

Quarterly Report to CMS
Regarding Operation of 1115
Waiver Demonstration
Program – Quarter Ending
3.31.19



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

*KanCare
Section 1115 Quarterly Report
Demonstration Year: 7 (1/1/2019-12/31/2019)
Federal Fiscal Quarter: 2/2019 (1/19-3/19)*

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I. Introduction

KanCare is a managed care Medicaid program which serves the State of Kansas through a coordinated approach. The State determined that contracting with multiple managed care organizations will result in the provision of efficient and effective health care services to the populations covered by the Medicaid and Children's Health Insurance Program (CHIP) in Kansas and will ensure coordination of care and integration of physical and behavioral health services with each other and with home and community based services (HCBS).

On August 6, 2012, the State of Kansas submitted a Medicaid Section 1115 demonstration proposal, entitled KanCare. That request was approved by the Centers for Medicare & Medicaid Services (CMS) 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. The request was approved by CMS on December 18, 2018, effective 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 extension will:

- Maintain Medicaid state plan eligibility;
- Maintain Medicaid state plan benefits;
- Allow the state to require eligible individuals to enroll in managed care organizations (MCOs) to receive covered benefits through such MCOs, including individuals on HCBS waivers, except:
 - American Indian/Alaska Natives are presumptively enrolled in KanCare but will have the option of affirmatively opting-out of managed care.
- Provide benefits, including long-term services and supports (LTSS) and HCBS, via managed care; and
- Create a Safety Net Care Pool to support hospitals that provide uncompensated care to Medicaid beneficiaries and the uninsured.

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

- Coordinate services to strengthen social determinants of health and independence, and person-centered planning
- Promote the highest level of member independence
- Drive performance and quality improvement for better care
- Improve effectiveness and efficiency of the State Medicaid program

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

II. Enrollment Information

The following table outlines enrollment activity related to populations included in the demonstration. It does not include enrollment activity for non-Title XIX programs, including the Children’s Health Insurance Program (CHIP), nor does it include populations excluded from KanCare, such as Qualified Medicare Beneficiaries (QMB) not otherwise eligible for Medicaid. The table does include members retroactively assigned for the second quarter known as of March 31, 2019.

| Demonstration Population | Enrollees at Close of Qtr. (3/31/2019) | Total Unduplicated Enrollees in Quarter | Disenrolled in Quarter |
|-------------------------------|--|---|------------------------|
| Population 1: ABD/SD Dual | 14,283 | 15,478 | 1,195 |
| Population 2: ABD/SD Non-Dual | 29,122 | 29,960 | 838 |
| Population 3: Adults | 46,040 | 50,493 | 4,453 |
| Population 4: Children | 215,559 | 228,515 | 12,956 |
| Population 5: DD Waiver | 9,020 | 9,065 | 45 |
| Population 6: LTC | 19,693 | 20,823 | 1,130 |
| Population 7: MN Dual | 1,183 | 1,310 | 127 |
| Population 8: MN Non-Dual | 910 | 980 | 70 |
| Population 9: Waiver | 4,390 | 4,495 | 105 |
| Population 10: UC Pool | N/A | N/A | N/A |
| Population 11: DSRIP Pool | N/A | N/A | N/A |
| Total | 340,200 | 361,119 | 20,919 |

III. Outreach/Innovation

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

The KanCare Advisory Council consists of 13 members: 3 legislators representing the House and Senate, 1 representing mental health providers, 1 representing CDDOs, 2 representing physicians and hospitals, 3 representing KanCare members, 1 representing the developmental disabilities community, 1 former Kansas Senator, 1 representing pharmacists. The first quarter KanCare Advisory Council meeting took place on February 17, 2019 at the CSOB Room 530. The agenda was as follows:

- Welcome
- Review and Approval of Minutes from Council Meeting, December 14, 2018
- Secretary of KDHE Introduction – Dr. Lee Norman, Kansas Department of Health and Environment
- KDHE Update – Adam Proffitt, Director of Program Finance and Informatics, Division of Health Care Finance, Kansas Department of Health and Environment and Chris Swartz, Deputy Medicaid Director
- KDADS Update – Laura Howard, Secretary, Kansas Department for Aging and Disability Services
- KanCare Ombudsman Report – Kerrie Bacon, Ombudsman, Kansas Department for Aging and Disability Services

- Updates on KanCare with Q&A
 - Aetna Better Health of Kansas
 - Sunflower State Health Plan
 - UnitedHealthcare Community Plan
- Miscellaneous Agenda Items
 - IDD and TA waiver concerns with Medicaid expansion – Ed Nicholas
 - Nursing/skilled staffing
 - KanCare cost-savings and program progress
 - MCO attendance at Meaningful Measures Committee meetings
 - Addition of new KanCare Advisory Council members
 - Update on Amerigroup claims paid
- Next Meeting of KanCare Advisory Council – May 6, 2019, Curtis State Office Building, 2:30 – 4:30p.m.
- Adjourn

The Tribal Technical Assistance Group did not meet during Quarter 1. The next scheduled meeting for TTAG is May 7, 2019.

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:

- Money Follows the Person (quarterly) – ending this quarter
- PACE Program (quarterly)
- HCBS Provider Forum teleconferences (monthly)
- Long-term Care Roundtable with Department of Children & Families (quarterly)
- Presentations, attendance, and information is available as requested by small groups, consumers, stakeholders, providers and associations across Kansas
- Community Mental Health Centers meetings to address billing and other concerns (monthly and quarterly)
- Series of workgroup meetings and committee meetings with the Managed Care Organizations and Community Mental Health Centers
- Regular meetings with the Kansas Hospital Association KanCare implementation technical assistance group
- Series of meetings with behavioral health institutions, private psychiatric hospitals, and Psychiatric Treatment Residential Facilities (PRTFs) to address care coordination and improved integration
- State Mental Health Hospital mental health reform meetings (quarterly)
- Medicaid Functional Eligibility Instrument (FE, PD & TBI) Advisory Workgroup
- IDD Functional Eligibility Instrument Advisory Workgroup
- Systems Collaboration with Aging & Disability, Behavioral Health and Foster Care Agencies
- PRTF Stakeholder meeting (quarterly)
- Mental Health Coalition meeting (bi-weekly)
- Kansas Association of Addiction Professionals (monthly)
- Crisis Response & Triage meetings with stakeholders including MCOs to improve timely, effective crisis services for members and improved care coordination post crises (bi-weekly)

- Lunch and Learn biweekly series on a variety of behavioral health topics including prevention and the prevention framework initiative; SUD 101; trauma informed systems of care; recovery and peer support; housing and homeless initiatives; community crisis center development
- Bi-monthly Governor’s Behavioral Health Services Planning Council meetings; and monthly meetings with the nine subcommittees such as Suicide Prevention, Justice Involved Youth and Adult, and Rural and Frontier
- Mental Health Excellence and grant project meetings
- Monthly Nursing Facility Stakeholder Meetings
- KDADS-CDDO-Stakeholder Meetings (quarterly)
- KDADS-CDDO Eligibility workgroup tasked to update IDD Eligibility policy and Handbook- policy work meetings will start on 11/16/18
- KDADS-Series of meetings with a coalition of advocacy groups including KanCare Advocates Network and Disability Rights Commission to discuss ways KDADS can provide more effective stakeholder engagement opportunities

In addition, Kansas is pursuing some targeted outreach and innovation projects, including:

OneCare Kansas Program

A legislative proviso directed KDHE to implement a health homes program. To avoid the confusion caused by the term health homes, a new name was selected for the program – OneCare Kansas. Authority to spend planning money was received from CMS and a OneCare Kansas Planning Council has convened to help plan implementation of the new health homes program. While many details still need to be developed, the program will have the same model as the state’s previous health homes program. The target population will be defined differently, and payment will be simpler. The state will still use the MCOs as the Lead Entities, who will contract with selected providers to offer the six core services required. Implementation is currently expected for January 2020. A provider forum was held March 21 to provide information and training to potential OneCare Partners. Applications to be a OneCare Partner are currently being accepted.

MCO Outreach Activities

A summary of this quarter’s marketing, outreach and advocacy activities conducted by the KanCare managed care organizations –Aetna Better Health of Kansas, Sunflower State Health Plan, and United Healthcare Community Plan – follows below.

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

Marketing Activities: In the first quarter of 2019, Aetna Better Health of Kansas (ABHKS) participated in various activities to market KanCare and the health plan to medical providers, current members and potential members. We achieved that by conducting Provider Town Hall meetings during the month of January in Overland Park, Kansas City, Topeka, Wichita, Pittsburg, Salina, Hays, Garden City and Colby. These meetings provided information for providers on ABHKS benefits and how to best work with us for billing services. The meetings attracted over 150 individuals in person and over 100 individuals by phone and through our Internet presentation. We also conducted two meetings in January for providers and individuals with Intellectual and Developmental Disabilities to educate them on our efforts to work with individuals on the IDD waiver. The meetings were held in Overland Park and Chanute with 59 individuals attending those meetings. ABHKS also contacted current members utilizing telephone scripts to verify the PCP information that we had for them was correct. ABHKS also attended several health fair events within the communities of Kansas where members and potential members were invited to attend. During the

first quarter, ABHKS representatives visited with over 1,750 individuals at these events to educate them on ABHKS and KanCare. Examples of the events included the Wichita Thunder Go Red for Women night on February 1; the Olathe Head Start Mass Application day on March 1; the USD 321 Kaw Valley Parent Resource Fair in St. Mary's and several lobby sits at health departments and provider offices throughout the State of Kansas.

Outreach Activities: In the first quarter of 2019, ABHKS Community Development and System of Care team staff provided outreach activities to community based organizations, advocacy groups and provider offices throughout Kansas. The Community Development team conducted six educational sessions providing ABHKS benefit information to community based organizations and provider offices in the State. Presentation examples conducted include the Kansas Head Start Association's home visitor program as well as a presentation to the Health Department staff of Reno County in Hutchinson. Direct outreach visits to provider offices and community-based organizations were conducted as well. ABHKS Community Development staff visited over 360 provider offices and visited with over 940 individuals associated with community-based organizations in Kansas. Examples of the community based organizations included the Oaklawn Improvement District in Wichita, the Franklin County Children's Coalition in Ottawa and the Wyandotte Community Health Coalition in Kansas City. The ABHKS System of Care team also attended meetings with organizations working on issues affecting KanCare members such as foster care, homelessness, behavioral health, individuals with Intellectual and Development Disabilities, work programs and other issues. The System of Care team met with over 1,600 individuals in the first quarter of 2019. Examples include the Douglas County Resiliency Coalition in Lawrence; the Kansas Statewide Homeless Coalition, KVC in Olathe, the Mental Health Consumer Run Network Meeting in Topeka; and Families Together Family Employment Awareness Training in Dodge City. The System of Care Team also participated in the Kansas Mental Health Coalition's Mental Health Advocacy Day event at the State Capitol in Topeka on March 14 where we visited with over 125 advocates of mental health issues in Kansas.

Advocacy Activities: ABHKS Member Advocates have established a relationship with the KanCare Ombudsman and receive direct referrals about member issues that require intervention efforts. During the first quarter of 2019, ABHKS Member Advocates assisted 20 members referred from the Ombudsman.

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

Marketing Activities: During Q1 2019, Sunflower Health Plan attending and/or sponsoring 79 local and statewide member and provider events as well as participating in statewide conferences on health-related topics. Sunflower's direct mail marketing material for the 1st quarter included member mailings for closing care gaps and new member materials. Additionally, Sunflower Health Plan focused efforts on education on Value Added Benefits for collaborative community group meetings along with participating in events associated with the advocacy and education around mental health. Notable stakeholder programs and events for marketing during Q1 2019:

- Member Advisory Meeting
- Parents As Teachers Regional Conference
- Mental Health Conference
- Mental Health Day at the Capitol
- Good Living Expo
- 16th annual Power Conference
- Mental Health Advocacy Day

Outreach Activities: Sunflower Health Plan’s outreach activities for the 1st Quarter 2019, centered on youth through school visits, wellness education and health events. The health plan presented education to middle school students on social isolation through No One Eats Alone Day. Sunflower continued its work with individuals and community agencies to address the social determinants of health in Kansas communities. Examples of member outreach activities this quarter:

- Participated in 4 Youth Health programs during the quarter
- Participated in 11 community health events serving all populations, including We All Eat health and wellness event in Wichita, KS and KCKCC Health Fair in Kansas City, KS.
- Held Sunflower Health Plan’s quarterly Member and Community Advisory Committee meeting on March 27 in Johnson County. The meeting was presented in an open format discussing all areas of the member benefits, member experience and also presented information on the benefits of HPV vaccines.

Advocacy Activities: Sunflower Health Plan’s advocacy efforts for Q4 2018 centered on supports for people with disabilities, underserved populations and work to help all populations improve individual health literacy. Sunflower participated in the following advocacy activities during Q4, 2018:

- We All event health and wellness event serving the Wichita, KS community.
- Project Search employment event for the I/DD community.
- Health Core Clinic food distribution day serving over 350 patrons with perishable and nonperishable food items.
- Sunflower support Mental Health Advocacy Day
- Sunflower also participated in Community Information Exchange and connected with various community groups supporting our member population.

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

Marketing Activities: UnitedHealthcare Community Plan of Kansas continued to focus on member, provider, and community education regarding KanCare benefits and general health education. Plan staff completed new member welcome calls and Health Risk Assessments. New members were sent ID Cards and new member welcome kits in a timely manner. Throughout the quarter, UnitedHealthcare hosted a number of meetings and presentations with key providers, hospitals, Federally Qualified Health Centers (FQHC’s) and Community Based Organizations like Catholic Charities, Consulate of Mexico, International Rescue Committee, Public Schools, Housing Authorities, Youth Rec Centers, YMCA, Salvation Army and InterHab as well as providers, health departments and faith based organizations throughout the state with a focus on innovation and collaboration. UnitedHealthcare also focused on grass-roots efforts by hosting small fun and educational events in low income housing and assisted living facilities where a lot of UHC members reside. The idea was to bring the information to the member without them having to travel.

Outreach Activities: UnitedHealthcare Community Plan participated in and/or supported 84 member facing activities, which included 43 lobby sits at provider offices as well as 11 events/health fairs or other educational opportunities for both consumers and providers. In Q1, UnitedHealthcare organized, participated in and supported six community baby showers that were sponsored by UHC and/or other organizations. UnitedHealthcare leveraged bilingual Community Outreach Specialists that focused on activities targeted within assigned geographical areas across Kansas. These specialists are fluent in both English and Spanish languages and effectively communicate with members with diverse cultural backgrounds. Additional Outreach Specialists supported activities in their respective territories. The Outreach Specialists regularly support one another working collaboratively to serve UHC Members. The

key responsibility of the Outreach Specialist is to conduct educational outreach to members, community-based organizations and targeted provider offices about Medicaid benefits, KanCare and UnitedHealthcare. Of primary importance is to meet members where they are and help understand their personal goals and how UHC can help them reach those goals. A key area of focus in the first quarter was to outreach community based organizations to establish new relationships. UnitedHealthcare also interacted with key provider offices and the provider community to assist with issue resolution. Several key outreach initiatives this quarter included lobby sits, “Food for Thought Programs” hosted on-site at provider offices, and several health fairs. UnitedHealthcare also participated in a number of community stakeholder committee meetings during the first quarter of 2019.

Finally, UHC hosted the Q1 Member Advisory Meeting in Wichita. The Health Plan finds it critical to host meetings in different parts of the state in order to hear from those in both urban and rural areas, but this strategy makes it challenging to have the same committee at each meeting. This advisory meeting focused on explaining the 2019 value added benefits. The first quarter of 2019 had some very cold and snowy weather that limited outreach and caused many events and health fairs to be cancelled.

During the first quarter 2019, UnitedHealthcare outreach staff personally met with approximately:

- 2,887 individuals who were members or potential members at community events, at member orientation sessions, and at lobby sits held at key provider offices throughout Kansas
- 1,665 individuals from community-based organizations located throughout Kansas. These organizations work directly with UHC members in various capacities
- 402 individuals from provider offices located throughout the State

Advocacy Activities: The UnitedHealthcare continued to support advocacy opportunities to support children and members with disabilities, and the individuals and agencies that support them.

Throughout this quarter, the team also worked closely with Health Plan Care Coordinators who support the waiver population. The Health Plan staff continued to stress to all members, including those with disabilities the desire to help support the members' personal goals and encouraged them to make informed decisions about enrollment in a KanCare plan. Staff will also meet consumers new to KanCare who are trying to understand their benefits. UnitedHealthcare remains committed to providing ongoing support and education to members and offering support to the consumers of Kansas. The Health Plan staff focused heavily on meeting with and supporting community-based organizations in the first quarter. These organizations provide a direct line of support to our members and are a trusted source for information.

Below is a sample of the organizations the Health Plan staff interacted with during first quarter:

- Western Kansas Chile Advocacy Center
- Hays Community Service Council
- Pratt County Community Health & Resource Council
- Thomas County Health Coalition
- Great Bend Interagency Committee
- Be Well Barton County
- Kansas Works
- Northwest Kansas Agency on Aging
- Smoky Hills Foundation
- Cultural Relations Board

- Ford County Health Coalition
- Tobacco Cessation Work Group
- YMCA
- WIC
- Food Pantries
- Johnson County Mental Health Center
- Council on Aging
- KIDS KS Infant Death & SIDS
- ECKAN
- Growing Futures
- Parents as Teachers
- Wesley House
- Consulate of Mexico: Kansas City
- My Family Labette County
- USD 259 Wichita Public Schools & USD 457 Garden City & USD 500
- Reach Healthcare Foundation
- SafeHome

IV. Operational Developments/Issues

- a. *Systems and reporting issues, approval and contracting with new plans:* Aetna Better Health of Kansas, Inc. is a new plan contracted with KDHE for the KanCare program effective 1/1/2019. Sunflower State Health Plan and United HealthCare of the Midwest continued in a contractual relationship with KDHE for the KanCare program. 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.

CMS approved the following KanCare MCO Contracts and Amendments. These KanCare MCO Amendments are for the prior 1115 waiver period.

| Amendment Number | Subject | Submitted Date | Effective Date | Approval Date |
|------------------|---|----------------|----------------|---------------|
| 27 | Contract Extension – Amerigroup of Kansas, Sunflower State Health Plan and United HealthCare of the Midwest | 10/27/2017 | 1/01/2018 | 2/01/2019 |
| 30 | Updates to Attachment D and G | 1/12/2018 | 1/01/2018 | 2/06/2019 |
| 31 | Capitation Rates 1/1/2018 – 12/31/2018 | 1/30/2018 | 1/01/2018 | 3/28/2019 |
| 32 | Updates to Attachment G | 3/08/2018 | 1/01/2018 | 02/06/2019 |
| 33 | Updates to Attachment D | 4/26/2018 | 4/01/2018 | 02/06/2019 |
| 35 | Mid-year rate adjustments 7/1/18 – 12/31/2018 | 8/30/2018 | 7/01/2018 | 02/06/2019 |

KanCare MCO Amendments pending CMS approval:

| Amendment Number | Subject | Submitted Date | Effective Date | Approval Date |
|------------------|--|----------------|----------------|---------------|
| 0 | Contract – Aetna Better Health, Sunflower State Health Plan and United HealthCare of the Midwest | 6/22/2018 | 1/01/2019 | |

| | | | | |
|---|--|------------|-----------|--|
| 1 | Contract term change from 5 years to 3 years with 2, 1-year extensions | 7/06/2018 | 1/01/2019 | |
| 2 | Capitation Rates 1/1/2019 – 12/31/2019 | 11/30/2018 | 1/01/2019 | |
| 3 | Contract Corrections - Managed Care Rules | 1/08/2019 | 1/01/2019 | |

42 CFR 438.6(c) Preprint pending CMS approval:

| Subject | Submitted Date | Effective Date | Approval Date |
|--|----------------|----------------|---------------|
| Minimum fee schedule for services provided to KanCare enrollees by certain academic professionals (defined below), paid through a sub-capitated arrangement. | 1/24/2019 | 1/01/2019 | |

Three State Plan Amendments (SPA) were approved as noted below:

| SPA Number | Subject | Submitted Date | Effective Date | Approval Date |
|------------|---|----------------|----------------|---------------|
| 19-0001 | IME Factor Change | 1/09/2019 | 1/01/2019 | 1/24/2019 |
| 19-0002 | CHIP MAGI FPL Update | 1/31/2019 | 04/01/2019 | 2/07/2019 |
| 19-0005 | Coverage of Eyeglasses on a yearly basis for adults | 3/20/2019 | 02/15/2019 | 3/28/2019 |

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

- b. *Benefits:* All pre-KanCare benefits continue, and the program includes value-added benefits from each of the three KanCare MCOs at no cost to the State. A summary of value-added services utilization, per each of the KanCare MCOs, by top three value-added services and total for January-March 2019, follows:

| MCO | Value Added Service Jan.- Mar. 2019 | Units YTD | Value YTD |
|------------------|-------------------------------------|---------------|------------------|
| Aetna | Adult Dental | 1,851 | \$29,975 |
| | Transportation Services | 92 | \$15,573 |
| | Weight Management | 30 | \$11,039 |
| | Total of All Aetna VAS | 2,002 | \$57,798 |
| Sunflower | Dental visits for adults | 22,269 | \$226,440 |
| | CentAccount debit card | 449 | \$39,885 |
| | Smartstart for Baby | 832 | \$23,420 |
| | Total of all Sunflower VAS | 30,814 | \$434,721 |
| United | Additional Vision Services | 858 | \$38,815 |
| | Baby Blocks Program and Rewards | 363 | \$43,560 |
| | Pest Control | 5 | \$62,368 |
| | Total of all United VAS | 4,478 | \$386,649 |

- c. *Enrollment issues:* For the first quarter of calendar year 2019 there were 9 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 first quarter of calendar year 2019. The large number in the mass transfer category was a result of Amerigroup leaving the Kansas Medicaid program and assigning those members to Aetna Better Health of Kansas. All

KanCare members were provided a 90-day choice period, beginning January 1, 2019. All KanCare eligible members were defaulted to a managed care plan.

| Enrollment Reason Categories | Total |
|---|----------------|
| Beneficiary placed on Punitive Lock-In | 0 |
| Newborn Assignment | 140 |
| KDHE - Administrative Change | 98 |
| WEB - Change Assignment | 50 |
| KanCare Default - Case Continuity | 463 |
| KanCare Default – Morbidity | 417 |
| KanCare Default - 90 Day Retro-reattach | 201 |
| KanCare Default - Previous Assignment | 301 |
| KanCare Default - Continuity of Plan | 388 |
| AOE – Choice | 13,536 |
| Choice - Enrollment in KanCare MCO via Medicaid Application | 1280 |
| Change - Enrollment Form | 455 |
| Change - Choice | 353 |
| Change – Due to Quality of Care – Good Cause Reason | 0 |
| Change - Access to Care – Good Cause Reason | 0 |
| Change - Case Continuity – Good Cause Reason | 0 |
| Change – Due to Treatment not Available in Network – Good Cause | 0 |
| Assignment Adjustment Due to Eligibility | 48 |
| Mass transfer | 91,834 |
| Total | 109,564 |

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

**MCOs’ Member Adverse Initial Notice Timeliness Compliance
CY19 1st quarter report**

| MCO | ABH | SUN | UHC |
|---|------|------|------|
| % of Notices of Adverse Service Authorization Decisions Sent Within Compliance Standards | 100% | 95% | 100% |
| % of Notices of Adverse Expedited Service Authorization Decisions Sent Within Compliance Standards | 100% | 55% | 100% |
| % of Notices of Adverse Termination, Suspension or Reduction Decisions Sent Within Compliance Standards (10 calendar days only) | | 100% | 100% |

**MCOs’ Provider Adverse Initial Notice Compliance
CY19 1st quarter report**

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

**MCOs’ Grievance Database
CY19 1st quarter report**

| MCO | ABH | | SUN | | UHC | | Total |
|------------------------------------|-------------|-----------------|-------------|-----------------|-------------|-----------------|-----------|
| | HCBS Member | Non HCBS Member | HCBS Member | Non HCBS Member | HCBS Member | Non HCBS Member | |
| QOC (non HCBS, Non Transportation) | 9 | 4 | 10 | 17 | 9 | 21 | 70 |

| | | | | | | | |
|---|-----------|-----------|-----------|-----------|-----------|------------|------------|
| QOC – Pain Management | 3 | 1 | | | 1 | 2 | 7 |
| Customer Service | 9 | 4 | 9 | 11 | 3 | 4 | 40 |
| Member Rights Dignity | 1 | | 1 | 1 | | | 3 |
| Access to Service or Care | 8 | 6 | 6 | 1 | 4 | 3 | 28 |
| Non-Covered Services | 2 | 1 | | | | 1 | 4 |
| Pharmacy | 16 | 2 | 2 | | 2 | 9 | 31 |
| QOC HCBS Provider | | 1 | 6 | | 5 | | 12 |
| Billing/Financial Issues (non-Transportation) | 1 | | 10 | 1 | 5 | 37 | 54 |
| Transportation – Billing and Reimbursement | 4 | 1 | 3 | 2 | 2 | 2 | 14 |
| Transportation - No Show | 6 | 1 | 11 | 13 | 3 | 11 | 45 |
| Transportation - Late | 2 | 5 | 16 | 13 | 8 | 14 | 58 |
| Transportation - Safety | 2 | 2 | 6 | 4 | 2 | 2 | 18 |
| No Driver Available | 1 | | | 1 | | | 2 |
| Transportation - Other | 7 | 4 | 17 | 14 | 11 | 19 | 72 |
| Other | 3 | 1 | | | 1 | 4 | 9 |
| MCO Determined Not Applicable | 2 | 1 | 2 | 5 | 1 | 6 | 17 |
| TOTAL | 76 | 34 | 99 | 83 | 57 | 135 | 484 |

**MCOs' Member Grievance Timeliness Compliance
CY19 1st quarter report**

| MCO | ABH | SUN | UHC |
|---|------------|------------|------------|
| % of Member Grievance Resolved Within 30 Calendar Days | 98% | 99% | 100% |
| % of Member Grievance Resolution Notices Sent Within Compliance Standards | 90% | 100% | 100% |

**MCOs' Provider Grievance Database
CY19 1st quarter report**

| MCO | ABH | SUN | UHC | Total |
|--|------------|------------|------------|--------------|
| Billing/Payment | | 12 | 2 | |
| Wrong Information | | | | |
| Credentialing – MCO | | | | |
| Network – MCO | 1 | | | |
| UM | | 1 | | |
| CM | | 1 | | |
| Benefits/Eligibility | 1 | | | |
| Pharmacy | | 3 | | |
| Transportation | | 12 | 3 | |
| Services | | | | |
| Health Plan – Technology | | 1 | | |
| MCO Determined Not Applicable | | | | |
| Other – Dissatisfaction with MCO Associate | 1 | 1 | | |
| Other | | | | |

| | | | | |
|--------------|----------|-----------|----------|--|
| TOTAL | 3 | 31 | 5 | |
|--------------|----------|-----------|----------|--|

**MCOs' Provider Grievance Timeliness Compliance
CY19 1st quarter report**

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

**MCOs' Appeals Database
Members – CY19 1st quarter report**

| Member Appeal Reasons ABH - Red SUN – Green UHC - Purple | Number Resolved | Withdrawn | MCO Reversed Decision on Appeal | MCO upheld Decision on Appeal | MCO Determined not Applicable |
|---|------------------------|------------------|--|--------------------------------------|--------------------------------------|
| MEDICAL NECESSITY/LEVEL OF CARE – Criteria Not Met | | | | | |
| MA – CNM - Durable Medical Equipment | 5 28 22 | 1 | 1 17 6 | 2 11 16 | 1 |
| MA – CNM - Inpatient Admissions (Non-Behavioral Health) | 4 1 49 | 38 | 1 4 | 2 1 5 | 1 2 |
| MA – CNM - Medical Procedure (NOS) | 12 13 5 | 1 | 5 8 2 | 3 5 2 | 3 1 |
| MA – CNM - Radiology | 12 29 | | 7 15 | 3 14 | 2 |
| MA – CNM - Pharmacy | 34 88 140 | 8 6 | 16 60 109 | 10 20 20 | 8 5 |
| MA – CNM - PT/OT/ST | 1 | | | 1 | |
| MA – CNM - Dental | 4 2 12 | 1 | 2 2 1 | 2 9 | 1 |
| MA – CNM - Home Health | 2 2 | | 1 2 | 1 | |
| MA – CNM - Out of network provider, specialist or specific provider request | 1 6 | 1 | 1 2 | 3 | |
| MA – CNM - Inpatient Behavioral Health | 2 11 3 | 1 | 1 4 | 1 6 1 | 2 |
| MA – CNM - Behavioral Health Outpatient Services and Testing | 5 | | | 4 | 1 |
| MA – CNM - LTSS/HCBS | 4 3 | 1 1 | | 3 1 | 1 |
| MA – CNM - Mental Health | 1 3 | | 1 2 | 1 | |
| MA – CNM - HCBS (change in attendant hours) | 1 | | | 1 | |
| MA – CNM - Other | 13 1 | | 4 1 | 9 | |

| NONCOVERED SERVICE | | | | | |
|---|-----|----|-----|----|----|
| MA – NCS - Dental | 3 | | | 3 | |
| MA – NCS - Pharmacy | 4 | 1 | 1 | 1 | 1 |
| | 1 | | 1 | | |
| MA – NCS - OT/PT/Speech | 2 | | | 2 | |
| MA – NCS - Durable Medical Equipment | 9 | | 6 | 3 | |
| MA – NCS – Other | 16 | | 13 | 3 | |
| MA – LCK - Lock In | 4 | | | 4 | |
| AUTHORIZATION DENIAL | | | | | |
| MA – AUTH - Late submission by member/provider rep. | 3 | | | | 3 |
| MA – Auth - No authorization submitted | 2 | | 2 | | |
| | 18 | | 1 | 17 | |
| ADMINISTRATIVE DENIALS | | | | | |
| MA – ADMIN – Denials of Authorization (Unauthorized by Members) | 12 | | | 12 | |
| TOTAL | | | | | |
| ABH - Red | 84 | 3 | 38 | 24 | 19 |
| SUN – Green | 233 | 10 | 131 | 92 | |
| UHC - Purple | 276 | 47 | 130 | 86 | 13 |

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

MCOs' Appeals Database
Member Appeal Summary – CY19 1st quarter report

| ABH - Red SUN – Green UHC - Purple | Number Resolved | Withdrawn | MCO Reversed Decision on Appeal | MCO upheld Decision on Appeal | MCO Determined Not Applicable |
|--|------------------|-----------------|---------------------------------|-------------------------------|-------------------------------|
| Total Number of Appeals Resolved | 84 233 276 | 3 10 47 | 38 131 130 | 24 92 86 | 19 13 |
| Percentage Per Category | | 4% 4% 17% | 45% 56% 47% | 29% 40% 31% | 22% 5% |

MCOs' Member Appeal Timeliness Compliance
CY19 1st quarter report

| MCO | ABH | SUN | UHC |
|--|------|------|------|
| % of Member Appeals Resolved in 30 Calendar Days | 98% | 99% | 100% |
| % of Member Appeal Resolution Notices Sent Within Compliance Standards | 16% | 100% | 98% |
| % of Expedited Appeals Resolved in 72 hours | 100% | 100% | 94% |
| % of Expedited Member Appeal Resolution Notices Sent Within Compliance Standards | 89% | 100% | 100% |

MCOs' Reconsideration Database
Providers - CY19 1st quarter report (reconsiderations resolved)

| PROVIDER Reconsideration Reasons | Number Resolved | Withdrawn | MCO Reversed Decision on Appeal | MCO upheld Decision on Appeal | MCO Determined Not Applicable |
|--|-----------------|-----------|---------------------------------|-------------------------------|-------------------------------|
| ABH - Red SUN – Green UHC - Purple | | | | | |
| CLAIM DENIALS | | | | | |

| | | | | | |
|---|---------------------|--|--------------------|-------------------|-----|
| PR – CPD - Hospital Inpatient (Non-Behavioral Health) | 1 1291 762 | | 710 315 | 1 551 447 | 30 |
| PR – CPD - Hospital Outpatient (Non-Behavioral Health) | 10 1042 753 | | 9 324 304 | 1 668 449 | 50 |
| PR – CPD - Pharmacy | | | | | |
| PR – CPD - Dental | 3 34 | | 3 25 | 9 | |
| PR – CPD - Vision | 96 | | 50 | 46 | |
| PR – CPD - Ambulance (Include Air and Ground) | 19 95 | | 13 59 | 6 36 | |
| PR – CPD - Medical Professional (Physical Health not Otherwise Specified) | 2 901 7644 | | 2 485 3439 | 391 4205 | 25 |
| PR – CPD - Nursing Facilities - Total | 42 | | 23 | 19 | |
| PR – CPD - HCBS | 270 | | 126 | 101 | 43 |
| PR – CPD - Hospice | 31 290 | | 17 155 | 14 135 | |
| PR – CPD - Home Health | 1 | | | 1 | |
| PR – CPD - Behavioral Health Outpatient and Physician | 2 7 1966 | | 2 1471 | 495 | 7 |
| PR – CPD - Behavioral Health Inpatient | 68 | | 31 | 37 | |
| PR – CPD - Out of network provider, specialist or specific provider | 410 4384 | | 2 2624 | 399 1760 | 9 |
| PR – CPD - Radiology | 1 235 750 | | 1 151 341 | 77 409 | 7 |
| PR – CPD - Laboratory | 521 933 | | 171 432 | 315 501 | 35 |
| PR – CPD - PT/OT/ST | 887 22 | | 676 1 | 211 21 | |
| PR – CPD - Durable Medical Equipment | 370 | | 191 | 161 | 18 |
| PR – CPD - Other | 2 311 | | 1 169 | 1 142 | |
| Total Claim Payment Disputes | 21 6156 17979 | | 18 2964 9341 | 3 2968 8638 | 224 |
| BILLING AND FINANCIAL ISSUES | | | | | |
| PR – BFI - Recoupment | 1 6 | | 1 6 | | |
| ADMINISTRATIVE DENIAL | | | | | |
| PR – ADMIN - Denials of Authorization (Unauthorized by Members) | | | | | |
| TOTAL | | | | | |
| ABH - Red | 22 | | 19 | 3 | |
| SUN – Green | 6156 | | 2964 | 2968 | 224 |
| UHC - Purple | 17985 | | 9347 | 8638 | |

MCOs' Provider Reconsiderations Database
Provider Reconsideration – Denied Claim Analysis – CY19 1st quarter report

| ABH - Red SUN – Green UHC - Purple | Claim Denied- MCO in Error | Claim Denied- Provider Error | Claim Denied – Correctly Billed and Correctly Denied/Paid | Claim Paid – Correctly Billed and Correctly Paid | Total |
|--|-------------------------------|---------------------------------|--|---|---------------------|
| Provider Reconsiderations | | | | | |
| MCO Reversed Decision on Reconsideration | 3 1899 3637 | 366 1752 | 11 23 1339 | 4 676 2613 | 18 2964 9341 |
| MCO Upheld Decision on Reconsideration | 3860 | 1 1595 | 4 2013 972 | 955 2211 | 5 2968 8638 |
| Total Claim Payment Disputes | 3 1899 7497 | 1 366 3347 | 15 2036 2311 | 4 1631 4824 | 23 5932 17979 |

MCOs' Provider Reconsiderations Timeliness Compliance
CY19 1st quarter report

| MCO | ABH | SUN | UHC |
|---|------|------|------|
| % of Provider Reconsideration Resolution Notices Sent Within Compliance Standards | 100% | 100% | 100% |

MCOs' Appeals Database
Providers - CY19 1st quarter report (appeals resolved)

| PROVIDER Appeal Reasons ABH - Red SUN – Green UHC - Purple | Number Resolved | Withdrawn | MCO Reversed Decision on Appeal | MCO upheld Decision on Appeal | MCO Determined Not Applicable |
|---|-----------------|-----------|---------------------------------|-------------------------------|-------------------------------|
| CLAIM DENIAL | | | | | |
| PA – CPD - Hospital Inpatient (Non-Behavioral Health) | 2 172 136 | 2 | 1 100 14 | 1 63 87 | 7 35 |
| PA – CPD - Hospital Outpatient (Non-Behavioral Health) | 1 264 28 | 8 | 1 125 3 | 119 8 | 12 17 |
| PA – CPD - Pharmacy | 1 | | | 1 | |
| PA – CPD - Dental | 1 21 | | 3 | 1 18 | |
| PA – CPD - Vision | 40 2 | | 30 | 10 1 | 1 |
| PA – CPD - Ambulance (Include Air and Ground) | 6 | | 4 | 1 | 1 |
| PA – CPD - Medical Professional (Physical Health not Otherwise Specified) | 92 26 | 1 | 40 7 | 44 13 | 7 6 |
| PA – CPD - Nursing Facilities - Total | 4 2 | | 3 | 1 | 2 |
| PA – CPD - Hospice | 4 | | 2 | 2 | |
| PA – CPD - Home Health | 7 | 1 | 2 | 4 | |

| | | | | | |
|---|-----------------|-----------|----------------|-----------------|------------|
| | 22 | | 2 | 9 | 11 |
| PA – CPD - Behavioral Health Outpatient and Physician | 1 2 4 | | 2 | 1 | 3 |
| PA – CPD - Behavioral Health Inpatient | 6 6 | | 3 2 | 3 3 | 1 |
| PA – CPD - Out of network provider, specialist or specific provider | 89 | 1 | 30 | 55 | 3 |
| PA – CPD - Radiology | 22 | | 11 | 9 | 2 |
| PA – CPD - Laboratory | 27 21 | | 12 | 13 3 | 2 18 |
| PA – CPD - PT/OT/ST | 31 | | 19 | 12 | |
| PA – CPD - Durable Medical Equipment | 8 | | 4 | 3 | 1 |
| PA – CPD - Other | 1 4 267 | | 1 3 37 | 1 1 74 | 156 |
| Total Claim Payment Disputes | 6 800 514 | 13 | 3 393 65 | 3 359 199 | 35 250 |
| BILLING AND FINANCIAL ISSUES | | | | | |
| PA – BFI - Recoupment | 69 49 | 1 | 65 16 | 2 31 | 1 2 |
| ADMINISTRATIVE DENIAL | | | | | |
| PA – ADMIN - Denials of Authorization (Unauthorized by Members) | 36 | | 16 | 20 | |
| TOTAL | | | | | |
| ABH - Red | 6 | | 3 | 3 | |
| SUN – Green | 905 | 14 | 474 | 381 | 36 |
| UHC - Purple | 563 | | 81 | 230 | 252 |

MCOs' Appeals Database
Provider Appeal Summary – CY19 1st quarter report

| ABH - Red SUN – Green UHC - Purple | Number Resolved | Withdrawn | MCO Reversed Decision on Appeal | MCO upheld Decision on Appeal | MCO Determined Not Applicable |
|---|----------------------------|------------------|--|--------------------------------------|--------------------------------------|
| Reconsideration | 22 6156 17985 | | 19 2964 9347 | 3 2968 8638 | 224 |
| Resolved at Appeal Level | 6 905 563 | 14 | 3 474 81 | 3 381 230 | 36 252 |
| TOTAL | 28 7061 18548 | 14 | 22 3438 9428 | 6 3349 8868 | 260 252 |
| Percentage Per Category | | <1% | 79% 49% 51% | 21% 47% 48% | 4% 1% |

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

MCO's Appeals Database
Provider Appeal Summary – CY19 1st quarter report

| ABH - Red SUN – Green UHC - Purple | Number Resolved | Withdrawn | MCO Reversed Decision on Appeal | MCO upheld Decision on Appeal | MCO Determined Not Applicable |
|--|--|-----------|---|--|-------------------------------|
| Reconsideration | 22 6156 17985 | | 19 2964 9347 | 3 2968 8638 | 224 |
| Resolved at Appeal Level | 6 905 563 | 14 | 3 474 81 | 3 381 230 | 36 252 |
| TOTAL | 28 7061 18548 | 14 | 22 3438 9428 | 6 3349 8868 | 260 252 |
| Percentage Per Category | | <1% | 79% 49% 51% | 21% 47% 48% | 4% 1% |

MCOs' Appeals Database
Provider Appeal – Denied Claim Analysis – CY19 1st quarter report

| ABH - Red SUN – Green UHC - Purple | Claim Denied- MCO in Error | Claim Denied- Provider Error | Claim Denied – Correctly Billed and Correctly Denied/Paid | Claim Paid – Correctly Billed and Correctly Paid | Total |
|--|----------------------------|------------------------------|---|--|--------------------------------------|
| Provider Appeals | | | | | |
| MCO Reversed Decision on Appeal | 1 4 | 31 61 | 1 272 | 89 | 1 393 65 |
| MCO Upheld Decision on Appeal | | | 3 271 199 | 88 | 3 359 199 |
| Total Claim Denials | 1 4 | 31 61 | 4 543 199 | 177 | 4 752 264 |

MCO's Provider Appeal Timeliness Compliance
CY19 1st quarter report

| MCO | ABH | SUN | UHC |
|---|------|------|------|
| % of Provider Appeals Resolved in 30 Calendar Days | 100% | 85% | 100% |
| % of Provider Appeal Resolution Notices Sent Within Compliance Standard | 100% | 100% | 100% |

State of Kansas Office of Administrative Fair Hearings
Members – CY19 1st quarter report

| ABH - Red SUN – Green UHC - Purple | Number Resolved | Withdrew | OAH Affirmed MCO Decision | OAH Reversed MCO Decision | Dismiss Moot MCO Reversed | Dismiss Moot Duplicate | Dismiss Untimely | Dismiss Not Ripe/ No MCO Appeal | Dismiss No Adverse Action | Dismiss No Auth. | Dismiss Appellant Verbally Withdrew | Dismiss Failure to State a Claim | Default Appellant Failed to Appear | Default Respondent Failed to Appear | Default Respondent Failed to File Agency Summary |
|--|-----------------|----------|---------------------------|---------------------------|---------------------------|------------------------|------------------|---------------------------------|---------------------------|------------------|-------------------------------------|----------------------------------|------------------------------------|-------------------------------------|--|
| MEDICAL NECESSITY/L LEVEL OF | | | | | | | | | | | | | | | |

| | | | | | | | | | | | | | | | |
|--|--------|---|---|--|---|---|--|--------|--|--|--|--|---|--|--|
| CARE – Criteria Not Met | | | | | | | | | | | | | | | |
| Durable Medical Equipment | 3 1 | 1 | | | 2 | 1 | | | | | | | | | |
| Inpatient Admissions (Non-Behavioral Health) | 1 | | | | 1 | | | | | | | | | | |
| Medical Procedure (NOS) | 1 1 | | | | 1 | | | 1 | | | | | | | |
| Pharmacy | 5 8 | | 1 | | 1 | | | 4 5 | | | | | 2 | | |
| Dental | 1 | | | | | | | 1 | | | | | | | |
| Hospice | | | | | | | | | | | | | | | |
| Out of network provider, specialist or specific provider request | 1 | | | | 1 | | | | | | | | | | |
| Inpatient Behavioral Health | 1 | | | | | | | 1 | | | | | | | |
| HCBS (change in attendant Hours) | 1 | | 1 | | | | | | | | | | | | |
| Other | 1 1 | | | | 1 | | | 1 | | | | | | | |
| NONCOVERED SERVICE | | | | | | | | | | | | | | | |
| Dental | 1 | | 1 | | | | | | | | | | | | |
| Pharmacy | 2 | | | | | | | 2 | | | | | | | |
| Durable Medical Equipment | 1 | | | | 1 | | | | | | | | | | |
| ADMINISTRATIVE DENIALS | | | | | | | | | | | | | | | |
| MH – ADMIN – Denials of Authorization (Unauthorized by Members) | 1 | | | | | | | 1 | | | | | | | |
| TOTAL | | | | | | | | | | | | | | | |
| ABH - Red | | | | | | | | | | | | | | | |
| SUN – Green | 16 | | 3 | | 4 | 1 | | 8 | | | | | | | |

| | | | | | | | | | | | | | | | |
|---------------------|----|---|--|--|---|--|--|---|--|--|--|--|---|--|--|
| UHC - Purple | 15 | 1 | | | 4 | | | 8 | | | | | 2 | | |
|---------------------|----|---|--|--|---|--|--|---|--|--|--|--|---|--|--|

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

**State of Kansas Office of Administrative Fair Hearings
Providers – CY19 1st quarter report**

| ABH - Red SUN – Green UHC - Purple | Number Resolved | Withdrawn | OAH Affirmed MCO Decision | OAH Reversed MCO Decision | Dismiss Moot MCO Reversed | Dismiss Moot Duplicate | Dismiss Untimely | Dismiss Not Ripe/ No MCO Appeal | Dismiss No Adverse Action | Dismiss No Auth. | Dismiss Appellant Verbally Withdrew | Dismiss Failure to State a Claim | Default Appellant Failed to Appear | Default Respondent Failed to Appear | Default Respondent Failed to File Agency Summary |
|---|------------------------|------------------|----------------------------------|----------------------------------|----------------------------------|-------------------------------|-------------------------|--|----------------------------------|-------------------------|--|---|---|--|---|
| CLAIM DENIAL | | | | | | | | | | | | | | | |
| Hospital Inpatient (Non-Behavioral Health) | 5 12 | 5 | 2 | | 2 2 | | | 1 5 | | | | | | | |
| Hospital Outpatient (Non-Behavioral Health) | 1 | 1 | | | | | | | | | | | | | |
| Pharmacy | 2 | | | | | | | 2 | | | | | | | |
| Vision | 2 | | | | 2 | | | | | | | | | | |
| Medical (Physical Health not Otherwise Specified) | 1 | | | | | | | | 1 | | | | | | |
| Home Health | 3 | | | | 3 | | | | | | | | | | |
| Behavioral Health Outpatient and Physician | 1 | | | | 1 | | | | | | | | | | |
| Behavioral Health Inpatient | 3 | 2 | | | 1 | | | | | | | | | | |
| Laboratory | 4 1 | | | | 1 | | | 3 1 | | | | | | | |
| PT/OT/ST | 1 | | | | 1 | | | | | | | | | | |
| BILLING AND FINANCIAL ISSUES | | | | | | | | | | | | | | | |
| Recoupment | 1 | | | | 1 | | | | | | | | | | |
| RESOLVED WITHOUT SUBSTANTIVE | 10 6 | 3 | 2 | | 6 | | | 4 | 1 | | | | | | |

| CHANGES TO ORIGINAL CLAIM | | | | | | | | | | | | | | |
|---------------------------|----|---|---|--|---|--|--|---|---|--|--|--|--|--|
| TOTAL ABH - Red | | | | | | | | | | | | | | |
| SUN – Green | 18 | 3 | 2 | | 8 | | | 4 | 1 | | | | | |
| UHC - Purple | 19 | 5 | | | 6 | | | 8 | | | | | | |

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

- e. *Quality of care:* Please see Section IX “Quality Assurance/Monitoring Activity” below. HCBS Quality Reports for January-March 2017 and July-September 2018 are attached to this report. The January-March 2017 reports have not been previously submitted.
- f. *Changes in provider qualifications/standards:* None.
- g. *Access:* As noted in previous reports, members who are not in their open enrollment period are unable to change plans without a good cause reason pursuant to 42 CFR 438.56 or the KanCare STCs. In Q1 2019, there were no good cause requests. The state offered all enrollees an open enrollment period starting in December 2018 since Amerigroup will be replaced by Aetna Better Health of Kansas beginning January 1, 2019. Open enrollment will continue through April 3, 2019. Therefore, it was unnecessary to file requests when open enrollment existed for all enrollees during this quarter.

If a GCR is denied by KDHE, the member is given appeal/fair hearing rights. During the first quarter of 2019, there were no state fair hearings filed for a denied GCR. A summary of GCR actions this quarter is as follows:

| Status | Jan | Feb | Mar |
|--|-----|-----|-----|
| Total GCRs filed | 0 | 0 | 0 |
| Approved | 0 | 0 | 0 |
| Denied | 0 | 0 | 0 |
| Withdrawn (resolved, no need to change) | 0 | 0 | 0 |
| Dismissed (due to inability to contact the member) | 0 | 0 | 0 |
| Pending | 0 | 0 | 0 |

Providers are constantly added to the MCOs’ networks, with much of the effort focused upon HCBS service providers. Aetna’s KanCare contract began January 1, 2019, and they focused on contracting with the larger practices and HCBS providers in the first few months. The counts below represent the unique number of NPIs—or, where NPI is not available—provider name and service locations (based on the KanCare county designation identified in the KanCare Code Guide). This results in counts for the following:

- Providers with a service location in a Kansas county are counted once for each county.

- Providers with a service location in a border area are counted once for each state in which they have a service location that is within 50 miles of the KS border.
- Providers for services provided in the home are counted once for each county in which they are contracted to provide services.

| KanCare MCO | # of Unique Providers as of 6/30/18 | # of Unique Providers as of 9/30/18 | # of Unique Providers as of 12/31/18 | # of Unique Providers as of 3/31/19 |
|-------------|-------------------------------------|-------------------------------------|--------------------------------------|-------------------------------------|
| Aetna | n/a | n/a | n/a | 17,724 |
| Sunflower | 27,433 | 30,886 | 31,998 | 35,139 |
| UHC | 30,819 | 38,196 | 39,799 | 41,701 |

- h. *Payment rates:* Changes were made to payment rates to reflect policy changes and service reimbursement increases (see Section IV. Operational Developments/Issues, a. Systems and reporting issues, approval and contracting with new plans).
- i. *Health plan financial performance that is relevant to the demonstration:* All KanCare MCOs remain solvent.
- j. *MLTSS implementation and operation:* In March 2019, Kansas offered services to 100 people on the HCBS PD waiting list. Due to the timing of the offer round, responses from individuals from this offer round will be attributable to next quarter’s report.
- k. *Updates on the safety net care pool including DSRIP activities:* Currently there are two hospitals participating in the DSRIP activities. They are Children’s Mercy Hospital (CMH) and Kansas University Medical Center (KU). CMH has chosen to do the following projects: Complex Care for Children, and Patient Centered Medical Homes. KU will be completing STOP Sepsis, and Self-Management and Care Resiliency for their projects. Kansas Foundation for Medical Care (KFMC) is working with the State on improving healthcare quality in KanCare. The hospitals continued identifying community partners, creating training for community partners, and working toward reaching the project milestones for the DY7.
- 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 the Serious Emotional Disturbance Waiver (SED), particularly focusing on third-party assessments. Third-party assessments commenced with the contractor (KU) during this quarter.
 - The IDD waiver expires on 7/1/19, and CMS requested that the renewing waiver be submitted for review 180 days in advance of the termination date. The IDD waiver will be submitted on 1/9/19. Kansas continues to work with CMS through the RAI process for the waiver renewal.
 - The BI waiver expires on 7/1/19, and CMS requested that the renewing waiver be submitted for review 180 days in advance of the termination date. The BI waiver was submitted 12/31/19. Kansas continues to work with CMS through the RAI process for the waiver renewal.

- The PD and FE waivers expire on 12/31/19, and CMS requested that the renewing waivers be submitted for review 180 days in advance of the termination date. The public comment period for each of these waivers is expected to begin April 15, 2019 and run through May 15, 2019. Stakeholder Engagement sessions are planned for April 24th and 25th of 2019.
- m. *Legislative activity:* The Robert G. (Bob) Bethell Joint Committee on Home and Community Based Services and KanCare Oversight met February 15, 2019. The committee was provided a program update, information about the KanCare Eligibility Clearinghouse, an update on the implementation activities for the 2019 KanCare managed care contracts, an update on the OneCare Kansas program, and information on HCBS waivers and the waiting lists. In addition, the KanCare Ombudsman provided a report and testimony was provided by the three managed care organizations, several individuals, and associations who are stakeholders of the KanCare program.

Because of the Bethell Committee recommendation in December 2018 to introduce legislation to raise the Protected Income Level (PIL), two bills were introduced during the 2019 Legislative session, HB 2205 and SB 10. The issue was considered by the House Social Services Budget Committee and Appropriations was included in the House Budget. Further consideration to increase the PIL to \$1,177 was conducted by the Budget Conference Committee. This proposal would bring the PIL to the equivalent of 150% of Social Security Income, half of the amount allowed federally.

