

Third Quarter Report to CMS Regarding  
Operation of 1115 Waiver  
Demonstration Program  
– Quarter Ending 09.30.2022



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

*KanCare*  
*Section 1115 Third Quarter Report*  
*Demonstration Year: 10 (1/1/2022-12/31/2022)*  
*Federal Fiscal Quarter: 4/2022 (7/22-9/22)*

**Table of Contents**

*2022 Third Quarter Report*..... 2

I. Introduction ..... 2

II. Enrollment Information ..... 3

III. Outreach/Innovation ..... 4

IV. Operational Developments/Issues ..... 11

V. Policy Developments/Issues ..... 26

VI. Financial/Budget Neutrality Development/Issues ..... 26

VII. Member Month Reporting..... 26

VIII. Consumer Issues ..... 29

IX. Quality Assurance/Monitoring Activity..... 32

X. Managed Care Reporting Requirements ..... 34

XI. Safety Net Care Pool ..... 44

XII. Demonstration Evaluation ..... 44

XIII. Other (Claims Adjudication Statistics; Waiting List Management)..... 44

XIV. Enclosures/Attachments..... 45

XV. State Contacts..... 45

VI. Date Submitted to CMS ..... 45

## 2022 Third Quarter Report

### I. Introduction

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

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

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

This five-year demonstration will:

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

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

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

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

## II. Enrollment Information

The following table outlines enrollment activity related to populations included in the demonstration. It does not include enrollment activity for non-Title XIX programs, including the Children’s Health Insurance Program (CHIP), nor does it include populations excluded from KanCare, such as Qualified Medicare Beneficiaries (QMB) who are not otherwise eligible for Medicaid. The table does include members retroactively assigned as of September 30, 2022.

Demonstration Population	Enrollees at Close of Quarter (9/30/2022)	Total Unduplicated Enrollees in Quarter	Disenrolled in Quarter
Population 1: ABD/SD Dual	14,605	15,663	1,058
Population 2: ABD/SD Non-Dual	30,748	31,838	1,090
Population 3: Adults	72,322	73,538	1,216
Population 4: Children	263,551	267,363	3,812
Population 5: DD Waiver	8,959	9,069	110
Population 6: LTC	21,325	22,168	843
Population 7: MN Dual	4,893	5,607	714
Population 8: MN Non-Dual	1,707	2,020	313
Population 9: Waiver	4,340	4,811	471
Population 10: UC Pool	N/A	N/A	N/A
Population 11: DSRIP Pool	N/A	N/A	N/A
<b>Total</b>	<b>422,450</b>	<b>432,077</b>	<b>9,627</b>

### III. Outreach/Innovation

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

The KanCare Advisory Council consists of twelve members: one legislator representing the House, one representing mental health providers, one representing community developmental disability organizations (CDDOs), two representing physicians and hospitals, three representing KanCare members, one former Kansas Senator, one representing pharmacists, one representing the Aging Community, one representing Area Agencies on Aging and Aging Disability Resource Centers. The KanCare Advisory Council occurred September 29, 2022, via Zoom. The agenda was as follows:

- Welcome and Introductions
- Review and Approval of Minutes from Council Meeting, March 9, 2022, and June 22, 2022
- Old Business
  - Homebound Frail Elderly receiving meals thru COVID funds – Allen Schmidt
- New Business (No agenda items received)
  - What is our plan for researching other states' remedy to solve the nursing and PCA shortages; and what is the status of the challenges on the administrative side? – Ed Nicholas
  - Update on the progress the state has made in preparing for the end of PHE, expected October 13, 2022 – Dr. Rebecca Reddy
  - Discuss a plan on how to lower the growing I/DD waiting list – Allen Schmidt
  - Percentage of HCBS cases pending that cannot be staffed by home care agencies – Larry Martin
- KDHE Update – Janet Stanek, Secretary, Kansas Department of Health and Environment, 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 – Drew Adkins, Assistant Commissioner for Behavioral Health Services, Kansas Department for Aging and Disability Services and Mandy Flower, 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 – Audrey Masoner
  - Sunflower State Health Plan – Stephanie Rasmussen
  - Aetna Better Health of Kansas – Jane Brown
- Adjourn

The Tribal Technical Advisory Group (TTAG) met on August 2, 2022. The State presented the following State Plan Amendments (SPAs) for comment and consultation.

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<sup>1</sup> [www.kancare.ks.gov](http://www.kancare.ks.gov)

An explanation was given on the following SPAs that were approved since the last TTAG meeting.

- 22-0001 Global Maternity Provider Rate Increase
- 22-0002 Optometrist RHCs and FQHCs
- 22-0003 New Varicose Veins Reimburse Codes and Rates
- 22-0004 Hospice Care, RHC and FQHC PPS, Attending Physician Rates
- 22-0005 CHIP MAGI FPL 2022 Update
- 22-0007 CHIP ARP Act, COVID-19 Vaccines, Testing, & Treatment
- 22-0009 Qualified Clinical Trials
- 22-0010 Qualified Clinical Trials ABP
- 22-0011 Mobile Crisis Remove Age Limitations
- 22-0012 Family Therapy without the Patient Present
- 22-0013 Certified Community Behavioral Health Services
- 22-0014 Certified Community Behavioral Health Services (ABP)
- 22-0015 Medicaid 12 Months Postpartum Extension, ARP Act
- 22-0016 ABP, 12 Months Postpartum Extension, ARP Act
- 22-0017 CHIP, 12 Months Postpartum Extension, ARP Act
- 22-0019 CHIP CS7 Legislation Change

An explanation was given on the following SPAs that are pending CMS Approval since the last Tribal meeting.

- 22-0018 DAW1 and Drug Availability
- 22-0021 EPSDT Periodontal Treatment / Dental Crowns / Pediatricians' fee increase
- 22-0023 Ambulance Rate Changes, Legislation
- 22-0024 Behavioral Health Rate Increase, Legislation
- 22-0025 7.4.A DR SPA Sec D.8 \$.50 Pharm Rescission
- 22-0026 1115 HCAIP

The following SPAs are pending tribal comment:

- 22-0029 Temporary Post PHE 12 Month PETI\* Disregard\* (post-eligibility treatment of income)
- 22-0030 7.4.A DR SPA Secs B.1, B.2, B.3 PE Rescission

The following SPAs are waiting for approval from CMS. CMS requested additional information.

- 21-0013 Presumptive Eligibility Tool, Medicaid
- 21-0014 Presumptive Eligibility Tool, CHIP
- 22-0008 COVID Medicaid ARP Act, Without Cost Templates (w/ABP)

The following SPAs are pending submission to CMS:

- 22-0027 Additional Adult Dental Services, Legislation
- 22-0028 Irrevocable Funeral Plan, Consumer Price Index Rate
- 22-0031 SFY 2023 NF/NFMH Rates
- 22-0032 Vaccines Pharmacy Technicians and Interns

Out-stationed Eligibility Workers (OEW) staff participated in 347 in-person and virtual community events providing KanCare program outreach, education, and information for the following: Finney Health Fair Kan-Be-Healthy Event by Genesis Clinic Genesis Advisory Meeting, Leavenworth Human Service Council meeting, Finney County Community Health Coalition Genesis Health National Health Center week, Liberal Area Coalition for Families, Barton County Fair Baby Expo Love your Community Resource Fair, Back to School Bash USD 490 Choices Medical Center, Wichita Department for Children and Families (DCF) Community Baby Shower, Sumner County Health Fair, SOS Serving Our Students Event USD 368, Saline County Back to School Fair, Chanute Job Fair, Independence All About Kids, Little Balkans Day, Harvey County Resource Council Meeting, Cloud County Community College Activities Fair in Concordia, Growing Futures Early Education Center Back to School Night Overland Park, Northeast Kansas Community Action Program 8<sup>th</sup> Annual Conference Northeast, Kansas Mental Health Awareness Day-Great Bend, Native American Connections Fair, Welcome Baby Jubilee Stormont Vail, Family Fitness Night, Healthy Kids Presentation, Sedgwick County Health Summit Meeting, Miami County Health Coalition, Together Johnson County Community Job and Family Resource Fair, Employment Networking Meeting Wilson County, Community Baby Shower, HOP Wellness Fair, Liberal Community Health Fair, Immigrant and Refugee Resource Fair, Together Sedgwick County Community Job and Resource Fair, Celebrating Senior Event Dickinson, Sheldon Head Start's Annual Outdoor Health, Community and STEAM Family Event Topeka, Veterans Event Leavenworth Ks, Mom and Baby Event KCK, PAT KCK, Finney County Community Health, Safe Sleep Coalition, Cowley County Third Thursday, Central Plains Area Agency on Aging, Harvey-Marion County Community Developmental Disability Organization, Affiliate Meetings Dickinson County, Senior Coalition Meeting, Hispanic Task Force, Family Advisory Board, Healthier Lyon County Alliance, Central Kansas Partnership, Health Departments in Reno, Pratt, Johnson, Geary, Sherman, Decatur, Trego, Thomas, Gove, Logan, Ellis, Crawford, Rooks, Mitchell, Rawlins, Wallace, Riley, Marshall, Washington, Clay, Douglas, Northeast Leavenworth, Harper, Pratt, Cowley, Edward, Saline, Hays, Greenwood, Coffey, Kiowa, Sedgwick, Crawford, Barber; Women, Infants and Children (WIC) offices in Topeka, Mission, Wyandotte, Coffeyville, Sedan; Parsons, Independence, Crawford, Beloit, Kansas City, Clinics in Prairie Star Health Center in Reno County, Kickapoo, Junction City, Pittsburg, McPherson, Olathe, Douglas, Safety Net Clinics Leavenworth, Patterson Health Center, Pratt Medical Plaza, Pratt Regional Medical Center; SurgiCenter, Embrace, Grace Med; Genesis Clinic in Dodge City; Cimarron, Hodgeman Health Center; O'Shea Memorial Clinic, Spearville Medical Clinic, Midway Clinic in Kinsley, Edward County Medical Center; Salina Family HealthCare Clinic, Bucklin Community Clinic, Hospital in Clay, Wesley Medical Center; St Catherine Dodge City, Kiowa, Pratt, Medicine Lodge Memorial Hospital; Mental Health facilities in: Johnson County, Crawford, Douglas, Cross Winds, Caring Place, Community Care in Pittsburg, Senior Centers in Pratt; Prairie Band Elders, Kickapoo Elder Center; Ridge Village, Geary, Abilene; Pittsburg, Riley, Douglas; Attica; Hope Center; Harper Senior Center; Haysville, Idlewild Park, Gray, Salina, Derby, Mulvane, Cimarron, Clearwater, Pittsburg, Medicine Lodge. Newton, Senior Living -Carrington Cottages, Family Resource Center in Pittsburg; Low Income housing in Waterville, Blue Rapids, Housing Authority, City Office of Jetmore, Toronto City, Goessel City Building, Extension Offices in Dickinson, Marion, Leavenworth, Pittsburg counties; Public Libraries in Peabody, Newton, Johnson, Lenexa, Douglas, Kansas City, Salina, Eureka, Burlington, Pittsburg, Hesston, Hillsboro counties, Farmers Markets in Geary, Sedgwick, Vibrant Health - Argentine, Meeks in Kansas City; El Centro; Food Pantries in Geary, Independence, Pittsburg counties; Head Start offices in Crawford, Pittsburg, Early Childhood Connections and Bright Minds Academy LLC, Hesston Child Care Center; DCF offices in McPherson, Marysville, Concordia, Kingdom Life Ministries; Aging and Human Services Department Johnson County, Grace Resource Center in Salina, Cloud, Republic, Flint Hills Area Agency on Aging (AAA), Great Bend AAA, Greenwood, Outreach Impact, Aging and Disability Resource Center in Great Bend, Salina, Johnson, Harper County Department on Aging Office, Center of Grace, North Central Hill Area of Aging Pittsburg, Anthony Department of Aging, Aging Well in Harper County, McPherson County Council on Aging, Harvey County Department on Aging; Catholic Charities in Shawnee, Pittsburg, Manhattan, Lawrence, Hays, Crawford, shelters: Topeka Rescue Mission, Be Able Manhattan Community Center, Lawrence Community Shelter, Community of Hope, Options Domestic and Sexual Violence Services, New Hope Shelter, Inc. in

Newton; New Jerusalem, Safe House, First Call for Help, Community Assistance Center in Hays, Salvation Army in Lawrence, Crawford, Pittsburg Workforce Center, Crawford County Community Coalition, Kansas Breast Feeding Coalition Topeka, School Districts: 300, 489, 211, 208, 325, 270, 500, 382, 261, 259, 102, 512, 345; Pharmacies in Jetmore and Kinsley; SEKCC Pittsburg; East Central Kansas Economic Opportunity Corporation in Burlington.

Support and assistance for KanCare members was provided by KDHE's twenty-seven OEWs. Staff determined eligibility for 1,788 applicants. The OEW staff also assisted in resolving 434 issues involving urgent medical needs, obtaining correct information on applications, and addressing gaps or errors in pending applications or reviews with the KanCare Clearinghouse. In addition, OEW staff assisted with 2,093 phone calls, 642 walk-ins, and 727 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, including:

#### OneCare Kansas Program

A legislative proviso directed KDHE to implement a health homes program. To avoid the confusion caused by the term “health homes”, a new name was selected for the program – OneCare Kansas (OCK). Although the program has a similar model to the state’s previous health homes program, OCK was designed as an opt-in program. The program was launched on April 1, 2020, with an expansion implemented on April 1, 2021. As of September 30, 2022, there were thirty-three contracted OCK providers across the state. Moreover, as of September 2022, the program had 4,200 members opt-in; this number continues to grow with new members enrolling each month.

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

#### MCO Outreach Activities

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

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

#### Marketing Activities

Aetna Better Health of Kansas (ABHKS) staff members were able to provide information and education to 1,285 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. 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.

#### 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 1,285 individuals associated with community-based organizations in Kansas. Examples of the community-based organizations included: United Way of Finney County, Sedgwick County Health Department, Atchison Community Health Clinic, USD 305 Salina, Liberal Area Coalition for Families, Cherokee County Health Department, and others. ABHKS also shared education information with over 4,300 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 receive direct referrals about member issues that require intervention efforts. ABHKS Member Advocates assisted five members referred from the Ombudsman.

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

#### Marketing Activities

Sunflower Health Plan (SHP) sponsored sixteen local and statewide member and provider events as well as initiatives to close gaps in healthcare. SHP's direct mail marketing materials included member postcards and customized letters addressing preventive healthcare gaps for important screenings and immunizations. SHP partnered with multiple local health centers on events that included National Health Center Week with Health Partnership Clinic that highlighted initiatives like Public Health Day, Children's Health Day, and more. The relationship with the Health Partnership Clinic continues to grow and has been a great way to strengthen rapport and recognize the important role of community health centers.

Notable stakeholder programs and events for marketing during the quarter:

- Genesis Family Health | Kan Be Healthy Well Child Clinic
- Health Partnership Clinic National Health Center Week
- HealthCore Clinic Back-To-School Carnival
- Community baby showers across the state
- Kansas Disability Caucus

#### Outreach Activities

SHP's outreach centered on community baby shower events, immunization clinics, and the plan's Farmers Market Program to promote healthful eating. SHP's Farmers Market Program is a summer highlight and kicked off the season in May. The program provides vouchers for free produce at local markets where representatives are available to educate members on age-appropriate health screenings and health plan benefits. The Farmers Market Program supports nutrition education and healthful eating as well as community supported agriculture. SHP also co-coordinated immunization clinics to help close healthcare gaps for childhood and adolescent vaccinations.

A new Employee Community Engagement Program was launched which enables our employees to volunteer eight hours per year with local organizations and agencies. This is a benefit to employees provided by SHP leadership and the Centene Corporation to support our 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 five other community showers covering Butler, Crawford, and Sedgwick counties to promote prenatal care.

- Participated in multiple community baby showers and participated in three other community showers covering Butler, Wyandotte, and Crawford counties to promote prenatal care
- Participated in fourteen community health events including the Butler County Immunization Clinic and the Association of Community Mental Health Centers of Kansas, Inc. Certified Community Behavioral Health Clinic Summit in Newton, KS
- Mental Health Awareness Day in Great Bend, KS
- Health Partnership Clinic Mammogram Event in Olathe, KS

#### Advocacy Activities

Sunflower Health Plan has begun a monthly Social Determinants of Health (SDoH) 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 is made up of Community Relations, Community Health Service Representatives, and the SDoH specialists, collaboratively bring together all resources and supports for the benefit of health plan members. SHP 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 Coalition
- Health & Wellness Coalition of Wichita
- Social Determinants of Health monthly meeting

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

#### Marketing Activities

UnitedHealthcare Community Plan of Kansas staff completed new member welcome calls and health risk assessments over the phone. UHC continued the incentive program to offer a ten dollar over the counter debit card to new Members to complete a 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, sponsorship, giveaways, food, 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.

UnitedHealthcare hosted a third quarter member advisory meeting via conference call with good participation from members.

- Member Outreach: UnitedHealthcare outreach staff met with over 7,120 individuals, who were members or potential members, at community baby showers, vaccination events, clinic days, back-to-school fairs, outdoor celebrations, lobby sits at FQHCs, and other various community events.
- Community organization outreach: UnitedHealthcare outreach staff met and collaborated with several community agencies that included: 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, 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, Salud y Bienestar, Kansas City Kansas School Foundation for Excellence, Willow Domestic Violence Shelter, United WE, Juntos Center for Advancing Latino Health, Wichita State University Foundation, Central Kansas HAT, Alce su Voz, Kansas Food Bank, Boys and Girls Club of Topeka, My Family Labette County, Association of Community Mental Health Centers, and NEK-CAP.
- Provider outreach: UnitedHealthcare outreach staff met virtually and in-person with over fifteen provider offices across the State. There was a special focus on bringing awareness to upcoming eligibility renewals due to PHE Unwind and about the KIERA Chatbot feature for updating addresses.

## Advocacy Activities

Continue to support state efforts on vaccine access and equity. UnitedHealthcare staff from Social Determinants of Health and Community Outreach teams continued serving in health equity boards and volunteering with local health departments and FQHCs, promoting vaccination and health education opportunities. UnitedHealthcare identifies 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 other several local boards.

## IV. Operational Developments/Issues

- a. Systems and reporting issues, approval and contracting with new plans: Through a variety of accessible forums and input avenues, the State 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.

### 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
21	HCAIP Payments, Capitation 1/1/22-6/30/22 and 7/1/22 - 12/31/22	9/20/2022	Upon CMS approval

### State Plan Amendments (SPAs) approved:

SPA Number	Subject	Submitted Date	Effective Date	Approval Date
22-0008	Medicaid ARP	3/29/2022	3/11/2022	8/30/2022
22-0013	CCBHC	4/28/2022	5/01/2022	7/26/2022
22-0014	CCBHC ABP	4/28/2022	5/01/2022	7/26/2022
22-0015	Medicaid 12 months post-partum	6/07/2022	4/01/2022	7/26/2022
22-0016	Medicaid ABP 12 months post-partum	6/07/2022	4/01/2022	7/29/2022
22-0017	CHIP 12 months post-partum	6/07/2022	4/01/2022	7/26/2022
22-0018	DAW, Drug Availability	6/07/2022	6/01/2022	9/01/2022
22-0021	EPSDT Dental	7/08/2022	7/01/2022	8/23/2022
22-0023	Ambulance Rates	7/25/2022	7/01/2022	8/30/2022
22-0024	Behavioral Health Rates	7/28/2022	7/01/2022	9/09/2022
22-0025	DR SPA Rescission	7/29/2022	7/01/2022	9/16/2022
22-0026	HCAIP	7/29/2022	7/01/2022	9/27/2022
22-0029	Temporary Post PHE Disregard	8/16/2022	When PHE ends	9/16/2022

State Plan Amendments (SPA) pending approval:

SPA Number	Subject	Submitted Date	Effective Date
22-0027	Adult Dental	8/03/2022	7/01/2022
22-0028	Irrevocable Funeral Plan, Consumer Price Index Rate	8/12/2022	7/01/2022
22-0030	DR PE Rescission	9/07/2022	7/01/2022
22-0031	NF/NFMH Rates	9/12/2022	7/01/2022
22-0032	Low Profile G-Tubes	9/28/2022	8/26/2022

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 September of 2022, follows.

MCO		Value-Added Benefits Calendar Year 2022	Units YTD	Value YTD
Aetna	Top	Adult Dental	4,959	\$685,530
	Three	Healthy Rewards Gift Card - Birth to Age 12 Exam	16,400	\$410,000
	VAB	Healthy Rewards Gift Card - Diabetic Eye Exam	20,105	\$301,620
	Total of All Aetna VAB		89,064	\$2,624,292
Sunflower	Top	My Health Pays	76,974	\$1,254,480
	Three	Dental Visits for Adults	4,216	\$136,773
	VAB	Caregiving Collaborations - Assessment Assistance	1,117	\$39,877
	Total of All Sunflower VAB		88,250	\$1,505,001
United	Top	Adult Dental Coverage	4,420	\$426,125
	Three	Home Helper Catalog	2,803	\$133,817
	VAB	Dentures	50	\$73,999
	Total of All United VAB		20,902	\$867,086

- c. Enrollment issues: For the third quarter of calendar year 2022, there were four 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 third quarter of calendar year 2022. All KanCare eligible members were defaulted to a managed care plan.

Enrollment Reason Categories	Total
Newborn Assignment	2,417
KDHE - Administrative Change	85
WEB - Change Assignment	836
KanCare Default - Case Continuity	1,292
KanCare Default – Morbidity	1,334
KanCare Default - 90 Day Retro-reattach	1,707
KanCare Default - Previous Assignment	170
KanCare Default - Continuity of Plan	987
Retro Assignment	35
AOE – Choice	26
Choice - Enrollment in KanCare MCO via Medicaid Application	4,884
Change - Enrollment Form	
Change - Choice	
Change - Access to Care – Good Cause Reason	1
Assignment Adjustment Due to Eligibility	516
IVR Change Assignment	7
Total	14,297

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	99%	100%	100%
% of Notices of Adverse Expedited Service Authorization Decisions Sent Within Compliance Standards	100%	25%	None Reported
% of Notices of Adverse Termination, Suspension or Reduction Decisions Sent Within Compliance Standards (10 calendar days only)	100%	100%	100%

MCOs’ Provider Adverse Initial Notice Compliance

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

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	8	6	10	3			32
Billing and Financial issues (non-transportation)	1	11	3	11	8		29	63
Customer service	5	5	2	5	3		10	30
MCO Determined Not Applicable			3		1			4
Member rights dignity		1		1				2
Non-Covered Service							2	2
Other			1	2			1	4
Pharmacy Issues	1			24	1		4	30
Quality of Care - Pain Medication			2					2
Quality of Care (non-HCBS provider)	5	19	6	3	8		21	62
Quality of Care HCBS provider	3							3
Transportation - Late	7	6	15	15	11		10	64
Transportation - No Driver Available			17	15	9		4	45
Transportation - No Show	5	14	22	25	19		19	104
Transportation - Other	8	8	12	17	13		22	80
Transportation - Safety	6		1	4	3		2	16
Transportation Issues - Billing and Reimbursement		9	10	25	6		11	61
<b>TOTAL</b>	<b>46</b>	<b>81</b>	<b>100</b>	<b>157</b>	<b>85</b>		<b>135</b>	<b>604</b>

MCOs' Member Grievance Timeliness Compliance

MCO	ABH	SUN	UHC
% of Member Grievance Resolved and Resolution Notice Issued Within 30 Calendar Days	98%	100%	96%

MCOs' Provider Grievance Database

MCO	ABH	SUN	UHC	Total
Benefits/Eligibility		1		1
Billing/Payment		1		1
Other - Dissatisfaction with MCO Associate		1		1
Other (Must provide description in narrative column of Summary Reports)	1			1
Services		1		1
Transportation		4	3	7
UM				
Wrong Information		1		1
<b>TOTAL</b>	<b>1</b>	<b>9</b>	<b>3</b>	<b>13</b>

MCOs' Provider Grievance Timeliness Compliance

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

MCOs' Appeals Database

Member Appeal Reasons ABH - Red SUN – Green UHC - Purple	Number Resolved	Withdrawn by Member / Provider	MCO Reversed Decision on Appeal – MCO Error	MCO Reversed Decision on Appeal – Member/ Provider Mistake	MCO Upheld Decision on Appeal – Correctly Denied	MCO Upheld Decision on Appeal – Member/ Provider Mistake	MCO Determined not Applicable
<b>ADMINISTRATIVE DENIALS</b>							
MA - ADMIN - Denials of Authorization (Unauthorized by Members)	1				1		
<b>MEDICAL NECESSITY/LEVEL OF CARE – Criteria Not Met</b>							
MA - CNM - Behavioral Health Outpatient	11 7	1		1 3	9 4		
MA - CNM - Dental	3 6 17	3 2		2	1 3 14		1
MA - CNM - Durable Medical Equipment	16 32 22	1 1		8 16 3	8 8 15	2	5 3
MA - CNM - Home Health	2				2		
MA – CNM – Inpatient Admissions (Non-Behavioral Health)	3 10 33	2 3 17		3 3	1 4 13		
MA – CNM - Inpatient Behavioral Health	4 24 7			1 6 2	3 15 5		3
MA – CNM - Laboratory	1				1		
MA – CNM – Medical Procedure (NOS)	30 11 11	1	1	8 1 5	19 4 3	2	3 3 2
MA – CNM – Mental Health	1			1			
MA – CNM – Other	15 14	2	1	7 6	4 4	1	3 1
MA – CNM – Out of network provider, specialist or specific provider request	3			1	2		
MA – CNM – Pharmacy	108 36 103	2 2	1	48 20 80	55 11 20		5 3

MA – CNM – PT/OT/ST	1 10 10			1 2 3	2 6	4	2
MA – CNM – Radiology	31 32	1		18 17	12 9	2	1 3
MA – LOC – HCBS (change in attendant hours)	3					2	1
MA – LOC – LTSS/HCBS	2 1 8				2 1 5		1
MA – LOC – WORK	2				2		
<b>NONCOVERED SERVICES</b>							
MA – NCS - Dental	1 1				1 1		
MA – NCS – OT/PT/Speech	1				1		
MA – NCS – Durable Medical Equipment	1			1			
MA – NCS – Other	2 1	1		1		1	
TOTAL							
ABH - Red	211	3	0	87	112	0	9
SUN – Green	185	10	1	74	63	14	23
UHC - Purple	242	29	2	107	96	0	8

\* 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	211 185 242	3 10 29	0 1 2	87 74 107	112 63 96	0 14 0	9 23 8
TOTAL	211 185 242	3 10 29	0 1 2	87 74 107	112 63 96	0 14 0	9 23 8
Percentage Per Category		1% 5% 12%	>1% 1%	42% 40% 44%	53% 34% 40%	8%	4% 13% 3%
Range of Days to Reverse Due to MCO Error			63 7 - 60				

#### MCOs' Member Appeal Timeliness Compliance

MCO	ABH	SUN	UHC
% of Member Appeals Resolved and Appeal Resolution Notice Issued in 30 Calendar Days	100%	100%	99%
% of Expedited Appeals Resolved and Appeal Resolution Notice Issued in 72 hours	100%	100%	94%

MCOs' Reconsideration Database - Providers (reconsiderations resolved)

PROVIDER Reconsideration Reasons ABH - Red SUN – Green UHC - Purple	Number Resolved	MCO Reversed Decision on Reconsideration – MCO Error	MCO Reversed Decision on Reconsideration – Provider Mistake	MCO Upheld Decision on Reconsideration – Correctly Denied / Paid	MCO Upheld Decision on Reconsideration – Provider Mistake	MCO Determined not Applicable
<b>CLAIM PAYMENT DISPUTES</b>						
PR - CPD - Ambulance (Include Air and Ground)	216 87	4	71 12	136 72	4	1 3
PR - CPD - Behavioral Health Inpatient	6 39 228	14	4 20 176	2 16 34	4	3
PR - CPD - Behavioral Health Outpatient and Physician	23 609 967	3 5 291	7 228 320	12 354 308	1 14	22 34
PR - CPD - Dental	16 1	4	4 1	5	3	
PR - CPD - Durable Medical Equipment	327 1,505 1,103	44 2 364	60 810 250	194 625 330	21 52	8 68 107
PR - CPD - HCBS	3 161	1 1	1 81	1 77		2
PR - CPD - Home Health	18 60	2	11 17	4 29		1 14
PR - CPD - Hospice	3 23 118	2 1 66	8 4	10 33	2	4 13
PR - CPD - Hospital Inpatient (Non-Behavioral Health)	209 207 441	29 2 209	61 75 82	105 123 95	9 28	5 7 27
PR - CPD - Hospital Outpatient (Non-Behavioral Health)	353 762 375	41 5 80	147 299 51	134 431 186	22 23	9 27 35
PR - CPD - Laboratory	47 201 396	137	2 67 54	38 134 172	7 21	12
PR - CPD - Medical (Physical Health not Otherwise Specified)	917 2,537 4,218	139 13 1,658	253 1,495 986	403 909 1,039	101 302	21 120 233
PR - CPD - Nursing Facilities - Total	15 119 10	6 4	48 4	7 69 2	1	1 2
PR - CPD - Other	10	1	4	5		

