Second Quarter Report to CMS Regarding Operation of 1115 Waiver Demonstration Program – Quarter Ending 06.30.2021

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

KanCare
Section 1115 Quarterly Report
Demonstration Year: 9 (1/1/2021-12/31/2021)
Federal Fiscal Quarter: 3/2021 (4/21-6/21)

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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.

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:
  o 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 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 as of June 30, 2021.

Demonstration Population	Enrollees at Close of Quarter (6/30/2021)	Total Unduplicated Enrollees in Quarter	Disenrolled in Quarter
Population 1: ABD/SD Dual	14,154	15,338	1,184
Population 2: ABD/SD Non-Dual	31,033	32,131	1,098
Population 3: Adults	60,536	61,493	957
Population 4: Children	236,991	240,044	3,053
Population 5: DD Waiver	9,046	9,108	62
Population 6: LTC	20,708	21,601	893
Population 7: MN Dual	3,232	4,034	802
Population 8: MN Non-Dual	1,345	1,483	138
Population 9: Waiver	4,758	5,113	355
Population 10: UC Pool	N/A	N/A	N/A
Population 11: DSRIP Pool	N/A	N/A	N/A
Total	381,803	390,345	8,542

III. Outreach/Innovation

The KanCare website[1] is home to a wealth of information for providers, members, stakeholders, and policy makers. Sections of the website are designed specifically around the needs of members and providers. Information about the 1115 demonstration and its operation is provided in the interest of transparency and engagement.

The KanCare Advisory Council consists of twelve members: three legislators representing the House and Senate, one representing mental health providers, one representing Community Developmental Disability Organizations (CDDOs), two representing physicians and hospitals, three representing KanCare members,

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[1] www.kancare.ks.gov

one former Kansas Senator, one representing pharmacists. The KanCare Advisory Council occurred June 24, 2021 via Zoom. The agenda was as follows:

- Welcome
- Review and Approval of Minutes from Council Meeting, December 8, 2020, and March 11, 2021
- 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
    - What are we doing to minimize the occurrence of these things happening to our most vulnerable population[2] – Ed Nicholas
    - Why can't businesses that deal with the public provide a changing table for our special needs' kids and or adults that require assistance for this task – Ed Nicholas
- New Business (No agenda items received)
- Kansas Department of Health and Environment (KDHE) Update – Sarah Fertig, Medicaid Director, and Chris Swartz, Director of Operations/COO, Deputy Medicaid Director.
- Kansas Department for Aging and Disability Service (KDADS) Update – Janis DeBoer, Deputy Secretary.
- KanCare Ombudsman Report – Kerrie Bacon, Ombudsman, KanCare Ombudsman Office
- Updates on KanCare with Q&A
    - Aetna Better Health of Kansas
    - Sunflower State Health Plan
    - UnitedHealthcare Community Plan
- Adjourn

The Tribal Technical Assistance Group met May 4, 2021. The tribal members were consulted on the following items:
- Tribal Federally Qualified Health Clinic billing
- Following State Plan Amendments (SPA)s were discussed:
    - OneCare Kansas – Severe Mental Illness
    - Support Act – Medication- assisted treatment
    - Rate Increase for Therapeutic Phlebotomy
    - Disaster Relief – Increased reimbursement for COVID -19 vaccine administration
- The new paper Medicaid application will be available early Summer.
- The next meeting is scheduled for August 3, 2021.

Outstationed Eligibility Workers (OEW) participated in 47 community events. in-person and virtual, providing KanCare program outreach, education, and information for the following agencies/events: Jayhawk ADRC; Salina Area Community Services Council Meeting; Reno County Early Education Community Screening; Third Thursday Cowley County Zoom meeting; Outreach with Medicare Agent E. Horosko in Atchison County; Tulip Festival in Pottawatomie County; Konza Medical Outreach; Harvey Marion County CDDO TCM Meeting; Greater Manhattan Area ICC; Fast Meeting through Sedgwick County District Attorney office-presentation; Health Departments and local clinics; Advisory Board Meeting with Genesis Family Health via Zoom; Seward County Maternal and Infant Program; Sumner collaborative Zoom meeting; CDDO Zoom meetings; Schnenck Insurance; WIC clinics; Medical Choices Clinic; Finney County Community Health Coalition Zoom meeting; Genesis Family Health Advisory board Zoom meeting; and the UHC member advisory Zoom meeting.

Support and assistance for KanCare members was provided by KDHE's 29 OEW. Staff determined eligibility for 1,105 beneficiaries and assisted in resolving 494 issues that involved urgent medical needs, obtaining

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[2] https://www.today.com/health/how-pandemic-has-hurt-medically-fragile-families-today-t210915

correct information on applications, and addressing gaps or errors in pending applications/reviews with the KanCare Clearinghouse. These OEW staff members assisted with 1,278 phone calls, 192 walk-ins, and 273 e-mails from public.

Other ongoing routine and issue-specific meetings continued by state staff engaging in outreach to a broad range of providers, associations, advocacy groups and other interested stakeholders. Examples of these meetings include:

- Program for All-Inclusive Care (PACE) Program (quarterly but now as needed during the Public Health Emergency (PHE))
- HCBS Provider Forum teleconferences (quarterly)
- Lon-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 MCOs and Community Mental Health Centers
- Regular meetings with the Kansas Hospital Association
- Series of meetings with behavioral health institutions, private psychiatric hospitals, and Psychiatric Treatment Residential Facilities (PRTFs) to address care coordination and improved integration (weekly)
- Medicaid Functional Eligibility Instrument (frail elderly, physically disabled, and brain injury) 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-monthly)
- NFMH Directors meeting (monthly)
- CRO Directors meeting (bi-monthly)
- State Interagency Coordinating Council (bi-monthly)
- Kansas Mental Health Coalition meeting (monthly)
- Kansas Association of Addiction Professionals (monthly)
- Behavioral Health Association of Kansas (monthly)
- Heartland RADAC & Substance Abuse Center of Kansas (monthly)
- Complex Case Staffings with MCOs (as needed M-F)
- Bi-monthly Governor's Behavioral Health Services Planning Council meetings; and monthly meetings with the nine subcommittees such as Suicide Prevention, Justice Involved Youth and Adult, and Rural and Frontier
- Monthly Nursing Facility Stakeholder Meetings
- KDADS-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

Kansas is pursuing 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 was launched on April 1, 2020 and implemented an expansion on April 1, 2021. The program has

a similar model as the state's previous health homes program. As of June 30, 2021, there were 33 contracted OCK providers across the state. OCK was designed as an opt-in program. As of June 2021, the program has seen 2,122 members opt-in. This number continues to climb with new members joining each month.

The state continues to use the MCOs as lead entities, who contract with select providers to offer the required six core services. Monthly learning opportunities are available for providers. These include bi-monthly learning collaboratives with 'off-months' being devoted to newly emerging issues or program-related questions.

MCO Outreach Activities
A summary of this quarter's marketing, outreach and advocacy activities conducted by the KanCare MCOs – Aetna Better Health of Kansas (ABHKS), Sunflower State Health Plan (SHP), and UnitedHealthcare Community Plan (UHC) – follows below.

Information related to ABHKS marketing, outreach, and advocacy activities:

Marketing Activities
Due to the COVID 19 pandemic, ABHKS has seen continued issues with being able to effectively provide outreach and marketing activities Because of social distancing and policies against travel to stop the spread of the virus, the ability to spread the word in person about ABHKS' 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. Through virtual efforts with contacts, as well as attendance at virtual meetings held by community health organizations, information was provided to 869 individuals with community-based organizations and provider offices across the state. ABHKS also delivered a Community E-newsletter each month. The newsletter provides the latest information on ABHKS and the successes achieved by providing services to members. The E-newsletter was sent out to over 1,400 individuals during April and May. Increased in-person education and events are anticipated during the third quarter of 2021.

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, including a few instances of in-person visits. ABHKS staff visited virtually or in person with over 860 individuals associated with community-based organizations in Kansas including: Olathe Head Start in Olathe; GraceMed Clinic in Wichita; Swope Health Services in Kansas City; Sunflower Early Education Center in Great Bend; Genesis Family Health in Garden City; as well as others. ABHKS was also able to share educational information with over 180 members or potential members of KanCare through mailed information to sites or by participating in virtual member events. ABHKS attended an in-person Mental Health Awareness event at The Center for Counseling and Consultation in Great Bend with over 250 individuals in attendance.

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

Information related to SHP marketing, outreach, and advocacy activities:

Marketing Activities
SHP marketing activities included attending and/or sponsoring nine virtual member and provider events. Due to the COVID-19 pandemic and continued "Stay-at-Home" and "No Face to Face" member visits,

multiple events were cancelled, postponed, moved to virtual, or rescheduled. SHP attended and sponsored local and statewide member and provider events including:

- Yes She Can Conference
- Fatherhood Movie Weekend Event
- Mental Health Day Event Outreach Activities

Outreach Activities

SHP's outreach activities continued to focus on providing food and funds support to organizations that serve and support our members and the community at large. Additionally, SHP supported organizations with efforts to vaccinate and overcoming stigmas association with vaccines in minority communities. Due to the impact of COVID-19, SHP's efforts moved to outreach to organizations to help sustain their normal work with increased demand on resources and more people to serve.

Examples of notable member outreach activities this quarter:

- Work with our community agencies to move forward after the effects of the pandemic
- Funds to agencies to support food insecure populations and stock community pantries
- Our quality improvement department continued to make "warm" calls to members to influence gaps in care to be closed

Advocacy Activities

SHP's staff focused on Social Determinants of Health (SDoH) initiatives. The internal teams addressed programs and outreach to support employment, housing, and food disparities across the state impacted by COVID-19. This internal team, comprised of SHP's Community Relations, Community Health Service Representatives, and the SDoH specialists, collaboratively brought together all resources and supports for the benefit of health plan members.

SHP staff also contributed to community workgroups and coalitions advocating for health literacy, persons with disabilities, and other topics addressing population health in Kansas.

Community meetings and workgroups included:

- Fetal and Infant Mortality Review (FIMR) Community Action Teams
- Health & Wellness Coalition of Wichita
- Social Determinants for Health monthly meeting
- City Health & Planning Committee
- Immunize Kansas Coalition meetings

Information related to UHC marketing, outreach, and advocacy activities:

Marketing Activities

UHC 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 card to new members that complete a health risk assessment. New members were sent member ID cards and welcome kits in a timely manner.

Outreach Activities

Due to the ease on COVID-19 restrictions and good weather, more in-person events were held during this quarter. Outreach staff were very involved in community vaccination efforts and helped with promotions, stickers, volunteers, translations, etc. UHC staff continued provider outreach to assess provider needs and identify ways UHC can support providers as they serve KanCare members, with special attention to increasing child well visits.

UHC hosted the member advisory meeting via conference call, with a significant number of members in attendance. This advisory meeting focused on the importance of preventative health. Care Coordination managers attended the meeting to listen to members' questions and concerns and to offer support.

- Member outreach: Staff met with approximately 10,500 members or potential members online, via phone and video meetings, and outdoor drive-thru food distribution and vaccination events.

- Community organization outreach: Staff met virtually and in-person with several community agencies, including:
    - Center of Grace's Hispanic Task Force
    - Johnson County Health Services Committee
    - Healthier Lyon County Coalition
    - Healthy Food for All Workgroup
    - Healthy Kids LiveWell Douglas County Workgroup
    - NEK Health Services Advisory Committee
    - Healthy Babies Sedgwick County
    - Heartland Healthy Babies Workgroup
    - Kansas Latino Stakeholders
    - Lyon County Literacy
    - Community Resource Connection
    - Consulate of Mexico
    - KSU Research and Extension Lyon County
    - Several YMCA organizations across the state
- Provider outreach: Staff met virtually and in-person with more than thirty provider offices across the State.

Advocacy Activities

Focus continued to be on ways to support state efforts on vaccine hesitancy education and vaccine access and equity. UHC staff from Social Determinants of Health and Community Outreach teams, serving in health equity boards and volunteering with local health departments and Federally Qualified Health Centers (FQHCs), have assisted in spreading the word about vaccination and education opportunities, assessing vaccine access to minorities, and identifying ways to improve access through revision of forms, translations, and cultural awareness.

IV. Operational Developments/Issues

a. Systems and reporting issues, approval and contracting with new plans: Through a variety of accessible forums and input avenues, the State is kept advised of any systems or reporting issues on an ongoing basis and such issues are managed either internally, with our MMIS Fiscal Agent, with the operating state agency and/or with the MCOs and other contractors to address and resolve the issues.

No KanCare MCO Amendments were approved by CMS in the first quarter.

The following amendment was approved in the second quarter:

Amendment Number	Subject	Submitted Date	Effective Date	Approved Date
11	Capitation Rates and required CMS contract language 7/1/20-12/31/20	12/01/2020	7/01/2020	5/24/2021

KanCare MCO Amendments pending approval submitted in prior quarters:

Amendment Number	Subject	Submitted Date	Effective Date
13	Capitation Rates 1/1/2021-12/31/2021	2/12/2020	1/01/2021
14	Contract Language Changes	3/26/2021	3/25/2021

SPAs approved:

SPA Number	Subject	Submitted Date	Effective Date	Approval Date
21-0002	Autism Analyst Training, Acronym Removal	1/15/2021	1/01/2021	4/9/2021
21-0004	Disaster Relief SPA Vaccine OLP Benefit	2/02/2021	12/01/2020	4/1/2021
21-0008	Health Homes	3/30/2021	4/01/2021	5/5/2021
21-0010	DR- COVID 100% FMAP	4/6/2021	4/01/2021	5/12/2021

SPAs pending approval:

SPA Number	Subject	Submitted Date	Effective Date
21-0007	Support Act MAT	3/30/2021	10/01/2020
21-0009	Therapeutic Phlebotomy Reimbursement Rate Change	3/30/2021	4/01/2021
21-0012	Disaster Relief SPA – Vaccine Administered in the home	6/16/2021	6/08/2021

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

b. Benefits: All pre-KanCare benefits continue, and the program includes value-added benefits from each of the three KanCare MCOs at no cost to the State. A summary of the top three value-added services by MCO and Value Year-to-Date (YTD), follows:

MCO		Value Added Service January - June 2021	Units YTD	Value YTD
Aetna	Top Three VAS	Adult Dental	2,593	$394,070
		Healthy Rewards Gift Card - Diabetic Eye Exam	16,772	$223,227
		Healthy Rewards Gift Card - Birth to Age 12 Exam	10,782	$219,755
		Total of All Aetna VAS	71,054	$1,587,231
Sunflower	Top Three VAS	My Health Pays	39,097	$418,480
		Comprehensive Medication Review	5,681	$182,389
		In-Home Telemonitoring: Service	602	$150,500
		Total of All Sunflower VAS	60,021	$1,009,057
United	Top Three VAS	Adult Dental Services	3,398	$242,881
		Debit Card for Completing First Pre-Natal Visit	687	$141,783
		Home Helper Catalog Supplies	1,368	$68,175
		Total of All United VAS	7,372	$536,153

c. Enrollment issues: for the second quarter of calendar year 2021 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 2021. All KanCare eligible members were defaulted to a managed care plan.

Enrollment Reason Categories	Total
Newborn Assignment	2,271
KDHE - Administrative Change	580
WEB - Change Assignment	16
KanCare Default - Case Continuity	1,125
KanCare Default – Morbidity	996
KanCare Default - 90 Day Retro-reattach	992
KanCare Default - Previous Assignment	210
KanCare Default - Continuity of Plan	148
Retro Assignment	8
AOE – Choice	413
Choice - Enrollment in KanCare MCO via Medicaid Application	5,931
Change - Enrollment Form	187
Change - Choice	233
Change - Access to Care – Good Cause Reason	2
Assignment Adjustment Due to Eligibility	371
Total	13,483

d. Grievances, appeals, and state hearing information:

MCOs' Member Adverse Initial Notice Timeliness Compliance

MCO	ABH	SHP	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%	67%	100%
% of Notices of Adverse Termination, Suspension or Reduction Decisions Sent Within Compliance Standards (10 calendar days only)	100%	100%	100%

MCOs' Provider Adverse Initial Notice Compliance

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

MCOs' Member Grievance Database

MCO	ABH		SHP		UHC		Total
	HCBS Member	Non HCBS Member	HCBS Member	Non HCBS Member	HCBS Member	Non HCBS Member	
QOC (non HCBS Providers)	4	9	11	9	5	27	65
QOC – Pain Medication						2	2
Customer Service		3	4	7	1	12	27
Member Rights Dignity			2	2			4
Access to Service or Care	2	7	3	4	1	9	26
Non-Covered Services	1			2	3	10	16
Pharmacy Issues	1	1	1	2		3	8
QOC HCBS Provider			2		2		4
Billing/Financial Issues (non-Transportation)	1	11	1	3	4	69	89
Transportation – Billing and Reimbursement	2		1	4	4	5	16
Transportation - No Show	5	4	25	8	18	13	73
Transportation - Late	1	1	16	8	10	14	50
Transportation - Safety	1	1	5	4	5	3	19
Transportation - No Driver Available			1		7	9	17
Transportation - Other	6	8	21	17	25	18	95
Other			1	1	2	1	5
TOTAL	24	45	94	71	87	195	516

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

MCOs' Member Grievance Timeliness Compliance

MCO	ABH	SHP	UHC
% of Member Grievance Resolved and Resolution Notice Issued Within 30 Calendar Days	93%	99%	100%

MCOs' Provider Grievance Database

MCO	ABH	SHP	UHC	Total
Billing/Payment		2		2
Credentialing - MCO		2		2
UM		1		1
Transportation		10	7	17

Services		1	1
TOTAL	0	16	7	23

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

MCOs' Provider Grievance Timeliness Compliance

MCO	ABH	SHP	UHC
% of Provider Grievance Resolved Within 30 Calendar Days	None Reported	100%	100%
% of Provider Grievance Resolution Notices Sent Within Compliance Standards	None Reported	100%	100%

