Annual Report to CMS Regarding Operation of 1115 Waiver Demonstration Program – Year Ending 12.31.15

State of Kansas

Kansas Department of Health and Environment

Division of Health Care Finance

KanCare
Section 1115 Annual Report
Demonstration Year: 3 (1/1/2015-12/31/2015)

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I. Introduction

Pursuant to the KanCare Special Terms and Conditions issued by the Centers for Medicare and Medicaid Services, Number 11-W-00283/7, the State of Kansas, Department of Health and Environment, Division of Health Care Finance, submits this third annual report related to Demonstration Year 2015. KanCare is a managed care Medicaid program which serves the State of Kansas through a coordinated approach. The State determined that contracting with multiple managed care organizations will result in the provision of efficient and effective health care services to the populations covered by the Medicaid and Children's Health Insurance Program (CHIP) in Kansas, and will ensure coordination of care and integration of physical and behavioral health services with each other and with home and community based services (HCBS).

On August 6, 2012, the State of Kansas submitted a Medicaid Section 1115 demonstration proposal, entitled KanCare. That request was approved by the Centers for Medicare & Medicaid Services on December 27, 2012, effective from January 1, 2013, through December 31, 2017.

KanCare is operating concurrently with the state's section 1915(c) Home and Community-Based Services (HCBS) waivers, which together provide the authority necessary for the state to require enrollment of almost all Medicaid beneficiaries (including the aged, disabled, and some dual eligibles) across the state into a managed care delivery system to receive state plan and waiver services. This represents an expansion of the state's previous managed care program, which provided services to children, pregnant women, and parents in the state's Medicaid program, as well as carved out managed care entities that separately covered mental health and substance use disorder services. KanCare also includes a safety net care pool to support certain hospitals that incur uncompensated care costs for Medicaid beneficiaries and the uninsured, and to provide incentives to hospitals for programs that result in delivery system reforms that enhance access to health care and improve the quality of care.

This five year demonstration will:

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

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

- Provide integration and coordination of care across the whole spectrum of health to include physical health, behavioral health, and LTSS/HCBS;

- Improve the quality of care Kansas Medicaid beneficiaries receive through integrated care coordination and financial incentives paid for performance (quality and outcomes);
- Control Medicaid costs by emphasizing health, wellness, prevention and early detection as well as integration and coordination of care; and
- 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.

II. STC 78(a) – Summary of Quarterly Report Items

Items from the 2015 quarterly reports which are not included in others areas of this annual report, have not already been provided in cumulative annual form, and/or are subject to annualizing are summarized here:

A. Operational Developments/Issues

i. Systems and reporting issues, approval and contracting with new plans: No new plans have been contracted with for the KanCare program. Through a variety of accessible forums and input avenues, the State is kept advised of any systems or reporting issues on an ongoing basis and worked either internally, with our MMIS Fiscal Agent, with the operating state agency and/or with the MCOs and other contractors to address and resolve the issues. Examples of this include ongoing external work groups with consumer focus and provider focus; technical work groups with key provider associations to resolve outstanding issues; and provider surveys or focused projects to assess and address systemic issues. Annual reviews of the MCOs are discussed elsewhere in this report. Each quarter, the State reports then-current consumer issues, their resolution, and actions taken to prevent further occurrences. Summaries of those issues are included in the state's quarterly STC reports submitted to CMS and posted at www.kancare.ks.gov.

ii. Benefits: All pre-KanCare benefits continue, and the program includes value-added benefits from each of the three KanCare MCOs at no cost to the State. A summary of value added services used, per KanCare MCO and total, by members using the service, by total units and by total value for January-December, 2015:

KanCare Value-Added Services 2015 Grand Totals, All KanCare MCOs Combined:

Total Members	175,230	Total Units	217,155	Total Value	$4,430,506

Each KanCare MCO:

Amerigroup	Total Members 2015	Total Units 2015	Total Value 2015
Adult Dental Care	1,527	4,058	$477,683
Member Incentive Program	6,467	12,480	$272,706
Mail Order OTC	8,746	9,919	$166,450
Healthy Families Program	234	85	$75,000
Pest Control	207	223	$28,012
Smoking Cessation Program	146	217	$23,850
Additional Respite Care for DD Waiver Population	30	1,223	$14,542
Additional Respite Care for Autism Waiver	46	2,370	$7,053
Weight Watcher Vouchers	102	107	$3,946
Hypoallergenic Bedding	32	36	$3,565
Safelink Phone Service	4,097	4,247	0
2015 Grand Total for Amerigroup	**23,205**	**34,965**	**$1,072,807**

Sunflower	Total Members 2015	Total Units 2015	Total Value 2015
CentAccount debit card	76,226	87,052	$1,741,040
Dental visits for adults	6,129	17,295	$579,918
Smoking cessation program	597	597	$143,280
Disease and Healthy Living Coaching	47,007	47,007	$122,692
Start Smart	3,070	3,107	$87,462
SafeLink®/Connections Plus cell phones	489	489	$23,389
In-home caregiver support/ additional respite	715	5,761	$18,723
Lodging for specialty and inpatient care	57	124	$10,044
Community Programs for Healthy Children: Boys & Girls Clubs	443	443	$6,645
Hospital companion	29	1,086	$3,530
Meals for specialty and inpatient care	31	84	$2,100
2015 YTD Grand Total for Sunflower	**134,793**	**163,045**	**$2,738,823**

United	Total Members 2015	Total Units 2015	Total Value 2015
Adult Dental Services	1,767	1,767	$76,243
Membership to Youth Organizations	1,385	1,385	$69,250
Additional Vision Services	1,274	1,388	$60,151
Baby Blocks Program and Rewards	986	986	$58,568
Peer Bridgers Program	192	192	$47,628
Adult Briefs	432	457	$40,947
Weight Watchers - Free Classes	317	317	$37,723
KAN Be Healthy Screening Age 3 to 19 - Debit Card Reward	3,703	3,703	$37,030
Join for Me - Pediatric Obesity Classes*	14	14	$35,000
Additional Podiatry Visits	223	223	$23,464
Home Helper Catalog Supplies	611	611	$20,187
KAN Be Healthy Screening Age Birth to 30 months - Debit Card Reward	1,016	1,401	$14,010
Infant Care Book for Pregnant Women	963	963	$12,519

Sesame Street - Food For Thought	152	152	$5,320
Medications Calendar	2,085	2,085	$5,296
Adult Biometric Screening - Debit Card Reward	353	353	$5,295
Join for Me - Reward for Completion of Program	44	44	$2,200
Mental Health First Aid Program	13	13	$1,799
Annual Vision Exam for Person with Diabetes - Debit Card Reward	65	65	$1,300
Weight Watchers Reward - Reward for Completing Classes	24	24	$1,200
Asthma Bedding	18	18	$936
Annual A1C Exam - Debit Card Reward	80	80	$800
A is for Asthma	1,465	1,465	$733
Follow-Up After Behavioral Health Hospitalization - Debit Card Reward	24	25	$625
Adults Parks and Rec Catalog	6	6	$300
Annual Monitoring for Persistent Medications - Debit Card Reward	20	20	$200
2015 YTD Grand Total for United	**17,232**	**19,145**	**$618,876**

iii. Enrollment issues: For the calendar year 2015 there were 41 Native Americans who chose to not enroll in KanCare.

The table below represents the enrollment reason categories for calendar year 2015. All KanCare eligible members were defaulted to a managed care plan.

Enrollment Reason Categories	2015 Totals
Newborn Assignment	10
KDHE - Administrative Change	219
WEB - Change Assignment	67
KanCare Default - Case Continuity	696
KanCare Default - Morbidity	1,714
KanCare Default - 90 Day Retro-reattach	985
KanCare Default - Previous Assignment	2,023
KanCare Default - Continuity of Plan	8,320
AOE – Choice	6,751
Choice - Enrollment in KanCare MCO via Medicaid	3,518
Change - Enrollment Form	1,202
Change - Choice	1,575
Change - Access to Care – Good Cause Reason	35
Change - Case Continuity – Good Cause Reason	13
Change – Quality of Care – Good Cause Reason	5
Assignment Adjustment Due to Eligibility	38
Total	27,171

iv. Grievances and appeals:

The following grievance, appeal and state fair hearing data reports activity for all of 2015:

MCOs' Grievance Database
Members – CY15 Annual Report

MCO	Access of ofc	Avail-ability	QOC	Attitude/ Service of Staff	Lack of Info from Prov	Billing/ Fin Issues	Transp-Timely	Prior Auth	Level of Care	Pharm	DME	VAS	Med Proc/ Inpt Trtmt	Waiver HCBS Service	Mail/ Other
AMG	0	89	93	144	1	128	120	1	6	10	1	9	5	18	32
SUN	5	109	38	137	6	59	169	10	13	22	4	7	13	5	54
UHC	1	0	135	249	3	312	177	2	1	5	2	0	0	1	26

MCOs' Appeals Database
Members – CY15 Annual Report

MCO	Dental	DME	Radiology, Gen Test	Phar-macy	OP/IP Surg/ Proc	Comm Based Svcs	LTSS/ HCBS PCA/ LTC/RTC/ TCM/ MH Hrs	HH/ Hospice Hrs	OT/ PT/ ST	Inpt/ Outpt Covg	PCP/ Spec-ialist	Other
AMG	2	9	9	3	16	0	25	0	1	18	0	3
SUN	11	83	30	139	59	0	98	57	24	23	3	8
UHC	35	59	0	226	49	0	68	3	0	189	7	3

Providers – CY15 Annual Report (appeals resolved)

MCO	MCO Auth	MCO Prov. Rela-tions	MCO Claim/ Billing	MCO Clin/ UM	MCO Phar	MCO Plan Admin/ Other	MCO QOC	MCO Cred/ Cont	Vision Auth	Vision Claim/ Billing	Dent Auth	Dent Claim/ Billing	Transp Quality of Care/ Service	Other
AMG	18	47	33,834*	343	0	0	0	0	0	41	8	65	0	0
SUN	98	4	797	42	0	2	63	0	0	230	8	19	0	51
UHC	27	2	1,941	13	0	2	29	0	0	150	5	39	1	39

State of Kansas Office of Administrative Fair Hearings
Members - CY15 Annual Report

AMG-Red SUN-Green UHC-Purple	Dental Denied/ Not Covered	CT/ MRI/ X-ray Denied	Pharm Denied	DME Denied	Home Health Hours Denied	Comm Psych Support/ BH Svcs/ Assist Svc Funds Denied	PT/OT Inpt Rehab Denied	LTSS/ HCBS/ WORK PCA Hrs/ Wtg List Denied	Med Proc/ Gen Test Denied	Specialist Ofc Visit/ Ambulance
Withdrawn				1	1		1	2 2	1	2
Dismissed-Moot MCO reversed denial		1 1	2	2	1			7 6	2 1	
Dismissed-No Adverse Action				1			2 1	1		
Default Dismissal Plaintiff no-show					2			6		
Dismissed-Untimely			2				2	3 3		
FH in process										
OAH upheld State/MCO decision		1	2 3	2 1	4		1	17 4	2	1 1
OAH reversed MCO decision					1		2	1		
FH dec pending										

State of Kansas Office of Administrative Fair Hearings
Providers - CY14 Annual Report

AMG-Red SUN-Green UHC-Purple	Claim Denied (contained errors)	Claim Denied by MCO in error	Recoup-ment	Dental Denied	DME Denied	Radiology Denied	Home Health/ Hospice /LTC Denied	Air/ Amb Charges	Inpt/ Outpt Rehab Covrg Denied	Mental Health HCBS/ TCM Denied	Pharm/ Lab/ Genetic Testing Denied
Withdrawn	5	418		1		1 1 1	2	1	4 1 6		2 3
Dismissed-Moot MCO reversed denial	12 1	220 24 24	8 3 1		3 3	2	18 1		6 12 14	1 2 3	3
Dismissed-No internal appeal	15 4 8		4 1	1	1 4	3	4 8		9 5 8	3 8	2 22 1
Dismissed-No adverse action	4		1		1				3	4 1	1

Default Dismissal- Appellant did not appear			1 3		2		3 6		4		
Dismissed- Untimely	1	1			1 2		5		8 6		1
OAH upheld MCO decision	2 2 2				3		2 3		1 5 4	1	
OAH reversal of MCO decision	91	4					1		2 1		

*Amerigroup treats and counts every provider initiated claim action request from all sources (verbal, written, email, web-submission, submitted by provider representative or other individual in any form) as an appeal for reporting purposes. Even though there may be commonality of cause across a number of provider contacts, the action itself is counted as a singular event regardless of the number of claims impacted or reported (claim appeals are not aggregated for common cause). Amerigroup's appeal workflow system accounts for each appeal intake as a distinct action.

B. Customer service reporting:

KanCare Customer Service Report - Member

MCO/Fiscal Agent January-December 2015	Average Speed of Answer (Seconds)	Call Abandonment Rate	Total Calls
Amerigroup	0:20	2.66%	189,795
Sunflower	0:18	1.84%	179,670
United	0:18	1.41%	159,007
HP – Fiscal Agent	0:00	0.20%	25,131

KanCare Customer Service Report - Provider

MCO/Fiscal Agent January-December 2015	Average Speed of Answer (Seconds)	Call Abandonment Rate	Total Calls
Amerigroup	0:14	.78%	93,563
Sunflower	0:11	0.81%	108,922
United	0:06	0.35%	71,055
HP – Fiscal Agent	0:00	0.13%	6,947

C. Summary of critical incident reporting:

Critical Incidents January-December 2015	1st Qtr	2nd Qtr	3rd Qtr	4th Qtr	2015
	AIR Totals	AIR Totals	AIR Totals	AIR Totals	**TOTALS**
Reviewed	283	170	176	220	**849**
Pending Resolution*	34	145	182	97	**458**
Total Received	317	315	358	317	**1307**
APS Substantiations**	66	77	75	104	**322**

**Some critical incidents pending resolution were inadvertently omitted from the 1st Quarter report.*
***The APS Substantiations exclude possible name matches when no date of birth is identified. One adult may be a victim/alleged victim of multiple types of allegations. The information provided is for adults on HCBS programs who were involved in reports assigned for investigation and had substantiations during the quarter noted. An investigation may include more than one allegation.*

D. 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 attached Safety Net Care Pool Reports identify pool payments to participating hospitals, including funding sources, applicable to 2015/DY3.

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

Delivery System Reform Incentive Payment ((DSRIP) Pool: Currently there are two hospitals participating in the DSRIP activities. They are Children's Mercy Hospital (CMH) and Kansas University Medical Center (KU). CMH has chosen to do the following projects: Complex Care for Children, and Patient Centered Medical Homes. KU will be completing STOP Sepsis, and Self-Management and Care Resiliency for their projects. Kansas Foundation for Medical Care (KFMC) is working with the State on improving healthcare quality in KanCare. The hospitals continue identifying community partners, creating training for community partners, and working toward reaching the project milestones for DY3. The CMS approved DSRIP semi-annual payments were made on October 30, 2015. A DSRIP Learning Collaborative was held on November 16, 2015 at Kansas University with Children's Mercy Hospital, KFMC and the State in attendance. A summary of 2015/DY3 DSRIP payments is attached.

E. Access: as noted in previous reports, members who are not in their open enrollment period are unable to change plans without a good cause reason pursuant to 42 CFR 438.56 or the KanCare STCs. GCRs (member "Good Cause Requests" for change in MCO assignment) after the choice period are denied as not reflective of good cause if the request is based solely on the member's preference, when other participating providers with that MCO are available within access standards. In these cases, the MCOs are tasked with offering to assist the member in scheduling an appointment with one of their participating providers.

The good cause requests during 2015 showed varied reasons and causes for changing plans. The GCR requests showed an overall downward trend from the requests all year.

If a GCR is denied by KDHE, the member is given appeal/fair hearing rights. During 2015, there were eight state fair hearings filed for a denied GCR. Two cases were withdrawn by the members, one had the denial affirmed, and the other five were dismissed. A summary of GCR actions for 2015 is as follows:

Status	2015 Totals
Total GCRs filed	363
Approved	40
Denied	183
Withdrawn (resolved, no need to change)	80
Dismissed (due to inability to contact the member)	61
Pending	0

III. STC 78(b) – Total Annual Expenditures

Total annual expenditures for the demonstration population for Demonstration Year 3 (2015), with administrative costs reported separately, are set out in the attached document entitled "KanCare Expenditure & Budget Neutrality – Demonstration Year 3 – 2015."

IV. STC 78(c) – Yearly Enrollment Reports

Yearly enrollment reports for demonstration enrollees for Demonstration Year 3 (2015), including all individuals enrolled in the demonstration, that include the member months, as required to evaluate compliance with the budget neutrality agreement, and the total number of unique enrollees within Demonstration year 3, are set out in the attached document entitled "KanCare Expenditure & Budget Neutrality – Demonstration Year 3 – 2015."

V. STC 78(d) – Quality Strategy

Kansas has created a broad-based structure to ensure comprehensive, collaborative and integrated oversight and monitoring of the KanCare Medicaid managed care program. KDHE and KDADS have

established iACT (the Interagency Collaboration Team) for comprehensive oversight and monitoring. In October, this group replaced the KanCare Interagency Monitoring Team (IMT) as the oversight management team, and iACT performs similar functions to that of IMT. iACT is a review and feedback body that meets in frequent work sessions, focusing on the monitoring and implementation of the State's KanCare Quality Improvement Strategy (QIS), consistent with the managed care contract and approved terms and conditions of the KanCare 1115(a) Medicaid demonstration waiver. iACT includes representatives from KDHE and KDADS, and operates under the policy direction of the KanCare Steering Committee which includes leadership from both KDHE and KDADS.

These sources of information guide the ongoing review of and updates to the KanCare QIS: Results of KanCare managed care organization (MCO) and state reporting, quality monitoring/onsite reviews and other KanCare contract monitoring results; external quality review findings and reports; feedback from governmental agencies, the KanCare MCOs, Medicaid providers, Medicaid members/consumers, and public health advocates; and iACT's review of and feedback regarding the overall KanCare quality plan. This combined information assists iACT and the MCOs to identify and recommend quality initiatives and metrics of importance to the Kansas Medicaid population.

The State Quality Strategy – as part of the comprehensive quality improvement strategy for the KanCare program – as well as the Quality Assurance and Performance Improvement (QAPI) plans of the KanCare MCOs, are dynamic and responsive tools to support strong, high quality performance of the program. As such, they will be regularly reviewed and operational details will be continually evaluated, adjusted and put into use.

The State values a collaborative approach that will allow all KanCare MCOs, providers, policy makers and monitors to maximize the strength of the KanCare program and services. Kansas recognizes that some of the performance measures for this program represent performance that is above the norm in existing programs, or first-of-their-kind measures designed to drive to stronger ultimate outcomes for members, and will require additional effort by the KanCare MCOs and network providers. Therefore, Kansas continues to work collaboratively with the MCOs and provide ongoing policy guidance and program direction in a good faith effort to ensure that all of the measures are clearly understood; that all measures are consistently and clearly defined for operationalizing; that the necessary data to evaluate the measures are identified and accessible; and that every concern or consideration from the MCOs is heard. When that process is complete (and as it recurs over time), as determined by the State, final details are communicated and binding upon each MCO.

To support the quality strategy, KDHE staff conduct regular meetings with MCO staff, relevant cross-agency program management staff, and EQRO staff to work on KanCare operational details and ensure that quality activities are occurring consistent with Section 1115(a) standard terms and conditions, the KanCare quality management strategy and KanCare contact requirements. Included in this work have been reviews, revisions and updates to the QIS, including operational specifications of the performance measures (and pay for performance measures); reporting specifications and templates; LTSS oversight and plan of care review/approval protocols; and KanCare Key Management Activity reporting and follow

up. All products are distributed to relevant cross-agency program and financial management staff, and are incorporated into updated QIS and other documents.

Kansas has provided quarterly updates to CMS about the activities related to quality monitoring, performance measure development, and about specific activities related to MLTSS services, quality measures, and related HCBS waiver amendment application development and submission. Consistent with the STCs, the State received approval for revisions to the concurrently operating 1915(c) waivers (KS-0476, KS-0304, KS-4165, KS-4164, KS-0320, KS-0303 and KS-0224) to incorporate performance measures that are reflective of services delivered in a managed care delivery system, taking into account a holistic approach to care. The State sought technical assistance from CMS and a CMS vendor in the development of the new performance measures. The State revised the KanCare Comprehensive Quality Strategy to incorporate the new performance measures, and submitted the updated strategy document to CMS for review and approval in September, 2014. Performance measures continue to evolve and change based upon analysis of Healthcare Effectiveness Data and Information Set (HEDIS) data and claim encounter data.

VI. STC 78(e) – MFP Benchmarks

Kansas's Money Follows the Person (MFP), five year demonstration grant, serves four HCBS populations: the Frail Elderly (FE), the Physically Disabled (PD), the Traumatic Brain Injured (TBI), and the Intellectually/Developmentally Disabled (I/DD). During the first quarter of calendar year 2015, 60 individuals were transferred from institutions to their home and community, and during the second and third quarters, 61 and 59 individuals, respectively, transitioned. During the fourth quarter of calendar year 2015, 52 individuals were able to return to their homes and communities with assistance of the MFP Program and MCOs.

Summary of 2015 performance on annual transition benchmarks in the Kansas Money Follows the Person grant follows:

Calendar Year 2015	**FE**	**DD/ICF**	**PD**	**TBI**
Total Number of annual transition benchmarks achieved	54	30	141	7
Total Number of annual transition benchmarks (revised)	55	20	139	6
Percent Achieved	98.18%	150%	101.44%	116.67%

Calendar Year 2015	FE	DD/ICF	PD	TBI
Total Number of current MFP participants who are reinstitutionalized	1	0	2	0
Total Number of current MFP participants	5	35	147	11
Reinstitutionalized Percent	2.22%	0%	36%	0.00%
Post Transition Success Target	80.00%	80.00%	80.00%	80.00%
Percentage of MFP participants maintaining the same level of service after moving to HCBS (post transition success) **Percent Achieved**	97.78%	100.00%	98.64%	100.00%

VII. STC 78(f) – HCBS Waiver Waiting Lists

Pursuant to STC 47, the state must report on the status of individuals receiving HCBS Services, including progress regarding waiting lists.

HCBS-Physical Disability (PD) Waiting List Management: In the year ending December 31, 2015

- 1,887 individuals waiting for HCBS-PD services were offered services.
- 1,303 began PD Waiver services
- 983 left PD Waiver services
- 1,469 are on the waiting list as of 12/31/15 which includes 600 plus individuals that were offered services in late 2015.

There was significant progress made in reducing the waiting list during the 2015 calendar year. The State has made offers to anyone who was placed on the PD waiting list as of June 30, 2015 or earlier. Efforts to offer services to those on the PD waiting list added since that time will continue into 2016.

Additional reporting elements to address progress of individuals receiving HCBS services include:

A. Total number of people in nursing facilities, and public ICF/IDDs

Program	CY 2012	CY 2013	CY 2014	CY 2015
Nursing Facilities	14,913	14,517	14,565	14,163
Public ICF/IDDs	350	344	337	328

B. Total Number of people on each of the 1915(c) waiting lists

- Intellectual/Developmental Disabilities waiver program: 3,455 as of December 31, 2015
- Physical Disabilities waiver program: 1,469 as of December 31, 2015

C. Number of people that have moved off the waiting list and the reason

- Intellectual/Developmental Disabilities waiver program: as of December 31, 2015

Reason moved off waiting list	Number of people
Placed on Services (Includes HCBS, MFP, and PACE)	347
Other	75

- Physical Disabilities waiver program: as of December 31, 2015

Reason moved off waiting list	Number of people
Placed on Services (Includes HCBS, MFP, and PACE)	1,025
Deceased	88
Other	1,696

D. Number of people that are new to the waiting list: 576 for I/DD waiver; 1,386 for PD waiver
Data source: KAMIS and Eligibility data

VIII. STC 78(g) – Institutional Days and NF, ICF/IDD Admissions

Include those admitted from MCOs HCBS delivery system into each institutional setting and those who are not KanCare HCBS recipients admitted from the community into each institutional type specified in STC 47. (See also information at Section VII[A] above, regarding numbers served over years.)

Seven Month Lag 07/01/2014-06/30/2015	Nursing Facilities	Private ICF/IDDs
Days	4,696,299	55,928
Admissions	6,572	18

IX. STC 78(h) – Ombudsman Program

A summary of the KanCare Ombudsman program activities for demonstration year 2015 is attached.

X. STC 78(i) – ID/DD Pilot Project

The I/DD Pilot Project concluded effective February 1, 2014, when HCBS I/DD services became a part of the KanCare program.

XI. STC 78(j) – Managed Care Delivery System

A. Project Status, Accomplishments and Administrative Challenges: The initial focus of KanCare implementation was to ensure a successful transition for all populations, with a particular emphasis on populations new to managed care, including the introduction of elderly and people with disabilities to managed care, and the addition of people with developmental disabilities as of February 1, 2014. The Health Homes program for people with serious mental illness was also successfully launched July 1, 2014, and continued through 2015.

Additional accomplishments in 2015 included the following (about which information has been provided in the quarterly STC reports to CMS):

- Regular reporting of key operational data, including to joint legislative committee providing oversight to KanCare and HCBS programs
- Transition to new eligibility determination system, KEES (Kansas Eligibility and Enforcement System)
- Separate and joint critical issues logs
- Regular meetings involving KDHE, KDADS and all three MCOs
- Educational and listening tours related to HCBS waiver activities and Health Homes
- KanCare Advisory Council and external workgroup meetings

B. Utilization Data: Utilization data related to all three KanCare MCOs, separately addressing physical health services, behavioral health, nursing facility, and HCBS services, are collected, with data reported by demonstration quarter, and a lag time for claims data to be substantially complete and for data analysis to be conducted. These reports are one component of the state's utilization analysis.

Attached is the KanCare Utilization Report for demonstration year 3 (calendar year 2015). A comparison between pre-KanCare measurements and DY 3 data demonstrates a positive trend in the reduced utilization and expense of facility services during the third year of KanCare. Both the inpatient and nursing facility encounters reduced in usage from pre-KanCare CY 2012 to CY 2015. Similarly, there was also a reduction for outpatient facility emergency room services. Inpatient expenditure alone reduced 26%, with a utilization reduction of 37%. Inpatient care was the most expensive finance category for the program in 2012, but it has now been surpassed by HCBS services.

There is a significant increase in the usage of primary care physicians (PCPs), increasing in utilization 14%. The reduction of inpatient and facility care coupled with the increase in primary physician care shows a trend away from expensive facility care towards outpatient physician care. This should also be an indication of a trend away from reactive acute and emergency care towards preventative whole-person care.

C. CAHPS Survey: In 2015, all KanCare MCOs conducted adult and child with chronic conditions (CCC) Consumer Assessment of Healthcare Providers and Systems (CAHPS) 5.0H surveys. The survey timeframe is generally from mid-February through the end of May each year. All three MCOs are fully NCQA accredited, and the CAHPS survey is a required part of that accreditation. NCQA approves any supplemental CAHPS questions posed by each MCO. In the initial CAHPS survey, two of the MCOs did not to pull separate child Medicaid and CHIP samples per specifications outlined by CMS. Both MCOs took corrective action to ensure those standards were fully met in this survey round.

The results of the surveys show some universal trends. All three plans achieved significant improvements in the quality compass (QC) composite score for Customer Service. Most of the QC percentiles were mid-range for all three plans.

Amerigroup – Amerigroup's composite scores for the adult survey were generally favorable again exceeding the QC 90th percentile for two of the four composites: "Getting Care Quickly" (86.3% composite score, 90th composite) and "Getting Needed Care" (87.3% composite score, 95th composite). One composite ("Customer Service") was at or above the 75th percentile and two composites ("How Well Doctors Communicate" and "Shared Decision Making") were at or above the 50th percentile. The lowest adult QC percentage was 25th percentile for the overall rating on "Health Plan".

For the Children with Chronic Conditions, Title XXI population, Amerigroup reached or exceeded the QC 90th percentile for one composite: "Shared Decision Making" (88.2% composite score. None of the other measures reached 90th percent for General or Chronic Condition Child populations. The vast majority of the QC percentages were in the 50th percentile, with one rating in Title XIX at the 25th percentile ("Coordination of Care for Children with Chronic Conditions"). The overall rating for "Specialist" fared poorly regardless if in the General Child or Chronic Conditions pool, with Title XXI General Child percentile rating at or below 10th.

Two areas were recommended for improvement. First, it was suggested that Amerigroup should improve and expand communications between providers and members regarding illness prevention. Secondly, Amerigroup should increase member awareness of the benefits of quitting smoking or using tobacco and encourage providers to offer and promote additional options/techniques for quitting smoking.

Sunflower – Positive trends include high QC marks for customer service, and getting care quickly.

For the adult survey, Sunflower reached or exceeded the QC 95th percentile for "Customer Service" (92.2% composite score). Two composites were between the QC 90th and 75th percentile, "Getting Care Quickly" (83.9%) and "Shared Decision Making" (82.2%). Two

additional composite ratings were between the QC 75Th and 50th percentile, "How Well Doctors Communicate" and "Getting Needed Care". All four overall ratings were at or above the 50th percentile.

For the Title XIX General Child population, Sunflower had three composite scores ("Customer Service", "Getting Care Quickly" and "Getting Needed Care") were between the QC 90th and 75th percentile. The composite measures "How Well Doctors Communicate" and "Shared Decision Making" were between the 75th and 50th percentile.

For the Title XIX CCC population, there was one composite rating score at or above the QC 75th percentile, "Access to Prescription Medicines" "Family-Centered Care: Getting Needed Information" only scored at or above the 25th percentile, while "the remaining composite scores were at or above the 50th percentile.

For the Title XXI General Child population, one composite measure was at or above the 95th % "Getting Needed Care", while in the CCC population, one composite measure was also at or above the 95th percentile "Access to Prescription Medicines". The remaining composite scores were in the <50th or <75th percentiles.

Several recommendations for improvement included: focus on preventing illness, discuss quitting strategies for tobacco use, identifying strategies to better assist parents/guardians in accessing special medical equipment, therapy, and counseling for their children, and finally encourage providers to coordinate care with other health providers.

UnitedHealthcare – Two of the four composites on the Adult survey were rated in the 75th QC percentile ("Getting Care Quickly" and "How Well Doctors Communicate"), one composite was rated in the 50th percentile ("Getting Needed Care"). The final composite, "Customer Service" showed some improvement over last year, but still was in the 25th percentile.

For the General Child population, UHC had two composite scores ("Customer Service", and "Getting Needed Care") between the QC 90th and 75th percentile. The composite measure "Getting Care Quickly"and "How Well Doctors Communicate" were between the 75th and 50th percentile.

Finally, for the CCC population, there was one composite score at or above the 95th percentile ("Access to Specialized Services") and one between the QC 90th and 75th percentile ("How Well Doctors Communicate"). Two composite scores ("Customer Service", and "Getting Needed Care") were between the 75th and 50th percentile. "Getting Care Quickly", "Personal Doctor Who Knows Child" and "Coordination of Care" only scored at or above the 25th percentile.

Several recommendations for improvement included: investigating provider and health care delivery issues that may be negatively impacting the experiences of children with chronic conditions, improve care coordination for children, and improve overall customer service.

D. Annual Summary of Network Adequacy: The MCOs continue to recruit and add providers to their networks. The number of contracting providers under each plan is as follows (for this table, providers were de-duplicated by NPI):

KanCare MCO	# of Unique Providers as of 3/31/15	# of Unique Providers as of 6/30/15	# of Unique Providers as of 9/30/15	# of Unique Providers as of 12/31/15
Amerigroup	14,863	15,201	15,954	13,652
Sunflower	19,131	20,376	20,226	19,914
UHC	20,482	20,823	20,840	14,833

Gaps in coverage are reported each month by the MCOs by way of Geo Access Reports. Where gaps exist, the plans report their strategy for closing those gaps. In addition to continuing to recruit pre-KanCare Medicaid providers and any newly identified providers, the plans are committed to working with providers in adjacent cities and counties to provide services to members. Required levels of network coverage for HCBS services are met with the exception of a few specialties in which there is a shortage of providers available. In these instances, the plans are working with and encouraging contracted providers to extend services to areas without providers.

Regarding MCO compliance with provider 24/7 availability, information as to each of the MCOs' processes, protocols and results on this issue follow:

Amerigroup

Amerigroup's contractual agreements with all its PCPs and other Professional providers mandate that, in accordance with regulatory requirements, the provider must ensure that members have access to 24 hour-per-day, 7 day-per-week urgent and emergency services. Amerigroup's provider manual, incorporated by reference into provider contracts, also requires that PCPs arrange for coverage of services to assigned members 24 hours a day, 7 days a week in person or by an on-call physician.

In order to properly monitor that this access is available from both an appointment availability and after-hours access perspective, Amerigroup Kansas, Inc. engages a vendor to conduct an annual survey of both primary care providers and specialists to ascertain their availability to members. The survey provides the foundation for adjusting provider oversight activities to more fully achieve the best access available for members.

Amerigroup measures compliance of two distinct components in overall member access: (1) appointment availability and (2) after-hours access. For appointment availability, Amerigroup's efforts resulted in strong scoring in all categories; averaged across all four surveyed groups (PCPs / Pediatrics / Behavioral Health / Specialists).

- In particular, PCPs overall compliance reached as high as 94% for overall compliance in 2015 along with scores of 99% compliance in urgent care and emergent care and 97% compliance in routine care.
- Specialists had significant improvement in overall compliance, going from 75% (2014) to 80% (2015). Routine care for specialists scored at 100% compliance and urgent care increased from 75% (2014) to 89% (2015).
- Pediatrics were at 100% compliance in both urgent care and emergent care, and yet experienced a decrease in routine care to 87% (2015) compliance from 97% (2014).
    - Survey results indicate there were 29 noncompliant providers out of a total of 216.
    - The 29 noncompliant providers are part of 6 different practices: two hospital-based physician organizations and four independent practices.
    - We will be reaching out to these 6 practices in the first pass of follow-up training, as well as scrutinizing all the responses from the pediatric offices.
    - Having obtained 100% compliance of both emergent and urgent for pediatricians we will strive to maintain this and also to achieve 100% compliance in routine care as well for 2016.

Behavioral Health specialties once again scored in the 92%--98% range in all categories except mental health follow-up which scored at 88% compliance. After-hours compliance remained stable with total compliance at 90% across the two survey groups of PCPs and Pediatric providers.

In 2016, the provider servicing plan will include on-site visits to educate and validate non-compliant practices. We will also capture "best practices" to share with non-compliant practices and other tips/ techniques/procedures that drive enhanced compliance. Additionally, where we become aware of new or additional specialty practices, we will engage those providers in contracting in an attempt to bolster the network. Finally, in an effort to provide enhanced servicing and oversight, the health plan is adding three dedicated Behavioral Health Network Relations Consultants, all of whom are expected to be on board during Q2 of 2016.

Sunflower

Sunflower has contractual agreements with all its providers mandating, in accordance with regulatory requirements, that providers must ensure that members have access to 24 hour-per-day, 7 day-per-week urgent and emergency services. Sunflower's Provider Manual states that Sunflower providers are required to maintain sufficient access to needed healthcare services on an ongoing basis and shall ensure that such services are accessible to members as needed 24 hours a day, 365 days a year. The selected method of 24-hour coverage chosen by the member

must connect the caller to someone who can render a clinical decision or reach the PCP or practitioner for a clinical decision. Whenever possible, the PCP, practitioner, or covering medical professional must return the call within 30 minutes of the initial contact. After-hours coverage must be accessible using the provider office's daytime telephone number.

Sunflower has questions included in the annual CAHPS member satisfaction survey to gather information on member access to after-hours services and getting care quickly. On the 2015 CAHPS survey, Sunflower performed at the 75th percentile on getting care quickly for both the Adult and Child surveys. With regard to after-hours access for adults, 74.1% responded with always/usually. For the Child CAHPS survey, 77.9% responding with always/usually. (The specific question asked is "In the last 6 months, when you phoned after regular office hours, how often did you get the help or advice you needed").

Sunflower continues to be contracted with NurseWise to provide after-hours services to both members and providers as well as to provide surveys to monitor both after hours and access to care for Sunflower members. When the Sunflower toll-free number is called after hours, members or providers calling have the option of being directed to NurseWise for after hours, weekends and holiday coverage. NurseWise reports daily the number of calls received and also escalates any quality of care issues back to Sunflower for follow up. Sunflower conducts monthly Joint Oversight Committee meetings and quarterly Vendor Oversight meetings with NurseWise to ensure compliance with the contract standards set forth. These oversight meetings are managed by Sunflower's vendor manager. Members of the Sunflower leadership team attend both the monthly and quarterly meetings and are responsible for reviewing the reports supplied by the vendor. Based on these monthly activity reports and the quarterly DVO meetings, NurseWise is meeting their contractual obligations for after-hours nurse line and triage calling.

United

UnitedHealthcare's contractual agreements with all its providers mandate that, in accordance with regulatory requirements, providers must ensure that members have access to 24 hour-per day, 7 day-per-week urgent and emergency services. United's Provider Administrative Guide, which is incorporated by reference into provider contracts, requires that both Primary Care Physicians and Specialists be available to members 24 hours a day, 7 days a week, or have arrangements for live telephone coverage by another UnitedHealthcare provider. To assess appointment access and availability, United employs a vendor to make calls on their behalf using a script in which the caller identifies themselves as representing the health plan, describes symptoms that represent either an urgent need or a routine need, and requests the next available appointment with the specific provider named on the list. The script scenarios include both child and adult symptoms/appointments. A random sample of calls is also done after hours to assess whether on-call service is available and how quickly care can be provided. The results of the 2015 information was recently provided to United and for the providers contacted in 2015, results reflected 78.4% compliance with the 24/7 requirement.

E. Outcomes of Onsite Reviews – Both the State and the state's EQRO conducted comprehensive onsite reviews of MCO compliance with federal and state program requirements in 2013. Reports regarding the findings of those reviews were finalized in 2014 and presented to each of the MCOs, and related remedial actions have been underway by all MCOs, with varying timelines for full compliance depending upon the issue involved. Follow up reviews related to federal regulatory requirements were conducted by the EQRO in 2014 and 2015, and another full onsite review will be conducted in 2016 for both the EQRO and the State.

The State of Kansas began the 2015 State Annual Review in the fall of 2015 with desk review requests for evidence to demonstrate compliance with State contract requirements and managed care organizational policies and procedures, previously approved by the State. Desk review requests were made based on random sample selections of member and provider appeals to assess compliance with contractual agreements and approved policies including first level appeals, second level appeals, grievances and State fair hearing. Of particular interest were notices to members and providers and fulfillment of processing within established turn-around times. A sample of Pharmacy Benefit Management (PBM) calls were assessed for response to patient, prescriber and pharmacy inquiries and application and tracking of prior authorization criteria. A sample of recorded customer service calls were audited for verification of training, use of current policies and desk aids, general responsiveness and courtesy. State subject matter experts leveraged findings from the desk reviews to create focused questions for examination of long-term supports and services, network adequacy and vendor management, program integrity, third party liability, eligibility, care coordination and finance. A comprehensive review of Health Homes services for individuals with Serious Mental Illness included member interviews conducted by State Mental Health field staff and telephonic Health Home Partner interviews accomplished through two population-specific sets of interview questions. These key focus areas combined with applicable contract language were the foundation for an on-site scoring tool and findings report development.

The on-site portion of the annual review was conducted at each of the managed care organizations during November and December, 2015. All three on-sites were conducted using the same agenda over the course of two days with two distinct teams. The first day was dedicated to the State contract generally and day two was concentrated on the first annual review of Health Homes services in Kansas. The Health Homes review was organized in the same manner but utilized findings from the previous Health Homes readiness review and Health Homes 6 month focused review. The same State team responsible for conducting each of these reviews participated in the Health Homes Annual Review. Areas of interest included member engagement, Health Homes claims processing, provider contracting, provider engagement, and quality monitoring, measurement and evaluation.

Amerigroup

Some of Amerigroup's systems were extremely complex and the State suggested Amerigroup evaluate these systems for simplification and further develop management of network

adequacy. Amerigroup excelled in customer service with staff demonstrating a high level of programmatic knowledge, resourcefulness and professionalism. The plan was well prepared for the audit demonstrated through well-developed presentations and slide decks.

A full acceptance of the Health Homes 6 Month Review findings marked by remediation of systemic weaknesses was impressive, as well. Amerigroup provided training to vendors on Health homes, re-trained customer service staff and trained Health Home Partners on waiver member management. The plan is self-assigning fewer members as the Lead Entity and Health Home Partner and has removed the prior authorization requirement. A survey and a contact log are in place to assure communication and collaboration with Health Home Partners.

Sunflower

Redundancy was identified in the customer service report and Sunflower will work with the State to modify. Member issues and contracted provider compliance are identified clearly by the plan and the State advised continued follow-through to reach full resolution and gaps were identified in network adequacy reporting. Sunflower is making great strides with the LTSS population by working with schools on transitions to adult services and development of an Integrated Life Plan to enhance goal setting and life planning for all aging and disability populations. The pharmacy department is establishing an Opioid deterrent program and desk aids are proving successful for use by customer service staff.

Opportunities for improvement of Sunflower Health Homes program includes educational opportunities for members on choice of TCM or Health Homes, upgrading slow systems and program compliance enforcement action steps that may be taken to fully remedy concerns with Health Homes Partners. Health Homes Quality Goals and Measures are being tracked with HEDIS Outcome Data and this report show great potential for continuous program monitoring.

United

United did not demonstrate a high level of organization during the State Contract review sessions, however, demonstrated the greatest level of organization with regard to the Health Homes portion of the review. Focus areas for United include further development of network adequacy and program integrity. One provider issue of concern required further discussion and remediation. United is the only plan that has uploaded all LTSS quality reviews.

United provided evidence of regular monitoring of staffing requirements and shared their challenges with specific partners and the effort and planning to resolve deficiencies. Collaboration is occurring with members through face-to-face visits, with hospitals on Health Homes referrals and with the health information exchange to obtain actual clinical data on hospital visits. The United team views themselves and partners with their providers, which continues to be evident through program outcomes.

F. Summary of PIPs: Two of the three KanCare MCOs – Amerigroup and United – initiated performance improvement projects (PIP) in July 2013. Sunflower's project planning process extended into late 2013; therefore, interventions were not initiated until January 1, 2014. The three MCOs were unable to finalize a workable methodology for a collaborative PIP focused on diabetes prevention implemented in January 2015. With approval from KDHE leadership, the collaborative PIP effort switched to a new topic in August 2015 which focuses upon improving the HEDIS measure for HPV vaccination. Although disappointed that no measureable success occurred with the pre-diabetes PIP, the State believes that the HPV vaccine is an easily definable goal where quick success is achievable.

For individual PIPs:

a. Amerigroup chose to improve well-child visit rates in the third, fourth, fifth and sixth years of life.
b. Sunflower chose to increase the rate of initiation and engagement of alcohol and other drug dependence treatment.
c. UnitedHealthcare chose to improve follow-up after hospitalization for mental illness.

Each PIP methodology was reviewed and revised to ensure that clear interventions, outcomes, tracking, and measurement methods were identified. Representatives of each MCO report PIP progress at regularly occurring KanCare interagency meetings. Written updates have also been provided post-implementation of each PIP. Following is a brief summary of each MCO's PIP and current standing.

United selected follow-up after hospitalization for mental illness (FUH) for its PIP topic. The primary focus of this PIP is to improve rates of follow-up appointments within 7 days and 30 days of discharge after hospitalization for mental illness and ensuring members have medication available in hand at discharge. United is working to answer the study question: "Does providing timely and appropriate aftercare appointments for members hospitalized for select mental health disorders increase member compliance with follow-up care?" United's interventions include care coordinator assistance with discharge planning; contact with members by discharge specialists; assigning "high risk members" an FCA or peer support specialist to assist; and tracking provision of medication at time of discharge. UHC started in 2015 to contact all members for whom they receive discharge information in efforts to improve rates for follow-up care. There has been considerable progress made over the past year with collecting data on admissions and discharges for the Institutions for Mental Disease (IMD) population but additional progress is still needed.

Amerigroup selected well-child visits in the third, fourth, fifth, and sixth years of life for their PIP topic. Amerigroup is working to answer the study question: "Does the implementation of targeted interventions improve well-child visit rates in the third, fourth, fifth, and sixth years of

life?" Amerigroup's interventions include: member education; a rewards program of $25 paid to parents for compliance with well child visits for those aged 5 and 6; birthday postcards; member outreach and reminder calls; community events; and provider outreach. Monthly data indicate a continually positive trend; however, the annual 2013 data compared unfavorably with pre-KanCare HEDIS data. The HEDIS rates for 2014 showed improvement over the previous year, however the HEDIS measure for 2012, 2013 and 2014 continue to be below the 50th percentile. Amerigroup is still struggling to improve the participation numbers for the Healthy Rewards program, and they are evaluating various options to increase enrollment. Reminder calls will have a geographical component, to try to reach children in areas with the lowest well-child visit rates. KDHE will continue to monitor this PIP on a monthly basis and assist Amerigroup with suggestions for improvement.

Sunflower selected initiation and engagement in alcohol and other drugs (AOD) treatment for its PIP topic. For the first year of this PIP (2013 data), Sunflower provided a semi-annual report. The population for this study will include all Sunflower members receiving and/or eligible to receive an AOD encounterable service. Sunflower is working to answer the study question: "Will provision of care coordination to members diagnosed needing AOD treatment result in a statistically significant improvement in member initiation and engagement in AOD services?" Sunflower's primary intervention will be the offering of care coordination to the project population. Sunflower had difficulty in defining the criteria and quantifiable data to prove the success or challenges of the PIP in their initial reports. Inconsistencies were slowly resolved through frequent updates and meetings with the State and the EQRO. The State does require Sunflower to submit an Excel datasheet which is a tool for tracking the data in relation to the quantifiable measures contained within the PIP. Sunflower also needs to file a formal PIP report with the State semi-annually for review on progress.

The collaborative PIP project, which all three KanCare MCOs are implementing together, was to be the KanBeWell program, assisting members in preventing diabetes through healthier eating habits and being more active. Implementation of this program began January 2015. Abdominal girth, exercise, food intake and types of food eaten as some of the important items tracked. Unfortunately, very little progress for this program occurred, despite monthly monitoring by the State. The members enrolled rarely rose above 50 members for the entire program. KDHE leadership agreed with the MCOs that this PIP should be closed in favor of a topic with smaller focus – increasing the rate of HPV vaccination in Kansas. The State feels this new measure is more achievable for all MCOs concerned and has very focused methodology and outcome measurements.

G. Outcomes of Performance Measure Monitoring

HEDIS Measures

Summary of statewide results (all three KanCare MCOs aggregated) for calendar year 2014 (measurements conducted in 2015) and calendar year 2013 (measurements conducted in 2014), reflecting performance compared to the national 50th percentile on each of the measures, is set out in the chart that follows:

HEDIS Measure Aggregated MCO Results for CY2013 and CY2014						
Measure	**Type**		**HEDIS Aggregated Results**		**Quality Compass 50th Percentile ***	
	Hybrid	**Admin**	**CY2014**	**CY2013**	**CY2014**	**CY2013**
Comprehensive Diabetes Care						
HbA1c Testing (P4P)	H		84.8%	83.1%	↓	↓
Eye Exam (P4P)			58.6%	50.1%	↑	↓
Medical Attention for Nephropathy (P4P)			76.8%	75.8%	↓	↓
HbA1c Control (<8.0%) (P4P)			39.3%	39.0%	↓	↓
HbA1c Poor Control (>9.0%) (lower % is goal)			52.9%	54.4%	↓	↓
Blood Pressure Control (<140/90) (P4P)			52.6%	53.1%	↓	↓
Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life						
		A	62.1%	60.8%	↓	↓
Adolescent Well Care Visits						
		A	42.6%	42.3%	↓	↓
Adults' Access to Preventive/Ambulatory Health Services (P4P)						
Ages 20-44		A	84.3%	85.4%	↑	↑
Ages 45-64			92.4%	92.2%	↑	↑
Ages 65 and older			88.6%	89.5%	↑	↑
Total - Ages 20 and older			87.5%	88.4%	↑	↑
Annual Monitoring for Patients on Persistent Medications						
		A	89.7%	84.9%	↑	↓
Follow-up after Hospitalization for Mental Illness, within seven days of discharge						
		A	56.2%	61.0%	↑	↑
Prenatal Care						
	H		70.4%	71.4%	↓	↓
Postpartum Care						
	H		55.8%	60.3%	↓	↓
Chlamydia Screening in Women						
Ages 16-20		A	41.0%	42.4%	↓	↓
Ages 21-24			54.5%	55.6%	↓	↓
Total – Ages 16-24			45.4%	46.1%	↓	↓
Controlling High Blood Pressure						
	H		51.5%	47.3%	↓	↓
Initiation in Treatment for Alcohol or other Drug Dependence						
Ages 13-17		A	50.8%	49.0%	↑	↑

Ages 18 and older			41.3%	40.9%	↑	↑
Total – Ages 13 and older			42.6%	42.1%	↑	↑
Engagement in Treatment for Alcohol or other Drug Dependence						
Ages 13-17			31.0%	32.5%	↑	↑
Ages 18 and older		A	12.1%	12.2%	↑	↑
Total – Ages 13 and older			14.8%	15.2%	↑	↑
Weight Assessment/BMI for Children and Adolescents						
Ages 3-11			44.3%	33.7%	↓	↓
Ages 12-17	H		47.3%	36.6%	↓	↓
Total – Ages 3-17			45.3%	34.7%	↓	↓
Counseling for Nutrition for Children and Adolescents						
Ages 3-11			50.8%	47.4%	↓	↓
Ages 12-17	H		47.0%	46.0%	↓	↓
Total – Ages 3-17			49.5%	46.9%	↓	↓
Counseling for Physical Activity for Children and Adolescents						
Ages 3-11			43.5%	39.6%	↓	↓
Ages 12-17	H		50.6%	53.1%	↓	↓
Total – Ages 3-17			45.8%	44.0%	↓	↓
Appropriate Treatment for Children with Upper Respiratory Infection (URI)						
		A	73.5%	71.9%	↓	↓
Appropriate Testing for Children with Pharyngitis						
		A	52.2%	51.6%	↓	↓
Diabetes Monitoring for People with Diabetes and Schizophrenia						
		A	60.1%	62.9%	↓	↓
Flu Shot or Spray, Ages 18-64 (P4P), CY2015 CAHPS Survey						
		A	46.1%	47.5%	↑	
Annual Dental Visit						
Ages 2-3			41.2%	40.8%	↑	↑
Ages 4-6			65.7%	66.3%	↑	↑
Ages 7-10			70.1%	70.7%	↑	↑
Ages 11-14		A	62.8%	62.8%	↑	↑
Ages 15-18			53.5%	53.9%	↑	↑
Ages 19-21			30.2%	31.5%	↓	↓
Total - Ages 2-21			60.0%	60.3%	↑	↑
Smoking or Tobacco Use in last six months, CY2015 CAHPS Survey						
Do you smoke or use tobacco?			33.5%	37.5%	↓	↑
If yes						
Often advised to quit smoking or using tobacco by a doctor or other health provider in your plan. (P4P)			76.2%	75.7%	↓	↓
Medication to assist with quitting recommended by health provider or discussed		A	43.2%	48.3%	↓	↑
Health provider discussed or provided methods or strategies other than medication to assist with quitting			37.5%	38.6%	↓	↓

Multi-Year HEDIS Measures to be Reported beginning with HEDIS 2015 (CY2014)			
Well-Child Visits in the First 15 Months of Life			
0 visits		4.2%	↑^
1 visit		4.8%	↑^
2 visits		6.2%	↑^
3 visits	A	8.3%	↑^
4 visits		13.4%	↑
5 visits		18.4%	↑
6 or more visits		44.7%	↓
Medication Management for People with Asthma			
5-11 years of age		27.4%	↑
12-18 years of age		24.1%	↑
19-50 years of age	A	39.6%	↑
51-64 years of age		53.0%	↑
Total - Ages 5-64		28.1%	↓
Follow-Up Care for Children Prescribed Attention-Deficit/Hyperactivity Disorder (ADHD) Medication			
Initiation Phase	A	48.0%	↑
Continuation & Maintenance Phase		54.8%	↑
Adult BMI			
	H	72.2%	↓

* ↑ indicates HEDIS aggregated results above the national Quality Compass (QC) 50th percentile; ↓indicates HEDIS aggregated results below the QC 50th percentile. NA indicates no QC comparison available
.^ HEDIS rates greater than 50th percentile that indicate poor performance

Dental Care

The KanCare program and the MCO partners have made a commitment to increasing dental health and wellness among the KanCare population. The MCOs know that the dental program is very important to our members and make great efforts to increase utilization. Efforts from coloring books for children to Health Home coordination of dental services inform members. Value added benefits (VABs) in 2015 for adult members are another way that MCOs show this commitment and are increasing access for members, outside of the official KanCare program. The MCOs served 25,025 members through VABs.