PR - CPD - Out of network provider, specialist or specific provider	1 701	1 188	86	286	69	72
PR - CPD - Pharmacy	3 53		2 13	1 37		3
PR - CPD - PT/OT/ST	1 4	1		2	1 1	
PR - CPD - Radiology	40 285	9 91	8 47	22 111	1 11	25
PR - CPD - Vision	4 52 5	43 5	1	2 9	1	
TOTAL						
ABH - Red	2,201	284	632	1,067	172	46
SUN – Green	6,417	73	3,174	2,895		275
UHC - Purple	8,861	3,109	2,064	2,603	527	558

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

#### MCOs' Provider Reconsiderations Database - Provider Reconsiderations Summary

Provider Reconsideration Reasons ABH - Red SUN – Green UHC - Purple	Number Resolved	MCO Reversed Decision on Reconsideration – MCO Error	MCO Reversed Decision on Reconsideration – Provider Mistake	MCO Upheld Decision on Reconsideration – Correctly Denied / Paid	MCO Upheld Decision on Reconsideration – Provider Mistake	MCO Determined not Applicable
Resolved at Reconsideration Level	2,201 6,417 8,861	284 73 3,109	632 3,174 2,064	1,067 2,895 2,603	172 527	46 275 558
TOTAL	2,201 6,417 8,861	284 73 3,109	632 3,174 2,064	1,067 2,895 2,603	172 527	46 275 558
Percentage Per Category		13% 1% 36%	29% 50% 23%	48% 45% 29%	8% 6%	2% 4% 6%
Range of Days to Reverse Due to MCO Error		16 – 644 13 – 483 1 - 374				

#### MCOs' Provider Reconsiderations Timeliness Compliance

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

MCOs' Appeals Database - Providers (appeals resolved)

PROVIDER Appeal Reasons ABH - Red SUN – Green UHC - Purple	Number Resolved	Withdrawn by Provider	MCO Reversed Decision on Appeal – MCO Error	MCO Reversed Decision on Appeal – Provider Mistake	MCO Upheld Decision on Appeal – Correctly Denied / Paid	MCO Upheld Decision on Appeal – Provider Mistake	MCO Determined not Applicable
<b>BILLING AND FINANCIAL ISSUES</b>							
PA - BFI - Recoupment	1 2				1 1		1
<b>CLAIM PAYMENT DISPUTES</b>							
PA - CPD - Ambulance (include Air and Ground)	51 9			1 3	46 3	1	3 3
PA - CPD - Behavioral Health Inpatient	3 2 10		2	5	2 4	1	1
PA - CPD - Behavioral Health Outpatient and Physician	198 88		29	1 15	197 37		7
PA - CPD - Dental	4 28 40		2	1 10 5	1 15 35	1	2
PA - CPD - Durable Medical Equipment	73 37 11		1	3 5 2	65 32 7		4 2
PA - CPD - Home Health	17 135		2	3 38	14 74		21
PA - CPD - Hospice	6 10 2		1		4 10 2		1
PA - CPD - Hospital Inpatient (Non-Behavioral Health)	91 158 288	1	3	27 37 56	47 120 131	11	3 1 100
PA - CPD - Hospital Outpatient (Non-Behavioral Health)	48 345 119		4	15 18 13	20 326 83	8	1 1 23
PA - CPD - Laboratory	107 72 95		1	6 2 5	83 70 51	10	8 38
PA - CPD - Medical (Physical Health not Otherwise Specified)	93 137 247	1	8 1	17 36 41	49 100 145	14	5 1 59
PA - CPD - Nursing Facilities - Total	4 5 21		1 1	8	2 5 11		1 1
PA - CPD - Other	2 40 16			8 5	2 32 8		3
PA - CPD - Out of network provider, specialist or specific provider request	3				3		

PA - CPD - Pharmacy	4 142	1		1 92	3 47		2
PA - CPD - PT/OT/ST	5 3			1 1	4 2		
PA - CPD - Radiology	82 23			18 3	64 19		1
PA - CPD - Vision	1 3 21		1		2 3		1
<b>MEDICAL NECESSITY/LEVEL OF CARE – Criteria Not Met</b>							
PA - CNM - Behavioral Health Outpatient Services and Testing	1				1		
PA - CNM - Durable Medical Equipment	12			6	5		1
PA - CNM - Health Home Services	2				1	1	
PA - CNM - Home Health	1			1			
PA - CNM - Inpatient Admissions (Non-Behavioral Health)	10			5	5		
PA - CNM - Inpatient Behavioral Health	4				4		
PA – CNM – Laboratory	1			1			
PA - CNM - Medical Procedure (NOS)	1 12			3	7	2	1
PA - CNM - Other	4			1	2	1	
PA - CNM - Pharmacy	98	7		59	22	1	9
PA - CNM - PT/OT/ST	8			5	1	2	
PA - CNM - Radiology	48	1		29	15	3	
<b>NONCOVERED SERVICE</b>							
PA - NCS - OT/PT/Speech	1				1		
PA - NCS - Other	1				1		
TOTAL							
ABH - Red	484		18	70	321	45	30
SUN – Green	1,350	8	5	250	1,063	11	13
UHC - Purple	1,272	3	34	310	663		262

\* 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	484 1,350 1,272	8 3	18 5 34	70 250 310	321 1,063 663	45 11	30 13 262
TOTAL	484 1,350 1,272	8 3	18 5 34	70 250 310	321 1,063 663	45 11	30 13 262
Percentage Per Category		>1% >1%	4% >1% 3%	15% 19% 24%	66% 79% 52%	9% 1%	6% 1% 21%
Range of Days to Reverse Due to MCO Error			16 - 204 29 - 42 56 - 86				

MCOs' Provider Appeal Timeliness Compliance

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

State of Kansas Office of Administrative Fair Hearings – Members

ABH - Red SUN – Green UHC - Purple	Number Resolved	Withdrew	OAH Affirmed MCO Decision	Dismiss Moot MCO Reversed	Dismiss Not Ripe/ No MCO Appeal	Default Appellant Failed to Appear
<b>ADMINISTRATIVE DENIALS</b>						
MH – ADMIN – Denials of Authorization (Unauthorized by Members)	1	1				
<b>MEDICAL NECESSITY/LEVEL OF CARE – Criteria Not Met</b>						
MH – CNM – Behavioral Health Outpatient	1					1
MH – CNM - Dental	2	1		1		
MH – CNM – Durable Medical Equipment	1 1 2	1 1 2				
MH – CNM – HCBS (change in attendant hours)	1		1			
MH – CNM – Medical Procedure (NOS)	1			1		
MH – CNM – Other	1			1		
MH – CNM – Pharmacy	1 3	1 1			1	1
MH – CNM – Radiology	2			1		1
MH – LOC – LTSS/HCBS	1	1				
<b>NONCOVERED SERVICES</b>						
MH – NCS – Laboratory	2			2		
MH – NCS – Pharmacy	2			1	1	
MH – LCK – Lock In	1		1			
TOTAL						
ABH - Red	2	1				1
SUN – Green	9	3	2	3		1
UHC - Purple	12	5		4	2	1

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

State of Kansas Office of Administrative Fair Hearings - Providers

ABH - Red SUN – Green UHC - Purple	Number Resolved	Withdrew	OAH Reversed MCO Decision	Dismiss Moot MCO Reversed	Dismiss Moot Duplicate	Dismiss Not Ripe/ No MCO Appeal	Dismiss Appellant Verbally Withdrew	Default Appellant Failed to Appear
<b>CLAIM PAYMENT DISPUTES</b>								
PH – CPD – Ambulance (Include Air and Ground)	4							4
PH - Behavioral Health Outpatient and Physician	1						1	
PH – CPD – Dental	1			1				
PH – CPD – Durable Medical Equipment	1					1		
PH – CPD – Home Health	2				1	1		

PH – CPD – Hospice	4	4						
PH – CPD – Hospital Inpatient (Non-Behavioral Health)	3 1 8	1 5	1	1 3		1		
PH – CPD – Hospital Outpatient (Non-Behavioral Health)	1					1		
PH – CPD – Laboratory	1	1						
PH – CPD – Medical (Physical Health not Otherwise Specified)	3	2				1		
PH – CPD – Other	5	2				3		
PH – CPD – Pharmacy	1					1		
MEDICAL NECESSITY/LEVEL OF CARE – Criteria Not Met								
PH – CNM - Dental	1			1				
PH – CNM – Inpatient Admissions (Non-Behavioral Health)	3					3		
PH – CNM – Medical Procedure (NOS)	4	2				2		
PH – CNM – Pharmacy	1							1
TOTAL								
ABH - Red	16	7	1			3		5
SHP - Green	11	2		2		6	1	
UHC - Purple	18	8		4	1	5		

\* 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 January-March 2022 is attached](#) to this report.
- f. Changes in provider qualifications/standards: None.
- g. Access: Members who were not in their open enrollment period were unable to change plans without a good cause reason (GCR) pursuant to 42 CFR 438.56 or the KanCare STCs. Most GCR requests were about provider choice, which is not an acceptable reason to switch plans outside of open enrollment.

When a GCR is denied by KDHE, the member is given their appeal/fair hearing rights. Three hearings were requested for denied GCRs this quarter; two denied GCRs were upheld, and one denied GCR was overturned. A summary of GCR actions this quarter is as follows:

Status	July	Aug	Sep
Total GCRs filed	27	13	22
Approved	0	4	2
Denied	21	7	14
Withdrawn (resolved, no need to change)	0	0	0
Dismissed (due to inability to contact the member)	6	2	6
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 12/31/2021	# of Unique Providers as of 3/31/2022	# of Unique Providers as of 6/30/2022	# of Unique Providers as of 9/30/2022
Aetna	47,714	51,079	53,215	54,137
Sunflower	36,332	39,654	37,286	41,283
UHC	44,059	44,947	45,053	45,651

- h. Payment rates: There were no payment rate changes for the quarter ending 09/30/2022.
- 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 112 people on HCBS IDD waiver services, and 330 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: KDADS testified to several legislative interim committees during the quarter. The Legislative Budget Committee met on September 20, 2022 and KDADS presented on the rate setting process for Medicaid, an overview of Long-Term Care and Behavioral Health Services rates and rate increases included in the state's FY23 budget. At the same meeting, KDADS testified regarding the waiting list for the HCBS I/DD Waiver and the waiting list study that will be financed by part of the HCBS FMAP Enhancement.

The Bethell Joint Committee on HCBS and KanCare Oversight met on September 26-27, 2022. The Committee heard presentations from individuals, providers, and organizations related to KanCare, KDHE, and KDADS. KDADS highlighted progress on HCBS FMAP Enhancement projects, implementation of CCBHCs, the award of a Money Follows the Person cooperative agreement, updates on the PEAK program, and meeting the HCBS Final Settings Rule.

The Kansas Legislature also established a Special Committee on I/DD Waiver Modernization that held its first meeting on September 28, 2022. KDADS and KDHE gave a joint presentation about the current HCBS I/DD Waiver and the process to potentially establish a new community supports waiver which is the intent of the Chairman. Topics that received the most attention included the current assessment tool, dual diagnosis, and funding for transportation and supported employment.

KDHE leadership presented their respective updates during the Robert G. (Bob) Bethell Joint Committee meeting. KDHE Secretary Janet Stanek opened the meeting, covered the agenda and gave an update on KDHE's Home Health Regulations along with the steps that will be taken moving forward. Secretary Stanek introduced the new Medicaid Medical Director, Dr. Sridevi Donepudi. Sarah Fertig, State Medicaid Director, gave an update on the Health Care Access Improvement Program (HCAIP), the postpartum extension, adult dental coverage, EMS rate increases, Support and Training to Employ People Successfully (STEPS) Program, Community Health Workers (CHWs), Public Health Emergency (PHE), value-added benefits overview, final resolution of denied claims, and provided an overview of the KanCare 1115 Waiver and other managed care authorities. LaTonya Palmer, Director of Eligibility, provided an eligibility update, which included information on the KanCare Clearinghouse's Medicaid eligibility applications, the transition of Medicaid application eligibility processing, a KDHE staffing update, and preparation for the eventual end of the PHE.

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

- Delay annual eligibility reviews; will not remove anyone from program during the PHE except if the person ceases to be a resident of the state, or voluntarily withdraws from the program (required for enhanced FMAP)
- Applicants and beneficiaries have an additional 120 days to request a fair hearing, if the original 33-day deadline falls between March 2020 and the end of the Public Health Emergency
- Remove all cost sharing for COVID-19 testing/treatment/vaccines for KanCare members
- Allow for greater flexibility of day service location for HCBS members
  - Services can be rendered in home by family member, with reimbursement to family member
- Suspend provider revalidation, allowing for continuity of care
- Allow for out of state, non-KanCare providers to provide services in Kansas
- 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: KDHE Clearinghouse continues to recruit to fill vacant positions. KDHE is piloting a small program to employ qualified staff from any location within the state to work 100% remotely. KDHE will monitor this pilot program for success in reducing vacancies. The Clearinghouse is operating at about 88% of capacity, an improvement of approximately 10%, compared to April 2022.

## V. Policy Developments/Issues

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

## VI. Financial/Budget Neutrality Development/Issues

Budget neutrality: The State 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				
	Jul-22	Aug-22	Sep-22	ADJ FOR SUD IMD	TOTAL QE 9.30.2022
<b>DY1 CY2013</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
MEG 1 - ABD/SD DUAL	0	0	0	0	0
MEG 2 - ABD/SD NON DUAL	0	0	0	0	0
MEG 3 - ADULTS	0	0	0	0	0
MEG 4 - CHILDREN	0	0	0	0	0
MEG 5 - DD WAIVER	0	0	0	0	0
MEG 6 - LTC	0	0	0	0	0
MEG 7 - MN DUAL	0	0	0	0	0
MEG 8 - MN NON DUAL	0	0	0	0	0
MEG 9 - WAIVER	0	0	0	0	0

<b>DY2 CY2014</b>	<b>(1)</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>(1)</b>
MEG 1 - ABD/SD DUAL	(1)	0	0	0	(1)
MEG 2 - ABD/SD NON DUAL	0	0	0	0	0
MEG 3 - ADULTS	0	0	0	0	0
MEG 4 - CHILDREN	0	0	0	0	0
MEG 5 - DD WAIVER	0	0	0	0	0
MEG 6 - LTC	0	0	0	0	0
MEG 7 - MN DUAL	0	0	0	0	0
MEG 8 - MN NON DUAL	0	0	0	0	0
MEG 9 - WAIVER	0	0	0	0	0
<b>DY3 CY2015</b>	<b>(12)</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>(12)</b>
MEG 1 - ABD/SD DUAL	(12)	0	0	0	(12)
MEG 2 - ABD/SD NON DUAL	0	0	0	0	0
MEG 3 - ADULTS	0	0	0	0	0
MEG 4 - CHILDREN	0	0	0	0	0
MEG 5 - DD WAIVER	0	0	0	0	0
MEG 6 - LTC	0	0	0	0	0
MEG 7 - MN DUAL	0	0	0	0	0
MEG 8 - MN NON DUAL	0	0	0	0	0
MEG 9 - WAIVER	0	0	0	0	0
<b>DY4 CY2016</b>	<b>(12)</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>(12)</b>
MEG 1 - ABD/SD DUAL	(12)	0	0	0	(12)
MEG 2 - ABD/SD NON DUAL	0	0	0	0	0
MEG 3 - ADULTS	0	0	0	0	0
MEG 4 - CHILDREN	0	0	0	0	0
MEG 5 - DD WAIVER	0	0	0	0	0
MEG 6 - LTC	0	0	0	0	0
MEG 7 - MN DUAL	0	0	0	0	0
MEG 8 - MN NON DUAL	0	0	0	0	0
MEG 9 - WAIVER	0	0	0	0	0
<b>DY5 CY2017</b>	<b>(12)</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>(12)</b>
MEG 1 - ABD/SD DUAL	(12)	0	0	0	(12)
MEG 2 - ABD/SD NON DUAL	0	0	0	0	0
MEG 3 - ADULTS	0	0	0	0	0
MEG 4 - CHILDREN	0	0	0	0	0
MEG 5 - DD WAIVER	0	0	0	0	0
MEG 6 - LTC	0	0	0	0	0
MEG 7 - MN DUAL	0	0	0	0	0
MEG 8 - MN NON DUAL	0	0	0	0	0
MEG 9 - WAIVER	0	0	0	0	0

<b>DY6 CY2018</b>	<b>(12)</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>(12)</b>
MEG 1 - ABD/SD DUAL	(12)	0	0	0	(12)
MEG 2 - ABD/SD NON DUAL	0	0	0	0	0
MEG 3 - ADULTS	0	0	0	0	0
MEG 4 - CHILDREN	0	0	0	0	0
MEG 5 - DD WAIVER	0	0	0	0	0
MEG 6 - LTC	0	0	0	0	0
MEG 7 - MN DUAL	0	0	0	0	0
MEG 8 - MN NON DUAL	0	0	0	0	0
MEG 9 - WAIVER	0	0	0	0	0
<b>DY7 CY2019</b>	<b>(12)</b>	<b>0</b>	<b>12</b>	<b>0</b>	<b>0</b>
MEG 1 - ABD/SD DUAL	(12)	0	0	0	(12)
MEG 2 - ABD/SD NON DUAL	0	0	0	0	0
MEG 3 - ADULTS	0	0	0	0	0
MEG 4 - CHILDREN	0	0	0	0	0
MEG 5 - DD WAIVER	0	0	0	0	0
MEG 6 - LTC	0	0	0	0	0
MEG 7 - MN DUAL	0	0	12	0	12
MEG 8 - MN NON DUAL	0	0	0	0	0
MEG 9 - WAIVER	0	0	0	0	0
<b>DY8 CY2020</b>	<b>136</b>	<b>28</b>	<b>47</b>	<b>(132)</b>	<b>79</b>
MEG 1 - ABD/SD DUAL	54	28	15	(19)	78
MEG 2 - ABD/SD NON DUAL	(12)	(28)	(24)	(33)	(97)
MEG 3 - ADULTS	(5)	6	(2)	(53)	(54)
MEG 4 - CHILDREN	5	10	6	(15)	6
MEG 5 - DD WAIVER	6	0	0	(3)	3
MEG 6 - LTC	55	4	2	(2)	59
MEG 7 - MN DUAL	21	13	45	(1)	78
MEG 8 - MN NON DUAL	12	0	5	(5)	12
MEG 9 - WAIVER	0	(5)	0	(1)	(6)
<b>DY9 CY2021</b>	<b>599</b>	<b>154</b>	<b>250</b>	<b>(572)</b>	<b>431</b>
MEG 1 - ABD/SD DUAL	118	151	73	(31)	311
MEG 2 - ABD/SD NON DUAL	(182)	(138)	(113)	(129)	(562)
MEG 3 - ADULTS	(12)	29	23	(295)	(255)
MEG 4 - CHILDREN	110	81	81	(70)	202
MEG 5 - DD WAIVER	14	8	0	(2)	20
MEG 6 - LTC	323	26	(5)	(10)	334
MEG 7 - MN DUAL	224	48	215	(11)	476
MEG 8 - MN NON DUAL	(2)	(35)	(25)	(4)	(66)
MEG 9 - WAIVER	6	(16)	1	(20)	(29)

<b>DY10 CY2022</b>	<b>419,522</b>	<b>423,171</b>	<b>421,191</b>	<b>(245)</b>	<b>1,263,639</b>
MEG 1 - ABD/SD DUAL	15,272	15,413	14,768	(20)	45,433
MEG 2 - ABD/SD NON DUAL	31,442	31,414	30,827	(54)	93,629
MEG 3 - ADULTS	71,091	72,204	72,267	(121)	215,441
MEG 4 - CHILDREN	259,877	262,410	262,230	(30)	784,487
MEG 5 - DD WAIVER	9,033	9,028	8,938	(1)	26,998
MEG 6 - LTC	21,465	21,296	21,313	(3)	64,071
MEG 7 - MN DUAL	4,931	5,037	5,141	(5)	15,104
MEG 8 - MN NON DUAL	1,890	1,922	1,382	(2)	5,192
MEG 9 - WAIVER	4,521	4,447	4,325	(9)	13,284
<b>Grand Total</b>	<b>420,196</b>	<b>423,353</b>	<b>421,500</b>	<b>(949)</b>	<b>1,264,100</b>

No 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 Services (PCS) workers.	Upon review, there is a staffing shortage of in-home care providers. While some of this concern is related to the PHE, the State performed a review and found that pay rates for PCS workers needs to be reviewed for consistency across waivers.	The State is ensuring that children services are being offered via EPSDT to allow additional non-HCBS providers.
Members are having issues with locating and/or maintaining in-home nursing care.	Upon review, there is a staffing shortage of in-home care providers. Some of this concern is related to the PHE.	The State is working with the MCOs to locate more nursing care providers for Medicaid 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. Aetna Better Health of Kansas receives survey results on a quarterly basis, their responses are reflected in the September column in addition to the other MCOs' monthly responses. Below is the information received for the HCBS satisfaction for the third quarter:

Assessment	July	Aug	Sept	Total	% Total
How satisfied are you with the Health Plan?					
Satisfied	454	268	479	1201	54.54%
Very Satisfied	296	313	371	980	44.50%
Dissatisfied	2	1	10	13	0.59%
Very Dissatisfied	0	0	8	8	0.36%
Total	752	582	868	2202	

How satisfied are you with your Adult Day Center Provider?					
Satisfied	143	167	166	476	60.79%
Very Satisfied	91	95	111	297	37.93%
Dissatisfied	1	2	4	7	0.89%
Very Dissatisfied	0	1	2	3	0.38%
Total	235	265	283	783	Total
How satisfied are you with your Assisted Living Facility Provider?					
Satisfied	38	34	48	120	49.38%
Very Satisfied	31	32	52	115	47.33%
Dissatisfied	1	3	3	7	2.88%
Very Dissatisfied	0	0	1	1	0.41%
Total	70	69	104	243	
How satisfied are you with your Care Coordinator?					
Satisfied	350	404	337	1091	53.51%
Very Satisfied	296	314	327	937	45.95%
Dissatisfied	1	0	4	5	0.25%
Very Dissatisfied	0	0	6	6	0.29%
Total	647	718	674	2039	
How satisfied are you with your Fiscal Management Agency?					
Satisfied	116	133	99	386	49.42%
Very Satisfied	109	103	116	385	49.30%
Dissatisfied	2	2	1	8	1.02%
Very Dissatisfied	0	0	1	2	0.26%
Total	227	238	217	781	
How satisfied are you with your Institutional Provider?					
Satisfied	24	46	69	217	68.45%
Very Satisfied	15	12	46	83	26.18%
Dissatisfied	0	2	3	6	1.89%
Very Dissatisfied	0	0	2	11	3.47%
Total	39	60	120	317	
How satisfied are you with your Personal Care Attendant/Worker Provider?					
Satisfied	153	196	162	520	41.11%
Very Satisfied	190	182	192	706	55.81%
Dissatisfied	8	7	8	31	2.45%
Very Dissatisfied	3	2	3	8	0.63%
Total	354	387	365	1265	
How satisfied are you with your Transportation Provider?					
Satisfied	15	15	25	79	48.47%
Very Satisfied	10	6	20	60	36.81%
Dissatisfied	2	6	5	14	8.59%
Very Dissatisfied	9	5	2	10	6.13%
Total	36	32	52	163	

How satisfied are you with the availability of home providers?					
Satisfied	57	92	75	35	29.41%
Very Satisfied	54	42	73	54	45.38%
Dissatisfied	25	23	26	18	15.13%
Very Dissatisfied	3	7	12	12	10.08%
Total	139	164	186	119	
How satisfied are you with wait times for services in the home?					
Satisfied	57	60	75	429	48.42%
Very Satisfied	47	26	69	341	38.49%
Dissatisfied	13	13	11	95	10.72%
Very Dissatisfied	0	2	8	21	2.37%
Total	117	101	163	886	
Do you have a paid or volunteer job in the community?					
Yes	131	164	144	497	13.77%
No	188	1044	1048	3113	86.23%
Total	319	1208	1192	3610	
Do you feel safe in your home/where you live?					
Yes	1011	1203	1165	3550	98.94%
No	13	5	16	38	1.06%
Total	1024	1208	1181	3588	
Are you able to make decisions about your daily routine?					
Yes	1002	1179	1149	3492	96.97%
No	28	35	29	109	3.03%
Total	1030	1214	1178	3601	Total
Are you able to do things you enjoy outside of your home and with whom you want to?					
Yes	955	1151	1089	3355	92.83%
No	75	62	85	259	7.17%
Total	1030	1213	1174	3614	
Can you see or talk to your friends and family (who do not live with you) When you want to?					
Yes	1003	1183	1126	3505	97.82%
No	17	23	36	78	2.18%
Total	1020	1206	1162	3583	
In general, do you like where you are living right now?					
Yes	998	1188	1138	3492	97.60%
No	24	20	32	86	2.40%
Total	1022	1208	1170	3578	

## 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.
- The KanCare Report Administration (KRA) website reports key performance components for the KanCare program through interagency and MCO collaboration. The use of the KRA automates report management and State partner communication. Documentation related to these processes has also been established via updated tip sheets and a new standard operating procedure. KMMS Stage Two went live in 2022 to further automate reporting and reduce redundancy. Selected reports from the KRA will be moved to the KMMS data warehouse in October 2022.

- 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.
- The 2022 Annual Contract Review will begin in October 2022 in collaboration with KDADS and additional audits. The Annual Contract Review is also coordinated with the State EQRO’s audit activities. Three weeklong, virtual “Onsite” MCO staff interviews will be conducted in October and November. Reviewers will score the MCOs for contract compliance at that time.
- 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 each month with leadership from KDADS, KDHE, and the three MCOs.
- Monitored large, global system issues through a weekly log issued to all MCOs and the State’s fiscal agent. The resulting log is posted on the KanCare website for providers and other interested parties. Continued monthly meetings to discuss trends and progress.
- Monitored member or provider specific issues through a tracking database that is shared with MCOs and KDADS for weekly review.
- Attended various provider training and workshops presented by the MCOs. Monitored for accuracy, answer questions as needed.
- Each MCO is required to participate in at least three clinical and two non-clinical Performance Improvement Projects (PIPs). One of the non-clinical PIPs must be in long term care, and there must be a PIP related to Early and Periodic Screening, Diagnostic, and Treatment. All PIPs have approved methodologies and have moved to the technical specification and data reporting phase. PIP activities focused on developing strong technical specifications that will be reported to the State and the EQRO via our data reporting system on a quarterly or monthly basis. This process went smoothly with KFMC and the State developing and providing a template as well as examples to act as a guide. Once technical specifications are approved, the MCOs begin reporting data on the PIP’s interventions. The State reviews the data to assess the success or need for adjustments in the interventions. PIP meetings occur twice per quarter (or as needed) where the State, EQRO, and MCO can have in depth discussions related to PIP concerns and enhancements. A member-friendly table of all the MCOs’ PIPs, with a simplified description of their interventions, is available on the KanCare website<sup>2</sup>. The file is in PDF for ease of access under ‘Performance Improvement Projects’. KDHE has an internal system of tracking Performance Improvement Projects.
- KDHE and KDADS held the second biannual Quality Steering Committee meeting, in August 2022, to review progress on the objectives and goals in the QMS. Progress is being made in the number of Z-codes being submitted. The number of members enrolled into OneCare Kansas has more than tripled since 2020. Many other objectives remain stagnant or show slight decreases. It should be noted that the HEDIS objectives were not discussed at the August meeting due to the timing of the HEDIS data being released. HEDIS data will be reviewed at the next Quality Steering Committee.

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

- 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.

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 uses this data to review where the MCOs do not have provider coverage and encourages 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 has expanded from reporting basic errors (such as duplicates) to include more detailed data issues at the provider level. The State used a portion of the annual contract review onsite sessions to present individualized feedback and ask questions of each MCO. Based on these conversations, the State completed another round of meetings with all three MCOs to collaborate and resolve issues concerning provider network reporting processes. The State team has been working on improvements to the Provider Network report, Provider Directory, Access and Availability Report, the NEMT report, the feedback report, mapping formats, Non-Participating Provider Reliance Report, and a HCBS Service Delivery Report. The team continues to match the MCOs' reports against additional data sources to give a clearer picture of the reports' accuracy and completeness. For example, the national NPI database is referenced for matching of NPI types/specialties and taxonomies.

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

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

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

Examples of maps mentioned in this report are below. All the maps are available on the KanCare Network Adequacy Reporting website<sup>3</sup>.