MCOs' Appeals Database

Member Appeal Reasons ABH - Red SHP – 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	8 17 16	1 1		3 12 3	4 4 12		1
MA – CNM - Inpatient Admissions (Non-Behavioral Health)	6 34	28		2	2 5		2 1
MA – CNM - Medical Procedure (NOS)	11 4 9	1		4 2 4	7 1 4		1
MA – CNM - Radiology	29 79	1		21 27	8 22	2	27
MA – CNM – Pharmacy	70 59 134	5 4		32 36 92	35 6 35	1 7	2 5 3
MA – CNM - PT/OT/ST	9 1				3 1		6
MA – CNM - Dental	2 6 10				2 4 9	2	1
MA – CNM - Out of network provider, specialist or specific provider request	1 8			2	1 6		
MA – CNM - Inpatient Behavioral Health	6 7 2			2 4 2	4 3		
MA – CNM - Behavioral Health Outpatient Services and Testing	2 1 6	1		4	2 1		1
MA – LOC - LTSS/HCBS	1				1		
MA – CNM - Mental Health	1			1			
MA – CNM - Other	9 21			6 9	3 6	3	3

	Number Resolved	Withdrawn	MCO Reversed Decision – MCO Error	MCO Reversed Decision – Member/Provider Mistake	MCO Upheld – Correctly Denied	MCO Upheld – Member/Provider Mistake	MCO Determined not Applicable
	2			1	1		
NONCOVERED SERVICE							
MA – NCS - Dental	1				1		
MA – NCS – Home Health	1				1		
MA – NCS – Out of Network providers	1			1			
MA – NCS - Durable Medical Equipment	1				1		
MA – NCS – Other	3			2		1	
	7	1	1	2	3		
MA – LCK - Lock In	1						1
TOTAL ABH - Red	138			68	66	1	3
SHP – Green	213	8		94	52	15	44
UHC – Purple	235	35	2	111	80		7

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

MCOs' Appeals Database - Member Appeal Summary

Member Appeal Reasons ABH - Red SHP – 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	138			68	66	1	3
	213	8		94	52	15	44
	235	35	2	111	80		7
TOTAL	138			68	66	1	3
	212	8		94	52	15	44
	235	35	2	111	80		7
Percentage Per Category				49%	48%	1%	2%
		4%		44%	25%	7%	20%
		15%	1%	47%	34%		3%
Range of Days to Reverse Due to MCO Error			17				

MCOs' Member Appeal Timeliness Compliance

MCO	ABH	SHP	UHC
% of Member Appeals Resolved and Appeal Resolution Notice Issued in 30 Calendar Days	100%	100%	100%
% of Expedited Appeals Resolved and Appeal Resolution Notice Issued in 72 hours	88%	100%	97%

MCOs' Reconsideration Database - Providers (reconsiderations resolved)

PROVIDER Reconsideration Reasons ABH - Red SHP – 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							

Category	Col1	Col2	Col3	Col4	Col5	Col6	Col7
PR – CPD - Hospital Inpatient (Non-Behavioral Health)	155		38	62	49	5	1
	1,451		874		577		
	5,336		1,566	558	2,857	355	
PR – CPD - Hospital Outpatient (Non-Behavioral Health)	248		58	82	100	7	1
	3,165		1,953	30	1,177		5
	4,449		1,485	704	1,996	264	
PR – CPD - Pharmacy	3			2	1		
PR – CPD - Dental	7				7		
	25		1	3	13		8
PR – CPD - Vision	9		1	2	6		
	26		17		9		
	52		30	22			
PR – CPD - Ambulance (Include Air and Ground)	35		6	20	9		
	132		92	6	34		
	10			6	2	2	
PR – CPD - Medical (Physical Health not Otherwise Specified)	549		108	166	262	12	1
	3,021		1,563	333	1,102		23
	10,186		3,666	2,103	3,620	797	
PR – CPD - Nursing Facilities - Total	5		1	3	1		
	179		141		37		1
	22		9	1	12		
PR – CPD - HCBS	9		9				
	1,547		1,420	8	113		6
PR – CPD - Hospice	8		1		7		
	509		183		291		35
	167		93	6	64	4	
PR – CPD - Home Health	26		19	2	5		
PR – CPD - Behavioral Health Outpatient and Physician	11		2		9		
	872		686		163		23
	869		197	379	241	52	
PR – CPD - Behavioral Health Inpatient	2			1	1		
	309		118	120	64	7	
PR – CPD - Out of network provider, specialist or specific provider	2				1	1	
	1,224		87		1,122		15
	2,659		816	293	1,314	236	
PR – CPD - Radiology	134		44	36	44	10	
	586		318	78	188		2
	1,151		385	178	496	92	
PR – CPD - Laboratory	59		9	6	39	5	
	1,736		1,289	23	421		3
	3,748		1,210	1,280	1,026	232	
PR – CPD - PT/OT/ST	5			1	4		
	8				8		
	9		2	3	3	1	
PR – CPD - Durable Medical Equipment	71		24	29	14	4	
	911		395	3	484		29
	1,855		799	238	743	75	
PR – CPD - Other	20		11		6		3
	212		19	44	149		
Total Claim Payment Disputes	1338		320	412	559	44	3
	15,412		9,030	484	5,745		153
	31,034		10,395	5,935	12,587	2,117	
TOTAL ABH - Red SHP – Green	1338		320	412	559	44	3
	15,412		9,030	484	5,745		153

UHC - Purple	31,034		10,395	5,935	12,587	2,117	

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

MCOs' Provider Reconsiderations Database - Provider Reconsiderations Summary

Provider Reconsideration Reasons ABH - Red SHP – 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	1,338 15,412 31,034		320 9,030 10,395	412 484 5,935	559 5,745 12,587	44 2,117	3 153
TOTAL	1,338 15,412 31,034		320 9,030 10,395	412 484 5,935	559 5,745 12,587	44 2,117	3 153
Percentage Per Category			24% 59% 34%	31% 3% 19%	42% 37% 41%	3% 6%	>1% 1%
Range of Days to Reverse Due to MCO Error			5 – 401 1 – 312 0 - 370				

MCOs' Provider Reconsiderations Timeliness Compliance

MCO	ABH	SHP	UHC
% of Provider Reconsideration Resolution Notices Sent Within Compliance Standards	76%/94%	100%	100%

* Aetna's timeliness compliance for sending provider reconsideration resolution notices is divided due to two standards of compliance. The first standard requires that the MCOs send 98% of notices within 5 business days. The second standard requires that the MCOs send 100% of notices within 6-8 business days.

MCOs' Appeals Database - Providers (appeals resolved)

PROVIDER Appeal Reasons ABH - Red SHP – 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	4			3		1	
PA - CNM - Inpatient Admissions (Non-Behavioral Health)	19		1	4	5	5	4
PA - CNM - Medical Procedure (NOS)	12			7	2	2	1
PA - CNM - Radiology	3			2			1
PA - CNM - Pharmacy	88	2		58	12	1	15
PA - CNM - PT/OT/ST							
PA - CNM - Dental	9			2	4	1	2
PA - CNM - Inpatient Behavioral Health	2			2			
PA - CNM - Ambulance (include Air and Ground)	14		1	3			10
PA - CNM - Other	3			1	1	1	
NONCOVERED SERVICE							

Category							
PA - NCS - Pharmacy	1			1			
PA - NCS - Other	1			1			
CLAIM DENIAL							
PA – CPD - Hospital Inpatient (Non-Behavioral Health)	78		8	44	25	1	
	130	1	5	51	49	5	19
	173		3	48	108		14
PA – CPD - Hospital Outpatient (Non-Behavioral Health)	42		5	14	21	2	
	141		2	36	83	3	17
	59		1	15	38		5
PA – CPD - Pharmacy	21		6		14	1	
PA – CPD - Dental	4		1		3		
	26		6	3	16	1	
	23		1	11	11		
PA – CPD - Vision	3			1	2		
	6		1		5		
	8		2	1	5		
PA – CPD - Ambulance (Include Air and Ground)	13			6	7		
	8		1	4	1		2
	11			4	4		3
PA – CPD - Medical (Physical Health not Otherwise Specified)	179		50	47	77	5	
	404	1	5	114	228	9	47
	253		4	45	132		72
PA – CPD - Nursing Facilities - Total	3		2	1			
	4		2	1	1		
	30			4	13		13
PA – CPD - Hospice	11		3		8		
	1				1		
	4			2	2		
PA – CPD - Home Health	4		3		1		
	25			14	9		2
	64		1	12	47		4
PA – CPD - Behavioral Health Outpatient and Physician	5			2	3		
	59			28	28		3
	58			18	40		
PA – CPD - Behavioral Health Inpatient	3			2	1		
	12		1	5	5		1
PA – CPD - Out of network provider, specialist or specific provider	2			1	1		
PA – CPD - Radiology	14		3	6	5		
	66	1	9	38	17		1
	4		1		3		
PA – CPD - Laboratory	39		7	8	24		
	303			17	260	7	19
	117		1	4	64		48
PA – CPD - PT/OT/ST	12			1	8	3	
	2				2		
PA – CPD - Durable Medical Equipment	47		19	11	15	2	
	90		3	13	66	4	4
PA – CPD - Other	6				1	2	3
	6				2	3	1
Total Claim Payment Disputes	466		107	142	206	11	
	1,281	3	34	321	774	32	117
	826		15	172	478		161
BILLING AND FINANCIAL ISSUES							

PA – BFI - Recoupment	34 3		2 1	12 1	15 1		5 1
TOTAL ABH - Red SHP – Green UHC - Purple	466 1,471 829	5	107 38 15	142 417 173	206 813 479	11 43	155 162

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

MCOs' Appeals Database - Provider Appeal Summary

Provider Appeal Reasons ABH - Red SHP – 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	466 1,471 829	5	107 38 15	142 417 173	206 813 479	11 43	155 162
TOTAL	466 1,471 829	5	107 38 15	142 417 173	206 813 479	11 43	155 162
Percentage Per Category		>1%	23% 3% 2%	31% 28% 21%	44% 55% 58%	2% 3%	11% 19%
Range of Days to Reverse Due to MCO Error			14 – 30 1 – 29 2 - 24				

MCO's Provider Appeal Timeliness Compliance

MCO	ABH	SHP	UHC
% of Provider Appeals Resolved in 30 Calendar Days	100%	100%	100%
% of Provider Appeal Resolution Notices Sent Within Compliance Standard	76%/95%	100%	100%

* Aetna's timeliness compliance for sending provider appeal resolution notices is divided due to two standards of compliance. The first standard requires that the MCOs send 98% of notices within 5 business days. The second standard requires that the MCOs send 100% of notices within 6-8 business days.

State of Kansas Office of Administrative Fair Hearings – Members

ABH - Red / SHP – Green / UHC - Purple	Number Resolved	Withdrew	OAH Affirmed MCO Decision	OAH Reversed MCO Decision	Dismiss Moot MCO Reversed	Dismiss Moot Duplicate	Dismiss Untimely	Dismiss Not Ripe/ No MCO Appeal	Dismiss No Adverse Action	Dismiss No Auth.	Dismiss Appellant Verbally Withdrew	Dismiss Failure to State a Claim	Default Appellant Failed to Appear	Default Respondent Failed to Appear	Default Respondent Failed to File Agency Summary
MEDICAL NECESSITY/LEVEL OF CARE – Criteria Not Met															
MH – CNM - Durable Medical Equipment	1				1										
MH – CNM - Inpatient Admissions (Non-Behavioral Health)	1							1							
MH – CNM - Medical Procedure (NOS)	1		1												
MH – CNM – Pharmacy	1				1										
	1				1										
	18	2			1			15							
NONCOVERED SERVICE															
MH-NCS - Pharmacy	2							2							
MH-NCS – Out of Network providers	2		1		1										
TOTAL ABH - Red	2		1		1										
SHP – Green	3				2			1							
UHC - Purple	22	2	1		2			17							

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

State of Kansas Office of Administrative Fair Hearings – Providers

ABH - Red / SHP – Green / UHC - Purple	Number Resolved	Withdrew	OAH Affirmed MCO Decision	OAH Reversed MCO Decision	Dismiss Moot MCO Reversed	Dismiss Moot Duplicate	Dismiss Untimely	Dismiss Not Ripe/ No MCO Appeal	Dismiss No Adverse Action	Dismiss No Auth.	Dismiss Appellant Verbally Withdrew	Dismiss Failure to State a Claim	Default Appellant Failed to Appear	Default Respondent Failed to Appear	Default Respondent Failed to File Agency Summary
MEDICAL NECESSITY / LEVEL OF CARE - Criteria Not Met															
PH - CNM - Inpatient Admissions (Non-Behavioral Health)	3				2			1							
PH - CNM - Medical Procedure (NOS)	1	1													

Table legend for MCO color coding: **ABH** = Red (r), **SHP** = Green (g), **UHC** = Purple (p). Columns are numbered 1–9 by their position in the grid; empty columns between them have been omitted.

Category	1	2	3	4	5	6	7	8	9
CLAIM DENIAL									
PH - CPD - Hospital Inpatient (Non-Behavioral Health)	r4 g2 p6	r3 p2		g1 p2	p1	r1	p1	g1	
PH - CPD - Pharmacy	p3						p3		
PH – CPD - Dental	r1	r1							
PH - CPD - Medical (Physical Health not Otherwise Specified)	r1 g3	r1		g2					g1
PH – CPD - HCBS	r1	r1							
PH - CPD - Behavioral Health Outpatient and Physician	r1 g5			g5		r1			
PH - CPD – Laboratory	p2						p2		
PH - CPD - PT/OT/ST	g1		g1						
PH – CPD – Durable Medical Equipment	g13 p1			g13 p1					
BILLING AND FINANCIAL ISSUES									
PH - BFI - Recoupment	g2			g2					
TOTAL									
ABH - Red	8	6					2		
SHP – Green	27		1		23		1	1	1
UHC - Purple	15	3		5	1		6		

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

e. Quality of care: Please see Section IX "Quality Assurance/Monitoring Activity" below. The HCBS Quality Review Report for October-December 2020 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 (GCR) pursuant to 42 CFR 438.56 and the KanCare STCs. Most GCR requests were related to provider choice, which is not an acceptable reason to switch plans outside of open enrollment.

If a GCR is denied by KDHE, the member is given appeal/fair hearing rights. There were zero state fair hearing requests received for denied GCRs from April – June 2021. A summary of second quarter GCR action, follows:

Status	April	May	June
Total GCRs filed	29	27	31
Approved	1	0	1
Denied	22	24	20
Withdrawn (resolved, no need to change)	1	1	2
Dismissed (due to inability to contact the member)	5	2	8
Pending	0	0	0

Providers are constantly added to the MCOs' networks, with much of the effort focused upon HCBS service providers. The counts below represent the unique number of NPIs—or, where the 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 9/30/2020	# of Unique Providers as of 12/31/2020	# of Unique Providers as of 3/31/2021	# of Unique Providers as of 6/30/2021
Aetna	39,494	42,617^	45,106	45,115
Sunflower	30,097	39,670^	41,676	40,878
UHC	44,248	46,278^	44,069	43,754

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

h. Payment rates: Payment rates were updated to reflect utilization experience from January 1, 2018 – December 31, 2019 and to reflect policy changes (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. Managed Long-Term Services and Supports (MLTSS) implementation and operation: Kansas placed 185 people on HCBS IDD waiver services, and 408 people on HCBS PD waiver services.

k. Updates on the safety net care pool including DSRIP activities: DSRIP concluded on December 31, 2020. The State submitted the DSRIP Evaluation Design document on June 3, 2021. DSRIP is being replaced with a Bridge Gap Year from January 1, 2021 through December 31, 2021. The State is using §438.6(c)(1)(iii)(B) to provide a uniform percentage increase to contracted rates between

the large public teaching hospitals and border city children's hospitals and the MCOs for inpatient and outpatient hospital services provided in CY2021. As a condition of receiving the uniform increase on inpatient and outpatient utilization, the covered hospitals will be required to report the following metrics to KDHE on a quarterly basis, as these measures will inform the State's development of an APM directed payment: (1) Number of flu vaccinations administered by age; (2) Hospital-specific counts for emergency room visits; (3) Lung Cancer Screenings with low dosage CT (Large Public Teaching Hospital); (4) Number of hospitals or clinics contacted regarding diabetes protocols and number of diabetes protocols received and reviewed; the protocols will not be distributed; and (5) Hospital-specific reporting to support the evaluation of the directed payment. The preprint for the Bridge Gap Year was approved on March 31, 2021.

l. Information on any issues regarding the concurrent 1915(c) waivers and on any upcoming 1915(c) waiver changes (amendments, expirations, renewals):

- The State continues to work with CMS regarding amendments to the seven HCBS waivers, including amendments to performance measures, unbundling Assistive Services, and provisional plans of care.
- The State is pursuing opportunities for technical assistance offered through CMS.
- The State has begun the review and analysis of the SED and Autism waivers in preparation for their renewal scheduled for April of 2022.

m. Legislative activity: The Robert G. (Bob) Bethell Joint Committee on Home and Community Based Services and KanCare Oversight met April 22, 2021. The Committee heard presentations from individuals, providers, and organizations related to KanCare, KDHE and KDADS.

KDADS presented information on the four state hospitals and Nursing Facilities (NFs) including COVID 19 updates, visitation guidelines, antipsychotic drugs, and nursing facility receiverships. KDADS also provided updates on the HCBS waiting lists, HCBS Final Rule, the PACE Program, and PRTFs. Much of the focus, as noted below, during the 2021 legislative session was on Behavioral Health. Certified Community Behavioral Health Clinics (CCBHCs) are coming to Kansas, in addition to 988 call center services and mobile crisis. The Committee also heard updates from the KanCare Ombudsman and the Medicaid Inspector General. Each MCO also provided information about their operations.

