

First Quarter Report to CMS Regarding
Operation of 1115 Waiver
Demonstration Program
– Quarter Ending 03.31.2023



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

KanCare
Section 1115 First Quarter Report
Demonstration Year: 11 (1/1/2023-12/31/2023)
Federal Fiscal Quarter: 2/2023 (1/23-3/23)

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2023 First Quarter Report

I. Introduction

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

On August 6, 2012, the State of Kansas submitted a Medicaid Section 1115 demonstration proposal, entitled KanCare. That request was approved by the Centers for Medicare and Medicaid Services (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. On December 18, 2018 CMS approved a renewal of the Medicaid Section 1115 demonstration proposal entitled KanCare. On June 17, 2022 CMS approved an amendment to the Medicaid Section 1115 demonstration to adjust the budget neutrality cap to account for changes in the Health Care Access Improvement Program (HCAIP) payments. On August 15, 2022 CMS approved an amendment to Medicaid Section 1115 demonstration for continuous coverage for individuals aging out of CHIP for the period March 1, 2020 through the end of the COVID-19 Public Health Emergency (PHE) unwinding period, or until all redeterminations are conducted during the unwinding period as discussed in SHO #22-001. On September 29, 2022 CMS approved an amendment to Medicaid Section 1115 demonstration to enable the State to provide twelve-month continuous eligibility for parents and other caretaker relatives. The State submitted an amendment and five-year renewal for its 1115 demonstration on December 28, 2022. The demonstration is effective from January 1, 2019 through December 31, 2023.

KanCare is operating concurrently with the state's section 1915(c) Home and Community-Based Services (HCBS) waivers, which together provide the authority necessary for the State to require enrollment of almost all Medicaid beneficiaries (including the aged, disabled, and some dual eligible individuals) 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 (SNCP) to support certain hospitals that incur uncompensated care costs for Medicaid beneficiaries and the uninsured, and to provide incentives to hospitals for programs that result in delivery system reforms that enhance access to health care and improve the quality of care.

This five-year demonstration will:

- Maintain Medicaid state plan eligibility;
- Maintain Medicaid state plan benefits;
- Continue to allow the State to require eligible individuals to enroll in managed care organizations (MCOs) to receive covered benefits through such MCOs, including individuals on HCBS waivers, except:
 - American Indian/Alaska Natives are presumptively enrolled in KanCare but will have the option of affirmatively opting-out of managed care;
- Provide benefits, including long-term services and supports (LTSS) and HCBS, via managed care;
- Extend the Delivery System Reform Incentive Payment (DSRIP) program;
- Design and implement an alternative payment model (APM) program to replace the DSRIP program;

- Maintain the SNCP to support hospitals that provide uncompensated care to Medicaid beneficiaries and the uninsured;
- Increase beneficiary access to substance use disorder (SUD) treatment services; and
- Provide work opportunities and supports for individuals with specific behavioral health conditions and other disabilities.

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

- Continue to provide integration and coordination of care across the whole spectrum of health to include physical health, behavioral health, and LTSS/HCBS;
- Further improve the quality of care Kansas Medicaid beneficiaries receive through integrated care coordination and financial incentives paid for performance (quality and outcomes);
- Maintain Medicaid cost control by emphasizing health, wellness, prevention and early detection as well as integration and coordination of care;
- Continue to establish long-lasting reforms that sustain the improvements in quality of health and wellness for Kansas Medicaid beneficiaries and provide a model for other states for Medicaid payment and delivery system reforms as well;
- Help Kansas Medicaid beneficiaries achieve healthier, more independent lives by coordinating services to strengthen social determinants of health and independence and person-centered planning;
- Promote higher levels of member independence through employment programs;
- Drive performance and improve quality of care for Kansas Medicaid beneficiaries by integrating value-based models, purchasing strategies and quality improvement programs; and
- Improve effectiveness and efficiency of the state Medicaid program with increased alignment of MCO operations, data analytic capabilities and expanded beneficiary access to SUD services.

This quarterly report is submitted pursuant to item #64 of the Centers for Medicare and 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) who are not otherwise eligible for Medicaid. The table does include members retroactively assigned as of March 31, 2023.

Demonstration Population	Enrollees at Close of Quarter (3/31/2023)	Total Unduplicated Enrollees in Quarter	Disenrolled in Quarter
Population 1: ABD/SD Dual	14,966	15,936	970
Population 2: ABD/SD Non-Dual	30,622	31,668	1,046
Population 3: Adults	75,483	76,855	1,372
Population 4: Children	273,124	277,097	3,973
Population 5: DD Waiver	9,016	9,090	74
Population 6: LTC	21,492	22,535	1,043
Population 7: MN Dual	5,482	6,235	753
Population 8: MN Non-Dual	1,463	1,637	174
Population 9: Waiver	4,635	5,006	371
Population 10: UC Pool	N/A	N/A	N/A
Population 11: DSRIP Pool	N/A	N/A	N/A
Total	436,283	446,059	9,776

III. Outreach/Innovation

The KanCare website¹ is home to a wealth of information for providers, members, stakeholders, and policy makers. Sections of the website are designed specifically around the needs of members and providers. Information about the 1115 demonstration and its operation is provided in the interest of transparency and engagement.

The KanCare Advisory Council consists of twelve members: one legislator representing the House, one representing mental health providers, one representing community developmental disability organizations (CDDOs), two representing physicians and hospitals, three representing KanCare members, one former Kansas Senator, one representing pharmacists, one representing the Aging Community, and one representing Area Agencies on Aging and Aging Disability Resource Centers. The KanCare Advisory Council occurred March 30, 2023, via Zoom. The agenda was as follows:

- Welcome and Introductions
- Review and Approval of Minutes from Council Meeting, December 14, 2022
- Old Business
 - Homebound Frail Elderly receiving meals thru COVID funds – Allen Schmidt
 - What is our plan for researching other State’s remedy to solve the nursing and PCA shortages; and what is the status of the challenges on the administrative side? – Ed Nicholas
 - Percentage of HCBS cases pending that cannot be staffed by home care agencies – Larry Martin
 - Review current membership of the Advisory Council and discuss recommendations for new members and their specialties – Larry Martin

¹ www.kancare.ks.gov

- New Business
 - Due to the low reimbursement rates for HCBS, each MCO has a waiting list for clients awaiting agencies to accept and provide care. How many clients are approved for home care services but are awaiting an accepting agency? Larry Martin
 - Discuss the short-term and long-term plans to bring down waiver waiting list numbers, especially for IDD – Allen Schmidt
 - Ongoing challenge, especially with third party liability in Certified Community Behavioral Health Clinic (CCBHC) billing to MCOs – Walt Hill
 - Recent request and reminder about reporting issues with Non-Emergency Medical Transportation (NEMT) services - Is there a concern statewide? – Walt Hill
 - KMAP General Bulletin 23044 Medicaid Mental Health Services by Licensed Mental Health Professionals (LMHP) in Nursing Facilities – Walt Hill
 - Concerns statewide among pediatricians about children’s access to medical care in Kansas due to pandemic related problems and low payment causing lack of provider participation in KanCare – Dr. Rebecca Reddy
 - Is there data the State can share?
 - What percentage of children with KanCare are up to date on well child visits, immunizations, and dental exams?
 - Provide roster of primary care providers who are accepting children with KanCare with their practice address.
- KDHE Update – Janet Stanek, Secretary, Kansas Department of Health and Environment, Sarah Fertig, Medicaid Director, Kansas Department of Health and Environment, and Christine Osterlund, Director of Operations/Deputy Medicaid Director, Kansas Department of Health and Environment
- KDADS Update – Drew Adkins, Assistant Commissioner for Behavioral Health Services, Kansas Department for Aging and Disability Services and Michele Heydon, Commissioner for Long Term Services and Supports, Kansas Department for Aging and Disability Services
- KanCare Ombudsman Report – Kerrie Bacon, Ombudsman, KanCare Ombudsman Office
- Updates on KanCare with Q&A
 - UnitedHealthcare Community Plan – Celia Ruiz
 - Aetna Better Health of Kansas – Jane Brown
 - Sunflower State Health Plan – Stephanie Rasmussen and Diana Erickson
- Adjourn

The Tribal Technical Assistance Group met February 7, 2023. The tribal members were consulted on the following items:

- 23-0002 KDADS Parent Support
- 23-0004 DMEPOS Labor rate
- 23-0005 Oncological PET Scans
- 23-0006 LARC Device, PAD reimbursement excluded from the DRG
- 23-0008 NF Vent Per Diem Rate Change
- 23-0009 IME Biennial IME Factor Change
- 23-0010 MACPro Former Foster Care Children
- 23-0011 PETI disregard date change
- 23-0012 Working Healthy Premium Rate Changes

The following SPAs have been approved since the tribal meeting was held on November 1, 2022.

- 22-0031 NF rates SFY 23
- 22-0032 G-Tubes rates
- 22-0034 Behavioral Health Rate Increase
- 22-0035 PAD
- 22-0036 Medicare Part B Fee Schedule Change
- 23-0001 RAC, two-year renewal
- 23-0003 KDADS Licensed Mental Health Practitioner
- 23-0007 Outpatient Pulmonary Rehabilitation

Outstationed Eligibility Workers (OEW) staff participated in 370 in-person and virtual community events providing KanCare program outreach, education, and information for the following: El Centro Inc., Vibrant Health, Impact Olathe event, School events: Sedgwick USD 259, Marion, Sumner, Butler USD 490, Peabody; Project HOME-Shawnee Mission; Catholic Charities of Wyandotte, Butler counties; Pregnancy Resource Center Neosho county; Health Departments in Johnson, Decatur, Rush, Pawnee, Stafford, Pratt, Barber, Harper, Miami, Norton, Rooks, Osborne, Russell, Graham, Smith, Greely, Finney, Barton, Ness, Colby, Logan, Sheridan, Marion, Kiowa, Doniphan, Marshall, Meade, Haskell, Stevens, Morton, Sherman, Reno, Kingman, Wyandotte, Cowley, Sumner, Greenwood, Coffey, Sedgwick, Pottawatomie, Nemaha, Geary, Dickinson, Morris and Wabaunsee, Riley, Clay, Republic, Cloud, Saline, Lincoln, Jefferson, Wilson, Neosho, Labette, Cherokee, Grant, Stanton, Franklin, Wichita, Kearny, Scott, Hamilton, Thomas, Allen, Anderson, Bourbon, Linn, Woodson, and Ellis Counties, Northeast Kansas Multi-County Health Department in Hiawatha and Atchison; WIC offices in Chautauqua, Wilson, Montgomery, Crawford, Barton, Johnson, Shawnee counties, Division of Children and Families-DCF in Thomas, Phillips, Marshall, Sherman, Osawatomie, Franklin, Miami counties; Mental Health Clinics in Harvey, Sumner, Lyon counties, Community Baby Showers in Cowley, Cloud, Shawnee, Sedgwick, and Johnson, Marion counties; KS Extension Offices in Dickinson, Harvey counties, Senior Centers and Assisted living facilities in Crawford, Labette, Marion, Cowley, Lyon, Miami, McPherson, Butler, Brown, Jackson, Douglas, Greenwood, counties; Pharmacies in Phillips county; Libraries: Harvey, McPherson; Marion, Marshall, Coffey, Miami Douglas, Jefferson, Greenwood counties; Chante Housing Authority; Food Banks in Harvey and Montgomery counties; Social Security offices in Joplin Mo. and Salina; Homeless Centers in Shawnee; Riley, Crawford, Geary counties; Child Care Centers in McPherson, Marion, Sedgwick; Reno, Riley, Butler, Johnson counties; Pratt County South Central Kansas Special Education Cooperative; Miami County Cancer Foundation; Hospital and clinics in Coffey, Eureka, Johnson, Crawford, Labette, Barton, Marion, Cowley, Greenwood, Wilson counties; Newell Travel Center, New Jerusalem Ministries in Newton; Workforce Development Center in Newton; Health and Resource Fairs in Wyandotte, Lyon, Wichita Republic, Sedgwick, Clark counties, South Central Kansas in Cowley, Project HOME in Shawnee; NADO Fest in Montgomery County, JoCOR resource fair, Evergy/LIEAP Sedgwick county event; Making the most of your Medicaid event in Miami county, Family Resource Fair in Finney County; Job Fair and Corrections Resource Fair in Johnson County; ADRCs in Barton Cowley; Harvey, Marion; Banks in Marion county, Butler Community College; Peabody post office; Virtual and in-person meetings: Kansas Assistance Network, Genesis Family Health Advisory Board, Finney County Community Health Coalition, Miami County Health Coalition Meeting, Cover Kansas Advisory Coalition Meeting in Sedgwick county, Central Kansas Partnership, Hispanic Task Force, Thrive Allen County meeting, Central Plains Area Agency on Aging meeting, Harvey County Department on Aging; McPherson Council on Aging, Butler County Department on Aging, Marion Department on Aging, Cowley County Council on Aging, Harvey/Marion County Community Developmental Disability Organization; Wyandotte County Avenue of Life; Employment networking-Kansas Works, Cowley County Third Thursday meeting, Staff meeting in Leavenworth County Saint Vincent Federal clinic, Southeast Kansas Area of Aging; in Neosho county, County Resource meetings with: Pratt, Harper, Harvey; Saline, Republic counties.

Support and assistance for KanCare members was provided by KDHE's twenty-six OEWs. Staff determined eligibility for 1,699 applicants. The OEW staff also assisted in resolving 536 issues involving urgent medical needs, obtaining correct information on applications, and addressing gaps or errors in pending applications or reviews with the KanCare Clearinghouse. In addition, OEW staff assisted with 2,069 phone calls, 612 walk-ins, and 829 e-mails from the public.

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

- PACE Program (quarterly, but now as needed during the Public Health Emergency (PHE))
- HCBS Provider Forum teleconferences (quarterly)
- Long-term Care Roundtable with Department of Children and 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
- Series of meetings with behavioral health institutions, private psychiatric hospitals, and Psychiatric Treatment Residential Facilities (PRTFs) to address care coordination and improved integration (weekly)
- Medicaid Functional Eligibility Instrument (FE, PD and BI) Advisory Workgroup
- The Intellectual / Developmental Disability (I/DD) Functional Eligibility Instrument Advisory Workgroup
- Systems Collaboration with Aging and Disability, Behavioral Health and Foster Care Agencies
- Psychiatric Residential Treatment Facility (PRTF) Stakeholder meeting (quarterly)
- Nursing Facility for Mental Health (NFMH) Directors meeting (monthly)
- CRO Directors meeting (bi-monthly)
- State Interagency Coordinating Council (bi-monthly)
- Kansas Mental Health Coalition meeting (monthly)
- Kansas Association of Addiction Professionals (monthly)
- Behavioral Health Association of Kansas (monthly)
- Heartland RADAC and Substance Abuse Center of Kansas (monthly)
- Complex Case Staffing's with MCOs (as needed M-F)
- Bi-monthly Governor's Behavioral Health Services Planning Council meetings; and monthly meetings with the nine subcommittees such as Suicide Prevention, Justice Involved Youth and Adult, and Rural and Frontier
- Monthly Nursing Facility Stakeholder Meetings
- KDADS Community Developmentally Disabled Organization (CDDO) Stakeholder Meetings (quarterly)
- KDADS-CDDO Eligibility workgroup
- KDADS-Series of meetings with a coalition of advocacy groups including KanCare Advocates Network and Disability Rights Commission to discuss ways KDADS can provide more effective stakeholder engagement opportunities

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

OneCare Kansas Program

A legislative proviso directed KDHE to implement a health homes program. To avoid the confusion caused by the term “health homes”, a new name was selected for the program – OneCare Kansas (OCK). Although the program has a similar model to the State’s previous health homes program, OCK was designed as an opt-in program. The program was launched on April 1, 2020, with an expansion implemented on April 1, 2021. As of March 31, 2023, there were thirty-three contracted OCK providers across the state. Moreover, as of March 2023, the program had 3,811 members opt-in; this number continues to grow with new members enrolling each month.

The State continues to utilize the MCOs as Lead Entities who contract with the OneCare Kansas Partners in order to coordinate and offer the required six core services. Additionally, there are ongoing, monthly learning opportunities available to the provider network, including bi-monthly learning collaboratives and community of practices.

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 UnitedHealthcare Community Plan – follows below.

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

Marketing Activities

Aetna Better Health of Kansas (ABHKS) staff members were able to provide information and education to 1,881 individuals with community-based organizations and provider offices from around the State.

Outreach Activities

ABHKS Community Development and System of Care team provided both virtual and in-person outreach to community-based organizations, advocacy groups, and provider offices throughout Kansas. ABHKS staff visited virtually or in-person 1,881 individuals associated with community-based organizations in Kansas. Examples of the community-based organizations included: Salina Dental Clinic, Chase County Health Department, Southeast Kansas Area Agency on Aging, Healthy Babies of Sedgwick County, Ford County Health Department, Hunter Health Clinic in Wichita, and Heartland Community Health Center in Lawrence. Educational information was shared with over 1,900 members or potential members of KanCare through attendance at both in-person and virtual events.

Advocacy Activities

ABHKS Member Advocates have a relationship with the KanCare Ombudsman and receive direct referrals about member issues that require intervention efforts. ABHKS Member Advocates assisted 18 members referred from the Ombudsman.

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

Marketing Activities

Sunflower Health Plan (SHP) sponsored local and statewide member and provider events as well as initiatives to close care gaps. SHP partnered with multiple local health centers on events. Most notably, Sunflower participated in the Kansas Mission of Mercy Free Dental Clinic. This event provided free dental care to uninsured community members. Sunflower employees that volunteered for this event helped cement Sunflower’s reputation as a valued community partner.

Notable stakeholder programs and events for marketing during the fourth quarter of 2022:

- A Night to Shine sponsored by the Tim Tebow Foundation
- Yes, She Can! Conference
- Kansas Mission of Mercy Free Dental Clinic

Outreach Activities

The majority of SHP's outreach centered around redetermination of eligibility. Activities included participating in several community baby showers that highlighted the importance of communicating options for continued coverage. Social media efforts focused on expanding its reach to as many Medicaid members as possible. Other activities included presentations to providers and advocacy groups around the importance of the PHE unwinding.

Redetermination events included

- Lyon County Community Baby Shower
- Cloud County Community Baby Shower
- Wilson County Community Baby Shower
- Council Grove Community Baby Shower
- Baldwin City Wellness Festival
- Clinic visits/presentations around redetermination

Advocacy Activities

Sunflower Health Plan continues monthly Social Determinants of Health (SDoH) meetings to bring the health plan's SDoH initiatives and teams together to address programs and outreach to support employment, housing, and reduce food disparities across the state. Staff from its behavioral health department participated in the Mental Health Advocacy Day at the State Capitol. Sunflower was honored to support the efforts of YLINK (Youth Leaders in Kansas) and their work around mental health.

Sunflower staff contributed to community workgroups and coalitions advocating for health literacy, mental health and other topics that addressed population health in Kansas.

Community meetings and workgroups included:

- Immunize Kansas Coalition Education and Awareness meeting
- Finney County Community Health coalition meeting
- Health and Wellness Coalition strategic planning meeting
- Social Determinants of Health monthly meeting
- Mental Health Advocacy Day at the State Capitol
- 2023 Kansas Governor's Public Health Conference
- Citizens Community Critical Access Hospital

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

Marketing Activities

UnitedHealthcare Community Plan of Kansas staff completed new member welcome calls and health risk assessments over the phone. UnitedHealthcare continued the incentive program to offer a ten dollar over-the-counter debit card to new Members who completed a health risk assessment. New members were sent member ID Cards and welcome kits. Member Services continued to actively assist members update their addresses in every interaction and remind them of the upcoming eligibility renewals.

Outreach Activities

Outreach staff has continued to be involved in community vaccination efforts by supporting with promotions, sponsorships, giveaways, food, and volunteers. UnitedHealthcare staff has continued to reach out to providers to assess their needs and identify ways to help support them as they serve KanCare members, with special attention to raising awareness of the upcoming KanCare eligibility renewals.

UnitedHealthcare hosted a member advisory meeting via conference call and had excellent participation from members.

- Member Outreach: UnitedHealthcare outreach staff met with over 4,085 individuals who were members or potential members at community baby showers, vaccination events, food distribution events, lobby sits at Federally Qualified Health Centers (FQHCs), and other various community events.
- Community organization outreach: UnitedHealthcare outreach staff met and collaborated with several community agencies which included: Alce su Voz, Boys and Girls Club of Topeka, Boys and Girls Club of Lawrence, Boy Scouts of America, Catholic Charities, Center of Grace Hispanic Task Force, Community Care Network of Kansas, Community Health Council of Wyandotte County, COPE Program, Cover Kansas, Douglas County Healthy Food for All Workgroup, El Centro Inc, Evergreen Park Recreation Center, Give It Get It LLC, Habitat for Humanity, Healthier Lyon County Coalition, Healthy Babies Sedgwick County, Healthy Kids Work Group-DGCO Extension Office, Heartland Healthy Babies, Heartstrings, Hispanics of Today and Tomorrow, Immunization Coalition of Kansas, Inclusion Connections, Juntos Center for Advancing Latino Health, Just Food, Kansas Assistance Network, Kansas Children’s Service League, Kansas City Kansas School Foundation for Excellence, Kansas Civic Engagement Table, Kansas Food Bank, Kansas HeadStart Association, Kansas Health Institute, Kansas Hispanic and Latino American Affairs Commission, Kansas Leadership Center, Kansas Safe Kids Network, Kansas Hispanic and Latino American Affairs Commission, KIDS Safe Sleep, KS Latino Community Network, KSQuit, Lawrence-Douglas County Health Equity Board, My Family Labette County, NEK-CAP, SACK Self Advocacy Coalition of Kansas, Salud y Bienestar, Sistahs Can We Talk, Unified Government of Wyandotte County, Urban League of Kansas, Wichita State University Foundation, Willow Domestic Violence Shelter.
- Provider outreach: UnitedHealthcare outreach staff met virtually and in-person with over 40 provider offices across the State, with a special focus on bringing awareness to upcoming eligibility renewals restarting due to PHE Unwind and about the KIERA Chatbot feature for updating addresses.

Advocacy Activities

UnitedHealthcare continued to support state efforts on health equity. UnitedHealthcare staff from Social Determinants of Health and Community Outreach teams, served on health equity boards and volunteered with local health departments and FQHCs. UnitedHealthcare identified the most successful approaches and supports with funding or resources to amplify such success.

UnitedHealthcare has two representatives that serve on the Kansas Hispanic and Latino American Affairs Commission as Technical Advisors, and one that serves on the Lawrence Douglas County Health Equity Advisory Board and on the Heartland Community Health Center Board of Directors, among other several local boards.

IV. Operational Developments/Issues

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

KanCare Amendments Pending CMS Approval

Amendment Number	Subject	Submitted Date	Effective Date
22	Capitation 1/1/23-12/31/23 and SME payments	01/17/2023	01/01/2023
23	Extend the contract term to 12/31/2024	03/16/2023	01/01/2024

State Plan Amendments (SPAs) approved:

SPA Number	Subject	Submitted Date	Effective Date	Approval Date
22-0036	Medicare Part B	12/13/2022	11/11/2022	01/11/2023
23-0002	KDADS Parent Support	12/07/2022	01/01/2023	02/22/2023
23-0003	Licensed Mental Health Provider	12/07/2022	01/01/2023	01/18/2023
23-0004	DMEPOS	12/13/2022	01/01/2023	02/17/2023
23-0005	Oncologic Pet Scans	12/13/2022	01/01/2023	02/17/2023
23-0006	LARC, PAD Reimbursement	12/13/2022	01/01/2023	03/03/2023
23-0007	Outpatient Pulmonary Rehab	12/20/2022	01/01/2023	02/07/2023
23-0008	NF Vent rate change	01/17/2023	01/01/2023	03/22/2023
23-0009	Biennial IME Factor Change	01/17/2023	01/01/2023	03/27/2023

State Plan Amendments (SPA) pending approval:

SPA Number	Subject	Submitted Date	Effective Date
23-0010	MACPro FFCC	02/21/2023	01/01/2023
23-0013	DATA 2000 Language removal	03/31/2023	01/25/2023

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

- b. Benefits: All pre-KanCare benefits continue and the program includes value-added benefits from each of the three KanCare MCOs at no cost to the State. A summary of the top three value-added benefits, as reported by each of the KanCare MCOs from January through March of 2023, follows.

MCO		Value-Added Benefits Calendar Year 2023	Units YTD	Value YTD
Aetna	Top	OTC Medications and Supplies	27,585	\$689,625
	Three	Healthy Rewards Gift Card - Birth to Age 12 Exam	15,042	\$385,200
	VAB	Adult Dental	2,240	\$343,697
	Total of All Aetna VAB		61,671	\$2,025,003
Sunflower	Top	My Health Pays	13,568	\$343,342
	Three	Dental Visits for Adults	1,680	\$53,634
	VAB	Start Smart for Your Baby	399	\$11,232
	Total of All Sunflower VAB		16,883	\$424,045
United	Top	Adult Dental Coverage	1,436	\$133,015
	Three	Pyx Health	336	\$75,000
	VAB	Home Helper Catalog	1,357	\$61,286
	Total of All United VAB		17,176	\$473,792

- c. Enrollment issues: There were three Native Americans who chose to not enroll in KanCare and who are still eligible for KanCare.

The table below represents the enrollment reason categories for the first quarter of calendar year 2023. All KanCare eligible members were defaulted to a managed care plan.

Enrollment Reason Categories	Total
Newborn Assignment	1,825
KDHE - Administrative Change	282
WEB - Change Assignment	213
KanCare Default - Case Continuity	918
KanCare Default – Morbidity	1,086
KanCare Default - 90 Day Retro-reattach	1,620
KanCare Default - Previous Assignment	218
KanCare Default - Continuity of Plan	907
Retro Assignment	95
AOE – Choice	1,684
Choice - Enrollment in KanCare MCO via Medicaid Application	3,507
Change - Choice	246
Change - Access to Care – Good Cause Reason	12
Assignment Adjustment Due to Eligibility	543
IVR Change Assignment	342
Total	13,498

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

MCOs' Member Adverse Initial Notice Timeliness Compliance

MCO	ABH	SUN	UHC
% of Notices of Adverse Service Authorization Decisions Sent Within Compliance Standards	97%	100%	100%
% of Notices of Adverse Expedited Service Authorization Decisions Sent Within Compliance Standards	96%	100%	100%
% of Notices of Adverse Termination, Suspension or Reduction Decisions Sent Within Compliance Standards (10 calendar days only)	100%	100%	100%

MCOs' Provider Adverse Initial Notice Compliance

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

MCOs' Member Grievance Database

MCO	ABH		SUN		UHC		Total
	HCBS Member	Non HCBS Member	HCBS Member	Non HCBS Member	HCBS Member	Non HCBS Member	
Access to service or Care		6	6	12	1	3	28
Billing and Financial issues (non-transportation)	6	18	2	8	1	18	53
Customer service	3	3		2	2	2	12
Health Home Services	4	1					5
MCO Determined Not Applicable	1					2	3
Member rights dignity			1				1
Non-Covered Service		1			1	2	4
Other					2	4	6
Pharmacy Issues		1	1	2		1	5
Quality of Care - Pain Medication	1	1					2
Quality of Care (non HCBS provider)	3	9	1	12	8	10	43
Transportation - Late	3	3	4	4	1	6	21
Transportation - No Driver Available		3	11	8	7	2	31
Transportation - No Show	4	9	15	11	23	18	80
Transportation - Other	1	7	13	16	12	12	61
Transportation - Safety	2	1	1	3	1		8
Transportation Issues - Billing and Reimbursement	4	5	8	10	15	8	50
TOTAL	32	68	63	88	74	88	413

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

MCOs' Member Grievance Timeliness Compliance

MCO	ABH	SUN	UHC
% of Member Grievance Resolved and Resolution Notice Issued Within 30 Calendar Days	100%	99%	94%

MCOs' Provider Grievance Database

MCO	ABH	SUN	UHC	Total
Benefits/Eligibility	0	1	0	1
Billing/Payment	1	1	0	2
Network – MCO	0	1	0	1
Other – Dissatisfaction with MCO Associate	0	1	2	3
Transportation	0	6	0	6
TOTAL	1	10	2	13

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

MCOs' Provider Grievance Timeliness Compliance

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

MCOs' Appeals Database

Member Appeal Reasons ABH - Red SUN – Green UHC - Purple	Number Resolved	Withdrawn by Member / Provider	MCO Reversed Decision on Appeal – MCO Error	MCO Reversed Decision on Appeal – Member/ Provider Mistake	MCO Upheld Decision on Appeal – Correctly Denied	MCO Upheld Decision on Appeal – Member/ Provider Mistake	MCO Determined not Applicable
ADMINISTRATIVE DENIALS							
MA – ADMIN – Denials of Authorization	1				1		
MEDICAL NECESSITY/LEVEL OF CARE – Criteria Not Met							
MA - CNM - Behavioral Health Outpatient	16 1	1		7	8		1
MA - CNM - Dental	13 3 3	1		3 1	10 2 2		
MA - CNM - Durable Medical Equipment	18 25 19			17 15 5	8 14		1 2
MA - CNM - Home Health	1 2			2	1		
MA – CNM – Inpatient Admissions (Non-Behavioral Health)	4 7 9	4 1		3 1 1	1 1 6	1	1
MA – CNM - Inpatient Behavioral Health	30 2	1		6 2	21		2
MA – CNM - Laboratory	2 2			1 2	1		

Member Appeal Reasons ABH - Red SUN – Green UHC - Purple	Number Resolved	Withdrawn by Member / Provider	MCO Reversed Decision on Appeal – MCO Error	MCO Reversed Decision on Appeal – Member/ Provider Mistake	MCO Upheld Decision on Appeal – Correctly Denied	MCO Upheld Decision on Appeal – Member/ Provider Mistake	MCO Determined not Applicable
MA – CNM – Medical Procedure (NOS)	39 13 1			18 6 1	20 6	1 1	
MA – CNM – Other	1 7			5		1	2
MA – CNM – Out of network provider, specialist or specific provider request	1				1		
MA – CNM – Pharmacy	140 59 68	4 1		50 42 54	7 10 13	72	11 3
MA – CNM – PT/OT/ST	12			4	5	1	2
MA – CNM – Radiology	27 55			17 16	9 19	1 12	8
MA – LOC – HCBS (change in attendant hours)	3				1		2
MA – LOC – LTC NF	1			1			
MA – LOC – LTSS/HCBS	3 3 7			1 2	2 4		1
MA – LOC – Mental Health	5	1		2	2		
MA – LOC – WORK	1				1		
NONCOVERED SERVICES							
MA – NCS – Behavioral Health	2			1	1		
MA – NCS - Dental	4				4		
MA – NCS – Durable Medical Equipment	1			1			
MA – NCS – Out of Network Providers	1				1		
MA – NCS – Other	1 8			1 5	2		1
MA – NCS – Pharmacy	1 29			20	8	1	1
MA – LCK – Lock In	2				2		
TOTAL							
ABH - Red	265	0	0	117	60	75	13
SUN – Green	217	11	0	95	76	16	19
UHC - Purple	171	3	0	101	61	0	6

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

MCOs' Appeals Database - Member Appeal Summary

Member Appeal Reasons ABH - Red SUN – Green UHC - Purple	Number Resolved	Withdrawn by Member / Provider	MCO Reversed Decision on Appeal – Member/ Provider Mistake	MCO Upheld Decision on Appeal – Correctly Denied	MCO Upheld Decision on Appeal – Member/ Provider Mistake	MCO Determined not Applicable
Resolved at Appeal Level	265 217 171	0 11 3	117 95 101	60 76 61	75 16 0	13 19 6
TOTAL	265 217 171	0 11 3	117 95 101	60 76 61	75 16 0	13 19 6
Percentage Per Category		5% 2%	44% 44% 59%	23% 35% 36%	28% 7%	5% 9% 3%

MCOs' Member Appeal Timeliness Compliance

MCO	ABH	SUN	UHC
% of Member Appeals Resolved and Appeal Resolution Notice Issued in 30 Calendar Days	100%	100%	100%
% of Expedited Appeals Resolved and Appeal Resolution Notice Issued in 72 hours	100%	100%	90%

MCOs' Reconsideration Database - Providers (reconsiderations resolved)

PROVIDER Reconsideration Reasons ABH - Red SUN – Green UHC - Purple	Number Resolved	MCO Reversed Decision on Reconsideration – MCO Error	MCO Reversed Decision on Reconsideration – Provider Mistake	MCO Upheld Decision on Reconsideration – Correctly Denied / Paid	MCO Upheld Decision on Reconsideration – Provider Mistake	MCO Determined not Applicable
CLAIM DENIALS						
PR - CPD - Ambulance (Include Air and Ground)	116 116 1	4	65 37 1	37 76	4	6 3
PR - CPD - Behavioral Health Inpatient	6 16 1,562	1 38	1 13 674	4 2 229	607	1 14
PR - CPD - Behavioral Health Outpatient and Physician	81 451 881	18 3 223	19 181 288	27 194 209	1 105	16 73 56
PR - CPD - Dental	15		4	8		3
PR - CPD - Durable Medical Equipment	245 712 1,022	81 4 247	84 288 300	72 293 341	2 95	6 127 39
PR - CPD - HCBS	23 127	20 3	51	1 47		2 26
PR - CPD - Home Health	81 54	3	3 24	43 16		32 14

PROVIDER Reconsideration Reasons ABH - Red SUN – Green UHC - Purple	Number Resolved	MCO Reversed Decision on Reconsideration – MCO Error	MCO Reversed Decision on Reconsideration – Provider Mistake	MCO Upheld Decision on Reconsideration – Correctly Denied / Paid	MCO Upheld Decision on Reconsideration – Provider Mistake	MCO Determined not Applicable
PR - CPD - Hospice	19 25 58	1 3 32	1 19 1	7 1 17	1 4	9 2 4
PR - CPD - Hospital Inpatient (Non-Behavioral Health)	295 257 564	39 1 268	118 119 109	112 129 109	6 30	20 8 48
PR - CPD - Hospital Outpatient (Non-Behavioral Health)	356 795 575	48 2 104	117 339 82	174 417 265	7 44	10 37 80
PR - CPD - Laboratory	94 470 386	2 2 99	8 80 73	72 317 138	1 39	11 71 37
PR - CPD - Medical (Physical Health not Otherwise Specified)	1,068 2,056 4,350	135 15 1,602	326 1,018 1,181	539 823 890	17 344	51 200 333
PR - CPD - Nursing Facilities - Total	12 112 19	6 1 8	63 6	6 37 4	1	11
PR - CPD - Other	42 16	21 3	14 3	6 6	1 1	3
PR - CPD - Out of network provider, specialist or specific provider	7 1 929	388	113	6 1 246	59	1 123
PR - CPD - Pharmacy	4 25		6	19		4
PR - CPD - PT/OT/ST	6 2	2		4 2		
PR - CPD - Radiology	31 351	15 110	2 75	11 99	3 35	32
PR - CPD - Vision	4 35 6	27 6	2	2 8		
TOTAL ABH - Red SUN – Green UHC - Purple	2,505 5,252 10,722	396 61 3,128	764 2,238 2,906	1,131 2,380 2,555	43 0 1,364	171 573 769

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

MCOs' Provider Reconsiderations Database - Provider Reconsiderations Summary

Provider Reconsideration Reasons ABH - Red SUN – Green UHC - Purple	Number Resolved	MCO Reversed Decision on Reconsideration – MCO Error	MCO Reversed Decision on Reconsideration – Provider Mistake	MCO Upheld Decision on Reconsideration – Correctly Denied / Paid	MCO Upheld Decision on Reconsideration – Provider Mistake	MCO Determined not Applicable
Resolved at Reconsideration Level	2,505 5,252 10,722	396 61 3,128	764 2,238 2,906	1,131 2,380 2,555	43 0 1,364	171 573 769
TOTAL	2,505 5,252 10,722	396 61 3,128	764 2,238 2,906	1,131 2,380 2,555	43 0 1,364	171 573 769
Percentage Per Category		16% 1% 29%	30% 43% 27%	45% 45% 24%	2% 13%	7% 11% 7%
Range of Days to Reverse Due to MCO Error		19 – 254 7 – 357 1 - 551				

MCOs' Provider Reconsiderations Timeliness Compliance

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

MCOs' Appeals Database - Providers (appeals resolved)

PROVIDER Appeal Reasons ABH - Red SUN – Green UHC - Purple	Number Resolved	Withdrawn by Provider	MCO Reversed Decision on Appeal – MCO Error	MCO Reversed Decision on Appeal – Provider Mistake	MCO Upheld Decision on Appeal – Correctly Denied / Paid	MCO Upheld Decision on Appeal – Provider Mistake	MCO Determined not Applicable
BILLING AND FINANCIAL ISSUES							
PA - ADMIN - Denials of Authorization (Unauthorized by Members)	5		2				3
CLAIM PAYMENT DISPUTES							
PA - CPD - Ambulance (include Air and Ground)	18 36			5 8	4 11		9 17
PA - CPD - Behavioral Health Inpatient	1 4			1	1		1 2
PA - CPD - Behavioral Health Outpatient and Physician	4 162 63		1	12 16	117 6	30	3 3 41
PA - CPD - Dental	5 36 34		11	2 5 12	2 20 20		1 2 2
PA - CPD - Durable Medical Equipment	36 213 22		13	9 18 4	7 99 9	22	7 74 9