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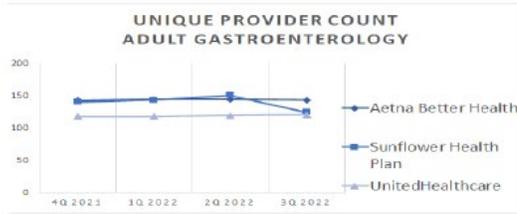
<sup>3</sup> <https://www.kancare.ks.gov/quality-measurement/network-adequacy>



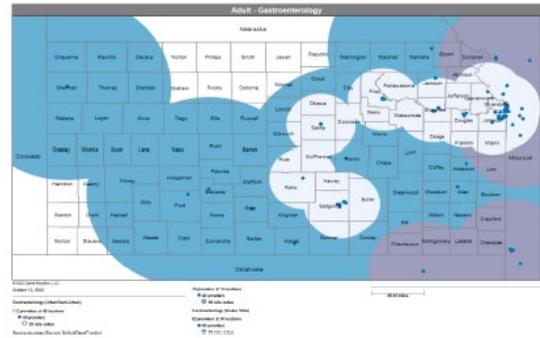
**Gastroenterology**

**Quarterly Unique Provider Count**

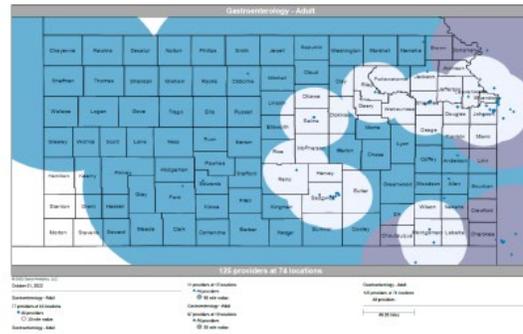
	4Q 2021	1Q 2022	2Q 2022	3Q 2022
Aetna Better Health	143	145	145	144
Sunflower Health Plan	141	144	151	125
UnitedHealthcare	118	118	120	121



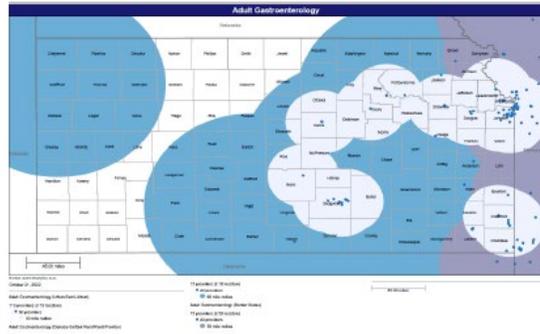
**Aetna Better Health**



**Sunflower Health Plan**



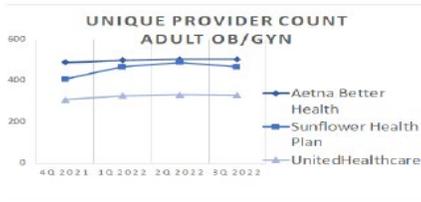
**UnitedHealthcare**



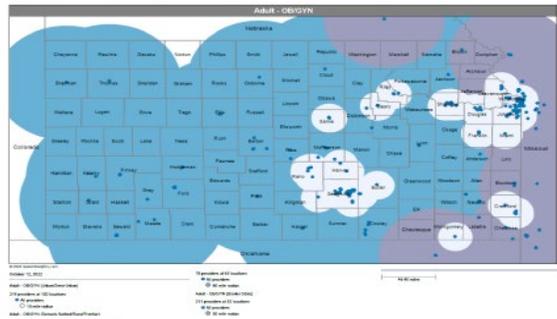
**Obstetrics/Gynecology (OB/GYN)**

**Quarterly Unique Provider Count**

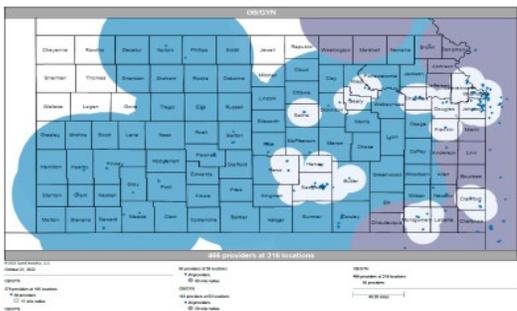
	4Q 2021	1Q 2022	2Q 2022	3Q 2022
Aetna Better Health	489	499	503	503
Sunflower Health Plan	405	467	489	466
UnitedHealthcare	307	326	332	329



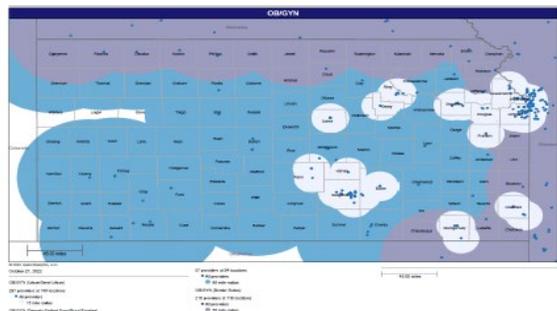
**Aetna Better Health**



**Sunflower Health Plan**



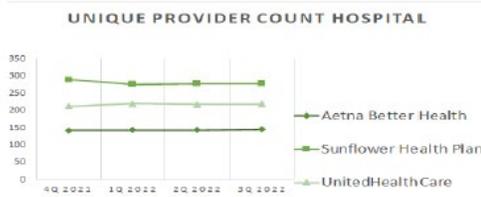
**UnitedHealthcare**



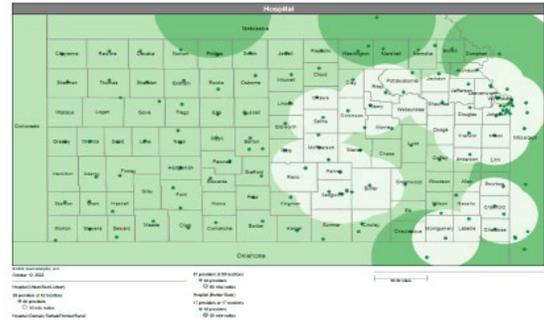
### Hospitals

#### Quarterly Unique Provider Count

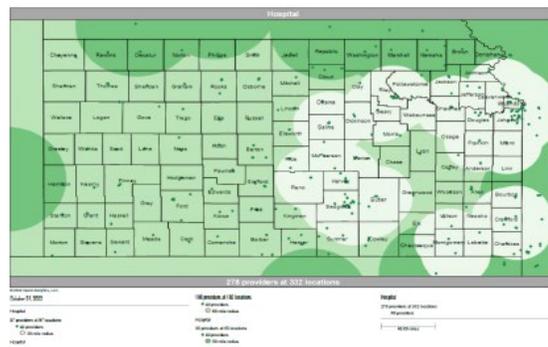
	4Q 2021	1Q 2022	2Q 2022	3Q 2022
Aetna Better Health	142	143	143	145
Sunflower Health Plan	290	276	278	278
UnitedHealthCare	213	220	218	219



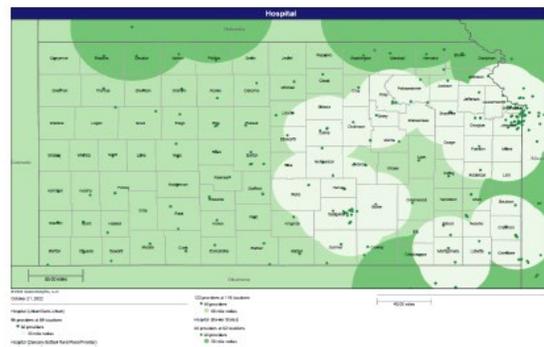
#### Aetna Better Health



#### Sunflower Health Plan



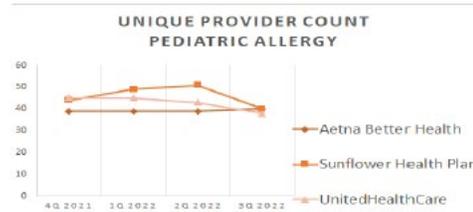
#### UnitedHealthcare



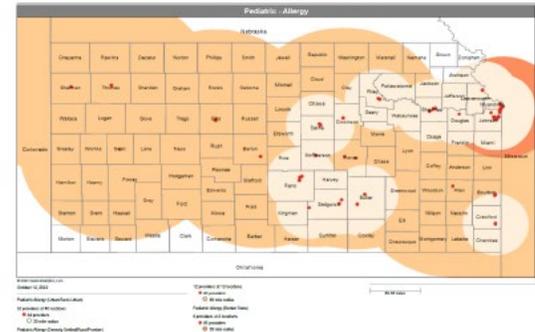
### Allergy

#### Quarterly Unique Provider Count

	4Q 2021	1Q 2022	2Q 2022	3Q 2022
Aetna Better Health	39	39	39	40
Sunflower Health Plan	44	49	51	40
UnitedHealthCare	45	45	43	38



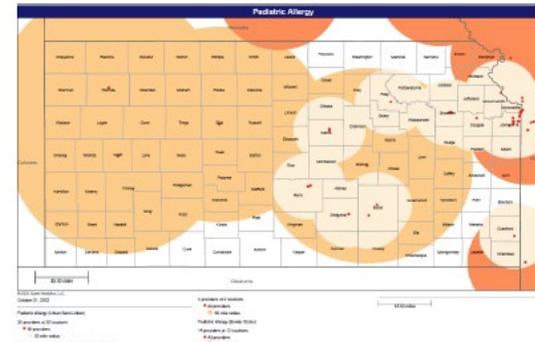
#### Aetna Better Health



#### Sunflower Health Plan



#### UnitedHealthcare



The KDHE and KDADS GeoAccess standards are posted on our KanCare website<sup>4</sup>. 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, July - September 2022:

KanCare Customer Service Report – Member

MCO/Fiscal Agent	Average Speed of Answer (Seconds)	Call Abandonment Rate	Total Calls
Aetna	11.07	1.75%	48,692
Sunflower	19.83	1.35%	35,933
United	18.38	.72%	37,795
Gainwell– Fiscal Agent	1	.08%	3,853

KanCare Customer Service Report - Provider

MCO/Fiscal Agent	Average Speed of Answer (Seconds)	Call Abandonment Rate	Total Calls
Aetna	6.02	.50%	19,023
Sunflower	23.14	1.76%	28,867
United	3.76	0%	19,511
Gainwell– Fiscal Agent	1	.07%	8,928

- 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 24 member grievances categorized as Quality of Care (non-HCBS Provider) which is an increase of 12 from 12 reported CY2022 second quarter.
- There were 13 member grievances categorized as Transportation – Late which is an increase of 11 from two reported CY2022 second quarter.

Aetna Grievance Trends		
Total # of Resolved Grievances	127	
Top 5 Trends		
Trend 1: Quality of Care (non-HCBS Provider)	24	19%
Trend 2: Transportation – No Show	19	15%
Trend 3: Transportation – Other	16	13%
Trend 4: Access to Service or Care	13	10%
Trend 5: Transportation – Late	13	10%

<sup>4</sup> <https://www.kancare.ks.gov/quality-measurement/network-adequacy>

Sunflower Member Grievances:

- There were 35 member grievances categorized as Transportation Issues – Billing and Reimbursement which is an increase of 15 from 20 reported CY2022 second quarter.

Sunflower Grievance Trends		
Total # of Resolved Grievances	257	
Top 5 Trends		
Trend 1: Transportation – No Show	47	18%
Trend 2: Transportation Issues – Billing and Reimbursement	35	14%
Trend 3: Transportation – No Driver Available	32	12%
Trend 4: Transportation – Late	30	12%
Trend 5: Transportation – Other	29	11%

United Member Grievances:

- There were 37 member grievances categorized as Billing and Financial Issues which is a decrease of 39 from 76 reported CY2022 second quarter.

United Grievance Trends		
Total # of Resolved Grievances	220	
Top 5 Trends		
Trend 1: Transportation – No Show	38	17%
Trend 2: Billing and Financial Issues (non-transportation)	37	17%
Trend 3: Transportation – Other	35	16%
Trend 4: Quality of Care (non-HCBS Provider)	29	13%
Trend 5: Transportation - Late	21	10%

MCOs’ Grievance Trends Provider

Aetna Grievance Trends		
Total # of Resolved Grievances	1	
Top 5 Trends		
Trend 1: Other	1	100%

Sunflower Grievance Trends		
Total # of Resolved Grievances	9	
Top 5 Trends		
Trend 1: Transportation	4	44%

United Grievance Trends		
Total # of Resolved Grievances	3	
Top 5 Trends		
Trend 1: Transportation	3	100%

## MCOs' Reconsideration Trends Provider

### Aetna Provider Reconsiderations

- There were 327 provider reconsiderations categorized as PR – CPD – Durable Medical Equipment which is an increase of 121 from 206 reported CY2022 second quarter.
- There were 216 provider reconsiderations categorized as PR – CPD – Ambulance (Include Air and Ground) which is an increase of 147 from 69 reported CY2022 second quarter.

Aetna Provider Reconsideration Trends		
Total # of Resolved Reconsiderations	2,201	
Top 5 Trends		
Trend 1: PR – CPD – Medical (Physical Health not Otherwise Specified)	917	42%
Trend 2: PR – CPD – Hospital Outpatient (Non-Behavioral Health)	353	16%
Trend 3: PR – CPD – Durable Medical Equipment	327	15%
Trend 4: PR – CPD – Ambulance (Include Air and Ground)	216	10%
Trend 5: PR – CPD – Hospital Inpatient (Non-Behavioral Health)	209	9%

### Sunflower Provider Reconsiderations

- There were 2,537 provider reconsiderations categorized as PR – CPD – Medical (Physical Health not Otherwise Specified) which is a decrease of 526 from 3,063 reported CY2022 second quarter.
- There were 1,505 provider reconsiderations categorized as PR – CPD – Durable Medical Equipment which is an increase of 496 from 1,009 reported CY2022 second quarter.
- There were 762 provider reconsiderations categorized as PR – CPD – Hospital Outpatient (Non-Behavioral Health) which is a decrease of 229 from 991 reported CY2022 second quarter.
- There were 609 provider reconsiderations categorized as PR – CPD – Behavioral Health Outpatient and Physician which is an increase of 442 from 167 reported CY2022 second quarter.

Sunflower Provider Reconsideration Trends		
Total # of Resolved Reconsiderations	6,417	
Top 5 Trends		
Trend 1: PR – CPD – Medical (Physical Health not Otherwise Specified)	2,537	40%
Trend 2: PR – CPD – Durable Medical Equipment	1,505	23%
Trend 3: PR – CPD – Hospital Outpatient (Non-Behavioral Health)	762	12%
Trend 4: PR – CPD – Behavioral Health Outpatient and Physician	609	9%
Trend 5: PR – CPD – Hospital Inpatient (Non-Behavioral Health)	207	3%

### United Provider Reconsiderations

- There were 4,218 provider reconsiderations categorized as PR – CPD – Medical (Physical Health not Otherwise Specified) which is an increase of 491 from 3,727 reported CY2022 second quarter.
- There were 1,103 provider reconsiderations categorized as PR – CPD – Durable Medical Equipment which is an increase of 82 from 1,021 reported CY2022 second quarter.
- There were 967 provider reconsiderations categorized as PR – CPD – Behavioral Health Outpatient and Physician which is an increase of 368 from 599 reported CY2022 second quarter.
- There were 701 provider reconsiderations categorized as PR – CPD – Out of network provider, specialist or specific provider which is an increase of 132 from 569 reported CY2022 second quarter.
- There were 441 provider reconsiderations categorized as PR – CPD – Hospital Inpatient (Non-Behavioral Health) which is an increase of 55 from 386 reported CY2022 second quarter.

United Provider Reconsideration Trends		
Total # of Resolved Reconsiderations	8,861	
Top 5 Trends		
Trend 1: PR – CPD – Medical (Physical Health not Otherwise Specified)	4,218	48%
Trend 2: PR – CPD – Durable Medical Equipment	1,103	12%
Trend 3: PR – CPD – Behavioral Health Outpatient and Physician	967	11%
Trend 4: PR – CPD – Out of network provider, specialist or specific provider	701	8%
Trend 5: PR – CPD – Hospital Inpatient (Non-Behavioral Health)	441	5%

#### MCOs' Appeals Trends Member/Provider

##### Aetna Member Appeals:

- There were 108 member appeals categorized as MA – CNM – Pharmacy which is an increase of 30 from 78 reported CY2022 second quarter.

##### Aetna Provider Appeals:

- There were 107 provider appeals categorized as PA – CPD – Laboratory which is an increase of 40 from 67 reported CY2022 second quarter.
- There were 73 provider appeals categorized as PA – CPD – Durable Medical Equipment which is an increase of 45 from 28 reported CY2022 second quarter.

Aetna Member/Provider Appeal Trends					
Total # of Resolved Member Appeals	211		Total # of Resolved Provider Appeals	484	
Top 5 Trends			Top 5 Trends		
Trend 1: MA – CNM – Pharmacy	108	51%	Trend 1: PA – CPD – Laboratory	107	22%
Trend 2: MA – CNM – Radiology	31	15%	Trend 2: PA – CPD – Medical (Physical Health not Otherwise Specified)	93	19%
Trend 3: MA – CNM – Medical Procedure (NOS)	30	14%	Trend 3: PA – CPD – Hospital Inpatient (Non-Behavioral Health)	91	19%
Trend 4: MA – CNM – Durable Medical Equipment	16	8%	Trend 4: PA – CPD – Durable Medical Equipment	73	15%
Trend 5: MA – CNM – Behavioral Health Outpatient	11	5%	Trend 5: PA – CPD – Ambulance (Include Air and Ground)	51	11%

##### Sunflower Member Appeals:

- There were 36 member appeals categorized as MA – CNM – Pharmacy which is a decrease of 38 from 74 reported CY2022 second quarter.
- There were 32 member appeals categorized as MA – CNM – Radiology which is a decrease of 14 from 46 reported CY2022 second quarter.
- There were 24 member appeals categorized as MA – CNM – Inpatient Behavioral Health which is an increase of 14 from 10 reported CY2022 second quarter.

##### Sunflower Provider Appeals:

- There were 345 provider appeals categorized as PA – CPD – Hospital Outpatient (Non-Behavioral Health) which is an increase of 311 from 34 reported CY2022 second quarter.
- There were 198 provider appeals categorized as PA – CPD – Behavioral Health Outpatient and Physician which is an increase of 77 from 121 reported CY2022 second quarter.
- There were 158 provider appeals categorized as PA – CPD – Hospital Inpatient (Non-Behavioral Health) which is an increase of 123 from 35 reported CY2022 second quarter.
- There were 137 provider appeals categorized as PA – CPD – Medical (Physical Health not Otherwise Specified) which is an increase of 84 from 53 reported CY2022 second quarter.

- There were 98 provider appeals categorized as PA – CNM – Pharmacy which is a decrease of 68 from 166 reported CY2022 second quarter.

Sunflower Member/Provider Appeal Trends					
Total # of Resolved Member Appeals	185		Total # of Resolved Provider Appeals	1,350	
Top 5 Trends			Top 5 Trends		
Trend 1: MA – CNM – Pharmacy	36	19%	Trend 1: PA – CPD – Hospital Outpatient (Non-Behavioral Health)	345	26%
Trend 2: MA – CNM – Durable Medical Equipment	32	17%	Trend 2: PA – CPD – Behavioral Health Outpatient and Physician	198	15%
Trend 3: MA – CNM – Radiology	32	17%	Trend 3: PA – CPD – Hospital Inpatient (Non-Behavioral Health)	158	12%
Trend 4: MA – Inpatient Behavioral Health	24	13%	Trend 4: PA – CPD – Medical (Physical Health not Otherwise Specified)	137	10%
Trend 5: MA – CNM – Other	15	8%	Trend 5: PA – CNM – Pharmacy	98	7%

United Member Appeals:

- There were 103 member appeals categorized as MA – CNM – Pharmacy which is a decrease of 45 from 148 reported CY2022 second quarter.
- There were 17 member appeals categorized as MA – CNM – Dental which is an increase of 10 from seven reported CY2022 second quarter.

United Provider Appeals:

- There were 288 provider appeals categorized as PA – CPD – Hospital Inpatient (Non-Behavioral Health) which is a decrease of 49 from 337 reported CY2022 second quarter.
- There were 142 provider appeals categorized as PA – CPD – Pharmacy which is an increase of 18 from 124 reported CY2022 second quarter.
- There were 119 provider appeals categorized as PA – CPD – Hospital Outpatient (Non-Behavioral Health) which is a decrease of 39 from 158 reported CY2022 second quarter.

United Member/Provider Appeal Trends					
Total # of Resolved Member Appeals	242		Total # of Resolved Provider Appeals	1,272	
Top 5 Trends			Top 5 Trends		
Trend 1: MA – CNM – Pharmacy	103	43%	Trend 1: PA – CPD – Hospital Inpatient (Non-Behavioral Health)	288	23%
Trend 2: MA – CNM – Inpatient Admissions (Non-Behavioral Health)	33	14%	Trend 2: PA – CPD – Medical (Physical Health not Otherwise Specified)	247	19%
Trend 3: MA – CNM – Durable Medical Equipment	22	9%	Trend 3: PA – CPD – Pharmacy	142	11%
Trend 4: MA – CNM – Dental	17	7%	Trend 4: PA – CPD – Home Health	135	11%
Trend 5: MA – CNM – Other	14	6%	Trend 5: PA – CPD – Hospital Outpatient (Non-Behavioral Health)	119	9%

MCOs' State Fair Hearing Reversed Decisions - Member/Provider

- There were 23 member state fair hearings for all three MCOs. No decisions were reversed by OAH.
- There were 45 provider state fair hearings for all three MCOs. One decision was reversed by OAH.

Aetna				
Total # of Member SFH	2		Total # of Provider SFH	16
OAH reversed MCO decision	0	0%	OAH reversed MCO decision	1 6%

Sunflower				
Total # of Member SFH	9		Total # of Provider SFH	11
OAH reversed MCO decision	0	0%	OAH reversed MCO decision	0 0%

United				
Total # of Member SFH	12		Total # of Provider SFH	18
OAH reversed MCO decision	0	0%	OAH reversed MCO decision	0 0%

- d. Enrollee complaints and grievance reports to determine any trends: This information is included at items IV(d) and X(c) above.
- e. Summary of ombudsman activities: The [report for the third 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](http://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 September 30, 2022 follows:

Critical Incidents	1 <sup>st</sup> Quarter	2 <sup>nd</sup> Quarter	3 <sup>rd</sup> Quarter	4 <sup>th</sup> Quarter	YTD
	AIR Totals	AIR Totals	AIR Totals	AIR Totals	TOTALS
Reviewed	2,980	2,877	2,825		8,682
Pending Resolution	12	17	13		42
Total Received	2,992	2,894	2,838		8,724
APS Substantiations*	192	180	145		517

*\*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 third quarter LPTH/BCCH UC Pool payment was issued September 8, 2022.

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

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

## XII. Demonstration Evaluation

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

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

- a. Post-award forums  
No post-award forum was held during the July-September 2022 quarter.

b. Claims Adjudication Statistics  
 KDHE’s summary of the [KanCare MCOs’ claims adjudication reports covering January through September of 2022 is attached.](#)

c. Waiting List Management  
 PD Waiting List Management

For the quarter ending September 30, 2022:

- Current number of individuals on the PD Waiting List: 2,427.
- Number of individuals added to the waiting list: 440
- Number of individuals removed from the waiting list: 326
  - 150 started receiving HCBS-PD waiver services
  - 35 were deceased
  - 141 were removed for other reasons (refused services, voluntary removal, etc.)

I/DD Waiting List Management

For the quarter ending September 30, 2022:

- Current number of individuals on the I/DD Waiting List: 4,840
- Number of individuals added to the waiting list: 178
- Number of individuals removed from the waiting list: 126
  - 69 started receiving HCBS-I/DD waiver services
  - 3 were deceased
  - 54 were removed for other reasons (refused services, voluntary removal, etc.)

#### XIV. Enclosures/Attachments

Section of Report Where Attachment Noted	Description of Attachment
<a href="#">IV(e)</a>	HCBS Quality Report for January-April 2022
<a href="#">X(e)</a>	Summary of KanCare Ombudsman Activities for QE 09.30.2022
<a href="#">XI</a>	Safety Net Care Pool Reports DY10 Q3 and HCAIP Reports DY10 Q3
<a href="#">XIII(b)</a>	KDHE Summary of Claims Adjudication Statistics for January-September 2022

#### XV. State Contacts

Janet K. Stanek, Secretary  
 Sarah Fertig, Medicaid Director  
 Kansas Department of Health and Environment  
 Division of Health Care Finance  
 Landon State Office Building – 9<sup>th</sup> Floor  
 900 SW Jackson Street  
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 (785) 296-4813 (fax)  
[Janet.K.Stanek@ks.gov](mailto:Janet.K.Stanek@ks.gov)  
[Sarah.Fertig@ks.gov](mailto:Sarah.Fertig@ks.gov)

#### V. Date Submitted to CMS

November 23, 2022



Home and Community Based Services  
Quality Review Report  
January - March 2022

## HCBS Waiver Quality Review Rolling Timeline

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

\*Per HCBS Waiver Quality Review policy.

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

<b>April - June 2021 HCBS Quality Sample</b>			
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

<b>July - September 2021 HCBS Quality Sample</b>			
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

<b>October - December 2021 HCBS Quality Sample</b>			
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

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

## HCBS Quality Review Acronyms

<b>ABA</b>	Applied Behavior Analysis
<b>ANE</b>	Abuse, Neglect, and Exploitation
<b>AU</b>	Autism
<b>BUP</b>	Backup Plan
<b>CAFAS</b>	Child and Adolescent Functional Assessment Scale
<b>CBCL</b>	Child Behavior Checklist
<b>CC</b>	Care Coordinator
<b>DPOA</b>	Durable Power of Attorney
<b>FAI</b>	Functional Assessment Instrument
<b>FCAD (SED)</b>	Family Choice Assurance Document
<b>FE</b>	Frail Elderly
<b>HRA</b>	Health Risk Assessment
<b>IDD</b>	Intellectual Developmental Disability
<b>ISP</b>	Integrated Service Plan
<b>KAMIS</b>	Kansas Assessment Management Information System
<b>KBH (SED)</b>	Kan Be Healthy (Annual Physical Exam)
<b>LTSS</b>	Long Term Supports and Services
<b>MCO</b>	Managed Care Organization
<b>MMIS</b>	Medicaid Management Information System
<b>PCSP</b>	Person Centered Service Plan
<b>PD</b>	Physical Disability
<b>POC</b>	Plan of Care
<b>R&amp;R</b>	Rights & Responsibilities
<b>SED</b>	Serious Emotional Disturbance
<b>TA</b>	Technology Assisted
<b>TBI/BI</b>	Traumatic Brain Injury/Brain Injury
<b>TLS</b>	Transitional Living Specialist
<b>UAR</b>	Universal Assessment Results
<b>UAT</b>	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: 01/01/2022 - 03/31/2022**

**Data Source: Quality Review Reports to KDHE**

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

Compliance Trends	2013	2014	2015	2016	2017	2018	2019	2020	2021	Jan-Mar 2022
<b>PD</b>										
Statewide	25%	25%	25%	75%	100%	100%	100%	100%	100%	100%
<b>FE</b>										
Statewide	25%	25%	25%	75%	100%	100%	100%	100%	100%	100%
<b>IDD</b>										
Statewide	25%	25%	25%	75%	100%	100%	100%	100%	100%	100%
<b>BI</b>										
Statewide	25%	25%	25%	75%	100%	100%	100%	100%	100%	100%
<b>TA</b>										
Statewide	25%	25%	25%	75%	100%	100%	100%	100%	100%	100%
<b>Autism</b>										
Statewide	25%	25%	25%	75%	100%	100%	100%	100%	100%	100%
<b>SED</b>										
Statewide	25%	25%	25%	75%	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: 01/01/2022 - 03/31/2022**

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

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

Compliance Trends	2013	2014	2015	2016	2017	2018	2019	2020	2021	Jan-Mar 2022
<b>PD</b>										
Statewide	N/A	100%	100%	100%	N/A	N/A	100%	100%	100%	N/A
<b>FE</b>										
Statewide	Not a Measure	100%	100%	100%	N/A	N/A	100%	100%	100%	N/A
<b>IDD</b>										
Statewide	100%	100%	100%	100%	N/A	100%	100%	100%	100%	N/A
<b>BI</b>										
Statewide	100%	100%	100%	100%	N/A	100%	100%	100%	100%	N/A
<b>TA</b>										
Statewide	100%	100%	N/A	100%	N/A	100%	100%	100%	100%	N/A
<b>Autism</b>										
Statewide	100%	100%	N/A	N/A	100%	N/A	100%	100%	100%	N/A
<b>SED</b>										
Statewide	100%	100%	N/A	N/A	100%	N/A	100%	100%	100%	N/A

**Explanation of Findings:**

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

**Remediation:**

No remediation necessary.