The Kansas Legislature returned on January 11, 2021. KDADS presented to several legislative committees including Senate Ways and Means, House Appropriations, House Social Service Budget Committee, Senate Public Health and Welfare, House Health and Human Services, and House Children and Seniors. Topics included Nursing Homes, HCBS Programs, Mental Health Programs, State Hospitals, and Budget updates. Specific issues covered were Mental Health Modernization and Reform, 988 Hotline, CCBHC, Executive Reorganization Order (ERO), PACE, State Hospital salaries and Moratorium, and COVID updates.

KDHE Secretary, Dr. Lee Norman, State Medicaid Director, Sarah Fertig, and Director of Medicaid Operations, Christiane Swartz, presented their respective updates. Dr. Norman covered COVID 19 vaccine delivery and usage, COVID-19 testing, hospital capacity management, and a Johnson & Johnson update. Sarah Fertig gave a KanCare program update and a KanCare analytics & performance metrics update. Christiane Swartz gave an eligibility update, a Medicaid eligibility applications update, and an update on KDHE Clearinghouse staffing.

Under the Families First Coronavirus Act, KDHE eligibility workers continue to delay annual reviews in order to provide continuous coverage for current enrollees during the PHE. The only exceptions for eligibility discontinuation are if the person is no longer a Kansas resident, if the

person dies, or if the person voluntarily withdraws from the Medicaid program. This process will remain in place for Kansas to continue to receive the enhanced federal share of 6.2% for Medicaid and an increase of 4.34% for CHIP through the termination of the PHE.

Overview of other changes made to the Medicaid program during the PHE:
- Applicants and beneficiaries have an additional 120 days to request a fair hearing, if the original 33-day deadline falls between March 2020 and the end of the PHE
- Remove all cost sharing for testing/treatment of COVID-19 for KanCare members
- Allow for greater flexibility of day service locations for HCBS members
- Services can be rendered in home by a family member, with reimbursement to the family member
- Allow for out of state, non-KanCare providers to provide services in Kansas
- Suspend PASRR Level 1 and Level 2 requirements for 30 days
- Temporarily cease all physical visits from MCOs to providers/members
- Allow for early refill of maintenance prescriptions; increase level of pharmacy delivery and mail order availability
- Temporarily allow for documented verbal consent on person-centered plans of care

Providers are regularly updated through the Kansas Medical Assistance Program (KMAP) website of changes made to the program. A special page titled "COVID-19 KMAP Providers Information Page[3]" was added to assist providers as a 'one-stop location' for bulletins, phone numbers, and links to online resources.

n. Other Operational Issues: Eligibility workers discontinued alternative work schedules and returned to normal in-person work operations effective June 14. Guidance for wearing masks, social distancing, following good hygiene and limiting the gathering of large groups where social distancing cannot be maintained have been communicated to all employees in order to keep staff safe and enable Medicaid applications to be processed timely.

V. Policy Developments/Issues

General Policy Issues: Kansas addressed policy concerns related to MCOs and state requirements through weekly KanCare Policy Committee, monthly KanCare Steering Committee, and monthly joint and one-on-one meetings between KDHE, KDADS and MCO leadership. Policy changes are also communicated to MCOs through other scheduled and ad hoc meetings as necessary to ensure leadership and program staff are aware of the changes. All policies affecting the operation of the Kansas Medicaid program and MMIS are addressed through a defined and well-developed process that is inclusive (obtaining input from and receiving review by user groups, all affected business areas, the state Medicaid policy team, the state's fiscal agent and Medicaid leadership) and results in documentation of the approved change.

VI. Financial/Budget Neutrality Development/Issues

Budget neutrality: The State has updated the Budget Neutrality template provided by CMS and has submitted this through the PMDA system. The expenditures contained in the document reconcile to Schedule C from the CMS 64 report for QE 6/30/2021.

General reporting issues: KDHE continues to work with Gainwell Technologies, the fiscal agent, to modify reports as needed to have all data required in an appropriate format for efficient Section 1115 demonstration reporting. KDHE communicates with other state agencies regarding any needed changes.

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[3] https://www.kmap-state-ks.us/Documents/Content/Provider/COVID%2019%20.pdf

VII. Member Month Reporting

This section reflects member month counts for each Medicaid Eligibility Group (MEG) by DY.

DY / MEG	Member Months			
	Apr-21	May-21	Jun-21	TOTAL
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	(1)	0	0	(1)
MEG 1 - ABD/SD DUAL	0	0	0	0
MEG 2 - ABD/SD NON DUAL	(1)	0	0	(1)
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	(12)	(9)	0	(21)
MEG 1 - ABD/SD DUAL	0	0	0	0
MEG 2 - ABD/SD NON DUAL	(12)	(9)	0	(21)
MEG 3 - ADULTS	0	0	0	0
MEG 4 - CHILDREN	0	0	0	0
MEG 5 - DD WAIVER	0	0	0	0
MEG 6 - LTC	0	0	0	0
MEG 7 - MN DUAL	0	0	0	0
MEG 8 - MN NON DUAL	0	0	0	0
MEG 9 - WAIVER	0	0	0	0
DY4 CY2016	(12)	(33)	(7)	(52)
MEG 1 - ABD/SD DUAL	0	(2)	0	(2)
MEG 2 - ABD/SD NON DUAL	(12)	(17)	0	(29)
MEG 3 - ADULTS	0	0	0	0
MEG 4 - CHILDREN	0	(5)	(7)	(12)
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	(9)	0	(9)
MEG 9 - WAIVER	0	0	0	0
DY5 CY2017	(12)	(94)	(12)	(118)
MEG 1 - ABD/SD DUAL	0	(14)	0	(14)
MEG 2 - ABD/SD NON DUAL	(12)	(38)	0	(50)
MEG 3 - ADULTS	0	(25)	0	(25)
MEG 4 - CHILDREN	0	(3)	(12)	(15)
MEG 5 - DD WAIVER	0	0	0	0

MEG 6 - LTC	0	(1)	0	(1)
MEG 7 - MN DUAL	0	0	0	0
MEG 8 - MN NON DUAL	0	(13)	0	(13)
MEG 9 - WAIVER	0	0	0	0
DY6 CY2018	(12)	(42)	(2)	(56)
MEG 1 - ABD/SD DUAL	0	(5)	0	(5)
MEG 2 - ABD/SD NON DUAL	(12)	(12)	0	(24)
MEG 3 - ADULTS	0	(8)	0	(8)
MEG 4 - CHILDREN	0	0	(2)	(2)
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	(17)	0	(17)
MEG 9 - WAIVER	0	0	0	0
DY7 CY2019	(22)	(22)	7	(37)
MEG 1 - ABD/SD DUAL	17	44	47	108
MEG 2 - ABD/SD NON DUAL	(34)	(62)	(41)	(137)
MEG 3 - ADULTS	0	(2)	0	(2)
MEG 4 - CHILDREN	2	19	13	34
MEG 5 - DD WAIVER	0	0	0	0
MEG 6 - LTC	0	(1)	0	(1)
MEG 7 - MN DUAL	(7)	4	0	(3)
MEG 8 - MN NON DUAL	0	(24)	0	(24)
MEG 9 - WAIVER	0	0	(12)	(12)
DY8 CY2020	1,692	696	105	2,493
MEG 1 - ABD/SD DUAL	324	127	20	471
MEG 2 - ABD/SD NON DUAL	305	12	(111)	206
MEG 3 - ADULTS	327	97	0	424
MEG 4 - CHILDREN	600	270	136	1,006
MEG 5 - DD WAIVER	2	(5)	0	(3)
MEG 6 - LTC	63	28	30	121
MEG 7 - MN DUAL	79	193	100	372
MEG 8 - MN NON DUAL	16	28	61	105
MEG 9 - WAIVER	(24)	(54)	(131)	(209)
DY9 CY2021	374,540	379,560	380,172	1,134,272
MEG 1 - ABD/SD DUAL	15,563	15,398	14,844	45,805
MEG 2 - ABD/SD NON DUAL	31,388	31,640	31,449	94,477
MEG 3 - ADULTS	58,367	59,623	59,969	177,959
MEG 4 - CHILDREN	232,008	234,842	235,338	702,188
MEG 5 - DD WAIVER	9,020	8,997	9,006	27,023
MEG 6 - LTC	20,362	20,629	20,574	61,565
MEG 7 - MN DUAL	2,191	2,609	2,951	7,751
MEG 8 - MN NON DUAL	996	1,129	1,342	3,467
MEG 9 - WAIVER	4,645	4,693	4,699	14,037
Grand Total	376,161	380,056	380,263	1,136,480

Note: Totals do not include CHIP or MCHIP.

VIII. Consumer Issues

A summary of the consumer issues is below:

Issue	Resolution	Action Taken to Prevent Further Occurrences

Consumers had claims denied due to Third Party Liability (TPL) either not on file or not showing terminated.	The State worked with KMAP to ensure updates for the consumers who were having claims concerns to either add or remove the TPL coverage for the specific cases.	The State has established a weekly spreadsheet that the MCO(s) can submit to the State so that as they become aware of any changes, they can submit them for update.
There have been multiple consumers who have either been homeless or in conditions that were not habitable during this last quarter. With this came a difficulty for accessing Medicaid services.	Multiple State agencies partnered together, the appropriate MCO, and community providers to not only meet the medical requirements of the consumers but the housing needs as well.	The State has linked the Housing individual(s) from KDADS with the appropriate MCO Manager(s) at KDHE to ensure that if there are multi-tier concerns in the future that the agencies will work together with the MCO and any community partners to ensure the consumers' needs are being met on all levels.

IX. Quality Assurance/Monitoring Activity

The State Quality Management Strategy (QMS) – 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 MCOs can earn by satisfying certain quality benchmarks. Many of the program-specific, pre-existing measures were developed for the 1915(c) disability waivers designed and managed by the operating agency, KDADS, and administered by the single State Medicaid agency, KDHE. Regular and consistent cross-agency review of the QMS will highlight progress toward State goals and measures and related contractor progress. The outcome findings will demonstrate areas of compliance and non-compliance with Federal standards and State contract requirements. This systematic review will advance trending year over year for the State to engage contractors in continuous monitoring and improvement activities that ultimately impact the quality of services and reinforce positive change.

The State participated in the following activities:

- Ongoing automated report management, review, and feedback occurred between the State and the MCOs. Reports from the MCOs consist of a wide range of data reported on standardized templates. State administration of the reporting site transitioned to the External Quality Review (EQR) audit team. The team began working with the site administrator to make some improvements to the reporting database. For example, allowing PowerPoint documents to be uploaded, sending email alerts when due dates are changed, and updating the tip sheets for users with more robust information.
- The State added Provider Satisfaction Survey results to the Report Administration system. This includes MCO submission of survey tools and methodology for State approval prior to survey implementation. These changes have been approved by the State and the MCOs and are pending contract amendment approval from CMS. The methodologies for the 2021 surveys are due August 31, 2021. SHP has submitted their methodology and more information was requested, as many of the new contract requirements were not included.
- Specific templates were developed for reporting key performance components for the KanCare program through cross-agency and MCO collaboration. The process of report management, review, and feedback is now automated to ensure efficient access to reported information and maximum utilization/feedback related to the data. Administrators are developing new training for staff to increase efficiency across the platform.
- Monitored the External Quality Review Organization (EQRO) work plan. KFMC, the State's EQRO, and the State developed a tool to track EQRO, State, and MCO deliverables due dates. The tool is updated daily by KFMC and distributed to the State and MCOs quarterly.
- Performance Improvement Project (PIP) meetings occurred in April, May, and June and included the EQRO, MCOs, KDADS and KDHE.
- The EQRO conducted individual training sessions with each MCO regarding the web-based reporting system for monthly submission of PIP data. The new system allows for tracking and trending of reports and to monitor the effectiveness of MCO interventions.
- The annual reports of each MCOs Early and Periodic Screening, Diagnostic and Treatment (EPSDT) PIP were reviewed by KFMC and approved by KDHE. Adjustments were made to PIP interventions that were considered ineffective, not capturing all of the necessary data, or ones that required enhancement.
- Two new PIPs, MCO Collaborative COVID-19 Vaccination and UHC's Antidepressant Medication Management (AMM), have approved interventions and are nearing the methodology approval phase.
- The Fiscal Year 2020 CMS 416 report was approved by the State of Kansas in June 2021. A comparison of the 2019 Fiscal Year data to the 2020 Fiscal Year data revealed that the participation rates improved in one age category, stayed the same in two age categories, and decreased in four age categories. It is possible that the data is reflective of a COVID-19 impact.
- A member-friendly table of all the MCOs' PIPs, with a simplified description of their interventions, was added to the KanCare website[4]. KDHE developed a table that includes more technical information and highlights the change being piloted with each intervention. Both of these documents are being updated to reflect UHC changing their Prenatal and Postpartum Care (PPC) PIP to AMM PIP, the Collaborative Human Papillomavirus (HPV) PIP ending, and the COVID-19 Vaccine PIP replacement. Once these changes are finalized, the new versions will be posted.
- A meeting occurred with the EQRO, MCOs, KDADS, and KDHE in April to discuss EQRO activities and concerns. KDHE continued monthly, informal meetings with KFMC to touch base on activities and to plan agendas for the Quarterly formal EQRO and monthly PIP meetings.
- The State's 2020 Annual Contract Review findings were delivered to the MCOs. The MCOs then had 30 days to submit a remediation plan for any finding of "Partially Met" or below. The State received several remediation plans which are subject to the State's experts for approval.

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[4] https://www.kancare.ks.gov/policies-and-reports/quality-measurement

Remediation plans that do not adequately meet the State's standard are re-negotiated with the MCO directly to ensure timely compliance.

- A summary of the 2020 findings are provided in the table below. Any 2020 finding of "Minimally Met" or below will be reviewed again in the 2021 Annual Contract Review.

MCO	ABH			SHP			UHC		
Contract #	2020 Finding	Remediation Plan Required?	Status of Remediation Plan	2020 Finding	Remediation Plan Required?	Status of Remediation Plan	2020 Finding	Remediation Plan Required?	Status of Remediation Plan
Att. C	Substantially Met	No	None	Substantially Met	No	None	Fully Met	No	None
5.8.3.E.3	Substantially Met	No	None	Substantially Met	No	None	Fully Met	No	None
Att. D 4.3.3.1	Partially Met	Yes	Partially Accepted	Partially Met	Yes	Provisionally Accepted	Partially Met	Yes	Accepted
Att. D 4.3.3.2	Partially Met	Yes	Partially Accepted	Fully Met	No	None	Partially Met	Yes	Accepted
Att. D 4.3.3.3.1	Fully Met	No	None	Fully Met	No	None	Fully Met	No	None
Att. D 4.3.4.2	Fully Met	No	None	Substantially Met	No	None	Fully Met	No	None
Att. D 4.4.3.1	Partially Met	Yes	Partially Accepted	Fully Met	No	None	Partially Met	Yes	Accepted
Att. D 4.4.2.1.9	Fully Met	No	None	Fully Met	No	None	Substantially Met	No	None
Att. D 4.5.2.5	Fully Met	No	None	Fully Met	No	None	Fully Met	No	None
Att. D 4.4.2.1.4	Fully Met	No	None	Fully Met	No	None	Fully Met	No	None
Att. D 5.4.7.1.6	Not Met	Yes	Accepted	Not Met	Yes	In Progress	Not Met	Yes	Partially Accepted
Att. D 5.3.1	Not Met	Yes	Provisionally Accepted	Substantially Met	No	None	Partially Met	Yes	Accepted
Att. D 5.3.3.1	Substantially Met	No	None	Fully Met	No	None	Substantially Met	No	None
Att. D 5.4.3.1	Partially Met	Yes	Provisionally Accepted	Not Met	Yes	Accepted	Partially Met	Yes	Accepted
Att. D 5.4.5.1	Fully Met	No	None	Not Met	Yes	Accepted	Not Met	Yes	Accepted
Att. D 5.4.8.1.1-5.4.8.1.4.7	Partially Met	Yes	Provisionally Accepted	Partially Met	Yes	Accepted	Partially Met	Yes	Accepted
Att. D 5.4.8.1	Not Met	Yes	Provisionally Accepted	Substantially Met	No	None	Not Met	Yes	Accepted
Att. D 5.4.7.1.3	Minimally Met	Yes	Provisionally Accepted	Partially Met	Yes	Accepted	Substantially Met	No	None
Att. D 5.4.7.1.6	Fully Met	No	None	Substantially Met	No	None	Substantially Met	No	None
Att. D 5.4.7.1.7	Fully Met	No	None	Partially Met	Yes	Accepted	Substantially Met	No	None
Att. D 4.6.2.1.11	Fully Met	No	None	Fully Met	No	None	Fully Met	No	None
Att. D 5.5.2.1.9	Partially Met	Yes	Accepted	Fully Met	No	None	Fully Met	No	None
5.5.13.K&L.	Not Applicable	No	None	Not Applicable	No	None	Fully Met	No	None
5.4.10.	Not Applicable	No	None	Not Applicable	No	None	Not Applicable	No	None
5.4.2.,3,4,6, &8	Substantially Met	No	None	Substantially Met	No	None	Partially Met	Yes	Accepted

