

Quarterly Report to CMS
Regarding Operation of 1115
Waiver Demonstration
Program – Quarter Ending
6.30.19



**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: 3/2019 (4/19-6/19)*

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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, as of June 30, 2019.

Demonstration Population	Enrollees at Close of Qtr. (6/30/2019)	Total Unduplicated Enrollees in Quarter	Disenrolled in Quarter
Population 1: ABD/SD Dual	14,446	15,446	1,000
Population 2: ABD/SD Non-Dual	29,521	30,082	561
Population 3: Adults	44,684	48,451	3,767
Population 4: Children	210,301	222,336	12,035
Population 5: DD Waiver	8,974	9,064	90
Population 6: LTC	19,485	20,694	1,209
Population 7: MN Dual	1,162	1,289	127
Population 8: MN Non-Dual	911	986	75
Population 9: Waiver	4,369	4,554	185
Population 10: UC Pool	N/A	N/A	N/A
Population 11: DSRIP Pool	N/A	N/A	N/A
Total	333,853	352,902	19,049

III. Outreach/Innovation

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

The KanCare Advisory Council consists of 13 members: 3 legislators representing the House and Senate, 1 representing mental health providers, 1 representing CDDOs, 2 representing physicians and hospitals, 3 representing KanCare members, 1 representing the developmental disabilities community, 1 former Kansas Senator, 1 representing pharmacists. The second quarter KanCare Advisory Council meeting took place on May 6, 2019 at the CSOB Room 530. The agenda was as follows:

- Welcome
- Review and Approval of Minutes from Council Meeting, February 27, 2019
- Old Business
 - Amerigroup failing to comply with KanCare contractual obligations regarding pediatric reimbursement rates – Dr. Rebecca Reddy
 - Update on the transition into KanCare by Aetna, particularly as it relates to provider support and contracts/Provider network – Senator Allen Schmidt/Jamie Price
 - Update on the I/DD waiting list numbers, new offers, and the 5-year proposal to eliminate the waiting list – Senator Allen Schmidt

- Update on the TA waiver staffing issues – Ed Nicholas
- Confirmation status of new Advisory Council members – Dr. Rebecca Reddy, Jay Rowh and James Bart
- New Business
 - 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 – Amy Penrod, Commissioner, Community Services and Programs Commission, 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
- Next Meeting of KanCare Advisory Council – August 5, 2019, Curtis State Office Building, 3:00 – 4:30p.m.
- Adjourn

The Tribal Technical Assistance Group did not meet during Quarter 2. The next scheduled meeting for TTAG is August 6, 2019.

During the second quarter of 2019, OEW staff participated in 76 community events providing KanCare program outreach, education and information for the following agencies/events: Local Health Departments/WIC clinics, Latino and Asian Wellness groups, School events/Health Fairs, Prairie Band Potawatomie, Kickapoo, Sax and Fox Tribal Health centers, Haskell Indian College, Forth Riley Health Fair, Community Health Fairs, Community Baby Showers, Johnson County CDDO meeting, Big Lakes CDDO presentation, Konza Patient Liaison meeting, Baby Jubilee, Wichita Medical Mission, Early Childhood, CRC meeting, Riley County Perinatal Coalition, Family Fun Day Geary County, Parents as Teachers.

During the second 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 3300 consumers. OEW also assisted in resolving 1,577 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 1,888 consumer phone calls.

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

- PACE Program (quarterly)
- HCBS Provider Forum teleconferences (monthly)
- Long-term Care Roundtable with Department of Children & Families (quarterly)
- Presentations, attendance, and information is available as requested by small groups, consumers, stakeholders, providers and associations across Kansas
- Community Mental Health Centers meetings to address billing and other concerns (monthly and quarterly)

- Series of workgroup meetings and committee meetings with the Managed Care Organizations and Community Mental Health Centers
- Regular meetings with the Kansas Hospital Association KanCare implementation technical assistance group
- Series of meetings with behavioral health institutions, private psychiatric hospitals, and Psychiatric Treatment Residential Facilities (PRTFs) to address care coordination and improved integration
- State Mental Health Hospital mental health reform meetings (quarterly)
- Medicaid Functional Eligibility Instrument (FE, PD & TBI) Advisory Workgroup
- IDD Functional Eligibility Instrument Advisory Workgroup
- Systems Collaboration with Aging & Disability, Behavioral Health and Foster Care Agencies
- PRTF Stakeholder meeting (quarterly)
- Mental Health Coalition meeting (bi-weekly)
- Kansas Association of Addiction Professionals (monthly)
- Crisis Response & Triage meetings with stakeholders including MCOs to improve timely, effective crisis services for members and improved care coordination post crises (bi-weekly)
- Lunch and Learn biweekly series on a variety of behavioral health topics including prevention and the prevention framework initiative; SUD 101; trauma informed systems of care; recovery and peer support; housing and homeless initiatives; community crisis center development
- Bi-monthly Governor’s Behavioral Health Services Planning Council meetings; and monthly meetings with the nine subcommittees such as Suicide Prevention, Justice Involved Youth and Adult, and Rural and Frontier
- Mental Health Excellence and grant project meetings
- Monthly Nursing Facility Stakeholder Meetings
- KDADS-CDDO-Stakeholder Meetings (quarterly)
- KDADS-CDDO Eligibility workgroup 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 second 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 June in Wichita, Hays, Dodge City and Olathe. These meetings provided information for providers on ABHKS benefits and how to best work with us for billing services. The meetings attracted over 100 individuals in person. ABHKS Provider Experience staff also attended several state conferences targeted at provider organizations throughout Kansas during the quarter. Through these efforts we touched over 2,500 individuals from provider offices around the State. ABHKS also attended several health fair events within the communities of Kansas where members and potential members were invited to attend. During the second quarter, ABHKS representatives visited with over 10,700 individuals at these events to educate them on ABHKS and KanCare. Examples of the events included the Teddy Bear Clinic in Emporia; the Prairie Band Pottawatomie Health Fair in Mayetta; the Logan Elementary Health Fair in Topeka; the New Bethel Church 5K and Health Fair in Kansas City; and Community Baby Showers in Chanute, Salina and Pittsburg as well as several lobby sits at health clinics around the State

Outreach Activities: In the second 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 15 educational sessions providing ABHKS benefit information to community based organizations and provider offices in the State. Direct outreach visits to provider offices and community based organizations were conducted as well. ABHKS Community Development staff visited with individuals from over 1,000 provider offices and visited with over 1,520 individuals associated with community based organizations in Kansas. Examples of the community based organizations included the Finney County Health Coalition, the New Covenant Church in Wichita, the Labette County Healthy Community Coalition, the Interagency Coalition Council of Pittsburg, Auburn Washburn USD 437 in Topeka and many others. 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 1,030 individuals in the second 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.

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 second quarter of 2019, ABHKS Member Advocates assisted 11 members referred from the Ombudsman.

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

Marketing Activities: During 2nd Quarter 2019, Sunflower Health Plan sponsored 93 local and statewide member and provider events as well as fundraisers for charitable organizations such as the American Heart Association (AHA) and American Diabetes Association (ADA). Sunflower's direct mail marketing

material for the second quarter included member postcards and customized letters addressing preventive health care gaps for important screenings and immunizations. Notable stakeholder programs and events for marketing during Q2, 2019:

- 6th Annual Safe Kids Day at the Zoo, Topeka
- KMGMA (KS Medical Group Management Association) Spring Conference
- KS Healthcare Collaborative Annual Summit on Quality
- National Alliance on Mental Illness (NAMI) Walk
- Kansas Community Health Work Symposium
- Kansas Governor's Public Health Conference
- Safe Sleep Community Baby Showers
- American Heart Association, Heart Walk

Outreach Activities: Sunflower Health Plan's outreach activities for the 2nd Quarter, 2019, centered on home visits, farmers markets and vaccination clinics. The health plan also ramped up member outreach around Social Determinants of Health. Sunflower's work with individuals and community agencies to address the social determinants of health in Kansas communities is expanding. Examples of member outreach activities this quarter:

- Held four Farmers Market member programs during June
- Held four Sunflower member baby showers and participated in other community baby showers to promote prenatal care
- Held Sunflower Health Plan's quarterly Member and Community Advisory Committee meeting on June 26 in Topeka. The three main topics on the agenda were Member Open Forum Survey results, the new My Health Pays reward program and Social Determinants of Health.
- Participated in 11 community health events serving all populations, including the Kickapoo Nation Health Center's 19th annual health fair.
- Invited members to Clinic Day with Vibrant Health Clinic in Kansas City, KS, to help close care gaps.
- Sunflower volunteered at the Wyandotte County BCS Mammogram event to close care gaps.

Advocacy Activities: Sunflower Health Plan's advocacy efforts for Q2 2019 centered on supports for people with disabilities, oral health for the maternal & child health population and work to help all populations improve individual health literacy. The health plan's farmer's market voucher program also kicked off this quarter. Sunflower participated in the following advocacy activities during Q2, 2019:

- Employment First Summit, El Dorado
- Provider & Parent University, Kansas City
- Community Action Head Start Parent Dinner, Topeka, KS
- Health Mental Health KC Conference, Overland Park, KS
- Autism Society 5K run, Kansas City, MO
- Family Employment Awareness Training (FEAT) Panel, Overland Park, KS
- Self-Advocates Coalition of Kansas (SACK) Conference, Topeka, KS

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 2019 KanCare benefits and general health education. Plan staff completed new member welcome calls and Health Risk Assessments. In Q2, UHC started new incentive program to offer \$10 debit cards to new UHC Members to complete Health Risk Assessment. 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, El Centro, Public Schools, Housing Authorities, Youth Rec Centers, YMCA, and Salvation Army as well as medical and behavioral health 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 136 member facing activities, which included 61 lobby sits at provider offices as well as 50 events/health fairs or other educational opportunities for both consumers and providers. In Q 2, UnitedHealthcare organized, participated in and supported 12 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. UHC presented a Mental Health First Aid Class for youth and their families who speak only Spanish in Spanish. 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 second 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 second quarter of 2019.

Finally, UHC hosted the Q2 Member Advisory Meeting in Olathe. 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 just listening and learning from members their pain points with health care and UHC and answering questions about services.

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

- Approximately 7,445 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.
- Approximately 1,902 individuals from community based organizations located throughout Kansas. These organizations work directly with UHC members in various capacities.
- More than 978 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 second quarter:

- 16th Judicial District Community Correction
- 25th Judicial Youth Services
- Angels Care
- Barton Co. Housing Authority
- Barton Co. Youth Homes
- Be Well Barton County
- Big Brothers Big Sisters
- Breakthrough Club
- Caregivers Count Support
- CASA
- Catholic Charities
- Catholic Social Services
- Center for Life Experiences
- Central Kansas Partnership
- Cerebral Palsy Foundation
- Childcare Aware of KS
- Circle of Hope
- Community Health Council of Wyandotte
- Community Housing of Wyandotte
- Compass Behavioral Center
- Consulate of Mexico
- Colleges
- Cradle Collective Meeting
- Church's
- Police Departments
- Dominican Sisters Ministry
- Down Syndrome Society
- Dream Center
- DSNWK
- ECKAN Networking event
- El Centro
- Emporia SOS Shelter
- Family Crisis Center

- Farmworkers program
- First Call for Help
- Food Banks
- Futures Unlimited
- Giving the Basics
- Good Samaritan Society
- Harvest America
- Head Start
- Healthy Families
- Health Departments
- Heartland RADAC
- His Helping Hands
- Insight Women's Center
- Kansas Assisters Network
- Kansas Children Service League
- Kansas Guardianship Program
- Kansas Health Institute
- KIDS Safe Sleep
- Labette County Mental Health
- LAMP Interpreters
- LINK
- LiveWell Douglas County
- Mary Elizabeth Maternity Home
- Maternal & Child Health Riley County
- Midland Group
- Norton Co. Health Dept.
- Norton Co. Senior Citizen Center
- Options
- Parents as Teachers
- Prairie Godmothers
- Raising Riley
- Regional Prevention Center
- RSVP
- Russell Child Development
- Russell Co. Housing Authority
- Salvation Army
- Sedgwick County CAT
- Seward County Recreation Center
- Smoky Hills Foundation
- St. Francis Ministries
- Starkey
- Sunflower Diversified
- The Family Conservancy
- United Way
- Schools

- WIC
- Women For Kansas
- YMCA

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.

KanCare MCO Amendments continuing in a pending CMS approval status:

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 continuing in a pending CMS approval status:

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	

Two State Plans are Pending CMS Approval:

SPA Number	Subject	Submitted Date	Effective Date	Approval Date
19-0008	Large Public Teaching Hospitals Reimbursement Rates	6/18/2019	5/17/2019	
19-0009	CHIP Only – State Employees Exempt from the 90-day waiting period	6/27/2019	7/01/2018	

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

SPA Number	Subject	Submitted Date	Effective Date	Approval Date
19-0003	RAC	3/04/2019	1/01/2019	4/17/2019
19-0004	DME 65% Non-Rural Medicare Fee Schedule	3/06/2019	2/15/2019	4/26/2019

19-0006	Coverage of Eyeglasses on a yearly basis for adults - ABP	3/20/2019	02/15/2019	4/26/2019
19-0007	CHIP Managed Care & Dental Services	5/22/2019	7/01/2018	6/18/2019

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-June 2019, follows:

MCO	Value Added Service Jan- Jun 2019	Units YTD	Value YTD
Aetna	Adult Dental	870	\$148,448
	Transportation Services	278	\$29,371
	Weight Management	82	\$10,906
	Total of All Aetna VAS	279.00	\$17,681
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 second quarter of calendar year 2019 there were 5 Native Americans who chose to not enroll in KanCare and who are still eligible for KanCare.

The table below represents the enrollment reason categories for the second quarter of calendar year 2019. All KanCare eligible members were defaulted to a managed care plan.

Enrollment Reason Categories	Total
Newborn Assignment	4
KDHE - Administrative Change	102
WEB - Change Assignment	36
KanCare Default - Case Continuity	105
KanCare Default – Morbidity	223
KanCare Default - 90 Day Retro-reattach	228
KanCare Default - Previous Assignment	516
KanCare Default - Continuity of Plan	679
AOE – Choice	614
Choice - Enrollment in KanCare MCO via Medicaid Application	1541
Change - Enrollment Form	268
Change - Choice	370
Change - Access to Care – Good Cause Reason	22
Change - Case Continuity – Good Cause Reason	

Change – Due to Treatment not Available in Network – Good Cause	
Assignment Adjustment Due to Eligibility	11
Total	4719

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

**MCOs' Member Adverse Initial Notice Timeliness Compliance
CY19 2nd quarter report**

MCO	ABH	SUN	UHC
% of Notices of Adverse Service Authorization Decisions Sent Within Compliance Standards	97%	97%	100%
% of Notices of Adverse Expedited Service Authorization Decisions Sent Within Compliance Standards	100%	35%	96%
% of Notices of Adverse Termination, Suspension or Reduction Decisions Sent Within Compliance Standards (10 calendar days only)	Did not report	100%	100%

**MCOs' Provider Adverse Initial Notice Compliance
CY19 2nd quarter report**

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

**MCOs' Grievance Database
CY19 2nd 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)	1	9	17	28	8	26	89
QOC – Pain Medication		1	3	9		2	15
Customer Service	3	6	8	13	6	6	42
Member Rights Dignity		2		1	1	1	5
Access to Service or Care	2	7	10	20	3	6	48
Non-Covered Services		2	1	3			6
Pharmacy		10	3	5	2	9	29
QOC HCBS Provider			18		6		24
Billing/Financial Issues (non-Transportation)		7	4	11	8	50	80
Transportation – Billing and Reimbursement		6		3	1	4	14

Transportation - No Show		10	5	9	2	5	31
Transportation - Late		4	17	17	11	13	62
Transportation - Safety		1	5	6	4	8	24
No Driver Available				1			1
Transportation - Other	1	24	17	23	18	24	107
Other		4	5	3		1	13
MCO Determined Not Applicable		1	2	5	1	11	20
TOTAL	7	94	115	157	71	166	610

**MCOs' Member Grievance Timeliness Compliance
CY19 2nd quarter report**

MCO	ABH	SUN	UHC
% of Member Grievance Resolved Within 30 Calendar Days	89%	100%	100%
% of Member Grievance Resolution Notices Sent Within Compliance Standards (within 3 calendar days and within 4-6 calendar days)	89%/94%	100%	100%

**MCOs' Provider Grievance Database
CY19 2nd quarter report**

MCO	ABH	SUN	UHC	Total
Billing/Payment		10	1	11
Credentialing – MCO		2		2
UM		4		4
CM		1		1
Benefits/Eligibility		1		1
Pharmacy		3		3
Transportation		15	1	16
Other – Dissatisfaction with MCO Associate			1	1
Other (Must provide description in narrative column of Summary Reports)		3	14	17
TOTAL	0	39	17	56

**MCOs' Provider Grievance Timeliness Compliance
CY19 2nd quarter report**

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

MCOs' Appeals Database
Members – CY19 2nd 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	10 46 39	3 1	7 25 7	3 18 27	4
MA – CNM - Inpatient Admissions (Non-Behavioral Health)	9 3 32	22	3 1 3	5 2 7	1
MA – CNM - Medical Procedure (NOS)	24 18 8	1 1	9 9 3	14 9 4	
MA – CNM - Radiology	22 30		13 6	9 24	
MA – CNM - Pharmacy	54 85 160	6 6 3	16 61 108	31 18 39	1 10
MA – CNM - PT/OT/ST	1		1		
MA – CNM - Dental	11 6 8	1 1	2 1	9 4 7	
MA – CNM - Home Health	4 1	1	3 1		
MA – CNM - Out of network provider, specialist or specific provider request	1 6		3	1 3	
MA – CNM - Inpatient Behavioral Health	3 7 5		2 1 1	1 6 4	
MA – CNM - Behavioral Health Outpatient Services and Testing	1 1 3		1 1	2	1
MA – CNM - LTSS/HCBS	7 8		1 2	6 4	2
MA – CNM - Mental Health	1 2			1 1	1
MA – CNM - HCBS (change in attendant hours)	1			1	
MA – CNM - Other	14 1		5	9 1	
NONCOVERED SERVICE					
MA – NCS - Dental	4		1	3	
MA – NCS - Pharmacy	1 2		1	1 1	
MA – NCS - Durable Medical Equipment	4		2	2	
MA – NCS – Other	1 15		9	1 6	

MA – LCK - Lock In	2			2	
AUTHORIZATION DENIAL					
MA – AUTH - Late submission by member/provider rep.	2		1	1	
ADMINISTRATIVE DENIALS					
MA – ADMIN – Denials of Authorization (Unauthorized by Members)	9			9	
TOTAL					
ABH - Red	141	8	55	75	3
SUN – Green	254	10	125	119	
UHC - Purple	277	28	130	102	17

MCOs' Appeals Database
Member Appeal Summary – CY19 2nd 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	141 254 277	8 10 28	55 125 130	75 119 102	3 17
Percentage Per Category		6% 4% 10%	39% 49% 47%	53% 47% 37%	2% 6%

MCOs' Member Appeal Timeliness Compliance
CY19 2nd quarter report

MCO	ABH	SUN	UHC
% of Member Appeals Resolved in 30 Calendar Days	97%	100%	100%
% of Member Appeal Resolution Notices Sent Within Compliance Standards	94%	98%	100%
% of Expedited Appeals Resolved in 72 hours	100%	100%	92%
% of Expedited Member Appeal Resolution Notices Sent Within Compliance Standards	100%	100%	99%

MCOs' Reconsideration Database
Providers - CY19 2nd quarter report (reconsiderations resolved)

PROVIDER Reconsideration 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 DENIALS					
PR – CPD - Hospital Inpatient (Non-Behavioral Health)	10 1619 876		9 740 244	1 859 632	20
PR – CPD - Hospital Outpatient (Non-Behavioral Health)	4 1181 5012		3 585 2233	1 569 2779	27
PR – CPD - Dental	3 35		3 30	5	
PR – CPD - Vision	73		36	37	

PR – CPD - Ambulance (Include Air and Ground)	3 30 156		3 15 85	13 71	2
PR – CPD - Medical Professional (Physical Health not Otherwise Specified)	9 1193 13330		6 592 7257	3 511 6073	90
PR – CPD - Nursing Facilities - Total	55		12	43	
PR – CPD - HCBS	107		15	90	2
PR – CPD - Hospice	71 288		25 135	44 153	2
PR – CPD - Home Health	1 1			1 1	
PR – CPD - Behavioral Health Outpatient and Physician	24 1149		1 810	2 339	21
PR – CPD - Behavioral Health Inpatient	21 45		11	34	21
PR – CPD - Out of network provider, specialist or specific provider	967 13291		6 10024	930 3267	31
PR – CPD - Radiology	2 342 1454		194 643	103 811	45
PR – CPD - Laboratory	955 4350		367 2096	524 2254	64
PR – CPD - PT/OT/ST	1233 24		1100 10	133 14	
PR – CPD - Durable Medical Equipment	450		272	168	10
PR – CPD - Other	2 31 1085		2 1 415	670	30
Total Claim Payment Disputes	33 8588 41061		26 4191 23963	7 4032 17098	365
BILLING AND FINANCIAL ISSUES					
PR – BFI - Recoupment	11		6	5	
ADMINISTRATIVE DENIAL					
PR – ADMIN - Denials of Authorization (Unauthorized by Members)	7 1387		4 835	3 552	
TOTAL					
ABH - Red	51		36	15	
SUN – Green	8588		4191	4032	365
UHC - Purple	42448		24798	17650	

MCOs' Provider Reconsiderations Database
Provider Reconsideration – Denied Claim Analysis – CY19 2nd 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	6 2780 12679	10 281 4490	30 2395	20 1100 4399	36 4191 23963
MCO Upheld Decision on Reconsideration	7324	2 4 3413	12 3059 1655	3 969 4706	17 4032 17098
Total Claim Payment Disputes	6 2780 20003	12 285 7903	12 3089 4050	23 2069 9105	53 8223 41061

**MCOs' Provider Reconsiderations Timeliness Compliance
CY19 2nd quarter report**

MCO	ABH	SUN	UHC
% of Provider Reconsideration Resolution Notices Sent Within Compliance Standards (within 3 calendar days and within 4-6 calendar days)	67%/97%	100%	100%

