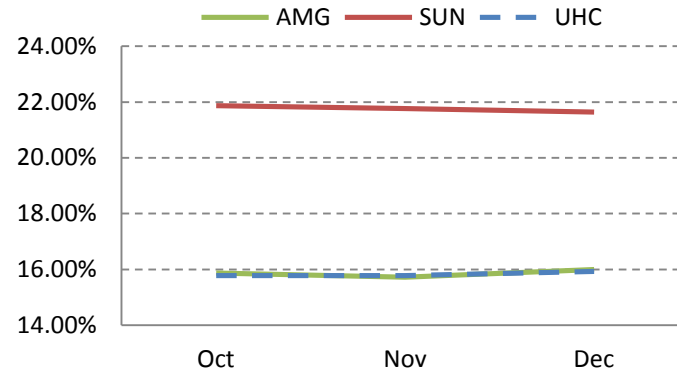
Total YTD claims adjusted 4 or more times divided by the YTD total number of claims processed by service type.

Claims Data

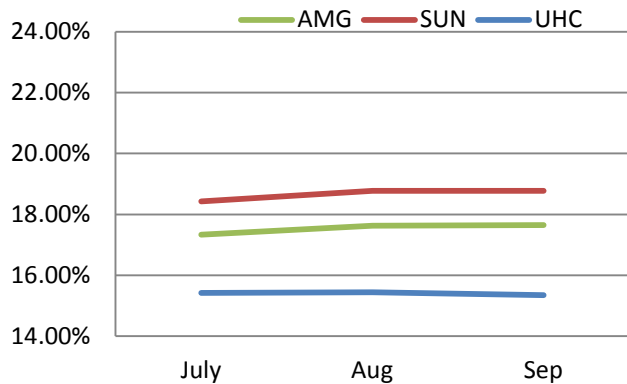
% Denied Claims by Month Q3 2017



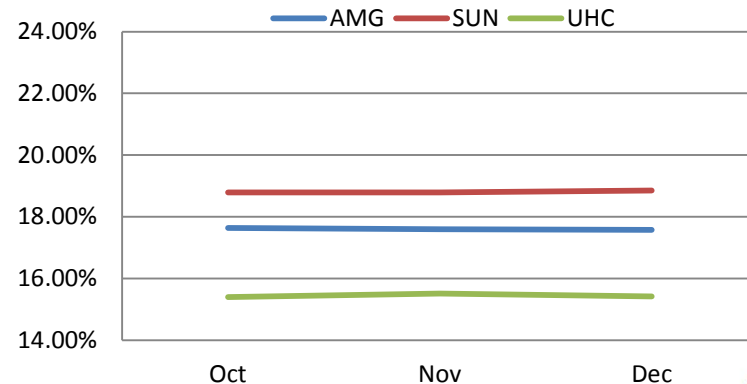
% Denied Claims by Month Q4 2017



% Denied Claims by Month Q3 2016

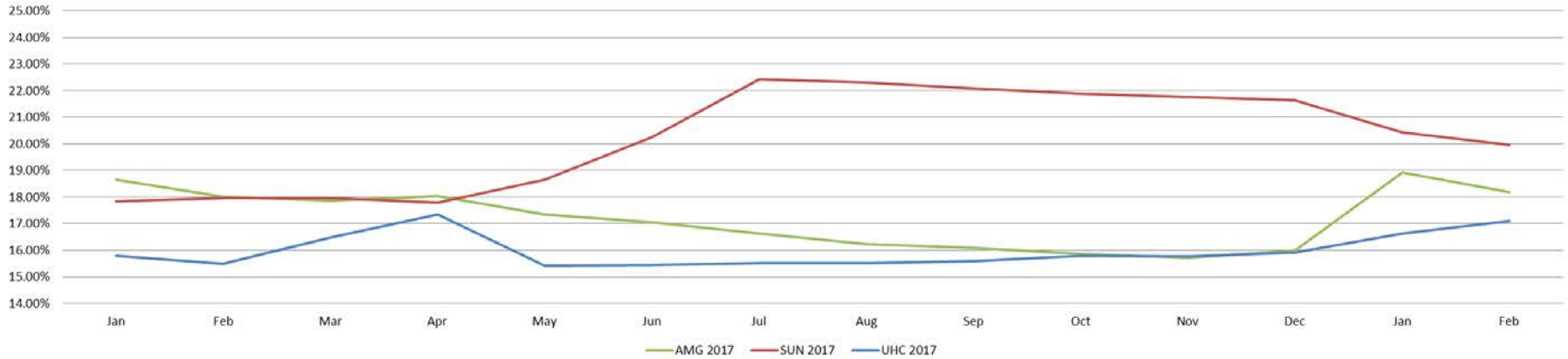


% Denied Claims by Month Q4 2016

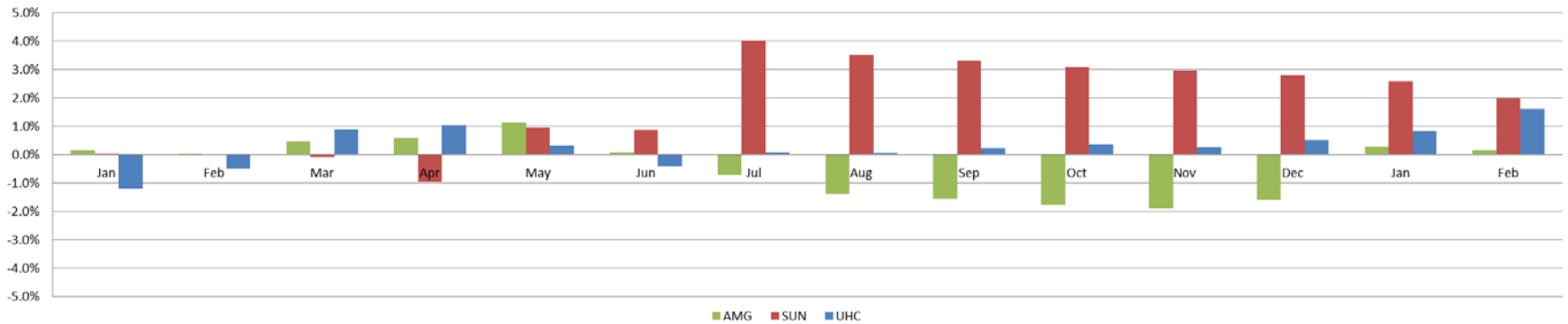


Claims Denial Data CY17-18

PPT Increase/Decrease from 2017 to 2018

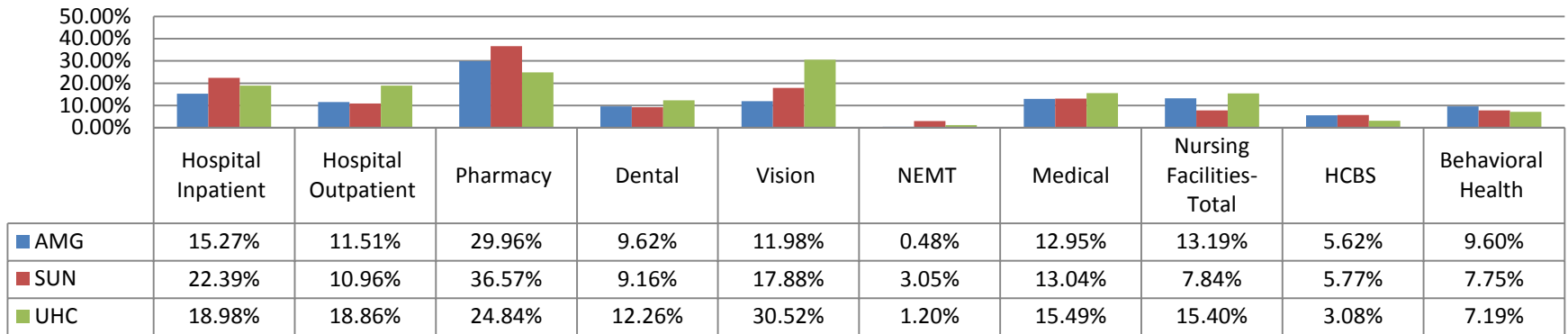


PPT Increase/Decrease From 2017 to 2018

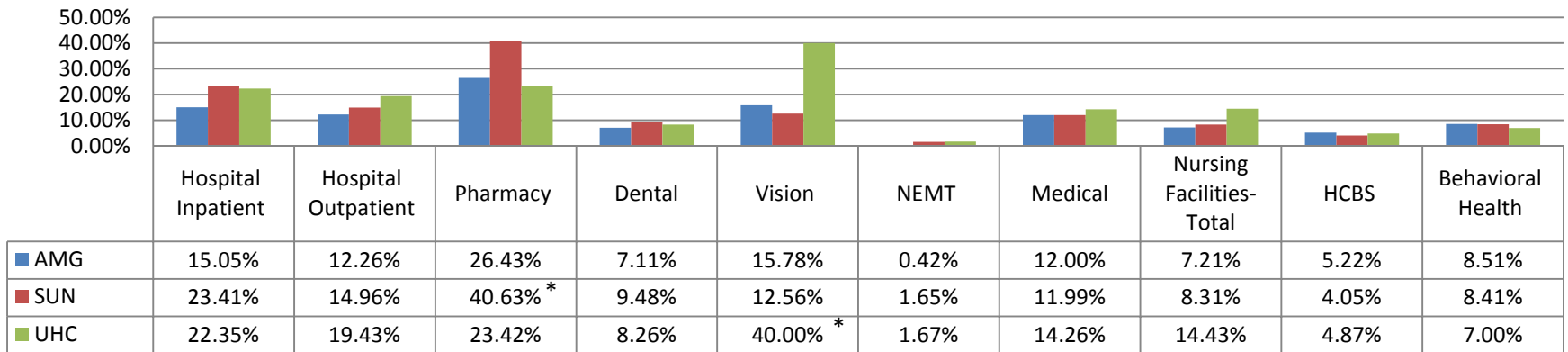


Claims Denial Data

Percent Denied YTD 2018 (Jan-Feb)



Percent Denied YTD 2017 (Jan-Dec)



*Vendor Change

Value Added Services - January- February 2018

