

Quarterly Report to CMS
Regarding Operation of 1115
Waiver Demonstration Program
– Quarter Ending
9.30.19



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: 4/2019 (7/19-9/19)

Table of Contents

I. Introduction	2
II. Enrollment Information	3
III. Outreach/Innovation	3
IV. Operational Developments/Issues	10
V. Policy Developments/Issues	24
VI. Financial/Budget Neutrality Development/Issues.....	24
VII. Member Month Reporting.....	25
VIII. Consumer Issues	27
IX. Quality Assurance/Monitoring Activity.....	27
X. Managed Care Reporting Requirements	30
XI. Safety Net Care Pool	37
XII. Demonstration Evaluation	38
XIII. Other (Claims Adjudication Statistics; Waiting List Management).....	38
XIV. Enclosures/Attachments.....	38
XV. State Contacts	39
VI. Date Submitted to CMS	39

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 September 30, 2019.

Demonstration Population	Enrollees at Close of Qtr. (9/30/2019)	Total Unduplicated Enrollees in Quarter	Disenrolled in Quarter
Population 1: ABD/SD Dual	14,241	15,671	1,430
Population 2: ABD/SD Non-Dual	29,511	30,850	1,339
Population 3: Adults	44,472	48,581	4,109
Population 4: Children	197,983	210,534	12,551
Population 5: DD Waiver	9,036	9,138	102
Population 6: LTC	20,176	21,136	960
Population 7: MN Dual	1,269	1,746	477
Population 8: MN Non-Dual	874	1,106	232
Population 9: Waiver	4,194	4,562	368
Population 10: UC Pool	N/A	N/A	N/A
Population 11: DSRIP Pool	N/A	N/A	N/A
Total	321,756	343,324	21,568

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 third quarter KanCare Advisory Council meeting took place on August 5, 2019 at the CSOB Room 530. The agenda was as follows:

- Welcome
- Review and Approval of Minutes from Council Meeting, May 6, 2019
- Old Business
 - Update on expected time for credentialing by each MCO for individual providers – Walt Hill
 - Update on staffing issues for those in need of Long-Term Care – Ed Nicholas
 - Aetna Better Health claims processing and reimbursement – Lora Key
- New Business

- Review coverage for beneficiary claims and spenddown period adjudicating as Usual & Customary reimbursement for providers. Discuss State's assistance as medications during the spenddown period paying at Usual & Customary are greatly disproportionate to Medicaid SMAC or MAC amounts at the pharmacy counter – Beth Simpson
 - Harassment complaints from primary care providers regarding Aetna refusing to pay for minor procedures without prior authorization – Dr. Rebecca Reddy
- KDHE Update – Adam Proffitt, Medicaid Director, Kansas Department of Health and Environment and Chris Swartz, Director of Medicaid Operations, Kansas Department of Health and Environment
- KDADS Update – Janis DeBoer, Deputy Secretary, 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 met August 6, 2019. The tribal members were consulted on the following items:

- Protected Income Level (PIL) increase effective September 1, 2019
- State Plan Amendment (SPA) for the elimination of the 90 day wait period for CHIP
- SPAs for dental rates, ER facility blended rate, Autism rates, Nursing facility rates and Nursing Facility rates for ventilator dependent citizens
- KanCare Open Enrollment – Reminder that tribal members may opt out of managed care
- The next meeting is scheduled for November 5, 2019.

During the third quarter of 2019, KDHE Out-stationed Eligibility Workers (OEW) staff participated in 42 community events providing KanCare program outreach, education and information for the following agencies/events: Local Health Departments/WIC clinics, Latino and Asian Wellness groups, Dee training on KanCare, Kickapoo, Insight Women's Center, Haskell Indian College, Salvation Army Back to School, Outreach Atchison, Haas and Long, Integrated Service Rescue Mission, Osage Resource Fair, Clean Slate Day/Courthouse, Big Lakes Developmental Services, Raising Riley meetings, Riley County Maternal and Child Health Program meetings, Northview, Geary County Delivering Change, Head Start Presentation/conferences and booth event, Circles and Guardianship, Parents as Teachers, Staff the Bus, Genesis Family Health 45th Anniversary, UHC member advisory committee, CMS National Training-Workshop.

During the third quarter of 2019, support and assistance for consumers in the state for KanCare was provided by KDHE's 27 out-stationed eligibility workers (OEW). OEW staff determined eligibility for 3519 consumers. OEW also assisted in resolving 1,649 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 1,709 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 began 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 second provider forum was held August 22 to provide information and training to potential OneCare Partners. Applications to be a OneCare Partner are currently being accepted. Monthly webinars are also held to assist potential OneCare Partners to prepare for implementation.

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 third quarter of 2019, Aetna Better Health of Kansas (ABHKS) participated in various activities to market KanCare and the health plan to providers, current members and potential members. ABHKS Provider Experience and Community Outreach staff attended several state conferences targeted at provider organizations throughout Kansas during the quarter. We also provided outreach directly to many provider offices. Through these efforts we touched over 2,400 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 third quarter, ABHKS representatives visited with over 62,900 individuals at these events to educate them on ABHKS and KanCare. Examples of the events included the Convoy of Hope event in Wichita; the Hoxie Medical Center's Sports Physical Event; events at several Federally Qualified Health Centers during National Health Center Week; Family Fun Fitness Night in Topeka; the Mom and Baby Health Fair in Kansas City; as well as several lobby sits at health clinics and food pantries around the State.

Outreach Activities: In the third 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 nine 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 2,400 provider offices and visited with over 1,400 individuals associated with community-based organizations in Kansas. Examples of the community-based organizations included the Health Fest Emporia meeting; Latino Health for All Coalition in Kansas City; Harvest America in Goodland; the Kansas Association of Health Care Executives Conference in Wichita; the Labette Family Coalition in Parsons; and Genesis Family Healthcare in Garden City, Ulysses, Liberal and Hays as well as 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 1200 individuals in the third quarter of 2019. Examples include the Wyandotte County CHIP Coalition, the Great KC Coalition to End Homelessness, the Kansas Guardianship Program, and the KC Home and Hospice Care Association.

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 third quarter of 2019, ABHKS Member Advocates assisted 19 members referred from the Ombudsman.

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

Marketing Activities: During 3rd Quarter 2019, Sunflower Health Plan sponsored 60 local and statewide member and provider events as well as fundraisers for charitable organizations such as the American Diabetes Association Sunflower's direct mail marketing material for the third 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 Q3 2019:

- Annual Conference for Behavioral Health
- KS Community Health Conference on Poverty
- KS Heartland Conference on Health Equity
- KS Hospital Association Annual Convention
- KS Housing Conference
- KS Home & Hospice Care Annual Meeting
- Community Care Network of Kansas Annual Conference

Outreach Activities: During the 3rd quarter, Sunflower Health Plan's outreach centered on back-to-school events, particularly immunization clinics, and the plan's farmer's market voucher program to promote healthful eating. Sunflower's farmer's market program grew during this reporting period, serving over 1,400 members during the 3rd quarter. The program provides vouchers for free produce at the local market where Sunflower representatives are there to educate members on age-appropriate health screenings and health plan benefits. The farmer's market program supports nutrition education and healthful eating as well as community supported agriculture. Sunflower co-coordinated immunization clinics to help close care gaps for childhood and adolescent vaccinations. Additionally, Sunflower launched a Volunteer Time Off program that enables our employees to volunteer 4 hours per year with local organizations and agencies. This is a benefit to employees provided by Sunflower leadership in an effort to support our local community directly. These events involved coordination with local health systems and the other two managed care organizations.

- Held eight Farmers Market member events in the 3rd quarter.
- El Centro Hispanic Heritage Community Event with an emphasis on health for the Latino community.
- Held 3 Sunflower Member baby shower and participated in 5 other community showers covering Butler, Cloud, Wilson and Sedgwick counties to promote prenatal care.
- Participated in 39 community health events, including the Hispanic Heritage health events in Kansas City, KS, and the Poverty Conference in Wichita, KS.
- Held Sunflower Health Plan's quarterly Member and Community Advisory Committee meeting on September 25, 2019 in Wichita, KS. The main agenda topics for member feedback were Member feedback on the Open Forum Survey meetings held during 2nd Quarter and the latest communication tools for health plan members.
- Kansas City Kansas Public Schools Back-to-school Fair
- City Center Church Back-to-school Event
- Hometown Senior Health Fair in Osage County, KS
- Hunter Health Mini-Health Fair

- Step into Wellness Senior Health Fair in Johnson County, KS.

Advocacy Activities: Sunflower Health Plan's begun a monthly Social Determinants of Health team to bring the health plan's SDoH initiatives and teams together in addressing programs and outreach to support employment, housing and food disparities across the state. This internal team made of our Community Relations, Community Health Service Representatives and the SDoH specialists collaboratively bring together all resources and supports for the benefit of health plan members. Sunflower has launched our 2019 United Way Campaign with the goal of 70% participation of our employees. To date, we have exceeded the goal at 74% and our campaign does not close until November 8, 2019. During 3rd quarter 2019, Sunflower staff contributed to community workgroups and coalitions advocating for health literacy, persons with disabilities and other topics addressing population health in Kansas.

The 3rd quarter community meetings and workgroups included:

- Kansas Youth Advisory Council summer meeting
- Farm & Feed Advisory Council
- Health Alliance ICT
- Immunize Kansas Coalition meetings
- The Heartland Conference on Health Equity Committee Meetings
- Health & Wellness Coalition of Wichita
- Fetal and Infant Mortality Review (FIMR) Community Action Teams
- Social Determinants for Health monthly meeting

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 Q3, UHC continues 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 157 member facing activities, which included 75 lobby sits at provider offices, 1 Dental Clinic Day with Adventure, as well as 70 events/health fairs or other educational opportunities for both consumers and providers including National Health Center Week events. In Q3, UnitedHealthcare organized, participated in and supported 8 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 Q3 Member Advisory Meeting in Garden City. 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 experiences with KanCare and UHC and answering questions about services.

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

- 13,744 individuals who were members or potential members at community events, at member orientation sessions, and at lobby sits held at key provider offices throughout Kansas.
- 1,548 individuals from community-based organizations located throughout Kansas. These organizations work directly with UHC members in various capacities.
- More than 1,994 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:

- Adventure Dental
- 16th Judicial District Community Correction
- 25th Judicial Youth Services
- Angels Care
- Adventure Dental
- 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	
4	Capitation Rates 4/1/2019 – 6/30/2019	7/09/2019	4/1/2019	
5	Capitation Rates 7/1/2019 – 12/31/2019	7/09/2019	7/1/2019	
6	Capitation Rates 7/1/2019 – 12/31/2019	9/20/2019	7/1/2019	

42 CFR 438.6(c) Preprint withdrawn from CMS:

Subject	Submitted Date	Effective Date	Withdrawn 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	8/2/2019

42 CFR 438.6(c) Preprint Submitted to CMS pending approval:

Subject	Submitted Date	Effective Date	Approval Date
Direct the MCOs to pay the minimum fee schedule for services provided to KanCare enrollees for 1/1/10 – 12/31/20.	9/23/2019	1/01/2020	

Nine State Plans are Pending CMS Approval:

SPA Number	Subject	Submitted Date	Effective Date	Approval Date
19-0008	Large Public Teaching Hospitals Reimbursement Rates (RAI)	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	Withdrawn
19-0011	PRTF Allowable Costs	8/21/2019	7/01/2019	
19-0012	DSH Methodology	9/10/2019	10/01/2019	
19-0013	NF Ventilator Per Diem Rate Change	9/20/2019	8/16/2019	
19-0014	Autism EPSDT Rate Change	9/25/2019	8/16/2019	
19-0015	Dental Rate Services	9/25/2019	8/16/2019	
19-0016	ER Facility Rate	9/25/2019	8/16/2019	
19-0017	NF/NFMH Rates SFY 2020	9/26/2019	7/01/2019	

One State Plan Amendments (SPA) was approved:

SPA Number	Subject	Submitted Date	Effective Date	Approval Date
19-0010	PACE Rate Methodology	8/14/2019	7/01/2019	9/13/2019

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-September 2019, follows:

MCO	Value Added Service Jan- Sept 2019	Units YTD	Value YTD
Aetna	Adult Dental	1,407	\$247,729
	Transportation Services	439	\$44,498
	Weight Management	98	\$12,898
	Total of All Aetna VAS	2,248	\$315,411
Sunflower	Healthy Rewards	70,596	\$735,894
	Comprehensive Medication Review	7,798	\$222,116
	Dental visits for adults	2,165	\$129,583
	Total of all Sunflower VAS	109,804	\$1,562,628
United	Home Helper Catalog Supplies	9,536	\$171,425
	Baby Blocks Program and Rewards	1,026	\$123,120
	Debit Card for Completing First Pre-Natal Visit	587	\$118,274
	Total of all United VAS	23,197	\$827,516

- c. *Enrollment issues:* For the third 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	2
KDHE - Administrative Change	48
WEB - Change Assignment	12
KanCare Default - Case Continuity	70
KanCare Default – Morbidity	193
KanCare Default - 90 Day Retro-reattach	252
KanCare Default - Previous Assignment	576
KanCare Default - Continuity of Plan	800
AOE – Choice	18
Choice - Enrollment in KanCare MCO via Medicaid Application	1571
Change - Enrollment Form	305
Change - Choice	377
Change – Due to Access to Care – Good Cause Reason	21
Change - Case Continuity – Good Cause Reason	
Change – Due to Treatment not Available in Network – Good Cause	
Assignment Adjustment Due to Eligibility	16
Total	4261

d. Grievances, appeals, and state hearing information:

**MCOs' Member Adverse Initial Notice Timeliness Compliance
CY19 3rd quarter report**

MCO	ABH	SUN	UHC
% of Notices of Adverse Service Authorization Decisions Sent Within Compliance Standards	98%	98%	99%
% of Notices of Adverse Expedited Service Authorization Decisions Sent Within Compliance Standards	100%	50%	76%
% of Notices of Adverse Termination, Suspension or Reduction Decisions Sent Within Compliance Standards (10 calendar days only)	100%	100%	100%

**MCOs' Provider Adverse Initial Notice Compliance
CY19 3rd quarter report**

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

**MCOs' Grievance Database
CY19 3rd quarter report**

MCO	ABH		SUN		UHC		Total
	HCBS Member	Non HCBS Member	HCBS Member	Non HCBS Member	HCBS Member	Non HCBS Member	
QOC (non HCBS Providers)	2	10	8	27	6	29	82
QOC – Pain Medication	1	2	1	5	1	1	11
Customer Service	4	4	8	6	4	8	34
Member Rights Dignity	1		3				4
Access to Service or Care		5	5	10	4	7	31
Non-Covered Services			1	1	1	4	7
Pharmacy Issues		1	1	1	1	12	16
QOC HCBS Provider	2		5		1		8
Billing/Financial Issues (non-Transportation)		2	8	4	6	52	72
Transportation – Billing and Reimbursement	1	3	8	1	2	2	17
Transportation - No Show		7	12	13	6	13	51
Transportation - Late	1	12	26	23	11	16	89
Transportation - Safety			3	10	4	8	25
Transportation - No Driver Available		1	3	2		1	7
Transportation - Other	3	8	28	24	15	22	100
MCO Determined Not Applicable			1	2	1	9	13
Other			2	1	1	1	5
TOTAL	15	55	123	130	64	185	572

**MCOs' Member Grievance Timeliness Compliance
CY19 3rd quarter report**

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

**MCOs' Provider Grievance Database
CY19 3rd quarter report**

MCO	ABH	SUN	UHC	Total
Billing/Payment	1	5		6
Wrong Information				
Credentialing – MCO	1			1
UM		2		2
Transportation		16	8	24
Services		3		3
Other – Dissatisfaction with MCO Associate	1	2		3
Other (Must provide description in narrative column of Summary Reports)		1	3	4
TOTAL	3	29	11	43

**MCOs' Provider Grievance Timeliness Compliance
CY19 3rd quarter report**

MCO	ABH	SUN	UHC
% of Provider Grievance Resolved Within 30 Calendar Days	67%	100%	100%
% of Provider Grievance Resolution Notices Sent Within Compliance Standards	100%	100%	100%

**MCOs' Appeals Database
Members – CY19 3rd 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	14 31 24	1	5 20 6	2 11 13	6 5
MA – CNM - Inpatient Admissions (Non-Behavioral Health)	17 1 37	1 26	3 1 2	8 9	5
MA – CNM - Medical Procedure (NOS)	26 15 9	1 3	14 8 2	6 6 3	6 1
MA – CNM - Radiology	14 21 2		7 8 2	2 13	5
MA – CNM - Pharmacy	74 84 148	5 15 2	28 43 106	10 26 31	31 9
MA – CNM - PT/OT/ST	1 2			1 2	

MA – CNM - Dental	3 5 10			3 1 5	1 2 5	2 2
MA – CNM - Home Health	3 4 3			2 2 1	1 2 1	2
MA – CNM - Out of network provider, specialist or specific provider request	1 1 5			1 1 1	1 3	1
MA – CNM - Inpatient Behavioral Health	6 8 2	2		4 5 1	1 1	2 1
MA – CNM - Behavioral Health Outpatient Services and Testing	2 2 6	1 1 1		1 1 1	4	
MA – CNM - LTSS/HCBS	5 7			3	5 4	
MA – CNM - HCBS (change in attendant hours)	2				2	
MA – CNM - Other	41 2	1		20	20 2	
NONCOVERED SERVICE						
MA – NCS - Pharmacy	1 2			1 2		
MA – NCS – Out of Network providers	1				1	
MA – NCS - OT/PT/Speech	1				1	
MA – NCS - Durable Medical Equipment	5			4	1	
MA – NCS – Other	13 3			10 1	3	2
MA – LCK - Lock In	2				1	1
ADMINISTRATIVE DENIALS						
MA – ADMIN – Denials of Authorization (Unauthorized by Members)	16				16	
TOTAL						
ABH - Red	161	8		66	30	57
SUN – Green	259	20		127	112	
UHC - Purple	262	34		125	79	24

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

MCOs' Appeals Database
Member Appeal Summary – CY19 3rd 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	161 259 262	8 20 34	66 127 125	30 112 79	57 24
Percentage Per Category		5% 8% 13%	41% 49% 48%	19% 43% 30%	35% 9%

**MCOs' Member Appeal Timeliness Compliance
CY19 3rd quarter report**

MCO	ABH	SUN	UHC
% of Member Appeals Resolved and Appeal Resolution Notice Issued in 30 Calendar Days	99%	99%	99%
% of Expedited Appeals Resolved and Appeal Resolution Notice Issued in 72 hours	100%	86%	95%

**MCOs' Reconsideration Database
Providers - CY19 3rd 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)	33 1514 993		29 734 356	4 757 637	23
PR – CPD - Hospital Outpatient (Non-Behavioral Health)	40 1205 5865		33 455 2414	7 740 3451	10
PR – CPD - Dental	4 22		2 5	2 17	
PR – CPD - Vision	45		17	28	
PR – CPD - Ambulance (Include Air and Ground)	3 47 208		1 29 121	2 15 87	3
PR – CPD - Medical (Physical Health not Otherwise Specified)	51 1309 13964		41 716 7468	8 547 6496	2 46
PR – CPD - Nursing Facilities - Total	59 657		16 346	42 311	1
PR – CPD - HCBS	187		142	25	20
PR – CPD - Hospice	1 86 234		1 64 141		2 20 93
PR – CPD - Home Health	1		1		
PR – CPD - Behavioral Health Outpatient and Physician	87 1660		13 1120	10 540	64
PR – CPD - Behavioral Health Inpatient	77		22	55	
PR – CPD - Out of network provider, specialist or specific provider	756 9372		33 6026	672 3346	51
PR – CPD - Radiology	4 310 1413		3 151 621	1 156 792	3
PR – CPD - Laboratory	7 769 11911		4 391 4332	3 372 7579	6
PR – CPD - PT/OT/ST	1 323 24		1 267 6		56 18

PR – CPD - Durable Medical Equipment	10 458		9 249	1 201	8
PR – CPD - Other	6 5 873		6 1 414	1 1 459	3
Total Claim Payment Disputes	161 7182 47251		131 3283 23387	28 3659 23864	2 240
BILLING AND FINANCIAL ISSUES					
PR – BFI - Recoupment	22 4		19 4	2	1
ADMINISTRATIVE DENIAL					
PR – ADMIN - Denials of Authorization (Unauthorized by Members)	30 2416		30 1584	832	
TOTAL					
ABH - Red	213		180	30	3
SUN – Green	7182		3283	3659	240
UHC - Purple	49671		24975	24696	

MCOs' Provider Reconsiderations Database
Provider Reconsideration – Denied Claim Analysis – CY19 3rd 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	56 2515 8962	38 496 5874	18 4 2356	50 268 4823	162 3283 22015
MCO Upheld Decision on Reconsideration	5 7734	15 9554	8 2747 1504	912 4429	28 3659 23221
Total Claim Payment Disputes	61 2515 16696	53 496 15428	26 2751 3860	50 1180 9252	190 6942 45236

MCOs' Provider Reconsiderations Timeliness Compliance
CY19 3rd quarter report

MCO	ABH	SUN	UHC
% of Provider Reconsideration Resolution Notices Sent Within Compliance Standards	94%	100%	100%

