

First Quarter Report to CMS Regarding
Operation of 1115 Waiver
Demonstration Program
– Quarter Ending 03.31.2022



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

KanCare
Section 1115 First Quarter Report
Demonstration Year: 10 (1/1/2022-12/31/2022)
Federal Fiscal Quarter: 2/2022 (1/22-3/22)

Table of Contents

<i>2022 First Quarter Report</i>	2
I. Introduction	2
II. Enrollment Information	3
III. Outreach/Innovation	4
IV. Operational Developments/Issues	9
V. Policy Developments/Issues	25
VI. Financial/Budget Neutrality Development/Issues	26
VII. Member Month Reporting.....	26
VIII. Consumer Issues	29
IX. Quality Assurance/Monitoring Activity.....	31
X. Managed Care Reporting Requirements	34
XI. Safety Net Care Pool	43
XII. Demonstration Evaluation	43
XIII. Other (Claims Adjudication Statistics; Waiting List Management).....	43
XIV. Enclosures/Attachments.....	44
XV. State Contacts.....	44
VI. Date Submitted to CMS	44

2022 First 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 on December 27, 2012, effective from January 1, 2013, through December 31, 2017. The State submitted a one-year temporary extension request of this demonstration to CMS on July 31, 2017. The temporary extension was approved on October 13, 2017. On December 20, 2017, the State submitted an extension request for its Medicaid 1115 demonstration. On December 18, 2018 the Centers for Medicare and Medicaid Services approved a renewal of the Medicaid Section 1115 demonstration proposal entitled KanCare. The demonstration is effective from January 1, 2019 through December 31, 2023.

KanCare is operating concurrently with the state's section 1915(c) Home and Community-Based Services (HCBS) waivers, which together provide the authority necessary for the state to require enrollment of almost all Medicaid beneficiaries (including the aged, disabled, and some dual 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 Safety Net Care Pool to support hospitals that provide uncompensated care to Medicaid beneficiaries and the uninsured.
- Increase beneficiary access to substance use disorder (SUD) treatment services.
- Provide work opportunities and supports for individuals with specific behavioral health conditions and other disabilities.

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

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

This quarterly report is submitted pursuant to item #64 of the Centers for Medicare & Medicaid Services Special Terms and Conditions (STCs) issued regarding the KanCare 1115(a) Medicaid demonstration program, and in the format outlined in Attachment A of the STCs.

II. Enrollment Information

The following table outlines enrollment activity related to populations included in the demonstration. It does not include enrollment activity for non-Title XIX programs, including the Children’s Health Insurance Program (CHIP), nor does it include populations excluded from KanCare, such as Qualified Medicare Beneficiaries (QMB) who are not otherwise eligible for Medicaid. The table does include members retroactively assigned as of March 31, 2022.

Demonstration Population	Enrollees at Close of Quarter (3/31/2022)	Total Unduplicated Enrollees in Quarter	Disenrolled in Quarter
Population 1: ABD/SD Dual	14,607	15,623	1,016
Population 2: ABD/SD Non-Dual	31,356	32,407	1,051
Population 3: Adults	68,676	69,562	886
Population 4: Children	254,573	257,879	3,306
Population 5: DD Waiver	9,012	9,067	55
Population 6: LTC	20,791	21,975	1,184
Population 7: MN Dual	4,290	5,001	711
Population 8: MN Non-Dual	2,072	2,279	207
Population 9: Waiver	4,469	4,886	417
Population 10: UC Pool	N/A	N/A	N/A
Population 11: DSRIP Pool	N/A	N/A	N/A
Total	409,846	418,679	8,833

III. Outreach/Innovation

The KanCare website¹ 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 thirteen members: one legislator representing the House, one representing mental health providers, one representing CDDOs, two representing physicians and hospitals, four representing- KanCare members, one former Kansas Senator, one representing pharmacists, one representing Aging Community, one representing Area Agencies on Aging and Aging and Disability Resource Centers. The KanCare Advisory Council occurred March 9, 2022 via Zoom. The agenda was as follows:

- Welcome and Introductions
- Review and Approval of Minutes from Council Meeting, December 7, 2021
- Old Business
 - Define the capable person policy regarding the care of our disabled kids and adults in need of care per their personal care plans – Ed Nicholas
 - What are the average nursing hours that our consumers are receiving compared to the hours that they are given according to their basis score – Ed Nicholas
- New Business (No agenda items received)
- KDHE Update – Sarah Fertig, Medicaid Director, Kansas Department of Health and Environment and Chris Swartz, Director of Operations/COO, Deputy Medicaid Director, Kansas Department of Health and Environment
- KDADS Update – Amy Penrod, Commissioner for Long Term Services & Supports, Kansas Department for Aging and Disability Services and Drew Adkins, Assistant Commissioner for Behavioral Health Services, Kansas Department for Aging and Disability Services
- KanCare Ombudsman Report – Kerrie Bacon, Ombudsman, KanCare Ombudsman Office
- Updates on KanCare with Q&A
 - UnitedHealthcare Community Plan – Jon Hamdorf
 - Aetna Better Health of Kansas – Lisa Baird
 - Sunflower State Health Plan – Stephanie Rasmussen
- Adjourn

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

- State Plan Amendments (SPAs) for Global Maternity Provider Rate Increase, Optometrist services covered in RHCs and FQHCs, Varicose Veins new reimbursement codes, and Hospice Care attending physician reimbursement in an RHC and FQHC are pending approval with CMS
- State Plan Amendment for tribal comment will be sent soon for Certified Community Behavioral Health Services
- KanCare Open Enrollment – Reminder that tribal members may opt out of managed care. Open enrollment closes on March 2, 2022.
- The next meeting was scheduled for May 3, 2022.

¹ www.kancare.ks.gov

Out stationed Eligibility Workers (OEW) staff participated in 216 in-person and virtual community events providing KanCare program outreach, education, and information for the following: Harvey-Marion County CDDO Affiliate Meeting; Hispanic Task Force; Health Coalition Miami County; Central Kansas Partnership, Inc; Greater Lyon County Family Resource Council ;SOAR through East Central Kansas Mental Health Center Meeting; Health Coalition of Miami County; Central Kansas Partnership; Café con Leche; Third Thursday- Cowley County; Continuum of Care of Johnson County; Republic County Resource Council; Aging Network Meeting; Miami County Health Coalition; Continuum of Care on Homelessness; Healthier Lyon County Coalition Meeting; Genesis Family Health; Finney County Community Health coalition; Harvey County Resource Council; Family Resource Council; CPAAA Aging Network; Harvey County Resource Council. Staff also met with following County Health Departments: Rice; Geary; Saline; Jefferson; Lawrence-Douglas; Stafford; Abilene; Mankato; Mitchell; Ness; Cloud; Republic; Wyandotte; Doniphan; Leavenworth; Jefferson. Staff met with the following school districts: Olathe Schools; Leavenworth USD 453; Lansing;_USD 341; USD 458 Basehor-Linwood; USD 464 Tonganoxie; USD 338; USD 111; USD 429; USD 449 Easton, USD 338 Jefferson North; USD 340; USD 343; USD 341 Oskaloosa. Additional organizations that staff met with were: K-State Research and Extension offices in Sedgwick, Leavenworth, and Jefferson counties; Catholic Charities of NE Kansas Leavenworth; Public Libraries in Newton, Linwood, Geary, Tonganoxie, McPherson, Oskaloosa, Hesston, Moundridge, Johnson, Troy, Wathena, Elwood, and Ozawkie;; Johnson County Aging and Human Service; The Guidance Center; United Way; Local Clinics; Salvation Army in Leavenworth; Day Care Centers; City Buildings; HUD Housing; Senior Centers in Hesston, White City, Highland, Douglas County, Abilene; Geary, Ogden; Brookdale Assisted Living; Homeless Shelters; Kansas Assistance Network; El Centro; Vibrant Health; Growing Futures; MOCSA (Metropolitan Organization to Counter Assault); Center of Grace; Community Event at Caney; Head start centers in Johnson County, Kansas City, and Holton; Housing Authorities in Moundridge, North Newton, and Lawrence; North Central Office ECC; the following Hospitals: Geary, Labette, Coffeerville Regional Medical, Memorial Hospital, Wilson County Medical Center, Dickenson, Jewell, Huston; Konza Community Health; Community Baby Showers; Pregnancy Centers; Mental Health Clinics in: High Plains in Hays and Beth Nash; Workforce Centers; Community of Hope; WIC clinics; Kickapoo; Health Fair at the Kansas State Fair Grounds; Veteran Clinic; and ECKAN in Ottawa.

Support and assistance for KanCare members was provided by KDHE’s nineteen OEWs. Staff determined eligibility for 1,288 applicants. The OEW staff also assisted in resolving 382 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 1,655 phone calls, 240 walk-ins, and 526 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 & 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 & BI) Advisory Workgroup
- IDD Functional Eligibility Instrument Advisory Workgroup
- Systems Collaboration with Aging & 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 & 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 March 31, 2022, there were thirty-three contracted OCK providers across the state. Moreover, as of March 2022, the program had 3,234 members opt-in; this number continues to grow with new members enrolling each month.

The state continues to utilize the MCOs as Lead Entities (LEs) who contract with the OneCare Kansas Partners (OCKPs) 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

ABHKS has been able to provide outreach and marketing activities similar to prior to the COVID pandemic. ABHKS has been able to work with more organizations and events in person during the first quarter with some efforts remaining virtual. During the first quarter, information and education was provided to 428 individuals with community-based organizations and provider offices from around the state. ABHKS also delivered a community e-newsletter to provider offices and community-based organizations each month. The newsletter provides the latest information on ABHKS and the successes achieved by providing services to our members. The E-newsletter was sent out to over 1,500 individuals during January, February, and March.

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 428 individuals associated with community-based organizations in Kansas including: Central Kansas Partnership in Great Bend; Liberal Area Coalition for Families in Liberal; Prairie Park Elementary School in Lawrence; Health Ministries Clinic in Newton; El Centro in Kansas City; as well as others. ABHKS also shared education information with over 1,200 members or potential members of KanCare through attendance at both in-person and virtual events.

Advocacy Activities

ABHKS Member Advocates have established a relationship with the KanCare Ombudsman and received direct referrals about member issues that require intervention efforts. ABHKS Member Advocates assisted four members referred from the Ombudsman.

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

Marketing Activities

Sunflower Health Plan (SHP) marketing activities included attending and/or sponsoring nine virtual member and provider events. As cases of COVID-19 have decreased more in-person events were scheduled. Since the pandemic, the ability to communicate directly with KanCare members has been challenging, but SHP is planning to make up for lost time with our efforts. However, this list is comprehensive of attended and sponsored activity Sunflower's direct mail marketing material included member mailings for closing care gaps and new member materials. Additionally, SHP focused efforts on education of Value-Added Benefits, collaborative community group meetings, and participated in events associated with the advocacy and education around mental health

Outreach Activities

SHP Quality Improvement staff provided both virtual and in-person outreach activities to community-based organizations, advocacy groups, and provider offices throughout Kansas. SHP staff visited virtually or in person with 412 individuals associated with community-based organizations in Kansas including: Made Men of Wyandotte County; Vibrant Health; Health Partnership Clinic; Sedgwick County Health Department in Wichita; CHC-SEK in Pittsburg; as well as others. SHP was able to share our education information with over 3,200 members or potential members of KanCare through attendance at both in-person and virtual events. SHP also partnered with or sponsored agencies providing COVID 19 Vaccine Clinics throughout the state with over 530 individuals receiving the vaccine.

Examples of notable member outreach activities this quarter:

- Provided support for members and potential members that had not been fully vaccinated.
- Worked with Harvesters to support self-directed members with shelf-stable food boxes
- Connected with Shoes from the Heart and distributed over 400 pairs of shoes to elementary students in Title I schools in Crawford County.

Advocacy Activities

Sunflower Health Plan's advocacy efforts centered on providing COVID 19 vaccine education and awareness. Sunflower provided education and awareness materials and continued to find ways to support the State's efforts on vaccine hesitancy education and vaccine access and equity. Staff from the Social Determinants of Health and Community Outreach teams have assisted in spreading the word about vaccination and education opportunities, assessing vaccine access to minorities, and identifying ways to improve access through revision of forms, translations, and cultural awareness.

SHP continues to identify the most successful approaches and supports with funding or resources to amplify these successes. One example of this partnership is the vaccination and testing events with the Sedgwick County Health Department. The events provided an average of 125 people from underserved communities per event.

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. UHC continued the incentive program to offer ten-dollar debit cards to new Members who completed health risk assessments. New members were sent member ID Cards and welcome kits. Handbooks and brochures are being updated to reflect 2022 changes.

Outreach Activities

Outreach staff have continued to be involved in community vaccination efforts, supporting with promotion, vaccine card pouches, stickers, volunteers, translations, interpreting, etc. UHC has sponsored and co-hosted several health equity vaccination clinics. Staff have 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 on increasing child well visits and vaccinations in general.

UHC hosted the member advisory meeting via conference call. Care Coordination managers attended the meeting to listen to members questions and concerns and offered support.

UHC outreach staff met with over 3,740 individuals who were members or potential members at drive-thru food distributions, vaccination events, lobby sits at FQHCs, and other various community events.

Additionally, UHC outreach staff met virtually and sometimes in-person with several community agencies including: Bourbon County Coalition, Butler County Special Education, Community Health Council of Wyandotte County, Center of Grace’s Hispanic Task Force, Healthier Lyon County Coalition, Healthy Food for All Workgroup, Healthy Babies Sedgwick County, Heartland Healthy Neighborhoods, His Helping Hands, El Centro Inc, Embrace, Exploration Place, COVID-19 Kansas Latino Stakeholders, Emporia Main Street, Just Food, Wichita Public Schools, Wichita Children’s Home, Kansas Hispanic and Latino American Affairs Commission, Lawrence-Douglas County Health Equity Board, Greater Emporia Area Disaster Relief Fund, Family Resource Council, Kansas Civic Engagement Table, Center of Grace Hispanic Task Force, KIDS Safe Sleep, HEAT team of Emporia, LiveWell Douglas County, Mid America Assistance Coalition, Rainbows Inc, Rescare Wichita, Salvation Army Wichita, Salud y Bienestar, WILCO Interagency Coalition, Derby Recreation Center, Central KS HAT, Open Doors, Sunflower Community Action, International Rescue Committee, Kansas Nonprofit Board University, Wichita State University, Alce Su Voz, Anderson Elementary School, Reno County CDDO, Mid KS CAP Inc, USD 396 and 394, McKenny Vento Wichita, Sedgewick County Healthy Babies, St Francis Foster Center, and TFI Family Services..

UHC provider outreach staff met virtually and in-person with over twenty-five provider offices across the state.

Advocacy Activities

UHC continued to support the State’s efforts on vaccine hesitancy education, access, and equity. UHC staff from Social Determinants of Health and Community Outreach teams served on health equity boards and volunteered with local health departments and FQHC. Advocacy staff promoted vaccination and education opportunities, assessed vaccine access to minorities, and identified ways to improve such access through revision of forms, translations, and cultural awareness. UHC identified most successful approaches and supported with funding or resources to tried to improve chances of success.

UHC has two representatives who served on 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 MMIS Fiscal Agent, with the operating state agency and/or with the MCOs and other contractors to address and resolve the issues.

Approved KanCare Amendments

Amendment Number	Subject	Submitted Date	Approved Date
13	Capitation Rates 1/1/2021-12/31/2021	2/12/2021	1/20/2022
17	Capitation Rates 1/1/2021-12/31/2021 (Revised)	12/14/2021	1/20/2022

KanCare Amendments pending CMS approval

Amendment Number	Subject	Submitted Date	Effective Date
19	Capitation Rates 1/1/2022-12/31/2022	1/11/2022	Upon CMS approval

State Plan Amendments (SPAs) approved:

SPA Number	Subject	Submitted Date	Effective Date	Approval Date
21-0020	NEMT	11/03/2021	10/01/2021	1/31/2022
21-0021	Disaster Relief – Coverage of Medications	11/22/2021	11/01/2021	1/26/2022
22-0001	Global Maternity Rate increase	1/19/2022	1/01/2022	2/18/2022
22-0003	Varicose Vein Reimbursement	1/19/2022	1/01/2022	3/23/2022
22-0004	Hospice Care – FQHC RHC	1/19/2022	1/01/2022	3/16/2022
22-0005	CHIP UPL	2/01/2022	4/01/2022	2/23/2022
22-0007	CHIP ARP	2/11/2022	3/11/2021	3/10/2022

State Plan Amendments (SPA) pending approval:

SPA Number	Subject	Submitted Date	Effective Date
22-0002	Optometrist – FQHC RHC	1/19/2022	1/01/2022
22-0008	Medicaid ARP	3/29/2022	3/11/2022
22-0009	Qualified Clinical Trials	3/29/2022	1/01/2022
22-0010	Qualified Clinical Trials - ABP	3/29/2022	1/01/2022

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 services (VAS), as reported by each of the KanCare MCOs from January through March of 2022, follows:

MCO		Value-Added Services Calendar Year 2022	Units YTD	Value YTD
Aetna	Top	Healthy Rewards Gift Card - Birth to Age 12 Exam	9,011	\$225,275
	Three	Adult Dental	1,283	\$181,598
	VAS	Healthy Rewards Gift Card - Diabetic Eye Exam	11,474	\$172,170
	Total of All Aetna VAS		44,622	\$1,076,305
Sunflower	Top	My Health Pays	21,452	\$348,980
	Three	Dental Visits for Adults	1,246	\$40,717
	VAS	Caregiving Collaborations - Assessment Assistance	425	\$15,173
	Total of All Sunflower VAS		24,473	\$427,100
United	Top	Adult Dental Coverage	1,740	\$168,796
	Three	Home Helper Catalog	970	\$49,376
	VAS	Dentures	24	\$37,288
	Total of All United VAS		7,192	\$306,336

- c. Enrollment issues: For the first quarter of calendar year 2022, there were four Native Americans who were eligible for KanCare, but choose not to enroll.

All KanCare eligible members were defaulted to a managed care plan. The table below represents the enrollment change categories for the first quarter.

Enrollment Reason Categories	Total
Newborn Assignment	2,224
KDHE - Administrative Change	555
WEB - Change Assignment	15
KanCare Default - Case Continuity	1,511
KanCare Default – Morbidity	1,381
KanCare Default - 90 Day Retro-reattach	676
KanCare Default - Previous Assignment	369
KanCare Default - Continuity of Plan	293
Retro Assignment	10
AOE – Choice	2,771
Choice - Enrollment in KanCare MCO via Medicaid Application	4,491
Change - Enrollment Form	179
Change - Choice	252
Change - Access to Care – Good Cause Reason	2
Change - Case Continuity – Good Cause Reason	0
Change – Due to Treatment not Available in Network – Good Cause	0
Assignment Adjustment Due to Eligibility	282
Total	15,011

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%	100%	100%
% of Notices of Adverse Expedited Service Authorization Decisions Sent Within Compliance Standards	100%	100%	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	3	5	2	12	0	9	31
Billing and Financial issues (non-transportation)	1	8	4	5	4	51	73
Customer service	6	3	6	9	17	10	51
Health Home Services	2	0	0	0	0	0	2
MCO Determined Not Applicable	0	0	2	0	1	1	4
Member rights dignity	0	0	2	0	0	0	2
Non-Covered Service	0	0	0	2	2	0	4
Other	0	0	0	3	1	6	10
Pharmacy Issues	1	2	0	7	0	2	12
Quality of Care - Pain Medication	0	3	1	0	0	1	5
Quality of Care (non HCBS provider)	1	12	3	5	1	13	35
Quality of Care HCBS provider	0	0	1	0	1	0	2
Transportation - Late	1	0	6	4	10	12	33
Transportation - No Driver Available	0	0	10	12	16	11	49
Transportation - No Show	0	3	30	33	44	30	140
Transportation - Other	3	5	18	16	18	16	76
Transportation - Safety	0	2	4	4	2	2	14
Transportation Issues - Billing and Reimbursement	0	0	7	7	9	4	27
TOTAL	18	43	96	119	126	168	570

MCOs' Member Grievance Timeliness Compliance

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

MCOs' Provider Grievance Database

MCO	ABH	SUN	UHC	Total
Benefits/Eligibility	0	0	0	0
Billing/Payment	3	2	0	5
Credentialing - MCO	0	1	0	1
Pharmacy	0	0	1	1
Transportation	0	14	2	16
UM	0	1	0	1
TOTAL	3	18	3	24

MCOs' Provider Grievance Timeliness Compliance

MCO	ABH	SUN	UHC
% of Provider Grievance Resolved Within 30 Calendar Days	100%	94%	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
MEDICAL NECESSITY/LEVEL OF CARE – Criteria Not Met							
MA - CNM - Behavioral Health Outpatient	6 4				6 4		
MA - CNM - Dental	4 5 6			1	4 4 4		2
MA - CNM - Durable Medical Equipment	17 10 19		7	4 6 2	6 2 16	1	1 1
MA - CNM - Home Health	4 4			1	3 3	1	
MA – CNM – Inpatient Admissions (Non-Behavioral Health)	1 3 28	20		1 3	1 2 5		
MA – CNM - Inpatient Behavioral Health	1 15 1			9	1 6 1		
MA – CNM – Medical Procedure (NOS)	44 17 9	1 1	14	8 9 4	19 4 4	1 1	2 2
MA – CNM – Mental Health	8			4	3		1
MA – CNM – Other	14 4	2	1	10	2 2		1
MA – CNM – Out of network provider, specialist or specific provider request	2 4			2 2	2		
MA – CNM – Pharmacy	93 65 153	8 6		50 36 116	34 14 28	1	9 6 3
MA – CNM – PT/OT/ST	1 12 1			6	1 3 1	2	1
MA – CNM – Radiology	5 29 1	1	1	2 14 1	2 11	2	1

MA – LOC – HCBS (change in attendant hours)	1				1		
MA – LOC – LTSS/HCBS	4			1	3		
MA – LOC – WORK	1				1		
NONCOVERED SERVICES							
MA – NCS - Dental	1 1				1 1		
MA – NCS – Pharmacy	1				1		
MA – NCS – Behavioral Health	1			1			
MA – NCS – Other	2 6			1 2	1 4		
MA – LCK – Lock In	2			1	1		
TOTAL							
ABH - Red	173		22	64	75	1	11
SUN – Green	181	10	1	95	55	8	12
UHC - Purple	256	29		138	82		7

* 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	173 181 256	10 29	22 1	64 95 138	75 55 82	1 8	11 12 7
TOTAL	173 181 256	10 29	22 1	64 95 138	75 55 82	1 8	11 12 7
Percentage Per Category		6% 11%	13% 1%	37% 52% 54%	43% 30% 32%	1% 4%	6% 7% 3%
Range of Days to Reverse Due to MCO Error			16 – 117 33				

MCOs' Member Appeal Timeliness Compliance

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

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)	43 46		1	16 27	26 19		
PR - CPD - Behavioral Health Inpatient	7 8 172		1 36	1 4 81	4 3 41	1 5	1 9
PR - CPD - Behavioral Health Outpatient and Physician	96 466 571		32 21 143	3 213 246	59 208 158	1 4	1 24 20
PR - CPD - Dental	20		1	7	12		
PR - CPD - Durable Medical Equipment	181 1,131 990		35 5 337	46 554 174	85 557 384	12 34	3 15 61
PR - CPD - HCBS	10 317		2 1	3 175	5 87		54
PR - CPD - Home Health	10 75		7	1 23	2 51		1
PR - CPD - Hospice	3 35 67		2 46	16 2	16 14		1 1 5
PR - CPD - Hospital Inpatient (Non-Behavioral Health)	236 230 254		47 132	72 129 18	106 100 68	9 9	2 1 27
PR - CPD - Hospital Outpatient (Non-Behavioral Health)	226 1,126 263		22 6 80	81 733 29	108 375 115	15 10	12 29
PR - CPD - Laboratory	206 449 237		2 1 74	3 126 35	197 320 107	4 15	2 6
PR - CPD - Medical (Physical Health not Otherwise Specified)	1,022 3,714 3,315		176 14 1,559	323 2,268 558	472 1,412 891	46 149	5 20 158
PR - CPD - Nursing Facilities - Total	31 126 1		19	1 88	11 38 1		
PR - CPD - Other	1			1			
PR – CPD – Out of network provider, specialist or specific provider	688		237	62	266	42	81
PR - CPD - Pharmacy	94			20	74		
PR - CPD - PT/OT/ST	3 3			2	1 2		1
PR - CPD - Radiology	91 352		45 144	19 37	27 108	16	47

PR - CPD - Vision	8 29 14		22 7	1 7	6 7	1	
Total Claim Payment Disputes	2,193 7,846 6,928		390 72 2,795	579 4,376 1,250	1,123 3,267 2,155	89 284	12 131 444
TOTAL							
ABH - Red	2,193		390	579	1,123	89	12
SUN – Green	7,846		72	4,376	3,267		131
UHC - Purple	6,928		2,795	1,250	2,155	284	444

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	2,193 7,846 6,928		390 72 2,795	579 4,376 1,250	1,123 3,267 2,155	89 284	12 131 444
TOTAL	2,193 7,846 6,928		390 72 2,795	579 4,376 1,250	1,123 3,267 2,155	89 284	12 131 444
Percentage Per Category			18% 1% 40%	26% 56% 18%	51% 42% 31%	4% 4%	1% 1% 7%
Range of Days to Reverse Due to MCO Error			17 – 462 8 – 375 0 – 1,113				

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	5		1		2	2	
CLAIM PAYMENT DISPUTES							
PA - CPD - Ambulance (include Air and Ground)	7 16		2	14	5 2		
PA - CPD - Behavioral Health Inpatient	7 3 27		1 2	3 8	3 1 13		6
PA - CPD - Behavioral Health Outpatient and Physician	4 57 58		7	2 2 16	1 36 39	8	1 4 3
PA - CPD - Dental	13 8 26		2 3	7 10	4 5 15		1
PA - CPD - Durable Medical Equipment	15 13 26		2	4 1 7	8 12 19	1	
PA - CPD - Home Health	8 20 193		1 2	7 2 59	16 110		2 22
PA - CPD - Hospice	4				4		
PA - CPD - Hospital Inpatient (Non-Behavioral Health)	71 51 270	2	10 2 1	20 9 64	35 31 153	3 1	3 8 50
PA - CPD - Hospital Outpatient (Non-Behavioral Health)	39 66 140		3 3	22 8 33	12 46 69	1 3	1 6 38
PA - CPD - Laboratory	14 10 60			2	9 9 55	3	1 5
PA - CPD - Medical (Physical Health not Otherwise Specified)	143 231 308		11 6 1	19 21 62	89 115 193	22	2 89 52
PA - CPD - Nursing Facilities - Total	5 16		1	2	3 11	1	3
PA - CPD - Other	19		1	9	9		
PA - CPD - Pharmacy	128	1		103	23		1

PA - CPD - PT/OT/ST	1 2				1 1		1
PA - CPD - Radiology	7 5 8		1	3 1	3 3 1		1 1 6
PA - CPD - Vision	2 11 67		4 4	1 48	1 7 15		
Total Claim Payment Disputes	339 481 1,367	4	33 28 10	90 44 436	177 284 729	31 14	8 111 188
MEDICAL NECESSITY/LEVEL OF CARE – Criteria Not Met							
PA - CNM - Ambulance (include Air and Ground)	1 6			6	1		
PA - CNM - Dental	3			3			
PA - CNM - Durable Medical Equipment	5	1		4			
PA - CNM - Home Health	2				2		
PA - CNM - Hospice	2				2		
PA - CNM - Inpatient Admissions (Non-Behavioral Health)	3			1	1		1
PA - CNM - Inpatient Behavioral Health	6			1	5		
PA - CNM - Medical Procedure (NOS)	21			3	17		1
PA - CNM - Other	2			1	1		
PA - CNM - Pharmacy	172	13		113	31	4	11
PA - CNM - PT/OT/ST	8			1	5	1	1
PA - CNM - Radiology	1 38		1	20	16	2	
NONCOVERED SERVICE							
PA - NCS - Other	3				3		
TOTAL							
ABH - Red	343		34	89	180	32	8
SUN – Green	750	14	28	197	365	21	125
UHC - Purple	1,367	4	10	436	729		188

* 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	343 750 1,367	14 4	34 28 10	89 197 436	180 365 729	32 21	8 125 188
TOTAL	343 750 1,367	14 4	34 28 10	89 197 436	180 365 729	32 21	8 125 188
Percentage Per Category		2% <1%	10% 4% 1%	26% 26% 32%	53% 49% 53%	9% 3%	2% 16% 14%
Range of Days to Reverse Due to MCO Error			20 – 856 7 – 413 0 - 252				

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	100%	100%	100%

State of Kansas Office of Administrative Fair Hearings - Members

ABH - Red SUN - Green UHC - Purple	Number Resolved	With-drew	OAH Affirmed MCO Decision	OAH Reversed MCO Decision	Dismiss Moot MCO Reversed	Dismiss Moot Duplicate	Dismiss Untimely	Dismiss Not Ripe/ No MCO Appeal	Dismiss No Adverse Action	Dismiss No Auth.	Dismiss Appellant Verbally Withdrew	Dismiss Failure to State a Claim	Default Appellant Failed to Appear	Default Respondent Failed to Appear	Default Respondent Failed to File Agency Summary
ADMINISTRATIVE DENIALS															
MH – ADMIN – Denials of Authorization (Unauthorized by Members)	1				1										
MEDICAL NECESSITY/LEVEL OF CARE – Criteria Not Met															
MH – CNM - Dental	1							1							
MH – CNM – Durable Medical Equipment	1	1													
MH – CNM – Other	1		1												
MH – CNM – Pharmacy	2				1			1							
MH – CNM – Radiology	1				1										
MH – LOC – LTSS/HCBS	1		1												
NONCOVERED SERVICES															
MH – NCS – Other	1				1										
TOTAL															
ABH - Red	5				3			2							
SUN - Green	4	1	2		1										
UHC - Purple															
Range of Days to Reverse MCO Decision					54–143 79										

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

State of Kansas Office of Administrative Fair Hearings - Providers

ABH - Red SUN - Green UHC - Purple	Number Resolved	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 No Adverse Action	Dismiss No Auth.	Dismiss Appellant Verbally Withdrew	Dismiss Failure to State a Claim	Default Appellant Failed to Appear	Default Respondent Failed to Appear	Default Respondent Failed to File Agency Summary
CLAIM PAYMENT DISPUTES															
PH – CPD – Ambulance (Include Air and Ground)	1	1													
PH – Behavioral Health Outpatient and Physician	4		1		3										
PH – CPD – Durable Medical Equipment	2				2										
PH – CPD – HCBS	1							1							
PH – CPD – Hospital Inpatient (Non-Behavioral Health)	3 12	2 11			1			1							
PH – CPD – Hospital Outpatient (Non-Behavioral Health)	1						1								
PH – CPD – Nursing Facilities – Total	1				1										
PH – CPD – Other	1		1												
MEDICAL NECESSITY/LEVEL OF CARE – Criteria Not Met															
PH – CNM – Medical Procedure (NOS)	1												1		
PH – CNM – Pharmacy	2	1			1										

TOTAL															
ABH – Red	8	4			1		1	1					1		
SHP – Green	5		1		3			1							
UHC - Purple	16	11	1		4										
Range of Days to Reverse MCO Decision					73 171-210 145-901										

* 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 July-September 2021 is attached](#) to this report.
- f. Changes in provider qualifications/standards: None.
- g. Access: Members who are not in their open enrollment period are 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. The reduction in GCR requests in January and February is the result of a high volume of members being in their annual open enrollment period.