PROVIDER Appeal Reasons ABH - Red SUN – Green UHC - Purple	Number Resolved	Withdrawn by Provider	MCO Reversed Decision on Appeal – MCO Error	MCO Reversed Decision on Appeal – Provider Mistake	MCO Upheld Decision on Appeal – Correctly Denied / Paid	MCO Upheld Decision on Appeal – Provider Mistake	MCO Determined not Applicable
PA - CPD - Home Health	7 45 148	1	1	5 13 18	17 80	1	1 14 49
PA - CPD - Hospice	5 13 2			1	5	1	11 2
PA - CPD - Hospital Inpatient (Non-Behavioral Health)	147 334 253		7 2	40 49 52	54 116 115	12 32	34 137 84
PA - CPD - Hospital Outpatient (Non-Behavioral Health)	69 144 231		5 2	19 17 17	23 38 127	2 27	20 62 85
PA - CPD - Laboratory	53 103 92			9 6 2	27 52 69	3 17	14 28 21
PA - CPD - Medical (Physical Health not Otherwise Specified)	112 410 351		11 1	26 55 54	29 169 173	6 41	40 145 123
PA - CPD - Nursing Facilities - Total	2 27			2 7	10		10
PA - CPD - Other	7 16		1	2 2	3 10		2 3
PA – CPD – Out of network provider, specialist or specific provider	1				1		
PA - CPD - Pharmacy	1 104		1	85	1 18		
PA - CPD - PT/OT/ST	1 19 7			1	11 2	6	1 2 4
PA - CPD - Radiology	1 42 44		1	17 2	11 39	1	13 3
PA - CPD - Vision	3 2				1 2		2
MEDICAL NECESSITY/LEVEL OF CARE – Criteria Not Met							
PA - CNM - Dental	2				2		
PA - CNM - Durable Medical Equipment	18			9	5	4	
PA – CNM – Health Home Services	1			1			
PA - CNM - Home Health	2			1	1		
PA - CNM - Hospice							
PA - CNM - Inpatient Admissions (Non-Behavioral Health)	7			5	2		

PROVIDER Appeal Reasons ABH - Red SUN – Green UHC - Purple	Number Resolved	Withdrawn by Provider	MCO Reversed Decision on Appeal – MCO Error	MCO Reversed Decision on Appeal – Provider Mistake	MCO Upheld Decision on Appeal – Correctly Denied / Paid	MCO Upheld Decision on Appeal – Provider Mistake	MCO Determined not Applicable
PA – CNM – Inpatient Behavioral Health	1			1			
PA - CNM – Laboratory	11			5	6		
PA - CNM - Medical Procedure (NOS)	17	1		5	9	2	
PA - CNM - Other	4			2	1	1	
PA - CNM - Pharmacy	115	11		69	32	1	2
PA - CNM - PT/OT/ST	3			2	1		
PA - CNM - Radiology	49	2		18	16	9	4
PA – LOC – LTSS/HCBS	2				2		
TOTAL							
ABH - Red	464		39	117	152	23	133
SUN – Green	1,764	14	11	313	734	195	497
UHC - Purple	1,439	1	9	281	690		458

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

MCOs' Appeals Database - Provider Appeal Summary

Provider Appeal Reasons ABH - Red SUN – Green UHC - Purple	Number Resolved	Withdrawn by Provider	MCO Reversed Decision on Appeal – MCO Error	MCO Reversed Decision on Appeal – Provider Mistake	MCO Upheld Decision on Appeal – Correctly Denied / Paid	MCO Upheld Decision on Appeal – Provider Mistake	MCO Determined not Applicable
Resolved at Appeal Level	464 1,764 1,439	14 1	39 11 9	117 313 281	152 734 690	23 195	133 497 458
TOTAL	464 1,764 1,439	14 1	39 11 9	117 313 281	152 734 690	23 195	133 497 458
Percentage Per Category		1% >1%	8% 1% 1%	25% 18% 20%	33% 41% 47%	5% 11%	29% 28% 32%
Range of Days to Reverse Due to MCO Error			9 – 178 6 – 112 39 - 117				

MCOs' Provider Appeal Timeliness Compliance

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

State of Kansas Office of Administrative Fair Hearings - Members

ABH - Red SUN – Green UHC - Purple	Number Resolved	Withdrawn	OAH Affirmed MCO Decision	OAH Reversed MCO Decision	Dismiss Moot MCO Reversed	Dismiss Not Ripe/ No MCO Appeal	Dismissed – Failure to State a Claim	Default – Appellant Failed to Appear
ADMINISTRATIVE DENIALS								
MH – ADMIN – Denials of Authorization (Unauthorized by Members)	5	1			4			
MEDICAL NECESSITY/LEVEL OF CARE – Criteria Not Met								
MH – CNM – Ambulance (include Air and Ground)	1					1		
MH – CNM – Durable Medical Equipment	1 2 1		1		1 1 1			
MH – CNM – Home Health	1 1	1					1	
MH – Inpatient Admissions (Non-Behavioral Health)	1				1			
MH – CNM – Inpatient Behavioral Health	2				1	1		
MH – CNM – Other	2				1	1		
MH – CNM – Pharmacy	3 1	1			1	1		1
MH – CNM – PT/OT/ST	1			1				
MH – CNM – Radiology	1				1			
MH – LOC – LTSS/HCBS	1				1			
MH – LOC – WORK	1		1					
NONCOVERED SERVICES								
MH – NCS – Dental	1				1			
MH – NCS – Pharmacy	1				1			
TOTAL								
ABH - Red	8	1	1		4	1		1
SUN – Green	6	1	1		3	1		
UHC - Purple	13	1		1	8	2	1	

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

State of Kansas Office of Administrative Fair Hearings - Providers

ABH - Red SUN - Green UHC - Purple	Number Resolved	Withdrawn	OAH Affirmed MCO Decision	Dismiss Moot MCO Reversed	Dismissed – No Adverse Action	Dismiss Not Ripe/ No MCO Appeal	Default – Appellant Failed to Appear
ADMINISTRATIVE DENIALS							
PH – ADMIN – Denials of Authorization (Unauthorized by Members)	1			1			
BILING AND FINANCIAL ISSUES							
PH – BFI - Recoupment	1	1					
CLAIM PAYMENT DISPUTES							
PH – CPD – Ambulance (include Air and Ground)	3 1					1 1	2
PH – CPD – Durable Medical Equipment	3	2				1	
PH – CPD – HCBS	1	1					
PH – CPD – Hospital Inpatient (Non-Behavioral Health)	6 6	5 3		1	1	1	1
PH – CPD – Hospital Outpatient (Non-Behavioral Health)	1	1					
PH – CPD – Home Health	1			1			
PH – CPD – Laboratory	1 1					1 1	
PH – CPD – Medical (Physical Health not Otherwise Specified)	1			1			
PH – CPD – Other	5 7	3 4	1			2 2	
PH – CPD – Pharmacy	1			1			
PH – CPD – Radiology	1			1			
MEDICAL NECESSITY/LEVEL OF CARE – Criteria Not Met							
PH – CNM – Inpatient Admissions (Non-Behavioral Health)	2	1		1			
PH – CNM – Medical Procedure (NOS)	1	1					
PH – CNM – Radiology	1			1			
TOTAL							
ABH – Red	13	8		1		2	2
SHP – Green	15	6		4		5	
UHC – Purple	17	8	1	3	1	3	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. The HCBS Quality Review Report for July-September 2022 is [attached](#) to this report.
- f. Changes in provider qualifications/standards: None.
- g. Access: Members who were not in their open enrollment period were unable to change plans without a good cause reason (GCR) pursuant to 42 CFR 438.56 or the KanCare STCs. Most GCR requests were about provider choice, which is not an acceptable reason to switch plans outside of open enrollment. When a GCR is denied by KDHE, the member is provided their appeal/fair hearing rights. Two hearings were requested for denied GCRs this quarter; one denied GCR was upheld and the other request was dismissed. A summary of GCR actions this quarter is as follows:

Status	Jan	Feb	Mar
Total GCRs filed	10	17	27
Approved	1	5	5
Denied	6	5	14
Withdrawn (resolved, no need to change)	0	2	0
Dismissed (due to inability to contact the member)	3	5	5
Pending	0	0	3

Providers are constantly added to the MCOs’ networks with much of the effort focused on HCBS service providers. The counts below represent the unique number of National Provider Identifier (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 Kansas border.
- Providers for services provided in the home are counted once for each county in which they are contracted to provide services.

KanCare MCO	# of Unique Providers as of 6/30/2022	# of Unique Providers as of 9/30/2022	# of Unique Providers as of 12/31/2022	# of Unique Providers as of 3/31/2023
Aetna	53,215	54,137	54,657	55,697
Sunflower	37,286	41,283	43,702	46,914
UHC	45,053	45,651	46,187	42,928

- h. Payment rates: There were no payment rate changes for the quarter ending 03/31/2023.
- i. Health plan financial performance that is relevant to the demonstration: All KanCare MCOs remain solvent.
- j. MLTSS implementation and operation: Kansas placed 82 people on HCBS I/DD waiver services and 235 people on HCBS PD waiver services.

- k. DSRIP was replaced with a Bridge Gap Year from January 1, 2021 through December 31, 2021. The State is using §438.6(c)(1)(iii)(B) to provide a uniform percentage increase to contracted rates between the large public teaching hospitals and border city children’s hospitals and the MCOs for inpatient and outpatient hospital services provided in CY2021. As a condition of receiving the uniform increase on inpatient and outpatient utilization, the covered hospitals will be required to report the following metrics to KDHE on a quarterly basis, as these measures will inform the State's development of an APM directed payment: (1) Number of flu vaccinations administered by age; (2) Hospital-specific counts for emergency room visits; (3) Lung Cancer Screenings with low dosage CT (Large Public Teaching Hospital); (4) Number of hospitals or clinics contacted regarding diabetes protocols and number of diabetes protocols received and reviewed; the protocols will not be distributed; and (5) Hospital-specific reporting to support the evaluation of the directed payment. The preprint for the Bridge Gap Year was approved on March 31, 2021. The first Bridge Gap Year payment was made November 19, 2021.
- l. Information on any issues regarding the concurrent 1915(c) waivers and on any upcoming 1915(c) waiver changes (amendments, expirations, renewals):
- The State will submit amendments for five HCBS waivers; BI, FE, I/DD, PD, and TA including updates to the performance measures, unbundling Assistive Services, provisional plans of care, and flexibilities allowed during the PHE through Appendix K, by the end of April 2023.
 - The State will submit the renewal for the TA HCBS waiver prior to May 1, 2023.
 - The State continued to work with CMS to renew the SED and Autism waiver renewals through the Request for Additional Information (RAI) process.
- m. Legislative activity: The Kansas Legislature convened their 2023 session on January 9th. After the November 2022 elections, nearly one-third of the Kansas House of Representatives were new, so presentations focused on general agency overviews. KDADS made several presentations to legislative committees including Senate Public Health and Welfare, House Health and Human Services, and House Social Services Budget. Topics included updates on behavioral health, Targeted Case Management and other case management services, and an overview of the HCBS Waivers.

The Robert G. (Bob) Bethell Joint Committee on HCBS and KanCare Oversight met on February 3, 2023. The Committee heard presentations from individuals, providers, KDHE, KDADS and other organizations related to KanCare.

KDADS provided standard updates on monthly caseloads, HCBS waiver amendments and renewals, long term care, and behavioral health. In addition, KDADS highlighted the Governor’s Budget Recommendations that included an increase to the Targeted Case Management rate, as well as rate increases to services within several of the HCBS Waivers. Cost estimates were provided for a potential Community Support Waiver that was recommended by the 2022 Special Committee on I/DD Waiver Modernization.

KDHE leadership presented their respective updates during the Bob Bethell Joint Committee meeting held on February 3, 2023. Janet Stanek, Secretary, Kansas Department of Health and Environment gave an update on KDHE, KDADS, and DCF collaboration; MCO collaboration – strategic initiative: Centralized Credentialing, Technology Summit - Roadmap review/development, Alignment of Quality Measures - impact to members: State Health Rankings, Pay for Performance, HEDIS, and FQHC; and Value Added Benefit Education/Promotion. Medicaid Director Sarah Fertig followed with the KanCare Update. This included updates on the 1115 Waiver, new MCO Contracts, Request for Proposal, Postpartum Extension, Health Care Access Improvement Program (HCAIP), Support and Training to Employ People Successfully (STEPS) Program, the Public Health Emergency (PHE), and MCO Financial Review. LaTonya Palmer, Director of Eligibility, provided a Medicaid eligibility application status update, presented the current application processing times and a KDHE staffing update. Christine Osterlund, Deputy Chief Operating Officer gave an update on the Omnibus Bill and Continuous Eligibility.

- n. Other Operational Issues: KDHE Clearinghouse continues to recruit to fill vacant positions. KDHE is piloting a small program to employ qualified staff from any location within the state to work 100% remotely. KDHE will monitor this pilot program for success in reducing vacancies. The Clearinghouse is operating at about 91% of capacity, an improvement of approximately 14%, compared to April 2022

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 updated the Budget Neutrality template provided by CMS and submitted this through the PMDA system. The expenditures contained in the document reconcile to Schedule C from the CMS 64 report for quarter ending March 31, 2023.

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

VII. Member Month Reporting

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

DY MEG	Member Months					
	Jan-23	Feb-23	Mar-23	ADJ FOR SUD IMD	ADJ FOR Caretaker Medial	TOTAL QE 3 31 2023
DY1 CY2013	0	0	0	0	0	0
MEG 1 - ABD/SD DUAL	0	0	0	0	0	0
MEG 2 - ABD/SD NON DUAL	0	0	0	0	0	0
MEG 3 - ADULTS	0	0	0	0	0	0
MEG 4 - CHILDREN	0	0	0	0	0	0
MEG 5 - DD WAIVER	0	0	0	0	0	0
MEG 6 - LTC	0	0	0	0	0	0
MEG 7 - MN DUAL	0	0	0	0	0	0
MEG 8 - MN NON DUAL	0	0	0	0	0	0
MEG 9 - WAIVER	0	0	0	0	0	0
DY2 CY2014	0	0	0	0	0	0
MEG 1 - ABD/SD DUAL	0	0	0	0	0	0
MEG 2 - ABD/SD NON DUAL	0	0	0	0	0	0
MEG 3 - ADULTS	0	0	0	0	0	0
MEG 4 - CHILDREN	0	0	0	0	0	0
MEG 5 - DD WAIVER	0	0	0	0	0	0
MEG 6 - LTC	0	0	0	0	0	0
MEG 7 - MN DUAL	0	0	0	0	0	0
MEG 8 - MN NON DUAL	0	0	0	0	0	0
MEG 9 - WAIVER	0	0	0	0	0	0
DY3 CY2015	0	0	(1)	0	0	(1)
MEG 1 - ABD/SD DUAL	0	0	(1)	0	0	(1)
MEG 2 - ABD/SD NON DUAL	0	0	0	0	0	0
MEG 3 - ADULTS	0	0	0	0	0	0
MEG 4 - CHILDREN	0	0	0	0	0	0
MEG 5 - DD WAIVER	0	0	0	0	0	0
MEG 6 - LTC	0	0	0	0	0	0
MEG 7 - MN DUAL	0	0	0	0	0	0
MEG 8 - MN NON DUAL	0	0	0	0	0	0
MEG 9 - WAIVER	0	0	0	0	0	0

DY MEG	Member Months					
	Jan-23	Feb-23	Mar-23	ADJ FOR SUD IMD	ADJ FOR Caretaker Medial	TOTAL QE 3 31 2023
DY4 CY2016	0	0	0	0	0	0
MEG 1 - ABD/SD DUAL	0	0	0	0	0	0
MEG 2 - ABD/SD NON DUAL	0	0	0	0	0	0
MEG 3 - ADULTS	0	0	0	0	0	0
MEG 4 - CHILDREN	0	0	0	0	0	0
MEG 5 - DD WAIVER	0	0	0	0	0	0
MEG 6 - LTC	0	0	0	0	0	0
MEG 7 - MN DUAL	0	0	0	0	0	0
MEG 8 - MN NON DUAL	0	0	0	0	0	0
MEG 9 - WAIVER	0	0	0	0	0	0
DY5 CY2017	0	0	0	0	0	0
MEG 1 - ABD/SD DUAL	0	0	0	0	0	0
MEG 2 - ABD/SD NON DUAL	0	0	0	0	0	0
MEG 3 - ADULTS	0	0	0	0	0	0
MEG 4 - CHILDREN	0	0	0	0	0	0
MEG 5 - DD WAIVER	0	0	0	0	0	0
MEG 6 - LTC	0	0	0	0	0	0
MEG 7 - MN DUAL	0	0	0	0	0	0
MEG 8 - MN NON DUAL	0	0	0	0	0	0
MEG 9 - WAIVER	0	0	0	0	0	0
DY6 CY2018	0	0	0	0	0	0
MEG 1 - ABD/SD DUAL	0	0	0	0	0	0
MEG 2 - ABD/SD NON DUAL	0	0	0	0	0	0
MEG 3 - ADULTS	0	0	0	0	0	0
MEG 4 - CHILDREN	0	0	0	0	0	0
MEG 5 - DD WAIVER	0	0	0	0	0	0
MEG 6 - LTC	0	0	0	0	0	0
MEG 7 - MN DUAL	0	0	0	0	0	0
MEG 8 - MN NON DUAL	0	0	0	0	0	0
MEG 9 - WAIVER	0	0	0	0	0	0

DY MEG	Member Months					
	Jan-23	Feb-23	Mar-23	ADJ FOR SUD IMD	ADJ FOR Caretaker Medial	TOTAL QE 3 31 2023
DY7 CY2019	0	0	(1)	0	0	(1)
MEG 1 - ABD/SD DUAL	0	0	0	0	0	0
MEG 2 - ABD/SD NON DUAL	0	0	0	0	0	0
MEG 3 - ADULTS	0	0	0	0	0	0
MEG 4 - CHILDREN	0	0	0	0	0	0
MEG 5 - DD WAIVER	0	0	0	0	0	0
MEG 6 - LTC	0	0	(1)	0	0	(1)
MEG 7 - MN DUAL	0	0	0	0	0	0
MEG 8 - MN NON DUAL	0	0	0	0	0	0
MEG 9 - WAIVER	0	0	0	0	0	0
DY8 CY2020	(15)	0	0	0	0	(15)
MEG 1 - ABD/SD DUAL	0	0	0	0	0	0
MEG 2 - ABD/SD NON DUAL	0	0	0	0	0	0
MEG 3 - ADULTS	(7)	0	0	0	0	(7)
MEG 4 - CHILDREN	(8)	0	0	0	0	(8)
MEG 5 - DD WAIVER	0	0	0	0	0	0
MEG 6 - LTC	0	0	0	0	0	0
MEG 7 - MN DUAL	0	0	0	0	0	0
MEG 8 - MN NON DUAL	0	0	0	0	0	0
MEG 9 - WAIVER	0	0	0	0	0	0
DY9 CY2021	697	119	(409)	0	0	407
MEG 1 - ABD/SD DUAL	247	(4)	(6)	0	0	237
MEG 2 - ABD/SD NON DUAL	101	(7)	(119)	0	0	(25)
MEG 3 - ADULTS	8	(1)	3	0	0	10
MEG 4 - CHILDREN	192	25	(58)	0	0	159
MEG 5 - DD WAIVER	11	20	(9)	0	0	22
MEG 6 - LTC	(4)	2	1	0	0	(1)
MEG 7 - MN DUAL	129	108	(203)	0	0	34
MEG 8 - MN NON DUAL	(10)	(52)	(17)	0	0	(79)
MEG 9 - WAIVER	23	28	(1)	0	0	50

DY MEG	Member Months					
	Jan-23	Feb-23	Mar-23	ADJ FOR SUD IMD	ADJ FOR Caretaker Medial	TOTAL QE 3 31 2023
DY10 CY2022	436,809	5,000	2,525	(10)	(56,659)	387,665
MEG 1 - ABD/SD DUAL	16,113	668	386	(1)	0	17,166
MEG 2 - ABD/SD NON DUAL	31,551	171	230	(3)	0	31,949
MEG 3 - ADULTS	75,162	1,013	607	(4)	(56,659)	20,119
MEG 4 - CHILDREN	271,657	2,610	1,270	(2)	0	275,535
MEG 5 - DD WAIVER	8,975	27	(26)	0	0	8,976
MEG 6 - LTC	21,876	270	98	0	0	22,244
MEG 7 - MN DUAL	5,502	338	95	0	0	5,935
MEG 8 - MN NON DUAL	1,513	(89)	(131)	0	0	1,293
MEG 9 - WAIVER	4,460	(8)	(4)	0	0	4,448
DY11 CY2023	0	430,986	437,449	(92)	(111,289)	757,054
MEG 1 - ABD/SD DUAL	0	14,775	14,952	(5)	0	29,722
MEG 2 - ABD/SD NON DUAL	0	30,576	30,727	(15)	0	61,288
MEG 3 - ADULTS	0	74,239	75,852	(45)	(111,289)	38,757
MEG 4 - CHILDREN	0	269,701	274,237	(24)	0	543,914
MEG 5 - DD WAIVER	0	8,972	8,915	(1)	0	17,886
MEG 6 - LTC	0	21,412	21,389	(1)	0	42,800
MEG 7 - MN DUAL	0	5,322	5,429	(1)	0	10,750
MEG 8 - MN NON DUAL	0	1,470	1,483	0	0	2,953
MEG 9 - WAIVER	0	4,519	4,465	0	0	8,984
Grand Total	437,491	436,105	439,563	(102)	(167,948)	1,145,109

Note: Does not include CHIP or MCHIP.

VII. Consumer Issues

A summary of the consumer issues is below:

Issue	Resolution	Action Taken to Prevent Further Occurrences
Members are having issues with locating and/or maintaining in home Personal Care Services (PCS) workers.	Upon review, there is a staffing shortage of in-home care providers. While some of this concern is related to the PHE, the State performed a review and found that pay rates for PCS workers needs to be reviewed for consistency across waivers.	The State is ensuring that children services are being offered via EPSDT to allow additional non-HCBS providers.
Members were having issues with where/how to request Durable Medical Equipment (DME).	The State is working with all three MCOs to ensure clear information is provided to prevent delays for DME requests.	Multiple state agencies and the MCOs have been working together to provide clear direction to members.

The following chart contains the quarterly results from HCBS consumer assessments. The questions and answers provide insight into consumer satisfaction with the health plan, satisfaction with the services received, and with general satisfaction with life. These results show an overwhelmingly positive view of the MCOs' services and the HCBS providers in KanCare. Some MCOs relied upon the annual Consumer Assessment of Health Care Providers and Systems (CAHPS) surveys to provide this information to the health plan (KDHE), and consequently they are still building their process to provide quarterly updates. Below is the information received for the HCBS satisfaction for the first quarter of 2023:

Assessment	Jan	Feb	March	Total	% Total
How satisfied are you with the Health Plan?					
Satisfied	576	518	466	1,560	59.75%
Very Satisfied	381	335	322	1038	39.75%
Dissatisfied	5	3	2	10	0.38%
Very Dissatisfied	1	2	0	3	0.11%
Total	963	858	790	2,611	
How satisfied are you with your Adult Day Center Provider?					
Satisfied	200	181	155	536	60.16%
Very Satisfied	125	106	111	342	38.38%
Dissatisfied	6	1	2	9	1.01%
Very Dissatisfied	2	2	0	4	0.45%
Total	333	290	268	891	
How satisfied are you with your Assisted Living Facility Provider?					
Satisfied	35	34	34	103	48.13%
Very Satisfied	40	28	33	101	47.20%
Dissatisfied	2	2	3	7	3.27%
Very Dissatisfied	0	3	0	3	1.40%
Total	77	67	70	214	
How satisfied are you with your Care Coordinator?					
Satisfied	459	401	343	1,203	54.71%
Very Satisfied	370	310	311	991	45.07%
Dissatisfied	1	2	0	3	0.14%
Very Dissatisfied	1	1	0	2	0.09%
Total	831	714	645	2,199	
How satisfied are you with your Fiscal Management Agency?					
Satisfied	153	152	99	404	55.27%
Very Satisfied	118	110	94	322	44.05%
Dissatisfied	1	2	1	4	0.55%
Very Dissatisfied	1	0	0	1	0.14%
Total	273	264	194	731	
How satisfied are you with your Institutional Provider?					
Satisfied	60	54	48	162	72.00%
Very Satisfied	19	21	18	58	25.78%
Dissatisfied	1	2	1	4	1.78%
Very Dissatisfied	0	1	0	1	0.44%
Total	80	78	67	225	

Assessment	Jan	Feb	March	Total	% Total
How satisfied are you with your Personal Care Attendant/Worker Provider?					
Satisfied	62	49	47	158	20.10%
Very Satisfied	205	205	185	595	75.70%
Dissatisfied	10	10	7	27	3.44%
Very Dissatisfied	3	3	0	6	0.76%
Total	280	267	239	786	
How satisfied are you with your Transportation Provider?					
Satisfied	23	12	20	55	50.46%
Very Satisfied	13	15	9	37	33.94%
Dissatisfied	5	5	2	12	11.01%
Very Dissatisfied	2	0	3	5	4.59%
Total	43	32	34	109	
How satisfied are you with the availability of home providers?					
Satisfied	101	56	70	227	54.57%
Very Satisfied	41	50	37	128	30.77%
Dissatisfied	18	16	8	42	10.10%
Very Dissatisfied	5	12	2	19	4.57%
Total	165	134	117	416	
How satisfied are you with wait times for services in the home?					
Satisfied	56	36	44	136	51.52%
Very Satisfied	34	40	34	108	40.91%
Dissatisfied	6	3	3	12	4.55%
Very Dissatisfied	3	4	1	8	3.03%
Total	99	83	82	264	
Do you have a paid or volunteer job in the community?					
Yes	161	140	128	429	12.25%
No	1,124	983	966	3,073	87.75%
Total	1,275	1,123	1,094	3,502	
Do you feel safe in your home/where you live?					
Yes	1,286	1,113	1,086	3,485	99.26%
No	9	10	7	26	0.74%
Total	1,285	1,123	1,094	3,502	
Are you able to make decisions about your daily routine?					
Yes	1,259	1,094	1,056	3,409	96.65%
No	43	34	41	118	3.35%
Total	1,302	1,128	1,098	3,521	
Are you able to do things you enjoy outside of your home and with whom you want to?					
Yes	1,216	1,045	1,021	3,282	93.21%
No	82	80	77	239	6.79%
Total	1,298	1,125	1,098	3,521	

Assessment	Jan	Feb	March	Total	% Total
Can you see or talk to your friends and family (who do not live with you) When you want to?					
Yes	1,266	1,096	1,053	3,415	97.66%
No	29	25	28	82	2.34%
Total	1,295	1,121	1,081	3,497	
In general, do you like where you are living right now?					
Yes	1,266	1,098	1,072	3,436	98.12%
No	25	24	17	66	1.88%
Total	1,291	1,122	1,089	3,502	

IX. Quality Assurance/Monitoring Activity

The State Quality Management Strategy (QMS) was 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, which 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 was 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 catalyst from which the State will continue to build and implement continuous QI principles 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. A Quality Strategy Toolkit was released in June 2021 and the State has updated the QMS to closely follow these recommendations. The intent of this updated QMS 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. The regular review and revision features processes for stakeholder input, tribal input, public notification, and publication to the Kansas Register.

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

The State participated in the following activities:

- Continued to develop quality improvement and performance enhancement measures with the MCOs to better serve KanCare members. Standardized templates are being utilized to measure data more efficiently along with reports that compare MCO data with contract requirements.
- Routine utilization of the KanCare Report Administration (KRA) website that reports key performance components for the KanCare program through interagency and MCO collaboration. The use of the KRA automates report management and State partner communication. Documentation related to these processes has been established by an updated tip sheet and standard operating procedure. KMMS Stage Two went live in 2022 to further automate reporting and reduce redundancy. Selected reports from the KRA are moved to the KMMS data warehouse as feasible.

Monitored the External Quality Review Organization (EQRO) work plan. KFMC, the State's EQRO, and the State used established tools to track EQRO, State, and MCO deliverables due dates. The tool is updated daily by the Kansas Foundation for Medical Care (KFMC) and distributed to the State and MCOs quarterly. The State uses this mechanism to prepare for upcoming due dates.

- Participated in meetings with the EQRO, MCOs, KDADS, and KDHE to discuss EQRO activities and concerns.
- The 2022 Annual Contract Review, in collaboration with KDADS and additional audits, is finalizing the Remediation Plan phase. Delivery of the State's Final Remediation Status to the MCOs is projected in April or May. The Annual Contract Review was also coordinated with the State EQRO's audit activities. The EQRO concluded their 2022 Compliance Review with the submission of their Final Reports, to the State and all three MCOs.
- Continued state staff participation in cross-agency long-term care meetings to report quality assurance and programmatic activities to KDHE for oversight and collaboration.
- Discussed program issues and work collaboratively towards solutions at new monthly HCBS waiver meetings with KDADS, KDHE and MCO waiver staff.
- 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 issue logs.
- Discussed issues and improvements with KanCare each month with leadership from KDADS, KDHE, and the three MCOs.
- Monitored large, global system issues through a weekly log issued to all MCOs and the State's fiscal agent. The resulting log is posted on the KanCare website for providers and other interested parties. Continued monthly meetings to discuss trends and progress.
- Monitored member or provider specific issues through a tracking database that is shared with MCOs and KDADS for weekly review. There are plans for automation enhancements in 2023 for ease of use and to prepare for the end of support of Microsoft Access.
- Attended various provider training and workshops presented by the MCOs. Monitored for accuracy and answered questions as needed.

- Each MCO was required to participate in at least three clinical and two non-clinical Performance Improvement Projects (PIPs). One of the non-clinical PIPs was required to be in long term care and there must be a PIP related to Early and Periodic Screening, Diagnostic, and Treatment. All PIPs have approved methodologies and have moved to the technical specification and data reporting phase. PIP activities focused on developing strong technical specifications that will be reported to the State and the EQRO via our data reporting system on a quarterly or monthly basis. This process went smoothly with KFMC and the State developing and providing a template as well as examples to act as a guide. Once technical specifications are approved, the MCOs begin reporting data on the PIP's interventions. The State reviews the data to assess the success or need for adjustments in the interventions. PIP meetings occur twice per quarter (or as needed) where the State, EQRO, and MCO can have in-depth discussions related to PIP concerns and enhancements. A member-friendly table of all the MCOs' PIPs, with a simplified description of their interventions, is available on the KanCare website². The file is in PDF for ease of access under 'Performance Improvement Projects'. KDHE has an internal system of tracking Performance Improvement Projects.
- KDHE and KDADS held the biannual Quality Steering Committee meeting February 2023 to review progress on the objectives and goals in the QMS.
- The number of members enrolled in OneCare Kansas continues to increase rapidly. The number of billed claims for specialists providing care via telehealth to frontier, densely settled rural, and rural counties has decreased due to beneficiaries returning to more in-person provider visits. Other telehealth related objectives also experienced substantial decrease in the number of claims filed.
- 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 Long Term Services and Supports (LTSS) Commission 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. The measures were monitored and reviewed in collaboration with program staff in the LTSS Commission and reported through the Financial and Information Services Commission at KDADS. This oversight was enhanced through collaboration with the Department of Children and Families and the Department of Health and Environment. A quality assurance protocol and interpretative guidelines were 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.

² <https://www.kancare.ks.gov/quality-measurement>

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/Assess or Samples posted	MCO/Assess or 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:

The three MCOs submitted quarterly reports detailing provider locations via the State’s KanCare Report Administration website. These reports included the MCO’s geographic mapping. KDHE uses this data to review where the MCOs are lacking provider coverage and encourages them to pursue providers in those areas. If there are no providers within those areas, KDHE notes it and follows up. As the KMMS project continues, KDHE will be able to improve internal research on the MCO provided data via the Network Adequacy reporting and Geographic Access reporting.

KDHE has continued to give MCOs feedback on the accuracy and completeness of their quarterly reports. As MCOs improve their reporting, feedback has expanded from reporting basic errors (such as duplicates) to include more detailed data issues at the provider level. The State used a portion of the annual contract review onsite sessions to present individualized feedback and ask questions of each MCO. Based on these conversations, the State completed another round of meetings with all three MCOs to collaborate and resolve issues concerning provider network reporting processes. The State team has been working on improvements to the Provider Network report, Provider Directory, Access and Availability Report, the Non-Emergency Medical Transportation (NEMT) report, the feedback report, mapping formats, Non-Participating Provider Reliance Report, and a HCBS Service Delivery Report. The team continues to match the MCOs’ reports against additional data sources to give a clearer picture of the reports’ accuracy and completeness. For example, the national NPI database is referenced for matching of NPI types/specialties and taxonomies.

In addition, the State collected data files for MCO provider directories to provide feedback to the MCOs if there were differences found between the quarterly directory file and network report. This process has increased report accuracy for office hours, provider services and locations, and Americans with Disabilities Act (ADA) capabilities. The State utilized a scoring tool to analyze the MCO’s online provider directory data by comparing them with contract requirements. The tool evaluated compliance of the provider directory with the contractual requirements and provided feedback on which metrics need the most improvement. The State has also begun research into the PRN file that is part of the KMMS system and how we can leverage this raw data in review of MCO reporting.

The State continues to employ GeoAccess maps submitted by the MCOs to verify providers' service coverage areas in the state to find errors, omissions, and to verify gaps in coverage. By using these maps, the State has focused on providers who have been identified by the State's exceptions request process as high priority for expansion of services. The State has been pursuing an ongoing dialogue with MCOs to recruit needed obstetricians, allergists, and gastroenterologists in underserved counties.

KDHE compared GeoAccess maps, provider directories, and provider network reports of the three MCOs to find any differences among the Medicaid coverage areas. Any differences were provided to the pertinent MCOs. If a provider contracted by an MCO was not found in an underserved county of the other two MCOs, those MCOs were notified to recruit that provider.

Examples of maps mentioned in this report are below. All the maps are available on the KanCare Network Adequacy Reporting website³

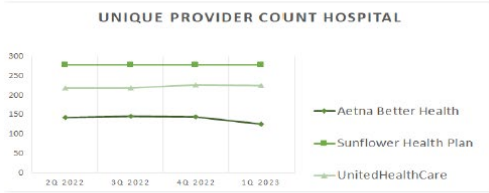
³ <https://www.kancare.ks.gov/policies-and-reports/network-adequacy>



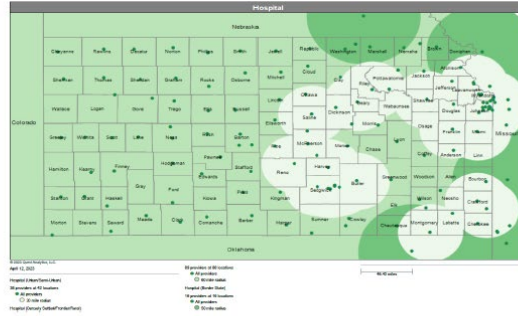
Hospitals

Quarterly Unique Provider Count

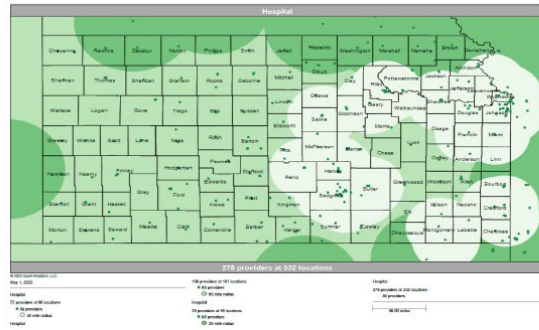
	2Q 2022	3Q 2022	4Q 2022	1Q 2023
Aetna Better Health	143	145	144	126
Sunflower Health Plan	278	278	278	278
UnitedHealthCare	218	219	227	225



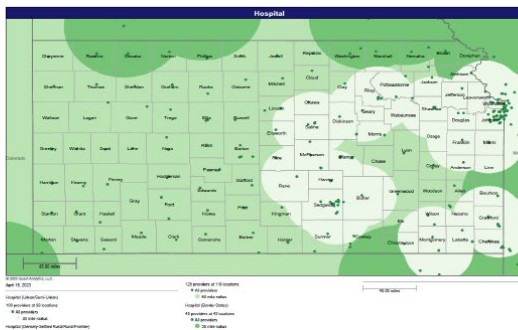
Aetna Better Health



Sunflower Health Plan



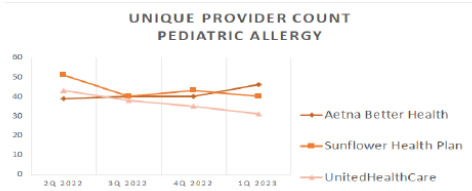
UnitedHealthCare



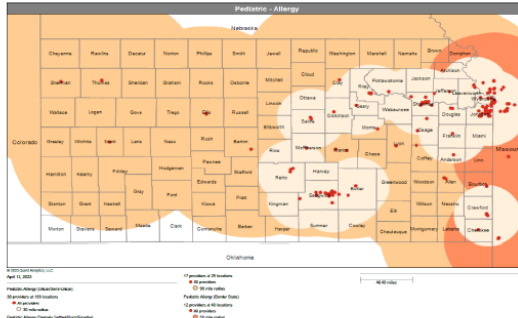
Allergy

Quarterly Unique Provider Count

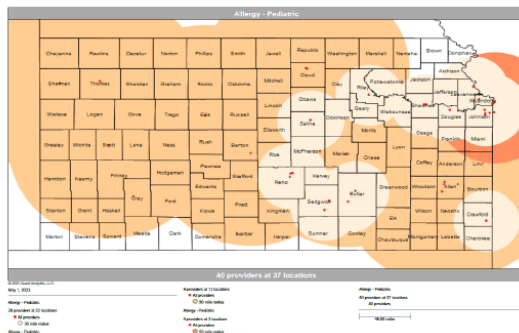
	2Q 2022	3Q 2022	4Q 2022	1Q 2023
Aetna Better Health	39	40	40	46
Sunflower Health Plan	51	40	43	40
UnitedHealthCare	43	38	35	31



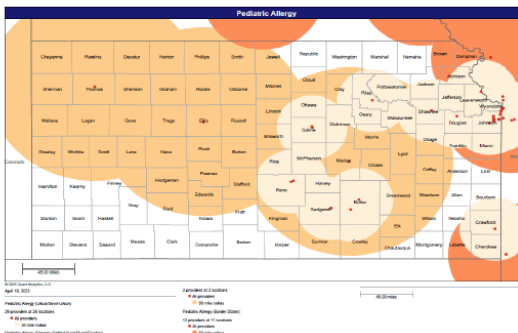
Aetna Better Health



Sunflower Health Plan



UnitedHealthCare



The KDHE and KDADS GeoAccess standards are posted on the KanCare website⁴. The State standards are found in two main documents:

- 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.

