

Quarterly Report to CMS
Regarding Operation of 1115
Waiver Demonstration Program
– Quarter Ending 6.30.2020



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

KanCare
Section 1115 Quarterly Report
Demonstration Year: 8 (1/1/2020-12/31/2020)

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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 eligibles) 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) not otherwise eligible for Medicaid. The table does include members retroactively assigned for the quarter, as of June 30, 2020.

Demonstration Population	Enrollees at Close of Quarter (6/30/2020)	Total Unduplicated Enrollees in Quarter	Disenrolled in Quarter
Population 1: ABD/SD Dual	15,776	16,611	835
Population 2: ABD/SD Non-Dual	30,093	31,115	1,022
Population 3: Adults	47,923	48,597	674
Population 4: Children	207,567	210,529	2,962
Population 5: DD Waiver	9,092	9,149	57
Population 6: LTC	21,438	22,325	887
Population 7: MN Dual	1,963	2,554	591
Population 8: MN Non-Dual	1,042	1,173	131
Population 9: Waiver	4,265	4,458	193
Population 10: UC Pool	N/A	N/A	N/A
Population 11: DSRIP Pool	N/A	N/A	N/A
Total	339,159	346,511	7,352

III. Outreach/Innovation

The KanCare website, www.kancare.ks.gov, is home to a wealth of information for providers, consumers, stakeholders and policy makers. Sections of the website are designed specifically around the needs of consumers and providers; and information about the Section 1115 demonstration and its operation is provided in the interest of transparency and engagement.

The KanCare Advisory Council consists of 13 members: 3 legislators representing the House and Senate, 1 representing mental health providers, 1 representing CDDOs, 2 representing physicians and hospitals, 3 representing KanCare members, 1 representing the developmental disabilities community, 1 former Kansas Senator, 1 representing pharmacists. The second quarter KanCare Advisory Council meeting took place on June 9, 2020. A Zoom meeting was held in place of an in-person meeting. The agenda was as follows:

- Welcome
- Review and Approval of Minutes from Council Meeting, March 3, 2020
- Old Business
 - Define the capable person policy in regard to the care of our disabled kids and adults in need of care per their personal care plans – Ed Nicholas
 - Update on staffing issues for those in need of Long-Term Care – Ed Nicholas
 - Update on progress of the steps being done on the different agencies that can help waiver consumers obtain the hours of care that have been allotted via their personal centered care plans for Nursing and or Personal Care Attendants (Self-directed or agency directed) – Ed Nicholas
 - Aetna Better Health still not paying anything that requires a CLIA# - Rebecca Reddy
 - HEDIS reports not fair on vaccine refusal/hesitancy (requested by Sue Ann Jantz, Cottonwood Pediatrics) – Chris Swartz
 - Medicaid Expansion status – Larry Martin
- New Business
 - Medicaid managed care options in responding to COVID-19 – Rebecca Reddy
- KDHE Update –Chris Swartz, Director of Operations/COO, Deputy Medicaid Director, Kansas Department of Health and Environment
- KDADS Update – Amy Penrod, Commissioner, Kansas Department for Aging and Disability Services
- KanCare Ombudsman Report – Kerrie Bacon, Ombudsman, KanCare Ombudsman Office
- Updates on KanCare with Q&A
 - Aetna Better Health of Kansas – David Livingston, Lisa Baird, and Jennifer Prunte
 - Sunflower State Health Plan – Michael Stephens
 - UnitedHealthcare Community Plan – Kevin Sparks, Melody Dowling, and Chrissy Krause
- Adjourn

The Tribal Technical Assistance Group met May 5, 2020. The tribal members were updated and consulted on the following items:

- COVID-19: Eligibility activities will continue uninterrupted through the public health emergency. Beneficiaries will not lose eligibility during the emergency unless; the member asks for the case to close, the member dies, or moves out of state.
- Medicaid Disaster Relief SPA: The purpose of this SPA is to provide the state relief and flexibility during the public health emergency in the following areas; relaxing the timeframe around eligibility determination, allowance of two presumptive eligibility periods per twelve-month period, waive cost-sharing for testing services (including in vitro diagnostic products), testing related services and treatments for COVID-19, and drug benefits related to the Preferred Drug List (PDL).
- CHIP Disaster Relief SPA: The purpose of this SPA is to provide the state relief and flexibility during the public health emergency by waiving CHIP premiums.
- 1915(c) Waivers Update - Appendix K: Appendix K provides flexibility for the HCBS waivers in the delivery of services via telemedicine and the delay in state deliverables.
- Health Home SPAs Update: An update was provided on the status of the SPAs for OneCare Kansas.

During the second quarter of 2020 , Outstation Eligibility Worker (OEW) staff participated in eight community events providing KanCare program outreach, education and information for the following agencies/events; Parents as Teachers, Lincoln Center, Haskell, Kickapoo, Grace Med, WIC, Insight Women’s Center, and Seward County Coalition meeting.

Support and assistance for KanCare members was provided by KDHE’s 27 OEWs. Staff determined eligibility for 2,721 beneficiaries and also assisted in resolving 855 issues involving urgent medical needs, obtaining correct information on applications, addressing gaps or errors in pending applications/reviews with the KanCare Clearinghouse, and assisted with 1, 015 phone calls and 13 walk-ins.

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)
- HCBS Provider Forum teleconferences (monthly)
- 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 KanCare implementation technical assistance group
- Series of meetings with behavioral health institutions, private psychiatric hospitals, and Psychiatric Treatment Residential Facilities (PRTFs) to address care coordination and improved integration
- State Mental Health Hospital mental health reform meetings (quarterly)
- Medicaid Functional Eligibility Instrument (FE, PD & TBI) Advisory Workgroup
- IDD Functional Eligibility Instrument Advisory Workgroup
- Systems Collaboration with Aging & Disability, Behavioral Health and Foster Care Agencies
- PRTF Stakeholder meeting (quarterly)
- Mental Health Coalition meeting (bi-weekly)
- Kansas Association of Addiction Professionals (monthly)
- Crisis Response & Triage meetings with stakeholders including MCOs to improve timely, effective crisis services for members and improved care coordination post crises (bi-weekly)
- Lunch and Learn biweekly series on a variety of behavioral health topics including prevention and the prevention framework initiative; SUD 101; trauma informed systems of care; recovery and peer support; housing and homeless initiatives; community crisis center development
- 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
- Mental Health Excellence and grant project meetings
- Monthly Nursing Facility Stakeholder Meetings
- KDADS-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). The program launched on April 1st, 2020. The program has a similar model as the state’s previous health homes program. As of June 30, 2020, there were 33 contracted OCK providers across the state. OCK was designed as an opt-in program and thus far 458 members have chosen to opt into the program. This number continues to climb with new members joining each month.

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 United Healthcare Community Plan – follows below.

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

Marketing Activities: Due to the COVID-19 pandemic, the second quarter of 2020 has been an unprecedented time for outreach and marketing with Aetna Better Health of Kansas (ABHKS). Because of social distancing and policies against travel to stop the spread of the virus, the ability to spread the word in person about our work with KanCare members has been dramatically impacted. ABHKS has been working to communicate with community-based organizations and provider offices virtually since mid-March of 2020 and has seen varying results. In the beginning of the quarter, ABHKS Provider Experience and Community Outreach staff found it difficult to contact many organizations due to pandemic related closings. By the end of the second quarter, we have seen an increase in the number of virtual contacts although we are still not allowed to make personal visits or to attend events in person. Through our virtual efforts we contacted 42 individuals from provider offices around the State. ABHKS also delivered a Community E-newsletter via email to provider offices and community-based organizations each month. The newsletter provides the latest information on our work and the successes we have achieved by providing services to our members. The E-newsletter was sent out to over 650 individuals during the first week of April, May and June.

Outreach Activities: ABHKS Community Development and System of Care team staff provided virtual outreach activities to community-based organizations, advocacy groups and provider offices throughout Kansas. The Community Development team was able to conduct one virtual education session providing ABHKS benefit information to community-based organizations and provider offices in the State. ABHKS Community Development staff visited virtually with individuals from 42 provider offices and visited with 737 individuals associated with community-based organizations in Kansas. Examples of the community-based organizations included the United Way of Greater Topeka COVID-19 Response task force; the Cloud County Health Department; Saint Francis Community Services in Salina; the Seward County United Way; Cross-Lines Community Outreach in Kansas City; as well as others.

Advocacy Activities: ABHKS Member Advocates have established a relationship with the KanCare Ombudsman and receive direct referrals about member issues that require intervention efforts. Our staff assisted seven members referred from the Ombudsman.

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

Marketing Activities: Sunflower Health Plan marketing activities for the second quarter 2020 included attending and/or sponsoring nine virtual member and provider events. Due to the COVID-19 pandemic and associated “Stay-at-Home” orders outlined by Governor Laura Kelly, multiple events were cancelled, postponed or rescheduled. However, this list is comprehensive of attended and sponsored activity. Sunflower Health Plan sponsored local and statewide member and provider events such as:

- American Heart Association Heart Walk Campaign
- Parent Café for Parents under Stress sponsored by Made Men Inc.
- Kansas Head Start - Regional Meeting

Outreach Activities: Sunflower Health Plan’s outreach activities for the second quarter of 2020 centered on providing PPE, food and funds support to organizations that serve and support our members and the community at large. Due to the impact of COVID-19, our efforts moved to outreaching to organizations to help sustain their normal work with increased demand on resources and more people to serve.

Sunflower’s direct mail marketing material for second quarter included member postcards and customized letters addressing use of gift cards and supports for families. These mailings included wording that states prohibited use for alcohol and tobacco products.

During this time, we reached more than 90 agencies, impacting more than 400,000 people to include members, health care providers, and agencies serving both the disability and senior communities along with community action agencies across the state.

Examples of notable member outreach activities this quarter:

- Funds to agencies to support food insecure populations and stock community pantries.
- PPE equipment (masks) to members who self-direct their care
- Walmart gift cards to community members who need basic care/hygiene items
- Amazon gift cards to community youth to support virtual learning aids
- Shelf-stable food boxes to members who self-direct their care
- Our quality improvement department continued to make warm calls to members to encourage them to close care gaps.

Advocacy Activities: Sunflower Health Plan’s advocacy efforts for the second quarter of 2020 centered on organizations that acted as hubs for distributing PPE equipment to agencies and members who self-direct their care. Our efforts focused primarily on agencies that were able and nimble enough to be catalysts for getting much needed support to communities that needed them quickly.

Sunflower supplied more than 400,000 masks to nursing facilities and HCBS providers across the state of Kansas. The health plan is also procuring similar amounts of gloves, gowns and hand sanitizer for these providers. Community partners such as the Area Agencies on Aging (AAAs) and Community Developmental Disabilities Organizations (CDDOs) have graciously agreed to serve as distribution hubs for the PPE.

In total, there were 15 partner organizations that helped distribute PPE and Sunflower Health Plan sponsored and advocated for during this quarter:

- Central Plains AAA & Sedgwick CDDO
- East Central Kansas AAA
- Jayhawk AAA
- Northeast Kansas AAA

- Cottonwood, Inc.
- Southeast Kansas CDDO
- Southwest Developmental Services, Inc. (CDDO)
- OCK
- Reno County CDDO
- Riverside Resources CDDO
- Northwest Kansas AAA
- Arrowhead West CDDO & Southwest Kansas AAA
- North Central Flint Hills AAA
- Johnson County CDDO
- GoodLife/CLO

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

Marketing Activities: UnitedHealthcare Community Plan of Kansas continued to focus on virtual member, provider, and community education regarding KanCare benefits and general health education due to COVID-19. Health Plan staff completed new member welcome calls and health risk assessments over the phone. UHC continued the incentive program to offer a ten dollar over the counter debit cards to new Members to complete a health risk assessment. The debit cards can only be used as specific retailers to purchase CMS approved health related items. New members were sent member ID Cards and new member welcome kits in a timely manner. Due to COVID-19, UnitedHealthcare focused on virtual outreach and meetings with key providers, hospitals, Federally Qualified Health Centers (FQHC's) and community organizations like homeless shelters, food pantries, churches, Catholic Charities, El Centro, Housing Authorities, Meat packing plants and Salvation Army as well as medical and behavioral health providers, health departments and faith based organizations throughout the state with a focus on finding ways to support our members through community resources.

Outreach Activities: UnitedHealthcare outreach focus changed dramatically due to COVID-19. There were no in-person events held during the period. The team turned focus to identifying resources in the community that were available to help and support members and compiled a list with over one thousand resources across the state that included food, shelter, clothing, emotional and technology support. The team worked with food pantries and Logisticare to work to arrange food deliveries to families who did not have access to food. UHC staff also reached out to providers to assess their needs and identify ways UHC could help support them as they serve KanCare members. Due to state lock-down and safety protocols, the outreach team attended meetings virtually. The team was able to ship care packages to providers and organizations and to drop off some care packages at the front door of provider and community organization buildings while adhering to social distancing and mask wearing protocols.

UHC hosted the member advisory meeting via conference call due to not having in-person events. This advisory meeting focused COVID-19 and resources available to support. The UHC Director of Behavioral Health attended the meeting to offer resources in support of Behavioral health due to the isolation created from the pandemic.

- Member outreach: UnitedHealthcare outreach staff virtually met with approximately three hundred and thirty-nine individuals who were members or potential members via online, phone and video meetings/events.

- Community organization outreach: UnitedHealthcare outreach staff virtually met with approximately six hundred and twenty individuals from community-based organizations. Full list of organizations is listed below.

- Provider outreach: UnitedHealthcare outreach staff virtually met more than nine hundred individuals from provider offices located throughout the State.

Advocacy Activities: The focus of the entire quarter was around how to support our members through COVID-19. This was done through virtual outreach to numerous providers and community organizations. The team met with advocacy groups supporting the meat packing industry in SW Kansas where there was

a gap in educational resources on COVID-19. The team was also focused on meeting with the community mental health centers who were working to bring about telehealth services to their patients. The team delivered or shipped much needed items to organizations that included things like hand sewn masks that the Kansas Health Plan staff made (approx. three thousand), disposable and cloth masks (approx. thirty thousand), hand sanitizer (five thousand five hundred ounces from local breweries), thermometers (one hundred and sixty-six), and blankets (four hundred and thirty-five).

Below is a list of the community organizations the Health Plan staff interacted with:

- ADAC of Thomas County
- Andover Community Food Bank
- Angels Care Home Health
- Avenues for Change
- Barton Community College
- Barton County Academy Learning Center
- Barton County Emergency Aid Association
- Barton County WIC
- Barton County Young Men's Organization
- Be Well Barton Co.
- Beloit First Christian Church
- Boys and Girls Club
- Brailling Services
- Bread of Life
- Breastfeeding coalition
- Butler CO WIC
- Cargill beef plant
- CASA
- Catholic Charities
- Catholic Social Services
- Centennial Towers
- Center for Health and Wellness
- Central Kansas Dream Center
- Central Kansas Educational Opportunity Center
- Central Kansas Partnership
- Centro Hispano - Resource sharing
- Cherry Village
- Cheyenne County Food Pantry
- Circle of Hope
- Colby Housing Authority
- Colby Public School Dist.
- Communities Concerned for Immigrants and Refugees
- Community Assistance Center
- Consulate of Mexico
- Convoy of Hope planning meeting
- Crosslines Food Pantry
- Derby Community Food Pantry
- Developmental Services of NW Kansas
- Early Childhood Connections
- ECKAN - Technical Assistance
- El Centro
- Elk CO WIC
- Embrace
- Faith Builders
- Family Crisis Center
- FHSU Kelly Center
- Finney county Extension Office
- First Baptist Church
- First Call for Help
- First Christian Church
- First Christian Church Food Pantry
- First Church of God
- Food Access Meeting YMCA
- Food Bank of Reno County
- Fort Hays State University
- Free Will Baptist Food Pantry
- Garden city Police Dept. board mtg.
- Genesis Thomas County
- Girl Scouts of Kansas Heartland - Hays Regional Office
- Giving the Basics
- Gleanings Food Pantry
- Good Neighbor
- Good Samaritan
- Goodland Housing Authority
- Goodland Public School Dist.
- Goodwill
- Great Bend Children's Learning Center
- Great Bend Commission on Aging
- Great Bend Housing Authority
- Great Bend Public School Counselors/social workers
- Great Bend USD
- Growing Futures
- Happy Bottoms - Translation assistance
- Harbor House
- Harvesters

- Hays Area Children's Center
- Hays USD
- Healing Hearts Ranch
- Health and Wellness Coalition
- Healthier Lyon County Coalition
- Healthy Babies Healthy Neighborhoods
- Healthy Food Work Group - Coalition Meeting
- Healthy Kansas Kids grant
- Healthy Kids Work Group
- Heartland Healthy Neighborhoods
- Help House, Incorporated
- Helping Hands Ministries
- Hill City Housing Authority
- His Helping Hands
- Hispanic Development Fund
- Hoisington Community Food Bank
- Hoisington Trolley
- Holy Savior Food Pantry
- Hospice Services of Northwest Kansas
- Housing Authority - Hays
- Housing Authority - Phillips County
- Hoxie Public School Dist.
- Hungry Heart Soup Kitchen
- Insight Women's Center - Partnership
- Interfaith Ministries
- Intersections of Faith Ministries
- Just Food
- K State Extension Office
- Kansas Appleseed Center for Law and Justice
- Kansas Big Brothers Big Sisters
- Kansas Children Service League
- Kansas Commission on Veterans Affairs - Colby
- Kansas Commission on Veterans Affairs - Hays
- Kansas Department for Aging and Disability Services
- Kansas Food Bank
- Kansas Leadership Center
- Kansas Legal Services
- KANSASWORKS
- KIDS Network
- Kids/SIDs Network
- KS Appleseed
- KS Hispanic & Latino American Affairs Commission
- K-State Research & Extension-Shawnee County
- K-State Research and Extension-Douglas County
- KU Juntos
- Labette County Family Coalition
- LaCrosse Public School Dist.
- Larned Public School Dist.
- LINK
- Live well Finney County Beef plant efforts
- Living Hope FWB Food Pantry
- Luray Housing Authority
- Mary Elizabeth Maternity Home
- Mary's Choices - Information request
- McKinney Vento
- Metropolitan Ave Food Pantry
- Ministerial Association
- Mitchell County Early Learning Center
- Mitchell County Partnership for Children
- My Family
- National Beef
- NEK-CAP, Inc
- New Bethel Community Development
- North Central Kansas Home Health Agency
- Northwest Kansas Area Agency on Aging
- Northwest Kansas Housing
- Norton Public School Dist.
- Nutrition Site - Waverly Senior Center
- Oakley Publics School Dist.
- Olathe School District
- Open Door
- Options: Domestic and Sexual Violence Services
- Plainville Senior Center
- Post Rock Family Health
- Quinter Senior Citizens Center
- Real Life Church
- Regional Prevention Center/Smoky Hill Foundation
- Reno County Health Dept
- Rosedale Development Association
- Rosehill Christian Church - Food Pantry
- Roswell Food Pantry
- Russell Housing Authority

- Russell USD
- Salvation Army
- Sedgwick CDDO
- Sedgwick Co CRT
- Sedgwick CO WIC
- Senior Community Services Employment Program, (SER)
- Simple House
- Southeast Kansas Community Action
- St Marks
- St. Anthony's Shelter
- St. Francis Ministries
- St. Jude Food Pantry
- St. Paul's United Church of Christ
- Sunflower Diversified Services
- The Center
- The Family Conservancy
- Thomas More Prep-Marian School
- Topeka Rescue Mission
- Treehouse
- Trego County Senior Center
- Trinity Interfaith Food Pantry
- Tyson
- United Church of Oberlin
- United Way
- University of Kansas
- USD 259
- VocRehab
- Volunteers in Action/RSVP of Central KS
- Wakeeney USD
- Welcome Inn Leisure Center
- West side Methodist Church
- WIC Department Lyon County Health Dpt
- Wichita Children's Home
- Wichita State University
- Wichita's Littlest Heroes
- Women for Kansas
- Wyandotte County Back to School Fair
- Wyandotte County CHIP
- YMCA

IV. Operational Developments/Issues

- 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.

KanCare MCO Amendments pending approval by CMS in the second quarter.

Amendment Number	Subject	Submitted Date	Effective Date	Approval Date
10	Health Homes – OneCare KS	03/17/2020	4/01/2020	

KanCare MCO Amendments approved by CMS in the second quarter.

Amendment Number	Subject	Submitted Date	Effective Date	Approval Date
8	Capitation Rates 1/1/2020 – 12/31/2020	01/06/2020	1/01/2020	5/4/2020
9	Compliance Verbiage	02/04/2020	1/01/2020	4/30/2020

State Plan Amendments (SPAs) approved:

SPA Number	Subject	Submitted Date	Effective Date	Approval Date
20-0006	CHIP Disaster Relief	4/20/2020	3/16/2020	5/01/2020
20-0007	Autism Services	5/07/2020	4/03/2020	5/28/2020
20-0008	State Institutional Alternative	5/07/2020	4/03/2020	6/25/2020
20-0009	Parenteral Nutrition	5/07/2020	5/01/2020	6/04/2020
20-0012	Medicaid Disaster Relief	4/20/2020	3/01/2020	5/11/2020
20-0014	Medicaid Disaster Relief	5/26/2020	3/14/2020	6/11/2020

State Plan Amendments (SPA) pending approval:

SPA Number	Subject	Submitted Date	Effective Date
19-0023	Application SPA	12/30/2019	10/01/2020
19-0024	CHIP Application SPA	12/30/2019	10/01/2020
20-0010	CHIP Support Act	6/19/2020	10/24/2019
20-0015	Wheelchair Seating Assessments	6/29/2020	07/01/2020

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 value-added services utilization, per each of the KanCare MCOs, by top three value-added services and total for April-June, follows:

MCO	Value Added Service Apr-Jun 2020	Units YTD	Value YTD
Aetna	Healthy Rewards Gift Card	21,477	\$453,700
	PROMISE Pregnancy Program Gift Card	3,848	\$307,995
	Kids Club Program \$10 Gift Card	13,387	\$233,490
	Total of All Aetna VAS	34,296	\$ 791,037
Sunflower	My Health Pays	34,113	\$370,125
	Comprehensive Medication Review	8,083	\$236,389
	Dental visits for adults	2,677	\$80,776
	Total of all Sunflower VAS	61,239	\$936,774
United	Adult Dental Services	1,725	\$149,390
	Debit Card for Completing First Pre-Natal Visit	683	\$137,236
	Home Helper Catalog Supplies	3,831	\$92,497
	Total of all United VAS	11,987	\$637,083

- c. *Enrollment issues:* For the second quarter of calendar year 2020 there were four Native Americans who chose to not enroll in KanCare and who are still eligible for KanCare.

The table below represents the enrollment reason categories for the second quarter of calendar year 2020. All KanCare eligible members were defaulted to a managed care plan.

Enrollment Reason Categories	Total
Newborn Assignment	2,420
KDHE - Administrative Change	903
WEB - Change Assignment	12
KanCare Default - Case Continuity	980
KanCare Default – Morbidity	864
KanCare Default - 90 Day Retro-reattach	1,623
KanCare Default - Previous Assignment	674
KanCare Default - Continuity of Plan	865
Retro Assignment	10
AOE – Choice	239
Choice - Enrollment in KanCare MCO via Medicaid Application	9,097
Change - Enrollment Form	262
Change - Choice	281

Change - Access to Care – Good Cause Reason	3
Change - Case Continuity – Good Cause Reason	4
Change – Due to Treatment not Available in Network – Good Cause	0
Assignment Adjustment Due to Eligibility	343
Total	18,580

d. *Grievances, appeals, and state hearing information:*

MCOs' Member Adverse Initial Notice Timeliness Compliance
CY2020 second quarter report

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%	100%
% of Notices of Adverse Termination, Suspension or Reduction Decisions Sent Within Compliance Standards (10 calendar days only)	100%	100%	100%

MCOs' Provider Adverse Initial Notice Compliance
CY2020 second quarter report

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

MCOs' Grievance Database
CY2020 second quarter report

MCO	ABH		SUN		UHC		Total
	HCBS Member	Non HCBS Member	HCBS Member	Non HCBS Member	HCBS Member	Non HCBS Member	
QOC (non HCBS Providers)		2	15	11	5	5	38
QOC – Pain Medication		2		1			3
Customer Service	3	3	3	1	6	3	19
Member Rights Dignity		1	2				3
Access to Service or Care	1	2	6	4	1	2	16
Non-Covered Services			1		1		2
Pharmacy Issues	1	1		1		6	9
QOC HCBS Provider			4				4
Billing/Financial Issues (non-Transportation)		8	3	5	3	36	55
Transportation – Billing and Reimbursement		3	2	1	3	12	21
Transportation - No Show	1	3	11	12	7	13	47
Transportation - Late	1	4		7	9	11	32
Transportation - Safety		1		1	6	7	15
Transportation - No Driver Available				3			3
Transportation - Other	8	4	7	4	11	16	50
MCO Determined Not Applicable						4	4
Other						4	4
TOTAL	15	34	54	51	52	119	325

MCOs' Member Grievance Timeliness Compliance
CY2020 second quarter report

MCO	ABH	SUN	UHC
% of Member Grievance Resolved and Resolution Notice Issued Within 30 Calendar Days	88%	100%	100%

MCOs' Provider Grievance Database
CY2020 second quarter report

MCO	ABH	SUN	UHC	Total
Billing/Payment	1	5		6
UM		1		1
Pharmacy		1		1
Transportation		3	5	8
Services	2			2
Other (Must provide description in narrative column of Summary Reports)			4	4
TOTAL	3	10	9	22

MCOs' Provider Grievance Timeliness Compliance
CY2020 second quarter report

MCO	ABH	SUN	UHC
% of Provider Grievance Resolved Within 30 Calendar Days	100%	100%	78%
% of Provider Grievance Resolution Notices Sent Within Compliance Standards	100%	100%	100%

MCOs' Appeals Database
Members – CY2020 second quarter report

Member Appeal Reasons ABH - Red SUN – Green UHC - Purple	Number Resolved	Withdrawn	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 - Durable Medical Equipment	1 31 23			22 6	15	1 7	2 2
MA – CNM - Inpatient Admissions (Non-Behavioral Health)	1 4 15	13		1	1 2	1	1 1
MA – CNM - Medical Procedure (NOS)	7 8 4	1		2 5	3 2 4	1	1
MA – CNM - Radiology	2 34		2	1 7	1 24		1
MA – CNM - Pharmacy	36 38 74	4 2	1	18 24 58	15 5 14	3	3 1
MA – CNM - PT/OT/ST	2				1	1	
MA – CNM - Dental	3 3 6			1	3 1 5	2	

MA – CNM - Home Health	3 7	1		6	2	1	
MA – CNM - Out of network provider, specialist or specific provider request	1 3				1 3		
MA – CNM - Inpatient Behavioral Health	5 11 3	1		2 5	3 5 3		
MA – LOC - LTSS/HCBS	2 4 2	1		2	2 1	1	1
MA – CNM - Mental Health	3		1		2		
MA – CNM - HCBS (change in attendant hours)	9		4	1	3		1
MA – CNM - Other	13 3		1	7 2	1	3	2
NONCOVERED SERVICE							
MA – NCS - Dental	2 1				1 1		1
MA – NCS - Pharmacy	4 1			3 1	1		
MA – NCS - Durable Medical Equipment	1				1		
MA – NCS – Other	13 1	1	1	9	2		1
MA – LCK - Lock In	7		1	4	2		
ADMINISTRATIVE DENIALS							
MA – ADMIN – Denials of Authorization (Unauthorized by Members)	2				2		
TOTAL							
ABH - Red	68	2	1	28	31	1	5
SUN – Green	181	5	9	88	48	20	11
UHC - Purple	144	17	1	71	53		2

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

MCOs' Appeals Database
Member Appeal Summary – CY2020 second quarter report

Member Appeal Reasons ABH - Red SUN – Green UHC - Purple	Number Resolved	Withdrawn	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	68 181 144	2 5 17	1 9 1	28 88 71	31 48 53	1 20	5 11 2
TOTAL	68	2	1	28	31	1	5

	181 144	5 17	9 1	88 71	48 53	20	11 2
Percentage Per Category		3% 3% 12%	1% 5% 1%	41% 49% 49%	46% 27% 37%	2% 11%	7% 5% 1%
Range of Days to Reverse Due to MCO Error			62 4 – 60 10				

MCOs' Member Appeal Timeliness Compliance
CY2020 second quarter report

MCO	ABH	SUN	UHC
% of Member Appeals Resolved and Appeal Resolution Notice Issued in 30 Calendar Days	87%	100%	100%
% of Expedited Appeals Resolved and Appeal Resolution Notice Issued in 72 hours	86%	94%	97%

MCOs' Reconsideration Database
Providers – CY2020 second quarter report (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 - Hospital Inpatient (Non-Behavioral Health)	169 1,711 717	1	3 722 164	70 148 76	69 834 381	1 96	25 7
PR – CPD - Hospital Outpatient (Non-Behavioral Health)	141 2,980 4,100		6 1,410 770	43 56 789	63 1,480 1,871	4 670	25 34
PR – CPD - Dental	16 19 1		3 4	9 12	4 3 1		
PR – CPD - Vision	10 21 49		11 35	11	7 10 2		3 1
PR – CPD - Ambulance (Include Air and Ground)	15 40 80		2 22 15	8 2 12	4 11 27	26	1 5
PR – CPD - Medical (Physical Health not Otherwise Specified)	460 2,367 13,477	2	18 1,084 4,106	124 332 2,915	178 894 4,274	45 2,182	93 57
PR – CPD - Nursing Facilities - Total	2 107 419		1 73 197	94	30 85	1 43	4
PR – CPD - HCBS	24 688		495	12	5 166		7 27
PR – CPD - Hospice	2 148 320		81 97	1 49	36 136	38	1 31