If a GCR is denied by KDHE, the member is given appeal/fair hearing rights. No fair hearings were requested for denied GCRs this quarter. A summary of GCR actions this quarter is as follows:

Status	Jan	Feb	Mar
Total GCRs filed	8	10	38
Approved	1	2	1
Denied	5	6	30
Withdrawn (resolved, no need to change)	0	0	1
Dismissed (due to inability to contact the member)	2	2	6
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 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 KS border.
- Providers for services provided in the home are counted once for each county in which they are contracted to provide services.

KanCare MCO	# of Unique Providers as of 6/30/2021	# of Unique Providers as of 9/30/2021	# of Unique Providers as of 12/31/2021	# of Unique Providers as of 3/31/2022
Aetna	45,115	45,284	47,714	51,079
Sunflower	40,878	41,810	36,332	39,654
UHC	43,754	44,490	44,059	44,947

- h. Payment rates: There were no payment rate changes for the quarter ending 3/31/2022.
- i. Health plan financial performance that is relevant to the demonstration: All KanCare MCOs remain solvent.
- j. MLTSS implementation and operation: Kansas placed 88 people on HCBS IDD waiver services, and 386 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 is 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: The Kansas Legislature convened on January 10, 2022. KDADS presented to several legislative committees including Senate Ways and Means, House Appropriations, House Social Service Budget Committee, Senate Public Health and Welfare, House Health and Human Services, and House Children and Seniors. Topics included workforce issues, nursing homes, HCBS Programs, Mental Health Programs, State Hospitals, and budget updates. Specific issues covered were HCBS and Nursing Facility reimbursement rates, the I/DD Waiver, HCBS FMAP Enhancement Projects, Certified Community Behavioral Health Clinics (CCBHCs) implementation, and COVID updates.

The Robert G. (Bob) Bethell Joint Committee on Home and Community Based Services and KanCare Oversight met February 4, 2022. The Committee heard presentations from individuals, providers, and organizations related to KanCare, KDHE and KDADS.

KDADS highlighted CMS approval of the narrative and spending plans for the ARPA HCBS 10% FMAP enhancement, implementation of CCBHCs, the Nursing Facilities for Mental Health Settlement Agreement implementation, recruitment and retention of staff at State Hospitals, and budget enhancements recommended by the Governor.

KDHE leadership presented their respective updates during the Robert G. (Bob) Bethell Joint Committee meeting. Janet Stanek, KDHE Secretary, opened the meeting with an introduction and remarks. Sarah Fertig, State Medicaid Director, gave a KanCare program update, which included information on: Medicaid provider rates, the KanCare 3.0 and MCO contract procurement, extending postpartum coverage to twelve months, the American Rescue Plan Act 10% FMAP for HCBS, Health Care Access Improvement Panel (HCAIP), Support and Training to Employ People Successfully (STEPS) Program, KanCare COVID-19, and KanCare analytics and performance metrics. LaTonya Palmer, Director of Eligibility, gave an eligibility update, which included information on Medicaid eligibility applications, federally facilitated marketplace open enrollment, transition of Medicaid application eligibility processing, KDHE staffing, status of the Clearinghouse contract, and the preparation for the eventual end of the PHE.

Overview of changes made to the Medicaid program during the PHE (not a complete list):

- Delay annual eligibility reviews; will not remove anyone from program during the PHE except if the person ceases to be a resident of the state, or voluntarily withdraws from the program (required for enhanced FMAP)
 - Applicants and beneficiaries have an additional 120 days to request a fair hearing, if the original 33-day deadline falls between March 2020 and the end of the Public Health Emergency
 - Remove all cost sharing for COVID-19 testing/treatment/vaccines for KanCare members
 - Allow for greater flexibility of day service location for HCBS members
 - Services can be rendered in home by family member, with reimbursement to family member
 - Suspend provider revalidation, allowing for continuity of care
 - Allow for out of state, non-KanCare providers to provide services in Kansas
 - Suspend PASRR Level 1 and Level 2 requirements for thirty days
 - Temporarily cease all physical visits from MCOs to providers/members
 - Allow for early refill of maintenance prescriptions; increase level of pharmacy delivery and mail order availability
 - Temporarily allow for documented verbal consent on person-centered plans of care
- n. Other Operational Issues: Eligibility workers continued alternative work schedules. Staff work from home and work in the office on alternate days and times to control the spread of COVID-19. This effort has resulted in keeping staff safe and Medicaid applications processed timely.

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 has updated the Budget Neutrality template provided by CMS and has submitted this through the PMDA system. The expenditures contained in the document reconcile to Schedule C from the CMS 64 report for quarter ending March 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			
	Jan-22	Feb-22	Mar-22	TOTAL QE 3 31 2022
DY1 CY2013	0	0	0	0
MEG 1 - ABD/SD DUAL	0	0	0	0
MEG 2 - ABD/SD NON DUAL	0	0	0	0
MEG 3 - ADULTS	0	0	0	0
MEG 4 - CHILDREN	0	0	0	0
MEG 5 - DD WAIVER	0	0	0	0
MEG 6 - LTC	0	0	0	0
MEG 7 - MN DUAL	0	0	0	0
MEG 8 - MN NON DUAL	0	0	0	0
MEG 9 - WAIVER	0	0	0	0
DY2 CY2014	0	0	0	0
MEG 1 - ABD/SD DUAL	0	0	0	0
MEG 2 - ABD/SD NON DUAL	0	0	0	0
MEG 3 - ADULTS	0	0	0	0
MEG 4 - CHILDREN	0	0	0	0
MEG 5 - DD WAIVER	0	0	0	0
MEG 6 - LTC	0	0	0	0
MEG 7 - MN DUAL	0	0	0	0
MEG 8 - MN NON DUAL	0	0	0	0
MEG 9 - WAIVER	0	0	0	0
DY3 CY2015	0	0	0	0
MEG 1 - ABD/SD DUAL	0	0	0	0
MEG 2 - ABD/SD NON DUAL	0	0	0	0
MEG 3 - ADULTS	0	0	0	0
MEG 4 - CHILDREN	0	0	0	0

MEG 5 - DD WAIVER	0	0	0	0
MEG 6 - LTC	0	0	0	0
MEG 7 - MN DUAL	0	0	0	0
MEG 8 - MN NON DUAL	0	0	0	0
MEG 9 - WAIVER	0	0	0	0
DY4 CY2016	0	0	0	0
MEG 1 - ABD/SD DUAL	0	0	0	0
MEG 2 - ABD/SD NON DUAL	0	0	0	0
MEG 3 - ADULTS	0	0	0	0
MEG 4 - CHILDREN	0	0	0	0
MEG 5 - DD WAIVER	0	0	0	0
MEG 6 - LTC	0	0	0	0
MEG 7 - MN DUAL	0	0	0	0
MEG 8 - MN NON DUAL	0	0	0	0
MEG 9 - WAIVER	0	0	0	0
DY5 CY2017	0	0	0	0
MEG 1 - ABD/SD DUAL	0	0	0	0
MEG 2 - ABD/SD NON DUAL	0	0	0	0
MEG 3 - ADULTS	0	0	0	0
MEG 4 - CHILDREN	0	0	0	0
MEG 5 - DD WAIVER	0	0	0	0
MEG 6 - LTC	0	0	0	0
MEG 7 - MN DUAL	0	0	0	0
MEG 8 - MN NON DUAL	0	0	0	0
MEG 9 - WAIVER	0	0	0	0
DY6 CY2018	0	0	0	0
MEG 1 - ABD/SD DUAL	0	0	0	0
MEG 2 - ABD/SD NON DUAL	0	0	0	0
MEG 3 - ADULTS	0	0	0	0
MEG 4 - CHILDREN	0	0	0	0
MEG 5 - DD WAIVER	0	0	0	0
MEG 6 - LTC	0	0	0	0
MEG 7 - MN DUAL	0	0	0	0
MEG 8 - MN NON DUAL	0	0	0	0
MEG 9 - WAIVER	0	0	0	0
DY7 CY2019	(1)	0	(4)	(5)
MEG 1 - ABD/SD DUAL	(1)	0	0	(1)
MEG 2 - ABD/SD NON DUAL	0	0	(1)	(1)
MEG 3 - ADULTS	0	0	0	0
MEG 4 - CHILDREN	0	0	(3)	(3)
MEG 5 - DD WAIVER	0	0	0	0
MEG 6 - LTC	0	0	0	0
MEG 7 - MN DUAL	0	0	0	0

MEG 8 - MN NON DUAL	0	0	0	0
MEG 9 - WAIVER	0	0	0	0
DY8 CY2020	(3)	3	(38)	(38)
MEG 1 - ABD/SD DUAL	1	35	17	53
MEG 2 - ABD/SD NON DUAL	(83)	(59)	(45)	(187)
MEG 3 - ADULTS	0	0	0	0
MEG 4 - CHILDREN	24	7	17	48
MEG 5 - DD WAIVER	0	4	(3)	1
MEG 6 - LTC	7	(19)	0	(12)
MEG 7 - MN DUAL	50	24	1	75
MEG 8 - MN NON DUAL	4	10	11	25
MEG 9 - WAIVER	(6)	1	(36)	(41)
DY9 CY2021	403,359	6,869	3,162	413,390
MEG 1 - ABD/SD DUAL	15,573	260	370	16,203
MEG 2 - ABD/SD NON DUAL	31,561	387	333	32,281
MEG 3 - ADULTS	66,323	1,629	766	68,718
MEG 4 - CHILDREN	249,862	3,461	1,386	254,709
MEG 5 - DD WAIVER	9,043	19	(3)	9,059
MEG 6 - LTC	21,166	220	40	21,426
MEG 7 - MN DUAL	3,802	765	300	4,867
MEG 8 - MN NON DUAL	1,625	154	68	1,847
MEG 9 - WAIVER	4,404	(26)	(98)	4,280
DY10 CY2022	0	401,176	408,060	809,236
MEG 1 - ABD/SD DUAL	0	14,369	14,660	29,029
MEG 2 - ABD/SD NON DUAL	0	31,048	31,429	62,477
MEG 3 - ADULTS	0	66,335	68,087	134,422
MEG 4 - CHILDREN	0	248,959	253,313	502,272
MEG 5 - DD WAIVER	0	9,027	9,018	18,045
MEG 6 - LTC	0	20,937	20,706	41,643
MEG 7 - MN DUAL	0	3,957	4,284	8,241
MEG 8 - MN NON DUAL	0	2,025	2,113	4,138
MEG 9 - WAIVER	0	4,519	4,450	8,969
Grand Total	403,355	408,048	411,180	1,222,583

Note: Totals do 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 workers (PCS).	Upon review, there is a staffing shortage for in home care providers. Some of this concern is related to the Public Health Emergency, the State has also done a review and found that pay rates for PCS workers needs reviewed for consistency across waivers.	The State is currently working on standardizing pay rates across waivers for PCS.
Members have had concerns with having home modifications completed that were part of their PCSP.	Upon review, there was a breakdown in communication between the MCO CC/CM and the families. The MCO has provided additional coaching to those workers to prevent this in the future.	The State has requested ongoing (at minimum) annual training on this process to prevent this issue in the future.

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 quarter three 2021. Some MCOs relied upon the annual CAHPS surveys to provide this information to the health plan/KDHE, consequently they are still building their process to provide quarterly updates. Below is the information received for the HCBS satisfaction for the first quarter:

Assessment	Jan - 22	Feb - 22	Mar - 22	Total	% Total
How satisfied are you with the Health Plan?					
Satisfied	750	712	842	2304	60.66%
Very Satisfied	572	434	479	1485	39.10%
Dissatisfied	2	0	2	0	0.11%
Very Dissatisfied	2	1	2	0	0.13%
How satisfied are you with your Adult Day Center Provider?					
Satisfied	252	205	290	747	62.46%
Very Satisfied	168	124	145	437	36.54%
Dissatisfied	2	2	4	8	0.67%
Very Dissatisfied	2	1	1	4	0.33%
How satisfied are you with your ALF Provider?					
Satisfied	252	205	290	747	62.46%
Very Satisfied	168	124	145	437	36.54%
Dissatisfied	2	2	4	8	0.67%
Very Dissatisfied	2	1	1	4	0.33%
How satisfied are you with your Care Coordinator?					
Satisfied	644	566	669	1879	56.56%
Very Satisfied	558	421	456	1435	43.20%
Dissatisfied	3	1	0	0	0.12%
Very Dissatisfied	3	0	1	4	0.12%

How satisfied are you with your Fiscal Management Agency?					
Satisfied	213	209	216	638	56.71%
Very Satisfied	194	145	142	481	42.76%
Dissatisfied	1	1	3	5	0.44%
Very Dissatisfied	1	0	0	1	0.09%
How satisfied are you with your Institutional Provider?					
Satisfied	67	61	67	195	75.58%
Very Satisfied	27	13	21	61	23.64%
Dissatisfied	1	1	0	2	0.78%
Very Dissatisfied	0	0	0	0	0.00%
How satisfied are you with your Personal Care Attendant/Worker Provider?					
Satisfied	295	281	290	866	48.57%
Very Satisfied	322	247	300	869	48.74%
Dissatisfied	9	15	16	40	2.24%
Very Dissatisfied	3	2	3	8	0.45%
How satisfied are you with your Transportation Provider?					
Satisfied	23	23	48	94	67.63%
Very Satisfied	9	11	14	34	24.46%
Dissatisfied	3	3	2	8	5.76%
Very Dissatisfied	0	1	2	3	2.16%
How satisfied are you with the availability of home providers?					
Satisfied	0	0	4	4	66.67%
Very Satisfied	0	0	2	2	33.33%
Dissatisfied	0	0	0	0	0.00%
Very Dissatisfied	0	0	0	0	0.00%
How satisfied are you with wait times for services in the home?					
Satisfied	0	0	3	3	42.86%
Very Satisfied	0	0	3	3	42.86%
Dissatisfied	0	0	1	1	14.29%
Very Dissatisfied	0	0	0	0	0.00%
Do you have a paid or volunteer job in the community?					
Yes	244	207	246	697	13.68%
No	1489	1355	1554	4398	86.32%
Do you feel safe in your home/where you live?					
Yes	1723	1570	1798	5091	99.47%
No	7	10	10	27	0.53%
Are you able to make decisions about your daily routine?					
Yes	1707	1556	1764	5027	97.63%
No	33	39	50	122	2.37%
Are you able to do things you enjoy outside of your home and with whom you want to?					
Yes	1654	1462	1709	4825	93.60%
No	91	119	120	330	4.40%

Can you see or talk to your friends and family (who do not live with you) When you want to?					
Yes	1687	1526	1759	4972	97.15%
No	43	50	53	146	2.85%
In general, do you like where you are living right now?					
Yes	1713	1535	1765	5013	98.22%
No	22	30	39	91	1.78%

IX. Quality Assurance/Monitoring Activity

The State Quality Management Strategy (QMS) is designed to provide an overarching framework for the State to allocate resources in an efficient manner with the objective of driving meaningful Quality Improvement (QI). Underneath the QMS lies the State’s monitoring and oversight activities, across KDHE and KDADS, that act as an early alert system to more rapidly address MCO compliance issues and reported variances from expected results. Those monitoring and oversight activities represent the State’s ongoing actions to ensure compliance with Federal and State contract standards. The framework of the QMS has been redesigned to look at the KanCare program and the population it serves in a holistic fashion to address all physical, behavioral, functional and social determinants of health and independence needs of the enrolled population. The QMS serves as the launch pad from which the State will continue to build and implement continuous QI principals in key areas of the KanCare program. The State will continue to scale the requirements of the QMS to address and support ongoing system transformation.

A requirement for approval of the 1115 waiver was development of a State QMS to define waiver goals and corresponding statewide strategies, as well as all standards and technical specifications for contract performance measurement, analysis, and reporting. CMS finalized new expectations for managed care service delivery in the 2017 Medicaid and CHIP Managed Care Final Rule. 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:

- Ongoing automated report management, review, and feedback occurred between the State and the MCOs. Reports from the MCOs consist of a wide range of data reported on standardized templates. The State is preparing to add Provider Satisfaction Survey results to the Report Administration system. This would include MCO submission of survey tools and methodology for State approval prior to survey implementation.
- Developed specific templates for reporting key components of performance for the KanCare program through cross-agency and MCO collaboration. The process of report management, review, and feedback is now automated to ensure efficient access to reported information and maximum utilization/feedback related to the data. The team identified gaps in reporting contract requirements and reports that could improve the quality of data reported.
- 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 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.
- KDHE and KDADS performed the State 2021 Annual Contract Review and additional audits. The State provided preliminary audit findings to MCOs for rebuttal and review. The State adopted a new review to fully review the KanCare contract within a three-year timeframe. This change helps the State to better focus on each contract area when completing the quality review. All onsite meetings for 2021 were held virtually through Microsoft Teams due to COVID-19.
- Participated in Medicaid Fraud Control Unit monthly meetings with the Attorney General's office to address fraud, waste, abuse cases, referrals to MCOs and State, and collaborate on solutions to identify and prevent fraud, waste, and abuse.
- Continued state staff participation in cross-agency long-term care meetings to report quality assurance and programmatic activities to KDHE for oversight and collaboration.
- Discussed program issues and work collaboratively towards solutions at new monthly HCBS waiver meetings with KDADS, KDHE and the 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 through issue logs.
- Discussed issues and improvements with KanCare. Leadership from KDADS, KDHE and the three MCOs each month.
- 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.
- Attended various provider training and workshops presented by the MCOs. Monitored for accuracy, answer questions as needed.

- KanCare 2.0 requires each MCO to participate in six PIPs. All eighteen PIPs have approved methodologies and have moved to the technical specification and data reporting phase. PIP activities focused on developing strong technical specifications that will be reported to the State and the EQRO via our data reporting system intermittently. 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 can review the data at will in order 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 website². The file is in PDF for ease of access under ‘Performance Improvement Projects’.
- KDHE and KDADS held the first Quality Steering Committee meeting to review progress on the objectives in the QMS. This is a biannual meeting to monitor for any concerns related to objectives of the QMS.
- 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 are 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 is enhanced through collaboration with the Department of Children and Families and the Department of Health and Environment. A quality assurance protocol and interpretative guidelines are utilized to document this process and have been established with the goal of ensuring consistency in the reviews.
- Below is the timeline that the KDADS Quality Review Team follows regarding the quality review process.

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

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

X. Managed Care Reporting Requirements

- a. A description of network adequacy reporting including GeoAccess mapping:
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 (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 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 began collecting the data files for MCO provider directories, in order to give feedback to the MCOs when differences between the directory and network report are found. This process will give the State insight into information such as office hours, cultural competency, and ADA capabilities. The State also developed a tool to analyze the MCOs online provider directory compliance with contract requirements. The tool will give the MCO a percentage of compliance score and feedback on which metrics need the most improvement. The State also began work to standardize the MCOs submission of their online directory via a format that can be uploaded by KDHE.

In partnership with KDHE Department of Administration, the State developed an automated procedure, using ArcGIS Pro, to map providers based on the MCOs provider network report submissions. These maps serve multiple purposes including a compare between the GeoAccess map that the MCO submits, to find errors, omissions, and verify gaps in coverage. Using these maps, the team began to implement our exceptions request process. The team chose to focus on OBGYNs. MCOs have begun to close gaps, by adding new providers, and documenting activities to close any remaining gaps.

KDHE also began to compare the dental networks of the three managed care organizations and all fee-for-service enrolled providers. Using the comparison, gaps in coverage could be analyzed to determine if there was a Medicaid provider in an area or not. Letters were sent to each MCO when a gap in care was identified and if there were any Medicaid enrolled providers in that area. The State will continue this effort with other high-profile provider types and looking at commercial insurance networks as well for comparison.

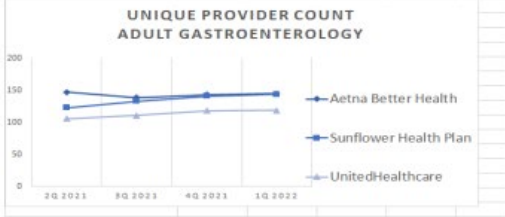
Examples of maps mentioned in this report are below. All the maps are available on the KanCare Network Adequacy Reporting website³.

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

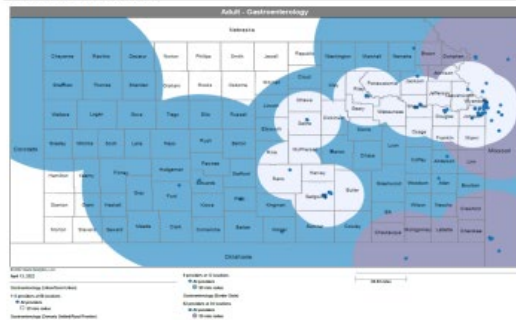
Gastroenterology

Quarterly Unique Provider Count

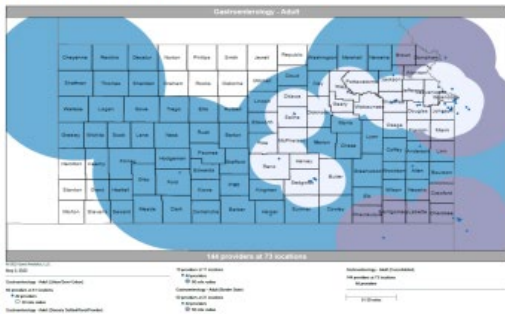
	2Q 2021	3Q 2021	4Q 2021	1Q 2022
Aetna Better Health	147	139	143	145
Sunflower Health Plan	123	133	141	144
UnitedHealthcare	106	111	118	119



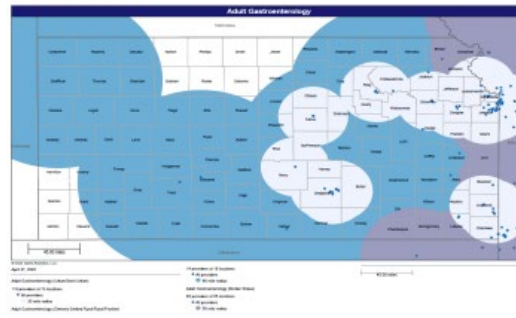
Aetna Better Health



Sunflower Health Plan



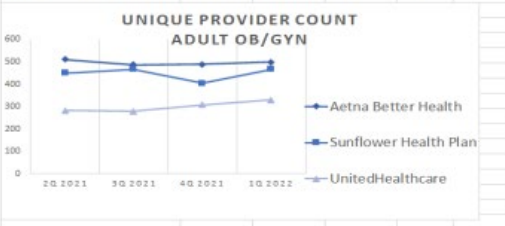
UnitedHealthcare



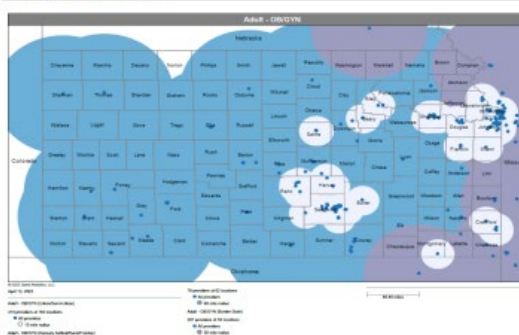
Obstetrics/Gynecology (OB/GYN)

Quarterly Unique Provider Count

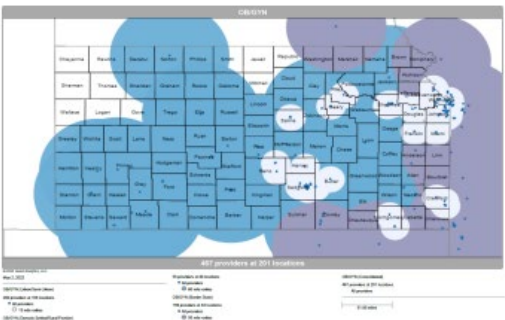
	2Q 2021	3Q 2021	4Q 2021	1Q 2022
Aetna Better Health	511	488	489	499
Sunflower Health Plan	450	467	405	467
UnitedHealthcare	282	279	307	329



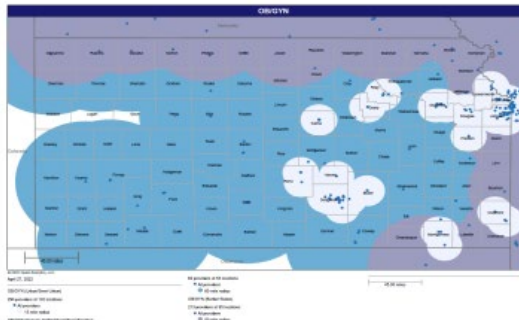
Aetna Better Health



Sunflower Health Plan



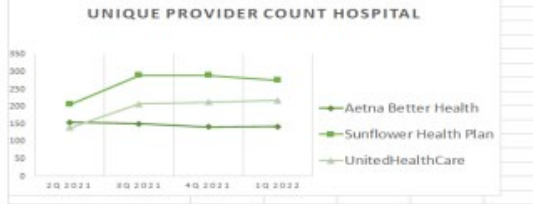
UnitedHealthcare



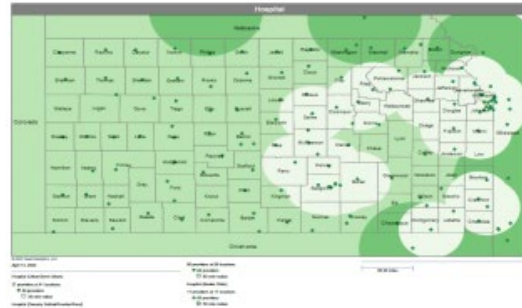
Hospitals

Quarterly Unique Provider Count

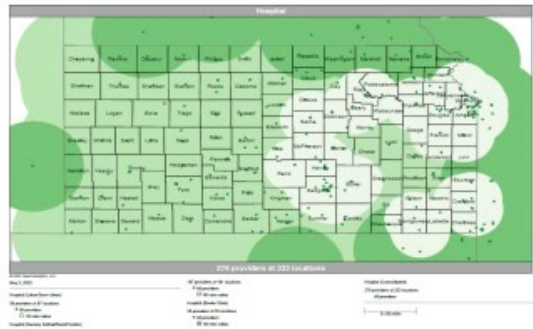
	2Q 2021	3Q 2021	4Q 2021	1Q 2022
Aetna Better Health	155	151	142	143
Sunflower Health Plan	207	290	290	276
UnitedHealthCare	140	208	213	218



