

Second Quarter Report to CMS Regarding
Operation of 1115 Waiver
Demonstration Program
– Quarter Ending 06.30.2022



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

KanCare
Section 1115 Second Quarter Report
Demonstration Year: 10 (1/1/2022-12/31/2022)
Federal Fiscal Quarter: 3/2022 (4/22-6/22)

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2022 Second 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;
- 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; and
- Provide work opportunities and supports for individuals with specific behavioral health conditions and other disabilities.

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

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

This quarterly report is submitted pursuant to item #64 of the Centers for Medicare & 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 June 30, 2022.

Demonstration Population	Enrollees at Close of Quarter (6/30/2022)	Total Unduplicated Enrollees in Quarter	Disenrolled in Quarter
Population 1: ABD/SD Dual	14,853	15,923	1,070
Population 2: ABD/SD Non-Dual	31,051	32,161	1,110
Population 3: Adults	70,641	71,701	1,060
Population 4: Children	258,846	262,183	3,337
Population 5: DD Waiver	9,020	9,092	72
Population 6: LTC	20,925	21,841	916
Population 7: MN Dual	4,694	5,382	688
Population 8: MN Non-Dual	1,919	2,198	279
Population 9: Waiver	4,496	4,902	406
Population 10: UC Pool	N/A	N/A	N/A
Population 11: DSRIP Pool	N/A	N/A	N/A
Total	416,445	425,383	8,938

III. Outreach/Innovation

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

The KanCare Advisory Council consists of thirteen members: one legislator representing the House, one representing mental health providers, one representing CDDOs, two 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 and Aging and Disability Resource Centers. The KanCare Advisory Council occurred June 22, 2022 via Zoom. The agenda was as follows:

- Welcome and Introductions
- Review and Approval of Minutes from Council Meeting, March 9, 2022
- Old Business
 - 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
 - Possible changes in near future on KanCare payments for children – Dr. Rebecca Reddy
 - Homebound Frail Elderly receiving meals thru COVID funds – Allen Schmidt
- 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 – Laura Howard, Secretary, Kansas Department for Aging and Disability Services and Amy Penrod, Commissioner for Long Term Services & Supports, Kansas Department for Aging and Disability Services
- KanCare Ombudsman Report – Kerrie Bacon, Ombudsman, KanCare Ombudsman Office
- Updates on KanCare with Q&A
 - UnitedHealthcare Community Plan – Tim Thomas
 - Sunflower State Health Plan – Stephanie Rasmussen
 - Aetna Better Health of Kansas – Seth LeBean
- Adjourn

The Tribal Technical Assistance Group was scheduled to meet on May 3, 2022. Due to technical difficulties the meeting was not successfully executed. The next meeting was rescheduled for August 2, 2022. Tribal members received emails regarding the following State Plan Amendments (SPAs) for comment and consultation.

- Twelve months post-partum extension for Medicaid, Alternative Benefit Plan (ABP) and CHIP – effective April 1, 2022
- Disaster Relief SPA Rescission on Presumptive Eligibility – effective April 1, 2022
- CHIP Modified Adjusted Gross Income (MAGI) Federal Poverty Level (FPL) - effective April 1, 2022
- Certified Community Behavioral Health Services – effective May 1, 2022
- Mobile Crisis – all ages - effective May 1, 2022
- Family Therapy - effective May 1, 2022
- Dispense as Written (DAW) Drug availability - effective June 1, 2022

¹ www.kancare.ks.gov

Out stationed Eligibility Workers (OEW) staff participated in 243 in-person and virtual community events providing KanCare program outreach, education, and information for the following: Impact KC; Neighbor 2 Neighbor; Enterprise Estates; Rescue Mission; Harvey-Marion County CDDO Affiliate Meeting; Belleville Community Meeting; Hispanic Task Force; Health Coalition Miami County; Central Kansas Partnership, Inc; Greater Lyon County Family Resource Council; Greater Manhattan area ICC; Dickenson County Senior Collation Meeting; Colby Progress Center; SOAR through East Central Kansas Mental Health Center Meeting; Health Coalition of Miami County; Central Kansas Partnership; Café con Leche; Third Thursday-Cowley County; Cowley County Health & Safety Fair; Continuum of Care of Johnson County; Republic County Resource Council; Cloud County Resource Council; Salina Grace Resource Center; Aging Network Meeting; Continuum of Care on Homelessness; Healthier Lyon County Coalition Meeting; Genesis Family Health; Finney County Community Health coalition; Harvey County Resource Council; Grace Resource Center; Family Resource Council; CPAAA Aging Network; JOCO Aging and Human Services. Staff also met with following County Health Departments: Kearny; Greeley; Wichita; Scott; Lane; Montgomery; Labette; Trego; Rooks; Graham; Ellis; Pratt, Finney; Abilene; Geary; Staff met with the following school districts: USD259; USD283; USD428; Rosehill Elementary. Additional organizations that staff met with were: K-State Research and Extension offices in Abilene; Dickinson; Sedgwick, Leavenworth, and Jefferson counties; Catholic Charities in Topeka; Catholic Charities of Northeast Kansas in Leavenworth; Public Libraries in Hamilton; Greeley; Wichita; Scott; Newton, Linwood, Geary, Tonganoxie, McPherson, Oskaloosa, Hesston, Moundridge, Johnson, Troy, Wathena, Elwood, and Ozawkie; Johnson County Aging and Human Services; The Guidance Center; United Way; Health Partnership Clinics; Holton Community Health Clinic; local clinics in Hamilton, Kearny; Lane; Ellis; Hamilton County VIP; Salvation Army in Leavenworth; Senior Centers in Kearny; Greeley; Council Grove; White City; Hesston, White City, Highland, Douglas County, Abilene; Geary, Ogden; Hays Medical Center; Brookdale Assisted Living; Ridgeview Village Inc; Midland PACE Day Center; Senior Citizens Center; Hope Center of Pratt; Graham Senior Center; Kansas Assistance Network; El Centro; Growing Futures; MOCSA (Metropolitan Organization to Counter Assault); Center of Grace; Community Event at Caney; Head start centers in Johnson County, Kansas City, and Holton; Housing Authorities in Moundridge, North Newton, and Lawrence; North Central Office ECC; the following Hospitals: Herington; Kearny; Hamilton; Wichita; Scott; Geary, Labette, Coffeerville Regional Medical, Memorial Hospital, Wilson County Medical Center, Dickenson, Jewell, Huston; Konza Community Health; Community Baby Showers; Pregnancy Centers; Baby Jubilee; Haskell; Mental Health Clinics in High Plains in Hays and Beth Nash; Community of Hope; WIC clinics; Kickapoo; Health Fair at the Kansas State Fair Grounds; Veteran Clinic; and ECKAN in Ottawa; Humana; Caney Community; Veterans Event in Manhattan.

Support and assistance for KanCare members was provided by KDHE's twenty-seven OEWs. Staff determined eligibility for 1,980 applicants. The OEW staff also assisted in resolving 443 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 1,881 phone calls, 444 walk-ins, and 648 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 Staffing's with MCOs (as needed M-F)
- Bi-monthly Governor's Behavioral Health Services Planning Council meetings; and monthly meetings with the nine subcommittees such as Suicide Prevention, Justice Involved Youth and Adult, and Rural and Frontier
- Monthly Nursing Facility Stakeholder Meetings
- KDADS Community Developmentally Disabled Organization (CDDO)-Stakeholder Meetings (quarterly)
- KDADS-CDDO Eligibility workgroup
- KDADS-Series of meetings with a coalition of advocacy groups including KanCare Advocates Network and Disability Rights Commission to discuss ways KDADS can provide more effective stakeholder engagement opportunities

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

OneCare Kansas Program

A legislative proviso directed KDHE to implement a health homes program. To avoid the confusion caused by the term "health homes", a new name was selected for the program – OneCare Kansas (OCK). Although the program has a similar model to the state's previous health homes program, OCK was designed as an opt-in program. The program was launched on April 1, 2020, with an expansion implemented on April 1, 2021. As of June 30, 2022, there were thirty-three contracted OCK providers across the state. Moreover, as of June 2022, the program had 4,048 members opt-in; this number continues to grow with new members enrolling each month.

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

MCO Outreach Activities

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

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

Marketing Activities

ABHKS is close to providing outreach and marketing activities at pre-pandemic levels. ABHKS is working with more organizations and events in-person, with some efforts being virtual. ABHKS provided information and education to 1,401 individuals with community-based organizations and provider offices from around the State. ABHKS also delivered a Community E-newsletter to provider offices and community-based organizations each month. The newsletter provided 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 April, May, and June.

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 1,401 individuals associated with community-based organizations in Kansas. Examples of the community-based organizations included Franklin County Children's Coalition; Sedgwick County Health Department; Russell Child Development Center; Derby Community Family Services; Adventure Dental and Vision; Johnson County Mental Health; as well as others. ABHKS also shared education information with over 3,800 members or potential members of KanCare through attendance at both in-person and virtual events.

Advocacy Activities

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

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

Marketing Activities

Sunflower Health Plan (SHP) sponsored twenty-five local and statewide member and provider events and partnered with multiple local health center events. SHP's direct mail marketing materials included member postcards and customized letters addressing preventive health care gaps for important screenings and immunizations. Sunflower participated in and sponsored scholarships for Kansans to attend the National Downs Syndrome Conference. Sunflower was honored to be invited to the event and to provide opportunities for our health plan and our I/DD community members to attend.

Notable stakeholder programs and events for marketing during the quarter:

- Sedgwick County Health Department Vaccine Clinics
- Health Partnership of Johnson County Opening Doors Luncheon
- Health Partnership of Johnson County Video Contest
- Saturday Pediatric Clinics and Community Baby Showers hosted across the state
- National Downs Syndrome Conference

Outreach Activities

SHP's outreach centered on community baby shower events, immunization clinics, and the plan's farmer's market voucher program to promote healthful eating. Sunflower's farmer's market program is a summer highlight and kicked off the season in May. The program provides vouchers for free produce at the local market and Sunflower representatives are there to educate members on age-appropriate health screenings and health plan benefits. The farmer's market program supports nutrition education and healthful eating as well as community supported agriculture. Sunflower co-coordinated immunization clinics to help close care gaps for childhood and adolescent vaccinations. Additionally, Sunflower launched a new Employee Community Engagement Program that enables our employees to volunteer eight hours per year with local organizations and agencies. This is a benefit to employees provided by Sunflower leadership and the Centene Corporation to support their local community directly. These events involved coordination with local health systems and the other two managed care organizations.

- Participated in multiple community baby shower and participated in 5 other community showers covering Butler, Crawford, and Sedgwick counties to promote prenatal care.
- Participated in eleven community health events, including the Genesis Family Health Center Care Gap event and the National Downs Syndrome Conference in New Orleans, LA.
- Held Sunflower Health Plan's quarterly Member and Community Advisory Committee meeting on June 29, 2022, virtually via Zoom. The main agenda topics for member feedback were Member feedback on the Open Forum Survey and meet & greet with Dr. Michael Skoch, Chief Medical Officer.
- Let's DiaBeat This Expo in Derby, KS
- National Alliance on Mental Illness (NAMI) Walk in Topeka, KS

Advocacy Activities

Sunflower Health Plan's begun a monthly Social Determinants of Health team to bring the health plan's SDoH initiatives and teams together in addressing programs and outreach to support employment, housing, and food disparities across the state. This internal team made of SHP's Community Relations, Community Health Service Representatives and the SDoH specialists collaborate to bring together all resources and supports for the benefit of health plan members. Sunflower staff contributed to community workgroups and coalitions advocating for health literacy, persons with disabilities, and other topics addressing population health in Kansas.

Community meetings and workgroups this quarter included:

- Health Alliance ICT
- Immunize Kansas Coalition meetings
- LiveWell Finney County
- Health & Wellness Coalition of Wichita
- Fetal and Infant Mortality Review (FIMR) Community Action Teams
- Social Determinants for Health monthly meeting

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

Marketing Activities

UnitedHealthcare Community Plan of Kansas (UHC) staff completed new member welcome calls and health risk assessments over the phone. UHC continued the incentive program to offer a ten-dollar debit card to new Members who completed health risk assessment. New members were sent member ID Cards and welcome kits.

Outreach Activities

Outreach staff has continued to be involved in community vaccination and close in gaps of care efforts, supporting with promotion and volunteers. UnitedHealthcare sponsored and co-hosted several health equity vaccination clinics. UnitedHealthcare staff has continued to reach out to providers to assess their needs and identify ways to help support them as they serve KanCare members, with special attention to increasing child well visits and vaccinations in general.

UHC hosted the member advisory meeting via conference call with good participation from members.

UnitedHealthcare outreach staff met with over 6,149 individuals who were members or potential members at community baby showers, vaccination events, clinic days, young child celebrations, health fairs, lobby sits at FQHCs, and other various community events.

Additionally, UnitedHealthcare outreach staff met and collaborated with several community agencies, including Bourbon County Coalition, Bourbon County LHEAT, Community Health Council of Wyandotte County, Center of Grace's Hispanic Task Force, Healthier Lyon County Coalition, Douglas County Healthy Food for All Workgroup, Healthy Babies Sedgwick County, Healthy Kids Work Group-DGCO Extension Office, El Centro Inc, COVID-19 Kansas Latino Stakeholders, Emporia Main Street, Just Food, Kansas Hispanic and Latino American Affairs Commission, Lawrence-Douglas County Health Equity Board, Kansas Civic Engagement Table, Center of Grace Hispanic Task Force, KIDS Safe Sleep, HEAT team of Emporia, Salud y Bienestar, Sunflower Community Action, City Market Kansas City, Wilson County Interagency Coalition, Kansas City Kansas School Foundation for Excellence, Willow Domestic Violence Shelter, United Way of Douglas County, United WE, Juntos Center for Advancing Latino Health, Wichita State University Foundation, Central Kansas HAT, Alce su Voz, and Kansas Food Bank, among others.

UnitedHealthcare outreach staff met virtually and in-person with over twenty provider offices across the State.

Advocacy Activities

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

UnitedHealthcare has two representatives serving in the Kansas Hispanic and Latino American Affairs Commission as Technical Advisors and one serving at the Lawrence Douglas County Health Equity Advisory Board, among several other local boards.

IV. Operational Developments/Issues

- a. Systems and reporting issues, approval and contracting with new plans: Through a variety of accessible forums and input avenues, the State remains 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
19	Capitation Rates 1/1/2021-12/31/2021	1/11/2022	6/23/2022

KanCare Amendments pending CMS approval

Amendment Number	Subject	Submitted Date	Effective Date
20	High Cost Meds carved out of capitation	6/13/2022	Upon CMS approval

State Plan Amendments (SPAs) approved:

SPA Number	Subject	Submitted Date	Effective Date	Approval Date
22-0002	Optometrist – FQHC RHC	1/19/2022	1/01/2022	4/14/2022
22-0009	Qualified Clinical Trials	3/29/2022	1/01/2022	5/09/2022
22-0010	Qualified Clinical Trials - ABP	3/29/2022	1/01/2022	5/09/2022
22-0011	Mobile Crisis	4/07/2022	5/01/2022	6/21/2022
22-0012	Family Therapy	4/07/2022	5/01/2022	6/21/2022
22-0019	CHIP FPL	6/07/2022	7/01/2022	6/30/2022
22-0002	Optometrist – FQHC RHC	1/19/2022	1/01/2022	4/14/2022

State Plan Amendments (SPA) pending approval:

SPA Number	Subject	Submitted Date	Effective Date
22-0008	Medicaid ARP	3/29/2022	3/11/2022
22-0013	CCBHC	4/28/2022	5/01/2022
22-0014	CCBHC ABP	4/28/2022	5/01/2022
22-0015	Medicaid 12 months post-partum	6/07/2022	4/01/2022
22-0016	Medicaid ABP 12 months post-partum	6/07/2022	4/01/2022
22-0017	CHIP 12 months post-partum	6/07/2022	4/01/2022
22-0018	DAW, Drug Availability	6/07/2022	6/01/2022
22-0020	DR PE Rescission	6/30/2022	4/01/2022

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 benefits, as reported by each of the KanCare MCOs from January through June of 2022, follows.

MCO		Value-Added Benefits Calendar Year 2022	Units YTD	Value YTD
Aetna	Top	Adult Dental	2,967	\$414,096
	Three	Healthy Rewards Gift Card - Birth to Age 12 Exam	14,292	\$357,300
	VAB	Healthy Rewards Gift Card - Diabetic Eye Exam	16,865	\$253,005
		Total of All Aetna VAB	73,103	\$1,986,493
Sunflower	Top	My Health Pays	47,301	\$789,200
	Three	Dental Visits for Adults	2,634	\$86,227
	VAB	Caregiving Collaborations - Assessment Assistance	769	\$27,453
		Total of All Sunflower VAB	54,235	\$950,027
United	Top	Adult Dental Coverage	3,399	\$318,262
	Three	Home Helper Catalog	1,931	\$93,798
	VAB	Dentures	42	\$53,596
		Total of All United VAB	12,048	\$568,452

- c. Enrollment issues: For the second quarter of calendar year 2022, there were three Native Americans who chose to not enroll in KanCare, but they are still eligible for KanCare.

The table below represents the enrollment reason categories for the second quarter of calendar year 2022. All KanCare eligible members were defaulted to a managed care plan.

Enrollment Reason Categories	Total
Newborn Assignment	2,656
KDHE - Administrative Change	146
WEB - Change Assignment	604
KanCare Default - Case Continuity	1,630
KanCare Default – Morbidity	1,893
KanCare Default - 90 Day Retro-reattach	1,667
KanCare Default - Previous Assignment	164
KanCare Default - Continuity of Plan	1,025
Retro Assignment	110
AOE – Choice	218
Choice - Enrollment in KanCare MCO via Medicaid Application	5,636
Change - Enrollment Form	50
Change - Choice	89
Change - Access to Care – Good Cause Reason	3
Change - Case Continuity – Good Cause Reason	0
Change – Due to Treatment not Available in Network – Good Cause	0
Assignment Adjustment Due to Eligibility	207
IVR Change Assignment	5
Total	16,103

- 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	98%	100%	100%
% of Notices of Adverse Expedited Service Authorization Decisions Sent Within Compliance Standards	100%	100%	100%
% of Notices of Adverse Termination, Suspension or Reduction Decisions Sent Within Compliance Standards (10 calendar days only)	100%	100%	100%

MCOs’ Provider Adverse Initial Notice Compliance

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

MCOs' Member Grievance Database

MCO	ABH		SUN		UHC		Total
	HCBS Member	Non HCBS Member	HCBS Member	Non HCBS Member	HCBS Member	Non HCBS Member	
Access to service or Care	5	10	8	9	6	1	39
Billing and Financial issues (non-transportation)	3	3	4	16	4	72	102
Customer service	5	4	1	8	7	14	39
Health Home Services	6	1					7
MCO Determined Not Applicable			2	1		3	6
Member rights dignity		1	1				2
Non-Covered Service		3	1			4	8
Other				2	1	5	8
Pharmacy Issues	1	3	1	25	1	4	35
Quality of Care - Pain Medication				2	1		3
Quality of Care (non HCBS provider)	2	10	3	11	3	25	54
Quality of Care HCBS provider	2		3		2		7
Transportation - Late	1	1	8	16	5	10	41
Transportation - No Driver Available	1		15	13	27	21	77
Transportation - No Show	7	13	23	30	16	24	113
Transportation - Other	5	10	17	19	10	17	78
Transportation - Safety	1	3	5	6	1	1	17
Transportation Issues - Billing and Reimbursement	1	3	10	10	9	14	47
TOTAL	40	65	102	168	93	215	683

MCOs' Member Grievance Timeliness Compliance

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

MCOs' Provider Grievance Database

MCO	ABH	SUN	UHC	Total
Billing/Payment		3		3
CM		1		1
Other - Dissatisfaction with MCO Associate		1		1
Pharmacy		1		1
Services		1		1
Transportation		12		12
TOTAL	0	19	0	19

MCOs' Provider Grievance Timeliness Compliance

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

MCOs' Appeals Database

Member Appeal Reasons ABH - Red SUN – Green UHC - Purple	Number Resolved	Withdrawn by Member / Provider	MCO Reversed Decision on Appeal – MCO Error	MCO Reversed Decision on Appeal – Member/ Provider Mistake	MCO Upheld Decision on Appeal – Correctly Denied	MCO Upheld Decision on Appeal – Member/ Provider Mistake	MCO Determined not Applicable
ADMINISTRATIVE DENIALS							
MA - ADMIN - Denials of Authorization (Unauthorized by Members)	1				1		
MEDICAL NECESSITY/LEVEL OF CARE – Criteria Not Met							
MA - CNM - Behavioral Health Outpatient	7 4				7 4		
MA - CNM - Dental	6 6 7	1			5 6 5		1 1
MA - CNM - Durable Medical Equipment	18 31 27	1	10	4 13 7	4 13 18		5 1
MA - CNM - Home Health	2						2
MA – CNM – Inpatient Admissions (Non-Behavioral Health)	6 5 27	2 17	2	1 1 1	3 2 8		1
MA – CNM - Inpatient Behavioral Health	6 10 2			2 4 1	3 6 1		1
MA – CNM – Medical Procedure (NOS)	48 16 10		18	8 4 4	19 6 6	3	3 3
MA – CNM – Mental Health	4			4			
MA – CNM – Other	14 11	1		8 4	4 7		1
MA – CNM – Out of network provider, specialist or specific provider request	2			2			
MA – CNM – Pharmacy	78 74 148	7 8	1	30 48 110	40 10 25	1	7 8 5
MA – CNM – PT/OT/ST	7 4			6 1	3		1
MA – CNM – Radiology	25 46	2	12	4 18	6 19	2 1	1 6
MA – LOC – LTC NF	1				1		
MA – LOC – LTSS/HCBS	2 3 14	4		3	1 9		1 1

NONCOVERED SERVICES							
MA – NCS - Dental	1				1		
MA – NCS – Pharmacy	2 1	1		1	1		
MA – NCS – Out of network providers	7			7			
MA – NCS – OT/PT/Speech	1			1			
MA – NCS – Other	2			1	1		
MA – LCK – Lock In	2 5		1	1	1 3		1
TOTAL							
ABH - Red	196		43	49	88	2	14
SUN – Green	219	13		107	69	5	25
UHC - Purple	278	31	1	143	92		11

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

MCOs' Appeals Database - Member Appeal Summary

Member Appeal Reasons ABH - Red SUN – Green UHC - Purple	Number Resolved	Withdrawn by Member / Provider	MCO Reversed Decision on Appeal – 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	196 219 278	13 31	43 1	49 107 143	88 69 92	2 5	14 25 11
TOTAL	196 219 278	13 31	43 1	49 107 143	88 69 92	2 5	14 25 11
Percentage Per Category		6% 11%	22% >1%	25% 49% 52%	45% 32% 33%	1% 2%	7% 11% 4%
Range of Days to Reverse Due to MCO Error			3 – 88 92				

MCOs' Member Appeal Timeliness Compliance

MCO	ABH	SUN	UHC
% of Member Appeals Resolved and Appeal Resolution Notice Issued in 30 Calendar Days	100%	100%	100%
% of Expedited Appeals Resolved and Appeal Resolution Notice Issued in 72 hours	100%	100%	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 - Ambulance (Include Air and Ground)	69 52		1 1	58 35	5 16	4	1
PR - CPD - Behavioral Health Inpatient	1 7 311			1 1 143	4 135	2	2 4
PR - CPD - Behavioral Health Outpatient and Physician	27 167 599		16 10 89	2 78 289	3 73 180	5 23	1 6 18
PR - CPD - Dental	19 1			4 1	6	8	1
PR - CPD - Durable Medical Equipment	206 1,009 1,021	4	60 9 355	30 552 174	63 430 382	45 45	4 18 65
PR - CPD - HCBS	10 192		7 3	119	3 61		9
PR - CPD - Home Health	18 18		12	4 10	2 8		
PR - CPD - Hospice	3 18 52		2 1 27	12 2	5 18	1	1 4
PR - CPD - Hospital Inpatient (Non-Behavioral Health)	216 198 386		40 4 234	57 94 26	81 96 107	33 4	5 4 15
PR - CPD - Hospital Outpatient (Non-Behavioral Health)	355 991 316		54 2 84	106 511 22	144 468 163	34 9	17 10 38
PR - CPD - Laboratory	155 337 264		4 82	15 68 27	120 262 125	16 20	7 10
PR - CPD - Medical (Physical Health not Otherwise Specified)	919 3,063 3,727		196 10 1,714	243 1,987 589	295 1,041 1,006	164 207	21 25 211
PR - CPD - Nursing Facilities - Total	12 134 16		2 11	1 101 1	4 33 4	4	1
PR - CPD - Other	7 6		7	1	4	1	

PR - CPD - Out of network provider, specialist or specific provider	569		218	68	198	40	45
PR - CPD - Pharmacy	2 24			3	1 21	1	
PR - CPD - PT/OT/ST	12 1				9 1	3	
PR - CPD - Radiology	34 4 272		5 84	9 41	19 4 123	1 15	9
PR - CPD - Vision	5 12 4		2 9 4		3 3		
Total Claim Payment Disputes	2,070 6,226 7,545	4	408 49 2,929	530 3,571 1,384	758 2,525 2,446	318 367	52 81 419
TOTAL							
ABH - Red	2,070	4	408	530	758	318	52
SUN – Green	6,226		49	3,571	2,525		81
UHC - Purple	7,545		2,929	1,384	2,446	367	419

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

MCOs' Provider Reconsiderations Database - Provider Reconsiderations Summary

Provider Reconsideration Reasons ABH - Red SUN – Green UHC - Purple	Number Resolved	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
Resolved at Reconsideration Level	2,070 6,226 7,545	4	408 49 2,929	530 3,571 1,384	758 2,525 2,446	318 367	52 81 419
TOTAL	2,070 6,226 7,545	4	408 49 2,929	530 3,571 1,384	758 2,525 2,446	318 367	52 81 419
Percentage Per Category		>1%	20% 1% 39%	26% 57% 18%	37% 41% 32%	15% >1% 5%	2% 1% 6%
Range of Days to Reverse Due to MCO Error			10 – 318 6 - 546 0 – 1,119				

MCOs' Provider Reconsiderations Timeliness Compliance

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

MCOs' Appeals Database - Providers (appeals resolved)

PROVIDER Appeal Reasons ABH - Red SUN – Green UHC - Purple	Number Resolved	Withdrawn by Provider	MCO Reversed Decision on Appeal – MCO Error	MCO Reversed Decision on Appeal – Provider Mistake	MCO Upheld Decision on Appeal – Correctly Denied / Paid	MCO Upheld Decision on Appeal – Provider Mistake	MCO Determined Not Applicable
BILLING AND FINANCIAL ISSUES							
PA - BFI - Recoupment	4			3	1		
CLAIM PAYMENT DISPUTES							
PA - CPD - Ambulance (include Air and Ground)	22 3 16			16 4	2 3 9	3	1 3
PA - CPD - Behavioral Health Inpatient	1 5			1 3	1		1
PA - CPD - Behavioral Health Outpatient and Physician	1 121 35		9	3 11	101 12	1 8	12
PA - CPD - Dental	6 7 28		1	4 8	7 20		1
PA - CPD - Durable Medical Equipment	28 7 25		7	10 9	4 6 14	6	1 1 2
PA - CPD - HCBS	3		1				2
PA - CPD - Home Health	7 139			36	7 84		19
PA - CPD - Hospice	8		1		2	5	
PA - CPD - Hospital Inpatient (Non-Behavioral Health)	101 35 337		8 1	36 9 41	38 20 104	17	2 6 191
PA - CPD - Hospital Outpatient (Non-Behavioral Health)	62 34 158		17 1	11 8 44	20 16 93	8	6 10 20
PA - CPD - Laboratory	67 28 48			7 4 2	58 22 30	2	2 16
PA - CPD - Medical (Physical Health not Otherwise Specified)	136 53 238		17 4	15 7 52	46 32 131	36	22 14 51
PA - CPD - Nursing Facilities - Total	4 5				1 2	2	1 3
PA - CPD - Other	4 19			1 3	3 15		1
PA - CPD - Out of network provider, specialist or specific provider request	1						1

PA - CPD - Pharmacy	124		1	103	19		1
PA - CPD - PT/OT/ST	20			9	10		1
PA - CPD - Radiology	4 15 9		1	4	2 9 2	1	2 7
PA - CPD - Vision	4 11 17		3	2	8 5	1 12	1
Total Claim Payment Disputes	447 325 1,224		53 12 7	102 36 325	173 234 551	82 8 12	37 35 329
MEDICAL NECESSITY/LEVEL OF CARE – Criteria Not Met							
PA - CNM - Ambulance (include Air and Ground)	4			4			
PA - CNM - Dental	14			3	9		2
PA - CNM - Durable Medical Equipment	15			7	7		1
PA - CNM - Home Health	2			1			1
PA - CNM - Inpatient Admissions (Non-Behavioral Health)	7			1	5		1
PA - CNM - Inpatient Behavioral Health	8			3	3		2
PA - CNM - Medical Procedure (NOS)	13			5	7		1
PA - CNM - Other	6			3	2		1
PA - CNM - Out of network provider, specialist or specific provider request	1						1
PA - CNM - Pharmacy	166	11		118	24	1	12
PA - CNM - PT/OT/ST	4			3	1		
PA - CNM - Radiology	42			18	22	1	1
NONCOVERED SERVICE							
PA - NCS - Dental	2				2		
PA - NCS - Other	1				1		
TOTAL							
ABH - Red	447		53	102	173	82	37
SUN – Green	610	11	12	202	317	10	58
UHC - Purple	1,228		7	328	552	12	329

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

MCOs' Appeals Database - Provider Appeal Summary

Provider Appeal Reasons ABH - Red SUN - Green UHC - Purple	Number Resolved	Withdrawn by Provider	MCO Reversed Decision on Appeal – MCO Error	MCO Reversed Decision on Appeal – Provider Mistake	MCO Upheld Decision on Appeal – Correctly Denied / Paid	MCO Upheld Decision on Appeal – Provider Mistake	MCO Determined Not Applicable
Resolved at Appeal Level	447 610 1,228	11	53 12 7	102 202 328	173 317 552	82 10 12	37 58 329
TOTAL	447 610 1,228	11	53 12 7	102 202 328	173 317 552	82 10 12	37 58 329
Percentage Per Category		2%	12% 2% 1%	23% 33% 27%	39% 52% 44%	18% 1% 1%	8% 10% 27%
Range of Days to Reverse Due to MCO Error			18 – 1,088 10 - 203 41 - 245				

MCOs' Provider Appeal Timeliness Compliance

MCO	ABH	SUN	UHC
% of Provider Appeals Resolved in 30 Calendar Days	100%	99%	100%
% 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 - Dental	1 2	2			1										
MH – CNM – HCBS (change in attendant hours)	1							1							
MH – CNM – Inpatient Admissions (Non- Behavioral Health)	1										1				
MH – CNM – Medical Procedure (NOS)	1 1	1									1				
MH – CNM - Other	1				1										
MH – CNM – Out of network provider, specialist or specific provider request	1							1							
MH – CNM – Pharmacy	1										1				
TOTAL ABH - Red SUN – Green UHC - Purple	 4 6	 3			1 1			2			3				

* 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
BILLING AND FINANCIAL ISSUES															
PH – BFI - Recoupment	1	1													
CLAIM PAYMENT DISPUTES															
PH – CPD – Hospital Inpatient (Non-Behavioral Health)	6 1 7	6 4			3			1							
PH – CPD – Hospital Outpatient (Non-Behavioral Health)	2 1	1						1 1							
PH – CPD – Laboratory	1 1							1 1							
PH – CPD – Medical (Physical Health not Otherwise Specified)	1	1													
PH – CPD – Nursing Facilities – Total	1	1													
MEDICAL NECESSITY/LEVEL OF CARE – Criteria Not Met															
PH – CNM – Other	1							1							
PH – CNM – Pharmacy	1												1		
TOTAL															
ABH - Red	11	8						2					1		
SUN – Green	4							4							
UHC - Purple	9	6			3										

* 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 October-December 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 or wanting all household members assigned to the same MCO, which is not an acceptable reason to switch plans outside of open enrollment.