In addition, a bill to permit Medicaid (KanCare) expansion was introduced but was not passed. The 2019 Legislature also voted to increase rates for KanCare dental services.

- n. *Other Operational Issues:* None

V. Policy Developments/Issues

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

VI. Financial/Budget Neutrality Development/Issues

Budget neutrality: Attached is the current budget neutrality document. The expenditures contained in the document reconcile to Schedule C from the CMS 64 report for QE 3 31 2019.

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

VII. Member Month Reporting

We have updated this section to reflect member months reporting for each month by DY.

| DY MEG | Member Months | | | |
|-------------------------|----------------|--------------|--------------|-----------------------|
| | Jan-19 | Feb-19 | Mar-19 | TOTAL QE 3 31 2019 |
| DY3 CY2015 | (28) | 0 | (96) | (124) |
| MEG 1 - ABD/SD DUAL | 0 | 0 | (3) | (3) |
| MEG 2 - ABD/SD NON DUAL | (17) | 0 | (7) | (24) |
| MEG 3 - ADULTS | (3) | 0 | (2) | (5) |
| MEG 4 - CHILDREN | (8) | 0 | (82) | (90) |
| MEG 5 - DD WAIVER | 0 | 0 | 0 | 0 |
| MEG 6 - LTC | 0 | 0 | (2) | (2) |
| 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 | (124) | (28) | (179) | (331) |
| MEG 1 - ABD/SD DUAL | (1) | (3) | (1) | (5) |
| MEG 2 - ABD/SD NON DUAL | (86) | (23) | (38) | (147) |
| MEG 3 - ADULTS | (1) | (2) | (11) | (14) |
| MEG 4 - CHILDREN | (35) | 0 | (109) | (144) |
| MEG 5 - DD WAIVER | 0 | 0 | 0 | 0 |
| MEG 6 - LTC | 0 | 0 | (13) | (13) |
| MEG 7 - MN DUAL | 0 | 0 | 0 | 0 |
| MEG 8 - MN NON DUAL | (1) | 0 | (7) | (8) |
| MEG 9 - WAIVER | 0 | 0 | 0 | 0 |
| DY5 CY2017 | (336) | (72) | (309) | (717) |
| MEG 1 - ABD/SD DUAL | 73 | 54 | 39 | 166 |
| MEG 2 - ABD/SD NON DUAL | (290) | (145) | (174) | (609) |
| MEG 3 - ADULTS | (19) | (22) | (23) | (64) |
| MEG 4 - CHILDREN | (41) | 43 | (115) | (113) |
| MEG 5 - DD WAIVER | 0 | 5 | (6) | (1) |
| MEG 6 - LTC | (23) | (3) | (7) | (33) |
| MEG 7 - MN DUAL | (16) | 2 | 18 | 4 |
| MEG 8 - MN NON DUAL | (20) | 0 | (34) | (54) |
| MEG 9 - WAIVER | 0 | (6) | (7) | (13) |
| DY6 CY2018 | 340,042 | 9,152 | 4,370 | 353,564 |
| MEG 1 - ABD/SD DUAL | 14,972 | 775 | 678 | 16,425 |

| | | | | |
|-------------------------|----------------|----------------|----------------|------------------|
| MEG 2 - ABD/SD NON DUAL | 29,576 | 392 | 212 | 30,180 |
| MEG 3 - ADULTS | 48,777 | 1,852 | 804 | 51,433 |
| MEG 4 - CHILDREN | 210,760 | 5,657 | 2,418 | 218,835 |
| MEG 5 - DD WAIVER | 9,135 | 43 | (17) | 9,161 |
| MEG 6 - LTC | 20,252 | 108 | 128 | 20,488 |
| MEG 7 - MN DUAL | 1,179 | 132 | 110 | 1,421 |
| MEG 8 - MN NON DUAL | 922 | 37 | 26 | 985 |
| MEG 9 - WAIVER | 4,469 | 156 | 11 | 4,636 |
| DY7 CY2019 | 0 | 327,415 | 326,793 | 654,208 |
| MEG 1 - ABD/SD DUAL | 0 | 14,260 | 14,407 | 28,667 |
| MEG 2 - ABD/SD NON DUAL | 0 | 29,257 | 29,264 | 58,521 |
| MEG 3 - ADULTS | 0 | 46,179 | 46,011 | 92,190 |
| MEG 4 - CHILDREN | 0 | 202,518 | 201,768 | 404,286 |
| MEG 5 - DD WAIVER | 0 | 9,020 | 9,040 | 18,060 |
| MEG 6 - LTC | 0 | 19,914 | 19,905 | 39,819 |
| MEG 7 - MN DUAL | 0 | 1,118 | 1,193 | 2,311 |
| MEG 8 - MN NON DUAL | 0 | 893 | 919 | 1,812 |
| MEG 9 - WAIVER | 0 | 4,256 | 4,286 | 8,542 |
| Grand Total | 339,554 | 336,467 | 330,579 | 1,006,600 |

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

VIII. Consumer Issues

A summary of the first quarter 2019 consumer issues is below:

| Issue | Resolution | Action Taken to Prevent Further Occurrences |
|---|---|--|
| MCO failed to deduct member client obligation – this caused overpayments and a significant number of recoupments. Could potentially cause large one-time payments by consumers. | MCOs should have systematic ways of deducting client obligation from claims when processing. One MCO counted upon their authorization system to trigger that deduction in the claims system. The authorization system did not function as expected. | Due to the breakdown with the authorization system, manual overrides were put in place. Providers were asked to refund the overpayments. Members will be asked to pay providers. |
| Delays in contracting and credentialing with one MCO, causing confusion about network providers. | There are many reasons this can occur. Sometimes providers fail to complete paperwork correctly/completely. Sometimes the MCO had backlogs in completing all the necessary checks to credential providers. | The State issued a Transition of Care policy which required the new MCO to consider all providers 'in-network' for at least 90 days so long as the provider is enrolled in KMAP. This timeframe was extended through the end of May. Consumers need not worry about finding a fully MCO credentialed provider at least until the end of May. |

| | | |
|--|---|---|
| Member transitions from Amerigroup to KanCare 2019 MCOs | Anxiety from some members/providers about the upcoming switch to new contractors. KanCare 2.0 MCOs concerned about transitioning data and authorizations from Amerigroup. | State issued a Transition of Care policy to meet the CMS managed care rule requirements as well as to assist with the transition from an existing contractor to a new contractor. The State worked with all MCOs to create a smooth data transition and service authorization transfer. Also created consistent messaging for members/providers about the transfer of care. |
| Members sometimes find it difficult to find providers with open panels. | MCOs are working to correct provider network directory database issues. Also educating providers to reach out to MCOs when their directory information changes or if they add/subtract providers to the practice. | MCOs are instructed to report Open/Closed panels for all provider types and report this data in the quarterly reporting template. As part of KanCare 2.0, guidelines for the provider directory mandated inclusion of the open panel status information in the MCO directories. |
| Retroactively eligible members are denied authorizations or claims denied for timely filing. | Members are denied authorization, services and care coordination due to retroactive eligibility. | Some of the MCO processes require manual intervention, which may lead to errors. Also, some MCOs require a claim to be submitted and denied before they can implement the retroactive eligibility protocol. All authorization and customer service employees receive frequent updates on how to deal with retro authorizations. |

During the first quarter of 2019, Out-stationed Eligibility Workers (OEW) staff participated in 32 community events providing KanCare program outreach, education and information for the following agencies/events: Local Health Departments/WIC clinics, FQHC clinics, Latino and Asian Wellness groups, Parents as Teachers, Prairie Band Potawatomie, Kickapoo, Sax and Fox Tribal Health centers, Haskell Indian College, Salvation Army, Homeless Shelters, Circles Out of Poverty consumer groups, Community Health Fairs, Community Baby Showers, Homeless Family Health Fair, Job Corp, Perinatal coalition, Johnson County CDDO meeting, KanCare 2.0 community meetings, health care providers, advocates, and consumers.

During the first quarter of 2019, support and assistance for consumers in the state for KanCare was provided by KDHE’s 30 out-stationed eligibility workers (OEW). OEW staff determined eligibility for 3,754 consumers. OEW also assisted in resolving 1,909 issues involving urgent medical needs, obtaining correct information on applications, addressing gaps or errors in pending applications/reviews with the KanCare Clearinghouse. These OEW staff also assisted with 1,794 consumer phone calls.

IX. Quality Assurance/Monitoring Activity

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

A requirement for approval of the 1115 waiver was development of a State QMS to define waiver goals and corresponding statewide strategies, as well as all standards and technical specifications for contract performance measurement, analysis, and reporting. CMS finalized new expectations for managed care service delivery in the 2017 Medicaid and CHIP Managed Care Final Rule. The intent of this QMS revision is to comply with the Final Rule, to establish regular review and revision of the State quality oversight process and maintain key State values of quality care to Medicaid recipients through continuous program improvement. Review and revision will feature processes for stakeholder input, tribal input, public notification, and publication to the Kansas Register.

The current QMS defines technical specifications for data collection, maintenance, and reporting to demonstrate recipients are receiving medically necessary services and providers are paid timely for service delivery. The original strategy includes most pre-existing program measures for specific services and financial incentives called pay for performance (P4P) measures to withhold a percentage of the capitation payment the managed care organizations (MCOs) can earn by satisfying certain quality benchmarks. Many of the program-specific, pre-existing measures were developed for the 1915(c) disability waivers designed and managed by the operating agency, KDADS, and administered by the single State Medicaid agency, KDHE. Regular and consistent cross-agency review of the QMS will highlight progress toward State goals and measures and related contractor progress. The outcome findings will demonstrate areas of compliance and non-compliance with Federal standards and State contract requirements. This systematic review will advance trending year over year for the State to engage contractors in continuous monitoring and improvement activities that ultimately impact the quality of services and reinforce positive change.

During 2019 Quarter 1, the State participated in the following activities:

- Ongoing automated report management, review and feedback between the State and the MCOs. Reports from the MCOs consist of a wide range of data reported on standardized templates.
- Ongoing interagency and cross-agency collaboration, and coordination with MCOs, to develop and communicate specific templates to be used for reporting key components of performance for the KanCare program, as well as the protocols, processes and timelines to be used for the ongoing receipt, distribution, review and feedback regarding submitted reports. The process of report management, review and feedback is now automated to ensure efficient access to reported information and maximum utilization/feedback related to the data.
- Implementation and monitoring of the External Quality Review Organization (EQRO) work plan.

- Analysis of the original KanCare 1115 demonstration grant (2013-2018) for communication planning, program development and building upon lessons learned.
- Meetings with the EQRO along with the MCOs, KDADS and KDHE to discuss EQRO activities and concerns.
- Development of state contract annual audit tools to determine each MCO’s responsiveness to unresolved readiness review requests and each MCO’s level of compliance with the new KanCare contracts.
- Medicaid Fraud Control Unit monthly meetings to address fraud, waste, and abuse cases, referrals to MCOs and State, and collaborate on solutions to identify and prevent fraud, waste and abuse.
- Continued state staff participation in cross-agency long-term care meetings to report quality assurance and programmatic activities to KDHE for oversight and collaboration.
- Continued participation in weekly calls with each MCO to discuss ongoing provider and member issues, and to troubleshoot operational problems. Progress is monitored through these calls and through issue logs. Additionally, top management staff from KDADS, KDHE and the three MCOs meet monthly face-to-face to discuss issues and improvements to KanCare.
- Monitor large, global system issues through a weekly log issued to all MCOs and the State’s fiscal agent. The resulting log is posted out on the KanCare website for providers and other interested parties to view. Continue monthly meetings to discuss trends and progress.
- Monitor member or provider specific issues through a tracking database that is shared with MCOs and KDADS for weekly review.
- Attend various provider training and workshops presented by the MCOs. Monitor for accuracy, answer questions as needed.
- Each MCO has submitted proposals for their Performance Improvement Projects (PIPs), and the State is currently reviewing those proposals.
- 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 Survey, Certification and Credentialing Commission (SCCC) to align staff resources for efficient and timely performance measurement. QA staff review random samples of individual case files to monitor and report compliance with performance measures designated in Attachment J of the MCO contracts.
- Also for the programs administered by KDADS: These measures are monitored and reviewed in collaboration with program staff in the Aging and Disability Community Services and Programs Commission and reported through the Financial and Information Services Commission at KDADS. This oversight is enhanced through collaboration with the Department of Children and Families and the Department of Health and Environment. During this quarter, HCBS performance measures were reported to CMS via the 372 reporting process. A quality assurance protocol and interpretative guidelines are utilized to document this process and have been established with the goal of ensuring consistency in the reviews.
- Below is the timeline that the KDADS Quality Review Team follows regarding the quality review process.

| HCBS Quality Review Rolling Timeline | | | | | | | |
|--------------------------------------|----------------|---|---------------------------------------|--------------------|------------------------|--------------------------|-------------------------------------|
| | FISC/IT | SCC | MCO/Assess | SCC | FISC | SCC | CSP |
| Review Period | Samples Pulled | Notification to MCO/Assessor Samples posted | MCO/Assessor Upload Period *(60 days) | Review of MCO data | Data pulled & Compiled | Data & Findings Reviewed | Remediation Reviewed at LTC Meeting |

| (look back period) | *Posted to QRT | | | *(90 days) | (30days) | at LTC Meeting *** | |
|--------------------|----------------|-------|---------------|--------------|----------|--------------------|----------|
| 01/01 – 03/31 | 4/1 – 4/15 | 4/16 | 4/16 – 6/15 | 5/16 – 8/15 | 9/15 | October | November |
| 04/01 – 06/30 | 7/1 – 7/15 | 7/16 | 7/16 – 9/15 | 8/16 – 11/15 | 12/15 | January | February |
| 07/01 – 09/30 | 10/1 – 10/15 | 10/16 | 10/16 – 12/15 | 11/16 – 2/15 | 3/15 | April | May |
| 10/01 – 12/31 | 1/1 – 1/15 | 1/16 | 1/16 – 3/15 | 2/16 – 5/15 | 6/15 | July | August |

X. Managed Care Reporting Requirements

- a. *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. In addition, each MCO submits quarterly network reports that serve as a tool for KanCare managers to monitor accessibility to certain provider types. During the first quarter of 2019, KDHE and KDADS designed definitive GeoAccess standards and posted these standards on our KanCare website at <https://www.kancare.ks.gov/policies-and-reports/network-adequacy>. KDHE developed tools and reports with assistance from KDHE/KDADS stakeholders as well as feedback from the MCOs. These reports will relay data to KDHE/KDADS for quality review and oversight, and the State will use these reports to monitor member access to care. Additionally, KDHE performed a full-day, comprehensive training with the MCOs during which KDHE provided step-by-step instructions for completing and submitting reports. Moving forward into Q2 2019, KDHE will be mapping out a timeline for report due dates that will allow time for initial analysis, report summation activity, discussion with essential KanCare staff, and timely feedback to MCOs. A report tracking tool and performance summary template are in development and will provide consistent and concise periodic data sharing. Plans are being outlined to use provider directories and encounter data in conjunction with reports to enhance the analytic process. The MCOs generate two reports which are published to the KanCare website monthly for public viewing:

- MCO Network Access:
 - This report pulls together a summary table from each MCO and provides a side-by-side comparison of the access maps for each plan by specialty.
- HCBS Providers by Waiver Service:
 - Includes a network status table of waiver services for each MCO.

- b. *Customer service reporting, including total calls, average speed of answer and call abandonment rates, for MCO-based and fiscal agent call centers, January – March 2019:*

| KanCare Customer Service Report – Member | | | |
|--|-----------------------------------|-----------------------|-------------|
| MCO/Fiscal Agent | Average Speed of Answer (Seconds) | Call Abandonment Rate | Total Calls |
| Aetna | 9:21 | 2.21% | 57,448 |
| Sunflower | 29:51 | 2.66% | 50,659 |
| United | 16:91 | 0.83% | 56,839 |

| | | | |
|---------------------------|------|-------|-------|
| DXC – Fiscal Agent | 0.09 | 0.58% | 6,851 |
|---------------------------|------|-------|-------|

KanCare Customer Service Report - Provider

| MCO/Fiscal Agent | Average Speed of Answer (Seconds) | Call Abandonment Rate | Total Calls |
|---------------------------|--|------------------------------|--------------------|
| Aetna | 11:33 | 1.08% | 11,382 |
| Sunflower | 20:59 | 1.49% | 24,368 |
| United | 0:96 | 0.90% | 24,491 |
| DXC – Fiscal Agent | 0.17 | 0.75% | 8,651 |

- 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 – CY19 1st Quarter**

| Aetna 1st Qtr. Grievance Trends | | |
|---|-----|-----|
| Total # of Resolved Grievances | 110 | |
| Top 5 Trends | | |
| Trend 1: Pharmacy | 18 | 16% |
| Trend 2: Access to Service or Care | 14 | 13% |
| Trend 3: Quality of Care (non HCBS, non-Transportation) | 13 | 12% |
| Trend 4: Customer Service | 13 | 12% |
| Trend 5: Transportation – Other | 11 | 10% |

| Sunflower 1st Qtr. Grievance Trends | | |
|---|-----|-----|
| Total # of Resolved Grievances | 182 | |
| Top 5 Trends | | |
| Trend 1: Transportation - Other | 31 | 17% |
| Trend 2: Transportation - Late | 29 | 16% |
| Trend 3: Quality of Care (non HCBS, not Transportation) | 27 | 15% |
| Trend 4: Transportation – No Show | 24 | 13% |
| Trend 5: Customer Service | 20 | 11% |

Sunflower Member Grievances:

- There are 24 member grievances categorized as Transportation – No show which is a significant increase of 13 from CY2018 Quarter 4.
- There are 100 transportation grievances which is an increase of 18 (18%) from 82 transportation grievances in CY2019 Quarter 4.

| United 1st Qtr. Grievance Trends | | |
|--|-----|-----|
| Total # of Resolved Grievances | 192 | |
| Top 5 Trends | | |
| Trend 1: Billing and Financial Issues (Non-Transportation) | 42 | 22% |
| Trend 2: Quality Care (Non HCBS, non Transportation) | 30 | 16% |
| Trend 3: Transportation - Other | 30 | 16% |
| Trend 4: Transportation - Late | 22 | 11% |
| Trend 5: Transportation - No Show | 14 | 7% |

United Member Grievances:

- There are 74 transportation grievances which is a decrease of 1 from 75 transportation grievances in CY2019 Quarter 4.

Providers – CY 2019 1st Quarter

| Aetna 1st Qtr. Provider Grievance Trends | | |
|---|---|-----|
| Total # of Resolved Grievances | 3 | |
| Top 5 Trends | | |
| Trend 1: Network – MCO | 1 | 33% |
| Trend 2: Benefits/Eligibility | 1 | 33% |
| Trend 3: Other – Dissatisfaction with MCO Associate | 1 | 33% |

Aetna Provider Grievances

- Tracking of provider grievances by categories started in CY2019 Quarter 1.

| Sunflower 1st Qtr. Provider Grievance Trends | | |
|---|----|-----|
| Total # of Resolved Grievances | 31 | |
| Top 5 Trends | | |
| Trend 1: Billing/Payment | 12 | 39% |
| Trend 2: Transportation | 12 | 39% |
| Trend 3: Pharmacy | 3 | 10% |

Sunflower Provider Grievances

- Tracking of provider grievances by categories started in CY2019 Quarter 1.

| United 1st Qtr. Provider Grievance Trends | | |
|---|---|-----|
| Total # of Resolved Grievances | 5 | |
| Top 5 Trends | | |
| Trend 1: Billing and Financial Issues (Non-Transportation) | 3 | 60% |
| Trend 2: Quality Care (Non HCBS) | 2 | 40% |

United Provider Grievances

- Tracking of provider grievances by categories started in CY2019 Quarter 1.

MCOs' Reconsideration Trends
Provider – CY2019 1st Quarter

| Aetna 1st Qtr. Provider Reconsideration Trends | | |
|--|----|-----|
| Total # of Resolved Reconsiderations | 22 | |
| Top 5 Trends | | |
| Trend 1: Hospital Outpatient (Non-Behavioral Health) | 10 | 45% |

| | | |
|---|---|-----|
| Trend 2: Dental | 3 | 14% |
| Trend 3: Medical Professional (Physical Health not Otherwise Specified) | 2 | 9% |
| Trend 4: Behavioral Health Outpatient and Physician | 2 | 9% |
| Trend 5: Other | 2 | 9% |

| Sunflower 1st Qtr. Provider Reconsideration Trends | | |
|---|------|-----|
| Total # of Resolved Reconsiderations | 6156 | |
| Top 5 Trends | | |
| Trend 1: Hospital Inpatient (Non-Behavioral Health) | 1291 | 21% |
| Trend 2: Hospital Outpatient (Non-Behavioral Health) | 1042 | 17% |
| Trend 3: Medical Professional (Physical Health not Otherwise Specified) | 901 | 15% |
| Trend 4: PT/OT/ST | 887 | 14% |
| Trend 5: Laboratory | 521 | 8% |

Sunflower Provider Reconsiderations

- There are 1291 provider reconsiderations categorized as Hospital Inpatient (Non-Behavioral Health) which is a significant increase of 301 from CY2018 Quarter 1.
- There are 887 provider reconsiderations categorized as PT/OT/ST which is a significant increase of 832 from CY2018 Quarter 4.
- There are 521 provider reconsiderations categorized as Laboratory which is a significant increase of 87 from CY2018 Quarter 4.

| United 1st Qtr. Provider Reconsideration Trends | | |
|---|--------|-----|
| Total # of Resolved Reconsiderations | 17,985 | |
| Top 5 Trends | | |
| Trend 1: Medical Professional (Physical Health not Otherwise Specified) | 7644 | 43% |
| Trend 2: Out of network provider, specialist or specific provider | 4384 | 24% |
| Trend 3: Behavioral Health Outpatient and Physician | 1966 | 11% |
| Trend 4: Laboratory | 933 | 5% |
| Trend 5: Hospital Inpatient (Non-Behavioral Health) | 762 | 4% |

United Provider Reconsiderations

- There are 4384 provider reconsiderations categorized as Out of Network Provider, Specialist or Specific Provider which is a significant increase of 2577 from CY2018 Quarter 4.

MCOs' Appeals Trends **Member/Provider – CY19 1st Quarter**

| Aetna 1st Qtr. Member/Provider Appeal Trends | | | | | | | |
|--|----|-----|--|---|-----|---|--|
| Total # of Resolved Member Appeals | | 84 | | Total # of Resolved Provider Appeals | | 6 | |
| Top 5 Trends | | | | Top 5 Trends | | | |
| Trend 1: Criteria Not Met – Pharmacy | 34 | 40% | Trend 1: Hospital Inpatient (Non-Behavioral Health) | 2 | 33% | | |
| Trend 2: Criteria Not Met – Medical Procedure (NOS) | 12 | 14% | Trend 2: Hospital Outpatient (Non-Behavioral Health) | 1 | 17% | | |
| Trend 3: Criteria Not Met – Radiology | 12 | 14% | Trend 3: Dental | 1 | 17% | | |

| | | | | | |
|---|---|----|---|---|-----|
| Trend 4: Criteria Not Met – Durable Medical Equipment | 5 | 6% | Trend 4: Behavioral Health Outpatient and Physician | 1 | 17% |
| Trend 5: Criteria Not Met – Inpatient Admissions (Non-Behavioral Health) / Criteria Not Met – Dental / Service Not Covered – Pharmacy | 4 | 5% | Trend 5: Other | 1 | 17% |

| Sunflower 1st Qtr. Member/Provider Appeal Trends | | | | | | | | |
|---|----|-----|---|--------------------------------------|-----|-----|--|--|
| Total # of Resolved Member Appeals | | 233 | | Total # of Resolved Provider Appeals | | 905 | | |
| Top 5 Trends | | | Top 5 Trends | | | | | |
| Trend 1: Criteria Not Met - Pharmacy | 88 | 27% | Trend 1: Hospital Outpatient (Non Behavioral Health) | 264 | 29% | | | |
| Trend 2: Criteria Not Met - Radiology | 29 | 18% | Trend 2: Hospital Inpatient (Non Behavioral Health) | 172 | 19% | | | |
| Trend 3: Criteria Not Met - Durable Medical Equipment | 28 | 15% | Trend 3: Medical Professional (Physical Health not Otherwise Specified) | 92 | 10% | | | |
| Trend 4: Other - Noncovered Service | 16 | 8% | Trend 4: Out of network provider, specialist or specific provider | 89 | 10% | | | |
| Trend 5: Criteria Not Met - Medical Procedure (NOS) / Other - Medical Necessity | 13 | 7% | Trend 5: Recoupment | 69 | 8% | | | |

Sunflower Provider Appeals:

- There are 172 provider appeals categorized as Hospital Inpatient (Non-Behavioral Health) which is a significant increase of 25 from CY2018 Quarter 4.
- There are 92 provider appeals categorized as Medical Professional (Physical Health not Otherwise Specified) which is a significant increase of 11 from CY2018 Quarter 4.
- There are 89 provider appeals categorized as Out of Network Provider, Specialist or Specific Provider which is a significant increase of 68 from CY2018 Quarter 4.
- There are 69 provider appeals categorized as Recoupments which is a significant increase of 56 from CY2018 Quarter 4.

| United 1st Qtr. Member/Provider Appeal Trends | | | | | | | | |
|--|-----|-----|---|--------------------------------------|-----|-----|--|--|
| Total # of Resolved Member Appeals | | 276 | | Total # of Resolved Provider Appeals | | 563 | | |
| Top 5 Trends | | | Top 5 Trends | | | | | |
| Trend 1: Criteria Not Met - Pharmacy | 140 | 51% | Trend 1: Other | 267 | 47% | | | |
| Trend 2: Criteria Not Met - Inpatient Admissions (Non-Behavioral Health) | 49 | 18% | Trend 2: Hospital Inpatient (Non-Behavioral Health) | 136 | 24% | | | |
| Trend 3: Criteria Not Met - Durable Medical Equipment | 22 | 8% | Trend 3: Recoupment | 49 | 9% | | | |
| Trend 4: Criteria Not Met - Inpatient Behavioral Health | 18 | 7% | Trend 4: Hospital Outpatient (Non-Behavioral Health) | 28 | 5% | | | |
| Trend 5: Level of Care - LTSS/HCBS | 12 | 4% | Trend 5: Medical Professional (Physical Health not Otherwise Specified) | 26 | 5% | | | |

United Provider Appeals:

- There are 140 member appeals categorized as Criteria Not Met - Pharmacy which is a significant increase of 46 from CY2018 Quarter 4.

- There are 49 member appeals categorized as Criteria Not Met – Inpatient Admissions (Non-Behavioral Health) which is a significant increase of 18 from CY2018 Quarter 4.
- There are 18 member appeals categorized as No Authorization Submitted which is a significant increase of 18 from CY2018 Quarter 4.

United Provider Appeals:

- There are 267 provider appeals categorized as Other which is a significant increase of 18 from CY2018 Quarter 4.
- There are 49 provider appeals categorized as Other which is a significant increase of 30 from CY2018 Quarter 4.

**MCOs’ State Fair Hearing Reversed Decisions
Member/Provider – CY19 1st Quarter**

- There was a total of 31 Member State Fair Hearings for all three MCOs. No decisions were reversed by OAH.
- There was a total of 37 Provider State Fair Hearings for all three MCOs. No decisions were reversed by OAH.

| Aetna 1 st Qtr. | | | | | |
|------------------------------|---|----|--------------------------------|---|----|
| Total # of Member SFH | 0 | | Total # of Provider SFH | 0 | |
| OAH reversed MCO decision | 0 | 0% | OAH reversed MCO decision | 0 | 0% |

| Sunflower 1st Qtr. | | | | | |
|------------------------------|----|----|--------------------------------|----|----|
| Total # of Member SFH | 16 | | Total # of Provider SFH | 18 | |
| OAH reversed MCO decision | 0 | 0% | OAH reversed MCO decision | 0 | 0% |

| United 1st Qtr. | | | | | |
|------------------------------|----|----|--------------------------------|----|----|
| Total # of Member SFH | 15 | | Total # of Provider SFH | 19 | |
| OAH reversed MCO decision | 0 | 0% | OAH reversed MCO decision | 0 | 0% |

- Enrollee complaints and grievance reports to determine any trends:* This information is included at items IV (d) and X(c) above.
- Summary of ombudsman activities:* The report for the first quarter of calendar year 2019 is attached.
- Summary of MCO critical incident report:* The Adverse Incident Reporting (AIR) system is a critical incident management reporting and monitoring system for the detection, prevention, reporting, investigation and remediation of critical incidents with design components to ensure proper follow-up and resolution occurs for all defined adverse incidents. Additional requirements have been implemented to confirm review and resolutions regarding instances of seclusion, restraint, restrictive intervention, and death followed appropriate policies and procedures. The Kansas Department for Aging and Disability Services (KDADS) implemented enhancements to the AIR system on 9/17/18. These enhancements allow KDADS, KDHE, and MCOs to manage specific critical incidents in accordance with KDADS’ AIR Policy.

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

As part of the implementation process, KDADS provided MCOs with training on the new AIR system on 9/12/18. As part of implementation of the new KanCare contract, Aetna received a training on 12/19/18 and KDHE presented a summary of the AIR system updates to interested parties on 12/12/18. KDADS will continue to offer further training sessions and refresher sessions as updates occur.

KDADS is planning regular meetings with MCOs to analyze trends and drill down on any specific cases, as appropriate.

AIR is not intended to replace the State reporting system for abuse, neglect and exploitation (ANE) of individuals who are served on the behavioral health and HCBS programs. ANE substantiations are reported separately to KDADS from the Department of Children and Families (DCF) and monitored by the KDADS program integrity team. The program integrity team ensures individuals with reported ANE are receiving adequate supports and protections available through KDADS programs, KanCare, and other community resources. A summary of the 2019 AIRS reports through the quarter ending March 31, 2019 follows:

| Critical Incidents | 1 st Qtr. | 2 nd Qtr. | 3 rd Qtr. | 4 th Qtr. | YTD |
|----------------------|----------------------|----------------------|----------------------|----------------------|--------|
| | AIR Totals | AIR Totals | AIR Totals | AIR Totals | TOTALS |
| Reviewed | 2,187 | | | | |
| Pending Resolution | 88 | | | | |
| Total Received | 2,275 | | | | |
| APS Substantiations* | 109 | | | | |

**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 DY7 first quarter HCAIP UCC Pool payments will be made after the State of Kansas receives approval for the technical correction to Attachment J. The DY7 quarter one LPTH/BCCH UC Pool payments were issued March 28, 2019.

SNCP and HCAIP reports for DY 7 Q1 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 is working with KDHE to develop a draft evaluation design to submit to CMS by June 26, 2019.

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

a. Post-award forums

No post-award forum was held during the January-March 2019 quarter.

b. Claims Adjudication Statistics

KDHE’s summary of the numerous claims adjudication reports for the KanCare MCOs, covering January-March 2019, is attached.

c. Waiting List Management

PD Waiting List Management

For the quarter ending March 31, 2019:

- Current number of individuals on the PD Waiting List: 1,590
- Number of individuals added to the waiting list: 432
- Number of individuals removed from the waiting list: 281
 - 35 started receiving HCBS-PD waiver services
 - 13 were deceased
 - 233 were removed for other reasons (refused services, voluntary removal, etc.)

I/DD Waiting List Management

For the quarter ending March 31, 2019:

- Current number of individuals on the I/DD Waiting List: 3,033
- Number of individuals added to the waiting list: 153
- Number of individuals removed from the waiting list: 140
 - 41 started receiving HCBS-I/DD waiver services
 - 5 were deceased
 - 94 were removed for other reasons (refused services, voluntary removal, etc.)

The current point-in-time limit for HCBS-IDD is 8,900. The IDD waiver renewal for 7/1/19 has updated that point-in-time number to 9,004. KDADS is currently serving 9,042 individuals.

XIV. Enclosures/Attachments

| Section of Report Where Attachment Noted | Description of Attachment |
|---|--|
| IV(e) | HCBS Quality Report for January-March 2017 and HCBS Quality Report for July-September 2018 |
| VI | KanCare Budget Neutrality Monitoring Spreadsheet for QE 3.31.19 |
| VII | Member Months Report Cumulative QE 3.31.19 |
| X(e) | Summary of KanCare Ombudsman Activities for QE 3.31.19 |
| XI | Safety Net Care Pool Report DY 7 Q1 and HCAIP Report DY7 Q1 |
| XIII(b) | KDHE Summary of Claims Adjudication Statistics for January-March 2019 |

XV. State Contacts

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VI. Date Submitted to CMS

May 31, 2019



Home and Community Based Services
Quality Review Report
January - March 2017
November 1, 2017

KDADS HCBS Quality Review Report

Administrative Authority

PM 1: Number and percent of Quality Review reports generated by KDADS, the Operating Agency, that were submitted to the State Medicaid Agency

Numerator: Number of Quality Review reports generated by KDADS, the Operating Agency, that were submitted to the State Medicaid Agency

Denominator: Number of Quality Review reports

Review Period: 01/01/2017 - 03/31/2017

Data Source: Quality Review Reports to KDHE

| Compliance By Waiver | Statewide |
|----------------------|-------------|
| PD | 100% |
| Numerator | 1 |
| Denominator | 1 |
| FE | 100% |
| Numerator | 1 |
| Denominator | 1 |
| IDD | 100% |
| Numerator | 1 |
| Denominator | 1 |
| TBI | 100% |
| Numerator | 1 |
| Denominator | 1 |
| TA | 100% |
| Numerator | 1 |
| Denominator | 1 |
| Autism | 100% |
| Numerator | 1 |
| Denominator | 1 |
| SED | 100% |
| Numerator | 1 |
| Denominator | 1 |

| Compliance Trends | 2013 | 2014 | 2015 | 2016 | Jan-Mar 2017 |
|-------------------|------|------|------|------|--------------|
| PD | | | | | |
| Statewide | 25% | 25% | 25% | 75% | 100% |
| FE | | | | | |
| Statewide | 25% | 25% | 25% | 75% | 100% |
| IDD | | | | | |
| Statewide | 25% | 25% | 25% | 75% | 100% |
| TBI | | | | | |
| Statewide | 25% | 25% | 25% | 75% | 100% |
| TA | | | | | |
| Statewide | 25% | 25% | 25% | 75% | 100% |
| Autism | | | | | |
| Statewide | 25% | 25% | 25% | 75% | 100% |
| SED | | | | | |
| Statewide | 25% | 25% | 25% | 75% | 100% |

Explanation of Findings:

Remediation:

KDADS HCBS Quality Review Report

Administrative Authority

PM 2: Number and percent of waiver amendments and renewals reviewed and approved by the State Medicaid Agency prior to submission to CMS by the State Medicaid Agency

Numerator: Number of waiver amendments and renewals reviewed and approved by the State Medicaid Agency prior to submission to CMS

Denominator: Total number of waiver amendments and renewals

Review Period: 01/01/2017 - 03/31/2017

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

| Compliance By Waiver | Statewide |
|----------------------|------------|
| PD | N/A |
| Numerator | 0 |
| Denominator | 0 |
| FE | N/A |
| Numerator | 0 |
| Denominator | 0 |
| IDD | N/A |
| Numerator | 0 |
| Denominator | 0 |
| TBI | N/A |
| Numerator | 0 |
| Denominator | 0 |
| TA | N/A |
| Numerator | 0 |
| Denominator | 0 |
| Autism | N/A |
| Numerator | 0 |
| Denominator | 0 |
| SED | N/A |
| Numerator | 0 |
| Denominator | 0 |

| Compliance Trends | 2013 | 2014 | 2015 | 2016 | Jan-Mar 2017 |
|-------------------|---------------|------|------|------|--------------|
| PD | | | | | |
| Statewide | N/A | 100% | 100% | 100% | N/A |
| FE | | | | | |
| Statewide | not a measure | 100% | 100% | 100% | N/A |
| IDD | | | | | |
| Statewide | 100% | 100% | 100% | 100% | N/A |
| TBI | | | | | |
| Statewide | 100% | 100% | 100% | 100% | N/A |
| TA | | | | | |
| Statewide | 100% | 100% | N/A | 100% | N/A |
| Autism | | | | | |
| Statewide | 100% | 100% | N/A | N/A | N/A |
| SED | | | | | |
| Statewide | 100% | 100% | N/A | N/A | N/A |

Explanation of Findings:

Remediation:

KDADS HCBS Quality Review Report

Administrative Authority

PM 3: Number and percent of waiver policy changes that were submitted to the State Medicaid Agency prior to implementation by the Operating Agency

Numerator: Number of waiver policy changes that were submitted to the State Medicaid Agency prior to implementation by the Operating Agency

Denominator: Number of waiver policy changes implemented by the Operating Agency

Review Period: 01/01/2017 - 03/31/2017

Data Source: Presentation of waiver policy changes to KDHE

| Compliance By Waiver | Statewide |
|----------------------|-------------|
| PD | 100% |
| Numerator | 3 |
| Denominator | 3 |
| FE | 100% |
| Numerator | 3 |
| Denominator | 3 |
| IDD | 100% |
| Numerator | 3 |
| Denominator | 3 |
| TBI | 100% |
| Numerator | 3 |
| Denominator | 3 |
| TA | 100% |
| Numerator | 1 |
| Denominator | 1 |
| Autism | 100% |
| Numerator | 3 |
| Denominator | 3 |
| SED | 100% |
| Numerator | 1 |
| Denominator | 1 |

| Compliance Trends | 2013 | 2014 | 2015 | 2016 | Jan-Mar 2017 |
|-------------------|------|------|------|------|--------------|
| PD | | | | | |
| Statewide | N/A | N/A | 100% | N/A | 100% |
| FE | | | | | |
| Statewide | N/A | N/A | 100% | N/A | 100% |
| IDD | | | | | |
| Statewide | 100% | N/A | 100% | 100% | 100% |
| TBI | | | | | |
| Statewide | 100% | N/A | 100% | 100% | 100% |
| TA | | | | | |
| Statewide | N/A | N/A | N/A | N/A | 100% |
| Autism | | | | | |
| Statewide | N/A | N/A | N/A | N/A | 100% |
| SED | | | | | |
| Statewide | N/A | N/A | N/A | N/A | 100% |

Explanation of Findings:

Remediation:

KDADS HCBS Quality Review Report

Administrative Authority

PM 4: Number and percent of Long-Term Care meetings that were represented by the program managers through in-person attendance or written reports

Numerator: Number of Long-Term Care meetings that were represented by the program managers through in-person attendance or written reports

Denominator: Number of Long-Term Care meetings

Review Period: 01/01/2017 - 03/31/2017

Data Source: Meeting Minutes

| Compliance By Waiver | Statewide |
|----------------------|-------------|
| PD | 100% |
| Numerator | 3 |
| Denominator | 3 |
| FE | 100% |
| Numerator | 3 |
| Denominator | 3 |
| IDD | 100% |
| Numerator | 3 |
| Denominator | 3 |
| TBI | 100% |
| Numerator | 3 |
| Denominator | 3 |
| TA | 100% |
| Numerator | 3 |
| Denominator | 3 |
| Autism | 100% |
| Numerator | 3 |
| Denominator | 3 |
| SED | 100% |
| Numerator | 3 |
| Denominator | 3 |

| Compliance Trends | 2013 | 2014 | 2015 | 2016 | Jan-Mar 2017 |
|-------------------|---------------|------|---------------|------|--------------|
| PD | | | | | |
| Statewide | Not a measure | 45% | 67% | 70% | 100% |
| FE | | | | | |
| Statewide | 100% | 82% | 50% | 70% | 100% |
| IDD | | | | | |
| Statewide | Not a measure | 91% | Not Available | 70% | 100% |
| TBI | | | | | |
| Statewide | Not a measure | 73% | Not Available | 70% | 100% |
| TA | | | | | |
| Statewide | Not a measure | 64% | Not Available | 70% | 100% |
| Autism | | | | | |
| Statewide | Not a measure | 91% | 100% | 70% | 100% |
| SED | | | | | |
| Statewide | Not a measure | 100% | Not Available | 70% | 100% |

Explanation of Findings:

Remediation:

KDADS HCBS Quality Review Report

Level of Care

PM 1: Number of waiver participants who were determined to meet Level of Care requirements prior to receiving HCBS services

Numerator: Number of waiver participants who were determined to meet Level of Care requirements prior to receiving HCBS services

Denominator: Total number of enrolled waiver participants

Review Period: 01/01/2017 - 03/31/2017

Data Source: Functional Assessor Record Review

| Compliance By Waiver | Statewide |
|----------------------|-------------|
| PD | 100% |
| Numerator | 5 |
| Denominator | 5 |
| FE | 100% |
| Numerator | 20 |
| Denominator | 20 |
| IDD | 100% |
| Numerator | 4 |
| Denominator | 4 |
| TBI | 100% |
| Numerator | 15 |
| Denominator | 15 |
| TA | 100% |
| Numerator | 7 |
| Denominator | 7 |
| Autism | 83% |
| Numerator | 5 |
| Denominator | 6 |
| SED | 92% |
| Numerator | 70 |
| Denominator | 76 |

| Compliance Trends | 2013 | 2014 | 2015 | 2016 | Jan-Mar 2017 |
|-------------------|------|---------|------|------|--------------|
| PD | | | | | |
| Statewide | 64% | 83% | 96% | 86% | 100% |
| FE | | | | | |
| Statewide | 81% | 91% | 93% | 98% | 100% |
| IDD | | | | | |
| Statewide | 99% | 94% | 90% | 100% | 100% |
| TBI | | | | | |
| Statewide | 62% | 89% | 81% | 85% | 100% |
| TA | | | | | |
| Statewide | 97% | 89% | 100% | 98% | 100% |
| Autism | | | | | |
| Statewide | 82% | No Data | 100% | N/A | 83% |
| SED | | | | | |
| Statewide | 99% | 89% | 88% | 91% | 92% |

Explanation of Findings:

The assessments provided were either not completed or provided for review and/or the LOC score did not meet the requirements.

Recommended Remediation:
 Corrective action plan: Assessment contractors shall provide a plan to the KDADS CSP Commissioner detailing how they will: (1) meet the initial assessment deadline AND provide all required documentation to quality reviewers. This particular measure only applies to initial assessments and initial access to service. It does not apply to annual re-assessments.

Oct 2017: According to fallout data in the QRT system, 6 out of 7 records found noncompliant were missing and the LOC score could not be reviewed.

Oct 2017: KDADS plans to develop and implement a remediation template to be used by the assessing entities rather than asking them to create a new corrective action plan each review period. The remediation template would be sent by the applicable program manager to the assessing entity based on conclusions drawn from fallout data pulled from the QRT system.

Oct 2017: KDADS has implemented regularly scheduled HCBS quality meetings with the ADRCs to monitor and assess compliance with LOC measures related to the PD, FE, and TBI waivers. Additional remediation planning sessions are to be scheduled with the other contracted assessing entities for the Autism, SED, TA, and IDD waivers.

Oct 2017: HCBS program managers and Quality Management Specialists are shadowing each other during quality reviews to monitor how the review protocol are being applied and will recommend modifications to the protocol, if needed, based on a combination of fallout data, common findings, and field observation.

KDADS HCBS Quality Review Report

Level of Care

PM 2: Number and percent of waiver participants who receive their annual Level of Care evaluation within 12 months of the previous Level of Care determination

Numerator: Number of waiver participants who receive their annual Level of Care evaluation within 12 months of the previous Level of Care determination

Denominator: Number of waiver participants who received Level of Care redeterminations

Review Period: 01/01/2017 - 03/31/2017

Data Source: Functional Assessor Record Review

| Compliance By Waiver | Statewide |
|----------------------|------------|
| PD | 64% |
| Numerator | 53 |
| Denominator | 83 |
| FE | 69% |
| Numerator | 45 |
| Denominator | 65 |
| IDD | 65% |
| Numerator | 60 |
| Denominator | 92 |
| TBI | 42% |
| Numerator | 15 |
| Denominator | 36 |
| TA | 95% |
| Numerator | 41 |
| Denominator | 43 |
| Autism | 86% |
| Numerator | 6 |
| Denominator | 7 |
| SED | 91% |
| Numerator | 48 |
| Denominator | 53 |

| Compliance Trends | 2013 | 2014 | 2015 | 2016 | Jan-Mar 2017 |
|-------------------|------|---------|------|------|--------------|
| PD | | | | | |
| Statewide | 47% | 52% | 64% | 69% | 64% |
| FE | | | | | |
| Statewide | 68% | 70% | 76% | 79% | 69% |
| IDD | | | | | |
| Statewide | 97% | 74% | 75% | 77% | 65% |
| TBI | | | | | |
| Statewide | 39% | 50% | 62% | 65% | 42% |
| TA | | | | | |
| Statewide | 94% | 90% | 86% | 96% | 95% |
| Autism | | | | | |
| Statewide | 68% | No Data | 75% | 78% | 86% |
| SED | | | | | |
| Statewide | 93% | 88% | 94% | 88% | 91% |

Explanation of Findings:

One (or more) of the assessments required to determine timeliness were missing and/or the assessment was not completed within the required timeframe.

Remediation:

Corrective Action Plan: Assessment contractors will provide the KDADS CSP Commissioner with a training plan demonstrating how assessors are trained to complete the following: (a) view and assure the annual reassessment is complete, timely, accurate, signed, on file and appropriately available to KDADS quality reviewers; (b) verify the reassessment was completed no more than 365 days since the last level of care assessment; (c) outline steps the assessor is trained to take if a level of care assessment is more than 365 days old.

Oct 2017: According to fallout data from the QRT system, 41 of 111 records found noncompliant were missing and could not be reviewed.

Oct 2017: KDADS plans to develop and implement a remediation template to be used by the assessing entities rather than asking them to create a new corrective action plan each review period. The remediation template would be sent by the applicable program manager to the assessing entity based on conclusions drawn from fallout data pulled from the QRT system.

Oct 2017: KDADS has implemented regularly scheduled HCBS quality meetings with the ADRCs to monitor and assess compliance with LOC measures related to the PD, FE, and TBI waivers. Additional remediation planning sessions are to be scheduled with the other contracted assessing entities for the Autism, SED, TA, and IDD waivers.

Oct 2017: HCBS program managers and Quality Management Specialists are shadowing each other during quality reviews to monitor how the review protocol are being applied and will recommend modifications to the protocol, if needed, based on a combination or fallout data, common findings and field observation.

KDADS HCBS Quality Review Report

Level of Care

PM 3: Number and percent of waiver participants whose Level of Care (LOC) determinations used the state's approved screening tool

Numerator: Number of waiver participants whose Level of Care determinations used the approved screening tool

Denominator: Number of waiver participants who had a Level of Care determination

Review Period: 01/01/2017 - 03/31/2017

Data Source: Functional Assessor Record Review

| Compliance By Waiver | Statewide |
|----------------------|------------|
| PD | 77% |
| Numerator | 68 |
| Denominator | 88 |
| FE | 89% |
| Numerator | 77 |
| Denominator | 87 |
| IDD | 99% |
| Numerator | 95 |
| Denominator | 96 |
| TBI | 78% |
| Numerator | 40 |
| Denominator | 51 |
| TA | 98% |
| Numerator | 49 |
| Denominator | 50 |
| Autism | 92% |
| Numerator | 12 |
| Denominator | 13 |
| SED | 89% |
| Numerator | 67 |
| Denominator | 75 |

| Compliance Trends | 2013 | 2014 | 2015 | 2016 | Jan-Mar 2017 |
|-------------------|------|---------|------|------|--------------|
| PD | | | | | |
| Statewide | 93% | 84% | 79% | 80% | 77% |
| FE | | | | | |
| Statewide | 88% | 91% | 91% | 92% | 89% |
| IDD | | | | | |
| Statewide | 97% | 95% | 99% | 99% | 99% |
| TBI | | | | | |
| Statewide | 64% | 81% | 79% | 77% | 78% |
| TA | | | | | |
| Statewide | 93% | 98% | 100% | 100% | 98% |
| Autism | | | | | |
| Statewide | 88% | No Data | 90% | 88% | 92% |
| SED | | | | | |
| Statewide | 77% | 79% | 83% | 88% | 89% |

Explanation of Findings:

The current assessment was not provided and/or incorrect tool used.

Remediation:

Corrective Action Plan: Assessment contractors will provide the KDADS CSP Commissioner with a training plan demonstrating how assessors are trained to complete the following: (a) view and verify the correct initial or annual level of care assessment was done by the correct assessing entity (i.e. no duplicate person or assessment on file; CARE versus FAI, etc.); (b) that the assessment is complete, timely, accurate, signed, on file and appropriately available to KDADS quality reviewers; (c) outline steps the assessor is trained to take if the wrong assessment instrument was used; and, (d) assure that quarterly reporting of assessor qualifications is provided to KDADS on time and as required.

Oct 2017: According to fallout data from the QRT system, 48 of 52 records found noncompliant were missing and could not be reviewed.

Oct 2017: KDADS also plans to develop and implement a remediation template to be used by the assessing entities rather than asking them to create a new corrective action plan each review period. The remediation template would be sent by the applicable program manager to the assessing entity based on conclusions drawn from fallout data pulled from the QRT system.

Oct 2017: KDADS has implemented regularly scheduled HCBS quality meetings with the ADRCs to monitor and assess compliance with LOC measures related to the PD, FE, and TBI waivers. Additional remediation planning sessions are to be scheduled with the other contracted assessing entities for the Autism, SED, TA, and IDD waivers.

Oct 2017: HCBS program managers and Quality Management Specialists are shadowing each other during quality reviews to monitor how the review protocol are being applied and will recommend modifications to the protocol, if needed, based on a combination of fallout data, common findings, and field observation.

KDADS HCBS Quality Review Report

Level of Care

PM 4: Number and percent of initial Level of Care (LOC) determinations made by a qualified assessor

Numerator: Number of initial Level of Care (LOC) determinations made by a qualified assessor

Denominator: Number of initial Level of Care determinations

Review Period: 01/01/2017 - 03/31/2017

Data Source: Functional Assessor Record Review

| Compliance By Waiver | Statewide |
|----------------------|------------|
| PD | 78% |
| Numerator | 69 |
| Denominator | 88 |
| FE | 87% |
| Numerator | 76 |
| Denominator | 87 |
| IDD | 97% |
| Numerator | 93 |
| Denominator | 96 |
| TBI | 78% |
| Numerator | 40 |
| Denominator | 51 |
| TA | 98% |
| Numerator | 49 |
| Denominator | 50 |
| Autism | 85% |
| Numerator | 11 |
| Denominator | 13 |
| SED | 88% |
| Numerator | 69 |
| Denominator | 78 |

| Compliance Trends | 2013 | 2014 | 2015 | 2016 | Jan-Mar 2017 |
|-------------------|------|---------|------|------|--------------|
| PD | | | | | |
| Statewide | 19% | 68% | 81% | 80% | 78% |
| FE | | | | | |
| Statewide | 24% | 86% | 91% | 92% | 87% |
| IDD | | | | | |
| Statewide | 92% | 85% | 96% | 97% | 97% |
| TBI | | | | | |
| Statewide | 57% | 73% | 83% | 77% | 78% |
| TA | | | | | |
| Statewide | 93% | 100% | 99% | 100% | 98% |
| Autism | | | | | |
| Statewide | 0% | No Data | 57% | 68% | 85% |
| SED | | | | | |
| Statewide | 99% | 71% | 88% | 86% | 88% |

Explanation of Findings:

The current/applicable assessment tool was missing, unable to determine who completed the assessment, no current assessment provided for the review, and/or the assessor listed as completing the assessment is not on the approved assessor list.

Remediation:

Corrective Action Plan: Assessment contractors will provide the KDADS CSP Commissioner with a training plan demonstrating how the assessing entity completes the following: (a) verification that the assessor possessed necessary and current credentials/qualifications at the time of initial assessment; (b) that assessments are complete, timely, accurate, signed, on file and appropriately available to KDADS quality reviewers; (c) outline immediate actions the assessing entity will take if required individual assessment records have not been made available to quality reviewers in a timely manner.