PR – CPD - Home Health	25 3		1 1	15 2	3		6
PR – CPD - Behavioral Health Outpatient and Physician	7 223 1,710		82 328	2 622	2 566	194	3 22
PR – CPD - Behavioral Health Inpatient	14 169		25	8 40	6 90	14	
PR – CPD - Out of network provider, specialist or specific provider	4 1,568 8,000		35 3,007	1 979	2 2,741	1,273	1 122
PR – CPD - Radiology	7 466 1,662		154 350	2 273	1 554	485	4 8
PR – CPD - Laboratory	37 1,635 4,996	1	763 955	7 1,185	22 1,739	1 1,117	6 49
PR – CPD - PT/OT/ST	7 2 17		2 2	5 1	2 7	7	
PR – CPD - Durable Medical Equipment	60 452		6 243	23 5	24 197		7 7
PR – CPD - Other	2 9 767		4 153	1 176	1 306	132	1
Total Claim Payment Disputes	1,002						
BILLING AND FINANCIAL ISSUES							
PR – BFI - Recoupment	2			1			1
TOTAL							
ABH - Red	1,004	4	40	332	393	52	183
SUN – Green	12,436		5,185	958	5,919		374
UHC - Purple	36,487		10,205	7,224	12,780	6,277	1

MCOs' Provider Reconsiderations Database
Provider Reconsideration Summary – CY2020 second quarter report

Provider Reconsideration Reasons ABH - Red SUN – Green UHC - Purple	Number Resolved	Withdrawn	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 Reconsideration Level	1,004 12,436 36,487	4	40 5,185 10,205	332 958 7,224	393 5,919 12,780	52 6,277	183 374 1
TOTAL	1,004 12,436 36,487	4	40 5,185 10,205	332 958 7,224	393 5,919 12,780	52 6,277	183 374 1
Percentage Per Category		>1%	4% 42% 28%	33% 8% 20%	39% 48% 35%	5% 17%	18% 2% <1%

MCOs' Provider Reconsiderations Timeliness Compliance
CY2020 second quarter report

MCO	ABH	SUN	UHC
% of Provider Reconsideration Resolution Notices Sent Within Compliance Standards	91%/95%	100%	100%

MCOs' Appeals Database
Providers - CY2020 second quarter report (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
MEDICAL NECESSITY/LEVEL OF CARE - Criteria Not Met							
PA - CNM - Durable Medical Equipment	8 19	1		3 7	2 5	7	2
PA - CNM - Inpatient Admissions (Non-Behavioral Health)	32 14		1	18 6	8	3	6 4
PA - CNM - Medical Procedure (NOS)	63 10	1		16 7	19 1	2	27
PA - CNM - Radiology	2			1	1		
PA - CNM - Pharmacy	1 55	4		1 35	4	4	8
PA - CNM - PT/OT/ST	4			1	2		1
PA - CNM - Dental	2 1		1	1		1	
PA - CNM - Home Health	5 4	1		2 3			3
PA - CNM - Hospice	1			1			
PA - CNM - Out of network provider, specialist or specific provider request	1				1		
PA - CNM - Inpatient Behavioral Health	2 12			2 4	2	5	1
PA - LOC - LTSS/HCBS	4		1	1	2		
PA - LOC - Mental Health	2				2		
PA - CNM - Ambulance (include Air and Ground)	9		1	2	2	4	
PA - CNM - Other	5			4		1	
NONCOVERED SERVICE							
PA - NCS - Pharmacy	1						1
PA - NCS - Durable Medical Equipment	1			1			
PA - NCS - Behavioral Health	1				1		
CLAIM DENIAL							
PA – CPD - Hospital Inpatient (Non-Behavioral Health)	46 118 272		2 15 3	14 51 59	17 43 186	6	13 3 24
PA – CPD - Hospital Outpatient (Non-Behavioral Health)	39 125		11	8 50	18 50	5	13 9

	98		1	19	50		28
PA – CPD - Dental	1 3 32		1	8	2 24		1
PA – CPD - Vision	5 5 48		1 7		2 4 20	21	3
PA – CPD - Ambulance (Include Air and Ground)	1 2 5		1	1 1	1 4		
PA – CPD - Medical (Physical Health not Otherwise Specified)	36 265 98	2	27 4	15 113 27	11 95 38	15	8 15 29
PA – CPD - Nursing Facilities - Total	3 5		1	1	3		1 2
PA – CPD - HCBS	3			1	1		1
PA – CPD - Hospice	1 3		1	1	1		1
PA – CPD - Home Health	1 91 122	1	11 1	71 27	1 8 81		1 12
PA – CPD - Behavioral Health Outpatient and Physician	2 51 46			1 38 10	1 9 16	3	1 20
PA – CPD - Behavioral Health Inpatient	2 15			2 5	6		4
PA – CPD - Out of network provider, specialist or specific provider	28 6			5 1	13 5	9	1
PA – CPD - Radiology	23 5		7 1	9	6	1	4
PA – CPD - Laboratory	24 129 59		3	7 5 2	16 103 43	1 17	1 14
PA – CPD - PT/OT/ST	2 6 1			4	1 1 1		1 1
PA – CPD - Durable Medical Equipment	8 119		7	4 39	2 46	23	2 4
PA – CPD - Other	1 1				1		1
Total Claim Payment Disputes							
BILLING AND FINANCIAL ISSUES							
PA – BFI - Recoupment	1 69 10		7	40 1	6 8	1	1 15 1
TOTAL							
ABH - Red	300	4	4	101	108	1	82
SUN – Green	1,169	5	94	495	401	107	67
UHC - Purple	826	1	18	160	487	21	139

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

MCOs' Appeals Database
Provider Appeal Summary – CY2020 second quarter report

Provider Appeal Reasons ABH - Red SUN – Green UHC - Purple	Number Resolved	Withdrawn	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	300 1,169 826	4 5 1	4 94 18	101 495 160	108 401 487	1 107 21	82 67 139
TOTAL	300 1,169 826	4 5 1	4 94 18	101 495 160	108 401 487	1 107 21	82 67 139
Percentage Per Category		1% <1% <1%	1% 8% 2%	34% 42% 19%	36% 34% 59%	>1% 9% 3%	27% 7% 17%
Range of Days to Reverse Due to MCO Error			68-188 9-160 17-334				

MCO's Provider Appeal Timeliness Compliance
CY2020 second quarter report

MCO	ABH	SUN	UHC
% of Provider Appeals Resolved in 30 Calendar Days	98% / 99%	97% / 100%	100%
% of Provider Appeal Resolution Notices Sent Within Compliance Standard	83% / 88%	100%	99%

State of Kansas Office of Administrative Fair Hearings
Members – CY2020 second quarter report

ABH - Red SUN – Green UHC - Purple	Number Resolved	Withdrawn	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 Withdrawn	Dismiss Failure to State a Claim	Default Appellant Failed to Appear	Default Respondent Failed to Appear	Default Respondent Failed to File Agency Summary
MEDICAL NECESSITY/LEVEL OF CARE – Criteria Not Met															
MH – CNM - Durable Medical Equipment	1				1										
MH – CNM – Pharmacy	1 5	1			1 1			3							
MH – CNM – PT/OT/ST	2				2										
MH – CNM – Home Health	1							1							
MH – CNM – Hospice	1							1							
MH – CNM - Out of network provider, specialist or specific provider request	1									1					

MH – CNM – Behavioral Health Outpatient Services and Testing	1 1			1					1						
MH – CNM – Health Home Services	1								1						
MH – LOC – LTSS/HCBS	2				2										
MH-NCS - Durable Medical Equipment	2	2													
TOTAL															
ABH - Red	1			1											
SUN – Green	8				6				2						
UHC - Purple	10	3			1				5		1				
Range of Days to Reverse MCO Decision					124-213										

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

State of Kansas Office of Administrative Fair Hearings Providers – CY2020 second quarter report

ABH - Red SUN – Green UHC - Purple	Number Resolved	Withdrawn	OAH Affirmed MCO Decision	OAH Reversed MCO Decision	Dismiss Moot MCO Reverse	Dismiss Moot Duplicate	Dismiss Untimely	Dismiss Not Ripe/No MCO Appeal	Dismiss No Adverse Action	Dismiss No Auth.	Dismiss Appellant Verbally Withdrawn	Dismiss Failure to State a Claim	Default Appellant Failed to Appear	Default Respondent Failed to Appear	Default Respondent Failed to File Agency Summary
MEDICAL NECESSITY / LEVEL OF CARE - Criteria Not Met															
PH - CNM - Inpatient Admissions (Non-Behavioral Health)	1 2	1			2										
PH - CNM - Medical Procedure (NOS)	1	1													
PH - LOC - LTSS/HCBS	2	2													
PH - NCS - Durable Medical Equipment	1							1							
CLAIM DENIAL															
PH - CPD - Hospital Inpatient (Non-Behavioral Health)	2 5 8	1 8			5			1							
PH - CPD - Pharmacy	1 2	1			1			1							
PH – CPD - Dental	1				1										
PH - CPD - Medical (Physical Health)	1				1										

not Otherwise Specified)														
PH – CPD - HCBS	4			4										
PH – CPD - Hospice	1						1							
PH - CPD - Home Health	2			2			2							
PH - CPD - Behavioral Health	1			1										
Outpatient and Physician														
PH – CPD - Radiology	8						8							
	1							1						
PH - CPD – Laboratory	2						2							
PH – CPD – Durable Medical Equipment	1			1			1							
	1													
BILLING AND FINANCIAL ISSUES														
PH - BFI - Recoupment	1						1							
	1	1												
ADMINISTRATIVE DENIALS														
PH – ADMIN – Denials of Authorization (Unauthorized by Member)	1	1												
RESOLVED WITHOUT SUBSTANTIVE CHANGES TO ORIGINAL CLAIM														
TOTAL														
ABH - Red	4	3					1							
SUN – Green	32	2		17		1	12							
UHC - Purple	18	11		1			5	1						
Range of Days to Reverse MCO Decision				48-324										
				116										

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

- e. *Quality of care:* Please see Section IX “Quality Assurance/Monitoring Activity” below. HCBS Quality Report for October through December 2019 is attached to this report.
- f. *Changes in provider qualifications/standards:* None.
- g. *Access:* As noted in previous reports, members who are not in their open enrollment period are unable to change plans without a good cause reason pursuant to 42 CFR 438.56 or the KanCare STCs. Since Kansas transitioned to a new MCO, the State maintained open enrollment through April 3, 2019. Since that time, most requests were about provider choice, which is not an acceptable reason to switch plans outside of open enrollment.

If a Good Cause Request (GCR) is denied by KDHE, the member is given appeal/fair hearing rights. During the second quarter of 2020, there were no state fair hearings filed for any denied GCR.

There are a large number of GCRs from a specific MCO and the state is monitoring the situation. A summary of GCR actions this quarter is as follows:

Status	Apr	May	June
Total GCRs filed	11	22	44
Approved	2	4	5
Denied	4	12	6
Withdrawn (resolved, no need to change)	3	3	2
Dismissed (due to inability to contact the member)	2	1	3
Pending	0	2	28

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 9/30/2019	# of Unique Providers as of 12/31/2019	# of Unique Providers as of 3/31/2020	# of Unique Providers as of 6/30/2020
Aetna	32,598	34,229	39,097	40,323
Sunflower	30,258	31,888	33,764	29,286
UHC	48,809	46,946	42,772	44,634

- h. *Payment rates:* No changes were made to payment rates (see Section IV. Operational Developments/Issues, a. Systems and reporting issues, approval and contracting with new plans).
- i. *Health plan financial performance that is relevant to the demonstration:* All KanCare MCOs remain solvent.
- j. *MLTSS implementation and operation:* Between April and June of 2020, Kansas did not make any offers of services to individuals on either the PD or I/DD wait list.
- k. *Updates on the safety net care pool including DSRIP activities:* Currently there are two hospitals participating in the DSRIP activities. They are Children’s Mercy Hospital (CMH) and Kansas University Medical Center (KU). CMH has chosen to do the following projects: Complex Care for Children, and Patient Centered Medical Homes. KU will be completing STOP Sepsis, and Self-Management and Care Resiliency for their projects. Kansas Foundation for Medical Care (KFMC) is working with the State on improving healthcare quality in KanCare. The hospitals continued identifying community partners, creating training for community partners, and working toward reaching the project milestones for the DY8.
- l. *Information on any issues regarding the concurrent 1915(c) waivers and on any upcoming 1915(c) waiver changes (amendments, expirations, renewals):*

- The PD and FE waivers are on Temporary Extensions which expire on 9/26/2020. Kansas submitted both the PD and the FE waiver drafts to CMS on October 1, 2019. Both remain under review by CMS.
 - Amendments across waivers for updates to performance measures, unbundling of assistive services, unbundling of Day Supports for I/DD, as well as others are being considered.
- m. *Legislative activity:* The Division's legislative activity this quarter focused bills related to the wrap-up session and the special session. KDADS and KDHE also attended the Human Services Caseload meetings and the Robert G. (Bob) Bethell Joint Committee on Home and Community Based Services and KanCare Oversight Committee.

KanCare Caseload Update

KDHE and KDADS participated in the Human Services Caseload meetings on April 8, 2020 and April 16, 2020. The meeting is facilitated by the Kansas Legislative Research Department and the Division of the Budget. The goal of the meeting is to revise estimates on human services caseload expenditures for FY 2020 and FY 2021, which include KanCare expenditures.

Robert G. (Bob) Bethell Joint Committee on Home and Community Based Services and KanCare

The Robert G. (Bob) Bethell Joint Committee on Home and Community Based Services and KanCare Oversight was originally scheduled to convene on April 21, 2020. It was cancelled due to COVID-19-related concerns. The Committee met on June 22, 2020 and June 23, 2020. The members heard presentations from individuals, providers, stakeholders, and advocacy organizations related to KanCare. KDADS presented testimony on Home and Community Based Services, (HCBS), Behavioral Health, Olmstead, Nursing Homes, and State Hospitals. Secretary Howard presented an update on COVID-19 activities and KDADS programs. The Committee heard from the KanCare Ombudsman and the Medicaid Inspector General. Each MCO provided information about their operations.

KDHE Secretary Dr. Norman provided the Committee with an overview of the KanCare program adjustments made during the public health emergency. This includes the special authorities exercised across the program, telehealth enhancements, and updates to the Kansas Medical Assistance Program (KMAP) website. An update on the processing of eligibility applications was also provided to the committee members. Interim Medicaid Director Christiane Swartz provided program updates to the Committee covering the following topics; capitation and members, the provider network, an overview of claims processing statistics, member benefits, grievances, appeals, state fair hearings, the health homes program known as OneCare Kansas, and the Employment Pilot. Both agencies addressed outstanding issues and took action items from the Committee staff members for follow-up.

Provider Taxes

House Bill (HB) 2168 established a sunset date of July 1, 2030 for the nursing facility quality care assessment and amended laws concerning the hospital provider assessment known as the HealthCare Access Improvement Program (HCAIP). The bill directs KDHE to seek approval from CMS to expand the existing taxable revenue by including both inpatient and outpatient net operating revenue and basing assessments on the hospital's fiscal year three years prior to the assessment year. If approved by CMS, the bill requires all disbursements related to HCAIP to be paid from the HCAIP fund. HB 2246 amended the provider assessment provision by changing the provider assessment to an amount not less than 1.83 percent of each hospital's net inpatient operating revenue and not greater than 3.0 percent of each hospital's net inpatient and

outpatient operating revenue. HB 2168 became law effective April 9, 2020, and HB 2246 became law effective June 11, 2020.

State Budget and Finances

Senate Bill 66 served as the budget omnibus bill and adjusted funding for state fiscal years 2020 and 2021. The bill appropriated funds for the following KDHE and KDADS KanCare program enhancements:

- \$75,000 in one-time funding to create a brain injury registry.
- Funding to increase KanCare dental rates in the amount of \$3 million dollars.
- \$3 million dollars to increase behavioral health KanCare rates.
- A State general fund appropriation of \$8.9 million dollars to finance a 5.0 percent rate increase for HCBS I/DD KanCare rates.
- An increase in nursing facility rates in the amount of 1.0 percent.
- A rate increase for TA Waiver service T1000, increasing the rate from \$31.00 per unit to \$37.00 per unit.
- Several Consensus Caseload and non-Caseload KanCare appropriations for both KDHE and KDADS.

On June 25, 2020 Governor Kelly and the State Division of Budget Director informed state agencies that the resources of the State General Fund were likely to be insufficient to cover the appropriations made during the 2020 legislative session, including the appropriations in Senate Bill 66. Governor Kelly authorized the use of an allotment plan to make adjustments to the State General Fund to meet the state constitutional requirement of a balanced State General Fund budget. As a result of this action, all appropriations denoted above for the KanCare program were removed from the fiscal year 2021 budget and were not funded, with the exception of the \$3 million dollars to fund dental rate increases. These allotment adjustments will not result in reductions in benefits or services to KanCare members, or payment rates to KanCare service providers.

Sine Die and the Special Session

The Legislative wrap-up session, called Sine Die, was held May 21, 2020 through May 22, 2020. KDHE and KDADS followed the progression of a COVID-19 Relief Bill, HB 2054. This bill was passed by both the Kansas House and Senate but was ultimately vetoed by Governor Kelly. Because the bill contained provisions to limit Governor Kelly's executive authority under the Kansas Emergency Management Act and proposed to shift control of the COVID-19 federal funding appropriations and response to legislative leaders, the veto of this bill resulted in a special legislative session.

The special legislative session convened on June 3, 2020. The legislature introduced Special Session House Bill (HB) 2016 which was a compromise COVID-19 bill. Governor Kelly expressed support for this bill. During the special session, a final attempt was made to pass Senate Bill 252, the Medicaid expansion bill. The amendment motion was challenged as germane. The amendment did not pass, thus ending the potential for Medicaid expansion before the 2021 legislative session.

On June 8, 2020 Governor Kelly signed HB 2016. It contains the following provisions:

- The Governor and a majority of the State Finance Council must affirm to appropriate COVID-19 federal aid and funds from the state COVID-19 Relief Fund.
- Prohibits the Governor from proclaiming a new COVID-19 state of disaster emergency in 2020 unless approved by at six members of the State Finance Council. This provision expires January 26, 2021.

- Amends the statutes governing states of local disaster emergency, county health boards, and local health officers to allow the Board of County Commissioners to review, amend, or revoke state of local disaster emergency declarations and orders issued by the county health officer.
- Prohibits the closure of public or private schools unless the State Board of Education has reviewed and affirms the order.
- Requires KDADS to take certain actions regarding adult care homes, including ensuring infection control inspections are made within 90 days of the bill's effective date.
- Requires adult care facilities to have affirmative defense to liability in civil action cases.
- Allows physicians to prescribe medication without an in-person exam of a patient.
- Allows a physician licensed in another state to practice telemedicine to treat a Kansas patient.
- Provides immunity from civil liability for healthcare providers and businesses from certain claims related to COVID-19.
- Relaxes requirements related to hospital bed licensure, the use of non-hospital space, and medical staff membership. These provisions will expire 120 days after the end of the public health emergency.
- Critical Access Hospital bed limits were relaxed for 120 days.

Other Operational Issues: During this reporting period, Secretary Azar's public health declaration and President Trump's proclamation of a national emergency were still active and in effect. HB 2016 ratified and continued the emergency declaration made by Governor Kelly in March 2020, through September 15, 2020.

In April, May, and June KDHE and KDADS continued to submit to CMS for approval, special authorities to make emergency adjustments to the KanCare program. The following state plan amendments and Appendix K authorities were submitted and/or approved this quarter:

- Appendix K submitted in March 2020 was approved on April 1, 2020. This request contained a number of special provisions for all HCBS waiver programs.
- CHIP Disaster Relief SPA was submitted on May 1, 2020 and was approved with an effective date of March 16, 2020.
- Medicaid Disaster Relief State Plan Amendments were submitted on April 8, 2020 and May 6, 2020. Both were approved and are effective as of March 13, 2020.
- Appendix K Additive was submitted on May 29, 2020 and was approved on June 2, 2020. This request governs HCBS retainer payments for habilitation and personal care services.
- Appendix K Additive #2 was submitted on June 15, 2020 and was approved on June 16, 2020. This request allows KDADS to submit the 372 report for the Autism Waiver on or before September 30, 2020.

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. In late March 2020, policy development and related issues began to take a direct focus on the COVID-19 public health emergency and its impact on KanCare members.

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 PDMA system. The expenditures contained in the document reconcile to Schedule C from the CMS 64 report for the quarter ending June 30, 2020.

General reporting issues: KDHE continues to work with DXC, 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 has been updated to reflect member months reporting for each Medicaid Eligibility Group (MEG) by DY.

DY MEG	Member Months			
	Apr-20	May-20	Jun-20	TOTAL QE 6 30 2020
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	(3)	0	0	(3)
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	(3)	0	0	(3)
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	(75)	0	0	(75)
MEG 1 - ABD/SD DUAL	0	0	0	0
MEG 2 - ABD/SD NON DUAL	(44)	0	0	(44)

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	(31)	0	0	(31)
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	(188)	0	(7)	(195)
MEG 1 - ABD/SD DUAL	0	0	0	0
MEG 2 - ABD/SD NON DUAL	(156)	0	0	(156)
MEG 3 - ADULTS	0	0	0	0
MEG 4 - CHILDREN	0	0	(3)	(3)
MEG 5 - DD WAIVER	(1)	0	0	(1)
MEG 6 - LTC	(31)	0	(4)	(35)
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	(247)	22	(5)	(230)
MEG 1 - ABD/SD DUAL	22	23	21	66
MEG 2 - ABD/SD NON DUAL	(229)	(16)	(30)	(275)
MEG 3 - ADULTS	(2)	0	0	(2)
MEG 4 - CHILDREN	52	21	13	86
MEG 5 - DD WAIVER	0	3	0	3
MEG 6 - LTC	(79)	(8)	(15)	(102)
MEG 7 - MN DUAL	1	5	6	12
MEG 8 - MN NON DUAL	(8)	(3)	0	(11)
MEG 9 - WAIVER	(4)	(3)	0	(7)
DY7 CY2019	2,791	1,174	375	4,340
MEG 1 - ABD/SD DUAL	530	319	215	1,064
MEG 2 - ABD/SD NON DUAL	(185)	110	(114)	(189)
MEG 3 - ADULTS	509	130	(7)	632
MEG 4 - CHILDREN	1,725	535	254	2,514
MEG 5 - DD WAIVER	10	16	(1)	25
MEG 6 - LTC	94	13	21	128
MEG 7 - MN DUAL	91	54	8	153
MEG 8 - MN NON DUAL	14	15	9	38
MEG 9 - WAIVER	3	(18)	(10)	(25)
DY8 CY2020	326,573	333,065	340,537	1,000,175
MEG 1 - ABD/SD DUAL	15,428	15,997	16,315	47,740
MEG 2 - ABD/SD NON DUAL	29,763	30,188	30,631	90,582
MEG 3 - ADULTS	43,851	46,056	48,023	137,930
MEG 4 - CHILDREN	200,704	203,550	207,652	611,906
MEG 5 - DD WAIVER	9,081	9,119	9,111	27,311
MEG 6 - LTC	21,130	21,435	21,506	64,071
MEG 7 - MN DUAL	1,568	1,664	1,967	5,199
MEG 8 - MN NON DUAL	962	863	1,110	2,935
MEG 9 - WAIVER	4,086	4,193	4,222	12,501
Grand Total	328,851	334,261	340,900	1,004,012

**Note: Totals do not include CHIP or other non-Title XIX programs.*

VIII. Consumer Issues

The second quarter 2020 had only one consistent consumer issue, listed below. Due to COVID-19, provider offices were either closed or had limited appointments/hours.

Issue	Resolution	Action Taken to Prevent Further Occurrences
Members receiving Home and Community Based Services have not been able to locate Personal Care Service (PCS) workers.	MCOs have been working with members that have been unable to locate workers to ensure coverage as appropriate.	KDADS passed policy to allow family members to be paid to provide PCS during the current state of emergency.

IX. Quality Assurance/Monitoring Activity

The State Quality Management Strategy – The 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. The intent of this QMS revision 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. Review and revision will feature 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 managed care organizations (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.

During the quarter, the State participated in the following activities:

- Ongoing automated report management, review and feedback between the State and the MCOs. Reports from the MCOs consist of a wide range of data reported on standardized templates.

- Ongoing interagency and cross-agency collaboration, and coordination with MCOs, to develop and communicate specific templates to be used for reporting key components of performance for the KanCare program, as well as the protocols, processes and timelines to be used for the ongoing receipt, distribution, review and feedback regarding submitted reports. 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.
- Monitoring of the External Quality Review Organization (EQRO) work plan.
- Continued systems design with the EQRO to collect reports specific to PIPs and the Health Action Planning for the OneCare Kansas health homes program. Initial reporting of data for the MCOs collaborative HPV and EPSDT PIPs was received in the second quarter of 2020. One MCO received TA on data submission for the HPV PIP and some of the specifications may be revised for more clarity. The State is expecting first data submission for two other PIPs in the third quarter of 2020.
- Meetings with the EQRO along with the MCOs, KDADS and KDHE to discuss EQRO activities and concerns.
- Receiving and reviewing final documents for the 2019 Joint BBA and State KanCare contract audit. Draft reports have been completed and are being reviewed for finalization. We expect MCOs to receive final reports of compliance in the early third quarter of 2020.
- Plans have begun for the 2020 audit.
- Received authorization to hire new State staff who will be dedicated to the annual contract review.
- Medicaid Fraud Control Unit monthly meetings to address fraud, waste, and 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.
- 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. Additionally, top management staff from KDADS, KDHE and the three MCOs meet monthly face-to-face to discuss issues and improvements to KanCare.
- Monitor large, global system issues through a weekly log issued to all MCOs and the State's fiscal agent. The resulting log is posted out on the KanCare website for providers and other interested parties to view. Continue monthly meetings to discuss trends and progress.
- Monitor member or provider specific issues through a tracking database that is shared with MCOs and KDADS for weekly review.
- Attend various provider training and workshops presented by the MCOs. Monitor for accuracy, answer questions as needed.
- With the implementation of KanCare 2.0, each MCO is required to participate in six PIPs. As of the end of the second quarter of 2020, all eighteen PIPs have approved interventions, fourteen have approved methodologies and six have begun data reporting. PIP activities focused on MCOs submitting methodologies, the EQRO and State reviewing for corrections and questions, and the MCOs receiving final approval for implementation. This process went smoothly with the revised methodology instructional worksheet acting as a guide. Once methodologies are approved, the MCOs complete a technical specification document to clearly define the data that will be reported for each PIP. The State and EQRO developed a template for the MCOs to use for consistent reporting. Several PIPs are in the process of getting approval for their technical specifications.
- 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 Aging & Disability Community Services and Programs Commission (A&D CSP) 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. Last quarter, KDHE and KDADS developed a tool for the MCOs to monitor compliance with HCBS Provider Qualifications. The MCOs contracted with a single vendor to complete these qualification audits effective January 1, 2020. Future LTSS Quality Review reports will report data on Qualified Provider performance measure compliance. MCOs began updating and revising their policies and procedures to reflect this process change.

- Programs administered by KDADS: These measures are monitored and reviewed in collaboration with program staff in the Aging and Disability Community Services and Programs 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. During this quarter, HCBS performance measures were reported to CMS via the 372 reporting process. 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

X. Managed Care Reporting Requirements

- A description of network adequacy reporting including GeoAccess mapping:* Each MCO submits a quarterly network adequacy report. The State uses this report to monitor the quality of network data and changes to the networks, drill down into provider types and specialties, and extract data to respond to requests received from various stakeholders. The State’s network data and analysis tools were moved from Excel into a dedicated database on a secure server during the second quarter of 2019. This database allows the State to give more robust and timely feedback to the MCOs. This method is less prone to breakdowns and improves business continuity.

The State met with the MCOs network staff, during the onsite Joint BBA and State KanCare contract audit. An additional provider network workshop with all three MCOs is scheduled for next quarter. It has been tentatively postponed due to COVID-19. The plan is to meet to collaborate, improve and problem solve provider network reporting processes. The State is preparing to meet virtually with one of the MCOs due to discrepancies in their data reporting. Examples of errors are being pulled together for a presentation. Presentation is scheduled for early July of 2020.

The State began comparing the network adequacy reports with the MCOs online provider directory. Each MCO has defined its method for submitting directory data and analysis is expected to begin in the next quarter. The State’s plan is to give feedback to the MCOs when differences between the directory and network report are found. This process will also give the State insight into information such as office hours, cultural competency, and ADA capabilities. In addition, the State has asked the EQRO to perform a comparison audit between the MCO provider directories, KMAP provider files and the MCO Provider Network Reports. This will give the State insight into opportunities for improvement.

KDHE received the second submission of the revised GeoAccess Report. A KDHE team began to meet weekly to develop tools and process to analyze and present these reports to our partners (KDADS, KFMC, and MCOs). The team continues to give feedback to the MCOs regarding data discrepancies. The Geo maps submitted by the MCOs were posted to the KanCare website this quarter. The plan is to add trending to the maps next quarter. Due to the discrepancies mentioned above the trending has not yet been posted.

