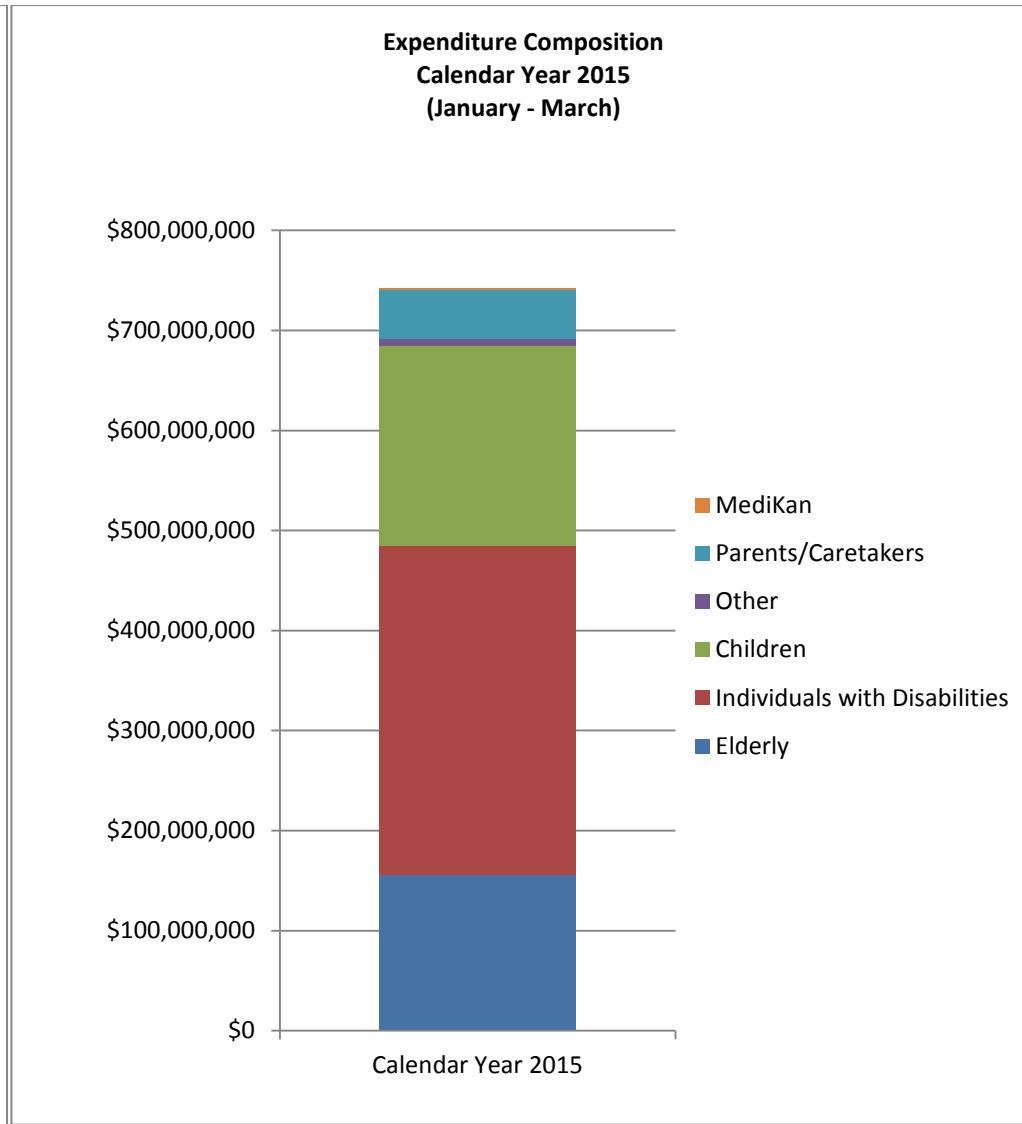
