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August 9, 2021

Sheri Jurad
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Kansas Department of Health & Environment
Division of Health Care Finance
900 SW Jackson St., Room 900
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RE: Evaluation of the 2018 KanCare 2.0 Quality Management Strategy, January 2019–December 2021

Dear Ms. Jurad:

Enclosed is the Evaluation of the 2018 KanCare 2.0 Quality Management Strategy, January 2019–December 2021.

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

Sincerely,

Beth Nech, MA
EQRO Manager

Electronic Version: Theron Platt, Interagency Program Manager
Sarah Fertig, State Medicaid Director, KDHE
Bobbie Graff-Hendrixson, Senior Manager Contracts & Fiscal Agents Operations, KDHE

Enclosures



Evaluation of the 2018 KanCare 2.0 Quality Management Strategy

January 2019-December 2021

Contract Number: 46100

Submission Date: August 9, 2021

Review Team: Ghazala Perveen, MBBS, PhD, MPH, Epidemiologist Consultant
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Prepared



KanCare



Evaluation of the 2018 KanCare 2.0 Quality Management Strategy (January 2019-December 2021) AUGUST 9, 2021

Background/Objectives

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. As the EQRO, KFMC evaluated the 2018 KanCare 2.0 Quality Management Strategy (QMS) submitted to the Centers for Medicare and Medicaid (CMS) in July 2018.

The 2018 KanCare 2.0 QMS stated *“the fundamental goal of both KanCare 2.0 and the State’s QMS is to ensure that each individual receives the right services, in the right place, and at the right time. The goals for KanCare 2.0 serve as the foundation to the revised QMS and our commitment for ensuring Kansans receive the quality health care they rightly deserve”*.¹ The 2018 KanCare 2.0 QMS was implemented over a three-year period (January 2019 through December 2021), and included the following goals and objectives:¹

Goal 1	<i>Improve the delivery of holistic, integrated, person-centered, and culturally appropriate care for all members.</i>
Objective 1.1	Ensure each MCO develops, submits for review, and annually revises its cultural competency plan.
Objective 1.2	Ensure each MCO submits an annual evaluation of their cultural competency plan to KDHE. The MCOs must receive a 100 Met compliance score for all seven elements of the cultural competency plan outlined in the contract.
Objective 1.3a	Stratify data for PMs and utilization by race and ethnicity to determine where disparities exist.
Objective 1.3b	Continually identify, organize, and target interventions to reduce disparities and improve access to holistic and integrated services.
Objective 1.4	Increase the rate of providers who have completed an approved course in delivery of cultural competency training.
Objective 1.5	Increase selected CAHPS HCBS composite scores.
Objective 1.6	Increase selected NCI composite measures.
Objective 1.7	Increase selected NCI-AD composite measures.
Objective 1.8	Increase selected NOMS composite measures.
Goal 2	<i>Improve member experience and quality of life.</i>
Objective 2.1	Increase the response rate for all member-focused surveys to demonstrate statistical significance and promote generalizability to the broader population.
Objective 2.2	Increase composite measure scores for the CAHPS Adult and Child surveys.
Objective 2.3	Increase quality of life survey results collected from the CAHPS-HCBS, NOMS, NCI, and NCI-AD surveys.
Objective 2.4	Increase Mental Health Survey results.
Objective 2.5	Trend critical incident reporting per 1,000 members stratified by: 1) HCBS, and 2) Institutional.
Objective 2.6	Trend grievances per 1,000 members (Current member grievances only).

Goal 3

Improve provider experience and network relationships.

Objective 3.1	Increase results of provider satisfaction survey.
Objective 3.2	Ensure each MCO submits an annual evaluation of their Provider Satisfaction Survey results to KDHE. Each evaluation must provide a work plan that includes a timeline, barrier analysis, and intervention(s) to address results.
Objective 3.3	100% of all claims including adjustments must be processed and paid or processed and denied within ninety (90) calendar days of receipt.
Objective 3.4	Ensure each MCO develops, submits for review, and annually revises its Provider Network Development Plan, including how capacity issues in HCBS, Autism, and TA services have been addressed.
Objective 3.5	Ensure each MCO submits its annual provider training.
Objective 3.6	Ensure the Annual Provider Training Plan and Annual Provider Forum Agenda is submitted to KDHE for review and approval. The MCOs must receive a 100 Met compliance score for all seven elements of the provider services.
Objective 3.7	Ensure KDADS state policy and other program training requirements are met.

Goal 4

Increase access to and availability of services.

Objective 4.1	Improve adult access to primary and preventive care services.
Objective 4.2	Improve children and adolescents' access to primary care practitioners.
Objective 4.3	Improve identification of alcohol and other drug services.
Objective 4.4	Improve mental health utilization (MPTA). [MPTA HEDIS measure reported by: "Any Services, Inpatient, Intensive Outpatient/Partial Hospitalization, Outpatient, ED, and Telehealth"].
Objective 4.5a	Members: Ensure tracking of appeal (pre- and post-service) rate per 1,000 and tracking and trending of final disposition of appeal adjudication (i.e., overturned, upheld, overturned in-part, State Fair Hearing).
Objective 4.5b	Providers: Ensure tracking of appeal (pre- and post-service) rate per 1,000 and tracking and trending of final disposition of appeal adjudication (i.e., overturned, upheld, overturned in-part, State Fair Hearing).
Objective 4.6	Ensure each MCO develops, submits for review, and annually revises its Provider Network Development Plan, including strategies to proliferate telehealth usage.

Goal 5

Increase the use of evidence-based practices for members with behavioral health (Mental Health and Substance Use Disorder), and chronic physical health conditions.

Objective 5.1	Increase follow-up care for children prescribed attention-deficit/hyperactivity (ADHD) medication—initiation phase.
Objective 5.2	Increase follow-up care for children prescribed ADHD medication—continuation and maintenance phase.
Objective 5.3	Reduce use of multiple concurrent antipsychotics in children and adolescents.
Objective 5.4	Increase follow-up after hospitalization for mental illness—7 days.
Objective 5.5	Increase follow-up after hospitalization for mental illness—30 days.
Objective 5.6	Increase rate of HbA1c testing for members with diabetes.
Objective 5.7	Decrease rate of HbA1c poor control (>9.0%) for members with diabetes.
Objective 5.8	Increase rate of HbA1c good control (<8.0%) for members with diabetes.
Objective 5.9	Increase rate of eye exams performed for members with diabetes.
Objective 5.10	Increase medical attention for nephropathy for members with diabetes.
Objective 5.11	Increase blood pressure control (<140/90 mm Hg) for members with diabetes.
Objective 5.12	Increase medication management for people with asthma—medication compliance 50%.
Objective 5.13	Increase medication management for people with asthma—medication compliance 75%.

The focus of the QMS evaluation conducted by KFMC was to assess whether the objectives associated with the goals of the 2018 KanCare 2.0 QMS were met and assisted in the State’s progress towards achieving the overall goals of the KanCare 2.0 program, and to identify opportunities for improvement. Based on the evaluation results, KFMC has also provided recommendations to the State for the development of the revised KanCare 2.0 QMS.

Technical Methods of Data Collection and Analysis

KFMC reviewed performance measure (PM) data to evaluate whether the objectives of the five goals of the KanCare 2.0 QMS were achieved over the three-year implementation period (January 2019 through December 2021). The PM data available for the most current year of the evaluation period were compared with the baseline year data in accordance with the goal/target set for each objective by the State. The PM data were obtained from the documentation provided by KDHE and Kansas Department of Aging and Disability Services (KDADS) for the evaluation of the QMS. The evaluation results were obtained by comparing the PM data for the most current year with the baseline year. The status, and evaluation results, of each objective are described in detail in Appendix A (Tables A.1-A.5). Opportunities for improvement, identified during the evaluation, are contained throughout the Conclusions section below. Recommendations for improvement of the next QMS are located at the end of this report.

Description of the Data Obtained

The multiple data sources used for KFMC’s evaluation of the QMS were either prepared by the State (KDHE or KDADS) or submitted to the State by the Managed Care Organizations (MCOs) and KFMC. The three MCOs that work with the KanCare Program are Aetna Better Health of Kansas (ABH), Sunflower Health Plan (SHP), and UnitedHealthcare Community Plan of Kansas (UHC). KFMC also referenced (see Appendix A) applicable contract requirements in the Kansas Medicaid Managed Care Request for Proposal for KanCare 2.0. Bid Event Number: EVT0005464.¹¹ Following is the list of documentation used for the evaluation:

1. 2018–2020 Annual MCO Contract Review/Audit Reports (data provided by KDHE)
2. KDHE Study Plan to identify disparities (information about the study provided by KDHE)
3. MCOs’ Provider Directories (submitted to the State by MCOs)
4. *2019 CAHPS-HCBS Survey Report* (submitted to the State by KFMC)
5. *2017-2018 National Core Indicators (NCI®) In-Person Surveys, Kansas State Report*²
6. *2018-2019 National Core Indicators In-Person Surveys, Kansas State Report*³
7. *2018-2019 National Core Indicators – Aging and Disabilities Adult Consumer Surveys (NCI-AD™), Kansas State Report*⁴
8. *2019-2020 National Core Indicators – Aging and Disabilities Adult Consumer Surveys, Kansas State Report*⁵
9. *2020 Consumer Assessment of Health Providers and Systems (CAHPS) Health Plan 5.0H Survey Validation Report* (submitted to the State by KFMC)⁶
10. *2018 Kansas Medicaid Mental Health Consumer Perception Survey Report* (submitted to the State by KFMC)
11. *2020 Kansas Medicaid Mental Health Consumer Perception Survey Report* (submitted to the State by KFMC)
12. *2017, 2019 and 2020 Member Satisfaction Survey, A Collaborative Point in Time Survey of Members Using Substance Use Disorder (SUD) Services* (submitted to the State by MCOs)

13. *Kansas Department for Disability and Aging Services (KDADS) HCBS Long-term Care Quality Review Report, July-September 2020.*
14. 2018, 2019 and 2020 MCO Grievances and Appeals Reporting (GAR) reports (submitted to the State by MCOs)
15. *2018, 2019, and 2020 Provider Satisfaction Survey Validation Reports – Aetna Better health of Kansas; Sunflower Health Plan; UnitedHealthcare Community Plan of Kansas* (submitted to the State by KFMC)
16. MCOs’ 2019 and 2020 Claims Reports (submitted to the State by MCOs)
17. *State Training Requirements – KDADS*⁷
18. *Provider Qualification Policy – KDADS*⁸
19. *Provider Qualification Audit Process – KDADS*⁹
20. 2017, 2018 and 2019 Healthcare Effectiveness Data Information Set (HEDIS®).¹⁰

Conclusions Drawn from the Evaluation Results

The PM data for the evaluation of the objectives associated with the five goals of the 2018 KanCare Quality Management Strategy (QMS) are described in detail in Appendix A (Tables A.1-A.5). The evaluation results are summarized below.



Evaluation Results for Kansas (KS) QMS Goal 1:

The eight objectives associated with Goal 1 were directed towards the improvement of the delivery of holistic, integrated, person-centered, and culturally appropriate care to all members. Five of these objectives were evaluated and three objectives could not be assessed (1.4, 1.5, and 1.8). Out of the five objectives that were evaluated, two were Fully Met (Objectives 1.1 and 1.2); one was In Progress (Objective 1.3a and 1.3b); and two were Partially Met (Objectives 1.6 and 1.7).

Fully Met

Objectives 1.1 and 1.2

Objective 1.1 was related to the development, submission for review, and annual revision of the Cultural Competency Plan by each MCO. Objective 1.2 was related to the submission of the annual evaluation of the Cultural Competency Plan by each MCO. The three MCOs met the PMs for both objectives. Based on these evaluation results, it was concluded that Objectives 1.1 and 1.2 were Fully Met.

In Progress

Objective 1.3

Objective 1.3 had two components and was related to the identification of disparities and development of interventions to reduce the identified disparities. For Objective 1.3a and 1.3b, KDHE is conducting a study on four selected HEDIS measures (Adults' Access to Preventive/Ambulatory Health Services (AAP); Child Annual Dental Visits (Child ADV); Prenatal and Postpartum (PPC); Well Care Visits (AWC) for ethnicity, race, county type, sex and age to determine if disparities exist and to address identified disparities accordingly. The results of the analysis of the 2019 HEDIS measures will provide baselines for this objective. Based on the results of the study, KDHE will identify, organize and target interventions to reduce any observed disparities. As the study is still in progress, it is concluded that the two components of the Objective 1.3 are In Progress.

Partially Met

Objectives 1.6 and 1.7

Objective 1.6 was related to the improvement of the NCI Survey composite measures. As the data for the composite measures were not available in the most current survey report, instead of the composite measures, fourteen individual questions were assessed as the PMs for this objective. Out of these fourteen measures, the performance targets were met for five measures and not met for nine measures. Based on the results for assessment of these fourteen PMs, it was concluded that Objective 1.6 was Partially Met. Objective 1.7 was related to the improvement of the NCI-AD Survey composite measures. As the data for composite measures were not available, eleven individual questions were assessed as the PMs for this objective. Out of these eleven measures, the performance targets were met for four measures and not met for seven measures. Based on the assessment results of these eleven PMs, it was concluded that Objective 1.7 was Partially Met. Please note, due to the Coronavirus (COVID-19) pandemic, the 2019–2020 NCI-AD Survey data collection period was unexpectedly abbreviated, and all data collection stopped in April 2020. The 2019–2020 NCI-AD Survey Report provided the results based on data collected from 284 members which may not be fully representing the program populations (2018–2019 NCI-AD Survey results were based on data collected from 403 members), therefore caution is needed in comparing these results with those of the baseline year.⁵ However, the results for the 2019–2020 survey were similar to the 2018-2019 survey results indicating the comparison is valid.

Objectives Not Assessed

Objectives 1.4, 1.5, and 1.8 were not assessed. As of December 2020, CMS no longer requires the assessment of Objective 1.4, which is related to the improvement in the rate of providers who have completed an approved course in delivery of cultural competency. The State informed KFMC the objective will not be carried over in the revised QMS. Objective 1.5, related to the improvement of CAHPS-HCBS composite scores, was not assessed due to unavailability of data. The HCBS CAHPS Survey was conducted in 2019, however, it could not be conducted in 2020 due to the COVID-19 pandemic. The State is focusing on the NCI and NCI-AD Surveys. If additional resources will be available, then the focus

will be to increase the NCI and NCI-AD Survey samples. Objective 1.8 is related to the improvement in the National Outcome Measurement System (NOMS) composite measures among Medicaid members. Currently, data for the NOMS measures are not collected. KDADS is working on developing a data source for the collection of these data.

Opportunities for Improvement

The following opportunities for improvement were identified based on the above-mentioned evaluation results for the QMS Goal 1:

- Performance measures were not clearly defined for five objectives. For two objectives, data were not available for the type of PMs indicated in the objective statement (composite measures). For one objective, the existing data source and data collection process was not in place.
- Objective 1.6 is related to the KS NCI Survey, which is a survey of Medicaid eligible members, 18 years and older, receiving at least one Intellectual/Developmental Disability (I/DD) waiver service (not including Intermediate Care Facilities for individuals with Intellectual Disabilities [ICFs-ID]).¹² The evaluation of this objective is based on PMs related to the choice and decision making by the members, service coordination, and access domains indicated some areas for improvement, as the evaluation results showed that members receiving I/DD waiver services need:
 - Information and assistance for making choices and decisions for daily living and needed care;
 - Better service coordination so as to have ability to contact case manager when they want; and
 - Staff with appropriate training to meet members' needs for daily living and health care.
- The KS NCI-AD Survey targets adults and seniors participating in the Frail Elderly (FE), Physical Disability (PD) and Brain Injury (BI) waiver programs to receive the long-term services and supports (LTSS).^{4,5} The evaluation of Objective 1.7, based on PMs related to the self-direction, service coordination, care coordination, health care, and medication domains, indicated some areas for improvement. The evaluation results showed that the adults and seniors participating in the FE, PD and BI waiver programs need:
 - Information and assistance for making choices and decisions for receiving needed services and understanding their prescription medication needs;
 - Better service coordination so as to have ability to contact case manager when they need and their long-term services meet their current needs; and
 - Better care coordination to meet their health care needs (appointments with the primary care physicians when needed and seeing behavioral health providers for behavioral health issues).
- The experience of care measures among members receiving HCBS and behavioral health services based on NOMS data could provide information to improve the quality of services for KanCare members. Currently, these NOMS measures are not collected by KDADS, indicating a need for the development of a data source and data collection process in the future. KDADS informed KFMC the process is being established.

Evaluation Results for KS QMS Goal 2:

The six objectives associated with Goal 2 were directed towards the improvement of member experience and quality of life. Of the six objectives, all were Partially Met. One component of Objective 2.2, and two components of Objective 2.3 were not assessed.

Partially Met

Objective 2.1

Objective 2.1 was related to the increase in the response rate for all three member-focused surveys (CAHPS Survey, Kansas Medicaid Mental Health [MH] Consumer Perception Survey, and the MCOs' SUD

Member Satisfaction Survey). As the number of completed surveys are key to the generalizability and validity of the results for these member-focused surveys, instead of the survey response rates as specified in the objective statement, the achievement of the goals for the number of completed surveys was used as the performance targets for the three components of this objective.

For the CAHPS Survey component, the number of completed surveys for five populations, as per the National Committee for Quality Assurance (NCQA) goal, were examined for the MCOs' surveys. The five populations include Adult, Title XIX (Medicaid) General Child (GC), Title XXI (Childrens Health Insurance Program–CHIP) GC, Title XIX Children with Chronic Conditions (CCC) and Title XXI CCC populations. Aetna conducted its first survey in 2020 (ABH contracted started in 2019). For the 2020 survey, Aetna met the goal for the adult and three out of four child populations, whereas Sunflower and UnitedHealthcare met the goal for only one of the child populations. In the baseline year (2018), SHP met the goal for all five populations (adult and four child populations), and UHC met the goal for four populations (adult and three child populations). In 2019, Sunflower met the goal for all five populations, whereas UnitedHealthcare met the goal for three populations (adult and two child populations). Not reaching the NCQA goal for all five populations in 2020 by Sunflower and UnitedHealthcare may be due to the impact of the COVID-19 pandemic.

For the MH Survey component, the goal for the number of completed surveys was achieved for both adult and youth surveys. For the MCOs' SUD Survey component, the goal for number of completed surveys was not achieved. Though there may be an impact from the COVID-19 pandemic on the 2020 SUD survey implementation, the data for the surveys conducted in the baseline years by three MCOs also showed completion of very few surveys.