If a GCR is denied by KDHE, the member is given appeal/fair hearing rights. There were no fair hearings for denied GCRs in this quarter. A summary of GCR actions this quarter is as follows:

Status	April	May	June
Total GCRs filed	25	26	30
Approved	4	1	0
Denied	13	21	20
Withdrawn (resolved, no need to change)	0	0	2
Dismissed (due to inability to contact the member)	8	4	8
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 was not available—provider name and service locations (based on the KanCare county designation identified in the KanCare Code Guide). This results in counts for the following:

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

KanCare MCO	# of Unique Providers as of 9/30/2021	# of Unique Providers as of 12/31/2021	# of Unique Providers as of 3/31/2022	# of Unique Providers as of 6/30/2022
Aetna	45,284	47,714	51,079	53,215
Sunflower	41,810	36,332	39,654	37,286
UHC	44,490	44,059	44,947	45,053

- h. Payment rates: There were no payment rate changes for the quarter ending 06/30/2022.
- i. Health plan financial performance that is relevant to the demonstration: All KanCare MCOs remain solvent.
- j. Medicaid Managed Long Term Services and Supports (MLTSS) implementation and operation: Kansas placed 136 people on HCBS IDD waiver services, and 314 people on HCBS PD waiver services.

- k. DSRIP was replaced with a Bridge Gap Year from January 1, 2021 through December 31, 2021. The State is using §438.6(c)(1)(iii)(B) to provide a uniform percentage increase to contracted rates between the large public teaching hospitals and border city children’s hospitals and the MCOs for inpatient and outpatient hospital services provided in CY2021. As a condition of receiving the uniform increase on inpatient and outpatient utilization, the covered hospitals will be required to report the following metrics to KDHE on a quarterly basis, as these measures will inform the State's development of an APM directed payment: (1) Number of flu vaccinations administered by age; (2) Hospital-specific counts for emergency room visits; (3) Lung Cancer Screenings with low dosage CT (Large Public Teaching Hospital); (4) Number of hospitals or clinics contacted regarding diabetes protocols and number of diabetes protocols received and reviewed; the protocols will not be distributed; and (5) Hospital-specific reporting to support the evaluation of the directed payment. The preprint for the Bridge Gap Year was approved on March 31, 2021. The first Bridge Gap year payment was made November 19, 2021.
- l. Information on any issues regarding the concurrent 1915(c) waivers and on any upcoming 1915(c) waiver changes (amendments, expirations, renewals):
- The State 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 State was engaged in regular technical assistance meetings offered through CMS.
 - The State is currently working with CMS to renew the SED and Autism waivers.
- m. Legislative activity: The Kansas Legislature adjourned Sine Die on May 23, 2022. During the final months of the Legislative Session, KDADS was focused on outstanding budget items and provided information to several legislative committees including Senate Ways and Means and House Appropriations. Specific issues covered were HCBS and Nursing Facility reimbursement rates, HCBS FMAP Enhancement Projects, Certified Community Behavioral Health Clinics (CCBHCs) implementation and Prospective Payment System (PPS) rates, and regional psychiatric beds.

The Robert G. (Bob) Bethell Joint Committee on Home and Community Based Services and KanCare Oversight met April 20, 2022. The Committee heard presentations from individuals, providers, and organizations related to KanCare, KDHE, and KDADS. KDADS highlighted CMS approval of the narrative and spending plans for the ARPA HCBS 10% FMAP enhancement, implementation of CCBHCs, recruitment and retention of staff at State Hospitals, and budget enhancements.

KDHE leadership presented their respective updates during the Robert G. (Bob) Bethell Joint Committee meeting. Janet Stanek, KDHE Secretary, opened the meeting with an update from the Secretary. The KDHE Secretary went over the key KDHE goals including, recruitment/retention of personnel, tracking and responding to legislation, budget and finance management, reaccreditation of public health, communications, and stakeholder relationships. The Secretary also outlined the Medicaid priority items which included the recruitment of a new Medical Director starting May 2022, RFP development for MCO contracts expiring December 31, 2023, implementation of new IT system, and staff recruitment. Sarah Fertig, State Medicaid Director, gave a KanCare program update, which included information on: Medicaid provider rates, the KanCare 3.0 and MCO contract procurement, extending postpartum coverage to twelve 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. LaTonya Palmer, Director of Eligibility, gave an eligibility update, which included information on Medicaid eligibility applications and a KanCare Clearinghouse update. Elizabeth Wolff, Enterprise Systems Director, gave an update on the Kansas Modular Medicaid System (KMMS). Her update described that KMMS is the State's new Medicaid Management Information System (MMIS), described what MMIS is and outlined the KMMS project timeline.

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
 - 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
- 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 the report through the PMDA system. The expenditures contained in the document reconcile to Schedule C from the CMS 64 report for quarter ending June 30, 2022.

General reporting issues: KDHE continues to work with Gainwell Technologies, the fiscal agent, to modify reports as needed 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			
	Apr-22	May-22	Jun-22	TOTAL QE 6 30 2022
DY1 CY2013	0	0	0	0
MEG 1 - ABD/SD DUAL	0	0	0	0
MEG 2 - ABD/SD NON DUAL	0	0	0	0
MEG 3 - ADULTS	0	0	0	0
MEG 4 - CHILDREN	0	0	0	0
MEG 5 - DD WAIVER	0	0	0	0
MEG 6 - LTC	0	0	0	0
MEG 7 - MN DUAL	0	0	0	0
MEG 8 - MN NON DUAL	0	0	0	0
MEG 9 - WAIVER	0	0	0	0

DY2 CY2014	0	0	0	0
MEG 1 - ABD/SD DUAL	0	0	0	0
MEG 2 - ABD/SD NON DUAL	0	0	0	0
MEG 3 - ADULTS	0	0	0	0
MEG 4 - CHILDREN	0	0	0	0
MEG 5 - DD WAIVER	0	0	0	0
MEG 6 - LTC	0	0	0	0
MEG 7 - MN DUAL	0	0	0	0
MEG 8 - MN NON DUAL	0	0	0	0
MEG 9 - WAIVER	0	0	0	0
DY3 CY2015	0	(3)	0	(3)
MEG 1 - ABD/SD DUAL	0	0	0	0
MEG 2 - ABD/SD NON DUAL	0	(3)	0	(3)
MEG 3 - ADULTS	0	0	0	0
MEG 4 - CHILDREN	0	0	0	0
MEG 5 - DD WAIVER	0	0	0	0
MEG 6 - LTC	0	0	0	0
MEG 7 - MN DUAL	0	0	0	0
MEG 8 - MN NON DUAL	0	0	0	0
MEG 9 - WAIVER	0	0	0	0
DY4 CY2016	0	(24)	0	(24)
MEG 1 - ABD/SD DUAL	0	0	0	0
MEG 2 - ABD/SD NON DUAL	0	(24)	0	(24)
MEG 3 - ADULTS	0	0	0	0
MEG 4 - CHILDREN	0	0	0	0
MEG 5 - DD WAIVER	0	0	0	0
MEG 6 - LTC	0	0	0	0
MEG 7 - MN DUAL	0	0	0	0
MEG 8 - MN NON DUAL	0	0	0	0
MEG 9 - WAIVER	0	0	0	0
DY5 CY2017	0	(73)	(4)	(77)
MEG 1 - ABD/SD DUAL	0	(2)	0	(2)
MEG 2 - ABD/SD NON DUAL	0	(60)	(4)	(64)
MEG 3 - ADULTS	0	0	0	0
MEG 4 - CHILDREN	0	(11)	0	(11)
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

DY6 CY2018	0	(129)	(12)	(141)
MEG 1 - ABD/SD DUAL	0	(16)	0	(16)
MEG 2 - ABD/SD NON DUAL	0	(101)	(12)	(113)
MEG 3 - ADULTS	0	0	0	0
MEG 4 - CHILDREN	0	(12)	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
DY7 CY2019	(3)	(293)	(93)	(389)
MEG 1 - ABD/SD DUAL	0	(31)	(12)	(43)
MEG 2 - ABD/SD NON DUAL	(3)	(169)	(60)	(232)
MEG 3 - ADULTS	0	(40)	0	(40)
MEG 4 - CHILDREN	0	(50)	(21)	(71)
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	(3)	0	(3)
MEG 9 - WAIVER	0	0	0	0
DY8 CY2020	(49)	665	290	906
MEG 1 - ABD/SD DUAL	(53)	755	457	1,159
MEG 2 - ABD/SD NON DUAL	(47)	(219)	(228)	(494)
MEG 3 - ADULTS	3	(128)	8	(117)
MEG 4 - CHILDREN	(35)	(99)	(38)	(172)
MEG 5 - DD WAIVER	0	70	(10)	60
MEG 6 - LTC	(13)	89	30	106
MEG 7 - MN DUAL	65	250	68	383
MEG 8 - MN NON DUAL	19	(57)	0	(38)
MEG 9 - WAIVER	12	4	3	19
DY9 CY2021	1,399	1,487	235	3,121
MEG 1 - ABD/SD DUAL	238	1,116	795	2,149
MEG 2 - ABD/SD NON DUAL	54	(362)	(685)	(993)
MEG 3 - ADULTS	318	(77)	2	243
MEG 4 - CHILDREN	502	130	9	641
MEG 5 - DD WAIVER	(3)	64	(31)	30
MEG 6 - LTC	18	204	26	248
MEG 7 - MN DUAL	250	497	239	986
MEG 8 - MN NON DUAL	3	(98)	(115)	(210)
MEG 9 - WAIVER	19	13	(5)	27

DY10 CY2022	410,846	414,195	415,239	1,240,280
MEG 1 - ABD/SD DUAL	14,766	14,868	15,767	45,401
MEG 2 - ABD/SD NON DUAL	31,407	31,676	30,732	93,815
MEG 3 - ADULTS	68,872	69,887	70,122	208,881
MEG 4 - CHILDREN	255,126	256,867	257,193	769,186
MEG 5 - DD WAIVER	9,012	8,999	9,013	27,024
MEG 6 - LTC	20,811	20,917	21,177	62,905
MEG 7 - MN DUAL	4,454	4,425	4,998	13,877
MEG 8 - MN NON DUAL	1,953	2,113	1,761	5,827
MEG 9 - WAIVER	4,445	4,443	4,476	13,364
Grand Total	412,193	415,825	415,655	1,243,673

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 service 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.
Members have had complex concerns with multiple different services being needed.	MCOs have been ensuring assignment of Care Coordinators/Case Managers for consumers with extremely complex needs.	The MCOs have been providing additional information to both consumers and providers to ensure everyone is aware that a Care Coordinator/Case Manager can be requested by any/all consumers.

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 the third quarter of 2021. Some MCOs relied upon the annual CAHPS surveys to provide this information to the health plan (KDHE), and consequently they are still building their process to provide quarterly updates. Below is the information received for the HCBS satisfaction for the second quarter:

Assessment	Apr - 22	May - 22	June - 22	Total	% Total
How satisfied are you with the Health Plan?					
Satisfied	516	558	617	1691	60.18%
Very Satisfied	316	307	463	1086	38.65%
Dissatisfied	3	1	11	15	0.53%
Very Dissatisfied	0	0	18	18	0.64%
How satisfied are you with your Adult Day Center Provider?					
Satisfied	172	157	208	537	60.20%
Very Satisfied	86	104	150	340	38.12%
Dissatisfied	2	3	3	8	0.90%
Very Dissatisfied	0	1	6	7	0.78%
How satisfied are you with your Assisted Living Facility Provider?					
Satisfied	38	51	56	145	53.51%
Very Satisfied	17	35	65	117	43.17%
Dissatisfied	1	0	4	5	1.85%
Very Dissatisfied	0	0	4	4	1.48%
How satisfied are you with your Care Coordinator?					
Satisfied	417	422	430	1269	54.77%
Very Satisfied	311	297	422	1030	44.45%
Dissatisfied	0	1	7	8	0.35%
Very Dissatisfied	0	0	10	10	0.43%
How satisfied are you with your Fiscal Management Agency?					
Satisfied	115	123	148	386	49.42%
Very Satisfied	108	115	162	385	49.30%
Dissatisfied	3	1	4	8	1.02%
Very Dissatisfied	0	0	2	2	0.26%
How satisfied are you with your Institutional Provider?					
Satisfied	51	43	123	217	68.45%
Very Satisfied	17	11	55	83	26.18%
Dissatisfied	0	0	6	6	1.89%
Very Dissatisfied	0	1	10	11	3.47%
How satisfied are you with your Personal Care Attendant/Worker Provider?					
Satisfied	169	183	168	520	41.11%
Very Satisfied	220	191	295	706	55.81%
Dissatisfied	6	8	17	31	2.45%
Very Dissatisfied	0	2	6	8	0.63%
How satisfied are you with your Transportation Provider?					
Satisfied	28	20	31	79	48.47%
Very Satisfied	10	6	44	60	36.81%
Dissatisfied	3	4	7	14	8.59%
Very Dissatisfied	2	3	5	10	6.13%
How satisfied are you with the availability of home providers?					
Satisfied	0	0	35	35	29.41%
Very Satisfied	3	3	48	54	45.38%
Dissatisfied	1	1	16	18	15.13%
Very Dissatisfied	0	0	12	12	10.08%

How satisfied are you with wait times for services in the home?					
Satisfied	0	1	42	43	38.05%
Very Satisfied	3	3	38	44	38.94%
Dissatisfied	0	0	13	13	11.50%
Very Dissatisfied	0	0	0	0	0.0%
Do you have a paid or volunteer job in the community?					
Yes	147	180	170	497	13.77%
No	943	980	1190	3113	86.23%
Do you feel safe in your home/where you live?					
Yes	1082	1146	1322	3550	98.94%
No	9	8	21	38	1.06%
Are you able to make decisions about your daily routine?					
Yes	1053	1143	1296	3492	96.97%
No	42	27	40	109	3.03%
Are you able to do things you enjoy outside of your home and with whom you want to?					
Yes	1024	1090	1241	3355	92.83%
No	79	84	96	259	7.17%
Can you see or talk to your friends and family (who do not live with you) when you want to?					
Yes	1066	1141	1298	3505	97.82%
No	25	21	32	78	2.18%
In general, do you like where you are living right now?					
Yes	1075	1136	1281	3492	97.60%
No	18	26	42	86	2.40%

IX. Quality Assurance/Monitoring Activity

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

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

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

The State participated in the following activities:

- Continued to develop quality improvement and performance enhancement measures with the MCOs to better serve KanCare members. Measures developed within the past year include standardized templates to measure data more efficiently and reports that compare MCO data with contract requirements. The State is preparing to add Provider Satisfaction Survey results to the Report Administration system. This will include MCO submission of survey tools and methodology for State approval prior to survey implementation.
- Developed specific templates for reporting key performance components 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. Documentation relating to these processes has also been established. The team identified gaps in reporting contract requirements and reports that will improve the quality of data reported.
- Monitored the External Quality Review Organization (EQRO) work plan. KFMC, the State's EQRO, and the State used established tools to track EQRO, State, and MCO deliverables due dates. The tool is updated daily by KFMC and distributed to the State and MCOs quarterly. The State uses this mechanism to prepare for upcoming due dates.
- Participated in meetings with the EQRO, MCOs, KDADS, and KDHE to discuss EQRO activities and concerns.
- Reviewed feedback from CMS on June 22, 2022 regarding the QMS. CMS requested information related to non-duplication option in 42 CFR 438.360 for EQR. The State has responded to CMS regarding this comment. CMS was notified that the State incorrectly indicated that KanCare utilizes the non-duplication option. Kansas does not use the non-duplication option and the QMS has been edited to eliminate the error.
- Performed the State 2021 Annual Contract Review and additional audits in collaboration with KDADS. The Annual Contract Review is also coordinated with the State EQRO's audit activities. The State provided final findings and communicated the results to the MCOs in June. The MCOs were required to submit Remediation Plans for scores found Partially Met, Minimally Met, and Not Met. The 2022 Annual Contract Review will be under way within the next quarter.
- 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.
- Each MCO is required to participate in six of the eighteen PIPs. All PIPs have approved methodologies and have moved to the technical specification and data reporting phase. PIP activities focused on developing strong technical specifications that will be reported to the State and the EQRO via our data reporting system intermittently. This process went smoothly with KFMC and the State developing and providing a template as well as examples to act as a guide. Once technical specifications are approved, the MCOs begin reporting data on the PIP's interventions. The State reviews the data at will in order to assess the success or need for adjustments in the interventions. PIP meetings occur twice per quarter (or as needed) where the State, EQRO and MCO can have in depth discussions related to PIP concerns and enhancements. A member-friendly table of all the MCOs' PIPs, with a simplified description of their interventions, is available on the KanCare website². The file is in PDF for ease of access under 'Performance Improvement Projects'.
- KDHE and KDADS held the first Quality Steering Committee meeting in February 2022 to review progress on the objectives in the QMS. This was a biannual meeting to monitor for any concerns related to objectives of the QMS. The second biannual meeting is scheduled for August and multiple objectives will be reviewed to determine progress. Discussion will be held during this meeting to problem solve if objectives are trending downward or showing no progress.
- For the programs administered by KDADS: The Quality Assurance (QA) process is designed to give continuous feedback to KDADS, KDHE, and stakeholders regarding the quality of services being provided to KanCare members. KDADS quality assurance staff are integrated in the Long Term Services and Supports (LTSS) Commission to align staff resources for efficient and timely performance measurement. QA staff review random samples of individual case files to monitor and report compliance with performance measures designated in Attachment J of the MCO contracts. The measures were monitored and reviewed in collaboration with program staff in the LTSS Commission and reported through the Financial and Information Services Commission at KDADS. This oversight was enhanced through collaboration with the Department of Children and Families and the Department of Health and Environment. A quality assurance protocol and interpretative guidelines were utilized to document this process and have been established with the goal of ensuring consistency in the reviews.
- Below is the timeline that the KDADS Quality Review Team follows regarding the quality review process.

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

HCBS Quality Review Rolling Timeline							
	FISC/IT	A&D CSP	MCO/Assess	A&D CSP	FISC	A&D CSP	CSP
Review Period (look back period)	Samples Pulled Posted to QRT	Notification to MCO/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:

The three MCOs submit quarterly reports with details on where their providers are located into our Kansas Report Administration Tool. These reports also include maps that show the MCOs geographic mapping. KDHE is able to use this data to review where the MCOs have shortfalls and encourage them to pursue providers in those areas. If there are no providers in the areas in question, KDHE will make note of this and follow up. As the KMMS project continues, KDHE will be able to conduct better internal research on the data that the MCOs provide via the Network Adequacy reporting and Geographic Access reporting.

KDHE has continued to give MCOs feedback on the accuracy and completeness of their quarterly reports. As MCOs improve their reporting, feedback 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 collected data files for MCO provider directories to provide feedback to the MCOs if there are differences between the quarterly directory file and network report are found. This process has increased report accuracy such as office hours, cultural competency, and ADA capabilities. The State utilized a tool to analyze the MCOs online provider directory data by comparing them with contract requirements. The tool gave the MCOs a percentage of compliance score and feedback on which metrics need the most improvement. The State also worked with the MCOs to standardize the MCOs submission format of their online directory files to better facilitate use by KDHE. The State has also begun research into the PRN file that is part of the KMMS system and how we can leverage this raw data in review of MCO reporting.

In partnership with KDHE and the 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 comparison between the GeoAccess map to find errors, omissions, and to verify gaps in coverage. By 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. The team expanded its efforts by working with MCOs to expand provider coverage into service gap areas.

KDHE compared the dental networks of the three managed care organizations and all fee-for-service enrolled providers. Using the comparison, gaps in coverage were analyzed to determine if there is 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 has expanded this comparison method to include obstetricians, allergists, and gastroenterologists, and will continue these efforts with other high-profile provider types to increase coverage for KanCare members.

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

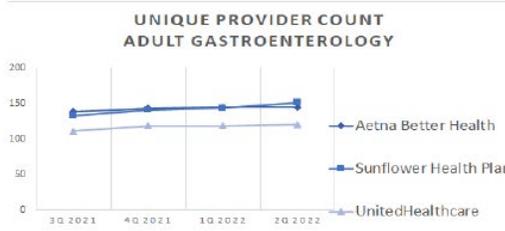
³ <https://www.kancare.ks.gov/policies-and-reports/network-adequacy>



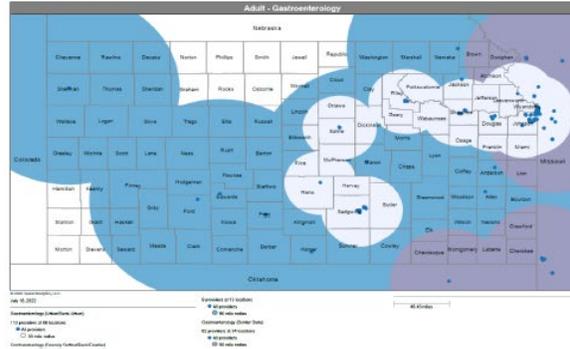
Gastroenterology

Quarterly Unique Provider Count

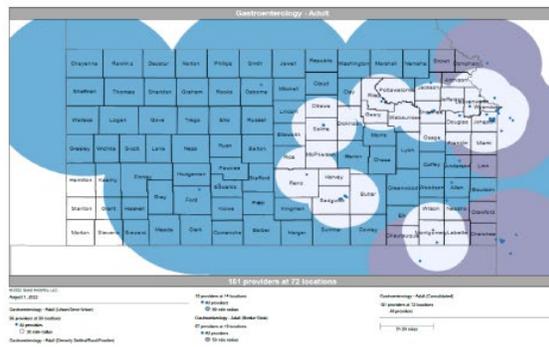
	3Q 2021	4Q 2021	1Q 2022	2Q 2022
Aetna Better Health	139	143	145	145
Sunflower Health Plan	133	141	144	151
UnitedHealthcare	111	118	118	120



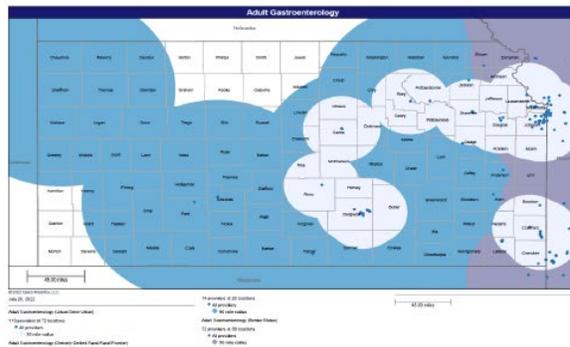
Aetna Better Health



Sunflower Health Plan

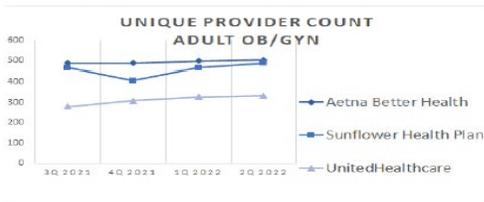


UnitedHealthcare

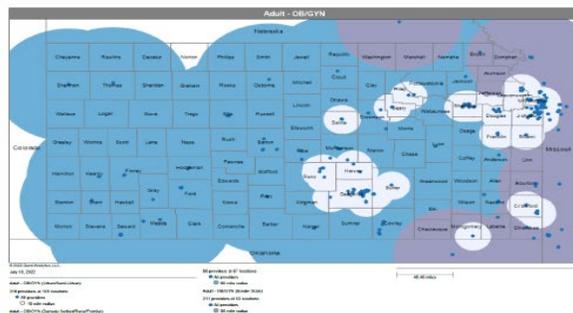


Obstetrics/Gynecology (OB/GYN)
Quarterly Unique Provider Count

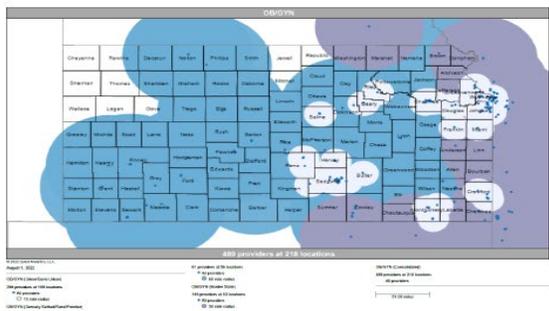
	3Q 2021	4Q 2021	1Q 2022	2Q 2022
Aetna Better Health	488	489	499	503
Sunflower Health Plan	467	405	467	489
UnitedHealthcare	279	307	326	332