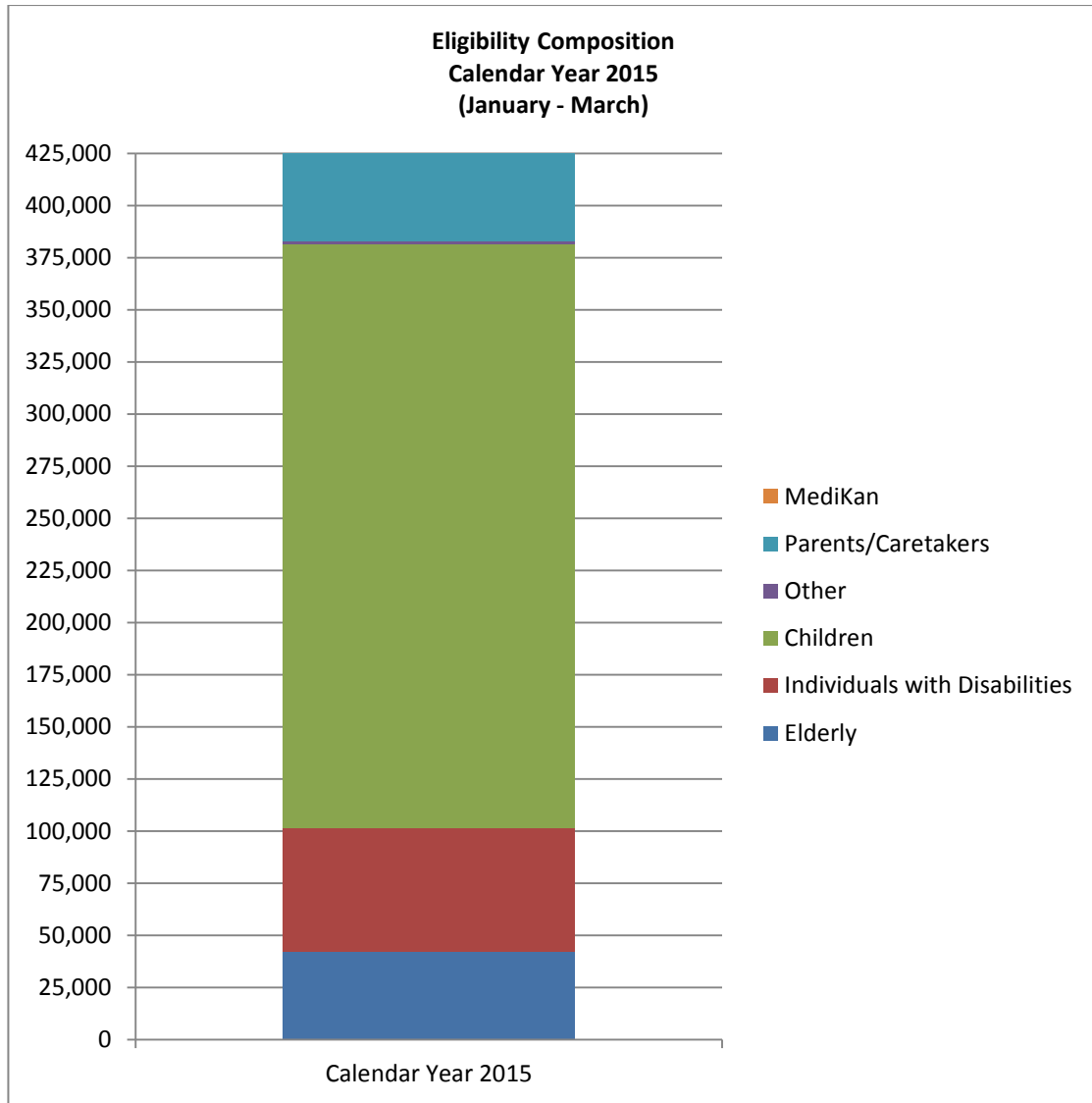