Based on the above-mentioned evaluation results for the three components of the objective (CAHPS Survey: Partially Met; MH Survey: Fully Met; and SUD Survey: Not Met), it was concluded that Objective 2.1 was Partially Met.

Objective 2.2

Objective 2.2 was related to the increase in the composite measure scores for adult and child CAHPS surveys (KanCare, ABH, SPH and UHC components). KDHE selected two composite measures and four questions as PMs for this objective. The ABH contract started in 2019 and their first CAHPS survey was in 2020; as data were available for only one year of the QMS evaluation period, the objective could not be assessed for its ABH component. For the KanCare, SHP and UHC components, a PM status was considered Met if the performance target was met for all adult and child populations, whereas it was considered Partially Met if the target was met for some but not all adult and child populations. For the KanCare component, PMs were assessed for the Adult, GC and CCC populations. For the MCOs' components, PMs were assessed for the Adult, TIX GC, TXXI GC, TIX CCC, and TXXI CCC populations. Three KanCare PMs were Met and three were Partially Met; whereas all six PMs were Partially Met for the SHP and UHC components. Based on the assessment of the six performance measures for the adult and child survey populations for the KanCare, SHP and UHC components, it was concluded that Objective 2.2 was Partially Met.

Objective 2.3

Objective 2.3 was related to the increase in quality of life results collected from NOMS, and the CAHPS-HCBS, NCI, and NCI-AD surveys (four components). The HCBS CAHPS and NOMS components were not assessed, as previously discussed. For the NCI Survey component, 18 measures were assessed. Of these measures, 3 were Met and 15 were Not Met. Of the 17 NCI-AD measures assessed, 4 were Met and 13 were Not Met. It was concluded that Objective 2.3 was Partially Met.

Objective 2.4

Objective 2.4 was related to the increase in MH adult and youth survey results. Five PMs were assessed (three measures for adults and two measures for youth); two were Met and three were Not Met. Based on the assessment results of these five PMs, it was concluded that the Objective 2.4 was Partially Met.

Objective 2.5

Objective 2.5 was related to the trending of the Critical Incident Reporting stratified by HCBS and Institutional strata (two components). The KDADS Quality Review Report included the state and MCOs' data for the HCBS stratum as the "percentages of critical incidents reported," instead of the data for the "Critical Incident Reporting per 1,000 members," as specified in the objective. Due to this caveat related to the data provided by KDADS, the objective was evaluated by assessing whether percentages of the critical incidents were reported for the State and three MCOs for the two PMs selected. The most recent report provided percentages for the critical incidents reported for 2019 and for the first three quarters of 2020. Based on these data, it was concluded that the HCBS stratum of Objective 2.5 was Met. The Objective with regard to Critical Incident Reporting by Institutional stratum, was Not Met, as tracking of this data did not occur. It was concluded that Objective 2.5 was Partially Met.

Objective 2.6

Objective 2.6 was related to the trending of grievances per 1,000 members by the three MCOs. This performance target (downward trend) was Met by Aetna and Sunflower, whereas it was Not Met for UnitedHealthcare. Based on the assessment results of this PM, it was concluded that Objective 2.6 was Partially Met.

Opportunities for Improvement

The following opportunities for improvement were identified based on the above-mentioned evaluation results for the QMS Goal 2:

- Most of the objectives for the Goal 2 were not clearly stated or well defined. Additionally, some of the objectives were not easily measurable or did not include the specific PMs that were intended to be measured for assessment. Some objectives included PMs that were not appropriate for the evaluation of the objective (e.g., the survey response rate instead of the number of completed surveys as per national/survey specific standards), and some of the PMs were not assessable as either the PM data were not collected or not all of the data elements needed to measure/calculate the PMs were available from the data sources (e.g., Objective 2.3 and Objective 2.5).
- As indicated by the evaluation results of the PMs for the CAHPS Survey component of Objective 2.1, the MCOs did not reach the NCQA goal for the number of completed surveys for all of the adult and child populations. Similarly, as indicated by the evaluation results of the PMs for the SUD Survey component of Objective 2.1, the MCOs did not reach the goal for the number of completed surveys.
- The key areas for improvement, identified by the assessment of the CAHPS Survey PMs for Objective 2.2, were the rating of health care among child populations and availability of specialist appointments as soon as needed by the adult and child populations.
- The evaluation results of the PMs for the NCI Survey component of Objective 2.3, related to choice and decision making by the members, work, self-determination, community inclusion, relationships and safety domains, indicated some areas for improvement in the I/DD waiver program, including:
 - Information and assistance for making choices and decisions for daily living, employment supports, and finance management;
 - Increased opportunities for social activities and interactions with the friends and family; and
 - Enhancement of measures ensuring their safety.

- The evaluation results of the PMs for the NCI-AD Survey component of Objective 2.3, related to the community participation, choice and decision making, relationships, everyday living, rights and respect, safety, wellness, work and affordability domains, indicated some opportunities for improvement in the FE, PD and BI waiver programs. These include:
 - Increased opportunities for social activities and interactions with the friends and family;
 - Information and assistance for making choices and decisions for their daily living;
 - Adequate and timely assistance to address their everyday living needs;
 - Respect from the staff and recognition of their rights;
 - Enhancement of measures ensuring their safety;
 - Employment supports; and
 - Supports to address their financial worries.
- The evaluation results of Objective 2.4, based on the MH Survey PMs related to the service quality and appropriateness, and employment domains for adults, and crisis management among youth, indicated areas for improvement. The results showed that adult KanCare members need encouragement to use consumer-run programs and supports to enhance their satisfaction with their employment. Also, better assistance with crisis management is needed for KanCare youth members 0-17 years.
- The quality of life measures among members receiving HCBS and behavioral health services, based on NOMS data, could provide information on services available to KanCare members to improve their quality of life. Currently, these NOMS measures are not collected by KDADS, indicating a need for the development of a data source and data collection process to initiate the collection and utilization of these data to monitor and improve member quality of life.

Evaluation Results for KS QMS Goal 3:

The seven objectives associated with Goal 3 were directed towards the improvement of the provider experience and network relationships. Out of these seven objectives, six were assessed (Objectives 3.1, 3.3–3.7) and one was not assessed (Objective 3.2). Of the six objectives that were assessed, three were Fully Met (Objectives 3.5, 3.6 and 3.7), two were Partially Met (Objectives 3.3 and 3.4) and one was Not Met (Objective 3.1).

Fully Met

Objectives 3.5, 3.6, and 3.7

Objective 3.5 was related to submission of an Annual Provider Training to the State by each MCO, whereas Objective 3.6 was related to the submission of an Annual Provider Training Plan and Annual Provider Forum Agenda to KDHE by each MCO for the review and approval. The PMs for Objectives 3.5 and 3.6 were Fully Met. Objective 3.7 was directed towards KDADS for policy and other program training requirements, and the PMs for this objective were Fully Met.

Partially Met

Objectives 3.3 and 3.4

Objective 3.3 was directed towards 100% of all claims to be processed and paid, or processed and denied, within 90 calendar days of receipt. The PM for this objective was met by UnitedHealthcare and not met by Aetna and Sunflower (though substantially met by both MCOs). Objective 3.4 was related to the development, submission for review, and annual revision of the Provider Network Development Plan including how capacity issues in HCBS, Autism, and Technical Assistance (TA) services have been addressed by each MCO. The PM for Objective 3.4 was met by SHP and UHC and not met by ABH. Based

on the results for assessment of PMs for the both objectives, it was concluded that Objectives 3.3 and 3.4 were Partially Met.

Not Met

Objective 3.1

Objective 3.1 was related to the improvement in Provider Satisfaction Survey results by the MCOs. The surveys conducted in the baseline and subsequent years by the MCOs achieved very low response rates and a low number of completed surveys, thus providing survey results that were not valid and not representative of the MCOs' provider networks. As MCOs' survey results were not valid, it was concluded that Objective 3.1 was Not Met. To improve the Provider Satisfaction Survey methodology and increase the likelihood of the MCOs producing valid results, KDHE submitted a contract amendment to CMS on March 29, 2021, and received CMS approval July 29, 2021.

Objectives Not Assessed

Objective 3.2, related to the submission of an annual evaluation of the Provider Satisfaction Survey results to KDHE, was not assessed as the MCOs were not required to submit an annual evaluation of their Provider Satisfaction Survey results to the State at the time of this evaluation. KDHE submitted a contract amendment, requiring this of the MCOs, to CMS on March 29, 2021, and received CMS approval July 29, 2021. Implementation will occur with the MCOs' 2021 provider surveys.

Opportunities for Improvement

The following opportunities for improvement were identified based on the above-mentioned evaluation results for QMS Goal 3:

- One of the objectives did not include the specific PMs that were intended to be measured for assessment indicating a need to improve the construction of the objective statement.
- The number of completed surveys and the response rates for the Provider Satisfaction Surveys conducted by the MCOs were very low. The data obtained from these surveys were not valid and not representative of the MCOs' provider networks.
- As indicated by the evaluation status of Objective 3.3, the claims processing by two MCOs (ABH and SHP) did not quite reach the target of 100%.
- As indicated by the evaluation status of Objective 3.4, ABH did not develop, submit for review, and annually revise its Provider Network Development Plan including how capacity issues in HCBS, Autism, and TA services have been addressed.

Evaluation Results for KS QMS Goal 4:

The six objectives associated with Goal 4 were directed towards improvement in the access to and availability of services. All six objectives were evaluated. Of the six objectives, one was Fully Met (Objective 4.1); three were Partially Met (Objectives 4.2, 4.5 and 4.6); and two were Not Met (Objectives 4.3 and 4.4).

Fully Met

Objective 4.1

The HEDIS measure, Adults' Access to Preventive/Ambulatory Health Services (AAP), was assessed for the evaluation of Objective 4.1. The performance target for this measure was Fully Met. Based on this evaluation result, it was concluded that Objective 4.1 was Fully Met.

Partially Met

Objective 4.2

The four age strata for the HEDIS measure, Children and Adolescents' Access to Primary Care Practitioners (CAP), were assessed for the evaluation of Objective 4.2. The performance target for the CAP measure was only met for the age group 12-24 months, and not for the other three age groups (25 Months-6 years, 7-11 years and 12-19 years), indicating Objective 4.2 was Partially Met.

Objective 4.5

Objective 4.5 has two components: a) tracking of member appeals (pre- and post-service) rate per 1,000 members and tracking and trending of final disposition of appeal adjudication (i.e., overturned, upheld, overturned in-part, State Fair Hearing) by each MCO; and b) tracking of provider appeals (pre- and post-service) rate per 1,000 members and tracking and trending of final disposition of appeal adjudication (i.e., overturned, upheld, overturned in-part, State Fair Hearing) by each MCO. KDHE selected two PMs, the downward trend in the number of appeals per 1,000 members for each year by each MCO, and downward trend in the percent of appeals that are reversed each year by each MCO for both components of this objective. The PMs for both of these components were met by Aetna, and not met by Sunflower and UnitedHealthcare. Based on these evaluation results, it was concluded that Objective 4.5 was Partially Met.

Objective 4.6

Objective 4.6 was related to the development, submission, and revision of the Provider Network Development Plan including the strategies to proliferate telehealth usage by each MCO. The performance target was partially met by Sunflower, whereas not met by Aetna and UnitedHealthcare. Based on these evaluation results, it was concluded that Objective 4.6 was Partially Met.

Not Met

Objectives 4.3 and 4.4

The HEDIS measures, Initiation & Engagement of Alcohol & Other Drug Abuse or Dependence Treatment (IET), and Mental Health Utilization (MPT) were assessed for the evaluation of Objectives 4.3 and 4.4, respectively. The performance targets for both Initiation and Engagement components of the IET measure were not met, indicating Objective 4.3 was Not Met. The performance targets for the three components of the MPT measure, MPT – Emergency Department, MPT – Inpatient and MPT – Outpatient components, were not met, indicating Objective 4.4 was Not Met.

Opportunities for Improvement

The following opportunities for improvement were identified based on the above-mentioned evaluation results for QMS Goal 4:

- As indicated by the status of the performance measures for the Objectives 4.2, 4.3 and 4.4, performance targets for the following were not fully met: access to primary care practitioners among children and adolescents, initiation and engagement of alcohol and other services among the members with substance use disorders and mental health service utilization by the members with behavioral health issues.
- As indicated by the evaluation results for the two components of Objective 4.5, the Member and Provider appeals did not decrease across all MCOs, and reversal of appeals did not decrease across two MCOs. The results for these PMs indicated opportunities for improvement.
- Based on the evaluation results for Objective 4.6, the MCO development, submission for approval and revision of the Provider Network Development Plan that includes strategies to proliferate telehealth usage is identified as an area for improvement.

Evaluation Results for KS QMS Goal 5:

The thirteen objectives associated with Goal 5 were directed towards the increase in the use of evidence-based practices for members with behavioral health (mental health and substance use disorder), and chronic physical health conditions. HEDIS measures were used as the PMs for all the objectives. Out of thirteen objectives, ten were assessed (Objectives 5.1, 5.2, 5.4, 5.5, 5.7, 5.11, and 5.13) and three were not assessed (Objectives 5.3, 5.6 and 5.12). Out of the ten objectives that were assessed, two were Fully Met (Objectives 5.1 and 5.11); two were Partially Met (Objectives 5.4 and 5.5); and six were Not Met (Objectives 5.2, 5.7–5.10, and 5.13).

Fully Met

Objectives 5.1 and 5.11

The HEDIS measure, Follow-Up Care for Children Prescribed Attention-Deficit/ Hyperactivity (ADHD) Medication (ADD) — Initiation Phase, was assessed for the evaluation of Objective 5.1. The HEDIS measure, Comprehensive Diabetes Care (CDC) — Blood pressure control (<140/90 mm Hg) for members with diabetes, was assessed for the evaluation of Objective 5.11. The performance targets for the PMs for both objectives were met, indicating both Objectives 5.1 and 5.11 were Fully Met.

Partially Met

Objectives 5.4 and 5.5

The HEDIS measure, Follow-Up After Hospitalization for Mental Illness —7 days (FUH), was assessed for the evaluation of Objective 5.4. The HEDIS measure, Follow Up After Hospitalization for Mental Illness — 30-days (FUH), was assessed for the evaluation of the Objective 5.5. For both objectives, the total measures and the measures for three age groups were assessed. The performance targets for both total measures were met based on continued greater than 90th Quality Compass (QC) Percentile. Performance targets, based on reducing the gap between baseline rate and 100%, were not met for the three age strata. Based on these results for both objectives, it was concluded that the Objectives 5.4 and 5.5 were Partially Met.

Not Met

Objectives 5.2, 5.7-5.10, and 5.13

The HEDIS measures, Follow-up Care for Children Prescribed Attention-Deficit/ Hyperactivity (ADHD) Medication (ADD) — Continuation and Maintenance Phase, CDC — Hemoglobin A1c (HbA1c) Poor Control (>9.0%), CDC – HbA1c good control (<8.0%), CDC – Eye Exams, CDC – Medical Attention for Nephropathy and Medication Management for People with Asthma (MMA) — medication compliance 75%, were assessed for Objectives 5.2, 5.7–5.10, and 5.13, respectively. The performance targets for the above-mentioned PMs were not met. Based on these results, it was concluded that the Objectives 5.2, 5.7–5.10, and 5.13 were Not Met.

Objectives Not Assessed

Objectives 5.3 and 5.6 were not assessed, as the data for the HEDIS measures associated with these objectives (the Use of Multiple Concurrent Antipsychotics in Children and Adolescents [APC] measure and CDC – HbA1c, respectively) were no longer collected by NCQA (retired measures from 2019 onwards). Objective 5.12 was not assessed; the PM was Medication Management for People with Asthma (MMA) — medication compliance 50% (HEDIS measure). KDHE instead focused on Objective 5.13 (MMA—medication compliance 75%).

Opportunities for Improvement

The following opportunities for improvement were identified based on the above-mentioned evaluation results for QMS Goal 5:

- As indicated by the status of the performance measures for Objectives 5.2, 5.4, 5.5, 5.7–5.10, and 5.13, targets were not fully met for the following: continuation and maintenance phase of follow-up care for children prescribed ADHD medication, follow-up after hospitalization for mental illness after 7 days and after 30 days, comprehensive diabetes care for the members with diabetes (HbA1c control, performance of eye exams, and medical attention for nephropathy), and medication management for people with asthma.