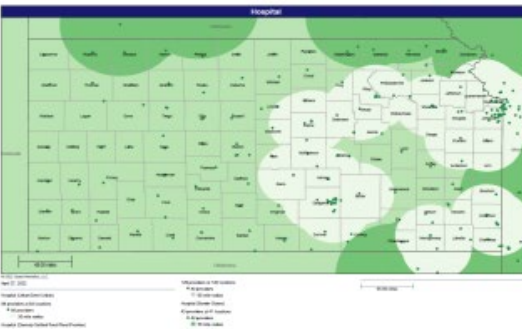
Aetna Better Health



Sunflower Health Plan



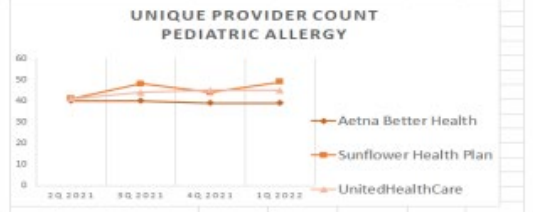
UnitedHealthcare



Allergy

QUARTERLY COUNT TREND

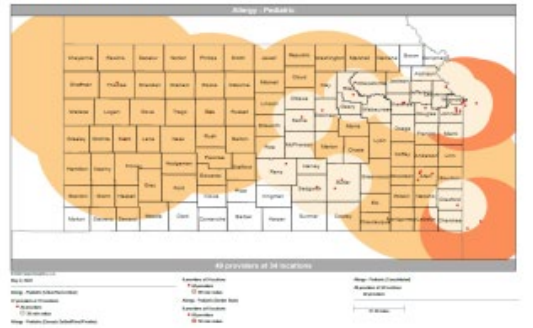
	2Q 2021	3Q 2021	4Q 2021	1Q 2022
Aetna Better Health	40	40	39	39
Sunflower Health Plan	41	48	44	49
UnitedHealthCare	41	44	45	45



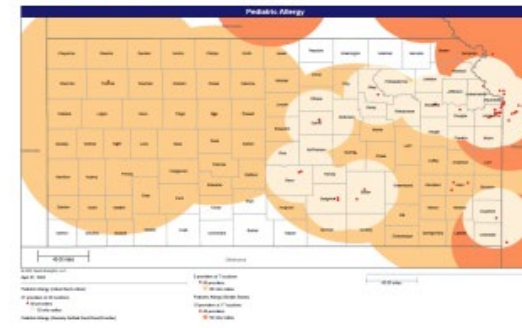
Aetna Better Health



Sunflower Health Plan



UnitedHealthcare



The KDHE and KDADS GeoAccess standards are posted on our KanCare website⁴. 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, January – March 2022:

KanCare Customer Service Report – Member

MCO/Fiscal Agent	Average Speed of Answer (Seconds)	Call Abandonment Rate	Total Calls
Aetna	8.57	1.81%	42,809
Sunflower	22.00	1.94%	34,598
United	13.88	0.55%	35,223
Gainwell– Fiscal Agent	2	0.17%	14,811

KanCare Customer Service Report - Provider

MCO/Fiscal Agent	Average Speed of Answer (Seconds)	Call Abandonment Rate	Total Calls
Aetna	4.45	0.31%	18,830
Sunflower	34.35	2.88%	27,041
United	42.07	0.15%	18,846
Gainwell– Fiscal Agent	2	0.13%	20,478

- 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:

Aetna Grievance Trends		
Total # of Resolved Grievances	61	
Top 5 Trends		
Trend 1: Quality of Care (non HCBS Providers)	13	21%
Trend 2: Billing and Financial Issues (non-Transportation)	9	15%
Trend 3: Customer Service	9	15%
Trend 4: Access to Service or Care	8	13%
Trend 5: Transportation – Other	8	13%

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

Sunflower Member Grievances:

- There were 63 member grievances categorized as Transportation No Show which is an increase of 29 from 34 reported CY2021 fourth quarter.

Sunflower Grievance Trends		
Total # of Resolved Grievances	215	
Top 5 Trends		
Trend 1: Transportation – No Show	63	29%
Trend 2: Transportation – Other	34	16%
Trend 3: Transportation – No Driver Available	22	10%
Trend 4: Customer Service	15	7%
Trend 5: Access to Service or Care and Transportation Issues – Billing and Reimbursement	14	7%

United Member Grievances:

- There were 74 member grievances categorized as Transportation – No Show which is an increase of 19 from 55 reported CY2021 fourth quarter.
- There were 34 member grievances categorized as Transportation – Other which is a decrease of 26 from 60 reported CY2021 fourth quarter.
- There were 27 member grievances categorized as Customer Service which is an increase of 18 from nine reported CY2021 fourth quarter.

United Grievance Trends		
Total # of Resolved Grievances	294	
Top 5 Trends		
Trend 1: Transportation – No Show	74	25%
Trend 2: Billing and Financial Issues (non-Transportation)	55	19%
Trend 3: Transportation – Other	34	12%
Trend 4: Customer Service	27	9%
Trend 5: Transportation – No Driver Available	27	9%

MCOs' Grievance Trends Provider

Aetna Grievance Trends		
Total # of Resolved Grievances	3	
Top 5 Trends		
Trend 1: Billing/Payment	3	100%

Sunflower Grievance Trends		
Total # of Resolved Grievances	18	
Top 5 Trends		
Trend 1: Transportation	14	78%
Trend 2: Billing/Payment	2	11%
Trend 3: Credentialing – MCO	1	6%
Trend 4: UM	1	6%

United Grievance Trends		
Total # of Resolved Grievances	3	
Top 5 Trends		
Trend 1: Transportation	2	67%
Trend 2: Pharmacy	1	33%

MCOs' Reconsideration Trends Provider

Aetna Provider Reconsiderations

- There were 1,022 provider reconsiderations categorized as PR – CPD – Medical (Physical Health not Otherwise Specified) which is an increase of 93 from 959 reported CY2021 fourth quarter.
- There were 236 provider reconsiderations categorized as PR – CPD – Hospital Inpatient (Non-Behavioral Health) which is an increase of 99 from 134 reported CY2021 fourth quarter.
- There were 226 provider reconsiderations categorized as PR – CPD – Hospital Outpatient which is an increase of 94 from 132 reported CY2021 fourth quarter.
- There were 206 provider reconsiderations categorized as PR – CPD – Laboratory which is an increase of 135 from 71 reported CY2021 fourth quarter.
- There were 181 provider reconsiderations categorized as PR – CPD – Durable Medical Equipment which is an increase of 84 from 97 reported CY2021 fourth quarter.

Aetna Provider Reconsideration Trends		
Total # of Resolved Reconsiderations	2,193	
Top 5 Trends		
Trend 1: PR – CPD – Medical (Physical Health not Otherwise Specified)	1,022	47%
Trend 2: PR – CPD – Hospital Inpatient (Non-Behavioral Health)	236	11%
Trend 3: PR – CPD – Hospital Outpatient (Non-Behavioral Health)	226	10%
Trend 4: PR – CPD – Laboratory	206	9%
Trend 5: PR – CPD – Durable Medical Equipment	181	8%

Sunflower Provider Reconsiderations

- There were 3,714 provider reconsiderations categorized as PR – CPD – Medical (Physical Health not Otherwise Specified) which is an increase of 583 from 3,131 reported CY2021 fourth quarter.
- There were 1,131 provider reconsiderations categorized as PR – CPD – Durable Medical Equipment which is an increase of 346 from 785 reported CY2021 fourth quarter.
- There were 1,126 provider reconsiderations categorized as PR – CPD – Hospital Outpatient which is an increase of 243 from 883 reported CY2021 fourth quarter.
- There were 466 provider reconsiderations categorized as PR – CPD – Behavioral Health Outpatient and Physician which is an increase of 183 from 283 reported CY2021 fourth quarter.
- There were 449 provider reconsiderations categorized as PR – CPD – Laboratory which is an increase of 170 from 279 reported CY2021 fourth quarter.

Sunflower Provider Reconsideration Trends		
Total # of Resolved Reconsiderations	7,846	
Top 5 Trends		
Trend 1: PR – CPD – Medical (Physical Health not Otherwise Specified)	3,714	47%
Trend 2: PR – CPD – Durable Medical Equipment	1,131	14%
Trend 3: PR – CPD – Hospital Outpatient (Non-Behavioral Health)	1,126	14%
Trend 4: PR – CPD – Behavioral Health Outpatient and Physician	466	6%
Trend 5: PR – CPD – Laboratory	449	6%

United Provider Reconsiderations

- There were 3,315 provider reconsiderations categorized as PR – CPD – Medical (Physical Health not Otherwise Specified) which is an increase of 598 from 2,717 reported CY2021 fourth quarter.
- There were 990 provider reconsiderations categorized as PR – CPD – Durable medical Equipment which is an increase of 178 from 812 reported CY2021 fourth quarter.
- There were 688 provider reconsiderations categorized as PR – CPD – Out of network provider, specialist or specific provider which is an increase of 69 from 619 reported CY2021 fourth quarter.
- There were 571 provider reconsiderations categorized as PR – CPD – Behavioral Health Outpatient and Physician which is an increase of 123 from 619 reported CY2021 fourth quarter.
- There were 352 provider reconsiderations categorized as PR – CPD – Radiology which is an increase of 141 from 211 reported CY2021 fourth quarter.

United Provider Reconsideration Trends		
Total # of Resolved Reconsiderations	6,928	
Top 5 Trends		
Trend 1: PR – CPD – Medical (Physical Health not Otherwise Specified)	3,315	48%
Trend 2: PR – CPD – Durable Medical Equipment	990	14%
Trend 3: PR – CPD – Out of network provider, specialist or specific provider	688	10%
Trend 4: PR – CPD – Behavioral Health Outpatient and Physician	571	8%
Trend 5: PR – CPD – Radiology	352	5%

MCOs' Appeals Trends Member/Provider

Aetna Member Appeals:

- There were 93 member appeals categorized as MA – CNM – Pharmacy which is an increase of 31 from 62 reported CY2021 fourth quarter.

Aetna Member/Provider Appeal Trends					
Total # of Resolved Member Appeals	173		Total # of Resolved Provider Appeals	343	
Top 5 Trends			Top 5 Trends		
Trend 1: MA – CNM – Pharmacy	93	54%	Trend 1: PA – CPD – Medical (Physical Health not Otherwise Specified)	143	42%
Trend 2: MA – CNM – Medical Procedure (NOS)	44	25%	Trend 2: PA – CPD – Hospital Inpatient (Non-Behavioral Health)	71	21%
Trend 3: MA – CNM – Durable Medical Equipment	17	10%	Trend 3: PA – CPD – Hospital Outpatient (Non-Behavioral Health)	39	11%
Trend 4: MA – CNM – Behavioral Health Outpatient and Physician	6	3%	Trend 4: PA – CPD – Durable Medical Equipment	15	4%
Trend 5: MA – CNM – Radiology	5	3%	Trend 5: PA – CPD – Laboratory	14	4%

Sunflower Provider Appeals:

- There were 231 provider appeals categorized as PA – CPD – Medical (Physical Health not Otherwise Specified) which is an increase of 95 from 136 reported CY2021 fourth quarter.
- There were 172 provider appeals categorized as PA – CNM – Pharmacy which is an increase of 42 from 130 reported CY2021 fourth quarter.
- There were 20 provider appeals categorized as PA – CPD – Home Health which is an increase of 13 from seven reported CY2021 fourth quarter.

Sunflower Member/Provider Appeal Trends					
Total # of Resolved Member Appeals	181		Total # of Resolved Provider Appeals	750	
Top 5 Trends			Top 5 Trends		
Trend 1: MA – CNM – Pharmacy	65	36%	Trend 1: PA – CPD – Medical (Physical Health not Otherwise Specified)	231	31%
Trend 2: MA – CNM – Radiology	29	16%	Trend 2: PA – CNM – Pharmacy	172	23%
Trend 3: MA – CNM – Medical Procedure (NOS)	17	9%	Trend 3: PA – CPD – Behavioral Health Outpatient and Physician	57	8%
Trend 4: MA – CNM – Inpatient Behavioral Health	15	8%	Trend 4: PA – CNM – Medical Procedure (NOS)	21	3%
Trend 5: MA – CNM – Other	14	8%	Trend 5: PA – CPD – Home Health	20	3%

United Member Appeals:

- There were 153 member appeals categorized as MA – CNM – Pharmacy which is an increase of 35 from 118 reported CY2021 fourth quarter.

United Provider Appeals:

- There were 308 provider appeals categorized as PA – CPD – Medical (Physical Health not Otherwise Specified) which is an increase of 111 from 197 reported CY2021 fourth quarter.
- There were 270 provider appeals categorized as PA – CPD – Hospital Inpatient (Non-Behavioral Health) which is a decrease of 70 from 340 reported CY2021 fourth quarter.
- There were 193 provider appeals categorized as PA – CPD – Home Health which is an increase of 98 from 95 reported CY2021 fourth quarter.
- There were 140 provider appeals categorized as PA – CPD – Hospital Outpatient (Non-Behavioral Health) which is an increase of 17 from 123 reported CY2021 fourth quarter.
- There were 128 provider appeals categorized as PA – CPD – Pharmacy which is a decrease of 32 from 128 reported CY2021 fourth quarter.

United Member/Provider Appeal Trends					
Total # of Resolved Member Appeals	256		Total # of Resolved Provider Appeals	1,367	
Top 5 Trends			Top 5 Trends		
Trend 1: MA – CNM – Pharmacy	153	60%	Trend 1: PA – CPD – Medical (Physical Health not Otherwise Specified)	308	23%
Trend 2: MA – CNM – Inpatient Admissions (Non-Behavioral Health)	28	11%	Trend 2: PA – CPD – Hospital Inpatient (Non-Behavioral Health)	270	20%
Trend 3: MA – CNM – Durable Medical Equipment	19	7%	Trend 3: PA – CPD – Home Health	193	14%
Trend 4: MA – CNM – Medical Procedure (NOS)	9	4%	Trend 4: PA – CPD – Hospital Outpatient (Non-Behavioral Health)	140	10%
Trend 5: MA – CNM – Mental Health	8	3%	Trend 5: PA – CPD – Pharmacy	128	9%

MCOs' State Fair Hearing Reversed Decisions - Member/Provider

- There were nine-member state fair hearings for all three MCOs. No decisions were reversed by OAH.
- There were 29 provider state fair hearings for all three MCOs. One decision was reversed by OAH.

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

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

United First Quarter					
Total # of Member SFH	4		Total # of Provider SFH	16	
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 first 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 9/17/18. 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 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 have the ability to 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 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.

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 2022 AIR reports through the quarter ending March 31, 2022 follows:

Critical Incidents	1 st Quarter	2 nd Quarter	3 rd Quarter	4 th Quarter	YTD
	AIR Totals	AIR Totals	AIR Totals	AIR Totals	TOTALS
Reviewed	2,980				2,980
Pending Resolution	12				12
Total Received	2,992				2,992
APS Substantiations*	192				192

**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.*

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 first quarter HCAIP UCC Pool payments will be issued in June 2022. The DY 10 first quarter LPTH/BCCH UC Pool payment was issued March 24, 2022.

[SNCP and HCAIP reports for the first quarter of DY 10](#) are attached to this report.

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

XI. Demonstration Evaluation

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

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

a. Post-award forums

No post-award forum was held during the January-March 2022 quarter.

b. Claims Adjudication Statistics
 KDHE’s summary of the [KanCare MCOs’ claims adjudication reports covering January through March of 2022 is attached.](#)

c. Waiting List Management
 PD Waiting List Management

For the quarter ending March 31, 2022:

- Current number of individuals on the PD Waiting List: 2,135.
- Number of individuals added to the waiting list: 413
- Number of individuals removed from the waiting list: 555
 - 245 started receiving HCBS-PD waiver services
 - 48 were deceased
 - 262 were removed for other reasons (refused services, voluntary removal, etc.)

I/DD Waiting List Management

For the quarter ending March 31, 2022:

- Current number of individuals on the I/DD Waiting List: 4,684
- Number of individuals added to the waiting list: 144
- Number of individuals removed from the waiting list: 154
 - 32 started receiving HCBS-I/DD waiver services
 - 3 were deceased
 - 119 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 July-September 2021
X(e)	Summary of KanCare Ombudsman Activities for QE 03.31.2022
XI	Safety Net Care Pool Reports DY10 Q1 and HCAIP Reports DY10 Q1
XIII(b)	KDHE Summary of Claims Adjudication Statistics for January-March 2022

XV. State Contacts

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V. Date Submitted to CMS

May 25, 2022



Home and Community Based Services
Quality Review Report
July - September 2021

HCBS Waiver Quality Review Rolling Timeline

	FISC/IT	LTSS	MCO/Assessors	LTSS	FISC	LTSS
Review Period (look back period)	Samples Pulled and Posted to QRT	Notification to MCO/Assessor Samples Posted	MCO/Assessor Upload Period *(60 days)	Review of MCO/Assessor Documentation *(90 days)	Data Pulled & Reports Compiled** (30 days)	Data, Findings, and Remediation Reviewed at LTC Meeting
01/01 – 03/31	4/1 – 4/15	4/16	4/16 – 6/15	5/16 – 8/15	9/15	November
04/01 – 06/30	7/1 – 7/15	7/16	7/16 – 9/15	8/16 – 11/15	12/15	February
07/01 – 09/30	10/1 – 10/15	10/16	10/16 – 12/15	11/16 – 2/15	3/15	May
10/01 – 12/31	1/1 – 1/15	1/16	1/16 – 3/15	2/16 – 5/15	6/15	August

*Per HCBS Waiver Quality Review policy.

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

January - March 2021 HCBS Quality Sample			
Waiver	Population Count	Quarterly Sample Size	Completed Reviews
PD	6187	91	94
FE	5521	90	92
IDD	9128	92	95
BI	630	64	65
TA	607	61	64
Autism	62	12	12
SED	3424	87	89

April - June 2021 HCBS Quality Sample			
Waiver	Population Count	Quarterly Sample Size	Completed Reviews
PD	6103	91	95
FE	5848	90	92
IDD	9106	92	95
BI	805	66	68
TA	631	90	62
Autism	49	8	7
SED	3813	88	90

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

HCBS Quality Review Acronyms

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

Level of Care Performance Measures 1 & 2

Beginning with the January to March 2018 Quality Review period, KDADS 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: 07/01/2021 - 09/30/2021

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	Jan-Mar 2021	Apr-Jun 2021	Jul-Sept 2021
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: 07/01/2021 - 09/30/2021

Data Source: Number of waiver amendments and renewals sent 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	Jan-Mar 2021	Apr-Jun 2021	Jul-Sept 2021
PD											
Statewide	N/A	100%	100%	100%	N/A	N/A	100%	100%	N/A	N/A	100%
FE											
Statewide	Not a Measure	100%	100%	100%	N/A	N/A	100%	100%	N/A	N/A	100%
IDD											
Statewide	100%	100%	100%	100%	N/A	100%	100%	100%	N/A	N/A	100%
BI											
Statewide	100%	100%	100%	100%	N/A	100%	100%	100%	N/A	N/A	100%
TA											
Statewide	100%	100%	N/A	100%	N/A	100%	100%	100%	N/A	N/A	100%
Autism											
Statewide	100%	100%	N/A	N/A	100%	N/A	100%	100%	N/A	N/A	100%
SED											
Statewide	100%	100%	N/A	N/A	100%	N/A	100%	100%	N/A	N/A	100%

Explanation of Findings:

Performance Measure threshold achieved for all waivers.

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: 07/01/2021 - 09/30/2021

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	Jan - Mar 2021	Apr-Jun2021	Jul - Sept 2021
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: 07/01/2021 - 09/30/2021

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	Jan - Mar 2021	Apr-Jun 2021	Jul - Sept 2021
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: 07/01/2021 - 09/30/2021

Data Source: Functional Assessor Record Review/State Data Systems

Compliance By Waiver	Statewide
PD	96%
Numerator	267
Denominator	277
FE	95%
Numerator	567
Denominator	594
IDD	84%
Numerator	110
Denominator	131
BI	97%
Numerator	74
Denominator	76
TA	97%
Numerator	33
Denominator	34
Autism	100%
Numerator	13
Denominator	13
SED	99%
Numerator	88
Denominator	89

Compliance Trends	2013	2014	2015	2016	2017	2018	2019	2020	Jan - Mar 2021	Apr-Jun 2021	Jul - Sept 2021
PD											
Statewide	64%	83%	96%	86%	89%	92%	94%	88%	85%	98%	96%
FE											
Statewide	81%	91%	93%	98%	100%	96%	96%	93%	92%	99%	95%
IDD											
Statewide	99%	94%	90%	100%	100%	99%	99%	96%	84%	99%	84%
BI											
Statewide	62%	89%	81%	85%	96%	88%	93%	93%	90%	100%	97%
TA											
Statewide	97%	89%	100%	98%	100%	100%	100%	97%	100%	100%	97%
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%	93%	96%	99%

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.

IDD: Potential reasons for non-compliance include HCBS eligibility/coding date predating the qualifying functional assessment.

Remediation:

CDDO/KDADS meeting was held on March 17, 2022 and discussion of plan to ensure IDD waiver members have been appropriately closed out and how to clearly indicate member is utilizing Appendix K exception.

Next meeting for follow up will occur 08/18/2022.

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: 07/01/2021 - 09/30/2021

Data Source: Functional Assessor Record Review/State Data Systems

Compliance By Waiver	Statewide
PD	58%
Numerator	810
Denominator	1392
FE	60%
Numerator	620
Denominator	1041
IDD	97%
Numerator	2477
Denominator	2544
BI	61%
Numerator	74
Denominator	122
TA	100%
Numerator	126
Denominator	126
Autism	100%
Numerator	13
Denominator	13
SED	Not a waiver performance measure
Numerator	
Denominator	

Compliance Trends	2013	2014	2015	2016	2017	2018	2019	2020	Jan - Mar 2021	Apr-Jun 2021	Jul - Sept 2021
PD											
Statewide	47%	52%	64%	69%	68%	79%	72%	66%	57%	60%	58%
FE											
Statewide	68%	70%	76%	79%	68%	84%	80%	70%	61%	60%	60%
IDD											
Statewide	97%	74%	75%	77%	78%	97%	98%	97%	95%	97%	97%
BI											
Statewide	39%	50%	62%	65%	62%	70%	70%	57%	55%	58%	61%
TA											
Statewide	94%	90%	86%	96%	93%	99%	100%	99%	100%	99%	100%
Autism											
Statewide	68%	No Data	75%	78%	63%	65%	69%	100%	100%	100%	100%
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 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:

KDADS is working through a clean-up project with the ADRCs to clean-up overdue assessments, identify specifically why they became overdue (i.e., duplicates, 3161 process errors etc.) KDADS will be tracking these identified errors and provide feedback for correction with the ADRC and KDHE as appropriate.

ADRCs were sent consumer data on 04/19/2022 for members who had not had an assessment prior to COVID exception with Appendix K. ADRCs have been tasked with conducting outreach with these members and determine if cases should be closed or not.

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: 07/01/2021 - 09/30/2021

Data Source: Functional Assessor Record Review

Compliance By Waiver	Statewide
PD	86%
Numerator	79
Denominator	92
FE	92%
Numerator	84
Denominator	91
IDD	99%
Numerator	94
Denominator	95
BI	94%
Numerator	59
Denominator	63
TA	100%
Numerator	63
Denominator	63
Autism	100%
Numerator	13
Denominator	13
SED	83%
Numerator	74
Denominator	89

Compliance Trends	2013	2014	2015	2016	2017	2018	2019	2020	Jan - Mar 2021	Apr-Jun 2021	Jul - Sept 2021
PD											
Statewide	93%	84%	79%	80%	85%	81%	82%	87%	88%	90%	86%
FE											
Statewide	88%	91%	91%	92%	88%	93%	91%	93%	91%	90%	92%
IDD											
Statewide	97%	95%	99%	99%	99%	99%	99%	100%	100%	100%	99%
BI											
Statewide	64%	81%	79%	77%	82%	85%	89%	92%	92%	97%	94%
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%	100%	100%
SED											
Statewide	77%	79%	83%	88%	91%	95%	93%	88%	93%	93%	83%

Explanation of Findings:

PD: Functional assessment not current for audit period, therefore unable to determine if approved screening tool was used

SED: Functional assessment not current for audit period, therefore unable to determine if approved screening tool was used

Remediation:

Currently, KDADS HCBS does not have administrative authority over the CMHCs who conduct the SED assessments.

Re-evaluations: The CMHCs upload the participant's Annual LOC documents into KAMIS for KDADS review. KDADS Quality Review Team reviews a sample of the CMHCs reassessments quarterly to assure all documents reflect the ongoing LOC for continuation on the waiver.

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: 07/01/2021 - 09/30/2021

Data Source: Functional Assessor Record Review

Compliance By Waiver	Statewide
PD	86%
Numerator	79
Denominator	92
FE	92%
Numerator	84
Denominator	91
IDD	98%
Numerator	93
Denominator	95
BI	89%
Numerator	56
Denominator	63
TA	100%
Numerator	63
Denominator	63
Autism	92%
Numerator	12
Denominator	13
SED	83%
Numerator	74
Denominator	89

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

Explanation of Findings:

PD: Functional assessment not current for audit period, therefore unable to determine if assessor was approved

SED: Functional assessment not current for audit period, therefore unable to determine if assessor was approved

Remediation:

KDADS is working through a clean-up project with the ADRCs to clean-up overdue assessments, identify specifically why they became overdue (i.e., duplicates, 3161 process errors etc.) KDADS will be tracking these identified errors and provide feedback for correction with the ADRC and KDHE as appropriate.

ADRCs were sent consumer data on 04/19/2022 for members who had not had an assessment prior to COVID exception with Appendix K. ADRCs have been tasked with conducting outreach with these members and determine if cases should be closed or not.

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: 07/01/2021 - 09/30/2021

Data Source: Functional Assessor Record Review

Compliance By Waiver	Statewide
PD	86%
Numerator	79
Denominator	92
FE	93%
Numerator	85
Denominator	91
IDD	99%
Numerator	94
Denominator	95
BI	94%
Numerator	59
Denominator	63
TA	100%
Numerator	63
Denominator	63
Autism	100%
Numerator	13
Denominator	13
SED	99%
Numerator	88
Denominator	89

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

Explanation of Findings:

PD: Functional assessment not current for audit period, therefore unable to determine if LOC criteria was accurately applied.

Remediation:

KDADS is working through a clean-up project with the ADRCs to clean-up overdue assessments, identify specifically why they became overdue (i.e., duplicates, 3161 process errors etc.) KDADS will be tracking these identified errors and provide feedback for correction with the ADRC and KDHE as appropriate.

ADRCs were sent consumer data on 04/19/2022 for members who had not had an assessment prior to COVID exception with Appendix K. ADRCs have been tasked with conducting outreach with these members and determine if cases should be closed or not.

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: 07/01/2021 - 09/30/2021

Data Source:

Compliance By Waiver	Statewide
PD	Not a Waiver Performance Measure
Numerator	
Denominator	
FE	Not a Waiver Performance Measure
Numerator	
Denominator	
IDD	Not a Waiver Performance Measure
Numerator	
Denominator	
BI	Not a Waiver Performance Measure
Numerator	
Denominator	
TA	Not a Waiver Performance Measure
Numerator	
Denominator	
Autism	Not a Waiver Performance Measure
Numerator	
Denominator	
SED	100%
Numerator	37
Denominator	37

Compliance Trends	2017	2018	2019	Jan-Mar 2020	April-June 2020	July - Sept 2020	Oct-Dec 2020	Jan - Mar 2021	Apr-Jun 2021	Jul - Sept 2021
PD	Not a Waiver Performance Measure									
FE	Not a Waiver Performance Measure									
IDD	Not a Waiver Performance Measure									
BI	Not a Waiver Performance Measure									
TA	Not a Waiver Performance Measure									
Autism	Not a Waiver Performance Measure									
SED										
Statewide	No Data	No Data	91%	100%	100%	92%	93%	92%	100%	100%

Explanation of Findings:

Performance measure threshold achieved.