Oct 2017: According to fallout data from the QRT system, 52 of 56 noncompliant records were missing and could not be reviewed.

Oct 2017: KDADS plans to develop and implement a remediation template to be used by the assessing entities rather than asking them to create a new corrective action plan each review period. The remediation template would be sent by the applicable program manager to the assessing entity based on conclusions drawn from fallout data pulled from the QRT system.

Oct 2017: KDADS has implemented regularly scheduled HCBS quality meetings with the ADRCs to monitor and assess compliance with LOC measures related to the PD, FE, and TBI waivers. Additional remediation planning sessions are to be scheduled with the other contracted assessing entities for the Autism, SED, TA, and IDD waivers.

Oct 2017: HCBS program managers and Quality Management Specialists are shadowing each other during quality reviews to monitor how the review protocol are being applied and will recommend modifications to the protocol, if needed, based on a combination of fallout data, common findings, and field observation.

KDADS HCBS Quality Review Report

Level of Care

PM 5: Number and percent of initial Level of Care (LOC) determinations made where the LOC criteria was accurately applied

Numerator: Number of initial Level of Care (LOC) determinations made where the LOC criteria was accurately applied

Denominator: Number of initial Level of Care determinations

Review Period: 01/01/2017 - 03/31/2017

Data Source: Functional Assessor Record Review

| Compliance By Waiver | Statewide |
|----------------------|-------------|
| PD | 80% |
| Numerator | 4 |
| Denominator | 5 |
| FE | 100% |
| Numerator | 20 |
| Denominator | 20 |
| IDD | 100% |
| Numerator | 4 |
| Denominator | 4 |
| TBI | 100% |
| Numerator | 15 |
| Denominator | 15 |
| TA | 100% |
| Numerator | 7 |
| Denominator | 7 |
| Autism | 83% |
| Numerator | 5 |
| Denominator | 6 |
| SED | 89% |
| Numerator | 67 |
| Denominator | 75 |

| Compliance Trends | 2013 | 2014 | 2015 | 2016 | Jan-Mar 2017 |
|-------------------|------|---------|------|------|--------------|
| PD | | | | | |
| Statewide | 73% | 83% | 96% | 80% | 80% |
| FE | | | | | |
| Statewide | 91% | 90% | 96% | 91% | 100% |
| IDD | | | | | |
| Statewide | 98% | 95% | 91% | 98% | 100% |
| TBI | | | | | |
| Statewide | 58% | 81% | 83% | 76% | 100% |
| TA | | | | | |
| Statewide | 93% | 98% | 100% | 100% | 100% |
| Autism | | | | | |
| Statewide | 89% | No Data | 100% | 88% | 83% |
| SED | | | | | |
| Statewide | 99% | 88% | 87% | 89% | 89% |

Explanation of Findings:

No assessments were provided for review and/or the score does meet the LOC requirement.

Remediation:

Corrective Action Plan: Assessment contractors will provide the KDADS CSP Commissioner with a training plan demonstrating how the assessing entity completes the following: (a) verification that the assessor possessed necessary and current credentials/qualifications at the time of initial assessment; (b) that assessments are complete, timely, accurate, signed, on file and appropriately available to KDADS quality reviewers; (c) outline immediate actions the assessing entity will take if required individual assessment records have not been made available to quality reviewers in a timely manner; and (d) internal quality review measure used by the assessing entity to verify that the assessment criteria correctly applied.

Oct 2017: According to fallout data from the QRT system, 52 of 56 noncompliant records were missing and could not be reviewed.

Oct 2017: KDADS plans to develop and implement a remediation template to be used by the assessing entities rather than asking them to create a new corrective action plan each review period. The remediation template would be sent by the applicable program manager to the assessing entity based on conclusions drawn from fallout data pulled from the QRT system.

Oct 2017: KDADS has implemented regularly scheduled HCBS quality meetings with the ADRCs to monitor and assess compliance with LOC measures related to the PD, FE, and TBI waivers. Additional remediation planning sessions are to be scheduled with the other contracted assessing entities for the Autism, SED, TA, and IDD waivers.

Oct 2017: HCBS program managers and Quality Management Specialists are shadowing each other during quality reviews to monitor how the review protocol are being applied and will recommend modifications to the protocol, if needed, based on a combination of fallout data, common findings, and field observation.

KDADS HCBS Quality Review Report

Qualified Providers

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

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

Denominator: Number of all new licensed/certified waiver providers

Review Period: 01/01/2017 - 03/31/2017

Data Source:

| Compliance By Waiver | Amerigroup | Sunflower | United | Statewide |
|----------------------|------------|-----------|--------|-----------|
| PD | | | | |
| Numerator | | | | |
| Denominator | | | | |
| FE | | | | |
| Numerator | | | | |
| Denominator | | | | |
| IDD | | | | |
| Numerator | | | | |
| Denominator | | | | |
| TBI | | | | |
| Numerator | | | | |
| Denominator | | | | |
| TA | | | | |
| Numerator | | | | |
| Denominator | | | | |
| Autism | | | | |
| Numerator | | | | |
| Denominator | | | | |
| SED | | | | |
| Numerator | | | | |
| Denominator | | | | |

Explanation of Findings:

Remediation:

Oct 2017: Not applicable at the time of review.

| Compliance Trends | 2013 | 2014 | 2015 | 2016 | Jan-Mar 2017 |
|-------------------|------|------|------|------|--------------|
| PD | | | | | |
| Amerigroup | | | | N/A | |
| Sunflower | | | | N/A | |
| United | | | | N/A | |
| Statewide | 100% | | | N/A | |
| FE | | | | | |
| Amerigroup | | | | 5% | |
| Sunflower | | | | 30% | |
| United | | | | N/A | |
| Statewide | 100% | | | 9% | |
| IDD | | | | | |
| Amerigroup | | | | N/A | |
| Sunflower | | | | N/A | |
| United | | | | N/A | |
| Statewide | 98% | | | N/A | |
| TBI | | | | | |
| Amerigroup | | | | N/A | |
| Sunflower | | | | N/A | |
| United | | | | N/A | |
| Statewide | 91% | | | N/A | |
| TA | | | | | |
| Amerigroup | | | | N/A | |
| Sunflower | | | | N/A | |
| United | | | | N/A | |
| Statewide | 93% | | | N/A | |
| Autism | | | | | |
| Amerigroup | | | | N/A | |
| Sunflower | | | | N/A | |
| United | | | | N/A | |
| Statewide | 100% | | | N/A | |
| SED | | | | | |
| Amerigroup | | | | N/A | |
| Sunflower | | | | N/A | |
| United | | | | N/A | |
| Statewide | 100% | | | N/A | |

KDADS HCBS Quality Review Report

Qualified Providers

PM 2: Number and percent of enrolled licensed/certified waiver providers that continue to meet licensure requirements, certification requirements, and other waiver standards

Numerator: Number of enrolled licensed/certified waiver providers that continue to meet licensure requirements, certification requirements, and other waiver standards

Denominator: Number of enrolled licensed/certified waiver providers

Review Period: 01/01/2017 - 03/31/2017

Data Source:

| Compliance By Waiver | Amerigroup | Sunflower | United | Statewide |
|----------------------|------------|-----------|--------|-----------|
| PD | | | | |
| Numerator | | | | |
| Denominator | | | | |
| FE | | | | |
| Numerator | | | | |
| Denominator | | | | |
| IDD | | | | |
| Numerator | | | | |
| Denominator | | | | |
| TBI | | | | |
| Numerator | | | | |
| Denominator | | | | |
| TA | | | | |
| Numerator | | | | |
| Denominator | | | | |
| Autism | | | | |
| Numerator | | | | |
| Denominator | | | | |
| SED | | | | |
| Numerator | | | | |
| Denominator | | | | |

Explanation of Findings:

Remediation:

Oct 2017: Not applicable at the time of review.

| Compliance Trends | 2013 | 2014 | 2015 | 2016 | Jan-Mar 2017 |
|-------------------|---------------|------|------|------|--------------|
| PD | | | | | |
| Amerigroup | | | | 0% | |
| Sunflower | | | | 0% | |
| United | | | | 0% | |
| Statewide | 100% | | | 0% | |
| FE | | | | | |
| Amerigroup | | | | 12% | |
| Sunflower | | | | 23% | |
| United | | | | 0% | |
| Statewide | Not a measure | | | 11% | |
| IDD | | | | | |
| Amerigroup | | | | 0% | |
| Sunflower | | | | 0% | |
| United | | | | 0% | |
| Statewide | 98% | | | 0% | |
| TBI | | | | | |
| Amerigroup | | | | 0% | |
| Sunflower | | | | 0% | |
| United | | | | 0% | |
| Statewide | 89% | | | 0% | |
| TA | | | | | |
| Amerigroup | | | | 0% | |
| Sunflower | | | | 0% | |
| United | | | | 0% | |
| Statewide | 93% | | | 0% | |
| Autism | | | | | |
| Amerigroup | | | | 14% | |
| Sunflower | | | | 0% | |
| United | | | | 0% | |
| Statewide | 100% | | | 4% | |
| SED | | | | | |
| Amerigroup | | | | 0% | |
| Sunflower | | | | 0% | |
| United | | | | 0% | |
| Statewide | 100% | | | 0% | |

KDADS HCBS Quality Review Report

Qualified Providers

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

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

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

Review Period: 01/01/2017 - 03/31/2017

Data Source:

| Compliance By Waiver | Amerigroup | Sunflower | United | Statewide |
|----------------------|------------|-----------|--------|-----------|
| PD | | | | |
| Numerator | | | | |
| Denominator | | | | |
| FE | | | | |
| Numerator | | | | |
| Denominator | | | | |
| IDD | | | | |
| Numerator | | | | |
| Denominator | | | | |
| TBI | | | | |
| Numerator | | | | |
| Denominator | | | | |
| TA | | | | |
| Numerator | | | | |
| Denominator | | | | |
| Autism | | | | |
| Numerator | | | | |
| Denominator | | | | |
| SED | | | | |
| Numerator | | | | |
| Denominator | | | | |

Explanation of Findings:

Remediation:

Oct 2017: Not applicable at the time of review.

| Compliance Trends | 2013 | 2014 | 2015 | 2016 | Jan-Mar 2017 |
|-------------------|---------------|------|------|------|--------------|
| PD | | | | | |
| Amerigroup | | | | N/A | |
| Sunflower | | | | N/A | |
| United | | | | N/A | |
| Statewide | 75% | | | N/A | |
| FE | | | | | |
| Amerigroup | | | | N/A | |
| Sunflower | | | | N/A | |
| United | | | | N/A | |
| Statewide | 100% | | | N/A | |
| IDD | | | | | |
| Amerigroup | | | | N/A | |
| Sunflower | | | | N/A | |
| United | | | | N/A | |
| Statewide | Not a measure | | | N/A | |
| TBI | | | | | |
| Amerigroup | | | | N/A | |
| Sunflower | | | | N/A | |
| United | | | | N/A | |
| Statewide | 88% | | | N/A | |
| TA | | | | | |
| Amerigroup | | | | N/A | |
| Sunflower | | | | N/A | |
| United | | | | N/A | |
| Statewide | No Data | | | N/A | |
| Autism | | | | | |
| Amerigroup | | | | N/A | |
| Sunflower | | | | N/A | |
| United | | | | N/A | |
| Statewide | 82% | | | N/A | |
| SED | | | | | |
| Amerigroup | | | | N/A | |
| Sunflower | | | | N/A | |
| United | | | | N/A | |
| Statewide | Not a measure | | | N/A | |

KDADS HCBS Quality Review Report

Qualified Providers

PM 4: Number and percent of enrolled non-licensed/non-certified waiver providers that continue to meet waiver requirements

Numerator: Number enrolled non-licensed/non-certified waiver providers that continue to meet waiver requirements

Denominator: Number of enrolled non-licensed/non-certified providers

Review Period: 01/01/2017 - 03/31/2017

Data Source:

| Compliance By Waiver | Amerigroup | Sunflower | United | Statewide |
|----------------------|------------|-----------|--------|-----------|
| PD | | | | |
| Numerator | | | | |
| Denominator | | | | |
| FE | | | | |
| Numerator | | | | |
| Denominator | | | | |
| IDD | | | | |
| Numerator | | | | |
| Denominator | | | | |
| TBI | | | | |
| Numerator | | | | |
| Denominator | | | | |
| TA | | | | |
| Numerator | | | | |
| Denominator | | | | |
| Autism | | | | |
| Numerator | | | | |
| Denominator | | | | |
| SED | | | | |
| Numerator | | | | |
| Denominator | | | | |

Explanation of Findings:

Remediation:

Oct 2017: Not applicable at the time of review.

| Compliance Trends | 2013 | 2014 | 2015 | 2016 | Jan-Mar 2017 |
|-------------------|---------------|------|------|------|--------------|
| PD | | | | | |
| Amerigroup | | | | 3% | |
| Sunflower | | | | 1% | |
| United | | | | 0% | |
| Statewide | 75% | | | 1% | |
| FE | | | | | |
| Amerigroup | | | | 0% | |
| Sunflower | | | | 0% | |
| United | | | | 0% | |
| Statewide | Not a measure | | | 0% | |
| IDD | | | | | |
| Amerigroup | | | | 0% | |
| Sunflower | | | | 8% | |
| United | | | | 0% | |
| Statewide | Not a measure | | | 2% | |
| TBI | | | | | |
| Amerigroup | | | | 8% | |
| Sunflower | | | | 0% | |
| United | | | | 0% | |
| Statewide | 88% | | | 3% | |
| TA | | | | | |
| Amerigroup | | | | 13% | |
| Sunflower | | | | 0% | |
| United | | | | 0% | |
| Statewide | No Data | | | 4% | |
| Autism | | | | | |
| Amerigroup | | | | 8% | |
| Sunflower | | | | 0% | |
| United | | | | 0% | |
| Statewide | 91% | | | 2% | |
| SED | | | | | |
| Amerigroup | | | | N/A | |
| Sunflower | | | | N/A | |
| United | | | | N/A | |
| Statewide | 89% | | | N/A | |

KDADS HCBS Quality Review Report

Qualified Providers

PM 5: Number and percent of active providers that meet training requirements

Numerator: Number of providers that meet training requirements

Denominator: Number of active providers

Review Period: 01/01/2017 - 03/31/2017

Data Source:

| Compliance By Waiver | Amerigroup | Sunflower | United | Statewide |
|----------------------|------------|-----------|--------|-----------|
| PD | | | | |
| Numerator | | | | |
| Denominator | | | | |
| FE | | | | |
| Numerator | | | | |
| Denominator | | | | |
| IDD | | | | |
| Numerator | | | | |
| Denominator | | | | |
| TBI | | | | |
| Numerator | | | | |
| Denominator | | | | |
| TA | | | | |
| Numerator | | | | |
| Denominator | | | | |
| Autism | | | | |
| Numerator | | | | |
| Denominator | | | | |
| SED | | | | |
| Numerator | | | | |
| Denominator | | | | |

Explanation of Findings:

Remediation:

Oct 2017: Not applicable at the time of review.

| Compliance Trends | 2013 | 2014 | 2015 | 2016 | Jan-Mar 2017 |
|-------------------|---------|------|------|------|--------------|
| PD | | | | | |
| Amerigroup | | | | 0% | |
| Sunflower | | | | 0% | |
| United | | | | 0% | |
| Statewide | No Data | | | 0% | |
| FE | | | | | |
| Amerigroup | | | | 0% | |
| Sunflower | | | | 0% | |
| United | | | | 0% | |
| Statewide | No Data | | | 0% | |
| IDD | | | | | |
| Amerigroup | | | | 0% | |
| Sunflower | | | | 0% | |
| United | | | | 0% | |
| Statewide | 99% | | | 0% | |
| TBI | | | | | |
| Amerigroup | | | | 0% | |
| Sunflower | | | | 0% | |
| United | | | | 0% | |
| Statewide | No Data | | | 0% | |
| TA | | | | | |
| Amerigroup | | | | 0% | |
| Sunflower | | | | 0% | |
| United | | | | 0% | |
| Statewide | No Data | | | 0% | |
| Autism | | | | | |
| Amerigroup | | | | 20% | |
| Sunflower | | | | 36% | |
| United | | | | 0% | |
| Statewide | No Data | | | 11% | |
| SED | | | | | |
| Amerigroup | | | | 0% | |
| Sunflower | | | | 0% | |
| United | | | | 0% | |
| Statewide | 88% | | | 0% | |

KDADS HCBS Quality Review Report

Service Plan

PM 1: Number and percent of waiver participants whose service plans address participants' goals

Numerator: Number of waiver participants whose service plans address participants' goals

Denominator: Number of waiver participants whose service plans were reviewed

Review Period: 01/01/2017 - 03/31/2017

Data Source: MCO Record Review

| Compliance By Waiver | Amerigroup | Sunflower | United | Statewide |
|----------------------|------------|-------------|-------------|------------|
| PD | 68% | 80% | 87% | 77% |
| Numerator | 23 | 24 | 20 | 67 |
| Denominator | 34 | 30 | 23 | 87 |
| FE | 69% | 74% | 93% | 78% |
| Numerator | 18 | 25 | 26 | 69 |
| Denominator | 26 | 34 | 28 | 88 |
| IDD | 75% | 77% | 87% | 79% |
| Numerator | 21 | 34 | 20 | 75 |
| Denominator | 28 | 44 | 23 | 95 |
| TBI | 66% | 69% | 100% | 71% |
| Numerator | 19 | 9 | 7 | 35 |
| Denominator | 29 | 13 | 7 | 49 |
| TA | 72% | 63% | 89% | 72% |
| Numerator | 18 | 10 | 8 | 36 |
| Denominator | 25 | 16 | 9 | 50 |
| Autism | 80% | 33% | 0% | 50% |
| Numerator | 4 | 2 | 0 | 6 |
| Denominator | 5 | 6 | 1 | 12 |
| SED | 96% | 100% | 93% | 96% |
| Numerator | 27 | 23 | 25 | 75 |
| Denominator | 28 | 23 | 27 | 78 |

Explanation of Findings:

Goals are not addressed in the Service Plan, the Service plan was not provided for review, and/or the Service Plan was not signed and/or dated by the individual and/or their representative/guardian, if applicable.

Remediation:

Conclusions: As part of an existing corrective action plan to CMS, KDADS has acknowledged the need for additional policy to clarify the plan of care expectations and provided direction. When reviewing this data this need is confirmed.

Recommended Remediation:

Corrective action plan: MCOs shall provide a training and development plan to the KDADS CSP Commissioner showing: (a) how care coordinators are trained to document required signatures to show member participation in the service plan process; and, (b) how/where the service plan documents that the goals are addressed; and, (c) outline actions the MCO care coordinator may take if required individual assessment records have not been made available to quality reviewers in a timely manner.

Oct 2017: According to fallout data in the QRT system, 33 of 96 records found noncompliant were missing and could not be reviewed. 51 of 96 records found noncompliant were not signed and/or dated. 11 of 96 records found noncompliant did not have goals addressed in the plan.

Oct 2017: According to fallout date in the QRT system, 17 of 96 noncompliant records did not address goals. Other records addressed goals yet the participant's signature was missing.

Oct 2017: KDADS also plans to develop and implement a remediation template to be used by the MCOs rather than asking the MCOs to create a new corrective action plan each review period. The remediation template would be sent by the applicable program manager to the MCO based on conclusions drawn from fallout data pulled from the QRT system.

Oct 2017: KDADS has implemented regularly scheduled HCBS quality meetings with the MCOs to monitor and assess progress. Collaborative development of a desk aid or sample review packet that meets all required elements has been proposed.

Oct 2017: HCBS program managers and Quality Management Specialists are shadowing each other during quality reviews to monitor how the review protocol are being applied and will recommend modifications to the protocol, if needed, based on a combination of fallout data, common findings, and field observation.

| Compliance Trends | 2013 | 2014 | 2015 | 2016 | Jan-Mar 2017 |
|-------------------|---------------|------|------|------|--------------|
| PD | | | | | |
| Amerigroup | | 55% | 33% | 63% | 68% |
| Sunflower | | 57% | 64% | 59% | 80% |
| United | | 33% | 49% | 86% | 87% |
| Statewide | 55% | 50% | 48% | 69% | 77% |
| FE | | | | | |
| Amerigroup | | 50% | 42% | 54% | 69% |
| Sunflower | | 56% | 51% | 75% | 74% |
| United | | 45% | 56% | 81% | 93% |
| Statewide | Not a measure | 50% | 49% | 70% | 78% |
| IDD | | | | | |
| Amerigroup | | 36% | 32% | 53% | 75% |
| Sunflower | | 56% | 56% | 61% | 77% |
| United | | 52% | 41% | 73% | 87% |
| Statewide | 99% | 49% | 45% | 62% | 79% |
| TBI | | | | | |
| Amerigroup | | 37% | 41% | 58% | 66% |
| Sunflower | | 37% | 38% | 80% | 69% |
| United | | 22% | 55% | 78% | 100% |
| Statewide | 44% | 34% | 43% | 68% | 71% |
| TA | | | | | |
| Amerigroup | | 50% | 44% | 69% | 72% |
| Sunflower | | 73% | 85% | 82% | 63% |
| United | | 64% | 32% | 70% | 89% |
| Statewide | 93% | 61% | 54% | 73% | 72% |
| Autism | | | | | |
| Amerigroup | | 84% | 56% | 35% | 80% |
| Sunflower | | 47% | 50% | 50% | 33% |
| United | | 63% | 36% | 17% | 0% |
| Statewide | 58% | 69% | 49% | 37% | 50% |
| SED | | | | | |
| Amerigroup | | 91% | 99% | 98% | 96% |
| Sunflower | | 92% | 95% | 87% | 100% |
| United | | 89% | 100% | 98% | 93% |
| Statewide | 98% | 90% | 98% | 95% | 96% |

KDADS HCBS Quality Review Report

Service Plan

PM 2: Number and percent of waiver participants whose service plans address their assessed needs and capabilities as indicated in the assessment

Numerator: Number of waiver participants whose service plans address their assessed needs and capabilities as indicated in the assessment

Denominator: Number of waiver participants whose service plans were reviewed

Review Period: 01/01/2017 - 03/31/2017

Data Source: MCO Record Review

| Compliance By Waiver | Amerigroup | Sunflower | United | Statewide |
|----------------------|------------|------------|-------------|------------|
| PD | 68% | 87% | 87% | 79% |
| Numerator | 23 | 26 | 20 | 69 |
| Denominator | 34 | 30 | 23 | 87 |
| FE | 73% | 68% | 96% | 78% |
| Numerator | 19 | 23 | 27 | 69 |
| Denominator | 26 | 34 | 28 | 88 |
| IDD | 71% | 68% | 91% | 75% |
| Numerator | 20 | 30 | 21 | 71 |
| Denominator | 28 | 44 | 23 | 95 |
| TBI | 59% | 62% | 100% | 65% |
| Numerator | 17 | 8 | 7 | 32 |
| Denominator | 29 | 13 | 7 | 49 |
| TA | 68% | 75% | 89% | 74% |
| Numerator | 17 | 12 | 8 | 37 |
| Denominator | 25 | 16 | 9 | 50 |
| Autism | 80% | 17% | 0% | 42% |
| Numerator | 4 | 1 | 0 | 5 |
| Denominator | 5 | 6 | 1 | 12 |
| SED | 96% | 87% | 78% | 87% |
| Numerator | 27 | 20 | 21 | 68 |
| Denominator | 28 | 23 | 27 | 78 |

Explanation of Findings:

Assessed needs and capabilities were not addressed in the Service Plan, the Service plan was not provided for review, and/or the Service Plan was not signed and/or dated by the individual and/or their representative/guardian, if applicable.

Remediation:

Conclusions: As part of an existing corrective action plan to CMS, KDADS has acknowledged the need for additional policy to clarify the plan of care expectations and provided direction. When reviewing this data this need is confirmed.

Corrective action plan : MCOs shall provide a training and development plan to the KDADS CSP Commissioner showing; (1) how care coordinators are trained to obtain required signatures to show member participation in the service plan process; and, (2) how care coordinators are trained to document that the participant's assessed needs and capabilities are addressed as indicated in the level of care assessment; and, (3) outline actions the MCO care coordinator are trained to take if required individual assessment records have not been made available to quality reviewers in a timely manner.

Oct 2017: According to fallout data in the QRT system, 6 of 108 records found noncompliant did not address participant's assessed needs and capabilities. The remainder were found noncompliant because they were either missing or not signed.

Oct 2017: KDADS also plans to develop and implement a remediation template to be used by the MCOs rather than asking the MCOs to create a new corrective action plan each review period. The remediation template would be sent by the applicable program manager to the MCO based on conclusions drawn from fallout data pulled from the QRT system.

Oct 2017: KDADS has implemented regularly scheduled HCBS quality meetings with the MCOs to monitor and assess progress. Collaborative development of a desk aid or sample review packet that meets all required elements has been proposed.

Oct 2017: HCBS program managers and Quality Management Specialists are shadowing each other during quality reviews to monitor how the review protocol are being applied and will recommend modifications to the protocol, if needed, based on a combination of fallout data, common findings, and field observation.

| Compliance Trends | 2013 | 2014 | 2015 | 2016 | Jan-Mar 2017 |
|-------------------|------|------|------|------|--------------|
| PD | | | | | |
| Amerigroup | | 83% | 55% | 74% | 68% |
| Sunflower | | 90% | 56% | 63% | 87% |
| United | | 89% | 68% | 92% | 87% |
| Statewide | 86% | 87% | 59% | 76% | 79% |
| FE | | | | | |
| Amerigroup | | 79% | 66% | 74% | 73% |
| Sunflower | | 90% | 53% | 73% | 68% |
| United | | 88% | 68% | 84% | 96% |
| Statewide | 87% | 86% | 61% | 77% | 78% |
| IDD | | | | | |
| Amerigroup | | 85% | 67% | 64% | 71% |
| Sunflower | | 77% | 36% | 65% | 68% |
| United | | 72% | 47% | 78% | 91% |
| Statewide | 99% | 78% | 48% | 68% | 75% |
| TBI | | | | | |
| Amerigroup | | 67% | 48% | 65% | 59% |
| Sunflower | | 82% | 28% | 82% | 62% |
| United | | 70% | 62% | 80% | 100% |
| Statewide | 72% | 73% | 45% | 72% | 65% |
| TA | | | | | |
| Amerigroup | | 93% | 58% | 70% | 68% |
| Sunflower | | 98% | 62% | 74% | 75% |
| United | | 97% | 58% | 79% | 89% |
| Statewide | 96% | 96% | 59% | 73% | 74% |
| Autism | | | | | |
| Amerigroup | | 81% | 59% | 33% | 80% |
| Sunflower | | 50% | 45% | 47% | 17% |
| United | | 63% | 21% | 22% | 0% |
| Statewide | 59% | 68% | 46% | 36% | 42% |
| SED | | | | | |
| Amerigroup | | 91% | 99% | 98% | 96% |
| Sunflower | | 91% | 92% | 87% | 87% |
| United | | 89% | 98% | 96% | 78% |
| Statewide | 92% | 90% | 97% | 94% | 87% |

KDADS HCBS Quality Review Report

Service Plan

PM 3: Number and percent of waiver participants whose service plans address health and safety risk factors

Numerator: Number of waiver participants whose service plans address health and safety risk factors

Denominator: Number of waiver participants whose service plans were reviewed

Review Period: 01/01/2017 - 03/31/2017

Data Source: MCO Record Review

| Compliance By Waiver | Amerigroup | Sunflower | United | Statewide |
|----------------------|------------|-------------|-------------|------------|
| PD | 68% | 83% | 87% | 78% |
| Numerator | 23 | 25 | 20 | 68 |
| Denominator | 34 | 30 | 23 | 87 |
| FE | 73% | 71% | 96% | 80% |
| Numerator | 19 | 24 | 27 | 70 |
| Denominator | 26 | 34 | 28 | 88 |
| IDD | 68% | 75% | 91% | 77% |
| Numerator | 19 | 33 | 21 | 73 |
| Denominator | 28 | 44 | 23 | 95 |
| TBI | 62% | 62% | 100% | 67% |
| Numerator | 18 | 8 | 7 | 33 |
| Denominator | 29 | 13 | 7 | 49 |
| TA | 72% | 69% | 89% | 74% |
| Numerator | 18 | 11 | 8 | 37 |
| Denominator | 25 | 16 | 9 | 50 |
| Autism | 80% | 17% | 0% | 42% |
| Numerator | 4 | 1 | 0 | 5 |
| Denominator | 5 | 6 | 1 | 12 |
| SED | 96% | 100% | 93% | 96% |
| Numerator | 27 | 23 | 25 | 75 |
| Denominator | 28 | 23 | 27 | 78 |

Explanation of Findings:

Assessed health and safety risk factors are not addressed in the Service Plan, , the Service plan was not provided for review, and/or the Service Plan was not signed and/or dated by the individual and/or their representative/guardian, if applicable.

Remediation:

Conclusions: As part of an existing corrective action plan to CMS, KDADS has acknowledged the need for additional policy to clarify the plan of care expectations and provided direction. When reviewing this data this need is confirmed.

Recommended Remediation:

Corrective action plan : MCOs shall provide a corrective action training and development plan to the KDADS CSP Commissioner showing; (1) how care coordinators are trained to obtain signatures to show member participation in the POC process; and, (2) when/where/how the care coordinator documents the participant's health and safety risk factors in the service plan, including significant changes in condition; and, (3) outline actions the MCO care coordinator are trained to take if required individual assessment records have not been made available to quality reviewers in a timely manner.

Oct 2017: According to fallout data in the QRT system, 4 of 98 noncompliant records did not address participant's health and safety risk factors. The remainder were either missing, not signed or not reviewed for another reason.

Oct 2017: KDADS also plans to develop and implement a remediation template to be used by the MCOs rather than asking the MCOs to create a new corrective action plan each review period. The remediation template would be sent by the applicable program manager to the MCO based on conclusions drawn from fallout data pulled from the QRT system.

Oct 2017: KDADS has implemented regularly scheduled HCBS quality meetings with the MCOs to monitor and assess progress. Collaborative development of a desk aid or sample review packet that meets all required elements has been proposed.

Oct 2017: HCBS program managers and Quality Management Specialists are shadowing each other during quality reviews to monitor how the review protocol are being applied and will recommend modifications to the protocol, if needed, based on a combination of fallout data, common findings, and field observation.

| Compliance Trends | 2013 | 2014 | 2015 | 2016 | Jan-Mar 2017 |
|-------------------|---------------|------|------|------|--------------|
| PD | | | | | |
| Amerigroup | | 90% | 44% | 73% | 68% |
| Sunflower | | 89% | 49% | 67% | 83% |
| United | | 96% | 67% | 90% | 87% |
| Statewide | 90% | 91% | 51% | 76% | 78% |
| FE | | | | | |
| Amerigroup | | 92% | 55% | 75% | 73% |
| Sunflower | | 92% | 50% | 73% | 71% |
| United | | 95% | 70% | 82% | 96% |
| Statewide | Not a measure | 93% | 57% | 76% | 80% |
| IDD | | | | | |
| Amerigroup | | 90% | 61% | 67% | 68% |
| Sunflower | | 97% | 36% | 65% | 75% |
| United | | 89% | 45% | 78% | 91% |
| Statewide | 99% | 93% | 46% | 69% | 77% |
| TBI | | | | | |
| Amerigroup | | 79% | 45% | 64% | 62% |
| Sunflower | | 91% | 26% | 84% | 62% |
| United | | 83% | 64% | 80% | 100% |
| Statewide | 84% | 84% | 43% | 72% | 67% |
| TA | | | | | |
| Amerigroup | | 96% | 49% | 73% | 72% |
| Sunflower | | 95% | 61% | 76% | 69% |
| United | | 94% | 58% | 79% | 89% |
| Statewide | 96% | 96% | 54% | 75% | 74% |
| Autism | | | | | |
| Amerigroup | | 79% | 59% | 30% | 80% |
| Sunflower | | 61% | 45% | 47% | 17% |
| United | | 86% | 21% | 17% | 0% |
| Statewide | 64% | 74% | 46% | 34% | 42% |
| SED | | | | | |
| Amerigroup | | 90% | 99% | 97% | 96% |
| Sunflower | | 89% | 95% | 87% | 100% |
| United | | 86% | 100% | 97% | 93% |
| Statewide | 99% | 88% | 98% | 94% | 96% |

KDADS HCBS Quality Review Report

Service Plan

PM 4: Number and percent of waiver participants whose service plans were developed according to the processes in the approved waiver

Numerator: Number of waiver participants whose service plans were developed according to the processes in the approved waiver

Denominator: Number of waiver participants whose service plans were reviewed

Review Period: 01/01/2017 - 03/31/2017

Data Source: MCO Record Review

| Compliance By Waiver | Amerigroup | Sunflower | United | Statewide |
|----------------------|------------|-------------|-------------|------------|
| PD | 71% | 93% | 87% | 83% |
| Numerator | 24 | 28 | 20 | 72 |
| Denominator | 34 | 30 | 23 | 87 |
| FE | 73% | 85% | 96% | 85% |
| Numerator | 19 | 29 | 27 | 75 |
| Denominator | 26 | 34 | 28 | 88 |
| IDD | 71% | 86% | 91% | 83% |
| Numerator | 20 | 38 | 21 | 79 |
| Denominator | 28 | 44 | 23 | 95 |
| TBI | 62% | 69% | 100% | 69% |
| Numerator | 18 | 9 | 7 | 34 |
| Denominator | 29 | 13 | 7 | 49 |
| TA | 72% | 69% | 89% | 74% |
| Numerator | 18 | 11 | 8 | 37 |
| Denominator | 25 | 16 | 9 | 50 |
| Autism | 80% | 17% | 0% | 42% |
| Numerator | 4 | 1 | 0 | 5 |
| Denominator | 5 | 6 | 1 | 12 |
| SED | 96% | 100% | 93% | 96% |
| Numerator | 27 | 23 | 25 | 75 |
| Denominator | 28 | 23 | 27 | 78 |

Explanation of Findings:

The Service plan was not provided for review, and/or the Service Plan was not signed and/or dated by the individual and/or their representative/guardian, if applicable.

Remediation:

Conclusions: As part of an existing corrective action plan to CMS, KDADS has acknowledged the need for additional policy to clarify the plan of care expectations and provided direction. When reviewing this data this need is confirmed.

Corrective action plan: MCOs shall provide a care coordinator training and development plan to the KDADS CSP Commissioner showing: (1) how they intend to obtain required signatures to show member participation in the service plan process; and, (2) document demonstrated competency and understanding of service plan development according to the processes in the approved waiver, including applicable state and/or federal rule changes that impact current waiver operations; and, (3) outline actions the MCO care coordinator are trained to take if required individual assessment records have not been made available to quality reviewers in a timely manner.

Oct 2017: According to fallout data in the QRT system, 80 of 82 of noncompliant records were either missing or not signed. One record was noted, "would have been compliant if signed."

Oct 2017: KDADS also plans to develop and implement a remediation template to be used by the MCOs rather than asking the MCOs to create a new corrective action plan each review period. The remediation template would be sent by the applicable program manager to the MCO based on conclusions drawn from fallout data pulled from the QRT system.

Oct 2017: KDADS has implemented regularly scheduled HCBS quality meetings with the MCOs to monitor and assess progress. Collaborative development of a desk aid or sample review packet that meets all required elements has been proposed.

Oct 2017: HCBS program managers and Quality Management Specialists are shadowing each other during quality reviews to monitor how the review protocol are being applied and will recommend modifications to the protocol, if needed, based on a combination of fallout data, common findings, and field observation.

| Compliance Trends | 2013 | 2014 | 2015 | 2016 | Jan-Mar 2017 |
|-------------------|---------------|------|------|------|--------------|
| PD | | | | | |
| Amerigroup | | 88% | 68% | 76% | 71% |
| Sunflower | | 87% | 69% | 73% | 93% |
| United | | 85% | 77% | 92% | 87% |
| Statewide | 80% | 87% | 70% | 80% | 83% |
| FE | | | | | |
| Amerigroup | | 84% | 76% | 78% | 73% |
| Sunflower | | 88% | 61% | 84% | 85% |
| United | | 86% | 79% | 87% | 96% |
| Statewide | Not a measure | 86% | 71% | 83% | 85% |
| IDD | | | | | |
| Amerigroup | | 80% | 80% | 73% | 71% |
| Sunflower | | 80% | 59% | 74% | 86% |
| United | | 82% | 55% | 79% | 91% |
| Statewide | 98% | 81% | 64% | 75% | 83% |
| TBI | | | | | |
| Amerigroup | | 76% | 53% | 64% | 62% |
| Sunflower | | 86% | 43% | 86% | 69% |
| United | | 77% | 69% | 85% | 100% |
| Statewide | 64% | 80% | 53% | 74% | 69% |
| TA | | | | | |
| Amerigroup | | 84% | 68% | 71% | 72% |
| Sunflower | | 97% | 86% | 85% | 69% |
| United | | 96% | 58% | 79% | 89% |
| Statewide | No Data | 91% | 72% | 77% | 74% |
| Autism | | | | | |
| Amerigroup | | 74% | 59% | 35% | 80% |
| Sunflower | | 51% | 50% | 47% | 17% |
| United | | 65% | 29% | 17% | 0% |
| Statewide | 55% | 65% | 49% | 36% | 42% |
| SED | | | | | |
| Amerigroup | | 92% | 99% | 98% | 96% |
| Sunflower | | 90% | 94% | 86% | 100% |
| United | | 87% | 98% | 97% | 93% |
| Statewide | Not a measure | 90% | 97% | 94% | 96% |

KDADS HCBS Quality Review Report

Service Plan

PM 5: Number and percent of waiver participants (or their representatives) who were present and involved in the development of their service plan

Numerator: Number of waiver participants (or their representatives) who were present and involved in the development of their service plan

Denominator: Number of waiver participants whose service plans were reviewed

Review Period: 01/01/2017 - 03/31/2017

Data Source: MCO Record Review

| Compliance By Waiver | Amerigroup | Sunflower | United | Statewide |
|----------------------|------------|-------------|-------------|------------|
| PD | 74% | 93% | 87% | 84% |
| Numerator | 25 | 28 | 20 | 73 |
| Denominator | 34 | 30 | 23 | 87 |
| FE | 77% | 85% | 96% | 86% |
| Numerator | 20 | 29 | 27 | 76 |
| Denominator | 26 | 34 | 28 | 88 |
| IDD | 71% | 84% | 91% | 82% |
| Numerator | 20 | 37 | 21 | 78 |
| Denominator | 28 | 44 | 23 | 95 |
| TBI | 66% | 69% | 100% | 71% |
| Numerator | 19 | 9 | 7 | 35 |
| Denominator | 29 | 13 | 7 | 49 |
| TA | 72% | 69% | 89% | 74% |
| Numerator | 18 | 11 | 8 | 37 |
| Denominator | 25 | 16 | 9 | 50 |
| Autism | 80% | 17% | 0% | 42% |
| Numerator | 4 | 1 | 0 | 5 |
| Denominator | 5 | 6 | 1 | 12 |
| SED | 96% | 100% | 93% | 96% |
| Numerator | 27 | 23 | 25 | 75 |
| Denominator | 28 | 23 | 27 | 78 |

Explanation of Findings:

The Service plan was not provided for review, and/or the Service Plan was not signed and/or dated by the individual and/or their representative/guardian, if applicable.

Remediation:

Conclusions: As part of an existing corrective action plan to CMS, KDADS has acknowledged the need for additional policy to clarify the plan of care expectations and provided direction. When reviewing this data this need is confirmed.

Corrective action plan : MCOs shall provide a corrective action training and development plan to the KDADS CSP Commissioner showing; (1) how they intend to obtain required signatures to show member participation in the service planning process; and, (2) show required signatures to show member participation in the POC service planning process; and, (3) how MCO care coordinators will be trained and held accountable if there is identified evidence showing the participant was not involved in the service planning process; and, (4) outline actions the MCO care coordinators are trained take if required individual service plan records have not been made available to quality reviewers in a timely manner.

Oct 2017: According to fallout data on the QRT system, 79 of 80 noncompliant records were missing or not signed. One record found noncompliant was noted as, "would have been compliant if signed."

Oct 2017: KDADS also plans to develop and implement a remediation template to be used by the MCOs rather than asking the MCOs to create a new corrective action plan each review period. The remediation template would be sent by the applicable program manager to the MCO based on conclusions drawn from fallout data pulled from the QRT system.

Oct 2017: KDADS has implemented regularly scheduled HCBS quality meetings with the MCOs to monitor and assess progress. Collaborative development of a desk aid or sample review packet that meets all required elements has been proposed.

Oct 2017: HCBS program managers and Quality Management Specialists are shadowing each other during quality reviews to monitor how the review protocol are being applied and will recommend modifications to the protocol, if needed, based on a combination of fallout data, common findings, and field observation.

| Compliance Trends | 2013 | 2014 | 2015 | 2016 | Jan-Mar 2017 |
|-------------------|---------------|------|------|------|--------------|
| PD | | | | | |
| Amerigroup | | 88% | 70% | 79% | 74% |
| Sunflower | | 87% | 70% | 74% | 93% |
| United | | 84% | 79% | 89% | 87% |
| Statewide | Not a measure | 87% | 72% | 81% | 84% |
| FE | | | | | |
| Amerigroup | | 83% | 78% | 76% | 77% |
| Sunflower | | 86% | 60% | 83% | 85% |
| United | | 87% | 83% | 88% | 96% |
| Statewide | 90% | 85% | 72% | 83% | 86% |
| IDD | | | | | |
| Amerigroup | | 84% | 76% | 73% | 71% |
| Sunflower | | 82% | 60% | 74% | 84% |
| United | | 88% | 51% | 79% | 91% |
| Statewide | Not a measure | 84% | 63% | 75% | 82% |
| TBI | | | | | |
| Amerigroup | | 73% | 51% | 65% | 66% |
| Sunflower | | 84% | 45% | 86% | 69% |
| United | | 80% | 69% | 59% | 100% |
| Statewide | Not a measure | 78% | 52% | 74% | 71% |
| TA | | | | | |
| Amerigroup | | 83% | 75% | 71% | 72% |
| Sunflower | | 97% | 86% | 84% | 69% |
| United | | 97% | 58% | 79% | 89% |
| Statewide | Not a measure | 91% | 76% | 76% | 74% |
| Autism | | | | | |
| Amerigroup | | 77% | 59% | 35% | 80% |
| Sunflower | | 53% | 55% | 50% | 17% |
| United | | 71% | 36% | 17% | 0% |
| Statewide | Not a measure | 69% | 52% | 37% | 42% |
| SED | | | | | |
| Amerigroup | | 92% | 98% | 97% | 96% |
| Sunflower | | 90% | 95% | 86% | 100% |
| United | | 87% | 99% | 96% | 93% |
| Statewide | 93% | 90% | 98% | 94% | 96% |

KDADS HCBS Quality Review Report

Service Plan

PM 6: Number and percent of service plans reviewed before the waiver participant's annual redetermination date

Numerator: Number of service plans reviewed before the waiver participant's annual redetermination date

Denominator: Number of waiver participants whose service plans were reviewed

Review Period: 01/01/2017 - 03/31/2017

Data Source: MCO Record Review

| Compliance By Waiver | Amerigroup | Sunflower | United | Statewide |
|----------------------|------------|------------|-------------|------------|
| PD | 47% | 79% | 75% | 64% |
| Numerator | 8 | 11 | 6 | 25 |
| Denominator | 17 | 14 | 8 | 39 |
| FE | 64% | 78% | 100% | 80% |
| Numerator | 7 | 14 | 11 | 32 |
| Denominator | 11 | 18 | 11 | 40 |
| IDD | 46% | 72% | 75% | 66% |
| Numerator | 6 | 18 | 9 | 33 |
| Denominator | 13 | 25 | 12 | 50 |
| TBI | 42% | 60% | 75% | 52% |
| Numerator | 5 | 3 | 3 | 11 |
| Denominator | 12 | 5 | 4 | 21 |
| TA | 67% | 67% | 75% | 68% |
| Numerator | 8 | 6 | 3 | 17 |
| Denominator | 12 | 9 | 4 | 25 |
| Autism | 75% | 50% | N/A | 67% |
| Numerator | 3 | 1 | 0 | 4 |
| Denominator | 4 | 2 | 0 | 6 |
| SED | 89% | 94% | 86% | 89% |
| Numerator | 17 | 15 | 18 | 50 |
| Denominator | 19 | 16 | 21 | 56 |

Explanation of Findings:

The Service plan was not provided for review, and/or the Service Plan was not signed and/or dated by the individual and/or their representative/guardian, if applicable.

Remediation:

Conclusions: As part of an existing corrective action plan to CMS, KDADS has acknowledged the need for additional policy to clarify the plan of care expectations and provided direction. When reviewing this data this need is confirmed.

Corrective action plan: MCOs shall provide a corrective action training and development plan to the KDADS CSP Commissioner showing: (1) how care coordinators are trained to obtain required signatures to show member participation in the service planning process; (2) when/where/how MCO care coordinators will be trained on how to view and consistently review the participant's service plan before the waiver participant's annual redetermination date; and, (3) how MCO care coordinators will be trained and held accountable if there is identified evidence showing participant's service plan was not reviewed before the participant's annual redetermination date; and, (4) outline actions the MCO care coordinators are trained take if required individual service plan records have not been made available to quality reviewers in a timely manner.

Oct 2017: According to fallout data in the QRT system, 4 of 98 noncompliant records did not address participant's health and safety risk factors. The remainder were either missing, not signed or not reviewed for another reason.

Oct 2017: KDADS also plans to develop and implement a remediation template to be used by the MCOs rather than asking the MCOs to create a new corrective action plan each review period. The remediation template would be sent by the applicable program manager to the MCO based on conclusions drawn from fallout data pulled from the QRT system.

Oct 2017: KDADS has implemented regularly scheduled HCBS quality meetings with the MCOs to monitor and assess progress. Collaborative development of a desk aid or sample review packet that meets all required elements has been proposed.

Oct 2017: HCBS program managers and Quality Management Specialists are shadowing each other during quality reviews to monitor how the review protocol are being applied and will recommend modifications to the protocol, if needed, based on a combination of fallout data, common findings, and field observation.

| Compliance Trends | 2013 | 2014 | 2015 | 2016 | Jan-Mar 2017 |
|-------------------|------|------|------|------|--------------|
| PD | | | | | |
| Amerigroup | | 73% | 67% | 71% | 47% |
| Sunflower | | 82% | 72% | 72% | 79% |
| United | | 92% | 73% | 83% | 75% |
| Statewide | 82% | 82% | 70% | 75% | 64% |
| FE | | | | | |
| Amerigroup | | 81% | 67% | 63% | 64% |
| Sunflower | | 85% | 57% | 78% | 78% |
| United | | 90% | 69% | 84% | 100% |
| Statewide | 81% | 85% | 64% | 76% | 80% |
| IDD | | | | | |
| Amerigroup | | 75% | 77% | 68% | 46% |
| Sunflower | | 81% | 66% | 65% | 72% |
| United | | 91% | 48% | 54% | 75% |
| Statewide | 97% | 82% | 66% | 63% | 66% |
| TBI | | | | | |
| Amerigroup | | 65% | 44% | 56% | 42% |
| Sunflower | | 84% | 40% | 88% | 60% |
| United | | 77% | 65% | 70% | 75% |
| Statewide | 60% | 76% | 47% | 68% | 52% |
| TA | | | | | |
| Amerigroup | | 81% | 78% | 72% | 67% |
| Sunflower | | 94% | 89% | 85% | 67% |
| United | | 96% | 59% | 70% | 75% |
| Statewide | 92% | 89% | 79% | 76% | 68% |
| Autism | | | | | |
| Amerigroup | | 67% | 52% | 40% | 75% |
| Sunflower | | 43% | 47% | 38% | 50% |
| United | | 33% | 38% | 7% | N/A |
| Statewide | 64% | 57% | 48% | 31% | 67% |
| SED | | | | | |
| Amerigroup | | 89% | 97% | 94% | 89% |
| Sunflower | | 89% | 91% | 79% | 94% |
| United | | 83% | 99% | 85% | 86% |
| Statewide | 80% | 87% | 96% | 86% | 89% |

KDADS HCBS Quality Review Report

Service Plan

PM 7: Number and percent of waiver participants with documented change in needs whose service plan was revised, as needed, to address the change

Numerator: Number of waiver participants with documented change in needs whose service plan was revised, as needed, to address the change

Denominator: Number of waiver participants whose service plans were reviewed

Review Period: 01/01/2017 - 03/31/2017

Data Source: MCO Record Review

| Compliance By Waiver | Amerigroup | Sunflower | United | Statewide |
|----------------------|-------------|-------------|-------------|------------|
| PD | 50% | 60% | 100% | 60% |
| Numerator | 2 | 3 | 1 | 6 |
| Denominator | 4 | 5 | 1 | 10 |
| FE | 0% | 50% | 100% | 57% |
| Numerator | 0 | 2 | 2 | 4 |
| Denominator | 1 | 4 | 2 | 7 |
| IDD | 0% | 43% | 100% | 44% |
| Numerator | 0 | 3 | 1 | 4 |
| Denominator | 1 | 7 | 1 | 9 |
| TBI | 33% | 100% | N/A | 50% |
| Numerator | 1 | 1 | 0 | 2 |
| Denominator | 3 | 1 | 0 | 4 |
| TA | 100% | 67% | 100% | 80% |
| Numerator | 1 | 2 | 1 | 4 |
| Denominator | 1 | 3 | 1 | 5 |
| Autism | 50% | 0% | N/A | 33% |
| Numerator | 1 | 0 | 0 | 1 |
| Denominator | 2 | 1 | 0 | 3 |
| SED | 89% | 89% | 67% | 81% |
| Numerator | 8 | 8 | 6 | 22 |
| Denominator | 9 | 9 | 9 | 27 |

Explanation of Findings:

The Service plan was not provided for review, and/or the Service Plan was not signed and/or dated by the individual and/or their representative/guardian, if applicable.

Remediation:

Conclusions: As part of an existing corrective action plan to CMS, KDADS has acknowledged the need for additional policy to clarify service plan expectations and provided direction. When reviewing this data this need is confirmed.

Recommended Remediation:

Corrective action plan: MCOs shall provide a corrective action training and development plan to the KDADS CSP Commissioner showing: (1) how they intend to obtain required signatures to show member participation in the POC process; (2) when/where/how MCO care coordinators will be trained on how to view and consistently review the participant's service plan before the waiver participant's annual redetermination date; (3) how/when/where a documented change in needs results in a revised service plan, as needed, to address the change; (4) how MCO care coordinators will be trained and held accountable if there is identified evidence showing a documented change in needs did not result in a revised service plan; and, (5) outline actions the MCO care coordinators are trained take if required individual service plan records have not been made available to quality reviewers in a timely manner.

Oct 2017: According to fallout data in the QRT system, 22 of 22 noncompliant records were either missing, incomplete, not signed or not reviewed for another reason.

Oct 2017: KDADS also plans to develop and implement a remediation template to be used by the MCOs rather than asking the MCOs to create a new corrective action plan each review period. The remediation template would be sent by the applicable program manager to the MCO based on conclusions drawn from fallout data pulled from the QRT system.

Oct 2017: KDADS has implemented regularly scheduled HCBS quality meetings with the MCOs to monitor and assess progress. Collaborative development of a desk aid or sample review packet that meets all required elements has been proposed.

