Fourth Quarter & Annual Report to CMS Regarding Operation of 1115 Waiver Demonstration Program
– Quarter Ending 12.31.2021
– Year Ending 12.31.2021

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

KanCare
Section 1115 fourth Quarter and Annual Report
Demonstration Year: 9 (1/1/2021-12/31/2021)
Federal Fiscal Quarter: 1/2022 (10/21-12/21)

Table of Contents

2021 Fourth Quarter Report 2
I. Introduction 2
II. Enrollment Information 3
III. Outreach/Innovation 4
IV. Operational Developments/Issues 9
V. Policy Developments/Issues 25
VI. Financial/Budget Neutrality Development/Issues 25
VII. Member Month Reporting 25
VIII. Consumer Issues 28
IX. Quality Assurance/Monitoring Activity 28
X. Managed Care Reporting Requirements 33
XI. Safety Net Care Pool 43
XII. Demonstration Evaluation 43
XIII. Other (Claims Adjudication Statistics; Waiting List Management) 43
XIV. Enclosures/Attachments 44
XV. State Contacts 44
VI. Date Submitted to CMS 44
2021 Annual Report 45
I. Introduction 45
II. STC 64(a) – Operational Updates 46
III. STC 64(b) – Benefit Performance Metrics and Data 47
IV. STC 64(c) – Budget Neutrality and Financial Reporting Requirements 87
V. STC 64(d) – Evaluation Activities and Interim Findings 88
VI. STC 64(e) – SUD Health IT 92
VII. Enclosures/Attachments 94
VIII. State Contacts(s) 94
IX. Date Submitted to CMS 94

2021 Fourth Quarter Report

I. Introduction

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

On August 6, 2012, the State of Kansas submitted a Medicaid Section 1115 demonstration proposal, entitled KanCare. That request was approved by the Centers for Medicare and Medicaid Services on December 27, 2012, effective from January 1, 2013, through December 31, 2017. The State submitted a one-year temporary extension request of this demonstration to CMS on July 31, 2017. The temporary extension was approved on October 13, 2017. On December 20, 2017, the State submitted an extension request for its Medicaid 1115 demonstration. On December 18, 2018 the Centers for Medicare and Medicaid Services approved a renewal of the Medicaid Section 1115 demonstration proposal entitled KanCare. The demonstration is effective from January 1, 2019 through December 31, 2023.

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

This five-year demonstration will:

- Maintain Medicaid state plan eligibility;
- Maintain Medicaid state plan benefits;
- Continue to allow the state to require eligible individuals to enroll in managed care organizations (MCOs) to receive covered benefits through such MCOs, including individuals on HCBS waivers, except:
    - American Indian/Alaska Natives are presumptively enrolled in KanCare but will have the option of affirmatively opting-out of managed care.
- Provide benefits, including long-term services and supports (LTSS) and HCBS, via managed care;
- Extend the Delivery System Reform Incentive Payment program; and
- Design and implement an alternative payment model (APM) program to replace the DSRIP program
- Maintain the Safety Net Care Pool to support hospitals that provide uncompensated care to Medicaid beneficiaries and the uninsured.
- Increase beneficiary access to substance use disorder (SUD) treatment services.
- Provide work opportunities and supports for individuals with specific behavioral health conditions and other disabilities.

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

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

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

II. Enrollment Information

The following table outlines enrollment activity related to populations included in the demonstration. It does not include enrollment activity for non-Title XIX programs, including the Children's Health Insurance Program (CHIP), nor does it include populations excluded from KanCare, such as Qualified Medicare Beneficiaries (QMB) who are not otherwise eligible for Medicaid. The table does include members retroactively assigned as of December 31, 2021.

Demonstration Population	Enrollees at Close of Quarter (12/31/2021)	Total Unduplicated Enrollees in Quarter	Disenrolled in Quarter
Population 1: ABD/SD Dual	14,504	15,483	979
Population 2: ABD/SD Non-Dual	31,260	32,292	1,032
Population 3: Adults	65,913	66,842	929
Population 4: Children	248,588	251819	3,231
Population 5: DD Waiver	9,050	9,121	71
Population 6: LTC	21,062	22,024	962
Population 7: MN Dual	4,005	4,724	719
Population 8: MN Non-Dual	1,997	2,193	196
Population 9: Waiver	4,398	4,863	465
Population 10: UC Pool	N/A	N/A	N/A
Population 11: DSRIP Pool	N/A	N/A	N/A
Total	400,777	409,361	8,584

III. Outreach/Innovation

The KanCare website[1] is home to a wealth of information for providers, members, stakeholders, and policy makers. Sections of the website are designed specifically around the needs of members and providers. Information about the 1115 demonstration and its operation is provided in the interest of transparency and engagement.

The KanCare Advisory Council consists of fourteen members: one legislator representing the House, one representing mental health providers, one representing CDDOs, three representing physicians and hospitals, four representing KanCare members, one former Kansas Senator, one representing pharmacists, one representing Aging Community, one representing Area Agencies on Aging & Aging and Disability Resource Centers. The KanCare Advisory Council occurred December 7, 2021 via Zoom. The agenda was as follows:

- Welcome and Introductions
- Review and Approval of Minutes from Council Meeting, August 31, 2021
- Old Business
    - Define the capable person policy in regard to the care of our disabled kids and adults in need of care per their personal care plans – Ed Nicholas
    - What are the average nursing hours that our consumers are receiving compared to the hours that they are given according to their basis score – Ed Nicholas
- New Business (No agenda items received)
- KDHE Update – Sarah Fertig, Medicaid Director, Kansas Department of Health and Environment and Chris Swartz, Director of Operations/COO, Deputy Medicaid Director, Kansas Department of Health and Environment
- KDADS Update – Janis DeBoer, Deputy Secretary, Kansas Department for Aging and Disability Services
- KanCare Ombudsman Report – Kerrie Bacon, Ombudsman, KanCare Ombudsman Office (Written-only)
- Updates on KanCare with Q&A
    - UnitedHealthcare Community Plan – Dale Marsico and Corey Stoltz
    - Aetna Better Health of Kansas – Lisa Baird
    - Sunflower State Health Plan – Stephanie Rasmussen
- Adjourn

The Tribal Technical Assistance Group met November 2, 2021. The tribal members were consulted on the following items:

- State Plan Amendments (SPAs) for a revised Presumptive Eligibility Tool, Speech Therapy Evaluation and Treatment Reimbursement Rates Increase, Supplemental Drug Rebate Agreement Revisions and Mobile Crisis Intervention for Ages 0-20
- KanCare Open Enrollment – Reminder that tribal members may opt out of managed care
- The next meeting was scheduled for February 1, 2022

[1] www.kancare.ks.gov

Outstationed Eligibility Workers (OEW) staff participated in 174 in-person and virtual community events providing KanCare program outreach, education, and information for the following: County Hospitals in Washington, Geary; Morris, Kearney; Neosho; Allen; Anderson, Herrington Hospital; Fredonia, Minneola; Community County Medical Center in Clay; Cheyenne, Norton Hospital, Local County Health Departments in Clark; Kiowa; Kearney, Hamilton, Greely, Wichita, Scott Comanche; Gray, Ford, Riley, Hamilton, Wichita, Finney, Scott, Lane, Russell, Sedgwick, Harper, Sumner, Miami, Neosho; Morris; Geary; Reno; Ottawa; Dickenson, Pawnee, Edwards, Hodgeman, Stevens, Morton, Stanton, Grant, Haskell; Cheyenne, Rawlins, Decatur, Norton, Phillips; Wilson; Flint Hills Wellness Coalition; Greeley County Health Services; reno County Childhood Screening Event; School Districts 383, 429, 11, 114, 261; Harper County K-State Research/Extension; Butler County Extension Office; Cowley County Extension Office; Guest Home Estates; Prairie Star Health Center; Café Con Leche meetings; Finney County Community Health Coalition Meeting ; Genesis Family Health Advisory Council meeting ; Hispanic Task Force meeting, Harvey Marion County CDDO Meeting; Harvey County Resource Council Meeting in Newton; Health Coalition Miami County meeting; Impact Olathe meeting; Konza Community Health; Choices Network TCM meeting; Johnson County Community Corrections case managers meeting, Food Pantries: Geary County, Catholic Charities Shawnee; Finney; ABC Pregnancy Center; Harvey County Department of Aging; Public Libraries in Newton, Olathe, Overland Park; Mercy and Truth Medical Mission; Peabody, Medicaid Presentation at Fredonia Public Library; GraceMed in Newton County; Health Partnership Clinics in Olathe-Johnson County, Paola-Miami County; Amberwell Troy Health Clinic in Wathena Ks; HCH Highland Clinic; Yates Center Medical Clinic; Cimarron Health Clinic, Ashley Clinic; Erie Family Care Clinic; Anderson County Family Care Center, Family Physicians Iola, Humboldt Ashley Clinic, Clay County Medical Clinic; Phillips County Medical Center, Family Practice Clinic Decatur Health, Cheyenne County Clinic; Doniphan County Economic Development; Low income Housing in Wathena Ks; The Center of Counseling in Barton County; Community Baby Shower in Coffeeville, Caney Community Event; Fresh Start Shelter Geary County; Accord Hospice; Good Sheppard Hospice in Newton; tabor Church; Salvation Army; Hillsboro Ministerial Alliance, Head Starts; El Centro, Vibrant Health; Livewell Finney County; Russell Child Development Center; City Halls in Doniphan County; Goessel, Senior Centers and Assisted Living: Doniphan County, Wathena Ks; Timbers Senior Livings in Highland Kansas, Geary County, Presentation at Marion County Senior Center; Hillsboro, Salem Home, Harvey, McPherson, The Cedars; and Rawlins Senior Center.

Support and assistance for KanCare members was provided by KDHE's twenty-seven OEWs. Staff determined eligibility for 1,038 applicants. The OEW staff also assisted in resolving 357 issues involving urgent medical needs, obtaining correct information on applications, and addressing gaps or errors in pending applications or reviews with the KanCare Clearinghouse. In addition, OEW staff assisted with 1,755 phone calls, 434 walk-in, and 409 e-mails from the public.

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

- PACE Program (quarterly but now as needed during the Public Health Emergency (PHE))
- HCBS Provider Forum teleconferences (quarterly)
- Long-term Care Roundtable with Department of Children & Families (quarterly)
- Presentations, attendance, and information is available as requested by small groups, consumers, stakeholders, providers and associations across Kansas
- Community Mental Health Centers meetings to address billing and other concerns (monthly and quarterly)
- Series of workgroup meetings and committee meetings with the Managed Care Organizations and Community Mental Health Centers
- Regular meetings with the Kansas Hospital Association

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

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

OneCare Kansas Program

A legislative proviso directed KDHE to implement a health homes program. To avoid the confusion caused by the term health homes, a new name was selected for the program – OneCare Kansas (OCK). The program was launched on April 1, 2020. The program has a similar model as the state's previous health homes program, but OCK was designed as an opt-in program. As of December 31, 2021, there were thirty-three contracted OCK providers across the state. In addition, the program has seen 3,238 members opt-in to the program. This number continues to climb with new members joining each month.

The State continues to use the MCOs as lead entities, who contract with select providers to offer the required six core services. Monthly learning collaboratives are held to assist the providers as they deliver services to OneCare Kansas members.

MCO Outreach Activities

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

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

Marketing Activities
ABHKS Outreach and marketing activities have picked up significantly despite the COVID-19 public health emergency. ABHKS has been working to communicate with community-based organizations and provider offices virtually since mid-March of 2020 and has seen varying results. ABHKS has been able to work with more organizations and events in person with some efforts being virtual. In-person visits increased beginning in July and Aetna was able to provide information and education to 635 individuals with community-based organizations and at provider offices around the State. ABHKS also delivered a Community E-newsletter each month. The newsletter provides the latest information on ABHKS and the successes achieved by providing services to members. The E-newsletter was sent out to over 1,500 individuals during October, November, and December.

Outreach Activities
ABHKS Community Development and System of Care team staff provided both virtual and in-person outreach activities to community-based organizations, advocacy groups and provider offices throughout Kansas. ABHKS staff visited virtually or in person with 635 individuals associated with community-based organizations in Kansas including: Just Food in Lawrence; Liberal Area Coalition for Families; Kiowa County Senior Center; Chanute High School and Middle School; Independence High School; as well as others. Education information was shared with over 4,350 members or potential members of KanCare through attendance at in-person and virtual events.

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

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

Marketing Activities
Sunflower Health Plan marketing activities for the fourth quarter 2021 included attending and/or sponsoring nine virtual member and provider events. Due to the COVID-19 pandemic and continued "Stay-at-Home" and "No Face-to-Face Member visits, multiple events were cancelled, postponed, moved to virtual or rescheduled to 2022. However, this list is comprehensive of attended and sponsored activity. During fourth quarter 2021, Sunflower Health Plan sponsored local and statewide member and provider events including: Arthritis Foundation Annual Jingle Bell Run

- Nurture KC Immunization Summit
- Young Women on the Move Breakfast
- Community Care Network Kansas Conference
- Be Safe with Me Vaccination Campaign with Interhab

Outreach Activities
Sunflower Health Plan's outreach activities for the fourth quarter of 2021 centered on providing more PPE, food and funds support to organizations that serve and support our members and the community at large. Due to the impact of COVID-19, our outreach efforts moved to help organizations sustain their normal work with increased demand on resources and more people to serve.

During this time, we reached more than 90 agencies, impacting more than 400,000 people to include members, health care providers, and agencies serving both the disability and senior communities along with other community action agencies across the state.

- Provided support to provide turkeys and Thanksgiving dinner items with local nonprofits;
- Worked with Shoes from the Heart to provide shoes for Title I elementary schools in Douglas county;
- Worked with Harvesters to support self-directed members with shelf-stable food boxes;
- PPE equipment (masks) to members who self-direct their care, community organizations that support adults and children returning to school, work or daycare; and
- Connected with Kansas Association of Youth partnership to provide opportunities to assist middle school students in managing social isolation through a national partnership with Beyond Differences.

Advocacy Activities
Sunflower Health Plan's advocacy efforts for fourth quarter of 2021 centered on organizations that supported distributing additional PPE equipment to direct to community supporting agencies and schools. Sunflower supplied face coverings across the state of Kansas. Community partners included the Left Brains, Olathe School District, KCK Public Schools, Turner School District and Vibrant Health.

In total, there were eight8 partner organizations that helped distribute PPE and Sunflower Health Plan sponsored and advocated for during fourth quarter 2021:

- Olathe School District
- KCK Public Schools
- Turner School District
- Vibrant Health
- Health Partnership of Johnson County
- Nurture KC
- KS Children's Discovery Center

Additionally, we worked with Made Men, Inc. to sponsor a Suicide Prevention event in November called Love the Max in honor of Lawrence Maxwell and families that who have experienced a loss due to suicide. This event was a collaboration between Made Men, Inc., Sunflower Health Plan, Vibrant Health, Mental Health of the Heartland, Great Circle and KSHB-TV 41 news reporter, Rae Daniels.

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

Marketing Activities
UnitedHealthcare Community Plan of Kansas (UHC) staff completed new member welcome calls and health risk assessments over the phone. UHC continued the incentive program to offer a ten dollar over the counter debit card to new members that complete a health risk assessment. New members were sent member ID cards and welcome kits. Handbooks and brochures were updated to reflect 2022 changes.

Outreach Activities
Outreach staff have continued to be involved in community vaccination efforts and supported with promotions, vaccine card pouches, stickers, volunteers, translations, interpreting, etc. UHC has sponsored and co-hosted several health equity vaccination clinics. Staff continued provider outreach to assess provider needs and identify ways UHC can support providers as they serve KanCare members, with special attention to increasing well child visits and general vaccinations.

UHC hosted the member advisory meeting via conference call. Care Coordination managers attended the meeting to listen to members' questions and concerns and to offer support.

- Member outreach: Staff met with approximately 10,733 members or potential members at outdoor drive-thru food distributions, vaccination events, coat drives, lobby sits at Federally Qualified Health Centers (FQHCs), and other community events.

- Community organization outreach: Staff met virtually and in-person with several community agencies, including: Bourbon County Coalition, Butler County Special Education, Community Health Council of Wyandotte County, Center of Grace's Hispanic Task Force, Healthier Lyon County Coalition, Healthy Food for All Workgroup, Healthy Babies Sedgwick County, Heartland Healthy Neighborhoods, His Helping Hands, El Centro Inc, Embrace, Exploration Place, Greater Wichita YMCA, COVID-19 Kansas Latino Stakeholders, Boys and Girls Club of Topeka, Emporia Main Street, Just Food, USD 259 Wichita Public Schools, Wichita Children's Home, Kansas Hispanic and Latino American Affairs Commission, Lawrence-Douglas County Health Equity Board, Greater Emporia Area Disaster Relief Fund, HEAT team of Emporia, Kansas Children's Service League Emporia, LiveWell Douglas County, Mid America Assistance Coalition, Project Eagle Early Headstart, Rainbows Inc, Rescare Wichita, SACL Self Advocacy Coalition of Kansas, Salvation Army Wichita, WILCO Interagency Coalition, Salud y Bienestar, Guadalupe Clinics, among others.

- Provider outreach: Staff met virtually and in-person with over 35 provider offices across the State.

Advocacy Activities

Focus continued to be on ways to support state efforts on vaccine hesitancy education and vaccine access and equity. Staff from the Social Determinants of Health and Community Outreach teams have assisted in promoting vaccination and education opportunities, assessing vaccine access to minorities, and identifying ways to improve access through revision of forms, translations, and cultural awareness. UHC continues to identify the most successful approaches and supports with funding or resources to amplify these successes. One example of this type of partnership are the vaccination and testing events by Juntos Center for Advancing Latino Health and El Centro Inc. (in partnership with Heart to Heart International and others), which are vaccinating an average of 200 people from underserved communities per event.

UHC has two representatives serving in the Kansas Hispanic and Latino American Affairs Commission as Technical Advisors, and one representative serving on the Lawrence Douglas County Health Equity Advisory Board.

IV. Operational Developments/Issues

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

Approved KanCare Amendments

Amendment Number	Subject	Submitted Date	Approved Date
15	DSRIP language	8/03/2021	12/09/2021
16	STEPS Program	8/12/2021	12/09/2021

KanCare Amendments pending CMS approval

Amendment Number	Subject	Submitted Date	Effective Date
13	Capitation Rates 1/1/2021-12/31/2021	2/12/2021	1/01/2021
17	Capitation Rates 1/1/2021-12/31/2021 (Revised)	11/01/2021	1/01/2021
18	Contract Language Revisions	12/14/2021	12/13/2021

42 CFR 438.6(c) Preprint approved by CMS:

Subject	Submitted Date	Effective Date	Approval Date
Delivery system and provider payment initiatives under Medicaid managed care plan contracts. Effective 1/1/22– 12/31/22.	9/13/2021	1/01/2022	12/09/2021

State Plan Amendments (SPAs) approved:

SPA Number	Subject	Submitted Date	Effective Date	Approval Date
21-0015	NF/NFMH Rates	9/10/2021	7/01/2021	12/08/2021
21-0016	TPL Action Plan	9/22/2021	8/20/2021	10/22/2021
21-0017	Rate increase for Speech Therapy	10/13/2021	10/01/2021	11/12/2021
21-0018	Drug Rebate Contract Revisions	10/13/2021	10/01/2021	12/13/2021

State Plan Amendments (SPA) pending approval:

SPA Number	Subject	Submitted Date	Effective Date
21-0020	NEMT	11/03/2021	10/01/2021
21-0021	Disaster Relief – Coverage of Medications	11/22/2021	11/01/2020

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

b. Benefits: All pre-KanCare benefits continue, and the program includes value-added benefits from each of the three KanCare MCOs at no cost to the State. A summary of the top three value-added services (VAS), as reported by each of the KanCare MCOs from January through December of 2021 follows:

MCO		Value-Added Services Calendar Year 2021	Units YTD	Value YTD
Aetna	Top Three VAS	Healthy Rewards Gift Card (Birth – Age 12 Exam)	36,128	$1,472,030
		Healthy Rewards Gift Card (Diabetic Eye Exam)	40,061	$881,307
		Adult Dental	5,614	$819,898
		Total of All Aetna VAS	167,807	$5,781,407
Sunflower	Top Three VAS	My Health Pays	91,888	$974,555
		In-Home Telemonitoring	1,340	$335,000
		Comprehensive Medication Review	8,889	$248,796
		Total of All Sunflower VAS	134,613	$2,080,570
United	Top Three VAS	Adult Dental Services	6,590	$552,145
		Debit Card for Completing First Pre-Natal Visit	1,336	$276,983
		Home Helper Catalog Supplies	2,550	$123,940
		Total of All United VAS	15,015	$1,188,012

c. Enrollment issues: For the fourth quarter of calendar year 2021 there were four Native Americans who chose to not enroll in KanCare and who are still eligible for KanCare.

The table below represents the enrollment reason categories for the fourth quarter of calendar year 2021. All KanCare eligible members were defaulted to a managed care plan.

Enrollment Reason Categories	Total
Newborn Assignment	2,070
KDHE - Administrative Change	565
WEB - Change Assignment	26
KanCare Default - Case Continuity	1,483
KanCare Default – Morbidity	1,397
KanCare Default - 90 Day Retro-reattach	838
KanCare Default - Previous Assignment	294
KanCare Default - Continuity of Plan	152
Retro Assignment	2
AOE – Choice	573
Choice - Enrollment in KanCare MCO via Medicaid Application	4,419
Change - Enrollment Form	190
Change - Choice	248
Change - Access to Care – Good Cause Reason	2
Change - Case Continuity – Good Cause Reason	
Change – Due to Treatment not Available in Network – Good Cause	
Assignment Adjustment Due to Eligibility	218
Total	12,477

d. Grievances, appeals, and state hearing information:

MCOs' Member Adverse Initial Notice Timeliness Compliance

MCO	ABH	SUN	UHC
% of Notices of Adverse Service Authorization Decisions Sent Within Compliance Standards	100%	100%	95%
% of Notices of Adverse Expedited Service Authorization Decisions Sent Within Compliance Standards	100%	100%	None Reported
% of Notices of Adverse Termination, Suspension or Reduction Decisions Sent Within Compliance Standards (10 calendar days only)	100%	100%	100%

MCOs' Provider Adverse Initial Notice Compliance

MCO	ABH	SUN	UHC
% of Notices of Adverse Decision Sent to Providers Within Compliance Standards	100%	100%	97%

MCOs' Member Grievance Database

MCO	ABH		SUN		UHC		Total
	HCBS Member	Non HCBS Member	HCBS Member	Non HCBS Member	HCBS Member	Non HCBS Member	
QOC (non HCBS Providers)	3	7	8	9	1	14	42
QOC – Pain Medication		1				1	2
Customer Service	2	6	3	4	2	7	24
Member Rights Dignity		1		2			3
Access to Service or Care	3	5	3	12	4	10	37
Non-Covered Service		1	2	1		4	8
Pharmacy Issues		3		4	1		8
QOC HCBS Provider			1		2		3
Billing/Financial Issues (non-Transportation)	2	5	1	4	3	56	71
Transportation – Billing and Reimbursement		1	1	7	2	1	12
Transportation - No Show	2	5	14	20	15	40	96
Transportation - Late	2	10	9	5	10	13	49
Transportation - Safety		1	1	1	1	5	9
Transportation - No Driver Available		1	7	14	9	23	54
Transportation - Other	3	10	15	23	21	39	111
Health Home Services	3						3
MCO Determined Not Applicable						1	1
Other		1				2	3
TOTAL	20	58	65	106	71	216	536

MCOs' Member Grievance Timeliness Compliance

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

MCOs' Provider Grievance Database

MCO	ABH	SUN	UHC	Total
Billing/Payment		2		2
UM		2		2
Transportation		8	8	16
Services		1		1
Other – Dissatisfaction with MCO Associate		1		1
TOTAL	0	14	8	22

MCOs' Provider Grievance Timeliness Compliance

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

MCOs' Appeals Database

Member Appeal Reasons ABH - Red SUN – Green UHC - Purple	Number Resolved	Withdrawn	MCO Reversed Decision on Appeal – MCO Error	MCO Reversed Decision on Appeal – Member/ Provider Mistake	MCO Upheld Decision on Appeal – Correctly Denied	MCO Upheld Decision on Appeal – Member/ Provider Mistake	MCO Determined not Applicable
MEDICAL NECESSITY/LEVEL OF CARE – Criteria Not Met							
MA – CNM - Durable Medical Equipment	11 8 21		5	4 6 5	2 1 13		 1 3
MA – CNM - Inpatient Admissions (Non-Behavioral Health)	6 4 27	 17		1 2 1	1 1 9		4 1
MA – CNM - Medical Procedure (NOS)	39 14 12		10	9 8 5	17 4 6		3 2 1
MA – CNM - Radiology	11 23		5	2 13	3 8	 1	1 1
MA – CNM - Pharmacy	62 57 118	 6 5	1	32 37 90	18 9 20		11 5 3
MA – CNM - PT/OT/ST	14 1	 1	1	5	6	1	1
MA – CNM - Dental	2 5 11				2 3 5		 2 6
MA – CNM - Home Health	1		1				
MA – CNM - Out of network provider, specialist or specific provider request	2 1 3			1 2	1 1	 1 	
MA – CNM - Inpatient Behavioral Health	1 14 8			1 10 1	 4 7		

MA – CNM - Behavioral Health Outpatient Services and Testing	12 5			2 1	8 4	1	1
MA – LOC - LTSS/HCBS	6 3	1		2 1	2		2 1
MA – CNM - Mental Health	3			2	1		
MA – CNM - HCBS (change in attendant hours)	1 2			1	1		1
MA – CNM - Other	1 16 3	1 1	1	1 8 1	4 1	1	1
NONCOVERED SERVICE							
MA – NCS - Dental	1 1 1				1 1 1		
MA – NCS - Durable Medical Equipment	3			1	1	1	
MA – NCS – Behavioral Health	1				1		
MA – NCS – Other	11 4	2		2 2	3 1	1	3 1
MA – LCK - Lock In	4		1	1	2		
ADMINISTRATIVE DENIALS							
MA – ADMIN – Denials of Authorization (Unauthorized by Members)	1				1		
TOTAL ABH - Red SUN – Green UHC - Purple	 156 176 223	 10 24	 22 2 1	 56 93 111	 55 46 73	 1 6	 22 19 14

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

MCOs' Appeals Database - Member Appeal Summary

Member Appeal Reasons ABH - Red SUN – Green UHC - Purple	Number Resolved	Withdrawn	MCO Reversed Decision on Appeal – MCO Error	MCO Reversed Decision on Appeal – Member/ Provider Mistake	MCO Upheld Decision on Appeal – Correctly Denied	MCO Upheld Decision on Appeal – Member/ Provider Mistake	MCO Determined not Applicable
Resolved at Appeal Level	156 176 223	 10 24	22 2 1	56 93 111	55 46 73	1 6	22 19 14
TOTAL	156 176 223	 10 24	22 2 1	56 93 111	55 46 73	1 6	22 19 14
Percentage Per Category		 6% 11%	14% 1% >1%	36% 53% 50%	35% 26% 33%	1% 3%	14% 11% 6%
Range of Days to Reverse Due to MCO Error			12 – 62 8 -14 48				

MCOs' Member Appeal Timeliness Compliance

MCO	ABH	SUN	UHC
% of Member Appeals Resolved and Appeal Resolution Notice Issued in 30 Calendar Days	99%	99%	100%
% of Expedited Appeals Resolved and Appeal Resolution Notice Issued in 72 hours	100%	100%	97%

MCOs' Reconsideration Database - Providers (reconsiderations resolved)

PROVIDER Reconsideration Reasons ABH - Red SUN – Green UHC - Purple	Number Resolved	Withdrawn by Provider	MCO Reversed Decision on Reconsideration – MCO Error	MCO Reversed Decision on Reconsideration – Provider Mistake	MCO Upheld Decision on Reconsideration – Correctly Denied / Paid	MCO Upheld Decision on Reconsideration – Provider Mistake	MCO Determined Not Applicable
CLAIM DENIALS							
PR – CPD - Hospital Inpatient (Non-Behavioral Health)	137 230 272		19 29 133	43 95 19	52 105 78	19 17	4 1 25
PR – CPD - Hospital Outpatient (Non-Behavioral Health)	132 883 263		21 172 62	57 356 26	30 348 135	23 10	1 7 30
PR – CPD - Pharmacy	2 57		1 1	 25	1 31		
PR – CPD - Dental	18 2		1 2	1	16		
PR – CPD - Vision	8 64 34		3 58 30	1 4	4 6		
PR – CPD - Ambulance (Include Air and Ground)	37 55		1 16	22 22	5 17	6	3

	1				1		
PR – CPD - Medical (Physical Health not Otherwise Specified)	959 3,131 2,717	1	196 520 1,107	285 1,417 451	364 1,168 831	107 200	6 26 128
PR – CPD - Nursing Facilities - Total	4 113 1		3 30 1	44	1 38		1
PR – CPD - HCBS	2 434		2 153	145	132		4
PR – CPD - Hospice	7 29 75		3 45	1 6 2	2 20 17	2	2 11
PR – CPD - Home Health	13 44		7 3	3 15	3 26		
PR – CPD - Behavioral Health Outpatient and Physician	17 283 448		6 92 73	3 72 237	6 113 100	2 12	 6 26
PR – CPD - Behavioral Health Inpatient	15 20 93		3 7 29	5 39	8 7 12	4 10	 1 3
PR – CPD - Out of network provider, specialist or specific provider	619		183	73	227	52	84
PR – CPD - Radiology	65 1 211		30 71	9 23	20 1 90	6 23	 4
PR – CPD - Laboratory	71 279 224		1 24 58	10 45 30	35 210 106	25 18	 12
PR – CPD - PT/OT/ST	38		2	4	28	4	
PR – CPD - Durable Medical Equipment	97 785 812		18 154 261	18 182 122	35 425 281	25 44	1 24 104
PR – CPD - Other	6			2	4		
Total Claim Payment Disputes	1,622 6,410 5,776	1	314 1,264 2,053	457 2,429 1,028	610 2,647 1,882	223 386	17 70 427
TOTAL ABH - Red SUN – Green UHC - Purple	 1,622 6,410 5,776	 1	 314 1,264 2,053	 457 2,429 1,028	 610 2,647 1,882	 223 386	 17 70 427

MCOs' Provider Reconsiderations Database - Provider Reconsiderations Summary

Provider Reconsideration Reasons ABH - Red SUN – Green UHC - Purple	Number Resolved	Withdrawn	MCO Reversed Decision on Appeal – MCO Error	MCO Reversed Decision on Appeal – Member/ Provider Mistake	MCO Upheld Decision on Appeal – Correctly Denied	MCO Upheld Decision on Appeal – Member/ Provider Mistake	MCO Determined not Applicable
Resolved at Reconsideration Level	1,622 6,410 5,776	1	314 1,264 2,053	457 2,429 1,028	610 2,647 1,882	223 386	17 70 427
TOTAL	1,622 6,410 5,776	1	314 1,264 2,053	457 2,429 1,028	610 2,647 1,882	223 386	17 70 427
Percentage Per Category		>1%	19% 20% 36%	28% 38% 18%	38% 41% 33%	14% 7%	1% 1% 6%
Range of Days to Reverse Due to MCO Error			20 – 296 4 - 543 0 - 309				

MCOs' Provider Reconsiderations Timeliness Compliance

MCO	ABH	SUN	UHC
% of Provider Reconsideration Resolution Notices Sent Within Compliance Standards	99%	100%	100%

MCOs' Appeals Database - Providers (appeals resolved)

PROVIDER Appeal Reasons ABH - Red SUN – Green UHC - Purple	Number Resolved	Withdrawn by Provider	MCO Reversed Decision on Appeal – MCO Error	MCO Reversed Decision on Appeal – Provider Mistake	MCO Upheld Decision on Appeal – Correctly Denied / Paid	MCO Upheld Decision on Appeal – Provider Mistake	MCO Determined Not Applicable
MEDICAL NECESSITY/LEVEL OF CARE - Criteria Not Met							
PA - CNM - Durable Medical Equipment	4			4			
PA - CNM - Inpatient Admissions (Non-Behavioral Health)	10		1	7	1	1	
PA - CNM - Medical Procedure (NOS)	16	1		8	4	1	2
PA - CNM - Radiology	31			19	10	1	1
PA - CNM - Pharmacy	2 130	 4		 96	2 19	 1	 10
PA - CNM - PT/OT/ST	6			4	2		
PA - CNM - Dental	7			5	2		
PA - CNM - Hospice	2				1	1	
PA - CNM - Out of network provider, specialist or specific provider request	1			1			

PA - CNM - Inpatient Behavioral Health	1			1			
PA - CNM - Ambulance (include Air and Ground)	1 1			1	1		
PA - CNM - Other	2			2			
NONCOVERED SERVICE							
PA - NCS - Home Health	1			1			
PA - NCS - Pharmacy	1 1				1		1
PA - NCS - OT/PT/Speech	1			1			
PA - NCS - Durable Medical Equipment	13 3		12	1 3			
PA - NCS - Other	4			3			1
CLAIM DENIAL							
PA – CPD - Hospital Inpatient (Non-Behavioral Health)	69 62 340	1	6 2	27 20 56	31 36 147	5 3	3 134
PA – CPD - Hospital Outpatient (Non-Behavioral Health)	24 31 123		3 5 2	6 10 31	8 14 82	6	1 2 8
PA – CPD - Pharmacy	5 160	1	1	134	4 22		3
PA – CPD - Dental	7 5 37		2	2 2 5	4 1 32	1	
PA – CPD - Vision	4 3 25		1 1 11	3 3	2 11		
PA – CPD - Ambulance (Include Air and Ground)	12 11		1	6 6	4 4	2	
PA – CPD - Medical (Physical Health not Otherwise Specified)	180 136 197		14 2 4	27 45 56	66 71 114	70 4	3 14 23
PA – CPD - Nursing Facilities - Total	2 1 25			2 4	1 20		1
PA – CPD - Hospice	43 2			1	38 2	3	1
PA – CPD - Home Health	9 7 95		2 2 1	3 2 27	3 2 59	1 1	8
PA – CPD - Behavioral Health Outpatient and Physician	13 61 59			1 7 22	11 43 26	9	1 2 11
PA – CPD - Behavioral Health Inpatient	7 10			2 3	4 3	1	4
PA – CPD - Radiology	13 42 7		4 1	2 26 1	4 15 5	3	1

PA – CPD - Laboratory	45 39 117		 1 	2 1 5	30 36 64	13 	 1 48
PA – CPD - PT/OT/ST	1 9 1			1 	 8 1	 1 	
PA – CPD - Durable Medical Equipment	30 17 17		7 	8 7	14 16 10	1 	 1
PA – CPD - Other	1 15		 	 8	1 6	 	 1
Total Claim Payment Disputes	483 633 1,241	 5 2	50 15 21	95 268 368	225 285 608	107 22 	6 38 242
BILLING AND FINANCIAL ISSUES							
PA – BFI - Recoupment	20 1		1 	 	7 1	9 	3
TOTAL ABH - Red SUN – Green UHC - Purple	 483 653 1,242	 5 2	 50 16 21	 95 268 368	 225 292 609	 107 31 	 6 41 242

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

MCOs' Appeals Database - Provider Appeal Summary

Provider Appeal Reasons ABH - Red SUN – Green UHC - Purple	Number Resolved	Withdrawn	MCO Reversed Decision on Appeal – MCO Error	MCO Reversed Decision on Appeal – Member/ Provider Mistake	MCO Upheld Decision on Appeal – Correctly Denied	MCO Upheld Decision on Appeal – Member/ Provider Mistake	MCO Determined not Applicable
Resolved at Appeal Level	483 653 1,242	 5 2	50 16 21	95 268 368	225 292 609	107 31 	6 41 242
TOTAL	483 653 1,242	 5 2	50 16 21	95 268 368	225 292 609	107 31 	6 41 242
Percentage Per Category		 1% >1%	10% 2% 2%	20% 41% 30%	47% 45% 49%	22% 5% 	1% 6% 19%
Range of Days to Reverse Due to MCO Error			19 – 489 19 – 372 0 - 97				

MCOs' Provider Appeal Timeliness Compliance

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

State of Kansas Office of Administrative Fair Hearings - Members

ABH - Red SUN – Green UHC - Purple	Number Resolved	Withdrew	OAH Affirmed MCO Decision	OAH Reversed MCO Decision	Dismiss Moot MCO Reversed	Dismiss Moot Duplicate	Dismiss Untimely	Dismiss Not Ripe/ No MCO Appeal	Dismiss No Adverse Action	Dismiss No Auth.	Dismiss Appellant Verbally Withdrew	Dismiss Failure to State a Claim	Default Appellant Failed to Appear	Default Respondent Failed to Appear	Default Respondent Failed to File Agency Summary
MEDICAL NECESSITY/LEVEL OF CARE – Criteria Not Met															
MH – CNM - Durable Medical Equipment	1												1		
MH – CNM - Medical Procedure (NOS)	1				1										
MH – CNM – Pharmacy	1 3 1	1	1		2 1										
MH-NCS – Other	1							1							
ADMINISTRATIVE DENIALS															
MH – ADMIN – Denials of Authorization (Unauthorized by Members)	1					1									
TOTAL ABH - Red SUN – Green UHC - Purple	 2 5 2	 1	 1		 3 1	 1		 1					 1		

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

State of Kansas Office of Administrative Fair Hearings - Providers

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

MEDICAL NECESSITY / LEVEL OF CARE - Criteria Not Met															
PH - CNM - Medical Procedure (NOS)	1	1													
CLAIM DENIAL															
PH - CPD - Hospital Inpatient (Non-Behavioral Health)	4 2 4	4 2			 1	 1					 2 				
PH - CPD - Hospital Outpatient (Non-Behavioral Health)	1	1													
PH - CPD - Vision	1				1										
PH - CPD - Medical (Physical Health not Otherwise Specified)	2	2													
PH - CPD – Laboratory	1							1							
PH – CPD – Durable Medical Equipment	1	1													
PH – CPD - Other	3 24	 4			1 5			2 10	 5						
BILLING AND FINANCIAL ISSUES															
PH - BFI - Recoupment	2	2													
TOTAL ABH - Red SUN – Green UHC - Purple	 9 5 32	 9 8			 1 7	 1		 2 11	 5		 2 				

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

e. Quality of care: Please see Section IX "Quality Assurance/Monitoring Activity" below. The HCBS Quality Review Report for April-June 2021 is attached to this report.

f. Changes in provider qualifications/standards: None.

g. Access: Members who are not in their open enrollment period are unable to change plans without a good cause reason (GCR) pursuant to 42 CFR 438.56 or the KanCare STCs. Most GCR requests were about provider choice, which is not an acceptable reason to switch plans outside of open enrollment. The reduction in GCR requests are due to members changing their managed care plan effective January 1, 2022.

If a GCR is denied by KDHE, the member is given appeal/fair hearing rights. There was one state fair hearing for a denied GCR, and the decision is pending. A summary of GCR actions this quarter is as follows:

Status	Oct	Nov	DEC
Total GCRs filed	10	13	5
Approved	0	0	1
Denied	9	10	3
Withdrawn (resolved, no need to change)	0	2	0
Dismissed (due to inability to contact the member)	1	1	1
Pending	0	0	0

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

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

KanCare MCO	# of Unique Providers as of 3/31/2021	# of Unique Providers as of 6/30/2021	# of Unique Providers as of 9/30/2021	# of Unique Providers as of 12/31/2021
Aetna	45,106	45,115	45,284	47,714
Sunflower	41,676	40,878	41,810	36,332
UHC	44,069	43,754	44,490	44,059

**Beginning Quarter 1, 2020, the # of unique providers excludes out-of-state providers located more than 50 miles from a Kansas border.*

^Increases in provider counts reflect revisions subsequent to annual audit and other meetings with MCOs that occurred in Quarter 4, 2020.

h. Payment rates: There were no payment rate changes for the quarter ending 12/31/21.

i. Health plan financial performance that is relevant to the demonstration: All KanCare MCOs remain solvent.

j. MLTSS implementation and operation: Kansas placed 37 people on HCBS IDD waiver services, and 276 people on HCBS PD waiver services.

k. DSRIP was replaced with a Bridge Gap Year from January 1, 2021 through December 31, 2021. The State is using §438.6(c)(1)(iii)(B) to provide a uniform percentage increase to contracted rates between the large public teaching hospitals and border city childrens hospitals and the MCOs for inpatient and outpatient hospital services provided in CY2021. As a condition of receiving the uniform increase on inpatient and outpatient utilization, the covered hospitals will be required to report the following metrics to KDHE on a quarterly basis, as these measures will inform the State's development of an APM directed payment: (1) Number of flu vaccinations administered by age; (2) Hospital-specific counts for emergency room visits; (3) Lung Cancer Screenings with low dosage CT (Large Public Teaching Hospital); (4) Number of hospitals or clinics contacted regarding diabetes protocols and number of diabetes protocols received and reviewed; the protocols will not be distributed; and (5) Hospital-specific reporting to support the evaluation of the directed payment. The preprint for the Bridge Gap Year was approved on March 31, 2021. The first Bridge Gap year payment was made November 19, 2021.

l. Information on any issues regarding the concurrent 1915(c) waivers and on any upcoming 1915(c) waiver changes (amendments, expirations, renewals):

- The State continues to work with CMS regarding amendments to the seven HCBS waivers, including amendments to performance measures, unbundling Assistive Services, and provisional plans of care.
- The SED and Autism waiver renewal applications were submitted to CMS in December 2021 ahead of their April 1, 2022 renewal date.

m. Legislative activity: The Kansas Legislature adjourned Sine Die on May 26, 2021 and will reconvene on January 10, 2022. In the meantime, KDADS presented to several interim legislative committees including the Kansas Senior Care Task Force, Special Committee on Child Welfare System Oversight, Special Committee on Home and Community Based Services Intellectual and Developmental Disability Waiver, Legislative Budget Committee, and the 2021 Special Committee on Mental Health Modernization and Reform. Topics included Nursing Homes, HCBS Programs, the plan submitted to CMS for the 10% HCBS FMAP enhancement, Mental Health Programs, State Hospitals, and Budget updates. Specific issues covered were the Nursing Facility survey process, workforce issues for Adult Care Homes, HCBS rebalancing, HCBS waiting lists and eligibility requirements, HCBS provider network and workforce issues, Behavioral Health Services for youth, Behavioral Health workforce issues, the State Suicide Prevention Plan, and plans to lift the moratorium on voluntary admissions to Osawatomie State Hospital in January 2022.

A Special Committee on Government Overreach and the Impact of COVID-19 Mandates formed and met several times late October through November. At that point in time, the language of the CMS Interim Final Rule had not yet been released. KDHE and KDADS submitted joint written testimony noting concerns but stating that the impact could not be assessed since the CMS Interim Final Rule had not yet been released. The recommendation from the Special Committee led to a Special Session convening for one day on Monday, November 22,2021, in which the Legislature created law related to employer COVID-19 vaccine requirements and exemptions and related eligibility for unemployment benefits.

The Robert G. (Bob) Bethell Joint Committee on Home and Community Based Services and KanCare Oversight met December 13 and14, 2021. The Committee heard presentations from individuals, providers, and organizations related to KanCare, KDHE and KDADS.

KDHE leadership presented their respective updates during the Robert G. (Bob) Bethell Joint Committee meeting. KDHE Secretary Janet Stanek opened the meeting with an introduction and remarks. Sarah Fertig, State Medicaid Director, gave a KanCare program update, which included information on: recent state and federal action, Medicaid provider rates, the KanCare 3.0 and MCO contract procurement, extending postpartum coverage to 12 months, the American Rescue Plan Act 10% FMAP for HCBS, Health Care Access Improvement Panel (HCAIP), Support and Training to Employ People Successfully (STEPS) Program, KanCare COVID-19, and KanCare analytics and performance metrics. Christiane Swartz, Director of Medicaid Operations, gave an eligibility update, which included information on Medicaid eligibility applications, federally facilitated marketplace open enrollment, transition of Medicaid application eligibility processing, KDHE staffing, status of the Clearinghouse contract, and the preparation for the eventual end of the PHE.

Overview of changes made to the Medicaid program during the PHE (not a complete list):

- Delay annual eligibility reviews; will not remove anyone from program during the PHE except if the person ceases to be a resident of the state, or voluntarily withdraws from the program (required for enhanced FMAP)
- Applicants and beneficiaries have an additional 120 days to request a fair hearing, if the original 33-day deadline falls between March 2020 and the end of the Public Health Emergency
- Remove all cost sharing for COVID-19 testing/treatment/vaccines for KanCare members
- Allow for greater flexibility of day service location for HCBS members
    - Services can be rendered in home by family member, with reimbursement to family member
- Suspend provider revalidation, allowing for continuity of care
- Allow for out of state, non-KanCare providers to provide services in Kansas
- Suspend PASRR Level 1 and Level 2 requirements for 30 days
- Temporarily cease all physical visits from MCOs to providers/members
- Allow for early refill of maintenance prescriptions; increase level of pharmacy delivery and mail order availability
- Temporarily allow for documented verbal consent on person-centered plans of care

KDADS presented information on the four state hospitals and Nursing Facilities (NFs) including staffing levels, recruitment and retention at State Hospitals, CNA training, antipsychotic drugs, and nursing facility receiverships. COVID-19 issues included updates to visitation guidelines and testing as well as the court-ordered injunctions prohibiting enforcement of the CMS rule regarding vaccination of health care workers. KDADS also provided updates on the HCBS waiting lists, HCBS Final Rule, the plan submitted to CMS for the 10% HCBS FMAP enhancement, implementation of Certified Community Behavioral Health Clinics (CCBHCs), the PACE Program, PRTFs. During the meeting, KDADS Secretary Laura Howard informed the Committee that the agency had signed a contract for a new acute psychiatric hospital for youth in Hays. The Committee also heard updates from the KanCare Ombudsman and the Medicaid Inspector General.

n. Other Operational Issues: Eligibility workers continued alternative work schedules. Staff work from home and work in the office on alternate days and times to control the spread of COVID-19. This effort has resulted in keeping staff safe and Medicaid applications processed timely.

V. Policy Developments/Issues

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

VI. Financial/Budget Neutrality Development/Issues

Budget neutrality: The State has updated the Budget Neutrality template provided by CMS and has submitted this through the PMDA system. The expenditures contained in the document reconcile to Schedule C from the CMS 64 report for quarter ending December 31, 2021.

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

VII. Member Month Reporting

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

DY MEG	Member Months			
	Oct-21	Nov-21	Dec-21	TOTAL QE 12 31 2021
DY1 CY2013	**(12)**	**0**	**0**	**(12)**
MEG 1 - ABD/SD DUAL	0	0	0	0
MEG 2 - ABD/SD NON DUAL	0	0	0	0
MEG 3 - ADULTS	0	0	0	0
MEG 4 - CHILDREN	(12)	0	0	(12)
MEG 5 - DD WAIVER	0	0	0	0
MEG 6 - LTC	0	0	0	0
MEG 7 - MN DUAL	0	0	0	0
MEG 8 - MN NON DUAL	0	0	0	0
MEG 9 - WAIVER	0	0	0	0
DY2 CY2014	**(25)**	**0**	**0**	**(25)**
MEG 1 - ABD/SD DUAL	0	0	0	0
MEG 2 - ABD/SD NON DUAL	(2)	0	0	(2)
MEG 3 - ADULTS	0	0	0	0
MEG 4 - CHILDREN	(23)	0	0	(23)

MEG 5 - DD WAIVER	0	0	0	0
MEG 6 - LTC	0	0	0	0
MEG 7 - MN DUAL	0	0	0	0
MEG 8 - MN NON DUAL	0	0	0	0
MEG 9 - WAIVER	0	0	0	0
DY3 CY2015	**(49)**	**(24)**	**0**	**(73)**
MEG 1 - ABD/SD DUAL	(5)	(1)	0	(6)
MEG 2 - ABD/SD NON DUAL	(15)	(9)	0	(24)
MEG 3 - ADULTS	(1)	(4)	0	(5)
MEG 4 - CHILDREN	(28)	(9)	0	(37)
MEG 5 - DD WAIVER	0	0	0	0
MEG 6 - LTC	0	(1)	0	(1)
MEG 7 - MN DUAL	0	0	0	0
MEG 8 - MN NON DUAL	0	0	0	0
MEG 9 - WAIVER	0	0	0	0
DY4 CY2016	**(63)**	**(68)**	**0**	**(131)**
MEG 1 - ABD/SD DUAL	0	(5)	0	(5)
MEG 2 - ABD/SD NON DUAL	(14)	(8)	0	(22)
MEG 3 - ADULTS	0	(12)	0	(12)
MEG 4 - CHILDREN	(36)	(15)	0	(51)
MEG 5 - DD WAIVER	0	0	0	0
MEG 6 - LTC	(13)	(16)	0	(29)
MEG 7 - MN DUAL	0	(3)	0	(3)
MEG 8 - MN NON DUAL	0	(9)	0	(9)
MEG 9 - WAIVER	0	0	0	0
DY5 CY2017	**(72)**	**(45)**	**0**	**(117)**
MEG 1 - ABD/SD DUAL	0	0	0	0
MEG 2 - ABD/SD NON DUAL	(13)	(5)	0	(18)
MEG 3 - ADULTS	(7)	(3)	0	(10)
MEG 4 - CHILDREN	(34)	(9)	0	(43)
MEG 5 - DD WAIVER	(2)	0	0	(2)
MEG 6 - LTC	(16)	(20)	0	(36)
MEG 7 - MN DUAL	0	0	0	0
MEG 8 - MN NON DUAL	0	(8)	0	(8)
MEG 9 - WAIVER	0	0	0	0
DY6 CY2018	**(44)**	**(28)**	**0**	**(72)**
MEG 1 - ABD/SD DUAL	0	(1)	0	(1)
MEG 2 - ABD/SD NON DUAL	(19)	(5)	0	(24)
MEG 3 - ADULTS	0	0	0	0
MEG 4 - CHILDREN	(20)	(3)	0	(23)

MEG 5 - DD WAIVER	0	0	0	0
MEG 6 - LTC	(1)	(19)	0	(20)
MEG 7 - MN DUAL	0	0	0	0
MEG 8 - MN NON DUAL	(4)	0	0	(4)
MEG 9 - WAIVER	0	0	0	0
DY7 CY2019	**(45)**	**(18)**	**(2)**	**(65)**
MEG 1 - ABD/SD DUAL	6	1	0	7
MEG 2 - ABD/SD NON DUAL	(35)	(2)	0	(37)
MEG 3 - ADULTS	(1)	0	0	(1)
MEG 4 - CHILDREN	(14)	1	(1)	(14)
MEG 5 - DD WAIVER	0	0	0	0
MEG 6 - LTC	(1)	(12)	(1)	(14)
MEG 7 - MN DUAL	0	0	0	0
MEG 8 - MN NON DUAL	0	(5)	0	(5)
MEG 9 - WAIVER	0	(1)	0	(1)
DY8 CY2020	**(14)**	**(23)**	**(32)**	**(69)**
MEG 1 - ABD/SD DUAL	27	28	19	74
MEG 2 - ABD/SD NON DUAL	(93)	(55)	(76)	(224)
MEG 3 - ADULTS	0	(11)	1	(10)
MEG 4 - CHILDREN	20	(18)	(17)	(15)
MEG 5 - DD WAIVER	(2)	1	0	(1)
MEG 6 - LTC	21	(17)	(19)	(15)
MEG 7 - MN DUAL	23	25	32	80
MEG 8 - MN NON DUAL	34	(15)	42	61
MEG 9 - WAIVER	(44)	39	(14)	(19)
DY9 CY2021	**394,102**	**399,627**	**399,630**	**1,193,359**
MEG 1 - ABD/SD DUAL	14,510	14,980	14,799	44,289
MEG 2 - ABD/SD NON DUAL	31,449	31,879	31,632	94,960
MEG 3 - ADULTS	63,841	65,202	65,278	194,321
MEG 4 - CHILDREN	243,901	246,739	247,138	737,778
MEG 5 - DD WAIVER	9,086	9,077	9,069	27,232
MEG 6 - LTC	21,032	21,139	21,061	63,232
MEG 7 - MN DUAL	4,012	4,130	4,243	12,385
MEG 8 - MN NON DUAL	1,911	1,986	2,119	6,016
MEG 9 - WAIVER	4,360	4,495	4,291	13,146
Grand Total	**393,778**	**399,421**	**399,596**	**1,192,795**

Note: Totals do not include CHIP or MCHIP.

VIII. Consumer Issues

A summary of the consumer issues is below:

Issue	Resolution	Action Taken to Prevent Further Occurrences
Members are having issues with locating and/or maintaining in home personal care workers (PCS).	Upon review, there is a staffing shortage for in home care providers. Some of this concern is related to the Public Health Emergency, the State has also done a review and found that pay rates for PCS workers needs reviewed for consistency across waivers.	The State is currently working on standardizing pay rates across waivers for PCS.

The following chart contains the quarterly results from HCBS consumer assessments. The questions and answers provide insight into consumer satisfaction with the health plan, satisfaction with the services received, and with general satisfaction with life. These results show an overwhelmingly positive view of the MCOs' services and the HCBS providers in KanCare. The MCOs were asked to provide HCBS consumer satisfaction data on a quarterly basis, starting with quarter three 2021. Some MCOs relied upon the annual CAHPS surveys to provide this information to the health plan/KDHE, consequently they are still building their process to provide quarterly updates. Below is the information received for the HCBS satisfaction to date:

Assessment	Oct-21	Nov-21	Dec-21	Total	% Total
How satisfied are you with the Health Plan?					
Satisfied	834	701	643	2178	61.73%
Very Satisfied	478	440	415	1333	37.78%
Dissatisfied	7	2	5	14	0.40%
Very Dissatisfied	1	0	2	3	0.09%
How satisfied are you with your Adult Day Center Provider?					
Satisfied	290	220	197	707	64.63%
Very Satisfied	121	140	119	380	34.73%
Dissatisfied	4	2	1	7	0.64%
Very Dissatisfied	0	0	0	0	0.00%
How satisfied are you with your ALF Provider?					
Satisfied	75	53	43	171	61.29%
Very Satisfied	29	32	38	99	35.48%
Dissatisfied	6	1	1	8	2.87%
Very Dissatisfied	1	0	0	1	0.36%
How satisfied are you with your Care Coordinator?					
Satisfied	720	609	571	1900	59.79%
Very Satisfied	455	433	388	1276	40.15%
Dissatisfied	1	0	0	1	0.03%
Very Dissatisfied	1	0	0	1	0.03%

How satisfied are you with your Fiscal Management Agency?					
Satisfied	221	205	176	602	56.53%
Very Satisfied	161	148	147	456	42.82%
Dissatisfied	1	2	4	7	0.66%
Very Dissatisfied	0	0	0	0	0.00%
How satisfied are you with your Institutional Provider?					
Satisfied	77	71	48	196	73.41%
Very Satisfied	23	16	22	61	22.85%
Dissatisfied	3	4	1	8	3.00%
Very Dissatisfied	1	0	1	2	0.75%
How satisfied are you with your Personal Care Attendant/Worker Provider?					
Satisfied	330	285	260	875	51.90%
Very Satisfied	283	249	241	773	45.85%
Dissatisfied	10	8	11	29	1.72%
Very Dissatisfied	5	2	2	9	0.53%
How satisfied are you with your Transportation Provider?					
Satisfied	25	26	16	67	66.34%
Very Satisfied	8	4	14	26	25.74%
Dissatisfied	1	3	1	5	4.95%
Very Dissatisfied	0	2	1	3	2.97%
Do you have a paid or volunteer job in the community?					
Yes	218	249	201	668	13.89%
No	1517	1339	1286	4142	86.11%
Do you feel safe in your home/where you live?					
Yes	1721	1584	1482	4787	99.19%
No	19	11	9	39	0.81%
Are you able to make decisions about your daily routine?					
Yes	1700	1555	1454	4709	96.93%
No	47	48	54	149	3.07%
Are you able to do things you enjoy outside of your home and with whom you want to?					
Yes	1642	1510	1398	4550	93.66%
No	99	94	115	308	6.34%
Can you see or talk to your friends and family (who do not live with you) When you want to?					
Yes	1682	1542	1439	4663	96.78%
No	51	49	55	155	3.22%
In general, do you like where you are living right now?					
Yes	1700	1569	1454	4723	98.29%
No	28	21	33	82	1.71%

IX. Quality Assurance/Monitoring Activity

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

A requirement for approval of the 1115 waiver was development of a State QMS to define waiver goals and corresponding statewide strategies, as well as all standards and technical specifications for contract performance measurement, analysis, and reporting. CMS finalized new expectations for managed care service delivery in the 2017 Medicaid and CHIP Managed Care Final Rule. A Quality Strategy Toolkit was released in June 2021 and the State has worked to update the QMS to closely follow these recommendations. The intent of this QMS revision is to comply with the Final Rule, to establish regular review and revision of the State quality oversight process and maintain key State values of quality care to Medicaid recipients through continuous program improvement. The regular review and revision features processes for stakeholder input, tribal input, public notification, and publication to the Kansas Register.

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

The State participated in the following activities:

- Ongoing automated report management, review, and feedback occurred between the State and the MCOs. Reports from the MCOs consist of a wide range of data reported on standardized templates. The State is preparing to add Provider Satisfaction Survey results to the Report Administration system. This would include MCO submission of survey tools and methodology for State approval prior to survey implementation. These changes are pending contract amendment approval.
- Developed specific templates for reporting key components of performance for the KanCare program through cross-agency and MCO collaboration. The process of report management, review, and feedback is now automated to ensure efficient access to reported information and maximum utilization/feedback related to the data. The team identified gaps in reporting contract requirements and reports that could improve the quality of data reported.

- Monitored the External Quality Review Organization (EQRO) work plan. KFMC, the State's EQRO, and the State developed a tool to track EQRO, State, and MCO deliverables due dates. The tool is updated daily by KFMC and distributed to the State and MCOs quarterly. The State uses this mechanism to prepare for upcoming due dates.
- Continued system design with the EQRO to collect reports specific to Performance Improvement Projects (PIPs) and the Health Action Planning for the OneCare Kansas health homes program. The State began receiving data from UHC, ABHKS, and SHP related to each MCO's' PIPs.
- Participated in meetings with the EQRO, MCOs, KDADS, and KDHE to discuss EQRO activities and concerns.
- KDHE and KDADS performed the State 2021 KanCare contract audit and provided preliminary audit information to MCOs for rebuttal and review. The focus for 2020 was on contract requirements that scored below Partially Met in 2020. All onsite meetings for 2021 were held virtually through Microsoft Teams due to COVID-19.
- Participated in Medicaid Fraud Control Unit monthly meetings with the Attorney General's office to address fraud, waste, abuse cases, referrals to MCOs and State, and collaborate on solutions to identify and prevent fraud, waste, and abuse.
- Continued state staff participation in cross-agency long-term care meetings to report quality assurance and programmatic activities to KDHE for oversight and collaboration.
- Discussed program issues and work collaboratively towards solutions at new monthly HCBS waiver meetings with KDADS, KDHE and the MCO waiver staff.
- Continued participation in weekly calls with each MCO to discuss ongoing provider and member issues, and to troubleshoot operational problems. Progress is monitored through these calls and through issue logs.
- Discussed issues and improvements with KanCare. Leadership from KDADS, KDHE and the three MCOs each month.
- Monitored large, global system issues through a weekly log issued to all MCOs and the State's fiscal agent. The resulting log is posted on the KanCare website for providers and other interested parties. Continued monthly meetings to discuss trends and progress.
- Monitored member or provider specific issues through a tracking database that is shared with MCOs and KDADS for weekly review.
- Attended various provider training and workshops presented by the MCOs. Monitored for accuracy, answer questions as needed.
- With the implementation of KanCare 2.0 each MCO is required to participate in six PIPs. All eighteen PIPs have approved methodologies and have moved to the technical specification and data reporting phase. PIP activities focused on developing strong technical specifications for those interventions that will be reported more than annually. This process went smoothly with KFMC and the State developing and providing a template as well as examples to act as a guide. Once technical specifications are approved, the MCOs begin reporting data on the PIP's interventions. The State now has the ability to review the data to assess the success or need for adjustments in the interventions. PIP meetings occur twice per quarter where the State, EQRO and MCO can have in depth discussions related to PIP concerns and enhancements.
- Added a member-friendly table of all the MCOs' PIPs, with a simplified description of their interventions, to the KanCare website[2].
- Evaluated QMS goals and objectives through cross-agency meetings. A revised QMS was submitted to CMS for review on 12-09-21 and Kansas is currently awaiting formal CMS approval of the QMS. This QMS includes goals and measurable objectives that the State will be measuring over the next three years. The State has transitioned toward a data driven QMS that follows the CFR as closely as possible.

[2] https://www.kancare.ks.gov/policies-and-reports/quality-measurement

- Posted a draft of the revised QMS to the KanCare website for feedback, shared with the Medical Care Advisory Committee, and sent for tribal consideration. The State allowed at least 30 days for these groups to examine the proposed QMS and provide comments. The feedback and the State's responses to the feedback was included in the QMS.
- Posted the revised QMS on the KanCare website under the Quality Measurement tab in the Quality Management Strategy section
- Selected the ERQO to complete a review of the effectiveness of the July 2018 QMS. This evaluation is posted on the KanCare website. The State incorporated recommendations from this evaluation in the revised QMS.
- For the programs administered by KDADS: The Quality Assurance (QA) process is designed to give continuous feedback to KDADS, KDHE, and stakeholders regarding the quality of services being provided to KanCare members. KDADS quality assurance staff are integrated in the Long Term Services and Supports Commission to align staff resources for efficient and timely performance measurement. QA staff review random samples of individual case files to monitor and report compliance with performance measures designated in Attachment J of the MCO contracts. The measures are monitored and reviewed in collaboration with program staff in the Long Term Services and Supports Commission and reported through the Financial and Information Services Commission at KDADS. This oversight is enhanced through collaboration with the Department of Children and Families and the Department of Health and Environment. A quality assurance protocol and interpretative guidelines are utilized to document this process and have been established with the goal of ensuring consistency in the reviews.
- Below is the timeline that the KDADS Quality Review Team follows regarding the quality review process.

HCBS Quality Review Rolling Timeline							
	FISC/IT	A&D CSP	MCO/Assess	A&D CSP	FISC	A&D CSP	CSP
Review Period (look back period)	Samples Pulled *Posted to QRT	Notification to MCO/Assessor Samples posted	MCO/Assessor Upload Period *(60 days)	Review of MCO data *(90 days)	Data pulled & Compiled (30days)	Data & Findings Reviewed at LTC Meeting ***	Remediation Reviewed at LTC Meeting
01/01 – 03/31	4/1 – 4/15	4/16	4/16 – 6/15	5/16 – 8/15	9/15	October	November
04/01 – 06/30	7/1 – 7/15	7/16	7/16 – 9/15	8/16 – 11/15	12/15	January	February
07/01 – 09/30	10/1 – 10/15	10/16	10/16 – 12/15	11/16 – 2/15	3/15	April	May
10/01 – 12/31	1/1 – 1/15	1/16	1/16 – 3/15	2/16 – 5/15	6/15	July	August

X. Managed Care Reporting Requirements

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

In addition, the State began collecting the data files for MCO provider directories, in order to give feedback to the MCOs when differences between the directory and network report are found. This process will give the State insight into information such as office hours, cultural competency, and ADA capabilities. The State also developed a tool to analyze the MCOs online provider directory compliance with contract requirements. The tool will give the MCO a percentage of compliance score and feedback on which metrics need the most improvement. The State also began work to standardize the MCOs submission of their online directory via a format that can be uploaded by KDHE.

There was progress with mapping in the fourth quarter of 2021. In partnership with KDHE Department of Administration, the State developed an automated procedure, using ArcGIS Pro, to map providers based on the MCOs provider network report submissions. These maps serve multiple purposes including a compare between the GeoAccess map that the MCO submits, to find errors, omissions, and verify gaps in coverage. Using these maps, the team began to implement our exceptions request process. The team chose to focus on OBGYNs. MCOs have begun to close gaps, by adding new providers, and documenting activities to close any remaining gaps.

KDHE also began to compare the dental networks of the three managed care organizations and all fee-for-service enrolled providers. Using the comparison, gaps in coverage could be analyzed to determine if there was a Medicaid provider in an area or not. Letters were sent to each MCO when a gap in care was identified and if there were any Medicaid enrolled providers in that area. The State will continue this effort with other high-profile provider types, and also looking at commercial insurance networks as well for comparison.

Examples of maps mentioned in this report are below. All of the maps are available on the KanCare Network Adequacy Reporting website[3].

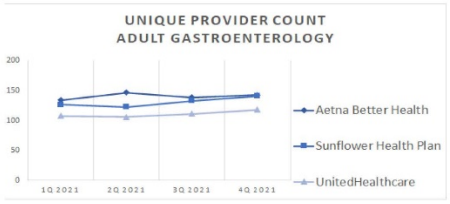
[3] https://www.kancare.ks.gov/policies-and-reports/network-adequacy

KanCare Managed Care Organization
Network Access As of January 1, 2022

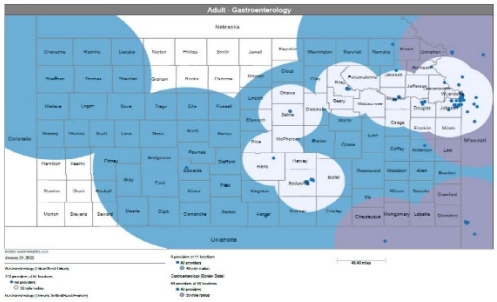
Gastroenterology

Quarterly Unique Provider Count

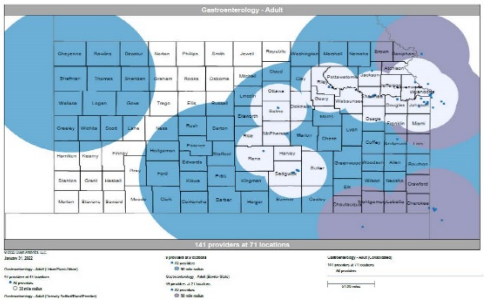
	1Q 2021	2Q 2021	3Q 2021	4Q 2021
Aetna Better Health	134	147	139	143
Sunflower Health Plan	127	123	133	141
UnitedHealthcare	108	106	111	118



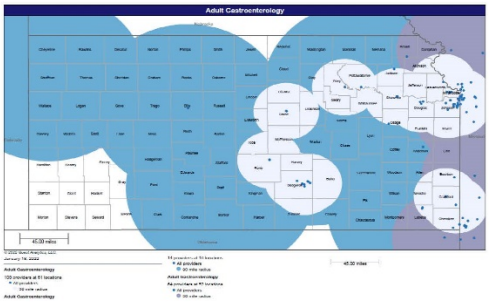
Aetna Better Health



Sunflower Health Plan



UnitedHealthcare

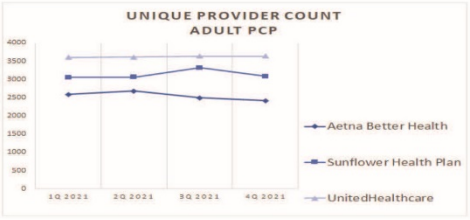


KanCare Managed Care Organization
Network Access As of January 1, 2022

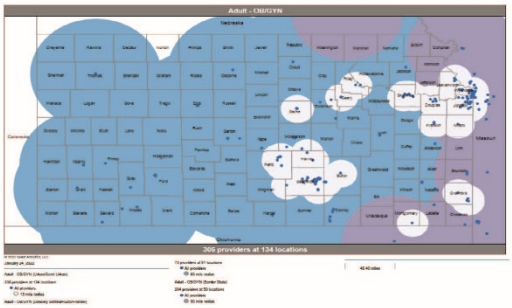
Obstetrics/Gynecology (OB/GYN)

Quarterly Unique Provider Count

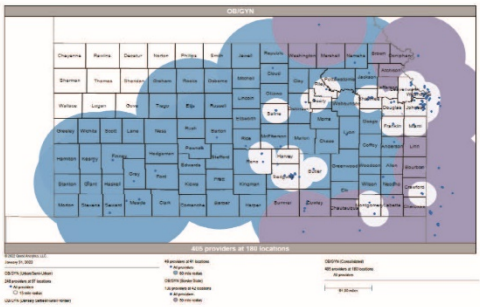
	1Q 2021	2Q 2021	3Q 2021	4Q 2021
Aetna Better Health	2586	2682	2495	2421
Sunflower Health Plan	3052	3066	3319	3087
UnitedHealthcare	3608	3618	3635	3638



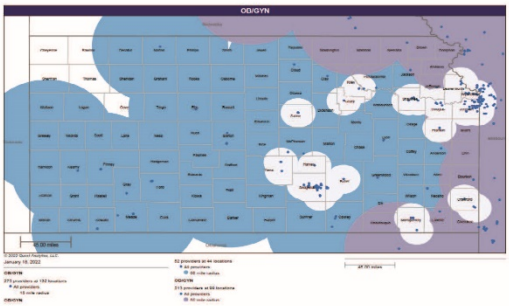
Aetna Better Health



Sunflower Health Plan



UnitedHealthcare

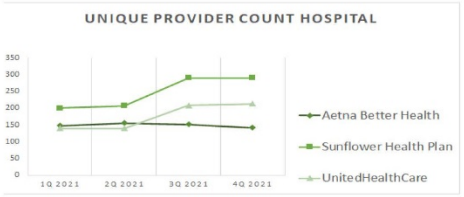


KanCare Managed Care Organization
Network Access As of January 1, 2022

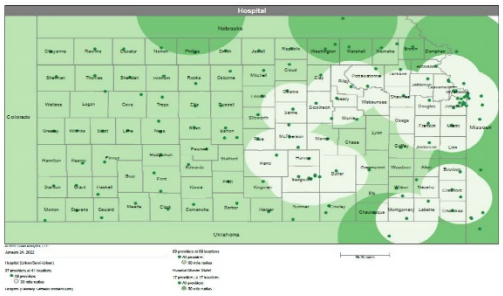
Hospitals

Quarterly Unique Provider Count

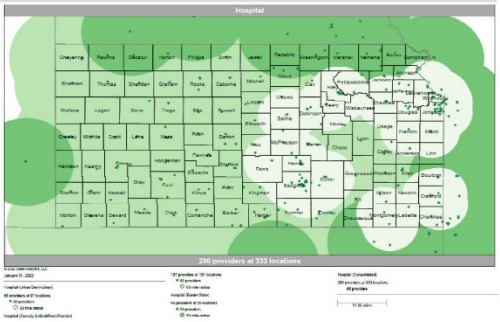
	1Q 2021	2Q 2021	3Q 2021	4Q 2021
Aetna Better Health	147	155	151	142
Sunflower Health Plan	200	207	290	290
UnitedHealthCare	140	140	208	213



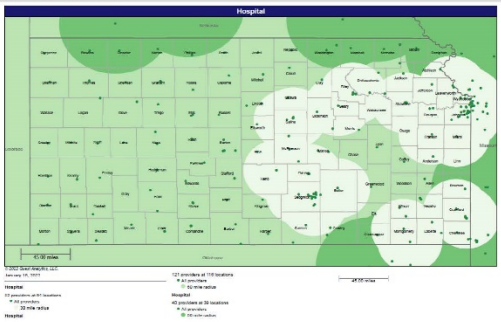
Aetna Better Health



Sunflower Health Plan



UnitedHealthcare

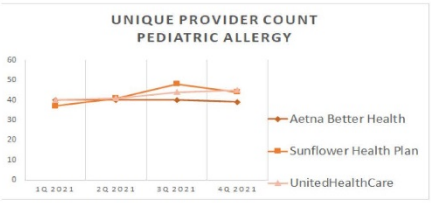


KanCare Managed Care Organization
Network Access As of January 1, 2022

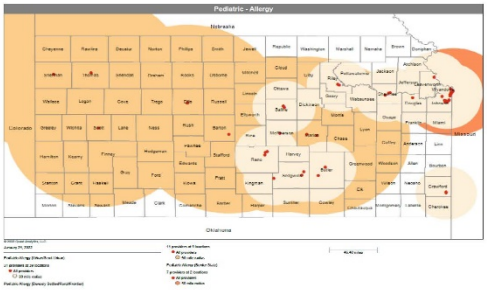
Allergy

QUARTERLY COUNT TREND

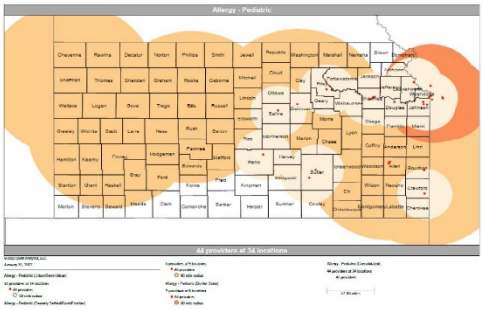
	1Q 2021	2Q 2021	3Q 2021	4Q 2021
Aetna Better Health	40	40	40	39
Sunflower Health Plan	37	41	48	44
UnitedHealthCare	40	41	44	45



Aetna Better Health



Sunflower Health Plan



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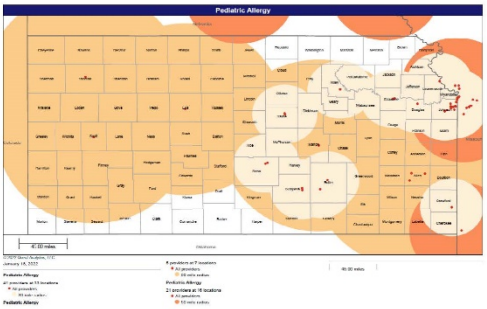

The KDHE and KDADS GeoAccess standards are posted on our KanCare website[4]. The State standards are found in two main documents:

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

The State also posts to the KanCare website the maps that the MCOs submitted. The State includes a trending graph to show change between quarters. With changes in the fourth quarter to consistency of map reporting and formatting, the next set of maps the State posts will contain trending graphs that represent count of unique providers and will trend the third quarter 2021 with fourth quarter 2021.

b. Customer service reporting, including total calls, average speed of answer, and call abandonment rates, for MCO-based and fiscal agent call centers, October - December 2021:

KanCare Customer Service Report – Member

MCO/Fiscal Agent	Average Speed of Answer (Seconds)	Call Abandonment Rate	Total Calls
Aetna	21.34	2.14%	41,011
Sunflower	17.0	1.59%	31,403
United	14.25	.64%	32,052
Gainwell– Fiscal Agent	2	.22%	9,390

KanCare Customer Service Report - Provider

MCO/Fiscal Agent	Average Speed of Answer (Seconds)	Call Abandonment Rate	Total Calls
Aetna	12.2	.64%	18,465
Sunflower	17.08	1.5%	22,842
United	11.73	.46%	19,677
Gainwell– Fiscal Agent	3	.16%	11,323

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

MCOs' Grievance Trends Members

Aetna Member Grievances:

Aetna Grievance Trends		
Total # of Resolved Grievances	78	
Top 5 Trends		
Trend 1: Transportation – Other	13	17%
Trend 2: Transportation – Late	12	15%
Trend 3: Quality of Care (non HCBS Providers)	10	13%
Trend 4: Customer Service	8	10%
Trend 5: Access to Service or Care	8	10%

[4] https://www.kancare.ks.gov/policies-and-reports/network-adequacy

Sunflower Member Grievances:

- There were 38 categorized as Transportation – Other which is an increase of 10 from 28 reported third quarter.
- There were 21 categorized as Transportation – No Driver Available which is an increase of 13 from eight reported third quarter.

