Fourth Quarter & Annual Report to CMS Regarding Operation of 1115 Waiver Demonstration Program – Quarter Ending 12.31.2023 – Year Ending 12.31.2023

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

KanCare
Section 1115 fourth Quarter and Annual Report
Demonstration Year: 11 (1/1/2023-12/31/2023)
Federal Fiscal Quarter: 1/2024 (10/1/2023-12/31/2023)

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2023 Fourth Quarter Report

I. Introduction

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

On August 6, 2012, the State of Kansas submitted a Medicaid Section 1115 demonstration proposal, entitled KanCare. That request was approved by the Centers for Medicare and Medicaid Services (CMS) on December 27, 2012, effective from January 1, 2013, through December 31, 2017. The State submitted a one-year temporary extension request of this demonstration to CMS on July 31, 2017. The temporary extension was approved on October 13, 2017. On December 20, 2017, the State submitted an extension request for its Medicaid 1115 demonstration. On December 18, 2018, CMS approved a renewal of the Medicaid Section 1115 demonstration proposal entitled KanCare. On June 17, 2022, CMS approved an amendment to the Medicaid Section 1115 demonstration to adjust the budget neutrality cap to account for changes in the Health Care Access Improvement Program (HCAIP) payments. On August 15, 2022, CMS approved an amendment to Medicaid Section 1115 demonstration for continuous coverage for individuals aging out of CHIP for the period March 1, 2020 through the end of the COVID-19 Public Health Emergency (PHE) unwinding period, or until all redeterminations are conducted during the unwinding period as discussed in SHO #22-001. On September 29, 2022, CMS approved an amendment to Medicaid Section 1115 demonstration to enable the State to provide twelve-month continuous eligibility for parents and other caretaker relatives. The State submitted an amendment and five-year renewal for its 1115 demonstration on December 28, 2022. On December 14, 2023, CMS approved a renewal of the Medicaid Section 1115 demonstration proposal entitled KanCare. The demonstration has been extended through December 31, 2029.

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

This five-year demonstration will:

- Maintain Medicaid state plan eligibility;
- Maintain Medicaid state plan benefits;

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

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

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

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

II. Enrollment Information

The following table outlines enrollment activity related to populations included in the demonstration. It does not include enrollment activity for non-Title XIX programs, including the Children's Health Insurance Program (CHIP), nor does it include populations excluded from KanCare, such as Qualified Medicare Beneficiaries (QMB) who are not otherwise eligible for Medicaid. The table does include members retroactively assigned as of December 31, 2023.

Demonstration Population	Enrollees at Close of Quarter (12/31/2023)	Total Unduplicated Enrollees in Quarter	Disenrolled in Quarter
Population 1: ABD/SD Dual	16,197	17,915	1,718
Population 2: ABD/SD Non-Dual	28,980	30,760	1,780
Population 3: Adults	62,961	71,902	8,941
Population 4: Children	211,395	245,414	34,019
Population 5: DD Waiver	8,800	9,028	228
Population 6: LTC	21,557	22,963	1,406
Population 7: MN Dual	4,065	5,292	1,227
Population 8: MN Non-Dual	1,034	1,214	180
Population 9: Waiver	5,134	5,436	302
Population 10: UC Pool	N/A	N/A	N/A
Population 11: DSRIP Pool	N/A	N/A	N/A
Total	360,123	409,924	49,801

Kansas continues to see increased disenrollments due to Public Health Emergency (PHE) unwinding activities.

III. Outreach/Innovation

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

The KanCare Advisory Council consists of eleven members: one legislator representing the House, one representing mental health providers, two representing physicians and hospitals, three representing KanCare members, one former Kansas Senator, one representing pharmacists, one representing the Aging Community, and one representing both the Area Agencies on Aging and Aging Disability Resource Centers. The KanCare Advisory Council Meeting occurred December 14, 2023, via Zoom. The agenda was as follows:

- Welcome and Introductions
- Review and Approval of Minutes from Council Meetings on June 22, 2023 and September 28, 2023
- Updates on KanCare with Q&A
    - Aetna Better Health Plan – Becky Austin-Morris
    - UnitedHealthcare Community Plan – Celia C. Ruiz
    - Sunflower State Health Plan – Stephanie Rasmussen
- KDHE Update – Janet Stanek, Secretary, Kansas Department of Health and Environment and Christine Osterlund, Deputy Secretary of Agency Integration and Medicaid, Kansas Department of Health and Environment
- KDADS Update – Andrew Brown, Deputy Secretary of Programs, Kansas Department for Aging and Disability Services

[1] www.kancare.ks.gov

- KanCare Ombudsman Report – Suzanne Lueker, Ombudsman, KanCare Ombudsman Office (Written only)
- Old Business
    - Update on addressing healthcare workforce issues. (Examples: Nursing, PCA) – Ed Nicholas
    - Ongoing challenges, especially with Third Party Liability in Certified Community Behavioral Health Clinic (CCBHC) billing to MCOs – Walt Hill
    - Recent request and reminder about reporting issues with Non-Emergency Medical Transportation (NEMT) services - Is there a concern statewide? – Walt Hill
    - Concerns statewide among pediatricians about children's access to medical care in Kansas due to pandemic related problems and low payment causing lack of provider participation in KanCare – Dr. Rebecca Reddy
        - Is there data the State can share?
        - What percentage of children with KanCare are up to date on well child visits, immunizations, and dental exams?
        - Provide roster of primary care providers who are accepting children with KanCare, with their practice address.
    - Changes in Medicaid beneficiary numbers with the PHE expiration and return to regular qualification processes including the number of Medicaid members who are able to move to Market Place Plans and how Market Place Plans benefit packages compare to Medicaid. What is the outlook for ongoing Market Place subsidies? – Walt Hill
    - Updates on Waitlists and new information from the Kansas University Study – Allen Schmidt
    - Updates on progress of new Community Support Waiver for The Intellectual/ Developmental Disability (I/DD) that originated from the work of the Modernization Work Committee? – Allen Schmidt
- Adjourn
  With the 1115 transition, we encourage council members to attend the Association and Advocacy Group A and B Meetings to be held January 2024.

The Tribal Technical Assistance Group met November 7, 2024 The tribal members were consulted on the following items:

- 23-0044 Self-Monitoring Blood Pressure Treatment Plan
- 23-0045 Continuous Glucose Monitoring

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

- 23-0023 NF/NFMH Rates
- 23-0025 Managed Care Authority Change
- 23-0026 STEPS
- 23-0031 BI Facility Rate Increase
- 23-0033 Pharmacist as Provider
- 23-0034 Diabetes Self-Management Training
- 23-035 CBI Program
- 23-0036 Lactation Consultation Rate Increase
- 23-0037 ICF/IID Rate Changes
- 23-0038 Working Healthy ABP
- 23-0039 ABP Reimbursement
- 23-0040 Hospice Market Basket Change
- 23-0042 Radiology Rate Leveling
- 23-0043 Coverage of Bath and Toilet Aids

Outstationed Eligibility Worker (OEW) staff members participated in twenty-nine in-person and virtual community events that provided KanCare program outreach, education, and information for the following: Impact Olathe event in Johnson County; Avenue of Life; Community Developmental Disability Organization, CDDO, Resource Fair in Johnson County; job fair in Johnson county; Community Health Senior Fairs in Pittsburg and Emporia; Prairie Band Elders Center Resource Fair; Kickapoo Health Fair, Kansas Courts event at Prairie Band Casino; Department for Children and Families (DCF) in Cowley and Wyandotte counties; Community Baby Showers in Coffey, Wyandotte, and Barton counties. Virtual and in-person meetings: Central Kansas Partnership Barton County; McPherson Council on Aging; East Central Kansas Economic Opportunity Corporation; ECKAN, in Emporia; Wyandotte Center in Wyandotte County; KAN Luncheon in Wyandotte County.

Support and assistance for KanCare members was provided by KDHE's twenty-four OEWs. Staff members determined eligibility for applicants. The OEW staff members also assisted in resolving many issues involving urgent medical needs, obtaining correct information on applications, and addressing gaps or errors in pending applications or reviews with the KanCare Clearinghouse. In addition, OEW staff members assisted with 2,612 phone calls, 1,011 walk-in appointments, and e-mails from the public.

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

- PACE Program (quarterly, but now as needed during the Public Health Emergency (PHE))
- HCBS Provider Forum teleconferences (quarterly)
- Long-term Care Roundtable with Department of Children and Families (quarterly)
- Presentations, attendance, and information is available as requested by small groups, consumers, stakeholders, providers and associations across Kansas
- Community Mental Health Centers meetings to address billing and other concerns (monthly and quarterly)
- Series of workgroup meetings and committee meetings with the Managed Care Organizations and Community Mental Health Centers
- Regular meetings with the Kansas Hospital Association
- Series of meetings with behavioral health institutions, private psychiatric hospitals, and Psychiatric Treatment Residential Facilities (PRTFs) to address care coordination and improved integration (weekly)
- Medicaid Functional Eligibility Instrument (Frail Elderly (FE), Physical Disability (PD) and Brain Injury (BI)) Advisory Workgroup
- The Intellectual / Developmental Disability (I/DD) Functional Eligibility Instrument Advisory Workgroup
- Systems Collaboration with Aging and Disability, Behavioral Health and Foster Care Agencies
- Psychiatric Residential Treatment Facility (PRTF) Stakeholder meeting (quarterly)
- Nursing Facility for Mental Health (NFMH) Directors meeting (monthly)
- CRO Directors meeting (bi-monthly)
- State Interagency Coordinating Council (bi-monthly)
- Kansas Mental Health Coalition meeting (monthly)
- Kansas Association of Addiction Professionals (monthly)
- Behavioral Health Association of Kansas (monthly)
- Heartland RADAC and Substance Abuse Center of Kansas (monthly)
- Complex Case Staffing's with MCOs (as needed M-F)

- Bi-monthly Governor's Behavioral Health Services Planning Council meetings and monthly meetings with the ten subcommittees: Prevention, Children's, Rural and Frontier, Justice Involved Youth and Adults, Housing and Homelessness, Service Members Veterans and Families, Evidence-Based Practices, Peer, Tobacco, and the Kansas Citizens' Committee on Alcohol and Drugs
- Monthly Nursing Facility Stakeholder Meetings
- KDADS Community Developmentally Disabled Organization (CDDO) Stakeholder Meetings (quarterly)
- KDADS-CDDO Eligibility workgroup
- KDADS-Series of meetings with a coalition of advocacy groups including KanCare Advocates Network and Disability Rights Commission to discuss ways KDADS can provide more effective stakeholder engagement opportunities
- CDDO Operations Meeting
- Statewide Independent Living Council of Kansas (SILCK)
- Kansas Association of Centers for Independent Living (KACIL)
- CBS Director Meetings
- Clinical Director Meetings with CMHCs
- Area Agencies on Aging (AAAs)

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

OneCare Kansas Program

A legislative proviso directed KDHE to implement a health homes program. To avoid the confusion caused by the term "health homes", a new name was selected for the program – OneCare Kansas (OCK). Although the program has a similar model to the State's previous health homes program, OCK was designed as an opt-in program. The program was launched on April 1, 2020 with an expansion implemented on April 1, 2021. As of December 31, 2023, there were twenty-four contracted OCK providers across the state and the program had 2,716 members opt-in.

As Community Mental Health Clinics (CMHCs) in Kansas become Certified Community Behavioral Health Clinics (CCBHCs), some clinics have determined providing comprehensive care coordination as a CCBHC is the best business model for their organization and the people they serve. Clinics have opted to become CCBHC providers instead of OCK providers which is accounting for the decrease of OCK providers in the state. KDHE and KDADS continue ongoing research, analysis, and collaboration with the CMHCs, CCBHCs, MCOs, and other stakeholders, as this part of the BH delivery system evolves.

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

MCO Outreach Activities

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

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

Marketing Activities

During the fourth quarter of 2023, Aetna Better Health of Kansas (ABHKS) staff members provided information and education to 3,934 individuals within over 175 community-based organizations and provider offices from around the state.

Outreach Activities
In the fourth quarter of 2023, the ABHKS Community Development Team and the Social Determinants of Health and Care Advocate Team provided both virtual and in-person outreach activities to community-based organizations, advocacy groups, and provider offices throughout Kansas. ABHKS staff visited virtually or in-person with 3,934 individuals associated with community-based organizations in Kansas. Examples of the community-based organizations included: Kansas Statewide Homeless Coalition; Mental Health Association of South Central Kansas in Wichita; Finney County Health Department in Garden City; Mitchell County Health System in Beloit; Hutchinson Community Foundation; El Centro in Kansas City; and Live Well Shawnee County, among others. ABHKS was also able to share its education information with over 8,400 members or potential members of KanCare through attendance at both in-person and virtual events.

Advocacy Activities
ABHKS' Member Advocates have established a relationship with the KanCare Ombudsman. During the fourth quarter, ABHKS handled six cases provided by the Ombudsman.

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

Marketing Activities
During fourth quarter of 2023, Sunflower Health Plan (Sunflower) sponsored local and statewide member and provider events, as well as initiatives to close care gaps. Most notably, Sunflower participated in the 2023 Kansas Conference on Oral Health. This conference gathered approximately 300 dental providers and advocates to discuss and lead the charge on innovation in overall oral health for Kansans. This conference shed light on some of the challenges that make it difficult to access dental care and shared resources that are available now and in development, including policy and educational opportunities. Taking these resources back to Sunflower's members to utilize can greatly improve their oral and overall health.

Notable stakeholder programs and events for marketing during the fourth quarter of 2023: Self-Advocates Coalition of Kansas Conference 2023

- Thrive Allen County Navigator Event
- Kansas Conference on Oral Health
- Pink Ladies Night Health & Spa

Outreach Activities
During the fourth quarter of 2023, Sunflower's outreach activities included efforts to combat food insecurity, promote childhood immunizations, as well as, connecting members to resources that provide diabetes and cancer screenings. Sunflower partnered with local school districts to identify a need in relieving school lunch debts. Sunflower believes nutrition should be accessible to all students, regardless of their ability to pay. Identifying two school districts within the state of Kansas, Sunflower was able to help approximately 50 families with outstanding nutrition debts.

Events included the follow:

- Mom and Baby Health Fair hosted by Wyandotte Co. Breastfeeding Coalition
- Shoes for Shots
- Live Well with Diabetes
- Legacy Foundation Heath & Cancer Screening Event
- Wichita Public Schools Nutrition Debt Donation
- Hope Faith Homeless Assistance
- Salvation Army Giving Event

Advocacy Activities

Staff from the Sunflower LTSS team participated in the Johnson County Community Developmental Disabilities (JCDS) Organization Resource Fair. This resource fair allowed individuals with developmental disabilities to learn more about providers, MCOs, and community-based organizations. Sunflower's partnership with JCDS is crucial to our continued presence with IDD members and emphasizes Sunflower's expertise.

During fourth quarter of 2023, Sunflower staff contributed to community workgroups and coalitions advocating for health literacy, mental health, and other topics addressing population health in Kansas.

Community meetings and workgroups included:

- Interhab Power Up! Conference 2023
- CDDO Resource Fair
- Autism Speaks Walk
- Johnson County Disability Mentoring Day
- Brain Injury Association of KS Professional Conference
- Immunize Kansas Coalition Meeting

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

Marketing Activities

UnitedHealthcare Community Plan of Kansas staff completed new member welcome calls and health risk assessments over the phone. UnitedHealthcare continued the incentive program to offer a ten dollar over the counter debit cards to new Members to complete a health risk assessment. New members were sent member ID Cards and welcome kits. Member Services continues to actively help members to update their addresses in every interaction and reminding them of Renewals coming, providing them with their renewal date, and case number when inquired. Member Services triages calls when is needed that the member contacts the KanCare Clearinghouse or helps answer frequently asked questions regarding renewals and enrollment.

Outreach Activities

Outreach staff has continued to be involved in community public health and health equity efforts, supporting with promotion, sponsorships, giveaways, food, and volunteers. UnitedHealthcare has also sponsored and attended several health fairs, baby showers, and closing gaps in care events. UnitedHealthcare hosted several Mental Health First Aid Trainings open to the public, both in English and Spanish, with an excellent level of participation. UnitedHealthcare staff has continued to reach out to providers and community organizations with special attention to raising awareness of KanCare renewals, supporting with printed fliers and posters, for providers to spread the word, as well as sharing information, insights and data.

UnitedHealthcare hosted a fourth quarter member advisory meeting via conference call with smaller attendance than other quarters, but more engaged participation from members.

- Member Outreach: UnitedHealthcare outreach staff met with over 3,534 individuals who were members or potential members at health fairs, community baby showers, vaccination events, food distribution events, lobby sits at FQHCs, cultural celebrations, and other various community events.

- Community Organization Outreach: American Academy of Pediatrics Kansas Chapter (KAAP), Alliance for Healthy Kansas, American Academy of Pediatrics Kansas Chapter (KAAP), Bert Nash, Center of Grace Hispanic Task Force, Coalition for Human Services-Douglas County, Comanche Elementary, Community Care Network of Kansas, Community Health Council of Wyandotte County, Consulado de México en Kansas City, Cottonwood Incorporated, COVET , Cradle KC, Cross Lines, DCCCA, El Centro Inc, Emporia Spanish Speakers, Family Advisory Board Meeting Wyandotte County, Give It Get It Inc, HeadStart Health Advisory Committee, Health Equity Advisory Board for Lawrence Douglas County Health Department, Healthier Lyon County Coalition, Healthy Families Wyandotte, Live Well Shawnee County, Hispanics of Today and Tomorrow, Immunize Kansas Coalition, Just Food, Kansas Department of Corrections, Kansas Assistance Network, Kansas Breastfeeding Coalition, Kansas City Kansas Public Schools, Kansas Civic Engagement Table, Kansas Health Institute, Kansas Hispanic and Latino American Affairs Commission, KCK School Foundation for Excellence, KHLAAC, KIDS Network, Inc., KU Center for Community Outreach, KVC Kansas, LiveWell DGCO, NAMI Kansas, NEK CAP Inc, Pawsperity, Prairie Band Pottawatomie Nation, Safe Kansas Kids, SACK - Self Advocacy Coalition of Kansas, Sacred Heart Church, Salud + Bienestar, SKIL Resource Center, Sunflower Foundation, TFI Family Services, The Family Conservancy, The Whole Person, Tobacco Free Living-Douglas County, Topeka Independent Living Resource Center, WILCO Interagency Coalition, among many others.

- Provider Outreach: UnitedHealthcare staff met virtually and in-person with over thirty provider offices across the state, with a special focus on bringing awareness to upcoming renewals due to PHE Unwinding, providing them with outreach materials, information on resources, and collaborating on data sharing for targeted member outreach. UnitedHealthcare has continued creating strong partnership to support the OneCare program and developing innovative approaches to closing gaps in care.

Advocacy Activities

UnitedHealthcare staff continued to support State efforts on health equity. UnitedHealthcare staff from Social Determinants of Health and Community Outreach teams serve on several health equity boards with local health departments and FQHCs. UnitedHealthcare identifies most successful approaches and supports with funding or resources to amplify such success. UnitedHealthcare has two representatives serving in the Kansas Hispanic and Latino American Affairs Commission as Technical Advisors and one serving at the Lawrence Douglas County Health Equity Advisory Board and the Heartland Community Health Center Board of Directors, among other several local boards.

IV. Operational Developments/Issues

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

KanCare Amendments approved by CMS

Amendment Number	Subject	Submitted Date	Effective Date
25	ILOS	12/20/2023	1/01/2024
26	Capitation Rates (1/01/2024 – 12/31/2024)	12/29/2023	1/01/2024

State Plan Amendments (SPAs) approved:

Amendment Number	Subject	Submitted Date	Effective Date	Approval Date
24	Capitation Rate Adjustments 1/1/23-6/30/23 and 7/1/23 - 12/31/23	10/05/2023	1/01/2023	12/07/2023

State Plan Amendments (SPA) approved:

SPA Number	Subject	Submitted Date	Effective Date	Approval Date
23-0023	NF_NFMH Rates SFY 24	09/12/2023	07/01/2023	12/16/2023
23-0025	Managed Care	10/10/2023	01/01/2024	12/14/2023
23-0026	STEPS ABP	10/10/2023	01/01/2024	12/14/2023
23-0031	BI Facility Rate	07/19/2023	07/01/2023	10/16/2023
23-0033	Pharmacist as Provider	08/30/2023	08/01/2023	10/18/2023
23-0034	Diabetes Self-Management Training	10/03/2023	10/01/2023	12/12/2023
23-0035	CBI Program	8/16/2023	10/11/2023	11/11/2023
23-0036	Lactation Consultation Rate Increase	10/03/2023	10/01/2023	11/08/2023
23-0037	ICF/IID Rate Changes	10/10/2023	10/01/2023	12/07/2023
23-0038	Working Healthy ABP	10/10/2023	01/01/2024	12/14/2023
23-0039	ABP Reimbursement	10/10/2023	01/01/2024	12/15/2023
23-0040	Hospice Market Basket Change	11/07/2023	10/06/2023	12/202023
23-0042	Radiology Rate Leveling	11/27/2023	01/01/2024	12/20/2023
23-0043	Coverage of Bath and Toilet Aids	10/10/2023	01/01/2024	12/15/2023

State Plan Amendments (SPA) pending approval:

SPA Number	Subject	Submitted Date	Effective Date
23-0044	Self-monitoring Blood Pressure Treatment Plan	12/06/2023	01/01/2024
23-0045	Continuous Glucose Monitors	12/13/2023	01/01/2024

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

b. Benefits: All pre-KanCare benefits continue and the program includes value-added benefits from each of the three KanCare MCOs, at no cost to the State. A summary of the top three value-added benefits, as reported by each of the KanCare MCOs from January through December of 2023, follows.

MCO		Value-Added Benefits Calendar Year 2023	Units YTD	Value YTD
Aetna	Top Three VAB	OTC Medications and Supplies	128,841	$3,221,025
		Adult Dental	7,743	$1,233,853
		Transportation Services	8,000	$471,165
		Total of All Aetna VAB	183,899	$6,721,239
Sunflower	Top Three VAB	My Health Pays	41,023	$912,939
		Dental Visits for Adults	12,082	$801,222
		Dentures	124	$114,260
		Total of All Sunflower VAB	61,736	$1,951,150
United	Top Three VAB	Adult Dental Coverage	6,017	$636,069
		Pyx Health	3,034	$300,000
		UHC Healthy Rewards Program	19,360	$195,880
		Total of All United VAB	61,368	$1,914,200

c. Enrollment issues: There were five Native Americans who chose to not enroll with a KanCare MCO.

The table below represents the enrollment reason categories for the fourth quarter of calendar year 2023. All KanCare eligible members were defaulted to a managed care plan.

Enrollment Reason Categories	Total
Newborn Assignment	21
KDHE - Administrative Change	31
WEB - Change Assignment	142
KanCare Default - Case Continuity	116
KanCare Default – Morbidity	343
KanCare Default - 90 Day Retro-reattach	3,665
KanCare Default - Previous Assignment	2,848
KanCare Default - Continuity of Plan	9,081
Retro Assignment	1
AOE – Choice	603
Choice - Enrollment in KanCare MCO via Medicaid Application	1,161
Change - Choice	330
Change - Access to Care – Good Cause Reason	15
Assignment Adjustment Due to Eligibility	198
Total	18,555

d. Grievances, appeals, and state hearing information:

MCOs' Member Adverse Initial Notice Timeliness Compliance

MCO	ABH	SUN	UHC
% of Notices of Adverse Service Authorization Decisions Sent Within Compliance Standards	98%	97%	83%
% of Notices of Adverse Expedited Service Authorization Decisions Sent Within Compliance Standards	99%	100%	None Reported
% of Notices of Adverse Termination, Suspension or Reduction Decisions Sent Within Compliance Standards (10 calendar days only)	100%	100%	100%

MCOs' Provider Adverse Initial Notice Compliance

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

MCOs' Member Grievance Database

MCO	ABH		SUN		UHC		Total
	HCBS Member	Non HCBS Member	HCBS Member	Non HCBS Member	HCBS Member	Non HCBS Member	
Access to service or Care		6	5	12	2	1	26
Billing and Financial issues (non-transportation)	4	11	1	3	1	24	44
Customer service	11	10	2	1	3	5	32
Health Home Services	1						1
Other			1			3	4
Pharmacy Issues		2		1		4	7
Quality of Care (non HCBS provider)	1	5	3	5	3	18	35
Quality of Care HCBS provider	3				8		11
Transportation - Late	1	2	2	4	7	2	18
Transportation - No Driver Available		3	4	4	5		16
Transportation - No Show	1	4	1	8	15	11	40
Transportation - Other	7	1	6	19	6	10	49
Transportation - Safety	2	7	1	2	2	1	15
Transportation Issues - Billing and Reimbursement	1	3	7	8	15	9	43
TOTAL	32	54	33	67	67	88	341

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

MCOs' Member Grievance Timeliness Compliance

MCO	ABH	SUN	UHC
% of Member Grievance Resolved and Resolution Notice Issued Within 30 Calendar Days	100%	100%	97%

MCOs' Provider Grievance Database

MCO	ABH	SUN	UHC	Total
Benefits / Eligibility	1	0	0	1
Billing/Payment	0	3	0	3
Credentialing – MCO	0	1	0	1
Other	0	1	0	1
Other - Dissatisfaction with MCO Associate	1	0	0	1
Pharmacy Issues	0	1	0	1
Services	0	4	0	4
Transportation	0	4	0	4
TOTAL	2	14	0	16

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

MCOs' Provider Grievance Timeliness Compliance

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

MCOs' Appeals Database

Member Appeal Reasons ABH - Red SUN – Green UHC - Purple	Number Resolved	MCO Determined not Applicable	MCO Reversed Decision on Appeal – Member/ Provider Mistake	MCO Upheld Decision on Appeal – Correctly Denied	MCO Upheld Decision on Appeal – Member/ Provider Mistake	Withdrawn by Member / Provider
ADMINISTRATIVE DENIALS						
MA – ADMIN – Denials of Authorization (Unauthorized by Members)	1			1		
MEDICAL NECESSITY/LEVEL OF CARE – Criteria Not Met						
MA - CNM - Behavioral Health Outpatient	13 2		1	12 2		
MA - CNM - Dental	2 4 2		 1	2 3 1		 1
MA - CNM - Durable Medical Equipment	19 16 22	1 1 1	9 3 4	9 9 17	 2 	 1
MA - CNM - Health Home Services	1		1			
MA - CNM - Home Health	2		2			
MA – CNM – Inpatient Admissions (Non-Behavioral Health)	2 7 11	 1 1	 5	2 2 5	 1 	 3
MA – CNM - Inpatient Behavioral Health	25 3		17	8 3		

Member Appeal Reasons ABH - Red SUN – Green UHC - Purple	Number Resolved	MCO Determined not Applicable	MCO Reversed Decision on Appeal – Member/ Provider Mistake	MCO Upheld Decision on Appeal – Correctly Denied	MCO Upheld Decision on Appeal – Member/ Provider Mistake	Withdrawn by Member / Provider
MA – CNM – Laboratory	1 2			1 2		
MA – CNM – Medical Procedure (NOS)	29 5 3	1 2 1	9 1 1	18 2 1	1	
MA – CNM – Other	10		2	8		
MA – CNM – Out of network provider, specialist or specific provider	3		1	2		
MA – CNM – Pharmacy	136 49 82	6 8 2	49 30 57	29 11 23	52	
MA – CNM – PT/OT/ST	30	1	11	11	7	
MA – CNM – Radiology	25 29	 7	9 12	16 6	 3	 1
MA – LOC – HCBS (change in hours)	4		3	1		
MA – LOC – LTSS/HCBS	5 6	2 1	1	1 5	1	
NONCOVERED SERVICES						
MA – NCS – Behavioral Health	1			1		
MA – NCS – Dental	1 2			1 2		
MA – NCS – Durable Medical Equipment	1 2 3	 1 1	 1	1 2		
MA – NCS – Laboratory	1	1				
MA – NCS – Other	2			2		
MA – NCS – Out of Network providers	1	1				
MA – NCS – Pharmacy	2 64	 1	1 49	1 14		
MA – LCK – Lock In	2			2		
TOTAL ABH - Red SUN – Green UHC - Purple	 232 180 221	 8 23 10	 79 81 120	 92 56 91	 53 14	 6

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

MCOs' Appeals Database - Member Appeal Summary

Member Appeal Reasons ABH - Red SUN – Green UHC - Purple	Number Resolved	MCO Determined not Applicable	MCO Reversed Decision on Appeal – Member/ Provider Mistake	MCO Upheld Decision on Appeal – Correctly Denied	MCO Upheld Decision on Appeal – Member/ Provider Mistake	Withdrawn by Member / Provider
Resolved at Appeal Level	232 180 221	8 23 10	79 81 120	92 56 91	53 14	6
TOTAL	232 180 221	8 23 10	79 81 120	92 56 91	53 14	6
Percentage Per Category		3% 13% 5%	34% 45% 54%	40% 31% 41%	23% 8%	3%

MCOs' Member Appeal Timeliness Compliance

MCO	ABH	SUN	UHC
% of Member Appeals Resolved and Appeal Resolution Notice Issued in 30 Calendar Days	100%	100%	100%
% of Expedited Appeals Resolved and Appeal Resolution Notice Issued in 72 hours	95%	100%	95%

MCOs' Reconsideration Database - Providers (reconsiderations resolved)

PROVIDER Reconsideration Reasons ABH - Red SUN – Green UHC – Purple	Number Resolved	MCO Determined Not Applicable	MCO Reversed Decision on Reconsideration – MCO Error	MCO Reversed Decision on Reconsideration – Provider Mistake	MCO Upheld Decision on Reconsideration – Correctly Denied / Paid	MCO Upheld Decision on Reconsideration – Provider Mistake
CLAIM DENIALS						
PR - CPD - Ambulance (Include Air and Ground)	45 39	16 6	2	4 10	13 23	10
PR - CPD - Behavioral Health Inpatient	9 5 150	8	1 31	5 76	5 28	3 7
PR - CPD - Behavioral Health Outpatient and Physician	4 406 1,337	45 216	1 249	2 209 400	1 152 361	111
PR - CPD - Dental	25 3	7	2	2 1	10 2	4
PR - CPD - Durable Medical Equipment	234 871 1,445	29 91 126	35 1 232	66 402 425	65 377 519	39 143
PR - CPD - HCBS	8 360	18		6 258	84	2
PR - CPD - Home Health	42 38 1	9 12	15	5 13	8 13 1	5
PR - CPD - Hospice	9 42 84	2 1 8	3 2 31	3 18 6	21 24	1 15

PROVIDER Reconsideration Reasons ABH - Red SUN – Green UHC – Purple	Number Resolved	MCO Determined Not Applicable	MCO Reversed Decision on Reconsideration – MCO Error	MCO Reversed Decision on Reconsideration – Provider Mistake	MCO Upheld Decision on Reconsideration – Correctly Denied / Paid	MCO Upheld Decision on Reconsideration – Provider Mistake
PR - CPD - Hospital Inpatient (Non-Behavioral Health)	277 195 377	26 18 38	39 126	61 71 102	69 106 77	82 34
PR - CPD - Hospital Outpatient (Non-Behavioral Health)	353 400 616	34 42 50	61 1 100	34 143 84	112 214 275	112 107
PR - CPD - Laboratory	411 138 504	283 33 34	2 2 90	1 27 108	84 76 228	41 44
PR - CPD - Medical (Physical Health not Otherwise Specified)	1,201 1,919 4,733	148 310 385	249 11 1,227	180 709 1,446	407 889 1,236	217 439
PR - CPD - Nursing Facilities - Total	24 171 41	2 6 3	10 1 19	5 120 10	5 44 9	2
PR - CPD - Other	12 15	4 3	5 2	2 4	 6	1
PR - CPD - Out of network provider, specialist or specific provider	1 880	64	275	197	1 302	42
PR - CPD - Pharmacy	35	2		16	17	
PR - CPD - PT/OT/ST	15		2	13		
PR - CPD - Radiology	27 1 428	1 30	4 84	5 108	6 1 167	11 39
PR - CPD - Vision	15 7 33	2	 25	1 8	10 7	2
TOTAL ABH - Red SUN – Green UHC - Purple	 2,712 4,630 10,644	 563 584 965	 431 18 2,491	 395 1,997 2,974	 791 2,031 3,233	 532 981