MCOs' Appeals Database
Providers - CY19 3rd 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)	4 163 289	4	1 66 43	2 86 160	1 7 86
PA – CPD - Hospital Outpatient (Non-Behavioral Health)	2 258 105	8	2 123 10	115 43	12 52
PA – CPD - Pharmacy	1 4		1 1	3	
PA – CPD - Dental	1 22 8	1	6 6	16 2	
PA – CPD - Vision	9 7		4 2	4 5	1
PA – CPD - Ambulance (Include Air and Ground)	1 1 8		1 3	1 1	4
PA – CPD - Medical (Physical Health not Otherwise Specified)	7 269 201	8	5 146 17	1 107 73	1 8 111
PA – CPD - Nursing Facilities - Total	21 25		6 2	1 8	14 15
PA – CPD - Hospice	6		6		
PA – CPD - Home Health	30 53	1	16 9	13 28	16
PA – CPD - Behavioral Health Outpatient and Physician	42 39	1 1	11 9	28 22	2 7
PA – CPD - Behavioral Health Inpatient	6 3	1	3 2	2 1	
PA – CPD - Out of network provider, specialist or specific provider	292	4	19	232	37
PA – CPD - Radiology	4 44 5		3 25 3	19 2	1
PA – CPD - Laboratory	70 52		13 1	56 34	1 17
PA – CPD - PT/OT/ST	3 2		2 1	1	1
PA – CPD - Durable Medical Equipment	1 36 2		1 19	17 1	1
PA – CPD - Other	9			2	7
Total Claim Payment Disputes	21 1276 808	1 27 1	14 466 108	3 701 382	3 82 317
BILLING AND FINANCIAL ISSUES					
PA – BFI - Recoupment	1 115 3	1	1 96 2	13 1	5
ADMINISTRATIVE DENIAL					

PA – ADMIN - Denials of Authorization (Unauthorized by Members)	3 38		3 14	24	
TOTAL					
ABH - Red	25	1	18	3	3
SUN – Green	1429	28	576	738	87
UHC - Purple	811	1	110	383	317

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

MCOs' Appeals Database
Provider Appeal Summary – CY19 3rd 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	213 7182 49671		180 3283 24975	30 3659 24696	3 240
Resolved at Appeal Level	25 1429 811	1 28 1	18 576 110	3 738 383	3 87 317
TOTAL	238 8611 50482	1 28 1	198 3859 25085	33 4397 25079	6 327 317
Percentage Per Category		>1% >1% >1%	83% 45% 50%	14% 51% 50%	3% 4% >1%

MCOs' Appeals Database
Provider Appeal – Denied Claim Analysis – CY19 3rd quarter report

ABH - Red SUN – Green UHC - Purple	Claim Denied- MCO in Error	Claim Denied- Provider Error	Claim Denied – Correctly Billed and Correctly Denied/Paid	Claim Paid – Correctly Billed and Correctly Paid	Total
Provider Appeals					
MCO Reversed Decision on Appeal	3 3	2 5 105	1 407	9 54	15 466 108
MCO Upheld Decision on Appeal		19	6 591 382	91	6 701 382
Total Claim Denials	3 3	2 24 105	7 998 382	9 145	21 1167 490

MCO's Provider Appeal Timeliness Compliance
CY19 3rd quarter report

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

Members – CY19 3rd quarter report

ABH - Red SUN – Green UHC - Purple	Number Resolved	Withdrawn	OAH Affirmed MCO Decision	OAH Reversed MCO Decision	Dismiss Moot MCO Reversed	Dismiss Moot Duplicate	Dismiss Untimely	Dismiss Not Ripe/ No MCO Appeal	Dismiss No Adverse Action	Dismiss No Auth.	Dismiss Appellant Verbally Withdrawn	Dismiss Failure to State a Claim	Default Appellant Failed to Appear	Default Respondent Failed to Appear	Default Respondent Failed to File Agency Summary
MEDICAL NECESSITY/LEVEL OF CARE – Criteria Not Met															
MH – CNM - Durable Medical Equipment	3	1			1			1							
MH – CNM – Pharmacy	3 10	1 1			2			1 7					1		
MH – CNM – PT/OT/ST	1							1							
MH – CNM - Dental	1					1									
MH – LOC – LTSS/HCBS	4				1			2					1		
MH – CNM - HCBS (change in attendant Hours)	1		1												
MH – CNM - Other	1 1				1			1							
NONCOVERED SERVICE															
MH-NCS - Dental	1							1							
MH-NCS - Pharmacy	3							3							
MH-NCS - Durable Medical Equipment	1							1							
ADMINISTRATIVE DENIALS															
MH – ADMIN – Denials of Authorization (Unauthorized by Members)	1							1							
TOTAL															
ABH - Red															
SUN – Green	14	2	1		2	1		6					2		
UHC - Purple	17	1			3			13							

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

**State of Kansas Office of Administrative Fair Hearings
Providers – CY19 3rd quarter report**

ABH - Red SUN – Green UHC - Purple	Number Resolved	Withdrawn	OAH Affirmed MCO Decision	OAH Reversed MCO Decision	Dismiss Moot MCO Reversed	Dismiss Moot Duplicate	Dismiss Untimely	Dismiss Not Ripe/ No MCO Appeal	Dismiss No Adverse Action	Dismiss No Auth.	Dismiss Appellant Verbally Withdrawn	Dismiss Failure to State a Claim	Default Appellant Failed to Appear	Default Respondent Failed to Appear	Default Respondent Failed to File Agency Summary
CLAIM DENIAL															
PH - CPD - Hospital Inpatient (Non-Behavioral Health)	8 21	6 19			1 2			1							
PH - CPD - Pharmacy	5	3						2							
PH – CPD – Ambulance (include Air and Ground)	1	1													
PH - CPD - Medical (Physical Health not Otherwise Specified)	1 1	1			1										
PH - CPD - Behavioral Health Inpatient	1				1										
PH – CPD - Radiology	1							1							
PH - CPD – Laboratory	7							6	1						
PH - CPD - PT/OT/ST	2				2										
PH – CPD – Durable Medical Equipment	2				1				1						
PH – CPD - Other	1 2							1 1	1 1						
BILLING AND FINANCIAL ISSUES															
PH - BFI - Recoupment	4	2			2										
RESOLVED WITHOUT SUBSTANTIVE CHANGES TO ORIGINAL CLAIM	8				8										
TOTAL															

ABH - Red															
SUN – Green	27	9			8			7	3						
UHC - Purple	30	23			2			4	1						

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

- e. *Quality of care:* Please see Section IX “Quality Assurance/Monitoring Activity” below. HCBS Quality Reports for January-March 2019 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. Since Kansas transitioned to a new MCO, the State maintained open enrollment through April 3, 2019. Since that time, most requests were about provider choice, which is not an acceptable reason to switch plans outside of open enrollment.

If a GCR is denied by KDHE, the member is given appeal/fair hearing rights. During the third quarter of 2019, there was one state fair hearing filed for a denied GCR, and that case was upheld since the member failed to appear. A summary of GCR actions this quarter is as follows:

Status	Jul	Aug	Sept
Total GCRs filed	24	24	22
Approved	4	9	2
Denied	15	10	17
Withdrawn (resolved, no need to change)	5	5	1
Dismissed (due to inability to contact the member)	0	0	1
Pending	0	0	1

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 12/31/18	# of Unique Providers as of 3/31/19	# of Unique Providers as of 6/30/19	# of Unique Providers as of 10/30/19
Aetna	n/a	17,724	21,603	32,598
Sunflower	31,998	35,139	35,188	30,258
UHC	39,799	47,701	46,285	48,809

- 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 July and August of 2019, Kansas offered services to 662 people on the HCBS PD waiting list.
- k. *Updates on the safety net care pool including DSRIP activities:* Currently there are two hospitals participating in the DSRIP activities. They are Children’s Mercy Hospital (CMH) and Kansas University Medical Center (KU). CMH has chosen to do the following projects: Complex Care for Children, and Patient Centered Medical Homes. KU will be completing STOP Sepsis, and Self-Management and Care Resiliency for their projects. Kansas Foundation for Medical Care (KFMC) is working with the State on improving healthcare quality in KanCare. The hospitals continued identifying community partners, creating training for community partners, and working toward reaching the project milestones for the 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 continued with the contractor (KU) during this quarter.
 - The IDD waiver was renewed by CMS in August 2019. Kansas continues to work with stakeholders to draft necessary amendments to the IDD waiver.
 - The BI waiver was renewed by CMS in August 2019. Kansas continues to work on preparing for an amendment that would expand brain injury waiver services to youth ages birth through 15 years of age.
 - The PD and FE waivers expire on 12/31/19. Kansas submitted both the PD and the FE waiver drafts to CMS on October 1, 2019. Both are currently under review by CMS.
- m. *Legislative activity:* The Robert G. (Bob) Bethell Joint Committee on Home and Community Based Services and KanCare Oversight met August 26, 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, the status of HCBS waiver renewals, 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.

KDHE is participating in a number of legislative activities/workgroups focused on Medicaid Expansion in Kansas.

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 new PIL was in effect in September 2019.
- 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

Other Operational Issues: Transition of the eligibility work for elderly, disabled and long-term care started in September. Fifty Nursing Home Facilities transitioned on September 3, 2019, followed by an additional 100 on October 1st, 2019. Transition of all facilities will be completed by 01/01/20. KDHE has been holding rapid response calls with stakeholders during the transition to ensure concerns were timely addressed. Five calls have occurred since 9/11/19. Calls are recorded and posted on the KanCare website.

The agency kept the stakeholders updated on the status of the project. Meetings were scheduled with the following associations/stakeholders:

- Nursing Facility Association - Kansas Adult Care Executives (KACE) 8/21/19
- Nursing Facility Association - Kansas Health Care Association (KHCA) 9/27/19
- Nursing Facility Association - Leading Age 10/2/19
- National Association of Elder Law Attorneys – KS Chapter 10/11/19

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 Medicaid Eligibility Group (MEG) by DY.

Demonstration Year Medicaid Eligibility Group (MEG)	Member Months			
	Jul-19	Aug-19	Sep-19	TOTAL QE 9 30 2019
DY1 CY2013	0	0	0	0
MEG 1 - ABD/SD DUAL	0	0	0	0
MEG 2 - ABD/SD NON DUAL	0	0	0	0
MEG 3 - ADULTS	0	0	0	0
MEG 4 - CHILDREN	0	0	0	0
MEG 5 - DD WAIVER	0	0	0	0
MEG 6 - LTC	0	0	0	0
MEG 7 - MN DUAL	0	0	0	0
MEG 8 - MN NON DUAL	0	0	0	0
MEG 9 - WAIVER	0	0	0	0
DY2 CY2014	0	0	(8)	(8)
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	(8)	(8)
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	(2)	(3)	(53)	(58)
MEG 1 - ABD/SD DUAL	0	0	0	0
MEG 2 - ABD/SD NON DUAL	(2)	0	(20)	(22)
MEG 3 - ADULTS	0	0	(2)	(2)
MEG 4 - CHILDREN	0	(3)	(29)	(32)
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	(62)	(27)	(59)	(148)

MEG 1 - ABD/SD DUAL	0	0	0	0
MEG 2 - ABD/SD NON DUAL	(62)	(5)	(24)	(91)
MEG 3 - ADULTS	0	0	(10)	(10)
MEG 4 - CHILDREN	0	(15)	(24)	(39)
MEG 5 - DD WAIVER	0	0	0	0
MEG 6 - LTC	0	(6)	(1)	(7)
MEG 7 - MN DUAL	0	0	0	0
MEG 8 - MN NON DUAL	0	(1)	0	(1)
MEG 9 - WAIVER	0	0	0	0
DY5 CY2017	(153)	(58)	(101)	(312)
MEG 1 - ABD/SD DUAL	54	8	7	69
MEG 2 - ABD/SD NON DUAL	(200)	(50)	(51)	(301)
MEG 3 - ADULTS	0	(2)	(16)	(18)
MEG 4 - CHILDREN	6	(11)	(16)	(21)
MEG 5 - DD WAIVER	0	8	0	8
MEG 6 - LTC	(5)	(10)	(22)	(37)
MEG 7 - MN DUAL	(3)	(1)	0	(4)
MEG 8 - MN NON DUAL	(11)	(4)	(9)	(24)
MEG 9 - WAIVER	6	4	6	16
DY6 CY2018	(151)	2	34	(115)
MEG 1 - ABD/SD DUAL	174	89	84	347
MEG 2 - ABD/SD NON DUAL	(351)	(126)	(93)	(570)
MEG 3 - ADULTS	(4)	(2)	(20)	(26)
MEG 4 - CHILDREN	44	52	89	185
MEG 5 - DD WAIVER	0	24	(1)	23
MEG 6 - LTC	(10)	(31)	(30)	(71)
MEG 7 - MN DUAL	11	9	4	24
MEG 8 - MN NON DUAL	(49)	(21)	(29)	(99)
MEG 9 - WAIVER	34	8	30	72
DY7 CY2019	325,158	321,882	332,683	979,723
MEG 1 - ABD/SD DUAL	14,929	14,710	15,301	44,940
MEG 2 - ABD/SD NON DUAL	29,739	29,691	30,623	90,053
MEG 3 - ADULTS	45,376	44,959	46,715	137,050
MEG 4 - CHILDREN	199,546	197,360	203,972	600,878
MEG 5 - DD WAIVER	8,986	8,967	9,106	27,059
MEG 6 - LTC	19,950	19,856	20,378	60,184
MEG 7 - MN DUAL	1,179	1,254	1,378	3,811
MEG 8 - MN NON DUAL	958	831	1,006	2,795
MEG 9 - WAIVER	4,495	4,254	4,204	12,953
Grand Total	324,790	321,796	332,496	979,082

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.	The MCO is deeming all enrolled providers as ‘in-network’ until credentialing timelines can be met.
Members sometimes find it difficult to find providers with open panels.	MCOs are working to correct provider network directory database issues. Also educating providers to reach out to MCOs when their directory information changes or if they add/subtract providers to the practice.	MCOs are instructed to report Open/Closed panels for all provider types and report this data in the quarterly reporting template. As part of KanCare 2.0, guidelines for the provider directory mandated inclusion of the open panel status information in the MCO directories. MCOs will be reporting in the new format beginning November 2019.
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 3, the State participated in the following activities:

- Ongoing automated report management, review and feedback between the State and the MCOs. Reports from the MCOs consist of a wide range of data reported on standardized templates.
- Ongoing interagency and cross-agency collaboration, and coordination with MCOs, to develop and communicate specific templates to be used for reporting key components of performance for the KanCare program, as well as the protocols, processes and timelines to be used for the ongoing receipt, distribution, review and feedback regarding submitted reports. The process of report management, review and feedback is now automated to ensure efficient access to reported information and maximum utilization/feedback related to the data.
- Monitoring of the External Quality Review Organization (EQRO) work plan.
- 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, performing desk audits of a wide variety of materials in coordination with KDADS and the EQRO to determine 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 third quarter of 2019 PIP activities focused on MCOs submitting proposed interventions for several of their PIP topics. MCOs are required to implement a minimum of five interventions per topic. Revisions have been required of many of the proposed interventions. Once all interventions are approved, the MCOs proceed with developing the PIP's methodology. The first round of methodologies was submitted (1 from each MCO) this quarter. They were co-reviewed by the State and the EQRO and feedback was sent for all three. Because of the first round of methodology submissions, the State and EQRO are revising the methodology instructional worksheet to more clearly define the information required for each section in the worksheet. In addition, our newest MCO received approval for their HPV collaborative PIP methodology and has begun implementing interventions and monthly reporting. The next round of methodology submissions is due to the State 11/15/2019.
- 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.

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, July - September 2019:*

KanCare Customer Service Report – Member

MCO/Fiscal Agent	Average Speed of Answer (Seconds)	Call Abandonment Rate	Total Calls
Aetna	7.41	1.85%	143,176
Sunflower	24.07	2.31%	154,955
United	16.74	0.75%	160,115
DXC – Fiscal Agent	7.0	0.66%	19,710

KanCare Customer Service Report - Provider

MCO/Fiscal Agent	Average Speed of Answer (Seconds)	Call Abandonment Rate	Total Calls
Aetna	13.46	1.22%	47,364
Sunflower	19.69	1.72%	77,790
United	0.89	0.83%	67,227
DXC – Fiscal Agent	19:00	1.08%	22,568

- 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 3rd Quarter**

Aetna 3rd Qtr. Grievance Trends		
Total # of Resolved Grievances	70	
Top 5 Trends		
Trend 1: Transportation – Late	13	19%
Trend 2: Quality of Care (non HCBS, non Transportation)	12	17%
Trend 3: Transportation – Other	11	16%
Trend 4: Customer Service	8	11%
Trend 5: Transportation – No Show	7	10%

Sunflower 3rd Qtr. Grievance Trends		
Total # of Resolved Grievances	253	
Top 5 Trends		
Trend 1: Transportation – Other	52	21%
Trend 2: Transportation – Late	49	19%
Trend 3: Quality of Care (non HCBS, non Transportation)	35	14%
Trend 4: Transportation – No Show	25	10%
Trend 5: Access to Service or Care	15	6%

Sunflower Member Grievances:

- There were 52 member grievances categorized as Transportation – Other which is a significant increase of 12 from CY2019 Quarter 2.
- There were 49 member grievances categorized as Transportation – Late which is a significant increase of 16 from CY2019 Quarter 2.
- There were 25 member grievances categorized as Transportation – No Show which is a significant increase of 11 from CY2019 Quarter 2.
- There were 15 member grievances categorized as Access to Service or Care which is a significant increase of 12 from CY2019 Quarter 2.

United 3rd Qtr. Grievance Trends		
Total # of Resolved Grievances	249	
Top 5 Trends		
Trend 1: Billing and Financial Issues (non-transportation)	58	23%
Trend 2: Transportation – Other	37	15%
Trend 3: Quality of Care (non HCBS, non Transportation)	35	14%
Trend 4: Transportation – Late	27	11%
Trend 5: Transportation – No Show	19	8%

United Member Grievances:

- There were 19 member grievances categorized as Transportation – No Show which is a significant increase of 12 from CY2019 Quarter 2.

Providers – CY 2019 3rd Quarter

Aetna 3rd Qtr. Grievance Trends		
Total # of Resolved Grievances	3	
Top 5 Trends		
Trend 1: Billing/Payment	1	33%
Trend 2: Credentialing – MCO	1	33%
Trend 3: Other – Dissatisfaction with MCO Associate	1	33%

Sunflower 3rd Qtr. Grievance Trends		
Total # of Resolved Grievances	29	
Top 5 Trends		
Trend 1: Transportation	16	55%
Trend 2: Billing/Payment	5	17%
Trend 3: Services	3	10%
Trend 4: UM	2	7%
Trend 5: Other – Dissatisfaction with MCO Associate	2	7%

United 3rd Qtr. Grievance Trends		
Total # of Resolved Grievances	11	
Top 5 Trends		
Trend 1: Transportation	8	73%
Trend 2: Other (Must provide description in narrative column of summary reports)	3	27%

**MCOs' Reconsideration Trends
Provider – CY2019 3rd Quarter**

Aetna 3rd Qtr. Provider Reconsideration Trends		
Total # of Resolved Reconsiderations	213	
Top 5 Trends		
Trend 1: PR – CPD – Medical (Physical Health not Otherwise Specified)	51	24%
Trend 2: PR – CPD – Hospital Outpatient (Non-Behavioral Health)	40	19%
Trend 3: PR – CPD – Hospital Inpatient (Non-Behavioral Health)	33	15%
Trend 4: PR – ADMIN – Denials of Authorization (Unauthorized by Members)	30	14%
Trend 5: PR – BFI – Recoupment	22	10%

Aetna Provider Reconsiderations

- There were 51 provider reconsiderations categorized as PR – CPD – Medical (Physical Health not Otherwise Specified) which is a significant increase of 42 from CY2019 Quarter 2.
- There were 40 provider reconsiderations categorized as PR – CPD – Hospital Outpatient (Non-Behavioral Health) which is a significant increase of 36 from CY2019 Quarter 2.
- There were 33 provider reconsiderations categorized as PR – CPD – Hospital Inpatient (Non-Behavioral Health) which is a significant increase of 23 from CY2019 Quarter 2.
- There were 30 provider reconsiderations categorized as PR – ADMIN – Denials of Authorization (Unauthorized by Members) which is a significant increase of 23 from CY2019 Quarter 2.
- There were 22 provider reconsiderations categorized as PR – BFI - Recoupment which is a significant increase of 11 from CY2019 Quarter 2.
- There were 10 provider reconsiderations categorized as PR – CPD – Durable Medical Equipment which is a significant increase of 10 from CY2019 Quarter 2.

Sunflower 3rd Qtr. Provider Reconsideration Trends		
Total # of Resolved Reconsiderations	7182	
Top 5 Trends		
Trend 1: PR – CPD – Hospital Inpatient (Non-Behavioral Health)	1514	21%
Trend 2: PR – CPD – Medical (Physical Health not Otherwise Specified)	1309	18%
Trend 3: PR – CPD – Hospital Outpatient (Non-Behavioral Health)	1205	17%
Trend 4: PR – CPD – Laboratory	769	11%
Trend 5: PR – CPD – Out of network provider, specialist or specific provider request	756	11%

Sunflower Provider Reconsiderations

- There were 1309 provider reconsiderations categorized as PR – CPD – Medical (Physical Health not Otherwise Specified) was is a significant increase of 116 from CY2019 Quarter 2.
- There were 1205 provider reconsiderations categorized as PR – CPD – Hospital Outpatient (Non-Behavioral Health) which is a significant increase of 24 from CY2019 Quarter 2.
- There were 47 provider reconsiderations categorized as PR – CPD – Ambulance (include Air and Ground) which is a significant increase of 17 from CY2019 Quarter 2.
- There were 87 provider reconsiderations categorized as PR – CPD – Behavioral Health
- Outpatient and Physician which is a significant increase of 63 from CY2019 Quarter 2.