Recommendations for the Revision of the KanCare 2.0 Quality Management Strategy

1. The objective should be clearly stated and should be designed as SMART (Specific, Measurable, Attainable/Achievable, Relevant and Time-Bound) objectives.¹³ The objective should be “*Specific*,” i.e., it should be concrete, and well-defined indicating what is intended to be achieved. The objective should be “*Measurable*,” i.e., quantifiable to assess a change has occurred indicating whether the intended result of the objective is achieved. The objective should be “*Attainable/Achievable*,” i.e., it is feasible and actionable and can be done in the proposed time frame with the available resources and supports. The objective should be “*Relevant*,” i.e., it has the ability to have an effect on the desired goal or strategy. The objective should be “*Time-bound*,” i.e., have a time frame indicating when it will be achieved. To design SMART objectives, consider to:
 - Use a concise statement for the objective that provides crucial information about what is intended to be achieved, how the intended change will be measured and the time frame for measuring the intended change;
 - Select well-defined and appropriate performance measures that are in alignment with the statement of the objective;
 - Select specific performance measures for the assessment of the objectives at the time of developing the objectives;
 - Select performance measures for which data are readily available and collected over several years to measure the progress of the objective over a required time period;
 - Ensure existing data sources that will be used to abstract the data for the performance measures are well-established, readily available, have data for multiple years and can provide data to quantify the measure directly or provide data components required for the calculation of the measure;
 - Continue to select, if possible, the measures that are available from the nationally recognized and well-established data sources, such as HEDIS, Member and Provider Surveys (CAHPS Survey measures, NCI Surveys measures, NCI-AD survey measures, MH Survey, SUD Survey, Provider Satisfaction Survey), Grievance and Appeals Reporting System, and MCO Contract Reviews; and
 - If a performance measure is selected for which a data source does not currently exist, ensure a new data source and data collection process can be established in a timely manner.
 - When developing performance targets, consider change in rates in addition to QC percentiles, since a QC percentile may be high, but the rates are low or decreasing over time.
2. Continue to include in the next version of the KanCare 2.0 Quality Management Strategy the following topics:
 - a. Identification of disparities in access to preventive/ambulatory health services among adults,

- annual dental visits among children, prenatal and postpartum care and well care visits by race, ethnicity, county type, sex and age.
- b. Identification and implementation of the interventions to reduce identified disparities in access to preventive/ambulatory health services among adults, annual dental visits among children, prenatal and postpartum care and well care visits by race, ethnicity, county type, sex and age.
 - c. Assessment of, and improvement in, choice and decision making, access to community, service coordination, access to care and understanding of reason for taking prescription medication among adult members and seniors with physical and behavioral disabilities using performance measures from NCI and NCI-AD surveys.
 - d. Assessment of improvement in quality of services for KanCare members receiving HCBS and behavioral health services by using NOMS' experience of care and quality of life measures.
 - e. Assessment of member and provider focused surveys reaching their goals for the number of complete surveys, to ensure valid and representative data are available for the performance measures needed to evaluate quality of and access to care for KanCare members.
 - f. Assessment of the KanCare members' experience with and ratings of their health care providers and plans using CAHPS, MH, NCI and NCI-AD survey measures.
 - g. Assessment of improvement in critical incident reporting trends by HCBS and institutional strata. Determine data source for tracking and trending critical incidents in institutions.
 - h. Assessment of the annual downward trend for grievances per 1,000 members by MCOs.
 - i. Assessment of submission by each MCO an annual evaluation of their Provider satisfaction Surveys.
 - j. Assessment of the percentage of claims including adjustments being processed and paid or processed and denied within ninety (90) calendar days of receipt.
 - k. Assessment of MCOs' Provider Network Development Plans for inclusion of 1) how capacity issues in HCBS, Autism, and TA services have been addressed, and 2) strategies to increase telehealth usage.
 - l. Assessment of improvement in access to and availability of services by KanCare members by measuring children and adolescents' access to primary care practitioners, identification of alcohol and other drug services, and mental health utilization (ED, inpatient and outpatient visits).
 - m. Assessment of the downward trends in 1) Member and provider appeal rate per 1,000 members, and 2) percentages of reversed appeals.
 - n. Assessment of increase in the use evidence-based practices for members with behavioral health and chronic physical health conditions by measuring follow-up care for children who were prescribed ADHD medication, 7-days and 30-days follow-up after hospitalization of mental health illness, comprehensive diabetes care (diabetes control, eye exams, medical attention for nephropathy, and blood pressure control) among members with diabetes and 75% asthma medication compliance among members with asthma.
3. KDADS should continue their efforts to establish a data source and data collection process to initiate the continuous collection and utilization of NOMS data in the future.
 4. Ensure MCOs' Quality Assessment Performance Improvement plans include specific strategies for how they will address the KanCare 2.0 QMS objectives. Suggestions include the following:
 - a. To improve the delivery of holistic, integrated, person-centered, and culturally appropriate care for KanCare members, 18 years and older, receiving at least one I/DD waiver service, MCOs should consider the following:
 - Implement strategies to provide adequate information and assistance to members for making choices and decisions for daily living and needed care;
 - Ensure better service coordination by hiring an adequate number of well-trained case

- managers with the processes in place to ensure they can be reached by the members as needed; and
- Ensure an adequate number of staff are hired and appropriate trainings (initial and refreshers) are provided to equip them with skills to meet members' needs for daily living and health care.
- b. To improve the delivery of holistic, integrated, person-centered, and culturally appropriate care for adult and senior members participating in the FE, PD and BI waiver programs, MCOs should consider the following:
- Implement strategies to provide adequate information and assistance to members for making choices and decisions for receiving needed services and understanding their prescription medication needs;
 - Further improve service coordination by ensuring an adequate number of well-trained case managers with appropriate resources available to them to be reached by the members as needed, as well as by aligning members' long-term services with their current needs; and Continue to expand care coordination efforts to meet members' physical and behavioral health care needs.
- c. Member Surveys are a valuable source for providing information needed to monitor and improve the MCOs' efforts to meet members' health care needs. As the number of completed surveys are key to the generalizability and validity of the results for these member-focused surveys, the achievement of the goals for the number of completed surveys for these surveys are needed. MCOs should:
- Continue their efforts to achieve every year the NCQA goal for the number of completed surveys for the adult and child populations of the CAHPS Surveys.
 - Apply robust survey methodology and strategies to ensure adequate number of completed surveys are obtained every year for the SUD Surveys.
- d. MCOs should further implement strategies to ensure their adult and child members have timely access to appointments with specialists. MCOs should conduct further assessment to identify reasons members indicate a need for improved timely access to specialists. Develop and implement processes to address these reasons.
- e. To improve the quality of life of the members, 18 years and older, receiving at least one I/DD waiver service, MCOs should consider the following:
- Implement strategies to provide adequate information and assistance for making choices and decisions for daily living, employment supports, and finance management;
 - Increase opportunities for the members to be involved in social activities and interactions with the friends and family; and
 - Enhance measures to ensure members' safety.
- f. To improve quality of life of adult and seniormembersparticipating in the FE, PD and BI HCBS waiver programs, MCOs should consider the following:
- Improve the opportunities for the social activities and interactions of the members with friends and family;
 - Implement strategies to provide adequate information and assistance to members for making choices and decisions for their daily living;
 - Ensure adequate and timely assistance to address members' everyday living needs;
 - Provide adequate training to staff to be respectful to the members and to recognize their rights;
 - Enhance measures to ensure member safety; provision of employment supports; and supports to address financial worries.

- g. To improve quality of life of members receiving one or more mental health services, MCOs should:
- Ensure case managers and staff encourage and assist adult members to use consumer-run programs;
 - Provide supports to adult members to enhance satisfaction with their employment; and
 - Provide adequate training and resources to staff to ensure provision of better assistance to members 0-17 years (youth) for crisis management.
- h. The Provider Surveys are a valuable source to obtain information related to provider experience and network relationships to improve provision of the quality health care to the members. To obtain valid results from the Provider Satisfaction Surveys, MCOs should:
- Use a robust scientific survey methodology (simple or stratified random sampling methods) with application of the scientifically appropriate sampling and sample size calculation techniques;
 - Implement strategies to achieve an adequate survey response rate and number of completed surveys.
- Note: KDHE submitted a contract amendment, requiring these of the MCOs, to CMS on March 29, 2021, and received CMS approval July 29, 2021. Implementation begins with 2021 surveys.
- i. MCOs should further improve their claim processing systems to ensure 100% of all claims including adjustments processed and paid, or processed and denied, within 90 calendar days of receipt.
- j. Aetna should develop, submit for review, and annually revise its Provider Network Development Plan that include how capacity issues in HCBS, Autism, and TA services have been addressed, as well as strategies to proliferate telehealth usage. Sunflower and UnitedHealthcare should include strategies to proliferate telehealth usage in their Provider Network Development Plans.
- k. MCOs should improve the access to primary care practitioners among children and adolescents, apply strategies to improve initiation and engagement of alcohol and other drugs services among members with substance use disorders, and increase efforts to improve the utilization of mental health services by members with behavioral health issues.
- l. To improve the use of evidence-based practices for members with behavioral health (mental health and substance use disorder) issues, and chronic physical health conditions, the MCOs should apply strategies to improve the continuation and maintenance phase of follow-up care for children prescribed ADHD medication; the follow-up after hospitalization for mental illness after 7 days and after 30 days; the comprehensive diabetes care for the members with diabetes (HbA1c control, performance of eye exams, and medical attention for nephropathy); and the medication management for people with asthma (medication compliance 75%). To achieve these improvements, MCOs should:
- Further strengthen care coordination efforts, particularly for members with behavioral health issues and chronic conditions, such as diabetes and asthma, by implementing strategies to keep primary care physicians and primary behavioral health providers informed and up-to-date about the care received by the members from other doctors and health providers, as well as about their hospitalizations;
 - Further review the 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;
 - Encourage providers to discuss with adult members, parents/guardians, and youth whether the member receives care or services elsewhere, request releases of information, and

- establish bi-directional ongoing communication with the other providers and the providers at the hospitals who provided care to the members while they were hospitalized;
- 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);
 - Ensure case managers have up-to-date information about the members who are hospitalized for their chronic or behavioral health issues and assist them with their post-hospitalization follow-up appointments with the primary care and behavioral health providers in a timely manner;
 - Encourage providers to discuss with adult members, parents/guardians, and youth the importance of medication compliance for the proper management of the chronic and behavioral health conditions such as diabetes, asthma, ADHD and other mental conditions;
 - Encourage providers to discuss with members with diabetes the importance of proper nutrition and physical activity in management and control of diabetes and equip them with the skills to manage their condition by providing nutritional counseling and physical activity guidance; and
 - Ensure adequate an number of the primary care providers, specialists, and behavioral health providers are participating in their provider network throughout the State to provide timely and quality care to the members with chronic and behavioral health conditions.

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End of written report

Appendix A

Evaluation of the 2018 KanCare 2.0 Quality Management Strategy

January 2019 to December 2021

Evaluation Results

Evaluation of the 2018 KanCare Quality Management Strategy (January 2019 – December 2021) Evaluation Results

The performance measure data for the evaluation of the objectives associated with the five goals of the 2018 KanCare Quality Management Strategy (QMS) were obtained from the reports/documents/data sources provided by the Kansas Department of Health and Environment (KDHE) and Kansas Department of Aging and Disability Services (KDADS). The evaluation results are described below:

Table A.1. 2018 KanCare 2.0 Quality Management Strategy Goal 1 Evaluation							
Goal 1: Improve the delivery of holistic, integrated, person-centered, and culturally appropriate care to all members.							
Obj. #	Objective	Data Source	Performance Measure/Metric	Performance Target for the Most Current Year	Baseline Data	Most Current Year Data	Objective Status
1.1.	Ensure each MCO develops, submits for review, and annually revises its cultural competency plan.	Annual MCO Contract Audit (Contract Reference: 5.5.4 B)	Cultural Competency Plan developed, submitted and annually revised by each MCO	A Score of Fully Met for Each MCO	2018: ABH: Not Applicable (ABH contract started in 2019). SHP: Fully Met UHC: Not Met 2019: ABH: Fully Met SHP: Fully Met UHC: Fully Met	2020 ABH: Fully Met SHP: Fully Met UHC: Fully Met	Objective Fully Met. ABH: Met SHP: Met UHC: Met
1.2	Ensure each MCO submits an annual evaluation of their cultural competency plan to KDHE. The MCOs must receive a 100 Met compliance score for all seven elements of the cultural competency plan outlined in the contract.	Annual MCO Contract Audit (Contract Reference: 5.5.4 B 1-7)	Annual evaluation of the Cultural Competency Plan submitted by each MCO	A Score of Fully Met for Each MCO (the MCOs must receive a 100 Met compliance score for all seven elements of the cultural competency plan outlined in the contract).	2018: ABH: Not Met SHP: Not Met UHC: Not Met 2019: ABH: Partially Met SHP: Partially Met UHC: Fully Met	2020 ABH: Fully Met SHP: Fully Met UHC: Fully Met	Objective Fully Met. ABH: Met SHP: Met UHC: Met

Table A.1. 2018 KanCare 2.0 Quality Management Strategy Goal 1 Evaluation – Continued

Goal 1: Improve the delivery of holistic, integrated, person-centered, and culturally appropriate care to all members.							
Obj. #	Objective	Data Source	Performance Measure/ Metric	Performance Target for the Most Current Year	Baseline Data	Most Current Year Data	Objective Status
1.3a	Stratify data for PMs and utilization by race and ethnicity to determine where disparities exist.	KDHE Study Plan (Contract Reference: 5.8.3.1.A)	Selected HEDIS measures (Adult’s Access to Preventive/ Ambulatory Health Services (AAP); Child Annual Dental Visits (ADV); Prenatal and Postpartum (PPC); Well Care Visits (AWC) by ethnicity, race, county type, sex and age	Determine if disparities exist in four HEDIS measures	2020 Analysis of the 2019 HEDIS data for APP, Child ADV, PPC and AWC measures is in progress to establish a baseline	Not Available	Objective In Progress. KDHE is conducting a study on four selected 2019 HEDIS measures (APP, Child ADV, PPC and AWC) for ethnicity, race, county type, sex and age to determine if disparities exist and to address identified disparities accordingly. The results of this analysis will provide a baseline. The subsequent year for the data analysis will be decided later.
1.3b	Continually identify, organize, and target interventions to reduce disparities and improve access to holistic and integrated services.	KDHE Study Plan (Contract Reference: 5.8.3.1.A; 5.9.5)	Interventions to reduce identified disparities based on the results of the KDHE study (see above)	Interventions to reduce identified disparities in place	Baseline year for the Objective will be decided	Not Available	Objective In Progress. As mentioned above in 1.3a, based on the results of the study, KDHE will identify, organize and target interventions to reduce any observed disparities.
1.4	Increase the rate of providers who have completed an approved course in delivery of cultural competency training.	State decided not to assess the Objective. (Contract Reference: 5.10.4.D.10. 5.10.8.B.12 5.17.2.C.27.j. 5.5.4.A.5)	State decided not to assess the Objective.	State decided not to assess the Objective.	State decided not to assess the Objective.	State decided not to assess the Objective.	Objective Not Assessed. The State has not made this a priority as of 12/2020 CMS no longer requires this measure; State has designed a unique feedback report for the MCOs on the completeness of their Provider Directories. This feedback report will be implemented in the second quarter of 2021; State has worked with the MCOs to insure NPIs are included in the machine readable Provider Directory files. This objective will not be carried over in the revised QMS.

Table A.1. 2018 KanCare 2.0 Quality Management Strategy Goal 1 Evaluation – Continued

Goal 1: Improve the delivery of holistic, integrated, person-centered, and culturally appropriate care to all members.							
Obj. #	Objective	Data Source	Performance Measure/Metric	Performance Target for the Most Current Year	Baseline Data	Most Current Year Data	Objective Status
1.5	Increase selected CAHPS-HCBS composite scores.	2019 CAHPS-HCBS Survey Report (Contract Reference: 5.9.8.G).	CAHPS-HCBS Survey: Composite Scores: PM1: Staff are reliable and helpful (Score Range: 1-4; Maximum Score: 4). PM2: Staff Listen and Communicate Well (Score Range: 1-4; Maximum Score: 4). PM3: Case Manager is Helpful (Score Range: 0-1; Maximum Score: 1). PM4: Choosing the Services that Matter to Members (Score Range: 1-4; Maximum Score: 4). PM5: Transportation to Medical Appointments (Score Range: 1-4; Maximum Score: 4). PM6: Personal Safety and Respect (Score Range: 0-1; Maximum Score: 1). PM7: Planning Time and Activities (Score Range: 1-4; Maximum Score: 4).	CAHPS-HCBS Survey: Composite Scores Targets: PM1: 3.74 PM2: 3.70 PM3: 1.00 PM4: 3.60 PM5: 3.78 PM6: 1.00 PM7: 3.40	2019 CAHPS-HCBS Survey: Composite Scores PM1: 3.71 PM2: 3.67 PM3: 1.00 PM4: 3.56 PM5: 3.75 PM6: 1.00 PM7: 3.33	Data Not Available. 2020 CAHPS-HCBS Survey was not conducted due to COVID 19 pandemic.	Objective Not Assessed. Objective cannot be assessed as survey was conducted in 2019 only and data from 2020 for comparison were not available (2020 Survey not conducted due to COVID 19 pandemic). State is focusing on the NCI and NCI-AD Surveys. If additional resources will be available, then focus will be to increase the NCI and NCI-AD Survey samples.

Table A.1. 2018 KanCare 2.0 Quality Management Strategy Goal 1 Evaluation – Continued

Goal 1: Improve the delivery of holistic, integrated, person-centered, and culturally appropriate care to all members.							
Obj. #	Objective	Data Source	Performance Measure	Performance Target for the Most Current Year	Baseline Data	Most Current Year Data	Objective Status
1.6	Increase selected NCI composite measures.	2017 – 2018 and 2018 – 2019 National Core Indicators (NCI®) Survey Reports (Contract Reference: 5.9.10.F)	<p>The data for composites were not available in the most current survey report, therefore data for the selected individual questions were assessed.</p> <p>PM1: Choice and Decision Making: Chose or had some input in choosing where they live if not living in the family home.</p> <p>PM2: Choice and Decision Making: Chose or had some input in choosing their housemates if not living in the family home, or chose to live alone.</p> <p>PM3: Choice and Decision Making: Chose or had some input in choosing day program or workshop.</p> <p>PM4: Choice and Decision Making: Chose staff or were aware they could request to change staff.</p> <p>PM5: Choice and Decision Making: Can change case manager/service coordinator if wants to.</p> <p>PM6: Self-Determination/Direction: Uses a self-directed supports option.</p> <p>PM7: Community Inclusion: Able to go out and do the things s/he like to do in the community.</p> <p>PM8: Community Inclusion: Able to go out and do the things s/he like to do in the community as often as s/he wants.</p> <p>PM9: Service Coordination: Case manager asks person what s/he wants.</p> <p>PM10: Service Coordination: Able to contact case manager when s/he wants.</p> <p>PM11: Service Coordination: Staff come and leave when they are supposed to.</p> <p>PM12: Service Coordination: Person was able to choose services they get as part of service plan.</p>	<p>Reducing by 10% the gap between the PM baseline rate and 100%.</p> <p>PM1 Target: 74%</p> <p>PM2 Target: 68%</p> <p>PM3 Target: 80%</p> <p>PM4 Target: 85%</p> <p>PM5 Target: 95%</p> <p>PM6 Target: 30%</p> <p>PM7 Target: 86%</p> <p>PM8 Target: 81%</p> <p>PM9 Target: 90%</p> <p>PM10 Target: 90%</p> <p>PM11 Target: 90%</p> <p>PM12 Target: 84%</p>	<p>2017-18 Survey:</p> <p>PM1: 71%</p> <p>PM2: 64%</p> <p>PM3: 78%</p> <p>PM4: 83%</p> <p>PM5: 94%</p> <p>PM6: 22%</p> <p>PM7: 84%</p> <p>PM8: 79%</p> <p>PM9: 89%</p> <p>PM10: 89%</p> <p>PM11: 89%</p> <p>PM12: 82%</p>	<p>2018-19 Survey:</p> <p>PM1: 66%</p> <p>PM2: 63%</p> <p>PM3: 74%</p> <p>PM4: 81%</p> <p>PM5: 95%</p> <p>PM6: 22%</p> <p>PM7: 83%</p> <p>PM8: 85%</p> <p>PM9: 90%</p> <p>PM10: 88%</p> <p>PM11: 93%</p> <p>PM12: 79%</p>	<p>Objective Partially Met (5 PMs Met; 9 PMs Not Met).</p> <p>PM1: Not Met</p> <p>PM2: Not Met</p> <p>PM3: Not Met</p> <p>PM4: Not Met</p> <p>PM5: Met</p> <p>PM6: Not Met</p> <p>PM7: Not Met</p> <p>PM8: Met</p> <p>PM9: Met</p> <p>PM10: Not Met</p> <p>PM11: Met</p> <p>PM12: Not Met</p>