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

MCOs' Provider Reconsiderations Database - Provider Reconsiderations Summary

Provider Reconsideration Reasons ABH - Red SUN – Green UHC - Purple	Number Resolved	MCO Determined Not Applicable	MCO Reversed Decision on Reconsideration – MCO Error	MCO Reversed Decision on Reconsideration – Provider Mistake	MCO Upheld Decision on Reconsideration – Correctly Denied / Paid	MCO Upheld Decision on Reconsideration – Provider Mistake
Resolved at Reconsideration Level	2,712 4,630 10,644	563 584 965	431 18 2,491	395 1,997 2,974	791 2,031 3,233	532 981
TOTAL	2,712 4,630 10,644	563 584 965	431 18 2,491	395 1,997 2,974	791 2,031 3,233	532 981
Percentage Per Category		20% 13% 9%	16% >1% 23%	15% 43% 29%	29% 44% 30%	20% 9%
Range of Days to Reverse Due to MCO Error			8 – 189 10 – 1,278 1 - 580			

MCOs' Provider Reconsiderations Timeliness Compliance

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

MCOs' Appeals Database - Providers (appeals resolved)

PROVIDER Appeal Reasons ABH - Red SUN – Green UHC - Purple	Number Resolved	MCO Determined Not Applicable	MCO Reversed Decision on Appeal – MCO Error	MCO Reversed Decision on Appeal – Provider Mistake	MCO Upheld Decision on Appeal – Correctly Denied / Paid	MCO Upheld Decision on Appeal – Provider Mistake	Withdrawn by Provider
BILLING AND FINANCIAL ISSUES							
PA – BFI – Recoupment	1			1			
CLAIM PAYMENT DISPUTES							
PA - CPD - Ambulance (include Air and Ground)	21 23	7 8	1	5 9	7 6	1	
PA - CPD - Behavioral Health Inpatient	2 12	 5		2 2	 5		
PA - CPD - Behavioral Health Outpatient and Physician	2 90 37	 49 16		 1 2	2 40 19		
PA - CPD - Dental	13 51 14	4 8	 10	4 12	4 29 5	1	 1
PA - CPD - Durable Medical Equipment	106 117 18	60 43 2	2 1	2 15 7	25 58 9	17	
PA - CPD - HCBS	1	1					

PROVIDER Appeal Reasons ABH - Red SUN – Green UHC - Purple	Number Resolved	MCO Determined Not Applicable	MCO Reversed Decision on Appeal – MCO Error	MCO Reversed Decision on Appeal – Provider Mistake	MCO Upheld Decision on Appeal – Correctly Denied / Paid	MCO Upheld Decision on Appeal – Provider Mistake	Withdrawn by Provider
PA - CPD - Home Health	15 24 182	8 9 71	5 1	 7 23	 7 88	2	
PA - CPD - Hospice	1 11 1	 9 1			1 2		
PA - CPD - Hospital Inpatient (Non-Behavioral Health)	155 293 311	39 92 141	11 1	34 40 54	34 161 115	37	
PA - CPD - Hospital Outpatient (Non-Behavioral Health)	93 66 113	38 24 42	7	7 7 32	23 35 39	18	
PA - CPD - Laboratory	150 113 92	99 43 49		 3 1	36 67 42	15	
PA - CPD - Medical (Physical Health not Otherwise Specified)	177 386 323	72 115 185	8 1 1	13 35 44	46 235 93	38	
PA - CPD - Nursing Facilities - Total	1 333	 192	1	 2	 138		1
PA - CPD - Other	2 3 21	 1 8	2	 2	 2 11		
PA – CPD – Out of network provider, specialist or specific provider	5	3	1		1		
PA - CPD - Pharmacy	5 134	2 1		 86	3 46		1
PA - CPD - PT/OT/ST	1 14 6	1 2	 1	 6 4	 6 1		
PA - CPD - Radiology	7 60 3	1 18	1	 9	1 33 3	4	
PA - CPD - Vision	2 2			1	1 2		
MEDICAL NECESSITY/LEVEL OF CARE – Criteria Not Met							
PA – CNM – Behavioral Health Outpatient and Physician	2			2			
PA - CNM – Dental	3				1	2	
PA - CNM - Durable Medical Equipment	15			11	2	2	
PA - CNM - Home Health	1			1			
PA - CNM - Inpatient Admissions (Non-Behavioral Health)	4	1		2	1		
PA – CNM – Inpatient Behavioral Health	2			1	1		

PROVIDER Appeal Reasons ABH - Red SUN – Green UHC - Purple	Number Resolved	MCO Determined Not Applicable	MCO Reversed Decision on Appeal – MCO Error	MCO Reversed Decision on Appeal – Provider Mistake	MCO Upheld Decision on Appeal – Correctly Denied / Paid	MCO Upheld Decision on Appeal – Provider Mistake	Withdrawn by Provider
PA – CNM – Laboratory	23	1		9	10	2	1
PA - CNM - Medical Procedure (NOS)	9			6	2	1	
PA - CNM - Other	1			1			
PA - CNM - Pharmacy	102	4		73	20	1	4
PA - CNM - PT/OT/ST	15			7	7	1	
PA - CNM - Radiology	27	2		12	7	5	1
NONCOVERED SERVICES							
PA – NCS – Other	1			1			
TOTAL ABH - Red SUN – Green UHC - Purple	 749 1,440 1,629	 330 415 732	 38 13 4	 68 261 269	 180 731 621	 133 14	 6 3

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

Database - Provider Appeal Summary

Provider Appeal Reasons ABH - Red SUN – Green UHC - Purple	Number Resolved	MCO Determined Not Applicable	MCO Reversed Decision on Appeal – MCO Error	MCO Reversed Decision on Appeal – Provider Mistake	MCO Upheld Decision on Appeal – Correctly Denied / Paid	MCO Upheld Decision on Appeal – Provider Mistake	Withdrawn by Provider
Resolved at Appeal Level	749 1,440 1,629	330 415 732	38 13 4	68 261 269	180 731 621	133 14	 6 3
TOTAL	749 1,440 1,629	330 415 732	38 13 4	68 261 269	180 731 621	133 14	 6 3
Percentage Per Category		44% 29% 45%	5% 1% >1%	9% 18% 17%	24% 51% 38%	18% 1%	 >1% >1%
Range of Days to Reverse Due to MCO Error			5 – 302 0 – 141 44 - 399				

MCOs' Provider Appeal Timeliness Compliance

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

State of Kansas Office of Administrative Fair Hearings - Members

ABH - Red SUN – Green UHC - Purple	Number Resolved	Default - Appellant Failed to Appear	Default/Initial Order Dismissed - Moot MCO Reversed Decision	Default/Initial Order Dismissed - Not Ripe/No MCO Appeal	OAH Affirmed Decision	Withdrawn
MEDICAL NECESSITY/LEVEL OF CARE – Criteria Not Met						
MH – CNM – Durable Medical Equipment	1					1
MH – CNM – Home Health	1				1	
MH – CNM – Inpatient Admissions (Non-Behavioral Health)	1			1		
MH – CNM – Inpatient Behavioral Health	2		2			
MH – CNM – Medical Procedure (NOS)	1				1	
MH – CNM - Other	2		2			
MH – CNM – Pharmacy	7 5		1 4	 1		6
MH – CNM – Radiology	2		1			1
MH – LOC – LTSS/HCBS	1 1					1 1
NONCOVERED SERVICES						
MH – NCS – Other	1			1		
TOTAL ABH - Red SUN – Green UHC - Purple	 13 1 11		 4 6	 1 2	 1 1	 7 1 2

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

State of Kansas Office of Administrative Fair Hearings - Providers

ABH - Red SUN – Green UHC - Purple	Number Resolved	Default/Initial Order Dismissed - Moot MCO Reversed Decision	Default/Initial Order Dismissed - Not Ripe/No MCO Appeal	Default/Initial Order Dismissed – Untimely	OAH Reversed Decision	Withdrawn
CLAIM PAYMENT DISPUTES						
PH – CPD – Ambulance (Include Air and Ground)	1 1	 1			1	
PH – CPD – Durable Medical Equipment	1 9	 9	1			
PH – CPD – Hospital Inpatient (Non-Behavioral Health)	8 1 1		1			7 1 1
PH – CPD – Laboratory	1		1			
PH – CPD – Medical (Physical Health not Otherwise Specified)	4	1	2			1
PH – CPD - Other	4	1	3			
PH – CPD – Pharmacy	1 1 2	1 1	 1			 1
MEDICAL NECESSITY/LEVEL OF CARE – Criteria Not Met						
PH – CNM – Durable Medical Equipment	1			1		
PH – CNM – Other	1		1			
TOTAL ABH - Red SUN – Green UHC - Purple	 14 11 12	 2 2 10	 3 6 1	 1	 1	 8 2 1

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

e. Quality of care: Please see Section IX "Quality Assurance/Monitoring Activity" below. The HCBS Quality Review Report for April-June 2023 is attached to this report.

f. Changes in provider qualifications/standards: None.

g. Access: Members who were not in their open enrollment period were unable to change plans without a good cause reason (GCR) pursuant to 42 CFR 438.56 or the KanCare STCs. There was a residential supports provider for individuals with intellectual disabilities who was terminated from one of the MCO's networks but remained in network with the other two MCOs. As a result, nine GCRs were approved since this network change would have required a residential move. Most GCR requests were about provider choice or because they disagreed with a prior authorization denial, which are not acceptable reasons to switch plans outside of open enrollment. When a GCR is denied by KDHE, the member is provided their appeal/fair hearing rights. No hearings were requested for denied GCRs this quarter. A summary of GCR actions this quarter is as follows:

Status	October	November	December
Total GCRs filed	20	14	17
Approved	8	2	1
Denied	7	7	11
Withdrawn (resolved, no need to change)	0	1	0
Dismissed (due to inability to contact the member)	5	4	5
Pending	0	0	0

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

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

KanCare MCO	# of Unique Providers as of 3/31/2023	# of Unique Providers as of 6/30/2023	# of Unique Providers as of 9/30/2023	# of Unique Providers as of 12/31/2023
Aetna	55,697	58,908	59,517	59,128
Sunflower	46,914	41,962	42,395	40,889
UHC	42,928	48,467	49,518	50,525

h. Payment rates: There were no payment rate changes for the quarter ending December 31, 2023. Gainwell did process some retroactive rate adjustments during the quarter ending December 31, 2023 to implement updated rates for midyear calendar year 2023 rate adjustments.

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

j. MLTSS implementation and operation: Kansas placed 211 people on HCBS I/DD waiver services and 379 people on HCBS PD waiver services.

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

l. Information on any issues regarding the concurrent 1915(c) waivers and on any upcoming 1915(c) waiver changes (amendments, expirations, renewals):
    a. In October, the State submitted amendments for the following HCBS waivers; BI, FE, I/DD, and PD; those amendments included updates to the performance measures, unbundled Assistive Services, provisional plans of care and flexibilities allowed during the PHE through Appendix K.
    b. On December 27, 2023, the TA Waiver renewal was approved.
    c. In December, the amendments for the AU, BI, FE, I/DD, PD, SED, and TA waivers changing the managed care authority from the 1115 waiver to the 1915(b) waiver were approved.

m. Legislative activity: During the legislative interim, the Robert G. (Bob) Bethell Joint Committee on HCBS and KanCare Oversight met on October 11-12, 2023. The Committee heard presentations from individuals, providers, KDHE, KDADS, and other organizations related to KanCare.

    KDADS provided standard updates on monthly caseloads, HCBS waiver amendments and renewals, the HCBS Settings Final Rule, long-term care, and behavioral health. In response to recommendations from the 2023 Special Committee on Mental Health, much of KDADS presentation for the fourth quarter meeting focused on mental health topics such as implementation of Certified Community Behavioral Health Clinics and modernizing forensic evaluation services.

    KDHE leadership presented their respective updates during the Bob Bethell Joint Committee meeting held on October 11-12, 2023. Deputy Secretary for Agency Integration and State Medicaid Director, Christine Osterlund opened the meeting with KanCare Updates. The update included the KanCare contract re-procurement, medically needy program, the mandatory Medicaid and CHIP Core Set Reporting Final Rule, performance metrics, the MCO financial review, and a focused update on Medicaid adult dental benefits. Christine Osterlund also gave an Eligibility update that included KDHE staffing, the redetermination overview and timeline, redetermination lessons learned, unwinding data, Medicaid eligibility application status and call center metrics.

n. Other Operational Issues: Unwinding activities continue in accordance with the Consolidated Appropriations Act 2023 unwinding requirements. Currently, the unwinding period is scheduled to end April 2024. Guidance was received from CMS during the quarter regarding individual ex parte requirements for members, including reinstatement expectations. Kansas is adhering to the reinstatement guidance in the letter and is reinstating eligibility for impacted members by the CMS provided deadline of November 30, 2023.

V. Policy Developments/Issues

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

VI. Financial/Budget Neutrality Development/Issues

Budget neutrality: The State updated the Budget Neutrality template provided by CMS and submitted this through the PMDA system. The expenditures contained in the document reconcile to Schedule C from the CMS 64 report for quarter ending December 31, 2023

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

VII. Member Month Reporting

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

DY MEG	Member Months					
	Oct-23	Nov-23	Dec-23	ADJ FOR SUD IMD	ADJ FOR Caretaker Medial	TOTAL QE 12 31 2023
DY1 CY2013	**0**	**0**	**0**	**0**	**0**	**0**
MEG 1 - ABD/SD DUAL	0	0	0	0	0	0
MEG 2 - ABD/SD NON DUAL	0	0	0	0	0	0
MEG 3 - ADULTS	0	0	0	0	0	0
MEG 4 - CHILDREN	0	0	0	0	0	0
MEG 5 - DD WAIVER	0	0	0	0	0	0
MEG 6 - LTC	0	0	0	0	0	0
MEG 7 - MN DUAL	0	0	0	0	0	0
MEG 8 - MN NON DUAL	0	0	0	0	0	0
MEG 9 - WAIVER	0	0	0	0	0	0
DY2 CY2014	**0**	**(1)**	**0**	**0**	**0**	**(1)**
MEG 1 - ABD/SD DUAL	0	0	0	0	0	0
MEG 2 - ABD/SD NON DUAL	0	0	0	0	0	0
MEG 3 - ADULTS	0	0	0	0	0	0
MEG 4 - CHILDREN	0	0	0	0	0	0
MEG 5 - DD WAIVER	0	0	0	0	0	0
MEG 6 - LTC	0	0	0	0	0	0
MEG 7 - MN DUAL	0	0	0	0	0	0
MEG 8 - MN NON DUAL	0	(1)	0	0	0	(1)
MEG 9 - WAIVER	0	0	0	0	0	0

DY MEG	Member Months					
	Oct-23	Nov-23	Dec-23	ADJ FOR SUD IMD	ADJ FOR Caretaker Medial	TOTAL QE 12 31 2023
DY3 CY2015	**0**	**(12)**	**0**	**0**	**0**	**(12)**
MEG 1 - ABD/SD DUAL	0	0	0	0	0	0
MEG 2 - ABD/SD NON DUAL	0	0	0	0	0	0
MEG 3 - ADULTS	0	0	0	0	0	0
MEG 4 - CHILDREN	0	0	0	0	0	0
MEG 5 - DD WAIVER	0	0	0	0	0	0
MEG 6 - LTC	0	0	0	0	0	0
MEG 7 - MN DUAL	0	0	0	0	0	0
MEG 8 - MN NON DUAL	0	(12)	0	0	0	(12)
MEG 9 - WAIVER	0	0	0	0	0	0
DY4 CY2016	**0**	**0**	**0**	**0**	**0**	**0**
MEG 1 - ABD/SD DUAL	0	0	0	0	0	0
MEG 2 - ABD/SD NON DUAL	0	0	0	0	0	0
MEG 3 - ADULTS	0	0	0	0	0	0
MEG 4 - CHILDREN	0	0	0	0	0	0
MEG 5 - DD WAIVER	0	0	0	0	0	0
MEG 6 - LTC	0	0	0	0	0	0
MEG 7 - MN DUAL	0	0	0	0	0	0
MEG 8 - MN NON DUAL	0	0	0	0	0	0
MEG 9 - WAIVER	0	0	0	0	0	0
DY5 CY2017	**0**	**0**	**(1)**	**0**	**0**	**(1)**
MEG 1 - ABD/SD DUAL	0	0	0	0	0	0
MEG 2 - ABD/SD NON DUAL	0	0	0	0	0	0
MEG 3 - ADULTS	0	0	0	0	0	0
MEG 4 - CHILDREN	0	0	0	0	0	0
MEG 5 - DD WAIVER	0	0	0	0	0	0
MEG 6 - LTC	0	0	(1)	0	0	(1)
MEG 7 - MN DUAL	0	0	0	0	0	0
MEG 8 - MN NON DUAL	0	0	0	0	0	0
MEG 9 - WAIVER	0	0	0	0	0	0
DY6 CY2018	**0**	**0**	**0**	**0**	**0**	**0**
MEG 1 - ABD/SD DUAL	0	0	0	0	0	0
MEG 2 - ABD/SD NON DUAL	0	0	0	0	0	0
MEG 3 - ADULTS	0	0	0	0	0	0
MEG 4 - CHILDREN	0	0	0	0	0	0
MEG 5 - DD WAIVER	0	0	0	0	0	0
MEG 6 - LTC	0	0	0	0	0	0
MEG 7 - MN DUAL	0	0	0	0	0	0
MEG 8 - MN NON DUAL	0	0	0	0	0	0
MEG 9 - WAIVER	0	0	0	0	0	0

DY MEG	Member Months					
	Oct-23	Nov-23	Dec-23	ADJ FOR SUD IMD	ADJ FOR Caretaker Medial	TOTAL QE 12 31 2023
DY7 CY2019	**0**	**0**	**0**	**0**	**0**	**0**
MEG 1 - ABD/SD DUAL	0	0	0	0	0	0
MEG 2 - ABD/SD NON DUAL	0	0	0	0	0	0
MEG 3 - ADULTS	0	0	0	0	0	0
MEG 4 - CHILDREN	0	0	0	0	0	0
MEG 5 - DD WAIVER	0	0	0	0	0	0
MEG 6 - LTC	0	0	0	0	0	0
MEG 7 - MN DUAL	0	0	0	0	0	0
MEG 8 - MN NON DUAL	0	0	0	0	0	0
MEG 9 - WAIVER	0	0	0	0	0	0
DY8 CY2020	**6**	**6**	**0**	**0**	**0**	**12**
MEG 1 - ABD/SD DUAL	0	0	0	0	0	0
MEG 2 - ABD/SD NON DUAL	0	0	0	0	0	0
MEG 3 - ADULTS	0	0	0	0	0	0
MEG 4 - CHILDREN	0	0	0	0	0	0
MEG 5 - DD WAIVER	6	6	0	0	0	12
MEG 6 - LTC	0	0	0	0	0	0
MEG 7 - MN DUAL	0	0	0	0	0	0
MEG 8 - MN NON DUAL	0	0	0	0	0	0
MEG 9 - WAIVER	0	0	0	0	0	0
DY9 CY2021	**17**	**(2)**	**2**	**0**	**0**	**17**
MEG 1 - ABD/SD DUAL	5	(1)	0	0	0	4
MEG 2 - ABD/SD NON DUAL	6	(4)	0	0	0	2
MEG 3 - ADULTS	(2)	(2)	0	0	0	(4)
MEG 4 - CHILDREN	0	4	0	0	0	4
MEG 5 - DD WAIVER	12	8	0	0	0	20
MEG 6 - LTC	(2)	0	0	0	0	(2)
MEG 7 - MN DUAL	4	(7)	2	0	0	(1)
MEG 8 - MN NON DUAL	(4)	(1)	0	0	0	(5)
MEG 9 - WAIVER	(2)	1	0	0	0	(1)
DY10 CY2022	**(79)**	**(301)**	**(156)**	**0**	**1**	**(535)**
MEG 1 - ABD/SD DUAL	50	(9)	86	0	0	127
MEG 2 - ABD/SD NON DUAL	(76)	(65)	(74)	0	0	(215)
MEG 3 - ADULTS	0	(51)	3	0	1	(47)
MEG 4 - CHILDREN	(13)	(85)	(212)	0	0	(310)
MEG 5 - DD WAIVER	6	(3)	(2)	0	0	1
MEG 6 - LTC	(22)	(23)	(7)	0	0	(52)
MEG 7 - MN DUAL	11	(39)	1	0	0	(27)
MEG 8 - MN NON DUAL	7	(32)	(39)	0	0	(64)
MEG 9 - WAIVER	(42)	6	88	0	0	52

DY MEG	Member Months					
	Oct-23	Nov-23	Dec-23	ADJ FOR SUD IMD	ADJ FOR Caretaker Medial	TOTAL QE 12 31 2023
DY11 CY2023	**396,750**	**399,085**	**389,732**	**(176)**	**(146,488)**	**1,038,903**
MEG 1 - ABD/SD DUAL	16,852	17,505	17,295	(24)	0	51,628
MEG 2 - ABD/SD NON DUAL	30,628	30,021	29,885	(39)	0	90,495
MEG 3 - ADULTS	70,326	70,698	68,510	(84)	(146,488)	62,962
MEG 4 - CHILDREN	237,032	238,974	232,352	(15)	0	708,343
MEG 5 - DD WAIVER	8,954	8,981	8,936	(3)	0	26,868
MEG 6 - LTC	22,042	22,119	22,058	(3)	0	66,216
MEG 7 - MN DUAL	4,880	4,715	4,547	(2)	0	14,140
MEG 8 - MN NON DUAL	1,254	1,083	1,079	(1)	0	3,415
MEG 9 - WAIVER	4,782	4,989	5,070	(5)	0	14,836
Grand Total	**396,694**	**398,775**	**389,577**	**(176)**	**(146,487)**	**1,038,383**

Note: Does not include CHIP or MCHIP.

VIII. Consumer Issues

A summary of the consumer issues is below:

Issue	Resolution	Action Taken to Prevent Further Occurrences
Younger Members have been having complex behavioral health concerns. Many have ended up needing services through Kansas DCF and Medicaid.	The State (including KDHE, DCF, and at times KDADS) is working with all three MCOs to ensure assistance and education is provided to families in need. This includes Medicaid services, Family Preservation, and more.	Multiple State agencies and the MCOs have been working together to provide clear direction to members.

The following chart contains the quarterly results from HCBS consumer assessments. The questions and answers provide insight into consumer satisfaction with the health plan, satisfaction with the services received, and with general satisfaction with life. These results show an overwhelmingly positive view of the MCOs' services and the HCBS providers in KanCare. Some MCOs relied upon the annual Consumer Assessment of Health Care Providers and Systems (CAHPS) surveys to provide this information to the health plan (KDHE), and consequently they are still building their process to provide quarterly updates. Below is the information received for the HCBS satisfaction for the fourth quarter of 2023:

Assessment	Oct 2023	Nov 2023	Dec 2023	Total	% Total
How satisfied are you with the Health Plan?					
Satisfied	564	485	432	1481	80.93
Very Satisfied	327	274	329	930	38.26
Dissatisfied	4	5	4	13	0.53
Very Dissatisfied	0	1	6	7	0.29
Total	895	765	771	2431	

Assessment	Oct 2023	Nov 2023	Dec 2023	Total	% Total
How satisfied are you with your Adult Day Center Provider?					
Satisfied	168	163	108	439	55.43
Very Satisfied	106	124	112	342	43.18
Dissatisfied	4	2	2	8	1.01
Very Dissatisfied	1	2	0	3	0.38
Total	279	291	222	792	Total
How satisfied are you with your Assisted Living Facility Provider?					
Satisfied	32	43	31	106	45.30
Very Satisfied	41	36	38	115	49.15
Dissatisfied	5	2	3	10	4.27
Very Dissatisfied	0	3	0	3	1.28
Total	78	84	72	234	
How satisfied are you with your Care Coordinator?					
Satisfied	419	400	336	1155	56.40
Very Satisfied	309	274	300	883	43.12
Dissatisfied	3	0	2	5	0.24
Very Dissatisfied	1	3	1	5	0.24
Total	732	677	639	2048	
How satisfied are you with your Fiscal Management Agency?					
Satisfied	133	113	136	382	55.52
Very Satisfied	114	98	86	298	43.31
Dissatisfied	3	2	0	5	0.73
Very Dissatisfied	0	2	1	3	0.44
Total	250	215	223	688	
How satisfied are you with your Institutional Provider?					
Satisfied	52	45	60	157	59.25
Very Satisfied	30	28	37	95	35.85
Dissatisfied	3	2	2	7	2.64
Very Dissatisfied	0	4	2	6	2.26
Total	85	79	101	265	
How satisfied are you with your Personal Care Attendant/Worker Provider?					
Satisfied	183	166	160	509	47.75
Very Satisfied	176	186	174	536	50.28
Dissatisfied	6	7	5	18	1.69
Very Dissatisfied	0	2	1	3	0.28
Total	365	361	340	1066	
How satisfied are you with your Transportation Provider?					
Satisfied	19	17	19	55	47.41
Very Satisfied	11	22	13	46	39.66
Dissatisfied	2	4	7	13	11.21
Very Dissatisfied	0	1	1	2	1.72
Total	32	44	40	116	

IX. Quality Assurance/Monitoring Activity

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

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

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

The State participated in the following activities:

- Continued to develop quality improvement and performance enhancement measures with the MCOs to better serve KanCare members. Standardized templates are being utilized to measure data more efficiently along with reports that compare MCO data with contract requirements.
- Routine utilization of the KanCare Report Administration (KRA) website has reported key performance components for the KanCare program through interagency and MCO collaboration. The use of the KRA automates report management and State partner communication. The KRA has been operating at expected efficiency since implementation of site optimization and new procedures.
- Monitored the External Quality Review Organization (EQRO) work plan. The Kansas Foundation for Medical Care (KFMC), the State's EQRO, and the State used established tools to track EQRO, State, and MCO deliverables due dates. The tool is updated daily by KFMC and distributed to the State and MCOs quarterly. The State uses this mechanism to prepare for upcoming due dates.

- Participated in meetings with the KFMC, MCOs, KDADS, and KDHE to discuss EQRO activities and concerns.
- In collaboration with KDADS, KFMC, and additional audits, the 2023 Annual Contract Review virtual onsite visits and webinars were completed with all three MCOs at the end of September 2023. The State has since released a draft of the State's findings which, contractually, the MCOs have an opportunity to contest any errors. The State anticipates that the final findings will be available in early 2024. Preparations for the upcoming 2024 Annual Contract Review have begun.
- Continued State staff participation in cross-agency long-term care meetings to report quality assurance and programmatic activities to KDHE for oversight and collaboration.
- Discussed program issues and work collaboratively towards solutions at new monthly HCBS waiver meetings with KDADS, KDHE and MCO waiver staff.
- Continued participation in weekly calls with each MCO to discuss ongoing provider and member issues, and to troubleshoot operational problems. Progress is monitored through these calls and issue logs.
- Discussed issues and improvements with KanCare each month with leadership from KDADS, KDHE, and the three MCOs.
- Monitored large, global system issues through a weekly log issued to all MCOs and the State's fiscal agent. The resulting log is posted on the KanCare website for providers and other interested parties. Continued monthly meetings to discuss trends and progress.
- Database enhancements for MCO Issue tracking has been altered as the State looks forward to the next iteration of KanCare. A template to be implemented will standardize data elements and the respective contents. This will address historical issues of slight data element differences that have prevented automation. This will allow for new SQL queries to correctly move data into new reports that will act as a dashboard.
- Attended various provider training and workshops presented by the MCOs. Monitored for accuracy and answered questions as needed.
- Each MCO was required to participate in at least three clinical and two non-clinical Performance Improvement Projects (PIPs). One of the non-clinical PIPs required is in the area of Long-Term Support Services and the other PIP must be related to Early and Periodic Screening, Diagnostic, and Treatment. All PIPs have approved methodologies and they follow the EQRO PIP Protocols laid out by CMS. MCOs continue to revise and update PIP interventions and metric technical specifications as needed. The metric technical specifications are reported to the State using an internal program titled the PIP Action Report Interface. The metric technical specifications are reviewed by the State and KFMC quarterly. The MCOs provide the State and KFMC annual reports regarding each PIP, the PIP interventions, and the outcome measures of the interventions. These are tracked internally by KDHE and KFMC. PIP meetings occur twice per quarter or as needed with the State, KFMC, and MCOs to have in-depth discussions related to PIP concerns and enhancements. A member-friendly table of all the MCOs' PIPs, with a simplified description of their interventions, is available on the KanCare website[2]. The file is in PDF for ease of access under 'Performance Improvement Projects'.
- KDHE and KDADS conducted the biannual Quality Steering Committee meeting in August 2023 to review the progress on the objectives and goals in the QMS. Notable progress has been made in increasing the average number of members utilizing Value Added Benefits offered by the MCOs. The number of members enrolled into OneCare Kansas is on track to continue to increase by 10% or more year over year.

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

- The number of members enrolled in OneCare Kansas continues to increase rapidly. The number of billed claims for specialists providing care via telehealth to frontier, densely settled rural, and rural counties has decreased due to beneficiaries returning to more in-person provider visits. Other telehealth related objectives also experienced substantial decrease in the number of claims filed.
- For the programs administered by KDADS: The Quality Assurance (QA) process is designed to give continuous feedback to KDADS, KDHE, and stakeholders regarding the quality of services being provided to KanCare members. KDADS quality assurance staff are integrated in the Long Term Services and Supports (LTSS) Commission to align staff resources for efficient and timely performance measurement. QA staff review random samples of individual case files to monitor and report compliance with performance measures designated in Attachment J of the MCO contracts. The measures were monitored and reviewed in collaboration with program staff in the LTSS Commission and reported through the Financial and Information Services Commission at KDADS. This oversight was enhanced through collaboration with the Department of Children and Families and the Department of Health and Environment. A quality assurance protocol and interpretative guidelines were utilized to document this process and have been established with the goal of ensuring consistency in the reviews.
- Below is the timeline that the KDADS Quality Review Team follows regarding the quality review process.

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

X. Managed Care Reporting Requirements

a. A description of network adequacy reporting including GeoAccess mapping:

The three MCOs submitted quarterly reports detailing provider locations via the State's KanCare Report Administration website. These reports included the MCO's geographic mapping. KDHE uses this data to review where the MCOs are lacking provider coverage and encourages them to pursue providers in those areas. If there are no providers within those areas, KDHE notes it and follows up. As the KMMS project continues, KDHE will be able to improve internal research on the MCO provided data via the Network Adequacy reporting and Geographic Access reporting.

KDHE has continued to give MCOs feedback on the accuracy and completeness of their quarterly reports. As MCOs improve their reporting, feedback has expanded from reporting basic errors (such as duplicates) to include more detailed data issues at the provider level. The State used a portion of the annual contract review onsite sessions to present individualized feedback and ask questions of each MCO.

The State team continues to review the Provider Network Report, Provider Directory, Access and Availability Report, the Non-Emergency Medical Transportation (NEMT) report, the feedback report, mapping formats, Non-Participating Provider Reliance Report, and a HCBS Service Delivery Report. The team continues to match the MCOs' reports against additional data sources to give a clearer picture of the reports' accuracy and completeness. For example, the national NPI database is referenced for matching of NPI types/specialties and taxonomies.