**MCOs' Appeals Database
Providers - CY19 2nd 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)	2 130 207	2	1 67 20	1 61 125	62
PA – CPD - Hospital Outpatient (Non-Behavioral Health)	4 336 100	5	2 165 15	2 145 37	21 48
PA – CPD - Pharmacy	1			1	
PA – CPD - Dental	4 23 26		2 9 9	2 14 17	
PA – CPD - Vision	1 24 3		14 3	1 8	2
PA – CPD - Ambulance (Include Air and Ground)	1 4 4		1 3	1 3	1
PA – CPD - Medical Professional (Physical Health not Otherwise Specified)	2 221 158		2 91 28	121 72	9 58
PA – CPD - Nursing Facilities - Total	2 11	1	1 1	5	5
PA – CPD - Hospice	20	1	11	8	
PA – CPD - Home Health	1 56 39	3 1	1 29 11	23 19	1 8
PA – CPD - Behavioral Health Outpatient and Physician	1 49		1 18	31	

	63		18	17	28
PA – CPD - Behavioral Health Inpatient	1 11 3		1 6	5 2	1
PA – CPD - Out of network provider, specialist or specific provider	126	4	15	105	2
PA – CPD - Radiology	1 49 1	3	29	1 16 1	1
PA – CPD - Laboratory	54 24	2	18 1	34 9	14
PA – CPD - PT/OT/ST	11 2		1 1	10 1	
PA – CPD - Durable Medical Equipment	2 49	2	1 31	1 14	2
PA – CPD - Other	6		2	3	1
Total Claim Payment Disputes	20 1165 648	23 1	12 508 109	8 596 312	38 226
BILLING AND FINANCIAL ISSUES					
PA – BFI - Recoupment	4 83	3	4 73	5	2
ADMINISTRATIVE DENIAL					
PA – ADMIN - Denials of Authorization (Unauthorized by Members)	46		13	33	
TOTAL					
ABH - Red	24		16	8	
SUN – Green	1294	26	594	634	40
UHC - Purple	648	1	109	312	226

MCOs' Appeals Database
Provider Appeal Summary – CY19 2nd 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	51 8588 42448		36 4191 24798	15 4032 17650	365
Resolved at Appeal Level	24 1294 648	26 1	16 594 109	8 634 312	40 226
TOTAL	75 9882 43096	26 1	52 4785 24907	23 4666 17962	405 226
Percentage Per Category		>1% >1%	69% 48% 58%	61% 47% 42%	4% >1%

MCOs' Appeals Database
Provider Appeal – Denied Claim Analysis – CY19 2nd 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	5	4	6	1	16
Decision on Appeal	5	15 104	456	37	508 109
MCO Upheld Decision on Appeal	2	1 8	540 312	5 48	8 596 312
Total Claim Denials	7	5 23 104	6 996 312	6 85	24 1104 421

MCO's Provider Appeal Timeliness Compliance
CY19 2nd quarter report

MCO	ABH	SUN	UHC
% of Provider Appeals Resolved in 30 Calendar Days	88%	88%	99%
% of Provider Appeal Resolution Notices Sent Within Compliance Standard (within 3 calendar days and within 4-6 calendar days)	96%/100%	100%	100%

State of Kansas Office of Administrative Fair Hearings
Members – CY19 2nd 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
MEDICAL NECESSITY/LEVEL OF CARE – Criteria Not Met															
MH – CNM - Durable Medical Equipment	1 2	1			1			1							
MH – CNM - Inpatient Admissions (Non-Behavioral Health)	1			1											
MH – CNM - Medical Procedure (NOS)	2							2							
MH – CNM - Pharmacy	3 2 8	2		1				1 7			1				

MH – CNM - Dental	1	1														
MH – CNM - Hospice																
MH – CNM - Out of network provider, specialist or specific provider request	1							1								
MH – CNM - Inpatient Behavioral Health	1												1			
MH – LOC – LTSS/HCBS	1	1														
TOTAL																
ABH - Red	3	2		1												
SUN – Green	7	1			1			1			4					
UHC - Purple	13	2	1	1				8						1		

**State of Kansas Office of Administrative Fair Hearings
Providers – CY19 2nd 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															
PH - CPD - Hospital Inpatient (Non-Behavioral Health)	7 18	1 12			6 1	2		1	1	1					
PH - CPD - Hospital Outpatient (Non-Behavioral Health)	1 2				1			2							
PH - CPD - Pharmacy	1 1	1						1							
PH - CPD - Vision															
PH - CPD - Medical (Physical Health not Otherwise Specified)	2 1					1		1 1							
PH - CPD - Home Health	5				5										

	1							1						
PH - CPD - Behavioral Health Outpatient and Physician	2	1			1									
PH - CPD - Laboratory	1							1						
PH - CPD - HCBS	1	1												
PH - CPD - PT/OT/ST	1							1						
PH - CPD - Durable Medical Equipment	2	2												
PH - CPD - Nursing Facility	1				1									
PH - CPD - Other	1							1						
BILLING AND FINANCIAL ISSUES														
PH - BFI - Recoupment	1							1						
RESOLVED WITHOUT SUBSTANTIVE CHANGES TO ORIGINAL CLAIM	13				13									
TOTAL														
ABH - Red														
SUN – Green	22	5			13	1	1	2						
UHC - Purple	27	13			2	2	1	7	1	1				

e. *Quality of care:* Please see Section IX “Quality Assurance/Monitoring Activity” below. HCBS Quality Reports for October-December 2018 are attached to this report.

f. *Changes in provider qualifications/standards:* None.

g. *Access:* As noted in previous reports, members who are not in their open enrollment period are unable to change plans without a good cause reason pursuant to 42 CFR 438.56 or the KanCare STCs. 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 continued through April 3, 2019. Most requests were about provider choice, which is not an acceptable reason to switch plans outside of open enrollment.

If a GCR is denied by KDHE, the member is given appeal/fair hearing rights. 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	Apr	May	June
Total GCRs filed	39	23	39
Approved	12	10	7
Denied	19	12	17
Withdrawn (resolved, no need to change)	6	1	9
Dismissed (due to inability to contact the member)	2	0	6
Pending	0	0	0

Providers are constantly added to the MCOs' networks, with much of the effort focused upon HCBS service providers. The counts below represent the unique number of NPIs—or, where NPI is not available—provider name and service locations (based on the KanCare county designation identified in the KanCare Code Guide). This results in counts for the following:

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

KanCare MCO	# of Unique Providers as of 9/30/18	# of Unique Providers as of 12/31/18	# of Unique Providers as of 3/31/19	# of Unique Providers as of 6/30/19
Aetna	n/a	n/a	17,724	21,603
Sunflower	30,886	31,998	35,139	35,188
UHC	38,196	39,799	41,701	46,285

- 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 April 29, 2019. They heard presentations from individuals, providers, and organizations related to KanCare. KDHE presented testimony on the KanCare program in general, the 1115 demonstration, Medicaid eligibility (including the Clearinghouse contract), and the plan to move the eligibility work for elderly and disabled populations back to state staff. KDADS presented information on the state hospitals, the HCBS waiting lists, and nursing facility receivership legislation. The Committee also heard from the KanCare Ombudsman and the Medicaid Inspector General. Each MCO also provided information about their operations.

Actions by the 2019 Kansas Legislature that impact the KanCare Program include:

- The providers of Medicaid Home and Community Based Services (HCBS) waiver services received a 1.5% increase in reimbursement rates. This includes \$10 million all funds and \$4.2 million State General Funds (SGF)
- The Protected Income Level (PIL) for Medicaid Home and Community Based Services (HCBS) waiver recipients and individuals in the Program for All Inclusive Care (PACE) was increased to \$1,177 (approximately 150% of SSI)
- The Home and Community Based Services waitlist for Medicaid HCBS IDD and Medicaid PD received additional funding: IDD - \$5.0 million all funds and \$2.08 million SGF; PD - \$1.0 million all funds and \$416,600 SGF

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

This section has been updated to reflect member months reporting for each month by DY.

DY MEG	Member Months			
	Apr-19	May-19	Jun-19	TOTAL QE 6 30 2019
DY1 CY2013	0	(1)	0	(1)
MEG 1 - ABD/SD DUAL	0	0	0	0
MEG 2 - ABD/SD NON DUAL	0	0	0	0
MEG 3 - ADULTS	0	0	0	0
MEG 4 - CHILDREN	0	0	0	0
MEG 5 - DD WAIVER	0	0	0	0
MEG 6 - LTC	0	0	0	0
MEG 7 - MN DUAL	0	(1)	0	(1)
MEG 8 - MN NON DUAL	0	0	0	0
MEG 9 - WAIVER	0	0	0	0
DY2 CY2014	0	0	(1)	(1)
MEG 1 - ABD/SD DUAL	0	0	(1)	(1)
MEG 2 - ABD/SD NON DUAL	0	0	0	0
MEG 3 - ADULTS	0	0	0	0
MEG 4 - CHILDREN	0	0	0	0
MEG 5 - DD WAIVER	0	0	0	0
MEG 6 - LTC	0	0	0	0
MEG 7 - MN DUAL	0	0	0	0
MEG 8 - MN NON DUAL	0	0	0	0

MEG 9 - WAIVER	0	0	0	0
DY3 CY2015	(1)	0	(7)	(8)
MEG 1 - ABD/SD DUAL	0	0	(3)	(3)
MEG 2 - ABD/SD NON DUAL	(1)	0	0	(1)
MEG 3 - ADULTS	0	0	0	0
MEG 4 - CHILDREN	0	0	(2)	(2)
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	(83)	(53)	(79)	(215)
MEG 1 - ABD/SD DUAL	(2)	(18)	(2)	(22)
MEG 2 - ABD/SD NON DUAL	(69)	0	(8)	(77)
MEG 3 - ADULTS	0	(6)	0	(6)
MEG 4 - CHILDREN	0	0	(12)	(12)
MEG 5 - DD WAIVER	0	0	0	0
MEG 6 - LTC	(12)	(28)	(57)	(97)
MEG 7 - MN DUAL	0	(1)	0	(1)
MEG 8 - MN NON DUAL	0	0	0	0
MEG 9 - WAIVER	0	0	0	0
DY5 CY2017	(174)	(89)	24	(239)
MEG 1 - ABD/SD DUAL	26	20	30	76
MEG 2 - ABD/SD NON DUAL	(182)	(71)	(25)	(278)
MEG 3 - ADULTS	0	(9)	0	(9)
MEG 4 - CHILDREN	2	(4)	4	2
MEG 5 - DD WAIVER	0	5	8	13
MEG 6 - LTC	(12)	(20)	(20)	(52)
MEG 7 - MN DUAL	8	(1)	(3)	4
MEG 8 - MN NON DUAL	(8)	(6)	(18)	(32)
MEG 9 - WAIVER	(8)	(3)	48	37
DY6 CY2018	2,076	710	682	3,468
MEG 1 - ABD/SD DUAL	351	248	185	784
MEG 2 - ABD/SD NON DUAL	(4)	(189)	20	(173)
MEG 3 - ADULTS	439	147	28	614
MEG 4 - CHILDREN	1,109	476	426	2,011
MEG 5 - DD WAIVER	32	11	27	70
MEG 6 - LTC	44	(23)	(99)	(78)
MEG 7 - MN DUAL	95	15	26	136
MEG 8 - MN NON DUAL	9	(5)	(46)	(42)

MEG 9 - WAIVER	1	30	115	146
DY7 CY2019	332,727	322,246	329,301	984,274
MEG 1 - ABD/SD DUAL	14,536	14,601	14,925	44,062
MEG 2 - ABD/SD NON DUAL	29,312	29,367	30,066	88,745
MEG 3 - ADULTS	47,089	44,854	46,094	138,037
MEG 4 - CHILDREN	205,802	198,207	202,790	606,799
MEG 5 - DD WAIVER	9,064	8,972	8,963	26,999
MEG 6 - LTC	20,191	19,748	19,796	59,735
MEG 7 - MN DUAL	1,311	1,207	1,264	3,782
MEG 8 - MN NON DUAL	918	899	996	2,813
MEG 9 - WAIVER	4,504	4,391	4,407	13,302
Grand Total	334,545	322,813	329,920	987,278

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

VIII. Consumer Issues

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

Issue	Resolution	Action Taken to Prevent Further Occurrences
One 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 and system configuration changes are needed. Providers are still being asked to refund the overpayments. Members will be asked to pay providers as necessary.
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.	One MCO is still struggling with credentialing as new issues continue to appear. Additional staff now working the older cases. Awaiting complete remediation and preventative plan for this issue.
Member transitions from Amerigroup to KanCare 2019 MCOs	All data successfully transferred. MCOs have by this point worked to create new service plans as needed and create all the necessary authorizations. The State is auditing service plans to ensure compliance with state requirements.	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 con The State is continuing to request corrections to service plan format and monitor the service plans for accuracy.
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	MCOs are instructed to report Open/Closed panels for all provider types and report this data in the quarterly reporting

	changes or if they add/subtract providers to the practice.	template. As part of KanCare 2.0, guidelines for the provider directory mandated inclusion of the open panel status information in the MCO directories. MCOs are still working to complete the changes to the new reporting format.
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.

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 2, 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.
- In collaboration with KDHE Communications and the Legislative Liaison, developed public website and Legislative presentation materials based upon findings from the KanCare 1115 demonstration grant (2013-2018) Final Evaluation.
- Designed and submitted the KanCare Evaluation Design for the new KanCare contracts to consistently monitor and assess compliance with 1115 waiver hypotheses.
- Began systems design with the EQRO to collect reports specific to PIPs and the Health Action Planning for the OneCare Kansas health homes program.
- Meetings with the EQRO along with the MCOs, KDADS and KDHE to discuss EQRO activities and concerns.
- While preparing for the upcoming Joint BBA and State KanCare Contract Audit, we are developing state contract annual audit tools, methodologies and reporting structures in coordination with KDADS and the EQRO. These tools are 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.

- With the implementation of KanCare 2.0 each MCO is required to participate in 6 PIPs. During the second quarter of 2019 the topics for these PIPs were selected. A schedule was created, and tools were designed for the MCOs to submit the interventions being proposed for each topic. Our newest MCO began efforts to join the other two MCOs in the HPV collaborative PIP. The MCOs began work to streamline and improve consistency with our methodology worksheet. Creating a separate instructional document to clearly define the information required for each section in the worksheet. The first round of proposed interventions is due to the State 7/1/2019.
- For the programs administered by KDADS: The Quality Assurance (QA) process is designed to give continuous feedback to KDADS, KDHE and stakeholders regarding the quality of services being provided to KanCare members. KDADS quality assurance staff are integrated in the Aging & Disability Community Services and Programs Commission (A&D CSP) to align staff resources for efficient and timely performance measurement. QA staff review random samples of individual case files to monitor and report compliance with performance measures designated in Attachment J of the MCO contracts.
- 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	A&D CSP	MCO/Assess	A&D CSP	FISC	A&D CSP	CSP
Review Period (look back period)	Samples Pulled *Posted to QRT	Notification to MCO/Assessor Samples posted	MCO/Assessor Upload Period *(60 days)	Review of MCO data *(90 days)	Data pulled & Compiled (30days)	Data & Findings Reviewed at LTC Meeting ***	Remediation Reviewed at LTC Meeting
01/01 – 03/31	4/1 – 4/15	4/16	4/16 – 6/15	5/16 – 8/15	9/15	October	November
04/01 – 06/30	7/1 – 7/15	7/16	7/16 – 9/15	8/16 – 11/15	12/15	January	February
07/01 – 09/30	10/1 – 10/15	10/16	10/16 – 12/15	11/16 – 2/15	3/15	April	May
10/01 – 12/31	1/1 – 1/15	1/16	1/16 – 3/15	2/16 – 5/15	6/15	July	August

X. Managed Care Reporting Requirements

- a. *A description of network adequacy reporting including GeoAccess mapping:* Each MCO submits a quarterly network adequacy report. The State uses this report to monitor the quality of network data and changes to the networks, drill down into provider types and specialties, and extract data to respond to requests received from various stakeholders. The State’s network data and analysis

tools were moved from Excel into a dedicated database on a secure server during the second quarter of 2019. This database allows the State to give more robust and timely feedback to the MCOs. This method is less prone to breakdowns and improves business continuity. As of 2Q 2019, KDHE has continued to give MCOs feedback on the accuracy and completeness of their quarterly report. As MCOs improve their reporting, feedback is becoming less about basic errors (duplicates) and more detailed (at provider level). The State shared with the MCOs the methodology and code for finding duplicate providers. Matching the report against additional data sources also gives a clearer picture of the reports accuracy and completeness. For example, the national NPI database is being referenced for matching of NPI types/specialties and taxonomies. During 2Q 2019 the State also began comparing the network adequacy reports with the MCOs online provider directory. This is in beginning stages, with MCOs defining the method by which their directory data will be delivered to the State each quarter. The State’s plan is to give feedback to the MCOs when differences between the directory and network report are found. This process will also give the State insight into information such as office hours, cultural competency, and ADA capabilities. In addition, each MCO submits quarterly network reports that serve as a tool for KanCare managers to monitor accessibility to certain provider types.

During Q2 2019, the State has been preparing for the initial submissions of the revised GeoAccess Report which is due October 30, 2019. The team has been meeting to develop tools and process to analyze and present these reports to our partners (KDADS, KFMC). Much of our time this quarter was spent developing and testing these tools to ensure they function correctly. The plan is to begin quarterly meetings in 2020 to discuss and evaluate any gaps in network coverage. 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> :

- 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, April – June 2019:*

KanCare Customer Service Report – Member

MCO/Fiscal Agent	Average Speed of Answer (Seconds)	Call Abandonment Rate	Total Calls
Aetna	8:32	1.22%	103,781
Sunflower	24:98	2.40%	101,677
United	16:65	0.79%	109,682c
DXC – Fiscal Agent	6.89	0.62%	13,254

KanCare Customer Service Report - Provider

MCO/Fiscal Agent	Average Speed of Answer (Seconds)	Call Abandonment Rate	Total Calls
Aetna	14:39	1.23%	26,292
Sunflower	19:82	1.79%	50,128
United	0.90	0.95%	46,119
DXC – Fiscal Agent	13:14	0.53%	16,771

- 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 2nd Quarter**

Aetna 2nd Qtr. Grievance Trends		
Total # of Resolved Grievances	101	
Top 5 Trends		
Trend 1: Transportation – Other	25	25%
Trend 2: Quality of Care (non HCBS, non transportation)	10	10%
Trend 3: Pharmacy	10	10%
Trend 4: Transportation – No Show	10	10%
Trend 5: Customer Service / Access to Service or Care	9	9%

Sunflower 2nd Qtr. Grievance Trends		
Total # of Resolved Grievances	272	
Top 5 Trends		
Trend 1: Quality of Care (non HCBS, non transportation)	45	17%
Trend 2: Transportation - Other	40	15%
Trend 3: Transportation – Late	34	13%
Trend 4: Access to Service or Care	30	11%
Trend 5: Customer Service	21	8%

United 2nd Qtr. Grievance Trends		
Total # of Resolved Grievances	237	
Top 5 Trends		
Trend 1: Billing and Financial Issues (non transportation)	58	24%
Trend 2: Transportation – Other	42	18%
Trend 3: Quality of Care (non HCBS, non transportation)	34	14%
Trend 4: Transportation – Late	24	10%
Trend 5: Customer Service/Transportation – Safety/MCO Determined not Applicable	12	5%

Providers – CY 2019 2nd Quarter

Aetna 2nd Qtr. Grievance Trends		
Total # of Resolved Grievances	0	
Top 5 Trends		
Trend 1:		
Trend 2:		
Trend 3:		
Trend 4:		
Trend 5:		

Aetna Provider Grievances

- There were no provider grievances resolved this quarter.

- Aetna started providing provider grievances by categories detail to the state in CY2019 Quarter 1.

Sunflower 2nd Qtr. Grievance Trends		
Total # of Resolved Grievances	39	
Top 5 Trends		
Trend 1: Transportation	15	38%
Trend 2: Billing/Payment	10	26%
Trend 3: UM	4	10%
Trend 4: Pharmacy	3	8%
Trend 5: Other	3	8%

Sunflower Provider Grievances

- Sunflower started providing provider grievances by categories detail to the state in CY2019 Quarter 1.

United 2nd Qtr. Grievance Trends		
Total # of Resolved Grievances	17	
Top 5 Trends		
Trend 1: Other – Dissatisfaction with MCO Associate	14	82%
Trend 2: Billing/Payment	1	6%
Trend 3: Transportation	1	6%
Trend 4:		
Trend 5:		

United Provider Grievances

- United started providing provider grievances by categories detail to the state in CY2019 Quarter 1.

MCOs' Reconsideration Trends Provider – CY2019 2nd Quarter

Aetna 2nd Qtr. Provider Reconsideration Trends		
Total # of Resolved Reconsiderations	51	
Top 5 Trends		
Trend 1: PR-BFI-Recoupment	11	22%
Trend 2: PR-CPD-Hospital Inpatient (Non-Behavioral Health)	10	20%
Trend 3: PR-CPD-Medical (Physical Health not Otherwise Specified)	9	18%
Trend 4: PR-ADMIN-Denials of Authorization (Unauthorized by Members)	7	14%
Trend 5: PR-CPD-Hospital Outpatient (Non-Behavioral Health)	4	8%

Sunflower 2nd Qtr. Member/Provider Appeal Trends					
Total # of Resolved Member Appeals	254		Total # of Resolved Provider Appeals	1294	
Top 5 Trends			Top 5 Trends		

Trend 1: MA-CNM-Pharmacy	85	33%	Trend 1: PA-CPD-Hospital Outpatient (Non-Behavioral Health)	336	26%
Trend 2: MA-CNM-Durable Medical Equipment	46	18%	Trend 2: PA-CPD-Medical (Physical Health not Otherwise Specified)	221	17%
Trend 3: MA-CNM-Radiology	30	12%	Trend 3: PA-CPD-Hospital Inpatient (Non-Behavioral Health)	130	10%
Trend 4: MA-CNM-Medical Procedure (NOS)	18	7%	Trend 4: PA-CPD-Out of network provider, specialist or specific provider request	126	10%
Trend 5: MA-NCS-Other	15	6%	Trend 5: PA-BFI-Recoupment	83	6%

Sunflower Provider Reconsiderations

- There are 221 provider appeals categorized as PA-CPD-Medical (Physical Health not Otherwise Specified) which is a significant increase of 129 from CY2019 Quarter 1.

United 2nd Qtr. Provider Reconsideration Trends		
Total # of Resolved Reconsiderations	42,448	
Top 5 Trends		
Trend 1: PR-CPD-Medical (Physical Health not Otherwise Specified)	13,330	31%
Trend 2: PR-CPD-Out of network provider, specialist or specific provider request	13,291	31%
Trend 3: PR-CPD-Hospital Outpatient (Non-Behavioral Health)	5012	12%
Trend 4: PR-CPD-Laboratory	4350	10%
Trend 5: PR-CPD-Radiology	1454	3%

United Provider Reconsiderations

- There are 42,448 provider reconsiderations this quarter which is a significant increase of 24,463 (136%) from CY2019 Quarter 1.