Oct 2017: HCBS program managers and Quality Management Specialists are shadowing each other during quality reviews to monitor how the review protocol are being applied and will recommend modifications to the protocol, if needed, based on a combination of fallout data, common findings, and field observation.

| Compliance Trends | 2013 | 2014 | 2015 | 2016 | Jan-Mar 2017 |
|-------------------|------|------|------|------|--------------|
| PD | | | | | |
| Amerigroup | | 20% | 36% | 67% | 50% |
| Sunflower | | 53% | 58% | 50% | 60% |
| United | | 50% | 63% | 80% | 100% |
| Statewide | 75% | 39% | 53% | 65% | 60% |
| FE | | | | | |
| Amerigroup | | 24% | 71% | 42% | 0% |
| Sunflower | | 39% | 51% | 63% | 50% |
| United | | 50% | 47% | 87% | 100% |
| Statewide | 78% | 38% | 54% | 65% | 57% |
| IDD | | | | | |
| Amerigroup | | 7% | 60% | 27% | 0% |
| Sunflower | | 38% | 16% | 25% | 43% |
| United | | 16% | 30% | 30% | 100% |
| Statewide | 97% | 23% | 28% | 28% | 44% |
| TBI | | | | | |
| Amerigroup | | 24% | 42% | 61% | 33% |
| Sunflower | | 54% | 27% | 75% | 100% |
| United | | 46% | 50% | 75% | N/A |
| Statewide | 53% | 38% | 38% | 67% | 50% |
| TA | | | | | |
| Amerigroup | | 32% | 73% | 56% | 100% |
| Sunflower | | 54% | 89% | 63% | 67% |
| United | | 38% | 43% | 60% | 100% |
| Statewide | 92% | 42% | 75% | 60% | 80% |
| Autism | | | | | |
| Amerigroup | | 10% | 0% | 17% | 50% |
| Sunflower | | 17% | 25% | 50% | 0% |
| United | | 0% | 0% | 9% | N/A |
| Statewide | 45% | 11% | 11% | 16% | 33% |
| SED | | | | | |
| Amerigroup | | 90% | 90% | 97% | 89% |
| Sunflower | | 83% | 79% | 68% | 89% |
| United | | 84% | 93% | 83% | 67% |
| Statewide | 85% | 86% | 88% | 83% | 81% |

KDADS HCBS Quality Review Report

Service Plan

PM 8: Number and percent of waiver participants who received services in the type, scope, amount, duration, and frequency specified in the service plan

Numerator: Number of waiver participants who received services in the type, scope, amount, duration, and frequency specified in the service plan

Denominator: Number of waiver participants whose service plans were reviewed

Review Period: 01/01/2017 - 03/31/2017

Data Source: MCO Record Review

| Compliance By Waiver | Amerigroup | Sunflower | United | Statewide |
|----------------------|------------|-------------|------------|------------|
| PD | 65% | 93% | 91% | 82% |
| Numerator | 22 | 28 | 21 | 71 |
| Denominator | 34 | 30 | 23 | 87 |
| FE | 69% | 85% | 96% | 84% |
| Numerator | 18 | 29 | 27 | 74 |
| Denominator | 26 | 34 | 28 | 88 |
| IDD | 68% | 86% | 87% | 81% |
| Numerator | 19 | 38 | 20 | 77 |
| Denominator | 28 | 44 | 23 | 95 |
| TBI | 59% | 69% | 86% | 65% |
| Numerator | 17 | 9 | 6 | 32 |
| Denominator | 29 | 13 | 7 | 49 |
| TA | 68% | 69% | 89% | 72% |
| Numerator | 17 | 11 | 8 | 36 |
| Denominator | 25 | 16 | 9 | 50 |
| Autism | 80% | 17% | 0% | 42% |
| Numerator | 4 | 1 | 0 | 5 |
| Denominator | 5 | 6 | 1 | 12 |
| SED | 96% | 100% | 89% | 95% |
| Numerator | 27 | 23 | 24 | 74 |
| Denominator | 28 | 23 | 27 | 78 |

Explanation of Findings:

The Service plan was not provided for review, and/or the Service Plan was not signed and/or dated by the individual and/or their representative/guardian, if applicable and/or Service Plan does not match documentation of services being received.

Remediation:

Conclusions: As part of an existing corrective action plan to CMS, KDADS has acknowledged the need for additional policy to clarify the plan of care expectations and provided direction. When reviewing this data this need is confirmed.

Corrective action plan: MCOs shall provide a corrective action training and development plan to the KDADS CSP Commissioner showing: (1) how they intend to obtain required signatures to show member participation in the POC process; (2) when/where/how MCO care coordinators will be trained on how to view and consistently review the participant's service plan before the waiver participant's annual redetermination date; (3) how/when/where a documented change in needs results in a revised service plan, as needed, to address the change; (4) how MCO care coordinators will be trained and held accountable if there is identified evidence showing a documented change in needs did not result in a revised service plan; (5) how MCO care coordinators will be trained to monitor access to authorized services and/or identify and respond to barriers that limit access to authorized service; and, (6) outline actions the MCO care coordinators are trained take if required individual service plan records have not been made available to quality reviewers in a timely manner.

Oct 2017: According to fallout data in the QRT system, 7 of 90 noncompliant records were recorded as incomplete or inaccurate in relationship to the type, scope, amount, duration, and frequency specified in the service plan. The remaining records were either recorded as missing, not signed, or not reviewed for another reason.

Oct 2017: KDADS also plans to develop and implement a remediation template to be used by the MCOs rather than asking the MCOs to create a new corrective action plan each review period. The remediation template would be sent by the applicable program manager to the MCO based on conclusions drawn from fallout data pulled from the QRT system.

Oct 2017: KDADS has implemented regularly scheduled HCBS quality meetings with the MCOs to monitor and assess progress. Collaborative development of a desk aid or sample review packet that meets all required elements has been proposed.

Oct 2017: HCBS program managers and Quality Management Specialists are shadowing each other during quality reviews to monitor how the review protocol are being applied and will recommend modifications to the protocol, if needed, based on a combination of fallout data, common findings, and field observation.

| Compliance Trends | 2013 | 2014 | 2015 | 2016 | Jan-Mar 2017 |
|-------------------|------|------|------|------|--------------|
| PD | | | | | |
| Amerigroup | | 94% | 69% | 79% | 65% |
| Sunflower | | 96% | 72% | 76% | 93% |
| United | | 96% | 78% | 91% | 91% |
| Statewide | 85% | 95% | 72% | 81% | 82% |
| FE | | | | | |
| Amerigroup | | 83% | 76% | 75% | 69% |
| Sunflower | | 96% | 64% | 86% | 85% |
| United | | 96% | 79% | 89% | 96% |
| Statewide | 87% | 92% | 72% | 83% | 84% |
| IDD | | | | | |
| Amerigroup | | 78% | 84% | 73% | 68% |
| Sunflower | | 97% | 62% | 77% | 86% |
| United | | 100% | 59% | 81% | 87% |
| Statewide | 98% | 92% | 68% | 77% | 81% |
| TBI | | | | | |
| Amerigroup | | 81% | 55% | 63% | 59% |
| Sunflower | | 95% | 46% | 84% | 69% |
| United | | 85% | 71% | 83% | 86% |
| Statewide | 70% | 87% | 56% | 72% | 65% |
| TA | | | | | |
| Amerigroup | | 98% | 73% | 79% | 68% |
| Sunflower | | 100% | 86% | 82% | 69% |
| United | | 96% | 58% | 82% | 89% |
| Statewide | 100% | 98% | 74% | 80% | 72% |
| Autism | | | | | |
| Amerigroup | | 89% | 59% | 37% | 80% |
| Sunflower | | 100% | 55% | 50% | 17% |
| United | | 50% | 21% | 17% | 0% |
| Statewide | 50% | 86% | 49% | 38% | 42% |
| SED | | | | | |
| Amerigroup | | 91% | 99% | 95% | 96% |
| Sunflower | | 96% | 94% | 84% | 100% |
| United | | 92% | 99% | 91% | 89% |
| Statewide | 13% | 93% | 98% | 90% | 95% |

KDADS HCBS Quality Review Report

Service Plan

PM 9: Number and percent of survey respondents who reported receiving all services as specified in their service plan

Numerator: Number of survey respondents who reported receiving all services as specified in their service plan

Denominator: Number of waiver participants interviewed by QMS staff

Review Period: 01/01/2017 - 03/31/2017

Data Source: Customer Interview

| Compliance By Waiver | Amerigroup | Sunflower | United | Statewide |
|----------------------|---|-------------|-------------|-------------|
| PD | 86% | 100% | 90% | 91% |
| Numerator | 18 | 16 | 18 | 52 |
| Denominator | 21 | 16 | 20 | 57 |
| FE | 93% | 95% | 87% | 91% |
| Numerator | 14 | 19 | 20 | 53 |
| Denominator | 15 | 20 | 23 | 58 |
| IDD | No Customer Interviews Conducted During Review Period | | | |
| Numerator | | | | |
| Denominator | | | | |
| TBI | No Customer Interviews Conducted During Review Period | | | |
| Numerator | | | | |
| Denominator | | | | |
| TA | 94% | 83% | 100% | 93% |
| Numerator | 15 | 5 | 6 | 26 |
| Denominator | 16 | 6 | 6 | 28 |
| Autism | 100% | 100% | N/A | 100% |
| Numerator | 4 | 5 | 0 | 9 |
| Denominator | 4 | 5 | 0 | 9 |
| SED | No Customer Interviews Conducted During Review Period | | | |
| Numerator | | | | |
| Denominator | | | | |

Explanation of Findings:

Survey respondents state they have not received any or all of their needed services, and/or their workers do not show up.

Remediation:

Corrective action plan: MCOs shall provide a training and development plan to the KDADS CSP Commissioner demonstrating: (1) how MCO care coordinators are trained to respond when there is an identified service access issue; and, (2) how MCO care coordinators are trained to provide monitoring and follow up.

Oct 2017: According to fallout data in the QRT system, comments related to adverse findings were included on a total of 11 records found noncompliant within the PD, FE, and TA waiver where certain barriers prevented full utilization of services on the plan.

Oct 2017: The QRT alerts system is used by quality reviewers to immediately notify the waiver program manager in situations where "acute" (i.e. priority response) is needed. HCBS program managers will be meeting to determine standardized procedures for responding to QRT alerts and communicating same to the MCOs.

Oct 2017: KDADS also plans to develop and implement a remediation template to be used by the MCOs rather than asking the MCOs to create a new corrective action plan each review period. The remediation template would be sent by the applicable program manager to the MCO based on conclusions drawn from fallout data pulled from the QRT system.

Oct 2017: KDADS has implemented regularly scheduled HCBS quality meetings with the MCOs to monitor and assess progress. Collaborative development of a desk aid or sample review packet that meets all required elements has been proposed.

Oct 2017: HCBS program managers and Quality Management Specialists are shadowing each other during quality reviews to monitor how the review protocol are being applied and will recommend modifications to the protocol, if needed, based on a combination of fallout data, common findings, and field observation.

| Compliance Trends | 2013 | 2014 | 2015 | 2016 | Jan-Mar 2017 |
|-------------------|---------------|---------|---------|---------|--------------|
| PD | | | | | |
| Amerigroup | | 97% | | | 86% |
| Sunflower | | 92% | | | 100% |
| United | | 93% | | | 90% |
| Statewide | Not a measure | 94% | No Data | No Data | 91% |
| FE | | | | | |
| Amerigroup | | 85% | | | 93% |
| Sunflower | | 86% | | | 95% |
| United | | 82% | | | 87% |
| Statewide | 87% | 84% | No Data | No Data | 91% |
| IDD | | | | | |
| Amerigroup | | 92% | | | |
| Sunflower | | 96% | | | |
| United | | 93% | | | |
| Statewide | Not a measure | 94% | No Data | No Data | No Data |
| TBI | | | | | |
| Amerigroup | | 81% | | | |
| Sunflower | | 88% | | | |
| United | | 83% | | | |
| Statewide | Not a measure | 83% | No Data | No Data | No Data |
| TA | | | | | |
| Amerigroup | | 89% | | | 94% |
| Sunflower | | 84% | | | 83% |
| United | | 85% | | | 100% |
| Statewide | Not a measure | 87% | No Data | No Data | 93% |
| Autism | | | | | |
| Amerigroup | | 74% | | | 100% |
| Sunflower | | 70% | | | 100% |
| United | | 60% | | | N/A |
| Statewide | Not a measure | 71% | No Data | No Data | 100% |
| SED | | | | | |
| Amerigroup | | | | | |
| Sunflower | | | | | |
| United | | | | | |
| Statewide | Not a measure | No Data | No Data | No Data | No Data |

KDADS HCBS Quality Review Report

Service Plan

PM 10: Number and percent of waiver participants whose record contains documentation indicating a choice of waiver service providers

Numerator: Number of waiver participants whose record contains documentation indicating a choice of waiver service providers

Denominator: Number of waiver participants whose service plans were reviewed

Review Period: 01/01/2017 - 03/31/2017

Data Source: MCO Record Review

| Compliance By Waiver | Amerigroup | Sunflower | United | Statewide |
|----------------------|-------------|------------|-------------|------------|
| PD | 53% | 90% | 87% | 74% |
| Numerator | 18 | 26 | 20 | 64 |
| Denominator | 34 | 29 | 23 | 86 |
| FE | 65% | 85% | 100% | 84% |
| Numerator | 17 | 29 | 28 | 74 |
| Denominator | 26 | 34 | 28 | 88 |
| IDD | 64% | 80% | 91% | 78% |
| Numerator | 18 | 35 | 21 | 74 |
| Denominator | 28 | 44 | 23 | 95 |
| TBI | 55% | 69% | 100% | 65% |
| Numerator | 16 | 9 | 7 | 32 |
| Denominator | 29 | 13 | 7 | 49 |
| TA | 56% | 69% | 89% | 66% |
| Numerator | 14 | 11 | 8 | 33 |
| Denominator | 25 | 16 | 9 | 50 |
| Autism | 80% | 50% | 0% | 58% |
| Numerator | 4 | 3 | 0 | 7 |
| Denominator | 5 | 6 | 1 | 12 |
| SED | 100% | 91% | 88% | 94% |
| Numerator | 28 | 21 | 23 | 72 |
| Denominator | 28 | 23 | 26 | 77 |

Explanation of Findings:

There was no documentation to show choice was reviewed and/or choice box not marked on the form, the Service Plan was not signed and/or dated by the individual and/or their representative/guardian, if applicable.

Remediation:

Conclusions: As part of an existing corrective action plan to CMS, KDADS has acknowledged the need for additional policy to clarify the plan of care expectations and provided direction. When reviewing this data this need is confirmed.

Corrective action plan : MCOs shall provide a corrective action training and development plan to the KDADS CSP Commissioner showing: (1) how care coordinators are trained to obtain required signatures to show member participation in the POC process; (2) when/where/how MCO care coordinators will be trained on how to view and consistently review the participant's service plan before the waiver participant's annual redetermination date; (3) participant's record contains documentation indicating a choice of waiver service providers; (4) how MCO care coordinators will be trained and held accountable if there is identified evidence that shows the participant was not given a choice of waiver service providers; and, (5) outline actions the MCO care coordinators are trained take if required individual service plan records have not been made available to quality reviewers in a timely manner.

Oct 2017: According to fallout data in the QRT system, 4 of 101 noncompliant records did not indicate choice of waiver providers. The remaining records were missing, not signed, or not reviewed for another reason.

Oct 2017: KDADS also plans to develop and implement a remediation template to be used by the MCOs rather than asking the MCOs to create a new corrective action plan each review period. The remediation template would be sent by the applicable program manager to the MCO based on conclusions drawn from fallout data pulled from the QRT system.

Oct 2017: KDADS has implemented regularly scheduled HCBS quality meetings with the MCOs to monitor and assess progress. Collaborative development of a desk aid or sample review packet that meets all required elements has been proposed.

Oct 2017: HCBS program managers and Quality Management Specialists are shadowing each other during quality reviews to monitor how the review protocol are being applied and will recommend modifications to the protocol, if needed, based on a combination of fallout data, common findings, and field observation.

| Compliance Trends | 2013 | 2014 | 2015 | 2016 | Jan-Mar 2017 |
|-------------------|------|------|------|------|--------------|
| PD | | | | | |
| Amerigroup | | 68% | 56% | 68% | 53% |
| Sunflower | | 58% | 69% | 73% | 90% |
| United | | 69% | 73% | 89% | 87% |
| Statewide | 52% | 65% | 65% | 76% | 74% |
| FE | | | | | |
| Amerigroup | | 68% | 59% | 64% | 65% |
| Sunflower | | 76% | 59% | 82% | 85% |
| United | | 77% | 75% | 85% | 100% |
| Statewide | 56% | 74% | 63% | 77% | 84% |
| IDD | | | | | |
| Amerigroup | | 51% | 45% | 68% | 64% |
| Sunflower | | 68% | 42% | 69% | 80% |
| United | | 75% | 55% | 76% | 91% |
| Statewide | 99% | 64% | 46% | 70% | 78% |
| TBI | | | | | |
| Amerigroup | | 54% | 50% | 53% | 55% |
| Sunflower | | 75% | 40% | 86% | 69% |
| United | | 70% | 74% | 83% | 100% |
| Statewide | 44% | 65% | 52% | 67% | 65% |
| TA | | | | | |
| Amerigroup | | 87% | 65% | 68% | 56% |
| Sunflower | | 84% | 80% | 77% | 69% |
| United | | 92% | 58% | 79% | 89% |
| Statewide | 96% | 86% | 68% | 72% | 66% |
| Autism | | | | | |
| Amerigroup | | 67% | 67% | 47% | 80% |
| Sunflower | | 44% | 45% | 50% | 50% |
| United | | 88% | 21% | 17% | 0% |
| Statewide | 40% | 63% | 49% | 42% | 58% |
| SED | | | | | |
| Amerigroup | | 94% | 91% | 98% | 100% |
| Sunflower | | 91% | 72% | 84% | 91% |
| United | | 84% | 97% | 88% | 88% |
| Statewide | 98% | 89% | 88% | 90% | 94% |

KDADS HCBS Quality Review Report

Service Plan

PM 11: Number and percent of waiver participants whose record contains documentation indicating a choice of waiver services

Numerator: Number of waiver participants whose record contains documentation indicating a choice of waiver services

Denominator: Number of waiver participants whose service plans were reviewed

Review Period: 01/01/2017 - 03/31/2017

Data Source: MCO Record Review

| Compliance By Waiver | Amerigroup | Sunflower | United | Statewide |
|----------------------|-------------|------------|------------|------------|
| PD | 47% | 86% | 52% | 62% |
| Numerator | 16 | 25 | 12 | 53 |
| Denominator | 34 | 29 | 23 | 86 |
| FE | 65% | 71% | 57% | 65% |
| Numerator | 17 | 24 | 16 | 57 |
| Denominator | 26 | 34 | 28 | 88 |
| IDD | 57% | 64% | 78% | 65% |
| Numerator | 16 | 28 | 18 | 62 |
| Denominator | 28 | 44 | 23 | 95 |
| TBI | 52% | 46% | 86% | 55% |
| Numerator | 15 | 6 | 6 | 27 |
| Denominator | 29 | 13 | 7 | 49 |
| TA | 52% | 63% | 44% | 54% |
| Numerator | 13 | 10 | 4 | 27 |
| Denominator | 25 | 16 | 9 | 50 |
| Autism | 80% | 50% | 0% | 58% |
| Numerator | 4 | 3 | 0 | 7 |
| Denominator | 5 | 6 | 1 | 12 |
| SED | 100% | 91% | 85% | 92% |
| Numerator | 28 | 21 | 22 | 71 |
| Denominator | 28 | 23 | 26 | 77 |

Explanation of Findings:

There was no documentation to show choice was reviewed and/or choice box not marked on the form, the Service Plan was not signed and/or dated by the individual and/or their representative/guardian, if applicable.

Remediation:

Conclusions: As part of an existing corrective action plan to CMS, KDADS has acknowledged the need for additional policy to clarify the plan of care expectations and provided direction. When reviewing this data this need is confirmed.

Corrective action plan : MCOs shall provide a corrective action training and development plan to the KDADS CSP Commissioner showing: (1) how care coordinators are trained to obtain required signatures to show member participation in the POC process; (2) when/where/how MCO care coordinators will be trained on how to view and consistently review the participant's service plan before the waiver participant's annual redetermination date; (3) when/where/how care coordinators are trained to document the participant's choice of waiver services; (4) how MCO care coordinators will be trained and held accountable if there is identified evidence that shows the participant was not given a choice of waiver services; and, (5) outline actions the MCO care coordinators are trained take if required individual service plan records have not been made available to quality reviewers in a timely manner.

Oct 2017: According to fallout data in the QRT system, 30 of 153 records found noncompliant show that evidence of choice was on the service plan but the service plan was not signed. The remaining records were missing, not signed, or not reviewed for another reason.

Oct 2017: KDADS also plans to develop and implement a remediation template to be used by the MCOs rather than asking the MCOs to create a new corrective action plan each review period. The remediation template would be sent by the applicable program manager to the MCO based on conclusions drawn from fallout data pulled from the QRT system.

Oct 2017: KDADS has implemented regularly scheduled HCBS quality meetings with the MCOs and ADRC to monitor and assess progress. Collaborative development of a desk aid or sample review packet that meets all required elements has been proposed.

Oct 2017: HCBS program managers and Quality Management Specialists are shadowing each other during quality reviews to monitor how the review protocol are being applied and will recommend modifications to the protocol, if needed, based on a combination of fallout data, common findings, and field observation.

| Compliance Trends | 2013 | 2014 | 2015 | 2016 | Jan-Mar 2017 |
|-------------------|---------|------|------|------|--------------|
| PD | | | | | |
| Amerigroup | | 68% | 53% | 62% | 47% |
| Sunflower | | 72% | 50% | 71% | 86% |
| United | | 77% | 73% | 84% | 52% |
| Statewide | 64% | 72% | 57% | 72% | 62% |
| FE | | | | | |
| Amerigroup | | 67% | 57% | 67% | 65% |
| Sunflower | | 86% | 47% | 82% | 71% |
| United | | 85% | 74% | 84% | 57% |
| Statewide | 59% | 80% | 57% | 78% | 65% |
| IDD | | | | | |
| Amerigroup | | 55% | 46% | 70% | 57% |
| Sunflower | | 68% | 35% | 69% | 64% |
| United | | 77% | 50% | 74% | 78% |
| Statewide | No Data | 66% | 42% | 71% | 65% |
| TBI | | | | | |
| Amerigroup | | 56% | 50% | 52% | 52% |
| Sunflower | | 80% | 23% | 86% | 46% |
| United | | 74% | 67% | 80% | 86% |
| Statewide | 53% | 68% | 45% | 66% | 55% |
| TA | | | | | |
| Amerigroup | | 86% | 65% | 71% | 52% |
| Sunflower | | 97% | 53% | 79% | 63% |
| United | | 94% | 55% | 64% | 44% |
| Statewide | 96% | 91% | 60% | 72% | 54% |
| Autism | | | | | |
| Amerigroup | | 79% | 52% | 47% | 80% |
| Sunflower | | 50% | 27% | 61% | 50% |
| United | | 88% | 14% | 17% | 0% |
| Statewide | 55% | 72% | 35% | 46% | 58% |
| SED | | | | | |
| Amerigroup | | 94% | 92% | 98% | 100% |
| Sunflower | | 91% | 72% | 84% | 91% |
| United | | 84% | 97% | 88% | 85% |
| Statewide | 98% | 89% | 88% | 90% | 92% |

KDADS HCBS Quality Review Report

Service Plan

PM 12: Number and percent of waiver participants whose record contains documentation indicating a choice of community-based services v. an institutional alternative

Numerator: Number of waiver participants whose record contains documentation indicating a choice of community-based services

Denominator: Number of waiver participants whose files are reviewed for the documentation

Review Period: 01/01/2017 - 03/31/2017

Data Source: MCO Record Review

| Compliance By Waiver | Amerigroup | Sunflower | United | Statewide |
|----------------------|-------------|------------|-------------|------------|
| PD | 53% | 93% | 87% | 76% |
| Numerator | 18 | 28 | 20 | 66 |
| Denominator | 34 | 30 | 23 | 87 |
| FE | 62% | 79% | 100% | 81% |
| Numerator | 16 | 27 | 28 | 71 |
| Denominator | 26 | 34 | 28 | 88 |
| IDD | 64% | 80% | 91% | 78% |
| Numerator | 18 | 35 | 21 | 74 |
| Denominator | 28 | 44 | 23 | 95 |
| TBI | 55% | 69% | 100% | 65% |
| Numerator | 16 | 9 | 7 | 32 |
| Denominator | 29 | 13 | 7 | 49 |
| TA | 56% | 69% | 89% | 66% |
| Numerator | 14 | 11 | 8 | 33 |
| Denominator | 25 | 16 | 9 | 50 |
| Autism | 80% | 67% | 0% | 67% |
| Numerator | 4 | 4 | 0 | 8 |
| Denominator | 5 | 6 | 1 | 12 |
| SED | 100% | 91% | 85% | 92% |
| Numerator | 28 | 21 | 22 | 71 |
| Denominator | 28 | 23 | 26 | 77 |

Explanation of Findings:

There was no documentation to show choice was reviewed and/or choice box not marked on the form, the Service Plan was not signed and/or dated by the individual and/or their representative/guardian, if applicable.

Remediation:

Corrective action plan : MCOs shall provide a corrective action training and development plan to the KDADS CSP Commissioner showing: (1) how they intend to obtain required signatures to show member participation in the POC process; (2) when/where/how MCO care coordinators will be trained on how to view and consistently review the participant's service plan before the waiver participant's annual redetermination date; (3) when/where/how care coordinators are trained to document the participant's choice of waiver service providers; (4) how MCO care coordinators will be trained and held accountable if there is identified evidence that shows the participant was not given a choice of waiver service providers; (5) when/where/how care coordinators are trained to document the choice of community-based services vs institutional alternative; (6) how MCO care coordinators will be trained and held accountable if there is identified evidence that shows the participant was not given a choice of community-based services vs the institutional alternative; and, (7) outline actions the MCO care coordinators are trained take if required individual service plan records have not been made available to quality reviewers in a timely manner.

Oct 2017: According to fallout data in the QRT system, 27 of 103 records found noncompliant had choice of community-based services vs the institutional alternative indicated but the plan was not signed. The remaining noncompliant records were either missing, not signed, or not reviewed for another reason.

Oct 2017: KDADS also plans to develop and implement a remediation template to be used by the MCOs rather than asking the MCOs to create a new corrective action plan each review period. The remediation template would be sent by the applicable program manager to the MCO based on conclusions drawn from fallout data pulled from the QRT system.

Oct 2017: KDADS has implemented regularly scheduled HCBS quality meetings with the MCOs to monitor and assess progress. Collaborative development of a desk aid or sample review packet that meets all required elements has been proposed.

Oct 2017: HCBS program managers and Quality Management Specialists are shadowing each other during quality reviews to monitor how the review protocol are being applied and will recommend modifications to the protocol, if needed, based on a combination of fallout data, common findings, and field observation.

| Compliance Trends | 2013 | 2014 | 2015 | 2016 | Jan-Mar 2017 |
|-------------------|---------------|------|------|------|--------------|
| PD | | | | | |
| Amerigroup | | 76% | 57% | 67% | 53% |
| Sunflower | | 74% | 67% | 73% | 93% |
| United | | 80% | 78% | 88% | 87% |
| Statewide | Not a measure | 76% | 66% | 75% | 76% |
| FE | | | | | |
| Amerigroup | | 67% | 58% | 72% | 62% |
| Sunflower | | 87% | 56% | 82% | 79% |
| United | | 85% | 79% | 84% | 100% |
| Statewide | 65% | 80% | 63% | 79% | 81% |
| IDD | | | | | |
| Amerigroup | | 47% | 47% | 66% | 64% |
| Sunflower | | 69% | 41% | 68% | 80% |
| United | | 78% | 57% | 79% | 91% |
| Statewide | No Data | 64% | 46% | 70% | 78% |
| TBI | | | | | |
| Amerigroup | | 55% | 51% | 54% | 55% |
| Sunflower | | 79% | 40% | 86% | 69% |
| United | | 73% | 74% | 83% | 100% |
| Statewide | No Data | 67% | 52% | 68% | 65% |
| TA | | | | | |
| Amerigroup | | 87% | 65% | 69% | 56% |
| Sunflower | | 98% | 80% | 81% | 69% |
| United | | 94% | 55% | 79% | 89% |
| Statewide | No Data | 92% | 68% | 74% | 66% |
| Autism | | | | | |
| Amerigroup | | 86% | 67% | 65% | 80% |
| Sunflower | | 47% | 59% | 67% | 67% |
| United | | 75% | 43% | 33% | 0% |
| Statewide | No Data | 72% | 59% | 60% | 67% |
| SED | | | | | |
| Amerigroup | | 94% | 92% | 98% | 100% |
| Sunflower | | 91% | 72% | 84% | 91% |
| United | | 85% | 98% | 88% | 85% |
| Statewide | 99% | 90% | 89% | 91% | 92% |

KDADS HCBS Quality Review Report

Service Plan

PM 13: Number and percent of waiver participants whose record contains documentation indicating a choice of either self-directed or agency-directed care

Numerator: Number of waiver participants whose record contains documentation indicating a choice of either self-directed or agency-directed care

Denominator: Number of waiver participants whose files are reviewed for the documentation

Review Period: 01/01/2017 - 03/31/2017

Data Source: MCO Record Review

| Compliance By Waiver | Amerigroup | Sunflower | United | Statewide |
|----------------------|--|------------|-------------|------------|
| PD | 59% | 93% | 87% | 78% |
| Numerator | 20 | 28 | 20 | 68 |
| Denominator | 34 | 30 | 23 | 87 |
| FE | 58% | 85% | 96% | 81% |
| Numerator | 15 | 29 | 27 | 71 |
| Denominator | 26 | 34 | 28 | 88 |
| IDD | 54% | 64% | 91% | 67% |
| Numerator | 15 | 28 | 21 | 64 |
| Denominator | 28 | 44 | 23 | 95 |
| TBI | 62% | 69% | 100% | 69% |
| Numerator | 18 | 9 | 7 | 34 |
| Denominator | 29 | 13 | 7 | 49 |
| TA | 60% | 69% | 89% | 68% |
| Numerator | 15 | 11 | 8 | 34 |
| Denominator | 25 | 16 | 9 | 50 |
| Autism | Self-direction is not offered for this waiver | | | |
| Numerator | | | | |
| Denominator | | | | |
| SED | Self-direction is not offered for this waiver | | | |
| Numerator | | | | |
| Denominator | | | | |

Explanation of Findings:

There was no documentation to show choice was reviewed and/or choice box not marked on the form, the Service Plan was not signed and/or dated by the individual and/or their representative/guardian, if applicable.

Remediation:

Corrective action plan: MCOs shall provide a corrective action training and development plan to the KDADS CSP Commissioner showing: (1) how they intend to obtain required signatures to show member participation in the POC process; (2) when/where/how MCO care coordinators will be trained on how to view and consistently review the participant's service plan before the waiver participant's annual redetermination date; (3) when/where/how care coordinators are trained to document the participant's choice of waiver service providers; (4) how MCO care coordinators will be trained and held accountable if there is identified evidence that shows the participant was not given a choice of waiver service providers; (5) when/where/how care coordinators are trained to document the choice of community-based services vs institutional alternative; (6) how MCO care coordinators will be trained and held accountable if there is identified evidence that shows the participant was not given a choice of community-based services vs the institutional alternative; (7) when/where/how care coordinators are trained to document the participant's choice of either self-directed or agency-directed care; (8) how MCO care coordinators will be trained and held accountable if there is identified evidence that shows the participant was not given a choice of either self-directed or agency-directed care; and, (9) outlined actions the MCO care coordinators are trained take if required individual service plan records have not been made available to quality reviewers in a timely manner.

Oct 2017: According to fallout data in the QRT system, 30 of 98 noncompliant records had choice of self vs participant direction indicated on the service plan but the service plan was not signed. The remaining noncompliant records were either missing, not signed, or not reviewed for another reason.

Oct 2017: KDADS also plans to develop and implement a remediation template to be used by the MCOs rather than asking the MCOs to create a new corrective action plan each review period. The remediation template would be sent by the applicable program manager to the MCO based on conclusions drawn from fallout data pulled from the QRT system.

Oct 2017: KDADS has implemented regularly scheduled HCBS quality meetings with the MCOs to monitor and assess progress. Collaborative development of a desk aid or sample review packet that meets all required elements has been proposed.

Oct 2017: HCBS program managers and Quality Management Specialists are shadowing each other during quality reviews to monitor how the review protocol are being applied and will recommend modifications to the protocol, if needed, based on a combination of fallout data, common findings, and field observation.

| Compliance Trends | 2013 | 2014 | 2015 | 2016 | Jan-Mar 2017 |
|-------------------|--|------|------|------|--------------|
| PD | | | | | |
| Amerigroup | | 64% | 58% | 72% | 59% |
| Sunflower | | 73% | 68% | 72% | 93% |
| United | | 77% | 78% | 88% | 87% |
| Statewide | Not a measure | 71% | 66% | 77% | 78% |
| FE | | | | | |
| Amerigroup | | 64% | 59% | 73% | 58% |
| Sunflower | | 84% | 59% | 81% | 85% |
| United | | 77% | 79% | 85% | 96% |
| Statewide | 65% | 75% | 64% | 79% | 81% |
| IDD | | | | | |
| Amerigroup | | 34% | 47% | 64% | 54% |
| Sunflower | | 61% | 39% | 60% | 64% |
| United | | 77% | 57% | 73% | 91% |
| Statewide | No Data | 53% | 46% | 64% | 67% |
| TBI | | | | | |
| Amerigroup | | 50% | 50% | 56% | 62% |
| Sunflower | | 85% | 43% | 82% | 69% |
| United | | 70% | 74% | 83% | 100% |
| Statewide | No Data | 66% | 52% | 68% | 69% |
| TA | | | | | |
| Amerigroup | | 82% | 56% | 66% | 60% |
| Sunflower | | 98% | 82% | 79% | 69% |
| United | | 100% | 58% | 79% | 89% |
| Statewide | No Data | 90% | 64% | 72% | 68% |
| Autism | Self-direction is not offered for this waiver | | | | |
| Amerigroup | | | | | |
| Sunflower | | | | | |
| United | | | | | |
| Statewide | | | | | |
| SED | Self-direction is not offered for this waiver | | | | |
| Amerigroup | | | | | |
| Sunflower | | | | | |
| United | | | | | |
| Statewide | | | | | |

KDADS HCBS Quality Review Report

Health and Welfare

PM 1: Number and percent of unexpected deaths for which review/investigation resulted in the identification of preventable causes

Numerator: Number of unexpected deaths for which review/investigation resulted in the identification of non-preventable causes

Denominator: Number of waiver participants whose service plans were reviewed

Review Period: 01/01/2017 - 03/31/2017

Data Source:

| Compliance By Waiver | Amerigroup | Sunflower | United | Statewide |
|----------------------|------------|-----------|--------|-----------|
| PD | | | | |
| Numerator | | | | |
| Denominator | | | | |
| FE | | | | |
| Numerator | | | | |
| Denominator | | | | |
| IDD | | | | |
| Numerator | | | | |
| Denominator | | | | |
| TBI | | | | |
| Numerator | | | | |
| Denominator | | | | |
| TA | | | | |
| Numerator | | | | |
| Denominator | | | | |
| Autism | | | | |
| Numerator | | | | |
| Denominator | | | | |
| SED | | | | |
| Numerator | | | | |
| Denominator | | | | |

Explanation of Findings:

Remediation:

Oct 2017: Not applicable at time of review.

| Compliance Trends | 2013 | 2014 | 2015 | 2016 | Jan-Mar 2017 |
|-------------------|------|------|------|------|--------------|
| PD | | | | | |
| Amerigroup | | | | | |
| Sunflower | | | | | |
| United | | | | | |
| Statewide | | | | | |
| FE | | | | | |
| Amerigroup | | | | | |
| Sunflower | | | | | |
| United | | | | | |
| Statewide | | | | | |
| IDD | | | | | |
| Amerigroup | | | | | |
| Sunflower | | | | | |
| United | | | | | |
| Statewide | | | | | |
| TBI | | | | | |
| Amerigroup | | | | | |
| Sunflower | | | | | |
| United | | | | | |
| Statewide | | | | | |
| TA | | | | | |
| Amerigroup | | | | | |
| Sunflower | | | | | |
| United | | | | | |
| Statewide | | | | | |
| Autism | | | | | |
| Amerigroup | | | | | |
| Sunflower | | | | | |
| United | | | | | |
| Statewide | | | | | |
| SED | | | | | |
| Amerigroup | | | | | |
| Sunflower | | | | | |
| United | | | | | |
| Statewide | | | | | |

KDADS HCBS Quality Review Report

Health and Welfare

PM 2: Number and percent of unexpected deaths for which review/investigation followed the appropriate policies and procedures

Numerator: Number of unexpected deaths for which review/investigation followed the appropriate policies and procedures as in the approved waiver

Denominator: Number of unexpected deaths

Review Period: 01/01/2017 - 03/31/2017

Data Source:

| Compliance By Waiver | Amerigroup | Sunflower | United | Statewide |
|----------------------|------------|-----------|--------|-----------|
| PD | | | | |
| Numerator | | | | |
| Denominator | | | | |
| FE | | | | |
| Numerator | | | | |
| Denominator | | | | |
| IDD | | | | |
| Numerator | | | | |
| Denominator | | | | |
| TBI | | | | |
| Numerator | | | | |
| Denominator | | | | |
| TA | | | | |
| Numerator | | | | |
| Denominator | | | | |
| Autism | | | | |
| Numerator | | | | |
| Denominator | | | | |
| SED | | | | |
| Numerator | | | | |
| Denominator | | | | |

Explanation of Findings:

Remediation:

Oct 2017: Not applicable at time of review.

| Compliance Trends | 2013 | 2014 | 2015 | 2016 | Jan-Mar 2017 |
|-------------------|------|------|------|------|--------------|
| PD | | | | | |
| Amerigroup | | | | | |
| Sunflower | | | | | |
| United | | | | | |
| Statewide | | | | | |
| FE | | | | | |
| Amerigroup | | | | | |
| Sunflower | | | | | |
| United | | | | | |
| Statewide | | | | | |
| IDD | | | | | |
| Amerigroup | | | | | |
| Sunflower | | | | | |
| United | | | | | |
| Statewide | | | | | |
| TBI | | | | | |
| Amerigroup | | | | | |
| Sunflower | | | | | |
| United | | | | | |
| Statewide | | | | | |
| TA | | | | | |
| Amerigroup | | | | | |
| Sunflower | | | | | |
| United | | | | | |
| Statewide | | | | | |
| Autism | | | | | |
| Amerigroup | | | | | |
| Sunflower | | | | | |
| United | | | | | |
| Statewide | | | | | |
| SED | | | | | |
| Amerigroup | | | | | |
| Sunflower | | | | | |
| United | | | | | |
| Statewide | | | | | |

KDADS HCBS Quality Review Report

Health and Welfare

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

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

Denominator: Number of unexpected deaths

Review Period: 01/01/2017 - 03/31/2017

Data Source:

| Compliance By Waiver | Amerigroup | Sunflower | United | Statewide |
|----------------------|------------|-----------|--------|-----------|
| PD | | | | |
| Numerator | | | | |
| Denominator | | | | |
| FE | | | | |
| Numerator | | | | |
| Denominator | | | | |
| IDD | | | | |
| Numerator | | | | |
| Denominator | | | | |
| TBI | | | | |
| Numerator | | | | |
| Denominator | | | | |
| TA | | | | |
| Numerator | | | | |
| Denominator | | | | |
| Autism | | | | |
| Numerator | | | | |
| Denominator | | | | |
| SED | | | | |
| Numerator | | | | |
| Denominator | | | | |

Explanation of Findings:

Remediation:

Oct 2017: Not applicable at time of review.

| Compliance Trends | 2013 | 2014 | 2015 | 2016 | Jan-Mar 2017 |
|-------------------|------|------|------|------|--------------|
| PD | | | | | |
| Amerigroup | | | | | |
| Sunflower | | | | | |
| United | | | | | |
| Statewide | | | | | |
| FE | | | | | |
| Amerigroup | | | | | |
| Sunflower | | | | | |
| United | | | | | |
| Statewide | | | | | |
| IDD | | | | | |
| Amerigroup | | | | | |
| Sunflower | | | | | |
| United | | | | | |
| Statewide | | | | | |
| TBI | | | | | |
| Amerigroup | | | | | |
| Sunflower | | | | | |
| United | | | | | |
| Statewide | | | | | |
| TA | | | | | |
| Amerigroup | | | | | |
| Sunflower | | | | | |
| United | | | | | |
| Statewide | | | | | |
| Autism | | | | | |
| Amerigroup | | | | | |
| Sunflower | | | | | |
| United | | | | | |
| Statewide | | | | | |
| SED | | | | | |
| Amerigroup | | | | | |
| Sunflower | | | | | |
| United | | | | | |
| Statewide | | | | | |

KDADS HCBS Quality Review Report

Health and Welfare

PM 4: Number and percent of waiver participants who received information on how to report suspected abuse, neglect, or exploitation

Numerator: Number of waiver participants who received information on how to report suspected abuse, neglect, or exploitation

Denominator: Number of waiver participants interviewed by QMS staff or whose records are reviewed

Review Period: 01/01/2017 - 03/31/2017

Data Source: MCO Record Review

| Compliance By Waiver | Amerigroup | Sunflower | United | Statewide |
|----------------------|------------|------------|-------------|------------|
| PD | 74% | 93% | 87% | 84% |
| Numerator | 25 | 28 | 20 | 73 |
| Denominator | 34 | 30 | 23 | 87 |
| FE | 73% | 88% | 100% | 88% |
| Numerator | 19 | 30 | 28 | 77 |
| Denominator | 26 | 34 | 28 | 88 |
| IDD | 71% | 84% | 91% | 82% |
| Numerator | 20 | 37 | 21 | 78 |
| Denominator | 28 | 44 | 23 | 95 |
| TBI | 66% | 62% | 100% | 69% |
| Numerator | 19 | 8 | 7 | 34 |
| Denominator | 29 | 13 | 7 | 49 |
| TA | 72% | 69% | 89% | 74% |
| Numerator | 18 | 11 | 8 | 37 |
| Denominator | 25 | 16 | 9 | 50 |
| Autism | 80% | 67% | 0% | 67% |
| Numerator | 4 | 4 | 0 | 8 |
| Denominator | 5 | 6 | 1 | 12 |
| SED | 10% | 13% | 4% | 9% |
| Numerator | 3 | 3 | 1 | 7 |
| Denominator | 29 | 23 | 27 | 79 |

Explanation of Findings:

No documentation in the case file review regarding A/N/E information being provided, and/or the Service Plan or ANE document was not signed and/or dated by the individual and/or their representative/guardian, if applicable.

Remediation:

This performance measure is achieved through the person centered service plan. KDADS is in the process of creating an updated person centered service plan policy that addresses both new federal requirements and waiver performance measures.

To date the following has been completed:

1. MCO integrated service plan self assessment to KDADS. Completed. March 2017.
2. KDADS gap analysis against federal requirements and waiver performance measures. Completed. March 2017.

Steps still left to complete remediation:

1. Draft revised person centered service plan policy.
Expected completion date: October 2017.
Responsible party: KDADS (CSP)
2. Public comment on person centered support plan policy.
Expected completion date: November 2017.
Responsible party: KDADS (CSP)
3. Finalize policy and get approval from KDHE AD staff.
Expected completion: December 2017.
Responsible party: KDADS (CSP), KDHE.
4. Operationalization of policy.
Expected completion: January 2018.
Responsible party: MCOS and TCMs.

Oct 2017: According to fallout data in the QRT system, 40 of 146 found noncompliant had evidence that information on reporting ANE was reviewed yet the plan was not signed. The remaining records were either incomplete, missing, or had no signature/date on file.

Oct 2017: KDADS has implemented regularly scheduled HCBS quality meetings with the MCOs to monitor and assess progress. Collaborative development of a desk aid or sample review packet that meets all required elements has been proposed.

Oct 2017: HCBS program managers and Quality Management Specialists are shadowing each other during quality reviews to monitor how the review protocol are being applied and will recommend modifications to the protocol, if needed, based on a combination of fallout data, common findings, and field observation.

| Compliance Trends | 2013 | 2014 | 2015 | 2016 | Jan-Mar 2017 |
|-------------------|------|------|------|------|--------------|
| PD | | | | | |
| Amerigroup | | 51% | 19% | 67% | 74% |
| Sunflower | | 88% | 72% | 74% | 93% |
| United | | 90% | 80% | 88% | 87% |
| Statewide | 65% | 72% | 53% | 76% | 84% |
| FE | | | | | |
| Amerigroup | | 59% | 16% | 61% | 73% |
| Sunflower | | 86% | 62% | 84% | 88% |
| United | | 92% | 80% | 88% | 100% |
| Statewide | 80% | 78% | 50% | 78% | 88% |
| IDD | | | | | |
| Amerigroup | | 23% | 6% | 59% | 71% |
| Sunflower | | 87% | 59% | 75% | 84% |
| United | | 100% | 56% | 79% | 91% |
| Statewide | 99% | 68% | 42% | 71% | 82% |
| TBI | | | | | |
| Amerigroup | | 30% | 12% | 56% | 66% |
| Sunflower | | 94% | 45% | 84% | 62% |
| United | | 80% | 76% | 85% | 100% |
| Statewide | 57% | 63% | 34% | 69% | 69% |
| TA | | | | | |
| Amerigroup | | 61% | 38% | 75% | 72% |
| Sunflower | | 99% | 86% | 84% | 69% |
| United | | 97% | 61% | 79% | 89% |
| Statewide | 86% | 82% | 57% | 78% | 74% |
| Autism | | | | | |
| Amerigroup | | 62% | 8% | 23% | 80% |
| Sunflower | | 33% | 29% | 39% | 67% |
| United | | 43% | 14% | 6% | 0% |
| Statewide | 90% | 50% | 16% | 26% | 67% |
| SED | | | | | |
| Amerigroup | | 88% | 64% | 27% | 10% |
| Sunflower | | 80% | 53% | 22% | 13% |
| United | | 78% | 63% | 19% | 4% |
| Statewide | 89% | 82% | 60% | 23% | 9% |

KDADS HCBS Quality Review Report

Health and Welfare

PM 5: Number and percent of participants' reported critical incidents that were initiated and reviewed within required time frames

Numerator: Number of participants' reported critical incidents that were initiated and reviewed within required time frames as specified in the approved waiver

Denominator: Number of participants' reported critical incidents

Review Period: 01/01/2017 - 03/31/2017

Data Source:

| Compliance By Waiver | Amerigroup | Sunflower | United | Statewide |
|----------------------|------------|-----------|--------|-----------|
| PD | | | | |
| Numerator | | | | |
| Denominator | | | | |
| FE | | | | |
| Numerator | | | | |
| Denominator | | | | |
| IDD | | | | |
| Numerator | | | | |
| Denominator | | | | |
| TBI | | | | |
| Numerator | | | | |
| Denominator | | | | |
| TA | | | | |
| Numerator | | | | |
| Denominator | | | | |
| Autism | | | | |
| Numerator | | | | |
| Denominator | | | | |
| SED | | | | |
| Numerator | | | | |
| Denominator | | | | |

Explanation of Findings:

Remediation:

Oct 2017: Not applicable at time of report.

| Compliance Trends | 2013 | 2014 | 2015 | 2016 | Jan-Mar 2017 |
|-------------------|------|------|------|------|--------------|
| PD | | | | | |
| Amerigroup | | | | | |
| Sunflower | | | | | |
| United | | | | | |
| Statewide | | | | | |
| FE | | | | | |
| Amerigroup | | | | | |
| Sunflower | | | | | |
| United | | | | | |
| Statewide | | | | | |
| IDD | | | | | |
| Amerigroup | | | | | |
| Sunflower | | | | | |
| United | | | | | |
| Statewide | | | | | |
| TBI | | | | | |
| Amerigroup | | | | | |
| Sunflower | | | | | |
| United | | | | | |
| Statewide | | | | | |
| TA | | | | | |
| Amerigroup | | | | | |
| Sunflower | | | | | |
| United | | | | | |
| Statewide | | | | | |
| Autism | | | | | |
| Amerigroup | | | | | |
| Sunflower | | | | | |
| United | | | | | |
| Statewide | | | | | |
| SED | | | | | |
| Amerigroup | | | | | |
| Sunflower | | | | | |
| United | | | | | |
| Statewide | | | | | |

KDADS HCBS Quality Review Report

Health and Welfare

PM 6: Number and percent of reported critical incidents requiring review/investigation where the State adhered to its follow-up measures

Numerator: Number of reported critical incidents requiring review/investigation where the State adhered to the follow-up methods as specified in the approved waiver

Denominator: Number of reported critical incidents

Review Period: 01/01/2017 - 03/31/2017

Data Source:

| Compliance By Waiver | Amerigroup | Sunflower | United | Statewide |
|----------------------|------------|-----------|--------|-----------|
| PD | | | | |
| Numerator | | | | |
| Denominator | | | | |
| FE | | | | |
| Numerator | | | | |
| Denominator | | | | |
| IDD | | | | |
| Numerator | | | | |
| Denominator | | | | |
| TBI | | | | |
| Numerator | | | | |
| Denominator | | | | |
| TA | | | | |
| Numerator | | | | |
| Denominator | | | | |
| Autism | | | | |
| Numerator | | | | |
| Denominator | | | | |
| SED | | | | |
| Numerator | | | | |
| Denominator | | | | |

Explanation of Findings:

Remediation:

Oct 2017: Not applicable at time of report.

| Compliance Trends | 2013 | 2014 | 2015 | 2016 | Jan-Mar 2017 |
|-------------------|------|------|------|------|--------------|
| PD | | | | | |
| Amerigroup | | | | | |
| Sunflower | | | | | |
| United | | | | | |
| Statewide | | | | | |
| FE | | | | | |
| Amerigroup | | | | | |
| Sunflower | | | | | |
| United | | | | | |
| Statewide | | | | | |
| IDD | | | | | |
| Amerigroup | | | | | |
| Sunflower | | | | | |
| United | | | | | |
| Statewide | | | | | |
| TBI | | | | | |
| Amerigroup | | | | | |
| Sunflower | | | | | |
| United | | | | | |
| Statewide | | | | | |
| TA | | | | | |
| Amerigroup | | | | | |
| Sunflower | | | | | |
| United | | | | | |
| Statewide | | | | | |
| Autism | | | | | |
| Amerigroup | | | | | |
| Sunflower | | | | | |
| United | | | | | |
| Statewide | | | | | |
| SED | | | | | |
| Amerigroup | | | | | |
| Sunflower | | | | | |
| United | | | | | |
| Statewide | | | | | |

KDADS HCBS Quality Review Report

Health and Welfare

PM 7: Number and percent of restraint applications, seclusion or other restrictive interventions that followed procedures as specified in the approved waiver

Numerator: Number of restraint applications, seclusion or other restrictive interventions that followed procedures as specified in the approved waiver

Denominator: Number of restraint applications, seclusion or other restrictive interventions

Review Period: 01/01/2017 - 03/31/2017

Data Source:

| Compliance By Waiver | Amerigroup | Sunflower | United | Statewide |
|----------------------|------------|-----------|--------|-----------|
| PD | | | | |
| Numerator | | | | |
| Denominator | | | | |
| FE | | | | |
| Numerator | | | | |
| Denominator | | | | |
| IDD | | | | |
| Numerator | | | | |
| Denominator | | | | |
| TBI | | | | |
| Numerator | | | | |
| Denominator | | | | |
| TA | | | | |
| Numerator | | | | |
| Denominator | | | | |
| Autism | | | | |
| Numerator | | | | |
| Denominator | | | | |
| SED | | | | |
| Numerator | | | | |
| Denominator | | | | |

Explanation of Findings:

Remediation:

Oct 2017: Not applicable at time of report.

| Compliance Trends | 2013 | 2014 | 2015 | 2016 | Jan-Mar 2017 |
|-------------------|------|------|------|------|--------------|
| PD | | | | | |
| Amerigroup | | | | | |
| Sunflower | | | | | |
| United | | | | | |
| Statewide | | | | | |
| FE | | | | | |
| Amerigroup | | | | | |
| Sunflower | | | | | |
| United | | | | | |
| Statewide | | | | | |
| IDD | | | | | |
| Amerigroup | | | | | |
| Sunflower | | | | | |
| United | | | | | |
| Statewide | | | | | |
| TBI | | | | | |
| Amerigroup | | | | | |
| Sunflower | | | | | |
| United | | | | | |
| Statewide | | | | | |
| TA | | | | | |
| Amerigroup | | | | | |
| Sunflower | | | | | |
| United | | | | | |
| Statewide | | | | | |
| Autism | | | | | |
| Amerigroup | | | | | |
| Sunflower | | | | | |
| United | | | | | |
| Statewide | | | | | |
| SED | | | | | |
| Amerigroup | | | | | |
| Sunflower | | | | | |
| United | | | | | |
| Statewide | | | | | |

KDADS HCBS Quality Review Report

Health and Welfare

PM 8: Number and percent of unauthorized uses of restrictive interventions that were appropriately reported

Numerator: Number of unauthorized uses of restrictive interventions that were appropriately reported

Denominator: Number of unauthorized uses of restrictive interventions

Review Period: 01/01/2017 - 03/31/2017

Data Source:

| Compliance By Waiver | Amerigroup | Sunflower | United | Statewide |
|----------------------|------------|-----------|--------|-----------|
| PD | | | | |
| Numerator | | | | |
| Denominator | | | | |
| FE | | | | |
| Numerator | | | | |
| Denominator | | | | |
| IDD | | | | |
| Numerator | | | | |
| Denominator | | | | |
| TBI | | | | |
| Numerator | | | | |
| Denominator | | | | |
| TA | | | | |
| Numerator | | | | |
| Denominator | | | | |
| Autism | | | | |
| Numerator | | | | |
| Denominator | | | | |
| SED | | | | |
| Numerator | | | | |
| Denominator | | | | |

Explanation of Findings:

Remediation:

Oct 2017: Not applicable at time of report.

| Compliance Trends | 2013 | 2014 | 2015 | 2016 | Jan-Mar 2017 |
|-------------------|------|------|------|------|--------------|
| PD | | | | | |
| Amerigroup | | | | | |
| Sunflower | | | | | |
| United | | | | | |
| Statewide | | | | | |
| FE | | | | | |
| Amerigroup | | | | | |
| Sunflower | | | | | |
| United | | | | | |
| Statewide | | | | | |
| IDD | | | | | |
| Amerigroup | | | | | |
| Sunflower | | | | | |
| United | | | | | |
| Statewide | | | | | |
| TBI | | | | | |
| Amerigroup | | | | | |
| Sunflower | | | | | |
| United | | | | | |
| Statewide | | | | | |
| TA | | | | | |
| Amerigroup | | | | | |
| Sunflower | | | | | |
| United | | | | | |
| Statewide | | | | | |
| Autism | | | | | |
| Amerigroup | | | | | |
| Sunflower | | | | | |
| United | | | | | |
| Statewide | | | | | |
| SED | | | | | |
| Amerigroup | | | | | |
| Sunflower | | | | | |
| United | | | | | |
| Statewide | | | | | |

KDADS HCBS Quality Review Report

Health and Welfare

PM 9: Number and percent of waiver participants who received physical exams in accordance with State policies

Numerator: Number of HCBS participants who received physical exams in accordance with State policies

Denominator: Number of HCBS participants whose service plans were reviewed

Review Period: 01/01/2017 - 03/31/2017

Data Source: MCO Record Review

| Compliance By Waiver | Amerigroup | Sunflower | United | Statewide |
|----------------------|------------|------------|------------|------------|
| PD | 15% | 30% | 86% | 38% |
| Numerator | 5 | 9 | 19 | 33 |
| Denominator | 34 | 30 | 22 | 86 |
| FE | 25% | 42% | 75% | 47% |
| Numerator | 6 | 13 | 18 | 37 |
| Denominator | 24 | 31 | 24 | 79 |
| IDD | 30% | 53% | 61% | 48% |
| Numerator | 8 | 23 | 14 | 45 |
| Denominator | 27 | 43 | 23 | 93 |
| TBI | 23% | 25% | 33% | 25% |
| Numerator | 6 | 3 | 2 | 11 |
| Denominator | 26 | 12 | 6 | 44 |
| TA | 45% | 57% | 71% | 53% |
| Numerator | 10 | 8 | 5 | 23 |
| Denominator | 22 | 14 | 7 | 43 |
| Autism | 60% | 67% | 0% | 58% |
| Numerator | 3 | 4 | 0 | 7 |
| Denominator | 5 | 6 | 1 | 12 |
| SED | 70% | 15% | 39% | 44% |
| Numerator | 19 | 3 | 9 | 31 |
| Denominator | 27 | 20 | 23 | 70 |

Explanation of Findings:

Current Physical Exam documentation was missing or the timeline was not met.