Sunflower Grievance Trends		
Total # of Resolved Grievances	171	
Top 5 Trends		
Trend 1: Transportation – Other	38	22%
Trend 2: Transportation – No Show	34	20%
Trend 3: Transportation – No Driver Available	21	12%
Trend 4: Quality of Care (non HCBS Providers)	17	10%
Trend 5: Access to Service or Care	15	9%

United Member Grievances:

- There were 60 categorized as Transportation – Other which is an increase of 12 from 48 reported third quarter.
- There were 59 categorized as Billing and Financial Issues (non-Transportation) which is a decrease of 15 from 74 reported third quarter.
- There were 32 categorized as Transportation – No Driver Available which is an increase of 22 from 10 reported third quarter.

United Grievance Trends		
Total # of Resolved Grievances	287	
Top 5 Trends		
Trend 1: Transportation – Other	60	21%
Trend 2: Billing and Financial Issues (non-Transportation)	59	21%
Trend 3: Transportation – No Show	55	19%
Trend 4: Transportation – No Driver Available	32	11%
Trend 5: Transportation – Late	23	8%

MCOs' Grievance Trends Provider

Aetna Grievance Trends	
Total # of Resolved Grievances	0

Sunflower Grievance Trends		
Total # of Resolved Grievances	14	
Top 5 Trends		
Trend 1: Transportation	8	57%
Trend 2: Billing/Payment	2	14%
Trend 3: UM	2	14
Trend 4: Services	1	7%
Trend 5: Other – Dissatisfaction with MCO Associate	1	7%

United Grievance Trends		
Total # of Resolved Grievances	8	
Top 5 Trends		
Trend 1: Transportation	8	100%

MCOs' Reconsideration Trends Provider

Aetna Provider Reconsiderations

- There were 959 categorized as PR – CPD – Medical (Physical Health not Otherwise Specified) which is an increase of 219 from 740 reported third quarter.
- There were 137 categorized as PR – CPD – Hospital Inpatient (Non-Behavioral Health) which is an increase of 28 from 109 reported third quarter.
- There were 132 categorized as PR – CPD – Hospital Outpatient (Non-Behavioral Health) which is a decrease of 43 from 175 reported third quarter.
- There were 97 categorized as PR – CPD – Durable Medical Equipment which is an increase of 11 from 86 reported third quarter.
- There were 71 categorized as PR – CPD – Laboratory which is a decrease of 23 from 94 reported third quarter.

Aetna Provider Reconsideration Trends		
Total # of Resolved Reconsiderations	1,622	
Top 5 Trends		
Trend 1: PR – CPD – Medical (Physical Health not Otherwise Specified)	959	59%
Trend 2: PR – CPD – Hospital Inpatient (Non-Behavioral Health)	137	8%
Trend 3: PR – CPD – Hospital Outpatient (Non-Behavioral Health)	132	8%
Trend 4: PR – CPD – Durable Medical Equipment	97	6%
Trend 5: PR – CPD – Laboratory	71	4%

Sunflower Provider Reconsiderations

- There were 883 categorized as PR – CPD – Hospital Outpatient (Non-Behavioral Health) which is an increase of 175 from 708 reported third quarter.
- There were 785 categorized as PR – CPD – Durable Medical Equipment which is a decrease of 291 from 1,076 reported third quarter.

Sunflower Provider Reconsideration Trends		
Total # of Resolved Reconsiderations	6,410	
Top 5 Trends		
Trend 1: PR – CPD – Medical (Physical Health not Otherwise Specified)	3,131	49%
Trend 2: PR – CPD – Hospital Outpatient (Non-Behavioral Health)	883	14%
Trend 3: PR – CPD – Durable Medical Equipment	785	12%
Trend 4: PR – CPD – HCBS	434	7%
Trend 5: PR – CPD – Behavioral Health Outpatient and Physician	283	4%

United Provider Reconsiderations

- There were 2,717 categorized as PR – CPD – Medical (Physical Health not Otherwise Specified) which is a decrease of 1,149 from 3,866 reported third quarter.
- There were 619 categorized as PR – CPD – Out of network provider, specialist or specific provider which is a decrease of 328 from 947 reported third quarter.
- There were 448 categorized as PR – CPD – Behavioral Health Outpatient and Physician which is a decrease of 190 from 638 reported third quarter.
- There are 272 categorized as PR – CPD – Hospital Inpatient (Non-Behavioral Health) which is a decrease of 78 from 350 reported third quarter.

United Provider Reconsideration Trends		
Total # of Resolved Reconsiderations	5,776	
Top 5 Trends		
Trend 1: PR – CPD – Medical (Physical Health not Otherwise Specified)	2,717	47%
Trend 2: PR – CPD – Durable Medical Equipment	812	14%
Trend 3: PR – CPD – Out of network provider, specialist or specific provider	619	11%
Trend 4: PR – CPD – Behavioral Health Outpatient and Physician	448	8%
Trend 5: PR – CPD – Hospital Inpatient (Non-Behavioral Health)	272	5%

MCOs' Appeals Trends Member/Provider

Aetna Member Appeals:

- T There were 39 categorized as MA – CNM – Medical Procedure (NOS) which is an increase of 19 from 20 reported third quarter.
- There were 11 categorized as MA – CNM – Radiology which is a decrease of 22 from 33 reported third quarter.

Aetna Provider Appeals:

- There were 69 categorized as PA – CPD – Hospital Inpatient (Non-Behavioral Health) which is an increase of 27 from 42 reported third quarter.
- There were 45 categorized as PA – CPD – Laboratory which is a decrease of 31 from 76 reported third quarter.
- There were 43 categorized as PA – CPD – Hospice which is an increase of 19 from 24 reported third quarter.

Aetna Member/Provider Appeal Trends					
Total # of Resolved Member Appeals	156		Total # of Resolved Provider Appeals	483	
Top 5 Trends			Top 5 Trends		
Trend 1: MA – CNM – Pharmacy	62	40%	Trend 1: PA – CPD – Medical (Physical Health not Otherwise Specified)	180	37%
Trend 2: MA – CNM – Medical Procedure (NOS)	39	25%	Trend 2: PA – CPD – Hospital Inpatient (Non-Behavioral Health)	69	14%
Trend 3: MA – CNM – Behavioral Health Outpatient and Physician	12	8%	Trend 3: PA – CPD – Laboratory	45	9%
Trend 4: MA – CNM – Durable Medical Equipment	11	7%	Trend 4: PA – CPD – Hospice	43	9%
Trend 5: MA – CNM – Radiology	11	7%	Trend 5: PA – CPD – Durable Medical Equipment	30	6%

Sunflower Member Appeals:

- There were 23 categorized as MA – CNM – Radiology which is a decrease of 29 from 52 reported third quarter.

Sunflower Provider Appeals:

- There were 136 categorized as PA – CPD – Medical (Physical Health not Otherwise Specified) which is a decrease of 333 from 469 reported third quarter.
- There were 130 categorized as PA – CNM – Pharmacy which is an increase of 23 from 107 reported third quarter.
- There were 62 categorized as PA – CPD – Hospital Inpatient (Non-Behavioral Health) which is a decrease of 83 from 145 reported third quarter.
- There were 61 categorized as PA – CPD – Behavioral Health Outpatient and Physician which is a decrease of 66 from 127 reported third quarter.
- There were 42 categorized as PA – CPD – Radiology which is a decrease of 22 from 64 reported third quarter.

Sunflower Member/Provider Appeal Trends					
Total # of Resolved Member Appeals	176		Total # of Resolved Provider Appeals	653	
Top 5 Trends			Top 5 Trends		
Trend 1: MA – CNM – Pharmacy	57	32%	Trend 1: PA – CPD – Medical (Physical Health not Otherwise Specified)	136	21%
Trend 2: MA – CNM – Radiology	23	13%	Trend 2: PA – CNM – Pharmacy	130	20%
Trend 3: MA – CNM – Other	16	9%	Trend 3: PA – CPD – Hospital Inpatient (Non-Behavioral Health)	62	9%
Trend 4: MA – CNM – Medical Procedure	14	8%	Trend 4: PA – CPD – Behavioral Health Outpatient and Physician	61	9%
Trend 5: MA – CNM – PT/OT/ST and MA – CNM – Inpatient Behavioral Health	14	8%	Trend 5: PA – CPD – Radiology	42	6%

United Member Appeals:

- There were 118 categorized as MA – CNM – Pharmacy which is a decrease of 23 from 141 reported third quarter.
- There were 27 categorized as MA – CNM – Inpatient Admissions (Non-Behavioral Health) which is a decrease of 20 from 47 reported third quarter.
- There were 11 categorized as MA – CNM – Dental which is a decrease of 19 from 30 reported third quarter.

United Provider Appeals:

- There were 160 categorized as PA – CPD – Pharmacy which is an increase of 46 from 114 reported third quarter.
- There were 117 categorized as PA – CPD – Laboratory which is a decrease of 187 from 304 reported third quarter.

United Member/Provider Appeal Trends					
Total # of Resolved Member Appeals	223		Total # of Resolved Provider Appeals	1,242	
Top 5 Trends			Top 5 Trends		
Trend 1: MA – CNM – Pharmacy	118	53%	Trend 1: PA – CPD – Hospital Inpatient (Non-Behavioral Health)	340	27%
Trend 2: MA – CNM – Inpatient Admissions (Non-Behavioral Health)	27	12%	Trend 2: PA – CPD – Medical (Physical Health not Otherwise Specified)	197	16%
Trend 3: MA – CNM – Durable Medical Equipment	21	9%	Trend 3: PA – CPD – Pharmacy	160	13%
Trend 4: MA – CNM – Medical Procedure (NOS)	12	5%	Trend 4: PA – CPD – Hospital Outpatient (Non-Behavioral Health)	123	10%
Trend 5: MA – CNM – Dental	11	5%	Trend 5: PA – CPD – Laboratory	117	9%

MCOs' State Fair Hearing Reversed Decisions - Member/Provider

- There were nine-member state fair hearings for all three MCOs. No decisions were reversed by OAH.
- There were 46 provider state fair hearings for all three MCOs. No decisions were reversed by OAH.

Aetna					
Total # of Member SFH	2		Total # of Provider SFH	9	
OAH reversed MCO decision	0	0%	OAH reversed MCO decision	0	0%

Sunflower					
Total # of Member SFH	5		Total # of Provider SFH	5	
OAH reversed MCO decision	0	0%	OAH reversed MCO decision	0	0%

United					
Total # of Member SFH	2		Total # of Provider SFH	32	
OAH reversed MCO decision	0	0%	OAH reversed MCO decision	0	0%

d. Enrollee complaints and grievance reports to determine any trends: This information is included at items IV(d) and X(c) above.

e. Summary of ombudsman activities: The report for the fourth quarter of calendar year 2021 is attached.

f. Summary of MCO critical incident report:

The Adverse Incident Reporting (AIR) system is a critical incident management reporting and monitoring system for the detection, prevention, reporting, investigation and remediation of critical incidents with design components to ensure proper follow-up and resolution occurs for all defined adverse incidents. Additional requirements have been implemented to confirm review and resolutions regarding instances of seclusion, restraint, restrictive intervention, and death followed appropriate policies and procedures. The Kansas Department for Aging and Disability Services (KDADS) implemented enhancements to the AIR system on 9/17/18. These enhancements allow KDADS, KDHE, and MCOs to manage specific critical incidents in accordance with KDADS' AIR Policy.

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

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

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

Critical Incidents	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter	YTD
	AIR Totals	AIR Totals	AIR Totals	AIR Totals	TOTALS
Reviewed	2,770	2,687	3,103	2,528	11,088
Pending Resolution	92	20	44	11	167
Total Received	2,862	2,707	3,147	2,539	11,255
APS Substantiations*	174	217	135	218	744

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

XI. Safety Net Care Pool

The Safety Net Care Pool (SNCP) is divided into two pools: The Health Care Access Improvement Program (HCAIP) Pool and the Large Public Teaching Hospital/Border City Children's Hospital (LPTH/BCCH) Pool. The demonstration year 9fourth quarter HCAIP and LPTH/BCCH UCC Pool payments were issued November 25, 2021. SNCP and HCAIP reports for the fourth quarter of DY 9 are attached to this report.

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

XII. Demonstration Evaluation

The entity selected by KDHE to conduct KanCare Evaluation reviews and reports is the Kansas Foundation for Medical Care, now known as KFMC Health Improvement Partners (KFMC). KFMC worked with KDHE to develop a draft evaluation design that was accepted by CMS February 26, 2020.

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

a. Post-award forums
A summary of the December 7, 2021 annual forum is attached to this report.

b. Claims Adjudication Statistics
KDHE's summary of the KanCare MCOs' claims adjudication reports covering January through December of 2021 is attached.

c. Waiting List Management
PD Waiting List Management
For the quarter ending December 31, 2021:

- Current number of individuals on the PD Waiting List: 2,142
- Number of individuals added to the waiting list: 417
- Number of individuals removed from the waiting list: 591
    - 276 started receiving HCBS-PD waiver services
    - 53 were deceased
    - 262 were removed for other reasons (refused services, voluntary removal, etc.)

I/DD Waiting List Management
For the quarter ending December 31, 2021:

- Current number of individuals on the I/DD Waiting List: 4,440
- Number of individuals added to the waiting list: 141
- Number of individuals removed from the waiting list: 120
    - 37 started receiving HCBS-I/DD waiver services
    - 6 were deceased
    - 77 were removed for other reasons (refused services, voluntary removal, etc.)

The current point-in-time limit for HCBS-IDD is 9,111. KDADS is currently serving 9,112 individuals.

XIV. Enclosures/Attachments

Section of Report Where Attachment Noted	Description of Attachment
IV(e)	HCBS Quality Report for April-June 2021
X(e)	Summary of KanCare Ombudsman Activities for QE 12.31.2021
XI	Safety Net Care Pool Reports DY9 Q4 and HCAIP Reports DY9 Q4
XIII(b)	KDHE Summary of Claims Adjudication Statistics for January-December 2021

XV. State Contacts

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VI. Date Submitted to CMS

March 31, 2022

Home and Community Based Services Long-Term Care Quality Review Report

April - June 2021

February 10, 2022

HCBS Waiver Quality Review Rolling Timeline

	FISC/IT	A&D CSP	MCO/Assessors	A&D CSP	FISC	A&D CSP
Review Period (look back period)	Samples Pulled & Posted to QRT	Notification to MCO/Assessor Samples Posted	MCO/Assessor Upload Period *(60 Days)	Review of MCO/Assessor Documentation *(90 Days)	Data Pulled & Reports Compiled **(30 Days)	Data, Remediation & Findings Reviewed at LTC Meeting ***
01/01 - 03/31	04/01 - 04/15	04/16	04/16 - 06/15	05/16 - 08/15	09/15	November
04/01 - 06/30	07/01 - 07/15	07/16	07/16 - 09/15	08/16 - 11/15	12/15	February
07/01 - 09/30	10/01 - 10/15	10/16	10/16 - 12/15	11/16 - 02/15	03/15	May
10/01 - 12/31	01/01 - 01/15	01/16	01/16 - 03/15	02/16 - 05/15	06/15	August

*Per HCBS Waiver Quality Review policy.

**LTC, MCO, and Assessor data and fallout reports will be compiled.

***MCOs/Assessors will receive the data with explanation of findings following the presentation of data to the LTC meeting. They will be given 15 calendar days to respond. No additional documentation will be accepted.

Revised: 07/05/19

July - September 2020 HCBS Quality Sample			
Waiver	Population Count	Quarterly Sample Size	Completed Reviews
PD	6187	90	91
FE	5521	90	92
IDD	9128	92	95
BI	630	59	61
TA	607	58	60
Autism	62	13	11
SED	3424	86	88

October - December 2020 HCBS Quality Sample			
Waiver	Population Count	Quarterly Sample Size	Completed Reviews
PD	6182	90	92
FE	5271	90	92
IDD	9133	93	95
BI	560	57	63
TA	594	59	60
Autism	56	15	15
SED	3394	86	89

January - March 2021 HCBS Quality Sample			
Waiver	Population Count	Quarterly Sample Size	Completed Reviews
PD	6187	91	94
FE	5521	90	92
IDD	9128	92	95
BI	630	64	65
TA	607	61	64
Autism	62	12	12
SED	3424	87	89

April - June 2021 HCBS Quality Sample			
Waiver	Population Count	Quarterly Sample Size	Completed Reviews
PD	6103	91	95
FE	5848	90	92
IDD	9106	92	95
BI	805	66	68
TA	631	60	62
Autism	49	8	7
SED	3813	88	90

HCBS Quality Review Acronyms

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

Level of Care Performance Measures 1 & 2

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

Level of Care Performance Measure 1

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

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

Denominator: Total number of initial enrolled waiver participants

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

Level of Care Performance Measure 2

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

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

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

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

KDADS HCBS Quality Review Report

Administrative Authority
PM 1: Number and percent of Quality Review reports generated by KDADS, the Operating Agency, that were submitted to the State Medicaid Agency
Numerator: Number of Quality Review reports generated by KDADS, the Operating Agency, that were submitted to the State Medicaid Agency
Denominator: Number of Quality Review reports
Review Period: 04/01/2021 - 06/30/2021
Data Source: Quality Review Reports to KDHE

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

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

Explanation of Findings:

Remediation:

No remediation required

KDADS HCBS Quality Review Report

Administrative Authority
PM 2: Number and percent of waiver amendments and renewals reviewed and approved by the State Medicaid Agency prior to submission to CMS by the State Medicaid Agency
Numerator: Number of waiver amendments and renewals reviewed and approved by the State Medicaid Agency prior to submission to CMS
Denominator: Total number of waiver amendments and renewals
Review Period: 04/01/2021 - 06/30/2021
Data Source: Number of waiver amendments and renewals sent to KDHE

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

Compliance Trends	2013	2014	2015	2016	2017	2018	2019	2020	Jan - Mar 2021	Apr - Jun 2021
PD										
Statewide	N/A	100%	100%	100%	N/A	N/A	100%	100%	N/A	N/A
FE										
Statewide	Not a Measure	100%	100%	100%	N/A	N/A	100%	100%	N/A	N/A
IDD										
Statewide	100%	100%	100%	100%	N/A	100%	100%	100%	N/A	N/A
BI										
Statewide	100%	100%	100%	100%	N/A	100%	100%	100%	N/A	N/A
TA										
Statewide	100%	100%	N/A	100%	N/A	100%	100%	100%	N/A	N/A
Autism										
Statewide	100%	100%	N/A	N/A	100%	N/A	100%	100%	N/A	N/A
SED										
Statewide	100%	100%	N/A	N/A	100%	N/A	100%	100%	N/A	N/A

Explanation of Findings:

There were no waiver amendments or renewals submitted during this quarter.

Remediation:

No remediation required

KDADS HCBS Quality Review Report

Administrative Authority
PM 3: Number and percent of waiver policy changes that were submitted to the State Medicaid Agency prior to implementation by the Operating Agency
Numerator: Number of waiver policy changes that were submitted to the State Medicaid Agency prior to implementation by the Operating Agency
Denominator: Number of waiver policy changes implemented by the Operating Agency
Review Period: 04/01/2021 - 06/30/2021
Data Source: Presentation of waiver policy changes to KDHE

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

Compliance Trends	2013	2014	2015	2016	2017	2018	2019	2020	Jan - Mar 2021	Apr-Jun2021
PD										
Statewide	N/A	N/A	100%	N/A	100%	100%	N/A	100%	N/A	N/A
FE										
Statewide	N/A	N/A	100%	N/A	100%	100%	N/A	100%	N/A	N/A
IDD										
Statewide	100%	N/A	100%	100%	100%	100%	N/A	100%	N/A	N/A
BI										
Statewide	100%	N/A	100%	100%	100%	100%	100%	100%	N/A	N/A
TA										
Statewide	N/A	N/A	N/A	N/A	100%	100%	N/A	100%	N/A	N/A
Autism										
Statewide	N/A	N/A	N/A	N/A	100%	100%	N/A	100%	N/A	N/A
SED										
Statewide	N/A	N/A	N/A	N/A	100%	N/A	N/A	100%	N/A	N/A

Explanation of Findings:

There were no waiver policy changes submitted during this quarter.

Remediation:

No remediation required

KDADS HCBS Quality Review Report

Administrative Authority
PM 4: Number and percent of Long-Term Care meetings that were represented by the program managers through in-person attendance or written reports
Numerator: Number of Long-Term Care meetings that were represented by the program managers through in-person attendance or written reports
Denominator: Number of Long-Term Care meetings
Review Period: 04/01/2021 - 06/30/2021
Data Source: Meeting Minutes

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

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

Explanation of Findings:

Remediation:

No remediation required

KDADS HCBS Quality Review Report

Level of Care
PM 1: Number of waiver participants who were determined to meet Level of Care requirements prior to receiving HCBS services
Numerator: Number of waiver participants who were determined to meet Level of Care requirements prior to receiving HCBS services
Denominator: Total number of initial enrolled waiver participants
Review Period: 04/01/2021 - 06/30/2021
Data Source: Functional Assessor Record Review/State Data Systems

Compliance By Waiver	Statewide
PD	**98%**
Numerator	273
Denominator	279
FE	**99%**
Numerator	546
Denominator	554
IDD	**99%**
Numerator	144
Denominator	145
BI	**100%**
Numerator	101
Denominator	101
TA	**100%**
Numerator	25
Denominator	25
Autism	**100%**
Numerator	7
Denominator	7
SED	**96%**
Numerator	86
Denominator	90

Compliance Trends	2013	2014	2015	2016	2017	2018	2019	2020	Jan - Mar 2021	Apr-Jun 2021
PD										
Statewide	64%	83%	96%	86%	89%	92%	94%	88%	85%	98%
FE										
Statewide	81%	91%	93%	98%	100%	96%	96%	93%	92%	99%
IDD										
Statewide	99%	94%	90%	100%	100%	99%	99%	96%	84%	99%
BI										
Statewide	62%	89%	81%	85%	96%	88%	93%	93%	90%	100%
TA										
Statewide	97%	89%	100%	98%	100%	100%	100%	97%	100%	100%
Autism										
Statewide	82%	No Data	100%	N/A	77%	96%	100%	100%	100%	100%
SED										
Statewide	99%	89%	88%	91%	92%	90%	91%	88%	93%	96%

Explanation of Findings:

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

Performance Measure threshold achieved for all waivers.

Remediation:

No remediation required

KDADS HCBS Quality Review Report

Level of Care
PM 2: Number and percent of waiver participants who receive their annual Level of Care evaluation within 12 months of the previous Level of Care determination
Numerator: Number of waiver participants who receive their annual Level of Care evaluation within 12 months of the previous Level of Care determination
Denominator: Number of waiver participants who received Level of Care redeterminations
Review Period: 04/01/2021 - 06/30/2021
Data Source: Functional Assessor Record Review/State Data Systems

Compliance By Waiver	Statewide
PD	**60%**
Numerator	810
Denominator	1342
FE	**60%**
Numerator	709
Denominator	1178
IDD	**97%**
Numerator	2101
Denominator	2160
BI	**58%**
Numerator	85
Denominator	146
TA	**99%**
Numerator	132
Denominator	133
Autism	**100%**
Numerator	7
Denominator	7
SED	Not a waiver performance measure
Numerator	
Denominator	

Compliance Trends	2013	2014	2015	2016	2017	2018	2019	2020	Jan - Mar 2021	Apr-Jun 2021
PD										
Statewide	47%	52%	64%	69%	68%	79%	72%	66%	57%	60%
FE										
Statewide	68%	70%	76%	79%	68%	84%	80%	70%	61%	60%
IDD										
Statewide	97%	74%	75%	77%	78%	97%	98%	97%	95%	97%
BI										
Statewide	39%	50%	62%	65%	62%	70%	70%	57%	55%	58%
TA										
Statewide	94%	90%	86%	96%	93%	99%	100%	99%	100%	99%
Autism										
Statewide	68%	No Data	75%	78%	63%	65%	69%	100%	100%	100%
SED										
Statewide	93%	88%	94%	88%	89%	Not a Measure	Not a Measure	Not a Measure	Not a Measure	Not a Measure

Explanation of Findings:

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

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

Covid exception granted for re-assessments that fall between 1/27/2020- until recinded through Appendix K Guidance, which could explain some of the cases considered non-compliant utliizing the data pull.
This is not a performance measure for the SED waiver.

Remediation:

Although Appendix K accounts for some of the late assessments. KDADS has done some root cause analysis and identified other quality issues such as duplicate assessments in KAMIS, missing or incorrect data such as Social Security or KanCare ID numbers , misspelled names, out of date contact information, and other incorrect information that affects the accuracy of KAMIS and the reassessment tracking/compliance. The ADRCs hold the contract for the PD,FE,and BI assessments. KDADs has met with the ADRCs to address these quality issues. KDADS and the ADRC contractor will continue to meet to resolve all quality isssues. KDADs will submit a QIP to KDHE/CMS to address these concerns. Items in that QIP will include updated 3161 process, updated Quality Policy, updated Performance Measures, potential contract updates with assessing entities,change in performance measures to capture referrals and assessments and contracted assessing entities tracking participants within their own systems as best practice vs. complete reliance on a state system that has multiple end users. The 3161 process is the form used to communicate between assessing entity and KDHE eligibility information.

KDADS will continue to work with the ADRCs to ensure timelines are being followed or to mitigate issues as they arise. Kansas will continue to evaluate New Editions recommendations for change to meet the assurances and adjust the standard operating procedures accordingly. Kansas has a goal of bringing these performance measures into full compliance in 8 consecutive quarters.

In Q4 2021 KDADs met with ADRC's who perform BI LOC reassessments to determine issues with meeting reassessment performance measure. The reassessment list for FAI and MFEI is not setup to read the waiver eligibility term date, so even if a person was correctly closed out via 3161, they are still showing up on the reassessment list. KDADS has provided a workaround the ADRC's can do to filter out individuals who have a termination date in KAMIS. KDADS has also encouraged each ADRC to keep track of their own reassessments internally as the KAMIS system was not designed to be an accurate source for eligibility.

In Q4 2021 KDADS began to incorporate feedback from New Editions and their recommendations for change. Kansas will re-evaluate their standard operating procedures and adjust accordingly.

KDADS will continue to work with the ADRCs, as they are expected to internally analyze their data and look at root cause for any non-compliance or systemic non-compliance and remediate as appropriate.

KDADS HCBS Quality Review Report

Level of Care
PM 3: Number and percent of waiver participants whose Level of Care (LOC) determinations used the state's approved screening tool
Numerator: Number of waiver participants whose Level of Care determinations used the approved screening tool
Denominator: Number of waiver participants who had a Level of Care determination
Review Period: 04/01/2021 - 06/30/2021
Data Source: Functional Assessor Record Review

Compliance By Waiver	Statewide
PD	**90%**
Numerator	84
Denominator	93
FE	**90%**
Numerator	84
Denominator	93
IDD	**100%**
Numerator	94
Denominator	94
BI	**97%**
Numerator	68
Denominator	70
TA	**100%**
Numerator	60
Denominator	60
Autism	**100%**
Numerator	7
Denominator	7
SED	**93%**
Numerator	84
Denominator	90

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

Explanation of Findings:

Performance Measure threshold achieved for all waivers.

Reasons for Non-Compliance Include: functional assessment not current for audit period, therefore unable to determine if approved screening tool was used

Remediation:

No remediation required

KDADS HCBS Quality Review Report

Level of Care
PM 4: Number and percent of initial Level of Care (LOC) determinations made by a qualified assessor
Numerator: Number of initial Level of Care (LOC) determinations made by a qualified assessor
Denominator: Number of initial Level of Care determinations
Review Period: 04/01/2021 - 06/30/2021
Data Source: Functional Assessor Record Review

Compliance By Waiver	Statewide
PD	**90%**
Numerator	84
Denominator	93
FE	**90%**
Numerator	84
Denominator	93
IDD	**97%**
Numerator	91
Denominator	94
BI	**84%**
Numerator	59
Denominator	70
TA	**100%**
Numerator	60
Denominator	60
Autism	**100%**
Numerator	7
Denominator	7
SED	**93%**
Numerator	84
Denominator	90

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

Explanation of Findings:

BI: Assessor not on approved list, or functional assessment not current for audit period, therefore unable to determine if assessor was approved

Other reasons for Non-Compliance Include: functional assessment not current for audit period, therefore unable to determine if LOC criteria was accurately applied.

Remediation:

Although Appendix K accounts for some of the late assessments. KDADS has done some root cause analysis and identified other quality issues such as duplicate assessments in KAMIS, missing or incorrect data such as Social Security or KanCare ID numbers , misspelled names, out of date contact information, and other incorrect information that affects the accuracy of KAMIS and the reassessment tracking/compliance. The ADRCs hold the contract for the PD,FE,and BI assessments. KDADs has met with the ADRCs to address these quality issues. KDADS and the ADRC contractor will continue to meet to resolve all quality isssues. KDADs will submit a QIP to KDHE/CMS to address these concerns. Items in that QIP will include updated 3161 process, updated Quality Policy, updated Performance Measures, potential contract updates with assessing entities,change in performance measures to capture referrals and assessments and contracted assessing entities tracking participants within their own systems as best practice vs. complete reliance on a state system that has multiple end users. The 3161 process is the from used to communicate between assessing entity and KDHE eligibility information.

KDADS will continue to work with the ADRCs to ensure timelines are being followed or to mitigate issues as they arise. Kansas will continue to evaluate New Editions recommendations for change to meet the assurances and adjust the standard operating procedures accordingly. Kansas has a goal of bringing these performance measures into full compliance in 8 consecutive quarters.

In Q4 2021 KDADs met with ADRC's who perform BI LOC reassessments to determine issues with meeting reassessment performance measure. The reassessment list for FAI and MFEI is not setup to read the waiver eligibility term date, so even if a person was correctly closed out via 3161, they are still showing up on the reassessment list. KDADS has provided a workaround the ADRC's can do to filter out individuals who have a termination date in KAMIS. KDADS has also encouraged each ADRC to keep track of their own reassessments internally as the KAMIS system was not designed to be an accurate source for eligibility.

In Q4 2021 KDADS began to incorporate feedback from New Editions and their recommendations for change. Kansas will re-evaluate their standard operating procedures and adjust accordingly.

KDADS will continue to work with the ADRCs, as they are expected to internally analyze their data and look at root cause for any non-compliance or systemic non-compliance and remediate as appropriate.

KDADS HCBS Quality Review Report

Level of Care
PM 5: Number and percent of initial Level of Care (LOC) determinations made where the LOC criteria was accurately applied
Numerator: Number of initial Level of Care (LOC) determinations made where the LOC criteria was accurately applied
Denominator: Number of initial Level of Care determinations
Review Period: 04/01/2021 - 06/30/2021
Data Source: Functional Assessor Record Review

Compliance By Waiver	Statewide
PD	**99%**
Numerator	92
Denominator	93
FE	**100%**
Numerator	93
Denominator	93
IDD	**99%**
Numerator	93
Denominator	94
BI	**99%**
Numerator	69
Denominator	70
TA	**98%**
Numerator	59
Denominator	60
Autism	**100%**
Numerator	7
Denominator	7
SED	**96%**
Numerator	86
Denominator	90

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

Explanation of Findings:

Performance Measure threshold achieved for all waivers.

Reasons for Non-Compliance Include: functional assessment not current for audit period, therefore unable to determine if LOC criteria was accurately applied.

Remediation:

No remediation required

KDADS HCBS Quality Review Report

Level of Care
PM 6: Number and percent of third party contractor level of care (LOC) determinations found to be valid
Numerator: Number of LOC assessments found valid by a third party contractor
Denominator: Total number of LOC assessments completed by a third party contractor
Review Period: 04/01/2021 - 06/30/2021
Data Source:

Compliance By Waiver	Statewide
PD	Not a Waiver
Numerator	Performance
Denominator	Measure
FE	Not a Waiver
Numerator	Performance
Denominator	Measure
IDD	Not a Waiver
Numerator	Performance
Denominator	Measure
BI	Not a Waiver
Numerator	Performance
Denominator	Measure
TA	Not a Waiver
Numerator	Performance
Denominator	Measure
Autism	Not a Waiver
Numerator	Performance
Denominator	Measure
SED	**100%**
Numerator	39
Denominator	39

Compliance Trends	2017	2018	2019	Jan-Mar 2020	April-June 2020	July - Sept 2020	Oct-Dec 2020	Jan - Mar 2021	Apr-Jun 2021
PD	Not a Waiver Performance Measure								
FE	Not a Waiver Performance Measure								
IDD	Not a Waiver Performance Measure								
BI	Not a Waiver Performance Measure								
TA	Not a Waiver Performance Measure								
Autism	Not a Waiver Performance Measure								
SED									
Statewide	No Data	No Data	91%	100%	100%	92%	93%	92%	100%

Explanation of Findings:

Remediation:

No remediation required

KDADS HCBS Quality Review Report

Qualified Providers
PM 1: Number and percent of new licensed/certified waiver provider applicants that initially met licensure requirements, certification requirements, and other waiver standards prior to furnishing waiver services
Numerator: Number of new licensed/certified waiver provider applicants that initially met licensure requirements, certification requirements, and other waiver standards prior to furnishing waiver services
Denominator: Number of all new licensed/certified waiver providers
Review Period: Calendar Year 2020
Data Source:

Compliance By Waiver	Aetna	Sunflower	United	Statewide
PD	**25%**	**25%**	**50%**	**25%**
Numerator	1	1	1	1
Denominator	4	4	2	4
FE	**15%**	**15%**	**13%**	**15%**
Numerator	2	2	1	2
Denominator	13	13	8	13
IDD	**23%**	**27%**	**33%**	**23%**
Numerator	3	3	3	3
Denominator	13	11	9	13
BI	**0%**	**0%**	**0%**	**0%**
Numerator	0	0	0	0
Denominator	3	3	2	3
TA	**N/A**	**N/A**	**N/A**	**N/A**
Numerator	0	0	0	0
Denominator	0	0	0	0
Autism	**0%**	**0%**	**0%**	**0%**
Numerator	0	0	0	0
Denominator	1	1	1	1
SED	**50%**	**50%**	**50%**	**50%**
Numerator	1	1	1	1
Denominator	2	2	2	2

Explanation of Findings:

PD, FE, IDD, BI, AU, SED: Root cause analysis has found providers did not meet background check requirements set out in waiver and KDADS policy

Remediation:

Data reviews and audit requirements will continue to be discussed and reviewed with MCOs at scheduled quarterly meetings as well as individual Quality Improvement Plan (QIP) meetings until measures meet 86% or greater.

Currently the MCOs have QIPs for Appendices C, D, G and provider Qualifications.
In order to increase provider compliance with this measure, the MCOs agree to take the following action steps:

Provide education on the background check requirements during the joint-MCO HCBS provider training

Ensure education is provided to individual providers who are found to be non-compliant.

The vendor that the MCOs contract with to complete the audits, Averifi, currently does this on a regular, informal basis. The MCOs will assist Averifi with developing a more formal, educational response to providers and document the provision of the response to all non-compliant providers.

The MCOs will continue to have Averifi provide regular updates on providers found to be non-compliant with the background check requirements; and to escalate and follow up on concerns of a provider knowingly employing a person who has a prohibited offense.

The MCOs will continue to follow their individual policies for issuing corrective action, including and up to termination of the provider from the MCO's network.

Compliance Trends	2013	2014	2015	2016	2017	2018	2019	2020
PD								
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	0%	25%
Amerigroup		No Data	No Data	N/A	0%	0%		
Sunflower				N/A	0%	0%	0%	25%
United				N/A	0%	0%	0%	50%
Statewide	100%			N/A	0%	0%	0%	25%
FE								
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	0%	15%
Amerigroup		No Data	No Data	5%	0%	0%		
Sunflower				30%	0%	0%	0%	15%
United				N/A	0%	0%	0%	13%
Statewide	100%			9%	0%	0%	0%	15%
IDD								
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	0%	23%
Amerigroup		No Data	No Data	N/A	0%	0%		
Sunflower				N/A	0%	0%	0%	27%
United				N/A	0%	0%	0%	33%
Statewide	98%			N/A	0%	0%	0%	23%
BI								
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	0%	0%
Amerigroup		No Data	No Data	N/A	0%	0%		
Sunflower				N/A	0%	0%	0%	0%
United				N/A	0%	0%	0%	0%
Statewide	91%			N/A	0%	0%	0%	0%
TA								
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	0%	N/A
Amerigroup		No Data	No Data	N/A	0%	0%		
Sunflower				N/A	0%	0%	0%	N/A
United				N/A	0%	0%	0%	N/A
Statewide	93%			N/A	0%	0%	0%	N/A
Autism								
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	0%	0%
Amerigroup		No Data	No Data	N/A	0%	0%		
Sunflower				N/A	0%	0%	0%	0%
United				N/A	0%	0%	0%	0%
Statewide	100%			N/A	0%	0%	0%	0%
SED								
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	0%	50%
Amerigroup		No Data	No Data	N/A	0%	0%		
Sunflower				N/A	0%	0%	0%	50%
United				N/A	0%	0%	0%	50%
Statewide	100%			N/A	0%	0%	0%	50%

KDADS HCBS Quality Review Report

Qualified Providers
PM 2: Number and percent of enrolled licensed/certified waiver providers that continue to meet licensure requirements, certification requirements, and other waiver standards
Numerator: Number of enrolled licensed/certified waiver providers that continue to meet licensure requirements, certification requirements, and other waiver standards
Denominator: Number of enrolled licensed/certified waiver providers
Review Period: Calendar Year 2020
Data Source:

Compliance By Waiver	Aetna	Sunflower	United	Statewide
PD	**38%**	**38%**	**43%**	**39%**
Numerator	43	42	41	44
Denominator	112	111	96	114
FE	**39%**	**38%**	**42%**	**39%**
Numerator	66	62	59	67
Denominator	169	162	141	173
IDD	**39%**	**41%**	**48%**	**39%**
Numerator	57	51	52	57
Denominator	147	124	108	147
BI	**15%**	**14%**	**15%**	**14%**
Numerator	7	7	6	7
Denominator	46	50	39	50
TA	**15%**	**13%**	**14%**	**13%**
Numerator	4	4	3	4
Denominator	26	31	22	31
Autism	**0%**	**0%**	**0%**	**0%**
Numerator	0	0	0	0
Denominator	4	4	3	4
SED	**8%**	**8%**	**8%**	**8%**
Numerator	2	2	2	2
Denominator	26	26	26	26

Explanation of Findings:

PD, FE, IDD, BI, TA, AU, SED: Root cause analysis has found providers did not meet background check requirements set out in waiver and KDADS policy

Remediation:

Data reviews and audit requirements will continue to be discussed and reviewed with MCOs at scheduled quarterly meetings as well as individual Quality Improvement Plan (QIP) meetings until measures meet 86% or greater.

Currently the MCOs have QIPs for Appendices C, D, G and provider Qualifications.
In order to increase provider compliance with this measure, the MCOs agree to take the following action steps:

Provide education on the background check requirements during the joint-MCO HCBS provider training

Ensure education is provided to individual providers who are found to be non-compliant.

The vendor that the MCOs contract with to complete the audits, Averifi, currently does this on a regular, informal basis. The MCOs will assist Averifi with developing a more formal, educational response to providers and document the provision of the response to all non-compliant providers.

The MCOs will continue to have Averifi provide regular updates on providers found to be non-compliant with the background check requirements; and to escalate and follow up on concerns of a provider knowingly employing a person who has a prohibited offense.

The MCOs will continue to follow their individual policies for issuing corrective action, including and up to termination of the provider from the MCO's network.

Compliance Trends	2013	2014	2015	2016	2017	2018	2019	2020
PD								
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	0%	38%
Amerigroup		No Data	No Data	N/A	0%	0%		
Sunflower				N/A	0%	0%	0%	38%
United				N/A	0%	0%	0%	43%
Statewide	100%			N/A	0%	0%	0%	39%
FE								
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	0%	39%
Amerigroup		No Data	No Data	5%	0%	0%		
Sunflower				30%	0%	0%	0%	38%
United				N/A	0%	0%	0%	42%
Statewide	Not a Measure			9%	0%	0%	0%	39%
IDD								
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	0%	39%
Amerigroup		No Data	No Data	N/A	0%	0%		
Sunflower				N/A	0%	0%	0%	41%
United				N/A	0%	0%	0%	48%
Statewide	98%			N/A	0%	0%	0%	39%
BI								
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	0%	15%
Amerigroup		No Data	No Data	N/A	0%	0%		
Sunflower				N/A	0%	0%	0%	14%
United				N/A	0%	0%	0%	15%
Statewide	89%			N/A	0%	0%	0%	14%
TA								
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	0%	15%
Amerigroup		No Data	No Data	N/A	0%	0%		
Sunflower				N/A	0%	0%	0%	13%
United				N/A	0%	0%	0%	14%
Statewide	93%			N/A	0%	0%	0%	13%
Autism								
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	0%	0%
Amerigroup		No Data	No Data	N/A	0%	0%		
Sunflower				N/A	0%	0%	0%	0%
United				N/A	0%	0%	0%	0%
Statewide	100%			N/A	0%	0%	0%	0%
SED								
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	0%	8%
Amerigroup		No Data	No Data	N/A	0%	0%		
Sunflower				N/A	0%	0%	0%	8%
United				N/A	0%	0%	0%	8%
Statewide	100%			N/A	0%	0%	0%	8%

KDADS HCBS Quality Review Report

Qualified Providers
PM 3: Number and percent of new non-licensed/non-certified waiver provider applicants that have met the initial waiver requirements prior to furnishing waiver services
Numerator: Number of new non-licensed/non-certified waiver provider applicants that have met the initial waiver requirements prior to furnishing waiver services
Denominator: Number of all new non-licensed/non-certified providers
Review Period: Calendar Year 2020
Data Source:

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

Explanation of Findings:

PD, FE, IDD, BI: Root cause analysis has found providers did not meet background check requirements set out in waiver and KDADS policy

Remediation:

Data reviews and audit requirements will continue to be discussed and reviewed with MCOs at scheduled quarterly meetings as well as individual Quality Improvement Plan (QIP) meetings until measures meet 86% or greater.

Currently the MCOs have QIPs for Appendices C, D, G and provider Qualifications.
In order to increase provider compliance with this measure, the MCOs agree to take the following action steps:

Provide education on the background check requirements during the joint-MCO HCBS provider training

Ensure education is provided to individual providers who are found to be non-compliant.

The vendor that the MCOs contract with to complete the audits, Averifi, currently does this on a regular, informal basis. The MCOs will assist Averifi with developing a more formal, educational response to providers and document the provision of the response to all non-compliant providers.

The MCOs will continue to have Averifi provide regular updates on providers found to be non-compliant with the background check requirements; and to escalate and follow up on concerns of a provider knowingly employing a person who has a prohibited offense.

The MCOs will continue to follow their individual policies for issuing corrective action, including and up to termination of the provider from the MCO's network.

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

KDADS HCBS Quality Review Report

Qualified Providers
PM 4: Number and percent of enrolled non-licensed/non-certified waiver providers that continue to meet waiver requirements
Numerator: Number enrolled non-licensed/non-certified waiver providers that continue to meet waiver requirements
Denominator: Number of enrolled non-licensed/non-certified providers
Review Period: Calendar Year 2020
Data Source:

Compliance By Waiver	Aetna	Sunflower	United	Statewide
PD	**6%**	**7%**	**8%**	**6%**
Numerator	1	1	1	1
Denominator	16	15	13	16
FE	**11%**	**17%**	**14%**	**11%**
Numerator	1	1	1	1
Denominator	9	6	7	9
IDD	**0%**	**0%**	**0%**	**0%**
Numerator	0	0	0	0
Denominator	2	2	1	2
BI	**9%**	**10%**	**9%**	**9%**
Numerator	1	1	1	1
Denominator	11	10	11	11
TA	**N/A**	**N/A**	**N/A**	**N/A**
Numerator	0	0	0	0
Denominator	0	0	0	0
Autism	**N/A**	**N/A**	**N/A**	**N/A**
Numerator	0	0	0	0
Denominator	0	0	0	0
SED	**N/A**	**N/A**	**N/A**	**N/A**
Numerator	0	0	0	0
Denominator	0	0	0	0

Explanation of Findings:

PD, FE, IDD, BI: Root cause analysis has found providers did not meet background check requirements set out in waiver and KDADS policy

Remediation:

Data reviews and audit requirements will continue to be discussed and reviewed with MCOs at scheduled quarterly meetings as well as individual Quality Improvement Plan (QIP) meetings until measures meet 86% or greater.

Currently the MCOs have QIPs for Appendices C, D, G and provider Qualifications.
In order to increase provider compliance with this measure, the MCOs agree to take the following action steps:

Provide education on the background check requirements during the joint-MCO HCBS provider training

Ensure education is provided to individual providers who are found to be non-compliant.

The vendor that the MCOs contract with to complete the audits, Averifi, currently does this on a regular, informal basis. The MCOs will assist Averifi with developing a more formal, educational response to providers and document the provision of the response to all non-compliant providers.

The MCOs will continue to have Averifi provide regular updates on providers found to be non-compliant with the background check requirements; and to escalate and follow up on concerns of a provider knowingly employing a person who has a prohibited offense.

The MCOs will continue to follow their individual policies for issuing corrective action, including and up to termination of the provider from the MCO's network.

Compliance Trends	2013	2014	2015	2016	2017	2018	2019	2020
PD								
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	0%	6%
Amerigroup		No Data	No Data	N/A	0%	0%		
Sunflower				N/A	0%	0%	0%	7%
United				N/A	0%	0%	0%	8%
Statewide	75%			N/A	0%	0%	0%	6%
FE								
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	0%	11%
Amerigroup		No Data	No Data	5%	0%	0%		
Sunflower				30%	0%	0%	0%	17%
United				N/A	0%	0%	0%	14%
Statewide	Not a Measure			9%	0%	0%	0%	11%
IDD								
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	0%	0%
Amerigroup		No Data	No Data	N/A	0%	0%		
Sunflower				N/A	0%	0%	0%	0%
United				N/A	0%	0%	0%	0%
Statewide	Not a Measure			N/A	0%	0%	0%	0%
BI								
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	0%	9%
Amerigroup		No Data	No Data	N/A	0%	0%		
Sunflower				N/A	0%	0%	0%	10%
United				N/A	0%	0%	0%	9%
Statewide	88%			N/A	0%	0%	0%	9%
TA								
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	0%	N/A
Amerigroup		No Data	No Data	N/A	0%	0%		
Sunflower				N/A	0%	0%	0%	N/A
United				N/A	0%	0%	0%	N/A
Statewide	No Data			N/A	0%	0%	0%	N/A
Autism								
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	0%	N/A
Amerigroup		No Data	No Data	N/A	0%	0%		
Sunflower				N/A	0%	0%	0%	N/A
United				N/A	0%	0%	0%	N/A
Statewide	91%			N/A	0%	0%	0%	N/A
SED								
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	0%	N/A
Amerigroup		No Data	No Data	N/A	0%	0%		
Sunflower				N/A	0%	0%	0%	N/A
United				N/A	0%	0%	0%	N/A
Statewide	89%			N/A	0%	0%	0%	N/A

KDADS HCBS Quality Review Report

Qualified Providers
PM 5: Number and percent of active providers that meet training requirements
Numerator: Number of providers that meet training requirements
Denominator: Number of active providers
Review Period: Calendar Year 2020
Data Source:

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

Explanation of Findings:

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

Remediation:

KDADS is working on identifying the educational requirements and determining and/or identifying the method the MCOS use to track that education requirements are met by providers.

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

KDADS HCBS Quality Review Report

Service Plan
PM 1: Number and percent of waiver participants whose service plans address participants' goals
Numerator: Number of waiver participants whose service plans address participants' goals
Denominator: Number of waiver participants whose service plans were reviewed
Review Period: 04/01/2021 - 06/30/2021
Data Source: MCO Record Review

Compliance By Waiver	Aetna	Sunflower	United	Statewide
PD	**96%**	**63%**	**64%**	**73%**
Numerator	26	20	23	69
Denominator	27	32	36	95
FE	**86%**	**75%**	**71%**	**76%**
Numerator	19	24	27	70
Denominator	22	32	38	92
IDD	**93%**	**76%**	**57%**	**73%**
Numerator	14	38	17	69
Denominator	15	50	30	95
BI	**78%**	**68%**	**73%**	**74%**
Numerator	18	13	19	50
Denominator	23	19	26	68
TA	**94%**	**76%**	**96%**	**89%**
Numerator	15	16	24	55
Denominator	16	21	25	62
Autism	**100%**	**50%**	**100%**	**86%**
Numerator	1	1	4	6
Denominator	1	2	4	7
SED	**52%**	**64%**	**79%**	**67%**
Numerator	12	21	27	60
Denominator	23	33	34	90

Explanation of Findings:

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

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

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

BI: Document containing goals not provided or does not cover entire review period, no meeting date on service plan

AU: Document containing goals not provided for review

SED: Document containing goals not provided or does not cover entire review period, no meeting date on service plan

Remediation:

Data reviews and audit requirements will continue to be discussed and reviewed with MCOs at scheduled quarterly meetings as well as individual Quality Improvement Plan (QIP) meetings until measures meet 86% or greater. Root cause analysis has found that there are not signed service plans that can be used to validate that goals were addressed with the participants. KDADS believes having a signed service plan will improve the compliance with the performance measure.

MCOs will continue to complete Service Plan (SPs) processes by telephone or video and begin sending SP's to participants via mail with self addressed stamped envelopes so that participants can sign and return. With the earlier HCBS Waiver Programs COVID-19 guidance exception that was rescinded in Septemember 2020, KDADS has continued to coordinate with the MCOs in educating their Care Coordinators on how to adequately complete a Person-Centered Service Plan (PCSP).

All 3 contracted MCOs now have electronic signature platforms with Aetna beginning Adobe Sign in February 2022. The ability to accept electronic signatures will help bring most Service Plan Measures into compliance due to the changes made in the document review process around signatures. Verbal signatures continue to be accepted during the Appendix K exception which the state informed MCOs in February 2022 that these plans can extend up through June 30, 2022.

Each MCO met on January 13, 2022 and reviewed the QIPs for performance measures at that time, MCOs were requested to create addional QIPs for Appendices C, D and G.

KDADS has recieved QIPs from the contracted MCOs to address QP Performance measures. KDADS has accepted the plan and monitors on a quarterly basis to ensure timelines are being followed or to mitigate issues as they arise. Kansas will continue to evaluate New Editions recommendations for change to meet the assurances and adjust the standard operating procedures accordingly. Kansas has a goal to of bringing these performance measures into full compliance 8 consecutive quarters.

Compliance Trends	2013	2014	2015	2016	2017	2018	2019	2020	Jan - Mar 2021	Apr-Jun 2021
PD										
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	68%	51%	62%	96%
Amerigroup		55%	33%	63%	79%	86%	N/A	N/A	N/A	N/A
Sunflower		57%	64%	59%	81%	78%	86%	49%	18%	63%
United		33%	49%	86%	85%	85%	76%	49%	14%	64%
Statewide	55%	50%	48%	69%	81%	83%	78%	49%	29%	73%
FE										
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	75%	47%	61%	86%
Amerigroup		50%	42%	54%	70%	75%	N/A	N/A	N/A	N/A
Sunflower		56%	51%	75%	79%	73%	86%	53%	32%	75%
United		45%	56%	81%	90%	87%	71%	34%	10%	71%
Statewide	Not a Measure	50%	49%	70%	80%	79%	78%	43%	29%	76%
IDD										
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	60%	46%	50%	93%
Amerigroup		36%	32%	53%	76%	83%	N/A	N/A	N/A	N/A
Sunflower		56%	56%	61%	70%	71%	73%	35%	18%	76%
United		52%	41%	73%	85%	85%	58%	33%	30%	57%
Statewide	99%	49%	45%	62%	75%	78%	67%	36%	27%	73%
BI										
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	43%	28%	44%	78%
Amerigroup		37%	41%	58%	78%	72%	N/A	N/A	N/A	N/A
Sunflower		37%	38%	80%	74%	73%	81%	33%	18%	68%
United		22%	55%	78%	79%	87%	75%	34%	4%	73%
Statewide	44%	34%	43%	68%	77%	75%	71%	32%	20%	74%
TA										
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	78%	42%	29%	94%
Amerigroup		50%	44%	69%	90%	99%	N/A	N/A	N/A	N/A
Sunflower		73%	85%	82%	65%	89%	87%	44%	30%	76%
United		64%	32%	70%	95%	70%	87%	38%	33%	96%
Statewide	93%	61%	54%	73%	83%	90%	85%	41%	31%	89%
Autism										
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	0%	21%	0%	100%
Amerigroup		84%	56%	35%	88%	100%	N/A	N/A	N/A	N/A
Sunflower		47%	50%	50%	30%	33%	62%	73%	33%	50%
United		63%	36%	17%	13%	41%	65%	22%	29%	100%
Statewide	58%	69%	49%	37%	42%	52%	56%	35%	25%	86%
SED										
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	96%	30%	40%	52%
Amerigroup		91%	99%	98%	99%	96%	N/A	N/A	N/A	N/A
Sunflower		92%	95%	87%	98%	96%	95%	32%	21%	64%
United		89%	100%	98%	88%	97%	98%	38%	78%	79%
Statewide	98%	90%	98%	95%	95%	97%	97%	34%	48%	67%

*Audit methodology has changed for this question, effective this review period

KDADS HCBS Quality Review Report

Service Plan
PM 2: Number and percent of waiver participants whose service plans address their assessed needs and capabilities as indicated in the assessment
Numerator: Number of waiver participants whose service plans address their assessed needs and capabilities as indicated in the assessment
Denominator: Number of waiver participants whose service plans were reviewed
Review Period: 04/01/2021 - 06/30/2021
Data Source: MCO Record Review

Compliance By Waiver	Aetna	Sunflower	United	Statewide
PD	**81%**	**91%**	**92%**	**88%**
Numerator	22	29	33	84
Denominator	27	32	36	95
FE	**77%**	**81%**	**92%**	**85%**
Numerator	17	26	35	78
Denominator	22	32	38	92
IDD	**93%**	**80%**	**90%**	**85%**
Numerator	14	40	27	81
Denominator	15	50	30	95
BI	**70%**	**47%**	**77%**	**69%**
Numerator	16	9	20	45
Denominator	23	19	26	65
TA	**88%**	**86%**	**100%**	**92%**
Numerator	14	18	25	57
Denominator	16	21	25	62
Autism	**100%**	**50%**	**100%**	**86%**
Numerator	1	1	4	6
Denominator	1	2	4	7
SED	**48%**	**61%**	**79%**	**64%**
Numerator	11	20	27	58
Denominator	23	33	34	90

Explanation of Findings:

FE: Assessment documents and/or service plan not provided or does not cover entire review period, no meeting date on service plan

IDD: Assessment documents and/or service plan not provided or does not cover entire review period, no meeting date on service plan

BI: Assessment documents and/or service plan not provided or does not cover entire review period, no meeting date on service plan

AU: Assessment documents and/or service plan not provided or does not cover entire review period, no meeting date on service plan

SED: Assessment documents and/or service plan not provided or does not cover entire review period, no meeting date on service plan

Remediation:

Data reviews and audit requirements will continue to be discussed and reviewed with MCOs at scheduled quarterly meetings as well as individual Quality Improvement Plan (QIP) meetings until measures meet 86% or greater. Root cause analysis has found that there are not signed service plans that can be used to validate that goals were addressed with the participants. KDADS believes having a signed service plan will improve the compliance with the performance measure.

MCOs will continue to complete Service Plan (SPs) processes by telephone or video and begin sending SP's to participants via mail with self addressed stamped envelopes so that participants can sign and return. With the earlier HCBS Waiver Programs COVID-19 guidance exception that was rescinded in Septemember 2020, KDADS has continued to coordinate with the MCOs in educating their Care Coordinators on how to adequately complete a Person-Centered Service Plan (PCSP).

All 3 contracted MCOs now have electronic signature platforms with Aetna beginning Adobe Sign in February 2022. The ability to accept electronic signatures will help bring most Service Plan Measures into compliance due to the changes made in the document review process around signatures. Verbal signatures continue to be accepted during the Appendix K exception which the state informed MCOs in February 2022 that these plans can extend up through June 30, 2022.

Each MCO met on January 13, 2022 and reviewed the QIPs for performance measures at that time, MCOs were requested to create addional QIPs for Appendices C, D and G.

KDADS has recieved QIPs from the contracted MCOs to address QP Performance measures. KDADS has accepted the plan and monitors on a quarterly basis to ensure timelines are being followed or to mitigate issues as they arise. Kansas will continue to evaluate New Editions recommendations for change to meet the assurances and adjust the standard operating procedures accordingly. Kansas has a goal to of bringing these performance measures into full compliance 8 consecutive quarters.

Compliance Trends	2013	2014	2015	2016	2017	2018	2019	2020	Jan - Mar 2021	Apr-Jun 2021
PD										
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	66%	41%	50%	81%
Amerigroup		83%	55%	74%	83%	93%				
Sunflower		90%	56%	63%	83%	77%	86%	59%	42%	91%
United		89%	68%	92%	87%	94%	88%	48%	23%	92%
Statewide	86%	87%	59%	76%	84%	88%	83%	50%	37%	88%
FE										
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	71%	40%	57%	77%
Amerigroup		79%	66%	74%	80%	88%				
Sunflower		90%	53%	73%	75%	76%	86%	57%	29%	81%
United		88%	68%	84%	88%	90%	88%	49%	29%	92%
Statewide	87%	86%	61%	77%	81%	84%	84%	50%	36%	85%
IDD										
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	51%	40%	31%	93%
Amerigroup		85%	67%	64%	77%	83%				
Sunflower		77%	36%	65%	70%	77%	78%	52%	16%	80%
United		72%	47%	78%	91%	90%	78%	43%	40%	90%
Statewide	99%	78%	48%	68%	77%	82%	75%	47%	26%	85%
BI										
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	38%	19%	44%	70%
Amerigroup		67%	48%	65%	78%	75%				
Sunflower		82%	28%	82%	74%	73%	79%	38%	41%	47%
United		70%	62%	80%	79%	84%	82%	33%	12%	77%
Statewide	72%	73%	45%	72%	77%	76%	71%	31%	31%	69%
TA										
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	81%	35%	24%	88%
Amerigroup		93%	58%	70%	88%	98%				
Sunflower		98%	62%	74%	69%	85%	90%	40%	48%	86%
United		97%	58%	79%	92%	84%	91%	31%	54%	100%
Statewide	96%	96%	59%	73%	83%	91%	89%	35%	44%	92%
Autism										
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	0%	0%	0%	100%
Amerigroup		81%	59%	33%	88%	82%				
Sunflower		50%	45%	47%	15%	28%	31%	60%	33%	50%
United		63%	21%	22%	13%	24%	62%	0%	43%	100%
Statewide	59%	68%	46%	36%	37%	39%	44%	14%	33%	86%
SED										
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	56%	27%	40%	48%
Amerigroup		91%	99%	98%	99%	96%				
Sunflower		91%	92%	87%	93%	88%	83%	32%	21%	61%
United		89%	98%	96%	84%	76%	77%	38%	78%	79%
Statewide	92%	90%	97%	94%	92%	87%	76%	33%	48%	64%

*Audit methodology has changed for this question, effective this review period

KDADS HCBS Quality Review Report

Service Plan
PM 3: Number and percent of waiver participants whose service plans address health and safety risk factors
Numerator: Number of waiver participants whose service plans address health and safety risk factors
Denominator: Number of waiver participants whose service plans were reviewed
Review Period: 04/01/2021 - 06/30/2021
Data Source: MCO Record Review

Compliance By Waiver	Aetna	Sunflower	United	Statewide
PD	**81%**	**91%**	**92%**	**88%**
Numerator	22	29	33	84
Denominator	27	32	36	95
FE	**77%**	**81%**	**92%**	**85%**
Numerator	17	26	35	78
Denominator	22	32	38	92
IDD	**93%**	**80%**	**90%**	**85%**
Numerator	14	40	27	81
Denominator	15	50	30	95
BI	**70%**	**42%**	**77%**	**65%**
Numerator	16	8	20	44
Denominator	23	19	26	68
TA	**88%**	**81%**	**100%**	**90%**
Numerator	14	17	25	56
Denominator	16	21	25	62
Autism	**100%**	**100%**	**100%**	**100%**
Numerator	1	2	4	7
Denominator	1	2	4	7
SED	**48%**	**61%**	**79%**	**64%**
Numerator	11	20	27	58
Denominator	23	33	34	90

Explanation of Findings:

FE: Assessment documents and/or service plan not provided or does not cover entire review period, no meeting date on service plan

IDD: Assessment documents and/or service plan not provided or does not cover entire review period, no meeting date on service plan

BI: Assessment documents and/or service plan not provided or does not cover entire review period, no meeting date on service plan

SED: Assessment documents and/or service plan not provided or does not cover entire review period, no meeting date on service plan

Remediation:

Data reviews and audit requirements will continue to be discussed and reviewed with MCOs at scheduled quarterly meetings as well as individual Quality Improvement Plan (QIP) meetings until measures meet 86% or greater. Root cause analysis has found that there are not signed service plans that can be used to validate that goals were addressed with the participants. KDADS believes having a signed service plan will improve the compliance with the performance measure.

MCOs will continue to complete Service Plan (SPs) processes by telephone or video and begin sending SP's to participants via mail with self addressed stamped envelopes so that participants can sign and return. With the earlier HCBS Waiver Programs COVID-19 guidance exception that was rescinded in Septemember 2020, KDADS has continued to coordinate with the MCOs in educating their Care Coordinators on how to adequately complete a Person-Centered Service Plan (PCSP).

All 3 contracted MCOs now have electronic signature platforms with Aetna beginning Adobe Sign in February 2022. The ability to accept electronic signatures will help bring most Service Plan Measures into compliance due to the changes made in the document review process around signatures. Verbal signatures continue to be accepted during the Appendix K exception which the state informed MCOs in February 2022 that these plans can extend up through June 30, 2022.

Each MCO met on January 13, 2022 and reviewed the QIPs for performance measures at that time, MCOs were requested to create addional QIPs for Appendices C, D and G.

KDADS has recieved QIPs from the contracted MCOs to address QP Performance measures. KDADS has accepted the plan and monitors on a quarterly basis to ensure timelines are being followed or to mitigate issues as they arise. Kansas will continue to evaluate New Editions recommendations for change to meet the assurances and adjust the standard operating procedures accordingly. Kansas has a goal to of bringing these performance measures into full compliance 8 consecutive quarters.

Compliance Trends	2013	2014	2015	2016	2017	2018	2019	2020	Jan - Mar 2021	Apr-Jun 2021
PD										
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	66%	41%	46%	81%
Amerigroup		90%	44%	73%	81%	94%	N/A	N/A	N/A	N/A
Sunflower		89%	49%	67%	85%	75%	86%	61%	42%	91%
United		96%	67%	90%	88%	95%	86%	48%	26%	92%
Statewide	90%	91%	51%	76%	84%	88%	82%	51%	37%	88%
FE										
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	73%	39%	57%	77%
Amerigroup		92%	55%	75%	82%	89%	N/A	N/A	N/A	N/A
Sunflower		92%	50%	73%	77%	74%	86%	56%	32%	81%
United		95%	70%	82%	88%	91%	88%	49%	32%	92%
Statewide	Not a measure	93%	57%	76%	82%	84%	85%	50%	38%	85%
IDD										
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	51%	40%	38%	93%
Amerigroup		90%	61%	67%	75%	83%	N/A	N/A	N/A	N/A
Sunflower		97%	36%	65%	73%	78%	77%	51%	18%	80%
United		89%	45%	78%	92%	90%	77%	44%	40%	90%
Statewide	99%	93%	46%	69%	78%	83%	74%	47%	28%	85%
BI										
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	40%	21%	44%	70%
Amerigroup		79%	45%	64%	80%	79%	N/A	N/A	N/A	N/A
Sunflower		91%	26%	84%	70%	74%	79%	39%	45%	42%
United		83%	64%	80%	79%	89%	82%	33%	12%	77%
Statewide	84%	84%	43%	72%	78%	79%	72%	32%	32%	65%
TA										
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	81%	35%	24%	88%
Amerigroup		96%	49%	73%	89%	98%	N/A	N/A	N/A	N/A
Sunflower		95%	61%	76%	66%	85%	90%	40%	43%	81%
United		94%	58%	79%	92%	84%	91%	31%	54%	100%
Statewide	96%	96%	54%	75%	83%	91%	89%	35%	42%	90%
Autism										
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	0%	0%	0%	100%
Amerigroup		79%	59%	30%	88%	91%	N/A	N/A	N/A	N/A
Sunflower		61%	45%	47%	15%	28%	31%	73%	33%	100%
United		86%	21%	17%	13%	24%	62%	0%	43%	100%
Statewide	64%	74%	46%	34%	37%	41%	44%	18%	33%	100%
SED										
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	96%	30%	40%	48%
Amerigroup		90%	99%	97%	99%	96%	N/A	N/A	N/A	N/A
Sunflower		89%	95%	87%	98%	97%	95%	32%	21%	61%
United		86%	100%	97%	88%	97%	98%	38%	78%	79%
Statewide	99%	88%	98%	94%	95%	97%	97%	34%	48%	64%

*Audit methodology has changed for this question, effective this review period

KDADS HCBS Quality Review Report

Service Plan
PM 4: Number and percent of waiver participants whose service plans were developed according to the processes in the approved waiver
Numerator: Number of waiver participants whose service plans were developed according to the processes in the approved waiver
Denominator: Number of waiver participants whose service plans were reviewed
Review Period: 04/01/2021 - 06/30/2021
Data Source: MCO Record Review

Compliance By Waiver	Aetna	Sunflower	United	Statewide
PD	**59%**	**47%**	**31%**	**44%**
Numerator	16	15	11	42
Denominator	27	32	36	95
FE	**68%**	**50%**	**24%**	**43%**
Numerator	15	16	9	40
Denominator	22	32	38	92
IDD	**80%**	**52%**	**43%**	**54%**
Numerator	12	26	13	51
Denominator	15	50	30	95
BI	**48%**	**32%**	**46%**	**43%**
Numerator	11	6	12	29
Denominator	23	19	26	68
TA	**63%**	**48%**	**64%**	**58%**
Numerator	10	10	16	36
Denominator	16	21	25	62
Autism	**0%**	**50%**	**25%**	**29%**
Numerator	0	1	1	2
Denominator	1	2	4	7
SED	**45%**	**55%**	**79%**	**62%**
Numerator	10	18	27	55
Denominator	22	33	34	89

Explanation of Findings:

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

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

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

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

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

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

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

Compliance Trends	2013	2014	2015	2016	2017	2018	2019	2020	Jan - Mar 2021	Apr-Jun 2021
PD										
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	58%	41%	54%	59%
Amerigroup		88%	68%	76%	85%	91%	N/A	N/A	N/A	N/A
Sunflower		87%	69%	73%	87%	77%	86%	47%	24%	47%
United		85%	77%	92%	88%	94%	82%	40%	9%	31%
Statewide	80%	87%	70%	80%	86%	87%	78%	43%	27%	44%
FE										
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	69%	37%	57%	68%
Amerigroup		84%	76%	78%	82%	91%	N/A	N/A	N/A	N/A
Sunflower		88%	61%	84%	86%	76%	86%	52%	29%	50%
United		86%	79%	87%	90%	90%	81%	35%	20%	24%
Statewide	Not a Measure	86%	71%	83%	86%	85%	81%	41%	32%	43%
IDD										
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	47%	40%	31%	80%
Amerigroup		80%	80%	73%	77%	94%	N/A	N/A	N/A	N/A
Sunflower		80%	59%	74%	80%	79%	77%	38%	8%	52%
United		82%	55%	79%	92%	90%	72%	30%	30%	43%
Statewide	98%	81%	64%	75%	82%	83%	71%	36%	19%	54%
BI										
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	43%	21%	44%	48%
Amerigroup		76%	53%	64%	79%	79%	N/A	N/A	N/A	N/A
Sunflower		86%	43%	86%	80%	73%	77%	30%	32%	32%
United		77%	69%	85%	79%	84%	79%	29%	8%	46%
Statewide	64%	80%	53%	74%	80%	78%	71%	28%	26%	43%
TA										
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	70%	33%	18%	63%
Amerigroup		84%	68%	71%	90%	96%	N/A	N/A	N/A	N/A
Sunflower		97%	86%	85%	68%	89%	88%	33%	35%	48%
United		96%	58%	79%	95%	84%	90%	24%	29%	64%
Statewide	No Data	91%	72%	77%	84%	92%	86%	29%	28%	58%
Autism										
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	0%	0%	0%	0%
Amerigroup		74%	59%	35%	88%	91%	N/A	N/A	N/A	N/A
Sunflower		51%	50%	47%	20%	39%	31%	60%	33%	50%
United		65%	29%	17%	13%	35%	65%	0%	14%	25%
Statewide	55%	65%	49%	36%	38%	50%	47%	14%	17%	29%
SED										
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	96%	30%	40%	45%
Amerigroup		92%	99%	98%	99%	96%	N/A	N/A	N/A	N/A
Sunflower		90%	94%	86%	98%	97%	95%	32%	21%	55%
United		87%	98%	97%	88%	95%	98%	38%	78%	79%
Statewide	Not a measure	90%	97%	94%	95%	96%	97%	34%	48%	62%

Remediation:

Data reviews and audit requirements will continue to be discussed and reviewed with MCOs at scheduled quarterly meetings as well as individual Quality Improvement Plan (QIP) meetings until measures meet 86% or greater. Root cause analysis has found that there are not signed service plans that can be used to validate that goals were addressed with the participants. KDADS believes having a signed service plan will improve the compliance with the performance measure.

MCOs will continue to complete Service Plan (SPs) processes by telephone or video and begin sending SP's to participants via mail with self addressed stamped envelopes so that participants can sign and return. With the earlier HCBS Waiver Programs COVID-19 guidance exception that was rescinded in Septemember 2020, KDADS has continued to coordinate with the MCOs in educating their Care Coordinators on how to adequately complete a Person-Centered Service Plan (PCSP).

All 3 contracted MCOs now have electronic signature platforms with Aetna beginning Adobe Sign in February 2022. The ability to accept electronic signatures will help bring most Service Plan Measures into compliance due to the changes made in the document review process around signatures. Verbal signatures continue to be accepted during the Appendix K exception which the state informed MCOs in February 2022 that these plans can extend up through June 30, 2022.

Each MCO met on January 13, 2022 and reviewed the QIPs for performance measures at that time, MCOs were requested to create addional QIPs for Appendices C, D and G.

KDADS has recieved QIPs from the contracted MCOs to address QP Performance measures. KDADS has accepted the plan and monitors on a quarterly basis to ensure timelines are being followed or to mitigate issues as they arise. Kansas will continue to evaluate New Editions recommendations for change to meet the assurances and adjust the standard operating procedures accordingly. Kansas has a goal to of bringing these performance measures into full compliance 8 consecutive quarters.

KDADS HCBS Quality Review Report

Service Plan
PM 5: Number and percent of waiver participants (or their representatives) who were present and involved in the development of their service plan
Numerator: Number of waiver participants (or their representatives) who were present and involved in the development of their service plan
Denominator: Number of waiver participants whose service plans were reviewed
Review Period: 04/01/2021 - 06/30/2021
Data Source: MCO Record Review

Compliance By Waiver	Aetna	Sunflower	United	Statewide
PD	**67%**	**59%**	**31%**	**51%**
Numerator	18	19	11	48
Denominator	27	32	36	95
FE	**68%**	**53%**	**26%**	**46%**
Numerator	15	17	10	42
Denominator	22	32	38	92
IDD	**80%**	**50%**	**47%**	**54%**
Numerator	12	25	14	51
Denominator	15	50	30	95
BI	**43%**	**32%**	**38%**	**38%**
Numerator	10	6	10	26
Denominator	23	19	26	68
TA	**75%**	**57%**	**56%**	**61%**
Numerator	12	12	14	38
Denominator	16	21	25	62
Autism	**0%**	**100%**	**50%**	**57%**
Numerator	0	2	2	4
Denominator	1	2	4	7
SED	**45%**	**52%**	**79%**	**61%**
Numerator	10	17	27	54
Denominator	22	33	34	89

Explanation of Findings:

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

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

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

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

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

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

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

Remediation:

Data reviews and audit requirements will continue to be discussed and reviewed with MCOs at scheduled quarterly meetings as well as individual Quality Improvement Plan (QIP) meetings until measures meet 86% or greater. Root cause analysis has found that there are not signed service plans that can be used to validate that goals were addressed with the participants. KDADS believes having a signed service plan will improve the compliance with the performance measure.

MCOs will continue to complete Service Plan (SPs) processes by telephone or video and begin sending SP's to participants via mail with self addressed stamped envelopes so that participants can sign and return. With the earlier HCBS Waiver Programs COVID-19 guidance exception that was rescinded in Septemember 2020, KDADS has continued to coordinate with the MCOs in educating their Care Coordinators on how to adequately complete a Person-Centered Service Plan (PCSP).

All 3 contracted MCOs now have electronic signature platforms with Aetna beginning Adobe Sign in February 2022. The ability to accept electronic signatures will help bring most Service Plan Measures into compliance due to the changes made in the document review process around signatures. Verbal signatures continue to be accepted during the Appendix K exception which the state informed MCOs in February 2022 that these plans can extend up through June 30, 2022.

Each MCO met on January 13, 2022 and reviewed the QIPs for performance measures at that time, MCOs were requested to create addional QIPs for Appendices C, D and G.

KDADS has recieved QIPs from the contracted MCOs to address QP Performance measures. KDADS has accepted the plan and monitors on a quarterly basis to ensure timelines are being followed or to mitigate issues as they arise. Kansas will continue to evaluate New Editions recommendations for change to meet the assurances and adjust the standard operating procedures accordingly. Kansas has a goal to of bringing these performance measures into full compliance 8 consecutive quarters.