The State also posts to the KanCare website the maps that the MCOs submitted. The State includes a trending graph to show change between quarters.

- b. Customer service reporting, including total calls, average speed of answer, and call abandonment rates, for MCO-based and fiscal agent call centers, January – March 2023:

KanCare Customer Service Report – Member

MCO/Fiscal Agent	Average Speed of Answer (Seconds)	Call Abandonment Rate	Total Calls
Aetna	15.94	2.44%	53,911
Sunflower	19.41	2.05%	35,597
United	15.22	0.59%	40,539
Gainwell– Fiscal Agent	1	0.07%	3,875

KanCare Customer Service Report - Provider

MCO/Fiscal Agent	Average Speed of Answer (Seconds)	Call Abandonment Rate	Total Calls
Aetna	6.74	0.35%	19,964
Sunflower	10.75	1.02%	30,720
United	1.94	0.31%	19,026
Gainwell– Fiscal Agent	1	0.09%	7,088

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

MCOs’ Grievance Trends Members

Aetna Grievance Trends		
Total # of Resolved Grievances	100	
Top 5 Trends		
Trend 1: Billing and Financial issues (non-transportation)	24	24%
Trend 2: Transportation – No Show	13	13%
Trend 3: Quality of Care (non HCBS Provider)	12	12%
Trend 4: Transportation Issues – Billing and Reimbursement	9	9%
Trend 5: Transportation – Other	8	8%

⁴ <https://www.kancare.ks.gov/policies-and-reports/network-adequacy>

Sunflower Grievance Trends		
Total # of Resolved Grievances	151	
Top 5 Trends		
Trend 1: Transportation – Other	29	19%
Trend 2: Transportation – No Show	26	17%
Trend 3: Transportation – No Driver Available	19	13%
Trend 4: Access to Service or Care	18	12%
Trend 5: Transportation Issues – Billing and Reimbursement	18	12%

United Grievance Trends		
Total # of Resolved Grievances	162	
Top 5 Trends		
Trend 1: Transportation – No Show	41	25%
Trend 2: Transportation – Other	24	15%
Trend 3: Transportation Issues – Billing and Reimbursement	23	14%
Trend 4: Billing and Financial Issues (non-transportation)	19	12%
Trend 5: Quality of Care (non HCBS Provider)	18	11%

MCOs' Grievance Trends Provider

Aetna Grievance Trends		
Total # of Resolved Grievances	1	
Top 5 Trends		
Trend 1: Billing/Payment	1	100%

Sunflower Grievance Trends		
Total # of Resolved Grievances	10	
Top 5 Trends		
Trend 1: Transportation	6	60%

United Grievance Trends		
Total # of Resolved Grievances	2	
Top 5 Trends		
Trend 1: Other – Dissatisfaction with MCO Associate	2	100%

MCOs' Reconsideration Trends Provider

Aetna Provider Reconsiderations

- There were 1,068 provider reconsiderations categorized as PR – CPD – Medical (Physical Health not Otherwise Specified) which is an increase of 263 from 805 reported CY2022 fourth quarter.
- There were 356 provider reconsiderations categorized as PR – CPD – Hospital Outpatient (Non-Behavioral Health) which is a decrease of 435 from 791 reported CY2022 fourth quarter.
- There were 295 provider reconsiderations categorized as PR – CPD – Hospital Inpatient (Non-Behavioral Health) which is an increase of 134 from 161 reported CY2022 fourth quarter.
- There were 245 provider reconsiderations categorized as PR – CPD – Durable Medical Equipment which is an increase of 64 from 181 reported CY2022 fourth quarter.
- There were 116 provider reconsiderations categorized as PR – CPD – Ambulance (Include Air and Ground) which is a decrease of 225 from 341 reported CY2022 fourth quarter.

Aetna Provider Reconsideration Trends		
Total # of Resolved Reconsiderations	2,505	
Top 5 Trends		
Trend 1: PR – CPD – Medical (Physical Health not Otherwise Specified)	1,068	43%
Trend 2: PR – CPD – Hospital Outpatient (Non-Behavioral Health)	356	14%
Trend 3: PR – CPD – Hospital Inpatient (Non-Behavioral Health)	295	12%
Trend 4: PR – CPD – Durable Medical Equipment	245	10%
Trend 5: PR – CPD – Ambulance (Include Air and Ground)	116	5%

Sunflower Provider Reconsiderations

- There were 2,056 provider reconsiderations categorized as PR – CPD – Medical (Physical Health not Otherwise Specified) which is a decrease of 99 from 2,155 reported CY2022 fourth quarter.
- There were 795 provider reconsiderations categorized as PR – CPD – Hospital Outpatient (Non-Behavioral Health) which is an increase of 230 from 565 reported CY2022 fourth quarter.
- There were 712 provider reconsiderations categorized as PR – CPD – Durable Medical Equipment which is a decrease of 256 from 968 reported CY2022 fourth quarter.
- There were 470 provider reconsiderations categorized as PR – CPD – Laboratory which is an increase of 248 from 222 reported CY2022 fourth quarter.
- There were 451 provider reconsiderations categorized as PR – CPD – Behavioral Health Outpatient and Physician which is an increase of 171 from 280 reported CY2022 fourth quarter.

Sunflower Provider Reconsideration Trends		
Total # of Resolved Reconsiderations	5,252	
Top 5 Trends		
Trend 1: PR – CPD – Medical (Physical Health not Otherwise Specified)	2,056	39%
Trend 2: PR – CPD – Hospital Outpatient (Non-Behavioral Health)	795	15%
Trend 3: PR – CPD – Durable Medical Equipment	712	14%
Trend 4: PR – CPD – Laboratory	470	9%
Trend 5: PR – CP – Behavioral Health Outpatient and Physician	451	9%

United Provider Reconsiderations

- There were 4,350 provider reconsiderations categorized as PR – CPD – Medical (Physical Health not Otherwise Specified) which is an increase of 289 from 4,061 reported CY2022 fourth quarter.
- There were 1,562 provider reconsiderations categorized as PR – CPD – Behavioral Health Inpatient which is an increase of 1,183 from 379 reported CY2022 fourth quarter.
- There were 1,022 provider reconsiderations categorized as PR – CPD – Durable Medical Equipment which is a decrease of 150 from 1,172 reported CY2022 fourth quarter.
- There were 929 provider reconsiderations categorized as PR – CPD – Out of Network Provider, Specialist or Specific Provider which is an increase of 276 from 653 reported CY2022 fourth quarter.

United Provider Reconsideration Trends		
Total # of Resolved Reconsiderations	10,722	
Top 5 Trends		
Trend 1: PR – CPD – Medical (Physical Health not Otherwise Specified)	4,350	41%
Trend 2: PR – CPD – Behavioral Health Inpatient	1,562	15%
Trend 3: PR – CPD – Durable Medical Equipment	1,022	10%
Trend 4: PR – CPD – Out of Network Provider, Specialist or Specific Provider	929	9%
Trend 5: PR – CPD – Behavioral Health Outpatient and Physician	881	8%

MCOs' Appeals Trends Member/Provider

Aetna Member Appeals:

- There were 140 member appeals categorized as MA – CNM – Pharmacy which is an increase of 18 from 122 reported CY2022 fourth quarter.
- There were 18 member appeals categorized as MA – CNM – Durable Medical Equipment which is a decrease of 13 from 31 reported CY2022 fourth quarter.

Aetna Provider Appeals:

- There were 147 provider appeals categorized as PA – CPD – Hospital Inpatient (Non-Behavioral Health) which is an increase of 89 from 58 reported CY2022 fourth quarter.
- There were 112 provider appeals categorized as PA – CPD – Medical (Physical Health not Otherwise Specified) which is an increase of 35 from 77 reported CY2022 fourth quarter.
- There were 69 provider appeals categorized as PA – CPD – Hospital Outpatient (Non-Behavioral Health) which is an increase of 25 from 44 reported CY2022 fourth quarter.
- There were 53 provider appeals categorized as PA – CPD – Laboratory which is an increase of 21 from 32 reported CY2022 fourth quarter.

Aetna Member/Provider Appeal Trends								
Total # of Resolved Member Appeals		265		Total # of Resolved Provider Appeals		464		
Top 5 Trends			Top 5 Trends					
Trend 1: MA – CNM – Pharmacy	140	53%	Trend 1: PA – CPD – Hospital Inpatient (Non-Behavioral Health)	147	32%			
Trend 2: MA – CNM – Medical Procedure (NOS)	39	15%	Trend 2: PA – CPD – Medical (Physical Health not Otherwise Specified)	112	24%			
Trend 3: MA – CNM – Radiology	27	10%	Trend 3: PA – CPD – Hospital Outpatient (Non-Behavioral Health)	69	15%			
Trend 4: MA – CNM – Durable Medical Equipment	18	7%	Trend 4: PA – CPD – Laboratory	53	11%			
Trend 5: MA – CNM – Behavioral Health Outpatient	16	6%	Trend 5: PA – CPD – Durable Medical Equipment	36	8%			

Sunflower Member Appeals:

- There were 55 member appeals categorized as MA – CNM – Radiology which is an increase of 11 from 44 reported CY2022 fourth quarter.

Sunflower Provider Appeals:

- There were 410 provider appeals categorized as PA – CPD – Medical (Physical Health not Otherwise Specified) which is an increase of 241 from 169 reported CY2022 fourth quarter.
- There were 334 provider appeals categorized as PA – CPD – Hospital Inpatient (Non-Behavioral Health) which is an increase of 99 from 235 reported CY2022 fourth quarter.
- There were 213 provider appeals categorized as PA – CPD – Durable Medical Equipment which is an increase of 148 from 65 reported CY2022 fourth quarter.
- There were 162 provider appeals categorized as PA – CPD – Behavioral Health Outpatient and Physician which is an increase of 57 from 105 reported CY2022 fourth quarter.
- There were 144 provider appeals categorized as PA – CPD – Hospital Outpatient (Non-Behavioral Health) which is an increase of 118 from 26 reported CY2022 fourth quarter.

Sunflower Member/Provider Appeal Trends					
Total # of Resolved Member Appeals	217		Total # of Resolved Provider Appeals	1,764	
Top 5 Trends			Top 5 Trends		
Trend 1: MA – CNM – Pharmacy	59	27%	Trend 1: PA – CPD – Medical (Physical Health not Otherwise Specified)	410	23%
Trend 2: MA – CNM – Radiology	55	25%	Trend 2: PA – CPD – Hospital Inpatient (Non-Behavioral Health)	334	19%
Trend 3: MA – CNM – Inpatient Behavioral Health	30	14%	Trend 3: PA – CPD – Durable Medical Equipment	213	12%
Trend 4: MA – CNM – Durable Medical Equipment	25	12%	Trend 4: PA – CPD – Behavioral Health Outpatient and Physician	162	9%
Trend 5: MA – CNM – Medical Procedure (NOS)	13	6%	Trend 5: PA – CPD – Hospital Outpatient (Non-Behavioral Health)	144	8%

United Member Appeals:

- There were 68 member appeals categorized as MA – CNM – Pharmacy which is a decrease of 35 from 103 reported CY2022 fourth quarter.
- There were 29 member appeals categorized as MA – NCS – Pharmacy which is an increase of 26 from three reported CY2022 fourth quarter.
- There were nine member appeals categorized as MA – CNM – Inpatient Admissions (Non-Behavioral Health) which is a decrease of 10 from 19 reported CY2022 fourth quarter.

United Provider Appeals:

- There were 351 provider appeals categorized as PA – CPD – Medical (Physical Health not Otherwise Specified) which is a decrease of 63 from 414 reported CY2022 fourth quarter.
- There were 253 provider appeals categorized as PA – CPD – Hospital Inpatient (Non-Behavioral Health) which is an increase of 17 from 236 reported CY2022 fourth quarter.
- There were 231 provider appeals categorized as PA – CPD – Hospital Outpatient (Non-Behavioral Health) which is an increase of 42 from 189 reported CY2022 fourth quarter.
- There were 148 provider appeals categorized as PA – CPD – Home Health which is a decrease of 20 from 168 reported CY2022 fourth quarter.
- There were 104 provider appeals categorized as PA – CPD – Pharmacy which is a decrease of 25 from 129 reported CY2022 fourth quarter.

United Member/Provider Appeal Trends					
Total # of Resolved Member Appeals	171		Total # of Resolved Provider Appeals	1,499	
Top 5 Trends			Top 5 Trends		
Trend 1: MA – CNM – Pharmacy	68	40%	Trend 1: PA – CPD – Medical (Physical Health not Otherwise Specified)	351	24%
Trend 2: MA – NCS – Pharmacy	29	17%	Trend 2: PA – CPD – Hospital Inpatient (Non-Behavioral Health)	253	18%
Trend 3: MA – CNM – Durable Medical Equipment	19	11%	Trend 3: PA – CPD – Hospital Outpatient (Non-Behavioral Health)	231	16%
Trend 4: MA – CNM – Inpatient Admissions (Non-Behavioral Health)	9	5%	Trend 4: PA – CPD – Home Health	148	10%
Trend 5: MA – NCS – Other	8	5%	Trend 5: PA – CPD – Pharmacy	104	7%

MCOs' State Fair Hearing Reversed Decisions - Member/Provider

- There were 27 member state fair hearings for all three MCOs. One decision was reversed by OAH.
- There were 45 provider state fair hearings for all three MCOs. No decision was reversed by OAH.

Aetna				
Total # of Member SFH	8	Total # of Provider SFH	13	
OAH reversed MCO decision	0	0%	OAH reversed MCO decision	0 0%

Sunflower				
Total # of Member SFH	6	Total # of Provider SFH	15	
OAH reversed MCO decision	0	0%	OAH reversed MCO decision	0 0%

United				
Total # of Member SFH	13	Total # of Provider SFH	17	
OAH reversed MCO decision	1	8%	OAH reversed MCO decision	0 0%

- Enrollee complaints and grievance reports to determine any trends: This information is included at items IV(d) and X(c) above.
- Summary of ombudsman activities: The [report for the first quarter of calendar year 2023](#) is attached.
- Summary of MCO critical incident report:

The Adverse Incident Reporting (AIR) system is a critical incident management reporting and monitoring system for the detection, prevention, reporting, investigation and remediation of critical incidents with design components to ensure proper follow-up and resolution occurs for all defined adverse incidents. Additional requirements have been implemented to confirm review and resolutions regarding instances of seclusion, restraint, restrictive intervention, and death followed appropriate policies and procedures. The Kansas Department for Aging and Disability Services (KDADS) implemented enhancements to the AIR system on September 17, 2018. 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. Determinations received from the Kansas Department for Children and Families (DCF) are received by KDADS staff who review the AIR system and attach it 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 can 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.

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

AIR is not intended to replace the State reporting system for abuse, neglect and exploitation (ANE) of individuals who are served on the behavioral health and HCBS programs. ANE substantiations are reported separately to KDADS from the Department of Children and Families (DCF) and monitored by the KDADS program integrity team. In the table below, the Adult Protective Services (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. The program integrity team ensures individuals with reported ANE are receiving adequate supports and protections available through KDADS programs, KanCare, and other community resources. A summary of the 2021 AIR reports through the quarter ending December 31, 2022 follows:

Critical Incidents	1 st Quarter	2 nd Quarter	3 rd Quarter	4 th Quarter	YTD
	AIR Totals	AIR Totals	AIR Totals	AIR Totals	TOTALS
Reviewed	3,026				3,026
Pending Resolution	132				132
Total Received	3,158				3,158
APS Substantiations*	82				82

XI. Safety Net Care Pool

The Safety Net Care Pool (SNCP) is divided into two pools: The Health Care Access Improvement Program (HCAIP) Pool and the Large Public Teaching Hospital/Border City Children’s Hospital (LPTH/BCCH) Pool. The DY 11 first quarter payments were issued January 12 and January 19, 2023. The DY 11 first quarter LPTH/BCCH Uncompensated Care (UC) Pool payment was issued March 2, 2023.

[SNCP and HCAIP reports for the first quarter of DY 11](#) 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, now known as KFMC Health Improvement Partners (KFMC). KFMC worked with KDHE to develop a draft evaluation design that was accepted by CMS February 26, 2020.

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

- a. Post-award forums
No post-award forum was held during the January-March 2023 quarter.
- b. Claims Adjudication Statistics
KDHE’s summary of the [KanCare MCOs’ claims adjudication reports covering January through March of 2023 is attached.](#)

c. Waiting List Management

PD Waiting List Management

For the quarter ending March 31, 2023:

- Current number of individuals on the PD Waiting List: 2,213
- Number of individuals added to the waiting list: 406
- Number of individuals removed from the waiting list: 734
 - 235 started receiving HCBS-PD waiver services
 - 105 were deceased
 - 394 were removed for other reasons (refused services, voluntary removal, etc.)

I/DD Waiting List Management

For the quarter ending March 31, 2023:

- Current number of individuals on the I/DD Waiting List: 4,950
- Number of individuals added to the waiting list: 201
- Number of individuals removed from the waiting list: 450
 - 82 started receiving HCBS-I/DD waiver services
 - 2 were deceased
 - 366 were removed for other reasons (refused services, voluntary removal, etc.)

XIV. Enclosures/Attachments

Section of Report Where Attachment Noted	Description of Attachment
IV(e)	HCBS Quality Report for July-September 2022
X(e)	Summary of KanCare Ombudsman Activities for QE 03.31.2023
XI	Safety Net Care Pool Reports DY11 Q1 and HCAIP Reports DY11 Q1
XIII(b)	KDHE Summary of Claims Adjudication Statistics for January-March 2023

XV. State Contacts

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VI. Date Submitted to CMS

May 18, 2023



Home and Community Based Services
Quality Review Report
July-September 2022

HCBS Waiver Quality Review Rolling Timeline

	FISC/IT	LTSS	MCO/Assessors	LTSS	FISC	LTSS
Review Period (look back period)	Samples Pulled and Posted to QRT	Notification to MCO/Assessor Samples Posted	MCO/Assessor Upload Period *(60 days)	Review of MCO/Assessor Documentation *(90 days)	Data Pulled & Reports Compiled** (30 days)	Data, Findings, and Remediation Reviewed at LTC Meeting
01/01 – 03/31	4/1 – 4/15	4/16	4/16 – 6/15	5/16 – 8/15	9/15	November
04/01 – 06/30	7/1 – 7/15	7/16	7/16 – 9/15	8/16 – 11/15	12/15	February
07/01 – 09/30	10/1 – 10/15	10/16	10/16 – 12/15	11/16 – 2/15	3/15	May
10/01 – 12/31	1/1 – 1/15	1/16	1/16 – 3/15	2/16 – 5/15	6/15	August

*Per HCBS Waiver Quality Review policy.

**MCO and Assessor data and non-compliance reports will be compiled. MCOs/Assessors will receive the non-compliance data and will be given 15 calendar days to respond. No additional documentation will be accepted.

October - December 2021 HCBS Quality Sample			
Waiver	Population Count	Quarterly Sample Size	Completed Reviews
PD	6116	91	94
FE	6249	90	92
IDD	9090	92	94
BI	872	66	67
TA	676	62	65
Autism	58	22	21
SED	3504	87	91

January - March 2022 HCBS Quality Sample			
Waiver	Population Count	Quarterly Sample Size	Completed Reviews
PD	6196	90	92
FE	6316	91	94
IDD	9042	93	94
BI	904	68	70
TA	676	62	64
Autism	62	10	9
SED	3374	87	89

April - June 2022 HCBS Quality Sample			
Waiver	Population Count	Quarterly Sample Size	Completed Reviews
PD	6196	90	91
FE	6559	91	94
IDD	9087	91	93
BI	928	68	71
TA	683	62	64
Autism	62	14	13
SED	3388	86	89

July - September 2022 HCBS Quality Sample			
Waiver	Population Count	Quarterly Sample Size	Completed Reviews
PD	5996	90	93
FE	6742	91	93
IDD	9077	92	94
BI	956	69	72
TA	712	62	64
Autism	64	12	10
SED	3287	86	88

HCBS Quality Review Acronyms

ABA	Applied Behavior Analysis
ANE	Abuse, Neglect, and Exploitation
AU	Autism
BUP	Backup Plan
CAFAS	Child and Adolescent Functional Assessment Scale
CBCL	Child Behavior Checklist
CC	Care Coordinator
DPOA	Durable Power of Attorney
FAI	Functional Assessment Instrument
FCAD (SED)	Family Choice Assurance Document
FE	Frail Elderly
FMAP	Federal Medical Assistance Percentage
HRA	Health Risk Assessment
IDD	Intellectual Developmental Disability
ISP	Integrated Service Plan
KAMIS	Kansas Assessment Management Information System
KMAP	Kansas Medical Assistance Program
KMMS	Kansas Modular Medicaid System
KBH (SED)	Kan Be Healthy (Annual Physical Exam)
LTSS	Long Term Supports and Services
MCO	Managed Care Organization
MMIS	Medicaid Management Information System
PCSP	Person Centered Service Plan
PD	Physical Disability
POC	Plan of Care
QP/PQ	Qualified Provider(s)/Provider Qualifications
R&R	Rights & Responsibilities
SED	Serious Emotional Disturbance
TA	Technology Assisted
TBI/BI	Traumatic Brain Injury/Brain Injury
TLS	Transitional Living Specialist
UAR	Universal Assessment Results
UAT	Universal Assessment Tool

Level of Care Performance Measures 1 & 2

Beginning with the January to March 2018 Quality Review period, KDADS will perform a data pull to determine compliance for Level of Care Performance Measures 1 & 2. This change will apply to each waiver, except Autism, which remains a record review.

Level of Care Performance Measure 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

- For Level of Care Performance Measure 1, KDADS will review all waiver participants who became newly eligible during the review period, as determined by MMIS eligibility data. KAMIS assessment data is then pulled for these individuals. Waiver participants are considered “Compliant” if they have had a functional assessment within 365 days prior to their eligibility effective date.

Level of Care Performance Measure 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

- For Level of Care Performance Measure 2, KDADS will review 100% of waiver participants throughout the four quarters of the year. MMIS eligibility data will be used to determine the denominator, which is the total number of existing waiver participants who had an eligibility effective month within the quarter being reviewed. KAMIS assessment data is then pulled for these individuals. Waiver participants are considered “Compliant” if they received an assessment within 365 days of their previous assessment.

KDADS HCBS Quality Review Report

Administrative Authority

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

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

Denominator: Number of Quality Review reports

Review Period: 07/01/2022 - 09/30/2022

Data Source: Quality Review Reports to KDHE

Compliance By Waiver	Statewide
PD	100%
Numerator	1
Denominator	1
FE	100%
Numerator	1
Denominator	1
IDD	100%
Numerator	1
Denominator	1
BI	100%
Numerator	1
Denominator	1
TA	100%
Numerator	1
Denominator	1
Autism	100%
Numerator	1
Denominator	1
SED	100%
Numerator	1
Denominator	1

Compliance Trends	2013	2014	2015	2016	2017	2018	2019	2020	2021	Jan-Mar 2022	Apr-Jun 2022	Jul-Sept 2022
PD												
Statewide	25%	25%	25%	75%	100%	100%	100%	100%	100%	100%	100%	100%
FE												
Statewide	25%	25%	25%	75%	100%	100%	100%	100%	100%	100%	100%	100%
IDD												
Statewide	25%	25%	25%	75%	100%	100%	100%	100%	100%	100%	100%	100%
BI												
Statewide	25%	25%	25%	75%	100%	100%	100%	100%	100%	100%	100%	100%
TA												
Statewide	25%	25%	25%	75%	100%	100%	100%	100%	100%	100%	100%	100%
Autism												
Statewide	25%	25%	25%	75%	100%	100%	100%	100%	100%	100%	100%	100%
SED												
Statewide	25%	25%	25%	75%	100%	100%	100%	100%	100%	100%	100%	100%

Explanation of Findings:

Performance Measure threshold achieved for all waivers.

Remediation:

No remediation necessary.

KDADS HCBS Quality Review Report

Administrative Authority

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

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

Denominator: Total number of waiver amendments and renewals

Review Period: 07/01/2022 - 09/30/2022

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

Compliance By Waiver	Statewide
PD	N/A
Numerator	0
Denominator	0
FE	N/A
Numerator	0
Denominator	0
IDD	N/A
Numerator	0
Denominator	0
BI	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	2019	2020	2021	Jan-Mar 2022	Apr-Jun 2022	Jul-Sept 2022
PD												
Statewide	N/A	100%	100%	100%	N/A	N/A	100%	100%	100%	N/A	N/A	N/A
FE												
Statewide	Not a Measure	100%	100%	100%	N/A	N/A	100%	100%	100%	N/A	N/A	N/A
IDD												
Statewide	100%	100%	100%	100%	N/A	100%	100%	100%	100%	N/A	N/A	N/A
BI												
Statewide	100%	100%	100%	100%	N/A	100%	100%	100%	100%	N/A	N/A	N/A
TA												
Statewide	100%	100%	N/A	100%	N/A	100%	100%	100%	100%	N/A	N/A	N/A
Autism												
Statewide	100%	100%	N/A	N/A	100%	N/A	100%	100%	100%	N/A	N/A	N/A
SED												
Statewide	100%	100%	N/A	N/A	100%	N/A	100%	100%	100%	N/A	N/A	N/A

Explanation of Findings:

There were zero (0) waiver amendments or renewals reviewed and/or approved by the State Medicaid Agency during this reporting period.

Remediation:

No remediation necessary.

KDADS HCBS Quality Review Report

Administrative Authority

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

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

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

Review Period: 07/01/2022 - 09/30/2022

Data Source: Presentation of waiver policy changes to KDHE

Compliance By Waiver	Statewide
PD	N/A
Numerator	0
Denominator	0
FE	N/A
Numerator	0
Denominator	0
IDD	N/A
Numerator	0
Denominator	0
BI	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	2019	2020	2021	Jan-Mar 2022	Apr-Jun 2022	Jul-Sept 2022
PD												
Statewide	N/A	N/A	100%	N/A	100%	100%	N/A	100%	N/A	N/A	N/A	N/A
FE												
Statewide	N/A	N/A	100%	N/A	100%	100%	N/A	100%	N/A	N/A	N/A	N/A
IDD												
Statewide	100%	N/A	100%	100%	100%	100%	N/A	100%	N/A	N/A	N/A	N/A
BI												
Statewide	100%	N/A	100%	100%	100%	100%	100%	100%	N/A	N/A	N/A	N/A
TA												
Statewide	N/A	N/A	N/A	N/A	100%	100%	N/A	100%	N/A	N/A	N/A	N/A
Autism												
Statewide	N/A	N/A	N/A	N/A	100%	100%	N/A	100%	N/A	N/A	N/A	N/A
SED												
Statewide	N/A	N/A	N/A	N/A	100%	N/A	N/A	100%	N/A	N/A	N/A	N/A

Explanation of Findings:

There were zero (0) policy changes submitted to the State Medicaid Agency during this reporting period.

Remediation:

No remediation necessary.

KDADS HCBS Quality Review Report

Administrative Authority

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

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

Denominator: Number of Long-Term Care meetings

Review Period: 07/01/2022 - 09/30/2022

Data Source: Meeting Minutes

Compliance By Waiver	Statewide
PD	100%
Numerator	3
Denominator	3
FE	100%
Numerator	3
Denominator	3
IDD	100%
Numerator	3
Denominator	3
BI	100%
Numerator	3
Denominator	3
TA	100%
Numerator	3
Denominator	3
Autism	100%
Numerator	3
Denominator	3
SED	100%
Numerator	3
Denominator	3

Compliance Trends	2013	2014	2015	2016	2017	2018	2019	2020	2021	Jan-Mar 2022	Apr-Jun 2022	Jul-Sept 2022
PD												
Statewide	Not a measure	45%	67%	70%	100%	100%	100%	100%	100%	100%	100%	100%
FE												
Statewide	100%	82%	50%	70%	100%	100%	100%	100%	100%	100%	100%	100%
IDD												
Statewide	Not a measure	91%	Not Available	70%	100%	100%	100%	100%	100%	100%	100%	100%
BI												
Statewide	Not a measure	73%	Not Available	70%	100%	100%	100%	100%	100%	100%	100%	100%
TA												
Statewide	Not a measure	64%	Not Available	70%	100%	100%	100%	100%	100%	100%	100%	100%
Autism												
Statewide	Not a measure	91%	100%	70%	100%	100%	100%	100%	100%	100%	100%	100%
SED												
Statewide	Not a measure	100%	Not Available	70%	100%	100%	100%	100%	100%	100%	100%	100%

Explanation of Findings:

Performance Measure threshold achieved for all waivers.

Remediation:

No remediation necessary.

KDADS HCBS Quality Review Report

Level of Care

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

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

Denominator: Total number of initial enrolled waiver participants

Review Period: 07/01/2022 - 09/30/2022

Data Source: Functional Assessor Record Review/State Data Systems

Compliance By Waiver	Statewide
PD	96%
Numerator	336
Denominator	351
FE	97%
Numerator	819
Denominator	845
IDD	100%
Numerator	127
Denominator	127
BI	99%
Numerator	122
Denominator	123
TA	100%
Numerator	62
Denominator	62
Autism	100%
Numerator	10
Denominator	10
SED	100%
Numerator	88
Denominator	88

Compliance Trends	2013	2014	2015	2016	2017	2018	2019	2020	2021	Jan-Mar 2022	Apr-Jun 2022	Jul-Sept 2022
PD												
Statewide	64%	83%	96%	86%	89%	92%	94%	88%	94%	97%	95%	96%
FE												
Statewide	81%	91%	93%	98%	100%	96%	96%	93%	96%	99%	96%	97%
IDD												
Statewide	99%	94%	90%	100%	100%	99%	99%	96%	92%	100%	100%	100%
BI												
Statewide	62%	89%	81%	85%	96%	88%	93%	93%	96%	99%	99%	99%
TA												
Statewide	97%	89%	100%	98%	100%	100%	100%	97%	98%	95%	100%	100%
Autism												
Statewide	82%	No Data	100%	N/A	77%	96%	100%	100%	100%	100%	100%	100%
SED												
Statewide	99%	89%	88%	91%	92%	90%	91%	88%	97%	99%	100%	100%

Explanation of Findings:

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

Performance Measure threshold met for all waivers.

Remediation:

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: 07/01/2022 - 09/30/2022

Data Source: Functional Assessor Record Review/State Data Systems

Compliance By Waiver	Statewide
PD	57%
Numerator	853
Denominator	1485
FE	59%
Numerator	735
Denominator	1238
IDD	99%
Numerator	2540
Denominator	2577
BI	60%
Numerator	31
Denominator	52
TA	100%
Numerator	146
Denominator	146
Autism	100%
Numerator	10
Denominator	10
SED	Not a waiver performance measure
Numerator	
Denominator	

Compliance Trends	2013	2014	2015	2016	2017	2018	2019	2020	2021	Jan-Mar 2022	Apr-Jun 2022	Jul-Sept 2022
PD												
Statewide	47%	52%	64%	69%	68%	79%	72%	66%	58%	57%	60%	57%
FE												
Statewide	68%	70%	76%	79%	68%	84%	80%	70%	59%	58%	56%	59%
IDD												
Statewide	97%	74%	75%	77%	78%	97%	98%	97%	97%	98%	98%	99%
BI												
Statewide	39%	50%	62%	65%	62%	70%	70%	57%	56%	50%	50%	60%
TA												
Statewide	94%	90%	86%	96%	93%	99%	100%	99%	99%	100%	100%	100%
Autism												
Statewide	68%	No Data	75%	78%	63%	65%	69%	100%	100%	100%	92%	100%
SED												
Statewide	93%	88%	94%	88%	89%	Not a Measure	Not a Measure	Not a Measure	Not a Measure	Not a Measure	Not a Measure	Not a Measure

Explanation of Findings:

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

Explanation of Findings for administrative data pull (PD, FE, BI): The individual has not had a functional assessment within the last 365 calendar days or the individual did not have a functional assessment within 365 days of the previous assessment.

COVID exception granted for re-assessments that fall between 1/27/2020-until rescinded through Appendix K Guidance, which could explain some of the cases considered non-compliant utilizing the data pull.

Remediation:

ADRCs were sent consumer data beginning on 04/19/22 for members who had not had an assessment prior to COVID exception with Appendix K. ADRCs were tasked with conducting outreach with these members and determine if cases should be closed or not. They have finished this process, however, have requested that KDADS send a quarterly "fall out" data list so they can ensure records match as to whom is due for assessments. KDADS has agreed to provide this quarterly fall-out data.

Meeting conducted again on 01/10/23 to provide continued education w/the ADRCs regarding the intent and usage of each system: KMMS, KAMIS, KMAP and 3161 process. Reminding the assessing entities they have to check KMAP to ensure cases are closed when they send the 3161s to close. ADRC claims issues w/logging into KMAP and getting locked out-explained this happens w/lack of usage.

Ongoing conversations occur w/KDHE eligibility regarding processing of 3161s for closure.

KDADS HCBS Quality Review Report

Level of Care

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

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

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

Review Period: 07/01/2022 - 09/30/2022

Data Source: Functional Assessor Record Review

Compliance By Waiver	Statewide
PD	84%
Numerator	78
Denominator	93
FE	98%
Numerator	91
Denominator	93
IDD	100%
Numerator	94
Denominator	94
BI	92%
Numerator	66
Denominator	72
TA	100%
Numerator	64
Denominator	64
Autism	100%
Numerator	10
Denominator	10
SED	95%
Numerator	84
Denominator	88

Compliance Trends	2013	2014	2015	2016	2017	2018	2019	2020	2021	Jan-Mar 2022	Apr-Jun 2022	Jul-Sept 2022
PD												
Statewide	93%	84%	79%	80%	85%	81%	82%	87%	90%	87%	86%	84%
FE												
Statewide	88%	91%	91%	92%	88%	93%	91%	93%	92%	95%	97%	98%
IDD												
Statewide	97%	95%	99%	99%	99%	99%	99%	100%	100%	100%	100%	100%
BI												
Statewide	64%	81%	79%	77%	82%	85%	89%	92%	93%	94%	92%	92%
TA												
Statewide	93%	98%	100%	100%	98%	100%	100%	99%	100%	100%	100%	100%
Autism												
Statewide	88%	No Data	90%	88%	91%	89%	89%	100%	100%	89%	92%	100%
SED												
Statewide	77%	79%	83%	88%	91%	95%	93%	88%	91%	88%	94%	95%

Explanation of Findings:

PD: functional assessment not current for audit period, therefore unable to determine if approved screening tool was used.

Remediation:

KDADS requires assessing entities to remediate any PM under 100% on an individual member basis. Appendix K flexibilities continue to impact compliance measures as the PHE will end May 11, 2023 and entity six months from close of PHE to implement changes. KDADS continues to work closely with the ADRCs regarding their remediation efforts. Recently, KDADS has provided lists of out of date assessments and have ensured proper follow up has been taken with these cases.

KDADS HCBS Quality Review Report

Level of Care

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

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

Denominator: Number of initial Level of Care determinations

Review Period: 07/01/2022 - 09/30/2022

Data Source: Functional Assessor Record Review

Compliance By Waiver	Statewide
PD	82%
Numerator	76
Denominator	93
FE	97%
Numerator	90
Denominator	93
IDD	100%
Numerator	94
Denominator	94
BI	92%
Numerator	66
Denominator	72
TA	100%
Numerator	64
Denominator	64
Autism	100%
Numerator	10
Denominator	10
SED	85%
Numerator	75
Denominator	88

Compliance Trends	2013	2014	2015	2016	2017	2018	2019	2020	2021	Jan-Mar 2022	Apr-Jun 2022	Jul-Sept 2022
PD												
Statewide	19%	68%	81%	80%	84%	81%	81%	83%	89%	82%	86%	82%
FE												
Statewide	24%	86%	91%	92%	88%	92%	91%	92%	91%	94%	97%	97%
IDD												
Statewide	92%	85%	96%	97%	96%	98%	97%	94%	97%	100%	100%	100%
BI												
Statewide	57%	73%	83%	77%	82%	85%	88%	86%	88%	94%	93%	92%
TA												
Statewide	93%	100%	99%	100%	94%	100%	100%	100%	100%	100%	100%	100%
Autism												
Statewide	0%	No Data	57%	68%	85%	89%	89%	98%	98%	67%	92%	100%
SED												
Statewide	99%	71%	88%	86%	90%	94%	93%	88%	89%	80%	90%	85%

Explanation of Findings:

PD: functional assessment not current for review period, assessment was not signed or assessor was not listed on qualified assessor list

SED: functional assessment not current for review period, assessment was not signed or did not include qualifying credentials to demonstrate the assessor was qualified

Remediation:

KDADS requires assessing entities to remediate any PM under 100% on an individual member basis. Appendix K flexibilities continue to impact compliance measures as the PHE will end May 11, 2023 and entity six months from close of PHE to implement changes. KDADS continues to work closely with the ADRCs regarding their remediation efforts. Recently, KDADS has provided lists of out of date assessments and have ensured proper follow up has been taken with these cases. KDADS has also worked closely with the CMHCs on improving their compliance and ensuring assessments are signed properly by the assessor with their credentials.