The dental services statistics from fiscal year 2014 show improvement over fiscal year 2013. The increase in members receiving dental care is particularly impressive in the areas indicated by preventative services:

	SFY 2013	**SFY 2014**
Total Eligible receiving dental treatment	156,613	125,413
Total eligible receiving preventative services	111,878	116,526

Pay for Performance Measures

The final results of the KanCare MCOs' performance for each of the 2014 pay for performance measures (measured in 2015) are detailed in the document attached to this report entitled "KanCare Pay for Performance Measures – Summary of 2014 Performance Outcomes."

Additional performance results are included in the 2015 KanCare annual evaluation report developed by Kansas Foundation for Medical Care and attached to this report.

H. Summary of Plan Financial Performance: As of December 31, 2015, all three plans are in a sound and solvent financial standing. Two of the plans reported profits for the year and the third plan reported significantly less in losses compared to the previous year. However, for the plan reporting losses, when variations in business models are accounted for, the plan shows a positive income. We anticipate this positive trend to continue as the MCOs continue their focus on improving the health outcomes of the Medicaid beneficiaries.

   Statutory filings for the KanCare health plans can be found on the NAIC's "Company Search for Compliant and Financial Information" website: ***https://eapps.naic.org/cis/.***

XII. Post Award Forum

The KanCare annual public forum, pursuant to STC 15, was conducted on November 20, 2015. A summary of the forum, including comments and issues raised at the forum, is attached.

XIII. Annual Evaluation Report & Revised Evaluation Design

The entity selected by KDHE to conduct KanCare Evaluation reviews and reports is the Kansas Foundation for Medical Care (KFMC). The draft KanCare evaluation design was submitted by Kansas to CMS on April 26, 2013. CMS conducted review and provided feedback to Kansas on June 25, 2013. Kansas addressed that feedback, and the final design was completed and submitted by Kansas to CMS on August 23, 2013. On September 11, 2013, Kansas was informed that the Evaluation Design had been approved by CMS with no changes. In addition, the state submitted a revised KanCare Final Evaluation Design, with revisions as of March, 2015, submitted on April 1, 2015. KFMC has developed and submitted quarterly evaluation reports and annual evaluation reports for all of 2013 and 2014, as well as quarterly reports for each quarter of 2015.

KFMC's annual report for 2015 is attached. As with the previous evaluation design reports, the State will review the annual report, with specific attention to the related recommendations, and will continue to take responsive action designed to accomplish real-time enhancements to the state's oversight and monitoring of the KanCare program, and to improve outcomes for members utilizing KanCare services.

XIV. Enclosures/Attachments

The following items are attached to and incorporated in this annual report:

Section of Report Where Attachment Noted	Description of Attachment
II(D)	KanCare Safety Net Care Pool Reports (including DSRIP payments)
III/IV	KanCare Expenditure & Budget Neutrality – DY3 2015
IX	KanCare Ombudsman Report – DY3 2015
XI(B)	KanCare Utilization Report – DY3 2015
XI(G)	KanCare Pay for Performance Measures – Summary of 2014 Performance Outcomes
XII	KanCare 2015 Public Forum Summary
XIII	KFMC's KanCare Evaluation Report – DY3 2015

XV. State Contacts(s)

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XVI. Date Submitted to CMS

March 31, 2016

1115 Waiver - Safety Net Care Pool Report

Demonstration Year 3 - YE 2015

Health Care Access Improvement Pool

Paid dates 1/1/2015 through 12/31/2015

Provider Names	YE 2015 Amt Paid	Provider Access Fund 2443	Federal Medicaid Fund 3414
Bob Wilson Memorial Hospital	149,127.00	64,926.16	84,200.84
Children's Mercy Hospital South	687,507.00	299,323.36	388,183.64
Coffeyville Regional Medical Center, Inc.	218,876.00	95,293.14	123,582.86
Cushing Memorial Hospital	503,180.00	219,071.99	284,108.01
Geary Community Hospital	408,200.00	177,720.08	230,479.93
Hays Medical Center, Inc.	1,214,119.00	528,597.05	685,521.95
Hutchinson Hospital Corporation	577,347.00	251,362.45	325,984.55
Kansas Heart Hospital LLC	73,463.00	32,353.11	41,109.89
Kansas Medical Center LLC	39,916.00	17,378.43	22,537.57
Kansas Rehabilitation Hospital	24,115.00	10,499.06	13,615.94
Kansas Surgery & Recovery Center	11,777.00	5,186.59	6,590.41
Labette County Medical Center	271,757.00	118,316.21	153,440.79
Lawrence Memorial Hospital	1,044,785.00	454,873.27	589,911.73
Marillac Center INC	2,952.00	1,280.28	1,671.72
Manhattan Surgical Center	58.00	25.54	32.46
Memorial Hospital, Inc.	128,717.00	56,040.17	72,676.83
Menorah Medical Center	732,511.00	318,916.97	413,594.03
Mercy - Independence	168,149.00	72,959.18	95,189.82
Mercy Health Center - Ft. Scott	334,177.00	145,492.32	188,684.68
Mercy Hospital, Inc.	22,854.00	9,950.05	12,903.95
Mercy Reg Health Ctr	688,204.00	299,626.82	388,577.18
Miami County Medical Center	207,771.00	90,458.29	117,312.71
Mid-America Rehabilitation Hospital	137,062.00	60,362.10	76,699.90
Morton County Health System	84,191.00	36,654.65	47,536.35
Mt. Carmel Medical Center	949,308.00	413,304.97	536,003.03
Newton Medical Center	450,289.00	196,044.58	254,244.42
Olathe Medical Center	845,734.00	368,211.45	477,522.55
Overland Park Regional Medical Ctr.	2,448,774.00	1,066,134.99	1,382,639.01
Prairie View Inc.	87,283.00	38,000.83	49,282.17
Pratt Regional Medical Center	190,110.00	82,769.13	107,340.87
Providence Medical Center	2,082,585.00	906,705.45	1,175,879.55
Ransom Memorial Hospital	279,914.00	121,867.55	158,046.45
Saint Luke's South Hospital, Inc.	387,551.00	168,730.01	218,820.99
Salina Regional Health Center	1,322,232.00	575,666.76	746,565.24
Salina Surgical Hospital	12,215.00	5,318.10	6,896.90
Shawnee Mission Medical Center, Inc.	2,581,559.00	1,123,946.24	1,457,612.76
South Central KS Reg Medical Ctr	218,828.00	95,272.24	123,555.76
Southwest Medical Center	485,290.00	211,283.12	274,006.88
SSH - Kansas City	5,079.00	2,211.26	2,867.74
St. Catherine Hospital	731,350.00	318,411.52	412,938.48
St. Francis Health Center	1,279,811.00	557,197.71	722,613.29
St. John Hospital	396,673.00	172,701.51	223,971.49
Stormont Vail Regional Health Center	3,851,063.00	1,676,656.55	2,174,406.45
Sumner Regional Medical Center	146,161.00	63,634.85	82,526.15
Surgical & Diag. Ctr. of Great Bend	703,652.00	306,352.49	397,299.51
Susan B. Allen Memorial Hospital	403,163.00	175,527.09	227,635.91
Via Christi Hospital St Teresa	371,203.00	161,612.50	209,590.50
Via Christi Regional Medical Center	6,416,085.00	2,793,403.01	3,622,681.99
Via Christi Rehabilitation Center	130,298.00	56,728.50	73,569.50
Wesley Medical Center	5,879,029.00	2,559,582.26	3,319,446.74
Wesley Rehabilitation Hospital	72,759.00	32,043.06	40,715.94
Western Plains Medical Complex	462,741.00	201,465.87	261,275.13
Wichita Specialty Hospital	7,506.00	3,305.64	4,200.36
Total	**40,929,060.00**	**17,820,756.52**	**23,108,303.48**

1115 Waiver - Safety Net Care Pool Report

Demonstration Year 3 - YE 2015

Large Public Teaching Hospital\Border City Children's Hospital Pool

Paid dates 1/1/2015 through 12/31/2015

Hospital Name	YE 2015 Amt Paid	State General Fund 1000	Federal Medicaid Fund 3414
Children's Mercy Hospital	7,473,102.00	3,253,601.78	4,219,500.22
University of Kansas Hospital	22,419,309.00	9,760,806.66*	12,658,502.34
Total	**29,892,411.00**	**13,014,408.44**	**16,878,002.56**

*IGT funds are received from the University of Kansas Hospital

1115 Waiver - Safety Net Care Pool Report

Demonstration Year 3 - YE 2015

DSRIP Payment

Paid dates 1/1/2015 through 12/31/2015

Provider Name	YE 2015 Amt Paid	State General Fund 1000	Federal Medicaid Fund 3414
Children's Mercy Hospital	$ 843,281.25	$ 371,381.06	$ 471,900.19
University of Kansas Hospital	$ 2,177,578.13	959,005.41*	$ 1,218,572.72
Total	**$ 3,020,859.38**	**$ 1,330,386.47**	**$ 1,690,472.91**

*IGT funds are received from the University of Kansas Hospital.

KanCare Budget Neutrality
Demonstration Year 3

DY 3
Start Date: 1/1/2015
End Date: 12/31/2015

	Assistance Total Expenditures	Total Member Months	Administration Total Expenditures
DY3Q1	673,345,860.06	1,237,394	47,321,773
DY3Q2	684,076,771.64	1,221,337	48,346,024
DY3Q3	665,948,731.94	1,077,944	45,543,487
DY3Q4	751,057,894.80	1,076,638	37,329,673
DY3 Total	2,774,429,258.44	4,613,313	178,540,957

UNIQUE ENROLLEES			
Pop 1: ABD/SD Dual	23,438	Pop 6: LTC	26,954
Pop 2: ABD/SD Non Dual	35,968	Pop 7: MN Dual	4,632
Pop 3: Adults	60,732	Pop 8: MN Non Dual	4,279
Pop 4: Children	273,544	Pop 9: Waiver	5,537
Pop 5: DD Waiver	9,211		
		Total:	444,295

OVERALL UNDUPLICATED BENEFICIARIES:	426,395

	Population 1: ABD/SD Dual	Population 2: ABD/SD Non Dual	Population 3: Adults	Population 4: Children	Population 5: DD Waiver	Population 6: LTC	Population 7: MN Dual	Population 8: MN Non Dual	Population 9: Waiver
DY3Q1									
Expenditures	11,887,564.09	92,521,249.67	68,773,602.16	148,591,599.69	114,549,365.27	196,378,118.89	2,761,172.19	4,405,696.10	33,477,492.00
Member-Months	69,319	133,570	159,500	729,841	34,768	76,792	5,863	4,666	23,075
PCP	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
DY3Q2									
Expenditures	11,797,347.74	94,334,216.42	73,147,220.83	148,749,330.81	114,172,677.92	198,679,158.03	2,707,178.26	7,029,511.94	33,460,129.69
Member-Months	67,114	123,258	163,189	723,934	35,738	77,250	6,009	4,814	20,031
PCP	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
DY3Q3									
Expenditures	12,470,131.26	88,070,978.20	70,726,569.58	141,551,017.44	114,126,308.87	198,493,762.27	2,273,102.96	3,545,645.22	34,691,216.14
Member-Months	57,691	96,327	137,220	667,802	31,786	66,006	4,422	3,466	13,224
PCP	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
DY3Q4									
Expenditures	12,491,757.78	101,144,319.87	79,653,677.21	159,353,170.42	126,518,885.12	224,952,681.89	2,545,670.53	5,589,704.82	38,808,027.16
Member-Months	53,078	89,905	141,880	677,063	28,054	65,419	4,267	3,883	13,089
PCP	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
DY3 Total									
Expenditures	48,646,800.87	376,070,764.16	292,301,069.78	598,245,118.36	469,367,237.18	818,503,721.08	10,287,123.94	20,570,558.08	140,436,864.99
Member-Months	247,202	443,060	601,789	2,798,640	130,346	285,467	20,561	16,829	69,419
DY 3 PMPM	196.79	848.80	485.72	213.76	3,600.93	2,867.24	500.32	1,222.33	2,023.03

KanCare Ombudsman Annual Report

Kerrie J. Bacon, KanCare Ombudsman
Annual 2015

Accessibility by Ombudsman's Office

The KanCare Ombudsman was available to members and potential members of KanCare (Medicaid) through the phone, email, letters and in person during the year 2015 and had a similar pattern by quarter to 2014. Quarter 1, 3 and 4 were all relatively level and Quarter 2 was down slightly.

Contacts	Qtr. 1	Qtr. 2	Qtr. 3	Qtr. 4	Comments
2013	615	456	436	341	this year does not include emails
2014	545	474	526	547	
2015	510	462	579	524	

MCO related	Q1/14	Q2/14	Q3/14	Q4/14	Q1/15	Q2/15	Q3/15	Q4/15
Amerigroup	67	73	77	56	53	69	63	45
Sunflower	96	91	134	102	96	92	72	62
United Health	51	46	45	52	75	47	52	32
Total	**214**	**210**	**256**	**210**	**224**	**208**	**187**	**139**

Note: During 2014 new data was introduced to the tracking system. Starting in Q3 of 2014 the information was logged and ***new data became available***. This is why some charts have more quarters of information than other charts.

The KanCare Ombudsman webpage (http://www.kancare.ks.gov/ombudsman.htm) continues to provide information and resources to members of KanCare and consumers.

Outreach by Ombudsman's office

- Shared report at the Consumer Specialized Issues meeting in Leavenworth; 3/26/15
- Presented to the Bob Bethel KanCare Oversight Committee; 1/24/15
- Mailed a letter of introduction from the Ombudsman and a package of Ombudsman brochures to all Centers of Independent Living, Aging and Disability Resource Centers and the four Families Together Resource Centers. .
- Provided outreach information at the Home and Community Based Summit – 4/13-4/14/15
- Provided quarterly report to KanCare Oversight Committee – 4/28/15
- Provided overview of Ombudsman's office to St. Francis Hospital case managers (Topeka) – 5/26/15
- Provided outreach information at the Self Advocate Coalition of Kansas Conference in Topeka – Saturday, June 13, 2015
- Provided quarterly report for the Consumer and Specialized Issues (CSI) Workgroup meeting – June 30, 2015.
- Attended the National Council on Disability Forum – July 7, 2015
- Attended the Conference on Poverty and provided information to consumers and vendors regarding the KanCare Ombudsman – July 15-17, 2015
- Provided outreach to the Kansas Statewide Homeless Coalition at their August 5, 2015 meeting.
- Attended the Disability Caucus and provided information to consumers and vendors regarding the KanCare Ombudsman – August 13-14, 2015
- Provided information and outreach to the Robert G. Bethell Joint Committee on HCBS and KanCare Oversight Committee – August 21, 2015
- Provided outreach to the public through attendance at two listening sessions on the changes to the HCBS waiver (Universal waiver) – Wichita and Garden City – August 26-27, 2015
- Provided outreach to the public through attendance at the Kansas Rehabilitation public listening session – September 28, 2015
- Presentation to Silver-haired Legislators, October 6, 2015
- Attended Wichita State University Athlete's Fair (manned a booth and discussed with students the Ombudsman program and volunteer opportunities) November 11, 2015
- Participated in Listening Sessions for Waiver Integration at Wichita , November 12, 2015
- Attended Alzheimer Conference (Manned a booth discussing the Ombudsman as a resource and presenting the volunteer opportunity) November 17, 2015
- Attended Delano District Meeting (Presented the Ombudsman as a resource, and presented the volunteer opportunity) November 17, 2015

- Provided KanCare Ombudsman report to KanCare Advisory Council, November 20, 2015
- Attended Optimist Club meeting (presented the Ombudsman as a resource and presented the volunteer opportunity) December 7, 2015
- Provided KanCare Ombudsman report at KanCare Consumer Specialized Interest Workgroup meeting, December 18, 2015
- Provided quarterly KanCare Ombudsman report to Robert G. Bethell Joint Committee on HCBS and KanCare Oversight Committee, December 29, 2015
- The Ombudsman's office sponsors the KanCare (I/DD) Friends and Family Advisory Council which met nine times during the 2015 year.
- Hosted the KanCare Member Lunch-and-Learn bi-weekly conference calls for all KanCare members, parents, guardians, consumers and other interested parties. Calls address topics of interest, resources in the community, emerging issues and includes a question and answer time. Managed care organizations continue to participate on the calls and answer questions as needed.

KanCare Ombudsman Volunteer Program Update

- Wichita volunteer office started answering phones and assisting KanCare members on November 11th. In addition to training during this time, they have assisted approximately 67 consumers. There are six volunteers and two more that are in training.
    - Kansas City and Johnson County locations confirmed.
    - Working with various organizations to recruit volunteers
    - Plan to begin training of Volunteers in May, 2016.
- Volunteer Applications available on the KanCare Ombudsman webpage. www.KanCare.ks.gov/ombudsman.htm

Data by Ombudsman's Office

Contact Method	Q3/14	Q4/14	Q1/15	Q2/15	Q3/15	Q4/15
phone	432	455	415	378	462	438
email	90	90	94	82	112	83
letter	2	1	1	1	0	2
in person	2	0	0	1	5	1
online	0	1	0	0	0	0
Total	526	547	510	462	579	524

Note: During 2014 new data was introduced to the tracking system. Starting in Q3 of 2014 the information was logged and ***new data became available***. This is why some charts have more quarters of information than other charts.

Regarding Caller Type: Provider, these contacts are usually made on behalf of the member or are the type of calls that are referred on to the Director of Managed care for assistance (billing, claims, etc.) Regarding Caller Type: Other, these contacts may be calling as lawyers, insurance providers, legislators, media, state agencies, out of state agencies, etc. calling about a member, policy question, data request, etc.

Caller Type	Q3/14	Q4/14	Q1/15	Q2/15	Q3/15	Q4/15
Provider	92	77	111	94	102	93
Consumer	412	437	366	343	426	385
MCO employee	1	3	3	3	5	3
Other	21	30	30	22	46	43
Total	526	547	510	462	579	524

Note: During 2014 new data was introduced to the tracking system. Starting in Q3 of 2014 the information was logged and ***new data became available***. This is why some charts have more quarters of information than other charts.

Contact Information. If you average the "Average Days to Resolve Issue" for the 6 quarters listed, it is 7.7 days.

	Qtr. 3 2014	Qtr. 4 2014	Qtr. 1 2015	Qtr. 2 2015	Qtr. 3 2015	Qtr. 4 2015
Avg. Days to Resolve Issue	9	7	6	7	11	6
% files resolved in one day or less	47%	56%	54%	38%	36%	45%
% files closed	86%	82%	85%	88%	92.6%	83.2%

Note: During 2014 new data was introduced to the tracking system. Starting in Q3 of 2014 the information was logged and ***new data became available***. This is why some charts have more quarters of information than other charts.

When reviewing the last year and a half, the most frequent calls regarding home and community based waivers were the physical disability waiver and the intellectual/developmental disability waiver. There were an average number of calls received during that timeframe, comparatively, regarding the frail elderly and technology assistance waivers.

Waiver	Q3/14	Q4/14	Q1/15	Q2/15	Q3/15	Q4/15
PD	43	29	57	48	33	28
I/DD	42	36	35	25	29	28
FE	16	11	15	12	16	18
AUTISM	4	1	4	3	4	5
SED	5	4	1	7	5	4
TBI	19	10	10	9	7	9
TA	8	15	11	13	11	13
MFP	6	4	2	2	3	1
PACE	0	1	0	0	1	1
MENTAL HEALTH	4	10	5	9	7	11
SUB USE DIS	0	0	0	0	0	2
NURSING FACILITY	10	25	12	28	33	29
Other	377	421	512	320	443	391
Total	**534**	**567**	**664**	**476**	**592**	**540**

Note: During 2014 new data was introduced to the tracking system. Starting in Q3 of 2014 the information was logged and ***new data became available***. This is why some charts have more quarters of information than other charts.

Highlighted are the top five issues for each quarter over the last two years. Medicaid Eligibility and Other have consistently been the top two for two years. 3rd and 4th quarters tend to be larger quarters for eligibility calls. The other three issues that have been relatively consistent are Billing, HCBS General Issues and Appeals/Grievances.

Issues	Q1/14	Q2/14	Q3/14	Q4/14	Q1/15	Q2/15	Q3/15	Q4/15
Access to Providers	16	16	6	15	3	11	1	12
Appeals, Grievances	22	22	46	46	42	33	47	26
Billing	51	33	40	42	36	40	41	30
Care Coordinators	10	9	18	14	10	8	9	8
Change MCO	6	11	10	9	8	4	10	9
Dental	16	15	8	9	7	5	1	4
Durable Medical Equipment	25	35	25	8	25	12	7	8
Guardianship Issues	16	3	1	2	5	1	2	1
HCBS Eligibility issues	55	14	10	11	11	15	24	30
HCBS General Issues	11	25	45	49	60	36	54	34
HCBS Reduction in hours of service	22	11	15	8	10	8	13	16
HCBS Waiting List issues	3	8	19	7	11	8	9	11
Housing issues	3	8	12	10	1	6	4	3
Medicaid Eligibility Issues	81	73	90	194	139	108	206	182
Medicaid Service Issues	14	31	41	70	20	24	27	21
Nursing Facility Issues	8	12	16	24	15	34	34	29
Other	49	75	103	112	130	150	141	149
Pharmacy	38	15	20	19	25	33	14	20
Questions for Conf Calls/sessions	13	5	15	2	5	2	0	1
Thank you	2	1	10	13	14	15	11	12
Transportation	11	8	18	13	12	17	8	7
Unspecified	73	44	33	27	31	12	36	21
Total	**545**	**474**	**600**	**704**	**620**	**582**	**699**	**634**

Note: During 2014 new data was introduced to the tracking system. Starting in Q3 of 2014 the information was logged and ***new data became available***. This is why some charts have more quarters of information than other charts.

Resource Category shows what resources were used in resolving an issue. If a Question/Issue is resolved, then it is answered without having to call, refer to another resource, or provide another resource for assistance. If an issue is resolved using a resource, then one of the other categories below is also usually noted to indicate which resource was called to find the help needed, or referred the member to, or possibly a document was provided. There are many times when multiple resources are provided to a member/contact.

Resource Category	**Q3/14**	**Q4/14**	**Q1/15**	**Q2/15**	**Q3/15**	**Q4/15**
QUESTION/ISSUE RESOLVED	118	81	84	61	65	58
USED RESOURCES/ISSUE RESOLVED	177	260	262	234	321	296
KDHE RESOURCES	107	87	95	77	124	87
DCF RESOURCES	22	15	20	13	25	37
MCO RESOURCES	98	55	79	73	48	62
HCBS TEAM	57	33	32	43	36	29
CSP MH TEAM	2	0	0	1	0	2
OTHER KDADS RESOURCES	38	17	31	31	38	58
PROVIDED RESOURCES TO MEMBER	23	20	85	108	177	184
REFERRED TO STATE/COMMUNITY AGENCY	20	18	22	54	75	72
REFERRED TO DRC AND/OR KLS	27	9	26	16	19	5
CLOSED	55	18	14	29	60	72
Total	**744**	**613**	**750**	**806**	**988**	**962**

Note: During 2014 new data was introduced to the tracking system. Starting in Q3 of 2014 the information was logged and ***new data became available***. This is why some charts have more quarters of information than other charts.

Managed Care Organization Issues: by Category, by Quarter

Highlighted are the top four issues for each quarter over the last two years for each managed care organization. The issues are sorted in alphabetical order. If there are more than four issues highlighted for a quarter, it is because there was a tie for the fourth place, so the additional issue(s) was included.

Amerigroup

Issue Category - Amerigroup	Q1/14	Q2/14	Q3/14	Q4/14	Q1/15	Q2/15	Q3/15	Q4/15
Access to Providers (usually Medical)	5	6	4	0	10	12	5	1
Appeals / Grievances	2	3	0	11	10	9	3	1
Billing	9	7	11	4	1	1	2	10
Care Coordinator Issues	3	0	0	0	2	0	4	3
Change MCO	1	3	2	13	3	1	10	2
Dental	3	5	0	2	1	4	0	11
Durable Medical Equipment	11	11	3	9	1	2	3	0
Guardianship	0	0	6	2	0	20	0	0
HCBS Eligibility issues	3	3	13	6	2	2	12	4
HCBS General Issues	0	4	9	7	2	0	2	3
HCBS Reduction in hours of service	3	2	9	3	0	7	4	6
HCBS Waiting List	0	1	3	1	0	0	1	2
Housing Issues	0	2	5	4	14	1	1	1
Medicaid Eligibility Issues	7	3	2	15	0	4	0	2
Medical Services	2	3	4	3	2	2	5	2
Nursing Facility Issues	0	0	6	4	0	0	11	5
Other	6	10	3	2	9	3	9	3
Pharmacy	5	5	2	2	1	4	0	1
Questions for Conference Calls/Sessions	0	0	1	0	0	0	5	4
Thank you.	0	0	2	2	2	12	7	1
Transportation	7	3	0	1	1	1	5	0
Unspecified	1	2	2	5	2	0	0	1
Total	**68**	**73**	**87**	**96**	**63**	**85**	**89**	**63**

Note: During 2014 new data was introduced to the tracking system. Starting in Q3 of 2014 the information was logged and ***new data became available***. This is why some charts have more quarters of information than other charts.

Sunflower

Issue Category - Sunflower	Q1/14	Q2/14	Q3/14	Q4/14	Q1/15	Q2/15	Q3/15	Q4/15
Access to Providers (usually Medical)	6	0	0	3	3	0	14	8
Appeals / Grievances	2	12	31	5	0	19	0	4
Billing	16	7	13	13	2	7	1	6
Care Coordinator Issues	5	6	6	0	3	16	18	2
Change MCO	3	5	13	8	10	3	13	6
Dental	3	5	0	1	14	3	0	1
Durable Medical Equipment	7	10	10	0	4	9	0	9
Guardianship	1	2	9	10	1	16	9	3
HCBS Eligibility issues	11	4	13	5	2	3	7	0
HCBS General Issues	6	5	3	16	22	3	2	0
HCBS Reduction in hours of service	5	3	2	5	22	15	3	7
HCBS Waiting List	0	3	3	15	13	1	0	1
Housing Issues	1	0	5	4	0	0	1	0
Medicaid Eligibility Issues	3	1	11	2	7	7	1	12
Medical Services	2	16	1	1	3	2	5	4
Nursing Facility Issues	0	0	11	4	4	6	1	0
Other	7	6	0	13	3	4	10	2
Pharmacy	17	4	7	3	5	0	1	2
Questions for Conference Calls/Sessions	1	0	3	1	1	0	5	0
Thank you.	0	0	10	4	0	3	3	1
Transportation	0	2	20	30	0	4	4	6
Unspecified	3	2	1	4	17	11	3	7
Total	**99**	**93**	**172**	**147**	**136**	**132**	**101**	**81**

Note: During 2014 new data was introduced to the tracking system. Starting in Q3 of 2014 the information was logged and ***new data became available***. This is why some charts have more quarters of information than other charts.

United

Issue Category - United	Q1/14	Q2/14	Q3/14	Q4/14	Q1/15	Q2/15	Q3/15	Q4/15
Access to Providers (usually Medical)	4	4	8	2	4	2	1	2
Appeals / Grievances	4	4	0	2	0	1	0	0
Billing	8	6	5	3	1	3	7	2
Care Coordinator Issues	1	2	8	7	2	4	0	9
Change MCO	1	2	3	1	6	1	4	0
Dental	3	0	0	3	11	5	1	1
Durable Medical Equipment	3	7	0	9	5	0	2	1
Guardianship	2	0	3	13	2	4	2	4
HCBS Eligibility issues	4	0	0	9	5	1	2	1
HCBS General Issues	2	3	2	1	4	0	10	3
HCBS Reduction in hours of service	4	3	2	1	8	1	10	1
HCBS Waiting List	0	1	3	3	3	2	1	0
Housing Issues	0	1	4	0	5	6	7	3
Medicaid Eligibility Issues	8	1	7	6	2	6	2	4
Medical Services	2	3	0	4	6	1	6	1
Nursing Facility Issues	0	0	1	10	11	3	4	0
Other	2	4	3	0	16	4	0	1
Pharmacy	3	3	0	0	2	0	0	0
Questions for Conference Calls/Sessions	0	0	5	1	11	2	2	1
Thank you.	0	0	0	1	1	11	1	1
Transportation	1	2	1	2	3	8	6	3
Unspecified	3	0	0	0	0	0	2	4
Total	55	46	55	78	108	65	70	42

Note: During 2014 new data was introduced to the tracking system. Starting in Q3 of 2014 the information was logged and ***new data became available***. This is why some charts have more quarters of information than other charts.

Next Steps for Ombudsman's Office

KanCare Ombudsman Volunteer Program

- Medicaid applications - Creating volunteer training in second quarter for assisting consumers with filling out Medicaid applications.
- Grievance, Appeal and State Fair Hearing assistance - Long term –Create training for volunteers so they can assist members one-on-one with the grievance, appeal, and/or state fair hearing process. Goal: 4th quarter, 2016.

CY 2015

Utilization Report

The Utilization Report consists of two Medicaid data sets, one for CY 2015 (1/1/2015 through 12/31/2015) and one for CY 2012 (1/1/2012 through 12/31/2012). The purpose of this report is to compare the 2015 KanCare data to the 2012 Pre-KanCare data to gauge utilization of services.

*The Utilization Report data was pulled from the new DSS platform January 2016

		KanCare	Pre KanCare		
Aggregate Utilization Report		**CY 2015 Encounter Claims**	**CY 2012** Encounter and FFS	**Comparing CY 2015 to CY 2012**	
Type of Service	**Units Reported**	Utilization Per/1000	Utilization Per/1000	Utilization Per/1000	% Difference
Behavioral Health	Claims	4,774	5,151	-377	-7%
Dental	Claims	1,112	880	233	26%
HCBS	Unit	3,447,548	3,058,464	389,084	13%
Inpatient	Days	754	1,189	-435	-37%
Nursing Facility	Days	319,589	336,732	-17,143	-5%
Outpatient ER	Claims	716	762	-47	-6%
Outpatient Non-ER	Claims	1,845	1,794	51	3%
Pharmacy	Prescriptions	9,780	9,859	-79	-1%
Transportation	Claims	697	617	80	13%
Vision	Claims	372	326	47	14%
Primary Care Physician	Claims	4,260	3,728	532	14%
FQHC/RHC	Claims	903	855	48	6%

*Utilization per 1000 formula is Units Reported/Member Months *12000 - this illustrates the services used per 1000 beneficiaries over a 12 month period.

Important Notes pertaining to the Utilization Report:

***Report criteria used to extract Utilization data from DSS**: CY 2015 Encounter data taken from the DSS includes claims with Dates of Service of 1/1/2015 thru 12/31/2015 with a Paid Date >= 1/1/2015; CY 2012 FFS and Encounter data taken from the DSS includes claims with Dates of Service of 1/1/2012 thru 12/31/2012 with a Paid Date >=1/1/2012.

*CY15 data not complete due to claims lag of 6 months.

*Utilization per 1000 formula is Units Reported/Member Months *12000 - this illustrates the services used per 1000 beneficiaries over a 12 month period.

KanCare Pay for Performance Measures – Summary of 2014 Performance Outcomes

Amerigroup

Ref. ID	Measure / Submeasure	P4P $	Baseline (CY 2013) Num.	Den.	Rate	Remeasurement (CY 2014) Num.	Den.	Rate	P4P Status Target	Diff.
	Physical Health									
M01	**Comprehensive Diabetes Care (CDC)**									
M01.1	CDC - Hemoglobin A1c (HbA1c) Testing	$ 1.43	660	784	84.18%	791	928	85.24%	88.39%	-3.16%
M01.2	CDC - Eye Exam (retinal) Performed	**$ 1.43**	384	784	48.98%	480	928	51.72%	51.43%	**0.30%**
M01.3	CDC - Medical Attention for Nephropathy	$ 1.43	590	784	75.26%	712	928	76.72%	79.02%	-2.29%
M01.4	CDC - HbA1c Control (< 8.0%)	**$ 1.43**	295	784	37.63%	408	928	43.97%	39.51%	**4.46%**
M01.5	CDC - Blood Pressure Control (<140/90 mm Hg)	**$ 1.43**	403	784	51.40%	535	928	57.65%	53.97%	**3.68%**
M02	**Well-Child Visits in the First 7 Months of Life (W7m)**		Administrative Method			Hybrid Method				
	W7m - 4 or more	**$ 7.14**	1,227	1,818	67.49%	312	432	72.22%	70.87%	1.36%
M03	**Preterm Delivery (PtD)** Percent of Deliveries with Gestational Age < 37 Weeks									
	AGP Submitted:		*396*	*3,250*	*12.18%*	*437*	*3959*	*11.04%*	*11.58%*	*0.54%*
	KFMC Calculated:	$ 7.14	429	3,845	11.16%	483	4271	11.31%	10.60%	-0.71%
M04	**Annual Monitoring for Patients on Persistent Medications (MPM)** - Total Rate	**$ 7.14**	3,655	4,301	84.98%	3622	4038	89.70%	89.23%	**0.47%**
	Behavioral Health									
M05	**Follow-up after Hospitalization for Mental Illness (FUH)**									
	- 7 Day Follow-up	**$ 7.14**	714	1,215	58.77%	747	1,462	51.09%	61.70%	-10.61%
M06	**National Outcomes Measures (NOMS)**									
M06.1	Percent of SUD members whose employment status increased. (Per 10,000)	**$~ 1.79**	59	220	26.82%	81	235	34.47%	28.16%	6.31%
M06.2	Percent of SPMI members whose employment status increased. (Per 10,000)	**$~ 1.79**	645	4,379	14.73%	766	4,809	15.93%	15.47%	0.46%
M06.3	Percent of SPMI members with increased access to services. (Per 10,000)	**$~ 1.79**	7,379	165,476	4.46%	10,837	174,151	6.22%	4.68%	1.54%
M06.4	Percent of SED youth members with increased access to services. (Per 10,000)	$~ 1.79	15,137	347,966	4.35%	16,256	361,538	4.50%	4.57%	-0.07%
M07	**Utilization of Inpatient Psychiatric Services (UIPS)**									
	Percent of members utilizing inpatient psychiatric services, including state psychiatric facilities and private inpatient mental health services. (Per 10,000)	$~ 7.14	1,741	522,812	33.30	1,756	538,905	32.58	31.64	0.96

Notes: The Target column shows the target based on a 5% relatative increase or decrease of the CY 2013 rate. The HEDIS column indicates a percentile range from Quality Compass for which the CY 2014 rate falls. The Difference (Diff.) column is "Rate minus Target" where the goal is to increase the rate and "Target minus Rate" where the goal is to decrease the rate (M03, M10.2, M11, M12, and M13). P4P payment criteria are met if either Difference is positive or if the CY 2014 rate is greater than or equal to the Quality Compass 2015 HEDIS 50th-percentile (if available).

Ref. ID	Measure / Submeasure	P4P $	Baseline (CY 2013) Num.	Den.	Rate	Remeasurement (CY 2014) Num.	Den.	Rate	P4P Status Target	Diff.
	Home and Community Based Services (HCBS)									
M08	**Increased Competitive Employment for PD and TBI Members Eligible for WORK Program (WORK)**									
	Participation in WORK program	$ 7.14		31			38		33	5
M09	**Improved Healthy Life Expectancy (HLE)**									
M09.1	Breast Cancer Screening (BCS)	$ 0.71	233	720	32.36%	313	635	49.29%	33.98%	**15.31%**
M09.2	Cervical Cancer Screening (CCS)	$ 0.71	1,048	2,224	47.12%	1,504	2,934	51.26%	49.48%	**1.78%**
M09.3	Adult's Access to Preventive/Ambulatory Health Services (AAP)	$ 0.71	4,122	4,348	94.80%	5,324	5,633	94.51%	95.00%	-0.49%
M09.4	Flu Vaccinations for Adults Ages 18-64 (FVA)	$ 0.71	217	410	52.93%	206	421	48.93%	55.58%	-6.65%
M09.5	Medical Assistance With Smoking and Tobacco Use Cessation (MSC) - Advising Smokers and Tobacco Users to Quit	$ 0.71	143	184	77.72%	127	172	73.84%	81.61%	-7.77%
M09.61	CDC - Hemoglobin A1c (HbA1c) Testing	$ 0.71	138	160	86.25%	162	188	86.17%	90.56%	-4.39%
M09.62	CDC - Eye Exam (retinal) performed	$ 0.71	87	160	54.38%	108	188	57.45%	57.09%	**0.35%**
M09.63	CDC - Medical Attention for Nephropathy	$ 0.71	129	160	80.63%	146	188	77.66%	84.66%	-7.00%
M09.64	CDC - HbA1c Control (< 8.0%)	$ 0.71	59	160	36.88%	88	188	46.81%	38.72%	**8.09%**
M09.65	CDC - Blood Pressure Control (<140/90 mm Hg)	$ 0.71	94	160	58.75%	117	188	62.23%	61.69%	**0.55%**
M10	**Improved Integration of Care (IIC)**									
M10.1	Adult's Access to Preventive/Ambulatory Health Services (AAP)	$ 2.38	1,441	1,593	90.46%	1,614	1,762	91.60%	91.82%	-0.22%
M10.2	Ambulatory Care (AMB) - ED Visits (Rate is "Per 10,000")	$ 2.38	3,403	42,336	80.38	3,770	44,686	84.37	79.18	-5.19
M10.3	Annual Dental Visit (ADV) - Total	$ 2.38	847	1,697	49.91%	982	1,959	50.13%	50.66%	-0.53%
	Long Term Services and Supports (LTSS)									
M11	**Decreased Number of NF Claims Denied by MCOs (NFCD)**	$ 7.14	Prior to exclusion criteria:			13,485	135,322	9.97%	10.94%	0.97%
	Denial Rate		Post exclusion criteria:			5,626	138,257	4.07%	10.94%	6.87%
M12	**Decreased Number of NF Residents Having Falls With Major Injury (Fall)**									
	Percent of NF Residents Having Falls with Major Injury	$ 7.14	77	14,610	0.53%	73	14,015	0.52%	0.50%	-0.02%
M13	**Decreased Percentage of Members Discharged from a NF Having Hospital Admission Within 30 Days (Adm30)**									
	Percent of Members Discharged from a NF Having Hospital Admission Within 30 Days	$ 7.14	46	697	6.60%	54	763	7.08%	6.27%	-0.81%
M14	**Increase in Number of Person-Centered Care Homes (PEAK)**									
	Number of Person-Centered Care Homes	$ 7.14		8			9		9	1

Sunflower

Ref. ID	Measure / Submeasure	P4P $	Baseline (CY 2013) Num.	Den.	Rate	Remeasurement (CY 2014) Num.	Den.	Rate	P4P Status Target	Diff.
	Physical Health									
M01	**Comprehensive Diabetes Care (CDC)**									
M01.1	CDC - Hemoglobin A1c (HbA1c) Testing	$ 1.43	503	603	83.42%	381	451	84.48%	87.59%	-3.11%
M01.2	CDC - Eye Exam (retinal) Performed	**$ 1.43**	293	603	48.59%	277	451	61.42%	51.02%	**10.40%**
M01.3	CDC - Medical Attention for Nephropathy	$ 1.43	461	603	76.45%	351	451	77.83%	80.27%	-2.44%
M01.4	CDC - HbA1c Control (< 8.0%)	$ 1.43	247	603	40.96%	181	451	40.13%	43.01%	-2.88%
M01.5	CDC - Blood Pressure Control (<140/90 mm Hg)	$ 1.43	321	603	53.23%	243	451	53.88%	55.90%	-2.02%
M02	**Well-Child Visits in the First 7 Months of Life (W7m)**									
	W7m - 4 or more	$ 7.14	1,517	2,246	67.54%	1,556	2,272	68.49%	70.92%	-2.43%
M03	**Preterm Delivery (PtD)** Percent of Deliveries with Gestational Age < 37 Weeks									
	Submitted by Sunflower:		*397*	*3,314*	*11.98%*	*450*	*4122*	*10.92%*	*11.38%*	*0.46%*
	Recalculated by KFMC:	$ 7.14	530	4,606	11.51%	516	4,544	11.36%	10.93%	-0.42%
M04	**Annual Monitoring for Patients on Persistent Medications (MPM)** - Total Rate	**$ 7.14**	3,932	4,671	84.18%	3837	4269	89.88%	88.39%	**1.49%**
	Behavioral Health									
M05	**Follow-up after Hospitalization for Mental Illness (FUH)**									
	- 7 Day Follow-up	**$ 7.14**	822	1,262	65.13%	980	1,646	59.54%	68.39%	**-8.85%**
M06	**National Outcomes Measures (NOMS)**									
M06.1	Percent of SUD members whose employment status increased.	**$~ 1.79**			30.59%	99	249	39.80%	32.20%	7.60%
M06.2	Percent of SPMI members whose employment status increased.	$~ 1.79			16.53%	787	4,971	15.80%	17.40%	-1.60%
M06.3	Percent of SPMI members with increased access to services.	$~ 1.79			4.42%	7,795	185,893	4.19%	4.64%	-0.45%
M06.4	Percent of SED youth members with increased access to services.	$~ 1.79			4.07%	17,466	414,722	4.21%	4.27%	-0.06%
M07	**Utilization of Inpatient Psychiatric Services (UIPS)**									
	Percent of members utilizing inpatient psychiatric services, including state psychiatric facilities and private inpatient mental health services.	$~ 7.14	406	140,568	0.29%	1,812	603,966	0.30%	0.28%	-0.02%

Notes: The Target column shows the target based on a 5% relatative increase or decrease of the CY 2013 rate. The HEDIS column indicates a percentile range from Quality Compass for which the CY 2014 rate falls. The Difference (Diff.) column is "Rate minus Target" where the goal is to increase the rate and "Target minus Rate" where the goal is to decrease the rate (M03, M10.2, M11, M12, and M13). P4P payment criteria are met if either Difference is positive or if the CY 2014 rate is greater than or equal to the Quality Compass 2015 HEDIS 50th-percentile (if available).

	Home and Community Based Services (HCBS)									
M08	**Increased Competitive Employment for PD and TBI Members Eligible for WORK Program (WORK)**									
M08.1	Participation in WORK program	$ 7.14		41			44		43	**1**
M09	**Improved Healthy Life Expectancy (HLE)**									
M09.1	Breast Cancer Screening (BCS)	$ 0.71	241	770	31.23%	328	713	46.00%	32.86%	**13.14%**
M09.2	Cervical Cancer Screening (CCS)	$ 0.71	1,253	2,463	50.87%	1,641	3,407	48.17%	53.42%	-5.25%
M09.3	Adult's Access to Preventive/Ambulatory Health Services (AAP)	$ 0.71	4,436	4,612	96.18%	5,652	5,947	95.04%	95.00%	**0.04%**
M09.4	Flu Vaccinations for Adults Ages 18-64 (FVA)	$ 0.71	184	395	46.58%	210	449	46.77%	48.91%	-2.14%
M09.5	Medical Assistance With Smoking and Tobacco Use Cessation (MSC) - Advising Smokers and Tobacco Users to Quit	$ 0.71	156	196	79.59%	133	169	78.70%	83.57%	-4.87%
M09.61	CDC - Hemoglobin A1c (HbA1c) Testing	$ 0.71	90	104	86.54%	152	172	88.37%	90.87%	-2.49%
M09.62	CDC - Eye Exam (retinal) performed	$ 0.71	59	104	56.73%	111	172	64.53%	59.57%	**4.97%**
M09.63	CDC - Medical Attention for Nephropathy	$ 0.71	84	104	80.77%	132	172	76.74%	84.81%	-8.06%
M09.64	CDC - HbA1c Control (< 8.0%)	$ 0.71	37	104	35.58%	79	172	45.93%	37.36%	**8.57%**
M09.65	CDC - Blood Pressure Control (<140/90 mm Hg)	$ 0.71	59	104	56.73%	98	172	56.98%	59.57%	-2.59%
M10	**Improved Integration of Care (IIC)**									
M10.1	Adult's Access to Preventive/Ambulatory Health Services (AAP)	$ 2.38	1,707	1,829	93.33%	1,871	1,982	94.40%	94.73%	-0.33%
M10.2	Ambulatory Care (AMB) - ED Visits ("Per 1,000 member-months")	$ 2.38	3,641	46,142	78.91	3,497	46,636	74.98	77.73	2.74
M10.3	Annual Dental Visit (ADV) - Total	$ 2.38	804	1,646	48.85%	827	1,674	49.40%	49.58%	-0.18%
	Long Term Services and Supports (LTSS)									
M11	**Decreased Number of NF Claims Denied by MCOs (NFCD)**	$ 7.14								
	Denial Rate		Target is based on CY 2012			11,916	125,358	9.51%	10.94%	**1.43%**
M12	**Decreased Number of NF Residents Having Falls With Major Injury (Fall)**									
	Percent of NF Residents Having Falls with Major Injur	$ 7.14	90	14,538	0.62%	89	15,843	0.56%	0.59%	0.03%
M13	**Decreased Percentage of Members Discharged from a NF Having Hospital Admission Within 30 Days (Adm30)**									
	Percent of Members Discharged from a NF Having Hospital Admission Within 30 Days	$ 7.14	45	687	6.55%	54	736	7.34%	3.52%	-3.82%
M14	**Increase in Number of Person-Centered Care Homes (PEAK)**									
	Number of Person-Centered Care Homes	$ 7.14		8			9		9	**0**

UnitedHealthcare

Ref. ID	Measure / Submeasure	P4P $	Baseline (CY 2013) Num.	Baseline (CY 2013) Den.	Baseline (CY 2013) Rate	Remeasurement (CY 2014) Num.	Remeasurement (CY 2014) Den.	Remeasurement (CY 2014) Rate	P4P Status Target	P4P Status Diff.
	Physical Health									
M01	**Comprehensive Diabetes Care (CDC)**									
M01.1	CDC - Hemoglobin A1c (HbA1c) Testing	**$ 1.43**	*	1,029	80.17%	592	700	84.57%	84.18%	**0.39%**
M01.2	CDC - Eye Exam (retinal) Performed	**$ 1.43**	*	1,029	56.12%	469	700	67.00%	58.93%	**8.07%**
M01.3	CDC - Medical Attention for Nephropathy	$ 1.43	*	1,029	75.29%	522	700	74.57%	79.05%	-4.48%
M01.4	CDC - HbA1c Control (< 8.0%)	$ 1.43	*	1,029	36.70%	184	700	26.29%	38.54%	-12.25%
M01.5	CDC - Blood Pressure Control (<140/90 mm Hg)	$ 1.43	*	1,029	56.24%	265	700	37.86%	59.05%	-21.19%
M02	**Well-Child Visits in the First 7 Months of Life (W7m)**									
	W7m - 4 or more	**$ 7.14**	1,150	1,760	65.34%	1650	2081	79.29%	68.61%	**10.68%**
M03	**Preterm Delivery (PtD)** Percent of Deliveries with Gestational Age < 37 Weeks									
	Rate Submitted by UnitedHealthcare:		359	3,527	10.18%	387	4266	9.07%	9.67%	0.60%
	Rate calculated by KFMC:	**$ 7.14**	396	3,834	10.33%	423	4440	9.53%	9.81%	**0.29%**
M04	**Annual Monitoring for Patients on Persistent Medications (MPM)** - Total Rate	**$ 7.14**	2,963	3,454	85.78%	2797	3122	89.59%	90.07%	**-0.48%**
	Behavioral Health									
M05	**Follow-up after Hospitalization for Mental Illness (FUH)**									
	- 7 Day Follow-up	**$ 7.14**	567	973	58.27%	658	1,138	57.82%	61.18%	-3.36%
M06	**National Outcomes Measures (NOMS)**									
M06.1	Percent of SUD members whose employment status increased. (Per 10,000)	$~ 1.79			33.46%	87	275	31.64%	35.22%	-3.58%
M06.2	Percent of SPMI members whose employment status increased. (Per 10,000)	**$~ 1.79**			12.35%	754	4,895	15.40%	13.00%	2.40%
M06.3	Percent of SPMI members with increased access to services. (Per 10,000)	**$~ 1.79**			4.26%	9,927	167,912	5.91%	4.48%	1.43%
M06.4	Percent of SED youth members with increased access to services. (Per 10,000)	**$~ 1.79**			3.86%	19,868	360,457	5.51%	4.06%	1.45%
M07	**Utilization of Inpatient Psychiatric Services (UIPS)**									
	Percent of members utilizing inpatient psychiatric services, including state psychiatric facilities and private inpatient mental health services.	**$~ 7.14**	1,291	361,936	0.36%	1,657	531,570	0.31%	0.34%	0.03%

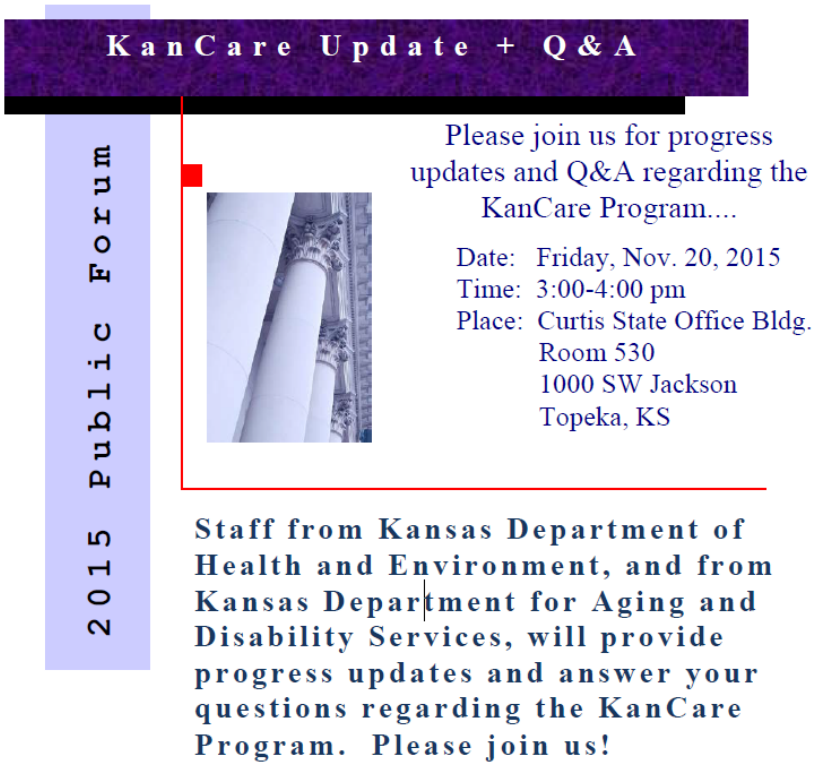
Notes: The Target column shows the target based on a 5% relatative increase or decrease of the CY 2013 rate. The HEDIS column indicates a percentile range from Quality Compass for which the CY 2014 rate falls. The Difference (Diff.) column is "Rate minus Target" where the goal is to increase the rate and "Target minus Rate" where the goal is to decrease the rate (M03, M10.2, M11, M12, and M13). P4P payment criteria are met if either Difference is positive or if the CY 2014 rate is greater than or equal to the Quality Compass 2015 HEDIS 50th-percentile (if available).