The KDHE and KDADS GeoAccess standards are posted on our KanCare website at <https://www.kancare.ks.gov/policies-and-reports/network-adequacy> :

- 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.

b. *Customer service reporting, including total calls, average speed of answer and call abandonment rates, for MCO-based and fiscal agent call centers, January - June 2020:*

KanCare Customer Service Report – Member

MCO/Fiscal Agent	Average Speed of Answer (Seconds)	Call Abandonment Rate	Total Calls
Aetna	4.55	3.4%	74,140
Sunflower	22.28	2.5%	75,046
United	12.15	1.5%	84,453
DXC – Fiscal Agent	8	.64%	11,706

KanCare Customer Service Report - Provider

MCO/Fiscal Agent	Average Speed of Answer (Seconds)	Call Abandonment Rate	Total Calls
Aetna	.72	.94%	46,782
Sunflower	22.53	2.1%	48,379
United	4.98	.38%	39,370
DXC – Fiscal Agent	19.33	1.4%	14,945

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 – CY2020 second quarter

Aetna Second Quarter Grievance Trends		
Total # of Resolved Grievances	49	
Top 5 Trends		
Trend 1: Transportation – Other	12	24%
Trend 2: Billing and Financial Issues (non-Transportation)	8	16%

Trend 3: Customer Service	6	12%
Trend 4: Transportation – Late	5	10%
Trend 5: Transportation – No Show	4	8%

Sunflower Second Quarter Grievance Trends		
Total # of Resolved Grievances	105	
Top 5 Trends		
Trend 1: Quality of Care (non-HCBS provider)	26	25%
Trend 2: Transportation – No Show	23	22%
Trend 3: Transportation – Other	11	10%
Trend 4: Access to Service or Care	10	10%
Trend 5: Billing and Financial Issues (non-Transportation)	8	8%

United Second Quarter Grievance Trends		
Total # of Resolved Grievances	171	
Top 5 Trends		
Trend 1: Billing and Financial Issues (non-Transportation)	39	23%
Trend 2: Transportation – Other	27	16%
Trend 3: Transportation – No Show	20	12%
Trend 4: Transportation – Late	20	12%
Trend 5: Transportation – Billing and Reimbursement	15	9%

MCOs' Grievance Trends
Provider – CY2020 second quarter

Aetna Second Quarter Grievance Trends		
Total # of Resolved Grievances	3	
Top 5 Trends		
Trend 1: Services	2	67%
Trend 2: Billing/Payment	1	33%

Sunflower Second Quarter Grievance Trends		
Total # of Resolved Grievances	10	
Top 5 Trends		
Trend 1: Billing/Payment	5	50%
Trend 2: Transportation	3	30%
Trend 3: UM	1	10%
Trend 4: Pharmacy	1	10%

United Second Quarter Grievance Trends		
Total # of Resolved Grievances	9	
Top 5 Trends		
Trend 1: Transportation	5	56%
Trend 2: Other (Must provide description in narrative column of Summary Reports)	4	44%

MCO's Reconsideration Trends
Provider – CY2020 second quarter

Aetna Provider Reconsiderations

- There were 460 provider reconsiderations categorized as PR – CPD – Medical (Physical Health not Otherwise Specified) which is a significant increase of 139 from CY2020 Quarter 1.

Aetna Second Quarter Provider Reconsideration Trends		
Total # of Resolved Reconsiderations	1,004	
Top 5 Trends		
Trend 1: PR – CPD – Medical (Physical Health not Otherwise Specified)	460	46%
Trend 2: PR – CPD – Hospital Inpatient (Non-Behavioral Health)	169	17%
Trend 3: PR – CPD – Hospital Outpatient (Non-Behavioral Health)	141	14%
Trend 4: PR – CPD – Durable Medical Equipment	60	6%
Trend 5: PR – CPD - Laboratory	37	4%

Sunflower Provider Reconsiderations

- There were 2,980 provider reconsiderations categorized as PR – CPD – Hospital Outpatient (Non-Behavioral Health) which is a significant increase of 58 from CY2020 Quarter 1.
- There were 1,568 provider reconsiderations categorized as PR – CPD – Out of network provider, specialist or specific provider which is a significant increase of 321 from CY2020 Quarter 1.

Sunflower Second Quarter Provider Reconsideration Trends		
Total # of Resolved Reconsiderations	12,436	
Top 5 Trends		
Trend 1: PR – CPD – Hospital Outpatient (Non-Behavioral Health)	2,980	24%
Trend 2: PR – CPD – Medical (Physical Health not Otherwise Specified)	2,367	19%
Trend 3: PR – CPD – Hospital Inpatient (Non-Behavioral Health)	1,711	14%
Trend 4: PR – CPD - Laboratory	1,635	13%
Trend 5: PR – CPD – Out of network provider, specialist or specific provider	1,568	13%

United Provider Reconsiderations

- There were 4,996 provider reconsiderations categorized as PR – CPD – Laboratory which is a significant increase of 457 from CY2020 Quarter 1.
- There were 1,710 provider reconsiderations categorized as PR – CPD – Behavioral Health Outpatient and Physician which is a significant increase of 293 from CY2020 Quarter 1.

United Second Quarter Provider Reconsideration Trends		
Total # of Resolved Reconsiderations	36,487	
Top 5 Trends		
Trend 1: PR – CPD – Medical (Physical Health not Otherwise Specified)	13,477	37%
Trend 2: PR – CPD – Out of network provider, specialist or specific provider	8,000	22%
Trend 3: PR – CPD – Laboratory	4,996	14%
Trend 4: PR – CPD – Hospital Outpatient (Non-Behavioral Health)	4,100	11%
Trend 5: PR – CPD – Behavioral Health Outpatient and Physician	1,710	5%

MCOs' Appeals Trends

Member/Provider – CY2020 second quarter

Aetna Second Quarter Member/Provider Appeal Trends					
Total # of Resolved Member Appeals	68		Total # of Resolved Provider Appeals	300	
Top 5 Trends			Top 5 Trends		
Trend 1: MA – CNM – Pharmacy	36	53%	Trend 1: PA – CNM – Medical Procedure (NOS)	63	21%
Trend 2: MA – CNM – Medical Procedure (NOS)	7	10%	Trend 2: PA – CPD – Hospital Inpatient (Non-Behavioral Health)	46	15%
Trend 3: MA – CNM – Inpatient Behavioral Health	5	7%	Trend 3: PA – CPD – Hospital Outpatient (Non-Behavioral Health)	39	13%
Trend 4: MA – NCS - Pharmacy	4	6%	Trend 4: PA – CPD – Medical (Physical Health not Otherwise Specified)	36	12%

Trend 5:			Trend 5: PA – CNM – Inpatient Admissions (Non-Behavioral Health)	32	11%
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Sunflower Provider Appeals:

- There were 119 provider appeals categorized as PA – CPD – Durable Medical Equipment which is a significant increase of 71 from CY2020 Quarter 1.

Sunflower Second Quarter Member/Provider Appeal Trends					
Total # of Resolved Member Appeals	181		Total # of Resolved Provider Appeals	1,169	
Top 5 Trends			Top 5 Trends		
Trend 1: MA – CNM – Pharmacy	38	21%	Trend 1: PA – CPD – Medical (Physical Health not Otherwise Specified)	265	23%
Trend 2: MA – CNM – Radiology	34	19%	Trend 2: PA – CPD – Laboratory	129	11%
Trend 3: MA – CNM – Durable Medical Equipment	31	17%	Trend 3: PA – CPD – Hospital Outpatient (Non-Behavioral Health)	125	11%
Trend 4: MA – CNM – Other	13	7%	Trend 4: PA – CPD – Durable Medical Equipment	119	10%
Trend 5: MA – NCS – Other	13	7%	Trend 5: PA – CPD – Hospital Inpatient (Non-Behavioral Health)	118	10%

United Provider Appeals:

- There were 122 provider appeals categorized as PA – CPD – Home Health which is a significant increase of 61 from CY2020 Quarter 1.

United Second Quarter Member/Provider Appeal Trends					
Total # of Resolved Member Appeals	144		Total # of Resolved Provider Appeals	826	
Top 5 Trends			Top 5 Trends		
Trend 1: MA – CNM – Pharmacy	74	51%	Trend 1: PA – CPD – Hospital Inpatient (Non-Behavioral Health)	272	33%
Trend 2: MA – CNM – Durable Medical Equipment	23	16%	Trend 2: PA – CPD – Home Health	122	15%
Trend 3: MA – CNM – Inpatient Admissions (Non-Behavioral Health)	15	10%	Trend 3: PA – CPD – Hospital Outpatient (Non-Behavioral Health)	98	12%
Trend 4: MA – LCK – Lock In	7	5%	Trend 4: PA – CPD – Medical (Physical Health not Otherwise Specified)	98	12%
Trend 5: MA – CNM - Dental	6	4%	Trend 5: PA – CPD - Laboratory	59	7%

MCOs' State Fair Hearing Reversed Decisions
Member/Provider – CY2020 second quarter

- There were 19 Member State Fair Hearings for all three MCOs. One decision was reversed by OAH.
- There were 54 Provider State Fair Hearings for all three MCOs. No decisions were reversed by OAH.

Aetna Second Quarter					
Total # of Member SFH	1		Total # of Provider SFH	4	
OAH reversed MCO decision	1	100%	OAH reversed MCO decision	0	0%

Sunflower Second Quarter					
Total # of Member SFH	8		Total # of Provider SFH	32	
OAH reversed MCO decision	0	0%	OAH reversed MCO decision	0	0%

United Second Quarter					
Total # of Member SFH	10		Total # of Provider SFH	18	
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 second quarter of calendar year 2020 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.

KDADS continues working with the MCOs on a case-by-case basis and provides training and guidance upon request for each MCO. KDADS and MCOs are in regular contact for individual cases and to analyze trends to address as necessary. Along with collaboration involving MCOs and KDADS, the providers are also involved throughout the process. From continued education for providers regarding the AIR system and reporting requirements, to the benefits of making a report to help with any additional resources and/or changes in plans to prevent reoccurrence and improve quality of life and care. Review of MCO follow-up and resolution details verifies the system is operating as planned, sufficient follow-up and resolution details are provided to ensure health, safety and welfare of those receiving and providing HCBS services. The AIR system is also working as designed to ensure all necessary parties are notified, education and corrective action is provided as necessary and ensure the prevention of reoccurrence.

- g. 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 majority of APS Substantiations involve Self-Neglect. The program integrity team ensures individuals with reported ANE are receiving adequate supports and protections available through KDADS programs, KanCare, and other community resources and that all necessary parties are notified and involved in the resolution of Substantiated reports. A summary of the 2020 AIR reports through the quarter ending June 30, 2020 follows:

Critical Incidents	1 st Qtr.	2 nd Qtr.	3 rd Qtr.	4 th Qtr.	YTD
	AIR Totals	AIR Totals	AIR Totals	AIR Totals	TOTALS
Reviewed	2,896	2,664			5,560
Pending Resolution	70	40			110
Total Received	2,966	2,704			5,670
APS Substantiations*	138	182			320

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 DY8 first and second quarter HCAIP UCC Pool payments were issued April 3, 2020. The DY8 first and second quarter LPTH/BCCH UCC Pool payments were issued May 22, 2020.

SNCP and HCAIP reports for DY 8 second quarter are attached to this report.

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

XII. Demonstration Evaluation

In January 2020, KFMC, KDHE and KDADS worked together to address CMS recommendations regarding the KanCare 2.0 Evaluation Design. The revised design was submitted to CMS on January 17, 2020. This evaluation design addresses the "OneCareKansas" program (based on the health home model), the "Service Coordination Strategy" for integrating physical and behavioral health, the incorporation of value-based models into the state's demonstration, the implementation of telehealth services, and the provision of independent living and employment support services. KDHE received notice of CMS approval on February 19, 2020.

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

a. Post-award forums

No post-award forum was held during the April-June 2020 quarter.

b. Claims Adjudication Statistics

KDHE’s summary of the numerous claims adjudication reports for the KanCare MCOs, covering April-June 2020, is attached.

c. Waiting List Management

PD Waiting List Management

For the quarter ending June 30, 2020:

- Current number of individuals on the PD Waiting List: 1,475
- Number of individuals added to the waiting list: 346
- Number of individuals removed from the waiting list: 429
 - 179 started receiving HCBS-PD waiver services
 - 19 were deceased
 - 231 were removed for other reasons (refused services, voluntary removal, etc.)

I/DD Waiting List Management

For the quarter ending June 30, 2020:

- Current number of individuals on the I/DD Waiting List: 4,267
- Number of individuals added to the waiting list: 118
- Number of individuals removed from the waiting list: 100
 - 62 started receiving HCBS-I/DD waiver services
 - 7 were deceased
 - 31 were removed for other reasons (refused services, voluntary removal, etc.)

XIV. Enclosures/Attachments

Section of Report Where Attachment Noted	Description of Attachment
IV(e)	October - December 2019 HCBS Quality Review Report
X(e)	Summary of KanCare Ombudsman Activities for QE 3.31.2020
XI	Safety Net Care Pool Reports DY 8 Q2 and HCAIP Reports DY 8 Q2
XIII(b)	KDHE Summary of Claims Adjudication Statistics for April-June 2020

XV. State Contacts

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XVI. Date Submitted to CMS

August 14, 2020



Home and Community Based Services
Quality Review Report
October - December 2019

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: 10/01/2019 - 12/31/2019

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	Jan-Mar 2019	Apr-Jun 2019	Jul-Sep 2019	Oct-Dec 2019
PD										
Statewide	25%	25%	25%	75%	100%	100%	100%	100%	100%	100%
FE										
Statewide	25%	25%	25%	75%	100%	100%	100%	100%	100%	100%
IDD										
Statewide	25%	25%	25%	75%	100%	100%	100%	100%	100%	100%
BI										
Statewide	25%	25%	25%	75%	100%	100%	100%	100%	100%	100%
TA										
Statewide	25%	25%	25%	75%	100%	100%	100%	100%	100%	100%
Autism										
Statewide	25%	25%	25%	75%	100%	100%	100%	100%	100%	100%
SED										
Statewide	25%	25%	25%	75%	100%	100%	100%	100%	100%	100%

Explanation of Findings:

Performance measure achieved

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: 10/01/2019 - 12/31/2019

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

Compliance By Waiver	Statewide
PD	N/A
Numerator	0
Denominator	0
FE	N/A
Numerator	0
Denominator	0
IDD	N/A
Numerator	0
Denominator	0
BI	100%
Numerator	1
Denominator	1
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	Jan-Mar 2019	Apr-Jun 2019	Jul-Sep 2019	Oct-Dec 2019
PD										
Statewide	N/A	100%	100%	100%	N/A	N/A	N/A	N/A	100%	N/A
FE										
Statewide	Not a Measure	100%	100%	100%	N/A	N/A	N/A	N/A	100%	N/A
IDD										
Statewide	100%	100%	100%	100%	N/A	100%	N/A	N/A	100%	N/A
BI										
Statewide	100%	100%	100%	100%	N/A	100%	N/A	N/A	100%	100%
TA										
Statewide	100%	100%	N/A	100%	N/A	100%	100%	N/A	100%	N/A
Autism										
Statewide	100%	100%	N/A	N/A	100%	N/A	N/A	N/A	100%	N/A
SED										
Statewide	100%	100%	N/A	N/A	100%	N/A	N/A	N/A	100%	N/A

Explanation of Findings:

Performance measure achieved

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: 10/01/2019 - 12/31/2019

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	100%
Numerator	2
Denominator	2
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	Jan-Mar 2019	Apr-Jun 2019	Jul-Sep 2019	Oct-Dec 2019
PD										
Statewide	N/A	N/A	100%	N/A	100%	100%	N/A	N/A	N/A	N/A
FE										
Statewide	N/A	N/A	100%	N/A	100%	100%	N/A	N/A	N/A	N/A
IDD										
Statewide	100%	N/A	100%	100%	100%	100%	N/A	N/A	N/A	N/A
BI										
Statewide	100%	N/A	100%	100%	100%	100%	N/A	N/A	N/A	100%
TA										
Statewide	N/A	N/A	N/A	N/A	100%	100%	N/A	N/A	N/A	N/A
Autism										
Statewide	N/A	N/A	N/A	N/A	100%	100%	N/A	N/A	N/A	N/A
SED										
Statewide	N/A	N/A	N/A	N/A	100%	N/A	N/A	N/A	N/A	N/A

Explanation of Findings:

Performance measure achieved

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: 10/01/2019 - 12/31/2019

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	Jan-Mar 2019	Apr-Jun 2019	Jul-Sep 2019	Oct-Dec 2019
PD										
Statewide	Not a measure	45%	67%	70%	100%	100%	100%	100%	100%	100%
FE										
Statewide	100%	82%	50%	70%	100%	100%	100%	100%	100%	100%
IDD										
Statewide	Not a measure	91%	Not Available	70%	100%	100%	100%	100%	100%	100%
BI										
Statewide	Not a measure	73%	Not Available	70%	100%	100%	100%	100%	100%	100%
TA										
Statewide	Not a measure	64%	Not Available	70%	100%	100%	100%	100%	100%	100%
Autism										
Statewide	Not a measure	91%	100%	70%	100%	100%	100%	100%	100%	100%
SED										
Statewide	Not a measure	100%	Not Available	70%	100%	100%	100%	100%	100%	100%

Explanation of Findings:

Performance measure achieved

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: 10/01/2019 - 12/31/2019

Data Source: Functional Assessor Record Review/State Data Systems

Compliance By Waiver	Statewide
PD	95%
Numerator	496
Denominator	521
FE	95%
Numerator	571
Denominator	599
IDD	100%
Numerator	199
Denominator	200
BI	93%
Numerator	53
Denominator	57
TA	100%
Numerator	44
Denominator	44
Autism	100%
Numerator	7
Denominator	7
SED	89%
Numerator	47
Denominator	53

Compliance Trends	2013	2014	2015	2016	2017	2018	Jan-Mar 2019	Apr-Jun 2019	Jul-Sep 2019	Oct-Dec 2019
PD										
Statewide	64%	83%	96%	86%	89%	92%	91%	89%	97%	95%
FE										
Statewide	81%	91%	93%	98%	100%	96%	95%	94%	98%	95%
IDD										
Statewide	99%	94%	90%	100%	100%	99%	98%	97%	100%	100%
BI										
Statewide	62%	89%	81%	85%	96%	88%	88%	94%	98%	93%
TA										
Statewide	97%	89%	100%	98%	100%	100%	100%	100%	100%	100%
Autism										
Statewide	82%	No Data	100%	N/A	77%	96%	100%	100%	100%	100%
SED										
Statewide	99%	89%	88%	91%	92%	90%	93%	91%	90%	89%

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.

Data pulled from state data system on June 12, 2020.

Explanation of Findings for administrative data pull: The individual has not had a functional assessment within the last 365 calendar days or the functional assessment took place after the level of care eligibility effective date.

Remediation:

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: 10/01/2019 - 12/31/2019

Data Source: Functional Assessor Record Review/State Data Systems

Compliance By Waiver	Statewide
PD	68%
Numerator	829
Denominator	1215
FE	78%
Numerator	635
Denominator	812
IDD	99%
Numerator	2181
Denominator	2208
BI	63%
Numerator	47
Denominator	75
TA	100%
Numerator	106
Denominator	106
Autism	63%
Numerator	5
Denominator	8
SED	Not a Waiver
Numerator	Performance
Denominator	Measure

Compliance Trends	2013	2014	2015	2016	2017	2018	Jan-Mar 2019	Apr-Jun 2019	Jul-Sep 2019	Oct-Dec 2019
PD										
Statewide	47%	52%	64%	69%	68%	79%	71%	74%	76%	68%
FE										
Statewide	68%	70%	76%	79%	68%	84%	83%	79%	80%	78%
IDD										
Statewide	97%	74%	75%	77%	78%	97%	98%	98%	99%	99%
BI										
Statewide	39%	50%	62%	65%	62%	70%	63%	74%	80%	63%
TA										
Statewide	94%	90%	86%	96%	93%	99%	99%	100%	100%	100%
Autism										
Statewide	68%	No Data	75%	78%	63%	65%	75%	86%	60%	63%
SED										
Statewide	93%	88%	94%	88%	89%	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 six of the waivers, and the Autism waiver remains a record review.

Data pulled from state data system on June 12, 2020.

Explanation of Findings for administrative data pull: 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.

AU: Assessment not current or not completed timely

Remediation:

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: 10/01/2019 - 12/31/2019

Data Source: Functional Assessor Record Review

Compliance By Waiver	Statewide
PD	84%
Numerator	76
Denominator	91
FE	87%
Numerator	83
Denominator	95
IDD	100%
Numerator	92
Denominator	92
BI	91%
Numerator	50
Denominator	55
TA	100%
Numerator	58
Denominator	58
Autism	87%
Numerator	13
Denominator	15
SED	93%
Numerator	81
Denominator	87

Compliance Trends	2013	2014	2015	2016	2017	2018	Jan-Mar 2019	Apr-Jun 2019	Jul-Sep 2019	Oct-Dec 2019
PD										
Statewide	93%	84%	79%	80%	85%	81%	78%	81%	83%	84%
FE										
Statewide	88%	91%	91%	92%	88%	93%	96%	89%	92%	87%
IDD										
Statewide	97%	95%	99%	99%	99%	99%	100%	99%	99%	100%
BI										
Statewide	64%	81%	79%	77%	82%	85%	84%	91%	89%	91%
TA										
Statewide	93%	98%	100%	100%	98%	100%	100%	100%	100%	100%
Autism										
Statewide	88%	No Data	90%	88%	91%	89%	100%	100%	79%	87%
SED										
Statewide	77%	79%	83%	88%	91%	95%	100%	98%	93%	93%

Explanation of Findings:

PD: Current FAI missing for review period

Remediation:

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: 10/01/2019 - 12/31/2019

Data Source: Functional Assessor Record Review

Compliance By Waiver	Statewide
PD	82%
Numerator	75
Denominator	91
FE	87%
Numerator	83
Denominator	95
IDD	97%
Numerator	89
Denominator	92
BI	89%
Numerator	49
Denominator	55
TA	100%
Numerator	58
Denominator	58
Autism	87%
Numerator	13
Denominator	15
SED	93%
Numerator	81
Denominator	87

Compliance Trends	2013	2014	2015	2016	2017	2018	Jan-Mar 2019	Apr-Jun 2019	Jul-Sep 2019	Oct-Dec 2019
PD										
Statewide	19%	68%	81%	80%	84%	81%	77%	81%	83%	82%
FE										
Statewide	24%	86%	91%	92%	88%	92%	96%	89%	92%	87%
IDD										
Statewide	92%	85%	96%	97%	96%	98%	99%	98%	97%	97%
BI										
Statewide	57%	73%	83%	77%	82%	85%	84%	91%	89%	89%
TA										
Statewide	93%	100%	99%	100%	94%	100%	100%	100%	100%	100%
Autism										
Statewide	0%	No Data	57%	68%	85%	89%	100%	100%	79%	87%
SED										
Statewide	99%	71%	88%	86%	90%	94%	100%	98%	93%	93%

Explanation of Findings:

For this Performance Measure, the entire sample population is reviewed, regardless of whether the file contains an initial or an annual Level of Care determination.

PD: Current FAI missing for review period

Remediation:

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: 10/01/2019 - 12/31/2019

Data Source: Functional Assessor Record Review

Compliance By Waiver	Statewide
PD	84%
Numerator	77
Denominator	92
FE	87%
Numerator	83
Denominator	95
IDD	100%
Numerator	92
Denominator	92
BI	91%
Numerator	50
Denominator	55
TA	100%
Numerator	58
Denominator	58
Autism	87%
Numerator	13
Denominator	15
SED	93%
Numerator	81
Denominator	87

Compliance Trends	2013	2014	2015	2016	2017	2018	Jan-Mar 2019	Apr-Jun 2019	Jul-Sep 2019	Oct-Dec 2019
PD										
Statewide	73%	83%	96%	80%	84%	81%	78%	81%	83%	84%
FE										
Statewide	91%	90%	96%	91%	100%	93%	96%	89%	92%	87%
IDD										
Statewide	98%	95%	91%	98%	100%	98%	100%	99%	99%	100%
BI										
Statewide	58%	81%	83%	76%	96%	85%	84%	91%	89%	91%
TA										
Statewide	93%	98%	100%	100%	100%	100%	100%	100%	100%	100%
Autism										
Statewide	89%	No Data	100%	88%	88%	89%	100%	100%	79%	87%
SED										
Statewide	99%	88%	87%	89%	92%	95%	100%	98%	93%	93%

Explanation of Findings:

For this Performance Measure, the entire sample population is reviewed, regardless of whether the file contains an initial or an annual Level of Care determination.

PD: Current FAI missing for review period

Remediation:

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: 10/01/2019 - 12/31/2019

Data Source:

Compliance By Waiver	Statewide
PD	Not a Waiver
Numerator	Performance
Denominator	Measure
FE	Not a Waiver
Numerator	Performance
Denominator	Measure
IDD	Not a Waiver
Numerator	Performance
Denominator	Measure
BI	Not a Waiver
Numerator	Performance
Denominator	Measure
TA	Not a Waiver
Numerator	Performance
Denominator	Measure
Autism	Not a Waiver
Numerator	Performance
Denominator	Measure
SED	88%
Numerator	15
Denominator	17

Compliance Trends	2017	2018	Jan-Mar 2019	Apr-Jun 2019	Jul-Sep 2019	Oct-Dec 2019
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		92%	89%	88%

Explanation of Findings:

Performance measure achieved

The difference between the third party assessor scoring and the LOC assessor score did not impact eligibility. The score differential is reflective of a difference in scoring which occurred because the third party assessor did not initially have access to the file but again, did not affect eligibility.

Remediation:

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: 10/01/2019 - 12/31/2019

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:

MCO's have audit tools, have contracted with a third-party to conduct these audits and they are currently underway

Remediation:

Compliance Trends	2013	2014	2015	2016	2017	2018	Jan-Mar 2019	Apr-Jun 2019	Jul-Sep 2019	Oct-Dec 2019
PD										
Aetna	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		No Data	No Data				
United										
Statewide	100%									
FE										
Aetna	N/A	N/A	N/A	N/A	N/A	N/A				
Amerigroup				5%			N/A	N/A	N/A	N/A
Sunflower		No Data	No Data	30%	No Data	No Data				
United										
Statewide	100%			9%						
IDD										
Aetna	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		No Data	No Data				
United										
Statewide	98%									
BI										
Aetna	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		No Data	No Data				
United										
Statewide	91%									
TA										
Aetna	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		No Data	No Data				
United										
Statewide	93%									
Autism										
Aetna	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		No Data	No Data				
United										
Statewide	100%									
SED										
Aetna	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		No Data	No Data				
United										
Statewide	100%									

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: 10/01/2019 - 12/31/2019

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:

MCO's have audit tools, have contracted with a third-party to conduct these audits and they are currently underway

Remediation:

Compliance Trends	2013	2014	2015	2016	2017	2018	Jan-Mar 2019	Apr-Jun 2019	Jul-Sep 2019	Oct-Dec 2019
PD										
Aetna	N/A	N/A	N/A	N/A	N/A	N/A				
Amerigroup				0%			N/A	N/A	N/A	N/A
Sunflower		No Data	No Data	0%	No Data	No Data				
United				0%						
Statewide	100%			0%						
FE										
Aetna	N/A	N/A	N/A	N/A	N/A	N/A				
Amerigroup				12%			N/A	N/A	N/A	N/A
Sunflower		No Data	No Data	23%	No Data	No Data				
United				0%						
Statewide	Not a Measure			11%						
IDD										
Aetna	N/A	N/A	N/A	N/A	N/A	N/A				
Amerigroup				0%			N/A	N/A	N/A	N/A
Sunflower		No Data	No Data	0%	No Data	No Data				
United				0%						
Statewide	98%			0%						
BI										
Aetna	N/A	N/A	N/A	N/A	N/A	N/A				
Amerigroup				0%			N/A	N/A	N/A	N/A
Sunflower		No Data	No Data	0%	No Data	No Data				
United				0%						
Statewide	89%			0%						
TA										
Aetna	N/A	N/A	N/A	N/A	N/A	N/A				
Amerigroup				0%			N/A	N/A	N/A	N/A
Sunflower		No Data	No Data	0%	No Data	No Data				
United				0%						
Statewide	93%			0%						
Autism										
Aetna	N/A	N/A	N/A	N/A	N/A	N/A				
Amerigroup				14%			N/A	N/A	N/A	N/A
Sunflower		No Data	No Data	0%	No Data	No Data				
United				0%						
Statewide	100%			4%						
SED										
Aetna	N/A	N/A	N/A	N/A	N/A	N/A				
Amerigroup				0%			N/A	N/A	N/A	N/A
Sunflower		No Data	No Data	0%	No Data	No Data				
United				0%						
Statewide	100%			0%						

KDADS HCBS Quality Review Report

Qualified Providers

PM 3: Number and percent of new non-licensed/non-certified waiver provider applicants that have met the initial waiver requirements prior to furnishing waiver services

Numerator: Number of new non-licensed/non-certified waiver provider applicants that have met the initial waiver requirements prior to furnishing waiver services

Denominator: Number of all new non-licensed/non-certified providers

Review Period: 10/01/2019 - 12/31/2019

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:

MCO's have audit tools, have contracted with a third-party to conduct these audits and they are currently underway

Remediation:

Compliance Trends	2013	2014	2015	2016	2017	2018	Jan-Mar 2019	Apr-Jun 2019	Jul-Sep 2019	Oct-Dec 2019
PD										
Aetna	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							
United					No Data	No Data				
Statewide	75%									
FE										
Aetna	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							
United					No Data	No Data				
Statewide	100%									
IDD										
Aetna	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							
United					No Data	No Data				
Statewide	Not a Measure									
BI										
Aetna	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							
United					No Data	No Data				
Statewide	88%									
TA										
Aetna	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							
United					No Data	No Data				
Statewide	No Data									
Autism										
Aetna	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							
United					No Data	No Data				
Statewide	82%									
SED										
Aetna	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							
United					No Data	No Data				
Statewide	Not a measure									

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: 10/01/2019 - 12/31/2019

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:

MCO's have audit tools, have contracted with a third-party to conduct these audits and they are currently underway

Remediation:

Compliance Trends	2013	2014	2015	2016	2017	2018	Jan-Mar 2019	Apr-Jun 2019	Jul-Sep 2019	Oct-Dec 2019
PD										
Aetna	N/A	N/A	N/A	N/A	N/A	N/A				
Amerigroup				3%			N/A	N/A	N/A	N/A
Sunflower		No Data	No Data	1%	No Data	No Data				
United				0%						
Statewide	75%			1%						
FE										
Aetna	N/A	N/A	N/A	N/A	N/A	N/A				
Amerigroup				0%			N/A	N/A	N/A	N/A
Sunflower		No Data	No Data	0%	No Data	No Data				
United				0%						
Statewide	Not a Measure			0%						
IDD										
Aetna	N/A	N/A	N/A	N/A	N/A	N/A				
Amerigroup				0%			N/A	N/A	N/A	N/A
Sunflower		No Data	No Data	8%	No Data	No Data				
United				0%						
Statewide	Not a Measure			2%						
BI										
Aetna	N/A	N/A	N/A	N/A	N/A	N/A				
Amerigroup				8%			N/A	N/A	N/A	N/A
Sunflower		No Data	No Data	0%	No Data	No Data				
United				0%						
Statewide	88%			3%						
TA										
Aetna	N/A	N/A	N/A	N/A	N/A	N/A				
Amerigroup				13%			N/A	N/A	N/A	N/A
Sunflower		No Data	No Data	0%	No Data	No Data				
United				0%						
Statewide	No Data			4%						
Autism										
Aetna	N/A	N/A	N/A	N/A	N/A	N/A				
Amerigroup				8%			N/A	N/A	N/A	N/A
Sunflower		No Data	No Data	0%	No Data	No Data				
United				0%						
Statewide	91%			2%						
SED										
Aetna	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	No Data	N/A	No Data	No Data				
United				N/A						
Statewide	89%			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: 10/01/2019 - 12/31/2019