United 3rd Qtr. Provider Reconsideration Trends		
Total # of Resolved Reconsiderations	49671	
Top 5 Trends		
Trend 1: PR – CPD – Medical (Physical Health not Otherwise Specified)	13964	28%
Trend 2: PR –CPD – Laboratory	11911	24%
Trend 3: PR – CPD – Out of network provider, specialist or specific provider request	9372	19%
Trend 4: PR – CPD – Hospital Outpatient (Non-Behavioral Health)	5865	12%
Trend 5: PR – ADMIN – Denials of Authorization (Unauthorized by Member)	2416	5%

United Provider Reconsiderations

- There were 11911 provider reconsiderations categorized as PR – CPD – Laboratory which is a significant increase of 7561 from CY2019 Quarter 2.
- There are 5865 provider reconsiderations categorized as PR – CPD – Hospital Outpatient (Non-Behavioral Health) which is a significant increase of 853 from CY2019 Quarter 2.
- There were 2416 provider reconsiderations categorized as PR – ADMIN – Denials of Authorization (Unauthorized by Members) which is a significant increase of 193 from CY2019 quarter 2.
- There were 993 provider reconsiderations categorized as PR – CPD – Hospital Inpatient (Non-Behavioral Health) which is an increase of 117 from CY2019 Quarter 2.
- There were 1660 provider reconsiderations categorized as PR – Behavioral Health Outpatient and Physician which is a significant increase of 426 from CY2019 Quarter 2.

MCOs' Appeals Trends
Member/Provider – CY19 3rd Quarter

Aetna 3rd Qtr. Member/Provider Appeal Trends					
Total # of Resolved Member Appeals	161		Total # of Resolved Provider Appeals	25	
Top 5 Trends			Top 5 Trends		
Trend 1: MA – CNM – Pharmacy	74	46%	Trend 1: PA – CPD – Medical (Physical Health not Otherwise Specified)	7	8%
Trend 2: MA – CNM – Medical Procedure (NOS)	26	16%	Trend 2: PA – CPD – Radiology	4	16%
Trend 3: MA – CNM – Inpatient Admissions (Non-Behavioral Health)	17	11%	Trend 3: PA – CPD – Hospital Inpatient (Non-Behavioral Health)	4	16%
Trend 4: MA – CNM – Durable Medical Equipment	14	9%	Trend 4: PA – ADMIN – Denials of Authorization (Unauthorized by Members)	3	12%
Trend 5: MA – CNM – Radiology	14	9%	Trend 5: PA – CPD – Hospital Outpatient (Non-Behavioral Health)	2	8%

Aetna Member Appeals:

- There were 74 member appeals categorized as MA – CNM – Pharmacy which is a significant increase of 20 from CY2019 Quarter 2.

Sunflower 3rd Qtr. Member/Provider Appeal Trends					
Total # of Resolved Member Appeals	259		Total # of Resolved Provider Appeals	1429	
Top 5 Trends			Top 5 Trends		

Trend 1: MA – CNM – Pharmacy	84	32%	Trend 1: PA – CPD – Out of network provider, specialist or specific provider request	292	20%
Trend 2: MA – CNM – Other	41	16%	Trend 2: PA – CPD – Medical (Physical Health not Otherwise Specified)	269	19%
Trend 3: MA – CNM – Durable Medical Equipment	31	12%	Trend 3: PA – CPD – Hospital Outpatient (Non-Behavioral Health)	258	18%
Trend 4: MA – CNM – Radiology	21	8%	Trend 4: PA – CPD – Hospital Inpatient (Non-Behavioral Health)	163	11%
Trend 5: MA – ADMIN – Denials of Authorization (Unauthorized by Members)	16	6%	Trend 5: PA – BFI – Recoupment	115	8%

Sunflower Member Appeals:

- There were 41 member appeals categorized as MA – CNM – Other which is a significant increase of 27 from CY2019 Quarter 2.

Sunflower Provider Appeals:

- There were 292 provider appeals categorized as PA – CPD – Out of network provider, specialist or specific provider request which is a significant increase of 166 from CY2019 Quarter 2.
- There were 269 provider appeals categorized as PA – CPD – Medical (Physical Health not Otherwise Specified) which is a significant increase of 48 from CY2019 Quarter 2.
- There were 163 provider appeals categorized as PA – CPD – Hospital Inpatient (Non-Behavioral Health) which is a significant increase of 33 from CY2019 Quarter 2.
- There were 115 provider appeals categorized as PA – BFI – Recoupment which is a significant increase of 32 from CY2019 Quarter 2.
- There were 21 provider appeals categorized as PA – CPD – Nursing Facilities – Total which is a significant increase of 19 from CY2019 Quarter 2.
- There were 70 provider appeals categorized as PA – CPD – Laboratory which is a significant increase of 16 from CY2019 Quarter 2.

United 3rd Qtr. Member/Provider Appeal Trends					
Total # of Resolved Member Appeals	262		Total # of Resolved Provider Appeals	811	
Top 5 Trends			Top 5 Trends		
Trend 1: MA – CNM – Pharmacy	148	56%	Trend 1: PA – CPD – Hospital Inpatient (Non-Behavioral Health)	289	36%
Trend 2: MA – CNM – Inpatient Admissions (Non-Behavioral Health)	37	14%	Trend 2: PA – CPD – Medical (Physical Health not Otherwise Specified)	201	25%
Trend 3: MA – CNM – Durable Medical Equipment	24	9%	Trend 3: PA – CPD – Hospital Outpatient (Non-Behavioral Health)	105	13%
Trend 4: MA – CNM – Dental	10	4%	Trend 4: PA – CPD – Home Health	53	7%
Trend 5: MA – CNM – Medical Procedure (NOS)	9	3%	Trend 5: PA – CPD – Laboratory	52	6%

United Provider Appeals:

- There were 289 provider appeals categorized as PA – CPD – Hospital Inpatient (Non-Behavioral Health) which is a significant increase of 82 from CY2019 Quarter 2.

- There were 201 provider appeals categorized as PA – CPD – Medical (Physical Health not Otherwise Specified) which is a significant increase of 43 from CY2019 Quarter 2.

**MCOs’ State Fair Hearing Reversed Decisions
Member/Provider – CY19 3rd Quarter**

- There was a total of 31 Member State Fair Hearings for all three MCOs. No decisions were reversed by OAH.
- There was a total of 57 Provider State Fair Hearings for all three MCOs. No decisions were reversed by OAH.

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

Sunflower 3rd Qtr.					
Total # of Member SFH	14		Total # of Provider SFH	27	
OAH reversed MCO decision	0	0%	OAH reversed MCO decision	0	0%

United 3rd Qtr.					
Total # of Member SFH	17		Total # of Provider SFH	30	
OAH reversed MCO decision	0	0%	OAH reversed MCO decision	0	0%

- d. *Enrollee complaints and grievance reports to determine any trends:* This information is included at items IV (d) and X(c) above.
- e. *Summary of ombudsman activities:* The report for the second quarter of calendar year 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 a 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 AIR reports through the quarter ending September 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	2,369		6,915
Pending Resolution	88	184	187		459
Total Received	2,275	2,543	2,556		7,374
APS Substantiations*	109	134	162		405

**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 third quarter HCAIP UCC Pool payments were issued July 18, August 1, and September 5, 2019. The DY7 quarter three LPTH/BCCH UC Pool payments were issued August 8, 2019.

SNCP and HCAIP reports for DY 7 Q3 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 comments and/or 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 July-September 2019 quarter.

b. Claims Adjudication Statistics

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

c. Waiting List Management

PD Waiting List Management

For the quarter ending September 30, 2019:

- Current number of individuals on the PD Waiting List: 1,758
- Number of individuals added to the waiting list: 601
- Number of individuals removed from the waiting list: 501
 - 362 started receiving HCBS-PD waiver services
 - 27 were deceased
 - 112 were removed for other reasons (refused services, voluntary removal, etc.)

I/DD Waiting List Management

For the quarter ending September 30, 2019:

- Current number of individuals on the I/DD Waiting List: 4,107
- Number of individuals added to the waiting list: 160
- Number of individuals removed from the waiting list: 247
 - 138 started receiving HCBS-I/DD waiver services
 - 1 was deceased
 - 108 were removed for other reasons (refused services, voluntary removal, etc.)

The current point-in-time limit for HCBS-IDD is 9,111. KDADS is currently serving 9,010 individuals.

XIV. Enclosures/Attachments

Section of Report Where Attachment Noted	Description of Attachment
IV(e)	HCBS Quality Report for January-March 2019
X(e)	Summary of KanCare Ombudsman Activities for QE 9.30.19
XI	Safety Net Care Pool Reports DY 7 Q3 and HCAIP Reports DY7 Q3
XIII(b)	KDHE Summary of Claims Adjudication Statistics for January-September 2019

XV. State Contacts

Lee Norman, M.D., Secretary
Adam Proffitt, Medicaid Director
Kansas Department of Health and Environment
Division of Health Care Finance
Landon State Office Building – 9th Floor
900 SW Jackson Street
Topeka, Kansas 66612
(785) 296-3512 (phone)
(785) 296-4813 (fax)
Lee.Norman@ks.gov
Adam.proffitt@ks.gov

VI. Date Submitted to CMS

November 25, 2019



Home and Community Based Services
Quality Review Report
January - March 2019

Statement regarding Aetna & transition cases

KDADS Leadership provided guidance and directives on how the Transitional Care Requirements (effective January 1, 2019), would be implemented for this 1st quarter of the 2019 calendar year (01/01/19 – 3/31/19). All Aetna cases were not scored for the quarter and the cases transferred to Sunflower and United were treated as “reviews.” Transition cases were treated as “reviews” regardless if the case has not been opened with the new MCO for 30 days, since consumers’ services remained in effect with no other changes during the review period.

KDADS HCBS Quality Review Report

Administrative Authority

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

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

Denominator: Number of Quality Review reports

Review Period: 01/01/2019 - 03/31/2019

Data Source: Quality Review Reports to KDHE

Compliance By Waiver	Statewide
PD	100%
Numerator	1
Denominator	1
FE	100%
Numerator	1
Denominator	1
IDD	100%
Numerator	1
Denominator	1
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	2018	Jan-Mar 2019
PD							
Statewide	25%	25%	25%	75%	100%	100%	100%
FE							
Statewide	25%	25%	25%	75%	100%	100%	100%
IDD							
Statewide	25%	25%	25%	75%	100%	100%	100%
TBI							
Statewide	25%	25%	25%	75%	100%	100%	100%
TA							
Statewide	25%	25%	25%	75%	100%	100%	100%
Autism							
Statewide	25%	25%	25%	75%	100%	100%	100%
SED							
Statewide	25%	25%	25%	75%	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: 01/01/2019 - 03/31/2019

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

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

Compliance Trends	2013	2014	2015	2016	2017	2018	Jan-Mar 2019
PD							
Statewide	N/A	100%	100%	100%	N/A	N/A	N/A
FE							
Statewide	not a measure	100%	100%	100%	N/A	N/A	N/A
IDD							
Statewide	100%	100%	100%	100%	N/A	100%	N/A
TBI							
Statewide	100%	100%	100%	100%	N/A	100%	N/A
TA							
Statewide	100%	100%	N/A	100%	N/A	100%	100%
Autism							
Statewide	100%	100%	N/A	N/A	100%	N/A	N/A
SED							
Statewide	100%	100%	N/A	N/A	100%	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: 01/01/2019 - 03/31/2019

Data Source: Presentation of waiver policy changes to KDHE

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

Compliance Trends	2013	2014	2015	2016	2017	2018	Jan-Mar 2019
PD							
Statewide	N/A	N/A	100%	N/A	100%	100%	N/A
FE							
Statewide	N/A	N/A	100%	N/A	100%	100%	N/A
IDD							
Statewide	100%	N/A	100%	100%	100%	100%	N/A
TBI							
Statewide	100%	N/A	100%	100%	100%	100%	N/A
TA							
Statewide	N/A	N/A	N/A	N/A	100%	100%	N/A
Autism							
Statewide	N/A	N/A	N/A	N/A	100%	100%	N/A
SED							
Statewide	N/A	N/A	N/A	N/A	100%	N/A	N/A

Explanation of Findings:

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: 01/01/2019 - 03/31/2019

Data Source: Meeting Minutes

Compliance By Waiver	Statewide
PD	100%
Numerator	3
Denominator	3
FE	100%
Numerator	3
Denominator	3
IDD	100%
Numerator	3
Denominator	3
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	2018	Jan-Mar 2019
PD							
Statewide	Not a measure	45%	67%	70%	100%	100%	100%
FE							
Statewide	100%	82%	50%	70%	100%	100%	100%
IDD							
Statewide	Not a measure	91%	Not Available	70%	100%	100%	100%
TBI							
Statewide	Not a measure	73%	Not Available	70%	100%	100%	100%
TA							
Statewide	Not a measure	64%	Not Available	70%	100%	100%	100%
Autism							
Statewide	Not a measure	91%	100%	70%	100%	100%	100%
SED							
Statewide	Not a measure	100%	Not Available	70%	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: 01/01/2019 - 03/31/2019

Data Source: Functional Assessor Record Review/State Data Systems

Compliance By Waiver	Statewide
PD	91%
Numerator	259
Denominator	284
FE	95%
Numerator	494
Denominator	518
IDD	98%
Numerator	93
Denominator	95
TBI	88%
Numerator	29
Denominator	33
TA	100%
Numerator	38
Denominator	38
Autism	100%
Numerator	1
Denominator	1
SED	93%
Numerator	466
Denominator	500

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

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 September 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: 01/01/2019 - 03/31/2019

Data Source: Functional Assessor Record Review/State Data Systems

Compliance By Waiver	Statewide
PD	71%
Numerator	813
Denominator	1148
FE	83%
Numerator	714
Denominator	862
IDD	98%
Numerator	1780
Denominator	1821
TBI	63%
Numerator	45
Denominator	72
TA	99%
Numerator	121
Denominator	122
Autism	75%
Numerator	3
Denominator	4
SED	72%
Numerator	502
Denominator	701

Compliance Trends	2013	2014	2015	2016	2017	2018	Jan-Mar 2019
PD							
Statewide	47%	52%	64%	69%	68%	79%	71%
FE							
Statewide	68%	70%	76%	79%	68%	84%	83%
IDD							
Statewide	97%	74%	75%	77%	78%	97%	98%
TBI							
Statewide	39%	50%	62%	65%	62%	70%	63%
TA							
Statewide	94%	90%	86%	96%	93%	99%	99%
Autism							
Statewide	68%	No Data	75%	78%	63%	65%	75%
SED							
Statewide	93%	88%	94%	88%	89%	54%	72%

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 September 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.

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: 01/01/2019 - 03/31/2019

Data Source: Functional Assessor Record Review

Compliance By Waiver	Statewide
PD	78%
Numerator	54
Denominator	69
FE	96%
Numerator	72
Denominator	75
IDD	100%
Numerator	80
Denominator	80
TBI	84%
Numerator	37
Denominator	44
TA	100%
Numerator	44
Denominator	44
Autism	100%
Numerator	5
Denominator	5
SED	100%
Numerator	70
Denominator	70

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

Explanation of Findings:

PD: current FAI assessment missing for review period

TBI: member transferred from one waiver to TBI but no TBI assessment in KAMIS, current FAI assessment missing for review period, no current TBI assessment in KAMIS

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: 01/01/2019 - 03/31/2019

Data Source: Functional Assessor Record Review

Compliance By Waiver	Statewide
PD	77%
Numerator	53
Denominator	69
FE	96%
Numerator	72
Denominator	75
IDD	99%
Numerator	79
Denominator	80
TBI	84%
Numerator	37
Denominator	44
TA	100%
Numerator	44
Denominator	44
Autism	100%
Numerator	5
Denominator	5
SED	100%
Numerator	70
Denominator	70

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

Explanation of Findings:

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

PD: no current FAI assessment in KAMIS, assessor not on qualified assessor list

TBI: no current TBI assessment in KAMIS, member transferred from one waiver to TBI but no TBI assessment in KAMIS

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: 01/01/2019 - 03/31/2019

Data Source: Functional Assessor Record Review

Compliance By Waiver	Statewide
PD	78%
Numerator	54
Denominator	69
FE	96%
Numerator	72
Denominator	75
IDD	100%
Numerator	80
Denominator	80
TBI	84%
Numerator	37
Denominator	44
TA	100%
Numerator	44
Denominator	44
Autism	100%
Numerator	5
Denominator	5
SED	100%
Numerator	70
Denominator	70

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

Explanation of Findings:

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

PD: No current assessment/reassessment in KAMIS, functional assessment not completed within timeline for review period.

TBI: No current assessment in KAMIS, missing document, member transferred from one waiver to TBI but no TBI assessment in KAMIS

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: 01/01/2019 - 03/31/2019

Data Source:

Compliance By Waiver	Aetna	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	2018	Jan-Mar 2019
PD							
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	
Amerigroup				N/A			N/A
Sunflower		No Data	No Data	N/A	No Data	No Data	
United				N/A			
Statewide	100%			N/A			
FE							
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	
Amerigroup				5%			N/A
Sunflower		No Data	No Data	30%	No Data	No Data	
United				N/A			
Statewide	100%			9%			
IDD							
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	
Amerigroup				N/A			N/A
Sunflower		No Data	No Data	N/A	No Data	No Data	
United				N/A			
Statewide	98%			N/A			
TBI							
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	
Amerigroup				N/A			N/A
Sunflower		No Data	No Data	N/A	No Data	No Data	
United				N/A			
Statewide	91%			N/A			
TA							
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	
Amerigroup				N/A			N/A
Sunflower		No Data	No Data	N/A	No Data	No Data	
United				N/A			
Statewide	93%			N/A			
Autism							
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	
Amerigroup				N/A			N/A
Sunflower		No Data	No Data	N/A	No Data	No Data	
United				N/A			
Statewide	100%			N/A			
SED							
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	
Amerigroup				N/A			N/A
Sunflower		No Data	No Data	N/A	No Data	No Data	
United				N/A			
Statewide	100%			N/A			

KDADS HCBS Quality Review Report

Qualified Providers

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

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

Denominator: Number of enrolled licensed/certified waiver providers

Review Period: 01/01/2019 - 03/31/2019

Data Source:

Compliance By Waiver	Aetna	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	2018	Jan-Mar 2019
PD							
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	
Amerigroup				0%			N/A
Sunflower		No Data	No Data	0%	No Data	No Data	
United				0%			
Statewide	100%			0%			
FE							
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	
Amerigroup				12%			N/A
Sunflower		No Data	No Data	23%	No Data	No Data	
United				0%			
Statewide	Not a measure			11%			
IDD							
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	
Amerigroup				0%			N/A
Sunflower		No Data	No Data	0%	No Data	No Data	
United				0%			
Statewide	98%			0%			
TBI							
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	
Amerigroup				0%			N/A
Sunflower		No Data	No Data	0%	No Data	No Data	
United				0%			
Statewide	89%			0%			
TA							
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	
Amerigroup				0%			N/A
Sunflower		No Data	No Data	0%	No Data	No Data	
United				0%			
Statewide	93%			0%			
Autism							
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	
Amerigroup				14%			N/A
Sunflower		No Data	No Data	0%	No Data	No Data	
United				0%			
Statewide	100%			4%			
SED							
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	
Amerigroup				0%			N/A
Sunflower		No Data	No Data	0%	No Data	No Data	
United				0%			
Statewide	100%			0%			

KDADS HCBS Quality Review Report

Qualified Providers

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

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

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

Review Period: 01/01/2019 - 03/31/2019

Data Source:

Compliance By Waiver	Aetna	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	2018	Jan-Mar 2019
PD							
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	
Amerigroup				N/A			N/A
Sunflower		No Data	No Data	N/A	No Data	No Data	
United				N/A			
Statewide	75%			N/A			
FE							
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	
Amerigroup				N/A			N/A
Sunflower		No Data	No Data	N/A	No Data	No Data	
United				N/A			
Statewide	100%			N/A			
IDD							
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	
Amerigroup				N/A			N/A
Sunflower		No Data	No Data	N/A	No Data	No Data	
United				N/A			
Statewide	Not a measure			N/A			
TBI							
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	
Amerigroup				N/A			N/A
Sunflower		No Data	No Data	N/A	No Data	No Data	
United				N/A			
Statewide	88%			N/A			
TA							
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	
Amerigroup				N/A			N/A
Sunflower		No Data	No Data	N/A	No Data	No Data	
United				N/A			
Statewide	No Data			N/A			
Autism							
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	
Amerigroup				N/A			N/A
Sunflower		No Data	No Data	N/A	No Data	No Data	
United				N/A			
Statewide	82%			N/A			
SED							
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	
Amerigroup				N/A			N/A
Sunflower		No Data	No Data	N/A	No Data	No Data	
United				N/A			
Statewide	Not a measure			N/A			

KDADS HCBS Quality Review Report

Qualified Providers

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

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

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

Review Period: 01/01/2019 - 03/31/2019

Data Source:

Compliance By Waiver	Aetna	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	2018	Jan-Mar 2019
PD							
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	
Amerigroup				3%			N/A
Sunflower		No Data	No Data	1%	No Data	No Data	
United				0%			
Statewide	75%			1%			
FE							
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	
Amerigroup				0%			N/A
Sunflower		No Data	No Data	0%	No Data	No Data	
United				0%			
Statewide	Not a measure			0%			
IDD							
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	
Amerigroup				0%			N/A
Sunflower		No Data	No Data	8%	No Data	No Data	
United				0%			
Statewide	Not a measure			2%			
TBI							
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	
Amerigroup				8%			N/A
Sunflower		No Data	No Data	0%	No Data	No Data	
United				0%			
Statewide	88%			3%			
TA							
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	
Amerigroup				13%			N/A
Sunflower		No Data	No Data	0%	No Data	No Data	
United				0%			
Statewide	No Data			4%			
Autism							
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	
Amerigroup				8%			N/A
Sunflower		No Data	No Data	0%	No Data	No Data	
United				0%			
Statewide	91%			2%			
SED							
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	
Amerigroup				N/A			N/A
Sunflower		No Data	No Data	N/A	No Data	No Data	
United				N/A			
Statewide	89%			N/A			