Table A.1. 2018 KanCare 2.0 Quality Management Strategy Goal 1 Evaluation – <i>Continued</i>							
Goal 1: Improve the delivery of holistic, integrated, person-centered, and culturally appropriate care to all members.							
Obj. #	Objective	Data Source	Performance Measure	Performance Target for the Most Current Year	Baseline Data	Most Current Year Data	Objective Status
1.6	Continued Increase selected NCI composite measures.	2017–2018 and 2018 – 2019 <i>National Core Indicators (NCI®) Survey Kansas Reports</i> (Contract Reference: 5.9.10.F)	PM13: Access: Able to get places when s/he wants to do something outside of home. PM14: Access: Staff have right training to meet person’s needs.	Reducing by 10% the gap between the PM baseline rate and 100%. PM 13 Target: 79% PM 14 Target: 91%	2017-18 Survey: PM13: 77% PM14: 90%	2018-19 Survey: PM13: 90% PM14: 90%	PM13: Met PM14: Not Met
1.7	Increase selected NCI-AD composite measures.	NCI-AD Survey: 2018 –2019 and 2019 – 2020 <i>National Core Indicators – Aging and Disabilities Adult Consumer Surveys NCI-AD™, Kansas Survey Reports</i> (Contract Reference: 5.9.10.F)	The data for composites were not available, therefore data for the selected individual questions were assessed. PM1: Self-Direction: Proportion of people who can choose or change what kind of services they get. PM2: Person-Centered Planning: People’s level of involvement in making decisions about their service plan/plan of care and the goals they want for their lives [very/fully involved]. PM3: Person-Centered Planning: Proportion of people who felt their preferences and needs were being heard as their service plan/ plan of care was discussed during the most recent service/care planning meeting (if involved in making decisions about their service plan/plan of care and remember their most recent service/care planning meeting) PM4: Service Coordination: Percentage of people who can reach their case manager when they need to. PM5: Service Coordination: Percentage of people whose long-term services meet all their current needs and goals.	NCI-AD Survey: See above. PM1 Target: 86% PM2 Target: 84% PM3 Target: 83% PM4 Target: 84 % PM5 Target: 78%	NCI-AD: 2018-19 Survey: PM1: 84% PM2: 82% PM3: 81% PM4: 82% PM5: 76%	NCI-AD: 2019-20 Survey: PM1: 81% PM2: 91% PM3: 89% PM4: 79% PM5: 75%	Objective Partially Met (4 PMs Met; 7 PMs Not Met). PM1: Not Met PM2: Met PM3: Met PM4: Not Met PM5: Not Met

Table A.1. 2018 KanCare 2.0 Quality Management Strategy Goal 1 Evaluation – Continued

Goal 1: Improve the delivery of holistic, integrated, person-centered, and culturally appropriate care to all members.							
Obj. #	Objective	Data Source	Performance Measure	Performance Target for the Most Current Year	Baseline Data	Most Current Year Data	Objective Status
1.7	<i>Continued</i> Increase selected NCI-AD composite measures.	NCI-AD Survey: 2018 – 2019 and 2019 – 2020 <i>National Core Indicators – Aging and Disabilities Adult Consumer Surveys NCI-AD™, Kansas Survey Reports</i> (Contract Reference: 5.9.10.F)	PM6: Service Coordination: Percentage of people whose case manager/care coordinator talked to them about services and resources that might help with their unmet needs and goals (if have unmet needs and goals and know they have case manager/care coordinator). PM7: Care Coordination: Percentage of people who had someone follow up with them after being discharged from a hospital or rehabilitation facility in the past year. PM8: Health Care: Percentage of people who can get an appointment to see their primary care doctor when they need to. PM9: Health Care: Proportion of people feeling sad or depressed who have talked to someone about it in the past 12 months. PM10: Access to Community: Percentage of people who have transportation to get to medical appointments when they need to. PM11: Medication: Proportion of people who understand what they take their prescription medications for.	Reducing by 10% the gap between the PM baseline rate and 100%. PM6 Target: 74% PM7 Target: 81% PM8 Target: 90% PM9 Target: 77% PM10 Target: 96% PM11 Target: 87%	2018-19 Survey: PM6: 71% PM7: 79% PM8: 89% PM9: 74% PM10: 95% PM11: 86%	2019-20 Survey: PM6: 76% PM7: 83% PM8: 84% PM9: 75% PM10: 95% PM11: 82%	PM6: Met PM7: Met PM8: Not Met PM9: Not Met PM10: Not Met PM11: Not Met
1.8	Increase selected NOMS composite measures.	Not Available (Contract Reference: 6.2.B)	Not Available	Not Available	Not Available	Not Available	Objective Not Assessed. Currently data not collected. KS Dept. of Aging and Disability services (KDADS) is working on it.

Table A.2. 2018 KanCare 2.0 Quality Management Strategy Goal 2 Evaluation							
Goal 2: Improve member experience and quality of life.							
Obj. #	Objective	Data Source	Performance Measure	Performance Target for the Most Current Year	Baseline Data	Most Current Year Data	Objective Status
2.1	Increase the response rate for all member-focused surveys to demonstrate statistical significance and promote generalizability to the broader population.	CAHPS Survey: 2020 CAHPS Survey Report [Adult, General Child (GC TXIX; GC TXXI) and Children with Chronic Conditions (CCC TXIX; CCC TXXI) (Contract Reference: 5.9.8.G; 5.9.10)]	CAHPS: Number of Completed Surveys obtained or improvement towards NCQA Goal for the Adult, GC TXIX, GC TXXI, CCC TXIX and CCC TXXI Surveys	CAHPS: Achieved NCQA Goal or improvement in the number of completed surveys towards the NCQA Goal of 411 surveys (Adult, GC TXIX & TXXI, CCC TXIX & TXXI).	CAHPS: 2018 ABH: Number of Completed Surveys: Not Applicable (ABH contract started in 2019). SHP: Number of Completed Surveys: Adult: 458 GC TXIX: 529 GC TXXI: 701 CCC TXIX: 568 CCC TXXI: 452 UHC: Number of Completed Surveys: Adult: 414 GC TXIX: 453 GC TXXI: 441 CCC TXIX: 445 CCC TXXI: 169 CAHPS: 2019 SHP: Number of Completed Surveys: Adult: 436 GC TXIX: 553 GC TXXI: 632 CCC TXIX: 531 CCC TXXI: 471 UHC: Number of Completed Surveys: Adult: 425 GC TXIX: 373 GC TXXI: 527 CCC TXIX: 425 CCC TXXI: 348	CAHPS: 2020 ABH: Number of Completed Surveys: Adult: 420 GC TXIX: 452 GC TXXI: 454 CCC TXIX: 416 CCC TXXI: 389 SHP: Number of Completed Surveys: Adult: 370 GC TXIX: 358 GC TXXI: 476 CCC TXIX: 386 CCC TXXI: 370 UHC: Number of Completed Surveys: Adult: 396 GC TXIX: 316 GC TXXI: 485 CCC TXIX: 339 CCC TXXI: 328	Objective Partially Met (CAHPS Survey Partially Met; MH Survey Fully Met; SUD Survey Not Met). CAHPS: Objective Partially Met. ABH: First survey was conducted in 2020. NCQA goal for the # of completed surveys was met for all except CCC TXXI. SHP: In 2019, NCQA goal for the # of completed surveys was met for all populations (however, compared to 2018, number of complete surveys were lower for all populations except for GC TXIX); Decline in # of completed surveys was seen in 2020 for all surveys; NCQA Goal Met for GC TXXI only. UHC: In 2019, NCQA goal for the # of completed surveys was met for adult, GC TXXI, and CCC TXIX populations (however, compared to 2018, number of complete surveys were lower for GC TXIX and CCC TXIX populations). In 2020, decline in the # of completed surveys was seen for Adult, GC TXIX and CCC TXIX surveys; NCQA Goal Met only for GC TXXI Survey.

Table A.2. 2018 KanCare 2.0 Quality Management Strategy Goal 2 Evaluation – Continued

Goal 2: Improve member experience and quality of life.								
Obj. #	Objective	Data Source	Performance Measure	Performance Target for the Most Current Year	Baseline Data	Most Current Year Data	Objective Status	KFMC Recommendation
2.1	Continued Increase the response rate for all member-focused surveys to demonstrate statistical significance and promote generalizability to the broader population.	KS Medicaid Mental Health Consumer Perception (MH) Survey: 2018 and 2020 MH Survey Reports. (Contract Reference: 5.9.8.G; 5.9.10)	MH Survey: Number of Completed Surveys to obtain a 95% confidence level with a 5% margin of error; Response Rate (Total; Adult; Youth)	Meet the minimum response requirement for each survey administered	MH Survey: 2018 Number of Completed Surveys (Minimum: Adult = 377; Youth = 379): Total: 754 Adult: 339 Youth: 415 Response Rate: Overall: 9.6% Adult: 9.9% Youth: 9.4%	MH Survey: 2020 Number of Completed Surveys (Minimum: Adult = 396; Youth = 379): Total = 835 Adult = 407 Youth = 428 Response Rate: Overall: 11.3% Adult: 11.4% Youth: 11.3%	MH Survey: Met. Number of Completed Surveys: Met	KS Medicaid Mental Health Consumer Perception (MH) Survey: 2018 and 2020 MH Survey Reports (Contract Reference: 5.9.8.G; 5.9.10)
		SUD Survey: 2017, 2019 and 2020 Member Satisfaction Survey. A Collaborative Point in Time Survey of Members Using Substance Use Disorder Services (SUD) Survey Reports (Contract Reference: 5.9.8.G; 5.9.10)	SUD Survey: Increase in the Number of Completed Surveys	Meet the minimum response requirement for each survey administered	SUD Survey: ABH: 2019 Number of Completed Surveys Total: 45 SHP: 2017 Number of Completed Surveys: Total: 92 UHC: 2017 Number of Completed Surveys: Total: 66	SUD Survey: ABH: 2020 Number of Completed Surveys Total: 17 SHP: 2020 Number of Completed Surveys: Total: 42 UHC: 2020 Number of Completed Surveys: Total: 32	SUD Survey: Not Met. ABH: Not Met SHP: Not Met UHC: Not Met	The MCOs should apply strategies to increase the number of completed surveys in future years.

Table A.2. 2018 KanCare 2.0 Quality Management Strategy Goal 2 Evaluation – Continued

Goal 2: Improve member experience and quality of life.							
Obj. #	Objective	Data Source	Performance Measure	Performance Target for the Most Current Year	Baseline Data	Most Current Year Data	Objective Status
2.2	Increase composite measure scores for the CAHPS Adult and Child surveys.	2020 CAHPS Survey Report (Adult; GC; CCC) (Contract Reference: 5.9.8.G; 5.9.10)	<p>CAHPS Survey Six measures (2 composites and 4 individual questions) are selected by the State. Each measure that shows improvement equal to or greater than the PM target is considered achieved.</p> <p>CAHPS - KanCare PM1: Rating of Health plan PM2: Rating of Health care PM3: Needed care right away and got it as soon as needed PM4: Appointment for checkup/routine care as soon as needed</p>	<p>National HEDIS 75th percentile; If >75th percentile then 90th Percentile; OR if below 75th Percentile then target is to reduce by 10% the gap between the PM baseline rate and 100%. If QC<75th then targets are:</p> <p>PM1 Target Adult: 80.0% GC: 89.7% CCC: 86.9%</p> <p>PM2 Target Adult: 77.2% GC: 89.5% CCC: 88.2%</p> <p>PM3 Target Adult: 88.9% GC: 94.8% CCC: 95.7%</p> <p>PM4 Target Adult: 84.3% GC: 92.2% CCC: 93.8%</p>	<p>CAHPS 2018 KanCare PM1: KanCare Adult Rate: 77.8% QC Percentile: ≥50th KanCare GC Rate: 88.5% QC Percentile: >66.67th KanCare CCC Rate: 85.4% QC Percentile: ≥50th</p> <p>PM2: KanCare Adult Rate: 74.7% QC Percentile: <50th KanCare GC Rate: 88.3% QC Percentile: ≥50th KanCare CCC Rate: 86.9% QC Percentile: ≥50th</p> <p>PM3: KanCare Adult Rate: 87.7% QC Percentile: >75th KanCare GC Rate: 94.2% QC Percentile: >75th KanCare CCC Rate: 95.2% QC Percentile: ≥50th</p> <p>PM4: KanCare Adult Rate: 82.6% QC Percentile: >66.67th KanCare GC Rate: 91.3% QC Percentile: >66.67th KanCare CCC Rate: 93.1% QC Percentile: ≥50th</p>	<p>CAHPS 2020 KanCare PM1: KanCare Adult Rate: 80.1% QC Percentile: ≥50th KanCare GC Rate: 89.9% QC Percentile: >75th KanCare CCC Rate: 87.3% QC Percentile: >66.67th</p> <p>PM2: KanCare Adult Rate: 78.4% QC Percentile: >66.67th KanCare GC Rate: 89.2% QC Percentile: ≥50th KanCare CCC Rate: 88.1% QC Percentile: <50th</p> <p>PM3: KanCare Adult Rate: 90.0% QC Percentile: >75th KanCare GC Rate: 94.3% QC Percentile: ≥50th KanCare CCC Rate: 96.4% QC Percentile: ≥50th</p> <p>PM4: KanCare Adult Rate: 85.8% QC Percentile: >90th KanCare GC Rate: 92.7% QC Percentile: >75th KanCare CCC Rate: 94.5% QC Percentile: >66.67th</p>	<p>Objective Partially Met (KanCare, SHP and UHC: Partially Met; ABH: Not Assessed). CHAPS – KanCare: Partially Met (3 PMs Fully Met; 3 PMs Partially Met).</p> <p>PM1: KanCare Adult: Met KanCare GC: Met KanCare CCC: Met</p> <p>PM2: KanCare Adult: Met KanCare GC: Not Met KanCare CCC: Not Met</p> <p>PM3: KanCare Adult: Met KanCare GC: Not Met KanCare CCC: Met</p> <p>PM4: KanCare Adult: Met KanCare GC: Met KanCare CCC: Met</p>

Table A.2. 2018 KanCare 2.0 Quality Management Strategy Goal 2 Evaluation – Continued

Goal 2: Improve member experience and quality of life.							
Obj. #	Objective	Data Source	Performance Measure	Performance Target for the Most Current Year	Baseline Data	Most Current Year Data	Objective Status
2.2	<i>Continued</i> Increase composite measure scores for the CAHPS Adult and Child surveys.	2020 CAHPS Survey Report (Adult; GC; CCC) (Contract Reference: 5.9.8.G; 5.9.10)	CAHPS - KanCare PM5: Get care /test /treatment as soon as needed PM6: Specialist appointment as soon as needed.	National HEDIS 75th percentile; If >75 th percentile then 90 th Percentile; OR if below 75th Percentile then target is to reduce by 10% the gap between the PM baseline rate and 100%. If QC<75 th then targets are: PM5 Target Adult: 88.4% GC: 94.3% CCC: 93.9% PM6 Target Adult: 84.8% GC: 86.7% CCC: 87.6%	CAHPS 2018 KanCare PM5: KanCare Adult Rate: 87.1% QC Percentile: ≥50 th KanCare GC Rate: 93.7% QC Percentile: >75 th KanCare CCC Rate: 93.2% QC Percentile: ≥50 th PM6: KanCare Adult Rate: 83.1% QC Percentile: >66.67 th KanCare GC Rate: 85.2% QC Percentile: >66.67 th KanCare CCC Rate: 86.2% QC Percentile: ≥50 th	CAHPS 2020 KanCare PM5: KanCare Adult Rate: 90.1% QC Percentile: >75 th KanCare GC Rate: 95.2% QC Percentile: >75 th KanCare CCC Rate: 95.0% QC Percentile: >75 th PM6: KanCare Adult rate: 85.9% QC Percentile: >75 th KanCare GC Rate: 80.6% QC Percentile: ≥50 th KanCare CCC Rate: 87.2% QC Percentile: ≥50 th	CHAPS - KanCare PM5: KanCare Adult: Met KanCare GC: Met KanCare CCC: Met PM6: KanCare Adult: Met KanCare GC: Not Met KanCare CCC: Not Met

Table A.2. 2018 KanCare 2.0 Quality Management Strategy Goal 2 Evaluation – Continued

Goal 2: Improve member experience and quality of life.							
Obj. #	Objective	Data Source	Performance Measure	Performance Target for the Most Current Year	Baseline Data	Most Current Year Data	Objective Status
2.2	Continued Increase composite measure scores for the CAHPS Adult and Child surveys.	2020 CAHPS Survey Report (Adult; GC; CCC) (Contract Reference: 5.9.8.G; 5.9.10)	CAHPS ABH PM1: Rating of Health plan PM2: Rating of Health care PM3: Needed care right away and got it as soon as needed considered achieved.	National HEDIS 75th percentile; If >75 th percentile then 90 th Percentile; OR if below 75th Percentile then target is to reduce by 10% the gap between the PM baseline rate and 100%. Targets: Not Applicable	ABH CAHPS 2018 PM1: Adult Rate: NA GC TXIX Rate: NA GC TXXI Rate: NA CCC TXIX rate: NA CCC TXXI Rate: NA PM2: Adult Rate: NA GC TXIX Rate: NA GC TXXI Rate: NA CCC TXIX rate: NA CCC TXXI Rate: NA PM3: Adult Rate: NA GC TXIX Rate: NA GC TXXI Rate: NA CCC TXIX rate: NA CCC TXXI Rate: NA PM4: Adult Rate: NA GC TXIX Rate: NA GC TXXI Rate: NA CCC TXIX rate: NA CCC TXXI Rate: NA	ABH CAHPS 2020 PM1: Adult Rate: 76.1% QC Percentile: <33.33rd GC TXIX Rate: 89.1% QC Percentile: >66.67 th GC TXXI Rate: 88.0% QC Percentile: ≥50 th CCC TXIX Rate: 85.2% QC Percentile: ≥50 th CCC TXXI Rate: 84.8% QC Percentile: <50 th PM2: Adult Rate: 76.6% QC Percentile: <50 th GC TXIX Rate: 87.8% QC Percentile: <50 th GC TXXI Rate: 87.8% QC Percentile: <50 th CCC TXIX Rate: 84.1% QC Percentile: <25 th CCC TXXI Rate: 84.2% QC Percentile: <25 th PM3: Adult Rate: 89.8% QC Percentile: >75 th GC TXIX Rate: 91.7% QC Percentile: <50 th GC TXXI Rate: 91.7% QC Percentile: <50 th CCC TXIX Rate: 95.6% QC Percentile: <50 th CCC TXXI Rate: 93.1% QC Percentile: <25 th	ABH CHAPS: Not Assessed. Aetna’s contract started in 2019. Aetna conducted first CAHPS Survey in 2020. Objective status cannot be assessed as data were available for one year only.