5.9.1&12 5.15.2., 5.18., 5.27.									
5.10.2.B.1.	Not Applicable	No	None	Fully Met	No	None	Not Applicable	No	None
5.10.7.E.1& 2.	Not Applicable	No	None	Minimally Met	Yes	Accepted	Not Applicable	No	None
5.10.11.B.4.	Not Applicable	No	None	Not Met	Yes	Accepted	Not Applicable	No	None
5.10.7.E.4.	Fully Met	No	None	Not Applicable	No	None	Not Applicable	No	None
5.10.7.E.6.	Fully Met	No	None	Not Applicable	No	None	Not Applicable	No	None
5.10.7.E.7, 9,&10	Not Applicable	No	None	Not Applicable	No	None	Not Applicable	No	None
5.10.7.E.12.	Fully Met	No	None	Not Applicable	No	None	Not Applicable	No	None
5.10.7.E.13.	Not Applicable	No	None	Not Applicable	No	None	Not Applicable	No	None
5.10.7.E.14.	Fully Met	No	None	Not Applicable	No	None	Not Applicable	No	None
5.10.7.E.20.	Not Applicable	No	None	Not Applicable	No	None	Not Applicable	No	None
5.10.7.E.21.	Fully Met	No	None	Not Applicable	No	None	Not Applicable	No	None
5.10.11.B.2.	Fully Met	No	None	Not Applicable	No	None	Not Applicable	No	None
5.10.11.B.3.	Not Applicable	No	None	Not Applicable	No	None	Not Applicable	No	None
5.10.11.B.4.	Fully Met	No	None	Not Applicable	No	None	Not Applicable	No	None
5.10.5.H.	Partially Met	Yes	Partially Accepted	Not Applicable	No	None	Fully Met	No	None
5.10.6.A.12.	Fully Met	No	None	Not Applicable	No	None	Fully Met	No	None
5.10.6.A.11.	Fully Met	No	None	Not Applicable	No	None	Fully Met	No	None
5.10.1.C.	Fully Met	No	None	Not Applicable	No	None	Fully Met	No	None
5.1.4.1.E.7.a .	Partially Met	Yes	Partially Accepted	Fully Met	No	None	Not Applicable	No	None
5.1.4.1.E.7.c .	Fully Met	No	None	Fully Met	No	None	Not Applicable	No	None
5.1.4.1.E.7.c .i.	Fully Met	No	None	Fully Met	No	None	Not Applicable	No	None
5.1.4.1.E.7.c .ii.	Fully Met	No	None	Fully Met	No	None	Not Applicable	No	None
5.1.4.1.E.7.c .iii.	Partially Met	Yes	Partially Accepted	Fully Met	No	None	Not Applicable	No	None
5.5.13.A.	Partially Met	Yes	Partially Accepted	Fully Met	No	None	Fully Met	No	None
5.5.13.B.	Partially Met	Yes	Partially Accepted	Fully Met	No	None	Fully Met	No	None
5.5.13.C.	Partially Met	Yes	Partially Accepted	Fully Met	No	None	Fully Met	No	None
5.5.13.D.	Fully Met	No	None	Fully Met	No	None	Fully Met	No	None
5.4.2.&5 5.5.4.&5.9.1 2.	Fully Met	No	None	Fully Met	No	None	Fully Met	No	None

5.14.	Not Met	Yes	Accepted	Not Met	Yes	Accepted	Partially Met	Yes	Accepted
Att. C 2.32	Substantially Met	No	None	Not Applicable	No	None	Substantially Met	No	None
5.1.4.4.	Substantially Met	No	None	Substantially Met	No	None	Substantially Met	No	None
5.4.	Substantially Met	No	None	Minimally Met	Yes	Provisionally Accepted	Minimally Met	Yes	Provisionally Accepted
5.5.4.A.5.	Substantially Met	No	None	Not Applicable	No	None	Not Applicable	No	None
5.5.4.B.	Substantially Met	No	None	Substantially Met	No	None	Fully Met	No	None
5.5.4.B.5.	Substantially Met	No	None	Fully Met	No	None	Fully Met	No	None
5.5.7.E.4.a-e	Minimally Met	Yes	Accepted	Not Applicable	No	None	Minimally Met	Yes	Accepted
5.5.8.A&D	Partially Met	Yes	Accepted	Not Applicable	No	None	Partially Met	Yes	Accepted
5.5.6.G.	Fully Met	No	None	Fully Met	No	None	Fully Met	No	None
5.5.7.B.	Substantially Met	No	None	Substantially Met	No	None	Fully Met	No	None
5.5.13.L.	Fully Met	No	None	Not Applicable	No	None	Not Applicable	No	None
5.16.1.B.	Minimally Met	Yes	Provisionally Accepted	Minimally Met	Yes	Partially Accepted	Partially Met	Yes	Provisionally Accepted
5.4.1.A & C.	Not Applicable	No	None	Fully Met	No	None	Not Applicable	No	None
5.10.6.A.	Not Applicable	No	None	Fully Met	No	None	Not Applicable	No	None
5.2.1.K.2.	Not Applicable	No	None	Fully Met	No	None	Not Applicable	No	None
5.2.1.C.1.	Not Applicable	No	None	Fully Met	No	None	Not Applicable	No	None
5.13.1.A&B.	Not Applicable	No	None	Fully Met	No	None	Not Applicable	No	None

- Surveyed the MCOs, KDADS, and KDHE staff members on potential improvements to the contract review process. The results were reviewed and considered for implementation in the 2021 Annual Contract Review.
- Medicaid Fraud Control Unit monthly meetings were held with the Attorney General's office to address fraud, waste, abuse cases, referrals to MCOs and State, and collaborate on solutions to identify and prevent fraud, waste, and abuse.
- Continued state staff participation in cross-agency long-term care meetings to report quality assurance and programmatic activities to KDHE for oversight and collaboration.
- Continued participation in weekly calls with each MCO to discuss ongoing provider and member issues, and to troubleshoot operational problems. Progress is monitored through these calls and through issue logs. Leadership from KDADS, KDHE and the three MCOs meet monthly to discuss issues and improvements to KanCare.
- Monitored large, global system issues through a weekly log issued to all MCOs and the State's fiscal agent. The resulting log is posted on the KanCare website for providers and other interested parties. Continued monthly meetings to discuss trends and progress.
- Monitored member or provider specific issues through a tracking database that is shared with MCOs and KDADS for weekly review.
- Attended various provider training and workshops presented by the MCOs. Monitored for accuracy, answer questions as needed.

- Redesigned the Network Adequacy section of the KanCare website to improve ease of use for members locating information, including the count of Medicaid providers.
- Continued work to revise the 2018; held collaboration meetings with KDHE and KDADS staff to revise and update the goals and objectives.
- The State has been updating the QMS to comply with the Quality Strategy Toolkit that was released in June 2021. The changes to the original QMS revision have been delayed, in part, due to adjustments being made to comply with the new CMS toolkit. One example of this is an increased focus on LTSS performance measures. We are in the process of gathering data to appropriately track LTSS metrics.
- Requested data from several sources including KDADS, MCOs, EQRO, and internally at KDHE.
- Received stratified data for four HEDIS measures to determine if any health disparities exist. Data will be included in the revised QMS.
- The EQRO will complete a review of the effectiveness of the prior QMS. The State plans to incorporate recommendations from the evaluation in the revised QMS.
- Reviewed and incorporated feedback from CMS regarding the prior QMS into this revised QMS. The State is transitioning toward a data driven QMS that follows the CFR as closely as possible. The State hopes to post the QMS for public and tribal feedback in fall of 2021.
- 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 each of the approved HCBS waivers. The MCOs contracted with Averifi to serve as a single vendor to conduct HCBS Provider Qualification audits.
- Programs administered by KDADS: These measures are monitored and reviewed in collaboration with program staff in the A&D CSP Commission and reported through the Financial and Information Services Commission at KDADS. This oversight is enhanced through collaboration with the Department of Children and Families and the Department of Health and Environment. A quality assurance protocol and interpretative guidelines are utilized to document this process and have been established with the goal of ensuring consistency in the reviews.
- Below is the updated 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
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 & Remediation Reviewed at LTC Meeting ***
01/01 – 03/31	4/1 – 4/15	4/16	4/16 – 6/15	5/16 – 8/15	9/15	November
04/01 – 06/30	7/1 – 7/15	7/16	7/16 – 9/15	8/16 – 11/15	12/15	February
07/01 – 09/30	10/1 – 10/15	10/16	10/16 – 12/15	11/16 – 2/15	3/15	May
10/01 – 12/31	1/1 – 1/15	1/16	1/16 – 3/15	2/16 – 5/15	6/15	August

X. Managed Care Reporting Requirements

a. 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.

KDHE continued to give MCOs feedback on the accuracy and completeness of their quarterly report. As MCOs improve their reporting, feedback has become less about basic errors (duplicates) and more detailed (at provider level). The Provider Network team corrected the SQL coding errors and implemented an updated feedback report. Improvements included making the report flow better, added information about Home Health provider findings, and inclusion of capacity error data. The State worked with Sunflower to correct an over-reporting of duplicates error and with Aetna to correct their HCBS provider reporting. The State provided individualized feedback to MCOs to improve accuracy of mapped providers and HCBS provider reporting. The State team made improvements to the Access and Availability Report, the NEMT report, the feedback report, mapping formats, Non-Participating Provider Reliance Report, and a HCBS Service Delivery Report. The team continues to match the MCOs' reports against additional data sources to give a clearer picture of the reports' accuracy and completeness. MCOs were sent feedback on the acute care hospitals reported in their first quarter PNtwk report and Geo map. MCOs were asked to report back on discrepancies found between their reports and the State's list. This is due back next quarter.

Mapping activities continued with the newly developed automated procedure, using ArcGIS Pro, to map providers based on the MCOs provider network report submissions. The State utilized the maps to compare the GeoAccess map that the MCO submits to find errors, omissions, or verify gaps in coverage. This process ran smoothly with the network data submitted in quarter one as well as quarter two. The State completed the development of an automated process to map HCBS providers and the number of members per waiver in each county. Most HCBS service providers travel to the member. Because there is a potential for privacy violations, these maps are not shared publicly, but are used for internal analysis of network adequacy. The work this quarter focused on improving the data reporting by the MCOs so that providers are counted correctly and discussing options for storing and sharing this large amount of data over time.

MCOs submitted exception requests where for OBGYN providers are lacking. MCOs are working to close these gaps in the provider network by adding new providers and documenting those activities. The team discovered that one MCO was reporting an OBGYN on their map that was not a contracted OBGYN provider, and they were required to remove that provider from their map (see the yellow highlighted section in the map below). This MCO will now be required to report quarterly on progress to fill this coverage gap in the Access and Availability report.

The State requested and received exception requests for allergists and gastroenterologists. The State worked with the MCOs to understand the function of this process and MCOs needed several submissions to complete the process correctly. Each MCO had flaws in their submission (i.e., not explaining why a provider was not included in their network, adding providers where gaps do not exist, relying on only one data source, etc.)

Allergist changes January 1, 2020 to April 1, 2020 (see the yellow highlighted sections in the map below):
- SHP removed providers from Allen county, this provider no longer serves this county

- ABH added a provider in Scott county closing a gap in south central part of Kansas
- UHC began contracting with a provider in Scott county which will also close a gap in south central Kansas

Gastroenterologist changes January 1, 2020 to April 1, 2020 (see the yellow highlighted section in the map below):
- SHP closed a gap in NW part of State by adding a provider in Sherman county
- ABH closed a gap in NW part of State by adding a provider in Sherman county
- ABH removed an incorrectly included provider in Ellis county (moved out of state)
- ABH began contracting with a provider in Kearney, NE

The MCOs will continue to research these gaps and will submit plans for addressing them in the Access and Availability reports each quarter until the gaps are closed. The State expects to close more gaps for these specialties in the next quarter.

KDHE and KDADS GeoAccess standards are posted on our KanCare website.
- Reports and Maps: This report combines a mapped provider report from each MCO and provides a side-by-side comparison of the access maps for each plan by specialty as well as a trending graph for each provider type being mapped.
- Current Network and GeoAccess Standards: KanCare time and distance standards by provider type and specialty.
- Network and GeoAccess History: Includes historical standards, reports, and maps.

Examples of maps mentioned in this report are below. The full complement of maps is available on the KanCare Network Adequacy Reporting website[5].

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[5] https://www.kancare.ks.gov/policies-and-reports/network-adequacy
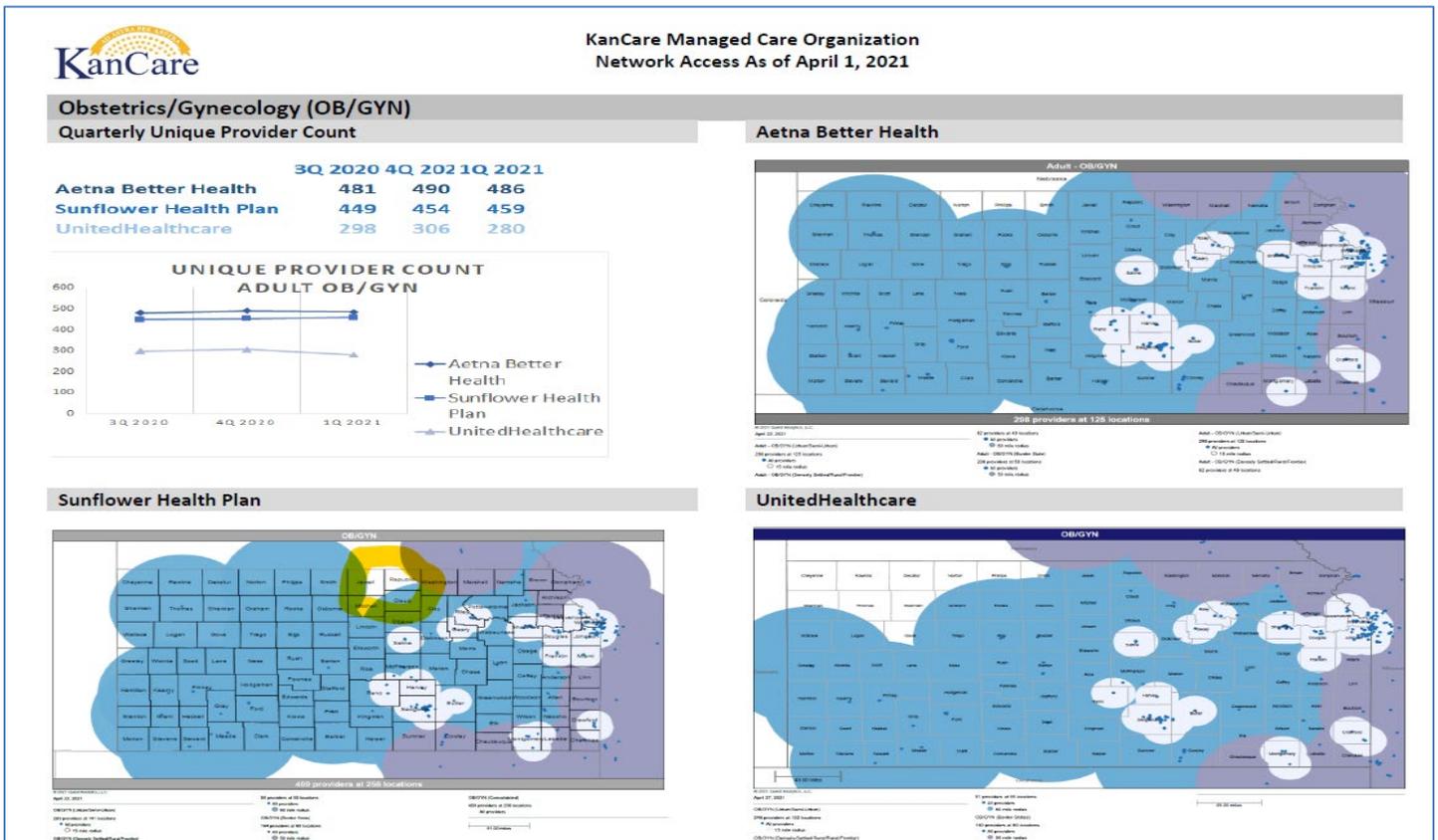
Gastroenterology
Quarterly Unique Provider Count

	3Q 2020	4Q 202	1Q 2021
Aetna Better Health	138	136	134
Sunflower Health Plan	129	132	127
UnitedHealthcare	112	114	108

UNIQUE PROVIDER COUNT ADULT GASTROENTEROLOGY
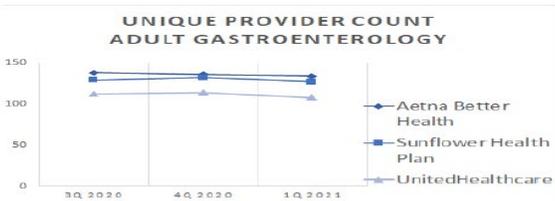
Aetna Better Health
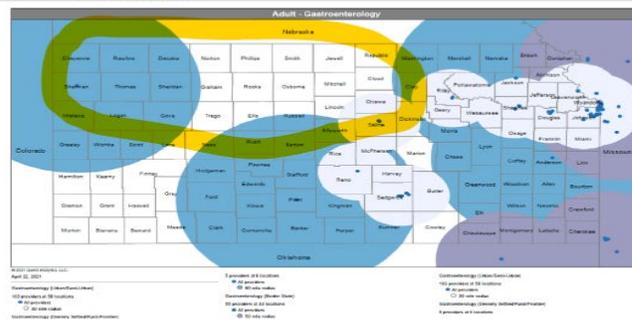
Sunflower Health Plan
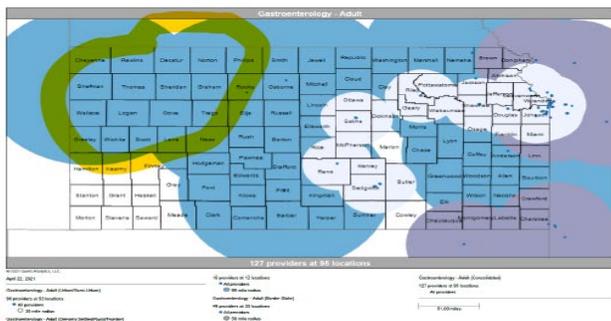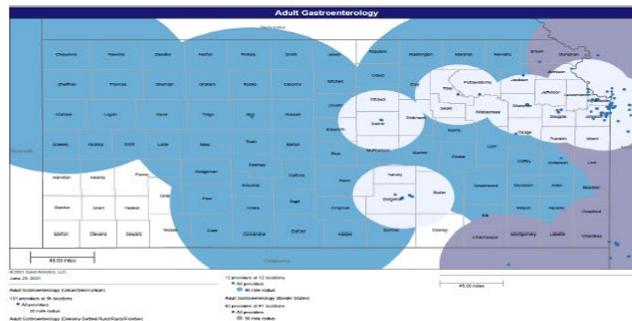
UnitedHealthcare