KDADS HCBS Quality Review Report

Qualified Providers

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

Numerator: Number of providers that meet training requirements

Denominator: Number of active providers

Review Period: 01/01/2019 - 03/31/2019

Data Source:

Compliance By Waiver	Aetna	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	2018	Jan-Mar 2019
PD							
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	
Amerigroup				0%			N/A
Sunflower		No Data	No Data	0%	No Data	No Data	
United				0%			
Statewide	No Data			0%			
FE							
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	
Amerigroup				0%			N/A
Sunflower		No Data	No Data	0%	No Data	No Data	
United				0%			
Statewide	No Data			0%			
IDD							
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	
Amerigroup				0%			N/A
Sunflower		No Data	No Data	0%	No Data	No Data	
United				0%			
Statewide	99%			0%			
TBI							
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	
Amerigroup				0%			N/A
Sunflower		No Data	No Data	0%	No Data	No Data	
United				0%			
Statewide	No Data			0%			
TA							
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	
Amerigroup				0%			N/A
Sunflower		No Data	No Data	0%	No Data	No Data	
United				0%			
Statewide	No Data			0%			
Autism							
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	
Amerigroup				20%			N/A
Sunflower		No Data	No Data	36%	No Data	No Data	
United				0%			
Statewide	No Data			11%			
SED							
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	
Amerigroup				0%			N/A
Sunflower		No Data	No Data	0%	No Data	No Data	
United				0%			
Statewide	88%			0%			

KDADS HCBS Quality Review Report

Service Plan

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

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

Denominator: Number of waiver participants whose service plans were reviewed

Review Period: 01/01/2019 - 03/31/2019

Data Source: MCO Record Review

Compliance By Waiver	Aetna	Sunflower	United	Statewide
PD		79%	88%	84%
Numerator		26	30	56
Denominator		33	34	67
FE		94%	77%	85%
Numerator		33	30	63
Denominator		35	39	74
IDD		74%	78%	75%
Numerator		39	21	60
Denominator		53	27	80
TBI		83%	77%	81%
Numerator		19	10	29
Denominator		23	13	36
TA		86%	83%	84%
Numerator		18	19	37
Denominator		21	23	44
Autism		0%	50%	40%
Numerator		0	2	2
Denominator		1	4	5
SED		100%	100%	100%
Numerator		31	39	70
Denominator		31	39	70

Explanation of Findings:

AU: PCSP provided but no services listed, goals are not on Service Plan

TBI: No documentation of goals found, PCSP signed but not dated

IDD: goals not addressed in paperwork, no goals provided, service plan does not reflect goals, no valid signature and/or date (missing Guardian, client signature, missing date), service plan signed as authorized representative but no proof of guardianship on file, goals on PCSP but not signed, upload did not cover entire review period

FE: goal is MCO and not person served, no valid service plan during review period, MCO did not upload appropriate documentation, PCSP not signed by care coordinator, no valid signature and/or date

PD: no valid signature and/or date, no goals provided for review, no ISP provided for review period, gaps between service plans, prior PCSP was not provided that covered part of the review period

TA: no goals provided, service plan not uploaded, current ISP does not address goals, goals not found in ISP

Remediation:

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

KDADS HCBS Quality Review Report

Service Plan

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

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

Denominator: Number of waiver participants whose service plans were reviewed

Review Period: 01/01/2019 - 03/31/2019

Data Source: MCO Record Review

Compliance By Waiver	Aetna	Sunflower	United	Statewide
PD		76%	91%	84%
Numerator		25	31	56
Denominator		33	34	67
FE		86%	79%	82%
Numerator		30	31	61
Denominator		35	39	74
IDD		74%	85%	78%
Numerator		39	23	62
Denominator		53	27	80
TBI		83%	77%	81%
Numerator		19	10	29
Denominator		23	13	36
TA		86%	91%	89%
Numerator		18	21	39
Denominator		21	23	44
Autism		0%	25%	20%
Numerator		0	1	1
Denominator		1	4	5
SED		81%	56%	67%
Numerator		25	22	47
Denominator		31	39	70

Explanation of Findings:

PD: no ISP provided for review period, ISP not dated by client, case manager used electronic signature which is not valid, ISP not signed, prior PCSP not provided to cover entire review period

FE: Assessment doesn't cover entire review period, missing assessments, ISP not signed and/or dated by the individual/Guardian/designated representative, MCO did not upload documentation

IDD: missing signature and/or date from individual/Guardian/designated representative, document missing for entire review period, HRA is blank

TBI: no current assessment available for review, missing signature and/or date from individual/Guardian/designated representative

AU: no current assessment available for review, PCSP provided but no services listed

SED: No assessment uploaded or completed for the review period

Remediation:

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

KDADS HCBS Quality Review Report

Service Plan

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

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

Denominator: Number of waiver participants whose service plans were reviewed

Review Period: 01/01/2019 - 03/31/2019

Data Source: MCO Record Review

Compliance By Waiver	Aetna	Sunflower	United	Statewide
PD		76%	88%	82%
Numerator		25	30	55
Denominator		33	34	67
FE		86%	79%	82%
Numerator		30	31	61
Denominator		35	39	74
IDD		74%	85%	78%
Numerator		39	23	62
Denominator		53	27	80
TBI		83%	77%	81%
Numerator		19	10	29
Denominator		23	13	36
TA		86%	91%	89%
Numerator		18	21	39
Denominator		21	23	44
Autism		0%	25%	20%
Numerator		0	1	1
Denominator		1	4	5
SED		100%	100%	100%
Numerator		31	39	70
Denominator		31	39	70

Explanation of Findings:

PD: Case manager used electronic signature which is not valid, service plan not signed by client, no service plan provided for review, service plan did not cover entire review period

FE: Service plan not signed by care coordinator or individual or guardian, assessment does not cover entire review period, behavioral or medical assessment was not uploaded, MCO did not upload any documentation for review period

IDD: Service plan not signed and/or dated by individual or guardian, assessment left blank, no assessment uploaded to cover entire review period, service plan not signed by guardian

TBI: Service plan not signed and/or dated by individual or guardian, missing document

AU: Missing document, no current assessment available, no valid signature and/or date

Remediation:

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

KDADS HCBS Quality Review Report

Service Plan

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

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

Denominator: Number of waiver participants whose service plans were reviewed

Review Period: 01/01/2019 - 03/31/2019

Data Source: MCO Record Review

Compliance By Waiver	Aetna	Sunflower	United	Statewide
PD		76%	85%	81%
Numerator		25	29	54
Denominator		33	34	67
FE		94%	82%	88%
Numerator		33	32	65
Denominator		35	39	74
IDD		75%	89%	80%
Numerator		40	24	64
Denominator		53	27	80
TBI		78%	77%	78%
Numerator		18	10	28
Denominator		23	13	36
TA		86%	91%	89%
Numerator		18	21	39
Denominator		21	23	44
Autism		0%	50%	40%
Numerator		0	2	2
Denominator		1	4	5
SED		100%	100%	100%
Numerator		31	39	70
Denominator		31	39	70

Explanation of Findings:

PD: No service plan provided for review, case manager used electronic signature which is not valid, no current FAI, no current service plan, no valid signature and/or date

IDD: No valid signature and/or date by individual or guardian, Guardian did not sign service plan, no current assessment in file, missing service plan for entire review period

TBI: service plan not signed, no valid signature and/or date, missing document

AU: no valid signature and/or date, no assessment provided

Remediation:

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

KDADS HCBS Quality Review Report

Service Plan

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

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

Denominator: Number of waiver participants whose service plans were reviewed

Review Period: 01/01/2019 - 03/31/2019

Data Source: MCO Record Review

Compliance By Waiver	Aetna	Sunflower	United	Statewide
PD		76%	88%	82%
Numerator		25	30	55
Denominator		33	34	67
FE		94%	85%	89%
Numerator		33	33	66
Denominator		35	39	74
IDD		79%	89%	83%
Numerator		42	24	66
Denominator		53	27	80
TBI		78%	85%	81%
Numerator		18	11	29
Denominator		23	13	36
TA		86%	91%	89%
Numerator		18	21	39
Denominator		21	23	44
Autism		100%	50%	60%
Numerator		1	2	3
Denominator		1	4	5
SED		100%	100%	100%
Numerator		31	39	70
Denominator		31	39	70

Explanation of Findings:

PD: Case manager used electronic signature which is not valid, service plan not uploaded, service plan missing signature and/or date from individual or guardian, service plan does not cover entire review period

IDD: service plan missing signature and/or date from individual or guardian, missing document, service plan has authorized signature but no proof of guardian on file, guardianship active but no guardian signature on service plan

TBI: Missing document, service plan did not cover entire review period, no valid signature and/or date by individual or guardian

AU: No valid signature and/or date by individual or guardian

Remediation:

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

KDADS HCBS Quality Review Report

Service Plan

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

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

Denominator: Number of waiver participants whose service plans were reviewed

Review Period: 01/01/2019 - 03/31/2019

Data Source: MCO Record Review

Compliance By Waiver	Aetna	Sunflower	United	Statewide
PD		73%	91%	82%
Numerator		24	31	55
Denominator		33	34	67
FE		94%	90%	92%
Numerator		33	35	68
Denominator		35	39	74
IDD		74%	89%	79%
Numerator		39	24	63
Denominator		53	27	80
TBI		87%	85%	86%
Numerator		20	11	31
Denominator		23	13	36
TA		90%	96%	93%
Numerator		19	22	41
Denominator		21	23	44
Autism		0%	50%	40%
Numerator		0	2	2
Denominator		1	4	5
SED		100%	97%	99%
Numerator		31	38	69
Denominator		31	39	70

Explanation of Findings:

PD: Service plan not provided or did not cover entire review period, no valid signature from client/guardian and/or date, case manager used electronic signature which is not valid, timeline not met

IDD: Timeline not met, no valid signature from client/guardian and/or date, previous service plan not uploaded, current service plan not provided

AU: Missing document, no prior service plan uploaded

Remediation:

Compliance Trends	2013	2014	2015	2016	2017	2018	Jan-Mar 2019
PD							
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	
Amerigroup		73%	67%	71%	72%	91%	N/A
Sunflower		82%	72%	72%	70%	81%	73%
United		92%	73%	83%	76%	89%	91%
Statewide	82%	82%	70%	75%	72%	87%	82%
FE							
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	
Amerigroup		81%	67%	63%	70%	84%	N/A
Sunflower		85%	57%	78%	78%	83%	94%
United		90%	69%	84%	91%	91%	90%
Statewide	81%	85%	64%	76%	81%	86%	92%
IDD							
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	
Amerigroup		75%	77%	68%	64%	80%	N/A
Sunflower		81%	66%	65%	63%	81%	74%
United		91%	48%	54%	86%	84%	89%
Statewide	97%	82%	66%	63%	70%	81%	79%
TBI							
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	
Amerigroup		65%	44%	56%	63%	73%	N/A
Sunflower		84%	40%	88%	61%	88%	87%
United		77%	65%	70%	65%	84%	85%
Statewide	60%	76%	47%	68%	63%	80%	86%
TA							
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	
Amerigroup		81%	78%	72%	88%	92%	N/A
Sunflower		94%	89%	85%	68%	85%	90%
United		96%	59%	70%	91%	93%	96%
Statewide	92%	89%	79%	76%	83%	90%	93%
Autism							
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	
Amerigroup		67%	52%	40%	82%	100%	N/A
Sunflower		43%	47%	38%	18%	83%	0%
United		33%	38%	7%	20%	59%	50%
Statewide	64%	57%	48%	31%	41%	78%	40%
SED							
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	
Amerigroup		89%	97%	94%	96%	95%	N/A
Sunflower		89%	91%	79%	92%	92%	100%
United		83%	99%	85%	77%	97%	97%
Statewide	80%	87%	96%	86%	88%	95%	99%

KDADS HCBS Quality Review Report

Service Plan

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

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

Denominator: Number of waiver participants whose service plans were reviewed

Review Period: 01/01/2019 - 03/31/2019

Data Source: MCO Record Review

Compliance By Waiver	Aetna	Sunflower	United	Statewide
PD		91%	100%	96%
Numerator		30	34	64
Denominator		33	34	67
FE		100%	95%	97%
Numerator		35	37	72
Denominator		35	39	74
IDD		96%	100%	98%
Numerator		51	27	78
Denominator		53	27	80
TBI		100%	92%	97%
Numerator		23	12	35
Denominator		23	13	36
TA		100%	100%	100%
Numerator		21	23	44
Denominator		21	23	44
Autism		0%	100%	80%
Numerator		0	4	4
Denominator		1	4	5
SED		100%	97%	99%
Numerator		31	38	69
Denominator		31	39	70

Explanation of Findings:

AU: service plan uploaded, signed and dated but no services provided listed as individual is on provider/service waitlist

Remediation:

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

KDADS HCBS Quality Review Report

Service Plan

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

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

Denominator: Number of waiver participants whose service plans were reviewed

Review Period: 01/01/2019 - 03/31/2019

Data Source: MCO Record Review

Compliance By Waiver	Aetna	Sunflower	United	Statewide
PD		76%	91%	84%
Numerator		25	31	56
Denominator		33	34	67
FE		94%	85%	89%
Numerator		33	33	66
Denominator		35	39	74
IDD		81%	89%	84%
Numerator		43	24	67
Denominator		53	27	80
TBI		74%	77%	75%
Numerator		17	10	27
Denominator		23	13	36
TA		86%	96%	91%
Numerator		18	22	40
Denominator		21	23	44
Autism		0%	25%	20%
Numerator		0	1	1
Denominator		1	4	5
SED		100%	100%	100%
Numerator		31	39	70
Denominator		31	39	70

Explanation of Findings:

PD: No service plan provided for review period, case manager used electronic signature which is not valid, service plan not signed and/or dated by individual/guardian, service plans uploaded did not cover entire review period

IDD: Service plan not signed and/or dated by individual/guardian, previous service plan not signed by guardian, case manager did not sign and/or date service plan, service plans uploaded did not cover entire review period, service plan not uploaded

TBI: Plan indicates services but there is nothing in the file to validate the individual is receiving services, no valid signature and/or date, no documentation provided for review

AU: No valid signature and/or date, services listed on plan but has not been receiving them - individual is on provider/service waitlist

Remediation:

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

KDADS HCBS Quality Review Report

Service Plan

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

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

Denominator: Number of waiver participants interviewed by QMS staff

Review Period: 01/01/2019 - 03/31/2019

Data Source: Customer Interview

Compliance By Waiver	Aetna	Sunflower	United	Statewide
PD		88%	83%	86%
Numerator		15	10	25
Denominator		17	12	29
FE		100%	87%	94%
Numerator		21	13	34
Denominator		21	15	36
IDD		100%	93%	98%
Numerator		28	13	41
Denominator		28	14	42
TBI		91%	100%	92%
Numerator		10	2	12
Denominator		11	2	13
TA		100%	100%	100%
Numerator		9	8	17
Denominator		9	8	17
Autism		0%	50%	33%
Numerator		0	1	1
Denominator		1	2	3
SED	Not a waiver performance measure			
Numerator				
Denominator				

Explanation of Findings:

AU: Waitlist is long for providers, mother of child said "no" (not receiving services as specified in their service plan)

Remediation:

Compliance Trends	2013	2014	2015	2016	2017	2018	Jan-Mar 2019
PD							
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	
Amerigroup		97%			94%	94%	N/A
Sunflower		92%			97%	98%	88%
United		93%			91%	98%	83%
Statewide	Not a measure	94%	No Data	No Data	94%	97%	86%
FE							
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	
Amerigroup		85%			97%	96%	N/A
Sunflower		86%			93%	95%	100%
United		82%			91%	94%	87%
Statewide	87%	84%	No Data	No Data	94%	95%	94%
IDD							
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	
Amerigroup		92%			93%	100%	N/A
Sunflower		96%			99%	97%	100%
United		93%			92%	100%	93%
Statewide	Not a measure	94%	No Data	No Data	96%	98%	98%
TBI							
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	
Amerigroup		81%			81%	87%	N/A
Sunflower		88%			79%	78%	91%
United		83%			76%	92%	100%
Statewide	Not a measure	83%	No Data	No Data	80%	85%	92%
TA							
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	
Amerigroup		89%			96%	98%	N/A
Sunflower		84%			94%	95%	100%
United		85%			94%	100%	100%
Statewide	Not a measure	87%	No Data	No Data	95%	98%	100%
Autism							
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	
Amerigroup		74%			89%	67%	N/A
Sunflower		70%			50%	88%	0%
United		60%			75%	50%	50%
Statewide	Not a measure	71%	No Data	No Data	68%	68%	33%
SED	Not a waiver performance measure						
Aetna							
Amerigroup							
Sunflower							
United							
Statewide							

KDADS HCBS Quality Review Report

Service Plan

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

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

Denominator: Number of waiver participants whose service plans were reviewed

Review Period: 01/01/2019 - 03/31/2019

Data Source: MCO Record Review

Compliance By Waiver	Aetna	Sunflower	United	Statewide
PD		76%	91%	84%
Numerator		25	31	56
Denominator		33	34	67
FE		94%	87%	91%
Numerator		33	34	67
Denominator		35	39	74
IDD		77%	89%	81%
Numerator		41	24	65
Denominator		53	27	80
TBI		83%	85%	83%
Numerator		19	11	30
Denominator		23	13	36
TA		86%	91%	89%
Numerator		18	21	39
Denominator		21	23	44
Autism		100%	50%	60%
Numerator		1	2	3
Denominator		1	4	5
SED		100%	97%	99%
Numerator		31	38	69
Denominator		31	39	70

Explanation of Findings:

PD: No service plan provided or did not cover the entire review period, no valid signature and/or date, case manager used electronic signature which is not valid

IDD: No valid signature and/or date, service plan incomplete, no service plan provided or did not cover the entire review period

TBI: No valid signature and/or date, no service plan provided or did not cover the entire review period

AU: No valid signature and/or date, service plan not signed or dated

Remediation:

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

KDADS HCBS Quality Review Report

Service Plan

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

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

Denominator: Number of waiver participants whose service plans were reviewed

Review Period: 01/01/2019 - 03/31/2019

Data Source: MCO Record Review

Compliance By Waiver	Aetna	Sunflower	United	Statewide
PD		76%	91%	84%
Numerator		25	31	56
Denominator		33	34	67
FE		94%	87%	91%
Numerator		33	34	67
Denominator		35	39	74
IDD		77%	89%	81%
Numerator		41	24	65
Denominator		53	27	80
TBI		83%	85%	83%
Numerator		19	11	30
Denominator		23	13	36
TA		86%	91%	89%
Numerator		18	21	39
Denominator		21	23	44
Autism		100%	50%	60%
Numerator		1	2	3
Denominator		1	4	5
SED		100%	97%	99%
Numerator		31	38	69
Denominator		31	39	70

Explanation of Findings:

PD: No service plan provided or did not cover the entire review period, case manager used electronic signature which is not valid, no valid signature and/or date

IDD: No valid signature and/or date, service plan incomplete, no valid signature and/or date

TBI: No service plan provided or did not cover the entire review period, no valid signature and/or date

AU: No valid signature and/or date

Remediation:

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

KDADS HCBS Quality Review Report

Service Plan

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

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

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

Review Period: 01/01/2019 - 03/31/2019

Data Source: MCO Record Review

Compliance By Waiver	Aetna	Sunflower	United	Statewide
PD		76%	91%	84%
Numerator		25	31	56
Denominator		33	34	67
FE		94%	87%	91%
Numerator		33	34	67
Denominator		35	39	74
IDD		77%	89%	81%
Numerator		41	24	65
Denominator		53	27	80
TBI		83%	85%	83%
Numerator		19	11	30
Denominator		23	13	36
TA		86%	91%	89%
Numerator		18	21	39
Denominator		21	23	44
Autism		100%	75%	80%
Numerator		1	3	4
Denominator		1	4	5
SED		100%	97%	99%
Numerator		31	38	69
Denominator		31	39	70

Explanation of Findings:

PD: No service plan provided or did not cover entire review period, case manager used electronic signature which is not valid, no valid signature and/or date

IDD: Choice boxes not marked, no valid signature and/or date, no service plan provided or did not cover entire review period

TBI: No valid signature and/or date, missing document

Autism: No valid signature and/or date

Remediation:

Compliance Trends	2013	2014	2015	2016	2017	2018	Jan-Mar 2019
PD							
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	
Amerigroup		76%	57%	67%	81%	98%	N/A
Sunflower		74%	67%	73%	87%	80%	76%
United		80%	78%	88%	87%	95%	91%
Statewide	Not a measure	76%	66%	75%	85%	91%	84%
FE							
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	
Amerigroup		67%	58%	72%	81%	92%	N/A
Sunflower		87%	56%	82%	86%	77%	94%
United		85%	79%	84%	91%	93%	87%
Statewide	65%	80%	63%	79%	86%	87%	91%
IDD							
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	
Amerigroup		47%	47%	66%	73%	87%	N/A
Sunflower		69%	41%	68%	74%	80%	77%
United		78%	57%	79%	92%	88%	89%
Statewide	No Data	64%	46%	70%	78%	84%	81%
TBI							
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	
Amerigroup		55%	51%	54%	78%	84%	N/A
Sunflower		79%	40%	86%	78%	79%	83%
United		73%	74%	83%	79%	92%	85%
Statewide	No Data	67%	52%	68%	78%	84%	83%
TA							
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	
Amerigroup		87%	65%	69%	85%	99%	N/A
Sunflower		98%	80%	81%	68%	89%	86%
United		94%	55%	79%	95%	86%	91%
Statewide	No Data	92%	68%	74%	81%	93%	89%
Autism							
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	
Amerigroup		86%	67%	65%	94%	100%	N/A
Sunflower		47%	59%	67%	70%	61%	100%
United		75%	43%	33%	38%	35%	75%
Statewide	No Data	72%	59%	60%	67%	61%	80%
SED							
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	
Amerigroup		94%	92%	98%	99%	97%	N/A
Sunflower		91%	72%	84%	94%	87%	100%
United		85%	98%	88%	87%	97%	97%
Statewide	99%	90%	89%	91%	93%	94%	99%