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

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

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

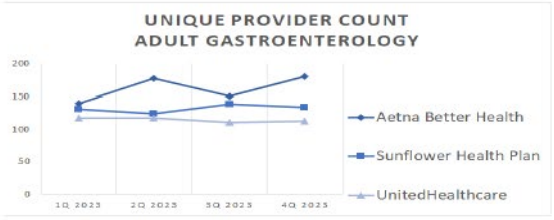
Examples of maps mentioned in this report are below. All the maps are available on the KanCare Network Adequacy Reporting website

KanCare Managed Care Organization
Network Access As of January 1, 2024

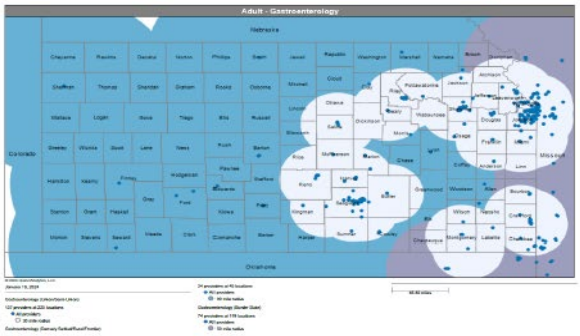
Gastroenterology

Quarterly Unique Provider Count

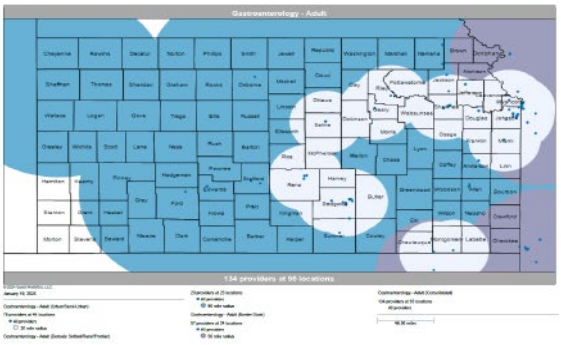
	1Q 2023	2Q 2023	3Q 2023	4Q 2023
Aetna Better Health	140	177	150	180
Sunflower Health Plan	131	124	139	134
UnitedHealthcare	118	118	111	113



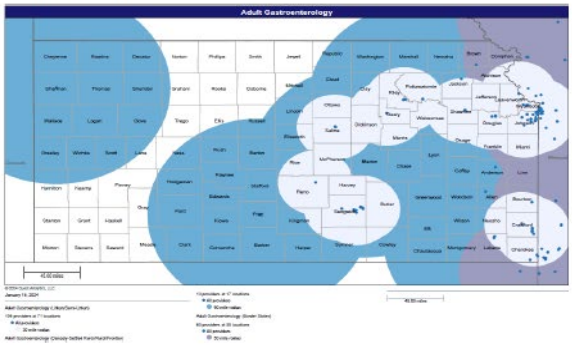
Aetna Better Health



Sunflower Health Plan



UnitedHealthcare

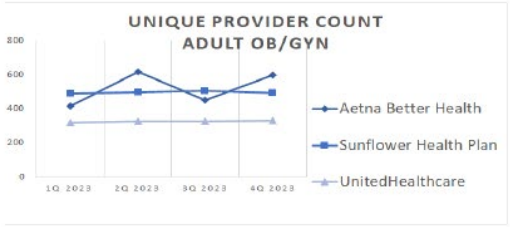


KanCare Managed Care Organization
Network Access As of January 1, 2024

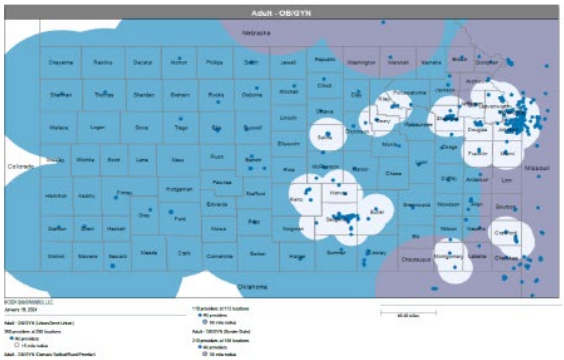
Obstetrics/Gynecology (OB/GYN)

Quarterly Unique Provider Count

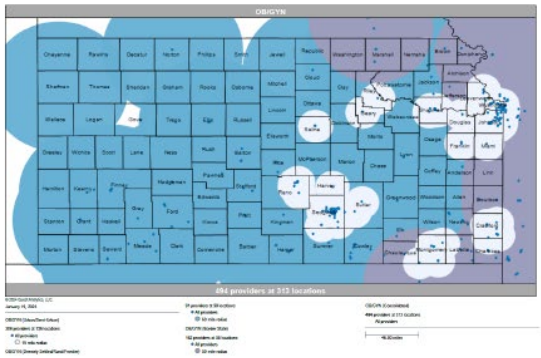
	1Q 2023	2Q 2023	3Q 2023	4Q 2023
Aetna Better Health	415	618	451	596
Sunflower Health Plan	490	495	506	494
UnitedHealthcare	317	328	326	331



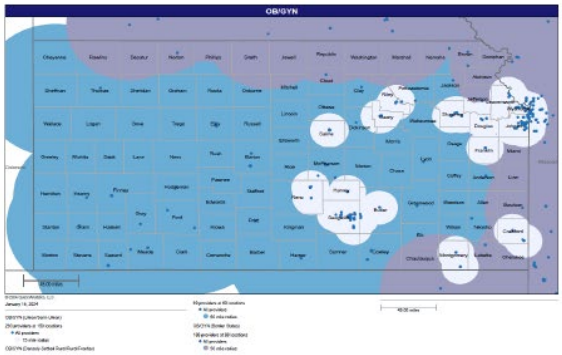
Aetna Better Health



Sunflower Health Plan



UnitedHealthcare

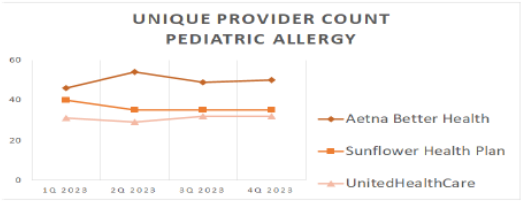


KanCare Managed Care Organization
Network Access As of January 1, 2024

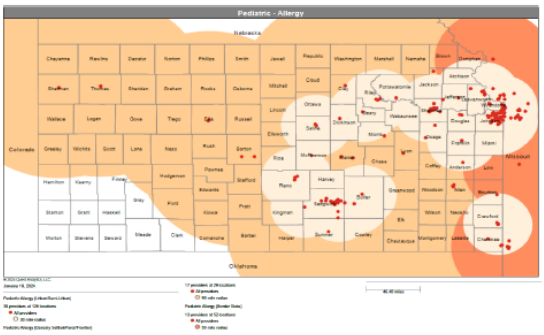
Allergy

Quarterly Unique Provider Count

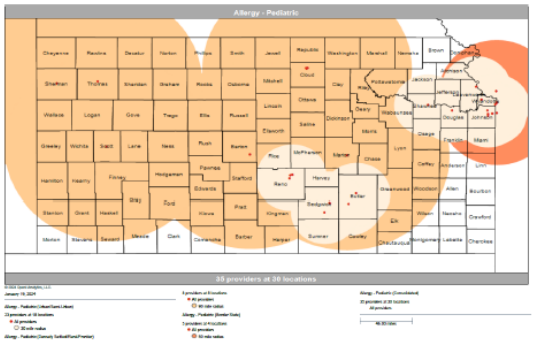
	1Q 2023	2Q 2023	3Q 2023	4Q 2023
Aetna Better Health	46	54	49	50
Sunflower Health Plan	40	35	35	35
UnitedHealthCare	31	29	32	32



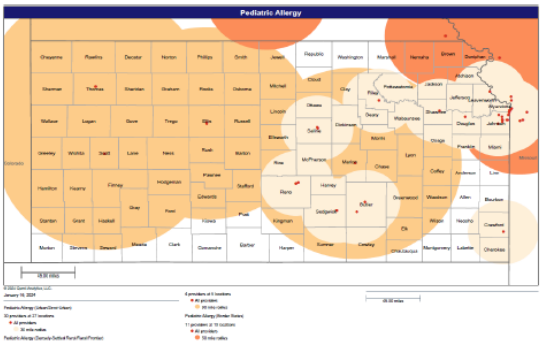
Aetna Better Health



Sunflower Health Plan



UnitedHealthcare

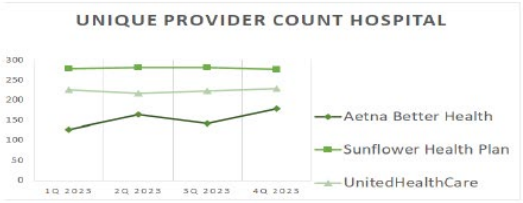


KanCare Managed Care Organization
Network Access As of January 1, 2024

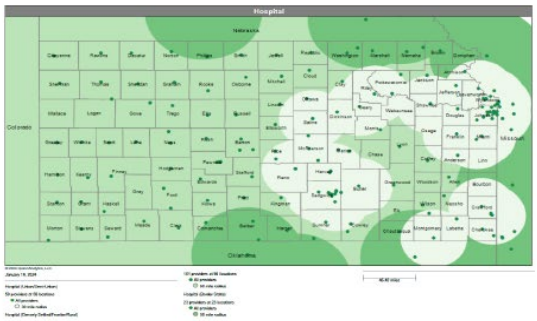
Hospitals

Quarterly Unique Provider Count

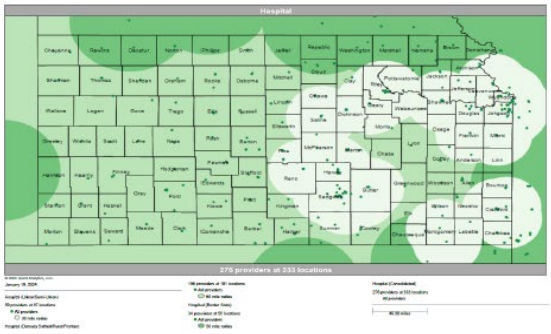
	1Q 2023	2Q 2023	3Q 2023	4Q 2023
Aetna Better Health	126	164	141	179
Sunflower Health Plan	278	281	281	276
UnitedHealthCare	225	216	223	228



Aetna Better Health



Sunflower Health Plan



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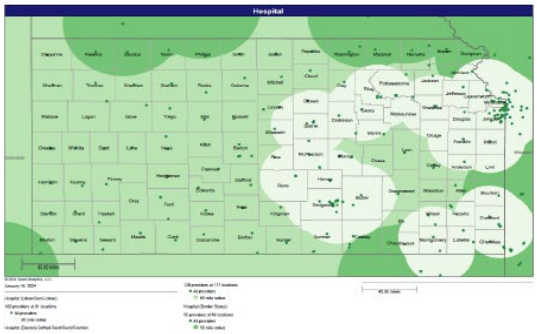

The KDHE and KDADS GeoAccess standards are posted on the KanCare website[3]. The State standards are found in two main documents:

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

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

b. Customer service reporting, including total calls, average speed of answer, and call abandonment rates, for MCO-based and fiscal agent call centers, October – December 2023

KanCare Customer Service Report – Member

MCO/Fiscal Agent	Average Speed of Answer (Seconds)	Call Abandonment Rate	Total Calls
Aetna	15.59	1.25%	48,463
Sunflower	14.17	1.24%	32,657
United	26.18	0.99%	39,123
Gainwell– Fiscal Agent	11.00	0.91%	5,681

KanCare Customer Service Report - Provider

MCO/Fiscal Agent	Average Speed of Answer (Seconds)	Call Abandonment Rate	Total Calls
Aetna	0.43	0.79%	20,720
Sunflower	5.27	0.47%	26,711
United	2.87	0.14%	16,193
Gainwell– Fiscal Agent	19.00	0.65%	8,264

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

MCOs' Grievance Trends Members

Aetna Member Grievances:

- There were 15 member grievances categorized as Billing and Financial Issues (non-transportation) which is a decrease of 16 from 31 reported third quarter.

Aetna Grievance Trends		
Total # of Resolved Grievances	86	
Top 5 Trends		
Trend 1: Customer Service	21	24%
Trend 2: Billing and Financial Issues (non-transportation)	15	17%
Trend 3: Transportation - Safety	9	10%
Trend 4: Transportation - Other	8	9%
Trend 5: Access to Service or Care and Quality of Care (non HCBS Provider)	6	7%

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

Sunflower Member Grievances:

- There were 15 member grievances categorized as Transportation Issues – Billing and Reimbursement which is a decrease of 24 from 39 reported third quarter.

Sunflower Grievance Trends		
Total # of Resolved Grievances	100	
Top 5 Trends		
Trend 1: Transportation - Other	25	25%
Trend 2: Access to Service or Care	17	17%
Trend 3: Transportation Issues - Billing and Reimbursement	15	15%
Trend 4: Transportation - No Show	9	9%
Trend 5: Quality of Care (non HCBS Provider) and Transportation - No Driver Available	8	8%

United Member Grievances:

United Grievance Trends		
Total # of Resolved Grievances	155	
Top 5 Trends		
Trend 1: Transportation - No Show	26	17%
Trend 2: Billing and Financial Issues (non-transportation)	25	16%
Trend 3: Transportation Issues - Billing and Reimbursement	24	15%
Trend 4: Quality of Care (non HCBS Provider)	21	14%
Trend 5: Transportation - Other	16	10%

MCOs' Grievance Trends Provider

Aetna Grievance Trends		
Total # of Resolved Grievances	2	
Top 5 Trends		
Trend 1: Billing/Payment	1	50%
Trend 2: Other – Dissatisfaction with MCO Associate	1	50%

Sunflower Grievance Trends		
Total # of Resolved Grievances	14	
Top 5 Trends		
Trend 1: Services	4	29%
Trend 2: Transportation	4	29%
Trend 3: Billing / Payment	2	21%

United Provider Grievances:

- United did not have any provider grievances this quarter.

Aetna Provider Reconsiderations

- There were 411 provider reconsiderations categorized as PR – CPD – Laboratory which is an increase of 342 from 69 reported third quarter.
- There were 234 provider reconsiderations categorized as PR – CPD – Durable Medical Equipment which is a decrease of 74 from 308 reported third quarter.

Aetna Provider Reconsideration Trends		
Total # of Resolved Reconsiderations	2,712	
Top 5 Trends		
Trend 1: PR - CPD - Medical (Physical Health not Otherwise Specified)	1,201	44%
Trend 2: PR - CPD - Laboratory	411	15%
Trend 3: PR - CPD - Hospital Outpatient (Non-Behavioral Health)	353	13%
Trend 4: PR - CPD - Hospital Inpatient (Non-Behavioral Health)	277	10%
Trend 5: PR - CPD - Durable Medical Equipment	234	9%

Sunflower Provider Reconsiderations

- There were 1,919 provider reconsiderations categorized as PR – CPD – Medical (Physical Health not Otherwise Specified) which is a decrease of 520 from 2,439 reported third quarter.
- There were 871 provider reconsiderations categorized as PR – CPD – Durable Medical Equipment which is an increase of 142 from 729 reported third quarter.
- There were 400 provider reconsiderations categorized as PR – CPD – Hospital Outpatient (Non-Behavioral Health) which is a decrease of 166 from 566 reported third quarter.

Sunflower Provider Reconsideration Trends		
Total # of Resolved Reconsiderations	4,630	
Top 5 Trends		
Trend 1: PR - CPD - Medical (Physical Health not Otherwise Specified)	1,919	41%
Trend 2: PR - CPD - Durable Medical Equipment	871	19%
Trend 3: PR - CPD - Behavioral Health Outpatient and Physician	406	9%
Trend 4: PR - CPD - Hospital Outpatient (Non-Behavioral Health)	400	9%
Trend 5: PR - CPD - HCBS	360	8%

United Provider Reconsiderations

- There were 1,445 provider reconsiderations categorized as PR – CPD – Durable Medical Equipment which is an increase of 433 from 1,012 reported third quarter.
- There were 880 provider reconsiderations categorized as PR – CPD – Out of network provider, specialist or specific provider which is an increase of 299 from 581 reported third quarter.
- There were 616 provider reconsiderations categorized as PR – CPD – Hospital Outpatient (Non-Behavioral Health) which is an increase of 156 from 460 reported third quarter.

United Provider Reconsideration Trends		
Total # of Resolved Reconsiderations	10,644	
Top 5 Trends		
Trend 1: PR - CPD - Medical (Physical Health not Otherwise Specified)	4,733	44%
Trend 2: PR - CPD - Durable Medical Equipment	1,445	14%
Trend 3: PR - CPD - Behavioral Health Outpatient and Physician	1,337	13%
Trend 4: PR - CPD - Out of network provider, specialist or specific provider	880	8%
Trend 5: PR - CPD - Hospital Outpatient (Non-Behavioral Health)	616	6%

Aetna Provider Appeals

- There were 150 provider appeals categorized as PA – CPD – Laboratory which is an increase of 42 from 108 reported third quarter.
- There were 106 provider appeals categorized as PA – CPD – Durable Medical Equipment which is an increase of 52 from 54 reported third quarter.
- There were 93 provider appeals categorized as PA – CPD – Hospital Outpatient (Non-Behavioral Health) which is an increase of 40 from 53 reported third quarter.

Aetna Member/Provider Appeal Trends					
Total # of Resolved Member Appeals	232		Total # of Resolved Provider Appeals	749	
Top 5 Trends			Top 5 Trends		
Trend 1: MA - CNM - Pharmacy	136	59%	Trend 1: PA – CPD – Medical (Physical Health not Otherwise Specified)	177	24%
Trend 2: MA - CNM - Medical Procedure (NOS)	29	13%	Trend 2: PA - CPD - Hospital Inpatient (Non-Behavioral Health)	155	21%
Trend 3: MA - CNM - Radiology	25	11%	Trend 3: PA - CPD - Laboratory	150	20%
Trend 4: MA - CNM - Durable Medical Equipment	19	8%	Trend 4: PA - CPD - Durable Medical Equipment	106	14%
Trend 5: MA - CNM - Behavioral Health Outpatient Services and Testing	13	6%	Trend 5: PA - CPD - Hospital Outpatient (Non-Behavioral Health)	93	12%

Sunflower Member Appeals:

- There were 49 member appeals categorized as MA – CNM – Pharmacy which is a decrease of 10 from 59 reported third quarter.
- There were 30 member appeals categorized as MA – CNM – PT/OT/ST which is an increase of 18 from 12 reported third quarter.
- There were 16 member appeals categorized as MA – CNM – Durable Medical Equipment which is a decrease of 15 from 31 reported third quarter.

Sunflower Provider Appeals:

- There were 386 provider appeals categorized as PA – CPD – Medical (Physical Health not Otherwise Specified) which is a decrease of 124 from 510 reported third quarter.
- There were 293 provider appeals categorized as PA – CPD – Hospital Inpatient (Non-Behavioral Health) which is a decrease of 61 from 354 reported third quarter.
- There were 117 provider appeals categorized as PA – CPD – Durable Medical Equipment which is an increase of 59 from 58 reported third quarter.

Sunflower Member/Provider Appeal Trends					
Total # of Resolved Member Appeals	180		Total # of Resolved Provider Appeals	1,440	
Top 5 Trends			Top 5 Trends		
Trend 1: MA - CNM - Pharmacy	49	27%	Trend 1: PA - CPD - Medical (Physical Health not Otherwise Specified)	386	27%
Trend 2: MA - CNM - PT/OT/ST	30	17%	Trend 2: PA - CPD - Hospital Inpatient (Non-Behavioral Health)	293	20%
Trend 3: MA - CNM - Radiology	29	16%	Trend 3: PA - CPD - Durable Medical Equipment	117	8%
Trend 4: MA - CNM - Inpatient Behavioral Health	25	14%	Trend 4: PA - CPD - Laboratory	113	8%
Trend 5: MA - CNM - Durable Medical Equipment	16	9%	Trend 5: PA - CNM - Pharmacy	102	7%

United Member Appeals:

- There were 64 member appeals categorized as MA – NCS – Pharmacy which is an increase of 35 from 29 reported third quarter.

United Provider Appeals:

- There were 333 provider appeals categorized as PA – CPD – Nursing Facilities – Total which is an increase of 288 from 45 reported third quarter.
- There were 323 provider appeals categorized as PA – CPD – Medical (Physical Health not Otherwise Specified) which is a decrease of 181 from 504 reported third quarter.
- There were 311 provider appeals categorized as PA – CPD – Hospital Inpatient (Non-Behavioral Health) which is an increase of 90 from 221 reported third quarter.

United Member/Provider Appeal Trends					
Total # of Resolved Member Appeals	221		Total # of Resolved Provider Appeals	1,629	
Top 5 Trends			Top 5 Trends		
Trend 1: MA - CNM - Pharmacy	82	37%	Trend 1: PA - CPD - Nursing Facilities - Total	333	20%
Trend 2: MA - NCS - Pharmacy	64	29%	Trend 2: PA - CPD - Medical (Physical Health not Otherwise Specified)	323	20%
Trend 3: MA - CNM - Durable Medical Equipment	22	10%	Trend 3: PA - CPD - Hospital Inpatient (Non-Behavioral Health)	311	19%
Trend 4: MA - CNM - Inpatient Admissions (Non-Behavioral Health)	11	5%	Trend 4: PA - CPD - Home Health	182	11%
Trend 5: MA - CNM - Other	10	5%	Trend 5: PA - CPD - Pharmacy	134	8%

MCOs' State Fair Hearing Reversed Decisions - Member/Provider

- There were 25 member State fair hearings for all three MCOs. No decision was reversed by OAH.
- There were 37 provider State fair hearings for all three MCOs. One decision was reversed by OAH.

Aetna					
Total # of Member SFH	13		Total # of Provider SFH	14	
OAH reversed MCO decision	0	0%	OAH reversed MCO decision	1	7%

Sunflower					
Total # of Member SFH	1		Total # of Provider SFH	11	
OAH reversed MCO decision	0	0%	OAH reversed MCO decision	0	0%

United					
Total # of Member SFH	11		Total # of Provider SFH	12	
OAH reversed MCO decision	0	0%	OAH reversed MCO decision	0	0%

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

e. Summary of ombudsman activities: The report for the fourth quarter of calendar year 2023 is attached.

f. Summary of MCO critical incident report:
The Adverse Incident Reporting (AIR) system is a critical incident management reporting and monitoring system for the detection, prevention, reporting, investigation and remediation of critical incidents with design components to ensure proper follow-up and resolution occurs for all defined adverse incidents. Additional requirements have been implemented to confirm review and resolutions regarding instances of seclusion, restraint, restrictive intervention, and death followed appropriate policies and procedures. The Kansas Department for Aging and Disability Services (KDADS) implemented enhancements to the AIR system on September 17, 2018. These enhancements allow KDADS, KDHE, and MCOs to manage specific critical incidents in accordance with KDADS' AIR Policy.

All the Managed Care Organizations (MCOs) have access to the system. MCOs and KDADS staff may now both read and write information directly into the AIR system. Creating an Adverse Incident Report is forward facing, so anyone from a concerned citizen to an MCO Care Coordinator can report into the AIR system by visiting the KDADS website at www.kdads.ks.gov and selecting Adverse Incident Reporting (AIR) under the quick links. All reports are input into the system electronically. Determinations received from the Kansas Department for Children and Families (DCF) are received by KDADS staff who review the AIR system and attach it to an existing report, or manually enter reports that are not already in the AIR system. After reports are received and reviewed and waiver information is verified by KDADS staff in MMIS, MCOs receive notification of assigned reports. MCOs can provide follow-up information within the AIR system and address corrective action plans issued by KDADS as appropriate. To protect member protected health information, MCO access is limited to only their enrolled members.

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

AIR is not intended to replace the State reporting system for abuse, neglect and exploitation (ANE) of individuals who are served on the behavioral health and HCBS programs. ANE substantiations are reported separately to KDADS from the Department of Children and Families (DCF) and monitored by the KDADS program integrity team. In the table below, the Adult Protective Services (APS) Substantiations exclude possible name matches when no date of birth is identified. One adult may be a victim/alleged victim of multiple types of allegations. The information provided is for adults on HCBS programs who were involved in reports assigned for investigation and had substantiations during the quarter noted. An investigation may include more than one allegation. The program integrity team ensures individuals with reported ANE are receiving adequate supports and protections available through KDADS programs, KanCare, and other community resources. A summary of the 2023 AIR reports through the quarter ending December 31, 2023 follows:

Critical Incidents	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter	YTD
	AIR Totals	AIR Totals	AIR Totals	AIR Totals	TOTALS
Reviewed	3,026	3,416	3,717	3,223	13,382
Pending Resolution	132	16	20	2	170
Total Received	3,158	3,432	3,737	3,225	13,552
APS Substantiations*	82	183	198	200	663

XI. Safety Net Care Pool

The Safety Net Care Pool (SNCP) is divided into two pools: The Health Care Access Improvement Program (HCAIP) Pool and the Large Public Teaching Hospital/Border City Children's Hospital (LPTH/BCCH) Pool. The DY 11 fourth quarter HCAIP Uncompensated Care Pool payments were issued December 15, 2023.

SNCP and HCAIP reports for the fourth quarter of DY 11 are attached to this report.

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

XII. Demonstration Evaluation

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

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

a. Post-award forums
A summary of the December 14, 2023, annual forum is attached to this report.

b. Claims Adjudication Statistics
KDHE's summary of the KanCare MCOs' claims adjudication reports covering January through December of 2023 is attached.

c. Waiting List Management
PD Waiting List Management
For the quarter ending Dec 31, 2023:

- Current number of individuals on the PD Waiting List: 2,361
- Number of individuals added to the waiting list: 379
- Number of individuals removed from the waiting list: 589
    - 229 started receiving HCBS-PD waiver services
    - 51 were deceased
    - 309 were removed for other reasons (refused services, voluntary removal, etc.)

I/DD Waiting List Management
For the quarter ending December 31, 2023:

- Current number of individuals on the I/DD Waiting List: 5,187
- Number of individuals added to the waiting list: 211
- Number of individuals removed from the waiting list: 165
    - 98 started receiving HCBS-I/DD waiver services
    - 0 were deceased
    - 67 were removed for other reasons (refused services, voluntary removal, etc.)

XIV. Enclosures/Attachments

Section of Report Where Attachment Noted	Description of Attachment
IV(e)	HCBS Quality Report for April-June 2023
X(e)	Summary of KanCare Ombudsman Activities for QE 12.31.2023
XI	Safety Net Care Pool Reports DY11 Q4 and HCAIP Reports DY11 Q4
XIII(b)	KDHE Summary of Claims Adjudication Statistics for January-December 2023

XV. State Contacts

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VI. Date Submitted to CMS

April 1, 2024

2023 Annual Report

I. Introduction

Pursuant to the KanCare Special Terms and Conditions issued by the Centers for Medicare and Medicaid Services, Number 11-W-00283/7, the State of Kansas, Department of Health and Environment, Division of Health Care Finance, submits this eleventh annual report related to Demonstration Year (DY) 2023. KanCare is a managed care Medicaid program which serves the State of Kansas through a coordinated approach. The State determined that contracting with multiple managed care organizations will result in the provision of efficient and effective health care services to the populations covered by the Medicaid and Children's Health Insurance Program (CHIP) in Kansas and will ensure coordination of care and integration of physical and behavioral health services with each other and with home and community-based services (HCBS).

On August 6, 2012, the State of Kansas submitted a Medicaid Section 1115 demonstration proposal, entitled KanCare. That request was approved by the Centers for Medicare and Medicaid Services (CMS) on December 27, 2012, effective from January 1, 2013, through December 31, 2017. The State submitted a one-year temporary extension request of this demonstration to CMS on July 31, 2017. The temporary extension was approved on October 13, 2017. On December 20, 2017, the State submitted an extension request for its Medicaid Section 1115 demonstration. On December 18, 2018, CMS approved a renewal of the Medicaid Section 1115 demonstration proposal entitled KanCare. On June 17, 2022, CMS approved an amendment to the Medicaid Section 1115 demonstration to adjust the budget neutrality cap to account for changes in the Health Care Access Improvement Program (HCAIP) payments. On August 15, 2022, CMS approved an amendment to the Medicaid Section 1115 demonstration for continuous coverage for individuals aging out of CHIP for the period March 1, 2020 through the end of the COVID-19 Public Health Emergency (PHE) unwinding period, or until all redeterminations are conducted during the unwinding period as discussed in SHO #22-001. On September 29, 2022, CMS approved an amendment to the Medicaid Section 1115 demonstration to enable the State to provide twelve-month continuous eligibility for parents and other caretaker relatives. The State submitted an amendment and five-year renewal for its 1115 demonstration on December 28, 2022. On December 14, 2023, CMS approved a renewal of the Medicaid Section 1115 demonstration proposal entitled KanCare. The demonstration has been extended through December 31, 2029.

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

This five-year demonstration will:

- Maintain Medicaid state plan eligibility;
- Maintain Medicaid state plan benefits;
- Continue to allow the State to require eligible individuals to enroll in managed care organizations (MCOs) to receive covered benefits through such MCOs, including individuals on HCBS waivers, except:

- American Indian/Alaska Natives are presumptively enrolled in KanCare but will have the option of affirmatively opting-out of managed care.
- Provide benefits, including long-term services and supports (LTSS) and HCBS, via managed care;
- Extend the Delivery System Reform Incentive Payment program; and
- Design and implement an alternative payment model (APM) program to replace the DSRIP program
- Maintain the SNCP to support hospitals that provide uncompensated care to Medicaid beneficiaries and the uninsured.
- Increase beneficiary access to substance use disorder (SUD) treatment services.
- Provide work opportunities and supports for individuals with specific behavioral health conditions and other disabilities.

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

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

II. STC 64(a) – Operational Updates

Items from the 2023 quarterly reports that are not included in other areas of this annual report, that have not already been provided in cumulative annual form, and/or are subject to annualizing are summarized here:

A. Operational Developments/Issues:

i. Systems and reporting issues, approval and contracting with new plans:
No new plans have been contracted. Through a variety of accessible forums and input avenues, the State is kept advised of any systems or reporting issues on an ongoing basis and worked either internally, with our MMIS Fiscal Agent, with the operating state agency and/or with the MCOs and other contractors to address and resolve the issues. Examples of this include ongoing external work groups with consumer focus and provider focus; technical work groups with key provider associations to resolve outstanding issues; and provider surveys or focused projects to assess and address systemic issues. Annual reviews of the MCOs are discussed elsewhere in this report. Each quarter, the State reports then-current consumer issues, resolutions, and actions taken to prevent further occurrences. Summaries of those issues are included in the state's quarterly STC reports submitted to CMS and posted on the KanCare website[4].

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

ii. Demonstration Phase Out Plan

On December 14, 2023, CMS approved a five-year extension of this 1115(a) demonstration waiver effective from January 1, 2024 thorough December 31, 2028. The approval of the KanCare 1115 demonstration is a part of the State's larger initiative to transition features of the KanCare program that do not require 1115(a) authorities to more permanent federal authorities through various state plan amendments and the transition of the KanCare managed care from the demonstration into 1932(a) state plan amendment and 1915(b) waiver authority.

Program Name/Eligibility group	Included in 1115 renewal?	New Authority	Update
Specific SUD services and the SUD IMD Exclusion	Yes – the services and population will be included in the 1115 renewal	N/A	Completed
Twelve-month continuous eligibility coverage for parents and other caretaker relatives	Yes – the population will be included in the 1115 renewal	N/A	Completed
Continuous eligibility for individuals enrolled in CHIP who turn 19 during the PHE	Yes – the population will be included in the 1115 renewal	N/A	Completed
Mandatory managed care for most Medicaid and CHIP beneficiaries	No – the services and population will be removed from the 1115	Section 1932(a) state plan managed care authority	Completed
Mandatory managed care for members dually eligible for Medicare and Medicaid and children with special health care needs	No – the services and population will be removed from the 1115	1915(b) mandatory managed care authority	Completed
Section 1915(c) authorities	No – the services will continue to be authorized through 1915(c) waivers and the population will be removed from the 1115	1915(b)/1915(c) concurrent waiver	Completed
Disability and behavioral health employment support pilot (STEPS) program	No – the services and population will be removed from the 1115	ABP SPA	Completed
Uncompensated Care Pool and DSRIP	No – expenditures will be removed from the 1115	State Directed Payment	Completed
Other non-SUD services for BH members (personal care and physician consultation)	No – services will be removed from the 1115	SPA or 1915(b) waiver	Completed

B. KanCare Ombudsman Annual Report:

i. A summary of the KanCare Ombudsman program activities for demonstration year 2023 is attached.

C. Legislative Activity:

i. KDHE and KDADS conducted robust legislative activity and engagement throughout the 2023 demonstration year. Updated legislative activity is provided in each quarterly 1115 Waiver Report. For the most recent update please see section IV(m.) of the 2023 fourth quarter report.

D. Annual Public Forum Update:

i. The KanCare annual public forum, pursuant to STC 71, was conducted on December 14, 2023. A summary of the forum including comments and issues raised at the forum is attached.

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

A. Benefits: All pre-KanCare benefits continue and the program includes value-added benefits from each of the three KanCare MCOs, at no cost to the State. A summary of the top three value-added benefits, as reported by each of the KanCare MCOs from January through December of 2023, follows.

MCO		Value-Added Benefits Calendar Year 2023	Units YTD	Value YTD
Aetna	Top Three VAB	OTC Medications and Supplies	128,841	$3,221,025
		Adult Dental	7,743	$1,233,853
		Transportation Services	8,000	$471,165
		Total of All Aetna VAB	183,899	$6,721,239
Sunflower	Top Three VAB	My Health Pays	41,023	$912,939
		Dental Visits for Adults	12,082	$801,222
		Dentures	124	$114,260
		Total of All Sunflower VAB	61,736	$1,951,150
United	Top Three VAB	Adult Dental Coverage	6,017	$636,069
		Pyx Health	3,034	$300,000
		UHC Healthy Rewards Program	19,360	$195,880
		Total of All United VAB	61,368	$1,914,200

B. Enrollment issues: For the calendar year 2023, there were five Native Americans who chose to not enroll in KanCare.

The table below represents the enrollment reason categories for calendar year 2023. All KanCare eligible members were defaulted to a managed care plan.

Enrollment Reason Categories	Total
Newborn Assignment	4,060
KDHE - Administrative Change	614
WEB - Change Assignment	386
KanCare Default - Case Continuity	1,779
KanCare Default – Morbidity	2,760
KanCare Default - 90 Day Retro-reattach	46,146
KanCare Default - Previous Assignment	3,987
KanCare Default - Continuity of Plan	13,157
Retro Assignment	198
AOE – Choice	2,850
Choice - Enrollment in KanCare MCO via Medicaid Application	11,507
Change - Choice	962
Change - Access to Care – Good Cause Reason	47
Assignment Adjustment Due to Eligibility	1,486
IVR Change Assignment	645
Total	90,584

C. Grievances and appeals:

The following is the grievance, appeal and state fair hearing data reports activity for all of 2023.