MCOs' Appeals Trends Member/Provider – CY19 2nd Quarter

Aetna 2nd Qtr. Member/Provider Appeal Trends					
Total # of Resolved Member Appeals	141		Total # of Resolved Provider Appeals	24	
Top 5 Trends			Top 5 Trends		
Trend 1: MA-CNM-Pharmacy	54	38%	Trend 1: PA-CPD-Hospital Outpatient (Non-Behavioral Health)	4	17%
Trend 2: MA-CNM-Medical Procedure (NOS)	24	17%	Trend 2: PA-CPD-Dental	4	17%
Trend 3: MA-CNM-Radiology	22	16%	Trend 3: PA-BFI-Recoupment	4	17%
Trend 4: MA-CNM-Dental	11	8%	Trend 4: PA-CPD-Hospital Inpatient (Non-Behavioral Health)	2	8%
Trend 5: MA-CNM-Durable Medical Equipment	10	7%	Trend 5: PA-CPA-Medical (Physical Health not Otherwise Specified) / PA-CPD-Durable Medical Equipment	2	8%

Sunflower 2nd Qtr. Member/Provider Appeal Trends					
Total # of Resolved Member Appeals	254		Total # of Resolved Provider Appeals	1,294	
Top 5 Trends			Top 5 Trends		
Trend 1: MA-CNM-Pharmacy	85	33%	Trend 1: PA-CPD-Hospital Outpatient (Non-Behavioral Health)	336	26%
Trend 2: MA-CNM-Durable Medical Equipment	46	18%	Trend 2: PA-CPD-Medical (Physical Health not Otherwise Specified)	221	17%

Trend 3: MA-CNM-Radiology	30	12%	Trend 3: PA-CPD-Hospital Inpatient (Non-Behavioral Health)	130	10%
Trend 4: MA-CNM-Medical Procedure (NOS)	18	7%	Trend 4: PA-CPD-Out of network provider, specialist or specific provider request	126	10%
Trend 5: MA-NCS-Other	15	6%	Trend 5: PA-BFI-Recoupment	83	6%

Sunflower Provider Appeals:

- There are 221 provider appeals categorized as PA-CPD-Medical (Physical Health not Otherwise Specified) which is a significant increase of 129 from CY2019 Quarter 1.

United 2nd Qtr. Member/Provider Appeal Trends							
Total # of Resolved Member Appeals			277	Total # of Resolved Provider Appeals			648
Top 5 Trends				Top 5 Trends			
Trend 1: MA-CNM-Pharmacy	160	58%		Trend 1: PA-CPD-Hospital Inpatient (Non-Behavioral Health)	207	32%	
Trend 2: MA-CNM-Durable Medical Equipment	39	14%		Trend 2: PA-CPD-Medical (Physical Health not Otherwise Specified)	158	24%	
Trend 3: MA-CNM-Inpatient Admissions (Non-Behavioral Health)	32	12%		Trend 3: PA-CPD-Hospital Outpatient (Non-Behavioral Health)	100	15%	
Trend 4: MA-CNM-Medical Procedure (NOS)	8	3%		Trend 4: PA-CPD-Behavioral Health Outpatient and Physician	63	10%	
Trend 5: MA-CNM-Dental	8	3%		Trend 5: PA-CPD-Home Health	39	6%	

United Provider Appeals:

- There are 158 provider appeals categorized as PA-CPD-Medical (Physical Health not Otherwise Specified) which is a significant increase of 132 from CY2019 Quarter 1.

***MCOs' State Fair Hearing Reversed Decisions
Member/Provider – CY19 2nd Quarter***

- There was a total of 23 Member State Fair Hearings for all three MCOs. One decision was reversed by OAH.
- There was a total of 49 Provider State Fair Hearings for all three MCOs. No decisions were reversed by OAH.

Aetna 2nd Qtr.					
Total # of Member SFH	3		Total # of Provider SFH	0	
OAH reversed MCO decision	0	0%	OAH reversed MCO decision	0	0%

Sunflower 2nd Qtr.					
Total # of Member SFH	7		Total # of Provider SFH	22	
OAH reversed MCO decision	0	0%	OAH reversed MCO decision	0	0%

United 2nd Qtr.					
Total # of Member SFH	13		Total # of Provider SFH	27	
OAH reversed MCO decision	1	8%	OAH reversed MCO decision	0	0

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

All the Managed Care Organizations (MCOs) have access to the system. MCOs and KDADS staff may now both read and write information directly into the AIR system. Creating an Adverse Incident Report is forward facing, so anyone from a concerned citizen to an MCO Care Coordinator can report into the AIR system by visiting the KDADS website at www.kdads.ks.gov and selecting Adverse Incident Reporting (AIR) under the quick links. All reports are input into the system electronically. 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 continues working with the MCOs on a case-by-case basis and provides training upon request for each MCO. Follow-up expectations have improved following KDADS issuing AIR Corrective Action Plans (CAPs) to the MCOs outlining identified deficiencies and listing requirements to sufficiently resolve. When clarification is provided to one MCO, all are made aware to ensure consistency. KDADS and MCOs are scheduling regularly occurring and individualized meetings to analyze trends and drill down on any specific cases, as appropriate, in the coming months.

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 June 30, 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	2,359			4,546
Pending Resolution	88	184			272
Total Received	2,275	2,543			4,818
APS Substantiations*	109	134			243

**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 and second quarter HCAIP UCC Pool payments were issued May 30, 2019 and June 13, 2019, respectively. The DY7 quarter two LPTH/BCCH UC Pool payments were issued April 11, 2019.

SNCP and HCAIP reports for DY 7 Q2 are attached to this report.

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

XII. Demonstration Evaluation

The entity selected by KDHE to conduct KanCare Evaluation reviews and reports is the Kansas Foundation for Medical Care (KFMC). KFMC worked with KDHE to develop a draft evaluation design that was submitted to CMS June 27, 2019. The state is awaiting CMS approval for the draft evaluation design.

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

a. Post-award forums

No post-award forum was held during the April-June 2019 quarter.

b. Claims Adjudication Statistics

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

c. Waiting List Management

PD Waiting List Management

For the quarter ending June 30, 2019:

- Current number of individuals on the PD Waiting List: 1,789

- Number of individuals added to the waiting list: 416
- Number of individuals removed from the waiting list: 258
 - 147 started receiving HCBS-PD waiver services
 - 14 were deceased
 - 97 were removed for other reasons (refused services, voluntary removal, etc.)

I/DD Waiting List Management

For the quarter ending June 30, 2019:

- Current number of individuals on the I/DD Waiting List: 4,027
- Number of individuals added to the waiting list: 132
- Number of individuals removed from the waiting list: 140
 - 79 started receiving HCBS-I/DD waiver services
 - 2 were deceased
 - 124 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 8,923 individuals.

XIV. Enclosures/Attachments

Section of Report Where Attachment Noted	Description of Attachment
IV(e)	HCBS Quality Report for October-December 2018
X(e)	Summary of KanCare Ombudsman Activities for QE 6.30.19
XI	Safety Net Care Pool Report DY 7 Q2 and HCAIP Report DY7 Q2
XIII(b)	KDHE Summary of Claims Adjudication Statistics for January-June 2019

XV. State Contacts

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VI. Date Submitted to CMS

August 27, 2019



Home and Community Based Services
Quality Review Report
October - December 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: 10/01/2018 - 12/31/2018

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	Oct-Dec 2018
PD									
Statewide	25%	25%	25%	75%	100%	100%	100%	100%	100%
FE									
Statewide	25%	25%	25%	75%	100%	100%	100%	100%	100%
IDD									
Statewide	25%	25%	25%	75%	100%	100%	100%	100%	100%
TBI									
Statewide	25%	25%	25%	75%	100%	100%	100%	100%	100%
TA									
Statewide	25%	25%	25%	75%	100%	100%	100%	100%	100%
Autism									
Statewide	25%	25%	25%	75%	100%	100%	100%	100%	100%
SED									
Statewide	25%	25%	25%	75%	100%	100%	100%	100%	100%

Explanation of Findings:

Performance measure achieved.

Remediation:

No remediation necessary.

KDADS HCBS Quality Review Report

Administrative Authority

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

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

Denominator: Total number of waiver amendments and renewals

Review Period: 10/01/2018 - 12/31/2018

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	100%
Numerator	1
Denominator	1
TBI	100%
Numerator	1
Denominator	1
TA	N/A
Numerator	0
Denominator	0
Autism	N/A
Numerator	0
Denominator	0
SED	N/A
Numerator	0
Denominator	0

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

Explanation of Findings:

Performance measure achieved or not applicable.

Remediation:

No remediation necessary.

KDADS HCBS Quality Review Report

Administrative Authority

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

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

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

Review Period: 10/01/2018 - 12/31/2018

Data Source: Presentation of waiver policy changes to KDHE

Compliance By Waiver	Statewide
PD	100%
Numerator	1
Denominator	1
FE	100%
Numerator	2
Denominator	2
IDD	100%
Numerator	1
Denominator	1
TBI	100%
Numerator	1
Denominator	1
TA	N/A
Numerator	0
Denominator	0
Autism	N/A
Numerator	0
Denominator	0
SED	N/A
Numerator	0
Denominator	0

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

Explanation of Findings:

Performance measure achieved or not applicable.

Remediation:

No remediation necessary.

KDADS HCBS Quality Review Report

Administrative Authority

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

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

Denominator: Number of Long-Term Care meetings

Review Period: 10/01/2018 - 12/31/2018

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	Oct-Dec 2018
PD									
Statewide	Not a measure	45%	67%	70%	100%	100%	100%	100%	100%
FE									
Statewide	100%	82%	50%	70%	100%	100%	100%	100%	100%
IDD									
Statewide	Not a measure	91%	Not Available	70%	100%	100%	100%	100%	100%
TBI									
Statewide	Not a measure	73%	Not Available	70%	100%	100%	100%	100%	100%
TA									
Statewide	Not a measure	64%	Not Available	70%	100%	100%	100%	100%	100%
Autism									
Statewide	Not a measure	91%	100%	70%	100%	100%	100%	100%	100%
SED									
Statewide	Not a measure	100%	Not Available	70%	100%	100%	100%	100%	100%

Explanation of Findings:

Performance measure achieved.

Remediation:

No remediation necessary.

KDADS HCBS Quality Review Report

Level of Care

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

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

Denominator: Total number of initial enrolled waiver participants

Review Period: 10/01/2018 - 12/31/2018

Data Source: Functional Assessor Record Review/State Data Systems

Compliance By Waiver	Statewide
PD	92%
Numerator	295
Denominator	321
FE	99%
Numerator	478
Denominator	485
IDD	99%
Numerator	125
Denominator	126
TBI	93%
Numerator	25
Denominator	27
TA	100%
Numerator	37
Denominator	37
Autism	88%
Numerator	7
Denominator	8
SED	92%
Numerator	565
Denominator	611

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

Explanation of Findings:

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

Data pulled from KAMIS effective June 1, 2019.

Explanation of findings for Administrative data pull: The reviews were found to be non-compliant for the following reasons: the participant began services prior to receiving a functional assessment, the functional assessment was completed greater than 365 days prior to the participant beginning services, or the participant does not have a functional assessment in KAMIS.

Remediation:

Performance measure achieved, no remediation necessary.

KDADS HCBS Quality Review Report

Level of Care

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

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

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

Review Period: 10/01/2018 - 12/31/2018

Data Source: Functional Assessor Record Review/State Data Systems

Compliance By Waiver	Statewide
PD	75%
Numerator	905
Denominator	1209
FE	84%
Numerator	686
Denominator	813
IDD	98%
Numerator	2199
Denominator	2236
TBI	67%
Numerator	54
Denominator	81
TA	98%
Numerator	95
Denominator	97
Autism	100%
Numerator	1
Denominator	1
SED	Not a waiver performance measure
Numerator	
Denominator	

Compliance Trends	2013	2014	2015	2016	2017	Jan-Mar 2018	Apr-Jun 2018	Jul-Sep 2018	Oct-Dec 2018
PD									
Statewide	47%	52%	64%	69%	68%	82%	84%	77%	75%
FE									
Statewide	68%	70%	76%	79%	68%	82%	87%	81%	84%
IDD									
Statewide	97%	74%	75%	77%	78%	97%	96%	98%	98%
TBI									
Statewide	39%	50%	62%	65%	62%	71%	73%	70%	67%
TA									
Statewide	94%	90%	86%	96%	93%	100%	99%	100%	98%
Autism									
Statewide	68%	No Data	75%	78%	63%	50%	100%	43%	100%
SED									
Statewide	93%	88%	94%	88%	89%	50%	46%	67%	Not a waiver performance measure

Explanation of Findings:

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

Data pulled from KAMIS effective June 1, 2019.

Explanation of findings for Administrative data pull: The participant does not have a functional assessment within 365 days or the participant does not have a completed functional assessment within 365 days of the previous assessment.

AU: Performance Measure met.

Remediation:

KDADS HCBS Quality Review Report

Level of Care

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

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

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

Review Period: 10/01/2018 - 12/31/2018

Data Source: Functional Assessor Record Review

Compliance By Waiver	Statewide
PD	84%
Numerator	76
Denominator	91
FE	93%
Numerator	86
Denominator	92
IDD	100%
Numerator	95
Denominator	95
TBI	91%
Numerator	48
Denominator	53
TA	100%
Numerator	57
Denominator	57
Autism	89%
Numerator	8
Denominator	9
SED	94%
Numerator	85
Denominator	90

Compliance Trends	2013	2014	2015	2016	2017	Jan-Mar 2018	Apr-Jun 2018	Jul-Sep 2018	Oct-Dec 2018
PD									
Statewide	93%	84%	79%	80%	85%	84%	68%	87%	84%
FE									
Statewide	88%	91%	91%	92%	88%	91%	93%	92%	93%
IDD									
Statewide	97%	95%	99%	99%	99%	99%	96%	100%	100%
TBI									
Statewide	64%	81%	79%	77%	82%	78%	87%	82%	91%
TA									
Statewide	93%	98%	100%	100%	98%	100%	100%	100%	100%
Autism									
Statewide	88%	No Data	90%	88%	91%	83%	100%	83%	89%
SED									
Statewide	77%	79%	83%	88%	91%	93%	95%	97%	94%

Explanation of Findings:

PD: No current assessment provided for the review period.
 SED: no CAFAS provided 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: 10/01/2018 - 12/31/2018

Data Source: Functional Assessor Record Review

Compliance By Waiver	Statewide
PD	84%
Numerator	76
Denominator	91
FE	95%
Numerator	87
Denominator	92
IDD	100%
Numerator	95
Denominator	95
TBI	91%
Numerator	48
Denominator	53
TA	100%
Numerator	57
Denominator	57
Autism	89%
Numerator	8
Denominator	9
SED	94%
Numerator	85
Denominator	90

Compliance Trends	2013	2014	2015	2016	2017	Jan-Mar 2018	Apr-Jun 2018	Jul-Sep 2018	Oct-Dec 2018
PD									
Statewide	19%	68%	81%	80%	84%	85%	67%	87%	84%
FE									
Statewide	24%	86%	91%	92%	88%	89%	93%	91%	95%
IDD									
Statewide	92%	85%	96%	97%	96%	98%	96%	99%	100%
TBI									
Statewide	57%	73%	83%	77%	82%	80%	87%	82%	91%
TA									
Statewide	93%	100%	99%	100%	94%	100%	100%	100%	100%
Autism									
Statewide	0%	No Data	57%	68%	85%	83%	100%	83%	89%
SED									
Statewide	99%	71%	88%	86%	90%	92%	95%	94%	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: The current assessment tool was missing so no assessor was listed to determine if they were qualified.

Remediation:

KDADS HCBS Quality Review Report

Level of Care

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

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

Denominator: Number of initial Level of Care determinations

Review Period: 10/01/2018 - 12/31/2018

Data Source: Functional Assessor Record Review

Compliance By Waiver	Statewide
PD	84%
Numerator	76
Denominator	91
FE	93%
Numerator	86
Denominator	92
IDD	99%
Numerator	94
Denominator	95
TBI	91%
Numerator	48
Denominator	53
TA	100%
Numerator	57
Denominator	57
Autism	89%
Numerator	8
Denominator	9
SED	94%
Numerator	85
Denominator	90

Compliance Trends	2013	2014	2015	2016	2017	Jan-Mar 2018	Apr-Jun 2018	Jul-Sep 2018	Oct-Dec 2018
PD									
Statewide	73%	83%	96%	80%	84%	84%	68%	87%	84%
FE									
Statewide	91%	90%	96%	91%	100%	91%	93%	92%	93%
IDD									
Statewide	98%	95%	91%	98%	100%	99%	96%	100%	99%
TBI									
Statewide	58%	81%	83%	76%	96%	78%	87%	82%	91%
TA									
Statewide	93%	98%	100%	100%	100%	100%	100%	100%	100%
Autism									
Statewide	89%	No Data	100%	88%	88%	83%	100%	83%	89%
SED									
Statewide	99%	88%	87%	89%	92%	91%	95%	97%	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: There was no current initial or reassessment provided for review.

SED: No CAFAS provided so unable to determine.

Remediation:

KDADS HCBS Quality Review Report

Qualified Providers

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

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

Denominator: Number of all new licensed/certified waiver providers

Review Period: 10/01/2018 - 12/31/2018

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:

MCOs and KDADS are creating a tool to utilize for these reviews.

Remediation:

Compliance Trends	2013	2014	2015	2016	2017	Jan-Mar 2018	Apr-Jun 2018	Jul-Sep 2018	Oct-Dec 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: 10/01/2018 - 12/31/2018

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:

MCOs and KDADS are creating a tool to utilize for these reviews.

Remediation:

Compliance Trends	2013	2014	2015	2016	2017	Jan-Mar 2018	Apr-Jun 2018	Jul-Sep 2018	Oct-Dec 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: 10/01/2018 - 12/31/2018

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:

MCOs and KDADS are creating a tool to utilize for these reviews.

Remediation:

Compliance Trends	2013	2014	2015	2016	2017	Jan-Mar 2018	Apr-Jun 2018	Jul-Sep 2018	Oct-Dec 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: 10/01/2018 - 12/31/2018

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:

MCOs and KDADS are creating a tool to utilize for these reviews.

Remediation:

Compliance Trends	2013	2014	2015	2016	2017	Jan-Mar 2018	Apr-Jun 2018	Jul-Sep 2018	Oct-Dec 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: 10/01/2018 - 12/31/2018

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:

MCOs and KDADS are creating a tool to utilize for these reviews.

Remediation:

Compliance Trends	2013	2014	2015	2016	2017	Jan-Mar 2018	Apr-Jun 2018	Jul-Sep 2018	Oct-Dec 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: 10/01/2018 - 12/31/2018

Data Source: MCO Record Review

Compliance By Waiver	Amerigroup	Sunflower	United	Statewide
PD	88%	83%	67%	80%
Numerator	28	25	18	71
Denominator	32	30	27	89
FE	85%	67%	72%	74%
Numerator	22	22	23	67
Denominator	26	33	32	91
IDD	85%	67%	73%	74%
Numerator	23	31	16	70
Denominator	27	46	22	95
TBI	81%	86%	78%	82%
Numerator	17	18	7	42
Denominator	21	21	9	51
TA	100%	88%	33%	82%
Numerator	28	14	4	46
Denominator	28	16	12	56
Autism	N/A	40%	25%	33%
Numerator	0	2	1	3
Denominator	0	5	4	9
SED	92%	100%	100%	98%
Numerator	24	29	35	88
Denominator	26	29	35	90

Explanation of Findings:

PD, FE, IDD, TBI, TA, AU: The documentation reflecting the goal of the individual was not signed by the individual/Guardian. The goal on the Service Plan was missing. Service Plan was not signed by MCO care coordinator or the care coordinator used an electronic signature which is not valid. Service Plan was missing for the entire review period. Goal was marked Non Applicable on the

Remediation:

Compliance Trends	2013	2014	2015	2016	2017	Jan-Mar 2018	Apr-Jun 2018	Jul-Sep 2018	Oct-Dec 2018
PD									
Amerigroup		55%	33%	63%	79%	90%	79%	88%	88%
Sunflower		57%	64%	59%	81%	75%	74%	81%	83%
United		33%	49%	86%	85%	88%	93%	93%	67%
Statewide	55%	50%	48%	69%	81%	84%	82%	87%	80%
FE									
Amerigroup		50%	42%	54%	70%	65%	76%	76%	85%
Sunflower		56%	51%	75%	79%	85%	64%	76%	67%
United		45%	56%	81%	90%	94%	94%	90%	72%
Statewide	Not a measure	50%	49%	70%	80%	82%	78%	81%	74%
IDD									
Amerigroup		36%	32%	53%	76%	81%	88%	79%	85%
Sunflower		56%	56%	61%	70%	77%	60%	81%	67%
United		52%	41%	73%	85%	83%	87%	96%	73%
Statewide	99%	49%	45%	62%	75%	80%	74%	84%	74%
TBI									
Amerigroup		37%	41%	58%	78%	59%	68%	94%	81%
Sunflower		37%	38%	80%	74%	73%	69%	62%	86%
United		22%	55%	78%	79%	78%	100%	90%	78%
Statewide	44%	34%	43%	68%	77%	65%	74%	80%	82%
TA									
Amerigroup		50%	44%	69%	90%	96%	100%	100%	100%
Sunflower		73%	85%	82%	65%	83%	95%	88%	88%
United		64%	32%	70%	95%	75%	89%	91%	33%
Statewide	93%	61%	54%	73%	83%	88%	97%	95%	82%
Autism									
Amerigroup		84%	56%	35%	88%	100%	100%	100%	N/A
Sunflower		47%	50%	50%	30%	25%	20%	50%	40%
United		63%	36%	17%	13%	0%	60%	75%	25%
Statewide	58%	69%	49%	37%	42%	42%	57%	73%	33%
SED									
Amerigroup		91%	99%	98%	99%	100%	97%	96%	92%
Sunflower		92%	95%	87%	98%	91%	95%	97%	100%
United		89%	100%	98%	88%	94%	100%	94%	100%
Statewide	98%	90%	98%	95%	95%	95%	97%	96%	98%

KDADS HCBS Quality Review Report

Service Plan

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

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

Denominator: Number of waiver participants whose service plans were reviewed

Review Period: 10/01/2018 - 12/31/2018

Data Source: MCO Record Review

Compliance By Waiver	Amerigroup	Sunflower	United	Statewide
PD	94%	77%	100%	90%
Numerator	30	23	27	80
Denominator	32	30	27	89
FE	96%	67%	84%	81%
Numerator	25	22	27	74
Denominator	26	33	32	91
IDD	85%	65%	91%	77%
Numerator	23	30	20	73
Denominator	27	46	22	95
TBI	90%	71%	89%	82%
Numerator	19	15	8	42
Denominator	21	21	9	51
TA	100%	88%	75%	91%
Numerator	28	14	9	51
Denominator	28	16	12	56
Autism	N/A	20%	25%	22%
Numerator	0	1	1	2
Denominator	0	5	4	9
SED	92%	72%	60%	73%
Numerator	24	21	21	66
Denominator	26	29	35	90

Explanation of Findings:

FE, IDD, TBI, AU, SED: Missing a Service Plan or an assessment for the full review period. Service Plan is not signed by the individual/ Guardian. Assessment identified a need for services that were not addressed in the Service Plan. Unable to view uploaded information.