**KDADS HCBS Quality Review Report**

**Administrative Authority**

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

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

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

**Review Period: 01/01/2022 - 03/31/2022**

**Data Source: Presentation of waiver policy changes to KDHE**

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

Compliance Trends	2013	2014	2015	2016	2017	2018	2019	2020	2021	Jan-Mar 2022
<b>PD</b>										
Statewide	N/A	N/A	100%	N/A	100%	100%	N/A	100%	N/A	N/A
<b>FE</b>										
Statewide	N/A	N/A	100%	N/A	100%	100%	N/A	100%	N/A	N/A
<b>IDD</b>										
Statewide	100%	N/A	100%	100%	100%	100%	N/A	100%	N/A	N/A
<b>BI</b>										
Statewide	100%	N/A	100%	100%	100%	100%	100%	100%	N/A	N/A
<b>TA</b>										
Statewide	N/A	N/A	N/A	N/A	100%	100%	N/A	100%	N/A	N/A
<b>Autism</b>										
Statewide	N/A	N/A	N/A	N/A	100%	100%	N/A	100%	N/A	N/A
<b>SED</b>										
Statewide	N/A	N/A	N/A	N/A	100%	N/A	N/A	100%	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: 01/01/2022 - 03/31/2022**

**Data Source: Meeting Minutes**

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

Compliance Trends	2013	2014	2015	2016	2017	2018	2019	2020	2021	Jan-Mar 2022
<b>PD</b>										
Statewide	Not a measure	45%	67%	70%	100%	100%	100%	100%	100%	100%
<b>FE</b>										
Statewide	100%	82%	50%	70%	100%	100%	100%	100%	100%	100%
<b>IDD</b>										
Statewide	Not a measure	91%	Not Available	70%	100%	100%	100%	100%	100%	100%
<b>BI</b>										
Statewide	Not a measure	73%	Not Available	70%	100%	100%	100%	100%	100%	100%
<b>TA</b>										
Statewide	Not a measure	64%	Not Available	70%	100%	100%	100%	100%	100%	100%
<b>Autism</b>										
Statewide	Not a measure	91%	100%	70%	100%	100%	100%	100%	100%	100%
<b>SED</b>										
Statewide	Not a measure	100%	Not Available	70%	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: 01/01/2022 - 03/31/2022**

**Data Source: Functional Assessor Record Review/State Data Systems**

Compliance By Waiver	Statewide
<b>PD</b>	<b>97%</b>
Numerator	301
Denominator	309
<b>FE</b>	<b>99%</b>
Numerator	598
Denominator	607
<b>IDD</b>	<b>100%</b>
Numerator	79
Denominator	79
<b>BI</b>	<b>99%</b>
Numerator	105
Denominator	106
<b>TA</b>	<b>95%</b>
Numerator	36
Denominator	38
<b>Autism</b>	<b>100%</b>
Numerator	9
Denominator	9
<b>SED</b>	<b>99%</b>
Numerator	88
Denominator	89

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

**KDADS HCBS Quality Review Report**

**Level of Care**

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

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

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

**Review Period: 01/01/2022 - 03/31/2022**

**Data Source: Functional Assessor Record Review/State Data Systems**

Compliance By Waiver	Statewide
<b>PD</b>	<b>57%</b>
Numerator	662
Denominator	1169
<b>FE</b>	<b>58%</b>
Numerator	655
Denominator	1139
<b>IDD</b>	<b>98%</b>
Numerator	1740
Denominator	1778
<b>BI</b>	<b>50%</b>
Numerator	83
Denominator	165
<b>TA</b>	<b>100%</b>
Numerator	163
Denominator	163
<b>Autism</b>	<b>100%</b>
Numerator	9
Denominator	9
<b>SED</b>	Not a waiver performance measure
Numerator	
Denominator	

Compliance Trends	2013	2014	2015	2016	2017	2018	2019	2020	2021	Jan-Mar 2022
<b>PD</b>										
Statewide	47%	52%	64%	69%	68%	79%	72%	66%	58%	57%
<b>FE</b>										
Statewide	68%	70%	76%	79%	68%	84%	80%	70%	59%	58%
<b>IDD</b>										
Statewide	97%	74%	75%	77%	78%	97%	98%	97%	97%	98%
<b>BI</b>										
Statewide	39%	50%	62%	65%	62%	70%	70%	57%	56%	50%
<b>TA</b>										
Statewide	94%	90%	86%	96%	93%	99%	100%	99%	99%	100%
<b>Autism</b>										
Statewide	68%	No Data	75%	78%	63%	65%	69%	100%	100%	100%
<b>SED</b>										
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 beginning 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. Several sets of data have been provided to the ADRCs to ensure KAMIS state systems correctly reflect eligibility.

All ADRCs have updated their information with the exception of the Central Plains ADRC who will have their clean up efforts complete by 12/31/2022. The ADRCs are reviewing quarterly reports and providing individual remediation as required.

**KDADS HCBS Quality Review Report**

**Level of Care**

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

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

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

**Review Period: 01/01/2022 - 03/31/2022**

**Data Source: Functional Assessor Record Review**

Compliance By Waiver	Statewide
<b>PD</b>	<b>87%</b>
Numerator	80
Denominator	92
<b>FE</b>	<b>95%</b>
Numerator	89
Denominator	94
<b>IDD</b>	<b>100%</b>
Numerator	94
Denominator	94
<b>BI</b>	<b>94%</b>
Numerator	66
Denominator	70
<b>TA</b>	<b>100%</b>
Numerator	64
Denominator	64
<b>Autism</b>	<b>89%</b>
Numerator	8
Denominator	9
<b>SED</b>	<b>89%</b>
Numerator	79
Denominator	89

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

**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 performance measure under 100% on an individual member basis. Appendix K flexibilities continue to impact compliance measures as the public health emergency (PHE) was to end October 13, 2022 and has been further extended to January 31, 2023 and entities have six months from close of PHE to implement changes.

**KDADS HCBS Quality Review Report**

**Level of Care**

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

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

**Denominator: Number of initial Level of Care determinations**

**Review Period: 01/01/2022 - 03/31/2022**

**Data Source: Functional Assessor Record Review**

Compliance By Waiver	Statewide
<b>PD</b>	<b>82%</b>
Numerator	75
Denominator	92
<b>FE</b>	<b>94%</b>
Numerator	88
Denominator	94
<b>IDD</b>	<b>100%</b>
Numerator	94
Denominator	94
<b>BI</b>	<b>94%</b>
Numerator	66
Denominator	70
<b>TA</b>	<b>100%</b>
Numerator	64
Denominator	64
<b>Autism</b>	<b>67%</b>
Numerator	6
Denominator	9
<b>SED</b>	<b>80%</b>
Numerator	71
Denominator	89

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

**Explanation of Findings:**

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

AU: assessment did not contain assessor name to validate on qualified assessor list

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

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:**

KDADS requires assessing entities to remediate any performance measure under 100% on an individual member basis. Appendix K flexibilities continue to impact compliance measures as the public health emergency (PHE) was to end October 13, 2022 and has been further extended to January 31, 2023 and entities have six months from close of PHE to implement changes.

**KDADS HCBS Quality Review Report**

**Level of Care**

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

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

**Denominator: Number of initial Level of Care determinations**

**Review Period: 01/01/2022 - 03/31/2022**

**Data Source: Functional Assessor Record Review**

Compliance By Waiver	Statewide
<b>PD</b>	<b>87%</b>
Numerator	80
Denominator	92
<b>FE</b>	<b>95%</b>
Numerator	89
Denominator	94
<b>IDD</b>	<b>100%</b>
Numerator	94
Denominator	94
<b>BI</b>	<b>94%</b>
Numerator	66
Denominator	70
<b>TA</b>	<b>100%</b>
Numerator	64
Denominator	64
<b>Autism</b>	<b>89%</b>
Numerator	8
Denominator	9
<b>SED</b>	<b>98%</b>
Numerator	87
Denominator	89

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

**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 performance measure under 100% on an individual member basis. Appendix K flexibilities continue to impact compliance measures as the public health emergency (PHE) was to end October 13, 2022 and has been further extended to January 31, 2023 and entities have six months from close of PHE to implement changes.

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

**Data Source:**

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

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

**Explanation of Findings:**

Contract for third-party assessment ended December 2021

**Remediation:**

No remediation necessary.

**KDADS HCBS Quality Review Report**

**Qualified Providers**

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

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

**Denominator: Number of all new licensed/certified waiver providers**

**Review Period: Calendar Year 2021**

**Data Source:**

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

**Remediation:**

All three contracted MCOs are on Quality Improvement Plans (QIPs) for this measure. KDADS and KDHE have 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
<b>PD</b>									
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%
<b>FE</b>									
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%
<b>IDD</b>									
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%
<b>BI</b>									
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%
<b>TA</b>									
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%
<b>Autism</b>									
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
<b>SED</b>									
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
<b>PD</b>	<b>15%</b>	<b>16%</b>	<b>17%</b>	<b>15%</b>
Numerator	15	16	15	16
Denominator	101	103	90	105
<b>FE</b>	<b>23%</b>	<b>20%</b>	<b>22%</b>	<b>23%</b>
Numerator	28	28	30	36
Denominator	121	142	134	159
<b>IDD</b>	<b>1%</b>	<b>3%</b>	<b>0%</b>	<b>3%</b>
Numerator	1	4	0	4
Denominator	110	129	111	143
<b>BI</b>	<b>0%</b>	<b>0%</b>	<b>0%</b>	<b>0%</b>
Numerator	0	0	0	0
Denominator	21	20	20	22
<b>TA</b>	<b>7%</b>	<b>7%</b>	<b>0%</b>	<b>6%</b>
Numerator	1	1	0	1
Denominator	14	14	12	16
<b>Autism</b>	<b>0%</b>	<b>0%</b>	<b>0%</b>	<b>0%</b>
Numerator	0	0	0	0
Denominator	3	2	2	3
<b>SED</b>	<b>0%</b>	<b>0%</b>	<b>0%</b>	<b>0%</b>
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 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 with KDADS regarding clarification of response to if Nurse Registry checks were conducted on all staff.

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.

MCOs will now submit QP information on a quarterly basis as well as continue to meet with their contractor on a routine basis to ensure all requirements are being followed.

Compliance Trends	2013	2014	2015	2016	2017	2018	2019	2020	2021
<b>PD</b>									
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				N/A	0%	0%	0%	38%	16%
United		No Data	No Data	N/A	0%	0%	0%	43%	17%
Statewide	100%			N/A	0%	0%	0%	39%	15%
<b>FE</b>									
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				30%	0%	0%	0%	38%	20%
United		No Data	No Data	N/A	0%	0%	0%	42%	22%
Statewide	Not a Measure			9%	0%	0%	0%	39%	23%
<b>IDD</b>									
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				N/A	0%	0%	0%	41%	3%
United		No Data	No Data	N/A	0%	0%	0%	48%	0%
Statewide	98%			N/A	0%	0%	0%	39%	3%
<b>BI</b>									
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				N/A	0%	0%	0%	14%	0%
United		No Data	No Data	N/A	0%	0%	0%	15%	0%
Statewide	89%			N/A	0%	0%	0%	14%	0%
<b>TA</b>									
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				N/A	0%	0%	0%	13%	7%
United		No Data	No Data	N/A	0%	0%	0%	14%	0%
Statewide	93%			N/A	0%	0%	0%	13%	6%
<b>Autism</b>									
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				N/A	0%	0%	0%	0%	0%
United		No Data	No Data	N/A	0%	0%	0%	0%	0%
Statewide	100%			N/A	0%	0%	0%	0%	0%
<b>SED</b>									
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				N/A	0%	0%	0%	8%	0%
United		No Data	No Data	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
<b>PD</b>	0%	0%	0%	0%
Numerator	0	0	0	0
Denominator	4	2	2	4
<b>FE</b>	N/A	0%	0%	0%
Numerator	0	0	0	0
Denominator	0	1	1	1
<b>IDD</b>	0%	N/A	N/A	0%
Numerator	0	0	0	0
Denominator	1	0	0	1
<b>BI</b>	N/A	N/A	N/A	N/A
Numerator	0	0	0	0
Denominator	0	0	0	0
<b>TA</b>	N/A	N/A	N/A	N/A
Numerator	0	0	0	0
Denominator	0	0	0	0
<b>Autism</b>	N/A	N/A	N/A	N/A
Numerator	0	0	0	0
Denominator	0	0	0	0
<b>SED</b>	N/A	N/A	N/A	N/A
Numerator	0	0	0	0
Denominator	0	0	0	0

**Explanation of Findings:**

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

**Remediation:**

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 with KDADS regarding clarification of response to if Nurse Registry checks were conducted on all staff.

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.

MCOs will now submit QP information on a quarterly basis as well as continue to meet with their contractor on a routine basis to ensure all requirements are being followed.

Compliance Trends	2013	2014	2015	2016	2017	2018	2019	2020	2021
<b>PD</b>									
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	0%	0%	0%
Amerigroup							N/A	N/A	N/A
Sunflower							0%	0%	0%
United		No Data	No Data				0%	0%	0%
Statewide	75%						0%	0%	0%
<b>FE</b>									
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	0%	0%	N/A
Amerigroup							N/A	N/A	N/A
Sunflower							0%	0%	0%
United		No Data	No Data				0%	0%	0%
Statewide	100%			9%	0%	0%	0%	0%	0%
<b>IDD</b>									
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	0%	N/A	0%
Amerigroup							0%	N/A	N/A
Sunflower							0%	N/A	N/A
United		No Data	No Data				0%	N/A	N/A
Statewide	Not a Measure						0%	N/A	0%
<b>BI</b>									
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	0%	0%	N/A
Amerigroup							N/A	N/A	N/A
Sunflower							0%	N/A	N/A
United		No Data	No Data				0%	0%	N/A
Statewide	88%						0%	0%	N/A
<b>TA</b>									
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	0%	N/A	N/A
Amerigroup							N/A	N/A	N/A
Sunflower							0%	N/A	N/A
United		No Data	No Data				0%	N/A	N/A
Statewide	No Data						0%	N/A	N/A
<b>Autism</b>									
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	0%	N/A	N/A
Amerigroup							N/A	N/A	N/A
Sunflower							0%	N/A	N/A
United		No Data	No Data				0%	N/A	N/A
Statewide	82%						0%	N/A	N/A
<b>SED</b>									
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	0%	N/A	N/A
Amerigroup							N/A	N/A	N/A
Sunflower							0%	N/A	N/A
United		No Data	No Data				0%	N/A	N/A
Statewide	Not a measure						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
<b>PD</b>	13%	12%	13%	12%
Numerator	3	3	3	3
Denominator	23	25	24	26
<b>FE</b>	9%	7%	7%	7%
Numerator	1	1	1	1
Denominator	11	15	14	15
<b>IDD</b>	0%	N/A	N/A	0%
Numerator	0	0	0	0
Denominator	2	0	0	2
<b>BI</b>	0%	0%	0%	0%
Numerator	0	0	0	0
Denominator	15	15	15	15
<b>TA</b>	0%	0%	0%	0%
Numerator	0	0	0	0
Denominator	10	10	10	10
<b>Autism</b>	N/A	N/A	N/A	N/A
Numerator	0	0	0	0
Denominator	0	0	0	0
<b>SED</b>	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, TA: 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 with KDADS regarding clarification of response to if Nurse Registry checks were conducted on all staff.

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.

MCOs will now submit QP information on a quarterly basis as well as continue to meet with their contractor on a routine basis to ensure all requirements are being followed.

Compliance Trends	2013	2014	2015	2016	2017	2018	2019	2020	2021
<b>PD</b>									
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				N/A	0%	0%	0%	7%	12%
United		No Data	No Data	N/A	0%	0%	0%	8%	13%
Statewide	75%			N/A	0%	0%	0%	6%	12%
<b>FE</b>									
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				30%	0%	0%	0%	17%	7%
United		No Data	No Data	N/A	0%	0%	0%	14%	7%
Statewide	Not a Measure			9%	0%	0%	0%	11%	7%
<b>IDD</b>									
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				N/A	0%	0%	0%	0%	N/A
United		No Data	No Data	N/A	0%	0%	0%	0%	N/A
Statewide	Not a Measure			N/A	0%	0%	0%	0%	0%
<b>BI</b>									
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				N/A	0%	0%	0%	10%	0%
United		No Data	No Data	N/A	0%	0%	0%	9%	0%
Statewide	88%			N/A	0%	0%	0%	9%	0%
<b>TA</b>									
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				N/A	0%	0%	0%	N/A	0%
United		No Data	No Data	N/A	0%	0%	0%	N/A	0%
Statewide	No Data			N/A	0%	0%	0%	N/A	0%
<b>Autism</b>									
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				N/A	0%	0%	0%	N/A	N/A
United		No Data	No Data	N/A	0%	0%	0%	N/A	N/A
Statewide	91%			N/A	0%	0%	0%	N/A	N/A
<b>SED</b>									
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				N/A	0%	0%	0%	N/A	N/A
United		No Data	No Data	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
<b>PD</b>				
Numerator				
Denominator				
<b>FE</b>				
Numerator				
Denominator				
<b>IDD</b>				
Numerator				
Denominator				
<b>BI</b>				
Numerator				
Denominator				
<b>TA</b>				
Numerator				
Denominator				
<b>Autism</b>				
Numerator				
Denominator				
<b>SED</b>				
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
<b>PD</b>									
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
<b>FE</b>									
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
<b>IDD</b>									
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
<b>BI</b>									
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
<b>TA</b>									
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
<b>Autism</b>									
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
<b>SED</b>									
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: 01/01/2022 - 03/31/2022**

**Data Source: MCO Record Review**

Compliance By Waiver	Aetna	Sunflower	United	Statewide
<b>PD</b>	<b>96%</b>	<b>80%</b>	<b>47%</b>	<b>73%</b>
Numerator	27	24	16	67
Denominator	28	30	34	92
<b>FE</b>	<b>80%</b>	<b>67%</b>	<b>59%</b>	<b>67%</b>
Numerator	20	20	23	63
Denominator	25	30	39	94
<b>IDD</b>	<b>94%</b>	<b>85%</b>	<b>73%</b>	<b>83%</b>
Numerator	15	41	22	78
Denominator	16	48	30	94
<b>BI</b>	<b>76%</b>	<b>90%</b>	<b>57%</b>	<b>73%</b>
Numerator	16	19	16	51
Denominator	21	21	28	70
<b>TA</b>	<b>100%</b>	<b>76%</b>	<b>100%</b>	<b>92%</b>
Numerator	16	16	27	59
Denominator	16	21	27	64
<b>Autism</b>	<b>50%</b>	<b>100%</b>	<b>33%</b>	<b>56%</b>
Numerator	2	2	1	5
Denominator	4	2	3	9
<b>SED</b>	<b>100%</b>	<b>91%</b>	<b>64%</b>	<b>83%</b>
Numerator	23	30	21	74
Denominator	23	33	33	89

**Explanation of Findings:**

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

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

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

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

AU: Document containing goals not provided for review

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

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

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

**Remediation:**

Data reviews and audit requirements are continued to be discussed and reviewed with MCOs at the scheduled quarterly meetings and the Quality Improvement Plan (QIP) meetings until measures meet 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 most performance measures.

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

All three contracted MCOs now have electronic signature platforms and can continue to utilize verbal signature processes until PHE is rescinded. Currently the PHE was expected to end October 13, 2022, however, it has now been pushed back to 01/31/2023. MCOs will mail PCSP for signature and within that letter indicate if signature not received, services will be closed in 60 days.

Each MCO met on August 9, 2022 and were requested to provide an annual updated QIP for each PM under 86% as well as for each waiver that showed over 50% of PMs not being met. Further guidance was provided to the MCOs on September 21, 2022 with a deadline of updates due October 7, 2022 and final approval given on October 28, 2022.

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

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

Trending shows the following:

UHC - requires additional focus to PD Waiver

SHP - requires additional focus on IDD Waiver

Aetna - requires additional focus on FE, BI and AU waivers

**KDADS HCBS Quality Review Report**

**Service Plan**

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

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

**Denominator: Number of waiver participants whose service plans were reviewed**

**Review Period: 01/01/2022 - 03/31/2022**

**Data Source: MCO Record Review**

Compliance By Waiver	Aetna	Sunflower	United	Statewide
<b>PD</b>	<b>89%</b>	<b>93%</b>	<b>88%</b>	<b>90%</b>
Numerator	25	28	30	83
Denominator	28	30	34	92
<b>FE</b>	<b>72%</b>	<b>90%</b>	<b>100%</b>	<b>89%</b>
Numerator	18	27	39	84
Denominator	25	30	39	94
<b>IDD</b>	<b>88%</b>	<b>85%</b>	<b>100%</b>	<b>90%</b>
Numerator	14	41	30	85
Denominator	16	48	30	94
<b>BI</b>	<b>76%</b>	<b>100%</b>	<b>93%</b>	<b>90%</b>
Numerator	16	21	26	63
Denominator	21	21	28	70
<b>TA</b>	<b>100%</b>	<b>90%</b>	<b>96%</b>	<b>95%</b>
Numerator	16	19	26	61
Denominator	16	21	27	64
<b>Autism</b>	<b>50%</b>	<b>50%</b>	<b>100%</b>	<b>67%</b>
Numerator	2	1	3	6
Denominator	4	2	3	9
<b>SED</b>	<b>35%</b>	<b>33%</b>	<b>85%</b>	<b>53%</b>
Numerator	8	11	28	47
Denominator	23	33	33	89

**Explanation of Findings:**

AU: Service plan not provided or does not cover entire review period, services not listed on service plan

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

**Remediation:**

Data reviews and audit requirements are continued to be discussed and reviewed with MCOs at the scheduled quarterly meetings and the Quality Improvement Plan (QIP) meetings until measures meet 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 most performance measures.

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

All three contracted MCOs now have electronic signature platforms and can continue to utilize verbal signature processes until PHE is rescinded. Currently the PHE was expected to end October 13, 2022, however, it has now been pushed back to 01/31/2023. MCOs will mail PCSP for signature and within that letter indicate if signature not received, services will be closed in 60 days.

Each MCO met on August 9, 2022 and were requested to provide an annual updated QIP for each PM under 86% as well as for each waiver that showed over 50% of PMs not being met. Further guidance was provided to the MCOs on September 21, 2022 with a deadline of updates due October 7, 2022 and final approval given on October 28, 2022.

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

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

Trending shows the following:

UHC - requires additional focus to PD Waiver

SHP - requires additional focus on IDD Waiver

Aetna- requires additional focus on FE, BI and AU waivers

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

\*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: 01/01/2022 - 03/31/2022**  
**Data Source: MCO Record Review**

Compliance By Waiver	Aetna	Sunflower	United	Statewide
<b>PD</b>	<b>89%</b>	<b>90%</b>	<b>88%</b>	<b>89%</b>
Numerator	25	27	30	82
Denominator	28	30	34	92
<b>FE</b>	<b>72%</b>	<b>90%</b>	<b>100%</b>	<b>89%</b>
Numerator	18	27	39	84
Denominator	25	30	39	94
<b>IDD</b>	<b>88%</b>	<b>85%</b>	<b>100%</b>	<b>90%</b>
Numerator	14	41	30	85
Denominator	16	48	30	94
<b>BI</b>	<b>76%</b>	<b>100%</b>	<b>93%</b>	<b>90%</b>
Numerator	16	21	26	63
Denominator	21	21	28	70
<b>TA</b>	<b>100%</b>	<b>90%</b>	<b>96%</b>	<b>95%</b>
Numerator	16	19	26	61
Denominator	16	21	27	64
<b>Autism</b>	<b>50%</b>	<b>50%</b>	<b>100%</b>	<b>67%</b>
Numerator	2	1	3	6
Denominator	4	2	3	9
<b>SED</b>	<b>35%</b>	<b>36%</b>	<b>85%</b>	<b>54%</b>
Numerator	8	12	28	48
Denominator	23	33	33	89

**Explanation of Findings:**

AU: Assessment documents and/or service plan not provided or does not cover entire review period

SED: Assessment documents and/or service plan not provided or does not cover entire review period

**Remediation:**

Data reviews and audit requirements are continued to be discussed and reviewed with MCOs at the scheduled quarterly meetings and the Quality Improvement Plan (QIP) meetings until measures meet 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.

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All three contracted MCOs now have electronic signature platforms and can continue to utilize verbal signature processes until PHE is rescinded. Currently the PHE was expected to end October 13, 2022, however, it has now been pushed back to 01/31/2023. MCOs will mail PCSP for signature and within that letter indicate if signature not received, services will be closed in 60 days.

Each MCO met on August 9, 2022 and were requested to provide an annual updated QIP for each PM under 86% as well as for each waiver that showed over 50% of PMs not being met. Further guidance was provided to the MCOs on September 21, 2022 with a deadline of updates due October 7, 2022 and final approval given on October 28, 2022.

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

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

Trending shows the following:

- UHC - requires additional focus to PD Waiver
- SHP - requires additional focus on IDD Waiver
- Aetna - requires additional focus on FE, BI and AU waivers

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

\*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: 01/01/2022 - 03/31/2022**

**Data Source: MCO Record Review**

Compliance By Waiver	Aetna	Sunflower	United	Statewide
<b>PD</b>	<b>71%</b>	<b>43%</b>	<b>47%</b>	<b>53%</b>
Numerator	20	13	16	49
Denominator	28	30	34	92
<b>FE</b>	<b>72%</b>	<b>53%</b>	<b>59%</b>	<b>61%</b>
Numerator	18	16	23	57
Denominator	25	30	39	94
<b>IDD</b>	<b>69%</b>	<b>56%</b>	<b>77%</b>	<b>65%</b>
Numerator	11	27	23	61
Denominator	16	48	30	94
<b>BI</b>	<b>62%</b>	<b>57%</b>	<b>46%</b>	<b>54%</b>
Numerator	13	12	13	38
Denominator	21	21	28	70
<b>TA</b>	<b>88%</b>	<b>48%</b>	<b>78%</b>	<b>70%</b>
Numerator	14	10	21	45
Denominator	16	21	27	64
<b>Autism</b>	<b>50%</b>	<b>50%</b>	<b>100%</b>	<b>67%</b>
Numerator	2	1	3	6
Denominator	4	2	3	9
<b>SED</b>	<b>26%</b>	<b>30%</b>	<b>76%</b>	<b>46%</b>
Numerator	6	10	25	41
Denominator	23	33	33	89

**Explanation of Findings:**

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

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

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

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

AU: No valid signature and/or date, service plan not provided or does not cover entire review period, 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 are continued to be discussed and reviewed with MCOs at the scheduled quarterly meetings and the 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 most performance measures.

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

All three contracted MCOs now have electronic signature platforms and can continue to utilize verbal signature processes until PHE is rescinded. Currently the PHE was expected to end October 13, 2022, however, it has now been pushed back to 01/31/2023. MCOs will mail PCSP for signature and within that letter indicate if signature not received, services will be closed in 60 days.