Allergy
Quarterly Unique Provider Count

	3Q 2020	4Q 202	1Q 2021
Aetna Better Health	37	39	40
Sunflower Health Plan	37	38	36
UnitedHealthcare	40	41	40
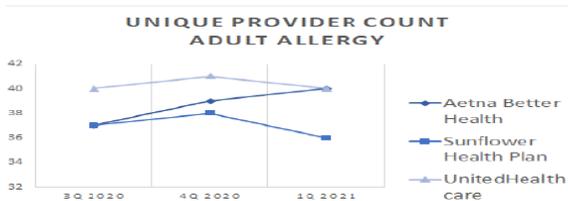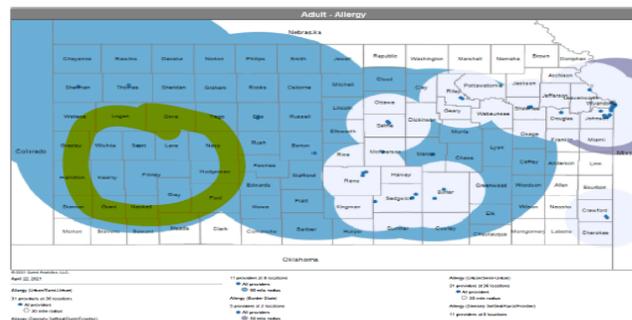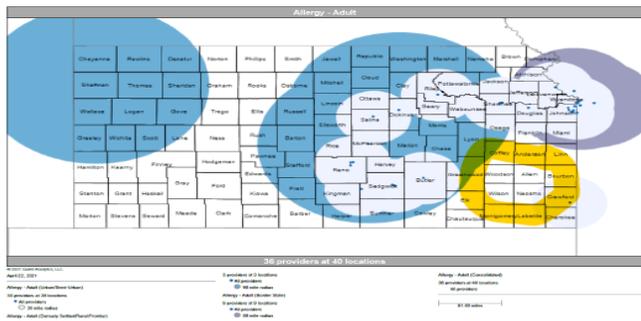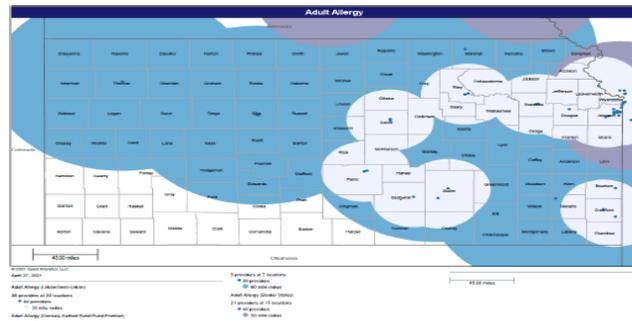
UNIQUE PROVIDER COUNT ADULT ALLERGY
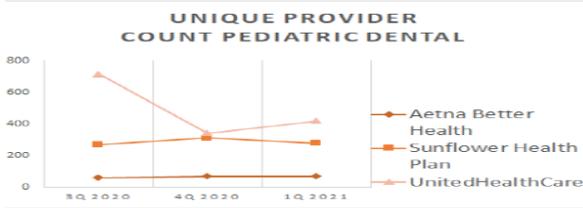
Aetna Better Health
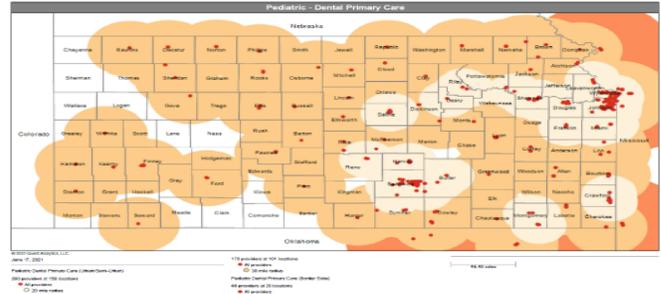
Sunflower Health Plan
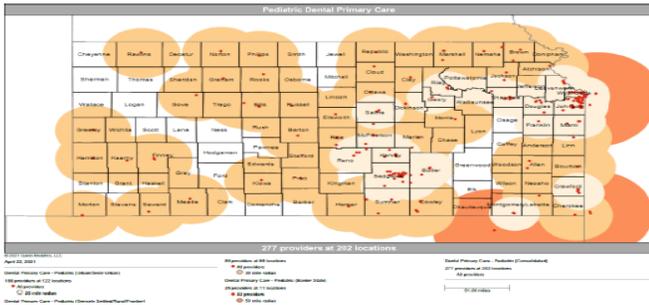
UnitedHealthcare
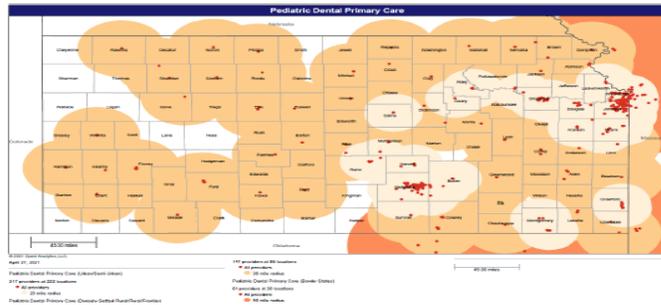
b. Customer service reporting, including total calls, average speed of answer, and call abandonment rates, for MCO-based and fiscal agent call centers, April - June 2021:

KanCare Customer Service Report – Member

MCO/Fiscal Agent	Average Speed of Answer (Seconds)	Call Abandonment Rate	Total Calls
Aetna	16.54	3.29%	37,434
Sunflower	30.98	1.96%	31,479
United	30.48	1.35%	31,906
Gainwell – Fiscal Agent	9	.71%	5,063

KanCare Customer Service Report - Provider

MCO/Fiscal Agent	Average Speed of Answer (Seconds)	Call Abandonment Rate	Total Calls
Aetna	1.74	.49%	17,275
Sunflower	15.45	1.86%	24,310
United	16.33	.73%	18,724
Gainwell – Fiscal Agent	18	1.13%	5,358

c. A summary of MCO appeals for the quarter (including overturn rate and any trends identified) in addition to the information is included at item IV (d) above:

MCOs' Grievance Trends Members

Aetna Member Grievances:

- There were 13 member grievances categorized as Quality of Care (non HCBS Providers) which is a significant increase of 10 from 3 reported CY2021 first quarter.

Aetna Grievance Trends	
Total # of Resolved Grievances	69

Top 5 Trends		
Trend 1: Transportation – Other	14	20%
Trend 2: Quality of Care (non HCBS Providers)	13	19%
Trend 3: Billing/Financial Issues (non-transportation)	12	17%
Trend 4: Access to Service or Care	9	13%
Trend 5: Transportation – No Show	9	13%

Sunflower Member Grievances:

Sunflower Grievance Trends		
Total # of Resolved Grievances	165	
Top 5 Trends		
Trend 1: Transportation – Other	38	23%
Trend 2: Transportation – No Show	33	20%
Trend 3: Transportation – Late	24	15%
Trend 4: Quality of Care (non HCBS Providers)	20	12%
Trend 5: Customer Service	11	7%

United Member Grievances:

- There were 73 member grievances categorized as Billing/Financial Issues (non-transportation) which is a significant decrease of 50 from 123 reported CY2021 first quarter.
- There were 43 member grievances categorized as Transportation - Other which is a significant increase of 21 from 22 reported CY2021 first quarter.
- There were 32 member grievances categorized as Quality of Care (non HCBS Providers) which is a significant increase of 10 from 22 reported CY2021 first quarter.

United Grievance Trends		
Total # of Resolved Grievances	282	
Top 5 Trends		
Trend 1: Billing/Financial Issues (non-Transportation)	73	26%
Trend 2: Transportation – Other	43	15%
Trend 3: Quality of Care (non HCBS Providers)	32	11%
Trend 4: Transportation – No Show	30	11%
Trend 5: Transportation – Late	24	9%

MCOs' Grievance Trends Provider

Aetna Grievance Trends	
Total # of Resolved Grievances	0
Top 5 Trends	

Sunflower Grievance Trends		
Total # of Resolved Grievances	16	
Top 5 Trends		
Trend 1: Transportation	10	63%
Trend 2: Billing/Payment	2	13%
Trend 3: UM	2	13%
Trend 4: Services	1	6%
Trend 5: Services	1	6%
United Grievance Trends		
Total # of Resolved Grievances	7	
Top 5 Trends		

Trend 1: Transportation	7	100%

MCOs' Reconsideration Trends Provider

Aetna Provider Reconsiderations
- There were 248 provider reconsiderations categorized as PR – CPD – Hospital Outpatient (Non-Behavioral Health) which is a significant increase of 85 from 163 reported CY2021 first quarter.
- There were 155 provider reconsiderations categorized as PR – CPD – Hospital Inpatient (Non-Behavioral Health) which is a significant increase of 41 from 114 reported CY2021 first quarter.
- There were 134 provider reconsiderations categorized as PR – CPD – Radiology which is a significant increase of 113 from 21 reported CY2021 first quarter.
- There were 71 provider reconsiderations categorized as PR – CPD – Durable Medical Equipment which is a significant increase of 31 from 40 reported CY2021 first quarter.

Aetna Provider Reconsideration Trends		
Total # of Resolved Reconsiderations	1,338	
Top 5 Trends		
Trend 1: PR – CPD – Medical (Physical Health not Otherwise Specified)	549	41%
Trend 2: PR – CPD – Hospital Outpatient (Non-Behavioral Health)	248	19%
Trend 3: PR – CPD – Hospital Inpatient (Non-Behavioral Health)	155	12%
Trend 4: PR – CPD – Radiology	134	10%
Trend 5: PR – CPD – Durable Medical Equipment	71	5%

Sunflower Provider Reconsiderations
- There were 3,165 provider reconsiderations categorized as PR – CPD – Hospital Outpatient (Non-Behavioral Health) which is a significant decrease of 873 from 4,038 reported CY2021 first quarter.
- There were 1,547 provider reconsiderations categorized as PR – CPD – HCBS which is a significant increase of 870 from 677 reported CY2021 first quarter.
- There were 1,451 provider reconsiderations categorized as PR – CPD – Hospital Inpatient (Non-Behavioral Health) which is a significant decrease of 322 from 1,773 reported CY2021 first quarter.

Sunflower Provider Reconsideration Trends		
Total # of Resolved Reconsiderations	15,412	
Top 5 Trends		
Trend 1: PR – CPD – Hospital Outpatient (Non-Behavioral Health)	3,165	21%
Trend 2: PR – CPD – Medical (Physical Health not Otherwise Specified)	3,021	20%
Trend 3: PR – CPD – Laboratory	1,736	11%
Trend 4: PR – CPD – HCBS	1,547	10%
Trend 5: PR – CPD – Hospital Inpatient (Non-Behavioral Health)	1,451	9%

United Provider Reconsiderations
- There were 4,449 provider reconsiderations categorized as PR – CPD – Hospital Outpatient (Non-Behavioral Health) which is a significant decrease of 1,338 from 5,787 reported CY2021 first quarter.

United Provider Reconsideration Trends		
Total # of Resolved Reconsiderations	31,034	
Top 5 Trends		
Trend 1: PR – CPD – Medical (Physical Health not Otherwise Specified)	10,186	33%
Trend 2: PR – CPD – Hospital Inpatient (Non-Behavioral Health)	5,336	17%
Trend 3: PR – CPD – Hospital Outpatient (Non-Behavioral Health)	4,449	14%
Trend 4: PR – CPD – Laboratory	3,748	12%
Trend 5: PR – CPD – Out of network provider, specialist or specific provider	2,659	9%

MCOs' Appeals Trends Member/Provider

Aetna Member Appeals:

- There were 29 member appeals categorized as MA – CNM – Radiology which is a significant increase of 16 from 13 reported first quarter.
- There were 11 member appeals categorized as MA – CNM – Medical Procedure (NOS) which is a significant decrease of 15 from 26 reported first quarter.
- There were 9 member appeals categorized as MA – CNM – Other which is a significant increase of 7 from 2 reported first quarter.
- There were 8 member appeals categorized as MA – CNM – Durable Medical Equipment which is a significant decrease of 7 from 15 reported first quarter.

Aetna Provider Appeals:
- There were 179 provider appeals categorized as PA – CPD – Medical (Physical Health not Otherwise Specified) which is a significant increase of 104 from 75 reported first quarter.
- There were 78 provider appeals categorized as PA – CPD – Hospital Inpatient (Non-Behavioral Health) which is a significant increase of 17 from 61 reported first quarter.
- There were 47 provider appeals categorized as PA – CPD – Durable Medical Equipment which is a significant increase of 30 from 17 reported first quarter.
- There were 42 provider appeals categorized as PA – CPD – Hospital Outpatient (Non-Behavioral Health) which is a significant increase of 13 from 29 reported first quarter.

Aetna Member/Provider Appeal Trends					
Total # of Resolved Member Appeals	138		Total # of Resolved Provider Appeals	466	
Top 5 Trends			Top 5 Trends		
Trend 1: MA – CNM – Pharmacy	70	51%	Trend 1: PA – CPD – Medical (Physical Health not Otherwise Specified)	179	38%
Trend 2: MA – CNM – Radiology	29	21%	Trend 2: PA – CPD – Hospital Inpatient (Non-Behavioral Health)	78	17%
Trend 3: MA – CNM – Medical Procedure (NOS)	11	8%	Trend 3: PA – CPD – Durable Medical Equipment	47	10%
Trend 4: MA – CNM – Other	9	7%	Trend 4: PA – CPD – Hospital Outpatient (Non-Behavioral Health)	42	9%
Trend 5: MA – CNM – Durable Medical Equipment	8	6%	Trend 5: PA – CPD – Laboratory	39	8%

Sunflower Member Appeals:
- There were 79 member appeals categorized as MA – CNM – Radiology which is a significant increase of 30 from 49 reported first quarter.
- There were 59 member appeals categorized as MA – CNM – Pharmacy which is a significant increase of 16 from 43 reported first quarter.
- There were 21 member appeals categorized as MA – CNM – Other which is a significant increase of eight from 13 reported first quarter.
- There were 17 member appeals categorized as MA – CNM – Durable Medical Equipment which is a significant decrease of four from 21 reported first quarter.
- There were nine member appeals categorized as MA – CNM – Durable Medical Equipment which is a significant decrease of six from 15 reported first quarter.

Sunflower Provider Appeals:
- There were 404 provider appeals categorized as PA – CPD – Medical (Physical Health not Otherwise Specified) which is a significant decrease of 137 from 541 reported first quarter.
- There were 303 provider appeals categorized as PA – CPD – Laboratory which is a significant increase of 161 from 142 reported first quarter.
- There were 141 provider appeals categorized as PA – CPD – Hospital Outpatient (Non-Behavioral Health) which is a significant decrease of 38 from 179 reported first quarter.
- There were 90 provider appeals categorized as PA – CPD – Durable Medical Equipment which is a significant increase of 49 from 41 reported first quarter.

Sunflower Member/Provider Appeal Trends					
Total # of Resolved Member Appeals	213		Total # of Resolved Provider Appeals	1,471	
Top 5 Trends			Top 5 Trends		
Trend 1: MA – CNM – Radiology	79	37%	Trend 1: PA – CPD – Medical (Physical Health not Otherwise Specified)	404	27%
Trend 2: MA – CNM – Pharmacy	59	28%	Trend 2: PA – CPD – Laboratory	303	21%
Trend 3: MA – CNM – Other	21	10%	Trend 3: PA – CPD – Hospital Outpatient (Non-Behavioral Health)	141	10%
Trend 4: MA – CNM – Durable Medical Equipment	17	8%	Trend 4: PA – CPD – Hospital Inpatient (Non-Behavioral Health)	130	9%
Trend 5: MA – CNM – PT/OT/ST	9	4%	Trend 5: PA – CPD – Durable Medical Equipment	90	6%

United Member Appeals:
- There were 134 member appeals categorized as MA – CNM – Pharmacy which is a significant increase of 43 from 91 reported first quarter.
- There were 34 member appeals categorized as MA – CNM – Inpatient Admissions (Non-Behavioral Health) which is a significant increase of eight from 26 reported first quarter.
- There were 16 member appeals categorized as MA – CNM – Durable Medical Equipment which is a significant decrease of six from 22 reported first quarter.
- There were 10 member appeals categorized as MA – CNM – Dental which is a significant decrease of four from 14 reported first quarter.

United Provider Appeals:
- There were 173 provider appeals categorized as PA – CPD – Hospital Inpatient (Non-Behavioral Health) which is a significant decrease of 37 from 210 reported first quarter.
- There were 117 provider appeals categorized as PA – CPD – Laboratory which is a significant increase of 42 from 75 reported first quarter.
- There were 59 provider appeals categorized as PA – CPD – Hospital Outpatient (Non-Behavioral Health) which is a significant decrease of 32 from 91 reported first quarter.

United Member/Provider Appeal Trends					
Total # of Resolved Member Appeals	235		Total # of Resolved Provider Appeals	829	
Top 5 Trends			Top 5 Trends		
Trend 1: MA – CNM – Pharmacy	134	57%	Trend 1: PA – CPD – Medical (Physical Health not Otherwise Specified)	253	31%
Trend 2: MA – CNM – Inpatient Admissions (Non-Behavioral Health)	34	14%	Trend 2: PA – CPD – Hospital Inpatient (Non-Behavioral Health)	173	21%
Trend 3: MA – CNM – Durable Medical Equipment	16	7%	Trend 3: PA – CPD – Laboratory	117	14%
Trend 4: MA – CNM – Dental	10	4%	Trend 4: PA – CPD – Home Health	64	8%
Trend 5: MA – CNM – Medical Procedure (NOS)	9	4%	Trend 5: PA – CPD – Hospital Outpatient (Non-Behavioral Health)	59	7%

MCOs' State Fair Hearing Reversed Decisions - Member/Provider
- There were 27 member state fair hearings for all three MCOs. No decisions were reversed by OAH.
- There were 50 provider state fair hearings for all three MCOs. No decisions were reversed by OAH.