	Home and Community Based Services (HCBS)									
M08	**Increased Competitive Employment for PD and TBI Members Eligible for WORK Program (WORK)**									
M08.1	Participation in WORK program	$ 7.14		65			68			68
M09	**Improved Healthy Life Expectancy (HLE)**									
M09.1	Breast Cancer Screening (BCS)	$ 0.71	205	703	29.16%	256	561	45.63%	30.62%	**15.01%**
M09.2	Cervical Cancer Screening (CCS)	$ 0.71	953	2,243	42.49%	1,271	2,708	46.94%	44.61%	**2.32%**
M09.3	Adult's Access to Preventive/Ambulatory Health Services (AAP)	$ 0.71	3,975	4,144	95.92%	4,722	4,911	96.15%	95.00%	**1.15%**
M09.4	Flu Vaccinations for Adults Ages 18-64 (FVA)	$ 0.71	229	541	42.33%	219	517	42.36%	44.45%	-2.09%
M09.5	Medical Assistance With Smoking and Tobacco Use Cessation (MSC) - Advising Smokers and Tobacco Users to Quit	$ 0.71	173	248	69.76%	154	201	76.62%	73.25%	**3.37%**
M09.61	CDC - Hemoglobin A1c (HbA1c) Testing	$ 0.71	377	453	83.22%	212	248	85.48%	87.38%	-1.90%
M09.62	CDC - Eye Exam (retinal) performed	$ 0.71	275	453	60.71%	168	248	67.74%	63.74%	**4.00%**
M09.63	CDC - Medical Attention for Nephropathy	$ 0.71	345	453	76.16%	179	248	72.18%	79.97%	-7.79%
M09.64	CDC - HbA1c Control (< 8.0%)	$ 0.71	177	453	39.07%	64	248	25.81%	41.03%	-15.22%
M09.65	CDC - Blood Pressure Control (<140/90 mm Hg)	$ 0.71	256	453	56.51%	95	248	38.31%	59.34%	-21.03%
M10	**Improved Integration of Care (IIC)**									
M10.1	Adult's Access to Preventive/Ambulatory Health Services (AAP)	$ 2.38	1,084	1,177	92.10%	1,099	1,179	93.21%	93.48%	-0.27%
M10.2	Ambulatory Care (AMB) - ED Visits (Rate is "Per 10,000")	$ 2.38	2,489	34,398	72.36	2,268	30,820	73.59	71.27	-2.32
M10.3	Annual Dental Visit (ADV) - Total	$ 2.38	640	1,299	49.27%	549	1,183	46.41%	50.01%	-3.60%
	Long Term Services and Supports (LTSS)									
M11	**Decreased Number of NF Claims Denied by MCOs (NFCD)**									
	Denial Rate	$ 7.14	Target is based on CY 2012			9,013	100,904	8.93%	10.94%	**2.01%**
M12	**Decreased Number of NF Residents Having Falls With Major Injury (Fall)**									
	Percent of NF Residents Having Falls with Major Injur	$ 7.14	70	14,373	0.49%	70	13,731	0.51%	0.48%	-0.03%
M13	**Decreased Percentage of Members Discharged from a NF Having Hospital Admission Within 30 Days (Adm30)**									
	Percent of Members Discharged from a NF Having Hospital Admission Within 30 Days	$ 7.14	28	702	3.99%	33	783	4.21%	3.99%	-0.23%
M14	**Increase in Number of Person-Centered Care Homes (PEAK)**									
	Number of Person-Centered Care Homes	$ 7.14		8			9		9	0

Summary of KanCare Annual Post Award Forum Held 11.20.15

The KanCare Special Terms and Conditions, at item #15, provide that annually "the state will afford the public with an opportunity to provide meaningful comment on the progress of the demonstration. At least 30 days prior to the date of the planned public forum, the state must publish the date, time and location of the forum in a prominent location on its website. … The state must include a summary of the comments and issues raised by the public at the forum and include the summary in the quarterly report, as specified in STC77, associated with the quarter in which the forum was held. The state must also include the summary of its annual report as required in STC78."

Consistent with this provision, Kansas held its 2015 KanCare Public Forum, providing updates and opportunity for input, on Friday, November 20, 2015, from 3:00-4:00 pm at the Curtis State Office Building, Room 530, 1000 SW Jackson, Topeka, Kansas. The forum was published as a "Latest News – Upcoming Events" on the face page banner of the www.KanCare.ks.gov website, starting on October 21, 2015. A screenshot of that face page banner is included in the PowerPoint document utilized at the forum (set out below). A screen shot of the notice linked from the KanCare website face page banner is as follows:



At the public forum, 13 KanCare program stakeholders (providers, members, and families) attended and participated, as well staff from the Kansas Department of Health and Environment; staff from the Kansas Department of Aging and Disability Services; and staff from the KanCare managed care organizations. A summary of the information presented by state staff is included in the following PowerPoint document:

2015 KanCare Public Forum
Updates & Opportunity for Input

Friday, November 20, 2015

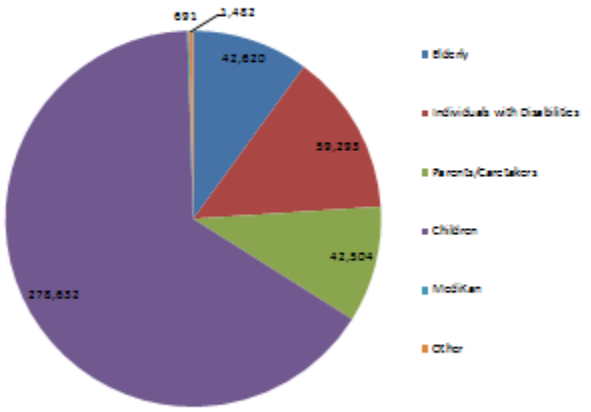
Agenda for Today

- Review Some KanCare Information And Updates
  - Medicaid Members & Expenditures
  - KanCare Expenditures
  - Provider Network
  - Value Added Benefits
  - Grievances, Appeals and State Fair Hearings
  - Waiver Integration
  - Other KanCare Member Issues And Updates
- Receive Questions, Suggestions And Other Feedback
  - Note Cards
  - Follow Up – Today And After

2 KanCare

Medicaid Members - General

Eligibility Composition **Calendar Year 2015 (January – September)**



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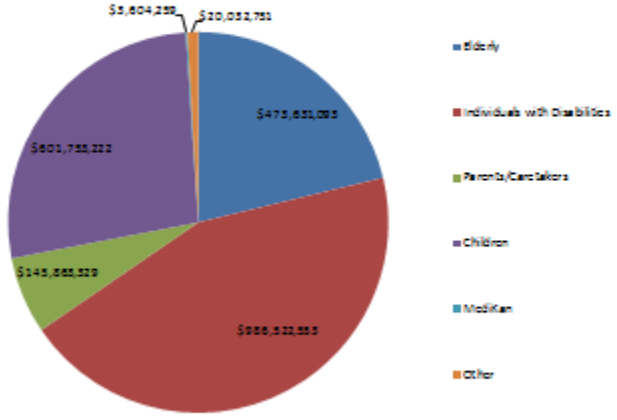
KanCare

Medicaid Expenditures

Expenditure Composition **Calendar Year 2015(January - September)**



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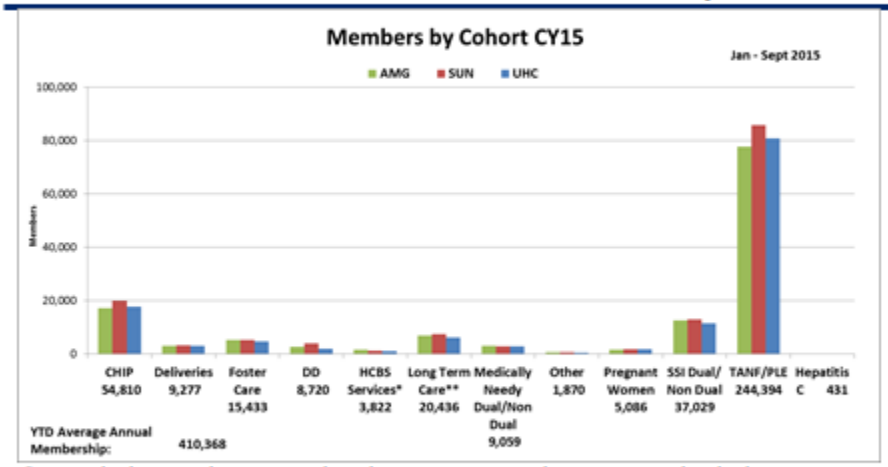
KanCare

KanCare Member Groups



*HCBS Services includes Autism, Severe Emotional Disturbance, Technology Assistance, and Traumatic Brain Injury
**Long Term Care includes Nursing Facilities; Money Follows the Person – Frail Elderly and Physical Disability Services; and the Physical Disability and Frail Elderly Waivers

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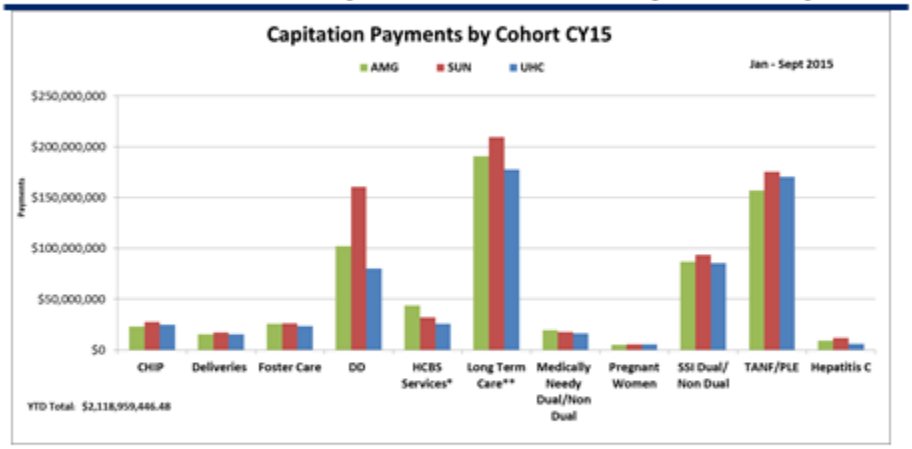
KanCare

KanCare Expenditures by Group



*HCBS Services includes Autism, Severe Emotional Disturbance, Technology Assistance, and Traumatic Brain Injury
**Long Term Care includes Nursing Facilities; Money Follows the Person – Frail Elderly and Physical Disability Services; and the Physical Disability and Frail Elderly Waivers

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Provider Networks & VAB Totals

KanCare Provider Networks	
KanCare MCO	**Number of Unique Providers as of 9/30/15**
Amerigroup	15,954
Sunflower	20,226
United	20,840

Value Added Benefits – January-September 2015 Summary			
KanCare MCO	**Total Members YTD**	**Total Units YTD**	**Total Value YTD**
Amerigroup	17,494	26,013	$792,589
Sunflower	102,703	126,440	$2,162,143
United	12,815	13,003	$450,851
Statewide Totals	**133,012**	**165,456**	**$3,405,583**

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KanCare

Value Added Benefits

Amerigroup	Members YTD	Total Units YTD	Total Value YTD
Adult Dental Care	202	3,031	$351,685
Member Incentive Program	507	8,915	$199,311
Mail Order OTC	805	7,520	$125,996
Healthy Families Program	31	70	$56,250
Pest Control	42	177	$22,187
Smoking Cessation Program	114	169	$18,681
Additional Respite Care for DD Waiver Population	6,433	496	$6,100
Additional Respite Care for Autism Waiver Population	3,037	2,005	$5,964
Weight Watcher Vouchers	4,448	93	$3,430
Hypoallergenic Bedding	3	30	$2,975
2015 YTD (Jan-Sept) GRAND TOTAL	17,494	26,013	$792,589

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KanCare

Value Added Benefits

Sunflower	Members YTD	Total Units YTD	Total Value YTD
CentAccount debit card	57,864	65,580	$1,311,600
Dental visits for adults	5,489	15,607	$522,667
Smoking cessation program	477	477	$114,480
Disease and Healthy Living Coaching	35,636	35,636	$93,012
Start Smart	2,322	2,359	$66,406
SafeLink®/Connections Plus cell phones	399	399	$19,084
In-home caregiver support/ additional respite	59	5,153	$16,747
Lodging for specialty and inpatient care	48	106	$8,586
Community Programs for Healthy Children: Boys & Girls Clubs	379	379	$5,685
Hospital companion	4	677	$2,200
Meals for specialty and inpatient care	26	67	$1,675
2015 YTD (Jan-Sept) GRAND TOTAL	**102,703**	**126,440**	**$2,162,143**

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KanCare

Value Added Benefits

United (Displaying VABs with $600 or more utilization YTD)	Members YTD	Total Units YTD	Total Value YTD
Adult Dental Services	1,484	1,484	$68,493
Additional Vision Services	973	973	$120,039
Membership to Youth Organizations	1,105	1,105	$55,250
Baby Blocks Program and Rewards	808	808	$47,995
Peer Bridgers Program	151	151	$37,044
Join for Me - Pediatric Obesity Classes	14	14	$35,000
Adult Briefs	341	366	$34,952
Weight Watchers - Free Classes	256	256	$30,464
KAN Be Healthy Screening Age 3 to 19 - Debit Card Reward	2,054	2,054	$20,540
Home Helper Catalog Supplies	473	473	$16,633
Additional Podiatry Visits	68	68	$14,079
Infant Care Book for Pregnant Women	902	902	$11,726
KAN Be Healthy Screening (Birth to 30 months - Debit Card)	605	661	$6,610
Sesame Street - Food For Thought	152	152	$5,320
Medications Calendar	2,085	2,085	$5,296
Adult Biometric Screening - Debit Card Reward	199	199	$2,985
Mental Health First Aid Program	13	13	$1,799
Join for Me - Reward for Completion of Program	35	35	$1,750
Asthma Bedding	18	18	$936
Weight Watchers Reward - Reward for Completing Classes	12	12	$600
2015 YTD (Jan-Sept) GRAND TOTAL	**12,815**	**13,003**	**$450,851**

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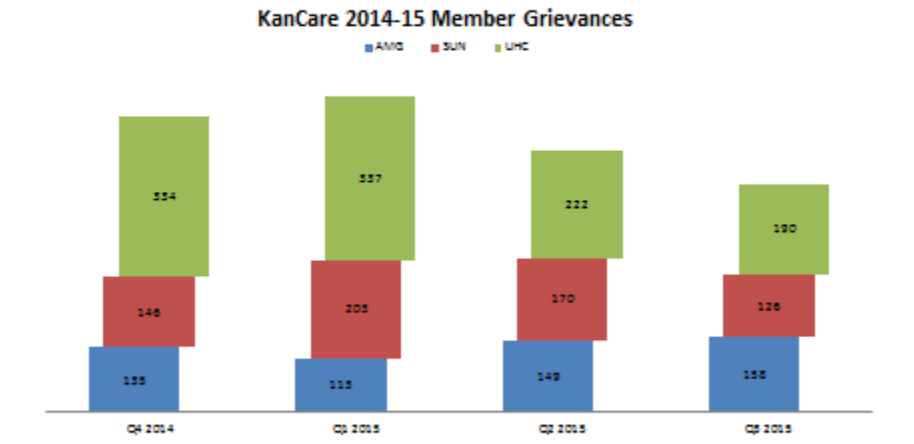
KanCare

Member Grievances



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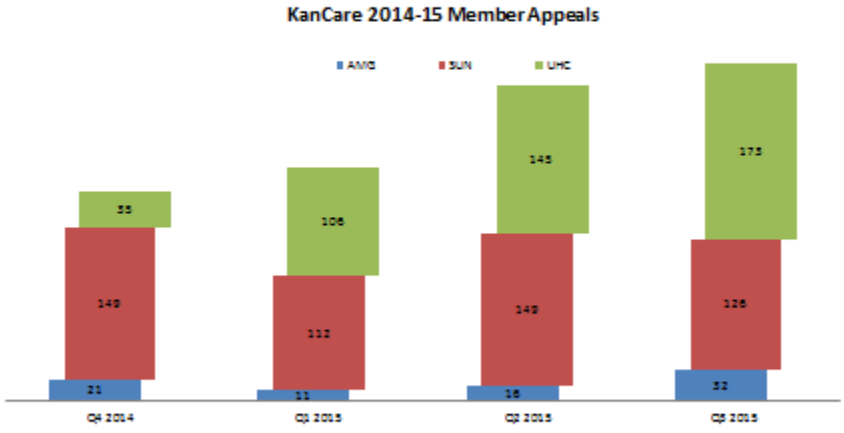
KanCare

Member Appeals



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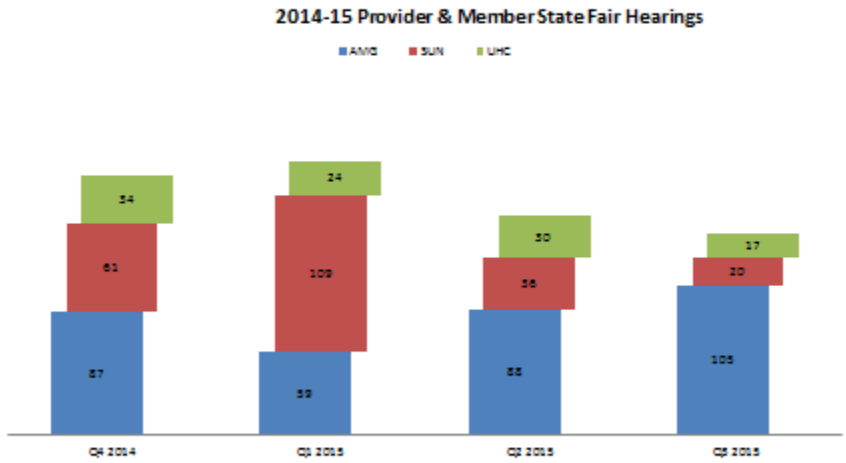
KanCare

State Fair Hearings



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Waiver Integration – What Is It?

Full integration of seven 1915(c) waivers into the 1115 waiver

- Entrance to HCBS will remain the same; services fall into two broader categories: adults and children
- Eligibility requirements/process remain the same
- Children will continue to be entitled to all medically necessary services identified through Early Periodic Screening Diagnosis and Treatment (EPSDT)
- All members continue to be entitled to medically necessary state plan services in KanCare
- Services will be authorized through personalized plans of care

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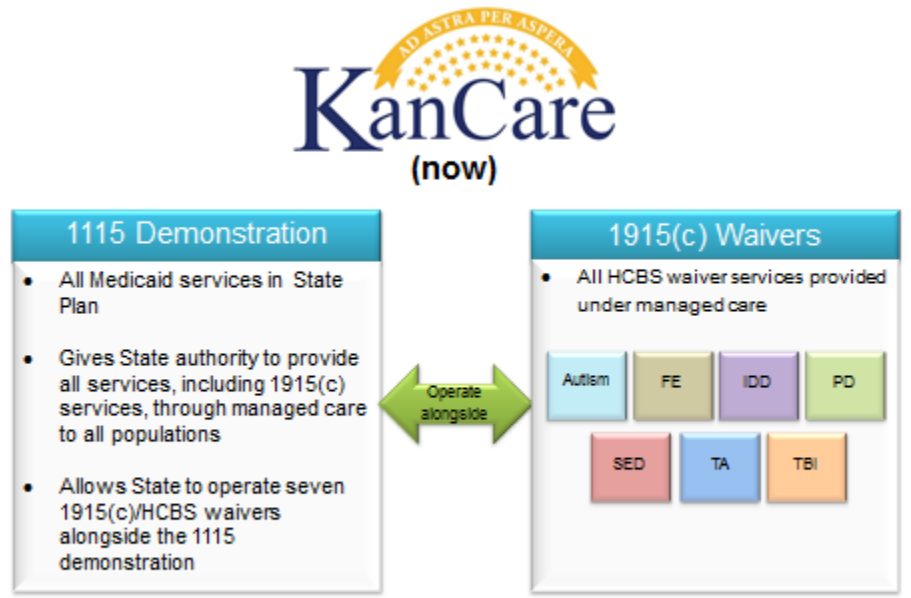
KanCare
(now)
1115 Demonstration
All Medicaid services in State Plan
Gives State authority to provide all services, including 1915(c) services, through managed care to all populations
Allows State to operate seven 1915(c)/HCBS waivers alongside the 1115 demonstration
Operate alongside
1915(c) Waivers
All HCBS waiver services provided under managed care
Autism
FE
IDD
PD
SED
TA
TBI

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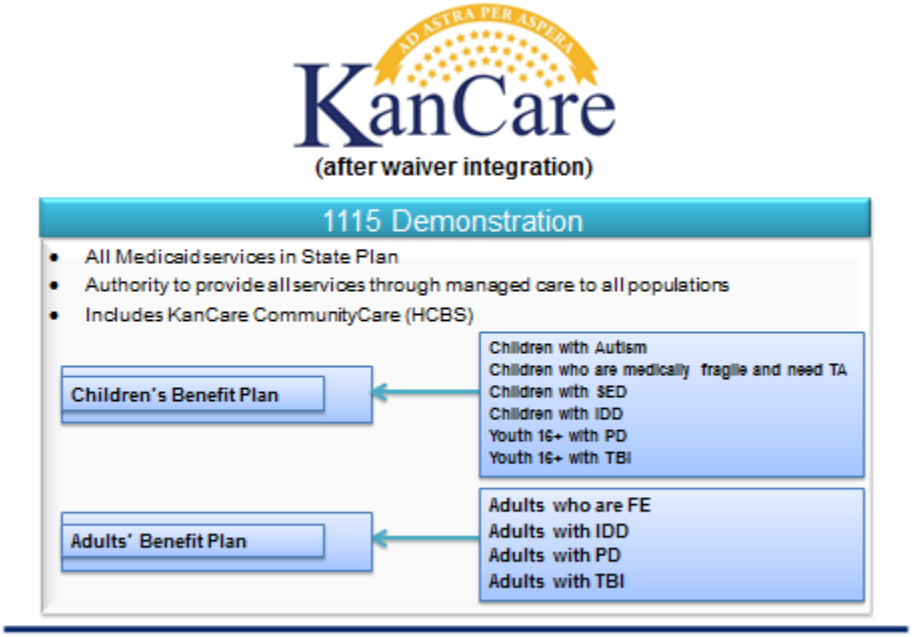
KanCare
(after waiver integration)
1115 Demonstration
All Medicaid services in State Plan
Authority to provide all services through managed care to all populations
Includes KanCare CommunityCare (HCBS)
Children's Benefit Plan
Children with Autism
Children who are medically fragile and need TA
Children with SED
Children with IDD
Youth 16+ with PD
Youth 16+ with TBI
Adults' Benefit Plan
Adults who are FE
Adults with IDD
Adults with PD
Adults with TBI

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Waiver Integration – Why?

- To create parity for populations served through Home and Community Based Services (HCBS) – services should be based on a personalized plan of care and centered on an individual's needs rather than their disability
- To offer a broader array of services – some individuals have disabilities that qualify them for more than one HCBS program, but they are limited to a single set of services

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Waiver Integration – Why? cont

- To improve moves between HCBS Programs and in transitioning from child to adult services
- To support development and expansion of community-based services
- To make things simpler for KanCare members, their families, and providers

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Waiver Integration - Stakeholder Input

- Two rounds of statewide information sharing sessions and listening tours (including evening sessions and conference call options).
- Focused work of Waiver Integration Stakeholder Engagement (WISE) workgroup
  - 100 stakeholders across all disability groups, providers, consumers and families
  - Five focus groups worked over four, 4-hour sessions, making numerous recommendations

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WISE Workgroup Recommendations

Access, Eligibility and Navigation:

1. Waitlists
   - Eliminate if possible
   - Cost savings should be applied to waitlist reduction
2. No change to pathway to eligibility
3. Eliminate the child and adult population service packages and combine into one
4. Develop basic 1115 waiver training and deliver to interested stakeholders

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WISE Workgroup Recommendations

Service Provision and Limitations:

1. Expand employment supports
2. Combine certain services
3. Establish new services

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WISE Workgroup Recommendations

Provider Qualifications and Licensing:

1. Reduce administrative burdens and streamline processes for providers
2. Ensure qualified providers
3. Maintain choice for providers and participants

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WISE Workgroup Recommendations

Policy and Regulation Review:

1. Develop an Operational Council to assist with policy review and development specific to waiver integration.
2. Develop a Policy Advisory Council to assist State staff in the development and revision of policy.
3. Develop a specific plan for communication regarding regulation and policy.
4. Collaborate with stakeholders to write an integrated waiver program manual and develop policies to further operationalize aspects of the program manual.

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WISE Workgroup Recommendations

Education, Training and Communication:

1. Make sure all documents use both person-first language and plain language at the sixth grade level.
2. Continue to bring state staff and all stakeholders together to communicate, collaborate, and work together.
3. Utilize a variety of mediums to provide training and education.
4. Require provider training on integrated waiver before providers are allowed to provide waiver services.

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Other Member Issues - KDADS

- IMD Exclusion
- Progress on Physical Disability Waiver – Waiting List
- HCBS Settings – Transition Plan

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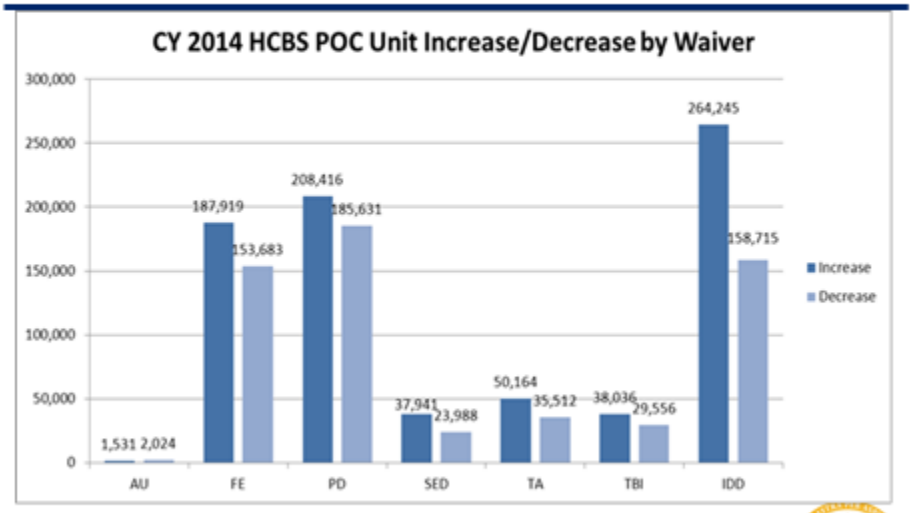
Other Member Issues–KDADS, cont



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Q&A / Input / Suggestions / Next Steps

- Note Cards
  - Write out your question/suggestion / input
  - Include your name and phone # or email address for feedback
- Next Steps
  - Address what we can here today
  - Follow up on individual questions/suggestions as needed
  - Summary of today's forum and your input/follow up will be included in the next KanCare quarterly report

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More Information/Updates: www.KanCare.ks.gov

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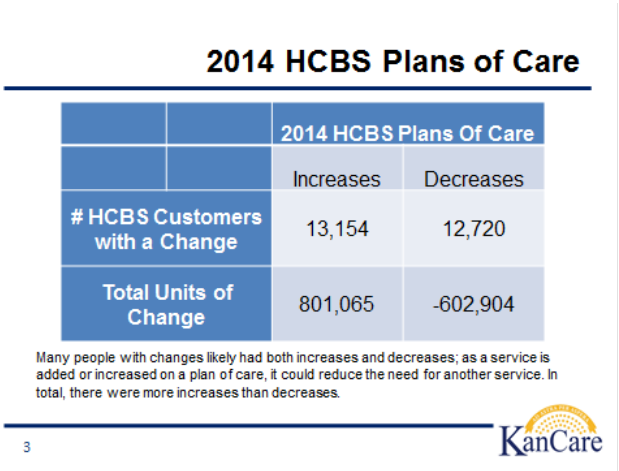
A summary of the questions from participants, with responsive information provided, is as follows:

#	Public Forum Participant Question	Summary of Response
1	Please explain change in staffing for Medicaid eligibility. When will that occur?	Effective January 1, 2016, the Kansas Department of Health and Environment (KDHE) will be responsible for processing and maintaining the Elderly and Disabled medical assistance cases, instead of the Kansas Department for Children and Families (DCF). Additional details about this change will be posted to KDHE's website, and also will be distributed to providers, members and other stakeholders in mid-December. Training sessions will be held in advance of the change for providers who are involved in the related eligibility process.
2	What is the hypothesis for the integrated waiver?	The values that will continue to govern include: right service, right person, right time. In addition, we anticipate it will result in a broader array of service options for people.
3	Will procedures for entry into the integrated waiver be the same across MCOs?	Eligibility paths will stay the same. However, MCOs are not responsible for this process and the related procedures; eligibility policies and decisions remain the state's responsibility, which is implemented via other contractors and separate from MCO responsibilities.
4	Please give a status update on the DD waiting list.	There are currently 3,584 people waiting. There are 8,753 people receiving I/DD waiver services, plus 38 people receiving I/DD services via the Money Follows the Person program.
5	Will the KanCare Consumer Workgroup continue to function during the integrated waiver discussions?	The KanCare Consumer and Specialized Issues Workgroup, has been in operation since before the KanCare program launched, and the current plan is that it will continue. New members were selected for that workgroup earlier in 2015; it is set to meet in December, 2015; and it will continue in operation indefinitely.
6	Regarding slide #26 *[plan of care increases/decreases in units, by waiver]* –# of persons experiencing increases/decreases would be helpful.	Yes – we have that information and have previously published it; it will be included also as part of the summary of this meeting:  2014 HCBS Plans of Care 2014 HCBS Plans Of Care Increases / Decreases # HCBS Customers with a Change: 13,154 / 12,720 Total Units of Change: 801,065 / -602,904 Many people with changes likely had both increases and decreases; as a service is added or increased on a plan of care, it could reduce the need for another service. In total, there were more increases than decreases. 3 KanCare
7	Out of the 100 stakeholders how many are representative of each group? I.e. consumer, family and so on. How do they pick them? When you do more focus groups will it be new group?	Concerning the process of selection, KDADS asked for volunteers to participate in the waiver integration working groups. The volunteers submitted applications and were selected with an attempt to ensure a balanced representation from each waiver population and allow for first time volunteer access. I/DD representation was approximately 37%; PD/FE 24%; and the remaining populations were represented at a lower rate. This is attributed to the fact the IDD and PD

		representatives turned in a disproportionally higher number of applications. We will be holding a second round of stakeholder working group meetings after the first of the year.
8	When will KEES be fixed?	The multiple system changes that are reflected in the KEES system were launched effective 7.1.15. We knew there would be, and there have been, some transition challenges and we have been very actively managing and resolving them timely. This system is significantly more complex than the previous system for staff working with it (in our effort to make it more end user friendly and accessible for members and providers), so there has been – as anticipated – a learning curve. This did contribute to a short-term delay in processing applications, which has been the focus of our improvement efforts. That delay has been decreasing and is moving toward resolution and toward what we plan as the fully operational/stabilized state.
9	What is the current timeframe for eligibility?	Our goal is a 45 day decision timeframe. That is not always happening yet, but is where we are headed, and in the meantime we have a quick turnaround process in place for time-sensitive and critical need applications.
10	Is there any way KDHE can enforce the one-year timely filing limit with the MCOs?	This is an issue based on a contractual relationship between providers and MCOs. The default standard is a 180 day timely filing, but if there is an exception to that either by contract with the MCO or on a situation-specific basis, providers should request that of the MCOs. If there are questions or concerns about this issue, providers should contact their provider representative at the applicable MCO to address them.
11	Is KDHE aware that the MCO's transition to ICD10 has caused several denials on claims incorrectly? I.e., claims being denied stating "incorrect CLIA #" when that is false?	We had not heard of that being an issue, but certainly as part of the healthcare system-wide shift to ICD 10 effective 10.1.15, there is the potential for things needing to be tweaked. KDHE will have our provider relations staff reach out to the questioner to review and assist with resolution of this concern.
12	Could you provide examples of new services you are considering?	Support broker
13	We have some questions/concerns about personal care services currently being received. These issues would assist with staff retention: • There is no allowance for paid training for these workers, who understandably do not want to come in for training without pay. • We would like to have the option of family (in this case, parents of person receiving the service) supplementing the rate of pay for personal care workers.	These are important issues and KDADS will follow up with the questioner to get additional details and provide responses/guidance as to options.

Kansas Foundation for Medical Care, Inc
2947 SW Wanamaker Drive
Topeka, Kansas 66614-4193
Phone 785-273-2552
kfmc.org

March 23, 2016

Elizabeth Phelps, MPA, JD
Public Service Executive III
Kansas Department of Health & Environment
Division of Health Care Finance
900 SW Jackson St.
Topeka, KS 66612

RE: **2015 KanCare Evaluation Annual Report**
Year 3, January – December 2015

Dear Ms. Phelps:

Enclosed is the 2015 KanCare Evaluation annual report for Year 3, January – December 2015. If you have questions regarding this information, please contact me, jpanichello@kfmc.org.

Sincerely,

Janice D. Panichello, Ph.D., MPA
Director of Quality Review and Epidemiologist

Enclosures

2015 KanCare Evaluation Annual Report

Year 3, January - December 2015

KFMC Contract Number:	**11231**
Program(s) Reviewed:	**KanCare Demonstration**
Submission Date:	**March 23, 2016**
Review Team:	**Janice Panichello, Ph.D., MPA, Director of Quality Review and Epidemiologist** **Lynne Valdivia, BSN, RN, MSW, CCEP, Vice President Quality Improvement and Review**

Prepared for:

KanCare

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2015 KanCare Evaluation Annual Report
Year 3, January-December 2015
March 23, 2016

Background

KanCare is an integrated managed care Medicaid program that is to serve the State of Kansas through a coordinated approach. The goal of KanCare is to provide efficient and effective health care services and ensure coordination of care and integration of physical and behavioral health services with each other and with home and community-based services (HCBS).

In December 2012, the Centers for Medicare & Medicaid Services (CMS) approved the State of Kansas Medicaid section 1115 demonstration proposal, entitled KanCare. KanCare operates concurrently with the State's section 1915(c) HCBS waivers and together provide the authority necessary for the State to require enrollment of almost all Medicaid beneficiaries across Kansas into a managed care delivery system. KanCare also includes a safety net care pool to support certain hospitals that incur uncompensated care costs for Medicaid beneficiaries and the uninsured, and to provide incentives to hospitals for programs that result in delivery system reforms that enhance access to health care and improve the quality of care.

Goals

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

- **Provide integration and coordination of care** across the whole spectrum of health to include physical health, behavioral health (mental health and substance use disorders) and long term services and supports (LTSS);
- **Improve the quality of care** Kansas Medicaid beneficiaries receive through integrated care coordination and financial incentives paid for performance (quality and outcomes);
- **Control Medicaid costs** by emphasizing health, wellness, prevention and early detection, as well as integration and coordination of care; and
- **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.

Hypotheses

The evaluation will test the following KanCare hypotheses:

- By holding MCOs to outcomes and performance measures, and tying measures to meaningful financial incentives, the State will improve health care quality and reduce costs;

- The KanCare model will reduce the percentage of beneficiaries in institutional settings by providing additional HCBS and supports to beneficiaries that allow them to move out of an institutional setting when appropriate and desired;
- The State will improve quality in Medicaid services by integrating and coordinating services and eliminating the current silos between physical health, behavioral health (BH), and LTSS; and
- KanCare will provide integrated care coordination to individuals with developmental disabilities, which will improve access to health services and improve the health of those individuals.

Performance Objectives

Through the extensive public input and stakeholder consultation process, when designing the comprehensive Medicaid reform plan, the State has identified a number of KanCare performance objectives and outcome goals to be reached through the comprehensive managed care contracts. These objectives include the following:

- Measurably improve health care outcomes for members in the areas including: diabetes, coronary artery disease, prenatal care, and BH;
- Improve coordination and integration of physical health care with BH care;
- Support members' desires to live successfully in their communities;
- Promote wellness and healthy lifestyles; and
- Lower the overall cost of health care.

Evaluation Plan

Evaluation is required to measure the effectiveness and usefulness of the demonstration as a model to help shape health care delivery and policy. The KanCare evaluation is being completed by the Kansas Foundation for Medical Care, Inc. (KFMC), which will subcontract as needed for targeted review. Evaluation criteria are outlined in the comprehensive KanCare Program Medicaid State Quality Strategy and the CMS Special Terms and Conditions document.

In an effort to achieve safe, effective, patient-centered, timely and equitable care the State is assessing the quality strategy on at least an annual basis and will revise the State Quality Strategy document accordingly. The State Quality Strategy – as part of the comprehensive quality improvement strategy for the KanCare program, as well as the Quality Assurance and Performance Improvement plans of the KanCare MCOs, are dynamic and responsive tools to support strong, high quality performance of the program. As such, the State Quality Strategy is regularly reviewed and operational details will be continually evaluated, adjusted and put into use. Revisions in the State Quality Strategy will be reviewed to determine the need for restructuring the specific measurements in the evaluation design and documented and discussed in the evaluation reports.

The KanCare Evaluation Design, approved by CMS in September 2013, updated in March 2015, includes over 100 performance measures focused on eight major categories:

- Quality of Care
- Coordination of Care (and Integration)
- Cost of Care
- Access to Care
- Ombudsman Program
- Efficiency
- Uncompensated Care Cost (UCC) Pool
- Delivery System Reform Incentive Program (DSRIP)

These eight categories have 27 subcategories (see Table 1).

Over the five-year KanCare demonstration, performance measures will be evaluated on either a quarterly basis or an annual basis. Due to revisions in reporting requirements, program updates, and changes in Healthcare Effectiveness Data and Information (HEDIS) measure specifications, a few measures were deleted, and several measures in the 2013 KanCare Evaluation Design were added or were slightly revised in 2015.

Data for the performance measures are provided by the Kansas Department of Health and Environment (KDHE) and the Kansas Department for Aging and Disability Services (KDADS). Data sources include state tracking systems and databases, as well as reports from the MCOs providing KanCare/Medicaid services. In calendar year (CY) 2013 through CY2015, the three managed care organizations (MCOs) are Amerigroup Kansas, Inc. (Amerigroup or AGP), Sunflower State Health Plan (Sunflower or SSHP), and UnitedHealthcare Community Plan of Kansas (UnitedHealthcare or UHC).

Wherever appropriate, and where data are available, performance measures will be analyzed by one or more of the following stratified populations:

- Program - Title XIX (Medicaid) and Title XXI (Children's Health Insurance Program [CHIP])
- Age groups - particularly where stratified in HEDIS measures, waivers, and survey populations
- Waiver services
  - Intellectually/Developmentally Disabled (I/DD)
  - Physically Disabled (PD)
  - Traumatic Brain Injury (TBI)
  - Technical Assistance (TA)
  - Serious Emotional Disturbance (SED)
  - Frail Elderly (FE)
  - Money Follows the Person (MFP), and
  - Autism
- Providers
- County type (Urban/Semi-Urban, Densely-Settled Rural, Rural/Frontier)
- Those receiving mental health (MH) services
  - Serious and Persistent Mental Illness (SPMI)

  - Serious Mental Illness (SMI)
  - SED (waiver and non-waiver)
- Those receiving treatment for Substance Use Disorder (SUD)
- Those receiving Nursing Facility (NF) services

Table 1. Evaluation Design Categories and Subcategories
Quality of Care
(1) Physical Health
(2) Substance Use Disorder Services
(3) Mental Health Services
(4) Healthy Life Expectancy
(5) Home and Community Based Services (HCBS) Waiver Services
(6) Long Term Care: Nursing Facilities
(7) Member Surveys - Quality
(8) Provider Survey
(9) Grievances
(10) Other (Tentative) Studies (specific studies to be determined)
Coordination of Care (and Integration)
(11) Care Management for Members Receiving HCBS Services
(12) Other (Tentative) Study (specific study to be determined)
(13) Care Management for Members with I/DD
(14) Member Survey - CAHPS
(15) Member Survey - Mental Health (MH)
(16) Member Survey - Substance Use Disorder (SUD)
(17) Provider Survey
Cost of Care
(18) Costs
Access to Care
(19) Provider Network - GeoAccess
(20) Member Survey - CAHPS
(21) Member Survey - MH
(22) Member Survey - SUD
(23) Provider Survey
(24) Grievances
Ombudsman Program
(25) Calls and Assistance
Efficiency
(26) Systems
(27) Member Surveys
Uncompensated Care Pool
Delivery System Reform Incentive (DSRIP)

Annual Evaluation 2015

In the first year of KanCare, baseline data and data criteria were established and defined. For some of the performance measures, baseline data were available pre-KanCare (CY2012 and CY2011). Where pre-KanCare data were not available, baseline data were based on CY2013 data or, for measures that require more than one year of data, CY2013/CY2014.

This third annual KanCare Evaluation includes analysis of performance for several measures that have pre-KanCare data, CY2013 and CY2014 data, and CY2015 available as of 3/1/2016. Data for CY2015 for many of the performance measures are not yet available. A major reason is that data for the entire year cannot be determined accurately until claims for the year, including fourth quarter CY2015 claims, are more complete (submitted to the MCOs and processed). Several measures are based on standardized HEDIS data analysis, and HEDIS data for 2015 will not be available until July 2016. Some of the HEDIS measures are multi-year measures; for these measures, baseline data for 2013 and 2014 are first reported in the KanCare Annual Evaluation for 2015.

In addition to the measures reviewed annually, there are several measures reviewed quarterly that are briefly summarized in this report. These quarterly measures are analyzed and summarized in detail in the KanCare Evaluation Quarterly Reports, beginning in Quarter 4 (Q4), CY2013, that are available for public review on the KanCare website.

Quality of Care

Goals, Related Objectives, and Hypotheses for Quality of Care subcategories:

- *Goal: Improve the quality of care Kansas Medicaid beneficiaries receive through integrated care coordination and financial incentives paid for performance (quality and outcomes).*
- *Related Objectives: Measurably improve health care outcomes for members in areas including: diabetes; coronary artery disease; prenatal care; behavioral health.*
  - *Improve coordination and integration of physical health care with behavioral health care.*
  - *Support members successfully in their communities.*
  - *Promote wellness and healthy lifestyles.*
- *Hypotheses:*
  - *By holding MCOs to outcomes and performance measures, and tying measures to meaningful financial incentives, the State will improve health care quality and reduce costs.*
  - *The State will improve quality in Medicaid services by integrating and coordinating services and eliminating the current silos between physical health, behavioral health, mental health, substance use disorder, and LTSS.*

(1) Physical Health

The Physical Health performance measures include 18 HEDIS measures:

- Comprehensive Diabetes Care (CDC)
- Well-Child Visits in the First 15 Months of Life (W15)

- Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life (W34)
- Adolescent Well-Care Visits (AWC)
- Adults' Access to Preventive/Ambulatory Health Services (AAP)
- Annual Monitoring for Patients on Persistent Medications (MPM)
- Medication Management for People with Asthma (MMA)
- Follow-Up Care for Children Prescribed ADHD Medication (ADD)
- Follow-Up after Hospitalization for Mental Illness (FUH)
- Prenatal and Postpartum Care (PPC)
- Chlamydia Screening in Women (CHL)
- Controlling High Blood Pressure (CBP)
- Initiation and Engagement of Alcohol and Other Drug Dependence Treatment (IET)
- Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (WCC)
- Adult BMI Assessment (ABA)
- Annual Dental Visit (ADV)
- Appropriate Treatment for Children with Upper Respiratory Infection (URI)
- Appropriate Testing for Children with Pharyngitis (CWP)

Other Physical Health measures include Well-Child Visits (four or more) within the first seven months of life (HEDIS-like measure) and Preterm Delivery.

The baseline data for most HEDIS and HEDIS-like measures are HEDIS 2014 (CY2013) administrative and hybrid data from claims and medical record review. (The baseline for multi-year measures is HEDIS 2015, including data from CY2013 and CY2014.) Administrative HEDIS data include all KanCare members from each MCO who met HEDIS eligibility criteria for each measure. Since these measures include all eligible members, the numerators and denominators for the three MCOs were combined to assess the aggregate baseline percentages. Hybrid HEDIS data are based on samples of eligible members and include both administrative data and medical record review. As the hybrid HEDIS data are based on samples from each MCO, the aggregate data for hybrid measures were weighted to adjust for any differences in population and sample sizes.

The aggregated HEDIS percentages were compared to National Committee for Quality Assurance (NCQA) Quality Compass (QC) percentiles for HEDIS and the Consumer Assessment of Healthcare Providers and Systems (CAHPS) surveys. HEDIS results, including comparison to QC national percentiles, are summarized in Table 2. Beginning with HEDIS 2015, QC percentile categories were expanded to report the 33.33rd and 66.67th percentiles. As a result, comparisons with previous years' reported percentiles may not be directly comparable; a metric reported for CY2013 as below the 50th percentile (and above the 25th percentile) may in CY2014 be reported as below the 33.33rd percentile but not represent a percentile drop.

Table 2. Physical Health HEDIS Measures for CY2013 and CY2014						
Measure	Type		HEDIS Aggregated Results		Quality Compass 50th Percentile	
	Hybrid	Admin	CY2014	CY2013	CY2014	CY2013
Comprehensive Diabetes Care (CDC)						
HbA1c Testing (P4P)	X		84.8%	83.1%	↓	↓
Eye Exam (Retinal) (P4P)			58.6%	50.1%	↑	↓
Medical Attention for Nephropathy (P4P)			76.8%	75.8%	↓	↓
HbA1c Control (<8.0%) (P4P)			39.3%	39.0%	↓	↓
HbA1c Poor Control (>9.0%) (lower % is goal)			52.9%	54.4%	↓	↓
Blood Pressure Control (<140/90) (P4P)			52.6%	53.1%	↓	↓
Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life (W34)						
		X	62.1%	60.8%	↓	↓
Adolescent Well Care Visits (AWC)						
		X	42.6%	42.3%	↓	↓
Adults' Access to Preventive/Ambulatory Health Services (AAP)						
Ages 20-44		X	84.3%	85.4%	↑	↑
Ages 45-64			92.4%	92.2%	↑	↑
Ages 65 and older			88.6%	89.5%	↑	↑
Total - Ages 20 and older			87.5%	88.4%	↑	↑
Annual Monitoring for Patients on Persistent Medications (MPM)						
		X	89.7%	84.9%	↑	↓
Follow-up after Hospitalization for Mental Illness, within seven days of discharge (FUH)						
		X	56.2%	61.0%	↑	↑
Prenatal Care (PPC)						
	X		70.4%	71.4%	↓	↓
Postpartum Care (PPC)						
	X		55.8%	60.3%	↓	↓
Chlamydia Screening in Women (CHL)						
Ages 16-20		X	41.0%	42.4%	↓	↓
Ages 21-24			54.5%	55.6%	↓	↓
Total – Ages 16-24			45.4%	46.1%	↓	↓
Controlling High Blood Pressure (CBP)						
	X		51.5%	47.3%	↓	↓
Initiation in Treatment for Alcohol or other Drug Dependence (IET)						
Ages 13-17		X	50.8%	49.0%	↑	↑
Ages 18 and older			41.3%	40.9%	↑	↑
Total – Ages 13 and older			42.6%	42.1%	↑	↑
Engagement in Treatment for Alcohol or other Drug Dependence (IET)						
Ages 13-17		X	31.0%	32.5%	↑	↑
Ages 18 and older			12.1%	12.2%	↑	↑
Total – Ages 13 and older			14.8%	15.2%	↑	↑
Weight Assessment/BMI for Children and Adolescents (WCC)						
Ages 3-11	X		44.3%	33.7%	↓	↓
Ages 12-17			47.3%	36.6%	↓	↓
Total – Ages 3-17			45.3%	34.7%	↓	↓
Counseling for Nutrition for Children and Adolescents (WCC)						
Ages 3-11	X		50.8%	47.4%	↓	↓
Ages 12-17			47.0%	46.0%	↓	↓
Total – Ages 3-17			49.5%	46.9%	↓	↓
Counseling for Physical Activity for Children and Adolescents (WCC)						
Ages 3-11	X		43.5%	39.6%	↓	↓
Ages 12-17			50.6%	53.1%	↓	↓
Total – Ages 3-17			45.8%	44.0%	↓	↓

Table 2. Physical Health HEDIS Measures for CY2013 and CY2014 (Continued)						
Measure	Type		HEDIS Aggregated Results		Quality Compass 50th Percentile	
	Hybrid	Admin	CY2014	CY2013	CY2014	CY2013
Appropriate Treatment for Children with Upper Respiratory Infection (URI)						
		X	73.5%	71.9%	↓	↓
Appropriate Testing for Children with Pharyngitis (CWP)						
		X	52.2%	51.6%	↓	↓
Annual Dental Visit (ADV)						
Ages 2-3			41.2%	40.8%	↑	↑
Ages 4-6			65.7%	66.3%	↑	↑
Ages 7-10			70.1%	70.7%	↑	↑
Ages 11-14		X	62.8%	62.8%	↑	↑
Ages 15-18			53.5%	53.9%	↑	↑
Ages 19-21			30.2%	31.5%	↓	↓
Total - Ages 2-21			60.0%	60.3%	↑	↑
Multi-Year HEDIS Measures to be Reported beginning with HEDIS 2015						
Well-Child Visits in the First 15 Months of Life (W15)						
0 visits			4.2%		↑*	
1 visit			4.8%		↑*	
2 visits			6.2%		↑*	
3 visits		X	8.3%		↑*	
4 visits			13.4%		↑	
5 visits			18.4%		↑	
6 or more visits			44.7%		↓	
Medication Management for People with Asthma (MMA)						
5-11 years of age			27.4%		↑	
12-18 years of age			24.1%		↑	
19-50 years of age		X	39.6%		↑	
51-64 years of age			53.0%		↑	
Total - Ages 5-64			28.1%		↓	
Follow-Up Care for Children Prescribed ADHD Medication (ADD)						
Initiation Phase		X	48.0%		↑	
Continuation & Maintenance Phase			54.8%		↑	
Adult BMI Assessment (ABA)						
	X		72.2%		↓	
* HEDIS rates greater than 50th percentile that indicate poor performance						

Pre-KanCare data available for some of the HEDIS measures below (CDC, W15, W34, AAP, and PPC) are based on HEDIS data for CY2012 from MCOs (Coventry and UniCare) that provided services to Kansas Medicaid members in 2012. The pre-KanCare and KanCare populations, however, are not directly comparable, as the KanCare populations include members receiving waiver services.

HEDIS measures

Comprehensive Diabetes Care (CDC)

This measure is a composite HEDIS measure composed of eight metrics. Five of these metrics are pay-for-performance (P4P) measures. In CY2013 and CY2014, the three MCOs reported hybrid data for seven of the eight measures. The eighth measure, glycated hemoglobin (HbA1c) <7.0% has a more limited eligibility; only two of the three MCOs reported HEDIS results for CY2014. LDL-C screening was retired from HEDIS beginning in CY2014.