Amerigroup	Members YTD	Total Units YTD	Total Value YTD	Sunflower	Members YTD	Total Units YTD	Total Value YTD	United	Members YTD	Total Units YTD	Total Value YTD
Member Incentive Program	350	621	\$408,628	CentAccount debit card	5,514	5,514	\$60,488	Additional Vision Services	1,078	1,668	\$42,013
Adult Dental Care	446	446	\$69,319	Dental visits for adults	397	574	\$34,485	Home Helper Catalog Supplies	757	757	\$37,215
Mail Order OTC	858	1,348	\$25,171	Comprehensive Medication Review	407	652	\$23,243	Baby Blocks Program and Rewards	191	191	\$22,920
Healthy Families Program	14	14	\$12,500	Smoking cessation program	59	59	\$14,160	Adult Dental Services	273	273	\$16,446
Pest Control	21	23	\$3,300	Healthy Solutions for Life - Disease Management	4,156	4,156	\$8,312	Membership to Youth Organizations	128	128	\$6,400
Grief Counseling	3	11	\$2,200.00	Start Smart for Your Baby	254	254	\$7,150	Additional Podiatry Visits	49	49	\$5,682
Air purifier with a permanent filter	14	14	\$960	Member Connections Home Visiting Program	7	7	\$182	Medications Calendar	1,800	1,800	\$3,888
Smoking Cessation Program	5	5	\$825	Healthy Solutions for Life - Weight Management Program	90	90	\$180	KidsHealth	12,000	12,000	\$3,840
Additional Respite Care for DD Waiver Population	1	3	\$234	Dentures	1	2	\$178	Pest Control	7	7	\$2,000
Weight Watcher Vouchers	6	6	\$221					Adult Dentures	5	5	\$1,283
Boys and Girls Club Membership	2	2	\$100					A is for Asthma	165	165	\$83
Total	1,870	2,645	\$523,461	Total	11,353	10,886	\$148,527	Total	16,453	17,043	\$141,769
KanCare Grand Totals	29,676	30,574	\$813,757								