Remediation:

KDADS program staff will engage with MCOs to clarify documentation requirements for quality review.

Corrective Action: The MCOs will provide the KDADS CSP Commissioner with a training and development plan that demonstrates: (1) the standard of care adhered to for annual physical exams; (2) how care coordinators are trained to assure the standard is met and how/where that assurance is documented.

Oct 2017: According to fallout data in the QRT system, all 236 records found noncompliant contained no documentation of the date of the last physical exam.

Oct 2017: KDADS also plans to develop and implement a remediation template to be used by the MCOs rather than asking the MCOs to create a new corrective action plan each review period. The remediation template would be sent by the applicable program manager to the MCO based on conclusions drawn from fallout data pulled from the QRT system.

Oct 2017: KDADS has implemented regularly scheduled HCBS quality meetings with the MCOs to monitor and assess progress. Collaborative development of a desk aid or sample review packet that meets all required elements has been proposed.

Oct 2017: HCBS program managers and Quality Management Specialists are shadowing each other during quality reviews to monitor how the review protocol are being applied and will recommend modifications to the protocol, if needed, based on a combination of fallout data, common findings, and field observation.

| Compliance Trends | 2013 | 2014 | 2015 | 2016 | Jan-Mar 2017 |
|-------------------|---------------|------|---------|---------|--------------|
| PD | | | | | |
| Amerigroup | | 78% | | | 15% |
| Sunflower | | 81% | | | 30% |
| United | | 88% | | | 86% |
| Statewide | Not a measure | 82% | No Data | No Data | 38% |
| FE | | | | | |
| Amerigroup | | 89% | | | 25% |
| Sunflower | | 97% | | | 42% |
| United | | 97% | | | 75% |
| Statewide | Not a measure | 95% | No Data | No Data | 47% |
| IDD | | | | | |
| Amerigroup | | 91% | | | 30% |
| Sunflower | | 99% | | | 53% |
| United | | 99% | | | 61% |
| Statewide | Not a measure | 97% | No Data | No Data | 48% |
| TBI | | | | | |
| Amerigroup | | 84% | | | 23% |
| Sunflower | | 94% | | | 25% |
| United | | 93% | | | 33% |
| Statewide | Not a measure | 90% | No Data | No Data | 25% |
| TA | | | | | |
| Amerigroup | | 100% | | | 45% |
| Sunflower | | 100% | | | 57% |
| United | | 97% | | | 71% |
| Statewide | Not a measure | 100% | No Data | No Data | 53% |
| Autism | | | | | |
| Amerigroup | | 100% | | | 60% |
| Sunflower | | 92% | | | 67% |
| United | | 100% | | | 0% |
| Statewide | Not a measure | 98% | No Data | No Data | 58% |
| SED | | | | | |
| Amerigroup | | 54% | | | 70% |
| Sunflower | | 55% | | | 15% |
| United | | 46% | | | 39% |
| Statewide | Not a measure | 52% | No Data | No Data | 44% |

KDADS HCBS Quality Review Report

Health and Welfare

PM 10: Number and percent of waiver participants who have a disaster red flag designation with a related disaster backup plan

Numerator: Number of waiver participants who have a disaster red flag designation with a related disaster backup plan

Denominator: Number of waiver participants with a red flag designation

Review Period: 01/01/2017 - 03/31/2017

Data Source: MCO Record Review

| Compliance By Waiver | Amerigroup | Sunflower | United | Statewide |
|----------------------|----------------------------------|------------|-------------|------------|
| PD | 74% | 77% | 83% | 77% |
| Numerator | 25 | 23 | 19 | 67 |
| Denominator | 34 | 30 | 23 | 87 |
| FE | 73% | 68% | 93% | 77% |
| Numerator | 19 | 23 | 26 | 68 |
| Denominator | 26 | 34 | 28 | 88 |
| IDD | 68% | 75% | 87% | 76% |
| Numerator | 19 | 33 | 20 | 72 |
| Denominator | 28 | 44 | 23 | 95 |
| TBI | 62% | 85% | 100% | 73% |
| Numerator | 18 | 11 | 7 | 36 |
| Denominator | 29 | 13 | 7 | 49 |
| TA | 72% | 81% | 89% | 78% |
| Numerator | 18 | 13 | 8 | 39 |
| Denominator | 25 | 16 | 9 | 50 |
| Autism | 80% | 83% | 0% | 75% |
| Numerator | 4 | 5 | 0 | 9 |
| Denominator | 5 | 6 | 1 | 12 |
| SED | Not a Waiver Performance Measure | | | |
| Numerator | | | | |
| Denominator | | | | |

Explanation of Findings:

The back up plan was not provided for review and/or the Service Plan was not signed and/or dated by the individual and/or their representative/guardian, if applicable.

Remediation:

This performance measure is achieved through the person centered service plan. KDADS is in the process of creating an updated person centered service plan policy that addresses both new federal requirements and waiver performance measures.

To date the following has been completed:

- MCO integrated service plan self assessment to KDADS. Completed. March 2017.
- KDADS gap analysis against federal requirements and waiver performance measures. Completed. March 2017.

Steps still left to complete remediation:

- Draft revised person centered support plan policy. Expected completion date: October 2017. Responsible party: KDADS (CSP)
- Public comment on person centered support plan policy. Expected completion date: November 2017. Responsible party: KDADS (CSP)
- Finalize policy and get approval from KDHE AD staff. Expected completion: December 2017. Responsible party: KDADS (CSP), KDHE.
- Operationalization of policy. Expected completion: January 2018. Responsible party: KDADS and MCOs.

Oct 2017 Corrective Action: The MCOs will provide the KDADS CSP Commissioner with a training and development plan that demonstrates: (1) the standard adhered to by MCO for disaster red flag and back up plan; (2) how care coordinators are trained to assure the standard is met and how/where that assurance is documented; and, (3) outline actions the MCO care coordinators are trained take if required individual red flag and/or back-up plan records have not been made available to quality reviewers in a timely manner.

| Compliance Trends | 2013 | 2014 | 2015 | 2016 | Jan-Mar 2017 |
|-------------------|----------------------------------|------|------|------|--------------|
| PD | | | | | |
| Amerigroup | | 59% | 53% | 73% | 74% |
| Sunflower | | 77% | 49% | 66% | 77% |
| United | | 64% | 80% | 88% | 83% |
| Statewide | Not a measure | 67% | 58% | 75% | 77% |
| FE | | | | | |
| Amerigroup | | 61% | 62% | 72% | 73% |
| Sunflower | | 72% | 56% | 72% | 68% |
| United | | 76% | 81% | 85% | 93% |
| Statewide | 59% | 70% | 65% | 76% | 77% |
| IDD | | | | | |
| Amerigroup | | 67% | 61% | 65% | 68% |
| Sunflower | | 58% | 32% | 59% | 75% |
| United | | 70% | 58% | 73% | 87% |
| Statewide | Not a measure | 64% | 47% | 64% | 76% |
| TBI | | | | | |
| Amerigroup | | 46% | 49% | 62% | 62% |
| Sunflower | | 68% | 42% | 80% | 85% |
| United | | 56% | 74% | 80% | 100% |
| Statewide | Not a measure | 56% | 52% | 70% | 73% |
| TA | | | | | |
| Amerigroup | | 75% | 54% | 79% | 72% |
| Sunflower | | 91% | 58% | 77% | 81% |
| United | | 86% | 63% | 79% | 89% |
| Statewide | Not a measure | 83% | 57% | 78% | 78% |
| Autism | | | | | |
| Amerigroup | | 77% | 44% | 32% | 80% |
| Sunflower | | 53% | 27% | 67% | 83% |
| United | | 38% | 7% | 6% | 0% |
| Statewide | Not a measure | 64% | 30% | 40% | 75% |
| SED | Not a Waiver Performance Measure | | | | |
| Amerigroup | | | | | |
| Sunflower | | | | | |
| United | | | | | |
| Statewide | | | | | |

Remediation (cont.):

Oct 2017: According to fallout data in the QRT system, 36 of 90 records found noncompliant contained evidence of a back-up plan yet the plan was not signed or dated. For the remaining records, the document was missing or the timeline was not met.

Oct 2017: According to fallout data in the QRT system, all 236 records found noncompliant contained no documentation of the date of the last physical exam.

Oct 2017: KDADS also plans to develop and implement a remediation template to be used by the MCOs rather than asking the MCOs to create a new corrective action plan each review period. The remediation template would be sent by the applicable program manager to the MCO based on conclusions drawn from fallout data pulled from the QRT system.

Oct 2017: KDADS has implemented regularly scheduled HCBS quality meetings with the MCOs to monitor and assess progress. Collaborative development of a desk aid or sample review packet that meets all required elements has been proposed.

Oct 2017: HCBS program managers and Quality Management Specialists are shadowing each other during quality reviews to monitor how the review protocol are being applied and will recommend modifications to the protocol, if needed, based on a combination of fallout data, common findings, and field observation.

KDADS HCBS Quality Review Report

Financial Accountability

PM 1: Number and percent of clean claims that are paid by the managed care organization within the timeframes specified in the contract

Numerator: Number of clean claims that are paid by the managed care organization within the timeframes specified in the contract

Denominator: Total number of provider claims

Review Period: 01/01/2017 - 03/31/2017

Data Source: MCO Claims Data

| Compliance By Waiver | Statewide |
|-----------------------------|------------------|
| HCBS Waivers | 95% |
| Numerator | 284,471 |
| Denominator | 298,797 |

| Compliance Trends | 2013 | 2014 | 2015 | 2016 | Jan-Mar 2017 |
|--------------------------|---------------|-------------|-------------|-------------|---------------------|
| All HCBS Waivers | | | | | |
| Statewide | not a measure | 90% | 88% | 95% | 95% |

Explanation of Findings:

Remediation:

KDADS HCBS Quality Review Report

Financial Accountability

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

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

Denominator: Total number of capitation (payment) rates

Review Period: 01/01/2017 - 03/31/2017

Data Source: KDHE

| Compliance By Waiver | Statewide |
|----------------------|-------------|
| PD | 100% |
| Numerator | 24 |
| Denominator | 24 |
| FE | 100% |
| Numerator | 24 |
| Denominator | 24 |
| IDD | 100% |
| Numerator | 48 |
| Denominator | 48 |
| TBI | 100% |
| Numerator | 12 |
| Denominator | 12 |
| TA | 100% |
| Numerator | 12 |
| Denominator | 12 |
| Autism | 100% |
| Numerator | 12 |
| Denominator | 12 |
| SED | 100% |
| Numerator | 12 |
| Denominator | 12 |

| Compliance Trends | 2013 | 2014 | 2015 | 2016 | Jan-Mar 2017 |
|-------------------|---------------|------|------|------|--------------|
| PD | | | | | |
| Statewide | not a measure | 100% | 100% | 100% | 100% |
| FE | | | | | |
| Statewide | not a measure | 100% | 100% | 100% | 100% |
| IDD | | | | | |
| Statewide | not a measure | 100% | 100% | 100% | 100% |
| TBI | | | | | |
| Statewide | not a measure | 100% | 100% | 100% | 100% |
| TA | | | | | |
| Statewide | not a measure | 100% | 100% | 100% | 100% |
| Autism | | | | | |
| Statewide | not a measure | 100% | 100% | 100% | 100% |
| SED | | | | | |
| Statewide | not a measure | 100% | 100% | 100% | 100% |

Explanation of Findings:

Remediation:



Home and Community Based Services
Quality Review Report
July - September 2018

KDADS HCBS Quality Review Report

Administrative Authority

PM 1: Number and percent of Quality Review reports generated by KDADS, the Operating Agency, that were submitted to the State Medicaid Agency

Numerator: Number of Quality Review reports generated by KDADS, the Operating Agency, that were submitted to the State Medicaid Agency

Denominator: Number of Quality Review reports

Review Period: 07/01/2018 - 09/30/2018

Data Source: Quality Review Reports to KDHE

| Compliance By Waiver | Statewide |
|----------------------|-------------|
| PD | 100% |
| Numerator | 1 |
| Denominator | 1 |
| FE | 100% |
| Numerator | 1 |
| Denominator | 1 |
| IDD | 100% |
| Numerator | 1 |
| Denominator | 1 |
| TBI | 100% |
| Numerator | 1 |
| Denominator | 1 |
| TA | 100% |
| Numerator | 1 |
| Denominator | 1 |
| Autism | 100% |
| Numerator | 1 |
| Denominator | 1 |
| SED | 100% |
| Numerator | 1 |
| Denominator | 1 |

| Compliance Trends | 2013 | 2014 | 2015 | 2016 | 2017 | Jan-Mar 2018 | Apr-Jun 2018 | Jul-Sep 2018 |
|-------------------|------|------|------|------|------|--------------|--------------|--------------|
| PD | | | | | | | | |
| Statewide | 25% | 25% | 25% | 75% | 100% | 100% | 100% | 100% |
| FE | | | | | | | | |
| Statewide | 25% | 25% | 25% | 75% | 100% | 100% | 100% | 100% |
| IDD | | | | | | | | |
| Statewide | 25% | 25% | 25% | 75% | 100% | 100% | 100% | 100% |
| TBI | | | | | | | | |
| Statewide | 25% | 25% | 25% | 75% | 100% | 100% | 100% | 100% |
| TA | | | | | | | | |
| Statewide | 25% | 25% | 25% | 75% | 100% | 100% | 100% | 100% |
| Autism | | | | | | | | |
| Statewide | 25% | 25% | 25% | 75% | 100% | 100% | 100% | 100% |
| SED | | | | | | | | |
| Statewide | 25% | 25% | 25% | 75% | 100% | 100% | 100% | 100% |

Explanation of Findings:

Performance measure achieved.

Remediation:

No remediation necessary.

KDADS HCBS Quality Review Report

Administrative Authority

PM 2: Number and percent of waiver amendments and renewals reviewed and approved by the State Medicaid Agency prior to submission to CMS by the State Medicaid Agency

Numerator: Number of waiver amendments and renewals reviewed and approved by the State Medicaid Agency prior to submission to CMS

Denominator: Total number of waiver amendments and renewals

Review Period: 07/01/2018 - 09/30/2018

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

| Compliance By Waiver | Statewide |
|----------------------|------------|
| PD | N/A |
| Numerator | 0 |
| Denominator | 0 |
| FE | N/A |
| Numerator | 0 |
| Denominator | 0 |
| IDD | N/A |
| Numerator | 0 |
| Denominator | 0 |
| TBI | N/A |
| Numerator | 0 |
| Denominator | 0 |
| TA | N/A |
| Numerator | 0 |
| Denominator | 0 |
| Autism | N/A |
| Numerator | 0 |
| Denominator | 0 |
| SED | N/A |
| Numerator | 0 |
| Denominator | 0 |

| Compliance Trends | 2013 | 2014 | 2015 | 2016 | 2017 | Jan-Mar 2018 | Apr-Jun 2018 | Jul-Sep 2018 |
|-------------------|---------------|------|------|------|------|--------------|--------------|--------------|
| PD | | | | | | | | |
| Statewide | N/A | 100% | 100% | 100% | N/A | N/A | N/A | N/A |
| FE | | | | | | | | |
| Statewide | not a measure | 100% | 100% | 100% | N/A | N/A | N/A | N/A |
| IDD | | | | | | | | |
| Statewide | 100% | 100% | 100% | 100% | N/A | N/A | N/A | N/A |
| TBI | | | | | | | | |
| Statewide | 100% | 100% | 100% | 100% | N/A | N/A | N/A | N/A |
| TA | | | | | | | | |
| Statewide | 100% | 100% | N/A | 100% | N/A | N/A | 100% | N/A |
| Autism | | | | | | | | |
| Statewide | 100% | 100% | N/A | N/A | 100% | N/A | N/A | N/A |
| SED | | | | | | | | |
| Statewide | 100% | 100% | N/A | N/A | 100% | N/A | N/A | N/A |

Explanation of Findings:

Not Applicable. No waiver amendments/renewals submitted.

Remediation:

No remediation necessary.

KDADS HCBS Quality Review Report

Administrative Authority

PM 3: Number and percent of waiver policy changes that were submitted to the State Medicaid Agency prior to implementation by the Operating Agency

Numerator: Number of waiver policy changes that were submitted to the State Medicaid Agency prior to implementation by the Operating Agency

Denominator: Number of waiver policy changes implemented by the Operating Agency

Review Period: 07/01/2018 - 09/30/2018

Data Source: Presentation of waiver policy changes to KDHE

| Compliance By Waiver | Statewide |
|----------------------|-------------|
| PD | 100% |
| Numerator | 1 |
| Denominator | 1 |
| FE | 100% |
| Numerator | 1 |
| Denominator | 1 |
| IDD | 100% |
| Numerator | 1 |
| Denominator | 1 |
| TBI | 100% |
| Numerator | 1 |
| Denominator | 1 |
| TA | 100% |
| Numerator | 1 |
| Denominator | 1 |
| Autism | 100% |
| Numerator | 1 |
| Denominator | 1 |
| SED | N/A |
| Numerator | 0 |
| Denominator | 0 |

| Compliance Trends | 2013 | 2014 | 2015 | 2016 | 2017 | Jan-Mar 2018 | Apr-Jun 2018 | Jul-Sep 2018 |
|-------------------|------|------|------|------|------|--------------|--------------|--------------|
| PD | | | | | | | | |
| Statewide | N/A | N/A | 100% | N/A | 100% | N/A | N/A | 100% |
| FE | | | | | | | | |
| Statewide | N/A | N/A | 100% | N/A | 100% | N/A | N/A | 100% |
| IDD | | | | | | | | |
| Statewide | 100% | N/A | 100% | 100% | 100% | 100% | N/A | 100% |
| TBI | | | | | | | | |
| Statewide | 100% | N/A | 100% | 100% | 100% | N/A | N/A | 100% |
| TA | | | | | | | | |
| Statewide | N/A | N/A | N/A | N/A | 100% | N/A | N/A | 100% |
| Autism | | | | | | | | |
| Statewide | N/A | N/A | N/A | N/A | 100% | 100% | N/A | 100% |
| SED | | | | | | | | |
| Statewide | N/A | N/A | N/A | N/A | 100% | N/A | N/A | N/A |

Explanation of Findings:

Performance measure achieved.

Remediation:

No remediation necessary.

KDADS HCBS Quality Review Report

Administrative Authority

PM 4: Number and percent of Long-Term Care meetings that were represented by the program managers through in-person attendance or written reports

Numerator: Number of Long-Term Care meetings that were represented by the program managers through in-person attendance or written reports

Denominator: Number of Long-Term Care meetings

Review Period: 07/01/2018 - 09/30/2018

Data Source: Meeting Minutes

| Compliance By Waiver | Statewide |
|----------------------|-------------|
| PD | 100% |
| Numerator | 3 |
| Denominator | 3 |
| FE | 100% |
| Numerator | 3 |
| Denominator | 3 |
| IDD | 100% |
| Numerator | 3 |
| Denominator | 3 |
| TBI | 100% |
| Numerator | 3 |
| Denominator | 3 |
| TA | 100% |
| Numerator | 3 |
| Denominator | 3 |
| Autism | 100% |
| Numerator | 3 |
| Denominator | 3 |
| SED | 100% |
| Numerator | 3 |
| Denominator | 3 |

| Compliance Trends | 2013 | 2014 | 2015 | 2016 | 2017 | Jan-Mar 2018 | Apr-Jun 2018 | Jul-Sep 2018 |
|-------------------|---------------|------|---------------|------|------|--------------|--------------|--------------|
| PD | | | | | | | | |
| Statewide | Not a measure | 45% | 67% | 70% | 100% | 100% | 100% | 100% |
| FE | | | | | | | | |
| Statewide | 100% | 82% | 50% | 70% | 100% | 100% | 100% | 100% |
| IDD | | | | | | | | |
| Statewide | Not a measure | 91% | Not Available | 70% | 100% | 100% | 100% | 100% |
| TBI | | | | | | | | |
| Statewide | Not a measure | 73% | Not Available | 70% | 100% | 100% | 100% | 100% |
| TA | | | | | | | | |
| Statewide | Not a measure | 64% | Not Available | 70% | 100% | 100% | 100% | 100% |
| Autism | | | | | | | | |
| Statewide | Not a measure | 91% | 100% | 70% | 100% | 100% | 100% | 100% |
| SED | | | | | | | | |
| Statewide | Not a measure | 100% | Not Available | 70% | 100% | 100% | 100% | 100% |

Explanation of Findings:

Performance measure achieved.

Remediation:

No remediation necessary.

KDADS HCBS Quality Review Report

Level of Care

PM 1: Number of waiver participants who were determined to meet Level of Care requirements prior to receiving HCBS services

Numerator: Number of waiver participants who were determined to meet Level of Care requirements prior to receiving HCBS services

Denominator: Total number of initial enrolled waiver participants

Review Period: 07/01/2018 - 09/30/2018

Data Source: Functional Assessor Record Review

| Compliance By Waiver | Statewide |
|----------------------|-------------|
| PD | 90% |
| Numerator | 322 |
| Denominator | 358 |
| FE | 96% |
| Numerator | 429 |
| Denominator | 448 |
| IDD | 98% |
| Numerator | 121 |
| Denominator | 124 |
| TBI | 88% |
| Numerator | 30 |
| Denominator | 34 |
| TA | 100% |
| Numerator | 34 |
| Denominator | 34 |
| Autism | 100% |
| Numerator | 5 |
| Denominator | 5 |
| SED | 91% |
| Numerator | 431 |
| Denominator | 474 |

| Compliance Trends | 2013 | 2014 | 2015 | 2016 | 2017 | Jan-Mar 2018 | Apr-Jun 2018 | Jul-Sep 2018 |
|-------------------|------|---------|------|------|------|--------------|--------------|--------------|
| PD | | | | | | | | |
| Statewide | 64% | 83% | 96% | 86% | 89% | 92% | 92% | 90% |
| FE | | | | | | | | |
| Statewide | 81% | 91% | 93% | 98% | 100% | 96% | 96% | 96% |
| IDD | | | | | | | | |
| Statewide | 99% | 94% | 90% | 100% | 100% | 99% | 99% | 98% |
| TBI | | | | | | | | |
| Statewide | 62% | 89% | 81% | 85% | 96% | 90% | 84% | 88% |
| TA | | | | | | | | |
| Statewide | 97% | 89% | 100% | 98% | 100% | 100% | 100% | 100% |
| Autism | | | | | | | | |
| Statewide | 82% | No Data | 100% | N/A | 77% | 100% | 100% | 100% |
| SED | | | | | | | | |
| Statewide | 99% | 89% | 88% | 91% | 92% | 89% | 87% | 91% |

Explanation of Findings:

For this Performance Measure, KDADS is utilizing KAMIS assessment data and MMIS eligibility data to determine compliance for six of the waivers, and the Autism waiver remains a record review.

Data pull from KAMIS effective March 1, 2019.

AU: Performance measure met.

Remediation:

KDADS HCBS Quality Review Report

Level of Care

PM 2: Number and percent of waiver participants who receive their annual Level of Care evaluation within 12 months of the previous Level of Care determination

Numerator: Number of waiver participants who receive their annual Level of Care evaluation within 12 months of the previous Level of Care determination

Denominator: Number of waiver participants who received Level of Care redeterminations

Review Period: 07/01/2018 - 09/30/2018

Data Source: Functional Assessor Record Review

| Compliance By Waiver | Statewide |
|----------------------|-------------|
| PD | 77% |
| Numerator | 1041 |
| Denominator | 1358 |
| FE | 81% |
| Numerator | 720 |
| Denominator | 887 |
| IDD | 98% |
| Numerator | 2560 |
| Denominator | 2615 |
| TBI | 70% |
| Numerator | 71 |
| Denominator | 102 |
| TA | 100% |
| Numerator | 136 |
| Denominator | 136 |
| Autism | 43% |
| Numerator | 3 |
| Denominator | 7 |
| SED | 67% |
| Numerator | 400 |
| Denominator | 599 |

| Compliance Trends | 2013 | 2014 | 2015 | 2016 | 2017 | Jan-Mar 2018 | Apr-Jun 2018 | Jul-Sep 2018 |
|-------------------|------|---------|------|------|------|--------------|--------------|--------------|
| PD | | | | | | | | |
| Statewide | 47% | 52% | 64% | 69% | 68% | 82% | 84% | 77% |
| FE | | | | | | | | |
| Statewide | 68% | 70% | 76% | 79% | 68% | 82% | 87% | 81% |
| IDD | | | | | | | | |
| Statewide | 97% | 74% | 75% | 77% | 78% | 97% | 96% | 98% |
| TBI | | | | | | | | |
| Statewide | 39% | 50% | 62% | 65% | 62% | 71% | 73% | 70% |
| TA | | | | | | | | |
| Statewide | 94% | 90% | 86% | 96% | 93% | 100% | 99% | 100% |
| Autism | | | | | | | | |
| Statewide | 68% | No Data | 75% | 78% | 63% | 50% | 100% | 43% |
| SED | | | | | | | | |
| Statewide | 93% | 88% | 94% | 88% | 89% | 50% | 46% | 67% |

Explanation of Findings:

For this Performance Measure, KDADS is utilizing KAMIS assessment data and MMIS eligibility data to determine compliance for six of the waivers, and the Autism waiver remains a record review.

Data pull from KAMIS effective March 1, 2019.

AU: Timeline not met
Missing document

Remediation:

KDADS HCBS Quality Review Report

Level of Care

PM 3: Number and percent of waiver participants whose Level of Care (LOC) determinations used the state's approved screening tool

Numerator: Number of waiver participants whose Level of Care determinations used the approved screening tool

Denominator: Number of waiver participants who had a Level of Care determination

Review Period: 07/01/2018 - 09/30/2018

Data Source: Functional Assessor Record Review

| Compliance By Waiver | Statewide |
|----------------------|-------------|
| PD | 87% |
| Numerator | 78 |
| Denominator | 90 |
| FE | 92% |
| Numerator | 82 |
| Denominator | 89 |
| IDD | 100% |
| Numerator | 94 |
| Denominator | 94 |
| TBI | 82% |
| Numerator | 42 |
| Denominator | 51 |
| TA | 100% |
| Numerator | 58 |
| Denominator | 58 |
| Autism | 83% |
| Numerator | 10 |
| Denominator | 12 |
| SED | 97% |
| Numerator | 86 |
| Denominator | 89 |

| Compliance Trends | 2013 | 2014 | 2015 | 2016 | 2017 | Jan-Mar 2018 | Apr-Jun 2018 | Jul-Sep 2018 |
|-------------------|------|---------|------|------|------|--------------|--------------|--------------|
| PD | | | | | | | | |
| Statewide | 93% | 84% | 79% | 80% | 85% | 84% | 68% | 87% |
| FE | | | | | | | | |
| Statewide | 88% | 91% | 91% | 92% | 88% | 91% | 93% | 92% |
| IDD | | | | | | | | |
| Statewide | 97% | 95% | 99% | 99% | 99% | 99% | 96% | 100% |
| TBI | | | | | | | | |
| Statewide | 64% | 81% | 79% | 77% | 82% | 78% | 87% | 82% |
| TA | | | | | | | | |
| Statewide | 93% | 98% | 100% | 100% | 98% | 100% | 100% | 100% |
| Autism | | | | | | | | |
| Statewide | 88% | No Data | 90% | 88% | 91% | 83% | 100% | 83% |
| SED | | | | | | | | |
| Statewide | 77% | 79% | 83% | 88% | 91% | 93% | 95% | 97% |

Explanation of Findings:

PD: No current assessment available to review
 FE: No current assessment available to review
 TBI: No current assessment available to review
 AU: No current assessment available to review
 SED: No assessments uploaded for review

Remediation:

KDADS HCBS Quality Review Report

Level of Care

PM 4: Number and percent of initial Level of Care (LOC) determinations made by a qualified assessor

Numerator: Number of initial Level of Care (LOC) determinations made by a qualified assessor

Denominator: Number of initial Level of Care determinations

Review Period: 07/01/2018 - 09/30/2018

Data Source: Functional Assessor Record Review

| Compliance By Waiver | Statewide |
|----------------------|-------------|
| PD | 87% |
| Numerator | 78 |
| Denominator | 90 |
| FE | 91% |
| Numerator | 81 |
| Denominator | 89 |
| IDD | 99% |
| Numerator | 93 |
| Denominator | 94 |
| TBI | 82% |
| Numerator | 42 |
| Denominator | 51 |
| TA | 100% |
| Numerator | 58 |
| Denominator | 58 |
| Autism | 83% |
| Numerator | 10 |
| Denominator | 12 |
| SED | 94% |
| Numerator | 84 |
| Denominator | 89 |

| Compliance Trends | 2013 | 2014 | 2015 | 2016 | 2017 | Jan-Mar 2018 | Apr-Jun 2018 | Jul-Sep 2018 |
|-------------------|------|---------|------|------|------|--------------|--------------|--------------|
| PD | | | | | | | | |
| Statewide | 19% | 68% | 81% | 80% | 84% | 85% | 67% | 87% |
| FE | | | | | | | | |
| Statewide | 24% | 86% | 91% | 92% | 88% | 89% | 93% | 91% |
| IDD | | | | | | | | |
| Statewide | 92% | 85% | 96% | 97% | 96% | 98% | 96% | 99% |
| TBI | | | | | | | | |
| Statewide | 57% | 73% | 83% | 77% | 82% | 80% | 87% | 82% |
| TA | | | | | | | | |
| Statewide | 93% | 100% | 99% | 100% | 94% | 100% | 100% | 100% |
| Autism | | | | | | | | |
| Statewide | 0% | No Data | 57% | 68% | 85% | 83% | 100% | 83% |
| SED | | | | | | | | |
| Statewide | 99% | 71% | 88% | 86% | 90% | 92% | 95% | 94% |

Explanation of Findings:

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

PD: No current assessment available to review

FE: Assessor not on approved assessor list

No current assessment available to review

DD: Assessor not on approved assessor list

TBI: No current assessment available to review

AU: No current assessment available to review

SED: No current assessment available to review; missing signature/date

Remediation:

KDADS HCBS Quality Review Report

Level of Care

PM 5: Number and percent of initial Level of Care (LOC) determinations made where the LOC criteria was accurately applied

Numerator: Number of initial Level of Care (LOC) determinations made where the LOC criteria was accurately applied

Denominator: Number of initial Level of Care determinations

Review Period: 07/01/2018 - 09/30/2018

Data Source: Functional Assessor Record Review

| Compliance By Waiver | Statewide |
|----------------------|-------------|
| PD | 87% |
| Numerator | 78 |
| Denominator | 90 |
| FE | 92% |
| Numerator | 82 |
| Denominator | 89 |
| IDD | 100% |
| Numerator | 94 |
| Denominator | 94 |
| TBI | 82% |
| Numerator | 42 |
| Denominator | 51 |
| TA | 100% |
| Numerator | 58 |
| Denominator | 58 |
| Autism | 83% |
| Numerator | 10 |
| Denominator | 12 |
| SED | 97% |
| Numerator | 86 |
| Denominator | 89 |

| Compliance Trends | 2013 | 2014 | 2015 | 2016 | 2017 | Jan-Mar 2018 | Apr-Jun 2018 | Jul-Sep 2018 |
|-------------------|------|---------|------|------|------|--------------|--------------|--------------|
| PD | | | | | | | | |
| Statewide | 73% | 83% | 96% | 80% | 84% | 84% | 68% | 87% |
| FE | | | | | | | | |
| Statewide | 91% | 90% | 96% | 91% | 100% | 91% | 93% | 92% |
| IDD | | | | | | | | |
| Statewide | 98% | 95% | 91% | 98% | 100% | 99% | 96% | 100% |
| TBI | | | | | | | | |
| Statewide | 58% | 81% | 83% | 76% | 96% | 78% | 87% | 82% |
| TA | | | | | | | | |
| Statewide | 93% | 98% | 100% | 100% | 100% | 100% | 100% | 100% |
| Autism | | | | | | | | |
| Statewide | 89% | No Data | 100% | 88% | 88% | 83% | 100% | 83% |
| SED | | | | | | | | |
| Statewide | 99% | 88% | 87% | 89% | 92% | 91% | 95% | 97% |

Explanation of Findings:

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

PD: No current assessment available to review

FE: No current eligibility

No current assessment available to review

TBI: No assessment available to review

AU: Late reassessment completed

No current assessment available to review

SED: No assessment uploaded for review

Remediation:

KDADS HCBS Quality Review Report

Qualified Providers

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

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

Denominator: Number of all new licensed/certified waiver providers

Review Period: 07/01/2018 - 09/30/2018

Data Source:

| Compliance By Waiver | Amerigroup | Sunflower | United | Statewide |
|----------------------|------------|-----------|--------|-----------|
| PD | | | | |
| Numerator | | | | |
| Denominator | | | | |
| FE | | | | |
| Numerator | | | | |
| Denominator | | | | |
| IDD | | | | |
| Numerator | | | | |
| Denominator | | | | |
| TBI | | | | |
| Numerator | | | | |
| Denominator | | | | |
| TA | | | | |
| Numerator | | | | |
| Denominator | | | | |
| Autism | | | | |
| Numerator | | | | |
| Denominator | | | | |
| SED | | | | |
| Numerator | | | | |
| Denominator | | | | |

Explanation of Findings:

SUN: No internal system/policy/process provided by MCO
 AMG: No internal system/policy/process provided by MCO
 UHC: No internal system/policy/process provided by MCO

Remediation:

| Compliance Trends | 2013 | 2014 | 2015 | 2016 | 2017 | Jan-Mar 2018 | Apr-Jun 2018 | Jul-Sep 2018 |
|-------------------|------|------|------|------|------|--------------|--------------|--------------|
| PD | | | | | | | | |
| Amerigroup | | | | N/A | | | | |
| Sunflower | | | | N/A | | | | |
| United | | | | N/A | | | | |
| Statewide | 100% | | | N/A | | | | |
| FE | | | | | | | | |
| Amerigroup | | | | 5% | | | | |
| Sunflower | | | | 30% | | | | |
| United | | | | N/A | | | | |
| Statewide | 100% | | | 9% | | | | |
| IDD | | | | | | | | |
| Amerigroup | | | | N/A | | | | |
| Sunflower | | | | N/A | | | | |
| United | | | | N/A | | | | |
| Statewide | 98% | | | N/A | | | | |
| TBI | | | | | | | | |
| Amerigroup | | | | N/A | | | | |
| Sunflower | | | | N/A | | | | |
| United | | | | N/A | | | | |
| Statewide | 91% | | | N/A | | | | |
| TA | | | | | | | | |
| Amerigroup | | | | N/A | | | | |
| Sunflower | | | | N/A | | | | |
| United | | | | N/A | | | | |
| Statewide | 93% | | | N/A | | | | |
| Autism | | | | | | | | |
| Amerigroup | | | | N/A | | | | |
| Sunflower | | | | N/A | | | | |
| United | | | | N/A | | | | |
| Statewide | 100% | | | N/A | | | | |
| SED | | | | | | | | |
| Amerigroup | | | | N/A | | | | |
| Sunflower | | | | N/A | | | | |
| United | | | | N/A | | | | |
| Statewide | 100% | | | N/A | | | | |

KDADS HCBS Quality Review Report

Qualified Providers

PM 2: Number and percent of enrolled licensed/certified waiver providers that continue to meet licensure requirements, certification requirements, and other waiver standards

Numerator: Number of enrolled licensed/certified waiver providers that continue to meet licensure requirements, certification requirements, and other waiver standards

Denominator: Number of enrolled licensed/certified waiver providers

Review Period: 07/01/2018 - 09/30/2018

Data Source:

| Compliance By Waiver | Amerigroup | Sunflower | United | Statewide |
|----------------------|------------|-----------|--------|-----------|
| PD | | | | |
| Numerator | | | | |
| Denominator | | | | |
| FE | | | | |
| Numerator | | | | |
| Denominator | | | | |
| IDD | | | | |
| Numerator | | | | |
| Denominator | | | | |
| TBI | | | | |
| Numerator | | | | |
| Denominator | | | | |
| TA | | | | |
| Numerator | | | | |
| Denominator | | | | |
| Autism | | | | |
| Numerator | | | | |
| Denominator | | | | |
| SED | | | | |
| Numerator | | | | |
| Denominator | | | | |

Explanation of Findings:

SUN: No internal system/policy/process provided by MCO
 AMG: No internal system/policy/process provided by MCO
 UHC: No internal system/policy/process provided by MCO

Remediation:

| Compliance Trends | 2013 | 2014 | 2015 | 2016 | 2017 | Jan-Mar 2018 | Apr-Jun 2018 | Jul-Sep 2018 |
|-------------------|---------------|------|------|------|------|--------------|--------------|--------------|
| PD | | | | | | | | |
| Amerigroup | | | | 0% | | | | |
| Sunflower | | | | 0% | | | | |
| United | | | | 0% | | | | |
| Statewide | 100% | | | 0% | | | | |
| FE | | | | | | | | |
| Amerigroup | | | | 12% | | | | |
| Sunflower | | | | 23% | | | | |
| United | | | | 0% | | | | |
| Statewide | Not a measure | | | 11% | | | | |
| IDD | | | | | | | | |
| Amerigroup | | | | 0% | | | | |
| Sunflower | | | | 0% | | | | |
| United | | | | 0% | | | | |
| Statewide | 98% | | | 0% | | | | |
| TBI | | | | | | | | |
| Amerigroup | | | | 0% | | | | |
| Sunflower | | | | 0% | | | | |
| United | | | | 0% | | | | |
| Statewide | 89% | | | 0% | | | | |
| TA | | | | | | | | |
| Amerigroup | | | | 0% | | | | |
| Sunflower | | | | 0% | | | | |
| United | | | | 0% | | | | |
| Statewide | 93% | | | 0% | | | | |
| Autism | | | | | | | | |
| Amerigroup | | | | 14% | | | | |
| Sunflower | | | | 0% | | | | |
| United | | | | 0% | | | | |
| Statewide | 100% | | | 4% | | | | |
| SED | | | | | | | | |
| Amerigroup | | | | 0% | | | | |
| Sunflower | | | | 0% | | | | |
| United | | | | 0% | | | | |
| Statewide | 100% | | | 0% | | | | |

KDADS HCBS Quality Review Report

Qualified Providers

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

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

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

Review Period: 07/01/2018 - 09/30/2018

Data Source:

| Compliance By Waiver | Amerigroup | Sunflower | United | Statewide |
|----------------------|------------|-----------|--------|-----------|
| PD | | | | |
| Numerator | | | | |
| Denominator | | | | |
| FE | | | | |
| Numerator | | | | |
| Denominator | | | | |
| IDD | | | | |
| Numerator | | | | |
| Denominator | | | | |
| TBI | | | | |
| Numerator | | | | |
| Denominator | | | | |
| TA | | | | |
| Numerator | | | | |
| Denominator | | | | |
| Autism | | | | |
| Numerator | | | | |
| Denominator | | | | |
| SED | | | | |
| Numerator | | | | |
| Denominator | | | | |

Explanation of Findings:

SUN: No internal system/policy/process provided by MCO
 AMG: No internal system/policy/process provided by MCO
 UHC: No internal system/policy/process provided by MCO

Remediation:

| Compliance Trends | 2013 | 2014 | 2015 | 2016 | 2017 | Jan-Mar 2018 | Apr-Jun 2018 | Jul-Sep 2018 |
|-------------------|---------------|------|------|------|------|--------------|--------------|--------------|
| PD | | | | | | | | |
| Amerigroup | | | | N/A | | | | |
| Sunflower | | | | N/A | | | | |
| United | | | | N/A | | | | |
| Statewide | 75% | | | N/A | | | | |
| FE | | | | | | | | |
| Amerigroup | | | | N/A | | | | |
| Sunflower | | | | N/A | | | | |
| United | | | | N/A | | | | |
| Statewide | 100% | | | N/A | | | | |
| IDD | | | | | | | | |
| Amerigroup | | | | N/A | | | | |
| Sunflower | | | | N/A | | | | |
| United | | | | N/A | | | | |
| Statewide | Not a measure | | | N/A | | | | |
| TBI | | | | | | | | |
| Amerigroup | | | | N/A | | | | |
| Sunflower | | | | N/A | | | | |
| United | | | | N/A | | | | |
| Statewide | 88% | | | N/A | | | | |
| TA | | | | | | | | |
| Amerigroup | | | | N/A | | | | |
| Sunflower | | | | N/A | | | | |
| United | | | | N/A | | | | |
| Statewide | No Data | | | N/A | | | | |
| Autism | | | | | | | | |
| Amerigroup | | | | N/A | | | | |
| Sunflower | | | | N/A | | | | |
| United | | | | N/A | | | | |
| Statewide | 82% | | | N/A | | | | |
| SED | | | | | | | | |
| Amerigroup | | | | N/A | | | | |
| Sunflower | | | | N/A | | | | |
| United | | | | N/A | | | | |
| Statewide | Not a measure | | | N/A | | | | |

KDADS HCBS Quality Review Report

Qualified Providers

PM 4: Number and percent of enrolled non-licensed/non-certified waiver providers that continue to meet waiver requirements

Numerator: Number enrolled non-licensed/non-certified waiver providers that continue to meet waiver requirements

Denominator: Number of enrolled non-licensed/non-certified providers

Review Period: 07/01/2018 - 09/30/2018

Data Source:

| Compliance By Waiver | Amerigroup | Sunflower | United | Statewide |
|----------------------|------------|-----------|--------|-----------|
| PD | | | | |
| Numerator | | | | |
| Denominator | | | | |
| FE | | | | |
| Numerator | | | | |
| Denominator | | | | |
| IDD | | | | |
| Numerator | | | | |
| Denominator | | | | |
| TBI | | | | |
| Numerator | | | | |
| Denominator | | | | |
| TA | | | | |
| Numerator | | | | |
| Denominator | | | | |
| Autism | | | | |
| Numerator | | | | |
| Denominator | | | | |
| SED | | | | |
| Numerator | | | | |
| Denominator | | | | |

Explanation of Findings:

SUN: No internal system/policy/process provided by MCO
 AMG: No internal system/policy/process provided by MCO
 UHC: No internal system/policy/process provided by MCO

Remediation:

| Compliance Trends | 2013 | 2014 | 2015 | 2016 | 2017 | Jan-Mar 2018 | Apr-Jun 2018 | Jul-Sep 2018 |
|-------------------|---------------|------|------|------|------|--------------|--------------|--------------|
| PD | | | | | | | | |
| Amerigroup | | | | 3% | | | | |
| Sunflower | | | | 1% | | | | |
| United | | | | 0% | | | | |
| Statewide | 75% | | | 1% | | | | |
| FE | | | | | | | | |
| Amerigroup | | | | 0% | | | | |
| Sunflower | | | | 0% | | | | |
| United | | | | 0% | | | | |
| Statewide | Not a measure | | | 0% | | | | |
| IDD | | | | | | | | |
| Amerigroup | | | | 0% | | | | |
| Sunflower | | | | 8% | | | | |
| United | | | | 0% | | | | |
| Statewide | Not a measure | | | 2% | | | | |
| TBI | | | | | | | | |
| Amerigroup | | | | 8% | | | | |
| Sunflower | | | | 0% | | | | |
| United | | | | 0% | | | | |
| Statewide | 88% | | | 3% | | | | |
| TA | | | | | | | | |
| Amerigroup | | | | 13% | | | | |
| Sunflower | | | | 0% | | | | |
| United | | | | 0% | | | | |
| Statewide | No Data | | | 4% | | | | |
| Autism | | | | | | | | |
| Amerigroup | | | | 8% | | | | |
| Sunflower | | | | 0% | | | | |
| United | | | | 0% | | | | |
| Statewide | 91% | | | 2% | | | | |
| SED | | | | | | | | |
| Amerigroup | | | | N/A | | | | |
| Sunflower | | | | N/A | | | | |
| United | | | | N/A | | | | |
| Statewide | 89% | | | N/A | | | | |

KDADS HCBS Quality Review Report

Qualified Providers

PM 5: Number and percent of active providers that meet training requirements

Numerator: Number of providers that meet training requirements

Denominator: Number of active providers

Review Period: 07/01/2018 - 09/30/2018

Data Source:

| Compliance By Waiver | Amerigroup | Sunflower | United | Statewide |
|----------------------|------------|-----------|--------|-----------|
| PD | | | | |
| Numerator | | | | |
| Denominator | | | | |
| FE | | | | |
| Numerator | | | | |
| Denominator | | | | |
| IDD | | | | |
| Numerator | | | | |
| Denominator | | | | |
| TBI | | | | |
| Numerator | | | | |
| Denominator | | | | |
| TA | | | | |
| Numerator | | | | |
| Denominator | | | | |
| Autism | | | | |
| Numerator | | | | |
| Denominator | | | | |
| SED | | | | |
| Numerator | | | | |
| Denominator | | | | |

Explanation of Findings:

SUN: No internal system/policy/process provided by MCO
 AMG: No internal system/policy/process provided by MCO
 UHC: No internal system/policy/process provided by MCO

Remediation:

| Compliance Trends | 2013 | 2014 | 2015 | 2016 | 2017 | Jan-Mar 2018 | Apr-Jun 2018 | Jul-Sep 2018 |
|-------------------|---------|------|------|------|------|--------------|--------------|--------------|
| PD | | | | | | | | |
| Amerigroup | | | | 0% | | | | |
| Sunflower | | | | 0% | | | | |
| United | | | | 0% | | | | |
| Statewide | No Data | | | 0% | | | | |
| FE | | | | | | | | |
| Amerigroup | | | | 0% | | | | |
| Sunflower | | | | 0% | | | | |
| United | | | | 0% | | | | |
| Statewide | No Data | | | 0% | | | | |
| IDD | | | | | | | | |
| Amerigroup | | | | 0% | | | | |
| Sunflower | | | | 0% | | | | |
| United | | | | 0% | | | | |
| Statewide | 99% | | | 0% | | | | |
| TBI | | | | | | | | |
| Amerigroup | | | | 0% | | | | |
| Sunflower | | | | 0% | | | | |
| United | | | | 0% | | | | |
| Statewide | No Data | | | 0% | | | | |
| TA | | | | | | | | |
| Amerigroup | | | | 0% | | | | |
| Sunflower | | | | 0% | | | | |
| United | | | | 0% | | | | |
| Statewide | No Data | | | 0% | | | | |
| Autism | | | | | | | | |
| Amerigroup | | | | 20% | | | | |
| Sunflower | | | | 36% | | | | |
| United | | | | 0% | | | | |
| Statewide | No Data | | | 11% | | | | |
| SED | | | | | | | | |
| Amerigroup | | | | 0% | | | | |
| Sunflower | | | | 0% | | | | |
| United | | | | 0% | | | | |
| Statewide | 88% | | | 0% | | | | |

KDADS HCBS Quality Review Report

Service Plan

PM 1: Number and percent of waiver participants whose service plans address participants' goals

Numerator: Number of waiver participants whose service plans address participants' goals

Denominator: Number of waiver participants whose service plans were reviewed

Review Period: 07/01/2018 - 09/30/2018

Data Source: MCO Record Review

| Compliance By Waiver | Amerigroup | Sunflower | United | Statewide |
|----------------------|-------------|------------|------------|------------|
| PD | 88% | 81% | 93% | 87% |
| Numerator | 28 | 25 | 25 | 78 |
| Denominator | 32 | 31 | 27 | 90 |
| FE | 76% | 76% | 90% | 81% |
| Numerator | 19 | 26 | 28 | 73 |
| Denominator | 25 | 34 | 31 | 90 |
| IDD | 79% | 81% | 96% | 84% |
| Numerator | 22 | 35 | 22 | 79 |
| Denominator | 28 | 43 | 23 | 94 |
| TBI | 94% | 62% | 90% | 80% |
| Numerator | 17 | 13 | 9 | 39 |
| Denominator | 18 | 21 | 10 | 49 |
| TA | 100% | 88% | 91% | 95% |
| Numerator | 29 | 15 | 10 | 54 |
| Denominator | 29 | 17 | 11 | 57 |
| Autism | 100% | 50% | 75% | 73% |
| Numerator | 3 | 2 | 3 | 8 |
| Denominator | 3 | 4 | 4 | 11 |
| SED | 96% | 97% | 94% | 96% |
| Numerator | 27 | 29 | 29 | 85 |
| Denominator | 28 | 30 | 31 | 89 |