KDADS HCBS Quality Review Report

Level of Care

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

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

Denominator: Number of initial Level of Care determinations

Review Period: 07/01/2022 - 09/30/2022

Data Source: Functional Assessor Record Review

Compliance By Waiver	Statewide
PD	84%
Numerator	78
Denominator	93
FE	97%
Numerator	90
Denominator	93
IDD	100%
Numerator	94
Denominator	94
BI	92%
Numerator	66
Denominator	72
TA	100%
Numerator	64
Denominator	64
Autism	100%
Numerator	10
Denominator	10
SED	100%
Numerator	88
Denominator	88

Compliance Trends	2013	2014	2015	2016	2017	2018	2019	2020	2021	Jan-Mar 2022	Apr-Jun 2022	Jul-Sept 2022
PD												
Statewide	73%	83%	96%	80%	84%	81%	82%	83%	92%	87%	86%	84%
FE												
Statewide	91%	90%	96%	91%	100%	93%	91%	93%	95%	95%	97%	97%
IDD												
Statewide	98%	95%	91%	98%	100%	98%	99%	100%	99%	100%	100%	100%
BI												
Statewide	58%	81%	83%	76%	96%	85%	89%	90%	94%	94%	92%	92%
TA												
Statewide	93%	98%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Autism												
Statewide	89%	No Data	100%	88%	88%	89%	89%	100%	100%	89%	92%	100%
SED												
Statewide	99%	88%	87%	89%	92%	95%	93%	88%	97%	96%	100%	100%

Explanation of Findings:

PD: functional assessment not current for audit period, therefore unable to determine if LOC criteria was accurately applied.

Remediation:

KDADS requires assessing entities to remediate any PM under 100% on an individual member basis. Appendix K flexibilities continue to impact compliance measures as the PHE will end May 11, 2023 and entity six months from close of PHE to implement changes. KDADS continues to work closely with the ADRCs regarding their remediation efforts. Recently, KDADS has provided lists of out of date assessments and have ensured proper follow up has been taken with these cases.

KDADS HCBS Quality Review Report

Level of Care

PM 6: Number and percent of third party contractor level of care (LOC) determinations found to be valid

Numerator: Number of LOC assessments found valid by a third party contractor

Denominator: Total number of LOC assessments completed by a third party contractor

Review Period: 07/01/2022 - 09/30/2022

Data Source: Third Party Contractor Reports

Compliance By Waiver	Statewide
PD	Not a Waiver Performance Measure
Numerator	
Denominator	
FE	Not a Waiver Performance Measure
Numerator	
Denominator	
IDD	Not a Waiver Performance Measure
Numerator	
Denominator	
BI	Not a Waiver Performance Measure
Numerator	
Denominator	
TA	Not a Waiver Performance Measure
Numerator	
Denominator	
Autism	Not a Waiver Performance Measure
Numerator	
Denominator	
SED	N/A
Numerator	0
Denominator	0

Compliance Trends	2017	2018	2019	2020	2021	Jan-Mar 2022	Apr-Jun 2022	Jul-Sept 2022
PD	Not a Waiver Performance Measure							
FE	Not a Waiver Performance Measure							
IDD	Not a Waiver Performance Measure							
BI	Not a Waiver Performance Measure							
TA	Not a Waiver Performance Measure							
Autism	Not a Waiver Performance Measure							
SED								
Statewide	No Data	No Data	91%	97%	95%	N/A	N/A	N/A

Explanation of Findings:

Contract for third-party assessment ended December 2021

Remediation:

No remediation necessary.

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: 01/01/2022 - 03/31/2022

Data Source: MCO Record Review

Compliance By Waiver	Aetna	Sunflower	United	Statewide
PD	50%	50%	100%	57%
Numerator	1	1	2	4
Denominator	2	2	2	7
FE	75%	0%	67%	57%
Numerator	3	0	2	4
Denominator	4	1	3	7
IDD	N/A	0%	100%	50%
Numerator	0	0	1	1
Denominator	0	1	1	2
BI	N/A	N/A	100%	100%
Numerator	0	0	1	1
Denominator	0	0	1	1
TA	100%	N/A	N/A	100%
Numerator	1	0	0	1
Denominator	1	0	0	1
Autism	N/A	N/A	N/A	N/A
Numerator	0	0	0	0
Denominator	0	0	0	0
SED	N/A	N/A	N/A	N/A
Numerator	0	0	0	0
Denominator	0	0	0	0

Explanation of Findings:

PD, FE, IDD: Providers did not meet background check requirements set out in waiver and KDADS policy

Remediation:

All three contracted MCOs are on Quality Improvement Plans (QIPs) for this measure. KDADS and KDHE has reviewed the interpretive guidelines and provided clarification to the MCOs. KDADS directed the MCOs to follow the Background Check Policy. KDADS met with MCOs again March 30, 2023 with a six month update of QIPs for all performance measures previously submitted as those measures need to be met for eight consecutive quarters before they can be considered resolved. MCOs provided KDADS with updated QIPs and plans to meet with MCOs again in May 2023 to meet new KDADS QA and review if QIPs submitted are adequate to meet expectations.

Compliance Trends	2013	2014	2015	2016	2017	2018	2019	2020	2021	Jan-Mar 2022
PD										
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	0%	25%	0%	50%
Amerigroup				N/A	0%	0%	N/A	N/A	N/A	N/A
Sunflower			No Data	No Data	0%	0%	0%	25%	0%	50%
United					0%	0%	0%	50%	0%	100%
Statewide	100%				0%	0%	0%	25%	0%	57%
FE										
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	0%	15%	9%	75%
Amerigroup				5%	0%	0%	N/A	N/A	N/A	N/A
Sunflower			No Data	30%	0%	0%	0%	15%	7%	0%
United				N/A	0%	0%	0%	13%	7%	67%
Statewide	100%			9%	0%	0%	0%	15%	5%	57%
IDD										
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	0%	23%	0%	N/A
Amerigroup				N/A	0%	0%	N/A	N/A	N/A	N/A
Sunflower			No Data	N/A	0%	0%	0%	27%	0%	0%
United				N/A	0%	0%	0%	33%	0%	100%
Statewide	98%			N/A	0%	0%	0%	23%	0%	50%
BI										
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	0%	0%	0%	N/A
Amerigroup				N/A	0%	0%	N/A	N/A	N/A	N/A
Sunflower			No Data	N/A	0%	0%	0%	0%	N/A	N/A
United				N/A	0%	0%	0%	0%	0%	100%
Statewide	91%			N/A	0%	0%	0%	0%	0%	100%
TA										
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	0%	N/A	N/A	100%
Amerigroup				N/A	0%	0%	N/A	N/A	N/A	N/A
Sunflower			No Data	N/A	0%	0%	0%	N/A	0%	N/A
United				N/A	0%	0%	0%	N/A	N/A	N/A
Statewide	93%			N/A	0%	0%	0%	N/A	0%	100%
Autism										
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	0%	0%	N/A	N/A
Amerigroup				N/A	0%	0%	N/A	N/A	N/A	N/A
Sunflower			No Data	N/A	0%	0%	0%	0%	N/A	N/A
United				N/A	0%	0%	0%	0%	N/A	N/A
Statewide	100%			N/A	0%	0%	0%	0%	N/A	N/A
SED										
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	0%	50%	N/A	N/A
Amerigroup				N/A	0%	0%	N/A	N/A	N/A	N/A
Sunflower			No Data	N/A	0%	0%	0%	50%	N/A	N/A
United				N/A	0%	0%	0%	50%	N/A	N/A
Statewide	100%			N/A	0%	0%	0%	50%	N/A	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: 01/01/2022 - 03/31/2022

Data Source: MCO Record Review

Compliance By Waiver	Aetna	Sunflower	United	Statewide
PD	72%	61%	71%	63%
Numerator	13	11	12	17
Denominator	18	18	17	27
FE	79%	86%	74%	76%
Numerator	15	24	23	28
Denominator	19	28	31	37
IDD	78%	72%	78%	74%
Numerator	14	21	18	25
Denominator	18	29	23	34
BI	67%	75%	71%	75%
Numerator	4	3	5	6
Denominator	6	4	7	8
TA	100%	100%	100%	100%
Numerator	1	2	2	2
Denominator	1	2	2	2
Autism	N/A	N/A	100%	100%
Numerator	0	0	1	1
Denominator	0	0	1	1
SED	100%	100%	100%	100%
Numerator	7	7	7	7
Denominator	7	7	7	7

Explanation of Findings:

PD, FE, IDD, BI: Providers did not meet background check requirements set out in waiver and KDADS policy

Remediation:

All three contracted MCOs are on Quality Improvement Plans (QIPs) for this measure. KDADS and KDHE has reviewed the interpretive guidelines and provided clarification to the MCOs. KDADS directed the MCOs to follow the Background Check Policy. KDADS met with MCOs again March 30, 2023 with a six month update of QIPs for all performance measures previously submitted as those measures need to be met for eight consecutive quarters before they can be considered resolved. MCOs provided KDADS with updated QIPs and plans to meet with MCOs again in May 2023 to meet new KDADS QA and review if QIPs submitted are adequate to meet expectations.

Compliance Trends	2013	2014	2015	2016	2017	2018	2019	2020	2021	Jan-Mar 2022
PD										
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	0%	38%	15%	72%
Amerigroup				N/A	0%	0%	N/A	N/A	N/A	N/A
Sunflower			No Data	No Data	0%	0%	0%	38%	16%	61%
United				N/A	0%	0%	0%	43%	17%	71%
Statewide	100%			N/A	0%	0%	0%	39%	15%	63%
FE										
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	0%	39%	23%	79%
Amerigroup				5%	0%	0%	N/A	N/A	N/A	N/A
Sunflower			No Data	30%	0%	0%	0%	38%	20%	86%
United				N/A	0%	0%	0%	42%	22%	74%
Statewide	Not a Measure			9%	0%	0%	0%	39%	23%	76%
IDD										
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	0%	39%	1%	78%
Amerigroup				N/A	0%	0%	N/A	N/A	N/A	N/A
Sunflower			No Data	No Data	0%	0%	0%	41%	3%	72%
United				N/A	0%	0%	0%	48%	0%	78%
Statewide	98%			N/A	0%	0%	0%	39%	3%	74%
BI										
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	0%	15%	0%	67%
Amerigroup				N/A	0%	0%	N/A	N/A	N/A	N/A
Sunflower			No Data	No Data	0%	0%	0%	14%	0%	75%
United				N/A	0%	0%	0%	15%	0%	71%
Statewide	89%			N/A	0%	0%	0%	14%	0%	75%
TA										
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	0%	15%	7%	100%
Amerigroup				N/A	0%	0%	N/A	N/A	N/A	N/A
Sunflower			No Data	No Data	0%	0%	0%	13%	7%	100%
United				N/A	0%	0%	0%	14%	0%	100%
Statewide	93%			N/A	0%	0%	0%	13%	6%	100%
Autism										
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	0%	0%	0%	N/A
Amerigroup				N/A	0%	0%	N/A	N/A	N/A	N/A
Sunflower			No Data	No Data	0%	0%	0%	0%	0%	N/A
United				N/A	0%	0%	0%	0%	0%	100%
Statewide	100%			N/A	0%	0%	0%	0%	0%	100%
SED										
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	0%	8%	0%	100%
Amerigroup				N/A	0%	0%	N/A	N/A	N/A	N/A
Sunflower			No Data	No Data	0%	0%	0%	8%	0%	100%
United				N/A	0%	0%	0%	8%	0%	100%
Statewide	100%			N/A	0%	0%	0%	8%	0%	100%

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: 01/01/2022 - 03/31/2022

Data Source: MCO Record Review

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

Explanation of Findings:

Threshold met for all waivers.

Remediation:

No remediation necessary, threshold met for all waivers.

Compliance Trends	2013	2014	2015	2016	2017	2018	2019	2020	2021	Jan-Mar 2022
PD										
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	0%	0%	0%	N/A
Amerigroup				N/A	0%	0%	N/A	N/A	N/A	N/A
Sunflower			No Data	N/A	0%	0%	0%	0%	0%	N/A
United			No Data	N/A	0%	0%	0%	0%	0%	N/A
Statewide	75%			N/A	0%	0%	0%	0%	0%	N/A
FE										
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	0%	0%	N/A	N/A
Amerigroup				5%	0%	0%	N/A	N/A	N/A	N/A
Sunflower			No Data	30%	0%	0%	0%	N/A	0%	N/A
United			No Data	N/A	0%	0%	0%	0%	0%	100%
Statewide	100%			9%	0%	0%	0%	0%	0%	100%
IDD										
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	0%	N/A	0%	N/A
Amerigroup				N/A	0%	0%	N/A	N/A	N/A	N/A
Sunflower			No Data	N/A	0%	0%	0%	N/A	N/A	N/A
United			No Data	N/A	0%	0%	0%	N/A	N/A	N/A
Statewide	Not a Measure			N/A	0%	0%	0%	N/A	0%	N/A
BI										
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	0%	0%	N/A	N/A
Amerigroup				N/A	0%	0%	N/A	N/A	N/A	N/A
Sunflower			No Data	N/A	0%	0%	0%	N/A	N/A	N/A
United			No Data	N/A	0%	0%	0%	0%	N/A	100%
Statewide	88%			N/A	0%	0%	0%	0%	N/A	100%
TA										
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	0%	N/A	N/A	N/A
Amerigroup				N/A	0%	0%	N/A	N/A	N/A	N/A
Sunflower			No Data	N/A	0%	0%	0%	N/A	N/A	N/A
United			No Data	N/A	0%	0%	0%	N/A	N/A	N/A
Statewide	No Data			N/A	0%	0%	0%	N/A	N/A	N/A
Autism										
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	0%	N/A	N/A	N/A
Amerigroup				N/A	0%	0%	N/A	N/A	N/A	N/A
Sunflower			No Data	N/A	0%	0%	0%	N/A	N/A	N/A
United			No Data	N/A	0%	0%	0%	N/A	N/A	N/A
Statewide	82%			N/A	0%	0%	0%	N/A	N/A	N/A
SED										
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	0%	N/A	N/A	N/A
Amerigroup				N/A	0%	0%	N/A	N/A	N/A	N/A
Sunflower			No Data	N/A	0%	0%	0%	N/A	N/A	N/A
United			No Data	N/A	0%	0%	0%	N/A	N/A	N/A
Statewide	Not a measure			N/A	0%	0%	0%	N/A	N/A	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: 01/01/2022 - 03/31/2022

Data Source: MCO Record Review

Compliance By Waiver	Aetna	Sunflower	United	Statewide
PD	100%	100%	100%	100%
Numerator	4	2	3	4
Denominator	4	2	3	4
FE	100%	100%	100%	100%
Numerator	5	5	6	6
Denominator	5	5	6	6
IDD	100%	N/A	N/A	100%
Numerator	3	3	3	3
Denominator	3	3	3	3
BI	100%	100%	100%	100%
Numerator	1	1	1	1
Denominator	1	1	1	1
TA	100%	100%	100%	100%
Numerator	3	3	3	3
Denominator	3	3	3	3
Autism	N/A	N/A	N/A	N/A
Numerator	0	0	0	0
Denominator	0	0	0	0
SED	N/A	N/A	N/A	N/A
Numerator	0	0	0	0
Denominator	0	0	0	0

Explanation of Findings:

Threshold met for all waivers.

Remediation:

No remediation necessary, threshold met for all waivers.

Compliance Trends	2013	2014	2015	2016	2017	2018	2019	2020	2021	Jan-Mar 2022
PD										
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	0%	6%	13%	100%
Amerigroup				N/A	0%	0%	N/A	N/A	N/A	N/A
Sunflower			No Data	No Data	0%	0%	0%	7%	12%	100%
United					0%	0%	0%	8%	13%	100%
Statewide	75%				0%	0%	0%	6%	12%	100%
FE										
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	0%	11%	9%	100%
Amerigroup				5%	0%	0%	N/A	N/A	N/A	N/A
Sunflower			No Data	No Data	30%	0%	0%	0%	17%	7%
United					N/A	0%	0%	0%	14%	7%
Statewide	Not a Measure				9%	0%	0%	0%	11%	7%
IDD										
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	0%	0%	0%	100%
Amerigroup					N/A	0%	0%	N/A	N/A	N/A
Sunflower			No Data	No Data	0%	0%	0%	0%	0%	100%
United					N/A	0%	0%	0%	0%	100%
Statewide	Not a Measure				N/A	0%	0%	0%	0%	100%
BI										
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	0%	9%	0%	100%
Amerigroup					N/A	0%	0%	N/A	N/A	N/A
Sunflower			No Data	No Data	N/A	0%	0%	0%	10%	0%
United					N/A	0%	0%	0%	9%	0%
Statewide	88%				N/A	0%	0%	0%	9%	0%
TA										
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	0%	N/A	0%	100%
Amerigroup					N/A	0%	0%	N/A	N/A	N/A
Sunflower			No Data	No Data	N/A	0%	0%	0%	N/A	0%
United					N/A	0%	0%	0%	N/A	0%
Statewide	No Data				N/A	0%	0%	0%	N/A	0%
Autism										
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	0%	N/A	N/A	N/A
Amerigroup					N/A	0%	0%	N/A	N/A	N/A
Sunflower			No Data	No Data	N/A	0%	0%	0%	N/A	N/A
United					N/A	0%	0%	0%	N/A	N/A
Statewide	91%				N/A	0%	0%	0%	N/A	N/A
SED										
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	0%	N/A	N/A	N/A
Amerigroup					N/A	0%	0%	N/A	N/A	N/A
Sunflower			No Data	No Data	N/A	0%	0%	0%	N/A	N/A
United					N/A	0%	0%	0%	N/A	N/A
Statewide	89%				N/A	0%	0%	0%	N/A	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: 01/01/2022 - 03/31/2022

Data Source: MCO Record Review

Compliance By Waiver	Aetna	Sunflower	United	Statewide
PD	N/A	N/A	N/A	N/A
Numerator				
Denominator				
FE	N/A	N/A	N/A	N/A
Numerator				
Denominator				
IDD	N/A	N/A	N/A	N/A
Numerator				
Denominator				
BI	N/A	N/A	N/A	N/A
Numerator				
Denominator				
TA	N/A	N/A	N/A	N/A
Numerator				
Denominator				
Autism	N/A	N/A	N/A	N/A
Numerator				
Denominator				
SED	N/A	N/A	N/A	N/A
Numerator				
Denominator				

Explanation of Findings:

The State does not currently have an approved training process in place.

Remediation:

KDADS is working on identifying the educational requirements and determining and/or identifying the method the MCOs use to track that education requirements are met by providers. KDADS has a plan to use Federal Medical Assistance Percentages (FMAP) funding to enhance training for providers to meet waiver requirements. KDADS plans to have this completed by the close of 2024.

Compliance Trends	2013	2014	2015	2016	2017	2018	2019	2020	2021	Jan-Mar 2022
PD										
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Amerigroup				N/A	N/A	N/A	N/A	N/A	N/A	N/A
Sunflower		No Data	No Data	N/A	N/A	N/A	N/A	N/A	N/A	N/A
United				N/A	N/A	N/A	N/A	N/A	N/A	N/A
Statewide	No Data			N/A	N/A	N/A	N/A	N/A	N/A	N/A
FE										
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Amerigroup				5%	N/A	N/A	N/A	N/A	N/A	N/A
Sunflower		No Data	No Data	30%	N/A	N/A	N/A	N/A	N/A	N/A
United				N/A	N/A	N/A	N/A	N/A	N/A	N/A
Statewide	No Data			9%	N/A	N/A	N/A	N/A	N/A	N/A
IDD										
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Amerigroup				N/A	N/A	N/A	N/A	N/A	N/A	N/A
Sunflower		No Data	No Data	N/A	N/A	N/A	N/A	N/A	N/A	N/A
United				N/A	N/A	N/A	N/A	N/A	N/A	N/A
Statewide	99%			N/A	N/A	N/A	N/A	N/A	N/A	N/A
BI										
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Amerigroup				N/A	N/A	N/A	N/A	N/A	N/A	N/A
Sunflower		No Data	No Data	N/A	N/A	N/A	N/A	N/A	N/A	N/A
United				N/A	N/A	N/A	N/A	N/A	N/A	N/A
Statewide	No Data			N/A	N/A	N/A	N/A	N/A	N/A	N/A
TA										
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Amerigroup				N/A	N/A	N/A	N/A	N/A	N/A	N/A
Sunflower		No Data	No Data	N/A	N/A	N/A	N/A	N/A	N/A	N/A
United				N/A	N/A	N/A	N/A	N/A	N/A	N/A
Statewide	No Data			N/A	N/A	N/A	N/A	N/A	N/A	N/A
Autism										
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Amerigroup				N/A	N/A	N/A	N/A	N/A	N/A	N/A
Sunflower		No Data	No Data	N/A	N/A	N/A	N/A	N/A	N/A	N/A
United				N/A	N/A	N/A	N/A	N/A	N/A	N/A
Statewide	No Data			N/A	N/A	N/A	N/A	N/A	N/A	N/A
SED										
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Amerigroup				N/A	N/A	N/A	N/A	N/A	N/A	N/A
Sunflower		No Data	No Data	N/A	N/A	N/A	N/A	N/A	N/A	N/A
United				N/A	N/A	N/A	N/A	N/A	N/A	N/A
Statewide	88%			N/A	N/A	N/A	N/A	N/A	N/A	N/A

KDADS HCBS Quality Review Report

Service Plan

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

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

Denominator: Number of waiver participants whose service plans were reviewed

Review Period: 07/01/2022 - 09/30/2022

Data Source: MCO Record Review

Compliance By Waiver	Aetna	Sunflower	United	Statewide
PD	80%	88%	80%	83%
Numerator	20	29	28	77
Denominator	25	33	35	93
FE	82%	85%	77%	81%
Numerator	23	22	30	75
Denominator	28	26	39	93
IDD	100%	92%	65%	84%
Numerator	15	44	20	79
Denominator	15	48	31	94
BI	91%	95%	83%	89%
Numerator	21	18	25	64
Denominator	23	19	30	72
TA	94%	85%	81%	86%
Numerator	16	17	22	55
Denominator	17	20	27	64
Autism	100%	67%	100%	90%
Numerator	3	2	4	9
Denominator	3	3	4	10
SED	92%	84%	70%	81%
Numerator	22	26	23	71
Denominator	24	31	33	88

Explanation of Findings:

PD: Document containing goals not provided or does not cover entire review period

FE: Document containing goals not provided or does not cover entire review period

IDD: Document containing goals not provided or does not cover entire review period

SED: Document containing goals not provided or does not cover entire review period

Compliance Trends	2013	2014	2015	2016	2017	2018	2019	2020	2021	Jan-Mar 2022	Apr-Jun 2022	Jul-Sept 2022
PD												
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	68%	51%	84%	96%	80%	80%
Amerigroup		55%	33%	63%	79%	86%	N/A	N/A	N/A	N/A	N/A	N/A
Sunflower		57%	64%	59%	81%	78%	86%	49%	55%	80%	93%	88%
United		33%	49%	86%	85%	85%	76%	49%	46%	47%	57%	80%
Statewide		55%	50%	48%	69%	81%	83%	78%	49%	60%	73%	83%
FE												
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	75%	47%	83%	80%	96%	82%
Amerigroup		50%	42%	54%	70%	75%	N/A	N/A	N/A	N/A	N/A	N/A
Sunflower		56%	51%	75%	79%	73%	86%	53%	68%	67%	86%	85%
United		45%	56%	81%	90%	87%	71%	34%	46%	59%	66%	77%
Statewide	Not a Measure	50%	49%	70%	80%	79%	78%	43%	62%	67%	81%	81%
IDD												
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	60%	46%	84%	94%	100%	100%
Amerigroup		36%	32%	53%	76%	83%	N/A	N/A	N/A	N/A	N/A	N/A
Sunflower		56%	56%	61%	70%	71%	73%	35%	61%	85%	94%	92%
United		52%	41%	73%	85%	85%	58%	33%	49%	73%	76%	65%
Statewide	99%	49%	45%	62%	75%	78%	67%	36%	61%	83%	89%	84%
BI												
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	43%	28%	71%	76%	86%	91%
Amerigroup		37%	41%	58%	78%	72%	N/A	N/A	N/A	N/A	N/A	N/A
Sunflower		37%	38%	80%	74%	73%	81%	33%	47%	90%	95%	95%
United		22%	55%	78%	79%	87%	75%	34%	46%	57%	57%	83%
Statewide	44%	34%	43%	68%	77%	75%	71%	32%	54%	73%	77%	83%
TA												
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	78%	42%	76%	100%	88%	94%
Amerigroup		50%	44%	69%	90%	99%	N/A	N/A	N/A	N/A	N/A	N/A
Sunflower		73%	85%	82%	89%	87%	44%	53%	76%	85%	85%	85%
United		64%	32%	70%	95%	70%	87%	38%	76%	100%	93%	81%
Statewide	93%	61%	54%	73%	83%	90%	85%	41%	69%	92%	89%	86%
Autism												
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	0%	21%	57%	50%	50%	100%
Amerigroup		84%	56%	35%	88%	100%	N/A	N/A	N/A	N/A	N/A	N/A
Sunflower		47%	50%	30%	33%	62%	73%	75%	100%	67%	67%	67%
United		63%	36%	17%	13%	41%	65%	22%	47%	33%	63%	100%
Statewide	58%	69%	49%	37%	42%	52%	56%	35%	57%	56%	62%	90%
SED												
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	96%	30%	67%	100%	76%	92%
Amerigroup		91%	99%	98%	99%	96%	N/A	N/A	N/A	N/A	N/A	N/A
Sunflower		92%	95%	87%	98%	96%	95%	32%	63%	91%	91%	84%
United		89%	100%	98%	88%	97%	98%	38%	64%	64%	72%	70%
Statewide	98%	90%	98%	95%	95%	97%	97%	34%	64%	83%	80%	81%

*Audit methodology has changed for this question, effective April-June 2021

Remediation:

Data reviews and audit requirements are continued to be discussed and reviewed with MCOs at the scheduled quarterly meetings and the Quality Improvement Plan (QIP) meetings until measures meet 87% or greater. Root cause analysis has found that there are not signed service plans that can be used to validate that goals were addressed with the participants.

KDADS believes having a signed service plan will improve the compliance with most performance measures. MCOs will continue to complete Service Plan (SPs) processes by telephone or video and begin sending SPs to participants via mail with self addressed stamped envelopes so that participants can sign and return. With the earlier HCBS Waiver Programs COVID-19 guidance exception that was rescinded in September 2020, KDADS has continued to coordinate with the MCOs in educating their Care Coordinators on how to adequately complete a Person-Centered Service Plan (PCSP) through each MCO's quality improvement plans. Part of that education includes implementation of SMART goals as this continues to be an issue and weakness within plans.

All three contracted MCOs now have electronic signature platforms and can continue to utilize verbal signature processes until PHE is rescinded. Currently the PHE was expected to end October 13, 2022, however, it has now been pushed back to May 11, 2023. MCOs will mail PCSP for signature and within that letter indicate if signature not received services will be closed in 60 days.

Each MCO met on August 9, 2022 and were requested to provide an annual updated QIP for each PM under 87% as well as for each waiver that showed over 50% of PMs not being met. Further guidance was provided to the MCOs on September 21, 2022 with a deadline of updates due October 7, 2022 and final approval given on October 28, 2022.

KDADS met with MCOs again March 30, 2023 with a six month update of QIPs for all performance measures previously submitted as those measures need to be met for eight consecutive quarters before they can be considered resolved. MCOs provided KDADS with updated QIPs and plans to meet with MCOs again in May 2023 to meet new KDADS QA and review if QIPs submitted are adequate to meet expectations.

This audit for July - September 2022 continues to show ongoing improvement from all three MCOs across all waivers; however, most measures continue to not meet the required threshold.

KDADS HCBS Quality Review Report

Service Plan

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

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

Denominator: Number of waiver participants whose service plans were reviewed

Review Period: 07/01/2022 - 09/30/2022

Data Source: MCO Record Review

Compliance By Waiver	Aetna	Sunflower	United	Statewide
PD	76%	94%	94%	89%
Numerator	19	31	33	83
Denominator	25	33	35	93
FE	79%	88%	95%	88%
Numerator	22	23	37	81
Denominator	28	26	39	93
IDD	100%	96%	94%	96%
Numerator	15	46	29	90
Denominator	15	48	31	94
BI	87%	100%	90%	92%
Numerator	20	19	27	66
Denominator	23	19	30	72
TA	88%	100%	100%	97%
Numerator	15	20	27	62
Denominator	17	20	27	64
Autism	67%	100%	100%	90%
Numerator	2	3	4	9
Denominator	3	3	4	10
SED	42%	55%	85%	63%
Numerator	10	17	28	55
Denominator	24	31	33	88

Explanation of Findings:

SED: Service plan and/or assessments not provided or does not cover entire review period

Remediation:

Data reviews and audit requirements are continued to be discussed and reviewed with MCOs at the scheduled quarterly meetings and the Quality Improvement Plan (QIP) meetings until measures meet 87% or greater. Root cause analysis has found that there are not signed service plans that can be used to validate that goals were addressed with the participants.

KDADS believes having a signed service plan will improve the compliance with most performance measures. MCOs will continue to complete Service Plan (SP) processes by telephone or video and begin sending SP's to participants via mail with self-addressed stamped envelopes so that participants can sign and return. With the earlier HCBS Waiver Programs COVID-19 guidance exception that was rescinded in September 2020, KDADS has continued to coordinate with the MCOs in educating their Care Coordinators on how to adequately complete a Person-Centered Service Plan (PCSP) through each MCO's quality improvement plans. Part of that education includes implementation of SMART goals as this continues to be an issue and weakness within plans.

All three contracted MCOs now have electronic signature platforms and can continue to utilize verbal signature processes until PHE is retracted. Currently the PHE was expected to end October 13, 2022, however, it has now been pushed back to May 11, 2023. MCOs will mail PCSP for signature and within that letter indicate if signature not received services will be closed in 60 days.

Each MCO met on August 9, 2022 and were requested to provide an annual updated QIP for each PM under 87% as well as for each waiver that showed over 50% of PMs not being met. Further guidance was provided to the MCOs on September 21, 2022 with a deadline of updates due October 7, 2022 and final approval given on October 28, 2022.

KDADS met with MCOs again March 30, 2023 with a six month update of QIPs for all performance measures previously submitted as those measures need to be met for eight consecutive quarters before they can be considered resolved. MCOs provided KDADS with updated QIPs and plans to meet with MCOs again in May 2023 to meet new KDADS QA and review if QIPs submitted are adequate to meet expectations.

This audit for July - September 2022 continues to show ongoing improvement from all three MCOs across all waivers; however, most measures continue to not meet the required threshold.

Compliance Trends	2013	2014	2015	2016	2017	2018	2019	2020	2021	Jan-Mar 2022	Apr-Jun 2022	Jul-Sept 2022
PD												
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	66%	41%	77%	89%	72%	76%
Amerigroup		83%	55%	74%	83%	93%	N/A	N/A	N/A	N/A	N/A	N/A
Sunflower		90%	56%	63%	83%	77%	86%	59%	76%	93%	97%	94%
United		89%	68%	92%	87%	94%	88%	48%	77%	88%	89%	94%
Statewide	86%	87%	59%	76%	84%	88%	83%	50%	77%	90%	87%	89%
FE												
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	71%	40%	77%	72%	93%	79%
Amerigroup		79%	66%	74%	80%	88%	N/A	N/A	N/A	N/A	N/A	N/A
Sunflower		90%	53%	73%	75%	76%	86%	57%	73%	90%	90%	88%
United		88%	68%	84%	88%	90%	88%	49%	74%	100%	95%	95%
Statewide	87%	86%	61%	77%	81%	84%	84%	50%	74%	89%	93%	88%
IDD												
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	51%	40%	77%	88%	94%	100%
Amerigroup		85%	67%	64%	77%	83%	N/A	N/A	N/A	N/A	N/A	N/A
Sunflower		77%	36%	65%	70%	77%	78%	52%	67%	85%	96%	96%
United		72%	47%	78%	91%	90%	78%	43%	82%	100%	97%	94%
Statewide	99%	78%	48%	68%	77%	82%	75%	47%	74%	90%	96%	96%
BI												
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	38%	19%	65%	76%	82%	87%
Amerigroup		67%	48%	65%	78%	75%	N/A	N/A	N/A	N/A	N/A	N/A
Sunflower		82%	28%	82%	74%	73%	79%	38%	56%	100%	90%	100%
United		70%	62%	80%	79%	84%	82%	33%	66%	93%	82%	90%
Statewide	72%	73%	45%	72%	77%	76%	71%	31%	63%	90%	85%	92%
TA												
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	81%	35%	72%	100%	88%	88%
Amerigroup		93%	58%	70%	88%	98%	N/A	N/A	N/A	N/A	N/A	N/A
Sunflower		98%	62%	74%	69%	85%	90%	40%	70%	90%	90%	100%
United		97%	58%	79%	92%	84%	91%	31%	84%	96%	96%	100%
Statewide	96%	96%	59%	73%	83%	91%	89%	35%	76%	95%	92%	97%
Autism												
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	0%	0%	57%	50%	50%	67%
Amerigroup		81%	59%	33%	88%	82%	N/A	N/A	N/A	N/A	N/A	N/A
Sunflower		50%	45%	47%	15%	28%	31%	60%	63%	50%	100%	100%
United		63%	21%	22%	13%	24%	62%	0%	80%	100%	100%	100%
Statewide	59%	68%	46%	36%	37%	39%	44%	14%	72%	67%	92%	90%
SED												
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	56%	27%	48%	35%	36%	42%
Amerigroup		91%	99%	98%	99%	96%	N/A	N/A	N/A	N/A	N/A	N/A
Sunflower		91%	92%	87%	93%	88%	83%	32%	50%	33%	22%	55%
United		89%	98%	96%	84%	76%	77%	38%	80%	85%	81%	85%
Statewide	92%	90%	97%	94%	92%	87%	76%	33%	61%	53%	47%	63%

*Audit methodology has changed for this question, effective April-June 2021

KDADS HCBS Quality Review Report

Service Plan

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

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

Denominator: Number of waiver participants whose service plans were reviewed

Review Period: 07/01/2022 - 09/30/2022

Data Source: MCO Record Review

Compliance By Waiver	Aetna	Sunflower	United	Statewide
PD	76%	94%	94%	89%
Numerator	19	31	33	83
Denominator	25	33	35	93
FE	79%	88%	92%	87%
Numerator	22	23	36	81
Denominator	28	26	39	93
IDD	100%	96%	94%	96%
Numerator	15	46	29	90
Denominator	15	48	31	94
BI	91%	100%	93%	94%
Numerator	21	19	28	68
Denominator	23	19	30	72
TA	88%	100%	100%	97%
Numerator	15	20	27	62
Denominator	17	20	27	64
Autism	67%	100%	100%	90%
Numerator	2	3	4	9
Denominator	3	3	4	10
SED	42%	55%	85%	63%
Numerator	10	17	28	55
Denominator	24	31	33	88

Explanation of Findings:

SED: Service plan not provided or does not cover entire review period

Remediation:

Data reviews and audit requirements are continued to be discussed and reviewed with MCOs at the scheduled quarterly meetings and the Quality Improvement Plan (QIP) meetings until measures meet 87% or greater. Root cause analysis has found that there are not signed service plans that can be used to validate that goals were addressed with the participants.

KDADS believes having a signed service plan will improve the compliance with most performance measures. MCOs will continue to complete Service Plan (SPs) processes by telephone or video and begin sending SP's to participants via mail with self addressed stamped envelopes so that participants can sign and return. With the earlier HCBS Waiver Programs COVID-19 guidance exception that was rescinded in September 2020, KDADS has continued to coordinate with the MCOs in educating their Care Coordinators on how to adequately complete a Person-Centered Service Plan (PCSP) through each MCO's quality improvement plans. Part of that education includes implementation of SMART goals as this continues to be an issue and weakness within plans.

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This audit for July - September 2022 continues to show ongoing improvement from all three MCOs across all waivers; however, most measures continue to not meet the required threshold.