Population: Ages 18-75; Medicaid

Analysis: Pre-KanCare compared to KanCare and trending over time

- **HbA1c Testing** (P4P) **-** The aggregate positive response percentage based on weighted hybrid data for CY2014 was 84.8%, higher than CY2013 (83.1%) and CY2012 pre-KanCare (76.5%). All three MCOs in CY2014 were below the QC 50th percentile.
- **Eye Exam (Retinal)** (P4P) - The aggregate positive response percentage based on weighted hybrid data for CY2014 was 58.6%, which was above the QC 50th percentile, an 8.5% increase compared to CY2013 (50.1%) and below the QC 50th percentile. Rates in both CY2014 and CY2013 were higher than in CY2012 (41.7%). In CY2014, UHC was above the QC 75th percentile; SSHP was above the QC 66.67th percentile; and AGP was below the QC 50th percentile for this measure.
- **Medical Attention for Nephropathy** (P4P) - The aggregate positive response percentage based on weighted hybrid data for CY2014 was 76.8%, higher than in 2013 (75.8%) and CY2012 (66.3%) but below the QC 25th percentile in CY2014 in aggregate and for each of the three MCOs.
- **HbA1c Control (<8.0%)** (P4P) - The aggregate positive response percentage based on weighted hybrid data for CY2014 was 39.3%, below the QC 25th percentile. This was comparable to CY2013 (39.0%) and higher than in CY2012 (16.0%). All three MCOs were below the 50th percentile; UHC's percentage (26.3%) was below the QC 5th percentile in CY2014.
- **Blood Pressure Control (<140/90)** (P4P) - The aggregate positive response percentage based on weighted hybrid data for CY2014 was 52.6%, below the percentage in CY2013 (53.1%) and again below the QC 25th percentile. All three MCOs were below the 33.33rd percentile; UHC's percentage (37.9%) was below the QC 5th percentile.
- **HbA1c Poor Control (>9.0%)** – For this metric, the goal is to have a lower percentage but a higher QC percentile. The aggregate positive response percentage based on weighted hybrid data for CY2014 was 52.9%, which is lower than in CY2013 (54.4%) and CY2012 (83.4%) and was below the QC 25th percentile (i.e., nationally over 75% had lower percentages of eligible members with HbA1c >9.0%) in CY2013 and CY2014. All three MCOs were below the 33.33rd percentile; UHC's percentage (67.0%) was below the QC 5th percentile.
- **HbA1c Control (<7.0%)** – In CY2014, only two of the MCOs (AGP and UHC) reported data for this metric; in CY2013, only UHC reported data. AGP's 35.9% was below the QC 50th percentile. UHC's 20.3% was below the QC 5th percentile, down from 26.5%

in CY2013 and below the 25th percentile. Results were higher, however, than the CY2012 pre-KanCare percentage of 13.3%.

- **LDL-C Screening** – LDL-C Screening was retired as of 2014. The aggregate percentage based on weighted hybrid data for CY2013 was 67.0%, which was higher than in CY2012 (54.1%) and below the QC 25th percentile.

Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life (W34)
Population: Ages 3-6; Medicaid and CHIP combined populations
Analysis: Pre-KanCare compared to KanCare and trending over time
The aggregate positive response percentage based on administrative data for CY2014 was 62.1%, which is higher than in CY2013 (60.8%) and lower than in CY2012 (65.4%). The aggregate percentages in CY2013 and CY2014 were below the QC 25th percentile.

Adolescent Well Care Visits (AWC)
Population: Ages 12-21; Medicaid and CHIP combined populations
Analysis: Annual comparison to CY 2013 baseline and trending over time
The aggregate positive response percentage based on administrative data for CY2014 was 42.6%, comparable to CY2013 (42.3%) and below the QC 33.33rd percentile. Results for all three MCOs were below the QC 50th percentile; AGP had the lowest result, 39.4%, which was below the 25th percentile.

Adults' Access to Preventive/Ambulatory Health Services (AAP)
Population: Ages 20-44; 45-65; 65 and older; Total (P4P); Medicaid
Analysis: Annual comparison to CY2013 baseline, trending over time
This measure tracks annual preventive/ambulatory visits. In each of the age ranges, the aggregate HEDIS results for CY2014 and CY2013 were above the QC 50th percentile; for ages 45-64 the results were again above the QC 90th percentile and for ages 20 and older continue to be above the 75th percentile. Pre-KanCare data were available for ages 20-44 and ages 45-64.

- **Ages 20-44 -** The KanCare aggregate percentage based on administrative data for CY2014 was 84.3%, lower than in CY2013 (85.4%) but above the QC 66.67th percentile. SSHP was above the 75th percentile in both years. In CY2012, the aggregate pre-KanCare percentage was slightly higher at 86.1%.
- **Ages 45-64 -** The KanCare aggregate percentage based on administrative data for CY2014 was 92.4%, comparable to CY2013 (92.2%) and above the QC 90th percentile in both years. In CY2012, the aggregate pre-KanCare percentage was lower at 87.8%.
- **Ages 65 and older -** The KanCare aggregate percentage based on administrative data for CY2014 was 88.6%, a decrease from CY2013 (89.5%) but above the QC 50th percentile in both years. (Pre-KanCare data was not reported by the MCOs for CY2012 for those ages 65 and older.)
- **Total – Ages 20 and older -** The KanCare aggregate percentage based on administrative data for CY2014 was 87.5%, lower than in CY2013 (88.4%) but above the QC 75th percentile in both years. For CY2012, no pre-KanCare data for all ages 20 and older were available due to data not reported for ages 65 and older.)

Annual Monitoring for Patients on Persistent Medications (MPM) (P4P)
Population: Medicaid, Age 18 and older
Analysis: Annual comparison to CY2013 baseline, trending over time
The aggregate positive response percentage based on administrative data for CY2014 was 89.7% and above the QC 75th percentile for all three MCOs. This is an improvement compared to CY2013 (84.9%) where all three MCOs' percentages were below the QC 50th percentile.

Follow-up after Hospitalization for Mental Illness, within seven days of discharge (FUH) (P4P)
Population: Medicaid and CHIP combined populations
Analysis: Annual comparison to CY2013 baseline, trending over time
The aggregate positive response percentage based on administrative data for CY2014 was 56.2%, above the 66.67th percentile but below the percentage in CY2013 (61.0%; above the QC 75th percentile). SSHP (59.5%) and UHC (57.8%) were both above the QC 75th percentile in CY2014; AGP (51.1%) was above the 50th percentile but decreased by 7.7% compared to CY2013.

Prenatal and Postpartum Care (PPC)
Population: Medicaid and CHIP combined populations
Analysis: Pre-KanCare compared to KanCare and trending over time

- **Prenatal Care** - The aggregate positive response percentage based on weighted hybrid data for CY2014 was 70.4%, a decrease from 71.4% in CY2013 and below the QC 25th percentile in both years. The CY2012 hybrid percentage available from one of the pre-KanCare MCOs was lower at 57.9%.
- **Postpartum Care** - The aggregate positive response percentage based on weighted hybrid data for CY2014 was 55.8%, a decrease from CY2013 (58.5%) and below the QC 33.33rd percentile. The CY2012 hybrid percentage available from one of the pre-KanCare MCOs was lower at 54.8%.

Chlamydia Screening in Women (CHL)
Population: Medicaid and CHIP combined populations
Analysis: Annual comparison to CY2013 baseline and trending over time
The CY2014 aggregate positive response percentages and by age group decreased slightly compared to CY2013. Rates for ages 16-24 were below the QC 25th percentile for CY2013 and CY2014.

- **Ages 16-20** – 41.0% in CY2014, compared to 42.4% in CY2013, and below the QC 25th percentile in both years.
- **Ages 21-24** – 54.5% in CY2014 (below the QC 33.33rd percentile), compared to 55.6% (below the QC 25th percentile) in CY2013.
- **Total – Ages 16-24** – 45.4% in CY2014, compared to 46.1% in CY2013, and below the QC 25th percentile in both years.

Controlling High Blood Pressure (CBP)
Population: Medicaid
Analysis: Annual comparison to CY2013 baseline, trending over time
The aggregate positive response percentage based on weighted hybrid data for CY2014 was 51.5% (below the QC 33.33rd percentile), an increase compared to CY2013 (47.3%; below the QC 25th percentile).

Initiation and Engagement in Treatment for Alcohol or other Drug Dependence (IET)
Population: Medicaid and CHIP combined populations
Analysis: Annual comparison to CY2013 baseline, trending over time

- **Initiation in Treatment**
  The CY2014 aggregate HEDIS results for the total eligible KanCare population and for both age strata were above the QC 66.67th percentile and increased compared to CY2013.
  - **Ages 13-17** - The aggregate percentage based on administrative data for CY2014 was 50.8%, above the CY2013 49.0% and above the QC 75th percentile in both years.
  - **Age 18 and older** - The aggregate percentage based on administrative data for CY2014 was 41.3%, above the QC 66.67th percentile and an increase compared to 40.9% in CY2013.
  - **Total – Age 13 and older** - The aggregate percentage based on administrative data for CY2014 was 42.6% (above the QC 75th percentile), compared to 42.1% in CY2013 (above the QC 50th percentile).
- **Engagement in Treatment**
  The CY2014 aggregate HEDIS results for the total population decreased slightly but were above the QC 66.67th percentile. It should be noted, however, that the national HEDIS percentages for engagement in treatment are not very high; although the total results for the KanCare population in CY2014 were above the QC 66.67th percentile, only 12.1% of eligible members ages 13 and older were engaged in treatment. As per initiation in treatment above, those ages 13-17 had much higher rates of engagement in treatment (31.0%) than those ages 18 and above.
  - **Ages 13-17** - The aggregate positive response percentage based on administrative data for CY2014 was 31.0% (above the QC 95th percentile), a decrease from 32.5% in CY2013 (above the QC 90th percentile).
  - **Age 18 and older** - The aggregate percentage based on administrative data was only 12.1% in CY2014 and only 12.2% in CY2013 but was above the QC 50th percentile in both years.
  - **Total – Ages 13 and older** - The aggregate percentage based on administrative data for CY2014 was 14.8% (above the QC 66.67th percentile), a decrease compared to 15.2% (above the QC 75th percentile) in CY2013.

Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (WCC)

Population: Medicaid and CHIP combined populations, ages 3-17.
Analysis: Annual comparison to CY2013 baseline and trending over time

- **Weight Assessment/BMI**
  CY2014 aggregated weighted hybrid HEDIS percentages improved by over 10% in both age strata compared to CY2013, but were remained below the QC 25th percentile.
  - **Ages 3-11** – 44.3% in CY2014, an increase compared to 33.7% in CY2013 and below the 25th percentile in both years.
  - **Ages 12-17** – 47.3% in CY2014, an increase compared to 36.6% in CY2013, and below the 25th percentile in both years.
  - **Total – Ages 3-17** – 45.3% in CY2014, an increase compared to 34.7% in CY2013, below the 25th percentile in both years.
- **Counseling for Nutrition**
  The CY2014 aggregate weighted hybrid HEDIS percentages improved in each age group but were below the QC 25th percentile.
  - **Ages 3-11** – 50.8% in CY2014, compared to 47.4% in CY2013, and below the QC 25th percentile in both years.
  - **Ages 12-17** – 47.0% in CY2014 (below the 25th percentile), compared to 46.0% (below the 50th percentile) in CY2013.
  - **Total – Ages 3-17** – 49.5% in CY2014, compared to 46.9% in CY2013, below the QC 25th percentile in both years.
- **Counseling for Physical Activity**
  The CY2014 and CY2013 aggregate weighted hybrid HEDIS results for each age strata (ages 3-11; ages 12-17; and ages 3-17) were below the QC 50th percentile
  - **Ages 3-11** – 43.5% in CY2014, higher than in CY2013 (39.6%) and below the QC 33.33rd percentile; AGP had the lowest percentage (37.8%) and was below the QC 25th percentile.
  - **Ages 12-17** – 50.6% in CY2014, lower than in CY2013 (53.1%) and below the QC 50th percentile; AGP had the lowest percentage (46.4%) and was below the QC 25th percentile.
  - **Total – Ages 3-17** – 45.8% in CY2014, higher than in CY2013 (44.0%) and below the QC 33.33rd percentile. UHC had the highest percentage (49.4%, below the QC 50th percentile, but above the 33.33rd percentile). AGP had the lowest percentage (40.5%) in CY2014, but this was an increase compared to CY2013 (38.4%); results both years were below the QC 25th percentile.

Appropriate Treatment for Children with Upper Respiratory Infection (URI)

Population: Medicaid and CHIP combined populations
Analysis: Annual comparison to CY2013 baseline and trending over time
The aggregate positive response percentage based on administrative data for CY2014 was 73.5%, which is higher than in CY2013 (71.9%) but again below the QC 10th percentile for all three MCOs.

Appropriate Testing for Children with Pharyngitis (CWP)
Population: Medicaid and CHIP combined populations
Analysis: Annual comparison to 2013 baseline and trending over time
The aggregate positive response percentage based on administrative data for CY2014 was 52.2%, which is higher than in CY2013 (51.6%) but again below the QC 25th percentile for all three MCOs.

Annual Dental Visit (ADV)
Population: Medicaid and CHIP combined populations, Ages 2-3; Ages 4-6; Ages 7-10; Ages 11-14; Ages 15-18; Ages 19-21; Total (Ages 2-21)
Analysis: Annual comparison to CY2013 baseline and trending over time
The CY2014 and CY2013 aggregate administrative HEDIS results for each age range, with the exception of ages 19-21, were above the QC 50th percentile.

- **Ages 2-3** – 41.2% in CY2014, higher than in CY2013 (40.8%) and above the QC 50th percentile for all three MCOs in both years.
- **Ages 4-6** – 65.7% in CY2014, lower than in CY2013 (66.3%) and above the QC 50th percentile for all three MCOs in both years.
- **Ages 7-10** – 70.1% in CY2014, slightly lower than in CY2013 (70.7%) and above the QC 66.67th percentile for all three MCOs.
- **Ages 11-14** – 62.8% in CY2014 and CY2013 and above the QC 50th percentile for all three MCOs in both years.
- **Ages 15-18** – 53.5% in CY2014, slightly lower than in CY2013 (53.9%) and above the QC 50th percentile for all three MCOs in both years.
- **Ages 19-21** – 30.2% in CY2014, lower than in CY2013 (31.5%) and below the QC 50th percentile for all three MCOs in both years.
- **Total - Ages 2-21** – 60.0% in CY2014, slightly lower than in CY2013 (60.3%), and above the QC 66.67th percentile for all three MCOs.

Multi-year HEDIS measures
The eligibility criteria for the following HEDIS measures extend beyond one year. Data reported in CY2015 for CY2013 and CY2014 serve as baselines for assessing changes in subsequent years.

Well-Child Visits in the First 15 Months of Life (W15)
This metric tracks the number of well-child visits after hospital discharge post-delivery. QC percentiles must be interpreted differently from those above; being above the 75th percentile for "0 visits," for example is not a positive result, whereas being above the 75th percentile for "6 or more visits" would be a positive result. Data are based on aggregated weighted administrative HEDIS data.
Population: Age through 15 months; Medicaid and CHIP combined populations
Analysis: Annual comparison to baselines reported in CY2014 and trending over time

- **0 visits** – 4.2%, above the QC 75th percentile
- **1 visit** – 4.8%, above the QC 95th percentile
- **2 visits** – 6.2%, above the QC 90th percentile

- **3 visits** – 8.3%, above the QC 90th percentile
- **4 visits** – 13.4%, above the QC 75th percentile
- **5 visits** – 18.4%, above the QC 50th percentile
- **6 or more visits** – 44.7%, below the QC 25th percentile

Medication Management for People with Asthma (MMA)
Data are based on aggregated weighted administrative HEDIS data. QC percentiles are based on 75% compliance by age group and in total.
Population: Ages 5-11, 12-18, 19-50, 51-65; Medicaid and CHIP combined populations
Analysis: Annual comparison to baselines reported in CY2014 and trending over time

- **Ages 5-11** – 27.4%, above the QC 50th percentile.
  AGP (32.3%) was above the QC 66.67th percentile; SSHP's 26.0% was above the QC 50th percentile, and UHC's (23.9%) was below the QC 50th percentile.
- **Ages 12-18** – 24.1%, above the QC 50th percentile
  AGP (25.4%) and SSHP (26.1%) were above the QC 50th percentile; UHC (19.7%) was below the QC 33.33rd percentile.
- **Ages 19-50** – 39.6% in CY2014, above the QC 66.67th percentile
  All three MCOs were above the QC 50th percentile for this age range.
- **Ages 51-64** – 53.0%, above the QC 66.67th percentile
  SSHP (59.6%) was above the QC 90th percentile; AGP (52.9%) was above the QC 66.67th percentile; UHC (45.8%) was below the QC 50th percentile.
- **Total (Ages 5-64)** – 28.1%, below the QC 50th percentile
  AGP (31.1%) was above the QC 50th percentile; SSHP (27.9%) was below the QC 50th percentile; and UHC (25.0%) was below the QC 33.33rd percentile.

Follow-Up Care for Children Prescribed ADHD Medication (ADD)
Data are based on aggregated weighted administrative HEDIS data.
Population: Ages 6-12; Medicaid and CHIP combined populations
Analysis: Annual comparison to baselines reported in CY2014 and trending over time

- **Initiation Phase** – The aggregate weighted positive response percentage was 48.0%, above the QC 66.67th percentile. SSHP had the highest percentage, 55.8%, which was above the QC 95th percentile. UHC's 55.8% was above the QC 75th percentile, and AGP's 34.8% was below the 33.3rd percentile.
- **Continuation & Maintenance Phase** – The aggregate weighted positive percentage was 54.8%, above the QC 50th percentile. SSHP (64.7%) and UHC (58.4%) were above the QC 75th percentile, while AGP (39.9%) was below the QC 33.3rd percentile.

Adult BMI Assessment (ABA)
Data for this measure are based on aggregated weighted hybrid HEDIS data.
Population: Medicaid and CHIP combined populations age 18 and older
Analysis: Annual comparison to baselines reported in CY2014 and trending over time
The aggregate positive response percentage based on hybrid data for CY2014 was 72.2%, below the QC 25th percentile in total and for each of the MCOs.

Additional P4P Physical Health Measures

Well-Child Visits, four visits within the first seven months of life (P4P)

For this P4P measure, the MCOs are reporting the percentage of children who have four or more well-child visits within the first seven months (post-discharge after birth). This measure is HEDIS-like, in that the HEDIS criteria and software for the Well-Child Visits within the first 15 months of Life (W15) was adapted to include well-child visits only within the first seven months to allow annual calendar year assessment of progress.

Population: Medicaid and CHIP combined populations

Analysis: Annual comparison to 2013 baseline, trending over time

In 2013, 66.9% of 5,824 baby members born in January through May 2013 had four or more well-child visits by the time they were seven months of age. In 2014, 72.1% of 6,442 baby members born in January through May 2014 had four or more well-child visits, a 7.8% relative increase and 5.2% absolute increase. UHC had the largest improvement, with 65.3% in 2013 and 79.3% in 2014, a 21.3% relative improvement.

Preterm Delivery (P4P)

Population: Medicaid and CHIP combined populations

Analysis: Annual comparison to 2013 baseline, trending over time

Preterm delivery rates in 2013 to Medicaid and CHIP members are the baseline data. Each MCO uses unique systems for tracking preterm delivery. Because of differences in tracking methods and criteria, the preterm delivery rates should not be compared to preterm birth rates reported in vital statistics records of the State or other agencies. In 2014, the aggregated preterm delivery rate was 10.73%, compared to 11.03% in 2013. UnitedHealthcare had the largest improvement, dropping from 10.33% in 2013 to 9.53% in 2014, a 7.8% relative decrease.

(2) Substance Use Disorder (SUD) Services

The following performance measures are based on National Outcome Measurement System (NOMS) measures for members who are receiving SUD services, including improvement in living arrangements; reduction in number of arrests; reduction in drug and alcohol use; attendance at self-help meetings; and employment status. Each of these measures will be tracked annually and for trends over time, comparing pre-KanCare (CY2012) with each year of the KanCare demonstration project.

In the following SUD measures, members may be included in more than one quarter of data (or may be counted more than once in a quarter), as they may be discharged from SUD treatment in one month, but re-enter treatment later in the quarter or year. The denominators in the tables below represent the number of times members were discharged from SUD treatment during the quarter. The actual number of individual members who received SUD services each year is not reported.

Recommendation: Where possible, the State should report the total number of unduplicated members discharged from SUD services during the year, as well as the number of members who were discharged from SUD services more than once during the year. Reporting these counts would give a clearer picture of the scope and impact of the SUD services provided.

The number and percent of members receiving SUD services whose living arrangements improved

The denominator for this performance measure is the number of KanCare members (annual quarterly average) who were discharged from SUD services during the measurement period and whose living arrangement details were collected by KDADS in the Kansas Client Placement Criteria (KCPC) state tracking system (see Table 3). The numerator is the number of members with stable living situations at time of discharge from SUD services.

Table 3. Number and percent of members receiving SUD services who were in stable living situations at discharge - Annual Quarterly Average, CY2012 - CY2015

	Pre-KanCare	KanCare		
	CY2012	CY2013	CY2014	CY2015
Numerator: Number of KanCare members in stable living situations at discharge	199	218	189	183
Denominator: Number of KanCare members discharged from SUD services during the reporting period	201	220	190	185
Percent of KanCare members in stable living situations at discharge from SUD services	99.0%	99.1%	99.3%	98.7%

Data for this measure are tracked and reported quarterly by KDADS. The percentages of members in stable living conditions at time of discharge from SUD services were consistently high throughout CY2012 through CY2015.The high rate, over 98% in each quarter of the four year period, is attributed by KDADS staff to the nature of treatment (active participation and attendance) in conjunction with the time of data collection (on day of discharge from treatment).

The number and percent of members receiving SUD services whose criminal justice involvement improved

The denominator for this measure is the number of members who were discharged from SUD services during the measurement period (annual quarterly average) and whose criminal justice involvements were collected in the KCPC system at both admission and discharge from SUD services (see Table 4). The numerator is the number of members who reported no arrests in the 30 days prior to discharge.

Data for this measure are tracked and reported quarterly by KDADS. Quarterly rates of those without arrests were over 98% for each quarter of CY2012 through CY2015. This equates to about 1 to 4 arrests per quarter.

Table 4. Number and percent of members receiving SUD services whose criminal justice involvement decreased - Annual Quarterly Average, CY2012 - CY2015				
	Pre-KanCare	KanCare		
	CY2012	CY2013	CY2014	CY2015
Numerator: Number of members without arrests at time of discharge from SUD services	199	219	188	183
Denominator: Number of members discharged from SUD services during the reporting period	201	220	190	185
Percent of members without arrests during reporting period	99.0%	99.3%	98.9%	98.8%

The number and percent of members receiving SUD services whose drug and/or alcohol use decreased

The denominator for this measure is the number of members (annual quarterly average) who were discharged from SUD services during the measurement period and whose substance use was collected in the KCPC at discharge from SUD treatment (see Table 5). The numerator is the number of members who reported at discharge no use of alcohol and other drugs for the prior 30 days.

The quarterly percentages of decreased use of alcohol and other drugs were above 92% in each quarter of CY2012 through CY2015. The annual quarterly average for CY2015 (93.3%) was the lowest in the last four years, dropping to 92.1% in Q2 CY2015 but improving to 94.8% by Q4 CY2015.

Table 5. Number and percent of members receiving SUD services with decreased drug and/or alcohol use - Annual Quarterly Average, CY2012 - CY2015				
	Pre-KanCare	KanCare		
	CY2012	CY2013	CY2014	CY2015
Numerator: Number of members discharged from SUD services who were abstinent from alcohol and other drugs	191	207	181	173
Denominator: Number of KanCare members discharged from SUD services during reporting period	201	220	190	185
Percent of members abstinent from alcohol and other drugs at time of discharge from SUD services	95.3%	94.2%	95.5%	93.3%

The number and percent of members, receiving SUD services, whose attendance of self-help meetings increased

The denominator for this measure is the number of members who were discharged from SUD services during the measurement period (annual quarterly average) and whose attendance at self-help programs was collected in KCPC at both admission and discharge from SUD treatment

services (see Table 6). The numerator is the number of members who reported attendance at self-help programs prior to discharge from SUD services.

Table 6. Number and percent of members receiving SUD services attending self-help programs - Annual Quarterly Average, CY2012 - CY2015

	Pre-KanCare	KanCare		
	CY2012	CY2013	CY2014	CY2015
Numerator: Number of KanCare members attending self-help programs	121	93	85	73
Denominator: Number of KanCare members discharged from SUD services during quarter	201	220	190	185
Percent of KanCare members attending self-help programs	59.9%	42.3%	44.5%	39.5%

Reported quarterly attendance of self-help programs ranged from 37.9% to 44.1% in CY2015, compared to 57.1%-61.6% in CY2012. The average annual quarterly percentage of attendance of self- help programs in CY2015 was significantly lower than in CY2012 ($p<0.0001$). Compared to CY2012, annual quarter percentages were also significantly lower in CY2013 ($p<0.001$) and in CY2014 ($p=0.002$).

Recommendations:

- MCOs should work with SUD treatment providers to identify barriers to meeting attendance and to identify any regional differences in attendance rates.
- A major focus of the Sunflower SUD-related performance improvement project is to increase partnerships between providers and care coordinators and generate ideas to increase engagement in treatment. These partnerships can be opportunities for additional feedback from members and providers on barriers and to generate ideas for improving attendance.

The number and percent of members receiving SUD services whose employment status was improved or maintained (P4P)

The denominator for this measure is the number of members, ages 18 and older at admission to SUD services, (annual quarterly average) who were discharged from SUD services during the measurement period and whose employment status was collected in the KCPC database at discharge from SUD services (see Table 7). The numerator is the number of members who reported at discharge from SUD services that they were employed full-time or part-time.

KDADS staff reported there are two realms of SUD treatment services: outpatient/ reintegration type and intermediate/residential type. In outpatient/reintegration, working is allowed or encouraged, while in intermediate/residential treatment employment is not permitted, which is a major factor in the low percentage employed at discharge from SUD treatment. The percentages of members reporting employment at discharge were higher in

CY2015 than in the previous three years, a quarterly average of 42.8% in CY2015 compared to 29.7% in CY2012, 31.8% in CY2013, and 29.8% in CY2014.

Table 7. Number and percent of members discharged from SUD services who were employed - Annual Quarterly Average, CY2012 - CY2015				
	Pre-KanCare	KanCare		
	CY2012	CY2013	CY2014	CY2015
Numerator: Number of KanCare members employed (full-time or part-time)	60	70	76	79
Denominator: Number of KanCare members discharged from SUD services during reporting period	201	220	190	185
Percent of members employed at discharge from SUD services	29.7%	31.8%	39.8%	42.8%

(3) Mental Health Services

The following performance measures are based on NOMS for members who are receiving MH services, including adults with SPMI and youth experiencing SED. Measures focus on increased access to services for SPMI adults and SED youth (P4P), improvement in housing status for homeless adults, improvement or maintenance of residential status for youth, gain or maintenance of employment status for SPMI adults (P4P), improvement in Child Behavior Checklist (CBCL) Competence scores, and reduction in inpatient psychiatric services (P4P). Each of these measures will be tracked annually and for trends over time, comparing pre-KanCare (CY2012) with each year of the KanCare demonstration project.

In the following measures, members may be included in more than one quarter of data, as housing and employment status may change throughout the year. Members may also have more than one inpatient admission during the year (or within a quarter).

The number and percent of adults with SPMI with access to services (P4P)

The denominator for this measure is the number of KanCare adult members at the beginning of each quarterly measurement period (see Table 8). The numerator is the number of KanCare adults with SPMI based on assessments and reporting by Community Mental Health Centers (CHMCs) who continue to be eligible to receive services in the measurement period.

Table 8. Number and percent of KanCare adults with SPMI Annual Quarterly Average, CY2012 - CY2015				
	Pre-KanCare	KanCare		
	CY2012	CY2013	CY2014	CY2015
Numerator: Number of KanCare adults with SPMI	8,051	5,745	5,440	6,066
Denominator: Number of KanCare adults	123,656	126,305	131,989	135,194
Percent of KanCare adults with SPMI	6.5%	4.5%	4.1%	4.5%
Adult access rate per 10,000	651.1	454.9	412.2	448.7

Tracking for this measure is dependent on consistent and complete reporting of data to KDADS by the CMHCs. In CY2015, KDADS implemented policies that have resulted in increased and more complete reporting of this data, which will allow more accurate trend analysis beginning in CY2016.

The number and percent of youth experiencing SED who had increased access to services (P4P)

The denominator for this measure is the number of KanCare youth members at the beginning of each measurement period (see Table 9). The numerator is the number of KanCare youth experiencing SED based on assessments and reporting by CMHCs for each measurement period.

Tracking for this measure is dependent on consistent and complete reporting of data to KDADS by the CMHCs. In CY2015, KDADS implemented policies that have resulted in increased and more complete reporting of this data, which will allow more accurate trend analysis beginning in CY2016.

Table 9. Number and percent of KanCare youth experiencing SED Annual Quarterly Average, CY2012 - CY2015

	Pre-KanCare	KanCare		
	CY2012	CY2013	CY2014	CY2015
Numerator: Number of youth with SED	14,937	11,984	11,336	13,152
Denominator: Number of KanCare youth	267,788	274,326	284,192	282,067
Percent of SED youth	5.6%	4.4%	4.0%	4.7%
SED rate per 10,000	557.8	436.9	398.9	466.3

The number and percent of adults with SPMI who were homeless at the beginning of the reporting period that were housed by the end of the reporting period

The denominator for this measure is the number of KanCare homeless adults with SPMI at the beginning of each quarter. The numerator is the number of KanCare adults with SPMI with improvement in their housing status by the end of the quarter. (See Table 10 for summary of annual quarterly averages.)

The annual quarterly average number of adults with SPMI who were homeless at the start of each quarter decreased from an average of 150 in CY2012 to 100 in CY2013 to 70 in CY2014 and then increased again to an annual quarterly average of 104 in CY2015. Compared to CY2012 (45.7%), the average annual quarterly average of those who were housed at the end of each quarter was higher in CY2013 (58.0%) and CY2014 (49.1%), but dropped in CY2015 to 44.6%.

Table 10. Number and percent of members with SPMI homeless at the beginning of the reporting period that were housed at the end of the reporting period Annual Quarterly Average, CY2012 - CY2015				
	Pre-KanCare	KanCare		
	CY2012	CY2013	CY2014	CY2015
Numerator: Number of KanCare adults with SPMI homeless at the beginning of quarter housed at the end of the quarter	69	58	35	46
Denominator: Number of KanCare adults with SPMI homeless at the beginning of the quarter	150	100	70	104
Percentage of adults with SPMI who were homeless at the beginning of the quarter housed by the end of the quarter	45.7%	58.0%	49.1%	44.6%

The number and percent of KanCare youth receiving MH services with improvement in their Child Behavior Checklist (CBCL Competence T-scores)

The denominator is the number of youth with prior competence scores within clinical range (score of 40 or less). The numerator is the number of youth with improvement in their most recent competence score (see Table 11).

Table 11. Number and percent of KanCare SED/CBS youth with improvement in their Child Behavior Checklist (CBCL) Scores - CY2012 - CY2015								
	Pre-KanCare		KanCare					
	CY2012		CY2013		CY2014		CY2015	
	Q1/Q2	Q3/Q4	Q1/Q2	Q3/Q4*	Q1/Q2	Q3/Q4	Q1/Q2	Q3/Q4
Numerator: Number of KanCare SED/CBS youth with increased total competence score	1313	1170	1466		912	785	958	886
Denominator: Number of KanCare SED/CBS youth with prior competence score of 40 or less	2,490	2,207	2,796		1,705	1,513	1,804	1,666
Percent of KanCare SED/CBS youth with improvement in their most recent CBCL competence score	52.7%	53.0%	52.4%		53.5%	51.9%	53.1%	53.2%
* No data available								

The numbers of SED/CBS (Community Based Services) youth with prior competence scores of 40 or less have decreased each year from CY2012 to CY2014. The percentage with improvement in their most recent CBCL score has been relatively comparable in each of these testing periods. CY2015 continues this trend.

The number and percent of youth with an SED who experienced improvement in their residential status

The denominator for this measure is the number of KanCare SED youth with unstable living arrangements at the beginning of each quarterly measurement period. The numerator for this measure is the number of KanCare SED youth with improved housing status at the end of the quarterly measurement period. (See Table 12 for summary of annual quarterly averages.)

The annual quarterly average percentage of SED youth with improved housing status in CY2015 (84.9%) was higher than in the CY2012 (81.7%), CY 2013 (80.6%), and CY2014 (81.3%).

The quarterly rates in CY2015, however, fluctuated from 82.7% in Q1 to 88.2% in Q2 and 88.9% in Q3, then dropping to 78.8% in Q4.

Table 12. Number and percent of SED youth who experienced improvement in their residential status - Annual Quarterly Average, CY2012 - CY2015				
	Pre-KanCare	KanCare		
	CY2012	CY2013	CY2014	CY2015
Numerator: Number of KanCare SED youth with improved housing status at end of measurement period	208	177	142	168
Denominator: Number of KanCare SED youth with unstable living arrangements at beginning of measurement period	254	219	174	198
Percent of SED youth with improved housing status	81.7%	80.6%	81.3%	84.9%

The number and percent of youth with an SED who maintained their residential status
The denominator for this measure is the number of KanCare SED youth with stable living arrangements at the beginning of the measurement period. The numerator is the number of KanCare SED youth who maintained a stable living arrangement at the end of the measurement period. (See Table 13 for summary of annual quarterly averages.)

Table 13. Number and percent of SED youth who maintained their residential status Annual Quarterly Average, CY2012 - CY2015				
	Pre-KanCare	KanCare		
	CY2012	CY2013	CY2014	CY2015
Numerator: Number of KanCare SED youth who maintained a stable living arrangement at end of quarter	5,284	4,554	3,293	4,279
Denominator: Number of KanCare SED youth with stable living arrangements at beginning of quarter	5,568	4,612	3,316	4,328
Percent of SED youth that maintained residential status	94.9%	98.7%	99.3%	98.9%

Rates of maintaining stable living arrangements for SED youth were consistently and strongly high in CY2012 through CY2015. At the end of Q4 CY2012, 99.4% of SED youth had maintained a stable living arrangement, and this rate remained steady throughout CY2015 dropping slightly by Q4 CY2015 to 98.5%. While the percentages have remained stable each year, the reported numbers of youth with stable living arrangements at the beginning of each quarter varied greatly each year; the quarterly average dropped from 5,568 in CY2012 to 4,612 in CY2013 to 3,316 in CY2014, and then increased to a quarterly average of 4,328 in CY2015.

The number and percent of KanCare members, diagnosed with SPMI, who were competitively employed (P4P)
The denominator for this measure is the number of KanCare adults with SPMI in each measurement period, and the numerator is the number of adults with SPMI who are

competitively employed during the measurement period and whose employment status is reported by the CMHC providing services to the members. (See Table 14 for annual quarterly averages.)

Tracking for this measure is dependent on consistent and complete reporting of data to KDADS by the CMHCs. In CY2015, KDADS implemented policies that have resulted in increased and more complete reporting of this data, which will allow more accurate trend analysis beginning in CY2016.

Table 14. Number and percent of KanCare adults diagnosed with an SPMI who were competitively employed - Annual Quarterly Average, CY2012 - CY2015

	Pre-KanCare	KanCare		
	CY2012	CY2013	CY2014	CY2015
Numerator: Number of KanCare SPMI adults competitively employed	481	382	577	601
Denominator: Number of KanCare SPMI adults	3,596	3,100	3,669	3,769
Percent of SPMI adults competitively employed	13.4%	12.3%	15.7%	15.9%

The number and percent of members utilizing inpatient mental health services (P4P)
The denominator for this measure is the number of KanCare eligible members at the end of each quarter. The numerator is the number of KanCare members admitted to an inpatient MH facility during each quarter. (See Table 15 for summary of annual quarterly averages.) Rates are reported per 10,000.

Table 15. Number and percent of KanCare members utilizing inpatient services Annual Quarterly Average, CY2012 - CY2015

	Pre-KanCare	KanCare		
	CY2012	CY2013	CY2014	CY2015
Numerator: Number of KanCare members with an inpatient mental health admission during the quarter	1,560	1,298	1,306	1,020
Denominator: Number of KanCare members	391,444	406,731	418,610	413,145
Percent of members utilizing inpatient mental health services	0.4%	0.3%	0.3%	0.2%
Rate per 10,000	39.9	31.9	31.2	24.7

Each year the annual quarterly average rate (per 10,000) of inpatient admissions decreased from 39.9 in CY2012 to 31.9 in CY2013 to 31.2 in CY2014. The low 27.45 average rate in CY2015 is due in part to a significant drop in rates in Q4 to 10.64 per 10,000 due to a statewide change in screening policy that as of October 2015 no longer requires inpatient screens to be completed by CMHC personnel at non-CMHC at non-CMHC locations.

(4) Healthy Life Expectancy

Health Literacy

Survey questions for this performance measure are based on questions in CAHPS surveys.

In 2014, although all three MCOs conducted separate surveys of sample populations of adults, general child population (GC), and children with chronic conditions (CCC), two of the MCOs (Amerigroup and UnitedHealthcare) did not sample the Title XIX/Title XXI populations separately. In 2015, all three MCOs administered the CAHPS survey to separate sample populations of Title XIX and Title XXI children using the child survey with CCC module. In the KanCare Evaluation Annual Report, the aggregated weighted results for the three MCOs' adult, GC, and CCC surveys are reported. The CAHPS survey data available for CY2012 include adult and GC survey data (CCC survey data were not available). Survey results in CY2014 are compared to pre-KanCare CY2012 where data were available (and where questions were worded the same in both surveys).

Except for child survey questions without a corresponding adult survey question, the adult revision of the survey question is in parentheses if similar to the child survey question. The analysis below is based on the percentage of positive responses as reported in the CAHPS surveys. Results for CY2014 and CY2015 are compared to the QC national percentiles where data were available.

Table 16 shows percentages of positive responses for CAHPS questions related to physical health. (See Table 21 for questions related to quality of care, Table 26 for questions related to coordination of care, Table 33 for questions related to access to care, and Table 38 for an efficiency-related question.)

Questions on both adult and child surveys:
In the last 6 months:

- **Did you and a (your child's) doctor or other health provider talk about specific things you could do to prevent illness (in your child)?**
  Results for the aggregated percentages for the adult and child surveys were lower in CY2015 than CY2014 (Adult: CY2015 – 68.0%, CY2014 – 71.6%; GC: CY2015 -67.1%, CY2014 – 70.7%; CCC: CY2015 – 71.6%, CY2014 – 73.3%). The CY2015 adult and GC results were slightly lower than CY2012 (adult- 70.0%; GC – 68.9%), and they decreased from below the QC 50th percentile to below the QC 25th percentile. The CCC results were above the QC 50th percentile in CY2014 and decreased to below the QC 5th percentile in CY2015.
- **Did you and a (your child's) doctor or other health provider talk about starting or stopping a prescription medicine (for your child)?**
  Over half of the adult survey respondents (CY2015 – 52.9%; CY2014 – 53.5%; CY2012 – 50.8%) and CCC survey respondents (CY2015 – 50.7%; CY2014 - 51.3%) indicated they had

talked with a provider about starting or stopping a medication in the previous six months, while for the GC survey, there were 33.36% in CY2015 compared to CY2014 - 31.9% and CY2012 -37.3%.

If yes:

When you talked about (your child) starting or stopping a prescription medicine,

- **How much did a doctor or other health provider talk about the reasons you might want (your child) to take a medicine?**
  In CY2015, the response options for this question changed from the previous years' responses of "a lot, some, a little, and none" to "yes and no." The CY2015 positive response results of "yes" were compared to CY2014's positive response results of "a lot" and "some." Results were higher for all survey respondent populations in CY2015 compared to CY2014 (Adult: CY2015 – 91.0%, CY2014 – 85.7%; GC: CY2015 – 94.8%, CY2014 – 87.6%; CCC: CY2015 – 96.7%, CY2014 -89.5%).
- **How much did a doctor or other health provider talk about the reasons you might <u>not</u> want (your child) to take a medicine?**
  In CY2015, the response options for this question changed from the previous years' responses of "a lot; some; a little; and none" to "yes and no." The CY2015 positive response results of "yes" were compared to CY2014's positive response results of "a lot" and "some." Results were higher for all survey respondent populations in CY2015 compared to CY2014 (Adult: CY2015 – 72.3%, CY2014 - 62.0%; GC: CY2015 – 68.0%, CY2014 – 61.9%; CCC: CY2015 – 76.8%, CY2014 -62.4%).
- **Did a doctor or other health provider ask you what you thought was best for you (your child)?**
  Results for all weighted aggregate results improved in CY2015 (adult - CY2015: 79.5%, CY2014: 75.9%; GC – CY2015: 80.0%, CY2014: 77.7%; CCC- CY2015: 86.0%, CY2014: 83.5%). Results were higher for all survey respondent populations in CY2015 compared to CY2014 (Adult: CY2015 – 79.5%, CY2014 – 75.9%; GC: CY2015 – 80.0%, CY2014 – 77.7%; CCC: CY2015 – 86.0%, CY2014 – 83.5%).

- **How often did your (child's) personal doctor explain things (about your child's health) in a way that was easy to understand?**
  The CY2015 weighted aggregate percentage for adults (91.8%) remained high and consistent with CY2014 (91.9%), although the percentage dropped from above the QC 75th percentile to above the QC 50th percentile. The CY2015 child survey rates (GC – 94.9%; CCC- 95.6%) were comparable to CY2014 and remain above the QC 50th percentile. The CY2015 percentages were also slightly above the pre-KanCare results.
- **How often did your (child's) personal doctor listen carefully to you?**
  The CY2015 child survey positive response percentages (GC – 95.2%; CCC – 94.9%) were comparable to CY2014 and slightly higher than the CY2012 results (GC – 94.3%). The weighted child survey positive responses remain above the QC 50th percentile. The CY2015 weighted aggregate positive result percentages for the adult survey increased to 91.2% from 89.7% in CY2014, with each MCO's rate increasing; the pre-Kancare CY2012 positive result was 85.2%. The adult results improved from below the QC 50th percentile in CY2014 to above the QC 50th percentile in CY2015.

Questions on child surveys only:

- **In the last 6 months, how often did you have your questions answered by your child's doctors or other health providers?**
  Since CY2014, responses have remained high and comparable for both child sample populations (GC: CY2015- 89.3%, CY2014 - 89.6%; CCC: CY2015 - 91.9%, CY2014 - 90.9%). (Not included in CAHPS for CY2012.)
- **In the last 6 months, how often did your child's personal doctor explain things in a way that was easy for your child to understand?**
  Results for CY2015 positive responses to this question were above 90% (GC-91.4%; CCC-92.1%) and comparable to CY2014 and CY2012 for the child surveys.

Table 16. Healthy Life Expectancy - CAHPS Survey

Question	Population	Weighted % Positive Responses		QC 50th Percentile	
		2015	2014	2015	2014
Questions on Adult and Child Surveys (Adult survey number in parenthesis if different number)					
Q8. In the last six months, did you and a (your child's) doctor or other health provider talk about specific things you could do to prevent illness (in your child)?	Adult	68.0%	71.6%	↓	↓
	GC	67.1%	70.7%	↓	↓
	CCC	71.6%	73.3%	↓	↑
Q10. In the last six months, did you and a (your child's) doctor or other health provider talk about starting or stopping a prescription medicine (for your child)? (Adult Q9)	Adult	52.9%	53.5%	NA	NA
	GC	33.3%	31.9%	NA	NA
	CCC	50.7%	51.3%	NA	NA
Q11. When you talked about (your child) starting or stopping a prescription medicine, how much did a doctor or other health provider talk about the reasons you might want (your child) to take a medicine? (Adult Q10)	Adult	91.0%	85.7%	↓	↑
	GC	94.8%	87.6%	↑	↑
	CCC	96.7%	89.5%	↑	↑
Q12. When you talked about (your child) starting or stopping a prescription medicine, how much did a doctor or other health provider talk about the reasons you might not want (your child) to take a medicine? (Adult Q11)	Adult	72.3%	62.0%	↑	↑
	GC	68.0%	61.9%	↑	↑
	CCC	76.8%	62.4%	↑	↑
Q13. When you talked about (your child) starting or stopping a prescription medicine, did a doctor or other health provider ask you what you thought was best for you (your child)? (Adult Q12)	Adult	79.5%	75.9%	↑	↓
	GC	80.0%	77.7%	↑	↑
	CCC	86.0%	83.5%	↑	↑
Q32. In the last six months, how often did your (child's) personal doctor explain things (about your child's health) in a way that was easy to understand? (Adult Q17)	Adult	91.8%	91.9%	↑	↑
	GC	94.9%	95.5%	↑	↑
	CCC	95.6%	95.3%	↑	↑
Q33. In the last six months, how often did your (child's) personal doctor listen carefully to you? (Adult Q18)	Adult	91.2%	89.7%	↑	↓
	GC	95.2%	95.7%	↑	↑
	CCC	94.9%	94.4%	↑	↑
Questions on Child Surveys only					
Q9. In the last six months, how often did you have your questions answered by your child's doctors or other health providers?	GC	89.3%	89.6%	NA	NA
	CCC	91.9%	90.9%	NA	NA
Q36. In the last 6 months, how often did your child's personal doctor explain things in a way that was easy for your child to understand?	GC	91.4%	91.1%	NA	NA
	CCC	92.1%	92.4%	NA	NA

Table 16. Healthy Life Expectancy - CAHPS Survey (Continued)					
Question	Population	Weighted % Positive Responses		QC 50th Percentile	
		2015	2014	2015	2014
Questions on Adult Survey only					
Q38. Have you had either a flu shot or flu spray in the nose since July 1, [previous year]?	Adult	46.1%	47.5%	↑	NA
Q39. Do you now smoke cigarettes or use tobacco every day, some days, or not at all?	Adult	33.5%	37.5%	↓	↑
Q40. In the last six months, how often were you advised to quit smoking or using tobacco by a doctor or other health provider in your plan?	Adult	76.2%	75.7%	↓	↓
Q41. In the last six months, how often was medication recommended or discussed by a doctor or health provider to assist you with quitting smoking or using tobacco? Examples of medication are: nicotine gum, patch, nasal spray, inhaler, or prescription medication.	Adult	43.2%	48.3%	↓	↑
Q42. In the last six months, how often did your doctor or health provider discuss or provide methods and strategies other than medication to assist you with quitting smoking or using tobacco? Examples of methods and strategies are: telephone helpline, individual or group counseling, or cessation program.	Adult	37.5%	38.6%	↓	↓

Questions on adult survey only:

Flu shots for adults (P4P)

- **Have you had either a flu shot or flu spray in the nose since July 1, 2014?**
  Of those in the adult survey sample, 46.1% in CY2015 and 47.5% in CY2014 indicated they received a flu shot or flu spray in the second six months of previous calendar year. All MCO percentages decreased from CY2014, except Sunflower that increased slightly. QC for 2015 shows the weighted aggregate rate was above the75th percentile. The CY2014 rate serves as the baseline year since the flu shot question was a new CAHPS question in 2014.

Smoking Cessation

- **Do you now smoke cigarettes or use tobacco: every day, some days, or not at all?**
  In CY2015, improvements were noted with 33.5% of the KanCare adults surveyed indicating they smoked every day or some days, compared to 37.5% in CY2014 and 37.2% in CY2012.

  Members who responded “every day” or “some days” were asked the following questions: ***In the last 6 months,***
  - **How often were you advised to quit smoking or using tobacco by a doctor or other health provider in your plan?** (P4P)
    The weighted aggregate rate continues to increase, although it remains below the QC 50th percentile; the CY2015 rate was 76.2% compared to 75.7% in CY2014 and 65.5% in CY2012. Amerigroup’s rates decreased from 77.72% to 73.84% and UnitedHealthcare’s rates improved from 69.76% to 76.62%. While Sunflower’s rates decreased slightly, they were above the QC 66.67th percentile.

- **How often was medication recommended or discussed by a doctor or health provider to assist you with quitting smoking or using tobacco? Examples of medication are: nicotine gum, patch, nasal spray, inhaler, or prescription medication.**
  In CY2015, 43.2% of the KanCare adults surveyed responded positively; the rate was below the QC 33.33rd percentile and was a decrease from the CY2014 rate of 48.3%. The rate remains above the pre-KanCare CY2012 rate of 41.5%.
- **How often did your doctor or health provider discuss or provide methods and strategies other than medication to assist you with quitting smoking or using tobacco? Examples of methods and strategies are: telephone helpline, individual or group counseling, or cessation program.**
  In CY2015, 37.52% of the KanCare adults surveyed responded positively, which was a decrease from the CY2014 rate of 38.6%, although the rate is still an improvement from the CY2012 rate of 24.5%. The CY2015 rate is below the QC 25th percentile, with Amerigroup below the 10th percentile at 32.35%.

HEDIS – Healthy Life Expectancy

Diabetes Monitoring for People with Diabetes and Schizophrenia (SMD)

Population: Members diagnosed with diabetes and schizophrenia

Analysis: Annual comparison to CY2013 baseline and trending over time

The aggregate positive response percentage based on administrative data for CY2014 was 60.1%, a decrease compared to 62.9% in CY2013 and below the QC 25th percentile in both years for total percentages and for AGP (65.1%) and UHC (59.3%); SSHP's 55.6% rate in CY2014 was at the QC 5th percentile.

Healthy Life Expectancy for persons with SMI, I/DD, and PD

The following measures are described as "HEDIS-like" in that HEDIS criteria will be used for each performance measure, but the HEDIS programming is adapted to include only those populations that meet eligibility criteria and are also I/DD, PD, or SMI (see Table 17). Each of these measures is a P4P measure for the MCOs.