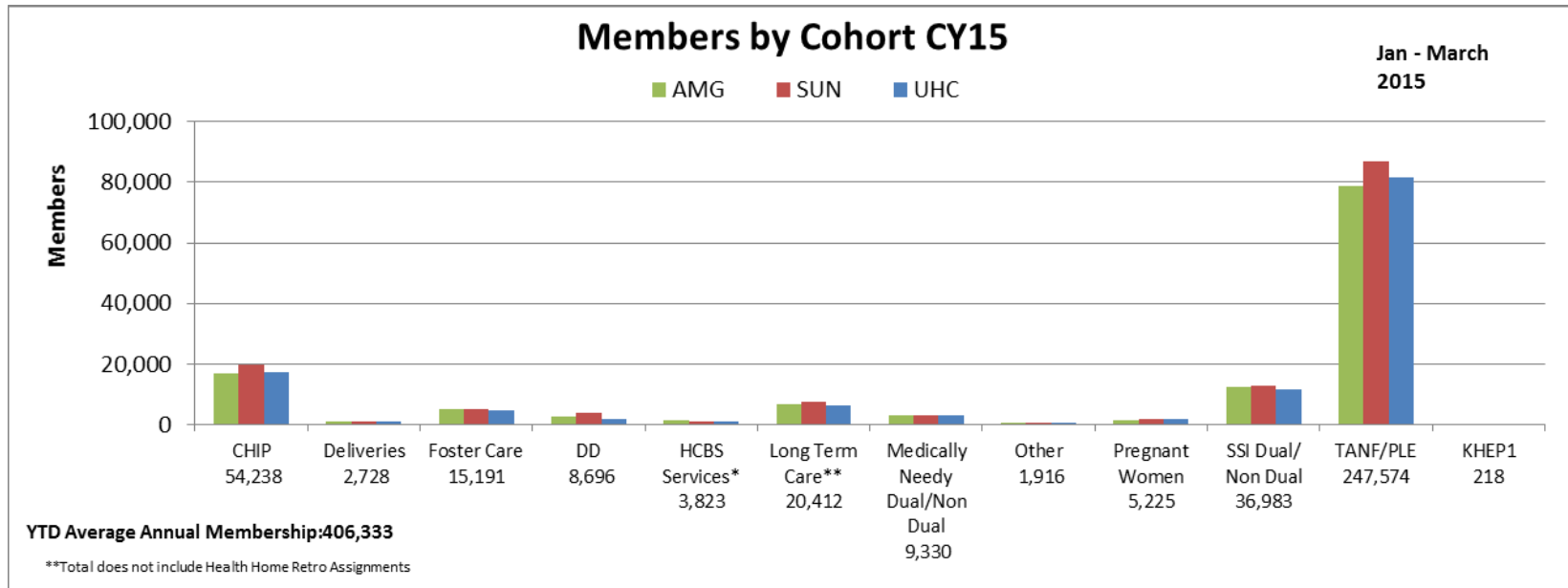
Report date: 4.28.15

# Medicaid/CHIP Member Eligibility and Expenditure Information



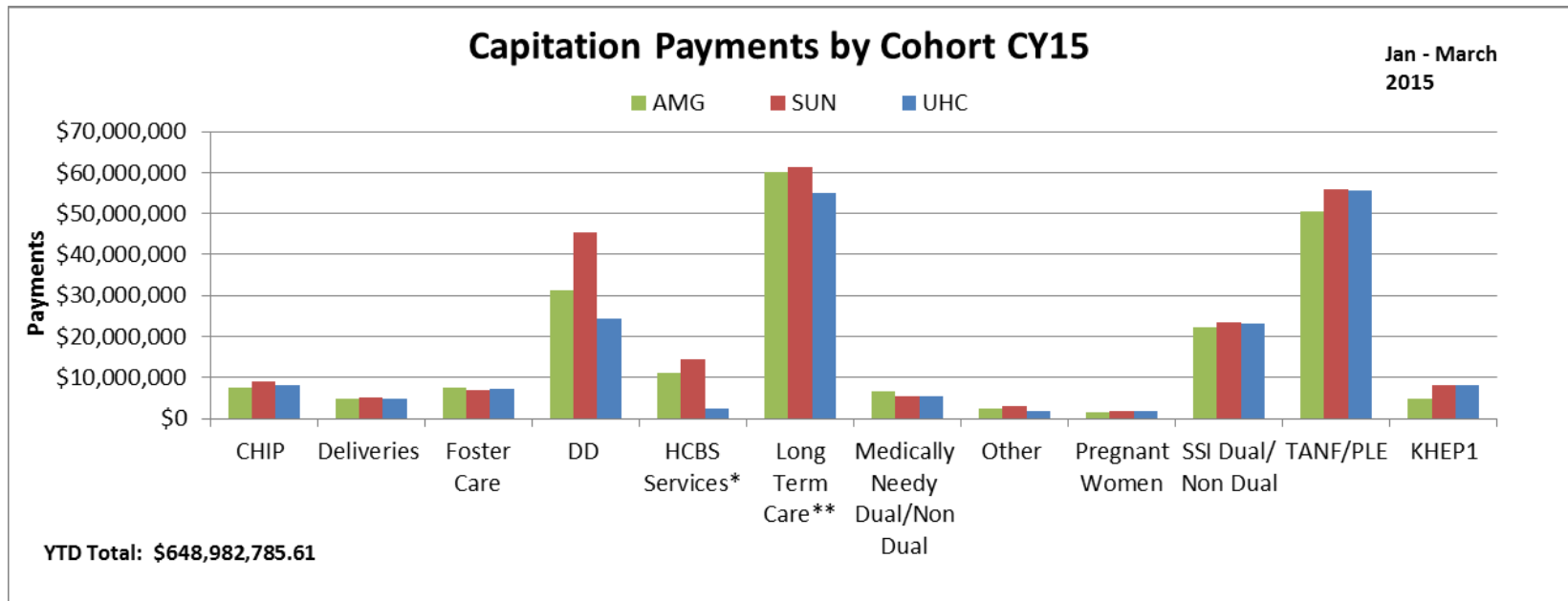
The expenditures for this graph are based on populations only. Non-claim expenditures are excluded as they are not population specific.