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:

MCO's have audit tools, have contracted with a third-party to conduct these audits and they are currently underway

Remediation:

Compliance Trends	2013	2014	2015	2016	2017	2018	Jan-Mar 2019	Apr-Jun 2019	Jul-Sep 2019	Oct-Dec 2019
PD										
Aetna	N/A	N/A	N/A	N/A	N/A	N/A				
Amerigroup				0%	No Data	No Data	N/A	N/A	N/A	N/A
Sunflower		No Data	No Data	0%						
United				0%						
Statewide	No Data			0%						
FE										
Aetna	N/A	N/A	N/A	N/A	N/A	N/A				
Amerigroup				0%	No Data	No Data	N/A	N/A	N/A	N/A
Sunflower		No Data	No Data	0%						
United				0%						
Statewide	No Data			0%						
IDD										
Aetna	N/A	N/A	N/A	N/A	N/A	N/A				
Amerigroup				0%	No Data	No Data	N/A	N/A	N/A	N/A
Sunflower		No Data	No Data	0%						
United				0%						
Statewide	99%			0%						
BI										
Aetna	N/A	N/A	N/A	N/A	N/A	N/A				
Amerigroup				0%	No Data	No Data	N/A	N/A	N/A	N/A
Sunflower		No Data	No Data	0%						
United				0%						
Statewide	No Data			0%						
TA										
Aetna	N/A	N/A	N/A	N/A	N/A	N/A				
Amerigroup				0%	No Data	No Data	N/A	N/A	N/A	N/A
Sunflower		No Data	No Data	0%						
United				0%						
Statewide	No Data			0%						
Autism										
Aetna	N/A	N/A	N/A	N/A	N/A	N/A				
Amerigroup				20%	No Data	No Data	N/A	N/A	N/A	N/A
Sunflower		No Data	No Data	36%						
United				0%						
Statewide	No Data			11%						
SED										
Aetna	N/A	N/A	N/A	N/A	N/A	N/A				
Amerigroup				0%	No Data	No Data	N/A	N/A	N/A	N/A
Sunflower		No Data	No Data	0%						
United				0%						
Statewide	88%			0%						

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: 10/01/2019 - 12/31/2019

Data Source: MCO Record Review

Compliance By Waiver	Aetna	Sunflower	United	Statewide
PD	92%	88%	58%	78%
Numerator	23	28	19	70
Denominator	25	32	33	90
FE	89%	76%	68%	76%
Numerator	17	26	26	69
Denominator	19	34	38	91
IDD	40%	78%	54%	64%
Numerator	6	38	15	59
Denominator	15	49	28	92
BI	43%	75%	70%	65%
Numerator	6	15	14	35
Denominator	14	20	20	54
TA	92%	77%	96%	88%
Numerator	11	17	24	52
Denominator	12	22	25	59
Autism	0%	100%	50%	53%
Numerator	0	4	4	8
Denominator	3	4	8	15
SED	94%	89%	97%	93%
Numerator	15	31	36	82
Denominator	16	35	37	88

Explanation of Findings:

PD: No valid signature, document containing goals (service plan or PII) was not provided or does not cover entire review period, missing documentation of goals

FE: No valid signature and/or date, document containing goals (service plan or PII) was not provided or does not cover entire review period, missing documentation of goals, guardianship/DPOA paperwork not provided

IDD: No valid signature and/or date, document containing goals (service plan or PII) was not provided or does not cover entire review period, missing documentation of goals, guardianship/DPOA paperwork not provided

BI: No valid signature and/or date, document containing goals (service plan or PII) was not provided or does not cover entire review period, missing documentation of goals, guardianship/DPOA paperwork not provided

AU: Service plan was not provided or does not cover entire review period, missing documentation of goals, no valid signature and/or date

Remediation:

Compliance Trends	2013	2014	2015	2016	2017	2018	Jan-Mar 2019	Apr-Jun 2019	Jul-Sep 2019	Oct-Dec 2019
PD										
Aetna	N/A	N/A	N/A	N/A	N/A	N/A		42%	71%	92%
Amerigroup		55%	33%	63%	79%	86%	N/A	N/A	N/A	N/A
Sunflower		57%	64%	59%	81%	78%	79%	91%	88%	88%
United		33%	49%	86%	85%	85%	88%	74%	84%	58%
Statewide	55%	50%	48%	69%	81%	83%	84%	72%	82%	78%
FE										
Aetna	N/A	N/A	N/A	N/A	N/A	N/A		47%	88%	89%
Amerigroup		50%	42%	54%	70%	75%	N/A	N/A	N/A	N/A
Sunflower		56%	51%	75%	79%	73%	94%	88%	86%	76%
United		45%	56%	81%	90%	87%	77%	67%	74%	68%
Statewide	Not a Measure	50%	49%	70%	80%	79%	85%	71%	81%	76%
IDD										
Aetna	N/A	N/A	N/A	N/A	N/A	N/A		53%	87%	40%
Amerigroup		36%	32%	53%	76%	83%	N/A	N/A	N/A	N/A
Sunflower		56%	56%	61%	70%	71%	74%	70%	71%	78%
United		52%	41%	73%	85%	85%	78%	39%	62%	54%
Statewide	99%	49%	45%	62%	75%	78%	75%	58%	71%	64%
BI										
Aetna	N/A	N/A	N/A	N/A	N/A	N/A		29%	58%	43%
Amerigroup		37%	41%	58%	78%	72%	N/A	N/A	N/A	N/A
Sunflower		37%	38%	80%	74%	73%	83%	95%	71%	75%
United		22%	55%	78%	79%	87%	77%	88%	67%	70%
Statewide	44%	34%	43%	68%	77%	75%	81%	74%	67%	65%
TA										
Aetna	N/A	N/A	N/A	N/A	N/A	N/A		62%	83%	92%
Amerigroup		50%	44%	69%	90%	99%	N/A	N/A	N/A	N/A
Sunflower		73%	85%	82%	65%	89%	86%	90%	95%	77%
United		64%	32%	70%	95%	70%	83%	80%	88%	96%
Statewide	93%	61%	54%	73%	83%	90%	84%	79%	89%	88%
Autism										
Aetna	N/A	N/A	N/A	N/A	N/A	N/A		0%	0%	0%
Amerigroup		84%	56%	35%	88%	100%	N/A	N/A	N/A	N/A
Sunflower		47%	50%	50%	30%	33%	0%	0%	80%	100%
United		63%	36%	17%	13%	41%	50%	67%	88%	50%
Statewide	58%	69%	49%	37%	42%	52%	40%	36%	79%	53%
SED										
Aetna	N/A	N/A	N/A	N/A	N/A	N/A		95%	100%	94%
Amerigroup		91%	99%	98%	99%	96%	N/A	N/A	N/A	N/A
Sunflower		92%	95%	87%	98%	96%	100%	97%	97%	89%
United		89%	100%	98%	88%	97%	100%	97%	97%	97%
Statewide	98%	90%	98%	95%	95%	97%	100%	97%	98%	93%

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: 10/01/2019 - 12/31/2019

Data Source: MCO Record Review

Compliance By Waiver	Aetna	Sunflower	United	Statewide
PD	92%	91%	88%	90%
Numerator	23	29	29	81
Denominator	25	32	33	90
FE	84%	85%	95%	89%
Numerator	16	29	36	81
Denominator	19	34	38	91
IDD	27%	82%	71%	70%
Numerator	4	40	20	64
Denominator	15	49	28	92
BI	43%	70%	90%	70%
Numerator	6	14	18	38
Denominator	14	20	20	54
TA	83%	91%	96%	92%
Numerator	10	20	24	54
Denominator	12	22	25	59
Autism	0%	50%	50%	40%
Numerator	0	2	4	6
Denominator	3	4	8	15
SED	13%	76%	92%	71%
Numerator	2	26	34	62
Denominator	16	34	37	87

Explanation of Findings:

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

BI: No valid signature and/or date, guardianship/DPOA paperwork not provided, service plan 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: Service plan and/or assessment not provided for review

Remediation:

Compliance Trends	2013	2014	2015	2016	2017	2018	Jan-Mar 2019	Apr-Jun 2019	Jul-Sep 2019	Oct-Dec 2019
PD										
Aetna	N/A	N/A	N/A	N/A	N/A	N/A		42%	63%	92%
Amerigroup		83%	55%	74%	83%	93%	N/A	N/A	N/A	N/A
Sunflower		90%	56%	63%	83%	77%	76%	91%	88%	91%
United		89%	68%	92%	87%	94%	91%	85%	87%	88%
Statewide	86%	87%	59%	76%	84%	88%	84%	76%	81%	90%
FE										
Aetna	N/A	N/A	N/A	N/A	N/A	N/A		47%	81%	84%
Amerigroup		79%	66%	74%	80%	88%	N/A	N/A	N/A	N/A
Sunflower		90%	53%	73%	75%	76%	86%	85%	86%	85%
United		88%	68%	84%	88%	90%	79%	87%	89%	95%
Statewide	87%	86%	61%	77%	81%	84%	82%	79%	87%	89%
IDD										
Aetna	N/A	N/A	N/A	N/A	N/A	N/A		40%	87%	27%
Amerigroup		85%	67%	64%	77%	83%	N/A	N/A	N/A	N/A
Sunflower		77%	36%	65%	70%	77%	74%	80%	76%	82%
United		72%	47%	78%	91%	90%	85%	79%	77%	71%
Statewide	99%	78%	48%	68%	77%	82%	78%	73%	78%	70%
BI										
Aetna	N/A	N/A	N/A	N/A	N/A	N/A		21%	50%	43%
Amerigroup		67%	48%	65%	78%	75%	N/A	N/A	N/A	N/A
Sunflower		82%	28%	82%	74%	73%	83%	90%	71%	70%
United		70%	62%	80%	79%	84%	77%	88%	72%	90%
Statewide	72%	73%	45%	72%	77%	76%	81%	70%	67%	70%
TA										
Aetna	N/A	N/A	N/A	N/A	N/A	N/A		69%	92%	83%
Amerigroup		93%	58%	70%	88%	98%	N/A	N/A	N/A	N/A
Sunflower		98%	62%	74%	69%	85%	86%	90%	95%	91%
United		97%	58%	79%	92%	84%	91%	84%	92%	96%
Statewide	96%	96%	59%	73%	83%	91%	89%	83%	93%	92%
Autism										
Aetna	N/A	N/A	N/A	N/A	N/A	N/A		0%	0%	0%
Amerigroup		81%	59%	33%	88%	82%	N/A	N/A	N/A	N/A
Sunflower		50%	45%	47%	15%	28%	0%	0%	40%	50%
United		63%	21%	22%	13%	24%	25%	67%	88%	50%
Statewide	59%	68%	46%	36%	37%	39%	20%	36%	64%	40%
SED										
Aetna	N/A	N/A	N/A	N/A	N/A	N/A		85%	61%	13%
Amerigroup		91%	99%	98%	99%	96%	N/A	N/A	N/A	N/A
Sunflower		91%	92%	87%	93%	88%	81%	83%	91%	76%
United		89%	98%	96%	84%	76%	56%	72%	88%	92%
Statewide	92%	90%	97%	94%	92%	87%	67%	78%	84%	71%

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: 10/01/2019 - 12/31/2019

Data Source: MCO Record Review

Compliance By Waiver	Aetna	Sunflower	United	Statewide
PD	92%	91%	85%	89%
Numerator	23	29	28	80
Denominator	25	32	33	90
FE	84%	85%	95%	89%
Numerator	16	29	36	81
Denominator	19	34	38	91
IDD	27%	82%	71%	70%
Numerator	4	40	20	64
Denominator	15	49	28	92
BI	43%	70%	90%	70%
Numerator	6	14	18	38
Denominator	14	20	20	54
TA	83%	91%	96%	92%
Numerator	10	20	24	54
Denominator	12	22	25	59
Autism	0%	50%	50%	40%
Numerator	0	2	4	6
Denominator	3	4	8	15
SED	94%	89%	97%	93%
Numerator	15	31	36	82
Denominator	16	35	37	88

Explanation of Findings:

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

BI: No valid signature and/or date, guardianship/DPOA paperwork not provided, service plan 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, no services to address health and safety

Remediation:

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Compliance Trends	2013	2014	2015	2016	2017	2018	Jan-Mar 2019	Apr-Jun 2019	Jul-Sep 2019	Oct-Dec 2019
PD										
Aetna	N/A	N/A	N/A	N/A	N/A	N/A		42%	63%	92%
Amerigroup		90%	44%	73%	81%	94%	N/A	N/A	N/A	N/A
Sunflower		89%	49%	67%	85%	75%	76%	91%	88%	91%
United		96%	67%	90%	88%	95%	88%	85%	87%	85%
Statewide	90%	91%	51%	76%	84%	88%	82%	76%	81%	89%
FE										
Aetna	N/A	N/A	N/A	N/A	N/A	N/A		53%	81%	84%
Amerigroup		92%	55%	75%	82%	89%	N/A	N/A	N/A	N/A
Sunflower		92%	50%	73%	77%	74%	86%	85%	86%	85%
United		95%	70%	82%	88%	91%	79%	87%	89%	95%
Statewide	Not a measure	93%	57%	76%	82%	84%	82%	80%	87%	89%
IDD										
Aetna	N/A	N/A	N/A	N/A	N/A	N/A		40%	87%	27%
Amerigroup		90%	61%	67%	75%	83%	N/A	N/A	N/A	N/A
Sunflower		97%	36%	65%	73%	78%	74%	78%	76%	82%
United		89%	45%	78%	92%	90%	85%	79%	73%	71%
Statewide	99%	93%	46%	69%	78%	83%	78%	72%	77%	70%
BI										
Aetna	N/A	N/A	N/A	N/A	N/A	N/A		29%	50%	43%
Amerigroup		79%	45%	64%	80%	79%	N/A	N/A	N/A	N/A
Sunflower		91%	26%	84%	70%	74%	83%	90%	71%	70%
United		83%	64%	80%	79%	89%	77%	88%	72%	90%
Statewide	84%	84%	43%	72%	78%	79%	81%	72%	67%	70%
TA										
Aetna	N/A	N/A	N/A	N/A	N/A	N/A		69%	92%	83%
Amerigroup		96%	49%	73%	89%	98%	N/A	N/A	N/A	N/A
Sunflower		95%	61%	76%	66%	85%	86%	90%	95%	91%
United		94%	58%	79%	92%	84%	91%	84%	92%	96%
Statewide	96%	96%	54%	75%	83%	91%	89%	83%	93%	92%
Autism										
Aetna	N/A	N/A	N/A	N/A	N/A	N/A		0%	0%	0%
Amerigroup		79%	59%	30%	88%	91%	N/A	N/A	N/A	N/A
Sunflower		61%	45%	47%	15%	28%	0%	0%	40%	50%
United		86%	21%	17%	13%	24%	25%	67%	88%	50%
Statewide	64%	74%	46%	34%	37%	41%	20%	36%	64%	40%
SED										
Aetna	N/A	N/A	N/A	N/A	N/A	N/A		95%	100%	94%
Amerigroup		90%	99%	97%	99%	96%	N/A	N/A	N/A	N/A
Sunflower		89%	95%	87%	98%	97%	100%	97%	97%	89%
United		86%	100%	97%	88%	97%	100%	97%	97%	97%
Statewide	99%	88%	98%	94%	95%	97%	100%	97%	98%	93%

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: 10/01/2019 - 12/31/2019

Data Source: MCO Record Review

Compliance By Waiver	Aetna	Sunflower	United	Statewide
PD	64%	88%	79%	78%
Numerator	16	28	26	70
Denominator	25	32	33	90
FE	74%	76%	79%	77%
Numerator	14	26	30	70
Denominator	19	34	38	91
IDD	13%	80%	54%	61%
Numerator	2	39	15	56
Denominator	15	49	28	92
BI	36%	70%	80%	65%
Numerator	5	14	16	35
Denominator	14	20	20	54
TA	67%	82%	96%	85%
Numerator	8	18	24	50
Denominator	12	22	25	59
Autism	0%	50%	50%	40%
Numerator	0	2	4	6
Denominator	3	4	8	15
SED	94%	89%	97%	93%
Numerator	15	31	36	82
Denominator	16	35	37	88

Explanation of Findings:

PD: No valid signature and/or date, guardianship/DPOA paperwork not provided, service plan not provided, documentation of goals or choice missing or does not cover entire review period

FE: No valid signature and/or date, guardianship/DPOA paperwork not provided, documentation of goals or choice

IDD: No valid signature and/or date, guardianship/DPOA paperwork not provided, service plan not provided or does not cover entire review period, documentation of goals or choice missing

BI: No valid signature and/or date, guardianship/DPOA paperwork not provided, service plan not provided or does not cover entire review period, missing documentation of goals

TA: No valid signature, documentation of goals or choice missing, service plan does not cover entire review period, guardianship/DPOA paperwork not provided

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

Remediation:

Compliance Trends	2013	2014	2015	2016	2017	2018	Jan-Mar 2019	Apr-Jun 2019	Jul-Sep 2019	Oct-Dec 2019
PD										
Aetna	N/A	N/A	N/A	N/A	N/A	N/A		46%	63%	64%
Amerigroup		88%	68%	76%	85%	91%	N/A	N/A	N/A	N/A
Sunflower		87%	69%	73%	87%	77%	76%	91%	88%	88%
United		85%	77%	92%	88%	94%	85%	79%	84%	79%
Statewide	80%	87%	70%	80%	86%	87%	81%	75%	80%	78%
FE										
Aetna	N/A	N/A	N/A	N/A	N/A	N/A		53%	81%	74%
Amerigroup		84%	76%	78%	82%	91%	N/A	N/A	N/A	N/A
Sunflower		88%	61%	84%	86%	76%	94%	82%	89%	76%
United		86%	79%	87%	90%	90%	82%	85%	76%	79%
Statewide	Not a Measure	86%	71%	83%	86%	85%	88%	78%	82%	77%
IDD										
Aetna	N/A	N/A	N/A	N/A	N/A	N/A		40%	87%	13%
Amerigroup		80%	80%	73%	77%	94%	N/A	N/A	N/A	N/A
Sunflower		80%	59%	74%	80%	79%	75%	78%	75%	80%
United		82%	55%	79%	92%	90%	89%	71%	73%	54%
Statewide	98%	81%	64%	75%	82%	83%	80%	70%	76%	61%
BI										
Aetna	N/A	N/A	N/A	N/A	N/A	N/A		36%	58%	36%
Amerigroup		76%	53%	64%	79%	79%	N/A	N/A	N/A	N/A
Sunflower		86%	43%	86%	80%	73%	78%	90%	71%	70%
United		77%	69%	85%	79%	84%	77%	94%	67%	80%
Statewide	64%	80%	53%	74%	80%	78%	78%	76%	67%	65%
TA										
Aetna	N/A	N/A	N/A	N/A	N/A	N/A		69%	75%	67%
Amerigroup		84%	68%	71%	90%	96%	N/A	N/A	N/A	N/A
Sunflower		97%	86%	85%	68%	89%	86%	90%	95%	82%
United		96%	58%	79%	95%	84%	91%	84%	88%	96%
Statewide	No Data	91%	72%	77%	84%	92%	89%	83%	88%	85%
Autism										
Aetna	N/A	N/A	N/A	N/A	N/A	N/A		0%	0%	0%
Amerigroup		74%	59%	35%	88%	91%	N/A	N/A	N/A	N/A
Sunflower		51%	50%	47%	20%	39%	0%	0%	40%	50%
United		65%	29%	17%	13%	35%	50%	67%	88%	50%
Statewide	55%	65%	49%	36%	38%	50%	40%	36%	64%	40%
SED										
Aetna	N/A	N/A	N/A	N/A	N/A	N/A		95%	100%	94%
Amerigroup		92%	99%	98%	99%	96%	N/A	N/A	N/A	N/A
Sunflower		90%	94%	86%	98%	97%	100%	97%	97%	89%
United		87%	98%	97%	88%	95%	100%	97%	97%	97%
Statewide	Not a measure	90%	97%	94%	95%	96%	100%	97%	98%	93%

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: 10/01/2019 - 12/31/2019

Data Source: MCO Record Review

Compliance By Waiver	Aetna	Sunflower	United	Statewide
PD	92%	91%	88%	90%
Numerator	23	29	29	81
Denominator	25	32	33	90
FE	84%	85%	89%	87%
Numerator	16	29	34	79
Denominator	19	34	38	91
IDD	33%	82%	71%	71%
Numerator	5	40	20	65
Denominator	15	49	28	92
BI	43%	70%	90%	70%
Numerator	6	14	18	38
Denominator	14	20	20	54
TA	83%	91%	96%	92%
Numerator	10	20	24	54
Denominator	12	22	25	59
Autism	33%	75%	50%	53%
Numerator	1	3	4	8
Denominator	3	4	8	15
SED	88%	86%	97%	91%
Numerator	14	30	36	80
Denominator	16	35	37	88

Explanation of Findings:

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

BI: No valid signature and/or date, guardianship/DPOA paperwork not provided, service plan 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

Remediation:

Compliance Trends	2013	2014	2015	2016	2017	2018	Jan-Mar 2019	Apr-Jun 2019	Jul-Sep 2019	Oct-Dec 2019
PD										
Aetna	N/A	N/A	N/A	N/A	N/A	N/A		46%	67%	92%
Amerigroup		88%	70%	79%	87%	97%	N/A	N/A	N/A	N/A
Sunflower		87%	70%	74%	88%	80%	76%	91%	88%	91%
United		84%	79%	89%	88%	95%	88%	85%	87%	88%
Statewide	Not a Measure	87%	72%	81%	88%	91%	82%	77%	82%	90%
FE										
Aetna	N/A	N/A	N/A	N/A	N/A	N/A		47%	81%	84%
Amerigroup		83%	78%	76%	84%	92%	N/A	N/A	N/A	N/A
Sunflower		86%	60%	83%	87%	78%	94%	85%	89%	85%
United		87%	83%	88%	91%	92%	85%	90%	92%	89%
Statewide	90%	85%	72%	83%	88%	87%	89%	80%	89%	87%
IDD										
Aetna	N/A	N/A	N/A	N/A	N/A	N/A		40%	87%	33%
Amerigroup		84%	76%	73%	76%	85%	N/A	N/A	N/A	N/A
Sunflower		82%	60%	74%	78%	83%	79%	80%	76%	82%
United		88%	51%	79%	93%	90%	89%	79%	73%	71%
Statewide	Not a Measure	84%	63%	75%	81%	85%	83%	73%	77%	71%
BI										
Aetna	N/A	N/A	N/A	N/A	N/A	N/A		29%	50%	43%
Amerigroup		73%	51%	65%	80%	82%	N/A	N/A	N/A	N/A
Sunflower		84%	45%	86%	80%	79%	78%	90%	71%	70%
United		80%	69%	59%	79%	92%	85%	94%	72%	90%
Statewide	Not a Measure	78%	52%	74%	80%	83%	81%	74%	67%	70%
TA										
Aetna	N/A	N/A	N/A	N/A	N/A	N/A		69%	83%	83%
Amerigroup		83%	75%	71%	90%	99%	N/A	N/A	N/A	N/A
Sunflower		97%	86%	84%	68%	89%	86%	90%	95%	91%
United		97%	58%	79%	95%	86%	91%	84%	92%	96%
Statewide	Not a Measure	91%	76%	76%	84%	93%	89%	83%	91%	92%
Autism										
Aetna	N/A	N/A	N/A	N/A	N/A	N/A		0%	0%	33%
Amerigroup		77%	59%	35%	88%	100%	N/A	N/A	N/A	N/A
Sunflower		53%	55%	50%	15%	44%	100%	33%	80%	75%
United		71%	36%	17%	6%	47%	50%	67%	88%	50%
Statewide	Not a Measure	69%	52%	37%	35%	59%	60%	45%	79%	53%
SED										
Aetna	N/A	N/A	N/A	N/A	N/A	N/A		90%	100%	88%
Amerigroup		92%	98%	97%	97%	97%	N/A	N/A	N/A	N/A
Sunflower		90%	95%	86%	98%	96%	100%	97%	97%	86%
United		87%	99%	96%	86%	96%	100%	97%	97%	97%
Statewide	93%	90%	98%	94%	93%	97%	100%	95%	98%	91%

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: 10/01/2019 - 12/31/2019

Data Source: MCO Record Review

Compliance By Waiver	Aetna	Sunflower	United	Statewide
PD	92%	91%	88%	90%
Numerator	23	29	29	81
Denominator	25	32	33	90
FE	84%	79%	76%	79%
Numerator	16	27	29	72
Denominator	19	34	38	91
IDD	53%	80%	71%	73%
Numerator	8	39	20	67
Denominator	15	49	28	92
BI	71%	90%	100%	89%
Numerator	10	18	20	48
Denominator	14	20	20	54
TA	83%	91%	100%	93%
Numerator	10	20	25	55
Denominator	12	22	25	59
Autism	33%	100%	75%	73%
Numerator	1	4	6	11
Denominator	3	4	8	15
SED	75%	86%	95%	88%
Numerator	12	30	35	77
Denominator	16	35	37	88

Explanation of Findings:

FE: No valid signature and/or date, previous service plan not provided for review to determine timeliness, guardianship/DPOA paperwork not provided

IDD: No valid signature and/or date, guardianship/DPOA paperwork not provided, service plan 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, previous service plan not provided for review to determine timeliness

Remediation:

Compliance Trends	2013	2014	2015	2016	2017	2018	Jan-Mar 2019	Apr-Jun 2019	Jul-Sep 2019	Oct-Dec 2019
PD										
Aetna	N/A	N/A	N/A	N/A	N/A	N/A		83%	75%	92%
Amerigroup							N/A	N/A	N/A	N/A
Sunflower							73%	88%	76%	91%
United							89%	91%	85%	88%
Statewide	82%	82%	70%	75%	72%	87%	82%	86%	80%	90%
FE										
Aetna	N/A	N/A	N/A	N/A	N/A	N/A		76%	81%	84%
Amerigroup							N/A	N/A	N/A	N/A
Sunflower							83%	94%	88%	79%
United							91%	90%	85%	76%
Statewide	81%	85%	64%	76%	81%	86%	92%	84%	86%	79%
IDD										
Aetna	N/A	N/A	N/A	N/A	N/A	N/A		80%	87%	53%
Amerigroup							N/A	N/A	N/A	N/A
Sunflower							74%	80%	75%	80%
United							89%	79%	62%	71%
Statewide	97%	82%	66%	63%	70%	81%	79%	80%	73%	73%
BI										
Aetna	N/A	N/A	N/A	N/A	N/A	N/A		71%	75%	71%
Amerigroup							N/A	N/A	N/A	N/A
Sunflower							87%	80%	76%	90%
United							84%	81%	83%	100%
Statewide	60%	77%	65%	70%	65%	84%	85%	81%	83%	100%
TA										
Aetna	N/A	N/A	N/A	N/A	N/A	N/A		92%	100%	83%
Amerigroup							N/A	N/A	N/A	N/A
Sunflower							90%	95%	86%	91%
United							96%	96%	92%	100%
Statewide	92%	89%	79%	76%	83%	90%	93%	95%	91%	93%
Autism										
Aetna	N/A	N/A	N/A	N/A	N/A	N/A		100%	0%	33%
Amerigroup							N/A	N/A	N/A	N/A
Sunflower							0%	67%	80%	100%
United							50%	67%	88%	75%
Statewide	64%	57%	48%	31%	41%	78%	40%	73%	79%	73%
SED										
Aetna	N/A	N/A	N/A	N/A	N/A	N/A		80%	94%	75%
Amerigroup							N/A	N/A	N/A	N/A
Sunflower							100%	86%	97%	86%
United							97%	95%	94%	95%
Statewide	80%	87%	96%	86%	88%	95%	99%	89%	95%	88%

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: 10/01/2019 - 12/31/2019

Data Source: MCO Record Review

Compliance By Waiver	Aetna	Sunflower	United	Statewide
PD	96%	100%	97%	98%
Numerator	24	32	32	88
Denominator	25	32	33	90
FE	100%	97%	100%	99%
Numerator	19	33	38	90
Denominator	19	34	38	91
IDD	93%	98%	86%	93%
Numerator	14	48	24	86
Denominator	15	49	28	92
BI	93%	90%	100%	94%
Numerator	13	18	20	51
Denominator	14	20	20	54
TA	92%	95%	100%	97%
Numerator	11	21	25	57
Denominator	12	22	25	59
Autism	100%	100%	100%	100%
Numerator	3	4	8	15
Denominator	3	4	8	15
SED	75%	86%	95%	88%
Numerator	12	30	35	77
Denominator	16	35	37	88

Explanation of Findings:

Performance measure threshold met, remediation not required

Remediation:

Compliance Trends	2013	2014	2015	2016	2017	2018	Jan-Mar 2019	Apr-Jun 2019	Jul-Sep 2019	Oct-Dec 2019
PD										
Aetna	N/A	N/A	N/A	N/A	N/A	N/A		96%	92%	96%
Amerigroup		20%	36%	67%	68%	98%	N/A	N/A	N/A	N/A
Sunflower		53%	58%	50%	54%	94%	91%	97%	94%	100%
United		50%	63%	80%	67%	99%	100%	94%	100%	97%
Statewide	75%	39%	53%	65%	62%	97%	96%	96%	96%	98%
FE										
Aetna	N/A	N/A	N/A	N/A	N/A	N/A		100%	100%	100%
Amerigroup		24%	71%	42%	70%	96%	N/A	N/A	N/A	N/A
Sunflower		39%	51%	63%	59%	92%	100%	94%	97%	97%
United		50%	47%	87%	86%	98%	95%	97%	97%	100%
Statewide	78%	38%	54%	65%	67%	96%	97%	97%	98%	99%
IDD										
Aetna	N/A	N/A	N/A	N/A	N/A	N/A		93%	100%	93%
Amerigroup		7%	60%	27%	67%	95%	N/A	N/A	N/A	N/A
Sunflower		38%	16%	25%	47%	97%	96%	94%	96%	98%
United		16%	30%	30%	83%	97%	100%	86%	92%	86%
Statewide	97%	23%	28%	28%	60%	96%	98%	91%	96%	93%
BI										
Aetna	N/A	N/A	N/A	N/A	N/A	N/A		93%	100%	93%
Amerigroup		24%	42%	61%	67%	88%	N/A	N/A	N/A	N/A
Sunflower		54%	27%	75%	44%	86%	100%	90%	86%	90%
United		46%	50%	75%	33%	97%	92%	88%	89%	100%
Statewide	53%	38%	38%	67%	57%	89%	97%	90%	90%	94%
TA										
Aetna	N/A	N/A	N/A	N/A	N/A	N/A		100%	100%	92%
Amerigroup		32%	73%	56%	94%	96%	N/A	N/A	N/A	N/A
Sunflower		54%	89%	63%	57%	92%	100%	95%	90%	95%
United		38%	43%	60%	100%	98%	100%	96%	92%	100%
Statewide	92%	42%	75%	60%	83%	95%	100%	97%	93%	97%
Autism										
Aetna	N/A	N/A	N/A	N/A	N/A	N/A		100%	100%	100%
Amerigroup		10%	0%	17%	75%	100%	N/A	N/A	N/A	N/A
Sunflower		17%	25%	50%	14%	94%	0%	100%	80%	100%
United		0%	0%	9%	0%	82%	100%	100%	88%	100%
Statewide	45%	11%	11%	16%	22%	91%	80%	100%	86%	100%
SED										
Aetna	N/A	N/A	N/A	N/A	N/A	N/A		80%	89%	75%
Amerigroup		90%	90%	97%	97%	96%	N/A	N/A	N/A	N/A
Sunflower		83%	79%	68%	88%	91%	100%	86%	97%	86%
United		84%	93%	83%	67%	96%	97%	95%	91%	95%
Statewide	85%	86%	88%	83%	83%	93%	99%	89%	93%	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: 10/01/2019 - 12/31/2019

Data Source: MCO Record Review

Compliance By Waiver	Aetna	Sunflower	United	Statewide
PD	92%	91%	85%	89%
Numerator	23	29	28	80
Denominator	25	32	33	90
FE	84%	85%	92%	88%
Numerator	16	29	35	80
Denominator	19	34	38	91
IDD	27%	82%	71%	70%
Numerator	4	40	20	64
Denominator	15	49	28	92
BI	43%	65%	85%	67%
Numerator	6	13	17	36
Denominator	14	20	20	54
TA	83%	91%	100%	93%
Numerator	10	20	25	55
Denominator	12	22	25	59
Autism	0%	25%	50%	33%
Numerator	0	1	4	5
Denominator	3	4	8	15
SED	94%	89%	97%	93%
Numerator	15	31	36	82
Denominator	16	35	37	88

Explanation of Findings:

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

BI: No valid signature and/or date, guardianship/DPOA paperwork not provided, service plan not provided or does not cover entire review period, individual not receiving services according to service plan

AU: No valid signature and/or date, service plan not provided or does not cover entire review period, service plan incomplete, individual not receiving services according to service plan

Remediation:

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Compliance Trends	2013	2014	2015	2016	2017	2018	Jan-Mar 2019	Apr-Jun 2019	Jul-Sep 2019	Oct-Dec 2019
PD										
Aetna	N/A	N/A	N/A	N/A	N/A	N/A		46%	67%	92%
Amerigroup		94%	69%	79%	83%	93%	N/A	N/A	N/A	N/A
Sunflower		96%	72%	76%	88%	80%	76%	91%	88%	91%
United		96%	78%	91%	87%	93%	91%	88%	87%	85%
Statewide	85%	95%	72%	81%	86%	88%	84%	78%	82%	89%
FE										
Aetna	N/A	N/A	N/A	N/A	N/A	N/A		53%	75%	84%
Amerigroup		83%	76%	75%	81%	86%	N/A	N/A	N/A	N/A
Sunflower		96%	64%	86%	87%	77%	94%	85%	89%	85%
United		96%	79%	89%	88%	92%	85%	87%	92%	92%
Statewide	87%	92%	72%	83%	86%	85%	89%	80%	88%	88%
IDD										
Aetna	N/A	N/A	N/A	N/A	N/A	N/A		40%	87%	27%
Amerigroup		78%	84%	73%	75%	82%	N/A	N/A	N/A	N/A
Sunflower		97%	62%	77%	80%	82%	81%	76%	78%	82%
United		100%	59%	81%	90%	89%	89%	79%	69%	71%
Statewide	98%	92%	68%	77%	81%	84%	84%	71%	77%	70%
BI										
Aetna	N/A	N/A	N/A	N/A	N/A	N/A		29%	58%	43%
Amerigroup		81%	55%	63%	77%	73%	N/A	N/A	N/A	N/A
Sunflower		95%	46%	84%	76%	76%	74%	85%	71%	65%
United		85%	71%	83%	76%	82%	77%	88%	72%	85%
Statewide	70%	87%	56%	72%	77%	75%	75%	70%	69%	67%
TA										
Aetna	N/A	N/A	N/A	N/A	N/A	N/A		69%	92%	83%
Amerigroup		98%	73%	79%	88%	98%	N/A	N/A	N/A	N/A
Sunflower		100%	86%	82%	68%	87%	86%	90%	90%	91%
United		96%	58%	82%	92%	86%	96%	80%	92%	100%
Statewide	100%	98%	74%	80%	83%	93%	91%	81%	91%	93%
Autism										
Aetna	N/A	N/A	N/A	N/A	N/A	N/A		0%	0%	0%
Amerigroup		89%	59%	37%	88%	91%	N/A	N/A	N/A	N/A
Sunflower		100%	55%	50%	15%	28%	0%	0%	40%	25%
United		50%	21%	17%	13%	41%	25%	67%	75%	50%
Statewide	50%	86%	49%	38%	37%	48%	20%	36%	57%	33%
SED										
Aetna	N/A	N/A	N/A	N/A	N/A	N/A		95%	100%	94%
Amerigroup		91%	99%	95%	99%	96%	N/A	N/A	N/A	N/A
Sunflower		96%	94%	84%	98%	98%	100%	97%	97%	89%
United		92%	99%	91%	86%	96%	100%	97%	97%	97%
Statewide	13%	93%	98%	90%	94%	97%	100%	97%	98%	93%

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: 10/01/2019 - 12/31/2019

Data Source: Customer Interview

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	Not a Waiver Performance Measure			
Numerator				
Denominator				

Explanation of Findings:

Data unable to be calculated this review period, due to COVID-19 pandemic.

Remediation:

Compliance Trends	2013	2014	2015	2016	2017	2018	Jan-Mar 2019	Apr-Jun 2019	Jul-Sep 2019	Oct-Dec 2019
PD										
Aetna	N/A	N/A	N/A	N/A	N/A	N/A		91%	94%	
Amerigroup		97%			94%	94%	N/A	N/A	N/A	N/A
Sunflower		92%			97%	98%	88%	92%	100%	
United		93%			91%	98%	83%	93%	100%	
Statewide	Not a Measure	94%	No Data	No Data	94%	97%	86%	92%	98%	
FE										
Aetna	N/A	N/A	N/A	N/A	N/A	N/A		100%	100%	
Amerigroup		85%			97%	96%	N/A	N/A	N/A	N/A
Sunflower		86%			93%	95%	100%	86%	100%	
United		82%			91%	94%	87%	100%	95%	
Statewide	87%	84%	No Data	No Data	94%	95%	94%	95%	98%	
IDD										
Aetna	N/A	N/A	N/A	N/A	N/A	N/A		100%	100%	
Amerigroup		92%			93%	100%	N/A	N/A	N/A	N/A
Sunflower		96%			99%	97%	100%	93%	96%	
United		93%			92%	100%	93%	100%	90%	
Statewide	Not a Measure	94%	No Data	No Data	96%	98%	98%	96%	95%	
BI										
Aetna	N/A	N/A	N/A	N/A	N/A	N/A		100%	100%	
Amerigroup		81%			81%	87%	N/A	N/A	N/A	N/A
Sunflower		88%			79%	78%	91%	100%	100%	
United		83%			76%	92%	100%	100%	86%	
Statewide	Not a Measure	83%	No Data	No Data	80%	85%	92%	100%	94%	
TA										
Aetna	N/A	N/A	N/A	N/A	N/A	N/A		50%	67%	
Amerigroup		89%			96%	98%	N/A	N/A	N/A	N/A
Sunflower		84%			94%	95%	100%	100%	100%	
United		85%			94%	100%	100%	91%	89%	
Statewide	Not a Measure	87%	No Data	No Data	95%	98%	100%	90%	88%	
Autism										
Aetna	N/A	N/A	N/A	N/A	N/A	N/A		N/A	N/A	
Amerigroup		74%			89%	67%	N/A	N/A	N/A	N/A
Sunflower		70%			50%	88%	0%	100%	100%	
United		60%			75%	50%	50%	67%	83%	
Statewide	Not a Measure	71%	No Data	No Data	68%	68%	33%	75%	86%	
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: 10/01/2019 - 12/31/2019

Data Source: MCO Record Review

Compliance By Waiver	Aetna	Sunflower	United	Staterwide
PD	80%	91%	88%	87%
Numerator	20	29	29	78
Denominator	25	32	33	90
FE	89%	85%	87%	87%
Numerator	17	29	33	79
Denominator	19	34	38	91
IDD	33%	82%	75%	72%
Numerator	5	40	21	66
Denominator	15	49	28	92
BI	36%	75%	90%	70%
Numerator	5	15	18	38
Denominator	14	20	20	54
TA	83%	91%	96%	92%
Numerator	10	20	24	54
Denominator	12	22	25	59
Autism	33%	75%	50%	53%
Numerator	1	3	4	8
Denominator	3	4	8	15
SED	81%	80%	95%	86%
Numerator	13	28	35	76
Denominator	16	35	37	88

Explanation of Findings:

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

BI: No valid signature and/or date, guardianship/DPOA paperwork not provided, service plan 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: Documentation of choice not provided for review

Remediation:

Compliance Trends	2013	2014	2015	2016	2017	2018	Jan-Mar 2019	Apr-Jun 2019	Jul-Sep 2019	Oct-Dec 2019
PD										
Aetna	N/A	N/A	N/A	N/A	N/A	N/A		38%	75%	80%
Amerigroup		68%	56%	68%	80%	97%	N/A	N/A	N/A	N/A
Sunflower		58%	69%	73%	85%	80%	76%	91%	88%	91%
United		69%	73%	89%	87%	94%	91%	85%	87%	88%
Staterwide	52%	65%	65%	76%	84%	90%	84%	75%	84%	87%
FE										
Aetna	N/A	N/A	N/A	N/A	N/A	N/A		47%	81%	89%
Amerigroup		68%	59%	64%	82%	92%	N/A	N/A	N/A	N/A
Sunflower		76%	59%	82%	86%	77%	94%	85%	86%	85%
United		77%	75%	85%	91%	93%	87%	85%	92%	87%
Staterwide	56%	74%	63%	77%	86%	87%	91%	78%	88%	87%
IDD										
Aetna	N/A	N/A	N/A	N/A	N/A	N/A		40%	80%	33%
Amerigroup		51%	45%	68%	74%	84%	N/A	N/A	N/A	N/A
Sunflower		68%	42%	69%	71%	79%	77%	78%	73%	82%
United		75%	55%	76%	91%	89%	89%	79%	77%	75%
Staterwide	99%	64%	46%	70%	77%	83%	81%	72%	75%	72%
BI										
Aetna	N/A	N/A	N/A	N/A	N/A	N/A		21%	58%	36%
Amerigroup		54%	50%	53%	76%	82%	N/A	N/A	N/A	N/A
Sunflower		75%	40%	86%	80%	80%	83%	95%	76%	75%
United		70%	74%	83%	79%	92%	85%	88%	72%	90%
Staterwide	44%	65%	52%	67%	78%	83%	83%	72%	71%	70%
TA										
Aetna	N/A	N/A	N/A	N/A	N/A	N/A		62%	83%	83%
Amerigroup		87%	65%	68%	85%	96%	N/A	N/A	N/A	N/A
Sunflower		84%	80%	77%	66%	89%	86%	90%	95%	91%
United		92%	58%	79%	95%	86%	91%	84%	92%	96%
Staterwide	96%	86%	68%	72%	81%	92%	89%	81%	91%	92%
Autism										
Aetna	N/A	N/A	N/A	N/A	N/A	N/A		0%	0%	33%
Amerigroup		67%	67%	47%	88%	100%	N/A	N/A	N/A	N/A
Sunflower		44%	45%	50%	40%	50%	100%	33%	80%	75%
United		88%	21%	17%	19%	29%	50%	67%	88%	50%
Staterwide	40%	63%	49%	42%	48%	54%	60%	45%	79%	53%
SED										
Aetna	N/A	N/A	N/A	N/A	N/A	N/A		100%	89%	81%
Amerigroup		94%	91%	98%	99%	97%	N/A	N/A	N/A	N/A
Sunflower		91%	72%	84%	94%	87%	100%	93%	100%	80%
United		84%	97%	88%	88%	97%	97%	97%	91%	95%
Staterwide	98%	89%	88%	90%	94%	94%	99%	97%	94%	86%

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: 10/01/2019 - 12/31/2019

Data Source: MCO Record Review

Compliance By Waiver	Aetna	Sunflower	United	Staterwide
PD	72%	91%	88%	84%
Numerator	18	29	29	76
Denominator	25	32	33	90
FE	89%	85%	87%	87%
Numerator	17	29	33	79
Denominator	19	34	38	91
IDD	27%	82%	75%	71%
Numerator	4	40	21	65
Denominator	15	49	28	92
BI	43%	75%	90%	72%
Numerator	6	15	18	39
Denominator	14	20	20	54
TA	83%	91%	96%	92%
Numerator	10	20	24	54
Denominator	12	22	25	59
Autism	33%	75%	50%	53%
Numerator	1	3	4	8
Denominator	3	4	8	15
SED	81%	80%	95%	86%
Numerator	13	28	35	76
Denominator	16	35	37	88

Explanation of Findings:

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

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

BI: No valid signature and/or date, guardianship/DPOA paperwork not provided, service plan 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: Documentation of choice not provided for review

Remediation:

Compliance Trends	2013	2014	2015	2016	2017	2018	Jan-Mar 2019	Apr-Jun 2019	Jul-Sep 2019	Oct-Dec 2019
PD										
Aetna	N/A	N/A	N/A	N/A	N/A	N/A		33%	71%	72%
Amerigroup		68%	53%	62%	79%	96%	N/A	N/A	N/A	N/A
Sunflower		72%	50%	71%	36%	74%	76%	91%	88%	91%
United		77%	73%	84%	78%	94%	91%	85%	87%	88%
Staterwide	64%	72%	57%	72%	64%	88%	84%	74%	83%	84%
FE										
Aetna	N/A	N/A	N/A	N/A	N/A	N/A		47%	81%	89%
Amerigroup		67%	57%	67%	80%	92%	N/A	N/A	N/A	N/A
Sunflower		86%	47%	82%	35%	74%	94%	85%	86%	85%
United		85%	74%	84%	80%	92%	87%	85%	92%	87%
Staterwide	59%	80%	57%	78%	63%	86%	91%	78%	88%	87%
IDD										
Aetna	N/A	N/A	N/A	N/A	N/A	N/A		40%	80%	27%
Amerigroup		55%	46%	70%	71%	85%	N/A	N/A	N/A	N/A
Sunflower		68%	35%	69%	34%	79%	77%	80%	75%	82%
United		77%	50%	74%	89%	88%	89%	79%	77%	75%
Staterwide	No Data	66%	42%	71%	58%	83%	81%	73%	76%	71%
BI										
Aetna	N/A	N/A	N/A	N/A	N/A	N/A		21%	50%	43%
Amerigroup		56%	50%	52%	74%	82%	N/A	N/A	N/A	N/A
Sunflower		80%	23%	86%	28%	79%	83%	95%	76%	75%
United		74%	67%	80%	76%	92%	85%	94%	72%	90%
Staterwide	53%	68%	45%	66%	63%	83%	83%	74%	69%	72%
TA										
Aetna	N/A	N/A	N/A	N/A	N/A	N/A		54%	83%	83%
Amerigroup		86%	65%	71%	86%	99%	N/A	N/A	N/A	N/A
Sunflower		97%	53%	79%	29%	86%	86%	90%	95%	91%
United		94%	55%	64%	82%	86%	91%	84%	92%	96%
Staterwide	96%	91%	60%	72%	68%	93%	89%	79%	91%	92%
Autism										
Aetna	N/A	N/A	N/A	N/A	N/A	N/A		0%	0%	33%
Amerigroup		79%	52%	47%	88%	100%	N/A	N/A	N/A	N/A
Sunflower		50%	27%	61%	20%	56%	100%	33%	80%	75%
United		88%	14%	17%	13%	41%	50%	67%	88%	50%
Staterwide	55%	72%	35%	46%	38%	61%	60%	45%	79%	53%
SED										
Aetna	N/A	N/A	N/A	N/A	N/A	N/A		100%	89%	81%
Amerigroup		94%	92%	98%	99%	97%	N/A	N/A	N/A	N/A
Sunflower		91%	72%	84%	94%	87%	100%	93%	100%	80%
United		84%	97%	88%	87%	97%	97%	97%	91%	95%
Staterwide	98%	89%	88%	90%	93%	94%	99%	97%	94%	86%

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: 10/01/2019 - 12/31/2019

Data Source: MCO Record Review

Compliance By Waiver	Aetna	Sunflower	United	Statewide
PD	12%	91%	88%	68%
Numerator	3	29	29	61
Denominator	25	32	33	90
FE	11%	85%	87%	70%
Numerator	2	29	33	64
Denominator	19	34	38	91
IDD	0%	82%	71%	65%
Numerator	0	40	20	60
Denominator	15	49	28	92
BI	0%	75%	90%	61%
Numerator	0	15	18	33
Denominator	14	20	20	54
TA	17%	86%	96%	76%
Numerator	2	19	24	45
Denominator	12	22	25	59
Autism	0%	75%	50%	47%
Numerator	0	3	4	7
Denominator	3	4	8	15
SED	81%	80%	95%	86%
Numerator	13	28	35	76
Denominator	16	35	37	88

Explanation of Findings:

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

FE: No valid signature and/or date, guardianship/DPOA paperwork not provided, service plan not provided or does not cover entire review period, missing documentation of choice

IDD: No valid signature and/or date, guardianship/DPOA paperwork not provided, service plan not provided or does not cover entire review period, missing documentation of choice

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

TA: No valid signature and/or date, guardianship/DPOA paperwork not provided, service plan not provided or does not cover entire review period, missing documentation of choice

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

Remediation:

Compliance Trends	2013	2014	2015	2016	2017	2018	Jan-Mar 2019	Apr-Jun 2019	Jul-Sep 2019	Oct-Dec 2019
PD										
Aetna	N/A	N/A	N/A	N/A	N/A	N/A		4%	4%	12%
Amerigroup		76%	57%	67%	81%	98%	N/A	N/A	N/A	N/A
Sunflower		74%	67%	73%	87%	80%	76%	91%	88%	91%
United		80%	78%	88%	87%	95%	91%	85%	87%	88%
Statewide	Not a Measure	76%	66%	75%	85%	91%	84%	66%	65%	68%
FE										
Aetna	N/A	N/A	N/A	N/A	N/A	N/A		6%	6%	11%
Amerigroup		67%	58%	72%	81%	92%	N/A	N/A	N/A	N/A
Sunflower		87%	56%	82%	86%	77%	94%	85%	86%	85%
United		85%	79%	84%	91%	93%	87%	85%	92%	87%
Statewide	65%	80%	63%	79%	86%	87%	91%	70%	75%	70%
IDD										
Aetna	N/A	N/A	N/A	N/A	N/A	N/A		13%	7%	0%
Amerigroup		47%	47%	66%	73%	87%	N/A	N/A	N/A	N/A
Sunflower		69%	41%	68%	74%	80%	77%	80%	75%	82%
United		78%	57%	79%	92%	88%	89%	79%	77%	71%
Statewide	No Data	64%	46%	70%	78%	84%	81%	69%	64%	65%
BI										
Aetna	N/A	N/A	N/A	N/A	N/A	N/A		0%	0%	0%
Amerigroup		55%	51%	54%	78%	84%	N/A	N/A	N/A	N/A
Sunflower		79%	40%	86%	78%	79%	83%	95%	76%	75%
United		73%	74%	83%	79%	92%	85%	88%	72%	90%
Statewide	No Data	67%	52%	68%	78%	84%	83%	66%	57%	61%
TA										
Aetna	N/A	N/A	N/A	N/A	N/A	N/A		8%	25%	17%
Amerigroup		87%	65%	69%	85%	99%	N/A	N/A	N/A	N/A
Sunflower		98%	80%	81%	68%	89%	86%	90%	95%	86%
United		94%	55%	79%	95%	86%	91%	84%	92%	96%
Statewide	No Data	92%	68%	74%	81%	93%	89%	69%	79%	76%
Autism										
Aetna	N/A	N/A	N/A	N/A	N/A	N/A		0%	0%	0%
Amerigroup		86%	67%	65%	94%	100%	N/A	N/A	N/A	N/A
Sunflower		47%	59%	67%	70%	61%	100%	33%	80%	75%
United		75%	43%	33%	38%	35%	75%	67%	88%	50%
Statewide	No Data	72%	59%	60%	67%	61%	80%	45%	79%	47%
SED										
Aetna	N/A	N/A	N/A	N/A	N/A	N/A		100%	89%	81%
Amerigroup		94%	92%	98%	99%	97%	N/A	N/A	N/A	N/A
Sunflower		91%	72%	84%	94%	87%	100%	93%	100%	80%
United		85%	98%	88%	87%	97%	97%	97%	91%	95%
Statewide	99%	90%	89%	91%	93%	94%	99%	97%	94%	86%

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: 10/01/2019 - 12/31/2019

Data Source: MCO Record Review

Compliance By Waiver	Aetna	Sunflower	United	Statewide
PD	20%	91%	88%	70%
Numerator	5	29	29	63
Denominator	25	32	33	90
FE	16%	85%	87%	71%
Numerator	3	29	33	65
Denominator	19	34	38	91
IDD	0%	80%	71%	64%
Numerator	0	39	20	59
Denominator	15	49	28	92
BI	7%	70%	90%	61%
Numerator	1	14	18	33
Denominator	14	20	20	54
TA	17%	86%	96%	76%
Numerator	2	19	24	45
Denominator	12	22	25	59
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:

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

FE: No valid signature and/or date, guardianship/DPOA paperwork not provided, service plan not provided or does not cover entire review period, missing documentation of choice

IDD: No valid signature and/or date, guardianship/DPOA paperwork not provided, service plan not provided or does not cover entire review period, missing documentation of choice

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

TA: No valid signature and/or date, guardianship/DPOA paperwork not provided, service plan not provided or does not cover entire review period, missing documentation of choice

Remediation:

Compliance Trends	2013	2014	2015	2016	2017	2018	Jan-Mar 2019	Apr-Jun 2019	Jul-Sep 2019	Oct-Dec 2019
PD										
Aetna	N/A	N/A	N/A	N/A	N/A	N/A		8%	8%	20%
Amerigroup		64%	58%	72%	81%	92%	N/A	N/A	N/A	N/A
Sunflower		73%	68%	72%	87%	79%	76%	88%	82%	91%
United		77%	78%	88%	86%	95%	91%	85%	87%	88%
Statewide	Not a Measure	71%	66%	77%	84%	89%	84%	66%	64%	70%
FE										
Aetna	N/A	N/A	N/A	N/A	N/A	N/A		6%	6%	16%
Amerigroup		64%	59%	73%	79%	88%	N/A	N/A	N/A	N/A
Sunflower		84%	59%	81%	87%	74%	94%	82%	86%	85%
United		77%	79%	85%	88%	93%	87%	85%	92%	87%
Statewide	65%	75%	64%	79%	85%	85%	91%	69%	75%	71%
IDD										
Aetna	N/A	N/A	N/A	N/A	N/A	N/A		7%	13%	0%
Amerigroup		34%	47%	64%	68%	84%	N/A	N/A	N/A	N/A
Sunflower		61%	39%	60%	65%	77%	75%	74%	71%	80%
United		77%	57%	73%	93%	89%	89%	79%	77%	71%
Statewide	No Data	53%	46%	64%	73%	82%	80%	65%	63%	64%
BI										
Aetna	N/A	N/A	N/A	N/A	N/A	N/A		0%	8%	7%
Amerigroup		50%	50%	56%	73%	80%	N/A	N/A	N/A	N/A
Sunflower		85%	43%	82%	78%	79%	83%	95%	76%	70%
United		70%	74%	83%	79%	89%	85%	88%	72%	90%
Statewide	No Data	66%	52%	68%	75%	81%	83%	66%	59%	61%
TA										
Aetna	N/A	N/A	N/A	N/A	N/A	N/A		8%	33%	17%
Amerigroup		82%	56%	66%	84%	99%	N/A	N/A	N/A	N/A
Sunflower		98%	82%	79%	68%	89%	86%	90%	95%	86%
United		100%	58%	79%	95%	84%	91%	84%	92%	96%
Statewide	No Data	90%	64%	72%	81%	93%	89%	69%	81%	76%
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										

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: 10/01/2019 - 12/31/2019

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	69%	71%	95%	81%
Numerator	11	25	35	71
Denominator	16	35	37	88

Explanation of Findings:

SED: Plan of care not provided for review, prior plan of care not provided for review, therefore unable to determine timeliness

Remediation:

Compliance Trends	2017	2018	Jan-Mar 2019	Apr-Jun 2019	Jul-Sep 2019	Oct-Dec 2019
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%	89%	69%
Amerigroup	99%	92%	N/A	N/A	N/A	N/A
Sunflower	88%	90%	97%	86%	97%	71%
United	83%	94%	97%	95%	88%	95%
Statewide	91%	92%	97%	89%	92%	81%

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: 10/01/2019 - 12/31/2019

Data Source: Adverse Incident Reporting

Compliance By Waiver	Aetna	Sunflower	United	Statewide
PD	N/A	100%	100%	100%
Numerator	0	5	2	7
Denominator	0	5	2	7
FE	N/A	100%	100%	100%
Numerator	0	7	2	9
Denominator	0	7	2	9
IDD	100%	96%	100%	97%
Numerator	2	23	4	29
Denominator	2	24	4	30
BI	N/A	N/A	N/A	N/A
Numerator	0	0	0	0
Denominator	0	0	0	0
TA	N/A	100%	N/A	100%
Numerator	0	2	0	2
Denominator	0	2	0	2
Autism	N/A	N/A	N/A	N/A
Numerator	0	0	0	0
Denominator	0	0	0	0
SED	N/A	N/A	N/A	N/A
Numerator				
Denominator				

Explanation of Findings:

SED reports are not currently routed to the HCBS worklist in the AIR system. Behavioral Health receives SED AIR reports and provide follow-up and remediation, as applicable.

Sunflower identified 1 IDD death for which review/investigation resulted in the identification of preventable causes.

IDD= MCO follow-up and investigation concluded that symptoms were reported in October, but staff did not take member to hospital for choking issues. Following investigation, MCO initiated a quality of care concern involving Medical Director and others to further investigate and resolve with the provider and individual

Remediation:

KDADS HCBS continues to work with the Behavioral Health Commission to include accurate information as it pertains to SED member reports.

There is no remediation necessary at this time. MCO identified quality of care concerns, alerted necessary individuals/entities and are conducting further investigation to resolve and prevent recurrence.

Compliance Trends	2013	2014	2015	2016	2017	2018	Jan-Mar 2019	Apr-Jun 2019	Jul-Sep 2019	Oct-Dec 2019
PD										
Aetna	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						88%	75%	100%	100%
United							100%	100%	N/A	100%
Statewide							89%	83%	100%	100%
FE										
Aetna	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%	100%	100%
United							0%	N/A	100%	100%
Statewide							75%	100%	100%	100%
IDD										
Aetna	N/A	N/A	N/A	N/A	N/A	N/A		100%	100%	100%
Amerigroup							N/A	N/A	N/A	N/A
Sunflower	No Data						100%	100%	100%	96%
United							80%	100%	100%	100%
Statewide							94%	100%	100%	97%
BI										
Aetna	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	100%	100%	N/A
United							N/A	N/A	N/A	N/A
Statewide							N/A	100%	100%	N/A
TA										
Aetna	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	100%
United							100%	N/A	N/A	N/A
Statewide							100%	100%	N/A	100%
Autism										
Aetna	N/A	N/A	N/A	N/A	N/A	N/A		N/A	N/A	N/A
Amerigroup							N/A	N/A	N/A	N/A
Sunflower	No Data						N/A	N/A	N/A	N/A
United							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
Amerigroup							N/A	N/A	N/A	N/A
Sunflower	No Data						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: 10/01/2019 - 12/31/2019

Data Source: Adverse Incident Reporting

Compliance By Waiver	Aetna	Sunflower	United	Statewide
PD	N/A	100%	100%	100%
Numerator	0	2	5	7
Denominator	0	2	5	7
FE	N/A	100%	100%	100%
Numerator	0	7	2	9
Denominator	0	7	2	9
IDD	100%	100%	100%	100%
Numerator	2	24	4	30
Denominator	2	24	4	30
BI	N/A	N/A	N/A	N/A
Numerator	0	0	0	0
Denominator	0	0	0	0
TA	N/A	100%	N/A	100%
Numerator	0	2	0	2
Denominator	0	2	0	2
Autism	N/A	N/A	N/A	N/A
Numerator	0	0	0	0
Denominator	0	0	0	0
SED	N/A	N/A	N/A	N/A
Numerator				
Denominator				

Explanation of Findings:

SED reports are not currently routed to the HCBS worklist in the AIR system. Behavioral Health receives SED AIR reports and provide follow-up and remediation, as applicable.

Remediation:

KDADS HCBS continues to work with the Behavioral Health Commission to include accurate information as it pertains to SED member reports.