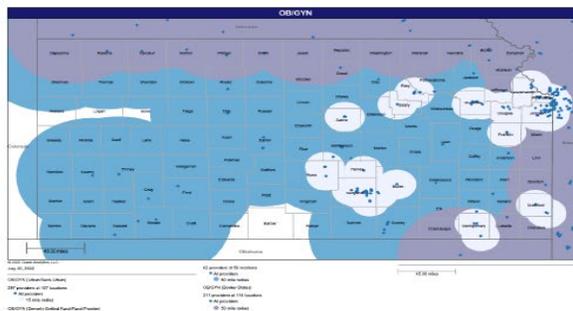
Aetna Better Health



Sunflower Health Plan



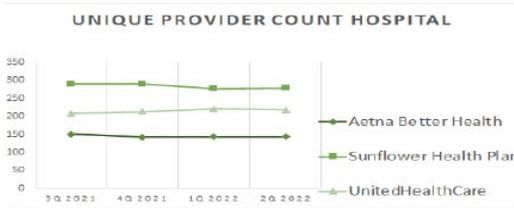
UnitedHealthcare



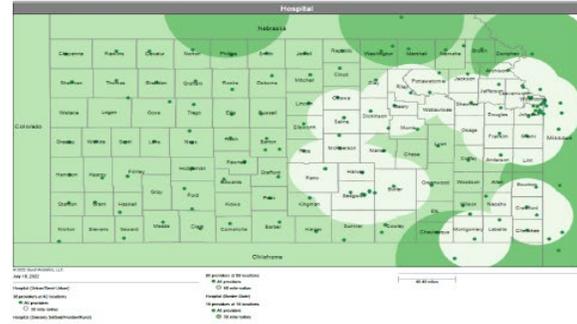
Hospitals

Quarterly Unique Provider Count

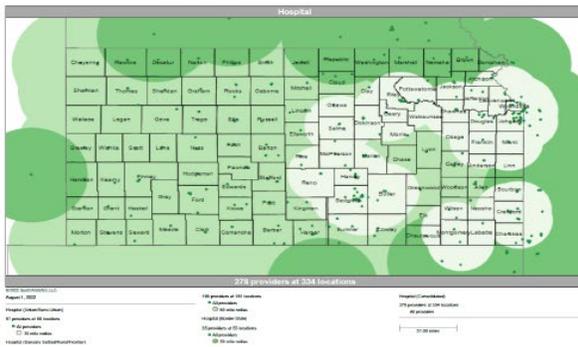
	3Q 2021	4Q 2021	1Q 2022	2Q 2022
Aetna Better Health	151	142	143	143
Sunflower Health Plan	290	290	276	278
UnitedHealthCare	208	213	220	218



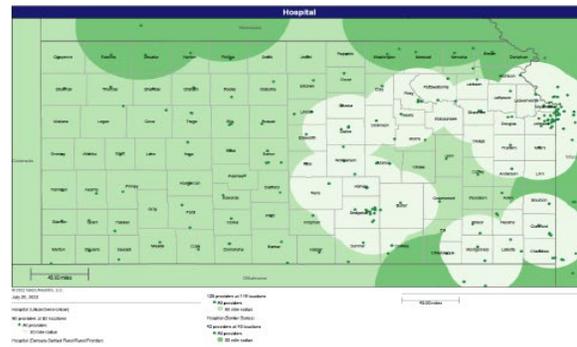
Aetna Better Health



Sunflower Health Plan



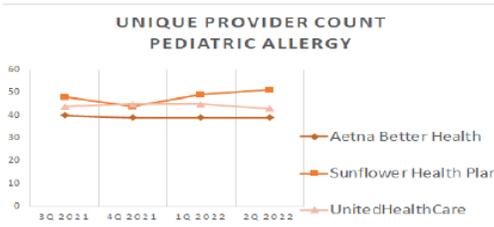
UnitedHealthcare



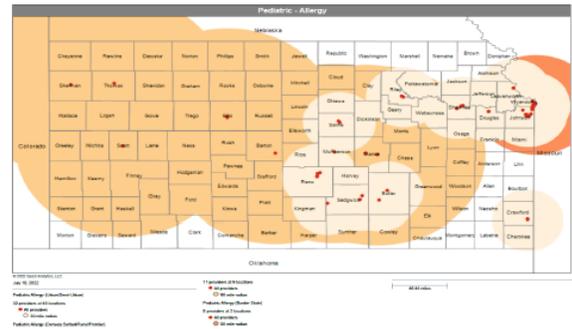
Allergy

QUARTERLY UNIQUE PROVIDER COUNT

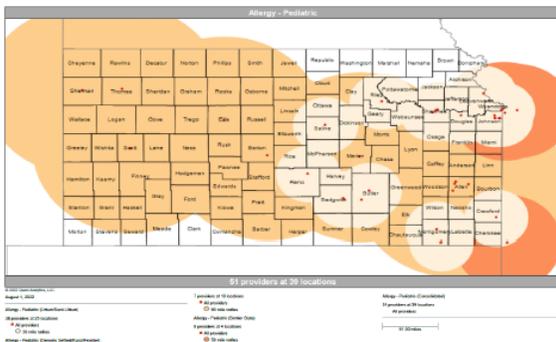
	3Q 2021	4Q 2021	1Q 2022	2Q 2022
Aetna Better Health	40	39	39	39
Sunflower Health Plan	48	44	49	51
UnitedHealthCare	44	45	45	43



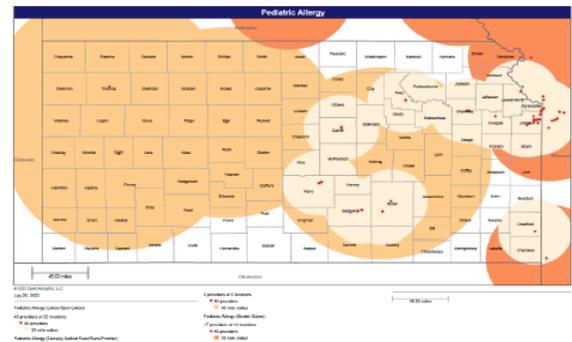
Aetna Better Health



Sunflower Health Plan



UnitedHealthcare



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

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

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

- b. Customer service reporting, including total calls, average speed of answer, and call abandonment rates, for MCO-based and fiscal agent call centers, April - June 2022:

KanCare Customer Service Report – Member

MCO/Fiscal Agent	Average Speed of Answer (Seconds)	Call Abandonment Rate	Total Calls
Aetna	10.73	1.37%	46,503
Sunflower	15.41	2.29%	35,402
United	13.27	0.73%	35,762
Gainwell– Fiscal Agent	2	0.14%	19,819

KanCare Customer Service Report - Provider

MCO/Fiscal Agent	Average Speed of Answer (Seconds)	Call Abandonment Rate	Total Calls
Aetna	4.50	0.38%	17,972
Sunflower	10.15	1.27%	26,444
United	46.94	2.8%	20,226
Gainwell– Fiscal Agent	2	0.13%	32,294

- 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:

- There were 20 member grievances categorized as Transportation – No Show which is an increase of 17 from three reported CY2022 first quarter.

Aetna Grievance Trends		
Total # of Resolved Grievances	105	
Top 5 Trends		
Trend 1: Transportation – No Show	20	19%
Trend 2: Access to Service or Care	15	14%
Trend 3: Transportation – Other	15	14%
Trend 4: Quality of Care (non HCBS Provider)	12	11%
Trend 5: Customer Service	9	9%

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

Sunflower Member Grievances:

- There were 26 member grievances categorized as Pharmacy Issues which is an increase of 19 from seven reported CY2022 first quarter.
- There were 24 member grievances categorized as Transportation – Late which is an increase of 14 from 10 reported CY2022 first quarter.

Sunflower Grievance Trends		
Total # of Resolved Grievances	270	
Top 5 Trends		
Trend 1: Transportation – No Show	53	20%
Trend 2: Transportation – Other	36	13%
Trend 3: Transportation – No Driver	28	10%
Trend 4: Pharmacy Issues	26	10%
Trend 5: Transportation – Late	24	9%

United Member Grievances:

- There were 76 member grievances categorized as Billing and Financial Issues (non-transportation) which is an increase of 21 from 55 reported CY2022 first quarter.
- There were 48 member grievances categorized as Transportation – No Driver Available which is an increase of 21 from 27 reported CY2022 first quarter.
- There were 40 member grievances categorized as Transportation – No Show which is a decrease of 34 from 74 reported CY2022 first quarter.
- There were 28 member grievances categorized as Quality of Care (non HCBS provider) which is an increase of 14 from 14 reported CY2022 first quarter.

United Grievance Trends		
Total # of Resolved Grievances	308	
Top 5 Trends		
Trend 1: Billing and Financial Issues (non-transportation)	76	25%
Trend 2: Transportation – No Driver Available	48	16%
Trend 3: Transportation – No Show	40	13%
Trend 4: Quality of Care (non HCBS provider)	28	9%
Trend 5: Transportation – Other	27	9%

MCOs' Grievance Trends Provider

Aetna Grievance Trends	
Total # of Resolved Grievances	0

Sunflower Grievance Trends		
Total # of Resolved Grievances	19	
Top 5 Trends		
Trend 1: Transportation	12	63%
Trend 2: Billing/Payment	3	16%

United Grievance Trends	
Total # of Resolved Grievances	0

MCOs' Reconsideration Trends Provider

Aetna Provider Reconsiderations

- There were 919 provider reconsiderations categorized as PR – CPD – Medical (Physical Health not Otherwise Specified) which is a decrease of 103 from 1022 reported CY2022 first quarter.
- There were 355 provider reconsiderations categorized as PR – CPD – Hospital Outpatient (Non-Behavioral Health) which is an increase of 129 from 226 reported CY2022 first quarter.
- There were 155 provider reconsiderations categorized as PR – CPD – Laboratory which is a decrease of 51 from 206 reported CY2022 first quarter.

Aetna Provider Reconsideration Trends		
Total # of Resolved Reconsiderations	2,070	
Top 5 Trends		
Trend 1: PR – CPD – Medical (Physical Health not Otherwise Specified)	919	44%
Trend 2: PR – CPD – Hospital Outpatient (Non-Behavioral Health)	355	17%
Trend 3: PR – CPD – Hospital Inpatient (Non-Behavioral Health)	216	10%
Trend 4: PR – CPD – Durable Medical Equipment	206	10%
Trend 5: PR – CPD – Laboratory	155	7%

Sunflower Provider Reconsiderations

- There were 3,063 provider reconsiderations categorized as PR – CPD – Medical (Physical Health not Otherwise Specified) which is a decrease of 651 from 3,714 reported CY2022 first quarter.
- There were 337 provider reconsiderations categorized as PR – CPD – Laboratory which is a decrease of 112 from 449 reported CY2022 first quarter.

Sunflower Provider Reconsideration Trends		
Total # of Resolved Reconsiderations	6,226	
Top 5 Trends		
Trend 1: PR – CPD – Medical (Physical Health not Otherwise Specified)	3,063	49%
Trend 2: PR – CPD – Durable Medical Equipment	1,009	16%
Trend 3: PR – CPD – Hospital Outpatient (Non-Behavioral Health)	991	16%
Trend 4: PR – CPD – Laboratory	337	5%
Trend 5: PR – CPD – Hospital Inpatient (Non-Behavioral Health)	198	3%

United Provider Reconsiderations

- There were 569 provider reconsiderations categorized as PR – CPD – Out of network provider, specialist or specific provider which is a decrease of 119 from 688 reported CY2022 first quarter.
- There were 386 provider reconsiderations categorized as PR – CPD – Hospital Inpatient (Non-Behavioral Health) which is an increase of 132 from 254 reported CY2022 first quarter.

United Provider Reconsideration Trends		
Total # of Resolved Reconsiderations	7,545	
Top 5 Trends		
Trend 1: PR – CPD – Medical (Physical Health not Otherwise Specified)	3,727	49%
Trend 2: PR – CPD – Durable Medical Equipment	1,021	14%
Trend 3: PR – CPD – Behavioral Health Outpatient and Physician	599	8%
Trend 4: PR – CPD – Out of network provider, specialist or specific provider	569	8%
Trend 5: PR – CPD – Hospital Inpatient (Non-Behavioral Health)	386	5%

MCOs' Appeals Trends Member/Provider

Aetna Member Appeals:

- There were 25 member appeals categorized as MA – CNM – Radiology which is an increase of 20 from five reported CY2022 first quarter.

Aetna Member/Provider Appeal Trends								
Total # of Resolved Member Appeals		196		Total # of Resolved Provider Appeals		447		
Top 5 Trends			Top 5 Trends					
Trend 1: MA – CNM – Pharmacy	78	40%	Trend 1: PA – CPD – Medical (Physical Health not Otherwise Specified)	136	30%			
Trend 2: MA – CNM – Medical Procedure	48	24%	Trend 2: PA – CPD – Hospital Inpatient (Non-Behavioral Health)	101	23%			
Trend 3: MA – CNM – Radiology	25	13%	Trend 3: PA – CPD – Laboratory	67	15%			
Trend 4: MA – CNM – Durable Medical Equipment	18	9%	Trend 4: PA – CPD – Hospital Outpatient (Non-Behavioral Health)	62	14%			
Trend 5: MA – CNM – Behavioral Health Outpatient and Physician	7	4%	Trend 5: PA – CPD – Durable Medical Equipment	28	6%			

Sunflower Member Appeals:

- There were 46 member appeals categorized as MA – CNM – Radiology which is an increase of 17 from 29 reported CY2022 first quarter.
- There were 31 member appeals categorized as MA – CNM – Durable Medical Equipment which is an increase of 21 from 10 reported CY2022 first quarter.

Sunflower Provider Appeals:

- There were 121 provider appeals categorized as PA – CPD – Behavioral Health Outpatient and Physician which is an increase of 64 from 57 reported CY2022 first quarter.
- There were 53 provider appeals categorized as PA – CPD – Medical (Physical Health not Otherwise Specified) which is a decrease of 178 from 231 reported CY2022 first quarter.
- There were 35 provider appeals categorized as PA – CPD – Hospital Inpatient (Non-Behavioral Health) which is a decrease of 16 from 51 reported CY2022 first quarter.

Sunflower Member/Provider Appeal Trends								
Total # of Resolved Member Appeals		219		Total # of Resolved Provider Appeals		610		
Top 5 Trends			Top 5 Trends					
Trend 1: MA – CNM – Pharmacy	74	34%	Trend 1: PA – CNM – Pharmacy	166	27%			
Trend 2: MA – CNM – Radiology	46	21%	Trend 2: PA – CPD – Behavioral Health Outpatient and Physician	121	20%			
Trend 3: MA – CNM – Durable Medical Equipment	31	14%	Trend 3: PA – CPD – Medical (Physical Health not Otherwise Specified)	53	9%			
Trend 4: MA – CNM – Medical Procedure	16	7%	Trend 4: PA – CNM – Radiology	42	7%			
Trend 5: MA – CNM – Other	14	6%	Trend 5: PA – CPD – Hospital Inpatient (Non-Behavioral Health)	35	6%			

United Member Appeals:

- There were 14 member appeals categorized as MA – LOC – LTSS/HCBS which is an increase of 10 from four reported CY2022 first quarter.

United Provider Appeals:

- There were 337 provider appeals categorized as PA – CPD – Hospital Inpatient (Non-Behavioral Health) which is an increase of 67 from 270 reported CY2022 first quarter.
- There were 238 provider appeals categorized as PA – CPD – Medical (Physical Health not Otherwise Specified) which is a decrease of 70 from 308 reported CY2022 first quarter.
- There were 139 provider appeals categorized as PA – CPD – Home Health which is a decrease of 54 from 193 reported CY2022 first quarter.

United Member/Provider Appeal Trends					
Total # of Resolved Member Appeals	278		Total # of Resolved Provider Appeals	1,228	
Top 5 Trends			Top 5 Trends		
Trend 1: MA – CNM – Pharmacy	148	53%	Trend 1: PA – CPD – Hospital Inpatient (Non-Behavioral Health)	337	27%
Trend 2: MA – CNM – Durable Medical Equipment	27	10%	Trend 2: PA – CPD – Medical (Physical Health not Otherwise Specified)	238	19%
Trend 3: MA – CNM – Inpatient Admissions (Non-Behavioral Health)	27	10%	Trend 3: PA – CPD – Hospital Outpatient (Non-Behavioral Health)	158	13%
Trend 4: MA – LOC – LTSS/HCBS	14	5%	Trend 4: PA – CPD – Home Health	139	11%
Trend 5: MA – CNM – Other	11	4%	Trend 5: PA – CPD – Pharmacy	124	10%

MCOs’ State Fair Hearing Reversed Decisions - Member/Provider

- There were 10 member state fair hearings for all three MCOs. No decisions were reversed by OAH.
- There were 24 provider state fair hearings for all three MCOs. One decision was reversed by OAH.

Aetna					
Total # of Member SFH	0		Total # of Provider SFH	11	
OAH reversed MCO decision	0		OAH reversed MCO decision	0	0%

Sunflower					
Total # of Member SFH	4		Total # of Provider SFH	4	
OAH reversed MCO decision	0	0%	OAH reversed MCO decision	0	0%

United					
Total # of Member SFH	6		Total # of Provider SFH	9	
OAH reversed MCO decision	0	0%	OAH reversed MCO decision	0	0%

- Enrollee complaints and grievance reports to determine any trends: This information is included at items IV(d) and X(c) above.
- Summary of ombudsman activities: The [report for the second quarter of calendar year 2022](#) 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. 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.

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 2022 AIR reports through the quarter ending June 30, 2022 follows:

Critical Incidents	1 st Quarter	2 nd Quarter	3 rd Quarter	4 th Quarter	YTD
	AIR Totals	AIR Totals	AIR Totals	AIR Totals	TOTALS
Reviewed	2,980	2,877			5,857
Pending Resolution	12	17			29
Total Received	2,992	2,894			5,886
APS Substantiations*	192	180			372

**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 DY 10 first and second quarter payments are being held while the State and CMS discuss the long-term consequences to the rural hospitals if the State recalculates the DY 9 UCC Pool payments and recoups funds from the DY10 UCC Pool payments. The DY 10 second quarter LPTH/BCCH UC Pool payment was issued June 16, 2022.

[SNCP and HCAIP reports for the second quarter of DY 10](#) are attached to this report.

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

XI. Demonstration Evaluation

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

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

a. Post-award forums

No post-award forum was held during the April-June 2022 quarter.

b. Claims Adjudication Statistics

KDHE’s summary of the [KanCare MCOs’ claims adjudication reports covering January through June of 2022 is attached.](#)

c. Waiting List Management

PD Waiting List Management

For the quarter ending June 30, 2022:

- Current number of individuals on the PD Waiting List: 2,255.
- Number of individuals added to the waiting list: 422
- Number of individuals removed from the waiting list: 368
 - 187 started receiving HCBS-PD waiver services
 - 26 were deceased
 - 155 were removed for other reasons (refused services, voluntary removal, etc.)

I/DD Waiting List Management

For the quarter ending June 30, 2022:

- Current number of individuals on the I/DD Waiting List: 4,778
- Number of individuals added to the waiting list: 165
- Number of individuals removed from the waiting list: 161
 - 101 started receiving HCBS-I/DD waiver services
 - 3 were deceased
 - 57 were removed for other reasons (refused services, voluntary removal, etc.)

XIV. Enclosures/Attachments

Section of Report Where Attachment Noted	Description of Attachment
IV(e)	HCBS Quality Report for October-December 2021
X(e)	Summary of KanCare Ombudsman Activities for QE 06.30.2022
XI	Safety Net Care Pool Reports DY10 Q2 and HCAIP Reports DY10 Q2
XIII(b)	KDHE Summary of Claims Adjudication Statistics for January-June 2022

XV. State Contacts

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V. Date Submitted to CMS

August 30, 2022



Home and Community Based Services
Quality Review Report
October - December 2021

HCBS Waiver Quality Review Rolling Timeline

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

*Per HCBS Waiver Quality Review policy.

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

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	90	62
Autism	49	8	7
SED	3813	88	90

July - September 2021 HCBS Quality Sample			
Waiver	Population Count	Quarterly Sample Size	Completed Reviews
PD	6116	91	92
FE	6081	90	93
IDD	9132	92	95
BI	822	60	63
TA	653	61	63
Autism	57	15	13
SED	3616	87	89

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

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 Supports and Services
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 Assisted
TBI/BI	Traumatic Brain Injury/Brain Injury
TLS	Transitional Living Specialist
UAR	Universal Assessment Results
UAT	Universal Assessment Tool

Level of Care Performance Measures 1 & 2

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

Level of Care Performance Measure 1

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

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

Denominator: Total number of initial enrolled waiver participants

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

Level of Care Performance Measure 2

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

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

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

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

KDADS HCBS Quality Review Report

Administrative Authority

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

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

Denominator: Number of Quality Review reports

Review Period: 10/01/2021 - 12/31/2021

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	Jul-Sept 2021	Oct-Dec 2021
PD												
Statewide	25%	25%	25%	75%	100%	100%	100%	100%	100%	100%	100%	100%
FE												
Statewide	25%	25%	25%	75%	100%	100%	100%	100%	100%	100%	100%	100%
IDD												
Statewide	25%	25%	25%	75%	100%	100%	100%	100%	100%	100%	100%	100%
BI												
Statewide	25%	25%	25%	75%	100%	100%	100%	100%	100%	100%	100%	100%
TA												
Statewide	25%	25%	25%	75%	100%	100%	100%	100%	100%	100%	100%	100%
Autism												
Statewide	25%	25%	25%	75%	100%	100%	100%	100%	100%	100%	100%	100%
SED												
Statewide	25%	25%	25%	75%	100%	100%	100%	100%	100%	100%	100%	100%

Explanation of Findings:

Performance Measure threshold achieved for all waivers.

Remediation:

No remediation necessary.

KDADS HCBS Quality Review Report

Administrative Authority

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

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

Denominator: Total number of waiver amendments and renewals

Review Period: 10/01/2021 - 12/31/2021

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	100%
Numerator	1
Denominator	1
SED	100%
Numerator	1
Denominator	1

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

Explanation of Findings:

Performance Measure threshold achieved.

Remediation:

No remediation necessary.

KDADS HCBS Quality Review Report

Administrative Authority

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

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

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

Review Period: 10/01/2021 - 12/31/2021

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	Jul-Sept 2021	Oct-Dec 2021
PD												
Statewide	N/A	N/A	100%	N/A	100%	100%	N/A	100%	N/A	N/A	N/A	N/A
FE												
Statewide	N/A	N/A	100%	N/A	100%	100%	N/A	100%	N/A	N/A	N/A	N/A
IDD												
Statewide	100%	N/A	100%	100%	100%	100%	N/A	100%	N/A	N/A	N/A	N/A
BI												
Statewide	100%	N/A	100%	100%	100%	100%	100%	100%	N/A	N/A	N/A	N/A
TA												
Statewide	N/A	N/A	N/A	N/A	100%	100%	N/A	100%	N/A	N/A	N/A	N/A
Autism												
Statewide	N/A	N/A	N/A	N/A	100%	100%	N/A	100%	N/A	N/A	N/A	N/A
SED												
Statewide	N/A	N/A	N/A	N/A	100%	N/A	N/A	100%	N/A	N/A	N/A	N/A

Explanation of Findings:

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

Remediation:

No remediation necessary.

KDADS HCBS Quality Review Report

Administrative Authority

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

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

Denominator: Number of Long-Term Care meetings

Review Period: 10/01/2021 - 12/31/2021

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	Jul-Sept 2021	Oct-Dec 2021
PD												
Statewide	Not a measure	45%	67%	70%	100%	100%	100%	100%	100%	100%	100%	100%
FE												
Statewide	100%	82%	50%	70%	100%	100%	100%	100%	100%	100%	100%	100%
IDD												
Statewide	Not a measure	91%	Not Available	70%	100%	100%	100%	100%	100%	100%	100%	100%
BI												
Statewide	Not a measure	73%	Not Available	70%	100%	100%	100%	100%	100%	100%	100%	100%
TA												
Statewide	Not a measure	64%	Not Available	70%	100%	100%	100%	100%	100%	100%	100%	100%
Autism												
Statewide	Not a measure	91%	100%	70%	100%	100%	100%	100%	100%	100%	100%	100%
SED												
Statewide	Not a measure	100%	Not Available	70%	100%	100%	100%	100%	100%	100%	100%	100%

Explanation of Findings:

Performance Measure threshold achieved for all waivers.

Remediation:

No remediation necessary.

KDADS HCBS Quality Review Report

Level of Care

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

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

Denominator: Total number of initial enrolled waiver participants

Review Period: 10/01/2021 - 12/31/2021

Data Source: Functional Assessor Record Review/State Data Systems

Compliance By Waiver	Statewide
PD	96%
Numerator	366
Denominator	381
FE	98%
Numerator	696
Denominator	710
IDD	100%
Numerator	93
Denominator	93
BI	98%
Numerator	123
Denominator	126
TA	96%
Numerator	49
Denominator	51
Autism	100%
Numerator	21
Denominator	21
SED	99%
Numerator	90
Denominator	91

Compliance Trends	2013	2014	2015	2016	2017	2018	2019	2020	Jan-Mar 2021	Apr-Jun 2021	Jul-Sept 2021	Oct-Dec 2021
PD												
Statewide	64%	83%	96%	86%	89%	92%	94%	88%	85%	98%	96%	96%
FE												
Statewide	81%	91%	93%	98%	100%	96%	96%	93%	92%	99%	95%	98%
IDD												
Statewide	99%	94%	90%	100%	100%	99%	99%	96%	84%	99%	84%	100%
BI												
Statewide	62%	89%	81%	85%	96%	88%	93%	93%	90%	100%	97%	98%
TA												
Statewide	97%	89%	100%	98%	100%	100%	100%	97%	100%	100%	97%	96%
Autism												
Statewide	82%	No Data	100%	N/A	77%	96%	100%	100%	100%	100%	100%	100%
SED												
Statewide	99%	89%	88%	91%	92%	90%	91%	88%	93%	96%	99%	99%

Explanation of Findings:

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

Performance Measure threshold met for all waivers.

Remediation:

No remediation necessary for this PM

KDADS HCBS Quality Review Report

Level of Care

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

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

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

Review Period: 10/01/2021 - 12/31/2021

Data Source: Functional Assessor Record Review/State Data Systems

Compliance By Waiver	Statewide
PD	57%
Numerator	741
Denominator	1307
FE	56%
Numerator	582
Denominator	1031
IDD	98%
Numerator	2206
Denominator	2248
BI	50%
Numerator	71
Denominator	142
TA	98%
Numerator	130
Denominator	133
Autism	100%
Numerator	21
Denominator	21
SED	Not a waiver performance measure
Numerator	
Denominator	

Compliance Trends	2013	2014	2015	2016	2017	2018	2019	2020	Jan-Mar 2021	Apr-Jun 2021	Jul-Sept 2021	Oct-Dec 2021
PD												
Statewide	47%	52%	64%	69%	68%	79%	72%	66%	57%	60%	58%	57%
FE												
Statewide	68%	70%	76%	79%	68%	84%	80%	70%	61%	60%	60%	56%
IDD												
Statewide	97%	74%	75%	77%	78%	97%	98%	97%	95%	97%	97%	98%
BI												
Statewide	39%	50%	62%	65%	62%	70%	70%	57%	55%	58%	61%	50%
TA												
Statewide	94%	90%	86%	96%	93%	99%	100%	99%	100%	99%	100%	98%
Autism												
Statewide	68%	No Data	75%	78%	63%	65%	69%	100%	100%	100%	100%	100%
SED												
Statewide	93%	88%	94%	88%	89%	Not a Measure						

Explanation of Findings:

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

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

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

Remediation:

ADRCs were sent consumer data on 04/19/22 for members who had not had an assessment prior to COVID exception with Appendix K. ADRCs have been tasked with conducting outreach with these members and determine if cases should be closed or not. This is the first of several sets of data that will be provided to the ADRCs to ensure KAMIS state systems correctly reflect eligibility.

The ADRCs provided a timeline as to when these assessments will be updated and all but 1 ADRC will have assessments completed by 08/30/2022 and the Central Plains ADRC will have theirs complete by 12/31/2022. The ADRCs are reviewing quarterly reports and providing individual remediation as required. Appendix K has negatively impacted the compliance rate for LOCs.