Aetna					
Total # of Member SFH	2		Total # of Provider SFH	8	
OAH reversed MCO decision	0	0%	OAH reversed MCO decision	0	0%

Sunflower					
Total # of Member SFH	3		Total # of Provider SFH	27	
OAH reversed MCO decision	0	0%	OAH reversed MCO decision	0	0%

United					
Total # of Member SFH	22		Total # of Provider SFH	15	
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 2021 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. KDADS implemented enhancements to the AIR system on 9/17/18. These enhancements allow KDADS, KDHE, and MCOs to manage specific critical incidents in accordance with KDADS' AIR Policy.

All the MCOs have access to the system. MCOs and KDADS staff may now both read and write information directly into the AIR system. Creating an Adverse Incident Report is forward facing, so anyone from a concerned citizen to an MCO Care Coordinator can report into the AIR system by visiting the KDADS website[6] and selecting Adverse Incident Reporting (AIR) under the quick links. All reports are input into the system electronically. While a system with the Kansas Department for Children and Families (DCF) is being developed to automatically enter determinations into AIR, KDADS requires duplicate reporting for instances of Abuse, Neglect and Exploitation to both DCF and the AIR system. Determinations received from DCF are received by KDADS staff who review the AIR system and attach to an existing report, or manually enter reports that are not already in the AIR system. After reports are received and reviewed and waiver information is verified by KDADS staff in MMIS, MCOs receive notification of assigned reports. MCOs have the ability to provide follow-up information within the AIR system and address corrective action plans issued by KDADS as appropriate. To protect member protected health information, MCO access is limited to only their enrolled members. Please note that Kansas is in the process of establishing a memorandum of understanding (MOU) between KDADS and DCF to improve communication, data sharing and leverage resources between the agencies.

KDADS Program Integrity continues providing AIR training to Community Service Providers and any interested parties statewide upon request. Access to training materials and contact information to request a training is located on the KDADS website. Along with provider and individual training, KDADS provides updated trainings to the MCOs as requested for new staff and as a refresher to ensure efficient and consistent processes.

AIR is not intended to replace the State reporting system for abuse, neglect, and exploitation (ANE) of individuals who are served on the behavioral health and HCBS programs. ANE

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[6] www.kdads.ks.gov

substantiations are reported separately to KDADS from the Department of Children and Families (DCF) and monitored by the KDADS program integrity team. The program integrity team ensures individuals with reported ANE are receiving adequate supports and protections available through KDADS programs, KanCare, and other community resources. A summary of the 2021 AIR reports through the quarter ending June 30, 2021 follows:

Critical Incidents	1st Quarter AIR Totals	2nd Quarter AIR Totals	3rd Quarter AIR Totals	4th Quarter AIR Totals	YTD TOTALS
Reviewed	2,770	2,687			5,457
Pending Resolution	92	20			112
Total Received	2,862	2,707			5,569
APS Substantiations*	174	217			391

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

XI. Safety Net Care Pool

The Safety Net Care Pool (SNCP) is divided into two pools: The Health Care Access Improvement Program (HCAIP) Pool and the Large Public Teaching Hospital/Border City Children's Hospital (LPTH/BCCH) Pool. The DY 9 first quarter and second quarter HCAIP UCC Pool payments were issued on June 3, 2021 and June 17, 2021 and the second quarter LPTH/BCCH UC Pool will be issued in the third quarter. SNCP and HCAIP reports for the second quarter of DY 9, are attached to this report. Disproportionate Share Hospital payments continue, as does support for graduate medical education.

XII. Demonstration Evaluation

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

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

a. Post-award forums
   No post-award forum was held during the April - June 2021 quarter.

b. Claims Adjudication Statistics
   KDHE's summary of the numerous claims adjudication reports for the KanCare MCOs, covering January through June 2021, are attached.

c. Waiting List Management
   PD Waiting List Management
   For the quarter ending June 30, 2021:
   - Current number of individuals on the PD Waiting List: 2,287
   - Number of individuals added to the waiting list: 358
   - Number of individuals removed from the waiting list: 454
     - 279 started receiving HCBS-PD waiver services
     - 38 were deceased
     - 137 were removed for other reasons (refused services, voluntary removal, etc.)
   I/DD Waiting List Management
   For the quarter ending June 30, 2021:

- Current number of individuals on the I/DD Waiting List: 4,512
- Number of individuals added to the waiting list: 142
- Number of individuals removed from the waiting list: 195
  - 113 started receiving HCBS-I/DD waiver services
  - 1 was deceased
  - 81 were removed for other reasons (refused services, voluntary removal, etc.)

XIV. Enclosures/Attachments

Section of Report Where Attachment Noted	Description of Attachment
IV(e)	HCBS Quality Report for October-December 2020
X(e)	Summary of KanCare Ombudsman Activities for QE 06.30.2021
XI	Safety Net Care Pool Reports DY9 Q2 and HCAIP Reports DY9 Q2
XIII(b)	KDHE Summary of Claims Adjudication Statistics for January-June 2021

XV. State Contacts

Dr. Lee A. Norman, M.D., Secretary
Sarah Fertig, Medicaid Director
Kansas Department of Health and Environment
Division of Health Care Finance
Landon State Office Building – 9th Floor
900 SW Jackson Street
Topeka, Kansas 66612
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Lee.Norman@ks.gov
Sarah.Fertig@ks.gov

XVI. Date Submitted to CMS

August 30, 2021

KanCare Ombudsman Report

Quarter 2, 2021 (based on calendar year)

April 1 – June 30, 2021

Data downloaded 6/19/2021

KanCare Ombudsman Office

Kerrie Bacon, KanCare Ombudsman

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Website: www.KanCareOmbudsman.ks.gov

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I. Table of Contents

Contents

II. Highlights/Dashboard

A. Enhancements

1. Call Handler for Topeka office

The call handler was put in place in June. This is being done primarily to better serve those whose primary language is Spanish.

It provides four options for people calling the toll free number and being routed to the Topeka office:

- Spanish – routes to a line that provides how to leave a message in Spanish
- Providers – transfers provider calls to KDHE Health Care Finance front desk and they will be routed to a Provider Manager for assistance.
- Clearinghouse – if callers are trying to reach the KanCare Clearinghouse, they can choose this option and will be routed directly to the toll free number.
- The caller can stay on the line or press zero to get the KanCare Ombudsman office.

The next step is setting up the same call handler options for the Kansas City Satellite office.

2. Outreach:

- A byproduct of the AmeriCorps VISTA application assistance project (see page 19, B.) has been, when they contact these organizations (i.e. Local Public Health Departments, etc.), they are explaining what our organization does, what resources we have available and asking if they would like a packet of our brochures to share with staff and consumers. We have mailed out seven boxes of brochures so far.

	Q1/2020	Q2/2020	Q3/2021	Q4/2020	Q1/2021	Q2/2021
Outreach	74	16	96	57	49	156

3. KanCare Ombudsman Listening Sessions

The KanCare Ombudsman office will be doing a series of listening sessions this fall that will be preceded by a survey. The purpose of the listening sessions will be to get stakeholder input on the operation, performance, and suggested enhancements of the KanCare Ombudsman office.

4. Volunteer Satisfaction Survey

In late April, WSU MSW Practicum Student Britt Doerner worked with CEI and Ombudsman staff to create and distribute a volunteer satisfaction survey. From 4/18-5/1, five volunteers responded via the Qualtrics platform. Results are below. In general, comments were positive regarding their volunteer experience. See Appendix B.

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 KanCare Ombudsman office helps with:

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

The Centers for Medicare and Medicaid Services Special Terms and Conditions (2019-2023), Section 36 for KanCare, provides the KanCare Ombudsman program description and objectives.

IV. Accessibility to the Ombudsman's Office

A. Initial Contacts

The KanCare Ombudsman Office was available to members and applicants of KanCare (Medicaid) by phone, email, written communication, social media and the Integrated Referral and Intake System (IRIS) during secon quarter of 2021.

The KanCare Ombudsman Office has helped KanCare members and applicants since the inception of KanCare in January 2013. Starting in November 2015, the KanCare Ombudsman office began a volunteer program to assist with answering calls and helping with applications. There are two satellite offices; Wichita and Kansas City.

The last several quarters of contacts are down; we believe it is due to COVID-19.

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	478	562	601
2021	564	591		

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

	Q4	Q1	Q2	% +/- Q2 2020 vs Q1 2020	Q3	Q4	Q1	Q2	% +/- Q2 2021 vs Q1 2020
KanCare Ombuds. Contacts	915	903	478	-47%	562	601	564	591	-35%
CH contacts	126,682	128,033	57,720	-55%	57,425	59,161	81,398	64,852	-49%

B.   Accessibility through the KanCare Ombudsman Volunteer Program

The KanCare Ombudsman Office has two satellite offices for the volunteer program; one in Kansas City metro area and one in Wichita. The volunteers in both satellite offices answer KanCare questions, help with issues and assist with filling out KanCare applications (during COVID-19, by phone only).

During second quarter, there have been volunteers assisting in the offices (2 in each office, two volunteers in training; one in each office). They continue their training into third quarter. Both satellite offices have COVID-19 protocol for people in the buildings and the number of people in the buildings have been very limited. Calls are covered by volunteers in the satellite offices, and when there is a gap in coverage, the Topeka staff cover the phones.

Office	Volunteer Hours	# of Volunteers	# of hours covered/wk.	Area Codes covered
Kansas City Office	Mon: 1:00 to 4:00pm Tues: 1:00 to 4:00pm	2	6	Northern Kansas Area Codes 785, 913, 816
Wichita Office	Mon: 9:00 to noon Fri: 9:00 to noon	2	6	Southern Kansas Area Codes 316, 620

Information on KanCare Ombudsman website at the end of June 2021

There were three Education and Resource Volunteer Interns (from St. Mary's University-Leavenworth) that provided assistance during the second quarter on the Community Resource Guides.

V. Outreach by KanCare Ombudsman Office

The KanCare Ombudsman Office is responsible for helping members, applicants and providers understand the KanCare application process, benefits and services, and provide training and outreach to community organizations. The office does this through resources provided on the KanCare Ombudsman web pages, resources provided with contacts to members, applicants and providers, and outreach through conferences, conference calls, video calls, social media, and in-person contacts.

The large increase in contacts for second quarter is directly related to our AmeriCorps VISTA volunteers. They have begun the process of updating our KanCare Application Assistance Guide that lists organizations that help with filling out KanCare applications. They are not only checking current organizations on the list, but also contacting all Local Public Health Departments and other community organizations that have the potential to provide that type of assistance. They are explaining what our organization does, what resources we have available and asking if they would like a packet of our brochures to share with staff and consumers. We are very excited about this outreach and hope that it will create new opportunities for collaboration across the state.

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

	Q1/2020	Q2/2020	Q3/2021	Q4/2020	Q1/2021	Q2/2021
Outreach	74	16	96	57	49	171

For the full listing of outreach, see Appendix A.

VI. Data by KanCare 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

KanCare Ombudsman coverage is divided into four regions. The map below shows the counties included in each region. The north/south dividing line is based on the state's approximate area code coverage (785 and 620).
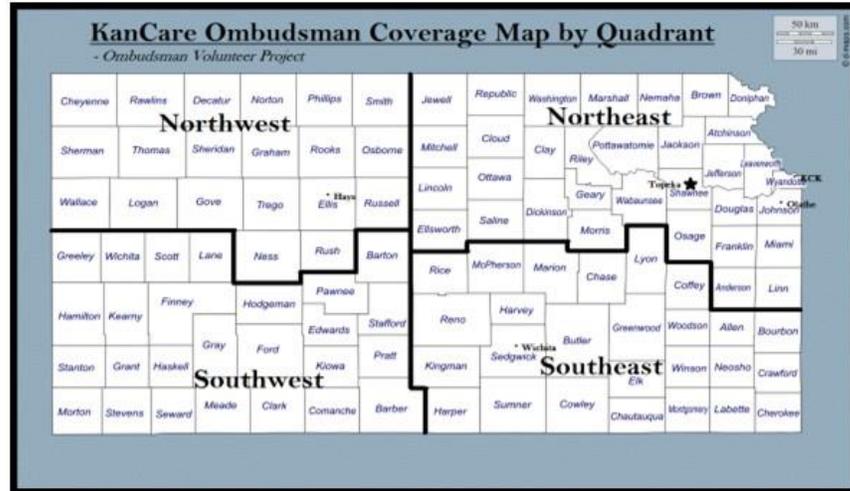
- 785, 913 and 816 area code calls go to the Kansas City Satellite office.
- 316 and 620 area code calls go to the Wichita Satellite office.
- The remaining calls (out of state numbers, direct calls and complex calls) go to the Topeka (main) office unless people call the direct number for the satellite offices (found on KanCare Ombudsman web pages under Contact Us) or call the direct numbers for staff at the Topeka office. Emails to the KanCare.Ombudsman@ks.gov go to the Topeka office.
- The chart, by region, shows that most KanCare Ombudsman contacts come from the Northeast and Southeast part of Kansas.

KanCare Ombudsman Office

REGION	Q1/2020	Q2/2020	Q3/2020	Q4/2020	Q1/2021	Q2/2021
Northwest	15	4	1	5	10	7
Northeast	158	90	50	69	80	145
Southwest	16	11	6	8	16	19
Southeast	171	104	36	84	59	133
Unknown	544	257	464	435	399	286
Out of State	2	12	5	0	0	1
Total	**906**	**478**	**562**	**601**	**564**	**591**

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. Most Medicaid members are not being dropped at this time due to COVID-19, so the bottom line number is increasing each quarter.

Medicaid

Region	Q1/2020	Q2/2020	Q3/2020	Q4/2020	Q1/2021	Q2/2021
Northeast	193,061	199,226	207,371	212,844	218,205	222,688
Southeast	174,330	180,611	188,171	193,347	198,235	202,161
Northwest	12,550	12,964	13,507	13,928	14,310	14,409
Southwest	36,984	38,200	39,667	40,724	41,958	42,834
Total	**416,925**	**431,001**	**448,716**	**460,843**	**472,708**	**482,092**

3. Kansas Population Density

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

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

During first quarter, we had the assistance of volunteers in the satellite offices at least 2-3 days per week. When there was no volunteer coverage for the day, the Ombudsman Assistant or the Volunteer Coordinator took the toll free number calls.

Contacts by Office	Q1/2020	Q2/2020	Q3/2020	Q4/2020	Q1/2021	Q2/2021
Main - Topeka	540	362	534	438	387	432
Kansas City	142	0	1	58	74	90
Wichita	221	112	26	105	103	69
Total	**903**	**474**	**561**	**601**	**564**	**591**

C.   Data by Contact Method

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

Contact Method	Q1/2020	Q2/2020	Q3/2020	Q4/2020	Q1/2021	Q2/2021
Telephone	773	356	464	511	473	449
Email	114	117	90	83	86	138
Letter	5	4	6	2	1	1
Face-to-Face Meeting	11	0	0	0	0	0
Other	0	1	1	5	2	1
Social Media	3	0	1	0	4	2
CONTACT METHOD TOTAL	**906**	**478**	**562**	**601**	**566**	**591**

D. Data by Caller Type

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

The "Other type" callers are usually state employees, school social workers, lawyers and students/researchers, etc. looking for data.

Provider issues are a combination of providers calling to assist a member or applicant having issues, or a provider with claims/billing issues, questions on how to become a provider in Kansas, etc. The provider contacts that are not for an individual member, are forwarded to Kansas Department of Health and Environment (KDHE.)

CALLER TYPE	Q1/2020	Q2/2020	Q3/2020	Q4/2020	Q1/2021	Q2/2021
Provider	70	63	63	58	62	99
Consumer	773	375	451	497	465	434
MCO Employee	3	6	5	8	2	4
Other Type	60	34	43	38	37	54
CALLER TYPE TOTAL	**906**	**478**	**562**	**601**	**566**	**591**

E. Data by Program Type

- Frail Elderly waiver and Nursing facility issues were the top program concerns within the Program Type calls received.

PROGRAM TYPE	Q1/2020	Q2/2020	Q3/2020	Q4/2020	Q1/2021	Q2/2021
PD	32	25	35	12	9	14
I/DD	23	23	16	12	9	17
FE	34	19	27	16	13	23
AUTISM	1	1	2	3	0	2
SED	5	3	2	3	1	1
TBI	7	4	9	3	5	6
TA	6	5	2	1	1	1
WH	0	1	0	0	0	1
MFP	0	1	0	0	0	1
PACE	1	0	0	1	0	1
MENTAL HEALTH	3	8	2	1	3	1
SUB USE DIS	0	0	0	0	0	0
NURSING FACILITY	39	29	9	22	24	20
FOSTER CARE	0	1	0	0	1	0
MEDIKAN	2	0	0	3	2	1
INSTITUTIONAL TRANSITION FROM LTC/NF	3	2	3	2	1	1
INSTITUTIONAL TRANSITION FROM MH/BH	0	1	1	0	1	1
INSTITUTIONAL TRANSITION FROM PRISON/JAIL	0	0	0	0	0	0
PROGRAM TYPE TOTAL	**156**	**123**	**108**	**79**	**70**	**91**

There may be multiple selections for a member/contact.

F. Data by Priorities

This data collection started 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.)