Compliance Trends	2013	2014	2015	2016	2017	2018	Jan-Mar 2019	Apr-Jun 2019	Jul-Sep 2019	Oct-Dec 2019
PD										
Aetna	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						63%	50%	100%	100%
United							100%	100%	N/A	100%
Statewide							67%	67%	100%	100%
FE										
Aetna	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						33%	67%	100%	100%
United							0%	N/A	100%	100%
Statewide							25%	67%	100%	100%
IDD										
Aetna	N/A	N/A	N/A	N/A	N/A	N/A		25%	100%	100%
Amerigroup							N/A	N/A	N/A	N/A
Sunflower	No Data						75%	70%	83%	100%
United							60%	50%	100%	100%
Statewide							71%	56%	89%	100%
BI										
Aetna	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	0%	100%	N/A
United							N/A	N/A	N/A	N/A
Statewide							N/A	0%	100%	N/A
TA										
Aetna	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%	0%	N/A	100%
United							N/A	N/A	N/A	N/A
Statewide							100%	0%	N/A	100%
Autism										
Aetna	N/A	N/A	N/A	N/A	N/A	N/A		N/A	N/A	N/A
Amerigroup							N/A	N/A	N/A	N/A
Sunflower	No Data						N/A	N/A	N/A	N/A
United							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
Amerigroup							N/A	N/A	N/A	N/A
Sunflower	No Data						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 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: 10/01/2019 - 12/31/2019

Data Source: Adverse Incident Reporting

Compliance By Waiver	Aetna	Sunflower	United	Statewide
PD	N/A	100%	100%	100%
Numerator	0	2	5	7
Denominator	0	2	5	7
FE	N/A	100%	100%	100%
Numerator	0	7	2	9
Denominator	0	7	2	9
IDD	100%	100%	100%	100%
Numerator	2	24	4	30
Denominator	2	24	4	30
BI	N/A	N/A	N/A	N/A
Numerator	0	0	0	0
Denominator	0	0	0	0
TA	N/A	100%	N/A	100%
Numerator	0	2	0	2
Denominator	0	2	0	2
Autism	N/A	N/A	N/A	N/A
Numerator	0	0	0	0
Denominator	0	0	0	0
SED	N/A	N/A	N/A	N/A
Numerator				
Denominator				

Explanation of Findings:

SED reports are not currently routed to the HCBS worklist in the AIR system. Behavioral Health receives SED AIR reports and provide follow-up and remediation, as applicable.

Remediation:

KDADS HCBS continues to work with the Behavioral Health Commission to include accurate information as it pertains to SED member reports.

Compliance Trends	2013	2014	2015	2016	2017	2018	Jan-Mar 2019	Apr-Jun 2019	Jul-Sep 2019	Oct-Dec 2019
PD										
Aetna	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%	100%	100%
United							100%	100%	N/A	100%
Statewide							100%	100%	100%	100%
FE										
Aetna	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%	100%	100%
United							100%	N/A	100%	100%
Statewide							100%	100%	100%	100%
IDD										
Aetna	N/A	N/A	N/A	N/A	N/A	N/A		75%	100%	100%
Amerigroup							N/A	N/A	N/A	N/A
Sunflower	No Data						100%	100%	83%	100%
United							100%	100%	100%	100%
Statewide							100%	94%	89%	100%
BI										
Aetna	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	100%	100%	N/A
United							N/A	N/A	N/A	N/A
Statewide							N/A	100%	100%	N/A
TA										
Aetna	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	100%
United							N/A	N/A	N/A	N/A
Statewide							100%	100%	N/A	100%
Autism										
Aetna	N/A	N/A	N/A	N/A	N/A	N/A		N/A	N/A	N/A
Amerigroup							N/A	N/A	N/A	N/A
Sunflower	No Data						N/A	N/A	N/A	N/A
United							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
Amerigroup							N/A	N/A	N/A	N/A
Sunflower	No Data						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 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: 10/01/2019 - 12/31/2019

Data Source: MCO Record Review

Compliance By Waiver	Aetna	Sunflower	United	Statewide
PD	32%	91%	91%	74%
Numerator	8	29	30	67
Denominator	25	32	33	90
FE	42%	94%	92%	82%
Numerator	8	32	35	75
Denominator	19	34	38	91
IDD	13%	84%	82%	72%
Numerator	2	41	23	66
Denominator	15	49	28	92
BI	14%	80%	90%	67%
Numerator	2	16	18	36
Denominator	14	20	20	54
TA	25%	91%	100%	81%
Numerator	3	20	25	48
Denominator	12	22	25	59
Autism	0%	75%	50%	47%
Numerator	0	3	4	7
Denominator	3	4	8	15
SED	56%	77%	78%	74%
Numerator	9	27	29	65
Denominator	16	35	37	88

Explanation of Findings:

PD: No valid signature and/or date, service plan not provided or does not cover entire review period, missing documentation of ANE information provided

FE: No valid signature and/or date, guardianship/DPOA paperwork not provided, service plan not provided or does not cover entire review period, missing documentation of ANE information provided

IDD: No valid signature and/or date, guardianship/DPOA paperwork not provided, service plan not provided or does not cover entire review period, missing documentation of ANE information provided

BI: No valid signature and/or date, service plan not provided or does not cover entire review period, missing documentation of ANE information provided

TA: No valid signature and/or date, guardianship/DPOA paperwork not provided, service plan not provided or does not cover entire review period, missing documentation of ANE information provided

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

SED: Missing documentation of ANE information provided

Remediation:

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

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: 10/01/2019 - 12/31/2019

Data Source: Adverse Incident Reporting

Compliance By Waiver	Aetna	Sunflower	United	Statewide
PD	88%	100%	100%	98%
Numerator	21	66	102	189
Denominator	24	66	102	192
FE	89%	97%	97%	96%
Numerator	8	59	37	104
Denominator	9	61	38	108
IDD	89%	100%	99%	98%
Numerator	266	1051	514	1831
Denominator	299	1054	520	1873
BI	100%	100%	96%	98%
Numerator	8	29	26	63
Denominator	8	29	27	64
TA	100%	100%	100%	100%
Numerator	9	9	2	20
Denominator	9	9	2	20
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				
Denominator				

Explanation of Findings:

SED reports are not currently routed to the HCBS worklist in the AIR system. Behavioral Health receives SED AIR reports and provide follow-up and remediation, as applicable.

Overall compliance met for this performance measure. Statewide there were 50 reports that did not meet required timeframes. Review of reports that were not completed in the required timeframes shows that those that did not meet timeframes include documentation from either the MCO indicating reason, or KDADS Program Integrity indicating MCO outreach notifying of delays. Evidence verifies timeframes were not neglected, however the MCO required additional information to resolve and ensure KDADS could accurately confirm findings to complete reports. All reports included in fallout data have been

Remediation:

KDADS HCBS continues to work with the Behavioral Health Commission to include accurate information as it pertains to SED member reports.

No remediation necessary at this time. KDADS and MCOs continue to have an open line of communication and ensure KDADS is made aware to document within AIR of any potential delays while collecting evidence, medical records, etc.

Compliance Trends	2013	2014	2015	2016	2017	2018	Jan-Mar 2019	Apr-Jun 2019	Jul-Sep 2019	Oct-Dec 2019
PD										
Aetna	N/A	N/A	N/A	N/A	N/A	N/A		70%	84%	88%
Amerigroup							N/A	N/A	N/A	N/A
Sunflower	No Data						96%	100%	98%	100%
United							100%	99%	100%	100%
Statewide							98%	92%	96%	98%
FE										
Aetna	N/A	N/A	N/A	N/A	N/A	N/A		82%	80%	89%
Amerigroup							N/A	N/A	N/A	N/A
Sunflower	No Data						87%	100%	100%	97%
United							98%	98%	97%	97%
Statewide							92%	96%	96%	96%
IDD										
Aetna	N/A	N/A	N/A	N/A	N/A	N/A		92%	74%	89%
Amerigroup							N/A	N/A	N/A	N/A
Sunflower	No Data						89%	100%	100%	100%
United							100%	98%	99%	99%
Statewide							93%	98%	96%	98%
BI										
Aetna	N/A	N/A	N/A	N/A	N/A	N/A		100%	78%	100%
Amerigroup							N/A	N/A	N/A	N/A
Sunflower	No Data						96%	100%	100%	100%
United							100%	100%	100%	96%
Statewide							98%	100%	83%	98%
TA										
Aetna	N/A	N/A	N/A	N/A	N/A	N/A		100%	0%	100%
Amerigroup							N/A	N/A	N/A	N/A
Sunflower	No Data						100%	100%	100%	100%
United							100%	100%	100%	100%
Statewide							100%	100%	83%	100%
Autism										
Aetna	N/A	N/A	N/A	N/A	N/A	N/A		N/A	N/A	N/A
Amerigroup							N/A	N/A	N/A	N/A
Sunflower	No Data						N/A	N/A	N/A	N/A
United							100%	N/A	100%	N/A
Statewide							100%	N/A	100%	N/A
SED										
Aetna	N/A	N/A	N/A	N/A	N/A	N/A		N/A	N/A	N/A
Amerigroup							N/A	N/A	N/A	N/A
Sunflower	No Data						N/A	N/A	N/A	N/A
United							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 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: 10/01/2019 - 12/31/2019

Data Source: Adverse Incident Reporting

Compliance By Waiver	Aetna	Sunflower	United	Statewide
PD	100%	98%	100%	99%
Numerator	24	60	100	184
Denominator	24	61	100	185
FE	100%	100%	100%	100%
Numerator	9	54	36	99
Denominator	9	54	36	99
IDD	100%	100%	100%	100%
Numerator	296	1029	515	1840
Denominator	297	1033	516	1846
BI	100%	100%	100%	100%
Numerator	8	30	27	65
Denominator	8	30	27	65
TA	100%	100%	100%	100%
Numerator	9	7	2	18
Denominator	9	7	2	18
Autism	N/A	N/A	N/A	N/A
Numerator				
Denominator				
SED	N/A	N/A	N/A	N/A
Numerator				
Denominator				

Explanation of Findings:

DCF forwards determinations for all Adult Protective Services (APS) reports (Screened-Out, Unsubstantiated and Substantiated). All reports received from DCF are entered into the AIR system manually by KDADS Program Integrity staff and assigned to corresponding MCOs. Remediation reports provided by DCF are compared to reports entered into AIR for the time period reviewed and indicates the state adhered to follow-up measures for reports received.

DCF sends screened-in and screened-out reports for children, which are manually entered into AIR, as applicable. SED waiver reports are routed to the Behavioral Health Commission for necessary follow-up and/or remediation. HCBS and Behavioral Health currently have different processes for Adverse Incident follow-up and remediation and are working on collaborating to make necessary updates to address overall reporting issues.

Remediation:

KDADS is working with DCF to receive determination information as it pertains to CPS reports. Intakes for child reports are received in the AIR system and Behavioral Health provides any necessary follow-up/remediation until processes are updated to allow for accurate reporting.

KDADS HCBS continues to work with DCF and the Behavioral Health Commission to include accurate information as it pertains to child/SED member reports. HCBS is assisting with updated Behavioral Health policies, procedures and practices to address the issue.

Compliance Trends	2013	2014	2015	2016	2017	2018	Jan-Mar 2019	Apr-Jun 2019	Jul-Sep 2019	Oct-Dec 2019
PD										
Aetna	N/A	N/A	N/A	N/A	N/A	N/A		100%	100%	100%
Amerigroup							N/A	N/A	N/A	N/A
Sunflower	No Data							100%	100%	98%
United							100%	100%	100%	100%
Statewide							100%	100%	100%	99%
FE										
Aetna	N/A	N/A	N/A	N/A	N/A	N/A		100%	100%	100%
Amerigroup							N/A	N/A	N/A	N/A
Sunflower	No Data							100%	100%	100%
United							100%	100%	100%	100%
Statewide							100%	100%	100%	100%
IDD										
Aetna	N/A	N/A	N/A	N/A	N/A	N/A		100%	100%	100%
Amerigroup							N/A	N/A	N/A	N/A
Sunflower	No Data							100%	100%	100%
United							100%	100%	100%	100%
Statewide							100%	100%	100%	100%
BI										
Aetna	N/A	N/A	N/A	N/A	N/A	N/A		100%	100%	100%
Amerigroup							N/A	N/A	N/A	N/A
Sunflower	No Data							100%	100%	100%
United							100%	100%	100%	100%
Statewide							100%	100%	100%	100%
TA										
Aetna	N/A	N/A	N/A	N/A	N/A	N/A		100%	100%	100%
Amerigroup							N/A	N/A	N/A	N/A
Sunflower	No Data							100%	100%	100%
United							100%	100%	100%	100%
Statewide							100%	100%	100%	100%
Autism										
Aetna	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
United							100%	N/A	100%	N/A
Statewide							100%	N/A	100%	N/A
SED										
Aetna	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
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 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: 10/01/2019 - 12/31/2019

Data Source: Adverse Incident Reporting

Compliance By Waiver	Aetna	Sunflower	United	Statewide
PD	N/A	N/A	N/A	N/A
Numerator				
Denominator				
FE	N/A	N/A	N/A	N/A
Numerator				
Denominator				
IDD	100%	96%	63%	88%
Numerator	4	47	12	63
Denominator	4	49	19	72
BI	N/A	N/A	N/A	N/A
Numerator				
Denominator				
TA	N/A	N/A	N/A	N/A
Numerator				
Denominator				
Autism	N/A	N/A	N/A	N/A
Numerator				
Denominator				
SED	N/A	N/A	N/A	N/A
Numerator				
Denominator				

Explanation of Findings:

Reports involving restraint/seclusion/restrictive interventions for SED participants are routed to Behavioral Health for necessary follow-up and/or remediation.

All reports of restraint/seclusion during this timeframe occurred on the I/DD waiver.

UHC had 7 reports where the MCO identified did not follow procedures in the approved waiver. 2 applications reported were performed by Law Enforcement, no further action necessary for those particular reports. The other 5 reports verify MCO processes for reviewing plans to ensure appropriate use of applications.

Remediation:

KDADS HCBS continues to work with the Behavioral Health Commission to include accurate information as it pertains to SED member reports.

The 5 reports that did not involved law enforcement involvement include documentation regarding notification to individuals teams of the applications, reviewed any needs to adjust plans and educated or terminated staff as necessary to ensure no recurrence. Resolution details verify appropriate processes and procedures are followed to resolve incidents of restraint, seclusion and restrictive intervention.

Compliance Trends	2013	2014	2015	2016	2017	2018	Jan-Mar 2019	Apr-Jun 2019	Jul-Sep 2019	Oct-Dec 2019
PD										
Aetna	N/A	N/A	N/A	N/A	N/A	N/A		N/A	N/A	N/A
Amerigroup							N/A	N/A	N/A	N/A
Sunflower	No Data						N/A	N/A	N/A	N/A
United							N/A	N/A	N/A	N/A
Statewide							N/A	N/A	N/A	N/A
FE										
Aetna	N/A	N/A	N/A	N/A	N/A	N/A		N/A	N/A	N/A
Amerigroup							N/A	N/A	N/A	N/A
Sunflower	No Data						N/A	N/A	N/A	N/A
United							N/A	0%	N/A	N/A
Statewide							N/A	0%	N/A	N/A
IDD										
Aetna	N/A	N/A	N/A	N/A	N/A	N/A		100%	N/A	100%
Amerigroup							N/A	N/A	N/A	N/A
Sunflower	No Data						62%	100%	93%	96%
United							29%	40%	78%	63%
Statewide							50%	82%	90%	88%
BI										
Aetna	N/A	N/A	N/A	N/A	N/A	N/A		N/A	N/A	N/A
Amerigroup							N/A	N/A	N/A	N/A
Sunflower	No Data						N/A	N/A	N/A	N/A
United							N/A	N/A	N/A	N/A
Statewide							N/A	N/A	N/A	N/A
TA										
Aetna	N/A	N/A	N/A	N/A	N/A	N/A		N/A	N/A	N/A
Amerigroup							N/A	N/A	N/A	N/A
Sunflower	No Data						N/A	N/A	N/A	N/A
United							N/A	0%	N/A	N/A
Statewide							N/A	0%	N/A	N/A
Autism										
Aetna	N/A	N/A	N/A	N/A	N/A	N/A		N/A	N/A	N/A
Amerigroup							N/A	N/A	N/A	N/A
Sunflower	No Data						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
Amerigroup							N/A	N/A	N/A	N/A
Sunflower	No Data						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 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: 10/01/2019 - 12/31/2019

Data Source: Adverse Incident Reporting

Compliance By Waiver	Aetna	Sunflower	United	Statewide
PD	N/A	N/A	N/A	N/A
Numerator				
Denominator				
FE	N/A	N/A	N/A	N/A
Numerator				
Denominator				
IDD	N/A	100%	100%	100%
Numerator	0	1	5	6
Denominator	0	1	5	6
BI	N/A	N/A	N/A	N/A
Numerator				
Denominator				
TA	N/A	N/A	N/A	N/A
Numerator				
Denominator				
Autism	N/A	N/A	N/A	N/A
Numerator				
Denominator				
SED	N/A	N/A	N/A	N/A
Numerator				
Denominator				

Explanation of Findings:

Reports involving restraint/seclusion/restrictive interventions for SED participants are routed to Behavioral Health for necessary follow-up and/or remediation.

Remediation:

KDADS HCBS continues to work with the Behavioral Health Commission to include accurate information as it pertains to SED member reports.

Compliance Trends	2013	2014	2015	2016	2017	2018	Jan-Mar 2019	Apr-Jun 2019	Jul-Sep 2019	Oct-Dec 2019
PD										
Aetna	N/A	N/A	N/A	N/A	N/A	N/A		N/A	N/A	N/A
Amerigroup							N/A	N/A	N/A	N/A
Sunflower	No Data						N/A	N/A	N/A	N/A
United							N/A	N/A	N/A	N/A
Statewide							N/A	N/A	N/A	N/A
FE										
Aetna	N/A	N/A	N/A	N/A	N/A	N/A		N/A	N/A	N/A
Amerigroup							N/A	N/A	N/A	N/A
Sunflower	No Data						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
IDD										
Aetna	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%	N/A	100%	100%
United							100%	100%	50%	100%
Statewide							100%	100%	75%	100%
BI										
Aetna	N/A	N/A	N/A	N/A	N/A	N/A		N/A	N/A	N/A
Amerigroup							N/A	N/A	N/A	N/A
Sunflower	No Data						N/A	N/A	N/A	N/A
United							N/A	N/A	N/A	N/A
Statewide							N/A	N/A	N/A	N/A
TA										
Aetna	N/A	N/A	N/A	N/A	N/A	N/A		N/A	N/A	N/A
Amerigroup							N/A	N/A	N/A	N/A
Sunflower	No Data						N/A	N/A	N/A	N/A
United							N/A	100%	N/A	N/A
Statewide							N/A	100%	N/A	N/A
Autism										
Aetna	N/A	N/A	N/A	N/A	N/A	N/A		N/A	N/A	N/A
Amerigroup							N/A	N/A	N/A	N/A
Sunflower	No Data						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
Amerigroup							N/A	N/A	N/A	N/A
Sunflower	No Data						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 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: 10/01/2019 - 12/31/2019

Data Source: MCO Record Review

Compliance By Waiver	Aetna	Sunflower	United	Statewide
PD	88%	66%	85%	79%
Numerator	22	21	28	71
Denominator	25	32	33	90
FE	47%	62%	68%	62%
Numerator	9	21	26	56
Denominator	19	34	38	91
IDD	93%	84%	79%	84%
Numerator	14	41	22	77
Denominator	15	49	28	92
BI	71%	70%	90%	78%
Numerator	10	14	18	42
Denominator	14	20	20	54
TA	75%	95%	96%	92%
Numerator	9	21	24	54
Denominator	12	22	25	59
Autism	33%	100%	63%	67%
Numerator	1	4	5	10
Denominator	3	4	8	15
SED	81%	69%	81%	76%
Numerator	13	24	30	67
Denominator	16	35	37	88

Explanation of Findings:

PD: Evidence of physical exam not provided for review and/or did not meet physical exam requirement

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

IDD: 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

AU: Evidence of physical exam not provided for review

SED: Evidence of physical exam not provided for review, physical exam documentation submitted not current for review period

Remediation:

Compliance Trends	2013	2014	2015	2016	2017	2018	Jan-Mar 2019	Apr-Jun 2019	Jul-Sep 2019	Oct-Dec 2019
PD										
Aetna	N/A	N/A	N/A	N/A	N/A	N/A			63%	88%
Amerigroup		78%			20%	46%	N/A	N/A	N/A	N/A
Sunflower		81%			34%	40%	45%	47%	59%	66%
United		88%			34%	23%	50%	78%	94%	85%
Statewide	Not a Measure		No Data	No Data	29%	37%	48%	63%	75%	79%
FE										
Aetna	N/A	N/A	N/A	N/A	N/A	N/A			60%	47%
Amerigroup		89%			23%	34%	N/A	N/A	N/A	N/A
Sunflower		97%			31%	28%	47%	69%	59%	62%
United		97%			31%	18%	71%	61%	84%	68%
Statewide	Not a Measure	95%	No Data	No Data	29%	27%	59%	64%	70%	62%
IDD										
Aetna	N/A	N/A	N/A	N/A	N/A	N/A			83%	93%
Amerigroup		91%			28%	56%	N/A	N/A	N/A	N/A
Sunflower		99%			52%	70%	79%	88%	92%	84%
United		99%			26%	29%	60%	71%	77%	79%
Statewide	Not a Measure	97%	No Data	No Data	39%	56%	73%	83%	87%	84%
BI										
Aetna	N/A	N/A	N/A	N/A	N/A	N/A			44%	71%
Amerigroup		84%			21%	29%	N/A	N/A	N/A	N/A
Sunflower		94%			32%	30%	43%	56%	52%	70%
United		93%			19%	35%	54%	62%	94%	90%
Statewide	Not a Measure	90%	No Data	No Data	23%	30%	47%	55%	69%	78%
TA										
Aetna	N/A	N/A	N/A	N/A	N/A	N/A			83%	75%
Amerigroup		100%			39%	54%	N/A	N/A	N/A	N/A
Sunflower		100%			56%	79%	89%	90%	90%	95%
United		97%			68%	62%	69%	86%	92%	96%
Statewide	Not a Measure	100%	No Data	No Data	49%	63%	80%	87%	89%	92%
Autism										
Aetna	N/A	N/A	N/A	N/A	N/A	N/A			0%	33%
Amerigroup		100%			56%	90%	N/A	N/A	N/A	N/A
Sunflower		92%			65%	73%	100%	67%	60%	100%
United		100%			19%	42%	25%	60%	75%	63%
Statewide	Not a Measure	98%	No Data	No Data	48%	59%	40%	56%	71%	67%
SED										
Aetna	N/A	N/A	N/A	N/A	N/A	N/A			65%	81%
Amerigroup		54%			76%	87%	N/A	N/A	N/A	N/A
Sunflower		55%			27%	71%	71%	76%	71%	69%
United		46%			47%	61%	42%	46%	71%	81%
Statewide	Not a Measure	52%	No Data	No Data	52%	67%	55%	60%	70%	76%

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: 10/01/2019 - 12/31/2019

Data Source: MCO Record Review

Compliance By Waiver	Aetna	Sunflower	United	Statewide
PD	96%	84%	88%	89%
Numerator	24	27	29	80
Denominator	25	32	33	90
FE	89%	91%	89%	90%
Numerator	17	31	34	82
Denominator	19	34	38	91
IDD	47%	80%	71%	72%
Numerator	7	39	20	66
Denominator	15	49	28	92
BI	50%	75%	90%	74%
Numerator	7	15	18	40
Denominator	14	20	20	54
TA	83%	91%	96%	92%
Numerator	10	20	24	54
Denominator	12	22	25	59
Autism	33%	75%	50%	53%
Numerator	1	3	4	8
Denominator	3	4	8	15
SED	Not a Waiver Performance Measure			
Numerator				
Denominator				

Explanation of Findings:

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

BI: No valid signature and/or date, service plan 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, backup plan not provided for review

Remediation:

Compliance Trends	2013	2014	2015	2016	2017	2018	Jan-Mar 2019	Apr-Jun 2019	Jul-Sep 2019	Oct-Dec 2019
PD										
Aetna	N/A	N/A	N/A	N/A	N/A	N/A		58%	83%	96%
Amerigroup		59%	53%	73%	86%	96%	N/A	N/A	N/A	N/A
Sunflower		77%	49%	66%	79%	85%	85%	88%	85%	84%
United		64%	80%	88%	87%	94%	91%	85%	87%	88%
Statewide	Not a Measure	67%	58%	75%	84%	92%	88%	79%	85%	89%
FE										
Aetna	N/A	N/A	N/A	N/A	N/A	N/A		53%	88%	89%
Amerigroup		61%	62%	72%	84%	90%	N/A	N/A	N/A	N/A
Sunflower		72%	56%	72%	77%	81%	83%	88%	84%	91%
United		76%	81%	85%	91%	91%	87%	87%	92%	89%
Statewide	59%	70%	65%	76%	84%	87%	85%	81%	88%	90%
IDD										
Aetna	N/A	N/A	N/A	N/A	N/A	N/A		60%	87%	47%
Amerigroup		67%	61%	65%	74%	86%	N/A	N/A	N/A	N/A
Sunflower		58%	32%	59%	70%	72%	77%	78%	78%	80%
United		70%	58%	73%	90%	86%	93%	79%	77%	71%
Statewide	Not a Measure	64%	47%	64%	76%	79%	83%	75%	79%	72%
BI										
Aetna	N/A	N/A	N/A	N/A	N/A	N/A		43%	50%	50%
Amerigroup		46%	49%	62%	80%	82%	N/A	N/A	N/A	N/A
Sunflower		68%	42%	80%	84%	88%	91%	90%	81%	75%
United		56%	74%	80%	79%	89%	85%	94%	76%	90%
Statewide	Not a Measure	56%	52%	70%	81%	85%	89%	78%	72%	74%
TA										
Aetna	N/A	N/A	N/A	N/A	N/A	N/A		38%	75%	83%
Amerigroup		75%	54%	79%	90%	99%	N/A	N/A	N/A	N/A
Sunflower		91%	58%	77%	78%	85%	81%	90%	95%	91%
United		86%	63%	79%	95%	86%	91%	84%	92%	96%
Statewide	Not a Measure	83%	57%	78%	87%	92%	86%	76%	89%	92%
Autism										
Aetna	N/A	N/A	N/A	N/A	N/A	N/A		0%	0%	33%
Amerigroup		77%	44%	32%	88%	100%	N/A	N/A	N/A	N/A
Sunflower		53%	27%	67%	80%	72%	100%	100%	60%	75%
United		38%	7%	6%	13%	41%	50%	67%	100%	50%
Statewide	Not a Measure	64%	30%	40%	62%	67%	60%	64%	79%	53%
SED	Not a Waiver Performance Measure									
Aetna										
Amerigroup										
Sunflower										
United										
Statewide										

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: 10/01/2019 - 12/31/2019

Data Source: MCO Claims Data

Compliance By Waiver	Statewide
PD	98%
Numerator	100,297
Denominator	102,233
FE	97%
Numerator	56,854
Denominator	58,793
IDD	95%
Numerator	168,496
Denominator	177,246
BI	95%
Numerator	12,081
Denominator	12,652
TA	94%
Numerator	7,875
Denominator	8,349
Autism	89%
Numerator	8
Denominator	9
SED	84%
Numerator	18,178
Denominator	21,682
All HCBS Waivers	95%
Numerator	363,789
Denominator	380,964

Compliance Trends	2013	2014	2015	2016	2017	2018	Jan-Mar 2019	Apr-Jun 2019	Jul-Sep 2019	Oct-Dec 2019
PD										
Statewide	Not a Measure	N/A	N/A	N/A	N/A	96%	95%	96%	98%	98%
FE										
Statewide	Not a Measure	N/A	N/A	N/A	N/A	95%	94%	95%	96%	97%
IDD										
Statewide	Not a Measure	N/A	N/A	N/A	N/A	97%	96%	95%	95%	95%
BI										
Statewide	Not a Measure	N/A	N/A	N/A	N/A	90%	92%	91%	95%	95%
TA										
Statewide	Not a Measure	N/A	N/A	N/A	N/A	91%	96%	96%	95%	94%
Autism										
Statewide	Not a Measure	N/A	N/A	N/A	N/A	82%	95%	82%	88%	89%
SED										
Statewide	Not a Measure	N/A	N/A	N/A	N/A	82%	74%	75%	79%	84%
All HCBS Waivers										
Statewide	Not a Measure	90%	88%	95%	95%	95%	94%	94%	95%	95%

Explanation of Findings:

MCO self-reported data

Remediation:

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 2019

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

Explanation of Findings:

Performance Measure achieved

Remediation:

No remediation necessary



KanCare Ombudsman Report

Quarter 2, 2020 (based on calendar year)

April 1 – June 30, 2020

Data downloaded 7/10/2020

KanCare Ombudsman Office

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II. Highlights/Dashboard

A. Initial Contacts for 2nd quarter down (page 5)

Contacts to the KanCare Ombudsman Office are down by approximately 47% compared to last quarter (1st quarter). If you refer to the Medicaid Issues chart on page 17, you will see that Medicaid Eligibility Issues went from 206 in first quarter to 63 in second quarter. That is about a 69% decrease from first to second quarter.

The KanCare Clearinghouse data also shows a significant decrease in contacts from first quarter to second quarter (-55%) which we agree is due to the COVID-19 pandemic.

B. New avenue for outreach – Future Changes (page 26)

The KanCare Ombudsman Office has recently collaborated with the IRIS team. IRIS is an acronym for Integrated Referral and Intake System, a web-based communication tool designed to help organizations connect families to community resources. It was developed by the Center for Public Partnerships & Research at the University of Kansas.

We are connected to all of the IRIS sites. Those sites are partnered with many providers in their area. Since we are now part of their referral team, they can refer people with KanCare issues to us more easily. Many of the organizations may not have been aware of us or known how to contact us. I believe this will increase our contacts significantly once these organizations are aware of us as a new partner.

III. KanCare Ombudsman Purpose

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

The KanCare Ombudsman Office assists KanCare beneficiaries and applicants with access, service and benefit problems. The office:

- assists KanCare members with seeking resolution to complaints or concerns regarding their interaction with their KanCare plan or eligibility
- helps applicants with information, resources and assistance with the KanCare application and renewal process
- provides information about the KanCare grievance and appeal process that is available through the KanCare plans and the State Fair Hearing process

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

IV. Accessibility by Ombudsman's Office

A. Initial Contacts

The KanCare Ombudsman Office was available to members and potential members of KanCare (Medicaid) by phone, email, written communication and social media during Quarter 2 of 2020.