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

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

**Trending shows the following:**

UHC - requires additional focus to PD Waiver

SHP - requires additional focus on IDD Waiver

Aetna- requires additional focus on FE, BI and AU waivers

Compliance Trends	2013	2014	2015	2016	2017	2018	2019	2020	2021	Jan-Mar 2022
<b>PD</b>										
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	58%	41%	65%	71%
Amerigroup		88%	68%	76%	85%	91%	N/A	N/A	N/A	N/A
Sunflower		87%	69%	73%	87%	77%	86%	47%	43%	43%
United		85%	77%	92%	88%	94%	82%	40%	33%	47%
Statewide	80%	87%	70%	80%	86%	87%	78%	43%	45%	53%
<b>FE</b>										
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	69%	37%	65%	72%
Amerigroup		84%	76%	78%	82%	91%	N/A	N/A	N/A	N/A
Sunflower		88%	61%	84%	86%	76%	86%	52%	49%	53%
United		86%	79%	87%	90%	90%	81%	35%	33%	59%
Statewide	Not a Measure	86%	71%	83%	86%	85%	81%	41%	46%	61%
<b>IDD</b>										
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	47%	40%	68%	69%
Amerigroup		80%	80%	73%	77%	94%	N/A	N/A	N/A	N/A
Sunflower		80%	59%	74%	80%	79%	77%	38%	39%	56%
United		82%	55%	79%	92%	90%	72%	30%	42%	77%
Statewide	98%	81%	64%	75%	82%	83%	71%	36%	45%	65%
<b>BI</b>										
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	43%	21%	51%	62%
Amerigroup		76%	53%	64%	79%	79%	N/A	N/A	N/A	N/A
Sunflower		86%	43%	86%	80%	73%	77%	30%	37%	57%
United		77%	69%	85%	79%	84%	79%	29%	34%	46%
Statewide	64%	80%	53%	74%	80%	78%	71%	28%	40%	54%
<b>TA</b>										
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	70%	33%	48%	88%
Amerigroup		84%	68%	71%	90%	96%	N/A	N/A	N/A	N/A
Sunflower		97%	86%	85%	68%	89%	88%	33%	43%	48%
United		96%	58%	79%	95%	84%	90%	24%	56%	78%
Statewide	No Data	91%	72%	77%	84%	92%	86%	29%	50%	70%
<b>Autism</b>										
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	0%	0%	43%	50%
Amerigroup		74%	59%	35%	88%	91%	N/A	N/A	N/A	N/A
Sunflower		51%	50%	47%	20%	39%	31%	60%	56%	50%
United		65%	29%	17%	13%	35%	65%	0%	43%	100%
Statewide	55%	65%	49%	36%	38%	50%	47%	14%	47%	67%
<b>SED</b>										
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	96%	30%	54%	26%
Amerigroup		92%	99%	98%	99%	96%	N/A	N/A	N/A	N/A
Sunflower		90%	94%	86%	98%	97%	95%	32%	49%	30%
United		87%	98%	97%	88%	95%	98%	38%	63%	76%
Statewide	Not a measure	90%	97%	94%	95%	96%	97%	34%	52%	46%

**KDADS HCBS Quality Review Report**

**Service Plan**

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

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

Denominator: Number of waiver participants whose service plans were reviewed

Review Period: 01/01/2022 - 03/31/2022

Data Source: MCO Record Review

Compliance By Waiver	Aetna	Sunflower	United	Statewide
<b>PD</b>	<b>75%</b>	<b>43%</b>	<b>59%</b>	<b>59%</b>
Numerator	21	13	20	54
Denominator	28	30	34	92
<b>FE</b>	<b>72%</b>	<b>60%</b>	<b>69%</b>	<b>67%</b>
Numerator	18	18	27	63
Denominator	25	30	39	94
<b>IDD</b>	<b>75%</b>	<b>60%</b>	<b>80%</b>	<b>69%</b>
Numerator	12	29	24	65
Denominator	16	48	30	94
<b>BI</b>	<b>62%</b>	<b>62%</b>	<b>57%</b>	<b>60%</b>
Numerator	13	13	16	42
Denominator	21	21	28	70
<b>TA</b>	<b>94%</b>	<b>57%</b>	<b>78%</b>	<b>75%</b>
Numerator	15	12	21	48
Denominator	16	21	27	64
<b>Autism</b>	<b>50%</b>	<b>100%</b>	<b>100%</b>	<b>78%</b>
Numerator	2	2	3	7
Denominator	4	2	3	9
<b>SED</b>	<b>26%</b>	<b>30%</b>	<b>79%</b>	<b>47%</b>
Numerator	6	10	26	42
Denominator	23	33	33	89

**Explanation of Findings:**

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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, DPOA/Guardianship paperwork not provided for validation

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

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Trending shows the following:

- UHC - requires additional focus on PD Waiver
- SHF - requires additional focus on IDD Waiver
- Aetna- requires additional focus on FE, BI and AU waivers

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

**KDADS HCBS Quality Review Report**

**Service Plan**

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

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

**Denominator: Number of waiver participants whose service plans were reviewed**

**Review Period: 01/01/2022 - 03/31/2022**

**Data Source: MCO Record Review**

Compliance By Waiver	Aetna	Sunflower	United	Statewide
<b>PD</b>	<b>64%</b>	<b>40%</b>	<b>56%</b>	<b>53%</b>
Numerator	18	12	19	49
Denominator	28	30	34	92
<b>FE</b>	<b>76%</b>	<b>63%</b>	<b>69%</b>	<b>69%</b>
Numerator	19	19	27	65
Denominator	25	30	39	94
<b>IDD</b>	<b>63%</b>	<b>52%</b>	<b>70%</b>	<b>60%</b>
Numerator	10	25	21	56
Denominator	16	48	30	94
<b>BI</b>	<b>67%</b>	<b>62%</b>	<b>61%</b>	<b>63%</b>
Numerator	14	13	17	44
Denominator	21	21	28	70
<b>TA</b>	<b>88%</b>	<b>81%</b>	<b>70%</b>	<b>78%</b>
Numerator	14	17	19	50
Denominator	16	21	27	64
<b>Autism</b>	<b>75%</b>	<b>100%</b>	<b>100%</b>	<b>89%</b>
Numerator	3	2	3	8
Denominator	4	2	3	9
<b>SED</b>	<b>87%</b>	<b>82%</b>	<b>88%</b>	<b>85%</b>
Numerator	20	27	29	76
Denominator	23	33	33	89

**Explanation of Findings:**

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

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

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**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, 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

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

**Remediation:**

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 SHP - requires additional focus on IDD Waiver  
 Aetna- requires additional focus on FE, BI and AU waivers

**KDADS HCBS Quality Review Report**

**Service Plan**

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

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

**Denominator: Number of waiver participants whose service plans were reviewed**

**Review Period: 01/01/2022 - 03/31/2022**

**Data Source: MCO Record Review**

Compliance By Waiver	Aetna	Sunflower	United	Statewide
<b>PD</b>	<b>93%</b>	<b>93%</b>	<b>100%</b>	<b>96%</b>
Numerator	26	28	34	88
Denominator	28	30	34	92
<b>FE</b>	<b>100%</b>	<b>100%</b>	<b>97%</b>	<b>99%</b>
Numerator	25	30	38	93
Denominator	25	30	39	94
<b>IDD</b>	<b>100%</b>	<b>100%</b>	<b>97%</b>	<b>99%</b>
Numerator	16	48	29	93
Denominator	16	48	30	94
<b>BI</b>	<b>95%</b>	<b>86%</b>	<b>96%</b>	<b>93%</b>
Numerator	20	18	27	65
Denominator	21	21	28	70
<b>TA</b>	<b>100%</b>	<b>100%</b>	<b>96%</b>	<b>98%</b>
Numerator	16	21	26	63
Denominator	16	21	27	64
<b>Autism</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>
Numerator	4	2	3	9
Denominator	4	2	3	9
<b>SED</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>
Numerator	23	33	33	89
Denominator	23	33	33	89

**Explanation of Findings:**

Performance measure threshold achieved for all waivers.

**Remediation:**

No remediation necessary.

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

**KDADS HCBS Quality Review Report**

**Service Plan**

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

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

**Denominator: Number of waiver participants whose service plans were reviewed**

**Review Period: 01/01/2022 - 03/31/2022**

**Data Source: MCO Record Review**

Compliance By Waiver	Aetna	Sunflower	United	Statewide
<b>PD</b>	89%	87%	88%	88%
Numerator	25	26	30	81
Denominator	28	30	34	92
<b>FE</b>	68%	90%	95%	86%
Numerator	17	27	37	81
Denominator	25	30	39	94
<b>IDD</b>	94%	85%	100%	91%
Numerator	15	41	30	86
Denominator	16	48	30	94
<b>BI</b>	62%	81%	82%	76%
Numerator	13	17	23	53
Denominator	21	21	28	70
<b>TA</b>	100%	90%	93%	94%
Numerator	16	19	25	60
Denominator	16	21	27	64
<b>Autism</b>	0%	0%	67%	22%
Numerator	0	0	2	2
Denominator	4	2	3	9
<b>SED</b>	35%	33%	85%	53%
Numerator	8	11	28	47
Denominator	23	33	33	89

**Explanation of Findings:**

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

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

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

**Remediation:**

Data reviews and audit requirements are continued to be discussed and reviewed with MCOs at the scheduled quarterly meetings and the Quality Improvement Plan (QIP) meetings until measures meet 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 most performance measures.

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

All three contracted MCOs now have electronic signature platforms and can continue to utilize verbal signature processes until PHE is rescinded. Currently the PHE was expected to end October 13, 2022, however, it has now been pushed back to 01/31/2023. MCOs will mail PCSP for signature and within that letter indicate if signature not received, services will be closed in 60 days.

Each MCO met on August 9, 2022 and were requested to provide an annual updated QIP for each PM under 86% as well as for each waiver that showed over 50% of PMs not being met. Further guidance was provided to the MCOs on September 21, 2022 with a deadline of updates due October 7, 2022 and final approval given on October 28, 2022.

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

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

Trending shows the following:

UHC - requires additional focus to PD Waiver  
 SHP - requires additional focus on IDD Waiver  
 Aetna- requires additional focus on FE, BI and AU waivers

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

\*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: 01/01/2022 - 03/31/2022**

**Data Source: Customer Interview**

Compliance By Waiver	Aetna	Sunflower	United	Statewide
<b>PD</b>	<b>93%</b>	<b>93%</b>	<b>93%</b>	<b>93%</b>
Numerator	14	13	13	40
Denominator	15	14	14	43
<b>FE</b>	<b>80%</b>	<b>93%</b>	<b>87%</b>	<b>88%</b>
Numerator	8	14	13	35
Denominator	10	15	15	40
<b>IDD</b>	<b>100%</b>	<b>95%</b>	<b>90%</b>	<b>94%</b>
Numerator	5	18	9	32
Denominator	5	19	10	34
<b>BI</b>	<b>71%</b>	<b>67%</b>	<b>91%</b>	<b>79%</b>
Numerator	5	4	10	19
Denominator	7	6	11	24
<b>TA</b>	<b>100%</b>	<b>100%</b>	<b>90%</b>	<b>96%</b>
Numerator	7	10	9	26
Denominator	7	10	10	27
<b>Autism</b>	<b>100%</b>	<b>100%</b>	<b>50%</b>	<b>75%</b>
Numerator	1	1	1	3
Denominator	1	1	2	4
<b>SED</b>	Not a Waiver Performance Measure			
Numerator				
Denominator				

**Explanation of Findings:**

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

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

**Remediation:**

Data reviews and audit requirements are continued to be discussed and reviewed with MCOs at the scheduled quarterly meetings and the Quality Improvement Plan (QIP) meetings until measures meet 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 most performance measures.

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

All three contracted MCOs now have electronic signature platforms and can continue to utilize verbal signature processes until PHE is rescinded. Currently the PHE was expected to end October 13, 2022, however, it has now been pushed back to 01/31/2023. MCOs will mail PCSP for signature and within that letter indicate if signature not received, services will be closed in 60 days.

Each MCO met on August 9, 2022 and were requested to provide an annual updated QIP for each PM under 86% as well as for each waiver that showed over 50% of PMs not being met. Further guidance was provided to the MCOs on September 21, 2022 with a deadline of updates due October 7, 2022 and final approval given on October 28, 2022.

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

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

Trending shows the following:

UHC - requires additional focus to PD Waiver

SHF - requires additional focus on IDD Waiver

Aetna- requires additional focus on FE, BI and AU waivers

Compliance Trends	2013	2014	2015	2016	2017	2018	2019	2020	2021	Jan-Mar 2022
<b>PD</b>										
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	93%	100%	93%	93%
Amerigroup					94%	94%	N/A	N/A	N/A	N/A
Sunflower					97%	98%	94%	81%	99%	93%
United					91%	98%	91%	85%	95%	93%
Statewide	Not a Measure	94%	No Data	No Data	94%	97%	93%	88%	96%	93%
<b>FE</b>										
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	100%	92%	93%	80%
Amerigroup					97%	96%	N/A	N/A	N/A	N/A
Sunflower					93%	95%	96%	100%	88%	93%
United					91%	94%	94%	94%	93%	87%
Statewide	87%	84%	No Data	No Data	94%	95%	96%	95%	92%	88%
<b>IDD</b>										
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	100%	100%	97%	100%
Amerigroup					93%	100%	N/A	N/A	N/A	N/A
Sunflower					99%	97%	96%	95%	111%	95%
United					93%	100%	95%	90%	98%	90%
Statewide	Not a Measure	94%	No Data	No Data	96%	98%	96%	95%	98%	94%
<b>BI</b>										
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	100%	88%	91%	71%
Amerigroup					81%	87%	N/A	N/A	N/A	N/A
Sunflower					88%	78%	95%	88%	89%	67%
United					83%	92%	92%	100%	81%	91%
Statewide	Not a Measure	83%	No Data	No Data	80%	85%	95%	91%	86%	79%
<b>TA</b>										
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	60%	100%	94%	100%
Amerigroup					96%	98%	N/A	N/A	N/A	N/A
Sunflower					84%	95%	100%	100%	94%	100%
United					85%	100%	93%	100%	91%	90%
Statewide	Not a Measure	87%	No Data	No Data	95%	98%	92%	100%	93%	96%
<b>Autism</b>										
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	N/A	100%	75%	100%
Amerigroup					74%	67%	N/A	N/A	N/A	N/A
Sunflower					70%	88%	67%	100%	50%	100%
United					60%	75%	50%	33%	78%	50%
Statewide	Not a Measure	71%	No Data	No Data	68%	68%	71%	71%	68%	75%
<b>SED</b>	Not a Waiver Performance Measure									
Aetna										
Amerigroup										
Sunflower										
United										
Statewide										

**KDADS HCBS Quality Review Report**

**Service Plan**

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

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

**Denominator: Number of waiver participants whose service plans were reviewed**

**Review Period: 01/01/2022 - 03/31/2022**

**Data Source: MCO Record Review**

Compliance By Waiver	Aetna	Sunflower	United	Statewide
<b>PD</b>	<b>96%</b>	<b>93%</b>	<b>85%</b>	<b>91%</b>
Numerator	27	28	29	84
Denominator	28	30	34	92
<b>FE</b>	<b>80%</b>	<b>90%</b>	<b>97%</b>	<b>90%</b>
Numerator	20	27	38	85
Denominator	25	30	39	94
<b>IDD</b>	<b>94%</b>	<b>85%</b>	<b>100%</b>	<b>91%</b>
Numerator	15	41	30	86
Denominator	16	48	30	94
<b>BI</b>	<b>76%</b>	<b>100%</b>	<b>96%</b>	<b>91%</b>
Numerator	16	21	27	64
Denominator	21	21	28	70
<b>TA</b>	<b>100%</b>	<b>90%</b>	<b>96%</b>	<b>95%</b>
Numerator	16	19	26	61
Denominator	16	21	27	64
<b>Autism</b>	<b>50%</b>	<b>100%</b>	<b>100%</b>	<b>78%</b>
Numerator	2	2	3	7
Denominator	4	2	3	9
<b>SED</b>	<b>100%</b>	<b>94%</b>	<b>88%</b>	<b>93%</b>
Numerator	23	31	29	83
Denominator	23	33	33	89

**Explanation of Findings:**

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

**Remediation:**

Data reviews and audit requirements are continued to be discussed and reviewed with MCOs at the scheduled quarterly meetings and the Quality Improvement Plan (QIP) meetings until measures meet 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 most performance measures.

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

All three contracted MCOs now have electronic signature platforms and can continue to utilize verbal signature processes until PHE is rescinded. Currently the PHE was expected to end October 13, 2022, however, it has now been pushed back to 01/31/2023. MCOs will mail PCSP for signature and within that letter indicate if signature not received, services will be closed in 60 days.

Each MCO met on August 9, 2022 and were requested to provide an annual updated QIP for each PM under 86% as well as for each waiver that showed over 50% of PMs not being met. Further guidance was provided to the MCOs on September 21, 2022 with a deadline of updates due October 7, 2022 and final approval given on October 28, 2022.

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

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

Trending shows the following:

UHC - requires additional focus to PD Waiver

SHP - requires additional focus on IDD Waiver

Aetna - requires additional focus on FE, BI and AU waivers

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

\*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: 01/01/2022 - 03/31/2022**

**Data Source: MCO Record Review**

Compliance By Waiver	Aetna	Sunflower	United	Statewide
<b>PD</b>	<b>96%</b>	<b>93%</b>	<b>85%</b>	<b>91%</b>
Numerator	27	28	29	84
Denominator	28	30	34	92
<b>FE</b>	<b>80%</b>	<b>90%</b>	<b>100%</b>	<b>91%</b>
Numerator	20	27	39	86
Denominator	25	30	39	94
<b>IDD</b>	<b>94%</b>	<b>85%</b>	<b>100%</b>	<b>91%</b>
Numerator	15	41	30	86
Denominator	16	48	30	94
<b>BI</b>	<b>76%</b>	<b>100%</b>	<b>96%</b>	<b>91%</b>
Numerator	16	21	27	64
Denominator	21	21	28	70
<b>TA</b>	<b>100%</b>	<b>90%</b>	<b>96%</b>	<b>95%</b>
Numerator	16	19	26	61
Denominator	16	21	27	64
<b>Autism</b>	<b>50%</b>	<b>100%</b>	<b>100%</b>	<b>78%</b>
Numerator	2	2	3	7
Denominator	4	2	3	9
<b>SED</b>	<b>100%</b>	<b>94%</b>	<b>88%</b>	<b>93%</b>
Numerator	23	31	29	83
Denominator	23	33	33	89

**Explanation of Findings:**

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

**Remediation:**

Data reviews and audit requirements are continued to be discussed and reviewed with MCOs at the scheduled quarterly meetings and the Quality Improvement Plan (QIP) meetings until measures meet 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 most performance measures.

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

All three contracted MCOs now have electronic signature platforms and can continue to utilize verbal signature processes until PHE is rescinded. Currently the PHE was expected to end October 13, 2022, however, it has now been pushed back to 01/31/2023. MCOs will mail PCSP for signature and within that letter indicate if signature not received, services will be closed in 60 days.

Each MCO met on August 9, 2022 and were requested to provide an annual updated QIP for each PM under 86% as well as for each waiver that showed over 50% of PMs not being met. Further guidance was provided to the MCOs on September 21, 2022 with a deadline of updates due October 7, 2022 and final approval given on October 28, 2022.

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

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

Trending shows the following:

LWC - requires additional focus to PD Waiver

SHP - requires additional focus on IDD Waiver

Aetna- requires additional focus on FE, BI and AU waivers

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

\*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: 01/01/2022 - 03/31/2022**  
**Data Source: MCO Record Review**

Compliance By Waiver	Aetna	Sunflower	United	Statewide
<b>PD</b>	<b>96%</b>	<b>93%</b>	<b>85%</b>	<b>91%</b>
Numerator	27	28	29	84
Denominator	28	30	34	92
<b>FE</b>	<b>80%</b>	<b>90%</b>	<b>100%</b>	<b>91%</b>
Numerator	20	27	39	86
Denominator	25	30	39	94
<b>IDD</b>	<b>94%</b>	<b>85%</b>	<b>100%</b>	<b>91%</b>
Numerator	15	41	30	86
Denominator	16	48	30	94
<b>BI</b>	<b>71%</b>	<b>100%</b>	<b>96%</b>	<b>90%</b>
Numerator	15	21	27	63
Denominator	21	21	28	70
<b>TA</b>	<b>100%</b>	<b>90%</b>	<b>96%</b>	<b>95%</b>
Numerator	16	19	26	61
Denominator	16	21	27	64
<b>Autism</b>	<b>50%</b>	<b>100%</b>	<b>100%</b>	<b>78%</b>
Numerator	2	2	3	7
Denominator	4	2	3	9
<b>SED</b>	<b>100%</b>	<b>94%</b>	<b>88%</b>	<b>93%</b>
Numerator	23	31	29	83
Denominator	23	33	33	89

**Explanation of Findings:**

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

**Remediation:**

Data reviews and audit requirements are continued to be discussed and reviewed with MCOs at the scheduled quarterly meetings and the Quality Improvement Plan (QIP) meetings until measures meet 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 most performance measures.

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

All three contracted MCOs now have electronic signature platforms and can continue to utilize verbal signature processes until PHE is rescinded. Currently the PHE was expected to end October 13, 2022, however, it has now been pushed back to 01/31/2023. MCOs will mail PCSP for signature and within that letter indicate if signature not received, services will be closed in 60 days.

Each MCO met on August 9, 2022 and were requested to provide an annual updated QIP for each PM under 86% as well as for each waiver that showed over 50% of PMs not being met. Further guidance was provided to the MCOs on September 21, 2022 with a deadline of updates due October 7, 2022 and final approval given on October 28, 2022.

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

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

Trending shows the following:

- UHC - requires additional focus to PD Waiver
- SHP - requires additional focus on IDD Waiver
- Aetna- requires additional focus on FE, BI and AU waivers

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

\*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: 01/01/2022 - 03/31/2022**

**Data Source: MCO Record Review**

Compliance By Waiver	Aetna	Sunflower	United	Statewide
<b>PD</b>	<b>96%</b>	<b>93%</b>	<b>85%</b>	<b>91%</b>
Numerator	27	28	29	84
Denominator	28	30	34	92
<b>FE</b>	<b>80%</b>	<b>90%</b>	<b>100%</b>	<b>91%</b>
Numerator	20	27	39	86
Denominator	25	30	39	94
<b>IDD</b>	<b>94%</b>	<b>83%</b>	<b>100%</b>	<b>90%</b>
Numerator	15	40	30	85
Denominator	16	48	30	94
<b>BI</b>	<b>76%</b>	<b>100%</b>	<b>96%</b>	<b>91%</b>
Numerator	16	21	27	64
Denominator	21	21	28	70
<b>TA</b>	<b>100%</b>	<b>86%</b>	<b>96%</b>	<b>94%</b>
Numerator	16	18	26	60
Denominator	16	21	27	64
<b>Autism</b>	Self-Direction is not offered for this Waiver			
Numerator				
Denominator				
<b>SED</b>	Self-Direction is not offered for this Waiver			
Numerator				
Denominator				

**Explanation of Findings:**

Performance measure threshold achieved for all waivers.

**Remediation:**

No remediation necessary.

Compliance Trends	2013	2014	2015	2016	2017	2018	2019	2020	2021	Jan-Mar 2022
<b>PD</b>										
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	12%	16%	85%	96%
Amerigroup		64%	58%	72%	81%	92%	N/A	N/A	N/A	N/A
Sunflower		73%	68%	72%	87%	79%	84%	63%	78%	93%
United		77%	78%	88%	86%	95%	88%	56%	76%	85%
Statewide	Not a Measure	71%	66%	77%	84%	89%	70%	48%	79%	91%
<b>FE</b>										
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	10%	22%	82%	80%
Amerigroup		64%	59%	73%	79%	88%	N/A	N/A	N/A	N/A
Sunflower		84%	59%	81%	87%	74%	87%	58%	74%	90%
United		77%	79%	85%	88%	93%	88%	56%	73%	100%
Statewide	65%	75%	64%	79%	85%	85%	76%	50%	75%	91%
<b>IDD</b>										
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	7%	21%	77%	94%
Amerigroup		34%	47%	64%	68%	84%	N/A	N/A	N/A	N/A
Sunflower		61%	39%	60%	65%	77%	75%	53%	66%	83%
United		77%	57%	73%	93%	89%	79%	51%	84%	100%
Statewide	No Data	53%	46%	64%	73%	82%	68%	48%	74%	90%
<b>BI</b>										
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	5%	5%	69%	76%
Amerigroup		50%	50%	56%	73%	80%	N/A	N/A	N/A	N/A
Sunflower		85%	43%	82%	78%	79%	81%	48%	58%	100%
United		70%	74%	83%	79%	89%	84%	42%	66%	96%
Statewide	No Data	66%	52%	68%	75%	81%	66%	34%	65%	91%
<b>TA</b>										
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	19%	16%	73%	100%
Amerigroup		82%	56%	66%	84%	99%	N/A	N/A	N/A	N/A
Sunflower		98%	82%	79%	68%	89%	89%	62%	67%	86%
United		100%	58%	79%	95%	84%	91%	46%	85%	96%
Statewide	No Data	90%	64%	72%	81%	93%	78%	45%	76%	94%
<b>Autism</b>	Self-Direction is not offered for this Waiver									
Aetna										
Amerigroup										
Sunflower										
United										
Statewide										
<b>SED</b>	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: 01/01/2022 - 03/31/2022**

**Data Source: MCO Record Review**

Compliance By Waiver	Aetna	Sunflower	United	Statewide
<b>PD</b>	Not a Waiver Performance Measure			
Numerator	Not a Waiver Performance Measure			
Denominator	Not a Waiver Performance Measure			
<b>FE</b>	Not a Waiver Performance Measure			
Numerator	Not a Waiver Performance Measure			
Denominator	Not a Waiver Performance Measure			
<b>IDD</b>	Not a Waiver Performance Measure			
Numerator	Not a Waiver Performance Measure			
Denominator	Not a Waiver Performance Measure			
<b>BI</b>	Not a Waiver Performance Measure			
Numerator	Not a Waiver Performance Measure			
Denominator	Not a Waiver Performance Measure			
<b>TA</b>	Not a Waiver Performance Measure			
Numerator	Not a Waiver Performance Measure			
Denominator	Not a Waiver Performance Measure			
<b>Autism</b>	Not a Waiver Performance Measure			
Numerator	Not a Waiver Performance Measure			
Denominator	Not a Waiver Performance Measure			
<b>SED</b>	17%	36%	85%	49%
Numerator	4	12	28	44
Denominator	23	33	33	89

Compliance Trends	2017	2018	2019	2020	2021	Jan-Mar 2022
<b>PD</b>	Not a Waiver Performance Measure					
<b>FE</b>	Not a Waiver Performance Measure					
<b>IDD</b>	Not a Waiver Performance Measure					
<b>BI</b>	Not a Waiver Performance Measure					
<b>TA</b>	Not a Waiver Performance Measure					
<b>Autism</b>	Not a Waiver Performance Measure					
<b>SED</b>						
Aetna	N/A	N/A	80%	32%	46%	17%
Amerigroup	99%	92%	N/A	N/A	N/A	N/A
Sunflower	88%	90%	88%	34%	35%	36%
United	83%	94%	94%	36%	70%	85%
Statewide	91%	92%	89%	35%	51%	49%

**Explanation of Findings:**

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

**Remediation:**

Data reviews and audit requirements are continued to be discussed and reviewed with MCOs at the scheduled quarterly meetings and the Quality Improvement Plan (QIP) meetings until measures meet 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 most performance measures.

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

All three contracted MCOs now have electronic signature platforms and can continue to utilize verbal signature processes until PHE is rescinded. Currently the PHE was expected to end October 13, 2022, however, it has now been pushed back to 01/31/2023. MCOs will mail PCSP for signature and within that letter indicate if signature not received, services will be closed in 60 days.

Each MCO met on August 9, 2022 and were requested to provide an annual updated QIP for each PM under 86% as well as for each waiver that showed over 50% of PMs not being met. Further guidance was provided to the MCOs on September 21, 2022 with a deadline of updates due October 7, 2022 and final approval given on October 28, 2022.

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UHC - requires additional focus to PD Waiver

SHP - requires additional focus on IDD Waiver

Aetna- requires additional focus on FE, BI and AU waivers

**KDADS HCBS Quality Review Report**

**Health and Welfare**

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

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

**Denominator: Number of unexpected deaths**

**Review Period: 01/01/2022 - 03/31/2022**

**Data Source: Adverse Incident Reporting**

Compliance By Waiver	Aetna	Sunflower	United	Statewide
<b>PD</b>	<b>N/A</b>	<b>88%</b>	<b>91%</b>	<b>89%</b>
Numerator	0	7	10	17
Denominator	0	8	11	19
<b>FE</b>	<b>N/A</b>	<b>69%</b>	<b>100%</b>	<b>81%</b>
Numerator	0	11	11	22
Denominator	0	16	11	27
<b>IDD</b>	<b>100%</b>	<b>94%</b>	<b>90%</b>	<b>94%</b>
Numerator	5	15	9	29
Denominator	5	16	10	31
<b>BI</b>	<b>0%</b>	<b>N/A</b>	<b>50%</b>	<b>40%</b>
Numerator	0	0	2	2
Denominator	1	0	4	5
<b>TA</b>	<b>N/A</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>
Numerator	0	1	2	3
Denominator	0	1	2	3
<b>Autism</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>
Numerator	0	0	0	0
Denominator	0	0	0	0
<b>SED</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>
Numerator	0	0	0	0
Denominator	0	0	0	0

**Explanation of Findings:**

Sunflower had seven reports of death where preventable causes were identified. These reports include five on the FE waiver and one on each the IDD and the PD waivers. Sunflower had five deaths that occurred in a medical institution. Despite efforts to seek appropriate medical assistance, these deaths were caused by complications during surgery, sepsis, and the removal of life support. There was one report for the IDD waiver, where the member choked while at the hospital and passed away. The PD report indicated sepsis due to a wound and the member passed in the hospital. There were no concerns of ANE by an HCBS provider.

Aetna had one report of death where preventable causes were identified on the BI waiver. Member left the hospital AMA and later passed away. There were no concerns of ANE by an HCBS provider.

United had four reports of death where preventable causes were identified. There were two reports on the BI waiver that were regarding the same incident and there were no preventable causes identified, the appropriate responses were not selected in error. The IDD member had choked and medical attention was sought out immediately, but the member was not able to be resuscitated. There was one report on the PD waiver where it was believed that the member suffered a minor heart attack and passed. There were not any preventable causes identified.

**Remediation:**

In September of 2022, Program Integrity and Compliance staff received a refresher training on responding to the necessary questions when completing an AIR report, to ensure accuracy in data.

There is no other remediation needed, as there were no concerns of ANE.