MCOs' Member Adverse Initial Notice Timeliness Compliance

MCO	ABH	SUN	UHC
% of Notices of Adverse Service Authorization Decisions Sent Within Compliance Standards	97%	99%	95%
% of Notices of Adverse Expedited Service Authorization Decisions Sent Within Compliance Standards	96%	81%	100%
% of Notices of Adverse Termination, Suspension or Reduction Decisions Sent Within Compliance Standards (10 calendar days only)	100%	100%	100%

MCOs' Provider Adverse Initial Notice Compliance

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

MCOs' Member Grievance Database

MCO	ABH		SUN		UHC		Total
	HCBS Member	Non HCBS Member	HCBS Member	Non HCBS Member	HCBS Member	Non HCBS Member	
Access to service or Care	1	19	28	42	8	13	111
Billing and Financial issues (non-transportation)	20	73	12	32	9	113	259
Customer service	26	32	4	8	16	16	102
Health Home Services	10	2					12
MCO Determined not Applicable	2					3	5
Member Rights Dignity			1	1	1		3
Non-Covered Service	1	3			2	4	10
Other	1	2	1	3	5	11	23
Pharmacy Issues		9	3	9		8	29
Quality of Care - Pain Medication	1	2		1			4
Quality of Care (non HCBS provider)	3	34	16	32	14	56	155
Quality of Care HCBS provider	5	1	1		8		15
Transportation - Late	9	13	20	16	21	14	93
Transportation - No Driver Available	2	8	34	24	19	8	95
Transportation - No Show	14	27	36	44	64	61	246
Transportation - Other	18	15	48	74	35	47	237
Transportation - Safety	3	11	5	8	6	5	38
Transportation Issues - Billing and Reimbursement	7	19	42	71	58	60	257
TOTAL	123	270	251	365	266	419	1,694

MCO's Member Grievance Timeliness Compliance

MCO	ABH	SUN	UHC
% of Member Grievance Resolved and Resolution Notice Issued Within 30 Calendar Days	100%	100%	93%

MCOs' Provider Grievance Database

MCO	ABH	SUN	UHC	Total
Benefits / Eligibility	2	1		3
Billing/Payment	5	9		14
Credentialing – MCO		2		2
Health Plan – Technology		1		1
Network – MCO		1		1
Other		2		2
Other - Dissatisfaction with MCO Associate	2	1	3	6
Pharmacy Issues		1		1
Services	1	6		7
Transportation		17		17
TOTAL	10	41	3	54

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

MCO's Provider Grievance Timeliness Compliance

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

MCOs' Appeals Database

Member Appeal Reasons ABH - Red SUN – Green UHC - Purple	Number Resolved	MCO Determined not Applicable	MCO Reversed Decision on Appeal – MCO Error	MCO Reversed Decision on Appeal – Member/ Provider Mistake	MCO Upheld Decision on Appeal – Correctly Denied	MCO Upheld Decision on Appeal – Member/ Provider Mistake	Withdrawn by Member / Provider
ADMINISTRATIVE DENIALS							
MA – ADMIN – Denials of Authorization (Unauthorized by Members)	3	1			2		
BILLING AND FINANCIAL ISSUES							
MA – BFI – Billing and Financial Issues	1			1			
MEDICAL NECESSITY/LEVEL OF CARE – Criteria Not Met							
MA – CNM – Ambulance (Include Air and Ground)	2	1			1		
MA - CNM - Behavioral Health Outpatient	48 1 4	1		13	34 4		 1
MA - CNM - Dental	23 22 22	 3		6 6	17 12 15	 2	 5 1
MA - CNM - Durable Medical Equipment	70 100 78	3 8 8		46 42 17	19 39 52	1 9	1 2 1

Member Appeal Reasons ABH - Red SUN – Green UHC - Purple	Number Resolved	MCO Determined not Applicable	MCO Reversed Decision on Appeal – MCO Error	MCO Reversed Decision on Appeal – Member/ Provider Mistake	MCO Upheld Decision on Appeal – Correctly Denied	MCO Upheld Decision on Appeal – Member/ Provider Mistake	Withdrawn by Member / Provider
MA - CNM - Health Home Services	5	1		3	1		
MA - CNM - Home Health	6 8 1	 1		1 7	5 1		
MA – CNM – Inpatient Admissions (Non-Behavioral Health)	17 21 41	 1 2		8 2 10	9 6 25	 2 	 10 4
MA – CNM - Inpatient Behavioral Health	3 105 8	 6 		2 38 4	1 60 4	 	 1
MA – CNM – Laboratory	5 5 2	 		2 3 	3 2 2	 	
MA – CNM – Medical Procedure (NOS)	133 51 7	4 9 2	1 	42 22 2	83 15 3	3 4 	 1
MA – CNM – NEMT	1				1		
MA – CNM – Other	2 4 35	 1 5		 1 15	2 1 15	 1 	
MA – CNM – Out of network provider, specialist or specific provider	2 6	 		1 3	1 3	 	
MA – CNM – Pharmacy	562 224 308	44 21 8		220 141 231	51 40 66	245 8 	2 14 3
MA – CNM – PT/OT/ST	73	4		29	27	13	
MA – CNM – Radiology	135 160	1 24	2 	53 53	77 55	2 21	 7
MA – LOC – HCBS (change in hours)	11	2		4	3	1	1
MA – LOC – LTC NF	1			1			
MA – LOC – LTSS/HCBS	4 12 43	 4 4		1 1 8	3 6 28	 1 	 3
MA – LOC – Mental Health	8			2	5		1
MA – LOC – WORK	1 1	 		 1	1 	 	
NONCOVERED SERVICES							
MA – NCS – Behavioral Health	13	4		4	5		
MA – NCS – Dental	1 2 20	 1		 5	1 14	 2 	

Member Appeal Reasons ABH - Red SUN – Green UHC - Purple	Number Resolved	MCO Determined not Applicable	MCO Reversed Decision on Appeal – MCO Error	MCO Reversed Decision on Appeal – Member/ Provider Mistake	MCO Upheld Decision on Appeal – Correctly Denied	MCO Upheld Decision on Appeal – Member/ Provider Mistake	Withdrawn by Member / Provider
MA – NCS – Durable Medical Equipment	1 2 13	 1 2		 1 3	1 8		
MA – NCS – Laboratory	1	1					
MA – NCS – Other	1 3 29	 3		 2 15	1 11	 1	
MA – NCS – Out of Network providers	5	1		1	3		
MA – NCS – Pharmacy	6 1 189	 3	 1	2 142	2 43	2 1	
MA – LCK – Lock In	8		4		4		
TOTAL ABH - Red SUN – Green UHC - Purple	 1,026 808 846	 55 84 46	 3 5	 400 348 469	 312 268 313	 253 66	 3 42 13

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

MCO's Appeals Database - Member Appeal Summary

Member Appeal Reasons ABH - Red SUN – Green UHC - Purple	Number Resolved	MCO Determined not Applicable	MCO Reversed Decision on Appeal – MCO Error	MCO Reversed Decision on Appeal – Member/ Provider Mistake	MCO Upheld Decision on Appeal – Correctly Denied	MCO Upheld Decision on Appeal – Member/ Provider Mistake	Withdrawn by Member / Provider
Resolved at Appeal Level	1,026 808 846	55 84 46	3 5	400 348 469	312 268 313	253 66	3 42 13
TOTAL	1,026 808 846	55 84 46	3 5	400 348 469	312 268 313	253 66	3 42 13
Percentage Per Category			19 – 47 4 - 63				

MCO's Member Appeal Timeliness Compliance

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

MCOs' Reconsideration Database - Providers - (reconsiderations resolved)

PROVIDER Reconsideration Reasons ABH - Red SUN – Green UHC – Purple	Number Resolved	MCO Determined Not Applicable	MCO Reversed Decision on Reconsideration – MCO Error	MCO Reversed Decision on Reconsideration – Provider Mistake	MCO Upheld Decision on Reconsideration – Correctly Denied / Paid	MCO Upheld Decision on Reconsideration – Provider Mistake
CLAIM DENIALS						
PR - CPD - Ambulance (Include Air and Ground)	308 288 1	61 21	17 1	124 102 1	82 164	24
PR - CPD - Behavioral Health Inpatient	28 58 2,236	7 1 53	3 1 118	9 39 1,108	6 17 317	3 640
PR - CPD - Behavioral Health Outpatient and Physician	137 2,026 4,986	23 244 576	45 7 1,195	27 1,075 1,679	41 700 1,084	1 452
PR - CPD - Dental	93 7	16	8 1	18 1	43 5	8
PR - CPD - Durable Medical Equipment	1,123 2,927 4,877	202 275 270	211 11 1,156	257 1,343 1,347	375 1,298 1,662	78 442
PR - CPD - HCBS	57 1,222	14 52	23 12	8 890	5 268	7
PR - CPD - Home Health	169 211 1	51 49	29	12 74	66 88 1	11
PR - CPD - Hospice	47 178 261	16 8 27	7 7 103	9 109 12	12 54 92	3 27
PR - CPD - Hospital Inpatient (Non-Behavioral Health)	1,093 856 1,819	141 59 186	142 5 716	297 351 407	381 441 369	132 141
PR - CPD - Hospital Outpatient (Non-Behavioral Health)	1,383 2,285 2,160	158 125 281	280 11 332	258 992 369	520 1,157 913	167 265
PR - CPD - Laboratory	666 1,202 1,837	349 140 116	6 6 332	12 184 408	247 872 774	52 207
PR - CPD - Medical (Physical Health not Otherwise Specified)	4,429 9,030 18,612	643 1,237 1,577	803 53 5,432	851 4,232 5,634	1,788 3,508 4,180	344 1,789
PR - CPD - Nursing Facilities - Total	82 722 140	20 27 6	31 3 47	7 487 49	22 205 32	2 6
PR - CPD - Other	74 6 56	13 8	33 11	17 5 15	9 1 17	2 5
PR - CPD - Out of network provider, specialist or specific provider	8 1 3,481	1 529	 1,065	 597	7 1 1,067	 223
PR - CPD - Pharmacy	4 124	4 7		 38	 79	

PROVIDER Reconsideration Reasons ABH - Red SUN – Green UHC – Purple	Number Resolved	MCO Determined Not Applicable	MCO Reversed Decision on Reconsideration – MCO Error	MCO Reversed Decision on Reconsideration – Provider Mistake	MCO Upheld Decision on Reconsideration – Correctly Denied / Paid	MCO Upheld Decision on Reconsideration – Provider Mistake
PR - CPD - PT/OT/ST	58 5	1	19	18	21 2	2
PR - CPD - Radiology	91 3 1,553	7 109	24 341	9 384	36 3 575	15 144
PR - CPD - Vision	37 49 71	3	3 30 62	6 9	23 19	2
TOTAL ABH - Red SUN – Green UHC - Purple	 9,887 21,195 42,096	 1,729 2,245 3,739	 1,684 148 10,910	 1,939 9,922 12,019	 3,684 8,880 11,085	 851 4,343

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

MCOs' Provider Reconsiderations Database - Provider Reconsiderations Summary

Provider Reconsideration Reasons ABH - Red SUN – Green UHC - Purple	Number Resolved	MCO Determined Not Applicable	MCO Reversed Decision on Reconsideration – MCO Error	MCO Reversed Decision on Reconsideration – Provider Mistake	MCO Upheld Decision on Reconsideration – Correctly Denied / Paid	MCO Upheld Decision on Reconsideration – Provider Mistake
Resolved at Reconsideration Level	9,887 21,195 42,096	1,729 2,245 3,739	1,684 148 10,910	1,939 9,922 12,019	3,684 8,880 11,085	851 4,343
TOTAL	9,887 21,195 42,096	1,729 2,245 3,739	1,684 148 10,910	1,939 9,922 12,019	3,684 8,880 11,085	851 4,343
Percentage Per Category		17% 10% 9%	17% 1% 26%	20% 47% 29%	37% 42% 26%	9% 10%
Range of Days to Reverse Due to MCO Error			8 – 416 4 – 1,278 1 - 839			

MCOs' Provider Reconsiderations Timeliness Compliance

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

MCOs' Appeals Database - Providers - (appeals resolved)

PROVIDER Appeal Reasons ABH - Red SUN – Green UHC - Purple	Number Resolved	MCO Determined Not Applicable	MCO Reversed Decision on Appeal – MCO Error	MCO Reversed Decision on Appeal – Provider Mistake	MCO Upheld Decision on Appeal – Correctly Denied / Paid	MCO Upheld Decision on Appeal – Provider Mistake	Withdrawn
BILLING AND FINANCIAL ISSUES							
PA – BFI – Recoupment	17	5	2	2	8		
CLAIM PAYMENT DISPUTES							
PA - CPD - Ambulance (include Air and Ground)	113 187	70 57	1 1	22 70	17 59	3	
PA - CPD - Behavioral Health Inpatient	5 35	3 13		2 7	 15		
PA - CPD - Behavioral Health Outpatient and Physician	10 378 168	3 57 72	1	3 28 37	3 263 59	 30	
PA - CPD - Dental	45 174 123	15 15	 51 	10 21 23	14 100 83	6 2 	 2
PA - CPD - Durable Medical Equipment	209 457 94	101 146 16	22 1 	18 49 23	48 213 55	20 48 	
PA - CPD - HCBS	7	1	1		5		
PA - CPD - Home Health	44 107 668	23 32 202	6 1 1	10 26 138	3 44 326	2 4 	 1
PA - CPD - Hospice	15 40 4	2 24 4		4 1	8 8	1 7	
PA - CPD - Hospital Inpatient (Non-Behavioral Health)	537 1,311 1,027	169 470 368	34 6	123 175 198	144 520 455	67 146 	
PA - CPD - Hospital Outpatient (Non-Behavioral Health)	276 586 679	106 197 240	18 5	48 48 93	76 278 341	28 63 	
PA - CPD - Laboratory	401 376 440	183 104 177		16 14 16	177 233 247	25 25 	
PA - CPD - Medical (Physical Health not Otherwise Specified)	569 1,855 1,435	253 505 655	58 1 5	63 161 197	132 1,033 578	63 155 	
PA - CPD - Nursing Facilities - Total	10 427	5 223	1 1	2 12	 190	2 	 1
PA - CPD - Other	6 19 80	3 4 24	2 2	 2 13	1 7 41	 6 	
PA – CPD – Out of network provider, specialist or specific provider	1 5	 3	 1		1 1		
PA - CPD - Pharmacy	9 496	3 1	 1	 370	6 123		 1

PROVIDER Appeal Reasons ABH - Red SUN – Green UHC - Purple	Number Resolved	MCO Determined Not Applicable	MCO Reversed Decision on Appeal – MCO Error	MCO Reversed Decision on Appeal – Provider Mistake	MCO Upheld Decision on Appeal – Correctly Denied / Paid	MCO Upheld Decision on Appeal – Provider Mistake	Withdrawn
PA - CPD - PT/OT/ST	6 48 22	2 10 9	3 1	 8 6	1 22 6	 8	
PA - CPD - Radiology	11 267 68	2 76 10	2	1 78 6	2 95 52	4 18	
PA - CPD - Vision	11 10 7	6 1		1 2 4	4 8 2		
MEDICAL NECESSITY/LEVEL OF CARE – Criteria Not Met							
PA – CNM – Ambulance (Include Air and Ground)	1			1			
PA – CNM – Behavioral Health Outpatient and Physician	4			3	1		
PA - CNM – Dental	7				5	2	
PA - CNM - Durable Medical Equipment	56	5		28	16	7	
PA – CNM – Health Home Services	1			1			
PA - CNM - Home Health	5			4	1		
PA - CNM - Inpatient Admissions (Non-Behavioral Health)	16	1		11	4		
PA – CNM – Inpatient Behavioral Health	4	1		2	1		
PA – CNM – Laboratory	50	2		23	22	2	1
PA - CNM - Medical Procedure (NOS)	71	5		29	30	6	1
PA - CNM - Other	16	1		5	4	6	
PA - CNM - Pharmacy	428	23		280	84	7	34
PA - CNM - PT/OT/ST	46	3		17	19	7	
PA - CNM - Radiology	148	14		63	45	23	3
PA – LOC – HCBS (change in attendant hours)	1			1			
PA – LOC – LTSS/HCBS	2				2		
NONCOVERED SERVICES							
PA – NCS – Other	1			1			
TOTAL ABH - Red SUN – Green UHC - Purple	 2,275 6,495 5,982	 947 1,683 2,095	 149 54 26	 323 1,082 1,215	 635 3,065 2,641	 221 572	 39 5

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

MCOs' Appeals Database - Provider Appeal Summary

Provider Appeal Reasons ABH - Red SUN – Green UHC - Purple	Number Resolved	MCO Determined Not Applicable	MCO Reversed Decision on Appeal – MCO Error	MCO Reversed Decision on Appeal – Provider Mistake	MCO Upheld Decision on Appeal – Correctly Denied / Paid	MCO Upheld Decision on Appeal – Provider Mistake	Withdrawn by Provider
Resolved at Appeal Level	2,275 6,495 5,982	947 1,683 2,095	149 54 26	323 1,082 1,215	635 3,065 2,641	221 572	 39 5
TOTAL	2,275 6,495 5,982	947 1,683 2,095	149 54 26	323 1,082 1,215	635 3,065 2,641	221 572	 39 5
Percentage Per Category		41% 25% 36%	7% 1% >1%	14% 17% 20%	28% 47% 44%	10% 9%	 1% >1%
Range of Days to Reverse Due to MCO Error			5 – 787 4 – 1,278 39 - 399				

MCOs' Provider Appeal Timeliness Compliance

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

State of Kansas Office of Administrative Fair Hearings - Members

ABH - Red SUN – Green UHC - Purple	Number Resolved	Default - Appellant Failed to Appear	Default/Initial Order Dismissed – Failure to State a Claim	Default/Initial Order Dismissed - Moot - Duplicate	Default/Initial Order Dismissed - Moot MCO Reversed Decision	Default/Initial Order Dismissed – No Adverse Action	Default/Initial Order Dismissed - Not Ripe/No MCO Appeal	OAH Affirmed Decision	OAH Reversed Decision	Withdrawn
ADMINISTRATIVE DENIALS										
MH – ADMIN – Denials of Authorization (Unauthorized by Member)	7				5	1				1
MEDICAL NECESSITY/LEVEL OF CARE – Criteria Not Met										
MH – CNM – Ambulance (include Air and Ground)	1						1			
MH - CNM - Behavioral Health Outpatient Services and Testing	1				1					
MH - CNM - Dental	1	1								

ABH - Red SUN – Green UHC - Purple	Number Resolved	Default - Appellant Failed to Appear	Default/Initial Order Dismissed – Failure to State a Claim	Default/Initial Order Dismissed - Moot - Duplicate	Default/Initial Order Dismissed - Moot MCO Reversed Decision	Default/Initial Order Dismissed – No Adverse Action	Default/Initial Order Dismissed - Not Ripe/No MCO Appeal	OAH Affirmed Decision	OAH Reversed Decision	Withdrawn
MH – CNM – Durable Medical Equipment	3 7 5				2 2 2		1 1 1	 2 1		 2 1
MH – CNM – Home Health	1 2		 1					 1		1
MH – CNM – Inpatient Admissions (Non-Behavioral Health)	2 1				1 1		1			
MH – CNM – Inpatient Behavioral Health	2 4 1				2 3		 1 1			
MH – CNM – Laboratory	1									1
MH – CNM – Medical Procedure (NOS)	5 1				 1			2		3
MH – CNM - Other	9				5		1	1		2
MH – CNM – Pharmacy	16 3 12	3 1		 1	4 1 6		 1 5			9
MH - CNM - PT/OT/ST	1 1			1					 1	
MH – CNM – Radiology	2 2	 1			1 1					1
MH – LOC – HCBS (change in attendant hours)	1							1		
MH – LOC – LTSS/HCBS	2 5				1 3		 1			1 1
MH – LOC – WORK	2				1			1		
NONCOVERED SERVICES										
MH – NCS – Dental	1 2				1 2					
MH – NCS – Other	3						2			1
MH – NCS – Pharmacy	1				1					
TOTAL ABH - Red SUN – Green UHC - Purple	 35 25 48	 3 3	 1	 1 1	 13 10 24	 1	 3 3 11	 3 3 3	 1	 13 5 6

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

State of Kansas Office of Administrative Fair Hearings – Providers

ABH - Red SUN – Green UHC - Purple	Number Resolved	Default – Appellant Failed to Appear	Default/Initial Order Dismissed - Moot MCO Reversed Decision	Default/Initial Order Dismissed – No Adverse Action	Default/Initial Order Dismissed - Not Ripe/No MCO Appeal	Default/Initial Order Dismissed – Untimely	OAH Affirmed Decision	OAH Reversed Decision	Withdrawn
ADMINISTRATIVE DENIALS									
PH - ADMIN - Denials of Authorization (Unauthorized by Members)	1		1						
BILLING AND FINANCIAL ISSUES									
PH - BFI - Recoupment	2			1					1
CLAIM PAYMENT DISPUTES									
PH – CPD – Ambulance (Include Air and Ground)	5 3	3	 1		1 1			1	 1
PH - CPD - Behavioral Health Outpatient and Physician	8		3						5
PH - CPD – Dental	1 1		 1		1				
PH – CPD – Durable Medical Equipment	5 11		1 11		2				2
PH – CPD – HCBS	1 1		 1						1
PH - CPD - Home Health	1		1						
PH – CPD – Hospital Inpatient (Non-Behavioral Health)	27 7 18	 1	 3	 1	3 3 4				24 4 9
PH – CPD – Hospital Outpatient (Non-Behavioral Health)	3 3 2	1	 1		1 2 2				1
PH – CPD – Laboratory	4 6 11		1		3 6 11				
PH – CPD – Medical (Physical Health not Otherwise Specified)	8		3		3	1			1
PH – CPD – Nursing Facilities – Total	1		1						
PH – CPD - Other	13 9		2 1		8 2		 1		3 5
PH – CPD – Pharmacy	1 1 3		1 2		 1				 1
PH - CPD – Radiology	1		1						
MEDICAL NECESSITY/LEVEL OF CARE – Criteria Not Met									
PH – CNM – Ambulance (include Air and Ground)	3		1		2				

ABH - Red SUN – Green UHC - Purple	Number Resolved	Default – Appellant Failed to Appear	Default/Initial Order Dismissed - Moot MCO Reversed Decision	Default/Initial Order Dismissed – No Adverse Action	Default/Initial Order Dismissed - Not Ripe/No MCO Appeal	Default/Initial Order Dismissed – Untimely	OAH Affirmed Decision	OAH Reversed Decision	Withdrawn
PH - CNM - Behavioral Health Outpatient Services and Testing	3		3						
PH – CNM – Durable Medical Equipment	1					1			
PH - CNM – Hospice	1				1				
PH - CNM - Inpatient Admissions (Non-Behavioral Health)	1 2		1						1 1
PH - CNM - Inpatient Behavioral Health	1		1						
PH - CNM - Medical Procedure (NOS)	1 1				1				1
PH – CNM – Other	1				1				
PH - CNM - Pharmacy	1		1						
PH - CNM - Radiology	1		1						
TOTAL ABH - Red SUN – Green UHC - Purple	 54 64 57	 4 1	 7 19 18	 2	 12 27 20	 1 1 	 1	 1 	 29 17 15

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

MCOs' Grievance Trends - Members

<u>Aetna Member Grievances:</u>

- There were 93 member grievances categorized as Billing and Financial Issues (non-transportation) which is an increase of 36 from 57 reported in CY2022.
- There were 58 member grievances categorized as Customer Service which is an increase of 18 from 40 reported in CY2022.
- There were 37 member grievances categorized as Quality of Care (non HCBS Provider) which is a decrease of 22 from 59 reported in CY2022.
- There were 33 member grievances categorized as Transportation – Other which is a decrease of 23 from 56 reported in CY2022.

Aetna Grievance Trends		
Total # of Resolved Grievances	393	
Top 5 Trends		
Trend 1: Billing and Financial issues (non - transportation)	93	24%
Trend 2: Customer Service	58	15%
Trend 3: Transportation - No Show	41	10%
Trend 4: Quality of Care (non HCBS provider)	37	9%
Trend 5: Transportation - Other	33	8%

Sunflower Member Grievances:

- There were 80 member grievances categorized as Transportation – No Show which is a decrease of 115 from 195 reported in CY2022.
- There were 58 member grievances categorized as Transportation – No Driver Available which is a decrease of 41 from 99 reported in CY2022.

Sunflower Grievance Trends		
Total # of Resolved Grievances	616	
Top 5 Trends		
Trend 1: Transportation - Other	122	20%
Trend 2: Transportation Issues - Billing and Reimbursement	113	18%
Trend 3: Transportation - No Show	80	13%
Trend 4: Access to service or Care	70	11%
Trend 5: Transportation - No Driver Available	58	9%

United Member Grievances:

- There were 125 member grievances categorized as Transportation – No Show which is a decrease of 69 from 194 reported in CY2022.
- There were 122 member grievances categorized as Billing and Financial Issues (non-transportation) which is a decrease of 66 from 188 reported in CY2022.
- There were 82 member grievances categorized as Transportation – Other which is a decrease of 41 from 123 reported in CY2022.
- There were 70 member grievances categorized as Quality of Care (non HCBS Provider) which is a decrease of 24 from 94 reported in CY2022.

United Grievance Trends		
Total # of Resolved Grievances	685	
Top 5 Trends		
Trend 1: Transportation - No Show	125	18%
Trend 2: Billing and Financial issues (non - transportation)	122	18%
Trend 3: Transportation Issues - Billing and Reimbursement	118	17%
Trend 4: Transportation - Other	82	12%
Trend 5: Quality of Care (non HCBS provider)	70	10%

MCOs' Grievance Trends – Provider

Aetna Provider Grievances:

Aetna Grievance Trends		
Total # of Resolved Grievances	10	
Top 5 Trends		
Trend 1: Billing/Payment	5	50%
Trend 2: Benefits/Eligibility	2	20%
Trend 3: Other - Dissatisfaction with MCO Associate	2	20%

Sunflower Provider Grievances:

- There were 17 provider grievances categorized as Transportation which is a decrease of 21 from 38 reported in CY2022.

Sunflower Grievance Trends		
Total # of Resolved Grievances	41	
Top 5 Trends		
Trend 1: Transportation	17	41%
Trend 2: Billing/Payment	9	22%
Trend 3: Services	6	15%
Trend 4: Credentialing - MCO	2	5%
Trend 5: Other	2	5%

United Provider Grievances:

United Grievance Trends		
Total # of Resolved Grievances	3	
Top 5 Trends		
Trend 1: Other - Dissatisfaction with MCO Associate	3	100%

MCOs' Reconsideration Trends – Provider

Aetna Provider Reconsiderations

- There were 4,429 provider reconsiderations categorized as PR – CPD – Medical (Physical Health not Otherwise Specified) which is from an increase of 766 from 3,663 reported in CY2022.
- There were 1,383 provider reconsiderations categorized as PR – CPD – Hospital Outpatient (Non-Behavioral Health) which is a decrease of 342 from 1,725 reported in CY2022.
- There were 1,123 provider reconsiderations categorized as PR – CPD – Durable Medical Equipment which is an increase of 228 from 895 reported in CY2022.
- There were 1,093 provider reconsiderations categorized as PR – CPD – Hospital Inpatient (Non-Behavioral Health) which is an increase of 271 from 822 reported in CY2022.
- There were 666 provider reconsiderations categorized as PR – CPD – Laboratory which is an increase of 123 from 543 reported in CY2022.

Aetna Provider Reconsideration Trends		
Total # of Resolved Reconsiderations	9,887	
Top 5 Trends		
Trend 1: PR - CPD - Medical (Physical Health not Otherwise Specified)	4,429	45%
Trend 2: PR - CPD - Hospital Outpatient (Non-Behavioral Health)	1,383	14%
Trend 3: PR - CPD - Durable Medical Equipment	1123	11%
Trend 4: PR - CPD - Hospital Inpatient (Non-Behavioral Health)	1093	11%
Trend 5: PR - CPD - Laboratory	666	7%

Sunflower Provider Reconsiderations

- There were 9,030 provider reconsiderations categorized as PR – CPD – Medical (Physical Health not Otherwise Specified) which is a decrease of 2,439 from 11,469 reported in CY2022.
- There were 2,927 provider reconsiderations categorized as PR – CPD – Durable Medical Equipment which is a decrease of 1,686 from 4,613 reported in CY2022.
- There were 2,285 provider reconsiderations categorized as PR – CPD – Hospital Outpatient (Non-Behavioral Health) which is a decrease of 1,159 from 3,444 reported in CY2022.

- There were 2,026 provider reconsiderations categorized as PR – CPD – Behavioral Health Outpatient and Physician which is an increase of 504 from 1,522 reported in CY2022.
- There were 1,222 provider reconsiderations categorized as PR – CPD – HCBS which is an increase of 425 from 797 reported in CY2022.

Sunflower Provider Reconsideration Trends		
Total # of Resolved Reconsiderations	21,195	
Top 5 Trends		
Trend 1: PR - CPD - Medical (Physical Health not Otherwise Specified)	9,030	43%
Trend 2: PR - CPD - Durable Medical Equipment	2,927	14%
Trend 3: PR - CPD - Hospital Outpatient (Non-Behavioral Health)	2,285	11%
Trend 4: PR - CPD - Behavioral Health Outpatient and Physician	2,026	10%
Trend 5: PR - CPD - HCBS	1,222	6%

United Provider Reconsiderations

- There were 18,612 provider reconsiderations categorized as PR – CPD – Medical (Physical Health not Otherwise Specified) which is from an increase of 3,291 from 15,321 reported in CY2022.
- There were 4,986 provider reconsiderations categorized as PR – CPD – Behavioral Health Outpatient and Physician which is an increase of 1,953 from 3,033 reported in CY2022.
- There were 4,877 provider reconsiderations categorized as PR – CPD – Durable Medical Equipment which is an increase of 591 from 4,286 reported in CY2022.
- There were 3,481 provider reconsiderations categorized as PR – CPD – Out of network provider, specialist or specific provider which is an increase of 870 from 2,611 reported in CY2022.
- There were 2,236 provider reconsiderations categorized as PR – CPD – Behavioral Health Inpatient which is an increase of 1,146 from 1,090 reported in CY2022.

United Provider Reconsideration Trends		
Total # of Resolved Reconsiderations	42,096	
Top 5 Trends		
Trend 1: PR - CPD - Medical (Physical Health not Otherwise Specified)	18,612	44%
Trend 2: PR - CPD - Behavioral Health Outpatient and Physician	4,986	12%
Trend 3: PR - CPD - Durable Medical Equipment	4,877	12%
Trend 4: PR - CPD - Out of network provider, specialist or specific provider	3,481	8%
Trend 5: PR - CPD - Behavioral Health Inpatient	2,236	5%

MCOs' Appeals Trends - Member/Provider

Aetna Member Appeals:

- There were 562 member appeals categorized as MA – CNM – Pharmacy which is an increase of 161 from 401 reported in CY2022.
- There were 135 member appeals categorized as MA – CNM – Radiology which is an increase of 48 from 87 reported in CY2022.
- There were 133 member appeals categorized as MA – CNM – Medical Procedure (NOS) which is a decrease of 31 from 164 reported in CY2022.
- There were 70 member appeals categorized as MA – CNM – Durable Medical Equipment which is a decrease of 13 from 83 reported in CY2022.
- There were 48 member appeals categorized as MA – CNM – Behavioral Health Outpatient and Physician which is an increase of 15 from 33 reported in CY2022.

Aetna Provider Appeals:

- There were 537 provider appeals categorized as PA – CPD – Hospital Inpatient (Non-Behavioral Health) which is an increase of 216 from 321 reported in CY2022.
- There were 401 provider appeals categorized as PA – CPD – Laboratory which is an increase of 181 from 220 reported in CY2022.
- There were 276 provider appeals categorized as PA – CPD – Hospital Outpatient (Non-Behavioral Health) which is an increase of 83 from 193 reported in CY2022.
- There were 209 provider appeals categorized as PA – CPD – Durable Medical Equipment which is an increase of 62 from 147 reported in CY2022.