Remediation:

Compliance Trends	2013	2014	2015	2016	2017	Jan-Mar 2018	Apr-Jun 2018	Jul-Sep 2018	Oct-Dec 2018
PD									
Amerigroup		83%	55%	74%	83%	97%	91%	91%	94%
Sunflower		90%	56%	63%	83%	72%	84%	74%	77%
United		89%	68%	92%	87%	88%	93%	96%	100%
Statewide		86%	87%	59%	76%	84%	85%	89%	90%
FE									
Amerigroup		79%	66%	74%	80%	88%	96%	72%	96%
Sunflower		90%	53%	73%	75%	88%	73%	76%	67%
United		88%	68%	84%	88%	90%	97%	90%	84%
Statewide		87%	86%	61%	77%	81%	89%	88%	81%
IDD									
Amerigroup		85%	67%	64%	77%	81%	88%	79%	85%
Sunflower		77%	36%	65%	70%	88%	77%	79%	65%
United		72%	47%	78%	91%	87%	87%	96%	91%
Statewide		99%	78%	48%	68%	77%	86%	83%	77%
TBI									
Amerigroup		67%	48%	65%	78%	62%	71%	89%	90%
Sunflower		82%	28%	82%	74%	82%	85%	62%	71%
United		70%	62%	80%	79%	78%	90%	80%	89%
Statewide		72%	73%	45%	72%	77%	69%	76%	82%
TA									
Amerigroup		93%	58%	70%	88%	96%	100%	97%	100%
Sunflower		98%	62%	74%	69%	72%	90%	88%	88%
United		97%	58%	79%	92%	75%	89%	100%	75%
Statewide		96%	96%	59%	73%	83%	84%	95%	91%
Autism									
Amerigroup		81%	59%	33%	88%	75%	100%	67%	N/A
Sunflower		50%	45%	47%	15%	25%	20%	50%	20%
United		63%	21%	22%	13%	0%	20%	50%	25%
Statewide		59%	68%	46%	36%	37%	43%	55%	22%
SED									
Amerigroup		91%	99%	98%	99%	100%	97%	96%	92%
Sunflower		91%	92%	87%	93%	95%	90%	97%	72%
United		89%	98%	96%	84%	94%	90%	71%	60%
Statewide		92%	90%	97%	94%	92%	97%	92%	73%

KDADS HCBS Quality Review Report

Service Plan

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

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

Denominator: Number of waiver participants whose service plans were reviewed

Review Period: 10/01/2018 - 12/31/2018

Data Source: MCO Record Review

Compliance By Waiver	Amerigroup	Sunflower	United	Statewide
PD	97%	73%	100%	90%
Numerator	31	22	27	80
Denominator	32	30	27	89
FE	96%	67%	84%	81%
Numerator	25	22	27	74
Denominator	26	33	32	91
IDD	85%	67%	91%	78%
Numerator	23	31	20	74
Denominator	27	46	22	95
TBI	90%	76%	89%	84%
Numerator	19	16	8	43
Denominator	21	21	9	51
TA	100%	88%	75%	91%
Numerator	28	14	9	51
Denominator	28	16	12	56
Autism	N/A	20%	25%	22%
Numerator	0	1	1	2
Denominator	0	5	4	9
SED	92%	100%	100%	98%
Numerator	24	29	35	88
Denominator	26	29	35	90

Explanation of Findings:

FE, TBI, AU, IDD: Missing a Service Plan or an assessment for the full review period. Service Plan is not signed/dated by the individual/Guardian. Service Plan indicated "signature on file," which is not a valid signature. Service Plan was not signed by the MCO care coordinator. No documents uploaded for review. Service Plan does not have any services listed.

Remediation:

Compliance Trends	2013	2014	2015	2016	2017	Jan-Mar 2018	Apr-Jun 2018	Jul-Sep 2018	Oct-Dec 2018
PD									
Amerigroup		90%	44%	73%	81%	97%	91%	94%	97%
Sunflower		89%	49%	67%	85%	69%	84%	74%	73%
United		96%	67%	90%	88%	88%	96%	96%	100%
Statewide	90%	91%	51%	76%	84%	84%	90%	88%	90%
FE									
Amerigroup		92%	55%	75%	82%	92%	96%	72%	96%
Sunflower		92%	50%	73%	77%	88%	67%	76%	67%
United		95%	70%	82%	88%	94%	97%	90%	84%
Statewide	Not a measure	93%	57%	76%	82%	91%	86%	80%	81%
IDD									
Amerigroup		90%	61%	67%	75%	81%	88%	79%	85%
Sunflower		97%	36%	65%	73%	88%	79%	79%	67%
United		89%	45%	78%	92%	87%	87%	96%	91%
Statewide	99%	93%	46%	69%	78%	86%	83%	83%	78%
TBI									
Amerigroup		79%	45%	64%	80%	65%	77%	94%	90%
Sunflower		91%	26%	84%	70%	82%	92%	57%	76%
United		83%	64%	80%	79%	78%	100%	90%	89%
Statewide	84%	84%	43%	72%	78%	70%	85%	78%	84%
TA									
Amerigroup		96%	49%	73%	89%	96%	97%	100%	100%
Sunflower		95%	61%	76%	66%	72%	90%	88%	88%
United		94%	58%	79%	92%	75%	89%	100%	75%
Statewide	96%	96%	54%	75%	83%	84%	93%	96%	91%
Autism									
Amerigroup		79%	59%	30%	88%	75%	100%	100%	N/A
Sunflower		61%	45%	47%	15%	25%	20%	50%	20%
United		86%	21%	17%	13%	0%	20%	50%	25%
Statewide	64%	74%	46%	34%	37%	33%	43%	64%	22%
SED									
Amerigroup		90%	99%	97%	99%	100%	97%	96%	92%
Sunflower		89%	95%	87%	98%	95%	95%	97%	100%
United		86%	100%	97%	88%	94%	100%	94%	100%
Statewide	99%	88%	98%	94%	95%	97%	97%	96%	98%

KDADS HCBS Quality Review Report

Service Plan

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

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

Denominator: Number of waiver participants whose service plans were reviewed

Review Period: 10/01/2018 - 12/31/2018

Data Source: MCO Record Review

Compliance By Waiver	Amerigroup	Sunflower	United	Statewide
PD	94%	73%	100%	89%
Numerator	30	22	27	79
Denominator	32	30	27	89
FE	96%	67%	84%	81%
Numerator	25	22	27	74
Denominator	26	33	32	91
IDD	85%	65%	91%	77%
Numerator	23	30	20	73
Denominator	27	46	22	95
TBI	90%	71%	89%	82%
Numerator	19	15	8	42
Denominator	21	21	9	51
TA	100%	88%	75%	91%
Numerator	28	14	9	51
Denominator	28	16	12	56
Autism	N/A	40%	25%	33%
Numerator	0	2	1	3
Denominator	0	5	4	9
SED	92%	100%	100%	98%
Numerator	24	29	35	88
Denominator	26	29	35	90

Explanation of Findings:

FE, IDD, TBI, AU: No valid signature and or date by individual or guardian. Missing Service Plan for entire review period. Service Plan was conducted by phone and "signature on file" was used instead of a valid signature. Service Plan was not signed by the MCO care coordinator. Service Plan was not completely finished.

TBI: No TBI services indicated on the Service Plan as indicated as needs in the assessment.

Remediation:

Compliance Trends	2013	2014	2015	2016	2017	Jan-Mar 2018	Apr-Jun 2018	Jul-Sep 2018	Oct-Dec 2018
PD									
Amerigroup		88%	68%	76%	85%	97%	82%	94%	94%
Sunflower		87%	69%	73%	87%	78%	74%	81%	73%
United		85%	77%	92%	88%	88%	93%	96%	100%
Statewide	80%	87%	70%	80%	86%	88%	83%	90%	89%
FE									
Amerigroup		84%	76%	78%	82%	92%	96%	80%	96%
Sunflower		88%	61%	84%	86%	91%	67%	79%	67%
United		86%	79%	87%	90%	94%	88%	94%	84%
Statewide	Not a measure	86%	71%	83%	86%	92%	82%	84%	81%
IDD									
Amerigroup		80%	80%	73%	77%	85%	83%	82%	85%
Sunflower		80%	59%	74%	80%	91%	77%	84%	65%
United		82%	55%	79%	92%	87%	87%	96%	91%
Statewide	98%	81%	64%	75%	82%	88%	81%	86%	77%
TBI									
Amerigroup		76%	53%	64%	79%	65%	77%	94%	90%
Sunflower		86%	43%	86%	80%	82%	77%	67%	71%
United		77%	69%	85%	79%	78%	90%	80%	89%
Statewide	64%	80%	53%	74%	80%	70%	80%	80%	82%
TA									
Amerigroup		84%	68%	71%	90%	96%	93%	97%	100%
Sunflower		97%	86%	85%	68%	83%	95%	88%	88%
United		96%	58%	79%	95%	75%	89%	100%	75%
Statewide	No Data	91%	72%	77%	84%	88%	93%	95%	91%
Autism									
Amerigroup		74%	59%	35%	88%	75%	100%	100%	N/A
Sunflower		51%	50%	47%	20%	25%	20%	75%	40%
United		65%	29%	17%	13%	0%	60%	50%	25%
Statewide	55%	65%	49%	36%	38%	33%	57%	73%	33%
SED									
Amerigroup		92%	99%	98%	99%	100%	97%	96%	92%
Sunflower		90%	94%	86%	98%	95%	100%	93%	100%
United		87%	98%	97%	88%	81%	100%	94%	100%
Statewide	Not a measure	90%	97%	94%	95%	93%	99%	94%	98%

KDADS HCBS Quality Review Report

Service Plan

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

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

Denominator: Number of waiver participants whose service plans were reviewed

Review Period: 10/01/2018 - 12/31/2018

Data Source: MCO Record Review

Compliance By Waiver	Amerigroup	Sunflower	United	Statewide
PD	97%	77%	100%	91%
Numerator	31	23	27	81
Denominator	32	30	27	89
FE	96%	67%	84%	81%
Numerator	25	22	27	74
Denominator	26	33	32	91
IDD	85%	70%	91%	79%
Numerator	23	32	20	75
Denominator	27	46	22	95
TBI	90%	76%	100%	86%
Numerator	19	16	9	44
Denominator	21	21	9	51
TA	100%	88%	83%	93%
Numerator	28	14	10	52
Denominator	28	16	12	56
Autism	N/A	40%	50%	44%
Numerator	0	2	2	4
Denominator	0	5	4	9
SED	100%	97%	100%	99%
Numerator	26	28	35	89
Denominator	26	29	35	90

Explanation of Findings:

FE, IDD, TBI, AU: Service Plan was not signed/dated by the individual and/or their guardian. Missing a Service Plan for the full review period. Service Plan was not signed by the MCO care coordinator. MCO care coordinator used an electronic signature which is not valid.

Remediation:

Compliance Trends	2013	2014	2015	2016	2017	Jan-Mar 2018	Apr-Jun 2018	Jul-Sep 2018	Oct-Dec 2018
PD									
Amerigroup		88%	70%	79%	87%	97%	97%	97%	97%
Sunflower		87%	70%	74%	88%	78%	84%	81%	77%
United		84%	79%	89%	88%	88%	96%	96%	100%
Statewide	Not a measure	87%	72%	81%	88%	88%	92%	91%	91%
FE									
Amerigroup		83%	78%	76%	84%	92%	100%	80%	96%
Sunflower		86%	60%	83%	87%	91%	76%	79%	67%
United		87%	83%	88%	91%	94%	97%	94%	84%
Statewide	90%	85%	72%	83%	88%	92%	90%	84%	81%
IDD									
Amerigroup		84%	76%	73%	76%	85%	88%	82%	85%
Sunflower		82%	60%	74%	78%	88%	86%	88%	70%
United		88%	51%	79%	93%	87%	87%	96%	91%
Statewide	Not a measure	84%	63%	75%	81%	87%	87%	88%	79%
TBI									
Amerigroup		73%	51%	65%	80%	71%	81%	94%	90%
Sunflower		84%	45%	86%	80%	91%	92%	67%	76%
United		80%	69%	59%	79%	78%	100%	90%	100%
Statewide	Not a measure	78%	52%	74%	80%	76%	87%	82%	86%
TA									
Amerigroup		83%	75%	71%	90%	96%	100%	100%	100%
Sunflower		97%	86%	84%	68%	83%	95%	88%	88%
United		97%	58%	79%	95%	75%	89%	100%	83%
Statewide	Not a measure	91%	76%	76%	84%	88%	97%	96%	93%
Autism									
Amerigroup		77%	59%	35%	88%	100%	100%	100%	N/A
Sunflower		53%	55%	50%	15%	25%	20%	100%	40%
United		71%	36%	17%	6%	0%	60%	75%	50%
Statewide	Not a measure	69%	52%	37%	35%	42%	57%	91%	44%
SED									
Amerigroup		92%	98%	97%	97%	100%	97%	93%	100%
Sunflower		90%	95%	86%	98%	95%	100%	93%	97%
United		87%	99%	96%	86%	88%	100%	94%	100%
Statewide	93%	90%	98%	94%	93%	95%	99%	93%	99%

KDADS HCBS Quality Review Report

Service Plan

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

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

Denominator: Number of waiver participants whose service plans were reviewed

Review Period: 10/01/2018 - 12/31/2018

Data Source: MCO Record Review

Compliance By Waiver	Amerigroup	Sunflower	United	Statewide
PD	94%	73%	93%	87%
Numerator	30	22	25	77
Denominator	32	30	27	89
FE	92%	82%	88%	87%
Numerator	24	27	28	79
Denominator	26	33	32	91
IDD	74%	72%	82%	75%
Numerator	20	33	18	71
Denominator	27	46	22	95
TBI	81%	81%	78%	80%
Numerator	17	17	7	41
Denominator	21	21	9	51
TA	96%	69%	92%	88%
Numerator	27	11	11	49
Denominator	28	16	12	56
Autism	N/A	100%	75%	89%
Numerator	0	5	3	8
Denominator	0	5	4	9
SED	92%	86%	100%	93%
Numerator	24	25	35	84
Denominator	26	29	35	90

Explanation of Findings:

IDD, TBI: No valid signature and/or date on Service Plan from individual or guardian. Missing current Service Plan or the prior Service Plan to determine timeliness. Service Plan was not completed within specific waiver timelines. No documentation uploaded for review.

Remediation:

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

KDADS HCBS Quality Review Report

Service Plan

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

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

Denominator: Number of waiver participants whose service plans were reviewed

Review Period: 10/01/2018 - 12/31/2018

Data Source: MCO Record Review

Compliance By Waiver	Amerigroup	Sunflower	United	Statewide
PD	100%	93%	100%	98%
Numerator	32	28	27	87
Denominator	32	30	27	89
FE	96%	100%	94%	97%
Numerator	25	33	30	88
Denominator	26	33	32	91
IDD	93%	100%	95%	97%
Numerator	25	46	21	92
Denominator	27	46	22	95
TBI	86%	81%	100%	86%
Numerator	18	17	9	44
Denominator	21	21	9	51
TA	96%	88%	92%	93%
Numerator	27	14	11	52
Denominator	28	16	12	56
Autism	N/A	80%	75%	78%
Numerator	0	4	3	7
Denominator	0	5	4	9
SED	92%	86%	100%	93%
Numerator	24	25	35	84
Denominator	26	29	35	90

Explanation of Findings:

TBI, AU: No valid signature/date on Service Plan by individual or guardian. No documentation uploaded for review. Service Plan revisions were made, but no new signature was obtained, making it invalid.

Remediation:

Compliance Trends	2013	2014	2015	2016	2017	Jan-Mar 2018	Apr-Jun 2018	Jul-Sep 2018	Oct-Dec 2018
PD									
Amerigroup		20%	36%	67%	68%	93%	100%	97%	100%
Sunflower		53%	58%	50%	54%	100%	90%	94%	93%
United		50%	63%	80%	67%	100%	100%	96%	100%
Statewide	75%	39%	53%	65%	62%	98%	97%	96%	98%
FE									
Amerigroup		24%	71%	42%	70%	100%	96%	92%	96%
Sunflower		39%	51%	63%	59%	91%	88%	91%	100%
United		50%	47%	87%	86%	100%	100%	100%	94%
Statewide	78%	38%	54%	65%	67%	97%	94%	94%	97%
IDD									
Amerigroup		7%	60%	27%	67%	96%	92%	100%	93%
Sunflower		38%	16%	25%	47%	95%	95%	95%	100%
United		16%	30%	30%	83%	96%	96%	100%	95%
Statewide	97%	23%	28%	28%	60%	96%	94%	98%	97%
TBI									
Amerigroup		24%	42%	61%	67%	88%	84%	100%	86%
Sunflower		54%	27%	75%	44%	91%	92%	86%	81%
United		46%	50%	75%	33%	89%	100%	100%	100%
Statewide	53%	38%	38%	67%	57%	89%	89%	94%	86%
TA									
Amerigroup		32%	73%	56%	94%	96%	97%	97%	96%
Sunflower		54%	89%	63%	57%	94%	95%	88%	88%
United		38%	43%	60%	100%	100%	100%	100%	92%
Statewide	92%	42%	75%	60%	83%	96%	97%	95%	93%
Autism									
Amerigroup		10%	0%	17%	75%	100%	100%	100%	N/A
Sunflower		17%	25%	50%	14%	100%	100%	100%	80%
United		0%	0%	9%	0%	75%	100%	75%	75%
Statewide	45%	11%	11%	16%	22%	92%	100%	91%	78%
SED									
Amerigroup		90%	90%	97%	97%	100%	97%	96%	92%
Sunflower		83%	79%	68%	88%	95%	86%	97%	86%
United		84%	93%	83%	67%	94%	97%	94%	100%
Statewide	85%	86%	88%	83%	83%	97%	87%	96%	93%

KDADS HCBS Quality Review Report

Service Plan

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

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

Denominator: Number of waiver participants whose service plans were reviewed

Review Period: 10/01/2018 - 12/31/2018

Data Source: MCO Record Review

Compliance By Waiver	Amerigroup	Sunflower	United	Statewide
PD	91%	77%	100%	89%
Numerator	29	23	27	79
Denominator	32	30	27	89
FE	88%	70%	88%	81%
Numerator	23	23	28	74
Denominator	26	33	32	91
IDD	81%	70%	86%	77%
Numerator	22	32	19	73
Denominator	27	46	22	95
TBI	71%	81%	89%	78%
Numerator	15	17	8	40
Denominator	21	21	9	51
TA	100%	88%	83%	93%
Numerator	28	14	10	52
Denominator	28	16	12	56
Autism	N/A	20%	25%	22%
Numerator	0	1	1	2
Denominator	0	5	4	9
SED	92%	100%	100%	98%
Numerator	24	29	35	88
Denominator	26	29	35	90

Explanation of Findings:

FE, IDD, TBI, AU: No valid signature/date on Service Plan by individual or Guardian. Service Plan was signed AFTER the services were started. No documentation uploaded for review. No log notes or incomplete log notes so could not verify services received. Providers unable to staff some or all needed service hours. Not receiving all services as listed on Service Plan due to refusal and/or behavioral issues. Plan indicates TLS services but there is nothing in the file to validate the individual is getting TLS services.

Remediation:

Compliance Trends	2013	2014	2015	2016	2017	Jan-Mar 2018	Apr-Jun 2018	Jul-Sep 2018	Oct-Dec 2018
PD									
Amerigroup		94%	69%	79%	83%	93%	94%	94%	91%
Sunflower		96%	72%	76%	88%	75%	87%	81%	77%
United		96%	78%	91%	87%	88%	96%	85%	100%
Statewide	85%	95%	72%	81%	86%	85%	92%	87%	89%
FE									
Amerigroup		83%	76%	75%	81%	92%	88%	76%	88%
Sunflower		96%	64%	86%	87%	88%	67%	85%	70%
United		96%	79%	89%	88%	94%	94%	94%	88%
Statewide	87%	92%	72%	83%	86%	91%	82%	86%	81%
IDD									
Amerigroup		78%	84%	73%	75%	81%	88%	79%	81%
Sunflower		97%	62%	77%	80%	88%	84%	88%	70%
United		100%	59%	81%	90%	87%	87%	96%	86%
Statewide	98%	92%	68%	77%	81%	86%	86%	87%	77%
TBI									
Amerigroup		81%	55%	63%	77%	62%	81%	83%	71%
Sunflower		95%	46%	84%	76%	91%	77%	62%	81%
United		85%	71%	83%	76%	78%	80%	80%	89%
Statewide	70%	87%	56%	72%	77%	70%	80%	73%	78%
TA									
Amerigroup		98%	73%	79%	88%	93%	100%	100%	100%
Sunflower		100%	86%	82%	68%	83%	95%	82%	88%
United		96%	58%	82%	92%	83%	78%	100%	83%
Statewide	100%	98%	74%	80%	83%	88%	95%	95%	93%
Autism									
Amerigroup		89%	59%	37%	88%	100%	75%	100%	N/A
Sunflower		100%	55%	50%	15%	25%	20%	50%	20%
United		50%	21%	17%	13%	0%	60%	75%	25%
Statewide	50%	86%	49%	38%	37%	42%	50%	73%	22%
SED									
Amerigroup		91%	99%	95%	99%	100%	97%	96%	92%
Sunflower		96%	94%	84%	98%	95%	100%	97%	100%
United		92%	99%	91%	86%	88%	100%	94%	100%
Statewide	13%	93%	98%	90%	94%	95%	99%	96%	98%

KDADS HCBS Quality Review Report

Service Plan

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

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

Denominator: Number of waiver participants interviewed by QMS staff

Review Period: 10/01/2018 - 12/31/2018

Data Source: Customer Interview

Compliance By Waiver	Amerigroup	Sunflower	United	Statewide
PD	70%	100%	100%	91%
Numerator	7	12	10	29
Denominator	10	12	10	32
FE	92%	100%	100%	97%
Numerator	11	9	15	35
Denominator	12	9	15	36
IDD	100%	100%	100%	100%
Numerator	9	20	9	38
Denominator	9	20	9	38
TBI	86%	78%	67%	79%
Numerator	6	7	2	15
Denominator	7	9	3	19
TA	100%	75%	100%	93%
Numerator	6	3	4	13
Denominator	6	4	4	14
Autism	N/A	100%	0%	50%
Numerator	0	2	0	2
Denominator	0	2	2	4
SED	Not a waiver performance measure			
Numerator				
Denominator				

Explanation of Findings:

Autism: No Service Plan due to sequencing and procedural errors and lack of provider networks. ABA services are extremely hard to acquire. Most ABA providers do not accept Medicaid and those that do have waiting lists or are too far away.
 TBI: Provider networks are inadequate. No Behavioral therapists available to provide services. Not sure if all services are being received.
 PD: Individual feels they need more time. No services set up yet.