Compliance Trends	2013	2014	2015	2016	2017	2018	2019	2020	2021	Jan-Mar 2022
<b>PD</b>										
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	N/A	100%	88%	N/A
Amerigroup	No Data						N/A	N/A	N/A	N/A
Sunflower	No Data						90%	96%	83%	88%
United	No Data						100%	86%	97%	91%
Statewide	No Data						92%	93%	89%	89%
<b>FE</b>										
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	N/A	100%	100%	N/A
Amerigroup	No Data						N/A	N/A	N/A	N/A
Sunflower	No Data						100%	100%	92%	69%
United	No Data						75%	96%	94%	100%
Statewide	No Data						96%	98%	94%	81%
<b>IDD</b>										
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	100%	100%	91%	100%
Amerigroup	No Data						N/A	N/A	N/A	N/A
Sunflower	No Data						98%	100%	83%	94%
United	No Data						93%	95%	92%	90%
Statewide	No Data						97%	99%	86%	94%
<b>BI</b>										
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	N/A	0%	100%	0%
Amerigroup	No Data						N/A	N/A	N/A	N/A
Sunflower	No Data						100%	100%	80%	N/A
United	No Data						N/A	N/A	75%	50%
Statewide	No Data						100%	67%	79%	40%
<b>TA</b>										
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	100%	N/A
Amerigroup	No Data						N/A	N/A	N/A	N/A
Sunflower	No Data						100%	100%	100%	100%
United	No Data						N/A	100%	75%	100%
Statewide	No Data						100%	100%	86%	100%
<b>Autism</b>										
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Amerigroup	No Data						N/A	N/A	N/A	N/A
Sunflower	No Data						N/A	N/A	N/A	N/A
United	No Data						N/A	N/A	N/A	N/A
Statewide	No Data						N/A	N/A	N/A	N/A
<b>SED</b>										
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Amerigroup	No Data						N/A	N/A	N/A	N/A
Sunflower	No Data						N/A	N/A	N/A	N/A
United	No Data						N/A	N/A	N/A	N/A
Statewide	No Data						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: 01/01/2022 - 03/31/2022**

**Data Source: Adverse Incident Reporting**

Compliance By Waiver	Aetna	Sunflower	United	Statewide
<b>PD</b>	<b>N/A</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>
Numerator	0	8	11	19
Denominator	0	8	11	19
<b>FE</b>	<b>N/A</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>
Numerator	0	16	11	27
Denominator	0	16	11	27
<b>IDD</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>
Numerator	5	16	10	31
Denominator	5	16	10	31
<b>BI</b>	<b>100%</b>	<b>N/A</b>	<b>50%</b>	<b>60%</b>
Numerator	1	0	2	3
Denominator	1	0	4	5
<b>TA</b>	<b>N/A</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>
Numerator	0	1	2	3
Denominator	0	1	2	3
<b>Autism</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>
Numerator	0	0	0	0
Denominator	0	0	0	0
<b>SED</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>
Numerator	0	0	0	0
Denominator	0	0	0	0

**Explanation of Findings:**

United had two reports on the BI waiver that were identified as not following appropriate follow-up procedures. These reports did follow appropriate follow-up procedures, but KDADS staff did not respond to the necessary questions accurately.

**Remediation:**

In September of 2022, Program Integrity and Compliance staff received a refresher training on responding to the necessary questions when completing an AIR report, to ensure accuracy in data.

No other remediation is needed.

Compliance Trends	2013	2014	2015	2016	2017	2018	2019	2020	2021	Jan-Mar 2022
<b>PD</b>										
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	N/A	100%	100%	N/A
Amerigroup	No Data						N/A	N/A	N/A	N/A
Sunflower	No Data						83%	100%	98%	100%
United	No Data						100%	100%	100%	100%
Statewide	No Data						88%	100%	99%	100%
<b>FE</b>										
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	N/A	100%	100%	N/A
Amerigroup	No Data						N/A	N/A	N/A	N/A
Sunflower	No Data						89%	100%	96%	100%
United	No Data						75%	100%	97%	100%
Statewide	No Data						87%	100%	97%	100%
<b>IDD</b>										
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	100%	100%	100%	100%
Amerigroup	No Data						N/A	N/A	N/A	N/A
Sunflower	No Data						92%	100%	96%	100%
United	No Data						87%	100%	92%	100%
Statewide	No Data						92%	100%	95%	100%
<b>BI</b>										
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	N/A	100%	100%	100%
Amerigroup	No Data						N/A	N/A	N/A	N/A
Sunflower	No Data						100%	100%	100%	N/A
United	No Data						N/A	N/A	100%	50%
Statewide	No Data						100%	100%	100%	60%
<b>TA</b>										
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	100%	N/A
Amerigroup	No Data						N/A	N/A	N/A	N/A
Sunflower	No Data						100%	100%	100%	100%
United	No Data						N/A	100%	100%	100%
Statewide	No Data						100%	100%	100%	100%
<b>Autism</b>										
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Amerigroup	No Data						N/A	N/A	N/A	N/A
Sunflower	No Data						N/A	N/A	N/A	N/A
United	No Data						N/A	N/A	N/A	N/A
Statewide	No Data						N/A	N/A	N/A	N/A
<b>SED</b>										
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Amerigroup	No Data						N/A	N/A	N/A	N/A
Sunflower	No Data						N/A	N/A	N/A	N/A
United	No Data						N/A	N/A	N/A	N/A
Statewide	No Data						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: 01/01/2022 - 03/31/2022**

**Data Source: Adverse Incident Reporting**

Compliance By Waiver	Aetna	Sunflower	United	Statewide
<b>PD</b>	<b>N/A</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>
Numerator	0	8	11	19
Denominator	0	8	11	19
<b>FE</b>	<b>N/A</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>
Numerator	0	16	11	27
Denominator	0	16	11	27
<b>IDD</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>
Numerator	5	16	10	31
Denominator	5	16	10	31
<b>BI</b>	<b>100%</b>	<b>N/A</b>	<b>100%</b>	<b>100%</b>
Numerator	1	0	4	5
Denominator	1	0	4	5
<b>TA</b>	<b>N/A</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>
Numerator	0	1	2	3
Denominator	0	1	2	3
<b>Autism</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>
Numerator	0	0	0	0
Denominator	0	0	0	0
<b>SED</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>
Numerator	0	0	0	0
Denominator	0	0	0	0

**Explanation of Findings:**

Performance Measure threshold achieved.

**Remediation:**

No remediation necessary.

Compliance Trends	2013	2014	2015	2016	2017	2018	2019	2020	2021	Jan-Mar 2022
<b>PD</b>										
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	100%	N/A
Amerigroup	No Data						N/A	N/A	N/A	N/A
Sunflower	No Data						100%	100%	100%	100%
United	No Data						100%	100%	100%	100%
Statewide	No Data						100%	100%	100%	100%
<b>FE</b>										
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	100%	N/A
Amerigroup	No Data						N/A	N/A	N/A	N/A
Sunflower	No Data						100%	100%	100%	100%
United	No Data						100%	100%	100%	100%
Statewide	No Data						100%	100%	100%	100%
<b>IDD</b>										
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	86%	100%	100%	100%
Amerigroup	No Data						N/A	N/A	N/A	N/A
Sunflower	No Data						98%	100%	100%	100%
United	No Data						100%	100%	100%	100%
Statewide	No Data						97%	100%	100%	100%
<b>BI</b>										
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	N/A	100%	100%	100%
Amerigroup	No Data						N/A	N/A	N/A	N/A
Sunflower	No Data						100%	100%	100%	N/A
United	No Data						N/A	N/A	100%	100%
Statewide	No Data						100%	100%	100%	100%
<b>TA</b>										
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	100%	N/A
Amerigroup	No Data						N/A	N/A	N/A	N/A
Sunflower	No Data						100%	100%	100%	100%
United	No Data						N/A	100%	100%	100%
Statewide	No Data						100%	100%	100%	100%
<b>Autism</b>										
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Amerigroup	No Data						N/A	N/A	N/A	N/A
Sunflower	No Data						N/A	N/A	N/A	N/A
United	No Data						N/A	N/A	N/A	N/A
Statewide	No Data						N/A	N/A	N/A	N/A
<b>SED</b>										
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Amerigroup	No Data						N/A	N/A	N/A	N/A
Sunflower	No Data						N/A	N/A	N/A	N/A
United	No Data						N/A	N/A	N/A	N/A
Statewide	No Data						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: 01/01/2022 - 03/31/2022**

**Data Source: MCO Record Review**

Compliance By Waiver	Aetna	Sunflower	United	Statewide
<b>PD</b>	<b>96%</b>	<b>93%</b>	<b>88%</b>	<b>92%</b>
Numerator	27	28	30	85
Denominator	28	30	34	92
<b>FE</b>	<b>80%</b>	<b>90%</b>	<b>100%</b>	<b>91%</b>
Numerator	20	27	39	86
Denominator	25	30	39	94
<b>IDD</b>	<b>94%</b>	<b>85%</b>	<b>100%</b>	<b>91%</b>
Numerator	15	41	30	86
Denominator	16	48	30	94
<b>BI</b>	<b>76%</b>	<b>100%</b>	<b>96%</b>	<b>91%</b>
Numerator	16	21	27	64
Denominator	21	21	28	70
<b>TA</b>	<b>100%</b>	<b>90%</b>	<b>100%</b>	<b>97%</b>
Numerator	16	19	27	62
Denominator	16	21	27	64
<b>Autism</b>	<b>50%</b>	<b>100%</b>	<b>100%</b>	<b>78%</b>
Numerator	2	2	3	7
Denominator	4	2	3	9
<b>SED</b>	<b>96%</b>	<b>94%</b>	<b>91%</b>	<b>93%</b>
Numerator	22	31	30	83
Denominator	23	33	33	89

**Explanation of Findings:**

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

**Remediation:**

Data reviews and audit requirements are continued to be discussed and reviewed with MCOs at the scheduled quarterly meetings and the Quality Improvement Plan (QIP) meetings until measures meet 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 most performance measures.

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

All three contracted MCOs now have electronic signature platforms and can continue to utilize verbal signature processes until PHE is rescinded. Currently the PHE was expected to end October 13, 2022, however, it has now been pushed back to 01/31/2023.

Each MCO met on August 9, 2022 and were requested to provide an annual updated QIP for each PM under 86% as well as for each waiver that showed over 50% of PMs not being met. Further guidance was provided to the MCOs on September 21, 2022 with a deadline of updates due October 7, 2022 and final approval given on October 28, 2022.

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

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

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

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

**KDADS HCBS Quality Review Report**

**Health and Welfare**

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

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

**Denominator: Number of participants' reported critical incidents**

**Review Period: 01/01/2022 - 03/31/2022**

**Data Source: Adverse Incident Reporting**

Compliance By Waiver	Aetna	Sunflower	United	Statewide
<b>PD</b>	<b>100%</b>	<b>96%</b>	<b>100%</b>	<b>99%</b>
Numerator	49	66	108	223
Denominator	49	69	108	226
<b>FE</b>	<b>100%</b>	<b>97%</b>	<b>100%</b>	<b>98%</b>
Numerator	23	91	77	191
Denominator	23	94	77	194
<b>IDD</b>	<b>98%</b>	<b>99%</b>	<b>99%</b>	<b>99%</b>
Numerator	283	1124	554	1961
Denominator	290	1141	557	1988
<b>BI</b>	<b>98%</b>	<b>100%</b>	<b>99%</b>	<b>99%</b>
Numerator	56	59	118	233
Denominator	57	59	119	235
<b>TA</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>
Numerator	1	7	32	40
Denominator	1	7	32	40
<b>Autism</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>
Numerator	0	0	0	0
Denominator	0	0	0	0
<b>SED</b>	<b>N/A</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>
Numerator	0	2	17	19
Denominator	0	2	17	19

**Explanation of Findings:**

Performance Measure threshold achieved.

**Remediation:**

No remediation necessary.

Compliance Trends	2013	2014	2015	2016	2017	2018	2019	2020	2021	Jan-Mar 2022
<b>PD</b>										
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	79%	97%	97%	100%
Amerigroup	No Data						N/A	N/A	N/A	N/A
Sunflower	No Data						98%	88%	92%	96%
United	No Data						100%	99%	99%	100%
Statewide	No Data						96%	96%	96%	99%
<b>FE</b>										
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	83%	97%	96%	100%
Amerigroup	No Data						N/A	N/A	N/A	N/A
Sunflower	No Data						96%	85%	95%	97%
United	No Data						98%	99%	100%	100%
Statewide	No Data						95%	94%	97%	98%
<b>IDD</b>										
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	85%	93%	98%	98%
Amerigroup	No Data						N/A	N/A	N/A	N/A
Sunflower	No Data						97%	89%	91%	99%
United	No Data						99%	99%	99%	99%
Statewide	No Data						96%	93%	94%	99%
<b>BI</b>										
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	91%	100%	96%	98%
Amerigroup	No Data						N/A	N/A	N/A	N/A
Sunflower	No Data						99%	90%	95%	100%
United	No Data						99%	100%	100%	99%
Statewide	No Data						98%	96%	97%	99%
<b>TA</b>										
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	93%	100%	100%	100%
Amerigroup	No Data						N/A	N/A	N/A	N/A
Sunflower	No Data						100%	88%	81%	100%
United	No Data						100%	100%	100%	100%
Statewide	No Data						98%	98%	97%	100%
<b>Autism</b>										
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	100%	N/A
Amerigroup	No Data						N/A	N/A	N/A	N/A
Sunflower	No Data						N/A	100%	100%	N/A
United	No Data						100%	100%	100%	N/A
Statewide	No Data						100%	100%	100%	N/A
<b>SED</b>										
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	100%	N/A
Amerigroup	No Data						N/A	N/A	N/A	N/A
Sunflower	No Data						N/A	N/A	100%	100%
United	No Data						N/A	N/A	100%	100%
Statewide	No Data						N/A	N/A	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: 01/01/2022 - 03/31/2022**

**Data Source: Adverse Incident Reporting**

Compliance By Waiver	Aetna	Sunflower	United	Statewide
<b>PD</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>
Numerator	49	61	97	207
Denominator	49	61	97	207
<b>FE</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>
Numerator	23	78	66	167
Denominator	23	78	66	167
<b>IDD</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>
Numerator	285	1125	547	1957
Denominator	285	1125	547	1957
<b>BI</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>
Numerator	56	59	115	230
Denominator	56	59	115	230
<b>TA</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>
Numerator	1	6	30	37
Denominator	1	6	30	37
<b>Autism</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>
Numerator	0	0	0	0
Denominator	0	0	0	0
<b>SED</b>	<b>N/A</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>
Numerator	0	2	17	19
Denominator	0	2	17	19

**Explanation of Findings:**

Performance Measure threshold achieved.

**Remediation:**

No remediation necessary.

Compliance Trends	2013	2014	2015	2016	2017	2018	2019	2020	2021	Jan-Mar 2022	
<b>PD</b>											
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	100%	100%	100%	100%	
Amerigroup	No Data						N/A	N/A	N/A	N/A	
Sunflower							100%	100%	100%	100%	
United							100%	100%	100%	100%	
Statewide							100%	100%	100%	100%	
<b>FE</b>											
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	100%	100%	100%	100%	
Amerigroup	No Data						N/A	N/A	N/A	N/A	
Sunflower							100%	100%	100%	100%	
United							100%	100%	100%	100%	
Statewide							100%	100%	100%	100%	
<b>IDD</b>											
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	100%	100%	100%	100%	
Amerigroup	No Data						N/A	N/A	N/A	N/A	
Sunflower							100%	100%	100%	100%	
United							100%	100%	100%	100%	
Statewide							100%	100%	100%	100%	
<b>BI</b>											
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	100%	100%	100%	100%	
Amerigroup	No Data						N/A	N/A	N/A	N/A	
Sunflower							100%	100%	100%	100%	
United							100%	100%	100%	100%	
Statewide							100%	100%	100%	100%	
<b>TA</b>											
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	100%	100%	100%	100%	
Amerigroup	No Data						N/A	N/A	N/A	N/A	
Sunflower							100%	100%	100%	100%	
United							100%	100%	100%	100%	
Statewide							100%	100%	100%	100%	
<b>Autism</b>											
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	100%	N/A	
Amerigroup	No Data						N/A	N/A	N/A	N/A	
Sunflower							N/A	100%	100%	100%	N/A
United							100%	100%	100%	100%	N/A
Statewide							100%	100%	100%	100%	N/A
<b>SED</b>											
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	100%	N/A	
Amerigroup	No Data						N/A	N/A	N/A	N/A	
Sunflower							N/A	N/A	100%	100%	
United							N/A	N/A	100%	100%	
Statewide							N/A	N/A	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: 01/01/2022 - 03/31/2022**

**Data Source: Adverse Incident Reporting**

Compliance By Waiver	Aetna	Sunflower	United	Statewide
<b>PD</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>
Numerator	0	0	0	0
Denominator	0	0	0	0
<b>FE</b>	<b>N/A</b>	<b>N/A</b>	<b>0%</b>	<b>0%</b>
Numerator	0	0	0	0
Denominator	0	0	1	1
<b>IDD</b>	<b>67%</b>	<b>90%</b>	<b>86%</b>	<b>89%</b>
Numerator	2	47	6	55
Denominator	3	52	7	62
<b>BI</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>
Numerator	0	0	0	0
Denominator	0	0	0	0
<b>TA</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>
Numerator	0	0	0	0
Denominator	0	0	0	0
<b>Autism</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>
Numerator	0	0	0	0
Denominator	0	0	0	0
<b>SED</b>	<b>N/A</b>	<b>100%</b>	<b>N/A</b>	<b>100%</b>
Numerator	0	1	0	1
Denominator	0	1	0	1

**Explanation of Findings:**

United had one report on the IDD waiver where a seclusion did not follow the procedures specified by the waiver. This was a member initiated seclusion due to a mental health crisis. A welfare check was made by local law enforcement and the member was assisted in accessing the needed resources.

Aetna had one report on the IDD waiver where a chemical restraint did not follow the procedures specified by the waiver. The member was in the hospital and recreational drugs were found in their system.

**Remediation:**

No remediation necessary.

Compliance Trends	2013	2014	2015	2016	2017	2018	2019	2020	2021	Jan-Mar 2022
<b>PD</b>										
Aetna	N/A									
Amerigroup							N/A	N/A	N/A	N/A
Sunflower							N/A	N/A	N/A	N/A
United							N/A	N/A	N/A	N/A
Statewide							N/A	N/A	N/A	N/A
<b>FE</b>										
Aetna	N/A									
Amerigroup							N/A	N/A	N/A	N/A
Sunflower							N/A	N/A	N/A	N/A
United							0%	N/A	N/A	0%
Statewide							0%	N/A	N/A	0%
<b>IDD</b>										
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	100%	90%	75%	67%
Amerigroup							N/A	N/A	N/A	N/A
Sunflower							91%	N/A	89%	90%
United							58%	N/A	72%	86%
Statewide							83%	93%	82%	89%
<b>BI</b>										
Aetna	N/A									
Amerigroup							N/A	N/A	N/A	N/A
Sunflower							N/A	N/A	N/A	N/A
United							N/A	N/A	100%	N/A
Statewide							N/A	N/A	100%	N/A
<b>TA</b>										
Aetna	N/A									
Amerigroup							N/A	N/A	N/A	N/A
Sunflower							N/A	N/A	N/A	N/A
United							0%	N/A	N/A	N/A
Statewide							0%	N/A	N/A	N/A
<b>Autism</b>										
Aetna	N/A									
Amerigroup							N/A	N/A	N/A	N/A
Sunflower							N/A	N/A	N/A	N/A
United							N/A	N/A	N/A	N/A
Statewide							N/A	N/A	N/A	N/A
<b>SED</b>										
Aetna	N/A									
Amerigroup							N/A	N/A	N/A	N/A
Sunflower							N/A	N/A	N/A	100%
United							N/A	N/A	100%	N/A
Statewide							N/A	N/A	100%	100%

**KDADS HCBS Quality Review Report**

**Health and Welfare**

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

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

**Denominator: Number of unauthorized uses of restrictive interventions**

**Review Period: 01/01/2022 - 03/31/2022**

**Data Source: Adverse Incident Reporting**

Compliance By Waiver	Aetna	Sunflower	United	Statewide
<b>PD</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>
Numerator	0	0	0	0
Denominator	0	0	0	0
<b>FE</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>
Numerator	0	0	0	0
Denominator	0	0	0	0
<b>IDD</b>	<b>N/A</b>	<b>100%</b>	<b>N/A</b>	<b>100%</b>
Numerator	0	4	0	4
Denominator	0	4	0	4
<b>BI</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>
Numerator	0	0	0	0
Denominator	0	0	0	0
<b>TA</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>
Numerator	0	0	0	0
Denominator	0	0	0	0
<b>Autism</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>
Numerator	0	0	0	0
Denominator	0	0	0	0
<b>SED</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>
Numerator	0	0	0	0
Denominator	0	0	0	0

**Explanation of Findings:**

Performance Measure threshold achieved.

**Remediation:**

No remediation necessary.

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

**KDADS HCBS Quality Review Report**

**Health and Welfare**

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

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

**Denominator: Number of HCBS participants whose service plans were reviewed**

**Review Period: 01/01/2022 - 03/31/2022**

**Data Source: MCO Record Review**

Compliance By Waiver	Aetna	Sunflower	United	Statewide
<b>PD</b>	<b>75%</b>	<b>77%</b>	<b>97%</b>	<b>84%</b>
Numerator	21	23	33	77
Denominator	28	30	34	92
<b>FE</b>	<b>76%</b>	<b>57%</b>	<b>97%</b>	<b>79%</b>
Numerator	19	17	38	74
Denominator	25	30	39	94
<b>IDD</b>	<b>75%</b>	<b>92%</b>	<b>90%</b>	<b>88%</b>
Numerator	12	44	27	83
Denominator	16	48	30	94
<b>BI</b>	<b>81%</b>	<b>62%</b>	<b>96%</b>	<b>81%</b>
Numerator	17	13	27	57
Denominator	21	21	28	70
<b>TA</b>	<b>94%</b>	<b>81%</b>	<b>96%</b>	<b>91%</b>
Numerator	15	17	26	58
Denominator	16	21	27	64
<b>Autism</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>
Numerator	4	2	3	9
Denominator	4	2	3	9
<b>SED</b>	<b>91%</b>	<b>82%</b>	<b>85%</b>	<b>85%</b>
Numerator	21	27	28	76
Denominator	23	33	33	89

**Explanation of Findings:**

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

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

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

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 are continued to be discussed and reviewed with MCOs at the scheduled quarterly meetings and the 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 most performance measures.

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

All three contracted MCOs now have electronic signature platforms and can continue to utilize verbal signature processes until PHE is rescinded. Currently the PHE was expected to end October 13, 2022, however, it has now been pushed back to 01/31/2023.

Each MCO met on August 9, 2022 and were requested to provide an annual updated QIP for each PM under 86% as well as for each waiver that showed over 50% of PMs not being met. Further guidance was provided to the MCOs on September 21, 2022 with a deadline of updates due October 7, 2022 and final approval given on October 28, 2022.

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

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

Compliance Trends	2013	2014	2015	2016	2017	2018	2019	2020	2021	Jan-Mar 2022
<b>PD</b>										
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	76%	68%	68%	75%
Amerigroup		78%				20%	46%	N/A	N/A	N/A
Sunflower		81%				34%	40%	54%	71%	77%
United		88%				34%	23%	77%	79%	94%
Statewide	Not a Measure	82%	No Data	No Data	29%	37%	68%	73%	80%	84%
<b>FE</b>										
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	56%	64%	76%	76%
Amerigroup		89%				23%	34%	N/A	N/A	N/A
Sunflower		97%				31%	28%	59%	66%	57%
United		97%				31%	18%	71%	78%	86%
Statewide	Not a Measure	95%	No Data	No Data	29%	27%	64%	71%	74%	79%
<b>IDD</b>										
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	88%	83%	73%	75%
Amerigroup		91%				28%	56%	N/A	N/A	N/A
Sunflower		99%				52%	70%	86%	84%	88%
United		99%				26%	29%	72%	73%	87%
Statewide	Not a Measure	97%	No Data	No Data	39%	56%	82%	83%	85%	88%
<b>BI</b>										
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	60%	81%	76%	81%
Amerigroup		84%				21%	29%	N/A	N/A	N/A
Sunflower		94%				32%	30%	55%	76%	66%
United		93%				19%	35%	78%	88%	92%
Statewide	Not a Measure	90%	No Data	No Data	23%	30%	64%	82%	79%	81%
<b>TA</b>										
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	81%	74%	88%	94%
Amerigroup		100%				39%	54%	N/A	N/A	N/A
Sunflower		100%				56%	79%	91%	69%	84%
United		97%				68%	62%	87%	85%	86%
Statewide	Not a Measure	100%	No Data	No Data	49%	63%	88%	77%	86%	91%
<b>Autism</b>										
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	40%	79%	57%	100%
Amerigroup		100%				56%	90%	N/A	N/A	N/A
Sunflower		92%				65%	73%	77%	100%	100%
United		100%				19%	42%	60%	43%	87%
Statewide	Not a Measure	98%	No Data	No Data	48%	59%	63%	65%	87%	100%
<b>SED</b>										
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	70%	84%	76%	91%
Amerigroup		54%				76%	87%	N/A	N/A	N/A
Sunflower		55%				27%	71%	72%	73%	81%
United		46%				47%	61%	59%	62%	81%
Statewide	Not a Measure	52%	No Data	No Data	52%	67%	66%	71%	80%	85%

**KDADS HCBS Quality Review Report**

**Health and Welfare**

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

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

**Denominator: Number of waiver participants with a red flag designation**

**Review Period: 01/01/2022 - 03/31/2022**

**Data Source: MCO Record Review**

Compliance By Waiver	Aetna	Sunflower	United	Statewide
<b>PD</b>	<b>96%</b>	<b>90%</b>	<b>88%</b>	<b>91%</b>
Numerator	27	27	30	84
Denominator	28	30	34	92
<b>FE</b>	<b>80%</b>	<b>90%</b>	<b>100%</b>	<b>91%</b>
Numerator	20	27	39	86
Denominator	25	30	39	94
<b>IDD</b>	<b>94%</b>	<b>85%</b>	<b>100%</b>	<b>91%</b>
Numerator	15	41	30	86
Denominator	16	48	30	94
<b>BI</b>	<b>71%</b>	<b>100%</b>	<b>96%</b>	<b>90%</b>
Numerator	15	21	27	63
Denominator	21	21	28	70
<b>TA</b>	<b>100%</b>	<b>90%</b>	<b>96%</b>	<b>95%</b>
Numerator	16	19	26	61
Denominator	16	21	27	64
<b>Autism</b>	<b>50%</b>	<b>100%</b>	<b>100%</b>	<b>78%</b>
Numerator	2	2	3	7
Denominator	4	2	3	9
<b>SED</b>	Not a Waiver Performance Measure			
Numerator				
Denominator				

**Explanation of Findings:**

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

**Remediation:**

Data reviews and audit requirements are continued to be discussed and reviewed with MCOs at the scheduled quarterly meetings and the Quality Improvement Plan (QIP) meetings until measures meet 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 most performance measures.

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

All three contracted MCOs now have electronic signature platforms and can continue to utilize verbal signature processes until PHE is rescinded. Currently the PHE was expected to end October 13, 2022, however, it has now been pushed back to 01/31/2023.

Each MCO met on August 9, 2022 and were requested to provide an annual updated QIP for each PM under 86% as well as for each waiver that showed over 50% of PMs not being met. Further guidance was provided to the MCOs on September 21, 2022 with a deadline of updates due October 7, 2022 and final approval given on October 28, 2022.

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

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

Compliance Trends	2013	2014	2015	2016	2017	2018	2019	2020	2021	Jan-Mar 2022
<b>PD</b>										
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	79%	52%	81%	96%
Amerigroup		59%	53%	73%	86%	96%	N/A	N/A	N/A	N/A
Sunflower		77%	49%	66%	79%	85%	86%	64%	75%	90%
United		64%	80%	88%	87%	94%	88%	56%	76%	88%
Statewide	Not a Measure	67%	58%	75%	84%	92%	85%	58%	77%	91%
<b>FE</b>										
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	77%	47%	82%	80%
Amerigroup		61%	62%	72%	84%	90%	N/A	N/A	N/A	N/A
Sunflower		72%	56%	72%	77%	81%	86%	60%	72%	90%
United		76%	81%	85%	91%	91%	89%	56%	73%	100%
Statewide	59%	70%	65%	76%	84%	87%	86%	56%	75%	91%
<b>IDD</b>										
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	64%	50%	76%	94%
Amerigroup		67%	61%	65%	74%	86%	N/A	N/A	N/A	N/A
Sunflower		58%	32%	59%	70%	72%	78%	52%	66%	85%
United		70%	58%	73%	90%	86%	80%	51%	84%	100%
Statewide	Not a Measure	64%	47%	64%	76%	79%	77%	52%	74%	91%
<b>BI</b>										
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	48%	30%	70%	71%
Amerigroup		46%	49%	62%	80%	82%	N/A	N/A	N/A	N/A
Sunflower		68%	42%	80%	84%	88%	85%	44%	58%	100%
United		56%	74%	80%	79%	89%	86%	41%	65%	96%
Statewide	Not a Measure	56%	52%	70%	81%	85%	77%	39%	65%	90%
<b>TA</b>										
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	65%	47%	75%	100%
Amerigroup		75%	54%	79%	90%	99%	N/A	N/A	N/A	N/A
Sunflower		91%	58%	77%	78%	85%	89%	63%	67%	90%
United		86%	63%	79%	95%	86%	91%	46%	85%	96%
Statewide	Not a Measure	83%	57%	78%	87%	92%	86%	52%	76%	95%
<b>Autism</b>										
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	17%	21%	57%	50%
Amerigroup		77%	44%	32%	88%	100%	N/A	N/A	N/A	N/A
Sunflower		53%	27%	67%	80%	72%	77%	78%	88%	100%
United		38%	7%	6%	13%	41%	69%	13%	80%	100%
Statewide	Not a Measure	64%	30%	40%	62%	67%	64%	31%	81%	78%
<b>SED</b>	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: 01/01/2022 - 03/31/2022

Data Source: MCO Claims Data

Compliance By Waiver	Statewide
<b>PD</b>	<b>99%</b>
Numerator	79,298
Denominator	79,312
<b>FE</b>	<b>99%</b>
Numerator	52,306
Denominator	52,337
<b>IDD</b>	<b>99%</b>
Numerator	139,003
Denominator	139,030
<b>BI</b>	<b>99%</b>
Numerator	15,462
Denominator	15,468
<b>TA</b>	<b>99%</b>
Numerator	7,806
Denominator	7,811
<b>Autism</b>	<b>100%</b>
Numerator	56
Denominator	56
<b>SED</b>	<b>100%</b>
Numerator	14,992
Denominator	14,992
<b>All HCBS Waivers</b>	<b>99%</b>
Numerator	308,923
Denominator	309,006

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

**Explanation of Findings:**

Performance Measure threshold achieved for all waivers.