Compliance Trends	2013	2014	2015	2016	2017	2018	2019	2020	Jan - Mar 2021	Apr-Jun 2021
PD										
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	68%	44%	58%	67%
Amerigroup		88%	70%	79%	87%	97%	N/A	N/A	N/A	N/A
Sunflower		87%	70%	74%	88%	80%	86%	60%	42%	59%
United		84%	79%	89%	88%	95%	87%	50%	20%	31%
Statewide	Not a Measure	87%	72%	81%	88%	91%	83%	52%	38%	51%
FE										
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	46%	43%	61%	68%
Amerigroup		83%	78%	76%	84%	92%	N/A	N/A	N/A	N/A
Sunflower		86%	60%	83%	87%	78%	65%	56%	29%	53%
United		87%	83%	88%	91%	92%	66%	50%	29%	26%
Statewide	90%	85%	72%	83%	88%	87%	63%	51%	37%	46%
IDD										
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	53%	40%	31%	80%
Amerigroup		84%	76%	73%	76%	85%	N/A	N/A	N/A	N/A
Sunflower		82%	60%	74%	78%	83%	79%	52%	14%	50%
United		88%	51%	79%	93%	90%	78%	43%	40%	47%
Statewide	Not a Measure	84%	63%	75%	81%	85%	76%	47%	25%	54%
BI										
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	40%	21%	44%	43%
Amerigroup		73%	51%	65%	80%	82%	N/A	N/A	N/A	N/A
Sunflower		84%	45%	86%	80%	79%	77%	38%	45%	32%
United		80%	69%	59%	79%	92%	85%	35%	12%	38%
Statewide	Not a Measure	78%	52%	74%	80%	83%	72%	32%	32%	38%
TA										
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	78%	33%	24%	75%
Amerigroup		83%	75%	71%	90%	99%	N/A	N/A	N/A	N/A
Sunflower		97%	86%	84%	68%	89%	90%	40%	39%	57%
United		97%	58%	79%	95%	86%	91%	32%	54%	56%
Statewide	Not a Measure	91%	76%	76%	84%	93%	89%	35%	41%	61%
Autism										
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	17%	0%	0%	0%
Amerigroup		77%	59%	35%	88%	100%	N/A	N/A	N/A	N/A
Sunflower		53%	55%	50%	15%	44%	69%	73%	67%	100%
United		71%	36%	17%	6%	47%	65%	13%	43%	50%
Statewide	Not a Measure	69%	52%	37%	35%	59%	60%	23%	42%	57%
SED										
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	93%	30%	40%	45%
Amerigroup		92%	98%	97%	97%	97%	N/A	N/A	N/A	N/A
Sunflower		90%	95%	86%	98%	96%	95%	32%	21%	52%
United		87%	99%	96%	86%	96%	98%	38%	78%	79%
Statewide	93%	90%	98%	94%	93%	97%	96%	34%	48%	61%

KDADS HCBS Quality Review Report

Service Plan
PM 6: Number and percent of service plans reviewed before the waiver participant's annual redetermination date
Numerator: Number of service plans reviewed before the waiver participant's annual redetermination date
Denominator: Number of waiver participants whose service plans were reviewed
Review Period: 04/01/2021 - 06/30/2021
Data Source: MCO Record Review

Compliance By Waiver	Aetna	Sunflower	United	Statewide
PD	**59%**	**59%**	**33%**	**49%**
Numerator	16	19	12	47
Denominator	27	32	36	95
FE	**64%**	**47%**	**50%**	**52%**
Numerator	14	15	19	48
Denominator	22	32	38	92
IDD	**67%**	**42%**	**57%**	**51%**
Numerator	10	21	17	48
Denominator	15	50	30	95
BI	**52%**	**42%**	**58%**	**51%**
Numerator	12	8	15	35
Denominator	23	19	26	68
TA	**69%**	**62%**	**52%**	**60%**
Numerator	11	13	13	37
Denominator	16	21	25	62
Autism	**0%**	**100%**	**50%**	**57%**
Numerator	0	2	2	4
Denominator	1	2	4	7
SED	**81%**	**76%**	**79%**	**78%**
Numerator	17	25	27	69
Denominator	21	33	34	88

Explanation of Findings:

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

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

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

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

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

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

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

Compliance Trends	2013	2014	2015	2016	2017	2018	2019	2020	Jan - Mar 2021	Apr-Jun 2021
PD										
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	84%	47%	62%	59%
Amerigroup		73%	67%	71%	72%	91%	N/A	N/A	N/A	N/A
Sunflower		82%	72%	72%	70%	81%	82%	67%	30%	59%
United		92%	73%	83%	76%	89%	88%	58%	23%	33%
Statewide	82%	82%	70%	75%	72%	87%	85%	58%	36%	49%
FE										
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	81%	63%	61%	64%
Amerigroup		81%	67%	63%	70%	84%	N/A	N/A	N/A	N/A
Sunflower		85%	57%	78%	78%	83%	86%	66%	46%	47%
United		90%	69%	84%	91%	91%	86%	66%	56%	50%
Statewide	81%	85%	64%	76%	81%	86%	85%	66%	54%	52%
IDD										
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	73%	45%	44%	67%
Amerigroup		75%	77%	68%	64%	80%	N/A	N/A	N/A	N/A
Sunflower		81%	66%	65%	63%	81%	77%	57%	22%	42%
United		91%	48%	54%	86%	84%	75%	41%	30%	57%
Statewide	97%	82%	66%	63%	70%	81%	76%	50%	28%	51%
BI										
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	73%	58%	67%	52%
Amerigroup		65%	44%	56%	63%	73%	N/A	N/A	N/A	N/A
Sunflower		84%	40%	88%	61%	88%	83%	58%	64%	42%
United		77%	65%	70%	65%	84%	88%	70%	44%	58%
Statewide	60%	76%	47%	68%	63%	80%	83%	63%	57%	51%
TA										
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	92%	51%	41%	69%
Amerigroup		81%	78%	72%	88%	92%	N/A	N/A	N/A	N/A
Sunflower		94%	89%	85%	68%	85%	90%	52%	43%	62%
United		96%	59%	70%	91%	93%	96%	45%	54%	52%
Statewide	92%	89%	79%	76%	83%	90%	93%	49%	47%	60%
Autism										
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	50%	42%	0%	0%
Amerigroup		67%	52%	40%	82%	100%	N/A	N/A	N/A	N/A
Sunflower		43%	47%	38%	18%	83%	77%	85%	33%	100%
United		33%	38%	7%	20%	59%	73%	33%	43%	50%
Statewide	64%	57%	48%	31%	41%	78%	71%	48%	33%	57%
SED										
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	83%	70%	75%	81%
Amerigroup		89%	97%	94%	96%	95%	N/A	N/A	N/A	N/A
Sunflower		89%	91%	79%	92%	92%	92%	58%	73%	76%
United		83%	99%	85%	77%	97%	95%	54%	81%	79%
Statewide	80%	87%	96%	86%	88%	95%	92%	60%	76%	78%

Remediation:

Data reviews and audit requirements will continue to be discussed and reviewed with MCOs at scheduled quarterly meetings as well as individual Quality Improvement Plan (QIP) meetings until measures meet 86% or greater. Root cause analysis has found that there are not signed service plans that can be used to validate that goals were addressed with the participants. KDADS believes having a signed service plan will improve the compliance with the performance measure.

MCOs will continue to complete Service Plan (SPs) processes by telephone or video and begin sending SP's to participants via mail with self addressed stamped envelopes so that participants can sign and return. With the earlier HCBS Waiver Programs COVID-19 guidance exception that was rescinded in Septemember 2020, KDADS has continued to coordinate with the MCOs in educating their Care Coordinators on how to adequately complete a Person-Centered Service Plan (PCSP).

All 3 contracted MCOs now have electronic signature platforms with Aetna beginning Adobe Sign in February 2022. The ability to accept electronic signatures will help bring most Service Plan Measures into compliance due to the changes made in the document review process around signatures. Verbal signatures continue to be accepted during the Appendix K exception which the state informed MCOs in February 2022 that these plans can extend up through June 30, 2022.

Each MCO met on January 13, 2022 and reviewed the QIPs for performance measures at that time, MCOs were requested to create addional QIPs for Appendices C, D and G.

KDADS has recieved QIPs from the contracted MCOs to address QP Performance measures. KDADS has accepted the plan and monitors on a quarterly basis to ensure timelines are being followed or to mitigate issues as they arise. Kansas will continue to evaluate New Editions recommendations for change to meet the assurances and adjust the standard operating procedures accordingly. Kansas has a goal to of bringing these performance measures into full compliance 8 consecutive quarters.

KDADS HCBS Quality Review Report

Service Plan
PM 7: Number and percent of waiver participants with documented change in needs whose service plan was revised, as needed, to address the change
Numerator: Number of waiver participants with documented change in needs whose service plan was revised, as needed, to address the change
Denominator: Number of waiver participants whose service plans were reviewed
Review Period: 04/01/2021 - 06/30/2021
Data Source: MCO Record Review

Compliance By Waiver	Aetna	Sunflower	United	Statewide
PD	**89%**	**91%**	**89%**	**89%**
Numerator	24	29	32	85
Denominator	27	32	36	95
FE	**100%**	**94%**	**84%**	**91%**
Numerator	22	30	32	84
Denominator	22	32	38	92
IDD	**100%**	**100%**	**90%**	**97%**
Numerator	15	50	27	92
Denominator	15	50	30	95
BI	**83%**	**100%**	**81%**	**87%**
Numerator	19	19	21	59
Denominator	23	19	26	68
TA	**100%**	**95%**	**100%**	**98%**
Numerator	16	20	25	61
Denominator	16	21	25	62
Autism	**100%**	**100%**	**100%**	**100%**
Numerator	1	2	4	7
Denominator	1	2	4	7
SED	**100%**	**100%**	**100%**	**100%**
Numerator	22	33	34	89
Denominator	22	33	34	89

Explanation of Findings:

Performance measure threshold achieved for all waivers.

Remediation:

No remediation required

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

KDADS HCBS Quality Review Report

Service Plan
PM 8: Number and percent of waiver participants who received services in the type, scope, amount, duration, and frequency specified in the service plan
Numerator: Number of waiver participants who received services in the type, scope, amount, duration, and frequency specified in the service plan
Denominator: Number of waiver participants whose service plans were reviewed
Review Period: 04/01/2021 - 06/30/2021
Data Source: MCO Record Review

Compliance By Waiver	Aetna	Sunflower	United	Statewide
PD	**93%**	**91%**	**83%**	**88%**
Numerator	25	29	30	84
Denominator	27	32	36	95
FE	**82%**	**81%**	**89%**	**85%**
Numerator	18	26	34	78
Denominator	22	32	38	92
IDD	**87%**	**80%**	**100%**	**87%**
Numerator	13	40	30	83
Denominator	15	50	30	95
BI	**65%**	**42%**	**77%**	**65%**
Numerator	15	8	20	44
Denominator	23	19	26	68
TA	**75%**	**76%**	**100%**	**85%**
Numerator	12	16	25	53
Denominator	16	21	25	62
Autism	**0%**	**0%**	**75%**	**43%**
Numerator	0	0	3	3
Denominator	1	2	4	7
SED	**45%**	**58%**	**79%**	**63%**
Numerator	10	19	27	56
Denominator	22	33	34	89

Explanation of Findings:

FE: Service plan not provided or does not cover entire review period, no meeting date on service plan or notes in case file document individual is not receiving services as indicated on plan

BI: Service plan not provided or does not cover entire review period, no meeting date on service plan or notes in case file document individual is not receiving services as indicated on plan

TA: Service plan not provided or does not cover entire review period, no meeting date on service plan notes in case file document individual is not receiving services as indicated on plan

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

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

Remediation:

Data reviews and audit requirements will continue to be discussed and reviewed with MCOs at scheduled quarterly meetings as well as individual Quality Improvement Plan (QIP) meetings until measures meet 86% or greater. Root cause analysis has found that there are not signed service plans that can be used to validate that goals were addressed with the participants. KDADS believes having a signed service plan will improve the compliance with the performance measure.

MCOs will continue to complete Service Plan (SPs) processes by telephone or video and begin sending SP's to participants via mail with self addressed stamped envelopes so that participants can sign and return. With the earlier HCBS Waiver Programs COVID-19 guidance exception that was rescinded in Septemember 2020, KDADS has continued to coordinate with the MCOs in educating their Care Coordinators on how to adequately complete a Person-Centered Service Plan (PCSP).

All 3 contracted MCOs now have electronic signature platforms with Aetna beginning Adobe Sign in February 2022. The ability to accept electronic signatures will help bring most Service Plan Measures into compliance due to the changes made in the document review process around signatures. Verbal signatures continue to be accepted during the Appendix K exception which the state informed MCOs in February 2022 that these plans can extend up through June 30, 2022.

Each MCO met on January 13, 2022 and reviewed the QIPs for performance measures at that time, MCOs were requested to create addional QIPs for Appendices C, D and G.

KDADS has recieved QIPs from the contracted MCOs to address QP Performance measures. KDADS has accepted the plan and monitors on a quarterly basis to ensure timelines are being followed or to mitigate issues as they arise. Kansas will continue to evaluate New Editions recommendations for change to meet the assurances and adjust the standard operating procedures accordingly. Kansas has a goal to of bringing these performance measures into full compliance 8 consecutive quarters.

Compliance Trends	2013	2014	2015	2016	2017	2018	2019	2020	Jan - Mar 2021	Apr-Jun 2021
PD										
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	68%	41%	54%	93%
Amerigroup		94%	69%	79%	83%	93%	N/A	N/A	N/A	N/A
Sunflower		96%	72%	76%	88%	80%	86%	59%	39%	91%
United		96%	78%	91%	87%	93%	88%	49%	26%	83%
Statewide	85%	95%	72%	81%	86%	88%	83%	50%	38%	88%
FE										
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	71%	42%	52%	82%
Amerigroup		83%	76%	75%	81%	86%	N/A	N/A	N/A	N/A
Sunflower		96%	64%	86%	87%	77%	88%	56%	29%	81%
United		96%	79%	89%	88%	92%	89%	49%	27%	89%
Statewide	87%	92%	72%	83%	86%	85%	86%	50%	34%	85%
IDD										
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	51%	39%	31%	87%
Amerigroup		78%	84%	73%	75%	82%	N/A	N/A	N/A	N/A
Sunflower		97%	62%	77%	80%	82%	79%	51%	16%	80%
United		100%	59%	81%	90%	89%	77%	44%	37%	100%
Statewide	98%	92%	68%	77%	81%	84%	75%	47%	25%	87%
BI										
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	43%	19%	44%	65%
Amerigroup		81%	55%	63%	77%	73%	N/A	N/A	N/A	N/A
Sunflower		95%	46%	84%	76%	76%	74%	34%	45%	42%
United		85%	71%	83%	76%	82%	81%	32%	12%	77%
Statewide	70%	87%	56%	72%	77%	75%	70%	30%	32%	65%
TA										
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	81%	31%	24%	75%
Amerigroup		98%	73%	79%	88%	98%	N/A	N/A	N/A	N/A
Sunflower		100%	86%	82%	68%	87%	89%	40%	43%	76%
United		96%	58%	82%	92%	86%	92%	32%	50%	100%
Statewide	100%	98%	74%	80%	83%	93%	89%	35%	41%	85%
Autism										
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	0%	13%	0%	0%
Amerigroup		89%	59%	37%	88%	91%	N/A	N/A	N/A	N/A
Sunflower		100%	55%	50%	15%	28%	23%	35%	0%	0%
United		50%	21%	17%	13%	41%	58%	0%	14%	75%
Statewide	50%	86%	49%	38%	37%	48%	40%	11%	8%	43%
SED										
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	96%	30%	40%	45%
Amerigroup		91%	99%	95%	99%	96%	N/A	N/A	N/A	N/A
Sunflower		96%	94%	84%	98%	98%	95%	32%	21%	58%
United		92%	99%	91%	86%	96%	98%	38%	78%	79%
Statewide	13%	93%	98%	90%	94%	97%	97%	34%	48%	63%

*Audit methodology has changed for this question, effective this review period

KDADS HCBS Quality Review Report

Service Plan
PM 9: Number and percent of survey respondents who reported receiving all services as specified in their service plan
Numerator: Number of survey respondents who reported receiving all services as specified in their service plan
Denominator: Number of waiver participants interviewed by QMS staff
Review Period: 04/01/2021 - 06/30/2021
Data Source: Customer Interview

Compliance By Waiver	Aetna	Sunflower	United	Statewide
PD	**82%**	**95%**	**92%**	**91%**
Numerator	9	21	22	52
Denominator	11	22	24	57
FE	**100%**	**79%**	**100%**	**92%**
Numerator	9	15	21	45
Denominator	9	19	21	49
IDD	**100%**	**148%**	**92%**	**96%**
Numerator	7	31	12	50
Denominator	7	21	13	52
BI	**100%**	**88%**	**80%**	**89%**
Numerator	12	7	12	31
Denominator	12	8	15	35
TA	**100%**	**92%**	**93%**	**94%**
Numerator	8	11	13	32
Denominator	8	12	14	34
Autism	**0%**	**50%**	**50%**	**40%**
Numerator	0	1	1	2
Denominator	1	2	2	5
SED	Not a waiver performance measure			
Numerator				
Denominator				

Explanation of Findings:

AU: Responsible party reporting individual is not receiving any services

Remediation:

Data reviews and audit requirements will continue to be discussed and reviewed with MCOs at scheduled quarterly meetings as well as individual Quality Improvement Plan (QIP) meetings until measures meet 86% or greater. Root cause analysis has found that there are not signed service plans that can be used to validate that goals were addressed with the participants. KDADS believes having a signed service plan will improve the compliance with the performance measure.

KDADS has met w/MCOs to discuss HCBS provider capacity and how to measure to ensure waiver participants on any waiver are able to secure services outlined in thier plan. KDADs is working with MCOs for a QIP to determine how and when MCO should pull reports to show service utilization in addition to revising the current process as to next steps if member is found to not be utilizing services. Currently there are many variables under the Public Health Emergency (PHE).

MCOs will continue to complete Service Plan (SPs) processes by telephone or video and begin sending SP's to participants via mail with self addressed stamped envelopes so that participants can sign and return. With the earlier HCBS Waiver Programs COVID-19 guidance exception that was rescinded in Septemember 2020, KDADS has continued to coordinate with the MCOs in educating their Care Coordinators on how to adequately complete a Person-Centered Service Plan (PCSP).

All 3 contracted MCOs now have electronic signature platforms with Aetna beginning Adobe Sign in February 2022. The ability to accept electronic signatures will help bring most Service Plan Measures into compliance due to the changes made in the document review process around signatures. Verbal signatures continue to be accepted during the Appendix K exception which the state informed MCOs in February 2022 that these plans can extend up through June 30, 2022.

Each MCO met on January 13, 2022 and reviewed the QIPs for performance measures at that time, MCOs were requested to create addional QIPs for Appendices C, D and G.

KDADS has recieved QIPs from the contracted MCOs to address QP Performance measures. KDADS has accepted the plan and monitors on a quarterly basis to ensure timelines are being followed or to mitigate issues as they arise. Kansas will continue to evaluate New Editions recommendations for change to meet the assurances and adjust the standard operating procedures accordingly. Kansas has a goal to of bringing these performance measures into full compliance 8 consecutive quarters.

Compliance Trends	2013	2014	2015	2016	2017	2018	2019	2020	Jan - Mar 2021	Apr-Jun 2021
PD										
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	93%	100%	100%	82%
Amerigroup		97%			94%	94%	N/A	N/A	N/A	N/A
Sunflower		92%			97%	98%	94%	81%	100%	95%
United		93%			91%	98%	91%	85%	93%	92%
Statewide	Not a Measure	94%	No Data	No Data	94%	97%	93%	88%	97%	91%
FE										
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	100%	92%	88%	100%
Amerigroup		85%			97%	96%	N/A	N/A	N/A	N/A
Sunflower		86%			93%	95%	96%	100%	100%	79%
United		82%			91%	94%	94%	94%	92%	100%
Statewide	87%	84%	No Data	No Data	94%	95%	96%	95%	94%	92%
IDD										
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	100%	100%	100%	100%
Amerigroup		92%			93%	100%	N/A	N/A	N/A	N/A
Sunflower		96%			99%	97%	96%	95%	100%	148%
United		93%			92%	100%	95%	90%	100%	92%
Statewide	Not a Measure	94%	No Data	No Data	96%	98%	96%	95%	100%	96%
BI										
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	100%	88%	100%	100%
Amerigroup		81%			81%	87%	N/A	N/A	N/A	N/A
Sunflower		88%			79%	78%	95%	88%	88%	88%
United		83%			76%	92%	92%	100%	83%	80%
Statewide	Not a Measure	83%	No Data	No Data	80%	85%	95%	91%	89%	89%
TA										
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	60%	100%	100%	100%
Amerigroup		89%			96%	98%	N/A	N/A	N/A	N/A
Sunflower		84%			94%	95%	100%	100%	100%	92%
United		85%			94%	100%	93%	100%	100%	93%
Statewide	Not a Measure	87%	No Data	No Data	95%	98%	92%	100%	100%	94%
Autism										
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	N/A	100%	100%	0%
Amerigroup		74%			89%	67%	N/A	N/A	N/A	N/A
Sunflower		70%			50%	88%	67%	100%	N/A	50%
United		60%			75%	50%	73%	33%	N/A	50%
Statewide	Not a Measure	71%	No Data	No Data	68%	68%	71%	71%	100%	40%
SED	Not a Waiver Performance Measure									
Aetna										
Amerigroup										
Sunflower										
United										
Statewide										

KDADS HCBS Quality Review Report

Service Plan
PM 10: Number and percent of waiver participants whose record contains documentation indicating a choice of waiver service providers
Numerator: Number of waiver participants whose record contains documentation indicating a choice of waiver service providers
Denominator: Number of waiver participants whose service plans were reviewed
Review Period: 04/01/2021 - 06/30/2021
Data Source: MCO Record Review

Compliance By Waiver	Aetna	Sunflower	United	Statewide
PD	**96%**	**91%**	**89%**	**92%**
Numerator	26	29	32	87
Denominator	27	32	36	95
FE	**86%**	**81%**	**89%**	**86%**
Numerator	19	26	34	79
Denominator	22	32	38	92
IDD	**93%**	**82%**	**100%**	**89%**
Numerator	14	41	30	85
Denominator	15	50	30	95
BI	**78%**	**47%**	**81%**	**71%**
Numerator	18	9	21	48
Denominator	23	19	26	68
TA	**94%**	**81%**	**100%**	**92%**
Numerator	15	17	25	57
Denominator	16	21	25	62
Autism	**100%**	**100%**	**100%**	**100%**
Numerator	1	2	4	7
Denominator	1	2	4	7
SED	**100%**	**82%**	**79%**	**85%**
Numerator	22	27	27	76
Denominator	22	33	34	89

Explanation of Findings:

FE: Service plan not provided or does not cover entire review period, no meeting date on service plan

BI: Service plan not provided or does not cover entire review period, no meeting date on service plan

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

Remediation:

Data reviews and audit requirements will continue to be discussed and reviewed with MCOs at scheduled quarterly meetings as well as individual Quality Improvement Plan (QIP) meetings until measures meet 86% or greater. Root cause analysis has identified that service plans were not available to measure this PM. KDADS has addressed with MCO the need for the choice of service providers to be documented on each service plan. Meeting these requirements will improve compliance with this PM.

MCOs will continue to complete Service Plan (SPs) processes by telephone or video and begin sending SP's to participants via mail with self addressed stamped envelopes so that participants can sign and return. With the earlier HCBS Waiver Programs COVID-19 guidance exception that was rescinded in Septemember 2020, KDADS has continued to coordinate with the MCOs in educating their Care Coordinators on how to adequately complete a Person-Centered Service Plan (PCSP).

All 3 contracted MCOs now have electronic signature platforms with Aetna beginning Adobe Sign in February 2022. The ability to accept electronic signatures will help bring most Service Plan Measures into compliance due to the changes made in the document review process around signatures. Verbal signatures continue to be accepted during the Appendix K exception which the state informed MCOs in February 2022 that these plans can extend up through June 30, 2022.

Each MCO met on January 13, 2022 and reviewed the QIPs for performance measures at that time, MCOs were requested to create addional QIPs for Appendices C, D and G.

KDADS has recieved QIPs from the contracted MCOs to address QP Performance measures. KDADS has accepted the plan and monitors on a quarterly basis to ensure timelines are being followed or to mitigate issues as they arise. Kansas will continue to evaluate New Editions recommendations for change to meet the assurances and adjust the standard operating procedures accordingly. Kansas has a goal to of bringing these performance measures into full compliance 8 consecutive quarters.

Compliance Trends	2013	2014	2015	2016	2017	2018	2019	2020	Jan-Mar 2021	Apr-Jun 2021
PD										
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	64%	49%	62%	96%
Amerigroup		68%	56%	68%	80%	97%	N/A	N/A	N/A	N/A
Sunflower		58%	69%	73%	85%	80%	86%	64%	45%	91%
United		69%	73%	89%	87%	94%	88%	56%	17%	89%
Statewide	52%	65%	65%	76%	84%	90%	82%	57%	39%	92%
FE										
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	73%	44%	61%	86%
Amerigroup		68%	59%	64%	82%	92%	N/A	N/A	N/A	N/A
Sunflower		76%	59%	82%	86%	77%	88%	58%	29%	81%
United		77%	75%	85%	91%	93%	88%	57%	29%	89%
Statewide	56%	74%	63%	77%	86%	87%	86%	55%	37%	86%
IDD										
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	51%	48%	31%	93%
Amerigroup		51%	45%	68%	74%	84%	N/A	N/A	N/A	N/A
Sunflower		68%	42%	69%	71%	79%	77%	54%	14%	82%
United		75%	55%	76%	91%	89%	80%	51%	40%	100%
Statewide	99%	64%	46%	70%	77%	83%	75%	52%	25%	89%
BI										
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	38%	24%	44%	78%
Amerigroup		54%	50%	53%	76%	82%	N/A	N/A	N/A	N/A
Sunflower		75%	40%	86%	80%	80%	82%	48%	45%	47%
United		70%	74%	83%	79%	92%	84%	41%	12%	81%
Statewide	44%	65%	52%	67%	78%	83%	73%	39%	32%	71%
TA										
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	76%	47%	24%	94%
Amerigroup		87%	65%	68%	85%	96%	N/A	N/A	N/A	N/A
Sunflower		84%	80%	77%	66%	89%	90%	62%	43%	81%
United		92%	58%	79%	95%	86%	91%	46%	54%	100%
Statewide	96%	86%	68%	72%	81%	92%	88%	52%	42%	92%
Autism										
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	17%	21%	0%	100%
Amerigroup		67%	67%	47%	88%	100%	N/A	N/A	N/A	N/A
Sunflower		44%	45%	50%	40%	50%	69%	78%	33%	100%
United		88%	21%	17%	19%	29%	65%	13%	43%	100%
Statewide	40%	63%	49%	42%	48%	54%	60%	31%	33%	100%
SED										
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	91%	56%	65%	100%
Amerigroup		94%	91%	98%	99%	97%	N/A	N/A	N/A	N/A
Sunflower		91%	72%	84%	94%	87%	93%	57%	48%	82%
United		84%	97%	88%	88%	97%	95%	59%	81%	79%
Statewide	98%	89%	88%	90%	94%	94%	94%	58%	65%	85%

*Audit methodology has changed for this question, effective this review period

KDADS HCBS Quality Review Report

Service Plan
PM 11: Number and percent of waiver participants whose record contains documentation indicating a choice of waiver services
Numerator: Number of waiver participants whose record contains documentation indicating a choice of waiver services
Denominator: Number of waiver participants whose service plans were reviewed
Review Period: 04/01/2021 - 06/30/2021
Data Source: MCO Record Review

Compliance By Waiver	Aetna	Sunflower	United	Statewide
PD	**96%**	**91%**	**89%**	**92%**
Numerator	26	29	32	87
Denominator	27	32	36	95
FE	**86%**	**81%**	**89%**	**86%**
Numerator	19	26	34	79
Denominator	22	32	38	92
IDD	**93%**	**82%**	**100%**	**89%**
Numerator	14	41	30	85
Denominator	15	50	30	95
BI	**78%**	**47%**	**81%**	**71%**
Numerator	18	9	21	48
Denominator	23	19	26	68
TA	**94%**	**81%**	**100%**	**92%**
Numerator	15	17	25	57
Denominator	16	21	25	62
Autism	**100%**	**100%**	**100%**	**100%**
Numerator	1	2	4	7
Denominator	1	2	4	7
SED	**100%**	**82%**	**79%**	**85%**
Numerator	22	27	27	76
Denominator	22	33	34	89

Explanation of Findings:

FE: Service plan not provided or does not cover entire review period, no meeting date on service plan

BI: Service plan not provided or does not cover entire review period, no meeting date on service plan

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

Remediation:

Data reviews and audit requirements will continue to be discussed and reviewed with MCOs at scheduled quarterly meetings as well as individual Quality Improvement Plan (QIP) meetings until measures meet 86% or greater. Root cause analysis has identified that service plans were not available to measure this PM. KDADS has addressed with MCO the need for the choice of waiver services to be documented on each service plan. Meeting these requirements will improve compliance with this PM.

MCOs will continue to complete Service Plan (SPs) processes by telephone or video and begin sending SP's to participants via mail with self addressed stamped envelopes so that participants can sign and return. With the earlier HCBS Waiver Programs COVID-19 guidance exception that was rescinded in Septemember 2020, KDADS has continued to coordinate with the MCOs in educating their Care Coordinators on how to adequately complete a Person-Centered Service Plan (PCSP).

All 3 contracted MCOs now have electronic signature platforms with Aetna beginning Adobe Sign in February 2022. The ability to accept electronic signatures will help bring most Service Plan Measures into compliance due to the changes made in the document review process around signatures. Verbal signatures continue to be accepted during the Appendix K exception which the state informed MCOs in February 2022 that these plans can extend up through June 30, 2022.

Each MCO met on January 13, 2022 and reviewed the QIPs for performance measures at that time, MCOs were requested to create addional QIPs for Appendices C, D and G.

KDADS has recieved QIPs from the contracted MCOs to address QP Performance measures. KDADS has accepted the plan and monitors on a quarterly basis to ensure timelines are being followed or to mitigate issues as they arise. Kansas will continue to evaluate New Editions recommendations for change to meet the assurances and adjust the standard operating procedures accordingly. Kansas has a goal to of bringing these performance measures into full compliance 8 consecutive quarters.

Compliance Trends	2013	2014	2015	2016	2017	2018	2019	2020	Jan-Mar 2021	Apr-Jun 2021
PD										
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	59%	50%	62%	96%
Amerigroup		68%	53%	62%	79%	96%	N/A	N/A	N/A	N/A
Sunflower		72%	50%	71%	36%	74%	86%	64%	45%	91%
United		77%	73%	84%	78%	94%	88%	56%	17%	89%
Statewide	64%	72%	57%	72%	64%	88%	81%	57%	39%	92%
FE										
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	73%	44%	61%	86%
Amerigroup		67%	57%	67%	80%	92%	N/A	N/A	N/A	N/A
Sunflower		86%	47%	82%	35%	74%	88%	58%	29%	81%
United		85%	74%	84%	80%	92%	88%	56%	29%	89%
Statewide	59%	80%	57%	78%	63%	86%	86%	54%	37%	86%
IDD										
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	49%	48%	31%	93%
Amerigroup		55%	46%	70%	71%	85%	N/A	N/A	N/A	N/A
Sunflower		68%	35%	69%	34%	79%	78%	54%	14%	82%
United		77%	50%	74%	89%	88%	80%	51%	40%	100%
Statewide	No Data	66%	42%	71%	58%	83%	75%	52%	25%	89%
BI										
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	38%	24%	44%	78%
Amerigroup		56%	50%	52%	74%	82%	N/A	N/A	N/A	N/A
Sunflower		80%	23%	86%	28%	79%	82%	48%	45%	47%
United		74%	67%	80%	76%	92%	85%	42%	12%	81%
Statewide	53%	68%	45%	66%	63%	83%	74%	39%	32%	71%
TA										
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	73%	47%	24%	94%
Amerigroup		86%	65%	71%	86%	99%	N/A	N/A	N/A	N/A
Sunflower		97%	53%	79%	29%	86%	90%	62%	43%	81%
United		94%	55%	64%	82%	86%	91%	46%	54%	100%
Statewide	96%	91%	60%	72%	68%	93%	88%	52%	42%	92%
Autism										
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	17%	21%	0%	100%
Amerigroup		79%	52%	47%	88%	100%	N/A	N/A	N/A	N/A
Sunflower		50%	27%	61%	20%	56%	69%	78%	33%	100%
United		88%	14%	17%	13%	41%	65%	13%	43%	100%
Statewide	55%	72%	35%	46%	38%	61%	60%	31%	33%	100%
SED										
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	91%	56%	65%	100%
Amerigroup		94%	92%	98%	99%	97%	N/A	N/A	N/A	N/A
Sunflower		91%	72%	84%	94%	87%	93%	57%	48%	82%
United		84%	97%	88%	87%	97%	95%	59%	81%	79%
Statewide	98%	89%	88%	90%	93%	94%	94%	58%	65%	85%

*Audit methodology has changed for this question, effective this review period

KDADS HCBS Quality Review Report

Service Plan
PM 12: Number and percent of waiver participants whose record contains documentation indicating a choice of community-based services v. an institutional alternative
Numerator: Number of waiver participants whose record contains documentation indicating a choice of community-based services
Denominator: Number of waiver participants whose files are reviewed for the documentation
Review Period: 04/01/2021 - 06/30/2021
Data Source: MCO Record Review

Compliance By Waiver	Aetna	Sunflower	United	Statewide
PD	**96%**	**91%**	**89%**	**92%**
Numerator	26	29	32	87
Denominator	27	32	36	95
FE	**86%**	**81%**	**89%**	**86%**
Numerator	19	26	34	79
Denominator	22	32	38	92
IDD	**93%**	**82%**	**97%**	**88%**
Numerator	14	41	29	84
Denominator	15	50	30	95
BI	**74%**	**47%**	**81%**	**69%**
Numerator	17	9	21	47
Denominator	23	19	26	68
TA	**94%**	**81%**	**100%**	**92%**
Numerator	15	17	25	57
Denominator	16	21	25	62
Autism	**100%**	**100%**	**100%**	**100%**
Numerator	1	2	4	7
Denominator	1	2	4	7
SED	**100%**	**82%**	**79%**	**85%**
Numerator	22	27	27	76
Denominator	22	33	34	89

Explanation of Findings:

FE: Service plan not provided or does not cover entire review period, no meeting date on service plan

BI: Service plan not provided or does not cover entire review period, no meeting date on service plan

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

Remediation:

Data reviews and audit requirements will continue to be discussed and reviewed with MCOs at scheduled quarterly meetings as well as individual Quality Improvement Plan (QIP) meetings until measures meet 86% or greater. Root cause analysis has identified that service plans were not available to measure this PM. KDADS has addressed with MCO the need for the choice indicating a choice of community-based services v. an institutional alternative to be documented on each service plan. Meeting these requirements will improve compliance with this PM.

MCOs will continue to complete Service Plan (SPs) processes by telephone or video and begin sending SP's to participants via mail with self addressed stamped envelopes so that participants can sign and return. With the earlier HCBS Waiver Programs COVID-19 guidance exception that was rescinded in Septemember 2020, KDADS has continued to coordinate with the MCOs in educating their Care Coordinators on how to adequately complete a Person-Centered Service Plan (PCSP).

All 3 contracted MCOs now have electronic signature platforms with Aetna beginning Adobe Sign in February 2022. The ability to accept electronic signatures will help bring most Service Plan Measures into compliance due to the changes made in the document review process around signatures. Verbal signatures continue to be accepted during the Appendix K exception which the state informed MCOs in February 2022 that these plans can extend up through June 30, 2022.

Each MCO met on January 13, 2022 and reviewed the QIPs for performance measures at that time, MCOs were requested to create addional QIPs for Appendices C, D and G.

KDADS has recieved QIPs from the contracted MCOs to address QP Performance measures. KDADS has accepted the plan and monitors on a quarterly basis to ensure timelines are being followed or to mitigate issues as they arise. Kansas will continue to evaluate New Editions recommendations for change to meet the assurances and adjust the standard operating procedures accordingly. Kansas has a goal to of bringing these performance measures into full compliance 8 consecutive quarters.

Compliance Trends	2013	2014	2015	2016	2017	2018	2019	Jan-Mar 2020	April-June 2020	July - Sept 2020	Oct-Dec 2020	2020	Jan - Mar 2021	Apr-Jun 2021
PD														
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	7%	0%	12%	13%	28%	13%	62%	96%
Amerigroup		76%	57%	67%	81%	98%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Sunflower		74%	67%	73%	87%	80%	86%	94%	66%	50%	45%	64%	45%	91%
United		80%	78%	88%	87%	95%	88%	74%	76%	53%	26%	57%	20%	89%
Statewide	Not a Measure	76%	66%	75%	85%	91%	70%	61%	54%	42%	34%	48%	40%	92%
FE														
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	8%	11%	15%	40%	33%	25%	61%	86%
Amerigroup		67%	58%	72%	81%	92%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Sunflower		87%	56%	82%	86%	77%	88%	75%	67%	52%	39%	58%	29%	81%
United		85%	79%	84%	91%	93%	88%	35%	74%	44%	30%	46%	29%	89%
Statewide	65%	80%	63%	79%	86%	87%	76%	64%	59%	46%	34%	51%	37%	86%
IDD														
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	7%	8%	25%	19%	31%	21%	31%	93%
Amerigroup		47%	47%	66%	73%	87%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Sunflower		69%	41%	68%	74%	80%	78%	80%	60%	38%	36%	54%	16%	82%
United		78%	57%	79%	92%	88%	79%	64%	59%	52%	24%	50%	37%	97%
Statewide	No Data	64%	46%	70%	78%	84%	69%	66%	54%	39%	32%	48%	25%	88%
BI														
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	0%	0%	11%	0%	11%	5%	44%	74%
Amerigroup		55%	51%	54%	78%	84%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Sunflower		79%	40%	86%	78%	79%	82%	80%	35%	30%	45%	48%	45%	47%
United		73%	74%	83%	79%	92%	84%	52%	43%	48%	24%	42%	12%	81%
Statewide	No Data	67%	52%	68%	78%	84%	65%	51%	30%	30%	27%	34%	32%	69%
TA														
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	16%	0%	29%	20%	21%	18%	24%	94%
Amerigroup		87%	65%	69%	85%	99%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Sunflower		98%	80%	81%	68%	89%	89%	86%	73%	50%	38%	62%	43%	81%
United		94%	55%	79%	95%	86%	91%	83%	33%	36%	28%	45%	54%	100%
Statewide	No Data	92%	68%	74%	81%	93%	78%	66%	47%	37%	30%	45%	42%	92%
Autism														
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	0%	0%	0%	0%	33%	8%	0%	100%
Amerigroup		86%	67%	65%	94%	100%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Sunflower		47%	59%	67%	70%	61%	69%	100%	100%	50%	60%	78%	67%	100%
United		75%	43%	33%	38%	35%	69%	0%	50%	14%	0%	16%	57%	100%
Statewide	No Data	72%	59%	60%	67%	61%	60%	29%	40%	18%	27%	28%	50%	100%
SED														
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	91%	95%	96%	11%	23%	56%	65%	100%
Amerigroup		94%	92%	98%	99%	97%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Sunflower		91%	72%	84%	94%	87%	93%	97%	75%	14%	41%	57%	48%	82%
United		85%	98%	88%	87%	97%	95%	100%	97%	38%	0%	59%	81%	79%
Statewide	99%	90%	89%	91%	93%	94%	94%	98%	89%	23%	21%	58%	65%	85%

*Audit methodology has changed for this question, effective this review period

KDADS HCBS Quality Review Report

Service Plan
PM 13: Number and percent of waiver participants whose record contains documentation indicating a choice of either self-directed or agency-directed care
Numerator: Number of waiver participants whose record contains documentation indicating a choice of either self-directed or agency-directed care
Denominator: Number of waiver participants whose files are reviewed for the documentation
Review Period: 04/01/2021 - 06/30/2021
Data Source: MCO Record Review

Compliance By Waiver	Aetna	Sunflower	United	Statewide
PD	**96%**	**91%**	**92%**	**93%**
Numerator	26	29	33	88
Denominator	27	32	36	95
FE	**86%**	**81%**	**89%**	**86%**
Numerator	19	26	34	79
Denominator	22	32	38	92
IDD	**93%**	**82%**	**100%**	**89%**
Numerator	14	41	30	85
Denominator	15	50	30	95
BI	**74%**	**47%**	**81%**	**69%**
Numerator	17	9	21	47
Denominator	23	19	26	68
TA	**94%**	**81%**	**100%**	**92%**
Numerator	15	17	25	57
Denominator	16	21	25	62
Autism	Self-Direction is not offered for this Waiver			
Numerator				
Denominator				
SED	Self-Direction is not offered for this Waiver			
Numerator				
Denominator				

Explanation of Findings:

FE: Service plan not provided or does not cover entire review period, no meeting date on service plan

BI: Service plan not provided or does not cover entire review period, no meeting date on service plan

Remediation:

Data reviews and audit requirements will continue to be discussed and reviewed with MCOs at scheduled quarterly meetings as well as individual Quality Improvement Plan (QIP) meetings until measures meet 86% or greater. Root cause analysis has identified that service plans were not available to measure this PM. KDADS has addressed with MCO the need for the choice of either self-directed or agency-directed care to be documented on each service plan. Meeting these requirements will improve compliance with this PM.

MCOs will continue to complete Service Plan (SPs) processes by telephone or video and begin sending SP's to participants via mail with self addressed stamped envelopes so that participants can sign and return. With the earlier HCBS Waiver Programs COVID-19 guidance exception that was rescinded in Septemember 2020, KDADS has continued to coordinate with the MCOs in educating their Care Coordinators on how to adequately complete a Person-Centered Service Plan (PCSP).

All 3 contracted MCOs now have electronic signature platforms with Aetna beginning Adobe Sign in February 2022. The ability to accept electronic signatures will help bring most Service Plan Measures into compliance due to the changes made in the document review process around signatures. Verbal signatures continue to be accepted during the Appendix K exception which the state informed MCOs in February 2022 that these plans can extend up through June 30, 2022.

Each MCO met on January 13, 2022 and reviewed the QIPs for performance measures at that time, MCOs were requested to create addional QIPs for Appendices C, D and G.

KDADS has recieved QIPs from the contracted MCOs to address QP Performance measures. KDADS has accepted the plan and monitors on a quarterly basis to ensure timelines are being followed or to mitigate issues as they arise. Kansas will continue to evaluate New Editions recommendations for change to meet the assurances and adjust the standard operating procedures accordingly. Kansas has a goal to of bringing these performance measures into full compliance 8 consecutive quarters.

Compliance Trends	2013	2014	2015	2016	2017	2018	2019	2020	Jan-Mar 2021	Apr-Jun 2021
PD										
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	12%	16%	62%	96%
Amerigroup		64%	58%	72%	81%	92%	N/A	N/A	N/A	N/A
Sunflower		73%	68%	72%	87%	79%	84%	63%	45%	91%
United		77%	78%	88%	86%	95%	88%	56%	20%	92%
Statewide	Not a Measure	71%	66%	77%	84%	89%	70%	48%	40%	93%
FE										
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	10%	22%	61%	86%
Amerigroup		64%	59%	73%	79%	88%	N/A	N/A	N/A	N/A
Sunflower		84%	59%	81%	87%	74%	87%	58%	29%	81%
United		77%	79%	85%	88%	93%	88%	56%	29%	89%
Statewide	65%	75%	64%	79%	85%	85%	76%	50%	37%	86%
IDD										
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	7%	21%	31%	93%
Amerigroup		34%	47%	64%	68%	84%	N/A	N/A	N/A	N/A
Sunflower		61%	39%	60%	65%	77%	75%	53%	16%	82%
United		77%	57%	73%	93%	89%	79%	51%	37%	100%
Statewide	No Data	53%	46%	64%	73%	82%	68%	48%	25%	89%
BI										
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	5%	5%	44%	74%
Amerigroup		50%	50%	56%	73%	80%	N/A	N/A	N/A	N/A
Sunflower		85%	43%	82%	78%	79%	81%	48%	45%	47%
United		70%	74%	83%	79%	89%	84%	42%	12%	81%
Statewide	No Data	66%	52%	68%	75%	81%	66%	34%	32%	69%
TA										
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	19%	16%	24%	94%
Amerigroup		82%	56%	66%	84%	99%	N/A	N/A	N/A	N/A
Sunflower		98%	82%	79%	68%	89%	89%	62%	43%	81%
United		100%	58%	79%	95%	84%	91%	46%	54%	100%
Statewide	No Data	90%	64%	72%	81%	93%	78%	45%	42%	92%
Autism	Self-Direction is not offered for this Waiver									
Aetna										
Amerigroup										
Sunflower										
United										
Statewide										
SED	Self-Direction is not offered for this Waiver									
Aetna										
Amerigroup										
Sunflower										
United										
Statewide										

*Audit methodology has changed for this question, effective this review period

KDADS HCBS Quality Review Report

Service Plan
PM 14: Number and percent of service plans reviewed at least every 90 days
Numerator: Number of service plans reviewed at least every 90 days
Denominator: Number of waiver participants whose service plans were reviewed
Review Period: 04/01/2021 - 06/30/2021
Data Source: MCO Record Review

Compliance By Waiver	Aetna	Sunflower	United	Statewide
PD	Not a Waiver Performance Measure			
Numerator				
Denominator				
FE	Not a Waiver Performance Measure			
Numerator				
Denominator				
IDD	Not a Waiver Performance Measure			
Numerator				
Denominator				
BI	Not a Waiver Performance Measure			
Numerator				
Denominator				
TA	Not a Waiver Performance Measure			
Numerator				
Denominator				
Autism	Not a Waiver Performance Measure			
Numerator				
Denominator				
SED	**45%**	**36%**	**67%**	**51%**
Numerator	9	12	24	45
Denominator	20	33	36	89

Compliance Trends	2017	2018	2019	2020	Jan-Mar 2021	Apr-Jun 2021
PD						
	Not a Waiver Performance Measure					
FE						
	Not a Waiver Performance Measure					
IDD						
	Not a Waiver Performance Measure					
BI						
	Not a Waiver Performance Measure					
TA						
	Not a Waiver Performance Measure					
Autism						
	Not a Waiver Performance Measure					
SED						
Aetna	N/A	N/A	80%	32%	40%	45%
Amerigroup	99%	92%	N/A	N/A	N/A	N/A
Sunflower	88%	90%	88%	34%	24%	36%
United	83%	94%	94%	36%	81%	67%
Statewide	91%	92%	89%	35%	51%	51%

Explanation of Findings:

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

Remediation:

Data reviews and audit requirements will continue to be discussed and reviewed with MCOs at scheduled quarterly meetings as well as individual Quality Improvement Plan (QIP) meetings until measures meet 86% or greater. Root cause analysis has found that there are not signed service plans that can be used to validate that the goal of reviewing plans every 90 days were completed with the participants. KDADS believes having a signed service plan will improve the compliance with the performance measure.

MCOs will continue to complete Service Plan (SPs) processes by telephone or video and begin sending SP's to participants via mail with self addressed stamped envelopes so that participants can sign and return. With the earlier HCBS Waiver Programs COVID-19 guidance exception that was rescinded in Septemember 2020, KDADS has continued to coordinate with the MCOs in educating their Care Coordinators on how to adequately complete a Person-Centered Service Plan (PCSP).

All 3 contracted MCOs now have electronic signature platforms with Aetna beginning Adobe Sign in February 2022. The ability to accept electronic signatures will help bring most Service Plan Measures into compliance due to the changes made in the document review process around signatures. Verbal signatures continue to be accepted during the Appendix K exception which the state informed MCOs in February 2022 that these plans can extend up through June 30, 2022.

Each MCO met on January 13, 2022 and reviewed the QIPs for performance measures at that time, MCOs were requested to create addional QIPs for Appendices C, D and G.

KDADS has recieved QIPs from the contracted MCOs to address QP Performance measures. KDADS has accepted the plan and monitors on a quarterly basis to ensure timelines are being followed or to mitigate issues as they arise. Kansas will continue to evaluate New Editions recommendations for change to meet the assurances and adjust the standard operating procedures accordingly. Kansas has a goal to of bringing these performance measures into full compliance 8 consecutive quarters.

KDADS HCBS Quality Review Report

Health and Welfare
PM 1: Number and percent of unexpected deaths for which review/investigation resulted in the identification of preventable causes
Numerator: Number of unexpected deaths for which review/investigation resulted in the identification of non-preventable causes
Denominator: Number of unexpected deaths
Review Period: 04/01/2021 - 06/30/2021
Data Source: Adverse Incident Reporting

Compliance By Waiver	Aetna	Sunflower	United	Statewide
PD	**N/A**	**90%**	**100%**	**93%**
Numerator	0	9	5	14
Denominator	0	10	5	15
FE	**100%**	**100%**	**83%**	**93%**
Numerator	1	7	5	13
Denominator	1	7	6	14
IDD	**100%**	**75%**	**100%**	**88%**
Numerator	3	6	6	15
Denominator	3	8	6	17
BI	**N/A**	**N/A**	**100%**	**86%**
Numerator	1	3	2	6
Denominator	1	4	2	7
TA	**N/A**	**N/A**	**N/A**	**N/A**
Numerator	0	0	0	0
Denominator	0	0	0	0
Autism	**N/A**	**N/A**	**N/A**	**N/A**
Numerator	0	0	0	0
Denominator	0	0	0	0
SED	**N/A**	**N/A**	**N/A**	**N/A**
Numerator	0	0	0	0
Denominator	0	0	0	0

Explanation of Findings:

There were five reports during this time frame where follow-up and investigation identified preventable causes in which the KDADS AIRS reporting process was followed appropriately for each incident.

Sunflower had 2 I/DD reports of unexpected deaths with identified preventable causes. One report was due to an individual history of silencing medical alarms. The other report, the individual was found deceased with the cause of death related to choking on food.

Sunflower had one PD report of unexpected death with identified preventable causes. The member passed away due to choking on food.

Sunflower had one BI reports of unexpected death with identified preventable causes. The member passed due to recreational drug over dose.

United Health Care had one FE report of unexpected death with identified preventable causes. Member fell hitting thier head and refused medical treatment.

SED reports are not currently routed to the HCBS worklist in the AIR system. Behavioral Health receives SED AIR reports

Remediation:

No remediation required

Compliance Trends	2013	2014	2015	2016	2017	2018	2019	2020	Jan - Mar 2021	Apr-Jun 2021
PD										
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	N/A	100%	100%	N/A
Amerigroup	No Data						N/A	N/A	N/A	N/A
Sunflower							90%	96%	100%	90%
United							100%	86%	100%	100%
Statewide							92%	93%	100%	93%
FE										
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	N/A	100%	N/A	100%
Amerigroup	No Data						N/A	N/A	N/A	N/A
Sunflower							100%	100%	100%	100%
United							75%	96%	100%	83%
Statewide							96%	98%	100%	93%
IDD										
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	100%	100%	N/A	100%
Amerigroup	No Data						N/A	N/A	N/A	N/A
Sunflower							98%	100%	95%	75%
United							93%	95%	100%	100%
Statewide							97%	99%	96%	88%
BI										
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	N/A	0%	N/A	N/A
Amerigroup	No Data						N/A	N/A	N/A	N/A
Sunflower							100%	100%	N/A	N/A
United							N/A	N/A	67%	100%
Statewide							100%	67%	67%	86%
TA										
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Amerigroup	No Data						N/A	N/A	N/A	N/A
Sunflower							100%	100%	N/A	N/A
United							N/A	100%	67%	N/A
Statewide							100%	100%	67%	N/A
Autism										
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Amerigroup	No Data						N/A	N/A	N/A	N/A
Sunflower							N/A	N/A	N/A	N/A
United							N/A	N/A	N/A	N/A
Statewide							N/A	N/A	N/A	N/A
SED										
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Amerigroup	No Data						N/A	N/A	N/A	N/A
Sunflower							N/A	N/A	N/A	N/A
United							N/A	N/A	N/A	N/A
Statewide							N/A	N/A	N/A	N/A

KDADS HCBS Quality Review Report

Health and Welfare
PM 2: Number and percent of unexpected deaths for which review/investigation followed the appropriate policies and procedures
Numerator: Number of unexpected deaths for which review/investigation followed the appropriate policies and procedures as in the approved waiver
Denominator: Number of unexpected deaths
Review Period: 04/01/2021 - 06/30/2021
Data Source: Adverse Incident Reporting

Compliance By Waiver	Aetna	Sunflower	United	Statewide
PD	**N/A**	**90%**	**100%**	**93%**
Numerator	0	9	5	14
Denominator	0	10	5	15
FE	**100%**	**100%**	**100%**	**100%**
Numerator	1	7	6	14
Denominator	1	7	6	14
IDD	**100%**	**100%**	**83%**	**94%**
Numerator	3	8	5	16
Denominator	3	8	6	17
BI	**100%**	**100%**	**100%**	**100%**
Numerator	1	4	2	7
Denominator	1	4	2	7
TA	**N/A**	**N/A**	**N/A**	**N/A**
Numerator	0	0	0	0
Denominator	0	0	0	0
Autism	**N/A**	**N/A**	**N/A**	**N/A**
Numerator	0	0	0	0
Denominator	0	0	0	0
SED	**N/A**	**N/A**	**N/A**	**N/A**
Numerator	0	0	0	0
Denominator	0	0	0	0

Explanation of Findings:

During this time frame all MCOs followed the KDADS AIRS reporting process appropriately for each incident.

United Health Care had one I/DD report of unexpected death that was identified as the investigation not following appropriate policies and procedures. MCO attempted but was not able to obtain the necessary documentaion from the Emergency department.

Sunflower had one PD report of unexpected death that was identified as the investigation not following appropriate policies and procedures. This was marked in error. MCO did follow appropriate

Remediation:

No remediation required

Compliance Trends	2013	2014	2015	2016	2017	2018	2019	2020	Jan-Mar 2021	Apr-Jun 2021
PD										
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	N/A	100%	100%	N/A
Amerigroup	No Data						N/A	N/A	N/A	N/A
Sunflower							83%	100%	100%	90%
United							100%	100%	100%	100%
Statewide							88%	100%	100%	93%
FE										
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	N/A	100%	N/A	100%
Amerigroup	No Data						N/A	N/A	N/A	N/A
Sunflower							89%	100%	100%	100%
United							75%	100%	100%	100%
Statewide							87%	100%	100%	100%
IDD										
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	100%	100%	N/A	100%
Amerigroup	No Data						N/A	N/A	N/A	N/A
Sunflower							92%	100%	95%	100%
United							87%	100%	100%	83%
Statewide							92%	100%	96%	94%
BI										
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	N/A	100%	N/A	100%
Amerigroup	No Data						N/A	N/A	N/A	N/A
Sunflower							100%	100%	N/A	100%
United							N/A	N/A	100%	100%
Statewide							100%	100%	100%	100%
TA										
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Amerigroup	No Data						N/A	N/A	N/A	N/A
Sunflower							100%	100%	N/A	N/A
United							N/A	100%	N/A	N/A
Statewide							100%	100%	N/A	N/A
Autism										
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Amerigroup	No Data						N/A	N/A	N/A	N/A
Sunflower							N/A	N/A	N/A	N/A
United							N/A	N/A	N/A	N/A
Statewide							N/A	N/A	N/A	N/A
SED										
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Amerigroup	No Data						N/A	N/A	N/A	N/A
Sunflower							N/A	N/A	N/A	N/A
United							N/A	N/A	N/A	N/A
Statewide							N/A	N/A	N/A	N/A

KDADS HCBS Quality Review Report

Health and Welfare
PM 3: Number and percent of unexpected deaths for which the appropriate follow-up measures were taken
Numerator: Number of unexpected deaths for which the appropriate follow-up measures were taken as in the approved waiver
Denominator: Number of unexpected deaths
Review Period: 04/01/2021 - 06/30/2021
Data Source: Adverse Incident Reporting

Compliance By Waiver	Aetna	Sunflower	United	Statewide
PD	**N/A**	**100%**	**100%**	**100%**
Numerator	0	10	5	15
Denominator	0	10	5	15
FE	**100%**	**100%**	**100%**	**100%**
Numerator	1	7	6	14
Denominator	1	7	6	14
IDD	**100%**	**100%**	**100%**	**100%**
Numerator	3	8	6	17
Denominator	3	8	6	17
BI	**100%**	**100%**	**100%**	**100%**
Numerator	1	4	2	7
Denominator	1	4	2	7
TA	**N/A**	**N/A**	**N/A**	**N/A**
Numerator	0	0	0	0
Denominator	0	0	0	0
Autism	**N/A**	**N/A**	**N/A**	**N/A**
Numerator	0	0	0	0
Denominator	0	0	0	0
SED	**N/A**	**N/A**	**N/A**	**N/A**
Numerator	0	0	0	0
Denominator	0	0	0	0

Explanation of Findings:

Currently SED reports are not routed by the CMHCs for SED waiver participants in the AIRs system. Behavioral Health receives SED AIR reports and provides follow-up and remediation to KDADS, as applicable. There were not any incidents reported for TA, AU and SED this reporting period.

Remediation:

No remediation required

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

KDADS HCBS Quality Review Report

Health and Welfare
PM 4: Number and percent of waiver participants who received information on how to report suspected abuse, neglect, or exploitation
Numerator: Number of waiver participants who received information on how to report suspected abuse, neglect, or exploitation
Denominator: Number of waiver participants interviewed by QMS staff or whose records are reviewed

Data Source: MCO Record Review

Compliance By Waiver	Aetna	Sunflower	United	Statewide
PD	**96%**	**88%**	**94%**	**93%**
Numerator	26	28	34	88
Denominator	27	32	36	95
FE	**91%**	**81%**	**87%**	**86%**
Numerator	20	26	33	79
Denominator	22	32	38	92
IDD	**93%**	**92%**	**100%**	**95%**
Numerator	14	46	30	90
Denominator	15	50	30	95
BI	**78%**	**63%**	**88%**	**78%**
Numerator	18	12	23	53
Denominator	23	19	26	68
TA	**94%**	**90%**	**100%**	**95%**
Numerator	15	19	25	59
Denominator	16	21	25	62
Autism	**100%**	**100%**	**100%**	**100%**
Numerator	1	2	4	7
Denominator	1	2	4	7
SED	**100%**	**82%**	**79%**	**85%**
Numerator	22	27	27	76
Denominator	22	33	34	89

Explanation of Findings:

Root cause analysis has determined that not having a service plan or documented meeting date prevents KDADS from verifying with information was received by the member on ANE. KDADS believes having this information will improve compliance with the PM.

Remediation:

KDADS and KDHE met with MCOs to discuss expectations **a**s a united front, KDADS and KDHE met separately with each MCO to discuss expectations for compliance with these Performance Measures. KDADS and KDHE requested each MCO create QIPs for any Performance Measures not in compliance and asked MCOs to present and report on a quarterly basis with the initial meeting in October 2021.

KDADS will incorporate feedback from New Editions and their recommendations for change. Kansas will re-evaluate their standard operating procedures and adjust accordingly. KDADS and KDHE will continue to work with the MCOs, as they are expected to internally analyze their data and look at root cause for any non-compliance or systemic non-compliance and remediate on a case by case basis for any PM under 100%.

Ongoing – Kansas will continue to work with the MCOs to ensure timelines are being followed or to mitigate issues as they arise. Kansas will continue to evaluate New Editions recommendations for change to meet the assurances and adjust the standard operating procedures accordingly. Kansas has a goal to of bringing these performance measures into full compliance in 8 consecutive quarters. New H&W Performance Measures have been created and are on hold for implementation until policy, contracts and processes are updated as well as any needed training that needs to occur.

Compliance Trends	2013	2014	2015	2016	2017	2018	2019	2020	Jan - Mar 2021	Apr-Jun 2021
PD										
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	38%	33%	62%	96%
Amerigroup		51%	19%	67%	87%	97%	N/A	N/A	N/A	N/A
Sunflower		88%	72%	74%	90%	85%	89%	69%	45%	88%
United		90%	80%	88%	88%	95%	90%	62%	29%	94%
Statewide	65%	72%	53%	76%	88%	93%	78%	56%	44%	93%
FE										
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	35%	31%	65%	91%
Amerigroup		59%	16%	61%	85%	92%	N/A	N/A	N/A	N/A
Sunflower		86%	62%	84%	89%	80%	92%	63%	32%	81%
United		92%	80%	88%	93%	92%	91%	58%	32%	87%
Statewide	80%	78%	50%	78%	89%	88%	83%	54%	40%	86%
IDD										
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	20%	29%	38%	93%
Amerigroup		23%	6%	59%	78%	86%	N/A	N/A	N/A	N/A
Sunflower		87%	59%	75%	82%	85%	83%	56%	20%	92%
United		100%	56%	79%	93%	90%	84%	56%	43%	100%
Statewide	99%	68%	42%	71%	83%	86%	75%	52%	31%	95%
BI										
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	23%	23%	50%	78%
Amerigroup		30%	12%	56%	81%	82%	N/A	N/A	N/A	N/A
Sunflower		94%	45%	84%	78%	86%	86%	48%	45%	63%
United		80%	76%	85%	79%	92%	87%	48%	12%	88%
Statewide	57%	63%	34%	69%	80%	85%	73%	41%	34%	78%
TA										
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	27%	33%	29%	94%
Amerigroup		61%	38%	75%	91%	99%	N/A	N/A	N/A	N/A
Sunflower		99%	86%	84%	72%	90%	90%	66%	48%	90%
United		97%	61%	79%	95%	84%	93%	59%	54%	100%
Statewide	86%	82%	57%	78%	86%	93%	81%	55%	45%	95%
Autism										
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	0%	8%	0%	100%
Amerigroup		62%	8%	23%	88%	100%	N/A	N/A	N/A	N/A
Sunflower		33%	29%	39%	50%	56%	62%	83%	67%	100%
United		43%	14%	6%	13%	47%	77%	16%	57%	100%
Statewide	90%	50%	16%	26%	50%	63%	62%	30%	50%	100%
SED										
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	46%	34%	65%	100%
Amerigroup		88%	64%	27%	25%	75%	N/A	N/A	N/A	N/A
Sunflower		80%	53%	22%	16%	39%	66%	43%	55%	82%
United		78%	63%	19%	5%	21%	64%	43%	81%	79%
Statewide	89%	82%	60%	23%	15%	45%	62%	41%	67%	85%

*Audit methodology has changed for this question, effective this review period

KDADS HCBS Quality Review Report

Health and Welfare
PM 5: Number and percent of participants' reported critical incidents that were initiated and reviewed within required time frames
Numerator: Number of participants' reported critical incidents that were initiated and reviewed within required time frames as specified in the approved waiver
Denominator: Number of participants' reported critical incidents
Review Period: 04/01/2021 - 06/30/2021
Data Source: Adverse Incident Reporting

Compliance By Waiver	Aetna	Sunflower	United	Statewide
PD	**95%**	**100%**	**98%**	**98%**
Numerator	39	64	60	163
Denominator	41	64	61	166
FE	**95%**	**100%**	**98%**	**98%**
Numerator	39	64	60	163
Denominator	41	64	61	166
IDD	**98%**	**100%**	**100%**	**100%**
Numerator	328	1125	596	2049
Denominator	334	1127	598	2059
BI	**100%**	**100%**	**100%**	**99%**
Numerator	38	81	68	187
Denominator	38	81	68	188
TA	**100%**	**100%**	**100%**	**100%**
Numerator	3	2	26	31
Denominator	3	2	26	31
Autism	**100%**	**N/A**	**100%**	**100%**
Numerator	2	0	1	3
Denominator	2	0	1	3
SED	**100%**	**N/A**	**100%**	**100%**
Numerator	2	0	20	22
Denominator	2	0	20	22

Explanation of Findings:

Remediation:

No remediation required

Compliance Trends	2013	2014	2015	2016	2017	2018	2019	2020	Jan - Mar 2021	Apr-Jun 2021
PD										
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	79%	97%	93%	95%
Amerigroup							N/A	N/A	N/A	N/A
Sunflower				No Data			98%	88%	65%	100%
United							100%	99%	99%	98%
Statewide							96%	96%	89%	98%
FE										
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	83%	97%	95%	95%
Amerigroup							N/A	N/A	N/A	N/A
Sunflower				No Data			96%	85%	84%	100%
United							98%	99%	100%	98%
Statewide							95%	94%	94%	98%
IDD										
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	85%	93%	97%	98%
Amerigroup							N/A	N/A	N/A	N/A
Sunflower				No Data			97%	89%	64%	100%
United							99%	99%	100%	100%
Statewide							96%	93%	80%	100%
BI										
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	91%	100%	97%	100%
Amerigroup							N/A	N/A	N/A	N/A
Sunflower				No Data			99%	90%	79%	100%
United							99%	100%	100%	100%
Statewide							98%	96%	90%	99%
TA										
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	93%	100%	N/A	100%
Amerigroup							N/A	N/A	N/A	N/A
Sunflower				No Data			100%	88%	75%	100%
United							100%	100%	100%	100%
Statewide							98%	98%	93%	100%
Autism										
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	100%	100%
Amerigroup							N/A	N/A	N/A	N/A
Sunflower				No Data			N/A	100%	N/A	N/A
United							100%	100%	N/A	100%
Statewide							100%	100%	100%	100%
SED										
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	100%
Amerigroup							N/A	N/A	N/A	N/A
Sunflower				No Data			N/A	N/A	N/A	N/A
United							N/A	N/A	N/A	100%
Statewide							N/A	N/A	N/A	100%

KDADS HCBS Quality Review Report

Health and Welfare
PM 6: Number and percent of reported critical incidents requiring review/investigation where the State adhered to its follow-up measures
Numerator: Number of reported critical incidents requiring review/investigation where the State adhered to the follow-up methods as specified in the approved waiver
Denominator: Number of reported critical incidents
Review Period: 04/01/2021 - 06/30/2021
Data Source: Adverse Incident Reporting

Compliance By Waiver	Aetna	Sunflower	United	Statewide
PD	**100%**	**100%**	**100%**	**100%**
Numerator	47	67	97	211
Denominator	47	67	97	211
FE	**100%**	**100%**	**100%**	**100%**
Numerator	38	46	43	127
Denominator	38	46	43	127
IDD	**100%**	**100%**	**100%**	**100%**
Numerator	331	1110	587	2028
Denominator	331	1110	587	2028
BI	**100%**	**100%**	**100%**	**100%**
Numerator	37	77	67	181
Denominator	37	77	67	181
TA	**100%**	**100%**	**100%**	**100%**
Numerator	3	2	26	31
Denominator	3	2	26	31
Autism	**100%**	**N/A**	**100%**	**100%**
Numerator	1	0	1	2
Denominator	1	0	1	2
SED	**100%**	**N/A**	**100%**	**100%**
Numerator	2	0	20	22
Denominator	2	0	20	22

Explanation of Findings:

Remediation:

No remediation required

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

KDADS HCBS Quality Review Report

Health and Welfare
PM 7: Number and percent of restraint applications, seclusion or other restrictive interventions that followed procedures as specified in the approved waiver
Numerator: Number of restraint applications, seclusion or other restrictive interventions that followed procedures as specified in the approved waiver
Denominator: Number of restraint applications, seclusion or other restrictive interventions
Review Period: 04/01/2021 - 06/30/2021
Data Source: Adverse Incident Reporting

Compliance By Waiver	Aetna	Sunflower	United	Statewide
PD	**N/A**	**N/A**	**0%**	**0%**
Numerator	0	0	0	0
Denominator	0	0	1	1
FE	**N/A**	**N/A**	**N/A**	**N/A**
Numerator	0	0	0	0
Denominator	0	0	0	0
IDD	**88%**	**64%**	**73%**	**71%**
Numerator	7	14	11	32
Denominator	8	22	15	45
BI	**N/A**	**N/A**	**N/A**	**N/A**
Numerator	0	0	0	0
Denominator	0	0	0	0
TA	**N/A**	**N/A**	**N/A**	**N/A**
Numerator	0	0	0	0
Denominator	0	0	0	0
Autism	**N/A**	**N/A**	**N/A**	**N/A**
Numerator	0	0	0	0
Denominator	0	0	0	0
SED	**N/A**	**N/A**	**100%**	**100%**
Numerator	0	0	1	1
Denominator	0	0	1	1

Explanation of Findings:

There were 14 total reports included in fallout data. All reports were reviewed and show that MCO follow-up and investigation resolved each incident and ensured necessary action was taken to prevent reoccurence. The incidents of unauthozied restraints were performed by entities outside of the provider such as medical staff or law enforcement. There was no quality of care concerns related to these incidents.

SED reports are not currently routed to the HCBS worklist in the AIR system. Behavioral Health receives SED AIR reports andprovidefollow-up and remediation, as applicable.

Remediation:

The MCOs provided education and reviewed plans to ensure they are followed and updated as necessary. There is no remediation necessary regarding MCO review and investigation, all reports followed policies and procedures, as well as agreed upon timeframes to resolve.

Compliance Trends	2013	2014	2015	2016	2017	2018	2019	2020	Jan-Mar 2021	Apr-Jun 2021
PD										
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Amerigroup	No Data						N/A	N/A	N/A	N/A
Sunflower							N/A	N/A	N/A	N/A
United							N/A	N/A	N/A	0%
Statewide							N/A	N/A	N/A	0%
FE										
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Amerigroup	No Data						N/A	N/A	N/A	N/A
Sunflower							N/A	N/A	N/A	N/A
United							0%	N/A	N/A	N/A
Statewide							0%	N/A	N/A	N/A
IDD										
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	100%	90%	75%	88%
Amerigroup	No Data						N/A	N/A	N/A	N/A
Sunflower							91%	N/A	95%	64%
United							58%	N/A	93%	73%
Statewide							83%	93%	92%	71%
BI										
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Amerigroup	No Data						N/A	N/A	N/A	N/A
Sunflower							N/A	N/A	N/A	N/A
United							N/A	N/A	N/A	N/A
Statewide							N/A	N/A	N/A	N/A
TA										
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Amerigroup	No Data						N/A	N/A	N/A	N/A
Sunflower							N/A	N/A	N/A	N/A
United							0%	N/A	N/A	N/A
Statewide							0%	N/A	N/A	N/A
Autism										
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Amerigroup	No Data						N/A	N/A	N/A	N/A
Sunflower							N/A	N/A	N/A	N/A
United							N/A	N/A	N/A	N/A
Statewide							N/A	N/A	N/A	N/A
SED										
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Amerigroup	No Data						N/A	N/A	N/A	N/A
Sunflower							N/A	N/A	N/A	N/A
United							N/A	N/A	N/A	100%
Statewide							N/A	N/A	N/A	100%

KDADS HCBS Quality Review Report

Health and Welfare
PM 8: Number and percent of unauthorized uses of restrictive interventions that were appropriately reported
Numerator: Number of unauthorized uses of restrictive interventions that were appropriately reported
Denominator: Number of unauthorized uses of restrictive interventions
Review Period: 04/01/2021 - 06/30/2021
Data Source: Adverse Incident Reporting

Compliance By Waiver	Aetna	Sunflower	United	Statewide
PD	**N/A**	**N/A**	**100%**	**100%**
Numerator	0	0	1	1
Denominator	0	0	1	1
FE	**N/A**	**N/A**	**N/A**	**N/A**
Numerator	0	0	0	0
Denominator	0	0	0	0
IDD	**100%**	**86%**	**100%**	**92%**
Numerator	1	6	4	11
Denominator	1	7	4	12
BI	**N/A**	**N/A**	**N/A**	**N/A**
Numerator	0	0	0	0
Denominator	0	0	0	0
TA	**N/A**	**N/A**	**N/A**	**N/A**
Numerator	0	0	0	0
Denominator	0	0	0	0
Autism	**N/A**	**N/A**	**N/A**	**N/A**
Numerator	0	0	0	0
Denominator	0	0	0	0
SED	**N/A**	**N/A**	**N/A**	**N/A**
Numerator	0	0	0	0
Denominator	0	0	0	0

Explanation of Findings:

Remediation:

No remediation required

Compliance Trends	2013	2014	2015	2016	2017	2018	2019	2020	Jan - Mar 2021	Apr-Jun 2021
PD										
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Amerigroup	No Data						N/A	N/A	N/A	N/A
Sunflower							N/A	N/A	N/A	N/A
United							N/A	N/A	N/A	100%
Statewide							N/A	N/A	N/A	100%
FE										
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Amerigroup	No Data						N/A	N/A	N/A	N/A
Sunflower							N/A	N/A	N/A	N/A
United							N/A	N/A	N/A	N/A
Statewide							N/A	N/A	N/A	N/A
IDD										
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	N/A	90%	N/A	100%
Amerigroup	No Data						N/A	N/A	N/A	N/A
Sunflower							100%	N/A	100%	86%
United							91%	100%	0%	100%
Statewide							94%	100%	50%	92%
BI										
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Amerigroup	No Data						N/A	N/A	N/A	N/A
Sunflower							N/A	N/A	N/A	N/A
United							N/A	N/A	N/A	N/A
Statewide							N/A	N/A	N/A	N/A
TA										
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Amerigroup	No Data						N/A	N/A	N/A	N/A
Sunflower							N/A	N/A	N/A	N/A
United							100%	N/A	N/A	N/A
Statewide							100%	N/A	N/A	N/A
Autism										
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Amerigroup	No Data						N/A	N/A	N/A	N/A
Sunflower							N/A	N/A	N/A	N/A
United							N/A	N/A	N/A	N/A
Statewide							N/A	N/A	N/A	N/A
SED										
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Amerigroup	No Data						N/A	N/A	N/A	N/A
Sunflower							N/A	N/A	N/A	N/A
United							N/A	N/A	N/A	N/A
Statewide							N/A	N/A	N/A	N/A

KDADS HCBS Quality Review Report

Health and Welfare
PM 9: Number and percent of waiver participants who received physical exams in accordance with State policies
Numerator: Number of HCBS participants who received physical exams in accordance with State policies
Denominator: Number of HCBS participants whose service plans were reviewed
Review Period: 04/01/2021 - 06/30/2021
Data Source: MCO Record Review

Compliance By Waiver	Aetna	Sunflower	United	Statewide
PD	**56%**	**69%**	**92%**	**74%**
Numerator	15	22	33	70
Denominator	27	32	36	95
FE	**77%**	**53%**	**87%**	**73%**
Numerator	17	17	33	67
Denominator	22	32	38	92
IDD	**80%**	**92%**	**83%**	**87%**
Numerator	12	46	25	83
Denominator	15	50	30	95
BI	**83%**	**47%**	**96%**	**78%**
Numerator	19	9	25	53
Denominator	23	19	26	68
TA	**81%**	**81%**	**80%**	**81%**
Numerator	13	17	20	50
Denominator	16	21	25	62
Autism	**100%**	**100%**	**75%**	**86%**
Numerator	1	2	3	6
Denominator	1	2	4	7
SED	**82%**	**82%**	**76%**	**80%**
Numerator	18	27	26	71
Denominator	22	33	34	89

Explanation of Findings:

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

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

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

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

AU: Evidence of physical exam not provided for review

SED: Evidence of physical exam not provided for review, physical exam documentation submitted not current for review period

Remediation:

KDADS and KDHE met with MCOs to discuss expectations **a**s a united front, KDADS and KDHE met separately with each MCO to discuss expectations for compliance with these Performance Measures. KDADS and KDHE requested each MCO create QIPs for any Performance Measures not in compliance and asked MCOs to present and report on a quarterly basis with the initial meeting in October 2021.

KDADS will incorporate feedback from New Editions and their recommendations for change. Kansas will re-evaluate their standard operating procedures and adjust accordingly. KDADS and KDHE will continue to work with the MCOs, as they are expected to internally analyze their data and look at root cause for any non-compliance or systemic non-compliance and remediate on a case by case basis for any PM under 100%.