Table 17. HEDIS-Like Measures - PD, I/DD, SMI Populations - CY2013 and CY2014

	CY2014		CY2013	
	Num/Denom	%	Num/Denom	%
Breast cancer screening*	897 / 1,909	47.0%*	679 / 2,193	31.0%
Cervical cancer screening*	4,416 / 9,049	48.8%*	3,254 / 6,930	47.0%
Adults' access to preventive/ambulatory health services	15,698 / 16,491	95.2%	12,533 / 13,104	95.6%
Comprehensive diabetes care				
HbA1c testing	526 / 608	86.5%	605 / 717	84.4%
HbA1c Control (<8.0%)	231 / 608	38.0%	273 / 717	38.1%
Eye exam (retinal) performed	387 / 608	63.7%	421 / 717	58.7%
Medical attention for nephropathy	457 / 608	75.2%	558 / 717	77.8%
Blood pressure control (<140/90)	310 / 608	51.0%	409 / 717	57.0%

* Multi-year measure - CY2014 includes members included in numerator for CY2013

- **Preventive Ambulatory Health Services** (P4P)
  In CY2013 and CY2014, over 95% of adult PD, I/DD, SMI members (ages 20-65) were reported to have had an ambulatory preventive care visit during the year. Rates for this subpopulation were higher than rates for all eligible KanCare members in CY2013 (95.6% for PD-I/DD-SMI adults, compared to 88.4% for all KanCare adult members) and in CY2014 (95.2% for PD-I/DD-SMI, compared to 87.5% for all KanCare adult members).
- **Breast Cancer Screening** (P4P)
  The breast cancer screening HEDIS measure has eligibility criteria that are multi-year. The numerator for CY2014 includes two years of data for members (PD, I/DD, and SMI women ages 52-74) who had mammograms in CY2013 and CY2014. The numerator for CY2013 includes only one year of data due to 2013 being the first year the MCOs began providing services in Kansas. The CY2015 two-year rates (not yet available) to be reported in next year's annual report will be compared to CY2014 and be a better opportunity to assess progress for this measure.
- **Cervical Cancer Screening** (P4P)
  The cervical cancer screening measure, as with the breast cancer screening measure, is a multi-year measure. Results reported for CY2015 will provide a better opportunity for assessing progress in providing cervical cancer screening.
- **Comprehensive Diabetes Care** (P4P)
  The five HEDIS diabetes measures that are P4P for the general KanCare adult population are also P4P measures for KanCare adult members who have an SMI or are receiving I/DD or PD waiver services. In CY2013 and CY2014, this HEDIS measure was reported as a hybrid measure and included a subset of 717 PD, I/DD, and SMI members in CY2013 and 608 in CY2014.
  - **HbA1c testing** - Rates for PD-I/DD-SMI members were higher than rates for all eligible KanCare members in CY2013 (84.4% for PD-I/DD-SMI adults, compared to 83.1% for all KanCare adult members); and, in CY2014 (86.5% for PD-I/DD-SMI, compared to 84.8% for all KanCare adult members).
  - **HbA1c <8.0%** - Rates for PD-I/DD-SMI members were lower than rates for all eligible KanCare members in CY2013 (38.1% for PD-I/DD-SMI adults, compared to 39.0% for all KanCare adult members) and in CY2014 (38.0% for PD-I/DD-SMI, compared to 39.3% for all KanCare adult members).
  - **Eye exam (retinal)** - Rates for PD-I/DD-SMI members were higher than rates for all eligible KanCare members in CY2013 (58.7% for PD-I/DD-SMI adults, compared to 50.1% for all KanCare adult members) and in CY2014 (63.7% for PD-I/DD-SMI, compared to 58.6% for all KanCare adult members).
  - **Medical attention for nephropathy** - Rates for the PD-I/DD-SMI population were higher than rates for all eligible KanCare members in CY2013 (77.8% for PD-I/DD-SMI adults, compared to 75.8% for all KanCare adult members) and were lower in CY2014 (75.2% for PD-I/DD-SMI, compared to 76.8% for all KanCare adult members).
  - **Blood pressure control <140/90** - Rates for PD-I/DD-SMI members were lower than rates for all eligible KanCare members in CY2013 (54.0% for PD-I/DD-SMI adults, compared to 54.4% for all KanCare adult members) and in CY2014 (51.0% for PD-I/DD-SMI, compared to 52.9% for all KanCare adult members).

(5) Home and Community Based Services (HCBS) Waiver Services

The populations for the following performance measures are members who are receiving HCBS services (includes I/DD, PD, FE, TBI, TA, SED, Autism, and MFP)

- **The number and percent of KanCare members receiving PD or TBI waiver services who are eligible for the WORK program who have increased competitive employment** (P4P)
  This measure compares the number of members receiving PD or TBI waiver services who are enrolled in the Work Opportunities Reward Kansans (WORK) program. The WORK program provides personal services and other services to assist employed persons with disabilities (including PD, TBI, and I/DD). For the P4P measure, progress is measured based on enrollment as of April each year (after MCO open enrollment is completed) compared to enrollment as of December. In assessing progress, exceptions are allowed for members who have moved out of state, who age out of the program, who are hospitalized or deceased during the year, or graduated to full-time employment.

  In April 2014, there were 143 PD members and 16 TBI members participating in the WORK program. During the year, 10 additional members participated (nine additional PD and one additional TBI).

Data related to the following HCBS performance measures – consistent with CMS-approved HCBS waiver applications – are undergoing review completion, and results will be included in the evaluation process when available. Analysis of this data will be included in the KanCare Evaluation Annual Report for CY2016.

- **Number and percent of waiver participants whose service plans address their assessed needs and capabilities as indicated in the assessment**
- **Number and percent of waiver participants who received services in the type, scope, amount, duration, and frequency specified in the service plan**

(6) Long-Term Care: Nursing Facilities

Percentage of Medicaid Nursing Facility (NF) claims denied by the MCO (P4P CY2014)
The denominator for this measure is the number of NF claims, and the numerator is the number of these claims that were denied in the calendar year (see Table 18).

Table 18. Nursing facility claims denials - CY2012 - CY2014

	CY2012	CY2013	CY2014
Total number of nursing facility claims	555,652	337,767	361,584
Number of nursing facility claims denied	63,976	45,472	34,414
Percent of nursing facility claims denied	**11.5%**	**13.5%**	**9.5%**

The percentage of NF claims that were denied increased from 11.5% in CY2012 (pre-KanCare) to 13.5% in CY2013, and then decreased to 9.5% in CY2014. This measure was a P4P measure for CY2014.

Percentage of NF members who had a fall with a major injury (P4P)
The denominator for this measure is the number of NF members in KanCare, and the numerator is the number of these members that had falls that resulted in a major injury during the year (see Table 19). Data for CY2015 include only the first three quarters due to the time lag for submitting and processing claims.

Table 19. Nursing facility major injury falls - CY2012 - CY2015

	CY2012	CY2013	CY2014	CY2015 Q1-Q3
Nursing facility KanCare members	46,794	46,114	46,137	33,034
Number of nursing facility major injury falls	288	246	231	204
Percent of nursing facility Kancare members with major injury falls	0.62%	0.53%	0.50%	0.62%

The percentage of NF Medicaid members who had falls with major injuries decreased from 0.62% in CY2012 (pre-KanCare) to 0.53% in CY2013, and decreased again in CY2014 to 0.50%. There were 42 fewer falls in CY2013 than in CY2012, and 57 fewer falls in CY2014 than in CY2012. In the first three quarters of CY2015, however, the fall percentage increased to the CY2012 0.62% rate. As many of the nursing facilities have members from more than one MCO, MCOs have been encouraged by the State to work together and with State agencies to ensure nursing facilities throughout Kansas are continuing to implement fall prevention practices.

Percentage of members discharged from a NF who had a hospital admission within 30 days (P4P)
The denominator for this measure is the number KanCare members discharged from a NF. The numerator is the number of these members who had hospital admissions within 30 days of being discharged from the NF (see Table 20). Data for CY2015 are limited to the first six months of the year due to the time lag for submitting and processing claims; the annual percentage for CY2015 will be reported in next year's KanCare Evaluation Annual Report.

Table 20. Hospital admissions after nursing facility discharge - CY2012 - CY2015

	CY2012	CY2013	CY2014	CY2015 Q1-Q2
Number of nursing facility discharges	2,130	2,052	2,214	1,112
Number of hospital admissions after nursing facility discharge	153	87	85	66
Percent of hospital admissions after nursing facility discharge	7.18%	4.24%	3.84%	5.94%

The percentage of NF Medicaid members who were readmitted to a hospital after being discharged from an NF decreased from 7.18% in CY2012 (pre-KanCare) to 4.24% in CY2013 and decreased again in CY2014 to 3.84%. In the first two quarters of CY2015, the percentage increased to 5.94%.

Number of Person Centered Care Homes as recognized by the PEAK program (Promoting Excellent Alternatives in Kansas) in the MCO network (P4P - CY2014)
PEAK program data are used to identify nursing facilities designated as Person-Centered Care Homes, along with MCO provider files to verify inclusion in the network. PEAK program data are reported on a fiscal year basis, based on the State fiscal year that begins July 1. By the end of FY2013 (June 2013) there were eight nursing facilities recognized as PEAK: five Level 5 homes, one Level 4 home, and two Level 3 homes. By the end of FY2014 (June 2014), there were nine nursing facilities recognized as PEAK: six Level 5 homes, one Level 4 home, and two Level 3 homes.

(7) Member Survey – Quality

CAHPS Survey
CAHPS questions related to quality of care include the following questions focused on patient perceptions of provider treatment. Four of the questions are "rating" questions where survey respondents were asked to rate their (or their child's) personal doctor, health care, health plan, and the specialist seen most frequently. Rating was based on a scale from zero to 10, with 10 being the "best possible" and zero the "worst possible." Positive response for these rating questions below follow the NCQA standard of combining results for selections of "9" or "10," and then weighted by MCO population for aggregating the results. Results for the ratings questions and two additional questions are provided in Table 21.

- **Rating of health care**
  In CY2015 50.9% of adult survey respondents rated their health care as 9 or 10; this was a decrease from CY2014 (52.8%). The adult survey respondent ratings dropped below the QC 50th percentile for all three MCOs. Child survey ratings in CY2015 (GC – 68.9%; CCC – 64.8%) were comparable to CY2014 and higher than the GC CY2012 rate of 62.7%. The rating of members' perceptions of health care in the CCC population was above the QC 50th percentile, while the GC results were above the QC 66.67th percentile.
- **Rating of personal doctor**
  Adult ratings of members' personal doctors as a 9 or 10 increased from 64.4% in CY2014 to 67.4% in CY2015; the pre-KanCare CY2012 rate was 66.7%. The adult rating was above the QC 66.67th percentile in CY2015. Child survey results had higher positive percentages than the adult ratings (GC: CY2015 – 72.5%, CY2014 – 73.4%; CCC: CY2015-72.9%, CY2014 – 71.8%); however, the CY2015 GC rating was below the QC 33.33rd percentile and the CY2015 CCC rate was below the QC 50th percentile.
- **Rating of health plan**
  The weighted aggregate adult ratings of their health plan as a 9 or 10 increased from CY2014 (54.6%) to CY2015 (57.6%), although the rating remained below the QC 50th percentile. UnitedHealthcare's adult survey results improved substantially, from 54.7% in CY2014 (below the QC 50th percentile) to 62.7% in CY2015 (above the QC 75th percentile). The aggregate GC survey results improved again in CY2015 (72.1%) compared to CY2014 (71.0%) and CY2012 (65.9%); the GC rating was above the QC 66.67th percentile. The CY2015 CCC positive rating of their health plan increased from 63.3% in CY2014 to 66.8% in CY2015 and was above the QC 66.67th percentile.

- **Rating of specialist seen most often**
  The weighted aggregate adult survey rating of specialists was higher in CY2015 (66.1%) than in CY2014 (64.8%) and increased to above the QC 50th percentile from the CY2014 rating below the QC 50th percentile. The CY2015 GC positive rating (69.3%) was comparable to CY2014 (69.6%) and remained less than the QC 50th percentile. The CY2015 CCC positive ratings decreased slightly, from 68.5% in CY2014 to 67.8%, dropping from below the QC 50th percentile to less than the QC 25th percentile.

Table 21. Member Survey (CAHPS) - Quality of Care Questions

Question	Population	Weighted % Positive Responses		QC 50th Percentile	
		2015	2014	2015	2014
Using any number from 0 to 10, where 0 is the worst score possible and 10 is the best score possible… (Applies to questions 14, 41, 48, and 54)					
Q14. What number would you use to rate all your (your child's) health care in the last 6 months? (Adult Q13)	Adult	50.9%	52.8%	↓	↑
	GC	68.9%	68.6%	↑	↑
	CCC	64.8%	65.2%	↑	↑
Q41. What number would you use to rate your (your child's) personal doctor? (Adult Q23)	Adult	67.4%	64.4%	↑	↑
	GC	72.5%	73.4%	↓	↓
	CCC	72.9%	71.8%	↓	↓
Q48. We want to know your rating of the specialist you (your child) saw most often in the last 6 months. What number would you use to rate that specialist? (Adult Q27)	Adult	66.1%	64.8%	↑	↓
	GC	69.3%	69.6%	↓	↓
	CCC	67.8%	68.5%	↓	↓
Q54. What number would you use to rate your (your child's) health plan? (Adult Q35)	Adult	57.6%	54.6%	↓	↓
	GC	72.1%	71.0%	↑	↑
	CCC	66.8%	63.3%	↑	↓
* Highest Percentage in each population is a combination of 9 and 10 results.					
Q34. In the last 6 months, how often did your (your child's) personal doctor show respect for what you had to say? (Adult Q19)	Adult	92.5%	91.9%	↑	↑
	GC	96.0%	96.7%	↑	↑
	CCC	95.8%	94.4%	↑	↓
Q37. In the last 6 months, how often did your (your child's) personal doctor spend enough time with you (your child)? (Adult Q20)	Adult	89.4%	89.0%	↑	↑
	GC	89.7%	90.4%	↑	↑
	CCC	91.3%	90.6%	↓	↓

- **Doctor respected member's comments.**
  Over 90% of survey respondents in CY2015 indicated their personal doctor showed respect for what they had to say. Adult results in CY2015 (92.5%) remained similar to CY2014 (91.9%) and remained above the QC 50th percentile; the CY2015 adult results remained higher than CY2012 (83.7%). The CY2015 GC results (96.0%) decreased from CY2014 (96.7%) and decreased from above the QC 75th percentile to above the QC 50th percentile. However, the GC survey results remain higher than CY2012 (91.8%). The CY2015 CCC

results (95.8%) were an increase from CY2014 (94.4%); the results improved from below the QC 50th percentile to above the QC 50th percentile.

- **Doctor spent enough time with the member.**
  Results for all populations in CY2015, (Adult - 89.4%; GC – 89.8%; CCC -91.3%) remain comparable to CY2014 and CY2012. Although the adult results remained comparable, there was a decrease from being above the QC 75th percentile to being above the QC 50th percentile. The GC population results remained above the QC 50th percentile and the CCC results remained below the QC 50th percentile.

Mental Health Survey

Member perceptions of mental health provider treatment are based on responses to mental health surveys conducted in CY2015 of a random sample of KanCare members who had received one or more mental health services in the prior six-month period. The Mental Health Statistics Improvement Program (MHSIP) Youth Services Survey, Youth Services Survey for Families, and Adult Consumer Survey tools, as modified by KFMC over the past five years, were used for this project. Questions were the same in 2011 through 2015, with the exception of a question added in CY2013 on whether medication was available timely and three questions added in CY2015 on smoking cessation (adults only).

In CY2015, the survey was mailed to 8,832 KanCare members (not stratified by MCO) and the following were completed: 392 General Adult, 339 General Youth, 318 SED Waiver Youth, and 22 SED Waiver young adult surveys. Results were also stratified by whether the member completed the survey or whether a family member/guardian completed the survey for a child (age <18).

For most of the questions, responses were generally positive and did not change significantly from pre-KanCare (CY2011 and CY2012) to KanCare (CY2013 - CY2015).

Table 22 shows response rates for questions related to quality of care. (See Table 27 for questions related to coordination of care, Table34 for questions related to access to care, and Table 38 for an efficiency-related question.)

The quality-related questions in Table 22 focus on the following:

- **If given other choices, the member would still get services from their most recent mental health provider.**
  This question was asked of adults (non-SED Waiver). From CY2014 to CY2015 there was a slight decrease in positive response from 89.4% to 88.4%. From CY2013 to CY2014 there had been a slight increase in positive response from 88.3% to 89.4%.
- **Comfort in asking questions about treatment, medication, and/or children's problems.**
  For the general adult population, there was a significant increase in positive responses in 2015 (94.5%) compared to 2014 (90.7%; p=0.03) and 2013 (91.1%; p=0.04).
- **Member choice of treatment goals.**
  For the general adult population, there was a significant increase from 77.0% in CY2012 to 85.1% in CY2015 (p=0.01). For the general youth population, there was a significant

increase from 81.6% in CY2012 to 91.0% in CY2015 (p=0.03). For SED Waiver youth (ages 12-17, youth responding), positive response percentages increased significantly to 92.3% in CY2015 from 83.5% in CY2011 (p=0.03), 81.3% in CY2012 (p<0.01), and 82.2% in CY2013 (p<0.01).

- **Assistance in obtaining information to assist members in managing their health.**
  The percentage of general adult survey positive responses decreased slightly in the last three years from 87.6% in CY2013 to86.8% in CY2014 to 86.3% in CY2015. Percentages pre-KanCare were higher in CY2011 (89.3%) and lower in CY2012 (81.6%).
- **Better able to do things the member wants to do, as a direct result of services provided.**
  For the general adult population, there was a significant increase from 70.1% in CY2012 to 78.9% in CY2015 (p=0.01). Rates for positive responses for general youth increased from CY2014 (80.7%) to CY2015 (84.5%). Rates for SED Waiver youth/young adult decreased from CY2014 (71.1%) to CY2015 (69.9%).
- **Understandable communication from provider with member.**
  For the general adult population, there was a significant increase from 91.5% in CY2012 to 95.3% in CY2015 (p=0.04). For the SED Waiver youth (ages 12-17, youth responding), responses increased to 97.4% in CY2015 from 92.1% in CY2011 (p=0.04) and 92.0% in CY2012 (p=0.04). For general youth, positive response percentages increased slightly each year from 96.7% in CY2011 to 98.8% in CY2015. SED Waiver youth and young adult also had high rates of positive response, ranging from 97.2% in CY211 to 98.2% in CY2014, dropping slightly to 97.9% in CY2015.
- **Better control of daily life due to services provided.**
  For the general adult population, there was a significant increase from 76.4% in CY2012 to 83.8% in CY2015 (p=0.02). For SED Waiver youth and young adults, there was a significant decrease from 79.2% in 2011 to 71.5% in 2015 (p=0.03). Rates for SED Waiver youth (ages 12-17, youth responding) also decreased from a high of 90.1% in CY2011 to 84.1% in CY2014, decreasing again in CY2015 to 83.0%. Rates for general youth (ages 12-17, youth responding) increased from 83.1% in 2011 to 86.0% in CY2014 to 87.0% in CY2015. Rates for general youth (family responding, age <18) increased from 79.4% in CY2011 to 79.6% in CY2014 to 82.0% in CY2015.
- **Better ability to deal with crisis, as a direct result of services provided.**
  There was a statistically significant increase in the CY2015 rate (79.3%) compared to the CY2012 rate (71.4%) for the general adult population (p<0.02). The rate in CY2015 was comparable to CY2014 (78.7%) and CY2013 (79.1%).

Table 22. Mental Health Survey - Quality-Related Questions					
Question	Year	%	Num/Denom	P-Value	Trend (2015 comparison)
If I had other choices, I would still get services from my mental health providers.	General Adult (Age 18+)				
	2015	**88.4%**	**336 / 380**		0.27
	2014	89.4%	720 / 805	0.59	
	2013	88.3%	911 / 1034	0.97	
	2012	*84.4%*	*232 / 275*	*0.13*	
	2011	*88.3%*	*263 / 298*	*0.95*	
I felt comfortable asking questions about my treatment and medication.	General Adult (Age 18+)				
	2015	**94.5%**	**358 / 379**		0.35
	2014	90.7%	733 / 808	**0.03 ↑**	
	2013	91.1%	959 / 1052	**0.04 ↑**	
	2012	*87.5%*	*244 / 279*	***<0.01 ↑***	
	2011	*93.6%*	*278 / 297*	*0.63*	
I have people I am comfortable talking with about my child's problems.	General Youth (Age <18), Family Responding				
	2015	**92.5%**	**300 / 324**		0.39
	2014	90.4%	688 / 761	0.28	
	2013	91.6%	871 / 954	0.64	
	2012	*93.1%*	*244 / 262*	*0.76*	
	2011	*92.6%*	*301 / 325*	*0.94*	
	SED Waiver Youth and Young Adult, Family/Member Responding				
	2015	**87.7%**	**288 / 328**		0.63
	2014	88.0%	366 / 417	0.91	
	2013	89.1%	423 / 475	0.56	
	2012	*87.5%*	*281 / 321*	*0.93*	
	2011	*89.4%*	*254 / 284*	*0.52*	
As a direct result of services I received, I am better able to control my life.	General Adult (Age 18+)				
	2015	**83.8%**	**309 / 369**		0.48
	2014	84.9%	669 / 788	0.63	
	2013	83.0%	851 / 1025	0.73	
	2012	*76.4%*	*204 / 267*	***0.02 ↑***	
	2011	*86.5%*	*250 / 289*	*0.33*	
As a result of services I received, I am better at handling daily life.	General Youth (Age 12-17), Youth Responding				
	2015	**87.0%**	**127 / 146**		0.68
	2014	86.0%	260 / 302	0.78	
	2013	88.6%	450 / 510	0.61	
	2012	*88.8%*	*87 / 98*	*0.68*	
	2011	*83.1%*	*108 / 130*	*0.36*	
	SED Waiver Youth (Age 12-17), Youth Responding				
	2015	**83.0%**	**124 / 149**		0.30
	2014	84.1%	158 / 187	0.79	
	2013	79.6%	176 / 221	0.41	
	2012	*82.4%*	*112 / 136*	*0.88*	
	2011	*90.1%*	*109 / 121*	*0.09*	
As a result of services my child and/or family received, my child is better at handling daily life.	General Youth (Age <18), Family Responding				
	2015	**82.0%**	**265 / 323**		0.77
	2014	79.6%	606 / 764	0.36	
	2013	82.1%	772 / 948	0.99	
	2012	*81.0%*	*205 / 253*	*0.76*	
	2011	*79.4%*	*258 / 325*	*0.40*	
	SED Waiver Youth and Young Adult, Family/Member Responding				
	2015	**71.5%**	**233 / 326**		**0.01 ↓**
	2014	72.0%	297 / 407	0.88	
	2013	74.4%	355 / 477	0.36	
	2012	*75.6%*	*241 / 319*	*0.24*	
	2011	*79.2%*	*227 / 286*	***0.03↓***	

Table 22. Mental Health Survey - Quality-Related Questions (Continued)					
Question	Year	%	Num/Denom	P-Value	Trend (2015 comparison)
I, not my mental health providers, decided my treatment goals.	**General Adult (Age 18+)**				
	2015	**85.1%**	**303 / 356**		0.10
	2014	84.0%	655 / 780	0.64	
	2013	81.8%	809 / 989	0.15	
	2012	*77.0%*	*198 / 257*	***0.01*** ↑	
	2011	*83.7%*	*237 / 283*	*0.63*	
I helped to choose my treatment goals.	**General Youth (Age 12-17), Youth Responding**				
	2015	**91.0%**	**127 / 140**		0.53
	2014	84.1%	255 / 302	0.05	
	2013	88.8%	448 / 509	0.48	
	2012	*81.6%*	*80 / 98*	***0.03*** ↑	
	2011	*86.8%*	*112 / 129*	*0.28*	
	SED Waiver Youth (Age 12-17), Youth Responding				
	2015	**92.3%**	**135 / 146**		**0.01** ↑
	2014	86.9%	169 / 194	0.12	
	2013	82.2%	183 / 222	**<0.01**↑	
	2012	*81.3%*	*109 / 134*	***<0.01***↑	
	2011	*83.5%*	*101 / 121*	***0.03*** ↑	
I helped to choose my child's treatment goals.	**General Youth (Age <18), Family Responding**				
	2015	**92.7%**	**289 / 312**		0.28
	2014	92.2%	689 / 750	0.78	
	2013	90.5%	847 / 937	0.24	
	2012	91.6%	229 / 250	0.63	
	2011	90.7%	294 / 324	0.37	
	SED Waiver Youth and Young Adult, Family/Member Responding				
	2015	**95.0%**	**310 / 327**		0.56
	2014	95.8%	395 / 412	0.64	
	2013	93.1%	451 / 483	0.26	
	2012	*96.1%*	*303 / 315*	*0.49*	
	2011	*93.8%*	*264 / 281*	*0.49*	
As a direct result of services I received, I am better able to do things that I want to do.	**General Adult (Age 18+)**				
	2015	**78.9%**	**290 / 368**		0.49
	2014	74.3%	581 / 782	0.09	
	2013	77.7%	786 / 1012	0.63	
	2012	*70.1%*	*185 / 264*	***0.01*** ↑	
	2011	*82.4%*	*238 / 289*	*0.27*	
As a result of the services my child and/or family received, my child is better able to do things he or she wants to do.	**General Youth (Age <18), Family Responding**				
	2015	**84.5%**	**268 / 317**		0.34
	2014	80.7%	606 / 751	0.14	
	2013	84.3%	780 / 930	0.92	
	2012	*85.0%*	*215 / 253*	*0.88*	
	2011	*84.1%*	*264 / 314*	*0.88*	
	SED Waiver Youth and Young Adult, Family/Member Responding				
	2015	**69.9%**	**227 / 324**		0.08
	2014	71.1%	290 / 405	0.72	
	2013	73.5%	349 / 475	0.27	
	2012	*72.3%*	*229 / 317*	*0.51*	
	2011	*76.5%*	*210 / 275*	*0.07*	
My mental health providers helped me obtain information I needed so that I could take charge of managing my illness.	**General Adult (Age 18+)**				
	2015	**86.3%**	**315 / 365**		0.84
	2014	86.8%	675 / 778	0.84	
	2013	87.6%	891 / 1020	0.55	
	2012	*81.6%*	*213 / 261*	*0.11*	
	2011	*89.3%*	*258 / 289*	*0.26*	

Table 22. Mental Health Survey - Quality-Related Questions (Continued)					
Question	Year	%	Num/Denom	P-Value	Trend (2015 comparison)
My mental health providers spoke with me in a way that I understood.	General Adult (Age 18+)				
	2015	**95.3%**	**368 / 386**		0.19
	2014	93.6%	765 / 817	0.25	
	2013	94.3%	1002 / 1063	0.46	
	2012	*91.5%*	*257 / 281*	***0.04*↑**	
	2011	*93.4%*	*282 / 302*	*0.27*	
	General Youth (Age 12-17), Youth Responding				
	2015	**93.9%**	**137 / 146**		0.10
	2014	95.5%	290 / 303	0.47	
	2013	96.3%	495 / 515	0.20	
	2012	*98.0%*	*97 / 99*	*0.13*	
	2011	*97.0%*	*131 / 135*	*0.21*	
	SED Waiver Youth (Age 12-17), Youth Responding				
	2015	**97.4%**	**147 / 151**		**<0.01 ↑**
	2014	96.9%	183 / 189	0.78	
	2013	93.8%	213 / 227	0.10	
	2012	*92.0%*	*126 / 137*	***0.04 ↑***	
	2011	*92.1%*	*116 / 126*	***0.04 ↑***	
My child's (My) mental health providers spoke with me in a way that I understood.	General Youth (Age <18), Family Responding				
	2015	**98.8%**	**324 / 328**		0.16
	2014	97.5%	766 / 786	0.16	
	2013	97.3%	950 / 981	0.11	
	2012	*97.8%*	*262 / 268*	*0.31*	
	2011	*96.7%*	*327 / 338*	*0.07*	
	SED Waiver Youth and Young Adult, Family/Member Responding				
	2015	**97.9%**	**329 / 336**		0.46
	2014	98.2%	414 / 422	0.78	
	2013	97.4%	476 / 488	0.64	
	2012	*97.8%*	*314 / 321*	*0.93*	
	2011	*97.2%*	*278 / 286*	*0.54*	
As a direct result of services I received, I am better able to deal with crisis.	General Adult (Age 18+)				
	2015	**79.3%**	**279 / 352**		0.50
	2014	78.7%	602 / 765	0.81	
	2013	79.1%	780 / 987	0.92	
	2012	*71.4%*	*182 / 255*	***0.02*↑**	
	2011	*80.4%*	*221 / 275*	*0.75*	

SUD Consumer Survey

In 2011 and 2012, Value Options-Kansas (VO) conducted satisfaction surveys of members who accessed substance use disorder treatment services. The survey consisted of 30 questions administered in 2012 by mail and through face-to-face interviews at provider locations. The VO survey was administered to 629 individuals, including Medicaid members and others receiving SUD services. Amerigroup, Sunflower, and UnitedHealthcare administered the survey to 238 KanCare members in 2014 and 193 members in 2015 through face-to-face interviews, mail, and follow-up phone calls. The demographics differed somewhat in that 43.9% of the 2014 survey respondents and 44.8% of 2015 respondents were male compared to 61.6% for the 2012 VO survey; the average age for the 2014 survey was 33.7 compared to 31.8 for the 2012 survey and 32 in 2015. The 2015 survey was administered from May through August.

The 2012 results are reported for the SUD survey questions in this report; however, due to the difference in numbers of survey respondents and the additional non-Medicaid members surveyed in 2012, comparisons cannot be directly made with 2014 and 2015 survey results.

Recommendations made to the MCOs by the State and KFMC before the 2015 survey was implemented included:

- "*Increase the number of survey participants*."
  The number of survey participants decreased in 2015 primarily due to a decrease in Sunflower member surveys from 68 in 2014 to 26 in 2015.
- "*Revise the survey instrument to more clearly indicate questions that should be skipped."*
  The survey instrument was revised and increased accuracy of responses.
- "*Provide additional detail on whether the survey participants reflect the demographics of the members accessing SUD services."*
  The MCOs plan to report age group comparisons in the 2016 survey in addition to male/female comparisons of demographics.
- "*Expand the number of provider sites where the survey is administered."*
  The MCOs contacted additional providers in 2015 and are working with KDADS staff to identify additional providers to contact for the 2016 survey.

SUD survey questions related to quality of care include the following summarized in Table 23:

Table 23. SUD Survey - Quality-Related Questions, CY2014 and CY2015

	CY2015		CY2014	
	Num/Denom	%	Num/Denom	%
Overall, how would you rate the quality of service you have received from your counselor? (Number and percent "Very Good" or "Good" responses)	**177 / 190**	**93.2%**	**200 / 212**	**94.3%**
How well does your counselor on involve you in decisions about your care? (Number and percent "Very well" or "Well" responses)	**167 / 189**	**88.4%**	**196 / 213**	**92.0%**
Since beginning treatment, in general are you feeling much better, better, about the same, or worse? (Number and percent "Much better" or "Better" responses)	**176 / 190**	**92.6%**	**182 / 209**	**87.1%**

- **Overall, how would you rate the quality of service you have received from your counselor?**
  In CY2015, 93.2% of 190 members, compared to 94.3% of 212 members surveyed in CY2014, rated the quality of service as very good or good (2012 - 95.3%).
- **How would you rate your counselor on involving you in decisions about your care?**
  In CY2015, 88.4% of 189 members, compared to 92.0% of 213 members in CY2014, rated counselor involvement of members in decisions about their care as very good or good (2012 – 93.5%; 2011 – 96.7%).

- **Since beginning treatment, in general are you feeling much better, better, about the same, or worse?**
  In 2015, 92.6% of 190 members, compared to 87.1% of 209 members in 2014, responded they were feeling much better or better since beginning treatment (2012 – 98.8%).

(8) Provider Survey

For provider surveys in 2014 and subsequent years in KanCare, the MCOs were directed to include three questions related to quality, timeliness, and access. These three questions and response options are to be worded identically on each of the MCOs' surveys to allow comparison and ability to better assess the overall program and trends over time.

Two of the MCOs, Sunflower and UnitedHealthcare, administer separate surveys to their BH providers. The MCOs were asked to include these three questions on their BH surveys as well. The UnitedHealthcare survey (conducted by Optum) included the three questions with wording for questions and response options as directed. Sunflower's BH survey (conducted by Cenpatico) included the questions and response options in 2015.

The surveys also differed in the numbers of survey responses. For the three questions reviewed in this report, in CY2015 Amerigroup had 333 to 427 provider responses; Sunflower had 259 to 293 physical health provider responses and 124 to 127 BH survey responses; and UnitedHealthcare had 73 to 76 physical health provider responses and 101 BH survey responses.

Unlike other sections of the KanCare Evaluation Report where data for the three MCOs are aggregated, data for the provider survey responses are reported separately by MCO. This is due in part to the separate surveying of BH providers and to the possibility that the same providers may have responded to two or three of the MCO surveys. The primary reason, however, is that the three questions are MCO-specific related to provider perceptions of each MCO's unique preauthorization processes, availability of specialists, and commitment to quality of care.

In this section, results are reported for the quality-related question. The provider survey results for the timeliness-related question are in Section 17, and results for the access-related question are in Section 23.

Providers were asked, "**Please rate your satisfaction with (MCO name's) demonstration of their commitment to high quality of care for their members."** Table 24 provides the available survey results by individual MCO.

Table 24. Provider Satisfaction with MCO's Commitment to High Quality of Care for their Members - CY2014 and CY2015								
	Very or Somewhat Satisfied		Neither Satisfied nor dissatisfied		Very or Somewhat Dissatisfied		Total responses	
	CY2015	CY2014	CY2015	CY2014	CY2015	CY2014	CY2015	CY2014
General Provider Surveys								
Amerigroup+	62.8%	50.9%	23.4%	30.4%	13.8%	18.8%	427	283
Sunflower	47.1%	37.5%	41.0%	45.0%	11.9%	17.6%	293	251
UnitedHealthcare	44.7%	^	40.8%	^	14.5%	^	76	66
Behavioral Health Provider Surveys								
	CY2015	CY2014	CY2015	CY2014	CY2015	CY2014	CY2015	CY2014
Cenpatico (Sunflower)	51.6%	*	41.3%	*	7.2%	*	126	*
Optum (UnitedHealthcare	59.4%	54.7%	34.7%	36.9%	5.9%	8.4%	101	84

+ Amerigroup includes Behavioral Health Providers in their General Provider Survey
^ UnitedHealthcare results for 2014 cannot be determined due to a typographical error in the survey instrument that included "Somewhat Satisfied" twice and excluded "Somewhat Dissatisfied."
* Question not asked on Cenpatico survey in 2014.

Amerigroup - Amerigroup conducts one survey for both physical health providers and BH providers. In CY2015 Amerigroup received completed surveys from 427 providers, an increase compared to 283 providers in CY2014. In 2015, 62.8% (268) of 427 providers surveyed were very or somewhat satisfied, compared to 50.9% (144) of 283 providers surveyed in 2014, an increase of 11.9% (a relative increase of 23.4%). In 2015, 13.8% (59) of providers surveyed were very or somewhat dissatisfied, compared to 18.8% (53) in 2014, a decrease of 5% (a relative decrease of 36.2%).

Sunflower - Sunflower conducts a general survey of physical health providers and a separate survey by Cenpatico of BH providers.

- **Sunflower general provider survey** - In 2015, 47.1% (138) of 293 providers surveyed were very or somewhat satisfied, compared to 37.5% (94) of 251 providers surveyed in 2013, an increase of 9.6% (a relative increase of 25.6%). In 2015, 11.9% (35) of providers surveyed were very or somewhat dissatisfied, compared to 17.6% (44) of the providers in 2014, a decrease of 5.7% (a relative decrease of 47.9%).
- **Sunflower (Cenpatico) BH provider survey -** This question was not asked in the 2014 BH survey. As directed by the State, this question was added to the 2015 survey. In 2015, 51.6% of 126 BH providers were very or somewhat satisfied, and 7.2% were very or somewhat dissatisfied.

UnitedHealthcare – UHC conducts an annual survey of physical health providers and a separate BH provider survey through Optum.

- **UnitedHealthcare general provider survey** - In 2015, UHC surveyed 76 providers, less than 3 to 4.6 times fewer than as surveyed by AGP and SSHP. Of the 76 providers surveyed, 44.7% were very or somewhat satisfied, and 14.5% were very or somewhat

dissatisfied. UHC surveyed 66 providers in 2014. Due to a typographical error in the survey instrument, the results cannot be compared.
  - Recommendation: KFMC completed a survey validation report on the 2014 UHC provider survey and recommended UHC increase the number of providers surveyed. In 2015, the number of responses increased by only ten. KFMC recommends UHC consider other methods for surveying providers, including online options such as "Survey Monkey," to increase the response rate for the 2016 survey.
- **UHC (Optum) BH provider survey -** In 2015, 59.4% (60) of the 101 BH providers surveyed were very or somewhat satisfied, compared to 54.7% (46) of 84 BH providers surveyed in 2014. In 2015, 5.9% (6) of the BH providers were very or somewhat dissatisfied, compared to 8.4% (7) of the BH providers in 2014.

(9) Grievances – Reported Quarterly

Compare/track number of grievances related to quality over time, by population type. Grievances are analyzed in the KanCare Evaluation Quarterly Reports. Each quarter since Q4 CY2013, these quarterly reports have been submitted by KDHE to CMS and are available on the KDHE KanCare website for public review.

(10) Other (Tentative) Studies (Specific studies to be determined)

The focus and topics for "other studies" will be determined based on review of the various program outcomes, planned preventive health projects, and value-added benefits provided by the MCOs. Potential examples of studies include:

- Impact of P4P on quality. For HEDIS measures that were less than the 50th percentile at baseline, what was the level of improvement in the P4P measures compared to the non-P4P measures?
- Impact of targeted value-added services (e.g. smoking cessation programs for the MCOs that provide these services) on outcomes (e.g., number of members who smoke [per CAHPS]) and costs, if appropriate.

Coordination of Care (and Integration)

Goals, Related Objectives, and Hypotheses for Coordination of Care subcategories:

- *Goal: Provide integration and coordination of care across the whole spectrum of health to include physical health, behavioral health, mental health, substance use disorders, and LTSS.*
- *Related Objectives:*
  - *Improve coordination and integration of physical healthcare with behavioral healthcare.*
  - *Support members successfully in their communities.*
- *Hypothesis:*
  - *The KanCare model will reduce the percentage of beneficiaries in institutional settings by providing additional HCBS and supports to beneficiaries that allow them to move out of an institutional setting when appropriate and desired.*

(11) Care Management for Members Receiving HCBS Services

The population for the following performance measures is members who are receiving HCBS waiver services, including I/DD, PD, TA, TBI, Autism, FE, and MFP (see Table 25). Members with dual eligibility, i.e., enrolled in both Medicare and Medicaid, are excluded because Medicaid is a secondary payer to Medicare; claims paid partially or entirely by Medicare are not always available to the MCOs at the time of analysis, which complicates interpretation and reporting of rates.

Table 25. HEDIS-Like Measures - HCBS Populations - CY2013 and CY2014

	CY2014		CY2013	
	Num/Denom	Rate	Num/Denom	Rate
Adults' access to preventive/ambulatory health services	**4,584 / 4,923**	**93.1%**	**4,232 / 4,599**	**92.0%**
Annual Dental Visits	**2,358 / 4,816**	**49.0%**	**2,291 / 4,642**	**49.4%**
Decrease in number of Emergency Department Visits* (Visits/1000 member months)	**9,535 / 122,142**	**78.06**	**9,533 / 122,876**	**77.58**

* The goal for this measure is to decrease the rate.

Increased preventive care – Increase in the number of primary care visits (P4P)
This measure is based on the HEDIS "AAP" measure.
Population: HCBS
Analysis: Annual comparison to baseline, trending over time
The percentage of HCBS members who had an annual preventive health visit increased from 92.0% in CY2013 to 93.1% in CY2014. The rates for the HCBS member subpopulation were higher than the rates for all KanCare adult members in both years (88.4% in CY2013 and 87.5% in CY2014).

Increase in Annual Dental Visits (P4P)
Population: HCBS (ages 2-21)
Analysis: Annual comparison to 2013 baseline, trending over time
The percentage of HCBS members who had an annual dental visit decreased slightly from 49.4% in 2013 to 49.0% in 2014. This was lower than the HEDIS results for the overall KanCare population in CY2013 (60.3%) and CY2014 (60.0%).

Decrease in number of Emergency Department Visits (P4P)
This measure is based on the HEDIS "Ambulatory Care – Emergency Department Visits" measure. As per HEDIS criteria, this metric is reported as a rate based on visits per 1,000 member-months.
Population: HCBS
Analysis: Annual comparison to 2013 baseline, trending over time
In 2014 and 2013, the emergency department visit rates (per 1,000 member-months) for the HCBS population increased slightly from 77.58 in 2013 to 78.06 in 2014. The rates for the HCBS population were higher than the HEDIS rates for the overall KanCare population (CY2013: 65.17; CY2014: 64.19).

Data related to the following HCBS performance measures – consistent with CMS-approved HCBS waiver applications – are undergoing review completion, and results will be included in the evaluation process when available. Analysis of this data will be included in the KanCare Evaluation Annual Report in CY2016.

- **The number and percent of KanCare member waiver participants with documented change in needs whose service plans were revised, as needed, to address the change.**
- **The number and percent of KanCare member waiver participants who had assessments completed by the MCO that included physical, behavioral, and functional components to determine the member's needs.**

(12) Other (Tentative) Study (Specific study to be determined)

This measure will be reported when a specific study and study criteria are determined and defined, and will be based on areas of special focus on care coordination and integration of care. An example of a potential study includes analysis of the impact of "in lieu of" services on inpatient/institutional/facility utilization.

(13) Care Management for members with I/DD

Measures in this section pertain to the completed I/DD pilot project conducted in CY2013 through January 2014. Data provided by KDADS for this section were described and reviewed in the 2013 and 2014 KanCare Evaluation Reports.

(14) Member Survey – CAHPS

CAHPS questions related to coordination of care (see Table 26) include the following questions focused on perception of care and treatment in the Medicaid and CHIP populations. Additional detail on the CAHPS survey In CY2015 can be found in Section 4 of this report in the Health Literacy section.

Questions on both adult and child surveys:

- **In the last 6 months, how often was it easy (for your child) to get the care, tests, or treatment you (your child) needed?**
  The CY2015 positive results for adult respondents (88.1%) remain comparable to CY2014 (87.6%) and higher than the QC 75th percentile. The CY2014 and CY2015 rates were also higher than CY2012 (84.7%). The CY2015 GC results (91.6%) decreased slightly from CY2014 (93.4%) but remained higher than the QC 75th percentile. The CY2012 GC positive result was 90.5%. The CY2015 CCC positive result (91.9%) decreased slightly from CY2014 (93.0%) and decreased from being above the QC 75th percentile to above the QC 66.67th percentile.
- **In the last 6 months, did you (your child) get care from a doctor or other health provider besides your (child's) personal doctor?**
  The 2015 survey results indicated that 61.4% of the adults, 44.1% of the GC population, and 60.7% of the CCC received care from a provider other than their personal doctor. Results were comparable to CY2014, although there was a slight increase from 39.5% to 44.1% for the GC population.

- **In the last 6 months, how often did your (child's) personal doctor seem informed and up-to-date about the care you (your child) got from these doctors or other health providers?**
  Those who responded positively to receiving care from a provider other than their personal doctor were asked this question focusing on whether their personal doctor seemed informed and up-to-date on the care provided by other health providers.
  - The CY2015 weighted aggregate result for adults (82.7%) was comparable to CY2014 (83.0%); however, the result decreased from above the QC 75th percentile to above the QC 50th percentile. The CY2015 GC result (82.3%) increased slightly from CY2014 (81.9%) and remained above the QC 50th percentile. All results were higher than the CY2012 results (adults -72.9%; GC – 78.7%).
  - In CY2015, 83.3% of the CCC population indicated their child's personal doctor seemed informed of the health care by other providers. This result increased from 80.5% in CY2014 and improved from below the QC 50th percentile to above the QC 50th percentile.

- **In the last 6 months, did you make any appointments (for your child) to see a specialist?**
  In CY2015, 46.5% of adults (compared to 43.0% in CY2014 and 35.9% % in CY2012) reported having appointments with a specialist in the previous six months. Of the GC survey respondents, the percent noting appointments with specialists was comparable between years (CY2015 -19.4%; CY2014 - 17.9%; CY2012 – 19.8%). The CCC survey population indicated 39.5% had appointments with a specialist in CY2015 compared to 38.4% in CY2014.
  - **In the last 6 months, how often did you get an appointment (for your child) to see a specialist as soon as you needed?**
    Of those who had appointments with a specialist in the previous six months, 81.7% of adults in CY2015 obtained an appointment as soon as they needed, compared to 84.8% in CY2014 and 75.9% in CY2012. The CY2015 adult results decreased from above the QC 75th percentile to above the 50th percentile. The CY2015 GC and CCC results continued to be higher than CY2012, although there were small variations compared to CY2014 (GC: CY2015– 84.6%, CY2014 – 83.2%, CY2012 – 79.0%; CCC: CY2015 – 83.3% compared to CY2014 – 85.3%). The GC results improved from above the QC 50th percentile to above the QC 75th percentile, and the CCC result remained above the QC 50th percentile.

Questions on child surveys only (pre-KanCare results for CY2012 were not available for these questions):

- **In the last 6 months, did your child get care from more than one kind of health care provider or use more than one kind of health care service?**
  The percentage of children obtaining care from more than one kind of health care provider and/or service increased slightly (GC: CY2015- 24.5%, CY2014 – 22.3%; CCC: CY2015 - 48.0%, CY2014 – 46.2%.)
  - **In the last 6 months, did anyone from your child's health plan, doctor's office, or clinic help coordinate your child's care among these different providers or services?**
    Of those receiving these additional services, 56.4% of the GC population in CY2015,

responded they received help from the health plan, doctor's office or clinic to coordinate their child's care among the different providers or services; the rate was similar in CY2014 (56.7%). The CY2015 results for the CCC population (58.2%) were also comparable to CY2014 (57.9%). For the CCC population, the aggregated results decreased from below the QC 50th percentile to below the 25th percentile.

- **Does your child have any medical, behavioral, or other health conditions that have lasted more than 3 months?**
  This question is used to help identify children who have chronic conditions; 28.6% of the CY2015 GC survey respondents indicated their child has a condition lasting longer than 3 months (compared to 24.5% in CY2014); 76.8% of the CY2015 CCC population (compared to 77.2% in CY2014) responded positively to this question.
  - **Does your child's personal doctor understand how these medical behavioral or other health conditions affect your child's day-to-day life?**
    Of those in CY2015 that indicated their child has a chronic medical, behavioral, or other health condition, 92.4% of the GC population (compared to 92.9% in CY2014) and 92.4%of the CCC population (compared to 92.3% in CY2014) responded that their personal doctor understands how these health conditions affect their child's life. The weighted aggregated CCC population results remained below the QC 50th percentile, although the rate was above 92%.
  - **Does your child's personal doctor understand how your child's medical, behavioral or other health conditions affect your family's day-to-day life?**
    Of those in CY2015 who indicated their child has a chronic medical, behavioral, or other health condition, 88.8% of the GC population (92.5% in CY2014) and 89.1% of the CCC population (90.3% in CY2014) responded that their doctor understands how their condition affects the family's day-to-day life. For the CCC population, the aggregated results were above the QC 50th percentile in CY2014 but were below the QC 50th percentile in CY2015.
- **In the last 6 months, did you get or refill any prescription medicines for your child?**
  In CY2015, 53.0% of the GC population surveyed indicated they obtained prescription medicines for their child, compared to 50.8% in CY2014. Of the CCC population surveyed, 86.0% in CY2015 and 86.5% in CY2014 indicated they had prescriptions filled for their child.
  - **In the last 6 months, was it easy to get prescription medicines for your child through his or her health plan?**
    Of those who indicated they had gotten or refilled a prescription for their child in the last 6 months, 93.1% of the GC population in CY2015 (compared to 95.2% in CY2014) and 93.2% of the CCC population (compared to 94.7% in CY2014) indicated it was easy to get prescriptions for their child through their health plan.
  - **Did anyone from your child's health plan, doctor's office, or clinic help you get your child's prescription medicines?**
    Of the CY2015 respondents who indicated they had gotten or refilled a prescription for their child in the last 6 months, 59.5% of the GC population (compared to 56.7% in CY2014) and 59.7% of the CCC population (compared to 57.6% in CY2014) indicated they received help from their health plan, doctor's office, or clinic to get the child's

prescription. For the CCC population, these results improved to above the QC 50th percentile in CY2015, compared to below the QC 50th percentile in CY2014.

Table 26. Member Survey - CAHPS Coordination of Care Questions

Question	Population	Weighted % Positive Responses		QC 50th Percentile	
		2015	2014	2015	2014
Questions on Adult and Child Surveys (Adult survey number in parenthesis if different number)					
In the last 6 months…					
Q15. How often was it easy to get the care, tests, or treatment you (your child) needed? (Adult Q14)	Adult	88.1%	87.6%	↑	↑
	GC	91.6%	93.4%	↑	↑
	CCC	91.9%	93.0%	↑	↑
Q39. Did you (your child) get care from a doctor or other health provider besides your (his or her) personal doctor? (Adult Q21)	Adult	61.4%	62.0%	NA	NA
	GC	44.1%	39.5%	NA	NA
	CCC	60.7%	58.3%	NA	NA
Q40. How often did your (child's) personal doctor seem informed and up-to-date about the care you (your child) got from these doctors or other health providers? (Adult Q22)	Adult	82.7%	83.0%	↑	↑
	GC	82.3%	81.9%	↑	↑
	CCC	83.3%	80.5%	↑	↓
Q45. Specialists are doctors like surgeons, heart doctors, allergy doctors, skin doctors, and other doctors who specialize in one area of health care. In the last 6 months, did you make any appointments (for your child) to see a specialist? (Adult Q24)	Adult	46.5%	43.0%	NA	NA
	GC	19.4%	17.9%	NA	NA
	CCC	39.5%	38.4%	NA	NA
Q46. How often did you get an appointment (for your child) to see a specialist as soon as you needed? (Adult Q25)	Adult	81.7%	84.8%	↑	↑
	GC	84.6%	83.2%	↑	↑
	CCC	83.3%	85.3%	↑	↑
Questions on Child Surveys only					
Q28. Did your child get care from more than one kind of health care provider or use more than one kind of health care service?	GC	24.5%	22.3%	NA	NA
	CCC	48.0%	46.2%	NA	NA
Q29. Did anyone from your child's health plan, doctor's office, or clinic help coordinate your child's care among these different providers or services?	GC	56.4%	56.7%	NA	NA
	CCC	58.2%	57.9%	↓	↓
Q42. Does your child have any medical, behavioral, or other health conditions that have lasted more than 3 months?	GC	28.6%	24.5%	NA	NA
	CCC	76.8%	77.2%	NA	NA
Q43. Does your child's personal doctor understand how these medical, behavioral, or other health conditions affect your child's day-to-day life?	GC	92.4%	92.9%	NA	NA
	CCC	92.4%	92.3%	↓	↓
Q44. Does your **child's personal doctor understand how these medical, behavioral, or other health conditions affect your family's day-to-day life?**	GC	88.8%	92.5%	NA	NA
	CCC	89.1%	90.3%	↓	↑
Q55. In the last 6 months, did you get or refill any prescription medicines for your child?	GC	53.0%	50.8%	NA	NA
	CCC	86.0%	86.5%	NA	NA
Q56. How often was it easy to get prescription medicines for your child through his or her health plan?	GC	93.1%	95.2%	NA	NA
	CCC	93.2%	94.7%	NA	NA
Q57. Did anyone from your child's health plan, doctor's office, or clinic help you get your child's prescription medicines?	GC	59.5%	56.7%	NA	NA
	CCC	59.6%	57.6%	↑	↓
Q17. Did you need your child's doctors or other health providers to contact a school or daycare center about your child's health or health care?	GC	11.2%	10.4%	NA	NA
	CCC	17.3%	16.6%	NA	NA
Q18. Did you get the help you needed from your child's doctors or other health providers in contacting your child's school or daycare?	GC	92.5%	91.1%	NA	NA
	CCC	93.1%	96.5%	NA	↑

- **In the last 6 months, did you need your child's doctors or other health providers to contact a school or daycare center about your child's health or health care?**
  Of the child survey respondents in CY2015, 11.2% of GC respondents (10.4% in CY2014) and 17.3% of CCC survey respondents (16.6% in CY2014) indicated they needed their child's doctors or other health providers to contact a school or daycare center about their child's health.
  - **In the last 6 months, did you get the help you needed from your child's doctors or other health providers in contacting your child's school or daycare?**
    Of those who needed help in contacting a school or daycare, 92.5% of the CY2015 GC respondents (91.1% in CY2014) population and 93.1% of the CY2015 CCC respondents (96.5% in CY2014) indicated they received the help they needed. There were no QC percentiles available in CY2015 for this question; in CY2014, the results were above the QC 50th percentile.

(15) Member Survey – Mental Health

The MH Surveys conducted in CY2011 through CY2015 are described above in Section 7 "Member Survey – Quality." The questions in Table 27 are related to the perception of care coordination for members receiving MH services.