The KanCare Ombudsman Office has helped KanCare members and applicants since the inception of KanCare in January 2013. Starting in 2016, with the beginning of trained volunteer help in the two satellite offices (Olathe and Wichita), the help we provide has increased significantly. The KanCare Ombudsman second quarter contacts have dropped significantly. If you note the second chart below, it shows that the KanCare Clearinghouse contacts have also dropped significantly during second quarter.

Initial Contacts	Qtr. 1	Qtr. 2	Qtr. 3	Qtr. 4
2014	545	474	526	547
2015	510	462	579	524
2016	1,130	846	687	523
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	477		

	Q4/2019	Q1/2020	Q2/2021	+/- %
CH contacts	126,682	128,033	57,720	-55%

B. Accessibility through the KanCare Ombudsman Volunteer Program

The Kancare Ombudsman Office has two satellite offices; one in Olathe and one in Wichita. Both satellite offices answer KanCare questions, help with issues and assist with filling out KanCare applications.

The main means of contact with the two satellite offices is through the KanCare Ombudsman Toll Free number, which directs calls based on the area code of the caller.

Both Satellite office were closed the second week of March due to COVID-19 and remained closed during all of second quarter. Most volunteers are seniors and thus fall into the higher risk category. Many of them also have underlying health issues that are also of concern in this environment. Callers may leave a message and the messages are picked up by the Topeka office.

We are hoping to have the Johnson County satellite office back open in August and the Wichita satellite office in September.

V. Outreach by Ombudsman’s office

The KanCare Ombudsman Office is responsible to help beneficiaries and applicants to understand the KanCare application process, benefits and services, and provide training and outreach to community organizations. The office does this through education, publications and training.

The outreach for 2nd quarter, 2020 is down dramatically. Most events were cancelled due to COVID-19.

	Q1/2019	Q2/2019	Q3/2019	Q4/2019	Q1/2020	Q2/2020
Outreach	49	23	14	8	74	16

For the full listing of outreach events, see Appendix A on page 23.

VI. Data by Ombudsman Office

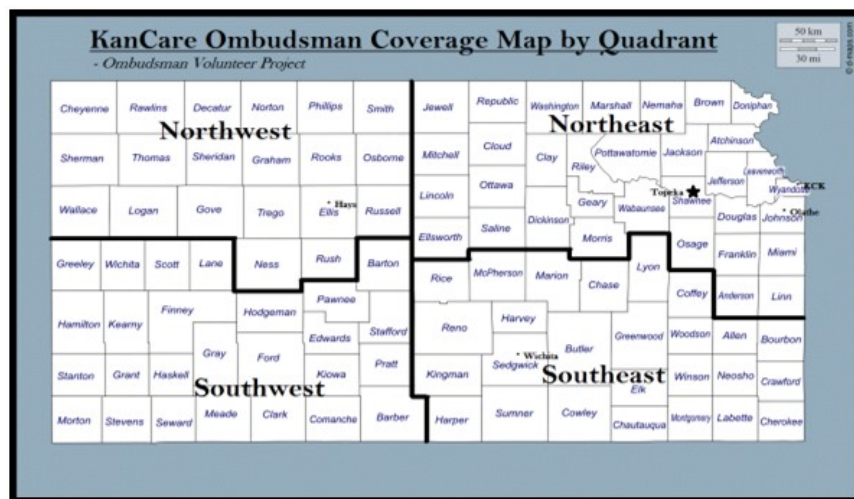
The data for the KanCare Ombudsman Office includes data by region, office location, contact method, caller type, program type, issue category, action taken and priority.

A. Data by Region

1. Initial Contacts to KanCare Ombudsman Office by Region

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

- 785, 913 and 816 area code calls go to the Johnson County Satellite office.
- 316 and 620 area code calls go to the Wichita Satellite office.
- The remaining calls, direct calls and complex calls go to the Topeka (main) office.



Most contacts for the KanCare Ombudsman Office are coming from the east side of the state which also ties to where Medicaid members are located within the state (see Medicaid member chart on page 8) and the population density of Kansas (see map on page 8).

Ombudsman Office Calls by Region

REGION	Q1/2019	Q2/2019	Q3/2019	Q4/2019	Q1/2020	Q2/2020
Northwest	7	20	11	8	15	4
Northeast	184	210	174	183	158	89
Southwest	20	24	17	17	16	11
Southeast	208	129	126	172	171	104
Unknown	633	706	739	532	544	257
Out of State	16	8	4	3	2	12
Total	1,068	1,097	1,071	915	906	477

2. KanCare/Medicaid Members by Region

This chart shows the KanCare/Medicaid population by the KanCare Ombudsman regions. The majority of the Medicaid population is located in the eastern two regions. The bottom line number for Medicaid is creeping up due to COVID-19. It is my understanding that members are not being dropped at this time due to COVID-19.

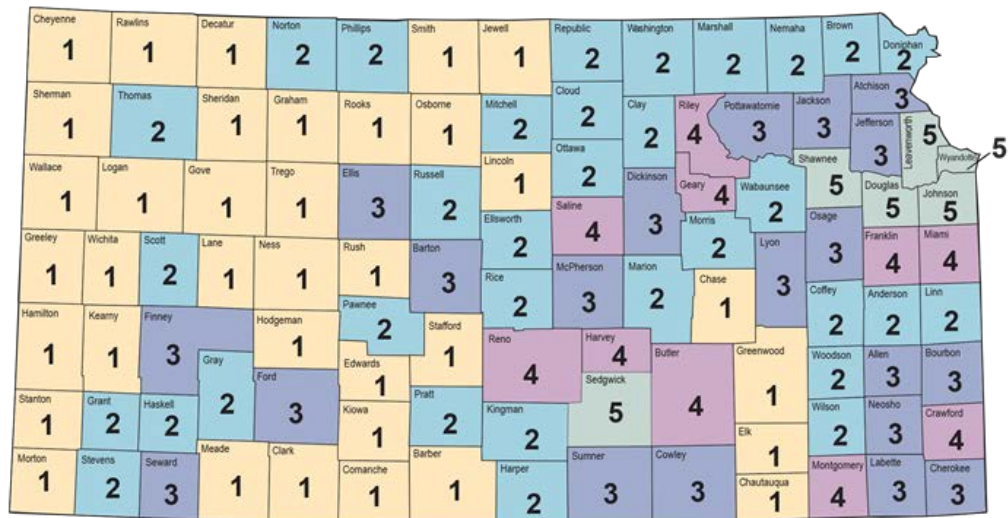
Region	Q1/2019	Q2/2019	Q3/2019	Q4/2019	Q1/2020	Q2/2021
Northeast	205,267	179,011	188,184	189,133	193,061	199,226
Southeast	185,683	160,821	169,598	170,237	174,330	180,611
Northwest	13,240	11,575	12,163	12,223	12,550	12,964
Southwest	40,073	34,613	36,291	36,472	36,984	38,200
Total	444,263	386,020	406,236	408,065	416,925	431,001

Qtr. 2, 2020 Data from June 2020

3. Kansas Population Density

This chart shows the population density of Kansas and helps in understanding why most of the Medicaid population and KanCare Ombudsman calls are from the eastern part of Kansas.

Based on 2015 Census data – www.KCDCinfo.ks.gov Kansas Population Density map 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

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

Starting March week 2 and through most of second quarter, the Wichita Volunteer Project Specialist covered the Wichita phones. The KanCare Ombudsman covered the Topeka and Johnson County phones and all emails during April, May and half of June. Mid-June the Ombudsman Assistant began assisting with calls including Wichita; the Wichita project specialist focused on training of four new volunteers (virtual ZOOM training).

Contacts by Office	Q1/2019	Q2/2019	Q3/2019	Q4/2019	Q1/2020	Q1/2020
Main - Topeka	561	620	733	537	540	362
Olathe	166	213	212	182	142	0
Wichita	333	264	126	196	221	112
Total	1,060	1,097	1,071	915	903	474

C. Data by Contact Method

There is a new listing below called Social Media. Since the KanCare Ombudsman office is on Facebook, we anticipate there may be instances when people will contact us for help through Facebook.

There has been no face-to-face assistance during second quarter. This is due to all **volunteers** in satellite office being at home (high risk category).

Contact Method	Q1/2019	Q2/2019	Q3/2019	Q4/2019	Q1/2020	Q2/2020
Telephone	898	948	956	794	773	355
Email	152	138	107	109	114	117
Letter	1	5	2	1	5	4
Face-to-Face Meeting	12	6	5	8	11	0
Other	5	0	0	1	0	1
Social Media	0	0	1	2	3	0
CONTACT METHOD TOTAL	1,068	1,097	1,071	915	906	477

D. Data by Caller Type

Most contacts are consumers which includes beneficiaries, family member, friend, etc. The “Other type” callers are usually state employees, lawyers, schools, and students/researchers looking for data.

Provider issues are a combination of providers calling to assist a member or applicant having issues, or a provider with billing issues, questions on how to become a provider in Kansas, etc. The provider contacts that are not for an individual member, we forward to KDHE.

CALLER TYPE	Q1/2019	Q2/2019	Q3/2019	Q4/2019	Q1/2020	Q2/2020
Provider	93	69	112	65	70	63
Consumer	920	939	901	794	773	374
MCO Employee	8	11	1	7	3	6
Other Type	47	78	57	49	60	34
CALLER TYPE TOTAL	1,068	1,097	1,071	915	906	477

E. Data by Program Type

The top program types that we received calls for in second quarter were Physical Disability waiver, the Intellectual Development Disability waiver and nursing facility concerns.

Five program types were added at the end of August 2019:

- Foster Care
- MediKan
- Institutional Transition from
 - Long Term Care/Nursing Facility (LTC/NF)
 - Mental Health/Behavioral Health (MH/BH)
 - Prison/Jail

PROGRAM TYPE	Q1/2019	Q2/2019	Q3/2019	Q4/2019	Q1/2020	Q2/2020
PD	40	32	21	29	32	25
I/DD	30	36	37	20	23	23
FE	25	20	43	37	34	19
AUTISM	3	4	1	2	1	1
SED	5	7	13	10	5	3
TBI	13	11	7	12	7	4
TA	5	7	7	10	6	5
WH	2	5	1	2	0	1
MFP	0	0	0	1	0	1
PACE	2	1	2	4	1	0
MENTAL HEALTH	2	5	2	5	3	8
SUB USE DIS	1	0	2	1	0	0
NURSING FACILITY	33	27	27	48	39	29
FOSTER CARE	0	0	0	0	0	1
MEDIKAN	0	0	9	3	2	0
INSTITUTIONAL TRANSITION FROM LTC/NF	0	0	1	5	3	2
INSTITUTIONAL TRANSITION FROM MH/BH	0	0	0	3	0	1
INSTITUTIONAL TRANSITION FROM PRISON/JAIL	0	0	0	0	0	0
PROGRAM TYPE TOTAL	161	155	173	192	156	123

There may be multiple selections for a member/contact.

F. Data by Priorities

This is data we started collecting in August 2019. 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 – non-medical need that needs to be resolved in the next 7-10 days; could be eviction from home or nursing facility or urgent financial.
- Life Threatening – If not resolved in 1-4 days person's life could be endangered. (should not be used very often.)

It is worth noting that although total contacts have gone down dramatically, the HCBS and Long Term Care contacts have remained steady.

PRIORITY	Q3/2019	Q4/2019	Q1/2020	Q2/2020
HCBS	39	61	66	65
Long Term Care / MF	12	24	25	26
Urgent Medical Need	13	33	24	8
Urgent	23	29	22	12
Life Threatening	6	8	8	0
PRIORITIES TOTAL	93	155	145	111

There may be multiple selections for a member/contact.

G. Data by Issue Categories

The Issue Categories have been divided into three groups for easier tracking and reporting purposes. The three groups are:

1. Medicaid Issues
2. Home and Community Based Services/Long Term Supports and Services (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 issues are Medicaid Application assistance and General Medicaid issues/questions. Note that Medicaid Eligibility Issues and Medicaid Status updates decreased significantly (- 67% and – 77%) from first to second quarter. The chart on page 5 shows that the Clearinghouse has also experienced a significant decrease in calls (-55%) as well which explains that in general, there has been a decrease in calls regarding eligibility and renewals.

MEDICAID ISSUES	Q1/2019	Q2/2019	Q3/2019	Q4/2019	Q1/2020	Q2/2020
Access to Providers (usually Medical)	11	14	26	15	11	3
Appeals/Fair Hearing questions/issues	17	12	10	12	24	8
Background Checks	2	1	0	1	0	0
Billing	30	29	54	35	25	16
Care Coordinator Issues	18	5	15	16	19	3
Change MCO	12	10	4	6	7	3
Choice Info on MCO	7	8	3	3	4	2
Coding Issues	15	11	9	4	8	2
Consumer said Notice not received	6	7	3	6	3	0
Cultural Competency	0	0	1	0	0	1
Data Requests	2	4	0	1	4	4
Dental	11	6	6	6	4	7
Division of Assets	8	11	13	12	10	8
Durable Medical Equipment	4	5	3	2	3	9
Grievances Questions/Issues	12	19	26	36	32	11
Help understanding mail (NOA)	0	0	3	6	9	4
MCO transition	0	0	1	3	2	0
Medicaid Application Assistance	171	137	130	171	150	113
Medicaid Eligibility Issues	152	145	147	188	206	63
Medicaid Fraud	1	4	3	2	1	2
Medicaid General Issues/questions	273	254	183	199	188	89
Medicaid info (status) update	124	175	149	188	150	35
Medicaid Renewal	56	119	84	51	51	3
Medical Card issues	0	0	1	9	9	6

Medicare Savings Plan Issues	22	29	62	78	49	22
MediKan issues	0	0	4	3	3	0
Moving to / from Kansas	20	17	18	17	19	7
Medical Services	18	10	13	18	24	19
Pain management issues	5	1	0	2	0	2
Pharmacy	18	16	10	11	12	11
Pregnancy issues	0	0	5	5	5	2
Prior authorization issues	0	0	1	1	2	2
Refugee/Immigration/SOBRA issues	0	0	3	10	3	0
Respite	1	0	0	1	0	0
Spend Down Issues	29	21	34	33	28	17
Transportation	11	9	14	9	9	6
Working Healthy	3	5	5	6	0	1
MEDICAID ISSUES TOTAL	1059	1084	1043	1166	1074	481

There may be multiple selections for a member/contact.

2. HCBS/LTSS Issues

The top two issues for this group are HCBS Eligibility Issues and HCBS General Issues. (HCBS stands for Home and Community Based Services)

HCBS/LTSS ISSUES	Q1/2019	Q2/2019	Q3/2019	Q4/2019	Q1/2020	Q2/2020
Client Obligation	22	19	27	14	14	10
Estate Recovery	4	9	10	9	3	3
HCBS Eligibility issues	35	33	46	61	51	34
HCBS General Issues	62	47	65	68	60	55
HCBS Reduction in hours of service	6	3	3	0	5	3
HCBS Waiting List	6	7	8	6	2	0
Nursing Facility Issues	36	39	54	49	39	26
HCBS/LTSS ISSUES TOTAL	171	157	213	207	174	131

There may be multiple selections for a member/contact.

3. Other Issues

This section shows topics issues or concerns that may be *related* to Medicaid.

OTHER ISSUES	Q1/2019	Q2/2019	Q3/2019	Q4/2019	Q1/2020	Q2/2020
Abuse / neglect complaints	8	6	4	3	8	10
ADA Concerns	0	0	0	0	0	0
Adoption issues	0	0	1	2	1	1
Affordable Care Act Calls	5	5	3	4	3	7
Community Resources needed	0	0	3	6	8	10
Domestic Violence concerns	0	0	1	0	0	0
Foster Care issues	0	0	1	2	6	4
Guardianship	1	1	2	6	4	5
Homelessness	0	0	1	3	2	3
Housing Issues	5	5	7	4	1	7
Medicare related Issues	18	15	18	23	16	17
Social Security Issues	16	15	19	7	16	15
Used Interpreter	0	0	0	6	1	5
X-Other	134	119	114	85	137	91
Z Thank you	408	399	350	400	335	218
Z Unspecified	97	110	137	99	75	47
Health Homes	0	0	0	0	0	0
OTHER ISSUES TOTAL	692	675	661	650	613	440

There may be multiple selections for a member/contact.

H. Data by Managed Care Organization – 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:

- response rates for the KanCare Ombudsman office
- response rates to resolve the question/concern for related organizations that are asked to assist by the Ombudsman office
- how contacts are resolved

A. Responding to Issues

1. Ombudsman Office response to members/applicants

The Ombudsman Office goal is to respond to a contact within two business days. During most of second quarter there were two people answering the contacts rather than three offices, volunteers and staff. In June, a third person returned to work and the Wichita person began training of a VISTA volunteer, an intern and two Johnson County volunteers, all through zoom. The Topeka office took over the responsibility for all contacts at that point.

The reduction in staff/volunteers to return contacts can be seen with the large increase in percentage of calls that took 3-7 days to return.

<u>Quarter</u> <u>yr.</u>	<u>Nbr</u> <u>Contacts</u>	<u>%</u> <u>Responded</u> <u>0-2 Days</u>	<u>%</u> <u>Responded</u> <u>in 3-7 Days</u>	<u>%</u> <u>Response</u> <u>8 or More</u> <u>Days</u>
Q1/2019	1,068	88%	11%	1%
Q2/2019	1,096	91%	8%	1%
Q3/2019	1,071	95%	4%	1%
Q4/2019	915	93%	6%	0%
Q1/2020	902	92%	4%	4%
Q2/2020	475	60%	37%	3%

Chart reflects calendar day response time.

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.

These two charts show Q1 and Q2 for comparison sake. Notice that Q2 has an increase in the amount 7-30 days for resolution versus Q1. Many organizations were affected by COVID-19; these results help provide a picture of the impact.

Q2/2020

Nbr Referrals	Referred to	% Responde d 0-2 Days	% Responde d 3-7 Days	% Responde d 7-30 Days	% Responde d 31 or More Days
13	Clearinghouse	100%	0%	0%	0%
3	DCF	33%	33%	33%	0%
1	KDADS-Behavior Health	100%	0%	0%	0%
8	KDADS-HCBS	88%	0%	13%	0%
2	KDADS-Health Occ. Cred.	50%	50%	0%	0%
30	KDHE-Eligibility	60%	20%	17%	3%
6	KDHE-Program Staff	83%	0%	17%	0%
4	KDHE-Provider Contact	50%	50%	0%	0%
1	KMAP	100%	0%	0%	0%
6	Aetna	17%	33%	33%	17%
9	Sunflower	33%	33%	33%	0%
12	UnitedHealthcare	33%	58%	8%	0%

Nbr Referrals	Referred to	% Responded 0-2 Days	% Responded 3-7 Days	% Responded 7-30 Days	% Responded 31 or More Days
84	Clearinghouse	81%	12%	7%	0%
2	DCF	100%	0%	0%	0%
2	KDADS-Behavior Health	50%	50%	0%	0%
10	KDADS-HCBS	100%	0%	0%	0%
1	KDADS-Health Occ. Cred.	100%	0%	0%	0%
50	KDHE-Eligibility	54%	28%	16%	2%
2	KDHE-Program Staff	100%	0%	0%	0%
6	KDHE-Provider Contact	67%	17%	17%	0%
1	KMAP	100%	0%	0%	0%
2	Aetna	50%	50%	0%	0%
11	Sunflower	27%	27%	27%	18%
12	UnitedHealthcare	50%	33%	8%	8%

3. Action Taken by KanCare Ombudsman Office to resolve requests

81% (or 4 out of 5) of initial contacts were resolved by providing some type of resource. For example, the KanCare Ombudsman office:

- contacted another organization to resolve the issue
- shared information, resources, mailings, etc.
- provided referrals to other organizations

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

Action Taken Resolution Type	Q1/2019	Q2/2019	Q3/2019	Q4/2019	Q1/2020	Q2/2020
Questions/Issue Resolved (No Resources)	94	85	69	58	68	51
Used Contact or Resources/Issue Resolved	837	871	909	768	713	356
Closed (No Contact)	126	123	79	62	50	31
ACTION TAKEN RESOLUTION TYPE TOTAL	1,057	1,079	1,057	888	831	438

There may be multiple selections for a member/contact

4. Referred Beneficiary to an Organization for Assistance

This chart provides shows when resources are provided verbally and when resources are emailed or mailed.

Action Taken Additional Help	Q1/2019	Q2/2019	Q3/2019	Q4/2019	Q1/2020	Q2/2020
Provided Resources	567	537	682	663	555	333
Mailed/Email Resources	151	123	152	168	113	73
ACTION TAKEN ADDITIONAL HELP TOTAL	718	660	834	831	668	406

There may be multiple selections for a member/contact.

5. Ombudsman Office Resolution of Issues

The average days to close/resolve an issue remained relatively the same over the last four quarters.

During second quarter the percentage for closing cases in 0-2 days went down dramatically, from 74% in Qtr. 1 to 46% in Qtr. 2. This is due to reduced staff and closed offices during the second quarter.

<u>Quarter/Year</u>	<u>Number Contacts</u>	<u>Avg Days To Completion</u>	<u>% Completed 0-2 Days</u>	<u>% Completed in 3-7 Days</u>	<u>% Completed 8 or More Days</u>
Q1/2019	1,051	5	71%	17%	13%
Q2/2019	1,021	4	75%	13%	13%
Q3/2019	1,002	5	75%	10%	15%
Q4/2019	837	5	72%	11%	17%
Q1/2020	788	7	74%	9%	17%
Q2/2020	394	5	46%	32%	22%

VIII. Enhancements and Future Changes

A. Changes in the KanCare Ombudsman Office

1. Staff

The KanCare Ombudsman Volunteer Coordinator position is currently open. Due to COVID-19, there is a state hiring freeze except for essential staff. Once we are able to hire this position, it will be located in the Johnson County office in order to better support and supervise the volunteers in this location.

2. Johnson County Satellite office

The move of the Johnson County Satellite office is complete. It has moved from the Catholic Charities office in Olathe to the Department of Children and Families office in Overland Park.

3. Reopening of Satellite offices

The Johnson County and Wichita satellite offices may open in August/September. The determination of the opening date is based on:

- the county COVID-19 rate of cases (increasing or decreasing)
- when DCF (Overland Park) and WSU (Wichita) staff to return to the offices

B. New avenue for outreach – Future Changes

The KanCare Ombudsman Office has recently collaborated with the IRIS team. IRIS is an acronym for Integrated Referral and Intake System, a web-based communication tool designed to help organizations connect families to community resources. It was developed by the Center for Public Partnerships & Research at the University of Kansas.

We are connected to all of the IRIS sites. Those sites are partnered with many providers in their area. Since we are now part of their referral team, they can refer people with KanCare issues to us more easily. Many of the organizations may not have been aware of us or known how to contact us. I believe this will increase our contacts significantly once these organizations are aware of us as a new partner.

IX. Appendix A - Outreach by Ombudsman's office

This is a listing of the KanCare Ombudsman Outreach to members and community by way of participation in conferences where members and/or providers attend, newsletters, social media, training events, public comments sessions by the state for KanCare related issues, etc.

A. Outreach through Collaboration and Education

- April - WSU CEI staff and Ombudsman VISTA maintained contact with program staff at community partners RSVP and SHICK.
- 5/5 – WSU CEI staff responded to emailed questions from staff at South Central Kansas Area Agency on Aging regarding Medicaid application processes
- 5/6 – WSU CEI staff attended CPAAA networking meeting (via WebEx)
- 5/11 – WSU Ombudsman VISTA emailed with RSVP program staff

B. Outreach through Print Media and Social Media

- April – Wichita Ombudsman VISTA made 4 Facebook posts or updates
- WSU CEI Communications staff highlighted Ombudsman work and VISTA engagement with the following Facebook post, dated April 29:
<https://www.facebook.com/wsucei/photos/a.10151031618448819/10157986812823819/?type=3&theater>
- Wichita Ombudsman VISTA made 3 Facebook posts during this transition to a new VISTA volunteer.

C. Outreach through Collaboration and Training

- 4/13 – WSU CEI staff provided KanCare resources to social worker at Wichita VA Hospital
- WSU Ombudsman VISTA continued daily, in-depth training with WSU CEI staff throughout June. With training, the VISTA began seriously addressing work tasks outlined in her VISTA Assignment Description (VAD). Tasks included building and revising an existing Ombudsman Office directory of statewide partners who offer KanCare application assistance in-person. The WSU CEI staff and VISTA together spent approximately 4 hours addressing this very long-term task.
- 6/3 – WSU CEI staff attended CPAAA networking meeting (via WebEx)
- 6/16 – WSU CEI staff and VISTA met with Lindsay Galindo of KU's Center for Public Partnerships and Research to discuss the Integrated Referral and Intake System (IRIS). This software enables communities in over 20 Kansas counties to make connections and referrals for Kansas residents. In June, the Ombudsman team discussed becoming this referral system and decided to pursue involvement. WSU CEI staff continued communication with Ms. Galindo accordingly.

X. Appendix B – Information by Managed Care Organization

A. Aetna-Issue Categories

MEDICAID ISSUES	Q1/2019	Q2/2019	Q3/2019	Q4/2019	Q1/2020	Q2/2020
Access to Providers (usually Medical)	2	2	4	5	0	1
Appeals/Fair Hearing questions/issues	0	1	1	0	2	1
Background Checks	0	0	0	0	0	0
Billing	3	0	5	4	2	2
Care Coordinator Issues	10	1	4	4	0	0
Change MCO	4	3	2	2	4	0
Choice Info on MCO	2	0	2	2	1	0
Coding Issues	1	0	1	1	0	0
Consumer said Notice not received	0	1	0	0	0	0
Cultural Competency	0	0	0	0	0	0
Data Requests	0	0	0	0	0	0
Dental	3	0	2	2	1	0
Division of Assets	0	0	0	1	0	0
Durable Medical Equipment	1	2	2	0	1	2
Grievances Questions/Issues	2	2	4	3	4	3
Help understanding mail (NOA)	0	0	0	0	0	0
MCO transition	0	0	1	2	0	0
Medicaid Application Assistance	2	1	1	2	0	0
Medicaid Eligibility Issues	5	7	2	5	1	1
Medicaid Fraud	0	0	0	0	0	0
Medicaid General Issues/questions	16	18	5	9	4	2
Medicaid info (status) update	4	1	4	5	4	4
Medicaid Renewal	1	12	3	2	3	0
Medical Card issues	0	0	0	0	0	0
Medicare Savings Plan Issues	2	1	1	3	3	0
MediKan issues	0	0	0	0	0	0
Moving to / from Kansas	0	0	1	1	0	0

Medical Services	3	4	4	3	2	2
Pain management issues	0	1	0	0	0	1
Pharmacy	4	3	1	2	1	0
Pregnancy issues	0	0	0	0	0	0
Prior authorization issues	0	0	0	0	0	0
Refugee/Immigration/SOBR A issues	0	0	0	0	0	0
Respite	0	0	0	0	0	0
Spend Down Issues	1	3	2	3	2	2
Transportation	4	0	4	5	1	1
Working Healthy	0	0	0	0	0	0
MEDICAID ISSUES TOTAL	70	63	56	66	36	22

There may be multiple selections for a member/contact.

HCBS/LTSS ISSUES	Q1/2019	Q2/2019	Q3/2019	Q4/2019	Q1/2020	Q2/2020
Client Obligation	2	3	2	2	0	0
Estate Recovery	0	0	0	0	0	0
HCBS Eligibility issues	5	3	3	7	0	0
HCBS General Issues	7	5	7	6	0	5
HCBS Reduction in hours of service	0	0	1	0	0	1
HCBS Waiting List	2	0	0	1	0	0
Nursing Facility Issues	0	1	3	2	3	1
HCBS/LTSS ISSUES TOTAL	16	12	16	18	3	7

OTHER ISSUES	Q1/2019	Q2/2019	Q3/2019	Q4/2019	Q1/2020	Q2/2020
Abuse / neglect complaints	0	0	0	0	1	2
ADA Concerns	0	0	0	0	0	0
Adoption issues	0	0	0	0	0	0
Affordable Care Act Calls	0	0	0	0	0	0
Community Resources needed	0	0	0	0	0	1
Domestic Violence concerns	0	0	0	0	0	0
Foster Care issues	0	0	0	0	0	1
Guardianship	0	0	0	0	0	0
Homelessness	0	0	0	0	0	0
Housing Issues	0	0	1	0	0	0
Medicare related Issues	0	1	4	2	1	0
Social Security Issues	1	1	1	0	0	0
Used Interpreter	0	0	0	0	0	0
X-Other	14	6	6	3	3	6
Z Thank you	26	32	28	23	9	10
Z Unspecified	1	1	3	3	0	0
OTHER ISSUES TOTAL	42	41	43	31	14	20

B. Aetna -Program Type

PROGRAM TYPE	Q1/2019	Q2/2019	Q3/2019	Q4/2019	Q1/2020	Q2/2020
PD	3	2	1	2	1	2
I/DD	1	4	2	1	0	2
FE	2	1	3	2	0	0
AUTISM	0	0	0	0	0	0
SED	0	1	0	2	0	1
TBI	2	3	2	2	0	0
TA	2	1	2	1	0	2
WH	0	0	0	0	0	0
MFP	0	0	0	0	0	0
PACE	0	0	0	0	0	0
MENTAL HEALTH	0	0	2	0	0	0
SUB USE DIS	0	0	0	0	0	0
NURSING FACILITY	0	2	1	2	2	2
FOSTER CARE	0	0	0	0	0	1
MEDIKAN	0	0	0	0	0	0
INSTITUTIONAL TRANSITION FROM LTC/NF	0	0	0	0	0	0
INSTITUTIONAL TRANSITION FROM MH/BH	0	0	0	0	0	0
INSTITUTIONAL TRANSITION FROM PRISON/JAIL	0	0	0	0	0	0
PROGRAM TYPE TOTAL	10	14	13	12	3	10

There may be multiple selections for a member/contact.

