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April 26, 2023

Shirley Norris
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Kansas Department of Health & Environment
Division of Health Care Finance
900 SW Jackson St., Room 900
Topeka, KS 66612

RE: KanCare Program Annual External Quality Review Technical Report for Aetna Better Health of Kansas, Sunflower Health Plan, and UnitedHealthcare Community Plan of Kansas, 2022–2023 Reporting Cycle

Dear Ms. Norris:

Enclosed is the KanCare Annual External Quality Review technical report for the 2022-2023 reporting cycle of Aetna Better Health of Kansas, Sunflower Health Plan, and UnitedHealthcare Community Plan of Kansas.

This report includes summaries of reports for the following activities: Performance Measure Validation (PMV) and Evaluation, Performance Improvement Project (PIP) Validation, CAHPS 5.1H Survey Validation, Mental Health Consumer Perception Survey, Provider Survey Validation, Review of Compliance with Medicaid and CHIP Managed Care Regulations, Quality Assessment Performance Improvement (QAPI) Review, and Network Adequacy Validation.

The format of the Annual Technical Report is based on requirements delineated in *42 CFR 438.364 External quality review results*. The Annual Technical Report summarizes reports (based on the CMS EQR protocols) submitted to the State throughout this reporting cycle.

Please feel free to contact me, bnech@kfmc.org, if you have any questions regarding this report.

Sincerely,

A handwritten signature in black ink that reads "Beth Nech, MA".

Beth Nech, MA
EQRO Senior Manager

Electronic Version: Ryan Gonzales, EQR Audit Manager/Supervisor, KDHE
Sarah Fertig, State Medicaid Director, KDHE
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Enclosures

KanCare Program Annual External Quality Review Technical Report 2022–2023 Reporting Cycle

Contract Number: 46100

Submission Date: April 26, 2023

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KanCare Program Annual External Quality Review Technical Report

2022 – 2023 Reporting Cycle

Contract #46100

Aetna Better Health of Kansas

Sunflower Health Plan

UnitedHealthcare Community Plan of Kansas



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***KanCare Program Annual External Quality Review Technical Report
Aetna Better Health of Kansas, Sunflower Health Plan, and
UnitedHealthcare Community Plan of Kansas
2022-2023 Reporting Cycle
Submission Date: April 26, 2023***

Introduction

KFMC Health Improvement Partners (KFMC), under contract with the Kansas Department of Health and Environment (KDHE), Division of Health Care Finance (DHCF), serves as the External Quality Review Organization (EQRO) for KanCare, the Medicaid Section 1115 demonstration program that operates concurrently with the State’s Section 1915(c) Home and Community-Based Services (HCBS) waivers. The goals of KanCare are to provide efficient and effective health care services and ensure coordination of care and integration of physical and behavioral health (BH) services for children, pregnant women, and parents in the State’s Medicaid and Children’s Health Insurance Program (CHIP) programs. The Aetna Better Health of Kansas (Aetna, ABH, or ABHKS) KanCare managed care organization (MCO) contract was effective January 1, 2019. Sunflower Health Plan (Sunflower or SHP) and UnitedHealthcare Community Plan of Kansas (UnitedHealthcare, UHC, or UHCCP) have provided KanCare managed care services since January 2013.

As the EQRO, KFMC evaluated services provided in 2021/2022 by the MCOs, basing the evaluation on protocols developed by the Centers for Medicare & Medicaid Services (CMS). This report includes summaries of reports (submitted to the State May 2022 through April 2023) evaluating the following activities for each MCO:

- Performance Measure Validation (PMV) and Evaluation
- Review of Compliance with Medicaid and CHIP Managed Care Regulations (Compliance Review)
- Quality Assessment and Performance Improvement (QAPI) Review
- Performance Improvement Project (PIP) Validation
- Consumer Assessment of Health Care Providers and Systems (CAHPS®) Survey Validation¹
- Provider Survey Validation
- Network Adequacy Validation

KFMC also conducted a Mental Health (MH) Consumer Perception Survey to evaluate the KanCare program, reflecting combined MCO performance.

KFMC completes individual reports for the External Quality Review (EQR) activities noted above throughout the year to provide the State and MCOs timely feedback on program progress. In this Annual Technical Report, summaries are provided for each of these activities, including objectives; technical

¹ CAHPS® is a registered trademark of the Agency for Healthcare Research and Quality (AHRQ).

methods of data collection; descriptions of data obtained; strengths and opportunities for improvement regarding quality, timeliness, and access to health care services; recommendations for quality improvement; and assessments of the degree to which the previous year's EQRO recommendations have been addressed. (See Appendix A for a list of the reports for the activities conducted in accordance with the Code of Federal Regulations §438.358. The full reports and appendices of each report provide extensive details by MCO, program, and metrics.) Recommendations and conclusions in the summaries that follow primarily focus on those related directly to improving health care quality, access, and timeliness; additional technical, methodological, and general recommendations to the MCOs are included in the individual reports submitted to the State. The Quality Management Strategy section contains suggestions, based on the EQR findings, for how the State can target goals and objectives in the KanCare Quality Management Strategy (QMS).

KFMC used and referenced the following CMS EQR Protocol worksheets and narratives in the completion of these activities²:

- EQR Protocol 1: Validation of Performance Improvement Projects
- EQR Protocol 2: Validation of Performance Measures
- EQR Protocol 3: Review of Compliance with Medicaid and CHIP Managed Care Regulations
- EQR Protocol 6: Administration or Validation of Quality of Care Surveys
- EQR Protocol A: Information Systems Capabilities Assessment

On March 11, 2020, the World Health Organization declared Coronavirus Disease 2019 (COVID-19) a global pandemic. Aspects of the pandemic's impact on MCO operations (including service delivery, survey administration, data collection, and performance improvement interventions), member utilization of service, provider resources for care delivery, and performance monitoring continued into this reporting period. More details regarding the potential impact of COVID-19 are described throughout this report.

Each section below contains language regarding the degree to which the previous year's EQRO recommendations have been addressed for that particular activity. Appendix F contains details for this assessment, including definitions for the assessment scale used for all activities. Please see Appendix F for more information. To determine the degree to which previous recommendations were addressed, KFMC assessed activities completed, documentation received, and MCO progress updates during the 2022-2023 review period for each EQR activity. Additional documentation or information received after the conclusion of the review period will be incorporated into the following year's assessment.

KFMC completed individual reports for each activity included in this annual technical report for the 2022-2023 reporting cycle. These individual reports (submitted to the State throughout this reporting cycle) contain more detail, and additional feedback beyond what is required, than what is presented in the following activity summaries. This additional feedback includes suggestions for improvement, which have no effect on compliance scores. Appendix A contains a listing of the full reports, which are available upon request.

Most EQR-related activities require that findings be tied to access, quality, and timeliness of care. The following table presents an overview of MCO-level strengths and opportunities for improvement identified via the external quality review activities conducted during the 2022-2023 reporting cycle. The "Domain" column indicates how the strengths and opportunities are related to access, quality, or timeliness. The Mental Health Consumer Perception Survey and Network Adequacy Validation activities

² Centers for Medicare and Medicaid Services. *CMS External Quality Review Protocols*. October 2019. OMB Control No. 0938-0786.

were conducted at the state level and are not included in the following table. Table I.1 provides a high-level overview of the strengths and opportunities specific to each MCO. Please see the individual activity sections for more detail regarding strengths and opportunities for improvement common among the MCOs.

Table I.1. MCO-Level Strengths and Opportunities for Improvement		
MCO	Strengths and Opportunities	Domain
Performance Measure Validation		
ABH	High performance or notable mentions <ul style="list-style-type: none"> Asthma Medication Ratio Follow-Up After Emergency Department (ED) Visit for Mental Illness (18-64 Years) – 7 and 30 Days Medical Assistance with Smoking and Tobacco Use Cessation – Advising Smokers to Quit Diabetes Screening for People with Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications Follow-Up After Hospitalization for Mental Illness (6-17 Years) – 30 Days 	Access, Quality, Timeliness
	Low performance <ul style="list-style-type: none"> Preventive screenings for women and prenatal/postpartum care Substance use disorder treatment and ED follow-up, and discussing smoking and tobacco use cessation strategies Adult and child immunizations Medication adherence and monitoring for mental health diagnoses Well-child visits and Emergency Department Visits for Ambulatory Care 	Access, Quality, Timeliness
SHP	High performance or notable mentions <ul style="list-style-type: none"> Asthma Medication Ratio Follow-Up After Emergency Department Visit for Mental Illness (18-64 Years) – 7 and 30 Days Diabetes Screening for People with Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications Lowest smoking rate of the MCOs 	Access, Quality, Timeliness
	Low performance <ul style="list-style-type: none"> Preventive screenings for women and prenatal/postpartum care Substance use disorder treatment and ED follow-up, and advising smokers to quit and discussing cessation medications Child and adolescent immunizations Medication adherence, management, and monitoring for mental health diagnoses; Follow-up After Hospitalization for Mental Illness Well-child visits and Emergency Department Visits for Ambulatory Care Comprehensive Diabetes Care – Poor HbA1c Control 	Access, Quality, Timeliness
UHC	High performance or notable mentions <ul style="list-style-type: none"> Controlling High Blood Pressure Chlamydia Screening in Women Prenatal and Postpartum Care Follow-Up After Emergency Department Visit for Mental Illness (6-17 Years) – 30-Days Counseling for Nutrition for Children/Adolescents 	Access, Quality, Timeliness
	Low performance <ul style="list-style-type: none"> Preventive screenings for women (breast and cervical cancer) Substance use disorder treatment and ED follow-up, and Medical Assistance with Smoking and Tobacco Use Cessation Child, adolescent, and adult immunizations Medication adherence, management, and monitoring for mental health diagnoses; Follow-up After Hospitalization for Mental Illness Well-child visits and Emergency Department Visits for Ambulatory Care 	Access, Quality, Timeliness

Table I.1. MCO-Level Strengths and Opportunities for Improvement (Continued)		
MCO	Strengths and Opportunities	Domain
Performance Improvement Project Validation		
ABH	The validation ratings for all five PIPs were either Confidence (90% to <95%) or High Confidence (95% to 100%).	Access, Quality, Timeliness
	Needed improvements were identified regarding interpretation of analyses, adherence to analytic plans, and various documentation details.	Quality
SHP	Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) rates increased. Over 75% of interventions were completed across the five PIPs.	Access, Quality, Timeliness
	Two PIPs were rated Low Confidence (80% to <90%) and three PIPs were rated Little Confidence (below 80%).	Access, Quality, Timeliness
UHC	The validation rating for two PIPs was Confidence (90% to <95%).	Access, Quality, Timeliness
	Three PIPs received a rating of Low Confidence (80% to <90%).	Access, Quality, Timeliness
CAHPS Survey Validation		
ABH	<p>The following ranks or rates were very high for at least one population*</p> <ul style="list-style-type: none"> • Ratings of Health Plan, All Health Care, and Personal Doctor • Getting Care Quickly and Getting Needed Care • How Well Doctors Communicate • Customer Service • Access to Prescription Medicines and Specialized Services • Family-Centered Care: Getting Needed Information and Personal Doctor Who Knows Child <p>*Populations are adult, Medicaid (TXIX) general child (GC), CHIP (TXXI) GC, TXIX children with chronic conditions (CCC), and TXXI CCC.</p>	Access, Quality, Timeliness
	<p>Low rates or ranks</p> <ul style="list-style-type: none"> • Ratings of All Health Care (TXXI GC), Personal Doctor (TXXI GC), and Specialist Seen Most Often (TXXI CCC) • Getting Care Quickly (TXXI GC) and Getting Needed Care (TXXI GC, TXIX CCC, TXXI CCC) • Coordination of Care (TXIX GC, TXXI GC, TXXI CCC) 	Access, Quality, Timeliness
SHP	<p>The following ranks or rates were very high for at least one population</p> <ul style="list-style-type: none"> • Ratings of Health Plan, Personal Doctor, and Specialist Seen Most Often • Getting Care Quickly and Getting Needed Care • Coordination of Care • How Well Doctors Communicate • Customer Service • Access to Prescription Medicines • Family-Centered Care: Getting Needed Information and Personal Doctor Who Knows Child • Medical Assistance with Smoking and Tobacco Use Cessation – Smoking and Tobacco Usage (rate decreased; lower is better) 	Access, Quality, Timeliness
	<p>Low rates or ranks</p> <ul style="list-style-type: none"> • Getting Care Quickly (TXXI GC, TXIX CCC) • Coordination of Care (TXXI CCC) and Coordination of Care for Children with Chronic Conditions (TXIX CCC, TXXI CCC) • Family-Centered Care: Personal Doctor Who Knows Child (TXXI) 	Access, Quality, Timeliness
UHC	<p>The following ranks or rates were very high for at least one population</p> <ul style="list-style-type: none"> • Ratings of Health Plan and Personal Doctor • Getting Care Quickly and Getting Needed Care • Coordination of Care • How Well Doctors Communicate • Customer Service • Access to Prescription Medicines and Specialized Services • Family-Centered Care: Getting Needed Information and Personal Doctor Who Knows Child 	Access, Quality, Timeliness

Table I.1. MCO-Level Strengths and Opportunities for Improvement (Continued)		
MCO	Strengths and Opportunities	Domain
CAHPS Survey Validation (Continued)		
UHC	<p>Low rates or ranks</p> <ul style="list-style-type: none"> Rating of All Health Care (TXXI CCC) Getting Care Quickly (TXXI and TXXI CCC) and Getting Needed Care (TXXI GC and TXXI CCC) Family-Centered Care: Personal Doctor Who Knows Child (TXIX) Medical Assistance with Smoking and Tobacco Use Cessation: Smoking and Tobacco Usage 	Access, Quality, Timeliness
Provider Satisfaction Survey Validation		
ABH	The survey sample was large and stratified analysis was conducted for the provider types.	Quality
	The number of completed surveys by the four required provider types were low, impacting generalizability of the results for each provider type (Primary Care Physicians/Providers [PCPs]: 102; Specialists: 88; BH Providers: 135; and HCBS Providers: 56).	Quality
SHP	A stratified analysis was conducted for the provider types, and Sunflower implemented additional steps to increase the survey response rate.	Quality
	The survey included relative language in some questions. The number of completed surveys by the four required provider types were considerably low, impacting the generalizability of the results (PCPs: 54; Specialists: 37; BH: 53; HCBS: 27).	Quality
UHC	The survey questions were direct (not relative).	Quality
	It was not clear if all providers sampled were KanCare providers and the survey methodology and analysis plan did not adhere to State contract requirements. Only 30 providers from certain specialties responded to the UnitedHealthcare survey; no responses were received from BH providers or HCBS providers.	Quality
Review of Compliance with Medicaid and CHIP Managed Care Regulations		
ABH	Of the 22 regulatory areas reviewed, 15 had compliance scores above 90%.	Access, Quality, Timeliness
	Seven regulatory areas reviewed had compliance scores of 89% or below.	Access, Quality, Timeliness
SHP	Of the nine regulatory areas reviewed, eight had compliance scores above 90%.	Access, Quality, Timeliness
	One of nine regulatory area scored below 89% compliant.	Access, Quality, Timeliness
UHC	Seven of nine regulatory areas had compliance scores above 90%.	Access, Quality, Timeliness
	The compliance scores for two of the nine regulatory areas reviewed were below 89%.	Access, Quality, Timeliness
Quality Assessment and Performance Improvement Review		
ABH	Aetna continues to collaborate across departments to maximize quality assessment and coordinate quality improvement.	Quality
	Two requirements were partially met.	Quality
SHP	In the 2021 QAPI Evaluation, Sunflower included a thorough analysis of their population characteristics, including maps and unique ways of breaking their population into groups (including grouping by language, health care needs, and medication usage).	Quality
	Five requirements were not met.	Quality
UHC	UnitedHealthcare's work plans are well laid out and tie back to the QAPI program description and QAPI evaluation with consistent goals and objectives throughout.	Quality
	Three requirements were not met.	Quality

Summary of Individual EQR Components

1. Performance Measure Validation and Evaluation

Background/Objectives

KanCare MCOs are required to register with the National Committee for Quality Assurance (NCQA) and undergo an annual NCQA Healthcare Effectiveness Data and Information Set (HEDIS®) Compliance Audit™, which conveys sufficient integrity to HEDIS data used by consumers and purchasers to compare healthcare organization performance.³ The State required Aetna, Sunflower, and UnitedHealthcare to report HEDIS Measurement Year (MY) 2021 data through the NCQA data submission portal. KFMC also evaluated the MCOs' performance of the Adult and Child Core Set measures to provide an understanding of the strengths and opportunities for improvement related to quality, timeliness, and access to care.

The PMV process had four main objectives:

- Evaluate the policies, procedures, documentation, and methods the MCOs used to calculate the measures.
- Determine the extent to which reported rates are accurate, reliable, free of bias, and in accordance with standards for data collection and analysis.
- Verify measure specifications are consistent with the State's requirements.
- Ensure measurement rates are produced with methods and source data that parallel the baseline rates.

During the performance measure validation and other EQR activities, changes to information systems and processes were captured and included in the activity reports. Baseline Information Systems Capability Assessments (ISCA) were conducted with Sunflower and UnitedHealthcare in 2013 with biennial updates through 2021; Aetna's baseline ISCA was performed in 2019. The MCOs' ISCA's will be updated in 2023.

The objective of the performance measure evaluation was to provide an understanding of the strengths and opportunities for improvement of MCO performance related to quality, timeliness, and access to care. The evaluation of performance focused on CMS Adult and Child Core Set HEDIS measures and included

- Comparison of the current year's rates to
 - Prior year's rates,
 - Statewide aggregate rates, and
 - Quality Compass⁴ (QC) percentiles; and
- Analysis of trending across three to five prior years.

Technical Methods of Data Collection and Analysis/Description of Data Obtained

Technical methods for the performance measure validation and evaluation activities are detailed in Appendix B, Performance Measure Validation and Evaluation Methodology.

Performance Measure Validation

In addition to the HEDIS Compliance Audit that NCQA requires of the MCOs, the State requires the EQRO to use an NCQA-Certified HEDIS Compliance Auditor to conduct its PMV. KFMC contracted with MetaStar, Inc.

³ HEDIS® and NCQA HEDIS Compliance Audit™ are registered trademarks of the National Committee for Quality Assurance (NCQA).

⁴ Quality Compass® is a registered trademark of the National Committee for Quality Assurance.

(MetaStar), an NCQA-Certified HEDIS Compliance Auditor that is independent of the HEDIS Compliance Auditors contracted by the KanCare MCOs. KFMC worked closely with MetaStar and the MCOs throughout the validation process.

Performance Measure Evaluation

MCO data were aggregated for KanCare-level results. This report contains KanCare and MCO results for CMS 2022 (MY 2021) Adult and Child Core Set measures that include rates, rankings, and indicators for notable changes in rates.⁵

- Adult Core Set (Table 1.1): 17 HEDIS measures, including 2 measures derived from the CAHPS surveys. The Plan All-Cause Readmission (PCR) measure is risk-adjusted and reported according to observed versus expected hospital readmissions.
- Child Core Set (Table 1.2): 14 HEDIS measures.

Ranks are denoted, in order of worst to best performance: <5th, <10th, <25th, <33.33rd, <50th, ≥50th, >66.67th, >75th, >90th, and >95th. For example, a rate ranked <10th will be less than the Quality Compass national 10th percentile but not less than the 5th percentile. Note that, as QC percentiles are based on HEDIS rates from across the nation, some measures with high scores in Kansas may rank very low due to high scores nationwide. Due to the COVID-19 pandemic, NCQA advised caution when evaluating health plan performance with MY 2020 Quality Compass data.

An objective of the KanCare Quality Management Strategy is to improve HEDIS rates that are below the national 75th percentile by at least 10.00% of the difference between that rate and the performance goal (the goal is 100% or 0%, depending on the measure).⁶ In alignment with this objective, Table 1.1 and Table 1.2 indicate measures that had a “gap-to-goal” percentage change of at least 10.00%. The tables also indicate changes of at least 3.0 percentage points per year (pp/y) averaged across three to five years and, for hybrid and survey measures, statistically significant changes from the prior year and statistically significant trendlines (see Appendix B for additional information).

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⁵ Data were available for trending KanCare rates from Sunflower and UnitedHealthcare for measurement years 2017 to 2021, from Aetna for 2019 to 2021, and from Amerigroup Kansas, Inc. (Amerigroup) for 2017 to 2018.

⁶ State of Kansas, *KanCare 2.0 Quality Management Strategy*, 12/9/2021, https://www.kancare.ks.gov/docs/default-source/policies-and-reports/quality-measurement/kancare-quality-management-strategy-12-09-21.pdf?sfvrsn=bc13511b_8.

Table 1.1. HEDIS Performance Measures (Measurement Year 2021) – Adult Core Set									
Indicators of strength or improving rates, shown with green font or letters “a,” “b,” and “c”:									
Quality Compass (QC) ranks >90 th or >95 th (i.e., rates above the 90 th percentile)									
“a” At least 10.00% gap-to-goal improvement in rate from prior year based on a goal of 100% or 0%, depending on the measure									
“b” Improving trend of at least 3.0 percentage points per year (pp/y) in rates averaged over 3 to 5 years, depending on the measure									
“c” Statistically significantly improving trend over 3 to 5 years, depending on the measure (hybrid and survey methods only)									
Indicators of opportunities for improvement or worsening rates, shown in purple font or letters “w,” “x,” “y,” and “z”:									
QC ranks <10 th or <5 th (i.e., rates below the 10 th percentile)									
“w” Statistically significant worsening from prior year (hybrid and survey methods only)									
“x” At least 10.00% gap-to-goal worsening in rate from prior year based on a performance goal of 100% or 0%, depending on the measure									
“y” Worsening trend of at least 3.0 pp/y in rates averaged over 3 to 5 years, depending on the measure									
“z” Statistically significantly worsening trend over 3 to 5 years, depending on the measure (hybrid and survey methods only)									
Other Indicators:									
“n” Prior year’s rates not available (measure was new or had a break in trend due to changes to the measure’s technical specifications)									
“NA” Quality Compass ranking was not available.									
Measures & Indicators*		KanCare [^]		Aetna		Sunflower		UnitedHealthcare	
		Rate	Rank	Rate	Rank	Rate	Rank	Rate	Rank
AMM A	Antidepressant Medication Management								
	– Effective Acute Phase Treatment	53.64	<25 th	51.31	<25 th	54.21	<25 th	54.82	<25 th
	– Effective Continuation Phase Treatment	37.59	<25 th	36.61	<25 th	37.46	<25 th	38.42	<25 th
AMR A	Asthma Medication Ratio								
	– 19–50 Years	56.93	<50 th	55.47	<50 th	60.41	≥50 th	55.06	<50 th
	– 51–64 Years	57.23	<50 th	58.21^a	<50 th	57.65^a	<50 th	56.65	<50 th
	– 19–50 and 51–64 Years	56.98	NA	55.88	NA	60.03	NA	55.38	NA
BCS A	Breast Cancer Screening	45.18	<25 th	36.50 ⁿ	<5th	49.82	<50 th	46.69	<33.33 rd
CBP H	Controlling High Blood Pressure	61.96	≥50 th	56.20	<50 th	57.66	<50 th	69.59^a	>90th
CCS H	Cervical Cancer Screening	61.64	>66.67 th	54.26^{bc}	<33.33 rd	62.04^c	>66.67 th	66.18	>75 th
CDC H	Comprehensive Diabetes Care								
	– Poor HbA1c Control (<i>lower is better</i>)	41.36^{wxz}	<50 th	43.31	<50 th	50.61^{wxz}	<25 th	31.14	>75 th
CHL A	Chlamydia Screening in Women								
	– 21–24 Years	53.82	<25 th	51.99	<25 th	52.74	<25 th	56.21^a	<33.33 rd
FUA A	Follow-Up After Emergency Department Visit for Alcohol and Other Drug Dependence (18+ Years)								
	– 7-Day Follow-Up	13.55	<50 th	15.69	≥50 th	10.58	<50 th	14.59	≥50 th
	– 30-Day Follow-Up	20.23	<50 th	23.42	≥50 th	16.17	<50 th	21.44	<50 th
FUH A	Follow Up After Hospitalization for Mental Illness (18–64 Years)								
	– 7-Day Follow-Up	43.77	>75 th	41.31	>66.67 th	45.86	>75 th	43.56	>75 th
	– 30-Day Follow-Up	65.87	>75 th	63.50	>75 th	68.07	>75 th	65.49	>75 th

* “A” denotes an administrative method of data collection was used; “H” denotes a hybrid method; “C” denotes CAHPS survey measures.
^ The KanCare rate is the average of the MCO adult population rates, weighted by administrative denominator.

Table 1.1. HEDIS Performance Measures (Measurement Year 2021) – Adult Core Set (Continued)									
Indicators of strength or improving rates, shown with green font or letters “a,” “b,” and “c”:									
Quality Compass (QC) ranks >90 th or >95 th (i.e., rates above the 90 th percentile)									
“a” At least 10.00% gap-to-goal improvement in rate from prior year based on a goal of 100% or 0%, depending on the measure									
“b” Improving trend of at least 3.0 percentage points per year (pp/y) in rates averaged over 3 to 5 years, depending on the measure									
“c” Statistically significantly improving trend over 3 to 5 years, depending on the measure (hybrid and survey methods only)									
Indicators of opportunities for improvement or worsening rates, shown in purple font or letters “w,” “x,” “y,” and “z”:									
QC ranks <10 th or <5 th (i.e., rates below the 10 th percentile)									
“w” Statistically significant worsening from prior year (hybrid and survey methods only)									
“X” At least 10.00% gap-to-goal worsening in rate from prior year based on a goal of 100% or 0%, depending on the measure									
“y” Worsening trend of at least 3.0 pp/y in rates averaged over 3 to 5 years, depending on the measure									
“z” Statistically significantly worsening trend over 3 to 5 years, depending on the measure (hybrid and survey methods only)									
Other Indicators:									
“n” Prior year’s rates not available (measure was new or had a break in trend due to changes to the measure’s technical specifications)									
“NA” Quality Compass ranking was not available.									
Measures & Indicators*		KanCare [^]		Aetna		Sunflower		UnitedHealthcare	
		Rate	Rank	Rate	Rank	Rate	Rank	Rate	Rank
FUM A	Follow-Up After Emergency Department Visit for Mental Illness (18–64 Years)								
	– 7-Day Follow-Up	62.89	>90 th	63.15	>90 th	64.23	>90 th	61.43 ^x	>90 th
	– 30-Day Follow-Up	75.09	>90 th	75.06	>90 th	76.15	>90 th	74.09 ^x	>90 th
FVA C	Flu Vaccinations for Adults (18–64 Years)	44.13 ^z	>66.67 th	41.98 ^x	≥50 th	47.70	>75 th	42.50	>66.67 th
IET A	Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment								
	Initiation of AOD (18+ Years)								
	– Alcohol Abuse or Dependence	43.30	≥50 th	45.54	>75 th	42.18	<50 th	42.47	≥50 th
	– Opioid Abuse or Dependence	39.34	<5 th	42.86	<25 th	44.09 ^b	<25 th	34.19	<5 th
	– Other Drug Abuse or Dependence	41.52	<50 th	42.42	<50 th	42.73	≥50 th	39.62	<50 th
	– Total	40.58	<33.33 rd	42.14	<50 th	41.68	<50 th	38.39	<25 th
	Engagement of AOD (18+ Years)								
	– Alcohol Abuse or Dependence	10.92	<50 th	10.53	<50 th	10.88	<50 th	11.29	<50 th
– Opioid Abuse or Dependence	11.74	<25 th	12.93	<25 th	13.17	<25 th	10.11	<10 th	
– Other Drug Abuse or Dependence	11.76	≥50 th	11.28	≥50 th	12.51	≥50 th	11.38	≥50 th	
– Total	11.32	<50 th	11.16	<33.33 rd	11.89	<50 th	10.92	<33.33 rd	
MSC C	Medical Assistance with Smoking and Tobacco Use Cessation								
	– Total % Current Smokers (lower rate and QC are better)	29.32	≥50 th	32.04	>66.67 th	23.30 ^c	<50 th	32.80	>75 th
	– Advising Smokers to Quit	73.55	≥50 th	76.40 ^a	>66.67 th	71.80 ^x	<50 th	73.00 ^a	≥50 th
	– Discussing Cessation Medications	47.18 ^x	<50 th	49.43	<50 th	42.30 ^{wx}	<25 th	50.00	<50 th
– Discussing Cessation Strategies	44.96	≥50 th	38.64 ^x	<25 th	51.40	>75 th	43.80	<50 th	

* “A” denotes an administrative method of data collection was used; “H” denotes a hybrid method; “C” denotes CAHPS survey measures.

[^] The KanCare rate is the average of the MCO adult population rates, weighted by administrative denominator.

Table 1.1. HEDIS Performance Measures (Measurement Year 2021) – Adult Core Set (Continued)

Indicators of strength or improving rates, shown with green font or letters “a,” “b,” and “c”:													
Quality Compass (QC) ranks >90 th or >95 th (i.e., rates above the 90 th percentile)													
“a” At least 10.00% gap-to-goal improvement in rate from prior year based on a goal of 100% or 0%, depending on the measure													
“b” Improving trend of at least 3.0 percentage points per year (pp/y) in rates averaged over 3 to 5 years, depending on the measure													
“c” Statistically significantly improving trend over 3 to 5 years, depending on the measure (hybrid and survey methods only)													
Indicators of opportunities for improvement or worsening rates, shown in purple font or letters “w,” “x,” “y,” and “z”:													
QC ranks <10 th or <5 th (i.e., rates below the 10 th percentile)													
“w” Statistically significant worsening from prior year (hybrid and survey methods only)													
“x” At least 10.00% gap-to-goal worsening in rate from prior year based on a goal of 100% or 0%, depending on the measure													
“y” Worsening trend of at least 3.0 pp/y in rates averaged over 3 to 5 years, depending on the measure													
“z” Statistically significantly worsening trend over 3 to 5 years, depending on the measure (hybrid and survey methods only)													
Other Indicators:													
“n” Prior year’s rates not available (measure was new or had a break in trend due to changes to the measure’s technical specifications)													
“NA” Quality Compass ranking was not available.													
Measures & Indicators*		KanCare [^]		Aetna			Sunflower			UnitedHealthcare			
		Rate	Rank	Rate	Rank	Rate	Rank	Rate	Rank				
PPC H	Prenatal and Postpartum Care – Postpartum Care	75.34 ^{bc}	<50 th	73.48 ^x	<33.33 rd	66.91	<25 th	84.91 ^{abc}	>90 th				
SAA A	Adherence to Antipsychotic Medications for Individuals with Schizophrenia	58.15	<50 th	54.25	<25 th	56.44	<33.33 rd	62.11	≥50 th				
SSD A	Diabetes Screening for People with Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications	78.48	<50 th	76.82 ^a	<33.33 rd	78.42 ^a	<50 th	79.55	≥50 th				
Risk-Adjusted Measure & Indicators*		KanCare			Aetna			Sunflower			UnitedHealthcare		
		O	E	O/E	O	E	O/E	O	E	O/E	O	E	O/E
PCR A	Plan All-Cause Readmissions – Total (18–64 years)	10.62	10.92	0.97	11.04	10.79	1.02	11.29	11.14	1.01	9.36	10.70	0.88

* “A” denotes an administrative method of data collection was used; “H” denotes a hybrid method; “C” denotes CAHPS survey measures. “O” means “observed,” “E” means “expected,” and ratios O/E less than 1.00 indicates better than expected performance.

[^] The KanCare rate is the average of the MCO adult population rates, weighted by administrative denominator.

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Table 1.2. HEDIS Performance Measures (Measurement Year 2021) – Child Core Set									
Indicators of strength or improving rates, shown with green font or letters “a,” “b,” and “c”:									
Quality Compass (QC) ranks >90 th or >95 th (i.e., rates above the 90 th percentile)									
“a” At least 10.00% gap-to-goal improvement in rate from prior year based on a goal of 100% or 0%, depending on the measure									
“b” Improving trend of at least 3.0 percentage points per year (pp/y) in rates averaged over 3 to 5 years, depending on the measure									
“c” Statistically significantly improving trend over 3 to 5 years, depending on the measure (hybrid and survey methods only)									
Indicators of opportunities for improvement or worsening rates, shown in purple font or letters “w,” “x,” “y,” and “z”:									
QC ranks <10 th or <5 th (i.e., rates below the 10 th percentile)									
“w” Statistically significant worsening from prior year (hybrid and survey methods only)									
“x” At least 10.00% gap-to-goal worsening in rate from prior year based on a goal of 100% or 0%, depending on the measure									
“y” Worsening trend of at least 3.0 pp/y in rates averaged over 3 to 5 years, depending on the measure									
“z” Statistically significantly worsening trend over 3 to 5 years, depending on the measure (hybrid and survey methods only)									
Other Indicators:									
“n” Prior year’s rates not available (measure was new or had a break in trend due to changes to the measure’s technical specifications)									
“NA” Quality Compass ranking was not available.									
Measures & Indicators*		KanCare [^]		Aetna		Sunflower		UnitedHealthcare	
		Rate	Rank	Rate	Rank	Rate	Rank	Rate	Rank
ADD A	Follow Up Care for Children Prescribed Attention Deficit Hyperactivity Disorder (ADHD) Medication								
	– Initiation Phase	45.09 ^x	>75 th	45.60	>75 th	45.41 ^x	>75 th	44.41 ^x	>75 th
	– Continuation & Maintenance Phase	56.90 ^x	>66.67 th	55.40	≥50 th	57.28 ^x	>66.67 th	57.53 ^x	>66.67 th
AMB A	Ambulatory Care – Emergency Department Visits/1000 MM <i>(lower is better)</i>								
	– Ages Less Than 1 Year	77.17 ^x	NA	69.79 ^x	NA	82.79 ^x	NA	77.23 ^x	NA
	– Ages 1–9 Years	37.02 ^x	NA	35.03 ^x	NA	37.79 ^x	NA	37.73 ^x	NA
	– Ages 10–19 Years	30.45 ^x	NA	29.31	NA	31.31 ^x	NA	30.49 ^x	NA
	– Ages 19 Years and Less	35.91 ^x	NA	34.04 ^x	NA	37.05 ^x	NA	36.20 ^x	NA
AMR A	Asthma Medication Ratio								
	– Ages 5–11 Years	76.93 ^x	<50 th	80.37	>66.67 th	81.83 ^x	>75 th	70.86 ^x	<25 th
	– Ages 12–18 Years	69.43 ^x	≥50 th	72.25	≥50 th	73.08	>66.67 th	64.38 ^x	<25 th
	– Ages 5–18 Years	72.92 ^x	NA	76.15	NA	76.95	NA	67.45 ^x	NA
APM A	Metabolic Monitoring for Children and Adolescents on Antipsychotics	45.80	>75 th	44.96 ^a	>75 th	44.59	>75 th	47.63	>75 th
APP A	Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics (Total)	75.16	>75 th	74.69	>75 th	77.37	>90 th	73.29	>75 th
CHL A	Chlamydia Screening in Women (16–20 Years)	40.12	<25 th	37.53	<10 th	40.43	<25 th	41.74	<25 th
* “A” denotes an administrative method of data collection was used; “H” denotes a hybrid method.									
[^] The KanCare rate is the average of the MCO adult population rates, weighted by administrative denominator.									

Table 1.2. HEDIS Performance Measures (Measurement Year 2021) – Child Core Set (Continued)

Indicators of strength or improving rates, shown with green font or letters “a,” “b,” and “c”:									
Quality Compass (QC) ranks >90 th or >95 th (i.e., rates above the 90 th percentile)									
“a” At least 10.00% gap-to-goal improvement in rate from prior year based on a goal of 100% or 0%, depending on the measure									
“b” Improving trend of at least 3.0 percentage points per year (pp/y) in rates averaged over 3 to 5 years, depending on the measure									
“c” Statistically significantly improving trend over 3 to 5 years, depending on the measure (hybrid and survey methods only)									
Indicators of opportunities for improvement or worsening rates, shown in purple font or letters “w,” “x,” “y,” and “z”:									
QC ranks <10 th or <5 th (i.e., rates below the 10 th percentile)									
“w” Statistically significant worsening from prior year (hybrid and survey methods only)									
“x” At least 10.00% gap-to-goal worsening in rate from prior year based on a goal of 100% or 0%, depending on the measure									
“y” Worsening trend of at least 3.0 pp/y in rates averaged over 3 to 5 years, depending on the measure									
“z” Statistically significantly worsening trend over 3 to 5 years, depending on the measure (hybrid and survey methods only)									
Other Indicators:									
“n” Prior year’s rates not available (measure was new or had a break in trend due to changes to the measure’s technical specifications)									
“NA” Quality Compass ranking was not available.									
Measures & Indicators*		KanCare [^]		Aetna		Sunflower		UnitedHealthcare	
		Rate	Rank	Rate	Rank	Rate	Rank	Rate	Rank
CIS H	Childhood Immunization Status								
	– Diphtheria-Tetanus-Acellular Pertussis (DTaP)	69.93 wxz	≥50 th	70.56	≥50 th	71.29 wx	≥50 th	68.13 wx	<50 th
	– Haemophilus Influenzae B (HiB)	81.63 wx	<50 th	81.02 x	<33.33 rd	83.21 wx	<50 th	80.54 wx	<33.33 rd
	– Hepatitis A	81.99 wxz	≥50 th	82.00 xyz	≥50 th	83.45 wx	>66.67 th	80.54 wxz	≥50 th
	– Hepatitis B	87.24 wxz	≥50 th	85.64 xz	<50 th	87.59 xz	≥50 th	88.08 x	≥50 th
	– Inactivated Poliovirus Vaccine (IPV)	86.00 wx	≥50 th	85.64 xz	≥50 th	86.37 wx	≥50 th	85.89 x	≥50 th
	– Influenza	44.51 wx	<50 th	40.88	<33.33 rd	46.23 x	<50 th	45.50	<50 th
	– Measles-Mumps-Rubella (MMR)	83.45 wxz	<50 th	83.45 x	<50 th	84.91 wx	≥50 th	82.00 x	<50 th
	– Pneumococcal Conjugate	71.59 wx	≥50 th	72.75	≥50 th	71.53 wx	≥50 th	70.80 wx	<50 th
	– Rotavirus	71.60	≥50 th	72.75	>66.67 th	69.83 x	≥50 th	72.51	>66.67 th
– Varicella-Zoster Virus (VZV)	82.89 wxz	<50 th	82.73 x	<50 th	84.67 wx	≥50 th	81.27 x	<50 th	
– Combination 10 (all 10 antigens)	35.96 cw	≥50 th	31.87	<50 th	36.25 x	≥50 th	38.69	≥50 th	
FUH A	Follow Up After Hospitalization for Mental Illness (6–17 Years)								
	– 7 Days	58.98	>75 th	57.67	>75 th	59.63	>75 th	59.32	>75 th
	– 30 Days	79.26	>75 th	78.67 a	>66.67 th	79.42	>75 th	79.54	>75 th
FUM A	Follow Up After Emergency Department Visit for Mental Illness (6–17 Years)								
	– 7 Days	73.22	>75 th	71.29	>75 th	74.05	>75 th	73.81	>75 th
	– 30 Days	83.85	>90 th	84.65	>90 th	83.74	>75 th	83.33 a	>75 th

* “A” denotes an administrative method of data collection was used; “H” denotes a hybrid method.

[^] The KanCare rate is the average of the MCO adult population rates, weighted by administrative denominator.

Table 1.2. HEDIS Performance Measures (Measurement Year 2021) – Child Core Set (Continued)

Indicators of strength or improving rates, shown with green font or letters "a," "b," and "c":									
Quality Compass (QC) ranks >90 th or >95 th (i.e., rates above the 90 th percentile)									
"a" At least 10.00% gap-to-goal improvement in rate from prior year based on a goal of 100% or 0%, depending on the measure									
"b" Improving trend of at least 3.0 percentage points per year (pp/y) in rates averaged over 3 to 5 years, depending on the measure									
"c" Statistically significantly improving trend over 3 to 5 years, depending on the measure (hybrid and survey methods only)									
Indicators of opportunities for improvement or worsening rates, shown in purple font or letters "w," "x," "y," and "z":									
QC ranks <10 th or <5 th (i.e., rates below the 10 th percentile)									
"w" Statistically significant worsening from prior year (hybrid and survey methods only)									
"x" At least 10.00% gap-to-goal worsening in rate from prior year based on a goal of 100% or 0%, depending on the measure									
"y" Worsening trend of at least 3.0 pp/y in rates averaged over 3 to 5 years, depending on the measure									
"z" Statistically significantly worsening trend over 3 to 5 years, depending on the measure (hybrid and survey methods only)									
Other Indicators:									
"n" Prior year's rates not available (measure was new or had a break in trend due to changes to the measure's technical specifications)									
"NA" Quality Compass ranking was not available.									
Measures & Indicators*		KanCare [^]		Aetna		Sunflower		UnitedHealthcare	
		Rate	Rank	Rate	Rank	Rate	Rank	Rate	Rank
IMA <i>H</i>	Immunizations for Adolescents								
	– Human Papillomavirus (HPV)	34.88	<50 th	35.04	<50 th	37.96	≥50 th	31.63	<25 th
	– Meningococcal	80.57 cx	<50 th	80.29 xyz	<50 th	82.24 c	≥50 th	79.08 cx	<50 th
	– Tetanus-Diphtheria-Pertussis (Tdap)	81.16 xz	<33.33 rd	81.51 yz	<33.33 rd	82.97	<50 th	79.08 xz	<25 th
	– Combination 1 (Meningococcal, Tdap)	79.59 cx	≥50 th	79.32 yz	≥50 th	81.51 c	≥50 th	77.86 x	<50 th
	– Combination 2 (Meningococcal, Tdap, HPV)	34.30 c	<50 th	34.55	<50 th	37.23 c	≥50 th	31.14	<33.33 rd
ppc <i>H</i>	Prenatal and Postpartum Care								
	– Timeliness of Prenatal Care	79.28 z	<25 th	72.02 xyz	<10 th	68.86 yz	<10 th	94.40 a	>95 th
W30 <i>A</i>	Well-Child Visits in the First 30 Months of Life								
	– First 15 Months	56.84	≥50 th	55.87 a	≥50 th	57.33	≥50 th	57.07	≥50 th
	– 15 Months–30 Months	60.51 x	<25 th	58.95 x	<25 th	62.96 x	<50 th	59.09 x	<25 th
WCC <i>H</i>	Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (Total)								
	– BMI percentile	62.27	<25 th	61.80 bc	<25 th	55.96 xz	<10 th	69.34	<25 th
	– Counseling for Nutrition	60.47	<25 th	58.64 bc	<25 th	59.37	<25 th	63.02 a	<33.33 rd
	– Counseling for Physical Activity	56.43	<25 th	54.50 bc	<25 th	55.72	<25 th	58.64	<33.33 rd
WCV <i>A</i>	Child and Adolescent Well-Care Visits								
	– 3–11 Years	53.15	<50 th	50.91	<33.33 rd	56.13 a	≥50 th	51.81	<33.33 rd
	– 12–17 Years	48.96	<50 th	45.65	<33.33 rd	52.40	≥50 th	48.07	<50 th
	– 18–21 Years	21.53	<33.33 rd	19.65	<25 th	23.58	<50 th	20.93	<33.33 rd
	– 3–21 Years	47.58	<50 th	44.90	<33.33 rd	50.63	≥50 th	46.53	<50 th

* "A" denotes an administrative method of data collection was used; "H" denotes a hybrid method.

[^] The KanCare rate is the average of the MCO adult population rates, weighted by administrative denominator.

Conclusions Drawn from the Data

The MCOs calculated and submitted HEDIS rates for the 2021 measurement year. MetaStar evaluated each area requiring validation to instill confidence that the MCOs' information systems were configured appropriately and that performance measures were calculated correctly. The MCOs' performance measure rates were found to be valid.

Strengths Regarding Quality, Timeliness, and Access to Health Care Services

KanCare

Performance Measures

The following were considered when determining key strengths (refer to Table 1.1 and Table 1.2): measurement year 2021 rates above the Quality Compass 90th percentile; statistically significant improvements from 2020 (hybrid or survey methods only); at least 10.00% gap-to-goal improvement in rates from 2020; improvements averaging at least 3.0 pp/y since 2017 or 2019 (depending on the measure); and statistically significantly improving trends (hybrid or survey methods only) since 2017 or 2019 (depending on the measure).

While not all statistically significant trends, the MCOs have generally improved their HEDIS performance rates over the past three to five years. KanCare rates were above the 75th percentile for four Adult and seven Child Core Set measure indicators (see Table 1.1 and Table 1.2). The Follow-Up After Emergency Department Visit for Mental Illness 7-Day and 30-Day Follow-Up (18–64 years) and 30-Day Follow-Up (6–17 years) indicators ranked >90th.

Only one KanCare rate for Adult Core Set measure indicators had improvements noted in Table 1.1, as shown below.

- Prenatal and Postpartum Care – Postpartum Care, statistically significantly improving trend of 4.2 pp/y from 2019 to 2021 (due to UnitedHealthcare's rate increase)

Opportunities for Improving Quality, Timeliness, and Access to Health Care Services

The following were considered when determining key opportunities (refer to Table 1.1 and Table 1.2): measurement year 2021 rates below the Quality Compass 10th percentile; rates statistically significantly worse than in 2020 (hybrid and survey methods only); rates worse by at least 10.00% gap-to-goal from 2020; worsening trends of 3.0 pp/y or more since 2017 or 2019 (depending on the measure); and statistically significantly worsening trends (hybrid and survey methods only) since 2017 or 2019 (depending on the measure).

KanCare

For KanCare, one Adult Core Set measure indicator was below the 5th percentile (five Adult and six Child indicators ranked <25th).

The following KanCare Adult Core Set measure indicators had worsening performance noted in Table 1.1; percentage point (pp) changes from 2020 to 2021 and average (pp/y) changes over the last three to five years, as applicable, are shown below.

- Adult
 - Comprehensive Diabetes Care – Poor HbA1c Control, statistically significant increase of 4.7 pp from 2020 (lower is better); statistically significantly worsening trend of 1.2 pp/y from 2017 to 2021
 - Flu Vaccinations for Adults, statistically significantly worsening trend of 1.9 pp/y from 2017 to 2021

- Medical Assistance with Smoking and Tobacco Use Cessation – Discussing Cessation Medications, 5.4 pp decrease from 2020

Aetna

One Adult Core Set measure indicator was below the 5th percentile; seven more were below the 25th percentile. Two Child Core Set measure indicators were below the 10th percentile; five more were below the 25th percentile.

The following Adult and Child Core Set measures had rates that worsened by 10.00% gap-to-goal or more from 2020 to 2021 (shown in pp), a worsening trend of at least 3.0 pp/y, or a statistically significantly worsening trend, from 2019 to 2021, and are noted in Tables 1.1 and 1.2:

- Adult
 - Flu Vaccinations for Adults (18–64 years), 5.7 pp decrease from 2020
 - Medical Assistance with Smoking and Tobacco Use Cessation – Discussing Cessation Strategies, 6.3 pp decrease from 2020
 - Prenatal and Postpartum Care – Postpartum Care, 3.2 pp decrease from 2020
- Child
 - Ambulatory Care – Emergency Dept Visits/1000 member-months (MM) (lower is better)
 - Ages Less Than 1 year, increase of 12.8 (visits/1000 MM) from 2020
 - Ages 1–9 Years, increase of 7.6 from 2020
 - Ages 19 Years and Less, increase of 5.3 from 2020
 - Childhood Immunization Status
 - Haemophilus Influenzae B (HiB), 4.4 pp decrease from 2020
 - Hepatitis A, 4.1 pp decrease from 2020; 3.0 pp/y statistically significantly worsening trend from 2019 to 2021
 - Hepatitis B, 4.1 pp decrease from 2020; 2.9 pp/y statistically significantly worsening trend from 2019 to 2021
 - Inactivated Poliovirus Vaccine (IPV), 3.2 pp decrease from 2020; 2.6 pp/y statistically significantly worsening trend from 2019 to 2021
 - Measles-Mumps-Rubella (MMR), 2.4 pp decrease from 2020
 - Varicella-Zoster Virus (VZV), 2.7 pp decrease from 2020
 - Immunizations for Adolescents
 - Meningococcal, 3.4 pp decrease from 2020; 4.1 pp/y statistically significantly worsening trend from 2019 to 2021
 - Tetanus-Diphtheria-Pertussis (Tdap), 3.2 pp/y statistically significantly worsening trend from 2019 to 2021
 - Prenatal and Postpartum Care – Timeliness of Prenatal Care, 5.4 pp decrease from 2020; 5.1 pp/y statistically significantly worsening trend from 2019 to 2021
 - Well-Child Visits in the First 30 Months of Life (15 Months–30 Months), 4.5 pp decrease from 2020

Sunflower

No Adult Core Set measure indicators were below the 10th percentile; seven were below the 25th percentile. Two Child Core Measure Set indicators were below the 10th percentile; three more were below the 25th percentile.

The following Adult and Child Core Set measures worsened by 10.00% gap-to-goal or more (measured in pp) or had worsening trends over three to five years (measured in pp/y), depending on the measure, noted in Tables 1.1 and 1.2:

- Adult
 - Comprehensive Diabetes Care – Poor HbA1c Control, statistically significant 12.4 pp increase from 2020 (lower is better), 1.8 pp/y statistically significantly worsening trend from 2017 to 2021
 - Medical Assistance with Smoking and Tobacco Use Cessation
 - Advising Smokers to Quit, 4.1 pp decrease from 2020
 - Discussing Cessation Medications, statistically significant 20.9 pp decrease from 2020
- Child
 - Follow-up Care for Children Prescribed Attention Deficit Hyperactivity Disorder (ADHD) Medication
 - Initiation Phase, 10.9 pp decrease from 2020
 - Continuation and Maintenance Phase, 6.3 pp decrease from 2020
 - Ambulatory Care – Emergency Department Visits/1000 MM (lower is better)
 - Ages Less Than 1 Year, increase of 22.2 (visits/1000 MM)
 - Ages 1–9 Years, increase of 8.1
 - Ages 10–19 Years, increase of 3.9
 - Ages 19 Years and Less (Total), increase of 6.6
 - Asthma Medication Ratio (Ages 5–11 Years), 1.8 pp decrease from 2020
 - Childhood Immunization Status
 - Diphtheria-Tetanus-Acellular Pertussis (DTaP), statistically significant 7.1 pp decrease from 2020
 - Haemophilus Influenzae B (HiB), statistically significant 5.4 pp decrease from 2020
 - Hepatitis A, statistically significant 6.8 pp decrease from 2020
 - Hepatitis B, 3.7 pp decrease from 2020; 1.2 pp/y statistically significantly worsening trend from 2017 to 2021
 - Inactivated Poliovirus Vaccine (IPV), statistically significant 4.9 pp decrease from 2020
 - Influenza, 6.8 pp decrease from 2020
 - Measles-Mumps-Rubella (MMR), statistically significant 5.1 pp decrease from 2020
 - Pneumococcal Conjugate, statistically significant 9.5 pp decrease from 2020
 - Rotavirus, 6.1 pp decrease from 2020
 - Varicella-Zoster Virus (VZV), statistically significant 5.1 pp decrease from 2020
 - Combination 10 (all 10 antigens), 7.1 pp decrease from 2020
 - Prenatal and Postpartum Care – Timeliness of Prenatal Care, statistically significantly worsening trend of 4.1 pp/y from 2017 to 2021
 - Well-Child Visits in the First 30 Months of Life (15 Months–30 Months), 4.5 pp decrease from 2020
 - Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents – Body Mass Index (BMI) Percentile, 6.6 pp decrease from 2020; statistically significantly worsening trend of 2.4 pp/y from 2017 to 2021

UnitedHealthcare

Two Adult Core Set measure indicators were below the 10th percentile; three more were below the 25th percentile. No Child Core Set indicator rates were below the 10th percentile; seven were below the 25th percentile.

The following Adult and Child Core Set measures worsened by 10.00% gap-to-goal or more (measured in pp) or had worsening trends over three to five years (measured in pp/y), depending on the measure, noted in Tables 1.1 and 1.2:

- Adult
 - Follow-up After Emergency Department Visit for Mental Illness (18–64 Years)
 - 7-Day Follow-up, 3.6 pp decrease from 2020
 - 30-Day Follow-up, 2.6 pp decrease from 2020
- Child
 - Follow Up Care for Children Prescribed ADHD Medication
 - Initiation Phase, 10.8 pp decrease from 2020
 - Continuation and Maintenance Phase, 5.9 pp decrease from 2020
 - Ambulatory Care – Emergency Department Visits/1000 MM (lower is better)
 - Ages Less Than 1 Year, increase of 15.8 (visits/1000 MM)
 - Ages 1–9 Years, increase of 7.7
 - Ages 10–19 Years, increase of 3.1
 - Ages 19 Years and Less (Total), increase of 5.6
 - Asthma Medication Ratio
 - Ages 5–11 Years, 9.3 pp decrease from 2020
 - Ages 12–18 Years, 8.2 pp decrease from 2020
 - Ages 5–18 Years, 8.9 pp decrease from 2020
 - Childhood Immunization Status
 - Diphtheria-Tetanus-Acellular Pertussis (DTaP), statistically significant 6.8 pp decrease from 2020
 - HiB, statistically significant 5.6 pp decrease from 2020
 - Hepatitis A, statistically significant 6.3 pp decrease from 2020; statistically significantly worsening trend of 1.2 pp/y from 2017 to 2021
 - Hepatitis B, 3.7 pp decrease from 2020
 - Inactivated Poliovirus Vaccine (IPV), 1.7 pp decrease from 2020
 - Measles-Mumps-Rubella (MMR), 5.1 pp decrease from 2020
 - Pneumococcal Conjugate, statistically significant 8.0 pp decrease from 2020
 - Varicella-Zoster Virus (VZV), 4.6 pp decrease from 2020
 - Immunizations for Adolescents
 - Meningococcal, 3.4 pp decrease from 2020
 - Tetanus-Diphtheria-Pertussis (Tdap), 4.4 pp decrease from 2020; statistically significantly worsening trend of 1.2 pp/y from 2017 to 2021
 - Well-Child Visits in the First 30 Months of Life (15 Months–30 Months), 5.1 pp decrease from 2020

Technical Strengths

The following were areas of strength for HEDIS measure production and reporting.

Common Among the MCOs

- MCO information systems were configured to capture complete and accurate data. Comprehensive edits ensured fields were populated with valid and reasonable characters. Comprehensive methods existed to ensure data accuracy throughout the data integration processes for claims, encounters, eligibility and enrollment, provider, vendor, and ancillary systems.
- The MCOs utilized robust and automated processes to extract, transfer, and load data from source systems to their certified measure software.

- NCQA-certified vendors and compliance auditors were used by the MCOs to audit their processes and to calculate HEDIS rates.
- The MCOs calculated and submitted valid HEDIS MY 2021 rates.

Aetna

- Aetna continued to have strong processes in place to ensure accurate and complete receipt and processing of claims, enrollment, and provider data for HEDIS performance measures. All organizational goals for accuracy and timeliness were met for the measurement period.
- Aetna maintained sufficient oversight of its claims processing vendors. A dedicated team ensures that vendor data were received and processed timely and completely.
- Aetna continued to overread 100% of numerator-compliant medical record reviews to ensure accuracy and completeness.

Sunflower

- Sunflower's HEDIS team was knowledgeable and worked closely with Centene corporate to ensure data used to produce HEDIS rates were complete and accurate.
- Sunflower took appropriate action for each recommendation made during the prior year's review. This demonstrated the MCO's commitment to the PMV process.
- Sunflower successfully incorporated a new nonstandard supplemental data tool, QCAT, which replaced the HEDIS User Interface tool. The QCAT tool improved user-friendliness and document capture.

UnitedHealthcare

- UnitedHealthcare continued to benefit from the support of its national plan for many aspects of HEDIS performance measure reporting, drawing on the extensive expertise of those within the corporate structure to achieve the goal of accurate and complete measure data.
- UnitedHealthcare utilized many supplemental data sources to enhance measure reporting, including leveraging data from other states' sources to use where applicable for Kansas members.

Technical Opportunities for Improvement

The following are opportunities for improving HEDIS measure production and reporting.

Aetna

- Aetna reported that the completeness of its race and ethnicity data for its members is less than 85%.

Sunflower

- Sunflower should continue its efforts to capture data files directly from provider electronic medical record systems in Kansas. Increasing the volume of supplemental data would potentially enhance data completeness and reduce the burden of medical record review.

UnitedHealthcare

- UnitedHealthcare has not analyzed the completeness of member race and ethnicity data.

Degree to Which the Previous Year's EQRO Recommendations Have Been Addressed

Please see Appendix F for MCO responses to the recommendations made as a result of the performance measure validation and evaluation process performed in 2021 (MY 2020).

Recommendations for Quality Improvement

Common Among the MCOs

1. The MCOs should prioritize improvement efforts towards the following HEDIS measures:
 - Follow-Up After Emergency Department Visit for Alcohol and Other Drug Dependence
 - Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment (IET)
 - Metabolic Monitoring for Children and Adolescents on Antipsychotics
 - Chlamydia Screening in Women
 - Breast Cancer Screening
 - Ambulatory Care – Emergency Dept Visits/1000 MM for ages less than 1 year through 19 years

Aetna

Performance Measures

1. Aetna should prioritize improvement efforts towards the following additional HEDIS measures:
 - Engagement of Alcohol and Other Drug Abuse or Dependence Treatment (IET)
 - Initiation of Opioid Abuse or Dependence Treatment (IET)
 - Cervical Cancer Screening
 - Prenatal and Postpartum Care
 - Childhood Immunization Status and Immunizations for Adolescents, particularly Human Papillomavirus (HPV) for adolescents; continue influenza vaccination performance improvement efforts
 - Flu Vaccinations for Adults
 - Adherence to Antipsychotic Medications for Individuals with Schizophrenia
 - Well-Child Visits in the First 30 Months of Life and Adolescent Well-Care Visits for all age groups, including ages 18–21 years; continue focus on Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) performance improvement project
 - Medical Assistance with Smoking and Tobacco Use Cessation
 - Discussing Cessation Medications and other Cessation Strategies

Technical

2. Aetna should continue to monitor for the completeness of the race and ethnicity data provided in the State enrollment files and explore additional data sources for members who declined to provide the information during KanCare enrollment, or whose race and ethnicity category is unknown.

Sunflower

Performance Measures

1. Sunflower should prioritize improvement efforts towards the following additional HEDIS measures:
 - Antidepressant Medication Management – Effective Continuation Phase Treatment
 - Follow-up After Hospitalization for Mental Illness within 7 days and 30 days
 - Prenatal and Postpartum Care
 - Immunizations – Childhood, Adolescent (HPV)
 - Comprehensive Diabetes Care – Poor HbA1c Control
 - Continue existing improvement efforts for Child and Adolescent Well-Care Visits
 - Medical Assistance with Smoking and Tobacco Use Cessation – Discussing Cessation Medications and Advising Smokers to Quit

Recommendations for Quality Improvement (Continued)

Sunflower (Continued)

Technical

2. Sunflower should analyze the completeness of member race and ethnicity data and continue to explore additional data sources to supplement the race and ethnicity data captured from the State 834 enrollment files.