Compliance Trends	2013	2014	2015	2016	2017	2018	2019	2020	2021	Jan-Mar 2022	Apr-Jun 2022	Jul-Sept 2022
PD												
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	66%	41%	75%	89%	72%	76%
Amerigroup		90%	44%	73%	81%	94%	N/A	N/A	N/A	N/A	N/A	N/A
Sunflower		89%	49%	67%	85%	75%	86%	61%	76%	90%	97%	94%
United		96%	67%	90%	88%	95%	86%	48%	78%	88%	89%	94%
Statewide	90%	91%	51%	76%	84%	88%	82%	51%	77%	89%	87%	89%
FE												
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	73%	39%	77%	72%	89%	79%
Amerigroup		92%	55%	75%	82%	89%	N/A	N/A	N/A	N/A	N/A	N/A
Sunflower		92%	50%	73%	77%	74%	86%	56%	74%	90%	90%	88%
United		95%	70%	82%	88%	91%	88%	49%	74%	100%	95%	92%
Statewide	Not a measure	93%	57%	76%	82%	84%	85%	50%	75%	89%	91%	87%
IDD												
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	51%	40%	79%	88%	100%	100%
Amerigroup		90%	61%	67%	75%	83%	N/A	N/A	N/A	N/A	N/A	N/A
Sunflower		97%	36%	65%	73%	78%	77%	51%	68%	85%	96%	96%
United		89%	45%	78%	92%	90%	77%	44%	82%	100%	97%	94%
Statewide	99%	93%	46%	69%	78%	83%	74%	47%	74%	90%	97%	96%
BI												
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	40%	21%	66%	76%	86%	91%
Amerigroup		79%	45%	64%	80%	79%	N/A	N/A	N/A	N/A	N/A	N/A
Sunflower		91%	26%	84%	70%	74%	79%	39%	56%	100%	90%	100%
United		83%	64%	80%	79%	89%	82%	33%	66%	93%	82%	93%
Statewide	84%	84%	43%	72%	78%	79%	72%	32%	63%	90%	86%	94%
TA												
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	81%	35%	72%	100%	88%	88%
Amerigroup		96%	49%	73%	89%	98%	N/A	N/A	N/A	N/A	N/A	N/A
Sunflower		95%	61%	76%	66%	85%	90%	40%	67%	90%	90%	100%
United		94%	58%	79%	92%	84%	91%	31%	84%	96%	86%	100%
Statewide	96%	96%	54%	75%	83%	91%	89%	35%	75%	95%	92%	97%
Autism												
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	0%	0%	67%	50%	50%	67%
Amerigroup		79%	59%	30%	88%	91%	N/A	N/A	N/A	N/A	N/A	N/A
Sunflower		61%	45%	47%	15%	28%	31%	73%	75%	50%	100%	100%
United		86%	21%	17%	13%	24%	62%	0%	83%	100%	100%	100%
Statewide	64%	74%	46%	34%	37%	41%	44%	18%	77%	67%	92%	90%
SED												
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	96%	30%	48%	35%	36%	42%
Amerigroup		90%	99%	97%	99%	96%	N/A	N/A	N/A	N/A	N/A	N/A
Sunflower		89%	95%	87%	98%	97%	95%	32%	50%	36%	22%	55%
United		86%	100%	97%	88%	97%	98%	38%	80%	85%	81%	85%
Statewide	99%	88%	98%	94%	95%	97%	97%	34%	61%	54%	47%	63%

*Audit methodology has changed for this question, effective April-June 2021

KDADS HCBS Quality Review Report

Service Plan

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

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

Denominator: Number of waiver participants whose service plans were reviewed

Review Period: 07/01/2022 - 09/30/2022

Data Source: MCO Record Review

Compliance By Waiver	Aetna	Sunflower	United	Statewide
PD	56%	76%	74%	70%
Numerator	14	25	26	65
Denominator	25	33	35	93
FE	68%	77%	82%	76%
Numerator	19	20	32	71
Denominator	28	26	39	93
IDD	93%	73%	65%	73%
Numerator	14	35	20	69
Denominator	15	48	31	94
BI	61%	79%	80%	74%
Numerator	14	15	24	53
Denominator	23	19	30	72
TA	88%	70%	85%	81%
Numerator	15	14	23	52
Denominator	17	20	27	64
Autism	33%	67%	100%	70%
Numerator	1	2	4	7
Denominator	3	3	4	10
SED	33%	42%	67%	49%
Numerator	8	13	22	43
Denominator	24	31	33	88

Explanation of Findings:

PD: No valid signature and/or date, documentation containing goals not provided or does not cover entire review period

FE: No valid signature and/or date, documentation containing goals and/or assessment documents not provided or does not cover entire review period

IDD: No valid signature and/or date, documentation containing goals and/or assessment documents not provided or does not cover entire review period, DPOA/Guardianship paperwork not provided for validation

BI: No valid signature and/or date, documentation containing goals not provided or does not cover entire review period, DPOA paperwork not provided for validation

TA: No valid signature and/or date, documentation containing goals and/or assessments not provided or does not cover entire review period, DPOA/Guardianship paperwork not provided for validation

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

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

Compliance Trends	2013	2014	2015	2016	2017	2018	2019	2020	2021	Jan-Mar 2022	Apr-Jun 2022	Jul-Sept 2022
PD												
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	58%	41%	65%	71%	60%	56%
Amerigroup			88%	76%	85%	91%	N/A	N/A	N/A	N/A	N/A	N/A
Sunflower			87%	69%	73%	87%	77%	86%	47%	43%	43%	79%
United			85%	77%	92%	88%	94%	82%	40%	33%	47%	59%
Statewide	80%	87%	70%	80%	86%	87%	78%	43%	45%	53%	66%	70%
FE												
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	69%	37%	65%	72%	78%	68%
Amerigroup			84%	76%	78%	82%	91%	N/A	N/A	N/A	N/A	N/A
Sunflower			88%	61%	84%	86%	76%	86%	52%	49%	53%	76%
United			86%	79%	87%	90%	81%	35%	33%	59%	58%	82%
Statewide	Not a Measure	86%	71%	83%	86%	85%	81%	41%	46%	61%	69%	76%
IDD												
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	47%	40%	68%	69%	50%	93%
Amerigroup			80%	80%	73%	77%	94%	N/A	N/A	N/A	N/A	N/A
Sunflower			80%	59%	74%	79%	77%	38%	39%	56%	69%	73%
United			82%	55%	79%	92%	90%	72%	30%	42%	77%	52%
Statewide	98%	81%	64%	75%	82%	83%	71%	36%	45%	60%	73%	73%
BI												
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	43%	21%	51%	62%	68%	61%
Amerigroup			76%	53%	64%	79%	79%	N/A	N/A	N/A	N/A	N/A
Sunflower			86%	43%	86%	80%	73%	77%	30%	37%	52%	81%
United			77%	69%	83%	79%	84%	29%	34%	46%	54%	80%
Statewide	64%	80%	53%	74%	80%	78%	71%	28%	40%	54%	66%	74%
TA												
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	70%	33%	48%	88%	88%	88%
Amerigroup			84%	68%	71%	90%	96%	N/A	N/A	N/A	N/A	N/A
Sunflower			97%	86%	85%	68%	89%	88%	33%	43%	48%	45%
United			96%	58%	79%	84%	90%	24%	56%	78%	81%	85%
Statewide	No Data	91%	72%	77%	84%	92%	86%	29%	50%	70%	72%	81%
Autism												
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	0%	0%	43%	50%	50%	33%
Amerigroup			74%	59%	35%	88%	91%	N/A	N/A	N/A	N/A	N/A
Sunflower			51%	50%	47%	20%	39%	31%	60%	56%	50%	100%
United			65%	29%	17%	13%	35%	65%	0%	43%	100%	88%
Statewide	55%	65%	49%	36%	38%	50%	47%	14%	47%	67%	85%	70%
SED												
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	96%	30%	54%	26%	28%	33%
Amerigroup			92%	99%	98%	99%	96%	N/A	N/A	N/A	N/A	N/A
Sunflower			90%	94%	86%	98%	97%	95%	32%	49%	30%	22%
United			87%	98%	97%	88%	95%	98%	38%	63%	76%	69%
Statewide	Not a measure	90%	97%	94%	95%	96%	34%	34%	52%	46%	40%	49%

Remediation:

Data reviews and audit requirements are continued to be discussed and reviewed with MCOs at the scheduled quarterly meetings and the Quality Improvement Plan (QIP) meetings until measures meet 87% or greater. Root cause analysis has found that there are no signed service plans that can be used to validate that goals were addressed with the participants.

KDADS believes having a signed service plan will improve the compliance with most performance measures. MCOs will continue to complete Service Plan (SPs) processes by telephone or video and begin sending SPs to participants via mail with self addressed stamped envelopes so that participants can sign and return. With the earlier HCBS Waiver Programs COVID-19 guidance exception that was rescinded in September 2020, KDADS has continued to coordinate with the MCOs in educating their Care Coordinators on how to adequately complete a Person-Centered Service Plan (PCSP) through each MCO's quality improvement plans. Part of that education includes implementation of SMART goals as this continues to be an issue and weakness within plans.

All three contracted MCOs now have electronic signature platforms and can continue to utilize verbal signature processes until PHE is rescinded. Currently the PHE was expected to end October 13, 2022, however, it has now been pushed back to May 11, 2023. MCOs will mail PCSP for signature and within that letter indicate if signature not received services will be closed in 60 days.

Each MCO met on August 9, 2022 and were requested to provide an annual updated QIP for each PM under 87% as well as for each waiver that showed over 50% of PMs not being met. Further guidance was provided to the MCOs on September 21, 2022 with a deadline of updates due October 7, 2022 and final approval given on October 28, 2022.

KDADS met with MCOs again March 30, 2023 with a six month update of QIPs for all performance measures previously submitted as those measures need to be met for eight consecutive quarters before they can be considered resolved. MCOs provided KDADS with updated QIPs and plans to meet with MCOs again in May 2023 to meet new KDADS QA and review if QIPs submitted are adequate to meet expectations.

This audit for July - September 2022 continues to show ongoing improvement from all three MCOs across all waivers; however, most measures continue to not meet the required threshold.

KDADS HCBS Quality Review Report

Service Plan

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

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

Denominator: Number of waiver participants whose service plans were reviewed

Review Period: 07/01/2022 - 09/30/2022

Data Source: MCO Record Review

Compliance By Waiver	Aetna	Sunflower	United	Statewide
PD	60%	88%	83%	78%
Numerator	15	29	29	73
Denominator	25	33	35	93
FE	75%	77%	85%	80%
Numerator	21	20	33	74
Denominator	28	26	39	93
IDD	93%	79%	77%	81%
Numerator	14	38	24	76
Denominator	15	48	31	94
BI	70%	79%	83%	78%
Numerator	16	15	25	56
Denominator	23	19	30	72
TA	94%	75%	89%	86%
Numerator	16	15	24	55
Denominator	17	20	27	64
Autism	100%	100%	100%	100%
Numerator	3	3	4	10
Denominator	3	3	4	10
SED	33%	45%	82%	56%
Numerator	8	14	27	49
Denominator	24	31	33	88

Explanation of Findings:

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

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

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

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

TA: No valid signature and/or date, service plan not provided or does not cover entire review period, DPOA/Guardianship paperwork not provided for validation

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

Remediation:

Data reviews and audit requirements are continued to be discussed and reviewed with MCOs at the scheduled quarterly meetings and the Quality Improvement Plan (QIP) meetings until measures meet 87% or greater. Root cause analysis has found that there are not signed service plans that can be used to validate that goals were addressed with the participants.

KDADS believes having a signed service plan will improve the compliance with most performance measures. MCOs will continue to complete Service Plan (SP) processes by telephone or video and begin sending SPs to participants via mail with self addressed stamped envelopes so that participants can sign and return. With the earlier HCBS Waiver Programs COVID-19 guidance exception that was rescinded in September 2020, KDADS has continued to coordinate with the MCOs in educating their Care Coordinators on how to adequately complete a Person-Centered Service Plan (PCSP) through each MCO's quality improvement plans. Part of that education includes implementation of SMART goals as this continues to be an issue and weakness within plans.

All three contracted MCOs now have electronic signature platforms and can continue to utilize verbal signature processes until PHE is rescinded. Currently the PHE was expected to end October 13, 2022, however, it has now been pushed back to May 11, 2023. MCOs will mail PCSP for signature and within that letter indicate if signature not received services will be closed in 60 days.

Each MCO met on August 9, 2022 and were requested to provide an annual updated QIP for each PM under 87% as well as for each waiver that showed over 50% of PMs not being met. Further guidance was provided to the MCOs on September 21, 2022 with a deadline of updates due October 7, 2022 and final approval given on October 28, 2022.

KDADS met with MCOs again March 30, 2023 with a six month update of QIPs for all performance measures previously submitted as those measures need to be met for eight consecutive quarters before they can be considered resolved. MCOs provided KDADS with updated QIPs and plans to meet with MCOs again in May 2023 to meet new KDADS QA and review if QIPs submitted are adequate to meet expectations.

This audit for July - September 2022 continues to show ongoing improvement from all three MCOs across all waivers; however, most measures continue to not meet the required threshold.

Compliance Trends	2013	2014	2015	2016	2017	2018	2019	2020	2021	Jan-Mar 2022	Apr-Jun 2022	Jul-Sept 2022
PD												
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	68%	44%	69%	75%	64%	60%
Amerigroup		88%	70%	79%	87%	97%	N/A	N/A	N/A	N/A	N/A	N/A
Sunflower		87%	70%	74%	88%	80%	86%	60%	56%	43%	83%	88%
United		84%	79%	89%	88%	95%	87%	50%	36%	59%	68%	83%
Statewide	Not a Measure	87%	72%	81%	88%	91%	83%	52%	52%	59%	71%	78%
FE												
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	46%	43%	67%	72%	81%	75%
Amerigroup		83%	78%	76%	84%	92%	N/A	N/A	N/A	N/A	N/A	N/A
Sunflower		86%	60%	83%	87%	78%	65%	56%	50%	60%	90%	77%
United		87%	83%	88%	91%	92%	66%	50%	38%	69%	61%	85%
Statewide	90%	85%	72%	83%	88%	87%	63%	51%	49%	67%	76%	80%
IDD												
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	53%	40%	68%	75%	50%	93%
Amerigroup		84%	76%	73%	76%	85%	N/A	N/A	N/A	N/A	N/A	N/A
Sunflower		82%	60%	74%	78%	83%	79%	52%	43%	60%	73%	79%
United		88%	51%	79%	93%	90%	78%	43%	50%	80%	62%	77%
Statewide	Not a Measure	84%	63%	75%	81%	85%	76%	47%	49%	69%	66%	81%
BI												
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	40%	21%	51%	62%	77%	70%
Amerigroup		73%	51%	65%	80%	82%	N/A	N/A	N/A	N/A	N/A	N/A
Sunflower		84%	45%	86%	80%	79%	77%	38%	42%	62%	86%	79%
United		80%	69%	59%	79%	92%	85%	35%	38%	57%	61%	83%
Statewide	Not a Measure	78%	52%	74%	80%	83%	72%	32%	43%	60%	73%	78%
TA												
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	78%	33%	54%	94%	88%	94%
Amerigroup		83%	75%	71%	90%	99%	N/A	N/A	N/A	N/A	N/A	N/A
Sunflower		97%	86%	84%	68%	89%	90%	40%	52%	57%	50%	75%
United		97%	58%	79%	95%	86%	91%	32%	62%	78%	85%	89%
Statewide	Not a Measure	91%	76%	76%	84%	93%	89%	35%	57%	75%	75%	86%
Autism												
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	17%	0%	43%	50%	50%	100%
Amerigroup		77%	59%	35%	88%	100%	N/A	N/A	N/A	N/A	N/A	N/A
Sunflower		53%	55%	50%	15%	44%	69%	73%	88%	100%	100%	100%
United		71%	36%	17%	6%	47%	65%	13%	70%	100%	100%	100%
Statewide	Not a Measure	69%	52%	37%	35%	59%	60%	23%	72%	78%	92%	100%
SED												
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	93%	30%	46%	26%	24%	33%
Amerigroup		92%	98%	97%	97%	97%	N/A	N/A	N/A	N/A	N/A	N/A
Sunflower		90%	95%	86%	98%	96%	32%	40%	30%	22%	45%	
United		87%	99%	96%	86%	96%	98%	38%	73%	79%	75%	82%
Statewide	93%	90%	98%	94%	93%	97%	96%	34%	54%	47%	42%	56%

KDADS HCBS Quality Review Report

Service Plan

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

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

Denominator: Number of waiver participants whose service plans were reviewed

Review Period: 07/01/2022 - 09/30/2022

Data Source: MCO Record Review

Compliance By Waiver	Aetna	Sunflower	United	Statewide
PD	64%	82%	74%	74%
Numerator	16	27	26	69
Denominator	25	33	35	93
FE	85%	85%	79%	84%
Numerator	25	22	31	78
Denominator	28	26	39	93
IDD	87%	56%	68%	65%
Numerator	13	27	21	61
Denominator	15	48	31	94
BI	78%	95%	87%	86%
Numerator	18	18	26	62
Denominator	23	19	30	72
TA	88%	80%	89%	86%
Numerator	15	16	24	55
Denominator	17	20	27	64
Autism	100%	100%	100%	100%
Numerator	3	3	4	10
Denominator	3	3	4	10
SED	71%	84%	85%	81%
Numerator	17	26	28	71
Denominator	24	31	33	88

Explanation of Findings:

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

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

IDD: No valid signature and/or date, service plan not provided or does not cover entire review period, DPDA/Guardianship paperwork not provided for validation

SED: No valid signature and/or date, service plan not provided or does not cover entire review period, DPDA paperwork not provided for validation

Compliance Trends	2013	2014	2015	2016	2017	2018	2019	2020	2021	Jan-Mar 2022	Apr-Jun 2022	Jul-Sept 2022
PD												
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	84%	47%	62%	64%	56%	64%
Amerigroup		73%	67%	71%	72%	91%	N/A	N/A	N/A	N/A	N/A	N/A
Sunflower		82%	72%	72%	70%	81%	82%	67%	49%	40%	69%	82%
United		92%	73%	83%	76%	89%	88%	58%	36%	56%	68%	74%
Statewide	82%	82%	70%	75%	72%	87%	85%	58%	48%	53%	65%	74%
FE												
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	81%	63%	65%	76%	85%	89%
Amerigroup		81%	67%	63%	70%	84%	N/A	N/A	N/A	N/A	N/A	N/A
Sunflower		85%	57%	78%	78%	83%	86%	66%	50%	63%	79%	85%
United		90%	69%	84%	91%	91%	86%	66%	52%	69%	71%	79%
Statewide	81%	85%	64%	76%	81%	86%	85%	66%	55%	69%	78%	84%
IDD												
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	73%	45%	60%	63%	50%	87%
Amerigroup		75%	77%	68%	64%	80%	N/A	N/A	N/A	N/A	N/A	N/A
Sunflower		81%	66%	65%	63%	81%	77%	57%	38%	52%	71%	56%
United		91%	48%	54%	86%	84%	75%	41%	48%	70%	52%	68%
Statewide	97%	82%	66%	63%	70%	81%	76%	50%	45%	60%	61%	65%
BI												
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	73%	58%	64%	67%	73%	78%
Amerigroup		65%	44%	56%	63%	73%	N/A	N/A	N/A	N/A	N/A	N/A
Sunflower		84%	40%	88%	61%	88%	83%	58%	62%	76%	95%	87%
United		77%	65%	70%	65%	84%	88%	70%	61%	71%	87%	87%
Statewide	60%	76%	47%	68%	63%	80%	83%	63%	56%	63%	73%	86%
TA												
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	92%	51%	58%	88%	76%	88%
Amerigroup		81%	78%	72%	88%	92%	N/A	N/A	N/A	N/A	N/A	N/A
Sunflower		94%	89%	85%	68%	85%	90%	52%	56%	81%	45%	80%
United		96%	59%	70%	91%	93%	96%	45%	64%	70%	89%	89%
Statewide	92%	89%	79%	76%	83%	90%	93%	49%	60%	78%	72%	86%
Autism												
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	50%	42%	57%	75%	0%	100%
Amerigroup		67%	52%	40%	82%	100%	N/A	N/A	N/A	N/A	N/A	N/A
Sunflower		43%	47%	38%	18%	83%	77%	85%	81%	100%	100%	100%
United		33%	38%	7%	20%	59%	73%	33%	70%	100%	88%	100%
Statewide	64%	57%	48%	31%	41%	78%	71%	48%	72%	89%	77%	100%
SED												
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	83%	70%	80%	87%	80%	71%
Amerigroup		89%	97%	94%	96%	95%	N/A	N/A	N/A	N/A	N/A	N/A
Sunflower		89%	91%	79%	92%	92%	92%	58%	76%	82%	81%	84%
United		83%	99%	85%	77%	97%	95%	54%	85%	88%	88%	85%
Statewide	80%	87%	96%	86%	88%	95%	92%	60%	80%	85%	83%	81%

Remediation:

Data reviews and audit requirements are continued to be discussed and reviewed with MCOs at the scheduled quarterly meetings and the Quality Improvement Plan (QIP) meetings until measures meet 87% or greater. Root cause analysis has found that there are not signed service plans that can be used to validate that goals were addressed with the participants.

KDADS believes having a signed service plan will improve the compliance with most performance measures. MCOs will continue to complete Service Plan (SPs) processes by telephone or video and begin sending SPs to participants via mail with self addressed stamped envelopes so that participants can sign and return. With the earlier HCBS Waiver Programs COVID-19 guidance exception that was rescinded in September 2020, KDADS has continued to coordinate with the MCOs in educating their Care Coordinators on how to adequately complete a Person-Centered Service Plan (PCSP) through each MCO's quality improvement plans. Part of that education includes implementation of SMART goals as this continues to be an issue and weakness within plans.

All three contracted MCOs now have electronic signature platforms and can continue to utilize verbal signature processes until PHE is rescinded. Currently the PHE was expected to end October 13, 2022, however, it has now been pushed back to May 11, 2023. MCOs will mail PCSP for signature and within that letter indicate if signature not received services will be closed in 60 days.

Each MCO met on August 9, 2022 and were requested to provide an annual updated QIP for each PM under 87% as well as for each waiver that showed over 50% of PMs not being met. Further guidance was provided to the MCOs on September 21, 2022 with a deadline of updates due October 7, 2022 and final approval given on October 28, 2022.

KDADS met with MCOs again March 30, 2023 with a six month update of QIPs for all performance measures previously submitted as those measures need to be met for eight consecutive quarters before they can be considered resolved. MCOs provided KDADS with updated QIPs and plans to meet with MCOs again in May 2023 to meet new KDADS QA and review if QIPs submitted are adequate to meet expectations.

This audit for July - September 2022 continues to show ongoing improvement from all three MCOs across all waivers; however, most measures continue to not meet the required threshold.

KDADS HCBS Quality Review Report

Service Plan

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

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

Denominator: Number of waiver participants whose service plans were reviewed

Review Period: 07/01/2022 - 09/30/2022

Data Source: MCO Record Review

Compliance By Waiver	Aetna	Sunflower	United	Statewide
PD	100%	91%	97%	96%
Numerator	25	30	34	89
Denominator	25	33	35	93
FE	96%	100%	97%	98%
Numerator	27	26	38	91
Denominator	28	26	39	93
IDD	100%	100%	97%	99%
Numerator	15	48	30	93
Denominator	15	48	31	94
BI	91%	95%	100%	96%
Numerator	21	18	30	69
Denominator	23	19	30	72
TA	100%	100%	100%	100%
Numerator	17	20	27	64
Denominator	17	20	27	64
Autism	100%	100%	100%	100%
Numerator	3	3	4	10
Denominator	3	3	4	10
SED	96%	94%	100%	97%
Numerator	23	29	33	85
Denominator	24	31	33	88

Explanation of Findings:

Performance threshold achieved for all waivers.

Remediation:

Remediation not necessary, performance threshold achieved for all waivers.

Compliance Trends	2013	2014	2015	2016	2017	2018	2019	2020	2021	Jan-Mar 2022	Apr-Jun 2022	Jul-Sept 2022
PD												
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	95%	85%	93%	93%	96%	100%
Amerigroup		20%	36%	67%	68%	98%	N/A	N/A	N/A	N/A	N/A	N/A
Sunflower		53%	58%	50%	54%	94%	95%	93%	93%	100%	91%	91%
United		50%	63%	80%	67%	99%	98%	89%	92%	100%	86%	97%
Statewide	75%	39%	53%	65%	62%	97%	96%	89%	93%	96%	93%	96%
FE												
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	100%	91%	98%	100%	85%	96%
Amerigroup		24%	71%	42%	70%	96%	N/A	N/A	N/A	N/A	N/A	N/A
Sunflower		39%	51%	63%	59%	92%	97%	91%	93%	100%	100%	100%
United		50%	47%	87%	86%	98%	97%	92%	90%	97%	82%	97%
Statewide	78%	38%	54%	65%	67%	96%	98%	92%	93%	99%	88%	98%
IDD												
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	96%	88%	100%	100%	94%	100%
Amerigroup		7%	60%	27%	67%	95%	N/A	N/A	N/A	N/A	N/A	N/A
Sunflower		38%	16%	25%	47%	97%	96%	97%	97%	100%	100%	100%
United		16%	30%	30%	83%	97%	91%	86%	95%	97%	97%	97%
Statewide	97%	23%	28%	28%	60%	96%	94%	92%	97%	99%	98%	99%
BI												
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	95%	89%	84%	95%	86%	91%
Amerigroup		24%	42%	61%	67%	88%	N/A	N/A	N/A	N/A	N/A	N/A
Sunflower		54%	27%	75%	44%	86%	92%	85%	97%	86%	90%	95%
United		46%	50%	75%	33%	97%	93%	90%	89%	96%	89%	100%
Statewide	53%	38%	38%	67%	57%	89%	93%	88%	90%	93%	89%	96%
TA												
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	97%	88%	100%	100%	100%	100%
Amerigroup		32%	73%	56%	94%	96%	N/A	N/A	N/A	N/A	N/A	N/A
Sunflower		54%	89%	63%	57%	92%	95%	87%	92%	100%	95%	100%
United		38%	43%	60%	100%	98%	97%	95%	94%	96%	93%	100%
Statewide	92%	42%	75%	60%	83%	95%	96%	90%	95%	98%	95%	100%
Autism												
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	100%	92%	86%	100%	100%	100%
Amerigroup		10%	0%	17%	75%	100%	N/A	N/A	N/A	N/A	N/A	N/A
Sunflower		17%	25%	50%	14%	94%	85%	95%	88%	100%	100%	100%
United		0%	0%	9%	0%	82%	96%	75%	100%	100%	100%	100%
Statewide	45%	11%	11%	16%	22%	91%	93%	85%	94%	100%	100%	100%
SED												
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	81%	80%	82%	100%	92%	96%
Amerigroup		90%	90%	97%	97%	96%	N/A	N/A	N/A	N/A	N/A	N/A
Sunflower		83%	79%	68%	88%	91%	92%	64%	85%	100%	94%	94%
United		84%	93%	83%	67%	96%	95%	69%	93%	100%	97%	100%
Statewide	85%	86%	88%	83%	83%	93%	92%	78%	87%	100%	94%	97%

KDADS HCBS Quality Review Report

Service Plan

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

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

Denominator: Number of waiver participants whose service plans were reviewed

Review Period: 07/01/2022 - 09/30/2022

Data Source: MCO Record Review

Compliance By Waiver	Aetna	Sunflower	United	Statewide
PD	80%	97%	94%	91%
Numerator	20	32	33	85
Denominator	25	33	35	93
FE	79%	85%	97%	88%
Numerator	22	22	38	82
Denominator	28	26	39	93
IDD	100%	98%	90%	96%
Numerator	15	47	28	90
Denominator	15	48	31	94
BI	74%	95%	93%	88%
Numerator	17	18	28	63
Denominator	23	19	30	72
TA	94%	100%	93%	95%
Numerator	16	20	25	61
Denominator	17	20	27	64
Autism	33%	0%	50%	30%
Numerator	1	0	2	3
Denominator	3	3	4	10
SED	46%	55%	88%	65%
Numerator	11	17	29	57
Denominator	24	31	33	88

Explanation of Findings:

AU: Service plan is incomplete, notes indicate individuals are on wait list for services

SED: Service plan not provided or does not cover entire review period

Remediation:

Data reviews and audit requirements are continued to be discussed and reviewed with MCOs at the scheduled quarterly meetings and the Quality Improvement Plan (QIP) meetings until measures meet 87% or greater. Root cause analysis has found that there are not signed service plans that can be used to validate that goals were addressed with the participants.

KDADS believes having a signed service plan will improve the compliance with most performance measures. MCOs will continue to complete Service Plan (SP) processes by telephone or video and begin sending SP's to participants via mail with self addressed stamped envelopes so that participants can sign and return. With the earlier HCBS Waiver Programs COVID-19 guidance exception that was rescinded in September 2020, KDADS has continued to coordinate with the MCOs in educating their Care Coordinators on how to adequately complete a Person-Centered Service Plan (PCSP) through each MCO's quality improvement plans. Part of that education includes implementation of SMART goals as this continues to be an issue and weakness within plans.

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This audit for July - September 2022 continues to show ongoing improvement from all three MCOs across all waivers; however, most measures continue to not meet the required threshold.

Compliance Trends	2013	2014	2015	2016	2017	2018	2019	2020	2021	Jan-Mar 2022	Apr-Jun 2022	Jul-Sept 2022
PD												
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	68%	41%	80%	89%	72%	80%
Amerigroup		94%	69%	79%	83%	93%	N/A	N/A	N/A	N/A	N/A	N/A
Sunflower		96%	72%	76%	88%	80%	86%	59%	76%	87%	97%	97%
United		96%	78%	91%	87%	93%	88%	49%	73%	88%	89%	84%
Statewide	85%	95%	72%	81%	86%	88%	83%	50%	76%	88%	87%	91%
FE												
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	71%	42%	75%	68%	93%	79%
Amerigroup		83%	76%	75%	81%	86%	N/A	N/A	N/A	N/A	N/A	N/A
Sunflower		96%	64%	86%	87%	77%	88%	56%	74%	90%	93%	85%
United		96%	79%	89%	88%	92%	89%	49%	72%	95%	92%	97%
Statewide	87%	92%	72%	83%	86%	85%	86%	50%	73%	86%	93%	88%
IDD												
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	51%	39%	76%	94%	100%	100%
Amerigroup		78%	84%	73%	75%	82%	N/A	N/A	N/A	N/A	N/A	N/A
Sunflower		97%	62%	77%	80%	82%	79%	51%	66%	85%	96%	98%
United		100%	59%	81%	90%	89%	77%	44%	82%	100%	97%	90%
Statewide	98%	92%	68%	77%	81%	84%	75%	47%	73%	91%	97%	96%
BI												
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	43%	19%	63%	62%	64%	74%
Amerigroup		81%	55%	63%	77%	73%	N/A	N/A	N/A	N/A	N/A	N/A
Sunflower		95%	46%	84%	76%	76%	74%	34%	56%	81%	90%	95%
United		85%	71%	83%	76%	82%	81%	32%	63%	82%	68%	93%
Statewide	70%	87%	56%	72%	77%	75%	70%	30%	61%	76%	73%	88%
TA												
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	81%	31%	267%	100%	76%	94%
Amerigroup		98%	73%	79%	88%	98%	N/A	N/A	N/A	N/A	N/A	N/A
Sunflower		100%	86%	82%	68%	87%	89%	40%	66%	90%	90%	100%
United		96%	58%	82%	92%	86%	92%	32%	81%	93%	96%	93%
Statewide	100%	98%	74%	80%	83%	93%	89%	35%	73%	94%	89%	95%
Autism												
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	0%	13%	14%	0%	50%	33%
Amerigroup		89%	59%	37%	88%	91%	N/A	N/A	N/A	N/A	N/A	N/A
Sunflower		100%	55%	50%	15%	28%	23%	35%	31%	0%	33%	0%
United		50%	21%	17%	13%	41%	58%	0%	50%	67%	50%	50%
Statewide	50%	86%	49%	38%	37%	48%	40%	11%	40%	22%	46%	30%
SED												
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	96%	30%	46%	35%	40%	46%
Amerigroup		91%	99%	95%	99%	96%	N/A	N/A	N/A	N/A	N/A	N/A
Sunflower		96%	94%	84%	98%	98%	95%	32%	47%	33%	31%	55%
United		92%	99%	91%	86%	96%	98%	38%	79%	85%	81%	88%
Statewide	13%	93%	98%	90%	94%	97%	97%	34%	59%	53%	52%	65%

*Audit methodology has changed for this question, effective April-June 2021

KDADS HCBS Quality Review Report

Service Plan

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

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

Denominator: Number of waiver participants interviewed by QMS staff

Review Period: 07/01/2022 - 09/30/2022

Data Source: Customer Interview

Compliance By Waiver	Aetna	Sunflower	United	Statewide
PD	90%	94%	94%	93%
Numerator	9	15	17	41
Denominator	10	16	18	44
FE	75%	100%	100%	94%
Numerator	6	11	17	34
Denominator	8	11	17	36
IDD	89%	100%	100%	98%
Numerator	8	26	17	51
Denominator	9	26	17	52
BI	100%	80%	75%	84%
Numerator	8	4	9	21
Denominator	8	5	12	25
TA	86%	100%	86%	90%
Numerator	6	8	12	26
Denominator	7	8	14	29
Autism	50%	100%	N/A	75%
Numerator	1	2	0	3
Denominator	2	2	0	4
SED	Not a Waiver Performance Measure			
Numerator				
Denominator				

Explanation of Findings:

BI: Waiver beneficiary or responsible party reporting individual is not receiving as indicated on service plan

AU: Responsible party reporting individual is not receiving as indicated on service plan

Remediation:

Data reviews and audit requirements are continued to be discussed and reviewed with MCOs at the scheduled quarterly meetings and the Quality Improvement Plan (QIP) meetings until measures meet 87% or greater. Root cause analysis has found that there are not signed service plans that can be used to validate that goals were addressed with the participants.

KDADS believes having a signed service plan will improve the compliance with most performance measures. MCOs will continue to complete Service Plan (SPs) processes by telephone or video and begin sending SP's to participants via mail with self addressed stamped envelopes so that participants can sign and return. With the earlier HCBS Waiver Programs COVID-19 guidance exception that was rescinded in September 2020, KDADS has continued to coordinate with the MCOs in educating their Care Coordinators on how to adequately complete a Person-Centered Service Plan (PCSP) through each MCO's quality improvement plans. Part of that education includes implementation of SMART goals as this continues to be an issue and weakness within plans.

All three contracted MCOs now have electronic signature platforms and can continue to utilize verbal signature processes until PHE is rescinded. Currently the PHE was expected to end October 13, 2022, however, it has now been pushed back to May 11, 2023. MCOs will mail PCSP for signature and within that letter indicate if signature not received services will be closed in 60 days.

Each MCO met on August 9, 2022 and were requested to provide an annual updated QIP for each PM under 87% as well as for each waiver that showed over 50% of PMs not being met. Further guidance was provided to the MCOs on September 21, 2022 with a deadline of updates due October 7, 2022 and final approval given on October 28, 2022.

KDADS met with MCOs again March 30, 2023 with a six month update of QIPs for all performance measures previously submitted as those measures need to be met for eight consecutive quarters before they can be considered resolved. MCOs provided KDADS with updated QIPs and plans to meet with MCOs again in May 2023 to meet new KDADS QA and review if QIPs submitted are adequate to meet expectations. This audit for July - September 2022 continues to show ongoing improvement from all three MCOs across all waivers; however, most measures continue to not meet the required threshold.

Compliance Trends	2013	2014	2015	2016	2017	2018	2019	2020	2021	Jan-Mar 2022	Apr-Jun 2022	Jul-Sept 2022
PD												
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	93%	100%	93%	93%	100%	90%
Amerigroup		97%			94%	94%	N/A	N/A	N/A	N/A	N/A	N/A
Sunflower		92%			97%	98%	94%	81%	99%	93%	100%	94%
United		93%			91%	98%	91%	85%	95%	93%	83%	94%
Statewide	Not a Measure	94%	No Data	No Data	94%	97%	93%	88%	96%	93%	95%	93%
FE												
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	100%	92%	93%	80%	100%	75%
Amerigroup		85%			97%	96%	N/A	N/A	N/A	N/A	N/A	N/A
Sunflower		86%			93%	95%	96%	100%	88%	93%	93%	100%
United		82%			91%	94%	94%	94%	93%	87%	80%	100%
Statewide	87%	84%	No Data	No Data	94%	95%	96%	95%	92%	88%	90%	94%
IDD												
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	100%	100%	97%	100%	100%	89%
Amerigroup		92%			93%	100%	N/A	N/A	N/A	N/A	N/A	N/A
Sunflower		96%			99%	97%	96%	95%	111%	95%	93%	100%
United		93%			92%	100%	95%	90%	98%	90%	91%	100%
Statewide	Not a Measure	94%	No Data	No Data	96%	98%	96%	95%	98%	94%	94%	98%
BI												
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	100%	88%	91%	71%	67%	100%
Amerigroup		81%			81%	87%	N/A	N/A	N/A	N/A	N/A	N/A
Sunflower		88%			79%	78%	95%	88%	89%	67%	75%	80%
United		83%			76%	92%	100%	100%	81%	91%	85%	75%
Statewide	Not a Measure	83%	No Data	No Data	80%	85%	95%	91%	86%	79%	78%	84%
TA												
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	60%	100%	94%	100%	100%	86%
Amerigroup		89%			96%	98%	N/A	N/A	N/A	N/A	N/A	N/A
Sunflower		84%			94%	95%	100%	100%	94%	100%	100%	100%
United		85%			94%	100%	93%	100%	91%	90%	100%	86%
Statewide	Not a Measure	87%	No Data	No Data	95%	98%	92%	100%	93%	96%	100%	90%
Autism												
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	N/A	100%	75%	100%	0%	50%
Amerigroup		74%			89%	67%	N/A	N/A	N/A	N/A	N/A	N/A
Sunflower		70%			50%	88%	67%	100%	50%	100%	N/A	100%
United		60%			75%	50%	73%	33%	78%	50%	100%	N/A
Statewide	Not a Measure	71%	No Data	No Data	68%	68%	71%	71%	68%	75%	75%	75%
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: 07/01/2022 - 09/30/2022

Data Source: MCO Record Review

Compliance By Waiver	Aetna	Sunflower	United	Statewide
PD	80%	94%	94%	90%
Numerator	20	31	33	84
Denominator	25	33	35	93
FE	86%	88%	97%	91%
Numerator	24	23	38	85
Denominator	28	26	39	93
IDD	100%	100%	97%	99%
Numerator	15	48	30	93
Denominator	15	48	31	94
BI	91%	100%	93%	94%
Numerator	21	19	28	68
Denominator	23	19	30	72
TA	94%	100%	100%	98%
Numerator	16	20	27	63
Denominator	17	20	27	64
Autism	100%	100%	100%	100%
Numerator	3	3	4	10
Denominator	3	3	4	10
SED	92%	90%	91%	91%
Numerator	22	28	30	80
Denominator	24	31	33	88

Explanation of Findings:

Performance threshold achieved for all waivers.