Aetna Member/Provider Appeal Trends					
Total # of Resolved Member Appeals	1,026		Total # of Resolved Provider Appeals	2,275	
Top 5 Trends			Top 5 Trends		
Trend 1: MA - CNM - Pharmacy	562	55%	Trend 1: PA - CPD - Medical (Physical Health not Otherwise Specified)	569	25%
Trend 2: MA - CNM - Radiology	135	13%	Trend 2: PA - CPD - Hospital Inpatient (Non-Behavioral Health)	537	24%
Trend 3: MA - CNM - Medical Procedure (NOS)	133	13%	Trend 3: PA - CPD - Laboratory	401	18%
Trend 4: MA - CNM - Durable Medical Equipment	70	7%	Trend 4: PA - CPD - Hospital Outpatient (Non-Behavioral Health)	276	12%
Trend 5: MA - CNM - Behavioral Health Outpatient Services and Testing	48	5%	Trend 5: PA - CPD - Durable medical Equipment	209	9%

Sunflower Member Appeals:

- There were 105 member appeals categorized as MA – CNM – Inpatient Behavioral Health which is an increase of 17 from 88 reported in CY2022.
- There were 73 member appeals categorized as MA – CNM – PT/OT/ST which is an increase of 31 from 42 reported in CY2022.

Sunflower Provider Appeals:

- There were 1855 provider appeals categorized as PA – CPD – Medical (Physical Health not Otherwise Specified) which is an increase of 1265 from 590 reported in CY2022.
- There were 1,311 provider appeals categorized as PA – CPD – Hospital Inpatient (Non-Behavioral Health) which is an increase of 832 from 479 reported in CY2022.
- There were 586 provider appeals categorized as PA – CPD – Hospital Outpatient (Non-Behavioral Health) which is an increase of 115 from 471 reported in CY2022.
- There were 457 provider appeals categorized as PA – CPD – Durable Medical Equipment which is an increase of 335 from 122 reported in CY2022.
- There were 428 provider appeals categorized as PA – CNM – Pharmacy which is a decrease of 110 from 538 reported in CY2022.

Sunflower Member/Provider Appeal Trends					
Total # of Resolved Member Appeals	808		Total # of Resolved Provider Appeals	6,495	
Top 5 Trends			Top 5 Trends		
Trend 1: MA - CNM - Pharmacy	224	28%	Trend 1: PA - CPD - Medical (Physical Health not Otherwise Specified)	1,855	29%
Trend 2: MA - CNM - Radiology	160	20%	Trend 2: PA - CPD - Hospital Inpatient (Non-Behavioral Health)	1311	20%
Trend 3: MA - CNM - Inpatient Behavioral Health	105	13%	Trend 3: PA - CPD - Hospital Outpatient (Non-Behavioral Health)	586	9%
Trend 4: MA - CNM - Durable Medical Equipment	100	12%	Trend 4: PA - CPD - Durable medical Equipment	457	7%
Trend 5: MA - CNM - PT/OT/ST	73	9%	Trend 5: PA - CNM - Pharmacy	428	7%

United Member Appeals:

- There were 308 member appeals categorized as CNM – Pharmacy which is a decrease of 199 from 507 reported in CY2022.
- There were 189 member appeals categorized as MA – NCS – Pharmacy which is an increase of 185 from four reported in CY2022.
- There were 43 member appeals categorized as MA – LOC – LTSS/HCBS which is an increase of 14 from 29 reported in CY2022.
- There were 41 member appeals categorized as MA – CNM – Inpatient Admissions (Non-Behavioral Health) which is a decrease of 66 from 107 reported in CY2022.

United Provider Appeals:

- There were 1,435 provider appeals categorized as PA – CPD – Medical (Physical Health not Otherwise Specified) which is an increase of 228 from 1,207 reported in CY2022.
- There were 1,027 provider appeals categorized as PA – CPD – Hospital Inpatient (Non-Behavioral Health) which is a decrease of 104 from 1,131 reported in CY2022.
- There were 679 provider appeals categorized as PA – CPD – Hospital Outpatient (Non-Behavioral Health) which is an increase of 73 from 606 reported in CY2022.
- There were 668 provider appeals categorized as PA – CPD – Home Health which is an increase of 33 from 635 reported in CY2022.
- There were 496 provider appeals categorized as PA – CPD – Pharmacy which is a decrease of 27 from 523 reported in CY2022.

United Member/Provider Appeal Trends					
Total # of Resolved Member Appeals	846		Total # of Resolved Provider Appeals	5,982	
Top 5 Trends			Top 5 Trends		
Trend 1: MA - CNM - Pharmacy	308	36%	Trend 1: PA - CPD - Medical (Physical Health not Otherwise Specified)	1,435	24%
Trend 2: MA - NCS - Pharmacy	189	22%	Trend 2: PA - CPD - Hospital Inpatient (Non-Behavioral Health)	1,027	17%
Trend 3: MA - CNM - Durable Medical Equipment	78	9%	Trend 3: PA - CPD - Hospital Outpatient (Non-Behavioral Health)	679	11%
Trend 4: MA - LOC - LTSS/HCBS	43	5%	Trend 4: PA - CPD - Home Health	668	11%
Trend 5: MA - CNM - Inpatient Admissions (Non-Behavioral Health)	41	5%	Trend 5: PA - CPD - Pharmacy	496	8%

MCOs' State Fair Hearing Reversed Decisions - Member/Provider

- There were 108 member state fair hearings for all three MCOs. One decision was reversed by OAH.
- There were 175 provider state fair hearings for all three MCOs. One decision was reversed by OAH.

Aetna					
Total # of Member SFH	35		Total # of Provider SFH	54	
OAH reversed MCO decision	0	0	OAH reversed MCO decision	1	2%

Sunflower					
Total # of Member SFH	25		Total # of Provider SFH	64	
OAH reversed MCO decision	0	0%	OAH reversed MCO decision	0	0%

United					
Total # of Member SFH	48		Total # of Provider SFH	57	
OAH reversed MCO decision	1	2%	OAH reversed MCO decision	0	0%

D. Customer Service: Reporting, including total calls, average speed of answer and call abandonment rates, for MCO-based and fiscal agent call centers January- December 2023:

KanCare Customer Service Report – Member

MCO/Fiscal Agent	Average Speed of Answer (Seconds)	Call Abandonment Rate	Total Calls
Aetna	15.59	1.25%	206,841
Sunflower	14.17	1.24%	139,172
United	26.18	0.99%	166,140
Gainwell– Fiscal Agent	11	0.71%	9,288

KanCare Customer Service Report - Provider

MCO/Fiscal Agent	Average Speed of Answer (Seconds)	Call Abandonment Rate	Total Calls
Aetna	0.43	0.80%	79,727
Sunflower	5.27	0.47%	113,627
United	2.87	0.14%	69,878
Gainwell– Fiscal Agent	12	0.66%	13,375

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

E. Critical Incident Summary of Reporting:

Critical Incidents	1st Quarter AIR Totals	2nd Quarter AIR Totals	3rd Quarter AIR Totals	4th Quarter AIR Totals	YTD TOTALS
Reviewed	3,026	3,416	3,717	3,223	13,382
Pending Resolution	132	16	20	2	170
Total Received	3,158	3,432	3,737	3,225	13,552
APS Substantiations*	82	183	198	200	663

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

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

All determinations received from the Department for Children and Families (DCF) involving allegations of abuse, neglect and exploitation (ANE) are manually entered into the AIR system and assigned for follow-up by the individuals corresponding MCO. Evidence verifies the updated process provides assurances for individual health, safety and welfare and that quality of care concerns are consistently identified and resolved. KDADS and DCF regularly collaborate and meet when trends are identified, as well as on a case-by-case basis to utilize all available resources and ensure necessary action is taken to resolve.
Performance Measure data regarding abuse, neglect, exploitation, restraint, seclusion and unexpected deaths, along with all other defined adverse incidents, are tracked in real-time as Adverse Incident Reports are completed. KDADS Program Integrity staff reviews and provides confirmation of resolution or Corrective Action if there is insufficient follow-up to resolve. Though some Corrective Action Plans (CAPs) were necessary following implementation of the updated process, MCOs provided follow-up action and documentation ahead of agreed upon timeframes to address any insufficiencies. CAPs issued were beneficial to establish guidelines and ensure consistent follow-up to complete reports. Following state issued CAPs, the MCOs have made necessary adjustments to maintain processes that follow policy and procedure.

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

F. Access to Care:
As noted in previous reports, members who are not in their open enrollment period are unable to change plans without a good cause reason pursuant to 42 CFR 438.56 or the KanCare STCs. GCRs (member "Good Cause Requests" for change in MCO assignment) after the choice period are denied as not reflective of good cause if the request is based solely on the member's preference, when other participating providers with that MCO are available within access standards. The majority of the requests were due largely to members mistakenly believing that they can file good cause requests because they prefer a provider outside of their assigned MCO's network. In these cases, the MCOs are tasked with offering to assist the member in scheduling an appointment with one of their participating providers.

There were two state fair hearings for denied GCRs in 2023; one denied GCR was upheld, and one denied GCR was dismissed. A summary of GCR actions for 2023 is as follows:

Status	2023 Totals
Total GCRs filed	204
Approved	35
Denied	110
Withdrawn (resolved, no need to change)	6
Dismissed (due to inability to contact the member)	53
Pending	0

Access to Dental Care: KanCare and partner agencies continue to emphasize the importance of regular dental care for our members and are committed to increasing utilization of these important services. Rates in 2022 that decreased in relation to 2021 was found in the older cohort of 15-18 and most seen in the 19-20 bracket. Yet in comparison to other states Kansas increased into the 90th percentile in NCQA metrics. This is partly due to nationwide trends, but also due to Kansas maintaining and increasing rates in 15 categories.

Annual Dental Visit – Ages 2 to 20		
Year	Percentage	National Ranking (Quality Compass percentile)
2022	56.9%	>90th
2021	57.5%	>75th
2020	55.3%	>75th
2019	66.7%	>75th
2018	65.4%	>75th
2017	64.8%	>75th
2016	63.7%	>75th
2015	60.9%	>75th
2014	60.0%	>66.67th

G. HCBS Waiver Updates:

i. FE: Waiver amendments have been submitted to extend Appendix K flexibilities for Paid Family Caregiving and Virtual Delivery of Services along with standardized Performance Measures, provisional plan of care and unbundled Assistive Services.

ii. I/DD: Waiver amendments have been submitted to extend Appendix K flexibilities for Paid Family Caregiving and Virtual Delivery of Services along with standardized Performance Measures, provisional plan of care, amend Specialized Medical Care limits, authorize Residential Services for married couples and unbundled Assistive Services. The State has also begun the waiver renewal process.

iii. PD: Waiver amendments have been submitted to extend Appendix K flexibilities for Paid Family Caregiving and Virtual Delivery of Services along with standardized Performance Measures, provisional plan of care and unbundled Assistive Services.

iv. TA: The State received approval for this waiver to renew on 1/1/2024 and continues to work with stakeholders on any potential changes requiring waiver amendments.

v. SED: A waiver amendment has been submitted to standardize Performance Measures, and provisional plan of care.

vi. Autism: A waiver amendment has been submitted to standardize Performance Measures and provisional plan of care.

vii. BI: Waiver amendments have been submitted to extend Appendix K flexibilities for Paid Family Caregiving and Virtual Delivery of Services along with standardized Performance Measures, provisional plan of care and unbundled Assistive Services. The State has also begun the waiver renewal process.

H. Beneficiary CAHPS Survey:

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

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

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

The 2022 CAHPS health plan surveys were conducted by Aetna Better Health of Kansas (Aetna or ABH), Sunflower Health Plan (Sunflower or SHP), and UnitedHealthcare Community Plan of Kansas (UnitedHealthcare or UHC) in February through May 2022. The populations surveyed were adult members, general child (GC) Title XIX/Medicaid (TXIX) members, GC Title XXI/CHIP (TXXI) members, Children with Chronic Conditions (CCC) TXIX members, and CCC TXXI members.

Key results reported by KFMC for the 2022 survey are summarized in the table below:

2022 CAHPS Global Ratings, Core Survey Composite Scores, and CCC Composite Scores						
	Adult		General Child (GC)		Children with Chronic Conditions (CCC)	
Global Rating	Rate	Rank	Rate	Rank	Rate	Rank
Rating of Health Plan	79.9%	≥50th	90.1%	>75th	87.0%	>75th
Rating of All Health Care	76.7%	≥50th	88.5%	≥50th	87.6%	≥50th
Rating of Personal Doctor	84.4%	>66.67th	91.2%	≥50th	90.1%	≥50th
Rating of Specialist Seen Most Often	85.2%	>50th	89.4%	>90th	88.6%	>75th
Core Survey Composite						
Getting Care Quickly	85.4	>75th	89.5	>66.67th	93.3	>75th
Getting Needed Care	87.2	>75th	↓86.6	≥50th	89.7	≥50th
Coordination of Care	87.9	>75th	83.1	<33.33rd	82.0	<25th
How Well Doctors Communicate	93.4	≥50th	95.9	>75th	96.4	>75th
Customer Service	91.5	>75th	89.7	>66.67th	89.5	
Children with Chronic Conditions Composite						
Access to Prescription Medicines					94.6	>75th
Access to Specialized Services					↓79.9	>75th
Coordination of Care for Children with Chronic Conditions					72.2	<25th
Family-Centered Care: Getting Needed Information					↓91.8	>66.67th

Family-Centered Care: Personal Doctor Who Knows Child	91.2	≥50th

Rankings are based on the Quality Compass national percentiles: <5th, <10th, <25th, <33.33rd, <50th, ≥50th, >66.67th, >75th, >90th, and >95th.

↓Indicates a statistically significant decrease compared to the prior year; *p*<.05. Increases were not statistically significant.

The response rates were lower than historically realized, which was potentially an effect of the COVID-19 Pandemic.

Strengths

Global Ratings

- Rating of Health Plan – The KanCare GC rate (90%, >75th) and the KanCare CCC rank (>75th) were very high. Increasing 5-year trends were obtained for KanCare adult (1.1 pp/yr), SHP adult (1.5 pp/yr), KanCare GC (0.6 pp/yr), and SHP TXXI CCC (1.3 pp/yr) rates.
- Rating of All Health Care – The ABH TXIX GC rate was 90%. Increasing 3-year trends (2.3 pp/y) were obtained for ABH CCC rates with Titles XIX and XXI combined.
- Rating of Personal Doctor – The KanCare GC and CCC rates were 91% and 90%, respectively. Increasing 5-year trends were obtained for SHP adult rates (1.6 pp/y).
- Rating of Specialist Seen Most Often – Ranks were greater than the 75th percentile for both KanCare GC (>90th) and KanCare CCC (>75th). The SHP GC rate with Titles XIX and XXI combined experienced a significant increase, to 91%, and ranked >95th. The SHP TXIX CCC rate significantly increased to 94% and ranked >95th. Increasing 5-year trends were observed for KanCare adult rates (1.5 pp/y) and SHP GC (0.7 pp/y) with Titles XIX and XXI combined rates.

Composites

- Getting Care Quickly – The KanCare adult and CCC scores ranked >75th, and the KanCare CCC score was very high (93). The SHP TXIX GC rate significantly increased to 95 and ranked >90th.
- Getting Needed Care – The KanCare adult rank (>75th).
- Coordination of Care – The KanCare adult score and rank (90, >75th) were very high.
- How Well Doctors Communicate – The KanCare adult score (93), KanCare GC rate and rank (96, >75th), and the KanCare CCC rate and rank (96, >75th) were very high.
- Customer Service – The KanCare adult score and rank (92, >75th) and the KanCare CCC rate (90) were very high. An increasing 5-year trend was obtained for KanCare adult (0.6 p/y) scores.

CCC Composites

- Access to Prescription Medicines – The KanCare CCC score and rank (94, >75th) were very high. Scores from 2018 to 2022 were all 93 or greater.
- Access to Specialized Services – The KanCare CCC rank was very high (>95th). Both ABH and UHC scores were ranked >95th. The KanCare CCC score was 77, which indicates there may be room for improvement even with a high ranking.
- Family-Centered Care: Getting Needed information – The KanCare CCC (94) and SHP TXIX (96) scores significantly increased. Scores from 2018 to 2022 were all 90 or greater.
- Family-Centered Care: Personal Doctor Who Knows Child – The KanCare CCC score (91) was very high. Scores from 2020 to 2022 were all 90 or greater.

Notable Improvements

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

Opportunities for Improvement

- Rating of All Health Care – The UHC TXXI CCC rate ranked <10th. The ABH TXXI GC ranking was <25th.
- Rating of Personal Doctor – The ABH TXXI GC ranking was <10th.
- Getting Care Quickly – Decreasing 3- or 5-year trends were observed for KanCare GC (0.9 p/y), KanCare CCC (0.4 p/y), ABH TXXI GC (2.5 p/y), SHP TXXI GC (1.2 p/y), UHC TXXI GC (1.5 p/y), SHP TXIX CCC (0.8 p/y), and UHC TXXI CCC (1.0 p/y) rates.
- Coordination of Care for Children with Chronic Conditions – The KanCare CCC score (74, <25th) was not improved from 2021. Declining 5-year trendlines were observed for SHP TXIX rates (2.0 p/y).

I. Annual Summary of Network Adequacy:

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

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

KanCare MCO	# of Unique Providers as of 3/31/2023	# of Unique Providers as of 6/30/2023	# of Unique Providers as of 9/30/2023	# of Unique Providers as of 12/31/2023
Aetna	55,697	58,908	59,517	59,128
Sunflower	46,914	41,962	42,395	40,889
UHC	42,928	48,467	49,518	50,525

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

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

KDHE continues to provide feedback and analysis of data trends in the Network Adequacy Report through the KDHE-built monitoring tool. The network adequacy reporting from the MCOs continues to have problems, but progress has been made on improving the MCOs data submissions.

The State participated in the following Provider Network activities:

- Ongoing automated report management, review and feedback between the State and the MCOs. Reports from the MCOs consist of a wide range of network data reported on standardized templates. Every quarter, the MCOs submit to the State provider network reports with data of providers within their network. Within these reports are unique provider counts that show how many providers are serving KanCare members.
- The MCOs submit a quarterly spreadsheet of the provider directory containing contract required data used in the MCOs' online provider directories for their network members' use.
- The network adequacy team communicates frequently with each MCO to review policies and to examine issues of network reporting within the MCOs' quarterly reports. Issues discussed included inconsistent unique provider counts, gaps in provider coverage, and compliance with State report submission protocol.

- The network adequacy team continues to refine the exceptions request process, with the team focusing on OBGYNs, Allergists, Gastroenterologists, and Dentists. As a result, MCOs have closed some service gaps by adding new providers and documenting activities to close any remaining gaps.
- The State applies a trending graph to show changes of provider counts between quarters, count of unique providers and trending from the third quarter 2023 with fourth quarter 2023.
- The Contract/Directory Evaluation Report continues to be completed quarterly. The report analyzes the MCOs' quarterly provider directory data by comparing them with the KDHE contract requirements. The results of compliance are measured by a percentage score and are reported to the MCOs.
- The State conducts the Annual Contract Review to assess the MCOs compliance with the contract by reviewing case files, policies, procedures, etc. All contract areas are reviewed every three years. In 2023 (audit year 3), the State chiefly reviewed Enrollment, Disenrollment, and Marketing, Provider and Member Services, Financial Management, and Information Systems. Unsatisfactory compliance is subject to remediation; State subject matter experts have the capability to either approve or change the MCOs plan(s). Contract areas that are inadequate are also reviewed in the following year, as appropriate.
- The State team continues to make improvements to the Access and Availability Report, feedback report and mapping formats. The network adequacy team has been working on two additional reports: Non-Participating Provider Reliance Report and HCBS Service Delivery Report.
- The State began monitoring the Non-Emergency Transport (NEMT) Access report by comparing data from the NEMT report to information from customer grievance reports and other NEMT data sources. The State can identify missed or late rides, no shows by drivers, and no drivers available for members.

The team continues to match the MCOs' reports against additional data sources to give a clearer picture of the report's accuracy and completeness. The State continued to collect the data files for MCO provider directories in 2023.

The new KMMS system, the first modular system that has gone live, had a variety of problems at implementation that were quickly resolved. The State meets regularly with our Fiscal Agent to review onboard analytics to KMMS to see which areas need to be targeted for improvement. The mirror project with the PRN updates has been ongoing with additive insights of mixing data into ArcGIS. This project will continue as we move to automate systems and remove manual actions. This information is run against reports received from MCOs to further insights.

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

Aetna Annual Assessment of Network Appointment Accessibility

Methodology:
Aetna Better Health of Kansas contracted with SPH Analytics to assess the adequacy of member access to appointments and after-hours services for network providers. Data was collected by SPH Analytics and the results were analyzed against the State standards for access to services for both during and after business hours. The data collection period was from August 23, 2023 to September 13, 2023. Opportunities were prioritized and action plans were developed, as appropriate and urgent matters were addressed with management immediately. Results were presented to the Grievance and Appeals Committee, Service Improvement Committee, Quality Management/Utilization Management Committee, and the Quality Management Oversight Committee.

Aetna Better Health of Kansas defines practitioner types as follows:

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

For appointment availability audits, 1,807 unique provider telephone numbers were included in the sample, which represented all available unique telephone numbers in the Aetna Better Health of Kansas provider universe. When de-duplicating by unique phone number, preference was given to provider types that were smaller (i.e., OBGYN, oncology). Providers with the following specialty types were included: PCPs, Oncologists, Obstetrician/Gynecologists, Behavioral, and SUD Providers. These providers were not reached because these surveys were assigned a disposition code that indicated the reason for failure to reach (i.e., wrong number, non-working number, fax number).

Table 1: Most Common Reasons for Not Being Able to Survey Offices

	PCP		Specialist		OB		MH		SUD		Total	
	2021	2022	2021	2022	2021	2022	2021	2022	2021	2022	2021	2022
	% (n)		% (n)		% (n)		% (n)		% (n)		% (n)	
Number of Providers Contacted	1159	559	14	370	48	44	894	769	0	65	2115	1807
a. Survey Completed	392	233	12	147	9	19	172	114	0	22	585	535
b. Survey Not Completed	767	326	2	223	39	25	722	655	0	43	1530	1272
Refused to Participate	0.9%	0.4%	0.0%	0.3%	0.0%	0.0%	0.4%	0.5%		0.0%	0.7%	0.4%
(number)	10	2	0	1	0	0	4	4	0	0	14	7
Unable to Contact After 3 Attempts	50.7 %	48.8 %	50.0 %	50.8 %	47.9 %	50.0 %	72.7 %	77.8 %		56.9 %	60.0 %	61.9 %
(number)	588	273	7	188	23	22	650	598	0	37	1268	1118
Technical Problems	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%		0.0%	0.0%	0.0%
(number)	0	0	0	0	0	0	0	0	0	0	0	0
Moved, No Updated Information	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%		0.0%	0.0%	0.0%
(number)	0	0	0	0	0	0	0	0	0	0	0	0
Incorrect Phone Number	14.0 %	8.4%	28.6 %	14.1 %	33.3 %	4.5%	7.4%	6.9%		7.7%	11.7 %	8.8%
(number)	162	47	4	52	16	2	66	53	0	5	248	159
Other	0.6%	0.7%	0.0%	0.3%	0.0%	2.3%	0.2%	0.0%		1.5%	0.4%	0.4%
(number)	7	4	0	1	0	1	2	0	0	1	9	7
Total Not Surveyed	66.2 %	58.3 %	78.6 %	65.4 %	81.3 %	56.8 %	80.8 %	85.2 %		66.2 %	72.8 %	71.4 %
(number should equal Row 7)	392	233	12	147	9	19	172	114	0	22	585	535

Table 2.1a: Providers Contacted in Compliance with State Contractual Appointment Standards

	PCP (Overall)		PCP (Adults)		PCP (Peds)		Specialist		MH		SUD		Total	
	2022	2023	2022	2023	2022	2023	2022	2023	2022	2023	2022	2023	2022	2023
	% (n)		% (n)		% (n)		% (n)		% (n)		% (n)		% (n)	
Provider Sample	1159	559	0	534	0	25	14	370	894	769	0	65	2067	1763
Emergency Care	0.3%	24.9%		24.2%		40.0%	42.9%	17.0%	2.9%	7.2%		20.0%	3.8%	15.3%
(number)	3	139	0	129	0	10	6	63	26	55	44	13	79	270
Urgent Care	19.0%	26.1%		25.5%		40.0%	28.6%	15.4%	2.7%	6.9%		15.4%	14.1%	15.1%
(number)	220	146	0	136	0	10	4	57	24	53	43	10	291	266
Routine Care	2.8%	36.0%		35.0%		56.0%	50.0%	30.8%	4.7%	11.4%		26.2%	8.0%	23.8%
(number)	32	201	0	187	0	14	7	114	42	88	84	17	165	420
Adult Physical	N/A			28.8%	N/A		N/A		N/A		N/A		N/A	
(number)			0	154										
EPSDT/Well-Child	N/A		N/A			52.0%	N/A		N/A		N/A		N/A	
(number)					0	13								

Table 2.1b: OB Providers Contacted in Compliance with State Contractual Appointment Standards

	OB	
	2022	2023
	% (n)	
Provider Sample	48	44
OB 1st Trimester	16.7%	31.8%
(number)	8	14
OB 2nd Trimester	12.5%	34.1%
(number)	6	15
OB 3rd Trimester	10.4%	31.8%
(number)	5	14
OB High Risk	N/A	
(number)	N/A	

For median number of days wait for scheduled appointments, the same universe of providers at unique telephone numbers was utilized and a random sample of 535 providers were selected for outreach. This represents a statistically valid sample of the unique telephone numbers in the Aetna Better Health Provider Network. All providers who were non-compliant in 2022 and who were still participating in the Aetna Better Health of Kansas Network at the time of the 2023 survey were included.

Table 3.1a: Median Number of Days Wait for Scheduled Provider Appointment

	PCP		Specialist		MH	
	2022	2023	2022	2023	2022	2023
Surveys Completed	392	233	12	147	172	114
	Median Number of Days					
Emergency Care	0.08	0.04	0.04	0.85	0.92	0.25
Urgent Care	0.08	0.08	0.92	1.92	1.06	1
Routine Care	3	1	5	6	4	2
Adult Physical	3	2	N/A			
EPSDT/Well-Child	4	0				

Table 3.1b: Median Number of Days Wait for Scheduled OB Appointment

	OB	
	2022	2023
Surveys Completed	9	19
	Median Number of Days	
OB 1st Trimester	1.5	4
OB 2nd Trimester	6	4
OB 3rd Trimester	4	4
OB High Risk	0.5	4

Table 3.1c: Median Number of Days Wait for Scheduled SUD Appointment

	SUD	
	2022	2023
Surveys Completed	0	22
	Median Number of Days	
SUD	5	4
PWID	3	1
Pregnant Drug User	2	0.69
Other Behavioral Health Services	N/A	0.79

Plans for Improvement:
Based on initial findings, it appears that Aetna Better Health's outreach campaigns have not been sufficient in reducing the volume of non-compliant providers. Additional and more strategic efforts such as coordinated efforts with Aetna Better Health's QM/UM teams to conduct same day appointments via Health Hub Clinics, as well as more member education around alternative options may carry more weight in improving outcomes.

Sunflower Annual Assessment of Network Appointment Accessibility
In 2022, Sunflower Health Plan implemented a Secret Shopper program to validate vendor survey results. Through this program Sunflower Health Plan was able to identify a scripting error that impacted the 2021 and 2022 Access Study and decided to utilize a different vendor for the 2023 Access Study. Sunflower Health Plan developed non-compliant letters that were sent to all providers that failed requesting corrective action. Sunflower Health Plan followed-up with these providers to ensure compliance. Raw data files were reviewed, and any actionable steps needed were taken to correct provider data.

Sunflower Health Plan continues discussions with providers and identifies barriers to assist with solutions such as scheduling tips (keeping appointment slots open, working with members on social determinants of health barriers like transportation or access to telephones for telehealth appointments). It ensures providers are aware of appointment and after-hours standards through bulletins, information in its provider manual, information on the provider resource page of our website, all MCO trainings, CEO forums, and increased discussion of appointment standards during all meeting with providers. Sunflower Health Plan will potentially meet with compliant providers and discuss best practices that can be shared with other providers. It also reviews number and type of medical specialists and their geographic locations to assure there are adequate specialists to meet the needs of our members.

Additionally, Sunflower Health Plan provides member education on what symptoms require doctors' visits, telehealth options, transportation options, and how long should you wait prior to going to a doctor when you have symptoms. It also ensures members are aware of the Sunflower Nurse advice line and telehealth programs.

Table 1: Most Common Reasons for Not Being Able to Survey Offices

	PCP		Specialist		OB		MH		SUD		Total	
	2022	2023	2022	2023	2022	2023	2022	2023	2022	2023	2022	2023
	% (n)		% (n)		% (n)		% (n)		% (n)		% (n)	
Number of Providers Contacted	403	496	56	422	198	93	117	297	121	85	895	1393
a. Survey Completed	403	496	56	422	198	93	117	297	121	85	895	1393
b. Survey Not Completed	0	0	0	0	0	0	0	0	0	0	0	0
Refused to Participate	0.0%	2.4%	0.0%	3.8%	0.0%	4.3%	0.0%	1.0%	0.0%	2.4%	0.0%	2.7%
(number)	0	12	0	16	0	4	0	3	0	2	0	37
Unable to Contact After 3 Attempts	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
(number)	0	0	0	0	0	0	0	0	0	0	0	0
Technical Problems	0.0%	171.2%	0.0%	62.8%	0.0%	97.8%	0.0%	44.8%	0.0%	222.4%	0.0%	109.6%
(number)	0	849	0	265	0	91	0	133	0	189	0	1527
Moved, No Updated Info	0.0%	31.7%	0.0%	24.4%	0.0%	22.6%	0.0%	75.8%	0.0%	51.8%	0.0%	39.5%
(number)	0	157	0	103	0	21	0	225	0	44	0	550
Incorrect Phone Number	0.0%	102.4%	0.0%	71.6%	0.0%	92.5%	0.0%	80.5%	0.0%	117.6%	0.0%	88.7%
(number)	0	508	0	302	0	86	0	239	0	100	0	1235
Other	0.0%	156.9%	0.0%	319.2%	0.0%	30.1%	0.0%	185.2%	0.0%	51.8%	0.0%	197.2%
(number)	0	778	0	1347	0	28	0	550	0	44	0	2747
Total Not Surveyed	0.0%	464.5%	0.0%	481.8%	0.0%	247.3%	0.0%	387.2%	0.0%	445.9%	0.0%	437.6%

Table 2.1a: Providers Contacted in Compliance with State Contractual Appointment Standards

	PCP (Overall)		PCP (Adults)		PCP (Peds)		Specialist		MH		SUD		Total	
	2022	2023	2022	2023	2022	2023	2022	2023	2022	2023	2022	2023	2022	2023
	% (n)		% (n)		% (n)		% (n)		% (n)		% (n)		% (n)	
Provider Sample	403	496	373	336	30	160	56	422	117	297	121	85	697	1300
Emergency Care	0.0%	70.4%	0.0%	72.3%	0.0%	66.3%	0.0%	52.4%	0.0%	34.7%	0.0%	27.1%	0.0%	53.5%
(number)	0	349	0	243	0	106	0	221	0	103	0	23	0	696
Urgent Care	84.1%	70.4%	0.0%	72.3%	0.0%	66.3%	32.1%	52.4%	57.3%	70.0%	86.0%	58.8%	75.8%	63.7%
(number)	339	349	0	243	0	106	18	221	67	208	104	50	528	828
Routine Care	95.8%	79.2%	0.0%	81.0%	0.0%	75.6%	35.7%	76.3%	55.6%	92.6%	94.2%	63.5%	83.9%	80.3%
(number)	386	393	0	272	0	121	20	322	65	275	114	54	585	1044
Adult Physical	N/A		0.0%	81.0%	N/A		N/A		N/A		N/A		N/A	
(number)			0	272										
EPSDT/Well-Child	N/A		N/A		0.0%	75.6%	N/A		N/A		N/A		N/A	
(number)					0	121								

Table 2.1b: Offices Surveyed OB Providers Contacted in Compliance with State Contractual Standards

	OB	
	2022	2023
	% (n)	
Provider Sample	198	93
OB 1st Trimester	94.4%	88.2%
(number)	187	82
OB 2nd Trimester	92.9%	82.8%
(number)	184	77
OB 3rd Trimester	88.4%	73.1%
(number)	175	68
OB High Risk	N/A	
(number)	N/A	

The wait times were inflated due to the use of the median point in the data. The averages calculated were much lower due to the ability of the providers to see walk in patients. Analyzing both, median and average measures with an explanation provided on the deviation would perhaps be best.