Ongoing – Kansas will continue to work with the MCOs to ensure timelines are being followed or to mitigate issues as they arise. Kansas will continue to evaluate New Editions recommendations for change to meet the assurances and adjust the standard operating procedures accordingly. Kansas has a goal to of bringing these performance measures into full compliance in 8 consecutive quarters. New H&W Performance Measures have been created and are on hold for implementation until policy, contracts and processes are updated as well as any needed training that needs to

Compliance Trends	2013	2014	2015	2016	2017	2018	2019	2020	Jan - Mar 2021	Apr-Jun 2021
PD										
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	76%	68%	65%	56%
Amerigroup		78%			20%	46%	N/A	N/A	N/A	N/A
Sunflower		81%			34%	40%	54%	71%	73%	69%
United		88%			34%	23%	77%	79%	91%	92%
Statewide	Not a Measure	82%	No Data	No Data	29%	37%	68%	73%	78%	74%
FE										
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	56%	64%	78%	77%
Amerigroup		89%			23%	34%	N/A	N/A	N/A	N/A
Sunflower		97%			31%	28%	59%	66%	75%	53%
United		97%			31%	18%	71%	78%	88%	87%
Statewide	Not a Measure	95%	No Data	No Data	29%	27%	64%	71%	82%	73%
IDD										
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	88%	83%	44%	80%
Amerigroup		91%			28%	56%	N/A	N/A	N/A	N/A
Sunflower		99%			52%	70%	86%	84%	82%	92%
United		99%			26%	29%	72%	73%	93%	83%
Statewide	Not a Measure	97%	No Data	No Data	39%	56%	82%	83%	79%	87%
BI										
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	60%	81%	94%	83%
Amerigroup		84%			21%	29%	N/A	N/A	N/A	N/A
Sunflower		94%			32%	30%	55%	76%	73%	47%
United		93%			19%	35%	78%	88%	88%	96%
Statewide	Not a Measure	90%	No Data	No Data	23%	30%	64%	82%	85%	78%
TA										
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	81%	74%	88%	81%
Amerigroup		100%			39%	54%	N/A	N/A	N/A	N/A
Sunflower		100%			56%	79%	91%	69%	83%	81%
United		97%			68%	62%	87%	85%	79%	80%
Statewide	Not a Measure	100%	No Data	No Data	49%	63%	88%	77%	83%	81%
Autism										
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	40%	79%	0%	100%
Amerigroup		100%			56%	90%	N/A	N/A	N/A	N/A
Sunflower		92%			65%	73%	77%	100%	100%	100%
United		100%			19%	42%	60%	43%	86%	75%
Statewide	Not a Measure	98%	No Data	No Data	48%	59%	63%	65%	75%	86%
SED										
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	70%	84%	55%	82%
Amerigroup		54%			76%	87%	N/A	N/A	N/A	N/A
Sunflower		55%			27%	71%	72%	73%	91%	82%
United		46%			47%	61%	59%	62%	81%	76%
Statewide	Not a Measure	52%	No Data	No Data	52%	67%	66%	71%	79%	80%

KDADS HCBS Quality Review Report

Health and Welfare
PM 10: Number and percent of waiver participants who have a disaster red flag designation with a related disaster backup plan
Numerator: Number of waiver participants who have a disaster red flag designation with a related disaster backup plan
Denominator: Number of waiver participants with a red flag designation
Review Period: 04/01/2021 - 06/30/2021
Data Source: MCO Record Review

Compliance By Waiver	Aetna	Sunflower	United	Statewide
PD	**93%**	**88%**	**86%**	**88%**
Numerator	25	28	31	84
Denominator	27	32	36	95
FE	**86%**	**75%**	**89%**	**84%**
Numerator	19	24	34	77
Denominator	22	32	38	92
IDD	**93%**	**78%**	**97%**	**88%**
Numerator	14	39	29	84
Denominator	15	50	30	95
BI	**78%**	**47%**	**73%**	**68%**
Numerator	18	9	19	46
Denominator	23	19	26	68
TA	**88%**	**81%**	**100%**	**90%**
Numerator	14	17	25	56
Denominator	16	21	25	62
Autism	**100%**	**100%**	**75%**	**100%**
Numerator	1	2	3	7
Denominator	1	2	4	7
SED	Not a Waiver Performance Measure			
Numerator				
Denominator				

Explanation of Findings:

FE: Service plan not provided or does not cover entire review period, no meeting date on service plan

BI: Service plan not provided or does not cover entire review period, no meeting date on service plan

Remediation:

KDADS and KDHE met with MCOs to discuss expectations **a**s a united front, KDADS and KDHE met separately with each MCO to discuss expectations for compliance with these Performance Measures. KDADS and KDHE requested each MCO create QIPs for any Performance Measures not in compliance and asked MCOs to present and report on a quarterly basis with the initial meeting in October 2021.

KDADS will incorporate feedback from New Editions and their recommendations for change. Kansas will re-evaluate their standard operating procedures and adjust accordingly. KDADS and KDHE will continue to work with the MCOs, as they are expected to internally analyze their data and look at root cause for any non-compliance or systemic non-compliance and remediate on a case by case basis for any PM under 100%.

Ongoing – Kansas will continue to work with the MCOs to ensure timelines are being followed or to mitigate issues as they arise. Kansas will continue to evaluate New Editions recommendations for change to meet the assurances and adjust the standard operating procedures accordingly. Kansas has a goal to of bringing these performance measures into full compliance in 8 consecutive quarters. New H&W Performance Measures have been created and are on hold for implementation until policy, contracts and processes are updated as well as any needed training that needs to occur.

Compliance Trends	2013	2014	2015	2016	2017	2018	2019	2020	Jan - Mar 2021	Apr-Jun 2021
PD										
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	79%	52%	50%	93%
Amerigroup		59%	53%	73%	86%	96%	N/A	N/A	N/A	N/A
Sunflower		77%	49%	66%	79%	85%	86%	64%	42%	88%
United		64%	80%	88%	87%	94%	88%	56%	23%	86%
Statewide	Not a Measure	67%	58%	75%	84%	92%	85%	58%	37%	88%
FE										
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	77%	47%	61%	86%
Amerigroup		61%	62%	72%	84%	90%	N/A	N/A	N/A	N/A
Sunflower		72%	56%	72%	77%	81%	86%	60%	29%	75%
United		76%	81%	85%	91%	91%	89%	56%	29%	89%
Statewide	59%	70%	65%	76%	84%	87%	86%	56%	37%	84%
IDD										
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	64%	50%	31%	93%
Amerigroup		67%	61%	65%	74%	86%	N/A	N/A	N/A	N/A
Sunflower		58%	32%	59%	70%	72%	78%	52%	16%	78%
United		70%	58%	73%	90%	86%	80%	51%	40%	97%
Statewide	Not a Measure	64%	47%	64%	76%	79%	77%	52%	26%	88%
BI										
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	48%	30%	44%	78%
Amerigroup		46%	49%	62%	80%	82%	N/A	N/A	N/A	N/A
Sunflower		68%	42%	80%	84%	88%	85%	44%	45%	47%
United		56%	74%	80%	79%	89%	86%	41%	12%	73%
Statewide	Not a Measure	56%	52%	70%	81%	85%	77%	39%	32%	68%
TA										
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	65%	47%	29%	88%
Amerigroup		75%	54%	79%	90%	99%	N/A	N/A	N/A	N/A
Sunflower		91%	58%	77%	78%	85%	89%	63%	43%	81%
United		86%	63%	79%	95%	86%	91%	46%	54%	100%
Statewide	Not a Measure	83%	57%	78%	87%	92%	86%	52%	44%	90%
Autism										
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	17%	21%	0%	100%
Amerigroup		77%	44%	32%	88%	100%	N/A	N/A	N/A	N/A
Sunflower		53%	27%	67%	80%	72%	77%	78%	67%	100%
United		38%	7%	6%	13%	41%	69%	13%	43%	75%
Statewide	Not a Measure	64%	30%	40%	62%	67%	64%	31%	42%	100%
SED	Not a Waiver Performance Measure									
Aetna										
Amerigroup										
Sunflower										
United										
Statewide										

*Audit methodology has changed for this question, effective this review period

KDADS HCBS Quality Review Report

Financial Accountability
PM 1: Number and percent of clean claims that are paid by the managed care organization within the timeframes specified in the contract
Numerator: Number of clean claims that are paid by the managed care organization within the timeframes specified in the contract
Denominator: Total number of provider claims
Review Period: 04/01/2021 - 06/30/2021
Data Source: MCO Claims Data

Compliance By Waiver	Statewide
PD	**98%**
Numerator	105,017
Denominator	106,816
FE	**98%**
Numerator	67,177
Denominator	68,687
IDD	**94%**
Numerator	182,117
Denominator	194,108
BI	**96%**
Numerator	19,293
Denominator	20,095
TA	**98%**
Numerator	9,537
Denominator	9,751
Autism	**86%**
Numerator	19
Denominator	22
SED	**91%**
Numerator	16,232
Denominator	17,781
All HCBS Waivers	**96%**
Numerator	399,392
Denominator	417,260

Compliance Trends	2013	2014	2015	2016	2017	2018	2019	2020	Mar 2021	-Jun 2021
PD										
Statewide	Not a Measure	N/A	N/A	N/A	N/A	96%	97%	99%	99%	98%
FE										
Statewide	Not a Measure	N/A	N/A	N/A	N/A	95%	95%	97%	98%	98%
IDD										
Statewide	Not a Measure	N/A	N/A	N/A	N/A	97%	95%	96%	95%	94%
BI										
Statewide	Not a Measure	N/A	N/A	N/A	N/A	90%	94%	97%	97%	96%
TA										
Statewide	Not a Measure	N/A	N/A	N/A	N/A	91%	95%	95%	98%	98%
Autism										
Statewide	Not a Measure	N/A	N/A	N/A	N/A	82%	95%	76%	83%	86%
SED										
Statewide	Not a Measure	N/A	N/A	N/A	N/A	82%	78%	90%	89%	91%
All HCBS Waivers										
Statewide	Not a Measure	90%	88%	95%	95%	95%	95%	97%	96%	96%

Explanation of Findings:

Remediation:

No remediation required

Claims by MCO		Aetna				Sunflower				United				Statewide	
		Apr	May	June	Total	Apr	May	June	Total	Apr	May	June	Total		
AU	Processed	1	2	2	5	12	1	2	15	0	0	2	2	19	86%
	Denied	0	0	0	0	2	0	1	3	0	0	0	0	22	
FE	Processed	5395	5563	5750	16708	7342	6667	7396	21405	10650	9726	10198	30574	67177	98%
	Denied	103	188	121	412	197	190	231	618	127	163	190	480	68687	
IDD	Processed	10048	8128	11337	29513	33916	24896	47026	105838	19514	16042	23201	58757	182117	94%
	Denied	443	221	443	1107	1151	1086	5694	7931	1135	778	1040	2953	194108	
PD	Processed	9115	9166	9455	27736	13303	11649	13092	38044	14338	13070	13628	41036	105017	98%
	Denied	163	219	87	469	172	119	444	735	114	172	309	595	106816	
SED	Processed	1890	2120	2240	6250	4195	3693	3617	11505	10	13	3	26	16232	91%
	Denied	95	120	70	285	505	342	410	1257	5	2	0	7	17781	
TA	Processed	906	836	947	2689	1197	1024	1095	3316	1336	1188	1222	3746	9537	98%
	Denied	17	11	13	41	36	25	29	90	24	29	30	83	9751	
TBI	Processed	2200	1992	2041	6233	2307	1956	2298	6561	2467	2554	2280	7301	19293	96%
	Denied	114	135	39	288	149	97	118	364	46	72	32	150	20095	
All	Processed	29555	27807	31772	89134	62272	49886	74526	186684	48315	42593	50534	141442	399392	
Denied	Denied	935	894	773	2602	2212	1859	6927	10998	1451	1216	1601	4268	417260	
Check Columns	Processed	29555	27807	31772	89134	62272	49886	74526	186684	48315	42593	50534	141442		
	Denied	935	894	773	2602	2212	1859	6927	10998	1451	1216	1601	4268		

All	399392	95.72%
	417260	

KDADS HCBS Quality Review Report

Financial Accountability
PM 2: Number and percent of payment rates that were certified to be actuarially sound by the State's actuary and approved by CMS
Numerator: Number of payment rates that were certified to be actuarially sound by the State's actuary and approved by CMS
Denominator: Total number of capitation (payment) rates
Review Period: Calendar Year 2021
Data Source: KDHE

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

Compliance Trends	2013	2014	2015	2016	2017	2018	2019	2020	2021
PD									
Statewide	Not a Measure	100%	100%	100%	100%	100%	100%	100%	100%
FE									
Statewide	Not a Measure	100%	100%	100%	100%	100%	100%	100%	100%
IDD									
Statewide	Not a Measure	100%	100%	100%	100%	100%	100%	100%	100%
TBI									
Statewide	Not a Measure	100%	100%	100%	100%	100%	100%	100%	100%
TA									
Statewide	Not a Measure	100%	100%	100%	100%	100%	100%	100%	100%
Autism									
Statewide	Not a Measure	100%	100%	100%	100%	100%	100%	100%	100%
SED									
Statewide	Not a Measure	100%	100%	100%	100%	100%	100%	100%	100%

Explanation of Findings:

Remediation:

No remediation required

KanCare Ombudsman Report

Quarter 4, 2021 (based on calendar year)

October 1 – December 31, 2021

Data downloaded 1/7/2022

KanCare Ombudsman Office

Kerrie Bacon, KanCare Ombudsman
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I. Table of Contents

Contents

I. Table of Contents 2
II. Highlights/Dashboard 4
A. Contacts: 4
B. Outreach 4
C. Data highlight 4
D. New and updated resources 4
III. KanCare Ombudsman Purpose 5
IV. Accessibility to the Ombudsman's Office 5
A. Initial Contacts 5
B. Accessibility through the KanCare Ombudsman Volunteer Program 6
V. Outreach by KanCare Ombudsman Office 7
VI. Data for the KanCare Ombudsman Office 8
A. Data by Region 8
1. Initial Contacts to KanCare Ombudsman Office by Region 8
2. Kansas Medicaid members by Region 9
3. Kansas Population Density 9
B. Data by Office Location 10
C. Data by Contact Method 10
D. Data by Caller Type 10
E. Data by Program Type 11
F. Data by Priorities 12
G. Data by Issue Categories 12
1. Medicaid Issues 13
2. HCBS/LTSS Issues 14
3. Other Issues 14
H. Data by Managed Care Organization (MCO) – 15
See Appendix B 15
VII. Action Taken 15
A. Responding to Issues 16
1. KanCare Ombudsman Office response to members/applicants 16
2. Organizational final response to Ombudsman requests 16
3. Action Taken by KanCare Ombudsman Office to resolve requests 17
4. Ombudsman Office Resolution of Issues 17

VIII. Enhancements and Future Changes 18
A. Enhancement: Call Handler for Wichita office 18
B. Enhancement: Application Assistance Guide 18
C. Enhancement: Foster Care, Adoption and KanCare fact sheet 19
D. Future Changes: KanCare Ombudsman Office moving to Office of Public Advocates .19
IX. Appendix A: Outreach by KanCare Ombudsman Office 21
A. Outreach through Education and Collaboration 21
B. Outreach through Print Media and Social Media 24
1. Social Media outreach 24
2. Print Media 25
X. Appendix B: Managed Care Organization (MCO) Data 26
A. Aetna 26
B. Sunflower 29
C. United Healthcare 32

II. Highlights/Dashboard

A. Contacts:

COVID continues to have an impact on the number of people contacting our office. (p.6)

	Q4 2019	Q1 2020	Q2 2020	% +/- Q2, 2020 vs Q1, 2020	Q3 2020	Q4 2020	Q1 2021	Q2 2021	Q3 2021	Q4 2021	% +/- Q4,2021 vs Q1, 2020
KanCare Ombuds. Contacts	915	903	478	-47%	562	601	564	591	644	566	-37%
CH contacts	126,682	128,033	57,720	-55%	57,425	59,161	81,398	64,852	65,156	50,009	-61%

B. Outreach

Outreach continues to be high as AmeriCorps VISTAs finished project with Application Assistance Guide. P(p. 7)

	Q1/2020	Q2/2020	Q3/2021	Q4/2020	Q1/2021	Q2/2021	Q3/2021	Q4/2021
Outreach	74	16	96	57	49	171	348	148

C. Data highlight

Medicaid concerns regarding general questions, eligibility, application assistance and status updates continue as top issues. (p. 14)

D. New and updated resources

Our office partnered with the Kansas Department for Children and Families (DCF) to create a Foster Care, Adoption and KanCare Fact Sheet. It has been provided to DCF field staff, and contracted agency staff. Instructions have been given to provide this information to families in the Foster Care system.

Expanded/updated Application Assistance Guide is now a listing by county of locations that provide help with completing KanCare applications. The information provided includes the county, organization name, a contact person (if available), phone number, if language is offered other than English, and which applications they provide help with (Families with Children, Elderly and Disabled, and Medicare Savings Program. The document is 55 pages long, but since it is by county, should be easy to navigate.

III. KanCare Ombudsman Purpose

The KanCare Ombudsman Office helps Kansas Medicaid members and applicants, with a priority on individuals participating in long-term supports and services through KanCare. The KanCare Ombudsman Office assists KanCare members and applicants with access, service, and benefit problems. The KanCare Ombudsman office helps with:

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

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

IV. Accessibility to the Ombudsman's Office

A. Initial Contacts

The KanCare Ombudsman Office was available to members and applicants of KanCare (Medicaid) by phone, email, written communication, social media and the Integrated Referral and Intake System (IRIS) during fourth quarter of 2021.

Initial Contacts is a measurement of the number of people who have contacted our office, not the number of contacts within the time of helping them. Our tracking system is set up to keep the information of all contacts for that person in one file for ease of reviewing a case and maintaining ongoing information on a case. We may help a person who contacts our office with one call, or it may take many emails and phone calls to resolve. This chart shows only the number of people who have contacted us.

The last several quarters of contacts are down; we believe it is due to the COVID-19 pandemic.

Initial Contacts	Qtr. 1	Qtr. 2	Qtr. 3	Qtr. 4
2017	825	835	970	1,040
2018	1,214	1,059	1,088	1,124
2019	1,060	1,097	1,071	915
2020	903	478	562	601
2021	564	591	644	566

The chart below shows an example of one other organization that has had a significant decrease in calls during the COVID-19 pandemic as well. According to this information it appears that the Clearinghouse contacts have a similar decrease to first quarter of 2020 as the KanCare Ombudsman office.

	Q4 2019	Q1 2020	Q2 2020	% +/- Q2, 2020 vs Q1, 2020	Q3 2020	Q4 2020	Q1 2021	Q2 2021	Q3 2021	Q4 2021	% +/- Q4,2021 vs Q1, 2020
KanCare Ombuds. Contacts	915	903	478	-47%	562	601	564	591	644	566	-37%
CH contacts	126,682	128,033	57,720	-55%	57,425	59,161	81,398	64,852	65,156	50,009	-61%

B. Accessibility through the KanCare Ombudsman Volunteer Program

The KanCare Ombudsman Office has two satellite offices for the volunteer program: one in Kansas City Metro and one in Wichita. The volunteers in both satellite offices answer KanCare questions, help with issues and assist with filling out KanCare applications (by phone only during the COVID-19 pandemic).

During fourth quarter, there have been four volunteers assisting in the offices. In addition, we have two volunteers that have completed their training and are being mentored with taking calls; and we have five volunteers that are in training. Both satellite offices follow COVID-19 protocol for people in the buildings and the number of people in the buildings have been very limited. Calls to the toll-free number are covered by volunteers in the satellite offices, and when there is a gap in coverage, the Topeka staff cover the phones.

Office	Volunteer Hours	# of Volunteers	# of hours covered/wk.	Area Codes covered
Kansas City Metro Office	Mon: 9:00 to noon Tues: 1:00 to 4:00pm	2	6	Northern Kansas Area Codes 785, 913, 816
Wichita Office	Mon: 9:00 to noon Tues: 9:00 to noon	2	6	Southern Kansas Area Codes 316, 620

As of December 31,2021

V. Outreach by KanCare Ombudsman Office

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

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

The large increase in outreach for fourth quarter continues to be directly related to our AmeriCorps VISTA volunteers. They updated our KanCare Application Assistance Guide that lists organizations that help with filling out KanCare applications. They contacted all Local Public Health Departments and other community organizations that have the potential to provide that type of assistance. The VISTAs explained what our organization does, what resources we have available and asked if they would like a packet of our brochures to share with staff and consumers. We are very excited about this outreach and hope that it will create new opportunities for collaboration across the state.

The below chart shows the outreach efforts by the KanCare Ombudsman Office.

	Q1/2020	Q2/2020	Q3/2021	Q4/2020	Q1/2021	Q2/2021	Q3/2021	Q4/2021
Outreach	74	16	96	57	49	171	348	148

For the full listing of outreach, see Appendix A.

VI. Data for the KanCare Ombudsman Office

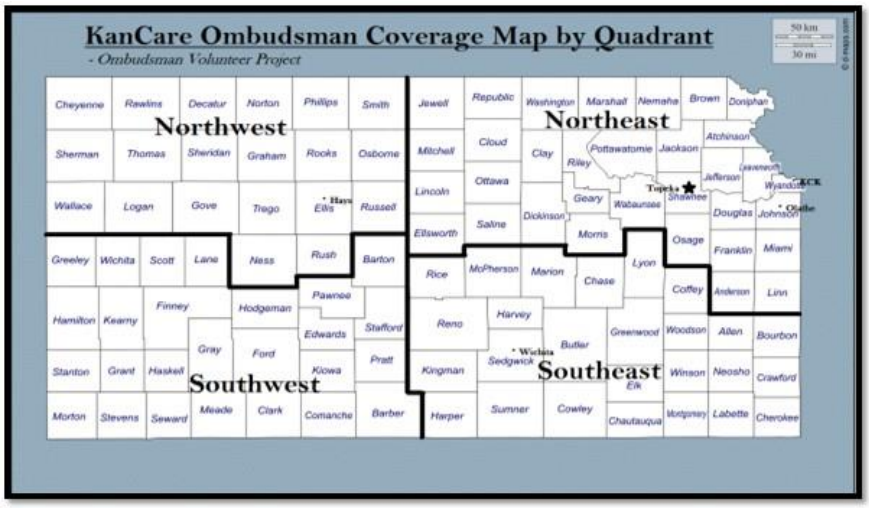
Data for the KanCare Ombudsman Office includes data by region, office location, contact method, caller type, program type, issue categories, action taken, and priority.

A. Data by Region

1. Initial Contacts to KanCare Ombudsman Office by Region

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

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



- 785, 913 and 816 area code toll-free calls go to the Kansas City Metro Satellite office.
- 316 and 620 area code toll-free calls go to the Wichita Satellite office.
- The remaining calls, direct calls and complex calls, emails and referrals go to the Topeka (main) office unless people call the direct number for the satellite offices (found on KanCare Ombudsman web pages under Contact Us.)

KanCare Ombudsman Office

REGION	Q1/2020	Q2/2020	Q3/2020	Q4/2020	Q1/2021	Q2/2021	Q3/2021	Q4/2021
Northeast	158	90	50	69	80	147	94	80
Southeast	171	104	36	84	60	134	96	93
Northwest	15	4	1	5	10	7	8	8
Southwest	16	11	6	8	16	19	12	14
Unknown	544	257	464	435	400	284	433	368
Out of State	2	12	5	0	0	1	1	3
Total	**906**	**478**	**562**	**601**	**566**	**592**	**644**	**566**

2. Kansas Medicaid members by Region

These charts show the calls by region to the KanCare Ombudsman Office and the **Kansas Medicaid population** by the KanCare Ombudsman regions. Most of the Medicaid population is in the eastern two regions. Most Medicaid members are not being dropped at this time due to COVID-19, so the total Medicaid number is increasing each quarter.

Medicaid

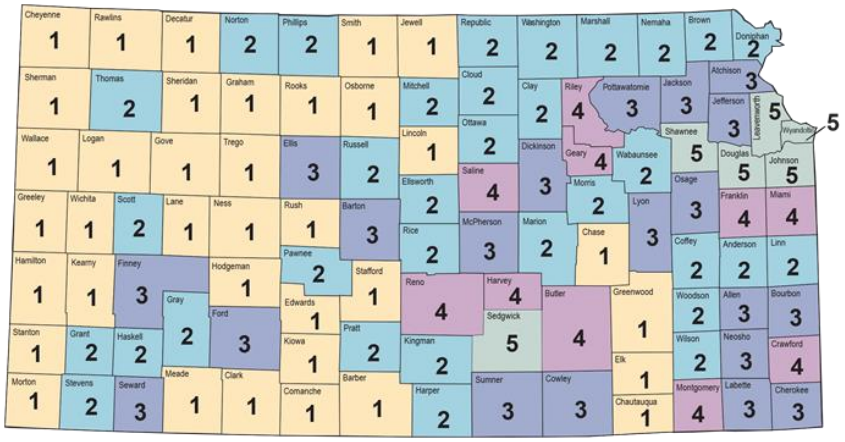
Region	Q1/2020	Q2/2020	Q3/2020	Q4/2020	Q1/2021	Q2/2021	Q3/2021	Q4/2021
Northeast	193,061	199,226	207,371	212,844	218,205	222,688	227,276	231,064
Southeast	174,330	180,611	188,171	193,347	198,235	202,161	206,092	209,226
Northwest	12,550	12,964	13,507	13,928	14,310	14,409	14,817	15,087
Southwest	36,984	38,200	39,667	40,724	41,958	42,834	43,910	44,639
Total	**416,925**	**431,001**	**448,716**	**460,843**	**472,708**	**482,092**	**492,095**	**500,016**

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

3. Kansas Population Density

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

This map is based on 2015 Census data. Kansas Population Density map show population using number of people per square mile (ppsm).



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

B. Data by Office Location

During fourth quarter, we had the assistance of volunteers in the satellite offices at least 2-3 days per week (including new volunteers being mentored on the phones). When there was no volunteer coverage for the day, the Ombudsman Administrative Specialist or the Ombudsman Volunteer Coordinator took the toll-free number calls.

Contacts by Office	Q1/2020	Q2/2020	Q3/2020	Q4/2020	Q1/2021	Q2/2021	Q3/2021	Q4/2021
Main - Topeka	540	362	534	438	387	432	458	410
Johnson County	142	0	1	58	74	90	104	46
Wichita	221	112	26	105	103	69	82	110
Total	**903**	**474**	**561**	**601**	**564**	**591**	**644**	**566**

C. Data by Contact Method

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

Contact Method	Q1/2020	Q2/2020	Q3/2020	Q4/2020	Q1/2021	Q2/2021	Q3/2021	Q4/2021
Telephone	773	356	464	511	473	449	510	446
Email	114	117	90	83	86	139	126	106
Letter	5	4	6	2	1	1	1	3
Face-to-Face Meeting	11	0	0	0	0	0	3	5
Other	0	1	1	5	2	1	3	5
Social Media	3	0	1	0	4	2	1	1
CONTACT METHOD TOTAL	**906**	**478**	**562**	**601**	**566**	**592**	**644**	**566**

D. Data by Caller Type

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

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

CALLER TYPE	Q1/2020	Q2/2020	Q3/2020	Q4/2020	Q1/2021	Q2/2021	Q3/2021	Q4/2021
Provider	70	63	63	58	62	100	82	60
Consumer	773	375	451	497	465	434	478	447
MCO Employee	3	6	5	8	2	4	10	5
Other Type	60	34	43	38	37	54	74	54
CALLER TYPE TOTAL	**906**	**478**	**562**	**601**	**566**	**592**	**644**	**566**

E. Data by Program Type

Nursing facility issues and Frail Elderly (FE) waiver continue as the top program concerns within the Program Type contacts received.

PROGRAM TYPE	Q1/2020	Q2/2020	Q3/2020	Q4/2020	Q1/2021	Q2/2021	Q3/2021	Q4/2021
PD	32	25	35	12	9	14	11	12
I/DD	23	23	16	12	9	17	8	10
FE	34	19	27	16	13	23	23	16
AUTISM	1	1	2	3	0	2	1	1
SED	5	3	2	3	1	1	1	8
TBI	7	4	9	3	5	6	6	4
TA	6	5	2	1	1	1	0	2
WH	0	1	0	0	0	1	0	0
MFP	0	1	0	0	0	1	1	2
PACE	1	0	0	1	0	1	0	3
MENTAL HEALTH	3	8	2	1	3	1	8	3
SUB USE DIS	0	0	0	0	0	0	0	0
NURSING FACILITY	39	29	9	22	24	20	15	34
FOSTER CARE	0	1	0	0	1	0	1	1
MEDIKAN	2	0	0	3	2	1	2	0
INSTITUTIONAL TRANSITION FROM LTC/NF	3	2	3	2	1	1	0	3
INSTITUTIONAL TRANSITION FROM MH/BH	0	1	1	0	1	1	0	0
INSTITUTIONAL TRANSITION FROM PRISON/JAIL	0	0	0	0	0	0	0	0
PROGRAM TYPE TOTAL	**156**	**123**	**108**	**79**	**70**	**91**	**77**	**99**

There may be multiple selections for a member/contact.

F. Data by Priorities

This data collection started in August 2019. The Ombudsman Office is tracking priorities for two purposes:

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

The priorities are defined as follows:

- HCBS – Home and Community Based Services
- Long Term Care/NF – Long Term Care/Nursing Facility
- Urgent Medical Need – 1) there is a medical need, 2) if the need is not resolved in 5-10 days, the person could end up in the hospital.
- Urgent – a case that needs a higher level of attention.
- Life Threatening – If not resolved in 1-4 days person's life could be endangered. (should not be used very often.)

PRIORITY	Q1/2020	Q2/2020	Q3/2020	Q4/2020	Q1/2021	Q2/2021	Q3/2021	Q4/2021
HCBS	66	65	36	30	21	33	28	29
Long Term Care / NF	25	27	12	15	14	22	19	34
Urgent Medical Need	24	8	9	11	9	15	8	10
Urgent	22	12	13	18	15	30	24	24
Life Threatening	8	0	1	4	2	2	0	1
PRIORITIES TOTAL	**145**	**112**	**71**	**78**	**61**	**102**	**79**	**98**

G. Data by Issue Categories

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

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

1. Medicaid Issues

The top Medicaid issues are Medicaid General issues, Medicaid Application assistance, Medicaid Eligibility Issues, Medicaid Info/status, and Billing Issues.

MEDICAID ISSUES	Q1/2020	Q2/2020	Q3/2020	Q4/2020	Q1/2021	Q2/2021	Q3/2021	Q4/2021
Access to Providers (usually Medical)	11	3	1	9	9	11	11	14
Appeals/Fair Hearing questions/issues	23	8	10	15	12	15	7	5
Background Checks	0	0	0	0	0	0	2	2
Billing	25	16	20	30	38	35	43	45
Care Coordinator Issues	19	3	4	7	7	6	4	6
Change MCO	7	3	8	6	6	3	2	2
Choice Info on MCO	4	2	1	2	1	4	3	4
Coding Issues	8	2	8	3	8	3	1	2
Consumer said Notice not received	3	0	1	2	1	2	1	1
Cultural Competency	0	1	0	0	1	2	0	0
Data Requests	4	4	1	1	6	5	19	11
Dental	4	7	5	3	4	5	6	9
Division of Assets	10	8	7	4	11	10	4	6
Durable Medical Equipment	3	9	2	5	3	7	11	4
Grievances Questions/Issues	33	11	10	22	18	13	12	17
Help understanding mail (NOA)	9	4	7	8	11	24	19	12
MCO transition	2	0	1	0	0	1	0	1
Medicaid Application Assistance	150	114	118	132	123	104	130	133
Medicaid Eligibility Issues	206	63	109	99	108	88	110	102
Medicaid Fraud	1	2	3	3	3	2	3	2
Medicaid General Issues/questions	188	89	103	123	142	173	176	171
Medicaid info (status) update	150	35	107	97	90	86	127	85
Medicaid Renewal	51	3	9	20	13	6	3	3
Medical Card issues	9	6	9	10	10	12	24	20
Medicare Savings Plan Issues	49	22	15	46	31	21	29	30
MediKan issues	3	0	2	8	5	5	4	4
Moving to / from Kansas	19	7	14	14	2	12	10	13
Medical Services	24	19	12	17	22	25	20	11
Pain management issues	0	2	0	1	1	3	3	2
Pharmacy	12	11	4	7	10	10	7	11
Pregnancy issues	5	2	9	22	30	38	23	5
Prior authorization issues	2	2	1	4	4	7	5	7

MEDICAID ISSUES (cont.)	Q1/2020	Q2/2020	Q3/2020	Q4/2020	Q1/2021	Q2/2021	Q3/2021	Q4/2021
Refugee/Immigration/SOBRA issues	3	0	1	1	2	2	2	2
Respite	0	0	0	0	2	2	0	1
Spend Down Issues	28	17	23	27	19	19	21	17
Transportation	9	6	0	8	5	14	12	7
Working Healthy	0	1	0	2	2	2	1	2
MEDICAID ISSUES TOTAL	**1074**	**482**	**625**	**758**	**760**	**777**	**855**	**769**

There may be multiple selections for a member/contact.

2. HCBS/LTSS Issues

The top issues for this group are Nursing Facility issues, HCBS eligibility issues, and HCBS General Issues.

HCBS/LTSS ISSUES	Q1/2020	Q2/2020	Q3/2020	Q4/2020	Q1/2021	Q2/2021	Q3/2021	Q4/2021
Client Obligation	14	10	6	8	14	10	7	24
Estate Recovery	3	3	12	17	3	9	9	12
HCBS Eligibility issues	51	34	54	40	30	51	45	46
HCBS General Issues	60	55	55	48	45	54	43	35
HCBS Reduction in hours of service	5	3	15	4	3	2	1	1
HCBS Waiting List	2	0	12	11	4	4	5	3
Nursing Facility Issues	39	26	29	45	26	38	35	51
HCBS/LTSS ISSUES TOTAL	**174**	**131**	**183**	**173**	**125**	**168**	**145**	**172**

There may be multiple selections for a member/contact.

3. Other Issues

This section shows issues or concerns that may be *related* to KanCare/Medicaid. Medicare Related and Social Security issues were the two top concerns this quarter.

OTHER ISSUES	Q1/2020	Q2/2020	Q3/2020	Q4/2020	Q1/2021	Q2/2021	Q3/2021	Q4/2021
Abuse / neglect complaints	8	10	9	7	7	13	10	17
ADA Concerns	0	0	1	0	1	1	0	1
Adoption issues	1	1	0	2	0	3	3	3
Affordable Care Act Calls	3	7	1	4	4	1	3	2
Community Resources needed	8	10	2	4	11	6	6	11
Domestic Violence concerns	0	0	1	2	0	0	1	1

OTHER ISSUES (cont.)	Q1/2020	Q2/2020	Q3/2020	Q4/2020	Q1/2021	Q2/2021	Q3/2021	Q4/2021
Foster Care issues	6	4	3	1	2	2	10	3
Guardianship	4	5	2	3	3	5	5	4
Homelessness	2	3	4	2	2	4	0	6
Housing Issues	1	7	12	5	5	9	4	16
Medicare related Issues	16	17	11	25	14	17	20	26
Social Security Issues	16	15	18	21	14	15	15	25
Used Interpreter	1	5	4	4	4	2	5	4
X-Other	137	91	181	218	207	54	49	55
Z Thank you	335	218	270	282	335	346	355	292
Z Unspecified	75	47	40	70	26	31	22	19
Health Homes	0	0	0	0	0	0	0	0
OTHER ISSUES TOTAL	**613**	**440**	**559**	**650**	**635**	**509**	**508**	**485**

There may be multiple selections for a member/contact.

H. Data by Managed Care Organization (MCO) – See Appendix B

VII. Action Taken

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

1. response rates for the KanCare Ombudsman office (Responding to members)
2. response rates to resolve the question/concern for related organizations that are asked to assist by the Ombudsman office
3. information on resources provided (Action Taken)
4. how contacts are resolved (Resolution of Issues)

A. Responding to Issues

1. KanCare Ombudsman Office response to members/applicants

The Ombudsman Office goal is to respond to a contact within two business days. During the COVID-19 pandemic, our goal changed to responding within 3-4 business days. We went back to the goal of answering calls within two business days during fourth quarter of 2020.

Qtr./Year	Nmbr. of Contacts	%Responded 0-2 Days	%Responded in 3-7 Days	%Responded 8 or More Days
Q1/2020	905	92%	4%	4%
Q2/2020	476	60%	36%	4%
Q3/2020	562	86%	12%	2%
Q4/2020	601	84%	15%	1%
Q1/2021	566	87%	12%	1%
Q2/2021	592	89%	10%	1%
Q3/2021	644	87%	12%	1%
Q4/2021	566	87%	11%	2%

2. Organizational final response to Ombudsman requests

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

Number of Referrals	Referred to	% Responded 0-2 Days	% Responded 3-7 Days	% Responded 7-30 Days	% Responded 31 or More Days
49	Clearinghouse	100%	0%	0%	0%
2	DCF	50%	0%	50%	0%
6	KDHE-Eligibility	33%	17%	50%	0%
2	KDHE-Program Staff	100%	0%	0%	0%
1	KMAP	100%	0%	0%	0%
5	Aetna	80%	20%	0%	0%
5	Sunflower	40%	0%	40%	20%
3	UnitedHealthcare	100%	0%	0%	0%

3. Action Taken by KanCare Ombudsman Office to resolve requests

Action Taken Resolution Type	Q1/2020	Q2/2020	Q3/2020	Q4/2020	Q1/2021	Q2/2021	Q3/2021	Q4/2021
Questions/Issue Resolved (No Resources)	70	51	8	16	28	19	25	30
Used Contact or Resources/Issue Resolved	715	361	514	535	495	542	591	508
Closed (No Contact)	55	31	31	40	40	24	21	18
ACTION TAKEN RESOLUTION TYPE TOTAL	**840**	**443**	**553**	**591**	**563**	**585**	**637**	**556**
Action Taken Additional Help	**Q1/2020**	**Q2/2020**	**Q3/2020**	**Q4/2020**	**Q1/2021**	**Q2/2021**	**Q3/2021**	**Q4/2021**
Provided Resources	558	339	317	342	260	526	585	516
Mailed/Email Resources	114	73	85	118	90	131	107	85
ACTION TAKEN ADDITIONAL HELP TOTAL	**672**	**412**	**402**	**460**	**350**	**657**	**692**	**601**

There may be multiple selections for a member/contact

4. Ombudsman Office Resolution of Issues

The average days to close/resolve an issue has been improving over the last year.

Qtr./Year	Nmbr. Of Contacts	Avg Days To Completion	%Completed 0-2 Days	%Completed in 3-7 Days	%Completed 8 or More Days
Q1/2020	804	5	74%	9%	17%
Q2/2020	404	7	46%	31%	23%
Q3/2020	537	5	76%	13%	11%
Q4/2020	576	5	69%	17%	14%
Q1/2021	552	5	71%	16%	13%
Q2/2021	578	4	72%	16%	12%
Q3/2021	630	4	74%	15%	11%
Q4/2021	543	3	76%	14%	10%

VIII. Enhancements and Future Changes

A. Enhancement: Call Handler for Wichita office

The call handler for the Wichita Satellite office was put in place in November. This is being done to better serve those whose primary language is Spanish.

It provides four options for people calling the toll-free number and being routed to the Kansas City Metro Satellite office:

- Spanish – routes to a Spanish line that tells how to leave a message
- Providers – transfers provider calls to KDHE Health Care Finance front desk to be routed to a Provider Manager for assistance.
- Clearinghouse – if callers are trying to reach the KanCare Clearinghouse, they can choose this option and will be routed directly to the number.
- The caller can stay on the line or press zero to get the KanCare Ombudsman office.

All three KanCare Ombudsman offices are set up with a call handler.

B. Enhancement: Application Assistance Guide

The AmeriCorps VISTA volunteers did an extensive update to this document. It is now in alphabetical order by county, has resources listed for every county in Kansas and has over 50 pages of places in Kansas that provide KanCare application assistance. The link to find the full document is application-assistance-guide-jan-2022.pdf (ks.gov).

KanCare Ombudsman

Application Assistance Guide

This is a listing of organizations, by county, that provide some KanCare/Kansas Medicaid application assistance. Please call before you go to get information on times available and if services are provided in person or by phone.

County	Organization	Contact Person	Phone	Language Offered other than English	Families with Children	Elderly and Disabled	Medicare Savings Program
Allen	KanCare Ombudsman Office		(855) 643-8180	Language Line	Yes	Yes	Yes

C. Enhancement: Foster Care, Adoption and KanCare fact sheet

The KanCare Ombudsman Office partnered with the Department of Children and Families to create a fact sheet that explains the KanCare process for foster care children/youth, program eligibility, services, along with information on how to avoid losing services, transition living programs and independent living programs for Foster Care youth. It also includes information on how to get assistance if a parent, foster parent, or adoptive parent has questions or concerns. The link to this fact sheet is: foster-care-and-kancare-fact-sheet.pdf (ks.gov)

D. Other Changes: KanCare Ombudsman Office moving to Office of Public Advocates

The KanCare Ombudsman Office has been in Kansas Department of Aging and Disability Services since it was started in 2013. The recent Governor's Executive Order No. 21-27 places the KanCare Ombudsman Office in the new Office of Public Advocates. This Executive Order determines the following for the KanCare Ombudsman Office going forward.

- The KanCare Ombudsman will be appointed by the Governor for a term of five years.
- The Office of Public Advocates will be attached to the Department of Administration.
- The Secretary of the Department of Administration will provide technical assistance and advice as the Secretary deems reasonable and necessary to assist the Office of Public Advocates and its entities to function as independent state officials or agencies.
- And finally, neither the Secretary of the Department of Administration nor the Department of Administration shall have authority over the Office of Public Advocates.

This transition will take place over the next several months and should be completed by June 30th, 2022, which is the end of the 2022 fiscal year.

E. Future Enhancements

The KanCare Ombudsman Office has partnered with the Kansas Department of Aging and Disability Services (KDADS) Behavior Health team and numerous other stakeholders to put together **a Psychiatric Residential Treatment Facilities (PRTF) fact sheet** with information that clarifies:

- What a PRTF is
- How parents and guardians can avoid using a PRTF
- If a child is escalating, how to get needed help
- Program eligibility requirements
- Appeal and Fair hearing information on eligibility
- Age clarification
- Criteria for the PRTF program
- How to request PRTF services
- What happens once approved
- Information on the waiting list
- How discharge planning works
- Information on transition back to school setting from PRTF
- Appeal process for discharge
- Frequently Asked Questions

We anticipate this will be available sometime during first quarter 2022.

IX. Appendix A: Outreach by KanCare Ombudsman Office

This is a listing of KanCare Ombudsman Outreach to members, providers and community organizations through conferences, newsletters, social media, training events, direct outreach, and public comments sessions by the state for KanCare related issues, etc.

A. Outreach through Education and Collaboration

Outreach includes Community events and presentations such as education, networking, and referrals.

- Extensive outreach was done for the KanCare Ombudsman Office survey and listening sessions.
    - Used Mail Chimp to send emails to KanCare members, applicants, providers, and Community Based organizations that had been in contact with our office during 2021; over 900 emails sent.
    - Sent an email invitation/request to KDHE, KDADS, Aetna, Sunflower and United requesting they post the information about our survey and listening sessions through their various communication tools.
    - Used Facebook Ad (and boosted) to promote the survey and listening sessions. See Social Media Outreach on page 24 for more detail.
    - Survey available over four weeks in October/November.
    - There were five listening sessions in November.
    - Survey is being counted as one outreach. Listening sessions being counted as five outreach events. Full reporting on the Survey and Listening Sessions is available in the 2021 Annual Report.
- 10.1.21, JoCo VISTA met with Aracely van Kirk who manages the Ventanilla de Salud at the Mexican Consulate in Kansas City. Discussed current public health issues and methods of outreach and accessibility.
- 10/4: WSU CEI staff emailed resources to SW Area Agency on Aging
- 10/5: WSU CEI staff emailed with Dr. Rachel Showstack of Alce Su Voz
- 10/6: VISTA/MSW practicum student attended CPAAA monthly networking meeting via Zoom
- 10/14: WSU CEI staff attended Lyon County monthly networking meeting via Zoom
- 10/20: WSU CEI staff attended Butler County Early Childhood Taskforce via Zoom
- 10/28: WSU CEI staff attended Sedgwick County IRIS quarterly meeting via Zoom
- 10/29: WSU CEI staff attended Sedgwick County CDDO quarterly meeting via Zoom
- 11/3: VISTA/MSW practicum student attended CPAAA monthly networking meeting via Zoom

- November: WSU CEI staff mailed brochures to:
    - Rush County Health Dept
    - Scott County Health Dept
    - Southwest KS Area Agency on Aging, Great Bend
    - Charities of Southwest KS
    - Southwest KS Area Agency on Aging, Dodge City
- 11/12: WSU CEI staff emailed Listening Session information to Central Plains Area Agency on Aging listserv
- 11/15: WSU CEI staff emailed resources to Central Plains Area Agency on Aging
- 11/17: VISTA/MSW practicum student attended Dress for Success event
- 11/19: VISTA/MSW practicum student attended monthly Veterans Coalition Meeting via Zoom
- 12/1: WSU CEI staff met with Sedgwick Co. RSVP staff in-office
- 12/7: Attended and provided written report to the KanCare Advisory Council Meeting and Open Forum.
- 12/9, 12/14, 12/16; Partnership with KDHE Public Health Team to do an overview of the KanCare Ombudsman Office and services (including volunteer program) to the Local Public Health Offices during their monthly meetings.
- 12/9: WSU CEI staff and VISTA/MSW practicum student attended Healthier Lyon County Coalition meeting via Zoom
- 12/13: Attended and provided testimony and 3rd quarter report to the Bethel Joint Committee on HCBS and KanCare Oversight.
- 12/15: WSU CEI staff and VISTA/MSW practicum student attended Butler County Early Childhood Taskforce meeting via Zoom
- 12/17: VISTA/MSW practicum student attended monthly Veterans Coalition Meeting via Zoom
- 12/17: WSU CEI staff emailed with Wendi Herron, Continuum of Care Manager/Outreach for Susan B. Allen Memorial Hospital's BreakThru program.
- VISTA outreach for Application Assistance Guide and sharing information about the KanCare Ombudsman office
    - Hiawatha Family Clinic/Community Hospital
    - Konza Prairie Community Health
    - Morton County Medical Center
    - Riverside Resources

10/6/2021	Butler County Health Department
10/6/2021	Chase County Health Department
10/6/2021	Chautauqua County Health Department
10/6/2021	Clark County Health Nurse

10/6/2021	Pawnee County Health Department
10/6/2021	Comanche County Health Department
10/6/2021	Diana Clanton- Sedan SKIL office
10/6/2021	Crawford County Health Department
10/6/2021	Coffey County Health Department
10/6/2021	Community Health Center of Southeast Kansas (Pittsburg office)
10/6/2021	Elk County Health Department
10/8/2021	Finney Couth Health Department
10/8/2021	Social and Rehabilitation Services in Garden City
10/8/2021	Grant County Health Department
10/8/2021	Grey County Health Department
10/8/2021	East Central Kansas Area Agency on Aging
10/8/2021	ECKAN East Central Kansas Economic Opportunity Corporation
10/8/2021	Community Health Center of Southeast Kansas (Pittsburg office)
10/8/2021	Independence SKIL Office
10/8/2021	Pittsburg SKIL Office
10/8/2021	Hamilton County Health Department
10/8/2021	Harper County Health Department
10/8/2021	Harvey County Health Department
10/11/2021	Social and Rehabilitation Services in Newton
10/14/2021	Hodgeman County Health Department
10/14/2021	Kearny County Health Department
10/14/2021	Family Health Center- Lakin KS
10/14/2021	Fort Scott Medical Clinic
10/14/2021	Kingman County Health Department
10/19/2021	Kiowa County Health Department
10/19/2021	Labette County Health Department
10/19/2021	Marion County Health Department
10/19/2021	Montgomery County Health Department (Coffeyville)
10/19/2021	Morton County Health Department
10/19/2021	Neosho County Health Department
10/19/2021	Pratt County Health Department
10/19/2021	Hope Center in Pratt, KS
10/19/2021	Reno County Health Department
10/21/2021	Rice County Health Department
10/21/2021	Rush County Health Department
10/21/2021	Scott County Health Department
10/21/2021	Sedgwick County Health Department

10/21/2021	Seward County Health Department
10/11/2021	Community Health Center of Southeast Kansas
10/19/2021	Fort Scott Medical Clinic
10/19/2021	Hamilton County VIP Senior Center
10/19/2021	Hamilton County Family Practice Clinic
10/19/2021	Prairie Independent Living Resource Center, Inc. (PILR)
10/28/2021	Saline Health Department
10/28/2021	Area Agency On Aging (Salina, KS)
10/28/2021	Sarah Edwards (DCF)
10/28/2021	Rush County Health Department

B. Outreach through Print Media and Social Media

1. Social Media outreach

- Posted an ad regarding the KanCare Ombudsman Office survey and listening session on Facebook. Posted and boosted the ad for four weeks. The audience was targeted to Facebook users who are associated with the following regions, industries, interests, and employments: Kansas; parents; community & social services; healthcare/medical; legal; life – physical & social sciences; protective services; veterans; food & restaurants; healthcare; nursing; retail; family; fatherhood; motherhood; parenting; current events; charity & causes; community issues; and volunteering.
    - Reach: 52,534 (number of people who saw the ad at least once).
    - Engagement: 863 (number of actions people took)
        - "Like": 40
        - "Love": 2
        - Link clicks: 782
        - Shares: 24
        - Saves: 14
    - October - Eight Facebook posts created and posted
    - November – 16 Facebook posts created and posted
    - December – 16 Facebook posts created and posted and 1 Linked in post
- Facebook page followers at end of December: 405
- Organizations that agreed to include a link to the KanCare Ombudsman Office webpages on their website.
    - CDDO of SEK
    - Hetlinger Developmental Services
    - Butler County CDDO
    - Sedgwick County CDDO

- Disability Planning Organization of Kansas as well as the websites of the CDDOs they subcontract with, including McPherson County CDDO and Sumner County CDDO
- Shawnee County CDDO

2. Print Media

- November; asked Johnson County AAA to include a brief article about the KanCare Ombudsman office.

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

A. Aetna

MEDICAID ISSUES	Q1/2020	Q2/2020	Q3/2020	Q4/2020	Q1/2021	Q2/2021	Q3/2021	Q4/2021
Access to Providers (usually Medical)	0	1	0	3	0	3	1	2
Appeals/Fair Hearing questions/issues	1	1	0	1	0	1	0	1
Background Checks	0	0	0	0	0	0	0	0
Billing	2	2	2	5	2	4	2	6
Care Coordinator Issues	0	0	1	1	1	0	1	3
Change MCO	4	0	1	2	1	0	0	0
Choice Info on MCO	1	0	0	0	0	0	0	0
Coding Issues	0	0	0	0	0	1	0	1
Consumer said Notice not received	0	0	1	0	0	1	0	0
Cultural Competency	0	0	0	0	0	1	0	0
Data Requests	0	0	0	0	0	0	0	0
Dental	1	0	1	0	0	0	1	0
Division of Assets	0	0	0	0	0	0	0	0
Durable Medical Equipment	1	2	1	2	0	0	0	0
Grievances Questions/Issues	5	3	1	1	0	1	0	5
Help understanding mail (NOA)	0	0	1	0	0	0	0	0
MCO transition	0	0	0	0	0	0	0	0
Medicaid Application Assistance	0	0	0	2	0	0	0	1
Medicaid Eligibility Issues	1	1	1	4	2	2	4	1
Medicaid Fraud	0	0	0	0	0	0	1	0
Medicaid General Issues/questions	4	2	1	5	3	6	9	5
Medicaid info (status) update	4	4	1	3	3	2	4	6
Medicaid Renewal	3	0	0	1	1	1	0	0
Medical Card issues	0	0	1	0	0	1	3	2
Medicare Savings Plan Issues	3	0	0	1	1	0	0	0
MediKan issues	0	0	0	0	0	0	0	0
Moving to / from Kansas	0	0	0	0	0	1	0	0
Medical Services	2	2	2	3	2	6	4	0
Pain management issues	0	1	0	1	0	0	1	1
Pharmacy	1	0	0	1	0	1	2	2
Pregnancy issues	0	0	0	0	1	0	0	0
Prior authorization issues	0	0	1	1	0	2	0	1
Refugee/Immigration/SOBRA issues	0	0	0	0	0	0	0	0
Respite	0	0	0	0	0	0	0	0
Spend Down Issues	2	2	2	1	0	1	3	2
Transportation	1	1	0	1	0	2	0	1
Working Healthy	0	0	0	1	0	0	0	0
MEDICAID ISSUES TOTAL	**36**	**22**	**18**	**40**	**17**	**37**	**36**	**40**

Aetna

HCBS/LTSS ISSUES	Q1/2020	Q2/2020	Q3/2020	Q4/2020	Q1/2021	Q2/2021	Q3/2021	Q4/2021
Client Obligation	0	0	0	0	2	0	0	1
Estate Recovery	0	0	0	0	0	0	0	0
HCBS Eligibility issues	0	0	0	0	0	2	2	1
HCBS General Issues	0	5	2	2	0	2	2	3
HCBS Reduction in hours of service	0	1	0	0	0	0	0	0
HCBS Waiting List	0	0	0	0	0	0	0	0
Nursing Facility Issues	3	1	2	0	1	1	1	4
HCBS/LTSS ISSUES TOTAL	**3**	**7**	**4**	**2**	**3**	**5**	**5**	**9**

OTHER ISSUES	Q1/2020	Q2/2020	Q3/2020	Q4/2020	Q1/2021	Q2/2021	Q3/2021	Q4/2021
Abuse / neglect complaints	1	2	1	0	0	0	0	3
ADA Concerns	0	0	0	0	0	0	0	0
Adoption issues	0	0	0	0	0	1	1	0
Affordable Care Act Calls	0	0	0	0	0	0	0	0
Community Resources needed	0	1	0	0	0	0	0	0
Domestic Violence concerns	0	0	0	0	0	0	0	0
Foster Care issues	0	1	0	0	0	0	1	0
Guardianship	0	0	0	0	0	0	1	0
Homelessness	0	0	0	1	0	0	0	0
Housing Issues	0	0	1	1	0	0	0	1
Medicare related Issues	1	0	0	1	0	0	1	0
Social Security Issues	0	0	0	0	0	0	0	0
Used Interpreter	0	0	0	0	0	0	0	0
X-Other	3	6	4	5	5	0	1	1
Z Thank you	9	10	4	15	7	18	17	11
Z Unspecified	0	0	0	1	0	0	3	0
Health Homes	0	0	0	0	0	0	0	0
OTHER ISSUES TOTAL	**14**	**20**	**10**	**24**	**12**	**19**	**25**	**16**

PRIORITY	Q1/2020	Q2/2020	Q3/2020	Q4/2020	Q1/2021	Q2/2021	Q3/2021	Q4/2021
HCBS	1	5	3	2	1	6	1	2
Long Term Care / MF	0	2	1	0	0	2	1	0
Urgent Medical Need	0	0	0	1	1	2	2	1
Urgent	3	0	1	2	0	3	3	2
Life Threatening	0	0	0	0	0	0	0	0
PRIORITIES TOTAL	**4**	**7**	**5**	**5**	**2**	**13**	**7**	**5**

Aetna

PROGRAM TYPE	Q1/2020	Q2/2020	Q3/2020	Q4/2020	Q1/2021	Q2/2021	Q3/2021	Q4/2021
PD	1	2	1	1	1	1	0	2
I/DD	0	2	0	1	0	1	0	0
FE	0	0	0	0	0	1	0	0
AUTISM	0	0	0	0	0	0	0	0
SED	0	1	0	0	0	0	0	0
TBI	0	0	2	0	0	0	1	1
TA	0	2	0	0	0	1	0	0
WH	0	0	0	0	0	0	0	0
MFP	0	0	0	0	0	0	0	0
PACE	0	0	0	0	0	0	0	0
MENTAL HEALTH	0	0	0	0	0	0	0	0
SUB USE DIS	0	0	0	0	0	0	0	0
NURSING FACILITY	2	2	0	0	0	0	1	1
FOSTER CARE	0	1	0	0	0	0	1	0
MEDIKAN	0	0	0	0	0	0	0	0
INSTITUTIONAL TRANSITION FROM LTC/NF	0	0	1	0	1	1	0	0
INSTITUTIONAL TRANSITION FROM MH/BH	0	0	0	0	0	0	0	0
INSTITUTIONAL TRANSITION FROM PRISON/JAIL	0	0	0	0	0	0	0	0
PROGRAM TYPE TOTAL	**3**	**10**	**4**	**2**	**2**	**5**	**3**	**4**

B. Sunflower

MEDICAID ISSUES	Q1/2020	Q2/2020	Q3/2020	Q4/2020	Q1/2021	Q2/2021	Q3/2021	Q4/2021
Access to Providers (usually Medical)	2	0	0	2	2	2	1	2
Appeals/Fair Hearing questions/issues	4	2	1	8	1	2	1	0
Background Checks	0	0	0	0	0	0	0	0
Billing	2	1	4	7	5	3	5	3
Care Coordinator Issues	6	1	0	1	0	1	0	0
Change MCO	0	1	3	0	0	1	0	1
Choice Info on MCO	0	1	0	1	0	2	0	0
Coding Issues	0	0	1	1	0	0	1	0
Consumer said Notice not received	0	0	0	1	0	0	0	0
Cultural Competency	0	0	0	0	0	0	0	0
Data Requests	1	1	0	0	0	0	1	1
Dental	1	1	0	0	0	0	1	2
Division of Assets	0	0	0	0	0	0	0	0
Durable Medical Equipment	1	2	1	0	0	2	2	0
Grievances Questions/Issues	6	3	0	4	4	2	0	1
Help understanding mail (NOA)	2	1	0	1	1	1	0	0
MCO transition	0	0	0	0	0	1	0	0
Medicaid Application Assistance	3	0	0	1	0	0	0	0
Medicaid Eligibility Issues	5	1	1	0	1	0	4	0
Medicaid Fraud	0	1	0	0	0	0	0	0
Medicaid General Issues/questions	12	2	0	2	2	6	7	2
Medicaid info (status) update	6	1	2	2	1	2	3	2
Medicaid Renewal	3	0	0	0	0	0	0	0
Medical Card issues	2	1	0	1	1	0	2	1
Medicare Savings Plan Issues	1	0	0	0	0	0	0	0
MediKan issues	0	0	0	0	0	0	0	0
Moving to / from Kansas	2	0	0	0	0	0	0	0
Medical Services	6	2	1	4	4	2	3	3
Pain management issues	0	0	0	0	0	1	0	1
Pharmacy	0	1	0	0	0	2	2	3
Pregnancy issues	0	0	0	1	0	0	0	0
Prior authorization issues	0	1	0	0	0	1	0	1
Refugee/Immigration/SOBRA issues	0	0	0	0	0	0	0	0
Respite	0	0	0	0	0	0	0	1
Spend Down Issues	3	0	0	1	1	0	0	0
Transportation	3	2	0	0	0	2	3	0
Working Healthy	0	0	0	0	0	0	0	0
MEDICAID ISSUES TOTAL	**71**	**26**	**14**	**38**	**23**	**33**	**36**	**24**

Sunflower

HCBS/LTSS ISSUES	Q1/2020	Q2/2020	Q3/2020	Q4/2020	Q1/2021	Q2/2021	Q3/2021	Q4/2021
Client Obligation	2	0	0	1	1	1	0	0
Estate Recovery	0	0	0	0	0	0	0	0
HCBS Eligibility issues	1	0	3	1	3	2	3	0
HCBS General Issues	7	9	7	3	4	4	1	3
HCBS Reduction in hours of service	1	2	2	2	0	0	0	0
HCBS Waiting List	0	0	1	0	0	1	1	0
Nursing Facility Issues	1	0	2	2	2	1	0	2
HCBS/LTSS ISSUES TOTAL	**12**	**11**	**15**	**9**	**10**	**9**	**5**	**5**

OTHER ISSUES	Q1/2020	Q2/2020	Q3/2020	Q4/2020	Q1/2021	Q2/2021	Q3/2021	Q4/2021
Abuse / neglect complaints	1	0	0	0	0	0	0	1
ADA Concerns	0	0	0	0	0	0	0	0
Adoption issues	0	1	0	1	0	1	0	0
Affordable Care Act Calls	0	0	0	0	0	0	0	0
Community Resources needed	0	1	0	0	0	2	0	0
Domestic Violence concerns	0	0	0	0	0	0	0	0
Foster Care issues	0	0	0	0	0	0	0	0
Guardianship	1	0	0	0	2	1	0	0
Homelessness	0	1	0	0	0	0	0	0
Housing Issues	0	1	1	1	0	2	0	0
Medicare related Issues	2	1	0	0	2	1	0	1
Social Security Issues	0	1	0	0	1	0	0	0
Used Interpreter	0	0	0	0	0	0	0	0
X-Other	9	6	6	7	4	4	0	1
Z Thank you	24	14	12	14	19	17	12	6
Z Unspecified	0	1	0	1	1	0	1	0
Health Homes	0	0	0	0	0	0	0	0
OTHER ISSUES TOTAL	**37**	**27**	**19**	**24**	**29**	**28**	**13**	**9**

PRIORITY	Q1/2020	Q2/2020	Q3/2020	Q4/2020	Q1/2021	Q2/2021	Q3/2021	Q4/2021
HCBS	10	12	6	5	3	4	6	3
Long Term Care / MF	0	0	0	2	1	3	1	0
Urgent Medical Need	2	0	2	3	1	5	2	2
Urgent	2	4	2	2	1	6	1	3
Life Threatening	0	0	1	0	1	1	0	0
PRIORITIES TOTAL	**14**	**16**	**11**	**12**	**7**	**19**	**10**	**8**

Sunflower

PROGRAM TYPE	Q1/2020	Q2/2020	Q3/2020	Q4/2020	Q1/2021	Q2/2021	Q3/2021	Q4/2021
PD	4	5	5	0	1	1	0	0
I/DD	0	2	2	0	2	5	1	2
FE	1	1	1	3	1	2	2	1
AUTISM	1	0	1	0	0	0	0	0
SED	0	1	0	0	0	0	0	0
TBI	1	1	0	0	2	1	3	0
TA	1	1	0	1	0	0	0	1
WH	0	0	0	0	0	0	0	0
MFP	0	0	0	0	0	0	0	0
PACE	0	0	0	0	0	0	0	0
MENTAL HEALTH	0	0	0	1	1	0	1	0
SUB USE DIS	0	0	0	0	0	0	0	0
NURSING FACILITY	1	0	1	1	0	0	1	1
FOSTER CARE	0	0	0	0	0	0	0	0
MEDIKAN	0	0	0	0	0	0	0	0
INSTITUTIONAL TRANSITION FROM LTC/NF	0	0	0	1	0	0	0	0
INSTITUTIONAL TRANSITION FROM MH/BH	0	0	0	0	1	0	0	0
INSTITUTIONAL TRANSITION FROM PRISON/JAIL	0	0	0	0	0	0	0	0
PROGRAM TYPE TOTAL	**9**	**11**	**10**	**7**	**8**	**9**	**8**	**5**

C. United Healthcare

MEDICAID ISSUES	Q1/2020	Q2/2020	Q3/2020	Q4/2020	Q1/2021	Q2/2021	Q3/2021	Q4/2021
Access to Providers (usually Medical)	1	0	0	3	0	3	3	1
Appeals/Fair Hearing questions/issues	4	2	1	1	0	4	1	1
Background Checks	0	0	0	0	0	0	0	0
Billing	4	2	3	3	3	4	5	7
Care Coordinator Issues	6	0	2	3	0	2	1	1
Change MCO	2	1	1	1	0	2	0	0
Choice Info on MCO	1	1	0	0	0	1	0	0
Coding Issues	1	0	0	0	0	0	0	1
Consumer said Notice not received	0	0	0	0	0	0	0	0
Cultural Competency	0	0	0	0	0	0	0	0
Data Requests	0	0	0	0	0	0	1	0
Dental	0	0	0	0	0	2	1	1
Division of Assets	0	0	0	0	0	0	0	0
Durable Medical Equipment	1	3	0	1	1	0	3	0
Grievances Questions/Issues	6	1	0	3	3	3	3	2
Help understanding mail (NOA)	0	0	0	0	1	1	0	2
MCO transition	1	0	0	0	0	0	0	0
Medicaid Application Assistance	0	1	0	1	1	0	2	0
Medicaid Eligibility Issues	4	2	1	3	2	1	2	3
Medicaid Fraud	0	0	0	0	0	1	0	0
Medicaid General Issues/questions	8	1	1	2	4	9	8	6
Medicaid info (status) update	9	1	0	2	3	2	5	1
Medicaid Renewal	1	0	0	0	1	0	0	1
Medical Card issues	2	1	0	2	0	1	1	2
Medicare Savings Plan Issues	0	0	0	1	0	2	1	1
MediKan issues	0	0	0	0	0	0	0	0
Moving to / from Kansas	0	0	0	0	0	1	0	1
Medical Services	3	3	5	1	1	5	5	1
Pain management issues	0	0	0	0	0	2	1	0
Pharmacy	2	2	2	3	0	4	3	2
Pregnancy issues	0	0	0	0	0	2	0	0
Prior authorization issues	1	0	0	1	0	2	2	2
Refugee/Immigration/SOBRA issues	0	0	0	0	0	0	0	0
Respite	0	0	0	0	0	0	0	0
Spend Down Issues	2	0	1	3	1	1	0	1
Transportation	3	2	0	3	0	3	2	1
Working Healthy	0	0	0	0	0	0	0	0
MEDICAID ISSUES TOTAL	**62**	**23**	**17**	**37**	**21**	**58**	**50**	**38**

United

HCBS/LTSS ISSUES	Q1/2020	Q2/2020	Q3/2020	Q4/2020	Q1/2021	Q2/2021	Q3/2021	Q4/2021
Client Obligation	0	0	1	1	0	1	1	0
Estate Recovery	0	0	0	0	0	0	0	0
HCBS Eligibility issues	2	0	2	2	2	1	2	2
HCBS General Issues	8	1	5	7	4	4	4	4
HCBS Reduction in hours of service	1	0	5	2	1	0	0	0
HCBS Waiting List	0	0	0	0	1	1	1	0
Nursing Facility Issues	4	0	0	2	1	2	4	7
HCBS/LTSS ISSUES TOTAL	**15**	**1**	**13**	**14**	**9**	**9**	**12**	**13**

OTHER ISSUES	Q1/2020	Q2/2020	Q3/2020	Q4/2020	Q1/2021	Q2/2021	Q3/2021	Q4/2021
Abuse / neglect complaints	0	0	0	0	1	2	2	0
ADA Concerns	0	0	0	0	0	0	0	0
Adoption issues	0	0	0	0	0	0	0	0
Affordable Care Act Calls	0	0	0	0	0	0	0	0
Community Resources needed	0	1	0	0	0	2	0	1
Domestic Violence concerns	0	0	0	0	0	0	0	0
Foster Care issues	0	0	0	0	0	0	1	0
Guardianship	0	0	0	0	0	0	0	0
Homelessness	0	0	1	0	0	1	0	1
Housing Issues	1	0	0	1	0	3	0	2
Medicare related Issues	1	1	0	1	1	2	0	0
Social Security Issues	0	0	1	1	0	0	0	2
Used Interpreter	0	0	0	0	0	0	0	0
X-Other	5	2	8	8	6	2	6	3
Z Thank you	18	8	12	15	8	23	25	13
Z Unspecified	0	1	0	1	1	0	2	0
Health Homes	0	0	0	0	0	0	0	0
OTHER ISSUES TOTAL	**25**	**13**	**22**	**27**	**17**	**35**	**36**	**22**

PRIORITY	Q1/2020	Q2/2020	Q3/2020	Q4/2020	Q1/2021	Q2/2021	Q3/2021	Q4/2021
HCBS	6	3	10	6	3	4	4	4
Long Term Care / MF	5	0	0	1	0	1	4	4
Urgent Medical Need	1	2	1	1	2	0	1	2
Urgent	0	1	2	3	2	5	6	3
Life Threatening	0	0	0	0	0	0	0	1
PRIORITIES TOTAL	**12**	**6**	**13**	**11**	**7**	**10**	**15**	**14**

United

PROGRAM TYPE	Q1/2020	Q2/2020	Q3/2020	Q4/2020	Q1/2021	Q2/2021	Q3/2021	Q4/2021
PD	3	1	5	4	1	2	1	0
I/DD	1	0	0	1	1	5	1	0
FE	3	0	4	1	1	1	1	3
AUTISM	0	0	0	0	0	0	0	0
SED	0	1	0	0	0	0	0	1
TBI	2	1	1	2	0	2	1	1
TA	1	0	1	0	1	0	0	0
WH	0	0	0	0	0	0	0	0
MFP	0	0	0	0	0	0	0	0
PACE	0	0	0	0	0	0	0	0
MENTAL HEALTH	0	1	0	0	0	1	4	1
SUB USE DIS	0	0	0	0	0	0	0	0
NURSING FACILITY	3	0	0	0	0	1	1	4
FOSTER CARE	0	0	0	0	0	0	0	0
MEDIKAN	0	0	0	0	0	0	0	0
INSTITUTIONAL TRANSITION FROM LTC/NF	1	0	1	1	0	0	0	1
INSTITUTIONAL TRANSITION FROM MH/BH	0	1	0	0	0	0	0	0
INSTITUTIONAL TRANSITION FROM PRISON/JAIL	0	0	0	0	0	0	0	0
PROGRAM TYPE TOTAL	**14**	**5**	**12**	**9**	**4**	**12**	**9**	**11**

1115 Waiver- Safety Net Care Pool Report

Demonstration Year 9 - Quarter Four

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

Paid date 11/25/2021

Provider Name	Program Name	Program ID	Amount	Payment Date	Liability Date	Warrant Number	State General Fund 1000	Federal Medicaid Fund 3414
University Of Kansas Hospital Authority*	Large Public Teach Hospital/Border City Children's Hospital Pool	04264	1,848,104	11/25/2021	9/30/2021	008875363	621,702	1,226,402
University Of Kansas Hospital Authority*	Large Public Teach Hospital/Border City Children's Hospital Pool	04264	1,848,105	11/25/2021	12/31/2021	008875363	621,703	1,226,402
Total			**3,696,209**				**1,243,405**	**2,452,804**

*SGF paid with IGT. Quarter three and four paid.