Remediation:

Compliance Trends	2013	2014	2015	2016	2017	Jan-Mar 2018	Apr-Jun 2018	Jul-Sep 2018	Oct-Dec 2018
PD									
Amerigroup		97%			94%	100%	95%	100%	70%
Sunflower		92%			97%	95%	100%	100%	100%
United		93%			91%	100%	100%	90%	100%
Statewide	Not a measure	94%	No Data	No Data	94%	98%	98%	98%	91%
FE									
Amerigroup		85%			97%	100%	100%	89%	92%
Sunflower		86%			93%	95%	93%	93%	100%
United		82%			91%	89%	93%	93%	100%
Statewide	87%	84%	No Data	No Data	94%	95%	95%	92%	97%
IDD									
Amerigroup		92%			93%	100%	100%	100%	100%
Sunflower		96%			99%	96%	92%	100%	100%
United		93%			92%	100%	100%	100%	100%
Statewide	Not a measure	94%	No Data	No Data	96%	98%	96%	100%	100%
TBI									
Amerigroup		81%			81%	81%	91%	100%	86%
Sunflower		88%			79%	67%	75%	86%	78%
United		83%			76%	100%	100%	100%	67%
Statewide	Not a measure	83%	No Data	No Data	80%	80%	89%	94%	79%
TA									
Amerigroup		89%			96%	93%	100%	100%	100%
Sunflower		84%			94%	100%	100%	100%	75%
United		85%			94%	100%	100%	100%	100%
Statewide	Not a measure	87%	No Data	No Data	95%	96%	100%	100%	93%
Autism									
Amerigroup		74%			89%	100%	33%	100%	N/A
Sunflower		70%			50%	100%	67%	100%	100%
United		60%			75%	100%	67%	50%	0%
Statewide	Not a measure	71%	No Data	No Data	68%	100%	56%	80%	50%
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: 10/01/2018 - 12/31/2018

Data Source: MCO Record Review

Compliance By Waiver	Amerigroup	Sunflower	United	Statewide
PD	97%	77%	100%	91%
Numerator	31	23	27	81
Denominator	32	30	27	89
FE	96%	64%	88%	81%
Numerator	25	21	28	74
Denominator	26	33	32	91
IDD	85%	70%	91%	79%
Numerator	23	32	20	75
Denominator	27	46	22	95
TBI	90%	86%	100%	90%
Numerator	19	18	9	46
Denominator	21	21	9	51
TA	96%	94%	83%	93%
Numerator	27	15	10	52
Denominator	28	16	12	56
Autism	N/A	40%	50%	44%
Numerator	0	2	2	4
Denominator	0	5	4	9
SED	96%	86%	100%	94%
Numerator	25	25	35	85
Denominator	26	29	35	90

Explanation of Findings:

FE, IDD, AU: No valid signature and/or date on Service Plan by individual and/or Guardian. Service Plan was not signed by the MCO care coordinator. MCO care coordinator used an electronic signature on the Service Plan. No documents uploaded for review.

Remediation:

Compliance Trends	2013	2014	2015	2016	2017	Jan-Mar 2018	Apr-Jun 2018	Jul-Sep 2018	Oct-Dec 2018
PD									
Amerigroup		68%	56%	68%	80%	97%	97%	97%	97%
Sunflower		58%	69%	73%	85%	78%	84%	81%	77%
United		69%	73%	89%	87%	88%	93%	96%	100%
Statewide	52%	65%	65%	76%	84%	88%	91%	91%	91%
FE									
Amerigroup		68%	59%	64%	82%	92%	100%	80%	96%
Sunflower		76%	59%	82%	86%	91%	73%	79%	64%
United		77%	75%	85%	91%	94%	97%	94%	88%
Statewide	56%	74%	63%	77%	86%	92%	89%	84%	81%
IDD									
Amerigroup		51%	45%	68%	74%	85%	83%	82%	85%
Sunflower		68%	42%	69%	71%	88%	77%	84%	70%
United		75%	55%	76%	91%	83%	87%	96%	91%
Statewide	99%	64%	46%	70%	77%	86%	81%	86%	79%
TBI									
Amerigroup		54%	50%	53%	76%	71%	81%	94%	90%
Sunflower		75%	40%	86%	80%	91%	85%	67%	86%
United		70%	74%	83%	79%	78%	100%	90%	100%
Statewide	44%	65%	52%	67%	78%	76%	85%	82%	90%
TA									
Amerigroup		87%	65%	68%	85%	85%	100%	100%	96%
Sunflower		84%	80%	77%	66%	83%	95%	82%	94%
United		92%	58%	79%	95%	75%	89%	100%	83%
Statewide	96%	86%	68%	72%	81%	82%	97%	95%	93%
Autism									
Amerigroup		67%	67%	47%	88%	100%	100%	100%	N/A
Sunflower		44%	45%	50%	40%	25%	40%	100%	40%
United		88%	21%	17%	19%	0%	40%	25%	50%
Statewide	40%	63%	49%	42%	48%	42%	57%	73%	44%
SED									
Amerigroup		94%	91%	98%	99%	91%	100%	100%	96%
Sunflower		91%	72%	84%	94%	68%	95%	97%	86%
United		84%	97%	88%	88%	88%	100%	97%	100%
Statewide	98%	89%	88%	90%	94%	82%	99%	98%	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: 10/01/2018 - 12/31/2018

Data Source: MCO Record Review

Compliance By Waiver	Amerigroup	Sunflower	United	Statewide
PD	97%	77%	100%	91%
Numerator	31	23	27	81
Denominator	32	30	27	89
FE	96%	64%	88%	81%
Numerator	25	21	28	74
Denominator	26	33	32	91
IDD	85%	70%	91%	79%
Numerator	23	32	20	75
Denominator	27	46	22	95
TBI	90%	86%	100%	90%
Numerator	19	18	9	46
Denominator	21	21	9	51
TA	100%	94%	83%	95%
Numerator	28	15	10	53
Denominator	28	16	12	56
Autism	N/A	60%	50%	56%
Numerator	0	3	2	5
Denominator	0	5	4	9
SED	96%	86%	100%	94%
Numerator	25	25	35	85
Denominator	26	29	35	90

Explanation of Findings:

FE, IDD, AU: No valid signature and/or date from individual or guardian. No documentation uploaded for review. MCO care coordinator used an electronic signature.

Remediation:

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

KDADS HCBS Quality Review Report

Service Plan

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

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

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

Review Period: 10/01/2018 - 12/31/2018

Data Source: MCO Record Review

Compliance By Waiver	Amerigroup	Sunflower	United	Statewide
PD	97%	77%	100%	91%
Numerator	31	23	27	81
Denominator	32	30	27	89
FE	96%	64%	88%	81%
Numerator	25	21	28	74
Denominator	26	33	32	91
IDD	85%	67%	91%	78%
Numerator	23	31	20	74
Denominator	27	46	22	95
TBI	90%	86%	100%	90%
Numerator	19	18	9	46
Denominator	21	21	9	51
TA	100%	94%	83%	95%
Numerator	28	15	10	53
Denominator	28	16	12	56
Autism	N/A	80%	75%	78%
Numerator	0	4	3	7
Denominator	0	5	4	9
SED	96%	86%	100%	94%
Numerator	25	25	35	85
Denominator	26	29	35	90

Explanation of Findings:

FE, IDD, AU: No valid signature and/or date by individual or guardian. No documentation uploaded for review.

Remediation:

Compliance Trends	2013	2014	2015	2016	2017	Jan-Mar 2018	Apr-Jun 2018	Jul-Sep 2018	Oct-Dec 2018
PD									
Amerigroup		76%	57%	67%	81%	100%	97%	97%	97%
Sunflower		74%	67%	73%	87%	78%	84%	81%	77%
United		80%	78%	88%	87%	88%	96%	96%	100%
Statewide	Not a measure	76%	66%	75%	85%	89%	92%	91%	91%
FE									
Amerigroup		67%	58%	72%	81%	92%	100%	80%	96%
Sunflower		87%	56%	82%	86%	91%	73%	79%	64%
United		85%	79%	84%	91%	94%	97%	94%	88%
Statewide	65%	80%	63%	79%	86%	92%	89%	84%	81%
IDD									
Amerigroup		47%	47%	66%	73%	93%	88%	82%	85%
Sunflower		69%	41%	68%	74%	88%	79%	86%	67%
United		78%	57%	79%	92%	83%	83%	96%	91%
Statewide	No Data	64%	46%	70%	78%	88%	82%	87%	78%
TBI									
Amerigroup		55%	51%	54%	78%	76%	81%	94%	90%
Sunflower		79%	40%	86%	78%	82%	85%	67%	86%
United		73%	74%	83%	79%	78%	100%	90%	100%
Statewide	No Data	67%	52%	68%	78%	78%	85%	82%	90%
TA									
Amerigroup		87%	65%	69%	85%	96%	100%	100%	100%
Sunflower		98%	80%	81%	68%	83%	95%	82%	94%
United		94%	55%	79%	95%	75%	89%	100%	83%
Statewide	No Data	92%	68%	74%	81%	88%	97%	95%	95%
Autism									
Amerigroup		86%	67%	65%	94%	100%	100%	100%	N/A
Sunflower		47%	59%	67%	70%	25%	60%	75%	80%
United		75%	43%	33%	38%	0%	60%	0%	75%
Statewide	No Data	72%	59%	60%	67%	42%	71%	55%	78%
SED									
Amerigroup		94%	92%	98%	99%	91%	100%	100%	96%
Sunflower		91%	72%	84%	94%	68%	95%	97%	86%
United		85%	98%	88%	87%	88%	100%	97%	100%
Statewide	99%	90%	89%	91%	93%	82%	99%	98%	94%

KDADS HCBS Quality Review Report

Service Plan

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

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

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

Review Period: 10/01/2018 - 12/31/2018

Data Source: MCO Record Review

Compliance By Waiver	Amerigroup	Sunflower	United	Statewide
PD	94%	77%	100%	90%
Numerator	30	23	27	80
Denominator	32	30	27	89
FE	92%	64%	88%	80%
Numerator	24	21	28	73
Denominator	26	33	32	91
IDD	81%	63%	91%	75%
Numerator	22	29	20	71
Denominator	27	46	22	95
TBI	81%	86%	89%	84%
Numerator	17	18	8	43
Denominator	21	21	9	51
TA	100%	94%	83%	95%
Numerator	28	15	10	53
Denominator	28	16	12	56
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:

FE, IDD, TBI: No valid signature and/or date by individual or guardian. Service Plan signed after services started, making it incomplete. Service Plan not signed by care coordinator. Care coordinator used an electronic signature. The checkbox on the Service Plan was not checked to indicate choice. Service Plan indicates the person chose to not self-direct services, but the Service Plan includes self-directed services.

Remediation:

Compliance Trends	2013	2014	2015	2016	2017	Jan-Mar 2018	Apr-Jun 2018	Jul-Sep 2018	Oct-Dec 2018
PD									
Amerigroup		64%	58%	72%	81%	93%	88%	94%	94%
Sunflower		73%	68%	72%	87%	78%	81%	81%	77%
United		77%	78%	88%	86%	88%	96%	96%	100%
Statewide	Not a measure	71%	66%	77%	84%	86%	88%	90%	90%
FE									
Amerigroup		64%	59%	73%	79%	85%	96%	80%	92%
Sunflower		84%	59%	81%	87%	85%	73%	76%	64%
United		77%	79%	85%	88%	94%	97%	94%	88%
Statewide	65%	75%	64%	79%	85%	88%	88%	83%	80%
IDD									
Amerigroup		34%	47%	64%	68%	85%	88%	82%	81%
Sunflower		61%	39%	60%	65%	86%	74%	86%	63%
United		77%	57%	73%	93%	83%	87%	96%	91%
Statewide	No Data	53%	46%	64%	73%	85%	81%	87%	75%
TBI									
Amerigroup		50%	50%	56%	73%	71%	81%	94%	81%
Sunflower		85%	43%	82%	78%	91%	85%	62%	86%
United		70%	74%	83%	79%	78%	100%	90%	89%
Statewide	No Data	66%	52%	68%	75%	76%	85%	80%	84%
TA									
Amerigroup		82%	56%	66%	84%	96%	100%	100%	100%
Sunflower		98%	82%	79%	68%	83%	95%	82%	94%
United		100%	58%	79%	95%	75%	78%	100%	83%
Statewide	No Data	90%	64%	72%	81%	88%	95%	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 unexpected deaths

Review Period: 10/01/2018 - 12/31/2018

Data Source: Adverse Incident Reporting

Compliance By Waiver	Amerigroup	Sunflower	United	Statewide
PD	N/A	100%	N/A	100%
Numerator	0	2	0	2
Denominator	0	2	0	2
FE	N/A	82%	100%	85%
Numerator	0	9	2	11
Denominator	0	11	2	13
IDD	N/A	88%	100%	92%
Numerator	0	7	4	11
Denominator	0	8	4	12
TBI	N/A	N/A	100%	100%
Numerator	0	0	1	1
Denominator	0	0	1	1
TA	N/A	100%	N/A	100%
Numerator	0	1	0	1
Denominator	0	1	0	1
Autism	N/A	N/A	N/A	N/A
Numerator	0	0	0	0
Denominator	0	0	0	0
SED				
Numerator				
Denominator				

Explanation of Findings:

There were a total of 3 Unexpected Death reports which identified preventable causes in the 10/01/18-12/31/18 timeframe (one I/DD and 2 FE waiver participants). All members included in fallout data had Sunflower as MCO.

There was a quality of care concern identified on the I/DD member's unexpected death. Local police, APS and MCO staff assisting with investigation. Appropriate follow-up measures were taken by MCO Sunflower to identify and follow-up on this unexpected death with preventable causes identified.

One FE member's death was a suicide, MCO follow-up and investigation determined identification of preventable causes, but not due to quality of care issues. Member had been repeatedly offered mental health services and home therapy, however member refused to participate. SUNFLOWER

The other FE member, per DPOA, suffered a massive heart attack while in care of a nursing facility. MCO indicated preventable causes identified, but not as a result of quality of care concerns. No further action necessary. SUNFLOWER

SED reports are not currently routed to the HCBS worklist in the AIR system. KDADS is working on routing those to the HCBS worklist for review and investigation by their corresponding MCO.

Remediation:

Information included is from the first quarter the updated AIR system went live. Ongoing education with KDADS and the MCOs to confirm review/investigation follow appropriate policies and procedures and appropriate follow-up measures taken continues. There is no remediation necessary at this time regarding this Performance Measure.

KDADS continues to educate providers across all waivers regarding the reporting requirements to AIR for HCBS members.

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

Compliance Trends	2013	2014	2015	2016	2017	Jan-Mar 2018	Apr-Jun 2018	Jul-Sep 2018	Oct-Dec 2018
PD									
Amerigroup									N/A
Sunflower									100%
United									N/A
Statewide									100%
FE									
Amerigroup									N/A
Sunflower									82%
United									100%
Statewide									85%
IDD									
Amerigroup									N/A
Sunflower									88%
United									100%
Statewide									92%
TBI									
Amerigroup									N/A
Sunflower									N/A
United									100%
Statewide									100%
TA									
Amerigroup									N/A
Sunflower									100%
United									N/A
Statewide									100%
Autism									
Amerigroup									N/A
Sunflower									N/A
United									N/A
Statewide									N/A
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: 10/01/2018 - 12/31/2018

Data Source: Adverse Incident Reporting

Compliance By Waiver	Amerigroup	Sunflower	United	Statewide
PD	N/A	100%	N/A	100%
Numerator	0	2	0	2
Denominator	0	2	0	2
FE	N/A	100%	100%	100%
Numerator	0	11	2	13
Denominator	0	11	2	13
IDD	N/A	100%	100%	100%
Numerator	0	8	4	12
Denominator	0	8	4	12
TBI	N/A	N/A	100%	100%
Numerator	0	0	1	1
Denominator	0	0	1	1
TA	N/A	100%	N/A	100%
Numerator	0	1	0	1
Denominator	0	1	0	1
Autism	N/A	N/A	N/A	N/A
Numerator	0	0	0	0
Denominator	0	0	0	0
SED				
Numerator				
Denominator				

Explanation of Findings:

For the timeframe and performance measure requested, review and investigation of all reports followed appropriate policies and procedures as in the approved waiver.

SED reports are not currently routed to the HCBS worklist in the AIR system. KDADS is working on routing those to the HCBS worklist for review and investigation by their corresponding MCO.

Remediation:

KDADS continues to educate providers across all waivers regarding the reporting requirements to AIR for HCBS members.

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

Compliance Trends	2013	2014	2015	2016	2017	Jan-Mar 2018	Apr-Jun 2018	Jul-Sep 2018	Oct-Dec 2018
PD									
Amerigroup									N/A
Sunflower									100%
United									N/A
Statewide									100%
FE									
Amerigroup									N/A
Sunflower									100%
United									100%
Statewide									100%
IDD									
Amerigroup									N/A
Sunflower									100%
United									100%
Statewide									100%
TBI									
Amerigroup									N/A
Sunflower									N/A
United									100%
Statewide									100%
TA									
Amerigroup									N/A
Sunflower									100%
United									N/A
Statewide									100%
Autism									
Amerigroup									N/A
Sunflower									N/A
United									N/A
Statewide									N/A
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: 10/01/2018 - 12/31/2018

Data Source: Adverse Incident Reporting

Compliance By Waiver	Amerigroup	Sunflower	United	Statewide
PD	N/A	100%	N/A	100%
Numerator	0	2	0	2
Denominator	0	2	0	2
FE	N/A	100%	100%	100%
Numerator	0	11	2	13
Denominator	0	11	2	13
IDD	N/A	100%	100%	100%
Numerator	0	8	4	12
Denominator	0	8	4	12
TBI	N/A	N/A	100%	100%
Numerator	0	0	1	1
Denominator	0	0	1	1
TA	N/A	100%	N/A	100%
Numerator	0	1	0	1
Denominator	0	1	0	1
Autism	N/A	N/A	N/A	N/A
Numerator	0	0	0	0
Denominator	0	0	0	0
SED				
Numerator				
Denominator				

Explanation of Findings:

As it pertains to the timeframe and performance measure requested, appropriate follow-up measures were taken for all reported incidents involving unexpected deaths.

SED reports are not currently routed to the HCBS worklist in the AIR system. KDADS is working on routing those to the HCBS worklist for review and investigation by their corresponding MCO.

Remediation:

KDADS continues to educate providers across all waivers regarding the reporting requirements to AIR for HCBS members.

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

Compliance Trends	2013	2014	2015	2016	2017	Jan-Mar 2018	Apr-Jun 2018	Jul-Sep 2018	Oct-Dec 2018
PD									
Amerigroup									N/A
Sunflower									100%
United									N/A
Statewide									100%
FE									
Amerigroup									N/A
Sunflower									100%
United									100%
Statewide									100%
IDD									
Amerigroup									N/A
Sunflower									100%
United									100%
Statewide									100%
TBI									
Amerigroup									N/A
Sunflower									N/A
United									100%
Statewide									100%
TA									
Amerigroup									N/A
Sunflower									100%
United									N/A
Statewide									100%
Autism									
Amerigroup									N/A
Sunflower									N/A
United									N/A
Statewide									N/A
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: 10/01/2018 - 12/31/2018

Data Source: MCO Record Review

Compliance By Waiver	Amerigroup	Sunflower	United	Statewide
PD	97%	90%	100%	96%
Numerator	31	27	27	85
Denominator	32	30	27	89
FE	96%	73%	84%	84%
Numerator	25	24	27	76
Denominator	26	33	32	91
IDD	85%	76%	91%	82%
Numerator	23	35	20	78
Denominator	27	46	22	95
TBI	90%	95%	100%	94%
Numerator	19	20	9	48
Denominator	21	21	9	51
TA	100%	94%	75%	93%
Numerator	28	15	9	52
Denominator	28	16	12	56
Autism	N/A	40%	50%	44%
Numerator	0	2	2	4
Denominator	0	5	4	9
SED	65%	55%	14%	42%
Numerator	17	16	5	38
Denominator	26	29	35	90

Explanation of Findings:

FE, IDD, AU, SED: No valid signature and/or date by individual and/or guardian. Service Plan not signed by MCO care coordinator. Service Plan was completed by phone and indicated "signature on file". No file uploaded for review. No information regarding ANE in the file to review.