Table 3.1a: Median Number of Days Wait for Scheduled Appointment

	PCP		Specialist		MH	
	2022	2023	2022	2023	2022	2023
Surveys Completed	403	496	56	422	117	297
	Median Number of Days					
Emergency Care	0.42	1.25	0.96	2.54	0.92	0.88
Urgent Care	0.5	1.25	2.25	2.54	1.13	0.88
Routine Care	10	47	16	80	7	31
Adult Physical	0	47	N/A			
EPSDT/Well-Child	9.5	111				

Table 3.1b: Median Number of Days Wait for Scheduled OB Appointment

	OB	
	2022	2023
Surveys Completed	198	93
	Median Number of Days	
OB 1st Trimester	0	20
OB 2nd Trimester	0	20
OB 3rd Trimester	0	7
OB High Risk	0	7

Table 3.1c: Median Number of Days Wait for Scheduled SUD Appointment

	SUD	
	2022	2023
Surveys Completed	121	85
	Median Number of Days	
SUD	7	80
PWID	6	80
Pregnant Drug User	4.04	3.33
Other Behavioral Health Services	0	80

UnitedHealthcare Annual Assessment of Network Appointment Accessibility
UnitedHealthcare sampled 910 providers including all non-compliant providers. The follow-up items from the 2023 Timeliness Survey have been provided and discussed with the Provider Relations Manager. The Provider Relations team works through addressing the identified issues. Throughout the early stages of the 2023 follow-up process of the Provider Relations team, it was identified that issues found in 2022 and again in 2023 had previously been updated in the data system used by the Provider Relations team following the 2022 Access & Availability audit. However, the updates did not properly flow to the system used to pull the 2023 Access & Availability Audit provider sample. UnitedHealthcare plan is looking into a newly identified issue to ensure that, in the future, updates made to provider demographics appropriately disseminate to other data systems used by the health plan. OBGYN providers who do not accept Medicaid was the provider subgroup primarily affected by this data issue.

While improvements continue to occur, United Healthcare Plan remains aware that there is still an opportunity for improving provider demographic information. The main cause of unsuccessful attempts throughout the survey were due to the provider moved/left the practice, provider not accepting Medicaid or not accepting new patients, provider is a specialist provider but not coded as such in the database, the phone number listed for the provider is incorrect and a new one could not be located, and provider retirement. Correcting provider demographic information remains on the forefront of assignments for the Provider Relations team. The Provider Relations team continues to provide education to practices regarding the process of notifying United Healthcare Plan when a provider leaves their practice, how to terminate a KMAP ID, how to update provider affiliation, and how to update state enrollment and MPP.

Routine Care compliance increased (or remained the same) across all provider types from 2022 to 2023 except for Mental Health providers. Emergent and Urgent Care compliance remained high with all provider types scoring 98.9% compliance or higher. After-Hours compliance increased by 3.6 percentage points from measurement year 2022 to 2023. In 2023, there were only 6 providers who did not meet the After-Hours standard with 2 providers having a phone number that continuously rings and 4 providers having a voice message directing the caller to call 911. The Provider Relations Manager has shared that typically when the after-hours call is non-compliant that it is due to having the incorrect after-hours phone number on file. The Provider Relations team continues to work on updating phone numbers in the United Healthcare system, as follow-up with provider offices occurs. Most providers have an answering service or a voicemail recording with instructions to go to the nearest hospital.

Table 1: Most Common Reasons for Not Being Able to Survey Offices

	PCP		Specialist		OB		MH		SUD		Total	
	2022	2023	2022	2023	2022	2023	2022	2023	2022	2023	2022	2023
	% (n)		% (n)		% (n)		% (n)		% (n)		% (n)	
Number Providers Contacted	237	237	213	215	188	178	199	200	77	80	914	910
a. Survey Completed	204	201	180	200	157	151	199	172	74	79	814	803
b. Survey Not Completed	33	36	33	15	31	27	0	28	3	1	100	107
Refused to Participate	0.0%	0.0%	3.8%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.9%	0.0%
(number)	0	0	8	0	0	0	0	0	0	0	8	0
Unable to Contact After 3 Attempts	0.0%	0.0%	1.9%	0.0%	0.0%	0.0%	0.0%	3.5%	0.0%	0.0%	0.4%	0.8%
(number)	0	0	4	0	0	0	0	7	0	0	4	7
Technical Problems	0.0%	4.6%	2.8%	2.8%	6.4%	1.1%	0.0%	0.0%	0.0%	0.0%	2.0%	2.1%
(number)	0	11	6	6	12	2	0	0	0	0	18	19
Moved, No Updated Info	2.5%	5.5%	1.9%	2.3%	0.5%	2.2%	0.0%	4.0%	0.0%	1.3%	1.2%	3.4%
(number)	6	13	4	5	1	4	0	8	0	1	11	31
Incorrect Phone Number	2.5%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	4.0%	0.0%	0.0%	0.7%	0.9%
(number)	6	0	0	0	0	0	0	8	0	0	6	8
Other	8.9%	5.1%	5.2%	1.9%	9.6%	11.8%	0.0%	2.5%	3.9%	0.0%	5.8%	4.6%
(number)	21	12	11	4	18	21	0	5	3	0	53	42
Total Not Surveyed	13.9%	15.2%	15.5%	7.0%	16.5%	15.2%	0.0%	14.0%	3.9%	1.3%	10.9%	11.8%

Table 2.1a: Providers Contacted in Compliance with State Contractual Appointment Standards

	PCP (Overall)		PCP (Adults)		PCP (Peds)		Specialist		MH		SUD		Total	
	2022	2023	2022	2023	2022	2023	2022	2023	2022	2023	2022	2023	2022	2023
	% (n)		% (n)		% (n)		% (n)		% (n)		% (n)		% (n)	
Provider Sample	237	237	159	237	164	237	213	215	199	200	77	80	726	732
Emergency Care	85.7%	84.0%	99.4%	75.9%	99.4%	84.0%	84.5%	93.0%	100%	86.0%	90.9%	98.8%	89.8 %	88.8%
(number)	203	199	158	180	163	199	180	200	199	172	70	79	652	650
Urgent Care	86.1%	84.0%	100%	75.9%	100%	84.0%	69.5%	93.0%	90.5%	86.0%	96.1%	98.8%	83.5 %	88.8%
(number)	204	199	159	180	164	199	148	200	180	172	74	79	606	650
Routine Care	78.5%	84.4%	86.2%	76.4%	89.0%	84.4%	84.5%	93.0%	100%	77.0%	96.1%	98.8%	88.0 %	86.5%
(number)	186	200	137	181	146	200	180	200	199	154	74	79	639	633
Adult Physical	N/A		86.2%	76.4%	N/A		N/A		N/A		N/A		N/A	
(number)			137	181										
EPSDT/Well-Child	N/A		N/A		89.0%	84.4%	N/A		N/A		N/A		N/A	

Table 2.1b: OB Providers Contacted in Compliance with State Contractual Appointment Standards

	OB	
	2022	2023
	% (n)	
Provider Sample	188	178
OB 1st Trimester	83.0%	84.8%
(number)	156	151
OB 2nd Trimester	83.0%	82.0%
(number)	156	146
OB 3rd Trimester	78.7%	84.8%
(number)	148	151
OB High Risk	N/A	
(number)	N/A	

The Median Numbers of Days Wait to Appointment Times were within the State's standards for all provider types and improvements in wait time were noted with several of the provider appointment types.

Table 3.1a: Median Number of Days Wait for Scheduled Provider Appointment

	PCP		Specialist		MH	
	2022	2023	2022	2023	2022	2023
Surveys Completed	204	201	180	200	199	172
	Median Number of Days					
Emergency Care	0.06	0.04	0.43	0.06	0.51	0.53
Urgent Care	0.1	0.04	1.48	0.69	1.6	0.86
Routine Care	9.81	9.51	11.25	12.57	8.07	9.91
Adult Physical	10.79	9.59	N/A			
EPSDT/Well-Child	11.29	9.43				

Table 3.1b: Median Number of Days Wait for Scheduled OB Appointment

	OB	
	2022	2023
Surveys Completed	157	151
	Median Number of Days	
OB 1st Trimester	13.65	15.7
OB 2nd Trimester	10.67	10.47
OB 3rd Trimester	7.13	6.14
OB High Risk	8.14	8.79

Table 3.1c: Median Number of Days Wait for Scheduled SUD Appointment

	SUD	
	2022	2023
Surveys Completed	74	79
	Median Number of Days	
SUD	8.84	7.94
PWID	6.69	1.2
Pregnant Drug User	0.68	0.24
Other Behavioral Health Services	0	0

KFMC Health Improvement Partner Primary Provider Access Study

The State asked KFMC to perform a targeted analysis of PCP access in KanCare. KFMC sampling method changed in 2022 from sampling providers to sampling phone numbers. The counts of distinct phone numbers deduplicated across all three MCOs from 2022 are in the table below:

Region	Aetna	Sunflower	UnitedHealthcare	KanCare
Phone Numbers Eligible for Selection (Sample Frame)				
Statewide	1,018	672	1,251	
Phone Numbers Sampled				
Statewide	400	400	400	976
Sampled Phone Numbers Linked to a PCP in the MCO's Provider Directory*				
Urban	277	176	206	437
Semi-Urban	74	58	69	143
Densely Settled Rural	86	92	105	201
Rural	49	55	54	109
Frontier	42	44	39	86
Statewide	**478**	**425**	**582**	**976**
Call Results Eligible for Analysis^				
Urban	215	144	179	376
Semi-Urban	73	44	65	125
Densely Settled Rural	80	73	96	173
Rural	48	46	45	92
Frontier	40	32	37	71
Statewide	**456**	**339**	**422**	**837**

Each MCO's sample frame and sample consisted of distinct phone numbers identified from provider directory records that meet PCP identification criteria. The KanCare counts are the numbers of distinct phone numbers, deduplicated across the MCOs. After sampling, one PCP was selected to represent the phone number. Stratification by geographic region is based on the county of the provider selected to represent a phone number.
* Counts are of phone numbers included in one or more of the MCOs' samples that could be linked to a PCP in the MCO's provider directory.
^ Counts are of phone numbers linked to a PCP in the MCO's provider directory whose call results were included in analysis that compared call results to study standards.

Calls to 976 sampled phone numbers occurred from November 28, 2022 through January 25, 2023.

Category of audit results	Number of records	% of total 837 eligible
Fully Met	231	27.6%
Substantially Met	113	13.5%
Partially Met	284	33.9%
Not Met	187	22.3%
Other	22	2.7%

Records deemed Not Met clearly failed to satisfy the study's standards for PCP after-hours availability. Subcategories of this group were:

- Reached an answering machine recording having no instructions.
- Reached a person who indicated the provider could not be made available after hours.
- No Answer - Rang longer than 30 seconds.
- No Answer – Number no longer in service, with confirmation from the MCO online provider directory.
- No Answer – Disconnect/Quits ringing.
- No Answer – Busy signal, with confirmation from the MCO online provider directory.
- No Answer - Other

J. HCBS Consumer Satisfaction Surveys

Beginning July 2021, the managed care organizations began to submit quarterly satisfaction data from their consumers. Most of the surveys were taken during care coordination visits, but there were also some survey answers derived from interactive voice surveys during consumer calls to the health plans. The questions and answers provide insight into consumer satisfaction with the health plan, satisfaction with the services received, and with general satisfaction with life. These results show an overwhelmingly positive view of the MCOs' services and the HCBS providers in KanCare.

In 2022, the MCOs and the State started to standardize HCBS consumer satisfaction questions to ask during the year. The MCOs worked to change their processes and to encourage care coordinators to assess their assigned consumer's contentedness with their services and care. Mid-year, the State requested two new questions to further define satisfaction with home services. The following is the 2023 yearly summary.

Assessment	Q1 2023	Q2 2023	Q3 2023	Q4 2023	Total	% Total
How satisfied are you with the Health Plan?						
Satisfied	1,679	1,532	1,494	1,481	6,186	60.55
Very Satisfied	1,061	1,011	919	930	3,921	38.38
Dissatisfied	18	22	13	13	66	0.65
Very Dissatisfied	11	23	3	7	44	0.43
Total	2,769	2,588	2,429	2,431	10,217	
How satisfied are you with your Adult Day Center Provider?						
Satisfied	555	531	483	439	2,008	60.03
Very Satisfied	352	324	265	342	1,283	38..36
Dissatisfied	12	16	4	8	40	1.20
Very Dissatisfied	6	4	1	3	14	0.42
Total	925	875	753	792	3,345	Total
How satisfied are you with your Assisted Living Facility Provider?						
Satisfied	114	144	94	106	458	50.22
Very Satisfied	116	88	93	115	412	45.18
Dissatisfied	10	10	3	10	33	3.62
Very Dissatisfied	3	2	1	3	9	0.99
Total	243	244	191	234	912	

How satisfied are you with your Care Coordinator?						
Satisfied	1,225	1,213	1,147	1,155	4,740	55.41
Very Satisfied	1,004	984	894	883	3,765	44.01
Dissatisfied	6	12	4	5	27	0.32
Very Dissatisfied	7	9	2	5	23	0.27
Total	2,242	2,218	2,047	2,045	8,555	
How satisfied are you with your Fiscal Management Agency?						
Satisfied	638	386	348	369	1,741	53.13
Very Satisfied	413	395	405	382	,1595	54.20
Dissatisfied	333	363	317	298	1,311	44.55
Very Dissatisfied	5	10	8	5	28	0.95
Total	2	2	2	3	9	0.31

Assessment	Q1 2023	Q2 2023	Q3 2023	Q4 2023	Total	% Total
How satisfied are you with your Institutional Provider?						
Satisfied	181	202	134	157	674	64.68
Very Satisfied	76	102	49	95	322	30.90
Dissatisfied	6	13	3	7	29	2.78
Very Dissatisfied	4	7	0	6	17	1.63
Total	267	324	186	265	1,042	
How satisfied are you with your Personal Care Attendant/Worker Provider?						
Satisfied	167	519	511	509	1,706	42.13
Very Satisfied	609	581	502	536	2,228	55.03
Dissatisfied	32	21	25	18	96	2.37
Very Dissatisfied	7	6	3	3	19	0.47
Total	815	1,124	1,041	1,066	4,049	
How satisfied are you with your Transportation Provider?						
Satisfied	65	95	51	55	266	521.45
Very Satisfied	33	56	42	46	177	34.24
Dissatisfied	10	10	13	13	46	8.90
Very Dissatisfied	5	15	6	2	28	5.42
Total	113	176	112	116	517	
How satisfied are you with the availability of home providers?						
Satisfied	236	252	214	124	826	53.99
Very Satisfied	148	150	94	94	486	31.76
Dissatisfied	48	42	37	19	146	9.54
Very Dissatisfied	25	19	15	13	72	4.71
Total	457	463	360	250	1,530	
How satisfied are you with wait times for services in the home?						
Satisfied	146	180	141	99	566	54.32
Very Satisfied	127	121	71	58	377	36.18
Dissatisfied	18	22	19	8	67	6.43
Very Dissatisfied	12	10	4	6	32	3.07
Total	303	333	235	171	1,042	

Do you have a paid or volunteer job in the community?						
Yes	426	380	376	216	1,398	12.05
No	3,067	2,898	2,854	1,385	10,204	87.95
Total	3,493	3,278	3,230	1,601	11,602	
Do you feel safe in your home/where you live?						
Yes	3,478	3,252	3,208	2,939	12,877	98.19
No	26	44	37	130	237	1.81
Total	3,504	3,296	3,245	3,069	13,114	
Are you able to make decisions about your daily routine?						
Yes	3,403	3,159	3,125	3,040	12,727	96.15
No	118	142	122	128	510	3.85
Total	3,521	3,301	3,247	3,168	13,237	

Assessment	Q1 2023	Q2 2023	Q3 2023	Q4 2023	Total	% Total
Are you able to do things you enjoy outside of your home and with whom you want to?						
Yes	3,276	3,067	3,033	2,980	12,356	93.32
No	237	239	220	188	884	6.68
Total	3,513	3,306	3,253	3,168	13,240	
Can you see or talk to your friends and family (who do not live with you) When you want to?						
Yes	3,413	3,183	3,142	3,002	12,740	96.60
No	82	94	89	184	449	3.40
Total	3,495	3,277	3,231	3,186	13,189	
In general, do you like where you are living right now?						
Yes	3,433	3,195	3,164	2,931	12,723	97.75
No	66	84	77	66	293	2.25
Total	3,499	3,279	3,241	2,997	13,016	

IV. STC 64(c) – Budget Neutrality and Financial Reporting Requirements

Total annual expenditures for the demonstration population with administrative costs reported separately are provided in the attached document entitled "KanCare Expenditure & Enrollment Data DY11 CY2023." Yearly enrollment reports for demonstration enrollees are also provided in the attached document entitled "KanCare Expenditure & Enrollment Data DY11 CY2023." The yearly enrollment reports include all individuals enrolled in the demonstration, the member months as required to evaluate compliance with the budget neutrality agreement, and the total number of unique enrollees within the demonstration year.

The State has updated the quarterly Budget Neutrality template provided by CMS and has submitted this through the PDMA system. Please see Section VI of the fourth quarter report. The expenditures contained in the document reconcile to Schedule C from the CMS 64 report for quarter ending December 31, 2023.

Safety Net Care Pool: The Safety Net Care Pool (SNCP) is divided into two pools: The Health Care Access Improvement Program (HCAIP) Pool and the Large Public Teaching Hospital/Border City Children's Hospital (LPTH/BCCH) Pool. The attached Safety Net Care Pool Reports identify pool payments to participating hospitals, including funding sources, applicable to DY10 (CY2022).

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

Delivery System Reform Incentive Payment (DSRIP) Pool: The DSRIP pool ended December 21, 2020.

Summary of Plan Financial Performance: As of December 31, 2022, all three plans are in a sound and solvent financial standing.

Statutory filings for the KanCare health plans can be found on the National Association of Insurance Commissioners' (NAIC) "Company Search for Compliant and Financial Information" website .

V. STC 64(d) – Evaluation Activities and Interim Findings

A. The State Quality Strategy:

The KanCare Quality Management Strategy, along with the Quality Assurance and Performance Improvement (QAPI) plans of the KanCare MCOs, are dynamic and responsive tools to support strong, high quality performance of the program. As such, they will be regularly reviewed and operational details will be continually evaluated, adjusted and put into use. This approach is guided by information collected from KanCare managed care organization (MCO) and state reporting, quality monitoring, onsite reviews and other KanCare contract monitoring results; external quality review findings and reports; feedback from State and Federal agencies, the KanCare MCOs, Medicaid providers, Medicaid members, and public health advocates. This combined information assists KDHE, KDADS and the MCOs to identify and recommend quality initiatives to monitor and implement the State's KanCare Quality Management Strategy (QMS). The QMS is consistent with the managed care contract and approved terms and conditions of the KanCare 1115 Medicaid demonstration. A draft of the revised QMS was posted to the KanCare website for feedback, shared with the Medical Care Advisory Committee, and sent for tribal consideration. The State allowed at least 30 days for these groups to examine the proposed QMS and provide comments. The feedback and the State's responses to the feedback was included in the QMS. The revised QMS is posted on the KanCare website under the Quality Measurement tab in the Quality Management Strategy section

The State values a collaborative approach that will allow all KanCare MCOs, providers, policy makers and monitors to maximize the strength of the KanCare program and services. Kansas recognizes that some of the performance measures for this program represent performance that is above the norm in existing programs, or first-of-their-kind measures designed to drive to stronger ultimate outcomes for members and will require additional effort by the KanCare MCOs and network providers. Therefore, Kansas continues to work collaboratively with the MCOs and provide ongoing policy guidance and program direction in a good faith effort to ensure that all of the measures are clearly understood; that all measures are consistently and clearly defined for operationalizing; that the necessary data to evaluate the measures are identified and accessible; and that every concern or consideration from the MCOs is heard. When that process is complete (and as it recurs over time), as determined by the State, final details are communicated and binding upon each MCO.

To support the quality strategy, KDHE staff conducts regular meetings with MCO staff, relevant cross-agency program management staff, and EQRO staff to work on KanCare operational details and ensure that quality activities are occurring consistent with Section 1115 standard terms and conditions, the KanCare quality management strategy and KanCare contract requirements. Included in this work have been reviews, revisions, and updates to the QMS, including operational specifications of the performance measures (and pay for performance measures); reporting specifications and templates; LTSS oversight and plan of care review/approval protocols; KanCare Key Activity Management Reports; and PIP Activity Reports (PARs). All products are distributed to relevant cross-agency program and financial management staff and are incorporated into updated QMS and other documents.

Kansas has provided quarterly updates to CMS about the various activities related to HEDIS measurements, CAHPS surveys, Mental Health surveys, Pay for Performance measures, and about specific activities related to MLTSS services, quality measures, and related HCBS waiver amendment application development and submission. Performance measures continue to evolve, and change based upon analysis of Healthcare Effectiveness Data and Information Set (HEDIS) data and claim encounter data.

The State participated in the following activities:

- Developed detailed methodologies and analytic plans for testing hypotheses.
- Continued participation in OCK and Employment Pilot Advisory Group meetings.
- Reviewed/discussed data sources, reports and findings with KDHE, KDADS and the MCOs during quarterly contract meetings and as needed.
- Provided quarterly written updates to KDHE regarding KanCare 2.0 Evaluation progress.
- Provided annual reports of progress and any key findings by April each year.
- Participated in ongoing automated report management, review, and feedback between the State and the MCOs. Reports from the MCOs consisted of a wide range of data reported on standardized templates. State administration of the reporting site transitioned to the External Quality Review (EQR) audit team. The team continued to work with the site administrator to make improvements to the reporting database including discontinuing unneeded reports and adding new reports.
- KDHE and KDADS continued to hold biannual Quality Steering Committee meetings to review progress on the objectives and goals in the QMS. The number of members enrolled into OneCare Kansas continues to increase at a rapid pace. The number billed claims for specialists providing care via telehealth to frontier, densely settled rural, and rural counties has decreased due to beneficiaries returning to more in person provider visits. Other telehealth related objectives also had a substantial decreased in the number of claims filed. Notable progress has been made in increasing the average number of members utilizing Value Added Benefits that are offered by the MCOs.
- In 2023, the MCOs submitted their first collaborative survey and methodology to KDHE for review and approval. Based upon feedback from KDHE and KFMC the survey and methodology were approved by KDHE for implementation. The MCOs implemented their Provider Satisfaction Surveys and have submitted their survey results for review by KDHE and KFMC.
- Posted a member-friendly table of all the MCOs' PIPs, with a simplified description of their interventions, to the KanCare website. KDHE developed a table that includes more technical information and highlights the change being piloted with each intervention.
- Continued State staff participation in cross-agency long-term care meetings to report quality assurance and programmatic activities to KDHE for oversight and collaboration.
- Continued participation in weekly calls with each MCO to discuss ongoing provider and member issues, and to troubleshoot operational problems. Progress is monitored through these calls and through issue logs. Leadership from KDADS, KDHE and the three MCOs meet monthly to discuss issues and improvements to KanCare.

B. Utilization Data:

The State has begun use of its Tableau system that is within the KMMS Data Warehouse. This system has given the State the ability to begin review of multiyear utilization data. One difficulty being currently addressed is how to keep multiyear data intact when there are changes to CPT codes. The data from this system can be used to verify or review reports that are received from MCOs, additionally the insights can be shared with verified users at KDADS in relation to their work with HCBS services.

		Claims/1000 member-months		Days/1000 member-months		Unduplicated prescriptions/1000	
		2021	2022	2021	2022	2021	2022
Outpatient ER	Claims	888	1,045	0	0	0	0
Outpatient ER ANCILLARY	Claims	3,628	4,221	0	0	0	0
Outpatient Non-ER	Claims	3,750	4,404	0	0	0	0
Inpatient	Days	0	0	631	681	0	0
Medical-Specialty	Claims	2,665	2,921	0	0	0	0
Medical-General Practice	Claims	4,481	5,035	0	0	0	0
Medical-Other	Claims	722	1,142	0	0	0	0
Dental	Claims	3,328	3,437	0	0	0	0
Vision	Claims	1,222	1,321	0	0	0	0
FQHCs/RHCs	Claims	1,173	1,365	0	0	0	0
Transportation - AMB	Claims	208	251	0	0	0	0
Transportation - NEMT	Claims	804	868	0	0	0	0
Pharmacy	Prescriptions	0	0	0	0	4,998	5,442
DME	Claims	732	865	0	0	0	0
Hospice	Claims	204	234	0	0	0	0
Independent Laboratory	Claims	1,719	1,872	0	0	0	0
Renal Dialysis Center	Claims	363	450	0	0	0	0
Targeted Case Management	Claims	658	671	0	0	0	0
HCBS	Units	4,571,781	4,628,808	0	0	0	0
Behavioral Health	Claims	5,521	0	128	292	0	0
Long Term Care	Days	0	0	120,779	130,650	0	0

C. Summary of Performance Improvement Projects (PIPs):

With KanCare 2.0, each MCO is required to participate in at least three clinical and two non-clinical PIPs. One of the non-clinical PIPs focused on LTSS and the other focused on Early and Periodic Screening, Diagnostic and Treatment (EPSDT).

Summary of PIP activities include:

- Quarterly PIP Meetings with MCO's, KFMC and KDHE.
- Approval of all PIP Methodology worksheets, PIP Update Tools, and Metric Technical Specification Forms.
- A PIP Activity Report (PAR) is produced quarterly from a web-based system. These reports show impacts of the interventions or changes to the overall outcome rates. With this system, the MCOs submit the monthly and/or quarterly data (numerators and denominators) to the web-system, where the data is loaded, and PAR graphs and charts are created. This report enables the MCOs and the State to visualize progress of each intervention, as well as determine if an invention is not viable, and needs to cease.
- KFMC created an evaluation report of each MCO's Annual PIP report to validate the information, determine confidence level and provide feedback on opportunities for improvement. The State reviews both the MCO's Annual PIP reports and KFMC's Annual Evaluation reports for accuracy.

D. Outcomes of Performance Measure Monitoring:

A summary of statewide results (all three KanCare MCOs aggregated) for calendar years 2018-2022 was validated by KFMC Health Improvement Partners. These numbers show the Kansas performance compared to the national 50th percentile on each of the measures. This information is detailed in a chart "HEDIS Comparison Measures-Physical Health MY 2022 Performance Measure Validation" attached to this report.

E. Pay for Performance Measures:

The results of the KanCare MCOs' performance for the 2021 pay for performance measures (measured in 2022) are detailed in the "CY2021 P4P Measures Results" document attached to this report. Please note that these results are still preliminary as our MCO partners have yet to finalize the findings.

F. Outcomes of Onsite Reviews

The State of Kansas collaborated with its contracted External Quality Review Organization (EQRO), KFMC (Health Improvement Partners), to conduct the 2023 Annual Contract Review. The Annual Contract Review included assessment of the level to which each Managed Care Organization (MCO) performs the duties of the KanCare 2.0 contract through operationalization of MCO policies and procedures and the quality of services delivered to providers and members. The State has adopted a three-year contract review model, specifically, the full contract is reviewed in a three-year time frame. This change allows the State to better focus on each contract area and complete a quality review. A remediation process has also been instituted so State subject matter experts (SMEs) can work with the MCO's to fix non-compliance before low scoring contract areas are reviewed again in the next Annual Contract Review cycle.

Virtual onsite visits with MCOs and KFMC took place between August and September of 2023. Interviews with MCO staff were conducted by State team leads and accompanying SMEs. Principal topics of the 2023 Annual Contract Review included:

- The Behavioral Health Member Crisis Assistance response network.
- Marketing, Provider Services, and Member Services as approved by State.
- Working Healthy Program overview of services for eligible individuals receiving HCBS.
- Drug Coverage in adherence to KanCare 2.0 Attachment C contract.
- HCBS Care Coordination and plans of services and person-centered service planning for special needs populations.
- Provider payments and accuracy of claims processing.
- Member and provider grievances, reconsiderations, appeals, and State Fair Hearings demonstrating adherence to KanCare 2.0 Attachment D contract.

The findings for the audits are currently in the initial draft stage and planned for MCOs to receive their final findings report in the first quarter of 2024.

- Utilization Management to include post-desk review discussion of members' physical health, behavior health, LTSS, SHCN, UM policies, desk procedures, workflow, and PH/BH service integration. Considerable time was taken to hear MCO staff describe changes to the service coordination process designed to address non-compliance in the previous Annual Contract Review and utilized to ensure members receive timely and appropriate initial health screenings, Health Risk Assessments, and needs assessments.
- Behavioral health provider network standards review of case files and other processes.

The findings for the audits are currently in the initial draft stage and planned for MCOs to receive their final findings report in the second quarter of 2023.

VI. STC 64(e) – SUD Health IT

Kansas had two primary SUD Health IT systems functioning at a statewide level, the Kansas Substance Use Reporting Solution (KSURS) and the Kansas Prescription Drug Monitoring Program (K-TRACS). KSURS was primarily used by SUD service providers to collect client level data to submit to the state.

KSURS serves a basic function of collecting and monitoring customer level data but does not fully replace the more robust electronic health record that includes additional provider-oriented tools like the American Society of Addiction Medicine (ASAM) assessments and treatment plans. While Kansas continues to support KSURS, Kansas has contracted with WellSky to develop a next generation SUD Health IT solution for SUD providers to modernize data collection and reporting processes. As of October 2, 2023, the new system "Wellsky Human Services" (WHS) has been deployed to production and is running concurrently with KSURS. This has allowed KDADS to identify issues and reporting errors to WellSky. The State expects that within a few months these issues will be corrected, and more users will be using WHS.

The Kansas Board of Pharmacy is responsible for the oversight and implementation of K-TRACS. The Kansas SUD Health IT Plan focuses on improving the functionality and utilization of K-TRACS to monitor the prescription and usage of controlled substances and other drugs of concern in Kansas. At the end of, 2023, K-TRACS was connected to thirty-eight other states, Washington DC, Puerto Rico, and the Military Health System to share data through the PMP Interconnect (PMPi) data sharing hub.

The Board of Pharmacy continues to onboard pharmacies, independent provider offices, hospitals, and health systems to an integrated solution to deliver K-TRACS patient reports through electronic health records systems. At the end of 2023, 362 healthcare organizations across the state had successfully connected to K-TRACS.

In 2021, K-TRACS became a sub-recipient of a Substance Abuse and Mental health Services Administration (SAMHSA) grant through the KDADS. This grant continues to allow the program to develop and implement a robust compliance plan focused on pharmacies reporting prescription information to K-TRACS, as well as educate pharmacist and prescribers about K-TRACS and clinical issues around controlled substances.

Kansas' progress on the submitted SUD Health IT Plan is evident in the outcomes below that demonstrate increased provider use and growth of the PDMP program. K-TRACS continues to track increases in utilization and user enrollment quarterly.

Measure	Q1 2023	Q2 2023	Q3 2023	Q4 2023
Aggregate Registered Users	13,235	13,705	14,333	14,904
Prescribers	9,482	9,813	10,254	10,665
Pharmacists	3,663	3,749	3,921	4,053
Others (investigators, administrators, agencies)	90	143	158	186

Measure	Q1 2023	Q2 2023	Q3 2023	Q4 2023
New Users				
Prescribers	344	331	432	417
Pharmacists	58	86	169	135
Others (investigators, administrators, agencies)	6	53	15	27

2023	January	February	March	April	May	June
Total Patient Queries	549,781	469,541	546,387	434,153	427,031	432,042
	July	August	September	October	November	December
	412,973	448,560	397,701	443,618	433,683	418,453

*Please note: K-TRACS worked with three major Kansas health systems in 2023 to upgrade integration connections. As a result, better and more accurate usage data is reported, resulting in lower overall usage in 2023 than in 2022.

VII. Enclosures/Attachments

The following items are attached to and incorporated in this annual report:

Section of Report Where Attachment Noted	Description of Attachment
STC 64(b)	KanCare Ombudsman Report Annual 2022
STC 64(c)	KanCare Expenditure & Enrollment Data DY11 CY2023
STC 64(c)	KanCare Safety Net Care Pool Reports
STC 64(d)	KanCare 2023 Public Forum Summary
STC 64(d)	HEDIS Comparison Measures-Physical Health & 2022 Performance Measure Validation
STC 64(e)	2022 Pay for Performance Summary

VIII. State Contacts(s)

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IX. Date Submitted to CMS

April 1, 2024

Kansas
Department for Aging
and Disability Services

Home and Community Based Services
Quality Review Report
April-June 2023

HCBS Waiver Quality Review Rolling Timeline

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

*Per HCBS Waiver Quality Review policy.