UnitedHealthcare

Performance Measures

1. UnitedHealthcare should prioritize improvement efforts towards the following additional HEDIS measures:
 - Follow-up after Hospitalization for Mental Illness (18–64 Years)
 - Antidepressant Medication Management
 - Well-Child Visits in the First 30 Months of Life
 - Immunizations – Childhood, Adolescent, and Adult
 - Continue existing improvement efforts for the following:
 - Medical Assistance with Smoking and Tobacco Use Cessation
 - Child and Adolescent Well-Care Visits

Technical

2. UnitedHealthcare should analyze the completeness of member race and ethnicity data and continue to explore additional data sources to supplement the race and ethnicity data captured from the State 834 enrollment files.

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2. Performance Improvement Project Validation

Background/Objectives

The purpose of a PIP is to assess and improve processes and, thereby, outcomes of care. The objectives of KFMC's review were to determine if the PIP design was methodologically sound, validate the annual PIP results, and evaluate the overall validity and reliability of the methods and findings.

Technical Methods of Data Collection and Analysis

In 2022, regular interagency meetings occurred that included focused PIP discussions among staff from KDHE, KDADS, KFMC, and each of the MCOs. KFMC provided feedback on initial and revised PIP methodologies, interventions, metric development, data analysis, and annual progress.

The PIP validations were conducted in accordance with the October 2019 Validation of Performance Improvement Projects Protocol worksheet and narrative provided by CMS. Evaluation includes review of the MCOs' annual reports submitted for the current and prior years (where applicable), along with their originally submitted approved PIP methodology worksheets. The MCOs' monthly data submitted to KFMC for populating into PIP Action Reports (PARs) along with the corresponding PAR metric specifications were also reviewed.

Description of Data Obtained

Five of the fifteen PIPs validated during the 2022 to 2023 reporting cycle were based on HEDIS measures. For the various PIPs, sources of data included: claims, encounters, medical records, laboratory results, and immunizations identified through the Kansas Immunization Registry (KSWebIZ). The MCOs are conducting a collaborative PIP on COVID-19, non-collaborative PIPs on EPSDT, and two of the MCOs' PIP topics include Diabetes Monitoring of Members with Diabetes and Schizophrenia (SMD).

Overall Validity and Reliability of PIP

The overall validity and reliability of the PIP is based on whether the MCO adhered to acceptable methodology for all phases of design and data collection, conducted accurate data analysis, assessed for statistical significance of any differences, and provided an interpretation of the PIP results. KFMC used a numerical rating system for the evaluation of PIP Activities to determine a level of overall confidence; High Confidence: 95% to 100%, Confidence: 90% to <95%, Low Confidence: 80% to <90%, and Little Confidence: below 80%. Level of confidence ratings for each of the PIPs evaluated are included in Table 2.1 below.

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Table 2.1. MCOs' PIP Topics and Validation Ratings		
PIP Topic	Validation Status	Validation Rating
Aetna		
EPSDT	Yes	92.3% – Confidence
Pregnancy: Prenatal Care	Yes	95.0% – High
Food Insecurity	Yes	97.5% – High
Long-Term Services & Supports (LTSS) ED Visits	Yes	93.4% – Confidence
Influenza Vaccination	Yes	92.0% – Confidence
Sunflower		
EPSDT	Yes	75.9% – Little
Cervical Cancer Screening	Yes	81.8% – Low
SMD	Yes	85.7% – Low
Waiver Employment	Yes	71.9% – Little
Mental Health Services for Foster Care	Yes	83.5% – Low
UnitedHealthcare		
EPSDT	Yes	91.6% – Confidence
SMD	Yes	86.4% – Low
Advanced Directives	Yes	90.0% – Confidence
Housing	Yes	89.7% – Low
AMM*	Yes	87.1% – Low
All MCOs (Collaborative)		
COVID-19 Vaccination	Yes	88.3% – Low
* Replaced UHC Prenatal Care PIP		

Themes of Recommendations for Quality Improvement

In assessing the EQRO recommendations for the sixteen PIPs, the main themes involved the MCOs' analysis plans, presentations of their data, and accuracy of the results. KFMC recommended for the MCOs to follow the analysis plan from the approved PIP methodology; ensure the described analysis results are accurate, clear; and that the interpretations are supported by the presented data. Another recommendation theme for future annual reports was to make sure the most recent approved technical specifications are being followed throughout the report.

Degree to Which the Previous Year's EQRO Recommendations Have Been Addressed

Please see Appendix F for information regarding MCO progress on recommendations made in prior years' PIPs.

Aetna

EPSDT PIP

Background/Objectives

Aetna's stated aim for the EPSDT PIP is to "achieve an EPSDT participation rate of 85 percent for ages 0–20 years, over a five-year period." The second year of activity for this PIP was January 1, 2021, to December 31, 2021. Aetna's multifaceted intervention strategy included the five interventions listed below in Table 2.2.

Table 2.2. Aetna's EPSDT PIP Interventions		
PIP Interventions	Implementation	Outcome
Interactive Voice Response (IVR) system calling campaign to remind and educate parents/guardians of the importance of EPSDT visits and immunizations	Not implemented in 2021	Not available (NA)
Text4Kids program ("Text Campaign") to provide educational messages to parents/guardians on health-related topics including EPSDT visits and immunizations	June 2019 through August 2020; not implemented in 2021	NA
Member incentives for completing well-care visits and vaccinations	The campaign was effective January 1, 2019	<ul style="list-style-type: none"> • Members aged 0 to 12 years who completed a visit and did receive letter, 42.7% (27,153/63,642) • Members aged 13 to 20 years who completed a visit and did receive letter, 28.0% (9,199/32,913) • Members who completed EPSDT visit and did not receive letter, 8.8% (8,525/96,555) • Members who did not complete EPSDT visit and did receive letter, 1.5% (1,482/96,555) • Members who did not complete EPSDT visit and did not receive letter, 52.0% (50,196/96,555)
Use of "Health Tag" reminders on prescriptions filled at CVS pharmacies ("CVS Health Tags")	Not implemented in 2021	Intervention discontinued, with State approval, in March 2021
EPSDT-related webinars to educate providers/office staff on the EPSDT program and recommended screenings ("Provider Webinar")	Not implemented in 2021	NA

Conclusions Drawn from the Data

- KFMC has concluded that there is confidence in the overall validity and reliability of the described methods and findings.

Strengths Regarding Quality, Timeliness, and Access to Health Care Services

- In addition to implementing five interventions in 2022, Aetna is considering other opportunities and initiatives to increase the EPSDT rates for their members.
- Aetna provided intervention details for current status, activities completed in prior report periods, and plans for the next activity period.

Opportunities for Improving Quality, Timeliness, and Access to Health Care Services

- Reporting of the Current Procedural Terminology Fourth Edition (CPT-4) codes used in the analysis for calculating the PIP outcome measure was inconsistent between provided documents.
- Data provided in some Process Measures and Outcome Measures were not consistent with the methodology or the Plan-Do-Study-Act (PDSA) cycle.
- The technical specifications for the PIP population and outcome measure were not correct.
- It was not clear if the provider webinar Aetna planned to post to their website will be the same webinar hosted by their vendor and if it will be offered quarterly.

Recommendations for Quality Improvement

1. In the next annual report, explain the discrepancy involving the CPT-4 codes used in the PIP outcome measure analysis. The impact of the discrepancy on the results should be provided and prior reported measurements corrected, if needed.
2. Provide an interpretation of all analysis results.
3. The differences KFMC noted in Aetna’s documentation of the CPT-4 codes, identified for the member incentive intervention, should be explained in the next annual report.
4. Details should be provided in the next annual report to clarify if the same webinar content Aetna planned to post to their website will be used by the vendor, EventBrite, when they host webinars in 2022, and also if the webinar will be offered quarterly.
5. Ensure the most recent technical specifications for the PIP outcome measure are being used and provided in the annual report.

Pregnancy: Prenatal Care PIP

Background/Objectives

Aetna identified two aims for the PIP.

- *“To use member- and provider-focused interventions to increase the average time between Aetna notification of the member’s pregnancy to the date of delivery.”*
- *“To use member- and provider-focused interventions to increase the percent of pregnant women with the initial prenatal visit occurring within the first trimester or within 42 days of enrollment from 42.00 percent (2019) to 75.5 percent by the end of the PIP. It is noted that this rate is based on modified, unaudited, HEDIS rates.”*

The second year of activity for this PIP was January 1, 2021, to December 31, 2021. The outcomes of Aetna’s interventions, based on the 2022 evaluation, are provided in Table 2.3 below.

Table 2.3. Aetna's Pregnancy: Prenatal Care PIP Interventions		
PIP Interventions	Implementation	Outcome
Texting campaign to female members aged 18–55 years	December 2021	NA
IVR campaign to female members aged 18–55 years	December 2021	NA
Telephonic care management (CM) outreach to newly enrolled members identified as pregnant in the State 834 eligibility file	August 2020	<ul style="list-style-type: none"> • Process Measure, percentage of members in 2021 who received a successful call within 10 business days, 28% (575/2,022) • Outcome Measure, percentage of members in 2021 who received a successful outreach call within 10 business days who attended a prenatal appointment within the first trimester of pregnancy or within 42 days of enrollment, 31% (178/575)
Incentives for high-risk providers to notify Aetna of member pregnancy	Next activity period (April 2022)	NA
Incentives for urgent care providers to notify Aetna of member pregnancy	Next activity period (April 2022)	NA

Conclusions Drawn from the Data

Aetna reported the following data for the two PIP outcome measures:

- Average days from notification of pregnancy to delivery date
 - 2019 – 103 days (2,588 deliveries); 2020 – 145 days (2,730 deliveries); 2021 – 136 days (2,832 deliveries)
- Timeliness of Prenatal Care
 - 2020 – 77.4% (318/411); 2021 – 72.0% (296/411)

Strengths Regarding Quality, Timeliness, and Access to Health Care Services

- Analysis conducted for setting goals for the aim to lengthen the average number of days from pregnancy notification to delivery was thorough and lead to an alternate measure for the aim.
- Member incentives were increased from \$20 to \$75 and provider incentives for pregnancy notification were expanded to all provider types.
- All of the previous EQRO recommendations made in the 2021 evaluation were fully addressed in the annual report.

Opportunities for Improving Quality, Timeliness, and Access to Health Care Services

- Outcome goals and technical specifications were not clearly stated.
- The PIP population was not clearly defined.
- Monthly tracking of the administrative HEDIS Timeliness of Prenatal Care indicator and detailed analytic plans for the use of HEDIS administrative rates stratified or regression analysis were not included in the appropriate section of the report; statistical testing for differences between stratified hybrid Timeliness of Prenatal Care was not conducted as planned.

Recommendations for Quality Improvement

1. Revise the analytic plans for the texting and IVR campaigns to indicate the 90-day claims run-out period only applies to claims-dependent measures.
2. Update the aim statements to indicate more clearly the baseline rates and performance goals.
3. Define the PIP population as female members with a pregnancy during the activity period.
4. Provide complete specifications for outcome measures and separate specifications for administrative and hybrid Timeliness of Prenatal Care measures.
5. Incorporate monthly tracking of the administrative Timeliness of Prenatal Care indicator in the analysis plan for the PIP outcome measures.
6. Provide more details to the plans for analyzing the PIP outcome measures to assess the effectiveness of PIP as a whole and the effectiveness of interventions individually.
7. Provide a detailed interpretation, in layman's terms, of the data analysis results.

Food Insecurity PIP

Background/Objectives

Aetna identified two aims for this PIP.

- *“Use member, provider, and community-facing interventions to reduce food insecurity reported in the annual Aetna Better Health - Health Care Equity (HCE) screening and the Food Insecurity Screening (FIS) for all targeted members through the end of the PIP.”*
- *“Use provider engagement to increase the use on claims of Z-codes that enhance identification of food insecure members.”*

Aetna's plan included the five interventions listed in Table 2.4.

Table 2.4. Aetna's Food Insecurity PIP Interventions		
PIP Interventions	Implementation	Outcome
Z-code project with outreach to select providers	Provider education webinar available in July 2021	<p>Claims with Z-codes indicating food insecurity (out of more than 2 million claims)</p> <ul style="list-style-type: none"> • 102 in 2020 • 257 in 2021 <p>Members with Z-code claims indicating food insecurity</p> <ul style="list-style-type: none"> • 57/110,830 or 0.05% • 132/122,943 or 0.11% <p>No CM outreach occurred within 14 days of notification</p>
Community Pharmacy Enhanced Service Network (CPESN) program with select pharmacies within the Aetna's network	Since July 2020	<p>Percentage of members completing CPESN assessment identified as having food insecurity on HCE assessment</p> <ul style="list-style-type: none"> • 38/53 or 72% in 2020 • 99/155 or 64% in 2021
IVR welcome call with care management follow-up as indicated	April 2022 received approval to discontinue	NA
Member webinar for members with diabetes and other chronic conditions to focus on education and options for healthy eating	Initial webinar available in third quarter of 2022	NA
Partnership with community providers to provide healthy food resources to communities identified as food deserts	Participated in seven food distribution events during second to fourth quarter of 2021	Effectiveness of the intervention could not be determined since events were not targeted to Aetna's members.

Conclusions Drawn from the Data

- Process Measure – Percentage of members completing a Community Pharmacy Enhanced Service Network (CPESN) assessment who are confirmed as being food insecure from a completed HCE assessment
 - In 2020, the rate was 72% (38/53); in 2021, it was 64% (99/155)

Modifications have occurred to the interventions and outcome measures, and analysis results will be reported for the 2022 measurement period in the next annual report.

Strengths Regarding Quality, Timeliness, and Access to Health Care Services

- Aetna's partnership with community providers helped provide food to a substantially larger group of people in need in 2021.
- Aetna assessed their opportunities to improve the processes and data collection of all interventions.
- The PDSA cycles of continuous improvement were detailed well.

Opportunities for Improving Quality, Timeliness, and Access to Health Care Services

- The outcome measure for Aim 2 was not consistently described in the report.
- Qualifications and responsibilities for staff participating in the PIP were not provided.
- Stratification by age group of one of the CPESN program intervention process measure numerators were misinterpreted. Stratification of rates instead of numerators was implied by the analytic plan and would have provided clearer results.
- Testing for statistical significance was not performed to be consistent with the analytic plan for the CPESN program intervention.

Recommendations for Quality Improvement

1. Conduct analysis according to the analytic plans, which may need to be revised for clarity and technical precision, or explain why analysis deviated from the plans.
2. Follow the analytic plan for the CPESN intervention described in the methodology (testing for statistical significance) or provide an explanation for not doing so.
3. Ensure non-technical descriptions, outcome measures, and data analysis are consistent.
4. Provide documentation for staff who are participating in the PIP according to the *Conducting Performance Improvement Project Worksheet Instructional Guide*.
5. Ensure analysis results described in the report narrative are consistent with data presented.

Long-Term Services and Supports and Emergency Department Visits PIP

Background/Objectives

Aetna’s PIP is targeting members on HCBS waivers who receive LTSS in a community setting. The stated aim for the PIP is to *“to decrease the use of emergency departments by HCBS members who are not in long-term care, are not subsequently admitted to higher-level care (i.e. inpatient, residential, etc.), and for selected primary diagnoses considered as non-emergent (NE) by 5 percentage points year over year, or approximately 2.5 visits per month, for the first year of the PIP.”* Aetna recommends changing the goal to a 0.5% reduction from baseline over a three-year period and sustain that rate should the PIP extend past three years. Aetna’s activity period for this PIP was July 1, 2021, to June 30, 2022, and included the five interventions listed in Table 2.5.

Table 2.5. Aetna's LTSS ED Visits PIP Interventions		
PIP Interventions	Implementation	Outcome
Analyze and trend claims data for ED use to determine opportunities to decrease utilization of the ED for NE conditions	Quarter 4 2021	No measures; analysis was completed
Text campaign with education for members regarding appropriate use of ED and alternative sites of care	July 2021	<ul style="list-style-type: none"> • Process Measure 1 – Percent of members receiving HCBS waiver services who utilized the Nurse Line was 1% or less for all measurement periods • Process Measure 2 – Percent of members in the PIP population who contacted the Nurse Line within 48 hours prior to a NE ED visit was less than 1% for all measurement periods • Outcome Measure 1 – Percent of members in the PIP population with claims for NE ED visit within 90 days following receipt of third message regarding the Nurse Line was 4.5% for RY2
Member education and resources during face-to-face visits with distribution of refrigerator magnets including pertinent phone numbers and information	December 2021	<ul style="list-style-type: none"> • Process Measure 1 – Percent of members receiving Physical Disability (PD), Frail Elderly (FE), Brain Injury (BI), Intellectual/Developmental Disability (I/DD) waiver services as of the anchor date who indicate magnet was of value was 26.5% for RY2 • Process Measure 2 – Percent of members receiving PD, FE, BI, or I/DD waiver services as of the anchor date who indicate the magnet was not of value was 73.5% for RY2

Table 2.5. Aetna's LTSS ED Visits PIP Interventions (Continued)		
PIP Interventions	Implementation	Outcome
		<ul style="list-style-type: none"> Process Measure 3 – Summary of member comments and feedback related to value and use of magnet was not reported Outcome Measure – Percent of members receiving PD, FE, BI, or I/DD waiver services as of the anchor date who have a claim for an ED visit with an identified NE primary discharge diagnosis within 6 months of receipt of education about magnet who was also mailed a magnet was 3.9% for RY2
Provide education and outreach to primary caregivers for decision making regarding use of ED	December 2021	<ul style="list-style-type: none"> Measure 1 – Percent of members receiving PD, FE, BI, or I/DD waiver services as of the anchor date who have a claim for a NE ED visit within 6 months after education about the magnet and were offered a magnet by SC was 3.3% for RY2 Measure 2 – Percent of members receiving PD, FE, BI, or I/DD waiver services whose primary caregiver indicated the magnet was of value was not reported Measure 3 – Percent of members receiving PD, FE, BI, or I/DD waiver services whose primary caregiver indicated the education and materials were not of value was not reported Measure 4 – Summary of comments and feedback related to value and use of education and materials was not reported
Care Management outreach to members within 72 hours of notification to Aetna of discharge from ED for NE condition	January 2022	<ul style="list-style-type: none"> Measure 1 – Not calculated as designed Measure 2 – Percent of NE ED visits for the PIP population identified by CareUnify in which the member was successfully contacted by CM within 3 business days following NE ED visit was 39.6% in RY2 Measure 3 – The average number of days since last CM contact for members in the PIP population who had NE ED visit identified using CareUnify was 88.9 days; median was 44 days Measure 4 – Summary of key themes from CM data to better illustrate member justification for using ED versus alternatives consisted primarily of vague symptom descriptions of general pain in a body part and symptoms associated with an upper respiratory illness

Conclusions Drawn from the Data

- The results for the PIP outcome measure, the percentage of members receiving HCBS waiver services, with at least one NE ED visit without subsequent admission to a higher level of care, are shown in Table 2.6. The goal was a 0.5 pp reduction from the baseline rate. The increase from Remeasurement Year 1 to Remeasurement Year 2 was not statistically significant ($p=.22$).

Measure Period	PIP Population	At Least 1 NE ED Visit	NE ED Visits
Baseline (July 2019 – June 2020)	5,079 members	428 members (8.4%)	646 visits
Remeasurement Year 1 (July 2020 – June 2021)	5,381 members	399 members (7.4%)	586 visits
Remeasurement Year 2 (July 2021 – June 2022)	5,918 members	475 members (8.0%)	711 visits

Strengths Regarding Quality, Timeliness, and Access to Health Care Services

- Aetna modified their steps in the care management outreach to ensure the correct members received outreach and those that did not have visit reasons specified in the PIP did not receive outreach, thus ensuring more accurate data collection.

Opportunities for Improving Quality, Timeliness, and Access to Health Care Services

- Aetna’s report did not correctly state the revised aim statement.
- An anchor date was included as part of the PIP population definition.
- A new process measure was described in the narrative of one intervention but was not defined.
- The International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) codes listed on the claim line for inclusion in the PIP are different from appendices.
- There were inconsistencies between the narrative and labeling of data tables for some of the process measures.

Recommendations for Quality Improvement

1. Aetna should state the revised aim statement and then discuss changes from the prior version.
2. In describing the proposed revision to the PIP goals for the outcome measure, Aetna should clearly indicate whether a relative change or absolute change (percentage point change) is intended. Stating the targeted rate would also improve clarity.
3. Present the proposal for changes to the PIP goals to the State and KFMC for review and discussion. Goal changes need the State’s approval.
4. The anchor date should be removed from the PIP population definition.
5. Aetna should ensure International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) codes are consistent in narrative and Appendices.
6. Provide a summary of the opportunities for improving the PIP in the report.
7. Remove the sentence, “Clarifications have been added to the specifications for the outcome measure,” from the definition of the PIP outcome measure.

Influenza Vaccination PIP

Background/Objectives

Aetna’s stated aim for the PIP is to *“to increase the influenza vaccination rate by 3 percentage points annually over the baseline year of 2019 for members age 6 months to 17 years. The longer-term goal is to meet Healthy People 2030 goal of increasing the proportion of people who get the flu vaccination every year to 70%.”* Their third year of activity for this PIP was July 1, 2021, through June 30, 2022. Aetna’s multifaceted education and outreach interventions are shown in Table 2.7.

Table 2.7. Aetna's Influenza Vaccination PIP Interventions		
PIP Interventions	Implementation	Outcome
Texting Campaign	September 2021	<ul style="list-style-type: none"> Process Measure – 85.3% (19,580/22,948) of the primary contacts for members aged 6 months to 17 years of age received the initial text message. Outcome Measure – the percentage of members aged 6 months to 17 years of age, whose primary contact had the ability to receive a text message, who received the flu vaccination within 90 days of the first text message being sent to primary contacts was not provided.
Telephonic outreach	Mid-December 2021	<ul style="list-style-type: none"> Process Measure – 27.8% (79/284) of the intervention population was successfully contacted by the Quality Management Nurse Consultant. Outcome Measure – The numerator, the number of members successfully contacted who received a flu vaccination within 90 days of outreach, was too small to report and the rate could not be provided.
CVS Health Tags	Discontinued January 7, 2022	NA
Gaps in Care (GIC) Reports	January and February 2022	<ul style="list-style-type: none"> Outcome Measure – None of the 30 members, aged 6 months to 2 years, who appeared on a gaps-in-care report for providers, received a flu vaccination within 90 days of report distribution.
Member Incentives	Began during baseline period (2019–2020); suspended 2020–2021 due to vendor change; resumed with new vendor in third quarter 2022	<ul style="list-style-type: none"> Measure 1 – The percent of members who received a letter with instructions to redeem a gift card following a flu vaccination <ul style="list-style-type: none"> o Baseline: 25.7% (4,215/16,427) o RY1: 92.8% (14,948/16,113) o RY2: 93.8% (13,310/14,197) Measure 2 – The percent of members who received a letter with instructions to redeem a gift card following a flu vaccination evidenced by Kansas Immunization Registry (KSWebIZ) only (no Aetna claim) <ul style="list-style-type: none"> o Baseline: 17.9% (340/1,896) o RY1: 51.6% (426/825) o RY2: 81.8% (654/800)
Vaccines for Children Program	January–February 2022	<ul style="list-style-type: none"> Measure 1 – Aetna met with 5 Federally Qualified Health Centers and Rural Health Clinics Summary of lessons learned

Conclusions Drawn from the Data

Despite the decrease in the influenza vaccination rate in 2021-2022 compared to baseline, Aetna stated “with stronger interventions in place, full staffing, and the pandemic incorporated into our everyday lives, ABHKS anticipates an increase in overall vaccination rates” during the next activity period.

Strengths Regarding Quality, Timeliness, and Access to Health Care Services

- Evidence of the texting campaign and gift incentive interventions having positively influenced influenza vaccination rates was obtained through logistic regression analysis.

Opportunities for Improving Quality, Timeliness, and Access to Health Care Services

- Changing the date on which ages are calculated from January 1 to June 10 in a section made the definition of the PIP population unclear. The change also reduced clarity in other sections of the report.
- In the revised technical specifications one outcome measure had contradictory definitions for the denominator.
- The analytic results were not always clearly presented and contained rates that were not calculated according to measure specifications.
- The conclusion that the decrease in flu vaccination rates were likely a result of the decrease in COVID-19 infections was not supported by the data.
- The youngest age range was inconsistently referred to as “between 6 months to 5 years old,” “ages 6 months to 4 years,” and “under 5 years old.”
- Aetna did not discuss the potential impact of the text campaign and member outreach on the PIP rate.

Recommendations for Quality Improvement

1. Precisely define the PIP population (i.e., the population for whom improvement is intended). Separately define the denominator of the PIP’s outcome measure.
2. Revert the date on which age is based back to January 1 for the PIP outcome measure.
3. Clarify age ranges throughout the report.
4. Ensure that interpretations of analysis results are supported by the data (e.g., relationship between declining flu vaccination rates and COVID-19 prevalence rates).
5. Label tables and describe populations consistently and accurately (e.g., age ranges).
6. Review the *Conducting Performance Improvement Project Worksheet Instructional Guide* for guidance on the content for all activities.
7. Include the insights resulting from the analysis of the texting campaign as a predictor for receiving a flu vaccination.

Sunflower

EPSDT PIP

Background/Objectives

Sunflower’s stated aim for this PIP is to “increase the EPSDT screening rate for KanCare members through a combination of provider, member, and community focus interventions over a five-year period. The effectiveness of the PIP will be measured by the percentage of KanCare members, ages 0 to 20, who receive at least one EPSDT screening within the measurement year (the Participation Rate). The goal is to achieve and maintain an 85% Participation Rate.” The activity period for this PIP was January 1, 2021, to December 31, 2021, and included the five interventions listed in Table 2.8.

Table 2.8. Sunflower's EPSDT PIP Interventions		
PIP Interventions	Implementation	Outcome
mPulse text messaging campaign to members aged 6 to 20 years	Third quarter 2020; monthly January through September 2021	<ul style="list-style-type: none"> Process Measure 1, percentage of members who received EPSDT screening within 90 days of receiving message, 44.7% (2,199/4,923) Process Measure 2, percentage of members who opted out of campaign who received EPSDT screening within 90 days of campaign, 40.3% (453/1,125) Difference in rates statistically significant
Warm phone call outreach to members aged 6 to 20 years on the Serious Emotional Disturbance (SED) waiver	Second quarter 2020; 2021 calendar year	<ul style="list-style-type: none"> Process Measure 1, proportion of members in case management on the SED waiver who were successfully called, 40.5% (699/1,728) Process Measure 2, proportion of members in case management on the SED waiver who completed an EPSDT visit within 90 days of receiving call, 20.0% (140/699)
One-on-one educational provider meetings with five targeted providers (selected from providers having 100 to 300 members 6 to 20 years of age)	Not implemented in first year of PIP; training and meetings occurred in first quarter 2021	<ul style="list-style-type: none"> Training provided to 117 providers or office staff in February 2021 One-on-one meetings with 5 provider groups in March 2021
Partnership with foster care lead agencies	Second quarter 2020; intervention placed on hold for 2021	NA
Community initiative/event with community providers was replaced with staff education due to the COVID-19 pandemic	Not implemented in first year of PIP; training occurred March through April 2021	<ul style="list-style-type: none"> 134 staff completed training Average pre-test score 66% Average post-test score 94.5%

Conclusions Drawn from the Data

Tables 2.9 and 2.10 below provide the EPSDT participation rates by age group for two measurement periods (10/1/2019 to 9/30/2020 and 10/1/2020 to 9/30/2021). The rate for ages 0 to 20 improved 4 percentage points (from 48.3% to 52.38%). Table 2.10 shows errors in the age strata for under age 1, the number of members should be about half the number of members ages 1 to 2. Any conclusions drawn from the age stratified analysis should be interpreted with caution.

Table 2.9. EPSDT Rates by Age Group: 10/1/2019 to 9/30/2020 (Sunflower's Data Table 11)

Age Group	Numerator	Denominator	Rate
Under Age 1	5,551	6,047	91.08%
Age 1 to 2	9,793	13,069	74.93%
Age 3 to 5	10,947	19,098	57.32%
Age 6 to 9	9,920	24,776	40.04%
Age 10 to 14	12,659	29,972	42.24%
Age 15 to 18	7,316	19,738	37.07%
Age 19 to 20	731	5,142	14.22%
Total	56,917	117,842	48.30%

Table 2.10. EPSDT Rates by Age Group: 10/1/2020 to 9/30/2021 (Sunflower's Data Table 11)

Age Group	Numerator	Denominator	Rate
Under Age 1	10,675	12,121	88.07%
Age 1 to 2	4,678	6,508	71.88%
Age 3 to 5	11,815	18,778	62.92%
Age 6 to 9	11,985	25,517	46.97%
Age 10 to 14	14,747	30,534	48.30%
Age 15 to 18	8,383	20,745	40.41%
Age 19 to 20	1,226	7,036	17.42%
Total	63,509	121,239	52.38%

Strengths Regarding Quality, Timeliness, and Access to Health Care Services

- Regression analysis results in Sunflower’s table support the effectiveness of the mPulse and warm call interventions.
- Four interventions were implemented during the second activity period of this PIP.

Opportunities for Improving Quality, Timeliness, and Access to Health Care Services

- The description of the technical specifications for process and outcome measures for the staff education intervention was insufficient; recommendations for improving the activity made in the prior validation report were not incorporated.
- Sections related to one-on-one provider visits contained remnants of the prior year’s report that should have been removed or updated. Details of current year’s provider visits were insufficient.
- Analysis indicated by the interventions’ analytic plans were omitted without explanation for the mPulse and provider one-on-one visits interventions.
- The interpretation of some analysis was not always clear, accurate, or supported by the analysis.
- Errors were identified in the reported EPSDT data for age groups “under age 1” and “age 1 to 2” during the measurement period 10/1/2020–10/1/2021.
- Interpretation of the regression analysis was not clearly written, and the odds ratios in a table were incorrect or mislabeled.

Recommendations for Quality Improvement

1. Establish a goal for post-training test scores or for the percentage point increase between pre-training to post-training test scores for the staff training on the importance of EPSDT screenings.
2. In the 2022 annual report, describe the one-on-one provider intervention activities completed and any changes in the implementation of the intervention.
3. Ensure analyses for process and outcome measures are conducted according to the approved methodology’s measure specifications and analytic plans or provide rationale and details of changes.
4. Ensure analysis results described in the report narrative are consistent with the data presented in tables.
5. Accurately describe data being tested or measured and how the results are being interpreted.
6. Ensure all data and statistical interpretations are verified for accuracy and clarity in future reports.

Cervical Cancer Screening PIP

Background/Objectives

Sunflower’s stated aim for the Cervical Cancer Screening (CCS) PIP is to “*increase the HEDIS® CCS rate to 59.50% or higher in the first year of the PIP using a multifaceted intervention approach, targeting Sunflower members 24-64 years of age who meet HEDIS® CCS criteria and targeting providers who serve this population.*” Sunflower’s multifaceted intervention approach during the second year of activity, January 2021 to December 2021, of this PIP included the five interventions listed below in Table 2.11.

Table 2.11. Sunflower's Cervical Cancer Screening PIP Interventions		
PIP Interventions	Implementation	Outcome
Monthly gap-in-care reports to providers	Fourth quarter 2020 and monthly 2021	90-day compliance rate in 2021 <ul style="list-style-type: none"> • Range 0 to 6.2% • Total 4.4% (24/548) 180-day compliance rate in 2021 <ul style="list-style-type: none"> • Range 0 to 12.4% • Total 9.3% (51/548)
Interactive text messages to members through the mPulse platform	Second quarter 2020 and second and third quarters 2021	1 st campaign (May 2021) <ul style="list-style-type: none"> • Members who received text 2.7% (22/806) • Members who did not receive text 0 (0/41) 2 nd campaign (July 2021) <ul style="list-style-type: none"> • Members who received text 1.9% (15/787) • Members who did not receive text 0 (0/10)
POM phone call outreach to members	Fourth quarter 2020 and April and August 2021	1 st campaign <ul style="list-style-type: none"> • Members who received call 6.9% (559/8,119) • Members who did not receive call 16.0% (234/1,459) 2 nd campaign <ul style="list-style-type: none"> • Members who received call 5.3% (438/8,319) • Members who did not receive call 7.2% (44/615)
Co-branded member mailers	Second quarter 2021	Six-month screening rate 62.2% (56/90)
Extension for Community Healthcare Outcomes (Project ECHO) webinar for providers and cervical cancer screening provider webinar	Second quarter 2020 and second and fourth quarters 2021	No measure data available; ECHO webinar held April 2021 and CCS webinar occurred mid-December 2021

Conclusions Drawn from the Data

- The PIP’s goal is to increase the hybrid CCS rate (based on medical record review) by 5 percentage points from the prior year. Sunflower’s hybrid rates for measurement years 2019 and 2020 are shown in Table 2.12.
- The 2020 rate (62.0%) increased 2.4 percentage points from the 2019 baseline rate (59.6%); rates for 2021 were not available to Sunflower for this annual report.

Table 2.12. CCS Rates by Year (Hybrid)			
2019 - 2021			
Year	Rate	Den	Num
2019	59.61%	411	245
2020	62.04%	411	255
2021	N/A	N/A	N/A

Strengths Regarding Quality, Timeliness, and Access to Health Care Services

- Sunflower focused on learning the barriers and challenges to cervical cancer screenings to better understand how they can provide education and support completion of the screenings.
- All five interventions were conducted during the second year of this PIP.

Opportunities for Improving Quality, Timeliness, and Access to Health Care Services

- Reporting of analytic results contained multiple typographical, interpretive, and statistical errors.
- Sunflower did not address the wide disparity in the denominators between 2020 and 2021 for the text campaign.
- Conclusions provided in the narrative should be supported by the presented data, e.g., proactive outreach management call intervention.

- Rational for deviating from the analytic plans and technical specifications was not provided for the measures (e.g., analysis planned for the co-branded mailer intervention).
- Analytic plans were not sufficiently detailed to ensure comparability of data and meaningful statistical conclusions.
- Data presented for the gap-in-care outcome measure were not consistent with the technical specifications.

Recommendations for Quality Improvement

1. Ensure the content of the data tables are correct and match the narrative content (e.g., ensure prior year’s data are not being inadvertently reported as current year’s data).
2. Provide correct interpretations of statistical results that will be meaningful to the reader (e.g., interpretation rate differences using odds ratios).
3. Determine which are the most relevant statistical tests to report and do not include statistical tests that do not provide meaningful results (e.g., proportions tests).
4. Include in the analysis plans for regression analysis, testing for correlation between the variables (e.g., age and region) and goodness of fit of the model.
5. Change the focus of logistic regression from determining the relationship between the CCS rate and demographic and clinical characteristics to determining which interventions were most effective.
6. Ensure statements of success of the PIP are supported by the data presented.

Increasing the Rate of Diabetic Screening for People with Schizophrenia or Bipolar Disorder Who are Using Antipsychotic Medications (SMD) PIP

Background/Objectives

Sunflower’s stated aim for the PIP is *“the use of a multifaceted intervention approach, targeting Sunflower Health Plan members aged 18-64 years who have diagnoses of diabetes and schizophrenia or schizoaffective disorder and providers who serve this population will increase compliance with annual LDL-C and Diabetes HbA1c testing by 3 percentage points year over year.”*

Sunflower’s interventions implemented during the second year of PIP activity (January 1, 2021, through December 31, 2021) are listed below in Table 2.13.

Table 2.13. Sunflower's SMD PIP Interventions		
PIP Interventions	Implementation	Outcome
Warm member phone outreach	November 2020	<ul style="list-style-type: none"> • Process Measure – 19.9% (38/191) of members who had not completed both Low-density Lipoprotein Cholesterol (LDL-C) and HbA1c testing successfully received an outreach call. • Outcome Measure – 44.3% (31/70) of members who had received an outreach call completed LDL-C and HbA1c testing within 90 days of the call.

Table 2.13. Sunflower's SMD PIP Interventions (Continued)		
PIP Interventions	Implementation	Outcome
Gap-in-care reports	February 2021	<ul style="list-style-type: none"> Process Measure – 56.0% (107/191) of members, whose providers agreed to receive the gaps-in-care reports, not having completed LDL-C and HbA1c testing were on gaps-in-care reports provided to Community Mental Health Centers (CMHC) and PCP. Outcome Measure – Sunflower estimated that between 90.9% (169/186) and 94.1% (175/186) of members who appeared on gaps-in-care reports to CMHCs and PCPs had completed LDL-C and HbA1c testing within 90 days of appearing on a report.
Co-branded letters	November 2020	<ul style="list-style-type: none"> Process Measure – 7.9% (15/191) of members, with claims from the participating CMHCs within the six months prior to the sent date of the letters, who had not completed LDL-C and HbA1c testing, were sent co-branded letters. Outcome Measure – 39.5% (15/38) of members who had been sent a co-branded letter completed their LDL-C and HbA1c testing within 90 days of the letter being sent.

Conclusions Drawn from the Data

- Based on initial data, warm calls had a positive impact on testing compliance.
- Based on a demographic analysis of members completing LDL-C and HbA1c testing in 2021, Sunflower reported that testing was more likely to be completed by members with one of the following characteristics (statistical testing was not reported):
 - Age – 41 to 60 years
 - Waiver Status – receiving waiver services
 - Physical/Behavioral health services – visiting a PCP or Psychiatrist

Strengths Regarding Quality, Timeliness, and Access to Health Care Services

- Sunflower care management staff were educated to provide members with behavioral health care management if they were not already receiving that service.

Opportunities for Improving Quality, Timeliness, and Access to Health Care Services

- Data cut-off for the interventions was January 2022, which did not allow for a full 90-days following the last intervention activity in the year, as well as a 90-day claims lag, for the intervention results.
- Discrepancies between the numerators for the interventions' process measure and the denominators for the outcome measure were not explained. Additional technical specifications were needed.
- Some conclusions in the report were based on comparisons between rates for members who did and did not receive interventions.
- Measure results reported in multiple tables were contradictory.
- The Black, Caucasian, and Hispanic strata were not clearly defined as subcategories of members with Hispanic ethnicity.

Recommendations for Quality Improvement

1. Ensure consistency of data reported in multiple tables.
2. Revise the analytic plans to improve readers' understanding of the analytic results by providing additional detail and proper placement of reported results.
3. To ensure that conclusions are supported by the data, test for statistical significance.
4. Clarify the race/ethnicity categories in the presentation of results.
5. Do not include as key drivers or results data resulting from small sample sizes.

Waiver Employment PIP

Background/Objectives

Sunflower's stated aim for this PIP is to "increase employment for members on the IDD, PD and BI waivers and those KanCare eligible members on the respective waiver and corresponding waiting lists by 2% year over year for the duration of the PIP by decreasing the barriers identified by providers and members." Sunflower's original plan included five interventions; however, they reported three were on hold during the second year of PIP activity, April 2021 to March 2022. See Table 2.14 for interventions.

Table 2.14. Sunflower's Waiver Employment PIP Interventions		
PIP Interventions	Implementation	Outcome
Sunflower participation in Project SEARCH, serves as Statewide Coordinator	August to May school year since 2020/2021	<ul style="list-style-type: none"> Process Measure, percentage of members qualifying for the program who participated in the program, 1% (11/1,629)
Send flyers to members offering support to link to community resources to meet employment goals	Planned mailer replaced with mailer about Supports and Training for Employing People Successfully (STEPS) program	Mailer sent to 498 members (16 to 35 years of age) on the I/DD, PD, and BI waiver waiting lists <ul style="list-style-type: none"> 5 members outreached for additional information following the mailing 3 members started the STEPS program
Case management team training to decrease myths (how employment affects benefits) and provide resources available to members to reach employment goals	Presentations on the STEPS program and new HRST employment questions	NA
Member transportation to job fairs and interviews	On hold for year 2 activity period	NA
Provide a value-based payment for providers to incentivize assisting members with disabilities to obtain and maintain employment	On hold for year 2 activity period	NA

Conclusions Drawn from the Data

Sunflower discussed changes between the baseline and 2021 employment in terms of member counts and stated that total waiver employment was reduced due to decreases in the number of I/DD waiver members employed, and that PD and BI waiver member employment increased. Based on the counts provided, KFMC calculated the employment rates for 2021:

- Overall (I/DD, PD, and BI waiver members) 10.5%

- I/DD waiver members 14.2%
- PD waiver members 1.6%
- BI waiver members 4.1%
- I/DD and PD member waiting lists 2.2%

Strengths Regarding Quality, Timeliness, and Access to Health Care Services

- Sunflower has continued to successfully provide services to their Project SEARCH interns. Additionally, there has been an increase from 13 to 14 internship host sites.

Opportunities for Improving Quality, Timeliness, and Access to Health Care Services

- The annual employment rates were not reported for the PIP population—which were the PIP outcome measures—and individual waiver populations so that changes in the waiver populations (denominator) can be accounted for and data can be compared between years.
- Criteria for continuous enrollment and residency requirements were inappropriately included in defining the PIP population.
- Narrative for intervention details did not clearly distinguish between activities completed in the first year and the activities planned as of the beginning of the second year.
- Elements in some PDSA cycles did not appear to reflect activities that occurred during the reported activity period.
- The analysis was not conducted according to the analytic plan for the outcome measures.
- The technical specifications for the outcome measure of the Supports and Training for Employing People Successfully (STEPS) mailing were not included, and the source of the presented data was not clear.

Recommendations for Quality Improvement

1. Follow the analysis plan in the approved methodology for the PIP outcome measures—unemployment rates were not presented, and no data were submitted for 2020 to determine whether a two percent increase year-over-year was achieved between 2020 and 2021.
2. To describe the PIP population more accurately, Sunflower should remove the criteria related to interventions' targeted memberships and outcome measure denominators.
3. In future annual reports, details from prior activity periods should be provided for the interventions using a brief summary for each year. Also, include details of the intervention to reflect the plan at the beginning of the activity year.
4. All elements included in an intervention PDSA cycle should reflect the continuous improvement activity for the period of time covered in the annual report.
5. The technical specifications and the analytic plan for the Project SEARCH outcome measure should be followed from the approved PIP methodology.
6. The analytic plan from the approved PIP methodology should be followed and the outcome measure reported (percentage of case managers eligible for the training who completed the training).
7. In the next annual report, data should be provided using the measure Sunflower defines for the STEPS mailing.

Mental Health Services for Foster Care PIP

Background/Objectives

Sunflower’s aim for this PIP is to “to increase mental health access for out-of-home foster care youth ages 3 to 17 across the state over a three-year period. The effectiveness of the PIP will be measured by a two percent increase of foster care members with a behavioral health diagnosis using behavioral health services year over year for the duration of the PIP. The increase in services will be met by increasing expedited access and expansion of services available.” In the second year of PIP activity (August 1, 2021, through July 31, 2022) Sunflower’s original plan included five interventions, however, two interventions were discontinued prior to the current activity year. Sunflower’s intervention strategy was developed to target members, guardians, and providers, see details in Table 2.15 below.

Table 2.15. Sunflower's Mental Health Services for Foster Care PIP Interventions		
PIP Interventions	Implementation	Outcome
SED Waiver	Quarter 3 2020 Phase 1 Quarter 2 2021 Phase 2	<ul style="list-style-type: none"> • Measure 1 – Number of members who qualify for a Psychiatric Residential Treatment Facility (PRTF) and are placed on the PRTF waitlist who received SED waiver services from date of Prior Authorization Referral to date of admission <ul style="list-style-type: none"> ○ 19 members received SED waiver services “prior to removal from the wait list” • Measure 2 – Number of members who are discharged from a PRTF and received SED waiver services within 30 and 90 days of discharge was too small to report based on CMS guidelines
Parent Management Training – Oregon Model (PMTO)	Quarter 1 2021	<ul style="list-style-type: none"> • Measure 1 – Count of members who utilized PMTO services within the baseline period (Aug 2018—July 2019) vs the number of members who utilized PMTO services in measurement year 1 <ul style="list-style-type: none"> ○ 43 members were “identified” for PMTO services in measurement year 2 • Measure 2 – Number of members who successfully completed the PMTO program <ul style="list-style-type: none"> ○ 16 members completed the program in measurement year 2
myStrength	Quarter 4 2020	<ul style="list-style-type: none"> • Measure 1 – Number of PIP eligible foster care members who are 13+ years of age was not reported • Measure 2 – Number of foster care members meeting criteria for Measure 1 who sign up for myStrength <ul style="list-style-type: none"> ○ No new sign ups occurred in measurement year 2 • Measure 3 – Average total logins by users into the platform <ul style="list-style-type: none"> ○ No logins occurred by users in measurement year 2

Conclusions Drawn from the Data

In Sunflower’s interpretation of the analysis results they suggested the following options, regarding the future of this PIP.

- “Discontinue the FC PIP altogether and discuss a potential replacement PIP, if needed.”
- “Change the AIM statement of the PIP to better align with the established interventions.”
- “Change the interventions to better align with the AIM statement.”

KFMC provided guidance on how to request changes to PIP goals or interventions. The activity period ended without the PIP goal and interventions being brought into alignment, which does not adhere to acceptable methodology for conducting a PIP.

Strengths Regarding Quality, Timeliness, and Access to Health Care Services

- Sunflower included PDSA cycles with each intervention, documenting the barriers and challenges they encountered during the annual report period.

Opportunities for Improving Quality, Timeliness, and Access to Health Care Services

- The current interventions were still not designed to impact the PIP outcome measure and goal.
- The list of diagnosis codes defining the PIP outcome measure was incomplete.
- Measures related to interventions were not defined in appropriate sections.
- Table titles and row labels did not indicate the data being presented.
- Results related to the PIP goal were incorrectly interpreted.

Recommendations for Quality Improvement

1. Follow the CMS cell suppression guidelines when reporting statistics based on small counts, including report tables and narrative.
2. Reassess the PIP’s aim, goal, measures, and interventions and modify the PIP to bring the interventions into alignment with the aim statement.
3. Provide complete technical specifications for all measures being reported.
4. Redesign of the of PIP outcome measure results is needed to make it clear that the goal is a 2% relative increase from the prior year’s rate.
5. Conclusions should be drawn that are supported by the data.
6. Define intervention measures in the activities they are reported in.
7. For tables, use titles and row and column labels that describe the data. Add footnotes for clarification, if needed.
8. If reporting tests for statistical significance, describe the type of test, the data tested, and the test results.
9. Refer to the *Conducting PIP Worksheet Instructional Guide* for the information that should be included in each activity, as well as provide follow-up to each EQRO recommendation made in previous years’ PIP annual validation reports in the appropriate activity.

UnitedHealthcare

EPSDT PIP

Background/Objectives

UnitedHealthcare’s stated aim for this PIP was “Will the use of targeted interventions towards UHCCP members and providers improve the percentage of UHCCP members ages 0-20 who obtain at least one EPSDT screening during the measurement year? The goal is to improve EPSDT screening compliance rates to at least 85% over a five-year period.” The second year of activity for this PIP was January 2021 to December 2021. UnitedHealthcare’s multi-faceted intervention approach targets both members and providers. The five interventions listed below in Table 2.16 have been implemented in both active years of this PIP.

Table 2.16. UnitedHealthcare's EPSDT PIP Interventions		
PIP Interventions	Implementation	Outcome
Live calls to members who have not completed their EPSDT screening with a warm transfer option to schedule an appointment	October 2020; August 2021	<p>Rates of successful calls</p> <ul style="list-style-type: none"> Members with an accurate phone number who had not completed EPSDT screening, 54.6% (60/110) Resulting in a warm transfer, 30.0% (18/60) Resulted in an appointment within 90 days of call, 18.3% (11/60) <p>Percentage of members with accurate phone number who were called and had a claim for EPSDT screening within 90 days of call, 13.6% (15/110)</p>
Mailers to members who did not receive a live call to notify them of the need to complete an annual EPSDT screening	October 2020; August 2021	Percentage of members with EPSDT claim within 90 days of mailer being sent, 4.7% (93/2,000)
EPSDT GIC reports to their Foster Care Coordinator to assist in EPSDT screening gap closure for members in the foster care system	Fourth quarter 2020; quarterly in 2021	<p>Percentage of members who completed EPSDT screening within 90 days of GIC report distribution (2020 Q4 to 2021 Q3) ranged from 18.9% (148/782) in 2021 Q1 to 31.9% (500/1,567) in 2021 Q3</p> <p>Percentage of members who completed EPSDT screening for the four contractors</p> <ul style="list-style-type: none"> Baseline (10/1/2019–9/30/2020), ranged from 52.3%–62.9% Remeasurement Year 1 (10/1/2020–9/30/2021), ranged from 75.7%–81.2%
EPSDT GIC reports to providers who do not participate in the provider incentive program, delivered by UnitedHealthcare’s Clinical Practice Consultants	Fourth quarter 2020; quarterly in 2021	<p>Proportion of targeted provider groups who received GIC reports for members without EPSDT screening (2020 Q4 to 2021 Q4) ranged from 100.0% in 2020 Q4 (42/42) and 2021 Q1 (61/61) to 93.2% (55/59) 2021 Q4</p> <p>Proportion of providers responding to survey that report was instrumental/helpful in increasing screening rate</p> <ul style="list-style-type: none"> 2020, 44.4% (4/9) 2021, 50.0% (4/8) <p>Percentage of members who completed EPSDT screening within 90 days of GIC report delivery to provider (2020 Q4 to 2021 Q3) ranged from 9.0% (1,091/12,110) in 2021 Q3 to 17.3% (2,131/12,332) in 2021 Q2</p>

Table 2.16. UnitedHealthcare's EPSDT PIP Interventions (Continued)		
PIP Interventions	Implementation	Outcome
Incentive payments to providers for closing EPSDT GIC	Fourth quarter 2020; quarterly in 2021	Proportion of provider groups eligible for the incentive who received incentive for closing screening gaps <ul style="list-style-type: none"> • 2020, 96.9% (125/129) • 2021, validated data not available at time of report Percentage of members assigned to participating PCP who received EPSDT screening from any provider during calendar year <ul style="list-style-type: none"> • 2020, 29.7% (14,683/49,396) • 2021, 50.5% (53,125/105,239)

Conclusions Drawn from the Data

UnitedHealthcare provided the rates of members, aged 0–20 years, who obtained at least one EPSDT screening as shown in Tables 2.17 (Remeasurement Year 1) and 2.18 (Remeasurement Year 2). The EPSDT rate for the baseline measurement (10/1/2018 to 9/30/2019) was 48.3%.

Table 2.17. EPSDT Screening Rates by Age Group: 10/1/2019 to 9/30/2020 (UHCCP Table 21)

Age Group	Numerator	Denominator	Screening Rate
Under 1	5,672	6,243	90.85%
1-2	9,595	13,229	72.53%
3-5	10,799	19,826	54.47%
6-9	9,518	25,019	38.04%
10-14	11,991	30,641	39.13%
15-18	6,912	20,232	34.16%
19-20	558	5,094	10.95%
Total	55,045	120,284	45.76%

**Note - the COVID-19 pandemic stay-at-home/quarantine orders began in Kansas in March 2020 and remained, in some capacity, through the remainder of 2020.*

Table 2.18. EPSDT Screening Rates by Age Group: 10/1/2020 to 9/30/2021 (UHCCP Table 23)

Age Group	Numerator	Denominator	Screening Rate
Under 1	5,195	5,568	93.30%
1-2	9,990	13,159	75.92%
3-5	12,100	19,836	61.00%
6-9	11,082	25,362	43.70%
10-14	14,199	31,474	45.11%
15-18	8,252	21,409	38.54%
19-20	1,197	7,186	16.66%
Total	62,015	123,994	50.01%

**Note - the COVID-19 pandemic stay-at-home/quarantine orders began in Kansas in March 2020 and remained, in some capacity, through the remainder of 2020.*

Strengths Regarding Quality, Timeliness, and Access to Health Care Services

- The rate of EPSDT screenings in foster care members increased by 20 percentage points from the baseline period to Remeasurement Year 1.
- There was a 21 percentage point increase in EPSDT screening completion for members attributed to incentivized providers and included on a GIC report from 2020 to 2021.

Opportunities for Improving Quality, Timeliness, and Access to Health Care Services

- The analytic plan presented in the report did not correspond to the analysis conducted.
- The analyses evaluating the effectiveness of interventions on improving the PIP outcome measure presented only included two of the five interventions.
- There were inconsistencies in describing the providers targeted by GIC reports and follow-up surveys to providers and the providers and members targeted by incentives for providers in Community Plan Primary Care Incentive (CP-PCPi) program.
- The table title, numerator, and denominator descriptions for EPSDT Screening Gaps Closed by Providers who received Gap-in-Care Reports and Participate in the CP-PCPi Incentive Program were inconsistent with the definition of Outcome Measure 1 in the methodology.

Recommendations for Quality Improvement

1. Update the analytic plan to guide the analysis to be conducted.
2. Evaluate the relative effectiveness of the different interventions on the PIP outcome measure; use logistic regression to account for members receiving multiple interventions and to control differences in age ranges.
3. Clarify the description of providers targeted for GIC reports to providers not participating in the incentive program and refer to them consistently throughout the report.
4. The data presented for the provider incentive program intervention should be consistent with the definition of Outcome Measure 1 in the technical specifications or the measure should be modified.

Diabetes Screening for People with Schizophrenia or Bipolar Disorder Using Antipsychotic Medications (SMD) PIP

Background/Objectives

UnitedHealthcare stated the aim for this PIP is to “employ direct outreach to members and providers to bring rates of HbA1c [glycated hemoglobin] and LDL-C [low-density lipoprotein cholesterol] testing back to, or exceeding, the 2015 rate of over 70% over the next 3 years with annual progress of at least 3%.” The PIP activity period was July 2021 through June 2022. UnitedHealthcare’s intervention strategy focuses on employing direct outreach to members and providers to improve testing rates for HbA1c and LDL-C. The following interventions in Table 2.19 have been implemented in both years of the PIP.

Table 2.19. UnitedHealthcare's SMD PIP Interventions		
PIP Interventions	Implementation	Outcome
Care management outreach to members on waivers	June and October 2021	<ul style="list-style-type: none"> • Waiver program members who received successful outreach <ul style="list-style-type: none"> ○ 2021 – 20.8% (49/236) • Waiver members who received successful outreach and received HbA1c and/or LDL-C test within 90 days of outreach <ul style="list-style-type: none"> ○ 2021 – 49% (24/49)
Care management outreach to members in Whole Person Care Program (WPC)	June and October 2021	Data not provided in accordance with CMS guidance on small numbers
Gap-in-care distribution	PCPs – December 2020 CMHCs – March 2021	<ul style="list-style-type: none"> • Members included in GIC report to at least one provider <ul style="list-style-type: none"> ○ 2020 – 41.2% (179/434) ○ 2021 – 43.1% (195/452) • Members completing HbA1c and/or LDL-C test within 90 days of appearing on a GIC report to PCP <ul style="list-style-type: none"> ○ 2020 – 31.8% (57/179) ○ 2021 – 39.5% (77/195) • Members included on GIC report to both PCP and CMHC <ul style="list-style-type: none"> ○ 2021 – 21.2% (96/452) • Members participating in WPC or on a waiver who completed HbA1c and/or LDL-C test within 90 days of appearing on a GIC report <ul style="list-style-type: none"> ○ 2020 – 41% (22/54) ○ 2021 – 50% (23/46) • Members not participating in WPC or on a waiver who completed HbA1c and/or LDL-C test within 90 days of appearing on a GIC report <ul style="list-style-type: none"> ○ 2020 – 28.0% (35/125) ○ 2021 – 36.2% (54/149)

Conclusions Drawn from the Data

UnitedHealthcare provided the HEDIS SMD rates for 2019 to 2021 in Table 2.20. It was reported neither the decrease from 2019 to 2020 nor the increase from 2020 to 2021 were statistically significant.

Table 2.20. HEDIS SMD Rates 2019 to 2021 (UnitedHealthcare Table 11a)

SMD Rates – Total Population			
	2019 (baseline)	2020	2021
Number of Members who Received Testing (Num)	245	252	274
Number of Members in SMD Measure (Den)	397	434	452
Rate	61.71%	58.06%	60.62%

Strengths Regarding Quality, Timeliness, and Access to Health Care Services

- UnitedHealthcare is considering ways to improve the SMD rates by additional analysis of members with a pattern of not obtaining LDL-C and HbA1c tests and expanding their approach to the GIC distribution intervention.

Opportunities for Improving Quality, Timeliness, and Access to Health Care Services

- The interpretation and presentation of the demographic statistical analysis reported were not straightforward.
- A description of the activities completed during the report period was not provided in the appropriate sections.
- An interpretation of the extent to which an intervention was successful or lessons learned was not provided.
- There was a large difference in the annual report data compared to the PAR that was not explained.
- Results described in the narrative were inconsistent with the results provided in the data table.
- PAR measure data were reported for process and outcome measures that are not the same.

Recommendations for Quality Improvement

1. Review the analytic plan for statistical testing of differences in SMD rates between demographic groups and the presentation of analytic results to ensure the intended analysis is conducted and clearly interpreted.
2. In the next annual report, document activities according to the *Conducting Performance Improvement Project Worksheet Instructional Guide* for the Care Management outreach interventions to members on waivers and members in WPC.
3. When numerators or denominators fall below the threshold for reporting results of the care management outreach to members in WPC, still provide an interpretation of the extent to which the intervention was or was not successful, any lessons learned from less than optimal performance, and any follow-up activities to improve performance.
4. Explain the difference in denominators between the annual report and the PAR for the process measure.
5. Ensure consistency of the results in the annual report between the narrative and data tables for the GIC distribution intervention.
6. Ensure the analysis and narrative related to process and outcome measures are consistent with the measures' technical specifications.

Advanced Directives PIP

Background/Objectives

UnitedHealthcare stated the aim for this PIP is, *“The use of targeted, culturally competent education in members age 18 and older with long term services and supports will lead to 50% of the identified population having an executed Advanced Directives (AD) on file with UHCCP by the end of the PIP measurement period. Year one will be the baseline year and a goal of 3% year over year improvement.”* UnitedHealthcare’s multifaceted intervention strategy was developed to provide targeted education and support to Long Term Care (LTC) members regarding end of life planning. Their original plan of six interventions (Table 2.21) focused on the development and provision of educational materials for members, providers, and staff during an activity period of January 1, 2021, to December 31, 2021.