Table A.2. 2018 KanCare 2.0 Quality Management Strategy Goal 2 Evaluation – Continued

Goal 2: Improve member experience and quality of life.							
Obj. #	Objective	Data Source	Performance Measure	Performance Target for the Most Current Year	Baseline Data	Most Current Year Data	Objective Status
2.2	<i>Continued</i> Increase composite measure scores for the CAHPS Adult and Child surveys.	2020 CAHPS Survey Report (Adult; GC; CCC) (Contract Reference: 5.9.8.G; 5.9.10)	CAHPS ABH PM4: Appointment for checkup/routine care as soon as needed PM5: Get care /test/treatment as soon as needed PM6: Specialist appointment as soon as needed.	National HEDIS 75th percentile; If >75 th percentile then 90 th Percentile; OR if below 75th Percentile then target is to reduce by 10% the gap between the PM baseline rate and 100%. Targets: Not Applicable	ABH CAHPS 2018 PM4: Adult Rate: NA GC TXIX Rate: NA GC TXXI Rate: NA CCC TXIX rate: NA CCC TXXI Rate: NA PM5: Adult Rate: NA GC TXIX Rate: NA GC TXXI Rate: NA CCC TXIX rate: NA CCC TXXI Rate: NA PM6: Adult Rate: NA GC (TXIX; TXXI) Rate: NA CCC TXIX rate: NA CCC TXXI Rate: NA	ABH CAHPS 2020 PM4: Adult Rate: 85.4% QC Percentile: >75 th GC TXIX Rate: 92.5% QC Percentile: >75 th GC TXXI Rate: 92.9% QC Percentile: >75 th CCC TXIX Rate: 94.6% QC Percentile: >75 th CCC TXXI Rate: 91.2% QC Percentile: <50 th PM5: Adult Rate: 92.1% QC Percentile: >95 th GC TXIX Rate: 94.2% QC Percentile: >75 th GC TXXI Rate: 92.9% QC Percentile: ≥50 th CCC TXIX Rate: 94.5% QC Percentile: >66.67 th CCC TXXI Rate: 94.5% QC Percentile: >66.67 th PM6: Adult Rate: 85.6% QC Percentile: >75 th GC (TXIX; TXXI) Rate: 79.3% QC Percentile: <50 th CCC TXIX Rate: 89.9% QC Percentile: >75 th CCC TXXI Rate: 89.1% QC Percentile: >75 th	ABH CHAPS Aetna’s contract started in 2019. Aetna conducted first CAHPS Survey in 2020. Objective status cannot be assessed as data were available for one year only.

Table A.2. 2018 KanCare 2.0 Quality Management Strategy Goal 2 Evaluation – Continued

Goal 2: Improve member experience and quality of life.							
Obj. #	Objective	Data Source	Performance Measure	Performance Target for the Most Current Year	Baseline Data	Most Current Year Data	Objective Status
2.2	<i>Continued</i> Increase composite measure scores for the CAHPS Adult and Child surveys.	2020 CAHPS Survey Report (Adult; GC; CCC) (Contract Reference: 5.9.8.G; 5.9.10)	SHP CAHPS PM1: Rating of Health plan PM2: Rating of Health care PM3: Needed care right away and got it as soon as needed	National HEDIS 75th percentile; If >75 th percentile then 90 th Percentile; OR if below 75th Percentile then target is to reduce by 10% the gap between the PM baseline rate and 100%. If QC<75 th then targets are: PM1 Target Adult: 82.5% GC TXIX: 89.9% GC TXXI: 91.3% CCC TXIX: 85.9% CCC TXXI: 88.4% PM2 Target Adult: 78.0% GC TXIX: 91.5% GC TXXI: 91.2% CCC TXIX: 89.0% CCC TXXI: 91.0% PM3 Target Adult: 92.0% GC TXIX: 96.2% GC TXXI: 93.0% CCC TXIX: 97.2% CCC TXXI: 95.9%	SHP CAHPS 2018 PM1: Adult Rate: 80.6% QC Percentile: >75 th GC TXIX Rate: 88.8% QC Percentile: >66.67 th GC TXXI Rate: 90.3% QC Percentile: >75 th CCC TXIX Rate: 84.3% QC Percentile: <50 th CCC TXXI Rate: 87.1% QC Percentile: >75 th PM2: Adult Rate: 75.6% QC Percentile: ≥50 th GC TXIX Rate: 90.6% QC Percentile: >75 th GC TXXI Rate: 90.2% QC Percentile: >75 th CCC TXIX Rate: 87.8% QC Percentile: >75 th CCC TXXI Rate: 90.0% QC Percentile: >95 th PM3: Adult Rate: 91.1% QC Percentile: >90 th GC TXIX Rate: 95.8% QC Percentile: >75 th GC TXXI Rate: 92.2% QC Percentile: ≥50 th CCC TXIX Rate: 96.9% QC Percentile: >90 th CCC TXXI Rate: 95.4% QC Percentile: >66.67 th	SHP CAHPS 2020 PM1: Adult Rate: 80.5% QC Percentile: ≥50 th GC TXIX Rate: 89.5% QC Percentile: >75 th GC TXXI Rate: 90.4% QC Percentile: >75 th CCC TXIX Rate: 87.4% QC Percentile: >66.67 th CCC TXXI Rate: 91.0% QC Percentile: >95 th PM2: Adult Rate: 78.0% QC Percentile: ≥50 th GC TXIX Rate: 89.0% QC Percentile: ≥50 th GC TXXI Rate: 89.3% QC Percentile: ≥50 th CCC TXIX Rate: 87.9% QC Percentile: <50 th CCC TXXI Rate: 90.2% QC Percentile: >66.67 th PM3: Adult Rate: 87.4% QC Percentile: ≥50 th GC TXIX Rate: 97.7% QC Percentile: >95 th GC TXXI Rate: 92.4% QC Percentile: <50 th CCC TXIX Rate: 98.8% QC Percentile: >90 th CCC TXXI Rate: 97.4% QC Percentile: >75 th	SHP CAHPS: Partially Met (6 PMs: Partially Met). PM1: Adult: Not Met GC TXIX: Met GC TXXI: Not Met CCC TXIX: Met CCC TXXI: Met PM2: Adult: Met GC TXIX: Not Met GC TXXI: Not Met CCC TXIX: Not Met CCC TXXI: Not Met PM3: Adult: Not Met GC TXIX: Met GC TXXI: Not Met CCC TXIX: Met CCC TXXI: Met

Table A.2. 2018 KanCare 2.0 Quality Management Strategy Goal 2 Evaluation – Continued

Goal 2: Improve member experience and quality of life.							
Obj. #	Objective	Data Source	Performance Measure	Performance Target for the Most Current Year	Baseline Data	Most Current Year Data	Objective Status
2.2	<i>Continued</i> Increase composite measure scores for the CAHPS Adult and Child surveys.	2020 CAHPS Survey Report (Adult; GC; CCC) (Contract Reference: 5.9.8.G; 5.9.10)	SHP CAHPS PM4: Appointment for checkup/ routine care as soon as needed PM5: Get care /test/treatment as soon as needed PM6: Specialist appointment as soon as needed. Six measures are selected by the State. Each measure that shows improvement equal to or greater than the PM target is considered achieved.	National HEDIS 75th percentile; If >75 th percentile then 90 th Percentile; OR if below 75th Percentile then target is to reduce by 10% the gap between the PM baseline rate and 100%. If QC<75 th then targets are: PM4 Target Adult: 84.4% GC TXIX: 90.2% GC TXXI: 92.4% CCC TXIX: 92.2% CCC TXXI: 95.7% PM5 Target Adult: 88.8% GC TXIX: 93.4% GC TXXI: 93.3% CCC TXIX: 94.5% CCC TXXI: 93.8% PM6 Target Adult: 85.2% GC (TXIX, TXXI): 86.8% CCC TXIX: 87.9% CCC TXXI: 86.0%	SHP CAHPS 2018 PM4: Adult Rate: 82.7% QC Percentile: >66.67 th GC TXIX Rate: 89.1% QC Percentile: ≥50 th GC TXXI Rate: 91.6% QC Percentile: >66.67 th CCC TXIX Rate: 91.3% QC Percentile: <33.33 rd CCC TXXI Rate: 95.2% QC Percentile: >90 th PM5: Adult Rate: 87.5% QC Percentile: >66.67 th GC TXIX Rate: 92.7% QC Percentile: >75 th GC TXXI Rate: 92.6% QC Percentile: >75 th CCC TXIX Rate: 93.9% QC Percentile: >66.67 th CCC TXXI Rate: 93.1% QC Percentile: ≥50 th PM6: Adult Rate: 83.6% QC Percentile: >66.67 th GC TXIX; TXXI Rate: 85.3% QC Percentile: >75 th CCC TXIX Rate: 86.5% QC Percentile: ≥50 th CCC TXXI Rate: 84.4% QC Percentile: <50 th	SHP CAHPS 2020 PM4: Adult Rate: 87.7% QC Percentile: >95 th GC TXIX Rate: 93.2% QC Percentile: >75 th GC TXXI Rate: 88.4% QC Percentile: <50 th CCC TXIX Rate: 94.0% QC Percentile: >66.670 th CCC TXXI Rate: 94.1% QC Percentile: >66.67 th PM5: Adult Rate: 87.9% QC Percentile: ≥50 th GC TXIX Rate: 97.0% QC Percentile: >95 th GC TXXI Rate: 95.3% QC Percentile: >75 th CCC TXIX Rate: 94.6% QC Percentile: >75 th CCC TXXI Rate: 97.0% QC Percentile: >95 th PM6: Adult Rate: 84.3% QC Percentile: >66.67 th GC TXIX; TXXI Rate: 83.8% QC Percentile: >75 th CCC TXIX Rate: 83.1% QC Percentile: <50 th CCC TXXI Rate: 89.9% QC Percentile: >75 th	PM4: Adult: Met GC TXIX: Met GC TXXI: Not Met CCC TXIX: Met CCC TXXI: Not Met PM5: Adult: Not Met GC TXIX: Met GC TXXI: Met CCC TXIX: Met CCC TXXI: Met PM6: Adult: Not Met GC TXIX, TXXI: Not Met CCC TXXI: Met

Table A.2. 2018 KanCare 2.0 Quality Management Strategy Goal 2 Evaluation – Continued

Goal 2: Improve member experience and quality of life.							
Obj. #	Objective	Data Source	Performance Measure	Performance Target for the Most Current Year	Baseline Data	Most Current Year Data	Objective Status
2.2	<i>Continued</i> Increase composite measure scores for the CAHPS Adult and Child surveys.	2020 CAHPS Survey Report (Adult; GC; CCC) (Contract Reference: 5.9.8.G; 5.9.10)	UHC CAHPS PM1: Rating of Health plan PM2: Rating of Health care PM3: Needed care right away and got it as soon as needed	PM1 Target Adult: 79.8%; GC TXIX: 89.3%; GC TXXI: 89.7%; CCC TXIX: 86.1%; CCC TXXI: 91.4% PM2 Target Adult: 77.3%; GC TXIX: 87.0%; GC TXXI: 90.3%; CCC TXIX: 85.7%; CCC TXXI: 95.4% PM3 Target Adult: 88.5%; GC TXIX: 95.6%; GC TXXI: 96.5%; CCC TXIX: 94.2%; CCC TXXI: 99.1%	UHC CAHPS 2018 PM1: Adult Rate: 77.5% QC Percentile: ≥50 th GC TXIX Rate: 88.1% QC Percentile: >66.67 th GC TXXI Rate: 88.6% QC Percentile: >66.67 th CCC TXIX Rate: 84.6% QC Percentile: <50 th CCC TXXI Rate: 90.4% QC Percentile: >95 th PM2: Adult Rate: 74.8% QC Percentile: <50 th GC TXIX Rate: 85.5% QC Percentile: <33.33 rd GC TXXI Rate: 89.2% QC Percentile: >66.67 th CCC TXIX Rate: 84.1% QC Percentile: <25 th CCC TXXI Rate: 94.9% QC Percentile: >95 th PM3: Adult Rate: 87.2% QC Percentile: >66.67 th GC TXIX Rate: 95.1% QC Percentile: >75 th GC TXXI Rate: 96.1% QC Percentile: >90 th CCC TXIX Rate: 93.6% QC Percentile: <33.33 rd CCC TXXI Rate: 99.0% QC Percentile: NA	UHC CAHPS 2020 PM1: Adult: 82.5% QC Percentile: >75 th GC TXIX Rate: 91.0% QC Percentile: >75 th GC TXXI Rate: 89.7% QC Percentile: >75 th CCC TXIX Rate: 88.0% QC Percentile: >75 th CCC TXXI Rate: 88.3% QC Percentile: >75 th PM2: Adult Rate: 79.9% QC Percentile: >75 th GC TXIX Rate: 90.0% QC Percentile: >66.67 th GC TXXI Rate: 92.4% QC Percentile: >90 th CCC TXIX Rate: 90.7% QC Percentile: >75 th CCC TXXI Rate: 90.9% QC Percentile: >75 th PM3: Adult Rate: 92.5% QC Percentile: >90 th GC TXIX Rate: 93.3% QC Percentile: ≥50 th GC TXXI Rate: 96.0% QC Percentile: >75 th CCC TXIX Rate: 94.8% QC Percentile: <50 th CCC TXXI Rate: 97.8% QC Percentile: >75 th	UHC CAHPS: Partially Met (6 PMs: Partially Met). PM1: Adult: Met GC TXIX: Met GC TXXI: Met CCC TXIX: Met CCC TXXI: Not Met PM2: Adult: Met GC TXIX: Met GC TXXI: Met CCC TXIX: Met CCC TXXI: Not Met PM3: Adult: Met GC TXIX: Not Met GC TXXI: Not Met CCC TXIX: Met CCC TXXI: Met

Table A.2. 2018 KanCare 2.0 Quality Management Strategy Goal 2 Evaluation – Continued

Goal 2: Improve member experience and quality of life.							
Obj. #	Objective	Data Source	Performance Measure	Performance Target for the Most Current Year	Baseline Data	Most Current Year Data	Objective Status
2.2	<i>Continued</i> Increase composite measure scores for the CAHPS Adult and Child surveys.	2020 CAHPS Survey Report (Adult; GC; CCC) (Contract Reference: 5.9.8.G; 5.9.10)	UHC CAHPS PM4: Appointment for checkup/ routine care as soon as needed PM5: Get care /test/treatment as soon as needed PM6: Specialist appointment as soon as needed.	PM4 Target Adult: 83.5%; GC TXIX:95.3%; GC TXXI: 91.9%; CCC TXIX: 95.6%; CCC TXXI: 94.4% PM5 Target Adult: 87.8%; GC TXIX: 95.6%; GC TXXI: 92.7%; CCC TXIX: 93.2%; CCC TXXI: 95.4% PM6 Target Adult: 82.2%; GC TXIX, TXXI: 87.1%; CCC TXIX: 87.7%; CCC TXXI: 90.1%	UHC CAHPS 2018 PM4: Adult Rate: 81.7% QC Percentile: ≥50 th GC TXIX Rate: 94.8% QC Percentile: >90 th GC TXXI Rate: 91.0% QC Percentile: >66.67 th CCC TXIX Rate: 95.1% QC Percentile: >90 th CCC TXXI Rate: 93.8% QC Percentile: >66.67 th PM5: Adult Rate: 86.4% QC Percentile: ≥50 th GC TXIX Rate: 95.1% QC Percentile: >95 th GC TXXI Rate: 91.9% QC Percentile: >66.67 th CCC TXIX Rate: 92.4% QC Percentile: ≥50 th CCC TXXI Rate: 94.9% QC Percentile: >90 th PM6: Adult Rate: 80.2% QC Percentile: <50 th GC TXIX; TXXI Rate: 85.7% QC Percentile: >75 th CCC TXIX Rate 86.3% QC Percentile: >50 th CCC TXXI Rate: 89.0% QC Percentile: NA	UHC CAHPS 2020 PM4: Adult Rate: 84.2% QC Percentile: >75 th GC TXIX Rate: 93.5% QC Percentile: >75 th GC TXXI Rate: 91.9% QC Percentile: >66.67 th CCC TXIX Rate: 95.0% QC Percentile: >75 th CCC TXXI: 96.6% QC Percentile: >90 th PM5: Adult Rate: 90.7% QC Percentile: >75 th GC TXIX Rate: 94.8% QC Percentile: >75 th GC TXXI Rate: 93.6% QC Percentile: >75 th CCC TXIX Rate: 95.6% QC Percentile: >75 th CCC TXXI Rate: 94.3% QC Percentile: >66.67 th PM6: Adult Rate: 87.7% QC Percentile: >90 th GC TXIX; TXXI Rate: 78.3% QC Percentile: <33.33 rd CCC TXIX Rate: 87.9% QC Percentile: >66.67 th CCC TXXI Rate: 89.2% QC Percentile: >75 th	UHC CAHPS PM4: Adult: Met GC TXIX: Not Met GC TXXI: Met CCC TXIX: Not Met CCC TXXI: Met PM5: Adult: Met GC TXIX: Not Met GC TXXI: Met CCC TXIX: Met CCC TXXI: Not Met PM6: Adult: Met GC TXIX, TXXI: Not Met CCC TXIX: Met CCC TXXI: Met

Table A.2. 2018 KanCare 2.0 Quality Management Strategy Goal 2 Evaluation – Continued