- **Encouragement to use consumer-run programs (support groups, drop-in centers, crisis phone line, etc.).**
  From CY2011 to CY2012, positive rates in the general adult survey dropped from 82.3% to 76.7%. From CY2012 to CY2013, rates increased to 83.4% and were comparable in CY2014 at 82.3%, but dropped to 80.4% in CY2015.
- **Perception that the members were able to access all of the services that they thought they needed**
  For the general adult population, there was a significant increase from 78.8% in CY2012 to 84.9% in CY2015 ($p=0.04$). For the SED Waiver youth (ages 12-17, youth responding), there was a significant increase in positive response from 71.8% in CY2013 to 81.5% in CY2015 ($p=0.03$). For the general youth, there was a significant increase from 79.7% in CY2014 to 86.3% in CY2015 ($p<0.01$). The rate for general youth (age 12-17, youth responding) in CY2015 (87.5%) was higher than in the previous four years (ranging from 82.8% to 85.1%). The rate in CY2015 for SED Waiver youth and young adult was also higher in CY2015 (78.9%) than in the previous four years (ranging from 75.2% to 77.4%).

Table 27. Mental Health Survey - Questions related to Coordination of Care					
Question	**Year**	**%**	**Num/Denom**	**P-Value**	**Trend (2015 comparison)**
I was encouraged to use consumer-run programs (support groups, drop-in centers, crisis phone line, etc.).	**General Adult (Age 18+)**				
	2015	**80.4%**	**278 / 346**		0.87
	2014	82.3%	589 / 716	0.45	
	2013	83.4%	802 / 962	0.21	
	2012	*76.7%*	*191 / 249*	*0.28*	
	2011	*82.3%*	*214 / 260*	*0.55*	
I was able to get all the services I thought I needed.	**General Adult (Age 18+)**				
	2015	**84.9%**	**325 / 383**		0.48
	2014	86.5%	704 / 814	0.45	
	2013	86.0%	917 / 1066	0.61	
	2012	*78.8%*	*219 / 278*	***0.04*** ↑	
	2011	*91.3%*	*274 / 300*	***0.01*** ↓	
	General Youth (Age 12-17), Youth Responding				
	2015	**87.5%**	**126 / 144**		0.71
	2014	83.8%	260 / 309	0.30	
	2013	82.8%	427 / 518	0.18	
	2012	*85.0%*	*85 / 100*	*0.57*	
	2011	*85.1%*	*114 / 134*	*0.55*	
	SED Waiver Youth (Age 12-17), Youth Responding				
	2015	**81.5%**	**123 / 151**		0.52
	2014	74.8%	138 / 184	0.14	
	2013	71.8%	165 / 229	**0.03**↑	
	2012	*76.3%*	*103 / 135*	*0.28*	
	2011	*77.6%*	*97 / 125*	*0.42*	
My family got as much help as we needed for my child.	**General Youth (Age <18), Family Responding**				
	2015	**86.3%**	**278 / 322**		0.64
	2014	79.7%	609 / 766	**<0.01**↑	
	2013	83.2%	799 / 966	0.19	
	2012	*82.9%*	*213 / 257*	*0.26*	
	2011	*84.2%*	*278 / 330*	*0.46*	
	SED Waiver Youth and Young Adult, Family Responding				
	2015	**78.9%**	**260 / 330**		0.77
	2014	76.4%	318 / 413	0.40	
	2013	75.2%	363 / 482	0.21	
	2012	*77.3%*	*248 / 321*	*0.61*	
	2011	*77.4%*	*220 / 284*	*0.65*	

(16) Member Survey – SUD

Section 7 provides background on the SUD survey conducted by the three MCOs in CY2014 and CY2015. Questions related to perceptions of care coordination include the following questions (see Table 28):

- **Has your counselor requested a release of information for this other substance abuse counselor who you saw?**
  - In 2015, 34.8% (63) of 181 surveyed, compared to 35.7% (70) of 196 surveyed in 2014, indicated they received services from another substance abuse counselor in addition to the counselor currently providing services.
  - Of the 63 in 2015 who received services from more than on substance use counselor, 61 responded to the follow-up questions asking if their counselor requested a release

of information; 40 (65.6%) indicated their counselor requested a release of information and 14 (23%) indicated they didn't know.
  - Of the 70 members in 2014 that indicated they received services from more than one counselor, 35 (50.0%) indicated their counselor requested a release of information and 12 (17.1%) responded that they did not know whether their counselor requested a release of information from the other counselor.
- **Has your counselor requested a release of information for and discussed your treatment with your medical doctor?**
  - In 2015 6 (3.1%) of the 191 survey respondents indicated they did not know if they have a primary care provider (PCP), compared to 15 (7.1%) of 211 in 2014. In 2015, 123 of the 191 (64.4%) indicated they have a PCP, comparable to 2014 (64.9%; 137 of 211).
  - Of those who indicated they have a PCP, 60 (54.5%) of 110 survey responders indicated their counselor requested a release of information in 2015, compared to 42 (32.6%) of 129 survey responders in 2014.

Table 28. SUD Survey Questions related to Coordination of Care, CY2014 and CY2015

	CY2015		CY2014	
	Num/Denom	%	Num/Denom	%
In the last year, have you received services from any other substance use counselor in addition to your current counselor? (Number and percent "Yes" responses)	**63/181**	**34.8%**	**70/196**	**35.7%**
If yes to previous question: Has your current counselor asked you to sign a "release of information" form to share details about your visit(s) with the other substance use counselor who you saw?* (Number and percent of "Yes" responses)	**40/61**	**65.6%**	**35/70**	**50.0%**
Thinking about the coordination of all your health care, do you have a primary care provider or medical doctor?* (Number and percent "Yes" responses)	**123/191**	**64.4%**	**137/211**	**64.9%**
If yes to previous question: Has your counselor asked you to sign a "release of information" form to allow him/her to discuss your treatment with your primary care provider or medical doctor?* (Number and percent "Yes" responses)	**60/110**	**54.5%**	**42/129**	**32.6%**

* Denominator for question includes "Don't know" responses in addition to "Yes" and "No" responses.

(17) Provider Survey

Background information and comments on the 2014 Provider Survey are described in Section 8. In this section, results are reported for satisfaction with the preauthorization process. The provider survey results for the quality-related question are in Section 8, and results for the access-related question are in Section 23.

Providers were asked, "**Please rate your satisfaction with obtaining precertification and/or authorization for (MCO's) members**." Table 29 provides the available survey results by individual MCO.

Table 29. Provider Satisfaction with Obtaining Precertification and/or Authorization for their Members - CY2014 and CY2015								
	Very or Somewhat Satisfied		Neither Satisfied nor dissatisfied		Very or Somewhat Dissatisfied		Total responses	
	CY2015	CY2014	CY2015	CY2014	CY2015	CY2014	CY2015	CY2014
General Provider Surveys								
Amerigroup+	61.2%	53.3%	18.1%	23.9%	20.7%	22.8%	397	272
Sunflower	39.8%	38.2%	36.4%	32.8%	23.8%	29.0%	269	241
UnitedHealthcare	50.0%	^	27.6%	^	22.4%	^	76	66
Behavioral Health Provider Surveys								
	CY2015	CY2014	CY2015	CY2014	CY2015	CY2014	CY2015	CY2014
Cenpatico (Sunflower)	42.5%	63.4%	44.1%	26.9%	13.4%	9.6%	127	52
Optum (UnitedHealthcare	58.4%	52.3%	36.6%	34.5%	5.0%	13.1%	101	84

+ Amerigroup includes Behavioral Health Providers in their General Provider Survey
^ UnitedHealthcare results for 2014 cannot be determined due to a typographical error in the survey instrument that included "Somewhat Satisfied" twice and excluded "Somewhat Dissatisfied."

Amerigroup

In 2015, 61.2% (243) of 397 providers surveyed, compared to 53.3% (145) of 272 providers surveyed in 2014, were very or somewhat satisfied with Amerigroup preauthorization and precertification. These results are higher than results in CY2013: 40.7% of 167 providers were very or somewhat satisfied. In 2015 20.7% (82) providers surveyed were very or somewhat dissatisfied, compared to 22.8% of the providers surveyed in 2014. In CY2013, 42.6% of the providers surveyed indicated they were very or somewhat dissatisfied.

Sunflower

- **Sunflower general provider survey** - No comparison can be made with CY2013 general provider survey results since Sunflower's 2013 survey questions were asked of providers only in comparison to other MCOs. In 2015, 39.8% (107) of 269 providers surveyed indicated they were very or somewhat satisfied, compared to 38.2% (92) of 241 providers surveyed in 2014. In 2015, 23.8% (64) of the providers were very or somewhat dissatisfied, a 5.2% decrease from 29.0% in 2014.
- **Sunflower (Cenpatico) BH provider survey** - In 2015, 42.5% (54) of 127 BH KanCare providers indicated they were very or somewhat satisfied with Cenpatico precertification/preauthorization, and 13.4% (17) were very or somewhat dissatisfied. In 2014, BH providers were asked, "How would you rate the authorization process (sending in a form) for your Cenpatico clients?" (i.e., worded differently from the 2015 survey question). Of 52 BH providers surveyed in CY2014, 63.4% (33) replied "very good or good" and 9.6% (5) replied "very poor or poor."

UnitedHealthcare

- **UnitedHealthcare general provider survey -** In 2015, of the 76 provider surveyed, 50.0% (38) were very or somewhat satisfied, and 22.4% (17) were very or somewhat dissatisfied.
- **UHC (Optum) BH provider survey** - In 2015, 58.4% (59) of the 101 BH providers surveyed were very or somewhat satisfied, compared to 52.3% (44) of 84 BH providers surveyed in

2014. In 2015, 5.0% (5) of the BH providers were very or somewhat dissatisfied, compared to 13.1% (11) of the BH providers in 2014.

Cost of Care

Goals, Related Objectives, and Hypotheses for Costs subcategory:

- *Goal: Control Medicaid costs by emphasizing health, wellness, prevention and early detection, as well as integration and coordination of care*
  Related Objectives:
  - *Promote wellness and healthy lifestyles*
  - *Lower the overall cost of health care.*
- *Hypothesis: By holding MCOs to outcomes and performance measures, and typing measures to meaningful financial incentives, the state will improve health care quality and reduce costs.*

(18) Costs

The data for the following measures continue to be analyzed and will be included in future reporting.

Population: Members receiving HCBS

Analysis: Pre-KanCare compared to KanCare and trending over time beginning in DY2

- **Total dollars spent on HCBS budget compared to institutional costs**
- **Per member per month (PMPM) costs - Compare pre-KanCare PMPM costs to post-KanCare PMPM costs by MEG.**
- **Compare pre-KanCare and post-KanCare costs for members in care management, comparing costs prior to enrollment in care management to costs after enrollment in care management.**

Access to Care

Goals, Related Objectives, and Hypotheses for Access to Care subcategories:

- *Goal: 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.*
- *Related Objectives:*
  - *Measurably improve health outcomes for members.*
  - *Support members successfully in their communities.*
  - *Promote wellness and healthy lifestyles.*
  - *Improve coordination and integration of physical health care with behavioral health care.*
  - *Lower the overall cost of health care.*
- *Hypothesis: The state will improve quality in Medicaid services by integrating and coordinating services and eliminating the current silos between physical health, behavioral health, mental health, substance use disorder, and LTSS.*

(19) Provider Network – GeoAccess

Percent of counties covered within access standards, by provider type (physicians, hospital, eye care, dental, ancillary [physical therapy, occupational therapy, x-ray, and lab], and pharmacy).

KFMC reviewed the GeoAccess reports, maps, and other data to identify the percent of counties where specific provider types are not available from at least one MCO. KFMC also reviewed GeoAccess maps showing provider access by provider type for CY2015, CY2014, CY2013, and CY2012. The number of providers and number of locations by service type and MCO, as reported by the MCOs to KDHE in December 2015, are listed in Table 30. Service types include physicians by specialty, hospitals, retail pharmacies, dental primary care, and ancillary services (physical therapy, x-ray, lab, optometry, and occupational therapy).

The GeoAccess reports include access to services by county and county type, number of members in each county by MCO, and percentage of each county within prescribed mileage ranges, depending on the type of service. Table 31 reports the number of counties (and whether the county is urban or non-urban) where each MCO reported that 100% of the county has no access to that particular provider type from the MCO at the time the report was submitted to the State. Table 31 shows the number of counties where all three MCOs reported that 100% of the county had no access as of December 2015 to a particular provider type and the number of KanCare members in these counties.

Of the 105 counties in Kansas, 16 are "Urban" or "Semi-Urban" and 89 are non-urban (21 "Densely-Settled Rural," 32 "Rural," and 36 "Frontier").

Urban and Semi-Urban Counties. In CY2015, the MCOs reported that 69.4% (271,889) of the KanCare members were residents of Urban or Semi-Urban Counties. In CY2012 - CY2014, KanCare members who were residents of any of the 16 Urban/Semi-Urban counties had access to at least one provider in all provider types. In CY2015 there were four provider types where one or two Semi-Urban counties did not have access through at least one MCO: Allergy – Montgomery County; Neonatology – Montgomery and Saline Counties; Physical Medicine/Rehab – Riley County; and Plastic and Reconstructive Surgery – Montgomery and Saline Counties. In CY2013 and CY2014, MCO reports indicated that access to these provider types were available through at least one MCO.

Frontier, Rural, and Densely-Settled Rural (Non-Urban) Counties

In CY2015, 30.6% (119,610) of KanCare members were residents of Frontier, Rural, or Densely-Settled Rural counties. KanCare members who were residents of any of the 21 Densely-Settled Rural, 32 Rural, and 36 Frontier counties had access to at least one of the following provider types through at least one MCO: PCP, Allergy, Dermatology, General Surgery, Neurology, Hematology/Oncology, Internal Medicine, Neurosurgery, Otolaryngology, Ophthalmology, OB/GYN, Orthopedics, Podiatry, Psychiatrist, Pulmonary Disease, and Urology. Residents of the non-urban counties also had access to Hospitals, Optometry, Retail Pharmacies, and all of the Ancillary Services (Physical Therapy, Occupational Therapy, X-ray, and Lab).

Table 30. Number of providers and provider locations by MCO and provider type - CY2015			
Provider type	Number of providers / Number of Locations		
	AGP	SSHP	UHC
Physicians			
Primary Care Provider	2,256 / 780	3,117 / 955	5,297 / 1,619
Allergy	41 / 24	41 / 25	47 / 46
Cardiology	326 / 155	344 / 172	410 / 279
Dermatology	43 / 37	46 / 32	68 / 64
Gastroenterology	114 / 59	116 / 72	129 / 114
General Surgery	356 / 189	332 / 210	416 / 340
Hematology/Oncology	233 / 95	117 / 55	264 / 211
Internal Medicine	1,272 / 425	770 / 366	667 / 460
Neonatology	73 / 12	67 / 19	97 / 40
Nephrology	93 / 34	71 / 47	115 / 87
Neurology	217 / 100	247 / 114	266 / 177
Neurosurgery	69 / 40	81 / 47	86 / 73
OB/GYN	389 / 185	382 / 202	481 / 267
Ophthalmology	138 / 225	153 / 151	153 / 159
Orthopedics	223 / 116	242 / 131	297 / 217
Otolaryngology	95 / 65	105 / 69	102 / 93
Physical Medicine/Rehab	58 / 41	75 / 59	88 / 95
Plastic & Reconstructive Surgery	37 / 30	43 / 36	58 / 54
Podiatry	35 / 55	38 / 43	79 / 151
Psychiatrist	356 / 212	484 /224	384 / 347
Pulmonary Disease	124 / 73	113 / 89	150 / 137
Urology	102 / 62	110 / 68	144 / 119
Hospitals	121 / 122	166 / 166	153 / 153
Retail Pharmacy	640 / 637	612 / 762	656 / 654
Ancillary Services			
Physical Therapy	540 / 337	537 / 285	421 / 229
X-ray	207 / 237	155 / 155	152 / 152
Lab	200 / 235	169 / 159	163 / 168
Eye Care - Optometry	424 / 426	435 / 411	538 / 451
Occupational Therapy	276 / 252	214 / 181	200 / 162
Dental Primary Care	365 / 277	408 / 292	370 / 280

Table 31. Counties with no provider access by MCO and county type - CY2015									
Provider type	Number of Counties with 0% access (of 105 counties)								
	Urban & Semi-urban			Non-Urban: Frontier, Rural, & Densely-Settled Rural			Counties with 0% access from all 3 MCOs' providers		
	AGP	SSHP	UHC	AGP	SSHP	UHC	Urban	Non-Urban	# members no access
Physicians									
Primary Care Provider	-	-	-	-	-	-	-	-	-
Allergy	1	3	1	10	2	10	1	-	6,719
Cardiology	-	-	-	2	3	3	-	2	478
Dermatology	2	-	-	2	3	5	-	-	-
Gastroenterology	-	-	2	29	24	10	-	4	1,809
General Surgery	-	-	-	-	-	-	-	-	-
Hematology/Oncology	-	1	-	-	14	-	-	-	-
Internal Medicine	-	-	-	-	-	-	-	-	-
Neonatology	4	1	2	40	17	17	2	5	17,043
Nephrology	1	-	1	2	2	3	-	2	550
Neurology	-	-	-	9	2	-	-	-	-
Neurosurgery	3	2	-	11	30	1	-	-	-
OB/GYN	-	-	-	6	5	1	-	-	-
Ophthalmology	-	-	-	-	-	-	-	-	-
Orthopedics	-	-	-	-	1	-	-	-	-
Otolaryngology	-	-	-	2	2	-	-	-	-
Physical Medicine/Rehab	1	1	2	2	2	22	1	2	5,134
Plastic & Reconstructive Surgery	4	3	2	16	32	18	2	17	28,039
Podiatry	-	2	-	8	7	-	-	-	-
Psychiatrist	-	-	-	9	-	-	-	-	-
Pulmonary Disease	-	-	-	5	-	2	-	-	-
Urology	-	-	-	2	2	-	-	-	-
Hospitals	-	-	-	-	-	-	-	-	-
Retail Pharmacy	-	-	-	-	-	-	-	-	-
Ancillary Services									
Physical Therapy	-	-	-	-	-	-	-	-	-
X-ray	-	-	-	-	-	-	-	-	-
Lab	-	-	-	-	-	-	-	-	-
Eye Care - Optometry	-	-	-	1	1	2	-	-	-
Occupational Therapy	-	-	-	-	4	3	-	-	-
Dental Primary Care	-	-	-	3	2	4	-	1	162

In CY2014, KanCare members who lived in some of the Densely-Settled Rural, Rural, or Frontier counties did not have access to 11 provider types from any of the MCOs. In CY2015, there were 7 provider types where one or more county had no access. The 7 provider types (and numbers of non-urban counties without access) included:

- Cardiology (2 non-urban counties without access in CY2015, 1 county in CY2014)

- Gastroenterology (4 non-urban counties without access in CY2015, 28 in CY2014, 27 in CY2013, and 12 in CY2012)
- Neonatology (5 non-urban counties without access in CY2015, 13 in CY2014, 36 in CY2013, and 28 in CY2012)
- Nephrology (2 non-urban counties in CY2015, 1 in CY2014)
- Physical Medicine/Rehab (2 non-urban counties in CY2015, one in 2014)
- Plastic and Reconstructive Surgery (17 non-urban counties in CY2015, 15 in 2014) and
- Dental Primary Care (1 non-urban county in CY2015, 0 in CY2014, 6 in CY2013, and 2 in CY2012).

The counties with the least amount of access to providers were Cheyenne and Rawlins Counties, Frontier type counties in the northwest corner of Kansas that did not have access to six provider types listed above, including cardiology, gastroenterology, neonatology, nephrology, physical medicine/rehab, and plastic/reconstructive surgery. Of the other 18 counties with no access to one or more provider types: three counties had no access to three provider types; 2 had no access to 2 provider types; and 13 had no access to one provider type. Not factored into this analysis are the numbers of counties with no access to one or more providers that are adjacent on all sides to counties with no access to these same provider types.

An additional factor is the number of members who lack of access to providers. Lack of access in two Semi-Urban counties (Montgomery and Saline Counties) to Neonatology and Plastic/Reconstructive Surgery providers and lack of access for Allergy providers (Montgomery County) and Physical Medicine/Rehab (Riley County), were primary drivers for the numbers of members impacted (Table 31).

The provider types that had the biggest improvements over time in reductions in numbers of counties without access were:

- Neonatology – In CY2015, members in 7 counties did not have access, compared to 36 counties in CY2013 and 13 counties in CY2014. It should be noted, however, that, while at least one MCO provided access to a Neonatologist in all but 5 counties, AGP had no access for 40 counties, and SSHP and UHC had no access to neonatologists for members in 17 counties each.
- Neurosurgery – In CY2015, access was available through at least one MCO in all 105 Kansas counties. In CY2013, members in 20 counties did not have access, and in CY2014, members in 11 counties did not have access. UHC reported access for members in all but one county, compared to 11 counties for AGP and 30 counties for SSHP.
- Gastroenterology - In CY2015, access was available through at least one MCO in all 105 Kansas counties. In CY2013, members in 20 counties did not have access, and in CY2014, members in 11 counties did not have access. UHC reported access for members in all but one county, compared to 11 counties for AGP and 30 counties for SSHP.
- Allergy - In CY2015, access was available through at least one MCO in all 105 Kansas counties. In CY2013, members in 20 counties did not have access, and in CY2014, members

in 11 counties did not have access. UHC reported access for members in all but one county, compared to 11 counties for AGP and 30 counties for SSHP.

Average distance to a behavioral health provider

Average distance to one, two, three, four, and five BH providers by county type and by MCO in CY2015 are described below. As of December 2015, the MCOs reported the following number of BH providers and number of locations of the providers:

- Amerigroup – 2,615 providers at 936 locations
- Sunflower – 2,897 providers at 863 locations
- UnitedHealthcare – 3,152 providers at 895 locations

Urban/Semi-Urban – Access standard is one provider within 30 miles.

- Amerigroup – 85,245 members in Urban/Semi-Urban counties. The average distance to a choice of five providers was 2.0 miles; to four providers was 1.9 miles; to three providers was 1.7 miles; to two providers was 1.6 miles; and to one provider was 1.2 miles.
- Sunflower – 95,954 members in Urban/Semi-Urban counties. The average distance to a choice of five providers was 1.8 miles; to four providers was 1.7 miles; to three providers was 1.6 miles; to two providers was 1.5 miles; and to one provider was 1.2 miles.
- UnitedHealthcare– 90,690 members in Urban/Semi-Urban counties. The average distance to a choice of five providers was 2.0 miles; to four providers was 2.0 miles; to three providers was 1.9 miles; to two providers was 1.7 miles; and to one provider was 1.4 miles.

Densely-Settled Rural – Access standard is one provider within 45 miles

- Amerigroup – 25,891 members in Densely-Settled Rural counties. The average distance to a choice of five providers was reported as 4.7 miles; to four providers was 4.6 miles; to three providers was 4.2 miles; to two providers was 3.4 miles; and to one provider was 2.5 miles.
- Sunflower – 24,822 members in Densely-Settled Rural counties. The average distance to a choice of five providers was 5.2 miles; to four providers was 4.9 miles; to three providers was 4.7 miles; to two providers was 4.1 miles; and to one provider was 3.3 miles.
- UnitedHealthcare – 24,066 members in Densely-Settled Rural counties. The average distance to a choice of five providers was 4.3 miles; to four providers was 4.2 miles; to three providers was 4.1 miles; to two providers was 3.9 miles; and to one provider was 3.4 miles.

Rural/Frontier - Access standard is one provider within 60 miles

- Amerigroup – 14,350 members in Rural/Frontier counties. The average distance to a choice of five providers was reported as 20.1 (up from 18.6 miles in CY2014); to four providers was 17.3 miles; to three providers was 14.7 miles; to two providers was 12.2 miles; and to one provider was 6.9 miles.
- Sunflower – 16,290 members in Rural/Frontier counties. The average distance to a choice of five providers was 16.9 miles; to four providers was 16.3 miles; to three providers was 14.4 miles; to two providers was 11.9 miles; and to one provider was 9.8 miles.

- UnitedHealthcare – 13,396 members in Rural/Frontier counties. The average distance to a choice of five providers was 10.9 miles; to four providers was 10.9 miles; to three providers was 10.7 miles; to two providers was 10.2 miles; and to one provider was 9.2 miles.

Percent of counties covered within access standards for behavioral health
BH providers were available to members of all three MCOs within the State access standards for each county type.

Urban/Semi-Urban - The access standard for Urban and Semi-Urban counties is a distance of 30 miles. This access standard was met in CY2015 for 100% of the 16 Urban and Semi-Urban counties in Kansas, as reported by the three MCOs. Based on the GeoAccess map reports, the access standard was also met in CY2014, CY2013, and CY2012.

Densely-Settled Rural - The access standard for Densely-Settled Rural counties is a distance of 45 miles. This access standard was met in CY2015 for 100% of the 21 Densely-Settled Rural counties in Kansas, as reported by the three MCOs. Based on the GeoAccess map reports, the access standard was also met in CY2014, CY2013, and CY2012.

Rural/Frontier - The access standard for Rural and Frontier counties is a distance of 60 miles. This access standard was met in CY2015 for 100% of the 32 Rural counties and 36 Frontier counties in Kansas, as reported by Amerigroup, Sunflower, and United. Based on the GeoAccess map reports, the access standard was also met in CY2014, CY2013, and CY2012.

Home and Community Based Services (HCBS) - Counties with access to at least two providers by provider type and services.
Table 32 provides information reported by the three MCOs indicating the number of counties that have at least two service providers, and the number of counties that have at least one service provider, for each HCBS provider type. The baseline for this measure is CY2013 since no comparable pre-KanCare reports of HCBS provider type by county were identified for review.

As indicated in Table 32, 17 of the 27 HCBS services are available from at least two service providers in all 105 counties for members of all three MCOs. Of the remaining 10 Home and Community Based Services:

Adult Day Care

- Amerigroup - Services were available from at least two providers in 102 counties in CY2015, 20 counties more than the 82 counties in CY2014, and 28 more counties than in CY2013. At least one service provider is available in the three remaining counties.
- Sunflower - Services were available from at least two providers in only 52 counties, two more than in CY2014 and five more than in CY2013. At least one service provider is available in 75 of 105 counties, one fewer than in CY2014.
- UnitedHealthcare - Services were available from at least two providers in only 47 counties in CY2015, 27 fewer than in CY2014. At least one provider was available in 72 counties in CY2015, which is a decrease of 32 counties compared to CY2014 and CY2013.

Table 32. Number of counties with access to Home and Community Based Services (HCBS) CY2015 compared to CY2014*						
	Amerigroup		Sunflower		UnitedHealthcare	
Provider type	2 or more	at least 1	2 or more	at least 1	2 or more	at least 1
Speech therapy - Autism Waiver	79	79	12↓	28	2	2
Speech therapy - TBI waiver	105	105	50↓	105	4↓	10↓
Behavior therapy - TBI waiver	105	105	105	105	18↑	43↑
Cognitive therapy - TBI waiver	105	105	105	105	18↑	43↑
Occupational therapy - TBI waiver	105	105	105	105	11	19↓
Physical therapy - TBI waiver	105	105	105	105	23↓	40↓
Adult day care	102↑	105↑	52↑	75↓	47↓	72↓
Intermittent intensive medical care	77↓	102↓	94↑	105	105	105
Home modification	14↓	102↓	105	105	105	105
Health maintenance monitoring	69↓	103	95↑	105	105	105
Specialized medical care/medical respite	105	105	105↑	105	105	105
Assistive services	105	105	105	105	105	105
Assistive technology	105	105	105	105	105	105
Attendant care services (Direct)	105	105	105	105	105	105
Comprehensive support (Direct)	105	105	105	105	105	105
Financial management services (FMS)	105	105	105	105	105	105
Home telehealth	105	105	105	105	105	105
Home-delivered meals (HDM)	105	105	105	105	105	105
Long-term community care attendant	105	105	105	105	105	105
Medication reminder	105	105	105	105	105	105
Nursing evaluation visit	105	105	105	105	105	105
Personal emergency response (installation)	105	105	105	105	105	105
Personal emergency response (rental)	105	105	105	105	105	105
Personal services	105	105	105	105	105	105
Sleep cycle support	105	105	105	105	105	105
Transitional living skills	105	105	105	105	105	105
Wellness monitoring	105	105	105	105	105	105

* Arrows indicate whether the number of counties with access to the service increased or decreased compared to CY2014

Intermittent Intensive Medical Care

- Amerigroup – In CY2015, 77 counties had access to at least two service providers; compared to 84 in CY2013 and CY2014. In CY2015 102 counties had at least one service provider 2 fewer counties than in CY2014.
- Sunflower reported that in CY2015 at least two service providers are available in 94 counties, 3 more than in CY2014, and 16 more than in CY2013. Sunflower reported in CY2015, CY2014, and CY2013 that all 105 counties had at least one service provider.
- UnitedHealthcare reported that there were at least two service providers available in CY2015, CY2014, and CY2013 in all 105 counties.

Speech Therapy (Autism Waiver)

- Amerigroup – In CY2015 and CY2014, Amerigroup reported that in 79 counties there were two or more providers available for specialized speech therapy for those on the Autism Waiver. In CY2013, Amerigroup reported services from at least two providers were only available in three counties.
- Sunflower - In CY2015 Sunflower reported that in only 12 counties there were two or more providers available for specialized speech therapy for those on the Autism Waiver, 3 fewer than in CY2014. At least one service provider was available in 28 counties in CY2015 and CY2014.
- UnitedHealthcare – In CY2015, CY2014, and CY2013, UHC reported that these specialized services were only available from two or more providers in only 2 counties.

Speech Therapy – TBI Waiver

- Amerigroup - In CY2013, CY2014, and CY2015, Amerigroup reported that at least two providers were available in all 105 counties for this specialized speech therapy for those with TBI.
- Sunflower – In CY2013 and CY2014, Sunflower reported that at least two providers were available in all 105 counties. In CY2015, this dropped to 50 counties. All 105 counties continue to have at least one provider available.
- UnitedHealthcare reported that at least two providers were available in 4 counties, one fewer than in CY2014 and three fewer than in CY2013. At least one provider was available in only 10 counties in CY2015, compared to 21 counties in CY2014 and CY2013.

Behavior Therapy – TBI Waiver

- Amerigroup and Sunflower again reported that at least two providers were available in all 105 counties for this specialized behavior therapy for those with TBI.
- UnitedHealthcare reported that at least two providers were available in 18 counties, six more than in CY2014 and 17 more than in CY2013. At least one provider was available in 43 counties in CY2015, compared to 41 in CY2014 and 4 counties in CY2013.

Cognitive Therapy – TBI Waiver

- In CY2015, CY2014, and CY2013, Amerigroup and Sunflower reported that at least two providers were available in all 105 counties for this specialized cognitive therapy for those with TBI.
- UnitedHealthcare reported that at least two providers were available in 18 counties, six more than in CY2014 and 17 more than in CY2013. At least one provider was available in 43 counties in CY2015, compared to 41 in CY2014 and 4 counties in CY2013.

Occupational Therapy – TBI Waiver

- In CY2015, CY2014, and CY2013, Amerigroup and Sunflower reported that at least two providers were available in all 105 counties for this specialized occupational therapy for those with TBI.

- UnitedHealthcare reported that in CY2015, CY2014, and CY2013 at least two providers were available in 11 counties. In CY2015, UnitedHealthcare reported that at least one provider was available in 19 counties in CY2014, compared to 26 in CY2014 and 32 CY2013.

Physical Therapy – TBI Waiver

- Amerigroup and Sunflower reported that at least two providers were available in all 105 counties in CY2015, CY2014, and CY2013 for this specialized physical therapy for those with TBI.
- UnitedHealthcare reported that at least two providers were available in 23 counties, compared to 24 counties in CY2014 and 14 in CY2013. At least one provider was available in only 40 counties, down from 53 counties in CY2014.

Health Maintenance Monitoring

- Amerigroup – In CY2015, In CY2013 and CY2014, Amerigroup reported that at least two service providers were available in 69 counties, compared to 70 counties in CY2014 and CY2013. In each of the three years, Amerigroup reported 103 counties had at least one service provider.
- Sunflower – In CY2015, Sunflower reported that two or more providers were available in 95, compared to 91 counties in CY2014 and 105 in CY2013, and that at least one provider was available in 105 counties (all three years).
- UnitedHealthcare – In CY2015, CY2014, and CY2013, UHC reported that at least two service providers were available in all 105 counties.

Home Modification

- Amerigroup reported only 14 counties had at least two service providers in CY2015. In CY2013 and CY2014, Amerigroup reported that only 23 counties had at least two service providers. In CY2015, Amerigroup reported 102 counties had at least one service provider, compared to 105 counties the two previous years.
- In CY2015, CY2014, and CY2013, Sunflower and UnitedHealthcare reported that at least two service providers were available in all 105 counties.

As discussed in the 2013 and 2014 KanCare Evaluation Annual Reports, there is a wide gap in reporting of availability of the TBI-related services that indicates potential discrepancies in reporting by the MCOs and/or differences in defining the criteria required for service providers for these specialized services.

There is no indication in the report again this year as to which specific counties do not have at least two services available. The provider network adequacy reports indicate specific providers, but do not separately provide a list of counties that have access to no providers (or less than two providers).

Population – The HCBS reports do not indicate whether members needing these services are residents of the counties where there are no providers or less than two providers. If this information was provided by each MCO, members, program managers, and reviewers could

more easily identify counties where services may be provided by one of the other MCOs, and alternatively whether none of the MCOs have providers in the particular county (and in neighboring counties). The MCO GeoAccess reports provide information on the total number of members in each county; however, the reports do not indicate whether members in sparsely populated counties are in need of services that are not commonly needed or available.

Recommendations:

- KFMC again recommends this year that reporting be revised to require MCOs to report the specific counties where there are no providers contracted for specific services and specific counties where only one provider is contracted for specific services.
- KFMC again recommends that the State follow up with the MCOs to clarify the availability of the TBI-related HCBS service providers.
- For those counties with no providers, it would be important to know the number of members needing these services that reside in that county and their average distance to a provider. It is possible members needing these services are able to obtain them in a nearby county (or through arrangement by the MCO in a neighboring state). It is also possible, particularly in low-population Frontier counties, for there to be no members in need of a particular service.

Provider Open/Closed Panel Report

The MCOs submit monthly Network Adequacy reports that include a data field for indicating whether the provider panel is open, closed, or accepting only existing patients. This is primarily populated for PCP types.

Last year KFMC recommended that, due to a high frequency of duplicate entries (including exact duplicates, address variations for the same address, P.O. Box address and street address in a small town, etc.), the MCOs should review this report and remove duplicate entries. Some entries indicated the provider is not accepting patients, while others for the same provider at the same address gave either no indication or conflicting information. State program managers routinely de-duplicate the entries to better identify available providers on this report that has tens of thousands of entries.

In addition to the need to de-duplicate, MCOs should make efforts to update the network adequacy reports. In a recent provider survey conducted for the State, a number of providers were found to have moved to distant states, were no longer in the networks for other reasons, or had moved to another city/practice.

Follow-up on previous recommendations:

- "*The MCOs should continue to update the Network Adequacy report to include complete de-duplicated data and current status as to whether the practice is open or closed for accepting new patients, and up-to-date physical addresses of each provider*. "
  Continued efforts are needed to update the Network Adequacy report.

- "*Amerigroup should review their provider database to remove duplicate entries*." Amerigroup has made considerable progress in removing duplicate entries and continues to indicate this to be a priority.
- *"Report entries identified as 'terminated' in 2013 should be reviewed to determine if these providers remain "terminated" in 2015."*
  The State modified the reporting instrument to separately report providers who are currently inactive in the networks.
- *"Sunflower should remove duplicate entries for cardiologists who are incorrectly listed as cardiovascular surgeons."*
  A review of the most recent Network Adequacy report shows Sunflower is continuing to report most cardiologists as cardiovascular surgeons as well.

Provider After-Hour Access (24 hours per day/7 days per week)

The MCOs are required by the State to ensure that the 24/7 requirement is met. No tracking report templates, however, are required of the MCOs by the State for tracking this. This is due in part to differing methods and systems used by the MCOs for monitoring provider adherence to these standards.

- Amerigroup conducts an annual survey of providers. After hours compliance in CY2015 was reported as 90% for PCPs and Pediatrics. Their first annual survey in 2013 found that 87% of the providers surveyed were in compliance with after-hours requirements. Amerigroup staff meet with providers not in compliance. In previous years, they indicated they then followed up with "secret shopper" type activities to confirm that changes have been put in place.
- Sunflower contracts with NurseWise to provide after-hours services to members and providers, and to provide surveys to monitor after hours and access to care. NurseWise reports daily numbers of calls received. Survey results from 2015 were not available for review.
- UnitedHealthcare contracts with a vendor (Dial America) that calls a random sample of providers after hours to ensure on-call service is available. In 2015, based compliance with the 24/7 requirement was reported as 78.4% compliance.

Amerigroup and UnitedHealthcare also included a supplemental question in their CAHPS surveys in CY2014 and CY2015 addressing after-hours appointment access. In CY2015, Sunflower added a supplemental question related to after hours advice.

Amerigroup asked in their adult survey, "***In the last six months, if you called your doctor's office <u>after office hours</u> for an urgent need, how many minutes did you usually have to wait between making a call to the office and speaking to the doctor or doctor's representative?"***

- In CY2015, 30.8% of adult survey respondents indicated they called after hours for an urgent need, compared to 21.8% in CY2014, a 41.3% relative increase.
- In CY2015, 59.8% of 132 adults who called their doctor's office after hours said their wait to speak to a doctor or the doctor's representative was less than 20 minutes, compared to 71.3% in CY2014, a relative decrease of 19.2%.
- In CY2015, 17.4% (23 of 132) said their wait exceeded 60 minutes, compared to 13.8% (13 of 94) in CY2014.

UnitedHealthcare asked in their adult survey, ***"In the last 6 months, did you call a doctor's office or clinic after hours to get help for yourself?"*** A similar question was included in the child survey. A follow-up question was also added for both adult and child surveys of those who responded positively: ***"In the last 6 months, when you called a doctor's office or clinic after hours, how often did you get the help you wanted?"***

- **Adults** - In CY2015, 11.8% of adults (compared to 11.3% in CY2014) called their doctor's office or clinic after hours. Of those who indicated they called their provider after hours, 68.3% (compared to 66.0% in CY2014) said they always or usually got the help they wanted, and 16.7% (compared to 19.1% in CY2014) said they never got the help they wanted.
- **GC survey population** - In CY2015, 9.9% of GC survey respondent (compared to 7.6% in CY2014) called their doctor's office or clinic after hours. Of those who indicated they called their provider after hours 77.1% in CY2015 (compared to 81.2% in CY2014) said they always or usually get the help they wanted, and 14.4% (compared to 12.5% in CY2014) said they never got the help they wanted.
- **CCC survey population** - In CY2015, 12.9% of CCC survey respondents indicated they called after hours to get help (compared to 10.4% in CY2014). Of those who indicated they called their provider after hours in CY2015, 75.4% (compared to 82.2% in CY2014) said they always or usually got the help they wanted, and 8.8% (compared to 8.9% in CY2014) said they never got the help they wanted.

Sunflower asked in their adult survey, ***"In the past 6 months, did you phone your personal doctor's office after regular office hours to get help or advice for yourself?"*** A similar question was included in the child survey. A follow-up question was also added for both adult and child surveys of those who responded positively: ***"In the last 6 months, when you phoned after regular office hours, how often did you get the help or advice you needed?"***

- **Adults** - In CY2015, 16.3% of adults called their doctor's office or clinic after hours. Of those who indicated they called their provider after hours, 74.1% said they always or usually got the help or advice they needed, and 12.9% said they never got the help or advice they needed.
- **GC survey population** - In CY2015, 14.4% of GC survey respondent called their doctor's office or clinic after hours. Of those who indicated they called their provider after hours, 77.9% in said they always or usually got the help they wanted, and 6.8% said they never got the help they wanted.
- **CCC survey population -** In CY2015, 18.8% of CCC survey respondents indicated they called after hours to get help. Of those who indicated they called their provider after hours, 77.2% said they always or usually got the help they wanted, and 4.7% said they never got the help they wanted.

Annual Provider Appointment Standards Access (In-office wait times; Emergent, urgent and routine appointments; Prenatal care – first second, third trimester and high risk)

The MCOs are required by the State to ensure that in-office wait time requirements are met. No tracking report templates, however, (as per the 24/7 access above) are required of the MCOs by the State for tracking these measures. MCOs submitted summaries that primarily

focused on access to urgent and routine advice after hours. No information specifically related to in-office wait times and access to prenatal care visits was submitted for review.

Amerigroup reported results by provider type of surveys in CY2014 and CY2015 asking providers about availability of urgent and routine care.

- PCPs reported 99% compliance in CY2015 for urgent care and emergent care and 97% compliance in routine care.
- Specialists had 89% compliance for urgent care in CY2015 (compared to 75% in CY2014) and 100% compliance in both years for routine care.
- Pediatrics had 100% compliance for urgent and emergent care, but only 87% compliance in CY2015 for routine care, down from 97% in CY2014.
- Behavioral health was reported as 92%-98% compliant, but only 88% compliance for mental health follow-up.

Sunflower – Sunflower reported last year results from a 2013 survey related to timeliness for accessing routine and urgent primary care visits, first and second trimester and high risk pregnancy visits, and wait time in the office. No update for this survey was submitted to KFMC for review for this annual report.

UnitedHealthcare – UHC employs a vendor to make calls on their behalf using a script in which the caller identifies themselves as representing the health plan (as opposed to a "secret shopper" approach), describes symptoms that represent either an urgent need or a routine need and requests the next available appointment with the specific provider named on the list. Script scenarios include both child and adult symptoms.

Recommendations for the 24/7 and Appointment Access Requirements:

- If no common reporting system or template can reasonably be developed for tracking these measures, KFMC recommends that the State review the methods and systems used by each MCO to track provider adherence to these standards, and require routine reporting by each MCO that provides evidence that these access standards are consistently met.
- KFMC recommends that provider after-hour access be confirmed through after-hours phone calls to the providers.
- MCOs should report compliance rates and appointment availability for calls to provider offices from "secret shoppers" separately from callers who first identify that they are representatives of an MCO.
- MCOS are encouraged to continue to include access to care supplemental questions in the CAHPS survey to help identify member experience in accessing appointments.

(20) Member Survey – CAHPS

Additional detail on the CAHPS survey In CY2015 can be found in Section 4 of this report in the Health Literacy section. CAHPS questions related to access of care include the questions in Table 33.

Table 33. Member Survey - CAHPS Access to Care Questions					
Question	Population	Weighted % Positive Responses		QC 50th Percentile	
		2015	2014	2015	2014
Questions on Adult and Child Surveys (Adult survey number in parenthesis if different number)					
Q3. In the last six months, did you (your child) have an illness, injury, or condition that <u>needed care right away</u> in a clinic, emergency room, or doctor's office?	Adult	45.7%	45.2%	NA	NA
	GC	37.9%	35.2%	NA	NA
	CCC	47.4%	43.6%	NA	NA
Q4. In the last 6 months, when you (your child) needed care right away, how often did you (your child) get care as soon as you (he or she) needed?	Adult	87.2%	88.1%	↑	↑
	GC	93.2%	94.1%	↑	↑
	CCC	93.9%	95.0%	↑	↑
Q5. In the last 6 months, did you make any appointments for a <u>check-up or routine care</u> (for your child) at a doctor's office or clinic?	Adult	77.1%	75.8%	NA	NA
	GC	68.9%	70.8%	NA	NA
	CCC	78.7%	80.0%	NA	NA
Q6. In the last 6 months, how often did you get (when you made) an appointment for a <u>check-up or routine care</u> (for your child) at a doctor's office or clinic (how often did you get an appointment) as soon as you (your child) needed?	Adult	82.7%	82.9%	↑	↑
	GC	89.7%	90.6%	↑	↑
	CCC	92.4%	92.2%	↑	↓
Q15. How often was it easy to get the care, tests, or treatment you (your child) needed? (Adult Q14)	Adult	88.1%	87.6%	↑	↑
	GC	91.6%	93.4%	↑	↑
	CCC	91.9%	93.0%	↑	↑
Q45. Specialists are doctors like surgeons, heart doctors, allergy doctors, skin doctors, and other doctors who specialize in one area of health care. In the last 6 months, did you make any appointments (for your child) to see a specialist? (Adult Q24)	Adult	46.5%	43.0%	NA	NA
	GC	19.4%	17.9%	NA	NA
	CCC	39.5%	38.4%	NA	NA
Q46. How often did you get an appointment (for your child) to see a specialist as soon as you needed? (Adult Q25)	Adult	81.7%	84.8%	↑	↑
	GC	84.6%	83.2%	↑	↑
	CCC	83.3%	85.3%	↑	↑

Questions on both adult and child surveys:

- **In the last 6 months did you (your child) have an illness, injury, or condition that <u>needed care right away</u> in a clinic, emergency room, or doctor's office?**
  In CY2015, 45.7% of adults indicated they needed care right away in the last 6 months, compared to 45.2% in CY2014 and 44.3% in CY2012. Of the GC population, 37.9% in CY2015 (compared to 35.2% in CY2014 and 32.1% in CY2012) needed care right away; 47.4% of the CCC respondents in CY2015, compared to 43.6% in CY2014 indicated they needed care right away.
  - **In the last 6 months, when you needed care right away, how often did you get care as soon as you thought you needed?**
    The results for adults in CY2015 (87.2%) were comparable to CY2014 (88.1%), higher than the CY2012 results (80.0%) and above the QC 75th percentile; the CY2014 results were above the QC 90th percentile. Results for the GC population in CY2015 (93.2%) were slightly lower than CY2014 (94.1%) but higher than the CY2012 results (85.6%); the CY2015 results had decreased from above the QC 75th percentile in CY2014 to above the QC 66.67th percentile. The CY2015 CCC population result (93.9%) was comparable to CY2014 (95.0%) and remained above the QC 50th percentile.

- **In the last 6 months, did you make any appointments for a check-up or routine care (for your child) at a doctor's office or clinic?**
  In CY2015, 77.1%, of the adult respondents made appointments for a check-up or routine care within the previous 6 months; the rate has increased from CY2014 (75.8%) and CY2012 (73.5%). The percentage of the GC population that scheduled a check-up or routine care was lower in CY2015 (68.9%) compared to CY2014 (70.8%) and CY2012 (77.8%). For the CCC population surveyed in CY2015, the percentage was 78.7% compared to 80.0% in CY2014.
  - **In the last 6 months, not counting the times you needed care right away, how often did you get an appointment for (your child) for a check-up or routine care at a doctor's office or clinic as soon as you thought you needed?**
    Of the CY2015 adults who scheduled an appointment, 82.7% received an appointment as soon as they thought was needed, compared to 82.9% in CY2014 and 81.3% in CY2012. The adult results remained above the QC 75th percentile. The GC results remained above the QC 50th percentile, with 89.7 in CY2015 and 90.6% in CY2014 receiving appointments as soon as they thought were needed; the CY2012 rate was 89.9%. Of the CCC population, 92.4% in CY2015 and 92.2% in CY2014 indicated they were able to get an appointment as soon as they needed it. The CCC results changed to above the GC 50th percentile from below the QC 50th percentile (and above the GC 25th percentile).
- **In the last 6 months, how often was it easy (for your child) to get the care, tests, or treatment you (your child) needed?**
  The CY2015 positive results for adult respondents (88.1%) remain comparable to CY2014 (87.6%) and higher than the QC 75th percentile. The CY2014 and CY2015 rates were also higher than CY2012 (84.7%). The CY2015 GC results (91.6%) decreased slightly from CY2014 (93.4%) but remained higher than the QC 75th percentile. The CY2012 GC positive result was 90.5%. The CY2015 CCC positive results (91.9%) decreased slightly from CY2014 (93.0%) and decreased from being above the QC 75th percentile to above the QC 66.67th percentile.
- **In the last 6 months, did you make any appointments (for your child) to see a specialist?**
  In CY2015, the following reported making appointments to see a specialist: 46.5% of adults (compared to 43.0% in CY2014 and 35.9% in CY2012); 19.4% of GC respondents (compared to 17.9% in CY2014 and 19.8% in CY2012); and 39.5% of CCC respondents (compared to 38.4% in CY2014).
  - **In the last 6 months, how often did you get an appointment (for your child) to see a specialist as soon as you needed?**
    In CY2015, 81.7% of adult respondents, 84.6% of the GC respondents, and 83.3% of the CCC respondents indicated they were able to see a specialist as soon as they needed. These positive responses were higher than in CY2012 (adults – 75.9%; GC – 79.0%). The adult results decreased from 84.8% in CY2014 and decreased from above the QC 75th percentile in CY2014 to above the QC 50th percentile in CY2015. The GC results improved from 83.2% in CY2014 (above the QC 50th percentile) to above the QC 75th percentile. The CCC results decreased from 85.3% in CY2014 but remained above the QC 50th percentile.

(21) Member Survey – Mental Health

The MH Surveys conducted in CY2011 through CY2015 are described above in Section 7 "Member Survey – Quality."

Questions related to member perceptions of access to MH services are listed in Table 34 and results are described below:

- **Provider availability as often as member felt it was necessary**
  Results in CY2015 (87.2%) from the General Adult survey were comparable to CY2014 (87.9%) and CY2013 (88.2%). Annual rates for this measure in the general adult population have been consistent, with rates ranging from 85.3% (CY2012) to 88.8% (CY2011).
- **Provider return of calls within 24 hours**
  Response results in CY2015 84.4% were comparable to CY2014 (83.3% positive) and CY2013 (84.4%) in the general adult survey population.
- **Services were available at times that were good for the member**
  Responses in CY2015 were comparable to those in CY2014 and CY2013, with no statistically significant changes. Positive response percentages in CY2015 ranged from 84.5% (SED Waiver youth and young adults) to 90.0% (general youth).
- **Ability to see a psychiatrist when the member wanted to**
  In CY2015 there was a statistically significant increase in the percentage of positive responses (83.4%) for general adults compared to CY2012 (70.8%), $p < 0.001$.
- **Ability to get all the services the members thought they needed**
  For the general adult population, there was a significant increase from 78.8% in CY2012 to 84.9% in CY2015 ($p=0.04$). For the SED Waiver youth (ages 12-17, youth responding), there was a significant increase from 71.8% in CY2013 to 81.5% in CY2015 ($p=0.03$). For the general youth, there was a significant increase in positive responses from 79.7% in CY2014 to 86.3% in CY2015 ($p<0.01$).
- **Ability to get services during a crisis**
  - For the general youth, there was a statistically significant negative trend from CY2011 to CY2015 (2011 – 89.5%; 2012 – 87.4%; 2013 – 86.2%; 2014 – 83.4%; 2015 – 84.6%; [$p=0.03$]).
  - In CY2015, the percentage of positive responses from the general adult population decreased slightly from 86.0% to 85%; for the general youth, there was an increase from 83.4% to 84.6%; and for the SED Waiver youth and young adults, a decrease in positive responses from 81.5% in CY2014 to 78.3% in CY2015.
- **Timely availability of medication**
  - Positive response percentages in CY2015 for the general adult survey population decreased from 92.7% in CY2014 to 90.3% in CY2015; increased slightly for general youth from 85.3% in CY2014 to 88% in CY2015; and decreased slightly in the SED Waiver youth and young adults from 94.8% in CY2014 to 93.3% in CY2015.
  - There was a significant increase in positive responses from SED Waiver youth and young adults, increasing from 90.9% in CY2013 to 94.8% in CY2014 ($p=0.03$).