Table 2.21. UnitedHealthcare's Advanced Directives PIP Interventions		
PIP Interventions	Implementation	Outcome
Develop an AD educational form and process to inform, document, store, track, and share	Completed in 2020	No data available
Provide AD training for UHCCP's Community Health Workers (CHW) and Care Coordinators (CC)	2020 and 2021	Existing staff <ul style="list-style-type: none"> • 100% (187/187) June – July 2020 • 99% (193/194) June 2021 New staff <ul style="list-style-type: none"> • 100% (16/16) June 2020 – May 2021 • 85% (11/13) June – December 2021 Completed ADs per worker <ul style="list-style-type: none"> • 30% (19.85/67) 2020 • 34% (21.87/65) 2021
Educate providers on the project	Provider bulletin mailed to Sedgwick County PCPs in September 2021	Mailed to 161 providers in Sedgwick County
AD mailer and education for established members on the Frail Elderly (FE) waiver in Sedgwick County	Tracking of data October 2020 through December 2021	Newly completed AD on file within 90 days of visit <ul style="list-style-type: none"> • 6% (8/128) October 2020 – September 2021 • 4% (3/70) October – December 2021
AD mailer and education for new members on the FE waiver in Sedgwick County	Tracking of data October 2020 through December 2021	AD on file within 90 days of enrollment: <ul style="list-style-type: none"> • 45% (64/142) October 2020 – September 2021 • 43% (18/42) for October – December 2021
Store completed ADs in UHCCP's care management record and share with member permission	Fourth quarter 2020 through December 2021	ADs on file shared by UHCCP <ul style="list-style-type: none"> • 1% (2/156) July 2021 • 0% (0/164) partial year December 31, 2021 ADs on file shared by member <ul style="list-style-type: none"> • 1% (1/156) July 2021 • 18% (30/164) partial year December 31, 2021

Conclusions Drawn from the Data

For the PIP Outcome Measure, UnitedHealthcare reported that the percent of members with an AD on file increased from 24% (December 31, 2020) to 30% (December 31, 2021). See Table 2.22 below. These rates are for the Sedgwick County FE waiver pilot group.

Table 2.22. Members with an AD on File

Measurement Period	Total # of LTC Members (Den)	Total # of LTC Members with an AD on File (Num)	Rate
Baseline (12/31/2020)	485	117	24.12%
Measurement Yr1 (12/31/2021)	553	164	29.66%

KFMC Note: Counts are restricted to members in LTC in Sedgwick County receiving FE waiver services.

Strengths Regarding Quality, Timeliness, and Access to Health Care Services

- All interventions planned for this PIP have been implemented since the first year of activity.
- UnitedHealthcare recognized some completed ADs were not being captured and made adjustments using PDSA cycles of continuous improvement to modify their data collection and tracking.

Opportunities for Improving Quality, Timeliness, and Access to Health Care Services

- Results and interpretation of analysis for the PIP outcome measure on the PIP population were not shown; results were restricted to the Sedgwick County FE waiver pilot group. This restriction was not reported in the text or tables, which is misleading to the reader.
- Tables and the interpretation of the analyses contained several errors.
- Process measure results for the intervention *Established LTC members with completed AD on file* were not calculated according to the revised technical specifications.
- Reported AD training analysis results for existing staff were inconsistent, process measures were not as specific as the described data, and table column headings were not clear or were inappropriate based on the content of the columns.
- The 3% improvement year-over-year goal does not seem reasonable to reach the PIP outcome goal, “50% of the identified population having an executed AD on file with UnitedHealthcare by the end of the PIP measurement period.”

Recommendations for Quality Improvement

1. Update the analysis plan to reflect current analytic needs.
2. Ensure analysis results described in the annual report and presented in tables are verified for accuracy.
3. In the 2022 annual report, align year-over-year improvement goals (currently 3 percentage points per year) with the PIP outcome goal of having an AD on file with UnitedHealthcare for 50% of members in LTC by the end of the PIP.
4. Be consistent between the technical specifications for the AD training process measures and how they are calculated and reported.
5. The analysis plan should be followed when calculating measures for the established members.
6. Update the analysis plan for interventions to include reporting of measurements of the full intervention population and of the Sedgwick County FE waiver pilot group once the intervention is expanded beyond the pilot group.

Housing PIP

Background/Objectives

UnitedHealthcare stated their aim for this PIP, to improve identification and permanency of housing for members who are experiencing homelessness or at-risk of homelessness, in the form of two study questions.

- Question 1: *“Will member, staff, and provider interventions improve the identification of members who are experiencing homelessness or at-risk of homelessness?”*
- Question 2: *“Will the addition of member and community housing resources lead to permanent housing for members who are experiencing homelessness or at-risk of homelessness?”*

The interventions target members, providers, their staff, and community resources. The interventions listed below in Table 2.23 were conducted during the activity period of September 1, 2021, to August 31, 2022.

Table 2.23. UnitedHealthcare's Housing PIP Interventions		
PIP Interventions	Implementation	Outcome
Staff training on homelessness and housing resources	First quarter 2020	<ul style="list-style-type: none"> • Outcome Measure – Count of employees who scored 80% or above on the pre-training test and 80% or above on the post-training test <ul style="list-style-type: none"> ○ Year 1, 16 CCs and 6 CHWs (pre-training test) and 147 CCs and 23 CHWs (post-training test) ○ Year 2, 25 CCs and 5 CHWs (pre-training test) and 127 CCs and 17 CHWs (post-training test) • Process Measure 1 – Percentage of CCs and CHWs who reported the training improved their confidence in addressing members’ housing-related needs in the immediate and 60-day post-training surveys <ul style="list-style-type: none"> ○ Year 2, 80% (128/161) CCs and 73% (19/26) CHWs immediate survey; 78% (74/95) CCs and 44% (7/16) CHWs 60-day survey • Process Measure 2 – Percentage of CCs and CHWs who identified and referred members to the Housing Navigator <ul style="list-style-type: none"> ○ Year 1, 42% (84/200) ○ Year 2, 35% (65/187)
Pilot of Housing Stabilization Funds (HSF)	Second quarter 2020	<ul style="list-style-type: none"> • Outcome Measure 1 – Percentage of members who are experiencing homelessness and obtain and maintain housing for at least 60 days post-allocation of funds was 100% (14/14) combined Years 1 and 2 • Outcome Measure 2 – Percentage of members who are at-risk for homelessness and maintain housing for at least 60 days post-allocation of funds was 100% (15/15) combined Years 1 and 2 • Process Measure – Percentage of members referred for funds who were awarded funds <ul style="list-style-type: none"> ○ Year 1, 90% (18/20) ○ Year 2, 100% (11/11)

Table 2.23. UnitedHealthcare's Housing PIP Interventions (Continued)		
PIP Interventions	Implementation	Outcome
Housing Bridge pilot to offer 10 units of transitional/permanent housing	Third quarter 2020	<ul style="list-style-type: none"> • Outcome Measure 1 – The average 12-month health care utilization prior to participation was \$48,668 for the nine participants who transitioned into permanent housing. Their average health care utilization during the 12 months after entering the program was \$57,408. • Outcome Measure 2 – 45% (9/20) of members who participated in the program during August 2020 through July 2022 transitioned to permanent housing. • Process Measure – 87% (20/23) of members eligible for the program in August 2020 through July 2022 participated in the pilot.
Educate and engage a cohort of providers to use Z-codes for housing related issues	Not launched, with State approval, due to contract delays and impact of the COVID-19 pandemic	NA
Outreach by Housing Navigator to high-volume homeless shelters to increase member identification and housing referrals	October 2020	<p>Not reported due to low volume</p> <ul style="list-style-type: none"> • Outcome Measure – Rate of members referred by major shelters for whom Social Determinants of Health (SDOH) screening was completed within 30 days of referral • Process Measure – Percentage of shelters who referred members to the Housing Navigator
Identify members with housing related needs and connect them with the WPC for support	First quarter 2022 Scheduled to begin August 2022	NA

Conclusions Drawn from the Data

- Process Measure – Of 23 members eligible for the program from August 2020 through July 2022, 87% (20) participated.
- Outcome Measure 2 – Of the 20 members who participated in the program during August 2020 through July 2022, 45.0% (9) transitioned to permanent housing (another 5 were still active in the program).

Strengths Regarding Quality, Timeliness, and Access to Health Care Service

- The HSF and Bridge Pilot interventions successfully assisted participating members in obtaining or maintaining permanent housing.
- The lessons learned from UnitedHealthcare’s specific interventions were well stated and relevant to any interventions involving staff education, supplemental/complimentary member support programs, or partnering with external organizations to deliver support services.
- PDSA cycles and root cause analysis of analytic results demonstrated a commitment to continuous improvement of interventions and processes.

Opportunities for Improving Quality, Timeliness, and Access to Health Care Services

- The aim statement did not include a measurable goal and time period.

- As defined, the proportion of CCs and CHWs, who attended the training and took the survey 60 days following the training, reported on the post-training and 60-day surveys that the training made them feel more confident was not reported.
- Describe the data sources and analytic plan for the PIP outcome measures.
- The measure used for the demographic analysis reported was not adequately defined.
- Conclusions were stated in the demographic analysis that were not supported by the statistical analysis.

Recommendations for Quality Improvement

1. Determine goals for the PIP outcome measures in the aim statement.
2. Report PIP outcome measure results according to the technical specifications and analytic plans or explain how and why deviations were made.
3. Provide technical specifications for ad hoc measures.
4. Interpret measure results consistent with the statistical analysis.
5. Interpret the extent to which the PIP outcome measures indicate the overall effectiveness of the interventions toward realizing the goals of the PIP.

Antidepressant Medication Management (AMM) PIP

Background/Objectives

UnitedHealthcare stated their aim for this PIP as *“increase adherence to treatment among adult members who begin treatment for major depression using antidepressant medication by using targeted, culturally competent, and multifaceted education and outreach. The goal is to increase the HEDIS® AMM Effective Acute Phase Treatment indicator rate (“the AMM acute rate”) annually by 3 percentage points and to ultimately meet or exceed the Quality Compass 75th percentile over a three-year period.”*

The interventions listed below in Table 2.24 were conducted during the activity period of November 1, 2021, to October 31, 2022.

Table 2.24. UnitedHealthcare's AMM PIP Interventions		
PIP Interventions	Implementation	Outcome
Initial outreach calls to members	First Quarter 2022	<ul style="list-style-type: none"> • Process Measure 1 – Call attempts were made to 83.2% (2,504/3,008) of intervention population • Process Measure 2 – 12.4% (372/3,008) of call attempts to intervention population within 14 days were successful • Process Measure 3 – 1.9% (7/372) of members successfully contacted within 14 days opted into OneCare Kansas • Outcome Measure 1 – 64.3% (239/372) of members successfully contacted within 14 days remained adherent with medication for at least 84 days • Outcome Measure 2 – 53.0% (1,129/2,132) of members not successfully contacted within 14 days remained adherent with medication for at least 84 days

Table 2.24. UnitedHealthcare's AMM PIP Interventions (Continued)		
PIP Interventions	Implementation	Outcome
Follow-up outreach calls to members	First Quarter 2022	<ul style="list-style-type: none"> • Process Measure 1 – Follow-up call attempts within 14 days were made to 74.7% (278/372) of members successfully contacted in Intervention 1 • Process Measure 2 – 33.3% (124/372) of follow-up call attempts within 14 days of successful contact in Intervention 1 were successfully completed • Outcome Measure 1 – 65.3% (81/124) of members with successful follow-up calls within 14 days of Intervention 1 remained adherent with medication for at least 84 days • 59.7% (92/154) of members not successfully completing [an attempted] follow-up call within 14 days of successful contact in Intervention 1 remained adherent with medication for at least 84 days
Health Screening Tool completion	First Quarter 2022	<ul style="list-style-type: none"> • Process Measure 1 – 76.6% (285/372) of members successfully contacted in Intervention 1 completed the Health Screening Tool during the call • Outcome Measure 1 – 63.2% (180/285) of members, successfully contacted in Intervention 1 who completed the Health Screening Tool during the call, remained adherent with medication for at least 84 days • Outcome Measure 2 – 67.8% (59/87) of members, successfully contacted in Intervention 1 who did not complete the Health Screening Tool during the call, remained adherent with medication for at least 84 days

Conclusions Drawn from the Data

- KFMC has concluded that there is low confidence in the overall validity and reliability of the described methods and findings.

Strengths Regarding Quality, Timeliness, and Access to Health Care Service

- Based on interim data, UnitedHealthcare appears to be on track for meeting the MY1 goal (53.34%).

Opportunities for Improving Quality, Timeliness, and Access to Health Care Services

- Components of the interventions were removed from the report without explanation.
- *Successful call* and *successful contact* were used interchangeably throughout the report.
- Measure specifications for all interventions replaced *successful call* with *successful contact* or *successfully contacted* without explanation or definition of a successful contact.
- The numerator and denominator for an outcome measure did not include members who had completed the initial call but did not receive a follow-up call, whether due to the follow-up contact not attempted or the member not answering the call.
- The definitions of medication adherence for the outcome measures were inconsistent with the description of adherence in the activities.
- The intake period for the baseline PIP outcome rate was misstated, and the COVID-19 pandemic was stated to have likely impacted the baseline rate.

Recommendations for Quality Improvement

1. Acknowledge that the baseline AMM acute rate was pre-pandemic and correctly state the baseline time periods.
2. Submit substantive changes to measure specifications for review through the PIP update process.
3. Use terminology consistently throughout the narrative and the measures specifications.
4. If interventions target the same population, use the same population definitions.
5. Refer to the implementation guide for directions on documenting PDSA and non-PDSA changes.
6. Do not label a process measure as “interim” without explaining why the data are not complete.
7. Provide a discussion, in layman’s terms, of the interventions and their impact on the PIP outcome measure.
8. Determine and report adherence for the outcome measures consistent with the methodology.
9. Analyses of the impact of changing the method of identifying the populations for interventions should be completed and reviewed before decisions are made to change the methods. Report results that may be of interest to other managed care organizations interested in adapting the PIP in the next annual report.

Collaborative PIP COVID-19 Performance Improvement Project

Background/Objectives

The MCO’s aim for this PIP was stated as, *“The COVID-19 Vaccine PIP aims to increase COVID-19 vaccinations for KanCare members through a combination of provider, member, and community-focused interventions. The effectiveness of the PIP will be measured by the percentage of KanCare members who have received at least one dose of the COVID-19 vaccine. For adult members (18 and older, not living in a long-term care facility), the goal is to achieve an overall rate of 70%. For youth members, the goal is to be determined.”*

The first year of activity for this PIP was October 2021 to September 2022. The three interventions listed below in Table 2.25 have been implemented during the activity period of this PIP.

Table 2.25. Collaborative COVID-19 PIP Interventions		
PIP Interventions	Implementation	Outcome
National Team Member Outreach	May 1, 2022, to July 5, 2022	Aetna reported <ul style="list-style-type: none"> 52.8% (58,067/109,892) of members aged 5 years and older received the educational text 47.2% (51,825/109,892) of members aged 5 years and older with invalid phone numbers or otherwise were not able to be reached; stratification by missing phone numbers, invalid phone numbers, missing email, invalid email, and maximum call attempts were not provided Outcome Measure – 0.4% (236/58,067) of targeted members received a vaccination within 90 days of successful outreach

Table 2.25. Collaborative COVID-19 PIP Interventions (Continued)		
PIP Interventions	Implementation	Outcome
Community Events	December 2021 April 2022	<ul style="list-style-type: none"> • Measure 1 – Two events were hosted by the MCOs; approximately 475 persons attended the Wyandotte County event; attendance at the Sedgwick County event was not provided. • Measure 2 – The rate of unvaccinated KanCare members, living in the event area, who attended the Wyandotte County event and received a vaccination at the event was not reported. • Measure 3 – The rate of unvaccinated KanCare members, living in the event area, who attended the Sedgwick County event and received a vaccination at the event was not reported. <ul style="list-style-type: none"> ○ 123 Aetna members, 58 Sunflower members, 148 UnitedHealthcare members, and 210 KanCare members were vaccinated at the event (539 total).

Conclusions Drawn from the Data

- KFMC has concluded that there is low confidence in the overall validity and reliability of the described methods and findings.

Strengths Regarding Quality, Timeliness, and Access to Health Care Service

- Sunflower used IVR hold messaging to encourage members to receive a COVID-19 vaccine.
- Estimating time to reach goal was introduced to evaluate PIP progress.

Opportunities for Improving Quality, Timeliness, and Access to Health Care Services

- Goals specific to age ranges were not determined in accordance with the approved methodology for the PIP aim statement.
- The PIP outcome measure was not differentiated from the PAR measures, which made the specifications unclear.
- Although Aetna’s text vendor reports members with missing phone numbers, invalid phone numbers, opt outs, landlines, and if the messages were successfully delivered, a stratified table described in the report for Aetna’s Process Measure 2 was not provided.
- Because UnitedHealthcare lacked data on unsuccessful outreach attempts, measures reported deviated from the technical specifications without explanations, which impacts readers’ ability to interpret the results.
- Approximate attendance at a public event (described as less organized) was provided but attendance at the other public event (more tightly organized) was not. No reason was provided.
- Although the methodology provides definitions for a denominator for measures, and the process included the MCOs providing communications to their eligible members in the event area (the denominators), these counts were not reported.
- Chi-square testing for statistically significant differences between measurement periods was not appropriate for the data.
- Instances of unclear or misleading reporting of results were cited in the report causing confusion.

Recommendations for Quality Improvement

1. Continue PIP activities until a decision on continuation or discontinuation of the PIP is received from the State.
2. Determine goals specific to age ranges 6 months to 4 years, 5 to 11 years, and 12 to 17 years. Stratify PIP outcome measure results by age range.
3. Provide complete technical specifications for the PIP outcome measure and detail analytic plans for the PIP outcome measure in appropriate activities.
4. Remove chi-square testing for statistically significant differences between measurement periods from the analytic plan.
5. Report results clearly and accurately.
6. When partnering with its parent company for member outreach and education, the MCOs should ensure that the data needed for reporting by the local plan will be available and provided.

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3. CAHPS Health Plan 5.1H Survey Validation

Background/Objectives

CAHPS is a nationally standardized survey tool sponsored by the Agency for Healthcare Research and Quality (AHRQ) and co-developed with NCQA. The overall objective of the CAHPS survey is to capture accurate and complete information about consumer-reported experiences with health care. The HEDIS measures and the CMS Child and Adult Core Set measures include CAHPS Health Plan Survey measures. The State contractually required MCOs providing Kansas Medicaid (TXIX) and CHIP (TXXI) services through the KanCare program to survey representative samples of adult, GC, and CCC populations. The State required each MCO to separately sample and report results for children receiving TXIX and TXXI services.

CAHPS surveys are also required for NCQA accreditation of the MCOs. CAHPS data from hundreds of health plans nationwide are submitted to NCQA, who then annually produces the Quality Compass that allows states and health plans to compare annual survey composite scores, ratings, and responses to many individual survey questions. The State also reports CAHPS data to CMS in an annual Children's Health Insurance Program Reauthorization Act (CHIPRA) report.

The 2022 CAHPS surveys (measurement year 2021) were conducted by Aetna, Sunflower, and UnitedHealthcare using the CAHPS 5.1H Adult Questionnaire (Medicaid) and CAHPS 5.1H Child Questionnaire (with CCC measure).⁷

Technical Methods of Data Collection and Analysis/Description of Data Obtained

For the 2022 survey, Aetna's and UnitedHealthcare's CAHPS process was managed by their corporate offices. Sunflower's CAHPS process was managed by its corporate owner, Centene. For the 2022 survey, each MCO contracted with an NCQA-certified survey vendor to assist with scoring methodology, fielding the survey, and presenting the calculated results—Aetna contracted with the Center for the Study of Services (CSS); Centene and UnitedHealthcare contracted with SPH Analytics. As NCQA-certified vendors, CSS and SPH Analytics are required to adhere to the HEDIS specifications for survey measures. With CSS and SPH Analytics conducting their CAHPS surveys, each MCO met accreditation requirements for NCQA HEDIS results.

Aetna chose the mixed-mode mail/telephone protocol and Sunflower and UnitedHealthcare chose the mixed-mode mail/telephone/internet protocol. Both protocols include an optional mailing of a prenotification postcard, an initial survey package mailing, mailing of a second survey package to non-respondents, reminder/thank-you postcard mailings after each survey mailing, and telephone follow-up to non-respondents. The survey packages include a cover letter, questionnaire, and postage-paid return envelope addressed to the survey vendor. The protocols specify three to six telephone follow-up attempts spaced at different times of the day and on different days of the week (within a survey, the maximum number of attempts must be the same for all members). For the internet methodology, a link to an online version of the survey is included in the cover letters. Aetna members who called to request a replacement survey were given the option to complete the survey online (two members completed the survey online). All surveys were fielded from February 2022 through May 2022.

⁷ Aetna started its KanCare contract on January 1, 2019, and 2020 was the first year that fulfilled the survey eligibility requirements. Amerigroup was contracted by the KanCare program from 2013 through 2018 and conducted surveys from 2014 through 2018.

The CAHPS tool and survey process have undergone extensive testing for reliability and validity. Detailed technical specifications are provided by NCQA for conducting the survey and processing results.⁸ Each MCO complied with the following NCQA requirements:

- Eligibility for each group required continuous enrollment in the MCO from July 1 to December 31, 2021, with no more than one gap of up to 45 days; enrollment on December 31, 2020; and enrollment on date of selection.
- Members eligible for each survey were
 - **Adults** – Age 18 years and older as of December 31, 2021;
 - **GC Populations** – Age 17 years and younger as of December 31, 2021; and
 - **CCC Populations** – A subset of the GC population identified as “CCC” using HEDIS criteria based on health criteria and specific survey answers.
- Minimum sample sizes set by NCQA assuming an average 45% response rate for Medicaid product lines and targeting 411 responses were
 - **Adult Sample** – 1,350 adults;
 - **GC Sample** – 1,650 GC children; and
 - **CCC Supplemental Sample** – 1,840 children more likely to have a chronic condition, based on claims and encounter data, drawn from child records not selected for the GC sample. The sample size can be lower than 1,840 if fewer than 1,840 children are available for selection.

The onset of the pandemic was too late to have noticeably impacted 2020 CAHPS rates. The first round of survey mailing had been completed, and members who responded after March 11 may have completed their survey before personally experiencing any effects of the pandemic on their health care. The vendors adjusted their processes for following up with nonrespondents after the second survey mailing, and each MCO was able to obtain an adequate number of returned surveys for valid results (although the number of returned surveys was lower than ideal).

The pandemic had a greater effect on the 2021 rates, whose measurement period included the surge in new infection rates that began in October 2020. Although the vendors’ administration of the CAHPS surveys in 2021 was not impeded, the pandemic was likely a factor in declining rates related to access to services and coordination of care.

Because different parts of the nation were not affected equally by the pandemic while the CAHPS survey was fielded in 2020, NCQA recommended **against** the use of 2020 data for improvement scoring and year-over-year trending. The vendors’ CAHPS reports, and this report, display CAHPS percentile rankings for the current and prior years. The authors of these reports have used caution when comparing and interpreting 2020 and 2021 rates to other years and advise their readers to do the same.

The 2022 CAHPS rates were expected to remain affected by COVID-19 as it continues to mutate, and new variants are spread around the world. Responses continued to be lower than normal. For example, in 2021, adequate samples were obtained in just three of the subpopulations. In 2022, only one subpopulation had enough respondents to meet the goal of 411 responses.

Conclusions Drawn from the Data Common Among the MCOs

With few exceptions, 2022 KanCare- and MCO-level survey results continued to demonstrate positive assessments by members of quality, timeliness, and access to healthcare. For the most part, global

⁸ National Committee for Quality Assurance, *HEDIS® Measurement Year 2021 Volume 3: Specifications for Survey Measures*, 2021.

ratings, composite scores, and question percentages were at or above the 50th percentile, and many of these rates were above the 75th percentile.

Tables and appendices in the full report include annual results for each survey question and composite questions related to access, timeliness, and quality of care by MCO and subgroup for 2018 – 2022, annual statistical comparisons by question, and annual Quality Compass rankings for composites, ratings, and questions.

In this summary report, Table 3.1 displays Health Plan, Health Care, Personal Doctor, and Specialist Seen Most Often ratings, and Quality Compass rankings by KanCare and MCO populations (adult, GC TXIX, GC TXXI, CCC TXIX, and CCC TXXI). The ratings are the percentage responding 8, 9, or 10 out of 10.

Table 3.1. Global Ratings by MCO and Program (Rating 8+9+10) – 2022											
Global Rating		Adult		General Child				Children with Chronic Conditions			
				Title XIX		Title XXI		Title XIX		Title XXI	
MCO	%	Rank	%	Rank	%	Rank	%	Rank	%	Rank	
Health Plan	ABH	78.5%	<50 th	91.5%	>90th	85.1%	<50 th	87.5%	>75 th	85.3%	>66.67 th
	SHP	81.4%	>66.67 th	90.4%	>75th	90.0%	>75th	85.9%	>66.67 th	90.4%	>95th
	UHC	79.7%	≥50 th	89.3%	>66.67 th	91.8%	>90th	87.1%	>75 th	87.7%	>75 th
KanCare		79.9%	≥50th	90.1%	>75th			87.0%	>75th		
Health Care	ABH	78.3%	>66.67 th	90.2%	>75th	84.0%	<25th	89.1%	>75 th	88.1%	>66.67 th
	SHP	78.3%	>66.67 th	88.7%	≥50 th	88.4%	≥50 th	88.3%	>75 th	89.0%	>75 th
	UHC	74.1%	<50 th	87.5%	<50 th	88.6%	≥50 th	86.9%	≥50 th	↓80.2%	<10th
KanCare		76.7%	≥50th	88.5%	≥50th			87.6%	≥50th		
Personal Doctor	ABH	80.3%	<33.33 rd	91.7%	>66.67th	86.6%	<10th	89.0%	<50 th	88.8%	<50 th
	SHP	89.3%	>95th	91.8%	>66.67th	91.2%	≥50th	89.5%	≥50 th	91.2%	>66.67th
	UHC	83.1%	≥50 th	90.4%	<50 th	93.1%	>75th	91.7%	>75th	89.6%	≥50 th
KanCare		84.4%	>66.67th	91.2%	≥50th			90.1%	≥50th		
Specialist	ABH	85.0%	≥50 th	88.9%		>75 th		85.9%	<50 th	↓75.7%	<5th
	SHP	86.8%	>75 th	↑90.8%		>95 th		↑93.7%	>95 th	86.7%	>50 th
	UHC	83.9%	≥50 th	88% [^]		NA		89% [^]	NA	83% [^]	NA
KanCare		85.2%	≥50th	89.4%	>90th			88.6%	>75th		

Note: The KanCare rate for the child surveys is the weighted average of the six subpopulations. The MCO-level General Child ratings of specialist are weighted averages of the Title XIX and Title XXI populations (denominators were too small to report separately).
Very High: percentages 90.0% or greater, KanCare Quality Compass rankings above the 75th percentile, and subpopulation rankings above the 90th percentile were considered “very high” and are shown in bold green font.
Relatively Low: KanCare rankings below the 50th percentile and subpopulation rankings below 25th percentile were “relatively low” and are shown in bold purple font.
↑↓ Indicates a statistically significant increase or decrease compared to the prior year; *p*<.05.
[^]Fewer than 100 members responded; NCQA assigns "NA" rather than a Quality Compass ranking.

Table 3.2 displays scores and rankings for composite measures Getting Care Quickly, Getting Needed Care, Coordination of Care, How Well Doctors Communicate, and Customer Service for KanCare and MCO populations. A composite score is the average of its component questions’ percentages.

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Table 3.2. Composite Scores by MCO and Program – 2022

Composite	MCO	Adult		General Child				Children with Chronic Conditions			
		Score	Rank	Title XIX		Title XXI		Title XIX		Title XXI	
				Score	Rank	Score	Rank	Score	Rank	Score	Rank
Getting Care Quickly	ABH	86.5	>75 th	88.2	≥50 th	87.2	<50 th	93.4	>75 th	93.5	>75 th
	SHP	85.3	>75 th	91.3	>75 th	87.5	≥50 th	↑94.8	>90th	90.8	<50 th
	UHC	84.8	>66.67 th	90[^]	NA	88.0	≥50 th	92.2	≥50 th	93.0	>66.67 th
	KanCare	85.4	>75th	89.5		>66.67th		93.3		>75th	
Getting Needed Care	ABH	87.6	>90th	86.8	>66.67 th	↓81.3	<33.33 rd	87.6	<50 th	84.9	<33.33 rd
	SHP	89.2	>95th	89.1	>75 th	↓86.7	≥50 th	↑92.2	>95th	↓88.5	≥50 th
	UHC	85.1	>66.67 th	85 [^]	NA	↓82.4	<33.33 rd	90.3	>66.67 th	↓86.0	<50 th
	KanCare	87.2	>75th	↓86.6		≥50th		89.7		≥50th	
Coordination of Care	ABH	84.5	≥50 th	80.6		<25 th		86.1	≥50 th	86.1	≥50 th
	SHP	92.3	>95th	87.3		>66.67 th		85.5	<50 th	85.5	<50 th
	UHC	86.3	>66.67 th	80.8		<25 th		75 [^]	NA	75 [^]	NA
	KanCare	87.9	>75th	83.1		<33.33rd		82.0		<25th	
How Well Doctors Communicate	ABH	93.0	≥50 th	95.9	>75 th	95.6	>66.67 th	95.6	≥50 th	95.7	≥50 th
	SHP	95.4	>75 th	95.8	>66.67 th	94.5	≥50 th	96.6	>75 th	95.7	≥50 th
	UHC	92.1	<50 th	96.1	>75 th	97.4	>95 th	97.0	>90th	↑97.6	>95th
	KanCare	93.4	≥50th	95.9		>75th		96.4		>75th	
Customer Service	ABH	90.7	≥50 th	↓88.7		≥50 th		87.6			
	SHP	91.8	>75 th	91.3		>75 th		93.3			
	UHC	92[^]	NA	88 [^]		NA		87[^]			
	KanCare	91.5	>75th	89.7		>66.67th		89.5			

Note: The KanCare score for the child surveys is the weighted average of the six subpopulations. The general child Customer Service scores are weighted averages of the Title XIX and Title XXI populations (denominators were too small to report separately).

Very High: scores 90.0 or greater, KanCare Quality Compass rankings above the 75th percentile, and subpopulation rankings above the 90th percentile were considered “very high” and are shown in bold green font.

Relatively Low: KanCare rankings below the 50th percentile and subpopulation rankings below 25th percentile were “relatively low” and are shown in bold purple font.

↑↓ Indicates a statistically significant increase or decrease compared to the prior year; *p*<.05.

^ The denominator was less than 100; therefore, a Quality Compass ranking was not assigned (NA).

Table 3.3 provides scores and rankings for composites specific to the CCC surveys: Access to Prescription Medicines, Access to Specialized Services, Coordination of Care for Children with Chronic Conditions, Family Centered Care: Getting Needed Information, and Family-Centered Care: Personal Doctor Who Knows the Child.

CAHPS questions related to access, timeliness, or quality of care that are not global ratings or composite questions (shown in Table 3.4, Table 3.5, and Table 3.6) include measures of

- Mental or emotional health,
- Having a personal doctor,
- Smoking and tobacco use and cessation strategies (four questions), and
- Flu vaccinations for adults.

Table 3.3. CCC Composite Scores by MCO and Program – 2022					
Composite		Children with Chronic Conditions			
		Title XIX		Title XXI	
	MCO	Score	Rank	Score	Rank
Access to Prescription Medicines	ABH	94.1	>75 th	93.7	>75 th
	SHP	94.9	>95 th	94.5	>90 th
	UHC	93.3	>75 th	96.3	>95 th
KanCare		94.2		>75th	
Access to Specialized Services	ABH	80.3 [^]		>95th	
	SHP	↓72.2[^]		≥50th	
	UHC	80.0 [^]		>95th	
KanCare		77.3		>95th	
Coordination of Care for Children with Chronic Conditions	ABH	77.5		≥50th	
	SHP	67.2		<5th	
	UHC	78.2		≥50th	
KanCare		74.1		<25th	
Family-Centered Care: Getting Needed Information	ABH	94.0	>66.67 th	93.8	>66.67 th
	SHP	↑96.3	>95 th	92.2	<50 th
	UHC	92.0	<50 th	92.7	≥50 th
KanCare		↑93.9		>66.67th	
Family-Centered Care: Personal Doctor Who Knows Child	ABH	91.0	<33.33 rd	91.2	<50 th
	SHP	92.3	>50 th	89.9	<25 th
	UHC	90.4	<25 th	91.8	>50 th
KanCare		91.2		<33.33rd	

Note: The KanCare score is the weighted average of the six subpopulation scores. The Access to Specialized Services and Coordination of Care for Children with Chronic Conditions scores are weighted averages of the Title XIX and Title XXI populations (denominators were too small to report separately).

Very High: scores 90.0 or greater, KanCare Quality Compass rankings above the 75th percentile, and subpopulation rankings above the 90th percentile were considered “very high” and are shown in bold green font.

Relatively Low: KanCare Quality Compass rankings below the 50th percentile and subpopulation rankings below 25th percentile were “relatively low” and are shown in bold purple font.

↑↓ Indicates a statistically significant increase or decrease compared to the prior year; *p*<.05

^ Fewer than 100 members responded; NCQA assigns "NA" rather than a Quality Compass ranking.

Table 3.4. Non-Composite Question Related to Mental or Emotional Health – 2018 to 2022						
CAHPS Question	Population	2022	2021	2020	2019	2018
Q30/Q54. In general, how would you rate your [your child's] overall mental or emotional health? (“Excellent” or “Very Good”)	Adult	30.2%	30.7%	31.5%	32.0%	34.9%
	GC	66.9%	68.9%	68.1%	↓68.2%	72.7%
	CCC	35.3%	37.1%	38.1%	↓38.0%	↓41.2%

Note: Percentages are reported at the KanCare-level (the combined percentages weighted by MCO and program populations) because of the number of MCO-level scores based on fewer than 100 responses.

* KanCare rates include Amerigroup's survey results for 2017 and 2018.

↓ Indicates a statistically significant decrease compared to the prior year; *p*<.05.

Table 3.5. Non-Composite Question Related to Having a Personal Doctor – 2018 to 2022						
CAHPS Question	Population	2022	2021	2020	2019	2018
Q10/Q25. A personal doctor is the one you would see if you need a check-up, want advice about a health problem, or get sick or hurt. Do you [Does your child] have a personal doctor?	Adult	86.0%	87.2%	86.7%	↑89.1%	83.6%
	GC	86.4%	86.8%	87.5%	↑88.7%	86.9%
	CCC	92.9%	93.2%	94.3%	↑94.7%	93.3%

Note: Adult, GC and CCC percentages are combined percentages of MCO populations, weighted by MCO and program population size.
* KanCare rates include Amerigroup's survey results for 2017 and 2018.
Very High: scores 90.0 or greater were considered "very high" and are shown in bold green font.
↑ Indicates a statistically significant increase compared to the prior year; $p < .05$.

Table 3.6. Adult HEDIS Measures Related to Flu Vaccination and Smoking and Tobacco Usage – 2022								
Measure	KanCare		Aetna		Sunflower		UnitedHealthcare	
	Percent	Rank	Percent	Rank	Percent	Rank	Percent	Rank
Flu Vaccination for Adults 18–64 (FVA)	44.1%	>66.67th	42.0%	>50 th	47.7%	>75 th	42.5%	>66.67 th
Medical Assistance with Smoking and Tobacco Use Cessation (MSC)								
– Total % Current Smokers (<i>lower is better</i>)	29.3%	≥50th	32.0%	>66.67 th	23.3%	<50 th	32.8%	>75th
– Advising Smokers to Quit	73.5%	≥50th	76%^	NA^	72%^	NA^	73.0%	≥50 th
– Discussing Cessation Medications	47.2%	<50th	49%^	NA^	↓42%^	NA^	50%^	NA^
– Discussing Cessation Strategies	45.0%	≥50th	39%^	NA^	51%^	NA^	44%^	NA^

Note: Adult, GC and CCC percentages are combined percentages of MCO populations, weighted by MCO and program population size.
Very High: scores 90.0 or greater, KanCare Quality Compass rankings above the 75th percentile, and subpopulation rankings above the 90th percentile were considered "very high" and are shown in bold green font.
Relatively Low: KanCare rankings below the 50th percentile and subpopulation rankings below 25th percentile were "relatively low" and are shown in bold purple font (KanCare rank ≥50th and subpopulation rank >75th are in purple if lower is better).
↓ Indicates a statistically significant decrease compared to the prior year; $p < .05$.
^ Indicates the number of responses was less than 100; therefore, a Quality Compass ranking was not assigned (NA).

Strengths Regarding Quality, Timeliness, and Access to Health Care Services

The following are areas of strength for KanCare identified by measures having very high KanCare rates (at least 90% or 90) or rankings (>75th or better). Also listed are demonstrations of improvement and MCO rates that were very high or ranked >90th or >95th.

Common Among the MCOs

Global Ratings

- **Rating of Health Plan** – The KanCare GC rate (90%, >75th) and the KanCare CCC rank (>75th) were very high. The following rates or ranks were also very high:
 - GC – ABH TXIX (92%, >90th), SHP TXIX (90%), SHP TXXI (90%), and UHC TXXI (92%, >90th)
 - CCC – SHP TXXI (90%, >95th)
- **Rating of All Health Care** – The ABH GC TXIX rate was 90%. Increasing 3-year trends (2.3 pp/y) were obtained for ABH CCC rates with Titles XIX and XXI combined.
- **Rating of Personal Doctor** – The KanCare GC and CCC rates were 91% and 90%, respectively. The following rates were very high:
 - GC – ABH TXIX (92%), SHP TXIX (92%), UHC TXIX (90%), SHP TXXI (91%), and UHC TXXI (93%)
 - CCC – UHC TXIX (92%), SHP TXXI (91%)
 Increasing 5-year trends were obtained for SHP adult rates (1.6 pp/y).
- **Rating of Specialist Seen Most Often** – Ranks were greater than the 75th percentile for both KanCare GC (>90th) and KanCare CCC (>75th). The SHP GC rate with Titles XIX and XXI combined experienced a

significant increase, to 91%, and ranked >95th. The SHP TXIX CCC rate significantly increased to 94% and ranked >95th.

Increasing 5-year trends were observed for KanCare adult (1.5 pp/y) and SHP GC (0.7 pp/y) with Titles XIX and XXI combined rates.

Composites

- **Getting Care Quickly** – The KanCare adult and CCC scores ranked >75th, and the KanCare CCC score was very high (93). The SHP TXIX GC rate significantly increased to 95 and ranked >90th. The following scores were also very high:
 - GC – SHP TXIX (91) and UHC TXIX (90)
 - CCC – ABH TXIX (93), UHC TXIX (92), ABH TXXI (94), SHP TXXI (91), and UHC TXXI (93)
- **Getting Needed Care** – The KanCare adult rank was >75th. The following scores and ranks were very high:
 - Adult – ABH (>90th) and SHP (>95th)
 - CCC – SHP TXIX (92, >95th), which was a statistically significant increase, and UHC TXIX (90)
- **Coordination of Care** – The KanCare adult score and rank (90, >75th) were very high. The following scores were also very high:
 - Adult – SHP (91) and UHC (91)
- **How well Doctors Communicate** – The KanCare adult score (93), KanCare GC rate and rank (96, >75th), and the KanCare CCC rate and rank (96, >75th) were very high. The following scores and ranks were also very high:
 - Adult – ABH (93), SHP (95), and UHC (92)
 - GC – ABH TXIX (96), SHP TXIX (96), UHC TXIX (96), ABH TXXI (96), SHP TXXI (94), and UHC TXXI (97, >95th)
 - CCC – ABH TXIX (96), SHP TXIX (97), UHC TXIX (97, >90th), ABH TXXI (96), SHP TXXI (96), and UHC TXXI (98, >95th, a statistically significant increase)Increasing 5-year trends were obtained for the following:
 - SHP adult (0.7 p/y)
 - UHC TXXI GC (0.6 p/y)
 - KanCare GC (0.2 p/y)
 - KanCare CCC (0.2 p/y)
- **Customer Service** – The KanCare adult score and rank (92, >75th) and the KanCare CCC score (90) were very high. The following scores were also very high:
 - Adult – ABH (91), SHP (92), and UHC (92)
 - TXIX and TXXI GC – SHP (91)
 - TXIX and TXXI CCC – SHP (93, a statistically significant increase)An increasing 5-year trend was obtained for KanCare adult (0.6 p/y) scores.

CCC Composites

- **Access to Prescription Medicines** – The KanCare CCC score and rank (94, >75th) were very high. The following scores and ranks were also very high:
 - TXIX CCC – ABH (94), SHP (95, >95th), and UHC (93)
 - TXXI CCC – ABH (94), SHP (95, >90th), and UHC (96, >95th)Scores from 2018 to 2022 were all 93 or greater.
- **Access to Specialized Services** – The KanCare CCC rank was very high (>95th). Both ABH and UHC scores were ranked >95th. The KanCare CCC score was 77, which indicates there may be room for improvement even with a high ranking.

- **Family-Centered Care: Getting Needed information** – The KanCare CCC (94) and SHP TXIX (96) scores significantly increased. The following scores were very high:
 - TXIX CCC – ABH (94) and UHC (92)
 - TXXI CCC – ABH (94), SHP (92), and UHC (93)Scores from 2018 to 2022 were all 90 or greater.
- **Family-Centered Care: Personal Doctor Who Knows Child** – The KanCare CCC score (91) was very high. The following scores were also very high:
 - TXIX CCC – ABH (91), SHP (92), and UHC (90)
 - TXXI CCC – ABH (91), SHP (90), and UHC (92)Scores from 2020 to 2022 were all 90 or greater.

Non-Composite Questions

- **Having a Personal Doctor** – KanCare CCC had a very high rate (93%).
- **Q20. In the last six months, how often did you get an appointment with a specialist as soon as you needed?** KanCare adult rate was ranked >95th.
- **Q43. What is your rating of the specialist your child saw most often in the last six months?** KanCare GC rate was ranked >90th.

Technical

Common Among the MCOs

- Each MCO's survey process included an initial mailing of the survey questionnaire, two reminder post card mailings, and a second mailing of the questionnaire to non-respondents. After the second postcard mailing, telephone outreach to non-respondents was conducted.
- Vendor reports included the timeline for survey implementation.
- Analysis of survey results were clearly presented.
- Each MCO's vendor report included analyses of key drivers for the Rating of Health Plan and recommendations or resources for improving the ratings.

Aetna

- Aetna's vendor mailed an optional postcard notification prior to the first survey mailing.
- Aetna made up to six phone attempts to contact non-responding members (the maximum allowed).

Sunflower

- Sunflower sent postcard notification to selected adult and child TXIX members.
- Sunflower included an internet response option in addition to mail and phone response options.

UnitedHealthcare

- UnitedHealthcare included an internet response option in addition to mail and phone response options.

Notable Improvements

- **Medical Assistance with Smoking and Tobacco Use Cessation**
 - **Smoking and Tobacco Usage** – SHP rates showed an improving trend (2.1 pp/y).

Opportunities for Improvement

Outcomes

Several measures for the KanCare adult and child populations, as well as for each MCO, indicated a need for improvement. Relatively low ranks, that is, below the 50th percentile (for KanCare rates) or the 25th percentile (for MCO ranks) for scores/rates below 90 or 90%, were considered opportunities for improvement. Rates with a statistically significant decrease from 2021 or with decreasing 2018–2022 trendlines were also considered opportunities for improvement.

Global Ratings

- **Rating of All Health Care** – The UHC TXXI CCC rate ranked <10th. The ABH TXXI GC ranking was <25th.
- **Rating of Personal Doctor** – The ABH TXXI GC ranking was <10th.
- **Rating of Specialist Seen Most Often** – The ranking for ABH TXXI CCC was very low (<5th, a significant decline).

Composites

- **Getting Care Quickly** – Decreasing 3 or 5-year trends were observed for KanCare GC (0.9 p/y), KanCare CCC (0.4 p/y), ABH TXXI GC (2.5 p/y), SHP TXXI GC (1.2 p/y), UHC TXXI GC (1.5 p/y), SHP TXIX CCC (0.8 p/y), and UHC TXXI CCC (1.0 p/y) rates.
- **Getting Needed Care** – The KanCare CCC rate declined significantly from 2021 but remained ranked ≥50th. Five of six subpopulations declined significantly:
 - GC – ABH TXXI (<33.33rd) and UHC TXXI (<33.33rd)
 - CCC – ABH TXIX (<50th), ABH TXXI (<33.33rd), and UHC TXXI (<50th)
- **Coordination of Care** – The 2022 scores for KanCare GC (<33.33rd) and KanCare CCC (<25th) were very low. The following rankings were also relatively low:
 - TXIX and TXXI GC – ABH (<25th)
 - CCC – ABH TXXI (<25th) and SHP TXXI (<25th, a statistically significant decrease)

CCC Composites

- **Coordination of Care for Children with Chronic Conditions** – The KanCare CCC score (74, <25th) was not improved from 2021. The following ranking was low:
 - TXIX and TXXI CCC – SHP (<5th)Declining 5-year trendlines were observed for SHP TXIX rates (2.0 p/y).
- **Family-Centered Care: Personal Doctor Who Knows Child** – Rankings were relatively low for KanCare CCC (<33.33rd), UHC TXIX (<25th), and SHP TXXI (<25th) rates.

Non-Composite Questions

- **Rating of Mental or Emotional Health** – Only 29% of KanCare adult, 67% of KanCare GC, and 35% of KanCare CCC respondents rated their [their child's] overall mental or emotional health as *excellent* or *very good*. The 2018–2022 trendlines are declining for KanCare adult (1.1 pp/y), KanCare GC (0.7 pp/y), and KanCare CCC (0.8 pp/y) rates.
- **Medical Assistance with Smoking and Tobacco Use Cessation**
 - **Smoking and Tobacco Usage** – The KanCare rate (29%) was above (worse than) the 50th percentile. The UHC rate (33%) was worse than the 75th percentile.
 - **Advising Smokers and Tobacco Users to Quit** – A decreasing 5-year trend was observed for the KanCare rate (1.5 pp/y). The 2022 rate was 74%.
 - **Discussing Cessation Medications** – The KanCare rate (47%) ranked <50th.
 - **Discussing Cessation Strategies** – The KanCare rate was 45%.
- **Flu Vaccinations for Adults 18–64** – The KanCare rate was 44%.

Technical Opportunities for Improvement

The following are opportunities for improving survey administration and reporting.

Common Among the MCOs

1. Fewer than 411 surveys, the targeted number of responses, were completed for 13 of the 15 survey populations.

Degree to Which the Previous Year's EQRO Recommendations Have Been Addressed

Four recommendations were made in the 2021 CAHPS Health Plan 5.0H Survey Validation report; the completion status of each recommendation is still in progress. Please see Appendix F for more details.

Recommendations for Quality Improvement

Common Among the MCOs

1. All MCOs should continue to expand their care coordination efforts, particularly for children with chronic conditions, including primary care physicians being informed and up to date about the care children receive from other doctors and health providers. Encouraging providers to discuss with the parents and guardians (or the youth themselves) whether their children receive care or services elsewhere, request releases of information, and establish bi-directional ongoing communication with the other providers. The MCOs could assist providers in identifying members' other sources of care, for the provider to use in flagging medical records as prompts for initiation of coordination of care discussions (e.g., similar to gap-in-care communications).
2. MCOs should further review their processes for encouraging providers to assess and respond to members' mental health and emotional health issues, and for encouraging members to access mental health or substance use disorder services.
3. MCOs should continue efforts to reduce smoking and tobacco use and to promote cessation. Consider methods to address providers' missed opportunities to discuss cessation medications and other strategies while advising smoking cessation (e.g., MCO supplying communication materials and identifying resources for providers to use, or for referrals).
4. MCOs should continue efforts to increase the number of people receiving flu vaccinations yearly.

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4. KanCare Mental Health Consumer Perception Survey

Background/Objectives

Since 2010, KFMC has administered a mental health consumer perception survey to KanCare beneficiaries receiving services, as per the External Quality Review contract with KDHE and the Kansas Department of Aging and Disability Services (KDADS). Since 2021, KFMC has contracted with Press Ganey, formerly SPH Analytics, to administer the survey. KFMC provided operational oversight; Press Ganey analyzed survey data and produced the analysis included in this report.

The survey objectives were to assess the quality of behavioral health services by focusing on the patient's experiences with care.⁹ Specific objectives of the survey include the following for adult and child populations.

Adult:

- Determination of member ratings
 - Counseling and Treatment Overall
- Assessment of member perceptions
 - Getting Treatment Quickly
 - How Well Clinicians Communicate
 - Getting Treatment and Information from Health Plan
 - Being Informed about Treatment Options

Child:

- Determination of member ratings
 - Child's Health Plan
 - Counseling and Treatment Overall
- Assessment of member perceptions
 - Getting Treatment Quickly
 - How Well Clinicians Communicate
 - Perceived Improvement
 - Getting Treatment and Information from Health Plan
 - Being Informed about Treatment Options

Technical Methods of Data Collection and Analysis/Description of Data Obtained

For 2022, the survey tool used was a modified version of the Experience of Care and Health Outcomes (ECHO) Survey. The sample included 12,650 KanCare members (5,100 adults and 7,550 children). KFMC created the sample frame from which Press Ganey selected the sample. The survey was initially administered using a one-wave, mail-only protocol. Adult members and parents or guardians of child members were mailed a survey and cover letter that included an internet option for the survey. A reminder letter was added to the adult survey methodology to increase the response rate, as the number of completed surveys following the initial mailing was lower than anticipated. A total of 405 adult surveys and 389 child surveys were returned or completed online. Additional details are provided in Appendix C, Survey Methodology.

Conclusions Drawn from the Data Common Among the MCOs

Adult Survey Results

Table 4.1 displays the summary rates of key measures and associated domains. In their reports, Press Ganey includes a key driver analysis regarding counseling and treatment that identifies certain measures as Power (relatively large impact and high performance), Retain (relatively small impact but above average performance), Opportunity (relatively large impact but below average performance), or Wait (relatively small impact and low performance). These are indicated in Table 4.1.

⁹ <https://www.ahrq.gov/cahps/surveys-guidance/echo/about/Development-ECHO-Survey.html>

Table 4.1. Summary Rates of Key Measures – Adult	
Categories identified by Press Ganey as key drivers of the Rating of Counseling and Treatment were Power (*), Retain (^), Opportunity (†), and Wait (‡).	
Domain or Question	2022 Rate
Rating of Counseling and Treatment (Q28) (% 8, 9 or 10)	69.8%
Rating of Health Plan (Q53) (% 8, 9 or 10)	76.2%†
Getting Treatment Quickly (% Always or Usually)	68.6%
Q3. Got professional counseling on the phone when needed	58.5%‡
Q5. Saw someone as soon as wanted (when needed right away)	67.5%
Q7. Got appointment as soon as wanted (not counting times needed care right away)	79.8%‡
How Well Clinicians Communicate (% Always or Usually)	90.6%
Q11. Clinicians listened carefully to you	89.3%*
Q12. Clinicians explained things	88.5%*
Q13. Clinicians showed respect for what you had to say	93.5%*
Q14. Clinicians spent enough time with you	89.8%^
Q15. Felt safe with clinicians	94.3%*
Q18. Involved as much as you wanted in treatment	88.2%*
Informed about Treatment Options (% Yes)	47.2%
Q20. Told about self-help or support groups	35.7%
Q21. Given information about different kinds of counseling or treatment options	58.7%
Perceived Improvement (% Much better or A little better)	54.1%
Q31. Your ability to deal with daily problems, compared to one year ago	61.2%
Q32. Your ability to deal with social situations, compared to one year ago	50.0%
Q33. Your ability to accomplish things he/she want to do, compared to one year ago	50.7%
Q34. Rating of your problems or symptoms, compared to one year ago	54.4%
Prescription Medicines (% Yes)	
Q16. Took prescription medicines as part of treatment	90.2%
Q17. Told about side effects of medications	79.9%
Q24. Felt you could refuse a specific type of medicine or treatment	83.7%
Getting Treatment and Information from the Plan (% Not a problem)	66.1%
Q43. Problem with getting someone you are happy with since joining this health plan	57.3%‡
Q45. Problem with delays in counseling or treatment while waiting for approval	89.2%
Q46. Problem with getting counseling or treatment needed	74.3%‡
Q48. Problem finding or understanding information in written materials/internet	59.2%
Q50. Problem getting the help needed when calling customer service	70.5%
Q52. Problem with paperwork from health plan	92.2%
Reasons for Counseling or Treatment (% Yes)	
Q54. Counseling was for personal problems, family problems, emotion, or mental illness	90.7%
Q55. Counseling was for alcohol or drug use	8.9%
Non-Domain Question from Key Driver Analysis	
Q10. Seen within 15 minutes of appointment (% Always or Usually)	79.2%‡
Q29. Helped by the counseling or treatment you got (% A lot or Somewhat)	84.5%†
Supplemental Questions (% Strongly Agree or Agree)	
Q64. I am happy with the friendships I have.	87.5%
Q65. I have people with whom I can do enjoyable things.	85.9%

Strengths Regarding Quality, Timeliness, and Access to Health Care Services – Adult

Key questions with high rates and questions identified as Power or Retain in the key driver analysis were considered strengths.

- Q11. Clinicians listened carefully to you (High, Power)
- Q12. Clinicians explained things (Power)
- Q13. Clinicians showed respect for what you had to say (High, Power)
- Q14. Clinicians spent enough time with you (High, Retain)
- Q15. Felt safe with clinicians (High, Power)
- Q18. Involved as much as you wanted in treatment (Power)
- Q52. Problem with paperwork from health plan (% Not a problem) (High)

Opportunities for Improving Quality, Timeliness, and Access to Health Care Services – Adult

Key questions with low rates were considered opportunities for improvement, as well as the questions identified as Opportunity or Wait in the key driver analysis.

- Q3. Got professional counseling on the phone when needed (Wait)
- Q7. Got appointment as soon as wanted (not counting times needed care right away) (Wait)
- Q10. Seen within 15 minutes of your appointment (Wait)
- Q20. Told about self-help or support groups (Low)
- Q29. Helped by the counseling or treatment you got (Opportunity)
- Q32. Your ability to deal with social situations, compared to one year ago (Low)
- Q33. Your ability to accomplish things he/she want to do, compared to one year ago (Low)
- Q34. Rating of your problems or symptoms, compared to one year ago (Low)
- Q43. Problem with getting someone you are happy with since joining this health plan (Low, Wait)
- Q46. Problem with getting counseling or treatment needed (Wait)
- Q53. Rating of Health Plan (Opportunity)

Child Survey Results

Table 4.2 displays the summary rates of key measures and associated domains. In their reports, Press Ganey includes a key driver analysis that identifies certain measures as Power, Retain, Opportunity, or Wait. These are indicated in Table 4.2.

Table 4.2. Summary Rates of Key Measures – Child	
Categories identified by Press Ganey as key drivers of the Rating of Counseling and Treatment were Power (*), Retain (^), Opportunity (†), and Wait (‡).	
Domain or Question	2022 Rate
Rating of Counseling and Treatment (Q29) (% 8, 9 or 10)	71.3%†
Rating of Child’s Health Plan (Q54) (% 8, 9 or 10)	85.7%
Getting Treatment Quickly (% Always or Usually)	62.9%
Q3. Got professional counseling on the phone when needed	39.1%
Q5. Saw someone as soon as wanted (when needed right away)	71.0%
Q7. Got appointment as soon as wanted (not counting times needed care right away)	78.6%‡
Q11. Seen within 15 minutes of appointment	82.9%‡

Table 4.2. Summary Rates of Key Measures – Child (Continued)

Table 4.2. Summary Rates of Key Measures – Child (Continued)	
Categories identified by Press Ganey as key drivers of the Rating of Counseling and Treatment were Power (*), Retain (^), Opportunity (†), and Wait (‡).	
Domain or Question	2022 Rate
How Well Clinicians Communicate (% Always or Usually)	
Q12. Clinicians listened carefully to you	91.8%*
Q13. Clinicians explained things	93.6%^
Q14. Clinicians showed respect for what you had to say	96.2%^
Q15. Clinicians spent enough time with you	87.3%^
Q18. Involved as much as you wanted in treatment	88.9%^
Informed About Treatment Options (% Yes)	
Q22. Given information about different kinds of counseling or treatment options	70.0%
Q23. Given information about what you could do to manage your child’s condition	74.9%
Getting Treatment and Information from the Plan (% Not a problem)	
Q44. Problem with getting someone your child is happy with since joining this health plan	59.5%‡
Q46. Problem with delays in counseling or treatment while waiting for approval	93.9%*
Q47. Problem with getting counseling or treatment child needed	71.7%†
Q49. Problem finding or understanding information in written materials/internet	64.9%
Q51. Problem getting the help needed when calling customer service	55.6%
Q53. Problem with paperwork for child’s health plan	83.5%
Perceived Improvement (% Much better or A little better)	
Q30. Helped by the counseling or treatment received (% A lot or Somewhat)	80.8%†
Q32. Child’s ability to deal with daily problems, compared to one year ago	74.6%
Q33. Child’s ability to deal with social situations, compared to one year ago	67.1%
Q34. Child’s ability to accomplish things he/she want to do, compared to one year ago	71.5%
Q35. Rating of your child’s problems or symptoms, compared to one year ago	71.3%
Non-Domain Question from Key Driver Analysis (% Always or Usually)	
Q20. Family got the professional help you wanted for your child	87.1%*
Q21. Child had someone to talk to for counseling or treatment when he or she was troubled	81.1%†
Supplemental Questions (% Strongly Agree or Agree)	
Q71. I know people who will listen and understand me when I need to talk	96.8%
Q72. I have people with whom I can do enjoyable things	95.8%

Strengths Regarding Quality, Timeliness, and Access to Health Care Services – Child

Key questions with high rates and questions identified as Power or Retain in the key driver analysis were considered strengths.

- Q12. Clinicians listened carefully to you (Power)
- Q13. Clinicians explained things (High, Retain)
- Q14. Clinicians showed respect for what you had to say (High, Retain)
- Q15. Clinicians spent enough time with you (Retain)
- Q18. Involved as much as you wanted in treatment (Retain)
- Q20. Family got the professional help you wanted for your child (Power)
- Q46. Problem with delays in counseling or treatment while waiting for approval (% Not a problem) (High, Power)
- Q71. I know people who will listen and understand me when I need to talk (High)
- Q72. I have people with whom I can do enjoyable things (High)

Opportunities for Improving Quality, Timeliness, and Access to Health Care Services – Child

Key questions with low rates were considered opportunities for improvement, as well as the questions identified as Opportunity or Wait in the key driver analysis.