Remediation:

No remediation necessary.

KDADS HCBS Quality Review Report

Qualified Providers

PM 1: Number and percent of new licensed/certified waiver provider applicants that initially met licensure requirements, certification requirements, and other waiver standards prior to furnishing waiver services

Numerator: Number of new licensed/certified waiver provider applicants that initially met licensure requirements, certification requirements, and other waiver standards prior to furnishing waiver services

Denominator: Number of all new licensed/certified waiver providers

Review Period: Calendar Year 2020

Data Source:

Compliance By Waiver	Aetna	Sunflower	United	Statewide
PD	25%	25%	50%	25%
Numerator	1	1	1	1
Denominator	4	4	2	4
FE	15%	15%	13%	15%
Numerator	2	2	1	2
Denominator	13	13	8	13
IDD	23%	27%	33%	23%
Numerator	3	3	3	3
Denominator	13	11	9	13
BI	0%	0%	0%	0%
Numerator	0	0	0	0
Denominator	3	3	2	3
TA	N/A	N/A	N/A	N/A
Numerator	0	0	0	0
Denominator	0	0	0	0
Autism	0%	0%	0%	0%
Numerator	0	0	0	0
Denominator	1	1	1	1
SED	50%	50%	50%	50%
Numerator	1	1	1	1
Denominator	2	2	2	2

Explanation of Findings:

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

Remediation:

All three contracted MCOs are on Quality Improvement Plans (QIPs) for this measure. KDADS requested a LEGEND and further explanation of how Averifi conducted and tracked background checks on 04/22/2022. From reviews it appears that MCOs only conducted the Nurse Registry check on those individuals who held the licenses of RN, LPN, CMA, etc..

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

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 2020

Data Source:

Compliance By Waiver	Aetna	Sunflower	United	Statewide
PD	38%	38%	43%	39%
Numerator	43	42	41	44
Denominator	112	111	96	114
FE	39%	38%	42%	39%
Numerator	66	62	59	67
Denominator	169	162	141	173
IDD	39%	41%	48%	39%
Numerator	57	51	52	57
Denominator	147	124	108	147
BI	15%	14%	15%	14%
Numerator	7	7	6	7
Denominator	46	50	39	50
TA	15%	13%	14%	13%
Numerator	4	4	3	4
Denominator	26	31	22	31
Autism	0%	0%	0%	0%
Numerator	0	0	0	0
Denominator	4	4	3	4
SED	8%	8%	8%	8%
Numerator	2	2	2	2
Denominator	26	26	26	26

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.

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 request follow up with KDADS regarding clarification of whether Nurse Registry checks were conducted on all staff. Request for update sent to MCOs on April 26, 2022.

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

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 2020

Data Source:

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

Explanation of Findings:

PD, FE, IDD, BI: 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.

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 request follow up with KDADS regarding clarification of whether Nurse Registry checks were conducted on all staff. Request for update sent to MCOs on April 26, 2022.

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

Data Source:

Compliance By Waiver	Aetna	Sunflower	United	Statewide
PD	6%	7%	8%	6%
Numerator	1	1	1	1
Denominator	16	15	13	16
FE	11%	17%	14%	11%
Numerator	1	1	1	1
Denominator	9	6	7	9
IDD	0%	0%	0%	0%
Numerator	0	0	0	0
Denominator	2	2	1	2
BI	9%	10%	9%	9%
Numerator	1	1	1	1
Denominator	11	10	11	11
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, BI: 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.

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 request follow up with KDADS regarding clarification of whether Nurse Registry checks were conducted on all staff. Request for update sent to MCOs on April 26, 2022.

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

Data Source:

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

Explanation of Findings:

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.

Compliance Trends	2013	2014	2015	2016	2017	2018	2019	2020
PD								
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Amerigroup				N/A	N/A	N/A	N/A	
Sunflower		No Data	No Data	N/A	N/A	N/A	N/A	
United				N/A	N/A	N/A	N/A	
Statewide	No Data			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
Amerigroup				5%	N/A	N/A	N/A	
Sunflower		No Data	No Data	30%	N/A	N/A	N/A	
United				N/A	N/A	N/A	N/A	
Statewide	No Data			9%	N/A	N/A	N/A	
IDD								
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Amerigroup				N/A	N/A	N/A	N/A	
Sunflower		No Data	No Data	N/A	N/A	N/A	N/A	
United				N/A	N/A	N/A	N/A	
Statewide	99%			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
Amerigroup				N/A	N/A	N/A	N/A	
Sunflower		No Data	No Data	N/A	N/A	N/A	N/A	
United				N/A	N/A	N/A	N/A	
Statewide	No Data			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
Amerigroup				N/A	N/A	N/A	N/A	
Sunflower		No Data	No Data	N/A	N/A	N/A	N/A	
United				N/A	N/A	N/A	N/A	
Statewide	No Data			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
Amerigroup				N/A	N/A	N/A	N/A	
Sunflower		No Data	No Data	N/A	N/A	N/A	N/A	
United				N/A	N/A	N/A	N/A	
Statewide	No Data			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
Amerigroup				N/A	N/A	N/A	N/A	
Sunflower		No Data	No Data	N/A	N/A	N/A	N/A	
United				N/A	N/A	N/A	N/A	
Statewide	88%			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: 07/01/2021 - 09/30/2021

Data Source: MCO Record Review

Compliance By Waiver	Aetna	Sunflower	United	Statewide
PD	88%	68%	58%	70%
Numerator	22	21	21	64
Denominator	25	31	36	92
FE	100%	81%	56%	75%
Numerator	23	25	22	70
Denominator	23	31	39	93
IDD	100%	74%	52%	72%
Numerator	16	37	15	68
Denominator	16	50	29	95
BI	78%	63%	58%	65%
Numerator	14	12	15	41
Denominator	18	19	26	63
TA	88%	65%	81%	78%
Numerator	14	13	22	49
Denominator	16	20	27	63
Autism	50%	100%	43%	62%
Numerator	1	4	3	8
Denominator	2	4	7	13
SED	87%	83%	55%	74%
Numerator	20	29	17	66
Denominator	23	35	31	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

IDD: 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

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

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	Jan - Mar 2021	Apr-Jun 2021	Jul - Sept 2021
PD											
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	68%	51%	62%	96%	88%
Amerigroup		55%	33%	63%	79%	86%	N/A	N/A	N/A	N/A	N/A
Sunflower		57%	64%	59%	81%	78%	86%	49%	18%	63%	68%
United		33%	49%	86%	85%	85%	76%	49%	14%	64%	58%
Statewide	55%	50%	48%	69%	81%	83%	78%	49%	29%	73%	70%
FE											
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	75%	47%	61%	86%	100%
Amerigroup		50%	42%	54%	70%	75%	N/A	N/A	N/A	N/A	N/A
Sunflower		56%	51%	75%	79%	73%	86%	53%	32%	75%	81%
United		45%	56%	81%	90%	87%	71%	34%	10%	71%	56%
Statewide	Not a Measure	50%	49%	70%	80%	79%	78%	43%	29%	76%	75%
IDD											
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	60%	46%	50%	93%	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%	18%	76%	74%
United		52%	41%	73%	85%	85%	58%	33%	30%	57%	52%
Statewide	99%	49%	45%	62%	75%	78%	67%	36%	27%	73%	72%
BI											
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	43%	28%	44%	78%	78%
Amerigroup		37%	41%	58%	78%	72%	N/A	N/A	N/A	N/A	N/A
Sunflower		37%	38%	80%	74%	73%	81%	33%	18%	68%	63%
United		22%	55%	78%	79%	87%	75%	34%	4%	73%	58%
Statewide	44%	34%	43%	68%	77%	75%	71%	32%	20%	74%	65%
TA											
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	78%	42%	29%	94%	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%	30%	76%	65%
United		64%	32%	70%	95%	70%	87%	38%	33%	96%	81%
Statewide	93%	61%	54%	73%	83%	90%	85%	41%	31%	89%	78%
Autism											
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	0%	21%	0%	100%	50%
Amerigroup		84%	35%	88%	100%	N/A	N/A	N/A	N/A	N/A	N/A
Sunflower		47%	50%	50%	30%	33%	62%	73%	33%	50%	100%
United		63%	36%	17%	13%	41%	65%	22%	29%	100%	43%
Statewide	58%	69%	49%	37%	42%	52%	56%	35%	25%	86%	62%
SED											
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	96%	30%	40%	52%	87%
Amerigroup		91%	99%	98%	99%	96%	N/A	N/A	N/A	N/A	N/A
Sunflower		92%	95%	87%	98%	96%	32%	21%	64%	64%	83%
United		89%	100%	98%	88%	97%	98%	38%	78%	79%	55%
Statewide	98%	90%	98%	95%	95%	97%	97%	34%	48%	67%	74%

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

Remediation:

Data reviews and audit requirements will continue to be discussed and reviewed with MCOs at scheduled quarterly meetings as well as individual Quality Improvement Plan (QIP) meetings until measures meet 86% 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 the performance measure.

MCOs will continue to complete Service Plan (SP) 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).

All three contracted MCOs now have electronic signature platforms with Aetna beginning Adobe Sign in February 2022. The ability to accept electronic signatures will help bring most Service Plan Measures into compliance due to the changes made in the document review process around signatures. Verbal signatures continue to be accepted during the Appendix K exception which the state informed MCOs in February 2022 that these plans can extend up through June 30, 2022.

Each MCO met on January 13, 2022 and reviewed the QIPs for performance measures at that time, MCOs were requested to create additional QIPs for Appendices C, D and G.

KDADS has received QIPs from the contracted MCOs to address QIP Performance measures. KDADS has accepted the plan and monitors on a quarterly basis to ensure timelines are being followed or to mitigate issues as they arise. Kansas will continue to evaluate New Editions recommendations for change to meet the assurances and adjust the standard operating procedures accordingly. Kansas has a goal to bring these performance measures into full compliance of eight consecutive quarters.

This audit for period July-Sept 2021 shows overall improvement from all three MCOs across all waivers; however, most measures are not meeting the required threshold. KDADS meets with each MCO on May 9, 2022 to review progress on QIPs and will be provided detailed information as to their strong and weak areas with discussion of further improvement plans for any measure that is under 50%. Additionally, KDADS will discuss the rotation of a complete year of QIP implementation and the finalized results for the Oct-Dec 2021 review.

Current observations:

United ranks poorly in measures 4, 5, & 6 relating to Appendix D with focus on their poorest performing waivers - BI, PD, FE indicating more involvement between the ADRCs and the MCOs.

Sunflower Health Plan - no particular measure could be identified, however, needs to focus on the BI and IDD waiver, indicating the need for education or increased attention to tasks for this waiver.

Aetna - requires attention to all measures with the exception of measures 2&3 of which they score exceptionally well. The poorest performing waivers - BI, PD, FE, indicate the need for more involvement between the ADRCs and the MCOs.

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: 07/01/2021 - 05/30/2021

Data Source: MCO Record Review

Compliance By Waiver	Aetna	Sunflower	United	Statewide
PD	92%	90%	92%	91%
Numerator	23	28	33	84
Denominator	25	31	36	92
FE	87%	84%	95%	89%
Numerator	20	26	37	83
Denominator	23	31	39	93
IDD	100%	86%	100%	93%
Numerator	16	43	29	88
Denominator	16	50	29	95
BI	67%	79%	88%	79%
Numerator	12	15	23	50
Denominator	18	19	26	63
TA	88%	80%	93%	87%
Numerator	14	16	25	55
Denominator	16	20	27	63
Autism	50%	50%	86%	69%
Numerator	1	2	6	9
Denominator	2	4	7	13
SED	52%	51%	81%	62%
Numerator	12	18	25	55
Denominator	23	35	31	89

Explanation of Findings:

BI: Assessment documents and/or service plan not provided or does not cover entire review period, no meeting date on service plan

AU: Service plan not provided or does not cover entire review period, services not listed on service plan

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

Compliance Trends	2013	2014	2015	2016	2017	2018	2019	2020	Jan - Mar 2021	Apr-Jun 2021	Jul - Sept 2021
PD											
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	66%	41%	50%	81%	92%
Amerigroup		83%	55%	74%	83%	93%	N/A	N/A	N/A	N/A	N/A
Sunflower		90%	56%	63%	83%	77%	86%	59%	42%	91%	90%
United		89%	68%	92%	87%	94%	88%	48%	23%	92%	92%
Statewide	86%	87%	59%	76%	84%	88%	83%	50%	37%	88%	91%
FE											
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	71%	40%	57%	77%	87%
Amerigroup		79%	66%	74%	80%	88%	N/A	N/A	N/A	N/A	N/A
Sunflower		90%	53%	73%	75%	76%	86%	57%	29%	81%	84%
United		88%	68%	84%	88%	90%	88%	49%	29%	92%	95%
Statewide	87%	86%	61%	77%	81%	84%	84%	50%	36%	85%	89%
IDD											
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	51%	40%	31%	93%	100%
Amerigroup		85%	67%	64%	77%	83%	N/A	N/A	N/A	N/A	N/A
Sunflower		77%	36%	65%	70%	77%	78%	52%	16%	80%	86%
United		72%	47%	78%	91%	90%	78%	43%	40%	90%	100%
Statewide	99%	78%	48%	68%	77%	82%	75%	47%	26%	85%	93%
BI											
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	38%	19%	44%	70%	67%
Amerigroup		67%	48%	65%	78%	75%	N/A	N/A	N/A	N/A	N/A
Sunflower		82%	28%	82%	74%	73%	79%	38%	41%	47%	79%
United		70%	62%	80%	79%	84%	82%	33%	12%	77%	88%
Statewide	72%	73%	45%	72%	77%	76%	71%	31%	31%	69%	79%
TA											
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	81%	35%	24%	88%	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%	48%	86%	80%
United		97%	58%	79%	92%	84%	91%	31%	54%	100%	93%
Statewide	96%	96%	59%	73%	83%	91%	89%	35%	44%	92%	87%
Autism											
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	0%	0%	0%	100%	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%	33%	50%	50%
United		63%	21%	22%	13%	24%	62%	0%	43%	100%	86%
Statewide	59%	68%	46%	36%	37%	39%	44%	14%	33%	86%	69%
SED											
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	56%	27%	40%	48%	52%
Amerigroup		91%	99%	98%	99%	96%	N/A	N/A	N/A	N/A	N/A
Sunflower		91%	92%	87%	93%	88%	83%	32%	21%	61%	51%
United		89%	98%	96%	84%	76%	77%	38%	78%	79%	81%
Statewide	92%	90%	97%	94%	92%	87%	76%	33%	48%	64%	62%

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

Remediation:

Data reviews and audit requirements will continue to be discussed and reviewed with MCOs at scheduled quarterly meetings as well as individual Quality Improvement Plan (QIP) meetings until measures meet 86% 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 the performance measure. MCOs will continue to complete Service Plan (SP) 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).

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Current observations:

United ranks poorly in measures 4, 5, & 6 relating to Appendix D with focus on their poorest performing waivers - BI, PD, FE indicating more involvement between the ADRCs and the MCOs.

Sunflower Health Plan - no particular measure could be identified, however, needs to focus on the BI and IDD waiver, indicating the need for education or increased attention to tasks for this waiver.

Aetna - requires attention to all measures with the exception of measures 2&3 of which they score exceptionally well. The

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: 07/01/2021 - 09/30/2021

Data Source: MCO Record Review

Compliance By Waiver	Aetna	Sunflower	United	Statewide
PD	92%	90%	92%	91%
Numerator	23	28	33	84
Denominator	25	31	36	92
FE	87%	87%	95%	90%
Numerator	20	27	37	84
Denominator	23	31	39	93
IDD	100%	86%	100%	93%
Numerator	16	43	29	88
Denominator	16	50	29	95
BI	67%	79%	88%	79%
Numerator	12	15	23	50
Denominator	18	19	26	63
TA	88%	80%	93%	87%
Numerator	14	16	25	55
Denominator	16	20	27	63
Autism	100%	75%	86%	77%
Numerator	1	3	6	10
Denominator	1	4	7	13
SED	52%	51%	81%	62%
Numerator	12	18	25	55
Denominator	23	35	31	89

Explanation of Findings:

BI: Assessment documents and/or service plan not provided or does not cover entire review period, no meeting date on service plan

AU: Assessment documents and/or service plan not provided or does not cover entire review period, services not listed on service plan

SED: Assessment documents and/or service plan not provided or does not cover entire review period

Compliance Trends	2013	2014	2015	2016	2017	2018	2019	2020	Jan - Mar 2021	Apr-Jun 2021	Jul - Sept 2021
PD											
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	66%	41%	46%	81%	92%
Amerigroup		90%	44%	73%	81%	94%	N/A	N/A	N/A	N/A	N/A
Sunflower		89%	49%	67%	85%	75%	86%	61%	42%	91%	90%
United		96%	67%	90%	88%	95%	86%	48%	26%	92%	92%
Statewide	90%	91%	51%	76%	84%	88%	82%	51%	37%	88%	91%
FE											
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	73%	39%	57%	77%	87%
Amerigroup		92%	55%	75%	82%	89%	N/A	N/A	N/A	N/A	N/A
Sunflower		92%	50%	73%	77%	74%	86%	56%	32%	81%	87%
United		95%	70%	82%	88%	91%	88%	49%	32%	92%	95%
Statewide	Not a measure	93%	57%	76%	82%	84%	85%	50%	38%	85%	90%
IDD											
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	51%	40%	38%	93%	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%	18%	80%	86%
United		89%	45%	78%	92%	90%	77%	44%	40%	90%	100%
Statewide	99%	93%	46%	69%	78%	83%	74%	47%	28%	85%	93%
BI											
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	40%	21%	44%	70%	67%
Amerigroup		79%	45%	64%	80%	79%	N/A	N/A	N/A	N/A	N/A
Sunflower		91%	26%	84%	70%	74%	79%	39%	45%	42%	79%
United		83%	64%	80%	79%	89%	82%	33%	12%	77%	88%
Statewide	84%	84%	43%	72%	78%	79%	72%	32%	32%	65%	79%
TA											
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	81%	35%	24%	88%	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%	43%	81%	80%
United		94%	58%	79%	92%	84%	91%	31%	54%	100%	93%
Statewide	96%	96%	54%	75%	83%	91%	89%	35%	42%	90%	87%
Autism											
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	0%	0%	0%	100%	100%
Amerigroup		79%	59%	30%	88%	91%	N/A	N/A	N/A	N/A	N/A
Sunflower		61%	45%	47%	15%	28%	31%	73%	33%	100%	75%
United		86%	21%	17%	13%	24%	62%	0%	43%	100%	86%
Statewide	64%	74%	46%	34%	37%	41%	44%	18%	33%	100%	77%
SED											
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	96%	30%	40%	48%	52%
Amerigroup		90%	99%	97%	99%	96%	N/A	N/A	N/A	N/A	N/A
Sunflower		89%	95%	87%	98%	97%	95%	32%	21%	61%	51%
United		86%	100%	97%	88%	97%	98%	38%	78%	79%	81%
Statewide	99%	88%	98%	94%	95%	97%	97%	34%	48%	64%	62%

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

Remediation:

Data reviews and audit requirements will continue to be discussed and reviewed with MCOs at scheduled quarterly meetings as well as individual Quality Improvement Plan (QIP) meetings until measures meet 86% 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 the performance measure.

MCOs will continue to complete Service Plan (SP) processes by telephone or video and begin sending SPs 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).

All three contracted MCOs now have electronic signature platforms with Aetna beginning Adobe Sign in February 2022. The ability to accept electronic signatures will help bring most Service Plan Measures into compliance due to the changes made in the document review process around signatures. Verbal signatures continue to be accepted during the Appendix K exception which the state informed MCOs in February 2022 that these plans can extend up through June 30, 2022.

Each MCO met on January 13, 2022 and reviewed the QIPs for performance measures at that time, MCOs were requested to create additional QIPs for Appendices C, D and G.

KDADS has received QIPs from the contracted MCOs to address QIP Performance measures. KDADS has accepted the plan and monitors on a quarterly basis to ensure timeliness are being followed or to mitigate issues as they arise. Kansas will continue to evaluate New Editions recommendations for change to meet the assurances and adjust the standard operating procedures accordingly. Kansas has a goal to bring these performance measures into full compliance of eight consecutive quarters.

This audit for period July-Sept 2021 shows overall improvement from all three MCOs across all waivers; however, most measures are not meeting the required threshold. KDADS meets with each MCO on May 9, 2022 to review progress on QIPs and will be provided detailed information as to their strong and weak areas with discussion of further improvement plans for any measure that is under 50%. Additionally, KDADS will discuss the rotation of a complete year of QIP implementation and the finalized results for the Oct-Dec 2021 review.

Current observations:

United ranks poorly in measures 4, 5, & 6 relating to Appendix D with focus on their poorest performing waivers - BI, PD, FE indicating more involvement between the ADRCs and the MCOs.

Sunflower Health Plan - no particular measure could be identified, however, needs to focus on the BI and IDD waiver, indicating the need for education or increased attention to tasks for this waiver.

Aetna - requires attention to all measures with the exception of measures 2&3 of which they score exceptionally well. The poorest performing waivers - BI, PD, FE, indicate the need for more involvement between the ADRCs and the MCOs.

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: 07/01/2021 - 09/30/2021

Data Source: MCO Record Review

Compliance By Waiver	Aetna	Sunflower	United	Statewide
PD	68%	42%	47%	51%
Numerator	17	13	17	47
Denominator	25	31	36	92
FE	74%	58%	49%	58%
Numerator	17	18	19	54
Denominator	23	31	39	93
IDD	81%	46%	41%	51%
Numerator	13	23	12	48
Denominator	16	50	29	95
BI	56%	42%	35%	43%
Numerator	10	8	9	27
Denominator	18	19	26	63
TA	56%	40%	63%	54%
Numerator	9	8	17	34
Denominator	16	20	27	63
Autism	50%	50%	57%	54%
Numerator	1	2	4	7
Denominator	2	4	7	13
SED	87%	83%	55%	62%
Numerator	20	29	17	55
Denominator	23	35	31	89

Explanation of Findings:

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

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

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

Remediation:

Data reviews and audit requirements will continue to be discussed and reviewed with MCOs at scheduled quarterly meetings as well as individual Quality Improvement Plan (QIP) meetings until measures meet 86% 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 the performance measure.

MCOs will continue to complete Service Plan (SP) processes by telephone or video and begin sending SPs 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).

All three contracted MCOs now have electronic signature platforms with Aetna beginning Adobe Sign in February 2022. The ability to accept electronic signatures will help bring most Service Plan Measures into compliance due to the changes made in the document review process around signatures. Verbal signatures continue to be accepted during the Appendix K exception which the state informed MCOs in February 2022 that these plans can extend up through June 30, 2022.

Each MCO met on January 13, 2022 and reviewed the QIPs for performance measures at that time, MCOs were requested to create additional QIPs for Appendices C, D and G.

KDADS has received QIPs from the contracted MCOs to address QP Performance measures. KDADS has accepted the plan and monitors on a quarterly basis to ensure timelines are being followed or to mitigate issues as they arise. Kansas will continue to evaluate New Editions recommendations for change to meet the assurances and adjust the standard operating procedures accordingly. Kansas has a goal to bring these performance measures into full compliance of eight consecutive quarters.

This audit for period July-Sept 2021 shows overall improvement from all three MCOs across all waivers; however, most measures are not meeting the required threshold. KDADS meets with each MCO on May 9, 2022 to review progress on QIPs and will be provided detailed information as to their strong and weak areas with discussion of further improvement plans for any measure that is under 50%. Additionally, KDADS will discuss the rotation of a complete year of QIP implementation and the finalized results for the Oct-Dec 2021 review.

Current observations:

United ranks poorly in measures 4, 5, & 6 relating to Appendix D with focus on their poorest performing waivers - BI, PD, FE indicating more involvement between the ADRCs and the MCOs.

Sunflower Health Plan - no particular measure could be identified, however, needs to focus on the BI and IDD waiver, indicating the need for education or increased attention to tasks for this waiver.

Aetna - requires attention to all measures with the exception of measures 2&3 of which they score exceptionally well. The poorest performing waivers - BI, PD, FE, indicate the need for more involvement between the ADRCs and the MCOs.

Compliance Trends	2013	2014	2015	2016	2017	2018	2019	2020	Jan - Mar 2021	Apr-Jun 2021	Jul - Sept 2021
PD											
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	58%	41%	54%	59%	68%
Amerigroup		88%	68%	76%	85%	91%	N/A	N/A	N/A	N/A	N/A
Sunflower		87%	69%	73%	87%	77%	86%	47%	24%	47%	42%
United		85%	77%	92%	88%	94%	82%	40%	9%	31%	47%
Statewide	80%	87%	70%	80%	86%	87%	78%	43%	27%	44%	51%
FE											
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	69%	37%	57%	68%	74%
Amerigroup		84%	76%	78%	82%	91%	N/A	N/A	N/A	N/A	N/A
Sunflower		88%	61%	84%	86%	76%	86%	52%	29%	50%	58%
United		86%	79%	87%	90%	90%	81%	35%	20%	24%	49%
Statewide	Not a Measure	86%	71%	83%	86%	85%	81%	41%	32%	43%	58%
IDD											
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	47%	40%	31%	80%	81%
Amerigroup		80%	80%	73%	77%	94%	N/A	N/A	N/A	N/A	N/A
Sunflower		80%	59%	74%	80%	77%	77%	36%	8%	52%	46%
United		82%	55%	79%	92%	90%	72%	30%	30%	43%	41%
Statewide	98%	81%	64%	75%	82%	83%	71%	36%	19%	54%	51%
BI											
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	43%	21%	44%	48%	56%
Amerigroup		76%	53%	64%	79%	79%	N/A	N/A	N/A	N/A	N/A
Sunflower		86%	43%	86%	80%	73%	77%	30%	32%	32%	42%
United		77%	69%	85%	79%	84%	79%	29%	8%	46%	35%
Statewide	64%	80%	53%	74%	80%	78%	71%	28%	26%	43%	43%
TA											
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	70%	33%	18%	63%	56%
Amerigroup		84%	68%	71%	90%	96%	N/A	N/A	N/A	N/A	N/A
Sunflower		97%	86%	85%	68%	89%	88%	33%	35%	48%	40%
United		96%	58%	79%	95%	84%	90%	24%	29%	64%	63%
Statewide	No Data	91%	72%	77%	84%	92%	86%	29%	28%	58%	54%
Autism											
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	0%	0%	0%	0%	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%	33%	50%	50%
United		65%	29%	17%	13%	35%	65%	0%	14%	25%	57%
Statewide	55%	65%	49%	36%	38%	50%	47%	14%	17%	29%	54%
SED											
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	96%	30%	40%	45%	87%
Amerigroup		92%	99%	98%	99%	96%	N/A	N/A	N/A	N/A	N/A
Sunflower		90%	94%	86%	98%	97%	95%	32%	21%	55%	83%
United		87%	98%	97%	88%	95%	98%	38%	78%	79%	55%
Statewide	Not a measure	90%	97%	94%	95%	96%	97%	34%	48%	62%	62%

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: 07/01/2021 - 09/30/2021

Data Source: MCO Record Review

Compliance By Waiver	Aetna	Sunflower	United	Statewide
PD	64%	61%	47%	57%
Numerator	16	19	17	52
Denominator	25	31	36	92
FE	78%	61%	51%	61%
Numerator	18	19	20	57
Denominator	23	31	39	93
IDD	81%	56%	52%	59%
Numerator	13	28	15	56
Denominator	16	50	29	95
BI	50%	47%	50%	49%
Numerator	9	9	13	31
Denominator	18	19	26	63
TA	56%	55%	70%	62%
Numerator	9	11	19	39
Denominator	16	20	27	63
Autism	50%	100%	86%	85%
Numerator	1	4	6	11
Denominator	2	4	7	13
SED	52%	51%	81%	62%
Numerator	12	18	25	55
Denominator	23	35	31	89

Explanation of Findings:

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

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

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

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

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

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

Remediation:

Data reviews and audit requirements will continue to be discussed and reviewed with MCOs at scheduled quarterly meetings as well as individual Quality Improvement Plan (QIP) meetings until measures meet 86% 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 the performance measure.

MCOs will continue to complete Service Plan (SP) 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).

All three contracted MCOs now have electronic signature platforms with Aetna beginning Adobe Sign in February 2022. The ability to accept electronic signatures will help bring most Service Plan Measures into compliance due to the changes made in the document review process around signatures. Verbal signatures continue to be accepted during the Appendix X exception which the state informed MCOs in February 2022 that these plans can extend up through June 30, 2022.

Each MCO met on January 13, 2022 and reviewed the QIPs for performance measures at that time, MCOs were requested to create additional QIPs for Appendices C, D and G.