PRIORITY	Q1/2020	Q2/2020	Q3/2020	Q4/2020	Q1/2021	Q2/2021
HCBS	66	65	36	30	21	33
Long Term Care / MF	25	27	12	15	14	22
Urgent Medical Need	24	8	9	11	9	15
Urgent	22	12	13	18	15	30
Life Threatening	8	0	1	4	2	2
PRIORITIES TOTAL	145	112	71	78	61	102

G. Data by Issue Categories

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

1. Medicaid Issues
2. Home and Community Based Services/Long Term Supports and Services Issues (HCBS/LTSS)
3. Other Issues: Other Issues may be Medicaid related but are tied to a non-Medicaid program or an issue that is worthy of tracking.

1. Medicaid Issues

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

MEDICAID ISSUES	Q1/2020	Q2/2020	Q3/2020	Q4/2020	Q1/2021	Q2/2021
Access to Providers (usually Medical)	11	3	1	9	9	11
Appeals/Fair Hearing questions/issues	23	8	10	15	12	15
Background Checks	0	0	0	0	0	0
Billing	25	16	20	30	38	35
Care Coordinator Issues	19	3	4	7	7	6
Change MCO	7	3	8	6	6	3
Choice Info on MCO	4	2	1	2	1	4
Coding Issues	8	2	8	3	8	3
Consumer said Notice not received	3	0	1	2	1	1
Cultural Competency	0	1	0	0	1	2
Data Requests	4	4	1	1	6	5
Dental	4	7	5	3	4	5
Division of Assets	10	8	7	4	11	10
Durable Medical Equipment	3	9	2	5	3	7
Grievances Questions/Issues	33	11	10	22	18	13
Help understanding mail (NOA)	9	4	7	8	11	24
MCO transition	2	0	1	0	0	1
Medicaid Application Assistance	150	114	118	132	123	104
Medicaid Eligibility Issues	206	63	109	99	108	87
Medicaid Fraud	1	2	3	3	3	2
Medicaid General Issues/questions	188	89	103	123	142	173
Medicaid info (status) update	150	35	107	97	90	86
Medicaid Renewal	51	3	9	20	13	6
Medical Card issues	9	6	9	10	10	12
Medicare Savings Plan Issues	49	22	15	46	31	21
MediKan issues	3	0	2	8	5	5
Moving to / from Kansas	19	7	14	14	2	12
Medical Services	24	19	12	17	22	24
Pain management issues	0	2	0	1	1	3
Pharmacy	12	11	4	7	10	10
Pregnancy issues	5	2	9	22	30	38
Prior authorization issues	2	2	1	4	4	7
Refugee/Immigration/SOBRA issues	3	0	1	1	2	2
Respite	0	0	0	0	2	2
Spend Down Issues	28	17	23	27	19	19
Transportation	9	6	0	8	5	14
Working Healthy	0	1	0	2	2	2
MEDICAID ISSUES TOTAL	**1074**	**482**	**625**	**758**	**760**	**774**
OTHER ISSUES	**Q1/2020**	**Q2/2020**	**Q3/2020**	**Q4/2020**	**Q1/2021**	**Q2/2021**

There may be multiple selections for a member/contact.

2. HCBS/LTSS Issues

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

HCBS/LTSS ISSUES	Q1/2020	Q2/2020	Q3/2020	Q4/2020	Q1/2021	Q2/2021
Client Obligation	14	10	6	8	14	10
Estate Recovery	3	3	12	17	3	9
HCBS Eligibility issues	51	34	54	40	30	51
HCBS General Issues	60	55	55	48	45	54
HCBS Reduction in hours of service	5	3	15	4	3	2
HCBS Waiting List	2	0	12	11	4	4
Nursing Facility Issues	39	26	29	45	26	38
HCBS/LTSS ISSUES TOTAL	**174**	**131**	**183**	**173**	**125**	**168**

There may be multiple selections for a member/contact.

3. Other Issues

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

OTHER ISSUES	Q1/2020	Q2/2020	Q3/2020	Q4/2020	Q1/2021	Q2/2021
Abuse / neglect complaints	8	10	9	7	7	13
ADA Concerns	0	0	1	0	1	1
Adoption issues	1	1	0	2	0	3
Affordable Care Act Calls	3	7	1	4	4	1
Community Resources needed	8	10	2	4	11	6
Domestic Violence concerns	0	0	1	2	0	0
Foster Care issues	6	4	3	1	2	2
Guardianship	4	5	2	3	3	5
Homelessness	2	3	4	2	2	4
Housing Issues	1	7	12	5	5	9
Medicare related Issues	16	17	11	25	14	17
Social Security Issues	16	15	18	21	14	15
Used Interpreter	1	5	4	4	4	2
X-Other	137	91	181	218	207	54
Z Thank you	335	218	270	282	335	346
Z Unspecified	75	47	40	70	26	31
Health Homes	0	0	0	0	0	0
OTHER ISSUES TOTAL	**613**	**440**	**559**	**650**	**635**	**509**

There may be multiple selections for a member/contact.

H. Data by Managed Care Organization (MCO) – See Appendix C

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
- information on resources provided
- how contacts are resolved

A.   Responding to Issues

1.   KanCare Ombudsman Office response to members/applicants

The Ombudsman Office goal is to respond to a contact within two business days. During the COVID-19 pandemic, our goal changed to responding within 3-4 business days. We went back to the goal of answering calls within two business days during first quarter of 2021. This was due to the addition of our Volunteer Coordinator who is experienced in taking calls and assists in the Kansas City Satellite office when volunteers are not available.

Qtr./Year	Number of Contacts	% Responded 0-2 Days	% Responded 3-7 Days	% Responded 8 or More Days
Q1/2020	905	92%	4%	4%
Q2/2020	476	60%	36%	4%
Q3/2020	562	87%	11%	2%
Q4/2020	601	84%	15%	1%
Q1/2021	566	88%	12%	0%
Q2/2021	591	89%	10%	1%

2. Organizational final response to Ombudsman requests

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

Quarter/year : Q2/2021

Nbr Referrals	Referred to	% Responded 0-2 Days	% Responded 3-7 Days	% Responded 7-30 Days	% Responded 31 or More Days
42	Clearinghouse	100%	0%	0%	0%
7	DCF	86%	14%	0%	0%
1	KDADS-Behavior Health	100%	0%	0%	0%
6	KDADS-HCBS	83%	0%	17%	0%
1	KDADS-Health Occ. Cred.	100%	0%	0%	0%
14	KDHE-Eligibility	64%	21%	14%	0%
1	KDHE-Program Staff	100%	0%	0%	0%
6	KDHE-Provider Contact	50%	17%	17%	16%
1	KMAP	100%	0%	0%	0%
5	Aetna	80%	0%	20%	0%
10	Sunflower	40%	30%	20%	10%
12	UnitedHealthcare	33%	33%	33%	0%

3. Action Taken by KanCare Ombudsman Office to resolve requests

Action Taken Resolution Type	Q1/2020	Q2/2020	Q3/2020	Q4/2020	Q1/2021	Q2/2021
Questions/Issue Resolved (No Resources)	70	51	8	16	28	19
Used Contact or Resources/Issue Resolved	715	361	514	535	495	536
Closed (No Contact)	55	31	31	40	40	24
ACTION TAKEN RESOLUTION TYPE TOTAL	**840**	**443**	**553**	**591**	**563**	**579**

Action Taken Additional Help	Q1/2020	Q2/2020	Q3/2020	Q4/2020	Q1/2021	Q2/2021
Provided Resources	558	339	317	342	260	521
Mailed/Email Resources	114	73	85	118	90	131
ACTION TAKEN ADDITIONAL HELP TOTAL	**672**	**412**	**402**	**460**	**350**	**652**

There may be multiple selections for a member/contact

4. Ombudsman Office Resolution of Issues

The average days to close/resolve an issue had a dip in second quarter, 2020 due to COVID and only one person answering the phone.

Qtr./Year	% Completed in 0-2 Days	% Completed in 3-7 Days	% Completed in 8 or More Days
Q1/2020	74%	9%	17%
Q2/2020	46%	31%	23%
Q3/2020	76%	13%	11%
Q4/2020	69%	17%	14%
Q1/2021	71%	16%	13%
Q2/2021	74%	16%	10%

VIII. Enhancements and Future Changes

A. Enhancement: Call Handler for Topeka office

The call handler for the Topeka office was put in place in June. This is being done primarily to better serve those whose primary language is Spanish.

It provides four options for people calling the toll free number and being routed to the Topeka office:

- Spanish – routes to a line that tells how to leave a message in Spanish
- Providers – transfers provider calls to KDHE Health Care Finance front desk to be routed to a Provider Manager for assistance.
- Clearinghouse – if callers are trying to reach the KanCare Clearinghouse, they can choose this option and will be routed directly to the number.
- The caller can stay on the line or press zero to get the KanCare Ombudsman office.

The next step is setting up the same call handler options for the Kansas City office.

B. Volunteer Satisfaction Survey

Our AmeriCorps VISTA volunteer in the Wichita Satellite Office created, sent out, and compiled the results of a volunteer satisfaction survey. There were a couple of areas for improvement and those have already been addressed and are in place. See Appendix B for survey details.

C. Future Project: Application Assistance Guide

AmeriCorps VISTAs in our offices are updating the KanCare Application Assistance Guide that lists community organizations, by county, that help with applications; the county, organization name, the contact number, and the type of applications they assist with (i.e. Children with Families, Elderly and Disabled, etc.). Some organizations only help with Children and Family Applications, some only help with Elderly and Disabled, others help with all. Should be completed during third quarter.

D. Future Project: KanCare Ombudsman Listening Sessions

The KanCare Ombudsman office will be doing a series of listening sessions this fall that will be preceded by a survey. The purpose of the listening sessions will be to get stakeholder input into the operation, performance, and suggested enhancements of the KanCare Ombudsman office.

IX. Appendix A: Outreach by KanCare Ombudsman Office

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

A. Outreach through Education and Collaboration

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

- 4/7: WSU CEI staff emailed Medicaid resources to Cairn Health of Wichita.
- 4/7: WSU CEI staff attended Central Plains Area Agency on Aging monthly networking meeting via Zoom.
- 4/13: WSU CEI staff emailed Medicaid resources to staff at the following agencies (as a response to request for resources from the March Prevention Conference):
  - Wichita Children's Home
  - Seward Co Health Dept
  - KDHE Farmworker Health Program
  - Flint Hills Community Health Center
- 4/15: WSU CEI staff emailed local United Way of the Plains Emergency Assistance Network Coordinator.
- 4/21: WSU CEI staff attended Butler County Early Childhood Taskforce networking meeting via Zoom.
- 4/22: WSU CEI staff and MSW practicum students met virtually with staff from Wichita & Dodge City offices of KFAN (Kansas Family Advisory Network); subsequently, staff and practicum student Hannah Sexton followed up with mailed & emailed resources and case assistance.
- 4/23: WSU CEI staff and MSW practicum student Britt Doerner attended Veteran's Drive Thru Resource Fair (Wichita), reaching over 50 consumers and over 20 providers. Providers included:
  - Veteran Foreign Wars Auxiliary
  - Wichita Emergency Rental Assistance Program
  - Centers Health Care
  - Salvation Army
  - Catholic Charities
  - Women Veterans Benefits and Services
  - Sunflower Home Health and Hospice
  - Veteran's Upward Bound
  - Serenity Hospice Care
  - Encompass Health Hospice
  - Interim Healthcare
  - Angels Care Home Health
  - Angels Care Hospice
  - Local Heroes Local Support
- 4/29: WSU CEI staff attended Sedgwick County IRIS meeting
- 4/30: WSU CEI staff attended Sedgwick County CDDO quarterly meeting

- 3/30/21-4/1/21, The Volunteer Coordinator attended the Governors Public Health Conference (a three-day event taking place in the first half of the day).
- 4/2/21, The Volunteer Coordinator attended the WYCO IRIS Meeting where she was able to give an office update to 27 attendees.
- 4/19/21, IRIS Meeting with Chelsea Manwarren. Volunteer Coordinator gave more information about out office so that our IRIS needs can better be met.
- 4/22/2021; Provided report and testimony to the Bethell Joint Committee on HCBS and KanCare Oversight
- 5/20/21, Volunteer Coordinator presented at the Virtual CRO Network Meeting hosted by LeeAnne Mullen from WSU CEI.
- 6/2: WSU CEI staff attended Central Plains Area Agency on Aging monthly networking meeting via Zoom.
- 6/16: WSU CEI staff, Kansas City County VISTA, and WSU CEI VISTA/practicum student attended Butler County Early Childhood Taskforce meeting via Zoom. WSU CEI staff subsequently mailed Ombudsman brochures to Butler County Health Department Director Jamie Downs.
- 6/16: WSU CEI staff emailed Teresa Hatfield at Sedgwick County SCHICK offices.
- 6/17: WSU CEI staff submitted registration for Veterans' Outreach Expo virtual event on 8/7.
- 6/23: WSU CEI staff registered for Senior Services of Wichita Heartland 5K exhibitor booth on 9/12.
- 6/23: WSU CEI staff registered for Butler County Health Department Baby Jubilee exhibitor booth on 8/4.
- 6/24: WSU CEI staff emailed Catholic Charities personnel for case assistance.
- 6/25: WSU CEI staff and VISTA/MSW practicum student attended Wichita-area Veteran's Outreach networking meeting via Zoom.
- 6/28: WSU CEI staff emailed Kansas Public Health Collaborative personnel regarding adding Ombudsman materials/outreach presentation to upcoming New Public Health Leaders training (late summer, 2021).
- Provided updates/reports to the KanCare Long Term Care meeting; April, May and June.
- 6/2, Provided event table information at Dodge City Senior Expo, "Walking on Sunshine". Also introduced KanCare Ombudsman Office to all vendors and provided packages of new brochures to those interested.
- 6/24, Provided Q1, 2021 report to KanCare Advisory Council meeting.
- June; **Kansas City VISTA made 104 contacts** with community organizations to ask if they provide application assistance, if so to add them to our list, explain about the KanCare Ombudsman office, ask if they would like a package of KanCare Ombudsman brochures to share with staff and consumers. List of contacts available on request.

B. Outreach through Print Media and Social Media

- April Facebook Posts:
  - 4/1: ABLE Savings account education: 15 people reached, 1 engagement
  - 4/4: Emergency Broadband Benefit Program: 35 people reached, 2 engagements
  - 4/8: April is National Volunteer Month: 48 people reached, 5 engagements
  - 4/9: American Rescue Plan – Marketplace Health Coverage: 12 people reached, 1 engagement
  - 4/10: April is Child Abuse Prevention Month/KCSL education resources: 16 people reached, 0 engagements
  - 4/13: Kansas Emergency Rental/Utility Assistance: 20 people reached, 0 engagements
  - 4/15: Ombudsman Office services: 29 people reached, 4 engagements
  - 4/21: COVID-19 vaccine clinic: 18 people reached, 0 engagements
  - 4/30: New Ombudsman website material – Resources listed by community: 22 people reached, 2 engagements
- May Facebook Posts:
  - 5/10: Celebrate Older Americans Month/Find your local Area Agency on Aging: 32 people reached, 3 engagements
  - 5/17: Stimulus payments won't count as income for 12 months: 30 people reached, 0 engagements
  - 5/19: State Health Survey: 112 reaches, 3 engagements
  - 5/25 COVID vaccines are available at no cost: 23 reaches, 1 engagement
  - 5/28: State Housing assessment survey: 21 reaches, 1 engagement
  - 5/29: Medicaid release forms update reminder: 27 reaches, 1 engagement
  - 5/7: WSU CEI staff attended Central KS IRIS planning meeting via Zoom
  - 5/13: WSU CEI staff attended Healthier Lyon County Coalition meeting via Zoom
  - 5/19: WSU CEI staff attended Butler County Early Childhood Taskforce meeting via Zoom
  - 5/20: WSU CEI staff attended Healthier Greenwood County Coalition meeting via Zoom
  - 5/28: WSU CEI staff attended Wichita-area Veteran's Outreach networking meeting via Zoom
- June Facebook posts:
  - 6/4: Office phones were down – please call us if you didn't hear back: 29 people reached, 1 engagement
  - 6/7: Kansas Prevention Collaborative Connecting Cultures Series: 20 people reached, 2 engagements
  - 6/9: Mental Health & Developmental Disabilities training links: 44 people reached, 6 engagements

- o 6/16: Medicare Savings Programs eligibility: 16 people reached, 3 engagements
- o 6/18: Medicare and Medicaid Basics Fact Sheets: 29 people reached, 1 engagement

X. Appendix B: Volunteer Satisfaction Survey

In late April, WSU MSW Practicum Student Britt Doerner worked with CEI and Ombudsman staff to create and distribute a volunteer satisfaction survey. From 4/18-5/1, five volunteers responded via the Qualtrics platform. Results are below. In general, comments were positive regarding their volunteer experience.

In regard to showing appreciation, there was a request for starting up education calls. Education calls for volunteers was in the works when the survey was completed. We started monthly education calls for volunteers in May. This also allows the opportunity to talk about how a case may have positively impacted someone's life (without sharing names or personal information).

In regard to improving their experience, the WSU office was updated and made to be more efficient for both volunteers and staff.

1. **What happens on a shift, as a Volunteer, that brings you back/feels rewarding/keeps you doing this work?**

Helping somebody relieve frustration and access benefits that make their lives a little better
As I've learned more about Kancare I've gained confidence in helping callers with their issues and I've always felt supported when asking our supervisors for help when faced with a new question. The callers generally express their appreciation, especially some of those "special" calls that just need someone to listen to their frustrations. :)
Helping the public wade through the complexities.
The satisfaction of when something we did on a call affected and changed someone's day for some reason. Especially if/when we report something frustrating on behalf of clients such as rude customer service from the Clearinghouse. It is nice that we can be a witness and report such things. It is so refreshing when KanCare has committed some wrong that the consumer got jilted on. Then when it is brought to our attention, we can get it corrected and bring attention to it, so it can't be disregarded or ignored anymore. It feels like the world is balanced again to help someone who gets what they are entitled to.
Working with callers to find answers always feel rewarding, especially when the answers are things that the caller hoped for or needed. Even when the call doesn't end with the answer a caller was hoping for, it still feels powerful to have helped someone find the next step or the next option. My experience has been that people just need something tangible and straightforward to do within the overwhelming system of Medicaid. Helping with that is a really encouraging experience.