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

Revised: 04/06/2022

July - September 2022 HCBS Quality Sample			
Waiver	Population Count	Quarterly Sample Size	Completed Reviews
PD	5996	90	93
FE	6742	91	93
IDD	9077	92	94
BI	956	69	72
TA	712	62	64
Autism	64	12	10
SED	3287	86	88

October - December 2022 HCBS Quality Sample			
Waiver	Population Count	Quarterly Sample Size	Completed Reviews
PD	6132	92	94
FE	6903	93	97
IDD	9063	94	96
BI	980	72	74
TA	714	65	67
Autism	55	14	13
SED	3271	90	92

January - March 2023 HCBS Quality Sample			
Waiver	Population Count	Quarterly Sample Size	Completed Reviews
PD	6111	92	93
FE	6996	92	93
IDD	9083	93	98
BI	1000	73	75
TA	732	65	67
Autism	62	14	13
SED	3450	90	93

April - June 2023 HCBS Quality Sample			
Waiver	Population Count	Quarterly Sample Size	Completed Reviews
PD	6181	93	97
FE	7117	95	96
IDD	9056	96	98
BI	1008	73	75
TA	763	65	67
Autism	66	14	14
SED	3566	90	92

HCBS Quality Review Acronyms

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

Level of Care Performance Measures 1 & 2

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

Level of Care Performance Measure 1

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

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

Denominator: Total number of initial enrolled waiver participants

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

Level of Care Performance Measure 2

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

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

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

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

KDADS HCBS Quality Review Report

Administrative Authority
PM 1: Number and percent of Quality Review reports generated by KDADS, the Operating Agency, that were submitted to the State Medicaid Agency
Numerator: Number of Quality Review reports generated by KDADS, the Operating Agency, that were submitted to the State Medicaid Agency
Denominator: Number of Quality Review reports
Review Period: 04/01/2023 - 06/30/2023
Data Source: Quality Review Reports to KDHE

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

Compliance Trends	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	Jan-Mar 2023	Apr-Jun 2023
PD												
Statewide	25%	25%	25%	75%	100%	100%	100%	100%	100%	100%	100%	100%
FE												
Statewide	25%	25%	25%	75%	100%	100%	100%	100%	100%	100%	100%	100%
IDD												
Statewide	25%	25%	25%	75%	100%	100%	100%	100%	100%	100%	100%	100%
BI												
Statewide	25%	25%	25%	75%	100%	100%	100%	100%	100%	100%	100%	100%
TA												
Statewide	25%	25%	25%	75%	100%	100%	100%	100%	100%	100%	100%	100%
Autism												
Statewide	25%	25%	25%	75%	100%	100%	100%	100%	100%	100%	100%	100%
SED												
Statewide	25%	25%	25%	75%	100%	100%	100%	100%	100%	100%	100%	100%

Explanation of Findings:

Performance Measure threshold achieved for all waivers.

Remediation:

No remediation necessary.

KDADS HCBS Quality Review Report

Administrative Authority
PM 2: Number and percent of waiver amendments and renewals reviewed and approved by the State Medicaid Agency prior to submission to CMS by the State Medicaid Agency
Numerator: Number of waiver amendments and renewals reviewed and approved by the State Medicaid Agency prior to submission to CMS
Denominator: Total number of waiver amendments and renewals
Review Period: 04/01/2023 - 06/30/2023
Data Source: Number of waiver amendments and renewals sent to KDHE

Compliance By Waiver	Statewide
PD	**N/A**
Numerator	0
Denominator	0
FE	**N/A**
Numerator	0
Denominator	0
IDD	**N/A**
Numerator	0
Denominator	0
BI	**N/A**
Numerator	0
Denominator	0
TA	**N/A**
Numerator	0
Denominator	0
Autism	**100%**
Numerator	1
Denominator	1
SED	**N/A**
Numerator	0
Denominator	0

Compliance Trends	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	Jan-Mar 2023	Apr-Jun 2023
PD												
Statewide	N/A	100%	100%	100%	N/A	N/A	100%	100%	100%	N/A	N/A	N/A
FE												
Statewide	Not a Measure	100%	100%	100%	N/A	N/A	100%	100%	100%	N/A	N/A	N/A
IDD												
Statewide	100%	100%	100%	100%	N/A	100%	100%	100%	100%	N/A	N/A	N/A
BI												
Statewide	100%	100%	100%	100%	N/A	100%	100%	100%	100%	N/A	N/A	N/A
TA												
Statewide	100%	100%	N/A	100%	N/A	100%	100%	100%	100%	N/A	N/A	N/A
Autism												
Statewide	100%	100%	N/A	N/A	100%	N/A	100%	100%	100%	N/A	N/A	100%
SED												
Statewide	100%	100%	N/A	N/A	100%	N/A	100%	100%	100%	N/A	N/A	N/A

Explanation of Findings:

No remediation necessary.

Remediation:

No remediation necessary.

KDADS HCBS Quality Review Report

Administrative Authority
PM 3: Number and percent of waiver policy changes that were submitted to the State Medicaid Agency prior to implementation by the Operating Agency
Numerator: Number of waiver policy changes that were submitted to the State Medicaid Agency prior to implementation by the Operating Agency
Denominator: Number of waiver policy changes implemented by the Operating Agency
Review Period: 04/01/2023 - 06/30/2023
Data Source: Presentation of waiver policy changes to KDHE

Compliance By Waiver	Statewide
PD	**N/A**
Numerator	0
Denominator	0
FE	**N/A**
Numerator	0
Denominator	0
IDD	**100%**
Numerator	2
Denominator	2
BI	**N/A**
Numerator	0
Denominator	0
TA	**100%**
Numerator	1
Denominator	1
Autism	**N/A**
Numerator	0
Denominator	0
SED	**N/A**
Numerator	0
Denominator	0

Compliance Trends	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	Jan-Mar 2023	Apr-Jun 2023
PD												
Statewide	N/A	N/A	100%	N/A	100%	100%	N/A	100%	N/A	N/A	N/A	N/A
FE												
Statewide	N/A	N/A	100%	N/A	100%	100%	N/A	100%	N/A	N/A	N/A	N/A
IDD												
Statewide	100%	N/A	100%	100%	100%	100%	N/A	100%	N/A	N/A	N/A	100%
BI												
Statewide	100%	N/A	100%	100%	100%	100%	100%	100%	N/A	N/A	N/A	N/A
TA												
Statewide	N/A	N/A	N/A	N/A	100%	100%	N/A	100%	N/A	N/A	N/A	100%
Autism												
Statewide	N/A	N/A	N/A	N/A	100%	100%	N/A	100%	N/A	N/A	N/A	N/A
SED												
Statewide	N/A	N/A	N/A	N/A	100%	N/A	N/A	100%	N/A	100%	N/A	N/A

Explanation of Findings:

No remediation necessary.

Remediation:

No remediation necessary.

KDADS HCBS Quality Review Report

Administrative Authority
PM 4: Number and percent of Long-Term Care meetings that were represented by the program managers through in-person attendance or written reports
Numerator: Number of Long-Term Care meetings that were represented by the program managers through in-person attendance or written reports
Denominator: Number of Long-Term Care meetings
Review Period: 04/01/2023 - 06/30/2023
Data Source: Meeting Minutes

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

Compliance Trends	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	Jan-Mar 2023	Apr-Jun 2023
PD												
Statewide	Not a measure	45%	67%	70%	100%	100%	100%	100%	100%	100%	100%	100%
FE												
Statewide	100%	82%	50%	70%	100%	100%	100%	100%	100%	100%	100%	100%
IDD												
Statewide	Not a measure	91%	Not Available	70%	100%	100%	100%	100%	100%	100%	100%	100%
BI												
Statewide	Not a measure	73%	Not Available	70%	100%	100%	100%	100%	100%	100%	100%	100%
TA												
Statewide	Not a measure	64%	Not Available	70%	100%	100%	100%	100%	100%	100%	100%	100%
Autism												
Statewide	Not a measure	91%	100%	70%	100%	100%	100%	100%	100%	100%	100%	100%
SED												
Statewide	Not a measure	100%	Not Available	70%	100%	100%	100%	100%	100%	100%	100%	100%

Explanation of Findings:

Performance Measure threshold achieved for all waivers.

Remediation:

No remediation necessary.

KDADS HCBS Quality Review Report

Level of Care
PM 1: Number of waiver participants who were determined to meet Level of Care requirements prior to receiving HCBS services
Numerator: Number of waiver participants who were determined to meet Level of Care requirements prior to receiving HCBS services
Denominator: Total number of initial enrolled waiver participants
Review Period: 04/01/2023 - 06/30/2023
Data Source: Functional Assessor Record Review/State Data Systems

Compliance By Waiver	Statewide
PD	**98%**
Numerator	369
Denominator	378
FE	**98%**
Numerator	803
Denominator	823
IDD	**98%**
Numerator	108
Denominator	110
BI	**97%**
Numerator	94
Denominator	97
TA	**100%**
Numerator	57
Denominator	57
Autism	**100%**
Numerator	14
Denominator	14
SED	**100%**
Numerator	92
Denominator	92

Compliance Trends	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	Jan-Mar 2023	Apr-Jun 2023
PD												
Statewide	64%	83%	96%	86%	89%	92%	94%	88%	94%	96%	96%	98%
FE												
Statewide	81%	91%	93%	98%	100%	96%	96%	93%	96%	97%	97%	98%
IDD												
Statewide	99%	94%	90%	100%	100%	99%	99%	96%	92%	99%	99%	98%
BI												
Statewide	62%	89%	81%	85%	96%	88%	93%	93%	96%	98%	99%	97%
TA												
Statewide	97%	89%	100%	98%	100%	100%	100%	97%	98%	98%	98%	100%
Autism												
Statewide	82%	No Data	100%	N/A	77%	96%	100%	100%	100%	100%	100%	100%
SED												
Statewide	99%	89%	88%	91%	92%	90%	91%	88%	97%	99%	100%	100%

Explanation of Findings:

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

Performance Measure threshold met for all waivers.

Remediation:

No remediation necessary.

KDADS HCBS Quality Review Report

Level of Care
PM 2: Number and percent of waiver participants who receive their annual Level of Care evaluation within 12 months of the previous Level of Care determination
Numerator: Number of waiver participants who receive their annual Level of Care evaluation within 12 months of the previous Level of Care determination
Denominator: Number of waiver participants who received Level of Care redeterminations
Review Period: 04/01/2023 - 06/30/2023
Data Source: Functional Assessor Record Review/State Data Systems

Compliance By Waiver	Statewide
PD	**63%**
Numerator	832
Denominator	1331
FE	**60%**
Numerator	789
Denominator	1308
IDD	**98%**
Numerator	2185
Denominator	2227
BI	**51%**
Numerator	72
Denominator	140
TA	**100%**
Numerator	142
Denominator	142
Autism	**100%**
Numerator	14
Denominator	14
SED	Not a waiver performance measure
Numerator	
Denominator	

Compliance Trends	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	Jan-Mar 2023	Apr-Jun 2023
PD												
Statewide	47%	52%	64%	69%	68%	79%	72%	66%	58%	58%	57%	63%
FE												
Statewide	68%	70%	76%	79%	68%	84%	80%	70%	59%	58%	58%	60%
IDD												
Statewide	97%	74%	75%	77%	78%	97%	98%	97%	97%	98%	99%	98%
BI												
Statewide	39%	50%	62%	65%	62%	70%	70%	57%	56%	49%	52%	51%
TA												
Statewide	94%	90%	86%	96%	93%	99%	100%	99%	99%	100%	99%	100%
Autism												
Statewide	68%	No Data	75%	78%	63%	65%	69%	100%	100%	98%	100%	100%
SED												
Statewide	93%	88%	94%	88%	89%	Not a Measure	Not a Measure	Not a Measure	Not a Measure	Not a Measure	Not a Measure	Not a Measure

Explanation of Findings:

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

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

COVID exception granted for re-assessments that fall between 1/27/2020 - 11/11/23 through Appendix K Guidance, which could explain some of the cases considered non-compliant utilizing the data pull.

Remediation:

KDADS requires assessing entities to remediate any PM under 100% on an individual member basis. Appendix K flexibilities continue to impact compliance measures as the PHE ended May 11, 2023.

KDADS continues to work closely with the ADRCs regarding their remediation efforts. KDADS has provided lists of out- of-date assessments and have ensured proper follow-up has been taken with these cases. KDADS continues to provide quarterly reports of out of compliance assessments to the ADRCs.

KDADS's FE, PD, and BI Program Managers have monthly meetings with the ADRC to address any non-compliance issues and answer any questions.

KDADS hired an Eligibility Specialist for the FE and BI waivers in May of 2022 and for the PD waiver in December of 2022 in order to allow those Program Managers to be more effective.

KDADS is analysing current Assessing Entity contract language to increase enforceability of Performance Measures in the upcoming contract renewal.

KDADS HCBS Quality Review Report

Level of Care
PM 3: Number and percent of waiver participants whose Level of Care (LOC) determinations used the state's approved screening tool
Numerator: Number of waiver participants whose Level of Care determinations used the approved screening tool
Denominator: Number of waiver participants who had a Level of Care determination
Review Period: 04/01/2023 - 06/30/2023
Data Source: Functional Assessor Record Review

Compliance By Waiver	Statewide
PD	**93%**
Numerator	90
Denominator	97
FE	**94%**
Numerator	90
Denominator	96
IDD	**100%**
Numerator	98
Denominator	98
BI	**92%**
Numerator	69
Denominator	75
TA	**100%**
Numerator	67
Denominator	67
Autism	**100%**
Numerator	14
Denominator	14
SED	**96%**
Numerator	88
Denominator	92

Compliance Trends	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	Jan-Mar 2023	Apr-Jun 2023
PD												
Statewide	93%	84%	79%	80%	85%	81%	82%	87%	90%	85%	88%	93%
FE												
Statewide	88%	91%	91%	92%	88%	93%	91%	93%	92%	97%	95%	94%
IDD												
Statewide	97%	95%	99%	99%	99%	99%	99%	100%	100%	100%	100%	100%
BI												
Statewide	64%	81%	79%	77%	82%	85%	89%	92%	93%	92%	96%	92%
TA												
Statewide	93%	98%	100%	100%	98%	100%	100%	99%	100%	100%	100%	100%
Autism												
Statewide	88%	No Data	90%	88%	91%	89%	89%	100%	100%	96%	100%	100%
SED												
Statewide	77%	79%	83%	88%	91%	95%	93%	88%	91%	94%	99%	96%

Explanation of Findings:

Performance Measure threshold met for all waivers.

Remediation:

No remediation necessary.

KDADS HCBS Quality Review Report

Level of Care
PM 4: Number and percent of initial Level of Care (LOC) determinations made by a qualified assessor
Numerator: Number of initial Level of Care (LOC) determinations made by a qualified assessor
Denominator: Number of initial Level of Care determinations
Review Period: 04/01/2023 - 06/30/2023
Data Source: Functional Assessor Record Review

Compliance By Waiver	Statewide
PD	**94%**
Numerator	91
Denominator	97
FE	**93%**
Numerator	89
Denominator	96
IDD	**100%**
Numerator	98
Denominator	98
BI	**91%**
Numerator	68
Denominator	75
TA	**100%**
Numerator	67
Denominator	67
Autism	**100%**
Numerator	14
Denominator	14
SED	**93%**
Numerator	86
Denominator	92

Compliance Trends	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	Jan-Mar 2023	Apr-Jun 2023
PD												
Statewide	19%	68%	81%	80%	84%	81%	81%	83%	89%	83%	88%	94%
FE												
Statewide	24%	86%	91%	92%	88%	92%	91%	92%	91%	96%	95%	93%
IDD												
Statewide	92%	85%	96%	97%	96%	98%	97%	94%	97%	100%	100%	100%
BI												
Statewide	57%	73%	83%	77%	82%	85%	88%	86%	88%	92%	96%	91%
TA												
Statewide	93%	100%	99%	100%	94%	100%	100%	100%	100%	100%	100%	100%
Autism												
Statewide	0%	No Data	57%	68%	85%	89%	89%	98%	98%	91%	100%	100%
SED												
Statewide	99%	71%	88%	86%	90%	94%	93%	88%	89%	87%	92%	93%

Explanation of Findings:

Performance Measure threshold met for all waivers.

Remediation:

No Remediation necessary.

KDADS HCBS Quality Review Report

Level of Care
PM 5: Number and percent of initial Level of Care (LOC) determinations made where the LOC criteria was accurately applied
Numerator: Number of initial Level of Care (LOC) determinations made where the LOC criteria was accurately applied
Denominator: Number of initial Level of Care determinations
Review Period: 04/01/2023 - 06/30/2023
Data Source: Functional Assessor Record Review

Compliance By Waiver	Statewide
PD	**93%**
Numerator	90
Denominator	97
FE	**94%**
Numerator	90
Denominator	96
IDD	**100%**
Numerator	98
Denominator	98
BI	**92%**
Numerator	69
Denominator	75
TA	**100%**
Numerator	67
Denominator	67
Autism	**100%**
Numerator	14
Denominator	14
SED	**100%**
Numerator	92
Denominator	92

Compliance Trends	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	Jan-Mar 2023	Apr-Jun 2023
PD												
Statewide	73%	83%	96%	80%	84%	81%	82%	83%	92%	85%	87%	93%
FE												
Statewide	91%	90%	96%	91%	100%	93%	91%	93%	95%	96%	95%	94%
IDD												
Statewide	98%	95%	91%	98%	100%	98%	99%	100%	99%	100%	100%	100%
BI												
Statewide	58%	81%	83%	76%	96%	85%	89%	90%	94%	92%	96%	92%
TA												
Statewide	93%	98%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Autism												
Statewide	89%	No Data	100%	88%	88%	89%	89%	100%	100%	96%	100%	100%
SED												
Statewide	99%	88%	87%	89%	92%	95%	93%	88%	97%	99%	100%	100%

Explanation of Findings:

Performance Measure threshold met for all waivers.

Remediation:

No Remediation necessary.

KDADS HCBS Quality Review Report

Qualified Providers
PM 1: Number and percent of new licensed/certified waiver provider applicants that initially met licensure requirements, certification requirements, and other waiver standards prior to furnishing waiver services
Numerator: Number of new licensed/certified waiver provider applicants that initially met licensure requirements, certification requirements, and other waiver standards prior to furnishing waiver services
Denominator: Number of all new licensed/certified waiver providers
Review Period: 10/01/2022 - 12/31/2022
Data Source: MCO Record Review

Compliance By Waiver	Aetna	Sunflower	United	Statewide
PD	**N/A**	**N/A**	**100%**	**100%**
Numerator	0	0	1	1
Denominator	0	0	1	1
FE	**75%**	**50%**	**78%**	**73%**
Numerator	3	1	7	8
Denominator	4	2	9	11
IDD	**100%**	**100%**	**N/A**	**100%**
Numerator	1	4	2	5
Denominator	1	4	2	5
BI	**50%**	**N/A**	**100%**	**50%**
Numerator	1	0	1	1
Denominator	2	0	1	2
TA	**100%**	**N/A**	**N/A**	**100%**
Numerator	1	0	1	2
Denominator	1	0	1	2
Autism	**N/A**	**N/A**	**N/A**	**N/A**
Numerator	0	0	0	0
Denominator	0	0	0	0
SED	**N/A**	**N/A**	**N/A**	**N/A**
Numerator	0	0	0	0
Denominator	0	0	0	0

Explanation of Findings:

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

Remediation:

All three contracted MCOs are on Quality Improvement Plans (QIPs) for this measure. KDADS and KDHE has reviewed the interpretive guidelines and provided clarification to the MCOs. KDADS directed the MCOs to follow the Background Check Policy. In response, the MCOs contracted with Averifi to conduct provider audits and ensure background check policy is consistently followed. KDADS continues to annually review the qualified provider measures and audits. In April of 2022, the State educated Averifi and the MCOs on HCBS background check requirements, specifically addressing the Nurse Registry check.

In 2022, the MCOs implemented an additional reaudit process that focused on providers that did not meet compliance. The MCOs continue to utilize this audit process and have placed some providers on corrective action plans.

KDADS met with MCOs again on March 30, 2023 with a six-month update of QIPs for all performance measures previously submitted. MCOs then provided KDADs with updated QIPs. After review of QIP submissions, in May of 2023, the State met with the MCOs to address identified barriers and provide clarification on expectations.

Averifi's website is maintained and reflects current provider audit requirements.

The MCOs meet with Averifi on a weekly basis.

In 2024, KDADS is revising their background check policy.

Compliance Trends	2013	2014	2015	2016	2017	2018	2019	2020	2021	Jan-Mar 2022	Apr-Jun 2022	Jul-Sept 2022	Oct-Dec 2022
PD													
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	0%	25%	0%	50%	67%	0%	N/A
Amerigroup		No Data	No Data	N/A	0%	0%	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Sunflower				N/A	0%	0%	0%	25%	0%	50%	100%	33%	N/A
United				N/A	0%	0%	0%	50%	0%	100%	67%	33%	100%
Statewide	100%			N/A	0%	0%	0%	25%	0%	57%	67%	33%	100%
FE													
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	0%	15%	9%	75%	80%	100%	75%
Amerigroup		No Data	No Data	5%	0%	0%	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Sunflower				30%	0%	0%	0%	15%	7%	0%	100%	100%	50%
United				N/A	0%	0%	0%	13%	7%	67%	100%	50%	78%
Statewide	100%			9%	0%	0%	0%	15%	5%	57%	83%	86%	73%
IDD													
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	0%	23%	0%	N/A	N/A	N/A	100%
Amerigroup		No Data	No Data	N/A	0%	0%	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Sunflower				N/A	0%	0%	0%	27%	0%	0%	N/A	100%	100%
United				N/A	0%	0%	0%	33%	0%	100%	N/A	N/A	N/A
Statewide	98%			N/A	0%	0%	0%	23%	0%	50%	N/A	100%	100%
BI													
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	0%	0%	0%	N/A	100%	N/A	50%
Amerigroup		No Data	No Data	N/A	0%	0%	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Sunflower				N/A	0%	0%	0%	0%	N/A	N/A	N/A	100%	N/A
United				N/A	0%	0%	0%	0%	0%	100%	100%	0%	100%
Statewide	91%			N/A	0%	0%	0%	0%	0%	100%	100%	50%	50%
TA													
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	0%	N/A	N/A	100%	N/A	0%	100%
Amerigroup		No Data	No Data	N/A	0%	0%	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Sunflower				N/A	0%	0%	0%	N/A	0%	N/A	N/A	N/A	N/A
United				N/A	0%	0%	0%	N/A	N/A	N/A	100%	N/A	N/A
Statewide	93%			N/A	0%	0%	0%	N/A	0%	100%	100%	0%	100%
Autism													
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	0%	0%	N/A	N/A	N/A	N/A	N/A
Amerigroup		No Data	No Data	N/A	0%	0%	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Sunflower				N/A	0%	0%	0%	0%	N/A	N/A	N/A	N/A	N/A
United				N/A	0%	0%	0%	0%	N/A	N/A	N/A	N/A	N/A
Statewide	100%			N/A	0%	0%	0%	0%	N/A	N/A	N/A	N/A	N/A
SED													
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	0%	50%	N/A	N/A	N/A	N/A	N/A
Amerigroup		No Data	No Data	N/A	0%	0%	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Sunflower				N/A	0%	0%	0%	50%	N/A	N/A	N/A	N/A	N/A
United				N/A	0%	0%	0%	50%	N/A	N/A	N/A	N/A	N/A
Statewide	100%			N/A	0%	0%	0%	50%	N/A	N/A	N/A	N/A	N/A

Starting in 2022, this audit will be conducted quarterly in order to give more frequent feedback to the MCOs. There will continue to be a lag time in order to account time for claims data.

KDADS HCBS Quality Review Report

Qualified Providers
PM 2: Number and percent of enrolled licensed/certified waiver providers that continue to meet licensure requirements, certification requirements, and other waiver standards
Numerator: Number of enrolled licensed/certified waiver providers that continue to meet licensure requirements, certification requirements, and other waiver standards
Denominator: Number of enrolled licensed/certified waiver providers
Review Period: 10/01/2022 - 12/31/2022
Data Source: MCO Record Review

Compliance By Waiver	Aetna	Sunflower	United	Statewide
PD	**100%**	**100%**	**100%**	**100%**
Numerator	2	2	3	3
Denominator	2	2	3	3
FE	**91%**	**90%**	**87%**	**90%**
Numerator	20	27	26	35
Denominator	22	30	30	39
IDD	**88%**	**88%**	**93%**	**86%**
Numerator	22	30	27	32
Denominator	25	34	29	37
BI	**67%**	**100%**	**100%**	**67%**
Numerator	2	1	1	2
Denominator	3	1	1	3
TA	**80%**	**75%**	**80%**	**80%**
Numerator	4	3	4	4
Denominator	5	4	5	5
Autism	**N/A**	**N/A**	**N/A**	**N/A**
Numerator	0	0	0	0
Denominator	0	0	0	0
SED	**50%**	**50%**	**50%**	**50%**
Numerator	2	2	2	2
Denominator	4	4	4	4

Explanation of Findings:

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

Remediation:

All three contracted MCOs are on Quality Improvement Plans (QIPs) for this measure. KDADS and KDHE has reviewed the interpretive guidelines and provided clarification to the MCOs. KDADS directed the MCOs to follow the Background Check Policy. In response, the MCOs contracted with Averifi to conduct provider audits and ensure background check policy is consistently followed. KDADS continues to annually review the qualified provider measures and audits.

In April of 2022, the State educated Averifi and the MCOs on HCBS background check requirements, specifically addressing the Nurse Registry check and Children's Residential policy. Averifi maintains a website for providers to utilize for background check requirements and trainings

In 2022, the MCOs implemented an additional reaudit process that focused on providers that did not meet compliance. The MCOs continue to utilize this audit process and have placed some providers on corrective action plans.

KDADS met with MCOs again on March 30, 2023 with a six-month update of QIPs for all performance measures previously submitted. MCOs then provided KDADs with updated QIPs. After review of QIP submissions, in May of 2023, the State met with the MCOs to address identified barriers and provide clarification on expectations.

In August of 2023, the IDD Program Manager asked the assessing entities to remind their provider network of Averifi as a resource.

Averifi's website is maintained and reflects current provider audit requirements.

The MCOs meet with Averifi on a weekly basis.

In 2024, KDADS is revising their background check policy.

Compliance Trends	2013	2014	2015	2016	2017	2018	2019	2020	2021	Jan-Mar 2022	Apr-Jun 2022	Jul-Sept 2022	Oct-Dec 2022
PD													
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	0%	38%	15%	72%	71%	67%	100%
Amerigroup		No Data	No Data	N/A	0%	0%	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Sunflower				N/A	0%	0%	0%	38%	16%	61%	65%	71%	100%
United				N/A	0%	0%	0%	43%	17%	71%	76%	76%	100%
Statewide	100%			N/A	0%	0%	0%	39%	15%	63%	70%	69%	100%
FE													
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	0%	39%	23%	79%	75%	70%	91%
Amerigroup		No Data	No Data	5%	0%	0%	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Sunflower				30%	0%	0%	0%	38%	20%	86%	76%	64%	90%
United				N/A	0%	0%	0%	42%	22%	74%	82%	65%	87%
Statewide	Not a Measure			9%	0%	0%	0%	39%	23%	76%	79%	68%	90%
IDD													
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	0%	39%	1%	78%	89%	82%	88%
Amerigroup		No Data	No Data	N/A	0%	0%	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Sunflower				N/A	0%	0%	0%	41%	3%	72%	90%	84%	88%
United				N/A	0%	0%	0%	48%	0%	78%	86%	85%	93%
Statewide	98%			N/A	0%	0%	0%	39%	3%	74%	84%	83%	86%
BI													
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	0%	15%	0%	67%	100%	100%	67%
Amerigroup		No Data	No Data	N/A	0%	0%	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Sunflower				N/A	0%	0%	0%	14%	0%	75%	100%	100%	100%
United				N/A	0%	0%	0%	15%	0%	71%	100%	100%	100%
Statewide	89%			N/A	0%	0%	0%	14%	0%	75%	100%	100%	67%
TA													
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	0%	15%	7%	100%	50%	100%	80%
Amerigroup		No Data	No Data	N/A	0%	0%	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Sunflower				N/A	0%	0%	0%	13%	7%	100%	50%	100%	75%
United				N/A	0%	0%	0%	14%	0%	100%	50%	100%	80%
Statewide	93%			N/A	0%	0%	0%	13%	6%	100%	50%	100%	80%
Autism													
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	0%	0%	0%	N/A	N/A	N/A	N/A
Amerigroup		No Data	No Data	N/A	0%	0%	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Sunflower				N/A	0%	0%	0%	0%	0%	N/A	N/A	N/A	N/A
United				N/A	0%	0%	0%	0%	0%	100%	N/A	N/A	N/A
Statewide	100%			N/A	0%	0%	0%	0%	0%	100%	N/A	N/A	N/A
SED													
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	0%	8%	0%	100%	71%	57%	50%
Amerigroup		No Data	No Data	N/A	0%	0%	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Sunflower				N/A	0%	0%	0%	8%	0%	100%	71%	57%	50%
United				N/A	0%	0%	0%	8%	0%	100%	71%	67%	50%
Statewide	100%			N/A	0%	0%	0%	8%	0%	100%	71%	57%	50%

Starting in 2022, this audit will be conducted quarterly in order to give more frequent feedback to the MCOs. There will continue to be a lag time in order to account time for claims data.

KDADS HCBS Quality Review Report

Qualified Providers
PM 3: Number and percent of new non-licensed/non-certified waiver provider applicants that have met the initial waiver requirements prior to furnishing waiver services
Numerator: Number of new non-licensed/non-certified waiver provider applicants that have met the initial waiver requirements prior to furnishing waiver services
Denominator: Number of all new non-licensed/non-certified providers
Review Period: 10/01/2022 - 12/31/2022
Data Source: MCO Record Review

Compliance By Waiver	Aetna	Sunflower	United	Statewide
PD	**50%**	**100%**	**50%**	**67%**
Numerator	1	2	1	4
Denominator	2	2	2	6
FE	**N/A**	**N/A**	**N/A**	**N/A**
Numerator	0	0	0	0
Denominator	0	0	0	0
IDD	**N/A**	**N/A**	**N/A**	**N/A**
Numerator	0	0	0	0
Denominator	0	0	0	0
BI	**N/A**	**N/A**	**N/A**	**N/A**
Numerator	0	0	0	0
Denominator	0	0	0	0
TA	**N/A**	**N/A**	**N/A**	**N/A**
Numerator	0	0	0	0
Denominator	0	0	0	0
Autism	**N/A**	**N/A**	**N/A**	**N/A**
Numerator	0	0	0	0
Denominator	0	0	0	0
SED	**N/A**	**N/A**	**N/A**	**N/A**
Numerator	0	0	0	0
Denominator	0	0	0	0

Explanation of Findings:

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

Remediation:

All three contracted MCOs are on Quality Improvement Plans (QIPs) for this measure. KDADS and KDHE has reviewed the interpretive guidelines and provided clarification to the MCOs. KDADS directed the MCOs to follow the Background Check Policy. In response, the MCOs contracted with Averifi to conduct provider audits and ensure background check policy is consistently followed. KDADS continues to annually review the qualified provider measures and audits. In April of 2022, the State educated Averifi and the MCOs on HCBS background check requirements, specifically addressing the Nurse Registry check and Children's Residential policy. Averifi maintains a website for providers to utilize for background check requirements and trainings
In 2022, the MCOs implemented an additional reaudit process that focused on providers that did not meet compliance. The MCOs continue to utilize this audit process and have placed some providers on corrective action plans.
KDADS met with MCOs again on March 30, 2023 with a six-month update of QIPs for all performance measures previously submitted. MCOs then provided KDADs with updated QIPs. After review of QIP submissions, in May of 2023, the State met with the MCOs to address identified barriers and provide clarification on expectations.
Averif's website is maintained and reflects current provider audit requirements.

The MCOs meet with Averifi on a weekly basis.

In 2024, KDADS is revising their background check policy.