KDADS has received QIPs from the contracted MCOs to address QP Performance measures. KDADS has accepted the plan and monitors on a quarterly basis to ensure timelines are being followed or to mitigate issues as they arise. Kansas will continue to evaluate New Editions recommendations for change to meet the assurances and adjust the standard operating procedures accordingly. Kansas has a goal of bringing these performance measures into full compliance of eight consecutive quarters.

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Current observations:

United ranks poorly in measures 4, 5, & 6 relating to Appendix D with focus on their poorest performing waivers - BI, PD, FE indicating more involvement between the ADRCs and the MCOs.

Sunflower Health Plan - no particular measure could be identified, however, needs to focus on the BI and IDD waiver, indicating the need for education or increased attention to tasks for this waiver.

Aetna - requires attention to all measures with the exception of measures 2&3 of which they score exceptionally well. The poorest performing waivers - BI, PD, FE, indicate the need for more involvement between the ADRCs and the MCOs.

Compliance Trends	2013	2014	2015	2016	2017	2018	2019	2020	Jan - Mar 2021	Apr-Jun 2021	Jul - Sept 2021
PD											
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	68%	44%	58%	67%	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%	42%	59%	61%
United		84%	79%	89%	88%	95%	87%	50%	20%	31%	47%
Statewide	Not a Measure	87%	72%	81%	88%	91%	83%	52%	38%	51%	57%
FE											
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	46%	43%	61%	68%	78%
Amerigroup		83%	78%	76%	84%	92%	N/A	N/A	N/A	N/A	N/A
Sunflower		86%	60%	83%	87%	78%	65%	56%	29%	53%	61%
United		87%	83%	88%	91%	92%	66%	50%	29%	26%	51%
Statewide	90%	85%	72%	83%	88%	87%	63%	51%	37%	46%	61%
IDD											
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	53%	40%	31%	80%	81%
Amerigroup		84%	76%	73%	76%	85%	N/A	N/A	N/A	N/A	N/A
Sunflower		82%	60%	74%	78%	83%	79%	52%	14%	50%	56%
United		88%	51%	79%	93%	90%	78%	43%	40%	47%	52%
Statewide	Not a Measure	84%	63%	75%	81%	85%	76%	47%	25%	54%	59%
BI											
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	40%	21%	44%	43%	50%
Amerigroup		73%	51%	65%	80%	82%	N/A	N/A	N/A	N/A	N/A
Sunflower		84%	45%	86%	80%	79%	77%	38%	45%	32%	47%
United		80%	69%	59%	79%	92%	85%	35%	12%	38%	50%
Statewide	Not a Measure	78%	52%	74%	80%	83%	72%	32%	32%	38%	49%
TA											
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	78%	33%	24%	75%	56%
Amerigroup		83%	75%	71%	90%	99%	N/A	N/A	N/A	N/A	N/A
Sunflower		97%	86%	84%	68%	89%	90%	40%	39%	57%	55%
United		97%	58%	79%	95%	86%	91%	32%	54%	56%	70%
Statewide	Not a Measure	91%	76%	76%	84%	93%	89%	35%	41%	61%	62%
Autism											
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	17%	0%	0%	0%	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%	67%	100%	100%
United		71%	36%	17%	6%	47%	65%	13%	43%	50%	86%
Statewide	Not a Measure	69%	52%	37%	35%	59%	60%	23%	42%	57%	85%
SED											
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	93%	30%	40%	45%	52%
Amerigroup		92%	98%	97%	97%	97%	N/A	N/A	N/A	N/A	N/A
Sunflower		90%	95%	86%	98%	96%	95%	32%	21%	52%	51%
United		87%	99%	96%	86%	96%	98%	38%	78%	79%	81%
Statewide	93%	90%	98%	94%	93%	97%	96%	34%	48%	61%	62%

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: 07/01/2021 - 09/30/2021

Data Source: MCO Record Review

Compliance By Waiver	Aetna	Sunflower	United	Statewide
PD	60%	55%	39%	50%
Numerator	15	17	14	46
Denominator	25	31	36	92
FE	65%	61%	44%	55%
Numerator	15	19	17	51
Denominator	23	31	39	93
IDD	69%	50%	59%	56%
Numerator	11	25	17	53
Denominator	16	50	29	95
BI	61%	63%	42%	54%
Numerator	11	12	11	34
Denominator	18	19	26	63
TA	56%	50%	74%	62%
Numerator	9	10	20	39
Denominator	16	20	27	63
Autism	100%	75%	71%	77%
Numerator	2	3	5	10
Denominator	2	4	7	13
SED	78%	83%	94%	85%
Numerator	18	29	29	76
Denominator	23	35	31	89

Explanation of Findings:

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

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

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

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

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

Not a Performance Measure for SED, still being reported: No valid signature and/or date, service plan not provided, is incomplete or does not cover entire review period

Compliance Trends	2013	2014	2015	2016	2017	2018	2019	2020	Jan - Mar 2021	Apr-Jun 2021	Jul - Sept 2021
PD											
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	84%	47%	62%	59%	60%
Amerigroup		73%	67%	71%	72%	91%	N/A	N/A	N/A	N/A	N/A
Sunflower		82%	72%	72%	70%	81%	82%	67%	30%	59%	55%
United		92%	73%	83%	76%	89%	88%	58%	23%	33%	39%
Statewide	82%	82%	70%	75%	72%	87%	85%	58%	36%	40%	50%
FE											
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	81%	63%	61%	64%	65%
Amerigroup		81%	67%	63%	70%	84%	N/A	N/A	N/A	N/A	N/A
Sunflower		85%	57%	78%	78%	83%	86%	66%	46%	47%	61%
United		90%	69%	84%	91%	91%	86%	66%	56%	50%	44%
Statewide	81%	85%	64%	76%	81%	86%	85%	66%	54%	52%	55%
IDD											
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	73%	45%	44%	67%	69%
Amerigroup		75%	77%	68%	64%	80%	N/A	N/A	N/A	N/A	N/A
Sunflower		81%	66%	65%	63%	81%	77%	57%	22%	42%	50%
United		91%	48%	54%	86%	84%	75%	41%	30%	57%	59%
Statewide	97%	82%	66%	63%	70%	81%	76%	50%	28%	51%	56%
BI											
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	73%	58%	67%	52%	61%
Amerigroup		65%	44%	56%	63%	73%	N/A	N/A	N/A	N/A	N/A
Sunflower		84%	40%	88%	61%	88%	83%	58%	64%	42%	63%
United		77%	65%	70%	65%	84%	88%	70%	44%	58%	42%
Statewide	60%	76%	47%	68%	63%	80%	83%	63%	57%	51%	54%
TA											
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	92%	51%	41%	69%	56%
Amerigroup		81%	78%	72%	88%	N/A	N/A	N/A	N/A	N/A	N/A
Sunflower		94%	89%	85%	68%	85%	90%	52%	43%	62%	50%
United		96%	59%	70%	91%	93%	96%	45%	54%	52%	74%
Statewide	92%	89%	79%	76%	83%	90%	93%	49%	47%	60%	62%
Autism											
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	50%	42%	0%	0%	100%
Amerigroup		67%	52%	40%	82%	100%	N/A	N/A	N/A	N/A	N/A
Sunflower		43%	47%	38%	18%	83%	77%	85%	33%	100%	75%
United		33%	38%	7%	20%	59%	73%	33%	43%	50%	71%
Statewide	64%	57%	48%	31%	41%	78%	71%	48%	33%	57%	77%
SED											
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	83%	70%	75%	81%	78%
Amerigroup		89%	97%	94%	96%	95%	N/A	N/A	N/A	N/A	N/A
Sunflower		89%	91%	79%	92%	92%	92%	58%	73%	76%	83%
United		83%	99%	85%	77%	97%	95%	54%	81%	79%	94%
Statewide	80%	87%	96%	86%	88%	95%	92%	60%	76%	78%	85%

Remediation:

Data reviews and audit requirements will continue to be discussed and reviewed with MCOs at scheduled quarterly meetings as well as individual Quality Improvement Plan (QIP) meetings until measures meet 86% 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 the performance measure.

MCOs will continue to complete Service Plan (SPs) processes by telephone or video and begin sending SPs 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).

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KDADS has received QIPs from the contracted MCOs to address QP Performance measures. KDADS has accepted the plan and monitors on a quarterly basis to ensure timelines are being followed or to mitigate issues as they arise. Kansas will continue to evaluate New Editions recommendations for change to meet the assurances and adjust the standard operating procedures accordingly. Kansas has a goal of bringing these performance measures into full compliance of eight consecutive quarters.

This audit for period July-Sept 2021 shows overall improvement from all three MCOs across all waivers; however, most measures are not meeting the required threshold. KDADS meets with each MCO on May 9, 2022 to review progress on QIPs and will be provided detailed information as to their strong and weak areas with discussion of further improvement plans for any measure that is under 50%. Additionally, KDADS will discuss the rotation of a complete year of QIP implementation and the finalized results for the Oct-Dec 2021 review.

Current observations:

United ranks poorly in measures 4, 5, & 6 relating to Appendix D with focus on their poorest performing waivers - BI, PD, FE indicating more involvement between the ADRCs and the MCOs.

Sunflower Health Plan - no particular measure could be identified, however, needs to focus on the BI and IDD waiver, indicating the need for education or increased attention to tasks for this waiver.

Aetna - requires attention to all measures with the exception of measures 2&3 of which they score exceptionally well. The poorest performing waivers - BI, PD, FE, indicate the need for more involvement between the ADRCs and the MCOs.

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: 07/01/2021 - 09/30/2021

Data Source: MCO Record Review

Compliance By Waiver	Aetna	Sunflower	United	Statewide
PD	96%	90%	94%	93%
Numerator	24	28	34	86
Denominator	25	31	36	92
FE	100%	94%	92%	95%
Numerator	23	29	36	88
Denominator	23	31	39	93
IDD	100%	96%	100%	98%
Numerator	16	48	29	93
Denominator	16	50	29	95
BI	89%	89%	96%	92%
Numerator	16	17	25	58
Denominator	18	19	26	63
TA	100%	95%	93%	95%
Numerator	16	19	25	60
Denominator	16	20	27	63
Autism	100%	100%	100%	100%
Numerator	2	4	7	13
Denominator	2	4	7	13
SED	83%	83%	97%	88%
Numerator	19	29	30	78
Denominator	23	35	31	89

Explanation of Findings:

Performance measure threshold achieved for all waivers.

Remediation:

No remediation necessary.

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

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: 07/01/2021 - 05/30/2021

Data Source: MCO Record Review

Compliance By Waiver	Aetna	Sunflower	United	Statewide
PD	88%	94%	89%	90%
Numerator	22	29	32	83
Denominator	25	31	36	92
FE	78%	87%	95%	88%
Numerator	18	27	37	82
Denominator	23	31	39	93
IDD	100%	80%	97%	88%
Numerator	16	40	28	84
Denominator	16	50	29	95
BI	61%	84%	81%	76%
Numerator	11	16	21	48
Denominator	18	19	26	63
TA	919%	80%	85%	84%
Numerator	147	16	23	53
Denominator	16	20	27	63
Autism	0%	50%	57%	46%
Numerator	0	2	4	6
Denominator	2	4	7	13
SED	52%	51%	81%	62%
Numerator	12	18	25	55
Denominator	23	35	31	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

TA: Service plan not provided or does not cover entire review period, no meeting date on service plan 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

Compliance Trends	2013	2014	2015	2016	2017	2018	2019	2020	Jan - Mar 2021	Apr-Jun 2021	Jul - Sept 2021
PD											
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	68%	41%	54%	93%	88%
Amerigroup		94%	69%	79%	83%	93%	N/A	N/A	N/A	N/A	N/A
Sunflower		96%	72%	76%	88%	80%	86%	59%	39%	91%	94%
United		96%	78%	91%	87%	93%	88%	49%	26%	83%	89%
Statewide	85%	95%	72%	81%	86%	83%	83%	50%	38%	88%	90%
FE											
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	71%	42%	52%	82%	78%
Amerigroup		83%	76%	75%	81%	86%	N/A	N/A	N/A	N/A	N/A
Sunflower		96%	64%	86%	87%	77%	88%	56%	29%	81%	87%
United		96%	79%	89%	88%	92%	89%	49%	27%	89%	95%
Statewide	87%	92%	72%	83%	86%	85%	86%	50%	34%	85%	88%
IDD											
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	51%	39%	31%	87%	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%	16%	80%	80%
United		100%	59%	81%	90%	89%	77%	44%	37%	100%	97%
Statewide	98%	92%	68%	77%	81%	84%	75%	47%	25%	87%	88%
BI											
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	43%	19%	44%	65%	61%
Amerigroup		81%	55%	63%	77%	73%	N/A	N/A	N/A	N/A	N/A
Sunflower		95%	46%	84%	76%	76%	74%	34%	45%	42%	84%
United		85%	71%	83%	76%	82%	81%	32%	12%	77%	81%
Statewide	70%	87%	56%	72%	77%	75%	70%	30%	32%	65%	76%
TA											
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	81%	31%	24%	75%	919%
Amerigroup		98%	73%	79%	88%	98%	N/A	N/A	N/A	N/A	N/A
Sunflower		100%	86%	82%	68%	87%	89%	40%	43%	76%	80%
United		96%	58%	82%	92%	86%	92%	32%	50%	100%	85%
Statewide	100%	98%	74%	80%	83%	93%	89%	35%	41%	85%	84%
Autism											
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	0%	13%	0%	0%	0%
Amerigroup		89%	59%	37%	88%	91%	N/A	N/A	N/A	N/A	N/A
Sunflower		100%	55%	50%	15%	28%	23%	35%	0%	0%	50%
United		50%	21%	17%	13%	41%	58%	0%	14%	75%	57%
Statewide	50%	86%	49%	38%	37%	48%	40%	11%	8%	43%	46%
SED											
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	96%	30%	40%	45%	52%
Amerigroup		91%	99%	95%	99%	96%	N/A	N/A	N/A	N/A	N/A
Sunflower		96%	94%	84%	98%	98%	95%	32%	21%	58%	51%
United		92%	99%	91%	86%	96%	98%	38%	78%	79%	81%
Statewide	13%	93%	98%	90%	94%	97%	97%	34%	48%	63%	62%

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

Remediation:

Data reviews and audit requirements will continue to be discussed and reviewed with MCOs at scheduled quarterly meetings as well as individual Quality Improvement Plan (QIP) meetings until measures meet 86% 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 the performance measure.

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).

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Current observations:

United ranks poorly in measures 4, 5, & 6 relating to Appendix D with focus on their poorest performing waivers - BI, PD, FE indicating more involvement between the ADRCs and the MCOs.

Sunflower Health Plan - no particular measure could be identified, however, needs to focus on the BI and IDD waiver, indicating the need for education or increased attention to tasks for this waiver.

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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: 07/01/2021 - 09/30/2021

Data Source: Customer Interview

Compliance By Waiver	Aetna	Sunflower	United	Statewide
PD	100%	100%	100%	100%
Numerator	13	20	22	55
Denominator	13	20	22	55
FE	93%	92%	96%	94%
Numerator	13	12	22	47
Denominator	14	13	23	50
IDD	100%	100%	100%	100%
Numerator	9	25	12	46
Denominator	9	25	12	46
BI	83%	92%	70%	82%
Numerator	5	11	7	23
Denominator	6	12	10	28
TA	100%	91%	82%	88%
Numerator	2	10	9	21
Denominator	2	11	11	24
Autism	100%	100%	67%	83%
Numerator	1	2	2	5
Denominator	1	2	3	6
SED	Not a waiver performance measure			
Numerator				
Denominator				

Explanation of Findings:

BI: Individual reports not receiving services as indicated on service plan

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

Remediation:

Data reviews and audit requirements will continue to be discussed and reviewed with MCOs at scheduled quarterly meetings as well as individual Quality Improvement Plan (QIP) meetings until measures meet 86% 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 the performance measure.

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Aetna - requires attention to all measures with the exception of measures 2&3 of which they score exceptionally well. The poorest performing waivers - BI, PD, FE, indicate the need for more involvement between the ADRCs and the MCOs.

Compliance Trends	2013	2014	2015	2016	2017	2018	2019	2020	Jan - Mar 2021	Apr-Jun 2021	Jul - Sept 2021
PD											
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	93%	100%	100%	82%	100%
Amerigroup		97%			94%	94%	N/A	N/A	N/A	N/A	N/A
Sunflower		92%			97%	98%	94%	81%	100%	95%	100%
United		93%			91%	98%	91%	85%	93%	92%	100%
Statewide	Not a Measure	94%	No Data	No Data	94%	97%	93%	88%	97%	91%	100%
FE											
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	100%	92%	88%	100%	93%
Amerigroup		85%			97%	96%	N/A	N/A	N/A	N/A	N/A
Sunflower		86%			93%	95%	100%	100%	100%	79%	92%
United		82%			91%	94%	94%	94%	92%	100%	96%
Statewide	87%	84%	No Data	No Data	94%	95%	96%	95%	94%	92%	94%
IDD											
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	100%	100%	100%	100%	100%
Amerigroup		92%			93%	100%	N/A	N/A	N/A	N/A	N/A
Sunflower		96%			99%	97%	96%	95%	100%	148%	100%
United		93%			92%	100%	95%	90%	100%	92%	100%
Statewide	Not a Measure	94%	No Data	No Data	96%	98%	96%	95%	100%	96%	100%
BI											
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	100%	88%	100%	100%	83%
Amerigroup		81%			81%	87%	N/A	N/A	N/A	N/A	N/A
Sunflower		88%			79%	78%	95%	88%	88%	88%	92%
United		83%			76%	92%	92%	100%	83%	80%	70%
Statewide	Not a Measure	83%	No Data	No Data	80%	85%	95%	91%	89%	89%	82%
TA											
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	60%	100%	100%	100%	100%
Amerigroup		89%			96%	98%	N/A	N/A	N/A	N/A	N/A
Sunflower		84%			94%	95%	100%	100%	100%	92%	91%
United		85%			94%	100%	93%	100%	100%	93%	82%
Statewide	Not a Measure	87%	No Data	No Data	95%	98%	92%	100%	100%	94%	88%
Autism											
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	N/A	100%	100%	0%	100%
Amerigroup		74%			89%	67%	N/A	N/A	N/A	N/A	N/A
Sunflower		70%			50%	88%	67%	100%	N/A	50%	100%
United		60%			75%	50%	73%	33%	N/A	50%	67%
Statewide	Not a Measure	71%	No Data	No Data	68%	68%	71%	71%	100%	40%	83%
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: 07/01/2021 - 09/30/2021

Data Source: MCO Record Review

Compliance By Waiver	Aetna	Sunflower	United	Statewide
PD	92%	94%	92%	92%
Numerator	23	29	33	85
Denominator	25	31	36	92
FE	91%	87%	95%	91%
Numerator	21	27	37	85
Denominator	23	31	39	93
IDD	100%	80%	100%	89%
Numerator	16	40	29	85
Denominator	16	50	29	95
BI	78%	84%	85%	83%
Numerator	14	16	22	52
Denominator	18	19	26	63
TA	88%	80%	93%	87%
Numerator	14	16	25	55
Denominator	16	20	27	63
Autism	50%	100%	71%	77%
Numerator	1	4	5	10
Denominator	2	4	7	13
SED	87%	83%	90%	87%
Numerator	20	29	28	77
Denominator	23	35	31	89

Explanation of Findings:

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

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

Remediation:

Data reviews and audit requirements will continue to be discussed and reviewed with MCOs at scheduled quarterly meetings as well as individual Quality Improvement Plan (QIP) meetings until measures meet 86% 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 the performance measure.

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).

All three contracted MCOs now have electronic signature platforms with Aetna beginning Adobe Sign in February 2022. The ability to accept electronic signatures will help bring most Service Plan Measures into compliance due to the changes made in the document review process around signatures. Verbal signatures continue to be accepted during the Appendix K exception which the state informed MCOs in February 2022 that these plans can extend up through June 30, 2022.

Each MCO met on January 13, 2022 and reviewed the QIPs for performance measures at that time, MCOs were requested to create additional QIPs for Appendices C, D and G.

KDADS has received QIPs from the contracted MCOs to address OP Performance measures. KDADS has accepted the plan and monitors on a quarterly basis to ensure timelines are being followed or to mitigate issues as they arise. Kansas will continue to evaluate New Editions recommendations for change to meet the assurances and adjust the standard operating procedures accordingly. Kansas has a goal to of bringing these performance measures into full compliance of eight consecutive quarters.

This audit for period July-Sept 2021 shows overall improvement from all three MCOs across all waivers; however, most measures are not meeting the required threshold. KDADS meets with each MCO on May 9, 2022 to review progress on QIPs and will be provided detailed information as to their strong and weak areas with discussion of further improvement plans for any measure that is under 50%. Additionally, KDADS will discuss the rotation of a complete year of QIP implementation and the finalized results for the Oct-Dec 2021 review.

Current observations:

United ranks poorly in measures 4, 5, & 6 relating to Appendix D with focus on their poorest performing waivers - BI, PD, FE indicating more involvement between the ADRCs and the MCOs.

Sunflower Health Plan - no particular measure could be identified, however, needs to focus on the BI and IDD waiver, indicating the need for education or increased attention to tasks for this waiver.

Aetna - requires attention to all measures with the exception of measures 2&3 of which they score exceptionally well.

Compliance Trends	2013	2014	2015	2016	2017	2018	2019	2020	Jan-Mar 2021	Apr-Jun 2021	Jul - Sept 2021
PD											
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	64%	49%	62%	96%	92%
Amerigroup		68%	56%	68%	80%	97%	N/A	N/A	N/A	N/A	N/A
Sunflower		58%	69%	73%	85%	80%	86%	64%	45%	91%	94%
United		69%	73%	89%	87%	94%	88%	56%	17%	89%	92%
Statewide		52%	65%	76%	84%	90%	82%	57%	39%	92%	92%
FE											
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	73%	44%	61%	86%	91%
Amerigroup		68%	59%	64%	82%	92%	N/A	N/A	N/A	N/A	N/A
Sunflower		76%	59%	82%	86%	77%	88%	58%	29%	81%	87%
United		77%	75%	85%	91%	93%	88%	57%	29%	89%	95%
Statewide	56%	74%	63%	77%	86%	87%	86%	55%	37%	86%	91%
IDD											
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	51%	48%	31%	93%	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%	14%	82%	80%
United		75%	55%	76%	91%	89%	80%	51%	40%	100%	100%
Statewide	99%	64%	46%	70%	77%	83%	75%	52%	25%	89%	89%
BI											
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	38%	24%	44%	78%	78%
Amerigroup		54%	50%	53%	76%	82%	N/A	N/A	N/A	N/A	N/A
Sunflower		75%	40%	86%	80%	82%	48%	48%	45%	47%	84%
United		70%	74%	83%	79%	92%	84%	41%	12%	81%	85%
Statewide	44%	65%	52%	67%	78%	83%	73%	39%	32%	71%	83%
TA											
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	76%	47%	24%	94%	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%	43%	81%	80%
United		92%	58%	79%	95%	86%	91%	46%	54%	100%	93%
Statewide	96%	86%	68%	72%	81%	92%	88%	52%	42%	92%	87%
Autism											
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	17%	21%	0%	100%	50%
Amerigroup		67%	47%	47%	88%	100%	N/A	N/A	N/A	N/A	N/A
Sunflower		44%	45%	50%	40%	50%	69%	78%	33%	100%	100%
United		88%	21%	17%	19%	29%	65%	13%	43%	100%	71%
Statewide	40%	63%	49%	42%	48%	54%	60%	31%	33%	100%	77%
SED											
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	91%	56%	65%	100%	87%
Amerigroup		94%	91%	98%	99%	97%	N/A	N/A	N/A	N/A	N/A
Sunflower		91%	72%	84%	94%	87%	93%	57%	48%	82%	83%
United		84%	97%	88%	88%	97%	95%	59%	81%	79%	90%
Statewide	98%	89%	88%	90%	94%	94%	94%	58%	65%	85%	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: 07/01/2021 - 09/30/2021

Data Source: MCO Record Review

Compliance By Waiver	Aetna	Sunflower	United	Statewide
PD	92%	94%	92%	92%
Numerator	23	29	33	85
Denominator	25	31	36	92
FE	91%	87%	95%	91%
Numerator	21	27	37	85
Denominator	23	31	39	93
IDD	100%	82%	100%	91%
Numerator	16	41	29	86
Denominator	16	50	29	95
BI	78%	84%	85%	83%
Numerator	14	16	22	52
Denominator	18	19	26	63
TA	88%	80%	93%	87%
Numerator	14	16	25	55
Denominator	16	20	27	63
Autism	50%	75%	86%	77%
Numerator	1	3	6	10
Denominator	2	4	7	13
SED	87%	83%	90%	87%
Numerator	20	29	28	77
Denominator	23	35	31	89

Explanation of Findings:

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

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

Compliance Trends	2013	2014	2015	2016	2017	2018	2019	2020	Jan-Mar 2021	Apr-Jun 2021	Jul - Sept 2021
PD											
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	59%	50%	62%	96%	92%
Amerigroup		68%	53%	62%	79%	96%	N/A	N/A	N/A	N/A	N/A
Sunflower		72%	50%	71%	36%	74%	86%	64%	45%	91%	94%
United		77%	73%	84%	78%	94%	88%	56%	17%	89%	92%
Statewide	64%	72%	57%	72%	64%	88%	81%	57%	39%	92%	92%
FE											
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	73%	44%	61%	86%	91%
Amerigroup		67%	57%	67%	80%	92%	N/A	N/A	N/A	N/A	N/A
Sunflower		86%	47%	82%	35%	74%	88%	58%	29%	81%	87%
United		85%	74%	84%	80%	92%	88%	56%	29%	89%	95%
Statewide	59%	80%	57%	78%	63%	86%	86%	54%	37%	86%	91%
IDD											
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	49%	48%	31%	93%	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%	14%	82%	82%
United		77%	50%	74%	89%	88%	80%	51%	40%	100%	100%
Statewide	No Data	66%	42%	71%	58%	83%	75%	52%	25%	89%	91%
BI											
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	38%	24%	44%	78%	78%
Amerigroup		56%	50%	52%	74%	82%	N/A	N/A	N/A	N/A	N/A
Sunflower		80%	23%	86%	28%	79%	82%	48%	45%	47%	84%
United		74%	67%	80%	76%	92%	85%	42%	12%	81%	85%
Statewide	53%	68%	45%	66%	63%	83%	74%	39%	32%	71%	83%
TA											
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	73%	47%	24%	94%	88%
Amerigroup		86%	65%	73%	86%	99%	N/A	N/A	N/A	N/A	N/A
Sunflower		97%	53%	79%	29%	86%	90%	62%	43%	81%	80%
United		94%	55%	64%	82%	86%	91%	46%	54%	100%	93%
Statewide	96%	91%	60%	72%	68%	93%	88%	52%	42%	92%	87%
Autism											
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	17%	21%	0%	100%	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%	33%	100%	75%
United		88%	14%	17%	13%	41%	65%	13%	43%	100%	86%
Statewide	55%	72%	35%	46%	38%	61%	60%	31%	33%	100%	77%
SED											
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	91%	56%	65%	100%	87%
Amerigroup		94%	92%	98%	99%	97%	N/A	N/A	N/A	N/A	N/A
Sunflower		91%	72%	84%	94%	87%	93%	57%	48%	82%	83%
United		84%	97%	88%	87%	97%	95%	59%	81%	79%	90%
Statewide	98%	89%	88%	90%	93%	94%	94%	58%	65%	85%	87%

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

Remediation:

Data reviews and audit requirements will continue to be discussed and reviewed with MCOs at scheduled quarterly meetings as well as individual Quality Improvement Plan (QIP) meetings until measures meet 86% 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 the performance measure.

MCOs will continue to complete Service Plan (SP) 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).

All three contracted MCOs now have electronic signature platforms with Aetna beginning Adobe Sign in February 2022. The ability to accept electronic signatures will help bring most Service Plan Measures into compliance due to the changes made in the document review process around signatures. Verbal signatures continue to be accepted during the Appendix X exception which the state informed MCOs in February 2022 that these plans can extend up through June 30, 2022.

Each MCO met on January 13, 2022 and reviewed the QIPs for performance measures at that time, MCOs were requested to create additional QIPs for Appendices C, D and G.

KDADS has received QIPs from the contracted MCOs to address QIP Performance measures. KDADS has accepted the plan and monitors on a quarterly basis to ensure timelines are being followed or to mitigate issues as they arise. Kansas will continue to evaluate New Editions recommendations for change to meet the assurances and adjust the standard operating procedures accordingly. Kansas has a goal of bringing these performance measures into full compliance of eight consecutive quarters.