C. Sunflower–Issue Category

MEDICAID ISSUES	Q1/2019	Q2/2019	Q3/2019	Q4/2019	Q1/2020	Q2/2020
Access to Providers (usually Medical)	4	3	5	2	2	0
Appeals/Fair Hearing questions/issues	1	3	0	0	4	2
Background Checks	0	0	0	0	0	0
Billing	4	7	6	2	2	1
Care Coordinator Issues	2	4	5	4	6	1
Change MCO	2	1	1	0	0	1
Choice Info on MCO	1	1	0	1	0	1
Coding Issues	4	3	0	0	0	0
Consumer said Notice not received	0	0	0	0	0	0
Cultural Competency	0	0	1	0	0	0
Data Requests	0	0	0	0	1	1
Dental	0	2	0	0	1	1
Division of Assets	0	0	0	0	0	0
Durable Medical Equipment	0	0	0	0	1	2
Grievances Questions/Issues	0	6	6	4	6	3
Help understanding mail (NOA)	0	0	0	0	2	1
MCO transition	0	0	0	0	0	0
Medicaid Application Assistance	1	0	1	2	3	0
Medicaid Eligibility Issues	14	5	3	10	5	1
Medicaid Fraud	0	0	0	0	0	1
Medicaid General Issues/questions	18	6	7	9	12	2
Medicaid info (status) update	4	8	4	9	6	1
Medicaid Renewal	4	10	6	6	3	0
Medical Card issues	0	0	1	0	2	1
Medicare Savings Plan Issues	0	0	2	2	1	0
MediKan issues	0	0	0	0	0	0
Moving to / from Kansas	1	0	0	0	2	0
Medical Services	5	3	2	5	6	2
Pain management issues	1	0	0	0	0	0

Pharmacy	6	2	0	2	0	1
Pregnancy issues	0	0	0	2	0	0
Prior authorization issues	0	0	0	0	0	1
Refugee/Immigration/SOBR A issues	0	0	0	0	0	0
Respite	0	0	0	0	0	0
Spend Down Issues	2	0	3	3	3	0
Transportation	2	1	2	2	3	2
Working Healthy	1	0	1	0	0	0
MEDICAID ISSUES TOTAL	77	65	56	65	71	26

There may be multiple selections for a member/contact.

HCBS/LTSS ISSUES	Q1/2019	Q2/2019	Q3/2019	Q4/2019	Q1/2020	Q2/2020
Client Obligation	1	0	4	1	2	0
Estate Recovery	0	0	0	0	0	0
HCBS Eligibility issues	5	5	6	4	1	0
HCBS General Issues	7	9	6	8	7	9
HCBS Reduction in hours of service	2	1	0	0	1	2
HCBS Waiting List	1	1	1	1	0	0
Nursing Facility Issues	0	1	1	0	1	0
HCBS/LTSS ISSUES TOTAL	16	17	18	14	12	11

There may be multiple selections for a member/contact.

OTHER ISSUES	Q1/2019	Q2/2019	Q3/2019	Q4/2019	Q1/2020	Q2/2020
Abuse / neglect complaints	0	0	1	0	1	0
ADA Concerns	0	0	0	0	0	0
Adoption issues	0	0	0	0	0	1
Affordable Care Act Calls	0	1	0	0	0	0
Community Resources needed	0	0	0	0	0	1
Domestic Violence concerns	0	0	0	0	0	0
Foster Care issues	0	0	0	0	0	0
Guardianship	0	0	0	0	1	0
Homelessness	0	0	0	0	0	1
Housing Issues	0	0	0	0	0	1
Medicare related Issues	1	0	0	1	2	1
Social Security Issues	0	0	0	0	0	1
Used Interpreter	0	0	0	0	0	0
X-Other	10	8	5	5	9	6
Z Thank you	34	29	23	29	24	14
Z Unspecified	3	4	2	1	0	1
Health Homes	0	0	0	0	0	0
OTHER ISSUES TOTAL	48	42	31	36	37	27

There may be multiple selections for a member/contact.

D. Sunflower-Program Type

PROGRAM TYPE	Q1/2019	Q2/2019	Q3/2019	Q4/2019	Q1/2020	Q2/2020
PD	2	5	5	4	4	5
I/DD	5	4	4	2	0	2
FE	3	2	6	2	1	1
AUTISM	0	0	1	0	1	0
SED	0	0	0	1	0	1
TBI	4	2	0	2	1	1
TA	1	0	2	1	1	1
WH	1	1	0	0	0	0
MFP	0	0	0	0	0	0
PACE	0	0	0	0	0	0
MENTAL HEALTH	0	0	0	0	0	0
SUB USE DIS	0	0	0	0	0	0
NURSING FACILITY	0	1	0	2	1	0
FOSTER CARE	0	0	0	0	0	0
MEDIKAN	0	0	0	0	0	0
INSTITUTIONAL TRANSITION FROM LTC/NF	0	0	0	0	0	0
INSTITUTIONAL TRANSITION FROM MH/BH	0	0	0	1	0	0
INSTITUTIONAL TRANSITION FROM PRISON/JAIL	0	0	0	0	0	0
PROGRAM TYPE TOTAL	16	15	18	15	9	11

There may be multiple selections for a member/contact.

E. UnitedHealthcare-Issue Category

MEDICAID ISSUES	Q1/2019	Q2/2019	Q3/2019	Q4/2019	Q1/2020	Q2/2020
Access to Providers (usually Medical)	2	2	4	2	1	0
Appeals/Fair Hearing questions/issues	1	1	1	0	4	2
Background Checks	0	1	0	0	0	0
Billing	1	2	4	3	4	2
Care Coordinator Issues	5	0	1	4	6	0
Change MCO	2	3	0	3	2	1
Choice Info on MCO	0	1	0	0	1	1
Coding Issues	3	1	1	0	1	0
Consumer said Notice not received	0	0	1	1	0	0
Cultural Competency	0	0	0	0	0	0
Data Requests	0	0	0	0	0	0
Dental	3	1	1	0	0	0
Division of Assets	0	0	0	0	0	0
Durable Medical Equipment	2	1	1	1	1	3
Grievances Questions/Issues	4	0	2	4	6	1
Help understanding mail (NOA)	0	0	0	0	0	0
MCO transition	0	0	0	0	1	0
Medicaid Application Assistance	2	0	0	0	0	1
Medicaid Eligibility Issues	11	9	4	0	4	2
Medicaid Fraud	0	0	0	0	0	0
Medicaid General Issues/questions	20	10	10	4	8	1
Medicaid info (status) update	9	10	3	3	9	1
Medicaid Renewal	2	6	3	3	1	0
Medical Card issues	0	0	0	2	2	1
Medicare Savings Plan Issues	0	0	1	0	0	0
MediKan issues	0	0	1	0	0	0
Moving to / from Kansas	0	0	0	0	0	0

Medical Services	2	0	1	0	3	3
Pain management issues	2	0	0	0	0	0
Pharmacy	2	4	3	0	2	2
Pregnancy issues	0	0	0	0	0	0
Prior authorization issues	0	0	1	0	1	0
Refugee/Immigration/SOB RA issues	0	0	0	0	0	0
Respite	0	0	0	0	0	0
Spend Down Issues	4	2	1	2	2	0
Transportation	1	2	1	1	3	2
MEDICAID ISSUES TOTAL	78	57	45	33	62	23

There may be multiple selections for a member/contact.

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HCBS/LTSS ISSUES	Q1/2019	Q2/2019	Q3/2019	Q4/2019	Q1/2020	Q2/2020
Client Obligation	2	1	2	0	0	0
Estate Recovery	0	0	0	1	0	0
HCBS Eligibility issues	4	2	1	3	2	0
HCBS General Issues	12	8	4	4	8	1
HCBS Reduction in hours of service	3	0	0	0	1	0
HCBS Waiting List	2	0	2	1	0	0
Nursing Facility Issues	2	0	3	3	4	0
HCBS/LTSS ISSUES TOTAL	25	11	12	12	15	1

There may be multiple selections for a member/contact.

OTHER ISSUES	Q1/2019	Q2/2019	Q3/2019	Q4/2019	Q1/2020	Q2/2020
Abuse / neglect complaints	0	0	0	0	0	0
ADA Concerns	0	0	0	0	0	0
Adoption issues	0	0	0	0	0	0
Affordable Care Act Calls	0	0	0	0	0	0
Community Resources needed	0	0	0	0	0	1
Domestic Violence concerns	0	0	0	0	0	0
Foster Care issues	0	0	0	0	0	0
Guardianship	0	0	0	0	0	0
Homelessness	0	0	0	0	0	0
Housing Issues	0	1	0	0	1	0
Medicare related Issues	2	0	0	1	1	1
Social Security Issues	0	0	1	0	0	0
Used Interpreter	0	0	0	0	0	0
X-Other	11	7	2	2	5	2
Z Thank you	49	29	22	14	18	8
Z Unspecified	2	1	2	5	0	1
Health Homes	0	0	0	0	0	0
OTHER ISSUES TOTAL	64	38	27	22	25	13

There may be multiple selections for a member/contact.

F. UnitedHealthcare-Program Type

PROGRAM TYPE	Q1/2019	Q2/2019	Q3/2019	Q4/2019	Q1/2020	Q2/2020
PD	10	5	2	5	3	1
I/DD	6	10	1	0	1	0
FE	4	3	3	1	3	0
AUTISM	1	0	0	0	0	0
SED	2	1	0	0	0	1
TBI	2	0	1	0	2	1
TA	0	1	0	0	1	0
WH	0	0	0	0	0	0
MFP	0	0	0	0	0	0
PACE	0	0	0	0	0	0
MENTAL HEALTH	0	1	0	0	0	1
SUB USE DIS	0	0	0	0	0	0
NURSING FACILITY	2	1	2	5	3	0
FOSTER CARE	0	0	0	0	0	0
MEDIKAN	0	0	1	0	0	0
INSTITUTIONAL TRANSITION FROM LTC/NF	0	0	0	1	1	0
INSTITUTIONAL TRANSITION FROM MH/BH	0	0	0	0	0	1
INSTITUTIONAL TRANSITION FROM PRISON/JAIL	0	0	0	0	0	0
PROGRAM TYPE TOTAL	27	22	10	12	14	5

There may be multiple selections for a member/contact.

1115 Waiver- Safety Net Care Pool Report

Demonstration Year 8 - Quarter Two

Large Public Teaching Hospital\Border City Children's Hospital Pool
Paid date 5/21/2020

Hospital Name	Program Name	Program ID	Amount	Payment Date	Liability Date	Warrant number	State General Fund 1000	Federal Medicaid Fund 3414
Childrens Mercy Hospital	Large Public Teaching Border City Children Hosp	04264	616,034	5/21/2020	3/31/2020	008407303	213,394	402,640
Childrens Mercy Hospital	Large Public Teaching Border City Children Hosp	04264	616,034	5/21/2020	6/30/2020	008407303	213,394	402,640
University Of Kansas Hospital Authority	Large Public Teaching Border City Children Hosp	04264	1,848,103	5/21/2020	3/31/2020	008407567	640,183*	1,207,920
University Of Kansas Hospital Authority	Large Public Teaching Border City Children Hosp	04264	1,848,103	5/21/2020	6/30/2020	008407567	640,183*	1,207,920
Total			4,928,274				1,707,154	3,221,120

*IGT from University of Kansas Hospital Authority

1115 Waiver - Safety Net Care Pool Report

Demonstration Year 8- Quarter Two

DSRIP Payment

Paid 6/12/2020

Provider Names	Amt Paid	State General Fund 1000	Federal Medicaid Fund 3414
Children's Mercy Hospital	4,715,625	1,633,492	3,082,133
University of Kansas Hospital	11,039,062	3,823,931*	7,215,131
Total	15,754,687	5,457,423	10,297,264

*IGT funds are received from the University of Kansas Hospital

1115 Waiver- Safety Net Care Pool Report
Demonstration Year 8 - Quarter Two
 Health Care Access Improvement Pool
 Paid Dates 4/2/2020 and 4/23/2020

Provider Name	Program Name	Program ID	Amount	Payment Date	Liability Date	Warrant number	Provider Access Fund 2443	Federal Medicaid Fund 3414
Adventhealth Ottawa	Health Care Access Improvement Program Pool	03264	60,639	4/2/20	3/31/20	008372196	21,005	39,634
Adventhealth Ottawa	Health Care Access Improvement Program Pool	03264	60,639	4/2/20	6/30/20	008372196	21,005	39,634
Ascension Via Christi Hospital St. Teresa Inc	Health Care Access Improvement Program Pool	03264	69,177	4/2/20	3/31/20	005156338	23,963	45,214
Ascension Via Christi Hospital St. Teresa Inc.	Health Care Access Improvement Program Pool	03264	69,177	4/2/20	6/30/20	005156338	23,963	45,214
Ascension Via Christi Rehabilitation Hospital	Health Care Access Improvement Program Pool	03264	18,476	4/2/20	3/31/20	008371994	6,400	12,076
Ascension Via Christi Rehabilitation Hospital	Health Care Access Improvement Program Pool	03264	18,476	4/2/20	6/30/20	008371994	6,400	12,076
Bob Wilson Memorial Grant County Hospital	Health Care Access Improvement Program Pool	03264	23,393	4/2/20	6/30/20	008371810	8,103	15,290
Bob Wilson Memorial Grant County Hospital	Health Care Access Improvement Program Pool	03264	23,393	4/2/20	3/31/20	008371810	8,103	15,290
Childrens Mercy South	Health Care Access Improvement Program Pool	03264	204,840	4/2/20	3/31/20	008371773	70,957	133,883
Childrens Mercy South	Health Care Access Improvement Program Pool	03264	204,840	4/2/20	6/30/20	008371773	70,957	133,883
Coffeyville Regional Medical Center Inc.	Health Care Access Improvement Program Pool	03264	64,769	4/2/20	3/31/20	008372011	22,436	42,333
Coffeyville Regional Medical Center Inc.	Health Care Access Improvement Program Pool	03264	64,769	4/2/20	6/30/20	008372011	22,436	42,333
Doctors Hospital LLC	Health Care Access Improvement Program Pool	03264	8,386	4/2/20	3/31/20	005156151	2,905	5,481
Doctors Hospital LLC	Health Care Access Improvement Program Pool	03264	8,386	4/2/20	6/30/20	005156151	2,905	5,481
Geary County Hospital	Health Care Access Improvement Program Pool	03264	99,991	4/2/20	3/31/20	005156165	34,637	65,354
Geary County Hospital	Health Care Access Improvement Program Pool	03264	99,991	4/2/20	6/30/20	005156165	34,637	65,354
Hays Medical Center	Health Care Access Improvement Program Pool	03264	272,343	4/2/20	3/31/20	008371820	94,340	178,003
Hays Medical Center	Health Care Access Improvement Program Pool	03264	272,343	4/2/20	6/30/20	008371820	94,340	178,003
Hutchinson Regional Medical Center Inc.	Health Care Access Improvement Program Pool	03264	244,074	4/2/20	3/31/20	008371910	84,547	159,527
Hutchinson Regional Medical Center Inc.	Health Care Access Improvement Program Pool	03264	244,074	4/2/20	6/30/20	008371910	84,547	159,527
Kansas Heart Hospital LLC	Health Care Access Improvement Program Pool	03264	12,589	4/2/20	3/31/20	008372146	4,361	8,228
Kansas Heart Hospital LLC	Health Care Access Improvement Program Pool	03264	12,589	4/2/20	6/30/20	008372146	4,361	8,228
Kansas Rehabilitation Hospital	Health Care Access Improvement Program Pool	03264	25,201	4/2/20	3/31/20	008372093	8,730	16,471
Kansas Rehabilitation Hospital	Health Care Access Improvement Program Pool	03264	25,201	4/2/20	6/30/20	008372093	8,730	16,471
Kansas Surgery And Recovery Center LLC	Health Care Access Improvement Program Pool	03264	2,611	4/2/20	3/31/20	008371992	904	1,707
Kansas Surgery And Recovery Center LLC	Health Care Access Improvement Program Pool	03264	2,611	4/2/20	6/30/20	008371992	904	1,707
Labette Co Med	Health Care Access Improvement Program Pool	03264	78,449	4/2/20	3/31/20	005156346	27,175	51,274
Labette Co Med	Health Care Access Improvement Program Pool	03264	78,449	4/2/20	6/30/20	005156346	27,175	51,274
Lawrence Memorial Hospital	Health Care Access Improvement Program Pool	03264	290,612	4/2/20	3/31/20	008372062	100,668	189,944
Lawrence Memorial Hospital	Health Care Access Improvement Program Pool	03264	290,612	4/2/20	6/30/20	008372062	100,668	189,944
Mcperson Hospital Inc.	Health Care Access Improvement Program Pool	03264	22,012	4/2/20	3/31/20	008371921	7,625	14,387
Mcperson Hospital Inc.	Health Care Access Improvement Program Pool	03264	22,012	4/2/20	6/30/20	008371921	7,625	14,387

1115 Waiver- Safety Net Care Pool Report
Demonstration Year 8 - Quarter Two
 Health Care Access Improvement Pool
 Paid Dates 4/2/2020 and 4/23/2020

Provider Name	Program Name	Program ID	Amount	Payment Date	Liability Date	Warrant number	Provider Access Fund 2443	Federal Medicaid Fund 3414
Menorah Medical Center	Health Care Access Improvement Program Pool	03264	192,086	4/2/20	3/31/20	008372047	66,539	125,547
Menorah Medical Center	Health Care Access Improvement Program Pool	03264	192,086	4/2/20	6/30/20	008372047	66,539	125,547
Mercy Hospital Inc.	Health Care Access Improvement Program Pool	03264	4,583	4/2/20	3/31/20	005156275	1,588	2,995
Mercy Hospital Inc.	Health Care Access Improvement Program Pool	03264	4,583	4/2/20	6/30/20	005156275	1,588	2,995
Miami County Medical Center Inc.	Health Care Access Improvement Program Pool	03264	59,801	4/2/20	3/31/20	005156061	20,715	39,086
Miami County Medical Center Inc.	Health Care Access Improvement Program Pool	03264	59,801	4/2/20	6/30/20	005156061	20,715	39,086
Midamerica Rehabilitation Hospital	Health Care Access Improvement Program Pool	03264	21,396	4/2/20	3/31/20	008372142	7,412	13,984
Midamerica Rehabilitation Hospital	Health Care Access Improvement Program Pool	03264	21,396	4/2/20	6/30/20	008372142	7,412	13,984
Morton County Hospital	Health Care Access Improvement Program Pool	03264	8,759	4/2/20	3/31/20	008371927	3,034	5,725
Morton County Hospital	Health Care Access Improvement Program Pool	03264	8,759	4/2/20	6/30/20	008371927	3,034	5,725
Newton Medical Center	Health Care Access Improvement Program Pool	03264	145,602	4/2/20	3/31/20	008371970	50,437	95,165
Newton Medical Center	Health Care Access Improvement Program Pool	03264	145,602	4/2/20	6/30/20	008371970	50,437	95,165
Olathe Medical Center Inc.	Health Care Access Improvement Program Pool	03264	360,645	4/2/20	3/31/20	005156063	124,927	235,718
Olathe Medical Center Inc.	Health Care Access Improvement Program Pool	03264	360,645	4/2/20	6/30/20	005156063	124,927	235,718
Overland Park Reg Med Ctr	Health Care Access Improvement Program Pool	03264	718,580	4/2/20	3/31/20	008371775	248,916	469,664
Overland Park Reg Med Ctr	Health Care Access Improvement Program Pool	03264	718,580	4/2/20	6/30/20	008371775	248,916	469,664
Pratt Regional Medical Center Corporation	Health Care Access Improvement Program Pool	03264	37,199	4/2/20	3/31/20	008371975	12,886	24,313
Pratt Regional Medical Center Corporation	Health Care Access Improvement Program Pool	03264	37,199	4/2/20	6/30/20	008371975	12,886	24,313
Providence Medical Center	Health Care Access Improvement Program Pool	03264	430,054	4/2/20	3/31/20	005156088	148,971	281,083
Providence Medical Center	Health Care Access Improvement Program Pool	03264	430,054	4/2/20	6/30/20	005156088	148,971	281,083
Rehabilitation Hospital Of Overland Park	Health Care Access Improvement Program Pool	03264	19,362	4/2/20	3/31/20	005156458	6,707	12,655
Rehabilitation Hospital Of Overland Park	Health Care Access Improvement Program Pool	03264	19,362	4/2/20	6/30/20	005156458	6,707	12,655
Saint John Hospital	Health Care Access Improvement Program Pool	03264	75,858	4/2/20	3/31/20	005156086	26,277	49,581
Saint John Hospital	Health Care Access Improvement Program Pool	03264	75,858	4/2/20	6/30/20	005156086	26,277	49,581
Saint Lukes Cushing Hospital	Health Care Access Improvement Program Pool	03264	79,041	4/2/20	3/31/20	008371817	27,380	51,661
Saint Lukes Cushing Hospital	Health Care Access Improvement Program Pool	03264	79,041	4/2/20	6/30/20	008371817	27,380	51,661
Saint Lukes South Hospital Inc.	Health Care Access Improvement Program Pool	03264	60,326	4/2/20	3/31/20	008372031	20,897	39,429
Saint Lukes South Hospital Inc.	Health Care Access Improvement Program Pool	03264	60,326	4/2/20	6/30/20	008372031	20,897	39,429
Salina Regional Health Center	Health Care Access Improvement Program Pool	03264	290,522	4/2/20	3/31/20	008372004	100,637	189,885
Salina Regional Health Center	Health Care Access Improvement Program Pool	03264	290,522	4/2/20	6/30/20	008372004	100,637	189,885
Shawnee Mission Medical Center Inc.	Health Care Access Improvement Program Pool	03264	839,299	4/2/20	3/31/20	008371841	290,733	548,566
Shawnee Mission Medical Center Inc.	Health Care Access Improvement Program Pool	03264	839,299	4/2/20	6/30/20	008371841	290,733	548,566

1115 Waiver- Safety Net Care Pool Report
Demonstration Year 8 - Quarter Two
 Health Care Access Improvement Pool
 Paid Dates 4/2/2020 and 4/23/2020

Provider Name	Program Name	Program ID	Amount	Payment Date	Liability Date	Warrant number	Provider Access Fund 2443	Federal Medicaid Fund 3414
South Central Kansas Regional Medical Center	Health Care Access Improvement Program Pool	03264	31,618	4/2/20	3/31/20	008371951	10,952	20,666
South Central Kansas Regional Medical Center	Health Care Access Improvement Program Pool	03264	31,618	4/2/20	6/30/20	008371951	10,952	20,666
Southwest Medical Center	Health Care Access Improvement Program Pool	03264	80,782	4/2/20	3/31/20	008371847	27,983	52,799
Southwest Medical Center	Health Care Access Improvement Program Pool	03264	80,782	4/2/20	6/30/20	008371847	27,983	52,799
St Catherine Hospital	Health Care Access Improvement Program Pool	03264	151,209	4/2/20	3/31/20	008371808	52,379	98,830
St Catherine Hospital	Health Care Access Improvement Program Pool	03264	151,209	4/2/20	6/30/20	008371808	52,379	98,830
Stormont Vail Health Care Inc.	Health Care Access Improvement Program Pool	03264	353,425	4/2/20	3/31/20	008371816	122,426	230,999
Stormont Vail Health Care Inc.	Health Care Access Improvement Program Pool	03264	353,425	4/2/20	6/30/20	008371816	122,426	230,999
Sumner Community Hospital *	Health Care Access Improvement Program Pool	03264	10,812	4/23/20	9/30/19	005176860	4,638	6,173
Sumner Community Hospital*	Health Care Access Improvement Program Pool	03264	34,308	4/23/20	12/31/19	005176860	14,011	20,297
Sumner Community Hospital	Health Care Access Improvement Program Pool	03264	50,274	4/23/20	3/31/20	005176860	17,415	32,859
Susan B Allen Memorial Hospital	Health Care Access Improvement Program Pool	03264	95,273	4/2/20	3/31/20	008371833	33,003	62,270
Susan B Allen Memorial Hospital	Health Care Access Improvement Program Pool	03264	95,273	4/2/20	6/30/20	008371833	33,003	62,270
The University Of Kansas Health System Great Ber	Health Care Access Improvement Program Pool	03264	77,263	4/2/20	3/31/20	005156392	26,764	50,499
The University Of Kansas Health System Great Ber	Health Care Access Improvement Program Pool	03264	77,263	4/2/20	6/30/20	005156392	26,764	50,499
Topeka Hospital LLC D/B/A The University Of Kans	Health Care Access Improvement Program Pool	03264	284,553	4/2/20	3/31/20	008372193	98,569	185,984
Topeka Hospital LLC D/B/A The University Of Kans	Health Care Access Improvement Program Pool	03264	284,553	4/2/20	6/30/20	008372193	98,569	185,984
Via Christi Hospital Manhattan	Health Care Access Improvement Program Pool	03264	360,254	4/2/20	3/31/20	008372019	124,792	235,462
Via Christi Hospital Manhattan	Health Care Access Improvement Program Pool	03264	360,254	4/2/20	6/30/20	008372019	124,792	235,462
Via Christi Hospital Pittsburg	Health Care Access Improvement Program Pool	03264	255,632	4/2/20	3/31/20	008371814	88,551	167,081
Via Christi Hospital Pittsburg	Health Care Access Improvement Program Pool	03264	255,632	4/2/20	3/31/20	008371814	88,551	167,081
Via Christi Hospitals Wichita Inc.	Health Care Access Improvement Program Pool	03264	1,503,561	4/2/20	3/31/20	008372010	520,834	982,727
Via Christi Hospitals Wichita Inc.	Health Care Access Improvement Program Pool	03264	1,503,561	4/2/20	6/30/20	008372010	520,834	982,727
Wesley Medical Center	Health Care Access Improvement Program Pool	03264	1,970,770	4/2/20	3/31/20	008372104	682,675	1,288,095
Wesley Medical Center	Health Care Access Improvement Program Pool	03264	1,970,770	4/2/20	6/30/20	008372104	682,675	1,288,095
Wesley Rehabilitation Hospital, An Affiliate Of En	Health Care Access Improvement Program Pool	03264	26,452	4/2/20	3/31/20	008371711	9,163	17,289
Wesley Rehabilitation Hospital, An Affiliate Of En	Health Care Access Improvement Program Pool	03264	26,452	4/2/20	6/30/20	008371711	9,163	17,289
Western Plains Medical Complex	Health Care Access Improvement Program Pool	03264	115,882	4/2/20	3/31/20	008371708	40,142	75,740
Western Plains Medical Complex	Health Care Access Improvement Program Pool	03264	115,882	4/2/20	6/30/20	008371708	40,142	75,740
			20,390,092				7,063,128	13,326,964

* DY 7 quarter three and four payments.

**KDHE Summary of Claims Adjudication Statistics –
April through June 2020 – KanCare MCOs**

Aetna Service Type	Total claim count - YTD cumulative	Total claim count \$ value YTD cumulative	# Claims denied – YTD cumulative	\$ Value of claims denied YTD cumulative	% Claims denied – YTD cumulative
Hospital Inpatient	11,740	\$589,605,217	2,040	\$123,140,265	17.4%
Hospital Outpatient	111,844	\$410,041,857	20,166	\$121,468,011	18.0%
Pharmacy	505,951	\$73,169,395	172,129	\$0	34.0%
Dental	42,348	\$15,896,076	5,812	\$2,085,614	13.7%
Vision	3,245	\$775,340	364	\$84,094	11.2%
NEMT	40,676	\$1,641,395	202	\$8,960	0.5%
Medical (physical health not otherwise specified)	931,760	\$421,264,874	105,956	\$70,041,627	11.4%
Nursing Facilities-Total	38,404	\$104,007,473	3,941	\$12,227,497	10.3%
HCBS	152,417	\$69,891,876	4,410	\$3,287,131	2.9%
Behavioral Health	100,886	\$47,013,511	4,168	\$6,428,555	4.1%
Total All Services	1,939,271	\$1,733,307,015	319,188	\$338,771,755	16.5%

SUNFLOWER Service Type	Total claim count - YTD cumulative	Total claim count \$ value YTD cumulative	# Claims denied – YTD cumulative	\$ Value of claims denied YTD cumulative	% Claims denied – YTD cumulative
Hospital Inpatient	20,386	\$1,045,736,936	4,539	\$315,290,234	22.3%
Hospital Outpatient	166,310	\$548,323,694	26,385	\$114,401,609	15.9%
Pharmacy	970,395	\$97,924,820	226,428	\$42,348,797	23.3%
Dental	64,555	\$21,671,415	10,137	\$2,025,818	15.7%
Vision	39,744	\$11,107,356	6,684	\$2,044,297	16.8%
NEMT	68,924	\$1,925,817.060	959	\$35,645.65	1.4%
Medical (physical health not otherwise specified)	826,110	\$552,599,911	118,264	\$117,450,981	14.3%
Nursing Facilities-Total	65,828	\$160,789,750	4,994	\$16,692,219	7.6%
HCBS	332,782	\$196,083,018	15,497	\$10,937,954	4.7%
Behavioral Health	376,331	\$66,120,655	38,923	\$9,323,198	10.3%
Total All Services	2,931,365	\$2,702,283,373	452,810	\$630,550,753	15.4%

UNITED Service Type	Total claim count - YTD cumulative	Total claim count \$ value YTD cumulative	# Claims denied – YTD cumulative	\$ Value of claims denied YTD cumulative	% Claims denied – YTD cumulative
Hospital Inpatient	15,055	\$734,823,926	3,310	\$180,911,734	22.0%
Hospital Outpatient	159,667	\$520,692,263	33,260	\$112,329,422	20.8%
Pharmacy	923,625	\$109,023,916	194,070	\$37,618,837	21.0%
Dental	60,161	\$23,053,682	9,398	\$3,947,931	15.6%
Vision	32,249	\$7,630,013	6,061	\$1,419,074	18.8%
NEMT	75,716	\$2,307,342	1,022	\$24,262	1.3%
Medical (physical health not otherwise specified)	802,622	\$528,417,941	151,155	\$153,804,746	18.8%
Nursing Facilities-Total	65,061	\$182,139,263	10,656	\$30,266,741	16.4%
HCBS	262,094	\$123,409,539	5,233	\$3,965,035	2.0%
Behavioral Health	374,252	\$92,923,363	33,316	\$20,203,153	8.9%
Total All Services	2,770,502	\$2,324,421,247	447,481	\$544,490,935	16.2%