KDADS HCBS Quality Review Report

Service Plan

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

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

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

Review Period: 01/01/2019 - 03/31/2019

Data Source: MCO Record Review

Compliance By Waiver	Aetna	Sunflower	United	Statewide
PD		76%	91%	84%
Numerator		25	31	56
Denominator		33	34	67
FE		94%	87%	91%
Numerator		33	34	67
Denominator		35	39	74
IDD		75%	89%	80%
Numerator		40	24	64
Denominator		53	27	80
TBI		83%	85%	83%
Numerator		19	11	30
Denominator		23	13	36
TA		86%	91%	89%
Numerator		18	21	39
Denominator		21	23	44
Autism	Self-direction is not offered for this waiver			
Numerator				
Denominator				
SED	Self-direction is not offered for this waiver			
Numerator				
Denominator				

Explanation of Findings:

PD: No service plan provided or did not cover entire review period, no valid signature and/or date, case manager used electronic signature which is not valid

IDD: Choice not marked on form or incomplete, no valid signature and/or date, No service plan provided or did not cover entire review period

TBI: No valid signature and/or date, missing document

Remediation:

Compliance Trends	2013	2014	2015	2016	2017	2018	Jan-Mar 2019
PD							
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	
Amerigroup		64%	58%	72%	81%	92%	N/A
Sunflower		73%	68%	72%	87%	79%	76%
United		77%	78%	88%	86%	95%	91%
Statewide	Not a measure	71%	66%	77%	84%	89%	84%
FE							
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	
Amerigroup		64%	59%	73%	79%	88%	N/A
Sunflower		84%	59%	81%	87%	74%	94%
United		77%	79%	85%	88%	93%	87%
Statewide	65%	75%	64%	79%	85%	85%	91%
IDD							
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	
Amerigroup		34%	47%	64%	68%	84%	N/A
Sunflower		61%	39%	60%	65%	77%	75%
United		77%	57%	73%	93%	89%	89%
Statewide	No Data	53%	46%	64%	73%	82%	80%
TBI							
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	
Amerigroup		50%	50%	56%	73%	80%	N/A
Sunflower		85%	43%	82%	78%	79%	83%
United		70%	74%	83%	79%	89%	85%
Statewide	No Data	66%	52%	68%	75%	81%	83%
TA							
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	
Amerigroup		82%	56%	66%	84%	99%	N/A
Sunflower		98%	82%	79%	68%	89%	86%
United		100%	58%	79%	95%	84%	91%
Statewide	No Data	90%	64%	72%	81%	93%	89%
Autism	Self-direction is not offered for this waiver						
Aetna							
Amerigroup							
Sunflower							
United							
Statewide							
SED	Self-direction is not offered for this waiver						
Aetna							
Amerigroup							
Sunflower							
United							
Statewide							

KDADS HCBS Quality Review Report

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: 01/01/2019 - 03/31/2019

Data Source: Adverse Incident Reporting

Compliance By Waiver	Aetna	Sunflower	United	Statewide
PD		88%	100%	89%
Numerator		7	1	8
Denominator		8	1	9
FE		100%	0%	75%
Numerator		3	0	3
Denominator		3	1	4
IDD		100%	80%	94%
Numerator		12	4	16
Denominator		12	5	17
TBI		N/A	N/A	N/A
Numerator		0	0	0
Denominator		0	0	0
TA		100%	N/A	100%
Numerator		1	0	1
Denominator		1	0	1
Autism		N/A	N/A	N/A
Numerator		0	0	0
Denominator		0	0	0
SED				
Numerator				
Denominator				

Explanation of Findings:

Follow-up and investigation from both MCOs provide quality detail to confirm the identification of preventable causes. All Adverse Incident Reports are verified and completed by KDADS Program Integrity Staff to confirm resolution. All reports in fallout data were reviewed and documentation indicates all policies and procedures were followed to complete reports involving instances of death that identify preventable causes.

Sunflower had one report from the PD waiver that identified preventable causes. Autopsy, police and DCF investigations pending. MCO initiated Quality of Care Concern. Review/investigation and closure followed appropriate policies and procedures.

United had one report from the FE and one from the IDD waiver that identified preventable causes. Both incidents reported to MCO quality of care team and APS investigation pending. Appropriate authorities contacted and investigating these matters.

SED reports are not currently routed to the HCBS worklist in the AIR system. Behavioral Health receives SED AIR reports and provides follow-up as needed. KDADS is working to update AIR processes to include accurate information for reports involving SED waiver participants.

Remediation:

KDADS meets with the MCOs on a case-by-case basis and quarterly to discuss any trends and best practices to ensure appropriate measures are taken. MCOs reach out to KDADS for updated training when new staff are hired and refreshers for established staff as needed.

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	2018	Jan-Mar 2019
PD							
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	
Amerigroup	No Data						N/A
Sunflower	No Data						88%
United	No Data						100%
Statewide	No Data						89%
FE							
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	
Amerigroup	No Data						N/A
Sunflower	No Data						100%
United	No Data						0%
Statewide	No Data						75%
IDD							
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	
Amerigroup	No Data						N/A
Sunflower	No Data						100%
United	No Data						80%
Statewide	No Data						94%
TBI							
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	
Amerigroup	No Data						N/A
Sunflower	No Data						N/A
United	No Data						N/A
Statewide	No Data						N/A
TA							
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	
Amerigroup	No Data						N/A
Sunflower	No Data						100%
United	No Data						N/A
Statewide	No Data						100%
Autism							
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	
Amerigroup	No Data						N/A
Sunflower	No Data						N/A
United	No Data						N/A
Statewide	No Data						N/A
SED							
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	
Amerigroup	No Data						N/A
Sunflower	No Data						
United	No Data						
Statewide	No Data						

KDADS HCBS Quality Review Report

Health and Welfare

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

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

Denominator: Number of unexpected deaths

Review Period: 01/01/2019 - 03/31/2019

Data Source: Adverse Incident Reporting

Compliance By Waiver	Aetna	Sunflower	United	Statewide
PD		63%	100%	67%
Numerator	5	5	1	6
Denominator	8	8	1	9
FE		33%	0%	25%
Numerator	1	1	0	1
Denominator	3	3	1	4
IDD		75%	60%	71%
Numerator	9	9	3	12
Denominator	12	12	5	17
TBI		N/A	N/A	N/A
Numerator	0	0	0	0
Denominator	0	0	0	0
TA		100%	N/A	100%
Numerator	1	1	0	1
Denominator	1	1	0	1
Autism		N/A	N/A	N/A
Numerator	0	0	0	0
Denominator	0	0	0	0
SED				
Numerator				
Denominator				

Explanation of Findings:

All reports included in fallout data were reviewed. New staff were still training during this time period and upon review it was confirmed that all investigations assigned to the MCO followed appropriate policies and procedures. Those included with fallout data were due to KDADS Program Integrity Staff error. When completing reports, there are KDADS confirmation indicators that must be selected and they were left 'Not Applicable' when completed. There is no remediation necessary at this time for the MCOs regarding appropriate review and investigation of unexpected deaths.

SED reports are not currently routed to the HCBS worklist in the AIR system. Behavioral Health receives SED AIR reports and provide follow-up as needed. KDADS is working to update AIR processes to include accurate information for reports involving SED waiver participants.

Remediation:

Program Integrity staff continue ongoing training and evaluation. Staff have been made aware and received updating training 09/24/19 to ensure accurate and consistent confirmations are included as necessary. Review of more recent reports that would be included with this Performance Measure indicates improved processes.

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	2018	Jan-Mar 2019
PD							
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	
Amerigroup	No Data						N/A
Sunflower	No Data						63%
United	No Data						100%
Statewide	No Data						67%
FE							
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	
Amerigroup	No Data						N/A
Sunflower	No Data						33%
United	No Data						0%
Statewide	No Data						25%
IDD							
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	
Amerigroup	No Data						N/A
Sunflower	No Data						75%
United	No Data						60%
Statewide	No Data						71%
TBI							
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	
Amerigroup	No Data						N/A
Sunflower	No Data						N/A
United	No Data						N/A
Statewide	No Data						N/A
TA							
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	
Amerigroup	No Data						N/A
Sunflower	No Data						100%
United	No Data						N/A
Statewide	No Data						100%
Autism							
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	
Amerigroup	No Data						N/A
Sunflower	No Data						N/A
United	No Data						N/A
Statewide	No Data						N/A
SED							
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	
Amerigroup	No Data						N/A
Sunflower	No Data						
United	No Data						
Statewide	No Data						

KDADS HCBS Quality Review Report

Health and Welfare

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

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

Denominator: Number of unexpected deaths

Review Period: 01/01/2019 - 03/31/2019

Data Source: Adverse Incident Reporting

Compliance By Waiver	Aetna	Sunflower	United	Statewide
PD		100%	100%	100%
Numerator		8	1	9
Denominator		8	1	9
FE		100%	100%	100%
Numerator		3	1	4
Denominator		3	1	4
IDD		100%	100%	100%
Numerator		12	5	17
Denominator		12	5	17
TBI		N/A	N/A	N/A
Numerator		0	0	0
Denominator		0	0	0
TA		100%	N/A	100%
Numerator		1	0	1
Denominator		1	0	1
Autism		N/A	N/A	N/A
Numerator		0	0	0
Denominator		0	0	0
SED				
Numerator				
Denominator				

Explanation of Findings:

KDADS meets with the MCOs on a case-by-case basis and quarterly to discuss any trends and best practices to ensure appropriate measures are taken. MCOs reach out to KDADS for updated training when new staff are hired and refreshers for established staff as needed. KDADS is dedicated to working with the MCOs to ensure all reported adverse incidents are resolved.

SED reports are not currently routed to the HCBS worklist in the AIR system. Behavioral Health receives SED AIR reports and provide follow-up as needed. KDADS is working to update AIR processes to include accurate information for reports involving SED waiver participants.

Remediation:

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	2018	Jan-Mar 2019
PD							
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	
Amerigroup							N/A
Sunflower	No Data						100%
United							100%
Statewide							100%
FE							
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	
Amerigroup							N/A
Sunflower	No Data						100%
United							100%
Statewide							100%
IDD							
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	
Amerigroup							N/A
Sunflower	No Data						100%
United							100%
Statewide							100%
TBI							
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	
Amerigroup							N/A
Sunflower	No Data						N/A
United							N/A
Statewide							N/A
TA							
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	
Amerigroup							N/A
Sunflower	No Data						100%
United							N/A
Statewide							100%
Autism							
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	
Amerigroup							N/A
Sunflower	No Data						N/A
United							N/A
Statewide							N/A
SED							
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	
Amerigroup							N/A
Sunflower	No Data						
United							
Statewide							

KDADS HCBS Quality Review Report

Health and Welfare

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

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

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

Review Period: 01/01/2019 - 03/31/2019

Data Source: MCO Record Review

Compliance By Waiver	Aetna	Sunflower	United	Statewide
PD		82%	94%	88%
Numerator		27	32	59
Denominator		33	34	67
FE		94%	90%	92%
Numerator		33	35	68
Denominator		35	39	74
IDD		81%	89%	84%
Numerator		43	24	67
Denominator		53	27	80
TBI		91%	85%	89%
Numerator		21	11	32
Denominator		23	13	36
TA		86%	91%	89%
Numerator		18	21	39
Denominator		21	23	44
Autism		100%	75%	80%
Numerator		1	3	4
Denominator		1	4	5
SED		61%	10%	33%
Numerator		19	4	23
Denominator		31	39	70

Explanation of Findings:

IDD: Missing document, service plan not provided or did not cover entire review period, no valid signature and/or date

AU: No valid signature and/or date

SED: No information regarding Abuse, Neglect, Exploitation provided in the case file review

Remediation:

Compliance Trends	2013	2014	2015	2016	2017	2018	Jan-Mar 2019
PD							
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	
Amerigroup		51%	19%	67%	87%	97%	N/A
Sunflower		88%	72%	74%	90%	85%	82%
United		90%	80%	88%	88%	95%	94%
Statewide	65%	72%	53%	76%	88%	93%	88%
FE							
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	
Amerigroup		59%	16%	61%	85%	92%	N/A
Sunflower		86%	62%	84%	89%	80%	94%
United		92%	80%	88%	93%	92%	90%
Statewide	80%	78%	50%	78%	89%	88%	92%
IDD							
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	
Amerigroup		23%	6%	59%	78%	86%	N/A
Sunflower		87%	59%	75%	82%	85%	81%
United		100%	56%	79%	93%	90%	89%
Statewide	99%	68%	42%	71%	83%	86%	84%
TBI							
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	
Amerigroup		30%	12%	56%	81%	82%	N/A
Sunflower		94%	45%	84%	78%	86%	91%
United		80%	76%	85%	79%	92%	85%
Statewide	57%	63%	34%	69%	80%	85%	89%
TA							
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	
Amerigroup		61%	38%	75%	91%	99%	N/A
Sunflower		99%	86%	84%	72%	90%	86%
United		97%	61%	79%	95%	84%	91%
Statewide	86%	82%	57%	78%	86%	93%	89%
Autism							
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	
Amerigroup		62%	8%	23%	88%	100%	N/A
Sunflower		33%	29%	39%	50%	56%	100%
United		43%	14%	6%	13%	47%	75%
Statewide	90%	50%	16%	26%	50%	63%	80%
SED							
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	
Amerigroup		88%	64%	27%	25%	75%	N/A
Sunflower		80%	53%	22%	16%	39%	61%
United		78%	63%	19%	5%	21%	10%
Statewide	89%	82%	60%	23%	15%	45%	33%

KDADS HCBS Quality Review Report

Health and Welfare

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

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

Denominator: Number of participants' reported critical incidents

Review Period: 01/01/2019 - 03/31/2019

Data Source: Adverse Incident Reporting

Compliance By Waiver	Aetna	Sunflower	United	Statewide
PD		96%	100%	98%
Numerator		70	57	127
Denominator		73	57	130
FE		87%	98%	92%
Numerator		55	48	103
Denominator		63	49	112
IDD		89%	100%	93%
Numerator		891	523	1414
Denominator		997	523	1520
TBI		96%	100%	98%
Numerator		55	25	80
Denominator		57	25	82
TA		100%	100%	100%
Numerator		5	3	8
Denominator		5	3	8
Autism		N/A	100%	100%
Numerator		0	2	2
Denominator		0	2	2
SED				
Numerator				
Denominator				

Explanation of Findings:

Overall performance met requirements. The majority of reports included in fallout data were completed within 7 days following the 30 day follow-up requirements established by KDADS. The updated process had a few IT issues preventing assignment or closure that has since been remedied; this accounted for several reports that were included in data indicating required timeframes were not met. The reports included in fallout data includes documentation explaining the delay, reports do not indicate the timeline was missed due to negligence.

SED reports are not currently routed to the HCBS worklist in the AIR system. Behavioral Health receives SED AIR reports and provide follow-up as needed. KDADS is working to update AIR processes to include accurate information for reports involving SED waiver participants.

Remediation:

KDADS continues to work with the MCOs on a case-by-case basis, as well as, identifying any trends and remediating as necessary.

IT issues are exhibited to improve the updated system and ensure all requirements can be met within the system. KDADS and MCOs work with KDADS IT to report any issues.

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

Compliance Trends	2013	2014	2015	2016	2017	2018	Jan-Mar 2019
PD							
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	
Amerigroup	No Data						N/A
Sunflower							96%
United							100%
Statewide							98%
FE							
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	
Amerigroup	No Data						N/A
Sunflower							87%
United							98%
Statewide							92%
IDD							
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	
Amerigroup	No Data						N/A
Sunflower							89%
United							100%
Statewide							93%
TBI							
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	
Amerigroup	No Data						N/A
Sunflower							96%
United							100%
Statewide							98%
TA							
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	
Amerigroup	No Data						N/A
Sunflower							100%
United							100%
Statewide							100%
Autism							
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	
Amerigroup	No Data						N/A
Sunflower							N/A
United							100%
Statewide							100%
SED							
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	
Amerigroup	No Data						N/A
Sunflower							
United							
Statewide							

KDADS HCBS Quality Review Report

Health and Welfare

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

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

Denominator: Number of reported critical incidents

Review Period: 01/01/2019 - 03/31/2019

Data Source: Adverse Incident Reporting

Compliance By Waiver	Aetna	Sunflower	United	Statewide
PD		100%	100%	100%
Numerator		63	56	119
Denominator		63	56	119
FE		100%	100%	100%
Numerator		57	48	105
Denominator		57	48	105
IDD		100%	100%	100%
Numerator		980	517	1497
Denominator		980	517	1497
TBI		100%	100%	100%
Numerator		57	25	82
Denominator		57	25	82
TA		100%	100%	100%
Numerator		4	3	7
Denominator		4	3	7
Autism		N/A	100%	100%
Numerator		0	2	2
Denominator		0	2	2
SED				
Numerator				
Denominator				

Explanation of Findings:

Remediation reports received from DCF were compared to reports entered into AIR for the time period reviewed, which indicates the state adhered to follow-up measures. KDADS Program integrity Staff currently manually enter determination information for all APS reports involving HCBS members.

Autism and SED determination information is not provided as the state awaits an MOU between KDADS and DCF/CPS to share additional information, as well as, to 'auto-feed' DCF report information into AIR. The State has been working with CMS to remedy this gap in reporting.

SED reports are not currently routed to the HCBS worklist in the AIR system. Behavioral Health receives SED AIR reports and provide follow-up as needed. KDADS is working to update AIR processes to include accurate information for reports involving SED waiver participants.

Remediation:

All APS determination information as it pertains to HCBS participants is received and entered into the AIR system in a timely manner. KDADS continues to work with DCF and CSP to ensure we receive determination information for children that can be entered into the AIR system, documented and followed-up on as necessary following DCF's investigation. Once remediation is completed and CPS reports are received KDADS continues to pursue an "auto-feed" that would automatically update the AIR system with determination information from DCF so staff would no longer have to make manual entries.

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	2018	Jan-Mar 2019
PD							
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	
Amerigroup							N/A
Sunflower	No Data						100%
United							100%
Statewide							100%
FE							
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	
Amerigroup							N/A
Sunflower	No Data						100%
United							100%
Statewide							100%
IDD							
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	
Amerigroup							N/A
Sunflower	No Data						100%
United							100%
Statewide							100%
TBI							
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	
Amerigroup							N/A
Sunflower	No Data						100%
United							100%
Statewide							100%
TA							
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	
Amerigroup							N/A
Sunflower	No Data						100%
United							100%
Statewide							100%
Autism							
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	
Amerigroup							N/A
Sunflower	No Data						N/A
United							100%
Statewide							100%
SED							
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	
Amerigroup							N/A
Sunflower	No Data						
United							
Statewide							

KDADS HCBS Quality Review Report

Health and Welfare

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

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

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

Review Period: 01/01/2019 - 03/31/2019

Data Source: Adverse Incident Reporting

Compliance By Waiver	Aetna	Sunflower	United	Statewide
PD		N/A	N/A	N/A
Numerator		0	0	0
Denominator		0	0	0
FE		N/A	N/A	N/A
Numerator		0	0	0
Denominator		0	0	0
IDD		62%	29%	50%
Numerator		8	2	10
Denominator		13	7	20
TBI		N/A	N/A	N/A
Numerator		0	0	0
Denominator		0	0	0
TA		N/A	N/A	N/A
Numerator		0	0	0
Denominator		0	0	0
Autism		N/A	N/A	N/A
Numerator		0	0	0
Denominator		0	0	0
SED				
Numerator				
Denominator				

Explanation of Findings:

There were 10 total reports that upon review and investigation determined the restrictive intervention utilized did not follow procedures as specified in the waiver, 5 for Sunflower and 5 for United (1 duplicate identified). All reported adverse incidents for which review/investigation indicated restraint, seclusion or other restrictive intervention that did not follow procedures specified in the approved waiver had appropriate follow-up by the MCOs. All reports indicate Behavior Support Plan review, adjustments as necessary and committee meetings as applicable. Evidence shows appropriate follow-up measures were taken to formally resolve incidents of restraint, seclusion or restrictive interventions for all reports assigned during this time period.

SED reports are not currently routed to the HCBS worklist in the AIR system. Behavioral Health receives SED AIR reports and provide follow-up as needed. KDADS is working to update AIR processes to include accurate information for reports involving SED waiver participants.