1115 Waiver- Safety Net Care Pool Report
Demonstration Year 9 - Quarter Four
Health Care Access Improvement Pool
Paid Date 11/25/2021

Provider Name	Program Name	Program ID	Amount	Payment Date	Liability Date	Warrant number	Provider Access Fund 2443	Federal Medicaid Fund 3414
Adventhealth Ottawa	Health Care Access Improvement Program Pool	3264	93,201	11/25/2021	12/31/2021	008875506	31,353	61,848
Ascension Via Christi Hospital Manhattan	Health Care Access Improvement Program Pool	3264	287,984	11/25/2021	12/31/2021	008875355	96,878	191,106
Ascension Via Christi Hospital Pittsburg	Health Care Access Improvement Program Pool	3264	280,901	11/25/2021	12/31/2021	008875125	94,495	186,406
Ascension Via Christi Hospital St. Teresa Inc	Health Care Access Improvement Program Pool	3264	56,367	11/25/2021	12/31/2021	005657004	18,962	37,405
Ascension Via Christi Hospitals Wichita Inc	Health Care Access Improvement Program Pool	3264	1,219,552	11/25/2021	12/31/2021	008875347	410,257	809,295
Ascension Via Christi Rehabilitation Hospital Inc	Health Care Access Improvement Program Pool	3264	25,504	11/25/2021	12/31/2021	008875337	8,580	16,924
Bob Wilson Memorial Grant County Hospital	Health Care Access Improvement Program Pool	3264	64,751	11/25/2021	12/31/2021	008875123	21,782	42,969
Childrens Mercy South	Health Care Access Improvement Program Pool	3264	189,217	11/25/2021	12/31/2021	008875101	63,653	125,564
Coffeyville Regional Medical Center Inc	Health Care Access Improvement Program Pool	3264	88,886	11/25/2021	12/31/2021	008875349	29,901	58,985
Doctors Hospital LLC	Health Care Access Improvement Program Pool	3264	10,216	11/25/2021	12/31/2021	005656888	3,437	6,779
Geary County Hospital	Health Care Access Improvement Program Pool	3264	99,811	11/25/2021	12/31/2021	005656894	33,576	66,235
Hays Medical Center	Health Care Access Improvement Program Pool	3264	192,638	11/25/2021	12/31/2021	008875130	64,803	127,835
Hutchinson Regional Medical Center Inc	Health Care Access Improvement Program Pool	3264	342,492	11/25/2021	12/31/2021	008875264	115,214	227,278
Kansas Heart Hospital LLC	Health Care Access Improvement Program Pool	3264	2,330	11/25/2021	12/31/2021	008875451	784	1,546
Kansas Medical Center LLC	Health Care Access Improvement Program Pool	3264	56,002	11/25/2021	12/31/2021	008875031	18,839	37,163
Kansas Rehabilitation Hospital	Health Care Access Improvement Program Pool	3264	12,019	11/25/2021	12/31/2021	008875418	4,043	7,976
Labette Co Med	Health Care Access Improvement Program Pool	3264	92,163	11/25/2021	12/31/2021	005657010	31,004	61,159
Lawrence Memorial Hospital	Health Care Access Improvement Program Pool	3264	312,419	11/25/2021	12/31/2021	008875391	105,098	207,321
Manhattan Surgical Hospital	Health Care Access Improvement Program Pool	3264	5,161	11/25/2021	12/31/2021	005656825	1,736	3,425
McPherson Hospital Inc	Health Care Access Improvement Program Pool	3264	35,377	11/25/2021	12/31/2021	008875273	11,901	23,476
Menorah Medical Center	Health Care Access Improvement Program Pool	3264	208,346	11/25/2021	12/31/2021	008875378	70,088	138,258
Mercy Hospital Inc	Health Care Access Improvement Program Pool	3264	8,451	11/25/2021	12/31/2021	005656960	2,843	5,608
Miami County Medical Center Inc	Health Care Access Improvement Program Pool	3264	74,036	11/25/2021	12/31/2021	008875335	24,906	49,130
Morton County Hospital	Health Care Access Improvement Program Pool	3264	21,616	11/25/2021	12/31/2021	008875275	7,272	14,344
NMC Health Medical Center	Health Care Access Improvement Program Pool	3264	174,941	11/25/2021	12/31/2021	008875313	58,850	116,091
Olathe Medical Center Inc	Health Care Access Improvement Program Pool	3264	509,299	11/25/2021	12/31/2021	008875138	171,328	337,971
Overland Park Reg Med Ctr	Health Care Access Improvement Program Pool	3264	794,252	11/25/2021	12/31/2021	008875103	267,186	527,066
Pratt Regional Medical Center Corporation	Health Care Access Improvement Program Pool	3264	49,545	11/25/2021	12/31/2021	008875317	16,667	32,878
Providence Medical Center	Health Care Access Improvement Program Pool	3264	414,179	11/25/2021	12/31/2021	005656849	139,330	274,849
Saint John Hospital	Health Care Access Improvement Program Pool	3264	86,073	11/25/2021	12/31/2021	005656847	28,955	57,118
Saint Lukes South Hospital Inc	Health Care Access Improvement Program Pool	3264	89,805	11/25/2021	12/31/2021	008875366	30,210	59,595
Salina Regional Health Center	Health Care Access Improvement Program Pool	3264	282,823	11/25/2021	12/31/2021	008875342	95,142	187,681
Shawnee Mission Medical Center Inc	Health Care Access Improvement Program Pool	3264	937,328	11/25/2021	12/31/2021	008875149	315,317	622,011
South Central Kansas Regional Medical Center	Health Care Access Improvement Program Pool	3264	71,244	11/25/2021	12/31/2021	008875298	23,966	47,278
Southwest Medical Center	Health Care Access Improvement Program Pool	3264	112,610	11/25/2021	12/31/2021	008875158	37,882	74,728
St Catherine Hospital	Health Care Access Improvement Program Pool	3264	187,581	11/25/2021	12/31/2021	008875121	63,102	124,479
Stormont Vail Health Care Inc	Health Care Access Improvement Program Pool	3264	524,240	11/25/2021	12/31/2021	008875127	176,354	347,886
Susan B Allen Memorial Hospital	Health Care Access Improvement Program Pool	3264	111,418	11/25/2021	12/31/2021	008875141	37,481	73,937
The University Of Kansas Health System Great Bend	Health Care Access Improvement Program Pool	3264	105,775	11/25/2021	12/31/2021	008875504	35,583	70,192
Topeka Hospital LLC D/B/A The University Of Kansas	Health Care Access Improvement Program Pool	3264	431,550	11/25/2021	12/31/2021	008875500	145,173	286,377
Wesley Medical Center	Health Care Access Improvement Program Pool	3264	1,400,383	11/25/2021	12/31/2021	008875423	471,089	929,294
Wesley Rehabilitation Hospital, An Affiliate Of En	Health Care Access Improvement Program Pool	3264	9,248	11/25/2021	12/31/2021	008875046	3,111	6,137
Western Plains Medical Complex	Health Care Access Improvement Program Pool	3264	134,584	11/25/2021	12/31/2021	008875044	45,274	89,310
Total			**10,206,318**				**3,433,405**	**6,772,913**

KanCare Summary of Claims Adjudication Statistics per MCO (January - December 2021)

Aetna YTD Cumulative Claims					
Service Type	**Total Count**	**Total Count Value**	**Total Denied**	**Total Denied Value**	**Percent Claims Denied**
Hospital Inpatient	23,706	$1,438,212,958	4,863	$465,694,311	20.51%
Hospital Outpatient	260,884	$907,904,514	47,293	$167,462,755	18.13%
Pharmacy	2,108,777	$170,463,537	612,676	$1,947,687	29.05%
Dental	121,390	$48,642,711	18,412	$7,113,420	15.17%
Vision	9,553	$2,415,047	729	$197,081	7.63%
NEMT	93,516	$4,521,283	295	$17,284	0.32%
Medical	1,515,297	$893,228,765	222,579	$189,498,805	14.69%
Nursing Facilities	78,312	$214,564,636	5,921	$22,684,271	7.56%
HCBS	341,647	$165,370,590	15,682	$9,989,243	4.59%
Behavioral Health	227,186	$117,090,114	8,340	$11,838,346	3.67%
Total All Services	4,780,268	$3,962,414,154	936,790	$876,443,203	19.60%

Sunflower YTD Cumulative Claims					
Service Type	**Total Count**	**Total Count Value**	**Total Denied**	**Total Denied Value**	**Percent Claims Denied**
Hospital Inpatient	35,718	$2,260,520,530	8,546	$717,774,197	23.93%
Hospital Outpatient	382,154	$1,212,261,656	41,165	$203,958,551	10.77%
Pharmacy	1,929,883	$216,336,537	469,910	$96,732,747	24.35%
Dental	171,445	$68,245,458.86	17,519	$5,043,578.51	10.22%
Vision	105,704	$31,775,545.07	13,162	$4,254,396.84	12.45%
NEMT	117,783	$3,927,369.85	917	$18,606.27	0.78%
Medical	1,859,416	$1,288,908,696	250,759	$306,504,967	13.49%
Nursing Facilities	111,613	$294,074,140	7,636	$29,737,342	6.84%
HCBS	715,586	$426,235,986	64,019	$44,372,286	8.95%
Behavioral Health	773,010	$160,743,320	63,482	$19,258,238	8.21%
Total All Services	6,202,312	$5,963,029,239	937,115	$1,427,654,908	15.11%

United YTD Cumulative Claims					
Service Type	**Total Count**	**Total Count Value**	**Total Denied**	**Total Denied Value**	**Percent Claims Denied**
Hospital Inpatient	29,267	$1,727,516,953	6,022	$398,971,243	20.58%
Hospital Outpatient	383,784	$1,347,251,340	78,892	$298,017,341	20.56%
Pharmacy	1,958,903	$253,338,868	398,187	$89,633,300	20.33%
Dental	181,524	$76,045,821	28,262	$12,314,387	15.57%
Vision	87,332	$21,438,136	10,898	$2,617,617	12.48%
NEMT	121,241	$4,341,967	1,006	$26,754	0.83%
Medical	1,895,552	$1,291,104,439	334,359	$367,277,733	17.64%
Nursing Facilities	116,032	$352,122,087	14,448	$46,543,643	12.45%
HCBS	573,494	$270,082,670	17,684	$12,020,641	3.08%
Behavioral Health	769,130	$218,243,286	46,352	$30,593,254	6.03%
Total All Services	6,116,259	$5,561,485,568	936,110	$1,258,015,913	15.31%

2021 Annual Report

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 ninth annual report related to Demonstration Year (DY) 2021. KanCare is a managed care Medicaid program which serves the State of Kansas through a coordinated approach. The State determined that contracting with multiple managed care organizations will result in the provision of efficient and effective health care services to the populations covered by the Medicaid and Children's Health Insurance Program (CHIP) in Kansas and will ensure coordination of care and integration of physical and behavioral health services with each other and with home and community-based services (HCBS).

On August 6, 2012, the State of Kansas submitted a Medicaid Section 1115 demonstration proposal, entitled KanCare. That request was approved by the Centers for Medicare and Medicaid Services on December 27, 2012, effective from January 1, 2013, through December 31, 2017. The State submitted a one-year temporary extension request of this demonstration to CMS on July 31, 2017. The temporary extension was approved on October 13, 2017. On December 20, 2017, the State submitted an extension request for its Medicaid 1115 demonstration. On December 18, 2018 the Centers for Medicare and Medicaid Services approved a renewal of the Medicaid Section 1115 demonstration proposal entitled KanCare. The demonstration is effective from January 1, 2019 through December 31, 2023.

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

This five-year demonstration will:

- Maintain Medicaid state plan eligibility;
- Maintain Medicaid state plan benefits;
- Continue to allow the state to require eligible individuals to enroll in managed care organizations (MCOs) to receive covered benefits through such MCOs, including individuals on HCBS waivers, except:
    - American Indian/Alaska Natives are presumptively enrolled in KanCare but will have the option of affirmatively opting-out of managed care.
- Provide benefits, including long-term services and supports (LTSS) and HCBS, via managed care;
- Extend the Delivery System Reform Incentive Payment program; and
- Design and implement an alternative payment model (APM) program to replace the DSRIP program
- Maintain the Safety Net Care Pool to support hospitals that provide uncompensated care to Medicaid beneficiaries and the uninsured.
- Increase beneficiary access to substance use disorder (SUD) treatment services.
- Provide work opportunities and supports for individuals with specific behavioral health conditions and other disabilities.

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

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

II. STC 64(a) – Operational Updates

Items from the 2021 quarterly reports that are not included in other 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. 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, resolutions, 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 on the KanCare website[5].

B. KanCare Ombudsman Annual Report:
   i. A summary of the KanCare Ombudsman program activities for demonstration year 2021 is attached.

C. Legislative Activity:
   i. KDHE and KDADS conducted robust legislative activity and engagement throughout the 2021 demonstration year. Updated legislative activity is provided in each quarterly 1115 Waiver Report. For the most recent update please see section IV(m.) of the 2021 fourth quarter report.

[5] https://kancare.ks.gov/policies-and-reports/annual-and-quarterly-reports

D. Annual Public Forum Update:

i. The KanCare annual public forum, pursuant to STC 71, was conducted on December 7, 2021. A summary of the forum, including comments and issues raised at the forum is attached.

III. STC 64(b) – Benefit Performance Metrics and Data

A. Benefits:

Benefits: All pre-KanCare benefits continue, and the program includes value-added benefits from each of the three KanCare MCOs at no cost to the State. A summary of the top three value-added services (VAS), as reported by each of the KanCare MCOs from January through December of 2021 follows:

MCO		Value-Added Services Calendar Year 2021	Units YTD	Value YTD
Aetna	Top Three VAS	Healthy Rewards Gift Card (Birth – Age 12 Exam)	36,128	$1,472,030
		Healthy Rewards Gift Card (Diabetic Eye Exam)	40,061	$881,307
		Adult Dental	5,614	$819,898
		Total of All Aetna VAS	167,807	$5,781,407
Sunflower	Top Three VAS	My Health Pays	91,888	$974,555
		In-Home Telemonitoring	1,340	$335,000
		Comprehensive Medication Review	8,889	$248,796
		Total of All Sunflower VAS	134,613	$2,080,570
United	Top Three VAS	Adult Dental Services	6,590	$552,145
		Debit Card for Completing First Pre-Natal Visit	1,336	$276,983
		Home Helper Catalog Supplies	2,550	$123,940
		Total of All United VAS	15,015	$1,188,012

B. Enrollment issues: for the calendar year 2021 there were five Native Americans who chose to not enroll in KanCare.

The table below represents the enrollment reason categories for calendar year 2020. All KanCare eligible members were defaulted to a managed care plan.

Enrollment Reason Categories	Total
Newborn Assignment	8,946
KDHE - Administrative Change	2,203
WEB - Change Assignment	74
KanCare Default - Case Continuity	5,368
KanCare Default – Morbidity	4,857
KanCare Default - 90 Day Retro-reattach	3,803
KanCare Default - Previous Assignment	1,030
KanCare Default - Continuity of Plan	555
Retro Assignment	19
AOE – Choice	4,871
Choice - Enrollment in KanCare MCO via Medicaid Application	22,064
Change - Enrollment Form	709
Change - Choice	906
Change - Access to Care – Good Cause Reason	11
Change - Case Continuity – Good Cause Reason	1
Change – Due to Treatment not Available in Network – Good Cause	0
Assignment Adjustment Due to Eligibility	1,241
Total	56,658

C. Grievances and appeals:

The following grievance, appeal and state fair hearing data reports activity for all of 2021.

MCOs' Member Adverse Initial Notice Timeliness Compliance

MCO	ABH	SUN	UHC
% of Notices of Adverse Service Authorization Decisions Sent Within Compliance Standards	99%	100%	98%
% of Notices of Adverse Expedited Service Authorization Decisions Sent Within Compliance Standards	100%	100%	None Reported
% of Notices of Adverse Termination, Suspension or Reduction Decisions Sent Within Compliance Standards (10 calendar days only)	100%	100%	100%

MCOs' Provider Adverse Initial Notice Compliance

MCO	ABH	SUN	UHC
% of Notices of Adverse Decision Sent to Providers Within Compliance Standards	100%	100%	**98% / 100%

** The State implemented two changes effective 7/1/2021 that affected provider notices, provider reconsiderations, and provider appeals. The first change implemented the Final Rule change to 42 C.F.R. § 438.400, which reduced the number of Adverse Benefit Determinations (ABD) involving payment that qualify as an ABD. The second change required the MCOs to report the number of provider reconsiderations and provider appeals using claims instead of claim lines.*

*** United's timeliness compliance for sending initial adverse decisions notices is divided due to two standards of compliance. The first standard requires that the MCOs send 98% of notices within 1 business days. The second standard requires that the MCOs send 100% of notices within 2-3 business days.*

MCOs' Member Grievance Database

MCO	ABH		SUN		UHC		Total
	HCBS Member	Non HCBS Member	HCBS Member	Non HCBS Member	HCBS Member	Non HCBS Member	
QOC (non HCBS Providers)	8	29	29	44	16	77	203
QOC – Pain Medication	1	3	1	3	0	4	12
Customer Service	6	20	9	21	13	36	105
Member Rights Dignity	0	1	2	6	0	2	11
Access to Service or Care	14	27	11	34	11	39	136
Non-Covered Service	1	1	2	4	8	30	46
Pharmacy Issues	2	5	2	11	2	8	30
QOC HCBS Provider	0	0	4	0	12	0	16
Billing/Financial Issues (non-Transportation)	5	28	6	19	22	307	387
Transportation – Billing and Reimbursement	5	2	3	20	11	16	57
Transportation - No Show	10	18	57	67	62	111	325
Transportation - Late	6	22	49	37	35	55	204
Transportation - Safety	5	7	11	10	16	23	72
Transportation - No Driver Available	0	1	12	20	28	39	100
Transportation - Other	17	34	68	68	73	100	360
Health Home Services	3	0	0	0	0	0	3
MCO Determined Not Applicable	1	0	0	1	3	5	10
Other	0	3	2	1	3	18	27
TOTAL	84	201	268	366	315	870	2,104

MCO's Member Grievance Timeliness Compliance

MCO	ABH	SUN	UHC
% of Member Grievance Resolved and Resolution Notice Issued Within 30 Calendar Days	89%	99%	100%

MCOs' Provider Grievance Database

MCO	ABH	SUN	UHC	Total
Billing/Payment	5	11	0	16
Wrong Information		1		1
Credentialing – MCO		4		4
UM		5		5
Pharmacy		1		1
Transportation	1	32	31	64
Services		3		3
Health Plan – Technology	1	2		3
Other – Dissatisfaction with MCO Associate	1	1		2
TOTAL	8	60	31	99

*Note: only categories with grievances are reported*MCO's Provider Grievance Timeliness Compliance

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

MCOs' Appeals Database

Member Appeal Reasons ABH - Red SUN – Green UHC - Purple	Number Resolved	Withdrawn	MCO Reversed Decision on Appeal – MCO Error	MCO Reversed Decision on Appeal – Member/ Provider Mistake	MCO Upheld Decision on Appeal – Correctly Denied	MCO Upheld Decision on Appeal – Member/ Provider Mistake	MCO Determined not Applicable
MEDICAL NECESSITY/LEVEL OF CARE – Criteria Not Met							
MA – CNM - Durable Medical Equipment	44 57 79	 3 1	6	17 31 15	16 10 55	 7	5 6 8
MA – CNM - Inpatient Admissions (Non-Behavioral Health)	13 18 134	 99		3 6 2	4 5 30	 1	6 6 3
MA – CNM - Medical Procedure (NOS)	96 46 51	 1 3	10	33 22 21	47 10 25	1 4	5 9 2
MA – CNM - Radiology	86 203	 1	5	47 76	30 72	 3	4 51
MA – CNM - Pharmacy	244 210 484	 19 12	1	125 132 349	100 28 110	1 10	17 21 13
MA – CNM - PT/OT/ST	50 2	 1	2	11	24 1	1	12
MA – CNM - Dental	16 24 65	 2	 19	1 2 4	9 11 32	2 7	4 4 8
MA – CNM - Home Health	2 2		1	 1			1 1

MA – CNM - Out of network provider, specialist or specific provider request	8 1 28			2 17	6 11	1	
MA – CNM - Inpatient Behavioral Health	25 34 14	1 1		8 19 4	16 12 9	1	2
MA – CNM - Behavioral Health Outpatient Services and Testing	19 3 21	 2 		3 10	14 9	1	1 1 2
MA – LOC - LTSS/HCBS	12 4 1	 1 		3 1 	7 1	 1 	2 1
MA – LOC – LTC NF	1			1			
MA – CNM - Mental Health	7	1		3	3		
MA – CNM - HCBS (change in attendant hours)	1 2			1	 1		 1
MA – CNM – Ambulance (include Air and Ground)	1						1
MA – CNM - Other	16 68 7	 1 1	 1 3	9 39 1	6 15 2	 6 	1 6
NONCOVERED SERVICE							
MA – NCS - Dental	2 3 1				2 3 1		
MA – NCS – Home Health	1				1		
MA – NCS - Pharmacy	2 1			1	1 1		
MA – NCS – Out of Network providers	1			1			
MA – NCS - Durable Medical Equipment	5 1			2	1 1	1	1
MA – NCS – Behavioral Health	1				1		
MA – NCS – Other	1 27 26	 4 3	 1	1 10 7	 7 13	 2 	 4 2
MA – LCK - Lock In	9		1	2	4		2
MA – BFI – BILLING AND FINANCIAL ISSUES	1						1
ADMINISTRATIVE DENIALS							
MA – ADMIN – Denials of Authorization (Unauthorized by Members)	2				2		
TOTAL ABH - Red SUN – Green UHC - Purple	 587 760 936	 1 32 124	 23 3 24	 254 352 437	 258 200 311	 5 45 	 46 128 40

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

MCO's Appeals Database - Member Appeal Summary

Member Appeal Reasons ABH - Red SUN – Green UHC - Purple	Number Resolved	Withdrawn	MCO Reversed Decision on Appeal – MCO Error	MCO Reversed Decision on Appeal – Member/ Provider Mistake	MCO Upheld Decision on Appeal – Correctly Denied	MCO Upheld Decision on Appeal – Member/ Provider Mistake	MCO Determined not Applicable
Resolved at Appeal Level	587 760 936	1 32 124	23 3 24	254 352 437	258 200 311	5 45	46 128 40
TOTAL	587 760 936	1 32 124	23 3 24	254 352 437	258 200 311	5 45	46 128 40
Percentage Per Category		>1% 4% 13%	4% >1% 3%	43% 46% 47%	44% 27% 33%	1% 6%	8% 17% 4%
Range of Days to Reverse Due to MCO Error			12 - 62 8 - 54 0 - 63				

MCO's Member Appeal Timeliness Compliance

MCO	ABH	SUN	UHC
% of Member Appeals Resolved and Appeal Resolution Notice Issued in 30 Calendar Days	98%	99%	100%
% of Expedited Appeals Resolved and Appeal Resolution Notice Issued in 72 hours	93%	97%	98%

MCOs' Reconsideration Database - Providers - (reconsiderations resolved)

PROVIDER Reconsideration Reasons ABH - Red SUN – Green UHC - Purple	Number Resolved	Withdrawn by Provider	MCO Reversed Decision on Reconsideration – MCO Error	MCO Reversed Decision on Reconsideration – Provider Mistake	MCO Upheld Decision on Reconsideration – Correctly Denied / Paid	MCO Upheld Decision on Reconsideration – Provider Mistake	MCO Determined Not Applicable
CLAIM DENIALS							
PR – CPD - Hospital Inpatient (Non-Behavioral Health)	515 3,628 12,129		85 1,923 3,886	209 198 1,181	177 1,476 5,826	37 1,197	7 31 39
PR – CPD - Hospital Outpatient (Non-Behavioral Health)	718 8,794 10,951		126 4,702 3,541	277 419 1,269	261 3,641 4,325	50 1,748	4 32 68
PR – CPD - Pharmacy	22 62		1 4	3 25	18 33		
PR – CPD - Dental	46 30		1 4	6 3	38 15	1 	 8
PR – CPD - Vision	27 163 185		4 132 123	4 62	15 31	1	3
PR – CPD - Ambulance (Include Air and Ground)	199 258 18		8 154 3	128 32 8	49 70 5	9 2	5 2

PR – CPD - Medical (Physical Health not Otherwise Specified)	2,835 12,335 28,044	1	454 4,927 10,753	899 2,854 4,808	1,241 4,395 9,399	203 2,724	37 159 360
PR – CPD - Nursing Facilities - Total	13 611 71		4 384 28	3 44 16	5 179 27		1 4
PR – CPD - HCBS	42 3,113		16 2,360	23 187	2 551		1 15
PR – CPD - Hospice	56 982 1,051		1 356 652	1 6 15	43 585 198	9 171	2 35 15
PR – CPD - Home Health	44 96		26 32	9 15	8 49	1	
PR – CPD - Behavioral Health Outpatient and Physician	61 2,126 2,893		15 1,454 586	10 75 1,222	31 561 822	5 219	 36 44
PR – CPD - Behavioral Health Inpatient	23 28 825		3 8 295	4 5 283	12 14 170	4 60	 1 17
PR – CPD - Out of network provider, specialist or specific provider	2 2,399 6,881		 211 2,180	 781	1 2,167 3,123	1 565	 21 232
PR – CPD - Radiology	353 1,296 3,100		121 690 970	85 191 518	128 413 1,207	18 371	1 2 34
PR – CPD - Laboratory	270 4,140 8,451		16 2,656 2,865	59 110 2,144	139 1,367 2,472	46 943	10 7 27
PR – CPD - PT/OT/ST	55 32 27		2 17 11	6 4	42 15 10	5 2	
PR – CPD - Durable Medical Equipment	294 3,562 5,859		66 1,456 2,477	88 203 644	86 1,813 2,277	47 335	7 90 126
PR – CPD - Other	42 325		21 60	 76	18 185	 3	3 1
Total Claim Payment Disputes	5,575 43,697 80,810	1	949 21,491 28,430	1,814 4,367 13,031	2,296 17,393 30,046	437 8,340	78 446 963
TOTAL ABH - Red SUN – Green UHC - Purple	 5,575 43,697 80,810	1	 949 21,491 28,430	 1,814 4,367 13,031	 2,296 17,393 30,046	 437 8,340	 78 446 963

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

MCOs' Provider Reconsiderations Database - Provider Reconsiderations Summary

Provider Reconsideration Reasons ABH - Red SUN – Green UHC - Purple	Number Resolved	Withdrawn	MCO Reversed Decision on Appeal – MCO Error	MCO Reversed Decision on Appeal – Member/ Provider Mistake	MCO Upheld Decision on Appeal – Correctly Denied	MCO Upheld Decision on Appeal – Member/ Provider Mistake	MCO Determined not Applicable
Resolved at Reconsideration Level	5,575 43,697 80,810	1	949 21,491 28,430	1,814 4,367 13,031	2,296 17,393 30,046	437 8,340	78 446 963
TOTAL	5,575 43,697 80,810	1	949 21,491 28,430	1,814 4,367 13,031	2,296 17,393 30,046	437 8,340	78 446 963
Percentage Per Category		>1%	17% 49% 36%	33% 10% 16%	41% 40% 37%	8% 10%	1% 1% 1%
Range of Days to Reverse Due to MCO Error			5 – 832 0 – 1,225 0 - 644				

MCOs' Provider Reconsiderations Timeliness Compliance

MCO	ABH	SUN	UHC
% of Provider Reconsideration Resolution Notices Sent Within Compliance Standards	84%	100%	100%

MCOs' Appeals Database - Providers - (appeals resolved)

PROVIDER Appeal Reasons ABH - Red SUN – Green UHC - Purple	Number Resolved	Withdrawn by Provider	MCO Reversed Decision on Appeal – MCO Error	MCO Reversed Decision on Appeal – Provider Mistake	MCO Upheld Decision on Appeal – Correctly Denied / Paid	MCO Upheld Decision on Appeal – Provider Mistake	MCO Determined Not Applicable
MEDICAL NECESSITY/LEVEL OF CARE - Criteria Not Met							
PA - CNM - Durable Medical Equipment	21			14	1	5	1
PA - CNM - Inpatient Admissions (Non-Behavioral Health)	8 57		2	1 33	7 7	6	9
PA - CNM - Medical Procedure (NOS)	9 59	1		2 30	3 14	11	4 3
PA - CNM - Radiology	2 49			2 27	16	3	3
PA - CNM - Pharmacy	2 411	20	1	290	2 55	7	38

PA - CNM - PT/OT/ST	1 10		1	5	3	1	1
PA - CNM - Dental	1 27			11	1 11	2	3
PA - CNM - Home Health	1 1			1	1		
PA - CNM - Hospice	2				1	1	
PA - CNM - Out of network provider, specialist or specific provider request	2			2			
PA - CNM - Inpatient Behavioral Health	1			1			
PA - CNM - Behavioral Health Outpatient Services and Testing	1 2			2	1		
PA – CNM – Health Home Services							
PA - LOC - LTSS/HCBS	1		1				
PA - CNM - Ambulance (include Air and Ground)	5 31		3	2 15	3 2		11
PA - CNM - Other	6			4	1	1	
NONCOVERED SERVICE							
PA - NCS - Home Health	1			1			
PA - NCS - Pharmacy	1 2			1	1		1
PA - NCS - OT/PT/Speech	1			1			
PA - NCS - Durable Medical Equipment	13 3		12	1 3			
PA - NCS - Other	3 6			1 5	2		1
CLAIM DENIAL							
PA – CPD - Hospital Inpatient (Non-Behavioral Health)	250 475 1,112	1 2	20 6 5	113 189 214	105 197 607	8 22	4 60 284
PA – CPD - Hospital Outpatient (Non-Behavioral Health)	125 495 387		13 10 3	51 127 87	48 286 253	11 21	2 51 44
PA – CPD - Pharmacy	33 274	1	8	227	24 40	1	6
PA – CPD - Dental	19 74 101		1 28 1	5 8 28	11 37 72	1 1	1
PA – CPD - Vision	18 21 48		2 6 17	12 9	4 15 22		
PA – CPD - Ambulance (Include Air and Ground)	65 20 47		1 1	31 10 18	28 3 24	5 1	1 5 4

PA – CPD - Medical (Physical Health not Otherwise Specified)	638 1,550 912	 1 1	106 30 9	130 531 197	285 748 543	104 64	13 176 162
PA – CPD - Nursing Facilities - Total	7 32 98	 1	4 3	3 3 20	 24 58	 2	 19
PA – CPD - HCBS	2 19		1	1 5	 11		 3
PA – CPD - Hospice	78 4 14		3	3 4	66 2 8	5	1 2 2
PA – CPD - Home Health	15 55 285		6 2 3	3 23 73	5 25 176	1 1	 4 33
PA – CPD - Behavioral Health Outpatient and Physician	21 319 263	 1	1 1	4 63 61	14 226 189	1 15	1 13 13
PA – CPD - Behavioral Health Inpatient	12 2 44		 1	5 1 16	6 21	1 1	 6
PA – CPD - Out of network provider, specialist or specific provider	1 7		 1	1 1	 4		 1
PA – CPD - Radiology	44 227 14	 1	8 10 1	13 110 1	17 92 11	5 6	1 8 1
PA – CPD - Laboratory	194 791 613		11 2 4	19 53 85	144 651 391	19 52	1 33 133
PA – CPD - PT/OT/ST	4 69 9		 1	2 6 1	1 53 7	1 8	 1 1
PA – CPD - Durable Medical Equipment	118 192 31		29 4	38 36 10	44 135 18	7 6	 11 3
PA – CPD - Other	1 19 54		 1	 6 17	1 5 33	 2	 6 3
Total Claim Payment Disputes	1,693 5,037 4,332	 25 5	226 111 47	442 1,613 1,074	825 2,609 2,488	171 238	29 441 718
BILLING AND FINANCIAL ISSUES							
PA – BFI - Recoupment	311 8		12	236 2	35 4	15	13 2
TOTAL ABH - Red SUN – Green UHC - Purple	 1,693 5,348 4,340	 25 5	 226 123 47	 442 1,849 1,076	 825 2,644 2,492	 171 253	 29 454 720

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

MCOs' Appeals Database - Provider Appeal Summary

Provider Appeal Reasons ABH - Red SUN – Green UHC - Purple	Number Resolved	Withdrawn	MCO Reversed Decision on Appeal – MCO Error	MCO Reversed Decision on Appeal – Member/ Provider Mistake	MCO Upheld Decision on Appeal – Correctly Denied	MCO Upheld Decision on Appeal – Member/ Provider Mistake	MCO Determined not Applicable
Resolved at Appeal Level	1,693 5,348 4,340	 25 5	226 123 47	442 1,849 1,076	825 2,644 2,492	171 253	29 454 720
TOTAL	1,693 5,348 4,340	 25 5	226 123 47	442 1,849 1,076	825 2,644 2,492	171 253	29 454 720
Percentage Per Category		 1% >1%	13% 2% 1%	26% 35% 25%	49% 49% 57%	10% 5%	2% 8% 17%
Range of Days to Reverse Due to MCO Error			14 – 489 1 – 489 0 - 97				

MCOs' Provider Appeal Timeliness Compliance

MCO	ABH	SUN	UHC
% of Provider Appeals Resolved in 30 Calendar Days	99%	99%	100%
% of Provider Appeal Resolution Notices Sent Within Compliance Standard	87% / 97%*	100%	100%

** Aetna's timeliness compliance for sending provider appeal resolution notices is divided due to two standards of compliance. The first standard requires that the MCOs send 98% of notices within five business days. The second standard requires that the MCOs send 100% of notices within six to eight business days.*

State of Kansas Office of Administrative Fair Hearings - Members

ABH - Red SUN – Green UHC - Purple	Number Resolved	Withdrew	OAH Affirmed MCO Decision	OAH Reversed MCO Decision	Dismiss Moot MCO Reversed	Dismiss Moot Duplicate	Dismiss Untimely	Dismiss Not Ripe/ No MCO Appeal	Dismiss No Adverse Action	Dismiss No Auth.	Dismiss Appellant Verbally Withdrew	Dismiss Failure to State a Claim	Default Appellant Failed to Appear	Default Respondent Failed to Appear	Default Respondent Failed to File Agency Summary
MEDICAL NECESSITY/LEVEL OF CARE – Criteria Not Met															
MH – CNM - Durable Medical Equipment	2 1 1	1			 1 1								1		
MH – CNM - Inpatient Admissions (Non-Behavioral Health)	1							1							
MH – CNM - Medical Procedure (NOS)	2 1 3	1 1	1 1		 1 1										
MH – CNM – Pharmacy	2 4 29	1 4	 1 		1 3 3			 22							
MH – CNM – PT/OT/ST	1				1										
MH – CNM - Dental	1				1										
MH – CNM – Home Health	1				1										
MH – LOC – LTSS/HCBS	1				1										
MH – LOC – Mental Health	1 1	1							 1						
MH – CNM - Other	1								1						
NONCOVERED SERVICE															
MH-NCS - Dental	1				1										
MH-NCS - Pharmacy	2							2							
MH-NCS – Out of Network providers	2		1		1										

MH-NCS – Other	1							1							
ADMINISTRATIVE DENIALS															
MH – ADMIN – Denials of Authorization (Unauthorized by Members)	2					1			1						
TOTAL ABH - Red SUN – Green UHC - Purple	 6 13 42	 3 1 5	 1 1 2		 1 9 7	 1		 2 24	 3				 1 		

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

State of Kansas Office of Administrative Fair Hearings - Providers

ABH - Red SUN – Green UHC - Purple	Number Resolved	Withdrew	OAH Affirmed MCO Decision	OAH Reversed MCO Decision	Dismiss Moot MCO Reversed	Dismiss Moot Duplicate	Dismiss Untimely	Dismiss Not Ripe/ No MCO Appeal	Dismiss No Adverse Action	Dismiss No Auth.	Dismiss Appellant Verbally Withdrew	Dismiss Failure to State a Claim	Default Appellant Failed to Appear	Default Respondent Failed to Appear	Default Respondent Failed to File Agency Summary
MEDICAL NECESSITY / LEVEL OF CARE - Criteria Not Met															
PH - CNM - Durable Medical Equipment	1				1										
PH – CNM – Inpatient Admissions (Non-Behavioral Health)	8	3			4			1							
PH – CNM – Medical Procedure (NOS)	3	3													
CLAIM DENIAL															
PH - CPD - Hospital Inpatient (Non-Behavioral Health)	14 9 28	11 1 16	 1 		 3 7	 2	3 	 3			 4 				

PH - CPD - Hospital Outpatient (Non-Behavioral Health)	1	1													
PH - CPD - Pharmacy	3							3							
PH – CPD - Dental	1 2	2			1										
PH - CPD - Vision	1				1										
PH - CPD - Medical (Physical Health not Otherwise Specified)	6 5	4			1 4			1					1		
PH – CPD - HCBS	1 1	1			1										
PH - CPD - Home Health	4				3						1				
PH - CPD - Behavioral Health Outpatient and Physician	1 11				11		1								
PH - CPD – Laboratory	4							4							
PH - CPD - PT/OT/ST	1		1												
PH – CPD – Durable Medical Equipment	1 16 5	1			16 5										
PH – CPD - Other	3 26	4			1 5			2 10	5				2		
BILLING AND FINANCIAL ISSUES															
PH - BFI - Recoupment	11 9	6		1	9 2			1			1				
TOTAL ABH - Red SUN – Green UHC - Purple	27 71 78	21 4 28	2	1	1 54 20	2	4	1 3 21	5		6		1 2		

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

MCOs' Grievance Trends - Members

Aetna Member Grievances:

- There were 41 categorized as Access to Service or Care which is an increase of 32 from nine reported in CY2020.
- There were 37 categorized as Quality of Care (non HCBS Providers) which is an increase of 21 from 16 reported in CY2020.
- There were 28 categorized as Transportation – No Show which is an increase of 11 from 17 reported in CY2020.

Aetna Grievance Trends		
Total # of Resolved Grievances	285	
Top 5 Trends		
Trend 1: Transportation – Other	51	18%
Trend 2: Access to Service or Care	41	14%
Trend 3: Quality of Care (non HCBS Providers)	37	13%
Trend 4: Billing/Financial Issues (non-Transportation)	33	12%
Trend 5: Transportation – Late and Transportation – No Show	28	10%

Sunflower Member Grievances:

- There were 136 categorized as Transportation – Other which is an increase of 35 from 101 reported in CY2020.
- There were 124 categorized as Transportation – No Show which is an increase of 41 from 83 reported in CY2020.
- There were 86 categorized as Transportation – Late which is an increase of 12 from 74 reported in CY2020.
- There were 45 categorized as Access to Service or Care which is a decrease of 17 from 62 reported in CY2020.

Sunflower Grievance Trends		
Total # of Resolved Grievances	634	
Top 5 Trends		
Trend 1: Transportation – Other	136	21%
Trend 2: Transportation – No Show	124	20%
Trend 3: Transportation – Late	86	14%
Trend 4: Quality of Care (non HCBS Providers)	73	12%
Trend 5: Access to Service or Care	45	7%

United Member Grievances:

- There were 329 categorized as Billing/Financial Issues (non-Transportation) which is an increase of 133 from 196 reported in CY2020.
- There were 173 categorized as Transportation – No Show which is an increase of 75 from 98 reported in CY2020.
- There were 173 categorized as Transportation – Other which is an increase of 44 from 129 reported in CY2020.
- There were 93 categorized as Quality of Care (non HCBS Providers) which is an increase of 22 from 71 reported in CY2020.
- There were 90 categorized as Transportation – Late which is a decrease of 11 from 101 reported in CY2020.

United Grievance Trends		
Total # of Resolved Grievances	1,185	
Top 5 Trends		
Trend 1: Billing/Financial Issues (non-Transportations)	329	28%
Trend 2: Transportation – No Show	173	15%
Trend 3: Transportation – Other	173	15%
Trend 4: Quality of Care (non HCBS Providers)	93	8%
Trend 5: Transportation – Late	90	8%

MCOs' Grievance Trends - Provider

Aetna Provider Grievances:

Aetna Grievance Trends		
Total # of Resolved Grievances	8	
Top 5 Trends		
Trend 1: Billing/Payment	5	63%
Trend 2: Transportation	1	13%
Trend 3: Health Plan – Technology	1	13%
Trend 4: Other – Dissatisfaction with MCO Associate	1	13%

Sunflower Provider Grievances:

- There were 11 categorized as Billing/Payment which is a decrease of 11 from 22 reported in CY2020.

Sunflower Grievance Trends		
Total # of Resolved Grievances	60	
Top 5 Trends		
Trend 1: Transportation	32	53%
Trend 2: Billing/Payment	11	18%
Trend 3: UM	5	8%

United Provider Grievances:

United Grievance Trends		
Total # of Resolved Grievances	31	
Top 5 Trends		
Trend 1: Transportation	31	100%

MCOs' Reconsideration Trends – Provider

Aetna Provider Reconsideration Trends		
Total # of Resolved Reconsiderations	5,575	
Top 5 Trends		
Trend 1: PR – CPD – Medical (Physical Health not Otherwise Specified)	2,835	51%
Trend 2: PR – CPD – Hospital Outpatient (Non-Behavioral Health)	718	13%
Trend 3: PR – CPD – Hospital Inpatient (Non-Behavioral Health)	515	9%
Trend 4: PR – CPD – Radiology	353	6%
Trend 5: PR – CPD – Durable Medical Equipment	294	5%

Sunflower Provider Reconsideration Trends		
Total # of Resolved Reconsiderations	43,697	
Top 5 Trends		
Trend 1: PR – CPD – Medical (Physical Health not Otherwise Specified)	12,335	28%
Trend 2: PR – CPD – Hospital Outpatient (Non-Behavioral Health)	8,794	20%
Trend 3: PR – CPD – Laboratory	4,140	9%
Trend 4: PR – CPD – Hospital Inpatient (Non-Behavioral Health)	3,628	8%
Trend 5: PR – CPD – Durable Medical Equipment	3,562	8%

United Provider Reconsideration Trends		
Total # of Resolved Reconsiderations	80,810	
Top 5 Trends		
Trend 1: PR – CPD – Medical (Physical Health not Otherwise Specified)	28,044	35%
Trend 2: PR – CPD – Hospital Inpatient (Non-Behavioral Health)	12,129	15%
Trend 3: PR – CPD – Hospital Outpatient (Non-Behavioral Health)	10,951	14%
Trend 4: PR – CPD – Laboratory	8,451	10%
Trend 5: PR – CPD – Out of network provider, specialist or specific provider	6,881	9%

MCOs' Appeals Trends - Member/Provider

Aetna Member Appeals:

- There were 244 categorized as MA – CNM – Pharmacy which is a decrease of 41 from 285 reported in CY2020.
- There were 96 categorized as MA – CNM – Medical Procedure (NOS) which is an increase of 27 from 69 reported in CY2020.
- There were 86 categorized as MA – CNM – Radiology which is an increase of 50 from 36 reported in CY2020.
- There were 44 categorized as MA – CNM – Durable Medical Equipment which is an increase of 31 from 13 reported in CY2020.

Aetna Member/Provider Appeal Trends					
Total # of Resolved Member Appeals	587		Total # of Resolved Provider Appeals	1,693	
Top 5 Trends			Top 5 Trends		
Trend 1: MA – CNM – Pharmacy	244	42%	Trend 1: PA – CPD – Hospital Inpatient (Non-Behavioral Health)	250	15%
Trend 2: MA – CNM – Medical Procedure (NOS)	96	16%	Trend 2: PA – CPD – Laboratory	194	11%
Trend 3: MA – CNM – Radiology	86	15%	Trend 3: PA – CPD – Hospital Outpatient (Non-Behavioral Health)	125	7%
Trend 4: MA – CNM – Durable Medical Equipment	44	7%	Trend 4: PA – CPD – Durable Medical Equipment	118	7%
Trend 5: MA – CNM – Inpatient Behavioral Health	25	4%	Trend 5: PA – CPD – Hospice	78	5%

Sunflower Member Appeals:

- There were 210 categorized as MA – CNM – Pharmacy which is an increase of 34 from 176 reported in CY2020.
- There were 203 categorized as MA – CNM – Radiology which is an increase of 38 from 165 reported in CY2020.
- There were 68 categorized as MA – CNM – Other which is an increase of 20 from 48 reported in CY2020.
- There were 57 categorized as MA – CNM – Durable Medical Equipment which is a decrease of 69 from 126 reported in CY2020.
- There were 50 categorized as MA – CNM – PT/OT/ST which is an increase of 22 from 28 reported in CY2020.

Sunflower Member/Provider Appeal Trends					
Total # of Resolved Member Appeals	760		Total # of Resolved Provider Appeals	5,348	
Top 5 Trends			Top 5 Trends		
Trend 1: MA – CNM – Pharmacy	210	28%	Trend 1: PA – CPD – Medical (Physical health not Otherwise Specified)	1,550	29%
Trend 2: MA – CNM – Radiology	203	27%	Trend 2: PA – CPD – Laboratory	791	15%
Trend 3: MA – CNM – Other	68	9%	Trend 3: PA – CPD – Hospital Outpatient (Non-Behavioral Health)	495	9%
Trend 4: MA – CNM – Durable Medical Equipment	57	8%	Trend 4: PA – CPD – Hospital Inpatient (Non-Behavioral Health)	475	9%
Trend 5: MA – CNM – PT/OT/ST	50	7%	Trend 5: PA – CNM - Pharmacy	411	8%

United Member Appeals:

- There were 484 categorized as MA – CNM – Pharmacy which is an increase of 75 from 409 reported in CY2020.
- There were 134 categorized as MA – CNM – Inpatient Admissions (Non-Behavioral Health) which is an increase of 13 from 121 reported in CY2020.
- There were 65 categorized as MA – CNM – Dental which is an increase of 32 from 33 reported in CY2020.
- There were 51 categorized as MA – CNM – Medical Procedure (NOS) which is an increase of 14 from 37 reported in CY2020.

United Member/Provider Appeal Trends					
Total # of Resolved Member Appeals	936		Total # of Resolved Provider Appeals	4,340	
Top 5 Trends			Top 5 Trends		
Trend 1: MA – CNM – Pharmacy	484	52%	Trend 1: PA – CPD – Hospital Inpatient (Non-Behavioral Health)	1,112	26%
Trend 2: MA – CNM – Inpatient Admissions (Non-Behavioral Health)	134	14%	Trend 2: PA – CPD – Medical (Physical Health not Otherwise Specified)	912	21%
Trend 3: MA – CNM – Durable Medical Equipment	79	8%	Trend 3: PA – CPD – Laboratory	613	14%
Trend 4: MA – CNM – Dental	65	7%	Trend 4: PA – CPD – Hospital Outpatient (Non-Behavioral Health)	387	9%
Trend 5: MA – CNM – Medical Procedure (NOS)	51	5%	Trend 5: PA – CPD – Home Health	285	7%

MCOs' State Fair Hearing Reversed Decisions - Member/Provider

- There were 61 Member State Fair Hearings for all three MCOs. No decisions were reversed by OAH.
- There were 176 Provider State Fair Hearings for all three MCOs. One of Sunflower's state fair hearing decisions were reversed by OAH after a hearing.

Aetna					
Total # of Member SFH	6		Total # of Provider SFH	27	
OAH reversed MCO decision	0	0%	OAH reversed MCO decision	0	0%

Sunflower					
Total # of Member SFH	13		Total # of Provider SFH	71	
OAH reversed MCO decision	0	0%	OAH reversed MCO decision	1	1%

United					
Total # of Member SFH	42		Total # of Provider SFH	78	
OAH reversed MCO decision	0	0%	OAH reversed MCO decision	0	0%

D. Customer Service: Reporting, including total calls, average speed of answer and call abandonment rates, for MCO-based and fiscal agent call centers January- December 2021:

KanCare Customer Service Report – Member

MCO/Fiscal Agent	Average Speed of Answer (Seconds)	Call Abandonment Rate	Total Calls
Aetna	58.13	5.18%	156,264
Sunflower	22.54	2.87%	128,465
United	20.2	.86%	64,675
Gainwell– Fiscal Agent	2	.22%	9,390

KanCare Customer Service Report - Provider

MCO/Fiscal Agent	Average Speed of Answer (Seconds)	Call Abandonment Rate	Total Calls
Aetna	8.61	.74%	37,248
Sunflower	16.98	1.84%	45,657
United	12.78	1.55%	39,464
Gainwell– Fiscal Agent	3	.16%	11,323

The MCO Customer Service Report for both member and provider have higher numbers on the average speed of answer and abandonment rate than the numbers reported on the 2021 year-end report. The increase is due to the impact of COVID 19 on call center staffing. The KDHE DHCF monthly monitors Customer Service reports to immediately address outlier performance.

E. Critical Incident Summary of Reporting:

Critical Incidents	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter	YTD
	AIR Totals	AIR Totals	AIR Totals	AIR Totals	TOTALS
Reviewed	2,770	2,687	3,103	2,528	11088
Pending Resolution	92	20	44	11	167
Total Received	2,862	2,707	3,147	2,539	11,255
APS Substantiations*	174	217	135	218	744

**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.*

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

All determinations received from the Department for Children and Families (DCF) involving allegations of abuse, neglect and exploitation (ANE) are manually entered into the AIR system and assigned for follow-up by the individuals corresponding MCO. Evidence verifies the updated process provides assurances for individual health, safety and welfare and that quality of care concerns are consistently identified and resolved. KDADS and DCF regularly collaborate and meet when trends are identified, as well as on a case-by-case basis to utilize all available resources and ensure necessary action is taken to resolve.

Performance Measure data regarding abuse, neglect, exploitation, restraint, seclusion and unexpected deaths, along with all other defined adverse incidents, are tracked in real-time as Adverse Incident Reports are completed. KDADS Program Integrity staff reviews and provides confirmation of resolution or Corrective Action if there is insufficient follow-up to resolve. Though some Corrective Action Plans (CAPs) were necessary following implementation of the updated process, MCOs provided follow-up action and documentation ahead of agreed upon timeframes to address any insufficiencies. CAPs issued were beneficial to establish guidelines and ensure consistent follow-up to complete reports. Following state issued CAPs, the MCOs have made necessary adjustments to maintain processes that follow policy and procedure.

The MCOs contact KDADS Program Integrity Manager to ensure proper follow-up occurs and to address any questions on a case-by-case basis. The MCOs also provide outreach via email to indicate if additional time, beyond follow-up requirements, is necessary and/or if there are any additional updates to include on a completed report. Collaboration between KDADS Program Integrity and the MCOs helps ensure individual health, safety, welfare and quality of care is maintained and necessary action is taken to avoid reoccurrence.

F. Access to Care:

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. The majority of the requests were due largely to members mistakenly believing that they can file good cause requests because they prefer a provider outside of their assigned MCO's network. In these cases, the MCOs are tasked with offering to assist the member in scheduling an appointment with one of their participating providers.

There were three state fair hearings for denied GCRs in 2021, and all three GCR denials were upheld. A summary of GCR actions for 2021 is as follows:

Status	2021 Totals
Total GCRs filed	234
Approved	10
Denied	165
Withdrawn (resolved, no need to change)	14
Dismissed (due to inability to contact the member)	45
Pending	0

Access to Dental Care: KanCare and partner agencies continue to emphasize the importance of regular dental care for our members and are committed to maintaining an increased utilization of these important services. Rates in all age groups decreased in 2020, likely due to the COVID-19 pandemic. Compared nationally, however, the total rate (ages 2 to 20) was again (since 2015) above the 75th percentile, and rankings in each age group increased in 2020, ranging from >66.67th percentile (ages 2-3 and ages 19-20) to >90th percentile (ages 7-10).

Annual Dental Visit – Ages 2 to 20		
Year	Percentage	National Ranking (Quality Compass percentile)
2020	55.29%	>75th
2019	66.7%	>75th
2018	65.4%	>75th
2017	64.8%	>75th
2016	63.7%	>75th
2015	60.9%	>75th
2014	60.0%	>66.67th
2013	60.3%	>50th

G. HCBS Waiver Updates:

i. FE: The State continues to work on waiver amendments to the FE waiver as agreed upon with CMS and appreciates the opportunity to continue work with CMS-provided technical assistance. The State continues to operate under the provisions of Appendix K measures during the COVID-19 pandemic to promote social distancing and support individuals and families care needs.

ii. IDD: The State continues to work on waiver amendments to the IDD waiver as agreed upon with CMS and appreciates the opportunity to continue work with CMS-provided technical assistance. The State continues to operate under the provisions of Appendix K measures during the COVID-19 pandemic to promote social distancing and support individuals and families care needs.

iii. PD: The State continues to work on waiver amendments to the PD waiver as agreed upon with CMS and appreciates the opportunity to continue work with CMS-provided technical assistance. The State continues to operate under the provisions of Appendix K measures during the COVID-19 pandemic to promote social distancing and support individuals and families care needs.

iv. TA: The State continues to work on waiver amendments to the TA waiver as agreed upon with CMS and appreciates the opportunity to continue work with CMS-provided technical assistance. The State continues to operate under the provisions of Appendix K measures during the COVID-19 pandemic to promote social distancing and support individuals and families care needs.

v. SED: The State submitted its renewal application for the SED Waiver in December 2021. The State appreciates the opportunity to continue work with CMS-provided technical assistance. The State continues to operate under the provisions of Appendix K measures during the COVID-19 pandemic to promote social distancing and support individuals and families care needs.

vi. Autism: The State submitted is renewal application for the Autism waiver in December 2021. The State appreciates the opportunity to continue work with CMS-provided technical assistance. The State continues to operate under the provisions of Appendix K measures during the COVID-19 pandemic to promote social distancing and support individuals and families care needs.

vii. BI: The State continues to work on waiver amendments to the BI waiver as agreed upon with CMS and appreciates the opportunity to continue work with CMS-provided technical assistance. The State continues to operate under the provisions of Appendix K measures during the COVID-19 pandemic to promote social distancing and support individuals and families care needs.

H. Beneficiary CAHPS Survey:

The Consumer Assessment of Health Care Providers and Systems (CAHPS) surveys are conducted annually by the KanCare Managed Care organizations and validated by the state's External Quality Review organization (EQRO) KFMC.

CAHPS is a survey tool developed to assess consumer satisfaction and member experiences with their health plan. It is a nationally standardized survey tool sponsored by the Agency for Health Care Research and Quality (AHRQ) and co-developed with National Committee for Quality Assurance (NCQA). The survey measures how well health plans are meeting their member's expectations and goals; to determine which areas of service have the greatest effect on member's overall satisfaction; and to identify areas of opportunity for improvement which could aid plans in increasing the quality of care provided to members.

Detailed specifications are provided by NCQA to be used by health plans in conducting the survey. In order for a health plan's CAHPS survey to be a dependable source of information, it must be administered according to the published CAHPS technical specifications. When administered properly, CAHPS surveys provide information regarding the access, timeliness and quality of health care services provided to health care consumers.

CAHPS surveys were conducted in 2021 by all three MCOs for Adults, Title 19-General Child, Title 21-General Child, Title 19-children with chronic conditions and Title 21-children with chronic conditions populations. The initial review shows continued positive results. The validated results are due from the EQRO in May 2022 and will be discussed in next year's annual report.

Key results reported by KFMC for the 2020 survey are summarized in the table below:

2020 CAHPS Global Ratings, NCQA Core Composite Scores, and CCC Composite Scores						
	Adult		General Child (GC)		Children with Chronic Conditions (CCC)	
Global Rating^	%	QC*	%	QC*	%	QC*
Rating of Health Plan	80.1%	≥50th	89.9%	>75th	87.3%	>66.67th
Rating of All Health Care	78.4%	>66.67th	89.2%	≥50th	88.1%	<50th
Rating of Personal Doctor	86.3%	>66.67th	**91.2%**	≥50th	**90.0%**	<50th
Rating of Specialist Seen Most Often	86.3%	>66.67th	87.4%	≥50th	89.6%	>75th
NCQA Core Composite						
Getting Care Quickly	87.9	**>90th**	**93.5**	>75th	**95.5**	>66.67th
Getting Needed Care	88.0	>75th	87.9	≥50th	**91.1**	>75th
Coordination of Care	**↑87.9**	>66.67th	84.2	<33.33rd	83.6	<25th
How Well Doctors Communicate	**93.1**	<50th	**↑96.3**	≥50th	**↑96.8**	>66.67th
Customer Service	**90.3**	≥50th	89.7	≥50th	**90.0**	<50th
Children with Chronic Conditions Composite						
Access to Prescription Medicines					**↑94.9**	>75th
Access to Specialized Services					83.2	**>95th**
Coordination of Care for Children with Chronic Conditions					**↓73.2**	<33.33rd
Family-Centered Care: Getting Needed Information					**↑95.1**	>75th
Family-Centered Care: Personal Doctor Who Knows Child					**↑91.1**	<33.33rd

↑↓Indicates a statistically significant increase or decrease compared to the prior year; $p<.05$. Rankings above the 90th QC percentile are also highlighted in green.
^ Member ratings of 8, 9, or 10, where 0 is the best possible and 10 is the best
*NCQA Quality Compass (QC) percentile ranking

The COVID-19 pandemic contributed to lower-than-expected response rates. However, the pandemic appeared to have little impact on global ratings and composite scores.

Strengths

Global Ratings

- Rating of Health Plan – Rates, as in the last five years, continued to be above the 50th Quality Compass (QC) percentile. Rates increased each year since 2016 for the KanCare, Sunflower (SHP), and UnitedHealthcare (UHC) adult populations by an average of 1.0 percentage point per year (pp/yr.).
- Rating of All Health Care – Five trend lines showed significant improvement from 2016 to 2020 (KanCare Adult and Children with Chronic Conditions [CCC], SHP Title 21/CHIP [TXXI] General Child [GC], and UHC Adult and TXXI CCC surveys). The UHC Title 19/Medicaid (TXIX) CCC rate increased significantly (5 percentage points) from 2019 to 2020.
- Rating of Personal Doctor – Rates for KanCare GC (91%), KanCare CCC (90%), and UHC Adult (>90th) surveys were the highest rates in five years.

- Rating of Specialist Seen Most Often – Rates were very high for KanCare CCC (90%, >75th) and ABH adult (90%, >90th). The KanCare Adult, KanCare CCC, and UHC Adult 2020 rates were the highest in 5 years, increasing since 2016 an average of 1.4 pp/yr., 0.7 pp/yr., and 2.8 pp/yr., respectively.

Core Composites

- Getting Care Quickly – All Adult survey scores were above the 90th percentile (>95th for UHC). All Child survey scores were 90 or greater, including KanCare GC (94, >75th), KanCare CCC (95, >90th).
- Getting Needed Care ¬– Rates were very high for KanCare Adult (>75th), KanCare CCC (91, >75th), Aetna (ABH) Adult (>90th), UHC Adult (>90th), ABH TXIX CCC (92, >90th), and SHP TXXI CCC (93, >95th).
- Coordination of Care – A significant increase in the KanCare Adult Coordination of Care score (5 pp) was driven by a significant increase of 13 percentage points in the UHC adult score (91, >90th).
- How well Doctors Communicate – The scores were 90 or greater from 2016 to 2020 for all populations. Increases from 2019 were significant for KanCare GC, KanCare CCC, UHC Adult, and SHP TXXI CCC.
- Customer Service – Scores were 90 for KanCare Adult, GC, and CCC populations. The UHC CCC (TXIX and TXXI combined) score was also very high (93, >95th).

CCC Composites

- Access to Prescription Medicines – All scores from 2016 to 2020 have been greater than 91; the 2020 score for KanCare CCC was the highest in those five years (95, >75th).
- Access to Specialized Services – The KanCare and UHC (TXIX and TXXI combined) scores ranked >95th. The 5-year average increase in KanCare CCC scores was 0.7 p/yr.
- Family-Centered Care: Getting Needed information – All scores from 2016 to 2020 were 90 or greater.
- Family-Centered Care: Personal Doctor Who Knows Child – The 2020 KanCare score (91) was significantly higher than in 2019.

Notable Improvements

- Medical Assistance with Smoking and Tobacco Use Cessation
- Smoking and Tobacco Use: About 30% KanCare adult respondents reported they were current smokers or tobacco users, the lowest percentage since 2016.
- Discussing Cessation Medications – The 2020 rate (54%) was the highest rate in five years. Increases across 2016 to 2020 were statistically significant for KanCare, SHP, and UHC adult rates. Increases averaged 1.8 pp/yr. for KanCare, 3.0 pp/yr. for SHP, and 3.6 pp/yr. for UHC.
- Flu Vaccinations for Adults 18–64 – KanCare (52%, >75th) and SHP (>90th) rates were very high based on percentile rankings. The average increases from 2016 to 2020 were 2.1 pp/yr. for KanCare and SHP rates, and 3.7 pp/yr. for UHC rates.

Opportunities for Improvement

- Rating of All Health Care – The 2020 KanCare CCC rate was 88% and ranked <50th. Rates were 84% and ranked <25th for ABH TXIX CCC and ABH TXXI CCC.
- Rating of Personal Doctor – The rates ranked <25th for SHP TXXI GC (89%), UHC TXXI GC (89%), ABH TXIX CCC (89%), and ABH TXXI CCC (86%).
- Coordination of Care – The Coordination of Care Composite asks whether the member's personal doctor seemed informed and up to date about care received from other providers. While scores increased in 2020 (compared to 2018 and 2019), and the adult survey score was >66.67th QC, the score for KanCare GC was <33.33rd QC and for KanCare CCC was <25th QC.

- Coordination of Care for Children with Chronic Conditions – The CCC Coordination of Care Composite is based on two questions asking if needed help was provided by the child's doctor or health plan in coordinating services or in contacting a school or daycare about a child's health or healthcare. The KanCare CCC rate (73, <33.33rd) was the lowest score from 2016 to 2020 and significantly less than the score in 2019 (77).

I. Annual Summary of Network Adequacy:

The MCOs continue to recruit and add providers to their networks. The data in this table is based on the Provider Network Report submitted by each MCO quarterly. The counts represent the unique number of NPIs—or, where NPI is not available—provider name and service locations. This results in counts for the following:

- Providers with a service location in a Kansas county are counted once for each county.
- Providers with a service location in a border area are counted once for each state in which they have a service location that is within 50 miles of the KS border.
- Qualifying out of state providers (>50 miles from KS border) are counted once.
- Providers for services provided in the member's home are counted once for each county in which they are contracted to provide services.

KanCare MCO	# of Unique Providers as of 3/31/2021	# of Unique Providers as of 6/30/2021	# of Unique Providers as of 9/30/2021	# of Unique Providers as of 12/31/2021
Aetna	45,106	45,115	45,284	47,714
Sunflower	41,676	40,878	41,810	36,332
UHC	44,069	43,754	44,490	44,059

*Beginning Quarter 1, 2020, the # of unique providers excludes out-of-state providers located more than 50 miles from a Kansas border.

^Increases in provider counts reflect revisions subsequent to annual audit and other meetings with MCOs that occurred in Quarter 4, 2020.

KDHE continues to provide feedback and analysis of data trends in the Network Adequacy Report through the KDHE-built monitoring tool. KDHE performed MCO training sessions with the MCO credentialing and data staff to show how the report should be completed and how to understand the scorecards issued each quarter through the monitoring tool. The network adequacy reporting from the MCOs remains problematic to analyze due to repetitive and extensive errors with duplication, incorrect types and specialties, incorrect addresses, and inconsistency in reporting between MCOs. Each MCO has struggled with correcting their data. While the reports are much improved since previous years, errors remain. Additional meetings are being planned for 2022.

The State participated in the following Provider Network activities:

- Ongoing automated report management, review and feedback between the State and the MCOs. Reports from the MCOs consist of a wide range of network data reported on standardized templates. Every quarter, the MCOs submit to the State provider network reports with data of providers within their network. Within these reports are unique provider counts that show how many providers are serving KanCare members.
- The MCOs also submit GeoAccess reports quarterly with maps showing state coverage of their service providers. GeoAccess reports include ADA compliant mapping format, NEMT report, Specialty Care Report, and the Access and Availability Analysis Report.
- The network adequacy team met frequently with each MCO to review policies, and to examine issues of network reporting within the MCOs' quarterly reports. Issues discussed included inconsistent unique provider counts, gaps in provider coverage, and compliance with State report submission protocol.

- The network adequacy team began to implement a new exceptions request process, with the team focusing first on OBGYNs, then Allergists and Gastroenterologists. As a result, MCOs have begun to close service gaps by adding new providers and documenting activities to close any remaining gaps.
- The State applies a trending graph to show changes of provider counts between quarters. With the increase in consistency of map reporting and formatting, the next set of maps the State posts will contain trending graphs which represent count of unique providers and will trend the third quarter 2021 with fourth quarter 2021.
- Progress was made with geo-mapping with the addition of a new data analyst and a partnership with KDHE Department of Administration, the network adequacy team developed an automated mapping procedure, using ArcGIS Pro, to map providers based on the MCOs provider network report submissions. The team can then use these maps to compare with the MCOs' submitted GeoAccess maps to find errors or omissions and verify gaps in coverage. The team has also begun to map HCBS providers and member county locations. Because most HCBS services do not have distance or number of provider standards these maps will be used for internal analysis purposes only.
- The State used a portion of the annual contract review onsite sessions to present individualized feedback and ask questions of each MCO. Based on these conversations and closing gaps in contract requirements, in 2022 the State plans to complete another round of meetings with all three MCOs to collaborate and problem solve provider network reporting processes.
- At the 2021 annual contract review onsite sessions the State introduced to the MCOs a monitoring tool that evaluates on a quarterly basis the MCOs' provider directory data adherence to the State contractual requirements.
- The State team has been working on improvements to the Access and Availability Report, the NEMT report, the feedback report and mapping formats. The network adequacy team has been working on two additional reports: Non-Participating Provider Reliance Report, and a HCBS Service Delivery Report.
- In addition to quarterly submission of geo-maps and provider network reports, in 2021 the State has requested of the MCOs a quarterly submittal of provider directories, with the goal of being able to compare provider data between the directory and provider network report.

The team continues to match the MCO's reports against additional data sources to give a clearer picture of the report's accuracy and completeness. The State continued to collect the data files for MCO provider directories in 2021.

As the new Managed Care rules have removed enrollment responsibility from MCOs, the State of Kansas added complete provider enrollment duties into the contract with their Fiscal Agent to build a new MMIS system. In that new system, the State built a provider enrollment portal that all Kansas Medicaid providers must use to enroll. The Fiscal Agent will assign specialties and provider types per the enrollment and taxonomy information provided by the provider. Phase one of this system was operational in 2017. This new system will be a solution to one long-standing problem with network adequacy analysis – inaccurate provider data from the MCO reports. With the new system, this will provide standardized provider types, specialties, and address information, thus eliminating some of the current errors with the network adequacy reports.

Regarding MCO compliance with provider 24/7 availability, here are the processes, protocols and results from each of the MCOs.

Aetna Annual Assessment of Network Appointment Accessibility

Methodology:
Aetna Better Health of Kansas contracted with SPH Analytics to assess the adequacy of member access to appointments and after-hours services for network providers. Data was collected by SPH Analytics and the results were analyzed against the State standards for access to services for both during and after business hours. The data collection period was from August 9 to August 30, 2021. Opportunities were prioritized and action plans were developed as appropriate; urgent matters were addressed with management immediately. Results are presented to the Grievance and Appeals Committee, Service Improvement Committee, Quality Management/Utilization Management Committee, and the Quality Management Oversight Committee.

Aetna Better Health of Kansas defines practitioner types as follows:

Category	**Practitioner Type**
Primary Care Provider	General Pediatrician, Family Practitioner, General Internist, General Practitioner, Federally Qualified Health Center, Rural Health Center,
Specialty Care	Oncology
Obstetrician	Obstetrician/Gynecologist
Behavioral Health	Prescribers: Psychiatrist, Psychiatric Nurse Practitioner, Non-Prescribers: Licensed Clinical Mental Health Professional-LCMHP, Licensed Mental Health Professional-LMHP, Psychiatrist, Licensed Clinical Psychotherapist - LCP, Positive Behavior Support, Licensed Master's Level Psychologist -LMLP

Practitioner Appointment Accessibility Study:
The accessibility study was conducted at the provider group level and utilized the Practitioner Appointment Accessibility Survey tool to collect data regarding timely access to care. As performance issues were identified, Aetna Better Health of Kansas evaluated the data to identify the root cause and developed an action plan as appropriate. The survey is conducted and reported annually.
SPH Analytics conducted calls to primary care, specialty care and behavioral health providers and ask a series of questions outlined in the Practitioner Appointment Accessibility Survey tool. The questions assessed availability of the various appointment types (e.g., routine, urgent, emergent and after hours). SPH Analytics entered responses into the survey tool and results were analyzed to determine if appointment criteria were met. Should the criteria not be met, Network Managers determine actions at both the individual provider level as well as at the network level.
Audit Population Determination:
Random sample of 1526 network providers from a universe of 6699 providers.

Universe of Providers by Specialty (n=6699):

- Primary Care: 4088 providers (61.02% of the total providers)
- Obstetrics/Gynecology: 488 providers (7.28% of the total providers)
- Oncology: 115 providers (1.72% of the total providers)
- BH Prescriber: Psychiatry: 502 providers (7.49% of the total providers)
- BH Non-Prescribers: 1506 providers (22.48% of the total providers)

This sample of 1526 providers were then used to conduct random sampling by provider specialties using the proportion of that specialty type within the universe.

Representative Sample of Provider Specialty (n=1526):

- Primary Care:663 providers
- Obstetrics/ Gynecology: 112 providers
- Oncology: 80 providers
- BH Prescriber: Psychiatry: 51 providers
- BH Non-Prescribers: 620 providers

Study Period:

August 9, 2021 to August 30, 2021

The following table provides the measures for the different types of practitioners surveyed.

Scoring: Compliance with the standards is scored for each measure as:

- Pass - Appointment access met standards on or before the required timeframe.
- Fail - Appointment access did not meet standards on or before the required timeframe.

Table 1: Most Common Reasons for Not Being Able to Survey Offices

	PCP		Specialist		OB		MH		SUD		Total	
	2020	2021	2020	2021	2020	2021	2020	2021	2020	2021	2020	2021
	% (n)		% (n)		% (n)		% (n)		% (n)		% (n)	
Sample Size (Total Number of Providers Contacted)	226	663	108	80	283	112	372	340	0	331	989	1526
a. Survey Completed	112	226	42	14	267	29	181	45	0	48	602	362
b. Survey Not Completed	136	437	66	66	16	83	191	295	0	283	409	1164
Unable to Contact After 3 Attempts	60.2%	48.9%	61.1%	62.5%	5.7%	56.3%	51.3%	71.2%	0.0%	70.1%	41.4%	59.7%
(number)	136	324	66	50	16	63	191	242	0	232	409	911
Moved, No Updated Information	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
(number)	0	0	0	0	0	0	0	0	0	0	0	0
Incorrect Phone Number	0.0%	15.8%	0.0%	18.8%	0.0%	17.0%	0.0%	14.7%	0.0%	15.4%	0.0%	15.7%
(number)	0	105	0	15	0	19	0	50	0	51	0	240
Total Not Surveyed	60.2%	65.9%	61.1%	82.5%	5.7%	74.1%	51.3%	86.8%	0.0%	85.5%	41.4%	60.6%
(number should equal Row 7)	136	437	66	66	16	83	191	295	0	283	409	924

Table 2.1a: Offices Surveyed in Compliance with State Contractual Appointment Standards

	PCP (Overall)		PCP (Adults)		PCP (Peds)		Specialist		MH		SUD		Total	
	2020	2021	2020	2021	2020	2021	2020	2021	2020	2021	2020	2021	2020	2021
	% (n)		% (n)		% (n)		% (n)		% (n)		% (n)		% (n)	
Sample Size-Total Sampled	226	663	204	617	22	46	108	80	372	340	0	331	706	1414
Emergency Care	4.9%	19.5%	33.1%	0.0%	100%	100%	100%	17.5%	19.4%	5.6%	0.0%	7.9%	27.1%	13.3%
(number)	11	129	204	617	22	46	108	14	72	19	0	26	191	188
Urgent Care	92.9%	20.1%	33.1%	0.0%	100%	100%	100%	25.0%	26.9%	6.2%	0.0%	6.6%	59.2%	13.9%
(number)	210	133	204	617	22	46	108	20	100	21	0	22	418	196
Routine Care	87.2%	26.5%	28.4%	0.0%	100%	100%	100%	42.5%	55.1%	9.7%	0.0%	13.9%	72.2%	20.4%
(number)	197	176	175	617	22	46	108	34	205	33	0	46	510	289
Adult Physical	0.0%	19.6%	0.0%	0.0%	N/A	N/A	N/A	N/A	0.0%	19.6%	0.0%	19.6%	0.0%	0.0%
(number)	0	130	0	617	0	0	0	0	0	130	0	130	0	617
EPSDT/Well-Child	0.0%	10.1%	N/A	0.0%	100%	N/A	N/A	N/A	0.0%	10.1%	0.0%	10.1%	N/A	0.0%
(number)	0	67	0	0	46	0	0	0	0	67	0	67	0	0
After-Hours Coverage	46.9%	18.1%	33.2%	0.0%	100%	100%	100%	33.8%	59.7%	6.8%	0.0%	9.1%	61.8%	14.1%
(number)	106	120	205	617	22	46	108	27	222	23	0	30	436	200

Table 2.1b: Offices Surveyed in Compliance with State Contractual Appointment Standards

	OB	
	2020	2021
	% (n)	
Sample Size-Total Sampled	283	112
After-Hours Coverage	0.0%	15.2%
(number)	0	17
OB 1st Trimester	0.0%	14.3%
(number)	0	16
OB 2nd Trimester	0.0%	9.8%
(number)	0	11
OB 3rd Trimester	0.0%	5.4%
(number)	0	6
OB High Risk	N/A	
(number)	N/A	

Table 3: After-Hours Access Compliance

	PCP		Specialist		OB		BH		Total	
	2020	2021	2020	2021	2020	2021	2020	2021	2020	2021
	% (n)		% (n)		% (n)		% (n)		% (n)	
Sample Size (number of providers contacted after regular business hours)	226	663	108	80	283	112	372	340	0	331
Compliant*										
Acceptable Response	136	437	66	66	16	83	191	295	0	283
(number)	60.2%	48.9%	61.1%	62.5%	5.7%	56.3%	51.3%	71.2%	0.0%	70.1%
Answering Machine	136	324	66	50	16	63	191	242	0	232
(number)	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Percent Compliant	0	0	0	0	0	0	0	0	0	
Total Compliant	0.0%	15.8%	0.0%	18.8%	0.0%	17.0%	0.0%	14.7%	0.0%	15.4%
Non-Compliant**										
No Answer	0.0%	21.4%	0.0%	15.0%	0.0%	23.2%	0.0%	22.1%	0.0%	21.0%
(number)	0	33	0	12	0	26	0	34	0	105
Other Unacceptable	0.0%	33.1%	0.0%	32.5%	0.0%	33.9%	0.0%	54.5%	0.0%	39.8%
(number)	0	51	0	26	0	38	0	84	0	199
Percent Non-Compliant	0.0%	54.5%	0.0%	47.5%	0.0%	57.1%	0.0%	76.6%	0.0%	60.8%
Total Non-Compliant	0	84	0	38	0	64	0	118	0	304

The overall response rate was 24% of those to whom ABH made outreach for the 2021 survey. The Unsuccessful Attempts to contact after three calls rate is a concern, however many of those answering the phone did not feel they were qualified to answer questions for the survey, thus reducing the response rate. For those providers who responded to the survey but were not compliant, Aetna Better Health of Kansas Provider Experience team will make outreach to educate regarding the State standards and work with those provider offices to reduce any barriers to meeting the standards.

Data Limitations to Note:

- The data comparison between the 2021 survey and 2020 survey was not an exact match.
- Specialist data for 2020 focused solely on Oncology, which is a very small subset of the provider community.
- During the 2020 survey, no SUD providers were queried
- ABH KS did not collect the Days or Hours to appointment in 2020.
- The questions posed were simply for the general timeframe of the appointment availability, and then that provider was marked as compliant or not.
- ABH KS did not track the number of providers who had an unacceptable response or if there was an answering machine in 2020, only if the provider was compliant or not.

Barriers to Compliance Notated by Providers:

- Many of the smaller practices informed the survey correspondent that they were unaware of the State Standards
- Behavioral Health Providers uniformly agreed that there are simply not enough Behavioral Health Providers in the State. This makes the State standard wait times, appointment availability, and after hours care difficult to meet.
- The COVID-19 pandemic has been a barrier for many responses.
- Many practices have closed, merged, or simply reduced their hours of operations.

Lessons Learned:
Many of the Survey Respondents did not feel qualified to answer the questions outlined. We believe that this is a result of the Vendor announcing that they were conducting a State Required survey and worked for a vendor, versus the health plan.

Plans for Improvement:
Aetna Better Health would like to work cooperatively with the other two MCOs to create one large survey, conducted by an agreed upon Vendor. We believe that one outreach, versus three separate attempts will elicit a higher number of responses, and a more accurate reflection of the Access and Availability of our provider community.

Additionally, based on these survey results, our Provider Experience team will reach out to each provider who is not compliant with the State Standards. We anticipate having these calls completed by December 31, 2021. This will allow us to determine how we as an MCO can better assist them with their practice needs for patient scheduling, appointment availability, and determine how we can break down any barriers to care.

Sunflower Annual Assessment of Network Appointment Accessibility
Sunflower Health Plan remains committed to the Kansans it serves under the KanCare program. Its network strength is driven by the continued commitment in providing access to care as evidenced in the overall percent of the member's ability to access providers within the recommended access standards (see table 1). SHP recognized that provider participation and provider supply shortages can affect enrollee access to care. SHP plan efforts to recruit and maintain our provider network pays a crucial role in determining enrollees' access to care through factors such as travel times, wait times and or choice of provider. Sunflower Health Plan is driven by the continued commitment in providing our members with access to care through our provider network offering. Our totals would indicate a continued level of success as evidenced in the overall percent of member's ability to access providers within the required Access Standards (see table 1).

Table 1: Access Standards

Standard	Results
95% of urban members have at least 1 PCP within 20 miles or 40 minutes.	100.0%
95% of rural members have at least 1 PCP within 30 miles or 45 minutes.	100.0%
At least 1 PCP per 2000 members	1:40
95% of urban members have at least 1 FP or GP within 20 miles or 40 minutes	100.0%
95% of rural members have at least 1 FP or GP within 30 miles or 45 minutes	100.0%
At least 1 FP or GP per 2000 members	1:80
95% of urban members ≥19 have at least 1 internist within 30 miles or 60 minutes	100.0%
95% of rural members ≥19 have at least 1internist within 90 miles or 135 minutes.	100.0%
At least 1 IM per 2000 adult members	1:571
95% of urban members ≤18 years of age have at least 1 pediatrician within 30 miles or 60 minutes	100.0%
95% of rural members ≤18 years of age have at least 1 pediatrician within 90 miles or 135 minutes.	100.0%
At least 1 Pediatrician per 2000 members underage 19	1:127
95% of members have at least 1 NP within 20 miles or 40 minutes	100.0%
95% of rural members have at least 1 NP within 30 miles or 45 minutes	99.9%
At least 1 NP per 2000 members	1:236
95% of members have at least 1 PA within 20 miles or 40 minutes	100.0%
95% of rural members have at least 1 PA within 30 miles or 45 minutes	99.4%
At least 1 PA per 2000 members	1:588
95% of urban female members have at least 1 OB/GYN within 15 miles or 30 minutes	99.9%
95% of rural female members have at least 1 OB/GYN within 60 miles or 90 minutes	100.0%
At least 1 OB/GYN per 2000 members	1:186
95% of urban members have at least 1 Oncology provider within 30 miles or 60 minutes.	100.0%
95% of rural members have at least 1 Oncology provider within 90 miles or 135 minutes.	100.0%
At least 1 Oncology provider 5000 members	1:693
95% of urban members have at least 1 Psychiatrist provider within 15 miles or 30 minutes.	99.9%
95% of rural members have at least 1 Psychiatrist provider within 60 miles or 90 minutes.	100.0%
At least 1 Psychiatrist provider 5000 members	1:436
95% of urban members have at least 1 Clinical Psychologists provider within 15 miles or 30 minutes.	100.0%
95% of rural members have at least 1 Clinical Psychologists provider within 60 miles or 90 minutes.	96.3%
At least 1 Psychiatrist provider 5000 members	1:445
95% of urban members have at least 1 Licensed Mental Health Professionals (LMHP) provider within 30 miles or 60 minutes.	100.0%
95% of rural members have at least 1 Licensed Mental Health Professionals (LMHP) provider within 60 miles or 90 minutes.	100.0%
At least 1 Licensed Mental Health Professionals (LMHP) provider 5000 members	1:52

Sunflower Health Plan understands the heightened importance of access to care for itsmembers. Not only does this involve network adequacy to meet the number of members enrolled with Sunflower Health (standards that limit the distance or amount of time members should have to travel to see a provider, but standards also that require appointments to be provided within a certain timeframe and standards that require a minimum number of providers related to the number of members, after-hours access to providers) and utilization of the services. But it also involves knowledge of the standards by SHP network providers and members through education, best practice sharing, contracting requirements, policies, notifications, constant communication, feedback and at times corrective action for noncompliant providers. Sunflower measures provider compliance with health care access and availability standards annually. Sunflower Health Plan implemented an appointment availability (measuring wait times for various appointment types) audit and an afterhours access to care audit. These audits were administered November 17-December 16, 2021.