Explanation of Findings:

PD: No ISP available for review
 Goal(s) marked N/A or missing
 ISP not signed and/or dated

FE: ISP contained invalid signature(s) or no signature(s)
 Goal(s) marked N/A
 ISP not uploaded for review

DD: No ISP available for review
 No goal(s) listed or marked N/A
 ISP not signed by guardian and/or dated

TBI: ISP not signed and/or dated
 No goal(s) listed
 ISP does not cover entire review period

TA: No goal(s) listed
 Missing signature and date
 ISP encrypted; could not be reviewed

AU: No services listed on ISP
 SED: No POCs provided for review

Remediation:

| Compliance Trends | 2013 | 2014 | 2015 | 2016 | 2017 | Jan-Mar 2018 | Apr-Jun 2018 | Jul-Sep 2018 |
|-------------------|---------------|------|------|------|------|--------------|--------------|--------------|
| PD | | | | | | | | |
| Amerigroup | | 55% | 33% | 63% | 79% | 90% | 79% | 88% |
| Sunflower | | 57% | 64% | 59% | 81% | 75% | 74% | 81% |
| United | | 33% | 49% | 86% | 85% | 88% | 93% | 93% |
| Statewide | 55% | 50% | 48% | 69% | 81% | 84% | 82% | 87% |
| FE | | | | | | | | |
| Amerigroup | | 50% | 42% | 54% | 70% | 65% | 76% | 76% |
| Sunflower | | 56% | 51% | 75% | 79% | 85% | 64% | 76% |
| United | | 45% | 56% | 81% | 90% | 94% | 94% | 90% |
| Statewide | Not a measure | 50% | 49% | 70% | 80% | 82% | 78% | 81% |
| IDD | | | | | | | | |
| Amerigroup | | 36% | 32% | 53% | 76% | 81% | 88% | 79% |
| Sunflower | | 56% | 56% | 61% | 70% | 77% | 60% | 81% |
| United | | 52% | 41% | 73% | 85% | 83% | 87% | 96% |
| Statewide | 99% | 49% | 45% | 62% | 75% | 80% | 74% | 84% |
| TBI | | | | | | | | |
| Amerigroup | | 37% | 41% | 58% | 78% | 59% | 68% | 94% |
| Sunflower | | 37% | 38% | 80% | 74% | 73% | 69% | 62% |
| United | | 22% | 55% | 78% | 79% | 78% | 100% | 90% |
| Statewide | 44% | 34% | 43% | 68% | 77% | 65% | 74% | 80% |
| TA | | | | | | | | |
| Amerigroup | | 50% | 44% | 69% | 90% | 96% | 100% | 100% |
| Sunflower | | 73% | 85% | 82% | 65% | 83% | 95% | 88% |
| United | | 64% | 32% | 70% | 95% | 75% | 89% | 91% |
| Statewide | 93% | 61% | 54% | 73% | 83% | 88% | 97% | 95% |
| Autism | | | | | | | | |
| Amerigroup | | 84% | 56% | 35% | 88% | 100% | 100% | 100% |
| Sunflower | | 47% | 50% | 50% | 30% | 25% | 20% | 50% |
| United | | 63% | 36% | 17% | 13% | 0% | 60% | 75% |
| Statewide | 58% | 69% | 49% | 37% | 42% | 42% | 57% | 73% |
| SED | | | | | | | | |
| Amerigroup | | 91% | 99% | 98% | 99% | 100% | 97% | 96% |
| Sunflower | | 92% | 95% | 87% | 98% | 91% | 95% | 97% |
| United | | 89% | 100% | 98% | 88% | 94% | 100% | 94% |
| Statewide | 98% | 90% | 98% | 95% | 95% | 95% | 97% | 96% |

KDADS HCBS Quality Review Report

Service Plan

PM 2: Number and percent of waiver participants whose service plans address their assessed needs and capabilities as indicated in the assessment

Numerator: Number of waiver participants whose service plans address their assessed needs and capabilities as indicated in the assessment

Denominator: Number of waiver participants whose service plans were reviewed

Review Period: 07/01/2018 - 09/30/2018

Data Source: MCO Record Review

| Compliance By Waiver | Amerigroup | Sunflower | United | Statewide |
|----------------------|------------|------------|-------------|------------|
| PD | 91% | 74% | 96% | 87% |
| Numerator | 29 | 23 | 26 | 78 |
| Denominator | 32 | 31 | 27 | 90 |
| FE | 72% | 76% | 90% | 80% |
| Numerator | 18 | 26 | 28 | 72 |
| Denominator | 25 | 34 | 31 | 90 |
| IDD | 79% | 79% | 96% | 83% |
| Numerator | 22 | 34 | 22 | 78 |
| Denominator | 28 | 43 | 23 | 94 |
| TBI | 89% | 62% | 80% | 76% |
| Numerator | 16 | 13 | 8 | 37 |
| Denominator | 18 | 21 | 10 | 49 |
| TA | 97% | 88% | 100% | 95% |
| Numerator | 28 | 15 | 11 | 54 |
| Denominator | 29 | 17 | 11 | 57 |
| Autism | 67% | 50% | 50% | 55% |
| Numerator | 2 | 2 | 2 | 6 |
| Denominator | 3 | 4 | 4 | 11 |
| SED | 96% | 97% | 71% | 88% |
| Numerator | 27 | 29 | 22 | 78 |
| Denominator | 28 | 30 | 31 | 89 |

Explanation of Findings:

| |
|---|
| PD: Missing signature(s) and/or date on ISP Missing ISP for part or all of review period Missing UAR for part of review period Gap in between assessments |
| FE: Missing signature(s) and/or date Signature field marked N/A for consumer and Care Coordinator Missing ISP for part or all of review period Missing HRA for part of the review period Guardian signature not obtained until 9 months after ISP was implemented |
| DD: Missing signature(s) and/or date on ISP Missing HRA for part or all of review period Missing assessment for part of review period Missing BUP for part of review period |
| TBI: Missing signature(s) and/or date on ISP Needs on assessment not listed on ISP Missing ISP for part or all of review period No TBI services listed on POC ISP signed after services implemented |
| TA: Missing assessment for part of review period ISP encrypted and unable to be reviewed Tasks not marked |
| AU: No services listed on ISP Tasks not marked |
| SED: No POCs provided for review Missing current assessment No KBH exam completed |

Remediation:

| Compliance Trends | 2013 | 2014 | 2015 | 2016 | 2017 | Jan-Mar 2018 | Apr-Jun 2018 | Jul-Sep 2018 |
|-------------------|------|------|------|------|------|--------------|--------------|--------------|
| PD | | | | | | | | |
| Amerigroup | | 83% | 55% | 74% | 83% | 97% | 91% | 91% |
| Sunflower | | 90% | 56% | 63% | 83% | 72% | 84% | 74% |
| United | | 89% | 68% | 92% | 87% | 88% | 93% | 96% |
| Statewide | 86% | 87% | 59% | 76% | 84% | 85% | 89% | 87% |
| FE | | | | | | | | |
| Amerigroup | | 79% | 66% | 74% | 80% | 88% | 96% | 72% |
| Sunflower | | 90% | 53% | 73% | 75% | 88% | 73% | 76% |
| United | | 88% | 68% | 84% | 88% | 90% | 97% | 90% |
| Statewide | 87% | 86% | 61% | 77% | 81% | 89% | 88% | 80% |
| IDD | | | | | | | | |
| Amerigroup | | 85% | 67% | 64% | 77% | 81% | 88% | 79% |
| Sunflower | | 77% | 36% | 65% | 70% | 88% | 77% | 79% |
| United | | 72% | 47% | 78% | 91% | 87% | 87% | 96% |
| Statewide | 99% | 78% | 48% | 68% | 77% | 86% | 82% | 83% |
| TBI | | | | | | | | |
| Amerigroup | | 67% | 48% | 65% | 78% | 62% | 71% | 89% |
| Sunflower | | 82% | 28% | 82% | 74% | 82% | 85% | 62% |
| United | | 70% | 62% | 80% | 79% | 78% | 90% | 80% |
| Statewide | 72% | 73% | 45% | 72% | 77% | 69% | 78% | 76% |
| TA | | | | | | | | |
| Amerigroup | | 93% | 58% | 70% | 88% | 96% | 100% | 97% |
| Sunflower | | 98% | 62% | 74% | 69% | 72% | 90% | 88% |
| United | | 97% | 58% | 79% | 92% | 75% | 89% | 100% |
| Statewide | 96% | 96% | 59% | 73% | 83% | 84% | 95% | 95% |
| Autism | | | | | | | | |
| Amerigroup | | 81% | 59% | 33% | 88% | 75% | 100% | 67% |
| Sunflower | | 50% | 45% | 47% | 15% | 25% | 20% | 50% |
| United | | 63% | 21% | 22% | 13% | 0% | 20% | 50% |
| Statewide | 59% | 68% | 46% | 36% | 37% | 33% | 43% | 55% |
| SED | | | | | | | | |
| Amerigroup | | 91% | 99% | 98% | 99% | 100% | 97% | 96% |
| Sunflower | | 91% | 92% | 87% | 93% | 95% | 90% | 97% |
| United | | 89% | 98% | 96% | 84% | 94% | 90% | 71% |
| Statewide | 92% | 90% | 97% | 94% | 92% | 97% | 92% | 88% |

KDADS HCBS Quality Review Report

Service Plan

PM 3: Number and percent of waiver participants whose service plans address health and safety risk factors

Numerator: Number of waiver participants whose service plans address health and safety risk factors

Denominator: Number of waiver participants whose service plans were reviewed

Review Period: 07/01/2018 - 09/30/2018

Data Source: MCO Record Review

| Compliance By Waiver | Amerigroup | Sunflower | United | Statewide |
|----------------------|-------------|------------|-------------|------------|
| PD | 94% | 74% | 96% | 88% |
| Numerator | 30 | 23 | 26 | 79 |
| Denominator | 32 | 31 | 27 | 90 |
| FE | 72% | 76% | 90% | 80% |
| Numerator | 18 | 26 | 28 | 72 |
| Denominator | 25 | 34 | 31 | 90 |
| IDD | 79% | 79% | 96% | 83% |
| Numerator | 22 | 34 | 22 | 78 |
| Denominator | 28 | 43 | 23 | 94 |
| TBI | 94% | 57% | 90% | 78% |
| Numerator | 17 | 12 | 9 | 38 |
| Denominator | 18 | 21 | 10 | 49 |
| TA | 100% | 88% | 100% | 96% |
| Numerator | 29 | 15 | 11 | 55 |
| Denominator | 29 | 17 | 11 | 57 |
| Autism | 100% | 50% | 50% | 64% |
| Numerator | 3 | 2 | 2 | 7 |
| Denominator | 3 | 4 | 4 | 11 |
| SED | 96% | 97% | 94% | 96% |
| Numerator | 27 | 29 | 29 | 85 |
| Denominator | 28 | 30 | 31 | 89 |

Explanation of Findings:

- PD: Missing signature(s) and/or date(s)
Missing ISP for part or all of review period
Gap between assessments
- FE: Missing guardianship paperwork
Missing signature(s) and/or date(s)
Missing assessment for part or all of review period
Missing ISP for part or all of review period
Guardian signature not obtained until 9 months after ISP was implemented
Missing HRA for part of review period
- DD: Missing signature(s) and/or date(s)
Missing HRA for part of review period
Missing assessment for part or all of review period
UAR provided does not cover full review period
Missing BUP for part or all of review period
- TBI: Missing assessment for part or all of review period
Missing signature(s) and/or date(s)
HRA does not cover entire review period
ISP not signed or dated prior to implementation of services
- TA: Missing assessments for part of review period
ISP encrypted and unable to be reviewed
- AU: No services listed on ISP
- SED: Missing POCs for all of review period

Remediation:

| Compliance Trends | 2013 | 2014 | 2015 | 2016 | 2017 | Jan-Mar 2018 | Apr-Jun 2018 | Jul-Sep 2018 |
|-------------------|---------------|------|------|------|------|--------------|--------------|--------------|
| PD | | | | | | | | |
| Amerigroup | | 90% | 44% | 73% | 81% | 97% | 91% | 94% |
| Sunflower | | 89% | 49% | 67% | 85% | 69% | 84% | 74% |
| United | | | 67% | 90% | 88% | 88% | 96% | 96% |
| Statewide | 90% | 91% | 51% | 76% | 84% | 84% | 90% | 88% |
| FE | | | | | | | | |
| Amerigroup | | 92% | 55% | 75% | 82% | 92% | 96% | 72% |
| Sunflower | | 92% | 50% | 73% | 77% | 88% | 67% | 76% |
| United | | | 70% | 82% | 88% | 94% | 97% | 90% |
| Statewide | Not a measure | 93% | 57% | 76% | 82% | 91% | 86% | 80% |
| IDD | | | | | | | | |
| Amerigroup | | 90% | 61% | 67% | 75% | 81% | 88% | 79% |
| Sunflower | | 97% | 36% | 65% | 73% | 88% | 79% | 79% |
| United | | | 45% | 78% | 92% | 87% | 87% | 96% |
| Statewide | 99% | 93% | 46% | 69% | 78% | 86% | 83% | 83% |
| TBI | | | | | | | | |
| Amerigroup | | 79% | 45% | 64% | 80% | 65% | 77% | 94% |
| Sunflower | | 91% | 26% | 84% | 70% | 82% | 92% | 57% |
| United | | | 64% | 80% | 79% | 78% | 100% | 90% |
| Statewide | 84% | 84% | 43% | 72% | 78% | 70% | 85% | 78% |
| TA | | | | | | | | |
| Amerigroup | | 96% | 49% | 73% | 89% | 96% | 97% | 100% |
| Sunflower | | 95% | 61% | 76% | 66% | 72% | 90% | 88% |
| United | | 94% | 58% | 79% | 92% | 75% | 89% | 100% |
| Statewide | 96% | 96% | 54% | 75% | 83% | 84% | 93% | 96% |
| Autism | | | | | | | | |
| Amerigroup | | 79% | 59% | 30% | 88% | 75% | 100% | 100% |
| Sunflower | | 61% | 45% | 47% | 15% | 25% | 20% | 50% |
| United | | 86% | 21% | 17% | 13% | 0% | 20% | 50% |
| Statewide | 64% | 74% | 46% | 34% | 37% | 33% | 43% | 64% |
| SED | | | | | | | | |
| Amerigroup | | 90% | 99% | 97% | 99% | 100% | 97% | 96% |
| Sunflower | | 89% | 95% | 87% | 98% | 95% | 95% | 97% |
| United | | 86% | 100% | 97% | 88% | 94% | 100% | 94% |
| Statewide | 99% | 88% | 98% | 94% | 95% | 97% | 97% | 96% |

KDADS HCBS Quality Review Report

Service Plan

PM 4: Number and percent of waiver participants whose service plans were developed according to the processes in the approved waiver

Numerator: Number of waiver participants whose service plans were developed according to the processes in the approved waiver

Denominator: Number of waiver participants whose service plans were reviewed

Review Period: 07/01/2018 - 09/30/2018

Data Source: MCO Record Review

| Compliance By Waiver | Amerigroup | Sunflower | United | Statewide |
|----------------------|-------------|------------|-------------|------------|
| PD | 94% | 81% | 96% | 90% |
| Numerator | 30 | 25 | 26 | 81 |
| Denominator | 32 | 31 | 27 | 90 |
| FE | 80% | 79% | 94% | 84% |
| Numerator | 20 | 27 | 29 | 76 |
| Denominator | 25 | 34 | 31 | 90 |
| IDD | 82% | 84% | 96% | 86% |
| Numerator | 23 | 36 | 22 | 81 |
| Denominator | 28 | 43 | 23 | 94 |
| TBI | 94% | 67% | 80% | 80% |
| Numerator | 17 | 14 | 8 | 39 |
| Denominator | 18 | 21 | 10 | 49 |
| TA | 97% | 88% | 100% | 95% |
| Numerator | 28 | 15 | 11 | 54 |
| Denominator | 29 | 17 | 11 | 57 |
| Autism | 100% | 75% | 50% | 73% |
| Numerator | 3 | 3 | 2 | 8 |
| Denominator | 3 | 4 | 4 | 11 |
| SED | 96% | 93% | 94% | 94% |
| Numerator | 27 | 28 | 29 | 84 |
| Denominator | 28 | 30 | 31 | 89 |

Explanation of Findings:

- PD: Missing signature(s) and/or date(s)
Missing ISP for part or all of review period
Assessment(s) does/do not cover entire review period
- FE: Missing signature(s) and/or date(s)
ISP signature fields marked N/A for consumer and CC
ISP missing for part or all of review period
ISP not signed by guardian until 9 months after services implemented
- DD: Assessment(s) does/do not cover entire review period
Missing signature(s) and/or date(s) on ISP
Missing ISP for part or all of review period
ISP was not signed until after services were implemented
- TBI: No therapy or TLS listed
Missing signature(s) and/or date(s)
ISP signed after services implemented
Missing ISP for part or all of review period
- TA: ISP not initiated timely
ISP missing for part or all of review period
ISP encrypted and unable to be reviewed
- AU: Missing assessments for all of review period
No services listed on ISP
- SED: Missing POCs for entire review period
Missing signature(s) and/or date(s) on POC

Remediation:

| Compliance Trends | 2013 | 2014 | 2015 | 2016 | 2017 | Jan-Mar 2018 | Apr-Jun 2018 | Jul-Sep 2018 |
|-------------------|---------------|------|------|------|------|--------------|--------------|--------------|
| PD | | | | | | | | |
| Amerigroup | | 88% | 68% | 76% | 85% | 97% | 82% | 94% |
| Sunflower | | 87% | 69% | 73% | 87% | 78% | 74% | 81% |
| United | | 85% | 77% | 92% | 88% | 88% | 93% | 96% |
| Statewide | 80% | 87% | 70% | 80% | 86% | 88% | 83% | 90% |
| FE | | | | | | | | |
| Amerigroup | | 84% | 76% | 78% | 82% | 92% | 96% | 80% |
| Sunflower | | 88% | 61% | 84% | 86% | 91% | 67% | 79% |
| United | | 86% | 79% | 87% | 90% | 94% | 88% | 94% |
| Statewide | Not a measure | 86% | 71% | 83% | 86% | 92% | 82% | 84% |
| IDD | | | | | | | | |
| Amerigroup | | 80% | 80% | 73% | 77% | 85% | 83% | 82% |
| Sunflower | | 80% | 59% | 74% | 80% | 91% | 77% | 84% |
| United | | 82% | 55% | 79% | 92% | 87% | 87% | 96% |
| Statewide | 98% | 81% | 64% | 75% | 82% | 88% | 81% | 86% |
| TBI | | | | | | | | |
| Amerigroup | | 76% | 53% | 64% | 79% | 65% | 77% | 94% |
| Sunflower | | 86% | 43% | 86% | 80% | 82% | 77% | 67% |
| United | | 77% | 69% | 85% | 79% | 78% | 90% | 80% |
| Statewide | 64% | 80% | 53% | 74% | 80% | 70% | 80% | 80% |
| TA | | | | | | | | |
| Amerigroup | | 84% | 68% | 71% | 90% | 96% | 93% | 97% |
| Sunflower | | 97% | 86% | 85% | 68% | 83% | 95% | 88% |
| United | | 96% | 58% | 79% | 95% | 75% | 89% | 100% |
| Statewide | No Data | 91% | 72% | 77% | 84% | 88% | 93% | 95% |
| Autism | | | | | | | | |
| Amerigroup | | 74% | 59% | 35% | 88% | 75% | 100% | 100% |
| Sunflower | | 51% | 50% | 47% | 20% | 25% | 20% | 75% |
| United | | 65% | 29% | 17% | 13% | 0% | 60% | 50% |
| Statewide | 55% | 65% | 49% | 36% | 38% | 33% | 57% | 73% |
| SED | | | | | | | | |
| Amerigroup | | 92% | 99% | 98% | 99% | 100% | 97% | 96% |
| Sunflower | | 90% | 94% | 86% | 98% | 95% | 100% | 93% |
| United | | 87% | 98% | 97% | 88% | 81% | 100% | 94% |
| Statewide | Not a measure | 90% | 97% | 94% | 95% | 93% | 99% | 94% |

KDADS HCBS Quality Review Report

Service Plan

PM 5: Number and percent of waiver participants (or their representatives) who were present and involved in the development of their service plan

Numerator: Number of waiver participants (or their representatives) who were present and involved in the development of their service plan

Denominator: Number of waiver participants whose service plans were reviewed

Review Period: 07/01/2018 - 09/30/2018

Data Source: MCO Record Review

| Compliance By Waiver | Amerigroup | Sunflower | United | Statewide |
|----------------------|-------------|-------------|-------------|------------|
| PD | 97% | 81% | 96% | 91% |
| Numerator | 31 | 25 | 26 | 82 |
| Denominator | 32 | 31 | 27 | 90 |
| FE | 80% | 79% | 94% | 84% |
| Numerator | 20 | 27 | 29 | 76 |
| Denominator | 25 | 34 | 31 | 90 |
| IDD | 82% | 88% | 96% | 88% |
| Numerator | 23 | 38 | 22 | 83 |
| Denominator | 28 | 43 | 23 | 94 |
| TBI | 94% | 67% | 90% | 82% |
| Numerator | 17 | 14 | 9 | 40 |
| Denominator | 18 | 21 | 10 | 49 |
| TA | 100% | 88% | 100% | 96% |
| Numerator | 29 | 15 | 11 | 55 |
| Denominator | 29 | 17 | 11 | 57 |
| Autism | 100% | 100% | 75% | 91% |
| Numerator | 3 | 4 | 3 | 10 |
| Denominator | 3 | 4 | 4 | 11 |
| SED | 93% | 93% | 94% | 93% |
| Numerator | 26 | 28 | 29 | 83 |
| Denominator | 28 | 30 | 31 | 89 |

Explanation of Findings:

- PD: ISP missing signature(s) and/or date(s)
- ISP missing for part or all of review period
- ISP signed after implementation of services
- FE: Missing signature(s) and/or date(s)
- Marked N/A in all signature fields
- Missing ISP for part or all of review period
- DD: ISP missing signature(s) and/or date(s)
- ISP missing for part or all of review period
- TBI: ISP missing signature(s) and/or date(s)
- ISP missing for part or all of review period
- TA: ISP missing signature(s) and/or date(s)
- ISP encrypted and unable to be reviewed
- AU: No meeting, since coming off of wait list
- SED: Missing POCs for review period
- Missing signature and date on treatment plan
- Missing signature(s) and/or date(s) on POCs

Remediation:

| Compliance Trends | 2013 | 2014 | 2015 | 2016 | 2017 | Jan-Mar 2018 | Apr-Jun 2018 | Jul-Sep 2018 |
|-------------------|---------------|------|------|------|------|--------------|--------------|--------------|
| PD | | | | | | | | |
| Amerigroup | | 88% | 70% | 79% | 87% | 97% | 97% | 97% |
| Sunflower | | 87% | 70% | 74% | 88% | 78% | 84% | 81% |
| United | | 84% | 79% | 89% | 88% | 88% | 96% | 96% |
| Statewide | Not a measure | 87% | 72% | 81% | 88% | 88% | 92% | 91% |
| FE | | | | | | | | |
| Amerigroup | | 83% | 78% | 76% | 84% | 92% | 100% | 80% |
| Sunflower | | 86% | 60% | 83% | 87% | 91% | 76% | 79% |
| United | | 87% | 83% | 88% | 91% | 94% | 97% | 94% |
| Statewide | 90% | 85% | 72% | 83% | 88% | 92% | 90% | 84% |
| IDD | | | | | | | | |
| Amerigroup | | 84% | 76% | 73% | 76% | 85% | 88% | 82% |
| Sunflower | | 82% | 60% | 74% | 78% | 88% | 86% | 88% |
| United | | 88% | 51% | 79% | 93% | 87% | 87% | 96% |
| Statewide | Not a measure | 84% | 63% | 75% | 81% | 87% | 87% | 88% |
| TBI | | | | | | | | |
| Amerigroup | | 73% | 51% | 65% | 80% | 71% | 81% | 94% |
| Sunflower | | 84% | 45% | 86% | 80% | 91% | 92% | 67% |
| United | | 80% | 69% | 59% | 79% | 78% | 100% | 90% |
| Statewide | Not a measure | 78% | 52% | 74% | 80% | 76% | 87% | 82% |
| TA | | | | | | | | |
| Amerigroup | | 83% | 75% | 71% | 90% | 96% | 100% | 100% |
| Sunflower | | 97% | 86% | 84% | 68% | 83% | 95% | 88% |
| United | | 97% | 58% | 79% | 95% | 75% | 89% | 100% |
| Statewide | Not a measure | 91% | 76% | 76% | 84% | 88% | 97% | 96% |
| Autism | | | | | | | | |
| Amerigroup | | 77% | 59% | 35% | 88% | 100% | 100% | 100% |
| Sunflower | | 53% | 55% | 50% | 15% | 25% | 20% | 100% |
| United | | 71% | 36% | 17% | 6% | 0% | 60% | 75% |
| Statewide | Not a measure | 69% | 52% | 37% | 35% | 42% | 57% | 91% |
| SED | | | | | | | | |
| Amerigroup | | 92% | 98% | 97% | 97% | 100% | 97% | 93% |
| Sunflower | | 90% | 95% | 86% | 98% | 95% | 100% | 93% |
| United | | 87% | 99% | 96% | 86% | 88% | 100% | 94% |
| Statewide | 93% | 90% | 98% | 94% | 93% | 95% | 99% | 93% |

KDADS HCBS Quality Review Report

Service Plan

PM 6: Number and percent of service plans reviewed before the waiver participant's annual redetermination date

Numerator: Number of service plans reviewed before the waiver participant's annual redetermination date

Denominator: Number of waiver participants whose service plans were reviewed

Review Period: 07/01/2018 - 09/30/2018

Data Source: MCO Record Review

| Compliance By Waiver | Amerigroup | Sunflower | United | Statewide |
|----------------------|-------------|-------------|-------------|------------|
| PD | 91% | 90% | 93% | 91% |
| Numerator | 29 | 28 | 25 | 82 |
| Denominator | 32 | 31 | 27 | 90 |
| FE | 80% | 79% | 84% | 81% |
| Numerator | 20 | 27 | 26 | 73 |
| Denominator | 25 | 34 | 31 | 90 |
| IDD | 89% | 91% | 87% | 89% |
| Numerator | 25 | 39 | 20 | 84 |
| Denominator | 28 | 43 | 23 | 94 |
| TBI | 83% | 81% | 80% | 82% |
| Numerator | 15 | 17 | 8 | 40 |
| Denominator | 18 | 21 | 10 | 49 |
| TA | 97% | 88% | 100% | 95% |
| Numerator | 28 | 15 | 11 | 54 |
| Denominator | 29 | 17 | 11 | 57 |
| Autism | 100% | 100% | 25% | 73% |
| Numerator | 3 | 4 | 1 | 8 |
| Denominator | 3 | 4 | 4 | 11 |
| SED | 96% | 97% | 94% | 96% |
| Numerator | 27 | 29 | 29 | 85 |
| Denominator | 28 | 30 | 31 | 89 |

Explanation of Findings:

| |
|--|
| PD: Missing signature(s) and/or date(s) Missing ISP for part or all of review period ISP signed after services implemented |
| FE: Missing signature(s) and/or date(s) Missing ISP for part or all of review period |
| DD: ISP missing signature(s) and/or date(s) ISP missing for part or all of review period |
| TBI: Missing signature(s) and/or date(s) ISP missing for part or all of review period |
| TA: ISP missing for part or all of review period ISP encrypted and unable to be reviewed |
| AU: No meeting, since coming off of wait list |
| SED: Missing POCs for part or all of review period Missing signature and date on treatment plan Missing signature(s) and/or date(s) on POC |

Remediation:

| |
|--|
| |
|--|

| Compliance Trends | 2013 | 2014 | 2015 | 2016 | 2017 | Jan-Mar 2018 | Apr-Jun 2018 | Jul-Sep 2018 |
|-------------------|------|------|------|------|------|--------------|--------------|--------------|
| PD | | | | | | | | |
| Amerigroup | | 73% | 67% | 71% | 72% | 80% | 97% | 91% |
| Sunflower | | 82% | 72% | 72% | 70% | 78% | 81% | 90% |
| United | | 92% | 73% | 83% | 76% | 85% | 86% | 93% |
| Statewide | 82% | 82% | 70% | 75% | 72% | 81% | 88% | 91% |
| FE | | | | | | | | |
| Amerigroup | | 81% | 67% | 63% | 70% | 77% | 88% | 80% |
| Sunflower | | 85% | 57% | 78% | 78% | 85% | 88% | 79% |
| United | | 90% | 69% | 84% | 91% | 97% | 97% | 84% |
| Statewide | 81% | 85% | 64% | 76% | 81% | 87% | 91% | 81% |
| IDD | | | | | | | | |
| Amerigroup | | 75% | 77% | 68% | 64% | 74% | 83% | 89% |
| Sunflower | | 81% | 66% | 65% | 63% | 81% | 81% | 91% |
| United | | 91% | 48% | 54% | 86% | 87% | 78% | 87% |
| Statewide | 97% | 82% | 66% | 63% | 70% | 81% | 81% | 89% |
| TBI | | | | | | | | |
| Amerigroup | | 65% | 44% | 56% | 63% | 71% | 65% | 83% |
| Sunflower | | 84% | 40% | 88% | 61% | 100% | 100% | 81% |
| United | | 77% | 65% | 70% | 65% | 78% | 100% | 80% |
| Statewide | 60% | 76% | 47% | 68% | 63% | 78% | 80% | 82% |
| TA | | | | | | | | |
| Amerigroup | | 81% | 78% | 72% | 88% | 81% | 93% | 97% |
| Sunflower | | 94% | 89% | 85% | 68% | 83% | 95% | 88% |
| United | | 96% | 59% | 70% | 91% | 92% | 89% | 100% |
| Statewide | 92% | 89% | 79% | 76% | 83% | 84% | 93% | 95% |
| Autism | | | | | | | | |
| Amerigroup | | 67% | 52% | 40% | 82% | 100% | 100% | 100% |
| Sunflower | | 43% | 47% | 38% | 18% | 50% | 80% | 100% |
| United | | 33% | 38% | 7% | 20% | 50% | 80% | 25% |
| Statewide | 64% | 57% | 48% | 31% | 41% | 67% | 86% | 73% |
| SED | | | | | | | | |
| Amerigroup | | 89% | 97% | 94% | 96% | 96% | 97% | 96% |
| Sunflower | | 89% | 91% | 79% | 92% | 95% | 90% | 97% |
| United | | 83% | 99% | 85% | 77% | 94% | 100% | 94% |
| Statewide | 80% | 87% | 96% | 86% | 88% | 95% | 96% | 96% |

KDADS HCBS Quality Review Report

Service Plan

PM 7: Number and percent of waiver participants with documented change in needs whose service plan was revised, as needed, to address the change

Numerator: Number of waiver participants with documented change in needs whose service plan was revised, as needed, to address the change

Denominator: Number of waiver participants whose service plans were reviewed

Review Period: 07/01/2018 - 09/30/2018

Data Source: MCO Record Review

| Compliance By Waiver | Amerigroup | Sunflower | United | Statewide |
|----------------------|-------------|-------------|-------------|------------|
| PD | 97% | 94% | 96% | 96% |
| Numerator | 31 | 29 | 26 | 86 |
| Denominator | 32 | 31 | 27 | 90 |
| FE | 92% | 91% | 100% | 94% |
| Numerator | 23 | 31 | 31 | 85 |
| Denominator | 25 | 34 | 31 | 90 |
| IDD | 100% | 95% | 100% | 98% |
| Numerator | 28 | 41 | 23 | 92 |
| Denominator | 28 | 43 | 23 | 94 |
| TBI | 100% | 86% | 100% | 94% |
| Numerator | 18 | 18 | 10 | 46 |
| Denominator | 18 | 21 | 10 | 49 |
| TA | 97% | 88% | 100% | 95% |
| Numerator | 28 | 15 | 11 | 54 |
| Denominator | 29 | 17 | 11 | 57 |
| Autism | 100% | 100% | 75% | 91% |
| Numerator | 3 | 4 | 3 | 10 |
| Denominator | 3 | 4 | 4 | 11 |
| SED | 96% | 97% | 94% | 96% |
| Numerator | 27 | 29 | 29 | 85 |
| Denominator | 28 | 30 | 31 | 89 |

Explanation of Findings:

- PD: Missing signature(s) and/or date(s)
Missing ISP for part or all of review period
ISP signed after services implemented
- FE: Missing signature(s) and/or date(s)
Missing ISP for part or all of review period
- DD: Missing signature(s) and/or date(s)
Missing ISP for part of review period
- TBI: Missing signature(s) and/or date(s)
ISP signed after implementation of services
- TA: Missing ISP for part or all of review period
Missing signature(s) and/or date(s)
ISP encrypted and unable to be reviewed
- AU: No meeting, since coming off of wait list
- SED: Missing POCs for part or all of review period

Remediation:

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

KDADS HCBS Quality Review Report

Service Plan

PM 8: Number and percent of waiver participants who received services in the type, scope, amount, duration, and frequency specified in the service plan

Numerator: Number of waiver participants who received services in the type, scope, amount, duration, and frequency specified in the service plan

Denominator: Number of waiver participants whose service plans were reviewed

Review Period: 07/01/2018 - 09/30/2018

Data Source: MCO Record Review

| Compliance By Waiver | Amerigroup | Sunflower | United | Statewide |
|----------------------|-------------|------------|-------------|------------|
| PD | 94% | 81% | 85% | 87% |
| Numerator | 30 | 25 | 23 | 78 |
| Denominator | 32 | 31 | 27 | 90 |
| FE | 76% | 85% | 94% | 86% |
| Numerator | 19 | 29 | 29 | 77 |
| Denominator | 25 | 34 | 31 | 90 |
| IDD | 79% | 88% | 96% | 87% |
| Numerator | 22 | 38 | 22 | 82 |
| Denominator | 28 | 43 | 23 | 94 |
| TBI | 83% | 62% | 80% | 73% |
| Numerator | 15 | 13 | 8 | 36 |
| Denominator | 18 | 21 | 10 | 49 |
| TA | 100% | 82% | 100% | 95% |
| Numerator | 29 | 14 | 11 | 54 |
| Denominator | 29 | 17 | 11 | 57 |
| Autism | 100% | 50% | 75% | 73% |
| Numerator | 3 | 2 | 3 | 8 |
| Denominator | 3 | 4 | 4 | 11 |
| SED | 96% | 97% | 94% | 96% |
| Numerator | 27 | 29 | 29 | 85 |
| Denominator | 28 | 30 | 31 | 89 |

Explanation of Findings:

- PD: Missing signature(s) and/or date(s) on ISP
- Missing ISP for part or all of review period
- Missing UAR for part of review period
- Gap between assessments
- Consumer frequently refused services
- Consumer doesn't have a home care worker
- FE: Missing signature(s) and/or date(s)
- Signature fields marked N/A for consumer and Care Coordinator
- Missing ISP for part or all of review period
- DD: Missing signature(s) and/or date(s) on ISP
- Missing ISP for part or all of review period
- TBI: Missing signature(s) and/or date(s) on ISP
- Needs on assessment not listed on ISP
- Missing ISP for part or all of review period
- No TBI services listed on POC
- No progress notes/evidence uploaded to verify services rendered to consumer
- ISP signed after services implemented
- TA: Missing assessment for part of review period
- ISP encrypted and unable to be reviewed
- LTSS unable to locate consumer since transferring from UHC
- AU: No services listed on ISP
- No meeting, since coming off wait list
- SED: No POCs provided for review

Remediation:

| Compliance Trends | 2013 | 2014 | 2015 | 2016 | 2017 | Jan-Mar 2018 | Apr-Jun 2018 | Jul-Sep 2018 |
|-------------------|------|------|------|------|------|--------------|--------------|--------------|
| PD | | | | | | | | |
| Amerigroup | | 94% | 69% | 79% | 83% | 93% | 94% | 94% |
| Sunflower | | 96% | 72% | 76% | 88% | 75% | 87% | 81% |
| United | | 96% | 78% | 91% | 87% | 88% | 96% | 85% |
| Statewide | 85% | 95% | 72% | 81% | 86% | 85% | 92% | 87% |
| FE | | | | | | | | |
| Amerigroup | | 83% | 76% | 75% | 81% | 92% | 88% | 76% |
| Sunflower | | 96% | 64% | 86% | 87% | 88% | 67% | 85% |
| United | | 96% | 79% | 89% | 88% | 94% | 94% | 94% |
| Statewide | 87% | 92% | 72% | 83% | 86% | 91% | 82% | 86% |
| IDD | | | | | | | | |
| Amerigroup | | 78% | 84% | 73% | 75% | 81% | 88% | 79% |
| Sunflower | | 97% | 62% | 77% | 80% | 88% | 84% | 88% |
| United | | 100% | 59% | 81% | 90% | 87% | 87% | 96% |
| Statewide | 98% | 92% | 68% | 77% | 81% | 86% | 86% | 87% |
| TBI | | | | | | | | |
| Amerigroup | | 81% | 55% | 63% | 77% | 62% | 81% | 83% |
| Sunflower | | 95% | 46% | 84% | 76% | 91% | 77% | 62% |
| United | | 85% | 71% | 83% | 76% | 78% | 80% | 80% |
| Statewide | 70% | 87% | 56% | 72% | 77% | 70% | 80% | 73% |
| TA | | | | | | | | |
| Amerigroup | | 98% | 73% | 79% | 88% | 93% | 100% | 100% |
| Sunflower | | 100% | 86% | 82% | 68% | 83% | 95% | 82% |
| United | | 96% | 58% | 82% | 92% | 83% | 78% | 100% |
| Statewide | 100% | 98% | 74% | 80% | 83% | 88% | 95% | 95% |
| Autism | | | | | | | | |
| Amerigroup | | 89% | 59% | 37% | 88% | 100% | 75% | 100% |
| Sunflower | | 100% | 55% | 50% | 15% | 25% | 20% | 50% |
| United | | 50% | 21% | 17% | 13% | 0% | 60% | 75% |
| Statewide | 50% | 86% | 49% | 38% | 37% | 42% | 50% | 73% |
| SED | | | | | | | | |
| Amerigroup | | 91% | 99% | 95% | 99% | 100% | 97% | 96% |
| Sunflower | | 96% | 94% | 84% | 98% | 95% | 100% | 97% |
| United | | 92% | 99% | 91% | 86% | 88% | 100% | 94% |
| Statewide | 13% | 93% | 98% | 90% | 94% | 95% | 99% | 96% |

KDADS HCBS Quality Review Report

Service Plan

PM 9: Number and percent of survey respondents who reported receiving all services as specified in their service plan

Numerator: Number of survey respondents who reported receiving all services as specified in their service plan

Denominator: Number of waiver participants interviewed by QMS staff

Review Period: 07/01/2018 - 09/30/2018

Data Source: Customer Interview

| Compliance By Waiver | Amerigroup | Sunflower | United | Statewide |
|----------------------|---|-------------|-------------|-------------|
| PD | 100% | 100% | 90% | 98% |
| Numerator | 18 | 15 | 9 | 42 |
| Denominator | 18 | 15 | 10 | 43 |
| FE | 89% | 93% | 93% | 92% |
| Numerator | 8 | 14 | 14 | 36 |
| Denominator | 9 | 15 | 15 | 39 |
| IDD | 100% | 100% | 100% | 100% |
| Numerator | 13 | 24 | 10 | 47 |
| Denominator | 13 | 24 | 10 | 47 |
| TBI | 100% | 86% | 100% | 94% |
| Numerator | 5 | 6 | 6 | 17 |
| Denominator | 5 | 7 | 6 | 18 |
| TA | 100% | 100% | 100% | 100% |
| Numerator | 9 | 5 | 3 | 17 |
| Denominator | 9 | 5 | 3 | 17 |
| Autism | 100% | 100% | 50% | 80% |
| Numerator | 1 | 2 | 1 | 4 |
| Denominator | 1 | 2 | 2 | 5 |
| SED | Not a waiver performance measure | | | |
| Numerator | | | | |
| Denominator | | | | |

Explanation of Findings:

Responses from multiple consumers:
 PD ,FE, TBI, AU: Worker not available to provide services

Remediation:

| Compliance Trends | 2013 | 2014 | 2015 | 2016 | 2017 | Jan-Mar 2018 | Apr-Jun 2018 | Jul-Sep 2018 |
|-------------------|---|------|---------|---------|------|--------------|--------------|--------------|
| PD | | | | | | | | |
| Amerigroup | | 97% | | | 94% | 100% | 95% | 100% |
| Sunflower | | 92% | | | 97% | 95% | 100% | 100% |
| United | | 93% | | | 91% | 100% | 100% | 90% |
| Statewide | Not a measure | 94% | No Data | No Data | 94% | 98% | 98% | 98% |
| FE | | | | | | | | |
| Amerigroup | | 85% | | | 97% | 100% | 100% | 89% |
| Sunflower | | 86% | | | 93% | 95% | 93% | 93% |
| United | | 82% | | | 91% | 89% | 93% | 93% |
| Statewide | 87% | 84% | No Data | No Data | 94% | 95% | 95% | 92% |
| IDD | | | | | | | | |
| Amerigroup | | 92% | | | 93% | 100% | 100% | 100% |
| Sunflower | | 96% | | | 99% | 96% | 92% | 100% |
| United | | 93% | | | 92% | 100% | 100% | 100% |
| Statewide | Not a measure | 94% | No Data | No Data | 96% | 98% | 96% | 100% |
| TBI | | | | | | | | |
| Amerigroup | | 81% | | | 81% | 81% | 91% | 100% |
| Sunflower | | 88% | | | 79% | 67% | 75% | 86% |
| United | | 83% | | | 76% | 100% | 100% | 100% |
| Statewide | Not a measure | 83% | No Data | No Data | 80% | 80% | 89% | 94% |
| TA | | | | | | | | |
| Amerigroup | | 89% | | | 96% | 93% | 100% | 100% |
| Sunflower | | 84% | | | 94% | 100% | 100% | 100% |
| United | | 85% | | | 94% | 100% | 100% | 100% |
| Statewide | Not a measure | 87% | No Data | No Data | 95% | 96% | 100% | 100% |
| Autism | | | | | | | | |
| Amerigroup | | 74% | | | 89% | 100% | 33% | 100% |
| Sunflower | | 70% | | | 50% | 100% | 67% | 100% |
| United | | 60% | | | 75% | 100% | 67% | 50% |
| Statewide | Not a measure | 71% | No Data | No Data | 68% | 100% | 56% | 80% |
| SED | Not a waiver performance measure | | | | | | | |
| Amerigroup | | | | | | | | |
| Sunflower | | | | | | | | |
| United | | | | | | | | |
| Statewide | | | | | | | | |

KDADS HCBS Quality Review Report

Service Plan

PM 10: Number and percent of waiver participants whose record contains documentation indicating a choice of waiver service providers

Numerator: Number of waiver participants whose record contains documentation indicating a choice of waiver service providers

Denominator: Number of waiver participants whose service plans were reviewed

Review Period: 07/01/2018 - 09/30/2018

Data Source: MCO Record Review

| Compliance By Waiver | Amerigroup | Sunflower | United | Statewide |
|----------------------|-------------|-------------|-------------|------------|
| PD | 97% | 81% | 96% | 91% |
| Numerator | 31 | 25 | 26 | 82 |
| Denominator | 32 | 31 | 27 | 90 |
| FE | 80% | 79% | 94% | 84% |
| Numerator | 20 | 27 | 29 | 76 |
| Denominator | 25 | 34 | 31 | 90 |
| IDD | 82% | 84% | 96% | 86% |
| Numerator | 23 | 36 | 22 | 81 |
| Denominator | 28 | 43 | 23 | 94 |
| TBI | 94% | 67% | 90% | 82% |
| Numerator | 17 | 14 | 9 | 40 |
| Denominator | 18 | 21 | 10 | 49 |
| TA | 100% | 82% | 100% | 95% |
| Numerator | 29 | 14 | 11 | 54 |
| Denominator | 29 | 17 | 11 | 57 |
| Autism | 100% | 100% | 25% | 73% |
| Numerator | 3 | 4 | 1 | 8 |
| Denominator | 3 | 4 | 4 | 11 |
| SED | 100% | 97% | 97% | 98% |
| Numerator | 28 | 29 | 30 | 87 |
| Denominator | 28 | 30 | 31 | 89 |

Explanation of Findings:

- PD: Missing signature(s) and/or date(s)
Missing ISP for part or all of review period
- FE: Signature fields marked N/A for consumer and CC
ISP missing for part or all of review period
- DD: Missing signature(s) and/or date(s)
Choice box not marked
ISP missing for part or all of review period
- TBI: Missing signature(s) and/or date(s)
Missing ISP for part or all of review period
ISP signed after implementation of services
- TA: Missing signature(s) and/or date(s)
ISP missing for part or all of review period
Choice box not marked
ISP encrypted and unable to be reviewed
- AU: ISP missing for all of review period
Choice box not marked
No meeting, since coming off wait list
- SED: Missing FCAD

Remediation:

| Compliance Trends | 2013 | 2014 | 2015 | 2016 | 2017 | Jan-Mar 2018 | Apr-Jun 2018 | Jul-Sep 2018 |
|-------------------|------|------|------|------|------|--------------|--------------|--------------|
| PD | | | | | | | | |
| Amerigroup | | 68% | 56% | 68% | 80% | 97% | 97% | 97% |
| Sunflower | | 58% | 69% | 73% | 85% | 78% | 84% | 81% |
| United | | 69% | 73% | 89% | 87% | 88% | 93% | 96% |
| Statewide | 52% | 65% | 65% | 76% | 84% | 88% | 91% | 91% |
| FE | | | | | | | | |
| Amerigroup | | 68% | 59% | 64% | 82% | 92% | 100% | 80% |
| Sunflower | | 76% | 59% | 82% | 86% | 91% | 73% | 79% |
| United | | 77% | 75% | 85% | 91% | 94% | 97% | 94% |
| Statewide | 56% | 74% | 63% | 77% | 86% | 92% | 89% | 84% |
| IDD | | | | | | | | |
| Amerigroup | | 51% | 45% | 68% | 74% | 85% | 83% | 82% |
| Sunflower | | 68% | 42% | 69% | 71% | 88% | 77% | 84% |
| United | | 75% | 55% | 76% | 91% | 83% | 87% | 96% |
| Statewide | 99% | 64% | 46% | 70% | 77% | 86% | 81% | 86% |
| TBI | | | | | | | | |
| Amerigroup | | 54% | 50% | 53% | 76% | 71% | 81% | 94% |
| Sunflower | | 75% | 40% | 86% | 80% | 91% | 85% | 67% |
| United | | 70% | 74% | 83% | 79% | 78% | 100% | 90% |
| Statewide | 44% | 65% | 52% | 67% | 78% | 76% | 85% | 82% |
| TA | | | | | | | | |
| Amerigroup | | 87% | 65% | 68% | 85% | 85% | 100% | 100% |
| Sunflower | | 84% | 80% | 77% | 66% | 83% | 95% | 82% |
| United | | 92% | 58% | 79% | 95% | 75% | 89% | 100% |
| Statewide | 96% | 86% | 68% | 72% | 81% | 82% | 97% | 95% |
| Autism | | | | | | | | |
| Amerigroup | | 67% | 67% | 47% | 88% | 100% | 100% | 100% |
| Sunflower | | 44% | 45% | 50% | 40% | 25% | 40% | 100% |
| United | | 88% | 21% | 17% | 19% | 0% | 40% | 25% |
| Statewide | 40% | 63% | 49% | 42% | 48% | 42% | 57% | 73% |
| SED | | | | | | | | |
| Amerigroup | | 94% | 91% | 98% | 99% | 91% | 100% | 100% |
| Sunflower | | 91% | 72% | 84% | 94% | 68% | 95% | 97% |
| United | | 84% | 97% | 88% | 88% | 88% | 100% | 97% |
| Statewide | 98% | 89% | 88% | 90% | 94% | 82% | 99% | 98% |

KDADS HCBS Quality Review Report

Service Plan

PM 11: Number and percent of waiver participants whose record contains documentation indicating a choice of waiver services

Numerator: Number of waiver participants whose record contains documentation indicating a choice of waiver services

Denominator: Number of waiver participants whose service plans were reviewed

Review Period: 07/01/2018 - 09/30/2018

Data Source: MCO Record Review

| Compliance By Waiver | Amerigroup | Sunflower | United | Statewide |
|----------------------|-------------|-------------|-------------|------------|
| PD | 97% | 81% | 96% | 91% |
| Numerator | 31 | 25 | 26 | 82 |
| Denominator | 32 | 31 | 27 | 90 |
| FE | 80% | 79% | 94% | 84% |
| Numerator | 20 | 27 | 29 | 76 |
| Denominator | 25 | 34 | 31 | 90 |
| IDD | 82% | 86% | 96% | 87% |
| Numerator | 23 | 37 | 22 | 82 |
| Denominator | 28 | 43 | 23 | 94 |
| TBI | 94% | 67% | 90% | 82% |
| Numerator | 17 | 14 | 9 | 40 |
| Denominator | 18 | 21 | 10 | 49 |
| TA | 100% | 82% | 100% | 95% |
| Numerator | 29 | 14 | 11 | 54 |
| Denominator | 29 | 17 | 11 | 57 |
| Autism | 100% | 100% | 50% | 82% |
| Numerator | 3 | 4 | 2 | 9 |
| Denominator | 3 | 4 | 4 | 11 |
| SED | 100% | 97% | 97% | 98% |
| Numerator | 28 | 29 | 30 | 87 |
| Denominator | 28 | 30 | 31 | 89 |

Explanation of Findings:

| |
|--|
| PD: Missing signature(s) and/or date(s) Missing ISP for part or all of review period |
| FE: Missing signature(s) and/or date(s) Missing ISP for part or all of review period |
| DD: Missing signature(s) and/or date(s) ISP missing for part or all of review period Choice box not marked |
| TBI: Missing signature(s) and/or date(s) Missing ISP for part or all of review period |
| TA: Missing signature(s) and/or date(s) ISP encrypted and unable to be reviewed Choice box not marked |
| AU: ISP missing for review period No meeting, since coming off wait list |
| SED: Missing FCAD |