Remediation:

No remediation necessary, performance threshold achieved for all waivers.

Compliance Trends	2013	2014	2015	2016	2017	2018	2019	2020	2021	Jan-Mar 2022	Apr-Jun 2022	Jul-Sept 2022
PD												
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	64%	49%	85%	96%	76%	80%
Amerigroup		68%	56%	68%	80%	97%	N/A	N/A	N/A	N/A	N/A	N/A
Sunflower		58%	69%	73%	85%	80%	86%	64%	78%	93%	100%	94%
United		69%	73%	89%	87%	94%	88%	56%	75%	85%	89%	94%
Statewide	52%	65%	65%	76%	84%	90%	82%	57%	79%	91%	89%	90%
FE												
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	73%	44%	82%	80%	86%	86%
Amerigroup		68%	59%	64%	82%	92%	N/A	N/A	N/A	N/A	N/A	N/A
Sunflower		76%	59%	82%	86%	77%	88%	58%	74%	90%	93%	88%
United		77%	75%	85%	91%	93%	88%	57%	73%	97%	95%	97%
Statewide	56%	74%	63%	77%	86%	87%	86%	55%	75%	90%	95%	91%
IDD												
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	51%	48%	77%	94%	100%	100%
Amerigroup		51%	45%	68%	74%	84%	N/A	N/A	N/A	N/A	N/A	N/A
Sunflower		68%	42%	69%	71%	79%	77%	54%	65%	85%	92%	100%
United		75%	55%	76%	91%	89%	80%	51%	85%	100%	97%	97%
Statewide	99%	64%	46%	70%	77%	83%	75%	52%	73%	91%	95%	99%
BI												
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	38%	24%	71%	76%	86%	91%
Amerigroup		54%	50%	53%	76%	82%	N/A	N/A	N/A	N/A	N/A	N/A
Sunflower		75%	40%	86%	80%	80%	82%	48%	58%	100%	95%	100%
United		70%	74%	83%	79%	92%	84%	41%	66%	96%	82%	93%
Statewide	44%	65%	52%	67%	78%	83%	73%	39%	65%	91%	87%	94%
TA												
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	76%	47%	75%	100%	88%	94%
Amerigroup		87%	65%	68%	85%	96%	N/A	N/A	N/A	N/A	N/A	N/A
Sunflower		84%	80%	77%	66%	89%	90%	62%	67%	90%	90%	100%
United		92%	58%	79%	95%	86%	91%	46%	85%	96%	86%	100%
Statewide	96%	86%	68%	72%	81%	92%	88%	52%	76%	95%	92%	98%
Autism												
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	17%	21%	57%	50%	50%	100%
Amerigroup		67%	67%	47%	88%	100%	N/A	N/A	N/A	N/A	N/A	N/A
Sunflower		44%	45%	50%	40%	50%	69%	78%	81%	100%	100%	100%
United		88%	21%	17%	19%	29%	65%	13%	80%	100%	100%	100%
Statewide	40%	63%	49%	42%	48%	54%	60%	31%	77%	78%	92%	100%
SED												
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	91%	56%	83%	100%	80%	92%
Amerigroup		94%	91%	98%	99%	97%	N/A	N/A	N/A	N/A	N/A	N/A
Sunflower		91%	72%	84%	94%	87%	93%	57%	75%	94%	91%	90%
United		84%	97%	88%	88%	97%	95%	59%	84%	88%	88%	91%
Statewide	98%	89%	88%	90%	94%	94%	94%	58%	80%	93%	87%	91%

*Audit methodology has changed for this question, effective April-June 2021

KDADS HCBS Quality Review Report

Service Plan

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

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

Denominator: Number of waiver participants whose service plans were reviewed

Review Period: 07/01/2022 - 09/30/2022

Data Source: MCO Record Review

Compliance By Waiver	Aetna	Sunflower	United	Statewide
PD	80%	94%	97%	91%
Numerator	20	31	34	85
Denominator	25	33	35	93
FE	86%	88%	97%	91%
Numerator	24	23	38	85
Denominator	28	26	39	93
IDD	100%	100%	97%	99%
Numerator	15	48	30	93
Denominator	15	48	31	94
BI	91%	100%	93%	94%
Numerator	21	19	28	68
Denominator	23	19	30	72
TA	94%	100%	100%	98%
Numerator	16	20	27	63
Denominator	17	20	27	64
Autism	100%	100%	100%	100%
Numerator	3	3	4	10
Denominator	3	3	4	10
SED	92%	90%	91%	91%
Numerator	22	28	30	80
Denominator	24	31	33	88

Explanation of Findings:

Performance threshold achieved for all waivers

Remediation:

No remediation necessary, performance threshold achieved for all waivers.

Compliance Trends	2013	2014	2015	2016	2017	2018	2019	2020	2021	Jan-Mar 2022	Apr-Jun 2022	Jul-Sept 2022
PD												
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	59%	50%	85%	96%	76%	80%
Amerigroup		68%	53%	62%	79%	96%	N/A	N/A	N/A	N/A	N/A	N/A
Sunflower		72%	50%	71%	36%	74%	86%	64%	78%	93%	100%	94%
United		77%	73%	84%	78%	94%	88%	56%	75%	85%	89%	97%
Statewide	64%	72%	57%	72%	64%	88%	81%	57%	79%	91%	89%	91%
FE												
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	73%	44%	82%	80%	96%	86%
Amerigroup		67%	57%	67%	80%	92%	N/A	N/A	N/A	N/A	N/A	N/A
Sunflower		86%	47%	82%	35%	74%	88%	58%	74%	90%	93%	88%
United		85%	74%	84%	80%	92%	88%	56%	73%	100%	95%	97%
Statewide	59%	80%	57%	78%	63%	86%	86%	54%	75%	91%	95%	91%
IDD												
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	49%	48%	77%	94%	100%	100%
Amerigroup		55%	46%	70%	71%	85%	N/A	N/A	N/A	N/A	N/A	N/A
Sunflower		68%	35%	69%	34%	79%	78%	54%	66%	85%	92%	100%
United		77%	50%	74%	89%	88%	80%	51%	85%	100%	97%	97%
Statewide	No Data	66%	42%	71%	58%	83%	75%	52%	74%	91%	95%	99%
BI												
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	38%	24%	71%	76%	86%	91%
Amerigroup		56%	50%	52%	74%	82%	N/A	N/A	N/A	N/A	N/A	N/A
Sunflower		80%	23%	86%	28%	79%	82%	48%	58%	100%	95%	100%
United		74%	67%	80%	76%	92%	85%	42%	66%	96%	82%	93%
Statewide	53%	68%	45%	66%	63%	83%	74%	39%	65%	91%	87%	94%
TA												
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	73%	47%	75%	100%	88%	94%
Amerigroup		86%	65%	71%	86%	99%	N/A	N/A	N/A	N/A	N/A	N/A
Sunflower		97%	53%	79%	29%	86%	90%	62%	67%	90%	90%	100%
United		94%	55%	64%	82%	86%	91%	46%	85%	96%	96%	100%
Statewide	96%	91%	60%	72%	68%	93%	88%	52%	76%	95%	92%	98%
Autism												
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	17%	21%	57%	50%	50%	100%
Amerigroup		79%	52%	47%	88%	100%	N/A	N/A	N/A	N/A	N/A	N/A
Sunflower		50%	27%	61%	20%	56%	69%	78%	63%	100%	100%	100%
United		88%	14%	17%	13%	41%	65%	13%	83%	100%	100%	100%
Statewide	55%	72%	35%	46%	38%	61%	60%	31%	74%	78%	92%	100%
SED												
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	91%	56%	83%	100%	80%	92%
Amerigroup		94%	92%	98%	99%	97%	N/A	N/A	N/A	N/A	N/A	N/A
Sunflower		91%	72%	84%	94%	87%	93%	57%	75%	94%	91%	90%
United		84%	97%	88%	87%	97%	95%	59%	84%	88%	88%	91%
Statewide	98%	89%	88%	90%	93%	94%	94%	58%	80%	93%	87%	91%

*Audit methodology has changed for this question, effective April-June 2021

KDADS HCBS Quality Review Report

Service Plan

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

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

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

Review Period: 07/01/2022 - 09/30/2022

Data Source: MCO Record Review

Compliance By Waiver	Aetna	Sunflower	United	Statewide
PD	80%	94%	94%	90%
Numerator	20	31	33	84
Denominator	25	33	35	93
FE	86%	88%	97%	91%
Numerator	24	23	38	85
Denominator	28	26	39	93
IDD	100%	100%	97%	99%
Numerator	15	48	30	93
Denominator	15	48	31	94
BI	91%	100%	93%	94%
Numerator	21	19	28	68
Denominator	23	19	30	72
TA	94%	100%	100%	98%
Numerator	16	20	27	63
Denominator	17	20	27	64
Autism	100%	100%	100%	100%
Numerator	3	3	4	10
Denominator	3	3	4	10
SED	92%	90%	91%	91%
Numerator	22	28	30	80
Denominator	24	31	33	88

Explanation of Findings:

Performance threshold achieved for all waivers

Remediation:

No remediation necessary, performance threshold achieved for all waivers.

Compliance Trends	2013	2014	2015	2016	2017	2018	2019	2020	2021	Jan-Mar 2022	Apr-Jun 2022	Jul-Sept 2022
PD												
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	7%	13%	85%	96%	76%	80%
Amerigroup		76%	57%	67%	81%	98%	N/A	N/A	N/A	N/A	N/A	N/A
Sunflower		74%	67%	73%	87%	80%	86%	64%	78%	93%	100%	94%
United		80%	78%	88%	87%	95%	88%	57%	76%	85%	89%	94%
Statewide	Not a Measure	76%	66%	75%	85%	91%	70%	48%	79%	91%	89%	90%
FE												
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	8%	25%	82%	80%	96%	86%
Amerigroup		67%	58%	72%	81%	92%	N/A	N/A	N/A	N/A	N/A	N/A
Sunflower		87%	56%	82%	86%	77%	88%	58%	74%	90%	93%	88%
United		85%	79%	84%	91%	93%	88%	46%	69%	100%	95%	97%
Statewide	65%	80%	63%	79%	86%	87%	76%	51%	75%	91%	95%	91%
IDD												
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	7%	21%	77%	94%	100%	100%
Amerigroup		47%	47%	66%	73%	87%	N/A	N/A	N/A	N/A	N/A	N/A
Sunflower		69%	41%	68%	74%	80%	78%	54%	66%	85%	92%	100%
United		78%	57%	79%	92%	88%	79%	50%	83%	100%	97%	97%
Statewide	No Data	64%	46%	70%	78%	84%	69%	48%	73%	91%	95%	99%
BI												
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	0%	5%	69%	71%	82%	91%
Amerigroup		55%	51%	54%	78%	84%	N/A	N/A	N/A	N/A	N/A	N/A
Sunflower		79%	40%	86%	78%	79%	82%	48%	58%	100%	95%	100%
United		73%	74%	83%	79%	92%	84%	42%	66%	96%	82%	93%
Statewide	No Data	67%	52%	68%	78%	84%	65%	34%	65%	90%	86%	94%
TA												
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	16%	18%	73%	100%	88%	94%
Amerigroup		87%	65%	69%	85%	99%	N/A	N/A	N/A	N/A	N/A	N/A
Sunflower		98%	80%	81%	68%	89%	89%	62%	66%	90%	90%	100%
United		94%	55%	79%	95%	86%	91%	45%	85%	96%	96%	100%
Statewide	No Data	92%	68%	74%	81%	93%	78%	45%	76%	95%	92%	98%
Autism												
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	0%	8%	57%	50%	50%	100%
Amerigroup		86%	67%	65%	94%	100%	N/A	N/A	N/A	N/A	N/A	N/A
Sunflower		47%	59%	67%	70%	61%	69%	78%	69%	100%	100%	100%
United		75%	43%	33%	38%	35%	69%	16%	87%	100%	100%	100%
Statewide	No Data	72%	59%	60%	67%	61%	60%	28%	77%	78%	92%	100%
SED												
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	91%	56%	83%	100%	80%	92%
Amerigroup		94%	92%	98%	99%	97%	N/A	N/A	N/A	N/A	N/A	N/A
Sunflower		91%	72%	84%	94%	87%	93%	57%	75%	94%	91%	90%
United		85%	98%	88%	87%	97%	95%	59%	84%	88%	88%	91%
Statewide	99%	90%	89%	91%	93%	94%	94%	58%	80%	93%	87%	91%

*Audit methodology has changed for this question, effective April-June 2021

KDADS HCBS Quality Review Report

Service Plan

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

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

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

Review Period: 07/01/2022 - 09/30/2022

Data Source: MCO Record Review

Compliance By Waiver	Aetna	Sunflower	United	Statewide
PD	80%	94%	94%	90%
Numerator	20	31	33	84
Denominator	25	33	35	93
FE	86%	88%	97%	91%
Numerator	24	23	38	85
Denominator	28	26	39	93
IDD	100%	98%	97%	98%
Numerator	15	47	30	92
Denominator	15	48	31	94
BI	91%	100%	93%	94%
Numerator	21	19	28	68
Denominator	23	19	30	72
TA	94%	100%	100%	98%
Numerator	16	20	27	63
Denominator	17	20	27	64
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:

Performance threshold achieved for all waivers

Remediation:

No remediation necessary, performance threshold achieved for all waivers.

Compliance Trends	2013	2014	2015	2016	2017	2018	2019	2020	2021	Jan-Mar 2022	Apr-Jun 2022	Jul-Sept 2022
PD												
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	12%	16%	85%	96%	76%	80%
Amerigroup		64%	58%	72%	81%	92%	N/A	N/A	N/A	N/A	N/A	N/A
Sunflower		73%	68%	72%	87%	79%	84%	63%	78%	93%	97%	94%
United		77%	78%	88%	86%	95%	88%	56%	76%	85%	89%	94%
Statewide	Not a Measure	71%	66%	77%	84%	89%	70%	48%	79%	91%	88%	90%
FE												
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	10%	22%	82%	80%	96%	86%
Amerigroup		64%	59%	73%	79%	88%	N/A	N/A	N/A	N/A	N/A	N/A
Sunflower		84%	59%	81%	87%	74%	87%	58%	74%	90%	93%	88%
United		77%	79%	85%	88%	93%	88%	56%	73%	100%	95%	97%
Statewide	65%	75%	64%	79%	85%	85%	76%	50%	75%	91%	95%	91%
IDD												
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	7%	21%	77%	94%	100%	100%
Amerigroup		34%	47%	64%	68%	84%	N/A	N/A	N/A	N/A	N/A	N/A
Sunflower		61%	39%	60%	65%	77%	75%	53%	66%	83%	92%	98%
United		77%	57%	73%	93%	89%	79%	51%	84%	100%	97%	97%
Statewide	No Data	53%	46%	64%	73%	82%	68%	48%	74%	90%	95%	98%
BI												
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	5%	5%	69%	76%	82%	91%
Amerigroup		50%	50%	56%	73%	80%	N/A	N/A	N/A	N/A	N/A	N/A
Sunflower		85%	43%	82%	78%	79%	81%	48%	58%	100%	95%	100%
United		70%	74%	83%	79%	89%	84%	42%	66%	96%	82%	93%
Statewide	No Data	66%	52%	68%	75%	81%	66%	34%	65%	91%	86%	94%
TA												
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	19%	16%	73%	100%	88%	94%
Amerigroup		82%	56%	66%	84%	99%	N/A	N/A	N/A	N/A	N/A	N/A
Sunflower		98%	82%	79%	68%	89%	89%	62%	67%	86%	90%	100%
United		100%	58%	79%	95%	84%	91%	46%	85%	96%	96%	100%
Statewide	No Data	90%	64%	72%	81%	93%	78%	45%	76%	94%	92%	98%
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												

*Audit methodology has changed for this question, effective April-June 2021

KDADS HCBS Quality Review Report

Service Plan

PM 14: Number and percent of service plans reviewed at least every 90 days

Numerator: Number of service plans reviewed at least every 90 days

Denominator: Number of waiver participants whose service plans were reviewed

Review Period: 07/01/2022 - 09/30/2022

Data Source: MCO Record Review

Compliance By Waiver	Aetna	Sunflower	United	Statewide
PD	Not a Waiver Performance Measure			
Numerator				
Denominator				
FE	Not a Waiver Performance Measure			
Numerator				
Denominator				
IDD	Not a Waiver Performance Measure			
Numerator				
Denominator				
BI	Not a Waiver Performance Measure			
Numerator				
Denominator				
TA	Not a Waiver Performance Measure			
Numerator				
Denominator				
Autism	Not a Waiver Performance Measure			
Numerator				
Denominator				
SED	29%	48%	82%	56%
Numerator	7	15	27	49
Denominator	24	31	33	88

Explanation of Findings:

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

Remediation:

Data reviews and audit requirements are continued to be discussed and reviewed with MCOs at the scheduled quarterly meetings and the Quality Improvement Plan (QIP) meetings until measures meet 87% or greater. Root cause analysis has found that there are not signed service plans that can be used to validate that goals were addressed with the participants.

KDADS believes having a signed service plan will improve the compliance with most performance measures. MCOs will continue to complete Service Plan (SPs) processes by telephone or video and begin sending SP's to participants via mail with self addressed stamped envelopes so that participants can sign and return. With the earlier HCBS Waiver Programs COVID-19 guidance exception that was rescinded in September 2020, KDADS has continued to coordinate with the MCOs in educating their Care Coordinators on how to adequately complete a Person-Centered Service Plan (PCSP) through each MCO's quality improvement plans. Part of that education includes implementation of SMART goals as this continues to be an issue and weakness within plans.

All three contracted MCOs now have electronic signature platforms and can continue to utilize verbal signature processes until PHE is rescinded. Currently the PHE was expected to end October 13, 2022, however, it has now been pushed back to May 11, 2023. MCOs will mail PCSP for signature and within that letter indicate if signature not received services will be closed in 60 days.

Each MCO met on August 9, 2022 and were requested to provide an annual updated QIP for each PM under 87% as well as for each waiver that showed over 50% of PMs not being met. Further guidance was provided to the MCOs on September 21, 2022 with a deadline of updates due October 7, 2022 and final approval given on October 28, 2022.

KDADS met with MCOs again March 30, 2023 with a six month update of QIPs for all performance measures previously submitted as those measures need to be met for eight consecutive quarters before they can be considered resolved. MCOs provided KDADS with updated QIPs and plans to meet with MCOs again in May 2023 to meet new KDADS QA and review if QIPs submitted are adequate to meet expectations. This audit for July - September 2022 continues to show ongoing improvement from all three MCOs across all waivers; however, most measures continue to not meet the required threshold.

Compliance Trends	2017	2018	2019	2020	2021	Jan-Mar 2022	Apr-Jun 2022	Jul-Sept 2022
PD	Not a Waiver Performance Measure							
FE	Not a Waiver Performance Measure							
IDD	Not a Waiver Performance Measure							
BI	Not a Waiver Performance Measure							
TA	Not a Waiver Performance Measure							
Autism	Not a Waiver Performance Measure							
SED	Not a Waiver Performance Measure							
Aetna	N/A	N/A	80%	32%	46%	17%	28%	29%
Amerigroup	99%	92%	N/A	N/A	N/A	N/A	N/A	N/A
Sunflower	88%	90%	88%	34%	35%	36%	22%	48%
United	83%	94%	94%	36%	70%	85%	75%	82%
Statewide	91%	92%	89%	35%	51%	49%	43%	56%

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: 07/01/2022 - 09/30/2022

Data Source: Adverse Incident Reporting

Compliance By Waiver	Aetna	Sunflower	United	Statewide
PD	100%	100%	100%	100%
Numerator	1	4	10	15
Denominator	1	4	10	15
FE	N/A	100%	100%	100%
Numerator	0	10	5	15
Denominator	0	10	5	15
IDD	100%	100%	100%	100%
Numerator	3	4	8	15
Denominator	3	4	8	15
BI	50%	N/A	N/A	50%
Numerator	1	0	0	1
Denominator	2	0	0	2
TA	N/A	100%	100%	100%
Numerator	0	1	1	2
Denominator	0	1	1	2
Autism	N/A	N/A	N/A	N/A
Numerator	0	0	0	0
Denominator	0	0	0	0
SED	N/A	N/A	N/A	N/A
Numerator	0	0	0	0
Denominator	0	0	0	0

Explanation of Findings:

BI: Member was a victim of homicide. Appropriate authorities are investigating.

Remediation:

The State followed up with the MCO, preventable causes were indicated due to the incident being classified as a homicide. The individual's provider responded timely notifying the next of kin and the appropriate authorities. Authorities are still investigating this incident.

Compliance Trends	2013	2014	2015	2016	2017	2018	2019	2020	2021	Jan-Mar 2022	Apr-Jun 2022	Jul-Sept 2022
PD												
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	N/A	100%	88%	N/A	N/A	100%
Amerigroup								N/A	N/A	N/A	N/A	N/A
Sunflower												
United								90%	96%	83%	88%	67%
Statewide								100%	86%	97%	91%	100%
FE								92%	93%	89%	89%	91%
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	N/A	100%	100%	N/A	N/A	N/A
Amerigroup								N/A	N/A	N/A	N/A	N/A
Sunflower												
United								100%	100%	92%	69%	83%
Statewide								75%	96%	94%	100%	100%
IDD								96%	98%	94%	81%	92%
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	N/A	100%	100%	91%	100%	100%
Amerigroup								N/A	N/A	N/A	N/A	N/A
Sunflower												
United								98%	100%	83%	94%	91%
Statewide								93%	95%	92%	90%	100%
BI								97%	99%	86%	94%	95%
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	0%	100%	0%	N/A
Amerigroup								N/A	N/A	N/A	N/A	N/A
Sunflower												
United								100%	100%	80%	N/A	0%
Statewide								N/A	N/A	75%	50%	100%
TA								100%	67%	79%	40%	50%
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	100%	N/A	100%
Amerigroup								N/A	N/A	N/A	N/A	N/A
Sunflower												
United								100%	100%	100%	100%	100%
Statewide								N/A	100%	75%	100%	N/A
Autism								100%	100%	86%	100%	100%
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Amerigroup								N/A	N/A	N/A	N/A	N/A
Sunflower												
United								N/A	N/A	N/A	N/A	N/A
Statewide								N/A	N/A	N/A	N/A	N/A
SED								N/A	N/A	N/A	N/A	N/A
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Amerigroup								N/A	N/A	N/A	N/A	N/A
Sunflower												
United								N/A	N/A	N/A	N/A	N/A
Statewide								N/A	N/A	N/A	N/A	N/A

KDADS HCBS Quality Review Report

Health and Welfare

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

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

Denominator: Number of unexpected deaths

Review Period: 07/01/2022 - 09/30/2022

Data Source: Adverse Incident Reporting

Compliance By Waiver	Aetna	Sunflower	United	Statewide
PD	100%	100%	100%	100%
Numerator	1	4	10	15
Denominator	1	4	10	15
FE	N/A	100%	100%	100%
Numerator	0	10	5	15
Denominator	0	10	5	15
IDD	100%	100%	100%	100%
Numerator	3	4	8	15
Denominator	3	4	8	15
BI	100%	N/A	N/A	100%
Numerator	2	0	0	2
Denominator	2	0	0	2
TA	N/A	100%	100%	100%
Numerator	0	1	2	3
Denominator	0	1	2	3
Autism	N/A	N/A	N/A	N/A
Numerator	0	0	0	0
Denominator	0	0	0	0
SED	N/A	N/A	N/A	N/A
Numerator	0	0	0	0
Denominator	0	0	0	0

Explanation of Findings:

Performance threshold achieved for all waivers

Remediation:

No remediation necessary

Compliance Trends	2013	2014	2015	2016	2017	2018	2019	2020	2021	Jan-Mar 2022	Apr-Jun 2022	Jul-Sept 2022
PD												
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	N/A	100%	100%	N/A	N/A	100%
Amerigroup								N/A	N/A	N/A	N/A	N/A
Sunflower	No Data						83%	100%	98%	100%	100%	100%
United								100%	100%	100%	100%	100%
Statewide								88%	100%	99%	100%	100%
FE												
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	N/A	100%	100%	N/A	N/A	N/A
Amerigroup								N/A	N/A	N/A	N/A	N/A
Sunflower	No Data						89%	100%	96%	100%	83%	100%
United								75%	100%	97%	100%	100%
Statewide								87%	100%	97%	100%	92%
IDD												
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	100%	100%	100%	100%	100%	100%
Amerigroup							N/A	N/A	N/A	N/A	N/A	N/A
Sunflower	No Data						92%	100%	96%	100%	100%	100%
United								87%	100%	92%	100%	100%
Statewide								92%	100%	95%	100%	100%
BI												
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	N/A	100%	100%	100%	N/A	100%
Amerigroup								N/A	N/A	N/A	N/A	N/A
Sunflower	No Data						100%	100%	100%	N/A	100%	N/A
United								N/A	N/A	100%	50%	100%
Statewide								100%	100%	100%	60%	100%
TA												
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	100%	N/A	100%
Amerigroup								N/A	N/A	N/A	N/A	N/A
Sunflower	No Data						100%	100%	100%	100%	100%	100%
United								N/A	100%	100%	N/A	100%
Statewide								100%	100%	100%	100%	100%
Autism												
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Amerigroup								N/A	N/A	N/A	N/A	N/A
Sunflower	No Data						N/A	N/A	N/A	N/A	N/A	N/A
United								N/A	N/A	N/A	N/A	N/A
Statewide								N/A	N/A	N/A	N/A	N/A
SED												
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Amerigroup								N/A	N/A	N/A	N/A	N/A
Sunflower	No Data						N/A	N/A	N/A	N/A	N/A	N/A
United								N/A	N/A	N/A	N/A	N/A
Statewide								N/A	N/A	N/A	N/A	N/A

KDADS HCBS Quality Review Report

Health and Welfare

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

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

Denominator: Number of unexpected deaths

Review Period: 07/01/2022 - 09/30/2022

Data Source: Adverse Incident Reporting

Compliance By Waiver	Aetna	Sunflower	United	Statewide
PD	100%	100%	100%	100%
Numerator	1	4	10	15
Denominator	1	4	10	15
FE	N/A	100%	100%	100%
Numerator	0	11	5	16
Denominator	0	11	5	16
IDD	100%	100%	100%	100%
Numerator	3	4	8	15
Denominator	3	4	8	15
BI	100%	N/A	N/A	100%
Numerator	2	0	0	2
Denominator	2	0	0	2
TA	N/A	100%	100%	100%
Numerator	0	1	2	3
Denominator	0	1	2	3
Autism	N/A	N/A	N/A	N/A
Numerator	0	0	0	0
Denominator	0	0	0	0
SED	N/A	N/A	N/A	N/A
Numerator	0	0	0	0
Denominator	0	0	0	0

Explanation of Findings:

Performance threshold achieved for all waivers

Remediation:

No remediation necessary

Compliance Trends	2013	2014	2015	2016	2017	2018	2019	2020	2021	Jan-Mar 2022	Apr-Jun 2022	Jul-Sept 2022
PD												
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	100%	N/A	N/A	100%
Amerigroup									N/A	N/A	N/A	N/A
Sunflower	No Data						100%	100%	100%	100%	100%	100%
United	No Data						100%	100%	100%	100%	100%	100%
Statewide	No Data						100%	100%	100%	100%	100%	100%
FE												
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	100%	N/A	N/A	N/A
Amerigroup									N/A	N/A	N/A	N/A
Sunflower	No Data						100%	100%	100%	100%	100%	100%
United	No Data						100%	100%	100%	100%	100%	100%
Statewide	No Data						100%	100%	100%	100%	100%	100%
IDD												
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	86%	100%	100%	100%	100%	100%
Amerigroup							N/A	N/A	N/A	N/A	N/A	N/A
Sunflower	No Data						98%	100%	100%	100%	100%	100%
United	No Data						100%	100%	100%	100%	100%	100%
Statewide	No Data						97%	100%	100%	100%	100%	100%
BI												
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	N/A	100%	100%	100%	N/A	100%
Amerigroup							N/A	N/A	N/A	N/A	N/A	N/A
Sunflower	No Data						100%	100%	100%	N/A	100%	N/A
United	No Data						N/A	N/A	100%	100%	100%	N/A
Statewide	No Data						100%	100%	100%	100%	100%	100%
TA												
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	100%	N/A	100%	N/A
Amerigroup									N/A	N/A	N/A	N/A
Sunflower	No Data						100%	100%	100%	100%	100%	100%
United	No Data						N/A	100%	100%	100%	N/A	100%
Statewide	No Data						100%	100%	100%	100%	100%	100%
Autism												
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Amerigroup									N/A	N/A	N/A	N/A
Sunflower	No Data						N/A	N/A	N/A	N/A	N/A	N/A
United	No Data						N/A	N/A	N/A	N/A	N/A	N/A
Statewide	No Data						N/A	N/A	N/A	N/A	N/A	N/A
SED												
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Amerigroup									N/A	N/A	N/A	N/A
Sunflower	No Data						N/A	N/A	N/A	N/A	N/A	N/A
United	No Data						N/A	N/A	N/A	N/A	N/A	N/A
Statewide	No Data						N/A	N/A	N/A	N/A	N/A	N/A

KDADS HCBS Quality Review Report

Health and Welfare

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

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

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

Review Period: 07/01/2022 - 09/30/2022

Data Source: MCO Record Review

Compliance By Waiver	Aetna	Sunflower	United	Statewide
PD	80%	97%	94%	91%
Numerator	20	32	33	85
Denominator	25	33	35	93
FE	86%	92%	97%	92%
Numerator	24	24	38	86
Denominator	28	26	39	93
IDD	100%	100%	97%	99%
Numerator	15	48	30	93
Denominator	15	48	31	94
BI	91%	100%	93%	94%
Numerator	21	19	28	68
Denominator	23	19	30	72
TA	94%	100%	100%	98%
Numerator	16	20	27	63
Denominator	17	20	27	64
Autism	100%	100%	100%	100%
Numerator	3	3	4	10
Denominator	3	3	4	10
SED	92%	97%	91%	93%
Numerator	22	30	30	82
Denominator	24	31	33	88

Explanation of Findings:

Performance threshold achieved for all waivers

Remediation:

No remediation necessary

Compliance Trends	2013	2014	2015	2016	2017	2018	2019	2020	2021	Jan-Mar 2022	Apr-Jun 2022	Jul-Sept 2022
PD												
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	38%	33%	85%	96%	76%	80%
Amerigroup		51%	19%	67%	87%	97%	N/A	N/A	N/A	N/A	N/A	N/A
Sunflower		88%	72%	74%	90%	85%	89%	69%	79%	93%	100%	97%
United		38	90%	80%	88%	88%	95%	90%	62%	79%	88%	89%
Statewide	65%	72%	53%	76%	88%	93%	78%	56%	81%	92%	89%	91%
FE												
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	35%	31%	85%	80%	96%	86%
Amerigroup		59%	16%	61%	85%	92%	N/A	N/A	N/A	N/A	N/A	N/A
Sunflower		86%	62%	84%	89%	80%	92%	63%	79%	90%	97%	92%
United		92%	80%	88%	93%	92%	91%	58%	74%	100%	95%	97%
Statewide	80%	78%	50%	78%	89%	88%	83%	54%	78%	91%	96%	92%
IDD												
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	20%	29%	79%	94%	100%	100%
Amerigroup		23%	6%	59%	78%	86%	N/A	N/A	N/A	N/A	N/A	N/A
Sunflower		87%	59%	75%	82%	85%	83%	56%	73%	85%	98%	100%
United		100%	56%	79%	93%	90%	84%	56%	86%	100%	100%	97%
Statewide	99%	68%	42%	71%	83%	86%	75%	52%	78%	91%	99%	99%
BI												
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	23%	23%	71%	76%	82%	91%
Amerigroup		30%	12%	56%	81%	82%	N/A	N/A	N/A	N/A	N/A	N/A
Sunflower		94%	45%	84%	78%	86%	86%	48%	65%	100%	95%	100%
United		80%	76%	85%	79%	87%	48%	69%	69%	82%	82%	93%
Statewide	57%	63%	34%	69%	80%	85%	73%	41%	68%	91%	86%	94%
TA												
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	27%	33%	75%	100%	88%	94%
Amerigroup		61%	38%	75%	91%	99%	N/A	N/A	N/A	N/A	N/A	N/A
Sunflower		99%	86%	84%	72%	90%	90%	66%	76%	90%	95%	100%
United		97%	61%	79%	95%	84%	93%	59%	85%	100%	96%	100%
Statewide	86%	82%	57%	78%	86%	93%	81%	55%	79%	97%	94%	98%
Autism												
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	0%	8%	57%	50%	50%	100%
Amerigroup		62%	8%	23%	88%	100%	N/A	N/A	N/A	N/A	N/A	N/A
Sunflower		33%	29%	39%	50%	56%	62%	83%	88%	100%	100%	100%
United		43%	14%	6%	13%	47%	77%	16%	87%	100%	100%	100%
Statewide	90%	50%	16%	26%	50%	63%	62%	30%	83%	78%	92%	100%
SED												
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	46%	34%	83%	96%	80%	92%
Amerigroup		88%	64%	27%	25%	75%	N/A	N/A	N/A	N/A	N/A	N/A
Sunflower		80%	53%	22%	16%	39%	66%	43%	75%	94%	100%	97%
United		78%	63%	19%	5%	21%	64%	43%	85%	91%	88%	91%
Statewide	89%	82%	60%	23%	15%	45%	62%	41%	81%	93%	90%	93%

*Audit methodology has changed for this question, effective April-June 2021

KDADS HCBS Quality Review Report

Health and Welfare

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

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

Denominator: Number of participants' reported critical incidents

Review Period: 07/01/2022 - 09/30/2022

Data Source: Adverse Incident Reporting

Compliance By Waiver	Aetna	Sunflower	United	Statewide
PD	91%	96%	100%	97%
Numerator	32	68	77	177
Denominator	35	71	77	183
FE	98%	93%	100%	96%
Numerator	43	75	60	178
Denominator	44	81	60	185
IDD	99%	96%	100%	97%
Numerator	337	1115	533	1985
Denominator	340	1164	533	2037
BI	98%	97%	100%	99%
Numerator	48	59	91	198
Denominator	49	61	91	201
TA	N/A	100%	100%	100%
Numerator	0	6	19	25
Denominator	0	6	19	25
Autism	N/A	N/A	N/A	N/A
Numerator	0	0	0	0
Denominator	0	0	0	0
SED	N/A	100%	100%	100%
Numerator	0	2	22	24
Denominator	0	2	22	24

Explanation of Findings:

Performance threshold achieved for all waivers

Remediation:

No remediation necessary

Compliance Trends	2013	2014	2015	2016	2017	2018	2019	2020	2021	Jan-Mar 2022	Apr-Jun 2022	Jul-Sept 2022
PD												
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	79%	97%	97%	100%	100%	91%
Amerigroup							N/A	N/A	N/A	N/A	N/A	N/A
Sunflower												
United							98%	88%	92%	96%	98%	96%
Statewide							100%	99%	99%	100%	98%	100%
FE							96%	96%	96%	99%	99%	97%
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	83%	97%	96%	100%	91%	98%
Amerigroup							N/A	N/A	N/A	N/A	N/A	N/A
Sunflower												
United							96%	85%	95%	97%	98%	93%
Statewide							98%	99%	100%	100%	100%	100%
IDD							95%	94%	97%	98%	97%	96%
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	85%	93%	98%	98%	99%	99%
Amerigroup							N/A	N/A	N/A	N/A	N/A	N/A
Sunflower												
United							97%	89%	91%	99%	99%	96%
Statewide							99%	99%	99%	99%	99%	100%
BI							96%	93%	94%	99%	99%	97%
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	91%	100%	96%	98%	100%	98%
Amerigroup							N/A	N/A	N/A	N/A	N/A	N/A
Sunflower												
United							99%	90%	95%	100%	100%	97%
Statewide							99%	100%	100%	99%	99%	100%
TA							98%	96%	97%	99%	100%	99%
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	93%	100%	100%	100%	100%	N/A
Amerigroup							N/A	N/A	N/A	N/A	N/A	N/A
Sunflower												
United							100%	88%	81%	100%	100%	100%
Statewide							100%	100%	100%	100%	95%	100%
Autism							98%	98%	97%	100%	96%	100%
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	100%	N/A	N/A	N/A
Amerigroup							N/A	N/A	N/A	N/A	N/A	N/A
Sunflower												
United							N/A	100%	100%	N/A	N/A	N/A
Statewide							100%	100%	100%	N/A	N/A	N/A
SED							100%	100%	100%	N/A	N/A	N/A
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	100%	N/A	N/A	N/A
Amerigroup												
Sunflower							N/A	N/A	N/A	N/A	N/A	N/A
United							N/A	N/A	100%	100%	100%	100%
Statewide							N/A	N/A	100%	100%	100%	100%

KDADS HCBS Quality Review Report

Health and Welfare

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

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

Denominator: Number of reported critical incidents

Review Period: 07/01/2022 - 09/30/2022

Data Source: Adverse Incident Reporting

Compliance By Waiver	Aetna	Sunflower	United	Statewide
PD	100%	100%	100%	100%
Numerator	34	67	67	168
Denominator	34	67	67	168
FE	100%	100%	100%	100%
Numerator	44	70	55	169
Denominator	44	70	55	169
IDD	100%	100%	100%	100%
Numerator	337	1160	525	2022
Denominator	337	1160	525	2022
BI	100%	100%	100%	100%
Numerator	47	61	91	199
Denominator	47	61	91	199
TA	N/A	100%	100%	100%
Numerator	0	5	17	22
Denominator	0	5	17	22
Autism	N/A	N/A	N/A	N/A
Numerator	0	0	0	0
Denominator	0	0	0	0
SED	N/A	100%	100%	100%
Numerator	0	2	22	24
Denominator	0	2	22	24