KDADS HCBS Quality Review Report

Level of Care

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

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

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

Review Period: 10/01/2021 - 12/31/2021

Data Source: Functional Assessor Record Review

Compliance By Waiver	Statewide
PD	94%
Numerator	88
Denominator	94
FE	95%
Numerator	86
Denominator	91
IDD	100%
Numerator	94
Denominator	94
BI	90%
Numerator	60
Denominator	67
TA	100%
Numerator	65
Denominator	65
Autism	100%
Numerator	21
Denominator	21
SED	92%
Numerator	84
Denominator	91

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

Explanation of Findings:

Performance Measure threshold met 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 necessary for all assessing entities, however, KDADS requires assessing entities to remediate any PM under 100% on an individual member basis. Appendix K flexibilities continue to impact compliance measures.

KDADS HCBS Quality Review Report

Level of Care

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

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

Denominator: Number of initial Level of Care determinations

Review Period: 10/01/2021 - 12/31/2021

Data Source: Functional Assessor Record Review

Compliance By Waiver	Statewide
PD	93%
Numerator	87
Denominator	94
FE	91%
Numerator	83
Denominator	91
IDD	100%
Numerator	94
Denominator	94
BI	88%
Numerator	59
Denominator	67
TA	100%
Numerator	65
Denominator	65
Autism	100%
Numerator	21
Denominator	21
SED	86%
Numerator	78
Denominator	91

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

Explanation of Findings:

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

Reasons for non-compliance include: functional assessment not current for audit period, therefore unable to determine if LOC determination was made by a qualified assessor.

Remediation:

The CMHCs as assessing entities are being required by KDADs to remediate any PM under 100% on an individual member basis. Appendix K flexibilities continue to impact compliance measures. The CMHCs are continuing to educate their staff on the utilization of current forms and how to correctly upload documentation .

KDADS HCBS Quality Review Report

Level of Care

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

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

Denominator: Number of initial Level of Care determinations

Review Period: 10/01/2021 - 12/31/2021

Data Source: Functional Assessor Record Review

Compliance By Waiver	Statewide
PD	94%
Numerator	88
Denominator	94
FE	95%
Numerator	86
Denominator	91
IDD	100%
Numerator	94
Denominator	94
BI	90%
Numerator	60
Denominator	67
TA	100%
Numerator	65
Denominator	65
Autism	100%
Numerator	21
Denominator	21
SED	99%
Numerator	90
Denominator	91

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

Explanation of Findings:

Performance Measure threshold met 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 necessary for all assessing entities, however, KDADS requires assessing entities to remediate any PM under 100% on an individual member basis. Appendix K flexibilities continue to impact compliance measures.

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: 10/01/2021 - 12/31/2021

Data Source:

Compliance By Waiver	Statewide
PD	Not a Waiver Performance Measure
Numerator	
Denominator	
FE	Not a Waiver Performance Measure
Numerator	
Denominator	
IDD	Not a Waiver Performance Measure
Numerator	
Denominator	
BI	Not a Waiver Performance Measure
Numerator	
Denominator	
TA	Not a Waiver Performance Measure
Numerator	
Denominator	
Autism	Not a Waiver Performance Measure
Numerator	
Denominator	
SED	87%
Numerator	34
Denominator	39

Compliance Trends	2017	2018	2019	2020	Jan-Mar 2021	Apr-Jun 2021	Jul-Sept 2021	Oct-Dec 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%	97%	92%	100%	100%	87%

Explanation of Findings:

Performance measure threshold achieved.

Remediation:

No remediation necessary.

KDADS HCBS Quality Review Report

Qualified Providers

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

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

Denominator: Number of all new licensed/certified waiver providers

Review Period: Calendar Year 2021

Data Source:

Compliance By Waiver	Aetna	Sunflower	United	Statewide
PD	0%	0%	0%	0%
Numerator	0	0	0	0
Denominator	4	4	3	5
FE	9%	7%	7%	5%
Numerator	1	1	1	1
Denominator	11	15	14	19
IDD	0%	0%	0%	0%
Numerator	0	0	0	0
Denominator	6	4	4	6
BI	0%	N/A	0%	0%
Numerator	0	0	0	0
Denominator	1	0	2	2
TA	N/A	0%	N/A	0%
Numerator	0	0	0	0
Denominator	0	1	0	1
Autism	N/A	N/A	N/A	N/A
Numerator	0	0	0	0
Denominator	0	0	0	0
SED	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, AU, SED: Providers did not meet background check requirements set out in waiver and KDADS policy

Remediation:

All three contracted MCOs are on Quality Improvement Plans (QIPs) for this measure. KDADS requested a LEGEND and further explanation of how Averifi conducted and tracked background checks on 04/22/2022. From reviews it appears that MCOs only conducted the Nurse Registry check on those individuals who held the licenses of RN, LPN, CMA, etc. KDADS and KDHE has reviewed the interpretive guidelines and provided clarification to the MCOs. KDADS directed the MCOs to follow the Background Check Policy.

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

KDADS HCBS Quality Review Report

Qualified Providers

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

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

Denominator: Number of enrolled licensed/certified waiver providers

Review Period: Calendar Year 2021

Data Source:

Compliance By Waiver	Aetna	Sunflower	United	Statewide
PD	15%	16%	17%	15%
Numerator	15	16	15	16
Denominator	101	103	90	105
FE	23%	20%	22%	23%
Numerator	28	28	30	36
Denominator	121	142	134	159
IDD	1%	3%	0%	3%
Numerator	1	4	0	4
Denominator	110	129	111	143
BI	0%	0%	0%	0%
Numerator	0	0	0	0
Denominator	21	20	20	22
TA	7%	7%	0%	6%
Numerator	1	1	0	1
Denominator	14	14	12	16
Autism	0%	0%	0%	0%
Numerator	0	0	0	0
Denominator	3	2	2	3
SED	0%	0%	0%	0%
Numerator	0	0	0	0
Denominator	25	24	24	25

Explanation of Findings:

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

Remediation:

Current policy requires change to include Motor Vehicle checks being conducted only for staff that drive. MCOs are working with Averifi and contracted providers to ensure policy is followed. MCOs met with Averifi on April 22, 2022 to meet with request for follow up w/KDADS regarding clarification of response to if Nurse Registry checks were conducted on all staff. Request for update sent to MCOs on April 26, 2022. Additionally clarification was given to MCOs regarding Foster Care licensing and IDD Children's Residential. Although Foster Care licensing does do background checks, they do not conduct all the background checks necessary for HCBS waiver members. Further education and compliance information shared with the MCOs and Averifi on 06/01/2022.

Compliance Trends	2013	2014	2015	2016	2017	2018	2019	2020	2021
PD									
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	0%	38%	15%
Amerigroup				N/A	0%	0%	N/A	N/A	N/A
Sunflower		No Data	No Data	N/A	0%	0%	0%	38%	16%
United				N/A	0%	0%	0%	43%	17%
Statewide	100%			N/A	0%	0%	0%	39%	15%
FE									
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	0%	39%	23%
Amerigroup				5%	0%	0%	N/A	N/A	N/A
Sunflower		No Data	No Data	30%	0%	0%	0%	38%	20%
United				N/A	0%	0%	0%	42%	22%
Statewide	Not a Measure			9%	0%	0%	0%	39%	23%
IDD									
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	0%	39%	1%
Amerigroup				N/A	0%	0%	N/A	N/A	N/A
Sunflower		No Data	No Data	N/A	0%	0%	0%	41%	3%
United				N/A	0%	0%	0%	48%	0%
Statewide	98%			N/A	0%	0%	0%	39%	3%
BI									
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	0%	15%	0%
Amerigroup				N/A	0%	0%	N/A	N/A	N/A
Sunflower		No Data	No Data	N/A	0%	0%	0%	14%	0%
United				N/A	0%	0%	0%	15%	0%
Statewide	89%			N/A	0%	0%	0%	14%	0%
TA									
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	0%	15%	7%
Amerigroup				N/A	0%	0%	N/A	N/A	N/A
Sunflower		No Data	No Data	N/A	0%	0%	0%	13%	7%
United				N/A	0%	0%	0%	14%	0%
Statewide	93%			N/A	0%	0%	0%	13%	6%
Autism									
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	0%	0%	0%
Amerigroup				N/A	0%	0%	N/A	N/A	N/A
Sunflower		No Data	No Data	N/A	0%	0%	0%	0%	0%
United				N/A	0%	0%	0%	0%	0%
Statewide	100%			N/A	0%	0%	0%	0%	0%
SED									
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	0%	8%	0%
Amerigroup				N/A	0%	0%	N/A	N/A	N/A
Sunflower		No Data	No Data	N/A	0%	0%	0%	8%	0%
United				N/A	0%	0%	0%	8%	0%
Statewide	100%			N/A	0%	0%	0%	8%	0%

KDADS HCBS Quality Review Report

Qualified Providers

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

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

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

Review Period: Calendar Year 2021

Data Source:

Compliance By Waiver	Aetna	Sunflower	United	Statewide
PD	0%	0%	0%	0%
Numerator	0	0	0	0
Denominator	4	2	2	4
FE	N/A	0%	0%	0%
Numerator	0	0	0	0
Denominator	0	1	1	1
IDD	0%	N/A	N/A	0%
Numerator	0	0	0	0
Denominator	1	0	0	1
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:

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

Remediation:

Current policy requires change to include Motor Vehicle checks being conducted only for staff that drive. MCOs are working with Averifi and contracted providers to ensure policy is followed and marked consistently across all MCOs to ensure the background check policy is being followed. MCOs met with Averifi on April 22, 2022 to meet with request for follow up w/KDADS regarding clarification of response to if Nurse Registry checks were conducted on all staff. Request for update sent to MCOs on April 26, 2022. Additionally clarification was given to MCOs regarding Foster Care licensing and IDD Children's Residential. Although Foster Care licensing does do background checks, they do not conduct all the background checks necessary for HCBS waiver members. Further education and compliance information shared with the MCOs and Averifi on 06/01/2022.

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

KDADS HCBS Quality Review Report

Qualified Providers

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

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

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

Review Period: Calendar Year 2021

Data Source:

Compliance By Waiver	Aetna	Sunflower	United	Statewide
PD	13%	12%	13%	12%
Numerator	3	3	3	3
Denominator	23	25	24	26
FE	9%	7%	7%	7%
Numerator	1	1	1	1
Denominator	11	15	14	15
IDD	0%	N/A	N/A	0%
Numerator	0	0	0	0
Denominator	2	0	0	2
BI	0%	0%	0%	0%
Numerator	0	0	0	0
Denominator	15	15	15	15
TA	0%	0%	0%	0%
Numerator	0	0	0	0
Denominator	10	10	10	10
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: Providers did not meet background check requirements set out in waiver and KDADS policy

Remediation:

Current policy requires change to include Motor Vehicle checks being conducted only for staff that drive. MCOs are working with Averifi and contracted providers to ensure policy is followed and marked consistently across all MCOs to ensure the background check policy is being followed. MCOs met with Averifi on April 22, 2022 to meet with request for follow up w/KDADS regarding clarification of response to if Nurse Registry checks were conducted on all staff. Request for update sent to MCOs on April 26, 2022. Additionally clarification was given to MCOs regarding Foster Care licensing and IDD Children's Residential. Although Foster Care licensing does do background checks, they do not conduct all the background checks necessary for HCBS waiver members. Further education and compliance information shared with the MCOs and Averifi on 06/01/2022.

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

KDADS HCBS Quality Review Report

Qualified Providers

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

Numerator: Number of providers that meet training requirements

Denominator: Number of active providers

Review Period: Calendar Year 2021

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. KDADS has a plan to use FMAP funding to enhance training for providers to meet waiver requirements. KDADS plans to have this completed by the close of 2024.

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

KDADS HCBS Quality Review Report

Service Plan

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

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

Denominator: Number of waiver participants whose service plans were reviewed

Review Period: 10/01/2021 - 12/31/2021

Data Source: MCO Record Review

Compliance By Waiver	Aetna	Sunflower	United	Statewide
PD	89%	73%	47%	68%
Numerator	25	22	17	64
Denominator	28	30	36	94
FE	83%	80%	47%	67%
Numerator	20	24	18	62
Denominator	24	30	38	92
IDD	93%	76%	57%	72%
Numerator	14	37	17	68
Denominator	15	49	30	94
BI	81%	42%	48%	57%
Numerator	17	8	13	38
Denominator	21	19	27	67
TA	94%	45%	92%	77%
Numerator	17	10	23	50
Denominator	18	22	25	65
Autism	100%	86%	42%	62%
Numerator	2	6	5	13
Denominator	2	7	12	21
SED	83%	85%	41%	68%
Numerator	20	28	14	62
Denominator	24	33	34	91

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

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

AU: Document containing goals not provided for review

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

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

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

All three 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 PHE which the state informed MCOs in May 2022 that these can be extended through 07/15/2022. Currently the extension is through October 13, 2022.

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

KDADS has received QIPs from the contracted MCOs to address QIP 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 bring these performance measures into full compliance of eight consecutive quarters.

This audit for period October - December 2021 continues to show ongoing improvement from all three MCOs across all waivers; however, most measures continue to not meet the required threshold. KDADS met with each MCO on May 9, 2022 to review progress on QIPs and will be provided detailed information as to their strong and weak areas with discussion of further improvement plans for any measure that are under 87%. Additionally, KDADS will discuss the rotation of a complete year of QIP implementation and the finalized results for the Oct-Dec 2021 review. KDADS and KDHE are meeting with the MCOs regarding proposed Corrective Action Plans.

KDADS HCBS Quality Review Report

Service Plan

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

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

Denominator: Number of waiver participants whose service plans were reviewed

Review Period: 10/01/2021 - 12/31/2021

Data Source: MCO Record Review

Compliance By Waiver	Aetna	Sunflower	United	Statewide
PD	86%	83%	100%	90%
Numerator	24	25	36	85
Denominator	28	30	36	94
FE	88%	93%	82%	87%
Numerator	21	28	31	80
Denominator	24	30	38	92
IDD	87%	86%	100%	90%
Numerator	13	42	30	85
Denominator	15	49	30	94
BI	76%	58%	85%	75%
Numerator	16	11	23	50
Denominator	21	19	27	67
TA	89%	68%	88%	82%
Numerator	16	15	22	53
Denominator	18	22	25	65
Autism	100%	86%	92%	90%
Numerator	2	6	11	19
Denominator	2	7	12	21
SED	50%	67%	82%	68%
Numerator	12	22	28	62
Denominator	24	33	34	91

Explanation of Findings:

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

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

AU: Service plan not provided or does not cover entire review period, services not listed 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 September 2020, KDADS has continued to coordinate with the MCOs in educating their Care Coordinators on how to adequately complete a Person-Centered Service Plan (PCSP).

All three 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 PHE which the state informed MCOs in May 2022 that these can be extended through 07/15/2022. Currently the extension is through October 13, 2022.

Each MCO met on January 13, 2022 and reviewed the QIPs for performance measures at that time, MCOs were requested to create additional QIPs for Appendices C, D and G. KDADS has received QIPs from the contracted MCOs to address QIP 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 of bringing these performance measures into full compliance of eight consecutive quarters.

This audit for period October - December 2021 continues to show ongoing improvement from all three MCOs across all waivers; however, most measures continue to not meet the required threshold. KDADS met with each MCO on May 9, 2022 to review progress on QIPs and will be provided detailed information as to their strong and weak areas with discussion of further improvement plans for any measure that are under 87%. Additionally, KDADS will discuss the rotation of a complete year of QIP implementation and the finalized results for the Oct-Dec 2021 review. KDADS and KDHE are meeting with the MCOs regarding proposed Corrective Action Plans.

Compliance Trends	2013	2014	2015	2016	2017	2018	2019	2020	Jan-Mar 2021	Apr-Jun 2021	Jul-Sept 2021	Oct-Dec 2021
PD												
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	66%	41%	50%	81%	92%	86%
Amerigroup		83%	55%	74%	83%	93%	N/A	N/A	N/A	N/A	N/A	N/A
Sunflower		90%	56%	63%	83%	77%	86%	59%	42%	91%	90%	83%
United		89%	68%	92%	87%	94%	88%	48%	23%	92%	92%	100%
Statewide	86%	87%	59%	76%	84%	88%	83%	50%	37%	88%	91%	90%
FE												
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	71%	40%	57%	77%	87%	88%
Amerigroup		79%	66%	74%	80%	88%	N/A	N/A	N/A	N/A	N/A	N/A
Sunflower		90%	53%	73%	75%	76%	86%	57%	29%	81%	84%	93%
United		88%	68%	84%	88%	90%	88%	49%	29%	92%	95%	82%
Statewide	87%	86%	61%	77%	81%	84%	84%	50%	36%	85%	89%	87%
IDD												
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	51%	40%	31%	93%	100%	87%
Amerigroup		85%	67%	64%	77%	83%	N/A	N/A	N/A	N/A	N/A	N/A
Sunflower		77%	36%	65%	70%	77%	78%	52%	16%	80%	86%	86%
United		72%	47%	78%	91%	90%	78%	43%	40%	90%	100%	100%
Statewide	99%	78%	48%	68%	77%	82%	75%	47%	26%	85%	93%	90%
BI												
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	38%	19%	44%	70%	67%	76%
Amerigroup		67%	48%	65%	78%	75%	N/A	N/A	N/A	N/A	N/A	N/A
Sunflower		82%	28%	82%	74%	73%	79%	38%	41%	47%	79%	58%
United		70%	62%	80%	79%	84%	82%	33%	12%	77%	88%	85%
Statewide	72%	73%	45%	72%	77%	76%	71%	31%	31%	69%	79%	75%
TA												
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	81%	35%	24%	88%	88%	89%
Amerigroup		93%	58%	70%	88%	98%	N/A	N/A	N/A	N/A	N/A	N/A
Sunflower		98%	62%	74%	69%	85%	90%	40%	48%	86%	80%	68%
United		97%	58%	79%	92%	84%	91%	31%	54%	100%	93%	88%
Statewide	96%	96%	59%	73%	83%	91%	89%	35%	44%	92%	87%	82%
Autism												
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	0%	0%	0%	100%	50%	100%
Amerigroup		81%	59%	33%	88%	82%	N/A	N/A	N/A	N/A	N/A	N/A
Sunflower		50%	45%	47%	15%	28%	31%	60%	33%	50%	50%	86%
United		63%	21%	22%	13%	24%	62%	0%	43%	100%	86%	92%
Statewide	59%	68%	46%	36%	37%	39%	44%	14%	33%	86%	69%	90%
SED												
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	56%	27%	40%	48%	52%	50%
Amerigroup		91%	99%	98%	99%	96%	N/A	N/A	N/A	N/A	N/A	N/A
Sunflower		91%	92%	87%	93%	88%	83%	32%	21%	61%	51%	67%
United		89%	98%	96%	84%	76%	77%	38%	78%	79%	81%	82%
Statewide	92%	90%	97%	94%	92%	87%	76%	33%	48%	64%	62%	68%

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

KDADS HCBS Quality Review Report

Service Plan

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

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

Denominator: Number of waiver participants whose service plans were reviewed

Review Period: 10/01/2021 - 12/31/2021

Data Source: MCO Record Review

Compliance By Waiver	Aetna	Sunflower	United	Statewide
PD	82%	83%	100%	89%
Numerator	23	25	36	84
Denominator	28	30	36	94
FE	88%	93%	82%	87%
Numerator	21	28	31	80
Denominator	24	30	38	92
IDD	87%	86%	100%	90%
Numerator	13	42	30	85
Denominator	15	49	30	94
BI	81%	58%	85%	76%
Numerator	17	11	23	51
Denominator	21	19	27	67
TA	89%	68%	88%	82%
Numerator	16	15	22	53
Denominator	18	22	25	65
Autism	100%	86%	100%	95%
Numerator	2	6	12	20
Denominator	2	7	12	21
SED	50%	67%	82%	68%
Numerator	12	22	28	62
Denominator	24	33	34	91

Explanation of Findings:

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

TA: 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

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 September 2020, KDADS has continued to coordinate with the MCOs in educating their Care Coordinators on how to adequately complete a Person-Centered Service Plan (PCSP).

All three 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 PHE which the state informed MCOs in May 2022 that these can be extended through 07/15/2022. Currently the extension is through October 13, 2022.

Each MCO met on January 13, 2022 and reviewed the QIPs for performance measures at that time, MCOs were requested to create additional QIPs for Appendices C, D and G. KDADS has received 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 of bringing these performance measures into full compliance of eight consecutive quarters.

This audit for period October - December 2021 continues to show ongoing improvement from all three MCOs across all waivers; however, most measures continue to not meet the required threshold. KDADS met with each MCO on May 9, 2022 to review progress on QIPs and will be provided detailed information as to their strong and weak areas with discussion of further improvement plans for any measure that are under 87%. Additionally, KDADS will discuss the rotation of a complete year of QIP implementation and the finalized results for the Oct-Dec 2021 review. KDADS and KDHE are meeting with the MCOs regarding proposed Corrective Action Plans.

Compliance Trends	2013	2014	2015	2016	2017	2018	2019	2020	Jan-Mar 2021	Apr-Jun 2021	Jul-Sept 2021	Oct-Dec 2021
PD												
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	66%	41%	46%	81%	92%	82%
Amerigroup		90%	44%	73%	81%	94%	N/A	N/A	N/A	N/A	N/A	N/A
Sunflower		89%	49%	67%	85%	75%	86%	61%	42%	91%	90%	83%
United		96%	67%	90%	88%	95%	86%	48%	26%	92%	92%	100%
Statewide	90%	91%	51%	76%	84%	88%	82%	51%	37%	88%	91%	89%
FE												
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	73%	39%	57%	77%	87%	88%
Amerigroup		92%	55%	75%	82%	89%	N/A	N/A	N/A	N/A	N/A	N/A
Sunflower		92%	50%	73%	77%	74%	86%	56%	32%	81%	87%	93%
United		95%	70%	82%	88%	91%	88%	49%	32%	92%	95%	82%
Statewide	Not a measure	93%	57%	76%	82%	84%	85%	50%	36%	85%	90%	87%
IDD												
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	51%	40%	38%	93%	100%	87%
Amerigroup		90%	61%	67%	75%	83%	N/A	N/A	N/A	N/A	N/A	N/A
Sunflower		97%	36%	65%	73%	78%	77%	51%	18%	80%	86%	86%
United		89%	45%	78%	92%	90%	77%	44%	40%	90%	100%	100%
Statewide	99%	93%	46%	69%	78%	83%	74%	47%	28%	85%	93%	90%
BI												
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	40%	21%	44%	70%	67%	81%
Amerigroup		79%	45%	64%	80%	79%	N/A	N/A	N/A	N/A	N/A	N/A
Sunflower		91%	26%	84%	70%	74%	79%	39%	45%	42%	79%	58%
United		83%	64%	80%	79%	89%	82%	33%	12%	77%	88%	85%
Statewide	84%	84%	43%	72%	78%	79%	72%	32%	32%	65%	79%	76%
TA												
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	81%	35%	24%	88%	88%	89%
Amerigroup		96%	49%	73%	89%	98%	N/A	N/A	N/A	N/A	N/A	N/A
Sunflower		95%	61%	76%	66%	85%	90%	40%	43%	81%	80%	68%
United		94%	58%	79%	92%	84%	91%	31%	54%	100%	93%	88%
Statewide	96%	96%	54%	75%	83%	91%	89%	35%	42%	90%	87%	82%
Autism												
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	0%	0%	0%	100%	100%	100%
Amerigroup		79%	59%	30%	88%	91%	N/A	N/A	N/A	N/A	N/A	N/A
Sunflower		61%	45%	47%	15%	28%	31%	73%	33%	100%	75%	86%
United		86%	21%	17%	13%	24%	62%	0%	43%	100%	86%	100%
Statewide	64%	74%	46%	34%	37%	41%	44%	18%	33%	100%	77%	95%
SED												
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	96%	30%	40%	48%	52%	50%
Amerigroup		90%	99%	97%	99%	96%	N/A	N/A	N/A	N/A	N/A	N/A
Sunflower		89%	95%	87%	98%	97%	95%	32%	21%	61%	51%	67%
United		86%	100%	97%	88%	97%	98%	38%	78%	79%	81%	82%
Statewide	99%	88%	98%	94%	95%	97%	97%	34%	48%	64%	62%	68%

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

KDADS HCBS Quality Review Report

Service Plan

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

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

Denominator: Number of waiver participants whose service plans were reviewed

Review Period: 10/01/2021 - 12/31/2021

Data Source: MCO Record Review

Compliance By Waiver	Aetna	Sunflower	United	Statewide
PD	79%	60%	44%	60%
Numerator	22	18	16	56
Denominator	28	30	36	94
FE	63%	57%	42%	52%
Numerator	15	17	16	48
Denominator	24	30	38	92
IDD	80%	49%	53%	55%
Numerator	12	24	16	52
Denominator	15	49	30	94
BI	57%	42%	44%	48%
Numerator	12	8	12	32
Denominator	21	19	27	67
TA	56%	50%	68%	58%
Numerator	10	11	17	38
Denominator	18	22	25	65
Autism	100%	71%	58%	67%
Numerator	2	5	7	14
Denominator	2	7	12	21
SED	42%	33%	38%	37%
Numerator	10	11	13	34
Denominator	24	33	34	91

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, DPOA/Guardianship paperwork not provided for validation

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

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

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

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 September 2020, KDADS has continued to coordinate with the MCOs in educating their Care Coordinators on how to adequately complete a Person-Centered Service Plan (PCSP).

All three 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 PHE which the state informed MCOs in May 2022 that these can be extended through 07/15/2022. Currently the extension is through October 13, 2022.

Each MCO met on January 13, 2022 and reviewed the QIPs for performance measures at that time, MCOs were requested to create additional QIPs for Appendices C, D and G. KDADS has received 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 of bringing these performance measures into full compliance of eight consecutive quarters.

This audit for period October - December 2021 continues to show ongoing improvement from all three MCOs across all waivers; however, most measures continue to not meet the required threshold. KDADS will meet with each MCO on May 9, 2022 to review progress on QIPs and will be provided detailed information as to their strong and weak areas with discussion of further improvement plans for any measure that are under 87%. Additionally, KDADS will discuss the rotation of a complete year of QIP implementation and the finalized results for the Oct-Dec 2021 review. KDADS and KDE are meeting with the MCOs regarding proposed Corrective Action Plans.