Goal 2: Improve member experience and quality of life.							
Obj. #	Objective	Data Source	Performance Measure	Performance Target for the Most Current Year	Baseline Data	Most Current Year Data	Objective Status
2.3	Increase quality of life survey results collected from the CAHPS-HCBS, NOMS, NCI, and NCI-AD surveys.	2019 CAHPS-HCBS Survey Report. (Contract Reference: 5.9.10).	<p>CAHPS-HCBS Survey: Data for the individual questions were assessed:</p> <p>PM1: Personal assistance/behavioral health staff always made sure that members had enough privacy for dressing, showering, or bathing (members who needed help to and get dressed, take a shower, or bathe). PM2: Members who needed help to get dressed, take a shower, or bathe always got dressed, took a shower, or bathed when needed to. PM3: Personal assistance/behavioral health staff always treated members the way they wanted to be treated. PM4: Members, when they wanted to, could always get together with family members who lived nearby. PM5: Members, when they wanted to, could always get together with friends who lived nearby.</p>	<p>CAHPS-HCBS Survey: Targets: PM1: 89.7% PM2: 88.7% PM3: 80.7% PM4: 61.3% PM5: 57.6%</p>	<p>2019 CAHPS-HCBS Survey: PM1: 88.6% PM2: 87.4% PM3: 78.6% PM4: 57.0% PM5: 52.9%</p>	Data Not Available. 2020 CAHPS-HCBS Survey was not conducted due to COVID 19 pandemic.	<p>Objective Not Assessed. Objective cannot be assessed as survey was conducted in 2019 only and data from 2020 for comparison were not available (2020 Survey not conducted due to COVID 19 pandemic).</p>
		NOMS: Not Available (Contract Reference: 5.9.10)	NOMS: Not Available	NOMS: Not Available	NOMS: Not Available	NOMS: Not Available	NOMS: Not Available

Table A.2. 2018 KanCare 2.0 Quality Management Strategy Goal 2 Evaluation – Continued

Goal 2: Improve member experience and quality of life.							
Obj. #	Objective	Data Source	Performance Measure	Performance Target for the Most Current Year	Baseline Data	Most Current Year Data	Objective Status
2.3	Increase quality of life survey results collected from the CAHPS-HCBS, NOMS, NCI, and NCI-AD surveys.	NCI Survey: 2017–2018 and 2018–2019 National Core Indicators (NCI®) Survey Kansas Reports (Contract Reference: 5.9.10)	<p>NCI Survey:</p> <p>PM1: Choice and Decision-Making: Decides or has input in deciding daily schedule.</p> <p>PM2: Choice and Decision-Making: Decides or has input in deciding how to spend free time.</p> <p>PM3: Work: Has a paid job in the community.</p> <p>PM4: Work: Receives paid time off (for example, paid vacation and/or sick time) from paid community job.</p> <p>PM5: Self-Determination: Has enough help deciding how to use their individual budget/ services.</p> <p>PM6: Self-Determination: Gets information about how much money is left in budget/ services.</p> <p>PM7: Community Inclusion: Went out on errands at least once in the past Month.</p> <p>PM8: Community Inclusion: Went out for entertainment at least once in the past month.</p> <p>PM9: Community Inclusion: Went out to eat at least once in the past month</p> <p>PM10: Community Inclusion: Went out to religious service or spiritual practice at least once in the past month.</p> <p>PM11: Relationship: Can see and communicate with their family when they want (if not living with family).</p> <p>PM12: Relationship: Has friends (may be staff or family) and can see them when wants.</p> <p>PM13: Wellness: Exercises or does physical activity at least once a week at least 10 minutes at a time.</p>	<p>NCI: Reducing by 10% the gap between the PM baseline rate and 100%.</p> <p>PM1 Target: 87%</p> <p>PM2 Target: 94%</p> <p>PM3 Target: 28%</p> <p>PM4 Target: 33%</p> <p>PM5 Target: 90%</p> <p>PM6 Target: 78%</p> <p>PM7 Target: 87%</p> <p>PM8 Target: 85%</p> <p>PM9 Target: 89%</p> <p>PM10 Target: 51%</p> <p>PM11 Target: 84%</p> <p>PM12 Target: 80%</p> <p>PM13 Target: 80%</p>	<p>NCI Survey: 2017-18 Survey:</p> <p>PM1: 85%</p> <p>PM2: 93%</p> <p>PM3: 20%</p> <p>PM4: 26%</p> <p>PM5: 89%</p> <p>PM6: 76%</p> <p>PM7: 85%</p> <p>PM8: 83%</p> <p>PM9: 88%</p> <p>PM10: 46%</p> <p>PM11: 82%</p> <p>PM12: 78%</p> <p>PM13: 78%</p>	<p>NCI Survey: 2018-2019 Survey:</p> <p>PM 1: 84%</p> <p>PM2: 89%</p> <p>PM3: 16%</p> <p>PM4: 17%</p> <p>PM5: 87%</p> <p>PM6: 73%</p> <p>PM7: 81%</p> <p>PM8: 80%</p> <p>PM9: 89%</p> <p>PM10: 43%</p> <p>PM11: 82%</p> <p>PM12: 78%</p> <p>PM13: 73%</p>	<p>NCI Survey: Partially Met (3 PMs Met); 15 PMs Not Met).</p> <p>PM1: Not Met</p> <p>PM2: Not Met</p> <p>PM3: Not Met</p> <p>PM4: Not Met</p> <p>PM5: Not Met</p> <p>PM6: Not Met</p> <p>PM7: Not Met</p> <p>PM8: Not Met</p> <p>PM9: Not Met</p> <p>PM10: Not Met</p> <p>PM11: Not Met</p> <p>PM12: Not Met</p> <p>PM13: Not Met</p>

Table A.2. 2018 KanCare 2.0 Quality Management Strategy Goal 2 Evaluation – Continued							
Goal 2: Improve member experience and quality of life.							
Obj. #	Objective	Data Source	Performance Measure	Performance Target for the Most Current Year	Baseline Data	Most Current Year Data	Objective Status
2.3	Continued Increase quality of life survey results collected from the CAHPS-HCBS, NOMS, NCI, and NCI-AD surveys.	<p>NCI Survey: 2017–2018 and 2018–2019 National Core Indicators (NCI®) Survey Kansas Reports (Contract Reference: 5.9.10)</p>	<p>NCI Survey: PM14: Wellness: Uses tobacco products. PM15: Respect/Rights: Can use phone and internet when wants. PM16: Respect/Rights: Staff treat person with respect. PM17: Safety: There is at least one place where the person feels afraid or scared (in home, day program, work, walking in the community, in transport, or other place). PM18: Safety: Has someone to go to for help if they ever feel scared.</p>	<p>NCI Survey: PM14 Target: 10% (Inverse PM) PM15 Target: 90% PM16 Target: 89% PM17 Target: 18% (Inverse PM) PM18 Target: 95%</p>	<p>NCI Survey: 2017-18 Survey: PM14: 11% PM15: 89% PM16: 88% PM17: 20% PM18: 94%</p>	<p>NCI Survey: 2018-19 Survey: PM14: 8% PM15: 92% PM16: 91% PM17: 19% PM18: 94%</p>	<p>NCI Survey: PM14: Met (Inverse PM) PM15: Met PM16: Met PM17: Not Met (Inverse PM) PM18: Not Met</p>
		<p>NCI-AD: 2018–2019 and 2019–2020 National Core Indicators – Aging and Disabilities Adult Consumer Surveys (NCI-AD™), Kansas Survey Reports (Contract Reference: 5.9.10)</p>	<p>NCI-AD Survey: PM1: Community Participation: Percentage of people who are able to do things they enjoy outside of home as much as they want to. PM2: Choice and Decision-Making: Proportion of people who get up and go to bed when they want to PM3: Choice and Decision-Making: Percentage of people who can eat their meals when they want to. PM4: Relationships: Proportion of people who are always able to see or talk to friends and family when they want to (if there are friends and family who do not live with person). PM5: Everyday Living: Percentage of people needing at least some assistance with everyday activities who always get enough of that assistance when they need it. PM6: Everyday Living: Percentage of people needing at least some assistance with self-care who always get enough of that assistance when they need it. PM7: Control: Proportion of people who never feel in control of their lives.</p>	<p>NCI-AD Survey: Reducing by 10% the gap between the PM baseline rate and 100%. PM1 Target: 76% PM2 Target: 96% PM3 Target: 95% PM4 Target: 92% PM5 Target: 87% PM6 Target: 89% PM7 Target: 4% (Inverse PM)</p>	<p>NCI-AD Survey: 2018-19: PM1: 73% PM2: 96% PM3: 94% PM4: 91% PM5: 85% PM6: 88% PM7: 5%</p>	<p>NCI-AD Survey: 2019-2020 PM1: 73% PM2: 96% PM3: 92% PM4: 87% PM5: 81% PM6: 84% PM7: 7%</p>	<p>NCI-AD Survey: Partially Met (4 PMs Met; 13 PMs Not Met). PM1: Not Met PM2: Met PM3: Not Met PM4: Not Met PM5: Not Met PM6: Not Met PM7: Met (Inverse PM)</p>

Table A.2. 2018 KanCare 2.0 Quality Management Strategy Goal 2 Evaluation – Continued

Goal 2: Improve member experience and quality of life.							
Obj. #	Objective	Data Source	Performance Measure	Performance Target for the Most Current Year	Baseline Data	Most Current Year Data	Objective Status
2.3	<i>Continued</i> Increase quality of life survey results collected from the CAHPS-HCBS, NOMS, NCI, and NCI-AD surveys.	NCI-AD Survey: 2018 – 2019 and 2019 – 2020 NCI-AD™, Kansas Survey Reports (Contract Reference : 5.9.10)	NCI-AD Survey: PM8: Respect and Rights: Percentage of people whose paid support staff treat them with respect. PM9: Respect and Rights: Percentage of people who have enough privacy where they live (if in group setting). PM10: Respect and Rights: Percentage of people who have access to food at all times of the day (if in group setting). PM11: Safety: Proportion of people who feel safe around their paid support staff. PM12: Safety: Proportion of people who are able to get to safety quickly in case of an emergency like a house fire. PM13: Safety: Proportion of people who are ever worried for the security of their personal belongings. PM14: Wellness: Percentage of people whose health was described as having gotten better compared to 12 months ago. PM15: Wellness: Proportion of people who often feel sad or depressed. PM16: Work: Proportion of people wanting a job who had someone talk to them about job options. PM17: Affordability: Proportion of people who ever have to skip a meal due to financial worries.	NCI-AD Survey: Reducing by 10% the gap between the PM baseline rate and 100%. PM8 Target: 96% PM9 Target: 93% PM10 Target: 96% PM11 Target: 100% PM12 Target: 90% PM13 Target: 14% (Inverse PM) PM14 Target: 25% PM15 Target: 10% (Inverse PM) PM16 Target: 42% PM17 Target: 14% (Inverse PM)	NCI-AD Survey: 2018-19: PM8: 96% PM9: 92% PM10: 95% PM11: 100% PM12: 89% PM13: 16% PM14: 17% PM15: 11% PM16: 36% PM17: 16%	NCI-AD Survey: 2019-2020 PM8: 90% PM9: 82% PM10: 82% PM11: 97% PM12: 93% PM13: 20% PM14: 20% PM15: 10% PM6: 22% PM17: 15%	NCI-AD Survey: PM8: Not Met PM9: Not Met PM10: Not Met PM11: Not Met PM12: Met PM13: Not Met (Inverse PM) PM14: Not Met PM15: Met (Inverse PM) PM16: Not Met PM17: Not Met (Inverse PM)
2.4	Increase Mental Health Survey results.	MH Survey: 2018 and 2019 MH Survey Reports (Contract Reference : 5.9.10.E)	PM1: Composite Measure: Adults (18+ yrs.): Crisis Management. PM2: Individual Question: Adults (18+ yrs.): I was encouraged to use consumer-run programs (support groups, drop-in centers, crisis phone line, etc.). PM3: Individual Question: Adults (18+ yrs.): Are you doing what you want to do for paid work? (among those who had paid job) [Response: Yes, I have a paid job doing what I want to do]. PM4: Composite Measure: Youth (0–17 yrs.): Service Access. PM5: Composite Measure: Youth (0–17 yrs.): Crisis Management.	Reducing by 10% the gap between the PM baseline rate and 100%. PM1 Target: 87.0% PM2 Target: 81.2% PM3 Target: 70.7% PM4 Target: 87.8% PM5 Target: 84.8%	2018 Survey: PM1: 85.6% PM2: 79.1% PM3: 67.4% PM4: 86.4% PM5: 83.1%	2020 Survey: PM1: 86.8% PM2: 78.6% PM3: 69.1% PM4: 88.4% PM5: 84.2%	Objective Partially Met (2 PMs Met; 3 PMs Not Met). PM1: Met PM2: Not Met PM3: Not Met PM4: Met PM5: Not Met

Table A.2. 2018 KanCare 2.0 Quality Management Strategy Goal 2 Evaluation – Continued

Goal 2: Improve member experience and quality of life.							
Obj. #	Objective	Data Source	Performance Measure	Performance Target for the Most Current Year	Baseline Data	Most Current Year Data	Objective Status
2.5	Trend critical Incident reporting per 1,000 members stratified by HCBS and Institutional.	<i>Kansas Dept. for Aging and Disability Services (KDADS) HCBS Long-term Care Quality Review Report. July-September 2020. (Contract Reference: 5.9.9.F)</i>	PM1 (HCBS): Percent of HCBS participants' reported critical incidents that were initiated and reviewed within required time frames.	Please Note: KDADS Quality Review Report presents HCBS Critical Incident Reporting data for state and the three MCOs as percentages. The data for the Institutional stratification were not available. PMI Target: Statewide reported; Each MCO reported data.	2019 Statewide: PD: 96% FE: 95% I/DD: 96% BI: 98% TA: 98% Autism: 100% SED: N/A ABH: PD: 79% FE: 83% I/DD: 85% BI: 91% TA: 93% Autism: N/A SED: N/A SHP: PD: 98% FE: 96% I/DD: 97% BI: 99% TA: 100% Autism: N/A SED: N/A UHC: PD: 100% FE: 98% I/DD: 99% BI: 99% TA: 100% Autism: 100% SED: N/A	2020: State: Q1 Q2 Q3 PD: 98% 97% 98% FE: 99% 97% 95% I/DD: 99% 98% 94% BI: 100% N/A 99% TA: 100% 100% 100% Autism: 100% N/A 100% SED: N/A N/A N/A ABH: Q1 Q2 Q3 PD: 96% 97% 98% FE: 96% 97% 98% I/DD: 90% 92% 95% BI: 100% N/A 100% TA: 100% 100% 100% Autism: N/A N/A N/A SED: N/A N/A N/A SHP: Q1 Q2 Q3 PD: 99% 95% 92% FE: 100% 96% 88% I/DD: 100% 98% 91% BI: 100% N/A 97% TA: 100% 100% 100% Autism: 100% N/A 100% SED: N/A N/A N/A UHC: Q1 Q2 Q3 PD: 99% 99% 100% FE: 100% 98% 100% I/DD: 100% 99% 99% BI: 100% N/A 100% TA: 100% 100% 100% Autism: N/A N/A 100% SED: N/A N/A N/A	Objective Fully Met. (2 PMS Met) PM1: (Data reported) Statewide: Met ABH: Met SHP: Met UHC: Met

Table A.2. 2018 KanCare 2.0 Quality Management Strategy Goal 2 Evaluation – Continued							
Goal 2: Improve member experience and quality of life.							
Obj. #	Objective	Data Source	Performance Measure	Performance Target for the Most Current Year	Baseline Data	Most Current Year Data	Objective Status
2.5	Continued Trend critical Incident reporting per 1,000 members stratified by HCBS and Institutional.	<i>Kansas Dept. for Aging and Disability Services (KDADS) HCBS Long-term Care Quality Review Report. July-September 2020. (Contract Reference: 5.9.9.F)</i>	PM2 (HCBS): Percent of reported critical incidents requiring review/investigation where the State adhered to its follow-up measures.	Please Note: KDADS Quality Review Report presents Critical Incident Reporting data for state and the three MCOs as percentages. PM2 Target: Statewide reported; Each MCO reported data.	2019 Statewide: PD: 100% FE: 100% I/DD: 100% BI: 100% TA: 100% Autism: 100% SED: N/A ABH: PD: 100% FE: 100% I/DD: 100% BI: 100% TA: 100% Autism: N/A SED: N/A SHP: PD: 100% FE: 100% I/DD: 100% BI: 100% TA: 100% Autism: N/A SED: N/A UHC: PD: 100% FE: 100% I/DD: 100% BI: 100% TA: 100% Autism: 100% SED: N/A	2020: State: Q1 Q2 Q3 PD: 100% 100% 100% FE: 100% 100% 100% I/DD: 100% 100% 100% BI: 100% N/A 100% TA: 100% 100% 100% Autism: 100% N/A 100% SED: N/A N/A N/A ABH: Q1 Q2 Q3 PD: 100% 100% 100% FE: 100% 100% 100% I/DD: 100% 100% 100% BI: 100% N/A 100% TA: 100% 100% 100% Autism: N/A N/A N/A SED: N/A N/A N/A SHP: Q1 Q2 Q3 PD: 100% 100% 100% FE: 100% 100% 100% I/DD: 100% 100% 100% BI: 100% N/A 100% TA: 100% 100% 100% Autism: 100% N/A 100% SED: N/A N/A N/A UHC: Q1 Q2 Q3 PD: 100% 100% 100% FE: 100% 100% 100% I/DD: 100% 100% 100% BI: 100% N/A 100% TA: 100% 100% 100% Autism: N/A N/A 100% SED: N/A N/A N/A	PM2: (Data reported) Statewide: Met ABH: Met SHP: Met UHC: Met

Table A.2. 2018 KanCare 2.0 Quality Management Strategy Goal 2 Evaluation – Continued

Goal 2: Improve member experience and quality of life.							
Obj. #	Objective	Data Source	Performance Measure	Performance Target for the Most Current Year	Baseline Data	Most Current Year Data	Objective Status
2.6	Trend grievances per 1,000 members. (Current member grievances only)	Grievances and Appeals Reporting: MCO's 2018, 2019 and 2020 GAR Reports (Grievances and Appeals Reporting) (Contract Reference: 5.9.19; 5.11.Attachm net D; 5.5.2.F.8)	Annual trend per 1,000 members by MCO	Downward trend each year by MCO	2018 Total Membership by MCO: ABH = Not Applicable SHP = 164,890 UHC = 174,713 Number of Grievances: ABH: Not Available SHP: 679 UHC: 907 Grievances Per 1000 Members: ABH: Not Applicable SHP: 4 per 1,000 UHC: 5 per 1,000 2019 Total Membership by MCO: ABH = 133,965 SHP = 169,973 UHC = 178,148 Number of Grievances: ABH: 362 SHP: 921 UHC: 959 Grievances Per 1000 Members: ABH: 3 per 1,000 SHP: 5 per 1,000 UHC: 5 per 1,000	2020 Total Membership by MCO: ABH = 130,187 SHP = 166,775 UHC = 175,565 Number of Grievances: ABH: 205 SHP: 528 UHC: 902 Grievances Per 1000 Members: ABH: 2 per 1,000 SHP: 3 per 1,000 UHC: 5 per 1,000	Objective Partially Met (PM for 2 MCOs Met; PM for 1 MCO Not Met). ABH: Met SHP: Met UHC: Not Met

Table A.3. 2018 KanCare 2.0 Quality Management Strategy Goal 3 Evaluation							
Goal 3: Improve provider experience and network relationships.							
Obj. #	Objective	Data Source	Performance Measure	Performance Target for the Most Current Year	Baseline Data	Most Current Year Data	Objective Status
3.1	Increase results of the Provider Satisfaction Survey.	Provider Satisfaction Survey: KFMC's 2018, 2019 and 2020 Provider Satisfaction Survey Validation Reports (Contract Reference: 5.9.11)	Overall Provider Satisfaction Rate with the Health Plan	Reducing by 10% the gap between the PM baseline rate and 100%.	ABH: 2019 Valid data not available due to low response rate and low number of completed surveys. SHP: 2018 Valid data not available due to low response rate and low number of completed surveys. UHC: 2018 Valid data not available due to low response rate and low number of completed surveys.	ABH: 2020 Valid data not available due to low response rate and low number of completed surveys. SHP: 2020 Valid data not available due to low response rate and low number of completed surveys. UHC: 2020 Valid data not available due to low response rate and low number of completed surveys.	Objective Not Met (Not Met by 3 MCOs). ABH: Not Met SHP: Not Met UHC: Not Met State is amending the contract with the MCOs to improve Provider Satisfaction survey methodology and results. It will be applied after CMS approval.
3.2	Ensure each MCO submits an annual evaluation of the Provider Satisfaction Survey results to KDHE. Each evaluation must provide a work plan that includes a timeline, barrier analysis, and intervention(s) to address results.	Not applicable (Contract Reference: 5.9.11.B)	Not Applicable	Not Applicable	Not Applicable	Not Applicable.	Objective Not Assessed. MCOs are not required to submit an annual evaluation of the Provider Satisfaction Survey results to KDHE. KDHE is including this requirement in the new contract amendment.