Remediation:

| Compliance Trends | 2013 | 2014 | 2015 | 2016 | 2017 | Jan-Mar 2018 | Apr-Jun 2018 | Jul-Sep 2018 |
|-------------------|---------|------|------|------|------|--------------|--------------|--------------|
| PD | | | | | | | | |
| Amerigroup | | 68% | 53% | 62% | 79% | 93% | 97% | 97% |
| Sunflower | | 72% | 50% | 71% | 36% | 72% | 68% | 81% |
| United | | 77% | 73% | 84% | 78% | 81% | 96% | 96% |
| Statewide | 64% | 72% | 57% | 72% | 64% | 82% | 87% | 91% |
| FE | | | | | | | | |
| Amerigroup | | 67% | 57% | 67% | 80% | 92% | 100% | 80% |
| Sunflower | | 86% | 47% | 82% | 35% | 88% | 67% | 79% |
| United | | 85% | 74% | 84% | 80% | 90% | 97% | 94% |
| Statewide | 59% | 80% | 57% | 78% | 63% | 90% | 87% | 84% |
| IDD | | | | | | | | |
| Amerigroup | | 55% | 46% | 70% | 71% | 85% | 88% | 82% |
| Sunflower | | 68% | 35% | 69% | 34% | 84% | 77% | 86% |
| United | | 77% | 50% | 74% | 89% | 78% | 87% | 96% |
| Statewide | No Data | 66% | 42% | 71% | 58% | 83% | 82% | 87% |
| TBI | | | | | | | | |
| Amerigroup | | 56% | 50% | 52% | 74% | 71% | 81% | 94% |
| Sunflower | | 80% | 23% | 86% | 28% | 91% | 77% | 67% |
| United | | 74% | 67% | 80% | 76% | 78% | 100% | 90% |
| Statewide | 53% | 68% | 45% | 66% | 63% | 76% | 83% | 82% |
| TA | | | | | | | | |
| Amerigroup | | 86% | 65% | 71% | 86% | 96% | 100% | 100% |
| Sunflower | | 97% | 53% | 79% | 29% | 72% | 95% | 82% |
| United | | 94% | 55% | 64% | 82% | 75% | 89% | 100% |
| Statewide | 96% | 91% | 60% | 72% | 68% | 84% | 97% | 95% |
| Autism | | | | | | | | |
| Amerigroup | | 79% | 52% | 47% | 88% | 100% | 100% | 100% |
| Sunflower | | 50% | 27% | 61% | 20% | 25% | 40% | 100% |
| United | | 88% | 14% | 17% | 13% | 0% | 60% | 50% |
| Statewide | 55% | 72% | 35% | 46% | 38% | 42% | 64% | 82% |
| SED | | | | | | | | |
| Amerigroup | | 94% | 92% | 98% | 99% | 91% | 100% | 100% |
| Sunflower | | 91% | 72% | 84% | 94% | 68% | 95% | 97% |
| United | | 84% | 97% | 88% | 87% | 88% | 100% | 97% |
| Statewide | 98% | 89% | 88% | 90% | 93% | 82% | 99% | 98% |

KDADS HCBS Quality Review Report

Service Plan

PM 12: Number and percent of waiver participants whose record contains documentation indicating a choice of community-based services v. an institutional alternative

Numerator: Number of waiver participants whose record contains documentation indicating a choice of community-based services

Denominator: Number of waiver participants whose files are reviewed for the documentation

Review Period: 07/01/2018 - 09/30/2018

Data Source: MCO Record Review

| Compliance By Waiver | Amerigroup | Sunflower | United | Statewide |
|----------------------|-------------|------------|-------------|------------|
| PD | 97% | 81% | 96% | 91% |
| Numerator | 31 | 25 | 26 | 82 |
| Denominator | 32 | 31 | 27 | 90 |
| FE | 80% | 79% | 94% | 84% |
| Numerator | 20 | 27 | 29 | 76 |
| Denominator | 25 | 34 | 31 | 90 |
| IDD | 82% | 86% | 96% | 87% |
| Numerator | 23 | 37 | 22 | 82 |
| Denominator | 28 | 43 | 23 | 94 |
| TBI | 94% | 67% | 90% | 82% |
| Numerator | 17 | 14 | 9 | 40 |
| Denominator | 18 | 21 | 10 | 49 |
| TA | 100% | 82% | 100% | 95% |
| Numerator | 29 | 14 | 11 | 54 |
| Denominator | 29 | 17 | 11 | 57 |
| Autism | 100% | 75% | 0% | 55% |
| Numerator | 3 | 3 | 0 | 6 |
| Denominator | 3 | 4 | 4 | 11 |
| SED | 100% | 97% | 97% | 98% |
| Numerator | 28 | 29 | 30 | 87 |
| Denominator | 28 | 30 | 31 | 89 |

Explanation of Findings:

| | |
|------|---|
| PD: | Missing signature(s) and/or date(s) Missing ISP for part or all of review period |
| FE: | Missing signature(s) and/or date(s) Missing ISP for part or all of review period |
| DD: | Missing signature(s) and/or date(s) Missing ISP for part or all of review period Choice box not marked |
| TBI: | ISP signed 5 months prior to implementation of services Missing signature(s) and/or date(s) ISP signed after services implemented No signature after POC was changed Missing ISP for part or all of review period |
| TA: | Missing signature(s) and/or date(s) Missing ISP for part or all of the review period Choice box not marked |
| AU: | Form uploaded was illegible Missing ISP for part of review period Choice box not marked No meeting, since coming off wait list |
| SED: | Missing FCAD |

Remediation:

| |
|--|
| |
|--|

| Compliance Trends | 2013 | 2014 | 2015 | 2016 | 2017 | Jan-Mar 2018 | Apr-Jun 2018 | Jul-Sep 2018 |
|-------------------|---------------|------|------|------|------|--------------|--------------|--------------|
| PD | | | | | | | | |
| Amerigroup | | 76% | 57% | 67% | 81% | 100% | 97% | 97% |
| Sunflower | | 74% | 67% | 73% | 87% | 78% | 84% | 81% |
| United | | 80% | 78% | 88% | 87% | 88% | 96% | 96% |
| Statewide | Not a measure | 76% | 66% | 75% | 85% | 89% | 92% | 91% |
| FE | | | | | | | | |
| Amerigroup | | 67% | 58% | 72% | 81% | 92% | 100% | 80% |
| Sunflower | | 87% | 56% | 82% | 86% | 91% | 73% | 79% |
| United | | 85% | 79% | 84% | 91% | 94% | 97% | 94% |
| Statewide | 65% | 80% | 63% | 79% | 86% | 92% | 89% | 84% |
| IDD | | | | | | | | |
| Amerigroup | | 47% | 47% | 66% | 73% | 93% | 88% | 82% |
| Sunflower | | 69% | 41% | 68% | 74% | 88% | 79% | 86% |
| United | | 78% | 57% | 79% | 92% | 83% | 83% | 96% |
| Statewide | No Data | 64% | 46% | 70% | 78% | 88% | 82% | 87% |
| TBI | | | | | | | | |
| Amerigroup | | 55% | 51% | 54% | 78% | 76% | 81% | 94% |
| Sunflower | | 79% | 40% | 86% | 78% | 82% | 85% | 67% |
| United | | 73% | 74% | 83% | 79% | 78% | 100% | 90% |
| Statewide | No Data | 67% | 52% | 68% | 78% | 78% | 85% | 82% |
| TA | | | | | | | | |
| Amerigroup | | 87% | 65% | 69% | 85% | 96% | 100% | 100% |
| Sunflower | | 98% | 80% | 81% | 68% | 83% | 95% | 82% |
| United | | 94% | 55% | 79% | 95% | 75% | 89% | 100% |
| Statewide | No Data | 92% | 68% | 74% | 81% | 88% | 97% | 95% |
| Autism | | | | | | | | |
| Amerigroup | | 86% | 67% | 65% | 94% | 100% | 100% | 100% |
| Sunflower | | 47% | 59% | 67% | 70% | 25% | 60% | 75% |
| United | | 75% | 43% | 33% | 38% | 0% | 60% | 0% |
| Statewide | No Data | 72% | 59% | 60% | 67% | 42% | 71% | 55% |
| SED | | | | | | | | |
| Amerigroup | | 94% | 92% | 98% | 99% | 91% | 100% | 100% |
| Sunflower | | 91% | 72% | 84% | 94% | 68% | 95% | 97% |
| United | | 85% | 98% | 88% | 87% | 88% | 100% | 97% |
| Statewide | 99% | 90% | 89% | 91% | 93% | 82% | 99% | 98% |

KDADS HCBS Quality Review Report

Service Plan

PM 13: Number and percent of waiver participants whose record contains documentation indicating a choice of either self-directed or agency-directed care

Numerator: Number of waiver participants whose record contains documentation indicating a choice of either self-directed or agency-directed care

Denominator: Number of waiver participants whose files are reviewed for the documentation

Review Period: 07/01/2018 - 09/30/2018

Data Source: MCO Record Review

| Compliance By Waiver | Amerigroup | Sunflower | United | Statewide |
|----------------------|--|------------|-------------|------------|
| PD | 94% | 81% | 96% | 90% |
| Numerator | 30 | 25 | 26 | 81 |
| Denominator | 32 | 31 | 27 | 90 |
| FE | 80% | 76% | 94% | 83% |
| Numerator | 20 | 26 | 29 | 75 |
| Denominator | 25 | 34 | 31 | 90 |
| IDD | 82% | 86% | 96% | 87% |
| Numerator | 23 | 37 | 22 | 82 |
| Denominator | 28 | 43 | 23 | 94 |
| TBI | 94% | 62% | 90% | 80% |
| Numerator | 17 | 13 | 9 | 39 |
| Denominator | 18 | 21 | 10 | 49 |
| TA | 100% | 82% | 100% | 95% |
| Numerator | 29 | 14 | 11 | 54 |
| Denominator | 29 | 17 | 11 | 57 |
| Autism | Self-direction is not offered for this waiver | | | |
| Numerator | | | | |
| Denominator | | | | |
| SED | Self-direction is not offered for this waiver | | | |
| Numerator | | | | |
| Denominator | | | | |

Explanation of Findings:

- PD: Missing signature(s) and/or date(s)
Missing ISP for part or all of review period
Self-direct client, but form marked as agency-direct
- FE: Missing signature(s) and/or date(s)
Missing ISP for part or all of review period
ISP indicates FMS as a service, but choice is marked agency-direct
- DD: Missing signature(s) and/or date(s)
Missing ISP for part or all of review period
Choice box not marked
- TBI: Missing signature(s) and/or date(s)
Missing ISP for part or all of review period
ISP shows self-direct, but HRA does not indicate self-direct or agency-direct
- TA: Missing signature(s) and/or date(s)
Missing ISP for part or all of review period
Choice box not marked

Remediation:

| Compliance Trends | 2013 | 2014 | 2015 | 2016 | 2017 | Jan-Mar 2018 | Apr-Jun 2018 | Jul-Sep 2018 |
|-------------------|--|------|------|------|------|--------------|--------------|--------------|
| PD | | | | | | | | |
| Amerigroup | | 64% | 58% | 72% | 81% | 93% | 88% | 94% |
| Sunflower | | 73% | 68% | 72% | 87% | 78% | 81% | 81% |
| United | | 77% | 78% | 88% | 86% | 88% | 96% | 96% |
| Statewide | Not a measure | 71% | 66% | 77% | 84% | 86% | 88% | 90% |
| FE | | | | | | | | |
| Amerigroup | | 64% | 59% | 73% | 79% | 85% | 96% | 80% |
| Sunflower | | 84% | 59% | 81% | 87% | 85% | 73% | 76% |
| United | | 77% | 79% | 85% | 88% | 94% | 97% | 94% |
| Statewide | 65% | 75% | 64% | 79% | 85% | 88% | 88% | 83% |
| IDD | | | | | | | | |
| Amerigroup | | 34% | 47% | 64% | 68% | 85% | 88% | 82% |
| Sunflower | | 61% | 39% | 60% | 65% | 86% | 74% | 86% |
| United | | 77% | 57% | 73% | 93% | 83% | 87% | 96% |
| Statewide | No Data | 53% | 46% | 64% | 73% | 85% | 81% | 87% |
| TBI | | | | | | | | |
| Amerigroup | | 50% | 50% | 56% | 73% | 71% | 81% | 94% |
| Sunflower | | 85% | 43% | 82% | 78% | 91% | 85% | 62% |
| United | | 70% | 74% | 83% | 79% | 78% | 100% | 90% |
| Statewide | No Data | 66% | 52% | 68% | 75% | 76% | 85% | 80% |
| TA | | | | | | | | |
| Amerigroup | | 82% | 56% | 66% | 84% | 96% | 100% | 100% |
| Sunflower | | 98% | 82% | 79% | 68% | 83% | 95% | 82% |
| United | | 100% | 58% | 79% | 95% | 75% | 78% | 100% |
| Statewide | No Data | 90% | 64% | 72% | 81% | 88% | 95% | 95% |
| Autism | Self-direction is not offered for this waiver | | | | | | | |
| Amerigroup | | | | | | | | |
| Sunflower | | | | | | | | |
| United | | | | | | | | |
| Statewide | | | | | | | | |
| SED | Self-direction is not offered for this waiver | | | | | | | |
| Amerigroup | | | | | | | | |
| Sunflower | | | | | | | | |
| United | | | | | | | | |
| Statewide | | | | | | | | |

KDADS HCBS Quality Review Report

Health and Welfare

PM 1: Number and percent of unexpected deaths for which review/investigation resulted in the identification of preventable causes

Numerator: Number of unexpected deaths for which review/investigation resulted in the identification of non-preventable causes

Denominator: Number of waiver participants whose service plans were reviewed

Review Period: 07/01/2018 - 09/30/2018

Data Source:

| Compliance By Waiver | Amerigroup | Sunflower | United | Statewide |
|----------------------|------------|-----------|--------|-----------|
| PD | | | | |
| Numerator | | | | |
| Denominator | | | | |
| FE | | | | |
| Numerator | | | | |
| Denominator | | | | |
| IDD | | | | |
| Numerator | | | | |
| Denominator | | | | |
| TBI | | | | |
| Numerator | | | | |
| Denominator | | | | |
| TA | | | | |
| Numerator | | | | |
| Denominator | | | | |
| Autism | | | | |
| Numerator | | | | |
| Denominator | | | | |
| SED | | | | |
| Numerator | | | | |
| Denominator | | | | |

Explanation of Findings:

AIR (Adverse Incident Reporting) policies still in the development process.

Remediation:

| Compliance Trends | 2013 | 2014 | 2015 | 2016 | 2017 | Jan-Mar 2018 | Apr-Jun 2018 | Jul-Sep 2018 |
|-------------------|------|------|------|------|------|--------------|--------------|--------------|
| PD | | | | | | | | |
| Amerigroup | | | | | | | | |
| Sunflower | | | | | | | | |
| United | | | | | | | | |
| Statewide | | | | | | | | |
| FE | | | | | | | | |
| Amerigroup | | | | | | | | |
| Sunflower | | | | | | | | |
| United | | | | | | | | |
| Statewide | | | | | | | | |
| IDD | | | | | | | | |
| Amerigroup | | | | | | | | |
| Sunflower | | | | | | | | |
| United | | | | | | | | |
| Statewide | | | | | | | | |
| TBI | | | | | | | | |
| Amerigroup | | | | | | | | |
| Sunflower | | | | | | | | |
| United | | | | | | | | |
| Statewide | | | | | | | | |
| TA | | | | | | | | |
| Amerigroup | | | | | | | | |
| Sunflower | | | | | | | | |
| United | | | | | | | | |
| Statewide | | | | | | | | |
| Autism | | | | | | | | |
| Amerigroup | | | | | | | | |
| Sunflower | | | | | | | | |
| United | | | | | | | | |
| Statewide | | | | | | | | |
| SED | | | | | | | | |
| Amerigroup | | | | | | | | |
| Sunflower | | | | | | | | |
| United | | | | | | | | |
| Statewide | | | | | | | | |

KDADS HCBS Quality Review Report

Health and Welfare

PM 2: Number and percent of unexpected deaths for which review/investigation followed the appropriate policies and procedures

Numerator: Number of unexpected deaths for which review/investigation followed the appropriate policies and procedures as in the approved waiver

Denominator: Number of unexpected deaths

Review Period: 07/01/2018 - 09/30/2018

Data Source:

| Compliance By Waiver | Amerigroup | Sunflower | United | Statewide |
|----------------------|------------|-----------|--------|-----------|
| PD | | | | |
| Numerator | | | | |
| Denominator | | | | |
| FE | | | | |
| Numerator | | | | |
| Denominator | | | | |
| IDD | | | | |
| Numerator | | | | |
| Denominator | | | | |
| TBI | | | | |
| Numerator | | | | |
| Denominator | | | | |
| TA | | | | |
| Numerator | | | | |
| Denominator | | | | |
| Autism | | | | |
| Numerator | | | | |
| Denominator | | | | |
| SED | | | | |
| Numerator | | | | |
| Denominator | | | | |

Explanation of Findings:

AIR (Adverse Incident Reporting) policies still in the development process.

Remediation:

| Compliance Trends | 2013 | 2014 | 2015 | 2016 | 2017 | Jan-Mar 2018 | Apr-Jun 2018 | Jul-Sep 2018 |
|-------------------|------|------|------|------|------|--------------|--------------|--------------|
| PD | | | | | | | | |
| Amerigroup | | | | | | | | |
| Sunflower | | | | | | | | |
| United | | | | | | | | |
| Statewide | | | | | | | | |
| FE | | | | | | | | |
| Amerigroup | | | | | | | | |
| Sunflower | | | | | | | | |
| United | | | | | | | | |
| Statewide | | | | | | | | |
| IDD | | | | | | | | |
| Amerigroup | | | | | | | | |
| Sunflower | | | | | | | | |
| United | | | | | | | | |
| Statewide | | | | | | | | |
| TBI | | | | | | | | |
| Amerigroup | | | | | | | | |
| Sunflower | | | | | | | | |
| United | | | | | | | | |
| Statewide | | | | | | | | |
| TA | | | | | | | | |
| Amerigroup | | | | | | | | |
| Sunflower | | | | | | | | |
| United | | | | | | | | |
| Statewide | | | | | | | | |
| Autism | | | | | | | | |
| Amerigroup | | | | | | | | |
| Sunflower | | | | | | | | |
| United | | | | | | | | |
| Statewide | | | | | | | | |
| SED | | | | | | | | |
| Amerigroup | | | | | | | | |
| Sunflower | | | | | | | | |
| United | | | | | | | | |
| Statewide | | | | | | | | |

KDADS HCBS Quality Review Report

Health and Welfare

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

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

Denominator: Number of unexpected deaths

Review Period: 07/01/2018 - 09/30/2018

Data Source:

| Compliance By Waiver | Amerigroup | Sunflower | United | Statewide |
|----------------------|------------|-----------|--------|-----------|
| PD | | | | |
| Numerator | | | | |
| Denominator | | | | |
| FE | | | | |
| Numerator | | | | |
| Denominator | | | | |
| IDD | | | | |
| Numerator | | | | |
| Denominator | | | | |
| TBI | | | | |
| Numerator | | | | |
| Denominator | | | | |
| TA | | | | |
| Numerator | | | | |
| Denominator | | | | |
| Autism | | | | |
| Numerator | | | | |
| Denominator | | | | |
| SED | | | | |
| Numerator | | | | |
| Denominator | | | | |

Explanation of Findings:

AIR (Adverse Incident Reporting) policies still in the development process.

Remediation:

| Compliance Trends | 2013 | 2014 | 2015 | 2016 | 2017 | Jan-Mar 2018 | Apr-Jun 2018 | Jul-Sep 2018 |
|-------------------|------|------|------|------|------|--------------|--------------|--------------|
| PD | | | | | | | | |
| Amerigroup | | | | | | | | |
| Sunflower | | | | | | | | |
| United | | | | | | | | |
| Statewide | | | | | | | | |
| FE | | | | | | | | |
| Amerigroup | | | | | | | | |
| Sunflower | | | | | | | | |
| United | | | | | | | | |
| Statewide | | | | | | | | |
| IDD | | | | | | | | |
| Amerigroup | | | | | | | | |
| Sunflower | | | | | | | | |
| United | | | | | | | | |
| Statewide | | | | | | | | |
| TBI | | | | | | | | |
| Amerigroup | | | | | | | | |
| Sunflower | | | | | | | | |
| United | | | | | | | | |
| Statewide | | | | | | | | |
| TA | | | | | | | | |
| Amerigroup | | | | | | | | |
| Sunflower | | | | | | | | |
| United | | | | | | | | |
| Statewide | | | | | | | | |
| Autism | | | | | | | | |
| Amerigroup | | | | | | | | |
| Sunflower | | | | | | | | |
| United | | | | | | | | |
| Statewide | | | | | | | | |
| SED | | | | | | | | |
| Amerigroup | | | | | | | | |
| Sunflower | | | | | | | | |
| United | | | | | | | | |
| Statewide | | | | | | | | |

KDADS HCBS Quality Review Report

Health and Welfare

PM 4: Number and percent of waiver participants who received information on how to report suspected abuse, neglect, or exploitation

Numerator: Number of waiver participants who received information on how to report suspected abuse, neglect, or exploitation

Denominator: Number of waiver participants interviewed by QMS staff or whose records are reviewed

Review Period: 07/01/2018 - 09/30/2018

Data Source: MCO Record Review

| Compliance By Waiver | Amerigroup | Sunflower | United | Statewide |
|----------------------|-------------|-------------|-------------|------------|
| PD | 97% | 81% | 96% | 91% |
| Numerator | 31 | 25 | 26 | 82 |
| Denominator | 32 | 31 | 27 | 90 |
| FE | 80% | 79% | 94% | 84% |
| Numerator | 20 | 27 | 29 | 76 |
| Denominator | 25 | 34 | 31 | 90 |
| IDD | 86% | 88% | 96% | 89% |
| Numerator | 24 | 38 | 22 | 84 |
| Denominator | 28 | 43 | 23 | 94 |
| TBI | 94% | 67% | 90% | 82% |
| Numerator | 17 | 14 | 9 | 40 |
| Denominator | 18 | 21 | 10 | 49 |
| TA | 100% | 88% | 100% | 96% |
| Numerator | 29 | 15 | 11 | 55 |
| Denominator | 29 | 17 | 11 | 57 |
| Autism | 100% | 100% | 75% | 91% |
| Numerator | 3 | 4 | 3 | 10 |
| Denominator | 3 | 4 | 4 | 11 |
| SED | 93% | 33% | 3% | 42% |
| Numerator | 26 | 10 | 1 | 37 |
| Denominator | 28 | 30 | 31 | 89 |

Explanation of Findings:

- PD: Missing signature(s) and/or date(s)
Missing ISP for part or all of review period
- FE: Missing signature(s) and/or date(s)
Missing ISP for part or all of review period
- DD: Missing signature(s) and/or date(s)
Missing ISP for part or all of review period
- TBI: Missing signature(s) and/or date(s)
Missing ISP for part or all of review period
- TA: Missing signature(s) and/or date(s)
Missing ISP for part of review period
- AU: No meeting, since coming off wait list
- SED: No information regarding A/N/E provided for review (51 cases)

Remediation:

| Compliance Trends | 2013 | 2014 | 2015 | 2016 | 2017 | Jan-Mar 2018 | Apr-Jun 2018 | Jul-Sep 2018 |
|-------------------|------|------|------|------|------|--------------|--------------|--------------|
| PD | | | | | | | | |
| Amerigroup | | 51% | 19% | 67% | 87% | 97% | 97% | 97% |
| Sunflower | | 88% | 72% | 74% | 90% | 84% | 87% | 81% |
| United | | 90% | 80% | 88% | 88% | 89% | 96% | 96% |
| Statewide | 65% | 72% | 53% | 76% | 88% | 90% | 93% | 91% |
| FE | | | | | | | | |
| Amerigroup | | 59% | 16% | 61% | 85% | 92% | 100% | 80% |
| Sunflower | | 86% | 62% | 84% | 89% | 94% | 73% | 79% |
| United | | 92% | 80% | 88% | 93% | 94% | 97% | 94% |
| Statewide | 80% | 78% | 50% | 78% | 89% | 93% | 89% | 84% |
| IDD | | | | | | | | |
| Amerigroup | | 23% | 6% | 59% | 78% | 85% | 88% | 86% |
| Sunflower | | 87% | 59% | 75% | 82% | 91% | 84% | 88% |
| United | | 100% | 56% | 79% | 93% | 87% | 87% | 96% |
| Statewide | 99% | 68% | 42% | 71% | 83% | 88% | 86% | 89% |
| TBI | | | | | | | | |
| Amerigroup | | 30% | 12% | 56% | 81% | 71% | 81% | 94% |
| Sunflower | | 94% | 45% | 84% | 78% | 100% | 92% | 67% |
| United | | 80% | 76% | 85% | 79% | 78% | 100% | 90% |
| Statewide | 57% | 63% | 34% | 69% | 80% | 78% | 87% | 82% |
| TA | | | | | | | | |
| Amerigroup | | 61% | 38% | 75% | 91% | 96% | 100% | 100% |
| Sunflower | | 99% | 86% | 84% | 72% | 83% | 95% | 88% |
| United | | 97% | 61% | 79% | 95% | 75% | 89% | 100% |
| Statewide | 86% | 82% | 57% | 78% | 86% | 88% | 97% | 96% |
| Autism | | | | | | | | |
| Amerigroup | | 62% | 8% | 23% | 88% | 100% | 100% | 100% |
| Sunflower | | 33% | 29% | 39% | 50% | 50% | 40% | 100% |
| United | | 43% | 14% | 6% | 13% | 0% | 60% | 75% |
| Statewide | 90% | 50% | 16% | 26% | 50% | 50% | 64% | 91% |
| SED | | | | | | | | |
| Amerigroup | | 88% | 64% | 27% | 25% | 83% | 59% | 93% |
| Sunflower | | 80% | 53% | 22% | 16% | 32% | 33% | 33% |
| United | | 78% | 63% | 19% | 5% | 38% | 38% | 3% |
| Statewide | 89% | 82% | 60% | 23% | 15% | 52% | 44% | 42% |

KDADS HCBS Quality Review Report

Health and Welfare

PM 5: Number and percent of participants' reported critical incidents that were initiated and reviewed within required time frames

Numerator: Number of participants' reported critical incidents that were initiated and reviewed within required time frames as specified in the approved waiver

Denominator: Number of participants' reported critical incidents

Review Period: 07/01/2018 - 09/30/2018

Data Source:

| Compliance By Waiver | Amerigroup | Sunflower | United | Statewide |
|----------------------|------------|-----------|--------|-----------|
| PD | | | | |
| Numerator | | | | |
| Denominator | | | | |
| FE | | | | |
| Numerator | | | | |
| Denominator | | | | |
| IDD | | | | |
| Numerator | | | | |
| Denominator | | | | |
| TBI | | | | |
| Numerator | | | | |
| Denominator | | | | |
| TA | | | | |
| Numerator | | | | |
| Denominator | | | | |
| Autism | | | | |
| Numerator | | | | |
| Denominator | | | | |
| SED | | | | |
| Numerator | | | | |
| Denominator | | | | |

Explanation of Findings:

AIR (Adverse Incident Reporting) policies still in the development process.

Remediation:

| Compliance Trends | 2013 | 2014 | 2015 | 2016 | 2017 | Jan-Mar 2018 | Apr-Jun 2018 | Jul-Sep 2018 |
|-------------------|------|------|------|------|------|--------------|--------------|--------------|
| PD | | | | | | | | |
| Amerigroup | | | | | | | | |
| Sunflower | | | | | | | | |
| United | | | | | | | | |
| Statewide | | | | | | | | |
| FE | | | | | | | | |
| Amerigroup | | | | | | | | |
| Sunflower | | | | | | | | |
| United | | | | | | | | |
| Statewide | | | | | | | | |
| IDD | | | | | | | | |
| Amerigroup | | | | | | | | |
| Sunflower | | | | | | | | |
| United | | | | | | | | |
| Statewide | | | | | | | | |
| TBI | | | | | | | | |
| Amerigroup | | | | | | | | |
| Sunflower | | | | | | | | |
| United | | | | | | | | |
| Statewide | | | | | | | | |
| TA | | | | | | | | |
| Amerigroup | | | | | | | | |
| Sunflower | | | | | | | | |
| United | | | | | | | | |
| Statewide | | | | | | | | |
| Autism | | | | | | | | |
| Amerigroup | | | | | | | | |
| Sunflower | | | | | | | | |
| United | | | | | | | | |
| Statewide | | | | | | | | |
| SED | | | | | | | | |
| Amerigroup | | | | | | | | |
| Sunflower | | | | | | | | |
| United | | | | | | | | |
| Statewide | | | | | | | | |

KDADS HCBS Quality Review Report

Health and Welfare

PM 6: Number and percent of reported critical incidents requiring review/investigation where the State adhered to its follow-up measures

Numerator: Number of reported critical incidents requiring review/investigation where the State adhered to the follow-up methods as specified in the approved waiver

Denominator: Number of reported critical incidents

Review Period: 07/01/2018 - 09/30/2018

Data Source:

| Compliance By Waiver | Amerigroup | Sunflower | United | Statewide |
|----------------------|------------|-----------|--------|-----------|
| PD | | | | |
| Numerator | | | | |
| Denominator | | | | |
| FE | | | | |
| Numerator | | | | |
| Denominator | | | | |
| IDD | | | | |
| Numerator | | | | |
| Denominator | | | | |
| TBI | | | | |
| Numerator | | | | |
| Denominator | | | | |
| TA | | | | |
| Numerator | | | | |
| Denominator | | | | |
| Autism | | | | |
| Numerator | | | | |
| Denominator | | | | |
| SED | | | | |
| Numerator | | | | |
| Denominator | | | | |

Explanation of Findings:

AIR (Adverse Incident Reporting) policies still in the development process.

Remediation:

| Compliance Trends | 2013 | 2014 | 2015 | 2016 | 2017 | Jan-Mar 2018 | Apr-Jun 2018 | Jul-Sep 2018 |
|-------------------|------|------|------|------|------|--------------|--------------|--------------|
| PD | | | | | | | | |
| Amerigroup | | | | | | | | |
| Sunflower | | | | | | | | |
| United | | | | | | | | |
| Statewide | | | | | | | | |
| FE | | | | | | | | |
| Amerigroup | | | | | | | | |
| Sunflower | | | | | | | | |
| United | | | | | | | | |
| Statewide | | | | | | | | |
| IDD | | | | | | | | |
| Amerigroup | | | | | | | | |
| Sunflower | | | | | | | | |
| United | | | | | | | | |
| Statewide | | | | | | | | |
| TBI | | | | | | | | |
| Amerigroup | | | | | | | | |
| Sunflower | | | | | | | | |
| United | | | | | | | | |
| Statewide | | | | | | | | |
| TA | | | | | | | | |
| Amerigroup | | | | | | | | |
| Sunflower | | | | | | | | |
| United | | | | | | | | |
| Statewide | | | | | | | | |
| Autism | | | | | | | | |
| Amerigroup | | | | | | | | |
| Sunflower | | | | | | | | |
| United | | | | | | | | |
| Statewide | | | | | | | | |
| SED | | | | | | | | |
| Amerigroup | | | | | | | | |
| Sunflower | | | | | | | | |
| United | | | | | | | | |
| Statewide | | | | | | | | |

KDADS HCBS Quality Review Report

Health and Welfare

PM 7: Number and percent of restraint applications, seclusion or other restrictive interventions that followed procedures as specified in the approved waiver

Numerator: Number of restraint applications, seclusion or other restrictive interventions that followed procedures as specified in the approved waiver

Denominator: Number of restraint applications, seclusion or other restrictive interventions

Review Period: 07/01/2018 - 09/30/2018

Data Source:

| Compliance By Waiver | Amerigroup | Sunflower | United | Statewide |
|----------------------|------------|-----------|--------|-----------|
| PD | | | | |
| Numerator | | | | |
| Denominator | | | | |
| FE | | | | |
| Numerator | | | | |
| Denominator | | | | |
| IDD | | | | |
| Numerator | | | | |
| Denominator | | | | |
| TBI | | | | |
| Numerator | | | | |
| Denominator | | | | |
| TA | | | | |
| Numerator | | | | |
| Denominator | | | | |
| Autism | | | | |
| Numerator | | | | |
| Denominator | | | | |
| SED | | | | |
| Numerator | | | | |
| Denominator | | | | |

Explanation of Findings:

AIR (Adverse Incident Reporting) policies still in the development process.

Remediation:

| Compliance Trends | 2013 | 2014 | 2015 | 2016 | 2017 | Jan-Mar 2018 | Apr-Jun 2018 | Jul-Sep 2018 |
|-------------------|------|------|------|------|------|--------------|--------------|--------------|
| PD | | | | | | | | |
| Amerigroup | | | | | | | | |
| Sunflower | | | | | | | | |
| United | | | | | | | | |
| Statewide | | | | | | | | |
| FE | | | | | | | | |
| Amerigroup | | | | | | | | |
| Sunflower | | | | | | | | |
| United | | | | | | | | |
| Statewide | | | | | | | | |
| IDD | | | | | | | | |
| Amerigroup | | | | | | | | |
| Sunflower | | | | | | | | |
| United | | | | | | | | |
| Statewide | | | | | | | | |
| TBI | | | | | | | | |
| Amerigroup | | | | | | | | |
| Sunflower | | | | | | | | |
| United | | | | | | | | |
| Statewide | | | | | | | | |
| TA | | | | | | | | |
| Amerigroup | | | | | | | | |
| Sunflower | | | | | | | | |
| United | | | | | | | | |
| Statewide | | | | | | | | |
| Autism | | | | | | | | |
| Amerigroup | | | | | | | | |
| Sunflower | | | | | | | | |
| United | | | | | | | | |
| Statewide | | | | | | | | |
| SED | | | | | | | | |
| Amerigroup | | | | | | | | |
| Sunflower | | | | | | | | |
| United | | | | | | | | |
| Statewide | | | | | | | | |

KDADS HCBS Quality Review Report

Health and Welfare

PM 8: Number and percent of unauthorized uses of restrictive interventions that were appropriately reported

Numerator: Number of unauthorized uses of restrictive interventions that were appropriately reported

Denominator: Number of unauthorized uses of restrictive interventions

Review Period: 07/01/2018 - 09/30/2018

Data Source:

| Compliance By Waiver | Amerigroup | Sunflower | United | Statewide |
|----------------------|------------|-----------|--------|-----------|
| PD | | | | |
| Numerator | | | | |
| Denominator | | | | |
| FE | | | | |
| Numerator | | | | |
| Denominator | | | | |
| IDD | | | | |
| Numerator | | | | |
| Denominator | | | | |
| TBI | | | | |
| Numerator | | | | |
| Denominator | | | | |
| TA | | | | |
| Numerator | | | | |
| Denominator | | | | |
| Autism | | | | |
| Numerator | | | | |
| Denominator | | | | |
| SED | | | | |
| Numerator | | | | |
| Denominator | | | | |

Explanation of Findings:

AIR (Adverse Incident Reporting) policies still in the development process.

Remediation:

| Compliance Trends | 2013 | 2014 | 2015 | 2016 | 2017 | Jan-Mar 2018 | Apr-Jun 2018 | Jul-Sep 2018 |
|-------------------|------|------|------|------|------|--------------|--------------|--------------|
| PD | | | | | | | | |
| Amerigroup | | | | | | | | |
| Sunflower | | | | | | | | |
| United | | | | | | | | |
| Statewide | | | | | | | | |
| FE | | | | | | | | |
| Amerigroup | | | | | | | | |
| Sunflower | | | | | | | | |
| United | | | | | | | | |
| Statewide | | | | | | | | |
| IDD | | | | | | | | |
| Amerigroup | | | | | | | | |
| Sunflower | | | | | | | | |
| United | | | | | | | | |
| Statewide | | | | | | | | |
| TBI | | | | | | | | |
| Amerigroup | | | | | | | | |
| Sunflower | | | | | | | | |
| United | | | | | | | | |
| Statewide | | | | | | | | |
| TA | | | | | | | | |
| Amerigroup | | | | | | | | |
| Sunflower | | | | | | | | |
| United | | | | | | | | |
| Statewide | | | | | | | | |
| Autism | | | | | | | | |
| Amerigroup | | | | | | | | |
| Sunflower | | | | | | | | |
| United | | | | | | | | |
| Statewide | | | | | | | | |
| SED | | | | | | | | |
| Amerigroup | | | | | | | | |
| Sunflower | | | | | | | | |
| United | | | | | | | | |
| Statewide | | | | | | | | |

KDADS HCBS Quality Review Report

Health and Welfare

PM 9: Number and percent of waiver participants who received physical exams in accordance with State policies

Numerator: Number of HCBS participants who received physical exams in accordance with State policies

Denominator: Number of HCBS participants whose service plans were reviewed

Review Period: 07/01/2018 - 09/30/2018

Data Source: MCO Record Review

| Compliance By Waiver | Amerigroup | Sunflower | United | Statewide |
|----------------------|-------------|------------|------------|------------|
| PD | 45% | 52% | 35% | 45% |
| Numerator | 14 | 15 | 8 | 37 |
| Denominator | 31 | 29 | 23 | 83 |
| FE | 43% | 29% | 28% | 33% |
| Numerator | 10 | 9 | 7 | 26 |
| Denominator | 23 | 31 | 25 | 79 |
| IDD | 61% | 78% | 35% | 62% |
| Numerator | 17 | 32 | 8 | 57 |
| Denominator | 28 | 41 | 23 | 92 |
| TBI | 24% | 19% | 13% | 20% |
| Numerator | 4 | 3 | 1 | 8 |
| Denominator | 17 | 16 | 8 | 41 |
| TA | 78% | 93% | 78% | 82% |
| Numerator | 21 | 14 | 7 | 42 |
| Denominator | 27 | 15 | 9 | 51 |
| Autism | 100% | 75% | 0% | 50% |
| Numerator | 2 | 3 | 0 | 5 |
| Denominator | 2 | 4 | 4 | 10 |
| SED | 93% | 80% | 71% | 81% |
| Numerator | 26 | 24 | 22 | 72 |
| Denominator | 28 | 30 | 31 | 89 |

Explanation of Findings:

PD: No exam found in documentation provided for review
 Missing signature from doctor
 Exam not completed within required timeframe
 FE: No exam found in documentation provided for review
 TBI: No exam found in documentation provided for review
 TA: No exam found in documentation provided for review
 AU: No exam found in documentation provided for review
 No meeting, since coming off wait list
 SED: Missing KBH

Remediation:

| Compliance Trends | 2013 | 2014 | 2015 | 2016 | 2017 | Jan-Mar 2018 | Apr-Jun 2018 | Jul-Sep 2018 |
|-------------------|---------------|------|---------|---------|------|--------------|--------------|--------------|
| PD | | | | | | | | |
| Amerigroup | | 78% | | | 20% | 43% | 47% | 45% |
| Sunflower | | 81% | | | 34% | 19% | 52% | 52% |
| United | | 88% | | | 34% | 11% | 25% | 35% |
| Statewide | Not a measure | 82% | No Data | No Data | 29% | 25% | 42% | 45% |
| FE | | | | | | | | |
| Amerigroup | | 89% | | | 23% | 40% | 27% | 43% |
| Sunflower | | 97% | | | 31% | 20% | 32% | 29% |
| United | | 97% | | | 31% | 10% | 17% | 28% |
| Statewide | Not a measure | 95% | No Data | No Data | 29% | 22% | 25% | 33% |
| IDD | | | | | | | | |
| Amerigroup | | 91% | | | 28% | 59% | 50% | 61% |
| Sunflower | | 99% | | | 52% | 65% | 60% | 78% |
| United | | 99% | | | 26% | 17% | 29% | 35% |
| Statewide | Not a measure | 97% | No Data | No Data | 39% | 52% | 50% | 62% |
| TBI | | | | | | | | |
| Amerigroup | | 84% | | | 21% | 27% | 33% | 24% |
| Sunflower | | 94% | | | 32% | 36% | 17% | 19% |
| United | | 93% | | | 19% | 50% | 38% | 13% |
| Statewide | Not a measure | 90% | No Data | No Data | 23% | 33% | 30% | 20% |
| TA | | | | | | | | |
| Amerigroup | | 100% | | | 39% | 27% | 56% | 78% |
| Sunflower | | 100% | | | 56% | 71% | 71% | 93% |
| United | | 97% | | | 68% | 42% | 63% | 78% |
| Statewide | Not a measure | 100% | No Data | No Data | 49% | 44% | 62% | 82% |
| Autism | | | | | | | | |
| Amerigroup | | 100% | | | 56% | 75% | 100% | 100% |
| Sunflower | | 92% | | | 65% | 50% | 75% | 75% |
| United | | 100% | | | 19% | 100% | 33% | 0% |
| Statewide | Not a measure | 98% | No Data | No Data | 48% | 45% | 73% | 50% |
| SED | | | | | | | | |
| Amerigroup | | 54% | | | 76% | 91% | 82% | 93% |
| Sunflower | | 55% | | | 27% | 91% | 62% | 80% |
| United | | 46% | | | 47% | 63% | 66% | 71% |
| Statewide | Not a measure | 52% | No Data | No Data | 52% | 54% | 71% | 81% |

KDADS HCBS Quality Review Report

Health and Welfare

PM 10: Number and percent of waiver participants who have a disaster red flag designation with a related disaster backup plan

Numerator: Number of waiver participants who have a disaster red flag designation with a related disaster backup plan

Denominator: Number of waiver participants with a red flag designation

Review Period: 07/01/2018 - 09/30/2018

Data Source: MCO Record Review

| Compliance By Waiver | Amerigroup | Sunflower | United | Statewide |
|----------------------|---|-------------|-------------|------------|
| PD | 97% | 84% | 93% | 91% |
| Numerator | 31 | 26 | 25 | 82 |
| Denominator | 32 | 31 | 27 | 90 |
| FE | 80% | 76% | 94% | 83% |
| Numerator | 20 | 26 | 29 | 75 |
| Denominator | 25 | 34 | 31 | 90 |
| IDD | 86% | 70% | 96% | 81% |
| Numerator | 24 | 30 | 22 | 76 |
| Denominator | 28 | 43 | 23 | 94 |
| TBI | 94% | 71% | 90% | 84% |
| Numerator | 17 | 15 | 9 | 41 |
| Denominator | 18 | 21 | 10 | 49 |
| TA | 100% | 82% | 100% | 95% |
| Numerator | 29 | 14 | 11 | 54 |
| Denominator | 29 | 17 | 11 | 57 |
| Autism | 100% | 100% | 50% | 82% |
| Numerator | 3 | 4 | 2 | 9 |
| Denominator | 3 | 4 | 4 | 11 |
| SED | Not a waiver performance measure | | | |
| Numerator | | | | |
| Denominator | | | | |

Explanation of Findings:

- PD: Missing BUP
BUP does not address specific concerns and/or is unclear
- FE: Missing BUP for review period
Backup section incomplete or blank
BUP does not cover entire review period
- DD: Missing signature(s) and/or date(s)
- TBI: Missing signature(s) and/or date(s)
BUP does not cover entire review period
- TA: BUP does not cover entire review period
BUP encrypted and unable to be reviewed
- AU: Missing BUP

Remediation:

| Compliance Trends | 2013 | 2014 | 2015 | 2016 | 2017 | Jan-Mar 2018 | Apr-Jun 2018 | Jul-Sep 2018 |
|-------------------|---|------|------|------|------|--------------|--------------|--------------|
| PD | | | | | | | | |
| Amerigroup | | 59% | 53% | 73% | 86% | 93% | 97% | 97% |
| Sunflower | | 77% | 49% | 66% | 79% | 81% | 90% | 84% |
| United | | 64% | 80% | 88% | 87% | 88% | 96% | 93% |
| Statewide | Not a measure | 67% | 58% | 75% | 84% | 88% | 95% | 91% |
| FE | | | | | | | | |
| Amerigroup | | 61% | 62% | 72% | 84% | 88% | 96% | 80% |
| Sunflower | | 72% | 56% | 72% | 77% | 94% | 82% | 76% |
| United | | 76% | 81% | 85% | 91% | 93% | 94% | 94% |
| Statewide | 59% | 70% | 65% | 76% | 84% | 92% | 90% | 83% |
| IDD | | | | | | | | |
| Amerigroup | | 67% | 61% | 65% | 74% | 85% | 88% | 86% |
| Sunflower | | 58% | 32% | 59% | 70% | 74% | 70% | 70% |
| United | | 70% | 58% | 73% | 90% | 70% | 87% | 96% |
| Statewide | Not a measure | 64% | 47% | 64% | 76% | 76% | 79% | 81% |
| TBI | | | | | | | | |
| Amerigroup | | 46% | 49% | 62% | 80% | 71% | 81% | 94% |
| Sunflower | | 68% | 42% | 80% | 84% | 100% | 92% | 71% |
| United | | 56% | 74% | 80% | 79% | 78% | 100% | 90% |
| Statewide | Not a measure | 56% | 52% | 70% | 81% | 78% | 87% | 84% |
| TA | | | | | | | | |
| Amerigroup | | 75% | 54% | 79% | 90% | 96% | 100% | 100% |
| Sunflower | | 91% | 58% | 77% | 78% | 72% | 85% | 82% |
| United | | 86% | 63% | 79% | 95% | 75% | 89% | 100% |
| Statewide | Not a measure | 83% | 57% | 78% | 87% | 84% | 93% | 95% |
| Autism | | | | | | | | |
| Amerigroup | | 77% | 44% | 32% | 88% | 100% | 100% | 100% |
| Sunflower | | 53% | 27% | 67% | 80% | 50% | 80% | 100% |
| United | | 38% | 7% | 6% | 13% | 0% | 60% | 50% |
| Statewide | Not a measure | 64% | 30% | 40% | 62% | 50% | 79% | 82% |
| SED | Not a waiver performance measure | | | | | | | |
| Amerigroup | | | | | | | | |
| Sunflower | | | | | | | | |
| United | | | | | | | | |
| Statewide | | | | | | | | |

KDADS HCBS Quality Review Report

Financial Accountability

PM 1: Number and percent of clean claims that are paid by the managed care organization within the timeframes specified in the contract

Numerator: Number of clean claims that are paid by the managed care organization within the timeframes specified in the contract

Denominator: Total number of provider claims

Review Period: 07/01/2018 - 09/30/2018

Data Source: MCO Claims Data

| Compliance By Waiver | Statewide |
|-------------------------|------------|
| PD | 95% |
| Numerator | 74,072 |
| Denominator | 78,319 |
| FE | 94% |
| Numerator | 42,691 |
| Denominator | 45,580 |
| IDD | 97% |
| Numerator | 148,492 |
| Denominator | 153,286 |
| TBI | 85% |
| Numerator | 8,002 |
| Denominator | 9,463 |
| TA | 92% |
| Numerator | 7,905 |
| Denominator | 8,606 |
| Autism | 78% |
| Numerator | 7 |
| Denominator | 9 |
| SED | 80% |
| Numerator | 18,420 |
| Denominator | 22,884 |
| All HCBS Waivers | 94% |
| Numerator | 299,589 |
| Denominator | 318,147 |

| Compliance Trends | 2013 | 2014 | 2015 | 2016 | 2017 | Jan-Mar 2018 | Apr-Jun 2018 | Jul-Sep 2018 |
|-------------------------|---------------|------|------|------|------|--------------|--------------|--------------|
| PD | | | | | | | | |
| Statewide | not a measure | N/A | N/A | N/A | N/A | 98% | 96% | 95% |
| FE | | | | | | | | |
| Statewide | not a measure | N/A | N/A | N/A | N/A | 96% | 95% | 94% |
| IDD | | | | | | | | |
| Statewide | not a measure | N/A | N/A | N/A | N/A | 96% | 97% | 97% |
| TBI | | | | | | | | |
| Statewide | not a measure | N/A | N/A | N/A | N/A | 91% | 93% | 85% |
| TA | | | | | | | | |
| Statewide | not a measure | N/A | N/A | N/A | N/A | 89% | 90% | 92% |
| Autism | | | | | | | | |
| Statewide | not a measure | N/A | N/A | N/A | N/A | 85% | 75% | 78% |
| SED | | | | | | | | |
| Statewide | not a measure | N/A | N/A | N/A | N/A | 85% | 85% | 80% |
| All HCBS Waivers | | | | | | | | |
| Statewide | not a measure | 90% | 88% | 95% | 95% | 95% | 95% | 94% |

Explanation of Findings:

MCO self-reported data.

Remediation:

KDADS HCBS Quality Review Report

Financial Accountability

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

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

Denominator: Total number of capitation (payment) rates

Review Period: 07/01/2018 - 9/30/2018

Data Source: KDHE

| Compliance By Waiver | Statewide |
|----------------------|-------------|
| PD | 100% |
| Numerator | 24 |
| Denominator | 24 |
| FE | 100% |
| Numerator | 24 |
| Denominator | 24 |
| IDD | 100% |
| Numerator | 48 |
| Denominator | 48 |
| TBI | 100% |
| Numerator | 12 |
| Denominator | 12 |
| TA | 100% |
| Numerator | 12 |
| Denominator | 12 |
| Autism | 100% |
| Numerator | 12 |
| Denominator | 12 |
| SED | 100% |
| Numerator | 12 |
| Denominator | 12 |

| Compliance Trends | 2013 | 2014 | 2015 | 2016 | 2017 | 2018 |
|-------------------|---------------|------|------|------|------|------|
| PD | | | | | | |
| Statewide | not a measure | 100% | 100% | 100% | 100% | 100% |
| FE | | | | | | |
| Statewide | not a measure | 100% | 100% | 100% | 100% | 100% |
| IDD | | | | | | |
| Statewide | not a measure | 100% | 100% | 100% | 100% | 100% |
| TBI | | | | | | |
| Statewide | not a measure | 100% | 100% | 100% | 100% | 100% |
| TA | | | | | | |
| Statewide | not a measure | 100% | 100% | 100% | 100% | 100% |
| Autism | | | | | | |
| Statewide | not a measure | 100% | 100% | 100% | 100% | 100% |
| SED | | | | | | |
| Statewide | not a measure | 100% | 100% | 100% | 100% | 100% |

Explanation of Findings:

Performance measure achieved.

Remediation:

No remediation necessary.