Remediation:

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	2018	Jan-Mar 2019
PD							
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	
Amerigroup							N/A
Sunflower	No Data						N/A
United	No Data						N/A
Statewide	No Data						N/A
FE							
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	
Amerigroup							N/A
Sunflower	No Data						N/A
United	No Data						N/A
Statewide	No Data						N/A
IDD							
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	
Amerigroup							N/A
Sunflower	No Data						62%
United	No Data						29%
Statewide	No Data						50%
TBI							
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	
Amerigroup							N/A
Sunflower	No Data						N/A
United	No Data						N/A
Statewide	No Data						N/A
TA							
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	
Amerigroup							N/A
Sunflower	No Data						N/A
United	No Data						N/A
Statewide	No Data						N/A
Autism							
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	
Amerigroup							N/A
Sunflower	No Data						N/A
United	No Data						N/A
Statewide	No Data						N/A
SED							
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	
Amerigroup							N/A
Sunflower	No Data						
United	No Data						
Statewide	No Data						

KDADS HCBS Quality Review Report

Health and Welfare

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

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

Denominator: Number of unauthorized uses of restrictive interventions

Review Period: 01/01/2019 - 03/31/2019

Data Source: Adverse Incident Reporting

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

Explanation of Findings:

There were 6 total unauthorized restraints, seclusions/restrictive interventions utilized for this time period; all 6 were reported from the IDD waiver. Evidence shows both MCOs completed all necessary investigation and follow-up measures to determine unauthorized, as well as, to ensure there is no recurrence (education, discipline, etc.).

SED reports are not currently routed to the HCBS worklist in the AIR system. Behavioral Health receives SED AIR reports and provide follow-up as needed. KDADS is working to update AIR processes to include accurate information for reports involving SED waiver participants.

Remediation:

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

Education continues across all waivers to ensure members and providers are aware of the Adverse Incident Reporting process and requirements.

Compliance Trends	2013	2014	2015	2016	2017	2018	Jan-Mar 2019
PD							
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	
Amerigroup	No Data						N/A
Sunflower							N/A
United							N/A
Statewide							N/A
FE							
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	
Amerigroup	No Data						N/A
Sunflower							N/A
United							N/A
Statewide							N/A
IDD							
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	
Amerigroup	No Data						N/A
Sunflower							100%
United							100%
Statewide							100%
TBI							
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	
Amerigroup	No Data						N/A
Sunflower							N/A
United							N/A
Statewide							N/A
TA							
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	
Amerigroup	No Data						N/A
Sunflower							N/A
United							N/A
Statewide							N/A
Autism							
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	
Amerigroup	No Data						N/A
Sunflower							N/A
United							N/A
Statewide							N/A
SED							
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	
Amerigroup	No Data						N/A
Sunflower							
United							
Statewide							

KDADS HCBS Quality Review Report

Health and Welfare

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

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

Denominator: Number of HCBS participants whose service plans were reviewed

Review Period: 01/01/2019 - 03/31/2019

Data Source: MCO Record Review

Compliance By Waiver	Aetna	Sunflower	United	Statewide
PD		45%	50%	48%
Numerator		15	15	30
Denominator		33	30	63
FE		47%	71%	59%
Numerator		16	24	40
Denominator		34	34	68
IDD		79%	60%	73%
Numerator		41	15	56
Denominator		52	25	77
TBI		43%	54%	47%
Numerator		9	7	16
Denominator		21	13	34
TA		89%	69%	80%
Numerator		17	11	28
Denominator		19	16	35
Autism		100%	25%	40%
Numerator		1	1	2
Denominator		1	4	5
SED		71%	42%	55%
Numerator		22	16	38
Denominator		31	38	69

Explanation of Findings:

PD, FE, IDD, TBI, TA, AU, SED: Exam date missing, no evidence of physical exam (required documentation missing, supplied notation does not meet requirement or was not uploaded for review)

Remediation:

Compliance Trends	2013	2014	2015	2016	2017	2018	Jan-Mar 2019
PD							
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	
Amerigroup		78%			20%	46%	N/A
Sunflower		81%			34%	40%	45%
United		88%			34%	23%	50%
Statewide	Not a measure	82%	No Data	No Data	29%	37%	48%
FE							
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	
Amerigroup		89%			23%	34%	N/A
Sunflower		97%			31%	28%	47%
United		97%			31%	18%	71%
Statewide	Not a measure	95%	No Data	No Data	29%	27%	59%
IDD							
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	
Amerigroup		91%			28%	56%	N/A
Sunflower		99%			52%	70%	79%
United		99%			26%	29%	60%
Statewide	Not a measure	97%	No Data	No Data	39%	56%	73%
TBI							
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	
Amerigroup		84%			21%	29%	N/A
Sunflower		94%			32%	30%	43%
United		93%			19%	35%	54%
Statewide	Not a measure	90%	No Data	No Data	23%	30%	47%
TA							
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	
Amerigroup		100%			39%	54%	N/A
Sunflower		100%			56%	79%	89%
United		97%			68%	62%	69%
Statewide	Not a measure	100%	No Data	No Data	49%	63%	80%
Autism							
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	
Amerigroup		100%			56%	90%	N/A
Sunflower		92%			65%	73%	100%
United		100%			19%	42%	25%
Statewide	Not a measure	98%	No Data	No Data	48%	59%	40%
SED							
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	
Amerigroup		54%			76%	87%	N/A
Sunflower		55%			27%	71%	71%
United		46%			47%	61%	42%
Statewide	Not a measure	52%	No Data	No Data	52%	67%	55%

KDADS HCBS Quality Review Report

Health and Welfare

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

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

Denominator: Number of waiver participants with a red flag designation

Review Period: 01/01/2019 - 03/31/2019

Data Source: MCO Record Review

Compliance By Waiver	Aetna	Sunflower	United	Statewide
PD		85%	91%	88%
Numerator		28	31	59
Denominator		33	34	67
FE		83%	87%	85%
Numerator		29	34	63
Denominator		35	39	74
IDD		77%	93%	83%
Numerator		41	25	66
Denominator		53	27	80
TBI		91%	85%	89%
Numerator		21	11	32
Denominator		23	13	36
TA		81%	91%	86%
Numerator		17	21	38
Denominator		21	23	44
Autism		100%	50%	60%
Numerator		1	2	3
Denominator		1	4	5
SED	Not a waiver performance measure			
Numerator				
Denominator				

Explanation of Findings:

FE: MCO did not upload any documentation, no valid signature and/or date, BUP incomplete (missing answers on some questions and no specific details provided)

IDD: No valid signature and/or date, back up plan not uploaded or documents uploaded did not cover entire review period

AU: No valid signature and/or date

Remediation:

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

KDADS HCBS Quality Review Report

Financial Accountability

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

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

Denominator: Total number of provider claims

Review Period: 01/01/2019 - 03/31/2019

Data Source: MCO Claims Data

Compliance By Waiver	Statewide
PD	95%
Numerator	74,866
Denominator	78,741
FE	94%
Numerator	55,609
Denominator	58,998
IDD	96%
Numerator	142,150
Denominator	147,444
TBI	92%
Numerator	6,425
Denominator	6,987
TA	96%
Numerator	6,779
Denominator	7,086
Autism	95%
Numerator	7,920
Denominator	8,321
SED	74%
Numerator	15,597
Denominator	20,982
All HCBS Waivers	94%
Numerator	309,346
Denominator	328,559

Compliance Trends	2013	2014	2015	2016	2017	2018	Jan-Mar 2019
PD							
Statewide	not a measure	N/A	N/A	N/A	N/A	96%	95%
FE							
Statewide	not a measure	N/A	N/A	N/A	N/A	95%	94%
IDD							
Statewide	not a measure	N/A	N/A	N/A	N/A	97%	96%
TBI							
Statewide	not a measure	N/A	N/A	N/A	N/A	90%	92%
TA							
Statewide	not a measure	N/A	N/A	N/A	N/A	91%	96%
Autism							
Statewide	not a measure	N/A	N/A	N/A	N/A	82%	95%
SED							
Statewide	not a measure	N/A	N/A	N/A	N/A	82%	74%
All HCBS Waivers							
Statewide	not a measure	90%	88%	95%	95%	95%	94%

Explanation of Findings:

MCO self-reported data.

Remediation:

KDADS HCBS Quality Review Report

Financial Accountability

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

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

Denominator: Total number of capitation (payment) rates

Review Period: 01/01/2019 - 03/31/2019

Data Source: KDHE

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

Compliance Trends	2013	2014	2015	2016	2017	2018	2019
PD							
Statewide	not a measure	100%	100%	100%	100%	100%	100%
FE							
Statewide	not a measure	100%	100%	100%	100%	100%	100%
IDD							
Statewide	not a measure	100%	100%	100%	100%	100%	100%
TBI							
Statewide	not a measure	100%	100%	100%	100%	100%	100%
TA							
Statewide	not a measure	100%	100%	100%	100%	100%	100%
Autism							
Statewide	not a measure	100%	100%	100%	100%	100%	100%
SED							
Statewide	not a measure	100%	100%	100%	100%	100%	100%

Explanation of Findings:

Performance Measure achieved.

Remediation:

No remediation necessary.



KanCare Ombudsman Report

Quarter 3, 2019 (based on calendar year)

July 1 – September 30, 2019

Data downloaded 10/17/19

KanCare Ombudsman Office

Kerrie Bacon, KanCare Ombudsman

Email: KanCare.Ombudsman@ks.gov or Kerrie.Bacon@ks.gov

Phone: (785) 296-6270

Toll Free: 1-855-643-8180

Relay: 711

Address: 503 S. Kansas Ave., Topeka, KS 66603

Website: www.kancareombudsman.ks.gov

Table of Contents

Contents

I. Highlights/Dashboard	4
A. Increased calls for Topeka office.....	4
B. Divided Issues Category into three sections	4
C. New data being tracked	4
D. New Data Category - Tracking cases with priority codes - as needed (page 13).....	4
II. KanCare Ombudsman Purpose	5
III. Accessibility by Ombudsman’s Office	5
A. Initial Contacts.....	5
B. Accessibility through the KanCare Ombudsman Volunteer Program.....	6
IV. Outreach by Ombudsman’s office	7
A. Outreach through Collaboration and Education	7
B. Outreach through Publications.....	7
C. Outreach through Collaboration and Training	7
V. Data by Ombudsman Office	8
A. Data by Region	8
1. Initial Contacts to KanCare Ombudsman Office by Region	8
2. KanCare/Medicaid Members by Region	9
3. Kansas Population Density	9
B. Data by Office Location.....	10
C. Data by Contact Method	10
D. Data by Caller Type	11
E. Data by Program Type.....	12
F. Data by Priorities.....	13
G. Data by Issue Categories.....	13
1. Medicaid Issues.....	14
2. HCBS/LTSS Issues.....	15
3. Other Issues	15
H. Data by Managed Care Organization – See Appendix B	15
(pages 21-29)	15
VI. Action Taken	16
A. Responding to Issues.....	16
1. Ombudsman Office response to members/applicants	16
2. Organizational response to Ombudsman requests	17

B.	Resolving requests.....	18
1.	Action Taken by KanCare Ombudsman Office to resolve requests	18
2.	Referred Beneficiary to an Organization for Assistance.....	18
3.	Ombudsman Office Resolution of Issues.....	19
VII.	Enhancements or New Activities.....	19
VIII.	Appendix A - Outreach by Ombudsman’s office.....	20
A.	Outreach through Collaboration and Education	20
B.	Outreach through Print Media and Social Media.....	20
C.	Outreach through Collaboration and Training	20
IX.	Appendix B – Information by Managed Care Organization	21
A.	Aetna-Issue Categories.....	21
B.	Aetna–Program Type	23
C.	Sunflower–Issue Category	24
D.	Sunflower-Program Type	26
E.	UnitedHealthcare-Issue Category	27
F.	UnitedHealthcare-Program Type.....	29

I. Highlights/Dashboard

A. Increased calls for Topeka office

Topeka office is significantly up in calls while Wichita is significantly down in calls. This is due to a new staff person in Wichita. During her several weeks of training and prior to her being hired, extra calls were sent to the Topeka office.

Contacts by Office	Q1/18	Q2/18	Q3/18	Q4/18	Q1/19	Q2/19	Q3/19
Main - Topeka	772	619	491	546	561	620	733
Olathe	68	81	223	177	166	213	212
Wichita	374	359	371	401	333	264	126
Total	1,214	1,059	1,085	1,124	1,060	1,097	1,071

B. Divided Issues Category into three sections (pages 13-15)

To make it easier for staff, volunteers and stakeholders to review issues the office is contacted about, we have divided the **Issues Category** into three sections:

- Medicaid Issues
- Home and Community Based Services/Long Term Services (HCBS/LTS) – Long term services would include nursing facilities
- Other issues - to help better understand concerns that may be related to Medicaid.

C. New data being tracked

- Program Type: five new program types tracked (page 12)
- Issues Category/Medicaid Issues: Seven new issues tracked (page 14)
- Issues Category/Other Issues: six new issues tracked (page 15)

D. New Data Category - Tracking cases with priority codes - as needed (page 13)

The Ombudsman Office is tracking these priorities for two purposes:

- This allows our staff and volunteers to pull up pending cases, review their status and possibly request an update from the partnering organization that we have requested assistance from.
- This helps provide information on the more complex cases that are worked by the Ombudsman Office.

The priorities are:

- Home and Community Based Services – HCBS
- Long Term Services/Nursing Facility – LTS/NF
- Urgent Medical Need – UMN
- Urgent
- Life Threatening

II. 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 information collected (starting on page 8) as the office works to serve Kansans, both beneficiaries and organizations connected to the KanCare program.

III. 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 third quarter of 2019. The initial contacts have averaged over 1,000 for the last two years.

Initial Contacts	Qtr. 1	Qtr. 2	Qtr. 3	Qtr. 4
2014	545	474	526	547
2015	510	462	579	524
2016	1,130	846	687	523
2017	825	835	970	1,040
2018	1,214	1,059	1,088	1,124
2019	1,060	1,097	1,071	

B. 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 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-3pm Th: 9am-12:30pm F: 9am-12:30pm	5	26	913, 785, 816
Wichita Satellite Office	M: 9am-1pm T: 10am-2pm W: 1:30-3:30pm Th: 10am-2pm F: 9am-4:30pm	5	21.5	316, 620

Information as of 10/17/19

The KanCare Ombudsman volunteers receive 30 hours of initial training and mentoring plus additional ongoing education. They have a variety of work history backgrounds; most are retired, many have a history of volunteering before and/or after retiring.

- Retired – US Marine Corps – Administration
- Retired Registered Nurse; many volunteer activities including Red Cross disaster team
- Retired management with major corporation and past CASA volunteer
- Retired Teacher and Small Business Owner
- Retired Teacher and School Principle
- Retired Pastor
- Retired law enforcement; volunteered with search and rescue team
- Variety of administrative positions; works part time; has been a volunteer long-term care Ombudsman for a local nursing facility.
- Retired PICU nurse
- Social Work Student

IV. 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 and training.

A. Outreach through Collaboration and Education

The Ombudsman office provided 6 educational outreach events during third quarter. The highlight was the Kansas Midwest Ability Summit in Overland Park in August.

B. Outreach through Publications

The KanCare Ombudsman office provided three publication outreaches during third quarter. One example was providing an advertisement in the Golden Years Newspaper for Franklin, Osage, Anderson, Linn, and Coffey Counties for the July, August, and September 2019 editions.

C. Outreach through Collaboration and Training

The KanCare Ombudsman office provided seven outreaches to community partners during third quarter, including event booths for all MCO training and KanCare Ombudsman Liaison training.

For the full listing see Appendix A

V. Data by Ombudsman Office

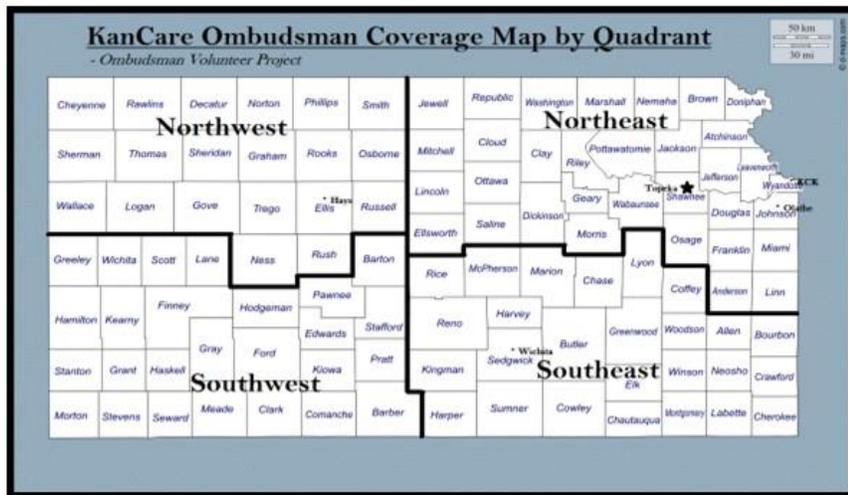
The data for the KanCare Ombudsman Office includes data by region, office location, contact method, caller type, program type, issue category, action taken and priority.

A. Data by Region

1. Initial Contacts to KanCare Ombudsman Office by Region

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

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



Most calls are coming from the east side of the state which also ties to the Medicaid members within the state (see chart below) and the population density of Kansas (see page 9).

Ombudsman Office Calls by Region

Region	Q1/18	Q2/18	Q3/18	Q4/18	Q1/19	Q2/19	Q3/19
Northeast	157	220	238	187	183	210	174
Southeast	59	135	163	244	205	129	126
Northwest	14	16	10	14	7	20	11
Southwest	14	18	14	29	19	24	17
Out of State	14	17	21	17	16	8	4
Not Identified	955	653	639	633	630	706	739
Total	1,213	1,059	1,085	1,124	1,060	1,097	1,071

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

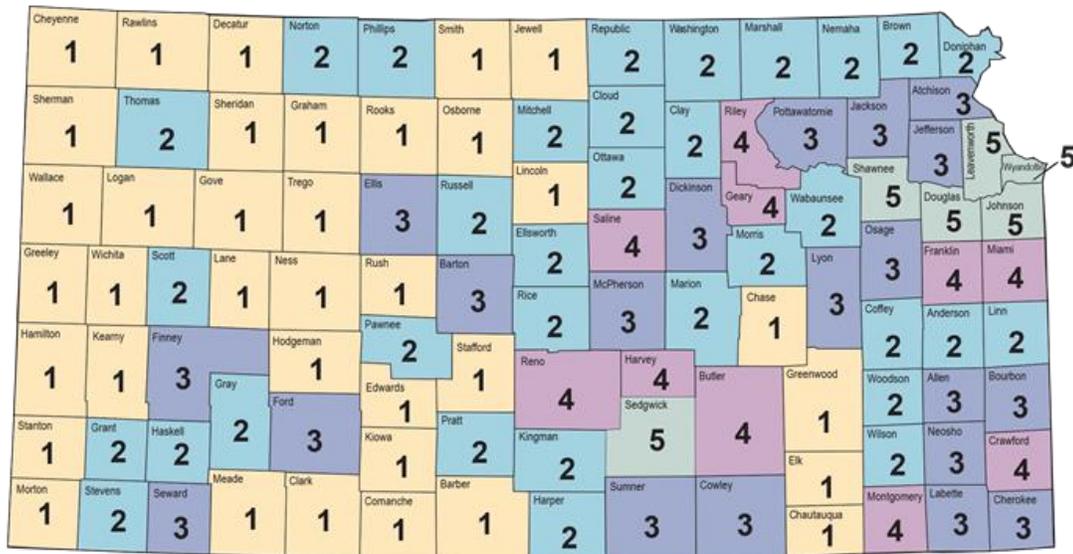
Region	Q4/18	Q1/19	Q2/19	Q3/19
Northeast	194,798	205,267	179,011	188,184
Southeast	175,370	185,683	160,821	169,598
Northwest	12,488	13,240	11,575	12,163
Southwest	38,023	40,073	34,613	36,291
Total	420,679	444,263	386,020	406,236

Data as of end of September 2019

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 may call all three offices directly; the direct phone numbers for the satellite offices are listed on the KanCare Ombudsman webpage, Contact Us.

The Topeka office is significantly up in calls while Wichita is significantly down in calls. This is due to a new staff person in Wichita. During her training, extra calls were sent to the Topeka office.

Contacts by Office	Q1/18	Q2/18	Q3/18	Q4/18	Q1/19	Q2/19	Q3/19
Main - Topeka	772	619	491	546	561	620	733
Olathe	68	81	223	177	166	213	212
Wichita	374	359	371	401	333	264	126
Total	1,214	1,059	1,085	1,124	1,060	1,097	1,071

C. Data by Contact Method

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

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	Q1/18	Q2/18	Q3/18	Q4/18	Q1/19	Q2/19	Q3/19
Telephone	1,090	930	909	939	898	948	956
Email	112	119	153	161	152	138	107
Letter	2	1	2	3	1	5	2
Face-to-Face Meeting	7	9	22	20	12	6	5
Other	2	0	2	1	5	0	0
Social Media	0	0	0	0	0	0	1
CONTACT METHOD TOTAL	1,213	1,059	1,088	1,124	1,068	1,097	1,071

D. Data by Caller Type

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

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

Caller Type	Q1/18	Q2/18	Q3/18	Q4/18	Q1/19	Q2/19	Q3/19
Provider	96	81	99	93	93	69	112
Consumer	1,065	943	899	977	920	939	901
MCO Employee	6	4	5	4	8	11	1
Other Type	46	31	85	50	47	78	57
CALLER TYPE TOTAL	1,213	1,059	1,088	1,124	1,068	1,097	1,071

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.