Value Added Services - January- December 2017

Amerigroup	Members YTD	Total Units YTD	Total Value YTD	Sunflower	Members YTD	Total Units YTD	Total Value YTD	United	Members YTD	Total Units YTD	Total Value YTD
Adult Dental Care	3,315	4,105	\$508,242	CentAccount debit card	77,198	77,198	\$827,461	Rewards for Preventive Visits or Health Actions	45,532	45,532	\$127,324
Member Incentive Program	8,554	20,284	\$401,965	Dental visits for adults	4,819	7,260	\$363,352	Adult Dental Services	2,148	2,148	\$124,672
Mail Order OTC	1,301	8,152	\$148,404	Pharmacy Consultation	6,513	9,766	\$232,764	Home Helper Catalog Supplies	2,977	2,977	\$97,833
Healthy Families Program	42	42	\$75,000	Smoking cessation program	681	681	\$163,440	Baby Blocks Program and Rewards	805	805	\$96,600
Pest Control	137	166	\$23,918	Healthy Solutions for Life - Disease Management	49,842	49,842	\$99,684	Adult Briefs	915	915	\$84,341
Additional Respite Care for DD Waiver Population	25	296	\$16,690	Start Smart	2,699	2,699	\$75,977	Additional Vision Services	1,921	2,324	\$83,979
Member Transportation to Community Locations	57	252	\$14,067	Member Connections Home Visiting Program	2,450	2,450	\$62,552	Adult Dentures	140	140	\$73,382
Boys and Girls Club Membership	158	160	\$8,000	Lodging for specialty and inpatient care	47	310	\$25,110	Membership to Youth Organizations	685	685	\$34,250
Smoking Cessation Program	38	41	\$6,444	Respite care	66	4,694	\$15,256	Weight Watchers - Free Classes	181	181	\$21,539
Air purifier with a permanent filter	34	34	\$3,086	Farmers Market Vouchers	1,365	1,365	\$13,650	Additional Podiatry Visits	167	167	\$21,250
Weight Watcher Vouchers	38	35	\$1,291	Frail & Elderly incontinence supplies	306	1,579	\$10,802	Pest Control	35	35	\$8,500
Additional Personal Care Services for IDD Wavier Population	7	488	\$1,288	SafeLink@Connections Plus cell phones	198	198	\$9,470	KidsHealth	12,000	12,000	\$7,000
Respite Care for FE Waiver Population	1	102	\$306	Community Programs for Healthy Children: Boys & Girls Clubs	543	543	\$8,145	Medications Calendar	1,661	1,661	\$5,064
				Healthy Solutions for Life - Weight Management Program	1,118	1,118	\$2,236	A is for Asthma	1,147	1,147	\$574
				Meals for specialty and inpatient care	19	60	\$1,500	Follow-Up After Behavioral Health Hospitalization - \$25 Reward	18	18	\$450
				Hospital companion	6	336	\$1,092	Sesame Street - Food For Thought	11	11	\$385
				Healthy Schools & Adopt-A-School Program	100	1	\$225	Adults Parks and Rec Catalog	5	5	\$250
TOTAL	13,723	34,157	\$1,208,701	TOTAL	147,970	160,100	\$1,912,716	TOTAL	70,348	70,751	\$787,393
KanCare Grand Total	232,041	265,008	\$3,908,810								



In Lieu of Services CY 2018

Amerigroup	Unduplicated Members	Value of Services Avoided	Sunflower	Unduplicated Members	Value of Services Avoided	United	Unduplicated Members	Value of Services Avoided
Additional Medicaid covered services, beyond existing limitations, including personal care services, sleep cycle support, home modifications, equipment and assisted services ... in lieu of members needing to be admitted to an acute care hospital or nursing facility	22	\$137,504	Additional personal care services, beyond existing waiver limitations ... in lieu of members needing to be admitted to a nursing facility	38	\$222,737	Additional personal care services, personal care services, beyond existing waiver limitation, sleep cycle support, and home delivered meals ... in lieu of members needing to be admitted to a nursing facility	88	\$124,000
Non-Covered services including private nurse, PET scans, CPAP equipment and sleep cycle support in lieu of members needing to access ICU, acute hospital, or nursing facility services	79	\$1,010,352	Non-Covered services covering a wide range of equipment, orthotics, testing, physician services and outpatient surgery in lieu of members needing to access acute hospital, home health, or more intensive physical or behavioral health services	35	\$58,254	Non-Covered services Sleep studies, testing, and home health in lieu of members needing to access to acute hospital, or nursing facility services	51	\$408,000
Totals	101	\$1,147,856	Totals	73	\$280,991	Totals	139	\$532,000