Compliance Trends	2013	2014	2015	2016	2017	2018	2019	2020	Jan-Mar 2021	Apr-Jun 2021	Jul-Sept 2021	Oct-Dec 2021
PD												
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	58%	41%	54%	59%	68%	79%
Amerigroup		88%	68%	76%	85%	91%	N/A	N/A	N/A	N/A	N/A	N/A
Sunflower		87%	69%	73%	87%	77%	86%	47%	24%	47%	42%	60%
United		85%	77%	92%	88%	94%	82%	40%	9%	31%	47%	44%
Statewide	80%	87%	70%	80%	86%	87%	78%	43%	27%	44%	51%	60%
FE												
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	69%	37%	57%	68%	74%	63%
Amerigroup		84%	76%	78%	82%	91%	N/A	N/A	N/A	N/A	N/A	N/A
Sunflower		88%	61%	84%	86%	76%	86%	52%	29%	50%	58%	57%
United		86%	79%	87%	90%	81%	81%	20%	20%	24%	49%	42%
Statewide	Not a Measure	86%	71%	83%	86%	85%	81%	41%	32%	43%	58%	52%
IDD												
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	47%	40%	31%	80%	81%	80%
Amerigroup		80%	80%	73%	77%	94%	N/A	N/A	N/A	N/A	N/A	N/A
Sunflower		80%	59%	74%	80%	79%	77%	38%	8%	52%	46%	49%
United		82%	55%	79%	92%	90%	72%	30%	30%	43%	41%	53%
Statewide	98%	81%	64%	75%	82%	83%	71%	36%	19%	54%	51%	59%
BI												
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	43%	21%	44%	48%	56%	57%
Amerigroup		76%	53%	64%	79%	79%	N/A	N/A	N/A	N/A	N/A	N/A
Sunflower		86%	43%	86%	80%	77%	30%	32%	30%	42%	42%	42%
United		77%	69%	85%	79%	84%	79%	29%	8%	46%	35%	44%
Statewide	64%	80%	53%	74%	80%	78%	71%	28%	26%	43%	43%	48%
TA												
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	70%	33%	18%	63%	56%	56%
Amerigroup		84%	68%	71%	90%	96%	N/A	N/A	N/A	N/A	N/A	N/A
Sunflower		97%	86%	85%	68%	89%	88%	33%	35%	48%	40%	50%
United		96%	58%	79%	95%	84%	90%	24%	29%	64%	63%	68%
Statewide	No Data	91%	72%	77%	84%	92%	86%	29%	28%	58%	54%	58%
Autism												
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	0%	0%	0%	0%	50%	100%
Amerigroup		74%	59%	35%	88%	93%	N/A	N/A	N/A	N/A	N/A	N/A
Sunflower		51%	50%	47%	20%	39%	31%	60%	33%	50%	50%	71%
United		65%	29%	17%	13%	35%	65%	0%	14%	25%	57%	58%
Statewide	55%	65%	49%	36%	38%	50%	47%	14%	17%	29%	54%	67%
SED												
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	96%	30%	40%	45%	87%	42%
Amerigroup		92%	99%	98%	99%	96%	N/A	N/A	N/A	N/A	N/A	N/A
Sunflower		90%	94%	86%	98%	97%	95%	32%	21%	55%	83%	33%
United		87%	98%	97%	88%	95%	98%	38%	78%	79%	55%	38%
Statewide	Not a measure	90%	97%	94%	95%	96%	97%	34%	48%	62%	62%	37%

KDADS HCBS Quality Review Report

Service Plan

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

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

Denominator: Number of waiver participants whose service plans were reviewed

Review Period: 10/01/2021 - 12/31/2021

Data Source: MCO Record Review

Compliance By Waiver	Aetna	Sunflower	United	Statewide
PD	86%	60%	44%	62%
Numerator	24	18	16	58
Denominator	28	30	36	94
FE	63%	53%	47%	53%
Numerator	15	16	18	49
Denominator	24	30	38	92
IDD	80%	51%	60%	59%
Numerator	12	25	18	55
Denominator	15	49	30	94
BI	67%	42%	48%	52%
Numerator	14	8	13	35
Denominator	21	19	27	67
TA	61%	59%	68%	63%
Numerator	11	13	17	41
Denominator	18	22	25	65
Autism	100%	86%	83%	86%
Numerator	2	6	10	18
Denominator	2	7	12	21
SED	46%	33%	56%	45%
Numerator	11	11	19	41
Denominator	24	33	34	91

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, DPOA/Guardianship paperwork not provided for validation

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

AU: 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

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 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 SPs to participants via mail with self addressed stamped envelopes so that participants can sign and return. With the earlier HCBS Waiver Programs COVID-19 guidance exception that was rescinded in September 2020, KDADS has continued to coordinate with the MCOs in educating their Care Coordinators on how to adequately complete a Person-Centered Service Plan (PCSP).

All three 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 PHE which the state informed MCOs in May 2022 that these can be extended through 07/15/2022. Currently the extension is through October 13, 2022.

Each MCO met on January 13, 2022 and reviewed the QIPs for performance measures at that time, MCOs were requested to create additional QIPs for Appendices C, D and G. KDADS has received QIPs from the contracted MCOs to address QIP 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 of eight consecutive quarters.

This audit for period October - December 2021 continues to show ongoing improvement from all three MCOs across all waivers; however, most measures continue to not meet the required threshold. KDADS met with each MCO on May 9, 2022 to review progress on QIPs and will be provided detailed information as to their strong and weak areas with discussion of further improvement plans for any measure that are under 87%. Additionally, KDADS will discuss the rotation of a complete year of QIP implementation and the finalized results for the Oct-Dec 2021 review. KDADS and KDHE are meeting with the MCOs regarding proposed Corrective Action Plans.

Compliance Trends	2013	2014	2015	2016	2017	2018	2019	2020	Jan-Mar 2021	Apr-Jun 2021	Jul-Sept 2021	Oct- Dec 2021
PD												
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	68%	44%	58%	67%	64%	86%
Amerigroup		88%	70%	79%	87%	97%	N/A	N/A	N/A	N/A	N/A	N/A
Sunflower		87%	70%	74%	88%	80%	86%	60%	42%	59%	61%	60%
United		84%	79%	89%	88%	95%	87%	50%	20%	31%	46%	44%
Statewide	Not a Measure	87%	72%	81%	88%	91%	83%	52%	38%	51%	55%	62%
FE												
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	46%	43%	61%	68%	78%	63%
Amerigroup		83%	78%	76%	84%	92%	N/A	N/A	N/A	N/A	N/A	N/A
Sunflower		86%	60%	83%	87%	78%	65%	56%	29%	53%	61%	53%
United		87%	83%	88%	91%	92%	66%	29%	29%	26%	51%	47%
Statewide	90%	85%	72%	83%	88%	87%	63%	51%	37%	46%	61%	53%
IDD												
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	53%	40%	31%	80%	81%	80%
Amerigroup		84%	76%	73%	76%	85%	N/A	N/A	N/A	N/A	N/A	N/A
Sunflower		82%	60%	74%	78%	83%	79%	52%	14%	50%	56%	51%
United		88%	51%	79%	93%	90%	78%	43%	40%	47%	52%	60%
Statewide	Not a Measure	84%	63%	75%	81%	85%	76%	47%	25%	54%	59%	59%
BI												
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	40%	21%	44%	43%	50%	67%
Amerigroup		73%	51%	65%	80%	82%	N/A	N/A	N/A	N/A	N/A	N/A
Sunflower		84%	45%	86%	80%	77%	38%	45%	32%	47%	42%	42%
United		80%	69%	59%	79%	92%	85%	35%	12%	38%	50%	48%
Statewide	Not a Measure	78%	52%	74%	80%	83%	72%	32%	32%	38%	49%	52%
TA												
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	78%	33%	24%	75%	56%	61%
Amerigroup		83%	75%	71%	90%	99%	N/A	N/A	N/A	N/A	N/A	N/A
Sunflower		97%	86%	84%	68%	89%	40%	39%	57%	55%	59%	59%
United		97%	58%	79%	95%	86%	91%	32%	54%	56%	70%	68%
Statewide	Not a Measure	91%	76%	76%	84%	93%	89%	35%	41%	61%	62%	63%
Autism												
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	17%	0%	0%	0%	50%	100%
Amerigroup		77%	59%	35%	88%	100%	N/A	N/A	N/A	N/A	N/A	N/A
Sunflower		53%	55%	50%	15%	44%	69%	73%	67%	100%	100%	86%
United		71%	36%	17%	6%	47%	65%	13%	43%	50%	86%	83%
Statewide	Not a Measure	69%	52%	37%	35%	59%	60%	23%	42%	57%	85%	86%
SED												
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	93%	30%	40%	45%	52%	46%
Amerigroup		92%	98%	97%	97%	97%	N/A	N/A	N/A	N/A	N/A	N/A
Sunflower		90%	95%	86%	98%	96%	95%	32%	21%	52%	51%	33%
United		87%	99%	86%	86%	96%	98%	38%	78%	79%	81%	56%
Statewide	93%	90%	98%	94%	93%	97%	96%	34%	48%	61%	62%	45%

KDADS HCBS Quality Review Report

Service Plan

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

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

Denominator: Number of waiver participants whose service plans were reviewed

Review Period: 10/01/2021 - 12/31/2021

Data Source: MCO Record Review

Compliance By Waiver	Aetna	Sunflower	United	Statewide
PD	68%	53%	50%	56%
Numerator	19	16	18	53
Denominator	28	30	36	94
FE	71%	47%	58%	58%
Numerator	17	14	22	53
Denominator	24	30	38	92
IDD	60%	39%	47%	45%
Numerator	9	19	14	42
Denominator	15	49	30	94
BI	76%	53%	56%	61%
Numerator	16	10	15	41
Denominator	21	19	27	67
TA	67%	68%	76%	71%
Numerator	12	15	19	46
Denominator	18	22	25	65
Autism	100%	100%	92%	95%
Numerator	2	7	11	20
Denominator	2	7	12	21
SED	83%	73%	88%	81%
Numerator	20	24	30	74
Denominator	24	33	34	91

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, DPOA/Guardianship paperwork not provided for validation

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

Not a Performance Measure for SED, still being reported: 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 (SP) processes by telephone or video and begin sending SP's to participants via mail with self addressed stamped envelopes so that participants can sign and return. With the earlier HCBS Waiver Programs COVID-19 guidance exception that was rescinded in September 2020, KDADS has continued to coordinate with the MCOs in educating their Care Coordinators on how to adequately complete a Person-Centered Service Plan (PCSP).

All three 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 PHE which the state informed MCOs in May 2022 that these can be extended through 07/15/2022. Currently the extension is through October 13, 2022.

Each MCO met on January 13, 2022 and reviewed the QIPs for performance measures at that time, MCOs were requested to create additional QIPs for Appendices C, D and G. KDADS has received QIPs from the contracted MCOs to address QIP 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 of eight consecutive quarters.

This audit for period October - December 2021 continues to show ongoing improvement from all three MCOs across all waivers; however, most measures continue to not meet the required threshold. KDADS met with each MCO on May 9, 2022 to review progress on QIPs and will be provided detailed information as to their strong and weak areas with discussion of further improvement plans for any measure that are under 87%. Additionally, KDADS will discuss the rotation of a complete year of QIP implementation and the finalized results for the Oct-Dec 2021 review. KDADS and KDHE are meeting with the MCOs regarding proposed Corrective Action Plans.

Compliance Trends	2013	2014	2015	2016	2017	2018	2019	2020	Jan-Mar 2021	Apr-Jun 2021	Jul-Sept 2021	Oct-Dec 2021
PD												
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	84%	47%	62%	59%	60%	68%
Amerigroup		73%	67%	71%	72%	91%	N/A	N/A	N/A	N/A	N/A	N/A
Sunflower		82%	72%	72%	70%	81%	82%	67%	30%	59%	55%	53%
United		92%	73%	83%	76%	89%	88%	58%	23%	33%	39%	50%
Statewide	82%	82%	70%	75%	72%	87%	85%	58%	36%	49%	50%	56%
FE												
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	81%	63%	61%	64%	65%	71%
Amerigroup		81%	67%	63%	70%	84%	N/A	N/A	N/A	N/A	N/A	N/A
Sunflower		85%	57%	78%	78%	83%	86%	66%	46%	47%	61%	47%
United		90%	69%	84%	91%	91%	86%	56%	50%	44%	58%	58%
Statewide	81%	85%	64%	76%	81%	86%	85%	66%	54%	52%	55%	58%
IDD												
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	73%	45%	44%	67%	69%	60%
Amerigroup		75%	77%	68%	64%	80%	N/A	N/A	N/A	N/A	N/A	N/A
Sunflower		81%	66%	65%	63%	81%	77%	57%	22%	42%	50%	39%
United		91%	48%	54%	86%	84%	75%	41%	30%	57%	59%	47%
Statewide	97%	82%	66%	63%	70%	81%	76%	50%	28%	51%	56%	45%
BI												
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	73%	58%	67%	52%	61%	76%
Amerigroup		65%	44%	56%	63%	73%	N/A	N/A	N/A	N/A	N/A	N/A
Sunflower		84%	40%	88%	61%	88%	83%	58%	64%	42%	63%	53%
United		77%	70%	65%	84%	88%	70%	44%	58%	42%	56%	56%
Statewide	60%	76%	47%	68%	63%	80%	83%	63%	57%	51%	54%	61%
TA												
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	92%	51%	41%	69%	56%	67%
Amerigroup		81%	78%	72%	88%	92%	N/A	N/A	N/A	N/A	N/A	N/A
Sunflower		94%	89%	85%	68%	85%	90%	52%	43%	62%	50%	68%
United		96%	59%	70%	91%	93%	96%	45%	54%	52%	74%	76%
Statewide	92%	89%	79%	76%	83%	90%	93%	49%	47%	60%	62%	71%
Autism												
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	50%	42%	0%	0%	100%	100%
Amerigroup		67%	52%	40%	82%	100%	N/A	N/A	N/A	N/A	N/A	N/A
Sunflower		43%	47%	38%	18%	83%	77%	85%	33%	100%	75%	100%
United		33%	38%	7%	20%	59%	73%	33%	43%	50%	71%	92%
Statewide	64%	57%	48%	31%	41%	78%	71%	48%	33%	57%	77%	95%
SED												
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	83%	70%	75%	81%	78%	83%
Amerigroup		89%	97%	94%	96%	95%	N/A	N/A	N/A	N/A	N/A	N/A
Sunflower		89%	91%	79%	92%	92%	58%	73%	76%	83%	73%	73%
United		83%	99%	85%	77%	97%	95%	54%	81%	79%	94%	88%
Statewide	80%	87%	96%	86%	88%	95%	92%	60%	76%	78%	85%	81%

KDADS HCBS Quality Review Report

Service Plan

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

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

Denominator: Number of waiver participants whose service plans were reviewed

Review Period: 10/01/2021 - 12/31/2021

Data Source: MCO Record Review

Compliance By Waiver	Aetna	Sunflower	United	Statewide
PD	96%	97%	94%	96%
Numerator	27	29	34	90
Denominator	28	30	36	94
FE	96%	90%	92%	92%
Numerator	23	27	35	85
Denominator	24	30	38	92
IDD	100%	98%	100%	99%
Numerator	15	48	30	93
Denominator	15	49	30	94
BI	86%	100%	89%	91%
Numerator	18	19	24	61
Denominator	21	19	27	67
TA	100%	95%	100%	98%
Numerator	18	21	25	64
Denominator	18	22	25	65
Autism	100%	71%	100%	90%
Numerator	2	5	12	19
Denominator	2	7	12	21
SED	96%	97%	91%	95%
Numerator	23	32	31	86
Denominator	24	33	34	91

Explanation of Findings:

Performance measure threshold met for all waivers.

Remediation:

No remediation necessary.

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

KDADS HCBS Quality Review Report

Service Plan

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

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

Denominator: Number of waiver participants whose service plans were reviewed

Review Period: 10/01/2021 - 12/31/2021

Data Source: MCO Record Review

Compliance By Waiver	Aetna	Sunflower	United	Statewide
PD	86%	83%	92%	87%
Numerator	24	25	33	82
Denominator	28	30	36	94
FE	88%	93%	79%	86%
Numerator	21	28	30	79
Denominator	24	30	38	92
IDD	87%	88%	93%	89%
Numerator	13	43	28	84
Denominator	15	49	30	94
BI	76%	53%	81%	72%
Numerator	16	10	22	48
Denominator	21	19	27	67
TA	89%	68%	88%	82%
Numerator	16	15	22	53
Denominator	18	22	25	65
Autism	50%	43%	58%	52%
Numerator	1	3	7	11
Denominator	2	7	12	21
SED	46%	58%	79%	63%
Numerator	11	19	27	57
Denominator	24	33	34	91

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 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 individuals are on wait list for 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.

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

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

KDADS has received 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 of bringing these performance measures into full compliance of eight consecutive quarters.

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Compliance Trends	2013	2014	2015	2016	2017	2018	2019	2020	Jan-Mar 2021	Apr-Jun 2021	Jul-Sept 2021	Oct-Dec 2021
PD												
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	68%	41%	54%	93%	88%	86%
Amerigroup		94%	69%	79%	83%	93%	N/A	N/A	N/A	N/A	N/A	N/A
Sunflower		96%	72%	76%	88%	80%	86%	59%	39%	91%	94%	83%
United		96%	78%	91%	87%	93%	88%	49%	26%	83%	89%	92%
Statewide	85%	95%	72%	81%	86%	88%	83%	50%	38%	88%	90%	87%
FE												
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	71%	42%	52%	82%	78%	88%
Amerigroup		83%	76%	75%	81%	86%	N/A	N/A	N/A	N/A	N/A	N/A
Sunflower		96%	64%	86%	87%	77%	88%	56%	29%	81%	87%	93%
United		96%	79%	89%	88%	92%	89%	49%	27%	89%	95%	79%
Statewide	87%	92%	72%	83%	86%	85%	86%	50%	34%	85%	88%	86%
IDD												
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	51%	39%	31%	87%	100%	87%
Amerigroup		78%	84%	73%	75%	82%	N/A	N/A	N/A	N/A	N/A	N/A
Sunflower		97%	62%	77%	80%	82%	79%	51%	16%	80%	80%	88%
United		100%	59%	81%	90%	89%	77%	44%	37%	100%	97%	93%
Statewide	98%	92%	68%	77%	81%	84%	75%	47%	25%	87%	88%	89%
BI												
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	43%	19%	44%	65%	61%	76%
Amerigroup		81%	55%	63%	77%	73%	N/A	N/A	N/A	N/A	N/A	N/A
Sunflower		95%	46%	84%	76%	76%	74%	34%	45%	42%	84%	53%
United		85%	71%	83%	76%	82%	81%	32%	12%	77%	81%	81%
Statewide	70%	87%	56%	72%	77%	75%	70%	30%	32%	65%	76%	72%
TA												
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	81%	31%	24%	75%	91%	89%
Amerigroup		98%	73%	79%	88%	98%	N/A	N/A	N/A	N/A	N/A	N/A
Sunflower		100%	86%	82%	68%	87%	89%	40%	43%	76%	80%	68%
United		96%	58%	82%	92%	86%	92%	32%	50%	100%	85%	88%
Statewide	100%	98%	74%	80%	83%	93%	89%	35%	41%	85%	84%	82%
Autism												
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	0%	13%	0%	0%	0%	50%
Amerigroup		89%	59%	37%	88%	91%	N/A	N/A	N/A	N/A	N/A	N/A
Sunflower		100%	55%	50%	15%	28%	23%	35%	0%	0%	50%	43%
United		50%	21%	17%	13%	41%	58%	0%	14%	75%	57%	58%
Statewide	50%	86%	49%	38%	37%	48%	40%	11%	8%	43%	46%	52%
SED												
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	96%	30%	40%	45%	52%	46%
Amerigroup		91%	99%	95%	99%	96%	N/A	N/A	N/A	N/A	N/A	N/A
Sunflower		96%	94%	84%	98%	98%	95%	32%	21%	58%	51%	58%
United		92%	99%	91%	86%	96%	98%	38%	78%	79%	81%	79%
Statewide	13%	93%	98%	90%	94%	97%	97%	34%	48%	63%	62%	63%

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

KDADS HCBS Quality Review Report

Service Plan

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

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

Denominator: Number of waiver participants interviewed by QMS staff

Review Period: 10/01/2021 - 12/31/2021

Data Source: Customer Interview

Compliance By Waiver	Aetna	Sunflower	United	Statewide
PD	93%	100%	95%	96%
Numerator	13	13	18	44
Denominator	14	13	19	46
FE	92%	88%	82%	87%
Numerator	12	7	14	33
Denominator	13	8	17	38
IDD	86%	100%	100%	98%
Numerator	6	27	11	44
Denominator	7	27	11	45
BI	82%	86%	92%	87%
Numerator	9	6	11	26
Denominator	11	7	12	30
TA	83%	100%	91%	91%
Numerator	5	6	10	21
Denominator	6	6	11	23
Autism	100%	0%	100%	71%
Numerator	1	0	4	5
Denominator	1	2	4	7
SED	Not a Waiver Performance Measure			
Numerator				
Denominator				

Explanation of Findings:

AU: Responsible party reporting individual is not receiving as indicated 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 no signed service plans that can be used to validate that goals were addressed with the participants. KDADS believes having a signed service plan will improve the compliance with 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 September 2020, KDADS has continued to coordinate with the MCOs in educating their Care Coordinators on how to adequately complete a Person-Centered Service Plan (PCSP).

All three 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 PHE which the state informed MCOs in May 2022 that these can be extended through 07/15/2022. Currently the extension is through October 13, 2022.

Each MCO met on January 13, 2022 and reviewed the QIPs for performance measures at that time, MCOs were requested to create additional QIPs for Appendices C, D and G. KDADS has received 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 bring these performance measures into full compliance of eight consecutive quarters.

This audit for period October - December 2021 continues to show ongoing improvement from all three MCOs across all waivers; however, most measures continue to not meet the required threshold. KDADS met with each MCO on May 9, 2022 to review progress on QIPs and will be provided detailed information as to their strong and weak areas with discussion of further improvement plans for any measure that are under 87%. Additionally, KDADS will discuss the rotation of a complete year of QIP implementation and the finalized results for the Oct-Dec 2021 review. KDADS and KDHE are meeting with the MCOs regarding proposed Corrective Action Plans.

Compliance Trends	2013	2014	2015	2016	2017	2018	2019	2020	Jan-Mar 2021	Apr-Jun 2021	Jul-Sept 2021	Oct-Dec 2021
PD												
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	93%	100%	100%	82%	100%	93%
Amerigroup		97%			94%	94%	N/A	N/A	N/A	N/A	N/A	N/A
Sunflower		92%			97%	98%	94%	81%	100%	95%	100%	100%
United		93%			91%	98%	91%	85%	93%	92%	100%	95%
Statewide	Not a Measure	94%	No Data	No Data	94%	97%	93%	88%	97%	91%	100%	96%
FE												
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	100%	92%	88%	100%	93%	92%
Amerigroup		85%			97%	96%	N/A	N/A	N/A	N/A	N/A	N/A
Sunflower		86%			93%	95%	96%	100%	100%	79%	92%	88%
United		82%			91%	94%	94%	94%	92%	100%	96%	82%
Statewide	87%	84%	No Data	No Data	94%	95%	96%	95%	94%	92%	94%	87%
IDD												
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	100%	100%	100%	100%	100%	86%
Amerigroup		92%			93%	100%	N/A	N/A	N/A	N/A	N/A	N/A
Sunflower		96%			99%	97%	96%	95%	100%	148%	100%	100%
United		93%			92%	100%	95%	90%	100%	92%	100%	100%
Statewide	Not a Measure	94%	No Data	No Data	96%	98%	96%	95%	100%	96%	100%	98%
BI												
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	100%	88%	100%	100%	83%	82%
Amerigroup		81%			81%	87%	N/A	N/A	N/A	N/A	N/A	N/A
Sunflower		88%			79%	78%	95%	88%	88%	88%	92%	86%
United		83%			83%	92%	92%	100%	83%	80%	70%	92%
Statewide	Not a Measure	83%	No Data	No Data	80%	85%	95%	91%	89%	89%	82%	87%
TA												
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	60%	100%	100%	100%	100%	83%
Amerigroup		89%			96%	98%	N/A	N/A	N/A	N/A	N/A	N/A
Sunflower		84%			94%	95%	100%	100%	100%	92%	91%	100%
United		85%			94%	100%	93%	100%	100%	93%	82%	91%
Statewide	Not a Measure	87%	No Data	No Data	95%	98%	92%	100%	100%	94%	88%	91%
Autism												
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	N/A	100%	100%	0%	100%	100%
Amerigroup		74%			89%	67%	N/A	N/A	N/A	N/A	N/A	N/A
Sunflower		70%			50%	88%	67%	100%	N/A	50%	100%	0%
United		60%			75%	50%	73%	33%	N/A	50%	67%	100%
Statewide	Not a Measure	71%	No Data	No Data	68%	68%	71%	71%	100%	40%	83%	71%
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: 10/01/2021 - 12/31/2021

Data Source: MCO Record Review

Compliance By Waiver	Aetna	Sunflower	United	Statewide
PD	89%	83%	100%	91%
Numerator	25	25	36	86
Denominator	28	30	36	94
FE	88%	93%	82%	87%
Numerator	21	28	31	80
Denominator	24	30	38	92
IDD	87%	84%	100%	89%
Numerator	13	41	30	84
Denominator	15	49	30	94
BI	81%	58%	85%	76%
Numerator	17	11	23	51
Denominator	21	19	27	67
TA	94%	68%	92%	85%
Numerator	17	15	23	55
Denominator	18	22	25	65
Autism	100%	86%	100%	95%
Numerator	2	6	12	20
Denominator	2	7	12	21
SED	79%	85%	88%	85%
Numerator	19	28	30	77
Denominator	24	33	34	91

Explanation of Findings:

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

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

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

Remediation:

Data review 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 September 2020, KDADS has continued to coordinate with the MCOs in educating their Care Coordinators on how to adequately complete a Person-Centered Service Plan (PCSP).

All three 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 PHE which the state informed MCOs in May 2022 that these can be extended through 07/15/2022. Currently the extension is through October 13, 2022.

Each MCO met on January 13, 2022 and reviewed the QIPs for performance measures at that time, MCOs were requested to create additional QIPs for Appendices C, D and G. KDADS has received 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 of bringing these performance measures into full compliance of eight consecutive quarters.

This audit for period October - December 2021 continues to show ongoing improvement from all three MCOs across all waivers; however, most measures continue to not meet the required threshold. KDADS met with each MCO on May 9, 2022 to review progress on QIPs and will be provided detailed information as to their strong and weak areas with discussion of further improvement plans for any measure that are under 87%. Additionally, KDADS will discuss the rotation of a complete year of QIP implementation and the finalized results for the Oct-Dec 2021 review. KDADS and KDHE are meeting with the MCOs regarding proposed Corrective Action Plans.

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

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

KDADS HCBS Quality Review Report

Service Plan

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

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

Denominator: Number of waiver participants whose service plans were reviewed

Review Period: 10/01/2021 - 12/31/2021

Data Source: MCO Record Review

Compliance By Waiver	Aetna	Sunflower	United	Statewide
PD	89%	83%	100%	91%
Numerator	25	25	36	86
Denominator	28	30	36	94
FE	88%	93%	82%	87%
Numerator	21	28	31	80
Denominator	24	30	38	92
IDD	87%	84%	100%	89%
Numerator	13	41	30	84
Denominator	15	49	30	94
BI	81%	58%	85%	76%
Numerator	17	11	23	51
Denominator	21	19	27	67
TA	94%	68%	92%	85%
Numerator	17	15	23	55
Denominator	18	22	25	65
Autism	100%	57%	100%	86%
Numerator	2	4	12	18
Denominator	2	7	12	21
SED	79%	85%	88%	85%
Numerator	19	28	30	77
Denominator	24	33	34	91

Explanation of Findings:

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

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

AU: Service plan not provided or does not cover entire review period, no meeting date on service plan, missing documentation of choice

SED: Service plan or documentation of choice 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 SPs to participants via mail with self addressed stamped envelopes so that participants can sign and return. With the earlier HCBS Waiver Programs COVID-19 guidance exception that was rescinded in September 2020, KDADS has continued to coordinate with the MCOs in educating their Care Coordinators on how to adequately complete a Person-Centered Service Plan (PCSP).

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

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

KDADS HCBS Quality Review Report

Service Plan

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

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

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

Review Period: 10/01/2021 - 12/31/2021

Data Source: MCO Record Review

Compliance By Waiver	Aetna	Sunflower	United	Statewide
PD	89%	83%	100%	91%
Numerator	25	25	36	86
Denominator	28	30	36	94
FE	88%	93%	82%	87%
Numerator	21	28	31	80
Denominator	24	30	38	92
IDD	87%	84%	100%	89%
Numerator	13	41	30	84
Denominator	15	49	30	94
BI	81%	58%	85%	76%
Numerator	17	11	23	51
Denominator	21	19	27	67
TA	89%	64%	92%	82%
Numerator	16	14	23	53
Denominator	18	22	25	65
Autism	100%	57%	100%	86%
Numerator	2	4	12	18
Denominator	2	7	12	21
SED	79%	85%	88%	85%
Numerator	19	28	30	77
Denominator	24	33	34	91

Explanation of Findings:

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

TA: Service plan not provided or does not cover entire review period, no meeting date on service plan, missing documentation of choice

AU: Service plan not provided or does not cover entire review period, no meeting date on service plan, missing documentation of choice

SED: Service plan or documentation of choice 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 SPs to participants via mail with self addressed stamped envelopes so that participants can sign and return. With the earlier HCBS Waiver Programs COVID-19 guidance exception that was rescinded in September 2020, KDADS has continued to coordinate with the MCOs in educating their Care Coordinators on how to adequately complete a Person-Centered Service Plan (PCSP).

All three 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 PHE which the state informed MCOs in May 2022 that these can be extended through 07/15/2022. Currently the extension is through October 13, 2022.

Each MCO met on January 13, 2022 and reviewed the QIPs for performance measures at that time, MCOs were requested to create additional QIPs for Appendices C, D and G. KDADS has received QIPs from the contracted MCOs to address QP Performance measures. KDADS has accepted the plan and monitors on a quarterly basis to ensure timeliness 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 of eight consecutive quarters.

This audit for period October - December 2021 continues to show ongoing improvement from all three MCOs across all waivers; however, most measures continue to not meet the required threshold. KDADS met with each MCO on May 9, 2022 to review progress on QIPs and will be provided detailed information as to their strong and weak areas with discussion of further improvement plans for any measure that are under 87%. Additionally, KDADS will discuss the rotation of a complete year of QIP implementation and the finalized results for the Oct-Dec 2021 review. KDADS and KDHE are meeting with the MCOs regarding proposed Corrective Action Plans.