Remediation:

Compliance Trends	2013	2014	2015	2016	2017	Jan-Mar 2018	Apr-Jun 2018	Jul-Sep 2018	Oct-Dec 2018
PD									
Amerigroup		51%	19%	67%	87%	97%	97%	97%	97%
Sunflower		88%	72%	74%	90%	84%	87%	81%	90%
United		90%	80%	88%	88%	89%	96%	96%	100%
Statewide	65%	72%	53%	76%	88%	90%	93%	91%	96%
FE									
Amerigroup		59%	16%	61%	85%	92%	100%	80%	96%
Sunflower		86%	62%	84%	89%	94%	73%	79%	73%
United		92%	80%	88%	93%	94%	97%	94%	84%
Statewide	80%	78%	50%	78%	89%	93%	89%	84%	84%
IDD									
Amerigroup		23%	6%	59%	78%	85%	88%	86%	85%
Sunflower		87%	59%	75%	82%	91%	84%	88%	76%
United		100%	56%	79%	93%	87%	87%	96%	91%
Statewide	99%	68%	42%	71%	83%	88%	86%	89%	82%
TBI									
Amerigroup		30%	12%	56%	81%	71%	81%	94%	90%
Sunflower		94%	45%	84%	78%	100%	92%	67%	95%
United		80%	76%	85%	79%	78%	100%	90%	100%
Statewide	57%	63%	34%	69%	80%	78%	87%	82%	94%
TA									
Amerigroup		61%	38%	75%	91%	96%	100%	100%	100%
Sunflower		99%	86%	84%	72%	83%	95%	88%	94%
United		97%	61%	79%	95%	75%	89%	100%	75%
Statewide	86%	82%	57%	78%	86%	88%	97%	96%	93%
Autism									
Amerigroup		62%	8%	23%	88%	100%	100%	100%	N/A
Sunflower		33%	29%	39%	50%	50%	40%	100%	40%
United		43%	14%	6%	13%	0%	60%	75%	50%
Statewide	90%	50%	16%	26%	50%	50%	64%	91%	44%
SED									
Amerigroup		88%	64%	27%	25%	83%	59%	93%	65%
Sunflower		80%	53%	22%	16%	32%	33%	33%	55%
United		78%	63%	19%	5%	38%	38%	3%	14%
Statewide	89%	82%	60%	23%	15%	52%	44%	42%	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: 10/01/2018 - 12/31/2018

Data Source: Adverse Incident Reporting

Compliance By Waiver	Amerigroup	Sunflower	United	Statewide
PD	96%	87%	100%	93%
Numerator	26	52	38	116
Denominator	27	60	38	125
FE	100%	85%	100%	91%
Numerator	11	50	28	89
Denominator	11	59	28	98
IDD	96%	91%	100%	94%
Numerator	368	738	433	1539
Denominator	385	813	433	1631
TBI	100%	90%	100%	92%
Numerator	2	46	8	56
Denominator	2	51	8	61
TA	100%	100%	100%	100%
Numerator	2	10	1	13
Denominator	2	10	1	13
Autism	N/A	N/A	N/A	N/A
Numerator	0	0	0	0
Denominator	0	0	0	0
SED				
Numerator				
Denominator				

Explanation of Findings:

Overall the MCOs have done a great job maintaining compliance with review and sufficient resolution of adverse incidents in the required timeframe. It was discovered that several of the Sunflower reports indicated in fallout data occurred due to the MCO not receiving notification during some of the initial months after the inception of the updated AIR process and systems 9/2018. KDADS identified 6 reports involving Sunflower during this timeframe that were assigned, but did not send email notification to MCO to initiate follow-up. Those reports have since been assigned and resolved. With that in consideration, Sunflower was above 90% compliance for all reported waivers.

SED reports are not currently routed to the HCBS worklist in the AIR system. KDADS is working on routing those to the HCBS worklist for review and investigation by their corresponding MCO.

Remediation:

Fallout data indicates the majority of non-compliance reports were due to technical errors, which occurred early on in the timeframe requested. These issues have since been resolved and KDADS Program Integrity monitors the system on a daily basis.

KDADS and the MCOs continue to improve the process and ensure timely investigation, review and completion of Adverse Incidents. KDADS Program Integrity Manager and MCO AIR Managers have an open line of communication to ensure compliance and provide best practices to ensure reports are sufficiently resolved. There are also planned meetings with each individual MCO AIR Manager to discuss trends and address any areas of non-compliance.

KDADS Program Integrity tracks the reports they have assigned to ensure timely completion and have the ability to issue CAPs when there are reports that have surpassed the timeline with no action taken; these actions are exhibited as applicable depending on severity of incident. The typical process to this point is to reach out to the MCO AIR manager to discuss any concerns, ensure reports are completed timely and receive further explanation as to why they would like to keep the report open longer to ensure necessary supports and follow-up to sufficiently resolve, confirm member safety and take any other action as necessary.

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

Compliance Trends	2013	2014	2015	2016	2017	Jan-Mar 2018	Apr-Jun 2018	Jul-Sep 2018	Oct-Dec 2018
PD									
Amerigroup									96%
Sunflower									87%
United									100%
Statewide									93%
FE									
Amerigroup									100%
Sunflower									85%
United									100%
Statewide									91%
IDD									
Amerigroup									96%
Sunflower									91%
United									100%
Statewide									94%
TBI									
Amerigroup									100%
Sunflower									90%
United									100%
Statewide									92%
TA									
Amerigroup									100%
Sunflower									100%
United									100%
Statewide									100%
Autism									
Amerigroup									N/A
Sunflower									N/A
United									N/A
Statewide									N/A
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: 10/01/2018 - 12/31/2018

Data Source: Adverse Incident Reporting

Compliance By Waiver	Amerigroup	Sunflower	United	Statewide
PD	100%	100%	100%	100%
Numerator	26	56	37	119
Denominator	26	56	37	119
FE	100%	100%	100%	100%
Numerator	10	42	25	77
Denominator	10	42	25	77
IDD	100%	100%	100%	100%
Numerator	383	802	429	1614
Denominator	383	802	429	1614
TBI	100%	100%	100%	100%
Numerator	2	51	7	60
Denominator	2	51	7	60
TA	100%	100%	100%	100%
Numerator	1	9	1	11
Denominator	1	9	1	11
Autism	N/A	N/A	N/A	N/A
Numerator	0	0	0	0
Denominator	0	0	0	0
SED				
Numerator				
Denominator				

Explanation of Findings:

Performance Measure met.

SED reports are not currently routed to the HCBS worklist in the AIR system. KDADS is working on routing those to the HCBS worklist for review and investigation by their corresponding MCO.

Remediation:

No Remediation necessary.

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

Compliance Trends	2013	2014	2015	2016	2017	Jan-Mar 2018	Apr-Jun 2018	Jul-Sep 2018	Oct-Dec 2018
PD									
Amerigroup									100%
Sunflower									100%
United									100%
Statewide									100%
FE									
Amerigroup									100%
Sunflower									100%
United									100%
Statewide									100%
IDD									
Amerigroup									100%
Sunflower									100%
United									100%
Statewide									100%
TBI									
Amerigroup									100%
Sunflower									100%
United									100%
Statewide									100%
TA									
Amerigroup									100%
Sunflower									100%
United									100%
Statewide									100%
Autism									
Amerigroup									N/A
Sunflower									N/A
United									N/A
Statewide									N/A
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: 10/01/2018 - 12/31/2018

Data Source: Adverse Incident Reporting

Compliance By Waiver	Amerigroup	Sunflower	United	Statewide
PD	N/A	N/A	N/A	N/A
Numerator	0	0	0	0
Denominator	0	0	0	0
FE	N/A	N/A	N/A	N/A
Numerator	0	0	0	0
Denominator	0	0	0	0
IDD	67%	58%	50%	59%
Numerator	4	7	2	13
Denominator	6	12	4	22
TBI	N/A	N/A	N/A	N/A
Numerator	0	0	0	0
Denominator	0	0	0	0
TA	N/A	N/A	N/A	N/A
Numerator	0	0	0	0
Denominator	0	0	0	0
Autism	N/A	N/A	N/A	N/A
Numerator	0	0	0	0
Denominator	0	0	0	0
SED				
Numerator				
Denominator				

Explanation of Findings:

AMG- There were 2 reports where unauthorized use of restraint was utilized. One instance the member became combative at the bowling alley, attacked staff and was held until police arrived to calm the individual down; restraint was necessary to prevent harm to self/others, no Quality of Care concern identified. The second report was assigned to Amerigroup 12/31/18, there were no MCO staff available for follow-up; KDADS confirmed restraint approved, this was reported as fallout in error as the MCO did not complete any follow-up.

SUN- Of the 5 reports where unauthorized use of restraints were indicated, 2 reports were duplicates of an unauthorized restraint due to member restraining another member, there was no quality of care concern and/or issues with staff. One report involved a member being locked out of group home, but has a key (just not on person) and was incorrectly marked as Seclusion. Another report involved a member who committed assault and battery on staff, staff restrained for safety until police arrived and all was resolved. Finally, there was a report involving a member who had the door tied shut to keep member in room, confirmed by photographic evidence, confirmed unauthorized use of restraint/seclusion.

UHC- There were 2 reports during the timeframe requested involving unauthorized uses of restraint/seclusion. One case referred to MCO Quality of Care (QOC) due to unauthorized use of restraint; MCO Care Coordinator worked with member's support team to establish an appropriate behavior support plan. The second case involved a report that abuse and restraints were being used in the home by family, confirmed unauthorized uses of restraints and APS contacted.

SED reports are not currently routed to the HCBS worklist in the AIR system. KDADS is working on routing those to the HCBS worklist for review and investigation by their corresponding MCO.

Remediation:

AMG- No further remediation necessary, MCO is no longer contracted with the state, Aetna started as the new MCO 1/1/19.

SUN- 4 of the 5 reports that involved unauthorized uses of restraint and seclusion did not require remediation or further action other than continued education with providers on reporting uses of restraint, seclusion or restrictive intervention. The report involving the member having the door tied shut, two staff members were identified and were terminated.

UHC- The 2 reports of unauthorized use of restricted interventions were resolved appropriately by the MCO. Continued efforts to ensure the safety and rights of members are upheld, provider education offered as applicable.

KDADS continues to educate providers across all waivers regarding the reporting requirements to AIR for HCBS members.

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

Compliance Trends	2013	2014	2015	2016	2017	Jan-Mar 2018	Apr-Jun 2018	Jul-Sep 2018	Oct-Dec 2018
PD									
Amerigroup									N/A
Sunflower									N/A
United									N/A
Statewide									N/A
FE									
Amerigroup									N/A
Sunflower									N/A
United									N/A
Statewide									N/A
IDD									
Amerigroup									67%
Sunflower									58%
United									50%
Statewide									59%
TBI									
Amerigroup									N/A
Sunflower									N/A
United									N/A
Statewide									N/A
TA									
Amerigroup									N/A
Sunflower									N/A
United									N/A
Statewide									N/A
Autism									
Amerigroup									N/A
Sunflower									N/A
United									N/A
Statewide									N/A
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: 10/01/2018 - 12/31/2018

Data Source: Adverse Incident Reporting

Compliance By Waiver	Amerigroup	Sunflower	United	Statewide
PD	N/A	N/A	N/A	N/A
Numerator	0	0	0	0
Denominator	0	0	0	0
FE	N/A	N/A	N/A	N/A
Numerator	0	0	0	0
Denominator	0	0	0	0
IDD	N/A	75%	100%	83%
Numerator	0	3	2	5
Denominator	0	4	2	6
TBI	N/A	N/A	N/A	N/A
Numerator	0	0	0	0
Denominator	0	0	0	0
TA	N/A	N/A	N/A	N/A
Numerator	0	0	0	0
Denominator	0	0	0	0
Autism	N/A	N/A	N/A	N/A
Numerator	0	0	0	0
Denominator	0	0	0	0
SED				
Numerator				
Denominator				

Explanation of Findings:

SUN- there was one report regarding unauthorized uses of restrictive interventions being appropriately reported. The report identified had incorrect confirmation information from KDADS PIC staff who received the report upon completion of MCO follow-up. MCO follow-up shows that the restraint followed procedures as specified in the approved waiver and was authorized, so Sunflower should be considered 100% compliance for the timeframe reviewed.

SED reports are not currently routed to the HCBS worklist in the AIR system. KDADS is working on routing those to the HCBS worklist for review and investigation by their corresponding MCO.

Remediation:

Program Integrity Staff has received additional trainings since 1/2019, when this report was completed. Continued education with KDADS PIC staff occurs to ensure MCO follow-up is sufficient and KDADS Confirmations are entered correctly to provide accurate data.

KDADS continues to educate providers across all waivers regarding the reporting requirements to AIR for HCBS members.

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

Compliance Trends	2013	2014	2015	2016	2017	Jan-Mar 2018	Apr-Jun 2018	Jul-Sep 2018	Oct-Dec 2018
PD									
Amerigroup									N/A
Sunflower									N/A
United									N/A
Statewide									N/A
FE									
Amerigroup									N/A
Sunflower									N/A
United									N/A
Statewide									N/A
IDD									
Amerigroup									N/A
Sunflower									75%
United									100%
Statewide									83%
TBI									
Amerigroup									N/A
Sunflower									N/A
United									N/A
Statewide									N/A
TA									
Amerigroup									N/A
Sunflower									N/A
United									N/A
Statewide									N/A
Autism									
Amerigroup									N/A
Sunflower									N/A
United									N/A
Statewide									N/A
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: 10/01/2018 - 12/31/2018

Data Source: MCO Record Review

Compliance By Waiver	Amerigroup	Sunflower	United	Statewide
PD	50%	38%	24%	38%
Numerator	15	11	6	32
Denominator	30	29	25	84
FE	27%	30%	21%	26%
Numerator	7	9	6	22
Denominator	26	30	28	84
IDD	52%	76%	36%	60%
Numerator	14	35	8	57
Denominator	27	46	22	95
TBI	30%	44%	43%	38%
Numerator	6	8	3	17
Denominator	20	18	7	45
TA	56%	85%	70%	67%
Numerator	14	11	7	32
Denominator	25	13	10	48
Autism	N/A	100%	50%	80%
Numerator	0	3	1	4
Denominator	0	3	2	5
SED	81%	52%	49%	59%
Numerator	21	15	17	53
Denominator	26	29	35	90

Explanation of Findings:

PD, FE, IDD, TBI, TA, AU, SED: File includes the last doctor visit, but not the last physical exam. No documentation of a "physical exam" was included in the file. The date provided for the physical exam only included month and year. Physical exam documentation provided was not completed within the required timeframe.
 SED: No proof of annual physical exam in documentation. Physical exams from KBH were not completed annually as required or there was no indication in the file they had been completed.

Remediation:

Compliance Trends	2013	2014	2015	2016	2017	Jan-Mar 2018	Apr-Jun 2018	Jul-Sep 2018	Oct-Dec 2018
PD									
Amerigroup		78%			20%	43%	47%	45%	50%
Sunflower		81%			34%	19%	52%	52%	38%
United		88%			34%	11%	25%	35%	24%
Statewide	Not a measure	82%	No Data	No Data	29%	25%	42%	45%	38%
FE									
Amerigroup		89%			23%	40%	27%	43%	27%
Sunflower		97%			31%	20%	32%	29%	30%
United		97%			31%	10%	17%	28%	21%
Statewide	Not a measure	95%	No Data	No Data	29%	22%	25%	33%	26%
IDD									
Amerigroup		91%			28%	59%	50%	61%	52%
Sunflower		99%			52%	65%	60%	78%	76%
United		99%			26%	17%	29%	35%	36%
Statewide	Not a measure	97%	No Data	No Data	39%	52%	50%	62%	60%
TBI									
Amerigroup		84%			21%	27%	33%	24%	30%
Sunflower		94%			32%	36%	17%	19%	44%
United		93%			19%	50%	38%	13%	43%
Statewide	Not a measure	90%	No Data	No Data	23%	33%	30%	20%	38%
TA									
Amerigroup		100%			39%	27%	56%	78%	56%
Sunflower		100%			56%	71%	71%	93%	85%
United		97%			68%	42%	63%	78%	70%
Statewide	Not a measure	100%	No Data	No Data	49%	44%	62%	82%	67%
Autism									
Amerigroup		100%			56%	75%	100%	100%	N/A
Sunflower		92%			65%	50%	75%	75%	100%
United		100%			19%	100%	33%	0%	50%
Statewide	Not a measure	98%	No Data	No Data	48%	45%	73%	50%	80%
SED									
Amerigroup		54%			76%	91%	82%	93%	81%
Sunflower		55%			27%	91%	62%	80%	52%
United		46%			47%	63%	66%	71%	49%
Statewide	Not a measure	52%	No Data	No Data	52%	54%	71%	81%	59%

KDADS HCBS Quality Review Report

Health and Welfare

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

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

Denominator: Number of waiver participants with a red flag designation

Review Period: 10/01/2018 - 12/31/2018

Data Source: MCO Record Review

Compliance By Waiver	Amerigroup	Sunflower	United	Statewide
PD	97%	87%	100%	94%
Numerator	31	26	27	84
Denominator	32	30	27	89
FE	96%	73%	84%	84%
Numerator	25	24	27	76
Denominator	26	33	32	91
IDD	85%	74%	91%	81%
Numerator	23	34	20	77
Denominator	27	46	22	95
TBI	90%	95%	89%	92%
Numerator	19	20	8	47
Denominator	21	21	9	51
TA	100%	100%	83%	96%
Numerator	28	16	10	54
Denominator	28	16	12	56
Autism	N/A	60%	50%	56%
Numerator	0	3	2	5
Denominator	0	5	4	9
SED	Not a waiver performance measure			
Numerator				
Denominator				

Explanation of Findings:

FE, IDD, AU: No valid signature/date by individual or guardian. Documentation provided did not cover the entire review period. No documentation provided on BUP. BUP indicated a "signature on file" making it invalid. BUP was not signed by the MCO care coordinator making it invalid.

Remediation:

Compliance Trends	2013	2014	2015	2016	2017	Jan-Mar 2018	Apr-Jun 2018	Jul-Sep 2018	Oct-Dec 2018
PD									
Amerigroup		59%	53%	73%	86%	93%	97%	97%	97%
Sunflower		77%	49%	66%	79%	81%	90%	84%	87%
United		64%	80%	88%	87%	88%	96%	93%	100%
Statewide	Not a measure	67%	58%	75%	84%	88%	95%	91%	94%
FE									
Amerigroup		61%	62%	72%	84%	88%	96%	80%	96%
Sunflower		72%	56%	72%	77%	94%	82%	76%	73%
United		76%	81%	85%	91%	93%	94%	94%	84%
Statewide	59%	70%	65%	76%	84%	92%	90%	83%	84%
IDD									
Amerigroup		67%	61%	65%	74%	85%	88%	86%	85%
Sunflower		58%	32%	59%	70%	74%	70%	70%	74%
United		70%	58%	73%	90%	70%	87%	96%	91%
Statewide	Not a measure	64%	47%	64%	76%	76%	79%	81%	81%
TBI									
Amerigroup		46%	49%	62%	80%	71%	81%	94%	90%
Sunflower		68%	42%	80%	84%	100%	92%	71%	95%
United		56%	74%	80%	79%	78%	100%	90%	89%
Statewide	Not a measure	56%	52%	70%	81%	78%	87%	84%	92%
TA									
Amerigroup		75%	54%	79%	90%	96%	100%	100%	100%
Sunflower		91%	58%	77%	78%	72%	85%	82%	100%
United		86%	63%	79%	95%	75%	89%	100%	83%
Statewide	Not a measure	83%	57%	78%	87%	84%	93%	95%	96%
Autism									
Amerigroup		77%	44%	32%	88%	100%	100%	100%	N/A
Sunflower		53%	27%	67%	80%	50%	80%	100%	60%
United		38%	7%	6%	13%	0%	60%	50%	50%
Statewide	Not a measure	64%	30%	40%	62%	50%	79%	82%	56%
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: 10/01/2018 - 12/31/2018

Data Source: MCO Claims Data

Compliance By Waiver	Statewide
PD	96%
Numerator	75,202
Denominator	78,534
FE	96%
Numerator	41,770
Denominator	43,413
IDD	97%
Numerator	142,219
Denominator	146,705
TBI	90%
Numerator	8,365
Denominator	9,261
TA	93%
Numerator	7,920
Denominator	8,487
Autism	100%
Numerator	5
Denominator	5
SED	77%
Numerator	20,090
Denominator	26,203
All HCBS Waivers	95%
Numerator	295,571
Denominator	312,608

Compliance Trends	2013	2014	2015	2016	2017	Jan-Mar 2018	Apr-Jun 2018	Jul-Sep 2018	Oct-Dec 2018
PD									
Statewide	not a measure	N/A	N/A	N/A	N/A	98%	96%	95%	96%
FE									
Statewide	not a measure	N/A	N/A	N/A	N/A	96%	95%	94%	96%
IDD									
Statewide	not a measure	N/A	N/A	N/A	N/A	96%	97%	97%	97%
TBI									
Statewide	not a measure	N/A	N/A	N/A	N/A	91%	93%	85%	90%
TA									
Statewide	not a measure	N/A	N/A	N/A	N/A	89%	90%	92%	93%
Autism									
Statewide	not a measure	N/A	N/A	N/A	N/A	85%	75%	78%	100%
SED									
Statewide	not a measure	N/A	N/A	N/A	N/A	85%	85%	80%	77%
All HCBS Waivers									
Statewide	not a measure	90%	88%	95%	95%	95%	95%	94%	95%

Explanation of Findings:

MCO self-reported data.

Remediation:

KDADS HCBS Quality Review Report

Financial Accountability

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

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

Denominator: Total number of capitation (payment) rates

Review Period: 10/01/2018 - 12/31/2018

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.



KanCare Ombudsman Report

Quarter 2, 2019 (based on calendar year)

April 1 – June 30, 2019

Data downloaded 7/13/19

KanCare Ombudsman Office

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Highlights/Dashboard

1. KanCare Ombudsman report now including purpose – page 4

The KanCare Ombudsman report is now including an overview of the Office and includes the purpose and reporting requirements.

2. Contact Information – page 4

Contacts with the KanCare Ombudsman Office are averaging around a thousand calls per quarter for the last year and a half.

Initial Contacts	Qtr. 1	Qtr. 2	Qtr. 3	Qtr. 4
2017	825	835	970	1,040
2018	1,214	1,059	1,088	1,124
2019	1,060	1,097		

3. Enhancements to program – page 18

There were seven updates and/or additions to resources on the KanCare Ombudsman web pages including:

- the Directory of Mental Health Resource
- the Substance Use Disorder (SUD) Directory

These two resources were provided by Kansas Department of Aging and Disability Services Behavior Health Commission.

I. KanCare Ombudsman Purpose

The KanCare Ombudsman Office helps Kansas Medicaid beneficiaries and applicants, with a primary focus on individuals participating in the HCBS waiver program or receiving other long-term care services through KanCare.

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

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

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

This quarterly report provides updates about the KanCare Ombudsman Office activities (see the Outreach and Education section) and data collected (starting on page 7) as the office works to serve Kansans, both beneficiaries and organizations connected to the KanCare program.

II. Accessibility by Ombudsman's Office

A. Initial Contacts

The KanCare Ombudsman office was contacted by members and applicants of KanCare (Medicaid) by phone, email, written communication, and in person during second quarter of 2019. The initial contacts have averaged over 1,000 for the last eight 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	1,097		

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 or applicant.

Contacts by phone and email	Qtr. 1	Qtr. 2	Qtr. 3	Qtr. 4
2017	2,043	2,570	3,292	3,612
2018	3,640	3,144	3,213	3,066
2019	3,220	3,208		

There may be multiple contacts for a member/applicant.

C. Accessibility through the KanCare Ombudsman Volunteer Program

Both KanCare Ombudsman Satellite offices (in Olathe and Wichita) 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.

	Volunteer Hours	# of Volunteers	# of hours covered/wk.	Area Codes covered
Olathe Satellite Office	M: 9am-4pm T: 9am-4pm W: 10am-2pm Th: 9am-1pm F: 10am-1:30pm	5	25.5	913, 785, 816
Wichita Satellite Office	T: 9:30am-4:30pm Th: 9am-4:30pm F: 9am-1pm	4	18	316, 620

Information as of 7/13/19

III. Outreach by Ombudsman's office

The KanCare Ombudsman Office is responsible to help beneficiaries understand the KanCare system and provide training and outreach to community organizations to directly help beneficiaries. The office does this through education, publications and training.