# KanCare Executive Financial Summary CY14



\*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

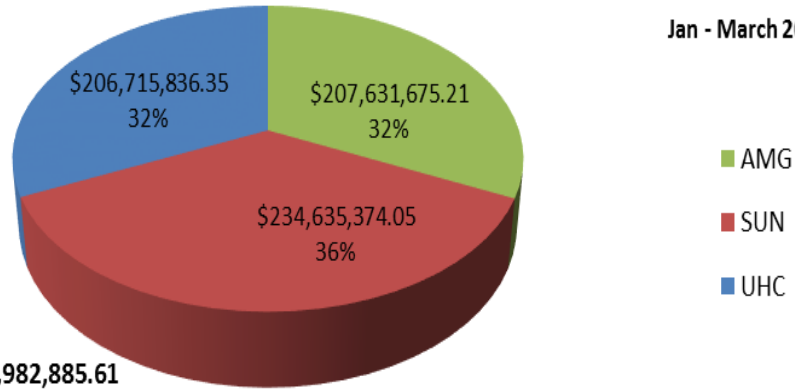


\*HCBS Services includes Autism, Severe Emotional Disturbance, Technology Assisted, and Traumatic Brain Injury

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

### Capitation Payments by MCO CY15

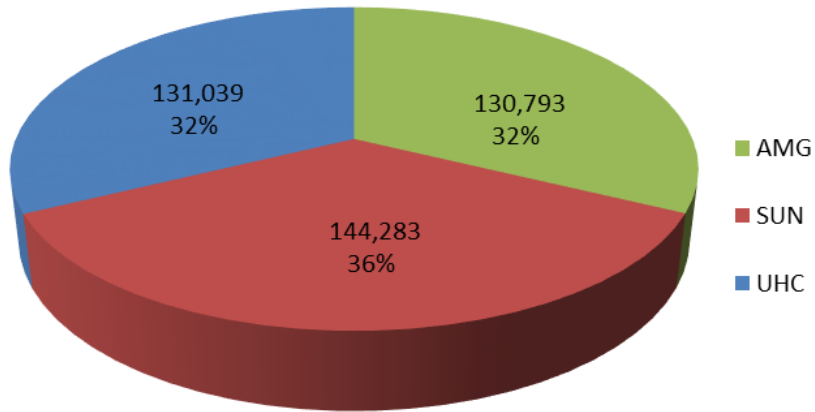
Jan - March 2015



YTD Total: \$648,982,885.61

### Average Member Counts by MCO CY15

Jan - March 2015



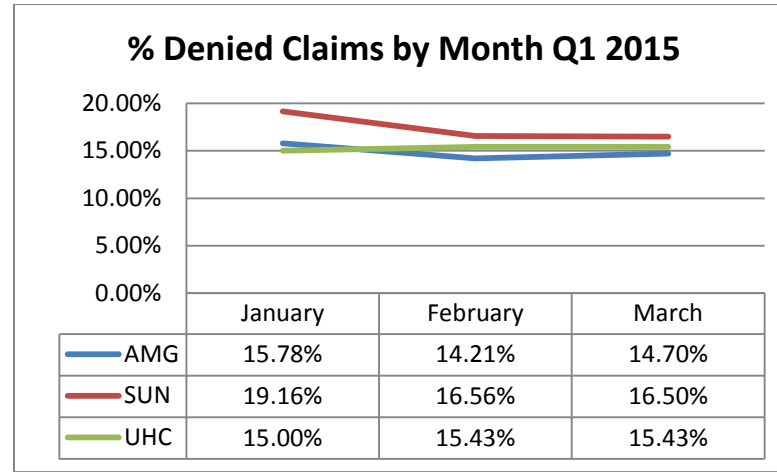
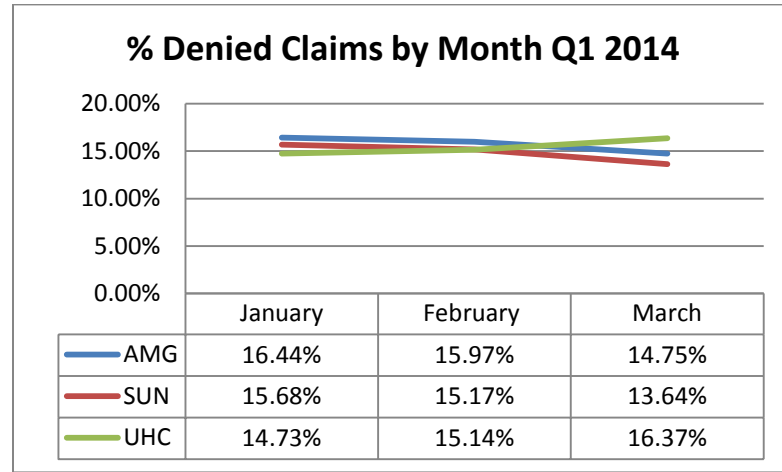
YTD Average Members: 406,333

### Provider Network —(next quarter due 4-31-15)

KanCare MCO	# of Unique Providers as of 3/31/14	# of Unique Providers as of 6/30/14	# of Unique Providers as of 9/30/14	# of Unique Providers as of 12/31/14
Amerigroup	15,667	13,455	13,682	13,997
Sunflower	15,650	16,314	17,728	18,056
United	19,024	19,911	19,747	19,476

KanCare MCO	# of IDD Unique Providers HCBS / TCM	
	as of 5/20/14	as of 12/31/14
Amerigroup	74%/ 89%	76%/ 92%
Sunflower	81%/ 93%	82%/ 94%
United	73%/ 79%	73%/ 83%

## Denied Claims – quarter to quarter comparison



## 2015 Denied Claims – Total Year to Date by MCO

Amerigroup – March 2015			
Service Type	Total claim count - YTD cumulative	# claims denied – YTD cumulative	% claims denied – YTD cumulative
Hospital Inpatient	10,875	1,882	17.31%
Hospital Outpatient	81,673	10,191	12.48%