The primary objectives of these audit programs are:

- To help Sunflower Health Plan improve the services provided to its members.
- To comply with state regulations set forth in Sunflower Health Plan's contract with the state of Kansas.
- To provide quantifiable feedback regarding physician compliance with access and availability standards.

The surveys were completed by SPH Analytics. SPH analytics (SPH) has been conducting provider access survey/audits for more than a decade. Providers were canvassed to determine the accessibility and availability of appointments for our members and access to their designated physicians after hours. SPH Analytics used a Computer-Assisted Telephone Interviewing (CATI) methodology. Interviewers utilized a prepared script that identified Sunflower Health Plan during the call. Telephone calls were placed during normal business hours. For the afterhours study SPH assessed how emergent calls were handled. Sunflower supplied SPH Analytics with a list of providers in the network. SPH removed records with duplicate phone numbers, so that one survey was attempted for each unique phone number. Each survey was conducted on behalf of the provider group. After the survey was conducted, SPH extrapolated the Appointment Availability and after-hours survey data collected to all providers of the same type at the same phone number. SPH Analytics surveyed PCPs, Pediatricians, Oncologists, OB/GYNs, Behavioral Health Prescribers, and Behavioral Health Non-Prescribers for the Appointment Availability Survey. The sample size for the Appointment Availability survey was 1,580 resulting in 895 completed surveys. The results are in table 2. In 2019, 543 surveys were complete, and results were lower in all categories. After the 2019 survey Sunflower Health plan increased provider information of the standards through bulletins, the provider resources page of the website. Discussions were held in quality and provider meetings about the expectations of the standards, but this has been more formalized for 2022.

Table 2.: Appointment Availability Compliance

Primary Care Physician Access to Care			
Appointment Type	Compliance	Sample Size	Standard
Routine Care	96%	401	21 days
Urgent Care	89%	381	48 hours
Pediatrics Access to Care Well Childe Appointments			
Well Child Appointment	99%	287	21 days
OB/GYN Access to Care			
Routine Care	85%	198	21 Days
First Trimester	94%	198	21 days
Second Trimester	93%	197	14 days
Third Trimester	89%	197	7 days
Oncology Access to Care			
Routine Care	95%	56	30 days
BH Prescriber Access to Care			
Non-life-threatening Emergency	42%	92	6 hours
Urgent Care	99%	68	48 hours
Routine Care	56%	117	10 days
Follow-up Visit	83%	117	10 days
BH Non-Prescriber Access to Care			
Non-life-threatening Emergency	50%	120	6 hours
Urgent Care	96%	108	48 hours
Routine Care	94%	121	10 days
Follow-up visit	88%	121	10 days

Table 3: Most Common Reasons for Not Being Able to Survey Offices

	PCP		Specialist		OB		MH		SUD		Total	
	2020	2021	2020	2021	2020	2021	2020	2021	2020	2021	2020	2021
	% (n)		% (n)		% (n)		% (n)		% (n)		% (n)	
Sample Size (Total Number of Providers Contacted)	523	200	98	75	234	100	452	129	0	46	1307	550
a. Survey Completed	238	200	18	22	118	38	214	132	0	34	588	426
b. Survey Not Completed	285	0	125	53	116	62	238	42	0	12	764	169
Unable to Contact After 3 Attempts	10.1%	0.0%	35.7%	22.7%	19.7%	16.0%	28.3%	0.0%	0.0%	0.0%	20.0%	6.0%
(number)	53	0	35	17	46	16	128	0	0	0	262	33
Moved, No Updated Information	16.4%	0.0%	30.6%	0.0%	14.5%	7.0%	8.0%	4.7%	0.0%	0.0%	14.2%	2.4%
(number)	86	0	30	0	34	7	36	6	0	0	186	13
Incorrect Phone Number	17.0%	0.0%	12.2%	40.0%	3.0%	22.0%	2.9%	17.8%	0.0%	0.0%	9.3%	13.6%
(number)	89	0	12	30	7	22	13	23	0	0	121	75
Total Not Surveyed	54.5%	0.0%	127.6%	70.7%	49.6%	62.0%	52.7%	32.6%	0.0%	0.0%	58.5%	14.9%
(number should equal Row 7)	285	0	125	53	116	62	238	42	0	0	764	82

Table 4.1.a: Offices Surveyed in Compliance with State Contractual Appointment Standards

	PCP (Overall)		Specialist		MH		SUD		Total	
	2020	2021	2020	2021	2020	2021	2020	2021	2020	2021
	% (n)		% (n)		% (n)		% (n)		% (n)	
Sample Size-Total Sampled	523	200	98	75	452	129	0	46	1073	450
Emergency Care	0.0%	84.0%	0.0%	29.3%	15.0%	90.7%	0.0%	73.9%	6.3%	75.8%
(number)	0	168	0	22	68	117	0	34	68	341
Urgent Care	28.9%	88.0%	19.4%	24.0%	9.3%	62.8%	0.0%	73.9%	19.8%	68.7%
(number)	151	176	19	18	42	81	0	34	212	309
Routine Care	25.8%	89.0%	23.5%	26.7%	11.1%	48.1%	0.0%	69.6%	19.4%	64.9%
(number)	135	178	23	20	50	62	0	32	208	292
Adult Physical	0.0%	0.0%	N/A	N/A	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
(number)	0	0	0	0	0	0	0	0	0	0
EPSDT/Well-Child	0.0%	65.5%	N/A	N/A	0.0%	65.5%	0.0%	0.0%	0.0%	0.0%
(number)	0	131	0	0	0	131	0	0	0	0
After-Hours Coverage	22.2%	54.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	10.8%	24.0%
(number)	116	108	0	0	0	0	0	0	116	108

Table 4.1.b: Offices Surveyed in Compliance with State Contractual Appointment Standards

	OB	
	2020	2021
	% (n)	
Sample Size-Total Sampled	234	100
After-Hours Coverage	0.0%	0.0%
(number)		
OB 1st Trimester	13.2%	34.0%
(number)	31	34
OB 2nd Trimester	12.8%	23.0%
(number)	30	23
OB 3rd Trimester	13.2%	21.0%
(number)	31	21
OB High Risk	N/A	
(number)	N/A	

Primary Care Providers (PCPs) were canvassed for the after-hours survey. The sample size for the after-hours survey was 1644 with 1521 having an answering service or answering machine and 123 answered in person. The overall compliance for after hours was 19% with the primary reason for non-compliance being the recorded messages there were only options to hang up/dial 911 and not providing a way to reach a live party. The 2019 after hours survey resulted in 57% compliant providers but only 205 providers were surveyed. The increase in providers surveyed likely contributed to the decline in compliance with this measure but it provides a better quantitative look at the network and where improvement is needed. After the 2019 survey sunflower outreached the noncompliant providers and worked with them on understanding of the expectations. There was increased provider communication through bulletins and information on the provider resource page of the website.

Table 5: After-Hours Access Compliance

	PCP		Total	
	2020	2021	2020	2021
	% (n)		% (n)	
Sample Size (number of providers contacted after regular business hours)	205	201	205	201
Compliant*				
Acceptable Response	33.2%	19.9%	33.2%	19.9%
(number)	68	40	68	40
Answering Machine	23.4%	33.8%	23.4%	33.8%
(number)	48	68	48	68
Percent Compliant	56.6%	53.7%	56.6%	53.7%
Total Compliant	116	108	116	108
Non-Compliant**				
No Answer	0.0%	1.5%	0.0%	1.5%
(number)	0	3	0	3
Other Unacceptable	43.4%	44.8%	43.4%	44.8%
(number)	89	90	89	90
Percent Non-Compliant	43.4%	46.3%	43.4%	46.3%
Total Non-Compliant	89	93	89	93

Sunflower Health Plan Action Steps based on 2021 appointment availability and after-hours surveys:

Use of the raw data files and share survey results with noncompliant providers with appointment and after-hours standards and request that corrective action plan be implemented.

- Identify appointment barriers with providers for Routine and urgent and ensure noncompliant behavioral providers are aware of the appointment providing them with scheduling tips like keeping appointment slots open working with members on social determinants of health barriers like transportation or access to telephones for telehealth appointments. Provide support and guidance on telehealth appointment options to providers.
- Ensure providers are aware of appointment and after-hours standards through bulletins, information in our provider manual, information on the provider resource page of our website, all MCO trainings, CEO forums and increased discussion of appointment standards during all meeting with providers.
- Potentially meet with compliant providers and discuss best practices that can be shared with other providers.
- Review number and type of medical specialists and their geographic locations to assure there are adequate specialists to meet the needs of our members.
- Member education on what symptoms require doctors' visits, telehealth options (ensure they know where to locate our appointment and wait time standards on the Sunflower Health Plan website under member resources. Provide education on transportation options, how long should you wait prior to going to a doctor when you have symptoms. Ensure members are aware of our Nurse advice line and telehealth programs.

UnitedHealthcare Annual Assessment of Network Appointment Accessibility

UHC sampled 934 providers including all non-compliant providers from 2020. The follow-up items from the 2021 Timeliness Survey have been provided and discussed with the Provider Relations manager - the Provider Relations team is currently working through these issues. The health plan is aware that there is large opportunity for improving provider demographic information. The main cause of unsuccessful attempts throughout the survey was due to providers moving (no longer at the practice we have on file). In 2020 there were 33 providers noted as having moved from the practice and in 2021 there were 89 providers noted as having moved from the practice. Correcting provider demographic information is on the forefront of assignments for the Provider Relations team. The Provider Relations team is also providing education to practices regarding the process of notifying UHC when a provider leaves their practice. Routine Care compliance decreased from 2020 to 2021 for PCPs and Specialists. During outreach calls, several providers mentioned that the wait time for an appointment was longer than it typically is due to the back to school push of appointments (calls were made in August/September). This will be taken into consideration for the 2022 Timeliness Survey. After hours compliance stayed about the same from 2020 to 2021 with 3% of providers being non-compliant in 2020 and 3.3% of providers being non-compliant in 2021. Per the Provider Relations Manager, the majority of the after-hours non-compliance issues are related to having the incorrect after-hours phone call on file. The Provider Relations team is working to update these phone numbers in the UHC system as follow-up occurs. The majority of providers have an answering service, nurse line, on-call provider, or the voicemail provides a contact number for the provider on call. It was noted in 2021 that several provider after-hour messages direct the caller to reach out to the health plan's 24/7 nurse line for support.

Table 1: Most Common Reasons for Not Being Able to Survey Offices

	PCP		Specialist		OB		MH		SUD		Total	
	2020	2021	2020	2021	2020	2021	2020	2021	2020	2021	2020	2021
	% (n)		% (n)		% (n)		% (n)		% (n)		% (n)	
Sample Size (Total Number of Providers Contacted)	171	242	152	224	132	149	186	241	1317	78	1958	934
a. Survey Completed	123	183	133	179	113	113	172	222	1,226	75	1767	772
b. Survey Not Completed	48	58	19	45	19	36	14	19	91	3	191	161
Unable to Contact After 3 Attempts	0.0%	0.4%	1.3%	3.6%	0.0%	3.4%	0.0%	0.0%	0.5%	0.0%	0.5%	1.5%
(number)	0	1	2	8	0	5	0	0	7	0	9	14
Moved, No Updated	12.9%	9.9%	3.3%	12.5%	2.3%	10.1%	1.6%	7.9%	0.0%	3.8%	1.7%	9.5%
(number)	22	24	5	28	3	15	3	19	0	3	33	89
Incorrect Phone Number	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
(number)	0	0	0	0	0	0	0	0	0	0	0	0
Total Not Surveyed	28.1%	24.0%	12.5%	20.1%	14.4%	24.2%	7.5%	7.9%	6.9%	3.8%	9.8%	17.2%
(number should equal Row 7)	48	58	19	45	19	36	14	19	91	3	191	161

Table 2.2.a: Offices Surveyed in Compliance with State Contractual Standards

	PCP (Overall)		PCP (Adults)		PCP (Peds)		Specialist		MH		SUD		Total	
	2020	2021	2020	2021	2020	2021	2020	2021	2020	2021	2020	2021	2020	2021
	% (n)		% (n)		% (n)		% (n)		% (n)		% (n)		% (n)	
Sample Size-Total Sampled	123	183	121	117	100	150	133	179	172	222	1226	75	1767	772
Emergency Care	100%	100%	100%	100%	100%	100%	100%	83.8%	100%	100%	0.0%	100%	24.2%	81.6%
(number)	123	183	121	117	100	150	133	150	172	222	0	75	428	630
Urgent Care	100%	100%	100%	100%	100%	100%	100%	84.9%	100%	96.4%	0.0%	100%	24.2%	80.8%
(number)	123	183	121	117	100	150	133	152	172	214	0	75	428	624
Routine Care	100%	69.4%	100%	84.6%	100%	65.3%	100%	77.7%	100%	100%	0.0%	100%	24.2%	72.9%
(number)	123	127	121	99	100	98	133	139	172	222	0	75	428	563
Adult Physical	100%	0.0%	100%	84.6%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	100%	0.0%
(number)	123	0	121	99	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	123	0
EPSDT/Well-Child	100%	0.0%	N/A	N/A	100%	65.3%	N/A	N/A	N/A	N/A	N/A	N/A	100%	0.0%
(number)	123	0	N/A	N/A	100	98	N/A	N/A	N/A	N/A	N/A	N/A	123	0
After-Hours Coverage	95.9%	98.4%	95.9%	97.4%	95.0%	98.0%	97.0%	97.8%	0.0%	99.1%	0.0%	88.0%	14.0%	83.0%
(number)	118	180	116	114	95	147	129	175	0	220	0	66	247	641

Table 2.2.b: Offices Surveyed in Compliance with State Contractual Standards

	OB	
	2020	2021
	% (n)	
Sample Size-Total Sampled	113	113
After-Hours Coverage	98.2%	100.0%
(number)	111	113
OB 1st Trimester	99.1%	92.9%
(number)	112	105
OB 2nd Trimester	99.1%	90.3%
(number)	112	102
OB 3rd Trimester	99.1%	97.3%
(number)	112	110
OB High Risk	N/A	
(number)	N/A	

Table 3: After-Hours Access Compliance

	PCP		Specialist		OB		BH		Total	
	2020	2021	2020	2021	2020	2021	2020	2021	2020	2021
	% (n)		% (n)		% (n)		% (n)		% (n)	
Sample Size (number of providers contacted after regular business hours)	123	242	133	183	113	136	0	319	369	880
Compliant*										
Acceptable Response	95.9%	97.1%	97.0%	91.8%	98.2%	85.3%	0.0%	93.4%	97.0%	92.8%
(number)	118	235	129	168	111	116	0	298	358	817
Answering Machine	0.0%	0.0%	0.0%	6.0%	0.0%	12.5%	0.0%	1.9%	0.0%	3.9%
(number)	0	0	0	11	0	17	0	6	0	34
Percent Compliant	95.9%	97.1%	97.0%	97.8%	98.2%	97.8%	0.0%	95.3%	97.0%	96.7%
Total Compliant	118	235	129	179	111	133	0	304	358	851
Non-Compliant**										
No Answer	1.6%	0.4%	1.5%	0.0%	0.9%	0.0%	0.0%	1.6%	1.4%	0.7%
(number)	2	1	2	0	1	0	0	5	5	6
Other Unacceptable	2.4%	2.5%	1.5%	2.2%	0.9%	2.2%	0.0%	3.1%	1.6%	2.6%
(number)	3	6	2	4	1	3	0	10	6	23
Percent Non-Compliant	4.1%	2.9%	3.0%	2.2%	1.8%	2.2%	0.0%	4.7%	3.0%	3.3%
Total Non-Compliant	5	7	4	4	2	3	0	15	11	29

KFMC HEALTH IMPROVEMENT PARTNERS PRIMARY PROVIDER ACCESS STUDY

The State asked KFMC to perform a targeted analysis of PCP access in KanCare. KFMC sample sizes and records are in the table below:

Managed Care Organization	Sample Frame Size (N)	Sample Size (n)	Count of Records in Final Sample
Aetna Better Health of Kansas	3,312	416	405
Sunflower Health Plan	2,126	531	456
UnitedHealthcare Community Plan of Kansas	2,024	387	366
PCPs represented by multiple MCOs	n/a	15	15
KanCare	n/a	1,318*	1,211*

Call Results Callers placed calls to providers listed in 1,318 PCP records ("all records") from September 22, 2021, through January 3, 2022.

Category of audit results	Number of records	% of total 1,211 eligible
Fully Met	159	13.1%
Substantially Met	478	39.5%
Partially Met	276	22.8%
Not Met	298	24.6%

Records deemed Not Met clearly failed to satisfy the study's standards for PCP after-hours availability. Subcategories of this group were:

- Calls in which the caller reached a provider's answering machine recording that offered no instructions or was unclear,
- Calls in which the person reached indicated that a provider could not be made available after hours,
- Calls in which the person reached indicated that the provider was not practicing at that location and no provider could be made available after hours, and
- Calls regarded as "no answer" where one or more of the following outcomes were present: a busy signal was reached, the call either disconnected or the phone stopped ringing, the caller reached a recording that indicated the phone number was no longer in service, there was no connection after the line rang for at least 30 seconds, or other reason beyond those indicated previously.

Once the MCOs have had a chance to review and rebut the findings, the full completed report will be attached to the Annual EQRO KanCare Technical Evaluation Report.

J. HCBS Consumer Satisfaction Surveys

Beginning July 2021, the managed care organizations began to submit quarterly satisfaction data from their consumers. Most of the surveys were taken during care coordination visits, but there were also some survey answers derived from interactive voice surveys during consumer calls to the health plans. . The questions and answers provide insight into consumer satisfaction with the health plan, satisfaction with the services received, and with general satisfaction with life. These results show an overwhelmingly positive view of the MCOs' services and the HCBS providers in KanCare. The MCOs were asked to provide HCBS consumer satisfaction data on a quarterly basis, starting with quarter three 2021 Some MCOs relied upon the annual CAHPS surveys to provide this information to the health plan/KDHE, consequently they are still building their process to provide quarterly updates. Below is the information received for the HCBS satisfaction for 2021:

Assessment	Jul-21	Aug-21	Sept-21	Oct-21	Nov-21	Dec-21	Total	% Total
How satisfied are you with the Health Plan?								
Satisfied	898	982	878	834	701	643	4936	64.91%
Very Satisfied	435	461	408	478	440	415	2637	34.68%
Dissatisfied	4	4	2	7	2	5	24	0.32%
Very Dissatisfied	2	1	1	1	0	2	7	0.09%
How satisfied are you with your Adult Day Center Provider?								
Satisfied	310	266	264	290	220	197	1547	67.47%
Very Satisfied	126	129	95	121	140	119	730	31.84%
Dissatisfied	3	4	1	4	2	1	15	0.65%
Very Dissatisfied	0	1	0	0	0	0	1	0.04%
How satisfied are you with your ALF Provider?								
Satisfied	54	56	52	75	53	43	333	59.46%
Very Satisfied	42	44	26	29	32	38	211	37.68%
Dissatisfied	2	3	2	6	1	1	15	2.68%
Very Dissatisfied	0	0	0	1	0	0	1	0.18%
How satisfied are you with your Care Coordinator?								
Satisfied	755	812	697	720	609	571	4164	7573
Very Satisfied	450	451	393	455	433	388	2570	38.12%
Dissatisfied	0	2	1	1	0	0	4	0.06%
Very Dissatisfied	2	0	0	1	0	0	3	0.04%
How satisfied are you with your Fiscal Management Agency?								
Satisfied	260	300	236	221	205	176	1398	61.02%
Very Satisfied	150	149	125	161	148	147	880	38.41%
Dissatisfied	0	2	4	1	2	4	13	0.57%
Very Dissatisfied	0	0	0	0	0	0	0	0.00%
How satisfied are you with your Institutional Provider?								
Satisfied	76	75	76	77	71	48	423	74.21%
Very Satisfied	33	23	18	23	16	22	135	23.68%
Dissatisfied	0	0	2	3	4	1	10	1.75%
Very Dissatisfied	0	0	0	1	0	1	2	0.35%

How satisfied are you with your Personal Care Attendant/Worker Provider?								
Satisfied	385	424	356	330	285	260	2040	55.63%
Very Satisfied	265	281	228	283	249	241	1547	42.19%
Dissatisfied	12	15	9	10	8	11	65	1.77%
Very Dissatisfied	3	0	3	5	2	2	15	0.41%
How satisfied are you with your Transportation Provider?								
Satisfied	15	11	17	25	26	16	110	58.82%
Very Satisfied	18	12	7	8	4	14	63	33.69%
Dissatisfied	2	2	2	1	3	1	11	5.88%
Very Dissatisfied	0	0	0	0	2	1	3	1.60%
Do you have a paid or volunteer job in the community?								
Yes	243	244	221	218	249	201	1376	13.59%
No	1519	1596	1489	1517	1339	1286	8746	86.41%
Do you feel safe in your home/where you live?								
Yes	1750	1817	1701	1721	1584	1482	10055	99.19%
No	11	20	12	19	11	9	82	0.81%
Are you able to make decisions about your daily routine?								
Yes	1719	1806	1663	1700	1555	1454	9897	97.05%
No	51	47	54	47	48	54	301	2.95%
Are you able to do things you enjoy outside of your home and with whom you want to?								
Yes	1629	1718	1611	1642	1510	1398	9508	93.27%
No	146	130	102	99	94	115	686	6.73%
Can you see or talk to your friends and family (who do not live with you) When you want to?								
Yes	1671	1787	1649	1682	1542	1439	9770	96.44%
No	86	56	64	51	49	55	361	3.56%
In general, do you like where you are living right now?								
Yes	1730	1806	1681	1700	1569	1454	9940	98.23%
No	36	36	25	28	21	33	179	1.77%

IV. STC 64(c) – Budget Neutrality and Financial Reporting Requirements

Total annual expenditures for the demonstration population for Demonstration Year 9 (CY2021), with administrative costs reported separately, are set out in the attached document entitled "KanCare Expenditure & Enrollment Data DY9 CY2021." Yearly enrollment reports for demonstration enrollees for Demonstration Year 9 (DY 9) CY2021 are also set out in the attached document entitled "KanCare Expenditure & Enrollment Data DY9 CY2021." The yearly enrollment reports include all individuals enrolled in the demonstration, the member months as required to evaluate compliance with the budget neutrality agreement, and the total number of unique enrollees within DY9.

The State has updated the quarterly Budget Neutrality template provided by CMS and has submitted this through the PDMA system. Please see Section VI of the fourth quarter report. The expenditures contained in the document reconcile to Schedule C from the CMS 64 report for quarter ending December 31, 2021.

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 DY9 (CY2021).

Disproportionate Share Hospital payments continue, as does support for graduate medical education.
Delivery System Reform Incentive Payment (DSRIP) Pool: The DSRIP pool ended December 21, 2020.

Summary of Plan Financial Performance: As of December 31, 2021, all three plans are in a sound and solvent financial standing.

Statutory filings for the KanCare health plans can be found on the National Association of Insurance Commissioners' (NAIC) "Company Search for Compliant and Financial Information" website[6].

V. STC 64(d) – Evaluation Activities and Interim Findings

A. The State Quality Strategy:

The KanCare Quality Management Strategy, along with 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. This approach is guided by information collected from 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 State and Federal agencies, the KanCare MCOs, Medicaid providers, Medicaid members, and public health advocates. This combined information assists KDHE, KDADS and the MCOs to identify and recommend quality initiatives to monitor and implement the State's KanCare Quality Management Strategy (QMS). The QMS is consistent with the managed care contract and approved terms and conditions of the KanCare 1115 Medicaid demonstration. A draft of the revised QMS was posted to the KanCare website for feedback, shared with the Medical Care Advisory Committee, and sent for tribal consideration. The State allowed at least 30 days for these groups to examine the proposed QMS and provide comments. The feedback and the State's responses to the feedback was included in the QMS. The revised QMS is posted on the KanCare website under the Quality Measurement tab in the Quality Management Strategy section

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.

[6] https://eapps.naic.org/cis/

To support the quality strategy, KDHE staff conducts 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 standard terms and conditions, the KanCare quality management strategy and KanCare contract requirements. Included in this work have been reviews, revisions, and updates to the QMS, 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; KanCare Key Activity Management Reports; and PIP Activity Reports (PARs). All products are distributed to relevant cross-agency program and financial management staff and are incorporated into updated QMS and other documents.

Kansas has provided quarterly updates to CMS about the various activities related to HEDIS measurements, CAHPS surveys, Mental Health surveys, Pay for Performance measures, and about specific activities related to MLTSS services, quality measures, and related HCBS waiver amendment application development and submission. Performance measures continue to evolve, and change based upon analysis of Healthcare Effectiveness Data and Information Set (HEDIS) data and claim encounter data.

The State participated in the following activities:

- Submitted a revised Quality Management Strategy to CMS for review on December 9, 2021. This Quality Management Strategy includes goals and measurable objectives that the State will be measuring over the next three years. The State has transitioned toward a data driven QMS that follows the CFR as closely as possible.
- Posted the revised Quality Management Strategy to the KanCare website, shared for feedback with the Medical Care Advisory Committee and sent for tribal consideration. The State allowed at least 30 days for these groups to examine the proposed QMS and provide comments.
- Asked the EQRO, KFMC, to complete an evaluation of the effectiveness of the prior QMS. This review is now posted on the KanCare website. The State's response to KFMC's recommendations from this review have been incorporated into the draft, revised QMS.
- Developed detailed methodologies and analytic plans for testing hypotheses.
- Continued participation in OCK and Employment Pilot Advisory Group meetings.
- Reviewed/discussed data sources, reports and findings with KDHE, KDADS and the MCOs during quarterly contract meetings and as needed.
- Provided quarterly written updates to KDHE regarding KanCare 2.0 Evaluation progress.
- Provided annual reports of progress and any key findings by April each year.
- Participated in ongoing automated report management, review, and feedback between the State and the MCOs. Reports from the MCOs consist of a wide range of data reported on standardized templates. State administration of the reporting site transitioned to the External Quality Review (EQR) audit team. The team continued to work with the site administrator to make improvements to the reporting database. For example, discontinuing unneeded reports, adding new reports and updating the tip sheets with more robust information for all levels of users.
- Added Provider Satisfaction Survey results to the Report Administration system. This includes MCO submission of survey tools and methodology for State approval prior to survey implementation. These changes have been approved by the State and the MCOs and the contract amendment has now been approved by CMS. The methodologies for the 2021 surveys were submitted on or before August 31, 2021. None of the plans met the new requirements in their 2021 surveys and the State sent feedback to each MCO with the changes that would be needed to meet the requirements in 2022. The MCOs are currently planning to do a collaborative survey in 2022 where providers answer the same questions regarding their experience with all 3 MCOs in the same survey. This plan includes the MCOs hiring a shared contractor to implement the survey. MCOs have been reminded that the methodology for the 2022 survey must be submitted 60 days prior to implementation to the State for approval.

- Posted a member-friendly table of all the MCOs' PIPs, with a simplified description of their interventions, to the KanCare website. KDHE developed a table that includes more technical information and highlights the change being piloted with each intervention. Both documents were updated to reflect UHC changing their Prenatal and Postpartum Care (PPC) PIP to AMM PIP, the Collaborative Human Papillomavirus (HPV) PIP ending, and the COVID-19 Vaccine PIP replacement. These changes were finalized, and the new member-friendly version is posted.
- Continued state staff participation in cross-agency long-term care meetings to report quality assurance and programmatic activities to KDHE for oversight and collaboration.
- Continued participation in weekly calls with each MCO to discuss ongoing provider and member issues, and to troubleshoot operational problems. Progress is monitored through these calls and through issue logs. Leadership from KDADS, KDHE and the three MCOs meet monthly to discuss issues and improvements to KanCare.

B. Utilization Data:

One component of the state's analysis of the Medicaid program is a comparison of the previous KanCare demonstration period (ending CY 2019) with the current demonstration (beginning CY 2020). Each annual report will add utilization data for the previous calendar year throughout the KanCare 2.0 demonstration period. This comparison provides information on shifts and trends in general and specific service areas, including services for both physical and behavioral health care needs, nursing facility and HCBS services, as well as inpatient and outpatient service settings. Refinement of the processes for compiling utilization data has allowed the state to compare utilization across a spectrum of 21 service types thus allowing us to monitor specific service areas as well as general service types across the entire array of Managed Care services.

		Claims/1000 member-months		Days/1000 member-months		Unduplicated prescriptions/1000	
		2019	2020	2019	2020	2019	2020
Outpatient ER	Claims	1,053	822	0	0	0	0
Outpatient ER ANCILLARY	Claims	4,107	3391	0	0	0	0
Outpatient Non-ER	Claims	3,779	3440	0	0	0	0
Inpatient	Days			825	783	0	0
Medical-Specialty	Claims	2,816	2460	0	0	0	0
Medical-General Practice	Claims	5,127	4498	0	0	0	0
Medical-Other	Claims	1,010	728	0	0	0	0
Dental	Claims	4,078	3324	0	0	0	0
Vision	Claims	1,394	1142	0	0	0	0
FQHCs/RHCs	Claims	1,161	1040	0	0	0	0
Transportation - AMB	Claims	230	222	0	0	0	0
Transportation - NEMT	Claims	1,406	823	0	0	0	0
Pharmacy	Prescriptions			0	0	5,673	5,119
DME	Claims	706	764	0	0	0	0
Hospice	Claims	315	265	0	0	0	0
Independent Laboratory	Claims	1,682	1,695	0	0	0	0
Renal Dialysis Center	Claims	290	334	0	0	0	0
Targeted Case Management	Claims	499	591	0	0	0	0
HCBS	Units	9,307	9,724	0	0	0	0
Behavioral Health	Claims	5,493	5,349	124.2	132.1	0	0
Long Term Care	Days	0	0	8,984	9,896	0	0

C. Summary of Performance Improvement Projects (PIPs):

With the implementation of KanCare 2.0, each MCO is required to participate in 6 PIPs. MCOs are contractually required to perform at least three clinical and two non-clinical PIPs annually, with one of the non-clinical PIPs focused on LTSS. Additionally, because all 3 MCOs fell below the 85% mark on their EPSDT 416 report measures, they are all required to initiate an EPSDT Outreach and Engagement PIP. Summary of PIP activities include:

a. Monthly PIP team meetings were held virtually in 2021.. Beginning in 2022, monthly MCO PIP meetings will be ad hoc rather than regularly scheduled.
b. Approval of all PIP Methodology worksheets
c. New collaborative PIP to focus on the COVID-19 pandemic and increasing the rates of COVID-19 vaccinations. KDHE approved the MCO's methodology for this new PIP on July 29, 2021 and the MCOs began implementing the project interventions. Over the course of 2021, the population for this PIP has expanded as COVID-19 vaccines were approved for children. Regarding the child population, data is being stratified by foster care agency for children in foster care. This will provide the necessary data to allow the MCOs to work directly with the agencies to reach children who may be unvaccinated.
d. Implementation of newly designed tools and processes to focus on complying with protocols, ensuring interventions are measurable, ease of use, consistency and improve documentation of outcomes
e. Pre-approval of interventions
f. Designed tool for MCOs to report major adjustment to an intervention
g. Define and document technical specifications for each measure

h. Transition from a stagnant data recounting mechanism to a web-based, robust reporting system. A PIP Activity Report (PAR) is produced monthly for each PIP showing impacts of the interventions or changes to the overall outcome rates. This web-based system was implemented by KFMC in June 2021. With this new system, the MCOs submit the monthly and/or quarterly data (numerators and denominators) to the web-system, where the data is loaded, and PAR graphs and charts are created. This transitionenables the MCOs and the State to visualize progress of each intervention, as well as determine if an invention is not viable, and needs to cease.

The EQRO reviews and validates the reports for each PIP annually.

D. Outcomes of Performance Measure Monitoring:

A summary of statewide results (all three KanCare MCOs aggregated) for calendar years 2019-2020 (measurements conducted in 2021) validated by KFMC Health Improvement Partners. These numbers show the Kansas performance compared to the national 50th percentile on each of the measures. This information is detailed in a chart "HEDIS Comparison Measures-Physical Health & 2020 Performance Measure Validation" attached to this report.

E. Pay for Performance Measures:

The results of the KanCare MCOs' performance for the 2020 pay for performance measures (measured in 2021) are detailed in the "2020 Pay for Performance Summary" document attached to this report.

F. Outcomes of Onsite Reviews:

The State of Kansas collaborated with its contracted External Quality Review Organization (EQRO), KFMC Health Improvement Partners), to conduct the 2021 Annual Contract Review. The Annual Contract Review included assessment of the level to which each Managed Care Organization (MCO) performs the duties of the KanCare 2.0 contract through operationalization of MCO policies and procedures and the quality of services delivered to providers and members. The State has adopted a three-year contract review model, specifically, the full contract is reviewed in a three-year time frame. This change allows the State to better focus on each contract area and complete a quality review. A remediation process has also been instituted so State subject matter experts (SMEs) can work with the MCO's to fix non-compliance before low scoring contract areas are reviewed again in the next Annual Contract Review cycle.

Virtual site visits to MCOs took place between September and November of 2021.
Interviews with MCO staff were conducted by State team leads and accompanying SMEs. Principal topics included:

- Provider network in validation of credentialing and re-credentialing, network development, adequacy standards, cultural competency and health literacy, access standards, network management, non-participating providers, material change implementation, provider-member communication, avoiding and disclosing potential conflicts of interest, delegation relationships, and minimum subcontract provisions.
- Plans of services and Person-Centered Service Planning (PCSP) for special needs populations contract compliance, policies, desk procedures, and review of case files.
- Provider payments and accuracy of claims processing.
- Quality Assessment and Performance Improvements (QAPI) contract requirements including Performance Improvement Projects (PIPs), provider satisfaction surveys, peer review, and clinical and medical records management.
- Program integrity as it pertains to disclosure requirements and member fraud and abuse.
- Member and provider appeal notification and timeliness demonstrating adherence to KanCare 2.0 Attachment D contract
- Utilization Management to include post-desk review discussion of members' physical health, behavior health, LTSS, SHCN, UM policies, desk procedures, workflow, and PH/BH service integration. Considerable time was taken to hear MCO staff describe changes to the service coordination process designed to address non-compliance in the previous Annual Contract Review and utilized to ensure members receive timely and appropriate initial health screenings, Health Risk Assessments, and needs assessments.

The findings for the audits are currently in the initial draft stage and planned for MCOs to receive their final findings report in the second quarter 2022.

VI. STC 64(e) – SUD Health IT

Kansas had two primary SUD Health IT systems functioning at a statewide level, the Kansas Substance Use Reporting Solution (KSURS) and K-TRACS. KSURS was primarily used by SUD service providers to collect client level data to submit to the state. K-TRACS is the state's prescription drug monitoring program.

KSURS serves a basic function of collecting & monitoring client level data but does not fully replace the more robust electronic health record which would include additional provider-oriented tools like ASAM assessments and treatment plans. Kansas continues to support KSURS with periodic updates and continuous quality improvement on data submissions. Kansas is currently working to develop an RFP for a state hospital EHR solution which will help modernize and combine numerous mental health and SUD health IT solutions in a single system. It is anticipated that this modernization effort will take between 18 and 24 months to be fully realized statewide and be available to providers

Kansas submitted a SUD Health IT Plan as part of the SUD Demonstration Implementation Protocol that was approved by CMS in 2019. The Kansas Board of Pharmacy is responsible for the oversight and implementation of K-TRACS. The Kansas SUD Health IT Plan focuses on improving the functionality and utilization of K-TRACS to monitor the prescription and usage of controlled substances and other drugs of concern in Kansas. At the end of 2021, K-TRACS was connected to 34 other states, Washington DC, and Puerto Rico through Bamboo Health.

The Board of Pharmacy continues to onboard pharmacies, independent provider offices, hospitals, and health systems to an integrated solution to deliver K-TRACS patient reports through electronic health records systems. At the end of 2021, 257 healthcare organizations across the state had successfully connected to K-TRACS.

In 2021, K-TRACS became a sub-recipient of a Substance Abuse and Mental health Services Administration (SAMHSA) grant through the KDADS. This grant will allow the program to develop and implement a robust compliance plan focused on pharmacies reporting prescription information to K-TRACS, as well as educate pharmacist and prescribers about K-TRACS and clinical issues around controlled substances.

Kansas' progress on the submitted SUD Health IT Plan is evident in the outcomes below demonstrating increased provider use and growth of the PDMP program. K-TRACS continues to see increases in utilization and user enrollment quarterly.

Measure	Q1 2021	Q2 2021	Q3 2021	Q4 2021
Aggregate Registered Users	11,427	12,019	13,563	14,494
Prescribers	7,893	8,402	9,724	10,557
Pharmacists	3,162	3,230	3,437	3,515
Others (investigators, administrators, agencies)	372	387	402	422

Measure	Q1 2021	Q2 2021	Q3 2021	Q4 2021
New Users				
Prescribers	139	509	1,322	833
Pharmacists	56	58	207	78
Others (investigators, administrators, agencies)	24	16	15	14

2021	January	February	March	April	May	June
Total Patient Queries	237,260	220,109	249,160	239,321	225,718	250,344
	July	August	September	October	November	December
	282,971	351,178	426,843	455,627	456,470	473,905

Kansas has begun submitting SUD Health IT metrics in the SUD Demonstration Monitoring Plan which fulfills the STC requirements, along with ongoing reports and updates related to Attachment R: SUD Health IT Plan.

VII. Enclosures/Attachments

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

Section of Report Where Attachment Noted	Description of Attachment
STC 64(b)	KanCare Ombudsman Report Annual 2021
STC 64(c)	KanCare Expenditure & Enrollment Data DY9 CY2021
STC 64(c)	KanCare Safety Net Care Pool Reports
STC 64(d)	KanCare 2021 Public Forum Summary
STC 64(d)	HEDIS Comparison Measures-Physical Health & 2020 Performance Measure Validation
STC 64(e)	2020 Pay for Performance Summary

VIII. State Contacts(s)

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IX. Date Submitted to CMS

March 31, 2022

ANNUAL REPORT 2021

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I. Table of Contents

Contents

I. Table of Contents 2
II. Highlights/Dashboard (pages 4 and 5) 3
III. KanCare Ombudsman Purpose 6
IV. Accessibility to the Ombudsman's Office 7
A. Initial Contacts 7
B. Accessibility through the KanCare Ombudsman Volunteer Program 7
V. Outreach by KanCare Ombudsman Office 8
VI. Data by KanCare Ombudsman Office 9
A. Data by Region 9
1. Initial Contacts to KanCare Ombudsman Office by Region 9
2. KanCare/Medicaid members by Region 10
3. Kansas Population Density 10
B. Data by Office Location 11
C. Data by Contact Method 11
D. Data by Caller Type 12
E. Data by Program Type 13
F. Data by Priorities 14
G. Data by Issue Categories 14
1. Medicaid Issues 15
2. HCBS/LTSS Issues 16
3. Other Issues 17
H. Data by Managed Care Organization (MCO) – 17
See Appendix C, page 48 17
VII. Action Taken 17
A. Responding to Issues 18
1. KanCare Ombudsman Office response to members/applicants 18
2. Organizational final response to Ombudsman requests 19
3. Action Taken by KanCare Ombudsman Office to resolve requests 20
4. Ombudsman Office Resolution of Issues 21
VIII. Enhancements/Changes from the past year and Future Changes 22
A. Change in location of the KanCare Ombudsman Office 22
B. Resources provided to the KanCare and Kansas Community 22
1. Community Resources by County 22
2. Significant revision of the "Assistance for People without Insurance" document 23

3. Significant revision of the “Application Assistance Guide” 23
4. Foster Care, Adoption and KanCare fact sheet 23

C. Other changes/updates 24

1. Volunteer Satisfaction Survey 24
2. Call Handlers added to all three KanCare Ombudsman Offices 24
3. Updating Volunteer Training Manual 24
4. KanCare Ombudsman Office Survey and Listening Session 25

D. Future Enhancements 28

IX. Appendix A. KanCare Ombudsman Office Survey Report 29

A. Q2 - Who are you? (Choose 1) 29
B. Q3 - What language do you speak at home? 30
C. Q4 - How often have you used the KanCare Ombudsman Office for help or resources? 30
D. Q5 - Did you get an answer to your concern? 30
E. Q17 - You said on the prior answer you did not get an answer to your concern. 30
F. Q6 - How was your experience of working with the KanCare Ombudsman Office? 31
G. Q7 - What worked well when you used the KanCare Ombudsman Office? 31
H. Q8 - Do you have a positive experience you would like to share? 34
I. Q9 - Please share your positive experience here: 34
J. Q10 - What didn’t work well and could be improved in the KanCare Ombudsman Office? 36
K. Q12 - Have you heard of the KanCare Ombudsman Office before now? 40
L. Q13 - Do you know how to reach the KanCare Ombudsman Office? 40
M. Q14 - Do you think there are barriers to talking with the KanCare Ombudsman Office? 41
N. Q15 - What barriers do you see to talking to the KanCare Ombudsman Office? 41

X. Appendix B. KanCare Ombudsman Office Listening Session Report 44

A. Introduction: 44
B. Outreach: 44
C. Attendance: 45
D. Listening Session Notes: 46

XI. Appendix C: Managed Care Organization (MCO) Data 49

A. Aetna 49
B. Sunflower 52
C. United Healthcare 55

II. Highlights/Dashboard (pages 4 and 5)

Annual Report 2021 - Overview

Results from 2021

- Stronger community partnerships through AmeriCorps VISTA outreach and Survey/Listening Session outreach
- Added 6 new satellite volunteers to help answer toll-free number calls.
- **New!** Community Resource Guides for all 105 counties in Kansas with information about medical, food, and housing, and local and regional resources
- Received member and stakeholder input on the KanCare Ombudsman program.
- Full 2021 Annual Report

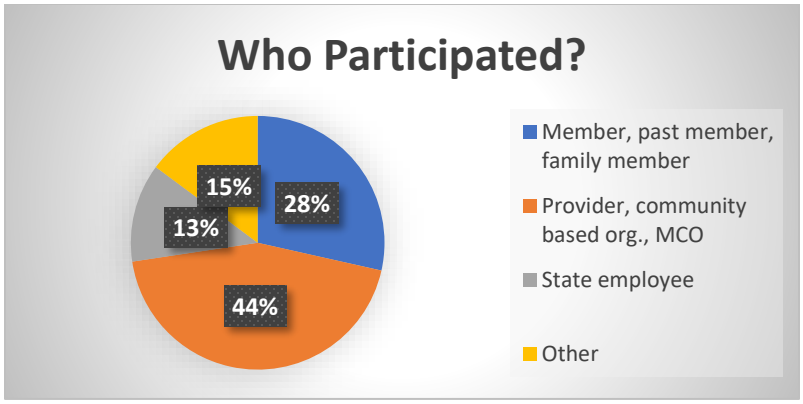
What difference did we make?

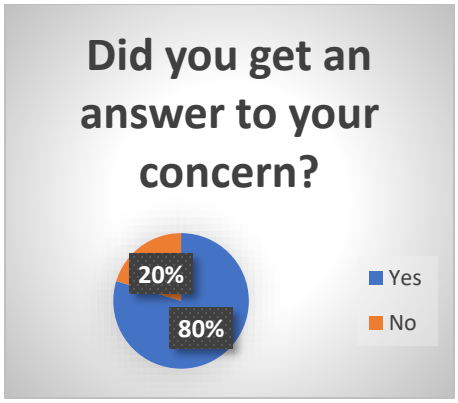
"When I got an answer from the Clearinghouse that didn't make any sense, the Ombudsman volunteer did a three-way call with me and the Clearinghouse. Makes such a difference when people know the right questions to ask and speak the same terminology (and I believe I understand KanCare better than the average person)."

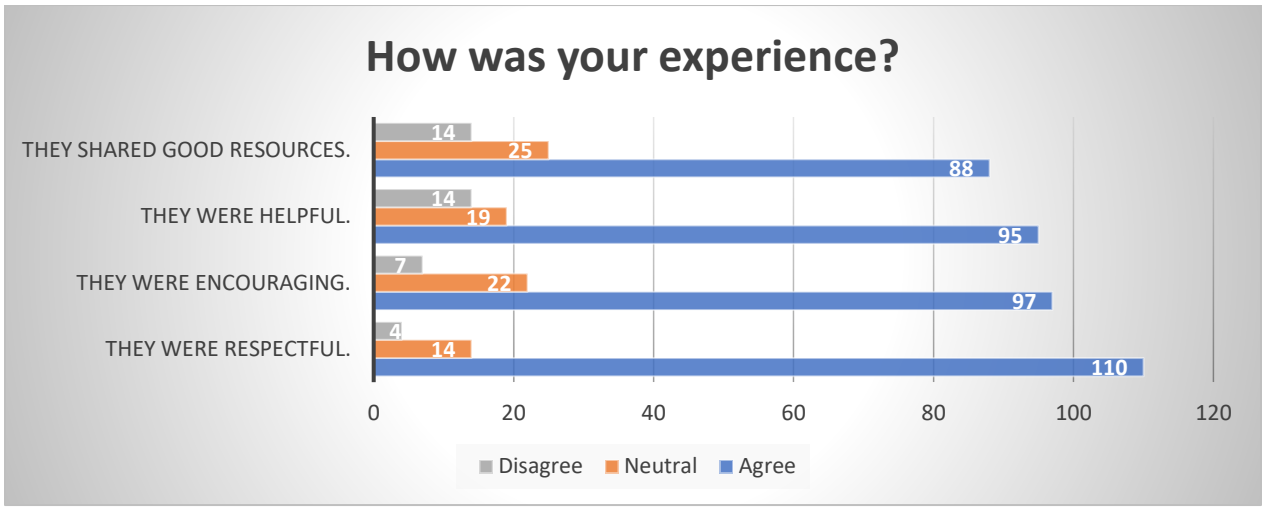
- *KanCare Ombudsman Survey, 2021*

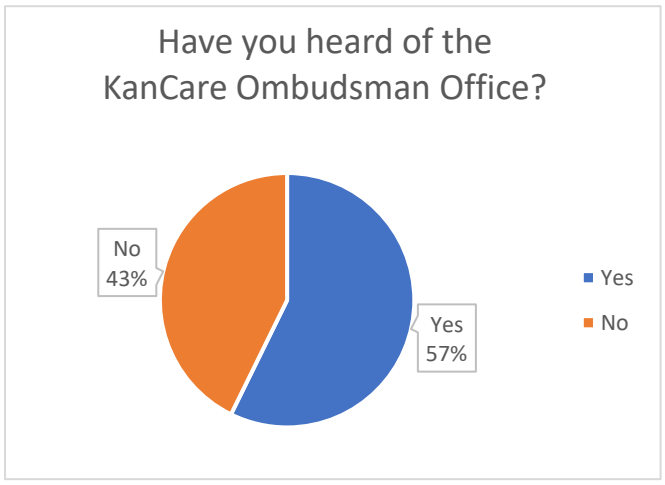
WHY SPEND OUR TIME AS WE DID?

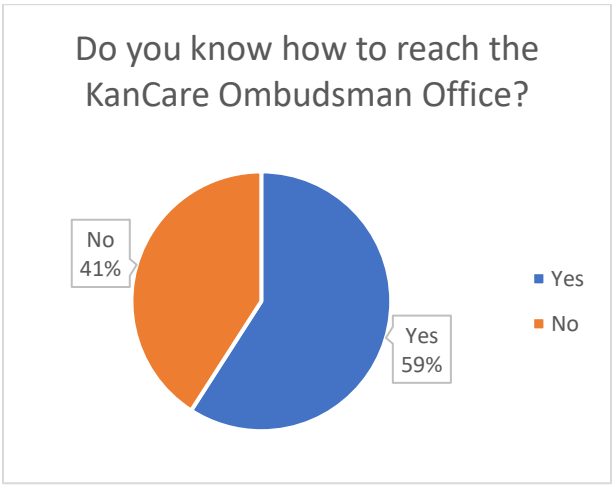
- Shared with members, applicants, providers, community -based organizations about this office, how we can help and what resources we can provide.
- Spent significant time updating volunteer training, providing training, and mentoring to volunteers to better assist members and applicants that contact us for help.
- Updated and created resources to help members, applicants and other stakeholders find the information they need to navigate the KanCare/ Kansas Medicaid system and find community resources.
- Created and provided cultural awareness and trauma informed care training for staff and volunteers to better serve KanCare members and applicants.











More information on the Survey and Listening Session results in Appendix A of the Annual Report. The full 2021 Annual Report can be found at: Reports (ks.gov).

III. KanCare Ombudsman Purpose

The KanCare Ombudsman Office helps KanCare/Kansas Medicaid members and applicants, with a priority on individuals participating in long-term supports and services through KanCare. The KanCare Ombudsman Office assists KanCare/Kansas Medicaid members and applicants with access, service, and benefit problems. The KanCare Ombudsman office helps with:

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

The Centers for Medicare and Medicaid Services Special Terms and Conditions (2019), Section 42 for KanCare, provides the KanCare Ombudsman program description and objectives.

IV. Accessibility to the Ombudsman's Office

A. Initial Contacts

Activity: The KanCare Ombudsman Office was available to members and applicants of KanCare (Medicaid) by phone, email, written communication, social media and the Integrated Referral and Intake System (IRIS) and Healthify during the year 2021.

The KanCare Ombudsman Office has helped KanCare members and applicants since the inception of KanCare in January 2013. Starting in November of 2015, the KanCare Ombudsman office began a volunteer program to assist with answering calls and helping with applications.

Outcome: The KanCare Ombudsman Office has helped an increasing number of KanCare members and applicants over the last several years, starting in 2016 with the beginning of trained volunteer help in the two satellite offices (Kansas City Metro and Wichita). For the years 2018 and 2019 total quarterly contacts have averaged around 1,000. Over the last two years (2020, 2021) quarterly contacts have dropped significantly due to the pandemic. Although satellite offices were closed during second and third quarter of 2020, the Topeka staff continued to assist those requesting help. All three offices have been open from fourth quarter 2020 on to accepting contacts by phone and email. No in-person contact.

Initial Contacts	Qtr. 1	Qtr. 2	Qtr. 3	Qtr. 4	Total
2014	545	474	526	547	2,092
2015	510	462	579	524	2,075
2016	1,130	846	687	523	3,186
2017	825	835	970	1,040	3,670
2018	1,214	1,059	1,088	1,124	4,485
2019	1,060	1,097	1,071	915	4,143
2020	903	478	562	601	2,544
2021	566	592	644	566	2,368

B. Accessibility through the KanCare Ombudsman Volunteer Program

Activity: The KanCare Ombudsman Office has two satellite offices for the volunteer program; one in Kansas City metro area and one in Wichita. The volunteers in both satellite offices answer KanCare questions, help with issues and assist with filling out KanCare applications (during the pandemic, by phone only).

> The Ombudsman office took the time to listen to my concerns, empathized with my frustration, provided me with next steps, and also took initiative to make things happen that I did not have the power to do.."
>
> – Survey 2021

Outcome: Volunteers and staff assist members, applicants, and other stakeholders with concerns about KanCare/Kansas Medicaid.

V. Outreach by KanCare Ombudsman Office

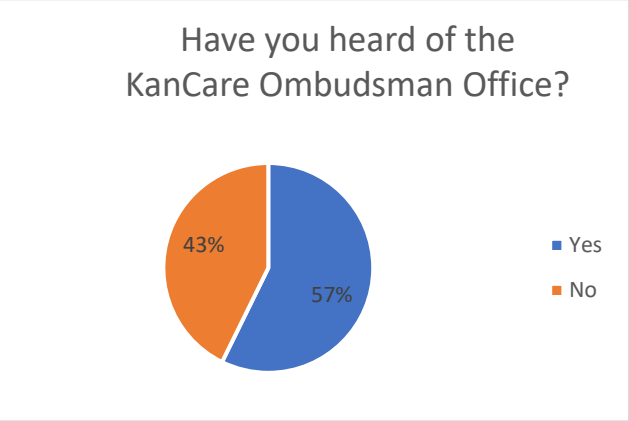
Activity: The KanCare Ombudsman Office is responsible to help members, applicants and providers understand the KanCare application process, benefits, and services, and provide training and outreach to community organizations. The office does outreach through resources provided on the KanCare Ombudsman web pages, resources provided with contacts to members, applicants and providers, and outreach through conferences, conference calls, video calls, social media, and in-person contacts.

Outcome 1: The below chart shows the outreach efforts by the KanCare Ombudsman Office. The increase for 2021 is due to an outreach effort by our two AmeriCorps VISTA volunteers. The VISTAs contacted over 600 community organizations for the Application and Assistance Guide revision and shared information about our office and offered to mail them our brochures.

	2017	2018	2019	2020	2021
Outreach	109	164	94	243	710

For the full listing of 2021 outreach, **see the 2021 quarterly reports**, Appendix A.

Outcome 2: Survey and Listening Session
The KanCare Ombudsman Office did outreach to MCOs, their providers, state agencies, community organizations, members, applicants, and family who contacted us in the past year. The notification was to request participation in a survey and listening sessions about the KanCare Ombudsman office. Key finding: 43% of those who answered this question had not heard of our office before.



Outcome 3: **Foster Care, Adoption and KanCare Fact Sheet**
The KanCare Ombudsman Office created a new fact sheet in cooperation with the Kansas Department of Children and Families (DCF). Once completed, this fact sheet was distributed to all relevant DCF workers and foster care agency workers. Staff were instructed to provide this information to families involved in the foster care and adoption process. This has increased stakeholder awareness of the KanCare Ombudsman Office. The Foster Care, Adoption and KanCare Fact Sheet is available on the KanCare Ombudsman resource pages under General Information Fact Sheets.

Outcome 4: Facebook Outreach

The KanCare Ombudsman Office prioritized using Facebook as an outreach tool consistently and effectively. During 2021 the number of followers increased from 276 followers in April to 405 followers in December.

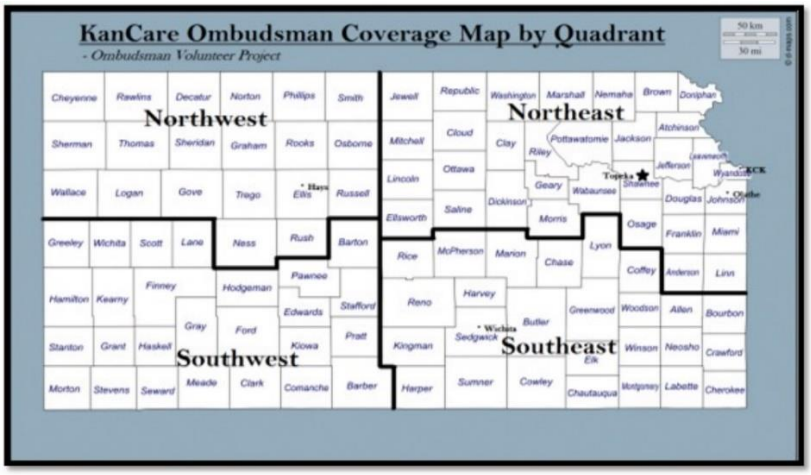
VI. Data by KanCare Ombudsman Office

Activity: The data section of this report reflects the work done by the staff, VISTAs, and volunteers in chart format, by region, office location, contact method, caller type, program type, issue category, action taken, and priority.

A. Data by Region

1. Initial Contacts to KanCare Ombudsman Office by Region

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



- 785, 913 and 816 area code calls go to the Kansas City Metro Satellite office.
- 316 and 620 area code calls go to the Wichita Satellite office.
- The remaining calls, direct and complex calls, emails and referrals go to the Topeka (main) office, unless people call the direct number for the satellite offices (found on KanCare Ombudsman web pages under Contact Us.)
- The following chart, by region, shows that most KanCare Ombudsman calls come from the Northeast and Southeast part of Kansas.

REGION	2018	2019	2020	2021
Northwest	54	46	25	33
Northeast	805	751	367	401
Southwest	76	78	41	61
Southeast	605	635	395	383
Unknown	2,875	2,610	1,700	1,485
Out of State	69	31	1	5
Total	**4,484**	**4,151**	**2,529**	**2,368**

2. KanCare/Medicaid members by Region

This chart shows the **KanCare/Kansas Medicaid population** by the KanCare Ombudsman regions. Most of the Medicaid population is in the eastern two regions. Most Medicaid members are not being dropped at this time due to the pandemic, so the number is increasing each quarter. These numbers reflect total Kansas Medicaid members, which includes KanCare members.

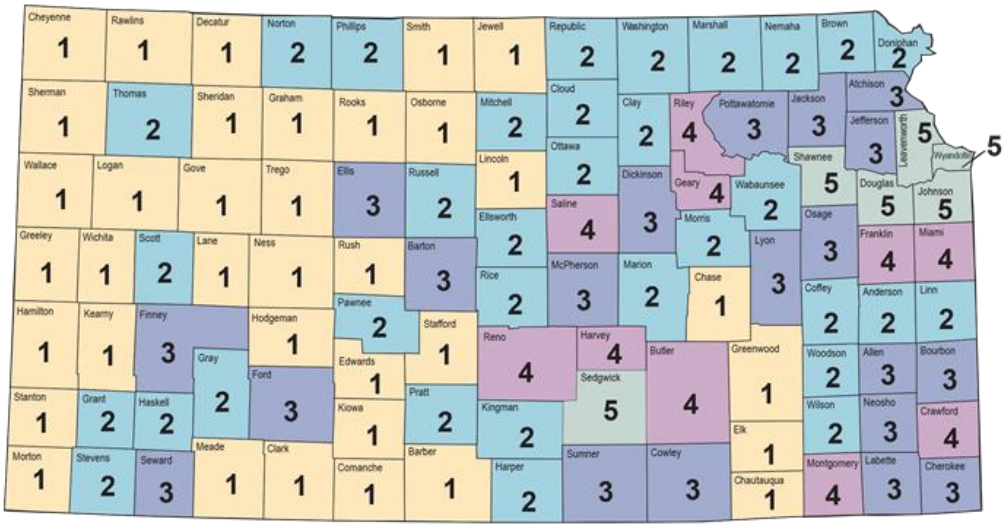
Medicaid

Region	Q1/2020	Q2/2020	Q3/2020	Q4/2020	Q1/2021	Q2/2021	Q3/2021	Q4/2021
Northeast	193,061	199,226	207,371	212,844	218,205	222,688	227,276	231,064
Southeast	174,330	180,611	188,171	193,347	198,235	202,161	206,092	209,226
Northwest	12,550	12,964	13,507	13,928	14,310	14,409	14,817	15,087
Southwest	36,984	38,200	39,667	40,724	41,958	42,834	43,910	44,639
Total	**416,925**	**431,001**	**448,716**	**460,843**	**472,708**	**482,092**	**492,095**	**500,016**

3. Kansas Population Density

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

Based on 2015 Census data – Kansas Population Density map using number of people per square mile (ppsm) (https://kcdcinfo.ks.gov/resources/service-maps)



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

B. Data by Office Location

Initial phone calls to the KanCare Ombudsman Office toll-free number (1-855-643-8180) are sent directly to one of three KanCare Ombudsman offices based on the area code the call is coming from. The Kansas City Metro office receives 913, 785 and 816 area code calls. The Wichita office receives 620 and 316 area code calls. All other toll-free calls, emails, and referrals go to the Main office (Topeka), in addition to direct calls to staff.

As demonstrated by the chart below, in 2020 and 2021, the Topeka office handled most of the calls due to the closure of the Satellite offices for over seven months and then reduced number of volunteers during the pandemic.

Contacts by Office	2018	2019	2020	2021
Main - Topeka	2,428	2,451	1,876	1,690
Kansas City	549	773	201	321
Wichita	1,505	919	470	357
Total	4,482	4,143	2,547	2,368

C. Data by Contact Method

The contact method most used continues to be telephone and email. The "Other" category includes the use of the Integrated Referral and Intake System (IRIS), a tool designed to encourage warm handoffs among community partners, while keeping providers updated along the way. We started participating in IRIS in 2020.

Contact Method	2017	2018	2019	2020	2021
Telephone	3,112	3,868	3,596	2,104	1,878
Email	517	545	506	404	457
Letter	2	8	9	17	6
Face-to-Face Meeting	30	58	31	11	8
Other	11	5	6	7	11
Social Media	0	0	3	4	8
CONTACT METHOD TOTAL	**3,672**	**4,484**	**4,151**	**2,547**	**2,368**

D. Data by Caller Type

Most contacts are consumers, which includes members, applicants, family members, friends, etc.

“Provider” issues are a combination of providers calling to assist a member or applicant having issues, or a provider with billing issues, questions on how to become a provider in Kansas, etc. The provider contacts that are not for an individual member, are forwarded to KDHE.

“MCO Employee” callers are usually case managers with questions or concerns from the managed care organizations (MCO).

The “Other Type” callers are usually state employees, lawyers, social workers at schools and hospitals, and students/researchers looking for data.

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CALLER TYPE	2017	2018	2019	2020	2021
Provider	492	369	339	254	304
Consumer	2,927	3,884	3,554	2,096	1,824
MCO Employee	44	19	27	22	21
Other Type	209	212	231	175	219
CALLER TYPE TOTAL	**3,672**	**4,484**	**4,151**	**2,547**	**2,368**

E. Data by Program Type

The top program types that we received calls for in 2021 were Nursing Facility issues and the Frail Elderly waiver. Nursing facility calls were, in general, on the following concerns:

- KanCare application questions/assistance/eligibility
- Nursing facility complaints (referred to KDADS complaint hotline)
- Concerns about persons perceived to be in need of nursing facility care (we ask many questions and see if they may need HCBS services, more assistance from MCO, etc.)
- Estate planning questions for those preparing to apply for a nursing facility care or Home and Community Based Services (HCBS) . We do not attempt to answer these questions; instead we refer to find an estate planning lawyer.

PROGRAM TYPE	2017	2018	2019	2020	2021
PD	154	143	122	104	46
I/DD	200	124	123	74	44
FE	128	110	125	96	75
AUTISM	7	8	10	7	4
SED	18	26	35	13	11
TBI	27	32	43	23	21
TA	27	18	29	14	4
WH	4	20	10	1	1
PACE	2	0	9	2	4
MENTAL HEALTH	17	8	14	14	15
SUB USE DIS	0	0	4	0	0
NURSING FACILITY	251	155	135	99	93
FOSTER CARE	0	0	0	1	3
MEDIKAN	0	0	12	5	5
INSTITUTIONAL TRANSITION FROM LTC/NF	0	0	6	10	5
INSTITUTIONAL TRANSITION FROM MH/BH	0	0	3	2	2
INSTITUTIONAL TRANSITION FROM PRISON/JAIL	0	0	0	0	0
PROGRAM TYPE TOTAL	**838**	**645**	**681**	**466**	**337**

There may be multiple selections for a member/contact.

F. Data by Priorities

This data collection started in August 2019. The KanCare Ombudsman Office is tracking priorities for two purposes:

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

The priorities are defined as follows:

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

PRIORITY	2019	2020	2021
HCBS	100	197	111
Long Term Care / NF	36	79	89
Urgent Medical Need	46	52	42
Urgent	52	65	93
Life Threatening	14	13	5
PRIORITIES TOTAL	**248**	**406**	**340**

G. Data by Issue Categories

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

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

1. Medicaid Issues

The top two issues are Medicaid Application assistance and Medicaid General issues with Medicaid Eligibility Issues and Medicaid Info (status) update also relatively high.

MEDICAID ISSUES	2017	2018	2019	2020	2021
Access to Providers (usually Medical)	51	24	66	24	45
Appeals/Fair Hearing questions/issues	44	126	51	56	39
Background Checks	2	5	4	0	4
Billing	90	118	148	91	161
Care Coordinator Issues	34	42	54	33	23
Change MCO	12	61	32	24	13
Choice Info on MCO	0	29	21	9	12
Coding Issues	29	73	39	21	14
Consumer said Notice not received	2	50	22	6	5
Cultural Competency	0	0	1	1	3
Data Requests	8	9	7	10	41
Dental	29	32	29	19	24
Division of Assets	14	29	44	29	31
Durable Medical Equipment	18	27	14	19	25
Grievances Questions/Issues	107	98	93	76	60
Help understanding mail (NOA)	0	0	9	28	66
MCO transition	0	0	4	3	2
Medicaid Application Assistance	441	638	609	514	490
Medicaid Eligibility Issues	951	798	632	477	408
Medicaid Fraud	0	12	10	9	10
Medicaid General Issues/questions	0	705	909	503	662
Medicaid info (status) update	4	810	636	389	388
Medicaid Renewal	171	224	310	83	25
Medical Card issues	0	0	10	34	66
Medicare Savings Plan Issues	30	81	191	132	111
MediKan issues	0	0	7	13	18
Moving to / from Kansas	27	70	72	54	37
Medical Services	60	74	59	72	78
Pain management issues	0	1	8	3	9
Pharmacy	43	30	55	34	38
Pregnancy issues	0	0	10	38	96
Prior authorization issues	0	0	2	9	23
Refugee/Immigration/SOBRA issues	0	0	13	5	8
Respite	0	2	2	0	5
Spend Down Issues	108	112	117	95	76
Transportation	34	47	43	23	38
Working Healthy	5	26	19	3	7
MEDICAID ISSUES TOTAL	**2,314**	**4,353**	**4,352**	**2,939**	**3,161**

There may be multiple selections for a member/contact.

2. HCBS/LTSS Issues

- The top issues for this group are HCBS General Issues and HCBS eligibility issues. The top issues over time have been HCBS General Issues, HCBS eligibility issues and Nursing Facility issues.

HCBS/LTSS ISSUES	2017	2018	2019	2020	2021
Client Obligation	123	139	82	38	55
Estate Recovery	21	32	32	35	33
HCBS Eligibility issues	216	145	175	179	172
HCBS General Issues	137	180	242	218	177
HCBS Reduction in hours of service	19	14	12	27	7
HCBS Waiting List	27	22	27	25	16
Nursing Facility Issues	110	86	178	139	150
HCBS/LTSS ISSUES TOTAL	**653**	**618**	**748**	**661**	**610**

There may be multiple selections for a member/contact.

3. Other Issues

This section shows issues or concerns that may be *related* to KanCare/Medicaid. There has been in increase in Abuse/neglect complaints, community resources needed, and housing issues since 2019.

OTHER ISSUES	2017	2018	2019	2020	2021
Abuse / neglect complaints	2	29	21	34	47
ADA Concerns	0	0	0	1	3
Adoption issues	0	0	3	4	9
Affordable Care Act Calls	19	44	17	15	10
Community Resources needed	0	0	9	24	34
Domestic Violence concerns	0	0	1	3	2
Foster Care issues	0	0	3	14	17
Guardianship	11	19	10	14	17
Homelessness	0	0	4	11	12
Housing Issues	17	26	21	25	34
Medicare related Issues	37	97	74	69	77
Social Security Issues	5	58	57	70	69
Used Interpreter	0	0	6	14	15
X-Other	1,018	594	452	627	365
Z Thank you	1,407	2,048	1,557	1,105	1,328
Z Unspecified	216	298	443	232	98
Health Homes	3	0	0	0	0
OTHER ISSUES TOTAL	**2,735**	**3,213**	**2,678**	**2,262**	**2,137**

There may be multiple selections for a member/contact.

H. Data by Managed Care Organization (MCO) – See Appendix C, page 48

VII. Action Taken

Activity: This section reflects the action taken by the KanCare Ombudsman Office in responding to people who contact the office and related organizations assisting the KanCare Ombudsman Office.

This data shows **Outcomes** on:

1. Response rates for the KanCare Ombudsman Office
2. Organizational final resolution number of days when asked to assist by the KanCare Ombudsman Office
3. Information on action taken and resources provided
4. Resolution number of days for KanCare Ombudsman Office to resolve issues

A. Responding to Issues

1. KanCare Ombudsman Office response to members/applicants

The KanCare Ombudsman Office goal is to respond to a contact within two business days. During the early part of COVID-19 pandemic, our goal changed to responding within 3-4 business days. In 2021, the goal has returned to 2 business day response time.

Qtr./Year	Numb. Contacts	% Responded 0-2 Days	% Responded in 3-7 Days	% Responded 8 or More Days
Q1/2017	827	77%	21%	2%
Q2/2017	835	80%	19%	1%
Q3/2017	970	65%	31%	4%
Q4/2017	1040	69%	22%	9%
Q1/2018	1213	82%	17%	1%
Q2/2018	1059	89%	10%	1%
Q3/2018	1088	87%	12%	1%
Q4/2018	1124	86%	14%	0%
Q1/2019	1068	88%	11%	1%
Q2/2019	1096	91%	8%	1%
Q3/2019	1071	95%	4%	1%
Q4/2019	915	93%	7%	0%
Q1/2020	905	92%	4%	4%
Q2/2020	476	60%	36%	4%
Q3/2020	562	86%	12%	2%
Q4/2020	601	84%	15%	1%
Q1/2021	566	88%	12%	0%
Q2/2021	592	89%	10%	1%
Q3/2021	644	87%	12%	1%
Q4/2021	566	87%	11%	2%

2. Organizational final response to Ombudsman requests

The KanCare Ombudsman Office sends requests for review and assistance to various KanCare/related organizations. The following information provides data on the **resolution rate** for organizations the Ombudsman's office requests assistance from and the amount of time it takes to resolve. For this annual report, this is a comparison of two quarters; fourth quarter for 2020 and 2021.

Quarter yr. : Q4/2020

Nbr Referrals	Referred to	% Resp. 0-2 Days	% Resp. 3-7 Days	% Resp. 7-30 Days	% Resp. 31 or More Days
46	Clearinghouse	98%	0%	2%	0%
2	DCF	0%	0%	50%	50%
4	KDADS-Behavior Health	25%	25%	50%	0%
9	KDADS-HCBS	22%	33%	45%	0%
13	KDHE-Eligibility	54%	23%	23%	0%
1	KDHE-Program Staff	100%	0%	0%	0%
5	KDHE-Provider Contact	40%	0%	40%	20%
8	Aetna	50%	25%	25%	0%
10	Sunflower	10%	40%	40%	10%
10	UnitedHealthcare	50%	0%	40%	10%

Quarter yr. : Q4/2021

Nbr Referrals	Referred to	% Resp. 0-2 Days	% Resp. 3-7 Days	% Resp. 7-30 Days	% Resp. 31 or More Days
49	Clearinghouse	100%	0%	0%	0%
2	DCF	50%	0%	50%	0%
1	KDADS-Health Occ. Cred.	0%	100%	0%	0%
6	KDHE-Eligibility	33%	17%	50%	0%
2	KDHE-Program Staff	100%	0%	0%	0%
2	KDHE-Provider Contact	100%	0%	0%	0%
1	KMAP	100%	0%	0%	0%
5	Aetna	80%	20%	0%	0%
5	Sunflower	40%	0%	40%	20%
3	UnitedHealthcare	100%	0%	0%	0%

3. Action Taken by KanCare Ombudsman Office to resolve requests

91% of initial contacts (more than 9 out of 10) were resolved by providing some type of resource. For example, the KanCare Ombudsman Office:

- contacted other organization(s) to ask assistance in resolving the issue
- shared information, resources, mailings, etc.
- called with member/applicant or provided referrals to other organizations

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

Action Taken Resolution Type	2017	2018	2019	2020	2021
Questions/Issue Resolved (No Resources)	417	356	309	145	102
Used Contact or Resources/Issue Resolved	2,505	3,091	3,387	2,125	2,136
Closed (No Contact)	367	483	394	157	103
ACTION TAKEN RESOLUTION TYPE TOTAL	**3,289**	**3,930**	**4,090**	**2,427**	**2,341**

There may be multiple selections for a member/contact

This chart shows when information/resources are provided verbally, mailed, or emailed to a member/applicant.

Action Taken Additional Help	2017	2018	2019	2020	2021
Provided Resources	1,340	3,004	2,451	1,556	1,887
Mailed/Email Resources	409	679	594	390	413
ACTION TAKEN ADDITIONAL HELP TOTAL	**1,749**	**3,683**	**3,045**	**1,946**	**2,300**

4. Ombudsman Office Resolution of Issues

This chart shows the number of contacts, the average number of days to close a case, and what percentage of cases were closed in 0-2 days, 3-7 days, and 8 or more days.

Quarter yr.	Nbr Contacts	Avg Days To Completion	% Completed 0-2 Days	% Completed 3-7 Days	% Completed 8 or More Days
Q1/2017	800	16	44%	20%	36%
Q2/2017	795	9	52%	21%	27%
Q3/2017	921	11	40%	24%	36%
Q4/2017	925	10	47%	20%	33%
Q1/2018	1069	12	56%	16%	28%
Q2/2018	1036	10	60%	13%	27%
Q3/2018	1043	4	72%	17%	11%
Q4/2018	1107	4	71%	18%	11%
Q1/2019	1051	5	71%	16%	13%
Q2/2019	1021	4	74%	13%	13%
Q3/2019	1002	5	75%	10%	15%
Q4/2019	850	5	72%	11%	17%
Q1/2020	804	5	74%	9%	17%
Q2/2020	404	7	46%	31%	23%
Q3/2020	537	5	76%	13%	11%
Q4/2020	576	5	69%	17%	14%
Q1/2021	552	5	71%	16%	13%
Q2/2021	578	4	72%	16%	12%
Q3/2021	630	4	74%	15%	11%
Q4/2021	543	3	76%	14%	10%

VIII. Enhancements/Changes from the past year and Future Changes

A. Change in location of the KanCare Ombudsman Office

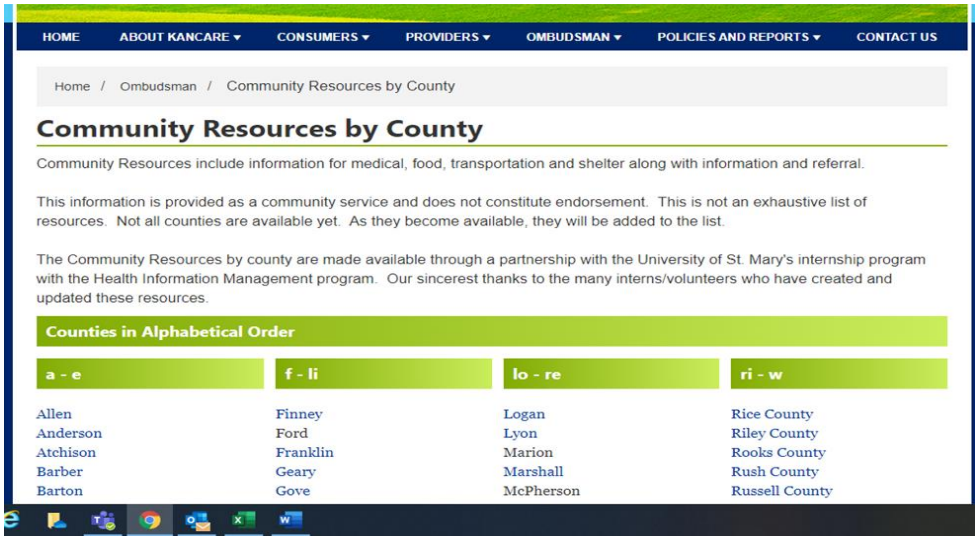
The Governor's Executive Order 21-27, on October 4, 2021, moves the KanCare Ombudsman Office from the Kansas Department for Aging and Disability Services (KDADS) to a small new agency, the Kansas Office of Public Advocates (KOPA). This agency is housed within the Kansas Department of Administration (KDOA). There are limitations in the Executive Order on the oversight KDOA has over this small agency and the offices within. For more information, see the Executive Order. The plan is to have all aspects of the transition completed by the end of FY2022.