KANCARE TOTAL	(January - February 2018)
Members	313
Value of Services Avoided	\$1,960,847



In Lieu of Services CY 2017

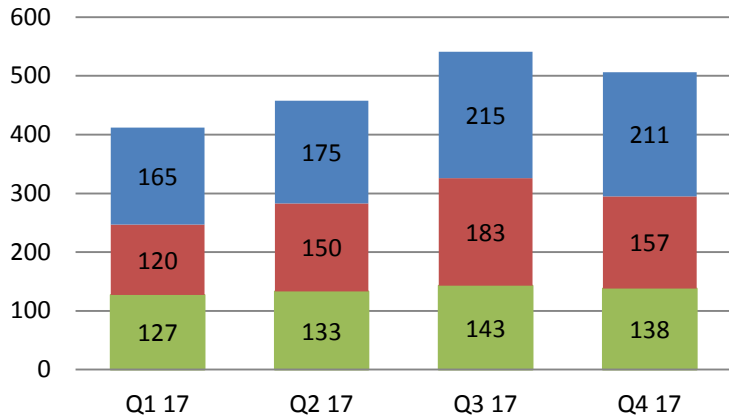
Amerigroup	Unduplicated Members	Value of Services Avoided	Sunflower	Unduplicated Members	Value of Services Avoided	United	Unduplicated Members	Value of Services Avoided
Additional Medicaid covered services, beyond existing limitations, including personal care services, sleep cycle support, home modifications, equipment and assisted services ... in lieu of members needing to be admitted to an acute care hospital or nursing facility	160	\$3,814,043	Additional personal care services, beyond existing waiver limitations ... in lieu of members needing to be admitted to a nursing facility	161	\$2,460,914	Additional personal care services, personal care services, beyond existing waiver limitation, sleep cycle support, and home delivered meals ... in lieu of members needing to be admitted to a nursing facility	596	\$7,174,000
Non-Covered services including private nurse, PET scans, CPAP equipment and sleep cycle support in lieu of members needing to access ICU, acute hospital, or nursing facility services	224	\$5,696,492	Non-Covered services covering a wide range of equipment, orthotics, testing, physician services and outpatient surgery in lieu of members needing to access acute hospital, home health, or more intensive physical or behavioral health services	87	\$260,137.00	Non-Covered services Sleep studies, testing, and home health in lieu of members needing to access to acute hospital, or nursing facility services	107	\$1,,476,000
Totals	384	\$9,510,536	Totals	248	\$2,721,051	Totals	703	\$8,650,000

KANCARE TOTAL	(January - December 2017)
Members	1,335
Value of Services Avoided	\$20,881,587