Pharmacy	484,339	111,182	22.96%
Dental	32,028	2,871	8.96%
Vision	18,857	2,567	13.61%
NEMT	27,058	425	1.57%
Medical (Physical health not otherwise specified)	506,711	61,474	12.13%
Nursing Facilities	32,124	3,323	10.34%
HCBS	50,124	3,594	7.17%
BH	167,775	14,854	8.85%
<b>Total</b>	<b>1,411,564</b>	<b>212,363</b>	<b>15.04%</b>

Sunflower – March 2015			
Service Type	Total claim count - YTD cumulative	# claims denied – YTD cumulative	% claims denied – YTD cumulative
Hospital Inpatient	9,065	1,835	20.24%
Hospital Outpatient	83,491	10,071	12.06%
Pharmacy	780,425	204,019	26.14%
Dental	40,951	3,329	8.13%
Vision	22,374	2,617	11.70%
NEMT	34,637	112	0.32%
Medical (Physical health not otherwise specified)	479,078	60,803	12.69%
Nursing Facilities	33,561	3,069	9.14%
HCBS	129,118	11,865	9.19%
BH	187,060	14,447	7.72%
<b>Total</b>	<b>1,799,760</b>	<b>312,167</b>	<b>17.34%</b>

United – March 2015			
Service Type	Total claim count - YTD cumulative	# claims denied – YTD cumulative	% claims denied – YTD cumulative
Hospital Inpatient	7,187	1,584	22.03%
Hospital Outpatient	75,503	11,642	15.41%
Pharmacy	464,927	112,794	
Dental	32,180	1,931	6.00%
Vision	17,101	1,586	9.27%
NEMT	35,902	198	0.55%
Medical (Physical health not otherwise specified)	489,799	72,773	14.85%
Nursing Facilities	24,889	2,749	11.05%
HCBS	83,958	3,695	4.40%
BH	64,526	4,608	7.14%
<b>Total</b>	<b>1,295,972</b>	<b>213,560</b>	<b>16.48%</b>