- Q3. Got professional counseling on the phone when needed (Low)
- Q7. Got appointment as soon as wanted (not counting times needed care right away) (Wait)
- Q11. Seen within 15 minutes of appointment (Wait)
- Q21. Child had someone to talk to for counseling or treatment when troubled (Opportunity)
- Q29. Rating of Counseling and Treatment (% 8, 9 or 10) (Opportunity)
- Q30. Helped by the counseling or treatment received (Opportunity)
- Q33. Child’s ability to deal with social situations, compared to one year ago (% Much better or A little better) (Low)
- Q44. Problem with getting someone for your child you are happy with (Low, Wait)
- Q47. Problem with getting counseling or treatment child needed (Opportunity)
- Q49. Problem finding or understanding information in written materials/internet (Low)
- Q51. Problem getting the help needed when calling customer service (% Not a problem) (Low)

Degree to Which the Previous Year’s EQRO Recommendations Have Been Addressed

There are four recommendations related to quality, timeliness, and access to health care services in Appendix F, Degree to Which the Previous Year’s EQRO Recommendations Have Been Addressed; two recommendations carried over from 2020 and two recommendations were made in 2021. The State provided an update on the extent to which the remaining 2020 and new 2021 recommendations were addressed. Please see Appendix F for more details.

Recommendations for Quality Improvement

Recommendations for the State

1. For adult members, monitor and explore methods to improve or continue improvement regarding
 - a. Access, quality, and timeliness of treatment;
 - b. Members getting information about treatment options (information about self-help or support groups);
 - c. Improved outcomes including member perceived improvement; and
 - d. Member satisfaction with provider.
2. For child members, monitor and explore methods to improve or continue improvement regarding
 - a. Access, quality, and timeliness of treatment;
 - b. Improved outcomes including member perceived improvement;
 - c. Member satisfaction with provider; and
 - d. Accessing and understanding information, including getting needed help from customer service.

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5. Provider Satisfaction Survey Validation

Background/Objectives

Aetna, Sunflower, and UnitedHealthcare conducted provider satisfaction surveys in 2022 to assess how well each plan was meeting its providers’ expectations and needs and to identify strengths and opportunities for improvement. The objective of KFMC’s review was to validate the methodological soundness of the completed surveys.

In 2021, KDHE executed MCO Contract Amendment 14, Section 5.9.11 (approved on July 21, 2021), specifying more detailed requirements for the MCO provider satisfaction surveys, in efforts to improve survey quality and increase consistency across the MCOs. The MCOs must be in compliance with these requirements for their surveys. In preparation for the 2022 survey, Aetna and Sunflower submitted their work plans for State review prior to survey implementation; the State then approved of these. UnitedHealthcare did not submit the 2022 Survey Work Plan for the State’s approval prior to conducting the survey. In response to the State’s follow-up, UnitedHealthcare noted the 2023 survey will be developed in collaboration with the other two KanCare MCOs to meet Contract Amendment 14 requirements.

Technical Methods of Data Collection and Analysis/Description of Data Obtained

KFMC used the October 2019 Validating Surveys Protocol worksheet and narrative, provided by CMS, to conduct the validation of Provider Surveys. The protocol is comprised of the following eight validation activities:

1. Review survey purpose, objectives, and audience.
2. Review the work plan (approved by the State before survey implementation).
3. Review the reliability and validity of the survey instrument.
4. Review the sampling plan.
5. Review the adequacy of the response rate (strategy to maximize response).
6. Review the quality assurance plan.
7. Review the survey implementation.
8. Review the survey data analysis and final report.

Each MCO submitted survey documents, including the survey reports prepared by their survey vendors describing very brief survey methodologies, and analytic results presenting the survey findings. Aetna and Sunflower also provided their vendor’s documents related to quality control process.

SPH Analytics conducted the Aetna and Sunflower surveys; Escalent conducted the UnitedHealthcare survey. See Table 5.1 for dates the surveys were fielded, sample sizes, and response rates.

MCO	Dates Fielded	Sample Size	Completed Surveys	Response Rate
Aetna	September–October	6,133	381	6.2%
Sunflower	August–October	2,500	200	8.0%
UnitedHealthcare	July–November	3,221	30	1.0%

KDHE requires four provider types (PCPs, specialists, BH clinicians, and HCBS providers) to be surveyed. Aetna and Sunflower indicated their sample included KanCare network PCPs, specialists, BH clinicians,

and HCBS providers. UnitedHealthcare noted Kansas Community and State physicians and practice managers were sampled. UnitedHealthcare did not clarify if all the providers selected in the sample were KanCare providers, or the provider types included in the sample. UnitedHealthcare received completed surveys from PCPs (specialties of family practice, internal medicine, pediatrics, obstetrics/gynecology) and specialists (including , cardiology, orthopedics, gastroenterology, oncology, rheumatology, endocrinology, geriatric medicine, pediatric specialist, radiology), but not BH clinicians or HCBS providers.

Conclusions Drawn from the Data

Common Among the MCOs

- The 2022 Provider Satisfaction Surveys conducted by the three MCOs were limited in providing results that could be generalizable to their KanCare provider populations of PCPs, specialists, BH clinicians and HCBS providers. The reasons include low response rates, and low numbers of completed surveys by the four provider types providing data for analysis and the application of unweighted data analysis techniques.
- The MCOs' survey findings could not be compared due to incomplete methodology information, issues with generalizability of findings, and differences in sample compositions and survey questionnaires.
- The MCOs' survey findings could not be compared due to incomplete methodology information, issues with generalizability of findings, and differences in sample compositions and survey questionnaires.

Aetna

- The Overall Satisfaction Rate of 63.0% could potentially be generalized to Aetna's KanCare Provider Network of PCPs, specialists, BH providers, and HCBS providers. However, caution should be applied to interpret overall composite results due to the low response rate, definition of a completed mail survey, and the application of unweighted data analysis.
- The stratified analyses for the four provider types were based on small numbers of completed surveys. A low response rate and small number of completed surveys available for the calculation of rates and scores for each of these four provider types limited the ability to make conclusions.

Sunflower

- The Overall Satisfaction Rate of 69.2% could potentially be generalized to Sunflower's KanCare Provider Network. However, this conclusion should be interpreted with caution due to a low response rate, low number of completed surveys by each of the four provider types, and application of unweighted data analysis.
- The results of stratified analyses for three provider types (PCPs, specialists and BH clinicians) were based on small numbers of completed surveys by provider type. A low response rate and small number of completed surveys from each of these three provider types limited the ability to make conclusions specific the provider types. The stratified analysis for HCBS providers was not conducted.
- The analyses of responses for six relative questions related to the survey instrument item "Sunflower's Network Providers/Coordination of Care " were problematic due to the wording of the questions. The responses to such relative questions cannot adequately assess Sunflower's actual performance or the provider satisfaction for these questions.

UnitedHealthcare

- Kansas Overall Satisfaction Rate was 24%. The results could not be generalizable to the study population due to a very low number of completed surveys. Also, BH clinicians and HCBS providers were not included in the sample, and it was not clear if the sample was comprised of UnitedHealthcare's KanCare providers. Therefore, these results could not be applied to the overall UnitedHealthcare KanCare Provider Network.
- UnitedHealthcare did not stratify analysis for the four provider types as required by Contact Amendment 14.

Technical Strengths

Common Among the MCOs

- Question categories in the survey instruments of the three MCOs seem to be organized appropriately and in accordance with different service areas.
- Each MCO used a multi-mode survey methodology, including a mailed questionnaire with an internet option.

Aetna and Sunflower

Following are the strengths of Aetna and Sunflower surveys in addition to those described for all MCOs:

- The surveys conducted by both MCOs were created exclusively for the KanCare providers participating in their Kansas provider networks.
- The multi-mode methodology of the surveys conducted by both MCOs also included emailing a Uniform Resource Locator (URL) link for internet survey to all providers with a valid email address available and conducting telephone follow-up for the non-respondents of the mail and internet survey.
- Both MCOs reported the total number of valid surveys for each survey component (mail, internet, and telephone follow-up), by four provider types.
- Detailed and varied analyses using statistical procedures were completed with graphical presentations. These included composite analysis presenting the percentages of providers who chose the most favorable responses.

Aetna

Following are the Aetna survey strengths in addition to those listed above:

- The 2022 survey instrument removed the following relative language from survey questions, *"Please rate Aetna Better Health of Kansas in the following service areas when compared to your experience with other health plans you work with."* The updated questions reduce the validity and generalizability issues from prior years' surveys. These issues were regarding the possibility of varied understanding and responses due to differences in the characteristics of the other health plans survey respondents were contracting with.
- The survey sample size was large.
- A stratified analysis was conducted for each of the four provider types (PCPs, specialists, BH clinicians, and HCBS providers).

Sunflower

Following are the Sunflower survey strengths in addition to those listed above:

- Out of 52 questions on the survey instrument, 45 questions were revised by removing the instructions, *"Please rate Sunflower Health Plan in the following service areas when compared to your experience with other health plans you work with."* These revisions address the validity and generalizability issues related to these questions in prior years' surveys.

- To increase the response rate, Sunflower used the National Change of Address and Phone Append Process to help ensure accurate addresses and phone numbers and notified the providers of the upcoming survey through provider representatives, provider bulletins, and direct outreach to offices. Sunflower also incorporated a drawing for one \$400 Visa gift card as an incentive to improve the response rate.
- The survey vendor has a quality assurance plan in place.
- A stratified analysis was conducted for each of the three provider types (PCPs, specialists, and clinicians).

UnitedHealthcare

Following are the UnitedHealthcare survey strengths in addition to those common among MCOs:

- All fifty survey questions used direct language.

Opportunities for Improvement

Common Among the MCOs

- Information on the study population, sample frame, sampling method, and sample size calculation was not clearly presented and lacked descriptions for several crucial aspects.
- There was missing or inadequate information in the MCOs' survey reports, such as reliability and validity testing of the survey instrument, sample size calculation and description, corrective action plan for responding to low response rates during survey implementation, application of quality management processes, table footnotes related to the statistical test significance level and limitations due to insufficient sample size, non-response analysis, and discussion of the similarities between the 2022 respondents and the survey respondents for the comparison benchmark data sources.
- The required response rates were not specified.
- The overall response rates were low for the surveys conducted (6.2% for Aetna, 8.0% for Sunflower, and 1.0% for UnitedHealthcare). Aetna reported the total number of completed surveys as 381, however, 36% of the questions were below 250 responses. The overall number of completed surveys was low for Sunflower, and considerably low for UnitedHealthcare (200 for Sunflower, and 30 for UnitedHealthcare). This could considerably impact the generalizability of the results for the study populations.
- The number of completed surveys by four provider types were considerably low for Aetna and Sunflower (PCPs: 102 for Aetna, and 54 for Sunflower; Specialists: 88 for Aetna, and 37 for Sunflower; BH Providers: 135 for Aetna, and 53 for Sunflower; and HCBS Providers: 56 for Aetna, and 27 for Sunflower). Only 30 providers from certain specialties responded to the UnitedHealthcare survey; no responses were received from BH providers or HCBS providers.
- The Aetna and Sunflower results included percentages and denominators for overall rates calculated for the individual questions, whereas numerators were not shown. UnitedHealthcare only showed an overall number of returned surveys and percentages, without including their numerators and denominators. The percentages based on a small number of responses could be inaccurately interpreted if denominators are not shown.
- The survey findings were not generalizable to the MCOs' overall KanCare provider networks or to the specific network provider types due to inadequate representations of the overall study populations, low response rates, low number of completed surveys with even lower numbers of individual question responses, and use of unweighted analysis.

Aetna and Sunflower

- Two different criteria were used to count a survey as complete. For the mail component, a survey

was counted as a complete if the respondent answered at least one question, whereas for the internet and phone components, a survey was counted as complete if a respondent answered all survey questions. The reason for using these two different criteria was not mentioned. Both MCOs did not indicate how many of the completed mail surveys had responses to all questions.

- Demographic segmental analyses were conducted by both MCOs, however, the numerator and denominator counts were not included in the Survey Report.
- A considerably small number of PCPs, specialists, BH providers, and HCBS providers completed the survey for both MCOs. Thus, the survey results for both MCOs could not be generalizable to these provider types of their KanCare provider networks.
- Both MCOs compared the 2022 Survey results to the results from their 2020 and 2021 Provider Satisfaction Surveys. However, both MCOs revised their 2022 survey instruments. All questions for the Aetna survey and 45 questions for the Sunflower survey removed the instructions to rate the services provided by their health plans when compared to providers' experience with other health plans they work with. This changed the basic construct of these questions, thus rendering them not comparable. In addition, the compositions of respondents of the 2022, 2021 and 2020 surveys were different. Due to this incomparability of survey questions and composition of the three surveys, these comparative analyses were not valid.
- Corrective steps were not applied by Aetna and Sunflower during the course of the survey administration to improve the response rate and number of completed surveys by the four provider types.

Aetna

Following are the areas for improvement for the Aetna survey in addition to those listed above:

- A required minimum number of completed surveys was not specified.
- Aetna did not provide a comprehensive quality assurance plan.

Sunflower

Following are the areas for improvement for the Sunflower survey in addition to those listed above:

- The survey instrument included six relative questions with the following wording related to the Plan's Network Providers/Coordination of Care, *"When compared to your experience with other health plans you work with."* The differences in providers' understanding of the questions and these instructions, as well differences in the characteristics of the "other health plans," could impact the results for these six questions. As such, there cannot be a true assessment of Sunflower's performance or provider satisfaction for these questions.
- A target to attain the number of completed surveys for each of the four provider types was noted in the Work Plan. The completed surveys achieved for the four sampling strata by provider types were considerably lower than the specified targets.

UnitedHealthcare

Following are the areas for improvement for the UnitedHealthcare survey in addition to those common for all MCOs:

- It was not clear if all providers sampled were KanCare providers.
- The survey methodology and analysis plan were not designed to fulfill the Contract Amendment 14 requirement to provide generalizable results for each of the four provider types (PCPS, specialists, BH providers, and HCBS providers).
- Telephone follow-up with the non-respondents of the mail and internet survey was not conducted and other steps were not planned to ensure collection of a sufficient number of completed surveys and an adequate response rate.

- A very low number of completed surveys (30) were obtained, instead of achieving 384 completed surveys (calculated as the required number of completed surveys based on 5% margin of error with a 95% confidence level). No explanation was provided in the Survey Report regarding why the planned required number of 384 completed surveys was not obtained.
- UnitedHealthcare did not provide a comprehensive quality assurance plan.
- Corrective actions to improve the low response rate were not implemented during the course of survey administration.

Degree to Which the Previous Year's EQRO Recommendations Have Been Addressed

The majority of the EQRO's provider survey recommendations have been repeated for multiple years with minimal improvement. Please see Appendix F for more details.

There were 16 previous year's recommendations common among the MCOs

- Aetna and Sunflower both partially addressed eight recommendations,
- Eight recommendations were not addressed by Aetna, nor were they addressed by Sunflower,
- UnitedHealthcare partially addressed six recommendations, and
- Ten recommendations were not addressed by UnitedHealthcare.

MCO-specific recommendations were made in prior years, as well.

- Of the nine Aetna-specific recommendations, three were addressed, three were partially addressed, and three were not addressed.
- Of the six Sunflower-specific recommendations, two recommendations were partially addressed and four were not addressed.
- Of the ten UnitedHealthcare-specific recommendations, two were partially addressed and eight were not addressed.

Recommendations for Quality Improvement

Common Among the MCOs

1. Describe in detail the survey methodology and analysis plan in the Survey Work Plan. The following items are recommended to be included in the Survey Work Plan document:
 - Describe survey methodology clearly and in detail in the Work Plan. Include a clearly defined intended study population and its size; a clearly defined appropriate sample frame and its size; detailed information on sampling methodology procedures; and clearly described parameters used in the sample size calculation (population size of the sampling strata by provider type, margin of error, confidence level, standard deviation, response rate) for four provider types (PCPs, specialists, BH providers, and HCBs providers).
 - Describe analysis plan in detail.
 - In the Survey Report, describe any deviation made from the survey methodology and analysis plan, as described in the Work Plan, and the reasons for such deviation.
 - Include survey quality procedures for all steps of survey implementation; if a quality assurance plan is provided by the survey vendor then review the plan and if it shows any deficiencies, then a plan to address these deficiencies should be included in the Work Plan.
2. Ensure generalizability of the survey findings to the intended study population:
 - Apply stratified sampling methodology using the parameters of sample size calculation, to obtain sufficient sample sizes for the four provider types for achieving adequate number of completed surveys for each of the four provider types.

Recommendations for Quality Improvement (Continued)

- Establish a minimum accepted response rate and number of complete surveys for each of the four provider types.
 - Apply steps to attain a designated number of surveys completed by four provider types to ensure generalizability of the results to these provider types.
 - Create and use sampling weights in the analyses to obtain survey results that could be generalizable to the study population
3. Apply steps to improve response rate of the survey:
 - Apply corrective actions during fielding of the survey if the number of completed surveys is less than the minimum expected number of completed surveys by provider type.
 4. Ensure data analysis results are appropriately interpreted:
 - Interpret the analysis results within the context of the study populations by four provider types represented by the survey sample.
 - Mention a caution in interpretation of the results in the footnotes of the tables and graphs when results are based on small numbers.
 - Include numerator and denominator counts in the data tables presented in Survey Report.
 - Conduct non-response analysis.
 5. Include a detailed description of the contents of the survey design and administration in the Survey Report and accompanying documents:
 - Include detailed information on all aspects of survey methodology in the Survey Report or include references in the Survey Report to other submitted documents
 - Describe the sampling methodology in detail, including a clearly defined intended study population and its size, a clearly defined appropriate sample frame and its size, sampling method used, and a clear description of the parameters (population size, margin of error, power, confidence level, standard deviation, response rate) used in the sample size calculations for each of the four provider types.
 - Include survey quality procedures for all steps of survey implementation; if a quality assurance plan is provided by the vendor, the Survey Report needs to address whether the plan was implemented in full.
 - In the Survey Report, describe any changes made to the study design described in the Work Plan during the implementation of the survey along with the reasons for making these changes.

Aetna

The recommendations below are in addition to the “Common Among the MCOs” recommendations.

1. Use the criterium applied for counting the internet and phone surveys as a “completed survey” for revising the criterium used for counting a mail survey.
2. Include survey implementation steps in Work Plan to improve the response rate of the survey or number of returned surveys by each of the four provider types, such as updating and correcting contact information of the providers (mail, phone, and email); using additional methods to inform and encourage participation; collecting data over an adequate duration; sending frequent reminder notices to the providers; and determining the reason for a large number of ineligible surveys.

Recommendations for Quality Improvement (Continued)

Sunflower

The recommendations below are in addition to the “Common Among the MCOs” recommendations.

1. Revise the six Network Providers/Coordination of Care questions to remove the phrasing that makes the provider answer relative to the other health plans they work with.
2. Conduct validity testing of the updated survey instrument.
3. Strengthen further the selected sample by sampling a higher number of specialists, BH clinicians and HCBS providers.
4. Use the criterium applied for counting the internet and phone surveys as a “completed survey” for revising the criterium used for counting a mail survey.
5. Conduct stratified analyses by four provider types as required by Contract Amendment 14. Add HCBS provider response option to the Area of Medicine question of the survey instrument.

UnitedHealthcare

The recommendations below are in addition to the “Common Among the MCOs” recommendations.

1. Submit Work Plan prior to the implementation of the survey for the State’s approval.
2. Describe the survey administration tasks in detail in the Work Plan.
3. Include the information in the Survey Report regarding reliability and validity testing of the survey instrument for the target study population (UnitedHealthcare eligible providers) and more specifically, UnitedHealthcare KanCare providers, including for required provider types.
5. Ensure the study population for the UnitedHealthcare Kansas Provider Satisfaction Survey is composed of all KanCare providers in the UnitedHealthcare KanCare Provider Network.
6. Include in the study population the four provider types required by Contract amendment 14.
7. Ensure the compositions of the sample frame and selected sample are in alignment with the composition of the study population of the UnitedHealthcare Kansas Provider Satisfaction Survey (KanCare providers including four required provider types).
8. Determine the reason for such a large number of non-respondents and address the issues, such as ensuring provider contact information is updated for accuracy at the of survey implementation.
9. Implement steps to improve the provider response rate, such as adding a follow-up telephone survey component to the survey methodology. Further strengthen the survey methodology by verifying the contact information of the providers selected in the sample at the time of survey implementation, researching bad mail and email addresses to resend undeliverable surveys or complete further outreach, reminder phone calls, determining the reason for ineligible surveys, and appropriate timings for fielding the survey (data collection over an adequate duration).
10. Ensure survey results are focused on provider responses specific to KanCare.
11. Conduct analyses to provide results by each of the four provider types.
12. Document statistical tests (e.g., t-test) performed per question and composite to clearly indicate the validity of the results.
13. Ensure the analytic result for each question is based on a valid numerator and denominator.
14. In Survey Report, describe the survey administration tasks in detail along with a timeline for the application of all of the steps for the dual-mode strategy; document analysis procedures, including statistical test statistics used for the comparative analyses; and present survey results for each of the four provider types as required by the Contract Amendment 14.

6. Review of Compliance with Medicaid and CHIP Managed Care Regulations

Background/Objectives

The Medicaid and CHIP Managed Care Regulations require performance of independent, external reviews of the quality, timeliness of, and access to care and services provided to Medicaid and CHIP beneficiaries by MCOs.¹⁰ The objective of KFMC's review is to assess MCO compliance with federal standards. A full review is required every three years and may be completed over the course of the three years. Sunflower and UnitedHealthcare have provided KanCare managed care services since January 2013, and Aetna since 2019. KFMC reviewed MCO compliance with the Medicaid and CHIP Managed Care regulations updated May 6, 2016, and November 13, 2020.

The process was updated in 2019 to spread the review of regulations over the three-year period. The current review period is (2022-2024), with KFMC conducting approximately one-half of the review in Years 1 and 2 for Sunflower and UnitedHealthcare, along with needed follow-up in Years 2 and 3. Since Aetna's MCO contract went into effect January 1, 2019, and KFMC completed most of the full regulatory compliance review for Aetna in 2019, KFMC completed a full regulatory review in 2022, and needed follow-up will be conducted in Years 2 and 3. KFMC's compliance review results for the 2022 reviews are included in this *2022-2023 Annual EQR Technical Report*.

Technical Methods of Data Collection and Analysis/Description of Data Obtained

KFMC used Protocol 3, *Review of Compliance with Medicaid and CHIP Managed Care Regulations* from the *CMS EQR Protocols*, dated October 2019, to complete the reviews. In addition, KFMC compiled findings in a worksheet based on the EQR Protocol 3 documentation and reporting tool template developed by CMS.

The protocol involves completion of the following five activities:

- Activity 1: Establish Compliance Thresholds
- Activity 2: Perform Preliminary Review
- Activity 3: Conduct Managed Care Organization Onsite Visit
- Activity 4: Compile and Analyze Findings
- Activity 5: Report Results to the State

KFMC requested documentation from each MCO related to the federal regulations under review. Documentation provided included policies, procedures, manuals, and other materials related to the federal regulations, and case files for Coordination and Continuity of Care, Provider Selection, and Grievances and Appeals.

The following Medicaid Managed Care Regulatory Provisions were reviewed in Year 1 for Aetna:

- Subpart B – State Responsibilities
- Subpart C – Enrollee Rights and Protections
- Subpart D – MCO, PIHP [Prepaid Inpatient Health Plan] and PAHP [Prepaid Ambulatory Health Plan] Standards (requires compliance with Subpart F – Grievance and Appeal System)
- Subpart E – Quality Measurement and Improvement; External Quality Review

¹⁰ Managed Care, 42 C.F.R. §438 (2016). <https://www.ecfr.gov/current/title-42/chapter-IV/subchapter-C/part-438?toc=1>.

The following Medicaid Managed Care Regulatory Provisions were reviewed in Year 1 for UnitedHealthcare and Sunflower:

- Subpart D – MCO, PIHP and PAHP Standards: §438.206, §438.207, §438.208, §438.214, §438.224 (requires compliance with Subpart F Grievance and Appeal Systems [§438.402-§438.424]), §438.402, §438.230, and §438.236
- Subpart E – Quality Measurement and Improvement; External Quality Review: §438.330

The regulatory areas were divided and categorized by year reviewed per MCO within the three-year review period (2022–2024), as displayed in Table 6.1.

Table 6.1 Standards Reviewed Timeframe						
Regulatory Standard	Reviewed by the EQRO					
	RC* 2022 – 2023			RC* 2023 – 2024		
	ABH	SHP	UHC	ABH	SHP	UHC
Subpart C – Enrollee Rights and Protections						
§438.56 Disenrollment: Requirements and Limitations	X				X	X
§438.100 Enrollee Rights	X				X	X
§438.114 Emergency and Poststabilization Services	X				X	X
Subpart D – MCO, PIHP, and PAHP Standards						
§438.206 Availability of Services	X	X	X			
§438.207: Assurances of Adequate Capacity and Services	X	X	X			
§438.208 Coordination and Continuity of Care	X	X	X			
§438.210 Coverage and Authorization of Services	X				X	X
§438.214 Provider Selection	X	X	X			
§438.224 Confidentiality	X	X	X			
§438.228 Grievance and Appeal Systems (Requires compliance with Subpart F Grievance and Appeal System [§438.402 - §438.424])	X				X	X
§438.402 General Requirements	X	X	X			
§438.404 Notice of Adverse Benefit Determination	X				X	X
§438.406 Handling of Grievances and Appeals	X				X	X
§438.408 Resolution and Notification	X				X	X
§438.410 Expedited Resolution of Appeals	X				X	X
§438.414 Information about the Grievance and Appeal System to Providers and Subcontractors	X				X	X
§438.416 Recordkeeping Requirements	X				X	X
§438.420 Continuation of Benefits While Appeal and State Fair Hearing are Pending	X				X	X
§438.424 Effectuation of Reversed Appeal Resolutions	X				X	X
§438.230 Sub-contractual Relationships and Delegation	X	X	X			
§438.236 Practice Guidelines	X	X	X			
§438.242 Health Information Systems	X				X	X
Subpart E – Quality Measurement and Improvement						
§438.330 Quality Assessment and Performance Improvement Program	X	X	X			
*Reporting Cycle (RC)						

KFMC utilized the five-point rating compliance scoring (Fully Met, Substantially Met, Partially Met, Minimally Met, and Not Met) as defined in the EQR Protocol 3 and results were compiled into a tabular format for reporting on each regulatory category. The individual MCO 2022 *Review of Compliance with Medicaid and CHIP Managed Care Regulations* reports contain more detail and are available upon request.

KFMC applied a point system to calculate the overall compliance score for each regulatory component, Subpart, and overall MCO compliance. Each component earns a compliance score in the following way: Fully Met receives four points; Substantially Met receives three points; Partially Met receives two points; Minimally Met receives one point; and Not Met receives zero points. The Compliance Score for each regulation is a percentage found by dividing the numerator (the total number of points earned by the components within that regulation) by the denominator (the total number of points possible for components within that regulation).

Conclusions Drawn from the Data

Compliance

Common Among the MCOs, Year 1 Review – 2022

Of the common areas reviewed for the MCOs in Year 1 (2022), each of the MCOs had the greatest opportunity for improvement in §438.214 Provider Selection (Subpart D – MCO, PIHP and PAHP Standards).

Aetna, Year 1 Review – 2022

Overall, Aetna was 94% compliant with federal regulatory requirements. Subpart E – Quality Measurement and Improvement scored the highest (100% Fully Met). Table 6.2 summarizes the compliance scores for Aetna.

Table 6.2. Summary of Compliance Review – Aetna Year 1 (2022)							
Federal Regulations	Component Compliance*						Compliance Score*
	Components	FM* (4 Points)	SM* (3 Points)	PM* (2 Points)	MM* (1 Point)	NM* (0 Points)	
Subpart C – Enrollee Rights and Protections							
§438.100 Enrollee Rights^ §438.10 Information Requirements §438.3(j) Standard Contract Requirements: Advance Directives	24	(18/24)	(6/24)	(0/24)	(0/24)	(0/24)	94% (90/96)
§438.114 Emergency and Post-stabilization Services	5	(2/5)	(3/5)	(0/5)	(0/5)	(0/5)	85% (17/20)
SUBPART C TOTAL	29	(20/29)	(9/29)	(0/29)	(0/29)	(0/29)	92% (107/116)
Subpart D – MCO, PIHP and PAHP Standards							
§438.206 Availability of Services	17	(15/17)	(1/17)	(1/17)	(0/17)	(0/17)	96% (65/68)
§438.207 Assurances of Adequate Capacity and Services	4	(4/4)	(0/4)	(0/4)	(0/4)	(0/4)	100% (16/16)
* Number and percent of regulatory components that were: FM = Fully Met (96% - 100%), SM = Substantially Met (75% - 95%), PM = Partially Met (50% - 74%), MM = Minimally Met (25% - 49%), and NM = Not Met (0% - 24%).							
^ And related provision(s).							

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Table 6.2. Summary of Compliance Review – Aetna Year 1 (2022) (Continued)							
Federal Regulations	Component Compliance*						Compliance Score*
	Components	FM* (4 Points)	SM* (3 Points)	PM* (2 Points)	MM* (1 Point)	NM* (0 Points)	
Subpart D – MCO, PIHP and PAHP Standards (Continued)							
§438.208 Coordination and Continuity of Care	11	(8/11)	(1/11)	(2/11)	(0/11)	(0/11)	89% (39/44)
§438.210 Coverage and Authorization of Services	13	(11/13)	(2/13)	(0/13)	(0/13)	(0/13)	96% (50/52)
§438.214 Provider Selection	5	(2/5)	(0/5)	(3/5)	(0/5)	(0/5)	70% (14/20)
§438.224 Confidentiality	1	(1/1)	(0/1)	(0/1)	(0/1)	(0/1)	100% (4/4)
§438.228 Grievance and Appeal Systems [^] (requires compliance with Subpart F Grievance and Appeal System [§438.402 - §438.424])	1	(0/1)	(1/1)	(0/1)	(0/1)	(0/1)	75% (3/4)
§438.402 General Requirements	5	(4/5)	(1/5)	(0/5)	(0/5)	(0/5)	95% (19/20)
§438.404 Timely and Adequate Notice of Adverse Benefit Determination	9	(7/9)	(2/9)	(0/9)	(0/9)	(0/9)	94% (34/36)
§438.406 Handling of Grievances and Appeals	2	(2/2)	(0/2)	(0/2)	(0/2)	(0/2)	100% (8/8)
§438.408 Resolution and Notification	15	(10/15)	(3/15)	(2/15)	(0/15)	(0/15)	88% (53/60)
§438.410 Expedited Resolution of Appeals	3	(2/3)	(0/3)	(1/3)	(0/3)	(0/3)	83% (10/12)
§438.414 Information about Grievance and Appeal System to Providers and Subcontractors [^] §438.10(g)(2)(xi) Information for Enrollees of MCOs, PIHPs, PAHPs, and PCCM Entities: Enrollee Handbook	1	(1/1)	(0/1)	(0/1)	(0/1)	(0/1)	100% (4/4)
§438.416 Recordkeeping Requirements	1	(0/1)	(1/1)	(0/1)	(0/1)	(0/1)	75% (3/4)
§438.420 Continuation of Benefits While Appeal and State Fair Hearing are Pending	4	(3/4)	(1/4)	(0/4)	(0/4)	(0/4)	94% (15/16)
§438.424 Effectuation of Reversed Appeal Resolutions	2	(2/2)	(0/2)	(0/2)	(0/2)	(0/2)	100% (8/8)
* Number and percent of regulatory components that were: FM = Fully Met (96% - 100%), SM = Substantially Met (75% - 95%), PM = Partially Met (50% - 74%), MM = Minimally Met (25% - 49%), and NM = Not Met (0% - 24%).							
[^] And related provision(s).							

Table 6.2. Summary of Compliance Review – Aetna Year 1 (2022) (Continued)							
Federal Regulations	Component Compliance*						Compliance Score*
	Components	FM* (4 Points)	SM* (3 Points)	PM* (2 Points)	MM* (1 Point)	NM* (0 Points)	
Subpart D – MCO, PIHP and PAHP Standards (Continued)							
§438.230 Subcontractual Relationships and Delegation	7	(7/7)	(0/7)	(0/7)	(0/7)	(0/7)	100% (28/28)
§438.236 Practice Guidelines	4	(4/4)	(0/4)	(0/4)	(0/4)	(0/4)	100% (16/16)
§438.242 Health Information Systems	14	(14/14)	(0/14)	(0/14)	(0/14)	(0/14)	100% (56/56)
Subpart D Total	119	(97/119)	(13/119)	(9/119)	(0/119)	(0/119)	93% (445/476)
Subpart E – Quality Measurement and Improvement; External Quality Review							
§438.330 Quality Assessment and Performance Improvement Program	14	(14/14)	(0/14)	(0/14)	(0/14)	(0/14)	100% (56/56)
Subpart E Total	14	(14/14)	(0/14)	(0/14)	(0/14)	(0/14)	100% (56/56)
OVERALL COMPLIANCE	162	(131/162)	(22/162)	(9/162)	(0/162)	(0/162)	94% (608/648)
* Number and percent of regulatory components that were: FM = Fully Met (96% - 100%), SM = Substantially Met (75% - 95%), PM = Partially Met (50% - 74%), MM = Minimally Met (25% - 49%), and NM = Not Met (0% - 24%).							
^ And related provision(s).							

Of the individual regulatory areas reviewed within Subparts C, D, and E, Aetna has the greatest opportunity for improvement, primarily with documentation, within Subpart D related to regulatory areas §438.228 Grievance and Appeal Systems and §438.416 Recordkeeping Requirements.

Sunflower, Year 1 Review – 2022

Overall, Sunflower was 97% compliant with federal regulatory requirements reviewed in Year 1 (2022). Of the regulatory areas reviewed in Year 1, Sunflower was 96% compliant with the seven regulatory areas reviewed in Subpart D – MCO, PIHP and PAHP Standards, and 100% compliant with the one regulatory area reviewed in both Subpart E – Quality Measurement and Improvement and Subpart F – Grievance and Appeal System. Table 6.3 summarizes the compliance scores for those regulatory areas reviewed for Sunflower in Year 1 (2022).

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Table 6.3. Summary of Compliance Review – Sunflower Year 1 (2022)							
Federal Regulations	Component Compliance*						Compliance Score*
	Components	FM* (4 Points)	SM* (3 Points)	PM* (2 Points)	MM* (1 Point)	NM* (0 Points)	
Subpart D – MCO, PIHP and PAHP Standards							
§438.206 Availability of Services	17	(16/17)	(1/17)	(0/17)	(0/17)	(0/17)	99% (67/68)
§438.207 Assurances of Adequate Capacity and Services	4	(4/4)	(0/4)	(0/4)	(0/4)	(0/4)	100% (16/16)
§438.208 Coordination and Continuity of Care	11	(9/11)	(0/11)	(2/11)	(0/11)	(0/11)	91% (40/44)
§438.214 Provider Selection	5	(3/5)	(1/5)	(1/5)	(0/5)	(0/5)	85% (17/20)
§438.224 Confidentiality	1	(1/1)	(0/1)	(0/1)	(0/1)	(0/1)	100% (4/4)
§438.230 Subcontractual Relationships and Delegation	7	(7/7)	(0/7)	(0/7)	(0/7)	(0/7)	100% (28/28)
§438.236 Practice Guidelines	4	(4/4)	(0/4)	(0/4)	(0/4)	(0/4)	100% (16/16)
Subpart D Total	49	(44/49)	(2/49)	(3/49)	(0/49)	(0/49)	96% (188/196)
Subpart E – Quality Measurement and Improvement							
§438.330 Quality Assessment and Performance Improvement Program	14	(14/14)	(0/14)	(0/14)	(0/14)	(0/14)	100% (56/56)
Subpart E Total	14	(14/14)	(0/14)	(0/14)	(0/14)	(0/14)	100% (56/56)
Subpart F – Grievance and Appeal System							
§438.402 General Requirements	5	(5/5)	(0/5)	(0/5)	(0/5)	(0/5)	100% (20/20)
Subpart F Total	5	(5/5)	(0/5)	(0/5)	(0/5)	(0/5)	100% (20/20)
OVERALL COMPLIANCE	68	(63/68)	(2/68)	(3/68)	(0/68)	(0/68)	97% (264/272)
<small>FM = Fully Met (96% - 100%), SM = Substantially Met (75% - 95%), PM = Partially Met (50% - 74%), MM = Minimally Met (25% - 49%), and NM = Not Met (0% - 24%). * Percent of available points awarded</small>							

Of the individual regulatory areas reviewed within Subpart D, Sunflower has opportunity for improvement for elements within §438.206 Availability of Services and §438.208 Coordination and Continuity of Care.

UnitedHealthcare, Year 1 Review – 2022

Overall, UnitedHealthcare was 95% compliant with the federal regulatory requirements reviewed in Year 1 (2022). Of the regulatory areas reviewed in Year 1, UnitedHealthcare was 94% compliant with the seven regulatory areas reviewed within Subpart D – MCO, PIHP and PAHP Standards, 100% compliant with the one regulatory area reviewed in Subpart E – Quality Measurement and Improvement, and 95% compliant with the one regulatory area reviewed in Subpart F – Grievance and Appeal System. Table 6.6 summarizes the compliance scores for those regulatory areas reviewed for UnitedHealthcare in Year 1 (2022).

Table 6.4. Summary of Compliance Review – UnitedHealthcare Year 1 (2022)							
Federal Regulations	Component Compliance*						Compliance Score*
	Components	FM* (4 Points)	SM* (3 Points)	PM* (2 Points)	MM* (1 Point)	NM* (0 Points)	
Subpart D – MCO, PIHP and PAHP Standards							
§438.206 Availability of Services	17	(15/17)	(1/17)	(1/17)	(0/17)	(0/17)	96% (65/68)
§438.207 Assurances of Adequate Capacity and Services	4	(4/4)	(0/4)	(0/4)	(0/4)	(0/4)	100% (16/16)
§438.208 Coordination and Continuity of Care	11	(8/11)	(1/11)	(2/11)	(0/11)	(0/11)	89% (39/44)
§438.214 Provider Selection	5	(2/5)	(2/5)	(1/5)	(0/5)	(0/5)	80% (16/20)
§438.224 Confidentiality	1	(1/1)	(0/1)	(0/1)	(0/1)	(0/1)	100% (4/4)
§438.230 Subcontractual Relationships and Delegation	7	(7/7)	(0/7)	(0/7)	(0/7)	(0/7)	100% (28/28)
§438.236 Practice Guidelines	4	(4/4)	(0/4)	(0/4)	(0/4)	(0/4)	100% (16/16)
Subpart D Total	49	(41/49)	(4/49)	(4/49)	(0/49)	(0/49)	94% (184/196)
Subpart E – Quality Measurement and Improvement							
§438.330 Quality Assessment and Performance Improvement Program	14	(14/14)	(0/14)	(0/14)	(0/14)	(0/14)	100% (56/56)
Subpart E Total	14	(14/14)	(0/14)	(0/14)	(0/14)	(0/14)	100% (56/56)
Subpart F – Grievance and Appeal System							
§438.402 General Requirements	5	(4/5)	(1/5)	(0/5)	(0/5)	(0/5)	95% (19/20)
Subpart F Total	5	(4/5)	(1/5)	(0/5)	(0/5)	(0/5)	95% (19/20)
OVERALL COMPLIANCE	68	(59/68)	(5/68)	(4/68)	(0/68)	(0/68)	95% (259/272)
<small>FM = Fully Met (96% - 100%), SM = Substantially Met (75% - 95%), PM = Partially Met (50% - 74%), MM = Minimally Met (25% - 49%), and NM = Not Met (0% - 24%). * Percent of available points awarded</small>							

Of the individual regulatory areas reviewed within Subpart D, UnitedHealthcare has opportunity for improvement for elements within §438.206 Availability of Services and §438.208 Coordination and Continuity of Care.

Strengths Regarding Quality, Timeliness, and Access to Health Care Services

Common Among the MCOs

- It is evident that Aetna, Sunflower, and UnitedHealthcare staff care about their members. Aetna staff take the time to have personal conversations with their members; Sunflower staff listen to their members’ needs and work to implement programs to meet those needs; and UnitedHealthcare continually advocate for their members.
- Aetna, Sunflower, and UnitedHealthcare are forward thinking and innovative related to aspects of the members’ care and service delivery. For example:
 - Aetna: Culturally sensitive food bank food choices, focus on the foster care population, work force initiatives, collaboration with diverse community partners, and utilizing technology

- Sunflower: Farmer’s Market Spotlight, Start Smart for Your Baby/baby showers, and partnered with KDADS, the national Group Policy Research Associates, InterHab, and the Kansas Association for Community Mental Health Centers to provide the Sequential Intercept Model (only the second one in the nation)
- UnitedHealthcare: Latina Leadership/Health Equity Event, funding food pantries, community baby showers, partnered with an organization called *United We* that is focused on what the experience of the female population is in the state

Aetna

- Aetna held a Women’s Health gap day on a Saturday and women were able to get a mammogram and cervical cancer screening. A second day was added because of the large turnout.
- There are collaborative agreements between smaller independent behavioral health providers and the Community Mental Health Centers to reduce ED use.
- Aetna assigned an Outreach Coordinator as a women’s health specialist to focus on care gaps related to specific HEDIS measures.
- The Quality Practice Liaison position was created within Aetna to work with providers on quality improvement.

Sunflower

Digital Care Management, a new program, will allow members to interact with Sunflower staff via a mobile app that has a secure platform so that Protected Health Information can be exchanged (protected and encrypted). There are programs within the platform that members can go through that have educational materials, videos, and surveys they can take that provides Sunflower real time feedback between the Member and the Care Manager.

UnitedHealthcare

UnitedHealthcare brings health equity into aspects of service delivery for members. This was evident in the case review KFMC completed.

Opportunities for Improving Quality, Timeliness, and Access to Health Care Services

Common Among the MCOs

As a result of KFMC’S 2022 Compliance Review for the MCOs, each of the three MCOs need to follow-up on KFMC’s case review findings related to *Coordination and Continuity of Care – Care and Coordination of Services for all MCO, PIHP, and PAHP Enrollees*. (§438.208[b][1] and [b][3])

Aetna

As a result of KFMC’s 2022 Compliance Review for Aetna, the following opportunities emerged:

- *Handling of Grievances and Appeals – Special Requirements Acknowledgement of Verbal or Written Grievance*): Timeframe to send grievance acknowledgement letters. (§438.406[b][1])
- Aetna needs to follow-up on KFMC’s case review findings related to *Resolution and Notification – Grievance and Appeals*: Timeframe to send grievance resolution letters; verbal notice of an expedited resolution; and inclusion of the date of completion in the written notice of resolution for each level of the appeal. (§438.408[d][1], [d][2][ii], and [e][1])
- Language updates to the Aetna *Member Handbook* for the following:
 - *Disenrollment: Requirements and Limitations – Disenrollment Requested by the Enrollee*: Member’s option to request disenrollment for cause, at any time. (§438.56[c][1])

- *Standard Contract Requirements: Advance Directives:* Provide members with written information on advance directive policies and description of state law. (§438.3[j][3])
- *Availability of Services – Delivery Network* (second opinion): Members getting a second opinion in-or out-of-network (§438.206[b][3])
- *Information on Advance Directives* (§422.128[b][1][i]), *Rules for Enrollees: Advance Directives* (§417.436[d][1][i][A]), and *Requirements for Providers* (§489.102[a]): Add Advance Directive regulatory language to Aetna policy and procedure.
- *Continuation of Benefits While the MCO Appeal and the State Fair Hearing are Pending:* Update Aetna policy and procedure and the *Provider Manual* with information related to continuation of benefits for Non-HCBS Waiver and HCBS Waiver services. (§438.420[a][i-ii])
- Aetna needs to follow-up on KFMC’s grievance case review finding related to *Record Keeping Requirements*. (§438.416[b][3])

Sunflower

There were no additional opportunities for improving Quality, Timeliness, and Access to Health Care Services that were not common to all MCOs.

UnitedHealthcare

As a result of KFMC’s 2022 Compliance Review for the MCOs, the following opportunity emerged: *Availability of Services: Delivery Network* (second opinion): Revise language in the *Member Handbook* related to members getting a second opinion. (§438.206[b][3])

Technical Strengths

Common Among the MCOs

Each MCO had staff who are knowledgeable.

Aetna

- During the last week of September 2022, Aetna submitted evidence to NCQA for the Health Equity Accreditation.
- Within the Provider Portal, Aetna developed a feature so providers can elect to automatically receive provider bulletins from Aetna, as well as Kansas Medical Assistance Program (KMAP) bulletins.
- The Health Equity Committee is developing a process to connect members to appropriate resources when Z codes are used on a claim.
- Aetna has an Annual Calendar of Strategies/Events (e.g., January is Neonatal month).
- Related to case review, the MCO record was consistent with the provider record in five of the six areas reviewed.

Sunflower

- Sunflower has focused on SDOH. Member-facing staff are required to take Health Equity and Cultural Humility training annually. For providers, Sunflower had a SDOH ECHO earlier in 2022, and was projected to start the Health Equity ECHO in December 2022.
- Sunflower is in the seventh year of being the statewide manager for the Project SEARCH program and it has a success rate, in Kansas, of about 70% achievement of competitive employment for individuals who participate.
- Sunflower staff are very experienced.

UnitedHealthcare

- A Member Experience Coordinator position was created within UnitedHealthcare.
- UnitedHealthcare has had a lot of focus on Health Equity and SDOH, and in the last year, they expanded the educational series to include external speakers and also developed the Health Equity series.
- UnitedHealthcare created a quality assessment review tool to ensure they are compliant with all of the requirements (National Committee for Quality Assurance, HCBS performance measures).
- UnitedHealthcare staff are passionate about their roles.

Technical Opportunities for Improvement

Common Among the MCOs

As a result of KFMC's 2022 Compliance Review for the MCOs, each of the three MCOs need to follow-up on KFMC's Individual and Institutional Health Care Professional File Credentialing/Recredentialing case review findings. (§438.214[b][2] and [e])

Aetna

- *Information Requirements: Information for all Enrollees of MCO's – General Requirements:* Consistency is needed between documents related to provider termination. (§438.10[f][1]). Also, add the definition of post-stabilization to the *Provider Manual*. (§438.10[g][2][v])
- *Disenrollment:* Add to policy and procedure language related to disenrollment and reasons to disenroll for cause. (§438.56[c][1] and [d][2][iv])
- *Emergency and Poststabilization Services:* Add regulatory language to the *Provider Manual*. §438.114[d][2] and [e])
- *Coverage and Authorization of Services – Timeframe for Decisions: Standard Authorization Decisions* (§438.210[d][1][i-ii]) and *Timely and Adequate Notice of Adverse Benefit Determination: Timing of Notice* (§438.404[c][3]): in policy and procedure, the timeframe needs to be consistent with the regulation and State Contract Attachment D.
- *General Requirements: Filing Requirements – Authority to File – External Medical Review:* Add regulatory language to applicable documents related to External Independent Third-Party Review (EITPR) will be of no cost to the member. (§438.402[c][1][i][B][3])
- Aetna needs to follow-up on KFMC's case review findings related to *Handling of Grievances and Appeals: Special Requirements* (Record keeping requirements): Educate staff on the timeframe to send Appeal Acknowledgement letters. (§438.406[b][1])
- *Resolution and Notification – Grievances and Appeals: Extension of Timeframes: Requirements following Extension* (§438.408[c][2]) and *Expedited Resolution of Appeals – Action Following Denial of a Request for Expedited Resolution* (§438.410[c][2]): Add regulatory language to the *Provider Manual* and *Member Handbook*.
- *Recordkeeping Requirements* (§438.416[b]): Complete the following:
 - Review the internal grievance and appeal system documentation to ensure consistency throughout the system.
 - Add regulatory language to policy and procedure.

Sunflower

There were no additional Technical Opportunities for Improvement that were not common to all MCOs.

UnitedHealthcare

General Requirements: Filing Requirements – Authority to File §438.402[c][1][i][B] and [c][1][ii]):

- Update policy to include regulatory language related to external medical review.

- Add language to the *Grievance and Appeal Process Letter Attachment*.

Degree to Which the Previous Year's EQRO Recommendations Have Been Addressed

Between August 2022 and January 2023, KFMC obtained from each MCO a series of updates to the progress tracking document that included KFMC's EQRO recommendations from 2016 – 2021 that were still in progress or less than fully addressed. KFMC provided each MCO with suggestions on how to bring outstanding recommendations into full compliance and each MCO was given the opportunity to respond on their progress. The following summaries include the 2016 – 2021 reviews.

Aetna

There are 7 recommendations included in Appendix F, Degree to Which the Previous Years' EQRO Recommendations Have Been Addressed. KFMC noted:

- Six moved from either Not Addressed or In Progress in 2021 to Fully Addressed in 2022.
- One recommendation continues to be In Progress.

Sunflower

There are 4 recommendations included in Appendix F. KFMC noted:

- Two moved from Not Complete to Fully Addressed in 2022;
- One is from the 2016 Compliance Review and is no longer applicable to Sunflower; and
- One is Not Addressed.

UnitedHealthcare

There are 19 recommendations included in Appendix F. KFMC noted:

- Seventeen moved from either Not Addressed, Substantially Addressed, or In Progress to Fully Addressed in 2022; and
- Two are In Progress.

Recommendations for Quality Improvement

A recommendation indicates where an MCO change is needed to be in full compliance with the stated regulation. See Appendix D, Compliance Review 2022 Recommendations for details.

Aetna

Year 1 Full Review – 2022

Based on the areas identified for improvement, KFMC made 54 recommendations:

- 20 related to Credentialing/Rec credentialing of Providers
- 13 related to Grievance, Appeal, and Notice of Adverse Benefit Determination
- 8 related to Coordination and Continuity of Care
- 8 related to Enrollee Rights and Protections
- 3 related to Disenrollment
- 2 related to Availability, Access, and Coverage of Services

Sunflower

Year 1 Review – 2022

Based on the areas identified for improvement, KFMC made 14 recommendations:

- 8 related to Coordination and Continuity of Care
- 6 related to Credentialing/Rec credentialing of Providers

Recommendations for Quality Improvement (Continued)

A recommendation indicates where an MCO change is needed to be in full compliance with the stated regulation. See Appendix D, Compliance Review 2022 Recommendations for details.

UnitedHealthcare

Year 1 Review – 2022

Based on the areas identified for improvement, KFMC made 23 recommendations:

- 12 related to Credentialing/Recredentialing of Providers
- 8 related to Coordination and Continuity of Care
- 2 related to Grievance, Appeal, and Notice of Adverse Benefit Determination
- 1 related to Availability, Access, and Coverage of Services

This area intentionally left blank

7. Quality Assessment and Performance Improvement Review

Background/Objectives

The QAPI approach is continuous, systematic, comprehensive, and data-driven. Implementing this approach allows organizations to improve on identified challenges as well as plan for future opportunities.¹¹ KFMC's objectives were to review completeness of each MCO's 2022 QAPI design, examine strengths, identify opportunities for improvement, and provide recommendations for improvement. Sunflower and UnitedHealthcare have provided KanCare managed care services since January 2013, and Aetna since 2019.

Technical Methods of Data Collection and Analysis/Description of Data Obtained

The MCOs, in the administration of their QAPI programs, must comply with State Contract sections 5.2.2 *Disenrollment*, 5.9. *Quality Assessment and Performance Improvement*, 5.16.1 *Reports and Audits* Letter B, and 5.17.2 *Contractor(s) Key Personnel* Letter C.10.

For this review, KFMC assessed the following for compliance with these contract elements:

- Aetna:
 - *Aetna Better Health of Kansas Quality Assessment and Performance Improvement Program Evaluation January – December 2021* (hereafter referred to as *2021 QAPI Evaluation*)
 - *Aetna Better Health of Kansas Quality Assessment Performance Improvement 2022 Program Description* (hereafter referred to as *2022 QAPI Program Description*)
 - *2022 Aetna QAPI Work Plans* dated May 31 and November 30, 2022 (hereafter referred to as *2022 QAPI Work Plans*)
 - *Aetna 2021 Consumer Assessment of Healthcare Providers and Systems (CAHPS) Surveys*
 - *Aetna Potential Quality of Care Concerns Analysis – 2021*
 - *Aetna 2021 Long Term Support Services and Supports Program Evaluation*
 - *Aetna policy 8500.01 State and Federal Oversight Reviews*
 - *Aetna policy 8200.05 HEDIS®*
 - *Aetna policy 8000.70 Quality Management Oversight*
 - *Aetna's follow-up to previous KFMC recommendations (2019-2021)*
- Sunflower:
 - *Sunflower Health Plan Annual 2021 Quality Program Evaluation, Report Period Report Period January 1, 2021 – December 31, 2021* (hereafter referred to as *2021 QAPI Evaluation*)
 - *Sunflower Health Plan 2022 Quality Program Description, Medicaid* (hereafter referred to as *2022 QAPI Program Description*)
 - *Sunflower Health Plan 2022 QAPI Work Plans* dated May 31 and November 30, 2022. The QAPI work plan dated November 22, 2022, (hereafter referred to as *2022 QAPI Work Plan*) was used for this assessment, as Sunflower revised the entire QAPI work plan from the previous May 31 version based on a previous KFMC recommendation.
 - *Sunflower's follow-up to previous KFMC recommendations (2019-2021)*
- UnitedHealthcare:
 - *UnitedHealthcare Community Plan of Kansas Quality Improvement & Population Health Management Annual Evaluation Report 2021* (hereafter referred to as *2021 QAPI Evaluation*)

¹¹ QAPI Description and Background. <https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/QAPI/qapidefinition>. Updated September 20, 2016. Accessed May 19, 2020.

- *UnitedHealthcare Community Plan of Kansas Quality Improvement and Population Health Management Program Description* dated March 2022 (hereafter referred to as *2022 QAPI Program Description*)
- *2022 UnitedHealthcare QAPI Work Plans* dated May 31 and November 30, 2022 (hereafter referred to as *2022 QAPI Work Plans*)
- *UnitedHealthcare Community Plan of Kansas Long-Term Services & Support Care Management Program Evaluation* dated August 2022
- *UnitedHealthcare Community Plan of Kansas Long-Term Services & Support Care Management Program Description* dated March 14, 2022 (hereafter referred to as *2022 LTSS Program Description*)
- *UnitedHealthcare Community Plan of Kansas Service Quality Improvement Sub-Committee, Healthcare Quality and UM [Utilization Management], and Quality Management Committee Meeting Minutes* from 2022 (Quarters 1-4)
- *UnitedHealthcare Community Plan of Kansas 2021 Substance Use Disorder (SUD) Member Satisfaction Survey* dated August 24, 2022
- *UnitedHealthcare 2020-2021 Member Experience Report and Analysis – UnitedHealthcare Community Plan National Report* dated January 31, 2022
- *UnitedHealthcare 2021 Complex Case Management (CCM) Satisfaction Survey*
- *UnitedHealthcare 2021 Health First Steps (HFS) Satisfaction Survey*
- *UnitedHealthcare provider satisfaction survey 2021 Community & State Provider Satisfaction: Kansas*
- *UnitedHealthcare’s follow-up to previous KFMC recommendations (2019–2021)*

In 2021, the State revised the KanCare QMS, which went into effect January 1, 2022. There are items in the revised QMS for which the MCOs are responsible, and on May 6, 2022, the State advised the MCOs are to report on the following elements in their QAPI Program Description and QAPI Program Evaluation:

- Objective 4.5: Achieve the National HEDIS® 75th percentile for Opioid abuse or dependence: Age 13+, Initiation of AOD Treatment (IET)
- Objective 5.1: HbA1c good control (<8.0%) for members with diabetes
- Objective 5.2a: Well-Child Visits first 15 months (*effective 2020 name changed from W15 to W30)
- Objective 5.2b: Well-Child Visits 15-30 months (15-30-month period & name change in 2020)
- Objective 5.3a Child and Adolescent Well-Care Visits (WCV) ages 3-11
- Objective 5.3b Child and Adolescent Well-Care Visits (WCV) ages 12-17
- Objective 5.3c Child and Adolescent Well-Care Visits (WCV) ages 18-21

Per the State, “All MCOs are expected to achieve the HEDIS 75th QC percentile for all reported HEDIS data. HEDIS measures falling below the 75th percentile the State has devised the following strategy aimed at reducing annually, by 10%, the gap between the baseline rate and 100%. For example, if the baseline rate was 55%, the MCO would be expected to improve the rate by 4.5 percentage points to 59.5%. Each measure that shows improvement equal to or greater than the performance target is considered achieved. For those measures which have exceeded the 90th QC percentile, plans are expected to maintain or improve their outcomes. MCOs are to assess and report their annual progress and goals for each measure below the 75th percentile in their QAPI.”

The State and KFMC met with the three MCOs on June 13, 2022, and the State informed them of the expectation that the new QMS requirements should be incorporated into their QAPI documentation by November 30, 2022.

Also, KFMC and the State created a *QAPI Checklist* that the MCOs are to complete and submit once a year (see Appendix E for more detail). It is to accompany the QAPI work plan that is submitted November 30 of each year. The MCOs were required to submit the first QAPI checklist November 30, 2022.

Conclusions Drawn from the Data

Of the 36 total requirements from the *QAPI Checklist* (Appendix E), KFMC identified two requirements that were partially met for Aetna, five requirements that were not met for Sunflower, and three requirements that were not met and one that was substantially met for UnitedHealthcare. KFMC noted the following:

Common Among the MCOs

Use of the State specified goals. (State Contract, Section 5.9.3 *QAPI Goal, Objectives, and Guiding Principles*, Letter B) [Aetna: Partially Met; SHP: Not Met; and UHC: Substantially Met]

Common Among Sunflower and UnitedHealthcare

- The QAPI documents outline how SHP and UHC will comply with the State QMS. (Section 5.9.1. *General Requirements*, Letter A) [Not Met]
- Use of the State specified objectives. (Section 5.9.3 *QAPI Goal, Objectives, and Guiding Principles*, Letter C) [Not Met]

Aetna

The *2021 QAPI Evaluation* assesses the goals and objectives of the QAPI Program. (State Contract, Section 5.9.1. *General Requirements*, Letter N, Number 6) [Partially Met]

Sunflower

- The QAPI documents outline the *Member Satisfaction Survey* conducted with the KanCare SUD population and annual summary. (Section 5.9.10 *Member Satisfaction Surveys*, Letter F) [Not Met]
- The QAPI documents outline how SHP reviews and oversees data collection and ensuring complete and accurate data from participating providers. (Section 5.16.1 *Reports and Audits*, Letter B) [Not Met]

UnitedHealthcare

- The QAPI documents include mechanisms to assess quality and appropriateness of care for members receiving benefits for Special Health Care Needs (SHCN). (Section 5.9.1. *General Requirements*, Letter I) [Not Met]

Opportunities for Improving Quality, Timeliness, and Access to Health Care Services

The following sections contain opportunities for the MCOs to make improvements that impact the compliance ratings. Recommendations are indicated where an opportunity for improvement impacts the compliance rating (the MCO compliance is less than fully met regarding Code of Federal Regulations §438.330 *Quality Assessment and Performance Improvement Program* and State Contract requirements), and the recommendation is required to be addressed.