THRU MAR 19 TXN
 FILE SUMMARY

| DY MEG | Jan-19 | Feb-19 | Mar-19 | Total QE 3 31 2019 | Sum of mmcount |
|-------------------------|----------------|----------------|----------------|-----------------------|-------------------|
| DY1 CY2013 | - | - | - | - | 3,972,845 |
| MEG 1 - ABD/SD DUAL | | | | - | 220,772 |
| MEG 2 - ABD/SD NON DUAL | | | | - | 350,315 |
| MEG 3 - ADULTS | | | | - | 396,515 |
| MEG 4 - CHILDREN | | | | - | 2,553,620 |
| MEG 5 - DD WAIVER | | | | - | 103,493 |
| MEG 6 - LTC | | | | - | 263,398 |
| MEG 7 - MN DUAL | | | | - | 16,423 |
| MEG 8 - MN NON DUAL | | | | - | 15,432 |
| MEG 9 - WAIVER | | | | - | 52,877 |
| DY2 CY2014 | - | - | - | - | 4,209,599 |
| MEG 1 - ABD/SD DUAL | | | | - | 223,789 |
| MEG 2 - ABD/SD NON DUAL | | | | - | 351,391 |
| MEG 3 - ADULTS | | | | - | 479,386 |
| MEG 4 - CHILDREN | | | | - | 2,713,893 |
| MEG 5 - DD WAIVER | | | | - | 104,552 |
| MEG 6 - LTC | | | | - | 257,608 |
| MEG 7 - MN DUAL | | | | - | 17,099 |
| MEG 8 - MN NON DUAL | | | | - | 13,675 |
| MEG 9 - WAIVER | | | | - | 48,206 |
| DY3 CY2015 | (28) | - | (96) | (124) | 4,237,590 |
| MEG 1 - ABD/SD DUAL | | | (3) | (3) | 208,015 |
| MEG 2 - ABD/SD NON DUAL | (17) | | (7) | (24) | 343,652 |
| MEG 3 - ADULTS | (3) | | (2) | (5) | 535,005 |
| MEG 4 - CHILDREN | (8) | | (82) | (90) | 2,716,884 |
| MEG 5 - DD WAIVER | | | | - | 105,107 |
| MEG 6 - LTC | | | (2) | (2) | 252,686 |
| MEG 7 - MN DUAL | | | | - | 16,218 |
| MEG 8 - MN NON DUAL | | | | - | 13,504 |
| MEG 9 - WAIVER | | | | - | 46,519 |
| DY4 CY2016 | (124) | (28) | (179) | (331) | 4,411,113 |
| MEG 1 - ABD/SD DUAL | (1) | (3) | (1) | (5) | 187,596 |
| MEG 2 - ABD/SD NON DUAL | (86) | (23) | (38) | (147) | 339,288 |
| MEG 3 - ADULTS | (1) | (2) | (11) | (14) | 621,851 |
| MEG 4 - CHILDREN | (35) | | (109) | (144) | 2,826,150 |
| MEG 5 - DD WAIVER | | | | - | 106,609 |
| MEG 6 - LTC | | | (13) | (13) | 247,109 |
| MEG 7 - MN DUAL | | | | - | 15,696 |
| MEG 8 - MN NON DUAL | (1) | | (7) | (8) | 14,635 |
| MEG 9 - WAIVER | | | | - | 52,179 |
| DY5 CY2017 | (336) | (72) | (309) | (717) | 4,190,871 |
| MEG 1 - ABD/SD DUAL | 73 | 54 | 39 | 166 | 182,408 |
| MEG 2 - ABD/SD NON DUAL | (290) | (145) | (174) | (609) | 343,313 |
| MEG 3 - ADULTS | (19) | (22) | (23) | (64) | 620,905 |
| MEG 4 - CHILDREN | (41) | 43 | (115) | (113) | 2,610,022 |
| MEG 5 - DD WAIVER | - | 5 | (6) | (1) | 107,506 |
| MEG 6 - LTC | (23) | (3) | (7) | (33) | 243,866 |
| MEG 7 - MN DUAL | (16) | 2 | 18 | 4 | 15,604 |
| MEG 8 - MN NON DUAL | (20) | | (34) | (54) | 13,838 |
| MEG 9 - WAIVER | - | (6) | (7) | (13) | 53,409 |
| DY6 CY2018 | 340,042 | 9,152 | 4,370 | 353,564 | 4,144,489 |
| MEG 1 - ABD/SD DUAL | 14,972 | 775 | 678 | 16,425 | 179,628 |
| MEG 2 - ABD/SD NON DUAL | 29,576 | 392 | 212 | 30,180 | 355,558 |
| MEG 3 - ADULTS | 48,777 | 1,852 | 804 | 51,433 | 601,035 |
| MEG 4 - CHILDREN | 210,760 | 5,657 | 2,418 | 218,835 | 2,576,655 |
| MEG 5 - DD WAIVER | 9,135 | 43 | (17) | 9,161 | 109,175 |
| MEG 6 - LTC | 20,252 | 108 | 128 | 20,488 | 241,534 |
| MEG 7 - MN DUAL | 1,179 | 132 | 110 | 1,421 | 15,394 |
| MEG 8 - MN NON DUAL | 922 | 37 | 26 | 985 | 11,561 |
| MEG 9 - WAIVER | 4,469 | 156 | 11 | 4,636 | 53,949 |
| DY7 CY2019 | - | 327,415 | 326,793 | 654,208 | 654,208 |
| MEG 1 - ABD/SD DUAL | | 14,260 | 14,407 | 28,667 | 28,667 |
| MEG 2 - ABD/SD NON DUAL | | 29,257 | 29,264 | 58,521 | 58,521 |
| MEG 3 - ADULTS | | 46,179 | 46,011 | 92,190 | 92,190 |
| MEG 4 - CHILDREN | | 202,518 | 201,768 | 404,286 | 404,286 |
| MEG 5 - DD WAIVER | | 9,020 | 9,040 | 18,060 | 18,060 |
| MEG 6 - LTC | | 19,914 | 19,905 | 39,819 | 39,819 |
| MEG 7 - MN DUAL | | 1,118 | 1,193 | 2,311 | 2,311 |
| MEG 8 - MN NON DUAL | | 893 | 919 | 1,812 | 1,812 |
| MEG 9 - WAIVER | | 4,256 | 4,286 | 8,542 | 8,542 |
| Grand Total | 339,554 | 336,467 | 330,579 | 1,006,600 | 25,820,715 |



Kerrie J. Bacon
KanCare Ombudsman
Qtr. 1, 2019 (based on calendar
year)

I. Quarterly Report Jan. 1 – Mar. 31, 2019

Data downloaded on 4/17/19



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II. Highlights/Dashboard

A. Contact Information – page 4

In the last seven quarters, the initial contacts with the KanCare Ombudsman Office has averaged around 1,000 with two quarters higher than average.

| Initial Contacts | Qtr. 1 | Qtr. 2 | Qtr. 3 | Qtr. 4 |
|------------------|--------|--------|--------|--------|
| 2017 | 825 | 835 | 970 | 1,040 |
| 2018 | 1,214 | 1,059 | 1,088 | 1,124 |
| 2019 | 1,060 | | | |

B. Volunteer office coverage – page 5

The Olathe Satellite office now has volunteer coverage Monday through Thursday, 9am – 4pm and 3.5 hours on Friday. They have four new volunteers. The Wichita office has interviews with three potential volunteers in the next few weeks.

C. Outreach and Education – pages 5-7

- Outreach flyer posted in 17 libraries in northwest Kansas
- Mailed an introductory letter and KanCare Ombudsman brochures (English and Spanish) to 130 Community Based Organizations
- All DCF offices throughout Kansas display our outreach post on their lobby televisions, for those consumers in the waiting rooms.

D. Enhancements to program – pages 19

The KanCare Ombudsman Office has made available on the web pages and in a Fact Sheet, [frequently asked questions](#) regarding application assistance and other general KanCare concerns. See attachment at the end of this document for FAQs fact sheet.



III. Accessibility by Ombudsman’s Office

A. Initial Contacts

The KanCare Ombudsman office was available to members and potential members of KanCare (Medicaid) by phone, email, written communication, and in person during first quarter of 2019. The initial contacts have been averaged around 1,000 for the last seven quarters with two quarters significantly higher.

| 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 | | | |

**2013 year does not include emails in the data, so it is not included.
not included.*

B. Additional Contacts

The KanCare Ombudsman office provides follow up contact with members, providers and organizations. These include requests for follow-up to another organization and their responses, and follow-up contacts to and from the beneficiary. There may be multiple contacts for a member/applicant.

| Additional Contacts: Notes History (ongoing contacts with beneficiary to note calls and/or updates with issue/concern) | Qtr. 1 | Qtr. 2 | Qtr. 3 | Qtr. 4 |
|--|--------|--------|--------|--------|
| 2017 | 1,388 | 1,651 | 1,954 | 2,122 |
| 2018 | 2,251 | 1,892 | 1,898 | 1,855 |
| 2019 | 1,850 | | | |

| Additional Contacts: Email History (emails with beneficiaries and follow up with agencies, MCOs and providers, to resolve cases) | Qtr. 1 | Qtr. 2 | Qtr. 3 | Qtr. 4 |
|--|--------|--------|--------|--------|
| 2017 | 655 | 919 | 1,338 | 1,490 |
| 2018 | 1,389 | 1,252 | 1,315 | 1,211 |
| 2019 | 1,370 | | | |



C. Accessibility through the KanCare Ombudsman Volunteer Program

Both KanCare Ombudsman Satellite offices answer KanCare questions and help with issues as well as assist with filling out KanCare applications and providing assistance on grievances, appeals and fair hearings on the phone and in person at the offices. The Satellite offices current coverage is listed below. Note: Olathe Satellite office is now covered all five days of the working week.

| | Volunteer Hours | # of Volunteers | # of hours covered/wk. | Area Codes covered |
|--------------------------|--|-----------------|------------------------|--------------------|
| Olathe Satellite Office | M: 9am-4pm T: 9am-12pm W: 9am-4pm Th: 9am-4pm F: 10am-1:30pm | 7 | 31.5 | 913, 785, 816 |
| Wichita Satellite Office | M: 9am-4pm T: 9am-1pm W: 1pm-4:30pm Th: 9am-1pm | 3 | 19.5 | 316, 620 |

Information as of 4/15/19

IV. Outreach by Ombudsman’s office

A. Outreach through Collaboration and Education

- Contacted the Peace and Social Justice Center on 1/3 to request they hang our outreach flier.
- Met with Aetna advocates to share about the KanCare Ombudsman program and communication process; 1/3
- Participated in the KanCare Long Term Care Team meetings (monthly)
- Participated in the Monthly Joint MCO meetings (monthly)
- Participated in the KanCare Steering Committee meetings (monthly)
- Shared information regarding where to find updated Liaison Training information, and a reminder of the Aetna change at the United Way Emergency Assistance Network Meeting on 1/15; Approximately 20 attendees
- Presented KanCare Ombudsman program overview to the House Health and Human Services Committee; 1/29
- Cheyenne County Health Dept. – Flyer posted (County: Cheyenne) (January 2019)



- Norton County Health Department – Flyer posted (County: Norton) (January 2019)
- Osborne County Health Department – Flyer posted (County: Osborne) (January 2019)
- Rawlins County Health Department – Flyer posted (County: Rawlins) (January 2019)
- Presented KanCare Ombudsman program overview to the Senate Public Health and Welfare Committee; 2/5
- Presented KanCare Ombudsman Annual Report to the Bob Bethell Joint Committee on HCBS and KanCare; 2/15
- Presented to the Sedgwick County Advisory Council on Aging on 2/27 over our office and our volunteer opportunities.
- Dropped off Spanish KanCare Ombudsman flyers at Treehouse as well as information about our volunteer program
- Tabled on 2/27 at the WSU Health Fair; Approximately 150 passers-by
- Presented to Chisholm Place Assisted Living Center about the Ombudsman’s Office, gave information about the FE Waiver and the KanCare application process on March 26th from 6 p.m. to 8 p.m.; 25 attendees
- Participated in the Kansas Meaningful Measures meeting; 3/1
- Deaf and Hard of Hearing Day at the Capital (resources only); 3-5-19 (Topeka, KS)

B. Outreach through Publications

- Sedgwick County League of Women’s Voters (1/3)
- Sedgwick County Advisory Council on Aging (1/3)
- Paul University Parish of Wichita (1/10)
- The Seed Church of Wichita (1/10)
- Community Service Board Volunteer Fair on Wichita State University’s campus (1/29)
- All DCF offices throughout Kansas display our outreach post on their lobby televisions, for those consumers in the waiting rooms (starting Jan. 31, 2019).
- Golden Years Newspaper (Counties: Franklin, Osage, Anderson, Linn, Coffey) (Jan, Feb, March 2019)
- Unitarian Universalist Social Justice Group (3/4)
- Aldersgate United Methodist Volunteer Group (3/4)
- St. Anne Peace and Social Justice Group (3/4)
- WSU Psychology Department Chair (3/6)
- WSU Sociology Department Chair (3/6)
- Newman University Psychology Department Chair (3/6)
- Newman University Sociology Department Chair (3/6)

- Newman University Allied Health Department Chair (3/6)
- Newman University Social Work Field Education Coordinators (3/6)
- WSU Marketing Department Chair (3/25)
- Butler County Community College Marketing Department Chair (3/25)
- Newman Marketing Department Chair (3/25)
- WSU Shocker Student Marketing (3/25)
- Butler County Community College Sociology and Social Work Department Chair (3/25)
- Outreach Flyer Posted in Libraries (March 2019):
 - Olathe Public Library (Johnson, Co.) (Jan., Feb. March 2019)
 - Rawlins Co.
 - Smith Center Co.
 - Norton Co.
 - Rush Co.
 - Thomas Co.
 - Cheyenne Co.
 - Decatur Co.
 - Sheridan Co.
 - Graham Co.
 - Wallace Co.
 - Logan Co.
 - Trego Co.
 - Phillips Co.
 - Rooks Co.
 - Ellis Co.
 - Russell Co.
- Mailed an introductory letter and KanCare Ombudsman brochures (English and Spanish) to 130 Community Based Organizations (Aging and Disability Resource Centers, Community Developmental Disability Organizations, Centers for Independent Living, Families Together, Long Term Care Ombudsmen, Community Mental Health Centers, Senior Health Insurance Counselors of Kansas, Veterans Association Counselors.)

C. Outreach through Collaboration and Training

- Trained providers in Butler County on general Medicaid information, and how the Ombudsman Office can serve them on 1/17; 37 attendees.
- Trained social workers at Harry-Hynes Memorial Hospice on general Medicaid information, and how the Ombudsman Office can assist on 1/23; 8 attendees
- Liaison Training; Great Bend, KS (Barton Co.): Kansas Guardianship Program (1-10-19)
- Liaison Training; Colby, KS (Thomas Co.): Citizens Medical Center (2-13-19)
- Indian Creek Volunteer Fair (Olathe, KS) (February 1, 2019)
- Atchison Senior Living (training was done in Olathe, KS due to weather – broke up the Atchison training into two classes) (February 27, 2019)
- Atchison Senior Living (Atchison, KS) (March 12, 2019)

V. Data by Ombudsman's Office

A. Data by Region

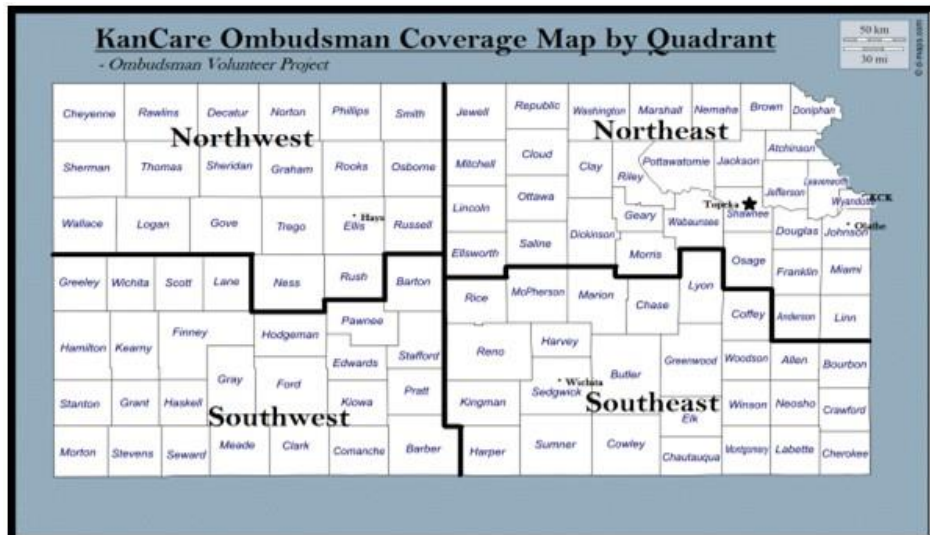
1. Initial Contacts to KanCare Ombudsman Office by Region

The KanCare Ombudsman's office began pulling data by region in 3rd quarter 2018. See regional map on next page. Most calls are coming from the east side of the state which also ties to the Medicaid members within the state and the population density of Kansas.

| Region | Q1/18 | Q2/18 | Q3/18 | Q4/18 | Q1/19 |
|----------------|--------------|--------------|--------------|--------------|--------------|
| Northeast | 157 | 220 | 238 | 187 | 183 |
| Southeast | 59 | 135 | 163 | 244 | 205 |
| Northwest | 14 | 16 | 10 | 14 | 7 |
| Southwest | 14 | 18 | 14 | 29 | 19 |
| Out of State | 14 | 17 | 21 | 17 | 16 |
| Not Identified | 955 | 653 | 639 | 633 | 630 |
| Total | 1,213 | 1,059 | 1,085 | 1,124 | 1,060 |

The KanCare Ombudsman map shows the counties included in each region. The north/south dividing line is based on the state area codes in general (785 and 620).

- 785, 913 and 816 area codes in the northern regions go to the Olathe Satellite office.
- 316 and 620 area codes in the southern regions go to the Wichita Satellite office.



2. KanCare/Medicaid Members by Region

Medicaid

| Region | Q4/18 | Q1/19 |
|--------------|----------------|----------------|
| Northeast | 194,798 | 205,267 |
| Southeast | 175,370 | 185,683 |
| Northwest | 12,488 | 13,240 |
| Southwest | 38,023 | 40,073 |
| Total | 420,679 | 444,263 |

Q1 Data from KDHE; 4/15/19

3. Population Density by KanCare Ombudsman Region

| Population Density | Urban | Semi Urban | Densely Settled Rural | Rural | Frontier | Total Counties |
|--------------------|----------|------------|-----------------------|-----------|-----------|----------------|
| NE | 5 | 5 | 6 | 15 | 2 | 33 |
| SE | 1 | 5 | 9 | 7 | 4 | 26 |
| NW | | | 1 | 4 | 15 | 20 |
| SW | | | 4 | 7 | 15 | 26 |
| Total | 6 | 10 | 20 | 33 | 36 | 105 |

Based on 2015 Census data – www.KCDCinfo.ks.gov Kansas Population Density map using number of people per square mile (ppsm):

Frontier - less than 6 ppsm

Rural - 6 to 19.9 ppsm

Densely-Settled Rural - 20 to 39.9 ppsm

Semi-Urban - 40-149.9 ppsm

Urban - 150+ ppsm



B. Data by Issue Category

The top issues for first quarter continue to be all Medicaid issues: Medicaid General Issues/questions, Medicaid Application Assistance, Medicaid Eligibility questions, Medicaid Information/Status Update. The second tier of issues are: Other, HCBS General issues, and Medicaid Renewal. Medicaid Renewal increased again in 1st quarter after dipping down for a couple of quarters.

| ISSUE CATEGORY | Q1/18 | Q2/18 | Q3/18 | Q4/18 | Q1/19 |
|---------------------------------------|-------|-------|-------|-------|-------|
| Access to Providers (usually Medical) | 4 | 2 | 8 | 10 | 11 |
| Abuse / neglect complaints | 10 | 10 | 7 | 2 | 8 |
| Affordable Care Act Calls | 15 | 12 | 9 | 8 | 5 |
| Appeals/Fair Hearing questions/issues | 46 | 26 | 38 | 16 | 17 |
| Background Checks | 4 | 0 | 1 | 0 | 2 |
| Billing | 40 | 26 | 33 | 19 | 30 |
| Care Coordinator Issues | 10 | 11 | 7 | 14 | 18 |
| Change MCO | 12 | 7 | 5 | 37 | 12 |
| Choice Info on MCO | 3 | 3 | 3 | 20 | 7 |
| Client Obligation | 53 | 35 | 24 | 27 | 21 |
| Coding Issues | 32 | 9 | 11 | 21 | 14 |
| Consumer said Notice not received | 16 | 6 | 15 | 13 | 6 |
| Cultural Competency | 0 | 1 | 1 | 3 | 1 |
| Data Requests | 3 | 2 | 4 | 0 | 2 |
| Dental | 10 | 9 | 6 | 7 | 11 |
| Division of Assets | 10 | 3 | 5 | 11 | 8 |
| Durable Medical Equipment | 1 | 4 | 9 | 13 | 4 |
| Estate Recovery | 10 | 4 | 10 | 8 | 4 |
| Grievances Questions/Issues | 28 | 35 | 23 | 12 | 12 |
| Guardianship | 3 | 6 | 5 | 5 | 1 |
| HCBS Eligibility issues | 46 | 28 | 37 | 34 | 34 |
| HCBS General Issues | 36 | 35 | 60 | 49 | 62 |
| HCBS Reduction in hours of service | 7 | 2 | 3 | 2 | 6 |
| HCBS Waiting List | 4 | 4 | 4 | 10 | 5 |
| Health Homes | 0 | 1 | 0 | 1 | 0 |
| Help understanding mail | 4 | 16 | 22 | 21 | 15 |
| Housing Issues | 7 | 8 | 7 | 4 | 5 |
| Medicaid Application Assistance | 185 | 135 | 144 | 174 | 167 |
| Medicaid Coding | 0 | 0 | 0 | 0 | 0 |
| Medicaid Eligibility Issues | 209 | 219 | 183 | 187 | 151 |
| Medicaid Fraud | 3 | 2 | 2 | 5 | 1 |
| Medicaid General Issues/questions | 63 | 186 | 200 | 256 | 273 |



| ISSUE CATEGORY | Q1/18 | Q2/18 | Q3/18 | Q4/18 | Q1/19 |
|---|-------------|-------------|-------------|-------------|-------------|
| Medicaid info (status) update | 210 | 217 | 196 | 187 | 122 |
| Medicaid Renewal | 103 | 58 | 39 | 24 | 55 |
| Medical Services | 23 | 27 | 11 | 13 | 18 |
| Medicare related Issues | 17 | 23 | 26 | 31 | 18 |
| Medicare Savings Plan Issues | 19 | 17 | 20 | 25 | 22 |
| Moving to / from Kansas | 16 | 14 | 21 | 19 | 20 |
| Nursing Facility Issues | 20 | 19 | 23 | 24 | 35 |
| Pain management issues | 0 | 0 | 0 | 1 | 5 |
| Pharmacy | 16 | 1 | 2 | 11 | 18 |
| Prior authorization issues | 1 | 2 | 0 | 4 | 8 |
| Questions for Conference Calls/Sessions | 0 | 1 | 0 | 1 | 0 |
| Respite | 0 | 1 | 0 | 1 | 1 |
| Social Security Issues | 9 | 13 | 12 | 24 | 16 |
| Spend Down Issues | 28 | 32 | 24 | 28 | 29 |
| Transportation | 16 | 10 | 9 | 12 | 11 |
| Working Healthy | 3 | 6 | 8 | 9 | 3 |
| X-Other | 213 | 114 | 132 | 135 | 133 |
| Z Thank you. | 558 | 509 | 482 | 498 | 403 |
| Z Unspecified | 78 | 68 | 72 | 80 | 96 |
| ISSUE CATEGORY TOTAL | 2204 | 1979 | 1963 | 2116 | 1926 |

There may be multiple selections for a member/contact.



C. Data by Office Location

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

| Contacts by Office | Q1/18 | Q2/18 | Q3/18 | Q4/18 | Q1/19 |
|--------------------|--------------|--------------|--------------|--------------|--------------|
| Main | 772 | 619 | 491 | 546 | 561 |
| Johnson County | 68 | 81 | 223 | 177 | 166 |
| Wichita | 374 | 359 | 371 | 401 | 333 |
| Total | 1,214 | 1,059 | 1,085 | 1,124 | 1,060 |

D. Data by Contact Method

Contact method by email has increased and has stabilized for the last three quarter. Contact method by face-to-face continues to gradually increase (except for Q3,4/2018). We are seeing an increase in the number of people who walk in to the KDADS reception area needing one-on-one Medicaid assistance.

| Contact Method | Q1/2018 | Q2/2018 | Q3/2018 | Q4/2018 | Q1/2019 |
|-----------------------------|--------------|--------------|--------------|--------------|--------------|
| Email | 112 | 119 | 153 | 161 | 152 |
| Face-to-Face Meeting | 7 | 9 | 22 | 20 | 12 |
| Letter | 2 | 1 | 2 | 3 | 1 |
| ONLINE | 0 | 0 | 0 | 0 | 0 |
| Other | 2 | 0 | 2 | 1 | 5 |
| Telephone | 1,090 | 930 | 909 | 939 | 890 |
| CONTACT METHOD TOTAL | 1,213 | 1,059 | 1,088 | 1,124 | 1,060 |



E. Data by Caller Type

Most contacts are consumers which includes beneficiaries, family member, friend, etc.

| CALLER TYPE | Q1/2018 | Q2/2018 | Q3/2018 | Q4/2018 | Q1/2019 |
|--------------------------|--------------|--------------|--------------|--------------|--------------|
| Consumer | 1,065 | 943 | 899 | 977 | 913 |
| MCO Employee | 6 | 4 | 5 | 4 | 7 |
| Other type | 46 | 31 | 85 | 50 | 47 |
| Provider | 96 | 81 | 99 | 93 | 93 |
| CALLER TYPE TOTAL | 1,213 | 1,059 | 1,088 | 1,124 | 1,060 |

F. Data by Program Type

The top program types that we receive calls for are the three Home and Community Based Services waivers (Physical Disability, Intellectual/Developmental Disability, and Frail Elderly) and nursing facility concerns.

| PROGRAM TYPE | Q1/2018 | Q2/2018 | Q3/2018 | Q4/2018 | Q1/2019 |
|---------------------------|------------|------------|------------|------------|------------|
| PD | 51 | 27 | 28 | 37 | 40 |
| I/DD | 29 | 27 | 36 | 32 | 29 |
| FE | 27 | 22 | 30 | 31 | 25 |
| AUTISM | 1 | 1 | 2 | 4 | 3 |
| SED | 9 | 2 | 8 | 7 | 5 |
| TBI | 7 | 10 | 9 | 6 | 13 |
| TA | 5 | 3 | 7 | 3 | 5 |
| WH | 5 | 4 | 6 | 5 | 2 |
| MFP | 1 | 0 | 0 | 0 | 0 |
| PACE | 0 | 0 | 0 | 0 | 2 |
| MENTAL HEALTH | 2 | 1 | 3 | 2 | 2 |
| SUB USE DIS | 0 | 0 | 0 | 0 | 1 |
| NURSING FACILITY | 47 | 39 | 28 | 41 | 33 |
| PROGRAM TYPE TOTAL | 184 | 136 | 157 | 168 | 160 |

There may be multiple selections for a member/contact.



VI. Action Taken

This section reflects the action taken by the KanCare Ombudsman Office and/or the related organizations assisting through information on the amount of time it is taking to respond to beneficiary concerns, if resources are needed/requested, referrals made, and resolution of issues timeframe.

A. Responding to Issues

1. Ombudsman Office response to members/applicants
 The Ombudsman Office goal is to respond to a contact within two business days. Weekends and holidays create some issues with meeting this goal 100%

| <u>Quarter yr.</u> | <u>Nmbr. Contacts</u> | <u>Avg. Days</u> | <u>%Responded</u> | <u>% Responded</u> | <u>% Response</u> |
|--------------------|-----------------------|-------------------|-------------------|--------------------|-----------------------|
| | | <u>To Respond</u> | <u>0-2 Days</u> | <u>in 3-7 Days</u> | <u>8 or More Days</u> |
| Q1/2018 | 1,213 | 1 | 82% | 17% | 1% |
| Q2/2018 | 1,059 | 1 | 90% | 10% | 1% |
| Q3/2018 | 1,088 | 1 | 87% | 12% | 1% |
| Q4/2018 | 1,124 | 1 | 86% | 14% | 0% |
| Q1/2019 | 1,067 | 1 | 88% | 11% | 1% |



2. Organizational response to Ombudsman requests
 The KanCare Ombudsman office sends requests for review and assistance to various state organizations. The following information provides data on the response/resolution response rate for issues that have been referred.

| <u>Nmbr Referrals</u> | <u>Days to Respond to Referral</u> | <u>Avg Days Referred</u> | <u>Referred to</u> | <u>% Responded 0-2 Days</u> | <u>% Responded 3-7 Days</u> | <u>% Responded 8-30 Days</u> | <u>% Responded 31 or More Days</u> |
|-----------------------|------------------------------------|--------------------------|-------------------------|-----------------------------|-----------------------------|------------------------------|------------------------------------|
| 125 | 306 | 2 | Clearinghouse | 78% | 11% | 10% | 0% |
| 2 | 3 | 2 | KDADS-Behavior Health | 100% | 0% | 0% | 0% |
| 15 | 66 | 4 | KDADS-HCBS | 53% | 20% | 27% | 0% |
| - | - | - | KDADS-Health Occ. Cred. | 0% | 0% | 0% | 0% |
| 17 | 10 | 1 | KDHE-Eligibility | 94% | 6% | 0% | 0% |
| 10 | 22 | 2 | KDHE-Program Staff | 70% | 20% | 10% | 0% |
| 1 | 2 | 2 | KMAP | 100% | 0% | 0% | 0% |
| 3 | 1 | 0 | DCF | 100% | 0% | 0% | 0% |
| 14 | 27 | 2 | Aetna | 79% | 7% | 14% | 0% |
| 1 | 0 | 0 | Amerigroup | 100% | 0% | 0% | 0% |
| 14 | 23 | 2 | Sunflower | 79% | 14% | 7% | 0% |
| 17 | 111 | 7 | UnitedHealthcare | 47% | 35% | 12% | 6% |
| 12 | 12 | 1 | KDHE-Provider Contact | 83% | 17% | 0% | 0% |



B. Resolving requests

1. Action Taken by KanCare Ombudsman Office to resolve requests

| Action Taken Resolution Type | Q1/18 | Q2/18 | Q3/18 | Q4/18 | Q1/19 |
|---|------------|------------|------------|--------------|--------------|
| Questions/Issue Resolved (No Resources) | 105 | 69 | 70 | 106 | 94 |
| Used Contact or Resources/Issue Resolved | 766 | 675 | 752 | 873 | 834 |
| Closed (No Contact) | 101 | 133 | 109 | 132 | 126 |
| ACTION TAKEN RESOLUTION TYPE TOTAL | 972 | 877 | 931 | 1,111 | 1,054 |

There may be multiple selections for a member/contact

2. Additional Help provided by KanCare Ombudsman Office

| Action Taken Additional Help | Q4/2018 | Q1/2019 |
|---|------------|------------|
| Provided Resources | 666 | 563 |
| Mailed/Email Resources | 140 | 148 |
| ACTION TAKEN ADDITIONAL HELP TOTAL | 806 | 711 |

There may be multiple selections for a member/contact.



3. Referred Beneficiary to an Organization for Assistance/Follow-up
 This section has been expanded to identify groups within the state organizations and the managed care organizations (MCOs) individually for better tracking purposes.

| Action Taken Refer Caller to Organization | Q4/2018 | Q1/2019 |
|--|------------|------------|
| Clearinghouse | 316 | 248 |
| KDADS-Behavior Health | 0 | 1 |
| KDADS-HCBS | 18 | 21 |
| KDADS-Health Occ. Cred. | 0 | 1 |
| KDHE | 18 | 12 |
| KMAP | 9 | 7 |
| DCF | 10 | 3 |
| Aetna | 11 | 18 |
| Amerigroup | 19 | 1 |
| Sunflower | 23 | 19 |
| UnitedHealthcare | 20 | 24 |
| State or Community Agency | 142 | 120 |
| Disability Rights and/or KLS | 9 | 8 |
| ACTION TAKEN REFER CALLER TO ORGANIZATION TOTAL | 595 | 483 |

There may be multiple selections for a member/contact.



4. Staff request Assistance from Organization on behalf of beneficiary
 This section has been expanded to identify organizations contacted by the KanCare Ombudsman staff for assistance in resolving an issue.

| Action Taken Staff Contact Organization | Q4/2018 | Q1/2019 |
|--|------------|------------|
| Clearinghouse | 156 | 130 |
| KDADS-Behavior Health | 2 | 2 |
| KDADS-HCBS | 17 | 15 |
| KDADS-Health Occ. Cred. | 0 | 1 |
| KDHE-Eligibility | 11 | 18 |
| KDHE-Program Staff | 12 | 11 |
| KDHE-Provider Contact | 10 | 12 |
| KMAP | 3 | 1 |
| DCF | 6 | 3 |
| Aetna | 1 | 14 |
| Amerigroup | 12 | 1 |
| Sunflower | 14 | 18 |
| UnitedHealthcare | 6 | 19 |
| ACTION TAKEN STAFF CONTACT ORGANIZATION TOTAL | 250 | 245 |

There may be multiple selections for a member/contact.

5. Ombudsman Office Resolution of Issues (*NEW format*)
 The average days to close/resolve an issue remained relatively the same from 3rd to 4th quarter. The improvement in 3rd quarter was due to clarification for staff and volunteers to close based on resolution date or if no response, on the date last contacted. Prior to this, cases were closed by many at the end of the quarter when I sent out the reminder to close cases; using the end of quarter date.

| Quarter yr | Avg Days To Complete | % Completed | % Completed | % Completed |
|---------------|----------------------------|----------------|----------------|-------------------|
| | | 0-2 Days | in 3-7 Days | 8 or More Days |
| Q1/2018 | 8 | 60% | 17% | 23% |
| Q2/2018 | 10 | 61% | 13% | 27% |
| Q3/2018 | 3 | 73% | 17% | 10% |
| Q4/2018 | 4 | 72% | 18% | 9% |
| Q1/2019 | 3 | 72% | 17% | 11% |

VII. Enhancements or New Activities

A. Frequently Asked Questions

The KanCare Ombudsman Office has made available on the web pages and in a Fact Sheet, [frequently asked questions](#) regarding application assistance and other general KanCare concerns. See attachment at the end of this document for FAQs fact sheet.



VIII. Appendix A – Information by Managed Care Organization

A. Aetna-Issue Category

| ISSUE CATEGORY | Q1/19 |
|---------------------------------------|-------|
| Access to Providers (usually Medical) | 2 |
| Abuse / neglect complaints | 0 |
| Affordable Care Act Calls | 0 |
| Appeals/Fair Hearing questions/issues | 0 |
| Background Checks | 0 |
| Billing | 3 |
| Care Coordinator Issues | 10 |
| Change MCO | 4 |
| Choice Info on MCO | 2 |
| Client Obligation | 2 |
| Coding Issues | 1 |
| Consumer said Notice not received | 0 |
| Cultural Competency | 0 |
| Data Requests | 0 |
| Dental | 3 |
| Division of Assets | 0 |
| Durable Medical Equipment | 1 |
| Estate Recovery | 0 |
| Grievances Questions/Issues | 2 |
| Guardianship | 0 |
| HCBS Eligibility issues | 4 |
| HCBS General Issues | 7 |
| HCBS Reduction in hours of service | 0 |
| HCBS Waiting List | 1 |
| Health Homes | 0 |
| Help understanding mail | 0 |
| Housing Issues | 0 |
| Medicaid Application Assistance | 2 |
| Medicaid Coding | 0 |
| Medicaid Eligibility Issues | 5 |
| Medicaid Fraud | 0 |
| Medicaid General Issues/questions | 16 |
| Medicaid info (status) update | 4 |
| Medicaid Renewal | 1 |

| ISSUE CATEGORY (Aetna cont.) | Q1/19 |
|---|--------------|
| Medical Services | 3 |
| Medicare related Issues | 0 |
| Medicare Savings Plan Issues | 2 |
| Moving to / from Kansas | 0 |
| Nursing Facility Issues | 0 |
| Pain management issues | 0 |
| Pharmacy | 4 |
| Prior authorization issues | 1 |
| Questions for Conference Calls/Sessions | 0 |
| Respite | 0 |
| Social Security Issues | 1 |
| Spend Down Issues | 1 |
| Transportation | 4 |
| Working Healthy | 0 |
| X-Other | 14 |
| Z Thank you. | 26 |
| Z Unspecified | 1 |
| ISSUE CATEGORY TOTAL | 127 |

There may be multiple selections for a member/contact.

B. Aetna-Waiver Information

| PROGRAM TYPE | Q1/19 |
|---------------------------|--------------|
| PD | 3 |
| I/DD | 1 |
| FE | 2 |
| AUTISM | 0 |
| SED | 0 |
| TBI | 2 |
| TA | 2 |
| WH | 0 |
| MFP | 0 |
| PACE | 0 |
| MENTAL HEALTH | 0 |
| SUB USE DIS | 0 |
| NURSING FACILITY | 0 |
| PROGRAM TYPE TOTAL | 10 |

There may be multiple selections for a member/contact.

C. Sunflower-Issue Category

| ISSUE CATEGORY | Q1/18 | Q2/18 | Q3/18 | Q4/18 | Q1/19 |
|---------------------------------------|--------------|--------------|--------------|--------------|--------------|
| Access to Providers (usually Medical) | 3 | 1 | 4 | 5 | 4 |
| Abuse / neglect complaints | 2 | 0 | 0 | 1 | 0 |
| Affordable Care Act Calls | 0 | 0 | 1 | 0 | 0 |
| Appeals/Fair Hearing questions/issues | 0 | 4 | 5 | 0 | 1 |
| Background Checks | 1 | 0 | 0 | 0 | 0 |
| Billing | 8 | 6 | 6 | 2 | 4 |
| Care Coordinator Issues | 2 | 2 | 0 | 2 | 2 |
| Change MCO | 3 | 2 | 1 | 3 | 2 |
| Choice Info on MCO | 0 | 0 | 0 | 1 | 1 |
| Client Obligation | 5 | 3 | 4 | 1 | 1 |
| Coding Issues | 7 | 2 | 1 | 5 | 4 |
| Consumer said Notice not received | 1 | 2 | 3 | 4 | 0 |
| Cultural Competency | 0 | 0 | 0 | 0 | 0 |
| Data Requests | 0 | 0 | 0 | 0 | 0 |
| Dental | 3 | 1 | 0 | 4 | 0 |
| Division of Assets | 1 | 0 | 0 | 0 | 0 |
| Durable Medical Equipment | 1 | 1 | 0 | 2 | 0 |
| Estate Recovery | 0 | 0 | 0 | 0 | 0 |
| Grievances Questions/Issues | 2 | 5 | 5 | 4 | 0 |
| Guardianship | 0 | 1 | 1 | 1 | 0 |
| HCBS Eligibility issues | 8 | 5 | 8 | 3 | 5 |
| HCBS General Issues | 12 | 3 | 9 | 8 | 7 |
| HCBS Reduction in hours of service | 1 | 0 | 0 | 1 | 2 |
| HCBS Waiting List | 0 | 0 | 0 | 1 | 1 |
| Health Homes | 0 | 0 | 0 | 0 | 0 |
| Help understanding mail | 0 | 2 | 1 | 3 | 3 |
| Housing Issues | 1 | 0 | 0 | 2 | 0 |
| Medicaid Application Assistance | 2 | 2 | 0 | 1 | 1 |
| Medicaid Coding | 0 | 0 | 0 | 0 | 0 |
| Medicaid Eligibility Issues | 8 | 13 | 10 | 11 | 14 |
| Medicaid Fraud | 0 | 0 | 0 | 2 | 0 |
| Medicaid General Issues/questions | 7 | 9 | 13 | 17 | 18 |
| Medicaid info (status) update | 7 | 5 | 9 | 5 | 4 |
| Medicaid Renewal | 3 | 6 | 4 | 4 | 3 |
| Medical Services | 4 | 4 | 0 | 3 | 5 |
| Medicare related Issues | 0 | 3 | 3 | 2 | 1 |



| ISSUE CATEGORY (Sunflower cont.) | Q1/18 | Q2/18 | Q3/18 | Q4/18 | Q1/19 |
|---|--------------|--------------|--------------|--------------|--------------|
| Medicare Savings Plan Issues | 2 | 2 | 3 | 0 | 0 |
| Moving to / from Kansas | 1 | 0 | 0 | 0 | 1 |
| Nursing Facility Issues | 1 | 0 | 3 | 0 | 0 |
| Pain management issues | 0 | 0 | 0 | 0 | 1 |
| Pharmacy | 2 | 0 | 0 | 5 | 6 |
| Prior authorization issues | 0 | 1 | 0 | 2 | 2 |
| Questions for Conference Calls/Sessions | 0 | 0 | 0 | 0 | 0 |
| Respite | 0 | 0 | 0 | 0 | 0 |
| Social Security Issues | 1 | 0 | 0 | 1 | 0 |
| Spend Down Issues | 0 | 3 | 1 | 3 | 2 |
| Transportation | 2 | 1 | 1 | 2 | 2 |
| Working Healthy | 0 | 1 | 1 | 1 | 1 |
| X-Other | 8 | 9 | 8 | 15 | 10 |
| Z Thank you. | 49 | 27 | 49 | 41 | 33 |
| Z Unspecified | 0 | 2 | 0 | 5 | 3 |
| ISSUE CATEGORY TOTAL | 158 | 128 | 154 | 173 | 144 |

There may be multiple selections for a member/contact.

D. Sunflower-Waiver Information

| PROGRAM TYPE | Q1/18 | Q2/18 | Q3/18 | Q4/18 | Q1/19 |
|---------------------------|--------------|--------------|--------------|--------------|--------------|
| PD | 13 | 5 | 7 | 6 | 2 |
| I/DD | 5 | 3 | 4 | 3 | 4 |
| FE | 5 | 2 | 0 | 2 | 3 |
| AUTISM | 0 | 0 | 1 | 0 | 0 |
| SED | 0 | 0 | 1 | 1 | 0 |
| TBI | 1 | 0 | 3 | 3 | 4 |
| TA | 2 | 0 | 0 | 0 | 1 |
| WH | 1 | 1 | 1 | 0 | 1 |
| MFP | 1 | 0 | 0 | 0 | 0 |
| PACE | 0 | 0 | 0 | 0 | 0 |
| MENTAL HEALTH | 0 | 0 | 0 | 0 | 0 |
| SUB USE DIS | 0 | 0 | 0 | 0 | 0 |
| NURSING FACILITY | 4 | 1 | 3 | 0 | 0 |
| PROGRAM TYPE TOTAL | 32 | 12 | 20 | 15 | 15 |

There may be multiple selections for a member/contact.



E. UnitedHealthcare-Issue Category

| ISSUE CATEGORY | Q1/18 | Q2/18 | Q3/18 | Q4/18 | Q1/19 |
|---------------------------------------|--------------|--------------|--------------|--------------|--------------|
| Access to Providers (usually Medical) | 0 | 0 | 0 | 0 | 2 |
| Abuse / neglect complaints | 0 | 3 | 0 | 0 | 0 |
| Affordable Care Act Calls | 0 | 0 | 0 | 0 | 0 |
| Appeals/Fair Hearing questions/issues | 4 | 2 | 5 | 2 | 1 |
| Background Checks | 0 | 0 | 0 | 0 | 0 |
| Billing | 6 | 3 | 9 | 2 | 1 |
| Care Coordinator Issues | 4 | 4 | 3 | 4 | 5 |
| Change MCO | 2 | 1 | 0 | 3 | 2 |
| Choice Info on MCO | 0 | 1 | 0 | 1 | 0 |
| Client Obligation | 8 | 2 | 6 | 7 | 2 |
| Coding Issues | 2 | 0 | 1 | 3 | 2 |
| Consumer said Notice not received | 0 | 0 | 1 | 2 | 0 |
| Cultural Competency | 0 | 0 | 0 | 0 | 0 |
| Data Requests | 0 | 0 | 1 | 0 | 0 |
| Dental | 0 | 1 | 0 | 2 | 3 |
| Division of Assets | 1 | 0 | 0 | 0 | 0 |
| Durable Medical Equipment | 0 | 0 | 0 | 1 | 2 |
| Estate Recovery | 0 | 0 | 0 | 0 | 0 |
| Grievances Questions/Issues | 3 | 3 | 4 | 0 | 4 |
| Guardianship | 0 | 0 | 1 | 0 | 0 |
| HCBS Eligibility issues | 5 | 3 | 6 | 3 | 4 |
| HCBS General Issues | 4 | 5 | 15 | 10 | 12 |
| HCBS Reduction in hours of service | 0 | 0 | 1 | 0 | 3 |
| HCBS Waiting List | 0 | 1 | 1 | 1 | 2 |
| Health Homes | 0 | 0 | 0 | 0 | 0 |
| Help understanding mail | 0 | 3 | 6 | 3 | 0 |
| Housing Issues | 1 | 0 | 0 | 0 | 0 |
| Medicaid Application Assistance | 4 | 4 | 1 | 6 | 2 |
| Medicaid Coding | 0 | 0 | 0 | 0 | 0 |
| Medicaid Eligibility Issues | 11 | 14 | 10 | 9 | 11 |
| Medicaid Fraud | 0 | 0 | 0 | 1 | 0 |
| Medicaid General Issues/questions | 4 | 7 | 10 | 18 | 20 |
| Medicaid info (status) update | 4 | 9 | 4 | 2 | 9 |
| Medicaid Renewal | 7 | 6 | 3 | 3 | 2 |
| Medical Services | 2 | 7 | 6 | 3 | 2 |
| Medicare related Issues | 0 | 0 | 1 | 1 | 2 |



| | | | | | |
|---|------------|------------|------------|------------|------------|
| Medicare Savings Plan Issues | 4 | 1 | 1 | 1 | 0 |
| Moving to / from Kansas | 1 | 0 | 0 | 1 | 0 |
| Nursing Facility Issues | 0 | 3 | 3 | 3 | 2 |
| Pain management issues | 0 | 0 | 0 | 1 | 2 |
| Pharmacy | 4 | 1 | 0 | 3 | 2 |
| Prior authorization issues | 1 | 0 | 0 | 0 | 3 |
| Questions for Conference Calls/Sessions | 0 | 0 | 0 | 0 | 0 |
| Respite | 0 | 1 | 0 | 0 | 0 |
| Social Security Issues | 0 | 1 | 0 | 1 | 0 |
| Spend Down Issues | 3 | 7 | 6 | 4 | 4 |
| Transportation | 6 | 2 | 2 | 0 | 1 |
| Working Healthy | 0 | 0 | 1 | 1 | 0 |
| X-Other | 9 | 3 | 4 | 9 | 11 |
| Z Thank you. | 46 | 40 | 42 | 47 | 49 |
| Z Unspecified | 1 | 0 | 1 | 1 | 2 |
| ISSUE CATEGORY TOTAL | 147 | 138 | 155 | 159 | 169 |

There may be multiple selections for a member/contact.

F. UnitedHealthcare-Waiver Information

| PROGRAM TYPE | Q1/18 | Q2/18 | Q3/18 | Q4/18 | Q1/19 |
|---------------------------|-----------|-----------|-----------|-----------|-----------|
| PD | 7 | 5 | 3 | 9 | 10 |
| I/DD | 2 | 3 | 7 | 1 | 6 |
| FE | 4 | 2 | 4 | 3 | 4 |
| AUTISM | 0 | 0 | 0 | 0 | 1 |
| SED | 1 | 0 | 4 | 1 | 2 |
| TBI | 1 | 1 | 3 | 0 | 2 |
| TA | 0 | 1 | 0 | 2 | 0 |
| WH | 2 | 1 | 1 | 0 | 0 |
| MFP | 0 | 0 | 0 | 0 | 0 |
| PACE | 0 | 0 | 0 | 0 | 0 |
| MENTAL HEALTH | 0 | 0 | 0 | 2 | 0 |
| SUB USE DIS | 0 | 0 | 0 | 0 | 0 |
| NURSING FACILITY | 3 | 3 | 2 | 4 | 2 |
| PROGRAM TYPE TOTAL | 20 | 16 | 24 | 22 | 27 |

There may be multiple selections for a member/contact.

**1115 Waiver- Safety Net Care Pool Report
Demonstration Year 7 - Quarter 1**

Large Public Teaching Hospital/Border City Children's Hospital Pool
Paid date 3/28/2019

| Hospital Name | Program Name | Program ID | Amount | Payment Date | Liability Date | Warrant number | Provider Access Fund 2443 | Federal Medicaid Fund 3414 |
|---|---|------------|-----------|--------------|----------------|----------------|---------------------------|----------------------------|
| Children's Mercy Hospital | Large Public Teaching Border City Children Hosp | 04264 | 616,034 | 3/28/2019 | 3/31/2019 | 008020756 | 267,913 | 348,121 |
| University of Kansas Hospital Authority | Large Public Teaching Border City Children Hosp | 04264 | 1,848,103 | 3/28/2019 | 3/31/2019 | 008020983 | 803,740 | 1,044,363 |
| Total | | | 2,464,137 | | | | 1,071,653 | 1,392,484 |

1115 Waiver- Safety Net Care Pool ReportDemonstration Year 7 - Quarter 1
Health Care Access Improvement Pool
Paid date 3/8/2019

| Provider Name | Program Name | Program ID | Amount | Payment Date | Liability Date | Warrant number | Provider Access Fund 2443 | Federal Medicaid Fund 3414 |
|---------------------------------|-------------------------------------|------------|--------|--------------|----------------|----------------|---------------------------|----------------------------|
| Sumner Regional Medical Center* | Health Care Access Improvement Pool | 03264 | 23,932 | 3/8/2019 | 9/30/2018 | 008003848 | 10,743 | 13,189 |
| Sumner Regional Medical Center* | Health Care Access Improvement Pool | 03264 | 23,932 | 3/8/2019 | 12/31/2018 | 008003848 | 10,743 | 13,189 |
| Total | | | 47,864 | | | | 21,486 | 27,048 |

* Paid DY6 Q3 & Q4

**KDHE Summary of Claims Adjudication Statistics –
January through March 2019 – KanCare MCOs**

| Aetna Service Type | Total claim count - YTD cumulative | total claim count \$ value YTD cumulative | # claims denied – YTD cumulative | \$ value of claims denied YTD cumulative | % claims denied – YTD cumulative |
|--|---|--|---|---|---|
| Hospital Inpatient | 4,685 | \$182,439,285.87 | 562 | \$24,208,063.14 | 12.00% |
| Hospital Outpatient | 58,982 | \$174,587,410.81 | 5,909 | \$18,721,861.84 | 10.02% |
| Pharmacy | 659,655 | \$46,362,219.77 | 162,675 | \$0.00 | 24.66% |
| Dental | 34,116 | \$10,681,768.58 | 2,463 | \$865,310.12 | 7.22% |
| Vision | 15,387 | \$3,896,342.21 | 1,100 | \$369,637.40 | 7.15% |
| NEMT | 30,317 | \$1,432,487.20 | 267 | \$18,599.40 | 0.88% |
| Medical (physical health not otherwise specified) | 494,849 | \$163,212,759.07 | 42,028 | \$14,886,491.84 | 8.49% |
| Nursing Facilities-Total | 14,281 | \$40,520,516.63 | 597 | \$1,957,622.32 | 4.18% |
| HCBS | 82,823 | \$36,968,298.40 | 2,144 | \$795,883.67 | 2.59% |
| Behavioral Health | 66,750 | \$22,557,476.77 | 3,008 | \$1,129,243.76 | 4.51% |
| Total All Services | 1,461,845 | \$682,658,565.31 | 220,753 | \$62,952,713.49 | 15.10% |

| SUNFLOWER Service Type | Total claim count - YTD cumulative | total claim count \$ value YTD cumulative | # claims denied – YTD cumulative | \$ value of claims denied YTD cumulative | % claims denied – YTD cumulative |
|--|---|--|---|---|---|
| Hospital Inpatient | 10,026 | \$490,591,673 | 2,488 | \$143,990,048 | 24.82% |
| Hospital Outpatient | 88,112 | \$249,931,116 | 9,132 | \$33,163,537 | 10.36% |
| Pharmacy | 628,425 | \$83,561,218 | 235,053 | \$47,372,061 | 37.40% |
| Dental | 44,493 | \$12,393,546.27 | 4,302 | \$682,805.24 | 9.67% |
| Vision | 30,123 | \$6,592,542.14 | 4,034 | \$1,079,785.27 | 13.39% |
| NEMT | 40,987 | \$1,187,184.72 | 181 | \$5,932.08 | 0.44% |
| Medical (physical health not otherwise specified) | 436,109 | \$265,046,127 | 56,366 | \$47,203,285 | 12.92% |
| Nursing Facilities-Total | 32,620 | \$82,945,597 | 1,940 | \$9,360,750 | 5.95% |
| HCBS | 161,699 | \$86,503,539 | 12,432 | \$4,461,363 | 7.69% |
| Behavioral Health | 180,958 | \$30,636,590 | 19,321 | \$3,557,744 | 10.68% |
| Total All Services | 1,653,552 | \$1,309,389,133 | 345,249 | \$290,877,311 | 20.88% |

| UNITED Service Type | Total claim count - YTD cumulative | total claim count \$ value YTD cumulative | # claims denied – YTD cumulative | \$ value of claims denied YTD cumulative | % claims denied – YTD cumulative |
|--|---|--|---|---|---|
| Hospital Inpatient | 7,676 | \$356,549,303.51 | 1,542 | \$100,601,060.96 | 20.09% |
| Hospital Outpatient | 85,314 | \$253,719,945.99 | 15,309 | \$48,599,354.53 | 17.94% |
| Pharmacy | 490,225 | \$67,127,774.53 | 115,712 | \$32,617,567.98 | 23.60% |
| Dental | 39,448 | \$12,884,856.78 | 4,608 | \$1,726,872.63 | 11.68% |
| Vision | 20,456 | \$4,804,177.19 | 2,746 | \$609,582.53 | 13.42% |
| NEMT | 46,546 | \$1,276,965.76 | 490 | \$7,366.88 | 1.05% |
| Medical (physical health not otherwise specified) | 426,625 | \$272,218,786.93 | 91,066 | \$105,182,980.83 | 21.35% |
| Nursing Facilities-Total | 26,074 | \$76,149,589.95 | 2,994 | \$10,131,261.71 | 11.48% |
| HCBS | 112,978 | \$52,926,297.71 | 5,822 | \$2,424,781.18 | 5.15% |
| Behavioral Health | 177,496 | \$42,458,733.61 | 13,892 | \$5,271,453.53 | 7.83% |
| Total All Services | 1,432,838 | \$1,140,116,431.96 | 254,181 | \$307,172,282.76 | 17.74% |