Table 34. Mental Health Survey - Access-Related Questions					
Question	Year	%	N/D	P-Value	Trend (2015 comparison)
My mental health providers were willing to see me as often as I felt it was necessary.	General Adult (Age 18+)				
	2015	**87.2%**	**332 / 381**		0.89
	2014	87.9%	706 / 804	0.71	
	2013	88.2%	927 / 1051	0.59	
	2012	*85.3%*	*233 / 273*	*0.50*	
	2011	*88.8%*	*262 / 295*	*0.52*	
My mental health providers returned my calls in 24 hours.	General Adult (Age 18+)				
	2015	**84.4%**	**292 / 346**		0.39
	2014	83.3%	618 / 742	0.65	
	2013	84.4%	840 / 995	0.99	
	2012	*80.8%*	*202 / 250*	*0.25*	
	2011	*88.1%*	*251 / 285*	*0.19*	
Services were available at times that were good for me.	General Adult (Age 18+)				
	2015	**90.0%**	**343 / 381**		0.41
	2014	89.8%	733 / 817	0.91	
	2013	92.1%	985 / 1071	0.20	
	2012	*87.7%*	*242 / 276*	*0.34*	
	2011	*92.3%*	*277 / 300*	*0.30*	
	General Youth (Age <18), Family Responding				
	2015	**90.9%**	**297 / 327**		0.22
	2014	86.9%	682 / 783	0.06	
	2013	88.7%	871 / 983	0.26	
	2012	*88.0%*	*235 / 267*	*0.26*	
	2011	*85.9%*	*287 / 334*	*0.05*	
	General Youth (Age 12-17), Youth Responding				
	2015	**88.5%**	**130 / 147**		0.94
	2014	87.5%	271 / 308	0.76	
	2013	88.7%	455 / 513	0.94	
	2012	*83.0%*	*83 / 100*	*0.22*	
	2011	*89.5%*	*119 / 133*	*0.79*	
	SED Waiver Youth and Young Adult, Family Responding				
	2015	**84.5%**	**283 / 336**		0.38
	2014	85.2%	356 / 418	0.78	
	2013	85.1%	415 / 487	0.82	
	2012	*88.6%*	*287 / 324*	*0.12*	
	2011	*85.4%*	*243 / 285*	*0.76*	
	SED Waiver Youth (Age 12-17), Youth Responding				
	2015	**85.7%**	**131 / 153**		0.38
	2014	86.0%	167 / 194	0.95	
	2013	82.6%	187 / 226	0.42	
	2012	*82.2%*	*111 / 135*	*0.42*	
	2011	*83.7%*	*103 / 123*	*0.65*	
I was able to see a psychiatrist when I wanted to.	General Adult (Age 18+)				
	2015	**83.4%**	**291 / 349**		0.12
	2014	80.5%	598 / 744	0.24	
	2013	82.3%	807 / 981	0.63	
	2012	*70.8%*	*187 / 264*	*<0.001 ↑*	
	2011	*82.1%*	*225 / 274*	*0.67*	

Table 34. Mental Health Survey - Access-Related Questions (Continued)					
Question	Year	%	N/D	P-Value	Trend (2015 comparison)
I was able to get all the services I thought I needed.	**General Adult (Age 18+)**				
	2015	**84.9%**	**325 / 383**		0.48
	2014	86.5%	704 / 814	0.45	
	2013	86.0%	917 / 1066	0.61	
	2012	*78.8%*	*219 / 278*	***0.04↑***	
	2011	*91.3%*	*274 / 300*	***0.01↓***	
	General Youth (Age 12-17), Youth Responding				
	2015	**87.5%**	**126 / 144**		0.71
	2014	83.8%	260 / 309	0.30	
	2013	82.8%	427 / 518	0.18	
	2012	*85.0%*	*85 / 100*	*0.57*	
	2011	*85.1%*	*114 / 134*	*0.55*	
	SED Waiver Youth (Age 12-17), Youth Responding				
	2015	**81.5%**	**123 / 151**		0.52
	2014	74.8%	138 / 184	0.14	
	2013	71.8%	165 / 229	**0.03↑**	
	2012	*76.3%*	*103 / 135*	*0.28*	
	2011	*77.6%*	*97 / 125*	*0.42*	
My family got as much help as we needed for my child.	**General Youth (Age <18), Family Responding**				
	2015	**86.3%**	**278 / 322**		0.64
	2014	79.7%	609 / 766	**<0.01↑**	
	2013	83.2%	799 / 966	0.19	
	2012	*82.9%*	*213 / 257*	*0.26*	
	2011	*84.2%*	*278 / 330*	*0.46*	
	SED Waiver Youth and Young Adult, Family Responding				
	2015	**78.9%**	**260 / 330**		0.77
	2014	76.4%	318 / 413	0.40	
	2013	75.2%	363 / 482	0.21	
	2012	*77.3%*	*248 / 321*	*0.61*	
	2011	*77.4%*	*220 / 284*	*0.65*	
During a crisis, I was able to get the services I needed.	**General Adult (Age 18+)**				
	2015	**85.0%**	**265 / 312**		0.17
	2014	86.0%	586 / 682	0.67	
	2013	85.4%	742 / 870	0.87	
	2012	*79.2%*	*183 / 231*	*0.08*	
	2011	*83.9%*	*209 / 249*	*0.73*	
During a crisis, my family was able to get the services we needed.	**General Youth (Age <18), Family Responding**				
	2015	**84.6%**	**197 / 233**		**0.03↓**
	2014	83.4%	457 / 548	0.69	
	2013	86.2%	604 / 706	0.53	
	2012	*87.4%*	*173 / 198*	*0.40*	
	2011	*89.5%*	*204 / 228*	*0.12*	
	SED Waiver Youth and Young Adult, Family Responding				
	2015	**78.3%**	**213 / 272**		1.00
	2014	81.5%	276 / 338	0.34	
	2013	76.4%	299 / 390	0.56	
	2012	*79.1%*	*197 / 249*	*0.82*	
	2011	*80.0%*	*173 / 216*	*0.65*	
Medication available timely*	**General Adult (Age 18+)**				
	2015	**90.3%**	**296 / 328**		0.60
	2014	92.7%	661 / 713	0.19	
	2013	91.8%	827 / 903	0.40	
	General Youth (Age <18)				
	2015	**88.0%**	**198 / 225**		0.63
	2014	85.3%	408 / 478	0.34	
	2013	86.1%	537 / 622	0.47	
	SED Waiver Youth and Young Adult, Family Responding				
	2015	**93.3%**	**275 / 294**		0.16
	2014	94.8%	356 / 376	0.41	
	2013	90.9%	379 / 416	0.25	
	*Not asked in 2012 and 2011				

(22) Member Survey – SUD

Section 7 above provides background on the SUD survey conducted by the three MCOs in 2014. Questions related to perceptions of access to care for members receiving SUD services follow (see Table 35).

Table 35. SUD Survey - Access-Related Questions, CY2014 and CY2015

	CY2015		CY2014	
	Num/Denom	%	Num/Denom	%
Thinking back to your first appointment for your current treatment, did you get an appointment as soon as you wanted? (Number and percent "Yes" responses)	157 / 179	87.7%	186 / 202	92.1%
In the last year, did you need to see your counselor right away for an urgent problem? (Number and percent "Yes" responses)	47 / 183	25.7%	57 / 200	28.5%
If yes to previous question: How satisfied are you with the time it took you to see someone? (Number and percent "Very satisfied" and "Satisfied" responses)	34 / 43	79.1%	46 / 57	98.2%
If yes to previous question: Were you seen within 24 hours, 24 to 48 hours, or did you have to wait longer than 48 hours? (Number and percent of ">48 hours" responses)	8 / 42	19.0%	6 / 55	10.9%
Is the distance you travel to your counselor a problem or not a problem? (Number and percent "Not a Problem" responses)	161 / 183	88.0%	180 / 202	89.1%
Were you placed on a waiting list? (Number and percent "Yes" responses)	28 / 180	15.6%	25 / 205	12.2%
If yes to previous question: If you were placed on a waiting list, how long was the wait? (Number and percent "3 weeks or longer" responses)	12 / 26	46.2%	6 / 23	26.1%

- **Thinking back to your first appointment for your current treatment, did you get an appointment as soon as you wanted?**
  In 2015, 87.7% (157) of 179 members indicated they got an appointment as soon as they wanted, compared to 92.1% (186) of 202 members in 2014, a 4.4% decrease, and a decrease compared to 89.6% in 2012.
- **For urgent problems, how satisfied are you with the time it took you to see someone?**
  - In 2015, 25.7% (47) of 183 members surveyed indicated that in the past year they had needed to see their counselor right away for an urgent problem, compared to 28.5% (57) of 200 surveyed in 2014 and 26% in 2012.
  - Of the 47 in 2015 who indicated they had an urgent problem, 34 indicated they were very satisfied or satisfied with the time it took to get to see someone, nine were dissatisfied, and four did not respond.
  - Of the 57 in 2014 who had an urgent problem, 56 (98.2%) indicated they were very satisfied or satisfied with the time it took to get to see someone. In 2012, 98.0% indicated they were very satisfied or satisfied.

- **For urgent problems, were you seen within 24 hours, 24 to 48 hours, or did you wait longer than 48 hours?**
  - In 2015, 42 of the 47 members who indicated they had an urgent problem responded, and in 2014, 55 of 57 responded.
  - In 2015, 19.0% (8) of the 42 members were seen more than 48 hours later, compared to 10.9% (6) of 55 members in 2014.
  - In 2015, 54.8% (23) of the 42 members were seen within 24 hours, compared to 58.2% (32) of 55 members in 2014.
  - In 2015, 26.2% (11) of the 42 members were seen within 24 to 48 hours, compared to 30.9% (17) of 55 members in 2014.
- **Is the distance you travel to your counselor a problem or not a problem?**
  In 2015, 88.0% (161) of 183 members surveyed indicated travel distance was not a problem, comparable to 2014 (89.1% of 202 members surveyed) and to 2012 (90.5%).
- **Were you placed on a waiting list?**
  The number and percentage of members placed on a waiting list increased from 11.7% in 2012 to 12.2% (25 of 205) in 2014 to 15.6% (28 of 180) in 2015.
- **If you were placed on a waiting list, how long was the wait?**
  - In 2015, 26 of the 28 members placed on a waiting list responded. Of these, 46.2% (12) indicated their wait was three weeks or longer, and 23.1% (6) waited one week or less.
  - In 2014, 23 of the 25 members that indicated they were put on a waiting list responded. Of these, 26.1% (6) indicated their wait was three weeks or longer, and 34.7% (8) waited one week or less.

(23) Provider Survey

Background information and comments on the Provider Survey are described in Section 8 above. In this section, results are reported for satisfaction with the availability of specialists. The provider survey results for the quality-related question are in Section 8, and results for the preauthorization-related question are in Section 17.

Providers were asked, "**Please rate your satisfaction with availability of specialists**." Table 36 provides the available survey results by individual MCO.

Amerigroup

In 2015, 59.5% (198) of 333 providers surveyed were very or somewhat satisfied with the availability of specialists, compared to 45.9% (118) of 257 providers surveyed in 2014, a 29.6% relative increase. In 2015, 16.8% (56) of providers surveyed were very or somewhat dissatisfied, comparable to 17.1% (44) of the providers surveyed in 2014.

Sunflower

- **Sunflower general provider survey** - In 2015, 52.9% (137) of 259 providers surveyed were very or somewhat satisfied, compared to 40.7% (92) of the 226 providers surveyed in 2014, a relative increase of 30%. In 2015, 16.2% (42) of the providers surveyed were very or somewhat dissatisfied, compared to 15.0% (34) of the providers in 2014.

- **Sunflower (Cenpatico) BH provider survey** - In 2015, 27.4% (34) of 124 providers surveyed were very or somewhat satisfied, and 7.3% (9) were very or somewhat dissatisfied. (In 2014, this question was not on the survey.)

UnitedHealthcare

- **UnitedHealthcare general provider survey** - In 2015, 45.2% (33) of the 73 providers surveyed were very or somewhat satisfied, and 21.9% (16) were very or somewhat dissatisfied. (2014 survey results are not available due to a typographical error on the survey instrument.)
- **UHC (Optum) BH provider survey** - In 2015, 38.6% (39) of the 101 BH providers surveyed were very or somewhat satisfied, compared to 32.2% (27) of the 84 BH providers surveyed in 2014, a 19.6% relative increase. In 2015, 5.9% (6) of the BH providers were very or somewhat dissatisfied, compared to 13.1% (11) of the providers in 2014, a relative decrease of 55%.

Table 36. Provider Satisfaction with Availability of Specialists - CY2014 and CY2015

	Very or Somewhat Satisfied		Neither Satisfied nor dissatisfied		Very or Somewhat Dissatisfied		Total responses	
	CY2015	CY2014	CY2015	CY2014	CY2015	CY2014	CY2015	CY2014
General Provider Surveys								
Amerigroup+	59.5%	45.9%	23.7%	37.0%	16.8%	17.1%	333	257
Sunflower	52.9%	40.7%	30.9%	44.2%	16.2%	15.0%	259	226
UnitedHealthcare	45.2%	^	32.9%	^	21.9%	^	73	63
Behavioral Health Provider Surveys								
	CY2015	CY2014	CY2015	CY2014	CY2015	CY2014	CY2015	CY2014
Cenpatico (Sunflower)	27.4%	*	65.3%	*	7.3%	*	124	*
Optum (UnitedHealthcare	38.6%	32.1%	55.4%	54.8%	5.9%	13.1%	101	84

+ Amerigroup includes Behavioral Health Providers in their General Provider Survey
^ UnitedHealthcare results for 2014 cannot be determined due to a typographical error in the survey instrument that included "Somewhat Satisfied" twice and excluded "Somewhat Dissatisfied."
* Question not asked on Cenpatico survey in 2014.

Efficiency

(24) Grievances – Reported Quarterly

Compare/track number of access-related grievances over time, by population type.

Grievances are analyzed in the KanCare Evaluation Quarterly Reports. Each quarter since Q4 CY2013, these quarterly reports have been submitted by KDHE to CMS and are available on the KanCare website for public review.

(25) Calls and Assistance – Reported Quarterly

- **Evaluate for trends regarding types of questions and grievances submitted to Ombudsman's Office.**
- **Track number and type of assistance provided by the Ombudsman's Office.**
  The types of assistance and numbers of contacts provided to KanCare members by the Ombudsman's Office are analyzed in the KanCare Evaluation Quarterly Reports. Each quarter since Q4 CY2013, these quarterly reports have been submitted by KDHE to CMS and are available on the KanCare website for public review.

(26) Systems

Data for the following measures are reported for the KanCare population and stratified by HCBS waiver I/DD, PD, TBI, and FE, and by Mental Health (MH) – members who had a mental health visit during the year. HEDIS data reported for CY2013 and CY2014 for ED visits and Inpatient Discharges are also reported for the KanCare population based on data submitted to KDHE by the three MCOs. The HCBS and MH stratified data differ somewhat from the HEDIS data, primarily due to inclusion or exclusion of members with dual coverage through Medicare or through private insurance (in addition to Medicaid eligibility).

Emergency Department (ED) Visits

Population: KanCare (all members) and stratified by TBI, FE, I/DD, PD, and MH
Analysis: Comparison of baseline CY2013 to annual measurement and trending over time.
ED visit rates for HCBS (TBI, PD, FE, and IDD) were much lower in CY2013 and CY 2014 compared to rates in CY2012 pre-KanCare. ED rates for MH members were lower in CY2013 than in pre-KanCare CY2012, but increased in CY2014 to levels above those in CY2012.

ED visit rates for the KanCare population, in HEDIS data reported by the MCOs for all KanCare members, were also lower in CY2014 compared to CY2013. HEDIS rates for ED visits, however, exclude ED visits that result in inpatient admissions, while the data reported for HCBS and MH below include all ED visits whether or not they resulted in an inpatient admission. As such, the data reported for HCBS and MH members below should not be compared to the HEDIS rates for ED visits.

As noted above, reported rates can differ a great deal depending on whether members with dual eligibility are excluded or included. MCOs often do not receive data (or data are delayed) for claims paid entirely by Medicare or other private insurance. While there are differences in the numbers and rates of ED visits for the TBI, FE, I/DD, PD, and MH members in CY2012 through CY2014 with and without dual eligibility (see Table 37), no differences were noted in ED usage patterns based on dual eligibility. The summaries that follow are based on data that include members with dual eligibility.

Table 37. HCBS and MH Emergency Department (ED) Visits & Comparison of HCBS Rates Including and Excluding Dual Members (Medicare and Medicaid), CY2012 - CY2014						
	Including Dual Members			Excluding Dual Members		
	CY2012	CY2013	CY2014	CY2012	CY2013	CY2014
Traumatic Brain Injury (TBI)						
ED Visits	1,452	1,178	1,288	797	668	770
Members	744	748	694	404	399	364
Member-Months	6,596	7,406	6,667	3503	3777	3326
Visits per 1,000 member months	**220.13**	**159.06**	**193.19**	**227.52**	**176.86**	**231.51**
Frail Elderly (FE)						
ED Visits	6,199	3,891	4,226	296	204	245
Members	7,341	6,899	6,879	263	280	332
Member-Months	68,631	64,328	62,984	2,515	2,521	2,983
Visits per 1,000 member months	**90.32**	**60.49**	**67.10**	**117.69**	**80.92**	**82.13**
Intellectual/Developmental Disability (I/DD)						
ED Visits	5,601	4,219	4,893	2,372	1,974	2,160
Members	9,037	9,084	9,123	4,255	4,217	4,230
Member-Months	103,258	103,575	104,737	46,812	46,272	46,505
Visits per 1,000 member months	**54.24**	**40.73**	**46.72**	**50.67**	**42.66**	**46.45**
Physical Disability (PD)						
ED Visits	12,424	8,045	8,442	4,419	3,079	3,217
Members	6,984	6,340	6,166	2,215	1,958	1,870
Member-Months	75,087	68,468	64,782	22,999	20,216	19,005
Visits per 1,000 member months	**165.46**	**117.50**	**130.31**	**192.14**	**152.31**	**169.27**
Total - TBI, FE, I/DD, PD						
ED Visits	25,676	17,333	18,849	7,884	5,925	6,392
Members	24,106	23,071	22,862	7,137	6,854	6,796
Member-Months	253,572	243,777	239,170	75,829	72,786	71,819
Visits per 1,000 member months	**101.26**	**71.10**	**78.81**	**103.97**	**81.40**	**89.00**
Mental Health (MH)						
ED Visits	118,698	112,974	141,620	83,199	78,770	100,532
Members	93,361	96,174	104,264	69,801	72,458	79,766
Member-Months	1,020,521	1,053,748	1,154,931	753,709	786,690	876,769
Visits per 1,000 member months	**116.31**	**107.21**	**122.62**	**110.39**	**100.13**	**114.66**

- **HCBS** (total visits per 1,000 member-months for TBI, FE, I/DD, and PD) – ED visit rates dropped significantly in CY2013 and CY2014 compared to CY2012 pre-KanCare. Visit rates per 1,000 member-months dropped from 101.26 in CY2012 to 71.10 in CY2013 and 78.81 in CY2014.
- **TBI** – TBI members had the highest rate of ED visits in CY2012 to CY2014, compared to the other populations. The ED visit rates, however, significantly decreased in CY2013 (159.06 visits per 1,000 member-months) and CY2014 (193.19 visits per 1,000 member-months) compared to the CY2012 pre-KanCare rate of 220.13 visits per 1,000 member-months.
- **PD** – PD members also had high rates of ED visits, but dropped from 165.46 in CY2012 pre-KanCare to 117.50 in CY2013 and 130.31 in CY2014.

- **FE** – FE member rates dropped from 90.32 visits per 1,000 member-months in CY2012 to 60.49 in CY2013 and 67.10 in CY2014.
- **I/DD** – I/DD member ED rates were the lower than those of PD, FE, and TBI members, and dropped from 54.24 visits per 1,000 member-months pre-KanCare CY2012 to 40.73 in CY2013 and 46.72 in CY2014.
- **MH** – Members who had at least one MH visit composed more than one quarter of the members receiving services through KanCare. The MH members increased their rate of ER visits in CY2014 (122.62 visits per 1,000 member-months) compared to CY2012 pre-KanCare (116.31).
- **HEDIS (KanCare Population**: HEDIS rates exclude visits that result in inpatient admissions, while the data reported above includes all ED visits. The aggregate number of ED visits per 1,000 member-months for CY2014, as reported for HEDIS 2015 by the three MCOs, is 64.19 ED visits per 1,000 member-months. This was a decrease in visits compared to CY2013 (65.17 ED visits per 1,000 member-months). In both years the rates were just above the QC 50th percentile. (The goal for this measure is to lower rates. Higher ED visit rates also have QC percentiles that are higher.)

Inpatient Hospitalizations

Population: KanCare (all members) and stratified by TBI, FE, I/DD, PD, and MH
Analysis: Comparison of baseline CY2013 to annual measurement and trending over time.
Data reported below for HCBS (TBI, FE, I/DD, and PD) and for MH are based on inpatient admissions. HEDIS data reported for all KanCare members are based instead on inpatient discharges. Inpatient admission rates increased for FE, I/DD, and PD members and decreased for TBI and MH members in CY2014 compared to pre-KanCare CY2012 (see Table 38). HEDIS rates for inpatient discharges for all KanCare members decreased in CY2014 compared to CY2013.

- **HCBS** (total admissions per 1,000 member-months for TBI, FE, I/DD, and PD) – Inpatient admission rates decreased in CY2013 (33.74 admits per 1,000 member-months) compared to CY2012 pre-KanCare (35.00 admits per 1,000 member-months), but increased in CY2014 (35.75 admits per 1,000 member-months).
- **TBI** – TBI members had lower rates of inpatient admissions in CY2013 (45.37 admits per 1,000 member-months) and CY2014 (45.15 admits per 1,000 member-months) compared to the CY2012 pre-KanCare rate of 46.69 admits per 1,000 member-months.
- **PD** – PD members had higher rates of inpatient admissions than TBI, FE, I/DD, and MH members in each of the three years. Inpatient admits decreased slightly in CY2013 (50.58 admits per 1,000 member-months) compared to CY2012 pre-KanCare (53.84 admits per 1,000 member-months), but then increased to 55.35 admits per 1,000 in CY2014.
- **FE** – FE member rates increased from 47.27 inpatient admissions (per 1,000 member-months) in pre-KanCare CY2012 to 48.84 in CY2013 and increased again in CY2014 to 52.50 inpatient admissions per 1,000 member-months.
- **I/DD** – I/DD member inpatient admission rates were lower than those of PD, FE, and TBI members in each of the three years. Admission rates increased slightly from 12.36 admits per 1,000 member-months in CY2012 pre-KanCare to 12.39 in CY2013 and to 13.13 in CY2014.

Table 38. HCBS and MH Inpatient Admissions and Readmissions within 30 days of Hospital Discharge, CY2012 - CY2014						
			Inpatient Admissions		Readmissions after Discharge	
Year	Members	Member Months	Admits	Admits per 1,000 Member months	Readmits	Readmits per 1,000 member months
Traumatic Brain Injury (TBI)						
2012	744	6,596	308	**46.69**	55	**8.34**
2013	748	7,406	336	**45.37**	53	**7.16**
2014	694	6,667	301	**45.15**	46	**6.90**
Frail Elderly (FE)						
2012	7,341	68,631	3,244	**47.27**	429	**6.25**
2013	6,899	64,328	3,142	**48.84**	444	**6.90**
2014	6,879	62,984	3,288	**52.20**	496	**7.88**
Intellectual/Developmental Disability (I/DD)						
2012	9,037	103,258	1,276	**12.36**	136	**1.32**
2013	9,084	103,575	1,283	**12.39**	149	**1.44**
2014	9,123	104,737	1,375	**13.13**	178	**1.70**
Physical Disability (PD)						
2012	6,984	75,087	4,043	**53.84**	674	**8.98**
2013	6,340	68,468	3,463	**50.58**	599	**8.75**
2014	6,166	64,782	3,586	**55.35**	694	**10.71**
Total - TBI, FE, I/DD, PD						
2012	24,106	253,472	8,871	**35.00**	1,294	**5.11**
2013	23,071	243,777	8,224	**33.74**	1,245	**5.11**
2014	22,862	239,170	8,550	**35.75**	1,414	**5.91**
Mental Health (MH)						
2012	93,361	1,020,521	6,057	**5.94**	827	**0.81**
2013	96,174	1,053,748	6,087	**5.78**	871	**0.83**
2014	104,264	1,154,931	6,658	**5.76**	923	**0.80**

- **MH** –MH members had much lower inpatient admission rates than those of HCBS and decreased each year from 5.94 admits per 1,000 member-months in CY2012 pre-KanCare to 5.78 admits per 1,000 member-months in CY2013 to 5.76 admits per 1,000 member-months in CY2014.
- **HEDIS (KanCare Population**): HEDIS rates differ from the data reported above, as HEDIS data are based on the number of discharges, while the rates reported above are based on the number of inpatient admissions. The aggregate number of inpatient discharges per 1,000 member-months for CY2014, as reported by the three MCOs, is 6.56 inpatient discharges per 1,000 member-months. This was a decrease in visits compared to CY2013 (6.92 inpatient visits per 1,000 member-months). In both years the rates were below the QC 50th percentile (above the 33.33rd percentile in CY2014). (Unlike many other HEDIS

measures, the goal for this measure is to have lower percentages and to have QC percentile rankings below the 50th percentile.)

Inpatient Readmissions within 30 days of inpatient discharge
Population: KanCare (all members), and stratified by I/DD, PD, TBI, MH, FE, and MH.
Analysis: Comparison of baseline CY2013 to annual measurement and trending over time. Inpatient readmission rates decreased in CY2013 and CY2014 for TBI and MH members from CY2012 pre-KanCare but increased slightly for FE, I/DD, and PD members. (HEDIS data were not reported for readmissions for this time period.)

- **HCBS** (total readmissions per 1,000 member-months for TBI, FE, I/DD, and PD) – Readmission rates did not change in CY2013 compared to CY2012 pre-KanCare (5.11 readmissions per 1,000 member-months), but increased in CY2014 (5.91 readmissions per 1,000 member-months).
- **TBI** – TBI members, who had the highest rate of ED visits in CY2012 to CY2014, had lower rates of readmissions in CY2013 (7.16 readmissions per 1,000 member-months) and CY2014 (6.90 readmissions per 1,000 member-months) compared to the CY2012 pre-KanCare rate of 8.34 readmissions per 1,000 member-months.
- **PD** – PD members had higher rates of readmissions than TBI, FE, I/DD, and MH members in each of the three years. Readmission rates decreased slightly in CY2013 (8.75 readmissions per 1,000) compared to CY2012 pre-KanCare, but then increased to 10.71 readmissions per 1,000 in CY2014.
- **FE** – FE member rates increased from 8.34 readmissions (per 1,000 member-months) in pre-KanCare CY2012 to 6.90 in CY2013, increasing again in CY2014 to 7.88 readmissions per 1,000 member-months.
- **I/DD** – I/DD member readmission rates were lower than those of PD, FE, and TBI members in each of the three years. Readmission rates increased slightly from 1.32 readmissions per 1,000 member-months in CY2012 pre-KanCare to 1.44 in CY2013 and to 1.70 in CY2014.
- **MH** –MH members had much lower readmission rates than those of HCBS. Readmission rates were slightly higher in CY2013 (0.83 admits per 1,000 member-months) compared to CY2012 pre-KanCare (0.81 readmissions per 1,000 member-months) and decreased in CY2014 (0.80 readmissions per 1,000 member-months).

Quantify system design innovations implemented by KanCare such as: Person-Centered Medical Homes, Electronic Health Record use, Use of Telehealth, and Electronic Referral Systems
System design innovations for improved health care provision throughout Kansas, such as patient-centered medical homes, electronic health record use, use of telehealth, and electronic referral systems, were reported in the KanCare Evaluation Quarterly Reports in CY2013 and CY2014 and are now reported in the KanCare Evaluation Annual Reports.

Some of these systems may be created by KanCare such as Health Homes, and some are dependent upon the providers in the program to initiate, such as electronic health records. Related initiatives are also led by other entities in Kansas. To isolate the effects of the KanCare demonstration from other initiatives occurring in Kansas, KFMC summarizes the various

related initiatives occurring in Kansas. KFMC reaches out to the various provider associations and state agencies to identify, at a minimum, initiatives with potential to affect a broad KanCare population. KFMC will collect the following information about the other initiatives to help determine, wherever possible, overlap with KanCare initiatives:

- Consumer and provider populations impacted,
- Coverage by location/region,
- Available post-KanCare performance measure data, and
- Start dates and current stage of the initiative.

HEALTH HOMES

The Health Homes program for KanCare members with SMI was implemented on 7/1/2014, with services beginning 8/1/2014. In CY2015, the average monthly Health Home enrollment was 28,865 members. There was 51.5% engagement in CY2015, with 14,750 members receiving one or more services. The newsletter "Health Homes Herald," provided success stories and program updates; it can be found at the following Internet address: (http://www.kancare.ks.gov/health_home/news_herald.htm). In CY2015, the Wichita State University Center (WSU) for Community Support and Research provided monthly learning opportunities for staff within contracted Health Home providers. WSU facilitated a Health Homes Learning Collaborative for Health Home administrators and managers to join with professional associations, lead entities and State program leaders. The Health Action Plan Learning Series was provided throughout CY2015 as an opportunity for care coordinators and social workers within contracted Health Home partners to gain tools and resources for writing quality Health Action Plans with their members. A Health Homes Conference was held in August 2015.

PATIENT CENTERED MEDICAL HOMES

There are a number of organizations in Kansas who have or are currently involved in efforts to help healthcare providers become Patient-Centered Medical Homes (PCMHs) and to be recognized by the NCQA or the Utilization Review Accreditation Committee (URAC). Below is a summary of these organizations and the work they are doing:

- Kansas Academy of Family Physicians (KAFP) - Kansas Primary Care Medical Home Initiative – Phase 2 Completed.
  - *Consumer and provider populations impacted:* Primary Care practices and all of their patients regardless of payers.
  - *Coverage by location/region:* The four primary care practices involved in Phase 2 were located in Plainville, Sabetha, St. Francis, and Wichita. (Phase 1 also included practices in Ellsworth, Lawrence, Pittsburg, and Winfield.)
  - *Start date and current stage of the initiative*: Phase 1 involved eight practices working towards NCQA certification from 1/1/2011 to 12/31/2013. For Phase 2 (5/2014 – 4/2015) KAFP contracted with KFMC's Regional Extension Center to work with four of the original KAFP pilot sites to continue pursuit of Patient-Centered Medical Homes (PCMH) certification.
  - *Results:* Six of the eight practices achieved Level 3 NCQA certification, the highest level of PCMH recognition possible through NCQA. Two achieved Level 3 during Phase 1 and four achieved Level 3 during Phase 2.

- Kansas Foundation for Medical Care - Regional Extension Center (REC) PCMH work
  - *Consumer and provider populations impacted:* Primary Care practices and all of their patients regardless of payer.
  - *Coverage by location/region:* Practices were located in Fredonia, Manhattan, Topeka, Wichita (3), and Winfield.
  - *Start dates and current stage of the initiative*: Six clinics started working with KFMC on PCMH in March 2013; the project is completed. Six of the seven practices have providers who achieved PCMH recognition, one at NCQA 2011 Level 2 and five practices at 2011 Level 3.
- Blue Cross/Blue Shield of Kansas (BCBSKS)
  BCBSKS has a Quality Based Reimbursement Program (QBRP) for their contracting providers that provides an opportunity to earn additional revenue for performing defined activities.
  - *Consumer and provider populations impacted:* All specialty types contracted with BCBSKS and their patients.
  - *Coverage by location/region:* Kansas, excluding metro Kansas City
  - *Start dates and current stage of the initiative*: Since 2011, BCBSKS has incentivized a number of provider-based quality improvement initiatives such as EHR adoption, electronic prescribing, participating in a Health Information Exchange (HIE), and PCMH. These incentives change each year but continued in 2015.
- Children's Mercy Hospital & Clinics (CMH) DSRIP - Expansion of Patient Centered Medical Homes and Neighborhoods
  - *Consumer and provider populations impacted:* Children and youth with medical complexity and their siblings.
  - *Coverage by location/region:* Four practices in Northeast Kansas
  - *Start dates and current stage of the initiative*: The project started January 1, 2015. The four practices are in active stages of modifying their processes, per the PCMH model, in preparation for NCQA certification.
- Kansas Health Foundation (KHF) and KAMU- PCMH Initiative
  - *Consumer and provider populations impacted:* Safety Net Clinics and their patients.
  - *Coverage by location/region:* Nine safety net clinics.
  - *Start dates and current stage of the initiative*: January 2012 through March 31, 2015 (extended from original completion date of June 2014). Four clinics chose to continue to receive concentrated supports through the extension period; three of the four applied for and became PCMH recognized. Of the original clinics who participated in the initiative, 67% participated in the full initiative, 56% applied for and achieved recognition, and 11% implemented a patient-centered model of care choosing not to pursue recognition.

OTHER PRACTICE REDESIGN INITIATIVES

- Kansas Healthcare Collaborative – Practice Transformation Network
  The Kansas Healthcare Collaborative (KHC), a quality organization founded by the Kansas Medical Society and the Kansas Hospital Association is the lead organization in Kansas for the Practice Transformation Network (PTN). The PTN involves group practices, health care

systems and others joining forces to collectively share quality improvement expertise and best practices to reach new levels of coordination, continuity, and integration of care. KHC will provide coaching and assistance to clinician practices in preparing for clinical and operational practice transformation from a fee-for-service payment model to performance-based payment.

- *Consumer and provider populations impacted:* Primary care practices and health care systems and the consumers they serve.
- *Coverage by location/region:* More than 1,000 Kansas clinicians are expected to participate in this effort. As of March 10, 2016, the number of providers enrolled in PTN was 660.
- *Start date and current stage of the initiative*: The grant was awarded September 29, 2015, and KHC is in the first phase of the program.
- *Outcomes/Performance Measurement Results*: Not applicable due to initial phase of the program.

- The University of Kansas Hospital (TUKH) – Kansas Heart and Stroke Collaborative
  The Kansas Heart and Stroke Collaborative (KHSC) is an innovative care delivery and payment model to improve rural Kansans' heart health and stroke outcomes and reduce total cost of care. The grant program is funded by the Centers for Medicare and Medicaid Services Innovation. This Rural Clinically Integrated Network (RCIN) will expand the use of telehealth, robust health information exchange, "big data" analysis, and population health management.
  - *Consumer and provider populations impacted:* All consumers of Hays Medical Center and 11 critical-access hospitals, two federally qualified health centers, primary care providers and specialists serving northwest Kansas. More recently, TUKH has added Salina Regional Medical Center and another 10-11 critical access hospitals. Additional sites participating include three more in NW Kansas, Pratt Regional Medical Center, and Neosho Regional Medical Center.
  - *Coverage by location/region:* The Kansas regions involved in this initiative are: northwest, central, south-central, and southeast.
  - *Start date and current stage of the initiative*: The initiative started September 1, 2014, and extends through August 31, 2017. TUKH held a Kansas Heart and Stroke Summit in October 2014, convening the participating sites. After the summit, participating sites formed committees to assist with the guidance and implementation of the award operations plan. Telemedicine was already in use in a couple of rural sites but limited to only stroke management, so the KHSC partnered with Avera eCare to place e-emergency telemedicine support in all of the participating critical access hospital emergency rooms. The e-emergency telemedicine could be utilized not only for heart attacks and stroke but for other time critical diagnoses and challenging conditions rural providers often face. Quality improvement is an important component of this project so data was collected from chart audits for the 6 months prior to the implementation of the acute care guidelines (March 1, 2015) and has continued every quarter since.

    The second phase included initiation of a Transitional Care Management program on July 1, 2015. The Transitional Care Managers help address the higher readmission rates

for rural patients after returning to their communities from larger medical centers, subsequent to a heart attack or stroke. Also, part-time local "Health Coaches," mostly Registered Nurses, have been hired to provide assistance with ongoing patient engagement, education and self-management skill capabilities. The result of the Health Coach engagement is a chronic care plan that is shared with the patient and other providers engaged in a particular patient's care. Information technology systems will be used to enable efficient use of a Health Coach's time across many patients in each community that qualify for Chronic Care Management. This will also allow for the electronic exchange of information among a patient's providers.

The final phase of the project is to reduce the death rates from myocardial infarction (MI) and stroke. Participating communities have focused education efforts on recognizing signs and symptoms and calling 911, as well as "hands only" CPR training. This phase will also focus on population health management in the clinical setting.

- *Outcomes/Performance Measurement Results*:
  Across the KHSC participating sites there are approximately 80 MIs or strokes per month. Of the six time-dependent metrics related to assessing and managing MI and stroke that are national benchmarks, improvements have been noted in all categories; however, with the small number of stroke patients, one delayed interpretation of a CT head scan impacted the aggregate score across the collaborative the last quarter, but it identified a need to engage remote radiologists regarding the need to identify time critical conditions and move them up the queue rather than addressing reads as they arrive.

  The KHSC continues to collect data on outcomes; there are initial examples of cases where early identification and treatment of a stroke allowed the patient to eventually return home with no residual neurologic problems.

  The Transitional Care Management program has reached out to 506 patients and has had a 91% participation rate. All of these patients completed their 30 days of transitional care, and there are examples of improved care coordination.

- Accountable Care Organizations (ACO)
  ACOs are groups of doctors, hospitals, and other health care providers, who come together voluntarily to give coordinated high quality care to their Medicare patients. The goal of coordinated care is to ensure that patients, especially the chronically ill, get the right care at the right time, while avoiding unnecessary duplication of services and preventing medical errors. When an ACO succeeds both in delivering high-quality care and spending health care dollars more wisely, it will share in the savings it achieves for the Medicare program. In CY2015, there were several ACOs in Kansas. A Kansas Health Institute News Service article posted on May 6, 2015, noted less than 4 percent of the Kansas population was enrolled in some form of alternative payment model, like ACOs.

- Kansas Association for the Medically Underserved – Health Center Controlled Network (HCCN)
  The HCCN is a group of safety net providers collaborating horizontally or vertically to improve access to care, enhance quality of care, and achieve cost efficiency through the redesign of practices to integrate services and optimize patient outcomes. Redesign includes a focus on health information technology systems, integration of electronic health record systems, Meaningful Use (MU) attestation, and quality improvement.
  - *Consumer and provider populations impacted:* Safety Net Clinics and their patients.
  - *Coverage by location/region:* There are 14 participating safety net clinics in the following 19 cities and towns: Atchison, Dodge City, Garden City, Great Bend, Halstead, Hays, Hoxie, Hutchinson, Junction City, Lawrence, Liberal, Manhattan, Newton, Salina, Topeka, Ulysses, Victoria, Wichita, and Winfield.
- Sunflower Foundation – Integrated Care Initiative.
  Since its inception in 2012, the Integrated Care Initiative has awarded 20 grants totaling more than $2.2 million. It also founded the Learning Collaborative, where more than 100 participants from grantee organizations and other partners have worked to learn from others' efforts. The grants are part of Sunflower's Integrated Care Initiative, which supports primary care and BH safety net systems that are working to deliver health care for the whole person. The most recent grants were announced in April 2015 for clinics in Wichita, Wamego, and Parsons Kansas.

HEALTH INFORMATION TECHNOLOGY (EHRS AND MU)

As mentioned in previous KanCare evaluation reports, the Health Information Technology for Economic and Clinical Health Act (HITECH Act) created provisions to promote the MU of health information technology. The Office of the National Coordinator for Health Information Technology (ONC) has provided technical assistance to over 100,000 primary care physicians via its REC program since 2010. KFMC, the Kansas REC, has provided support to more than 1,600 Eligible Professionals (EPs) and 95 Eligible Hospitals (EHs) across the state to achieve MU.-The REC program will sunset on April 7, 2016.

CMS has a role in HITECH as well. CMS operationalized MU by setting up core and menu set measures that must be met by EPs and EHs to receive incentive dollars or to avoid Medicare reduced payment adjustments. CMS administers the MU incentive program for Medicare Eligible Professional (EPs) and Eligible Hospitals (EHs). The State of Kansas is in charge of the program for Kansas Medicaid providers within CMS guidelines. Medicaid incentives are for providers that adopt/implement/upgrade to certified EHR technology and for MU. From January 2011 to January 2016, the following incentive provider payments to Kansas EPs and EHs have been made:

- Medicare Eligible Professionals: $17,498,255 (a total of $88,848,555, since January 2011)
- Medicaid Eligible Professionals: $27,382,534 (a total of $47,667,792, since January 2011)
- Eligible Hospitals: $23,284,391 (a total of $258,478,534, since January 2011)

KFMC, through funding by KDHE/DHCF, is providing technical assistance to Medicaid providers who have not yet reached MU of an EHR. KFMC is assisting Medicaid healthcare providers with selection, implementation, and meaningful use of an EHR between February 2014 and September 2017. KFMC is currently working with 186 Medicaid providers. As part of this KDHE program, KFMC also conducted an EHR readiness assessment and assisted with vendor selection for 24 Health Home Partners contracted with KanCare.

HEALTH INFORMATION EXCHANGE

Increasing Health Information Exchange (HIE) capabilities is also a component of the HITECH Act. The presence of HIE is becoming more central in the work of healthcare providers in Kansas. As reported previously, there are two HIE organizations in Kansas that have been provided Certificates of Authority by KDHE to provide the sharing of health information in Kansas. The organizations, Kansas Health Information Network (KHIN) and the Lewis and Clark Information Exchange (LACIE), have continued to expand their capabilities and to offer services to a wider audience. Below is a summary of the incorporation of HIE into the system for providing healthcare in Kansas.

- KHIN
  - Membership: In CY2015, the total number of KHIN members was 1292, an increase from the 955 reported for CY2014. The number of KHIN "Live" hospitals and clinics was 734, an increase from the 345 reported for CY2014.
  - Personal Health Record (PHR): MyKSHealth eRecord is a PHR that is available to all consumers who receive care from Kansas health care providers. This allows consumers access to their records any time they need them.
  - KanCare MCOs: KHIN has been working with KanCare MCOs to ensure they have accurate, up-to-date information on their members. While a record of healthcare service is available to the MCOs upon receipt of a claim, KHIN provides the service information in real time at the point of care being received. KHIN can provide daily updates to the MCOs regarding member activity in the last 24 hours.
  - Quality Measure Reporting: Now that KHIN has a significant amount of clinical data, KHIN is beginning to focus more on quality measure reporting. KHIN is able to perform data extracts for specified quality measures, e.g., hemoglobin A1c values, cholesterol levels, glucose monitoring, hypertension monitoring, etc., and report them back to the providers.
- LACIE
  - Patients queried: LACIE is receiving more than 100,000 queries per month.
  - Transportable Physician Orders for Patient Preferences (TPOPP): LACIE continues to work towards implementing the ability to place End of Life Preferences/Protocols and Orders into the exchange so that healthcare providers can access this information. This initiative is designed to improve the quality of care people receive at the end of life by translating their treatment goals and preferences into their medical orders.
  - Emergency Medical Service Agencies: LACIE is able to provide information to EMS agencies for quality control.
  - Images in LACIE: LACIE continues to work toward providing URL hyperlinks to images directly from the radiology report allowing access to images. This includes EKG, EEG,

wound care, etc. Nuance will most likely be the vendor of choice. A proposal is expected Summer of 2016.

- KS WebIZ: LACIE has obtained grant funding to aid in the connection of providers directly to KS WebIZ through the HIO. Connection has been established, and CMH is taking advantage of the connection. Ability to query directly from KS WebIZ through the HIO is being planned for the Spring/ Summer of 2016.
- LACIE 2.0: LACIE is partnering with Health Metrics Services (HMS) in Palo Alto, California, to build a Private Health Information Exchange. This exchange can extract specific data that an organization wants to share with another provider or payer. The participating organizations have full control over their data. This allows participants to control what is shared, who it is shared with, duration of the sharing agreement, as well as the frequency of when data is shared. LACIE 2.0 is vendor agnostic and can extract data (with permission) from all nationally certified Electronic Medical Records (EMRs). LACIE 2.0 will be offered in connection with LACIE 1.0 or as a separate service for organizations that may not be connected to a Health Information Organization (HIO) or are connected to an HIO other than LACIE 1.0.

TELEHEALTH AND TELEMEDICINE

Telehealth is a broad scope of remote healthcare services, including long-distance clinical healthcare, patient and professional health-related education, and health administration activities. Telehealth refers to a broader scope of remote healthcare services, while telemedicine refers specifically to remote clinical services using interactive televideo, including use of digital stethoscopes, otoscope cameras, general exam cameras, and intra-oral scopes.

- The University of Kansas Center for Telemedicine & Telehealth (KUCTT) – KUCTT provides a wide range of telehealth services through its Heartland Telehealth Resource Center, as well as telemedicine services.
  - *Consumer and provider populations impacted:* Many hospitals and clinics across the state are equipped with video conferencing systems that allow providers to collaborate with KUCTT for specialty clinical consults. The KUCTT has provided consults to patients across Kansas in more than 30 medical specialties, including:
    - Autism Diagnosis
    - Cardiology
    - Diet & Nutrition
    - Oncology / Hematology
    - Pain Management
    - Pediatrics
    - Psychiatry
    - Psychology
  - *Coverage by location/region:* More than 100 sites throughout Kansas
  - *Start date and current stage of the initiative*: This is an ongoing service provided since 1991.

Timely resolution of grievances – Reported Quarterly
Timely resolution of grievances is analyzed in the KanCare Evaluation Quarterly Reports. Each quarter since Q4 CY2013, these quarterly reports have been submitted by KDHE to CMS and are available on the KanCare website for public review.

Compare/track number of access-related grievances over time, by population type – Reported Quarterly
Comparisons and tracking of access-related grievances over time and by population are reported in the KanCare Evaluation Quarterly Reports. Each quarter since Q4 CY2013, these quarterly reports have been submitted by KDHE to CMS and are available on the KanCare website for public review.

Timeliness of claims processing – Reported Quarterly
Timeliness of processing clean claims, non-clean claims, and all claims is reported and analyzed in the KanCare Evaluation Quarterly Reports. Each quarter since Q4 CY2013, these quarterly reports have been submitted by KDHE to CMS and are available on the KanCare website for public review. Included in this measure are the numbers of claims received each month, the number of claims processed within contractually required timeframes, and analysis of trends over time for turn-around times for processing clean claims.

(27) Member Surveys

CAHPS Survey
Additional detail on the CAHPS survey In CY2015 can be found in Section 4 of this report in the Health Literacy section. CAHPS questions related to efficiency include the following questions listed in Table 39:

Table 39. Member Survey - CAHPS

Question	Population	Weighted % Positive Responses		QC 50th Percentile	
		2015	2014	2015	2014
Questions on Adult and Child Surveys (Adult survey number in parenthesis)					
Q49. In the last 6 months, did you get information or help from your (child's) health plan's customer service? (Adult Q30)	Adult	33.2%	33.1%	NA	NA
	GC	27.3%	24.7%	NA	NA
	CCC	31.1%	28.3%	NA	NA
Q50. In the last 6 months, how often did your (child's) health plan's customer service give you the information or help you needed? (Adult Q31)	Adult	84.2%	80.0%	↑	↓
	GC	85.4%	86.7%	↑	↑
	CCC	84.9%	84.8%	↑	↑

Questions on both adult and child surveys:

- **In the last 6 months, did you get information or help from your (child's) health plan's customer service?**
  In CY2015, 33.2% of adult respondents indicated they requested help or information from their MCO's customer service (CY2014 - 33.1%; CY2012 - 33.8%). For the CY2015 GC

population, 27.3% of respondents contacted customer service (CY2014 – 24.7%; CY2012 - 37.9%). Customer service contacts from the CCC population were similar to the other populations (CY2015 -31.1%; CY2014 -28.3%).

- **In the last 6 months, how often did your (child's) health plan's customer service give you the information or help you needed?**
  Of adults who contacted their health plan's customer service in CY2015, 84.2% (CY2014 - 80.0%; CY2012 – 77.1%) received the information or help they needed; the adult result increased in CY2015 to above the QC 75th percentile from less than the QC 50th percentile in CY2014. Amerigroup was above the QC 75th percentile in CY2014 and CY2015. Sunflower increased from above the QC 75th percentile in CY2014 to above the QC 90th percentile in CY2015. The GC results (CY2015 – 85.4%; CY2014-86.7%) remained above the QC 75th percentile. The CCC result for CY2015 (84.9%) was comparable to CY2014 (84.8%) and was above the QC 66.67th percentile; the CY2012 CCC result was 80.1%.

Mental Health Survey

The MH Surveys conducted in CY2011 through CY2015 are described above in Section 7 "Member Survey – Quality." The question related to efficiency of MH services was: "**My mental health providers returned my calls in 24 hours**." As shown in Table 40, over 84.4% of the adults surveyed in CY2015 and CY2013 indicated providers returned their calls within 24 hours, compared to 83.3% in CY2014.

Table 40. Mental Health Survey - Efficiency-Related Questions

Question	Year	%	Num/Denom	P-Value	Trend (2015 comparison)
	General Adult (Age 18+)				
My mental health providers returned my calls in 24 hours.	2015	84.4%	292 / 346		0.39
	2014	83.3%	618 / 742	0.65	
	2013	84.4%	840 / 995	0.99	
	2012	*80.8%*	*202 / 250*	*0.25*	
	2011	*88.1%*	*251 / 285*	*0.19*	

SUD Survey

Section 7 above provides background on the SUD survey conducted by the three MCOs in 2014 and 2015. The question that follows is related to perception of efficiency for members receiving SUD services (see Table 41).

Table 41. SUD Survey - Efficiency-Related Question, CY2014 and CY2015

	CY2015		CY2014	
	Num/Denom	%	Num/Denom	%
How well does your counselor communicate with you? (Number and percent "Very well" or Well responses)	177 / 190	93.2%	201 / 214	93.9%

- **How would you rate your counselor on communicating clearly with you?**
  Of the 190 surveyed in CY2015, 177 (93.2%) members rated their counselor as communicating very well or well (71.1%), comparable to CY2014 (93.9%).

Uncompensated Care Cost (UCC) Pool

Number of Medicaid Days for Uncompensated Care Cost Pool hospitals compared to UCC Pool Payments

The UCC Pool permits payments from the State to hospitals based on the uncompensated cost of furnishing services to Medicaid and uninsured individuals. The UCC Pool funding is based on historical costs. For instance, the UCC Pool funding for CY2015 is based on costs of care during FY2013, and funding for CY2014 is based on costs of care during FY2012.

There were 194,999 Medicaid days for UCC Pool hospitals in CY2012. This number increased substantially to 252,002 Medicaid days in CY2013, in part because of the influx of beneficiaries at the start of KanCare. The number of Medicaid days subsequently decreased to 206,882 in CY2014. KanCare continued the trend of decreased Medicaid days in 2015 to 186,396. UCC Pool payments increased from $20,568,567 in CY2012 to $41,026,795 in CY2013. This increase was partially due to a change in the Kansas Statute implemented at the start of the Kansas Fiscal Year 2013. The UCC Pool payments decreased slightly in CY2014 to $40,974,407. The UCC Pool payments in DY2015 were $40,929,060.

Delivery System Reform Incentive Program (DSRIP)

The Kansas DSRIP projects, originally planned to be implemented as four-year projects from 2014 through 2017, are now three-year projects beginning in 2015. CMS provided feedback in 2014 and the DSRIP hospitals subsequently revised their project proposals based the feedback. CMS approval of the revised DSRIP projects was received on February 5, 2015.

The DSRIP program aims to advance the goals of access to services and healthy living by specifically focusing on incentivizing projects that increase access to integrated delivery systems and projects that expand successful models for prevention and management of chronic and complex diseases. Participating hospitals are to work with community partners statewide to implement projects that have measurable milestones for improvements in infrastructure, processes, and healthcare quality.

The DSRIP program in Kansas includes two major hospitals, CMH and TUKH. The two hospital systems are major medical service providers to Kansas and Missouri residents. CMH projects include *Improving Coordinated Care for Medically Complex Patients (Beacon Program)* and *Expansion of Patient-Centered Medical Homes and Neighborhoods (PCMH)*. TUKH projects include *Standard Techniques, Operations, and Procedures* (*STOP) for Sepsis* and *Supporting Personal Accountability and Resiliency for Chronic Conditions (SPARCC*).