Common Among the MCOs

Section 5.9.3 Quality Assessment and Performance Improvement Goal, Objectives, and Guiding Principles

5.9.3(B): *Adopt, at a minimum, the following goals within its QAPI program (see the State Contract for Goals 1-6).*

- Aetna [Partially Met]: The goals as listed in section 5.9.1(N)(6) of the State contract should be used in the ABH QAPI Program.
- Sunflower [Not Met]: The goals as listed in section 5.9.3(B) of the State Contract should be used in the SHP QAPI program documents.
- UnitedHealthcare [Substantially Met]: The goals, as listed in section 5.9.3(B) of the State Contract, should be used in the UHC QAPI program. UHC seems to use the term “objectives” for their goals and there are UHC objectives similar to the goals in the State Contract; however, there are elements missing. These include goals related to:
 - Quality of life for members to achieve the highest level of dignity, independence, and choice through the delivery of holistic, person-centered, and coordinated care and the promotion of employment and independent living supports; and
 - Adopt innovative and strategic partnerships with Participating Providers to improve the delivery of quality care and service to all members.

Common Among Sunflower and UnitedHealthcare

Section 5.9.1 General Requirements

5.9.1(A) [Not Met]: *Comply with the State’s QMS.*

- In the QAPI documents provided by Sunflower and UnitedHealthcare, there is no mention of complying with the State’s QMS, therefore this requirement is not met.

Section 5.9.3 Quality Assessment and Performance Improvement Goal, Objectives, and Guiding Principles

5.9.3(C) [Not Met]: *Adopt, at a minimum, the following objectives to meet the established QAPI goals (see the State Contract for Objectives 1-7).*

- The objectives as listed in section 5.9.3(C) of the State Contract should be used in the SHP and UHC QAPI program documents.

Aetna

Section 5.9.1 General Requirements

5.9.1(N)(6) [Partially Met]: *Develop an annual evaluation process to be completed within the first quarter of each new year from which findings and recommendation will be used to shape the annual QAPI program description and QAPI workplan. The QAPI evaluation should assess the extent to which the CONTRACTOR(S) met its goals and objectives and should include recommendations for continuous quality and service improvement.*

- The goals are listed in the 2022 QAPI Program Description; however, there is no consistency. On page 11 of the 2022 QAPI Program Description, page 5 of the 2021 QAPI Program Evaluation, and lines 133–136 of the 2022 QAPI Work Plans, the KanCare 2.0 QMS goals are noted but only the 2022 QAPI Program Description includes the goals listed in the State Contract. Terms are not uniformly used in the work plan, where “activity” appears to be used in place of “goal.”

Sunflower

Section 5.9.10 Member Satisfaction Surveys

5.9.10(F) [Not Met]: *Member Satisfaction Survey conducted with the KanCare Substance Use Disorder population and annual summary.*

- In Sunflower's QAPI documentation submission, they advised that they need to include the *Member SUD Satisfaction Survey* in the QAPI documents. KFMC confirmed it was not included in the QAPI program documents.

Section 5.16.1 Reports and Audits

5.16.1(B) [Not Met]: *Ensure that data received from Participating Providers is accurate and complete.*

- The *2021 QAPI Evaluation* did not include information on this requirement. The *2022 Work Plan* only included information detailing how Sunflower will present reports to various committees for approval. The *2022 Program Description* details a broad overview of the reports that are required. None of the QAPI documents included information on SHP's review and oversight of data collection, which ensured complete and accurate data from participating providers, or SHP's review of all reports that are submitted to the State; therefore, this requirement was not met.

UnitedHealthcare

Section 5.9.1 General Requirements

5.9.1(I) [Not Met]: *Develop and implement mechanisms to assess the quality and appropriateness of care furnished to Members with special health care needs.*

- In the UHC QAPI documents, there was no mention of how UnitedHealthcare assesses the quality and appropriateness of care furnished to members with SHCN.

Strengths Regarding Quality, Timeliness, and Access to Health Care Services

Common Among the MCOs

The MCOs are forward thinking and innovative, and staff are very knowledgeable.

Aetna

- Aetna continues to collaborate across departments to maximize quality assessment and coordinate quality improvement.
- Aetna's QAPI evaluation included information on positions that were filled, and new positions added.

Sunflower

- In the 2021 QAPI Evaluation, Sunflower included a thorough analysis of their population characteristics, including maps and unique ways of breaking their population into groups (including grouping by language, health care needs, and medication usage).
- Sunflower continued collaboration across departments to maximize quality assessment and coordinate quality improvement.
- Sunflower identified their plan strengths, accomplishments, and opportunities for improvement.

UnitedHealthcare

- UnitedHealthcare keeps thorough committee notes.
- UnitedHealthcare has easy to follow activities for each objective as well as objectives for each goal.

- UnitedHealthcare’s work plans are well laid out and tie back to the QAPI program description and QAPI evaluation with consistent goals and objectives throughout.
- Related to NCQA Accreditation, UnitedHealthcare achieved 4.0 Stars for the annual star rating in 2021.

Degree to Which the Previous Year’s EQRO Recommendations Have Been Addressed

Prior to the writing of this report, the MCOs had the opportunity to provide updates to recommendations made in prior years that were still in progress or less than fully addressed (via the KFMC progress tracking tool). The findings are detailed below and are also detailed in Appendix F, Degree to Which the Previous Years’ EQRO Recommendations Have Been Addressed.

Aetna

In 2022, four prior recommendations were fully addressed and four were determined no longer applicable.

Sunflower

In 2022, three prior recommendations were fully addressed, four were determined no longer applicable, and one was not addressed.

UnitedHealthcare

In 2022, six prior recommendations were fully addressed, one remains in progress, and five were determined no longer applicable.

Recommendations for Quality Improvement

Common Among the MCOs

In future QAPI documents, incorporate the State-specified goals listed in the State Contract Section 5.9.3(B) to demonstrate how the QAPI program addresses them.

Common Among Sunflower and UnitedHealthcare

- In future QAPI documents, include information on how the MCO complies with the State QMS. (State Contract Section 5.9.1[A])
- In future QAPI documents, use the State-specified objectives listed in the State Contract Section 5.9.3(C) to demonstrate how the QAPI program addresses them.

Aetna

Ensure that the goals are consistent between the QAPI evaluation, work plans, and program description. (State Contract Section 5.9.1[N][6])

Sunflower

- In future QAPI documents, include the KanCare SUD population and annual summary. (State Contract Section 5.9.10[F])
- Include information in the QAPI documents on review and oversight of data collection, ensuring complete and accurate data from participating providers, and Sunflower’s review of all reports submitted to the State. (State Contract Section 5.16.1[B])

UnitedHealthcare

In future QAPI documents, include mechanisms to assess quality and appropriateness of care for members receiving SHCN. (State Contract Section 5.9.1[I])

8. Network Adequacy Validation

Background/Objectives

MCOs contracted with the State of Kansas for the KanCare program must maintain sufficient provider networks to provide adequate access to covered services for all KanCare members. KanCare offers services to members covered by Medicaid and the Children's Health Insurance Program. Contracts between the State of Kansas and MCOs specify certain requirements for provider access and availability, including after-hours access. Periodic monitoring of the KanCare provider network is necessary to assess and enhance the access and availability of that network.

Objectives for Primary Care Provider After-Hours Access Monitoring

The study had a primary objective to assess after-hours availability of a stratified random sample of unique phone numbers for adult and pediatric PCPs presumed to be active in third quarter 2022 for each MCO. Secondary objectives were to

- Confirm the accuracy of the provider phone number sourced from MCO provider directory,
- Categorize the call by respondent type (*intended/on-call provider, triage/nurse line, answering service, answering machine, other respondent, or no answer*),
- Determine whether the provider may be available after hours or whether another appropriate provider may be available (e.g., on-call provider), and
- Provide details on the quality aspects of the call (e.g., incomplete answering machine instructions, received fax machine line).

Technical Methods of Data Collection and Analysis

Technical Methods for Primary Care Provider After-Hours Access Monitoring

In previous years, the sampling methodology was based on unique PCPs, and callers batched provider records with the same phone number. The results of a call were assigned to all selected providers with that phone number. To simplify the data collection processes and reduce the potential for the results to over-represent larger practices with multiple providers at the same phone number, the focus in 2022 was on unique phone numbers. This approach could capture the same provider practicing at different locations with different phone numbers. This aligns with the purpose of simulating what a KanCare member would experience, since they would typically call the phone number in the directory associated with a specific location.

Sample frames were created from phone number listings in the MCOs' provider directory files representing providers determined to be primary care providers with their National Provider Identifier (NPI) populated and a Kansas location. The sample frame data were obtained from the third quarter 2022 provider directory files, deduplicated by multiple methods. These sample frames of distinct phone numbers were created for each MCO. For each MCO, a sample of 400 phone numbers was randomly selected from the sample frame (sample sizes were calculated according to a sampling formula, with an oversampling to account for cases excluded during the survey administration). Among the three samples, 976 distinct phone numbers had been selected. For each selected phone number, one PCP was selected from all PCPs associated with that number.

KFMC's caller tracked findings from each call within an information system, including specific elements from the objectives, requirements, and standards described above. Calls were categorized according to the result of the call (e.g., reached intended provider, reached answering machine, no answer). An inter-rater reliability system was used to settle any conflicting dispositions between the caller and quality reviewer.

Results for each record were assessed according to the study's standards:

- Fully Met – Records clearly not possessing access issues or quality concerns
 - Calls that reached the intended provider or an on-call provider after hours
 - Calls in which a person, or a recorded message, indicated a provider could return the call within one hour
- Substantially Met – Records with minor issues
 - Calls that reached a person representing the provider who clearly indicated the provider could be contacted but response time was greater than one hour, or undetermined
 - Calls reached a recorded clearly indicating the provider could be contacted but response time was greater than one hour, or undetermined
- Partially Met – Records with clear issues not determined to be critical
 - Reached an incomplete recording (all records where messages were perceived to be missing elements)
 - Reached a person representing the provider who did not know if the provider could be contacted after hours
- Not Met – Records with major issues
 - Reached an answering machine recording having no instructions
 - Reached a person who indicated the provider could not be made available after hours
 - Calls were regarded as *No answer* if one or more of the following outcomes were present: there was no answer after the line rang for at least 30 seconds, a message was reached that indicated the phone number was no longer in service, the call either disconnected or the phone stopped ringing, a busy signal was reached, or other reason beyond those indicated previously.

After calls for all 976 sampled records were completed, KFMC deemed 139 records (14.2% of all records) ineligible to be included in this analysis and removed them from analysis. Records were deemed ineligible due to one or more of the following: the provider was not listed in an MCO online provider directory, the provider was not indicated as a PCP in the MCO online provider directory. Since calls were completed after receipt of third quarter provider directory data, online directory searches occurred to verify current data when providers were determined to not adequately meet study standards.

Description of Data Obtained

Data Obtained for Primary Care Provider After-Hours Access Monitoring

After calling was completed, a dataset was created for analysis that combined fields from the sample frame with additional fields from the call tracking system. The additional fields described call placement (e.g., caller name, date), contact type (e.g., intended provider, answering machine), specific findings (e.g., provider after-hours availability, missing answering machine recording elements), and disposition of inter-rater review. Summary tables were created that included counts of records and to what degree evaluation criteria were met, as well as descriptive statistics such as percentages of grand total (all records) and percentages of contact type (e.g., all records leading to answering machine recordings) to provide context.

Conclusions Drawn from the Data Common Among the MCOs

Conclusions from Primary Care Provider After-Hours Access Monitoring

Although findings were not always conclusive for after-hours access availability, the study found that many contracted providers may not offer sufficient after-hours availability to members and many issues exist with respect to the quality of responses available to members.

Of the 837 eligible records, 231 records (27.6%) were Fully Met. Specifically, the caller reached the intended provider or on-call provider for 9 (1.1%) records, a person indicated the provider could return a call within one hour for 182 (21.7%) records, and an answering machine message clearly indicated a provider would promptly return the after-hours call for 39 (4.7%) records.

Of the eligible records, 187 (22.3%) were Not Met. Of these calls, 100 phone records (11.9% of eligible records) were not answered, connected to a non-working number, were disconnected, had a busy signal, or otherwise did not lead to reaching a person or answering machine recording on behalf of the provider. Calls covering 80 phone records (9.6% of eligible records) resulted in the caller reaching a person who indicated that the provider could not be made available after hours. Calls covering 7 phone records (0.8% of eligible records) resulted in the caller reaching an answering machine recording with no instructions.

Data quality issues were found in the MCO Directory files that populate the MCO Online Directories used by KanCare members. Issues included misidentification of specialists as PCPs, duplication of providers in the files, misidentification of provider type (e.g., an advanced practice registered nurse identified as a physician). These issues can impact member experience when searching for a PCP in the online directory. Clear issues were also observed regarding KanCare members' potential experiences attempting to access after-hours care for urgent and non-emergent services.

Strengths Regarding Quality, Timeliness, and Access to Health Care Services

- The State and MCOs continue working towards improving primary care after-hours access, with provider education and technical assistance, as well as evaluation of policies and processes. The State also remains committed to continuing to work with the MCOs on improving data quality and reporting.

Opportunities for Improving Quality, Timeliness, and Access to Health Care Services

- Less than half (41.4%) of analyzed PCP records fully or substantially met KanCare requirements and the study's performance standards. Of the eligible PCP records, 231 (27.6%) providers were categorized as fully met, and 117 (14%) were categorized as substantially met. Over half of PCP records (490 records, 58.5% of eligible records) displayed minor or major issues leading to Partially Met (283, 33.8%) or Not Met (187, 24.0%) categorizations.
- Over one-third of contacts (342, 40.9%) led to answering machine recordings, which suggests that a common system for PCPs to handle after-hours calls is offering a pre-recorded message for members who call when the provider is not present. Some of these recordings are for on-call providers who indicate they will return the person's call promptly. All pre-recorded messages must be high-quality, informative, and provide callers with directions for emergency and non-emergency situations occurring after regular office hours, such as including the name and contact details for an after-hours contact specifically taking calls for the provider or clinic. Ideally, a member should, at minimum, have a means for leaving a message and should be told when to expect a return call during the after-hours time period.
- Data quality issues with data supplied by the MCOs impacted construction of an accurate sample frame and sample (e.g., duplicate records, misidentification of provider types and specialties). To address this, a less conservative sampling strategy was applied to reduce inclusion of non-PCP specialists, and exclusion of eligible PCPs.
- Following completion of calls for the 967 records in the 2022 study sample, KFMC deemed 139 records (14.2% of all records) ineligible to be included in this year's analysis. These ineligible records

were identified through online directory verification at the time of a call since updates may have happened after receipt of the third quarter directory file. Of the 139 ineligible provider records, 78% were not indicated to be PCPs in the MCOs' online provider directories, and 22% were not found in the MCOs' online provider directories.

Degree to Which the Previous Year's EQRO Recommendations Have Been Addressed

KFMC's 2021 recommendations are detailed in Appendix F, Degree to Which the Previous Year's EQRO Recommendations Have Been Addressed.

Aetna

Of the eight recommendations in 2021, KFMC determined seven were fully addressed and one was not addressed.

Sunflower

Of the eight recommendations in 2021, KFMC determined all eight were fully addressed.

UnitedHealthcare

Of the ten recommendations, KFMC determined nine were fully addressed (two were follow-up to 2020 recommendations), and one was partially addressed.

State

KFMC determined the State related recommendations were fully addressed.

Recommendations for Quality Improvement

Recommendations for the State

1. As intended, the State should continue to review and work with the MCOs on accuracy of the various provider databases.
2. Participate with KFMC in the design of the methodology for 2023 network adequacy validation, in accordance with the February 2023 CMS Validation of Network Adequacy EQR Protocol.

Recommendations for the KanCare MCOs

3. KanCare MCOs should use findings from KFMC's annual Primary Care Provider After-Hours Access Monitoring report and associated data files to directly review and work with those providers indicated as having after-hours availability issues to help them determine feasible methods for meeting the requirements.
4. KanCare MCOs should continue to provide training and technical assistance to providers on how to adequately implement standards on after-hours availability requirements.
5. KanCare MCOs should continue to seek ways to help improve the classification of provider type, specialty, and PCP status in the provider databases.

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9. Quality Management Strategy

The KanCare QMS, submitted to CMS on December 9, 2021, includes goals and objectives to improve “performance of our managed care partners and improving the quality of care our KanCare members receive.”¹² The EQR activities KFMC completed in the last year, related to goals and objectives in the QMS, are described below in Table 9.1. Additionally, and in accordance with the Code of Federal Regulations §438.364(a)(4), suggestions for how the State can improve the quality strategy to better support improvement of the quality, timeliness, and access to health care services provided through the KanCare program are listed below.

The State and KFMC developed a QAPI Checklist of MCO requirements, which was implemented during the 2022 QAPI Review KFMC conducted. One item on the QAPI Checklist (#2), requires MCO compliance with the State QMS. See the QAPI Review section previously in this report, and Appendix E, QAPI Checklist, for more details. Elements of the EQR related to specific goals and objectives of the KanCare QMS are described below.

Table 9.1. KanCare Quality Management Strategy and EQR Activities
<p>Goal #1: Improve the delivery of holistic, integrated, person centered, and culturally appropriate care to all members</p>
<p>Objective 1.2: MCOs will annually submit a cultural competency plan which includes robust elements of a health equity strategy along with all elements required in the contract (5.5.4.B.)</p>
<p>As part of the Compliance Review, KFMC assessed whether MCO Provider Directories included the provider’s cultural and linguistic capabilities, including languages (including American Sign Language) offered by the provider or a skilled medical interpreter at the provider’s office, and whether the provider has completed Cultural Competency training. In 2021, KFMC made a recommendation for the MCO to add these items to their Provider Directory if either was missing from the Provider Directory. This recommendation was addressed in 2022. Please see the Review of Compliance with Medicaid and CHIP Managed Care Regulations section of this report for more details.</p> <p>The case review portion of the Compliance Review assessed MCO and provider member records for compliance with State and federal regulations related to care coordination. One requirement was for the MCO to document primary language and other cultural considerations in the <i>Service Plan</i>. KFMC reviewed this element in 2022 and made recommendations to include this information. Please see the Review of Compliance with Medicaid and CHIP Managed Care Regulations section of this report for more details.</p> <p>As part of the Compliance Review, KFMC assessed whether the MCOs demonstrated delivery of services in a culturally competent manner. Each MCO complied with this requirement. For more information, please see the Review of Compliance with Medicaid and CHIP Managed Care Regulations section of this report.</p>
<p>Goal #2: Increasing employment and independent living supports to increase independence and health outcomes</p>
<p>Objective 2.2: Implement, support and expand the STEPS pilot program (program begins 07/01/21)</p>
<p>Sunflower’s Waiver Employment PIP included an intervention to provide mailed resources to community members to meet employment goals.</p> <ul style="list-style-type: none"> • The originally planned mailer was replaced with a mailer about the STEPS program. <ul style="list-style-type: none"> ○ The mailer was sent to 498 members (16 to 35 years of age) on the I/DD, PD, and BI waiver waiting lists. ○ Five members requested additional information following the mailing, and three members started the STEPS program. • See Objective 2.5, and the Performance Improvement Project Validation section of this report for more details.

¹² KanCare Quality Management Strategy. State of Kansas, December 9, 2021, www.kancare.ks.gov/quality-measurement/QMS. Accessed April 5, 2023.

Table 9.1. KanCare Quality Management Strategy and EQRO Activities (Continued)

Objective 2.5: Each MCO will implement a Performance Improvement Project (PIP) that addresses SDOH [social determinants of health]

KFMC validated the following PIPs related to the social determinants of health:

- Aetna Food Insecurity, 97.5% (High Confidence)
 - Three of five interventions were implemented, with an outcome reported for two interventions.
- Sunflower Waiver Employment
 - The validation rating was 71.9% (Little Confidence)
 - Two of five interventions were implemented and three continued to be on hold.
- UnitedHealthcare Housing, 89.7% (Low Confidence)
 - Of 23 members eligible for the housing program from August 2020 through July 2022, 87.0% participated.
 - Of the 20 members who participated in the housing program, 45.0% transitioned to permanent housing, and five members were still active in the program.

For more details, see the Performance Improvement Project Validation section of this report.

Objective 2.6: Increase the rate of completed health screens

As part of the Compliance Review, KFMC reviewed MCO and provider records related to care coordination. Across all MCOs, the number of members with a completed health screen needed to increase in 2021. This remains true for 2022. A workgroup comprised of the State, KFMC, and MCOs revised the health screen tool. The MCOs were in the process of implementing the revised tool during the 2022 reporting cycle.

Objective 2.9 Increase the rate of claims that use of Z codes by 1% on claims year over year to better identify members with employment, housing, legal, food or health access needs

Aetna’s Food Insecurity PIP included an intervention regarding Z-code outreach to providers.

- A provider education webinar became available July 2021.
- See Goal #2, Objective 2.5, and the Performance Improvement Project Validation section of this report for more details.

Goal #4: Removing payment barriers for services provided in Institutions for Mental Diseases (IMD’s) for KanCare members will result in improved beneficiary access to Substance Use Disorder (SUD) treatment service specialists

Objective 4.3: Increase peer support utilization for BH services by 10% year over year

In 2022, KFMC administered the ECHO Survey to KanCare adults and children who had utilized mental health services. Of the adult respondents to the survey, 35.7% were told about self-help or support groups (Q20). For more details, please refer to the 2022 KanCare Mental Health Consumer Perception Survey section of this report.

Objective 4.5: Achieve the National HEDIS 75th percentile for Opioid abuse or dependence: Age 13+, Initiation of AOD Treatment (IET)

The PMV section of this report addresses the KanCare Quality Management Strategy objectives regarding HEDIS rates. Please see Table 1.1. HEDIS Performance Measures (Measurement Year 2020) – Adult Core Set.

Objective 4.6: Develop and implement direct testing or secret shopping activities for provider network validation

KFMC conducted the Primary Care Provider After-Hours Access Monitoring study. For more detail within this report, please see the Network Adequacy Validation section.

Goal #5: Improve overall health and safety for KanCare members

Strategy: All MCOs are expected to achieve the National HEDIS 75th Quality Compass percentile for all reported HEDIS data. For HEDIS measures falling below the 75th percentile, the State strategy is aimed at reducing annually, by 10%, the gap between the baseline rate and 100%. Each measure that shows improvement equal to or greater than the performance target is considered achieved. For those measures which have exceeded the 90th QC percentile, plans are expected to maintain or improve their outcomes. MCOs are to assess and report their annual progress and goals for each measure below the 75th percentile in their QAPI.

Objective 5.1: HbA1c good control (<8.0%) for members with diabetes

Objective 5.2a: Well-Child Visits first 15 months (effective 2020, W15 became an indicator of W30)

Objective 5.2b: Well-Child Visits 15–30 months (15-30-month period & name change in 2020)

Objective 5.3a: Child and Adolescent Well-Care Visits (WCV) ages 3–11

Objective 5.3b: Child and Adolescent Well-Care Visits (WCV) ages 12–17

Objective 5.3c: Child and Adolescent Well-Care Visits (WCV) ages 18–21

Table 9.1. KanCare Quality Management Strategy and EQRO Activities (Continued)

Goal #5: Improve overall health and safety for KanCare members (Continued)

Objective 5.7: Increase rates of selected Adult and Child Core measures by 5% annually:

- Breast Cancer Screening (BCS-AD)
- Chlamydia Screening in Women (CHL) ages 16 to 24

The PMV section of this report addresses the KanCare Quality Management Strategy objectives regarding HEDIS rates. Please see Table 1.1. HEDIS Performance Measures (Measurement Year 2020) – Adult Core Set and Table 1.2. HEDIS Performance Measures (Measurement Year 2020) – Child Core Set.

EQRO Suggestions for the State

1. Continue to include a focus on culturally appropriate care, health equity, and the requirement of the MCOs to address the social determinants of health by implementing PIPs.
2. Continue to support the MCOs towards increasing the number of members with a completed annual health screen.
3. Explore options to increase peer support utilization for behavioral health services.
4. Continue the assessment and improvement of member access to providers.
5. For HEDIS Measures below the 75th Quality Compass percentile, continue to include these metrics as priority metrics in the Quality Strategy and require plans to implement performance targets that align with those in the Quality Strategy.
6. The State should include the following in its quality management strategy:
 - a. The consistent use of SMART objectives (Specific, Measurable, Attainable/Achievable, Relevant, and Time-bound)
 - b. Performance targets for each objective

End of written report

Appendix A

KanCare Program Annual External Quality Review Technical Report

2022–2023 Reporting Cycle

List of KFMCEQR Technical Reports

Below is a list of reports on the required and optional EQR activities described in 42 CFR 438.358 that have been submitted by KFMC to the Kansas Department of Health and Environment during the 2022 –2023 reporting cycle.

PMV

- Aetna *2022 Validation and Evaluation of HEDIS MY 2021 Performance Measures of Aetna, January 4, 2023*

- Sunflower *2022 Validation and Evaluation of HEDIS MY 2021 Performance Measures of Sunflower, January 4, 2023*

- UnitedHealthcare *2022 Validation and Evaluation of HEDIS MY 2021 Performance Measures of UnitedHealthcare, January 4, 2023*

Performance Improvement Project Validation

- **Aetna**
 - *2022 Evaluation of Aetna, **EPSDT PIP** (January 1, 2021, to December 31, 2021), July 6, 2022; Year 2 PIP evaluation*

 - *2022 Evaluation of Aetna, **Pregnancy: Prenatal Care PIP** (January 1, 2021, to December 31, 2021), August 29, 2022; Year 2 PIP evaluation*

 - *2022 Evaluation of Aetna, **Food Insecurity PIP** (April 1, 2021, to March 31, 2022), September 14, 2022; Year 2 PIP evaluation*

 - *2022 Evaluation of Aetna, **LTSS-Emergency Department Visits PIP** (July 1, 2021, to June 30, 2022), December 7, 2022; Year 2 PIP evaluation*

 - *2022 Evaluation of Aetna, **Influenza Vaccination PIP** (July 1, 2021, to June 30, 2022), January 30, 2023; Year 3 PIP evaluation*

- **Sunflower**
 - *2022 Evaluation of Sunflower, **EPSDT PIP** (January 1, 2021, to December 31, 2021), July 11, 2022; Year 2 PIP evaluation*

 - *2022 Evaluation of Sunflower, **Cervical Cancer Screening PIP** (January 1, 2021, to December 31, 2021), June 14, 2022; Year 2 PIP evaluation*

 - *2022 Evaluation of Sunflower, **Diabetics Monitoring for People with Diabetes and Schizophrenia (SMD) PIP** (January 1, 2021, to December 31, 2021), February 1, 2023; Year 2 PIP evaluation*

 - *2022 Evaluation of Sunflower, **Waiver Employment PIP** (April 1, 2021, to March 31, 2022), August 30, 2022; Year 2 PIP evaluation*

 - *2022 Evaluation of Sunflower, **Mental Health Services for Foster Care PIP** (August 1, 2021, to July 31, 2022), January 11, 2023; Year 2 PIP evaluation*

- **UnitedHealthcare**
 - 2022 Evaluation of UnitedHealthcare, **EPSDT** PIP (January 1, 2021, to December 31, 2021), July 18, 2022; Year 2 PIP evaluation
 - 2022 Evaluation of UnitedHealthcare, **Diabetes Monitoring for Members with Diabetes and Schizophrenia (SMD)** PIP, (July 1, 2021 to June 30, 2022), October 4, 2022; Year 2 PIP evaluation
 - 2022 Evaluation of UnitedHealthcare, **Advanced Directives** PIP (January 1, 2021, to December 31, 2021), May 18, 2022; Year 2 PIP evaluation
 - 2022 Evaluation of UnitedHealthcare, **Housing** PIP (September 1, 2021, to August 31, 2022), December 20, 2022; Year 2 PIP evaluation
 - 2022 Evaluation of UnitedHealthcare, **Antidepressant Medication Management (AMM)** PIP (November 1, 2021, to October 31, 2021), April 5, 2023; Year 1 PIP evaluation
- **Collaborative PIP**
 - 2022 Evaluation of Aetna, Sunflower, and UnitedHealthcare, **COVID-19 Collaborative** PIP (October 1, 2021, to September 30, 2022), March 20, 2023; Year 1 PIP evaluation

CAHPS Health Plan 5.1H Survey Validation

- Aetna 2022 CAHPS Health Plan 5.1H Survey Validation – Aetna Better Health of Kansas, Sunflower Health Plan, and UnitedHealthcare Community Plan of Kansas, March 23, 2023. The 2022 CAHPS surveys were conducted by each MCO from February through May 2022.
- Sunflower
- UnitedHealthcare

Mental Health Consumer Perception Survey

- KanCare 2022 KanCare Mental Health Consumer Perception Survey, March 2, 2023.

Provider Survey Validation

- Aetna 2022 Provider Satisfaction Survey Validation, March 15, 2022. Aetna’s survey was conducted from September 2022 through October 2022 by the vendor, SPH Analytics.
- Sunflower 2022 Provider Satisfaction Survey Validation, March 7, 2023. The Sunflower survey was conducted from August 2022 through October 2022 by the vendor SPH Analytics.
- UnitedHealthcare 2022 Provider Satisfaction Survey Validation, March 29, 2023. The UnitedHealthcare survey was conducted from July 2022 through November 2022. UnitedHealthcare partnered with Escalent to conduct this survey.

Review of Compliance with Medicaid and CHIP Managed Care Regulations

- Aetna *2022 Review of Compliance with Medicaid and CHIP Managed Care Regulations of Aetna, January 30, 2023.*
- Sunflower *2022 Review of Compliance with Medicaid and CHIP Managed Care Regulations of Sunflower, March 8, 2023.*
- UnitedHealthcare *2022 Review of Compliance with Medicaid and CHIP Managed Care Regulations of UnitedHealthcare, February 8, 2023.*

Quality Assessment and Performance Improvement Review

- Aetna *2022 QAPI Review, March 1, 2023.*
- Sunflower *2022 QAPI Review, March 20, 2023.*
- UnitedHealthcare *2022 QAPI Review, March 15, 2023.*

Network Adequacy Validation

- KanCare *Primary Care Provider After-Hours Access Monitoring, April, 26 2023.*

Appendix B

KanCare Program Annual External Quality Review Technical Report

2022–2023 Reporting Cycle

**Performance Measure Validation
and Evaluation Methodology**

Technical Methods of Data Collection and Analysis/Description of Data Obtained – Performance Measure Validation and Evaluation

Performance Measure Validation Methods

MetaStar performed validation of the HEDIS MY 2021 performance measures according to the 2019 CMS protocol, “*External Quality Review (EQR) Protocol 2: Validation of Performance Measures Reported by the MCO,*” (the Protocol).

Common Among the MCOs

The CMS protocol identified key types of data that should be reviewed as part of the validation process. MetaStar’s review included the following types of data:

- Policies and procedures related to calculation of performance measures
- HEDIS Roadmaps (a NCQA HEDIS® Compliance Audit™ data collection tool), Information Data Submission System (IDSS) files, HEDIS Compliance Audit reports (prepared for the MCO-contracted audit that was concurrent with measure production), audited rates and support documents
- Records of MCO validation efforts, including run, error and issues logs, file layouts and system flow diagrams
- Member-level data showing numerator and denominator inclusion status

Findings from virtual onsite interviews, provided documentation, system demonstrations and data output files, primary source verification, and review of data reports were compiled and analyzed. Additional follow-up was conducted by telephone and email.

As part of the PMV process and with approval from the State, the HEDIS Timeliness of Prenatal Care indicator of the Prenatal and Postpartum Care (PPC) measure and BMI Percentile indicator of the Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (WCC) measure were reabstracted by MetaStar (30 records per measure for each MCO). MetaStar provided a randomly selected list of cases to the MCOs, and the MCOs provided the medical records for the reabstraction. MetaStar performed the reabstractions prior to the on-site interviews.

Prior to the virtual onsite, KFMC requested member-level files for 24 measures in order to conduct validations, such as comparing figures in the MCO’s IDSS to what resided in the State’s Medicaid Management Information System (MMIS). The measures requested are used by the State and KFMC for evaluation of the KanCare 2.0 and Substance Use Disorder 1500 Demonstration projects and for the pay-for-performance incentive program. The validations serve three purposes:

- Test the accuracy of the reported HEDIS measures
- Check that provider data and member demographic and enrollment data sent by the State are accurately stored in the MCOs’ systems
- Assess the completeness of the encounter data sent by the MCOs and test for discrepancies between the submitted encounters and the encounter records in the MMIS reporting database

From the set of all member-level tables, the uniqueness of the Medicaid ID was tested (that is, verifying a Medicaid ID appeared only once per denominator). Within each MCO’s records, the relationship between the Medicaid ID and MCO-defined identifiers was examined by checking for Medicaid IDs associated with multiple MCO-defined identifiers, and vice versa. For records showing the members’ names and dates of birth, comparison to the names and dates of birth in MMIS were made.

Many HEDIS measures require that the member be enrolled with the MCO on a specific date, the “anchor date,” to be included in the denominator. KFMC checked that the members in the administrative denominator for the following measures were enrolled on the anchor date:

- Measures with December 31, 2020, anchor date
 - Adults' Access to Preventive/Ambulatory Health Services (AAP)
 - Annual Dental Visit (ADV)
 - Cervical Cancer Screening (CCS)
 - Comprehensive Diabetes Care (CDC)
 - Chlamydia Screening in Women (CHL)
 - Use of Opioids From Multiple Providers (UOP)
 - Well Child and Adolescent Visits (WCV)
 - Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (WCC)
- Measures anchored on the second birthday
 - Childhood Immunization Status (CIS)
 - Lead Screening in Children (LSC)
 - Immunizations for Adolescents (IMA)

The denominator inclusion criteria for CIS and LSC are the same. KFMC verified that the two measures had the same denominator populations for each MCO. CIS and IMA denominator criteria were then applied to MMIS demographic and MCO-assignment tables to estimate the denominators. Discrepancies between the member-level tables' denominators and the MMIS-derived denominators were investigated.

The denominator for the Mental Health Utilization Measure (MPT) is the total of member-months, which is a count that includes members once for each month they are enrolled. Members with dual Medicaid/Medicare enrollment are included in the MPT denominator. The total of member-months was compared to a corresponding count from MMIS. No concerns were raised.

KFMC calculated six HEDIS measures from MMIS data and compared results to the MCOs' rates for measurement years 2019, 2020, and 2021. For AAP and ADV, corresponding rates differed by less than 1 percentage point, and WCV rates were within 2 percentage points for 2020 and 2021. The differences between KFMC-calculated rates and MCO rates were greater for the EIT and PPC indicators (not all of the data available to the MCOs for these rates are from claims that are submitted as encounters); however, the differences were relatively consistent between MCOs and between years.

No data discrepancies were identified in the analyses for any of the MCOs that warranted concern or further investigation.

Prior to submitting the performance measure validation and evaluation reports to the State, draft reports were provided to the State and to each MCO for feedback regarding any errors or omissions.

Performance Measure Evaluation Methods

KFMC analyzed data for all HEDIS measures that are CMS Adult or Child Core Set measures to identify strengths and opportunities for improving access, timelines, and quality of healthcare.

Common Among the MCOs

HEDIS measures may be classified by methods of data collection:

- Administrative Method – Measures are calculated from administrative data sources, including member and enrollment records, claims and encounters, and immunization registries.
- Hybrid Method – A sample of records meeting administrative measure criteria are sampled for medical record review.
- CAHPS Survey – Rates are calculated from CAHPS survey responses.

For some measures for which either administrative or hybrid rates may be submitted to NCQA, the State required the hybrid methodology but allowed the MCOs to choose either method for the others.

Numerator and denominator specifications for the HEDIS measures can be found in the *HEDIS Measurement Year 2020 & Measurement Year 2021, Volume 2: Technical Specifications for Health Plans* and *Volume 3: Specifications for Survey Measures*.

Statewide KanCare program rates (labeled “KanCare” within this report) were calculated according to the types of data submitted by each MCO:

- Administrative – KanCare rates were created by dividing the sum of the numerators for each reporting MCO by the sum of denominators for those MCOs.
- Hybrid – KanCare rates for hybrid measures were averages weighted by the administrative denominators (from which the hybrid sample was drawn).
- Mixed Hybrid and Administrative – Where the MCOs did not report rates using the same method, KanCare rates were also averages weighted by the administrative denominators. For statistical testing of mixed KanCare rates, the administrative rates were treated as rates with denominator 411.
- CAHPS® Survey – KanCare rates for CAHPS survey measures were averages weighted by the counts of members meeting survey eligibility criteria.

KFMC compared HEDIS rates to national percentiles for all Medicaid and Children Health Insurance Program health plans made available through NCQA’s Quality Compass® (QC). MCO and KanCare rates were ranked using the QC percentiles. The ranks are denoted, in order of worst to best performance: <5th, <10th, <25th, <33.33rd, <50th, ≥50th, >66.67th, >75th, >90th, and >95th. Note that, as QC percentiles are based on HEDIS rates from across the nation, some measures with high scores in Kansas may have very low QC rankings due to high scores nationwide. Due to the COVID-19 pandemic, NCQA advises caution when using MY 2020 data for rate comparisons.

Changes in MCO and KanCare rates and rankings across years 2017 to 2021 were assessed. Amerigroup was included in KanCare aggregations from 2017 to 2018. Aetna data was included in KanCare rates beginning in 2019, where available (for some measures, Aetna had few or no members meeting continuous eligibility criteria).

For hybrid and CAHPS measures, annual changes between rates and the prior year's rates were tested for statistical significance using Fisher's exact for MCO rates and a weighted Pearson chi-square test for KanCare rates. Within this report, a *significant change* means the differences in rates was statistically significant with probability (*p*) less than 0.05. Note, statistical tests on administrative rates with very large denominators may report very small changes as statistically significant.

Changes in rates between 2020 and 2021 were also assessed using a *gap-to-goal* percentage change, which measures the change in rates relative to the potential for change. Identification of strengths and opportunities for improvement used gap-to-goal percentage changes of 10.00% or more as a threshold. The formula for the gap-to-goal percentage change is:

$$(2021 \text{ Rate} - 2020 \text{ Rate}) / (\text{Goal Rate} - 2020 \text{ Rate}), \text{ where Goal Rate is 100\% or 0\%}.$$

Slopes of trend lines were calculated using the ordinary least-squares method. Depending on data availability, three to five years were trended for KanCare, Aetna, Sunflower, and UnitedHealthcare. The slopes provide the *average rate of change* across the trending period in percentage points per year (pp/y). The slopes were tested to see if they were statistically significantly different from horizontal (i.e., significantly different from 0 pp/y) using Mantel-Haenszel chi-square (*p* less than 0.05 was considered significant). Average rates of change of at least 3.0 pp/y were also noted.

Appendix C

KanCare Program Annual External Quality Review Technical Report

2022–2023 Reporting Cycle

**2022 KanCare Mental Health
Consumer Perception Survey Methodology**

Technical Methods of Data Collection and Analysis/Description of Data Obtained – Mental Health Consumer Perception Survey

Survey Instruments

From 2010 to 2020, an adapted version of the Mental Health Statistics Improvement Program (MHSIP) Survey instrument was used to gauge consumer perception of KanCare members. In 2021, the State made the decision to use the ECHO Survey tool. The ECHO Survey is the result of the merging of two surveys: MHSIP Survey and the Consumer Assessment of Behavioral Health Services (CABHS) Survey.¹ Additional questions were added to both the adult and child ECHO tools (Q41 and Q42 for adults, Q71 and Q72 for children) in order to satisfy KDADS’s block grant reporting requirements to the Substance Abuse and Mental Health Service Administration (SAMHSA). As a result, Kansas ECHO survey results may not be directly comparable to results from similar surveys conducted in other states.

The adult survey instrument used in 2021 was a version adapted by the vendor from the originally developed ECHO questionnaire. In 2022, the original ECHO survey tool was used, which added 25 questions to the adult survey. Trending is not available from 2021 to 2022 for the questions added to the 2022 tool.

KFMC contracted with Press Ganey (formally SPH Analytics) to administer the Kansas ECHO Survey. Press Ganey is a certified CAHPS® vendor with experience administering the ECHO Survey since its development.² Press Ganey also processed and analyzed the data and provided the final reports upon which this summary report is based. KFMC created the sample frames and provided them to Press Ganey.

Survey Population and Sampling Process

Members eligible to receive the survey were adult (ages 18 or older) and child (ages 17 or younger, family responding) populations enrolled in KanCare and residing in Kansas on the date of sample selection (June 15, 2022), continuously enrolled during the measurement period (June 1, 2021, through May 31, 2022), and who had received one or more mental health or substance use disorder services through one of the three MCOs during the measurement period.³ See Table C.1 for the method of identifying mental health and substance use disorder services. A total of 43,388 adult members and 43,696 child members met the criteria. The sample frames were pulled from the May 2022 Medicaid Enrollment file, which included enrollment and demographic data (such as member name, age, phone number, and mailing address).

After receiving the sample frame files from KFMC, Press Ganey implemented a process of deduplication of the sample frames. The sample frames were deduplicated to one record per household. To improve response rates, members whose household received the most recent Sunflower Health Plan ECHO Survey (also administered by Press Ganey) were then removed. The resulting files included 34,573 eligible adult and 31,371 eligible child members.

¹ <https://www.ahrq.gov/cahps/surveys-guidance/echo/about/Development-ECHO-Survey.html>

² CAHPS® is a registered trademark of the Agency for Healthcare Research and Quality (AHRQ)

³ Age is calculated as of May 31, 2022. “Continuous enrollment” allows one gap of up to 45 days during the measurement period but requires enrollment on May 31, 2022.

The minimum number of survey responses required to obtain a 95% confidence level with a 5% margin of error was calculated for the adult (382) and child (382) populations. Samples were selected for the adult and child populations using simple random sampling. Surveys were mailed to 12,650 KanCare members, representing 5,100 adult and 7,550 child members.

Table C.1. Codes for Identifying Mental Health and Substance Use Disorder Services		
Value Set	Type of Service	Steps
Identification of Mental Health Services		
Mental Health Diagnosis	Institutional and professional encounters with mental health related primary diagnosis code	Step 1 inclusion criteria
MPT IOP/PH Group 1 MPT Stand Alone Outpatient Group 2 Partial Hospitalization or Intensive Outpatient Transcranial Magnetic Stimulation	Outpatient and professional encounters with procedure codes indicating outpatient, intensive outpatient, or partial hospitalization settings	Step 2 inclusion criteria
Visit Setting Unspecified Outpatient place of service (POS) Community Mental Health Center POS Partial Hospitalization POS Telehealth POS	Professional encounters for listed procedure and POS codes indicating an outpatient, Community Mental Health Center, partial hospitalization, or telehealth	Step 2 inclusion criteria
Notes: Value sets are from the HEDIS MY 2020 & MY 2021 technical specifications for the Mental Health Utilization (MPT) measure. Identification was based on encounters meeting the Step1 inclusion criteria and one or more of the Step 2 inclusion criteria.		
Identification of Substance Use Disorder (SUD) Services		
Alcohol Abuse and Dependence Opioid Abuse and Dependence Other Drug Abuse and Dependence	Services on institutional and professional encounters with diagnosis code indicating SUD.	Step 1 inclusion criteria.
Detoxification	Institutional and professional encounters with procedure or revenue codes indicating detoxification	Step 2 exclusion criteria
IAD Stand-Alone Outpatient Observation	Institutional and professional encounters with procedure code indicating outpatient service	Step 3 inclusion criteria
Visit Setting Unspecified Outpatient POS Non-residential Substance Abuse Treatment Facility POS Community Mental Health Center POS Partial Hospitalization POS	Professional encounters for listed procedure and POS codes indicating an outpatient, Community Mental Health Center, or partial hospitalization	Step 3 inclusion criteria
IAD Stand-Alone IOP/PH	Institutional and professional encounters with procedure code indicating intensive outpatient setting	Step 3 inclusion criteria
AOD Medication Treatment	Professional encounters with procedure code indicating medication assisted treatment	Step 3 inclusion criteria
Notes: Value sets are from the HEDIS MY 2020 & MY 2021 technical specifications for the Identification of Alcohol and Other Drug Services (IAD) measure. Identification was based on encounters meeting the Step1 inclusion criteria and one or more of the Step 3 inclusion criteria. Encounters meeting the Step 2 criteria were excluded from analysis.		
Identification Pharmacy Claims for Medication Assisted Treatment for SUD		
Medication Treatment for Alcohol Abuse or Dependence Medications Medication Treatment for Opioid Abuse or Dependence Medications Alcohol Use Disorder Treatment Medications Opioid Use Disorder Treatment Medications	Pharmacy encounters with National Drug Code (NDC) indicating medication assisted treatment	Step 1 inclusion criteria
Notes: Value sets are from the HEDIS MY 2020 & MY 2021 technical specifications for the Identification of Alcohol and Other Drug Services (IAD) measure. Identification was based on encounters meeting the Step 1 inclusion criteria.		

Survey Protocol

The survey methodology employed a mail-only distribution process consisting of a one-wave mail protocol. A survey with a cover letter and postage-paid return envelope was mailed to each adult in the sample and to the parent or guardian of each child in the sample. The cover letter provided an internet Uniform Resource Locator (URL), username, and password, so the member (or parent/guardian) could take the survey online, if desired. The tasks and timeframes employed were based on the standard NCQA protocol for administering surveys. Surveys were mailed July 28, 2022.

A reminder letter was added to the adult survey methodology to increase the response rate, as the number of completed surveys following the initial mailing was lower than anticipated. The reminder letter was mailed October 11, 2022.

The cover letters (and reminder letter) for the 2022 Adult and Child ECHO Surveys included language in both English and Spanish; all mailed surveys were in English.

Survey Response Rates

A total of 794 valid surveys were returned: 405 adult surveys and 389 child surveys. Of the adult surveys received, 329 were completed by mail, and 76 were completed via the URL provided (73 in English, 3 in Spanish). For the child surveys, 342 were received by mail and 47 surveys were completed online (43 in English, 4 in Spanish). The adjusted response rates for the adult and child populations were 8.4% and 5.49%, respectively. A total of 754 surveys were undeliverable (287 adult and 467 child).

Data Processing and Analysis

Press Ganey processed all completed surveys and analyzed the results.

There are data limitations regarding the comparison of the KanCare adult and child ECHO survey results to Press Ganey's book of business. The ECHO Survey does not have national specifications for identifying the sample frames, such as criteria for identifying members receiving mental health services. Therefore, care must be used in interpreting the results of statistical testing between the KanCare rates and rates from the Press Ganey Book of Business. States with Medicaid expansion may be included in the Press Ganey book of business, which may also explain the significantly lower rates for the adult KanCare population in comparison to the Press Ganey book of business.

Impact of the COVID-19 Pandemic

The pandemic did not impact the administration of this survey. However, the pandemic has affected mental health and access to services, both of which are factors in determining who was eligible to be surveyed. Comparing survey results between years should therefore be done with caution.

Appendix D

KanCare Program Annual External Quality Review Technical Report

2022–2023 Reporting Cycle

2022 Compliance Review Recommendations

Regulatory Area	2022 Compliance Review Recommendations
Common Among the MCOs	
Subpart D – MCO, PIHP and PAHP Standards: Coordination and Continuity of Care	
<p>Case Review Related to §438.208(b)(1) Coordination and Continuity of Care</p>	<p>Aetna:</p> <ol style="list-style-type: none"> 1. Review the cases identified as nursing facility (NF) cases where there was no evidence submitted that they resided in a nursing facility and advise what kind of service someone would receive from a nursing facility if they did not reside there (Members 3, 5, 11, 13, 15, 16, and 20). 2. Review the internal Aetna process to ensure the following required elements are documented in the Service Plan or a separate specified location (State Contract, Section 5.4.4.1 <i>Plans of Service</i>): <ol style="list-style-type: none"> a. Any services authorized including a detailed description of the amount, scope, and duration of services needed to help meet identified needs or to achieve goals. (LTSS – NF cases; State Contract 5.4.4.1.D.3) b. The pharmacy and number. (BH, LTSS – HCBS, and SHCN – Title V cases; State Contract 5.4.4.1.D.9) c. Primary language being included. (LTSS – NF cases; State Contract 5.4.4.1.D.10) d. Eligibility start and end date. (Physical Health [PH], LTSS – NF, and SHCN – Title V cases; State Contract 5.4.4.1.D.17) e. Developed and signed by and distributed to all relevant parties within thirty (30) days of the interdisciplinary team meeting. (PH cases; State Contract 5.4.4.1.F) f. Member’s preferred method of receiving a copy of their service plan (paper or electronic). (PH, BH, SHCN – TA Waiver and Title V, and LTSS – HCBS and NF cases; State Contract 5.4.4.1.I) 3. Review the internal Aetna process to ensure the Service Plan has the following completed (State Contract, Section 5.4.4.1 <i>Plans of Service</i> and 5.4.4.2 Person Centered Service Planning): <ol style="list-style-type: none"> a. Signed and approved. (PH, and SHCN – Title V cases; State Contract 5.4.4.1.G and 5.4.4.2.C) b. Signed by the member, their MCO service coordinator, community service coordinator, and any providers that were present during the development of the Plan of Service. (PH and SHCN – Title V cases; State Contract 5.4.4.1.G.2) c. Signatures being obtained from, at a minimum, the service coordinator, the community service coordinator, and member prior to implementation unless an extraordinary circumstance prevented signatures from being obtained. (PH cases; State Contract 5.4.4.1.G.3) d. Signed by the member, guardian, or legal representative, the MCO service coordinator, the community service coordinator, and all providers listed on the PCSP. (PH and SHCN – Title V; State Contract 5.4.4.2.C.2) e. Distributed to all attendees within 14 days of the development of the plan. (SHCN – Title V cases; State Contract 5.4.4.2.H) 4. Aetna should educate providers on the following: <ol style="list-style-type: none"> a. Ask if the member received services elsewhere. (PH, BH, and SHCN – Title V) b. Providers should have contact with other service providers. (PH, BH, LTSS – HCBS, SHCN – TA Waiver and Title V) c. The provider should acknowledge test results. (PH, BH, and SHCN – TA Waiver) d. Follow-up should be documented by the provider. (BH)

Regulatory Area	2022 Compliance Review Recommendations
Common Among the MCOs (Continued)	
Subpart D – MCO, PIHP and PAHP Standards: Coordination and Continuity of Care (Continued)	
<p>Case Review Related to §438.208(b)(1) Coordination and Continuity of Care (continued)</p>	<p>Aetna (Continued):</p> <ul style="list-style-type: none"> e. The provider should have follow-up of all results and inform the member of the results. (PH, BH, and SHCN – TA Waiver) f. Providers need to include evidence that that the referral took place. (BH) g. Providers need to include in consult or referral notes that the consult occurred. (PH) h. In the record, there needs to be evidence of continuity of care in the provider setting. (SHCN – TA Waiver and Title V) <p>Aetna should review the cases identified for potential follow-up and address as appropriate (e.g., MCO follow-up regarding the case or general provider education). KFMC will provide Aetna details for each member in a secure separate document.</p> <ul style="list-style-type: none"> 5. PH TXIX Member 9 6. LTSS – NF Member 7 7. SHCN – Title V Member 20 <p>Sunflower:</p> <ul style="list-style-type: none"> 1. Review the internal Sunflower process to ensure the following required elements are documented in the Service Plan or a separate specified location (State Contract, Section 5.4.4.1 <i>Plans of Service</i>): <ul style="list-style-type: none"> a. Description of the member’s goals, strategies to meet goals and desired health, functional and quality of life outcomes. For youth Members, inclusion of their family’s goals and strategies shall be incorporated into the Plan of Service. (PH and SHCN – TA Waiver; State Contract 5.4.4.1.D.1) b. Member’s identified strengths, preferences, and any identified needs including psycho-social needs and needs related to SDOH and independence such as housing or financial assistance. (PH and SHCN – TA Waiver; State Contract 5.4.4.1.D.2) c. Risk factors, including a member’s understanding of risk factors and potential adverse consequences, member’s plans to respond to adverse consequences, and additional measures in place to minimize them, when needed. (PH, SHCN – TA Waiver, and SHCN – Title V; State Contract 5.4.4.1.D.4) d. Level of Service Coordination (All six case review categories; State Contract 5.4.4.1.D.5) e. Medication list with date and dosages (All six case review categories; State Contract 5.4.4.1.D.8) f. Pharmacy and number (All six case review categories; State Contract 5.4.4.1.D.9) g. Primary language (SHCN – Title V; State Contract 5.4.4.1.D.10) h. Date of next Service Coordination (All six case review categories; State Contract 5.4.4.1.D.13) i. Date of annual reassessment (All six case review categories; State Contract 5.4.4.1.D.14)

Regulatory Area	2022 Compliance Review Recommendations
Common Among the MCOs (Continued)	
Subpart D – MCO, PIHP and PAHP Standards: Coordination and Continuity of Care (Continued)	
<p>Case Review Related to §438.208(b)(1) Coordination and Continuity of Care (continued)</p>	<p>Sunflower (Continued):</p> <ul style="list-style-type: none"> j. Patient liability and/or client obligation information including information about providers to whom the member has paid (All six case review categories; State Contract 5.4.4.1.D.16) k. Any specialized communication needs including interpreters or special devices required by the member. This includes an identification of any reading challenges. (SHCN – TA Waiver; State Contract 5.4.4.1.D.18) l. Member’s physical environment and any modifications necessary to ensure the member’s health and safety. (PH; State Contract 5.4.4.1.D.20) m. Service coordinator name and direct contact information along with appropriate off-hours contact information. (All six case review categories; State Contract 5.4.4.1.D.22) n. Member given a choice of paper or electronic Plan of Service prior to development of the plan. A completed Plan of Service must be provided to the member prior to services beginning. (All six case review categories; State Contract 5.4.4.1.I) <ul style="list-style-type: none"> 2. For ease of reference for Members and Providers, for any applicable elements listed above (recommendation 1) that are not included in the Service Plan or PCSP, make a reference in the Service Plan/PCSP indicating where the information can be located. 3. Review the internal Sunflower process to ensure that the PCSP documents the following: <ul style="list-style-type: none"> a. Distributed to all attendees within fourteen (14) days of the development of the plan (LTSS – HCBS cases; State contract 5.4.4.2.H). b. Signed and approved. (PH and LTSS – HCBS cases; State Contract 5.4.4.2.C) c. Signed by the member, guardian, or legal representative, the MCO service coordinator, the community service coordinator, and all providers listed on the PCSP. (PH and LTSS – HCBS cases; State Contract, 5.4.4.2.C.2) d. Signed by the service coordinator, the community service coordinator, and member prior to implementation. (PH and LTSS – HCBS cases; State Contract, 5.4.4.1.C.3) 4. Sunflower should educate providers on the following: <ul style="list-style-type: none"> a. Ask if the member received services elsewhere. (PH) b. Providers should have contact with other service providers. (PH) c. The provider should acknowledge test results. (PH, BH, LTSS – HCBS, LTSS – NF, SHCN – TA Waiver, and SHCN – Title V) d. Follow-up of all results should be documented by the provider. (PH, BH, LTSS – HCBS, LTSS – NF, SHCN – TA Waiver, and SHCN – Title V) e. The provider should have follow-up of all results and inform the member of the results. (PH, BH, LTSS – HCBS, LTSS – NF, SHCN – TA Waiver, and SHCN – Title V) f. Providers need to include evidence that that the consult services took place. (PH, BH, LTSS – HCBS, and SHCN – TA Waiver) g. Consult or referral notes should be included in the record. (PH, BH, SHCN – TA Waiver, and SHCN – Title V)

Regulatory Area	2022 Compliance Review Recommendations
Common Among the MCOs (Continued)	
Subpart D – MCO, PIHP and PAHP Standards: Coordination and Continuity of Care (Continued)	
<p>Case Review Related to §438.208(b)(1) Coordination and Continuity of Care (continued)</p>	<p>Sunflower (Continued):</p> <ol style="list-style-type: none"> 5. Sunflower should review the cases identified for potential follow-up and address as appropriate (e.g., MCO follow-up regarding the case or general provider education). KFMC will provide Sunflower details for each member in a separate and secure document: <ol style="list-style-type: none"> a. PH TXIX: Members 1, 2, 4, 5, 7, 9, 10, 13, 15, and 17; PH TXXI: Members 1, 3, 4, 5, 6, 8, 9, 10, 11, and 14 b. BH TXIX: Members 8, 9, and 16; TXXI Members 2, 5, 7, 8, 9, 10, 11, and 14 c. LTSS – HCBS Members 6, 9, and 11 d. LTSS – NF Members 2 and 10 e. SHCN – Title V Member 22 <p>UnitedHealthcare:</p> <ol style="list-style-type: none"> 1. Review the internal UnitedHealthcare process to ensure the following required elements are documented in the Service Plan or a separate specified location (State Contract, Section 5.4.4.1 <i>Plans of Service</i>): <ol style="list-style-type: none"> a. The level of service coordination. (All six case review categories; State Contract 5.4.4.1.D.5) b. The medication list with date and dosages. (All six case review categories; State Contract 5.4.4.1.D.8) c. The pharmacy and number. (All six case review categories; State Contract 5.4.4.1.D.9) d. Primary language. (LTSS – NF cases; State Contract 5.4.4.1.D.10) e. Dates of next service coordination (All six case review categories; State Contract 5.4.4.1.D.13) f. Date of annual reassessment. (All six case review categories; State contract 5.4.4.1.D.14) g. The service coordinator name and direct contact information along with appropriate off-hours contact information. (All six case review categories; State Contract 5.4.4.1.D.22) h. Developed and signed by and distributed to all relevant parties within thirty (30) days of the interdisciplinary team meeting. (SHCN – TA Waiver cases; State Contract 5.4.4.1.F) 2. For ease of reference for Members and Providers, for any applicable elements listed above (recommendation 1) that are not included in the Service Plan or PCSP, make a reference in the Service Plan/PCSP indicating where the information can be located. 3. Review the internal UnitedHealthcare process to ensure the PCSP is distributed to all attendees within fourteen (14) days of the development of the plan. (BH, LTSS – NF, and SHCN – TA Waiver cases; State Contract 5.4.4.2.H) 4. UnitedHealthcare should educate providers on the following: <ol style="list-style-type: none"> a. Ask if the member received services elsewhere. (PH and BH) b. Providers should have contact with other service providers. (PH and BH) c. The provider should acknowledge test results. (BH) d. Follow-up of all results should be documented by the provider. (PH, BH) e. The provider should have follow-up of all results and inform the member of the results. (PH, and BH)

Regulatory Area	2022 Compliance Review Recommendations
Common Among the MCOs (Continued)	
Subpart D – MCO, PIHP and PAHP Standards: Coordination and Continuity of Care (Continued)	
<p>Case Review Related to §438.208(b)(1) Coordination and Continuity of Care (continued)</p>	<p>UnitedHealthcare (Continued):</p> <ul style="list-style-type: none"> f. Providers need to include evidence that that the referral took place. (PH, BH, LTSS – NF, and SHCH – Title V) g. Consult or referral notes should be included in the record. (PH and LTSS – NF) <p>5. UnitedHealthcare should review the cases identified for potential follow-up and address as appropriate (e.g., MCO follow-up regarding the case or general provider education). KFMC will provide United details for the following cases in a secure separate document:</p> <ul style="list-style-type: none"> a. PH TXIX Members 3, 4, 5, 8, 9, 18, and 20; PH TXXI Members 2, 4, 5, 12, 18, and 20 b. BH TXIX Members 1, 3, 6, 11, 12, 13, 16, and 17; Replacement cases 4 and 5; BH TXXI Members 1, 2, 3, 4, 5, 8, 13, 14, 15, 19, and 20; Replacement cases 2, 3, 5 and 6 c. LTSS – HCBS Members 12 and 18 d. LTSS – NF Members 5, 6, 10, and 15 e. SHCN – TA Waiver Members 17 and 18 f. SHCN – Title V Members 1, 6, 10, 16, 28, 30, 31, 32, 34, and 35
<p>Case Review Related to §438.208(b)(3) Coordination and Continuity of Care</p>	<p>Aetna:</p> <p>8. In the 2023 follow-up review, provide the process for documenting all Health screening Tool (HST) outreach attempts.</p> <p>Sunflower:</p> <ul style="list-style-type: none"> 6. In the 2023 follow-up review, provide the process for documenting all HST outreach attempts. 7. A health screen should be completed or an attempt to contact the member within 90 days of enrollment or every other year (PH, BH, LTSS – NF, and SHCN – Title V). 8. For eligible members, Sunflower should include documentation of the need for a yearly HST reassessment (PH, BH). <p>UnitedHealthcare:</p> <ul style="list-style-type: none"> 6. In the 2023 follow-up review, provide the process for documenting all HST outreach attempts. 7. A health screen should be completed or an attempt to contact the member within 90 days of enrollment or every other year (PH, BH, LTSS – NF, and SHCN – Title V) 8. For eligible members, UnitedHealthcare should include documentation of the need for a yearly HST reassessment. (PH).
Subpart D – MCO, PIHP and PAHP Standards: Provider Selection	
<p>Individual Health Care Professional File Credentialing/Recredentialing Case Review related to §438.214(b)(2) Provider Selection</p>	<p>Aetna:</p> <p>In the 2023 follow-up review, provide:</p> <ul style="list-style-type: none"> 9. Explanation of the delay in the provider notification for Providers 6 and 13. 10. Explanation of why “NA” is checked on the credentialing checklist instead of “Yes” since the credentialing application indicated the providers had hospital privileges for Providers 2, 5, 6, 7, 10, 11, 12 and 14. 11. The “Disclosure of Ownership and Controlling Interest and Management Statement” for Providers 1 through 15.