B. Resources provided to the KanCare and Kansas Community

1. Community Resources by County

KanCare Ombudsman Office created county level basic resources that cover medical, food, shelter, transportation, and local and regional general resources. These resources were created to help the low income people on Medicaid and those on the Medically Need (MN) with Spenddown program. Those on the MN program often have to choose between food, utilities, etc. or medical or pharmacy bills to meet the spenddown before having access to KanCare/Medicaid.

The Community Resources by county are made available through a partnership with the University of St. Mary's Health Information Management internship program. Our sincerest thanks to the many interns/volunteers who have created and updated these resources.



2. Significant revision of the "Assistance for People without Insurance" document

The *Assistance for People without Insurance* document was revised to include lists of **clinics that provide dental, vision and pharmacy assistance.**

The KanCare Ombudsman Office also received feedback that this document is frequently used by state office agency front desks to assist people who call in and do not have health insurance and are not eligible for Medicaid. To view a copy of the updated document, go to the KanCare Ombudsman website.

3. Significant revision of the "Application Assistance Guide"

The AmeriCorps VISTA volunteers did an extensive update to this document. It is now in alphabetical order by county, has resources listed for every county in Kansas, and has over 50 pages of places in Kansas that provide KanCare application assistance. The link to find the full document is application-assistance-guide-jan-2022.pdf (ks.gov).

This is a listing of organizations, by county, that provide some KanCare/Kansas Medicaid application assistance. Please call before you go to get information on times available and if services are provided in person or by phone.

County	Organization	Contact Person	Phone	Language Offered other than English	Families with Children	Elderly and Disabled	Medicare Savings Program
Allen	KanCare Ombudsman Office		(855) 643-8180	Language Line	Yes	Yes	Yes

4. Foster Care, Adoption and KanCare fact sheet

The KanCare Ombudsman Office partnered with the Department of Children and Families to create a fact sheet that explains the KanCare process, program eligibility, services, along with information on how to avoid losing services, transition living programs and independent living programs for Foster Care youth. It also includes information on how to get assistance if a parent, foster parent, or adoptive parent has questions or concerns. The link to this fact sheet is: foster-care-and-kancare-fact-sheet.pdf (ks.gov)

C. Other changes/updates

1. Volunteer Satisfaction Survey

In late April, WSU MSW Practicum Student Britt Doerner worked with CEI and Ombudsman staff to create and distribute a volunteer satisfaction survey. From 4/18-5/1, five volunteers responded via the Qualtrics platform. Results are below. In general, comments were positive regarding their volunteer experience.

In regard to showing appreciation, there was a request for starting up education calls. Education calls for volunteers was in the works when the survey was completed. We started monthly education calls for volunteers in May. This also allows the opportunity to talk about how a case may have positively impacted someone's life (without sharing names or personal information).

To improve volunteer experience, the WSU office was updated and made to be more efficient for both volunteers and staff. For survey details, see Q2, 2021 KanCare Ombudsman Report; Appendix B.

2. Call Handlers added to all three KanCare Ombudsman Offices

Call handlers for all three KanCare Ombudsman Offices were put in place during 2021. This is being done to better serve those whose primary language is Spanish. It also assists providers with non-member issues to contact KDHE directly.

It provides four options for people calling the toll-free number and being routed to the Topeka office:

- Spanish – routes to a line that tells how to leave a message in Spanish
- Providers – transfers provider calls to KDHE Health Care Finance front desk to be routed to a Provider Manager for assistance.
- Clearinghouse – if callers are trying to reach the KanCare Clearinghouse, they can choose this option and will be routed directly to the number.
- The caller can stay on the line or press zero to get the KanCare Ombudsman Office.

3. Updating Volunteer Training Manual

The KanCare Ombudsman Volunteer Coordinator has completely updated the Volunteer training manual. The AmeriCorps VISTA Volunteer revised review questions and tests. Two important topics were added: Trauma Informed Systems of Care (TISC) and Cultural Awareness. Current volunteers have been trained on the new sections of information. Three new volunteers are being trained on the new training information.

4. KanCare Ombudsman Office Survey and Listening Session

a) Survey:

The KanCare Ombudsman Office staff worked with Wichita State University Community Engagement Institute to create a survey on Qualtrics that would provide information and feedback on how the KanCare Ombudsman Office is doing in serving KanCare/Kansas Medicaid members, applicants, and stakeholders.

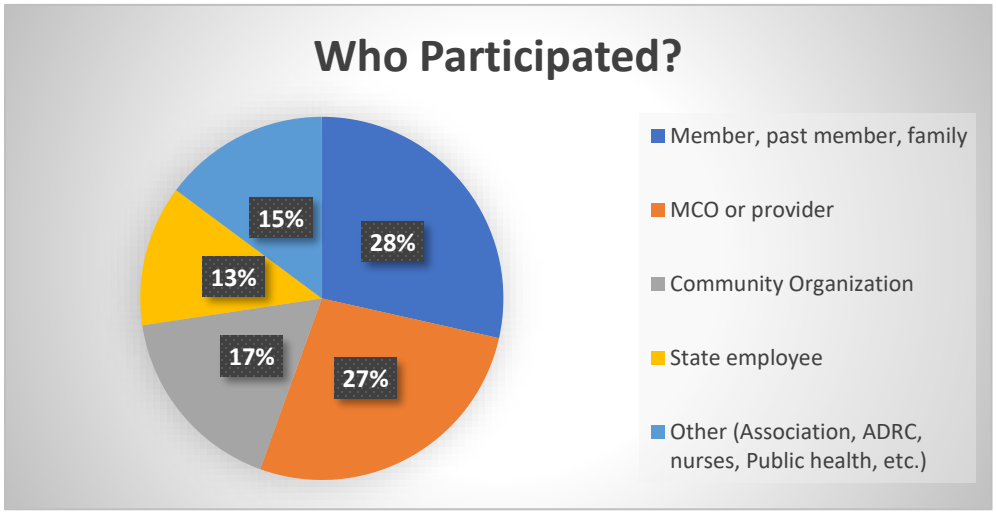
The survey was live for participants to take from October 19-November 12, 2021.

Outreach to notify KanCare/Kansas Medicaid members and stakeholder included:

- Mail Chimp email to over 900 KanCare members, applicants, family members, community members that had contact with the KanCare Ombudsman Office during 2021
- Email request to Aetna, Sunflower, United, KDHE, KDADS, KCDC, LTC Ombudsman Office, and various other community stakeholders asking them to share the Facebook post, put a notice in their weekly/monthly newsletter, and send it out on any list serves they many have. We attached a document for them to use that included the invitation.
- Posted survey and listening session information on the KanCare Ombudsman Facebook page and boosted it for 5 weeks. Reach: 52,534; Engagement: 863); Link clicks 782; Shares: 24.
- Posted on KanCare Ombudsman Web pages

Recap from survey:

- Who participated?



- 42% had never contacted the KanCare Ombudsman Office for help
- 43% had not heard of the KanCare Ombudsman Office before this (although the percentage is higher than the bullet points above, less people completed this question).

- 59% did not know how to reach the KanCare Ombudsman Office
- 80% got an answer to their concern.
- When asked “What worked well?” 58 responses were that their concern was resolved, or we provided good resources. 14 comments that the issue was not resolved for various reasons and other comments.

  “Sharing information, assisting to advocate for KanCare members when they have contacted the Ombudsman Office and resolving those concerns, education/explanation when KanCare Members misunderstand or have expectations outside of the policy/criteria of programs.”
- When asked if they want to share a positive experience, 22 people shared comments and experiences

  “It took almost two years to resolve issue, but they were so very helpful. We finally resolved the issue, and they were with me every step of the way.”
- When asked what didn’t work or could be improved, 29 comments that issues were not resolved, 1 wanted legal advocacy, 2 said there needs to be better outreach, 6 had policy issue concerns, 11 positive comments, and 2 “other”.

  “Now the office is stashed by volunteers, and I don't have a much confidence in the answers I might get.”
- In asking about barriers to talking with the KanCare Ombudsman Office, there were 6 comments regarding how to contact the office, 13 comments on being able to find the KanCare Ombudsman Office and programs, 1 policy issue, and 17 Other comments.

  “Not many people know that there is one or how to contact.”

Key Lesson Learned:

- The recurring theme in the survey is that many people are not aware of the KanCare Ombudsman Office or how to get in touch with the office, in spite of numerous outreach efforts. The KanCare Ombudsman Office will look at new ways to engage the KanCare community.

Full Survey Data Report in Appendix A. page 28

b) Listening Sessions

The KanCare Ombudsman Office staff worked with Wichita State University Community Engagement Institute to plan five listening sessions. These listening sessions would provide information about the KanCare Ombudsman Office and gather information and feedback on how the KanCare Ombudsman Office is doing in serving KanCare/Kansas Medicaid members, applicants, and stakeholders.

Five Listening sessions were planned for November 16, 17, and 18, 2021

Outreach to notify KanCare/Kansas Medicaid members and stakeholder included:

- Mail Chimp email to over 900 KanCare members, applicants, family members, community members that had contact with the Ombudsman office during 2021.
- Email request to Aetna, Sunflower, United, KDHE, KDADS, KCDC, LTC Ombudsman Office, and various other community stakeholders asking them to share the Facebook post, put a notice in their weekly/monthly newsletter, and send it out on any list serves they may have. We attached a document for them to use that included the invitation.
- Posted survey and listening session information on the KanCare Ombudsman Facebook page and boosted it for 5 weeks. Reach: 52,534; Engagement: 863); Link clicks 782; Shares: 24.
- Posted on KanCare Ombudsman Web pages.

Issue: On the day of the first listening session, the conference call number that was to be used did not work. The meeting was cancelled. An alternate format for the listening session was determined through Zoom with the ability to use video or phone. The notice regarding the change in where to call in for the listening session went out to the original contacts requesting that they forward the information to the same people as before.
Result: The attendance for the listening session was very low and had little to no participation. Most on the calls were there to hear the presentation and comments and not to share feedback.

The final report was compiled by the KanCare Ombudsman AmeriCorps VISTA volunteer. The full report can be found at Appendix B (page 43).

D. Future Enhancements

The KanCare Ombudsman Office has partnered with the Kansas Department of Aging and Disability Services (KDADS) Behavior Health team and numerous other stakeholders to put together **a Psychiatric Residential Treatment Facilities (PRTF) fact sheet** with information that clarifies:

- What a PRTF is
- How parents and guardians can avoid using a PRTF
- If a child is escalating, how to get needed help
- Program eligibility requirements
- Appeal and Fair hearing information on eligibility
- Age clarification
- Criteria for the PRTF program
- How to request PRTF services
- What happens once approved
- Information on the waiting list
- How discharge planning works
- Information on transition back to school setting from PRTF
- Appeal process for discharge
- Frequently Asked Questions

We anticipate this will be available sometime during first quarter 2022.

IX. Appendix A. KanCare Ombudsman Office Survey Report

KanCare Ombudsman Office Survey

Available to the public to complete: 10/20/2021- 11/12/2021

Data pulled November 19, 2021; 8:42 am

A. Q2 - Who are you? (Choose 1)

#	Answer	%	Count
1	Current KanCare member	9.89%	26
2	Past KanCare member	1.90%	5
3	Family member of a current/past member	16.73%	44
4	Provider	12.93%	34
5	Community organization	17.11%	45
6	MCO	14.07%	37
7	State employee	12.55%	33
8	Other	14.83%	39
	Total	100%	263

"Other" Responses

ADRC	Independent Living Coordinator
ADRC	Keys for Networking
advocacy organization	KFAN
Advocate	LMSW, ACHP-MSW
Association	Nurse
Association	Nursing Home Employee
CHW	Parent Educator
Community health worker	PE Coordinator
CPAAA ACM	Practicum Student
disability advocate	Public health
Father of KanCare member	Public Health
Former Biller	Retired NFMH Director of Nursing
Guardian	School
guardian for current member	Volunteer
Hospital System	Volunteer

B. Q3 - What language do you speak at home?

#	Answer	%	Count
1	English	95.11%	253
2	Spanish	2.63%	7
3	Other	2.26%	6
	Total	100%	266

"Other" responses

ASL
French, German
Dzongkha (Note: A Sino-Tibetan language native to Bhutan)
American Sign Language
Portuguese

C. Q4 - How often have you used the KanCare Ombudsman Office for help or resources?

#	Answer	%	Count
1	Never	41.89%	111
2	1-2 times	31.70%	84
3	Multiple times	26.42%	70
	Total	100%	265

D. Q5 - Did you get an answer to your concern?

#	Answer	%	Count
1	No	20.27%	30
2	Yes	79.73%	118
	Total	100%	148

E. Q17 - You said on the prior answer you did not get an answer to your concern.

If you would like someone to follow up with that concern or need help with a new issue, please leave your name and phone number. If you do not want follow-up, go ahead to the next question.

Three names and contact information were provided.

F. Q6 - How was your experience of working with the KanCare Ombudsman Office?

#	Question	Agree		Neutral		Disagree		Total
1	They were respectful.	85.94%	110	10.94%	14	3.13%	4	128
2	They were encouraging.	76.98%	97	17.46%	22	5.56%	7	126
3	They were helpful.	74.22%	95	14.84%	19	10.94%	14	128
4	They shared good resources.	69.29%	88	19.69%	25	11.02%	14	127

G. Q7 - What worked well when you used the KanCare Ombudsman Office?

Problem Solved

- The guy we talked to took care of the problem.
- They understood my concerns and addressed them.
- The solutions that they provided were spot on and helpful totally.
- Fast withe response! Gave me contact information!
- They took care of my problem, which 15 calls to the main number had been unable to resolve.
- Quick response
- Direct email access to a person, rather than sitting on hold for multiple hours trying to reach someone.
- Having a direct number and previous experience with the office.
- They were always willing to talk and assist with finding answers. They attended a meeting with care facility when needed.
- quick response
- Emailing them directly with questions
- Listened to it concern and pointed us in the right direction for resolution.
- They were nice.
- This helped us to get a youth approved for a PRTF at Lake Mary.
- Being able to speak directly to the ombudsman.
- I was having difficulty with the website and finding the resources needed. The call taker was patient and kind. Not only provided the direct link, but also helped me walk through the website from the main page to multiple areas of resources. They were very knowledgeable about the KanCare Ombudsman website and answered all my questions. I have been able to direct Kansas citizens as well as providers to the website to find training, resources (that's a big one!), basic answers, and the phone number to call for additional help. I receive calls from across the state from asking for resources for individuals without insurance. The call takers and their desire to help has helped more individuals statewide than they know. Thank you.
- Kerrie is most helpful.

- Sharing and they are willing to learn something new from the receiving end rather than only relying on providers or system
- The response was prompt and what I needed to know.
- Aiding consumers to utilize their resource information and access support.
- She provided me with information needed for a resident.
- Sharing information, assisting to advocate for KanCare members when they have contacted the Ombudsman Office and resolving those concerns, education/explanation when KanCare Members misunderstand or have expectations outside of the policy/criteria of programs.
- My questions were answered immediately
- I was able to get information on other steps I needed to take to insure the proper care, services, etc. I needed for my family member. Was able to get much information regarding the COVID rules and what I could and could not do as well.
- If I got in touch with someone, they were good about telling me where to look next for assistance.
- Email is great as we stay very busy. It is nice to send an email and get an answer within a timely manner.
- issue was looked into and information was provided
- They were very nice on the phone and had a lot of information to provide.
- Willing to assist in any way possible
- They were usually able to answer my question or get someone at the MCO to respond when MCO was giving me the run around.
- It has been a couple of years, but I was able to get great information about the program, resources to share with the population I serve, and insights on effective communication tips when talking to the MCOs.
- They attended a care plan meeting at a nursing facility for a resident in a difficult situation.
- The issue was resolved very quickly.
- Respectful folks, but not more knowledgeable than I. What they could offer is a direct path to those who could help that I was not able to do myself.
- It is varied with each issue. What is the best is Kerri. She really does a fine job.
- We were able to get more action taken into investigating a claim with one of the MCOs that was denied more than once for a client we were advocating for.
- When I got an answer from the Clearinghouse that didn't make any sense, the Ombudsman volunteer did a three-way call with me and the Clearinghouse. Makes such a difference when people know the right questions to ask and speak the same terminology (and I believe I understand KanCare better than the average person)
- Ability to use KanCare Ombudsman email to support client's needs and emailed resources.
- this was a resource to use when we had exhausted all others and hit a wall
- We've worked primarily with Kerrie and she is responsive and follows up when needed. She is compassionate and asks clarifying questions when she doesn't fully understand the situation.

- It gave me a resource that I could use to answer my doubts with the application process and estate recovery. I tried to locate the answer myself online and through phone conversations and was unsuccessful. Until I found the Ombudsman Office, I was completely lost. I appreciated the help that I got when I called.
- To be able to explain the issue better and hear feed back from them
- Getting information pertaining to membership voucher.
- Reaching out via email they are very responsible.
- I have always had great experiences working with the Ombudsman's office, and Kerrie Bacon in particular. She is one of the most reliable and helpful resources I have encountered given the difficult cases that we are presented with. I always appreciate her knowledge and willingness to do what is right for our members. Thank you, Kerrie!
- Knowledgeable staff, fast response, helpful and encouraging, memory of past contacts, advice.
- The Ombudsman office took the time to listen to my concerns, empathized with my frustration, provided me with next steps, and also took initiative to make things happen that I did not have the power to do.
- Response to resolve the issue.
- Thoughtful and effective response; contact information readily available.
- Received a prompt response back on an e-mail I sent.
- They answered my questions promptly.
- Getting information I did not have before I called
- referred many members family members

Good Resources

- You get the feeling that they really care about locating appropriate information and/or resources.
- Valuable resources
- Knowledge of resources.
- I only used the website and did not work with a person but I did find what I was looking for.
- useful resources!

Not resolved

- She was respectful and offered resources. I appreciate that, but with I was too afraid to call the resources
- They told me how to appeal, which I already knew and had done prior. That was all the help I received.
- NOTHING!
- Nothing.
- He was nice, but he did not do anything different than what I had done before.
- Good listener without follow through and then didn't answer my phone calls

- Kerrie is AMAZING - but there is still no resolution or help for the issues I am enduring
- In most cases good help for residents. But in one case no help for at least one resident.
- They returned the call quicker than indicated. I called because my son's issue was unusual and was having difficulty getting his KC application on line to submit. They did not have any suggestions on what was going on with that on-line program but indicated I could submit a paper application.
- I've referred families needing assistance dealing with issues related to concerns about coverage/lack of coverage. Families feel listened to and supported but didn't really get the additional resources they were looking for, mainly because they don't exist, for the most part.

Other

- It's nice that there is one.
- Gina is always great to work with and we are happy that she is our Region 7 Support. (Note: this is a Long-Term Care Regional Ombudsman)
- I actually received a call back two weeks after my outreach.
- working together

H. Q8 - Do you have a positive experience you would like to share?

#	Answer	%	Count
1	Yes	20.63%	26
2	No	79.37%	100
	Total	100%	126

I. Q9 - Please share your positive experience here:

Problem Solved

- After over a year of trying to deal with Medicaid just this call took care of the problem. What a relief!!!
- Kerrie takes your information and gets an answer for you.
- It took almost two years to resolve issue, but they were so very helpful. We finally resolved the issue and they were with me every step of the way.
- I was able to get my daughter help after a hospitalization with necessary equipment and was given resources on how to do this.
- The nursing home was threatening to put my mother out on the curb (evict) her from the nursing home because it took so long for Medicaid to be approved. The unpaid bill was mounting up and we were trying to sell her house. Eventually the house sold, we paid them the balance due and finally, after 16 months, the

Medicaid was approved. The ombudsman listened to us, talked to the nursing home, and helped us immensely.

- Please see my answer to question: What worked well when you used the KanCare Ombudsman Office?
- Each time I have reached out to Kerrie she has either assisted or pointed me in the direction to be assisted.
- Families with children with disabilities needing assistance on what services that the waivers provide and how the process works, resources in the community at large to assist in overall consumer well-being that can be accessed by all Kansans. How to fill out KanCare applications and answer specific questions they may have allows a neutral third party for guidance.
- Karrie Bacon was very compassionate, sincere & caring. She listens well before engaging.
- I needed help navigating the steps to insure my family member was getting proper care and services in the facility she is at. I also needed to know what steps I needed to take to remedy a problem we were having. I got great information and was directed to several options I had no idea about. Though the situation is still unresolved, I feel confident that I have good advice and direction from the ombudsman.
- It took over a year but finally problem was solved.
- My MCO (UHC) was refusing to pay my Rx copays for my part D plan. After several months and different excuses or flat refusals from MCO, I called ombudsman. Ombudsman's office then contacted MCO. While the issue still took more time and energy to resolve, the ombudsman's office was able to put me in contact with the person at MCO who ultimately got the issue resolved.
- The clearinghouse told me I had been banned from my Mother's account, despite me being her power of attorney for medical decisions. When I called the Ombudsman's Office they thought that sounded really odd and conducted a three-way call with the Clearinghouse which resolved the issue immediately! I can't tell you how relieved I was to get the issue resolved. My Mother was in the hospital and needed FE Waiver services in place to discharge. My mental state was fragile and the Ombudsman's Office volunteers were so kind!!!
- My ward lost his HCBS services when he damaged property at his residential providers. He was charged with damage to property and went to jail. (The offense was all about his disability-problems regulating and not getting the supports he needed when he became upset.) We were told jail was for a few days and he would be released. The judge did authorize a recognizance bond for release, but my ward had lost his HCBS funding and so he had no place to go to live (no residential services). He sat in jail for 8 months for an offense that carried the presumption of probation if he would be convicted. It was a catch 22... the judge wouldn't release him until he had the supports he needed to make it in the community (residential services). Residential services could not begin until he was released. We tried everything. It was so frustrating . Although he was on a disability pod, there was no real assistance...no one read him our letters, helped him make a commissary order for soap, shampoo, helped him understand how to work the phone system for visitation, etc. Thank you so much. The ombudsman was instrumental in getting the ok for residential services to be set up while my ward was in jail so that he could be released to that provider. The ombudsman also got the jail to agree to allow a BASIS screening while he was in jail... something that we had not been able to do even working through social work at the jail.

- We had a member that needed to get into the state hospital and were running into numerous obstacles. Kerrie intervened and we were able to get our member into the treatment needed.
- They have always answered quickly via email.
- We have a member who is experiencing difficulty with placement. She has been denied by 58 facilities and the parents are understandably upset and scared. With Kerrie involved in the case, we have more clarity and direction. Kerrie is also able to help us get access to state resources and clarify roles. I am thankful to have her involved in this case.
- above box. Always helpful, very informed. good suggestions for next steps.
- I am the foster care supervisor for a child who is currently living in a foster care office due to his intensive needs and lack of placement and treatment options provided by the state. The MCO was denying funding for PRTF placement, even though the PRTF already accepted him and had him on their waitlist. This was the only identified placement option for the child and the MCO was denying it, putting the child's safety and wellbeing at risk. The ombudsman elevated the concern and ultimately, the MCO overturned their denial of our request so we did not have to proceed with the state fair hearing.

Caring Staff

- I met the ombudsman at a conference and had a great conversation with her about the service they provide. I cannot remember her name, but I felt valued as a person.
- Kind people
- They were very positive and I felt comfortable knowing they were there to support me also

J. Q10 - What didn't work well and could be improved in the KanCare Ombudsman Office?

Not Resolved

- First correct phone numbers are not readily available -hold time too long
- My problem was not fixed. We still had to wait hours on the line for a representative. Ombudsman just presented himself on the other line with me, but did nothing.
- I should probably call my case manager as the resources offered by the Ombudsman were not helpful to me. I can understand how they may be helpful for some people, but not for me
- Taking action themselves, I came to them needing help and all I received was verbal information. Which I already knew and had down on my own prior.
- that they would tell you things instead of reading it out of book, then you say explain to me what you said, " they couldn't"
- response time
- Be there more often to get a hold of
- Now the office is stashed by volunteers and I don't have a much confidence in the answers I might get.

- The KanCare Ombudsman's office has grown from helping people get the services they need from the KanCare MCOs to a organization that wants to police all of Kansas Medicaid.
- It took 10 months to get my husband approved for nursing home benefits. I needed something else, they lost the paperwork, they were backlogged, etc. No one cared or helped. By the time he was finally approved, he was near death or had died. I no longer remember.
- These people treat e-mail like Instant Messaging. VERY unprofessional. Regurgitated KanCare' s FALSE accusations. I was GUILTY until I PROVED my innocence. Lack of responses. Actually ADVOCATE for applicants or remove from website or de-fund feckless office.
- The ombudsman's office has no teeth. Also there is a conflict of interest because they work for KDADS. It needs to be an independent office with authority to help enforce rules and provide true help to members when they call about problem resolution
- Solve problems not defend insurance companies
- No one was able to answer my question and I was shuffled around. One lady sent me tons of attachments not relevant to my question. Another person directed me to someone who retired long ago…
- No one listens, the children are being abused and are CINC due to the father being incarcerated for drugs and violence in the home.
- It's been hard to get a call back part of the time when I've called their office or I was passed on to someone else who passed me on to someone else who passed me on to someone else...
- It would be great if the Ombudsman's office would get involved when their is a family member that uses all the money and assets from a resident, but is unwilling to fill out paperwork so the resident could receive government assistance.
- It does not appear that they were was any follow up on the matter that was sent to them.
- Just how long it takes for issues to be resolved. Do not believe it is " fault" of Ombudsman's office.
- You will open "Pandora's Box" with this one. Suffice it to say your ability to provide meaningful and timely response to what we caregivers see as "Real Time" crises is impaired. Your office lacks adequate staffing and this alone puts you in a basically dysfunctional position to render aid to KanCare participants.
- It can be hard to get a hold of the ombudsman office. It can also be hard to know which number office to call (i.e. do I call 1-855-643-8180 or 913-942-3161 or 316-978-3567).
- I guess with anything, not getting the answer I want. But that's life.
- In other occasions we have reached out for updates about KanCare renewals and to get more information, but did not hear back or receive any answers.
- I felt the ombudsman was unprofessional and blamed others rather than be a person of middle ground

- Calling in, I never got a call back. I emailed and got a response quickly. That is my preferred method of contact.

- Excited to learn that online fact sheets updates are pending. Updated online E&D application to include choice for HCBS. Client complaints is not being able to reach someone at the Ombudsman's office by phone; shown discouragement for having to leave a voice and most chose not to and client's concern for not speaking to a real person when they called.

- I believe you need folks at the program who are familiar with the on-line application so they can help folks who are having difficulty complete it. The paper applications take longer to process and documents get lost or misplaced. KanCare encourages folks to complete the application on line but then offer no support whatsoever when there are difficulties. You often get the response, we can't help there, we don't know how it works, apply via paper. Those are not effective answers especially when a family is in crisis.

- They don't have a lot of information and when asked direct questions about the MCO's, they say they don't know and that the MCO's are allowed to do what they please.
- Took a long time to get a callback and then they weren't able to help our situation.

Wanting legal advocacy

- What my kid with a disability needs is intensive, legally-based advocacy and legal services. The KanCare Ombudsman does not do that. People who are getting the run around with KanCare need a lot of hand-holding, intensive case-management type services, and an attorney to provide services.

Need better outreach

- Make contact information easy to find and advertise the services to the public more

- If they contacted with a family organization, like Families Together, there would be more practical knowledge available to callers

Policy Issues

- Like in other states, there should be more Ombudsman staff and they should have a greater ability to solve people's problems.

- We need better care and resources in our mental health across the board. More stake in the care for this topic, and places for services for residential based services for kids
- My hope would be that we would not have to climb the ladder in this way with our foster children moving forward. The agencies within the state of KS such as DCF, KDADS, CDDO, MCOs, etc. need to work together and make exceptions and adjust policies for the best interest of the children in our care rather than pointing fingers and denying services that they have the option to approve or make exceptions for.

- The KanCare Ombudsman was great, the issue is that Kansas is behind in providing certain care initiatives for children with disabilities in the state, we are way behind our neighboring states.
- Patients and families need to be better informed of their rights. This is a very stressful time for patients and families and Medicaid needs to be expanded in Kansas.

- I think this is a problem with the system. There needs to be a review/overhaul of the procedures and policies regarding loss of residential HCBS funding upon arrest. The result of that policy is that people with disabilities are left homeless. Their funding stops so they no longer have a home, a place to be released to. All of their belongings are left sitting at their former home (residential provider). They have no assistance to find and finance a new residential placement. They needlessly sit in jail for months, away from the supports they need, in an environment that leaves them unsafe and open for exploitation due to their disability. This policy needs to change. The effects on the person with the disability (and their family) are outrageous. And it is costing the state so much more money to house someone in jail for 8 months instead of having them out in the community with residential supports where they can access the mental health services they need and maintain employment. I have been a foster parent for kids with disabilities for 25 + years. I have navigated the system and have connections others might not have. This situation frustrated me. It took months to remedy. I don't know how someone unfamiliar with the system would ever be able to navigate like we did to get someone with a disability out of jail and back in the community with the supports they need. The HCBS services my ward needed were gone at the time when he needed them the most.

Positive comments

- I have not had an encounter that did not work well.
- I feel they are an excellent resource for the LTC residents we serve. I haven't found anything negative.
- It was a great experience that had nothing thar was challenging.
- I didn't have any difficulties. It would be great if they were able to present to our population and to our agency a couple of times a year.
- I can't think of anything that can be improved – every experience I have had with the Ombudsman's office has been very positive.
- All went well and resources offered were very helpful.
- everything went smoothly
- Everything worked just fine for me.
- Great resource
- I was able to get the families to the resources.
- No feedback for improvement. The office does a great job.

Other

- Minimal contact so nothing to contribute for this question.

- I actually had several different persons to speak with because the ombudsman for my area that I was working with was no longer with the State, but I did get help from one person who was covering that position and then the new person for our area was and is very helpful. I feel better knowing that I have someone to talk to. (Note: reference to Long Term Care Ombudsman Office)

No Comment

Cant think of anything at this time	no comment
Can't think of anything.	No concerns at this time.
N/A	No suggestions.
N/A	none comes to mind at this time
n/a	Nothing
N/A	nothing
n/a	Nothing
N/A	Nothing I can think of
N/A	nothing in our situation.
N/A	Nothing that I can think of
N/A	N/A

K. Q12 - Have you heard of the KanCare Ombudsman Office before now?

#	Answer	%	Count
1	No	42.73%	47
2	Yes	57.27%	63
	Total	100%	110

L. Q13 - Do you know how to reach the KanCare Ombudsman Office?

#	Answer	%	Count
1	No	59.09%	65
2	Yes	40.91%	45
	Total	100%	110

M. Q14 - Do you think there are barriers to talking with the KanCare Ombudsman Office?

#	Answer	%	Count
1	No	58.72%	64
2	Yes	41.28%	45
	Total	100%	109

N. Q15 - What barriers do you see to talking to the KanCare Ombudsman Office?

How to contact

- didn’t know how to contact them...
- Not many people know that there is one or how to contact.
- I know of the ombudsman but I never see how to contact the office.
- I am really not sure on how to contact the Ombudsman’s Office it would be good to have that information if I ever needed to contact them. The reason there is a barrier is because I am unaware of a phone number or an email to do so.
- As an agency that works with people who use KanCare, I don't know how to contact you. Also, we have a GraceMed representative who comes to our office and helps clients with KanCare so maybe this Ombudsman isn't as needed for us.
- I don’t know how to reach them.

Did not know of the KanCare Ombudsman Office

- The fact that I have no idea what the KanCare Ombudsman Office is a barrier within itself. If I, as a state employee, have no clue what it is. I'm not sure how the other members of the community would know what it is?
- I did not know it existed until this survey came up on Facebook. I have to wonder for those who don't have Facebook how are they able to participate in the survey? Is their a mailer being sent out? If so, not everyone has access to internet or knows how to use the internet. I appreciate the effort in getting your office and the resources it provides out there to people who could benefit from it. However, Facebook only reaches a percent of kancare recipients.
- A lot of people don't understand what being on Medicaid requires. I was not told about a spin down. I just applied again a few months ago and they said I couldn't get help with medicacaid because previously I didn't meet this spin down I know nothing of. I ask when I could ever get on Medicare again because I am now disabled and really need it. When I ask them how long or anything they say I don't know. If I knew about an ombudsmen I would have ask them if they could please give me answers
- I didn't know it existed. So I didn't know it was available to families struggling with KanCare.
- We didn't know they existed. We just called the clearing house and asked questions.

- Working for a healthcare association I know of the resources available to KanCare recipients and providers. I do not if all those receiving KanCare or their families that assist them always know of the ombudsman or how assistance can be provided to them surrounding KanCare issues.
- Have to know it existed in order to use.
- General lack of knowledge that there is someone to contact.
- I was not aware of this
- The information does not appear to be readily available to the general public. Something that was mailed to members or providers informing them of what the ombudsman does and how to contact them, would be a good start. The information seems to be lacking in this area. A definite barrier if a person doesn't realize such a thing even exists.
- Don’t know how to reach you and when I do it won’t really do anything because your providers lie about everything. South Central Mental Health is poorly run, does not do what is in the best interest of children in their care, and needs to lose their license with you all for providing help to kids. If you truly look into wait times, lack of service provision, and how supervisors drop the ball and don’t care how their actions look and feel to the families. But it doesn’t matter- they’ll figure out a way to talk their way out of it.
- No saber donde llamar (translation: Not knowing where to call.)

More information about KanCare Ombudsman Office

- Need more information about the program.

Other

- spoken language and the wording of the english language. Having the right access to the KanCare Ombudsman office, not everyone has the right tools to access.
- In the past families would call the ombudsman and then their problem was referred to the local DCF area and not resolved by the ombudsman. People want to know if they are calling someone for help they will be the one helping them.
- wait times
- I think it might have same issues as other services, Call volume, staffing. Getting to the right person and or follow up. Just a guess. May not be any problems at all.
- cannot always call
- Length of time for the office to call people back. Not enough staff.
- I believe the communication needs to be worked on communication between everyone. Thank you
- Timely return of calls. People really like the local outreach workers instead of calling.
- lines are busy the most time
- Information for patients and families
- What we have heard from individuals that we have referred to KanCare Ombudsman for assistance is that they are being told that the assistance they need is not something that the KanCare Ombudsman helps with

- I've never spoken with anyone, so I must wait to get a response
- The name is intimidating to many and while I know to go to the website to get connected to the Ombudsman Office, our patients' families can barely say the word, let alone spell it in a web browser, especially if English isn't their primary language.
- high phono call volume and language barriers.
- Lack of knowledge and procedure.
- It's hard to get through
- I think people are afraid it will cause problems with their providers. They may get retribution after the fact, even if they are in the right.

Policy Issues

- I am raising my 17 year old with several disabilities and we at Children's Mercy hospital are talking about transitioning. Please keep in mind that my grandson is currently seeing 18 different specialist: I am confused and also frustrated that doctors are at Truman Medical Center can not take him or will see him because Truman medical Center does except Kansas Medicare??? I don't understand why Kansas medical center can take it with no problems: This needs address because a couple of his doctors for transitioning have also works at Truman. Please feel free to contact me so we May discuss this further.

X. Appendix B. KanCare Ombudsman Office Listening Session Report

KanCare Ombudsman Office
Listening Session Notes
November 16th, 2021 – November 18th, 2021

Report Prepared by Tori Davis, AmeriCorps VISTA

A. Introduction:

The KanCare Ombudsman Office helps KanCare members and applicants in fixing problems about their services, coverage, access, and rights. The KanCare Ombudsman Office held an online survey and a series of Listening Sessions to obtain feedback from stakeholders who utilize our services to see how they are doing and if they can make improvements. The survey was live for participants to take from October 19th, 2021, to November 12th, 2021. The Listening Sessions were from November 16th, 2021, to November 18th, 2021.

B. Outreach:

Many outreach efforts were made to notify a variety of stakeholders of the survey and Listening Sessions through social media, Mail Chimp, and other outreach such as:

- An ad was posted on Facebook sharing details regarding the survey and a “save the date” on the Listening Sessions was posted on the Ombudsman official Facebook page on October 19th, 2021, and the ad ran until November 11th, 2021, for $1000.
    - The analytics for the Facebook post that was a paid for ad are as follows:

Reach:	52,534 (number of people who saw the ad at least once)
Engagement:	863 (number of actions people took)
Like:	40
Love:	2
Link Clicks:	782
Shares:	24
Saves	14

- The save-the-date was also posted on the KanCare Ombudsman official LinkedIn social media page on October 25th, 2021.

- The KanCare Ombudsman Office sent out a notice to over 900 people on Mail Chimp that were KanCare Ombudsman contacts (members, providers, etc.) The survey and listening session notice were also sent out to KDADS, KDHE, the three MCO's and other groups, requesting that they forward the notice to members and providers.
- A reminder to take the survey and the date that the survey will be available until was posted again on the Facebook page on November 2nd, 2021. There was an extension on the survey date from November 5th, 2021, to November 12th, 2021, and the Facebook reminder reflected the new ending survey date.
- A final Facebook post regarding the Listening Sessions was posted that detailed the date, time, conference call, and code on November 5th, 2021.
- A final post on the LinkedIn page regarding the Listening Session information was posted on November 9th, 2021.
- There were 5 Listening Sessions that were scheduled between November 16th, 2021, to November 18th, 2021, at varying times to educate others on what the KanCare Ombudsman Office is, seek out public comment from stakeholders regarding how the office is doing, and receive any questions afterward.

- **Note:** The KanCare Ombudsman Office experienced technical difficulties with the conference call in number the first day the Listening Sessions began and switched to utilizing Zoom instead. Due to the technical difficulties, the first scheduled Listening Session on November 16th, 2021, at 11:30am was canceled. Updated notices regarding the rest of the scheduled Listening Sessions were sent on November 16th, 2021, in the afternoon to Facebook, the KanCare Ombudsman webpage, Mail Chimp list, and other organizations that had received the original requests.

Listening Session Schedule:

Date	Time	Location
Tuesday, November 16th **(Canceled)**	11:30am-1:00pm	Conference Call (866) 620-7326
Tuesday, November 16th	5:30pm-7:00pm	Zoom
Wednesday, November 17th	12:00pm-1:30pm	Zoom
Thursday, November 18th	11:30am-1:00pm	Zoom
Thursday, November 18th	6:00pm-7:30pm	Zoom

C. Attendance:

The KanCare Ombudsman Office believes that the attendance and participation of the Listening Sessions was lower than expected due to the technology difficulties that changed the

location of the Listening Session on the first date of launch. Here is the number of stakeholders that participated in the Listening Session by date and time:

- 11/16/2021 Listening Session at 11:30am was canceled due to technical difficulties with the Conference Call line. All Listening Sessions were then transferred over to Zoom.
- 11/16/2021 Listening Session at 5:30pm had 2 participants. 1 participant shared what worked well for them during the session.
- 11/17/2021 Listening Session at 12:00pm had 2 participants. 1 participant shared what worked well for them during the session.
- 11/18/2021 Listening Session at 11:30am had 8 participants. No participants commented on the session.
- 11/18/2021 Listening Session at 6:00pm had 0 participants. The KanCare Ombudsman team waited 10 minutes for any participant to join before leaving the zoom meeting.

D. Listening Session Notes:

Questions Ombudsman Office Asked (MEETING CANCELED) **November 16th, 2021, 11:30am-1:00pm**

Questions Ombudsman Office Asked **November 16th, 2021, 5:30pm-7:00pm**
1. What worked well when you used the KanCare Ombudsman Office?
"What worked well for me is the ability to go to the resource link on the KanCare Ombudsman Office's website and especially when it came to application assistance and for individuals without health insurance that were looking for help in any county, where they were at, and those resources have been invaluable to me. Being able to share that and hearing back from individuals that were able to find people that could help with medical, pre-natal care, and dental who were either undocumented individuals or new to the state and were in a crisis situation. So, that's what worked well for me on the KanCare Ombudsman's Website. Thank you."

Questions Ombudsman Office Asked **November 16th, 2021, 5:30pm-7:00pm**

2. What did not work well or could be improved in the KanCare Ombudsman Office?
No comment

Questions Stakeholders Asked **November 16th, 2021, 5:30pm-7:00pm**	**KanCare Ombudsman Responses** **(Kerrie Bacon)**
No comment	

Questions Ombudsman Office Asked **November 17th, 2021, 12:00pm--1:30pm**
1. What worked well when you used the KanCare Ombudsman Office?
"I work with United Healthcare, so mainly I just use the Ombudsman's name, number, and email to give out to people that I work with in case they need to use the Ombudsman. I don't usually have interaction. This year, I had asked a question regarding denial of entrance into an assisted living because the person wasn't vaccinated so I was asking if that was a legitimate reason, and it was answered in a timely manner. So again, it's just a resource for me, usually to give to other people, and then I kind of don't know the results of what happens after I give that to them."

Questions Ombudsman Office Asked **November 17th, 2021, 12:00pm-1:30pm**
2. What did not work well or could be improved in the KanCare Ombudsman Office?
No comment

Questions Stakeholders Asked **November 17th, 2021, 12:00pm-1:30pm**	**KanCare Ombudsman Responses** **(Kerrie Bacon)**
No comment	

Questions Ombudsman Office Asked **November 18th, 2021, 11:30am-1:00pm**
1. What worked well when you used the KanCare Ombudsman Office?
No comment

Questions Ombudsman Office Asked **November 18th, 2021, 11:30am-1:00pm**
2. What did not work well or could be improved in the KanCare Ombudsman Office?
No comment

Questions Stakeholders Asked **November 18th, 2021, 11:30am-1:00pm**	**KanCare Ombudsman Responses** **(Kerrie Bacon)**
No comment	

Questions Ombudsman Office Asked **November 18th, 2021, 6:00pm-7:30pm**
No participants arrived

XI. Appendix C: Managed Care Organization (MCO) Data

A. Aetna

MEDICAID ISSUES	2019	2020	2021
Access to Providers (usually Medical)	13	4	6
Appeals/Fair Hearing questions/issues	2	3	2
Background Checks	0	0	0
Billing	12	11	14
Care Coordinator Issues	19	2	5
Change MCO	11	7	1
Choice Info on MCO	6	1	0
Coding Issues	3	0	2
Consumer said Notice not received	1	1	1
Cultural Competency	0	0	1
Data Requests	0	0	0
Dental	7	2	1
Division of Assets	1	0	0
Durable Medical Equipment	5	6	0
Grievances Questions/Issues	11	10	6
Help understanding mail (NOA)	0	1	0
MCO transition	3	0	0
Medicaid Application Assistance	6	2	1
Medicaid Eligibility Issues	19	7	9
Medicaid Fraud	0	0	1
Medicaid General Issues/questions	48	12	23
Medicaid info (status) update	14	12	15
Medicaid Renewal	18	4	2
Medical Card issues	0	1	6
Medicare Savings Plan Issues	7	4	1
MediKan issues	0	0	0
Moving to / from Kansas	2	0	1
Medical Services	14	9	12
Pain management issues	1	2	2
Pharmacy	10	2	5
Pregnancy issues	0	0	1
Prior authorization issues	0	2	3
Refugee/Immigration/SOBRA issues	0	0	0
Respite	0	0	0
Spend Down Issues	9	7	6
Transportation	13	3	3
Working Healthy	0	1	0
MEDICAID ISSUES TOTAL	**255**	**116**	**130**

Aetna

HCBS/LTSS ISSUES	2019	2020	2021
Client Obligation	9	0	3
Estate Recovery	0	0	0
HCBS Eligibility issues	18	0	5
HCBS General Issues	25	9	7
HCBS Reduction in hours of service	1	1	0
HCBS Waiting List	3	0	0
Nursing Facility Issues	6	6	7
HCBS/LTSS ISSUES TOTAL	**62**	**16**	**22**

OTHER ISSUES	2019	2020	2021
Abuse / neglect complaints	0	4	3
ADA Concerns	0	0	0
Adoption issues	0	0	2
Affordable Care Act Calls	0	0	0
Community Resources needed	0	1	0
Domestic Violence concerns	0	0	0
Foster Care issues	0	1	1
Guardianship	0	0	1
Homelessness	0	1	0
Housing Issues	1	2	1
Medicare related Issues	7	2	1
Social Security Issues	3	0	0
Used Interpreter	0	0	0
X-Other	29	18	7
Z Thank you	109	38	53
Z Unspecified	8	1	3
Health Homes	0	0	0
OTHER ISSUES TOTAL	**157**	**68**	**72**

Aetna

PROGRAM TYPE	2019	2020	2021
PD	8	5	4
I/DD	8	3	1
FE	8	0	1
AUTISM	0	0	0
SED	3	1	0
TBI	9	2	2
TA	6	2	1
WH	0	0	0
MFP	0	0	0
PACE	0	0	0
MENTAL HEALTH	2	0	0
SUB USE DIS	0	0	0
NURSING FACILITY	5	4	2
FOSTER CARE	0	1	1
MEDIKAN	0	0	0
INSTITUTIONAL TRANSITION FROM LTC/NF	0	1	2
INSTITUTIONAL TRANSITION FROM MH/BH	0	0	0
INSTITUTIONAL TRANSITION FROM PRISON/JAIL	0	0	0
PROGRAM TYPE TOTAL	**49**	**19**	**14**
PRIORITY	**2019**	**2020**	**2021**
HCBS	8	11	10
Long Term Care / MF	1	3	3
Urgent Medical Need	3	1	6
Urgent	7	6	8
Life Threatening	3	0	0
PRIORITIES TOTAL	**22**	**21**	**27**

B. Sunflower

MEDICAID ISSUES	2017	2018	2019	2020	2021
Access to Providers (usually Medical)	12	13	14	4	7
Appeals/Fair Hearing questions/issues	2	9	4	15	4
Background Checks	0	1	0	0	0
Billing	23	22	19	14	16
Care Coordinator Issues	10	6	15	8	1
Change MCO	3	9	4	4	2
Choice Info on MCO	0	1	3	2	2
Coding Issues	6	15	7	2	1
Consumer said Notice not received	0	10	0	1	0
Cultural Competency	0	0	1	0	0
Data Requests	0	0	0	2	2
Dental	3	8	2	2	3
Division of Assets	0	1	0	0	0
Durable Medical Equipment	5	4	0	4	4
Grievances Questions/Issues	17	16	16	13	7
Help understanding mail (NOA)	0	0	0	4	2
MCO transition	0	0	0	0	1
Medicaid Application Assistance	6	5	4	4	0
Medicaid Eligibility Issues	49	42	32	7	5
Medicaid Fraud	0	2	0	1	0
Medicaid General Issues/questions	0	46	40	16	17
Medicaid info (status) update	0	26	25	11	8
Medicaid Renewal	25	17	26	3	0
Medical Card issues	0	0	1	4	4
Medicare Savings Plan Issues	1	7	4	1	0
MediKan issues	0	0	0	0	0
Moving to / from Kansas	1	1	1	2	0
Medical Services	14	11	15	13	12
Pain management issues	0	0	1	0	2
Pharmacy	8	7	10	1	7
Pregnancy issues	0	0	2	1	0
Prior authorization issues	0	0	0	1	2
Refugee/Immigration/SOBRA issues	0	0	0	0	0
Respite	0	0	0	0	1
Spend Down Issues	13	7	8	4	1
Transportation	9	6	7	5	5
Working Healthy	0	3	2	0	0
MEDICAID ISSUES TOTAL	**207**	**295**	**263**	**149**	**116**

Sunflower

HCBS/LTSS ISSUES	2017	2018	2019	2020	2021
Client Obligation	17	13	6	3	2
Estate Recovery	1	0	0	0	0
HCBS Eligibility issues	29	24	20	5	8
HCBS General Issues	23	32	30	26	12
HCBS Reduction in hours of service	3	2	3	7	0
HCBS Waiting List	3	1	4	1	2
Nursing Facility Issues	4	4	2	5	5
HCBS/LTSS ISSUES TOTAL	**80**	**76**	**65**	**47**	**29**

OTHER ISSUES	2017	2018	2019	2020	2021
Abuse / neglect complaints	0	3	1	1	1
ADA Concerns	0	0	0	0	0
Adoption issues	0	0	0	2	1
Affordable Care Act Calls	1	1	1	0	0
Community Resources needed	0	0	0	1	2
Domestic Violence concerns	0	0	0	0	0
Foster Care issues	0	0	0	0	0
Guardianship	1	3	0	1	3
Homelessness	0	0	0	1	0
Housing Issues	3	3	0	3	2
Medicare related Issues	2	8	2	3	4
Social Security Issues	1	2	0	1	1
Used Interpreter	0	0	0	0	0
X-Other	63	40	28	28	9
Z Thank you	109	166	115	64	54
Z Unspecified	4	7	10	2	2
Health Homes	0	0	0	0	0
OTHER ISSUES TOTAL	**184**	**233**	**157**	**107**	**79**

Sunflower

PROGRAM TYPE	2017	2018	2019	2020	2021
PD	31	31	16	14	2
I/DD	34	15	15	4	10
FE	18	9	13	6	6
AUTISM	2	1	1	2	0
SED	1	2	1	1	0
TBI	4	7	8	2	6
TA	5	2	4	3	1
WH	1	3	2	0	0
MFP	1	1	0	0	0
PACE	0	0	0	0	0
MENTAL HEALTH	2	0	0	1	2
SUB USE DIS	0	0	0	0	0
NURSING FACILITY	16	8	3	3	2
FOSTER CARE	0	0	0	0	0
MEDIKAN	0	0	0	0	0
INSTITUTIONAL TRANSITION FROM LTC/NF	0	0	0	1	0
INSTITUTIONAL TRANSITION FROM MH/BH	0	0	1	0	1
INSTITUTIONAL TRANSITION FROM PRISON/JAIL	0	0	0	0	0
PROGRAM TYPE TOTAL	**115**	**79**	**64**	**37**	**30**
PRIORITY	**2017**	**2018**	**2019**	**2020**	**2021**
HCBS	0	0	15	33	16
Long Term Care / MF	0	0	3	2	5
Urgent Medical Need	0	0	5	7	10
Urgent	0	0	4	10	11
Life Threatening	0	0	4	1	2
PRIORITIES TOTAL	**0**	**0**	**31**	**53**	**44**

C. United Healthcare

MEDICAID ISSUES	2017	2018	2019	2020	2021
Access to Providers (usually Medical)	8	0	10	4	7
Appeals/Fair Hearing questions/issues	5	13	3	8	6
Background Checks	0	0	1	0	0
Billing	13	20	10	12	19
Care Coordinator Issues	9	15	10	11	4
Change MCO	6	6	8	5	2
Choice Info on MCO	0	2	1	2	1
Coding Issues	3	6	5	1	1
Consumer said Notice not received	0	3	2	0	0
Cultural Competency	0	0	0	0	0
Data Requests	0	1	0	0	1
Dental	6	3	5	0	4
Division of Assets	1	1	0	0	0
Durable Medical Equipment	5	1	5	5	4
Grievances Questions/Issues	10	10	10	10	11
Help understanding mail (NOA)	0	0	0	0	4
MCO transition	0	0	0	1	0
Medicaid Application Assistance	4	15	2	2	3
Medicaid Eligibility Issues	42	44	24	10	8
Medicaid Fraud	0	1	0	0	1
Medicaid General Issues/questions	0	39	44	12	27
Medicaid info (status) update	0	19	25	12	11
Medicaid Renewal	14	19	14	1	2
Medical Card issues	0	0	2	5	4
Medicare Savings Plan Issues	1	7	1	1	4
MediKan issues	0	0	1	0	0
Moving to / from Kansas	0	2	0	0	2
Medical Services	8	18	3	12	12
Pain management issues	0	1	2	0	3
Pharmacy	4	8	9	9	9
Pregnancy issues	0	0	0	0	2
Prior authorization issues	0	0	1	2	6
Refugee/Immigration/SOBRA issues	0	0	0	0	0
Respite	0	1	0	0	0
Spend Down Issues	9	20	9	6	3
Transportation	7	10	5	8	6
Working Healthy	0	2	1	0	0
MEDICAID ISSUES TOTAL	**155**	**287**	**213**	**139**	**167**

United

HCBS/LTSS ISSUES	2017	2018	2019	2020	2021
Client Obligation	12	23	5	2	2
Estate Recovery	1	0	1	0	0
HCBS Eligibility issues	25	17	10	6	7
HCBS General Issues	16	34	28	21	16
HCBS Reduction in hours of service	4	1	3	8	1
HCBS Waiting List	0	3	5	0	3
Nursing Facility Issues	7	9	8	6	14
HCBS/LTSS ISSUES TOTAL	65	87	60	43	43

OTHER ISSUES	2017	2018	2019	2020	2021
Abuse / neglect complaints	1	3	0	0	5
ADA Concerns	0	0	0	0	0
Adoption issues	0	0	0	0	0
Affordable Care Act Calls	0	0	0	0	0
Community Resources needed	0	0	0	1	3
Domestic Violence concerns	0	0	0	0	0
Foster Care issues	0	0	0	0	1
Guardianship	1	1	0	0	0
Homelessness	0	0	0	1	2
Housing Issues	1	1	1	2	5
Medicare related Issues	3	2	3	3	3
Social Security Issues	0	2	1	2	2
Used Interpreter	0	0	0	0	0
X-Other	57	25	22	23	17
Z Thank you	96	175	114	53	69
Z Unspecified	10	3	10	2	3
Health Homes	0	0	0	0	0
OTHER ISSUES TOTAL	**169**	**212**	**151**	**87**	**110**

United

PROGRAM TYPE	2017	2018	2019	2020	2021
PD	20	24	22	13	4
I/DD	22	13	17	2	7
FE	21	13	11	8	6
AUTISM	1	0	1	0	0
SED	1	6	3	1	1
TBI	5	5	3	6	4
TA	3	3	1	2	1
WH	0	4	0	0	0
MFP	0	0	0	0	0
PACE	0	0	0	0	0
MENTAL HEALTH	3	2	1	1	6
SUB USE DIS	0	0	0	0	0
NURSING FACILITY	16	12	10	3	6
FOSTER CARE	0	0	0	0	0
MEDIKAN	0	0	1	0	0
INSTITUTIONAL TRANSITION FROM LTC/NF	0	0	1	3	1
INSTITUTIONAL TRANSITION FROM MH/BH	0	0	0	1	0
INSTITUTIONAL TRANSITION FROM PRISON/JAIL	0	0	0	0	0
PROGRAM TYPE TOTAL	**92**	**82**	**71**	**40**	**36**
PRIORITY	**2017**	**2018**	**2019**	**2020**	**2021**
HCBS	0	0	4	25	15
Long Term Care / MF	0	0	4	6	9
Urgent Medical Need	0	0	2	5	5
Urgent	0	0	2	6	16
Life Threatening	0	0	1	0	1
PRIORITIES TOTAL	**0**	**0**	**13**	**42**	**46**

State of Kansas
Kansas Department of Health & Environment
Division of Health Care Finance
KanCare Annual Report
Demonstration Year 9
Calendar Year 2021

Population	Unduplicated Beneficiaries by Population	Member Months	Expenditures
Pop 1: ABD/SD Dual	22,680	178,219	$43,122,860
Pop 2: ABD/SD Non Dual	37,835	377,035	$490,034,143
Pop 3: Adults	72,276	738,815	$411,693,824
Pop 4: Children	265,745	2,868,504	$821,867,963
Pop 5: DD Waiver	9,389	108,627	$532,068,127
Pop 6: LTC	26,312	249,482	$1,098,455,916
Pop 7: MN Dual	8,117	43,203	$37,527,831
Pop 8: MN Non Dual	3,381	18,782	$35,628,520
Pop 9: Waiver	6,746	53,842	$189,792,999
Total	452,481	4,636,509	$3,660,192,182
Administration			$216,895,216
Overall Unduplicated Beneficiaries	430,736		

Notes:
1. CHIP and MCHIP are excluded.
2. Enrollment data is updated through Mar 2022 capitation data.
3. Member months data is updated through Mar 2022 capitation data.
4. Expenditure data is updated through QE 12 31 2021 actuals; which is based upon most recently approved rates during that quarter (CY2020).
5. As of QE 12 31 2021 the CY2021 rates were not approved by CMS, so those were not yet implemented and paid to the MCOs.

1115 Waiver - Safety Net Care Pool Report

Demonstration Year Nine- YE 2021

Health Care Access Improvement Pool

Paid dates 1/1/2021 through 12/31/2021

Provider Names	YE 2021 Amt Paid	Provider Access Fund 2443	Federal Medicaid Fund 3414
Adventhealth Ottawa	372,807	126,754	246,053
Ascension Via Christi Hospital Manhattan	1,151,942	391,660	760,282
Ascension Via Christi Hospital Pittsburg	1,123,604	382,025	741,579
Ascension Via Christi Hospital St. Teresa Inc	225,468	76,659	148,809
Ascension Via Christi Hospitals Wichita Inc	4,878,205	1,658,590	3,219,615
Ascension Via Christi Rehabilitation Hospital Inc	102,010	34,683	67,327
Bob Wilson Memorial Grant County Hospital	259,004	88,061	170,943
Childrens Mercy South	756,868	257,335	499,533
Coffeyville Regional Medical Center Inc	355,547	120,886	234,661
Doctors Hospital LLC	40,867	13,895	26,972
Geary County Hospital	399,241	135,742	263,499
Hays Medical Center	770,549	261,987	508,562
Hutchinson Regional Medical Center Inc	1,369,965	465,788	904,177
Kansas Heart Hospital LLC	9,323	3,170	6,153
Kansas Medical Center LLC*	94,448	42,053	52,395
Kansas Medical Center LLC**	30,000	13,224	16,776
Kansas Medical Center LLC***	19,900	8,435	11,465
Kansas Medical Center LLC****	53,188	18,355	34,833
Kansas Medical Center LLC	224,014	76,165	147,849
Kansas Rehabilitation Hospital	48,073	16,345	31,728
Labette Co Med	368,649	125,341	243,308
Lawrence Memorial Hospital	1,249,679	424,891	824,788
Manhattan Surgical Hospital	20,644	7,019	13,625
McPherson Hospital Inc	141,502	48,111	93,391
Menorah Medical Center	833,378	283,349	550,029
Mercy Hospital Inc	33,810	11,495	22,315
Miami County Medical Center Inc	296,147	100,690	195,457
Morton County Hospital	86,464	29,398	57,066
NMC Health Medical Center	699,764	237,920	461,844
Olathe Medical Center Inc	2,037,199	692,648	1,344,551
Overland Park Reg Med Ctr	3,177,005	1,080,182	2,096,823
Pratt Regional Medical Center Corporation	198,186	67,383	130,803
Providence Medical Center	1,656,710	563,281	1,093,429
Rock Regional Hospital	84,048	28,576	55,472
Saint John Hospital	344,292	117,059	227,233
Saint Lukes South Hospital Inc	359,220	122,135	237,085
Salina Regional Health Center	1,131,289	384,638	746,651
Shawnee Mission Medical Center Inc	3,749,306	1,274,764	2,474,542
South Central Kansas Regional Medical Center	284,976	96,892	188,084
Southwest Medical Center	450,440	153,150	297,290
St Catherine Hospital	750,318	255,108	495,210
Stormont Vail Health Care Inc	2,096,963	712,967	1,383,996
Susan B Allen Memorial Hospital	445,666	151,526	294,140
The University Of Kansas Health System Great Bend	423,097	143,853	279,244
Topeka Hospital LLC D/B/A The University Of Kansas	1,726,203	586,909	1,139,294
Wesley Medical Center	5,601,526	1,904,519	3,697,007
Wesley Rehabilitation Hospital, An Affiliate Of En	36,992	12,577	24,415
Western Plains Medical Complex	538,339	183,035	355,304
Grand Total	**41,106,835**	**13,991,228**	**27,115,607**

* 2017 UC Pool Payments Q3 & Q4
** 2018 UC Pool Payments Q3 & Q4
*** 2019 UC Pool Payments Q1-Q4
****2020 UC Pool Payments Q1-Q4

1115 Waiver - Safety Net Care Pool Report

Demonstration Year Nine- YE 2021

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

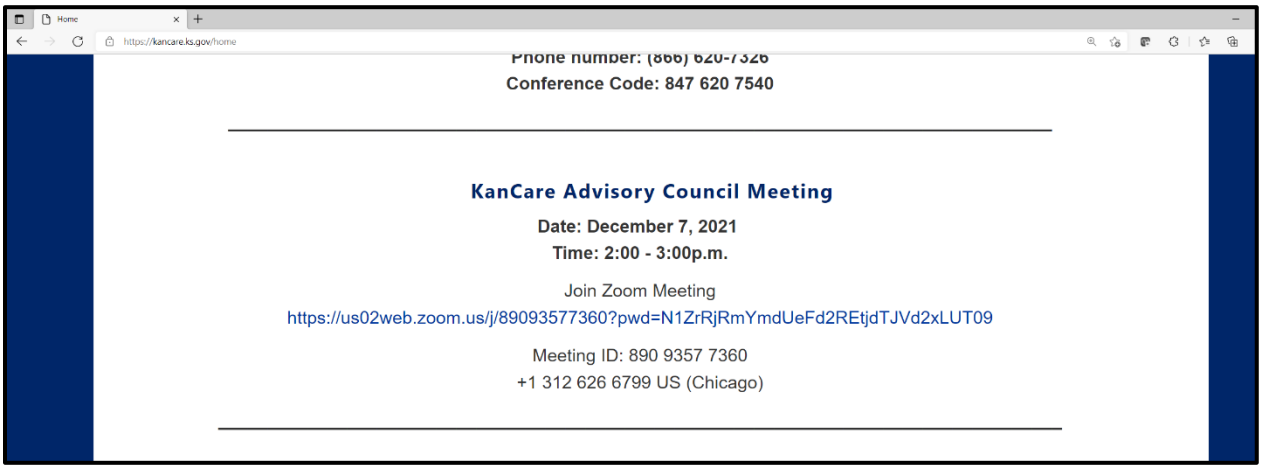
Paid dates 1/1/2021 through 12/31/2021

Hospital Name	YE 2021 Amt Paid	State General Fund 1000	Federal Medicaid Fund 3414
University Of Kansas Hospital Authority*	$ 7,392,415	$ 2,513,421	$ 4,878,994
Total	**$ 7,392,415**	**$ 2,513,421**	**$ 4,878,994**
*IGT funds are received from the University of Kansas Hospital			

Summary of Annual KanCare Post Award Forum Held 12.7.2021

The KanCare Special Terms and Conditions, at item #71, 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 STC64a, associated with the quarter in which the forum was held. The state must also include the summary of its annual report.

Consistent with this provision, Kansas held its 2021 KanCare Public Forum, providing updates and opportunity for input, on Tuesday, December 7, 2021, from 3:00-4:00 pm via Zoom virtual meeting. The forum was published on the home page of the www.KanCare.ks.gov website, starting in November 2021. A screen shot of the notice from the KanCare website face page is as follows:



At the public forum, less than 20 KanCare program stakeholders (providers, members, and families) attended, as well staff from the Kansas Department of Health and Environment; staff from the Kansas Department of Aging and Disability Services; staff from the KanCare managed care organizations; and CMS. A summary of the information presented by state staff is included in the following PowerPoint documents:

KDHE:

State of the KanCare Program

Sarah Fertig, State Medicaid Director

- KanCare Program Update
  - Recent Audits Update
  - American Rescue Plan Act Update
  - Update on Protected Income Limit
- OneCare Kansas
- Disability and Behavioral Health Employment Support Pilot (STEPS) Program
- KanCare COVID-19 Update
- KanCare Analytics and Performance Metrics

Christiane Swartz, Director of Medicaid Operations

- Eligibility Update
- Medicaid Eligibility Applications Update
- KDHE Clearinghouse Staffing
- KDHE Plan for Unwinding PHE

KanCare Update December 2021

Update: Recent Audits

<u>*Payments after death audits* – HHS OIG and Medicaid IG</u>

- Audits identified capitation payments made on behalf of deceased beneficiaries. The HHS OIG examined the time period of July 1, 2017 to June 30, 2019. The MIG examined the time period of January 1, 2018, to April 30, 2021.

- Actions taken since early 2021:
  - Recouped overpayments from current MCOs through capitation payment offsets, and from Amerigroup as part of a settlement on all outstanding financial items.
  - Initiated a look-back project to January 1, 2013, to identify and correct any remaining cases with a date of death in the eligibility database but not in the capitation payments database.
  - Corrected the IT issue that caused the eligibility and capitation payments systems not to communicate.

- KDHE is considering leveraging additional resources to help validate date of death data.

Update: Recent Audits (continued)

- Medicaid IG audits
  - #22-01 – *reporting Medicaid eligibility fraud*
    - KDHE concurs with findings. The Eligibility team is working with the IG to develop a workflow for fraud referrals. The Clearinghouse IVR system now includes an option to report eligibility fraud.
  - #22-02 – *MediKan eligibility*
    - **912** cases identified where MediKan eligibility exceeded the 12-month lifetime limit. Of these cases:
      - **432** were due to KDHE's decision to include MediKan in the FFCRA maintenance of effort requirement;
      - **462** were due to staff error; and
      - **18** were continued due to an IT systems issue related to the KEES rollout.
      - **175** had no claims, so no money was paid out.
    - MediKan is a fee-for-service program; all amounts paid were for services received from a provider.

KanCare Update December 2021

The American Rescue Plan Act of 2021 – Pregnant Women

- Effective 4/1/22, states may extend Pregnant Women coverage to 12 months postpartum through a Medicaid state plan amendment. This would add 10 additional months of coverage for the Pregnant Women eligibility group.
- KDHE is studying whether Kansas should pursue this option.
  - Currently, about 2/3 of women in the Pregnant Women eligibility group lose Medicaid coverage around 60 days postpartum.
  - The Kansas Maternal Mortality Report found that nearly half of all pregnancy-associated deaths occurred after 42 days postpartum, and Medicaid moms are most at risk.
  - State plan amendment would allow both mom and baby to be covered for the first year of the baby's life.
  - KDHE has asked the KFMC to study the actual experience of moms whose eligibility has been extended during the pandemic.
  - Most states are actively working to extend coverage for postpartum women. See this tracker.
- KDHE is working to develop a fiscal impact.

The American Rescue Plan Act of 2021 – 10% FMAP increase to supplement HCBS/PACE

- States may claim 10% additional FMAP on certain services between 4/1/21-3/30/22. These funds must be used to *supplement*, not supplant, current HCBS/PACE/home health spending.
- Funds may be spent through 3/30/24.
- On July 9, 2021, KDHE and KDADS submitted a joint initial spending plan to CMS for approval.
- KDHE projects (*all tentative pending CMS approval*):
  - Pilot investment in community health workers
  - Incentivize investments in housing for homeless or housing-insecure HCBS members
  - Training for primary care and dental providers to expand and improve services to HCBS members
  - In-depth evaluation of the STEPS supported employment program

KanCare Update December 2021

Update on the Protected Income Limit

2021 HB 2007 required KDHE to set the protected income limit (PIL) for HCBS waivers and PACE at 300% of SSI.

On August 16, 2021, CMS approved our amendments to the HCBS waivers impacted by the PIL change. Under the Kansas Medicaid state plan, the PACE PIL is linked to the FE waiver PIL.

The KanCare Clearinghouse has processed all impacted cases, with the PIL change effective July 1, 2021. KDHE is in the process of updating its PIL regulation.

Before PIL Change	Total members	Members with a Client Obligation	Percentage
HCBS	25,002	2496	9.98%
PACE	699	115	16.45%
	25,701	**2611**	**10.16%**
After PIL change eff. 07/2021	**Total members**	**Members with a Client Obligation**	**Percentage**
HCBS	25,102	180	0.72%
PACE	703	5	0.71%
	25,805	**185**	**0.72%**

OneCare Kansas

- Program launched on April 1, 2020 and expanded to additional members on April 1, 2021.
  - The expansion opened eligibility to an additional 25,000 members with schizophrenia, bipolar and depressive disorders. Members must opt-in to OneCare Kansas.
  - **1084** members enrolled in Asthma population as of September 1, 2021.
  - **1843** members enrolled in SMI population as of September 1, 2021.
- State staff continue to engage OCK partners and stakeholders to explore options for increasing program participation, including adding additional eligible diagnoses.
- State staff are offering educational opportunities to inform Targeted Case Managers of the impact of OCK on populations who are eligible for both TCM as well as OCK.
- OCK recently published a booklet of success stories highlighting the impact the program has had on members.

What is OneCare Kansas?

The term "OneCare Kansas" refers to a new Medicaid option to provide coordination of physical and behavioral health care with long term services and supports for people with chronic conditions. OneCare Kansas expands upon medical home models to include links to community and social supports. OneCare Kansas focuses on the whole person and all his or her needs to manage his or her conditions and be as healthy as possible. All the caregivers involved in a OneCare Kansas member's health communicate with one another so that all of a patient's needs are addressed in a comprehensive manner.

OneCare Kansas is intended for people with certain chronic conditions, like diabetes, asthma, or mental illness. These people must be KanCare members. They can be members who also receive Medicare along with Medicaid.

OneCare Kansas
a program of KanCare, Kansas Medicaid

KanCare Update December 2021

Support and Training to Employ People Successfully (STEPS) Pilot Program

- Background:
  - Kansas included this voluntary pilot program for up to 500 eligible KanCare members in our KanCare 2.0 1115 waiver.
  - Pilot participants will have access to Benefits Specialists who will provide program guidance to potential participants so that they are aware of any impact participation in the pilot may have on benefits.
- Update since April:
  - **STEPS launched on July 1, 2021**.
  - So far 57 individuals have been referred to the program by MCOs and Working Healthy Benefits Specialists. Six are enrolled in the program; 28 are in process.
    - Most are on the I/DD waiver wait list.
    - Referrals range in age from 19-45.
  - Outreach efforts continue to identify potential participants.
  - STEPS was featured in the Liberal Leader & Times newspaper.

KanCare COVID-19 Update - Recent Highlights

- Beginning April 1, 2021, COVID-19 vaccines are paid for with 100% federal dollars as allowed under the American Rescue Plan Act.
  - Beginning April 1, 2021, the Medicaid rate for COVID-19 vaccine administration matches the Medicare rate - $40/shot.
  - Beginning June 8, 2021, Medicaid will also match Medicare in paying a $35 bonus for vaccines administered in the patient's home.
- The PHE is currently set to expire on January 16, 2021.
  - Federal law allows the state to drawn down 6.2% additional FMAP through the quarter in which the PHE ends**. As of June 30, 2021, the cumulative impact of the enhanced FMAP is $381,207,143**.
- On September 10, 2021, the Biden administration announced its plans to require hospitals, nursing facilities, dialysis centers, ambulatory surgical centers, and other facilities to vaccinate their staff for COVID-19 as a condition of participating in Medicare and Medicaid. The interim final rule was released in November and has been enjoined. KDHE and KDADS are monitoring this development.

KanCare Update December 2021

Overview of Changes to Program (Not Complete List)

- Delay annual eligibility reviews; will not remove anyone from program during the PHE except if the person ceases to be a resident of the state, or voluntarily withdraws from the program (required for enhanced FMAP)
- Applicants and beneficiaries have an additional 120 days to request a fair hearing, if the original 33 day deadline falls between March 2020 and the end of the PHE
- Remove all cost sharing for COVID-19 testing/treatment/vaccines for KanCare members
- Allow for greater flexibility of day service location for HCBS members
  - Services can be rendered in home by family member, with reimbursement to family member
- Suspend provider revalidation, allowing for continuity of care
- Allow for out of state, non-KanCare providers to provide services in KS
- Suspend PASRR Level 1 and Level 2 requirements for 30 days
- Temporarily cease all physical visits from MCOs to providers/members
- Allow for early refill of maintenance prescriptions; increase level of pharmacy delivery and mail order availability

KanCare Update December 2021

KMAP Website

COVID-19 KMAP Providers Information Page

To better serve Kansas Medical Assistance Program (KMAP) providers during the COVID-19 public health emergency, we will be updating this page with the latest information regarding changes being implemented by KMAP. This will allow providers to identify important information quickly and within a single area.

Bulletins
All KMAP bulletins are available here.
Bulletins related to COVID-19 are listed on the following pages.
Telemedicine
Contact Information
Coverage Information
Miscellaneous

Online Resources
KDHE COVID-19 Updates
Kansas Medical Assistance Program (KMAP)
Aetna
Sunflower
UnitedHealthcare
Health and Human Services
Centers for Disease Control and Prevention

Manuals
All KMAP manuals are available here.
KMAP manuals do not currently contain information specific to the COVID-19 updates. Please refer to the bulletins on the following pages.

Important Contacts
Kansas Medical Assistance Program (KMAP): 1-800-933-6593
Aetna Better Health of Kansas: 1-855-221-5656
Sunflower State Health Plan: 1-877-644-4623
UnitedHealthcare Community Plan of Kansas: 1-877-542-9235

12

KanCare Update December 2021

KMAP Website

COVID-19 Related Bulletins

Bulletins related specifically to COVID-19 are listed below by category. All KMAP bulletins are available here.
Click here to return to main page.