Due to some staff turnover, the outreach in general was less this quarter than in the past. One new area of outreach is through social media (Facebook) which allows our office to provide educational information to a broad group of people interested in Medicaid related topics. Please "join" our Facebook page if you haven't already.

A. Outreach through Collaboration and Education

The Ombudsman office provided 16 educational outreach events during second quarter. Highlights would be the Governor's Public Health Conference and the Kickapoo Health Fair, both in April.

B. Outreach through Publications

Publication outreach included using the KanCare Ombudsman Facebook to provide public education on Medicaid and related topics in addition to local senior newsletters, fliers in public libraries, and continued display of Ombudsman contact information at DCF lobby televisions.

C. Outreach through Collaboration and Training

The KanCare Ombudsman Office collaborated with community partners through:

- participating on a panel to answer questions for seniors regarding medical assistance,
- presenting an overview of the Ombudsman office to the Community Developmental Disability Organization (CDDO) business meeting and
- presenting at the Positive Aging Day event at Wichita State University.

For the full listing see Appendix A

IV. Data by Ombudsman Office

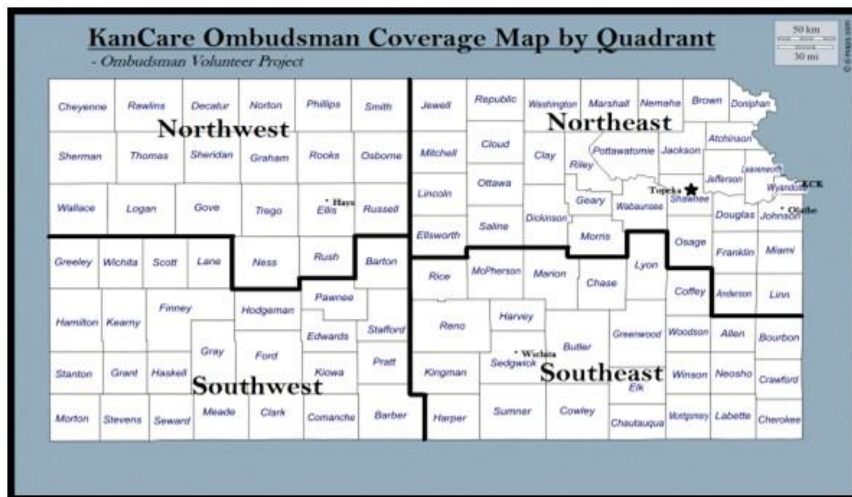
The data for the KanCare Ombudsman Office includes data by region, office location, contact method, caller type, program type, issue category and action taken.

A. Data by Region

1. Initial Contacts to KanCare Ombudsman Office by Region

The KanCare ombudsman coverage is divided into four regions. The map directly below shows the counties included in each region. The north/south dividing line is based on the state area codes coverage (785 and 620).

- 785, 913 and 816 area code calls in the two northern regions go to the Olathe Satellite office.
- 316 and 620 area code calls in the two southern regions go to the Wichita Satellite office.
- The remaining calls, direct calls and complex calls go to the Topeka (main) office.



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 (see chart and map on page 8).

Region	Q1/18	Q2/18	Q3/18	Q4/18	Q1/19	Q2/19
Northeast	157	220	238	187	183	210
Southeast	59	135	163	244	205	129
Northwest	14	16	10	14	7	20
Southwest	14	18	14	29	19	24
Out of State	14	17	21	17	16	8
Not Identified	955	653	639	633	630	706
Total	1,213	1,059	1,085	1,124	1,060	1,097

2. KanCare/Medicaid Members by Region

This chart shows the KanCare/Medicaid population by the KanCare Ombudsman regions. The majority of the Medicaid population is located in the eastern two regions.

Medicaid

Region	Q4/18	Q1/19	Q2/19
Northeast	194,798	205,267	179,011
Southeast	175,370	185,683	160,821
Northwest	12,488	13,240	11,575
Southwest	38,023	40,073	34,613
Total	420,679	444,263	386,020

Q2 2019 Data as of 7/15/19

3. Kansas Population Density

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

Based on 2015 Census data – www.KCDCinfo.ks.gov Kansas Population Density map using number of people per square mile (ppsm)



- 5 Urban - 150+ ppsm
- 4 Semi-Urban - 40-149.9 ppsm
- 3 Densely-Settled Rural - 20 to 39.9 ppsm
- 2 Rural - 6 to 19.9 ppsm
- 1 Frontier - less than 6 ppsm

B. Data by Office Location

Initial phone calls to the KanCare Ombudsman toll-free number (1-855-643-8180) are sent directly to one of three KanCare Ombudsman offices based on the area code the call is coming from. Olathe receives 913, 785 and 816 area code calls. Wichita receives 620 and 316 area code calls. All other toll-free calls go to the Main office (Topeka). People also call all three offices directly; the direct phone numbers for the satellite offices are listed on the KanCare Ombudsman webpage, Contact Us.

Initial Contacts by Office	Q1/18	Q2/18	Q3/18	Q4/18	Q1/19	Q2/19
Topeka (Main Office)	772	619	491	546	561	620
Olathe	68	81	223	177	166	213
Wichita	374	359	371	401	333	264
Total	1,214	1,059	1,085	1,124	1,060	1,097

C. Data by Contact Method

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

Face-to-face contacts are usually through:

- walk-in assistance at the satellite offices in Olathe and Wichita.
- Assistance to Kansas Department of Aging and Disability Services (KDADS) walk-ins in Topeka who need help with Medicaid related questions.
- people with personal concerns who attend KanCare public meetings. The KanCare Ombudsman office tries to attend most of these and be available to answer individual questions/issues that may come up.

Contact Method	Q1/2018	Q2/2018	Q3/2018	Q4/2018	Q1/2019	Q2/2019
Email	112	119	153	161	152	138
Face-to-Face Meeting	7	9	22	20	12	6
Letter	2	1	2	3	1	5
Social Media	0	0	0	0	0	0
Other	2	0	2	1	5	0
Telephone	1,090	930	909	939	898	948
CONTACT METHOD TOTAL	1,213	1,059	1,088	1,124	1,068	1,097

D. Data by Caller Type

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

Provider issues are a combination of providers calling to assist a member or applicant having issues, or provider billing issues which we forward to KDHE.

Initial Contacts by Caller Type	Q1/2018	Q2/2018	Q3/2018	Q4/2018	Q1/2019	Q2/2019
Consumer	1,065	943	899	977	920	939
MCO Employee	6	4	5	4	8	11
Other type	46	31	85	50	47	78
Provider	96	81	99	93	93	69
CALLER TYPE TOTAL	1,213	1,059	1,088	1,124	1,068	1,097

E. Data by Program Type

The top program types that we receive calls for are three of the 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	Q2/2019
PD	51	27	28	37	40	32
I/DD	29	27	36	32	30	36
FE	27	22	30	31	25	20
AUTISM	1	1	2	4	3	4
SED	9	2	8	7	5	7
TBI	7	10	9	6	13	11
TA	5	3	7	3	5	7
WH	5	4	6	5	2	5
MFP	1	0	0	0	0	0
PACE	0	0	0	0	2	1
MENTAL HEALTH	2	1	3	2	2	5
SUB USE DIS	0	0	0	0	1	0
NURSING FACILITY	47	39	28	41	33	27
PROGRAM TYPE TOTAL	184	136	157	168	161	155

There may be multiple selections for a member/contact.

F. Data by Issue Category

The top issues for second quarter continue to be all Medicaid issues: Medicaid General Issues/questions, Medicaid Information/Status Update, Medicaid Eligibility questions and Medicaid Application Assistance. Medicaid renewal issues have been increasing over the last two quarters.

Issue Category	Q1/18	Q2/18	Q3/18	Q4/18	Q1/19	Q2/19
Access to Providers (usually Medical)	4	2	8	10	11	14
Abuse / neglect complaints	10	10	7	2	8	6
Affordable Care Act Calls	15	12	9	8	5	5
Appeals/Fair Hearing questions/issues	46	26	38	16	17	12
Background Checks	4	0	1	0	2	1
Billing	40	26	33	19	30	29
Care Coordinator Issues	10	11	7	14	18	5
Change MCO	12	7	5	37	12	10
Choice Info on MCO	3	3	3	20	7	8
Client Obligation	53	35	24	27	22	19
Coding Issues	32	9	11	21	15	11
Consumer said Notice not received	16	6	15	13	6	7
Cultural Competency	0	1	1	3	1	0
Data Requests	3	2	4	0	2	4
Dental	10	9	6	7	11	6
Division of Assets	10	3	5	11	8	11
Durable Medical Equipment	1	4	9	13	4	5
Estate Recovery	10	4	10	8	4	9
Grievances Questions/Issues	28	35	23	12	12	19
Guardianship	3	6	5	5	1	1
HCBS Eligibility issues	46	28	37	34	35	33
HCBS General Issues	36	35	60	49	62	46
HCBS Reduction in hours of service	7	2	3	2	6	3
HCBS Waiting List	4	4	4	10	6	7
Health Homes	0	1	0	1	0	0
Help understanding mail	4	16	22	21	15	6
Housing Issues	7	8	7	4	5	4
Medicaid Application Assistance	185	135	144	174	171	137
Medicaid Eligibility Issues	209	219	183	187	152	145
Medicaid Fraud	3	2	2	5	1	4
Medicaid General Issues/questions	63	186	200	256	273	254
Medicaid info (status) update	210	217	196	187	124	175
Medicaid Renewal	103	58	39	24	56	119
Medical Services	23	27	11	13	18	9
Medicare related Issues	17	23	26	31	18	15
Medicare Savings Plan Issues	19	17	20	25	22	29
Moving to / from Kansas	16	14	21	19	20	17
Nursing Facility Issues	20	19	23	24	36	39
Pain management issues	0	0	0	1	5	1

Issue Category - continued	Q1/18	Q2/18	Q3/18	Q4/18	Q1/19	Q2/19
Pharmacy	16	1	2	11	18	16
Prior authorization issues	1	2	0	4	8	0
Questions for Conference Calls/Sessions	0	1	0	1	0	0
Respite	0	1	0	1	1	0
Social Security Issues	9	13	12	24	16	15
Spend Down Issues	28	32	24	28	29	21
Transportation	16	10	9	12	11	9
Working Healthy	3	6	8	9	3	5
X-Other	213	114	132	135	134	119
Z Thank you.	558	510	482	498	408	398
Z Unspecified	78	68	72	80	97	111
ISSUE CATEGORY TOTAL	2,204	1,980	1,963	2,116	1,946	1,919

There may be multiple selections for a member/contact.

V. Action Taken

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

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

A. Responding to Issues

1. Ombudsman Office response to members/applicants

The Ombudsman Office goal is to respond to a contact within two business days. Second quarter response within 0-2 days increased by four percentage points.

<u>Quarter</u> <u>yr.</u>	<u>Nmbr</u> <u>Contacts</u>	<u>%Responded</u>	<u>%</u> <u>Responded</u>	<u>%</u> <u>Response</u>
		<u>0-2 Days</u>	<u>in 3-7 Days</u>	<u>8 or More</u> <u>Days</u>
Q1/2018	1,213	82%	17%	1%
Q2/2018	1,059	90%	10%	1%
Q3/2018	1,088	87%	12%	1%
Q4/2018	1,124	86%	14%	0%
Q1/2019	1,067	88%	11%	1%
Q2/2019	1,094	92%	8%	1%

Chart reflects calendar day response time.

2. Organizational response to Ombudsman requests

The KanCare Ombudsman office sends requests for review and assistance to various KanCare/related organizations. This data also includes conference calls made by the Ombudsman office with the beneficiary to KanCare/related organizations. The following information provides data on the resolution rate for issues that have been referred.

When comparing quarters 1 and 2 of 2019 for organizations that had contacts in both quarters: **KMAP remained the same, Sunflower and United's percentages improved in all ranges.** The remaining organizations went from a higher response percentage in first quarter to lower percentage in second quarter in 0-2 days category which also had a negative impact on response percentages for the remaining categories.

For example:

The Clearinghouse 0-2 days responded rate went from 78% in 1st quarter to 63% in second quarter, which is a downturn in the response rate. The remaining responded categories also had a downturn in responded percentage for the remaining groupings (3-7 days, 8-30 days, etc.).

Quarter 1, 2019

<u>Nmbr Referrals</u>	<u>Referred to</u>	<u>% Responded</u>	<u>% Responded</u>	<u>% Responded</u>	<u>% Responded</u>
		<u>0-2 Days</u>	<u>3-7 Days</u>	<u>8-30 Days</u>	<u>31 or More Days</u>
125	Clearinghouse	78%	11%	10%	0%
3	DCF	100%	0%	0%	0%
2	KDADS-Behavior Health	100%	0%	0%	0%
15	KDADS-HCBS	53%	20%	27%	0%
-	KDADS-Health Occ. Cred.	0%	0%	0%	0%
17	KDHE-Eligibility	94%	6%	0%	0%
10	KDHE-Program Staff	70%	20%	10%	0%
12	KDHE-Provider Contact	83%	17%	0%	0%
1	KMAP	100%	0%	0%	0%
14	Aetna	79%	7%	14%	0%
1	Amerigroup	100%	0%	0%	0%
14	Sunflower	79%	14%	7%	0%
17	UnitedHealthcare	47%	35%	12%	6%

Quarter 2, 2019

<u>Nmbr Referrals</u>	<u>Referred to</u>	<u>% Responded</u>	<u>% Responded</u>	<u>% Responded</u>	<u>% Responded</u>
		<u>0-2 Days</u>	<u>3-7 Days</u>	<u>8-30 Days</u>	<u>31 or More Days</u>
100	Clearinghouse	63%	23%	13%	1%
1	DCF	0%	100%	0%	0%
-	KDADS-Behavior Health	0%	0%	0%	0%
7	KDADS-HCBS	100%	0%	0%	0%
-	KDADS-Health Occ. Cred.	0%	0%	0%	0%
31	KDHE-Eligibility	61%	23%	13%	3%
4	KDHE-Program Staff	50%	25%	25%	0%
5	KDHE-Provider Contact	60%	20%	20%	0%
1	KMAP	100%	0%	0%	0%
10	Aetna	60%	20%	20%	0%
-	Amerigroup	0%	0%	0%	0%
5	Sunflower	80%	20%	0%	0%
6	UnitedHealthcare	67%	17%	17%	0%

B. Resolving requests

1. Action Taken by KanCare Ombudsman Office to resolve requests

Every 4 out of 5 (80%) initial calls were resolved by providing some type of resource, for example the KanCare Ombudsman office followed up to resolve the issue, shared resources through mailings, provided referrals to other organizations, etc.

Action Taken Resolution Type	Q1/18	Q2/18	Q3/18	Q4/18	Q1/19	Q2/19
Questions/Issue Resolved (No Resources)	105	69	70	106	94	85
Used Contact or Resources/Issue Resolved	766	675	752	873	834	868
Closed (No Contact)	101	133	109	132	126	122
ACTION TAKEN RESOLUTION TYPE TOTAL	972	877	931	1,111	1,054	1,075

There may be multiple selections for a member/contact

2. Referred Beneficiary to an Organization for Assistance

This chart provides information on when our office tells a member, “This is who you need to call and here is the phone number.” 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	Q2/2019
Clearinghouse	316	249	283
KDADS-Behavior Health	0	1	3
KDADS-HCBS	18	22	15
KDADS-Health Occ. Cred.	0	1	1
KDHE	18	12	13
KMAP	9	8	0
DCF	10	3	2
Aetna	11	18	4
Amerigroup	19	1	0
Sunflower	23	19	9
UnitedHealthcare	20	24	13
State or Community Agency	142	120	82
Disability Rights and/or KLS	9	8	2
ACTION TAKEN REFER CALLER TO ORGANIZATION TOTAL	595	486	427

There may be multiple selections for a member/contact.

3. Ombudsman Office Resolution of Issues

The average days to close/resolve an issue remained relatively the same over the last four quarters. The improvement in 3rd quarter, 2018 was due to clarification for staff and volunteers to close a case 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.

<u>Quarter yr.</u>	<u>Avg Days To Respond</u>	<u>%Responded 0-2 Days</u>	<u>% Responded in 3-7 Days</u>	<u>% Response 8 or More Days</u>
Q1/2018	12	56%	17%	28%
Q2/2018	10	60%	13%	27%
Q3/2018	4	72%	17%	11%
Q4/2018	4	71%	18%	11%
Q1/2019	3	72%	17%	11%
Q2/2019	4	75%	13%	12%

VI. Enhancements or New Activities

A. Updating/Adding resources

The KanCare Ombudsman Office updated the following resources to ensure they are staying up to date.

- Who Should I Call? Updated in June 2019
- Medicare Savings Program Brochure; Updated by KDHE April 2019; sent to volunteers and staff.
- Grievances Fact Sheets (Eligibility, MCO and Fee for Service) reviewed by KDHE, updated and posted to web pages; May 2019
- Refugee Immigration Fact Sheet; updated and reposted to webpages; May 2019
- Documentation Checklist for KanCare Applications; updated April 2019
- Added the Directory of Mental Health Resource in Kansas, updated in March 2019, to the KanCare Ombudsman Resource page under General health and Disability Resources.
- Added the Substance Use Disorder (SUD) Kansas Directory to the KanCare Ombudsman Resource page under General health and Disability Resources.

VII. Appendix A - Outreach by Ombudsman's office

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

A. Outreach through Collaboration and Education

This topic includes Community Outreach Events/Presentations such as education, networking and referrals.

- 4-3-19 (Manhattan, KS): Governor's Public Health Conference – Outreach event for Public Health Departments and Nurses; vendor table with resources
- 4-13-19 (Wichita KS): presented to the Caregiver Support Group about our services and volunteer program at Ascension Lutheran Church.
- 4-13-19 (Wichita KS): attended Medical Mission at Home to provide information about our services at Mueller Magnet Elementary School.
- 4-17-19 (Wichita KS): presented about our services and gave information about our program to the director of The Senior Information Series at Botanica at WSU CEI.
- 4-22-19 (Hays) All MCO provider Training; vendor table with resources
- 4-23-19 (Dodge City) Area Agency on Aging Health Fair; vendor table with resources
- 4-23-19 (Wichita) All MCO Provider Training; vendor table with resources
- 4-23-19 (Horton, KS): Kickapoo Health Fair; vendor table with resources
- 4-24-19 (Olathe, KS): PD and FE Waiver Public Comment Sessions; available to answer questions
- 4-24-19 (Wichita KS): tabled and provided information about our office at the MCO Provider Training in at the Wichita Eugene M. Hughes Metroplex.
- 4-25-19 (Wichita KS): tabled and provided information about our office at the Waiver Renewal Stakeholder Engagement Sessions at the Eugene M. Hughes Metroplex.
- 4-29-19 (Topeka) Bob Bethell Joint Committee on HCBS and KanCare; provided testimony and first quarter report.
- 5-1-19 (Olathe, KS) All MCO Provider Training; vendor table with resources.
- 5-6-19 (Topeka) KanCare Advisory Council Meeting; provided overview of first quarter report

- 5-30-19 (Wichita, KS): Wichita Bridge Center, Parklane- Outreach Opportunity
- 6-11-19 (Greensburg) Post-Legislative Stakeholder Meeting; available to answer questions if needed.

B. Outreach through Print Media and Social Media

- All DCF offices throughout Kansas continue to display our outreach post on their lobby televisions, for those consumers in the waiting rooms.
- Golden Years Newspaper (Counties: Franklin, Osage, Anderson, Linn, Coffey) (April, May, June 2019)
- **Outreach Flyer Continue to be Posted in Libraries:**
 1. Olathe Public Library (Johnson, Co.)
 2. Rawlins Co.
 3. Smith Center Co.
 4. Norton Co.
 5. Rush Co.
 6. Thomas Co.
 7. Cheyenne Co.
 8. Decatur Co.
 9. Sheridan Co.
 10. Graham Co.
 11. Wallace Co.
 12. Logan Co.
 13. Trego Co.
 14. Phillips Co.
 15. Rooks Co.
 16. Ellis Co.
 17. Russell Co.
- Outreach through Social Media
 - KanCare Ombudsman Facebook page, (Counties: All), KanCare Advisory Council Meeting (June 2019)
 - KanCare Ombudsman Facebook page, (Counties: All), Volunteer flier (July 26, 2019)
 - KanCare Ombudsman Facebook page, (Counties: All), Clearinghouse info. (July 22, 2019)
 - KanCare Ombudsman Facebook page, (Counties: All), Get to Know Kerrie, (July 18, 2019)
 - KanCare Ombudsman Facebook page, (Counties: All), Summer Food Program info. (May 21, 2019)

- KanCare Ombudsman Facebook page, (Counties: All), Lyme Disease, (May 21, 2019)
- KanCare Ombudsman Facebook page, (Counties: All), Directory of Mental Health Resources info. (May 10, 2019)
- KanCare Ombudsman Facebook page, (Counties: All), Long Term Care Ombudsman info. (May 2, 2019)
- KanCare Ombudsman Facebook page, (Counties: All), Inclusive family center info. (May 2, 2019)
- KanCare Ombudsman Facebook page, (Counties: All), KDADS Physical Disability Waiver Renewal Public Comment Presentation, (May 2, 2019)
- KanCare Ombudsman Facebook page, (Counties: All), KDADS Frail Elderly Waiver Renewal Public Comment, (May 2, 2019)
- KanCare Ombudsman Facebook page, (Counties: All), Butler County Spring Fling, (April 1, 2019)
- KanCare Ombudsman Facebook page, (Counties: All), SCDDO: Community County Informational Meeting, (April 10, 2019)
- KanCare Ombudsman Facebook page, (Counties: All), Wichita State University Student Health Services, (April 10, 2019)
- KanCare Ombudsman Facebook page, (Counties: All), Critical Condition: Stories of Health in the Heartland Premiere, (April 12, 2019)
- KanCare Ombudsman Facebook page, (Counties: All), SCDDO: Community County Informational meeting, (April 17, 2019)
- KanCare Ombudsman Facebook page, (Counties: All), Senior Expo- Dodge City, (April 24, 2019)
- KanCare Ombudsman Facebook page, (Counties: All), Frail Elderly (FE) Waiver Meeting, (April 24, 2019)
- KanCare Ombudsman Facebook page, (Counties: All), HCBS Physical Disability Waiver Renewal meeting, (April 24, 2019)

C. Outreach through Collaboration and Training

- 4-14-19 (Kansas City, KS (Wyandotte Co.): “Are you Ready for the Golden Years?” presented by Bethel SDA Church, (Invited to be on panel answering questions to the public on Medical Assistance)
- 5-16-19 (Topeka) CDDO Quarterly Business Meeting; provided an overview of the KanCare Ombudsman Office
- 6-18-19 (Wichita, KS): Positive Aging Day WSU Event; presentation.