Regulatory Area	2022 Compliance Review Recommendations
Common Among the MCOs (Continued)	
Subpart D – MCO, PIHP and PAHP Standards: Provider Selection (Continued)	
<p>Individual Health Care Professional File Credentialing/Recredentialing Case Review related to §438.214(b)(2) Provider Selection (continued)</p>	<p>Aetna (Continued):</p> <ol style="list-style-type: none"> 12. The National Plan & Provider Enumeration System (NPPES) check that was completed on Providers 1, 2, 4-7, 9, 12, 13, and 15. 13. The Social Security Administration’s Death Master File check that was completed for Providers 1, 2, and 4-15. 14. The Office of Inspector General List of Excluded Individuals/Entities (OIG LEIE) to any person with an ownership or control interest or who is an agent or managing employee of the provider check that was completed for Providers 2, 4-9, 12, 13, and 15. 15. The Government Services Administration’s System for Award Management (GSA – SAM) check that was completed for Providers 5, 7, 9, 12, and 15. 16. Detail regarding the significant delay between when the credentialing was approved and when the provider was notified by letter for Providers 7, 11, and 12. <p>Sunflower:</p> <ol style="list-style-type: none"> 9. In the 2023 follow-up review, provide the Disclosure of Ownership and Controlling Interest and Management Statement for Providers 4, 10, and 11. <p>UnitedHealthcare:</p> <p>In the 2023 follow-up review, provide:</p> <ol style="list-style-type: none"> 9. Evidence of provider notification of the credentialing decision for Provider 4 (10/19/2022 replacement sample selection). 10. Explanation of delay in provider notification (provider notified >60 days) for Provider 7 (6/14/2022 original sample selection). 11. The signed attestation to correctness for Provider 2 (11/28/2022 replacement sample selection). 12. Documentation of the “Disclosure of Ownership and Controlling Interest and Management Statement” for all reviewed providers. 13. Documentation that the Master Death File was checked on all providers (Providers 1-8, 6/14/2022 original sample selection; Providers 9-15, 10/19/2022 replacement sample selection). 14. An explanation of why there would be a span of six months between credentialing dates (Provider 5, 6/14/2022 original sample selection).
<p>Institutional Health Care Professional Files Credentialing/Recredentialing Case Review related to §438.214(b)(2) Provider Selection</p>	<p>Aetna:</p> <p>In the 2023 follow-up review, provide:</p> <ol style="list-style-type: none"> 17. The notification to the provider of the credentialing decision for Provider 1. 18. The attestation of correctness for Provider 2. 19. The Disclosure of Ownership and Controlling Interest and Management statement for Providers 2, 3, 7, 8, and 10-14. 20. The NPPES check that was completed for Providers 2, 3, 7, 8, 10, 11, 13, and 14.

Regulatory Area	2022 Compliance Review Recommendations
Common Among the MCOs (Continued)	
Subpart D – MCO, PIHP and PAHP Standards: Provider Selection (Continued)	
<p>Institutional Health Care Professional Files Credentialing/Recredentialing Case Review related to §438.214(b)(2) Provider Selection (continued)</p>	<p>Aetna (Continued):</p> <ol style="list-style-type: none"> 21. The OIG LEIE to any person with an ownership or control interest or who is an agent or managing employee of the provider check that was completed for Provider 2. 22. The GSA–SAM check that was completed for Providers 2, 3, 7, 8, 10, 11 and 14. 23. Documentation of Malpractice insurance/professional liability insurance for Providers 1-4. 24. The general/comprehensive liability insurance for Provider 3. 25. For initial credentialing files, provide the date of receipt of the application for Providers 1, 4, 9 and 15. 26. For Provider 2, review the file and provide detail on whether the pharmacy license was current at the time of recredentialing. 27. A copy of the insurance policy for Provider 11. <p>Sunflower:</p> <p>In the 2023 follow-up review, provide:</p> <ol style="list-style-type: none"> 10. Notification of credentialing decision letter for Providers 1, 8 and 14. (Also applies to §438.214[e]). 11. Disclosure of ownership and control interest for Providers 2, 3, 5, 7, and 12. 12. Malpractice insurance for Provider 2. 13. State Uniform HCBS Supplemental Form for Provider 3. 14. For Provider 12, the recredentialing application and signed attestation of correctness. <p>UnitedHealthcare:</p> <p>In the 2023 follow-up review, provide:</p> <ol style="list-style-type: none"> 15. The signed attestation of correctness for Providers 3, 7, 10, and 14. 16. The disclosure of ownership and controlling interest for Providers 1, 2, 3, 4, 6, 8, 12, 14, and 15. 17. Evidence of the following, for Institutional Provider 14: <ol style="list-style-type: none"> a. NPPES, OIG LEIE and GSA-SAM being checked. (Also applies to §438.214[d]) b. Entity that credentialed the provider, Medicare/Medicaid Program participation, and that all information used for credentialing was less than 180 days old. c. Review the file completeness, as there were only four documents submitted (DEA certificate, commercial liability insurance, proof of Kansas permit and licensure) and it is unknown if the provider was being credentialed or recredentialled or who completed it. 18. Evidence of the malpractice insurance for Providers 6, 7, 14 and 15.

Regulatory Area	2022 Compliance Review Recommendations
Aetna	
Subpart B – State Responsibilities: Disenrollment	
<p>§438.56(c)(1) Disenrollment: Requirements and Limitations – Disenrollment Requested by the Enrollee</p>	<p>28. In Aetna policy and procedure 4500.86 <i>Member Disenrollment/Disruptive Member Transfer</i> include the following:</p> <ul style="list-style-type: none"> a. Regulatory language stating members may request disenrollment for cause, at any time. b. The additional three reasons to disenroll for cause that are detailed in the <i>Member Handbook</i>: If you no longer qualify for Medicaid under one of the eligible categories; If you transfer to an eligibility category that is not included in the benefits; and Renewing your insurance.” <p>29. In the <i>Member Handbook</i>, section “Disenroll from Aetna Better Health of Kansas,” include the regulatory language stating members may request disenrollment for cause, at any time.</p>
<p>§438.56(d)(2)(iv) Disenrollment: Requirements and Limitations – Procedures for Disenrollment-Cause for Disenrollment</p>	<p>30. Include in policy and procedure 4500.86 <i>Member Disenrollment/Disruptive Member Transfer</i> the regulatory language that states, “For enrollees that use MLTSS, the enrollee would have to change their residential, institutional, or employment supports provider based on that provider’s change in status from an in-network to an out-of-network provider with the MCO, PIHP, or PAHP and, as a result, would experience a disruption in their residence or employment.”</p>
Subpart C – Enrollee Rights and Protections	
<p>§438.10(f)(1) Information Requirements: Information for all Enrollees of MCO’s – General Requirements</p>	<p>31. For consistency with the <i>Member Handbook</i> and the <i>Member Notification for Provider Terminations Desktop Process</i>, in policy and procedure 7000.40 <i>Member Transition</i>, section “Policy,” sub-section “Notification of Practitioner or Provider Group Termination Requirements,” include the word “written” to identify written notice of termination is provided to members affected by the termination of a practitioner or practice group in the statements below.</p> <ul style="list-style-type: none"> a. “Health plan notifies members affected by the termination of a practitioner or practice group in general, family, or internal medicine or pediatrics at least ten (10) calendar days prior to the effective termination date [bold in original].” (p. 1) b. “If a practitioner notifies the health plan of termination less than ten (10) days prior to the effective date, the health plan notifies the affected members as soon as possible, but no later than ten (10) calendar days after receipt of the notification [bold in original].” (p. 2)
<p>§438.10(f)(1) Information Requirements: Information for all Enrollees of MCO’s – General Requirements (continued)</p>	<p>32. Provide consistency between the <i>Member Notification for Provider Terminations Desktop Process</i> and policy and procedure 7000.40 <i>Member Transition</i>, as the policy and procedure details member notification will be sent in “at least ten (10) calendar days prior to the effective termination date” or “no later than ten (10) calendar days after receipt of the notification” and the Desktop Process details “Members will be notified no more than 15 calendar days from the date of issuance.”</p>

Regulatory Area	2022 Compliance Review Recommendations
Aetna (Continued)	
Subpart C – Enrollee Rights and Protections (Continued)	
<p>§438.10(g)(2)(v) Information Requirements: Information for Enrollees of MCOs – Enrollee Handbook (after-hours and emergency coverage) and related provision §438.114(a) Emergency and Poststabilization Services: Definitions</p>	<p>33. Add the regulatory definition for post-stabilization services to the <i>Provider Manual</i>. (State Contract, Section 5.8.3.4 <i>Emergency and Post-Stabilization Services</i>, letter E)</p>
<p>§438.3(j)(3) Standard Contract Requirements: Advance Directives (related provision to §438.10[g][2][xii] Information Requirements: Information for Enrollees of MCOs, PIHPs, PAHPs, and PCCM Entities – Enrollee Handbook)</p>	<p>34. In the <i>Member Handbook</i>, add a statement that Aetna will provide members with written information on advance directive policies and a description of applicable state law. (State Contract, Section 5.10.7 <i>Member Handbook Requirements</i>, letter E, number 17)</p>
<p>§422.128(b)(1)(i) Information on Advance Directives; §417.436(d)(1)(i)(A) Rules for Enrollees: Advance Directives; and §489.102(a)(1)(i) Requirements for Providers (related provision to §438.10[g][2][xii] Information Requirements: Information for Enrollees of MCOs, PIHPs, PAHPs, and PCCM Entities – Enrollee Handbook and §438.3[j] Standard Contract Requirements: Advance Directives)</p>	<p>35. Add to Aetna policy and procedure 7800.70 <i>Advance Directives Corporate Policy</i>, section “Focus/Disposition: Scope,” fourth bullet, the words “in state law.” It would read, “Members are notified of any changes as soon as possible but no later than ninety (90) days after the effective date of the change <u>in state law</u>.”</p> <p>36. Add to Aetna policies and procedures 4500.70 <i>Advance Directives</i> and 7800.70 <i>Advance Directives Amendment or 7800.70 Advance Directives Corporate Policy</i> the regulatory language that states, “Providers may contract with other entities to furnish this information but remain legally responsible for the ensuring that the requirements of this section are met.” (State Contract, Section 5.10.2 <i>Advance Directives</i>, letter B, number 1)</p>
<p>§438.114(d)(2) Emergency and Post-stabilization Services: Additional Rules for Emergency Services (payment)</p>	<p>37. Add to the <i>Provider Manual</i>, “Chapter 5: Covered and Non-Covered Services,” section “Emergency Services,” the regulatory language that states, “An enrollee who has an emergency medical condition may not be held liable for payment of subsequent screening and treatment needed to diagnose the specific condition to stabilize the patient.”</p>
<p>§438.114(e) Emergency and Poststabilization Services: Coverage and Payment – Poststabilization Care Services and related provisions §422.113(c)(2)(iv) and (3) Special Rules for Ambulance Services, Emergency and Urgently Needed Services, and Maintenance and Post-stabilization Care Services: Maintenance Care and Post-stabilization Care Services – MA Organization Financial Responsibility and End of Responsibility</p>	<p>38. Add to the <i>Provider Manual</i>, section “Post-stabilization Services,” the regulatory language that the MCO “Must limit charges to enrollees for post-stabilization care services to an amount no greater than what the organization would charge the enrollee if he or she had obtained the services through the MA organization. For purposes of cost sharing, post-stabilization care services begin upon inpatient admission.”</p>

Regulatory Area	2022 Compliance Review Recommendations
Aetna (Continued)	
Subpart D – MCO, PIHP and PAHP Standards: Availability of Services	
§438.206(b)(3) Availability of Services: Delivery Network (second opinion)	39. In the <i>Member Handbook</i> , section “Getting a second opinion,” add the language “in- or out-of-network” to the paragraph, “You can get a second opinion from another provider when your PCP or a specialist says you need surgery or other treatment. A second opinion is available at no charge to you. Your PCP can recommend a provider. You can also call Member Services at 1-855-221-5656, (TTY: 711).”
Subpart D – MCO, PIHP and PAHP Standards: Coverage and Authorization of Services	
§438.210(d)(1)(i-ii) Coverage and Authorization of Services: Standard Authorization Decisions (Also applies to Subpart F §438.404[c][3] Timely and Adequate Notice of Adverse Benefit Determination: Timing of Notice [standard service authorization decisions])	40. In Aetna policy and procedure <i>7100.05 Prior Authorization</i> , section “Extension of Decision Times for Non-urgent Pre-service Decisions,” second paragraph, change the time frame of “fifteen (15) for NOA additional calendar days” to “fourteen (14) calendar days” to be consistent with the regulation and State Contract Attachment D section 4.3.3.2.1 that details “fourteen (14) calendar days.”
Subpart D – MCO, PIHP and PAHP Standards: Provider Selection	
§438.214(e) Provider Selection: State Requirements	41. Credentialing decisions should be communicated to the provider within 60 days of the completed application being received. (Individual Health Care Professional Providers 6 and 13)
Subpart F – Grievance and Appeal System	
§438.402(c)(1)(i)(B)(3) General Requirements: Filing Requirements – Authority to file-External Medical Review and §438.408(f)(1)(ii) Resolution and Notification: Grievance and Appeals – Availability-External Medical Review	42. Related to EITPR, in the documents below and any additional applicable documents, include the regulatory language that EITPR review will be of no cost to the member: <ul style="list-style-type: none"> a. Aetna policies and procedures <i>3600.38 Provider Appeals and Reconsiderations</i>, <i>3100.90 Enrollee Complaint/Grievance</i>, and <i>3100.70 Enrollee Appeals</i> b. <i>Provider Manual</i> c. <i>Member Handbook</i>
§438.406(b)(1) Handling of Grievances and Appeals: Special Requirements (acknowledgement of verbal or written grievance)	43. Grievance Acknowledgement letters should be sent within 10 calendar days of receipt (Member 10).
Appeal Case Review related to §438.406(b)(1) Recordkeeping Requirements	44. Educate staff that Appeal Acknowledgement letters sent to members regarding their appeal request are to be sent within five calendar days (Member 18).

Regulatory Area	2022 Compliance Review Recommendations
Aetna (Continued)	
Subpart F – Grievance and Appeal System (Continued)	
<p>§438.408(c)(2) Resolution and Notification: Grievances and Appeals – Extension of Timeframes-Requirements Following Extension and §438.410(c)(2) Expedited Resolution of Appeals: Action Following Denial of a Request for Expedited Resolution</p>	<p>45. In the <i>Provider Manual</i>, related to Aetna extending the timeframes not at the request of the member, in the sections “Member Grievance Process,” sub-section “Standard Grievances” and “Member Appeal Process – Standard Appeals,” add the following regulatory language:</p> <ol style="list-style-type: none"> a. Make reasonable efforts to give the enrollee prompt oral notice of the delay. b. Within 2 calendar days give the enrollee written notice of the reason for the decision to extend the timeframe and inform the enrollee of the right to file a grievance if he or she disagrees with that decision. <p>46. In the <i>Member Handbook</i>, related to Aetna extending the timeframes not at the request of the member, in the section “Grievance Extension” and the section “Appeals,” subsection “If we need more information,” add the following regulatory language:</p> <ol style="list-style-type: none"> a. Make reasonable efforts to give the enrollee prompt oral notice of the delay. b. Within 2 calendar days give the enrollee written notice of the reason for the decision to extend the timeframe. Specific to the section “Appeals,” subsection “If we need more information,” inform the enrollee of the right to file a grievance if he or she disagrees with that decision.
<p>§438.408(d)(1) Resolution and Notification: Grievances and Appeals – Format of Notice- Grievances</p>	<p>47. Grievance resolution letters to members should be sent within 3 calendar days following the date of grievance resolution (Members 2-5 and 8).</p>
<p>Appeal Case Review related to §438.408(d)(2)(ii) Resolution and Notification: Grievances and Appeals – Format of Notice-Appeals</p>	<p>48. For notice of an expedited resolution, Aetna should make reasonable effort to provide verbal notice to the member and document the date of the contact/attempted contact in the internal Aetna system (Members 1, 3, 4, 8, 9, and 14).</p>
<p>Appeal Case Review related to §438.408(e)(1) Resolution and Notification: Grievance and Appeals – Content and Notice of Appeal Resolution</p>	<p>49. Include the date of completion in the written notice of resolution for each level of the appeal (Members 1-30).</p>
<p>§438.416(b) Recordkeeping Requirements</p>	<p>50. In Aetna policy and procedure 3100.90 <i>Enrollee Complaint/Grievance</i>, section “Investigation and Documentation,” first paragraph, add to the list of bulleted items following the statement, “In addition, the system maintains for all grievance types,” the regulatory language “Name of the covered person for whom the appeal or grievance was filed.” It would read, “In addition the system maintains for all grievance types: The name of the covered person for whom the appeal or grievance was filed.</p>
<p>Grievance Case Review related to §438.416(b)(3) Recordkeeping Requirements</p>	<p>51. For all grievances entered into the Aetna internal grievance system, next to the field “Reviewer” (e.g., Grievance System Manager or Medical Director) Aetna should populate the field “Hearing/Review Date/Time” to be compliant with the regulatory requirement (date captured for each reviewer, if applicable, review meeting), as the notes detailed in the “General Notes” and “Resolution Notes” field do not always provide enough information to determine the date of each grievance review (Member 20).</p>

Regulatory Area	2022 Compliance Review Recommendations
Aetna (Continued)	
Subpart F – Grievance and Appeal System (Continued)	
Appeal issues not related to an element on the review tool for §438.416(b) Recordkeeping Requirements	52. Review the internal Aetna appeal system and ensure the appeal decision date is consistent in each area/field (Member 8). 53. Review the internal Aetna appeal system and ensure the date on the acknowledgement letter and in the internal Aetna system match (Member 10).
§438.420(a)(i-ii) Continuation of Benefits While the MCO Appeal and the State Fair Hearing are Pending: Definition	54. Related to continuation of benefits for Non-HCBS Waiver and HCBS Waiver services, complete the following: a. Add distinction to the Aetna appeal resolution letters, between continuation of benefits for Non-HCBS Waiver and HCBS Waiver services. b. In the section “Continuation of Benefits” in the <i>Provider Manual</i> , include language on continuation of benefits for Non-HCBS Waiver and HCBS Waiver services that is consistent with the <i>Member Handbook</i> . c. In Aetna policy and procedure 3100.70 <i>Enrollee Appeals</i> , section “Request for Continued Benefits During Appeals Process,” include language on continuation of benefits for Non-HCBS Waiver and HCBS Waiver services that is consistent with the <i>Member Handbook</i> .
Sunflower	
In 2022, there were no recommendations for Sunflower that were not common to all MCOs.	
UnitedHealthcare	
Subpart D – MCO, PIHP and PAHP Standards: Availability of Services	
§438.206(b)(3) Availability of Services: Delivery Network (second opinion)	19. In the <i>Member Handbook</i> , section “Getting a Second Opinion,” revise the last sentence that details an out-of-network second opinion is at <i>no more cost</i> to the member than if the service was provided in-network. For example, the sentence would read, “If the type of doctor needed is not available in-network for a second opinion, we will arrange for a second opinion out-of-network at no cost to you.”
Subpart D – MCO, PIHP and PAHP Standards: Provider Selection	
Credentialing/Recredentialing Case Review Related to §438.214(d) Provider Selection	20. For Provider 14, provide evidence of the NPPES, OIG LEIE and GSA-SAM being checked.
§438.214(e) Provider Selection – State Requirements	21. Credentialing decisions should be communicated to the provider within 60 days of the completed application being received. (Provider 7, 6/14/2022 original sample selection).
Subpart F – Grievance and Appeal System	
§438.402(c)(1)(i)(B) General Requirements: Filing Requirements (authority to file – external medical review)	22. Add the regulatory language related to external medical review in the United policy <i>UCSMM 07.12 Appeal Process and Record Documentation</i> , table column “State/Federal Medicaid Rules.”
§438.402(c)(1)(ii) General Requirements: Filing Requirements (authority to file)	23. In the <i>Grievance and Appeal Process Letter Attachment</i> , add language clarifying an Authorized Representative can file a grievance on behalf of the member.

Appendix E

KanCare Program Annual External Quality Review Technical Report

2022–2023 Reporting Cycle

QAPI Checklist

QAPI Requirement		State QMS, State Contract Section and/or Code of Federal Regulations (CFR) §438.330 Quality Assessment and Performance Improvement Program (QAPI)	Mark with an “X” if included	Indicate the document, page number(s) and paragraph(s) where item is located
				e.g., Annual MCO Evaluation Report, page 4, paragraphs 2-6
1.	Tracking the reason for disenrollment	5.2.2 Disenrollment – second Letter B, Number 2		
2.	MCO Compliance with the State’s QMS	5.9.1 General Requirements – Letter A		
3.	Collected and reported performance measure data for members receiving LTSS	<ul style="list-style-type: none"> 5.9.1 General Requirements – Letter D CFR §438.330(b)(2) and (c)(1)(i-ii) 		
4.	Detection of underutilization and overutilization of services	<ul style="list-style-type: none"> 5.9.1 General Requirements – Letter E CFR §438.330(b)(3) 		
5.	For members receiving LTSS, mechanisms used to compare services and supports received with those in the member’s treatment/service plan	<ul style="list-style-type: none"> 5.9.1 General Requirements – Letter F CFR §438.330(b)(5)(i) 		
6.	Mechanisms to identify members enrolled in LTSS waivers but not receiving waiver services	5.9.1 General Requirements – Letter G		
7.	Mechanisms to ID and address BH service needs	5.9.1 General Requirements – Letter H		
8.	Member receipt of all identified State approved BH services for any unmet service needs	5.9.1 General Requirements – Letter H		
9.	For Members receiving SCHN, mechanisms to assess quality and appropriateness of care	<ul style="list-style-type: none"> 5.9.1 General Requirements – Letter I CFR §438.330(b)(4) 		
10.	For members receiving LTSS, mechanisms to assess the quality and appropriateness of care, including assessment of care between settings	<ul style="list-style-type: none"> 5.9.1 General Requirements – Letter J CFR §438.330(b)(5)(i) 		
11.	Adverse/Critical Incidents	<ul style="list-style-type: none"> 5.9.1 General Requirements – Letter K CFR §438.330(b)(5)(ii) 		
12.	For members receiving LTSS, results of efforts to support community integration reported to the State	5.9.1 General Requirements – Letter L		
13.	Evaluation of the impact and effectiveness of the MCO’s QAPI	5.9.1 General Requirements – Letter M		
14.	Structure and staffing for QAPI	5.9.1 General Requirements – Letter N.1-4 (N4: Related NCQA Quality Improvement Committee Responsibilities,		

QAPI Requirement		State QMS, State Contract Section and/or Code of Federal Regulations (CFR) §438.330 Quality Assessment and Performance Improvement Program (QAPI)	Mark with an “X” if included	Indicate the document, page number(s) and paragraph(s) where item is located
				e.g., Annual MCO Evaluation Report, page 4, paragraphs 2-6
		see related NCQA Annual Evaluation Guidelines and Program Description Requirements)		
15.	Annual MCO QAPI workplan	<ul style="list-style-type: none"> • 5.9.1 General Requirements – Letter N.5 • Related NCQA QI Committee Responsibilities • Related NCQA QAPI Workplan and Annual Evaluation Guidelines 		
16.	Annual MCO QAPI evaluation	<ul style="list-style-type: none"> • 5.9.1 General Requirements – Letter N.6 • CFR §438.330(e)(1-2) • See related NCQA QAPI Workplan Guidelines and NCQA Annual Evaluation Guidelines 		
17.	Subcontractors and delegates compliance with requirements	<ul style="list-style-type: none"> • 5.9.2 State and Federal Monitoring – General Requirements and related NCQA Program Description Requirements 		
18.	Cooperation with any State or Federal monitoring of performance; identify, collect, and provide data, medical records, or other information requested at no charge and in the required timeframe	<ul style="list-style-type: none"> • 5.9.2 State and Federal Monitoring – Letters A-B • Related NCQA Program Description Requirements 		
19.	Adequate workspace provided at local office for review of documentation	<ul style="list-style-type: none"> • 5.9.2 State and Federal Monitoring – Letter C • Related NCQA Program Description Requirements 		
20.	Cooperation and participation in EQR activities	<ul style="list-style-type: none"> • 5.9.2 State and Federal Monitoring – Letter D.1-4 • Related NCQA Program Description Requirements 		
21.	Integration and infusion of State identified guiding principles	5.9.3 QAPI Goals, Objectives, and Guiding Principles – Letter A.1-11		
22.	Incorporation of the State identified goals	5.9.3 QAPI Goals, Objectives, and Guiding Principles – Letter B.1-6		
23.	State identified seven objectives to meet established QAPI goals	5.9.3 QAPI Goals, Objectives, and Guiding Principles – Letters A.8 and C.1-7		

QAPI Requirement		State QMS, State Contract Section and/or Code of Federal Regulations (CFR) §438.330 Quality Assessment and Performance Improvement Program (QAPI)	Mark with an "X" if included	Indicate the document, page number(s) and paragraph(s) where item is located
				e.g., Annual MCO Evaluation Report, page 4, paragraphs 2-6
24.	Performance Measures	<ul style="list-style-type: none"> 5.9.4 Performance Measures – General Requirements and Letters A-B CFR §438.330(c)(2) See related NCQA Data Collection Requirements NCQA Requirements for MCO Practitioner/Provider Contracts 		
25.	Clinical and Non-clinical PIPs	<ul style="list-style-type: none"> 5.9.1 General Requirements – Letters B.1-2 and C 5.9.5 Performance Improvement Projects – General Requirements and A-J CFR §438.330(a)(1-2) and (b)(1) 		
26.	Peer Review Process and Peer Review Committee	<ul style="list-style-type: none"> 5.9.6 Peer Review – General Requirements and Letter A Related NCQA Data Collection and Quality Improvement (BH) 		
27.	NCQA Accreditation	<ul style="list-style-type: none"> 5.9.7 National Committee for Quality Assurance Accreditation – General Requirements and Letters A-B Related NCQA Data Collection and Quality Improvement (BH) 		
28.	HEDIS data collection and reporting for population-specific HEDIS measures	<ul style="list-style-type: none"> 5.9.8 HEDIS and CAHPS – General Requirements and Letters A-F Related NCQA Data Collection and Quality Improvement (BH) State QMS, Goal 4, Objective 4.5 and Goal 5, Objectives 5.1, 5.2a, 5.2b, 5.3a, 5.3b, and 5.3c 		
29.	CAHPS Surveys	<ul style="list-style-type: none"> 5.9.8 HEDIS and CAHPS – Letter G Related NCQA Data Collection and Quality Improvement (BH) 		

QAPI Requirement		State QMS, State Contract Section and/or Code of Federal Regulations (CFR) §438.330 Quality Assessment and Performance Improvement Program (QAPI)	Mark with an “X” if included	Indicate the document, page number(s) and paragraph(s) where item is located
				e.g., Annual MCO Evaluation Report, page 4, paragraphs 2-6
30.	Adverse incident reporting, investigation, follow up, and data collection, analysis, tracking, and trending	<ul style="list-style-type: none"> 5.9.9 Adverse Incident Reporting and Management System General Requirements – Letters A-F Related NCQA Data Collection and Quality Improvement (BH) 		
31.	Member Satisfaction Survey Methodology, Survey, results, and incorporation into the QAPI program to improve care for members	<ul style="list-style-type: none"> 5.9.10 Member Satisfaction Surveys – Letters A-E Related NCQA Data Collection and Quality Improvement (BH) 		
32.	Member satisfaction survey conducted with the KanCare SUD population and annual summary	<ul style="list-style-type: none"> 5.9.10 Member Satisfaction Surveys – Letter F.1-2 (Amendment 14) Related NCQA Data Collection and Quality Improvement (BH) 		
33.	Provider Satisfaction Survey methodology, survey results report, and incorporation into the MCO QAPI program	<ul style="list-style-type: none"> 5.9.11 Provider Satisfaction Surveys – Letters A-E (Amendment 14) Related NCQA Data Collection and Quality Improvement (BH) 		
34.	Clinical and medical records	<ul style="list-style-type: none"> 5.9.12 Clinical and Medical Records – Letters A, B.1, B.4, and C Related NCQA Data Collection and Quality Improvement (BH) 		
35.	Data received from Participating Providers	5.16.1 Reports and Audits – Letter B		
36.	Information on the QM Director that is exclusively dedicated to the KanCare program	5.17.2 CONTRACTOR(S) Key Personnel – Letter C.10		

Appendix F

KanCare Program Annual External Quality Review Technical Report

2022–2023 Reporting Cycle

Degree to Which the Previous Year's EQRO Recommendations Have Been Addressed

Based on documentation provided for review, the completion status of previous recommendations was scored using the following scale:

- Fully Addressed – Documentation clearly indicated all aspects of the recommendation were applied.
- Partially Addressed – Some parts of the recommendation were applied; issues remain.
- Not Addressed – Documentation did not indicate any part of the recommendation was applied.
- In Progress – Review indicated efforts to meet the recommendation are active.
- No Longer Applicable – Changing circumstances rendered the recommendation not applicable.

Performance Measure Validation and Evaluation

Follow-Up to Previous Recommendations (2021)		2022 Completion Status
Common Among the MCOs		
Performance Recommendations		
1.	The MCOs should prioritize improvement efforts towards the following HEDIS measures: <ul style="list-style-type: none"> • Metabolic Monitoring for Children and Adolescents on Antipsychotics • Child and Adolescent Well-Care Visits • Chlamydia Screening in Women 	See MCO sections below
2.	<p>For all measures, the MCOs should work to improve indicator rates that are below the Quality Compass national 75th percentile, pursuant to the State’s Quality Management Strategy.</p> <p>KFMC Update: For the 2020 measurement year, Aetna had four Adult Core Set and three Child Core Set measure indicators with rates above the 75th percentile; in 2021, the count was unchanged for Adult measure indicators, but four Child measure indicators rates were above the 75th percentile. Six Adult and eleven Child Core Set measure indicators rates below the 75th percentile in MY 2020 improved their ranking in MY 2021.</p> <p>For MY 2020, Sunflower had eight Adult Core Set and nine Child Core Set measure indicators rates were above the 75th percentile; for MY 2021, six Adult and eight Child Core Set measure indicators rates were above the 75th percentile. Two Adult and four Child Core Set measure indicators rates below the 75th percentile in MY 2020 improved their ranking for MY 2021.</p> <p>UnitedHealthcare had nine Adult and seven Child Core Set measure indicators rates that ranked above the 75th percentile for MY 2020; for MY 2021, the count was unchanged for Adult Core Set indicators but increased to eight for Child Core Set measure indicators. Rates below the 75th percentile in MY 2020 increased their ranking for six Adult and two Child Core Set measure indicators for MY 2021.</p>	In Progress

Performance Measure Validation and Evaluation

Follow-Up to Previous Recommendations (2021)		2022 Completion Status
Aetna		
Technical Recommendations		
1.	<p>Aetna should thoroughly review all State reporting requirements to ensure that the HEDIS Roadmap Appendix 1 identifies all required measures, and to ensure that all required measures are produced and reported.</p> <p>KFMC Update: Aetna correctly identified all required measures for reporting in Appendix 1.</p>	Fully Addressed
2.	<p>Aetna should take additional steps to ensure that the same level of oversight that exists for the HEDIS medical record review validation process is also in place for the performance measure validation medical record review validation process</p> <p>KFMC Update: The oversight activities added by Aetna contributed to a successful medical record review validation process with no issues.</p>	Fully Addressed
Performance Recommendations		
3.	<p>Aetna should prioritize improvement efforts towards the following HEDIS rates:</p> <ul style="list-style-type: none"> Follow-up After Emergency Department Visit for Alcohol and Other Drug Dependence <p>KFMC Update: While the rates worsened in 2021, Aetna is addressing follow-up after emergency department visits through a variety of direct and indirect approaches.</p> <ul style="list-style-type: none"> Initiation and Engagement of Alcohol and Other drug Abuse or Dependence Treatment <p>KFMC Update: While the rates had little improvement or worsened, Aetna has implemented a variety of strategies to address initiation and engagement of substance use disorder treatment.</p> <ul style="list-style-type: none"> Childhood Immunization Status and Immunizations for Adolescents, particularly HPV for adolescents; continue influenza vaccination performance improvement efforts. <p>KFMC Update: Aetna is addressing immunization rates through various strategies. Childhood and adolescent vaccination rates worsened overall and among most individual antigens. While remaining low, the HPV rate increased. However, the Influenza rate decreased.</p>	<p>In Progress</p> <p>In Progress</p> <p>In Progress</p>

Performance Measure Validation and Evaluation

Follow-Up to Previous Recommendations (2021)		2022 Completion Status
Aetna (Continued)		
Performance Recommendations (Continued)		
<ul style="list-style-type: none"> Metabolic Monitoring for Children and Adolescents on Antipsychotics KFMC Update: Substantial progress was noted. The measure (total) had a greater than 10% gap-to-goal improvement from 2020, with a 7.4 pp increase to 45.0% (ranked >75th). The 2021 rate is almost back up to the 2019 rate of 46.0%. Well-Child Visits in the First 30 Months of Life and Child and Adolescent Well-Care Visits for all age groups; continue focus on EPSDT performance improvement project KFMC Update: Aetna has implemented a variety of strategies to improve well-child visit rates, and rates increased for three of five age groups. Medical Assistance with Smoking and Tobacco Use Cessation KFMC Update: While the percent of current smokers has remained about the same over the years, there was at least a 10% gap-to-goal improvement in the rate of providers advising smokers to quit. Discussing cessation medications increased 4.0 pp, while discussing other cessation strategies decreased 6.3 pp. Cervical Cancer Screening KFMC Update: While cervical cancer screening still ranked <33.33rd, there had been a statistically significant improving trend of 5 pp/y. 	<p>In Progress</p> <p>In Progress</p> <p>In Progress</p> <p>In Progress</p>	

Performance Measure Validation and Evaluation

Follow-Up to Previous Recommendations (2021)		2022 Completion Status
Sunflower		
Technical Recommendations		
1.	<p>Sunflower should continue with its plans to develop a formal auditing program for supplemental data by auditing standard sources every two years and nonstandard sources every year.</p> <p>Response: Sunflower has developed a robust auditing program for both standard and nonstandard supplemental data.</p>	Fully Addressed
Performance Recommendations		
2.	<p>Sunflower should prioritize improvement efforts towards the following HEDIS rates:</p> <ul style="list-style-type: none"> <p>Antidepressant Medication Management – Effective Continuation Phase Treatment</p> <p>KFMC Update: While the rate remains low, Sunflower implemented several strategies in 2021 to address antidepressant medication management.</p> <p>Chlamydia Screening in Women (Ages 16-24 Years)</p> <p>KFMC Update: Sunflower is addressing women’s preventive services overall, including specific strategies to address chlamydia screening rates through a variety of strategies. There have been small improvements in the 16–20 years age group.</p> <p>Breast Cancer Screening</p> <p>KFMC Update: Sunflower has implemented a variety of strategies to improve women’s health (including breast cancer screening). There has been minimal improvement in the rates over the last several years; however, some of the strategies began in the summer/fall of 2021.</p> <p>Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment</p> <p>KFMC Update: While the rates decreased in 2021, there continues to be an average improvement over time. Sunflower has implemented various trainings, monitoring, and other processes to address this measure. Most notable is the addition of IET to provider incentive programs.</p> 	<p>In Progress</p> <p>In Progress</p> <p>In Progress</p> <p>In Progress</p>

Performance Measure Validation and Evaluation

Follow-Up to Previous Recommendations (2021)	2022 Completion Status
Sunflower (Continued)	
Performance Recommendations (Continued)	
<ul style="list-style-type: none"> <p>Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment</p> <p>KFMC Update: While the rates decreased in 2021, there continues to be an average improvement over time. Sunflower has implemented various trainings, monitoring, and other processes to address this measure. Most notable is the addition of IET to provider incentive programs.</p> <p>Follow-Up After Hospitalization for Mental Illness</p> <p>KFMC Update: Follow up within 30 days had a slight increase since MY 2020, while both 7-day and 30-day follow-up rates had worsening trendlines. In 2019, pre-pandemic, Sunflower’s rate was greater than the 90th percentile for both age groups and both follow-up time periods. Sunflower implemented several methods of education of staff and providers. Of note was Sunflower’s use of emergency department discharge data to target provider education, as well as implementation of their Peer Support Services partnership with providers.</p> <p>Timeliness of Prenatal Care</p> <p>KFMC Update: This rate continued to be less than the 10th percentile and further decreased in 2021.</p> <p>Child and Adolescent Well-Care Visits</p> <p>KFMC Update: Substantial progress was noted. Sunflower improved overall and in two of the three age categories, with ages 3–11 years having at least a 10% gap-to-goal improvement. They have implemented a variety of improvement efforts, including adding it to P4P and targeted outreach.</p> <p>Postpartum Care</p> <p>KFMC Update: The postpartum care rate decreased for MY 2021 and continued to be less than the 25th percentile, although the rate and ranking remained higher than for MY 2019. Sunflower implemented a variety of strategies, including an addition of th is measure to their provider incentive program with a focus in 2022.</p> <p>Metabolic Monitoring for Children and Adolescents on Antipsychotics</p> <p>KFMC Update: The rate improved since 2020, although it remained lower than the MY 2018 and 2019 rates.</p> 	<p>In Progress</p> <p>In Progress</p> <p>In Progress</p> <p>In Progress</p> <p>In Progress</p> <p>In Progress</p>

Performance Measure Validation and Evaluation

Follow-Up to Previous Recommendations (2021)		2022 Completion Status
UnitedHealthcare		
Technical Recommendations		
1.	<p>UnitedHealthcare should carefully review the Roadmap and ISCA responses prior to submission to ensure that where the questions are similar, the responses are consistent.</p> <p>Response: ISCA submission was not required for this review. Follow-up will be assessed during the 2023 ISCA.</p>	Not applicable
Performance Recommendations		
2.	<p>UnitedHealthcare should prioritize improvements efforts for the following HEDIS rates:</p> <ul style="list-style-type: none"> <p>Follow-up After Emergency Department Visit for Alcohol and Other Drug Dependence</p> <p>KFMC Update: There was slight improvement from 2020 for the CMS Adult Core measure (there is no corresponding CMS Child Core measure). UnitedHealthcare implemented a few related improvement efforts. Two were educational offerings and one was a widespread email to behavioral health providers. A more targeted approach is recommended.</p> <p>Chlamydia Screening in Women</p> <p>KFMC Update: UnitedHealthcare had a 10.5% gap-go-goal improvement from 2020 in the screening rate for women ages 21–24 years and a 5.6% gap-to-goal improvement for women ages 16–20 years. UnitedHealthcare has implemented a variety of improvement strategies.</p> <p>Breast Cancer Screening</p> <p>KFMC Update: Although the ranking increased, there was a slight decrease in the breast cancer screening rate from 2020. The reported follow-up appeared to be a standard approach, also used for other topics. UnitedHealthcare should evaluate the effectiveness of each intervention (e.g., whether providers are accessing the education guides; provider and member feedback regarding the interventions). Additional, or different, improvement efforts should be explored. A more targeted approach may be beneficial.</p> 	<p>In progress</p> <p>In progress</p> <p>In progress</p>

Performance Measure Validation and Evaluation

Follow-Up to Previous Recommendations (2021)		2022 Completion Status
UnitedHealthcare (Continued)		
Performance Recommendations (Continued)		
<ul style="list-style-type: none"> Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment KFMC Update: The rates for all indicators worsened since 2020. The reported follow-up appears to be a standard approach, also used for other topics. Additional efforts and a more targeted approach are recommended. Antidepressant Medication Management KFMC Update: There were slight decreases in the rates and the rankings decreased, although both indicators still had improving trends (ranging from 1.8 pp/y to 1.9 pp/y). UnitedHealthcare implemented a variety of targeted improvement strategies. Child and Adolescent Well-Care Visits KFMC Update: UnitedHealthcare implemented a variety of improvement strategies. A few strategies focused on specific ages within the two younger age groups and those rates improved, as did the total. Ages 18–21 continue to have the lowest rate (20.9%). Well-Child Visits in the First 30 Months of Life KFMC Update: There were decreases in the rates from 2020. UnitedHealthcare implemented several improvement efforts, with a few appearing to be standard efforts used across topics. Medical Assistance with Smoking and Tobacco Use Cessation KFMC Update: Substantial progress was noted. UnitedHealthcare improved all indicators, with at least a 10% gap-to-goal improvement for Advising Smokers to Quit. Metabolic Monitoring for Children and Adolescents on Antipsychotics KFMC Update: UnitedHealthcare has provided multiple related educational efforts. The rate improved from the previous year, although it remains lower than the pre-pandemic 2019 rate (51.67%). The total rate continues to rank >75th. 	<p>In Progress</p> <p>In Progress</p> <p>In Progress</p> <p>In Progress</p> <p>In Progress</p> <p>In Progress</p>	

Performance Improvement Projects

Follow-Up to Previous Recommendations (2021)		2022 Completion Status
Aetna PIP – EPSDT		
1.	<p>Work with Foster Care agencies to determine a method to ensure children and youth in Foster Care obtain their well-care, since Aetna has indicated phone calls and text campaigns are not feasible for this population.</p> <p>Aetna Response: Aetna updated the text and IVR campaigns’ process measures to include outreach to the foster care population. However, a limitation still exists since the foster care population does experience more frequent placement changes and therefore Aetna may not have the most up to date contact information. To overcome this, Aetna is implementing a new intervention in the current measurement year that involves working with the Foster Care Agencies and sharing a gap in care report with them that shows members who have not completed their annual wellness visit. This will also allow Aetna to highlight foster care members who may have this gap for more than one year, providing a high priority list for outreach and engagement to these agencies.</p> <p>KFMC Response: Noted as future activity; Aetna stated that implementation would be dependent on the usefulness of the report and the ability of foster care workers to integrate it into their interactions with members in foster care.</p>	Fully Addressed
2.	<p>Provide additional details so the rationale for each change in the intervention (IVR calling campaign) is clear, e.g., vendor change, IVR scripts, warm transfer option.</p> <p>Aetna Response: This has been added.</p> <p>KFMC Response: Details were provided for all changes.</p>	Fully Addressed
3.	<p>Ensure analysis results described in the report narrative are consistent with the data presented in tables.</p> <p>Aetna Response: This was not addressed in this report as the texting campaign did not occur in the reported measurement period, the recommendations have been reviewed and incorporated into the current measurement year.</p> <p>KFMC Response: Follow-up to this recommendation will be assessed in the 2023 PIP evaluation.</p>	Partially Addressed
4.	<p>The analysis should be conducted according to the analysis plan. Aetna did not report the total rates for ages 0 to 20 years, as defined in the PIP methodology.</p> <p>Aetna Response: This has been addressed</p> <p>KFMC Response: Aetna reported rates consistent with the process and outcome measure definitions in Activity 5.3.</p>	Fully Addressed

Performance Improvement Projects

Follow-Up to Previous Recommendations (2021)		2022 Completion Status
Aetna PIP – EPSDT (Continued)		
5.	<p>The measurement period (anchor date) regarding age assignment in Activity 3 should be corrected, as it differs between baseline and remeasurement years.</p> <p>Aetna Response: This has been completed. KFMC Response: The measurement periods were updated in Activity 7.2 and removed from Activity 3. Data tables in Activity 9 were corrected to reflect the appropriate period begin and end (anchor) dates.</p>	Fully Addressed
6.	<p>Discuss wide variations in data between reporting periods (e.g., population numbers, response rates, etc.). Assess variation for potential data quality issues.</p> <p>Aetna Response: This was not addressed in this report as the texting campaign did not occur in the reported measurement period, the recommendations have been reviewed and incorporated into the current measurement year. KFMC Response: Follow-up to this recommendation should be provided in Aetna’s 2022 annual report.</p>	Partially Addressed
7.	<p>Ensure the PIP report references the correct documents and that PIP report content is consistent with actual methodology (i.e., EPSDT PIP Participation Rate Methodology [updated December 9, 2019] not reflected in PIP report).</p> <p>Aetna Response: This has been completed. KFMC Response: The EPSDT PIP Participation Rate Methodology was included as Appendix A in the report.</p>	Fully Addressed
Aetna PIP – Pregnancy: Prenatal Care		
1.	<p>Report data as described in the approved analytic plan for Outcome Measure 1.</p> <p>Aetna Response: The data stratifications for Outcome Measure 1 were modified based upon the data available. Data stratifications include year-to-year change, age groups, and ethnicity. KFMC Response: Activity 7.1 was updated and stated, “Data stratifications for days between notification and delivery include year-to-year change, by pregnancy status (834 file), by age groups, and by ethnicity.”</p>	Fully Addressed
2.	<p>Set a specific goal for improvement in length of time (average number of days) from plan notification of pregnancy to delivery.</p> <p>Aetna Response: Complete KFMC Response: Based on Aetna’s analysis of Outcome Measure 1, Aetna proposed a goal of a 3% increase year-over-year in the median days between notification and delivery for current members.</p>	Fully Addressed

Performance Improvement Projects

Follow-Up to Previous Recommendations (2021)		2022 Completion Status
Aetna PIP – Pregnancy: Prenatal Care (Continued)		
3.	Follow the approved analytic plan for Outcome Measure 2. Aetna Response: Complete KFMC Response: Aetna modified their analytic plan for Outcome Measure 2 and followed the modified plan appropriately.	Fully Addressed
4.	Make valid comparisons between baseline and remeasurement years. Aetna Response: Complete KFMC Response: Comparisons completed between measurement years were valid.	Fully Addressed
5.	Use appropriate statistical tests for the data being analyzed. Aetna Response: Complete KFMC Response: Aetna completed the analyses using appropriate statistical tests (e.g., chi-square, Kruskal-Wallis, and Spearman’s rank correlation coefficient (ρ)).	Fully Addressed
6.	Quality checks should be in place to ensure that data presented in annual reports are accurate. Aetna Response: Developing a plan for weekly, monthly, quarterly quality checks to be performed throughout the measurement period. KFMC Response: Activity 5.3.d was updated to include, “Job Aids and Desktops have been created and random audits are conducted by the Care Management Supervisors” to standardize documentation of outreach calls. Activity 5.3.a was updated to include, “The quality team will review the data and look for areas where improvement opportunities might exist.”	Fully Addressed
Aetna PIP – Food Insecurity		
1.	In the annual progress reports, provide an interpretation of the data and the extent to which they believe the intervention was or was not successful. Aetna Response: Complete KFMC Response: An interpretation of the analysis results was provided.	Fully Addressed

Performance Improvement Projects

Follow-Up to Previous Recommendations (2021)		2022 Completion Status
Aetna PIP – Food Insecurity (Continued)		
2.	Develop an outcome measure, considering the provided example, for the second aim question. Aetna Response: Complete KFMC Response: Aetna defined an outcome measure for the second aim question in Activity 6.2.	Fully Addressed
3.	The data, measure specifications, and programming used for the analysis of Z-codes in this activity should be reviewed to ensure they accurately reflect Z-code utilization. Aetna Response: Complete KFMC Response: Details were provided for the monitoring and data collection of Z-codes in Activity 5.1.a. The outcome measures were also modified in Activity 5.1.c.	Fully Addressed
4.	Clarify if there was a change in their partnerships for providing education since the PIP methodology approval. Aetna Response: Clarification added in Activity 5.1 – there was no change in partnership KFMC Response: Aetna provided clarification on the partnership.	Fully Addressed
5.	In future reports, Aetna should include the number of pharmacies participating in the CPESN program. Aetna Response: Complete KFMC Response: Aetna reported there are 22 participating pharmacies.	Fully Addressed
Aetna PIP – LTSS-Emergency Department Visits		
1.	Initiate the analytic plan as outlined for this intervention since it was the first step to implementation of their interventions. Aetna Response: This was completed as recommended in 8.2 KFMC Response: Intervention 1 was completed.	Fully Addressed
2.	For each table and figure, clarify the specification for rates and counts presented. In particular, Aetna should clarify whether the numerators for the utilization rates in Table 1 were deduplicated counts of members or counts of visits. Aetna Response: This was completed as recommended in 9.1 as well as in each table and figure explanation. KFMC Response: Table 1 was labeled as the count of members. Figures were labeled appropriately.	Fully Addressed

Performance Improvement Projects

Follow-Up to Previous Recommendations (2021)		2022 Completion Status
Aetna PIP – LTSS-Emergency Department Visits (Continued)		
3.	<p>The amount of time specified for claims runout should be the same for the baseline PIP outcome measure rate and each remeasurement rate. Aetna should consider using an earlier remeasurement period to allow three months for claims to be processed. The analytic plan should specify the measurement periods to be compared in the annual reports.</p> <p>Aetna Response: This was completed as recommended. Aetna shortened the claims run out for the outcome measure from 3 months to 2 months based on an analysis of how many claims were received within 2 months compared to 3 months.</p> <p>KFMC Response: Claims runout was defined as 60 days to align the remeasurement years and the report due date.</p>	Fully Addressed
4.	<p>Review the statements related to goals that were included in their analysis plan for quantitative assessment of performance.</p> <p>Aetna Response: This was completed as recommended in 7.2</p> <p>KFMC Response: The baseline period, baseline rate, PIP outcome measure, and PIP goal were satisfactorily revised.</p>	Fully Addressed
Aetna PIP – Influenza Vaccination		
1.	<p>Verify that the data provided in their annual report tables and narrative are correct. Also, the titles of the tables should be reflective of the displayed data.</p> <p>Aetna Response: This has been corrected and updated.</p> <p>KFMC Response: The narrative was consistent with table data, and titles appeared to reflect displayed data. There were some discrepancies between labeling of table columns.</p>	Partially Addressed
2.	<p>Ensure that the reported analysis results are supported by the data (e.g., overall vaccination rate percentage point change).</p> <p>Aetna Response: This has been corrected and updated.</p> <p>KFMC Response: Fewer incidences of unsupported conclusions were cited for the current evaluation than for the 2021 evaluation.</p>	Partially Addressed
3.	<p>Ensure that conclusions in the report narrative are supported by the presented data.</p> <p>Aetna Response: This has been corrected and updated.</p> <p>KFMC Response: Evidence was provided to support conclusions drawn.</p>	Fully Addressed
4.	<p>Report the Member Incentives process measures using the numerators and denominators defined in Activity 5.5.</p> <p>Aetna Response: This has been corrected and updated.</p> <p>KFMC Response: The results were reported based on the measure definitions in Activity 5.5.</p>	Fully Addressed

Performance Improvement Projects

Follow-Up to Previous Recommendations (2021)		2022 Completion Status
Aetna PIP – Influenza Vaccination (Continued)		
5.	Report corrected rates for both Member Incentives process measures for 2019-2020, taking claims lag into consideration, as stated in Aetna’s prior year annual report. Aetna Response: This has been corrected and updated. KFMC Response: Measures were updated for prior time frames.	Fully Addressed
6.	Incorporate into their annual reports the submission and monitoring of the PIP intervention data through the PAR system. Also, differences in the analysis results and data collection between the annual report and PARs should be explained when expected to match or be similar. Aetna Response: This intervention has been discontinued. KFMC Response: This is no longer applicable, as the intervention was discontinued.	No Longer Applicable
Sunflower PIP – EPSDT		
1.	Ensure all data and statistical interpretations are verified for accuracy and clarity in future reports. Sunflower Response: Sunflower has worked to maintain consistency through the interpretation of data and statistical analysis process. KFMC Response: Many issues were identified in the annual report including: interpretation of the analysis for Activity 8 was not always clear, accurate, or supported by the analysis; and the interpretation of the regression analysis was not clearly written, and the odds ratios in Table 6 were incorrect or mislabeled.	Not Addressed
2.	Provide next steps for all interventions in future reports. Sunflower Response: Sunflower has added next steps to all interventions. KFMC Response: Next steps were included in Activity 8.2 for the mPulse text campaign, provider education, foster care agency collaboration, and staff education/community events interventions. Activity 8.2 for the Warm Calls Intervention did not describe next steps; further assessment opportunities for this intervention were included in Activity 9.3.	Fully Addressed
3.	Interpret baseline-to-remeasurement comparisons in Activity 9.1 in future reports. Sunflower Response: Sunflower has included baseline-to-remeasurement identification and comparisons. KFMC Response: Table 11 provided in Activity 9.3, did not include analysis results for the baseline (10/1/2018–9/30/2019); the dataset labeled “Baseline” had dates for October 1, 2019, to September 30, 2020; the data set labeled Point 2 had dates of the current activity period (1/1/2021–12/31/2021). The EPSDT PIP Participation Rate Methodology document (developed by the State and KFMC) has the Point 2 measurement period as January 1, 2019, to December 31, 2019.	Not Addressed

Performance Improvement Projects

Follow-Up to Previous Recommendations (2021)		2022 Completion Status
Sunflower PIP – EPSDT (Continued)		
4.	<p>In future reports, when including exploratory analyses, such as EPSDT screening rates based on demographics, interpret the results and explain how they will be used to advance the PIP.</p> <p>Sunflower Response: Sunflower has explained how exploratory analysis will be used to advance interventions through next steps of each intervention including but not limited to continued provider education and provider portal analytics review/usage, staff education and member outreach campaigns.</p> <p>KFMC Response: Sunflower provided next steps for interventions based on the results of their interpretation of the intervention analysis. An interpretation of the demographic analysis results in Table 11 for the PIP outcome measure was limited to a few general comments.</p>	Partially Addressed
5.	<p>When plans or procedures for interventions change during the PIP’s activity period, ensure that the changes and rationale are documented in the report.</p> <p>Sunflower Response: Sunflower will ensure changes and rationales are documented in annual reports.</p> <p>KFMC Response: Sunflower made no substantive changes to the report from last year. They did not address the resumption of the prior intervention plan in December 2021.</p>	Not Addressed
Sunflower PIP – Cervical Cancer Screening		
1.	<p>Set an annual percentage point increase as a target for improvement (e.g., increase HEDIS hybrid CCS rate for the total PIP population by 5 percentage points year-over-year).</p> <p>SHP Response: Sunflower set a year over year improvement goal of 5 percentage point increase in the HEDIS hybrid CCS rate for the total PIP population.</p> <p>KFMC Response: Activity 2.1 states that the goal “is to demonstrate a 5-percentage point improvement on the hybrid CCS final HEDIS rate over the baseline rate.” Table 2, “Goal Calculation for Year One & Two,” was updated to show the year two goal of 64.50%.</p>	Fully Addressed
2.	<p>Annual progress reports should include all lessons learned during implementation of the text messaging intervention and any planned steps to assess for less-than-optimal performance results.</p> <p>SHP Response: None provided in Activity 10.2</p> <p>KFMC Response: Sunflower did not provide any lessons learned or changes to the implementation of the intervention in response to the low response rates of the members who received the texts.</p>	Not Addressed

Performance Improvement Projects

Follow-Up to Previous Recommendations (2021)		2022 Completion Status
Sunflower PIP – Cervical Cancer Screening (Continued)		
3.	<p>Evaluate the success of the process steps, in addition to process outcomes, when considering lessons learned. Consider conducting a PDSA cycle on the warm call process to identify whether improvements to the process could potentially increase the number of successful warm calls.</p> <p>SHP Response: None provided in Activity 10.2 KFMC Response: Sunflower stated in Activity 8 that the intervention was modified from warm calls to proactive outreach management (POM) calls “based on Sunflower Quality Improvement receiving feedback from partner departments reporting low call acceptance from eligible members on the warm call list, resulting in a possible low quality percentage outcome from this intervention, if continued.</p>	No Longer Applicable
4.	<p>Race and ethnicity categories should be grouped in clearly distinct categories, and further defined (e.g., difference between “Caucasian” and “White [Non-Hispanic]”).</p> <p>SHP Response: Sunflower reviewed Race and ethnicity categories and identified the potential benefit in separating the data into 2 separate categories for reporting. Caucasian and Black refer to race and Hispanic and Non-Hispanic refer to ethnicity. Sunflower will bring as a topic for discussion to our individual EQRO/PIP meetings for discussion. This data is collected via the eligibility file received from the state and further discussion may ensure alignment between receiving the data and analyzing the data for reporting purposes. KFMC Response: Stratified rates by race and ethnicity were provided in Table 11. The 2020 row for “Hispanic” was removed, making the categories distinct. The table name, “CCS Rates by Ethnicity,” and the first column heading, “Ethnicity,” continue to blur the technical distinction between race and ethnicity. The strata Black and Caucasian remain unclear; as Sunflower responded, the racial category includes both Hispanic and non-Hispanic members who are racially black. However, it can be deduced from the data in Table 11 that “Black” only includes Hispanic members; a clearer label would be “Black (Hispanic).” Similarly, “White (Hispanic)” would be a more appropriate label than “Caucasian” in Table 11. Using separate tables for racial categories and ethnicity categories also has merit.</p>	Partially Addressed
Sunflower PIP – Diabetics Monitoring for People with Diabetes and Schizophrenia		
1.	<p>Before submitting future annual reports, verify the accuracy of their interpretations of the analysis. Also, conclusions should not be drawn based on data with small denominators.</p> <p>Sunflower Response: Activity 9.1 KFMC Response: Issues with conclusions drawn from data with small denominators were cited.</p>	Partially Addressed
2.	<p>Review the comparative analysis results (members completed HbA1c and LDL-C testing vs. those that did not) and their interpretation of the data for accuracy before drawing final conclusions.</p> <p>Sunflower Response: Activity 8.2, pages 19 – 24; Activity 8, Activity 9.1 KFMC Response: No results were reported in Activity 8.2 or 9.1 for this intervention.</p>	Not Addressed