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

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

KDADS HCBS Quality Review Report

Service Plan

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

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

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

Review Period: 10/01/2021 - 12/31/2021

Data Source: MCO Record Review

Compliance By Waiver	Aetna	Sunflower	United	Statewide
PD	89%	83%	100%	91%
Numerator	25	25	36	86
Denominator	28	30	36	94
FE	88%	93%	82%	87%
Numerator	21	28	31	80
Denominator	24	30	38	92
IDD	87%	84%	100%	89%
Numerator	13	41	30	84
Denominator	15	49	30	94
BI	81%	58%	85%	76%
Numerator	17	11	23	51
Denominator	21	19	27	67
TA	89%	68%	92%	83%
Numerator	16	15	23	54
Denominator	18	22	25	65
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:

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

TA: Service plan not provided or does not cover entire review period, no meeting date on service plan, missing documentation of choice

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 September 2020, KDADS has continued to coordinate with the MCOs in educating their Care Coordinators on how to adequately complete a Person-Centered Service Plan (PCSP).

All three 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 PHE which the state informed MCOs in May 2022 that these can be extended through 07/15/2022. Currently the extension is through October 13, 2022.

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

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

KDADS HCBS Quality Review Report

Service Plan

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

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

Denominator: Number of waiver participants whose service plans were reviewed

Review Period: 10/01/2021 - 12/31/2021

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	46%	24%	53%	41%
Numerator	11	8	18	37
Denominator	24	33	34	91

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 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 September 2020, KDADS has continued to coordinate with the MCOs in educating their Care Coordinators on how to adequately complete a Person-Centered Service Plan (PCSP).

All three 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 PHE which the state informed MCOs in May 2022 that these can be extended through 07/15/2022. Currently the extension is through October 13, 2022.

Each MCO met on January 13, 2022 and reviewed the QIPs for performance measures at that time, MCOs were requested to create additional QIPs for Appendices C, D and G. KDADS has received 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 of eight consecutive quarters.

This audit for period October - December 2021 continues to show ongoing improvement from all three MCOs across all waivers; however, most measures continue to not meet the required threshold. KDADS met with each MCO on May 9, 2022 to review progress on QIPs and will be provided detailed information as to their strong and weak areas with discussion of further improvement plans for any measure that are under 87%. Additionally, KDADS will discuss the rotation of a complete year of QIP implementation and the finalized results for the Oct-Dec 2021 review. KDADS and KDHE are meeting with the MCOs regarding proposed Corrective Action Plans.

Compliance Trends	2017	2018	2019	2020	Jan-Mar 2021	Apr-Jun 2021	Jul-Sept 2021	Oct-Dec 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%	52%	46%
Amerigroup	99%	92%	N/A	N/A	N/A	N/A	N/A	N/A
Sunflower	88%	90%	88%	34%	24%	36%	54%	24%
United	83%	94%	94%	36%	81%	67%	81%	53%
Statewide	91%	92%	89%	35%	51%	51%	63%	41%

KDADS HCBS Quality Review Report

Health and Welfare

PM 1: Number and percent of unexpected deaths for which review/investigation resulted in the identification of preventable causes

Numerator: Number of unexpected deaths for which review/investigation resulted in the identification of non-preventable causes

Denominator: Number of unexpected deaths

Review Period: 10/01/2021 - 12/31/2021

Data Source: Adverse Incident Reporting

Compliance By Waiver	Aetna	Sunflower	United	Statewide
PD	100%	77%	80%	80%
Numerator	3	17	4	24
Denominator	3	22	5	30
FE	N/A	100%	100%	100%
Numerator	0	6	13	19
Denominator	0	6	13	19
IDD	100%	69%	75%	76%
Numerator	5	11	6	22
Denominator	5	16	8	29
BI	N/A	100%	N/A	100%
Numerator	0	1	0	1
Denominator	0	1	0	1
TA	100%	100%	N/A	100%
Numerator	1	2	0	3
Denominator	1	2	0	3
Autism	N/A	N/A	N/A	N/A
Numerator	0	0	0	0
Denominator	0	0	0	0
SED	N/A	N/A	N/A	N/A
Numerator	0	0	0	0
Denominator	0	0	0	0

Explanation of Findings:

Sunflower had 10 reports where preventable causes were identified. There were five reports for both the IDD and the PD waiver.

Five PD reports: One report marked in error, indicated complications from COVID with appropriate medical care sought. Two reports resulting in a member passing due to lack of care performed by a medical institute, both have open QOC cases that will be followed up on. Two reports were members were educated on the medical needs and refused to seek services and passed away as a result.

Five IDD reports: Two reports marked in error, one indicated complications from COVID injection with appropriate medical care sought, the other member was located alive and well. One report was submitted twice, member passed away from medical complications while hospitalized. A QOC was initiated to be followed up on. One member had a history of medical non-compliance and passed away from medical complications.

United had three reports where preventable causes were identified. There was one PD report and two IDD reports.

One of the IDD reports was a tragic accident a member choked on their food, despite immediate staff and medical engagement, member passed away. The other IDD member had numerous medical appointments leading up to the passing, and although unexpected, the member had adequate care.

The PD report member left the hospital against medical advice and passed in at home.

Remediation:

KDADS trained MCOs on several occasions in June 2022 on the completion of death reports, to ensure accuracy in reporting.

Compliance Trends	2013	2014	2015	2016	2017	2018	2019	2020	Jan-Mar 2021	Apr-Jun 2021	Jul-Sept 2021	Oct-Dec 2021
PD												
Aetna	N/A	100%	100%	N/A	67%	100%						
Amerigroup								N/A	N/A	N/A	N/A	N/A
Sunflower								90%	96%	100%	90%	88%
United								100%	86%	100%	100%	80%
Statewide								92%	93%	100%	93%	80%
FE												
Aetna	N/A	100%	N/A	N/A	100%	N/A						
Amerigroup								N/A	N/A	N/A	N/A	N/A
Sunflower								100%	100%	100%	100%	71%
United								75%	96%	100%	83%	88%
Statewide								96%	98%	100%	93%	80%
IDD												
Aetna	N/A	100%	100%	N/A	100%	67%						
Amerigroup								N/A	N/A	N/A	N/A	N/A
Sunflower								98%	100%	95%	75%	88%
United								93%	95%	100%	100%	75%
Statewide								97%	99%	96%	88%	76%
BI												
Aetna	N/A	0%	N/A	100%	N/A	N/A						
Amerigroup								N/A	N/A	N/A	N/A	N/A
Sunflower								100%	100%	N/A	75%	N/A
United								N/A	N/A	67%	100%	67%
Statewide								100%	67%	67%	86%	67%
TA												
Aetna	N/A	N/A	N/A	100%								
Amerigroup								N/A	N/A	N/A	N/A	N/A
Sunflower								100%	100%	N/A	N/A	100%
United								N/A	100%	67%	N/A	100%
Statewide								100%	100%	67%	N/A	100%
Autism												
Aetna	N/A	N/A	N/A	N/A								
Amerigroup								N/A	N/A	N/A	N/A	N/A
Sunflower								N/A	N/A	N/A	N/A	N/A
United								N/A	N/A	N/A	N/A	N/A
Statewide								N/A	N/A	N/A	N/A	N/A
SED												
Aetna	N/A	N/A	N/A	N/A								
Amerigroup								N/A	N/A	N/A	N/A	N/A
Sunflower								N/A	N/A	N/A	N/A	N/A
United								N/A	N/A	N/A	N/A	N/A
Statewide								N/A	N/A	N/A	N/A	N/A

KDADS HCBS Quality Review Report

Health and Welfare

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

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

Denominator: Number of unexpected deaths

Review Period: 10/01/2021 - 12/31/2021

Data Source: Adverse Incident Reporting

Compliance By Waiver	Aetna	Sunflower	United	Statewide
PD	100%	100%	100%	100%
Numerator	3	22	5	30
Denominator	3	22	5	30
FE	N/A	100%	92%	95%
Numerator	0	6	12	18
Denominator	0	6	13	19
IDD	100%	94%	88%	93%
Numerator	5	15	7	27
Denominator	5	16	8	29
BI	N/A	100%	N/A	100%
Numerator	0	1	0	1
Denominator	0	1	0	1
TA	100%	100%	N/A	100%
Numerator	1	2	0	3
Denominator	1	2	0	3
Autism	N/A	N/A	N/A	N/A
Numerator	0	0	0	0
Denominator	0	0	0	0
SED	N/A	N/A	N/A	N/A
Numerator	0	0	0	0
Denominator	0	0	0	0

Explanation of Findings:

Performance Measure threshold achieved for all waivers.

Remediation:

No remediation necessary for all MCOs, however, KDADs requires MCOs to remediate any PM under 100% on an individual member basis.

Compliance Trends	2013	2014	2015	2016	2017	2018	2019	2020	Jan-Mar 2021	Apr-Jun 2021	Jul-Sept 2021	Oct-Dec 2021
PD												
Aetna	N/A	100%	100%	N/A	100%	100%						
Amerigroup								N/A	N/A	N/A	N/A	N/A
Sunflower								83%	100%	100%	90%	100%
United								100%	100%	100%	100%	100%
Statewide								88%	100%	100%	93%	100%
FE												
Aetna	N/A	100%	100%	N/A	100%	N/A						
Amerigroup								N/A	N/A	N/A	N/A	N/A
Sunflower								89%	100%	100%	100%	86%
United								75%	100%	100%	100%	92%
Statewide								87%	100%	100%	93%	95%
IDD												
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	100%	100%	N/A	100%	100%	100%
Amerigroup								N/A	N/A	N/A	N/A	N/A
Sunflower								92%	100%	95%	100%	94%
United								87%	100%	100%	83%	100%
Statewide								92%	100%	96%	94%	100%
BI												
Aetna	N/A	100%	100%	N/A	100%	N/A						
Amerigroup								N/A	N/A	N/A	N/A	N/A
Sunflower								100%	100%	100%	100%	100%
United								N/A	N/A	100%	100%	N/A
Statewide								100%	100%	100%	100%	100%
TA												
Aetna	N/A	N/A	N/A	100%								
Amerigroup								N/A	N/A	N/A	N/A	N/A
Sunflower								100%	100%	N/A	N/A	100%
United								N/A	100%	N/A	N/A	100%
Statewide								100%	100%	N/A	N/A	100%
Autism												
Aetna	N/A	N/A	N/A	N/A								
Amerigroup								N/A	N/A	N/A	N/A	N/A
Sunflower								N/A	N/A	N/A	N/A	N/A
United								N/A	N/A	N/A	N/A	N/A
Statewide								N/A	N/A	N/A	N/A	N/A
SED												
Aetna	N/A	N/A	N/A	N/A								
Amerigroup								N/A	N/A	N/A	N/A	N/A
Sunflower								N/A	N/A	N/A	N/A	N/A
United								N/A	N/A	N/A	N/A	N/A
Statewide								N/A	N/A	N/A	N/A	N/A

KDADS HCBS Quality Review Report

Health and Welfare

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

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

Denominator: Number of unexpected deaths

Review Period: 10/01/2021 - 12/31/2021

Data Source: Adverse Incident Reporting

Compliance By Waiver	Aetna	Sunflower	United	Statewide
PD	100%	100%	100%	100%
Numerator	3	22	5	30
Denominator	3	22	5	30
FE	N/A	100%	100%	100%
Numerator	0	6	13	19
Denominator	0	6	13	19
IDD	100%	100%	100%	100%
Numerator	5	16	8	29
Denominator	5	16	8	29
BI	N/A	100%	N/A	100%
Numerator	0	1	0	1
Denominator	0	1	0	1
TA	100%	100%	N/A	100%
Numerator	1	2	0	3
Denominator	1	2	0	3
Autism	N/A	N/A	N/A	N/A
Numerator	0	0	0	0
Denominator	0	0	0	0
SED	N/A	N/A	N/A	N/A
Numerator	0	0	0	0
Denominator	0	0	0	0

Explanation of Findings:

Performance Measure threshold achieved for all waivers.

Remediation:

No remediation necessary for all MCOs, however, KDADS requires MCOs to remediate any PM under 100% on an individual member basis.

Compliance Trends	2013	2014	2015	2016	2017	2018	2019	2020	Jan-Mar 2021	Apr-Jun 2021	Jul-Sept 2021	Oct-Dec 2021
PD												
Aetna	N/A	100%	N/A	100%	100%							
Amerigroup									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	100%	N/A								
Amerigroup									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%	100%	100%
Amerigroup							N/A	N/A	N/A	N/A	N/A	N/A
Sunflower							98%	100%	100%	100%	100%	100%
United							100%	100%	100%	100%	100%	100%
Statewide							97%	100%	100%	100%	100%	100%
BI												
Aetna	N/A	100%	N/A	100%	N/A	N/A						
Amerigroup							N/A	N/A	N/A	N/A	N/A	N/A
Sunflower							100%	100%	N/A	100%	N/A	100%
United							N/A	N/A	100%	100%	100%	N/A
Statewide							100%	100%	100%	100%	100%	100%
TA												
Aetna	N/A	N/A	N/A	100%								
Amerigroup							N/A	N/A	N/A	N/A	N/A	N/A
Sunflower							100%	100%	N/A	N/A	N/A	100%
United							N/A	100%	N/A	N/A	100%	N/A
Statewide							100%	100%	N/A	N/A	100%	100%
Autism												
Aetna	N/A	N/A	N/A	N/A								
Amerigroup							N/A	N/A	N/A	N/A	N/A	N/A
Sunflower							N/A	N/A	N/A	N/A	N/A	N/A
United							N/A	N/A	N/A	N/A	N/A	N/A
Statewide							N/A	N/A	N/A	N/A	N/A	N/A
SED												
Aetna	N/A	N/A	N/A	N/A								
Amerigroup							N/A	N/A	N/A	N/A	N/A	N/A
Sunflower							N/A	N/A	N/A	N/A	N/A	N/A
United							N/A	N/A	N/A	N/A	N/A	N/A
Statewide							N/A	N/A	N/A	N/A	N/A	N/A

KDADS HCBS Quality Review Report

Health and Welfare

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

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

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

Review Period: 10/01/2021 - 12/31/2021

Data Source: MCO Record Review

Compliance By Waiver	Aetna	Sunflower	United	Statewide
PD	89%	87%	100%	93%
Numerator	25	26	36	87
Denominator	28	30	36	94
FE	88%	100%	84%	90%
Numerator	21	30	32	83
Denominator	24	30	38	92
IDD	87%	88%	100%	91%
Numerator	13	43	30	86
Denominator	15	49	30	94
BI	81%	58%	89%	78%
Numerator	17	11	24	52
Denominator	21	19	27	67
TA	89%	73%	92%	85%
Numerator	16	16	23	55
Denominator	18	22	25	65
Autism	100%	86%	100%	95%
Numerator	2	6	12	20
Denominator	2	7	12	21
SED	79%	79%	91%	84%
Numerator	19	26	31	76
Denominator	24	33	34	91

Explanation of Findings:

- BI: Service plan not provided or does not cover entire review period, no meeting date on service plan
- TA: Service plan not provided or does not cover entire review period, no meeting date on service plan
- AU: 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 September 2020, KDADS has continued to coordinate with the MCOs in educating their Care Coordinators on how to adequately complete a Person-Centered Service Plan (PCSP).

All three 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 PHE which the state informed MCOs in May 2022 that these can be extended through 07/15/2022. Currently the extension is through October 13, 2022.

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

KDADS has received 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 bring these performance measures into full compliance of eight consecutive quarters.

This audit for period October - December 2021 continues to show ongoing improvement from all three MCOs across all waivers; however, most measures continue to not meet the required threshold. KDADS met with each MCO on May 9, 2022 to review progress on QIPs and will be provided detailed information as to their strong and weak areas with discussion of further improvement plans for any measure that are under 87%. Additionally, KDADS will discuss the rotation of a complete year of QIP implementation and the finalized results for the Oct-Dec 2021 review. KDADS and KDHE are meeting with the MCOs regarding proposed Corrective Action Plans.

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

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

KDADS HCBS Quality Review Report

Health and Welfare

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

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

Denominator: Number of participants' reported critical incidents

Review Period: 10/01/2021 - 12/31/2021

Data Source: Adverse Incident Reporting

Compliance By Waiver	Aetna	Sunflower	United	Statewide
PD	100%	99%	99%	99%
Numerator	37	71	71	179
Denominator	37	72	72	181
FE	92%	97%	100%	98%
Numerator	24	56	84	164
Denominator	26	58	84	168
IDD	99%	99%	99%	99%
Numerator	245	1015	570	1830
Denominator	248	1026	577	1851
BI	93%	100%	100%	98%
Numerator	50	80	91	221
Denominator	54	80	91	225
TA	100%	75%	100%	97%
Numerator	2	3	24	29
Denominator	2	4	24	30
Autism	N/A	100%	N/A	100%
Numerator	0	1	0	1
Denominator	0	1	0	1
SED	100%	100%	100%	100%
Numerator	1	3	11	15
Denominator	1	3	11	15

Explanation of Findings:

Sunflower had one report for the TA waiver that was identified as not being initiated within the required time frames. Sunflower was actively speaking with the member's support team and missed the deadline to report back within six days.

Remediation:

No remediation necessary for all MCOs, however, KDADs requires MCOs to remediate any PM under 100% on an individual member basis.

Compliance Trends	2013	2014	2015	2016	2017	2018	2019	2020	Jan-Mar 2021	Apr-Jun 2021	Jul-Sept 2021	Jul-Sept 2021
PD												
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	79%	97%	93%	95%	100%	100%
Amerigroup							N/A	N/A	N/A	N/A	N/A	N/A
Sunflower							98%	88%	65%	100%	100%	99%
United							100%	99%	99%	98%	100%	99%
Statewide							96%	96%	89%	98%	100%	99%
FE												
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	83%	97%	95%	95%	100%	92%
Amerigroup							N/A	N/A	N/A	N/A	N/A	N/A
Sunflower							96%	85%	84%	100%	100%	97%
United							98%	99%	100%	98%	100%	100%
Statewide							95%	94%	94%	98%	100%	98%
IDD												
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	85%	93%	97%	98%	99%	99%
Amerigroup							N/A	N/A	N/A	N/A	N/A	N/A
Sunflower							97%	89%	64%	100%	100%	99%
United							99%	99%	100%	100%	100%	99%
Statewide							96%	93%	80%	100%	100%	99%
BI												
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	91%	100%	97%	100%	97%	93%
Amerigroup							N/A	N/A	N/A	N/A	N/A	N/A
Sunflower							99%	90%	79%	100%	100%	100%
United							99%	100%	100%	100%	100%	100%
Statewide							98%	96%	90%	99%	99%	98%
TA												
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	93%	100%	N/A	100%	N/A	100%
Amerigroup							N/A	N/A	N/A	N/A	N/A	N/A
Sunflower							100%	88%	75%	100%	100%	75%
United							100%	100%	100%	100%	100%	100%
Statewide							98%	98%	93%	100%	100%	97%
Autism												
Aetna	N/A	100%	100%	N/A	N/A							
Amerigroup							N/A	N/A	N/A	N/A	N/A	N/A
Sunflower							N/A	100%	N/A	N/A	100%	100%
United							100%	100%	N/A	100%	N/A	N/A
Statewide							100%	100%	100%	100%	100%	100%
SED												
Aetna	N/A	100%	100%	100%								
Amerigroup							N/A	N/A	N/A	N/A	N/A	N/A
Sunflower							N/A	N/A	N/A	N/A	100%	100%
United							N/A	N/A	N/A	100%	100%	100%
Statewide							N/A	N/A	N/A	100%	100%	100%

KDADS HCBS Quality Review Report

Health and Welfare

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

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

Denominator: Number of reported critical incidents

Review Period: 10/01/2021 - 12/31/2021

Data Source: Adverse Incident Reporting

Compliance By Waiver	Aetna	Sunflower	United	Statewide
PD	100%	100%	100%	100%
Numerator	34	50	67	151
Denominator	34	50	67	151
FE	100%	100%	100%	100%
Numerator	26	52	71	149
Denominator	26	52	71	149
IDD	100%	100%	100%	100%
Numerator	243	1010	569	1822
Denominator	243	1010	569	1822
BI	100%	100%	100%	100%
Numerator	54	79	91	224
Denominator	54	79	91	224
TA	100%	100%	100%	100%
Numerator	1	2	24	27
Denominator	1	2	24	27
Autism	N/A	100%	N/A	100%
Numerator	0	1	0	1
Denominator	0	1	0	1
SED	100%	100%	100%	100%
Numerator	1	3	11	15
Denominator	1	3	11	15

Explanation of Findings:

Performance Measure threshold achieved for all waivers.

Remediation:

No remediation necessary for all MCOs, however, KDADs requires MCOs to remediate any PM under 100% on an individual member basis.

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

KDADS HCBS Quality Review Report

Health and Welfare

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

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

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

Review Period: 10/01/2021 - 12/31/2021

Data Source: Adverse Incident Reporting

Compliance By Waiver	Aetna	Sunflower	United	Statewide
PD	N/A	N/A	N/A	N/A
Numerator	0	0	0	0
Denominator	0	0	0	0
FE	N/A	N/A	N/A	N/A
Numerator	0	0	0	0
Denominator	0	0	0	0
IDD	50%	100%	70%	89%
Numerator	1	45	16	62
Denominator	2	45	23	70
BI	N/A	N/A	100%	100%
Numerator	0	0	1	1
Denominator	0	0	1	1
TA	N/A	N/A	N/A	N/A
Numerator	0	0	0	0
Denominator	0	0	0	0
Autism	N/A	N/A	N/A	N/A
Numerator	0	0	0	0
Denominator	0	0	0	0
SED	N/A	N/A	N/A	N/A
Numerator	0	0	0	0
Denominator	0	0	0	0

Explanation of Findings:

Aetna had one report on the IDD waiver that was identified as not following procedures specified in the approved waiver. This restrictive measure was performed by medical professionals in the ED. There are not concerns of ANE.

United had seven reports on the IDD waiver that were identified as not following procedures specified in the approved waiver.

Two reports had restraint marked in error, one was not on the waiver at the time of the incident and the other was involved in an assault by an unknown person and this was constituted as a restraint in the report.

There were two reports of unauthorized uses of restraints during crisis. These incidents were looked into internally by the provider and since both BSP plans have been updated.

There were two other reports that the restrictive measure was not approved but they were initiated by law enforcement or trained medical professionals.

One report was mistakenly marked as not following procedures, but follow-up justifies that the chemical restraint was used properly.

Remediation:

Program integrity staff were retrained on June 21, 2022 on the proper reporting of restraints and seclusions. Staff will carefully review the incident and identify the entity that initiated the restrictive intervention. If the intervention is not provider controlled, staff will identify this by using the "other" designation.

Compliance Trends	2013	2014	2015	2016	2017	2018	2019	2020	Jan-Mar 2021	Apr-Jun 2021	Jul-Sept 2021	Oct-Dec 2021
PD												
Aetna	N/A	N/A	N/A	N/A								
Amerigroup												
Sunflower												
United												
Statewide												
FE												
Aetna	N/A	N/A	N/A	N/A								
Amerigroup												
Sunflower												
United												
Statewide												
IDD												
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	100%	90%	75%	88%	67%	50%
Amerigroup							N/A	N/A	N/A	N/A	N/A	N/A
Sunflower							91%	N/A	95%	64%	87%	100%
United							58%	N/A	93%	73%	54%	70%
Statewide							83%	93%	92%	71%	78%	89%
BI												
Aetna	N/A	N/A	N/A	N/A								
Amerigroup							N/A	N/A	N/A	N/A	N/A	N/A
Sunflower							N/A	N/A	N/A	N/A	N/A	N/A
United							N/A	N/A	N/A	N/A	N/A	100%
Statewide							N/A	N/A	N/A	N/A	N/A	100%
TA												
Aetna	N/A	N/A	N/A	N/A								
Amerigroup							N/A	N/A	N/A	N/A	N/A	N/A
Sunflower							N/A	N/A	N/A	N/A	N/A	N/A
United							0%	N/A	N/A	N/A	N/A	N/A
Statewide							0%	N/A	N/A	N/A	N/A	N/A
Autism												
Aetna	N/A	N/A	N/A	N/A								
Amerigroup							N/A	N/A	N/A	N/A	N/A	N/A
Sunflower							N/A	N/A	N/A	N/A	N/A	N/A
United							N/A	N/A	N/A	N/A	N/A	N/A
Statewide							N/A	N/A	N/A	N/A	N/A	N/A
SED												
Aetna	N/A	N/A	N/A	N/A								
Amerigroup							N/A	N/A	N/A	N/A	N/A	N/A
Sunflower							N/A	N/A	N/A	N/A	N/A	N/A
United							N/A	N/A	N/A	100%	N/A	N/A
Statewide							N/A	N/A	N/A	100%	N/A	N/A

KDADS HCBS Quality Review Report

Health and Welfare

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

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

Denominator: Number of unauthorized uses of restrictive interventions

Review Period: 10/01/2021 - 12/31/2021

Data Source: Adverse Incident Reporting

Compliance By Waiver	Aetna	Sunflower	United	Statewide
PD	N/A	N/A	N/A	N/A
Numerator	0	0	0	0
Denominator	0	0	0	0
FE	N/A	N/A	N/A	N/A
Numerator	0	0	0	0
Denominator	0	0	0	0
IDD	N/A	N/A	33%	33%
Numerator	0	0	1	1
Denominator	0	0	3	3
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:

United had two reports on the IDD waiver that were identified as reported unauthorized restrictive measures. In both reports, the restraint was initiated by law enforcement, not the provider. There is no concern of ANE.

Remediation:

No remediation required.

Compliance Trends	2013	2014	2015	2016	2017	2018	2019	2020	Jan-Mar 2021	Apr-Jun 2021	Jul-Sept 2021	Oct-Dec 2021
PD												
Aetna	N/A	N/A	N/A	N/A								
Amerigroup												
Sunflower												
United												
Statewide												
FE												
Aetna	N/A	N/A	N/A	N/A								
Amerigroup												
Sunflower												
United												
Statewide												
IDD												
Aetna	N/A	90%	N/A	100%	N/A	N/A						
Amerigroup								N/A	N/A	N/A	N/A	N/A
Sunflower								100%	N/A	100%	86%	0%
United								91%	100%	0%	100%	50%
Statewide								94%	100%	50%	92%	40%
BI												
Aetna	N/A	N/A	N/A	N/A								
Amerigroup												
Sunflower												
United												
Statewide												
TA												
Aetna	N/A	N/A	N/A	N/A								
Amerigroup												
Sunflower												
United												
Statewide												
Autism												
Aetna	N/A	N/A	N/A	N/A								
Amerigroup												
Sunflower												
United												
Statewide												
SED												
Aetna	N/A	N/A	N/A	N/A								
Amerigroup												
Sunflower												
United												
Statewide												

KDADS HCBS Quality Review Report

Health and Welfare

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

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

Denominator: Number of HCBS participants whose service plans were reviewed

Review Period: 10/01/2021 - 12/31/2021

Data Source: MCO Record Review

Compliance By Waiver	Aetna	Sunflower	United	Statewide
PD	71%	83%	100%	86%
Numerator	20	25	36	81
Denominator	28	30	36	94
FE	75%	43%	79%	66%
Numerator	18	13	30	61
Denominator	24	30	38	92
IDD	87%	86%	83%	85%
Numerator	13	42	25	80
Denominator	15	49	30	94
BI	71%	68%	93%	79%
Numerator	15	13	25	53
Denominator	21	19	27	67
TA	89%	86%	84%	86%
Numerator	16	19	21	56
Denominator	18	22	25	65
Autism	50%	100%	92%	90%
Numerator	1	7	11	19
Denominator	2	7	12	21
SED	71%	70%	79%	74%
Numerator	17	23	27	67
Denominator	24	33	34	91

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

IDD: 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

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

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 September 2020, KDADS has continued to coordinate with the MCOs in educating their Care Coordinators on how to adequately complete a Person-Centered Service Plan (PCSP).

All three 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 PHE which the state informed MCOs in May 2022 that these can be extended through 07/15/2022. Currently the extension is through October 13, 2022.

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

KDADS has received 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 of eight consecutive quarters.