**Remediation:**

No remediation necessary.

**KDADS HCBS Quality Review Report**

**Financial Accountability**

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

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

**Denominator: Total number of capitation (payment) rates**

**Review Period: Calendar Year 2022**

**Data Source: KDHE**

Compliance By Waiver	Statewide
<b>PD</b>	<b>100%</b>
Numerator	24
Denominator	24
<b>FE</b>	<b>100%</b>
Numerator	24
Denominator	24
<b>IDD</b>	<b>100%</b>
Numerator	48
Denominator	48
<b>BI</b>	<b>100%</b>
Numerator	12
Denominator	12
<b>TA</b>	<b>100%</b>
Numerator	12
Denominator	12
<b>Autism</b>	<b>100%</b>
Numerator	12
Denominator	12
<b>SED</b>	<b>100%</b>
Numerator	12
Denominator	12

Compliance Trends	2013	2014	2015	2016	2017	2018	2019	2020	2021	Jan-Mar 2022
<b>PD</b>										
Statewide	Not a Measure	100%	100%	100%	100%	100%	100%	100%	100%	100%
<b>FE</b>										
Statewide	Not a Measure	100%	100%	100%	100%	100%	100%	100%	100%	100%
<b>IDD</b>										
Statewide	Not a Measure	100%	100%	100%	100%	100%	100%	100%	100%	100%
<b>TBI</b>										
Statewide	Not a Measure	100%	100%	100%	100%	100%	100%	100%	100%	100%
<b>TA</b>										
Statewide	Not a Measure	100%	100%	100%	100%	100%	100%	100%	100%	100%
<b>Autism</b>										
Statewide	Not a Measure	100%	100%	100%	100%	100%	100%	100%	100%	100%
<b>SED</b>										
Statewide	Not a Measure	100%	100%	100%	100%	100%	100%	100%	100%	100%

**Explanation of Findings:**

Performance Measure threshold achieved for all waivers.

**Remediation:**

No remediation necessary.



# KanCare Ombudsman Office Report

**Quarter 3, 2022** (based on calendar year)

**July 1 – September 30, 2022**

Data downloaded 10/14/2022

Kerrie Bacon, KanCare Ombudsman

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# I. Table of Contents

## Contents

I.	Table of Contents .....	2
II.	Brief Overview .....	4
III.	KanCare Ombudsman Purpose .....	5
IV.	Accessibility to the Ombudsman’s Office .....	5
A.	Initial Contacts .....	5
B.	Accessibility through the KanCare Ombudsman Volunteer Program .....	6
V.	Outreach by KanCare Ombudsman Office .....	7
VI.	Data for the KanCare Ombudsman Office .....	8
A.	Data by Region .....	8
•	Initial Contacts to KanCare Ombudsman Office by Region .....	8
•	Kansas Population Density .....	9
B.	Data by Office Location .....	10
C.	Data by Contact Method .....	10
D.	Data by Caller Type .....	11
E.	Data by Program Type .....	11
F.	Data by Priorities .....	12
G.	Data by Issue Categories .....	12
•	Medicaid Issues .....	13
•	HCBS/LTSS Issues .....	14
•	Other Issues .....	14
H.	Data by Managed Care Organization (MCO) .....	15
VII.	Action Taken .....	15
A.	Responding to Issues .....	15
•	KanCare Ombudsman Office response to members/applicants/stakeholders .....	15
•	Organizational final response to Ombudsman requests .....	16
•	Action Taken by KanCare Ombudsman Office to resolve requests .....	16
•	KanCare Ombudsman Office Resolution Rate .....	17
VIII.	Enhancements/Updates .....	18
A.	Staff updates .....	18
B.	Projects on Hold .....	18
C.	Updates .....	18
D.	KanCare Ombudsman Office survey .....	18

IX. Appendix A: Outreach by KanCare Ombudsman Office .....19

- A. Outreach through Education and Collaboration.....19
- B. Outreach through Social Media and Print Media .....22

X. Appendix B: Managed Care Organization (MCO) Data .....25

- A. Aetna .....25
- B. Sunflower.....28
- C. United Healthcare .....31

## II. Brief Overview

The KanCare Ombudsman Office has had some staffing changes that have impacted our response time to stakeholders and changed our priorities for the next few months.

The Volunteer Coordinator resigned mid-August. We had the first round of interviews in September and did not find a candidate. In October, interviews were held again and still not offers were accepted. We are continuing to pursue the filling of this position.

Due to these staffing issues, some of our response times have been down. Responding in 0-2 days went from 91% to 84%; and responding in 3-7 days went from 9% last quarter to 15% in third quarter (page 15).

Quarter/Year	Number of Contacts	% Responded 0-2 Days	% Responded 3-7 Days	% Responded 8 or more Days
Q4/2021	566	87%	11%	2%
Q1/2022	524	92%	7%	1%
Q2/2022	525	91%	9%	0%
Q3/2022	480	84%	15%	1%

Our case closing timing in 0-2 days went from 76% to 72% (page 17).

Quarter/Year	Number Contacts	Avg Days To Completion	% Completed in 0-2 Days	% Completed in 3-7 Days	% Completed in 8 or More Days
Q4/2021	563	4	74%	14%	12%
Q1/2022	507	4	76%	12%	12%
Q2/2022	487	5	76%	12%	12%
Q3/2022	424	4	72%	14%	14%

A few projects will be put on hold until after the first of the calendar year (page 18) while in the hiring and training process of new staff.

The Priorities Data (page 12), the Home and Community Based Services (HCBS) priority is slowly increasing after being relatively stable over the past several quarters. This means that people who are using HCBS services have called in for assistance on various KanCare or KanCare related needs.

In the Medicaid Issues Data (page 13), two issues are increasing after being relatively stable over the past several quarters; Access to Providers and Grievance Questions/Issues.

### 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 third 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	480	

The chart below shows an example of another organization that has had a significant decrease in contacts during the pandemic emergency order as well. According to the chart below, the KanCare Clearinghouse and the KanCare Ombudsman Office have had similar decreases when comparing contacts to second quarter of 2020.

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

## 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 KanCare applications questions.

During third quarter, six volunteers assisted in 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. 9am to noon	4	12	Northern Kansas Area Codes 785, 913, 816
Wichita Office	Mon: 9:00 to noon Friday 9:00 to noon	2	6	Southern Kansas Area Codes 316, 620

As of Sept 30, 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 in the past 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	Q3/2022
Outreach	49	171	348	142	77	86	100

For the full listing of outreach, see Appendix A.

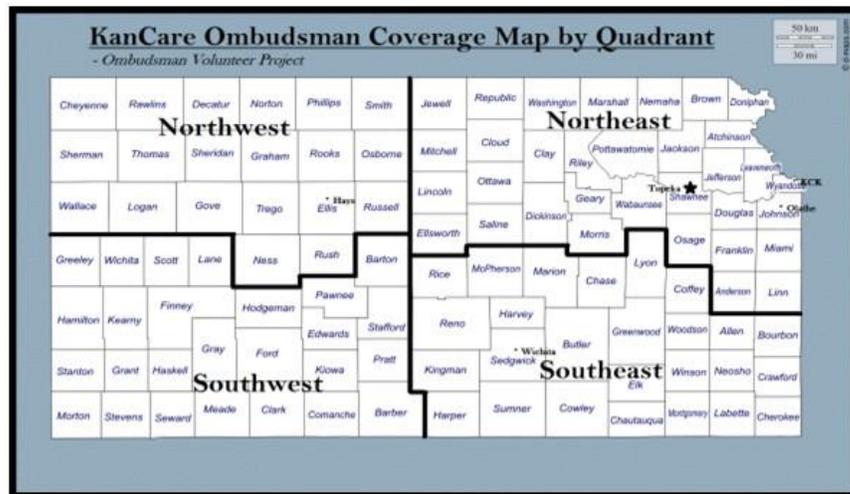
## VI. Data for the KanCare Ombudsman Office

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

### A. Data by Region

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

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



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

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

#### KanCare Ombudsman Office Member Contacts by Region

REGION	Q1/2021	Q2/2021	Q3/2021	Q4/2021	Q1/2022	Q2/2022	Q3/2022
Northwest	10	7	9	8	6	3	3
Northeast	80	147	94	80	77	88	98
Southwest	16	19	12	14	11	8	3
Southeast	60	134	96	94	73	70	75
Unknown	400	284	432	367	353	355	299
Out of State	0	1	1	3	4	2	2
<b>Total</b>	<b>566</b>	<b>592</b>	<b>644</b>	<b>566</b>	<b>524</b>	<b>526</b>	<b>480</b>

- 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 Member Contacts by Region

Region	Q1/2021	Q2/2021	Q3/2021	Q4/2021	Q1/2022	Q2/2022	Q3/2022
Northeast	218,205	222,688	227,276	231,064	235,371	239,190	243,511
Southeast	198,235	202,161	206,092	209,226	213,493	217,347	221,215
Northwest	14,310	14,409	14,817	15,087	15,281	15,393	15,670
Southwest	41,958	42,834	43,910	44,639	45,647	46,516	47,573
<b>Total</b>	<b>472,708</b>	<b>482,092</b>	<b>492,095</b>	<b>500,016</b>	<b>509,792</b>	<b>518,446</b>	<b>527,969</b>

- Kansas Population Density

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

This map is based on 2015 Census data. The [Kansas Population Density map](#) shows population density using number of people per square mile (ppsm).



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

## B. Data by Office Location

During third 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 took the toll-free number calls.

The calls in Wichita decreased during second and third quarter, due to decrease in volunteers during second quarter, and new volunteer training during third quarter. The Kansas City Metro or Topeka 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	Q3/22
Main - Topeka	387	432	458	410	347	344	258
Kansas City Metro	74	90	104	46	78	119	144
Wichita	103	69	82	110	99	63	78
<b>Total</b>	<b>564</b>	<b>591</b>	<b>644</b>	<b>566</b>	<b>524</b>	<b>526</b>	<b>480</b>

## C. Data by Contact Method

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

Contact Method	Q1/21	Q2/21	Q3/21	Q4/21	Q1/22	Q2/22	Q3/22
Telephone	473	449	510	446	377	386	364
Email	86	139	126	106	144	137	111
Letter	1	1	1	3	0	0	1
Face-to-Face Meeting	0	0	3	5	2	1	4
Other	2	1	3	5	0	0	0
Online	4	2	1	1	1	2	0
<b>CONTACT METHOD TOTAL</b>	<b>566</b>	<b>592</b>	<b>644</b>	<b>566</b>	<b>524</b>	<b>526</b>	<b>480</b>

## 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	Q3/22
Provider	62	100	82	61	93	88	67
Consumer	465	434	478	447	364	346	333
MCO Employee	2	4	10	5	2	5	2
Other Type	37	54	74	53	65	87	78
<b>CALLER TYPE TOTAL</b>	<b>566</b>	<b>592</b>	<b>644</b>	<b>566</b>	<b>524</b>	<b>526</b>	<b>480</b>

## E. Data by Program Type

Nursing facility and Intellectual Developmental Disability (IDD) waiver concerns are the top program concerns within the Program Type contacts received for third quarter.

PROGRAM TYPE	Q1/21	Q2/21	Q3/21	Q4/21	Q1/22	Q2/22	Q3/22
PD	9	14	11	12	26	17	11
I/DD	9	17	8	10	10	14	16
FE	13	23	23	16	18	21	14
AUTISM	0	2	1	1	1	2	2
SED	1	1	1	8	5	6	6
TBI	5	6	6	5	5	2	11
TA	1	1	0	2	0	7	9
WH	0	1	0	0	0	0	0
MFP	1	1	1	2	2	1	0
PACE	0	1	0	3	0	0	0
MENTAL HEALTH	3	1	9	4	3	1	3
SUB USE DIS	0	0	0	0	0	0	0
NURSING FACILITY	24	20	15	35	29	21	19
FOSTER CARE	1	0	1	1	3	0	0
MEDIKAN	2	1	2	0	1	1	0
INSTITUTIONAL TRANSITION FROM LTC/NF	1	1	0	3	1	1	2
INSTITUTIONAL TRANSITION FROM MH/BH	1	1	0	0	0	1	0
INSTITUTIONAL TRANSITION FROM PRISON/JAIL	0	0	0	0	0	0	0
<b>PROGRAM TYPE TOTAL</b>	<b>71</b>	<b>91</b>	<b>78</b>	<b>102</b>	<b>104</b>	<b>95</b>	<b>93</b>

There may be multiple selections for a member/contact.

## F. Data by Priorities

The Ombudsman Office is tracking priorities for two purposes:

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

The priorities are defined as follows:

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

PRIORITY	Q1/21	Q2/21	Q3/21	Q4/21	Q1/22	Q2/2022	Q3/22
HCBS	21	33	28	30	29	37	43
Long Term Care / NF	14	22	19	35	28	22	12
Urgent Medical Need	9	15	8	10	8	8	10
Urgent	15	30	24	24	17	17	10
Life Threatening	2	2	0	1	2	2	1
<b>PRIORITIES TOTAL</b>	<b>61</b>	<b>102</b>	<b>79</b>	<b>100</b>	<b>84</b>	<b>86</b>	<b>76</b>

## 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, and Billing concerns. Grievance issues and Access to Providers have had an increase over the past seven quarters.

<b>MEDICAID ISSUES</b>	<b>Q1/21</b>	<b>Q2/21</b>	<b>Q3/21</b>	<b>Q4/21</b>	<b>Q1/22</b>	<b>Q2/2022</b>	<b>Q3/22</b>
Access to Providers (usually Medical)	9	11	11	14	12	10	17
Appeals/Fair Hearing questions/issues	12	15	7	5	8	11	7
Background Checks	0	0	2	2	0	0	0
Billing	38	35	43	45	39	29	32
Care Coordinator Issues	7	6	4	6	8	8	12
Change MCO	6	3	2	2	4	4	7
Choice Info on MCO	1	4	3	4	4	1	2
Coding Issues	8	3	1	2	4	7	5
Consumer said Notice not received	1	2	1	1	5	0	0
Cultural Competency	1	2	0	0	1	0	0
Data Requests	6	5	19	11	10	10	7
Dental	4	5	6	9	7	6	8
Division of Assets	11	10	4	6	13	12	3
Durable Medical Equipment	3	7	11	4	4	8	6
Grievances Questions/Issues	18	13	12	17	13	16	23
Help understanding mail (NOA)	11	24	19	12	16	8	8
MCO transition	0	1	0	1	2	1	2
Medicaid Application Assistance	124	104	130	133	110	95	90
Medicaid Eligibility Issues	108	88	110	103	102	105	100
Medicaid Fraud	3	2	3	2	1	3	3
Medicaid General Issues/questions	143	173	176	172	167	139	145
Medicaid info (status) update	90	86	127	86	78	94	88
Medicaid Renewal	14	6	3	3	2	8	3
Medical Card issues	10	12	24	20	14	12	19
Medicare Savings Plan Issues	31	21	29	30	26	19	11
MediKan issues	5	5	4	4	3	9	4
Moving to / from Kansas	2	12	10	13	8	5	12
Medical Services	22	25	20	11	19	16	20
Pain management issues	1	3	3	2	1	3	2
Pharmacy	10	10	7	11	10	5	6
Pregnancy issues	30	38	23	5	18	13	5
Prior authorization issues	4	7	5	7	1	11	3
Refugee/Immigration/SOBRA issues	2	2	2	2	0	3	2
Respite	2	2	0	1	1	1	1
Spend Down Issues	19	19	21	17	17	28	13
Transportation	5	14	12	7	13	15	7
Working Healthy	2	2	1	2	6	2	3
<b>MEDICAID ISSUES TOTAL</b>	<b>763</b>	<b>777</b>	<b>855</b>	<b>772</b>	<b>747</b>	<b>717</b>	<b>676</b>

There may be multiple selections for a member/contact.

- **HCBS/LTSS Issues**

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

<b>HCBS/LTSS ISSUES</b>	<b>Q1/21</b>	<b>Q2/21</b>	<b>Q3/21</b>	<b>Q4/21</b>	<b>Q1/22</b>	<b>Q2/2022</b>	<b>Q3/22</b>
Client Obligation	14	10	7	24	13	15	10
Estate Recovery	3	9	9	12	17	20	12
HCBS Eligibility issues	30	51	45	47	51	54	39
HCBS General Issues	45	54	43	36	49	42	51
HCBS Reduction in hours of service	3	2	1	1	1	4	8
HCBS Waiting List	4	4	5	3	7	6	5
Nursing Facility Issues	26	38	35	51	28	42	31
<b>HCBS/LTSS ISSUES TOTAL</b>	<b>125</b>	<b>168</b>	<b>145</b>	<b>174</b>	<b>166</b>	<b>183</b>	<b>156</b>

There may be multiple selections for a member/contact.

- **Other Issues**

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

<b>OTHER ISSUES</b>	<b>Q1/21</b>	<b>Q2/21</b>	<b>Q3/21</b>	<b>Q4/21</b>	<b>Q1/22</b>	<b>Q2/2022</b>	<b>Q3/22</b>
Abuse / neglect complaints	7	13	10	17	10	16	15
ADA Concerns	1	1	0	1	0	3	0
Adoption issues	0	3	3	3	0	1	1
Affordable Care Act Calls	4	1	3	2	0	2	1
Community Resources needed	11	6	6	11	11	6	11
Domestic Violence concerns	0	0	1	1	1	3	1
Foster Care issues	2	2	10	3	5	4	3
Guardianship	3	5	5	4	1	3	1
Homelessness	2	4	0	6	0	3	0
Housing Issues	5	9	4	17	4	12	7
Medicare related Issues	14	17	20	26	21	23	13
Social Security Issues	14	15	15	25	13	22	8
Used Interpreter	4	2	5	4	4	0	2
X-Other	207	54	49	55	39	68	58
Z Thank you	336	346	355	294	204	191	210
Z Unspecified	26	31	22	19	20	39	39
Health Homes	0	0	0	0	0	0	0
<b>OTHER ISSUES TOTAL</b>	<b>636</b>	<b>509</b>	<b>508</b>	<b>488</b>	<b>333</b>	<b>396</b>	<b>370</b>

There may be multiple selections for a member/contact.

## H. Data by Managed Care Organization (MCO)

See Appendix B

## VII. Action Taken

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

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

### A. Responding to Issues

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

The Ombudsman Office goal is to respond to a contact within two business days. Third quarter shows a significant decrease in the response rate. The Volunteer Coordinator assisted with picking up calls as part of her responsibilities. She resigned during third quarter. The Administrative Specialist was also out of the office at the end of third quarter. The staffing changes left all calls, not covered by the volunteers, to be covered by the KanCare Ombudsman. The result was that it took longer to return calls.

Quarter/Year	Number of Contacts	% Responded 0-2 Days	% Responded 3-7 Days	% Responded 8 or more Days
Q1/2021	566	87%	12%	1%
Q2/2021	592	89%	10%	1%
Q3/2021	644	87%	12%	1%
Q4/2021	566	87%	11%	2%
Q1/2022	524	92%	7%	1%
Q2/2022	525	91%	9%	0%
Q3/2022	480	84%	15%	1%

- **Organizational final response to Ombudsman requests**

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

Number Referrals	Referred to	% Resolved 0-2 Days	% Resolved 3-7 Days	% Resolved 7-30 Days	% Resolved 31 or More Days
29	Clearinghouse	100%	0%	0%	0%
3	DCF	100%	0%	0%	0%
1	KDADS-Behavior Health	100%	0%	0%	0%
7	KDADS-HCBS	71%	29%	0%	0%
0	KDADS-Health Occ. Cred.	0%	0%	0%	0%
11	KDHE-Eligibility	73%	18%	9%	0%
3	KDHE-Program Staff	0%	67%	33%	0%
3	KDHE-Provider Contact	67%	33%	0%	0%
3	KMAP	67%	0%	0%	33%
4	Aetna	50%	25%	25%	0%
0	Amerigroup	0%	0%	0%	0%
6	Sunflower	34%	33%	33%	0%
4	UnitedHealthcare	100%	0%	0%	0%

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

Action Taken Resolution Type	Q1/21	Q2/21	Q3/21	Q4/21	Q1/22	Q2/2022	Q3/22
Questions/Issue Resolved (No Resources)	28	19	25	32	35	39	27
Used Contact or Resources/Issue Resolved	496	542	591	513	450	423	392
Closed (No Contact)	39	24	21	21	31	42	30
<b>ACTION TAKEN RESOLUTION TYPE TOTAL</b>	<b>563</b>	<b>585</b>	<b>637</b>	<b>566</b>	<b>516</b>	<b>504</b>	<b>449</b>

There may be multiple selections for a member/contact

Action Taken Additional Help	Q1/21	Q2/21	Q3/21	Q4/21	Q1/22	Q2/2022	Q3/22
Provided Resources	261	526	585	522	449	414	382
Mailed/Email Resources	90	131	107	86	102	76	66
<b>ACTION TAKEN ADDITIONAL HELP TOTAL</b>	<b>351</b>	<b>657</b>	<b>692</b>	<b>608</b>	<b>551</b>	<b>490</b>	<b>448</b>

There may be multiple selections for a member/contact

- **KanCare Ombudsman Office Resolution Rate**

Although the average days to close/resolve an issue has been improving over the last year, third quarter numbers were down compared to prior quarters. Since we have been down two staff people, we were not able to review cases at the end of the quarter to see if some had been resolved and not closed yet.

Quarter/ Year	Number Contacts	Avg Days To Completion	% Completed in 0-2 Days	% Completed in 3-7 Days	% Completed in 8 or More Days
Q1/2021	552	5	71%	16%	13%
Q2/2021	578	4	72%	16.0%	12%
Q3/2021	631	5	73%	15%	12%
Q4/2021	563	4	74%	14%	12%
Q1/2022	507	4	76%	12%	12%
Q2/2022	487	5	76%	12%	12%
Q3/2022	424	4	72%	14%	14%

## VIII. Enhancements/Updates

### A. Staff updates

- The Volunteer Coordinator resigned mid-August. We had the first round of interviews in September and did not find a candidate. In October, interviews were held again, with no offers accepted. The Administrative Specialist was out for almost 2 weeks at the end of the quarter on vacation, and then went on medical leave upon return.
- Due to these issues, priorities for myself have changed and customer service is the main priority.

### B. Projects on Hold

Due to staffing issues and then training of the new Volunteer Coordinator, a few projects will be on hold until after the first of the year:

- Learn World (on-line training software product) transition for volunteer training, will wait until after the first of the calendar year when the new Volunteer Coordinator is hired, trained and up to speed.
- Contract to replace the current on-line tracker will be on hold until after the first of the calendar year.

### C. Updates

The KanCare Ombudsman Office worked with the KDHE Eligibility Team to create new training for the new Families with Children application (KC-1100). This training is intended for providers that work with applicants but can also be used by applicants. Final documents should be posted to KanCare website during fourth quarter on the Apply for KanCare page (at the bottom). [Apply for KanCare \(ks.gov\)](#)

### D. KanCare Ombudsman Office survey

The KanCare Ombudsman Office is required by Centers for Medicare and Medicaid Services (CMS) to get feedback on how we are doing by beneficiaries, providers and other stakeholders. The KanCare Ombudsman Office spent significant time during August and September updating last year's survey, planning an outreach process, updating an email list for distribution and having the survey translated to Spanish. The survey is available on our webpages at [Survey & Listening Sessions \(ks.gov\)](#). It is open for responses until October 31 at the end of the day. As of 10/17/22, we had 621 survey responses which is 136% increase so far over last year's results. The survey results will be included in the KanCare Ombudsman Annual Report.

## 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

- 7/14 - Participation in KanCare Long Term Care meeting
- 7/19 – Quarterly meeting with KanCare Clearinghouse
- 7/12: Aurora Myers attended IRIS/1800CHILDREN/findhelp.org training session via Zoom.
- 7/13/22, Josephine attended the Topeka for Youth Resource Fair and provided resources to the attendees and other exhibitors at the fair.
- 7/18: Aurora met in-person with CEI staff from the Center for Public Health Initiatives to discuss the Ombudsman Office for an upcoming feature in the CPHI newsletter.
- 7/18: Aurora attended the KDADS HCBS Public Comment session via Zoom.
- 7/19-7/20: Aurora represented the Ombudsman Office at an in-person exhibitor table and online interactive platform for the Kansas School Nurses Conference in Wichita; this resulted in approximately 120 interactions. Aurora followed up with an email to 44 contacts from the conference. Personnel from at least 5 schools took at least 1 package of brochures.
- 7/20: Aurora delivered a 90-min presentation on KanCare to approximately 30 members of the Statewide Homeless Coalition via Zoom.
- 7/20/22, Josephine gave a 3 ½ hour presentation to Leigh Ann Schultejans and a group of Social Workers from the Holton Community Hospital.
- 7/21: Aurora attended an in-person networking/update meeting with the WSU Student Engagement Advocacy & Leadership office.
- 7/22 - Josephine gave an hour presentation to the Sedgwick County Community Developmental Disability Organization.
- 7/22: Aurora attended the Sedgwick County CDDO quarterly networking meeting in person and assisted Josephine Alvey in her presentation on KanCare (via Zoom). She followed up with questions from 4 members who were in attendance.
- 7/26 & 7/29: Aurora made in-person visits and delivered packages of brochures and recruitment flyers to the following Wichita-area locations:
  - Watermark Books
  - Atwood Neighborhood Resource Center
  - Evergreen Neighborhood Resource Center
  - Colvin Neighborhood Resource Center
  - EMPOWER NorthEnd Wichita
  - Carl C Brewer Neighborhood Resource Center (also spoke with a

- KanCare member needing assistance)
    - Oaklawn Senior Center
    - COMCARE Harry St.
    - Sojourners Coffee Shop (veterans' resources)
    - Aurora dropped off brochures for approval with the Communications Manager for the Wichita Public Libraries.
- 7/26: Aurora emailed SWKAAA personnel Rick Schaffer and Paige Hamilton about exhibiting at their September fall conference. (They are not having exhibitors, but they invited us to exhibit at their spring event.)
- 7/29: Aurora spoke with Kenia Ochoa Portillo, Office of Community Services Administrative Aide II for Wichita City Council District 6, about having KanCare application assistance sessions monthly in cooperation with GraceMed at the Evergreen Public Library. (GraceMed offers regular assistance for FWC application, and Kenia suggested we join and assist with E&D applications.)
- 7/22 - Josephine dropped off brochures to the following places:
  - Johnson County Public Library
  - Wyandotte County Health Department
  - Wyandotte County DCF office
  - Adelante Thrift off State Avenue

### **August 2022**

- 8/3 – Attended monthly KDHE/MCO joint meeting
- 8/3: Aurora attended the monthly CPAAA networking meeting via Zoom.
- 8/3: Aurora exhibited at the Butler County Health Department Baby Jubilee event, connecting with approx. 65 attendees.
- 8/3: Aurora responded to emails from Butler County HD personnel request for KanCare application order forms. Aurora continued emailing with Samantha Schneider as it was discovered that our Ombudsman Line was not working properly – Samantha tested the number for us periodically as WSU ITS sought resolution.
- 8/4: Aurora attended the Sedgwick County IRIS quarterly networking meeting via Zoom.
- 8/5: Aurora worked with Seasoned Servant Symposium planner to explain the Ombudsman Office services and plan to exhibit at the event.
- 8/11 – Presented quarterly report at KanCare Long Term Care meeting
- 8/16: Aurora attended the Wellsky bimonthly networking meeting via Zoom.
- 8/17: Aurora mailed Ombudsman brochures to Lissa Staley at the Topeka and Shawnee County Public Library.
- 8/17 – Attended UHC Member Advisory Council meeting
- 8/17: Aurora delivered a 20 min presentation via Zoom to the Butler County Early Childhood Taskforce monthly networking meeting.
- 8/18: Aurora responded to Butler County CDDO staff Nicole Hall to arrange an

outreach presentation in September.