Performance Improvement Projects

Follow-Up to Previous Recommendations (2021)		2022 Completion Status
Sunflower PIP – Diabetics Monitoring for People with Diabetes and Schizophrenia (Continued)		
3.	Provide detailed documentation of adjustments made to the data analysis of 2018 members (Intervention 4). Elements of the PDSA cycle should be reported, as described in the Conducting PIP Worksheet Instructional Guide. Sunflower Response: Activity 8.1, pages 17–19 KFMC Response: This was addressed in 5.4.	Fully Addressed
4.	Provide analysis results for the process measure included with the intervention technical specifications, “members not completing testing for both LDL-C and HbA1c who successfully received a warm call reminding them to complete testing” and “the percent of members not completing testing for LDL-C and HbA1c who were sent the co-branded letter.” Sunflower Response: Activity 8.2, pages 21–23 KFMC Response: Sunflower reported the process measure for MY 2021, although its correctness was questioned.	Fully Addressed
Sunflower PIP – Waiver Employment		
1.	Follow the analysis plan in the approved methodology for the PIP outcome measure. Sunflower Response: None provided in Activity 10.2. KFMC Response: Data for the PIP outcome measures was not provided in Activity 9.	Not Addressed
2.	Fully describe the analysis results provided. Sunflower Response: None provided in Activity 10.2. KFMC Response: No analysis provided in Activity 8.2.	Not Addressed
3.	Describe the pre- and post-training survey questions and the response options that trigger inclusion in the counts for usefulness and increased knowledge. Sunflower Response: None provided in Activity 10.2. KFMC Response: Survey data was not reported for the second year of activity; however, the evaluation is planned for year 3. The pre- and post-training survey questions and response options were not described.	Not Addressed
4.	Provide the average scores on the Likert scale questions for the care coordinator education intervention as movement in these scores could support analysis of the effectiveness of the intervention. Sunflower Response: None provided in Activity 10.2. KFMC Response: Survey data was not reported for the second year of activity; however, the evaluation is planned for year 3. The Likert scores were not described.	Not Addressed

Performance Improvement Projects

Follow-Up to Previous Recommendations (2021)		2022 Completion Status
Sunflower PIP – Mental Health for Foster Care		
1.	<p>Verify that data provided in the annual report narrative and tables are correct and presented clearly. Also, table titles should be reflective of the displayed data. Ensure that the reported analysis results are supported by the presented data (e.g., percentage point change and relative difference).</p> <p>Sunflower Response: Tables are labeled and clearly identified. KFMC Response: Tables in Activities 8 and 9 titles beginning with “FC Rates” do not reflect the data, which are MHSA rates. Narrative indicated in the last report as unclear, was updated without adding clarity. Statements were made that were not supported by the data (e.g., inferences made from rates with small denominators).</p>	Not Addressed
2.	<p>In the next annual report, Sunflower should provide analysis results for Phase 1 and Phase 2 of the SED intervention as described in the intervention details and technical specifications.</p> <p>Sunflower Response: Pg 23-25, Pg 9-10 KFMC Response: Noted in Activity 5.2a, Sunflower conducted a qualitative study in the third quarter of 2020, “to analyze behavioral health data around foster care members and identify reasons/barriers as to why they are not being assessed and placed on the SED Waiver pre- and post-PRTF treatment.” The results of this study have never been reported. Data were reported for Phase 2.</p>	Partially Addressed
3.	<p>Report data for all of the PMTO measures included in the technical specifications.</p> <p>Sunflower Response: Pg. 25-26, Pg 39-40 the only data not included is data that is suppressed per CMS policy. KFMC Response: The measurements were provided.</p>	Fully Addressed
4.	<p>Descriptions of the PMTO analysis results in the report narrative should be presented clearly and consistent with data in the tables.</p> <p>Sunflower Response: Pg. 25-26, 39-40 KFMC Response: Issues with clarity and consistency were cited again. The phrase “identified for PTMO services” continued to be used instead of “utilized PMTO services”.</p>	Not Addressed
5.	<p>In the next annual report, the measures for the myStrength intervention should match the definitions in the approved PIP methodology or an explanation should be provided for why the technical specifications were changed.</p> <p>Sunflower Response: Pg. 21-23, Pg 26-28 KFMC Response: The intervention measures do not match the approved methodology and no explanation is provided as to why.</p>	Not Addressed

Performance Improvement Projects

Follow-Up to Previous Recommendations (2021)		2022 Completion Status
Sunflower PIP – Mental Health for Foster Care (Continued)		
6.	In the next annual report, Sunflower should define “successfully completed” for the PMTO program. Sunflower Response: Pg. 25, Pg 39-40 KFMC Response: Sunflower defined successful completion of PMTO in Activity 5.3.c and 8.2.3.	Fully Addressed
UnitedHealthcare PIP – EPSDT		
1.	In future reports, provide an assessment of each interventions’ effectiveness, identify causes or barriers that prevented success, and offer lessons learned and next steps. UnitedHealthcare Response: Addressed in Activity 8.2 under the individual intervention sections. KFMC Response: Provided in Activity 8.2 with the intervention analysis results.	Fully Addressed
2.	Provide next steps for all interventions in future reports. UnitedHealthcare Response: UHCCP provided next steps for each intervention within Activity 8.2 of this report. KFMC Response: Next steps were included for interventions in Activity 8.2.	Fully Addressed
3.	Ensure measure specifications and tables reflect changes made during the activity period. UnitedHealthcare Response: Updates to the specifications and tables have been made throughout the report to reflect Remeasure Yr2 activities. Previous specifications and/or data table elements from previous years were also presented where applicable. KFMC Response: Updates were made as described.	Fully Addressed
4.	In future reports, use the interventions’ outcome measures to assess their relative strengths. UnitedHealthcare Response: Addressed in Activity 8.2 under the individual intervention sections. KFMC Response: Provided in Activity 8.2 with the intervention analysis results.	Fully Addressed
UnitedHealthcare PIP – Diabetes Monitoring for Members with Diabetes and Schizophrenia		
1.	Before additional analysis is conducted, add the following details to the analysis plans: a. Beginning and ending dates for measurement periods to be reported b. Specify which measurement periods will be compared and the statistics used for comparison (e.g., percentage point change, relative change in rates, p values of statistical tests) c. Details for stratification or rates, if applicable, and plan for displaying or suppressing rates for strata with small denominators d. A clear statement of the intent of the regression analysis	Fully Addressed

Performance Improvement Projects

Follow-Up to Previous Recommendations (2021)		2022 Completion Status
UnitedHealthcare PIP – Diabetes Monitoring for Members with Diabetes and Schizophrenia (Continued)		
	<p>UnitedHealthcare Response:</p> <ol style="list-style-type: none"> Date ranges for measurement periods have been included in Activity 7.2. Information included in Activity 7.2. A statement was included in Activity 7.2 to indicate values of 10 or less will be suppressed within this report. UHCCP included a statement in the report stating the intent of the regression analysis, which stated the following: “In the analysis conducted below, results were taken from the demographic statistical analysis and all factors were included in a binary logistic regression model that was predicting likelihood of a member completing SMD testing while including all of our demographic variables regardless of significance in the demographic tables in the prior section.” <p>KFMC Response: All the requested information was included in Activity 7.2.</p>	
2.	<p>In future reports, ensure the interpretation of the analytic results are supported by the presented data.</p> <p>UnitedHealthcare Response: For the 2022 SMD annual report, UHCCP ensured the interpretation of analytical results were supported by the data provided.</p> <p>KFMC Response: Results described in the narrative (rate and percentage point improvement) were inconsistent with results provided in the data table (Table 7, Outcome Measure 1, Intervention 3, Gap in care distribution).</p>	Partially Addressed
3.	<p>Review the statistical tests and regression models to ensure they are appropriate for the data being analyzed.</p> <p>UnitedHealthcare Response: UHCCP reviewed the statistical approach and suppressed small values to ensure that statistical testing and regression models are appropriate for the data being analyzed.</p> <p>KFMC Response: The statistical tests and logistic regression analysis were appropriate for the data.</p>	Fully Addressed
4.	<p>In future reports, ensure data presented in Activity 9.3 supports the evaluation of the PIP and follow-up activities.</p> <p>UnitedHealthcare Response: For the 2022 SMD annual report, UHCCP ensured the interpretation of analytical results were supported by the data provided.</p> <p>KFMC Response: Presented information was supported by the data.</p>	Fully Addressed
5.	<p>For counts and rates in future reports, a clear and accurate distinction should be made between “zero,” “not available,” and “not applicable.”</p> <p>UnitedHealthcare Response: UHCCP provided footnotes for “zeros” and “not applicable” data in tables</p> <p>KFMC Response: Considered fully addressed since the use of zero was footnoted in Table 8a for Intervention 3 and no data was provided for Intervention 2.</p>	Fully Addressed

Performance Improvement Projects

Follow-Up to Previous Recommendations (2021)		2022 Completion Status
UnitedHealthcare PIP – Advanced Directives		
1.	<p>Provide completion dates for specific interventions and ensure consistency of reporting.</p> <p>UnitedHealthcare Response: UHCCP accepted and agreed with this recommendation and has applied to all reporting tables that had goals and deadlines of dates and also clearly marked measurement periods and provided separate reporting tables for complete years and partial years to ensure better grouping.</p> <p>KFMC Response: Completion dates were modified for Intervention 1 in 5.1.c to be consistent with 5.1.a.</p>	Fully Addressed
2.	<p>Provide more specific target dates for implementation of Intervention 3 (Educate providers on the AD project) and strive to develop and email the bulletin to providers early in the reporting cycle.</p> <p>UnitedHealthcare Response: This was fully met as discussed in Activity 8 including the outline of when UHCCP received the initial feedback, the date of discussion on this feedback, and UHCCP’s quick turnaround time.</p> <p>KFMC Response: The mailing occurred in September 2021 following UHCCP’s receipt of the report recommendation in August 2021.</p>	Fully Addressed
3.	<p>To evaluate the success of Intervention 4, the denominator should exclude members that already have an AD on file. If members that already have an AD on file are included in the denominator, UnitedHealthcare should stratify the data by those with an AD already on file, and those without an AD on file.</p> <p>UnitedHealthcare Response: UHCCP accepted and agreed with this recommendation and the changes are reflected in tables 9 and 10.</p> <p>KFMC Response: Tables 9 and 10 include counts of established members with an AD on file prior to the visit and counts of established members with a completed AD on file within 90 days after the visit. However, the rates reported for the process measure were not calculated according to the redefined technical specifications.</p>	Partially Addressed
4.	<p>The PIP outcome measure must be calculated and discussed separately from the intervention outcome and process measures. Demographic statistical analysis, similar to the analysis completed for the pilot group, should be conducted for the PIP outcome measure.</p> <p>UnitedHealthcare Response: All members included in outcome measure, table 24, are included in the statistical analysis. Discrepancy in numbers from different periods is accounted for in member churn and is discussed in activities 8 and 9. UHCCP conducted demographic analysis based upon outcome metric data.</p> <p>KFMC Response: The denominator for the PIP outcome measure was defined by UnitedHealthcare in Activity 6.2 as “the number of distinct established LTC members, ages 18 and over, enrolled with UHCCP during the measurement year.” Table 24 of the current report (reviewed for 2022 evaluation) displayed data restricted to the pilot population (members enrolled on the Frail Elderly waiver in Sedgwick County). Demographic statistical analysis reported for the 2022 evaluation again was restricted to the pilot population. The recommended analysis that includes non-pilot group LTC members was not reported.</p>	Not Addressed

Performance Improvement Projects

Follow-Up to Previous Recommendations (2021)		2022 Completion Status
UnitedHealthcare PIP – Advanced Directives (Continued)		
5.	<p>Revise the constant coefficient interpretation in future reports, as it was not interpreted accurately. The constant coefficient is not associated with specific members in this model, and the drop in the constant coefficient is not relevant without an interpretation.</p> <p>UnitedHealthcare Response: Statistical analysis was completed with AD records including member level detail.</p> <p>KFMC Response: The current report did not remove or revise the text related to the constant coefficient cited that was not interpreted correctly and did not explain the relevance of the drop in constant coefficient. UnitedHealthcare’s interpretation of the coefficient in the regression model for December 2021 data was more appropriate.</p>	Not Addressed
UnitedHealthcare PIP – Housing		
1.	<p>The analysis provided for the outcome measure is not consistent with the measure definition; revise the measure definition or provide the specified rate.</p> <p>UnitedHealthcare Response: This recommendation is regarding measure definition for Intervention 1.</p> <ul style="list-style-type: none"> Process Measure 1: We have changed the definition of the denominator to “Number of Care Coordinators and Community Health Workers who attended the annual training and took the 60 -day survey”. Process Measure 2: No changes made Outcome Measure 1: New table added (Table 5) to be consistent with measure definition. <p>KFMC Response: Table 5 provided data that corresponded to the definition of the outcome measure.</p>	Fully Addressed
2.	<p>Provide, in the next annual report, data for the process measure, “the percent of individuals eligible for the Bridge Pilot Project who participated in the pilot.”</p> <p>UnitedHealthcare Response: UHCCP added a table that shows these values: Table 27</p> <p>KFMC Response: Table 27 provided the process measure combined for both years in Table 27.</p>	Fully Addressed
3.	<p>In the next annual report, include all measures for the first year of the Bridge pilot intervention, as well as any interim data available for the second year.</p> <p>UnitedHealthcare Response: UHCCP believes all data that is available and reportable for the Bridge Pilot is being shared in this report. Tables 27-33</p> <p>KFMC Response: The measures were reported for both years.</p>	Fully Addressed

CAHPS Health Plan 5.1H Validation

Follow-Up to Previous Recommendations (2021)		2022 Completion Status
Common Among All MCOs		
1.	<p>All MCOs should continue to expand their care coordination efforts, particularly for children with chronic conditions, including primary care physicians being informed and up to date about the care children receive from other doctors and health providers. Consider encouraging providers to discuss with the parent/guardian or youth whether the child/youth receives care or services elsewhere, request releases of information, and establish bi-directional ongoing communication with the other providers. Consider whether the MCOs could assist providers in identifying members’ other sources of care, for the provider to use in flagging medical records as prompts for initiation of coordination of care discussions (e.g., similar to gap-in-care communications).</p> <p>KFMC 2022 Update: The Adult KanCare rate has increased the past two years and now is ranked >75th. The KanCare GC and KanCare CCC scores continue to be below the national 50th percentile. The score for the Coordination of Care for Children with Chronic Conditions composite decreased and was still ranked <25th in 2022.</p>	In Progress
2.	<p>MCOs should further review their processes for encouraging providers to assess and respond to members’ mental health and emotional health issues, and for encouraging members to access mental health or substance use disorder services.</p> <p>KFMC 2022 Update: The KanCare adult and CCC percentages of respondents indicating their [their child’s] mental or emotional health was excellent or very good did not improve for 2021 or 2022. The KanCare GC and CCC percentages declined, on average, by more than one full percentage point per year over the last five years.</p>	In Progress
3.	<p>MCOs should continue efforts to reduce smoking and tobacco use and to promote cessation. Consider methods to address providers’ missed opportunities to discuss cessation medications and other strategies while advising smoking cessation (e.g., MCO supplying communication materials and identifying resources for providers to use, or for referrals).</p> <p>KFMC 2022 Update: KanCare rates improved slightly for two of the four indicators (physicians recommending medication to quit smoking declined over 5%, fueled mostly by a statistically significant decline in this measure for Sunflower).</p>	In Progress
4.	<p>MCOs should continue efforts to increase the number of people receiving flu vaccinations yearly.</p> <p>KFMC 2022 Update: The vaccination rates for flu are still low and is an area where further improvement is warranted.</p>	In Progress

KanCare Mental Health Consumer Perception Survey

Follow-Up to Previous Recommendations (2020 and 2021)		2022 Completion Status
Common Among the MCOs		
2020 Recommendations		
1.	<p>For Adult members, continue monitoring and explore methods to improve or continue improvement regarding:</p> <ul style="list-style-type: none"> a. Identification of needed services for members, and access to the identified needed services (Service Access). b. Members’ engagement in treatment planning and goal setting (Participation in Treatment Planning). c. Increasing promotion of consumer-run programs and monitor member engagement to prevent further decline of peer participation activities (Service Quality and Appropriateness). d. Members being better able to deal with crisis and handle things going wrong (Outcomes and Improved Functioning). e. Members doing better in social situations (Outcomes). f. Member’s symptoms not bothering them as much (Outcomes and Improved Functioning). g. Social connectedness for members, especially ways to foster a sense of community belonging (Social Connectedness). h. Helping members who want a paid job to obtain paid employment (Employment non-domain question). <p>2022 KDADS Response: 988 went live on July 16, 2022. Kansas has seen a significant increase in calls, texts and chats to 988. Kansas currently has a 91% in-state answer rate for calls originating from a Kansas area code. The call centers have been very successful in supporting callers who are experiencing a mental health or substance use crisis and providing them with emotional support and appropriate, local resources and referrals. KDADS continues to work to expand crisis services by further increasing capacity for in-state call, text, and chat support. KDADS is working to develop Mobile Crisis Response teams statewide and also expanding the number of crisis stabilization facilities available for those who need somewhere safe to go.</p> <p>2022 KFMC Response: KFMC considers this recommendation fully addressed. Any area that continues to be an opportunity for improvement will result in a recommendation based on current survey results.</p>	Fully Addressed
2.	<p>For Youth members, continue monitoring and explore methods to improve or continue improvement regarding:</p> <ul style="list-style-type: none"> a. Youth members doing better in school and/or work (Outcomes and Improved Functioning). b. Youth members being better able to cope when things go wrong (Outcomes and Improved Functioning) <p>2022 KDADS Response: KDADS continues to expand on the further development of the System of Care principles and philosophies. KDADS has implemented a multi member group that includes families, state agencies, educational advocates, tribal community, behavioral health providers, managed care organizations and primary care providers to develop an informational guide focusing on behavioral health service provisions for children and families. The guide encompasses the roles and responsibilities of all those that serve children and families providing them with the appropriate supports at all levels of behavioral health care.</p>	Fully Addressed

KanCare Mental Health Consumer Perception Survey

Follow-Up to Previous Recommendations (2020 and 2021)		2022 Completion Status
2020 Recommendations (Continued)		
	<p>The Kansas Communities that Care (KCTC) is now able to provide information to behavioral health providers by the mental health providers catchment areas to allow a drill down of the data for their service areas. This helps to identify needs for additional available services and training opportunities for the communities. This information is very important and can be used by not only behavioral health providers, but many other entities within the community when applying for grant opportunities.</p> <p>KDADS continues to see rapid expansion of the Youth Leaders in Kansas (YLINK) program. Currently there are more than 30 groups. The previous number reported included 9 high schools in the Wichita area that is covered by one community group. Three of these schools also chose to have their own group, so this is an addition of 3 groups in the Wichita area. We have added 8 additional groups statewide. We have 315 youth registered to participate in Youth Mental Health Advocacy Day at the Capitol on March 7. This represents the largest participation of youth in Mental Health Advocacy Day in Kansas history. YLINK groups provide behavioral health promotion and activities to help youth understand the available resources and skills needed to cope with today’s everchanging challenges. Activities are identified by each group to focus on their local youth. YLINK groups participate in regional meetings, summer conferences and youth advocacy training. What is included in these meetings and trainings are determined by a planning committee of youth.</p> <p>KDADS has also created the State-Wide Youth Advisory Group. This group provides youth voice to the Governor’s Behavioral Health Services Planning Council and the subcommittees. There are currently two youth positions on the council that provide youth voice that coordinate with the Advisory Group.</p> <p>KFMC Response: KFMC considers this recommendation fully addressed. Any area that continues to be an opportunity for improvement will result in a recommendation based on current survey results.</p>	
2021 Recommendations		
3.	<p>For adult members, monitor and explore methods to improve or continue improvement regarding</p> <ul style="list-style-type: none"> a. Timeliness of treatment, including appointment wait times; b. Members getting information about treatment options, including information about self-help or support groups; c. Members feeling involved in treatment; and d. Getting the help needed when calling customer service. <p>2022 KDADS Response: 988 went live on July 16, 2022. Kansas has seen a significant increase in calls, texts and chats to 988. Kansas currently has a 91% in-state answer rate for calls originating from a Kansas area code. The call centers have been very successful in supporting callers who are experiencing a mental health or substance use crisis and providing them with emotional support and appropriate, local resources and referrals. KDADS continues to work to expand crisis services by further increasing capacity for in-state call,</p>	Fully Addressed

KanCare Mental Health Consumer Perception Survey

Follow-Up to Previous Recommendations (2020 and 2021)		2022 Completion Status
2021 Recommendations (Continued)		
	<p>text, and chat support. KDADS is working to develop Mobile Crisis Response teams statewide and also expanding the number of crisis stabilization facilities available for those who need somewhere safe to go.</p> <p>KFMC Response: KFMC considers this recommendation fully addressed. Any area that continues to be an opportunity for improvement will result in a recommendation based on current survey results.</p>	
4.	<p>For child members, monitor and explore methods to improve or continue improvement regarding</p> <ul style="list-style-type: none"> a. Overall quality and timeliness of treatment; b. Child’s perceived improvement of ability to deal with social situations; c. Getting a provider the child is happy with; and d. Getting the help needed when calling customer service. <p>2022 KDADS Response: The development of the Certified Community Behavioral Health Clinics (CCBHC) across the State of Kansas is designed to promote responsiveness and provide needed services to all Kansans including youth and families. This program will greatly enhance the ability of youth to have access and be served in a timely manner. This represents a fundamental change in service delivery and accessibility that will greatly enhance the wellbeing of Kansans.</p> <p>YLINK has provided an opportunity for improvement in a youth’s ability to deal with social situations by providing stigma reduction, prevention, and behavioral health services available in their communities. Providing these avenues allows youth the opportunity to identify needs and the available resources to meet their needs. Youth voice is vital in identifying the most effective ways of reaching and connecting with youth. Youth needs are fundamentally different than the adult population, so their voice is important to ensure their needs are being met.</p> <p>KDADS continues to support and request that youth are included in the development of service provisions to ensure the most youth-focused, cohesive, and inclusive supports are available, and ensure that service provisions are delivered in the most effective manner for each youth to ensure that participation is encouraged. As we continue to work to ensure that youth voice is sought, heard and considered this would result in a more responsive and supportive environment for all aspects of service provision</p> <p>KFMC Response: KFMC considers this recommendation fully addressed. Any area that continues to be an opportunity for improvement will result in a recommendation based on current survey results.</p>	Fully Addressed

Provider Satisfaction Survey Validation

Follow-Up to Previous Recommendations (2021)		2022 Completion Status
Common Among the MCOs		
<p>1. Describe in detail the survey methodology and analysis plan in the Work Plan</p> <ul style="list-style-type: none"> The survey methodology described in the Work Plan should include a clearly defined intended study population and its size; a clearly defined appropriate sampling frame and its size; clearly defined sampling methodology (probability sampling; type of probability sampling); and clearly described parameters used in the sample size calculation (population size, margin of error, confidence level, standard deviation, response rate) <p>KFMC Response: Aetna clearly described the composition of the study population for the 2022 Survey; however, the total number of providers and by four provider types was not clearly described in the Work Plan. The sample frame size, sampling methodology and parameters for the calculation of sample sizes for the sampling strata were not clearly described.</p> <p>Sunflower clearly defined the composition, overall size and provider type strata sizes of the study population in the Work Plan. However, the sampling frame size, sampling methodology and parameters for the calculation of sample sizes for the sampling strata were not clearly described.</p> <p>UnitedHealthcare did not clearly described the composition and size of study population and sample frame size, sampling methodology and parameters for the sample size calculation in the Work Plan. It was not clear how many KanCare providers were in the study population and sample frame. It was not clear if BH clinicians and HCBS providers were included in the study population and sample frame.</p>	<p>Partially Addressed:</p> <ul style="list-style-type: none"> Aetna Sunflower <p>Not Addressed:</p> <ul style="list-style-type: none"> UnitedHealthcare 	
<ul style="list-style-type: none"> The Analysis Plan should be described in detail. <p>KFMC Response: Aetna described the analysis plan in the 2022 Survey Work Plan. However, the information on the number of questions answered by the provider to be considered a completed survey was not provided. UnitedHealthcare briefly noted the analysis plan and did not provide any description of statistical procedures to be applied for the data analysis.</p> <p>Sunflower did not describe the Analysis plan in the Work Plan.</p>	<p>Partially Addressed:</p> <ul style="list-style-type: none"> Aetna UnitedHealthcare <p>Not Addressed:</p> <ul style="list-style-type: none"> Sunflower 	

Provider Satisfaction Survey Validation

Follow-Up to Previous Recommendations (2021)		2022 Completion Status
Common Among the MCOs (Continued)		
<ul style="list-style-type: none"> Any deviation made from the survey methodology and analysis plan as described in the Work Plan and the reasons for such deviation should be described in the Survey Report <p>KFMC Response: Aetna described in the Work Plan a different formula for calculating the overall response rate than the one noted in the Survey Report. The reason for this deviation from the Work Plan was not described in the Survey Report.</p> <p>Sunflower noted different sample sizes in the Survey Report and Work Plan. Sunflower’s response to KFMC’s follow-up questions noted the sampling was done twice prior to fielding – original sample drawn than second sample drawn. The Survey Report did not identify this as a change or provide a reason for this deviation from the Work Plan.</p> <p>UnitedHealthcare noted in the Work plan that the required number of completed surveys was calculated as 384 surveys, and the sample size calculated as 3,221 providers using the parameters of 5% margin of error with a 95% confidence level. However, the Survey Report indicated thirty providers responded to the survey. No explanation was provided in the Survey Report regarding why the required number of 384 completed surveys as noted in the Work Plan were not obtained and what was the rationale for making this deviation while implementing the survey.</p>	<p>Not Addressed:</p> <ul style="list-style-type: none"> Aetna Sunflower UnitedHealthcare 	
<ul style="list-style-type: none"> The survey quality procedures for all steps of survey implementation should be included in the Work Plan; if a quality assurance plan provided by the Survey Vendor showed any deficiencies in quality management steps, then a plan to address these deficiencies should be included in the Work Plan. <p>KFMC Response: Aetna, Sunflower and UnitedHealthcare did not mention what quality assurance procedures would be applied at various steps of the survey implementation in their 2022 Survey Work Plans. Also, no reference to the survey vendor’s Quality Assurance Plan was mentioned in the Work Plan.</p>	<p>Not Addressed:</p> <ul style="list-style-type: none"> Aetna Sunflower UnitedHealthcare 	
<p>2. Ensure generalizability of the survey findings to the intended study population</p> <ul style="list-style-type: none"> The sampling frame and selected sample should be in alignment with the composition of the study population. Report detailed descriptions of provider types included in the study population, sampling frame and selected sample. <p>KFMC Response: The study population and sample frame for the 2022 Aetna and Sunflower Surveys included PCPs, specialists, BH clinicians, and HCBS providers, and were in alignment with the study population. Aetna described only the composition and size of the sample in the Survey</p>	<p>Partially Addressed:</p> <ul style="list-style-type: none"> Aetna Sunflower <p>Not Addressed:</p> <ul style="list-style-type: none"> UnitedHealthcare 	

Provider Satisfaction Survey Validation

Follow-Up to Previous Recommendations (2021)		2022 Completion Status
Common Among the MCOs (Continued)		
	<p>Report, however, it did not include information regarding study population, sample frame, sampling methodology and sample size calculation and the reasons for a provider to be on the “Do NOT Survey listing”. Sunflower did not provide information on the overall size and sizes of the sampling strata by provider types after the application of steps to formulate the sampling frame from the study population, and did not clearly describe the sampling methodology to draw the sampling strata by provider types from the sample frame.</p> <p>UnitedHealthcare did not mention information in the Work Plan or Survey Report on study population, such as its size, composition, the number of Kansas providers in the study population, and specifically the number of KanCare providers. It was not clear whether the study population included BH clinicians and HCBS providers.</p>	
<ul style="list-style-type: none"> Establish a minimum accepted response rate and number of complete surveys and consider them in the sample size calculation to have a sufficient sample size for achieving an adequate number of valid surveys. <p>KFMC Response: Aetna, Sunflower and UnitedHealthcare did not establish the minimum required response rate for their surveys.</p> <p>Aetna did not establish the required number of returned surveys. Sunflower’s Work Plan noted targets for completed surveys to be obtained for the four provider types.</p> <p>Sunflower noted these targets were based on historical response rates and population sizes of the four provider types. However, the values of the parameters used for the calculation of the final stratified sample size (margin of error, power, confidence level, response rate) were not described. In addition, it was noted the 95% confidence level was not achieved at the provider type level. Also, the final sample size for HCBS providers was lower than the target set to attain completed surveys for HCBS provider type. Thus, it was not clear whether the previous response rate/number of completed responses was considered in the final sample size calculation for each of the four provider types.</p> <p>UnitedHealthcare noted 385 surveys would be required to achieve a 5% margin of error with a 95% confidence level. However, it should be noted that to obtain generalizable results for each of the four provider types, a minimum number of required completed surveys by provider type should also be established. In addition, it was not clear if UnitedHealthcare intended to achieve this overall calculated number of minimum required survey. It should be noted in the prior years’ surveys, the goal was set to achieve a minimum of 30 Community and State surveys per state. It was not clear if a similar goal of achieving a minimum of thirty completed surveys was also set for the 2022 Kansas Survey, despite of calculation of 384 surveys as a required overall number of completed surveys. The Survey Report showed thirty completed surveys were achieved for the 2022 survey.</p>	<p>Partially Addressed:</p> <ul style="list-style-type: none"> UnitedHealthcare <p>Not Addressed:</p> <ul style="list-style-type: none"> Aetna Sunflower 	

Provider Satisfaction Survey Validation

Follow-Up to Previous Recommendations (2021)		2022 Completion Status
Common Among the MCOs (Continued)		
<ul style="list-style-type: none"> Create and use sampling weights in the analyses to obtain survey results that could be generalizable to the study population. <p>KFMC Response: Aetna, Sunflower and UnitedHealthcare did not use sampling weights in the analyses of the 2022 Survey data.</p>	<p>Not Addressed:</p> <ul style="list-style-type: none"> Aetna Sunflower UnitedHealthcare 	
<p>3. Apply steps to improve response rate of the survey</p> <ul style="list-style-type: none"> Steps should be taken to improve the response rate or number of returned surveys, such as updating and correcting contact information of the providers (mail, phone and email); using multiple methods to inform and encourage participation; ensuring appropriate timings for fielding the data; collecting data over an adequate duration; sending frequent reminder notices to the providers; and determining the reason for a large number of ineligible surveys. <p>KFMC Response: Aetna applied a multi-mode strategy and considerably increased the sample size to improve the response rate and to achieve a higher number of completed surveys. It was noted the survey vendor would provide Aetna the bad addresses and phone numbers identified during the fielding of the survey; This information would be provided by survey vendor after survey completion and Aetna will review this information in the preparation of the 2023 survey. No other recommended steps were taken.</p> <p>Sunflower took a few steps, such as application of the multi-mode strategy including mail, internet and follow-up phone components, and sending an email blast with URL link to providers whose email addresses were available to help increase survey responses. The survey vendor also ran the sample through the National Change of Address and Phone Append Process prior to fielding to ensure the most accurate addresses and phone numbers were used. Providers were also notified of the upcoming survey through provider representatives, provider bulletins, and/or custom outreach directly to the office. Sunflower also incorporated a drawing for (1) \$400 Visa gift card as an incentive. However, the selected sample was not further strengthened by sampling a higher number of specialists, BH providers and HCBS providers; and for the sample size calculation of sampling strata for the four provider types did not use 95% Confidence Level.</p> <p>UnitedHealthcare took a few steps, such as sampling 3,250 Kansas C&S physicians and office managers, implementation of a dual-mode strategy with mail and internet modalities, sending of two reminders after initial mail invitation and three reminders after an initial email invitation to the providers to complete the survey, updating of the providers’ contact information twice a year, and a plan to use provider advocates to encourage providers to complete the survey (it was not clear whether this step was implemented), were applied to achieve an adequate response rate and an adequate total number of completed surveys. UnitedHealthcare did not add telephone follow-up component for reaching the non-respondents of the mail and internet surveys. Also, other steps such as researching bad mail and email addresses to resend undeliverable surveys or complete further outreach, reminder postcards/phone calls, determining the reason for ineligible surveys, and appropriate timings for fielding the survey (data collection over an adequate duration).</p>	<p>Partially Addressed:</p> <ul style="list-style-type: none"> Aetna Sunflower UnitedHealthcare 	

Provider Satisfaction Survey Validation

Follow-Up to Previous Recommendations (2021)		2022 Completion Status
Common Among the MCOs (Continued)		
<ul style="list-style-type: none"> Apply corrective actions during fielding of the survey if the number of completed surveys is less than the minimum expected response rate, such as researching bad addresses or phone numbers to determine new addresses/numbers for a re mailing or follow - up phone calls. <p>KFMC Response: Aetna and Sunflower did not apply corrective actions, such as resending undeliverable surveys or complete further outreach, reminder postcards/phone calls, or adjusting the survey fielding time to increase the duration of survey administration, after receiving a low number of completed surveys for each of the four provider types. Sunflower noted targets for completed surveys to be obtained for the four provider types in the Work Plan, however, corrective steps were not applied when these set targets for completed surveys were not achieved.</p> <p>UnitedHealthcare did not apply corrective actions during the administration of the survey to improve the number of completed surveys after achieving a very low number of completed surveys (30 surveys) and a very low response rate (1%).</p>	<p>Not Addressed:</p> <ul style="list-style-type: none"> Aetna Sunflower UnitedHealthcare 	
<p>4. Ensure data analysis results are appropriately interpreted:</p> <ul style="list-style-type: none"> Provide the interpretation of the analysis results and ensure interpretation is based on the provider population included in the survey sample <p>KFMC Response: Aetna presented the overall composite results using tables and graphs with very brief text interpreting some of the key findings. However, some pieces of the information were missing that could have assisted in comparison and interpretation of the survey results. Aetna also conducted the analysis for four provider types (PCPs, specialists, BH clinicians and HCBS providers). However, the interpretations of the stratified analyses by these provider types were not provided in the Survey Report.</p> <p>Sunflower provided a brief interpretations for two composite results for the overall sample, however, limitations related to the low number of completed surveys, and their impact on the representativeness and generalizability of the results to the study population and to the four provider types in the study population were not mentioned. The analysis was conducted for three provider types (PCPs, specialists, and BH clinicians); however, interpretations of these results were not provided. Analyses for HCBS providers were not conducted.</p> <p>UnitedHealthcare provided the interpretations for only three items, which were stated in general terms and were not specifically based on the provider population included in the survey sample. It should be noted that Contract Amendment 14 required survey results to be stratified by four provider types. UnitedHealthcare did not design the survey to meet this Contract Amendment 14 requirement.</p>	<p>Partially Addressed:</p> <ul style="list-style-type: none"> Aetna Sunflower <p>Not Addressed:</p> <ul style="list-style-type: none"> UnitedHealthcare 	

Provider Satisfaction Survey Validation

Follow-Up to Previous Recommendations (2021)		2022 Completion Status
Common Among the MCOs (Continued)		
<ul style="list-style-type: none"> Include numerator and denominator counts in the data tables. <p>KFMC Response: Aetna and Sunflower did not include the numerator counts in the tables presenting the results for all core measures and global ratings. Also, the numerator and denominator counts were not included in the tables presenting the results for the demographic segmental analyses. No changes in the tables were made from 2021 Survey Reports. However, Sunflower in response to additional information provided a document with numerator and denominator counts for analyses of survey questions; however, it is not feasible for the audience of the Survey Report to readily use this information to interpret survey results provided in the Survey Report.</p> <p>UnitedHealthcare only showed the overall n, and calculated percentages for the individual questions and did not include their numerator and denominator counts. No changes in the tables were made from 2021 Survey Reports.</p>	<p>Partially Addressed:</p> <ul style="list-style-type: none"> Sunflower <p>Not Addressed:</p> <ul style="list-style-type: none"> Aetna UnitedHealthcare 	
<ul style="list-style-type: none"> Conduct non-response analysis. <p>KFMC Response: The three MCOs did not apply non-response analyses of the 2022 Survey data.</p>	<p>Not Addressed:</p> <ul style="list-style-type: none"> Aetna Sunflower UnitedHealthcare 	
<p>5. Include a detailed description of the contents of the survey design and administration in the Survey Report and accompanying documents:</p> <ul style="list-style-type: none"> Include detailed Survey Methodology in the Survey Report. <p>KFMC Response: The three MCOs included a very brief survey methodology description in their final 2022 Survey Reports. Detailed information on all aspects were not provided, nor references were provided regarding information in the ir Work Plans. The Work Plans also did not have all required information. Note: The score for this recommendation for Aetna and Sunflower increased to partially addressed from the individual reports to ensure consistency in scoring among the MCOs, as they all provided some information and all need to provide more detailed description.</p>	<p>Partially Addressed:</p> <ul style="list-style-type: none"> Aetna Sunflower UnitedHealthcare 	
<ul style="list-style-type: none"> The sampling methodology description should include a clearly defined intended study population and its size; a clearly defined appropriate sampling frame and its size; clearly defined sampling methodology; and clearly described parameters (population size, margin of error, confidence level, standard deviation, response rate) used in the sample size calculation. <p>KFMC Response: The three MCOs did not describe the recommended sampling method items in their final 2022 Survey Reports. The information provided was brief. The description of several crucial elements of the sampling method was either missing, unclear or not included in accompanying</p>	<p>Partially Addressed:</p> <ul style="list-style-type: none"> Aetna Sunflower UnitedHealthcare 	

Provider Satisfaction Survey Validation

Follow-Up to Previous Recommendations (2021)		2022 Completion Status
Common Among the MCOs (Continued)		
	documents and showed discrepancies. Note: The score for this recommendation for Aetna increased to partially addressed from the individual report to ensure consistency in scoring among the MCOs, as they all provided some information and all need to provide more detailed and clear description on all aspects of sampling methodology.	
•	<p>The survey quality procedures for all steps of survey implementation should be included; if a quality assurance plan (SPH QAP) is provided, the Survey Report needs to address whether the plan was implemented in full.</p> <p>KFMC Response: Aetna did not provide a comprehensive Quality Assurance Plan document. Aetna submitted the survey vendor’s document that only provided the information on the quality assurance steps taken for the preparation of Survey Report. In addition, only brief information on the quality control process applied to the implementation of the mail, internet and telephone survey components was mentioned. The 2022 Survey Report did not reference the vendor’s Quality Assurance Plan or mention whether the quality procedures were applied.</p> <p>Sunflower provided the survey vendor’s Quality Management Plan document that described the quality management protocol and mentioned audits were conducted; however, the 2022 Survey Report did not reference this document or mention whether the quality procedures were applied.</p> <p>UnitedHealthcare did not provide the survey vendor’s Quality Assurance Plan document. However, the Work Plan provided brief information on a very few quality control steps, however, no information related to the application of the quality management procedures while conducting the survey was mentioned in the Survey Report.</p> <p>Note: The score for this recommendation for Aetna and Sunflower increased to partially addressed from the individual reports to ensure consistency in scoring among the MCOs, as they all provided some information and all need to provide detailed description of quality procedures applied for all steps of survey implementation.</p>	<p>Partially Addressed:</p> <ul style="list-style-type: none"> • Aetna • Sunflower • UnitedHealthcare
•	<p>Any changes made to the study design during the implementation of the survey, along with the reasons, should be described.</p> <p>KFMC Response: The three MCOs did not provide this information in their Survey Reports.</p>	<p>Not Addressed:</p> <ul style="list-style-type: none"> • Aetna • Sunflower • UnitedHealthcare

Provider Satisfaction Survey Validation

Follow-Up to Previous Recommendations (2021)		2022 Completion Status
Aetna		
<i>The recommendations below are in addition to the “Common Among the MCOs” recommendations.</i>		
<ul style="list-style-type: none"> Key survey administration tasks should be described in more detail in the Work Plan. The timelines for these tasks should be included. <p>KFMC Response: The steps for the multi-mode strategy for the 2022 Survey Work Plan were clearly described. The timelines for these steps were briefly mentioned. However, other details, such as number of providers receiving surveys via email and mail, number of providers contacted through telephone follow-up, and a plan for applying corrective steps if a low number of completed surveys are obtained, were not mentioned in the Work Plan.</p>	Partially Addressed	
<ul style="list-style-type: none"> Revise the survey tool to remove the phrasing that makes the provider answer relative to the other health plans they work with. <p>KFMC Response: The 2022 Survey instrument was updated with removal of the language from the survey questions, “Please rate Aetna Better Health of Kansas in the following service areas when compared to your experience with other health plans you work with”. The updated survey instrument did not include any relative questions.</p>	Fully Addressed	
<ul style="list-style-type: none"> Only HCBS providers are required to be surveyed among LTSS providers; therefore, exclude NF providers from the study population and increase the HCBS sample size. <p>KFMC Response: Aetna included HCBS providers in the study population, sample frame and survey sample of the 2022 Survey.</p>	Fully Addressed	
<ul style="list-style-type: none"> The sampling methodology should ensure generalizability of the survey results to the intended study population described in the purpose of the survey. Perform a stratified random sampling methodology (probability sampling method) with efforts to attain designated minimum response rates and to ensure generalizability of the results to the provider subcategories (PCPs, Specialists, BH Clinicians, HCBS providers). <p>KFMC Response: Though a large sample size was used for the survey, a low response rate and considerably small number of completed surveys for over one-third of the survey questions (36%) available for the data analysis of overall composites and scores, along with even fewer numbers of respondents in various provider categories limited the ability of the survey findings to be generalizable to the overall study population. In addition, the low number of completed surveys by each of the four provider types (PCPS, specialists, BH clinicians and HCBS providers) severely limits the generalizability of the stratified results to each of these study population subcategories. There was no minimum required response rate or required number of returned surveys established. The description of the sampling methodology to draw the sample was not clear.</p>	Partially Addressed	

Provider Satisfaction Survey Validation

Follow-Up to Previous Recommendations (2021)		2022 Completion Status
Aetna (Continued)		
<ul style="list-style-type: none"> An increased sample size should be used to account for the previous low response rates. <p>KFMC Response: The survey was comprised of a large sample size (6,133 providers) and was comprised of PCPs, specialists, BH clinicians, and HCBS providers (four provider types).</p>	Fully Addressed	
<ul style="list-style-type: none"> The definition of a “valid and complete survey” used in the 2021 Survey is not appropriate as it is allowing a survey with only one survey question beyond demographic questions to be included in the count of the total number of valid surveys and to be included in the numerator for the calculation of the overall response rate. This could lead to considering an overall response rate of the survey being adequate, when in fact, it is based on surveys with a minimum number of questions answered. <p>KFMC Response: The criterion to count a mail survey as a “completed survey” with one question response was used in the 2022 Survey. This criterion was further relaxed from that used in 2021 Survey, as it appears a response to a demographic question could now count as the one question response. Out of 381 completed surveys, 98 surveys were obtained from the mail survey component. This allowed surveys with responses to very few attribute/key questions to be included in the total count of 381 completed surveys and in the calculation of an overall response rate of 6.2%.</p>	Not Addressed	
<ul style="list-style-type: none"> Document statistical tests (e.g., t-test) performed per question and composite to clearly indicate the validity of the results. <p>KFMC Response: This information was not included in the final 2022 Survey Report.</p>	Not Addressed	
<ul style="list-style-type: none"> When results are based on small numbers, a caution in interpretation of the results should be mentioned in the footnotes of the tables and graphs. <p>KFMC Response: The Methodology Section of the Survey Report included this information; however, this information was not included in the footnotes of all the tables and graphs presented in the 2022 Survey Report. It is highly suggested to include this information in all tables and graphs presenting data in the report to assist in correct interpretation of the data.</p>	Not Addressed	
<ul style="list-style-type: none"> Include the narrative text interpreting findings in alignment with the survey objectives and study population (in Survey Report and accompanying documents). <p>KFMC Response: A few narrative interpretations of results for the overall sample were included in the final 2022 Survey Report. However, limitations related to the low number of completed surveys, and their impact on the representativeness and generalizability of the results to the study population and four provider types were not mentioned.</p>	Partially Addressed	

Provider Satisfaction Survey Validation

Follow-Up to Previous Recommendations (2021)		2022 Completion Status
Sunflower		
<i>The recommendations below are in addition to the “Common Among the MCOs” recommendations.</i>		
<ul style="list-style-type: none"> Revise the survey tool to remove the phrasing that makes the provider answer relative to the other health plans they work with. <p>KFMC Response: Sunflower revised forty-five questions on the 2022 Survey Instrument by removing the following instructions: “Please rate Sunflower Health Plan in the following service areas when compared to your experience with other health plans you work with.” However, seven questions (one Comparative Rating question and six Network Providers/Coordination of Care questions) were relative questions including the following instructions: “Please rate Sunflower Health Plan in the following service areas when compared to your experience with other health plans you work with.” The differences in providers’ understanding of the questions and instructions for responding to the six Network Providers/Coordination of Care questions, as well the differences in the characteristics of the “other health plans,” could impact the results for these six questions. As such, there cannot be a true assessment of Sunflower’s actual performance or the provider satisfaction for these six questions. To be in compliance with the State Contract Amendment 14 (Section 5.9.11), the survey instrument needs to be revised for the 2023 Survey to address this issue (State Contract Amendment 14 (Section 5.9.11) stated, “Questions must be specific to the CONTRACTOR(S) and its KanCare network and not relative to other MCOs, other insurance plans, or other products (no more than one relative question, i.e., How satisfied are you with CONTRACTOR compared to the other similar health plans you work with?).”</p>	Partially Addressed	
<ul style="list-style-type: none"> Attain a designated minimum number of responses to ensure generalizability of the results to the provider subcategories (PCPs, Specialists, BH Clinicians, HCBS providers). <p>KFMC Response: Work Plan noted targets for completed surveys to be obtained for the four provider types (118 for PCPs, 176 for specialists, 236 for BH clinicians and 225 for HCBS providers). It was noted that these targets were based on historical response rates and population sizes of the provide types. The surveys completed by each provider type were considerably low (54 for PCPS, 37 for specialists, 53 for BH clinicians, 27 for HCBS providers, and 29 surveys with provider type information not available). The targets for completed surveys set for four provider types were not achieved. The number of completed surveys for each of the four provider types were low, therefore survey results could not be generalizable to each of these provider types within the Sunflower KanCare Provider Network. It should be noted the Contract Amendment 14 has stated, “Provider Satisfaction Survey shall be a KanCare-specific survey with KanCare-specific Providers and must have a confidence level of 95% and a 5% margin of error to determine sample size to ensure generalizability of results to the KanCare Provider populations.” The Contract Amendment 14 has further stated, “Contractor(s) shall conduct a sampling methodology that includes a statistically significant sample for PCPs, Specialists, HCBS and Behavioral Health Provider populations”.</p>	Not Addressed	

Provider Satisfaction Survey Validation

Follow-Up to Previous Recommendations (2021)		2022 Completion Status
Sunflower (Continued)		
<ul style="list-style-type: none"> The selected sample should further be strengthened by sampling a higher number of specialists and BH providers. <p>KFMC Response: The 2022 Survey sample of 2,500 providers included 1,200 PCPs, 600 specialists, 500 BH clinicians, and 200 HCBS providers. It was not clear how the stratified random sampling procedure was applied to achieve these sampling strata sizes. The number of specialists and BH clinicians drawn in the 2022 Survey sample were same as that of 2021 Survey sample. The selected sample for the 2022 Survey was not further strengthened by sampling a higher number of specialists and BH providers.</p>	Not Addressed	
<ul style="list-style-type: none"> The criterium to count a survey as a “valid survey” with one or very few questions answered is not appropriate. Such criterium should be based on responses available to an adequate number of the survey questions. <p>KFMC Response: The criterium to count a mail survey as a “completed survey” with at least one question response was used again in 2022 Survey; no change was made from 2021 Survey.</p>	Not Addressed	
<ul style="list-style-type: none"> Apply the same criteria to count a survey as a “completed survey” for all the components of the multi-mode survey strategy (mail, internet, telephone follow-up). <p>KFMC Response: Two different criteria were used to count a survey a completed survey for different components of the 2022 Survey. For the mail component, a survey was counted as a completed survey if the respondent answered to at least one question, whereas for the internet and phone components, a survey was counted as a completed survey if a respondent answered all the survey questions. These two different criteria were used in a 2021 Survey also, thus no change was made for 2022 Survey.</p>	Not Addressed	
<ul style="list-style-type: none"> When results are based on small numbers, a caution in interpretation of the results should be mentioned in the footnotes of the tables and graphs. <p>KFMC Response: The Methodology Section of the Survey Report included this information, however, this information was not included in the footnotes of all the tables and graphs presented in the 2022 Survey Report. It is highly suggested to include this information in all the tables and graphs presenting data in the report to assist in correct interpretation of the data.</p>	Partially Addressed	

Provider Satisfaction Survey Validation

Follow-Up to Previous Recommendations (2021)		2022 Completion Status
UnitedHealthcare		
<i>The recommendations below are in addition to the “Common Among the MCOs” recommendations.</i>		
<ul style="list-style-type: none"> Minimum required response rate should be specified in the Work Plan. <p>KFMC Response: The minimum required response rate needed to obtain valid results was not specified in WorkPlan.</p>		Not Addressed
<ul style="list-style-type: none"> Include the information in the Survey Report regarding reliability and validity testing of the survey instrument for the target study population (UnitedHealthcare eligible providers) and more specifically, UnitedHealthcare KanCare providers. <p>KFMC Response: The information regarding testing of the instrument for its reliability and validity was not provided in the Survey Report or the Work Plan for the 2022 Survey.</p>		Not Addressed
<ul style="list-style-type: none"> The study population composition should be in alignment with the composition of the UnitedHealthcare’s KanCare Provider Network (study population for Kansas). The study population should include four providers categories including PCPs, specialists, BH clinicians and HCBS providers. <p>KFMC Response: Information on study population, such as its size, composition, the number of Kansas providers in the study population, and specifically the number of KanCare providers, was not mentioned in the Work Plan or Survey Report. It was not clear whether the study population included BH clinicians and HCBS providers.</p>		Not Addressed
<ul style="list-style-type: none"> Use a robust stratified random sampling with an effort to attain a designated minimum number of responses and to ensure generalizability of the results to the provider subcategories (PCPs, specialists, BH clinicians, HCBS providers). <p>KFMC Response: UnitedHealthcare stated a plan to draw a random sample of 3,221 providers for the survey, and did not indicate a stratified random sampling methodology would be applied to draw samples by the four provider types as required by the Contract Amendment 14. The Survey Report noted thirty providers completed the survey. The practice specialties of the thirty respondents did not include BH clinician and HCBS provider categories. Also, it was not clear if these thirty respondents were KanCare providers. Thus, UnitedHealthcare did not use a stratified random sampling or make an effort to attain a designated minimum number of responses to ensure generalizability of the results to the KanCare Provider Network’s four provider types (PCPs, specialists, BH clinicians, and HCBS providers) as required by the Contract Amendment 14.</p>		Not Addressed

Provider Satisfaction Survey Validation

Follow-Up to Previous Recommendations (2021)		2022 Completion Status
UnitedHealthcare (Continued)		
<ul style="list-style-type: none"> Apply steps to ensure an adequate number of surveys completed by four provider categories (PCPs, specialists, BH clinicians, and HCBS providers). <p>KFMC Response: UnitedHealthcare did not design the survey to obtain an adequate number of completed surveys from the four provider types. UnitedHealthcare did not apply the following steps: inclusion of BH clinicians and HCBS providers in the study population and sample frame; application of a stratified random sampling and use of appropriate parameter values for the sample size calculation to draw samples each of the four provider types, specification of a minimum response rate or minimum number of required completed surveys for each of the four provider types, and application of survey implementation steps to maximize the response rate or number of completed by each of the four provider types.</p>	Not Addressed	
<ul style="list-style-type: none"> Determine the reason for such a large number of non-respondents and address the issues, such as ensuring provider contact information (mail, phone, and email) is updated for accuracy at the time of survey implementation. <p>KFMC Response: The reasons for a large number of non-respondents were not determined. UnitedHealthcare noted an updated database of email addresses of the individual physicians were provided to the survey vendor twice a year; however, the timing of the verification of the contact information for all providers being surveyed was not provided in relationship to the timing of survey implementation.</p>	Partially Addressed	
<ul style="list-style-type: none"> Survey results should be focused on provider responses specific to KanCare. <p>KFMC Response: It was not clear how many providers in the study population, sample frame, selected sample were KanCare providers. Also, it was not mentioned how many respondents who completed the survey were KanCare providers. The Survey Report did not mention whether the survey results were focused on provider responses specific to KanCare.</p>	Not Addressed	
<ul style="list-style-type: none"> Document statistical testing performed per question and composite to clearly indicate the validity of the results. <p>KFMC Response: The statistical tests applied were not described in the Survey Report.</p>	Not Addressed	
<ul style="list-style-type: none"> Ensure the analytic result for each question is based on a valid numerator and denominator. Findings based on inadequate numerators and denominators are not valid and can provide inaccurate interpretations. <p>KFMC Response: A total of 30 completed surveys were received for the 2022 Survey. The results for individual questions might be based on less than the denominator count of 30 responses. The results presented in the Survey report only showed the overall n, and calculated percentages for individual questions did not include their numerator and denominators counts.</p>	Not Addressed	

Provider Satisfaction Survey Validation

<i>Follow-Up to Previous Recommendations (2021)</i>		2022 Completion Status
UnitedHealthcare (Continued)		
<ul style="list-style-type: none"> The survey administration tasks should be described in detail and a timeline for the application of all of the steps for the dual-mode strategy should be described (in Survey Report and accompanying documents). <p>KFMC Response: The 2022 Survey Report included only a brief description of the dual-mode strategy. Some information on the survey administration tasks along with the timelines were provided in the accompanying documents; however some crucial pieces were lacking or not clear.</p>	Partially Addressed	

Compliance Review

Follow-Up to Previous Recommendations		Completion Status			
		2019	2020	2021	2022
Common Among the MCOs					
2016 – 2021 Recommendations					
There are no recommendations that are common among the MCOs.		Not Applicable			
Aetna					
2019 Recommendation: Enrollee Rights and Protections					
1.	<p>§438.10(e)(2)(x) Information Requirements: Information for Potential Enrollees (Quality and performance indicators): The QAPI Program Description does not provide information on how members are informed of Subcontractor and Provider quality improvement information.</p> <ul style="list-style-type: none"> Describe how members are informed of quality and performance indicators, including results of member satisfaction surveys. <p>(Recommendation also made in KFMC’s 2019 QAPI Review for State contract Section 5.9.1[N]: <i>Provider quality improvement information</i>)</p> <p>KFMC 2022 Update: Aetna provided documentation of how members are informed of quality and performance indicators.</p>	New	In Progress	Not Addressed	Fully Addressed
2019 Recommendation: Coordination and Continuity of Care					
2.	<p>§438.208(a)(3) Coordination and Continuity of Care: Basic Requirement (Dually eligible enrollees): Description is needed regarding dually eligible members included in care coordination processes.</p> <ul style="list-style-type: none"> Aetna should clarify how dually eligible members are included in care coordination processes, including in the desktop “Outreach and Enrollment” document and define “Medicaid-only members.” <p>KFMC 2022 Update: Aetna added language related to how dually eligible members are included in the care coordination process to the document “<i>Desktop: Outreach and Enrollment for Non-LTSS Member</i>”; it also references the <i>Duals (Medicare-Medicaid) Members in Population Health Desktop Process</i>.</p>	New	In Progress	In Progress	Fully Addressed

Compliance Review

Follow-Up to Previous Recommendations		Completion Status			
		2019	2020	2021	2022
Aetna (Continued)					
2019 Recommendations: Grievance, Appeal, and Notice of Adverse Benefit Determination					
3.	<p>§438.402(c)(3)(ii) General Requirements: Filing Requirements (Procedures): Clarity is needed in the <i>Member Handbook</i> related to how appeals are submitted.</p> <ul style="list-style-type: none"> On page 67 of the <i>Member Handbook</i>, include “The Member or Member’s Authorized Representative may submit an Appeal either orally or in writing.” <p>KFMC 2022 Update: Aetna included recommendation language in the <i>Member Handbook</i>.</p>	New	Partially Addressed	In Progress	Fully Addressed
4.	<p>§438.406(b)(2) Handling of Grievances and Appeals: Special Requirements (Grievances and appeals decisions): In relevant policy and procedure, description is needed regarding State contract Section 4.5.1 “Member Expedited Appeal System,” subsection 4.5.1.1.3 through 4.5.1.1.5 pertaining to individuals who make decisions on appeals.</p> <ul style="list-style-type: none"> In all related documentation, explain how State contract Section 4.5.1 “Member Expedited Appeal System,” subsection 4.5.1.1.3 through 4.5.1.1.5, regarding individuals who make appeal decisions, will be addressed. <p>KFMC 2022 Update: ABH provided the finalized signed version of policy A-KS 3100.70 that met KFMC’s recommendation to addressing individuals who make appeal decisions.</p>	New	In Progress	In Progress	Fully Addressed
2020 Recommendation: Availability, Access, and Coverage of Services					
5.	<p>§438.207(a) Assurances of Adequate Capacity and Services: Basic Rule and Related Provision §438.206(c)(1)(v) Availability of Services: Furnishing of Services – Monitoring:</p> <ul style="list-style-type: none"> Provide more detailed methodology for access and availability studies to give a clear understanding of the stratified sample frame; sampling strategy; decision criteria (e.g., numerator or denominator compositions); and any other necessary components for an external evaluation. Include all provider types called for in network adequacy standards. <p>KFMC 2022 Update: Aetna submitted to the State a revised methodology to comply with Amendment 14 for the 2022 Provider Survey.</p>	Not Yet Reviewed	New	In Progress	Fully Addressed