Table A.3. 2018 KanCare 2.0 Quality Management Strategy Goal 3 Evaluation – Continued							
Goal 3: Improve provider experience and network relationships.							
Obj. #	Objective	Data Source	Performance Measure	Performance Target for the Most Current Year	Baseline Data	Most Current Year Data	Objective Status
3.3	Decrease volume of unpaid claims greater than 90 days. Revised by State: 100% of all claims including adjustments must be processed and paid or processed and denied within ninety (90) calendar days of receipt.	Claims: 2019 and 2020 Claims Reports submitted by MCOs (Contract Reference: 5.14.1.B)	Percentage of Claims including adjustments processed and paid or processed and denied within ninety (90) calendar days of receipt.	100% of all claims including adjustments processed and paid or processed and denied within ninety (90) calendar days of receipt.	2019 ABH: 98.8% SHP: 99.98% UHC: 99.99%	2020 ABH: 99.73% SHP: 99.99% UHC: 100.00%	Objective Partially Met (PM Met by 1 MCO); PM Not Met by 2 MCOs. ABH: Not Met SHP: Not Met UHC: Met
3.4	Ensure each MCO develops, submits for review, and annually revises its Provider Network Development Plan, including how capacity issues in HCBS, Autism, and TA services have been addressed.	Annual State Contract Review (Contract Reference: 5.5.2; 5.5.8.D; 5.5.6)	Provider Network Development Plan developed, submitted for review and revised by each MCO.	Score of Fully Met	2018 ABH: Not applicable (contract started in 2019) SHP: Not Met UHC: Partially Met	2019 ABH: Not Met SHP: Fully Met UHC: Fully Met	Objective Partially Met (PM Met by 2 MCOs); PM Not Met by 1 MCO). ABH: Not Met SHP: Met UHC: Met
3.5	Ensure each MCO submits its annual provider training	Annual State Contract Review (Contract Reference: 5.6.A)	Annual Provider Training Report submitted by each MCO.	Score of Fully Met (Received and Approved)	2018 ABH: Not Applicable SHP: Not Met UHC: Not Met 2019 ABH: Fully Met SHP: Fully Met UHC: Fully Met	2020 ABH: Fully Met SHP: Fully Met UHC: Fully Met	Objective Fully Met (Met by 3 MCOs). ABH: Met SHP: Met UHC: Met
3.6	Ensure the Annual Provider Training plan and annual provider forum agenda is submitted to KDHE for review and approval.	Annual State Contract Review (Contract Reference: 5.6.2.A; 5.6.E; 5.6.A-G)	Annual Provider Training plan and annual provider forum agenda is submitted to KDHE by each MCO for review and approval.	Score of Fully Met (Received and Approved)	2018 ABH: Not Applicable SHP: Not Met UHC: Not Met 2019 ABH: Not Met SHP: Fully Met UHC: Fully Met	2020 ABH: Fully Met SHP: Fully Met UHC: Fully Met	Objective Fully Met (Met by 3 MCOs). ABH: Met SHP: Met UHC: Met

Table A.3. 2018 KanCare 2.0 Quality Management Strategy Goal 3 Evaluation – Continued							
Goal 3: Improve provider experience and network relationships.							
Obj. #	Objective	Data Source	Performance Measure	Performance Target for the Most Current Year	Baseline Data	Most Current Year Data	Objective Status
3.7	Ensure KDADS state policy and other program training requirements are met.	<i>KDADS website</i> ; and <i>HCBS Quality Review Reports</i> . (Contract Reference: 5.6.A)	PM1: KDADS Standard Policy: Provider Qualification Policy (Applicability: All HCBS Waivers). PM2: HCBS Provider Qualification Audit Process (implemented by the MCOs and applies to all HCBS providers). PM3: State Training Requirements for the fourteen 14 Rehabilitation Services.	PM1: Provider Qualification policy in place. PM2: HCBS Provider Qualification Audit Process conducted by MCOs in place. PM3: State Training Requirements for the fourteen Rehabilitation Services in place.	PM1: In Place PM2: In Place PM3: In Place	PM1: In Place PM2: In Place PM3: In Place	Objective Fully Met. PM1: Provider Qualification Policy was established on 12/19/2017; Policy was last revised on 02/17/2020 and was effective from 03/02/2020. PM2: State delegated auditing of HCBS provider qualifications to MCOs; MCOs have contracted single company, Averifi, to complete the HCBS audits. Each MCO is required by the State to make a separate determination using the audit findings and based upon the MCO’s individual policy for HCBS Provider Qualifications Audits. For providers who are found not to meet the qualifications requirements, the MCO may implement a corrective action plan or take other action including and up to termination of the provider from the MCO’s network. Coordinated work effort is in progress to develop formalized process for auditing provider qualifications, with assistance from KDHE, KDADS and the MCO’s. The yearly data for 2020 will be reported towards the end of 2021. PM3: State has listed a total of 46 trainings for the fourteen Rehabilitation Services along with requirement completion time frame for the providers. All trainings listed within each service must be completed within the time frame in order to meet the state’s requirement to provide that service.

Table A.4. 2018 KanCare 2.0 Quality Management Strategy Goal 4 Evaluation

Goal 4: Increase access to and availability of services.							
Obj. #	Objective	Data Source	Performance Measure	Performance Target for the Most Current Year	Baseline Data	Most Current Year Data	Objective Status
4.1	Improve adult access to primary and preventive care services.	HEDIS: 2018 and 2019 Healthcare Effectiveness Data Information Set (HEDIS®). (Contract Reference: 5.5.5.1; 5.5.5.2)	Adult’s Access to Preventive/ Ambulatory Health Services (AAP) - Total.	National HEDIS 75th percentile; OR If this goal is reached then PM goal is to reach 90 th Percentile; OR if below 75th percentile then target is to reduce by 10% the gap between the PM baseline rate and 100%. If below 75 th percentile, then PM target is 87.97%.	2018 Adult’s Access to Preventive/Ambulatory Health Services – Total (AAP): Rate: 86.63% QC Percentile: >75 th	2019 Adult’s Access to Preventive/Ambulatory Health Services – Total (AAP): Rate: 87.66% QC Percentile: >90 th	Objective Fully Met. Adult’s Access to Preventive/Ambulatory Health Services (AAP) – Total (AAP): Met (Note: Objective Status assessment is based on the target for QC Percentile)
4.2	Improve children and adolescents’ access to primary care practitioners.	HEDIS: 2018 and 2019 Healthcare Effectiveness Data Information Set (HEDIS®). (Contract Reference: 5.5.5.1; 5.5.5.2)	Children and Adolescents’ Access to Primary Care Practitioners (CAP). Age Groups: 12-24 Months (Mths); 25 Mths-6 Years (Yrs.); 7-11 Yrs.; 12-19 Yrs.	See above. If the below 75 th percentile, then PM targets are as follows: 12-24 Mths: 93.31%; 25 Mths-6 Yrs.: 88.03%; 7-11 Yrs.: 91.97%; 12-19 Yrs.: 91.59%.	2018: Children and Adolescents’ Access to Primary Care Practitioners (CAP): Rate: 12-24 Months: 92.57% 25 Mths-6 Yrs.: 86.70% 7-11 Yrs.: 91.08% 12-19 Yrs.: 90.66% QC Percentile: 12-24 Months: <25 th 25 Mths-6 Yrs.: <50 th 7-11 Yrs.: ≥50 th 12-19 Yrs.: ≥50 th	2019: Children and Adolescents’ Access to Primary Care Practitioners (CAP): Rate: 12-24 Mths: 95.61% 25 Mths-6 Yrs.: 86.66% 7-11 Years: 90.72% 12-19 Years: 90.43% QC Percentile: 12-24 Mths: <50 th 25 Mths-6 Yrs.: 33.33 rd 7-11 Yrs.: <50 th 12-19 Yrs.: ≥50 th	Objective Partially Met. Children and Adolescents’ Access to Primary Care Practitioners (CAP): 12-24 Mths: Met 25 Mths-6 Yrs.: Not Met 7-11 Yrs.: Not Met 12-19 Yrs.: Not Met (Note: Objective Status assessment is based on the target for rates)

Table A.4. 2018 KanCare 2.0 Quality Management Strategy Goal 4 Evaluation							
Goal 4: Increase access to and availability of services.							
Obj. #	Objective	Data Source	Performance Measure	Performance Target for the Most Current Year	Baseline Data	Most Current Year Data	Objective Status
4.3	Improve Identification of alcohol and other drug services.	HEDIS: 2018 and 2019 Healthcare Effectiveness Data Information Set (HEDIS®). (Contract Reference: 5.5.7.D & E)	Initiation & Engagement of Alcohol & Other Drug Abuse or Dependence Treatment (IET). Initiation of AOD -Total; Engagement of AOD - Total.	National HEDIS 75th percentile; OR If >75 th , then 90 th percentile; OR If below the 75 th percentile then targets are as follows: Initiation of AOD: 42.59% Engagement of AOD: 20.46%	2018: IET - Initiation of AOD (Total) Rate: 36.21% QC Percentile: <25 th	2019: IET - Initiation of AOD (Total) Rate: 41.20% QC Percentile: <50 th	Objective Not Met. IET - Engagement of AOD (Total): Not Met IET - Engagement of AOD (Total): Not Met (Note: Objective Status assessment is based on the target for rates)
					2018: IET - Engagement of AOD (Total) Rate: 11.62% QC Percentile: <50 th	2019: IET - Engagement of AOD (Total) Rate: 13.64% QC Percentile: <50 th	
4.4	Improve mental health utilization (MPT).	HEDIS: 2018 and 2019 Healthcare Effectiveness Data Information Set (HEDIS®). (Contract Reference: 5.5.7.D & G; 5.5.7)	Mental Health Utilization (MPT): MPT - Emergency Department (ED) (Total); MPT - Inpatient (Total); MPT - Outpatient (Total)]	National HEDIS 75th or 25 th percentile (inverse measures); OR If >75 th or <25 th , then 90 th or 10 th Percentile; OR If above targets not reached then targets are: MPT-ED: 4.14%; MPT Inpatient: 1.22%; MPT Outpatient: 26.30%	2018: MPT - ED (Total): Rate: 4.60% QC Percentile: >90 th MPT - Inpatient (Total): Rate: 1.36% QC Percentile: >66.67 th MPT - Outpatient (Total): Rate: 18.11% QC Percentile: >75 th	2019: MPT - ED (Total): Rate: 17.80% QC Percentile: >95 th MPT - Inpatient (Total): Rate: 1.61% QC Percentile: >75 th MPT - Outpatient (Total): Rate: 0.62% QC Percentile: <5 th	Objective Not Met. MPT - ED (Total) – Inverse PM: Not Met; MPT - Inpatient (Total) – Inverse PM: Not Met; MPT - Outpatient (Total): Not Met. (Note Objective Status assessment is based on the target for rates)

Table A.4. 2018 KanCare 2.0 Quality Management Strategy Goal 4 Evaluation – Continued

Goal 4: Increase access to and availability of services.							
Obj. #	Objective	Data Source	Performance Measure	Performance Target for the Most Current Year	Baseline Data	Most Current Year Data	Objective Status
4.5a	Members: Ensure tracking of appeal (pre- and post-service) rate per 1,000 and tracking and trending of final disposition of appeal adjudication (i.e., overturned, upheld, overturned in-part, State Fair Hearing).	Grievances and Appeals Reporting: MCOs’ 2018, 2019 and 2020 GAR Reports (Grievance and Appeals Reporting) (Contract Reference: 5.5.8.D; 5.9.9; 5.11. Attachment D; 5.5.2.F.8)	Member Appeal Rate per 1,000 Members by MCO; Resolution Percentage: Withdrawn; Reversed; Upheld; Determined Not Applicable (N/A); Fair Hearing.	Downward trend for each year by MCO: 1) # of appeals per 1,000 members; & 2) % of appeals that were reversed.	2018: Total Membership by MCO: ABH: Not Applicable SHP: 164,890 UHC: 174,713 Member Appeal Rate: ABH: Not applicable SHP: 5 per 1,000 UHC: 4 per 1,000 Resolution %: ABH: No Applicable SHP: Withdrawn: 5%; Reversed: 50%; Upheld: 45%; Determined N/A: 0%; Fair Hearing: 6%. UHC: Withdrawn: 21%; Reversed: 35%; Upheld: 38%; Determined N/A: 6%; Fair Hearing: 3%. 2019: Total Membership by MCO: ABH: 133,965 SHP: 169,973 UHC: 178,148 Member Appeal Rate: ABH: 4 per 1,000 SHP: 6 per 1,000 UHC: 6 per 1,000 Resolution %: ABH: Withdrawn: 4%; Reversed: 43%; Upheld: 30%; Determined N/A: 23%; Fair Hearing: <1%. SHP: Withdrawn: 5%; Reversed: 52%; Upheld: 42%; Determined N/A: 1%; Fair Hearing: 5%. UHC: Withdrawn: 12%; Reversed: 47%; Upheld: 35%; Determined N/A: 6%; Fair Hearing: 6%.	2020 Total Membership by MCO: ABH: 130,187 SHP: 166,775 UHC: 175,565 Member Appeal Rate: ABH: 4 per 1,000 SHP: 5 per 1,000 UHC: 4 per 1,000 Resolution %: ABH: Withdrawn: 2%; Reversed: 39%; Upheld: 40%; Determined N/A: 19%; Fair Hearing: 2%. SHP: Withdrawn: 3%; Reversed: 48%; Upheld: 39%; Determined N/A: 10%; Fair Hearing: 3%. UHC: Withdrawn: 15%; Reversed: 54%; Upheld: 28%; Determined N/A: 3%; Fair Hearing: 5%.	Objective Partially Met (Partially Met by 1 MCO and Not Met by 2 MCOs). ABH: Partially Met (# of appeals per 1,000 members: Not Met; & % of appeals that were reversed: Met) SHP: Not Met (# of appeals per 1,000 members: Not Met; & % of appeals that were reversed: Not Met) UHC: Not Met (# of appeals per 1,000 members: Not Met; & % of appeals that were reversed: Not Met)

Table A.4. 2018 KanCare 2.0 Quality Management Strategy Goal 4 Evaluation – Continued

Goal 4: Increase access to and availability of services.							
Obj. #	Objective	Data Source	Performance Measure	Performance Target for the Most Current Year	Baseline Data	Most Current Year Data	Objective Status
4.5b	Providers: Ensure tracking of appeal (pre- and post-service) rate per 1,000 and tracking and trending of final disposition of appeal adjudication (i.e., overturned, upheld, overturned in-part, State Fair Hearing).	Grievances and Appeals Reporting: MCOs' 2018, 2019 and 2020 GAR Reports (Contract Reference: 5.5.8.D; 5.9.9; 5.11. Attachment D; 5.5.2.F.8)	Provider Appeal Rate per 1,000 Members by MCO; Resolution Percentage: Withdrawn; Reversed; Upheld; Determined (N/A); Fair Hearing.	Downward trend for each year by MCO: 1) # of appeals per 1,000 members; & 2) % of appeals that are reversed.	2018: Provider Appeal Rate: ABH: Not applicable SHP: 14 per 1,000 UHC: 16 per 1,000 Resolution %: ABH: No Applicable SHP: Withdrawn: 1%; Reversed: 44%; Upheld: 52%; Determined N/A: < 1%; Fair Hearing: 4%. UHC: Withdrawn: <1%; Reversed: 18%; Upheld: 44%; Determined N/A: 38%; Fair Hearing: 4%. 2019: Member Appeal Rate: ABH: 2 per 1,000 SHP: 28 per 1,000 UHC: 15 per 1,000 Resolution %: ABH: Withdrawn: <1%; Reversed: 64%; Upheld: 25%; Determined N/A: 11%; Fair Hearing: 0%. SHP: Withdrawn: 2%; Reversed: 45%; Upheld: 48%; Determined N/A: 5%; Fair Hearing: 2%. UHC: Withdrawn: <1%; Reversed: 16%; Upheld: 49%; Determined N/A: 35%; Fair Hearing: 4%.	2020 Provider Appeal Rate: ABH: 8 per 1,000 SHP: 29 per 1,000 UHC: 18 per 1,000 Resolution %: ABH: Withdrawn: 1%; Reversed: 33%; Upheld: 43%; Determined N/A: 23%; Fair Hearing: 5%. SHP: Withdrawn: 1%; Reversed: 48%; Upheld: 47%; Determined N/A: 4%; Fair Hearing: 2%. UHC: Withdrawn: <1%; Reversed: 25%; Upheld: 60%; Determined N/A: 15%; Fair Hearing: 3%.	Objective Partially Met (Partially Met by 1 MCO and Not Met by 2 MCOs). ABH: Partially Met (# of appeals per 1,000 members: Not Met; & % of appeals that were reversed: Met) SHP: Not Met (# of appeals per 1,000 members: Not Met; & % of appeals that were reversed: Not Met) UHC: Not Met (# of appeals per 1,000 members: Not Met; & % of appeals that were reversed: Not Met)