This audit for period October - December 2021 continues to show ongoing improvement from all three MCOs across all waivers; however, most measures continue to not meet the required threshold. KDADS met with each MCO on May 9, 2022 to review progress on QIPs and will be provided detailed information as to their strong and weak areas with discussion of further improvement plans for any measure that are under 87%. Additionally, KDADS will discuss the rotation of a complete year of QIP implementation and the finalized results for the Oct-Dec 2021 review. KDADS and KDHE are meeting with the MCOs regarding proposed Corrective Action Plans.

Compliance Trends	2013	2014	2015	2016	2017	2018	2019	2020	Jan-Mar 2021	Apr-Jun 2021	Jul-Sept 2021	Oct-Dec 2021
PD												
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	76%	68%	65%	56%	80%	71%
Amerigroup		78%			20%	46%	N/A	N/A	N/A	N/A	N/A	N/A
Sunflower		81%			34%	40%	54%	71%	73%	69%	74%	83%
United		88%			34%	23%	77%	79%	91%	92%	92%	100%
Statewide	Not a Measure	82%	No Data	No Data	29%	37%	68%	73%	78%	74%	83%	86%
FE												
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	56%	64%	78%	77%	74%	75%
Amerigroup		89%			23%	34%	N/A	N/A	N/A	N/A	N/A	N/A
Sunflower		97%			31%	28%	59%	66%	75%	53%	55%	43%
United		97%			31%	18%	71%	78%	88%	87%	90%	79%
Statewide	Not a Measure	95%	No Data	No Data	29%	27%	64%	71%	82%	73%	74%	66%
IDD												
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	88%	83%	44%	80%	81%	87%
Amerigroup		91%			28%	56%	N/A	N/A	N/A	N/A	N/A	N/A
Sunflower		99%			52%	70%	86%	84%	82%	92%	94%	86%
United		99%			26%	29%	72%	73%	93%	83%	86%	83%
Statewide	Not a Measure	97%	No Data	No Data	39%	56%	82%	83%	79%	87%	89%	85%
BI												
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	60%	81%	94%	83%	56%	71%
Amerigroup		84%			21%	29%	N/A	N/A	N/A	N/A	N/A	N/A
Sunflower		94%			32%	30%	55%	76%	73%	47%	74%	68%
United		93%			19%	35%	78%	88%	88%	96%	92%	93%
Statewide	Not a Measure	90%	No Data	No Data	23%	30%	64%	82%	85%	78%	76%	79%
TA												
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	81%	74%	88%	81%	94%	89%
Amerigroup		100%			39%	54%	N/A	N/A	N/A	N/A	N/A	N/A
Sunflower		100%			56%	79%	91%	69%	83%	81%	85%	86%
United		97%			68%	62%	87%	85%	80%	80%	100%	84%
Statewide	Not a Measure	100%	No Data	No Data	49%	63%	88%	77%	83%	81%	94%	86%
Autism												
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	40%	79%	0%	100%	100%	50%
Amerigroup		100%			56%	90%	N/A	N/A	N/A	N/A	N/A	N/A
Sunflower		92%			65%	73%	77%	100%	100%	100%	100%	100%
United		100%			19%	42%	60%	43%	86%	75%	86%	92%
Statewide	Not a Measure	98%	No Data	No Data	48%	59%	63%	65%	75%	86%	92%	90%
SED												
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	70%	84%	55%	82%	96%	71%
Amerigroup		54%			76%	87%	N/A	N/A	N/A	N/A	N/A	N/A
Sunflower		55%			27%	71%	72%	73%	91%	82%	80%	70%
United		46%			47%	61%	59%	62%	81%	76%	90%	79%
Statewide	Not a Measure	52%	No Data	No Data	52%	67%	66%	71%	79%	80%	88%	74%

KDADS HCBS Quality Review Report

Health and Welfare

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

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

Denominator: Number of waiver participants with a red flag designation

Review Period: 10/01/2021 - 12/31/2021

Data Source: MCO Record Review

Compliance By Waiver	Aetna	Sunflower	United	Statewide
PD	89%	83%	100%	91%
Numerator	25	25	36	86
Denominator	28	30	36	94
FE	88%	93%	82%	87%
Numerator	21	28	31	80
Denominator	24	30	38	92
IDD	87%	88%	100%	91%
Numerator	13	43	30	86
Denominator	15	49	30	94
BI	81%	58%	85%	76%
Numerator	17	11	23	51
Denominator	21	19	27	67
TA	94%	68%	92%	85%
Numerator	17	15	23	55
Denominator	18	22	25	65
Autism	100%	86%	100%	95%
Numerator	2	6	12	20
Denominator	2	7	12	21
SED	Not a Waiver Performance Measure			
Numerator				
Denominator				

Explanation of Findings:

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

TA: 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 September 2020, KDADS has continued to coordinate with the MCOs in educating their Care Coordinators on how to adequately complete a Person-Centered Service Plan (PCSP).

All three 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 PHE which the state informed MCOs in May 2022 that these can be extended through 07/15/2022. Currently the extension is through October 13, 2022.

Each MCO met on January 13, 2022 and reviewed the QIPs for performance measures at that time, MCOs were requested to create additional QIPs for Appendices C, D and G. KDADS has received 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 of eight consecutive quarters.

This audit for period October - December 2021 continues to show ongoing improvement from all three MCOs across all waivers; however, most measures continue to not meet the required threshold. KDADS met with each MCO on May 9, 2022 to review progress on QIPs and will be provided detailed information as to their strong and weak areas with discussion of further improvement plans for any measure that are under 87%. Additionally, KDADS will discuss the rotation of a complete year of QIP implementation and the finalized results for the Oct-Dec 2021 review. KDADS and KDHE are meeting with the MCOs regarding proposed Corrective Action Plans.

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

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

KDADS HCBS Quality Review Report

Financial Accountability

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

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

Denominator: Total number of provider claims

Review Period: 10/01/2021 - 12/31/2021

Data Source: MCO Claims Data

Compliance By Waiver	Statewide
PD	99%
Numerator	83,355
Denominator	83,385
FE	99%
Numerator	53,079
Denominator	53,164
IDD	99%
Numerator	135,943
Denominator	135,987
BI	99%
Numerator	15,689
Denominator	15,695
TA	99%
Numerator	7,156
Denominator	7,166
Autism	100%
Numerator	76
Denominator	76
SED	99%
Numerator	15,412
Denominator	15,414
All HCBS Waivers	99%
Numerator	310,710
Denominator	310,887

Compliance Trends	2013	2014	2015	2016	2017	2018	2019	2020	Jan-Mar 2021	Apr-Jun 2021	Jul-Sept 2021	Oct-Dec 2021
PD												
Statewide	Not a Measure	N/A	N/A	N/A	N/A	96%	97%	99%	99%	98%	97%	99%
FE												
Statewide	Not a Measure	N/A	N/A	N/A	N/A	95%	95%	97%	98%	98%	96%	99%
IDD												
Statewide	Not a Measure	N/A	N/A	N/A	N/A	97%	95%	96%	95%	94%	89%	99%
BI												
Statewide	Not a Measure	N/A	N/A	N/A	N/A	90%	94%	97%	97%	96%	97%	99%
TA												
Statewide	Not a Measure	N/A	N/A	N/A	N/A	91%	95%	95%	98%	98%	95%	99%
Autism												
Statewide	Not a Measure	N/A	N/A	N/A	N/A	82%	95%	76%	83%	86%	69%	100%
SED												
Statewide	Not a Measure	N/A	N/A	N/A	N/A	82%	78%	90%	89%	91%	95%	99%
All HCBS Waivers												
Statewide	Not a Measure	90%	88%	95%	95%	95%	95%	97%	96%	96%	93%	99%

Explanation of Findings:

As defined in the KanCare 2.0 RFP: Clean claim means one that can be processed without obtaining additional information from the Provider of the service or from a third party. It does not include a claim from a Provider who is under investigation for Fraud or Abuse, or a claim under review for Medical Necessity.

Performance Measure threshold achieved for all waivers.

Remediation:

No remediation necessary.

KDADS HCBS Quality Review Report

Financial Accountability

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

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

Denominator: Total number of capitation (payment) rates

Review Period: Calendar Year 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
BI	100%
Numerator	12
Denominator	12
TA	100%
Numerator	12
Denominator	12
Autism	100%
Numerator	12
Denominator	12
SED	100%
Numerator	12
Denominator	12

Compliance Trends	2013	2014	2015	2016	2017	2018	2019	2020	2021
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:

Performance Measure threshold achieved for all waivers.

Remediation:

No remediation necessary.



KanCare Ombudsman Office Report

Quarter 2, 2022 (based on calendar year)

April 1 – June 30, 2022

Data downloaded 7/15/2022

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II. Brief Overview

The KanCare Ombudsman Office continues to have lower initial contacts due to the pandemic emergency order that maintains health coverage for those on Medicaid. (see page 5)

Regarding Medicaid issues, Spenddown concerns were at an all-time high for the last six quarters with 29 contacts; (see page 13)

The KanCare Ombudsman Office responded to initial contacts within 2 days 91% of the time and 3-7 days 9% of the time. (see page 15)

The KanCare Ombudsman Office closed cases in second quarter within two days 78% of the time. 9% of the cases took eight or more days to close. (see page 17)

Updates to the KanCare Ombudsman Program (see page 18-19):

- The KanCare Ombudsman Office (KOO) has transitioned from being part of Kansas Department of Aging and Disability Services to a small independent agency connected to the Department of Administration. The fiscal transition happened on July 1, 2023. Memorandums of understanding and data sharing agreements between other state agencies started on or before July 1, 2023.
- The KanCare Ombudsman Office worked with KHDE to set up a grievance process for the KanCare Ombudsman Office. The grievance process explains what a grievance is, examples of a grievance, if there are deadlines, how to submit a grievance, and what the process is after submitting a grievance. Information can be found on our website at: [Grievance \(ks.gov\)](#).
- The KanCare Ombudsman Office worked with the KDHE Eligibility Team to create new training for the new Elderly and Disability application and the Medicare Savings Program application. This training is intended for providers that work with applicants but can also be used by applicants. Final documents have been posted to KanCare website on Apply for KanCare page (at the bottom). [Apply for KanCare \(ks.gov\)](#)
- The KanCare Ombudsman office met with all three managed care organizations during the last week of June to discuss ways to provide information about the KanCare Ombudsman office to the members and providers. A game plan is in place and will be begun during the next two quarters.
- The KanCare Ombudsman Office is using a new software product, LearnWorlds, for staff and volunteer training. It is an on-line training program that includes review questions and tests for each section. We hope to have the material available and ready for use by the end of the year.

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/Kansas Medicaid by phone, email, written communication, social media, the Integrated Referral and Intake System (IRIS) and Healthify during second quarter. Initial Contacts is a measurement of the number of people who have contacted our office, not the number of contacts within the time of helping them. 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 policy of not dropping members from coverage during the federal pandemic emergency order.

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
2022	524	526		

The chart below shows an example of one other organization that has had a significant decrease in calls during the pandemic emergency order 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.

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

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 pandemic emergency order).

During second quarter, five volunteers assisted in the offices and one volunteer was mentored on taking calls and office procedures. Both satellite offices follow COVID-19 protocol for the offices. 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 Office	Mon: 9:00 to noon Tues: 1:00 to 4:00pm Wed. 9am to noon Thurs. 1:00pm to 4:00pm	4	12	Northern Kansas Area Codes 785, 913, 816
Wichita Office	Mon: 9:00 to noon Thurs: 1:00 to 4:00pm	2	6	Southern Kansas Area Codes 316, 620

As of May 15, 2022

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 during third and fourth quarters of 2021 was directly related to our AmeriCorps VISTA volunteers. They updated our KanCare Application Assistance Guide that lists organizations that help with filling out KanCare applications. The VISTAs 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.

	Q1/2021	Q2/2021	Q3/2021	Q4/2021	Q1/2022	Q2/2022
Outreach	49	171	348	142	77	86

For the full listing of outreach, see Appendix A.

VI. Data for the KanCare Ombudsman Office

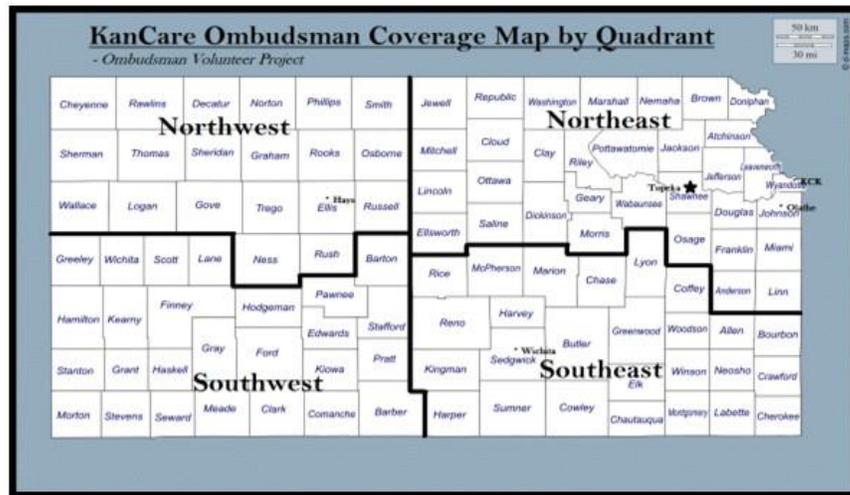
Data for the KanCare Ombudsman Office includes data by region, office location, contact method, caller type, program type, issue categories, action taken, and priority.

A. Data by Region

- 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, and emails 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](#).)

This chart shows the calls by region to the KanCare Ombudsman Office.

KanCare Ombudsman Office

REGION	Q1/2021	Q2/2021	Q3/2021	Q4/2021	Q1/2022	Q2/2022
Northwest	10	7	9	8	6	3
Northeast	80	147	94	80	77	88
Southwest	16	19	12	14	11	8
Southeast	60	134	96	94	73	70
Unknown	400	284	432	367	353	355
Out of State	0	1	1	3	4	2
Total	566	592	644	566	524	526

- Kansas Medicaid members by Region

The below chart shows the **Kansas Medicaid population** by the KanCare Ombudsman regions. Most of the Medicaid population is in the eastern two regions. Most Medicaid members are not being dropped at this time due to the pandemic health emergency (PHE) order, so the total Medicaid number is increasing each quarter.

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

Medicaid

Region	Q1/2021	Q2/2021	Q3/2021	Q4/2021	Q1/2022	Q2/2022
Northeast	218,205	222,688	227,276	231,064	235,371	239,190
Southeast	198,235	202,161	206,092	209,226	213,493	217,347
Northwest	14,310	14,409	14,817	15,087	15,281	15,393
Southwest	41,958	42,834	43,910	44,639	45,647	46,516
Total	472,708	482,092	492,095	500,016	509,792	518,446

- 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. The [Kansas Population Density map](#) shows population density using number of people per square mile (ppsm).



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

B. Data by Office Location

During second quarter, we had the assistance of volunteers in the satellite offices about four 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.

The calls in Wichita decreased due to two of the college student volunteers leaving. The Kansas City Metro office picked up messages from the Wichita office when volunteers were not available.

Contacts by Office	Q1/21	Q2/21	Q3/21	Q4/21	Q1/22	Q2/22
Main - Topeka	387	432	458	410	347	344
Kansas City Metro	74	90	104	46	78	119
Wichita	103	69	82	110	99	63
Total	564	591	644	566	524	526

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) and Healthify, a community partner tool designed to encourage warm handoffs among community partners, keeping providers updated along the way.

Contact Method	Q1/21	Q2/21	Q3/21	Q4/21	Q1/22	Q2/22
Telephone	473	449	510	446	377	386
Email	86	139	126	106	144	137
Letter	1	1	1	3	0	0
Face-to-Face Meeting	0	0	3	5	2	1
Other	2	1	3	5	0	0
Online	4	2	1	1	1	2
CONTACT METHOD TOTAL	566	592	644	566	524	526

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	Q1/21	Q2/21	Q3/21	Q4/21	Q1/22	Q2/22
Provider	62	100	82	61	93	89
Consumer	465	434	478	447	364	345
MCO Employee	2	4	10	5	2	5
Other Type	37	54	74	53	65	87
CALLER TYPE TOTAL	566	592	644	566	524	526

E. Data by Program Type

Nursing facility issues and Frail Elderly (FE) waiver are the top program concerns within the Program Type contacts received for second quarter

PROGRAM TYPE	Q1/21	Q2/21	Q3/21	Q4/21	Q1/22	Q2/22
PD	9	14	11	12	26	17
I/DD	9	17	8	10	10	14
FE	13	23	23	16	18	21
AUTISM	0	2	1	1	1	2
SED	1	1	1	8	5	5
TBI	5	6	6	5	5	2
TA	1	1	0	2	0	7
WH	0	1	0	0	0	0
MFP	1	1	1	2	2	1
PACE	0	1	0	3	0	0
MENTAL HEALTH	3	1	9	4	3	1
SUB USE DIS	0	0	0	0	0	0
NURSING FACILITY	24	20	15	35	29	21
FOSTER CARE	1	0	1	1	3	0
MEDIKAN	2	1	2	0	1	1
INSTITUTIONAL TRANSITION FROM LTC/NF	1	1	0	3	1	1
INSTITUTIONAL TRANSITION FROM MH/BH	1	1	0	0	0	1
INSTITUTIONAL TRANSITION FROM PRISON/JAIL	0	0	0	0	0	0
PROGRAM TYPE TOTAL	71	91	78	102	104	94

There may be multiple selections for a member/contact.

F. Data by Priorities

The Ombudsman Office is tracking priorities for two purposes:

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

The priorities are defined as follows:

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

PRIORITY	Q1/21	Q2/21	Q3/21	Q4/21	Q1/22	Q2/22
HCBS	21	33	28	30	29	35
Long Term Care / MF	14	22	19	35	28	22
Urgent Medical Need	9	15	8	10	8	8
Urgent	15	30	24	24	17	16
Life Threatening	2	2	0	1	2	2
PRIORITIES TOTAL	61	102	79	100	84	83

G. Data by Issue Categories

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

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

- Medicaid Issues

The top Medicaid issues are Medicaid General issues, Medicaid Eligibility issues, Medicaid Application Issues, Medicaid Info/status, Billing and Spenddown concerns. Spenddown issues are at an all time high when reviewing the last six quarters.

MEDICAID ISSUES	Q1/21	Q2/21	Q3/21	Q4/21	Q1/22	Q2/22
Access to Providers (usually Medical)	9	11	11	14	12	10
Appeals/Fair Hearing questions/issues	12	15	7	5	8	10
Background Checks	0	0	2	2	0	0
Billing	38	35	43	45	39	29
Care Coordinator Issues	7	6	4	6	8	8
Change MCO	6	3	2	2	4	4
Choice Info on MCO	1	4	3	4	4	1
Coding Issues	8	3	1	2	4	7
Consumer said Notice not received	1	2	1	1	5	0
Cultural Competency	1	2	0	0	1	0
Data Requests	6	5	19	11	10	10
Dental	4	5	6	9	7	6
Division of Assets	11	10	4	6	13	12
Durable Medical Equipment	3	7	11	4	4	8
Grievances Questions/Issues	18	13	12	17	13	16
Help understanding mail (NOA)	11	24	19	12	16	8
MCO transition	0	1	0	1	2	1
Medicaid Application Assistance	124	104	130	133	110	95
Medicaid Eligibility Issues	108	88	110	103	102	105
Medicaid Fraud	3	2	3	2	1	3
Medicaid General Issues/questions	143	173	176	171	167	139
Medicaid info (status) update	90	86	127	86	78	94
Medicaid Renewal	14	6	3	3	2	8
Medical Card issues	10	12	24	20	14	12
Medicare Savings Plan Issues	31	21	29	30	26	19
MediKan issues	5	5	4	4	3	9
Moving to / from Kansas	2	12	10	13	8	5
Medical Services	22	25	20	11	19	16
Pain management issues	1	3	3	2	1	3
Pharmacy	10	10	7	11	10	5
Pregnancy issues	30	38	23	5	18	13
Prior authorization issues	4	7	5	7	1	11
Refugee/Immigration/SOBRA issues	2	2	2	2	0	3
Respite	2	2	0	1	1	1
Spend Down Issues	19	19	21	17	17	28
Transportation	5	14	12	7	13	15
Working Healthy	2	2	1	2	6	2
MEDICAID ISSUES TOTAL	763	777	855	771	747	716

There may be multiple selections for a member/contact.

- HCBS/LTSS Issues

The top issues for this group are HCBS eligibility issues, and HCBS General Issues and Nursing Facility issues. Nursing facility concerns were the second highest this quarter out of the last six quarters.

HCBS/LTSS ISSUES	Q1/21	Q2/21	Q3/21	Q4/21	Q1/22	Q2/22
Client Obligation	14	10	7	24	13	15
Estate Recovery	3	9	9	12	17	20
HCBS Eligibility issues	30	51	45	47	51	54
HCBS General Issues	45	54	43	35	49	42
HCBS Reduction in hours of service	3	2	1	1	1	4
HCBS Waiting List	4	4	5	3	7	6
Nursing Facility Issues	26	38	35	51	28	42
HCBS/LTSS ISSUES TOTAL	125	168	145	173	166	183

There may be multiple selections for a member/contact.

- Other Issues

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

OTHER ISSUES	Q1/21	Q2/21	Q3/21	Q4/21	Q1/22	Q2/22
Abuse / neglect complaints	7	13	10	17	10	16
ADA Concerns	1	1	0	1	0	3
Adoption issues	0	3	3	3	0	1
Affordable Care Act Calls	4	1	3	2	0	2
Community Resources needed	11	6	6	11	11	6
Domestic Violence concerns	0	0	1	1	1	3
Foster Care issues	2	2	10	3	5	4
Guardianship	3	5	5	4	1	3
Homelessness	2	4	0	6	0	3
Housing Issues	5	9	4	16	4	12
Medicare related Issues	14	17	20	26	21	23
Social Security Issues	14	15	15	25	13	22
Used Interpreter	4	2	5	4	4	0
X-Other	207	54	49	55	39	68
Z Thank you	336	346	355	294	204	191
Z Unspecified	26	31	22	19	20	39
OTHER ISSUES TOTAL	636	509	508	487	333	396

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

- KanCare Ombudsman Office response to members/applicants

The Ombudsman Office goal is to respond to a contact within two business days. The last two quarters show improvement in response time.

		% Responded 0-2 Days	% Responded in 3-7 Days	% Responded 8 or More Days
Q1/2021	566	88%	12%	0%
Q2/2021	592	89%	10%	1%
Q3/2021	644	87%	12%	1%
Q4/2021	566	87%	12%	2%
Q1/2022	524	92%	8%	0%
Q2/2022	526	91%	9%	0%

- Organizational final response to Ombudsman requests

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

Quarter/yr.: Q2/2022					
Number of Referrals	Referred to	% responded 0-2 Days	% responded 3-7 Days	% responded 7-30 Days	% responded 31 or More Days
41	Clearinghouse	98%	2%	0%	0%
1	DCF	100%	0%	0%	0%
3	KDADS-Behavior Health	33%	33%	33%	0%
4	KDADS-HCBS	100%	0%	0%	0%
-	KDADS-Health Occ. Cred.	0%	0%	0%	0%
6	KDHE-Eligibility	33%	33%	33%	0%
2	KDHE-Program Staff	50%	0%	50%	0%
2	KDHE-Provider Contact	50%	50%	0%	0%
2	KMAP	100%	0%	0%	0%
2	Aetna	50%	0%	50%	0%
9	Sunflower	67%	0%	33%	0%
3	United Healthcare	57%	29%	14%	0%

- Action Taken by KanCare Ombudsman Office to resolve requests

Action Taken Resolution Type	Q1/21	Q2/21	Q3/21	Q4/21	Q1/22	Q2/22
Questions/Issue Resolved (No Resources)	28	19	25	32	36	37
Used Contact or Resources/Issue Resolved	496	542	591	513	449	420
Closed (No Contact)	39	24	21	21	31	38
ACTION TAKEN RESOLUTION TYPE TOTAL	563	585	637	566	516	495

There may be multiple selections for a member/contact

Action Taken Additional Help	Q1/21	Q2/21	Q3/21	Q4/21	Q1/22	Q2/22
Provided Resources	261	526	585	522	448	411
Mailed/Email Resources	90	131	107	86	101	75

There may be multiple selections for a member/contact

- Ombudsman Office Resolution of Issues

The average days to close/resolve an issue has been improving over the last year. The percentage of resolution in 8 or more days has also improved over the last six quarters.

Qtr./Year	Nmbr. Of Contacts	Avg Days To Completion	% Completed 0-2 Days	% Completed in 3-7 Days	%Completed 8 or More Days
Q1/2021	552	5	71%	16%	13%
Q2/2021	578	4	72%	16%	12%
Q3/2021	630	4	74%	15%	11%
Q4/2021	543	4	74%	14%	12%
Q1/2022	495	4	77%	12%	11%
Q2/2022	476	3	78%	13%	9%

VIII. Enhancements/Updates

A. Transition to New Small Independent Agency

The KanCare Ombudsman Office (KOO) has transitioned from being part of Kansas Department of Aging and Disability Services to a small independent agency connected to the Department of Administration.

- The fiscal transition happened with beginning of the new 2023 fiscal year (July 1, 2022).
- The memorandums of understanding were completed before or start on the new fiscal year start date of July1, 2022.
- The physical move of the office was May 9th. The new location of the KanCare Ombudsman Office is 900 S Jackson, Suite 1041, Topeka, KS 66612.
- The emails and phone numbers have all remained the same. The fax number is new.

B. Grievance Process created for KanCare Ombudsman Office

The KanCare Ombudsman Office worked with KHDE to set up a grievance process for the KanCare Ombudsman Office. The grievance process explains what a grievance is, examples of a grievance, if there are deadlines, how to submit a grievance, and what the process is after submitting a grievance. Information can be found on our website at: [Grievance \(ks.gov\)](https://www.ks.gov/grievance).

C. Guide to Completing the Elderly and Disabled Application – KC1500 and the Medicare Savings Program Application/Redetermination

KDHE published new KanCare applications in the fall of 2021. The application has clearer instructions, and it is much easier to read and understand. The KanCare Ombudsman Office worked with the KDHE Eligibility Team to create new training with additional help in filling out the Elderly and Disability application and the Medicare Savings Program application. This training is intended for providers that work with applicants but can also be used by applicants.

The KanCare Ombudsman Office Volunteer Coordinator provided KDHE the rough draft of the guide. The draft went through several revisions and updates as it was reviewed by several KDHE eligibility team members.

Final documents have been posted to KanCare website on Apply for KanCare page (at the bottom). [Apply for KanCare \(ks.gov\)](https://www.ks.gov/apply)

D. Outreach Meetings with the Three Managed Care Organizations

The KanCare Ombudsman office met with all three managed care organizations during the last week of June to discuss ways to provide information about the KanCare Ombudsman office to the members and providers. A game plan is in place and will be begun during the next two quarters.

E. On-line Training for Volunteers

The KanCare Ombudsman Office is using a new software product, LearnWorlds, for staff and volunteer training. It is an on-line training program that includes review questions and tests for each section. We hope to have the material available and ready for use by the end of the year.

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.

- 4/6: VISTA/MSW practicum student attended CPAAA monthly networking meeting via Zoom.
- 4/7: WSU CEI staff attended the KDADS-led settlement agreement information Zoom session.
- 4/14: WSU CEI staff and VISTA/MSW practicum student emailed with Healthier Lyon County personnel regarding outreach meeting.
- 4/14: WSU CEI staff emailed with SCMHC staff regarding summer outreach event.
- 4/17: Ombudsman attended KHLAAC stakeholder meeting; provided update on KanCare Ombudsman office to KanCare Long Term Care meeting.
- 4/19/2022: KHLAAC Stakeholder Meeting; Volunteer Coordinator shared about Ombudsman office and services
- 4/19: WSU CEI staff attended Healthify/Wellsky NE KS partner network meeting and presented on the Public Health Emergency (PHE) and Ombudsman Office resources.
- 4/20: Ombudsman provided overview of first quarter report to the Bethell Joint Committee on HCBS and KanCare Oversight.
- 4/21: WSU CEI staff emailed with organizers of Public Health Workers Symposium.
- 4/22: VISTA/MSW practicum student attended Sedgwick County-area Veteran's Coalition meeting in Wichita, in person.
- 4/26: Ombudsman attended KHLAAC stakeholder meeting; provided update on KanCare Ombudsman office to KanCare Long Term Care meeting.
- 4/28: WSU CEI staff attended quarterly Sedgwick County IRIS network meeting and shared PHE messaging.
- 4/29: WSU CEI staff and VISTA/MSW practicum student attended quarterly Sedgwick County CDDO networking meeting in person.
- 5/4: WSU CEI staff attended CPAAA monthly networking meeting via Zoom. During all outreach meetings, our office announced PHE unwinding message.
- 5/4: Meeting with Kansas Marketplace Navigators to discuss unwind and

discuss collaboration opportunities.