Compliance Review

Follow-Up to Previous Recommendations		Completion Status			
		2019	2020	2021	2022
Aetna (Continued)					
2020 Recommendations: Coordination and Continuity of Care					
6.	<p>Case Review Related to §438.208 Coordination and Continuity of Care: For future case review requests, ensure all outreach attempts to members for health screenings are included with submitted documentation. KFMC will ensure this is an included element of the request.</p> <p>KFMC 2022 Update: Documentation of HST outreach attempts was not provided in records reviewed by KFMC.</p>	Not Yet Reviewed	New	In Progress	In Progress
7.	<p>Case Review Related to §438.208 Coordination and Continuity of Care: In the service plan, KFMC recommends documenting the member’s preferred method of receiving a copy of their service plan (paper or electronic).</p> <p>KFMC 2022 Update: Aetna implemented the recommended process.</p>	Not Yet Reviewed	New	In Progress	Fully Addressed
Sunflower					
2018 Recommendation: Sub-contractual Relationships and Delegation					
1.	<p>§438.230(b)(3) Sub-contractual Relationships and Delegation: Specific Conditions (MCO monitors subcontractor’s performance) – DVO Meeting Minutes and Scorecards: In the 2018 follow-up review, provide documentation of completion of the following for the scorecards:</p> <ul style="list-style-type: none"> Asterisks be placed within individual data points with corresponding footnotes providing descriptions of and/or reasons for the following: <ul style="list-style-type: none"> A category name changed/added, When no data are included, When data for the same timeframe change between quarterly reports, When there is a large variation in data from one quarter to another, and Include in the scorecard the identified method for year -to-date calculation (summed vs. averaged; duplicated vs. non-duplicated, etc.). <p>KFMC 2022 Update: The regulation was removed by CMS in the regulation revisions; therefore, the recommendation is no longer applicable.</p>	Carry Over from 2018 Substantially Met	In Progress	In Progress	No Longer Applicable

Compliance Review

Follow-Up to Previous Recommendations		Completion Status			
		2019	2020	2021	2022
Sunflower (Continued)					
2020 Recommendation: Availability, Access, and Coverage of Services					
2.	<p>§438.206(c)(1)(v) Availability of Services: Furnishing of Services – Timely Access (Monitor network providers regularly to determine compliance): During and After-hours Monitoring: Provide more detailed methodology for access and availability studies to give a clear understanding of the stratified sample frame; sampling strategy; decision criteria (e.g., numerator or denominator compositions); and any other necessary components for an external evaluation.</p> <p>KFMC 2022 Update: SHP provided documentation with the methodology for access and availability studies.</p>	Not Yet Reviewed	New	Not Complete	Fully Addressed
2021 Recommendations: Enrollee Rights and Protections					
3.	<p>§438.10(c)(6)(v) Information Requirements: Basic Rules – Receipt of the Provider Directory and Privacy Rights: In the <i>Member Handbook</i>:</p> <ul style="list-style-type: none"> In chapter “Welcome & Resources,” subsection “Provider Directory” (page 7), add the language “within five business days.” It would read, “Call Customer Service toll free at 1-877-644-4623 to help you find a provider in your area or to get a free copy of our provider directory within five business days. Customer Service can also give you information about the provider’s medical school and residency.” In chapter “Notice of Privacy Rights,” section “Individual Rights,” last bullet (page 51), add the language, “free of charge” and “we will mail it within five business days.” It would read, “Right to Receive a Copy of this Notice – You may request a copy of our Notice free of charge at any time by using the contact information list at the end of the Notice. If you receive this Notice on our web site or by electronic mail (e-mail), you are also entitled to request a paper copy of the Notice and we will mail it within five business days.” <p>KFMC 2022 Update: Sunflower included recommended language in the <i>Member Handbook</i>.</p>	Not Yet Reviewed	Not Yet Reviewed	New	Fully Addressed
4.	<p>§438.10(g)(2)(xi) Information for Enrollees of MCOs, PIHPs, PAHPs, and PCCM Entities: Enrollee Handbook – Right to File Grievances and Appeals: To the <i>Member Handbook</i>, add language that clearly states members have “the right to file grievances and appeals.”</p> <p>KFMC 2022 Update: KFMC was unable to find the recommended language in the <i>Member Handbook</i>.</p>	Not Yet Reviewed	Not Yet Reviewed	New	Not Addressed

Compliance Review

Follow-Up to Previous Recommendations		Completion Status			
		2019	2020	2021	2022
UnitedHealthcare					
2019 Recommendation: Availability, Access, and Coverage of Services					
1.	<p>§438.206(c)(1)(vi) Furnishing of Services (Timely Access): More clarity is needed to understand how Kansas subcontractors, including small and emerging businesses or small entrepreneurship, are considered in UnitedHealthcare’s vendor selection, as outlined in State contract Section 5.5.14 “<i>Minimum Subcontract Provisions</i>,” letter A.</p> <ul style="list-style-type: none"> In UnitedHealthcare’s policy <i>Vendor Replacement</i> and other relevant documentation, clarify how Kansas subcontractors, including small and emerging businesses or small entrepreneurship are considered during vendor selection. <p>KFMC 2022 Update: UHC provided documentation of how Kansas subcontractors are considered during vendor selection.</p>	New	Substantially Addressed	In Progress	Fully Addressed
2019 Recommendation: Provider Selection					
2.	<p>§438.214(e) Provider Selection: State Requirements and Related Provision §438.12(a-b) Provider Discrimination Prohibited: General Rules and Construction: For the 2019 review, UnitedHealthcare submitted the following: “UnitedHealthcare awaits formal and final State guidance regarding steps we are allowed to take, to prevent or remediate conflict, that are congruent with CMS expectations. After receiving State policy guidance, UnitedHealthcare will update the <i>HCBS Provider Verification and Credentialing Policy</i> in support of 2.2.4.1.5.i.” The referenced policy was not updated for the 2019 review.</p> <ul style="list-style-type: none"> In the 2020 review, if the State has issued its <i>Final Form Policy</i>, submit the revised UnitedHealthcare <i>Home & Community Based Service Provider Verification & Credentialing Policy</i> that details the language to support State contract Section 5.4.1 “<i>Service Coordination Program Overview</i>,” letter B, number 9. <p>[Combined with 2018 recommendation for §438.214[e] related to <i>Final Form Policy</i>]</p> <p>KFMC 2022 Update: UHC provided the policy <i>UHC_Conflicts of Interest Policy</i> with language detailing the requirements of the State contract Section 5.4.1.B.9 to support the requirement that the comprehensive Service Coordination program “provides for conflict-free Case Management, service delivery, and assessment.”</p>	New	In Progress	Not Addressed	Fully Addressed

Compliance Review

Follow-Up to Previous Recommendations		Completion Status			
		2019	2020	2021	2022
UnitedHealthcare (Continued)					
2020 Recommendations: Availability, Access, and Coverage of Services					
3.	<p>§438.207(a) Assurances of Adequate Capacity and Services: Basic Rule and Related Provision §438.68(c)(1) Development of Network Adequacy Standards: “Provider Supply and Capacity” and “Accessibility” – Network Assessments: Policy documents detail some required elements and generally discuss criteria for evaluating their provider network capacity and access. DialAmerica provides their Access and Availability Program Guidelines.</p> <ul style="list-style-type: none"> Include a more detailed description of how network assessments are performed and how those findings are analyzed or evaluated, as mentioned within the <i>UHN Network Development and Retention</i> policy (Procedure Detail #3). If a separate documented policy or procedure details this, please attach in future documentation requests. <p>KFMC 2022 Update: UHC provided a more detailed description of how network assessments are performed and how those findings are analyzed.</p>	Not Yet Reviewed	New	In Progress	Fully Addressed
4.	<p>§438.207(a) Assurances of Adequate Capacity and Services: Basic Rule and Related Provision §438.68(c)(1) Development of Network Adequacy Standards: “Provider Supply and Capacity” and “Accessibility” – Network Assessments: Policy documents detail some required elements and generally discuss criteria for evaluating their provider network capacity and access. DialAmerica provides their Access and Availability Program Guidelines.</p> <ul style="list-style-type: none"> Describe findings from the assessments mentioned within the <i>UHN Network Development and Retention</i> policy (Procedure Detail #3) in quarterly <i>Access and Availability Analysis</i> reports (sub-report of geo-access reports), described in the April 2019 GeoAccess Reporting Requirements (VIII.F.2.). <p>KFMC 2022 Update: KFMC has determined this recommendation to be complete based on the 2022 compliance review.</p>	Not Yet Reviewed	New	In Progress	Fully Addressed
5.	<p>§438.207(a) Assurances of Adequate Capacity and Services: Basic Rule and Related Provision §438.206(c)(1)(iv) and (vi) Compliance and Corrective Action: Monitoring and Corrective Action: Policy documents discuss monitoring but do not provide detailed procedures or plans for monitoring. Policy documents do not explicitly detail corrective actions but describe general processes. The <i>Provider Manual</i> offers some insight for providers.</p> <ul style="list-style-type: none"> Include details in policies and procedures regarding processes for follow-up with providers that are non-compliant with access requirements. <p>KFMC 2022 Update: UHC provided documentation to address this recommendation.</p>	Not Yet Reviewed	New	In Progress	Fully Addressed

Compliance Review

Follow-Up to Previous Recommendations		Completion Status			
		2019	2020	2021	2022
UnitedHealthcare (Continued)					
2020 Recommendations: Availability, Access, and Coverage of Services (Continued)					
6.	<p>§438.207(a) Assurances of Adequate Capacity and Services: Basic Rule and Related Provision §438.206(c)(1)(iv) and (vi) Compliance and Corrective Action: Monitoring and Corrective Action: Policy documents discuss monitoring but do not provide detailed procedures or plans for monitoring. Policy documents do not explicitly detail corrective actions but describe general processes. The <i>Provider Manual</i> offers some insight for providers.</p> <ul style="list-style-type: none"> Review performance formulas and calculations within certain GeoAccess reports (e.g., specialty care, non-emergency medical transportation for accuracy). <p>KFMC 2022 Update: UHC provided documentation of the process for the Geo Reports prior to submission to the State.</p>	Not Yet Reviewed	New	In Progress	Fully Addressed
7.	<p>§438.207(a) Assurances of Adequate Capacity and Services: Basic Rule and Related Provision §438.206(c)(1)(iv) and (vi) Availability of Services: Furnishing of Services – Timely Access (Compliance and Corrective Action: Monitoring and Corrective Action): Policy documents discuss monitoring but do not provide detailed procedures or plans for monitoring. Policy documents do not explicitly detail corrective actions but describe general processes. The <i>Provider Manual</i> offers some insight for providers.</p> <ul style="list-style-type: none"> Ensure that required report fields are completed for each quarterly submission file and that only unique providers are present. <p>KFMC 2022 Update: UHC provided documentation to address this recommendation.</p>	Not Yet Reviewed	New	Substantially Addressed	Fully Addressed
8.	<p>§438.207(a) Assurances of Adequate Capacity and Services: Basic Rule and Related Provision §438.206(c)(1)(v) Availability of Services: Furnishing of Services – Timely Access (Monitor network providers regularly to determine compliance): During and After-hours Monitoring: In review of UnitedHealthcare’s 2019 annual report of DialAmerica findings for appointment waiting times and after-hours access, KFMC identified concerns with methodologies for survey administration, data analysis and reporting. As such, KFMC was unable to be confident in the findings and interpretations of the report. The report detailed key observations regarding results reported by UnitedHealthcare.</p> <ul style="list-style-type: none"> Develop and implement strategies to improve after-hours access. <p>KFMC 2022 Update: UHC provided a meeting presentation and meeting minutes that demonstrated education provided during a Medicaid Provider Meeting to improve after-hours access.</p>	Not Yet Reviewed	New	In Progress	Fully Addressed

Compliance Review

Follow-Up to Previous Recommendations		Completion Status			
		2019	2020	2021	2022
UnitedHealthcare (Continued)					
2020 Recommendations: Availability, Access, and Coverage of Services (Continued)					
9.	<p>§438.207(b) Assurances of Adequate Capacity and Services: Nature of Supporting Documentation: GeoAccess Reporting (Q3-Q4 2019, Q1-Q2 2020): Specialty Care Standards Report (Home Health Agencies) – Counts may be inflated or calculated differently than the other MCOs. A discussion may be needed to understand how analysis of appointments against standards is being performed.</p> <ul style="list-style-type: none"> Review data analytics for <i>Specialty Care Standards Report</i> and Call Center measures. <p>KFMC 2022 Update: UHC provided documentation to address this recommendation.</p>	Not Yet Reviewed	New	In Progress	Fully Addressed
10.	<p>§438.207(b) Assurances of Adequate Capacity and Services: Nature of Supporting Documentation: Access and Availability Analysis Report: Q3-Q4 2019 reports contained excellent detail for network strength, opportunities, and interpretation of network with additional discussion on strategies for improvement. However, Q [Quarter]1-Q2 2020 reports focused only on Optum BH (Q1) and other vendors (Q2) with substantially less detail.</p> <ul style="list-style-type: none"> Discuss the following in the quarterly <i>Access and Availability Analysis Report: NEMT</i> [Non-Emergency Medical Transportation] potential count issues with Call Center measures; explanations for less than full coverage in the <i>Unmapped Specialties Report</i>. <p>KFMC 2022 Update: UHC provided documentation to address this recommendation.</p>	Not Yet Reviewed	New	Not Addressed	Fully Addressed
2020 Recommendations: Coordination and Continuity of Care					
11.	<p>Case Review Related to §438.208 Coordination and Continuity of Care: Case review that included review of Health Risk Assessments (HRAs).</p> <ul style="list-style-type: none"> Clearly identify in the documentation of HRAs conducted with pediatric members which questions, if any, were answered pertaining to the parent’s or guardian’s circumstances/condition rather than the child’s condition. <p>KFMC 2022 Update: UHC provided a call script that details all of the questions on the HST for pediatrics that addresses this recommendation.</p>	Not Yet Reviewed	New	In Progress	Fully Addressed
12.	<p>Case Review Related to §438.208 Coordination and Continuity of Care: Case review that included review of HRAs.</p> <ul style="list-style-type: none"> Explore working with the State regarding the potential for adapting the HRA to allow for some questions to be answered for both the parent and member, as appropriate. <p>KFMC 2022 Update: UHC provided a call script that details all of the questions on the HST for pediatrics that addresses this recommendation.</p>	Not Yet Reviewed	New	In Progress	Fully Addressed

Compliance Review

Follow-Up to Previous Recommendations		Completion Status			
		2019	2020	2021	2022
UnitedHealthcare (Continued)					
2020 Recommendations: Coordination and Continuity of Care (Continued)					
13.	<p>Case Review Related to §438.208 Coordination and Continuity of Care: Findings from case review conducted.</p> <ul style="list-style-type: none"> With future record requests, include member services’ documentation of all outreach attempts for health screenings for members in the request; KFMC will ensure this is included as a request element. <p>KFMC 2022 Update: Documentation of HST outreach attempts was not provided in records reviewed by KFMC.</p>	Not Yet Reviewed	New	Substantially Addressed	In Progress
14.	<p>Case Review Related to §438.208 Coordination and Continuity of Care: Case review that included review of health screens.</p> <ul style="list-style-type: none"> Identify and implement strategies to increase health screens of members in the behavioral health and physical health populations. <p>KFMC 2022 Update: UHC did provide documentation outlining the remediation plan to increase the completion of health screens of members, however completion rates remain low, therefore KFMC will continue to monitor this recommendation.</p>	Not Yet Reviewed	New	In Progress	In Progress
2021 Recommendation: State Responsibilities					
15.	<p>§438.56(e)(2) Disenrollment: Requirements and Limitations – Timeframe for Disenrollment Determinations: Timeframe for Determination: In UHC policy <i>KSMS-0012 Member Disenrollment</i>, section “Procedure: Member Disenrollment,” second bullet (page 2), add an additional sentence (see bold underlined) stating, “If the state or its fiscal agent fails to make the determination within the timeframes specified herein, the disenrollment is considered approved.” The revised language would read, “UnitedHealthcare explains to members who wish to dis-enroll that they must do so verbally or in writing to the State or the State’s Fiscal Agent. And that the disenrollment will be effective on the first day of the second month in which the member or UnitedHealthcare requests the disenrollment. <u>If the state or its fiscal agent fails to make the determination within the timeframes specified herein, the disenrollment is considered approved.</u>”</p> <p>KFMC 2022 Update: UHC revised the language in the <i>Member Disenrollment</i> policy to include the language in the recommendation.</p>	Not Yet Reviewed	Not Yet Reviewed	New	Fully Addressed

Compliance Review

Follow-Up to Previous Recommendations		Completion Status			
		2019	2020	2021	2022
UnitedHealthcare (Continued)					
2021 Recommendations: Enrollee Rights and Protections					
16.	<p>§438.10(c)(6) Information Requirements: Basic Rules (§438.10[c][6][iv] requires compliance with the content and language requirements in §438.10[a-i] Information Requirements): Add the following language to the <i>Member Handbook</i>, chapter “Other plan details”:</p> <p>a. Subsection “Finding a network provider,” add the words “free of charge” and “within 5 business days.” It would read, “Call Member Services 1-877-542-9238, TTY 711. We can look up network providers for you. Or, if you’d like, we can send you a Provider Directory in the mail within 5 business days free of charge.”</p> <p>b. Subsection “Provider Directory,” add the words “free of charge” and “within 5 business days.” It would read, “If you would like a printed copy of our directory, please call Customer Service at 1-877-542-9238, TTY 711, and we will mail one to you free of charge within 5 business days.”</p> <p>c. Subsection “Your Rights,” sixth bullet, add the words “free of charge” and “we will mail it within 5 business days.” It would read, “You have the following rights: To get a paper copy of this notice. You may ask for a paper copy at any time free of charge and we will mail it within 5 business days.” You may also get a copy at our website (www.uhcommunityplan.com).”</p> <p>Also applies to §438.228(a-b) Grievance and Appeal Systems (Subpart D) and §438.404(a) Timely and Adequate Notice of Adverse Benefit Determination – Notice (Subpart F), and §438.408(d)(1-2) Resolution and Notification: Grievances and Appeals – Format of Notice: Grievances and Appeals (Subpart F)</p> <p>KFMC 2022 Update: UHC included recommendation language in the <i>Member Handbook</i>.</p>	Not Yet Reviewed	Not Yet Reviewed	New	Fully Addressed
17.	<p>§438.114(a) Emergency and Poststabilization Services: Definitions (related provision to §438.10[g][2][v] Information Requirements: Information for Enrollees of MCOs, PIHPs, PAHPs, and PCCM Entities – Enrollee Handbook) and §422.113(c)(1) Special Rules for Ambulance Services, Emergency and Urgently Needed Services, and Maintenance and Post-stabilization Care Services: Maintenance Care and Post-stabilization Care Services – Definition Post-stabilization Care Services: Defining Poststabilization Care: In the UHC <i>Clinical Services Medical Management Operational Policy UCSMM.04.11 Consumer Safety</i>, add the regulatory definition of “Poststabilization care services” following the definitions for “Emergency Medical Condition” and “Emergency Services” to the table in the column “State/Federal Medicaid Rules.”</p> <p>KFMC 2022 Update: UHC added the definitions in the policies outlined in the recommendation.</p>	Not Yet Reviewed	Not Yet Reviewed	New	Fully Addressed

Compliance Review

Follow-Up to Previous Recommendations		Completion Status			
		2019	2020	2021	2022
UnitedHealthcare (Continued)					
2021 Recommendations: Enrollee Rights and Protections (Continued)					
18.	<p>§438.10(g)(2)(xii) Information Requirements: Information for Enrollees of MCOs, PIHPs, PAHPs, and PCCM Entities – Enrollee Handbook; §438.3(i)(1) Advance Directives; and §422.128 Information on Advance Directives: Incorporate into procedure for discontinuing a policy, to review the history related to the reason it was created, and review policies and procedures that will remain to ensure all the regulatory requirements are included from the policy that is being discontinued.</p> <p>Also applies to §438.404(a) Timely and Adequate Notice of Adverse Benefit Determination – Notice (Subpart F) and §438.408(d)(1) Resolution and Notification: Grievances and Appeals – Format of Notice: Grievances and Appeals (Subpart F)</p> <p>KFMC 2022 Update: UHC provided policies with language outlining the procedure for discontinuing policies to ensure that all regulatory requirements are continued.</p>	Not Yet Reviewed	Not Yet Reviewed	New	Fully Addressed
19.	<p>§438.10(h)(1)(i-viii) Information Requirements: Information for Enrollees of MCOs, PIHPs, PAHPs, and PCCM Entities – Provider Directory: Network Providers: Add to the UHC Kansas HCBS Provider Directory language detailing:</p> <p>a. Whether the provider will accept new patients. For example, in other UHC Provider Directories (Eastern, Western, Northern, Southern, and Statewide), every other page included the notation, “Unless noted, all providers accept new patients.”</p> <p>b. The provider’s cultural and linguistic capabilities, including languages (including American Sign Language) offered by the provider or a skilled medical interpreter at the provider’s office. For example, in other UHC Provider Directories (Eastern, Western, Northern, Southern, and Statewide), after the phone number listed, the provider description includes “Languages Spoken” Languages “Staff” speak and this includes, when applicable, a notation of “Sign Language.”</p> <p>c. Whether the provider has completed Cultural Competency training.</p> <p>Also applies to §438.242(b)(6) Health Information Systems – Basic Elements of a Health Information System (Subpart D), §438.242(d) Health Information Systems – State Review and Validation of Encounter Data (Subpart D), and §438.404(a) Timely and Adequate Notice of Adverse Benefit Determination – Notice (Subpart F), and §438.408(d)(1-2) Resolution and Notification: Grievances and Appeals – Format of Notice: Grievances and Appeals (Subpart F)</p> <p>KFMC 2022 Update: UHC added the language in the recommendation to the <i>UHC Kansas HCBS Provider Directory</i>.</p>	Not Yet Reviewed	Not Yet Reviewed	New	Fully Addressed

Quality Assessment and Performance Improvement Review

Follow-Up to Previous Recommendations		Completion Status			
		2019	2020	2021	2022
Common Among the MCOs					
2019 Recommendation					
1.	<p>5.9.11(D) <i>Provider Satisfaction Survey</i> sampling methodology:</p> <ul style="list-style-type: none"> Address achieving statistically valid samples for HCBS and BH provider populations (Aetna and UnitedHealthcare). Include a reference for the sampling methodology for HCBS and BH provider populations in QAPI documentation (Sunflower). <p>KFMC Update:</p> <ul style="list-style-type: none"> ABH: <u>2020 Review</u>: ABH did not provide an update on this recommendation. <u>2021 Review</u>: The 2021 <i>Provider Satisfaction Survey</i> contains 12 HCBS providers, but there is no indication that this is a statistically valid sample size. There is a plan to include a sample of HCBS providers in the 2022 <i>Provider Satisfaction Survey</i>. SHP: <u>2020 Review</u>: SHP indicated this update will be made to the 2021 QAPI documentation. <u>2021 Review</u>: SHP provided the draft <i>2022 QAPI Program Description</i> that detailed sampling methodology for HCBS (as well as PCPs and Specialists) but does not account for the same for the BH provider population. UHC: <u>2020 Review</u>: UHC is developing a policy and procedure to address this recommendation. <u>2021 Review</u>: The statement included in the methodology indicates BH and HCBS were not sampled with a methodology that would allow generalization to HCBS or BH providers, which would meet the definition of statistically significant sample. <u>2022 Review ABH/SHP/UHC</u>: After discussion with the State, the scope of the QAPI Review changed; therefore, this recommendation is no longer applicable. <p>The State advised the MCOs that the 2022 <i>Provider Satisfaction Survey</i> must meet State Contract Section 5.9.11 requirements.</p>	New	ABH In Progress	ABH Not Addressed	No Longer Applicable
	SHP In Progress		SHP In Progress		
	UHC In Progress		UHC Not Addressed		

Quality Assessment and Performance Improvement Review

Follow-Up to Previous Recommendations		Completion Status			
		2019	2020	2021	2022
Common Among the MCOs (Continued)					
2020 and 2021 Recommendations					
2.	<p>2020 and 2021: Include assessment of all interventions outlined in the QAPI program description and/or QAPI work plan in the annual QAPI evaluation.</p> <p>KFMC Update:</p> <ul style="list-style-type: none"> <u>2021 Review – ABH/SHP/UHC</u>: Assessment of all interventions outlined in the program description and/or QAPI work plan were not included in the annual evaluation. <u>2022 Review – ABH/SHP/UHC</u>: After discussion with the State, the scope of the QAPI Review changed; therefore, this recommendation is no longer applicable. 	Not Yet Reviewed	New	In Progress	No Longer Applicable
3.	<p>2020 and 2021: Address all opportunities for improvement and proposed interventions identified in the QAPI evaluation in the subsequent year’s QAPI program description and/or QAPI work plan.</p> <p>KFMC Update:</p> <ul style="list-style-type: none"> <u>2021 Review – ABH/SHP/UHC</u>: All opportunities for improvement and proposed interventions identified in the evaluations were not included in the subsequent year QAPI program description and/or QAPI work plan. <u>2022 Review – ABH/SHP/UHC</u>: After discussion with the State, the scope of the QAPI Review changed; therefore, this recommendation is no longer applicable. 	Not Yet Reviewed	New	In Progress	No Longer Applicable
2021 Recommendations					
4.	<p>In future QAPI work plans and evaluations, include information related to the review, monitoring, tracking, and trending of Member disenrollment patterns (State Contract Section 5.2.2[B][2]).</p> <p>KFMC Update:</p> <ul style="list-style-type: none"> <u>2022 Review – ABH</u>: The information was included in the <i>2021 QAPI Evaluation</i> and <i>2022 Work Plans</i>, it was not included in the <i>2021 QAPI Work Plans</i>. <u>2022 Review – SHP</u>: Information related to review, monitoring, tracking, and trending of Member disenrollment patterns was added to the <i>2021 QAPI Evaluation</i> and <i>2022 QAPI Work Plan</i> dated 11/30/2022 (line 69). However, it was not included in the <i>2022 QAPI Program Description</i>. <u>2022 Review – UHC</u>: Information related to review, monitoring, tracking, and trending of Member disenrollment patterns was added to the <i>QAPI Work Plans</i> dated 5/31/2022 and 11/30/2022 (line 58) and the <i>2022 QAPI Program Description</i>, section “Service Quality Improvement Subcommittee,” fifth bullet (page 19). It was not included in the <i>2021 QAPI Evaluation</i>. However, it does include a <i>Population Assessment and Results</i> (page 5) that uses “SMART Data Warehouse/Enrollment Files.” 	Not Yet Reviewed	Not Yet Reviewed	New	Fully Addressed

Quality Assessment and Performance Improvement Review

Follow-Up to Previous Recommendations		Completion Status			
		2019	2020	2021	2022
Common Among the MCOs (Continued)					
2021 Recommendations (Continued)					
5.	<p>In future QAPI work plans, program descriptions, and evaluations, include information related to the MCO’s review of all reports submitted to the State (State Contract Section 5.16.1[B]).</p> <p>KFMC Update:</p> <ul style="list-style-type: none"> <u>2022 Review – ABH</u>: It has been added to the <i>2022 QAPI Program Description</i> and <i>2022 QAPI Work Plans</i>; therefore, it is fully addressed. <u>2022 Review – SHP</u>: Information related to review of all reports for timeliness, accuracy, and completeness prior to submission to the State (State Contract Section 5.16.1[B]) was not added to the <i>2021 QAPI Evaluation</i>, <i>2021 QAPI Work Plans</i>, or <i>2021 QAPI Program Description</i>. <u>2022 Review – UHC</u>: Information related to review of all reports submitted to the State (State Contract Section 5.16.1[B]) was added to the <i>QAPI Work Plans</i> dated 5/31/2022 and 11/30/2022 (line 75) and the <i>2022 QAPI Program Description</i>, section “Quality Management Committee,” eighth bullet (page 17). It was not included in the <i>2021 QAPI Evaluation</i>. 	Not Yet Reviewed	Not Yet Reviewed	New	<p>ABH and UHC Fully Addressed</p> <hr/> <p>SHP Not Addressed</p>
Aetna					
2019 Recommendation					
1.	<p>5.9.1(F) Mechanisms to compare services and supports for LTSS Members:</p> <ul style="list-style-type: none"> 2020: Describe how ABH monitors to ensure services and supports received are those identified in the member’s treatment/service plan. 2021: In the QAPI program description, section “QAPI General Requirements,” letters F and G should include a footnote identifying the information can be found in the Aetna <i>Integrated Service Coordination (ISC) Program Description</i>. <p>KFMC Update:</p> <ul style="list-style-type: none"> <u>2020 Review</u>: Aetna indicated they were in the process of updating the <i>ISC Program Description</i>, which includes this information. <u>2021 Review</u>: Aetna provided the document <i>ICM Program Description</i> that was updated to include this information. However, after review of this area, a new recommendation was made. <u>2022 Review</u>: Aetna included the footnote for identifying the information can be found in the Aetna policy 7500.05 <i>Integrated Service Coordination</i>. 	New	In Progress	<p>Fully Addressed (2021)</p> <p>New (2021)</p>	Fully Addressed

Quality Assessment and Performance Improvement Review

Follow-Up to Previous Recommendations		Completion Status			
		2019	2020	2021	2022
Aetna (Continued)					
2020 and 2021 Recommendation					
2.	<p>2020: In the <i>2021 QAPI Work Plan</i>, include interventions to address unmet performance measurement goals.</p> <p>2021: In the <i>2022 QAPI Work Plan</i> and <i>2022 QAPI Program Description</i>, include interventions to address unmet performance measurement goals.</p> <p>KFMC Update:</p> <ul style="list-style-type: none"> <u>2021 Review</u>: Not all interventions to address unmet performance measure goals were included in the <i>2021 QAPI Work Plan</i>. <u>2022 Review</u>: After discussion with the State, the scope of the QAPI Review changed; therefore, this recommendation is no longer applicable. 	Not Yet Reviewed	New	Substantially Addressed	No Longer Applicable
2021 Recommendation					
3.	<p>In the <i>2022 QAPI Program Description</i>, include information on the <i>Substance Use Disorder Survey</i> that is completed annually.</p> <p>KFMC Update:</p> <ul style="list-style-type: none"> <u>2022 Review</u>: Information on the <i>Substance Use Disorder Survey</i> has been added to the <i>2022 QAPI Program Description</i>. 	Not Yet Reviewed	Not Yet Reviewed	New	Fully Addressed
Sunflower					
2021 Recommendations					
1.	<p>For all areas assessed as part of the QAPI program, detail them in the QAPI evaluation, QAPI work plan, and/or QAPI program description. For example:</p> <ol style="list-style-type: none"> QAPI evaluation, QAPI work plan, and QAPI program description: HCBS provider credentialing, <i>Substance Use Disorder Survey</i>, and results of efforts to support community integration for members using LTSS. QAPI work plan and QAPI program description: cultural competency plan. QAPI work plan: Completion of PIPs and <i>Provider Satisfaction Survey</i>. QAPI evaluation: Additional information related to each PIP should be included (e.g., goal, strategies, interventions, data results and analysis, trending over time, and opportunities for improvement). <p>KFMC Update:</p> <ul style="list-style-type: none"> <u>2022 Review</u>: After discussion with the State, the scope of the QAPI Review changed; therefore, this recommendation is no longer applicable. 	Not Yet Reviewed	Not Yet Reviewed	New	No Longer Applicable

Quality Assessment and Performance Improvement Review

Follow-Up to Previous Recommendations		Completion Status			
		2019	2020	2021	2022
Sunflower (Continued)					
2021 Recommendations (Continued)					
2.	<p>For a more comprehensive and thorough QAPI work plan, include individual objectives and activities the MCO completes related to the QAPI program (e.g., refer to Sunflower’s 2020 QAPI Work Plan)</p> <p>KFMC Update:</p> <ul style="list-style-type: none"> <u>2022 Review:</u> The 2022 QAPI Work Plan dated 11/22/2022, was revised to include objectives and activities. 	Not Yet Reviewed	Not Yet Reviewed	New	Fully Addressed
3.	<p>When graphs are included in the QAPI evaluation,</p> <p>a. Narrative should be included to explain the results, and</p> <p>b. The entirety of a graph should be included (e.g., the bottom of several graphs were not included in the 2020 QAPI Evaluation).</p> <p>KFMC Update:</p> <ul style="list-style-type: none"> <u>2022 Review:</u> Graphs detailed in the 2021 QAPI Evaluation included narrative to explain the results and the entirety of graphs were included. 	Not Yet Reviewed	Not Yet Reviewed	New	Fully Addressed
UnitedHealthcare					
2019 Recommendations					
1.	<p>QAPI General Recommendation:</p> <ul style="list-style-type: none"> Include references to all associated supplemental documents within each section of the Program Description. <p>KFMC Update:</p> <ul style="list-style-type: none"> <u>2020 Review:</u> UHC indicated this update will be made to the 2021 QAPI documentation. <u>2021 Review:</u> UHC provided policy KSCO-0029 KS Audit Procedures that details a process is in place. <u>2022 Review:</u> The 2022 QAPI Program Description references additional documents where appropriate. 	New	In Progress	In Progress	Fully Addressed

Quality Assessment and Performance Improvement Review

Follow-Up to Previous Recommendations		Completion Status			
		2019	2020	2021	2022
UnitedHealthcare (Continued)					
2019 Recommendations (Continued)					
2.	<p>5.9.3(C)(1) Complete and accurate data collection on members and providers:</p> <ul style="list-style-type: none"> Detail how UnitedHealthcare ensures completeness and accuracy of data files and submitted reports (other than HEDIS audited findings). <p>KFMC Update:</p> <ul style="list-style-type: none"> <u>2020 Review:</u> UHC indicated an update will be made to policy <i>KSAD-0004 Provider Data Accuracy</i> to include a reference to QAPI documentation. <u>2021 Review:</u> UHC provided policy <i>KSAD-0004 Provider Data Accuracy</i> and it is specific to provider demographic data and does not meet the intent of the recommendation. UHC advised they continue to work with Optum IT [Information Technology]; therefore, this is still in progress. <u>2022 Review:</u> UHC provided the documents <i>GEO/PNtwk Report Process</i> and <i>UHC KS – Customer Services Reporting – Job Aid Prior to Attestation</i> that details the process to collect data that includes spot checking the data for accuracy, review reports for completeness, and comparison to the previous quarter to review for any service dips or spikes. 	New	In Progress	In Progress	Fully Addressed
3.	<p>5.9.6(A)(9) Education of peer review process:</p> <ul style="list-style-type: none"> Explain how members, member advocates, Quality Management, and other MCO staff are educated on the peer review process. <p>KFMC Update:</p> <ul style="list-style-type: none"> <u>2020 Review:</u> UHC indicated updates to the <i>Member Handbook</i> and Member web Portal will be made to address this recommendation. <u>2021 Review:</u> Documentation UHC provided did not adequately explain how members, member advocates, Quality Management, and other MCO staff are educated on the peer review process. In the next review (2022), KFMC requested UHC submit policy <i>UHC Quality of Care, Investigation, Improvement of Action and Disciplinary Actions Policy and Procedure</i>, that is identified to address the actions of the organization and management of the peer review process. <u>2022 Review:</u> UHC submitted policy <i>UHC Quality of Care, Investigation, Improvement of Action and Disciplinary Actions Policy and Procedure</i>. The policy addressed the actions of the organization and management of the peer review process. This information is covered during the staff training process and onboarding. 	New	In Progress	In Progress	Fully Addressed

Quality Assessment and Performance Improvement Review

Follow-Up to Previous Recommendations		Completion Status			
		2019	2020	2021	2022
UnitedHealthcare (Continued)					
2019 Recommendations (Continued)					
4.	<p>5.9.11(A) QMS requirements:</p> <ul style="list-style-type: none"> Address QMS requirements for providers surveys, including providing a work plan to the State that contains a timeline, barrier analysis, and intervention(s) to address results. <p>KFMC Update:</p> <ul style="list-style-type: none"> <u>2020 Review</u>: UHC is developing a policy and procedure to address this recommendation. <u>2021 Review</u>: UHC provided documentation that adequately addressed the timeline; however, it did not include barrier analysis, nor intervention(s) to address results as recommended. <u>2022 Review</u>: UHC advised they follow the survey template as provided by the State. The survey and results are conducted by all three Kansas MCO's simultaneously with an approved KDHE Survey instrument. Upon State feedback, UHC will “address and make recommendations related to the substance abuse survey tool and any recommendations related to program interventions...” Through the 2022 Provider Survey Validation process, KFMC learned the joint-MCO provider survey tool has not yet been implemented. This recommendation status continues to be In Progress. 	New	In Progress	In Progress	In Progress
2020 and 2021 Recommendations					
5.	<p>2020: For all areas evaluated as part of the QAPI program, report findings in the annual QAPI evaluation. For example, include high level results from the Continuity and Coordination of Care report in the annual QAPI evaluation.</p> <p>2021: The recommendation continued and was revised to state, “For all areas evaluated as part of the QAPI program, report findings in the annual QAPI evaluation. For example, include value-based programs, cultural competency plan, and HCBS provider credentialing.”</p> <p>KFMC Update:</p> <ul style="list-style-type: none"> <u>2021 Review</u>: Not all areas evaluated as part of the QAPI program were reported in the annual QAPI evaluation. <u>2022 Review</u>: After discussion with the State, the scope of the QAPI Review changed; therefore, this recommendation is no longer applicable. 	Not Yet Reviewed	New	In Progress	No Longer Applicable

Quality Assessment and Performance Improvement Review

Follow-Up to Previous Recommendations		Completion Status			
		2019	2020	2021	2022
UnitedHealthcare (Continued)					
2021 Recommendations					
6.	<p>Detail all areas assessed as part of the QAPI program, in the QAPI work plan and QAPI program description. For example, include the cultural competency plan and <i>Substance Use Disorder Survey</i>.</p> <p>KFMC Update:</p> <ul style="list-style-type: none"> <u>2022 Review:</u> After discussion with the State, the scope of the QAPI Review changed; therefore, this recommendation is no longer applicable. 	Not Yet Reviewed	Not Yet Reviewed	New	No Longer Applicable
7.	<p>In the <i>2022 QAPI Work Plan</i>, include the <i>Provider Satisfaction Survey</i> and HCBS provider credentialing.</p> <p>KFMC Update:</p> <ul style="list-style-type: none"> <u>2022 Review:</u> The <i>2022 QAPI Work Plans</i> dated 5/31/2022 and 11/30/2022 include the Provider Satisfaction Survey (line 70). 	Not Yet Reviewed	Not Yet Reviewed	New	Fully Addressed

Provider Network Adequacy

Follow-Up to Previous Recommendations (2020 and 2021)		2022 Completion Status
Common Among the MCOs		
2020 Recommendations		
1.	<p>Ensure that the MCO’s provider directory is regularly compared with its provider network databases, at a minimum with the quarterly network adequacy reporting, as specified within State network adequacy reporting standards.</p> <p>KFMC Update:</p> <ul style="list-style-type: none"> In 2021, UnitedHealthcare partially addressed this recommendation, noting their provider data systems are amalgamated to ensure that provider information appearing in the provider directory is identical whether in online or printed format. However, UnitedHealthcare did not specify the frequency of comparisons between the provider directory and their provider network databases. In 2022, UnitedHealthcare indicated comparisons are not necessary, as they provided process flows [Data Flow_02042022] to KDHE in February 2022 detailing that the Geo reports, Provider Network, and online and print directories are sourced from the QNAR Report. 	<p>Fully Addressed in 2021:</p> <ul style="list-style-type: none"> Aetna Sunflower <p>Fully Addressed in 2022:</p> <ul style="list-style-type: none"> UnitedHealthcare
2.	<p>Maintain standardization of data fields that may be shared between databases, such as name, address, and provider specialty fields. Consider also including unique identifier fields (e.g., NPI, KMAP ID, MCO-created unique identifier) within all different provider databases.</p> <p>KFMC Update:</p> <ul style="list-style-type: none"> In 2021, UnitedHealthcare did not provide a progress update specifying whether they maintain standardization of data fields that may be shared between databases. In 2022, UnitedHealthcare indicated the data fields are standardized, as they provided process flows [Data Flow_02042022] to KDHE in February 2022 to detail that the Geo reports, Provider Network, and online and print directories are sourced from the QNAR Report. 	<p>Fully Addressed in 2021:</p> <ul style="list-style-type: none"> Aetna Sunflower <p>Fully Addressed in 2022:</p> <ul style="list-style-type: none"> UnitedHealthcare
3.	<p>Kansas primary care practitioners should review their after-hours contact systems against best practices to ensure availability for KanCare members. This should include both assessing the quality of answering machine recordings and updating communication protocols for automated roll-overs to secondary lines (e.g., hospital operators). Additionally, hospital operators, answering services, and other respondents that receive calls rolled over from primary care practices should be knowledgeable of the providers within those provider practices and be able to respond to member questions.</p> <p>KFMC Update: The following are comparisons of the results for the 2021 and 2022 Primary Care Provider After-Hours Access Monitoring studies. In 2021, 67 (5.5%) calls were not answered, compared to 100 (11.5%) in 2022. Results for “Calls in which the caller reached a provider’s answering machine recording that offered no instructions or was incomplete” in the 2021 study included 294 (22.3%), while in the 2022 study, this included 259 (31.0%) of eligible records. In 2021, 90 (7.4%) of records were “Calls in which a person or recording indicated that a provider could not be made available after hours,” compared to 80 (9.6%) in 2022. Regarding calls where a person representing the provider did not know if the provider could be contacted after hours, there were 63 (5.2%) in 2021, and 31 (3.7%) in 2022.</p> <p>While there hasn’t been notable improvement in the results, each MCO reports educating and following up with providers on after-hours access; KFMC considers this fully addressed by each MCO. Going forward, KFMC will consider this recommendation to be part of the continued recommendation for the MCOs to review the findings of the study results and work with providers to improve after-hours access.</p>	<p>Fully Addressed:</p> <ul style="list-style-type: none"> Aetna Sunflower UnitedHealthcare

Provider Network Adequacy

Follow-Up to Previous Recommendations (2020 and 2021)		2022 Completion Status
Common Among the MCOs		
2021 Recommendations		
1	<p>a. The State should use KFMC’s annual Primary Care Provider After-Hours Access Monitoring report to review findings directly with MCOs to ensure each MCO has adopted and operationalized the after-hours availability definition and policy requirements.</p> <p>b. The State should continue to review and work with the MCOs on accuracy and comparability among the various databases.</p> <p>c. The State should consider amendments or addenda to MCO contracts that better define “after-hours availability” and detail requirements and standards, or that the MCOs better define these standards in their provider contracts, which would improve the State’s ability to measure and evaluate after-hours availability.</p> <p>KFMC Update: The State continues to work with the MCOs on after-hours availability expectations, meets with the MCOs regarding access issues, reviews training materials, and continues to review data submitted by the MCOs. The State and KFMC will work together during KFMC’s implementation of the recently published Network Validation EQR Protocol.</p>	Fully Addressed
2	<p>a. KanCare MCOs should review data from this study provided by the State that highlights specific provider issues and follow up with the State on any internal policy changes or any actions taken with providers.</p> <p>KFMC Update:</p> <ul style="list-style-type: none"> Aetna noted that they reviewed the results of the 2021 Access and Availability Survey and the ABH Network team made outreach to all providers who did not meet the standards. Each provider was counselled on the State and ABH contractual requirements. Many cited staffing issues as a reason for the delay in appointment availability. Providers who did not meet After Hours standards were also counselled that an answering machine or instruction to go to the emergency room were not acceptable, and they needed to work with their local hospitals for after-hours coverage. Sunflower noted that they will follow up with any policy changes and actions taken with providers. They continue to educate the providers about their contractual obligations. Education is completed after each access survey and completed through individual outreach, provider relation meetings, joint operation meetings, provider bulletins, joint trainings with the other two MCOs, notifications on their website, CEO forums, and provider training forums. Each time a study is provided to Sunflower, they work providers misidentified as PCPs who are actually specialists and work on correcting their provider data with the State and within their provider data systems. UnitedHealthcare provided four documents as updates: Policy/Procedure Template, Policy Number KSCL-0018, Training Opportunity Announcements, and KanCare All MCO Training Policy presentation. UnitedHealthcare reported meeting with the State and discussing elements under review including asking for future After Hours Monitoring Audits to include group name, group NPI, group TIN, and group KMMS ID. Additionally, UnitedHealthcare worked with the State to incorporate the “Provider Notice of Non-Compliance,” created the training deck for semi-annual provider training inclusive After-Hours Accessibility,” restructured and added a Policy/Procedure in the provider contracts, and updated the Provider Admin Guide to place emphasis on contractual requirements. 	<p>Fully Addressed:</p> <ul style="list-style-type: none"> Aetna Sunflower UnitedHealthcare

Provider Network Adequacy

Follow-Up to Previous Recommendations (2020 and 2021)		2022 Completion Status
Common Among the MCOs (Continued)		
2021 Recommendations (Continued)		
<p>b. KanCare MCOs should establish internal processes to review provider information available through multiple data streams to provide the most up-to-date provider information to the members (e.g., correct phone, currently practicing providers). MCOs should also work to standardize data fields shared between databases (e.g., provider name and address fields) so providers may be uniquely distinguished.</p> <p>KFMC Update: This is not fully in the MCOs’ control, and they addressed the recommendation through the following updates. KFMC will review the recently released Provider Network Validation EQR Protocol and may revisit this topic with future reviews.</p> <ul style="list-style-type: none"> • Aetna noted they rely solely on the State PRN file for demographic information and updates. They direct all providers to Gainwell (the fiscal agent) for any changes. As soon as a change is made with Gainwell, and Gainwell updates the PRN file, ABH systems are automatically updated. The MCOs are not allowed to accept updates from providers and refers them to Gainwell. Aetna only has one database that contains provider information, and all materials available to members are sourced from that database. • SHP completed this and demonstrated it to staff of KDHE at the completion. • UHC noted that there are many factors that must be taken into consideration including the process to ingest the PRN file from Gainwell. As an update, UnitedHealthcare provided UHC KS Customer Servicing Reporting – Job Aid Prior to Attestation. During quarterly outreach, UnitedHealthcare requires the provider to review and attest to provider directory accuracy and completeness. Providers who fail to do so are issued a Letter of Non-Compliance and could be terminated from the network. 	<p>Fully Addressed:</p> <ul style="list-style-type: none"> • Aetna • Sunflower • UnitedHealthcare 	
<p>c. KanCare MCOs should include a refined definition of “after-hours availability” in agreements with their providers.</p> <p>KFMC Update:</p> <ul style="list-style-type: none"> • Aetna noted the provider contract requires providers to abide by the Standards outlined in the Provider Manual, where these standards are clearly outlined. See below from the Provider Contract and the link to the ABH Provider Manual: <ul style="list-style-type: none"> ○ 1.4 Compliance with Company Policies. Entity agrees that it and Network Providers will comply with Company Policies of which Entity knows or reasonably should have known, including, but not limited to, those contained in the Provider Manual, as modified by Company from time to time. ○ https://www.aetnabetterhealth.com/content/dam/aetna/medicaid/kansas/providers/pdf/abhks_provider_manual.pdf, pages 15-21 • Sunflower noted that after-hours availability standards are outlined in their provider manual as well as contracts. • UnitedHealthcare noted that all contracted providers are held to provisions in their contract with UnitedHealthcare to abide by all policies and protocols in the Provider Administrative Guide. Pages 21-23 address a provider's responsibility to keep the provider self-reported directory up to date, attest to accuracy of data semi-annually and to assure after-hours availability to members. In 2002, UHC added the phrase in BOLD, "Recorded Messages are not Acceptable." In addition, UnitedHealthcare led the provider training sessions with this topic and created a notice of provider non-compliance for when providers fail to provide acceptable after-hours availability and access. 	<p>Fully Addressed:</p> <ul style="list-style-type: none"> • Aetna • Sunflower • UnitedHealthcare 	

Provider Network Adequacy

Follow-Up to Previous Recommendations (2020 and 2021)		2022 Completion Status
Common Among the MCOs (Continued)		
2021 Recommendations (Continued)		
<p>d. KanCare MCOs should provide training and technical assistance to providers on how to adequately implement standards on after -hours availability requirements.</p> <p>KFMC Update:</p> <ul style="list-style-type: none"> Aetna’s response was thorough, providing examples of their technical assistance. Aetna reviewed the results of the 2021 Access and Availability Survey, the ABH Network team made outreach to all providers who did not meet the standards. Each provider was counselled on the State and ABH contractual requirements. Many cited staffing issues as a reason for the delay in appointment availability. Providers who did not meet After Hours standards were also counselled that an answering machine or instruction to go to the Emergency Room were not acceptable, and they needed to work with their local hospitals for after-hours coverage. Sunflower provider relations and quality staff continue to monitor the network and provide technical assistance as needed to ensure the network providers are implementing the after -hours standards. UnitedHealthcare indicated the technical assistance is part of their standard operating procedures for the Provider Relations Representatives. They also provided the following attachments as updates; they did not report providing technical assistance: <ul style="list-style-type: none"> Training Opportunity Announcements KanCare All MCO Training Policy presentation 	<p>Fully Addressed:</p> <ul style="list-style-type: none"> Aetna Sunflower UnitedHealthcare 	
<p>e. KanCare MCOs should adopt internal systems of consequences to after -hours availability definition/policy violations by their providers.</p> <p>KFMC Update:</p> <ul style="list-style-type: none"> Aetna noted they reviewed the results of the 2021 Access and Availability Survey, the ABH Network team made outreach to all providers who did not meet the standards. Each provider was counselled on the State and ABH contractual requirements. Many cited staffing issues as a reason for the delay in appointment availability. Providers who did not meet After Hours standards were also counselled that an answering machine or instruction to go to the emergency room were not acceptable, and they needed to work with their local hospitals for after-hours coverage. Aetna reported they have not received many complaints from members regarding access or appointment availability except for HCBS providers where there is a staffing shortage across the state . Sunflower noted that they have progressive steps built into our contracts and policies for violations of our providers and we work with providers on training, technical skills, expectations and will move towards more aggressive consequences as needed as it relates to the contract and the network expectations. UHC noted continued non-compliance to provider after -hours access and availability includes initial calls from provider representatives, followed by the letter on non-compliance, and includes termination from the UHC network for failure to comply. Article V of the Provider contract, "Duties of the Medical Group" Section 5.3, specifically requires adherence to after -hours care and access availability. 	<p>Fully Addressed:</p> <ul style="list-style-type: none"> Aetna Sunflower UnitedHealthcare 	

Provider Network Adequacy

Follow-Up to Previous Recommendations (2020 and 2021)		2022 Completion Status
Common Among the MCOs (Continued)		
2021 Recommendations (Continued)		
<p>f. KanCare MCOs should use findings from KFMC’s annual Primary Care Provider After-Hours Access Monitoring report and post-facto discussion with the State to directly review those providers indicated as having after-hours availability issues and provide best practices, solutions, and consequences.</p> <p>KFMC Update:</p> <ul style="list-style-type: none"> Aetna reviewed the results of the 2021 Access and Availability Survey and made outreach to all providers who did not meet the standards. Each provider was counselled on the State and ABH contractual requirements. Many cited staffing issues as a reason for the delay in appointment availability. Providers who did not meet After Hours standards were also counselled that an answering machine or instruction to go to the emergency room were not acceptable, and they needed to work with their local hospitals for after-hours coverage. Sunflower noted they provide the State and KFMC a follow up plan to the survey and discusses its policies, training and practices at each BBA audit as requested. Sunflower stated, “We believe once Veda is launched we will see accuracy of our provider data increase (i.e., Specialists removed from the PCP classification) further eliminating the errors in these studies.” UnitedHealthcare provided the 2019–2022 KS KFMC Compliance Review Progress Tracker Narrative as an update. In this report, UnitedHealthcare noted, “Work is done with the providers and UHC Provider Reps. They also reported that several providers are seeking to terminate (rural BH) as they cannot afford ‘live’ staff or can’t locate evening and weekend coverage.” (KFMC notes that while there are KanCare after-hours access requirements for other provider types, this specific study pertains to PCPs only.) 	<p>Fully Addressed:</p> <ul style="list-style-type: none"> Aetna Sunflower UnitedHealthcare 	
<p>g. KanCare MCOs should review their information systems to ensure that providers are accurately classified by provider type and specialty.</p> <p>KFMC Update: KFMC acknowledges this is not fully in the MCOs’ control. However, it appears there is some variation among the MCOs on how their provider directories are organized to allow for searches of PCPs that may impact a member’s experience with the directories (e.g., not finding Internal Medicine, Pediatric, or OB/GYNs who are PCPs, or finding someone identified as a PCP, but they are a provider type that would not generally be a PCP, such as a surgeon). Because of the variation among the MCOs’ directories, it appears there may be a way for the MCOs to help improve this issue. One MCO is actively working with providers misidentified as PCPs who are actually specialists, indicating the potential for MCO participation in improvement.</p> <ul style="list-style-type: none"> Aetna noted provider type and specialty are directly pulled from the State PRN file and automatically updated. If a provider is not showing in ABH Systems or the Directory according to their expectation, they would need to reach out to Gainwell to get that issue corrected. Sunflower noted after each study that is completed Sunflower Health Plan reviews network and updates the provider data accordingly. They reported working with providers misidentified as PCPs who are actually specialists and working on correcting their provider data with the State and within our provider data systems. Sunflower partnered with a Vendor (Veda) in Q-4 2022 that will work on provider data validation and accuracy to ensure providers are classified appropriately. UnitedHealthcare noted that there are many factors that must be taken into consideration including the process to ingest the PRN file from Gainwell. UHC provided UCH KS – Customer Services Reporting – Job Aid Prior to Attestation an update. 	<p>Fully Addressed:</p> <ul style="list-style-type: none"> Sunflower <p>Partially Addressed:</p> <ul style="list-style-type: none"> UnitedHealthcare <p>Not Addressed:</p> <ul style="list-style-type: none"> Aetna 	

Appendix G

KanCare Program Annual External Quality Review Technical Report 2022-2023 Reporting Cycle

List of Abbreviations and Acronyms

List of Abbreviations and Acronyms	
Abbreviation/Acronym	Description
AD	Advanced Directives
ADHD	Attention Deficit Hyperactivity Disorder
ADV	Annual Dental Visit
Aetna, ABH, or ABHKS	Aetna Better Health of Kansas
AHRQ	Agency for Healthcare Research and Quality
Amerigroup	Amerigroup Kansas, Inc. (Amerigroup)
AMM	Antidepressant Medication Management (HEDIS measure)
BH	Behavioral Health
BI	Brain Injury
CAHPS	Consumer Assessment of Healthcare Providers and Systems
CC	Care Coordinator
CCC	Children with Chronic Conditions
CCS	Cervical Cancer Screening (HEDIS measure)
CFR	Code of Federal Regulations
CHIP	Children’s Health Insurance Program (Title XXI)
CHW	Community Health Worker
CIS	Childhood Immunization Status
CM	Care Management
CMHC	Community Mental Health Center
CMS	Centers for Medicare & Medicaid Services
COVID-19	Coronavirus Disease 2019
CPESN	Community Pharmacy Enhanced Service Network
CPT-4	Current Procedural Terminology Fourth Edition
CSS	Center for the Study of Services
DHCF	Division of Health Care Finance
DTaP	Diphtheria, Tetanus, and Acellular Pertussis Vaccine
ECHO	Experience of Care and Health Outcomes (ECHO Survey)
ECHO	Extension for Community Healthcare Outcomes (Project ECHO)
ED	Emergency Department
EPSDT	Early and Periodic Screening, Diagnostic, and Treatment
EQR	External Quality Review
EQRO	External Quality Review Organization
FE	Frail Elderly
FM	Fully Met
GC	General Child CAHPS survey population
GIC	Gaps in Care
GSA-SAM	Government Services Administration's System for Award Management
HbA1c	Diabetes Glycated Hemoglobin
HiB	Haemophilus Influenzae B

List of Abbreviations and Acronyms	
Abbreviation/Acronym	Description
HCBS	Home and Community Based Services
HCE	Health Care Equity
HEDIS	Healthcare Effectiveness Data and Information Set
HPV	Human Papillomavirus
HRA	Health Risk Assessment
HST	Health Screening Tool
I/DD	Intellectual/Developmental Disability
ISCA	Information Systems Capabilities Assessment
IPV	Inactivated Poliovirus Vaccine
IVR	Interactive Voice Response
KDADS	Kansas Department for Aging and Disability Services
KDHE	Kansas Department of Health and Environment (Division of Health Care Finance)
KFMC	KFMC Health Improvement Partners
LDL-C	Low-density Lipoprotein Cholesterol
LTC	Long Term Care
LTSS	Long-Term Services and Supports
MCO	Managed Care Organization
MetaStar	MetaStar, Inc.
MH	Mental Health
MM	Member-Months
MM	Minimally Met
MMIS	Medicaid Management Information Systems
MMR	Measles-Mumps-Rubella
MY	Measurement Year
NA	Not Available
NCQA	National Committee for Quality Assurance
NE	Non-Emergent
NF	Nursing Facility
NM	Not Met
NPI	National Program Identifier
NPPES	National Plan & Provider Enumeration System
OIG	Office of the Inspector General
PAHP	Prepaid Ambulatory Health Plan
PARs	PIP Action Report
PCP	Primary Care Physician/Provider
PD	Physical Disability
PDSA	Plan-Do-Study-Act
PH	Physical Health
PIHP	Prepaid Inpatient Health Plan
PIP	Performance Improvement Project

List of Abbreviations and Acronyms	
Abbreviation/Acronym	Description
PM	Partially Met
PMTO	Parent Management Training, Oregon Model
PMV	Performance Measure Validation
POS	Place of Service
pp	Percentage Points
pp/y	Percentage Points Per Year
PRTF	Psychiatric Residential Treatment Facility
QAPI	Quality Assessment and Performance Improvement
QC	Quality Compass (NCQA)
QMS	Quality Management Strategy
SDOH	Social Determinants of Health
SED	Serious Emotional Disturbance
SHCN	Special Health Care Needs
SM	Substantially Met
SMD	Diabetes Monitoring of Members with Diabetes and Schizophrenia
STEPS	Supports and Training for Employing People Successfully
SUD	Substance Use Disorder
Sunflower or SHP	Sunflower Health Plan
Tdap	Tetanus, Diphtheria toxoids, and Pertussis Vaccine
TXIX	Title XIX Grants to States for medical assistance programs (Medicaid)
TXXI	Title XXI State Child Health Insurance Programs (CHIP)
UnitedHealthcare, UHC, or UHCCP	UnitedHealthcare Community Plan of Kansas
VZV	Varicella-Zoster Virus
WCV	Well-Care Visits
WPC	Whole Person Care Program
YLINK	Youth Leaders in Kansas