This audit for period July-Sept 2021 shows overall improvement from all three MCOs across all waivers; however, most measures are not meeting the required threshold. KDADS meets with each MCO on May 9, 2022 to review progress on QIPs and will be provided detailed information as to their strong and weak areas with discussion of further improvement plans for any measure that is under 50%. Additionally, KDADS will discuss the rotation of a complete year of QIP implementation and the finalized results for the Oct-Dec 2021 review.

Current observations:

United ranks poorly in measures 4, 5, & 6 relating to Appendix D with focus on their poorest performing waivers - BI, PD, FE indicating more involvement between the ADRCs and the MCOs.

Sunflower Health Plan - no particular measure could be identified, however, needs to focus on the BI and IDD waiver, indicating the need for education or increased attention to tasks for this waiver.

Aetna - requires attention to all measures with the exception of measures 2&3 of which they score exceptionally well. The poorest performing waivers - BI, PD, FE, indicate the need for more involvement between the ADRCs and the MCOs.

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: 07/01/2021 - 05/30/2021

Data Source: MCO Record Review

Compliance By Waiver	Aetna	Sunflower	United	Statewide
PD	92%	94%	92%	92%
Numerator	23	29	33	85
Denominator	25	31	36	92
FE	91%	87%	79%	91%
Numerator	21	27	31	85
Denominator	23	31	39	93
IDD	100%	80%	100%	91%
Numerator	16	40	29	86
Denominator	16	50	29	95
BI	72%	84%	85%	81%
Numerator	13	16	22	51
Denominator	18	19	26	63
TA	88%	80%	93%	87%
Numerator	14	16	25	55
Denominator	16	20	27	63
Autism	50%	75%	86%	77%
Numerator	1	3	6	10
Denominator	2	4	7	13
SED	87%	83%	90%	87%
Numerator	20	29	28	77
Denominator	23	35	31	89

Explanation of Findings:

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

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

Compliance Trends	2013	2014	2015	2016	2017	2018	2019	2020	Jan - Mar 2021	Apr-Jun 2021	Jul - Sept 2021
PD											
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	7%	13%	62%	96%	92%
Amerigroup		76%	57%	67%	81%	98%	N/A	N/A	N/A	N/A	N/A
Sunflower		74%	67%	73%	87%	80%	86%	64%	45%	91%	94%
United		80%	78%	88%	87%	95%	88%	57%	20%	89%	92%
Statewide	Not a Measure	76%	66%	75%	85%	91%	70%	48%	40%	92%	92%
FE											
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	8%	25%	61%	86%	91%
Amerigroup		67%	58%	72%	81%	92%	N/A	N/A	N/A	N/A	N/A
Sunflower		87%	56%	82%	86%	77%	88%	58%	29%	81%	87%
United		85%	79%	84%	91%	93%	88%	46%	29%	89%	79%
Statewide	65%	80%	63%	79%	86%	87%	76%	51%	37%	86%	91%
IDD											
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	7%	21%	31%	93%	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%	16%	82%	80%
United		78%	57%	79%	92%	88%	79%	50%	37%	97%	100%
Statewide	No Data	64%	46%	70%	78%	84%	69%	48%	25%	88%	91%
BI											
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	0%	5%	44%	74%	72%
Amerigroup		55%	51%	54%	78%	84%	N/A	N/A	N/A	N/A	N/A
Sunflower		79%	40%	86%	78%	79%	82%	48%	45%	47%	84%
United		73%	74%	83%	79%	92%	84%	42%	12%	81%	85%
Statewide	No Data	67%	52%	68%	78%	84%	65%	34%	32%	69%	81%
TA											
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	16%	18%	24%	94%	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%	43%	81%	80%
United		94%	55%	79%	95%	86%	91%	45%	54%	100%	93%
Statewide	No Data	92%	68%	74%	81%	93%	78%	45%	42%	92%	87%
Autism											
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	0%	8%	0%	100%	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%	67%	100%	75%
United		75%	43%	33%	38%	35%	69%	16%	57%	100%	86%
Statewide	No Data	72%	59%	60%	67%	61%	60%	28%	50%	100%	77%
SED											
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	91%	56%	65%	100%	87%
Amerigroup		94%	92%	98%	99%	97%	N/A	N/A	N/A	N/A	N/A
Sunflower		91%	72%	84%	94%	87%	93%	57%	48%	82%	83%
United		85%	98%	88%	87%	97%	95%	59%	81%	79%	90%
Statewide	99%	90%	89%	91%	93%	94%	94%	58%	65%	85%	87%

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

Remediation:

Data reviews and audit requirements will continue to be discussed and reviewed with MCOs at scheduled quarterly meetings as well as individual Quality Improvement Plan (QIP) meetings until measures meet 86% 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 the performance measure.

MCOs will continue to complete Service Plan (SP) 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).

All three contracted MCOs now have electronic signature platforms with Aetna beginning Adobe Sign in February 2022. The ability to accept electronic signatures will help bring most Service Plan Measures into compliance due to the changes made in the document review process around signatures. Verbal signatures continue to be accepted during the Appendix K exception which the state informed MCOs in February 2022 that these plans can extend up through June 30, 2022.

Each MCO met on January 13, 2022 and reviewed the QIPs for performance measures at that time, MCOs were requested to create additional QIPs for Appendices C, D and G.

KDADS has received QIPs from the contracted MCOs to address QIP Performance measures. KDADS has accepted the plan and monitors on a quarterly basis to ensure timelines are being followed or to mitigate issues as they arise. Kansas will continue to evaluate New Editions recommendations for change to meet the assurances and adjust the standard operating procedures accordingly. Kansas has a goal to bring these performance measures into full compliance of eight consecutive quarters.

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Current observations:

United ranks poorly in measures 4, 5, & 6 relating to Appendix D with focus on their poorest performing waivers - BI, PD, FE indicating more involvement between the ADRCs and the MCOs.

Sunflower Health Plan - no particular measure could be identified, however, needs to focus on the BI and IDD waiver, indicating the need for education or increased attention to tasks for this waiver.

Aetna - requires attention to all measures with the exception of measures 2&3 of which they score exceptionally well. The poorest performing waivers - BI, PD, FE, indicate the need for more involvement between the ADRCs and the MCOs.

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: 07/01/2021 - 09/30/2021

Data Source: MCO Record Review

Compliance By Waiver	Aetna	Sunflower	United	Statewide
PD	92%	94%	92%	92%
Numerator	23	29	33	85
Denominator	25	31	36	92
FE	91%	87%	95%	91%
Numerator	21	27	37	85
Denominator	23	31	39	93
IDD	100%	82%	100%	91%
Numerator	16	41	29	86
Denominator	16	50	29	95
BI	72%	84%	85%	81%
Numerator	13	16	22	51
Denominator	18	19	26	63
TA	88%	80%	93%	87%
Numerator	14	16	25	55
Denominator	16	20	27	63
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:

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

Remediation:

Data reviews and audit requirements will continue to be discussed and reviewed with MCOs at scheduled quarterly meetings as well as individual Quality Improvement Plan (QIP) meetings until measures meet 86% 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 the performance measure.

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).

All three contracted MCOs now have electronic signature platforms with Aetna beginning Adobe Sign in February 2022. The ability to accept electronic signatures will help bring most Service Plan Measures into compliance due to the changes made in the document review process around signatures. Verbal signatures continue to be accepted during the Appendix K exception which the state informed MCOs in February 2022 that these plans can extend up through June 30, 2022.

Each MCO met on January 13, 2022 and reviewed the QIPs for performance measures at that time, MCOs were requested to create additional QIPs for Appendices C, D and G.

KDADS has received QIPs from the contracted MCOs to address QP Performance measures. KDADS has accepted the plan and monitors on a quarterly basis to ensure timelines are being followed or to mitigate issues as they arise. Kansas will continue to evaluate New Editions recommendations for change to meet the assurances and adjust the standard operating procedures accordingly. Kansas has a goal of bringing these performance measures into full compliance of eight consecutive quarters.

This audit for period July-Sept 2021 shows overall improvement from all three MCOs across all waivers; however, most measures are not meeting the required threshold. KDADS meets with each MCO on May 9, 2022 to review progress on QIPs and will be provided detailed information as to their strong and weak areas with discussion of further improvement plans for any measure that is under 50%. Additionally, KDADS will discuss the rotation of a complete year of QIP implementation and the finalized results for the Oct-Dec 2021 review.

Current observations:

United ranks poorly in measures 4, 5, & 6 relating to Appendix D with focus on their poorest performing waivers - BI, PD, FE indicating more involvement between the ADRCs and the MCOs.

Sunflower Health Plan - no particular measure could be identified, however, needs to focus on the BI and IDD waiver, indicating the need for education or increased attention to tasks for this waiver.

Aetna - requires attention to all measures with the exception of measures 2&3 of which they score exceptionally well. The poorest performing waivers - BI, PD, FE, indicate the need for more involvement between the ADRCs and the MCOs.

Compliance Trends	2013	2014	2015	2016	2017	2018	2019	2020	Jan-Mar 2021	Apr-Jun 2021	Jul - Sept 2021
PD											
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	12%	16%	62%	96%	92%
Amerigroup		64%	58%	72%	81%	92%	N/A	N/A	N/A	N/A	N/A
Sunflower		73%	68%	72%	87%	79%	84%	63%	45%	91%	94%
United		77%	78%	88%	86%	95%	88%	56%	20%	92%	92%
Statewide	Not a Measure	71%	66%	77%	84%	89%	70%	48%	40%	93%	92%
FE											
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	10%	22%	61%	86%	91%
Amerigroup		64%	59%	73%	79%	88%	N/A	N/A	N/A	N/A	N/A
Sunflower		84%	59%	81%	87%	74%	87%	58%	29%	81%	87%
United		77%	79%	85%	88%	93%	88%	56%	29%	89%	95%
Statewide	65%	75%	64%	79%	85%	85%	76%	50%	37%	86%	91%
IDD											
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	7%	21%	31%	93%	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%	16%	82%	82%
United		77%	57%	73%	93%	89%	79%	51%	37%	100%	100%
Statewide	No Data	53%	46%	64%	73%	82%	68%	48%	25%	89%	91%
BI											
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	5%	5%	44%	74%	72%
Amerigroup		50%	50%	56%	73%	80%	N/A	N/A	N/A	N/A	N/A
Sunflower		85%	43%	82%	78%	81%	48%	45%	47%	84%	84%
United		70%	74%	83%	79%	89%	84%	42%	12%	81%	85%
Statewide	No Data	66%	52%	68%	75%	81%	66%	34%	32%	69%	81%
TA											
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	19%	16%	24%	94%	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%	43%	81%	80%
United		100%	58%	79%	95%	84%	91%	46%	54%	100%	93%
Statewide	No Data	90%	64%	72%	81%	93%	78%	45%	42%	92%	87%
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: 07/01/2021 - 09/30/2021

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	52%	54%	81%	63%
Numerator	12	19	25	56
Denominator	23	35	31	89

Explanation of Findings:

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

Remediation:

Currently, KDADS HCBS does not have administrative authority over the CMHCs who conduct the SED assessments.

Revaluations: The CMHCs upload the participant's Annual LOC documents into KAMIS for KDADS review. KDADS Quality Review Team reviews a sample of the CMHCs reassessments quarterly to assure all documents reflect the ongoing LOC for continuation on the waiver.

Compliance Trends	2017	2018	2019	2020	Jan-Mar 2021	Apr-Jun 2021	Jul - Sept 2021
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%	40%	45%	52%
Amerigroup	99%	92%	N/A	N/A	N/A	N/A	N/A
Sunflower	88%	90%	88%	34%	24%	36%	54%
United	83%	94%	94%	36%	81%	67%	81%
Statewide	91%	92%	89%	35%	51%	51%	63%

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: 07/01/2021 - 09/30/2021

Data Source: Adverse Incident Reporting

Compliance By Waiver	Aetna	Sunflower	United	Statewide
PD	67%	88%	100%	92%
Numerator	2	7	13	22
Denominator	3	8	13	24
FE	N/A	71%	88%	80%
Numerator	0	5	7	12
Denominator	0	7	8	15
IDD	67%	88%	100%	88%
Numerator	2	7	6	15
Denominator	3	8	6	17
BI	N/A	N/A	67%	67%
Numerator	0	0	2	2
Denominator	0	0	3	3
TA	N/A	N/A	100%	100%
Numerator	0	0	1	1
Denominator	0	0	1	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:

Aetna had two reports of unexpected death where preventable causes were identified. One report for both the PD and the IDD waiver. The IDD report was marked as preventable causes in error. There were no preventable causes identified, the member passed in the hospital due to COVID complications. The PD report identified preventable causes as this is a case of homicide and an arrest was made. There were no concerns of ANE by the provider.

Sunflower had four reports of unexpected death where preventable causes were identified. Two reports were identified for the FE waiver and one report was identified for both the PD and the IDD waiver.

The member on the PD waiver was informed of proper medical care but refused treatments.

The member on the IDD waiver passed away due to complications from a heart condition that was flared up after they began choking on food. There were no concerns of ANE for this incident.

The two reports on the FE waiver where preventable causes were identified included refusal of medical care with knowledge of decline and the other had a history of falls and passed in the hospital during rehabilitation.

United had two reports of unexpected death where preventable causes were identified. One on the FE waiver and the other on the BI waiver. The member on the FE waiver passed unexpectedly due to long term refusal of medical treatment. The member on the BI waiver had been refusing medications and then used the medications to overdose and passed overnight. There were restrictions of only one week of medications being provided at a time as overdose was not a concern of the

Remediation:

No remediation needed.

Compliance Trends	2013	2014	2015	2016	2017	2018	2019	2020	Jan - Mar 2021	Apr-Jun 2021	Jul - Sept 2021
PD											
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	N/A	100%	100%	N/A	67%
Amerigroup								N/A	N/A	N/A	N/A
Sunflower								90%	96%	100%	88%
United								100%	86%	100%	100%
Statewide								92%	93%	100%	92%
FE											
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	N/A	100%	N/A	100%	N/A
Amerigroup								N/A	N/A	N/A	N/A
Sunflower								100%	100%	100%	71%
United								75%	96%	100%	83%
Statewide								96%	98%	100%	80%
IDD											
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	N/A	100%	100%	N/A	67%
Amerigroup								N/A	N/A	N/A	N/A
Sunflower								98%	100%	95%	88%
United								93%	95%	100%	100%
Statewide								97%	99%	96%	88%
BI											
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	N/A	0%	N/A	100%	N/A
Amerigroup								N/A	N/A	N/A	N/A
Sunflower								100%	100%	N/A	75%
United								N/A	N/A	67%	100%
Statewide								100%	67%	67%	86%
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								N/A	N/A	N/A	N/A
Sunflower								100%	100%	N/A	N/A
United								N/A	100%	67%	100%
Statewide								100%	100%	67%	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								N/A	N/A	N/A	N/A
Sunflower								N/A	N/A	N/A	N/A
United								N/A	N/A	N/A	N/A
Statewide								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								N/A	N/A	N/A	N/A
Sunflower								N/A	N/A	N/A	N/A
United								N/A	N/A	N/A	N/A
Statewide								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: 07/01/2021 - 09/30/2021

Data Source: Adverse Incident Reporting

Compliance By Waiver	Aetna	Sunflower	United	Statewide
PD	100%	100%	100%	100%
Numerator	3	8	13	24
Denominator	3	8	13	24
FE	N/A	86%	100%	93%
Numerator	0	6	8	14
Denominator	0	7	8	15
IDD	100%	100%	100%	100%
Numerator	3	8	6	17
Denominator	3	8	6	17
BI	N/A	N/A	100%	100%
Numerator	0	0	3	3
Denominator	0	0	3	3
TA	N/A	N/A	100%	100%
Numerator	0	0	1	1
Denominator	0	0	1	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:

Sunflower had one FE report identified as not following the appropriate policy and procedure. This report was marked due to staff error. There are no concerns for this report.

Remediation:

No remediation is needed.

Compliance Trends	2013	2014	2015	2016	2017	2018	2019	2020	Jan-Mar 2021	Apr-Jun 2021	Jul - Sept 2021
PD											
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	N/A	100%	100%	N/A	100%
Amerigroup								N/A	N/A	N/A	N/A
Sunflower	No Data						83%	100%	100%	90%	100%
United	No Data						100%	100%	100%	100%	100%
Statewide	No Data						88%	100%	100%	93%	100%
FE											
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	N/A	100%	N/A	100%	N/A
Amerigroup								N/A	N/A	N/A	N/A
Sunflower	No Data						89%	100%	100%	100%	86%
United	No Data						75%	100%	100%	100%	100%
Statewide	No Data						87%	100%	100%	100%	93%
IDD											
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	100%	100%	N/A	100%	100%
Amerigroup								N/A	N/A	N/A	N/A
Sunflower	No Data						92%	100%	95%	100%	100%
United	No Data						87%	100%	100%	83%	100%
Statewide	No Data						92%	100%	96%	94%	100%
BI											
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	N/A	100%	N/A	100%	N/A
Amerigroup								N/A	N/A	N/A	N/A
Sunflower	No Data						100%	100%	N/A	100%	N/A
United	No Data						N/A	N/A	100%	100%	100%
Statewide	No Data						100%	100%	100%	100%	100%
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								N/A	N/A	N/A	N/A
Sunflower	No Data						100%	100%	N/A	N/A	N/A
United	No Data						N/A	100%	N/A	N/A	100%
Statewide	No Data						100%	100%	N/A	N/A	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								N/A	N/A	N/A	N/A
Sunflower	No Data						N/A	N/A	N/A	N/A	N/A
United	No Data						N/A	N/A	N/A	N/A	N/A
Statewide	No Data						N/A	N/A	N/A	N/A	N/A
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								N/A	N/A	N/A	N/A
Sunflower	No Data						N/A	N/A	N/A	N/A	N/A
United	No Data						N/A	N/A	N/A	N/A	N/A
Statewide	No Data						N/A	N/A	N/A	N/A	N/A

KDADS HCBS Quality Review Report

Health and Welfare

PM 3: Number and percent of unexpected deaths for which the appropriate follow-up measures were taken

Numerator: Number of unexpected deaths for which the appropriate follow-up measures were taken as in the approved waiver

Denominator: Number of unexpected deaths

Review Period: 07/01/2021 - 09/30/2021

Data Source: Adverse Incident Reporting

Compliance By Waiver	Aetna	Sunflower	United	Statewide
PD	100%	100%	100%	100%
Numerator	3	8	13	24
Denominator	3	8	13	24
FE	N/A	100%	100%	100%
Numerator	0	7	8	15
Denominator	0	7	8	15
IDD	100%	100%	100%	100%
Numerator	3	8	6	17
Denominator	3	8	6	17
BI	N/A	N/A	100%	100%
Numerator	0	0	3	3
Denominator	0	0	3	3
TA	N/A	N/A	100%	100%
Numerator	0	0	1	1
Denominator	0	0	1	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:

Performance Measure threshold achieved for all waivers.

Remediation:

No remediation needed.

Compliance Trends	2013	2014	2015	2016	2017	2018	2019	2020	Jan - Mar 2021	Apr-Jun 2021	Jul - Sept 2021
PD											
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	100%	N/A	100%
Amerigroup									N/A	N/A	N/A
Sunflower	No Data						100%	100%	100%	100%	100%
United	No Data						100%	100%	100%	100%	100%
Statewide	No Data						100%	100%	100%	100%	100%
FE											
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	100%	N/A
Amerigroup									N/A	N/A	N/A
Sunflower	No Data						100%	100%	100%	100%	100%
United	No Data						100%	100%	100%	100%	100%
Statewide	No Data						100%	100%	100%	100%	100%
IDD											
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	86%	100%	N/A	100%	100%
Amerigroup							N/A	N/A	N/A	N/A	N/A
Sunflower	No Data						98%	100%	100%	100%	100%
United	No Data						100%	100%	100%	100%	100%
Statewide	No Data						97%	100%	100%	100%	100%
BI											
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	N/A	100%	N/A	100%	N/A
Amerigroup							N/A	N/A	N/A	N/A	N/A
Sunflower	No Data						100%	100%	N/A	100%	N/A
United	No Data						N/A	N/A	100%	100%	100%
Statewide	No Data						100%	100%	100%	100%	100%
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									N/A	N/A	N/A
Sunflower	No Data						100%	100%	N/A	N/A	N/A
United	No Data						N/A	100%	N/A	N/A	100%
Statewide	No Data						100%	100%	N/A	N/A	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							N/A	N/A	N/A	N/A	N/A
Sunflower	No Data						N/A	N/A	N/A	N/A	N/A
United	No Data						N/A	N/A	N/A	N/A	N/A
Statewide	No Data						N/A	N/A	N/A	N/A	N/A
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							N/A	N/A	N/A	N/A	N/A
Sunflower	No Data						N/A	N/A	N/A	N/A	N/A
United	No Data						N/A	N/A	N/A	N/A	N/A
Statewide	No Data						N/A	N/A	N/A	N/A	N/A

KDADS HCBS Quality Review Report

Health and Welfare

PM 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: 07/01/2021 - 09/30/2021

Data Source: MCO Record Review

Compliance By Waiver	Aetna	Sunflower	United	Statewide
PD	92%	97%	92%	93%
Numerator	23	30	33	86
Denominator	25	31	36	92
FE	96%	97%	97%	97%
Numerator	22	30	38	90
Denominator	23	31	39	93
IDD	100%	90%	100%	95%
Numerator	16	45	29	90
Denominator	16	50	29	95
BI	72%	95%	85%	84%
Numerator	13	18	22	53
Denominator	18	19	26	63
TA	88%	95%	93%	92%
Numerator	14	19	25	58
Denominator	16	20	27	63
Autism	50%	100%	86%	85%
Numerator	1	4	6	11
Denominator	2	4	7	13
SED	87%	83%	90%	87%
Numerator	20	29	28	77
Denominator	23	35	31	89

Explanation of Findings:

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

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

Remediation:

Data reviews and audit requirements will continue to be discussed and reviewed with MCOs at scheduled quarterly meetings as well as individual Quality Improvement Plan (QIP) meetings until measures meet 86% 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 the performance measure.

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).

All three contracted MCOs now have electronic signature platforms with Aetna beginning Adobe Sign in February 2022. The ability to accept electronic signatures will help bring most Service Plan Measures into compliance due to the changes made in the document review process around signatures. Verbal signatures continue to be accepted during the Appendix K exception which the state informed MCOs in February 2022 that these plans can extend up through June 30, 2022.

Each MCO met on January 13, 2022 and reviewed the QIPs for performance measures at that time, MCOs were requested to create additional QIPs for Appendices C, D and G.

KDADS has received QIPs from the contracted MCOs to address QP Performance measures. KDADS has accepted the plan and monitors on a quarterly basis to ensure timelines are being followed or to mitigate issues as they arise. Kansas will continue to evaluate New Editions recommendations for change to meet the assurances and adjust the standard operating procedures accordingly. Kansas has a goal to bring these performance measures into full compliance of eight consecutive quarters.

This audit for period July-Sept 2021 shows overall improvement from all three MCOs across all waivers; however, most measures are not meeting the required threshold. KDADS meets with each MCO on May 9, 2022 to review progress on QIPs and will be provided detailed information as to their strong and weak areas with discussion of further improvement plans for any measure that is under 50%. Additionally, KDADS will discuss the rotation of a complete year of QIP implementation and the finalized results for the Oct-Dec 2021 review.

Current observations:
United ranks poorly in measures 4, 5, & 6 relating to Appendix D with focus on their poorest performing waivers - BI, PD, FE indicating more involvement between the ADRCs and the MCOs.

Sunflower Health Plan - no particular measure could be identified, however, needs to focus on the BI and IDD waiver, indicating the need for education or increased attention to tasks for this waiver.

Aetna - requires attention to all measures with the exception of measures 2&3 of which they score

Compliance Trends	2013	2014	2015	2016	2017	2018	2019	2020	Jan - Mar 2021	Apr-Jun 2021	Jul - Sept 2021
PD											
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	38%	33%	62%	96%	92%
Amerigroup		51%	19%	67%	87%	97%	N/A	N/A	N/A	N/A	N/A
Sunflower		88%	72%	74%	90%	85%	89%	69%	45%	88%	97%
United		90%	80%	88%	88%	95%	90%	62%	29%	94%	92%
Statewide	65%	72%	53%	76%	88%	93%	78%	56%	44%	93%	93%
FE											
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	35%	31%	65%	91%	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%	32%	81%	97%
United		92%	80%	88%	93%	92%	91%	58%	32%	87%	97%
Statewide	80%	78%	50%	78%	89%	88%	83%	54%	40%	86%	97%
IDD											
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	20%	29%	38%	93%	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%	20%	92%	90%
United		100%	56%	79%	93%	90%	84%	56%	43%	100%	100%
Statewide	99%	68%	42%	71%	83%	86%	75%	52%	31%	95%	95%
BI											
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	23%	23%	50%	78%	72%
Amerigroup		30%	12%	56%	81%	82%	N/A	N/A	N/A	N/A	N/A
Sunflower		94%	45%	84%	78%	86%	86%	48%	45%	63%	95%
United		80%	76%	85%	79%	92%	87%	48%	12%	88%	85%
Statewide	57%	63%	34%	69%	80%	85%	73%	41%	34%	78%	84%
TA											
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	27%	33%	29%	94%	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%	48%	90%	95%
United		97%	61%	79%	95%	84%	93%	59%	54%	100%	93%
Statewide	86%	82%	57%	78%	86%	93%	81%	55%	45%	95%	92%
Autism											
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	0%	8%	0%	100%	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%	67%	100%	100%
United		43%	14%	6%	13%	47%	77%	16%	57%	100%	86%
Statewide	90%	50%	16%	26%	50%	63%	62%	30%	50%	100%	85%
SED											
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	46%	34%	65%	100%	87%
Amerigroup		88%	64%	27%	25%	75%	N/A	N/A	N/A	N/A	N/A
Sunflower		80%	53%	22%	16%	39%	66%	43%	55%	82%	83%
United		78%	63%	19%	5%	21%	64%	43%	81%	79%	90%
Statewide	89%	82%	60%	23%	15%	45%	62%	41%	67%	85%	87%

*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: 07/01/2021 - 09/30/2021

Data Source: Adverse Incident Reporting

Compliance By Waiver	Aetna	Sunflower	United	Statewide
PD	100%	100%	100%	100%
Numerator	41	63	104	208
Denominator	41	63	104	208
FE	100%	100%	100%	100%
Numerator	25	61	73	159
Denominator	25	61	73	159
IDD	99%	100%	100%	100%
Numerator	255	1271	600	2126
Denominator	258	1274	602	2134
BI	97%	100%	100%	99%
Numerator	33	81	70	184
Denominator	34	81	70	185
TA	N/A	100%	100%	100%
Numerator	0	2	19	21
Denominator	0	2	19	21
Autism	N/A	100%	N/A	100%
Numerator	0	1	0	1
Denominator	0	1	0	1
SED	100%	100%	100%	100%
Numerator	1	2	6	9
Denominator	1	2	6	9

Explanation of Findings:

Performance Measure threshold achieved for all waivers.

Remediation:

No remediation needed.

Compliance Trends	2013	2014	2015	2016	2017	2018	2019	2020	Jan - Mar 2021	Apr-Jun 2021	Jul - Sept 2021
PD											
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	79%	97%	93%	95%	100%
Amerigroup							N/A	N/A	N/A	N/A	N/A
Sunflower	No Data						98%	88%	65%	100%	100%
United							100%	99%	99%	98%	100%
Statewide							96%	96%	89%	98%	100%
FE											
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	83%	97%	95%	95%	100%
Amerigroup							N/A	N/A	N/A	N/A	N/A
Sunflower	No Data						96%	85%	84%	100%	100%
United							98%	99%	100%	98%	100%
Statewide							95%	94%	94%	98%	100%
IDD											
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	85%	93%	97%	98%	99%
Amerigroup							N/A	N/A	N/A	N/A	N/A
Sunflower	No Data						97%	89%	64%	100%	100%
United							99%	99%	100%	100%	100%
Statewide							96%	93%	80%	100%	100%
BI											
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	91%	100%	97%	100%	97%
Amerigroup							N/A	N/A	N/A	N/A	N/A
Sunflower	No Data						99%	90%	79%	100%	100%
United							99%	100%	100%	100%	100%
Statewide							98%	96%	90%	99%	99%
TA											
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	93%	100%	N/A	100%	N/A
Amerigroup							N/A	N/A	N/A	N/A	N/A
Sunflower	No Data						100%	88%	75%	100%	100%
United							100%	100%	100%	100%	100%
Statewide							98%	98%	93%	100%	100%
Autism											
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	100%	100%	N/A
Amerigroup							N/A	N/A	N/A	N/A	N/A
Sunflower	No Data						N/A	100%	N/A	N/A	100%
United							100%	100%	N/A	100%	N/A
Statewide							100%	100%	100%	100%	100%
SED											
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	100%	100%
Amerigroup							N/A	N/A	N/A	N/A	N/A
Sunflower	No Data						N/A	N/A	N/A	N/A	100%
United							N/A	N/A	N/A	100%	100%
Statewide							N/A	N/A	N/A	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: 07/01/2021 - 09/30/2021

Data Source: Adverse Incident Reporting

Compliance By Waiver	Aetna	Sunflower	United	Statewide
PD	100%	100%	100%	100%
Numerator	38	55	91	184
Denominator	38	55	91	184
FE	100%	100%	100%	100%
Numerator	25	54	65	144
Denominator	25	54	65	144
IDD	100%	100%	100%	100%
Numerator	255	1266	596	2117
Denominator	255	1266	596	2117
BI	100%	100%	100%	100%
Numerator	34	81	67	182
Denominator	34	81	67	182
TA	N/A	100%	100%	100%
Numerator	0	2	18	20
Denominator	0	2	18	20
Autism	N/A	100%	N/A	100%
Numerator	0	1	0	1
Denominator	0	1	0	1
SED	100%	100%	100%	100%
Numerator	1	2	6	9
Denominator	1	2	6	9

Explanation of Findings:

Performance Measure threshold achieved for all waivers.