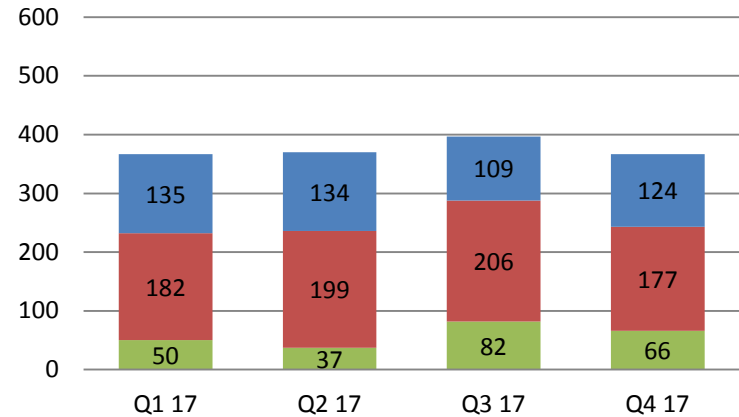


Grievances and Appeals Received- Members

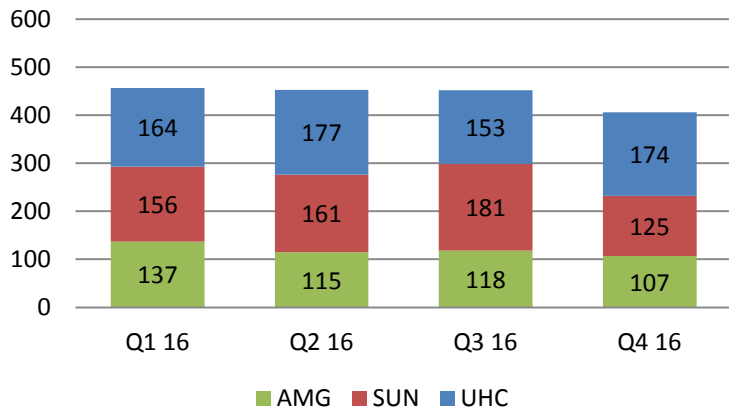
Member Grievances 2017



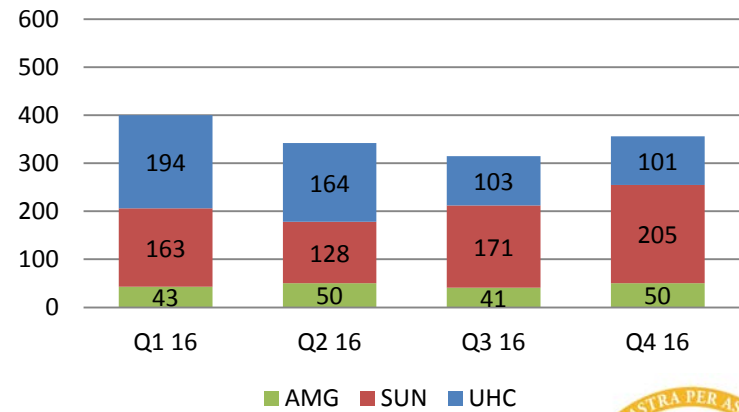
Member Appeals 2017



Member Grievances 2016

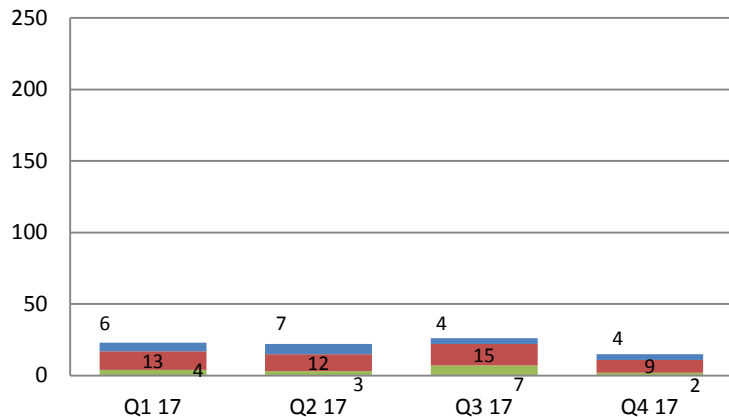


Member Appeals 2016

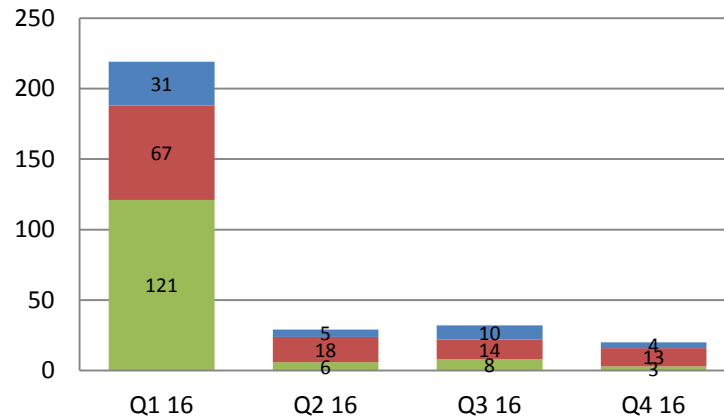


State Fair Hearing Received - Members

Member State Fair Hearings 2017



Member State Fair Hearings 2016



■ AMG ■ SUN ■ UHC