Explanation of Findings:

Performance threshold achieved for all waivers

Remediation:

No remediation necessary

Compliance Trends	2013	2014	2015	2016	2017	2018	2019	2020	2021	Jan-Mar 2022	Apr-Jun 2022	Jul-Sept 2022
PD												
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	100%	100%	100%	100%	100%	100%
Amerigroup							N/A	N/A	N/A	N/A	N/A	N/A
Sunflower							100%	100%	100%	100%	100%	100%
United							100%	100%	100%	100%	100%	100%
Statewide							100%	100%	100%	100%	100%	100%
FE												
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	100%	100%	100%	100%	100%	100%
Amerigroup							N/A	N/A	N/A	N/A	N/A	N/A
Sunflower							100%	100%	100%	100%	100%	100%
United							100%	100%	100%	100%	100%	100%
Statewide							100%	100%	100%	100%	100%	100%
IDD												
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	100%	100%	100%	100%	100%	100%
Amerigroup							N/A	N/A	N/A	N/A	N/A	N/A
Sunflower							100%	100%	100%	100%	100%	100%
United							100%	100%	100%	100%	100%	100%
Statewide							100%	100%	100%	100%	100%	100%
BI												
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	100%	100%	100%	100%	100%	100%
Amerigroup							N/A	N/A	N/A	N/A	N/A	N/A
Sunflower							100%	100%	100%	100%	100%	100%
United							100%	100%	100%	100%	100%	100%
Statewide							100%	100%	100%	100%	100%	100%
TA												
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	100%	100%	100%	100%	N/A	N/A
Amerigroup							N/A	N/A	N/A	N/A	N/A	N/A
Sunflower							100%	100%	100%	100%	100%	100%
United							100%	100%	100%	100%	100%	100%
Statewide							100%	100%	100%	100%	100%	100%
Autism												
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	100%	N/A	N/A	N/A
Amerigroup							N/A	N/A	N/A	N/A	N/A	N/A
Sunflower							N/A	100%	100%	N/A	N/A	N/A
United							100%	100%	100%	N/A	N/A	N/A
Statewide							100%	100%	100%	N/A	N/A	N/A
SED												
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	100%	N/A	N/A	N/A
Amerigroup							N/A	N/A	N/A	N/A	N/A	N/A
Sunflower							N/A	N/A	100%	100%	100%	100%
United							N/A	N/A	100%	100%	100%	100%
Statewide							N/A	N/A	100%	100%	100%	100%

KDADS HCBS Quality Review Report

Health and Welfare

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

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

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

Review Period: 07/01/2022 - 09/30/2022

Data Source: Adverse Incident Reporting

Compliance By Waiver	Aetna	Sunflower	United	Statewide
PD	N/A	N/A	100%	100%
Numerator	0	0	1	1
Denominator	0	0	1	1
FE	N/A	N/A	N/A	N/A
Numerator	0	0	0	0
Denominator	0	0	0	0
IDD	93%	100%	94%	96%
Numerator	13	14	16	43
Denominator	14	14	17	45
BI	N/A	N/A	N/A	N/A
Numerator	0	0	0	0
Denominator	0	0	0	0
TA	N/A	N/A	N/A	N/A
Numerator	0	0	0	0
Denominator	0	0	0	0
Autism	N/A	N/A	N/A	N/A
Numerator	0	0	0	0
Denominator	0	0	0	0
SED	N/A	N/A	N/A	N/A
Numerator	0	0	0	0
Denominator	0	0	0	0

Explanation of Findings:

Performance threshold achieved for all waivers

Remediation:

No remediation necessary

Compliance Trends	2013	2014	2015	2016	2017	2018	2019	2020	2021	Jan-Mar 2022	Apr-Jun 2022	Jul-Sept 2022
PD												
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Amerigroup												
Sunflower	No Data						N/A	N/A	N/A	N/A	0%	N/A
United	No Data						N/A	N/A	N/A	N/A	N/A	100%
Statewide	No Data						N/A	N/A	N/A	N/A	0%	100%
FE												
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	0%	N/A
Amerigroup												
Sunflower	No Data						N/A	N/A	N/A	N/A	N/A	N/A
United	No Data						0%	N/A	N/A	0%	N/A	N/A
Statewide	No Data						0%	N/A	N/A	0%	0%	N/A
IDD												
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	100%	90%	75%	67%	100%	93%
Amerigroup							N/A	N/A	N/A	N/A	N/A	N/A
Sunflower	No Data						91%	N/A	89%	90%	94%	100%
United	No Data						58%	N/A	72%	86%	80%	94%
Statewide	No Data						83%	93%	82%	89%	93%	96%
BI												
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Amerigroup												
Sunflower	No Data						N/A	N/A	N/A	N/A	N/A	N/A
United	No Data						N/A	N/A	100%	N/A	N/A	N/A
Statewide	No Data						N/A	N/A	100%	N/A	N/A	N/A
TA												
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Amerigroup												
Sunflower	No Data						N/A	N/A	N/A	N/A	N/A	N/A
United	No Data						0%	N/A	N/A	N/A	N/A	N/A
Statewide	No Data						0%	N/A	N/A	N/A	N/A	N/A
Autism												
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Amerigroup												
Sunflower	No Data						N/A	N/A	N/A	N/A	N/A	N/A
United	No Data						N/A	N/A	N/A	N/A	N/A	N/A
Statewide	No Data						N/A	N/A	N/A	N/A	N/A	N/A
SED												
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Amerigroup												
Sunflower	No Data						N/A	N/A	N/A	100%	N/A	N/A
United	No Data						N/A	N/A	100%	N/A	N/A	N/A
Statewide	No Data						N/A	N/A	100%	100%	N/A	N/A

KDADS HCBS Quality Review Report

Health and Welfare

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

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

Denominator: Number of unauthorized uses of restrictive interventions

Review Period: 07/01/2022 - 09/30/2022

Data Source: Adverse Incident Reporting

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

Explanation of Findings:

Performance threshold achieved for all waivers

Remediation:

No remediation necessary

Compliance Trends	2013	2014	2015	2016	2017	2018	2019	2020	2021	Jan-Mar 2022	Apr-Jun 2022	Jul-Sept 2022
PD												
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Amerigroup												
Sunflower	No Data						N/A	N/A	N/A	N/A	N/A	N/A
United							N/A	N/A	100%	N/A	N/A	N/A
Statewide							N/A	N/A	100%	N/A	N/A	N/A
FE												
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Amerigroup												
Sunflower	No Data						N/A	N/A	N/A	N/A	N/A	N/A
United							N/A	N/A	N/A	N/A	N/A	N/A
Statewide							N/A	N/A	N/A	N/A	N/A	N/A
IDD												
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	N/A	90%	100%	N/A	N/A	N/A
Amerigroup							N/A	N/A	N/A	N/A	N/A	N/A
Sunflower	No Data						100%	N/A	78%	100%	N/A	100%
United							91%	100%	58%	N/A	N/A	100%
Statewide							94%	100%	68%	100%	N/A	100%
BI												
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Amerigroup												
Sunflower	No Data						N/A	N/A	N/A	N/A	N/A	N/A
United							N/A	N/A	N/A	N/A	N/A	N/A
Statewide							N/A	N/A	N/A	N/A	N/A	N/A
TA												
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Amerigroup												
Sunflower	No Data						N/A	N/A	N/A	N/A	N/A	N/A
United							100%	N/A	N/A	N/A	N/A	N/A
Statewide							100%	N/A	N/A	N/A	N/A	N/A
Autism												
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Amerigroup												
Sunflower	No Data						N/A	N/A	N/A	N/A	N/A	N/A
United							N/A	N/A	N/A	N/A	N/A	N/A
Statewide							N/A	N/A	N/A	N/A	N/A	N/A
SED												
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Amerigroup												
Sunflower	No Data						N/A	N/A	N/A	N/A	N/A	N/A
United							N/A	N/A	N/A	N/A	N/A	N/A
Statewide							N/A	N/A	N/A	N/A	N/A	N/A

KDADS HCBS Quality Review Report

Health and Welfare

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

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

Denominator: Number of HCBS participants whose service plans were reviewed

Review Period: 07/01/2022 - 09/30/2022

Data Source: MCO Record Review

Compliance By Waiver	Aetna	Sunflower	United	Statewide
PD	80%	91%	97%	90%
Numerator	20	30	34	84
Denominator	25	33	35	93
FE	82%	62%	90%	80%
Numerator	23	16	35	74
Denominator	28	26	39	93
IDD	100%	92%	81%	89%
Numerator	15	44	25	84
Denominator	15	48	31	94
BI	78%	89%	97%	89%
Numerator	18	17	29	64
Denominator	23	19	30	72
TA	76%	90%	85%	84%
Numerator	13	18	23	54
Denominator	17	20	27	64
Autism	100%	100%	100%	100%
Numerator	3	3	4	10
Denominator	3	3	4	10
SED	71%	68%	79%	73%
Numerator	17	21	26	64
Denominator	24	31	33	88

Explanation of Findings:

FE: Evidence of physical exam not provided for review and/or did not meet physical exam requirement, physical exam documentation submitted not current for review period

TA: Evidence of physical exam not provided for review and/or did not meet physical exam requirement, physical exam documentation submitted not current for review period

SED: Evidence of physical exam not provided for review and/or did not meet physical exam requirement, physical exam documentation submitted not current for review period

Compliance Trends	2013	2014	2015	2016	2017	2018	2019	2020	2021	Jan-Mar 2022	Apr-Jun 2022	Jul-Sept 2022
PD												
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	76%	68%	68%	75%	68%	80%
Amerigroup		78%			20%	46%	N/A	N/A	N/A	N/A	N/A	N/A
Sunflower					34%	40%	54%	71%	75%	77%	90%	91%
United					88%	23%	77%	79%	94%	97%	95%	97%
Statewide	Not a Measure	82%	No Data	No Data	29%	37%	68%	73%	80%	84%	86%	90%
FE												
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	56%	64%	76%	76%	85%	82%
Amerigroup		89%			23%	34%	N/A	N/A	N/A	N/A	N/A	N/A
Sunflower					31%	28%	59%	66%	56%	57%	69%	62%
United					97%	18%	71%	78%	86%	97%	92%	90%
Statewide	Not a Measure	95%	No Data	No Data	29%	27%	64%	71%	74%	79%	83%	80%
IDD												
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	88%	83%	73%	75%	88%	100%
Amerigroup		91%			28%	56%	N/A	N/A	N/A	N/A	N/A	N/A
Sunflower					52%	70%	86%	84%	88%	92%	90%	92%
United					99%	26%	72%	73%	87%	90%	97%	81%
Statewide	Not a Measure	97%	No Data	No Data	39%	56%	82%	83%	85%	88%	91%	89%
BI												
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	60%	81%	76%	81%	91%	78%
Amerigroup		84%			21%	29%	N/A	N/A	N/A	N/A	N/A	N/A
Sunflower					32%	30%	55%	76%	62%	62%	76%	89%
United					93%	35%	78%	88%	92%	96%	86%	97%
Statewide	Not a Measure	90%	No Data	No Data	23%	30%	64%	82%	79%	81%	85%	89%
TA												
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	81%	74%	88%	94%	76%	76%
Amerigroup		100%			39%	54%	N/A	N/A	N/A	N/A	N/A	N/A
Sunflower					100%	79%	91%	69%	84%	81%	85%	90%
United					97%	68%	87%	85%	86%	96%	89%	85%
Statewide	Not a Measure	100%	No Data	No Data	49%	62%	88%	77%	86%	91%	84%	84%
Autism												
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	40%	79%	57%	100%	50%	100%
Amerigroup		100%			56%	90%	N/A	N/A	N/A	N/A	N/A	N/A
Sunflower					92%	65%	73%	77%	100%	100%	100%	100%
United					100%	19%	42%	60%	43%	87%	100%	88%
Statewide	Not a Measure	98%	No Data	No Data	48%	59%	63%	65%	87%	100%	85%	100%
SED												
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	70%	84%	76%	91%	72%	71%
Amerigroup		54%			76%	87%	N/A	N/A	N/A	N/A	N/A	N/A
Sunflower					27%	71%	72%	73%	81%	82%	72%	68%
United					46%	61%	59%	62%	81%	85%	75%	79%
Statewide	Not a Measure	52%	No Data	No Data	52%	67%	66%	71%	80%	85%	73%	73%

Remediation:

Data reviews and audit requirements are continued to be discussed and reviewed with MCOs at the scheduled quarterly meetings and the Quality Improvement Plan (QIP) meetings until measures meet 87% or greater. Root cause analysis has found that there are not signed service plans that can be used to validate that goals were addressed with the participants. KDADS believes having a signed service plan will improve the compliance with most performance measures.

MCOs will continue to complete Service Plan (SPs) processes by telephone or video and begin sending SP's to participants via mail with self addressed stamped envelopes so that participants can sign and return. With the earlier HCBS Waiver Programs COVID-19 guidance exception that was rescinded in September 2020, KDADS has continued to coordinate with the MCOs in educating their Care Coordinators on how to adequately complete a Person-Centered Service Plan (PCSP) through each MCO's quality improvement plans. Part of that education includes implementation of SMART goals as this continues to be an issue and weakness within plans.

All three contracted MCOs now have electronic signature platforms and can continue to utilize verbal signature processes until PHE is rescinded. Currently the PHE was expected to end October 13, 2022, however, it has now been pushed back to March 2023. MCOs will mail PCSP for signature and within that letter indicate if signature not received services will be closed in 60 days.

Each MCO met on August 9, 2022 and were requested to provide an annual updated QIP for each PM under 87% as well as for each waiver that showed over 50% of PMs not being met. Further guidance was provided to the MCOs on September 21, 2022 with a deadline of updates due October 7, 2022 and final approval given on October 28, 2022.

KDADS has accepted the plans and will continue to monitor on a quarterly basis to ensure timelines are being followed or to mitigate issues as they arise. Kansas is awaiting further guidance from CMS.

This audit for period April - June 2022 continues to show ongoing improvement from all three MCOs across all waivers, however, most measures continue to not meet the required threshold.

KDADS HCBS Quality Review Report

Health and Welfare

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

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

Denominator: Number of waiver participants with a red flag designation

Review Period: 07/01/2022 - 09/30/2022

Data Source: MCO Record Review

Compliance By Waiver	Aetna	Sunflower	United	Statewide
PD	76%	94%	94%	89%
Numerator	19	31	33	83
Denominator	25	33	35	93
FE	86%	88%	97%	91%
Numerator	24	23	38	85
Denominator	28	26	39	93
IDD	100%	100%	97%	99%
Numerator	15	48	30	93
Denominator	15	48	31	94
BI	87%	100%	93%	93%
Numerator	20	19	28	67
Denominator	23	19	30	72
TA	94%	100%	100%	98%
Numerator	16	20	27	63
Denominator	17	20	27	64
Autism	100%	100%	100%	100%
Numerator	3	3	4	10
Denominator	3	3	4	10
SED	Not a Waiver Performance Measure			
Numerator				
Denominator				

Explanation of Findings:

Performance threshold achieved for all waivers

Remediation:

No remediation necessary

Compliance Trends	2013	2014	2015	2016	2017	2018	2019	2020	2021	Jan-Mar 2022	Apr-Jun 2022	Jul-Sept 2022
PD												
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	79%	52%	81%	96%	76%	76%
Amerigroup		59%	53%	73%	86%	96%	N/A	N/A	N/A	N/A	N/A	N/A
Sunflower		77%	49%	66%	79%	85%	86%	64%	75%	90%	100%	94%
United		64%	80%	88%	87%	94%	88%	56%	76%	88%	89%	94%
Statewide	Not a Measure	67%	58%	75%	84%	92%	85%	58%	77%	91%	89%	89%
FE												
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	77%	47%	82%	80%	96%	86%
Amerigroup		61%	62%	72%	84%	90%	N/A	N/A	N/A	N/A	N/A	N/A
Sunflower		72%	56%	72%	77%	81%	86%	60%	72%	90%	93%	88%
United		76%	81%	85%	91%	91%	89%	56%	73%	100%	95%	97%
Statewide	59%	70%	65%	76%	84%	87%	86%	56%	75%	91%	95%	91%
IDD												
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	64%	50%	76%	94%	100%	100%
Amerigroup		67%	61%	65%	74%	86%	N/A	N/A	N/A	N/A	N/A	N/A
Sunflower		58%	32%	59%	70%	72%	78%	52%	66%	85%	96%	100%
United		70%	58%	73%	90%	86%	80%	51%	84%	100%	97%	97%
Statewide	Not a Measure	64%	47%	64%	76%	79%	77%	52%	74%	91%	97%	99%
BI												
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	48%	30%	70%	71%	86%	87%
Amerigroup		46%	49%	62%	80%	82%	N/A	N/A	N/A	N/A	N/A	N/A
Sunflower		68%	42%	80%	84%	88%	85%	44%	58%	100%	90%	100%
United		56%	74%	80%	79%	89%	86%	41%	65%	96%	82%	93%
Statewide	Not a Measure	56%	52%	70%	81%	85%	77%	39%	65%	90%	86%	93%
TA												
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	65%	47%	75%	100%	88%	94%
Amerigroup		75%	54%	79%	90%	99%	N/A	N/A	N/A	N/A	N/A	N/A
Sunflower		91%	58%	77%	78%	85%	89%	63%	67%	90%	90%	100%
United		86%	63%	79%	95%	86%	91%	46%	85%	96%	96%	100%
Statewide	Not a Measure	83%	57%	78%	87%	92%	86%	52%	76%	95%	92%	98%
Autism												
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	17%	21%	57%	50%	50%	100%
Amerigroup		77%	44%	32%	88%	100%	N/A	N/A	N/A	N/A	N/A	N/A
Sunflower		53%	27%	67%	80%	72%	77%	78%	88%	100%	100%	100%
United		38%	7%	6%	13%	41%	69%	13%	80%	100%	100%	100%
Statewide	Not a Measure	64%	30%	40%	62%	67%	64%	31%	81%	78%	92%	100%
SED	Not a Waiver Performance Measure											
Aetna												
Amerigroup												
Sunflower												
United												
Statewide												

*Audit methodology has changed for this question, effective April-June 2021

KDADS HCBS Quality Review Report

Financial Accountability

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

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

Denominator: Total number of provider claims

Review Period: 07/01/2022 - 09/30/2022

Data Source: MCO Claims Data

Compliance By Waiver	Statewide
PD	99%
Numerator	80,959
Denominator	81,008
FE	99%
Numerator	102,590
Denominator	102,696
IDD	99%
Numerator	134,774
Denominator	134,881
BI	99%
Numerator	18,350
Denominator	18,382
TA	98%
Numerator	8,297
Denominator	8,330
Autism	100%
Numerator	33
Denominator	33
SED	99%
Numerator	16,714
Denominator	16,769
All HCBS Waivers	99%
Numerator	361,717
Denominator	362,099

Compliance Trends	2013	2014	2015	2016	2017	2018	2019	2020	2021	Jan-Mar 2022	Apr-Jun 2022	Jul-Sept 2022
PD												
Statewide	Not a Measure	N/A	N/A	N/A	N/A	96%	97%	99%	99%	99%	99%	99%
FE												
Statewide	Not a Measure	N/A	N/A	N/A	N/A	95%	95%	97%	99%	99%	99%	99%
IDD												
Statewide	Not a Measure	N/A	N/A	N/A	N/A	97%	95%	96%	97%	99%	99%	99%
BI												
Statewide	Not a Measure	N/A	N/A	N/A	N/A	90%	94%	97%	98%	99%	99%	99%
TA												
Statewide	Not a Measure	N/A	N/A	N/A	N/A	91%	95%	95%	99%	99%	98%	99%
Autism												
Statewide	Not a Measure	N/A	N/A	N/A	N/A	82%	95%	76%	97%	100%	100%	100%
SED												
Statewide	Not a Measure	N/A	N/A	N/A	N/A	82%	78%	90%	95%	100%	99%	99%
All HCBS Waivers												
Statewide	Not a Measure	90%	88%	95%	95%	95%	95%	97%	98%	99%	99%	99%

Explanation of Findings:

Performance Measure threshold achieved for all waivers.

Remediation:

No remediation necessary

KDADS HCBS Quality Review Report

Financial Accountability

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

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

Denominator: Total number of capitation (payment) rates

Review Period: Calendar Year 2022

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
BI	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	2020	2021	2022
PD										
Statewide	Not a Measure	100%	100%	100%	100%	100%	100%	100%	100%	100%
FE										
Statewide	Not a Measure	100%	100%	100%	100%	100%	100%	100%	100%	100%
IDD										
Statewide	Not a Measure	100%	100%	100%	100%	100%	100%	100%	100%	100%
TBI										
Statewide	Not a Measure	100%	100%	100%	100%	100%	100%	100%	100%	100%
TA										
Statewide	Not a Measure	100%	100%	100%	100%	100%	100%	100%	100%	100%
Autism										
Statewide	Not a Measure	100%	100%	100%	100%	100%	100%	100%	100%	100%
SED										
Statewide	Not a Measure	100%	100%	100%	100%	100%	100%	100%	100%	100%

Explanation of Findings:

Performance Measure threshold achieved for all waivers.

Remediation:

No remediation necessary



KanCare Ombudsman Office Report

Quarter 1, 2023 (based on calendar year)

January 1 – March 31, 2023

Data downloaded 4/7/2023

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II. Brief Overview

A. Why we do this work.

“Thank you for being part of the meeting... It means a lot. You helped me to be more brave.” - parent of KanCare member (child)



B. Retirement

After 21 years with the state and nine and a half years as KanCare Ombudsman, I will be retiring at the end of June. The position for KanCare Ombudsman is posted on the state Jobs site. [Careers \(ks.gov\)](#)

Medicaid is a complex system and having an organization, like the KanCare Ombudsman Office, that can listen to member concerns and advocate for help, ask for another look, explain the processes, etc. is vitally important. I have appreciated the support and cooperation I have received from this committee, the state agencies, the managed care organizations, providers and community-based organizations.

C. Data Updates

Initial Contacts (page 5)

The first quarter number is the highest it has been since the beginning of the pandemic. We continue to see increasing numbers of contacts.

Initial Contacts	Qtr. 1	Qtr. 2	Qtr. 3	Qtr. 4
2020	903	478	562	601
2021	564	591	644	566
2022	524	526	480	546
2023	645			

Contact by Office Location (page 10)– The increase in calls is being handled by the Satellite offices.

FE Waiver (page 11) – There has been a significant increase in calls regarding the FE waiver.

Response Rate (page 16) – The response rate is still not where our office would like it to be at 85% within 0-2 business days.

III. KanCare Ombudsman Purpose

The primary role of the KanCare Ombudsman office is to help people understand how to navigate the KanCare system and assist them in solving KanCare/Kansas Medicaid problems. The KanCare Ombudsman office helps with:

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

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

IV. Accessibility to the Ombudsman’s Office

D. Initial Contacts

The KanCare Ombudsman Office was available to members and applicants of KanCare/Kansas Medicaid by phone, email, written communication, social media, the Integrated Referral and Intake System (IRIS) and Healthify during first quarter. Initial Contacts is a measurement of the number of people who have contacted our office, not the number of contacts within the time of helping them.

As you can see in the chart below, the first quarter number is the highest it has been since the beginning of the pandemic. We continue to see increasing numbers of contacts.

Initial Contacts	Qtr. 1	Qtr. 2	Qtr. 3	Qtr. 4
2019	1,060	1,097	1,071	915
2020	903	478	562	601
2021	564	591	644	566
2022	524	526	480	546
2023	645			

The chart below shows the impact of the public health emergency (PHE) to the number of contacts for these two organizations. You can see that first quarter of 2023 is drawing closer to the numbers from before the pandemic at -29% under the Q1/2020 number.

	KanCare Ombudsman Office Contacts	% +/- Comparison to Q1/20	KanCare Clearing-house Contacts	% +/- Comparison to Q1/20
Q4/19	915		126,682	
Q1/20	903		128,033	
Q2/20	478	-47%	57,720	-55%
Q3/20	562	-38%	57,425	-55%
Q4/20	601	-33%	59,161	-54%
Q1/21	564	-38%	81,398	-36%
Q2/21	591	-35%	64,852	-49%
Q3/21	644	-29%	65,156	-49%
Q4/21	566	-37%	50,009	-61%
Q1/22	524	-42%	52,821	-59%
Q2/22	526	-42%	48,546	-62%
Q3/22	480	-47%	49,971	-61%
Q4/22	546	-40%	49,741	-61%
Q1/23	645	-29%	57,899	-55%

E. Accessibility through the KanCare Ombudsman Volunteer Program

The KanCare Ombudsman Office has two satellite offices for the volunteer program: one in Kansas City Metro and one in Wichita. The volunteers in both satellite offices answer KanCare questions, help with issues and assist with KanCare applications questions.

During first quarter, six volunteers assisted in the offices. One of the volunteers in Wichita is a student intern that provides two days of coverage on the phones. Calls to the toll-free number are covered by volunteers in the satellite offices, and when there is a gap in coverage, the Topeka staff cover the phones. The Wichita office had one volunteer switch from helping with phone calls to helping with outreach projects.

Office	Volunteer Hours	# of Volunteers	# of hours covered/wk.	Area Codes covered
Kansas City Office	Mon: 9:00am to noon Tues: 1:00 to 4:00pm Wed. 9am to noon Thurs. 9am to noon	4	12	Northern Kansas Area Codes 785, 913, 816
Wichita Office	Mon: 9:00 to 4pm Tues: 9:00 to noon Wed. 9am to 4pm Thurs: 9am to noon	2	20	Southern Kansas Area Codes 316, 620

As of March 31, 2023

V. Outreach by KanCare Ombudsman Office

The KanCare Ombudsman Office (KOO) is responsible for helping members and applicants understand the KanCare application process, benefits, and services, and provide training and outreach to the managed care organizations, providers, and community organizations. The office does this through:

- resources provided on the KanCare Ombudsman web pages
- resources provided with contacts to members, applicants, and providers
- outreach through presentations, conferences, conference calls, video calls, social media, and in-person contacts.

The below chart shows the outreach efforts during first quarter (including Facebook) by the KanCare Ombudsman Office. For the detail listing of outreach go to Appendix A.

	Q1/22	Q2/22	Q3/22	Q4/22	Q1/23
Outreach	77	86	100	73	87

Facebook is an important part of the KOO outreach. The Wichita Satellite office team is responsible for the Facebook research, creation and posting.

	Q1/22	Q2/22	Q3/22	Q4/22	Q1/23
Facebook posts	43	45	38	51	55

For the detail listing of outreach go to Appendix A.

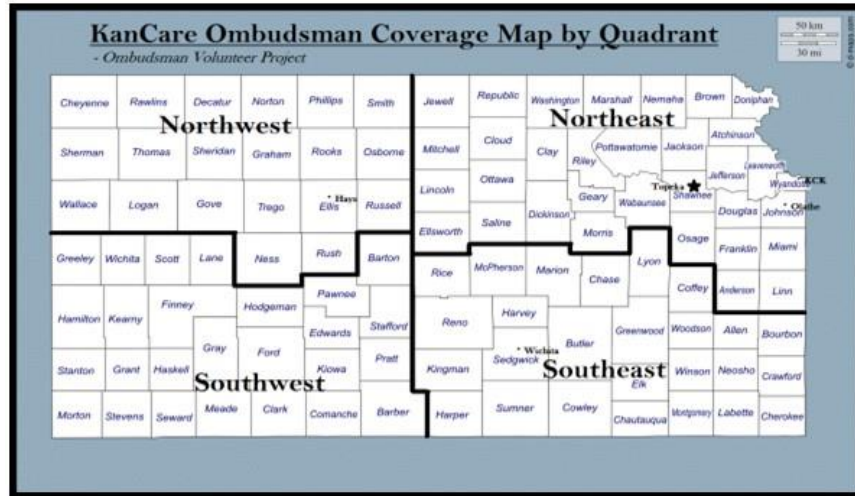
VI. Data for the KanCare Ombudsman Office

Data for the KanCare Ombudsman Office includes data by region, office location, contact method, caller type, program type, priorities, and issue categories.

A. Data by Region

- **Initial Contacts to KanCare Ombudsman Office by Region**

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



The chart below, by region, shows that most KanCare Ombudsman contacts come from the Northeast and Southeast part of Kansas.

- 785, 913 and 816 area code toll-free calls go to the Kansas City Metro Satellite office.
- 316 and 620 area code toll-free calls go to the Wichita Satellite office.
- The out of state phone number calls, direct calls, all complex calls, emails, and IRIS/Healthify referrals go to the Topeka (main) office. The below chart shows the contacts by region to the KanCare Ombudsman Office.

KanCare Ombudsman Office Member Contacts by Region

REGION	Q1/22	Q2/22	Q3/22	Q4/22	Q1/23
Northwest	6	3	3	4	10
Northeast	77	88	98	150	170
Southwest	11	8	3	14	13
Southeast	73	70	75	120	125
Unknown	353	355	299	247	325
Out of State	4	2	2	11	2
Total	524	526	480	546	645

Kansas Medicaid members by Region

The below chart shows the **Kansas Medicaid population** by the KanCare Ombudsman regions. Most of the Medicaid population is in the eastern two regions. Most Medicaid members have not been dropped due to the pandemic health emergency (PHE) order. The renewal process started in March 2023, so these numbers will begin to decrease due to updated information on eligibility.

This data includes **all** Medicaid members; KanCare *and* Fee for Service members.

Medicaid Member Contacts by Region

Medicaid					
Region	Q1/22	Q2/22	Q3/22	Q4/22	Q1/23
Northwest	15,281	15,393	15,670	15,670	16,093
Northeast	235,371	239,190	243,511	243,511	250,362
Southwest	45,647	46,516	47,573	47,573	49,104
Southeast	213,493	217,347	221,215	221,215	226,581
Total	296,299	301,099	306,754	527,969	542,140

- **Kansas Population Density**

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

This map is based on 2015 Census data. The [Kansas Population Density map](#) shows population density 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

During first quarter, we had the assistance of volunteers in the satellite offices about four days per week. When there was no volunteer coverage for the day, the Ombudsman Administrative Specialist or the Ombudsman took the toll-free number calls.

This chart shows that the increase in initial calls has been covered by the two satellite offices.

Contacts by Office	Q1/22	Q2/22	Q3/22	Q4/22	Q1/23
Main - Topeka	347	344	258	286	280
Kansas City Metro	78	119	144	129	190
Wichita	99	63	78	131	175
Total	524	526	480	546	645

C. Data by Contact Method

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

Contact Method	Q1/22	Q2/22	Q3/22	Q4/22	Q1/23
Telephone	377	386	364	366	454
Email	144	137	111	151	174
Letter	0	0	1	1	2
Face-to-Face Meeting	2	1	4	6	10
Other	0	0	0	21	2
Online	1	2	0	1	3
CONTACT METHOD TOTAL	524	526	480	546	645

D. Data by Caller Type

Most Consumer contacts are from applicants, members, family, friends, etc. The “Other type” callers are usually state employees, school social workers, lawyers and students/researchers looking for data, etc.

The provider contacts that are not for an individual member, are forwarded to Kansas Department of Health and Environment/Health Care Finance (KDHE/HCF.)

CALLER TYPE	Q1/22	Q2/22	Q3/22	Q4/22	Q1/23
Provider	93	88	67	91	106
Consumer	364	346	333	384	469
MCO Employee	2	5	2	3	1
Other Type	65	87	78	68	69
CALLER TYPE TOTAL	524	526	480	546	645

E. Data by Program Type

The Frail Elderly HCBS waiver had a significant increase in contacts from fourth quarter to first quarter. KOO does not have the ability with the current reporting system to drill down and determine what the issues are for the FE waiver. With the new case management system that should be available starting in third quarter, we should be able to get to that type of information.

PROGRAM TYPE	Q1/22	Q2/22	Q3/22	Q4/22	Q1/23
PD	26	17	11	15	13
I/DD	10	14	16	19	10
FE	18	21	14	12	26
AUTISM	1	2	2	0	0
SED	5	6	6	7	6
TBI	5	2	11	6	10
TA	0	7	9	3	1
WH	0	0	0	1	0
MFP	2	1	0	1	3
PACE	0	0	0	0	2
MENTAL HEALTH	3	1	3	2	1
SUB USE DIS	0	0	0	1	0
NURSING FACILITY	29	21	19	36	13
FOSTER CARE	3	0	0	0	1
MEDIKAN	1	1	0	2	0
INSTITUTIONAL TRANSITION FROM LTC/NF	1	1	2	3	2
INSTITUTIONAL TRANSITION FROM MH/BH	0	1	0	1	0
INSTITUTIONAL TRANSITION FROM PRISON/JAIL	0	0	0	1	0
PROGRAM TYPE TOTAL	104	95	93	110	88

There may be multiple selections for a member/contact.

F. Data by Priorities

The Ombudsman Office is tracking priorities for two purposes:

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

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 – a case that needs a higher level of attention and/or ongoing review until closed.
- Life Threatening – If not resolved in 1-4 days person’s life could be endangered. (should not be used very often.)

PRIORITY	Q1/22	Q2/22	Q3/22	Q4/22	Q1/23
HCBS	29	37	43	64	62
Long Term Care / MF	28	22	14	43	27
Urgent Medical Need	8	8	10	10	9
Urgent	17	17	10	27	17
Life Threatening	2	2	1	3	3
PRIORITIES TOTAL	84	86	78	147	118

G. Data by Issue Categories

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

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

- **Medicaid Issues**

The issues that reflect rising contacts during first quarter are Medicaid Eligibility Issues and Medicaid information (status) updates.

MEDICAID ISSUES	Q1/22	Q2/22	Q3/22	Q4/22	Q1/23
Access to Providers (usually Medical)	12	10	17	31	17
Appeals/Fair Hearing questions/issues	8	11	7	12	16
Background Checks	0	0	0	0	0
Billing	39	29	32	34	35
Care Coordinator Issues	8	8	12	9	11
Change MCO	4	4	7	2	6
Choice Info on MCO	4	1	2	4	5
Coding Issues	4	7	5	0	3
Consumer said Notice not received	5	0	0	2	2
Cultural Competency	1	0	0	1	0
Data Requests	10	10	7	7	5
Dental	7	6	8	7	10
Division of Assets	13	12	3	7	6
Durable Medical Equipment	4	8	6	13	9
Grievances Questions/Issues	13	16	23	25	18
Help understanding mail (NOA)	16	8	8	24	21
MCO transition	2	1	2	1	0
Medicaid Application Assistance	110	95	90	116	120
Medicaid Eligibility Issues	102	105	100	95	111
Medicaid Fraud	1	3	3	2	6
Medicaid General Issues/questions	167	139	145	172	182
Medicaid info (status) update	78	94	88	71	112
Medicaid Renewal	2	8	3	7	12
Medical Card issues	14	12	18	12	14
Medicare Savings Plan Issues	26	19	11	25	21
MediKan issues	3	9	4	3	5
Moving to / from Kansas	8	5	12	12	8
Medical Services	19	16	20	36	17
Pain management issues	1	3	2	1	0
Pharmacy	10	5	6	8	10
Pregnancy issues	18	13	5	17	8
Prior authorization issues	1	11	3	5	1
Refugee/Immigration/SOBRA issues	0	3	2	3	2
Respite	1	1	1	0	0
Spend Down Issues	17	28	13	23	15
Transportation	13	15	7	10	12
Working Healthy	6	2	3	2	1
MEDICAID ISSUES TOTAL	747	717	675	799	821

There may be multiple selections for a member/contact.

- **HCBS/LTSS Issues**

The top issues for the past several quarters are HCBS General Issues and HCBS Eligibility issues..

HCBS/LTSS ISSUES	Q1/22	Q2/22	Q3/22	Q4/22	Q1/23
Client Obligation	13	15	10	4	4
Estate Recovery	17	20	12	12	10
HCBS Eligibility issues	51	54	38	35	37
HCBS General Issues	49	42	51	51	53
HCBS Reduction in hours of service	1	4	8	7	4
HCBS Waiting List	7	6	5	7	7
Nursing Facility Issues	28	42	32	31	20
HCBS/LTSS ISSUES TOTAL	166	183	156	147	135

There may be multiple selections for a member/contact.

- **Other Issues**

This section shows issues or concerns that may be *related* to KanCare/Medicaid. Medicare Related Issues was the top concern this quarter.

OTHER ISSUES	Q1/22	Q2/22	Q3/22	Q4/22	Q1/23
Abuse / neglect complaints	10	16	15	13	8
ADA Concerns	0	3	0	2	1
Adoption issues	0	1	1	1	3
Affordable Care Act Calls	0	2	1	1	7
Community Resources needed	11	6	11	23	13
Domestic Violence concerns	1	3	1	2	0
Foster Care issues	5	4	3	4	6
Guardianship	1	3	1	6	6
Homelessness	0	3	0	3	3
Housing Issues	4	12	7	10	16
Medicare related Issues	21	23	13	24	34
Social Security Issues	13	22	8	13	14
Used Interpreter	4	0	2	3	6
X-Other	39	68	58	66	72
Z Thank you	204	191	210	260	296
Z Unspecified	20	39	39	30	31
Health Homes	0	0	0	0	0
OTHER ISSUES TOTAL	333	396	370	461	516

There may be multiple selections for a member/contact.

H. Data by Managed Care Organization (MCO)

See Appendix B

VII. Action Taken

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

1. Responding to issues - response rates for the KanCare Ombudsman office.
2. Organization resolution rate – how long it takes to resolve the question/concern for related organizations that are asked to assist by the Ombudsman office.
3. Action Taken - information on resources provided.
4. KanCare Ombudsman Office Resolution Rate - how long it takes for contacts to be resolved or completed.