Remediation:

No remediation needed.

Compliance Trends	2013	2014	2015	2016	2017	2018	2019	2020	Jan - Mar 2021	Apr-Jun 2021	Jul - Sept 2021
PD											
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	100%	100%	100%	100%	100%
Amerigroup							N/A	N/A	N/A	N/A	N/A
Sunflower							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							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							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							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%	N/A	100%	N/A
Amerigroup							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%	100%	N/A
Amerigroup							N/A	N/A	N/A	N/A	N/A
Sunflower							N/A	100%	N/A	N/A	100%
United							100%	100%	N/A	100%	N/A
Statewide							100%	100%	100%	100%	100%
SED											
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	100%	100%
Amerigroup							N/A	N/A	N/A	N/A	N/A
Sunflower							N/A	N/A	N/A	N/A	100%
United							N/A	N/A	N/A	100%	100%
Statewide							N/A	N/A	N/A	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: 07/01/2021 - 09/30/2021

Data Source: Adverse Incident Reporting

Compliance By Waiver	Aetna	Sunflower	United	Statewide
PD	N/A	N/A	0%	0%
Numerator	0	0	0	0
Denominator	0	0	1	1
FE	N/A	N/A	N/A	N/A
Numerator	0	0	0	0
Denominator	0	0	0	0
IDD	67%	87%	54%	78%
Numerator	4	39	7	50
Denominator	6	45	13	64
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 two IDD reports of restraint or seclusion indicating that did not follow proper procedure per waiver. The restraints were medically necessary and conducted by medical professionals. There is no concern of ANE.

Sunflower had six IDD reports of improperly following procedures per waiver. These restrictions were initiated by law enforcement or medical professionals. One instance where another member served restricted movement but was redirected immediately by staff. There is no concerns of ANE.

United had seven reports identified as not following proper procedure per waiver. One report on the PD waiver and six on the IDD waiver.

The PD waiver the intervention was conducted by law enforcement. There is no concern of ANE. There were six IDD reports identified where proper follow-up procedures were not followed. The restrictions were initiated by law enforcement or outlined in an individuals Behavior Support Plan or pre-approved by Guardian. There is not concerns of ANE.

Remediation:

KDADS Program Integrity team was advised to track provider initiated restrictive measures and not those by medical professionals or law enforcement.

Compliance Trends	2013	2014	2015	2016	2017	2018	2019	2020	Jan-Mar 2021	Apr-Jun 2021	Jul - Sept 2021
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											
Sunflower	No Data						N/A	N/A	N/A	N/A	N/A
United	No Data						N/A	N/A	N/A	0%	0%
Statewide	No Data						N/A	N/A	N/A	0%	0%
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											
Sunflower	No Data						N/A	N/A	N/A	N/A	N/A
United	No Data						0%	N/A	N/A	N/A	N/A
Statewide	No Data						0%	N/A	N/A	N/A	N/A
IDD											
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	100%	90%	75%	88%	67%
Amerigroup							N/A	N/A	N/A	N/A	N/A
Sunflower	No Data						91%	N/A	95%	64%	87%
United	No Data						58%	N/A	93%	73%	54%
Statewide	No Data						83%	93%	92%	71%	78%
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											
Sunflower	No Data						N/A	N/A	N/A	N/A	N/A
United	No Data						N/A	N/A	N/A	N/A	N/A
Statewide	No Data						N/A	N/A	N/A	N/A	N/A
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											
Sunflower	No Data						N/A	N/A	N/A	N/A	N/A
United	No Data						0%	N/A	N/A	N/A	N/A
Statewide	No Data						0%	N/A	N/A	N/A	N/A
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											
Sunflower	No Data						N/A	N/A	N/A	N/A	N/A
United	No Data						N/A	N/A	N/A	N/A	N/A
Statewide	No Data						N/A	N/A	N/A	N/A	N/A
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											
Sunflower	No Data						N/A	N/A	N/A	N/A	N/A
United	No Data						N/A	N/A	N/A	100%	N/A
Statewide	No Data						N/A	N/A	N/A	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: 07/01/2021 - 09/30/2021

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	0%	50%	40%
Numerator	0	0	2	2
Denominator	0	1	4	5
BI	N/A	N/A	N/A	N/A
Numerator	0	0	0	0
Denominator	0	0	0	0
TA	N/A	N/A	N/A	N/A
Numerator	0	0	0	0
Denominator	0	0	0	0
Autism	N/A	N/A	N/A	N/A
Numerator	0	0	0	0
Denominator	0	0	0	0
SED	N/A	N/A	N/A	N/A
Numerator	0	0	0	0
Denominator	0	0	0	0

Explanation of Findings:

Sunflower had one IDD report of improper use of restrictive measures. This restraint was marked incorrectly as improper. It was initiated by law enforcement not the provider. There is no concern of ANE.

United had two IDD reports of improper use of restrictive measures. These restrictive measures were marked improperly as the reports indicate that law enforcement initiated the restraint not the provider. There is no concern of ANE.

Remediation:

KDADS Program Integrity team was advised to track provider initiated restrictive measures and not those by medical professionals or law enforcement.

Compliance Trends	2013	2014	2015	2016	2017	2018	2019	2020	Jan - Mar 2021	Apr-Jun 2021	Jul - Sept 2021
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											
Sunflower	No Data						N/A	N/A	N/A	N/A	N/A
United	No Data						N/A	N/A	N/A	100%	N/A
Statewide	No Data						N/A	N/A	N/A	100%	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											
Sunflower	No Data						N/A	N/A	N/A	N/A	N/A
United	No Data						N/A	N/A	N/A	N/A	N/A
Statewide	No Data						N/A	N/A	N/A	N/A	N/A
IDD											
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	N/A	90%	N/A	100%	N/A
Amerigroup								N/A	N/A	N/A	N/A
Sunflower	No Data						100%	N/A	100%	86%	0%
United	No Data						91%	100%	0%	100%	50%
Statewide	No Data						94%	100%	50%	92%	40%
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											
Sunflower	No Data						N/A	N/A	N/A	N/A	N/A
United	No Data						N/A	N/A	N/A	N/A	N/A
Statewide	No Data						N/A	N/A	N/A	N/A	N/A
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											
Sunflower	No Data						N/A	N/A	N/A	N/A	N/A
United	No Data						100%	N/A	N/A	N/A	N/A
Statewide	No Data						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											
Sunflower	No Data						N/A	N/A	N/A	N/A	N/A
United	No Data						N/A	N/A	N/A	N/A	N/A
Statewide	No Data						N/A	N/A	N/A	N/A	N/A
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											
Sunflower	No Data						N/A	N/A	N/A	N/A	N/A
United	No Data						N/A	N/A	N/A	N/A	N/A
Statewide	No Data						N/A	N/A	N/A	N/A	N/A

KDADS HCBS Quality Review Report

Health and Welfare

PM 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: 07/01/2021 - 09/30/2021

Data Source: MCO Record Review

Compliance By Waiver	Aetna	Sunflower	United	Statewide
PD	80%	74%	92%	83%
Numerator	20	23	33	76
Denominator	25	31	36	92
FE	74%	55%	90%	74%
Numerator	17	17	35	69
Denominator	23	31	39	93
IDD	81%	94%	86%	89%
Numerator	13	47	25	85
Denominator	16	50	29	95
BI	56%	74%	92%	76%
Numerator	10	14	24	48
Denominator	18	19	26	63
TA	94%	85%	100%	94%
Numerator	15	17	27	59
Denominator	16	20	27	63
Autism	100%	100%	86%	92%
Numerator	2	4	6	12
Denominator	2	4	7	13
SED	96%	80%	90%	88%
Numerator	22	28	28	78
Denominator	23	35	31	89

Explanation of Findings:

PD: 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

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

Remediation:

Data reviews and audit requirements will continue to be discussed and reviewed with MCOs at scheduled quarterly meetings as well as individual Quality Improvement Plan (QIP) meetings until measures meet 86% 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 the performance measure.

MCOs will continue to complete Service Plan (SP) processes by telephone or video and begin sending SPs 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).

All three contracted MCOs now have electronic signature platforms with Aetna beginning Adobe Sign in February 2022. The ability to accept electronic signatures will help bring most Service Plan Measures into compliance due to the changes made in the document review process around signatures. Verbal signatures continue to be accepted during the Appendix K exception which the state informed MCOs in February 2022 that these plans can extend up through June 30, 2022.

Each MCO met on January 13, 2022 and reviewed the QIPs for performance measures at that time, MCOs were requested to create additional QIPs for Appendices C, D and G.

KDADS has received QIPs from the contracted MCOs to address QP Performance measures. KDADS has accepted the plan and monitors on a quarterly basis to ensure timelines are being followed or to mitigate issues as they arise. Kansas will continue to evaluate New Editions recommendations for change to meet the assurances and adjust the standard operating procedures accordingly. Kansas has a goal of bringing these performance measures into full compliance of eight consecutive quarters.

This audit for period July-Sept 2021 shows overall improvement from all three MCOs across all waivers; however, most measures are not meeting the required threshold. KDADS meets with each MCO on May 9, 2022 to review progress on QIPs and will be provided detailed information as to their strong and weak areas with discussion of further improvement plans for any measure that is under 50%. Additionally, KDADS will discuss the rotation of a complete year of QIP implementation and the finalized results for the Oct-Dec 2021 review.

Current observations:

United ranks poorly in measures 4, 5, & 6 relating to Appendix D with focus on their poorest performing waivers - BI, PD, FE indicating more involvement between the ADRCs and the MCOs.

Sunflower Health Plan - no particular measure could be identified, however, needs to focus on the BI and IDD waiver, indicating the need for education or increased attention to tasks for this waiver.

Aetna - requires attention to all measures with the exception of measures 2&3 of which they score exceptionally well. The poorest performing waivers - BI, PD, FE, indicate the need for more involvement between the ADRCs

Compliance Trends	2013	2014	2015	2016	2017	2018	2019	2020	Jan - Mar 2021	Apr-Jun 2021	Jul - Sept 2021
PD											
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	76%	68%	65%	56%	80%
Amerigroup		78%			20%	46%	N/A	N/A	N/A	N/A	N/A
Sunflower		81%			34%	40%	54%	71%	73%	69%	74%
United		88%			34%	23%	77%	79%	91%	92%	92%
Statewide	Not a Measure	82%	No Data	No Data	29%	37%	68%	73%	78%	74%	83%
FE											
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	56%	64%	78%	77%	74%
Amerigroup		89%			23%	34%	N/A	N/A	N/A	N/A	N/A
Sunflower		97%			31%	28%	59%	66%	75%	53%	55%
United		97%			31%	18%	71%	78%	88%	87%	90%
Statewide	Not a Measure	95%	No Data	No Data	29%	27%	64%	71%	82%	73%	74%
IDD											
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	88%	83%	44%	80%	81%
Amerigroup		91%			28%	56%	N/A	N/A	N/A	N/A	N/A
Sunflower		99%			52%	70%	86%	84%	82%	92%	94%
United		99%			26%	29%	72%	73%	93%	83%	86%
Statewide	Not a Measure	97%	No Data	No Data	39%	56%	82%	83%	79%	87%	89%
BI											
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	60%	81%	94%	83%	56%
Amerigroup		84%			21%	29%	N/A	N/A	N/A	N/A	N/A
Sunflower		94%			32%	30%	55%	76%	73%	47%	74%
United		93%			19%	35%	78%	88%	88%	96%	92%
Statewide	Not a Measure	90%	No Data	No Data	23%	30%	64%	82%	85%	78%	76%
TA											
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	81%	74%	88%	81%	94%
Amerigroup		100%			39%	54%	N/A	N/A	N/A	N/A	N/A
Sunflower		100%			56%	79%	91%	69%	83%	81%	85%
United		97%			68%	62%	87%	85%	79%	80%	100%
Statewide	Not a Measure	100%	No Data	No Data	49%	63%	88%	77%	83%	81%	94%
Autism											
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	40%	79%	0%	100%	100%
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%	86%	75%	86%
Statewide	Not a Measure	98%	No Data	No Data	48%	59%	63%	65%	75%	86%	92%
SED											
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	70%	84%	55%	82%	96%
Amerigroup		54%			76%	87%	N/A	N/A	N/A	N/A	N/A
Sunflower		55%			27%	71%	72%	73%	91%	82%	80%
United		46%			47%	61%	59%	62%	81%	76%	90%
Statewide	Not a Measure	52%	No Data	No Data	52%	67%	66%	71%	79%	80%	88%

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: 07/01/2021 - 09/30/2021

Data Source: MCO Record Review

Compliance By Waiver	Aetna	Sunflower	United	Statewide
PD	92%	90%	92%	91%
Numerator	23	28	33	84
Denominator	25	31	36	92
FE	91%	87%	95%	91%
Numerator	21	27	37	85
Denominator	23	31	39	93
IDD	94%	82%	100%	89%
Numerator	15	41	29	85
Denominator	16	50	29	95
BI	72%	84%	88%	83%
Numerator	13	16	23	52
Denominator	18	19	26	63
TA	88%	80%	93%	87%
Numerator	14	16	25	55
Denominator	16	20	27	63
Autism	50%	100%	86%	85%
Numerator	1	4	6	11
Denominator	2	4	7	13
SED	Not a Waiver Performance Measure			
Numerator				
Denominator				

Explanation of Findings:

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

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

Remediation:

Data reviews and audit requirements will continue to be discussed and reviewed with MCOs at scheduled quarterly meetings as well as individual Quality Improvement Plan (QIP) meetings until measures meet 86% 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 the performance measure.

MCOs will continue to complete Service Plan (SP) 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).

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Current observations:

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Sunflower Health Plan - no particular measure could be identified, however, needs to focus on the BI and IDD waiver, indicating the need for education or increased attention to tasks for this waiver.

Aetna - requires attention to all measures with the exception of measures 2&3 of which they score exceptionally well. The poorest performing waivers - BI, PD, FE, indicate the need for more involvement between the ADRCs and the MCOs.

Compliance Trends	2013	2014	2015	2016	2017	2018	2019	2020	Jan - Mar 2021	Apr-Jun 2021	Jul - Sept 2021
PD											
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	79%	52%	50%	93%	92%
Amerigroup		59%	53%	73%	86%	96%	N/A	N/A	N/A	N/A	N/A
Sunflower		77%	49%	66%	79%	85%	86%	64%	42%	88%	90%
United		64%	80%	88%	87%	94%	88%	56%	23%	86%	92%
Statewide	Not a Measure	67%	58%	75%	84%	92%	85%	58%	37%	88%	91%
FE											
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	77%	47%	61%	86%	91%
Amerigroup		61%	62%	72%	84%	90%	N/A	N/A	N/A	N/A	N/A
Sunflower		72%	56%	72%	77%	81%	86%	60%	29%	75%	87%
United		76%	81%	85%	91%	91%	89%	56%	29%	89%	95%
Statewide	59%	70%	65%	76%	84%	87%	86%	56%	37%	84%	91%
IDD											
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	64%	50%	31%	93%	94%
Amerigroup		67%	61%	65%	74%	86%	N/A	N/A	N/A	N/A	N/A
Sunflower		58%	32%	59%	70%	72%	78%	52%	16%	78%	82%
United		70%	58%	73%	90%	86%	80%	51%	40%	97%	100%
Statewide	Not a Measure	64%	47%	64%	76%	79%	77%	52%	26%	88%	89%
BI											
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	48%	30%	44%	78%	72%
Amerigroup		46%	49%	62%	80%	82%	N/A	N/A	N/A	N/A	N/A
Sunflower		68%	42%	80%	84%	88%	85%	44%	45%	47%	84%
United		56%	74%	80%	79%	89%	86%	41%	12%	73%	88%
Statewide	Not a Measure	56%	52%	70%	81%	85%	77%	39%	32%	68%	83%
TA											
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	65%	47%	29%	88%	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%	43%	81%	80%
United		86%	63%	79%	95%	86%	91%	46%	54%	100%	93%
Statewide	Not a Measure	83%	57%	78%	87%	92%	86%	52%	44%	90%	87%
Autism											
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	17%	21%	0%	100%	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%	67%	100%	100%
United		38%	7%	6%	13%	41%	69%	13%	43%	75%	86%
Statewide	Not a Measure	64%	30%	40%	62%	67%	64%	31%	42%	100%	85%
SED	Not a Waiver Performance Measure										
Aetna	Not a Waiver Performance Measure										
Amerigroup	Not a Waiver Performance Measure										
Sunflower	Not a Waiver Performance Measure										
United	Not a Waiver Performance Measure										
Statewide	Not a Waiver Performance Measure										

*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: 07/01/2021 - 09/30/2021

Data Source: MCO Claims Data

Compliance By Waiver	Statewide
PD	99%
Numerator	85,921
Denominator	85,949
FE	99%
Numerator	55,330
Denominator	55,364
IDD	99%
Numerator	152,230
Denominator	152,409
BI	99%
Numerator	16,800
Denominator	16,804
TA	99%
Numerator	7,891
Denominator	7,927
Autism	98%
Numerator	49
Denominator	50
SED	99%
Numerator	14,885
Denominator	14,886
All HCBS Waivers	99%
Numerator	333,106
Denominator	333,389

Compliance Trends	2013	2014	2015	2016	2017	2018	2019	2020	Jan-Mar 2021	Apr-Jun 2021	Jul-Sept 2021
PD											
Statewide	Not a Measure	N/A	N/A	N/A	N/A	96%	97%	99%	99%	98%	99%
FE											
Statewide	Not a Measure	N/A	N/A	N/A	N/A	95%	95%	97%	98%	98%	99%
IDD											
Statewide	Not a Measure	N/A	N/A	N/A	N/A	97%	95%	96%	95%	94%	99%
BI											
Statewide	Not a Measure	N/A	N/A	N/A	N/A	90%	94%	97%	97%	96%	99%
TA											
Statewide	Not a Measure	N/A	N/A	N/A	N/A	91%	95%	95%	98%	98%	99%
Autism											
Statewide	Not a Measure	N/A	N/A	N/A	N/A	82%	95%	76%	83%	86%	98%
SED											
Statewide	Not a Measure	N/A	N/A	N/A	N/A	82%	78%	90%	89%	91%	99%
All HCBS Waivers											
Statewide	Not a Measure	90%	88%	95%	95%	95%	95%	97%	96%	96%	99%

Explanation of Findings:

As defined in the KanCare 2.0 RFP: Clean claim means one that can be processed without obtaining additional information from the Provider of the service or from a third party. It does not include a claim from a Provider who is under investigation for Fraud or Abuse, or a claim under review for Medical Necessity.

Performance Measure threshold achieved for all waivers.

Remediation:

No remediation necessary.

KDADS HCBS Quality Review Report

Financial Accountability

PM 2: Number and percent of payment rates that were certified to be actuarially sound by the State’s actuary and approved by CMS

Numerator: Number of payment rates that were certified to be actuarially sound by the State’s actuary and approved by CMS

Denominator: Total number of capitation (payment) rates

Review Period: Calendar Year 2021

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

Explanation of Findings:

Performance Measure threshold achieved for all waivers.

Remediation:

No remediation necessary.



KanCare Ombudsman Report

Quarter 1, 2022 (based on calendar year)

January 1 – March 31, 2022

Data downloaded 4/8/2022

KanCare Ombudsman Office

Kerrie Bacon, KanCare Ombudsman

Office of Public Advocates

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Relay: 711

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I. Table of Contents

Contents

I.	Table of Contents	2
II.	Highlights/Dashboard	4
A.	Contacts:	4
B.	Volunteer Program	4
C.	New resource	4
III.	KanCare Ombudsman Purpose	5
IV.	Accessibility to the Ombudsman’s Office	5
A.	Initial Contacts	5
B.	Accessibility through the KanCare Ombudsman Volunteer Program	6
V.	Outreach by KanCare Ombudsman Office	7
VI.	Data for the KanCare Ombudsman Office	8
A.	Data by Region	8
1.	Initial Contacts to KanCare Ombudsman Office by Region	8
2.	Kansas Medicaid members by Region	9
3.	Kansas Population Density	9
B.	Data by Office Location	10
C.	Data by Contact Method	10
	Data by Caller Type	10
D.	Data by Program Type	11
E.	Data by Priorities	12
F.	Data by Issue Categories	12
1.	Medicaid Issues	13
2.	HCBS/LTSS Issues	14
3.	Other Issues	14
G.	Data by Managed Care Organization (MCO)	14
VII.	Action Taken	15
A.	Responding to Issues	15
1.	KanCare Ombudsman Office response to members/applicants	15
2.	Organizational final response to Ombudsman requests	16
3.	Action Taken by KanCare Ombudsman Office to resolve requests	16
4.	Ombudsman Office Resolution of Issues	17
VIII.	Enhancements	18

A.	Enhancement: PRTF Fact Sheet.....	18
IX.	Appendix A: Outreach by KanCare Ombudsman Office	19
A.	Outreach through Education and Collaboration.....	19
B.	Outreach through Print Media and Social Media	21
1.	Social Media outreach.....	21
2.	Print Media	22
X.	Appendix B: Managed Care Organization (MCO) Data	23
A.	Aetna	23
B.	Sunflower.....	26
C.	United Healthcare.....	29

II. Highlights/Dashboard

A. Contacts:

Initial Contacts continue to be at a reduced amount due to lower call volume during the pandemic emergency order.

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

B. Volunteer Program

The KanCare Ombudsman Office has seven volunteers taking calls (including three that are being mentored). Four days are covered in each Satellite Office for responding to calls to our toll free number. The offices have rebounded from the drop in volunteers during the COVID-19 pandemic.

C. New resource

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.

**KanCare General Information
Fact Sheet**



Psychiatric Residential Treatment Facility (PRTF)

1. What is a Psychiatric Residential Treatment Facility (PRTF)?

A PRTF is a sub-acute level of psychiatric care for children in the state of Kansas. It is not a permanent or long-term placement, but a treatment facility. A PRTF is a treatment facility in a residential setting that will provide all psychiatric services needed by the child with family/guardian involvement. PRTFs are paid a daily rate for the services.

A PRTF, which is a Kansas Medicaid billable service for Kansas based PRTFs, is not the same as a Residential Treatment Center (RTC). Kansas does not have RTCs and RTC's are not reimbursable by Medicaid.

2. How can parents/guardians avoid using a PRTF?

If children start receiving psychiatric services earlier in the process from the local Community Mental Health Center (CMHC) or local provider, the need for PRTF for a child may not be necessary.

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

A. Initial Contacts

The KanCare Ombudsman Office was available to members and applicants of KanCare/Kansas Medicaid by phone, email, written communication, social media and the Integrated Referral and Intake System (IRIS) during first quarter of 2022.

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. Our tracking system is set up to keep the information of all contacts for that person in one file for ease of reviewing a case and maintaining ongoing information on a case. We may help a person who contacts our office with one call, or it may take many emails and phone calls to resolve. This chart shows only the number of people who have contacted us.

The last several quarters of contacts are down; we believe it is due to the policy of not dropping members from coverage during the federal pandemic emergency order.

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			

The chart below shows an example of one other organization that has had a significant decrease in calls during the COVID-19 pandemic as well. According to this information it appears that the Clearinghouse contacts have a similar decrease to first quarter of 2020 as the KanCare Ombudsman office.

	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%

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 and one in Wichita. The volunteers in both satellite offices answer KanCare questions, help with issues and assist with filling out KanCare applications (by phone only during the COVID-19 pandemic).

During first quarter, there have been four volunteers assisting in the offices. In addition, we have two volunteers that have completed their training and are being mentored with taking calls; and we have five volunteers that are in training. Both satellite offices follow COVID-19 protocol for people in the buildings and the number of people in the buildings have been very limited. 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: 9:00 to noon Tues: 1:00 to 4:00pm Wed. 9am to noon Thurs. 1:00pm to 4:00pm	4	12	Northern Kansas Area Codes 785, 913, 816
Wichita Office	Mon: 9:00 to noon Tues: 9:00 to noon Wed. 9am to noon Fri. 9am to noon	3	12	Southern Kansas Area Codes 316, 620

As of April 8, 2022

V. Outreach by KanCare Ombudsman Office

The KanCare Ombudsman Office 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 large increase in outreach for during third and fourth quarters was directly related to our AmeriCorps VISTA volunteers. They updated our KanCare Application Assistance Guide that lists organizations that help with filling out KanCare applications. The VISTAs contacted all Local Public Health Departments and other community organizations that have the potential to provide that type of assistance. The VISTAs explained what our organization does, what resources we have available and asked if they would like a packet of our brochures to share with staff and consumers. We are very excited about this outreach and hope that it will create new opportunities for collaboration across the state.

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

	Q1/2021	Q2/2021	Q3/2021	Q4/2021	Q1/2022
Outreach	49	171	348	142	77

For the full listing of outreach, see Appendix A.

VI. Data for the KanCare Ombudsman Office

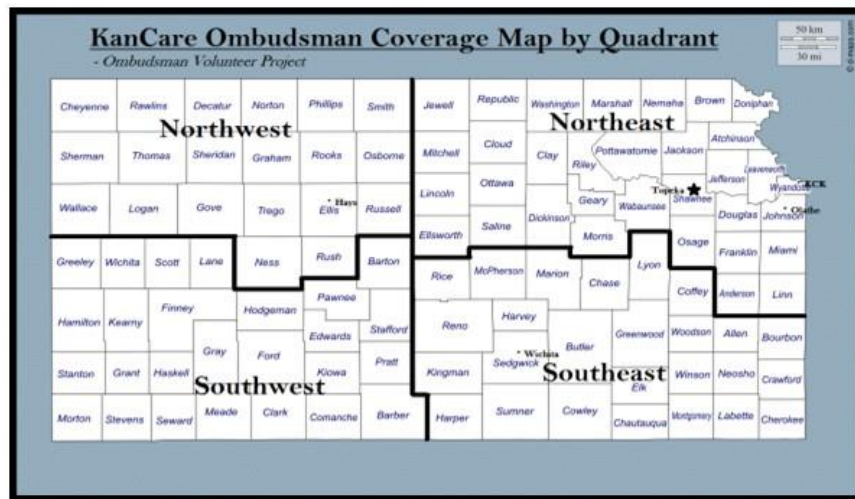
Data for the KanCare Ombudsman Office includes data by region, office location, contact method, caller type, program type, issue categories, action taken, and priority.

A. Data by Region

1. 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, 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 remaining calls, direct calls and complex calls, and emails go to the Topeka (main) office unless people call the direct number for the satellite offices (found on KanCare Ombudsman web pages under [Contact Us.](#))

This chart shows the calls by region to the KanCare Ombudsman Office

KanCare Ombudsman Office

REGION	Q1/2021	Q2/2021	Q3/2021	Q4/2021	Q1/2022
Northeast	80	147	94	80	76
Southeast	60	134	96	93	73
Northwest	10	7	8	8	6
Southwest	16	19	12	14	11
Unknown	400	284	433	368	354
Out of State	0	1	1	3	4
Total	566	592	644	566	524

2. 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 emergency order, so the total Medicaid number is increasing each quarter.

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

Medicaid					
Region	Q1/2021	Q2/2021	Q3/2021	Q4/2021	Q1/2022
Northeast	218,205	222,688	227,276	231,064	235,371
Southeast	198,235	202,161	206,092	209,226	213,493
Northwest	14,310	14,409	14,817	15,087	15,281
Southwest	41,958	42,834	43,910	44,639	45,647
Total	472,708	482,092	492,095	500,016	509,792

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.