VIII. Appendix B – Information by Managed Care Organization

A. Aetna-Issue Category

Issue Category - Aetna	Q1/19	Q2/19
Access to Providers (usually Medical)	2	2
Abuse / neglect complaints	0	0
Affordable Care Act Calls	0	0
Appeals/Fair Hearing questions/issues	0	1
Background Checks	0	0
Billing	3	0
Care Coordinator Issues	10	1
Change MCO	4	3
Choice Info on MCO	2	0
Client Obligation	2	3
Coding Issues	1	0
Consumer said Notice not received	0	1
Cultural Competency	0	0
Data Requests	0	0
Dental	3	0
Division of Assets	0	0
Durable Medical Equipment	1	2
Estate Recovery	0	0
Grievances Questions/Issues	2	2
Guardianship	0	0
HCBS Eligibility issues	5	3
HCBS General Issues	7	5
HCBS Reduction in hours of service	0	0
HCBS Waiting List	2	0
Help understanding mail	0	1
Housing Issues	0	0
Medicaid Application Assistance	2	1
Medicaid Coding	0	0
Medicaid Eligibility Issues	5	7
Medicaid Fraud	0	0
Medicaid General Issues/questions	16	18
Medicaid info (status) update	4	1
Medicaid Renewal	1	12
Medical Services	3	4
Medicare related Issues	0	1
Medicare Savings Plan Issues	2	1
Moving to / from Kansas	0	0

Issue Category - Aetna	Q1/19	Q2/19
Nursing Facility Issues	0	1
Pain management issues	0	1
Pharmacy	4	3
Prior authorization issues	1	0
Respite	0	0
Social Security Issues	1	1
Spend Down Issues	1	3
Transportation	4	0
Working Healthy	0	0
X-Other	14	6
Z Thank you.	26	32
Z Unspecified	1	1
ISSUE CATEGORY TOTAL	129	117

There may be multiple selections for a member/contact.

B. Aetna–Program Type

Program Type - Aetna	Q1/19	Q2/19
PD	3	2
I/DD	1	4
FE	2	1
AUTISM	0	0
SED	0	1
TBI	2	3
TA	2	1
WH	0	0
MFP	0	0
PACE	0	0
MENTAL HEALTH	0	0
SUB USE DIS	0	0
NURSING FACILITY	0	2
PROGRAM TYPE TOTAL	10	14

There may be multiple selections for a member/contact.

C. Sunflower–Issue Category

Issue Category - Sunflower	Q1/18	Q2/18	Q3/18	Q4/18	Q1/19	Q2/19
Access to Providers (usually Medical)	3	1	4	5	4	3
Abuse / neglect complaints	2	0	0	1	0	0
Affordable Care Act Calls	0	0	1	0	0	1
Appeals/Fair Hearing questions/issues	0	4	5	0	1	3
Background Checks	1	0	0	0	0	0
Billing	8	6	6	2	4	7
Care Coordinator Issues	2	2	0	2	2	4
Change MCO	3	2	1	3	2	1
Choice Info on MCO	0	0	0	1	1	1
Client Obligation	5	3	4	1	1	0
Coding Issues	7	2	1	5	4	3
Consumer said Notice not received	1	2	3	4	0	0
Cultural Competency	0	0	0	0	0	0
Data Requests	0	0	0	0	0	0
Dental	3	1	0	4	0	2
Division of Assets	1	0	0	0	0	0
Durable Medical Equipment	1	1	0	2	0	0
Estate Recovery	0	0	0	0	0	0
Grievances Questions/Issues	2	5	5	4	0	6
Guardianship	0	1	1	1	0	0
HCBS Eligibility issues	8	5	8	3	5	5
HCBS General Issues	12	3	9	8	7	9
HCBS Reduction in hours of service	1	0	0	1	2	1
HCBS Waiting List	0	0	0	1	1	1
Health Homes	0	0	0	0	0	0
Help understanding mail	0	2	1	3	3	2
Housing Issues	1	0	0	2	0	0
Medicaid Application Assistance	2	2	0	1	1	0
Medicaid Coding	0	0	0	0	0	0
Medicaid Eligibility Issues	8	13	10	11	14	5
Medicaid Fraud	0	0	0	2	0	0
Medicaid General Issues/questions	7	9	13	17	18	6
Medicaid info (status) update	7	5	9	5	4	8
Medicaid Renewal	3	6	4	4	4	10
Medical Services	4	4	0	3	5	2
Medicare related Issues	0	3	3	2	1	0
Medicare Savings Plan Issues	2	2	3	0	0	0
Moving to / from Kansas	1	0	0	0	1	0
Nursing Facility Issues	1	0	3	0	0	1

Issue Category - Sunflower	Q1/18	Q2/18	Q3/18	Q4/18	Q1/19	Q2/19
Pain management issues	0	0	0	0	1	0
Pharmacy	2	0	0	5	6	2
Prior authorization issues	0	1	0	2	2	0
Questions for Conference Calls/Sessions	0	0	0	0	0	0
Respite	0	0	0	0	0	0
Social Security Issues	1	0	0	1	0	0
Spend Down Issues	0	3	1	3	2	0
Transportation	2	1	1	2	2	1
Working Healthy	0	1	1	1	1	0
X-Other	8	9	8	15	10	8
Z Thank you.	49	27	49	41	34	29
Z Unspecified	0	2	0	5	3	4
ISSUE CATEGORY TOTAL	158	128	154	173	146	125

There may be multiple selections for a member/contact.

D. Sunflower-Program Type

Program Type - Sunflower	Q1/18	Q2/18	Q3/18	Q4/18	Q1/19	Q2/19
PD	13	5	7	6	2	5
I/DD	5	3	4	3	5	4
FE	5	2	0	2	3	2
AUTISM	0	0	1	0	0	0
SED	0	0	1	1	0	0
TBI	1	0	3	3	4	2
TA	2	0	0	0	1	0
WH	1	1	1	0	1	1
MFP	1	0	0	0	0	0
PACE	0	0	0	0	0	0
MENTAL HEALTH	0	0	0	0	0	0
SUB USE DIS	0	0	0	0	0	0
NURSING FACILITY	4	1	3	0	0	1
PROGRAM TYPE TOTAL	32	12	20	15	16	15

There may be multiple selections for a member/contact.

E. UnitedHealthcare-Issue Category

Issue Category - United	Q1/18	Q2/18	Q3/18	Q4/18	Q1/19	Q2/19
Access to Providers (usually Medical)	0	0	0	0	2	2
Abuse / neglect complaints	0	3	0	0	0	0
Affordable Care Act Calls	0	0	0	0	0	0
Appeals/Fair Hearing questions/issues	4	2	5	2	1	1
Background Checks	0	0	0	0	0	1
Billing	6	3	9	2	1	2
Care Coordinator Issues	4	4	3	4	5	0
Change MCO	2	1	0	3	2	3
Choice Info on MCO	0	1	0	1	0	1
Client Obligation	8	2	6	7	2	1
Coding Issues	2	0	1	3	3	1
Consumer said Notice not received	0	0	1	2	0	0
Cultural Competency	0	0	0	0	0	0
Data Requests	0	0	1	0	0	0
Dental	0	1	0	2	3	1
Division of Assets	1	0	0	0	0	0
Durable Medical Equipment	0	0	0	1	2	1
Estate Recovery	0	0	0	0	0	0
Grievances Questions/Issues	3	3	4	0	4	0
Guardianship	0	0	1	0	0	0
HCBS Eligibility issues	5	3	6	3	4	2
HCBS General Issues	4	5	15	10	12	7
HCBS Reduction in hours of service	0	0	1	0	3	0
HCBS Waiting List	0	1	1	1	2	0
Health Homes	0	0	0	0	0	0
Help understanding mail	0	3	6	3	0	0
Housing Issues	1	0	0	0	0	1
Medicaid Application Assistance	4	4	1	6	2	0
Medicaid Coding	0	0	0	0	0	0
Medicaid Eligibility Issues	11	14	10	9	11	9
Medicaid Fraud	0	0	0	1	0	0
Medicaid General Issues/questions	4	7	10	18	20	10
Medicaid info (status) update	4	9	4	2	9	10
Medicaid Renewal	7	6	3	3	2	6
Medical Services	2	7	6	3	2	0
Medicare related Issues	0	0	1	1	2	0
Medicare Savings Plan Issues	4	1	1	1	0	0
Moving to / from Kansas	1	0	0	1	0	0
Nursing Facility Issues	0	3	3	3	2	0

Issue Category - United	Q1/18	Q2/18	Q3/18	Q4/18	Q1/19	Q2/19
Pain management issues	0	0	0	1	2	0
Pharmacy	4	1	0	3	2	4
Prior authorization issues	1	0	0	0	3	0
Questions for Conference Calls/Sessions	0	0	0	0	0	0
Respite	0	1	0	0	0	0
Social Security Issues	0	1	0	1	0	0
Spend Down Issues	3	7	6	4	4	2
Transportation	6	2	2	0	1	2
Working Healthy	0	0	1	1	0	1
X-Other	9	3	4	9	11	7
Z Thank you.	46	40	42	47	49	29
Z Unspecified	1	0	1	1	2	1
ISSUE CATEGORY TOTAL	147	138	155	159	170	105

There may be multiple selections for a member/contact.

F. **UnitedHealthcare-Program Type**

Program Type - United	Q1/18	Q2/18	Q3/18	Q4/18	Q1/19	Q2/19
PD	7	5	3	9	10	5
I/DD	2	3	7	1	6	9
FE	4	2	4	3	4	3
AUTISM	0	0	0	0	1	0
SED	1	0	4	1	2	1
TBI	1	1	3	0	2	0
TA	0	1	0	2	0	1
WH	2	1	1	0	0	0
MFP	0	0	0	0	0	0
PACE	0	0	0	0	0	0
MENTAL HEALTH	0	0	0	2	0	1
SUB USE DIS	0	0	0	0	0	0
NURSING FACILITY	3	3	2	4	2	1
PROGRAM TYPE TOTAL	20	16	24	22	27	21

There may be multiple selections for a member/contact.

**1115 Waiver- Safety Net Care Pool Report
 Demonstration Year 7 - Quarter 2**

Large Public Teaching Hospital\Border City Children's Hospital Pool
 Paid date 4/11/2019

Hospital Name	Program Name	Program ID	Amount	Payment Date	Liability Date	Warrant number	State General Fund 1000	Federal Medicaid Fund 3414
CHILDRENS MERCY HOSPITAL	Large Public Teaching Border City Children Hosp	04264	616,034	4/11/2019	6/30/2019	008036144	267,913	348,121
UNIVERSITY OF KANSAS HOSPITAL AUTHORITY	Large Public Teaching Border City Children Hosp	04264	1,848,103	4/11/2019	6/30/2019	008036359	803,740	1,044,363
Total			2,464,137				1,071,653	1,392,484

*IGT Funds are received from the University of Kansas Hospital

1115 Waiver - Safety Net Care Pool Report

Demonstration Year 7 - Quarter 2

Health Care Access Improvement Pool

Paid dates 5/30/2019 and 6/13/2019

Provider Names	Amount	Provider Access Fund 2443	Federal Medicaid Fund 3414
ASCENSION VIA CHRISTI REHABILITATION HOSPITAL	20,457	8,897	11,560
ASCENSION VIA CHRISTI REHABILITATION HOSPITAL	20,457	8,897	11,560
BOB WILSON MEMORIAL GRANT COUNTY HOSPITAL	24,278	10,559	13,719
BOB WILSON MEMORIAL GRANT COUNTY HOSPITAL	24,278	10,559	13,719
CHILDRENS MERCY SOUTH	193,775	84,273	109,502
CHILDRENS MERCY SOUTH	193,775	84,273	109,502
COFFEYVILLE REGIONAL MEDICAL CENTER INC	61,438	26,719	34,719
COFFEYVILLE REGIONAL MEDICAL CENTER INC	61,438	26,719	34,719
DOCTORS HOSPITAL LLC	2,678	1,165	1,513
DOCTORS HOSPITAL LLC	2,678	1,165	1,513
GEARY COUNTY HOSPITAL	52,802	22,964	29,838
GEARY COUNTY HOSPITAL	52,802	22,964	29,838
HAYS MEDICAL CENTER	196,217	85,335	110,882
HAYS MEDICAL CENTER	196,217	85,335	110,882
HUTCHINSON REGIONAL MEDICAL CENTER INC	179,889	78,234	101,655
HUTCHINSON REGIONAL MEDICAL CENTER INC	179,889	78,234	101,655
KANSAS HEART HOSPITAL LLC	9,882	4,298	5,584
KANSAS HEART HOSPITAL LLC	9,882	4,298	5,584
KANSAS REHABILITATION HOSPITAL	1,868	812	1,056
KANSAS REHABILITATION HOSPITAL	1,868	812	1,056
KVC PRAIRIE RIDGE PSYCHIATRIC HOSPITAL	234	102	132
KVC PRAIRIE RIDGE PSYCHIATRIC HOSPITAL	234	102	132
LABETTE CO MED	52,209	22,706	29,503
LABETTE CO MED	52,209	22,706	29,503
LAWRENCE MEMORIAL HOSPITAL	331,265	144,067	187,198
LAWRENCE MEMORIAL HOSPITAL	331,265	144,067	187,198
MCPHERSON HOSPITAL INC	34,119	14,838	19,281
MCPHERSON HOSPITAL INC	34,119	14,838	19,281
MENORAH MEDICAL CENTER	156,073	67,876	88,197
MENORAH MEDICAL CENTER	156,073	67,876	88,197
MERCY HOSPITAL FORT SCOTT	29,877	12,994	16,883
MIAMI COUNTY MEDICAL CENTER INC	43,666	18,990	24,676
MIAMI COUNTY MEDICAL CENTER INC	43,666	18,990	24,676
MIDWEST DIVISION OPRMC LLC	964,533	419,475	545,058
MIDWEST DIVISION OPRMC LLC	964,533	419,475	545,058
NEWTON MEDICAL CENTER	137,335	59,727	77,608
NEWTON MEDICAL CENTER	137,335	59,727	77,608
OLATHE MEDICAL CENTER INC	227,142	98,784	128,358
OLATHE MEDICAL CENTER INC	227,142	98,784	128,358
PRAIRIE VIEW HOSPITAL	869	378	491
PRAIRIE VIEW HOSPITAL	869	378	491
PRATT REGIONAL MEDICAL CENTER CORPORATION	34,626	15,059	19,567
PRATT REGIONAL MEDICAL CENTER CORPORATION	34,626	15,059	19,567
PROVIDENCE MEDICAL CENTER	340,455	148,064	192,391
PROVIDENCE MEDICAL CENTER	340,455	148,064	192,391
RANSOM MEMORIAL HOSPITAL	47,432	20,628	26,804
RANSOM MEMORIAL HOSPITAL	47,432	20,628	26,804
SAINT JOHN HOSPITAL	70,888	30,829	40,059

1115 Waiver - Safety Net Care Pool Report

Demonstration Year 7 - Quarter 2

Health Care Access Improvement Pool

Paid dates 5/30/2019 and 6/13/2019

Provider Names	Amount	Provider Access Fund 2443	Federal Medicaid Fund 3414
SAINT JOHN HOSPITAL	70,888	30,829	40,059
SAINT LUKES CUSHING HOSPITAL	61,241	26,634	34,607
SAINT LUKES CUSHING HOSPITAL	61,241	26,634	34,607
SAINT LUKES SOUTH HOSPITAL INC	51,544	22,416	29,128
SAINT LUKES SOUTH HOSPITAL INC	51,544	22,416	29,128
SALINA REGIONAL HEALTH CENTER	182,469	79,356	103,113
SALINA REGIONAL HEALTH CENTER	182,469	79,356	103,113
SALINA SURGICAL HOSPITAL	1,908	830	1,078
SALINA SURGICAL HOSPITAL	1,908	830	1,078
SHAWNEE MISSION MEDICAL CENTER INC	591,515	257,250	334,265
SHAWNEE MISSION MEDICAL CENTER INC	591,515	257,250	334,265
SOUTH CENTRAL KANSAS REGIONAL MEDICAL CENTER	36,442	15,849	20,593
SOUTH CENTRAL KANSAS REGIONAL MEDICAL CENTER	36,442	15,849	20,593
SOUTHWEST MEDICAL CENTER	70,773	30,779	39,994
SOUTHWEST MEDICAL CENTER	70,773	30,779	39,994
ST CATHERINE HOSPITAL	245,767	106,884	138,883
ST CATHERINE HOSPITAL	245,767	106,884	138,883
STORMONT VAIL HEALTH CARE INC	1,251,734	544,379	707,355
STORMONT VAIL HEALTH CARE INC	1,251,734	544,379	707,355
SUSAN B ALLEN MEMORIAL HOSPITAL	81,831	35,588	46,243
SUSAN B ALLEN MEMORIAL HOSPITAL	81,831	35,588	46,243
THE UNIVERSITY OF KANSAS HEALTH SYSTEM GREAT BEND	84,538	36,766	47,772
THE UNIVERSITY OF KANSAS HEALTH SYSTEM GREAT BEND	84,538	36,766	47,772
TOPEKA HOSPITAL LLC D/B/A THE UNIVERSITY OF KANSAS	448,058	194,860	253,198
TOPEKA HOSPITAL LLC D/B/A THE UNIVERSITY OF KANSAS	448,058	194,860	253,198
VIA CHRISTI HOSPITAL MANHATTAN	229,504	99,811	129,693
VIA CHRISTI HOSPITAL MANHATTAN	229,504	99,811	129,693
VIA CHRISTI HOSPITAL PITTSBURG	229,320	99,731	129,589
VIA CHRISTI HOSPITAL PITTSBURG	229,320	99,731	129,589
VIA CHRISTI HOSPITALS WICHITA INC	1,582,440	688,203	894,237
VIA CHRISTI HOSPITALS WICHITA INC	1,582,440	688,203	894,237
VIA CHRISTI HOSPITAL WICHITA ST TERESA INC	69,718	30,320	39,398
VIA CHRISTI HOSPITAL WICHITA ST TERESA INC	69,718	30,320	39,398
WESLEY MEDICAL CENTER	1,659,882	721,883	937,999
WESLEY MEDICAL CENTER	1,659,882	721,883	937,999
WESLEY REHABILITATION HOSPITAL, AN AFFILIATE OF EN	9,985	4,342	5,643
WESLEY REHABILITATION HOSPITAL, AN AFFILIATE OF EN	9,985	4,342	5,643
WESTERN PLAINS MEDICAL COMPLEX	103,953	45,209	58,744
WESTERN PLAINS MEDICAL COMPLEX	103,953	45,209	58,744
Total	20,383,381	8,864,732	11,518,649

**KDHE Summary of Claims Adjudication Statistics –
January through June 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	7,922	\$309,856,690.36	1,045	\$44,542,635.72	13.19%
Hospital Outpatient	96,317	\$308,596,439.83	11,810	\$45,954,535.19	12.26%
Pharmacy	963,667	\$67,901,475.89	267,607	\$0.00	27.77%
Dental	55,344	\$17,664,999.77	4,398	\$1,583,054.44	7.95%
Vision	3,886	\$932,861.83	221	\$55,440.53	5.69%
NEMT	45,540	\$2,052,145.43	394	\$24,433.80	0.87%
Medical (physical health not otherwise specified)	794,395	\$300,196,117.12	76,177	\$32,028,781.15	9.59%
Nursing Facilities-Total	23,939	\$69,842,730.18	1,651	\$6,472,191.70	6.90%
HCBS	131,337	\$58,780,311.64	4,219	\$1,703,267.69	3.21%
Behavioral Health	103,534	\$37,182,474.12	5,658	\$2,538,065.56	5.46%
Total All Services	2,225,881	\$1,173,006,246.17	373,180	\$134,902,405.78	16.77%

SUNFLOWER Service Type	Total claim count - YTD cumulative	total claim count \$ value YTD cumulative	# claims denied – YTD cumulative	\$ value of claims denied YTD cumulative	% claims denied – YTD cumulative
Hospital Inpatient	20,352	\$1,022,961,563	5,208	\$305,487,819	25.59%
Hospital Outpatient	178,295	\$523,169,914	19,347	\$74,865,540	10.85%
Pharmacy	1,227,889	\$161,640,401	459,219	\$89,033,182	37.40%
Dental	87,216	\$26,139,057.89	8,984	\$1,884,181.88	10.30%
Vision	56,273	\$13,214,001.94	7,799	\$2,150,069.93	13.86%
NEMT	84,477	\$2,434,263.88	714	\$20,926.88	0.85%
Medical (physical health not otherwise specified)	881,573	\$550,574,962	112,491	\$102,627,731	12.76%
Nursing Facilities-Total	67,135	\$181,878,528	5,316	\$25,297,147	7.92%
HCBS	330,339	\$179,459,237	25,293	\$10,175,478	7.66%
Behavioral Health	394,501	\$67,304,207	42,221	\$8,669,566	10.70%
Total All Services	3,328,050	\$2,728,776,135	686,592	\$620,211,640	20.63%

UNITED Service Type	Total claim count - YTD cumulative	total claim count \$ value YTD cumulative	# claims denied – YTD cumulative	\$ value of claims denied YTD cumulative	% claims denied – YTD cumulative
Hospital Inpatient	15,319	\$728,056,941.65	3,188	\$200,761,558.16	20.81%
Hospital Outpatient	169,739	\$522,153,602.73	29,837	\$95,024,400.81	17.58%
Pharmacy	957,156	\$127,817,002.61	231,882	\$60,674,795.10	24.23%
Dental	84,730	\$27,544,812.73	10,032	\$3,725,151.24	11.84%
Vision	41,421	\$9,693,927.87	5,152	\$1,144,714.33	12.44%
NEMT	95,961	\$2,678,274.86	1,192	\$25,590.80	1.24%
Medical (physical health not otherwise specified)	851,583	\$543,969,337.58	153,113	\$176,818,635.64	17.98%
Nursing Facilities-Total	52,508	\$155,463,226.26	6,192	\$20,611,391.91	11.79%
HCBS	236,251	\$111,679,244.62	12,743	\$5,069,092.16	5.39%
Behavioral Health	373,925	\$90,936,372.54	25,833	\$11,249,340.96	6.91%
Total All Services	2,878,593	\$2,319,992,743.45	479,164	\$575,104,671.11	16.65%