**Value Added Services (Value Added Services Used By KanCare Members –January- February2015)**

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		268	578	\$70,651	CentAccount debit card	9,154	10,418	\$208,360	Additional Vision Services	528	599	\$ 27,119
Member Incentive Program		1,197	2,172	\$46,375	Hospital companion	1	11,096	\$179,381	Join for Me - Pediatric Obesity Classes	82	7	\$ 17,500
Mail Order OTC		1,584	1,633	\$27,267	Dental visits for adults	1,349	4,049	\$129,578	Membership to Youth Organizations	3	279	\$ 13,950
Healthy Families Program		20	20	\$12,500	Smoking cessation program	112	112	\$26,880	Baby Blocks Program and Rewards	7	188	\$ 11,167
Smoking Cessation Program		37	58	\$6,486	Disease and Healthy Living Coaching	7,443	7,443	\$19,427	Adult Dental Services	0	240	\$ 10,986
Pest Control		35	35	\$4,812	Start Smart	628	628	\$17,678	Peer Bridgers Program	0	22	\$ 10,584
Weight Watcher Vouchers		31	31	\$1,143	Safe Link®/Connections Plus cell phones	126	126	\$6,027	Weight Watchers - Free Classes	20	82	\$ 9,758
Hypoallergenic Bedding		11	11	\$1,092	Lodging for specialty and inpatient care	12	20	\$1,620	Medications Calendar	20	2,085	\$ 5,296
					In-home caregiver support/ additional respite	15	304	\$988	Infant Care Book for Pregnant Women	50	268	\$ 3,484
					Meals for specialty and inpatient care	10	26	\$650	KAN Be Healthy Screening Age 3 to 19 - Debit Card Reward	330	330	\$ 3,300
									Additional Podiatry Visits	127	20	\$ 2,185
									KAN Be Healthy Screening Age Birth to 30 months - Debit Card Reward	8	203	\$ 2,030
									Adult Biometric Screening - Debit Card Reward	9	50	\$ 750
									Asthma Bedding	3	8	\$ 416
									Adults Parks and Rec Catalog	3	4	\$ 200
									Annual Vision Exam for Person with Diabetes - Debit Card Reward	52	8	\$ 160
									Weight Watchers Reward - Reward for Completing Classes	8	3	\$ 150
									Follow-Up After Behavioral Health Hospitalization - Debit Card Reward	0	4	\$ 100
									Annual A1C Exam - Debit Card Reward	279	9	\$ 90
									Annual Monitoring for Persistent Medications - Debit Card Reward	22	4	\$ 40
									A is for Asthma	0	52	\$ 26
<b>2014 YTD GRAND TOTAL</b>		3,863	5,218	\$170,326	<b>2014 YTD GRAND TOTAL</b>	18,850	34,222	\$590,588	<b>2014 YTD GRAND TOTAL</b>	<b>3,001</b>	<b>4,465</b>	<b>\$119,292</b>
<b>KANCARE TOTALS</b>	<b>Members YTD</b>	25,714	<b>Total Units YTD</b>	43,905	<b>Total Value YTD</b>	\$880,206						

### Summary of In Lieu Of Services Used By KanCare Members (January-March 2015)

<b>Amerigroup</b>	<b>Members</b>	<b>Value of Services Avoided</b>	<b>Sunflower</b>	<b>Members</b>	<b>Value of Services Avoided</b>	<b>United</b>	<b>Members</b>	<b>Value of Services Avoided</b>
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	9	\$ 36,170	Additional personal care services, beyond existing waiver limitations ... in lieu of members needing to be admitted to a nursing facility	287	\$189,000	Additional personal care services, personal care services, beyond existing waiver limitation, sleep cycle support, and telehealth ... in lieu of members needing to be admitted to a nursing facility	153	\$433,430.33
Non-Covered services including private nurse, telehealth, equipment and sleep cycle support in lieu of members needing to access ICU, acute hospital, or nursing facility services	8	\$34,461	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	0	\$0	Non-Covered services Sleep studies, testing, and home health in lieu of members needing to access to acute hospital, or nursing facility services	0	0
<b>Totals</b>	<b>17</b>	<b>\$70,631</b>	<b>Totals</b>	<b>287</b>	<b>\$189,000.00</b>	<b>Totals</b>	<b>153</b>	<b>\$433,430.33</b>