- 5/9: WSU CEI staff discussed providing newsletter content with Sharon Witzell, Program Coordinator for Senior Adult Ministries Catholic Diocese of Wichita. They will begin producing their newsletter, the Seasoned Servant Connection, sometime in the summer; they are considering selling ad space.
- 5/12: Ombudsman provided update on KanCare Ombudsman office to KanCare Long Term Care meeting
- 5/12: VISTA/MSW practicum student attended the Lyon County area Family Council resource networking meeting via Zoom.
- 5/17: WSU CEI staff and VISTA/MSW practicum student exhibited in-person at Derby's Let's DiaBEAT This Health Expo. We spoke with at least 50 community members and 10 other community providers.
- 5/18: WSU CEI staff emailed with Harvey Co Health Department staff to arrange exhibit at HV CO Baby Shower on 6/11.
- 5/18: WSU CEI staff attended Butler County Early Childhood Taskforce monthly networking meeting via Zoom.
- 5/18: WSU CEI staff registered for Butler County Health Department Baby Jubilee event on 8/3.
- 5/18: WSU CEI staff emailed with HOPE Via Christi staff to follow up on resources conversation.
- 5/18: WSU CEI staff emailed with Grene Vision Group staff to follow up on WSU student recruitment resources.
- 5/26/22- attended the Livable Neighborhoods Monthly meeting for KC Metro.
- 6/1: WSU CEI staff attended CPAAA monthly networking meeting via Zoom. During all outreach meetings, our office announced PHE unwinding message.
- 6/3: WSU CEI staff arranged a presentation to the Kansas Statewide Homeless Coalition for July, via Zoom.
- 6/7-6/8: WSU CEI staff exhibited at the Annual Kansas Consumer Advisory Council Recovery Conference. She gave out 5 Ombudsman brochure packets, spoke with approximately 50 attendees, and connected with approximately 10 other exhibitors.
- 6/9: Ombudsman provided update on KanCare Ombudsman office to KanCare Long Term Care meeting
- 6/10: WSU CEI staff emailed with staff at the Association of Community Mental Health Centers of KS.
- 6/11: WSU CEI staff exhibited at the Harvey County Health Department Baby Shower in Newton. She spoke with 40 attendees and representatives from at least 11 other community agencies.

- 6/13: WSU CEI staff presented to the Center for Public Health Initiatives team at CEI to encourage collaboration.
- 6/15: WSU CEI staff attended the Butler County Early Childhood Taskforce monthly networking meeting via Zoom.
- 6/17: Sent announcement to Local Public Health team at KDHE and Kansas Navigators regarding the new Application Guide for E&D that is now on the KanCare website.
- 6/21: WSU CEI staff attended the Harvey County Healthier County Coalition meeting via Zoom.
- 6/21: WSU CEI staff attended the Wellsky.com community referral network meeting via Zoom.
- 6/22: Ombudsman provided update on KanCare Ombudsman office to KanCare Advisory Council Meeting
- 6/24: WSU CEI staff exhibited at the Alzheimer's Association Dementia Conference in Mulvane. She spoke to approximately 100 conference attendees and exhibitors.
- 6.22.22, Josephine gave a brief presentation to the Livable Neighborhoods Monthly Meeting
- 6.27.22, KanCare Ombudsman team met with outreach representatives from Sunflower Health Plan to discuss Outreach methods for our office within their contact pool (providers and members).
- 6.30.22, KanCare Ombudsman team met with outreach representatives from Aetna Better Health KS to discuss outreach methods for our office within their contact pool (providers and members).
- 7/1/22 KanCare Ombudsman team met with outreach representatives from United to discuss outreach methods for our office within their contact pool (providers and members).

B. Outreach through Social Media and Print Media

The highest reaches during second quarter were posts regarding food assistance and new resources/training regarding the KanCare Elderly and Disabled application and Medicare Savings Program application

- Facebook Posts – 18 in April
- Facebook page followers at end of April: 463, up from 453 on 3/31/22.
- The April post with highest engagement and reach was a link to an online session sponsored by Minds Matter and the Alzheimer's Association on. Posts regarding waivers and/or disabilities tended to perform well.

Date of post	Topic	# "reaches"	# "engagements"
4/4/2022	National Public Health Week-Racism public health crisis	71	3
4/4/2022	Social Security Contact information	44	1
4/5/2022	National Public Health Week-Public Health Workforce	87	3
4/6/2022	Child Abuse Awareness-reporting and recognizing signs of abuse	76	0
4/6/2022	National Public Health Week-community: collab and resilience	102	5
4/8/2022	Medicare Fraud warning -- Spanish	75	4
4/10/2022	National Public Health Week-Mental Health	82	4
4/19/2022	Child Abuse awareness	39	0
4/20/2022	National Volunteer Week-recognizing volunteers in office	68	9
4/21/2022	National Minority Health Month	40	0
4/22/2022	Volunteer Recruitment for Ombudsman Office	102	8
4/25/2022	National Minority Health Month	31	1
4/26/2022	Recognizing AmeriCorps VISTAs	97	10
4/27/2022	National Infant Immunization Week	37	0
4/27/2022	Alzheimer's Association virtual forum	169	9
4/28/2022	National Infant Immunization Week - Spanish	34	0
4/29/2022	Mental Health and Substance Abuse Coalition community update	32	2
4/29/2022	National Immunization Week - Medicaid and CHIP	27	2

- The WSU Community Program Specialist and VISTA/MSW practicum student focused approximately 32.25 hours combined on Facebook/social media projects. This time included creating a transition plan, planning, and creating posts, researching Facebook analytics tools, creating office guidance/reference materials for future use, and collaborating with other CEI social media personnel. The office created 9 Facebook posts for this month and several other posts for 2022-2023; we continued to coordinate with Ombudsman staff to approve them.
- Facebook Posts – 9 in May
- Facebook page followers at end of May: 469, up from 463 at the end of April.
- The May post with highest engagement and reach was a link to a needs survey from the Statewide Independent Living Council.

Date of post	Topic	# "reaches"	# "engagements"
5/2/2022	Older Americans Month	64	2
5/4/2022	Survey for the Kansas Drug Overdose Prevention Plan	19	1
5/5/2022	Ombudsman Officing Moving	45	1
5/6/2022	SAMSHA app help	60	2
5/10/2022	National Foster Care Month	63	2
5/13/2022	Older Americans Month	39	1
5/16/2022	Derby Health Expo	43	1
5/20/2022	SILCK Needs Survey	96	8
5/27/2022	Office closed-Memorial Day	31	0

- The WSU Community Program Specialist and VISTA/MSW practicum student focused approximately 13 hours combined on Facebook/social media projects. This time included finalizing a transition plan, planning, and creating posts, researching Facebook analytics tools, creating office guidance/reference materials for future use, and collaborating with other CEI social media personnel. The office created 14 Facebook posts for this month; we continued to coordinate with Ombudsman staff to approve them.
- Facebook Posts – 16 in June
- Facebook page followers at end of June: 482, up from 469 at the end of May.
- The June posts with highest engagements and reaches were a link to Food Assistance resources statewide and the new Ombudsman Application Assistance materials.

Date of post	Topic	# "reaches"	# "engagements"
6/1	Harvey County Community Baby Shower promotion	59	2
6/6	We are available for outreach events and presentations!	32	1
6/8	PHE Unwinding webinar series promotion	38	3
6/10	Adult Protective Services resources	30	0
6/14	Hiring VISTA positions	90	5
6/15	Food Assistance resources	440	42
6/16	Kansas Prevention Collaborative resource	52	5
6/18	Ombudsman Volunteer Recruitment	42	3
6/20	Ombudsman General Services	44	2
6/20	ABLE account resources	31	2
6/21	New resources for KanCare Application Assistance	490	33

6/22	Kansas Homeowners payment assistance resources (Ks Housing Resource Corporation)	39	3
6/23	Kansas Renters payment assistance resources (KS Housing Resources Corporation)	20	0
6/24	Veteran's Benefits resources	22	0
6/29	Shared Kansas Consumer Advisory Council Mental Health post	99	6
6/30	VISTA recruitment	84	4

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

A. Aetna

MEDICAID ISSUES	Q1 21	Q2 21	Q3 21	Q4 21	Q1 22	Q2 22
Access to Providers (usually Medical)	0	3	1	2	1	0
Appeals/Fair Hearing questions/issues	0	1	0	1	1	1
Background Checks	0	0	0	0	0	0
Billing	2	4	2	6	3	2
Care Coordinator Issues	1	0	1	3	3	1
Change MCO	1	0	0	0	1	1
Choice Info on MCO	0	0	0	0	1	0
Coding Issues	0	1	0	1	0	0
Consumer said Notice not received	0	1	0	0	0	0
Cultural Competency	0	1	0	0	0	0
Data Requests	0	0	0	0	0	0
Dental	0	0	1	0	0	0
Division of Assets	0	0	0	0	0	0
Durable Medical Equipment	0	0	0	0	1	0
Grievances Questions/Issues	0	1	0	5	1	0
Help understanding mail (NOA)	0	0	0	0	0	0
MCO transition	0	0	0	0	1	0
Medicaid Application Assistance	0	0	0	1	1	0
Medicaid Eligibility Issues	2	2	4	1	4	1
Medicaid Fraud	0	0	1	0	0	0
Medicaid General Issues/questions	3	6	9	5	9	2
Medicaid info (status) update	3	2	4	6	5	2
Medicaid Renewal	1	1	0	0	0	0
Medical Card issues	0	1	3	2	1	1
Medicare Savings Plan Issues	1	0	0	0	2	0
MediKan issues	0	0	0	0	0	0
Moving to / from Kansas	0	1	0	0	0	0
Medical Services	2	6	4	0	4	2
Pain management issues	0	0	1	1	0	0
Pharmacy	0	1	2	2	0	1
Pregnancy issues	1	0	0	0	0	0
Prior authorization issues	0	2	0	1	0	2
Refugee/Immigration/SOBRA issues	0	0	0	0	0	0
Respite	0	0	0	0	0	0
Spend Down Issues	0	1	3	2	1	0
Transportation	0	2	0	1	1	1
Working Healthy	0	0	0	0	0	0
MEDICAID ISSUES TOTAL	17	37	36	40	41	17

HCBS/LTSS ISSUES	Q1 21	Q2 21	Q3 21	Q4 21	Q1 22	Q2 22
Client Obligation	2	0	0	1	0	1
Estate Recovery	0	0	0	0	0	0
HCBS Eligibility issues	0	2	2	1	3	3
HCBS General Issues	0	2	2	3	8	3
HCBS Reduction in hours of service	0	0	0	0	0	0
HCBS Waiting List	0	0	0	0	0	0
Nursing Facility Issues	1	1	1	4	0	0
HCBS/LTSS ISSUES TOTAL	3	5	5	9	11	7

OTHER ISSUES	Q1 21	Q2 21	Q3 21	Q4 21	Q1 22	Q2 22
Abuse / neglect complaints	0	0	0	3	1	1
ADA Concerns	0	0	0	0	0	0
Adoption issues	0	1	1	0	0	0
Affordable Care Act Calls	0	0	0	0	0	0
Community Resources needed	0	0	0	0	0	0
Domestic Violence concerns	0	0	0	0	0	0
Foster Care issues	0	0	1	0	0	0
Guardianship	0	0	1	0	0	0
Homelessness	0	0	0	0	0	0
Housing Issues	0	0	0	1	1	1
Medicare related Issues	0	0	1	0	1	0
Social Security Issues	0	0	0	0	1	0
Used Interpreter	0	0	0	0	0	0
X-Other	5	0	1	1	0	1
Z Thank you	7	18	17	11	14	4
Z Unspecified	0	0	3	0	0	1
Health Homes	0	0	0	0	0	0
OTHER ISSUES TOTAL	12	19	25	16	18	8

PROGRAM TYPE	Q1 21	Q2 21	Q3 21	Q4 21	Q1 22	Q2 22
PD	1	1	0	2	2	4
I/DD	0	1	0	0	0	0
FE	0	1	0	0	6	0
AUTISM	0	0	0	0	0	0
SED	0	0	0	0	0	0
TBI	0	0	1	1	1	1
TA	0	1	0	0	0	0
WH	0	0	0	0	0	0
MFP	0	0	0	0	0	0
PACE	0	0	0	0	0	0
MENTAL HEALTH	0	0	0	0	0	0
SUB USE DIS	0	0	0	0	0	0
NURSING FACILITY	0	0	1	1	0	1
FOSTER CARE	0	0	1	0	0	0
MEDIKAN	0	0	0	0	0	0
INSTITUTIONAL TRANSITION FROM LTC/NF	1	1	0	0	0	0
INSTITUTIONAL TRANSITION FROM MH/BH	0	0	0	0	0	0
INSTITUTIONAL TRANSITION FROM PRISON/JAIL	0	0	0	0	0	0
PROGRAM TYPE TOTAL	2	5	3	4	9	6

PRIORITY	Q1 21	Q2 21	Q3 21	Q4 21	Q1 22	Q2 22
HCBS	1	6	1	2	2	3
Long Term Care / MF	0	2	1	0	0	1
Urgent Medical Need	1	2	2	1	1	0
Urgent	0	3	3	2	0	3
Life Threatening	0	0	0	0	0	1
PRIORITIES TOTAL	2	13	7	5	3	8

B. Sunflower

MEDICAID ISSUES	Q1 21	Q2 21	Q3 21	Q4 21	Q1 22	Q2 22
Access to Providers (usually Medical)	2	2	1	2	2	1
Appeals/Fair Hearing questions/issues	1	2	1	0	1	2
Background Checks	0	0	0	0	0	0
Billing	5	3	5	3	3	5
Care Coordinator Issues	0	1	0	0	0	1
Change MCO	0	1	0	1	0	0
Choice Info on MCO	0	2	0	0	0	0
Coding Issues	0	0	1	0	0	0
Consumer said Notice not received	0	0	0	0	0	0
Cultural Competency	0	0	0	0	0	0
Data Requests	0	0	1	1	0	0
Dental	0	0	1	2	0	0
Division of Assets	0	0	0	0	0	0
Durable Medical Equipment	0	2	2	0	1	2
Grievances Questions/Issues	4	2	0	1	0	2
Help understanding mail (NOA)	1	1	0	0	1	1
MCO transition	0	1	0	0	0	0
Medicaid Application Assistance	0	0	0	0	1	0
Medicaid Eligibility Issues	1	0	4	0	1	5
Medicaid Fraud	0	0	0	0	0	0
Medicaid General Issues/questions	2	6	7	2	4	10
Medicaid info (status) update	1	2	3	2	1	1
Medicaid Renewal	0	0	0	0	0	0
Medical Card issues	1	0	2	1	1	1
Medicare Savings Plan Issues	0	0	0	0	0	0
MediKan issues	0	0	0	0	0	0
Moving to / from Kansas	0	0	0	0	1	2
Medical Services	4	2	3	3	2	2
Pain management issues	0	1	0	1	0	0
Pharmacy	0	2	2	3	1	1
Pregnancy issues	0	0	0	0	0	2
Prior authorization issues	0	1	0	1	0	1
Refugee/Immigration/SOBRA issues	0	0	0	0	0	0
Respite	0	0	0	1	0	0
Spend Down Issues	1	0	0	0	0	0
Transportation	0	2	3	0	2	2
Working Healthy	0	0	0	0	0	0
MEDICAID ISSUES TOTAL	23	33	36	24	22	41

Sunflower

HCBS/LTSS ISSUES	Q1 21	Q2 21	Q3 21	Q4 21	Q1 22	Q2 22
Client Obligation	1	1	0	0	0	1
Estate Recovery	0	0	0	0	0	0
HCBS Eligibility issues	3	2	3	0	1	3
HCBS General Issues	4	4	1	3	4	5
HCBS Reduction in hours of service	0	0	0	0	0	0
HCBS Waiting List	0	1	1	0	1	0
Nursing Facility Issues	2	1	0	2	2	2
HCBS/LTSS ISSUES TOTAL	10	9	5	5	8	11

OTHER ISSUES	Q1 21	Q2 21	Q3 21	Q4 21	Q1 22	Q2 22
Abuse / neglect complaints	0	0	0	1	2	0
ADA Concerns	0	0	0	0	0	0
Adoption issues	0	1	0	0	0	0
Affordable Care Act Calls	0	0	0	0	0	0
Community Resources needed	0	2	0	0	0	0
Domestic Violence concerns	0	0	0	0	0	0
Foster Care issues	0	0	0	0	0	0
Guardianship	2	1	0	0	0	0
Homelessness	0	0	0	0	0	0
Housing Issues	0	2	0	0	0	0
Medicare related Issues	2	1	0	1	0	0
Social Security Issues	1	0	0	0	0	0
Used Interpreter	0	0	0	0	0	0
X-Other	4	4	0	1	2	3
Z Thank you	19	17	12	6	9	16
Z Unspecified	1	0	1	0	0	0
Health Homes	0	0	0	0	0	0
OTHER ISSUES TOTAL	29	28	13	9	13	19

Sunflower

PROGRAM TYPE	Q1 21	Q2 21	Q3 21	Q4 21	Q1 22	Q2 22
PD	1	1	0	0	2	2
I/DD	2	5	1	2	1	5
FE	1	2	2	1	1	2
AUTISM	0	0	0	0	0	0
SED	0	0	0	0	0	1
TBI	2	1	3	0	0	0
TA	0	0	0	1	0	2
WH	0	0	0	0	0	0
MFP	0	0	0	0	0	0
PACE	0	0	0	0	0	0
MENTAL HEALTH	1	0	1	0	0	0
SUB USE DIS	0	0	0	0	0	0
NURSING FACILITY	0	0	1	1	1	0
FOSTER CARE	0	0	0	0	0	0
MEDIKAN	0	0	0	0	0	0
INSTITUTIONAL TRANSITION FROM LTC/NF	0	0	0	0	0	0
INSTITUTIONAL TRANSITION FROM MH/BH	1	0	0	0	0	0
INSTITUTIONAL TRANSITION FROM PRISON/JAIL	0	0	0	0	0	0
PROGRAM TYPE TOTAL	8	9	8	5	5	12

PRIORITY	Q1 21	Q2 21	Q3 21	Q4 21	Q1 22	Q2 22
HCBS	3	4	6	3	2	7
Long Term Care / MF	1	3	1	0	1	0
Urgent Medical Need	1	5	2	2	1	4
Urgent	1	6	1	3	4	1
Life Threatening	1	1	0	0	1	0
PRIORITIES TOTAL	7	19	10	8	9	12

C. United Healthcare

MEDICAID ISSUES	Q1 21	Q2 21	Q3 21	Q4 21	Q1 22	Q2 22
Access to Providers (usually Medical)	0	3	3	1	4	1
Appeals/Fair Hearing questions/issues	0	4	1	1	2	1
Background Checks	0	0	0	0	0	0
Billing	3	4	5	7	8	3
Care Coordinator Issues	0	2	1	1	2	1
Change MCO	0	2	0	0	2	0
Choice Info on MCO	0	1	0	0	1	0
Coding Issues	0	0	0	1	1	1
Consumer said Notice not received	0	0	0	0	2	0
Cultural Competency	0	0	0	0	0	0
Data Requests	0	0	1	0	0	1
Dental	0	2	1	1	2	1
Division of Assets	0	0	0	0	0	1
Durable Medical Equipment	1	0	3	1	1	3
Grievances Questions/Issues	3	3	3	2	4	3
Help understanding mail (NOA)	1	1	0	2	1	2
MCO transition	0	0	0	0	0	1
Medicaid Application Assistance	1	0	2	0	1	4
Medicaid Eligibility Issues	2	1	2	3	8	7
Medicaid Fraud	0	1	0	0	0	0
Medicaid General Issues/questions	4	9	8	6	15	13
Medicaid info (status) update	3	2	5	1	7	8
Medicaid Renewal	1	0	0	1	0	1
Medical Card issues	0	1	1	2	1	2
Medicare Savings Plan Issues	0	2	1	1	3	1
MediKan issues	0	0	0	0	0	0
Moving to / from Kansas	0	1	0	1	0	0
Medical Services	1	5	5	1	3	1
Pain management issues	0	2	1	0	1	0
Pharmacy	0	4	3	2	5	0
Pregnancy issues	0	2	0	0	0	0
Prior authorization issues	0	2	2	2	1	4
Refugee/Immigration/SOBRA issues	0	0	0	0	0	0
Respite	0	0	0	0	0	0
Spend Down Issues	1	1	0	1	2	0
Transportation	0	3	2	1	5	0
Working Healthy	0	0	0	0	1	0
MEDICAID ISSUES TOTAL	21	58	50	39	83	60

United HealthCare

HCBS/LTSS ISSUES	Q1 21	Q2 21	Q3 21	Q4 21	Q1 22	Q2 22
Client Obligation	0	1	1	0	0	0
Estate Recovery	0	0	0	0	0	0
HCBS Eligibility issues	2	1	2	2	2	3
HCBS General Issues	4	4	4	4	4	5
HCBS Reduction in hours of service	1	0	0	0	1	1
HCBS Waiting List	1	1	1	0	1	2
Nursing Facility Issues	1	2	4	7	2	0
HCBS/LTSS ISSUES TOTAL	9	9	12	13	10	11

OTHER ISSUES	Q1 21	Q2 21	Q3 21	Q4 21	Q1 22	Q2 22
Abuse / neglect complaints	1	2	2	0	1	1
ADA Concerns	0	0	0	0	0	1
Adoption issues	0	0	0	0	0	0
Affordable Care Act Calls	0	0	0	0	0	0
Community Resources needed	0	2	0	1	1	0
Domestic Violence concerns	0	0	0	0	0	0
Foster Care issues	0	0	1	0	1	0
Guardianship	0	0	0	0	0	0
Homelessness	0	1	0	1	0	0
Housing Issues	0	3	0	2	0	1
Medicare related Issues	1	2	0	0	4	3
Social Security Issues	0	0	0	2	1	0
Used Interpreter	0	0	0	0	0	0
X-Other	6	2	6	4	4	2
Z Thank you	8	23	25	13	17	17
Z Unspecified	1	0	2	0	1	1
Health Homes	0	0	0	0	0	0
OTHER ISSUES TOTAL	17	35	36	23	30	26

PROGRAM TYPE	Q1 21	Q2 21	Q3 21	Q4 21	Q1 22	Q2 22
PD	1	2	1	0	5	4
I/DD	1	5	1	0	1	2
FE	1	1	1	3	0	1
AUTISM	0	0	0	0	0	0
SED	0	0	0	1	1	0
TBI	0	2	1	2	1	0
TA	1	0	0	0	0	1
WH	0	0	0	0	0	0
MFP	0	0	0	0	0	0
PACE	0	0	0	0	0	0
MENTAL HEALTH	0	1	5	2	1	0
SUB USE DIS	0	0	0	0	0	0
NURSING FACILITY	0	1	1	5	2	1
FOSTER CARE	0	0	0	0	0	0
MEDIKAN	0	0	0	0	0	0
INSTITUTIONAL TRANSITION FROM LTC/NF	0	0	0	1	0	0
INSTITUTIONAL TRANSITION FROM MH/BH	0	0	0	0	0	0
INSTITUTIONAL TRANSITION FROM PRISON/JAIL	0	0	0	0	0	0
PROGRAM TYPE TOTAL	4	12	10	14	11	9

PRIORITY	Q1 21	Q2 21	Q3 21	Q4 21	Q1 22	Q2 22
HCBS	3	4	4	5	3	4
Long Term Care / MF	0	1	4	5	2	4
Urgent Medical Need	2	0	1	2	2	0
Urgent	2	5	6	3	2	2
Life Threatening	0	0	0	1	0	0
PRIORITIES TOTAL	7	10	15	16	9	10

1115 Waiver- Safety Net Care Pool Report

Demonstration Year 10 - Quarter Two

Large Public Teaching Hospital\Border City Children's Hospital Pool
Paid date 6/16/2022

Hospital Name	LPTH\BCCH DY/QTR 2022/2	State General Fund 1000	Federal Medicaid Fund 3414
University Of Kansas Hospital Authority*	1,848,103	621,702	1,226,401
Children's Mercy Hospital	616,034	207,234	408,800
Total	2,464,137	828,936	1,635,201

*SGF paid with IGT.

1115 Waiver- Safety Net Care Pool Report

Demonstration Year 10 - Quarter Two

Health Care Access Improvement Pool

No Payments Issued

Provider Name	Program Name	Program ID	Amount	Payment Date	Liability Date	Warrant number	Provider Access Fund 2443	Federal Medicaid Fund 3414
Total			0				0	0

KanCare Summary of Claims Adjudication Statistics per MCO (January – June 2022)

Aetna YTD Cumulative Claims					
Service Type	Total Count	Total Count Value	Total Denied	Total Denied Value	Percent Claims Denied
Hospital Inpatient	12,247	\$737,949,402	2,540	\$248,961,150	20.74%
Hospital Outpatient	142,857	\$474,328,988	25,402	\$57,601,549	17.78%
Pharmacy	1,180,544	\$98,303,287	341,180	\$856,474	28.90%
Dental	61,381	\$25,788,192	9,784	\$4,068,409	15.94%
Vision	4,414	\$1,145,693	277	\$97,263	6.28%
NEMT	56,778	\$3,009,191	169	\$10,623	0.30%
Medical	813,112	\$564,208,997	110,381	\$110,648,741	13.58%
Nursing Facilities	40,991	\$110,960,568	2,680	\$9,292,133	6.54%
HCBS	171,521	\$85,598,986	6,675	\$4,649,454	3.89%
Behavioral Health	111,170	\$58,753,878	3,991	\$7,660,959	3.59%
Total All Services	2,595,015	\$2,160,047,182	503,079	\$443,846,756	19.39%

Sunflower YTD Cumulative Claims					
Service Type	Total Count	Total Count Value	Total Denied	Total Denied Value	Percent Claims Denied
Hospital Inpatient	16,127	\$1,117,587,937	3,710	\$341,214,860	23.00%
Hospital Outpatient	184,688	\$602,388,337	20,441	\$96,676,294	11.07%
Pharmacy	1,031,062	\$149,219,947	259,769	\$50,217,874	25.19%
Dental	88,583	\$38,036,043	10,097	\$4,076,320	11.40%
Vision	56,065	\$17,328,398	6,852	\$2,319,665	12.22%
NEMT	52,090	\$1,787,167	336	\$9,674	0.65%
Medical	921,156	\$656,958,433	133,804	\$223,033,919	14.53%
Nursing Facilities	64,924	\$157,095,300	4,651	\$19,260,507	7.16%
HCBS	344,151	\$204,239,786	15,387	\$11,225,641	4.47%
Behavioral Health	373,061	\$77,440,339	27,541	\$6,358,672	7.38%
Total All Services	3,131,907	\$3,022,081,686	482,588	\$754,393,425	15.41%

United YTD Cumulative Claims					
Service Type	Total Count	Total Count Value	Total Denied	Total Denied Value	Percent Claims Denied
Hospital Inpatient	13,859	\$883,273,073	3,031	\$226,080,550	21.87%
Hospital Outpatient	198,525	\$746,433,781	42,252	\$177,738,583	21.28%
Pharmacy	1,040,658	\$141,068,986	220,207	\$51,646,277	21.16%
Dental	91,877	\$41,385,116	14,270	\$7,504,252	15.53%
Vision	42,276	\$10,478,614	5,889	\$1,451,346	13.93%
NEMT	59,575	\$2,098,283	545	\$10,794	0.91%
Medical	967,577	\$644,637,776	173,770	\$158,349,361	17.96%
Nursing Facilities	56,350	\$168,113,090	8,350	\$27,955,361	14.82%
HCBS	282,884	\$145,232,324	10,078	\$9,964,414	3.56%
Behavioral Health	372,915	\$109,530,985	29,709	\$19,212,509	7.97%
Total All Services	3,126,496	\$2,892,252,026	508,101	\$679,913,448	16.25%