Table A.4. 2018 KanCare 2.0 Quality Management Strategy Goal 4 Evaluation – Continued

Goal 4: Increase access to and availability of services.							
Obj. #	Objective	Data Source	Performance Measure	Performance Target for the Most Current Year	Baseline Data	Most Current Year Data	Objective Status
4.6	Ensure each MCO develops, submits for review, and annually revises its Provider Network Development Plan, including strategies to proliferate telehealth usage.	Annual MCO Audit (Contract Reference: 5.5.7.B; 5.7. C; 5.7.1.A.6; 5.9.3.A.7; 5.1.1.C; 5.5.2.F.5)	Provider Network Development Plan, including strategies to proliferate telehealth usage developed, submitted for review and revised by each MCO.	Score of Fully Met for each MCO	2018 ABH: Not Applicable SHP: Not Met UHC: Not Met 2019 ABH: Not Met SHP: Fully Met UHC: Partially Met	2020 ABH: Minimally Met SHP: Substantially Met UHC: Minimally Met	Objective Partially Met (Partially Met by 1 MCO; Not Met by 2 MCOs). ABH: Not Met SHP: Partially Met UHC: Not Met

Table A.5. 2018 KanCare 2.0 Quality Management Strategy Goal 5 Evaluation

Goal 5: Increase the use of evidence-based practices for members with behavioral health (Mental Health and Substance Use Disorder), and chronic physical health conditions.							
Obj. #	Objective	Data Source	Performance Measure	Performance Target for the Most Current Year	Baseline Data	Most Current Year Data	Objective Status
5.1	Increase follow-up care for children prescribed attention-deficit /hyperactivity (ADHD) medication— initiation phase.	HEDIS: 2017, 2018 and 2019 Healthcare Effectiveness Data Information Set (HEDIS®). (Contract Reference: 5.7.1.A.3. 5.4.11.B.1)	Follow-up Care for Children Prescribed Attention-Deficit/Hyperactivity Medication (ADD) — Initiation Phase	National HEDIS 75th percentile; OR If >75 th percentile then 90 th Percentile; OR if below 75th percentile then target is to reduce by 10% the gap between the PM baseline rate and 100%. If below 75 th percentile then target Rate is 53.81%	2017 ADD – Initiation Phase Rate: 49.53% QC Percentile: >66.67 th 2018 ADD – Initiation Phase Rate: 48.68% QC Percentile: >66.67 th	2019 ADD – Initiation Phase Rate: 52.81% QC Percentile: >75 th	Objective Fully Met. ADD – Initiation Phase: Met (Note: Objective Status assessment is based on the target for QC Percentile)
5.2	Increase follow-up care for children prescribed ADHD medication— continuation and maintenance phase.	HEDIS: 2017, 2018 and 2019 Healthcare Effectiveness Data Information Set (HEDIS®). (Contract Reference: 5.7.1.A.3. 5.4.11.B.1; 5.9.8)	Follow-up Care for Children Prescribed Attention-Deficit/Hyperactivity Medication (ADD) — Continuation and Maintenance Phase (ADD).	See above. If below 75 th percentile then target Rate is 60.50%	2017 ADD – Continuation and Maintenance Phase: Rate: 57.54% QC Percentile: ≥50 th 2018 ADD – Continuation and Maintenance Phase: Rate: 56.11% QC Percentile: ≥50 th	2019 ADD – Continuation and Maintenance Phase: Rate: 59.86% QC Percentile: >66.67 th	Objective Not Met. ADD – Continuation and Maintenance Phase: Not Met (Note: Objective Status assessment is based on the target percentage)
5.3	Reduce use of multiple concurrent antipsychotics in children and adolescents.	Objective not assessed.	Use of multiple concurrent antipsychotics in children and adolescents (APC)	Objective not assessed.	Objective not assessed.	Objective not assessed.	Objective Not Assessed. Measure was retired; data not available for the QMS Evaluation time period.

Table A.5. 2018 KanCare 2.0 Quality Management Strategy Goal 5 Evaluation – Continued

Goal 5: Increase the use of evidence-based practices for members with behavioral health (Mental Health and Substance Use Disorder), and chronic physical health conditions.							
Obj. #	Objective	Data Source	Performance Measure	Performance Target for the Most Current Year	Baseline Data	Most Current Year Data	Objective Status
5.4	Increase follow-up after hospitalization for mental illness—7 days.	HEDIS: 2017, 2018 and 2019 Healthcare Effectiveness Data Information Set (HEDIS®). (Contract Reference: 5.5.7.E.5; 5.9.8)	Follow Up After Hospitalization for Mental Illness —7 days (FUH). Total Rate; Rates for Age Strata: 6-17 Yrs.; 18-64 Yrs.; and 65+ Yrs.	See above. If below 75 th percentile then Target Rates are: Total: 59.75% 6-17 Yrs.: 64.08% 18-64 Yrs.: 54.12% 65 + Yrs.: 41.22% (Note: Data for age strata were not available for 2017)	2017 FUH – 7 days (Total) Rate: 58.95% QC Percentile: >90 th 2018 FUH – 7 days (Total) Rate: 55.28% QC Percentile: >90 th FUH – 7 days (6-17 Yrs.) Rate: 60.09% QC Percentile: >75 th FUH – 7 days (18-64 Yrs.) Rate: 49.02% QC Percentile: >75 th FUH – 7 days (65+ Yrs.) Rate: 34.69% QC Percentile: >75 th	2019: FUH – 7 days (Total) Rate: 54.39% QC Percentile: >90 th FUH – 7 days (6-17 Yrs.) Rate: 59.89% QC Percentile: >75 th FUH – 7 days (18-64 Yrs.) Rate: 47.67% QC Percentile: >75 th FUH – 7 days (65+ Yrs.) Rate: 25.40% QC Percentile: >66.67 th	Objective Partially Met (Total Met; Age Groups Not Met). FUH – 7 days (Total): Met FUH – 7 days (6-17 Yrs.): Not Met FUH – 7 days (18-64 Yrs.): Not Met FUH – 7 days (65+ Yrs.): Not Met (Note: Objective Status assessment for the PM Total is based on QC Percentile target; and for the PMs for age strata are based on the target percentages)
5.5	Increase follow-up after hospitalization for mental illness—30 days.	HEDIS: 2017, 2018 and 2019 Healthcare Effectiveness Data Information Set (HEDIS®). (Contract Reference: 5.5.7.E.5; 5.9.8)	Follow-up after hospitalization for mental illness—30 days (FUH).	See above. If below 75 th percentile then target Rates are: Total: 77.12% 6-17 Yrs.: 82.09% 18-64 Yrs.: 70.48% 65 + Yrs.: 63.26% Note: Data for age strata were not available for 2017)	2017 FUH – 30 days (Total) Rate: 76.55% QC Percentile: NA 2018 FUH – 30 days (Total) Rate: 74.58% QC Percentile: >90 th FUH – 30 days (6-17 Yrs.) Rate: 80.10% QC Percentile: >75 th FUH – 30 days (18-64 Yrs.) Rate: 67.20% QC Percentile: >75 th FUH – 30 days (65+ Yrs.) Rate: 59.18%; QC: >66.67 th	2019: FUH – 30 days (Total) Rate: 73.54% QC Percentile: >90 th FUH – 30 days (6-17 Yrs.) Rate: 78.57% QC Percentile: >75 th FUH – 30 days (18-64 Yrs.) Rate: 67.38% QC Percentile: >75 th FUH – 30 days (65+ Yrs.) Rate: 47.62% QC Percentile: >66.67 th	Objective Partially Met (Total Met; Age Groups Not Met). FUH – 30 days (Total): Met FUH – 30 days (6-17 Yrs.): Not Met FUH – 30 days (18-64 Yrs.): Not Met FUH – 30 days (65+ Yrs.): Not Met (Note: Objective Status assessment for the PM Total is based on QC Percentile target; and for the PMs for age strata are based on the target percentages)

Table A.5. 2018 KanCare 2.0 Quality Management Strategy Goal 5 Evaluation – Continued

Goal 5: Increase the use of evidence-based practices for members with behavioral health (Mental Health and Substance Use Disorder), and chronic physical health conditions.							
Obj. #	Objective	Data Source	Performance Measure	Performance Target for the Most Current Year	Baseline Data	Most Current Year Data	Objective Status
5.6	Increase rate of HbA1c testing for members with diabetes.	Objective not assessed. (Contract Reference: 5.9.8)	Comprehensive Diabetes Care (CDC) HbA1c Testing (Hybrid)	Objective not assessed.	Objective not assessed.	Objective not assessed.	Objective Not Assessed. (Measure was retired; data not available for the QMS Evaluation time period)
5.7	Decrease rate of HbA1c poor control (>9.0%) for members with diabetes.	HEDIS: 2017, 2018 and 2019 Healthcare Effectiveness Data Information Set (HEDIS®). (Contract Reference: 5.9.8)	Comprehensive Diabetes Care (CDC) HbA1c Poor Control (>9.0%) for Members with Diabetes (Hybrid)	National HEDIS <25th percentile; OR If <25th percentile then <10th Percentile; OR if >25th percentile then target is to decrease the rate by 10%. If >25th percentile then Target Rate is: 33.11%	2017 Rate: 35.33% QC Percentile: ≥50th 2018 Rate: 36.79% QC Percentile: ≥50th	2019 Rate: 39.01% QC Percentile: <50th	Objective Not Met. CDC - HbA1c poor control (>9.0%) for members with diabetes (Hybrid) – Inverse PM: Not Met (Note: Objective Status assessment is based on the target percentage)
5.8	Increase rate of HbA1c good control (<8.0%) for members with diabetes.	HEDIS: 2017, 2018 and 2019 Healthcare Effectiveness Data Information Set (HEDIS®). (Contract Reference: 5.9.8)	Comprehensive Diabetes Care (CDC) HbA1c good control (<8.0%) for members with diabetes	National HEDIS 75th percentile; If >75th percentile then 90th Percentile; OR if below 75th Percentile then target is to reduce by 10% the gap between the PM baseline rate and 100%. If <75th percentile then Target Rate is: 59.45%	2017 Rate: 54.96% QC Percentile: >66.67th 2018 Rate: 54.94% QC Percentile: >66.67th	2019 Rate: 53.23% QC Percentile: ≥50th	Objective Not Met. CDC - HbA1c good control (<8.0%) for members with diabetes (Hybrid): Not Met (Note: Objective Status assessment is based on the target percentage)
5.9	Increase rate of eye exams performed for members with diabetes.	HEDIS: 2017, 2018 and 2019 Healthcare Effectiveness Data Information Set (HEDIS®). (Contract Reference: 5.9.8)	Comprehensive Diabetes Care (CDC) Eye exams	National HEDIS 75th percentile; If >75th percentile then 90th Percentile; OR if below 75th Percentile then target is to reduce by 10% the gap between the PM baseline rate and 100%. If <75th percentile then Target Rate is: 68.32%	2017 Rate: 62.42% QC Percentile: >66.67th 2018 Rate: 64.80% QC Percentile: >75th	2019 Rate: 62.89% QC Percentile: >66.67th	Objective Not Met. CDC – Eye Exam performed for members with diabetes (Hybrid): Not Met (Note: Objective Status assessment is based on the target percentage)

Table A.5. 2018 KanCare 2.0 Quality Management Strategy Goal 5 Evaluation – Continued							
Goal 5: Increase the use of evidence-based practices for members with behavioral health (Mental Health and Substance Use Disorder), and chronic physical health conditions.							
Obj. #	Objective	Data Source	Performance Measure	Performance Target for the Most Current Year	Baseline Data	Most Current Year Data	Objective Status
5.10	Increase medical attention for nephropathy for members with diabetes.	HEDIS: 2017, 2018 and 2019 Healthcare Effectiveness Data Information Set (HEDIS®). (Contract Reference: 5.9.8)	Comprehensive Diabetes Care (CDC) Medical attention for nephropathy for members with diabetes	See above. If <75th percentile then Target Rate is: 88.05%	2017 Rate: 88.76% QC Percentile: <33.33 rd 2018 Rate: 86.72% QC Percentile: <25 th	2019 Rate: 86.73% QC Percentile: <25 th	Objective Not Met. CDC – Medical attention for nephropathy for members with diabetes (Hybrid): Not Met (Note: Objective Status assessment is based on the target percentage)
5.11	Increase blood pressure control (<140/90 mm Hg) for members with diabetes.	HEDIS: 2017, 2018 and 2019 Healthcare Effectiveness Data Information Set (HEDIS®). (Contract Reference: 5.9.8)	Comprehensive Diabetes Care (CDC) Blood pressure control (<140/90 mm Hg) for members with diabetes	National HEDIS 75th percentile; If >75 th percentile then 90 th Percentile; OR if below 75th Percentile then target is to reduce by 10% the gap between the PM baseline rate and 100%. If <75th percentile then Target Rate is: 48.96%	2017 Rate: 61.13% QC Percentile: <50 th 2018 Rate: 43.29% QC Percentile: <10 th	2019 Rate: 58.54% QC Percentile: <33.33 rd	Objective Met. CDC – Blood pressure control (<140/90 mm Hg) for members with diabetes (Hybrid): Met (Note: Objective Status assessment is based on the target percentage)
5.12	Increase medication management for people with asthma— medication compliance 50% (MMA).	Objective not assessed. (Contract Reference: 5.9.8)	Objective not assessed.	Objective not assessed.	Objective not assessed.	Objective not assessed.	Objective Not Assessed. State had decided to focus on 75% medication compliance rate.

Table A.5. 2018 KanCare 2.0 Quality Management Strategy Goal 5 Evaluation – Continued

Goal 5: Increase the use of evidence-based practices for members with behavioral health (Mental Health and Substance Use Disorder), and chronic physical health conditions.							
Obj. #	Objective	Data Source	Performance Measure	Performance Target for the Most Current Year	Baseline Data	Most Current Year Data	Objective Status
5.13	Increase medication management for people with asthma— medication compliance 75%.	HEDIS: 2017, 2018 and 2019 Healthcare Effectiveness Data Information Set (HEDIS®). (Contract Reference: 5.9.8)	Medication management for people with asthma (MMA) — medication compliance 75%.	National HEDIS 75th percentile; If >75 th percentile then 90 th Percentile; OR if below 75th percentile then target is to reduce by 10%, the gap between the PM baseline rate and 100%. If <75 th percentile then Target Rate is: 46.32%.	2017 Rate: 39.17 % QC Percentile: ≥50 th 2018 Rate: 40.36% QC Percentile: ≥50 th	2019 Rate: 39.91% QC Percentile: ≥50 th	Objective Not Met. MMA – medication compliance 75%: Not Met (Note: Objective Status assessment is based on the target percentage)

Appendix B

Evaluation of the 2018 KanCare 2.0 Quality Management Strategy

January 2019 to December 2021

Abbreviation List

List of Abbreviations	
Abbreviation	Description
AAP	Adults’ Access to Preventive/Ambulatory Health Services (HEDIS Measure)
ADD	Follow-Up Care for Children Prescribed Attention-Deficit/Hyperactivity Medication (HEDIS Measure)
Aetna or ABH	Aetna Better Health of Kansas
ADHD	Attention-Deficit/Hyperactivity Disorder
APC	Use of Multiple Concurrent Antipsychotics in Children and Adolescents (HEDIS Measure)
BI	Brain Injury
CAHPS	Consumer Assessment of Health Providers and Systems
CAHPS-HCBS	Consumer Assessment of Health Providers and Systems Home and Community-Based Services
CAP	Children and Adolescents’ Access to Primary Care Practitioners (HEDIS Measure)
CCC	Children with Chronic Conditions
CDC	Comprehensive Diabetes Care (HEDIS Measure)
CMS	Centers for Medicare & Medicaid Services
COVID-19	Coronavirus
DHCF	Division of Health Care Finance
EQRO	External Quality Review Organization
FE	Frail Elderly
FUH	Follow-Up After Hospitalization for Mental Illness (HEDIS Measure)
GAR	Grievances and Appeals Reporting
GC	General Child
HbA1c	Hemoglobin A1c
HCBS	Home and Community-Based Services
HEDIS	Healthcare Effectiveness Data Information Set
I/DD	Intellectual/Developmental Disability
ICFs-ID	Intermediate Care Facilities for Individuals with Intellectual Disabilities
IET	Initiation & Engagement of Alcohol & Other Drug Abuse or Dependence Treatment (HEDIS Measure)
KDADS	Kansas Department of Aging and Disability Services
KDHE	Kansas Department of Health and Environment
KFMC	KFMC Health Improvement Partners
KS	Kansas
LTSS	Long-Term Services and Supports
MCO	Managed Care Organization
MH	Mental Health
MMA	Medication Management for People with Asthma (HEDIS Measure)

List of Abbreviations	
Abbreviation	Description
MPT	Mental Health Utilization (HEDIS Measure)
NCI	National Core Indicators
NCI-AD	National Core Indicators-Aging and Disabilities
NCQA	National Committee for Quality Assurance
NOMS	National Outcome Measurement System
PD	Physical Disability
PM	Performance Measure
QC	Quality Compass
QMS	Quality Management Strategy
SMART	Specific, Measurable, Attainable/Achievable, Relevant, and Time-Bound
SUD	Substance Use Disorder
Sunflower or SHP	Sunflower Health Plan
TA	Technical Assistance
Title XIX	Title 19 Grants to States for Medical Assistance Programs (Medicaid)
Title XXI	Title 21 State Children’s Health Insurance Program (CHIP)
UnitedHealthcare or UHC	UnitedHealthcare Community Plan of Kansas