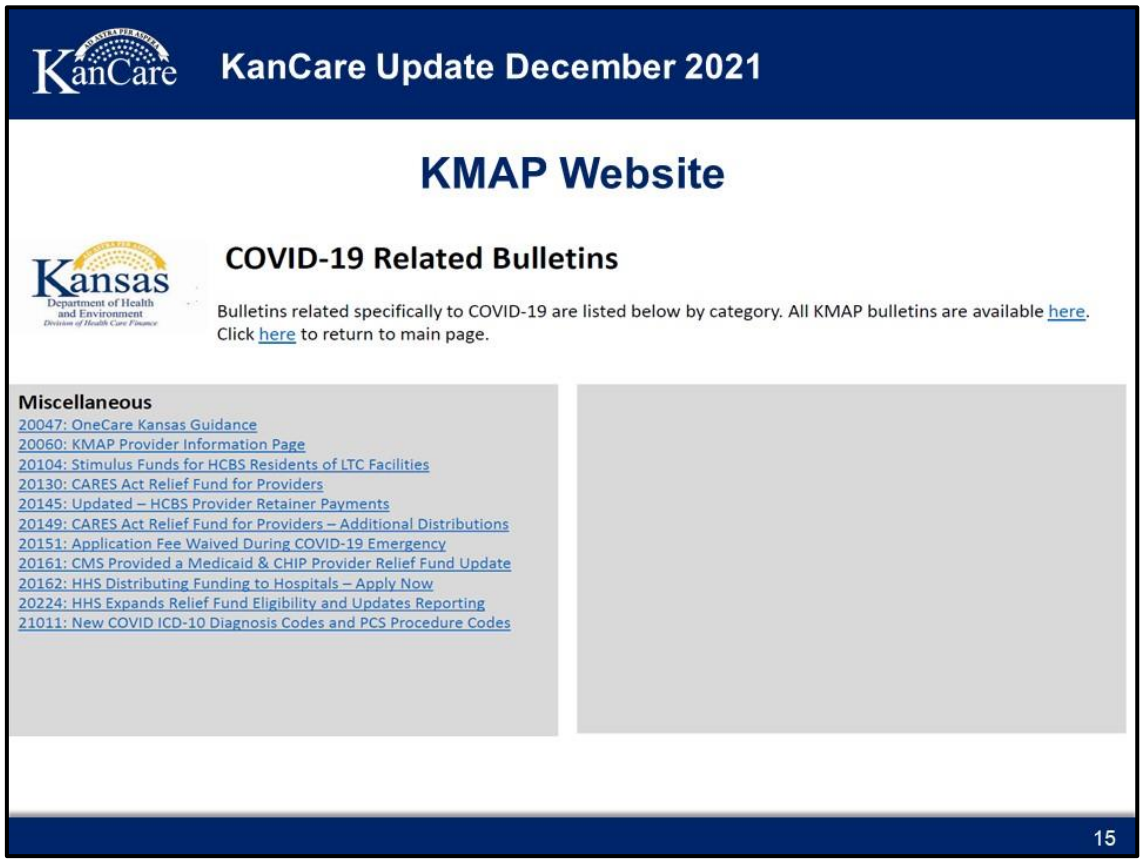
Telemedicine
20045: KanCare Telemedicine Reimbursement Update
20046: Updated - Telemedicine in Response to COVID-19 Emergency
20051: Updated - Expand Telemedicine to HCBS Services
20052: Dental Codes Allowed by Telephone During COVID-19
20062: Expansion of Telemedicine Services Allowed by ECI and LEA
20065: Additional Telemedicine Codes During COVID-19 Emergency
20067: Tobacco Cessation Counseling via Telemedicine During COVID-19
20068: Updated - Telemedicine for BI Waiver Services During COVID-19
20070: SED Waiver Codes via Telemedicine During COVID-19
20072: Additional E/M Codes via Telemedicine During COVID-19
20073: Expansion of Telemedicine Services for Therapy
20075: Revision to April 2020 NCCI PTP MUE Files - Telemedicine
20076: Wheelchair Seating Assessment Codes Allowed by Telemedicine
20086: Mental Health Crisis Intervention Codes via Telemedicine

Telemedicine - Continued
20102: I/DD Telemedicine Services During COVID-19
20105: Telemedicine Billing Guidelines During COVID-19
20111: Clarification of Written Consent Requirement for Telemedicine
20120: Expansion with Select Telemedicine Allowed Codes/Home Setting
20219: Allowance of T2011 via Telemedicine

Contact Information
20043: KMAP Contact Updates During COVID-19 Emergency
21082: COVID-19 Vaccine Resources During the Public Health Emergency

13


KanCare
KanCare Update December 2021
KMAP Website
Kansas Department of Health and Environment
COVID-19 Related Bulletins
Bulletins related specifically to COVID-19 are listed below by category. All KMAP bulletins are available here.
Click here to return to main page.
Coverage Information
20041: Coronavirus (COVID-19) Coverage – Updated
20056: Retail and Physician Administered Drug Plan for COVID-19
20057: MCO Non-Network Provider Participation Requirements
20059: Coverage of COVID-19 Testing and Treatment
20069: COVID-19 Drug Shortage – Albuterol Inhalers
20071: COVID-19 Temporary Waivers
20088: Reimbursement to Providers and Facilities Serving the Uninsured
20090: HCBS Exceptions – Specialized Medical Care
20091: HCBS Exceptions – Day Supports and Residential Service
20092: Disaster Emergency Exceptions – Personal Care Services
20096: Extension of COVID-19 Emergency Policies
20099: HCBS Background Check Exceptions During COVID-19
20107: COVID-19 Antibody Testing and High Throughput Technology
20121: COVID-19 Testing & Treatment Services – Unmet Spenddown
20126: Rate Adjustments for COVID-19 Testing
20259: Coverage of COVID-19 Syncytial Virus Testing
20262: Updated - COVID-19 Vaccine Coverage
20271: Rate Adjustments to support High Throughput COVID-19 Testing
Coverage Information - Continued
21019: PHE COVID-19 Vaccine Billing by Pharmacy DME Providers
21066: COVID-19 Vaccine Coverage During The Public Health Emergency
21075: Additional Providers Approved for COVID-19 Vaccine Coverage During Public Health Emergency
21074: Johnson & Johnson COVID-19 Vaccine Administration
21085: COVID-19 Monoclonal Antibody Infusions
21088: COVID-19 Vaccine Coverage During the Public Health Emergency – Pfizer BioNTech (Age 12-15)
21136: Rate Increase for COVID-19 Vaccine Administration in the Home
21142: Additional COVID-19 Monoclonal Antibody Infusion Codes
21171: Third Dose of Pfizer and Moderna COVID-19 Vaccine
14


KanCare
KanCare Update December 2021
KMAP Website
Kansas Department of Health and Environment
COVID-19 Related Bulletins
Bulletins related specifically to COVID-19 are listed below by category. All KMAP bulletins are available here.
Click here to return to main page.
Miscellaneous
20047: OneCare Kansas Guidance
20060: KMAP Provider Information Page
20104: Stimulus Funds for HCBS Residents of LTC Facilities
20130: CARES Act Relief Fund for Providers
20145: Updated – HCBS Provider Retainer Payments
20149: CARES Act Relief Fund for Providers – Additional Distributions
20151: Application Fee Waived During COVID-19 Emergency
20161: CMS Provided a Medicaid & CHIP Provider Relief Fund Update
20162: HHS Distributing Funding to Hospitals – Apply Now
20224: HHS Expands Relief Fund Eligibility and Updates Reporting
21011: New COVID ICD-10 Diagnosis Codes and PCS Procedure Codes
15

Analytics and Performance Metrics

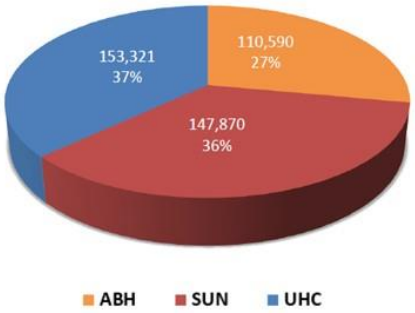
Sarah Fertig, State Medicaid Director

- Enrollment by Plan
- Claims Information – Number of Claims and Denial Rates
- Grievances and Appeals
- Customer Service and Call Center
- MCO Financial Review

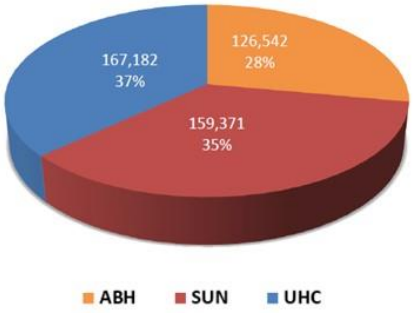
Overall member counts continue to increase since the last reporting period.

- Aetna remains stable, accounting for 28% of total membership.
- United and Sunflower also maintain their overall populations since the last reporting period.
- United continues to have the largest number of total members: 167,182 at the end of June.

2020 Year-End
411,781 Members Total



2021 YTD (January - June)
453,094 Members Total



KanCare Update December 2021

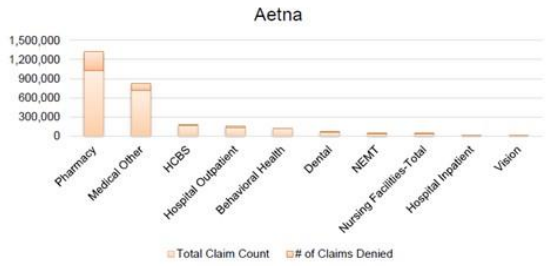
Processed & Denied Claims Table

Service Type	Count of Processed Claims			% of Services by MCO		
	ABH	SUN	UHC	ABH	SUN	UHC
Pharmacy	1,022,507	956,316	951,183	44.42%	31.48%	32.04%
Medical Other	720,732	891,565	903,771	31.31%	29.35%	30.44%
HCBS	167,944	343,515	276,048	7.30%	11.31%	9.30%
Hospital Outpatient	123,327	181,986	181,751	5.36%	5.99%	6.12%
Behavioral Health	115,755	395,299	392,787	5.03%	13.01%	13.23%
Dental	59,185	80,043	89,595	2.57%	2.64%	3.02%
NEMT	39,350	59,019	59,225	1.71%	1.94%	2.00%
Nursing Facilities-Total	37,319	61,396	56,960	1.62%	2.02%	1.92%
Hospital Inpatient	11,529	18,259	14,687	0.50%	0.60%	0.49%
Vision	4,409	50,042	42,601	0.19%	1.65%	1.44%
Total	**2,302,057**	**3,037,440**	**2,968,608**	**100%**	**100%**	**100%**

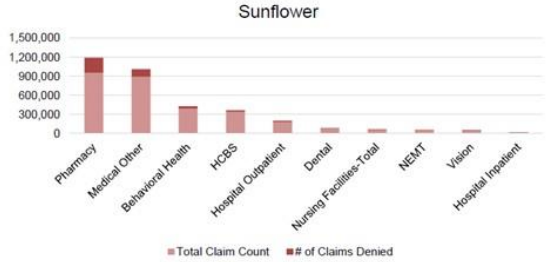
Service Type	Count of Denied Claims			% of All Denied Claims by Service Type		
	ABH	SUN	UHC	ABH	SUN	UHC
Pharmacy	296,858	232,276	188,028	66.55%	51.46%	41.56%
Medical Other	102,691	120,767	163,260	23.02%	26.76%	36.09%
Hospital Outpatient	23,851	20,632	38,297	5.35%	4.57%	8.47%
Dental	8,487	6,996	14,457	1.90%	1.55%	3.20%
HCBS	4,362	23,577	8,245	0.98%	5.22%	1.82%
Behavioral Health	4,066	32,134	24,203	0.91%	7.12%	5.35%
Nursing Facilities-Total	2,887	3,678	6,966	0.65%	0.81%	1.54%
Hospital Inpatient	2,400	4,464	2,946	0.54%	0.99%	0.65%
Vision	386	6,300	5,493	0.09%	1.40%	1.21%
NEMT	93	540	513	0.02%	0.12%	0.11%
Total	**446,081**	**451,364**	**452,408**	**100%**	**100%**	**100%**

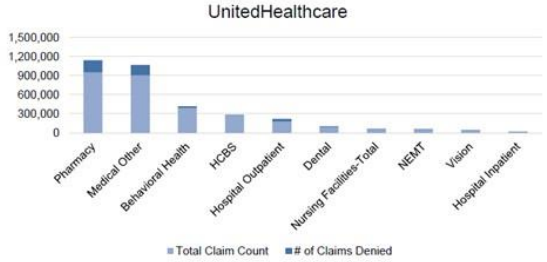
KanCare Update December 2021

Total Claims & Denied Claims (YTD January - June 2021)



Pharmacy has the highest percentage of denied claims across the program because it is a point-of-sale service.

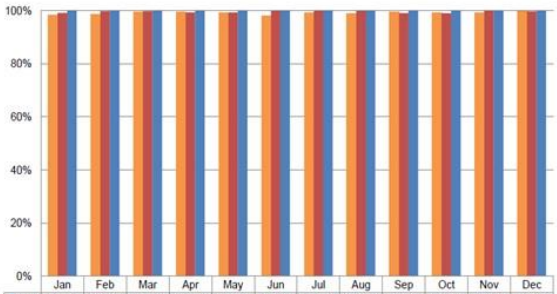




KanCare Update December 2021

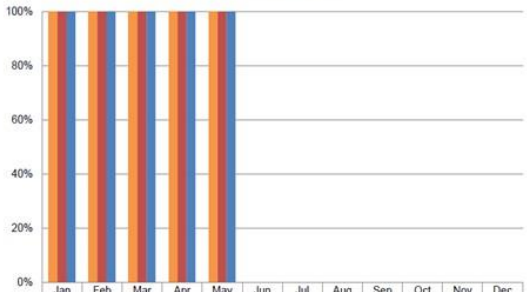
Clean Claims Processed ≤ 30 Days

2020 Clean Claims



	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
ABH	98.34%	98.73%	99.48%	99.50%	99.17%	98.20%	99.16%	98.96%	99.43%	99.11%	99.27%	99.87%
SUN	99.17%	99.81%	99.82%	99.38%	99.38%	99.86%	99.87%	99.91%	99.15%	99.04%	99.89%	99.74%
UHC	100.00%	100.00%	99.97%	99.99%	100.00%	99.98%	99.99%	99.99%	99.99%	99.98%	99.98%	99.87%

2021 YTD Clean Claims



	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
ABH	99.95%	99.91%	99.93%	99.95%	99.95%							
SUN	99.84%	99.87%	99.85%	99.82%	99.83%							
UHC	99.86%	99.97%	99.98%	99.98%	99.99%							

The contract standard is 100% of clean claims will be processed within 30 days. A clean claim is a claim that can be paid or denied with no additional intervention required. Clean claims do not include adjusted or corrected claims, claims that require documentation for processing (e.g., consent forms, medical records, etc.), claims from new out-of-network providers, or claims where a plan's updated policy changes were not received by the state at least 30 days before the effective date.

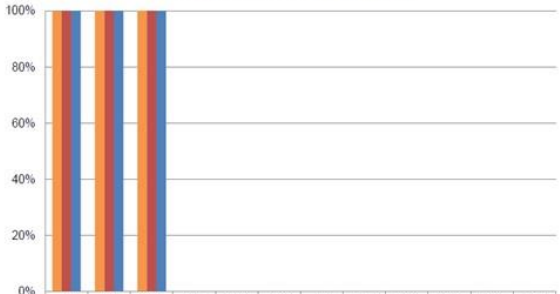
KanCare Update December 2021

Claims Processed Within 60-90 Calendar Days

2021 Processed in ≤ 60 Days

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
ABH	98.93%	99.98%	99.94%	99.98%								
SUN	99.59%	99.96%	99.85%	99.86%								
UHC	99.99%	99.81%	99.98%	99.89%								

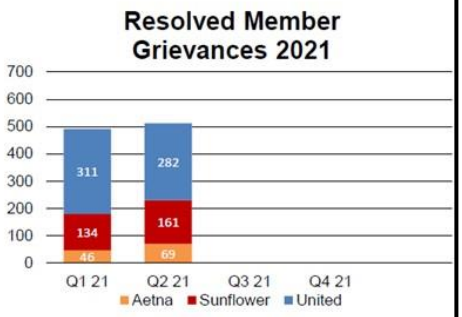
2021 Processed in ≤ 90 Days



	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
ABH	99.8%	100.0%	100.0%									
SUN	100.0%	100.0%	100.0%									
UHC	100.0%	100.0%	100.0%									

The contract standard is 100% of clean claims will be processed within 30 days; 99% of non-clean claims will be processed within 60 calendar days; and 100% of non-clean claims will be processed within 90 calendar days.

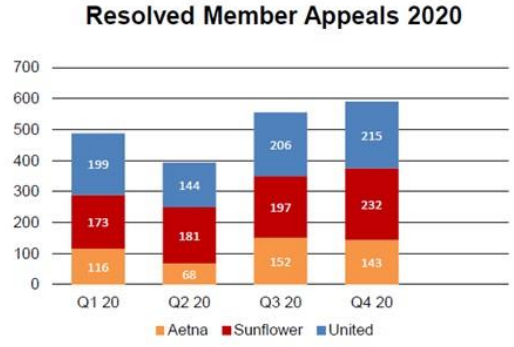
KanCare Update December 2021

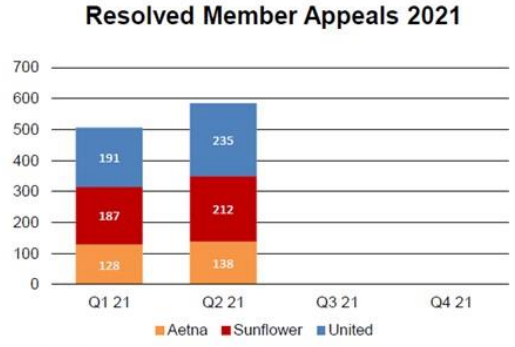


2021 2nd Qtr Member Grievance Top 5 Trends

Aetna		Sunflower		United	
Total # of Resolved Grievances	69	**Total # of Resolved Grievances**	161	**Total # of Resolved Grievances**	282
Trend 1: Transportation – Other	20%	Trend 1: Transportation – Other	23%	Trend 1: Billing/Financial Issues (non-transportation)	26%
Trend 2: Quality of Care (non HCBS Providers)	19%	Trend 2: Transportation – No Show	19%	Trend 2: Transportation – Other	15%
Trend 3: Billing/Financial Issues (non-transportation)	17%	Trend 3: Transportation – Late	16%	Trend 3: Quality of Care (non HCBS Providers)	11%
Trend 4: Access to Service or Care	13%	Trend 4: Quality of Care (non HCBS Providers)	12%	Trend 4: Transportation – No Show	11%
Trend 5: Transportation – No Show	13%	Trend 5: Customer Service	6%	Trend 5: Transportation – Late	9%

KanCare Update December 2021



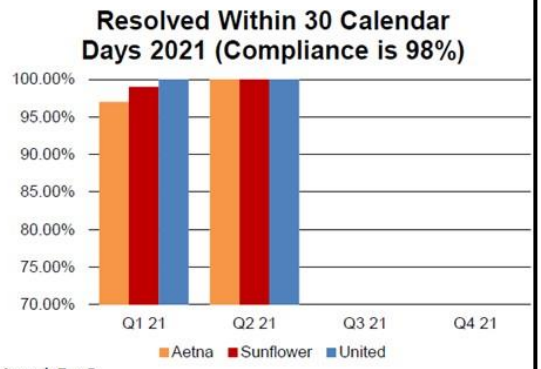


2021 2nd Qtr Member Appeals Top 5

Aetna		Sunflower		United	
Total # of Resolved Member Appeals	138	Total # of Resolved Member Appeals	212	Total # of Resolved Member Appeals	235
1: Criteria Not Met – Pharmacy	51%	1: Criteria Not Met – Radiology	37%	1: Criteria Not Met – Pharmacy	57%
2: Criteria Not Met– Radiology	21%	2: Criteria Not Met – Pharmacy	28%	2: Criteria Not Met - Inpatient Admissions (Non-Behavioral Health)	14%
3: Criteria Not Met – Medical Procedure	8%	3: Criteria Not Met – Other	9%	3: Criteria Not Met – Durable Medical Equipment	7%
4: Criteria Not Met – Other	7%	4: Criteria Not Met – Durable Medical Equipment	8%	4: Criteria Not Met – Dental	4%
5: Criteria Not Met – Durable Medical Equipment	6%	5: Criteria Not Met – PT/OT/ST	4%	5: Criteria Not Met – Medical Procedure	4%

KanCare Update December 2021

Provider Appeals



2021 2nd Qtr Provider Appeals Top 5

Aetna		Sunflower		United	
Total # of Resolved Provider Appeals	466	**Total # of Resolved Provider Appeals**	1,471	**Total # of Resolved Provider Appeals**	829
1: Claim Payment Denied – Medical (Physical Health not Otherwise Specified)	38%	1: Claim Payment Denied – Medical (Physical Health not Otherwise Specified)	27%	1: Claim Payment Denied – Medical (Physical Health not Otherwise Specified)	31%
2: Criteria Not Met – Hospital Inpatient (Non-Behavioral Health)	17%	2: Claim Payment Denied – Laboratory	21%	2: Claim Payment Denied – Hospital Inpatient (Non-Behavioral Health)	21%
3: Claim Payment Denied – Durable Medical Equipment	10%	3: Claim Payment Denied – Hospital Outpatient (Non-Behavioral Health)	10%	3: Claim Payment Denied – Laboratory	14%
4: Claim Payment Denied – Hospital Outpatient (Non-Behavioral Health)	9%	4: Claim Payment Denied – Hospital Inpatient (Non-Behavioral Health)	9%	4: Claim Payment Denied – Home Health	8%
5: Claim Payment Denied – Laboratory	8%	5: Claim Payment Denied – Durable Medical Equipment	6%	5: Claim Payment Denied – Hospital Outpatient (Non-Behavioral Health)	7%

KanCare Update December 2021

KanCare

MCO Profit and Loss per NAIC Filings

For the Quarter Ended June 30, 2021

	Aetna	Sunflower	United	Total
Total Revenues	$552,088,294	$882,190,432	$730,495,578	$2,164,774,304
Total hospital and medical	$440,336,978	$710,309,797	$611,348,748	$1,761,995,523
Claims adjustments, General Admin., Increase in reserves	$74,284,902	$138,873,800	$88,398,952	$301,557,654
Net underwriting gain (loss)	$37,466,414	$33,006,835	$30,747,878	$101,221,127
				$0
Net income (loss) after capital gains tax & before all other federal income taxes	$40,243,844	$33,994,370	$30,747,878	$104,986,092
Federal and foreign income tax/(benefit)	$7,533,278	$7,015,883	$5,489,303	$20,038,464
Add Back Change to Reserves				$0
Adjusted Net income (loss)	$32,710,566	$26,978,487	$25,258,575	$84,947,628
GP before income tax	**7.3%**	**3.9%**	**4.2%**	**4.8%**

*Per NAIC filings, which do not necessarily reflect how program is priced

Eligibility Update

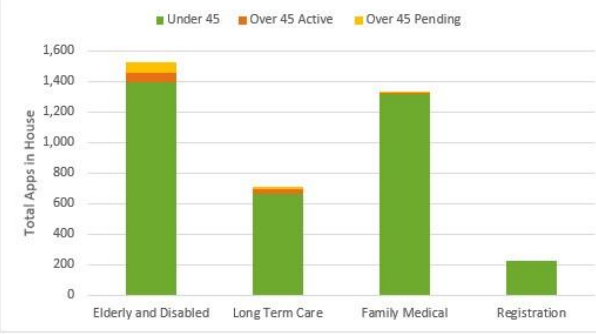
Christiane Swartz, Director of Medicaid Operations

- Medicaid Eligibility Applications Update
- Federally Facilitated Marketplace Open Enrollment Update
- Transition of Medicaid Application Eligibility Processing
  - KDHE Staffing Update
- Status of Clearinghouse contract
- Preparation for the eventual end of the PHE

KanCare Update December 2021

Medicaid Eligibility Application Status

- 3,786 total applications in house
  - 189 applications over 45 days, 5% of total applications; 105 applications (3% of total) over 45 days in active status – ready to be processed
  - 84 applications (2% of total) over 45 days in pending status – waiting for more information from applicant/provider/financial institution



	Under 45	Over 45 Active	Over 45 Pending	Total
Elderly and Disabled	1,390	64	67	1,521
Long Term Care	661	34	14	709
Family Medical	1,320	7	3	1,330
Registration	226	0	0	226
Total	3,597	105	84	3,786

	Under 45	Over 45 Active	Over 45 Pending	Total
Elderly and Disabled	91.4%	4.2%	4.4%	100.0%
Long Term Care	93.2%	4.8%	2.0%	100.0%
Family Medical	99.2%	0.5%	0.2%	100.0%
Registration	100.0%	0.0%	0.0%	100.0%
Total	95.0%	2.8%	2.2%	100.0%

Federally Facilitated Marketplace Open Enrollment Status

- The Federally Facilitated Marketplace yearly open enrollment which ended on 12/15 was followed by 2 Special Enrollment periods
- The second Special Enrollment period ended on August 15, 2021.

KDHE Clearinghouse Staffing

- Filled most positions as part of the transition of the processing of the Elderly, Disabled, and Long Term care medical program applications to KDHE
  - Continue recruiting and hiring for eligibility staff
  - Continue conducting Training classes for new hires and existing staff

Department	Number of Staff
KDHE Training & Quality	27 – ongoing 27 – hired 0 – vacancy
KDHE Eligibility Staff (Elderly & Disabled, Long Term Care Medical Programs)	253 - ongoing 23 Supervisors hired 158 Eligibility staff hired 71 Eligibility staff vacancies 1 Supervisor vacancy
KDHE Operations	30 - ongoing 29 - hired 1 vacancies
Total	310 staff Vacancies 73 (about 24%)

Clearinghouse Contract Update

- MAXIMUS continued to operate the Eligibility Clearinghouse, processing Family Medical applications through the end of its contract period (12/31/20).
- CONDUENT took over operations of the Eligibility Clearinghouse on 01/01/21, and has completed the first 8 months of operations.
  - Despite an extremely aggressive implementation timeline of 4 months, the transition from MAXIMUS to CONDUENT was very smooth.
  - No disruption in services occurred. Any issues identified post implementation were immediately addressed and resolved.
  - The transition had no impact on our ability to process applications within the statutory timelines and the clearinghouse is ready to continue managing the Special Enrollment Periods.
  - The agency oversees the daily performance of the contractor. During the first 8 months of operations, performance has steadily improved from month to month.

KanCare Update December 2021

Preparation for the eventual end of the PHE

Eligibility staff started planning for the eventual end of the federal public health emergency (PHE) and transition back to normal operations:

- Mitigation/management of increased workload: Due to the continuous enrollment requirement under section 6008 of the FFCRA, we will be faced with a large number of eligibility and enrollment actions including resumption of processing renewals that have accumulated since March 2020. CMS has issued guidance to assist the States and are conducting weekly technical assistance webinars.
- Clean up efforts to reverse actions taken to ensure continuous enrollment.
- Review of COVID-19 related eligibility policies and assess for retention or discontinuance.

Thank You/Questions

KDADS:

KDADS Updates

Presentation to
KanCare Advisory Council Meeting & Public Hearing
Date: December 7, 2021
Time: 2:00-4:00 pm

Updates
Department for Aging and Disability Services

Janis DeBoer, Deputy Secretary

Kansas Department for Aging and Disability Services

September 22, 2021

Priorities and Issues

- CMS 10% FMAP Bump for Medicaid community-based services with a focus on HCBS and PACE programs – Narrative and Spending Plans submitted
- SAMHSA Block Grant federal relief fund opportunities – Plans submitted
- Nursing Facilities for Mental Health (NFMHs) Pre-Litigation Settlement Agreement – signed
- Planning and Implementation Associated with Certified Community Behavioral Health Clinics (CCBHCs)
- Addressing Workforce Issues, including at State Hospitals
- Ongoing management of Covid-related issues

Kansas Department for Aging and Disability Services

Agreement - Nursing Facilities for MH

- Kansas has ten state-funded nursing facilities for mental health (NF-MH), serving around 600 persons
- In August, the State announced a pre-litigation agreement with the Disability Rights Center of Kansas (DRC) and several national disability rights organizations in response to a demand letter issued in June, 2020 to Sec. Lee Norman and Sec. Laura Howard
- The demand letter alleged discrimination against persons with mental illness in violation of Title II of the Americans with Disabilities Act and other federal laws
- Over the last 10 months, all involved parties have met to see if we could reach an amicable path to address the issues in the demand letter
- The agreement focuses on enhancing informed choice and providing additional community options

Agreement - Nursing Facilities for MH

- **3 Outcomes/8 Practice Improvements.** The agreement provides for 3 outcomes with targeted goals for the next five years; and 8 practice improvements to be phased in over 8 years, with most completed in 1 – 5 years.
  - The outcomes focus on diversion, reducing long-term average lengths of stay, and increasing the number of residents who are discharged and successfully remain in the community.
  - The practice improvements are about informed choice, person-centered planning, a reformed PASSR process, employment, assertive community treatment and supported housing
- **Funding** in the approved FY 22 budget and policies supported by the 2021 Legislature cover most elements of the Agreement. Bridge funding through some one-time federal block grants funds will be used to 'kick start' some elements. CCBHC implementation covers many elements in the future.
- The agreement requires no specific spending levels, allows for renegotiation/mediation if circumstances change
- Parties agree not to initiate any class action litigation during the pendency of the Agreement.

Priorities and Issues
Nursing Facility Receiverships

- KDADS took 22 adult care homes into receivership due to insolvency or because life-threatening or endangering conditions existed at the facilities.
- The Receivership Statute was updated during the 2019 legislative session: K.S.A. 39-954.
- Of the twenty-two nursing facilities in receivership:
  - One facility closed in 2018, one sold in early 2019.
  - The fifteen Skyline facilities sold effective October 1, 2019.
  - One of the three Pinnacle Receivership facilities sold November 1, 2019.
  - One facility sold June 1, 2020.
  - One facility sold in August 2020.
  - A facility sold in February 2021.
  - One facility remains on the market for sale.

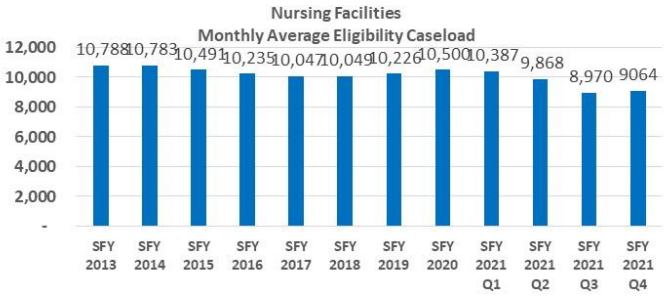
Kansas Department for Aging and Disability Services

Nursing Facilities Medicaid Participation and Monthly Average Eligibility Caseload

- 325 licensed Nursing Facilities with 97.5% Medicaid participation as of July 29, 2021

Nursing Facilities
Medicaid Participation

Region	NF	NFMH	LTCU	Total
NE	76	6	4	86
NW	66		11	77
SE	74	3	3	80
SW	67	1	6	74
Total	283	10	24	317



Kansas Department for Aging and Disability Services

HCBS Waiver Enrollment—July 2021

HCBS Program	Number of People Eligible to Receive HCBS Services	Number of People on Wait List	Number of Proposed Recipients
Autism	44		350 (As of 07/31/2021)
Serious Emotional Disturbance (SED)	3,416		
Technology Assisted (TA)	623		
Frail Elderly (FE)	5,820		
Brain Injury (BI)*	764		
Intellectual and Developmental Disabilities (I/DD)	9,116	4,523	
Physical Disability (PD)	6,041	2,191	

Notes:
- Data as of August 16, 2021
- The HCBS Monthly Summary is posted under Monthly Waiver Program Participation Reports at http://kdads.ks.gov/commissions/home-community-based-services-(hcbs)

Kansas Department for Aging and Disability Services

HCBS Waiver Projects in 2021

In addition to the day-to-day management of the seven HCBS Waiver programs, KDADS will focus on the following initiatives during 2021:

- 10% FMAP Enhancement Projects
- Final Settings Rule Compliance
- Brain Injury Waiver Policies
- Autism Task Team
- Autism and SED Waiver Renewals (renews in 2022)

Kansas Department for Aging and Disability Services

10% FMAP Enhancement Projects

KDADS is expected to draw down approximately $80.3 million in additional federal match for Home and Community Based Services (HCBS) which must be reinvested in HCBS-related initiatives.

In order to determine how to invest the funding, KDADS leveraged several guiding principles:

Maximize benefit to Kansas citizens

Ensure equity. Support full spectrum of eligible HCBS populations. Target underserved & minority populations.

Balance direct and indirect investments. Mix member services support with foundational enablers.

Invest in lasting impact and change

Balance near- and long-term benefits. Mix one-time benefits with systemic changes.

Measure, track & report impact. Compare future metrics to baseline to prove impact.

Prioritize sustainable initiatives.
Invest in continuity after funding is exhausted (e.g., initiatives with cost savings).

Ensure flexibility to meet evolving needs

Incorporate ability to scale pilot programs up or down. Align on decision milestone & leverage impact metrics.

Leverage flexibility of initial spending plan to re-evaluate needs during implementation process.

Fully utilize *all* Federal funding

Use all one-time funding. Slightly frontload expenditures and ensure exhaust funding by 2024.

Comply with requirements. Ensure compliance with Federal requirements where they exist.

Kansas Department for Aging and Disability Services

10% FMAP Enhancement Projects

KDADS gathered ideas from several key stakeholders across Kansas:

Advocacy groups
e.g., Interhab, Big Tent Coalition

Service providers
e.g., Aging and Disability Resource Centers, Managed Care Organizations

Government agencies
e.g., KDADS

Educational institutions
e.g., University of Kansas Lifespan Institute

Kansas Department for Aging and Disability Services

10% FMAP Enhancement Projects

The long list of ideas was narrowed down into three priority investment areas based on size of need and alignment to principles:

Workforce

Improve DSW **retention and training** leading to enhanced capacity, quality of care, and career opportunities

Employment

Support disabled workers to **find integrated jobs** at employers who pay fair minimum wage

Access to care

Expand accessibility to HCBS through **transition management**, & increased **capacity**

Kansas Department for Aging and Disability Services

11

10% FMAP Enhancement Projects

Workforce

Workforce Initiatives account for approximately 71% of the project spending proposal.

Approximately $57.1 million is included in the Kansas Initial Spending Plan.

- Workforce Recruitment & Retention Bonus Program
- Training Grants
- Study & Design of Career Ladder

Kansas Department for Aging and Disability Services

12

10% FMAP Enhancement Projects

Employment

Employment Initiatives account for approximately 3% of the project spending proposal.

$2.0 million is included in the Kansas Initial Spending Plan.

- Create a Roadmap for Employment First in Kansas

10% FMAP Enhancement Projects

Access to care

Access to Care Initiatives account for approximately 26% of the project spending proposal.

$20.7 million is included in the Kansas Initial Spending Plan.

- Waiting List Study
- Transition Services
- Behavioral Management Training Pilot
- KDADS Final Settings Rule Staffing
- Remodeling Grants for Final Settings Rule
- Study TCM Models
- Mobile Crisis for I/DD
- SIM Consultant

HCBS Final Rule

Community Connections

What is the HCBS Settings Final Rule?

- Published in the Federal Register on January 16, 2014.
- The HCBS Settings Final Rule defines the qualities of settings that are eligible to receive HCBS funding.
- The Final Rule is designed with the intent to improve people's quality of life, increase their choices for services and settings, and provide them with more protections.
- Aims to ensure that individuals receiving long-term services and supports through home and community based service programs have full access to benefits of community living and the opportunity to receive services in the most integrated setting appropriate.
- The Final Rule applies to all settings where Home and Community Based Services are delivered.
- HCBS Settings include non-residential settings, such as adult day service centers, as well as residential settings, such as assisted living facilities.
- HCBS Settings are required to come into compliance by March 17, 2023.

Autism Task Team

Secretary Howard asked KDADS to work closely with KDHE and DCF to establish an Autism Task Team.

A contract was secured with KHI in August to assist with facilitation.

The first meeting was held on August 31, 2021.

The Autism Task Team, which will convene between August 2021-January 2022, is comprised of various professionals and those with personal experiences and is charged to develop recommendations to the Secretary for Aging and Disability Services on autism services in Kansas. The Kansas Health Institute, a nonpartisan and neutral educational organization, will be providing administrative support and facilitation services. KDADS need your assistance in asking, "how might we."

Administrative Case Management

Administrative Case Management provides eligibility and enrollment assistance to individuals who have been found functionally eligible for the Brain Injury, Physical Disability, and Frail Elderly waivers, as well as PACE.

- Administrative Case Management services launched statewide on May 1, 2020.

Administrative Case Management

CY 2021	# Unduplicated Served	# Units	# Hours
January	565	2,387	596.75
February	640	3,020	755.00
March	689	3,443	860.75
April	651	2,713	678.25
May	589	2,792	698.00
June	557	3,134	783.50
Total		17,489	4,372.25

Kansas Department for Aging and Disability Services

17

Program of All-Inclusive Care for the Elderly (PACE)

PACE Enrollment

PACE Program	Enrollment
Ascension Via Christi Hope	279
Midland Care	386
Bluestem Communities	93
Total PACE Enrollment	758

Note: Data as of August 1, 2021.

Kansas Department for Aging and Disability Services

18

Program of All-Inclusive Care for the Elderly (PACE)

Via Christi Hope	Midland Care	Bluestem Communities
• Sedgwick	• Douglas • Jackson • Jefferson • Leavenworth • Lyon • Marshall • Nemaha • Osage • Shawnee • Pottawatomie • Wabaunsee • Wyandotte	• McPherson • Ottawa* • Saline • Rice* • Marion • Reno* • Harvey

*PACE is available in limited zip codes within these counties.

Kansas Department for Aging and Disability Services

Psychiatric Residential Treatment Facilities

- Current MCO wait list as of 9/2/21 was 106, which is down from the previous report.
  - Of the 106 individuals, 24 were in foster care which is down from the previous report.
- Current number of PRTF licensed beds is 424 an increase of 12 with the licensing of the new PRTF at Emberhope in July. 127 of these beds are not being used by providers due mainly to staffing shortages. Current census is 297 total, of which 78 are foster care youth.
- KDADS has solicited PRTFs and MCOs for ideas to address staffing shortages, those ideas are being reviewed to determine how KDADS might be able to assist in their implementation.
- PRTF Regulations are being reviewed for fiscal impact and to determine if a public hearing is required.
- KDADs continues to meet with MCOs and DCF weekly to review individual cases on the wait list.

Kansas Department for Aging and Disability Services

Psychiatric Residential Treatment Facilities cont.

The average number of days on PRTF Waitlist for foster care youth was calculated for the time frame 1/1/21 to 6/30/21 providing a 6 month working average:

Aetna- 33 days
Sunflower- 32 days
United- 18 days

All three MCOs continue to make good progress on connecting youth with community-based services while they are waiting on PRTF admission.

Hays Children's Hospital RFP

- KDADS continues to work with an organization to open a licensed facility in Hays.

Kansas Family Response

Working with KDHE and DCF, KDADS has assisted in the development of mobile crisis KanCare policy and State Plan Amendment for the Kansas Family Response which will launch on October 1st.

The program utilizes Beacon Health Options as a contractor to receive crisis calls and dispatch mobile crisis services. Providers then bill the MCOs for services covered by KanCare.

KDADS is providing state funding to help with the training and development of the provider network and to help cover services to the uninsured.

KDADS will also be adding state funding to assist with the provision of services to the uninsured and adult populations.

Its anticipated that these crisis services will reduce the need for hospitalizations and PRTF admissions.

Kansas Department for Aging and Disability Services

23

CCBHC updates

KDADS and KDHE continue to work together to implement readiness for CCBHC certification by May 2022.

KDADS and KDHE have been meeting with National Council and ACMHCK to prepare for CCBHC certification. KDADS has posted CCBHC positions which were funded and will have those positions filled soon. KDHE has engaged in planning with KDADS around the development of a timeline for submitting the required State Plan Amendments and developing KanCare policy needed for the MCOs to begin setting up PPS1 payments for the CCBHCs.

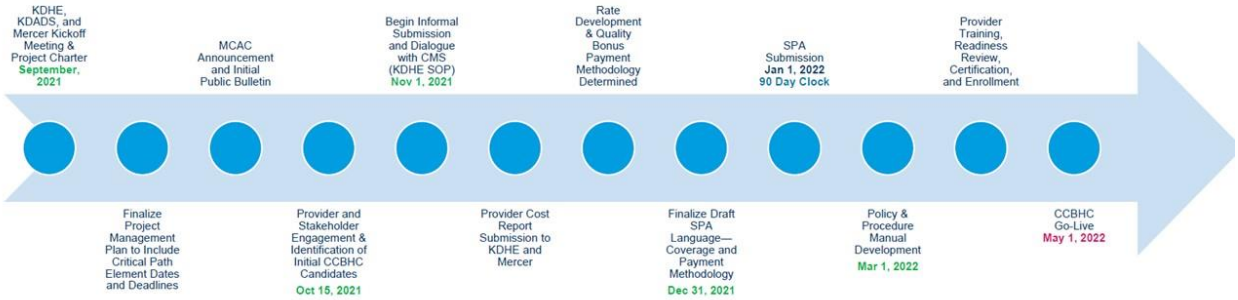
KDADS has awarded grants to CMHCs that are working towards CCBHC certification and continues to work to provide support like PsychArmor's training for CMHC staff on veteran/military cultural competency, and training on EBPs and Crisis Services required in CCBHC criteria.

KDADS has also been working to establish state specific criteria, a list of covered services, and a readiness evaluation process. KDADS surveyed CMHCs in Kansas and identified 12 CMHCs that are interested in trying to be certified in FY 22.

Kansas Department for Aging and Disability Services

24

Kansas CCBHC Timeline



Note: Timeline is not to scale

Mercer

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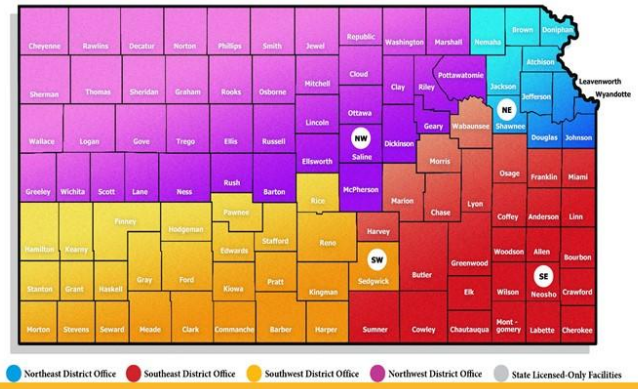
KDADS Survey and Certification Commission

- 326 Certified Nursing Facilities (NFs) in Kansas
- 3 Adult Day Care
- 2 Boarding Care Homes
- 128 Assisted Living Facilities
- 176 Home Plus Facilities
- 49 Residential Health Care Facilities
- 101 NFs with an attached State Licensed Only (SLO) facility
- 6 SLO Staff and 2 Vacancies
- 37 Certified Staff and 17 Vacancies
- Kansas only employees Registered Nurses for Long Term Care Surveys
- The average salary of a Kansas surveyor once they have become LTCSP certified is $53,000 annually
- Average of 62 beds per home in Kansas.

Survey, Certification and Credentialing Commission District Offices



Kansas Department for Aging and Disability Services

Priorities and Issues
Adult Care Homes

Kansas Department of Health and Environment Long-Term Care Facility Staff Vaccination Coverage Dashboard

The Kansas Department of Health and Environment's (KDHE)'s **Long-Term Care Facility Staff Vaccination Coverage Dashboard** provides a view of the healthcare personnel vaccination rates for Kansas's federally licensed long-term care facilities (LTCFs). The goal of the Kansas Department for Aging and Disability Services (KDADS) is to reach a vaccination rate of at least 90% among healthcare personnel in all LTCFs.

The dashboard includes both a map view and a table view. The map view of the dashboard categorizes federally licensed LTCFs into four categories based on healthcare personnel vaccination rates:

- Below 50%
- 50-70%
- 70-90%
- Above 90%

The table view provides a list of all federally licensed LTCFs and their healthcare personnel vaccination rates.

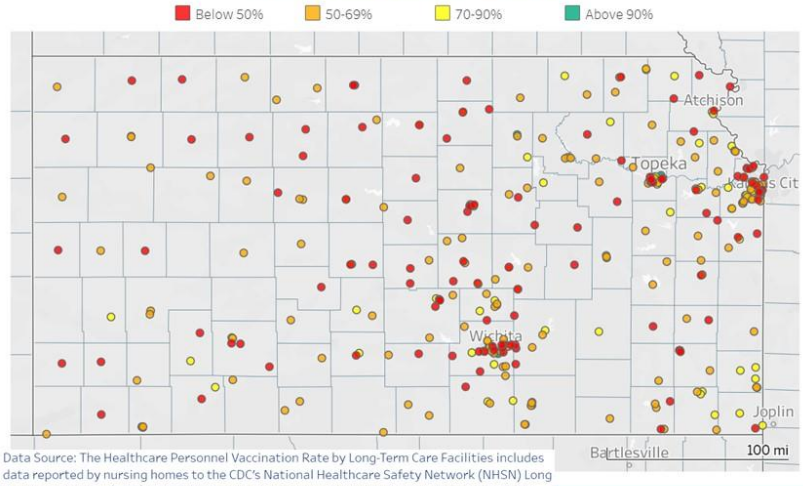
The dashboard includes the most recent healthcare personnel vaccination rate data available from the Centers for Medicare & Medicaid Services (CMS). CMS publishes data reported by nursing homes to the Centers for Disease Control and Prevention (CDC)'s National Healthcare Safety Network (NHSN) on a weekly basis; the data is typically published 11 days after being submitted. More information is available on the CMS website.

Kansas Department for Aging and Disability Services

27

Priorities and Issues
Adult Care Homes

Kansas Long-Term Care Facilities
COVID-19 Staff Vaccination Coverage



Data Source: The Healthcare Personnel Vaccination Rate by Long-Term Care Facilities includes data reported by nursing homes to the CDC's National Healthcare Safety Network (NHSN) Long Term Care Facility (LTCF) COVID-19 Module: Surveillance Reporting Pathways and COVID-19 Vaccinations.

Kansas Department for Aging and Disability Services

28

Recruiting and Retaining Staff
Larned State Hospital

While the overall LSH vacancy rate has decreased, Larned continues to struggle to fill positions. LSH recruits most heavily to fill direct care positions. However, the vacancy rates remain high in direct care areas; the lowest direct care vacancy rate is in the Safety and Security Department, which received the greatest pay increase in 2020 with Executive Directive (19-510).

Direct Care Staff Vacancy Rates as of 07/28/2021

RN	52.6%
LPN/LMHT	52.4%
MHDD	40.1%
Security	22.1%

Overall LSH Vacancy Rates over time

6/10/2020	34.7%
9/16/2020	33.8%
11/25/2020	30.8%
01/01/2021	33.8%
03/31/2021	32.1%
07/28/2021	35.0%

In addition to the direct care positions, LSH struggles to hire other positions, including support services as well as clinical positions which directly impact patient care. LSH is recruiting to fill five Activity Therapy positions, eight Social Services positions and eight Psychology positions.

Kansas Department for Aging and Disability Services

29

After the presentations from both KDHE and KDADS, participants were offered the opportunity to present questions or comments for discussion. There were no comments or questions from the public at the Annual Public Forum. Director Sarah Fertig thanked all participants for joining the Public Forum.

Physical Health Measures, MY 2016 to 2020										
Measure	**HEDIS Aggregated Results**					**Quality Compass ≥50th Percentile**				
	2016	**2017**	**2018**	**2019**	**2020**	**2016**	**2017**	**2018**	**2019**	**2020**
Adults' Access to Preventive/Ambulatory Health Services (AAP)										
Ages 20–44	82.6%	83.6%	^ 83.1%	84.2%	**81.6%**	↑	↑	↑	↑	↑
Ages 45–64	91.3%	90.7%	^ 90.4%	91.4%	**89.8%**	↑	↑	↑	↑	↑
Ages 65 and older	90.1%	90.9%	^ 91.3%	91.3%	**87.2%**	↑	↑	↑	↑	↑
Total – Ages 20 and older	86.1%	86.7%	^ 86.6%	87.7%	**84.9%**	↑	↑	↑	↑	↑
Annual Dental Visit (ADV)										
Ages 2–3	45.8%	46.6%	45.8%	47.7%	**38.7%**	↑	↑	↑	↑	↑
Ages 4–6	69.2%	70.7%	71.2%	72.1%	**58.8%**	↑	↑	↑	↑	↑
Ages 7–10	72.7%	73.7%	74.9%	75.8%	**64.2%**	↑	↑	↑	↑	↑
Ages 11–14	66.4%	67.7%	68.6%	70.1%	**58.8%**	↑	↑	↑	↑	↑
Ages 15–18	57.2%	58.7%	59.5%	60.7%	**51.6%**	↑	↑	↑	↑	↑
Ages 19–20	33.1%	33.9%	35.5%	37.0%	**33.0%**	↓	↓	↓	↓	↑
Total – Ages 2–20	63.7%	64.8%	65.4%	66.7%	**55.3%**	↑	↑	↑	↑	↑
Initiation in Treatment for Alcohol or other Drug Dependence (IET) *(CMS Core Quality Measure)*										
Ages 13–17	50.2%	* 43.6%	43.4%	47.9%	**52.0%**	↑	↑	↑	↑	↑
Ages 18 and older	40.1%	* 34.7%	35.3%	40.2%	**43.4%**	↓	↓	↓	↓	↓
Total – Ages 13 and older	41.4%	* 35.8%	36.2%	41.2%	**44.3%**	↑	↓	↓	↓	↓
Engagement in Treatment for Alcohol or other Drug Dependence (IET) *(CMC Core Quality Measure)*										
Ages 13–17	27.5%	* 23.6%	21.5%	25.5%	**22.9%**	↑	↑	↑	↑	↑
Ages 18 and older	12.4%	* 10.4%	10.3%	11.9%	**11.7%**	↑	↓	↓	↓	↓
Total – Ages 13 and older	14.3%	* 12.0%	11.6%	13.6%	**12.9%**	↑	↓	↓	↓	↓
Prenatal and Postpartum Care (PPC) *(CMS Core Quality Measure)*										
Timeliness of Prenatal Care	68.4%	69.3%	* 75.5%	* 84.3%	**80.1%**	↓	↓	↓	↓	↓
Postpartum Care	58.0%	61.1%	58.2%‡	* 67.0%	**76.0%**	↓	↓	↓	↓	↓
Chlamydia Screening in Women (CHL) *(CMS Core Quality Measure)*										
Ages 16–20	41.0%	39.6%	37.5%	40.3%	**37.9%**	↓	↓	↓	↓	↓
Ages 21–24	52.8%	54.5%	54.9%	55.9%	**51.2%**	↓	↓	↓	↓	↓
Total – Ages 16–24	45.3%	45.1%	43.5%	45.3%	**42.2%**	↓	↓	↓	↓	↓
Adult BMI Assessment (ABA) *(CMS Core Quality Measure in 2016–2019)*										
	80.9%	86.5%	90.4%‡	88.8%‡	*retired*	↓	↓	↑	↓	
Weight Assessment & Counseling for Nutrition and Physical Activity for Children/Adolescents *(CMS Core Quality Measure)*										
Weight Assessment/BMI for Children and Adolescents (WCC)										
Ages 3–11	55.5%	64.3%	^66.3%‡	60.3%	**65.7%**	↓	↓	↓	↓	↓
Ages 12–17	56.9%	65.6%	^59.3%‡	60.4%	**64.2%**	↓	↓	↓	↓	↓
Total – Ages 3–17	56.0%	64.7%	^63.8%‡	60.3%	**65.1%**	↓	↓	↓	↓	↓
Counseling for Nutrition for Children and Adolescents (WCC)										
Ages 3–11	55.4%	60.6%	59.5%	58.8%	**59.1%**	↓	↓	↓	↓	↓
Ages 12–17	53.1%	56.7%	53.2%	60.9%	**56.7%**	↓	↓	↓	↓	↓
Total – Ages 3–17	54.7%	59.2%	57.2%	59.6%	**58.2%**	↓	↓	↓	↓	↓
Counseling for Physical Activity for Children and Adolescents (WCC)										
Ages 3–11	47.9%	51.9%	53.8%	50.6%	**52.1%**	↓	↓	↓	↓	↓
Ages 12–17	58.6%	57.8%	57.3%	62.2%	**61.3%**	↓	↓	↓	↓	↓
Total – Ages 3–17	51.5%	53.9%	55.0%	54.9%	**55.7%**	↓	↓	↓	↓	↓

↑ Rate is greater than or equal to the Quality Compass 50th percentile; ↓rate is less than the Quality Compass 50th percentile. Due to the COVID-19 pandemic having unequal impact on HEDIS rates across the nation, use caution when comparing 2019 and 2020 percentile rankings to prior years' rankings.

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† HEDIS rates greater than 50th percentile that indicate poor performance

‡ KanCare rates for measures are aggregation of only Sunflower Health Plan and United HealthCare

Physical Health Measures, MY2016–2020 (Continued)										
Measure	**HEDIS Aggregated Results**					**Quality Compass ≥50th Percentile**				
	2016	**2017**	**2018**	**2019**	**2020**	**2016**	**2017**	**2018**	**2019**	**2020**
Follow-Up after Hospitalization for Mental Illness (FUH) (CMS Core Quality Measure)										
Within 7 days of discharge	64.4%	* 59.0%	^ 55.3%	54.4%	**52.8%**	↑	↑	↑	↑	↑
Within 30 days of discharge		76.5%	* 74.6%	73.5%	**72.2%**			↑	↑	↑
Follow-Up Care for Children Prescribed ADHD Medication (ADD) (CMS Core Quality Measure)										
Initiation Phase	52.1%	49.5%	^ 48.7%	52.8%‡	**54.2%**	↑	↑	↑	↑	↑
Continuation & Maintenance Phase	61.4%	57.5%	^ 56.1%	59.9%‡	**61.4%**	↑	↑	↑	↑	↑
Adolescent Well Care Visits (AWC) *(CMS Core Quality Measure in 2016–2019)*										
	47.7%	53.3%	50.7%	56.5%	*retired*	↓	↓	↓	↓	
Child and Adolescent Well Care Visits (WCV) *(CMS Core Quality Measure in 2020)*										
Ages 3–11					**48.4%**					↓
Ages 12–17					**46.1%**					↑
Ages 18–21					**23.9%**					↓
Total					**45.2%**					↓
Well-Child Visits in the First 15 Months of Life (W15) *(CMS Core Quality Measure in 2016–2019)*										
0 visits	3.4%	2.9%	3.9%	2.7%‡		↑†	↑†	↑†	↑†	
1 visit	3.5%	3.4%	3.6%	3.2%‡		↑†	↑†	↑†	↑†	
2 visits	4.8%	4.1%	5.0%	5.2%‡		↑†	↑†	↑†	↑†	
3 visits	5.5%	6.5%	6.9%	5.0%‡	*retired*	↑†	↑†	↑†	↑†	
4 visits	8.6%	8.0%	9.9%	8.6%‡		↓	↓	↑	↑	
5 visits	15.5%	14.4%	15.9%	12.4%‡		↓	↓	↑	↓	
6 or more visits	58.6%	60.7%	54.8%	63.0%‡		↓	↓	↓	↓	
Well-Child Visits in the First 30 Months of Life (W30) *(CMS Core Quality Measure in 2020)*										
First 15 Months					**55.1%**					↑
Fifteen Months–30 Months					**65.3%**					↓
Controlling High Blood Pressure (CBP) *(CMS Core Qualilty Measure)*										
	52.1%	53.6%	* 58.6%‡	54.4%	***60.33%**	↓	↓	↓	↓	↑
Comprehensive Diabetes Care (CDC)										
HbA1c Testing *(CMS Core Quality Measure 2016–2019)*	85.8%	86.2%	^ 87.7%	85.8%	**85.2%**	↓	↓	↓	↓	↑
Eye Exam (Retinal)	64.4%	62.4%	^ 64.8%	62.9%	**61.5%**	↑	↑	↑	↑	↑
Medical Attention for Nephropathy	87.2%	88.8%	^ 86.7%	86.7%	*retired*	↓	↓	↓	↓	
HbA1c Control (<8.0%)	51.0%	55.0%	^ 54.9%	53.2%	**53.9%**	↑	↑	↑	↑	↑
HbA1c Poor Control (>9.0%) *(CMS Core Quality Measure)*	41.1%	35.3%	^ 36.8%	39.0%	**36.6%**	↓	↑	↑	↓	↑
Blood Pressure Control (<140/90)	57.9%	61.1%	^ 43.3%	58.5%	**59.3%**	↓	↓	↓	↓	↑
Appropriate Testing for Pharyngitis (CWP)										
Ages 3–17	61.2%	68.6%	73.3%	73.8%	**74.7%**	↓	↓	↓	↓	↓
Ages 18–64				63.6%	**64.2%**				↓	↓
Ages 65 and older *(too few to report)*										
Total				72.3%	**73.0%**				↓	↓

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‡ KanCare rates for measures are aggregation of only Sunflower Health Plan and United HealthCare

Physical Health Measures, MY2016–2020 (Continued)										
Measure	**HEDIS Aggregated Results**					**Quality Compass ≥50th Percentile**				
	2016	**2017**	**2018**	**2019**	**2020**	**2016**	**2017**	**2018**	**2019**	**2020**
Medication Management for People with Asthma (MMA) *(CMS Core Quality Measure in 2013-2017)*										
5–11 years of age	31.7%	37.9%	^ 38.5%	37.4%‡		↑	↑	↑	↑	
12–18 years of age	31.9%	36.3%	^ 37.8%	38.3%‡		↑	↑	↑	↑	
19–50 years of age	41.4%	46.5%	^ 47.3%	47.8%‡	*retired*	↑	↑	↑	↑	
51–64 years of age	60.1%	60.2%	^ 62.9%	52.5%‡		↑	↑	↑	↓	
Total – Ages 5–64	33.7%	39.2%	^ 40.4%	39.9%‡		↑	↑	↑	↑	
Appropriate Treatment for Upper Respiratory Infection (URI)										
Ages 3 months–17 years	79.2%	81.9%	86.6%	88.1%	**89.8%**	↓	↓	↓	↓	↓
Ages 18–64				77.2%	**81.3%**				↑	↑
Ages 65 and older				83.4%	**89.3%**				↑	↑
Total				86.5%	**88.6%**				↓	↓

↑ Rate is greater than or equal to the Quality Compass 50th percentile; ↓rate is less than the Quality Compass 50th percentile. Due to the COVID-19 pandemic having unequal impact on HEDIS rates across the nation, use caution when comparing 2019 and 2020 percentile rankings to prior years' rankings.

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† HEDIS rates greater than 50th percentile that indicate poor performance

‡ KanCare rates for measures are aggregation of only Sunflower Health Plan and United HealthCare

Calendar Year (CY) 2020 KanCare Pay for Performance (P4P) Measures: Aetna

Aetna

Measure	2020 target	2020 Rate	PP Change	>50th QC	Met/Not Met	2020 $$ % available	2020 $$ % earned	2020 Performance Targets Thresholds
MCO Data Sources								
Comprehensive Diabetes Care (CDC): CDC - HbA1c Control (< 8.0%)								Discontinued
Comprehensive Diabetes Care (CDC): HbA1c Poor Control (>9.0%)	33.44%	**41.36%**	-2.92	Yes	Met 100%	**7.14%**	**7.14%**	Rate ≥ 5 pps or ≥ 50th QC = 100%; ≥ 3pps = 50%
Childhood Immunization Status (CIS) - Combination 10	40.61%	**35.04%**	-0.57	No	Not Met	**7.14%**	**0.00%**	Rate ≥ 5 pps or ≥ 50th QC = 100%; ≥ 3pps = 50%
Immunizations for Adolescents (IMA) - Combination 2								Discontinued
Chlamydia Screening in Women (CHL)	48.69%	**40.65%**	-3.04	No	Not Met	**7.14%**	**0.00%**	Rate ≥ 5 pps or ≥ 50th QC = 100%; ≥ 3pps = 50%
Prenatal and Postpartum Care (PPC): Timeliness of Prenatal Care	87.24%	**77.37%**	-4.87	No	Not Met	**7.14%**	**0.00%**	Rate ≥ 5 pps or ≥ 50th QC = 100%; ≥ 3pps = 50%
Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life (W34)								Discontinued
Prenatal and Postpartum Care (PPC): Postpartum Care	72.64%	**76.64%**	9.00	Yes	Met 100%	**7.14%**	**7.14%**	Rate ≥ 5 pps or ≥ 50th QC = 100%; ≥ 3pps = 50%
Cervical Cancer Screening (CCS)	49.28%	**49.88%**	5.60	No	Met 100%	**7.14%**	**7.14%**	Rate ≥ 5 pps or ≥ 50th QC = 100%; ≥ 3pps = 50%
Annual Dental Visit (ADV)								Discontinued
Lead Screening in Children (LSC)	49.44%	**51.34%**	6.90	No	Met 100%	**7.14%**	**7.14%**	Rate ≥ 50th QC or 5pp increase = 100%; 3 pp increase = 62.5%; Valid Rate = 50%
State Data Sources – KDADS								
Residents of a NF or nursing facility for mental health (NFMH) receiving antipsychotic medication	≤12.00%	**12.53%**	0.40	NA	Not Met	**7.14%**	**7.14%**	Rate ≤ 12% = 100%; decrease ≥ 1pps = 50%
Decreased Percentage of Members Discharged from a NF Having Hospital Admission Within 30 Days	≤12.00%	**11.42%**	0.97	NA	Met 100%	**7.14%**	**0.00%**	Rate ≤ 12% = 100%; decrease ≥ 1pps = 50%
Use of Multiple Concurrent Antipsychotics in Children and Adolescents (APC)								Discontinued
Peer Support services utilization for Behavioral Health services	12.50%	**3.69%**	NA	NA	Not Met	**7.14%**	**0.00%**	Rate ≥ 12.50% = 100%
Residents of a NF or NFMH discharged to a community setting	≥55.00%	**51.28%**	NA	NA	Not Met	**14.29%**	**0.00%**	Rate ≥ 50% = 100%
State Data Sources – KDHE								
% covered services accurately submitted via encounter within 30 days of claim paid date - Q1	98.00%	**93.02%**	NA	NA	Not Met	**1.79%**	**0.00%**	Rate ≥ 98.00% = 100%; Rate ≥ 95.00% = 50%
% covered services accurately submitted via encounter within 30 days of claim paid date - Q2	98.00%	**88.09%**	NA	NA	Not Met	**1.79%**	**0.00%**	Rate ≥ 98.00% = 100%; Rate ≥ 95.00% = 50%
% covered services accurately submitted via encounter within 30 days of claim paid date - Q3	98.00%	**92.74%**	NA	NA	Not Met	**1.79%**	**0.00%**	Rate ≥ 98.00% = 100%; Rate ≥ 95.00% = 50%
% covered services accurately submitted via encounter within 30 days of claim paid date - Q4	98.00%	**74.63%**	NA	NA	Not Met	**1.79%**	**0.00%**	Rate ≥ 98.00% = 100%; Rate ≥ 95.00% = 50%
% of reported financial reflecting service payments that are matched by an encounter record submitted by the MCO - Q1	98.00%	**98.31%**	NA	NA	Met 100%	**1.79%**	**1.79%**	Rate ≥ 98.00% = 100%; Rate ≥ 95.00% = 50%
% of reported financial reflecting service payments that are matched by an encounter record submitted by the MCO - Q2	98.00%	**98.48%**	NA	NA	Met 100%	**1.79%**	**1.79%**	Rate ≥ 98.00% = 100%; Rate ≥ 95.00% = 50%
% of reported financial reflecting service payments that are matched by an encounter record submitted by the MCO - Q3	98.00%	**98.03%**	NA	NA	Met 100%	**1.79%**	**1.79%**	Rate ≥ 98.00% = 100%; Rate ≥ 95.00% = 50%
% of reported financial reflecting service payments that are matched by an encounter record submitted by the MCO - Q4	98.00%	**98.31%**	NA	NA	Met 100%	**1.79%**	**1.79%**	Rate ≥ 98.00% = 100%; Rate ≥ 95.00% = 50%
						100.00%	**42.86%**	
		2020 Portion Met			**42.86%**			
		2020 Portion Unmet			**57.14%**			
		2020 Portion Pending						
					100.0%			

(Exact value is 6/14)

(Exact value is 8/14)

Calendar Year (CY) 2020 KanCare Pay for Performance (P4P) Measures: Sunflower

Sunflower

Measure	2020 target	2020 Rate	PP Change	>50th QC	Met/Not Met	2020 $$ % available	2020 $$ % earned	2020 Performance Targets Thresholds
MCO Data Sources								
Comprehensive Diabetes Care (CDC): CDC - HbA1c Control (< 8.0%)								Discontinued
Comprehensive Diabetes Care (CDC): HbA1c Poor Control (>9.0%)	43.42%	**38.20%**	10.22	Yes	Met 100%	**7.14%**	**7.14%**	Rate ≥ 5 pps or ≥ 50th QC = 100%; ≥ 3pps = 50%
Childhood Immunization Status (CIS) - Combination 10	43.69%	**43.31%**	4.62	Yes	Met 100%	**7.14%**	**7.14%**	Rate ≥ 5 pps or ≥ 50th QC = 100%; ≥ 3pps = 50%
Immunizations for Adolescents (IMA) - Combination 2								Discontinued
Chlamydia Screening in Women (CHL)	50.90%	**43.05%**	-2.85	No	Not Met	**7.14%**	**0.00%**	Rate ≥ 5 pps or ≥ 50th QC = 100%; ≥ 3pps = 50%
Prenatal and Postpartum Care (PPC): Timeliness of Prenatal Care	82.13%	**69.34%**	-7.79	No	Not Met	**7.14%**	**0.00%**	Rate ≥ 5 pps or ≥ 50th QC = 100%; ≥ 3pps = 50%
Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life (W34)								Discontinued
Prenatal and Postpartum Care (PPC): Postpartum Care	67.04%	**68.37%**	6.33	No	Met 100%	**7.14%**	**7.14%**	Rate ≥ 5 pps or ≥ 50th QC = 100%; ≥ 3pps = 50%
Cervical Cancer Screening (CCS)	64.61%	**62.02%**	2.43	Yes	Met 100%	**7.14%**	**7.14%**	Rate ≥ 5 pps or ≥ 50th QC = 100%; ≥ 3pps = 50%
Annual Dental Visit								Discontinued
Lead Screening in Children (LSC)	61.45%	**60.34%**	3.89	No	Met 62.5%	**7.14%**	**4.46%**	Rate ≥ 50th QC or 5pp increase = 100%; 3 pp increase = 62.5%; Valid Rate = 50%
State Data Sources – KDADS								
Residents of a NF or nursing facility for mental health (NFMH) receiving antipsychotic medication	≤12.00%	**12.13%**	0.29	NA	Not Met	**7.14%**	**0.00%**	Rate ≤ 12% = 100%; decrease ≥ 1pps = 50%
Decreased Percentage of Members Discharged from a NF Having Hospital Admission Within 30 Days	≤12.00%	**13.62%**	-1.12	NA	Not Met	**7.14%**	**0.00%**	Rate ≤ 12% = 100%; decrease ≥ 1pps = 50%
Use of Multiple Concurrent Antipsychotics in children and Adolescents (APC)								Discontinued
Peer Support services utilization for Behavioral Health services	12.50%	**-12.38%**	NA	NA	Not Met	**7.14%**	**0.00%**	Rate ≥ 12.50% = 100%
Residents of a NF or NFMH discharged to a community setting	≥55.00%	**56.05%**	4.46	NA	Met 100%	**14.29%**	**14.29%**	Rate ≥ 50% = 100%
State Data Sources – KDHE								
% covered services accurately submitted via encounter within 30 days of claim paid date - Q1	98.00%	**99.79%**	NA	NA	Met 100%	**1.79%**	**1.79%**	Rate ≥ 98.00% = 100%; Rate ≥ 95.00% = 50%
% covered services accurately submitted via encounter within 30 days of claim paid date - Q2	98.00%	**99.66%**	NA	NA	Met 100%	**1.79%**	**1.79%**	Rate ≥ 98.00% = 100%; Rate ≥ 95.00% = 50%
% covered services accurately submitted via encounter within 30 days of claim paid date - Q3	98.00%	**99.77%**	NA	NA	Met 100%	**1.79%**	**1.79%**	Rate ≥ 98.00% = 100%; Rate ≥ 95.00% = 50%
% covered services accurately submitted via encounter within 30 days of claim paid date - Q4	98.00%	**76.87%**	NA	NA	Not Met	**1.79%**	**0.00%**	Rate ≥ 98.00% = 100%; Rate ≥ 95.00% = 50%
% of reported financial reflecting service payments that are matched by an encounter record submitted by the MCO - Q1	98.00%	**99.65%**	NA	NA	Met 100%	**1.79%**	**1.79%**	Rate ≥ 98.00% = 100%; Rate ≥ 95.00% = 50%
% of reported financial reflecting service payments that are matched by an encounter record submitted by the MCO - Q2	98.00%	**100.63%**	NA	NA	Met 100%	**1.79%**	**1.79%**	Rate ≥ 98.00% = 100%; Rate ≥ 95.00% = 50%
% of reported financial reflecting service payments that are matched by an encounter record submitted by the MCO - Q3	98.00%	**99.13%**	NA	NA	Met 100%	**1.79%**	**1.79%**	Rate ≥ 98.00% = 100%; Rate ≥ 95.00% = 50%
% of reported financial reflecting service payments that are matched by an encounter record submitted by the MCO - Q4	98.00%	**99.36%**	NA	NA	Met 100%	**1.79%**	**1.79%**	Rate ≥ 98.00% = 100%; Rate ≥ 95.00% = 50%
						100.00%	**59.82%**	

2020 Portion Met	**59.82%**	**(Exact value is 67/112)**
2020 Portion Unmet	**40.18%**	**(Exact value is 45/112)**
2020 Portion Pending		
	100.0%	

Calendar Year (CY) 2020 KanCare Pay for Performance (P4P) Measures: UnitedHealthcare

UnitedHealthcare								
Measure	**2020 target**	**2020 Rate**	**PP Change**	**>50th QC**	**Met/Not Met**	**2020 $$ % available**	**2020 $$ % earned**	**2020 Performance Targets Thresholds**
MCO Data Sources								
Comprehensive Diabetes Care (CDC): CDC - HbA1c Control (< 8.0%)								Discontinued
Comprehensive Diabetes Care (CDC): HbA1c Poor Control (>9.0%)	24.54%	**31.63%**	-2.09	Yes	Met 100%	**7.14%**	**7.14%**	Rate ≥ 5 pps or ≥ 50th QC = 100%; ≥ 3pps = 50%
Childhood Immunization Status (CIS) - Combination 10	40.77%	**40.15%**	4.38	Yes	Met 100%	**7.14%**	**7.14%**	Rate ≥ 5 pps or ≥ 50th QC = 100%; ≥ 3pps = 50%
Immunizations for Adolescents (IMA) - Combination 2								Discontinued
Chlamydia Screening in Women (CHL)	50.75%	**42.44%**	-3.31	No	Not Met	**7.14%**	**0.00%**	Rate ≥ 5 pps or ≥ 50th QC = 100%; ≥ 3pps = 50%
Prenatal and Postpartum Care (PPC): Timeliness of Prenatal Care	96.73%	**92.70%**	0.97	Yes	Met 100%	**7.14%**	**7.14%**	Rate ≥ 5 pps or ≥ 50th QC = 100%; ≥ 3pps = 50%
Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life (W34)								Discontinued
Prenatal and Postpartum Care (PPC): Postpartum Care	76.53%	**83.21%**	11.68	Yes	Met 100%	**7.14%**	**7.14%**	Rate ≥ 5 pps or ≥ 50th QC = 100%; ≥ 3pps = 50%
Cervical Cancer Screening (CCS)	68.99%	**64.48%**	0.49	Yes	Met 100%	**7.14%**	**7.14%**	Rate ≥ 5 pps or ≥ 50th QC = 100%; ≥ 3pps = 50%
Annual Dental Visit								Discontinued
Lead Screening in Children (LSC)	56.34%	**59.12%**	7.78	No	Met 100%	**7.14%**	**7.14%**	Rate ≥ 50th QC or 5pp increase = 100%; 3 pp increase = 62.5%; Valid Rate = 50%
State Data Sources – KDADS								
Residents of a NF or nursing facility for mental health (NFMH) receiving antipsychotic medication	≤12.00%	**11.84%**	-0.47	NA	Met 100%	**7.14%**	**7.14%**	Rate ≤ 12% = 100%; decrease ≥ 1pps = 50%
Decreased Percentage of Members Discharged from a NF Having Hospital Admission Within 30 Days	≤12.00%	**11.05%**	2.75	NA	Met 100%	**7.14%**	**7.14%**	Rate ≤ 12% = 100%; decrease ≥ 1pps = 50%
Use of Multiple Concurrent Antipsychotics in children and Adolescents (APC)								Discontinued
Peer Support services utilization for Behavioral Health services	12.50%	**-0.40%**	NA	NA	Not Met	**7.14%**	**0.00%**	Rate ≥ 12.50% = 100%
Residents of a NF or NFMH discharged to a community setting	≥55.00%	**55.52%**	-0.68	NA	Met 100%	**14.29%**	**14.29%**	Rate ≥ 50% = 100%
State Data Sources – KDHE								
% covered services accurately submitted via encounter within 30 days of claim paid date - Q1	98.00%	**99.31%**	NA	NA	Met 100%	**1.79%**	**1.79%**	Rate ≥ 98.00% = 100%; Rate ≥ 95.00% = 50%
% covered services accurately submitted via encounter within 30 days of claim paid date - Q2	98.00%	**99.84%**	NA	NA	Met 100%	**1.79%**	**1.79%**	Rate ≥ 98.00% = 100%; Rate ≥ 95.00% = 50%
% covered services accurately submitted via encounter within 30 days of claim paid date - Q3	98.00%	**99.95%**	NA	NA	Met 100%	**1.79%**	**1.79%**	Rate ≥ 98.00% = 100%; Rate ≥ 95.00% = 50%
% covered services accurately submitted via encounter within 30 days of claim paid date - Q4	98.00%	**99.98%**	NA	NA	Met 100%	**1.79%**	**1.79%**	Rate ≥ 98.00% = 100%; Rate ≥ 95.00% = 50%
% of reported financial reflecting service payments that are matched by an encounter record submitted by the MCO - Q1	98.00%	**99.13%**	NA	NA	Met 100%	**1.79%**	**1.79%**	Rate ≥ 98.00% = 100%; Rate ≥ 95.00% = 50%
% of reported financial reflecting service payments that are matched by an encounter record submitted by the MCO - Q2	98.00%	**99.62%**	NA	NA	Met 100%	**1.79%**	**1.79%**	Rate ≥ 98.00% = 100%; Rate ≥ 95.00% = 50%
% of reported financial reflecting service payments that are matched by an encounter record submitted by the MCO - Q3	98.00%	**99.38%**	NA	NA	Met 100%	**1.79%**	**1.79%**	Rate ≥ 98.00% = 100%; Rate ≥ 95.00% = 50%
% of reported financial reflecting service payments that are matched by an encounter record submitted by the MCO - Q4	98.00%	**99.08%**	NA	NA	Met 100%	**1.79%**	**1.79%**	Rate ≥ 98.00% = 100%; Rate ≥ 95.00% = 50%
						100.00%	**85.71%**	

2020 Portion Met	**85.71%**	**(Exact value is 12/14)**
2020 Portion Unmet	**14.29%**	**(Exact value is 2/14)**
2020 Portion Pending		
	100.0%	