2. **Do you have any suggestions on how the KanCare Ombudsman Office can improve in showing appreciation to Volunteers?**

Providing opportunities to socialize with other volunteers
Kerrie, Lisa, Holly, and Josephine have always been very kind in expressing their appreciation for our time. I personally don't feel this needs improvement.
Sharing examples of where we made a difference.
Hmm. No. I feel very appreciated as a volunteer. I don't feel overlooked or that I am not appreciated by the staff. I don't what else could be done to increase the appreciation.
I feel like "showing appreciation" can mean a lot of different things - I think that starting the monthly volunteer education calls could be a good opportunity to discuss things that we're doing well and/or talk about good things in our lives. I would love a chance to connect to other volunteers in the program and learn about the ways that we each feel appreciation.

3. **Overall, how satisfied are you with your experience as a KanCare Ombudsman Volunteer?**

Extremely satisfied
Extremely satisfied
Somewhat satisfied
Extremely satisfied
Extremely satisfied

4. **What can the KanCare Ombudsman Office do to improve your overall experience as a Volunteer?**

Provide more social time with peers, supervisors and other volunteers
I'm comfortable at this time.
I would like us to be able to interact with general public again, but I understand this is out of our hands at the moment.
Again, I can't come up with any ideas. Everyone always seems so grateful and eager to answer questions. I feel so much excitement through my day when I am volunteering. I can't imagine volunteering anywhere else. There is so much information that I learn and definitely appreciate the opportunity to volunteer for the KanCare Ombudsman Office.
I work in the CEI satellite office and I really want to organize that office. That would make me feel a lot more prepared for taking calls - knowing exactly where to find documents I might need, instructions that could be helpful, etc. It's not in disarray right now, but after a year of WFH life, there's definitely an opportunity to freshen that space up.

5. Do you have any suggestions on where to find/recruit new Volunteers?

Churches women's groups
A friend and I were recruited at a volunteer fair at a community library. Maybe see if Wichita, Topeka and WY/JO County areas have any of those on the calendar? Maybe recruit through meetings or flyers at community centers, especially if they have programs that draw retirees with flexible schedules.
Social media platforms like Nextdoor.
I don't know. United Way, Volunteermatch.org, senior centers, or Recreation Center bulletin boards?
I think it could be good to look at recruiting students, both high school and college if possible. This is a great volunteer opportunity and I think that there's potential there. I know that the weekly commitment might be a challenge for some students but it might be worth talking to some school counselors and college advisors maybe?

XI. Appendix C: Managed Care Organization (MCO) Data

A. Aetna

MEDICAID ISSUES	Q1/2020	Q2/2020	Q3/2020	Q4/2020	Q1/2021	Q2/2021
Access to Providers (usually Medical)	0	1	0	3	0	2
Appeals/Fair Hearing questions/issues	1	1	0	1	0	0
Background Checks	0	0	0	0	0	0
Billing	2	2	2	5	2	4
Care Coordinator Issues	0	0	1	1	1	0
Change MCO	4	0	1	2	1	0
Choice Info on MCO	1	0	0	0	0	0
Coding Issues	0	0	0	0	0	1
Consumer said Notice not received	0	0	1	0	0	0
Cultural Competency	0	0	0	0	0	0
Data Requests	0	0	0	0	0	0
Dental	1	0	1	0	0	0
Division of Assets	0	0	0	0	0	0
Durable Medical Equipment	1	2	1	2	0	0
Grievances Questions/Issues	5	3	1	1	0	0
Help understanding mail (NOA)	0	0	1	0	0	0
MCO transition	0	0	0	0	0	0
Medicaid Application Assistance	0	0	0	2	0	0
Medicaid Eligibility Issues	1	1	1	4	2	2
Medicaid Fraud	0	0	0	0	0	0
Medicaid General Issues/questions	4	2	1	5	3	6
Medicaid info (status) update	4	4	1	3	3	2
Medicaid Renewal	3	0	0	1	1	1
Medical Card issues	0	0	1	0	0	1
Medicare Savings Plan Issues	3	0	0	1	1	0
MediKan issues	0	0	0	0	0	0
Moving to / from Kansas	0	0	0	0	0	1
Medical Services	2	2	2	3	2	5
Pain management issues	0	1	0	1	0	0
Pharmacy	1	0	0	1	0	1
Pregnancy issues	0	0	0	0	1	0
Prior authorization issues	0	0	1	1	0	2
Refugee/Immigration/SOBRA issues	0	0	0	0	0	0
Respite	0	0	0	0	0	0
Spend Down Issues	2	2	2	1	0	1
Transportation	1	1	0	1	0	2
Working Healthy	0	0	0	1	0	0
MEDICAID ISSUES TOTAL	**36**	**22**	**18**	**40**	**17**	**31**

HCBS/LTSS ISSUES	Q1/2020	Q2/2020	Q3/2020	Q4/2020	Q1/2021	Q2/2021
Client Obligation	0	0	0	0	2	0
Estate Recovery	0	0	0	0	0	0
HCBS Eligibility issues	0	0	0	0	0	2
HCBS General Issues	0	5	2	2	0	2
HCBS Reduction in hours of service	0	1	0	0	0	0
HCBS Waiting List	0	0	0	0	0	0
Nursing Facility Issues	3	1	2	0	1	1
HCBS/LTSS ISSUES TOTAL	**3**	**7**	**4**	**2**	**3**	**5**

OTHER ISSUES	Q1/2020	Q2/2020	Q3/2020	Q4/2020	Q1/2021	Q2/2021
Abuse / neglect complaints	1	2	1	0	0	0
ADA Concerns	0	0	0	0	0	0
Adoption issues	0	0	0	0	0	1
Affordable Care Act Calls	0	0	0	0	0	0
Community Resources needed	0	1	0	0	0	0
Domestic Violence concerns	0	0	0	0	0	0
Foster Care issues	0	1	0	0	0	0
Guardianship	0	0	0	0	0	0
Homelessness	0	0	0	1	0	0
Housing Issues	0	0	1	1	0	0
Medicare related Issues	1	0	0	1	0	0
Social Security Issues	0	0	0	0	0	0
Used Interpreter	0	0	0	0	0	0
X-Other	3	6	4	5	5	0
Z Thank you	9	10	4	15	7	17
Z Unspecified	0	0	0	1	0	0
Health Homes	0	0	0	0	0	0
OTHER ISSUES TOTAL	**14**	**20**	**10**	**24**	**12**	**18**

PROGRAM TYPE	Q1/2020	Q2/2020	Q3/2020	Q4/2020	Q1/2021	Q2/2021
PD	1	2	1	1	1	1
I/DD	0	2	0	1	0	1
FE	0	0	0	0	0	1
AUTISM	0	0	0	0	0	0
SED	0	1	0	0	0	0
TBI	0	0	2	0	0	0
TA	0	2	0	0	0	1
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	0	0	0	0
SUB USE DIS	0	0	0	0	0	0
NURSING FACILITY	2	2	0	0	0	0
FOSTER CARE	0	1	0	0	0	0
MEDIKAN	0	0	0	0	0	0
INSTITUTIONAL TRANSITION FROM LTC/NF	0	0	1	0	1	1
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	3	10	4	2	2	5

PRIORITY	Q1/2020	Q2/2020	Q3/2020	Q4/2020	Q1/2021	Q2/2021
HCBS	1	5	3	2	1	6
Long Term Care / MF	0	2	1	0	0	2
Urgent Medical Need	0	0	0	1	1	2
Urgent	3	0	1	2	0	3
Life Threatening	0	0	0	0	0	0
PRIORITIES TOTAL	4	7	5	5	2	13

B.   Sunflower

MEDICAID ISSUES	Q1/2020	Q2/2020	Q3/2020	Q4/2020	Q1/2021	Q2/2021
Access to Providers (usually Medical)	2	0	0	2	2	2
Appeals/Fair Hearing questions/issues	4	2	1	8	1	2
Background Checks	0	0	0	0	0	0
Billing	2	1	4	7	5	3
Care Coordinator Issues	6	1	0	1	0	1
Change MCO	0	1	3	0	0	1
Choice Info on MCO	0	1	0	1	0	2
Coding Issues	0	0	1	1	0	0
Consumer said Notice not received	0	0	0	1	0	0
Cultural Competency	0	0	0	0	0	0
Data Requests	1	1	0	0	0	0
Dental	1	1	0	0	0	0
Division of Assets	0	0	0	0	0	0
Durable Medical Equipment	1	2	1	0	0	2
Grievances Questions/Issues	6	3	0	4	4	2
Help understanding mail (NOA)	2	1	0	1	1	1
MCO transition	0	0	0	0	0	1
Medicaid Application Assistance	3	0	0	1	0	0
Medicaid Eligibility Issues	5	1	1	0	1	0
Medicaid Fraud	0	1	0	0	0	0
Medicaid General Issues/questions	12	2	0	2	2	6
Medicaid info (status) update	6	1	2	2	1	2
Medicaid Renewal	3	0	0	0	0	0
Medical Card issues	2	1	0	1	1	0
Medicare Savings Plan Issues	1	0	0	0	0	0
MediKan issues	0	0	0	0	0	0
Moving to / from Kansas	2	0	0	0	0	0
Medical Services	6	2	1	4	4	2
Pain management issues	0	0	0	0	0	1
Pharmacy	0	1	0	0	0	2
Pregnancy issues	0	0	0	1	0	0
Prior authorization issues	0	1	0	0	0	1
Refugee/Immigration/SOBRA issues	0	0	0	0	0	0
Respite	0	0	0	0	0	0
Spend Down Issues	3	0	0	1	1	0
Transportation	3	2	0	0	0	2
Working Healthy	0	0	0	0	0	0
MEDICAID ISSUES TOTAL	**71**	**26**	**14**	**38**	**23**	**33**

HCBS/LTSS ISSUES	Q1/2020	Q2/2020	Q3/2020	Q4/2020	Q1/2021	Q2/2021
Client Obligation	2	0	0	1	1	1
Estate Recovery	0	0	0	0	0	0
HCBS Eligibility issues	1	0	3	1	3	2
HCBS General Issues	7	9	7	3	4	4
HCBS Reduction in hours of service	1	2	2	2	0	0
HCBS Waiting List	0	0	1	0	0	1
Nursing Facility Issues	1	0	2	2	2	1
HCBS/LTSS ISSUES TOTAL	**12**	**11**	**15**	**9**	**10**	**9**

OTHER ISSUES	Q1/2020	Q2/2020	Q3/2020	Q4/2020	Q1/2021	Q2/2021
Abuse / neglect complaints	1	0	0	0	0	0
ADA Concerns	0	0	0	0	0	0
Adoption issues	0	1	0	1	0	1
Affordable Care Act Calls	0	0	0	0	0	0
Community Resources needed	0	1	0	0	0	2
Domestic Violence concerns	0	0	0	0	0	0
Foster Care issues	0	0	0	0	0	0
Guardianship	1	0	0	0	2	1
Homelessness	0	1	0	0	0	0
Housing Issues	0	1	1	1	0	2
Medicare related Issues	2	1	0	0	2	1
Social Security Issues	0	1	0	0	1	0
Used Interpreter	0	0	0	0	0	0
X-Other	9	6	6	7	4	4
Z Thank you	24	14	12	14	19	17
Z Unspecified	0	1	0	1	1	0
Health Homes	0	0	0	0	0	0
OTHER ISSUES TOTAL	**37**	**27**	**19**	**24**	**29**	**28**

PROGRAM TYPE	Q1/2020	Q2/2020	Q3/2020	Q4/2020	Q1/2021	Q2/2021
PD	4	5	5	0	1	1
I/DD	0	2	2	0	2	5
FE	1	1	1	3	1	2
AUTISM	1	0	1	0	0	0
SED	0	1	0	0	0	0
TBI	1	1	0	0	2	1
TA	1	1	0	1	0	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	0	0	1	1	0
SUB USE DIS	0	0	0	0	0	0
NURSING FACILITY	1	0	1	1	0	0
FOSTER CARE	0	0	0	0	0	0
MEDIKAN	0	0	0	0	0	0
INSTITUTIONAL TRANSITION FROM LTC/NF	0	0	0	1	0	0
INSTITUTIONAL TRANSITION FROM MH/BH	0	0	0	0	1	0
INSTITUTIONAL TRANSITION FROM PRISON/JAIL	0	0	0	0	0	0
PROGRAM TYPE TOTAL	9	11	10	7	8	9

PRIORITY	Q1/2020	Q2/2020	Q3/2020	Q4/2020	Q1/2021	Q2/2021
HCBS	10	12	6	5	3	4
Long Term Care / MF	0	0	0	2	1	3
Urgent Medical Need	2	0	2	3	1	5
Urgent	2	4	2	2	1	6
Life Threatening	0	0	1	0	1	1
PRIORITIES TOTAL	14	16	11	12	7	19

C. United Healthcare

MEDICAID ISSUES	Q1/2020	Q2/2020	Q3/2020	Q4/2020	Q1/2021	Q2/2021
Access to Providers (usually Medical)	1	0	0	3	0	3
Appeals/Fair Hearing questions/issues	4	2	1	1	0	4
Background Checks	0	0	0	0	0	0
Billing	4	2	3	3	3	4
Care Coordinator Issues	6	0	2	3	0	2
Change MCO	2	1	1	1	0	2
Choice Info on MCO	1	1	0	0	0	1
Coding Issues	1	0	0	0	0	0
Consumer said Notice not received	0	0	0	0	0	0
Cultural Competency	0	0	0	0	0	0
Data Requests	0	0	0	0	0	0
Dental	0	0	0	0	0	2
Division of Assets	0	0	0	0	0	0
Durable Medical Equipment	1	3	0	1	1	0
Grievances Questions/Issues	6	1	0	3	3	3
Help understanding mail (NOA)	0	0	0	0	1	1
MCO transition	1	0	0	0	0	0
Medicaid Application Assistance	0	1	0	1	1	0
Medicaid Eligibility Issues	4	2	1	3	2	1
Medicaid Fraud	0	0	0	0	0	1
Medicaid General Issues/questions	8	1	1	2	4	9
Medicaid info (status) update	9	1	0	2	3	2
Medicaid Renewal	1	0	0	0	1	0
Medical Card issues	2	1	0	2	0	1
Medicare Savings Plan Issues	0	0	0	1	0	2
MediKan issues	0	0	0	0	0	0
Moving to / from Kansas	0	0	0	0	0	1
Medical Services	3	3	5	1	1	5
Pain management issues	0	0	0	0	0	2
Pharmacy	2	2	2	3	0	4
Pregnancy issues	0	0	0	0	0	2
Prior authorization issues	1	0	0	1	0	2
Refugee/Immigration/SOBRA issues	0	0	0	0	0	0
Respite	0	0	0	0	0	0
Spend Down Issues	2	0	1	3	1	1
Transportation	3	2	0	3	0	3
Working Healthy	0	0	0	0	0	0
MEDICAID ISSUES TOTAL	**62**	**23**	**17**	**37**	**21**	**58**

HCBS/LTSS ISSUES	Q1/2020	Q2/2020	Q3/2020	Q4/2020	Q1/2021	Q2/2021
Client Obligation	0	0	1	1	0	1
Estate Recovery	0	0	0	0	0	0
HCBS Eligibility issues	2	0	2	2	2	1
HCBS General Issues	8	1	5	7	4	4
HCBS Reduction in hours of service	1	0	5	2	1	0
HCBS Waiting List	0	0	0	0	1	1
Nursing Facility Issues	4	0	0	2	1	2
HCBS/LTSS ISSUES TOTAL	**15**	**1**	**13**	**14**	**9**	**9**

OTHER ISSUES	Q1/2020	Q2/2020	Q3/2020	Q4/2020	Q1/2021	Q2/2021
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	1	0	0	0	2
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	1	0	0	1
Housing Issues	1	0	0	1	0	3
Medicare related Issues	1	1	0	1	1	2
Social Security Issues	0	0	1	1	0	0
Used Interpreter	0	0	0	0	0	0
X-Other	5	2	8	8	6	2
Z Thank you	18	8	12	15	8	23
Z Unspecified	0	1	0	1	1	0
Health Homes	0	0	0	0	0	0
OTHER ISSUES TOTAL	**25**	**13**	**22**	**27**	**17**	**35**

PROGRAM TYPE	Q1/2020	Q2/2020	Q3/2020	Q4/2020	Q1/2021	Q2/2021
PD	3	1	5	4	1	2
I/DD	1	0	0	1	1	5
FE	3	0	4	1	1	1
AUTISM	0	0	0	0	0	0
SED	0	1	0	0	0	0
TBI	2	1	1	2	0	2
TA	1	0	1	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	3	0	0	0	0	1
FOSTER CARE	0	0	0	0	0	0
MEDIKAN	0	0	0	0	0	0
INSTITUTIONAL TRANSITION FROM LTC/NF	1	0	1	1	0	0
INSTITUTIONAL TRANSITION FROM MH/BH	0	1	0	0	0	0
INSTITUTIONAL TRANSITION FROM PRISON/JAIL	0	0	0	0	0	0
PROGRAM TYPE TOTAL	14	5	12	9	4	12

PRIORITY	Q1/2020	Q2/2020	Q3/2020	Q4/2020	Q1/2021	Q2/2021
HCBS	6	3	10	6	3	4
Long Term Care / MF	5	0	0	1	0	1
Urgent Medical Need	1	2	1	1	2	0
Urgent	0	1	2	3	2	5
Life Threatening	0	0	0	0	0	0
PRIORITIES TOTAL	12	6	13	11	7	1