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 first 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 Volunteer Coordinator took the toll-free number calls.

Contacts by Office	Q1/2021	Q2/2021	Q3/2021	Q4/2021	Q1/2022
Main - Topeka	387	432	458	410	347
Kansas City Metro	74	90	104	46	78
Wichita	103	69	82	110	99
Total	564	591	644	566	524

C. Data by Contact Method

The contact method most 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	Q1/2021	Q2/2021	Q3/2021	Q4/2021	Q1/2022
Telephone	473	449	510	446	377
Email	86	139	126	106	144
Letter	1	1	1	3	0
Face-to-Face Meeting	0	0	3	5	2
Other	2	1	3	5	0
Social Media	4	2	1	1	1
CONTACT METHOD TOTAL	566	592	644	566	524

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	Q1/2021	Q2/2021	Q3/2021	Q4/2021	Q1/2022
Provider	62	100	82	60	93
Consumer	465	434	478	447	364
MCO Employee	2	4	10	5	2
Other Type	37	54	74	54	65
CALLER TYPE TOTAL	566	592	644	566	524

D. Data by Program Type

Nursing facility issues and Physical Disability (PD) waiver are the top program concerns within the Program Type contacts received for first quarter

PROGRAM TYPE	Q1/2021	Q2/2021	Q3/2021	Q4/2021	Q1/2022
PD	9	14	11	12	26
I/DD	9	17	8	10	10
FE	13	23	23	16	18
AUTISM	0	2	1	1	1
SED	1	1	1	8	5
TBI	5	6	6	4	5
TA	1	1	0	2	0
WH	0	1	0	0	0
MFP	0	1	1	2	2
PACE	0	1	0	3	0
MENTAL HEALTH	3	1	8	3	3
SUB USE DIS	0	0	0	0	0
NURSING FACILITY	24	20	15	34	29
FOSTER CARE	1	0	1	1	3
MEDIKAN	2	1	2	0	1
INSTITUTIONAL TRANSITION FROM LTC/NF	1	1	0	3	1
INSTITUTIONAL TRANSITION FROM MH/BH	1	1	0	0	0
INSTITUTIONAL TRANSITION FROM PRISON/JAIL	0	0	0	0	0
PROGRAM TYPE TOTAL	70	91	77	99	104

There may be multiple selections for a member/contact.

E. 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.

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.
- Life Threatening – If not resolved in 1-4 days person’s life could be endangered. (should not be used very often.)

PRIORITY	Q1/2021	Q2/2021	Q3/2021	Q4/2021	Q1/2022
HCBS	21	33	28	29	29
Long Term Care / MF	14	22	19	34	28
Urgent Medical Need	9	15	8	10	8
Urgent	15	30	24	24	17
Life Threatening	2	2	0	1	2
PRIORITIES TOTAL	61	102	79	98	84

F. 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

The top Medicaid issues are Medicaid General issues, Medicaid Application assistance, Medicaid Eligibility Issues, Medicaid Info/status, and Billing Issues.

MEDICAID ISSUES	Q1/2021	Q2/2021	Q3/2021	Q4/2021	Q1/2022
Access to Providers (usually Medical)	9	11	11	14	12
Appeals/Fair Hearing questions/issues	12	15	7	5	8
Background Checks	0	0	2	2	0
Billing	38	35	43	45	39
Care Coordinator Issues	7	6	4	6	8
Change MCO	6	3	2	2	4
Choice Info on MCO	1	4	3	4	4
Coding Issues	8	3	1	2	4
Consumer said Notice not received	1	2	1	1	5
Cultural Competency	1	2	0	0	1
Data Requests	6	5	19	11	10
Dental	4	5	6	9	7
Division of Assets	11	10	4	6	13
Durable Medical Equipment	3	7	11	4	4
Grievances Questions/Issues	18	13	12	17	13
Help understanding mail (NOA)	11	24	19	12	16
MCO transition	0	1	0	1	2
Medicaid Application Assistance	123	104	130	133	110
Medicaid Eligibility Issues	108	88	110	103	102
Medicaid Fraud	3	2	3	2	1
Medicaid General Issues/questions	142	173	176	171	166
Medicaid info (status) update	90	86	127	86	78
Medicaid Renewal	13	6	3	3	2
Medical Card issues	10	12	24	20	14
Medicare Savings Plan Issues	31	21	29	30	26
MediKan issues	5	5	4	4	3
Moving to / from Kansas	2	12	10	13	8
Medical Services	22	25	20	11	19
Pain management issues	1	3	3	2	1
Pharmacy	10	10	7	11	10
Pregnancy issues	30	38	23	5	18
Prior authorization issues	4	7	5	7	1
Refugee/Immigration/SOBRA issues	2	2	2	2	0
Respite	2	2	0	1	1
Spend Down Issues	19	19	21	17	17
Transportation	5	14	12	7	13
Working Healthy	2	2	1	2	6
MEDICAID ISSUES TOTAL	760	777	855	771	746

There may be multiple selections for a member/contact.

2. HCBS/LTSS Issues

The top issues for this group are HCBS eligibility issues, and HCBS General Issues.

HCBS/LTSS ISSUES	Q1/2021	Q2/2021	Q3/2021	Q4/2021	Q1/2022
Client Obligation	14	10	7	24	13
Estate Recovery	3	9	9	12	17
HCBS Eligibility issues	30	51	45	47	51
HCBS General Issues	45	54	43	35	49
HCBS Reduction in hours of service	3	2	1	1	1
HCBS Waiting List	4	4	5	3	7
Nursing Facility Issues	26	38	35	51	28
HCBS/LTSS ISSUES TOTAL	125	168	145	173	166

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. Medicare Related and Social Security issues were the two top concerns this quarter.

OTHER ISSUES	Q1/2021	Q2/2021	Q3/2021	Q4/2021	Q1/2022
Abuse / neglect complaints	7	13	10	17	10
ADA Concerns	1	1	0	1	0
Adoption issues	0	3	3	3	0
Affordable Care Act Calls	4	1	3	2	0
Community Resources needed	11	6	6	11	11
Domestic Violence concerns	0	0	1	1	1
Foster Care issues	2	2	10	3	5
Guardianship	3	5	5	4	1
Homelessness	2	4	0	6	0
Housing Issues	5	9	4	16	4
Medicare related Issues	14	17	20	26	21
Social Security Issues	14	15	15	25	13
Used Interpreter	4	2	5	4	4
X-Other	207	54	49	55	39
Z Thank you	335	346	355	294	203
Z Unspecified	26	31	22	19	20
Health Homes	0	0	0	0	0
OTHER ISSUES TOTAL	635	509	508	487	332

There may be multiple selections for a member/contact.

G. Data by Managed Care Organization (MCO)

See Appendix B

VII. Action Taken

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

1. response rates for the KanCare Ombudsman office (Responding to members)
2. response rates to resolve the question/concern for related organizations that are asked to assist by the Ombudsman office
3. information on resources provided (Action Taken)
4. how contacts are resolved (Resolution of Issues)

A. Responding to Issues

1. KanCare Ombudsman Office response to members/applicants

The Ombudsman Office goal is to respond to a contact within two business days.

		% Responded 0-2 Days	% Responded in 3-7 Days	% Responded 8 or More Days
Q1/2021	566	88%	12%	0%
Q2/2021	592	89%	10%	1%
Q3/2021	644	87%	12%	1%
Q4/2021	566	87%	12%	2%
Q1/2022	524	92%	8%	0%

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.

Quarter/yr. : Q1/2022					
Nbr Referrals	Referred to	% Responded 0-2 Days	% Responded 3-7 Days	% Responded 7-30 Days	% Responded 31 or More Days
49	Clearinghouse	100%	0%	0%	0%
2	DCF	50%	50%	0%	0%
1	KDADS-Behavior Health	0%	100%	0%	0%
3	KDADS-HCBS	100%	0%	0%	0%
1	KDADS-Health Occ. Cred.	100%	0%	0%	0%
17	KDHE-Eligibility	41%	24%	29%	6%
2	KDHE-Program Staff	50%	0%	50%	0%
4	KDHE-Provider Contact	100%	0%	0%	0%
3	KMAP	100%	0%	0%	0%
2	Aetna	50%	50%	0%	0%
7	Sunflower	43%	0%	29%	28%
6	UnitedHealthcare	100%	0%	0%	0%

3. Action Taken by KanCare Ombudsman Office to resolve requests

Action Taken Resolution Type	Q1/2021	Q2/2021	Q3/2021	Q4/2021	Q1/2022
Questions/Issue Resolved (No Resources)	28	19	25	30	36
Used Contact or Resources/Issue Resolved	495	542	591	508	445
Closed (No Contact)	40	24	21	18	27
ACTION TAKEN RESOLUTION TYPE TOTAL	563	585	637	556	508

There may be multiple selections for a member/contact

Action Taken Additional Help	Q1/2021	Q2/2021	Q3/2021	Q4/2021	Q1/2022
Provided Resources	260	526	585	516	446
Mailed/Email Resources	90	131	107	85	100
ACTION TAKEN ADDITIONAL HELP TOTAL	350	657	692	601	546

There may be multiple selections for a member/contact

4. Ombudsman Office Resolution of Issues

The average days to close/resolve an issue has been improving over the last year.

Qtr./Year	Nmbr. Of Contacts	Avg Days To Completion	%Completed 0-2 Days	%Completed in 3-7 Days	%Completed 8 or More Days
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	495	3	78%	13%	9%

VIII. Enhancements

A. Enhancement: PRTF Fact Sheet

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 has been reviewed and received comments from stakeholders. It has been provided to the PRTF Stakeholder group and agency staff to provide to families currently using a PRTF, those on the waiting list, and those inquiring about PRTFs. The picture below is a sample of the first half of page 1 of 11 pages.

**KanCare General Information
Fact Sheet**



Psychiatric Residential Treatment Facility (PRTF)

1. What is a Psychiatric Residential Treatment Facility (PRTF)?

A PRTF is a sub-acute level of psychiatric care for children in the state of Kansas. It is not a permanent or long-term placement, but a treatment facility. A PRTF is a treatment facility in a residential setting that will provide all psychiatric services needed by the child with family/guardian involvement. PRTFs are paid a daily rate for the services.

A PRTF, which is a Kansas Medicaid billable service for Kansas based PRTFs, is not the same as a Residential Treatment Center (RTC). Kansas does not have RTCs and RTC's are not reimbursable by Medicaid.

2. How can parents/guardians avoid using a PRTF?

If children start receiving psychiatric services earlier in the process from the local Community Mental Health Center (CMHC) or local provider, the need for PRTF for a child may not be necessary.

IX. Appendix A: Outreach by KanCare Ombudsman Office

This is a listing of KanCare Ombudsman Outreach to members, providers and community organizations through conferences, newsletters, social media, training events, direct outreach, and public comments sessions by the state for KanCare related issues, etc.

A. Outreach through Education and Collaboration

Outreach includes Community events and presentations such as education, networking, and referrals.

- 1/18/22 – sent a promotional item to Amazing Aging for publication
- 1/27/22, attended the Livable Neighborhoods Monthly Meeting from 9am-10am in KC Metro area.
- 1/10: WSU CEI staff and VISTA/MSW practicum student met via Zoom with Wendi Herron, Continuum of Care Manager/Outreach at BreakThru Withdrawal Management Services at Susan B Allen Memorial Hospital
- 1/20: WSU CEI staff attended via Zoom Emporia SOAR program presentation
- 1/20: WSU CEI staff emailed with Healthier Harvey County Coalition contacts
- 1/20: WSU CEI staff emailed with Healthier Bourbon County Coalition contacts
- 1/27: WSU CEI staff attended via Zoom Sedgwick County IRIS network quarterly meeting
- 1/28: WSU CEI staff attended via Zoom Sedgwick County CDDO quarterly meeting
- 1/28: VISTA/MSW practicum student attended via Zoom monthly Veterans Coalition meeting
- 1/28: WSU CEI staff emailed with BCBS Pathways to Healthier Kansas CEI staff seeking outreach contacts
- 2/2: WSU CEI staff attended Healthier Harvey County Coalition meeting via Zoom
- 2/10: VISTA/MSW practicum student attended Healthier Lyon County Coalition meeting via Zoom
- 2/24/22: attended the Livable Neighborhoods Monthly meeting in KC Metro area.
- 2/24/22: attended the Latino Health for all meeting in KC Metro area.
- 2/16/22 Reached out to community organizations to raise our profile among providers and the community in KC Metro area.
- 2/10/2022 – Hispanic/Latino Day at the capital
- 2/16/22 – Sent staff at Disability Rights Center our resource page
- 2/16/22 – Johnson County Mental Health Center – requested information/resources to put on their website and internal newsletter.

- 3/2: VISTA/MSW practicum student attended CPAAA monthly networking meeting via Zoom.
- 3/3: WSU CEI staff emailed with organizers of Public Health New Leader Orientation conference session; subsequently, Ombudsman Office brochure and description was included in routine session materials at the 3/30/22 Orientation session of the Governor's Conference on Public Health.
- 3/4: WSU CEI staff and Johnson County Ombudsman Office staff recruited and exhibited at the WSU Social Work POWER virtual conference, directly interacting with approx. 25 people.
- 3/8/22, 3/22, and 3/29 – Attended Latino Health for All Stakeholder Meeting in the Kansas City Metro area.
- 3/8: Sunflower Senior Center, St. John, Sent link to Resources on our website.
- WSU CEI staff registered to exhibit at several upcoming conferences.
- WSU CEI staff updated www.findhelp.org.
- 3/22/22, Attended the Group B KDHE Meeting with Stakeholders
- 3/23: WSU CEI staff and VISTA/MSW practicum student joined VISTA Coordinator Angela Gaughan at the WSU Career Fair for Health Professions on WSU campus. This was both recruitment and outreach, as we connected with several providers from across Kansas.
- 3/24/22, Attended the Livable Neighborhoods meeting from 9-11:30am for Kansas City Metro area.
- 3/30-3/31 – Two staff attended the Governor's Public Health Conference in Manhattan. Also had an outreach booth. Approx. 500 people in attendance.
- 3/31: VISTA/MSW practicum student spoke about Ombudsman Office at Social Work in Criminal Justice Conference via Zoom.
- KanCare Ombudsman participated in monthly meetings (Monthly Joint MCO meeting, KanCare Long Term Care Team meeting, KanCare Complex BH Cases workgroup
- 1/4/22 – KanCare Ombudsman presented annual report to Bethell Joint Committee on HCBS and KanCare Oversight
- 3/9/22 – KanCare Ombudsman presented annual report to the KanCare Advisory Committee
- 3/16/22 – KanCare Ombudsman was invited to present the annual report to the Governor's BHS Planning Council

B. Outreach through Print Media and Social Media

1. Social Media outreach

Date of post	Topic	# "reaches"	# "engagements"
1/2/2022	Calling Clearinghouse to update info	122	3
1/4/2022	National Trivia Day and naming 3 MCO's	32	0
1/5/2022	Volunteer Appreciation/Recruitment-Randy	145	13
1/5/2022	Ms. Wheelchair of Kansas	60	11
1/7/2022	Value Added Benefit	35	5
1/11/2022	MLK Day-Office Closed	51	1
1/16/2022	Happy Birthday Post for Rob	70	11
1/18/2022	Update Ms. Wheelchair	60	3
1/24/2022	Medicare Resource	41	2
1/26/2022	COVID vaccine Booster	27	1
1/28/2022	SSDI Questions Resource	645	17
1/28/2022	Happy Birthday Post for Matthew	197	111
1/29/2022	Happy Kansas Day	43	4

Date of post	Topic	# "reaches"	# "engagements"
2/1/2022	National Children's Dental Month	41	2
2/3/2022	Black History Month sharing theme	47	2
2/4/2022	Youth Mental Health	59	3
2/9/2022	Free At-Home COVID-19 Tests	55	4
2/11/2022	Black History Month Article shared	39	5
2/14/2022	Valentine's Day	53	5
2/14/2022	Encouraging social media break	37	1
2/15/2022	National Children's Dental Month	33	0
2/17/2022	Social Security Administration Resources	588	18
2/18/2022	HHS Office of Minorities Health BHM	31	2
2/23/2022	Black women with Disabilities Series	16	2
2/25/2022	Affordable Connectivity Program Spanish Version	13	1
2/25/2022	Affordable Connectivity Program English Version	137	7
2/25/2022	Reminder for Youth to Register	57	2
2/28/2022	LIEAP Program	31	0

Date of post	Topic	# "reaches"	# "engagements"
3/2/2022	Medicare Scam for Covid Tests (links to COVIDtests.gov shared)	107	10
3/3/2022	COVID Medicaid Resource Highlight (links to KanCare PHE FAQ page shared)	23	0
3/9/2022	Developmental Disability Awareness (links to CDC fact sheets shared)	711	40
3/11/2022	DD Awareness- highlight AU & IDD Waivers (links to fact sheets shared)	759	43

Date of post	Topic	# "reaches"	# "engagements"
3/11/2022	EWAP Federal Program Resource (link to DCF program shared)	645	29
3/11/2022	EWAP Federal Program Resource in Spanish (link to DCF program shared)	25	0
3/14/2022	Teen Drug & Alcohol Awareness (link shared to teens.drugabuse.gov)	19	0
3/15/2022	Filing Taxes and Medicaid (link to healthcare.gov shared)	134	3
3/17/2022	Brain Injury Awareness Month (link to BI waiver shared)	387	41
3/24/2022	Update info with Clearinghouse reminder (link to KanCare CH update form shared)	234	14
3/25/2022	Highlighting workshop by Aetna (Aetna link shared)	75	6
3/25/2022	KDADS Webinar (KDADS registration link shared)	294	18
3/30/2022	Medicare Scam Alert on new Card (links to outside agencies shared)	674	43
3/30/2022	Shared DD Awareness video	19	2
3/31/2022	Wear Blue April 1 for Child Abuse Prevention Month (no link shared)	196	11

2. Print Media

- January – KanCare Ombudsman Office volunteer program was listed in the RSVP January newsletter.

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

A. Aetna

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

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

Aetna

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

Aetna

PROGRAM TYPE	Q1/21	Q2/21	Q3/21	Q4/21	Q1/22
PD	1	1	0	2	2
I/DD	0	1	0	0	0
FE	0	1	0	0	6
AUTISM	0	0	0	0	0
SED	0	0	0	0	0
TBI	0	0	1	1	1
TA	0	1	0	0	0
WH	0	0	0	0	0
MFP	0	0	0	0	0
PACE	0	0	0	0	0
MENTAL HEALTH	0	0	0	0	0
SUB USE DIS	0	0	0	0	0
NURSING FACILITY	0	0	1	1	0
FOSTER CARE	0	0	1	0	0
MEDIKAN	0	0	0	0	0
INSTITUTIONAL TRANSITION FROM LTC/NF	1	1	0	0	0
INSTITUTIONAL TRANSITION FROM MH/BH	0	0	0	0	0
INSTITUTIONAL TRANSITION FROM PRISON/JAIL	0	0	0	0	0
PROGRAM TYPE TOTAL	2	5	3	4	9
PRIORITY	Q1/21	Q2/21	Q3/21	Q4/21	Q1/22
HCBS	1	6	1	2	2
Long Term Care / MF	0	2	1	0	0
Urgent Medical Need	1	2	2	1	1
Urgent	0	3	3	2	0
Life Threatening	0	0	0	0	0
PRIORITIES TOTAL	2	13	7	5	3

B. Sunflower

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

Sunflower

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

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

Sunflower

PROGRAM TYPE	Q1/21	Q2/21	Q3/21	Q4/21	Q1/22
PD	1	1	0	0	2
I/DD	2	5	1	2	1
FE	1	2	2	1	1
AUTISM	0	0	0	0	0
SED	0	0	0	0	0
TBI	2	1	3	0	0
TA	0	0	0	1	0
WH	0	0	0	0	0
MFP	0	0	0	0	0
PACE	0	0	0	0	0
MENTAL HEALTH	1	0	1	0	0
SUB USE DIS	0	0	0	0	0
NURSING FACILITY	0	0	1	1	1
FOSTER CARE	0	0	0	0	0
MEDIKAN	0	0	0	0	0
INSTITUTIONAL TRANSITION FROM LTC/NF	0	0	0	0	0
INSTITUTIONAL TRANSITION FROM MH/BH	1	0	0	0	0
INSTITUTIONAL TRANSITION FROM PRISON/JAIL	0	0	0	0	0
PROGRAM TYPE TOTAL	8	9	8	5	5
PRIORITY	Q1/21	Q2/21	Q3/21	Q4/21	Q1/22
HCBS	3	4	6	3	2
Long Term Care / MF	1	3	1	0	1
Urgent Medical Need	1	5	2	2	1
Urgent	1	6	1	3	4
Life Threatening	1	1	0	0	1
PRIORITIES TOTAL	7	19	10	8	9

C. United Healthcare

MEDICAID ISSUES	Q1/21	Q2/21	Q3/21	Q4/21	Q1/22
Access to Providers (usually Medical)	0	3	3	1	4
Appeals/Fair Hearing questions/issues	0	4	1	1	2
Background Checks	0	0	0	0	0
Billing	3	4	5	7	8
Care Coordinator Issues	0	2	1	1	2
Change MCO	0	2	0	0	2
Choice Info on MCO	0	1	0	0	1
Coding Issues	0	0	0	1	1
Consumer said Notice not received	0	0	0	0	2
Cultural Competency	0	0	0	0	0
Data Requests	0	0	1	0	0
Dental	0	2	1	1	2
Division of Assets	0	0	0	0	0
Durable Medical Equipment	1	0	3	1	1
Grievances Questions/Issues	3	3	3	2	4
Help understanding mail (NOA)	1	1	0	2	1
MCO transition	0	0	0	0	0
Medicaid Application Assistance	1	0	2	0	1
Medicaid Eligibility Issues	2	1	2	3	8
Medicaid Fraud	0	1	0	0	0
Medicaid General Issues/questions	4	9	8	6	15
Medicaid info (status) update	3	2	5	1	7
Medicaid Renewal	1	0	0	1	0
Medical Card issues	0	1	1	2	1
Medicare Savings Plan Issues	0	2	1	1	3
MediKan issues	0	0	0	0	0
Moving to / from Kansas	0	1	0	1	0
Medical Services	1	5	5	1	3
Pain management issues	0	2	1	0	1
Pharmacy	0	4	3	2	5
Pregnancy issues	0	2	0	0	0
Prior authorization issues	0	2	2	2	1
Refugee/Immigration/SOBRA issues	0	0	0	0	0
Respite	0	0	0	0	0
Spend Down Issues	1	1	0	1	2
Transportation	0	3	2	1	5
Working Healthy	0	0	0	0	1
MEDICAID ISSUES TOTAL	21	58	50	39	83

United HealthCare

HCBS/LTSS ISSUES	Q1/21	Q2/21	Q3/21	Q4/21	Q1/22
Client Obligation	0	1	1	0	0
Estate Recovery	0	0	0	0	0
HCBS Eligibility issues	2	1	2	2	2
HCBS General Issues	4	4	4	4	4
HCBS Reduction in hours of service	1	0	0	0	1
HCBS Waiting List	1	1	1	0	1
Nursing Facility Issues	1	2	4	7	2
HCBS/LTSS ISSUES TOTAL	9	9	12	13	10

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

United HealthCare

PROGRAM TYPE	Q1/21	Q2/21	Q3/21	Q4/21	Q1/22
PD	1	2	1	0	5
I/DD	1	5	1	0	1
FE	1	1	1	3	0
AUTISM	0	0	0	0	0
SED	0	0	0	1	1
TBI	0	2	1	1	1
TA	1	0	0	0	0
WH	0	0	0	0	0
MFP	0	0	0	0	0
PACE	0	0	0	0	0
MENTAL HEALTH	0	1	5	2	1
SUB USE DIS	0	0	0	0	0
NURSING FACILITY	0	1	1	5	2
FOSTER CARE	0	0	0	0	0
MEDIKAN	0	0	0	0	0
INSTITUTIONAL TRANSITION FROM LTC/NF	0	0	0	1	0
INSTITUTIONAL TRANSITION FROM MH/BH	0	0	0	0	0
INSTITUTIONAL TRANSITION FROM PRISON/JAIL	0	0	0	0	0
PROGRAM TYPE TOTAL	4	12	10	13	11
PRIORITY	Q1/21	Q2/21	Q3/21	Q4/21	Q1/22
HCBS	3	4	4	4	3
Long Term Care / MF	0	1	4	5	2
Urgent Medical Need	2	0	1	2	2
Urgent	2	5	6	4	2
Life Threatening	0	0	0	1	0
PRIORITIES TOTAL	7	10	15	16	9

1115 Waiver- Safety Net Care Pool Report

Demonstration Year 10 - Quarter 1

Health Care Access Improvement Pool

No Payments

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

1115 Waiver- Safety Net Care Pool Report

Demonstration Year10 - Quarter One

Large Public Teaching Hospital\Border City Children's Hospital Pool
Paid date 3/24/2022

Hospital Name	LPTH\BCCH DY/QTR 2022/1	State General Fund 1000	Federal Medicaid Fund 3414
University Of Kansas Hospital Authority*	1,848,103	621,702	1,226,401
Children's Mercy Hospital	616,034	207,234	408,800
Total	1,848,103	621,702	1,226,401

*SGF paid with IGT. Quarter one paid.

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

Aetna YTD Cumulative Claims					
Service Type	Total Count	Total Count Value	Total Denied	Total Denied Value	Percent Claims Denied
Hospital Inpatient	6,319	\$402,697,990	1,281	\$137,884,386	20.27%
Hospital Outpatient	70,730	\$232,967,445	12,553	\$27,954,048	17.75%
Pharmacy	580,438	\$49,567,818	169,345	\$540,949	29.18%
Dental	27,791	\$11,475,227	4,078	\$1,674,061	14.67%
Vision	2,168	\$558,117	132	\$42,893	6.09%
NEMT	27,323	\$1,405,694	83	\$5,511	0.30%
Medical	405,876	\$259,638,839	57,885	\$46,848,762	14.26%
Nursing Facilities	21,085	\$55,097,922	1,435	\$4,416,067	6.81%
HCBS	88,132	\$44,012,479	2,212	\$1,420,063	2.51%
Behavioral Health	53,048	\$28,460,916	1,602	\$3,666,952	3.02%
Total All Services	1,282,910	\$1,085,882,445	250,606	\$224,453,692	19.53%

Sunflower YTD Cumulative Claims					
Service Type	Total Count	Total Count Value	Total Denied	Total Denied Value	Percent Claims Denied
Hospital Inpatient	8,570	\$513,341,387	1,895	\$146,767,963	22.11%
Hospital Outpatient	92,260	\$296,545,130	10,798	\$49,225,257	11.70%
Pharmacy	524,273	\$58,809,696	142,675	\$28,373,174	27.21%
Dental	42,463	\$17,747,562	4,140	\$1,660,466	9.75%
Vision	27,206	\$8,296,824	3,108	\$1,045,882	11.42%
NEMT	23,596	\$778,539	124	\$2,478	0.53%
Medical	460,616	\$326,368,715	65,724	\$101,936,170	14.27%
Nursing Facilities	40,692	\$88,960,783	2,483	\$9,437,593	6.10%
HCBS	175,161	\$100,596,382	7,106	\$5,086,352	4.06%
Behavioral Health	185,228	\$37,610,420	14,470	\$3,056,369	7.81%
Total All Services	1,580,065	\$1,449,055,439	252,523	\$346,591,703	15.98%

United YTD Cumulative Claims					
Service Type	Total Count	Total Count Value	Total Denied	Total Denied Value	Percent Claims Denied
Hospital Inpatient	7,007	\$442,134,946	1,445	\$95,621,135	20.62%
Hospital Outpatient	96,973	\$345,869,128	20,330	\$83,240,190	20.96%
Pharmacy	517,978	\$69,428,081	112,299	\$25,028,136	21.68%
Dental	43,552	\$19,123,824	6,172	\$2,972,451	14.17%
Vision	18,591	\$4,616,473	2,733	\$656,309	14.70%
NEMT	26,021	\$959,120	213	\$2,398	0.82%
Medical	480,510	\$304,238,673	86,382	\$74,554,630	17.98%
Nursing Facilities	28,670	\$81,613,678	3,941	\$12,603,659	13.75%
HCBS	140,489	\$67,133,289	3,142	\$2,295,063	2.24%
Behavioral Health	180,980	\$51,928,803	13,823	\$8,984,248	7.64%
Total All Services	1,540,771	\$1,387,046,014	250,480	\$305,958,219	16.26%