<b>KANCARE TOTAL</b>	<b>(January-March 2015)</b>
<b>Members</b>	457
<b>Value of Services Avoided</b>	\$693,061

## Member Grievances & Appeals Q4-2014

(Next quarter due 4-31-15)

Amerigroup- Member			
	Grievances	Appeals	State Fair Hearings
Number of grievances/appeals reviewed:	151	22	
Number of grievances/appeals resolved:	135	21	
Number of grievances/appeals considered invalid:	0	0	
Average Days to complete each grievance/appeal:	12.33	12.76	
Total number of State Fair Hearings requested:			87
Number of upheld decisions at State Fair Hearing Level:			9
Number of overturned decisions at State Fair Hearing Level:			2
Number of health plan appeals reversed in the member's favor:	0	1	0
Number of health plan appeals reversed in the provider's favor:	0	0	31
Number of State Fair Hearings withdrawn:			0
Number of dismissals:	0	0	47
Number of default dismissals:			0
Number of Other dispositions:			0
<b>In health plan level appeals where the decision was reversed in the member's favor, what were the most common reasons?</b>			
Medical Necessity Met			
<b>In State Fair Hearing cases where the decision was overturned in the member's favor, what were the most common reasons?</b>			
None			
<b>List the top 5 reasons that were most commonly the subject of grievances/appeals:</b>			
1 Availability			
2 Quality of Care			
3 Billing and Financial issues			
4 Attitude/Service of Staff			
5 Timeliness / Other			

Sunflower- Member			
	Grievances	Appeals	State Fair Hearings
Number of grievances/appeals reviewed:	146	149	
Number of grievances/appeals resolved:	146	149	
Number of grievances/appeals considered invalid:	0	0	
Average Days to complete each grievance/appeal:	6.38	16.46	
Total number of State Fair Hearings requested:			109
Number of upheld decisions at State Fair Hearing Level:			13
Number of overturned decisions at State Fair Hearing Level:			2
Number of health plan appeals reversed in the member's favor:	0	68	
Number of health plan appeals reversed in the provider's favor:	0	0	
Number of State Fair Hearings withdrawn:			14
Number of dismissals:	0	0	71
Number of default dismissals:			9
Number of Other dispositions:			0
<b>In health plan level appeals where the decision was reversed in the member's favor, what were the most common reasons?</b>			
Medical necessity established			
<b>In State Fair Hearing cases where the decision was overturned in the member's favor, what were the most common reasons?</b>			
Sunflower paid claim			
<b>List the top 5 reasons that were most commonly the subject of grievances/appeals:</b>			
Other /Criteria Not-Met-Medical Procedure			
Billing and Financial/Level of Care Dispute			
Attitude and Service of Staff /Criteria Not Met-DME			
Timeliness/ Prior or Post Authorization			
Availability/ HCBS			

United-Member			
	Grievances	Appeals	State Fair Hearings
Number of grievances/appeals reviewed:	334	35	
Number of grievances/appeals resolved:	334	35	
Number of grievances/appeals considered invalid:	0	0	
Average Days to complete each grievance/appeal:	6.39	13.29	
Total number of State Fair Hearings requested:			34
Number of upheld decisions at State Fair Hearing Level:			1
Number of overturned decisions at State Fair Hearing Level:			0
Number of health plan appeals reversed in the member's favor:	0	14	2
Number of health plan appeals reversed in the provider's favor:	0	0	1
Number of State Fair Hearings withdrawn:			0
Number of dismissals:	0	0	3
Number of default dismissals:			0
Number of Other dispositions:			1
<b>In health plan level appeals where the decision was reversed in the member's favor, what were the most common reasons?</b>			
Medical necessity met			
<b>In State Fair Hearing cases where the decision was overturned in the member's favor, what were the most common reasons?</b>			
<b>List the top 5 reasons that were most commonly the subject of grievances/appeals:</b>			
1 Billing and Financial issues			
2 Timeliness			
3 HCBS			
4 Attitude/Service of Staff			
5 Pharmacy			