Five program types have been added (highlighted in gray):

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

PROGRAM TYPE	Q1/18	Q2/18	Q3/18	Q4/18	Q1/19	Q2/19	Q3/19
PD	51	27	28	37	40	32	21
I/DD	29	27	36	32	30	36	37
FE	27	22	30	31	25	20	43
AUTISM	1	1	2	4	3	4	1
SED	9	2	8	7	5	7	13
TBI	7	10	9	6	13	11	7
TA	5	3	7	3	5	7	7
WH	5	4	6	5	2	5	1
PACE	0	0	0	0	2	1	2
MENTAL HEALTH	2	1	3	2	2	5	2
SUB USE DIS	0	0	0	0	1	0	2
NURSING FACILITY	47	39	28	41	33	27	27
FOSTER CARE	0	0	0	0	0	0	0
MEDIKAN	0	0	0	0	0	0	9
INSTITUTIONAL TRANSITION FROM LTC/NF	0	0	0	0	0	0	1
INSTITUTIONAL TRANSITION FROM MH/BH	0	0	0	0	0	0	0
INSTITUTIONAL TRANSITION FROM PRISON/JAIL	0	0	0	0	0	0	0
PROGRAM TYPE TOTAL	184	136	157	168	161	155	173

There may be multiple selections for a member/contact.

F. **NEW! Data by Priorities**

This is new data that is now available. The Ombudsman Office is tracking priorities for two purposes:

1. This allows our staff and volunteers to pull up pending cases, review their status and possibly request an update from the partnering organization that we have requested assistance from.
2. This helps provide information on the more complex cases that are worked by the Ombudsman Office.

The priorities are defined as follows:

- HCBS – Home and Community Based Services
- Long Term Care/NF – Long Term Care/Nursing Facility
- Urgent Medical Need – 1) there is a medical need, 2) if the need is not resolved in 5-10 days, the person could end up in the hospital.
- Urgent – non-medical need that needs to be resolved in the next 7-10 days; could be eviction from home or nursing facility or urgent financial.
- Life Threatening – If not resolved in 1-4 days person's life could be endangered. (should not be used very often.)

Priorities	Q3/19
HCBS	64
Long Term Care /NF	15
Urgent Medical Need	23
Urgent	36
Life Threatening	9
Total	147

There may be multiple selections for a member/contact.

G. **Data by Issue Categories**

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

- **Medicaid Issues**
- **Home and Community Based Services/Long Term Services (HCBS/LTSS),**
- **Other Issues.**

Other Issues may be Medicaid related but are tied to a non-Medicaid program or issue that is worthy of tracking.

1. Medicaid Issues

Seven issues were added to this section and are highlighted in gray. The top issues are still application assistance, eligibility and renewal issues. Billing issues jumped from 2nd quarter to 3rd quarter.

MEDICAID ISSUES	Q1/18	Q2/18	Q3/18	Q4/18	Q1/19	Q2/19	Q3/19
Access to Providers (usually Medical)	4	2	8	10	11	14	26
Appeals/Fair Hearing questions/issues	46	26	38	16	17	12	10
Background Checks	4	0	1	0	2	1	0
Billing	40	26	33	19	30	29	54
Care Coordinator Issues	10	11	7	14	18	5	15
Change MCO	12	7	5	37	12	10	4
Choice Info on MCO	3	3	3	20	7	8	3
Coding Issues	32	9	11	21	15	11	9
Consumer said Notice not received	16	6	15	13	6	7	3
Cultural Competency	0	0	0	0	0	0	1
Data Requests	3	2	4	0	2	4	0
Dental	10	9	6	7	11	6	6
Division of Assets	10	3	5	11	8	11	13
Durable Medical Equipment	1	4	9	13	4	5	3
Grievances Questions/Issues	28	35	23	12	12	19	26
Help understanding mail (NOA)	0	0	0	0	0	0	3
MCO transition	0	0	0	0	0	0	1
Medicaid Application Assistance	185	135	144	174	171	137	130
Medicaid Eligibility Issues	209	219	183	187	152	145	147
Medicaid Fraud	3	2	2	5	1	4	3
Medicaid General Issues/questions	63	186	200	256	273	254	183
Medicaid info (status) update	210	217	196	187	124	175	149
Medicaid Renewal	103	58	39	24	56	119	84
Medical Card issues	0	0	0	0	0	0	1
Medicare Savings Plan Issues	19	17	20	25	22	29	62
MediKan issues	0	0	0	0	0	0	4
Moving to / from Kansas	16	14	21	19	20	17	18
Medical Services	23	27	11	13	18	10	13
Pain management issues	0	0	0	1	5	1	0
Pharmacy	16	1	2	11	18	16	10
Pregnancy issues	0	0	0	0	0	0	5
Prior authorization issues	0	0	0	0	0	0	1
Refugee/Immigration/SOBRA issues	0	0	0	0	0	0	3
Respite	0	1	0	1	1	0	0
Spend Down Issues	28	32	24	28	29	21	34
Transportation	16	10	9	12	11	9	14
Working Healthy	3	6	8	9	3	5	5
MEDICAID ISSUES TOTAL	1,113	1,068	1,027	1,145	1,059	1,084	1,043

There may be multiple selections for a member/contact.

2. HCBS/LTSS Issues

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

HCBS/LTSS ISSUES	Q1/18	Q2/18	Q3/18	Q4/18	Q1/19	Q2/19	Q3/19
Client Obligation	53	35	24	27	22	19	27
Estate Recovery	10	4	10	8	4	9	10
HCBS Eligibility issues	46	28	37	34	35	33	46
HCBS General Issues	36	35	60	49	62	47	65
HCBS Reduction in hours of service	7	2	3	2	6	3	3
HCBS Waiting List	4	4	4	10	6	7	8
Nursing Facility Issues	20	19	23	24	36	39	54
HCBS/LTSS ISSUES TOTAL	176	127	161	154	171	157	213

There may be multiple selections for a member/contact.

3. Other Issues

There are six new issues created during this quarter (highlighted in gray) to help better understand concerns that may be *related* to Medicaid.

OTHER ISSUES	Q1/18	Q2/18	Q3/18	Q4/18	Q1/19	Q2/19	Q3/19
Abuse / neglect complaints	10	10	7	2	8	6	4
ADA Concerns	0	0	0	0	0	0	0
Adoption issues	0	0	0	0	0	0	1
Affordable Care Act Calls	15	12	9	8	5	5	3
Community Resources needed	0	0	0	0	0	0	3
Domestic Violence concerns	0	0	0	0	0	0	1
Foster Care issues	0	0	0	0	0	0	1
Guardianship	3	6	5	5	1	1	2
Homelessness	0	0	0	0	0	0	1
Housing Issues	7	8	7	4	5	5	7
Medicare related Issues	17	23	26	31	18	15	18
Social Security Issues	9	13	12	24	16	15	19
Used Interpreter	0	0	0	0	0	0	0
X-Other	213	114	132	135	134	119	114
Z Thank you	558	510	482	498	408	399	349
Z Unspecified	78	68	72	80	97	110	137
OTHER ISSUES TOTAL	910	764	752	787	692	675	660

There may be multiple selections for a member/contact.

H. Data by Managed Care Organization – See Appendix B

(pages 21-29)

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

A. Responding to Issues

1. Ombudsman Office response to members/applicants

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

<u>Quarter</u> <u>yr.</u>	<u>Nbr.</u> <u>Contacts</u>	<u>%</u> <u>Responded</u> <u>0-2 Days</u>	<u>%</u> <u>Responded</u> <u>in 3-7 Days</u>	<u>%</u> <u>Response</u> <u>8 or More</u> <u>Days</u>
Q1/2018	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	1,068	88%	11%	1%
Q2/2019	1,096	91%	8%	1%
Q3/2019	1,070	95%	4%	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. The following information provides data on the resolution rate for issues that have been referred.

Q3, 2019

<u>Nbr Referrals</u>	<u>Referred to</u>	<u>% Resolved</u>	<u>% Resolved</u>	<u>% Resolved</u>	<u>% Resolved</u>
		<u>0-2 Days</u>	<u>3-7 Days</u>	<u>7-30 Days</u>	<u>31 or More Days</u>
94	Clearinghouse	62%	22%	14%	2%
3	DCF	0%	100%	0%	0%
2	KDADS-Behavior Health	50%	50%	0%	0%
9	KDADS-HCBS	89%	11%	0%	0%
2	KDADS-Health Occ. Cred.	100%	0%	0%	0%
11	KDHE-Eligibility	82%	9%	9%	0%
5	KDHE-Program Staff	40%	40%	20%	0%
9	KDHE-Provider Contact	67%	22%	11%	0%
1	KMAP	100%	0%	0%	0%
11	Aetna	64%	9%	18%	9%
2	Amerigroup	100%	0%	0%	0%
8	Sunflower	63%	25%	13%	0%
6	UnitedHealthcare	67%	33%	0%	0%

B. Resolving requests

1. Action Taken by KanCare Ombudsman Office to resolve requests

86% (or 4 out of 5) of initial calls were resolved by providing some type of resource, for example the KanCare Ombudsman office contacted another organization to resolve the issue, shared resources through mailings, provided referrals to other organizations, etc.

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

Action Taken Resolution Type	Q1/18	Q2/18	Q3/18	Q4/18	Q1/19	Q2/19	Q3/19
Questions/Issue Resolved (No Resources)	105	69	76	106	94	85	68
Used Contact or Resources/Issue Resolved	766	675	776	874	837	871	906
Closed (No Contact)	101	133	115	134	126	122	74
ACTION TAKEN RESOLUTION TYPE TOTAL	972	877	967	1,114	1,057	1,078	1,048

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.” It may also be used if we contact an organization that is not listed in the section to track dates. This is usually “State or Community Agency.”

Action Taken Refer Caller to Organization	Q4/18	Q1/19	Q2/19	Q3/19
Clearinghouse	316	249	283	257
KDADS-Behavior Health	0	1	3	1
KDADS-HCBS	18	22	15	13
KDADS-Health Occ. Cred.	0	1	1	4
KDHE	18	12	13	13
KMAP	9	8	0	7
DCF	10	3	2	1
Aetna	11	18	4	13
Amerigroup	19	1	0	2
Sunflower	23	19	9	15
UnitedHealthcare	20	24	13	5
State or Community Agency	142	121	84	57
Disability Rights and/or KLS	9	8	2	3
ACTION TAKEN REFER CALLER TO ORGANIZATION TOTAL	595	487	429	391

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.

The percentage for closing cases in 8 or more days increased by three percentage points. Our office believes this is due, in part, by more complex calls coming to the Ombudsman Office.

<u>Quarter yr.</u>	<u>Nbr. Contacts</u>	<u>Avg Days To Complete</u>	<u>% Completed 0-2 Days</u>	<u>% Completed in 3-7 Days</u>	<u>% Completed 8 or More Days</u>
Q1/2018	1,069	12	56%	17%	28%
Q2/2018	1,036	10	60%	13%	27%
Q3/2018	1,043	4	72%	17%	11%
Q4/2018	1,107	4	71%	18%	11%
Q1/2019	1,051	5	71%	17%	13%
Q2/2019	1,018	4	75%	13%	13%
Q3/2019	982	4	76%	10%	14%

VII. Enhancements or New Activities

The enhancement for third quarter:

- Additional data tracked starting part-way through third quarter.
 - New data section called Priorities (page 13-top of page).
 - Issues Category now in three parts: Medicaid Issues, HCBS/LTSS Issues, and Other Issues
 - Several new items listed under the Issues Category (pages 13-15)

VIII. 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 outreach includes Community Events/Presentations such as education, networking and referrals.

- Midwest Ability Summit - event booth (Overland Park, KS) (August 24, 2019)
- KU Volunteer Fair – event booth (Lawrence, KS) (August 26, 2019)
- Together We Can Learn event booth (Overland Park, KS) (September 28, 2019)
- Kansas Midwest Ability Summit - event booth (Overland Park, KS) (8-24-19)
- Community Block Party at The Center – event booth (Sept 7, 2019) (Wichita)

B. Outreach through Print Media and Social Media

- Golden Years Newspaper (Counties: Franklin, Osage, Anderson, Linn, Coffey) (July, August, September 2019)
- Provided brochures and applications to two Wichita community organizations (Aug 2019)
- Facebook posts on the KanCare Ombudsman Facebook approximately 1-2 a week during quarter.

C. Outreach through Collaboration and Training

- Participating in MCO Training- event booth (Olathe, KS - July 16, 2019) (Wichita, KS – July 10, 2019)
- KanCare Application Training - Victory Hills Assisted Living (Kansas City, KS) (August 22, 2019)
- Medicaid Liaison Training; Marion County Department on Aging and other community organization staff members from surrounding counties; 7-30-19 (Newton, KS) (Harvey Co.) (In-person training):
- Medicaid Liaison Training; Cloud Co. Health Dept. and other community organization staff members from surrounding counties; 8-1-19 (Concordia, KS) (Cloud Co.) (In-person training)
- Medicaid Liaison Training; Phillips County Retirement Center and other community organization staff members from surrounding counties; 9-6-19 (Phillipsburg, KS) (Phillips Co.) (In-person training)
- Kansas Conference on Poverty - event booth (Topeka, KS) (7-17-19 & 7-18-19)

IX. Appendix B – Information by Managed Care Organization

A. Aetna-Issue Categories

MEDICAID ISSUES	Q1/19	Q2/19	Q3/19
Access to Providers (usually Medical)	2	2	4
Appeals/Fair Hearing questions/issues	0	1	1
Background Checks	0	0	0
Billing	3	0	5
Care Coordinator Issues	10	1	4
Change MCO	4	3	2
Choice Info on MCO	2	0	2
Coding Issues	1	0	1
Consumer said Notice not received	0	1	0
Cultural Competency	0	0	0
Data Requests	0	0	0
Dental	3	0	2
Division of Assets	0	0	0
Durable Medical Equipment	1	2	2
Grievances Questions/Issues	2	2	4
Help understanding mail (NOA)	0	0	0
MCO transition	0	0	1
Medicaid Application Assistance	2	1	1
Medicaid Eligibility Issues	5	7	2
Medicaid Fraud	0	0	0
Medicaid General Issues/questions	16	18	5
Medicaid info (status) update	4	1	3
Medicaid Renewal	1	12	3
Medical Card issues	0	0	0
Medicare Savings Plan Issues	2	1	0
MediKan issues	0	0	0
Moving to / from Kansas	0	0	1
Medical Services	3	4	4
Pain management issues	0	1	0
Pharmacy	4	3	1
Pregnancy issues	0	0	0
Prior authorization issues	0	0	0
Refugee/Immigration/SOBRA issues	0	0	0
Respite	0	0	0
Spend Down Issues	1	3	2
Transportation	4	0	4
Working Healthy	0	0	0
MEDICAID ISSUES TOTAL	70	63	54

There may be multiple selections for a member/contact.

HCBS/LTSS ISSUES	Q1/19	Q2/19	Q3/19
Client Obligation	2	3	2
Estate Recovery	0	0	0
HCBS Eligibility issues	5	3	3
HCBS General Issues	7	5	7
HCBS Reduction in hours of service	0	0	1
HCBS Waiting List	2	0	0
Nursing Facility Issues	0	1	3
HCBS/LTSS ISSUES TOTAL	16	12	16

OTHER ISSUES	Q1/19	Q2/19	Q3/19
Abuse / neglect complaints	0	0	0
ADA Concerns	0	0	0
Adoption issues	0	0	0
Affordable Care Act Calls	0	0	0
Community Resources needed	0	0	0
Domestic Violence concerns	0	0	0
Foster Care issues	0	0	0
Guardianship	0	0	0
Homelessness	0	0	0
Housing Issues	0	0	1
Medicare related Issues	0	1	4
Social Security Issues	1	1	0
Used Interpreter	0	0	0
X-Other	14	6	6
Z Thank you	26	32	27
Z Unspecified	1	1	3
Health Homes	0	0	0
OTHER ISSUES TOTAL	42	41	41

There may be multiple selections for a member/contact.

B. Aetna–Program Type

PROGRAM TYPE	Q1/19	Q2/19	Q3/19
PD	3	2	1
I/DD	1	4	2
FE	2	1	3
AUTISM	0	0	0
SED	0	1	0
TBI	2	3	2
TA	2	1	2
WH	0	0	0
MFP	0	0	0
PACE	0	0	0
MENTAL HEALTH	0	0	2
SUB USE DIS	0	0	0
NURSING FACILITY	0	2	1
FOSTER CARE	0	0	0
MEDIKAN	0	0	0
INSTITUTIONAL TRANSITION FROM LTC/NF	0	0	0
INSTITUTIONAL TRANSITION FROM MH/BH	0	0	0
INSTITUTIONAL TRANSITION FROM PRISON/JAIL	0	0	0
PROGRAM TYPE TOTAL	10	14	13

There may be multiple selections for a member/contact.

C. Sunflower–Issue Category

MEDICAID ISSUES	Q1/18	Q2/18	Q3/18	Q4/18	Q1/19	Q2/19	Q3/19
Access to Providers (usually Medical)	3	1	4	5	4	3	5
Appeals/Fair Hearing questions/issues	0	4	5	0	1	3	0
Background Checks	1	0	0	0	0	0	0
Billing	8	6	6	2	4	7	6
Care Coordinator Issues	2	2	0	2	2	4	5
Change MCO	3	2	1	3	2	1	1
Choice Info on MCO	0	0	0	1	1	1	0
Coding Issues	7	2	1	5	4	3	0
Consumer said Notice not received	1	2	3	4	0	0	0
Cultural Competency	0	0	0	0	0	0	1
Data Requests	0	0	0	0	0	0	0
Dental	3	1	0	4	0	2	0
Division of Assets	1	0	0	0	0	0	0
Durable Medical Equipment	1	1	0	2	0	0	0
Grievances Questions/Issues	2	5	5	4	0	6	6
Help understanding mail (NOA)	0	0	0	0	0	0	0
MCO transition	0	0	0	0	0	0	0
Medicaid Application Assistance	2	2	0	1	1	0	1
Medicaid Eligibility Issues	8	13	10	11	14	5	3
Medicaid Fraud	0	0	0	2	0	0	0
Medicaid General Issues/questions	7	9	13	17	18	6	7
Medicaid info (status) update	7	5	9	5	4	8	4
Medicaid Renewal	3	6	4	4	4	10	6
Medical Card issues	0	0	0	0	0	0	1
Medicare Savings Plan Issues	2	2	3	0	0	0	2
MediKan issues	0	0	0	0	0	0	0
Moving to / from Kansas	1	0	0	0	1	0	0
Medical Services	4	4	0	3	5	3	2
Pain management issues	0	0	0	0	1	0	0
Pharmacy	2	0	0	5	6	2	0
Pregnancy issues	0	0	0	0	0	0	0
Prior authorization issues	0	0	0	0	0	0	0
Refugee/Immigration/SOBRA issues	0	0	0	0	0	0	0
Respite	0	0	0	0	0	0	0
Spend Down Issues	0	3	1	3	2	0	3
Transportation	2	1	1	2	2	1	2
Working Healthy	0	1	1	1	1	0	1
MEDICAID ISSUES TOTAL	70	72	67	86	77	65	56

There may be multiple selections for a member/contact.

HCBS/LTSS ISSUES	Q1/18	Q2/18	Q3/18	Q4/18	Q1/19	Q2/19	Q3/19
Client Obligation	5	3	4	1	1	0	4
Estate Recovery	0	0	0	0	0	0	0
HCBS Eligibility issues	8	5	8	3	5	5	6
HCBS General Issues	12	3	9	8	7	9	6
HCBS Reduction in hours of service	1	0	0	1	2	1	0
HCBS Waiting List	0	0	0	1	1	1	1
Nursing Facility Issues	1	0	3	0	0	1	1
HCBS/LTSS ISSUES TOTAL	27	11	24	14	16	17	18

OTHER ISSUES	Q1/18	Q2/18	Q3/18	Q4/18	Q1/19	Q2/19	Q3/19
Abuse / neglect complaints	2	0	0	1	0	0	1
ADA Concerns	0	0	0	0	0	0	0
Adoption issues	0	0	0	0	0	0	0
Affordable Care Act Calls	0	0	1	0	0	1	0
Community Resources needed	0	0	0	0	0	0	0
Domestic Violence concerns	0	0	0	0	0	0	0
Foster Care issues	0	0	0	0	0	0	0
Guardianship	0	1	1	1	0	0	0
Homelessness	0	0	0	0	0	0	0
Housing Issues	1	0	0	2	0	0	0
Medicare related Issues	0	3	3	2	1	0	0
Social Security Issues	1	0	0	1	0	0	0
Used Interpreter	0	0	0	0	0	0	0
X-Other	8	9	8	15	10	8	5
Z Thank you	49	27	49	41	34	29	23
Z Unspecified	0	2	0	5	3	4	2
Health Homes	0	0	0	0	0	0	0
OTHER ISSUES TOTAL	61	42	62	68	48	42	31

There may be multiple selections for a member/contact.

D. Sunflower-Program Type

PROGRAM TYPE	Q1/18	Q2/18	Q3/18	Q4/18	Q1/19	Q2/19	Q3/19
PD	13	5	7	6	2	5	5
I/DD	5	3	4	3	5	4	4
FE	5	2	0	2	3	2	6
AUTISM	0	0	1	0	0	0	1
SED	0	0	1	1	0	0	0
TBI	1	0	3	3	4	2	0
TA	2	0	0	0	1	0	2
WH	1	1	1	0	1	1	0
MFP	1	0	0	0	0	0	0
PACE	0	0	0	0	0	0	0
MENTAL HEALTH	0	0	0	0	0	0	0
SUB USE DIS	0	0	0	0	0	0	0
NURSING FACILITY	4	1	3	0	0	1	0
FOSTER CARE	0	0	0	0	0	0	0
MEDIKAN	0	0	0	0	0	0	0
INSTITUTIONAL TRANSITION FROM LTC/NF	0	0	0	0	0	0	0
INSTITUTIONAL TRANSITION FROM MH/BH	0	0	0	0	0	0	0
INSTITUTIONAL TRANSITION FROM PRISON/JAIL	0	0	0	0	0	0	0
PROGRAM TYPE TOTAL	32	12	20	15	16	15	18

There may be multiple selections for a member/contact.