KFMC, the External Quality Review Organization (EQRO) for the Medicaid program (KanCare) for the State of Kansas, reviewed annual reports for activities completed in 2015 submitted to the KDHE by CMH and TUKH on February 1, 2016 and additional clarifications submitted February 17, 2016. The major focus of the DSRIP Evaluation is to assess the progress in meeting overall goals of each project, along with providing an independent evaluation of progress in meeting each of the metrics delineated in levels one through four of the DSRIP project proposals approved by CMS in February 2015.

The University of Kansas Hospital (TUKH)

STOP Sepsis: Standard Techniques, Operations, and Procedures for Sepsis

TUKH is using the DSRIP initiative to spread their internal quality programs that address sepsis to rural Kansas populations in order to reduce the disparity of care for sepsis patients in rural nursing facilities and hospitals. TUKH will share best practices on the early identification and treatment of sepsis with a goal of reducing the need for hospitalization or minimizing the length of stay and intensity of hospital care.

In 2015, TUKH conducted four workshops in Southeast, Northeast, and South Central Kansas. There were 94 workshop attendees from 45 facilities, including 22 nursing facilities (NF), eight EMS providers, and 10 hospitals (including two critical access hospitals). Workshop attendance ranged from 19 to 29 per workshop. TUKH reports that at least seven participants (four from NF, three from hospitals) are implementing sepsis quality improvement at their facilities. At least four of the 22 NFs are in the process of conducting retrospective chart review, and 11 NFs report they are progressing with education of staff. Six of the 10 hospitals indicated they intend to continue their involvement in the project.

Although TUKH has successfully conducted workshop training, none of the participating facilities have been entering sepsis-related data in the Kansas Sepsis Program Database. TUKH is assessing alternative data collection tools to streamline sepsis data collection and reporting. TUKH has identified seven facilities (four nursing facilities and three hospitals) that have begun chart review and/or expressed interest in continuing to participate in the program. TUKH indicated plans to work closely with the seven facilities that may function as a "backbone" in collaboration with other interested partners in addressing the barriers encountered to date.

Supporting Personal Accountability and resiliency for Chronic Conditions (SPARCC)

As described in the project proposal, *"Supporting Personal Accountability and Resiliency for Chronic Conditions (SPARCC) will focus on heart failure patients around the state, with an emphasis on those counties having highest incidence of heart failure admittance to hospitals. A key goal of the SPARCC model is building heart failure patients' ability to care for themselves and be resilient in the face of their chronic condition. This goal ties directly to the major goal for the DSRIP SPARCC initiative: reduce hospital readmission from heart failure though improved self-care."*

In 2015, TUKH developed SPARCC training and conducted six workshops in several regions of Kansas and trained 100 SPARCC facilitators, including 16 nurse practitioners, 30 registered nurses, one physician's assistant, social workers, a PhD, and a physical therapist. Facilitators are beginning to launch Heart Failure (HF) patient groups; SPARCC staff report that two pairs of facilitators began patient groups in January 2016.

Children's Mercy Hospital and Clinics

Improving Coordinated Care for Medically Complex Patients (Beacon Program)

The Beacon program functions as an independent medical home for children and youth with medical complexity (CYMC) and their siblings. Beacon staff began seeing Missouri patients in October 2013 and reported in December 2014 that 63 patients were from Kansas. For 2015, the projected number of Kansas patients was 135, including 75 CYMC and 60 siblings. The actual number reported for 2015 was only 56 – 38 CYMC and 18 siblings (seven of the 18 with some degree of medical complexity).

Another major focus of the Beacon program is to provide consultation to PCPs of children living in rural areas or distant from the Kansas City area. In 2015 one consultation was provided to the PCP of a Kansas child. Beacon program staff conducted outreach to four pediatric practices in the Wichita area in 2015 and reported they encountered resistance from providers. In response, Beacon program is completing a "frequently asked questions" (FAQ) sheet to be completed in March 2016 prior to outreach beginning in April to 11 additional cities in Kansas.

In 2015, the Beacon program obtained Level III Person Centered Medical Home status and added several additional staff, including two social workers, a dietician, a PCP physician, and a nurse practitioner care coordinator.

Expansion of Patient-Centered Medical Homes and Neighborhoods

CMH is promoting the PCMH model to transform the way pediatric primary care is organized and delivered in Kansas. Components of the PCMH DSRIP project include increasing access to effective and efficient primary care services and increasing the use of population health management through health information technology. CMH is partnering with four selected clinics that serve a high percentage or volume of Kansas Medicaid clients. The participating practices will deliver improved care that meets the Triple Aim.

Each practice is embracing the model and has successfully begun implementing the components required for PCMH transformation. CMH began a monthly learning collaborative to provide a 30 minute webinar to introduce medical home topics. Initial topics included an overview of what a learning collaborative is, PCMH transformation, and referral tracking. A HEDIS overview will be presented in Q1 2016. CMH notes that data presents a challenge in identifying those patients/members who have Kansas Medicaid and there are some barriers to gaining routine access to claims to determine baseline and quarterly progress. Practices are educated to work within their EMR system to assure timely care for the measures. The facilitators have also found gaps in coding and billing practices, which impacts measurement.

Conclusions

In this third KanCare Evaluation Annual Report, KFMC has found that performance outcomes continue to be generally positive.

Comparison data varied based on the type of measure and availability of data.

- Many measures reviewed in this report include comparisons with pre-KanCare outcomes, including: SUD Services (Section 2); SUD Survey (Sections 7, 16, 22, and 27); five MH NOMS (Section 3); MH Survey (Sections 7, 14, 21, and 27); NF (Section 6); CAHPS Survey (Sections 4, 7, 14, 20, and 27); Provider Network Access (Section 19); and UCC Pool.
- Measures reported in KanCare Quarterly Evaluation reports, beginning in Q4 CY2013, are referenced in this report (Sections 9, 24, 25, and 26) and are available for public review on the KDHE KanCare website (www.kancare.ks.gov).

Quality of Care

Physical Health

The baseline data submitted by the MCOs for 18 HEDIS measures, including results by age group, demonstrate areas of strength (where results were above the QC 50th percentile, and some higher than the 75th percentile) and areas where additional efforts should be focused (where results were below the QC 50th percentile or lower).

HEDIS measures in CY2014 with weighted aggregated results above the QC 50th percentile included:

- **Comprehensive Diabetes Care** (CDC) – Eye Exam (Retinal). Aggregate results (58.6%) were above the QC 50th percentile in both CY2014 and CY2013. In CY2014, UHC was above the QC 75th percentile; SSHP was above the QC 66.67th percentile; and AGP was below the QC 50th percentile for this measure.
- **Adults' Access to Preventive/Ambulatory Health Services** (AAP) - All age ranges were above the QC 50th percentile in CY2014 and CY2013. Aggregate weighted percentage for Ages 45-64 (CY2014 - 92.4%; CY2013 – 92.2%) were above the QC 90th percentile in CY2014 and CY2013; for Ages 20-44 (84.3%) were above the QC 66.67th percentile in CY2014; and for Total (ages 20 and older) were above the QC 75th percentile in both CY2013 (88.4%) and CY2014 (87.5%).
- **Follow-up (within 7 days) after Hospitalization for Mental Illness** (FUH) – The aggregate positive response percentage for CY2014 was 56.2%, above the 66.67th percentile, but below the percentage in CY2013 (61.0%; above the QC 75th percentile).
- **Initiation and Engagement in Treatment for Alcohol or other Drug Dependence** (IET)
  - **Initiation** rates were above the QC 50th percentile in CY2013 and CY2014. For those ages 13-17 aggregate initiation percentages were above the QC 75th percentile in both years.
  - **Engagement** rates were above the QC 50th percentile for all age groups (age 13 and older). For those ages 13-17, there was a slight decrease from 32.5% in CY2013 (above the QC 90th percentile) to 31.0% in CY2014 (above the QC 95th percentile).

- **Annual Dental Visit** (ADV) – Results for all age groups except ages 19-21 were above the QC 50th percentile in CY2013 and CY2014. The rate for ages 7-10 were highest (70.1% in CY2014 and 70.7% in CY2013) and were above the 66.67th percentile.

HEDIS measures in CY2013 with weighted aggregated results below the QC 50th percentile included:

- **Comprehensive Diabetes Care** (CDC) – Six of the seven P4P CDC metrics were below the QC 50th percentile in CY2014. Results for four of the six metrics were below the QC 25th percentile (Blood Pressure Control (<140/90), HbA1c Poor Control [>9.0%]; HbA1c Control (<8.0%) and Medical Attention for Nephropathy.
- **Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life** (W34) – Results in CY2014 and CY2013 were below the QC 25th percentile. The aggregate weighted percentages increased from 60.8% in CY2013 to 62.1% in CY2014 (below the CY2012 65.4%).
- **Adolescent Well Care Visits** (AWC) – Results in CY2014 were below the QC 33.33rd percentile. Aggregate weighted percentages were comparable in CY2013 (42.3%) and CY2014 (42.6%).
- **Prenatal and Postpartum Care** (PPC))
  - **Prenatal Care** - In both CY2013 and CY2014, the aggregate weighted percentages were below the QC 25th percentile, decreasing from 71.4% in CY2013 to 70.4% in CY2014.
  - **Postpartum Care** - The aggregate weighted percentage in CY2014 was 55.8%, a decrease from CY2013 (58.5%) and below the QC 33.33rd percentile.
- **Chlamydia Screening in Women** (CHL) – Rates for ages 16-24 were below the QC 25th percentile for both CY2013 and CY2014.
- **Controlling High Blood pressure** (CBP) – The aggregate positive response percentage based on weighted hybrid data for CY2014 was 51.5% (below the QC 33.33rd percentile), an increase compared to CY2013 (47.3%; below the QC 25th percentile).
- **Weight Assessment and Counseling for Nutrition and Physical Health for Children and Adolescents** (WCC)
  - **Weight Assessment/BMI** – Rates improved by over 10% for both age groups but were below the QC 25th percentile in CY2013 and CY2014.
  - **Counseling for Nutrition for Children and Adolescents** – Percentages increased by 1% to 3.4% in each age group, but were below the QC 25th percentile.
  - **Counseling for Physical Activity for Children and Adolescents** – Percentages in each age group were below the QC 50th percentile, but were above the QC 25th percentile, an improvement compared to CY2013.
- **Appropriate Treatment for Children with Upper Respiratory Infection** (URI) – The aggregate positive response percentage based on administrative data for CY2014 was 73.5%, which is higher than in CY2013 (71.9%) but again below the QC 10th percentile for all three MCOs.
- **Appropriate Testing for Children with Pharyngitis** (CWP) - The aggregate positive response percentage based on administrative data for CY2014 was 52.2%, which is higher than in CY2013 (51.6%) and again below the QC 25th percentile for all three MCOs.

Multi-Year HEDIS measures first reported in CY2015 had mixed results:

- **Well-Child Visits in the First 15 Months of Life** (W15) – Rates are reported by the number of visits (0 visits, 1 visit, 2 visits, 3 visits, 4 visits, 5 visits, and 6 or more visits). The aggregate percentage of results for 6 or more visits was 44.7%, below the QC 25th percentile.
- **Medication Management for People with Asthma** (MMA) – Rates are reported by age ranges (ages 5-11, 12-18, 19-50, 51-64, and total – ages 5-64). Rates were above the QC 50th percentile for each age group, with the exception of the total range.
- **Follow-up for Children Prescribed ADHD Medication** (ADD)
  - Initiation Phase - The aggregate weighted percentage 48.0% was above the QC 66.67th percentile. SSHP had the highest percentage, 55.8%, which was above the QC 95th percentile. UHC's 55.8% was above the QC 75th percentile. AGP's 34.8% was below the 33.3rd percentile.
  - Continuation & Maintenance Phase - The aggregate weighted positive percentage was 54.8%, above the QC 50th percentile. SSHP (64.7%) and UHC (58.4%) were above the QC 75th percentile, while AGP (39.9%) was below the QC 33.3rd percentile.

SUD Services

- Employment status (P4P) improved in each year from CY2013 to CY2015.
- Attendance of self-help programs decreased from 44.5% in CY2014 to 39.5% in CY2015, lower both years than in pre-KanCare CY2012 (59.9%).
- Three of the five measures (stable living at time of discharge from SUD services, decreased arrests, and decreased use of alcohol and/or other drugs) have had consistently high success rates pre-KanCare (CY2012) and in KanCare (CY2013-CY2015).

Mental Health Services

- The percentage of SPMI adults who were competitively employed was higher in CY2015 (15.9%) and CY2014 (15.7%) than in CY2013 (12.3%) and CY2012 (13.4%).
- The annual quarterly average number of SED youth who experienced improvement in their residential status was higher in CY2015 (84.9%) than in the three previous years (ranging from 80.6% to 81.7%).
- Compared to CY2012 (45.7%), the average annual quarterly average of those who were housed at the end of each quarter was higher in CY2013 (58.0%) and CY2014 (49.1%), but dropped in CY2015 to 44.6%.
- The percentages of SPMI adults and SED youth with access to services is based on the number of members assessed as having SED (youth) and SPMI (adults). Rates increased in CY2015, which is due in part to more complete reporting by CMHCs in CY2015.
- Each year the annual quarterly average rate (per 10,000) of inpatient admissions decreased from 39.9 in CY2012 to 31.9 in CY2013 to 31.2 in CY2014. The low 27.45 average rate in CY2015 is due in part to a significant drop in rates reported in Q4 to 10.64 per 10,000 due to a statewide change in screening policy that as of October 2015 no longer requires inpatient screens to be completed by CMHC personnel at non-CMHC locations.

Healthy Life Expectancy

CAHPS Survey

- Only 67.1% - 71.6% of members surveyed reported their healthcare provider talked with them about specific things they could do to prevent illness. This was a decrease from CY2014 (70.7% -73.3%). CY2015 results were comparable to CY2012 survey results (68.9% - 70.0%). The adult and GC results were slightly lower than CY2014 and both decreased from below the QC 50th percentile to below the QC 25th percentile. The CCC results were above the QC 50th percentile in CY2014 and decreased to below the QC 5th percentile in CY2015.
- The CY2015 survey results for having questions answered by providers (89.3% - 91.9%) and for explaining things in ways easy for the child to understand (91.4% - 92.1%) were comparable to CY2014 and CY2012.
- The CY2015 survey results for explaining things in ways easy for the adult/parent to understand (91.8% - 95.6%), and for providers listening carefully (91.2%-95.2%) remained higher than in CY2012. The adult results for providers listening carefully increased from CY2014 for each MCO and the aggregate results improved from below the QC 50th percentile in CY2014 to above the QC 50th percentile in CY2015.
- Of those who talked with their health provider about starting or stopping a medicine in CY2015 (Adults – 52.9%; GC – 33.6%; and CCC – 50.7%):
  In CY2015, the response options for these questions changed from the previous years' responses of "a lot; some; a little; and none" to "yes and no." The CY2015 positive response results of "yes" were compared to CY2014's positive response results of "a lot" and "some." Results regarding how much the provider talked with them about reasons to start and reasons to not take a medicine were higher for all survey respondent populations in CY2015 compared to CY2014. More providers talk about reasons to start a medication (91.0% - 96.7%) than reasons to not take a medicine (68.0% - 76.8%). Over 79% of the survey respondents indicate their provider asked what the member thought was best for them or their child (79.5% - 86%). The rates increased from CY2014 for all populations.
- Flu shot or flu spray for adults – While the CY2015 rate (46.1%) decreased from CY2014, it was above the QC 75th percentile.

- Smoking
  - Of adult members surveyed in CY2015, less (33.5%) indicated they smoke cigarettes or use tobacco every day or some days (compared to 37.5% in CY2014 and 37.2% in CY2012).
  - The percent of respondents who smoke that indicated their provider advised them to quit smoking or using tobacco, increased to 76.2%, from CY2014 (75.7%) and CY2012 (65.5%). The aggregate CY2015 rate was below the QC 50th percentile. Sunflower Health Plan's rate was above the QC 66.67th percentile. UnitedHealthcare's rates improved from 69.7% in CY2014 to 76.62% in CY2015. The percent of respondents who smoke that indicated their provider recommended medication to assist with quitting smoking or using tobacco, decreased to 43.2% from CY2014 (48.3%), although it remained higher than CY2012 (41.5%). The CY2015 rate was below the QC 33.33th percentile.

- In CY2015, 37.52% of the KanCare adults surveyed responded positively, a decrease from the CY2014 rate of 38.6%, but an improvement from the CY2012 rate of 24.5%. The CY2015 rate is below the QC 25th percentile.

HEDIS – Healthy Life Expectancy

Diabetes Monitoring for people with Diabetes and Schizophrenia (SMD) - The aggregate positive response percentage based on administrative data for CY2014 was 60.1%, a decrease compared to 62.9% in CY2013 and below the QC 25th percentile

Healthy Life Expectancy for persons with SMI, I/DD, and PD

The following measures are HEDIS-like in that HEDIS criteria were limited to SMI, I/DD, and PD members.

- **Preventive Ambulatory Health Services** - In CY2013 and CY2014, over 95% of adult members (ages 20-65) with PD, I/DD, and SMI were reported to have had an ambulatory preventive care visit during the year. Rates for this subpopulation were higher than rates for all eligible KanCare members in CY2013 and in CY2014.
- **Comprehensive Diabetes Care**
  - HbA1c testing - Rates for HbA1c testing for PD, I/DD, and SMI with diabetes were higher in CY2014 (86.5%) and CY2013 (84.4%) than for all eligible KanCare members in CY2014 (84.8%) and CY2013 (83.1%).
  - HbA1c <8.0% - Rates for PD, I/DD, and SMI were lower than rates for all eligible KanCare members in CY2014 (38.0%, compared to 39.3% for all KanCare adult members) and in CY2013 (38.1%, compared to 39.0% for all KanCare adult members).
  - Eye Exam - Rates for PD, I/DD, and SMI were higher than rates for all eligible KanCare members in CY2014 (63.7%, compared to 58.6% for all KanCare adult members) and in CY2013 (58.7%, compared to 50.1% for all KanCare adult members).
  - Medical attention for nephropathy - Rates for this PD, I/DD, and SMI were higher than rates for all eligible KanCare members in CY2013 (77.8%, compared to 75.8% for all KanCare adult members) and lower in CY2014 (75.2%, compared to 76.8% for all KanCare adult members).
  - Blood pressure control <140/90 - Rates for PD, I/DD, and SMI were lower than rates for all eligible KanCare members in CY2014 (51.0% compared to 52.9% for all KanCare adult members) and in CY2013 (54.0%, compared to 54.4% for all KanCare adult members).
- **Breast Cancer Screening** and **Cervical Cancer Screening** – Rates reported in CY2015 are baseline rates that include screenings completed in CY2013 and CY2014.

HCBS Waiver Services

PD and TBI waiver members participating in the WORK employment program – In April 2014 there were 143 PD and 16 TBI members participating in the WORK program. During the year, 10 additional members participated (nine PD and one additional TBI).

Long-Term Care: Nursing Facilities (NF)

- The percentage of NF claims that were denied increased from 11.5% in CY2012 (pre-KanCare) to 13.5% in CY2013, but decreased to 9.5% in CY2014. In CY2015, the percentage of denied NF claims increased to 11.9%, comparable to CY2012.
- The percentage of NF members who had falls with major injuries decreased from 0.62% in CY2012 to 0.53% in CY2013, then to 0.50% in CY2014. In the first three quarters of CY2015, however, the fall percentage increased to the CY2012 0.62% rate.
- The percentage of NF members readmitted to a hospital after being discharged from an NF decreased from 7.2% in CY2012 to 4.2% in CY2013 and decreased again in CY2014 to 3.8%. In the first two quarters of CY2015, the percentage increased to 5.9%.
- PEAK – The number of Person-Centered Care Homes increased from eight in FY2013 to nine by the end of FY2014.

Member Survey – CAHPS

On a scale of 0 to 10, with 10 being best possible and 0 being worst possible:

- The GC and CCC ratings (72.5% and 72.9% respectively) of their personal doctor as 9 or 10 (highest levels) were comparable to CY2014 and CY2012. The adult rating improved from 64.4% in CY2014 to 67.4% in CY2015 and was above the QC 66.67th percentile. The GC rating was below the QC 33.33rd percentile, and the CCC rating was below the QC 50th percentile.
- The CY2015 adult population's rating of their health care decreased to 50.9% from 52.8% in CY2014 and decreased below the QC 50th percentile for all MCOs. The child ratings (GC-68.9%; CCC – 64.8%) were comparable to CY2014; the CCC rating was above the QC 50th percentile, while the GC rating was above the QC 66.67th percentile.
- Ratings of the health plan increased for all populations. The CY2015 adult population's rating of their health plan as a 9 or 10 increased to 57.6% (CY2014 – 54.6%; CY2012 – 55.3%). UnitedHealthcare's adult survey results improved substantially, from 54.7% in CY2014 (below the QC 50th percentile) to 62.7% in CY2015 (above the QC 75th percentile). GC results improved again in CY2015 (72.1%) compared to CY2014 (71.0%) and CY2012 (65.9%); the CY2015 GC rating was above the QC 66.67th percentile. The CY2015 CCC positive rating of their health plan increased from 63.3% in CY2014 to 66.8% in CY2015 and increased from below the QC 50th percentile to above the QC 66.67th percentile.
- The adult population's positive rating of specialists increased from 64.8% to 66.1% and increased to above the QC 50th percentile. The GC positive rating (69.3%) remained consistent with CY2014; the CCC rating (67.8%) decreased slightly and dropped from below the QC 50th percentile to less than the QC 25th percentile.
- Over 90% of all survey respondents in CY2015 indicated their personal doctor showed respect for what they had to say; all results were above the QC 50th percentile and greater than CY2012. Results for all populations in CY2015, (Adult - 89.4%; GC – 89.75; CCC -91.3%) remain comparable to CY2014 and CY2012. The adult response and GC survey response were above the QC 50th percentile, while the CCC survey responses (90.6%) were below the QC 50th percentile.

Member Survey – Mental Health

- Responses were generally very positive in CY2015.
- For the general adult population, related to feeling comfortable in asking questions about treatment, medication, and/or children's problems, positive responses increased significantly in CY2015 (94.5%) compared to CY2014 (90.7%; p=0.03) and CY2013 (91.1%; p=0.04).
- For member choice of treatment goals, positive responses increased in all populations. In the general adult population, there was a significant increase from 77.0% in CY2012 to 85.1% in CY2015 (p=0.01). For general youth, there was a significant increase from 81.6% in CY2012 to 91.0% in CY2015 (p=0.03). For SED Waiver youth (ages 12-17, youth responding), positive responses increased significantly to 92.3% in CY2015 from 83.5% in CY2011 (p=0.03), 81.3% in CY2012 (p<0.01), and 82.2% in CY2013 (p<0.01).
- For members being better able to do the things they want to do, general adult population positive responses increased significantly from 70.1% in CY2012 to 78.9% in CY2015 (p=0.01).
- For the members being able to understand their provider, positive responses for the general adult population increased significantly from 91.5% in CY2012 to 95.3% in CY2015 (p=0.04). For the SED Waiver youth (ages 12-17, youth responding), positive responses significantly increased to 97.4% in CY2015 from 92.1% in CY2011 (p=0.04) and 92.0% in CY2012 (p=0.04).
- For members having better control of their daily life, positive responses from the general adult population increased significantly increase from 76.4% in CY2012 to 83.8% in CY2015 (p=0.02). For the SED Waiver youth and young adult, positive responses decreased significantly from 79.2% in 2011 to 71.5% in 2015 (p=0.03).

Member Survey – SUD

The SUD surveys in CY2015, CY2014, and CY2012 were convenience samples of members contacted in person, by mail, and by phone. The CY2015 survey included 193 members and the CY2014 survey included 238 members, compared to 629 (including non-Medicaid receiving assistance through VO) in CY2012.

Results were generally very positive. In CY2015, 93.2% of those surveyed rated the quality of services as very good or good (compared to 94.3% in CY2013 and 95.3% in 2012). The percentage of members who rated counselor involvement of members in decision making as very good or good was 88.4% in CY2015, compared to 92.0% in CY2014 and 93.5% in 2012. The percentage who responded they were feeling much better or better since beginning treatment was 92.6% in CY2015, compared to 87.1% in CY2014 and 98.8% in 2012.

Provider Survey

For the question on "provider satisfaction with MCO's commitment to high quality of care for its members," responses in CY2015 for very or somewhat satisfied ranged from 44.7% (UHC general provider survey) to 62.8% (Amerigroup). For very or somewhat dissatisfied, responses in CY2015 ranged from 5.9% (UHC BH provider survey) to 14.5% (UHC general provider survey).

Coordination of Care (and Integration)

Care Management for Members receiving HCBS Services

The following measures apply to members receiving waiver services (I/DD, PD, TA, TBI, Autism, FE, and MFP) and are HEDIS-like measures:

- **Increase in the number of primary care visits** - The percentage of HCBS members who had an annual preventive health visit increased from 92.0% in CY2013 to 93.1% in CY2014. The rates for the HCBS member subpopulation were higher than the rates for all KanCare adult members in both years (88.4% in CY2013 and 87.5% in CY2014).
- **Increase in Annual Dental Visits** - The percentage of HCBS members who had an annual dental visit decreased slightly from 49.4% in 2013 to 49.0% in 2014. This was lower than the rate for the overall KanCare population in CY2013 (60.3%) and CY2014 (60.0%).
- **Decrease in number of Emergency Department visits** - In 2014 and 2013, the emergency department visit rates (per 1,000 member-months) for the HCBS population increased slightly from 77.58 in 2013 to 78.06 in 2014, and were higher than the HEDIS rates for the overall KanCare population (CY2013: 65.17; CY2014: 64.19).

Member Survey – CAHPS

- In CY2015, 61.4% of adults, 44.1% of the GC population, and 60.7% of the CCC population indicated they received care from a provider other than their personal doctor. When asked if their personal doctor seemed informed and up-to-date about the care they received from these other providers, 82.7% of adults (compared to 72.9% in CY2012), 82.3% of GC (compared to 78.7% in CY2012), and 83.3% of the CCC members surveyed responded positively. All results were above the QC 50th percentile. Of the 24.5% of GC and 48.0% of CCC surveyed that used more than one kind of health care service, 56.4% of GC and 58.2% of the CCC members received help from the child's health plan, doctor's office, or clinic to coordinate care. For the CCC population, this was below the QC 25th percentile.
- Of children with a medical, behavioral, or other health condition that lasted more than three months, 92.4% of GC and CCC parents indicated their personal doctor understands how this affects their child's day-to-day life (below the QC 50th percentile for CCC); 88.8% of GC and 89.1% of CCC responded that their personal doctors understand how this affects their family's day-to-day life (below the QC 50th percentile for CCC).
- Of the 53.0% of GC and 86.0% of CCC population that received or refilled a prescription in the previous six months, 93.1% of the GC population and 93.2% of the CCC population indicated it was easy to get prescriptions through their MCO. Of those who requested help from their MCO or doctor's office to get their prescriptions, 59.5% of GC and 59.7% of CCC received help (an increase from below the QC 50th percentile for CCC to above the QC 50th percentile).
- Of the children enrolled in school or daycare, 11.2% of GC and 17.3% of CCC surveyed indicated they needed help from their health provider to contact the school daycare. Of these 92.5% of GC and 93.1% of CCC said they received the help they needed.

Member Survey – MH

- For care coordination questions on use of consumer-run programs and ability to access services the members thought were needed: adult positive response percentages dropped from 82.3% in CY2014 to 80.4% in CY2015.
- For members perceiving they were able to access all of the services that they thought they needed: For the general youth there was a significant increase in the percentage of positive responses from 79.7% in CY2014 to 86.3% in CY2015 ($p<0.01$).

Member Survey - SUD

Of those who indicated they have a PCP, 54.5% in CY2015 indicated their counselor requested a release of information, compared to 32.6% in CY2014. The percent of members surveyed who did not know if they have a PCP dropped from 7.1% in CY2014 to 3.1% in CY2015.

Provider Survey

For the survey question on "provider satisfaction with obtaining precertification and/or authorization for (MCO's) members," responses for very or somewhat satisfied ranged from 39.8% (Sunflower) to 61.2% (Amerigroup), and for very or somewhat dissatisfied ranged from 20.7% (Amerigroup) to 23.8% (Sunflower). For BH providers (surveyed separately by Sunflower and UnitedHealthcare), responses for very or somewhat satisfied ranged from 42.5% (Sunflower) to 58.4% (UnitedHealthcare), and very or somewhat dissatisfied ranged from 5.0% (UnitedHealthcare) to 13.4% (Sunflower).

Access to Care

Provider Network – GeoAccess

Access Standards

- In CY2015 there were four provider types where one or two Semi-Urban counties did not have access through at least one MCO: Allergy – Montgomery County; Neonatology – Montgomery and Saline Counties; Physical Medicine/Rehab – Riley County; and Plastic and Reconstructive Surgery – Montgomery and Saline Counties. In CY2013 and CY2014, MCO reports indicated that access to these provider types were available through at least one MCO.
- Services provided in all Kansas counties in CY2015 within State-specified access standards by all MCOs included the following: PCP, General Surgery, Internal Medicine, Ophthalmology, Hospitals, Physical Therapy, X-ray, Lab, and Retail Pharmacy.
- Services provided in all Kansas counties in CY2015 within State-specified access standards by at least one MCO included the following: PCP, Dermatology, General Surgery, Hematology/Oncology, Internal Medicine, Neurology, Neurosurgery, OB/GYN, Ophthalmology, Orthopedics, Otolaryngology, Podiatry, Psychiatry, Pulmonary Disease, Urology, Hospitals, Optometry, Occupational Therapy, Physical Therapy, X-ray, Lab, and Retail Pharmacy.
- Services that were offered in more counties in CY2015 than in CY2014 included: Allergy (7 additional counties), Gastroenterology (24 additional counties), Neonatology (6 additional counties), Neurology (1 additional county), Neurosurgery (11 additional counties), Urology (1 additional county).

- Services offered in one less county in CY2015 than in CY2014 included Cardiology (1 less county), Dental Primary Care (1 less county), Nephrology (1 less county), Physical Medicine/Rehab (2 fewer counties), and Plastic & Reconstructive Surgery (4 fewer counties).
- The counties with the least amount of access to providers were Cheyenne and Rawlins Counties, Frontier type counties in the northwest corner of Kansas that did not have access to six provider types listed above, including cardiology, gastroenterology, neonatology, nephrology, physical medicine/rehab, and plastic/reconstructive surgery. Of the other 18 counties with no access to one or more provider types: three counties had no access to three provider types; 2 had no access to 2 provider types; and 13 had no access to one provider type. Not factored in this analysis were the numbers of counties with no access to one or more providers in all adjacent counties.

Behavioral Health - BH services in CY2014 and CY2015 were provided in all counties within the access standards required by the State.

HCBS – Counties with access to at least two providers by provider type and services
Of the 27 HCBS services, 16 were available in CY2015 from at least two providers in all 105 Kansas counties from all three MCOs. Of the remaining 11 HCBS services

- **Adult day care** – Services were available from at least two providers in only 47 counties through UnitedHealthcare, with at least one service provider in only 72 counties. Through Sunflower, services were available from at least two providers in 52 counties, with at least one service provider in available in only 75 counties. Services were available from at least two providers in 102 counties through Amerigroup with at least one service provider in 105 counties.
- **Intermittent intensive medical care** – At least two service providers were available through UnitedHealthcare in all counties. In Amerigroup, 77 counties had at least two service providers, and 102 counties had at least one service provider. Through Sunflower, 94 counties had at least two service providers, and all counties had at least one service provider.
- **Speech therapy – Autism waiver** – Again in CY2015 there was a wide gap in the availability of this specialized service as reported by MCOs. Services were available from at least one or two providers in 79 counties through Amerigroup. Through Sunflower network, there were at least two providers in 12 counties and at least one service provider in 28 counties. Services through UnitedHealthcare were only available from at least one or two providers in 4 counties.
- **TBI waiver therapies: Speech, Behavior, Cognitive, Occupational, and Physical** – Again in CY2015 there was a wide gap in the availability of these specialized services as reported by MCOs. Amerigroup and Sunflower, as in CY2013 and CY2014, report that at least two service providers for each of these services were available in all counties in CY2015. UnitedHealthcare reported, as in CY2013 and CY2014, far fewer available providers for these TBI waivers: Speech Therapy -at least two providers in 4 counties, and only 10 in at least one county; Behavior Therapy -at least two providers in 18 counties and 43 in at least one county; Cognitive Therapy -at least two providers in 12 counties (11 more than in

CY2013), 43 in at least one county; Occupational Therapy -at least two providers in 11 counties, and only 19 in at least one county; and Physical Therapy -at least two providers in 22 counties, and only 40 in at least one county (down from 53 in CY2014).

- **Home modification** – At least two service providers were available through Sunflower and UnitedHealthcare in all counties. In Amerigroup, only 14 counties had at least two service providers, and 102 counties had at least one service provider.
- **Health maintenance monitoring** – At least two service providers were available through UnitedHealthcare in all counties. In Amerigroup, only 69counties had at least two service providers, and 103 counties had at least one service provider. Through Sunflower, two service providers were available in 95 counties, and all counties had at least one service provider.

As in CY2013 and CY2014, there is no indication in the HCBS report as to which counties do not have at least two services available. The report also again does not indicate whether members needing services are residents of the counties where there are no providers or where there are less than two providers. In a "Frontier" county, in particular, it is possible that there are no members in the county that are in need of one of the more specialized HCBS services.

Open/Closed Panels

Network Adequacy reports submitted to the State continue to be in need of updating to provide information on provider availability.

Provider After-Hours Access and Provider Appointment Standards Access

In 2015, each of the MCOs included one or more supplemental question in their CAHPS survey related to appointment access. Various methods were used by the MCOs, including surveys and calls during and after office hours. Amerigroup provided an update on appointment availability for urgent and routine visits with PCPs, Specialists, Pediatrics, and Behavioral Health. UnitedHealthcare employs a vendor who contacts providers, with callers identifying themselves as calling on behalf of UHC, relate adult and child symptom scenarios, and ask about appointment availability. Sunflower conducted a survey in 2013 related to urgent and routine appointment availability, as well as pregnancy-related appointments; no update for CY2015 was provided for review.

Member Survey – CAHPS

- Of the 46.5% of adults, 19.4% of GC, and 39.5% of CCC survey populations who had one or more appointments with a specialist in the previous six months, 81.7% of adults, 84.6%of GC, and 83.3% of CCC were able to see a specialist as soon as needed. The adult results decreased from above the QC 75th percentile in CY2014 to above the QC 50th percentile in CY2015. The GC result improved to above the QC 75th percentile and CCC remained above the QC 50th percentile.
- The results for ease of getting care, tests, and treatment remain very positive (adult – 88.1%; GC – 91.6%; CCC- 91.9%). The adult and GC results remained above the QC 75th percentile, and the CCC results decreased to above the QC 66.67th percentile.

Of the 77.1% of adults, 68.9%% of GC, and 78.7%% of CCC survey populations who scheduled a check-up or routine office visit in the prior 6 months, the following reported they got an appointment as soon as they thought it was needed: 82.7% of adults (remained above the QC 75th percentile), 89.7% of the GC survey population (remained above the QC 50th percentile), and 92.4% of the CCC survey population (changed from below the QC 50th percentile to above the QC 50th percentile). Of the 45.7% of adults, 37.9% of GC, and 47.4% of CCC survey populations who had an illness, injury, or condition in the prior 6 months that needed care right away in a clinic, emergency room or doctor's office, the following reported they received care as soon as they thought it was needed: 87.2% of adults (decreased from above the QC 90th percentile in CY2014 to above the QC 75th percentile in CY2015); 93.2% of the GC survey population (decreased from above the QC 75th percentile to above the QC 66.67th percentile), and 93.9% of the CCC survey population (remained above the QC 50th percentile).

Member Survey – MH

- Responses for each of the seven access-related questions were again consistently positive in CY2015.
- There was a statistically significant increase in positive responses from SED Waiver youth and young adults for timely availability of medication, increasing from 90.9% in CY2013 to 94.8% in CY2014 (p=0.03).
- For members ability to get the services they thought they needed:
  - For the SED Waiver youth (ages 12-17, youth responding), there was a significant increase in positive responses from 71.8% in CY2013 to 81.5% in CY2015 (p=0.03).
  - For the general youth (family responding), there was a significant increase in positive responses from 79.7% in CY2014 to 86.3% in CY2015 (p<0.01).
- For members' ability to get services during a crisis, for the general youth (family responding), there was a significant negative trend from CY2011 to CY2015 (CY2011 – 89.5%; CY2012 – 87.4%; CY2013 – 86.2%; CY2014 – 83.4%; CY2015 – 84.6%; [p=0.03]).

Member Survey – SUD

- Members surveyed in CY2014 and CY2015 had consistently positive responses to questions related to distance to travel to see a counselor.
- In 2015, 87.7% of members surveyed said they were able to get an appointment for their first visit as soon as they wanted, compared to 92.1% in 2014.
- In 2015, 25.7% of members surveyed indicated they had an urgent problem (compared to 28.5% in 2014). Of those who reported needing an urgent visit, 19% reported in 2015 they waited more than 48 hours for an urgent visit compared to 10.9% in 2014.
- Of 180 surveyed in 2015, 28 (15.6%) were placed on a waiting list for an appointment, compared to 12.2% of 205 surveyed in 2014. While most members (74%) reported their wait was two weeks or less, 46.2% (12 members) in 2015 reported their wait to be three weeks or longer, compared to 26.1% (6 members) in 2014. Due to the small sample size, it cannot be determined whether waits this long are common or unusual.

Provider Survey
For the survey question on "provider satisfaction with availability of specialists," responses in CY2015 for "very satisfied" or "somewhat satisfied" ranged from 45.2% (UnitedHealthcare) to 59.5% (Amerigroup). Responses for "very dissatisfied" or "dissatisfied" ranged from 16.2% (Sunflower) to 21.9% (UnitedHealthcare).

Efficiency

Emergency Department Visits
ED visit rates for HCBS (TBI, PD, FE, and IDD) were much lower in CY2013 and CY 2014 compared to rates in CY2012 pre-KanCare (see Table 37). ED rates for MH members were lower in CY2013 than in pre-KanCare CY2012, but increased in CY2014 to levels above those in CY2012. The aggregate HEDIS rates as reported by the MCOs for all KanCare members were lower in CY2014 compared to CY2013. (HEDIS rates cannot, however, be directly compared with the HCBS and MH rates, as HEDIS rates exclude ED visits that have a subsequent inpatient admission.)

Inpatient Hospitalizations
Inpatient admission rates increased for FE, I/DD, and PD members and decreased for TBI and MH members in CY2014 compared to pre-KanCare CY2012 (see Table 38). HEDIS rates for inpatient discharges for all KanCare members decreased in CY2014 compared to CY2013. (HEDIS rates for the KanCare population are based on hospital discharges, while the data reported for HCBS and MH are based on hospital admissions and, thus, cannot be directly compared.)

Inpatient Readmissions within 30 days of inpatient discharge
Inpatient readmission rates decreased in CY2013 and CY2014 for TBI and MH members from CY2012 pre-KanCare but increased slightly for FE, I/DD, and PD members (see Table 38).

Member Survey – CAHPS
Of the 33.2% of adult, 27.3% of GC, and 31.1% of CCC respondents who requested help from their MCO's customer service in CY2015, the following indicated they were provided the information or help they needed: 84.2% of adults (compared to 80.0% in CY2014, 77.1% in CY2012); 85.4% of GC (compared to 86.7% in CY2014, 80.1% in CY2012); and 84.9% of CCC members (compared to 84.8% in CY2014 and 80.1% in CY2012). The adult results increased from below the QC 50th percentile to above the QC 75th percentile. Amerigroup was above the QC 75th percentile in CY2014 and CY2015. Sunflower Health Plan increased from above the QC 75th percentile in CY2014 to above the QC 90th percentile in CY2015. The GC survey results remained above the QC 75th percentile, and the CCC results were above the QC 66.67th percentile.

Member Survey – MH
Over 84.4% of adult members in CY2015 indicated their MH provider returned their calls within 24 hours. This is comparable to CY2014 (83.3%), and CY2013 (84.4%), and an increase compared to CY2012 (80.8%).

Member Survey SUD
Of 190 surveyed in CY2015, 177 (93.2%) members rated their counselor as communicating very well or well in communicating clearly with them, comparable to CY2014 (93.9%).

Uncompensated Care Cost Pool
There were 194,999 Medicaid days for UCC Pool hospitals in CY2012. This number increased substantially to 252,002 Medicaid days in CY2013, in part because of the influx of beneficiaries at the start of KanCare. The number of Medicaid days subsequently decreased to 206,882 in CY2014. KanCare continued the trend of decreased Medicaid days in 2015 to 186,396. UCC Pool payments increased from $20,568,567 in CY2012 to $41,026,795 in CY2013. This increase was partially due to a change in the Kansas Statute implemented at the start of the Kansas Fiscal Year 2013. The UCC Pool payments decreased slightly in CY2014 to $40,974,407. The UCC Pool payments in DY2015 were $40,929,060.

DSRIP
The University of Kansas Hospital (TUKH)

- **STOP Sepsis: Standard Techniques, Operations, and Procedures for Sepsis**
  In 2015, TUKH conducted four workshops in Southeast, Northeast, and South Central Kansas. There were 94 workshop attendees from 45 facilities, including 22 nursing facilities (NF), eight EMS providers, and 10 hospitals (including two critical access hospitals). Workshop attendance ranged from 19 to 29 per workshop. TUKH reports that at least seven participants (four from NF, three from hospitals) are implementing sepsis quality improvement at their facilities. At least four of the 22 NFs are in the process of conducting retrospective chart review, and 11 NFs report they are progressing with education of staff. Six of the 10 hospitals indicated they intend to continue their involvement in the project.

  Although TUKH has successfully conducted workshop training, none of the participating facilities have been entering sepsis-related data in the Kansas Sepsis Program Database. TUKH is assessing alternative strategies to increase data collection and facility engagement.

- **Supporting Personal Accountability and resiliency for Chronic Conditions (SPARCC)**
  In 2015, TUKH developed SPARCC training and conducted six workshops in several regions of Kansas and trained 100 SPARCC facilitators, including 16 nurse practitioners, 30 registered nurses, one physician's assistant, social workers, a PhD, and a physical therapist. Facilitators are beginning to launch Heart Failure (HF) patient groups; SPARCC staff report that two pairs of facilitators began patient groups in January 2016.

Children's Mercy Hospital and Clinics

- **Improving Coordinated Care for Medically Complex Patients (Beacon Program)**
  The Beacon program functions as an independent medical home for children and youth with medical complexity (CYMC) and their siblings. For 2015, the projected number of Kansas patients was 135, including 75 CYMC and 60 siblings. The actual number reported for 2015 was only 56 – 38 CYMC and 18 siblings (seven of the 18 with some degree of medical complexity).

Another major focus of the Beacon program is to provide consultation to PCPs of children living in rural areas or distant from the Kansas City area. In 2015 one consultation was provided to the PCP of a Kansas child. Beacon program staff conducted outreach to four pediatric practices in the Wichita area in 2015 and reported they encountered resistance from providers. In response, Beacon program is completing a "frequently asked questions" (FAQ) sheet to be completed in March 2016 prior to outreach beginning in April to 11 additional cities in Kansas.

In 2015, the Beacon program obtained Level III Person Centered Medical Home status and added several additional staff, including two social workers, a dietician, a PCP physician, and a nurse practitioner care coordinator.

- **Expansion of Patient Centered Medical Homes and Neighborhoods (PCMH)**
  CMH is partnering with four selected clinics that serve a high percentage or volume of Kansas Medicaid clients. The participating practices will deliver improved care that meets the Triple Aim.

  Each practice is embracing the model and has successfully begun implementing the components required for PCMH transformation. CMH began a monthly learning collaborative to provide a 30-minute webinar to introduce medical home topics. CMH notes that data presents a challenge in identifying those patients/members who have Kansas Medicaid and there are some barriers to gaining routine access to claims to determine baseline and quarterly progress. Practices are educated to work within their EMR system to assure timely care for the measures. The facilitators have also found gaps in coding and billing practices, which impacts measurement.

Recommendations

HEDIS and CAHPS Surveys

- MCOs should pay particular attention to improving results, not only for P4P measures, but also for HEDIS measures where results are below the QC 50th percentile, particularly those below the QC 25th percentile, including:
  - Comprehensive Diabetes Control
    - Medical Attention for Nephropathy
    - HbA1c Control (<8.0%)
    - HbA1c Poor Control (>9.0%)
    - Blood Pressure Control (<140/90)
  - Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life
  - Well-Child Visits in the First 15 Months of Life
  - Prenatal Care
  - Chlamydia Screening in Women
  - Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents
  - Appropriate Treatment for Children with Upper Respiratory Infection

  - Appropriate Testing for Children with Pharyngitis
  - Adult BMI Assessment
  - Diabetes Monitoring for People with Diabetes and Schizophrenia
- MCOs should also focus efforts on improving percentages of members engaged in treatment for alcohol or other drug use, as only 12.1% of those age 18 and older and 31.0% for ages 13-17 were engaged in treatment in CY2014.
- MCOs should encourage providers to talk with patients about specific things to do to prevent illness and, for those who smoke or use tobacco products, offer medication or other smoking cessation treatment alternatives.

SUD Services

- Where possible, the State should report the total number of unduplicated members discharged from SUD services during the year, as well as the number of members who were discharged from SUD services more than once during the year. Reporting these counts would give a clearer picture of the scope and impact of the SUD services provided.
- MCOs should work with SUD treatment providers to identify barriers to self-help program meeting attendance and identify any regional differences in attendance rates.

Mental Health Services

- The State should continue to efforts to improve CMHC reporting of data, including SPMI and SED member access to service and SPMI member employment data, including data for CY2013 and CY2014.

SUD Survey

- MCOs should increase the number of survey respondents in 2016.
- MCOs should encourage SUD providers to help members who don't know if they have a PCP to identify that provider or to assist them in obtaining a PCP.

Provider Survey

UnitedHealthcare should make efforts to greatly increase the number of general provider survey respondents.

Care Coordination

- Efforts should continue to improve care coordination, particularly for children with chronic conditions, including communication of PCPs with other healthcare providers; assistance from the MCO in coordinating care; and assistance in acquiring prescriptions.

Access to Care

- Additional analysis should be completed to assess provider access needs for members who do not have access within their county, particularly where there is no access within adjacent counties.
- KFMC recommends that the State review the methods and systems used by each MCO to track provider adherence access standards, and require routine reporting by each MCO that provides evidence that these access standards are consistently met, including State-required standards for providing urgent and routine

appointments and pregnancy-related appointments for members in their first trimester, second trimester, and those with high-risk pregnancies.

- KFMC recommends that provider after-hour access be confirmed through after-hours phone calls to the providers. Reporting compliance rates and appointment availability based on calls to provider offices from "secret shoppers" separately from callers who first identify that they are representatives of an MCO is recommended.
- MCOs are encouraged to continue to include access to care supplemental questions in the CAHPS survey to help identify member experience in accessing appointments.

End of written report.

Appendix A

2015 KanCare Evaluation Annual Report

Year 3, January – December 2015

List of Related Acronyms

Kansas Foundation for Medical Care, Inc.

List of Related Acronyms	
Acronym	**Description**
AAP	Adults' Access to Preventive/Ambulatory Health Services (HEDIS)
ABA	Adult BMI Assessment (HEDIS)
ADD	Follow-Up Care for Children Prescribed ADHD Medication (HEDIS)
ADV	Annual Dental Visit (HEDIS)
AGP	Amerigroup Kansas, Inc.
Amerigroup	Amerigroup Kansas, Inc.
AWC	Adolescent Well-Care Visits (HEDIS)
BCBSKS	Blue Cross/Blue Shield of Kansas
BH	Behavioral Health
BMI	Body Mass Index
CAHPS	Consumer Assessment of Healthcare Providers and Systems
CBCL	Child Behavior Checklist
CBP	Controlling High Blood Pressure (HEDIS)
CBS	Community Based Services
CCC	Children with Chronic Conditions (CAHPS survey)
CDC	Comprehensive Diabetes Care (HEDIS)
CHIP	Children's Health Insurance Program (Title XXI)
CHL	Chlamydia Screening in Women (HEDIS)
CMH	Children's Mercy Hospital and Clinics
CMHC	Community Mental Health Center
CMS	Centers for Medicare & Medicaid Services
CWP	Appropriate Testing for Children with Pharyngitis (HEDIS)
CY	Calendar Year
CYMC	Children and Youth with Medical Complexity
DSRIP	Delivery System Reform Incentive Program
ED	Emergency Department
EQRO	External Quality Review Organization
FE	Frail Elderly
FUH	Follow-Up after Hospitalization for Mental Illness (HEDIS)
GC	General Child - CAHPS Survey Population
HbA1c	Glycated Hemoglobin
HCBS	Home and Community-Based Services
HEDIS	Healthcare Effectiveness Data and Information Set
I/DD	Intellectually/Developmentally Disabled

List of Related Acronyms	
Acronym	**Description**
IET	Initiation and Engagement of Alcohol and Other Drug Dependence Treatment (HEDIS)
KAFP	Kansas Academy of Family Physicians
KCPC	Kansas Client Placement Criteria
KDADS	Kansas Department for Aging and Disability Services
KDHE	Kansas Department of Health and Environment
KFMC	Kansas Foundation for Medical Care, Inc. (the EQRO)
LDL-C	Low-Density Lipoprotein Cholesterol
LTSS	Long-Term Services and Supports
MCO	Managed Care Organization
MFP	Money Follows the Person
MH	Mental Health
MHSIP	Mental Health Statistics Improvement Program
MMA	Medication Management for People with Asthma (HEDIS)
MPM	Annual Monitoring for Patients on Persistent Medications (HEDIS)
NCQA	National Committee for Quality Assurance
NF	Nursing Facility
NOMS	National Outcome Measurement System
P4P	Pay for Performance
PCMH	Patient Centered Medical Homes
PCP	Primary Care Provider
PD	Physically Disabled
PEAK	Promoting Excellent Alternatives in Kansas (Person-Centered Care Homes)
PPC	Prenatal and Postpartum Care (HEDIS)
Q	Quarter
QC	Quality Compass
REC	Regional Extension Center
SED	Serious Emotional Disturbance
SMD	Diabetes Monitoring for People with Diabetes and Schizophrenia (HEDIS)
SMI	Serious Mental Illness
SPARCC	Supporting Personal Accountability and Resiliency for Chronic Conditions
SPMI	Serious and Persistent Mental Illness
SSHP	Sunflower State Health Plan of Kansas
STOP	Standard Techniques, Operations, and Procedures

List of Related Acronyms	
Acronym	**Description**
SUD	Substance Use Disorder
Sunflower	Sunflower State Health Plan of Kansas
TA	Technical Assistance
TBI	Traumatic Brain Injury
Title XIX	Medicaid
Title XXI	CHIP, Children's Health Insurance Program
TUKH	The University of Kansas Hospital
UCC	Uncompensated Care Cost
UHC	UnitedHealthcare Community Plan of Kansas
UnitedHealthcare	UnitedHealthcare Community Plan of Kansas
URI	Appropriate Treatment for Children with Upper Respiratory Infection (HEDIS)
VO	Value Options-Kansas
W15	Well-Child Visits in First 15 Months of Life (HEDIS)
W34	Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life (HEDIS)
WCC	Weight Assessment and Counseling for Nutrition and Physical Activity for Children/ Adolescents (HEDIS)
WORK	Work Opportunities Reward Kansas program
WSU	Wichita State University