A. Responding to Issues

- **KanCare Ombudsman Office response to members/applicants/stakeholders**

The office continues to have lower than expected numbers for response rates within 2 days.

Quarter/Year	Number of Contacts	% Responded 0-2 Days	% Responded 3-7 Days	% Responded 8 or more Days
Q1/2022	524	92%	8%	1%
Q2/2022	526	90%	9%	1%
Q3/2022	480	84%	15%	1%
Q4/2022	546	84%	15%	2%
Q1/2023	644	85%	15%	0%

- **Organizational final response to Ombudsman requests**

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

Q1, 2023

Number of Referrals	Referred to	% Resolved 0-2 Days	% Resolved 3-7 Days	% Resolved 7-30 Days	% Resolved 31 or More Days
55	Clearinghouse	100%	0%	0%	0%
4	DCF	75%	25%	0%	0%
2	KDADS-Behavior Health	100%	0%	0%	0%
3	KDADS-HCBS	67%	33%	0%	0%
-	KDADS-Health Occ. Cred.	0%	0%	0%	0%
11	KDHE-Eligibility	55%	9%	18%	18%
6	KDHE-Program Staff	100%	0%	0%	0%
4	KDHE-Provider Contact	75%	0%	25%	0%
1	KMAP	100%	0%	0%	0%
8	Aetna	50%	25%	0%	25%
5	Sunflower	80%	20%	0%	0%
7	UnitedHealthcare	43%	29%	14%	14%

- **Action Taken by KanCare Ombudsman Office to resolve requests**

Action Taken Resolution Type	Q1/22	Q2/22	Q3/22	Q4/22	Q1/23
Questions/Issue Resolved (No Resources)	36	38	32	41	69
Used Contact or Resources/Issue Resolved	450	425	397	448	500
Closed (No Contact)	31	42	40	43	38
ACTION TAKEN RESOLUTION TYPE TOTAL	517	505	469	532	607

There may be multiple selections for a member/contact.

Action Taken Additional Help	Q1/22	Q2/22	Q3/22	Q4/22	Q1/23
Provided Resources	449	416	388	451	490
Mailed/Email Resources	102	76	66	81	119
ACTION TAKEN ADDITIONAL HELP TOTAL	551	492	454	532	609

There may be multiple selections for a member/contact.

- **KanCare Ombudsman Office Resolution Rate**

The completion rate for first quarter improved significantly.

Quarter/ Year	Number Contacts	Avg Days To Completion	% Completed in 0-2 Days	% Completed in 3-7 Days	% Completed in 8 or More Days
Q1/2022	51000%	5	76%	12%	12%
Q2/2022	49300%	6	75%	12%	13%
Q3/2022	46000%	7	68%	14%	18%
Q4/2022	51900%	10	62%	18%	20%
Q1/2023	55800%	4	69%	19%	11%

VIII. Enhancements/Updates

A. Staff updates

A new Volunteer Coordinator has been hired and starts 4/17. We are pleased to have Carolyn Coyne of Overland Park join our team.

After 21 years with the State of Kansas and nine and a half years as KanCare Ombudsman, Kerrie Bacon will be retiring at the end of June. The position for KanCare Ombudsman is posted on the state Jobs site. [Careers \(ks.gov\)](https://www.ks.gov/careers)

B. New fact sheets on web pages

KDHE created three new, easy to understand fact sheets regarding the unwinding, or starting up of the renewal process. Those have both been added as the first item on the KanCare Ombudsman Resource page. [Resources \(ks.gov\)](#)

IX. Appendix A: Outreach by KanCare Ombudsman Office

This is a listing of first quarter KanCare Ombudsman Office Outreach to members, providers and community organizations through conferences, newsletters, social media, training events, direct outreach, and community events/presentations such as education, networking and referrals, etc.

A. Outreach through Education and Collaboration

- 1/4: Aurora and Lydia attended the CPAAA monthly networking meeting. They shared Medicaid Unwinding preparation messages.
- 1/17: Matthew Coleman of the VISTA program emailed AmeriCorps recruitment materials to the following: Sarah Taylor, WSU College of Health Professions; Angela Aubrey, WSU College of Applied Learning; Nikki Woods, WSU College of Public Health Sciences; Kathy Gale, WSU Liberal Arts & Sciences Advising; Anna Porcaro, WSU Office of Adult Learning; Amy Drassen Ham, WSU Health Science Dept.
- 1/18: Angela Gaughan, AmeriCorps Community Program Manager, posted AmeriCorps openings on the college website Handshake, targeted to Newman University students.
- 1/18: Lydia Brookins attended the Butler County Early Childhood Taskforce monthly meeting via Zoom.
- 1/27: Aurora and Lydia attended the SG CO CDDO quarterly networking meeting.
- 1/30: Aurora spoke with JD Thompson at JD Thompson Insurance, Inc, about supplying approx. 2000 brochures for his fall newsletter.
- 2/1: Aurora and Lydia attended the CPAAA monthly networking meeting. They shared Medicaid Unwinding preparation messages. Aurora followed up with Robert Miller of WSU College of Health Professions to share recruitment materials and Ombudsman resources.
- 2/2: Aurora presented to Butler County Aging Council monthly networking meeting; her scheduled 20 min presentation turned into a 1+ hour discussion on Medicaid topics and resulted in follow up with 13 different attendees.
- 2/3: Ombudsman testified at the Bethell Joint Committee for HCBS and KanCare Oversight with Annual report, which included survey results for 2022.
- 2/8: Aurora presented to Rose Hill Parents as Teachers – 6 staff.
- 2/8: Aurora spoke with Cottonwood Pediatrics staff regarding Liaison Training.
- 2/9: Aurora attended the Healthier Lyon County monthly networking meeting and shared Medicaid Unwinding preparation messaging with approx. 31 attendees.
- 2/13: Aurora shared materials with Tamara Thomas, Outreach Coordinator of Robert J Dole VA Medical Center about sharing resources & upcoming events.
- 2/13: Aurora spoke with Liz Zuiss from Aetna regarding client resources and various outreach events.

- 2/16: Aurora attended Lyon County Coalition meeting to learn about their use of the Unite Us referral platform.
- 2/20: Aurora communicated with staff at Four County Mental Health about upcoming outreach events and Ombudsman resources.
- 2/24: Aurora communicated with Kristen Alhareedi at Sedgwick County Health Dept about upcoming events and Ombudsman resources.
- 3/1: Aurora & VISTA staff recruited volunteers/AmeriCorps/VISTA staff at the WSU Wellness Expo; Aurora also promoted Ombudsman services. She spoke to approx. 30 attendees and gave a packet of agency brochures to attendees from the SG CO Health Dept.
- 3/1: Aurora mailed a packet of brochures to the North Central Flint Hills Area Agency on Aging.
- 3/1: Aurora dropped off MSP brochures & agency brochures to Steve Henry at Liberty Insurance (Wichita) by request.
- 3/3: Aurora & VISTA staff recruited volunteers/AmeriCorps/VISTA staff at the WSU POWER Social Work Conference; Aurora also promoted Ombudsman services.
- 3/6: Aurora exhibited at a resource fair for St. Francis Community Ministries clients and employees. She spoke with approx. 65 people.
- 3/15: Ombudsman met with KDHE, Deputy Medicaid Operations Director, Christine Osterlund to discuss the KanCare unwinding.
- 3/22: Aurora exhibited at Lyon County Baby Fair in Emporia.
- 3/22: Lydia and VISTA staff exhibited at the WSU Health Professions Career Fair at WSU Campus. This was service outreach and volunteer/VISTA/AmeriCorps recruitment.
- 3/24: Lydia attended the DCF Community Conversations event at the Wichita DCF Office.
- 3/27: Aurora exhibited at Wilson County Baby Fair in Fredonia. She spoke with approx. 50 people.
- 3/29-3/30: Aurora exhibited at the Governor's Conference on Public Health in Manhattan, which had over 550 attendees.
- 3/29-3/30: Aurora emailed KanCare resources to personnel at Nemaha County Community Health Services.
- 3/30: Ombudsman provided written report to the KanCare Advisory Council, but did not attend due to funeral.
- 3/30: Aurora emailed resources to personnel at CKF Addiction Treatment.

Outreach through Social Media and Print Media

Created and posted 55 Facebook posts on the KanCare Ombudsman Office Facebook page during first quarter.

Date of post	Topic	# "reaches"	# "engagements"	# of shares
4-Jan	Tips on faxing Clearinghouse	665	38	9
5-Jan	LIEAP resources	118	24	3
5-Jan	Kansas LEND Education Series	68	5	0
6-Jan	Kansasfoodsource.org resources	106	11	0
9-Jan	NAMI KS online supports	92	7	1
9-Jan	Tips on calling Clearinghouse	1,600	65	14
11-Jan	2023 Value Added Benefits	160	21	3
12-Jan	Guides to KanCare applications -- website resources	80	4	0
13-Jan	MLK Day Office Closure	41	0	0
13-Jan	CH Release of Information resources	135	12	1
17-Jan	Value Added Benefits	45	4	0
19-Jan	Families Together Resources	60	6	0
20-Jan	Unwinding messaging: update contact information at CH	244	12	4
24-Jan	NPR article-- Medicaid unwinding messaging	229	45	5
27-Jan	CDDO resources & map	78	11	1
30-Jan	ABLE account resources	38	5	0
30-Jan	LIEAP resources -- paper applications	53	8	1
1-Feb	Technology access for those with disabilities resource	86	8	1
3-Feb	ADRC resource spotlight	46	8	0
6-Feb	www.insurekidsnow.gov resource (dentist)	90	11	1
9-Feb	SSI/SSDI resource	186	20	3
13-Feb	DYK series #1: Unwinding messaging-- renewals are coming/update info	702	68	14
14-Feb	DYK Series #2: Unwinding messaging -- schedule of renewal letters	478	22	3
15-Feb	DYK Series #3: Unwinding messaging -- three renewal processes	144	21	2
15-Feb	March 6 is Deaf & Hard of Hearing Day in Topeka	52	4	0
16-Feb	DYK Series #4: Unwinding messaging -- get a new renewal form if you lose yours	56	4	0
16-Feb	Disability resource -- IDD Navigators	45	3	0
17-Feb	Down Syndrome & Dementia Resources	52	2	0
17-Feb	DYK Series #5: Unwinding Messaging -- Med Rep, Guardian, Conservator ppwk.	96	7	1
18-Feb	DYK Series #6: Unwinding Messaging 3 types of renewals	158	20	2

19-Feb	DYK Series #7: Unwinding messaging - online KanCare portal renewal	48	7	0
20-Feb	Unwinding messaging: Update contact information with chatbot -- Community Care Network of Ks resources	47	9	1
21-Feb	Unwinding messaging: update information with chatbot	137	22	4
22-Feb	National Children's Dental Health Month check up reminder	45	8	2
22-Feb	SNAP benefits resources	55	12	2
22-Feb	KDHE Affordable Connectivity Resources	82	13	1
24-Feb	Support Groups Services resource share	367	45	4
27-Feb	Come see our vendor table at the WSU POWER Social Work Conference 3/3/23	77	8	1
1-Mar	VISTA & AmeriCorps openings	91	9	0
2-Mar	LinkedIn post - recruitment			
2-Mar	Kancare Home Page	110	18	3
2-Mar	We're Hiring	94	4	0
7-Mar	COVID resources from LTC Ombudsman	82	5	1
8-Mar	Governor's Conference on Public Health	83	9	0
9-Mar	Scam avoidance resources	85	7	0
10-Mar	SG Co Community Baby Shower	159	19	1
10-Mar	KanCare Renewals	277	30	3
13-Mar	FMLA resources	60	3	0
15-Mar	KanCare Renewals KDHE info	85	9	2
20-Mar	KMOM dental event	52	5	1
23-Mar	affordableconnectivity.gov Broadband access	57	5	0
28-Mar	PACE Program Resources	74	11	1
29-Mar	Scam avoidance resources from SSA	29	3	0
29-Mar	Tobacco Cessation Program	26	1	0
30-Mar	Positive Aging Day	188	8	5
31-Mar	National Public Health Week	35	1	0

X. Appendix B: Managed Care Organization (MCO) Data

A. Aetna

MEDICAID ISSUES	Q1/22	Q2/22	Q3/22	Q4/22	Q1/23
Access to Providers (usually Medical)	1	0	3	3	3
Appeals/Fair Hearing questions/issues	1	1	0	1	2
Background Checks	0	0	0	0	0
Billing	3	2	1	4	5
Care Coordinator Issues	3	1	3	1	1
Change MCO	1	1	3	0	3
Choice Info on MCO	1	0	1	1	0
Coding Issues	0	0	1	0	0
Consumer said Notice not received	0	0	0	0	0
Cultural Competency	0	0	0	1	0
Data Requests	0	0	0	0	0
Dental	0	0	3	0	1
Division of Assets	0	0	0	0	0
Durable Medical Equipment	1	0	0	4	3
Grievances Questions/Issues	1	0	2	4	4
Help understanding mail (NOA)	0	0	0	0	1
MCO transition	1	0	1	0	0
Medicaid Application Assistance	1	0	1	0	0
Medicaid Eligibility Issues	4	1	1	3	1
Medicaid Fraud	0	0	0	0	2
Medicaid General Issues/questions	9	2	9	11	4
Medicaid info (status) update	5	2	2	2	2
Medicaid Renewal	0	0	0	1	0
Medical Card issues	1	1	4	1	0
Medicare Savings Plan Issues	2	0	1	1	0
MediKan issues	0	0	0	0	0
Moving to / from Kansas	0	0	0	0	0
Medical Services	4	2	3	4	6
Pain management issues	0	0	0	0	0
Pharmacy	0	1	0	1	1
Pregnancy issues	0	0	0	0	0
Prior authorization issues	0	2	0	1	1
Refugee/Immigration/SOBRA issues	0	0	0	0	0
Respite	0	0	0	0	0
Spend Down Issues	1	0	1	1	0
Transportation	1	1	0	0	2
Working Healthy	0	0	1	1	0
MEDICAID ISSUES TOTAL	41	17	41	46	42

Aetna

HCBS/LTSS ISSUES	Q1/22	Q2/22	Q3/22	Q4/22	Q1/23
Client Obligation	0	1	0	0	0
Estate Recovery	0	0	0	0	0
HCBS Eligibility issues	3	3	4	4	0
HCBS General Issues	8	3	5	6	7
HCBS Reduction in hours of service	0	0	2	3	0
HCBS Waiting List	0	0	0	0	0
Nursing Facility Issues	0	0	5	1	2
HCBS/LTSS ISSUES TOTAL	11	7	16	14	9

OTHER ISSUES	Q1/22	Q2/22	Q3/22	Q4/22	Q1/23
Abuse / neglect complaints	1	1	1	0	2
ADA Concerns	0	0	0	0	0
Adoption issues	0	0	0	0	0
Affordable Care Act Calls	0	0	0	0	0
Community Resources needed	0	0	0	1	0
Domestic Violence concerns	0	0	0	0	0
Foster Care issues	0	0	0	0	0
Guardianship	0	0	0	0	0
Homelessness	0	0	0	0	0
Housing Issues	1	1	0	2	1
Medicare related Issues	1	0	0	0	2
Social Security Issues	1	0	0	0	0
Used Interpreter	0	0	0	0	1
X-Other	0	1	5	4	2
Z Thank you	14	4	17	18	19
Z Unspecified	0	1	0	0	2
Health Homes	0	0	0	0	0
OTHER ISSUES TOTAL	18	8	23	25	29

Aetna

PROGRAM TYPE	Q1/22	Q2/22	Q3/22	Q4/22	Q1/23
PD	2	4	4	4	1
I/DD	0	0	0	2	0
FE	6	0	7	1	2
AUTISM	0	0	0	0	0
SED	0	0	1	2	2
TBI	1	1	3	0	1
TA	0	0	0	0	0
WH	0	0	0	1	0
MFP	0	0	0	0	0
PACE	0	0	0	0	0
MENTAL HEALTH	0	0	0	0	0
SUB USE DIS	0	0	0	0	0
NURSING FACILITY	0	1	0	0	1
FOSTER CARE	0	0	0	0	0
MEDIKAN	0	0	0	0	0
INSTITUTIONAL TRANSITION FROM LTC/NF	0	0	2	2	1
INSTITUTIONAL TRANSITION FROM MH/BH	0	0	0	0	0
INSTITUTIONAL TRANSITION FROM PRISON/JAIL	0	0	0	0	0
PROGRAM TYPE TOTAL	9	6	17	12	8
PRIORITY	Q1/22	Q2/22	Q3/22	Q4/22	Q1/23
HCBS	2	3	5	8	6
Long Term Care / MF	0	1	0	3	2
Urgent Medical Need	1	0	1	1	3
Urgent	0	3	0	3	4
Life Threatening	0	1	0	0	0
PRIORITIES TOTAL	3	8	6	15	15

B. Sunflower

MEDICAID ISSUES	Q1/22	Q2/22	Q3/22	Q4/22	Q1/23
Access to Providers (usually Medical)	2	1	3	2	2
Appeals/Fair Hearing questions/issues	1	2	1	0	3
Background Checks	0	0	0	0	0
Billing	3	5	8	2	3
Care Coordinator Issues	0	2	1	0	2
Change MCO	0	0	1	0	0
Choice Info on MCO	0	0	0	0	0
Coding Issues	0	0	0	0	0
Consumer said Notice not received	0	0	0	1	0
Cultural Competency	0	0	0	0	0
Data Requests	0	0	0	0	0
Dental	0	0	2	0	1
Division of Assets	0	0	0	0	0
Durable Medical Equipment	1	2	3	3	0
Grievances Questions/Issues	0	2	6	4	2
Help understanding mail (NOA)	1	1	1	2	0
MCO transition	0	0	0	0	0
Medicaid Application Assistance	1	0	0	1	2
Medicaid Eligibility Issues	1	5	4	1	5
Medicaid Fraud	0	0	0	1	0
Medicaid General Issues/questions	4	10	7	11	7
Medicaid info (status) update	1	1	5	2	3
Medicaid Renewal	0	0	0	0	0
Medical Card issues	1	1	2	0	2
Medicare Savings Plan Issues	0	0	0	1	0
MediKan issues	0	0	0	0	0
Moving to / from Kansas	1	2	0	1	1
Medical Services	2	2	3	5	3
Pain management issues	0	0	1	0	0
Pharmacy	1	1	2	0	1
Pregnancy issues	0	2	0	0	0
Prior authorization issues	0	1	1	0	0
Refugee/Immigration/SOBRA issues	0	0	0	0	0
Respite	0	0	1	0	0
Spend Down Issues	0	0	4	1	1
Transportation	2	2	1	1	1
Working Healthy	0	0	0	0	0
MEDICAID ISSUES TOTAL	22	42	57	39	39

Sunflower

HCBS/LTSS ISSUES	Q1/22	Q2/22	Q3/22	Q4/22	Q1/23
Client Obligation	0	1	0	0	0
Estate Recovery	0	0	1	0	1
HCBS Eligibility issues	1	3	0	2	5
HCBS General Issues	4	5	8	5	8
HCBS Reduction in hours of service	0	0	1	0	1
HCBS Waiting List	1	0	0	0	1
Nursing Facility Issues	2	2	4	2	0
HCBS/LTSS ISSUES TOTAL	8	11	14	9	16

OTHER ISSUES	Q1/22	Q2/22	Q3/22	Q4/22	Q1/23
Abuse / neglect complaints	2	0	2	0	1
ADA Concerns	0	0	0	0	0
Adoption issues	0	0	0	0	1
Affordable Care Act Calls	0	0	0	0	0
Community Resources needed	0	0	1	1	3
Domestic Violence concerns	0	1	0	0	0
Foster Care issues	0	0	0	0	1
Guardianship	0	0	0	0	1
Homelessness	0	0	0	0	0
Housing Issues	0	1	1	0	1
Medicare related Issues	0	0	2	2	3
Social Security Issues	0	0	0	1	1
Used Interpreter	0	0	0	0	0
X-Other	2	3	4	3	2
Z Thank you	9	16	15	15	13
Z Unspecified	0	0	0	0	0
Health Homes	0	0	0	0	0
OTHER ISSUES TOTAL	13	21	25	22	27

Sunflower

PROGRAM TYPE	Q1/22	Q2/22	Q3/22	Q4/22	Q1/23
PD	2	2	0	1	2
I/DD	1	5	4	0	2
FE	1	2	0	2	1
AUTISM	0	0	0	0	0
SED	0	2	1	0	1
TBI	0	0	0	2	3
TA	0	2	4	0	1
WH	0	0	0	0	0
MFP	0	0	0	0	0
PACE	0	0	0	0	0
MENTAL HEALTH	0	0	1	1	0
SUB USE DIS	0	0	0	0	0
NURSING FACILITY	1	0	3	1	0
FOSTER CARE	0	0	0	0	1
MEDIKAN	0	0	0	0	0
INSTITUTIONAL TRANSITION FROM LTC/NF	0	0	0	0	0
INSTITUTIONAL TRANSITION FROM MH/BH	0	0	0	0	0
INSTITUTIONAL TRANSITION FROM PRISON/JAIL	0	0	0	0	0
PROGRAM TYPE TOTAL	5	13	13	7	11
PRIORITY	Q1/22	Q2/22	Q3/22	Q4/22	Q1/23
HCBS	2	8	8	6	7
Long Term Care / MF	1	0	3	0	0
Urgent Medical Need	1	4	4	1	0
Urgent	4	2	3	2	0
Life Threatening	1	0	0	1	0
PRIORITIES TOTAL	9	14	18	10	7

C. United Healthcare

MEDICAID ISSUES	Q1/22	Q2/22	Q3/22	Q4/22	Q1/23
Access to Providers (usually Medical)	4	1	2	12	1
Appeals/Fair Hearing questions/issues	2	2	3	3	1
Background Checks	0	0	0	0	0
Billing	8	3	5	5	8
Care Coordinator Issues	2	1	3	6	7
Change MCO	2	0	0	1	0
Choice Info on MCO	1	0	0	1	3
Coding Issues	1	1	1	0	2
Consumer said Notice not received	2	0	0	1	0
Cultural Competency	0	0	0	0	0
Data Requests	0	1	0	0	1
Dental	2	1	0	1	1
Division of Assets	0	1	0	0	0
Durable Medical Equipment	1	3	0	3	5
Grievances Questions/Issues	4	3	3	9	3
Help understanding mail (NOA)	1	2	0	2	0
MCO transition	0	1	0	0	0
Medicaid Application Assistance	1	4	0	2	0
Medicaid Eligibility Issues	8	7	1	4	3
Medicaid Fraud	0	0	0	0	0
Medicaid General Issues/questions	15	13	4	17	7
Medicaid info (status) update	7	8	3	6	4
Medicaid Renewal	0	1	0	0	1
Medical Card issues	1	2	0	2	2
Medicare Savings Plan Issues	3	1	0	1	0
MediKan issues	0	0	0	0	0
Moving to / from Kansas	0	0	0	0	0
Medical Services	3	1	3	12	0
Pain management issues	1	0	0	1	0
Pharmacy	5	0	2	4	2
Pregnancy issues	0	0	0	0	0
Prior authorization issues	1	4	1	1	0
Refugee/Immigration/SOBRA issues	0	0	0	0	0
Respite	0	0	0	0	0
Spend Down Issues	2	0	0	4	0
Transportation	5	0	0	7	6
Working Healthy	1	0	0	0	0
MEDICAID ISSUES TOTAL	83	61	31	105	57

United HealthCare

HCBS/LTSS ISSUES	Q1/22	Q2/22	Q3/22	Q4/22	Q1/23
Client Obligation	0	0	0	0	0
Estate Recovery	0	0	0	0	0
HCBS Eligibility issues	2	3	0	5	1
HCBS General Issues	4	5	5	11	8
HCBS Reduction in hours of service	1	1	3	2	2
HCBS Waiting List	1	2	0	2	0
Nursing Facility Issues	2	0	0	3	2
HCBS/LTSS ISSUES TOTAL	10	11	8	23	13

OTHER ISSUES	Q1/22	Q2/22	Q3/22	Q4/22	Q1/23
Abuse / neglect complaints	1	1	0	3	2
ADA Concerns	0	1	0	0	0
Adoption issues	0	0	0	0	0
Affordable Care Act Calls	0	0	0	0	0
Community Resources needed	1	0	0	4	2
Domestic Violence concerns	0	0	0	1	0
Foster Care issues	1	0	0	0	1
Guardianship	0	0	0	0	0
Homelessness	0	0	0	0	0
Housing Issues	0	1	1	0	4
Medicare related Issues	4	3	2	4	2
Social Security Issues	1	0	0	2	0
Used Interpreter	0	0	1	0	1
X-Other	4	2	2	7	0
Z Thank you	17	17	9	29	31
Z Unspecified	1	1	2	1	0
Health Homes	0	0	0	0	0
OTHER ISSUES TOTAL	30	26	17	51	43

PROGRAM TYPE	Q1/22	Q2/22	Q3/22	Q4/22	Q1/23
PD	5	4	0	4	2
I/DD	1	2	3	3	1
FE	0	1	1	0	5
AUTISM	0	0	0	0	0
SED	1	0	0	1	1
TBI	1	0	1	2	3
TA	0	1	1	1	0
WH	0	0	0	0	0
MFP	0	0	0	0	0
PACE	0	0	0	0	0
MENTAL HEALTH	1	0	0	1	0
SUB USE DIS	0	0	0	0	0
NURSING FACILITY	2	1	1	3	1
FOSTER CARE	0	0	0	0	0
MEDIKAN	0	0	0	0	0
INSTITUTIONAL TRANSITION FROM LTC/NF	0	0	0	0	1
INSTITUTIONAL TRANSITION FROM MH/BH	0	0	0	1	0
INSTITUTIONAL TRANSITION FROM PRISON/JAIL	0	0	0	0	0
PROGRAM TYPE TOTAL	11	9	7	16	14
PRIORITY	Q1/22	Q2/22	Q3/22	Q4/22	Q1/23
HCBS	3	5	6	10	10
Long Term Care / MF	2	4	1	4	4
Urgent Medical Need	2	0	3	4	1
Urgent	2	2	0	4	4
Life Threatening	0	0	0	1	1
PRIORITIES TOTAL	9	11	10	23	20

1115 Waiver- Safety Net Care Pool Report

Demonstration Year 11 - Quarter One

Large Public Teaching Hospital\Border City Children's Hospital Pool
Paid date 3/2/2023

Hospital Name	LPTH\BCCH DY/QTR 2023/1	State General Fund 1000	Federal Medicaid Fund 3414
University Of Kansas Hospital Authority*	1,848,103	629,094	1,219,009
Children's Mercy Hospital	616,034	209,698	406,336
Total	2,464,137	838,792	1,625,345

*SGF paid with IGT.

1115 Waiver- Safety Net Care Pool Report

Demonstration Year 11 - Quarter One *

Health Care Access Improvement Pool

Paid Dates 1/12/2023 and 1/19/2023

Provider Name	Program Name	Program ID	Amount	Payment Date	Liability Date	Warrant number	Provider Access Fund 2443	Federal Medicaid Fund 3414
Adventhealth Ottawa	Health Care Access Improvement Program	3264	32,378	1/19/2023	2022	0009282414	11,021	21,357
Adventhealth Shawnee Mission	Health Care Access Improvement Program	3264	3,134,438	1/19/2023	2022	0009287413	1,066,963	2,067,475
Ascension Via Christi Hosp Manhattan	Health Care Access Improvement Program	3264	964,257	1/19/2023	2022	0009282260	328,233	636,024
Ascension Via Christi Hospital Pittsburg	Health Care Access Improvement Program	3264	1,359,825	1/19/2023	2022	0009282059	462,884	896,941
Ascension Via Christi St. Francis	Health Care Access Improvement Program	3264	8,980,685	1/19/2023	2022	0009282252	3,057,025	5,923,660
Ascension Via Christi St. Teresa	Health Care Access Improvement Program	3264	290,386	1/19/2023	2022	2006012381	98,847	191,539
Bob Wilson Memorial Grant County Hospital	Health Care Access Improvement Program	3264	161,295	1/19/2023	2022	0009287388	54,905	106,390
Children's Mercy Hospital Kansas	Health Care Access Improvement Program	3264	110,676	1/19/2023	2022	0009282026	37,674	73,002
Coffeyville Regional Medical Center	Health Care Access Improvement Program	3264	112,573	1/19/2023	2022	0009287533	38,320	74,253
Geary County Hospital	Health Care Access Improvement Program	3264	66,723	1/19/2023	2022	2006007668	22,713	44,010
Hays Medical Center	Health Care Access Improvement Program	3264	274,008	1/19/2023	2022	0009282064	93,272	180,736
Hutchinson Regional Medical Center	Health Care Access Improvement Program	3264	31,632	1/19/2023	2022	0009282149	10,768	20,864
Kansas Heart Hospital Llc	Health Care Access Improvement Program	3264	11,105	1/19/2023	2022	0009282357	3,780	7,325
Kansas Medical Center Llc	Health Care Access Improvement Program	3264	902	1/19/2023	2022	0009281971	307	595
Kansas Rehabilitation Hospital	Health Care Access Improvement Program	3264	3,561	1/19/2023	2022	0009287580	1,212	2,349
Kansas Spine & Specialty Holic	Health Care Access Improvement Program	3264	3,657	1/19/2023	2022	0009282288	1,245	2,412
Kansas Surgery And Recovery Center	Health Care Access Improvement Program	3264	8,064	1/19/2023	2022	0009287508	2,745	5,319
KVC Prairie Ridge Psychiatric Hospital	Health Care Access Improvement Program	3264	3,326	1/19/2023	2022	0009287326	1,132	2,194
Labette Co Med	Health Care Access Improvement Program	3264	149,323	1/19/2023	2022	2006007762	50,830	98,493
Lawrence Memorial Hospital	Health Care Access Improvement Program	3264	756,062	1/19/2023	2022	0009282305	257,364	498,698
Manhattan Surgical Hospital	Health Care Access Improvement Program	3264	4,554	1/19/2023	2022	2006012238	1,550	3,004
McPherson Hospital	Health Care Access Improvement Program	3264	29,356	1/19/2023	2022	0009282156	9,993	19,363
Menorah Medical Center	Health Care Access Improvement Program	3264	1,117,708	1/19/2023	2022	0009282290	380,468	737,240
Mercy Hospital	Health Care Access Improvement Program	3264	9,458	1/19/2023	2022	2006007735	3,220	6,238
Miami County Medical Center	Health Care Access Improvement Program	3264	23,821	1/19/2023	2022	0009282218	8,109	15,712
Midamerica Rehabilitation Hospital	Health Care Access Improvement Program	3264	3,724	1/19/2023	2022	0009287599	1,268	2,456
Morton County Hospital	Health Care Access Improvement Program	3264	200	1/19/2023	2022	0009287455	68	132
NMC Health Medical Center	Health Care Access Improvement Program	3264	138,879	1/19/2023	2022	0009282195	47,274	91,605
Olathe Medical Center Inc	Health Care Access Improvement Program	3264	249,873	1/19/2023	2022	0009282073	85,057	164,816
Overland Park Reg Med Ctr	Health Care Access Improvement Program	3264	4,159,819	1/19/2023	2022	0009282028	1,416,002	2,743,817
Prairie View Hospital	Health Care Access Improvement Program	3264	7,998	1/19/2023	2022	0009282082	2,723	5,275
Pratt Regional Medical Center	Health Care Access Improvement Program	3264	15,844	1/19/2023	2022	0009282199	5,393	10,451
Providence Medical Center	Health Care Access Improvement Program	3264	1,721,175	1/19/2023	2022	2006007619	585,888	1,135,287
Rehabilitation Hospital Of Overland Park	Health Care Access Improvement Program	3264	579	1/19/2023	2022	2006012455	197	382
Rock Regional Hospital**	Health Care Access Improvement Program	3264	84,050	1/12/2023	2021	0009282420	28,611	55,439

1115 Waiver- Safety Net Care Pool Report

Demonstration Year 11 - Quarter One *

Health Care Access Improvement Pool

Paid Dates 1/12/2023 and 1/19/2023

Provider Name	Program Name	Program ID	Amount	Payment Date	Liability Date	Warrant number	Provider Access Fund 2443	Federal Medicaid Fund 3414
Saint John Hospital	Health Care Access Improvement Program	3264	31,150	1/19/2023	2022	2006007616	10,603	20,547
Saint Lukes South	Health Care Access Improvement Program	3264	341,532	1/19/2023	2022	2006012248	116,257	225,275
Salina Regional Health Center	Health Care Access Improvement Program	3264	404,446	1/19/2023	2022	0009282246	137,673	266,773
Salina Surgical Hospital	Health Care Access Improvement Program	3264	3,512	1/19/2023	2022	2006007766	1,195	2,317
South Central Kansas Regional Medical Center	Health Care Access Improvement Program	3264	15,837	1/19/2023	2022	0009282183	5,391	10,446
Southwest Medical Center	Health Care Access Improvement Program	3264	189,458	1/19/2023	2022	0009282088	64,492	124,966
St Catherine Hospital	Health Care Access Improvement Program	3264	1,265,340	1/19/2023	2022	0009282053	430,722	834,618
St Catherine Hospital	Health Care Access Improvement Program	3264	17,059	1/19/2023	2022	0009282058	5,807	11,252
Stormont Vail Health Care Inc	Health Care Access Improvement Program	3264	2,138,919	1/19/2023	2022	0009282060	728,088	1,410,831
Susan B Allen Memorial Hospital	Health Care Access Improvement Program	3264	115,387	1/19/2023	2022	0009282075	39,278	76,109
The University Of Kansas Health System Great Bend	Health Care Access Improvement Program	3264	50,195	1/19/2023	2022	0009282406	17,086	33,109
Topeka Hospital The University Of Kansas	Health Care Access Improvement Program	3264	1,921,804	1/19/2023	2022	0009282401	654,182	1,267,622
Wesley Medical Center	Health Care Access Improvement Program	3264	10,528,311	1/19/2023	2022	0009282336	3,583,837	6,944,474
Wesley Rehabilitation Hospital	Health Care Access Improvement Program	3264	5,164	1/19/2023	2022	0009287319	1,758	3,406
Western Plains Medical Complex	Health Care Access Improvement Program	3264	8,355	1/19/2023	2022	0009287318	2,844	5,511
Total			41,058,383				13,976,274	27,082,109

*All payments are for DY 10 except one hospital.

** Rock Regional payments for DY 9 Q3 & Q4.

KanCare Summary of Claims Adjudication Statistics per MCO (January – March 2023)

Aetna YTD Cumulative Claims					
Service Type	Total Count	Total Count Value	Total Denied	Total Denied Value	Percent Claims Denied
Hospital Inpatient	7,557	\$490,107,801	1,549	\$161,819,440	20.50%
Hospital Outpatient	80,520	\$293,647,007	13,542	\$31,859,925	16.82%
Pharmacy	703,453	\$56,750,108	209,144	\$340,725.43	29.73%
Dental	35,354	\$15,959,602	3,867	\$1,745,941	10.94%
Vision	2,612	\$766,173	203	\$54,147	7.77%
NEMT	35,760	\$1,702,386	119	\$5,299	0.33%
Medical	468,151	\$321,365,474	61,944	\$64,525,547	13.23%
Nursing Facilities	24,240	\$71,224,067	1,735	\$6,617,654	7.16%
HCBS	99,826	\$59,920,599	2,399	\$1,855,873	2.40%
Behavioral Health	70,410	\$45,090,075	7,123	\$7,945,464	10.12%
Total All Services	1,527,883	\$1,356,533,291	301,625	\$276,429,290	19.74%

Sunflower YTD Cumulative Claims					
Service Type	Total Count	Total Count Value	Total Denied	Total Denied Value	Percent Claims Denied
Hospital Inpatient	9,200	\$746,230,263	2,175	\$246,187,982	23.64%
Hospital Outpatient	94,665	\$356,504,315	9,499	\$46,681,334	10.03%
Pharmacy	558,625	\$99,453,320	141,676	\$28,321,488	25.36%
Dental	49,312	\$22,216,954	4,260	\$1,728,853	8.64%
Vision	37,293	\$9,203,122	2,889	\$972,621	7.75%
NEMT	27,390	\$1,070,313	292	\$7,796	1.07%
Medical	474,999	\$411,170,086	71,601	\$87,139,158	15.07%
Nursing Facilities	27,119	\$77,402,930	2,019	\$9,040,503	7.44%
HCBS	165,266	\$122,926,259	3,753	\$4,342,948	2.27%
Behavioral Health	215,099	\$59,827,081	25,583	\$7,634,101	11.89%
Total All Services	1,658,968	\$1,906,004,644	263,747	\$432,056,782	15.90%

United YTD Cumulative Claims					
Service Type	Total Count	Total Count Value	Total Denied	Total Denied Value	Percent Claims Denied
Hospital Inpatient	7,399	\$427,751,906	2,022	\$142,343,289	27.33%
Hospital Outpatient	104,234	\$413,089,185	25,905	\$133,865,612	24.85%
Pharmacy	549,669	\$81,279,659	123,136	\$33,460,961	22.40%
Dental	50,984	\$24,691,144	11,285	\$6,636,163	22.13%
Vision	22,638	\$6,071,356	1,784	\$648,790	7.88%
NEMT	34,730	\$1,332,221	578	\$38,974	1.66%
Medical	515,672	\$316,900,704	97,284	\$84,371,825	18.87%
Nursing Facilities	28,925	\$95,540,778	4,634	\$16,781,765	16.02%
HCBS	145,244	\$84,632,665	3,115	\$2,713,405	2.14%
Behavioral Health	206,758	\$69,878,142	21,892	\$11,449,654	10.59%
Total All Services	1,666,253	\$1,521,167,761	291,635	\$432,310,437	17.50%