- 8/23: Aurora attended the KDADS HCBS Final Rule Stakeholder meeting via Zoom.
- 8/30: Aurora exhibited in-person at the WSU Student Involvement Fair on WSU campus and spoke with approx. 30 students.

### **September 2022**

- 9/7 – Attended monthly KDHE/MCO joint meeting
- 9/8 – Participated in KanCare Long Term Care meeting
- 9/7: Aurora and Lydia attended the monthly CPAAA networking meeting via Zoom and reminded attendees that KanCare members need to update their mailing address with Clearinghouse before the end of the COVID PHE. (Aurora repeated this message at all outreach events and meetings.)
- 9/8: Aurora attended the Greenwood County Family Resource Council bimonthly meeting via Zoom.
- 9/8: Aurora presented a formal Ombudsman informational message to the Butler County CDDO monthly meeting via Zoom. This meeting focused on resources and services available to CDDO clients through the Ombudsman Office and their need to update contact information with the Clearinghouse.
- 9/8: VISTA/AmeriCorps Program Coordinator Angela Gaughan and staff held a table at the WSU Student Career Fair on WSU campus.
- 9/14-9/15: IMPACT Center Director Teresa Cornejo, WSU CEI Program Coordinator Ellen Walker, and BSW Practicum Student/AmeriCorps Member Lydia Brookins coordinated to staff an Ombudsman exhibit table at the ACMHCK Behavioral Health Conference in Wichita, as Aurora Myers was sick during this week.
- 9/19: Aurora and Lydia presented to members and staff at the Downtown Senior Services of Wichita location. The presentation was an hour and focused on Ombudsman Office resources and goals, as well as specific Medicaid case questions brought forth by attendees.
- 9/19: Aurora coordinated with Butler County CDDO staff to provide resources.
- 9/21: Aurora and Lydia staffed an outreach/recruitment table at the Together Sedgwick County job/resource fair in downtown Wichita. Aurora made approx. 50 provider contacts, including DCF worker Emily DeShong, who provides KanCare application assistance and other outreach services.
- 9/21: Aurora emailed with Matt Ward, USD 402 Superintendent, about the Augusta Community Wellness and Resource Center in Butler County. Conversations will be ongoing as to how best to represent the Ombudsman Office at this new Center and provide services to Augusta/Butler County citizens.
- 9/21: Aurora presented in Kerrie Bacon's place to the Sunflower Member Advisory Council quarterly meeting via Zoom. Aurora worked with Kerrie to

address follow-up concerns.

- 9/23 – Participated in the Aetna Better Health of Kansas Member Advisory Committee meeting
- 9/26 – Presented the second quarter KanCare Ombudsman Office Report to the Bethell Joint Committee on HCBS and KanCare Oversight
- 9/26: Aurora worked to provide resources to KFAN social worker Randi Halonen as she assists her clients with KanCare applications.
- 9/27: Aurora exhibited and recruited volunteers at the Seasoned Servant Symposium through the Catholic Diocese of Wichita.
- 9/27: Aurora met via Zoom with Sedgwick County Health Department staff to plan the October 1 Baby Fair event.
- 9/28: Aurora and Ellen Walker presented on the CEI “Rise to the Challenge” series via Zoom on the topic of Volunteer Engagement.
- 9/29: Aurora and Lydia exhibited at the Kansas Public Health Association Conference in Wichita.
- 9/29 – Presented the second quarter KanCare Ombudsman Office Report to the KanCare Advisory Council Meeting

## **B. Outreach through Social Media and Print Media**

The highest reaches during third quarter were posts regarding AmeriCorps VISTA recruitment and encouraging members to participate in their MCO’s Advisory Committee meetings.

### **July 2022**

The WSU Community Program Specialist focused approximately 11 hours on Facebook/social media. This time included planning and creating posts, researching Facebook tools, and reviewing office guidance/reference materials. The office created 18 Facebook posts for this month and continued to coordinate with Ombudsman staff to approve them.

- Facebook Posts – 18 in July
- Facebook page followers at end of July: 494, up from 482 at the end of June.
- The July posts with highest engagements and reaches had information about MCO Member Advisory Committees and our VISTA recruitment.

Date of post	Topic	# “reaches	# “engagements”
7/1/2022	4th of July closing	43	2
7/5/2022	Disabled Pride Parade Event	59	8
7/6/2022	MCO Member Advisory Committee	481	35
7/7/2022	Office General Resources	48	2
7/8/2022	New E&D App Guide	53	3
7/11/2022	KS School Nurses Event	61	3
7/12/2022	Disability Rights Survey	34	5
7/14/2022	Brain Injury Needs Assessment Survey	43	3
7/15/2022	Office Reorganization Announcement	162	13
7/18/2022	988 Suicide Prevention Line	25	1
7/19/2022	Midwest Ability Conference event	43	2
7/20/2022	Kansas LEND resources	23	1
7/20/2022	VISTA Recruitment	636	12
7/22/2022	Butler County Baby Jubilee	43	0
7/25/2022	Family Civil Legal Problems Survey	57	1
7/26/2022	Kansas LEND Webinar	46	2
7/27/2022	Affordable Connectivity Program	58	3
7/28/2022	Spanish Affordable Connectivity Program	11	1

### August 2022

- The WSU Community Program Specialist focused approximately 6 hours on Facebook/social media. This time included planning and creating posts, researching Facebook tools, and reviewing office guidance/reference materials.
- Facebook Posts – 10 in August
- Facebook page followers at end of August: 510, up from 494 at the end of July.
- The August posts with highest engagements and reaches were the post wishing Josephine luck as she leaves the Ombudsman Office and the post with Guardianship resources from KCDD and KDHE.

Date of post	Topic	# “reaches	# “engagements”
8/2/22	Smoking Cessation Resources from CDC	50	2
8/4/22	Rural Health Equity Resources	59	1
8/5/22	KCDD Council Meeting Reminder	43	1
8/9/22	Medicare vs Medicaid/Application Assistance	70	6
8/11/22	Post-Partum coverage expansion information	46	2
8/17/22	Guardianship Resources from KCDD & KDHE	97	12
8/18/22	Phone difficulties: please email us	70	4
8/19/22	Josephine Alvey departure	140	30
8/25/22	Arcare disability grant information	30	2
8/26/22	ABLE account resources	57	6

## October 2022

- Aurora focused approximately 7 hours on Facebook/social media. This time included planning and creating posts, researching Facebook tools, and reviewing office guidance/reference materials. The office created 10 Facebook posts for this month and continued to coordinate with Ombudsman staff to approve them.
  - Facebook Posts – 10 in September
  - Facebook page followers at end of September: 524, up from 510 at the end of August.
  - The September posts with highest engagements and reaches were the post linking to KDHE resources for HCBS Final Rule Compliance and the post publicizing the Sedgwick County Health Department October Baby Fair event.

Date of post	Topic	# "reaches"	# "engagements"
1-Sep	PHE end; Clearinghouse resources	72	5
2-Sep	Labor Day office closure	51	4
8-Sep	School starting: Families Together Resources	49	2
9-Sep	Alzheimer's Association resources	42	3
20-Sep	HCBS Final Rule Compliance	151	14
20-Sep	Together Sedgwick County Resource Fair	72	7
21-Sep	Youth Suicide Prevention Resources from KDHE	65	3
22-Sep	Increased KanCare Dental Benefits	87	9
26-Sep	Sedgwick County HD Baby Fair Event	91	10
27-Sep	Public Health employment opportunity	71	4

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

### A. Aetna

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

Aetna

<b>HCBS/LTSS ISSUES</b>	<b>Q1/21</b>	<b>Q2/21</b>	<b>Q3/21</b>	<b>Q4/21</b>	<b>Q1/22</b>	<b>Q2/22</b>	<b>Q3/22</b>
Client Obligation	2	0	0	1	0	1	0
Estate Recovery	0	0	0	0	0	0	0
HCBS Eligibility issues	0	2	2	1	3	3	3
HCBS General Issues	0	2	2	3	8	3	4
HCBS Reduction in hours of service	0	0	0	0	0	0	2
HCBS Waiting List	0	0	0	0	0	0	0
Nursing Facility Issues	1	1	1	4	0	0	5
<b>HCBS/LTSS ISSUES TOTAL</b>	<b>3</b>	<b>5</b>	<b>5</b>	<b>9</b>	<b>11</b>	<b>7</b>	<b>14</b>

<b>OTHER ISSUES</b>	<b>Q1/21</b>	<b>Q2/21</b>	<b>Q3/21</b>	<b>Q4/21</b>	<b>Q1/22</b>	<b>Q2/22</b>	<b>Q3/22</b>
Abuse / neglect complaints	0	0	0	3	1	1	1
ADA Concerns	0	0	0	0	0	0	0
Adoption issues	0	1	1	0	0	0	0
Affordable Care Act Calls	0	0	0	0	0	0	0
Community Resources needed	0	0	0	0	0	0	0
Domestic Violence concerns	0	0	0	0	0	0	0
Foster Care issues	0	0	1	0	0	0	0
Guardianship	0	0	1	0	0	0	0
Homelessness	0	0	0	0	0	0	0
Housing Issues	0	0	0	1	1	1	0
Medicare related Issues	0	0	1	0	1	0	0
Social Security Issues	0	0	0	0	1	0	0
Used Interpreter	0	0	0	0	0	0	0
X-Other	5	0	1	1	0	1	5
Z Thank you	7	18	17	11	14	4	17
Z Unspecified	0	0	3	0	0	1	0
Health Homes	0	0	0	0	0	0	0
<b>OTHER ISSUES TOTAL</b>	<b>12</b>	<b>19</b>	<b>25</b>	<b>16</b>	<b>18</b>	<b>8</b>	<b>23</b>

Aetna

PROGRAM TYPE	Q1/21	Q2/21	Q3/21	Q4/21	Q1/22	Q2/22	Q3/22
PD	1	1	0	2	2	4	4
I/DD	0	1	0	0	0	0	0
FE	0	1	0	0	6	0	6
AUTISM	0	0	0	0	0	0	0
SED	0	0	0	0	0	0	1
TBI	0	0	1	1	1	1	3
TA	0	1	0	0	0	0	0
WH	0	0	0	0	0	0	0
MFP	0	0	0	0	0	0	0
PACE	0	0	0	0	0	0	0
MENTAL HEALTH	0	0	0	0	0	0	0
SUB USE DIS	0	0	0	0	0	0	0
NURSING FACILITY	0	0	1	1	0	1	0
FOSTER CARE	0	0	1	0	0	0	0
MEDIKAN	0	0	0	0	0	0	0
INSTITUTIONAL TRANSITION FROM LTC/NF	1	1	0	0	0	0	2
INSTITUTIONAL TRANSITION FROM MH/BH	0	0	0	0	0	0	0
INSTITUTIONAL TRANSITION FROM PRISON/JAIL	0	0	0	0	0	0	0
<b>PROGRAM TYPE TOTAL</b>	<b>2</b>	<b>5</b>	<b>3</b>	<b>4</b>	<b>9</b>	<b>6</b>	<b>16</b>

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

## B. Sunflower

<b>MEDICAID ISSUES</b>	<b>Q1/21</b>	<b>Q2/21</b>	<b>Q3/21</b>	<b>Q4/21</b>	<b>Q1/22</b>	<b>Q2/22</b>	<b>Q3/22</b>
Access to Providers (usually Medical)	2	2	1	2	2	1	3
Appeals/Fair Hearing questions/issues	1	2	1	0	1	2	1
Background Checks	0	0	0	0	0	0	0
Billing	5	3	5	3	3	5	8
Care Coordinator Issues	0	1	0	0	0	2	1
Change MCO	0	1	0	1	0	0	1
Choice Info on MCO	0	2	0	0	0	0	0
Coding Issues	0	0	1	0	0	0	0
Consumer said Notice not received	0	0	0	0	0	0	0
Cultural Competency	0	0	0	0	0	0	0
Data Requests	0	0	1	1	0	0	0
Dental	0	0	1	2	0	0	2
Division of Assets	0	0	0	0	0	0	0
Durable Medical Equipment	0	2	2	0	1	2	3
Grievances Questions/Issues	4	2	0	1	0	2	6
Help understanding mail (NOA)	1	1	0	0	1	1	1
MCO transition	0	1	0	0	0	0	0
Medicaid Application Assistance	0	0	0	0	1	0	0
Medicaid Eligibility Issues	1	0	4	0	1	5	4
Medicaid Fraud	0	0	0	0	0	0	0
Medicaid General Issues/questions	2	6	7	2	4	10	7
Medicaid info (status) update	1	2	3	2	1	1	5
Medicaid Renewal	0	0	0	0	0	0	0
Medical Card issues	1	0	2	1	1	1	2
Medicare Savings Plan Issues	0	0	0	0	0	0	0
MediKan issues	0	0	0	0	0	0	0
Moving to / from Kansas	0	0	0	0	1	2	0
Medical Services	4	2	3	3	2	2	3
Pain management issues	0	1	0	1	0	0	1
Pharmacy	0	2	2	3	1	1	2
Pregnancy issues	0	0	0	0	0	2	0
Prior authorization issues	0	1	0	1	0	1	1
Refugee/Immigration/SOBRA issues	0	0	0	0	0	0	0
Respite	0	0	0	1	0	0	1
Spend Down Issues	1	0	0	0	0	0	4
Transportation	0	2	3	0	2	2	1
Working Healthy	0	0	0	0	0	0	0
<b>MEDICAID ISSUES TOTAL</b>	<b>23</b>	<b>33</b>	<b>36</b>	<b>24</b>	<b>22</b>	<b>42</b>	<b>57</b>

Sunflower

<b>HCBS/LTSS ISSUES</b>	<b>Q1/21</b>	<b>Q2/21</b>	<b>Q3/21</b>	<b>Q4/21</b>	<b>Q1/22</b>	<b>Q2/22</b>	<b>Q3/22</b>
Client Obligation	1	1	0	0	0	1	0
Estate Recovery	0	0	0	0	0	0	1
HCBS Eligibility issues	3	2	3	0	1	3	0
HCBS General Issues	4	4	1	3	4	5	8
HCBS Reduction in hours of service	0	0	0	0	0	0	1
HCBS Waiting List	0	1	1	0	1	0	0
Nursing Facility Issues	2	1	0	2	2	2	4
<b>HCBS/LTSS ISSUES TOTAL</b>	<b>10</b>	<b>9</b>	<b>5</b>	<b>5</b>	<b>8</b>	<b>11</b>	<b>14</b>

<b>OTHER ISSUES</b>	<b>Q1/21</b>	<b>Q2/21</b>	<b>Q3/21</b>	<b>Q4/21</b>	<b>Q1/22</b>	<b>Q2/22</b>	<b>Q3/22</b>
Abuse / neglect complaints	0	0	0	1	2	0	2
ADA Concerns	0	0	0	0	0	0	0
Adoption issues	0	1	0	0	0	0	0
Affordable Care Act Calls	0	0	0	0	0	0	0
Community Resources needed	0	2	0	0	0	0	1
Domestic Violence concerns	0	0	0	0	0	1	0
Foster Care issues	0	0	0	0	0	0	0
Guardianship	2	1	0	0	0	0	0
Homelessness	0	0	0	0	0	0	0
Housing Issues	0	2	0	0	0	1	1
Medicare related Issues	2	1	0	1	0	0	2
Social Security Issues	1	0	0	0	0	0	0
Used Interpreter	0	0	0	0	0	0	0
X-Other	4	4	0	1	2	3	4
Z Thank you	19	17	12	6	9	16	15
Z Unspecified	1	0	1	0	0	0	0
Health Homes	0	0	0	0	0	0	0
<b>OTHER ISSUES TOTAL</b>	<b>29</b>	<b>28</b>	<b>13</b>	<b>9</b>	<b>13</b>	<b>21</b>	<b>25</b>

Sunflower

PROGRAM TYPE	Q1/21	Q2/21	Q3/21	Q4/21	Q1/22	Q2/22	Q3/22
PD	1	1	0	0	2	2	0
I/DD	2	5	1	2	1	5	4
FE	1	2	2	1	1	2	0
AUTISM	0	0	0	0	0	0	0
SED	0	0	0	0	0	2	1
TBI	2	1	3	0	0	0	0
TA	0	0	0	1	0	2	4
WH	0	0	0	0	0	0	0
MFP	0	0	0	0	0	0	0
PACE	0	0	0	0	0	0	0
MENTAL HEALTH	1	0	1	0	0	0	1
SUB USE DIS	0	0	0	0	0	0	0
NURSING FACILITY	0	0	1	1	1	0	3
FOSTER CARE	0	0	0	0	0	0	0
MEDIKAN	0	0	0	0	0	0	0
INSTITUTIONAL TRANSITION FROM LTC/NF	0	0	0	0	0	0	0
INSTITUTIONAL TRANSITION FROM MH/BH	1	0	0	0	0	0	0
INSTITUTIONAL TRANSITION FROM PRISON/JAIL	0	0	0	0	0	0	0
<b>PROGRAM TYPE TOTAL</b>	<b>8</b>	<b>9</b>	<b>8</b>	<b>5</b>	<b>5</b>	<b>13</b>	<b>13</b>

PRIORITY	Q1/21	Q2/21	Q3/21	Q4/21	Q1/22	Q2/22	Q3/22
HCBS	3	4	6	3	2	8	8
Long Term Care / MF	1	3	1	0	1	0	3
Urgent Medical Need	1	5	2	2	1	4	4
Urgent	1	6	1	3	4	2	3
Life Threatening	1	1	0	0	1	0	0
<b>PRIORITIES TOTAL</b>	<b>7</b>	<b>19</b>	<b>10</b>	<b>8</b>	<b>9</b>	<b>14</b>	<b>18</b>

## C. United Healthcare

<b>MEDICAID ISSUES</b>	<b>Q1/21</b>	<b>Q2/21</b>	<b>Q3/21</b>	<b>Q4/21</b>	<b>Q1/22</b>	<b>Q2/22</b>	<b>Q3/22</b>
Access to Providers (usually Medical)	0	3	3	1	4	1	2
Appeals/Fair Hearing questions/issues	0	4	1	1	2	2	3
Background Checks	0	0	0	0	0	0	0
Billing	3	4	5	7	8	3	5
Care Coordinator Issues	0	2	1	1	2	1	3
Change MCO	0	2	0	0	2	0	0
Choice Info on MCO	0	1	0	0	1	0	0
Coding Issues	0	0	0	1	1	1	1
Consumer said Notice not received	0	0	0	0	2	0	0
Cultural Competency	0	0	0	0	0	0	0
Data Requests	0	0	1	0	0	1	0
Dental	0	2	1	1	2	1	0
Division of Assets	0	0	0	0	0	1	0
Durable Medical Equipment	1	0	3	1	1	3	0
Grievances Questions/Issues	3	3	3	2	4	3	3
Help understanding mail (NOA)	1	1	0	2	1	2	0
MCO transition	0	0	0	0	0	1	0
Medicaid Application Assistance	1	0	2	0	1	4	0
Medicaid Eligibility Issues	2	1	2	3	8	7	1
Medicaid Fraud	0	1	0	0	0	0	0
Medicaid General Issues/questions	4	9	8	7	15	13	4
Medicaid info (status) update	3	2	5	1	7	8	3
Medicaid Renewal	1	0	0	1	0	1	0
Medical Card issues	0	1	1	2	1	2	0
Medicare Savings Plan Issues	0	2	1	1	3	1	0
MediKan issues	0	0	0	0	0	0	0
Moving to / from Kansas	0	1	0	1	0	0	0
Medical Services	1	5	5	1	3	1	3
Pain management issues	0	2	1	0	1	0	0
Pharmacy	0	4	3	2	5	0	2
Pregnancy issues	0	2	0	0	0	0	0
Prior authorization issues	0	2	2	2	1	4	1
Refugee/Immigration/SOBRA issues	0	0	0	0	0	0	0
Respite	0	0	0	0	0	0	0
Spend Down Issues	1	1	0	1	2	0	0
Transportation	0	3	2	1	5	0	0
Working Healthy	0	0	0	0	1	0	0
<b>MEDICAID ISSUES TOTAL</b>	<b>21</b>	<b>58</b>	<b>50</b>	<b>40</b>	<b>83</b>	<b>61</b>	<b>31</b>

United HealthCare

<b>HCBS/LTSS ISSUES</b>	<b>Q1/21</b>	<b>Q2/21</b>	<b>Q3/21</b>	<b>Q4/21</b>	<b>Q1/22</b>	<b>Q2/22</b>	<b>Q3/22</b>
Client Obligation	0	1	1	0	0	0	0
Estate Recovery	0	0	0	0	0	0	0
HCBS Eligibility issues	2	1	2	2	2	3	0
HCBS General Issues	4	4	4	5	4	5	5
HCBS Reduction in hours of service	1	0	0	0	1	1	3
HCBS Waiting List	1	1	1	0	1	2	0
Nursing Facility Issues	1	2	4	7	2	0	0
<b>HCBS/LTSS ISSUES TOTAL</b>	<b>9</b>	<b>9</b>	<b>12</b>	<b>14</b>	<b>10</b>	<b>11</b>	<b>8</b>

<b>OTHER ISSUES</b>	<b>Q1/21</b>	<b>Q2/21</b>	<b>Q3/21</b>	<b>Q4/21</b>	<b>Q1/22</b>	<b>Q2/22</b>	<b>Q3/22</b>
Abuse / neglect complaints	1	2	2	0	1	1	0
ADA Concerns	0	0	0	0	0	1	0
Adoption issues	0	0	0	0	0	0	0
Affordable Care Act Calls	0	0	0	0	0	0	0
Community Resources needed	0	2	0	1	1	0	0
Domestic Violence concerns	0	0	0	0	0	0	0
Foster Care issues	0	0	1	0	1	0	0
Guardianship	0	0	0	0	0	0	0
Homelessness	0	1	0	1	0	0	0
Housing Issues	0	3	0	3	0	1	1
Medicare related Issues	1	2	0	0	4	3	2
Social Security Issues	0	0	0	2	1	0	0
Used Interpreter	0	0	0	0	0	0	1
X-Other	6	2	6	4	4	2	2
Z Thank you	8	23	25	13	17	17	9
Z Unspecified	1	0	2	0	1	1	2
Health Homes	0	0	0	0	0	0	0
<b>OTHER ISSUES TOTAL</b>	<b>17</b>	<b>35</b>	<b>36</b>	<b>24</b>	<b>30</b>	<b>26</b>	<b>17</b>

United HealthCare

PROGRAM TYPE	Q1/21	Q2/21	Q3/21	Q4/21	Q1/22	Q2/22	Q3/22
PD	1	2	1	0	5	4	0
I/DD	1	5	1	0	1	2	3
FE	1	1	1	3	0	1	1
AUTISM	0	0	0	0	0	0	0
SED	0	0	0	1	1	0	0
TBI	0	2	1	2	1	0	1
TA	1	0	0	0	0	1	1
WH	0	0	0	0	0	0	0
MFP	0	0	0	0	0	0	0
PACE	0	0	0	0	0	0	0
MENTAL HEALTH	0	1	5	2	1	0	0
SUB USE DIS	0	0	0	0	0	0	0
NURSING FACILITY	0	1	1	5	2	1	1
FOSTER CARE	0	0	0	0	0	0	0
MEDIKAN	0	0	0	0	0	0	0
INSTITUTIONAL TRANSITION FROM LTC/NF	0	0	0	1	0	0	0
INSTITUTIONAL TRANSITION FROM MH/BH	0	0	0	0	0	0	0
INSTITUTIONAL TRANSITION FROM PRISON/JAIL	0	0	0	0	0	0	0
<b>PROGRAM TYPE TOTAL</b>	<b>4</b>	<b>12</b>	<b>10</b>	<b>14</b>	<b>11</b>	<b>9</b>	<b>7</b>

PRIORITY	Q1/21	Q2/21	Q3/21	Q4/21	Q1/22	Q2/22	Q3/22
HCBS	3	4	4	5	3	5	6
Long Term Care / MF	0	1	4	5	2	4	1
Urgent Medical Need	2	0	1	2	2	0	3
Urgent	2	5	6	3	2	2	0
Life Threatening	0	0	0	1	0	0	0
<b>PRIORITIES TOTAL</b>	<b>7</b>	<b>10</b>	<b>15</b>	<b>16</b>	<b>9</b>	<b>11</b>	<b>10</b>

**1115 Waiver- Safety Net Care Pool Report**

**Demonstration Year 10 - Quarter Three**

Health Care Access Improvement Pool

No Payments Issued

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

# 1115 Waiver- Safety Net Care Pool Report

## Demonstration Year 10 - Quarter Three

Large Public Teaching Hospital\Border City Children's Hospital Pool  
Paid date 9/8/2022

<b>Hospital Name</b>	<b>LPTH\BCCH DY/QTR 2022/3</b>	<b>State General Fund 1000</b>	<b>Federal Medicaid Fund 3414</b>
University Of Kansas Hospital Authority*	1,848,103	621,702	1,226,401
Children's Mercy Hospital	616,034	207,234	408,800
<b>Total</b>	<b>2,464,137</b>	<b>828,936</b>	<b>1,635,201</b>

\*SGF paid with IGT.

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

Aetna YTD Cumulative Claims					
Service Type	Total Count	Total Count Value	Total Denied	Total Denied Value	Percent Claims Denied
Hospital Inpatient	18,543	\$1,158,152,348	3,876	\$390,627,977	20.90%
Hospital Outpatient	217,095	\$743,104,667	39,222	\$92,519,163	18.07%
Pharmacy	1,794,175	\$149,495,209	518,672	\$1,333,107	28.91%
Dental	96,745	\$41,883,963	14,778	\$6,330,562	15.28%
Vision	7,434	\$1,919,503	550	\$179,605	7.40%
NEMT	84,642	\$4,696,471	241	\$17,882	0.28%
Medical	1,229,770	\$843,490,070	168,495	\$157,645,920	13.70%
Nursing Facilities	62,030	\$173,531,423	3,937	\$13,691,841	6.35%
HCBS	263,871	\$137,625,184	9,975	\$6,862,723	3.78%
Behavioral Health	171,573	\$96,070,581	6,664	\$11,792,283	3.88%
<b>Total All Services</b>	<b>3,945,878</b>	<b>\$3,349,969,421</b>	<b>766,410</b>	<b>\$681,001,063</b>	<b>19.42%</b>

Sunflower YTD Cumulative Claims					
Service Type	Total Count	Total Count Value	Total Denied	Total Denied Value	Percent Claims Denied
Hospital Inpatient	25,659	\$1,782,995,407	6,351	\$573,933,504	24.75%
Hospital Outpatient	286,093	\$969,755,138	33,569	\$162,453,135	11.73%
Pharmacy	1,531,413	\$200,549,790	381,534	\$73,894,219	24.91%
Dental	133,523	\$57,809,451	14,728	\$5,442,563	11.03%
Vision	85,391	\$26,355,463	10,409	\$3,518,279	12.19%
NEMT	84,477	\$2,976,343	499	\$13,921	0.59%
Medical	1,402,038	\$1,061,976,182	206,624	\$363,800,610	14.74%
Nursing Facilities	90,980	\$232,054,148	6,623	\$28,484,705	7.28%
HCBS	516,835	\$326,940,447	20,960	\$17,352,885	4.06%
Behavioral Health	571,221	\$130,378,591	50,545	\$12,405,725	8.85%
<b>Total All Services</b>	<b>4,727,630</b>	<b>\$4,791,790,961</b>	<b>731,842</b>	<b>\$1,241,299,549</b>	<b>15.48%</b>

United YTD Cumulative Claims					
Service Type	Total Count	Total Count Value	Total Denied	Total Denied Value	Percent Claims Denied
Hospital Inpatient	20,881	\$1,319,398,209	4,608	\$345,246,110	22.07%
Hospital Outpatient	299,480	\$1,143,169,297	65,809	\$275,846,797	21.97%
Pharmacy	1,569,816	\$214,018,072	332,126	\$79,070,153	21.16%
Dental	137,730	\$62,834,912	21,518	\$11,559,724	15.62%
Vision	66,084	\$16,615,809	8,562	\$2,289,320	12.96%
NEMT	94,553	\$3,261,897	741	\$15,743	0.78%
Medical	1,456,514	\$968,598,240	260,445	\$236,916,370	17.88%
Nursing Facilities	84,432	\$259,847,303	12,668	\$43,945,494	15.00%
HCBS	430,005	\$227,296,674	13,105	\$12,274,574	3.05%
Behavioral Health	567,077	\$176,439,539	49,245	\$28,598,579	8.68%
<b>Total All Services</b>	<b>4,726,572</b>	<b>\$4,391,479,952</b>	<b>768,827</b>	<b>\$1,035,762,863</b>	<b>16.27%</b>