E. UnitedHealthcare-Issue Category

MEDICAID ISSUES	Q1/18	Q2/18	Q3/18	Q4/18	Q1/19	Q2/19	Q3/19
Access to Providers (usually Medical)	0	0	0	0	2	2	4
Appeals/Fair Hearing questions/issues	4	2	5	2	1	1	1
Background Checks	0	0	0	0	0	1	0
Billing	6	3	9	2	1	2	4
Care Coordinator Issues	4	4	3	4	5	0	1
Change MCO	2	1	0	3	2	3	0
Choice Info on MCO	0	1	0	1	0	1	0
Coding Issues	2	0	1	3	3	1	1
Consumer said Notice not received	0	0	1	2	0	0	1
Cultural Competency	0	0	0	0	0	0	0
Data Requests	0	0	1	0	0	0	0
Dental	0	1	0	2	3	1	1
Division of Assets	1	0	0	0	0	0	0
Durable Medical Equipment	0	0	0	1	2	1	1
Grievances Questions/Issues	3	3	4	0	4	0	2
Help understanding mail (NOA)	0	0	0	0	0	0	0
MCO transition	0	0	0	0	0	0	0
Medicaid Application Assistance	4	4	1	6	2	0	0
Medicaid Eligibility Issues	11	14	10	9	11	9	4
Medicaid Fraud	0	0	0	1	0	0	0
Medicaid General Issues/questions	4	7	10	18	20	10	10
Medicaid info (status) update	4	9	4	2	9	10	3
Medicaid Renewal	7	6	3	3	2	6	3
Medical Card issues	0	0	0	0	0	0	0
Medicare Savings Plan Issues	4	1	1	1	0	0	1
MediKan issues	0	0	0	0	0	0	1
Moving to / from Kansas	1	0	0	1	0	0	0
Medical Services	2	7	6	3	2	0	1
Pain management issues	0	0	0	1	2	0	0
Pharmacy	4	1	0	3	2	4	3
Pregnancy issues	0	0	0	0	0	0	0
Prior authorization issues	0	0	0	0	0	0	1
Refugee/Immigration/SOBRA issues	0	0	0	0	0	0	0
Respite	0	1	0	0	0	0	0
Spend Down Issues	3	7	6	4	4	2	1
Transportation	6	2	2	0	1	2	1
Working Healthy	0	0	1	1	0	1	0
MEDICAID ISSUES TOTAL	72	74	68	73	78	57	45

There may be multiple selections for a member/contact.

HCBS/LTSS ISSUES	Q1/18	Q2/18	Q3/18	Q4/18	Q1/19	Q2/19	Q3/19
Client Obligation	8	2	6	7	2	1	2
Estate Recovery	0	0	0	0	0	0	0
HCBS Eligibility issues	5	3	6	3	4	2	1
HCBS General Issues	4	5	15	10	12	8	4
HCBS Reduction in hours of service	0	0	1	0	3	0	0
HCBS Waiting List	0	1	1	1	2	0	2
Nursing Facility Issues	0	3	3	3	2	0	3
HCBS/LTSS ISSUES TOTAL	17	14	32	24	25	11	12

OTHER ISSUES	Q1/18	Q2/18	Q3/18	Q4/18	Q1/19	Q2/19	Q3/19
Abuse / neglect complaints	0	3	0	0	0	0	0
ADA Concerns	0	0	0	0	0	0	0
Adoption issues	0	0	0	0	0	0	0
Affordable Care Act Calls	0	0	0	0	0	0	0
Community Resources needed	0	0	0	0	0	0	0
Domestic Violence concerns	0	0	0	0	0	0	0
Foster Care issues	0	0	0	0	0	0	0
Guardianship	0	0	1	0	0	0	0
Homelessness	0	0	0	0	0	0	0
Housing Issues	1	0	0	0	0	1	0
Medicare related Issues	0	0	1	1	2	0	0
Social Security Issues	0	1	0	1	0	0	1
Used Interpreter	0	0	0	0	0	0	0
X-Other	9	3	4	9	11	7	2
Z Thank you	46	40	42	47	49	29	22
Z Unspecified	1	0	1	1	2	1	2
Health Homes	0	0	0	0	0	0	0
OTHER ISSUES TOTAL	57	47	49	59	64	38	27

There may be multiple selections for a member/contact.

F. UnitedHealthcare-Program Type

PROGRAM TYPE	Q1/18	Q2/18	Q3/18	Q4/18	Q1/19	Q2/19	Q3/19
PD	7	5	3	9	10	5	2
I/DD	2	3	7	1	6	10	1
FE	4	2	4	3	4	3	3
AUTISM	0	0	0	0	1	0	0
SED	1	0	4	1	2	1	0
TBI	1	1	3	0	2	0	1
TA	0	1	0	2	0	1	0
WH	2	1	1	0	0	0	0
MFP	0	0	0	0	0	0	0
PACE	0	0	0	0	0	0	0
MENTAL HEALTH	0	0	0	2	0	1	0
SUB USE DIS	0	0	0	0	0	0	0
NURSING FACILITY	3	3	2	4	2	1	2
FOSTER CARE	0	0	0	0	0	0	0
MEDIKAN	0	0	0	0	0	0	1
INSTITUTIONAL TRANSITION FROM LTC/NF	0	0	0	0	0	0	0
INSTITUTIONAL TRANSITION FROM MH/BH	0	0	0	0	0	0	0
INSTITUTIONAL TRANSITION FROM PRISON/JAIL	0	0	0	0	0	0	0
PROGRAM TYPE TOTAL	20	16	24	22	27	22	10

There may be multiple selections for a member/contact.

1115 Waiver- Safety Net Care Pool Report
Demonstration Year 7 - Quarter 3

Large Public Teaching Hospital\Border City Children's Hospital Pool
Paid date 8/8/2019

Hospital Name	LPTH\BCCH DY/QTR 2019/3	State General Fund 1000	Federal Medicaid Fund 3414
Children's Mercy Hospital	616,034	267,913	348,121
University of Kansas Hospital Authority	1,848,103	803,740	1,044,363
Total	2,464,137	1,071,653	1,392,484

*IGT from University of Kansas

**1115 Waiver- Safety Net Care Pool Report
 Demonstration Year 7 - Quarter 3**

Large Public Teaching Hospital\Border City Children's Hospital Pool
 Paid date 8/8/2019

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	8/8/19	9/30/2019	008150628	267,913	348,121
UNIVERSITY OF KANSAS HOSPITAL AUTHORITY	Large Public Teaching Border City Children Hosp	04264	1,848,103	8/8/19	9/30/2019	008150824	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 3

Health Care Access Improvement Pool

Paid dates 7/18/19, 8/1/2019 and 9/5/19

Payee	Amount	Provider Access Fund 2443	Federal Medicaid Fund 3414
ASCENSION VIA CHRISTI REHABILITATION HOSPITAL	20,457	8,897	11,560
BOB WILSON MEMORIAL GRANT COUNTY HOSPITAL	24,278	10,559	13,719
CHILDRENS MERCY SOUTH	193,775	84,273	109,502
COFFEYVILLE REGIONAL MEDICAL CENTER INC	61,438	26,719	34,719
DOCTORS HOSPITAL LLC	2,678	1,165	1,513
GEARY COUNTY HOSPITAL	52,802	22,964	29,838
HAYS MEDICAL CENTER	196,217	85,335	110,882
HUTCHINSON REGIONAL MEDICAL CENTER INC	179,889	78,234	101,655
KANSAS HEART HOSPITAL LLC	9,882	4,298	5,584
KANSAS REHABILITATION HOSPITAL	1,868	812	1,056
KVC PRAIRIE RIDGE PSYCHIATRIC HOSPITAL	234	102	132
LABETTE CO MED	52,209	22,706	29,503
LAWRENCE MEMORIAL HOSPITAL	331,265	144,067	187,198
MCPHERSON HOSPITAL INC	34,119	14,838	19,281
MENORAH MEDICAL CENTER	156,073	67,876	88,197
MIAMI COUNTY MEDICAL CENTER INC	43,666	18,990	24,676
MIDWEST DIVISION OPRMC LLC	964,533	419,475	545,058
NEWTON MEDICAL CENTER	137,335	59,727	77,608
OLATHE MEDICAL CENTER INC	227,142	98,784	128,358
PRAIRIE VIEW HOSPITAL	869	378	491
PRATT REGIONAL MEDICAL CENTER CORPORATION	34,626	15,059	19,567
PROVIDENCE MEDICAL CENTER	340,455	148,064	192,391
RANSOM MEMORIAL HOSPITAL	47,432	20,628	26,804
SAINT JOHN HOSPITAL	70,888	30,829	40,059
SAINT LUKES CUSHING HOSPITAL	61,241	26,634	34,607
SAINT LUKES SOUTH HOSPITAL INC	51,544	22,416	29,128
SALINA REGIONAL HEALTH CENTER	182,469	79,356	103,113
SALINA SURGICAL HOSPITAL	1,908	830	1,078
SHAWNEE MISSION MEDICAL CENTER INC	591,515	257,250	334,265
SOUTH CENTRAL KANSAS REGIONAL MEDICAL CENTER	36,442	15,849	20,593
SOUTHWEST MEDICAL CENTER	70,773	30,779	39,994
ST CATHERINE HOSPITAL	245,767	106,884	138,883
STORMONT VAIL HEALTH CARE INC	1,251,734	544,379	707,355
SUMNER REGIONAL MEDICAL CENTER*	34,310	14,921	19,389
SUMNER REGIONAL MEDICAL CENTER**	34,310	14,921	19,389
SUMNER REGIONAL MEDICAL CENTER	23,499	10,219	13,279
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
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 PITTSBURG	229,320	99,731	129,589
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
WESLEY MEDICAL CENTER	1,659,882	721,883	937,999
WESLEY REHABILITATION HOSPITAL, AN AFFILIATE OF EN	9,985	4,342	5,643
WESTERN PLAINS MEDICAL COMPLEX	103,953	45,209	58,744
Total	10,268,871	4,465,932	5,802,939

* DY 7 Qtr1 Payment

** DY7 Qtr2 Payment

1115 Waiver - Safety Net Care Pool Report

Demonstration Year 7 - Quarter 3
 Health Care Access Improvement Pool
 Paid dates 7/18/19, 8/1/2019 and 9/5/19

Payee	Program Name	Program ID	Amount	Payment Date	Liability Date	Warrant number	Provider Access Fund 2443	Federal Medicaid Fund 3414
ASCENSION VIA CHRISTI REHABILITATION HOSPITAL	Health Care Access Improvement Program Pool	03264	20,457	8/1/2019	9/30/2019	008145749	8,897	11,560
BOB WILSON MEMORIAL GRANT COUNTY HOSPITAL	Health Care Access Improvement Program Pool	03264	24,278	8/1/2019	9/30/2019	008145723	10,559	13,719
CHILDRENS MERCY SOUTH	Health Care Access Improvement Program Pool	03264	193,775	8/1/2019	9/30/2019	008145590	84,273	109,502
COFFEYVILLE REGIONAL MEDICAL CENTER INC	Health Care Access Improvement Program Pool	03264	61,438	8/1/2019	9/30/2019	008145771	26,719	34,719
DOCTORS HOSPITAL LLC	Health Care Access Improvement Program Pool	03264	2,678	8/1/2019	9/30/2019	009302847	1,165	1,513
GEARY COUNTY HOSPITAL	Health Care Access Improvement Program Pool	03264	52,802	8/1/2019	9/30/2019	004928506	22,964	29,838
HAYS MEDICAL CENTER	Health Care Access Improvement Program Pool	03264	196,217	8/1/2019	9/30/2019	009301500	85,335	110,882
HUTCHINSON REGIONAL MEDICAL CENTER INC	Health Care Access Improvement Program Pool	03264	179,889	8/1/2019	9/30/2019	008145677	78,234	101,655
KANSAS HEART HOSPITAL LLC	Health Care Access Improvement Program Pool	03264	9,882	8/1/2019	9/30/2019	008145871	4,298	5,584
KANSAS REHABILITATION HOSPITAL	Health Care Access Improvement Program Pool	03264	1,868	8/1/2019	9/30/2019	008145835	812	1,056
KVC PRAIRIE RIDGE PSYCHIATRIC HOSPITAL	Health Care Access Improvement Program Pool	03264	234	8/1/2019	9/30/2019	008145552	102	132
LABETTE CO MED	Health Care Access Improvement Program Pool	03264	52,209	8/1/2019	9/30/2019	004928666	22,706	29,503
LAWRENCE MEMORIAL HOSPITAL	Health Care Access Improvement Program Pool	03264	331,265	8/1/2019	9/30/2019	008145811	144,067	187,198
MCPHERSON HOSPITAL INC	Health Care Access Improvement Program Pool	03264	34,119	8/1/2019	9/30/2019	008145687	14,838	19,281
MENORAH MEDICAL CENTER	Health Care Access Improvement Program Pool	03264	156,073	8/1/2019	9/30/2019	008145804	67,876	88,197
MIAMI COUNTY MEDICAL CENTER INC	Health Care Access Improvement Program Pool	03264	43,666	8/1/2019	9/30/2019	004928412	18,990	24,676
MIDWEST DIVISION OPRMC LLC	Health Care Access Improvement Program Pool	03264	964,533	8/1/2019	9/30/2019	008145596	419,475	545,058
NEWTON MEDICAL CENTER	Health Care Access Improvement Program Pool	03264	137,335	8/1/2019	9/30/2019	008145730	59,727	77,608
OLATHE MEDICAL CENTER INC	Health Care Access Improvement Program Pool	03264	227,142	8/1/2019	9/30/2019	004928413	98,784	128,358
PRAIRIE VIEW HOSPITAL	Health Care Access Improvement Program Pool	03264	869	8/1/2019	9/30/2019	004928622	378	491
PRATT REGIONAL MEDICAL CENTER CORPORTATION	Health Care Access Improvement Program Pool	03264	34,626	8/1/2019	9/30/2019	008145733	15,059	19,567
PROVIDENCE MEDICAL CENTER	Health Care Access Improvement Program Pool	03264	340,455	8/1/2019	9/30/2019	004928438	148,064	192,391
RANSOM MEMORIAL HOSPITAL	Health Care Access Improvement Program Pool	03264	47,432	8/1/2019	9/30/2019	008145816	20,628	26,804
SAINT JOHN HOSPITAL	Health Care Access Improvement Program Pool	03264	70,888	8/1/2019	9/30/2019	004928436	30,829	40,059
SAINT LUKES CUSHING HOSPITAL	Health Care Access Improvement Program Pool	03264	61,241	8/1/2019	9/30/2019	008145632	26,634	34,607
SAINT LUKES SOUTH HOSPITAL INC	Health Care Access Improvement Program Pool	03264	51,544	8/1/2019	9/30/2019	008145788	22,416	29,128
SALINA REGIONAL HEALTH CENTER	Health Care Access Improvement Program Pool	03264	182,469	8/1/2019	9/30/2019	008145764	79,356	103,113
SALINA SURGICAL HOSPITAL	Health Care Access Improvement Program Pool	03264	1,908	8/1/2019	9/30/2019	004928671	830	1,078
SHAWNEE MISSION MEDICAL CENTER INC	Health Care Access Improvement Program Pool	03264	591,515	8/1/2019	9/30/2019	008145654	257,250	334,265
SOUTH CENTRAL KANSAS REGIONAL MEDICAL CENTER	Health Care Access Improvement Program Pool	03264	36,442	8/1/2019	9/30/2019	008145708	15,849	20,593
SOUTHWEST MEDICAL CENTER	Health Care Access Improvement Program Pool	03264	70,773	8/1/2019	9/30/2019	008145659	30,779	39,994
ST CATHERINE HOSPITAL	Health Care Access Improvement Program Pool	03264	245,767	8/1/2019	9/30/2019	008145624	106,884	138,883
STORMONT VAIL HEALTH CARE INC	Health Care Access Improvement Program Pool	03264	1,251,734	8/1/2019	9/30/2019	008145631	544,379	707,355
SUMNER REGIONAL MEDICAL CENTER *	Health Care Access Improvement Program Pool	03264	34,310	7/18/2019	3/31/2019	008130446	14,921	19,389
SUMNER REGIONAL MEDICAL CENTER **	Health Care Access Improvement Program Pool	03264	34,310	7/18/2019	6/30/2019	008130446	14,921	19,389
SUMNER REGIONAL MEDICAL CENTER	Health Care Access Improvement Program Pool	03264	23,499	9/5/2019	9/30/2019	008174291	10,219	13,279
SUSAN B ALLEN MEMORIAL HOSPITAL	Health Care Access Improvement Program Pool	03264	81,831	8/1/2019	9/30/2019	008145647	35,588	46,243
THE UNIVERSITY OF KANSAS HEALTH SYSTEM GREAT BEND	Health Care Access Improvement Program Pool	03264	84,538	8/1/2019	9/30/2019	009304128	36,766	47,772
TOPEKA HOSPITAL LLC D/B/A THE UNIVERSITY OF KANSAS	Health Care Access Improvement Program Pool	03264	448,058	8/1/2019	9/30/2019	008145941	194,860	253,198
VIA CHRISTI HOSPITAL MANHATTAN	Health Care Access Improvement Program Pool	03264	229,504	8/1/2019	9/30/2019	008145776	99,811	129,693
VIA CHRISTI HOSPITAL PITTSBURG	Health Care Access Improvement Program Pool	03264	229,320	8/1/2019	9/30/2019	008145628	99,731	129,589
VIA CHRISTI HOSPITALS WICHITA INC	Health Care Access Improvement Program Pool	03264	1,582,440	8/1/2019	9/30/2019	008145770	688,203	894,237
VIA CHRISTI HOSPITALS WICHITA ST TERESA INC	Health Care Access Improvement Program Pool	03264	69,718	8/1/2019	9/30/2019	004928660	30,320	39,398
WESLEY MEDICAL CENTER	Health Care Access Improvement Program Pool	03264	1,659,882	8/1/2019	9/30/2019	008145844	721,883	937,999
WESLEY REHABILITATION HOSPITAL, AN AFFILIATE OF EN	Health Care Access Improvement Program Pool	03264	9,985	8/1/2019	9/30/2019	008145534	4,342	5,643
WESTERN PLAINS MEDICAL COMPLEX	Health Care Access Improvement Program Pool	03264	103,953	8/1/2019	9/30/2019	008145531	45,209	58,744
Total			10,268,871				4,465,932	5,802,939

* DY7 Qtr1 Payment.
 ** DY7 Qtr2 Payment

**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	11,943	\$441,016,551.18	1,933	\$71,756,315.99	16.2%
Hospital Outpatient	149,726	\$466,448,761.99	22,044	\$72,199,104.62	14.7%
Pharmacy	1,430,790	\$102,217,824.84	425,850	\$0.00	29.8%
Dental	85,469	\$28,172,535.18	7,739	\$2,808,261.81	9.1%
Vision	6,618	\$1,576,132.54	498	\$115,816.76	7.5%
NEMT	58,463	\$2,605,122.91	497	\$29,946.00	0.9%
Medical (physical health not otherwise specified)	1,192,123	\$459,820,580.38	127,052	\$58,129,826.48	10.7%
Nursing Facilities-Total	38,031	\$115,058,742.79	3,926	\$15,501,907.43	10.3%
HCBS	197,513	\$88,487,411.45	7,020	\$2,736,051.51	3.6%
Behavioral Health	153,489	\$55,782,114.97	10,557	\$4,824,421.24	6.9%
Total All Services	3,324,165	\$1,761,185,778.23	607,116	\$228,101,651.84	18.26%

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	29,951	\$1,531,686,471	7,595	\$502,986,415	25.4%
Hospital Outpatient	264,262	\$774,528,354	33,301	\$118,600,834	12.6%
Pharmacy	1,827,846	\$240,725,004	689,326	\$132,147,928	37.7%
Dental	129,457	\$40,277,080.40	13,427	\$2,954,294.68	10.4%
Vision	85,238	\$21,095,411.88	13,100	\$3,628,784	15.4%
NEMT	129,531	\$3,740,052.76	1,634	\$46,426	1.3%
Medical (physical health not otherwise specified)	1,316,197	\$816,445,607	175,629	\$161,778,436	13.3%
Nursing Facilities-Total	101,029	\$276,858,998	8,062	\$35,914,193	8.0%
HCBS	496,974	\$274,766,260	38,654	\$17,128,811	7.8%
Behavioral Health	591,209	\$105,043,199	64,931	\$14,107,590	11.0%
Total All Services	4,971,694	\$4,085,166,438	1,045,659	\$989,293,712	21.0%

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	22,774	\$1,101,270,572	4,817	\$297,649,006	21.2%
Hospital Outpatient	257,657	\$798,166,233	47,094	\$154,973,372	18.3%
Pharmacy	1,421,573	\$187,649,930	352,659	\$87,478,892	24.8%
Dental	126,575	\$42,221,108	16,267	\$6,088,513	12.9%
Vision	62,212	\$14,590,495	7,482	\$1,654,408	12.0%
NEMT	142,297	\$4,117,370	1,728	\$47,078	1.2%
Medical (physical health not otherwise specified)	1,275,110	\$829,747,386	226,771	\$259,575,975	17.8%
Nursing Facilities-Total	79,972	\$239,166,643	9,545	\$31,578,449	11.9%
HCBS	358,000	\$171,319,959	17,364	\$7,660,776	4.9%
Behavioral Health	556,511	\$138,597,631	37,984	\$18,943,419	6.8%
Total All Services	4,302,681	\$3,526,847,328	721,711	\$865,649,888	16.8%