Compliance Trends	2013	2014	2015	2016	2017	2018	2019	2020	2021	Jan-Mar 2022	Apr-Jun 2022	Jul-Sept 2022	Oct-Dec 2022
PD													
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	0%	0%	0%	N/A	100%	N/A	50%
Amerigroup		No Data	No Data	N/A	0%	0%	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Sunflower				N/A	0%	0%	0%	0%	0%	N/A	100%	N/A	100%
United				N/A	0%	0%	0%	0%	0%	N/A	100%	100%	50%
Statewide	75%			N/A	0%	0%	0%	0%	0%	N/A	100%	100%	67%
FE													
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	0%	0%	N/A	N/A	N/A	N/A	N/A
Amerigroup		No Data	No Data	5%	0%	0%	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Sunflower				30%	0%	0%	0%	N/A	0%	N/A	100%	N/A	N/A
United				N/A	0%	0%	0%	0%	0%	100%	100%	N/A	N/A
Statewide	100%			9%	0%	0%	0%	0%	0%	100%	100%	N/A	N/A
IDD													
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	0%	N/A	0%	N/A	N/A	N/A	N/A
Amerigroup		No Data	No Data	N/A	0%	0%	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Sunflower				N/A	0%	0%	0%	N/A	N/A	N/A	N/A	N/A	N/A
United				N/A	0%	0%	0%	N/A	N/A	N/A	N/A	100%	N/A
Statewide	Not a Measure			N/A	0%	0%	0%	N/A	0%	N/A	N/A	100%	N/A
BI													
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	0%	0%	N/A	N/A	N/A	N/A	N/A
Amerigroup		No Data	No Data	N/A	0%	0%	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Sunflower				N/A	0%	0%	0%	N/A	N/A	N/A	N/A	N/A	N/A
United				N/A	0%	0%	0%	0%	N/A	100%	N/A	N/A	N/A
Statewide	88%			N/A	0%	0%	0%	0%	N/A	100%	N/A	N/A	N/A
TA													
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	0%	N/A	N/A	N/A	N/A	N/A	N/A
Amerigroup		No Data	No Data	N/A	0%	0%	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Sunflower				N/A	0%	0%	0%	N/A	N/A	N/A	N/A	N/A	N/A
United				N/A	0%	0%	0%	N/A	N/A	N/A	N/A	N/A	N/A
Statewide	No Data			N/A	0%	0%	0%	N/A	N/A	N/A	N/A	N/A	N/A
Autism													
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	0%	N/A	N/A	N/A	N/A	N/A	N/A
Amerigroup		No Data	No Data	N/A	0%	0%	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Sunflower				N/A	0%	0%	0%	N/A	N/A	N/A	N/A	N/A	N/A
United				N/A	0%	0%	0%	N/A	N/A	N/A	N/A	N/A	N/A
Statewide	82%			N/A	0%	0%	0%	N/A	N/A	N/A	N/A	N/A	N/A
SED													
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	0%	N/A	N/A	N/A	N/A	N/A	N/A
Amerigroup		No Data	No Data	N/A	0%	0%	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Sunflower				N/A	0%	0%	0%	N/A	N/A	N/A	N/A	N/A	N/A
United				N/A	0%	0%	0%	N/A	N/A	N/A	N/A	N/A	N/A
Statewide	Not a measure			N/A	0%	0%	0%	N/A	N/A	N/A	N/A	N/A	N/A

Starting in 2022, this audit will be conducted quarterly in order to give more frequent feedback to the MCOs. There will continue to be a lag time in order to account time for claims data.

KDADS HCBS Quality Review Report

Qualified Providers
PM 4: Number and percent of enrolled non-licensed/non-certified waiver providers that continue to meet waiver requirements
Numerator: Number enrolled non-licensed/non-certified waiver providers that continue to meet waiver requirements
Denominator: Number of enrolled non-licensed/non-certified providers
Review Period: 10/01/2022 - 12/31/2022
Data Source: MCO Record Review

Compliance By Waiver	Aetna	Sunflower	United	Statewide
PD	**78%**	**89%**	**88%**	**82%**
Numerator	14	16	21	23
Denominator	18	18	24	28
FE	**75%**	**75%**	**75%**	**75%**
Numerator	3	3	3	3
Denominator	4	4	4	4
IDD	**N/A**	**N/A**	**N/A**	**N/A**
Numerator	0	0	0	0
Denominator	0	0	0	0
BI	**100%**	**100%**	**100%**	**100%**
Numerator	6	6	6	6
Denominator	6	6	6	6
TA	**N/A**	**N/A**	**N/A**	**N/A**
Numerator	0	0	0	0
Denominator	0	0	0	0
Autism	**N/A**	**N/A**	**N/A**	**N/A**
Numerator	0	0	0	0
Denominator	0	0	0	0
SED	**N/A**	**N/A**	**N/A**	**N/A**
Numerator	0	0	0	0
Denominator	0	0	0	0

Explanation of Findings:

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

Remediation:

All three contracted MCOs are on Quality Improvement Plans (QIPs) for this measure. KDADS and KDHE has reviewed the interpretive guidelines and provided clarification to the MCOs. KDADS directed the MCOs to follow the Background Check Policy. In response, the MCOs contracted with Averifi to conduct provider audits and ensure background check policy is consistently followed. KDADS continues to annually review the qualified provider measures and audits. In April of 2022, the State educated Averifi and the MCOs on HCBS background check requirements, specifically addressing the Nurse Registry check and Children's Residential policy. Averifi maintains a website for providers to utilize for background check requirements and trainings
In 2022, the MCOs implemented an additional reaudit process that focused on providers that did not meet compliance. The MCOs continue to utilize this audit process and have placed some providers on corrective action plans.
KDADS met with MCOs again on March 30, 2023 with a six-month update of QIPs for all performance measures previously submitted. MCOs then provided KDADs with updated QIPs. After review of QIP submissions, in May of 2023, the State met with the MCOs to address identified barriers and provide clarification on expectations.
Averif's website is maintained and reflects current provider audit requirements.
The MCOs meet with Averifi on a weekly basis.
In 2024, KDADS is revising their background check policy.

Compliance Trends	2013	2014	2015	2016	2017	2018	2019	2020	2021	Jan-Mar 2022	Apr-Jun 2022	Jul-Sept 2022	Oct-Dec 2022
PD													
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	0%	6%	13%	100%	100%	100%	78%
Amerigroup		No Data	No Data	N/A	0%	0%	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Sunflower				N/A	0%	0%	0%	7%	12%	100%	100%	100%	89%
United				N/A	0%	0%	0%	8%	13%	100%	100%	100%	88%
Statewide	75%			N/A	0%	0%	0%	6%	12%	100%	100%	100%	82%
FE													
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	0%	11%	9%	100%	N/A	100%	75%
Amerigroup		No Data	No Data	5%	0%	0%	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Sunflower				30%	0%	0%	0%	17%	7%	100%	N/A	100%	75%
United				N/A	0%	0%	0%	14%	7%	100%	0%	100%	75%
Statewide	Not a Measure			9%	0%	0%	0%	11%	7%	100%	0%	100%	75%
IDD													
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	0%	0%	0%	100%	N/A	100%	N/A
Amerigroup		No Data	No Data	N/A	0%	0%	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Sunflower				N/A	0%	0%	0%	0%	N/A	100%	N/A	100%	N/A
United				N/A	0%	0%	0%	0%	N/A	100%	N/A	100%	N/A
Statewide	Not a Measure			N/A	0%	0%	0%	0%	0%	100%	N/A	100%	N/A
BI													
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	0%	9%	0%	100%	100%	83%	100%
Amerigroup		No Data	No Data	N/A	0%	0%	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Sunflower				N/A	0%	0%	0%	10%	0%	100%	100%	83%	100%
United				N/A	0%	0%	0%	9%	0%	100%	100%	100%	100%
Statewide	88%			N/A	0%	0%	0%	9%	0%	100%	100%	83%	100%
TA													
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	0%	N/A	0%	100%	100%	100%	N/A
Amerigroup		No Data	No Data	N/A	0%	0%	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Sunflower				N/A	0%	0%	0%	N/A	0%	100%	100%	100%	N/A
United				N/A	0%	0%	0%	N/A	0%	100%	100%	100%	N/A
Statewide	No Data			N/A	0%	0%	0%	N/A	0%	100%	100%	100%	N/A
Autism													
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	0%	N/A	N/A	N/A	N/A	N/A	N/A
Amerigroup		No Data	No Data	N/A	0%	0%	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Sunflower				N/A	0%	0%	0%	N/A	N/A	N/A	N/A	N/A	N/A
United				N/A	0%	0%	0%	N/A	N/A	N/A	N/A	N/A	N/A
Statewide	91%			N/A	0%	0%	0%	N/A	N/A	N/A	N/A	N/A	N/A
SED													
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	0%	N/A	N/A	N/A	N/A	N/A	N/A
Amerigroup		No Data	No Data	N/A	0%	0%	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Sunflower				N/A	0%	0%	0%	N/A	N/A	N/A	N/A	N/A	N/A
United				N/A	0%	0%	0%	N/A	N/A	N/A	N/A	N/A	N/A
Statewide	89%			N/A	0%	0%	0%	N/A	N/A	N/A	N/A	N/A	N/A

Starting in 2022, this audit will be conducted quarterly in order to give more frequent feedback to the MCOs. There will continue to be a lag time in order to account time for claims data.

KDADS HCBS Quality Review Report

Qualified Providers
PM 5: Number and percent of active providers that meet training requirements
Numerator: Number of providers that meet training requirements
Denominator: Number of active providers
Review Period: 10/01/2022 - 12/31/2022
Data Source: MCO Record Review

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

Explanation of Findings:

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

Remediation:

KDADS is working on identifying the educational requirements and determining and/or identifying the method the MCOs use to track how providers are meeting educational requirements. KDADS has begun to implement its plan to use Federal Medical Assistance Percentages (FMAP) funding to enhance training for providers to meet waiver requirements. KDADS plans to have this completed by the close of 2024.

Compliance Trends	2013	2014	2015	2016	2017	2018	2019	2020	2021	Jan-Mar 2022	Apr-Jun 2022	Jul-Sept 2022	Oct-Dec 2022
PD													
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Amerigroup		No Data	No Data	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Sunflower				N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
United				N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Statewide	No Data			N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
FE													
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Amerigroup		No Data	No Data	5%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Sunflower				30%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
United				N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Statewide	No Data			9%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
IDD													
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Amerigroup		No Data	No Data	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Sunflower				N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
United				N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Statewide	99%			N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
BI													
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Amerigroup		No Data	No Data	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Sunflower				N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
United				N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Statewide	No Data			N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
TA													
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Amerigroup		No Data	No Data	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Sunflower				N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
United				N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Statewide	No Data			N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Autism													
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Amerigroup		No Data	No Data	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Sunflower				N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
United				N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Statewide	No Data			N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
SED													
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Amerigroup		No Data	No Data	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Sunflower				N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
United				N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Statewide	88%			N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A

KDADS HCBS Quality Review Report

Service Plan
PM 1: Number and percent of waiver participants whose service plans address participants' goals
Numerator: Number of waiver participants whose service plans address participants' goals
Denominator: Number of waiver participants whose service plans were reviewed
Review Period: 04/01/2023 - 06/30/2023
Data Source: MCO Record Review

Compliance By Waiver	Aetna	Sunflower	United	Statewide
PD	**97%**	**97%**	**89%**	**94%**
Numerator	28	31	32	91
Denominator	29	32	36	97
FE	**93%**	**100%**	**95%**	**96%**
Numerator	27	26	39	92
Denominator	29	26	41	96
IDD	**100%**	**94%**	**77%**	**90%**
Numerator	17	47	24	88
Denominator	17	50	31	98
BI	**92%**	**100%**	**70%**	**84%**
Numerator	23	17	23	63
Denominator	25	17	33	75
TA	**100%**	**100%**	**93%**	**97%**
Numerator	17	20	28	65
Denominator	17	20	30	67
Autism	**100%**	**100%**	**71%**	**86%**
Numerator	4	3	5	12
Denominator	4	3	7	14
SED	**100%**	**100%**	**84%**	**95%**
Numerator	27	33	27	87
Denominator	27	33	32	92

Explanation of Findings:

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

Remediation:

Due to ongoing non-compliance, KDADS implemented Quality Improvement Plans in 2021 to address any performance measure that has failed to reach the 86% threshold along with waiver specific QIPs when an overall waiver's compliance fell below 50%. Through this KDADS oversight process, the State has seen movement towards MCO compliance. QIPs have assisted MCOs in identifying and addressing their deficits. This process has led the MCOs to increasing their staff trainings and implementing more effective monitoring systems. Even so, the MCOs have still not consistently reached the 86% percent threshold. By February 2022, all three MCOs had electronic signature platforms in place and approved by the State. KDADS proactively worked with the MCOs prior to the end of the Public Health Emergency to preemptively address the end of verbal signatures for participants. Each MCO has updated their resource tools and internal monitoring systems to address their self-administered audit results in a timely manner.

The State also has a Quality Review Tracker that notifies Program Managers of outstanding issues so that they can be addressed.

The State continues to meet with the MCOs on a monthly and quarterly basis, including specifically to address their QIPs.

This quarter, UHC had lower compliance rates. The QIP that UHC submitted in January 2024 indicated that they are reformatting their digital tools that monitor due dates so that Care Coordination Managers can more easily monitor Service Plans.

Compliance Trends	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	Jan-Mar 2023	Apr-Jun 2023
PD												
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	68%	51%	84%	89%	93%	97%
Amerigroup		55%	33%	63%	79%	86%	N/A	N/A	N/A	N/A	N/A	N/A
Sunflower		57%	64%	59%	81%	78%	86%	49%	55%	87%	97%	97%
United		33%	49%	86%	85%	85%	76%	49%	46%	68%	86%	89%
Statewide	55%	50%	48%	69%	81%	83%	78%	49%	60%	80%	91%	94%
FE												
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	75%	47%	83%	85%	89%	93%
Amerigroup		50%	42%	54%	70%	75%	N/A	N/A	N/A	N/A	N/A	N/A
Sunflower		56%	51%	75%	79%	73%	86%	53%	68%	81%	88%	100%
United		45%	56%	81%	90%	87%	71%	34%	46%	74%	95%	95%
Statewide	Not a Measure	50%	49%	70%	80%	79%	78%	43%	62%	79%	91%	96%
IDD												
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	60%	46%	84%	98%	100%	100%
Amerigroup		36%	32%	53%	76%	83%	N/A	N/A	N/A	N/A	N/A	N/A
Sunflower		56%	56%	61%	70%	71%	73%	35%	61%	90%	90%	94%
United		52%	41%	73%	85%	85%	58%	33%	49%	71%	77%	77%
Statewide	99%	49%	45%	62%	75%	78%	67%	36%	61%	85%	88%	90%
BI												
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	43%	28%	71%	87%	96%	92%
Amerigroup		37%	41%	58%	78%	72%	N/A	N/A	N/A	N/A	N/A	N/A
Sunflower		37%	38%	80%	74%	73%	81%	33%	47%	91%	100%	100%
United		22%	55%	78%	79%	87%	75%	34%	46%	72%	85%	70%
Statewide	44%	34%	43%	68%	77%	75%	71%	32%	54%	82%	92%	84%
TA												
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	78%	42%	76%	96%	100%	100%
Amerigroup		50%	44%	69%	90%	99%	N/A	N/A	N/A	N/A	N/A	N/A
Sunflower		73%	85%	82%	65%	89%	87%	44%	53%	84%	100%	100%
United		64%	32%	70%	95%	70%	87%	38%	76%	92%	86%	93%
Statewide	93%	61%	54%	73%	83%	90%	85%	41%	69%	90%	94%	97%
Autism												
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	0%	21%	57%	75%	100%	100%
Amerigroup		84%	56%	35%	88%	100%	N/A	N/A	N/A	N/A	N/A	N/A
Sunflower		47%	50%	50%	30%	33%	62%	73%	75%	82%	100%	100%
United		63%	36%	17%	13%	41%	65%	22%	47%	73%	100%	71%
Statewide	58%	69%	49%	37%	42%	52%	56%	35%	57%	76%	100%	86%
SED												
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	96%	30%	67%	91%	100%	100%
Amerigroup		91%	99%	98%	99%	96%	N/A	N/A	N/A	N/A	N/A	N/A
Sunflower		92%	95%	87%	98%	96%	95%	32%	63%	91%	91%	100%
United		89%	100%	98%	88%	97%	98%	38%	64%	74%	88%	84%
Statewide	98%	90%	98%	95%	95%	97%	97%	34%	64%	85%	92%	95%

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

KDADS HCBS Quality Review Report

Service Plan
PM 2: Number and percent of waiver participants whose service plans address their assessed needs and capabilities as indicated in the assessment
Numerator: Number of waiver participants whose service plans address their assessed needs and capabilities as indicated in the assessment
Denominator: Number of waiver participants whose service plans were reviewed
Review Period: 04/01/2023 - 06/30/2023
Data Source: MCO Record Review

Compliance By Waiver	Aetna	Sunflower	United	Statewide
PD	**90%**	**97%**	**94%**	**94%**
Numerator	26	31	34	91
Denominator	29	32	36	97
FE	**90%**	**100%**	**98%**	**96%**
Numerator	26	26	40	92
Denominator	29	26	41	96
IDD	**94%**	**98%**	**100%**	**98%**
Numerator	16	49	31	96
Denominator	17	50	31	98
BI	**68%**	**100%**	**73%**	**77%**
Numerator	17	17	24	58
Denominator	25	17	33	75
TA	**100%**	**100%**	**97%**	**99%**
Numerator	17	20	29	66
Denominator	17	20	30	67
Autism	**50%**	**100%**	**71%**	**71%**
Numerator	2	3	5	10
Denominator	4	3	7	14
SED	**89%**	**97%**	**81%**	**89%**
Numerator	24	32	26	82
Denominator	27	33	32	92

Explanation of Findings:

BI: Service plan and/or assessments not provided or does not cover entire review period

AU: Service Plan does not contain any services to address assessed needs and capabilities or service plan not provided or does not cover entire review period

Remediation:

Data reviews and audit requirements continue to be discussed and reviewed with MCOs at the scheduled quarterly meetings and the Quality Improvement Plan (QIP) meetings, until measures meet 86% or greater for eight consecutive quarters.

Each MCO met on August 9, 2022 and were requested to provide an annual updated QIP for each PM under 86% as well as for each waiver that showed over 50% of PMs not being met.

Until May 11th, 2023, MCOs continued to have participant or guardian approval of Service Plans with verbal signatures then sending copies of the Service Plans to participants via mail with self addressed stamped envelopes so that the plans can be signed and returned. Each MCO also has State approved electronic signature platforms.

KDADS met with MCOs again on March 30, 2023 with a six-month update of QIPs for all performance measures previously submitted. MCOs then provided KDADs with updated QIPs. After review of QIP submissions, in May of 2023, the State met with the MCOs to address identified barriers and provide clarification on expectations. MCOs are executing systematic outreach with Autism providers, both waiver and state plan services, to encourage enrollment.

The State also has a Quality Review Tracker that notifies Program Managers of outstanding issues so that they can be addressed.

The 2023 Autism Waiver renewal included the option to self-direct respite care.

Compliance Trends	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	Jan-Mar 2023	Apr-Jun 2023
PD												
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	66%	41%	77%	83%	86%	90%
Amerigroup		83%	55%	74%	83%	93%	N/A	N/A	N/A	N/A	N/A	N/A
Sunflower		90%	56%	63%	83%	77%	86%	59%	76%	94%	93%	97%
United		89%	68%	92%	87%	94%	88%	48%	77%	91%	97%	94%
Statewide	86%	87%	59%	76%	84%	88%	83%	50%	77%	90%	92%	94%
FE												
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	71%	40%	77%	81%	85%	90%
Amerigroup		79%	66%	74%	80%	88%	N/A	N/A	N/A	N/A	N/A	N/A
Sunflower		90%	53%	73%	75%	76%	86%	57%	73%	91%	96%	100%
United		88%	68%	84%	88%	90%	88%	49%	74%	97%	98%	98%
Statewide	87%	86%	61%	77%	81%	84%	84%	50%	74%	90%	94%	96%
IDD												
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	51%	40%	77%	95%	100%	94%
Amerigroup		85%	67%	64%	77%	83%	N/A	N/A	N/A	N/A	N/A	N/A
Sunflower		77%	36%	65%	70%	77%	78%	52%	67%	93%	96%	98%
United		72%	47%	78%	91%	90%	78%	43%	82%	97%	93%	100%
Statewide	99%	78%	48%	68%	77%	82%	75%	47%	74%	95%	96%	98%
BI												
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	38%	19%	65%	83%	87%	68%
Amerigroup		67%	48%	65%	78%	75%	N/A	N/A	N/A	N/A	N/A	N/A
Sunflower		82%	28%	82%	74%	73%	79%	38%	56%	98%	95%	100%
United		70%	62%	80%	79%	84%	82%	33%	66%	89%	91%	73%
Statewide	72%	73%	45%	72%	77%	76%	71%	31%	63%	90%	91%	77%
TA												
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	81%	35%	72%	94%	83%	100%
Amerigroup		93%	58%	70%	88%	98%	N/A	N/A	N/A	N/A	N/A	N/A
Sunflower		98%	62%	74%	69%	85%	90%	40%	70%	95%	100%	100%
United		97%	58%	79%	92%	84%	91%	31%	84%	98%	93%	97%
Statewide	96%	96%	59%	73%	83%	91%	89%	35%	76%	96%	93%	99%
Autism												
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	0%	0%	57%	67%	50%	50%
Amerigroup		81%	59%	33%	88%	82%	N/A	N/A	N/A	N/A	N/A	N/A
Sunflower		50%	45%	47%	15%	28%	31%	60%	63%	91%	67%	100%
United		63%	21%	22%	13%	24%	62%	0%	80%	95%	100%	71%
Statewide	59%	68%	46%	36%	37%	39%	44%	14%	72%	87%	77%	71%
SED												
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	56%	27%	48%	48%	78%	89%
Amerigroup		91%	99%	98%	99%	96%	N/A	N/A	N/A	N/A	N/A	N/A
Sunflower		91%	92%	87%	93%	88%	83%	32%	50%	50%	85%	97%
United		89%	98%	96%	84%	76%	77%	38%	80%	83%	76%	81%
Statewide	92%	90%	97%	94%	92%	87%	76%	33%	61%	62%	80%	89%

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

KDADS HCBS Quality Review Report

Service Plan
PM 3: Number and percent of waiver participants whose service plans address health and safety risk factors
Numerator: Number of waiver participants whose service plans address health and safety risk factors
Denominator: Number of waiver participants whose service plans were reviewed
Review Period: 04/01/2023 - 06/30/2023
Data Source: MCO Record Review

Compliance By Waiver	Aetna	Sunflower	United	Statewide
PD	**90%**	**97%**	**94%**	**94%**
Numerator	26	31	34	91
Denominator	29	32	36	97
FE	**90%**	**100%**	**98%**	**96%**
Numerator	26	26	40	92
Denominator	29	26	41	96
IDD	**94%**	**98%**	**100%**	**98%**
Numerator	16	49	31	96
Denominator	17	50	31	98
BI	**72%**	**100%**	**76%**	**80%**
Numerator	18	17	25	60
Denominator	25	17	33	75
TA	**100%**	**100%**	**97%**	**99%**
Numerator	17	20	29	66
Denominator	17	20	30	67
Autism	**75%**	**100%**	**71%**	**79%**
Numerator	3	3	5	11
Denominator	4	3	7	14
SED	**89%**	**97%**	**81%**	**89%**
Numerator	24	32	26	82
Denominator	27	33	32	92

Explanation of Findings:

BI: Service plan and/or assessments not provided or does not cover entire review period

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

Remediation:

Data reviews and audit requirements continue to be discussed and reviewed with MCOs at the scheduled quarterly meetings and the Quality Improvement Plan (QIP) meetings, until measures meet 86% or greater for eight consecutive quarters.

Each MCO met on August 9, 2022 and were requested to provide an annual updated QIP for each PM under 86% as well as for each waiver that showed over 50% of PMs not being met.

Until May 11th, 2023, MCOs continued to have participant or guardian approval of Service Plans with verbal signatures then sending copies of the Service Plans to participants via mail with self addressed stamped envelopes so that the plans can be signed and returned. Each MCO also has State approved electronic signature platforms.

KDADS met with MCOs again on March 30, 2023 with a six-month update of QIPs for all performance measures previously submitted. MCOs then provided KDADs with updated QIPs. After review of QIP submissions, in May of 2023, the State met with the MCOs to address identified barriers and provide clarification on expectations.

The State also has a Quality Review Tracker that notifies Program Managers of outstanding issues so that they can be addressed.

Compliance Trends	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	Jan-Mar 2023	Apr-Jun 2023
PD												
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	66%	41%	75%	83%	86%	90%
Amerigroup		90%	44%	73%	81%	94%	N/A	N/A	N/A	N/A	N/A	N/A
Sunflower		89%	49%	67%	85%	75%	86%	61%	76%	93%	93%	97%
United		96%	67%	90%	88%	95%	86%	48%	78%	91%	97%	94%
Statewide	90%	91%	51%	76%	84%	88%	82%	51%	77%	90%	92%	94%
FE												
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	73%	39%	77%	80%	85%	90%
Amerigroup		92%	55%	75%	82%	89%	N/A	N/A	N/A	N/A	N/A	N/A
Sunflower		92%	50%	73%	77%	74%	86%	56%	74%	91%	96%	100%
United		95%	70%	82%	88%	91%	88%	49%	74%	96%	98%	98%
Statewide	Not a measure	93%	57%	76%	82%	84%	85%	50%	75%	90%	94%	96%
IDD												
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	51%	40%	79%	97%	100%	94%
Amerigroup		90%	61%	67%	75%	83%	N/A	N/A	N/A	N/A	N/A	N/A
Sunflower		97%	36%	65%	73%	78%	77%	51%	68%	93%	96%	98%
United		89%	45%	78%	92%	90%	77%	44%	82%	97%	93%	100%
Statewide	99%	93%	46%	69%	78%	83%	74%	47%	74%	95%	96%	98%
BI												
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	40%	21%	66%	85%	87%	72%
Amerigroup		79%	45%	64%	80%	79%	N/A	N/A	N/A	N/A	N/A	N/A
Sunflower		91%	26%	84%	70%	74%	79%	39%	56%	98%	100%	100%
United		83%	64%	80%	79%	89%	82%	33%	66%	90%	94%	75%
Statewide	84%	84%	43%	72%	78%	79%	72%	32%	63%	91%	93%	80%
TA												
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	81%	35%	72%	94%	83%	100%
Amerigroup		96%	49%	73%	89%	98%	N/A	N/A	N/A	N/A	N/A	N/A
Sunflower		95%	61%	76%	66%	85%	90%	40%	67%	94%	100%	100%
United		94%	58%	79%	92%	84%	91%	31%	84%	98%	93%	97%
Statewide	96%	96%	54%	75%	83%	91%	89%	35%	75%	96%	93%	99%
Autism												
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	0%	0%	67%	67%	100%	75%
Amerigroup		79%	59%	30%	88%	91%	N/A	N/A	N/A	N/A	N/A	N/A
Sunflower		61%	45%	47%	15%	28%	31%	73%	75%	91%	67%	100%
United		86%	21%	17%	13%	24%	62%	0%	83%	95%	100%	71%
Statewide	64%	74%	46%	34%	37%	41%	44%	18%	77%	87%	92%	79%
SED												
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	96%	30%	48%	48%	78%	89%
Amerigroup		90%	99%	97%	99%	96%	N/A	N/A	N/A	N/A	N/A	N/A
Sunflower		89%	95%	87%	98%	97%	95%	32%	50%	50%	85%	97%
United		86%	100%	97%	88%	97%	98%	38%	80%	83%	76%	81%
Statewide	99%	88%	98%	94%	95%	97%	97%	34%	61%	62%	80%	89%

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

KDADS HCBS Quality Review Report

Service Plan
PM 5: Number and percent of waiver participants (or their representatives) who were present and involved in the development of their service plan
Numerator: Number of waiver participants (or their representatives) who were present and involved in the development of their service plan
Denominator: Number of waiver participants whose service plans were reviewed
Review Period: 04/01/2023 - 06/30/2023
Data Source: MCO Record Review

Compliance By Waiver	Aetna	Sunflower	United	Statewide
PD	**90%**	**88%**	**92%**	**90%**
Numerator	26	28	33	87
Denominator	29	32	36	97
FE	**83%**	**92%**	**85%**	**86%**
Numerator	24	24	35	83
Denominator	29	26	41	96
IDD	**82%**	**90%**	**68%**	**82%**
Numerator	14	45	21	80
Denominator	17	50	31	98
BI	**68%**	**88%**	**64%**	**71%**
Numerator	17	15	21	53
Denominator	25	17	33	75
TA	**88%**	**85%**	**90%**	**88%**
Numerator	15	17	27	59
Denominator	17	20	30	67
Autism	**100%**	**100%**	**71%**	**86%**
Numerator	4	3	5	12
Denominator	4	3	7	14
SED	**81%**	**67%**	**78%**	**75%**
Numerator	22	22	25	69
Denominator	27	33	32	92

Explanation of Findings:

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

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

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

Remediation:

Data reviews and audit requirements continue to be discussed and reviewed with MCOs at the scheduled quarterly meetings and the Quality Improvement Plan (QIP) meetings until measures meet 86% or greater for eight consecutive quarters.

KDADS has continued to coordinate with the MCOs in educating their Care Coordinators on how to adequately complete a Person-Centered Service Plan (PCSP) through each MCO's quality improvement plans, includes implementation of SMART goals. The MCOs have implemented internal trainings targeting participant goals being documented in their Service Plans, required documentation, and Service Plan due date cycles.

Each MCO met on August 9, 2022 and were requested to provide an annual updated QIP for each PM under 87% as well as for each waiver that showed over 50% of PMs not being met.

Until May 11th, 2023, MCOs continued to have participant or guardian approval of Service Plans (SPs) with verbal signatures. Care Coordinators then sent copies of the Service Plans to participants via mail with self addressed stamped envelopes so that the plans can be signed and returned. Each MCO also has State approved electronic signature platforms.

KDADS met with MCOs again on March 30, 2023 with a six-month update of QIPs for all performance measures previously submitted. MCOs then provided KDADs with updated QIPs. After review of QIP submissions, in May of 2023, the State met with the MCOs to address identified barriers and provide clarification on expectations. During this meeting in May, KDADS reminded all MCOs that the SED waiver needs renewed every 90 days, as this shorter renewal period has been identified as a significant barrier to compliance. The MCOs have integrated specific training to Care Coordinators on meeting the SED 90-day service plan timelines.

The State also has a Quality Review Tracker that notifies Program Managers of outstanding issues so that they can be addressed.

Each MCO has updated their resource tools and internal monitoring systems to address their self-administered audit results in a timely manner.

Compliance Trends	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	Jan-Mar 2023	Apr-Jun 2023
PD												
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	68%	44%	69%	74%	79%	90%
Amerigroup		88%	70%	79%	87%	97%	N/A	N/A	N/A	N/A	N/A	N/A
Sunflower		87%	70%	74%	88%	80%	86%	60%	56%	74%	93%	88%
United		84%	79%	89%	88%	95%	87%	50%	36%	75%	83%	92%
Statewide	Not a Measure	87%	72%	81%	88%	91%	83%	52%	52%	74%	85%	90%
FE												
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	46%	43%	67%	75%	78%	83%
Amerigroup		83%	78%	76%	84%	92%	N/A	N/A	N/A	N/A	N/A	N/A
Sunflower		86%	60%	83%	87%	78%	65%	56%	50%	79%	85%	92%
United		87%	83%	88%	91%	92%	66%	50%	38%	73%	88%	85%
Statewide	90%	85%	72%	83%	88%	87%	63%	51%	49%	75%	84%	86%
IDD												
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	53%	40%	68%	73%	100%	82%
Amerigroup		84%	76%	73%	76%	85%	N/A	N/A	N/A	N/A	N/A	N/A
Sunflower		82%	60%	74%	78%	83%	79%	52%	43%	73%	85%	90%
United		88%	51%	79%	93%	90%	78%	43%	50%	74%	77%	68%
Statewide	Not a Measure	84%	63%	75%	81%	85%	76%	47%	49%	73%	85%	82%
BI												
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	40%	21%	51%	72%	83%	68%
Amerigroup		73%	51%	65%	80%	82%	N/A	N/A	N/A	N/A	N/A	N/A
Sunflower		84%	45%	86%	80%	79%	77%	38%	42%	80%	95%	88%
United		80%	69%	59%	79%	92%	85%	35%	38%	72%	85%	64%
Statewide	Not a Measure	78%	52%	74%	80%	83%	72%	32%	43%	74%	87%	71%
TA												
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	78%	33%	54%	93%	78%	88%
Amerigroup		83%	75%	71%	90%	99%	N/A	N/A	N/A	N/A	N/A	N/A
Sunflower		97%	86%	84%	68%	89%	90%	40%	52%	67%	81%	85%
United		97%	58%	79%	95%	86%	91%	32%	62%	85%	86%	90%
Statewide	Not a Measure	91%	76%	76%	84%	93%	89%	35%	57%	81%	82%	88%
Autism												
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	17%	0%	43%	75%	75%	100%
Amerigroup		77%	59%	35%	88%	100%	N/A	N/A	N/A	N/A	N/A	N/A
Sunflower		53%	55%	50%	15%	44%	69%	73%	88%	100%	100%	100%
United		71%	36%	17%	6%	47%	65%	13%	70%	95%	100%	71%
Statewide	Not a Measure	69%	52%	37%	35%	59%	60%	23%	72%	91%	92%	86%
SED												
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	93%	30%	46%	40%	74%	81%
Amerigroup		92%	98%	97%	97%	97%	N/A	N/A	N/A	N/A	N/A	N/A
Sunflower		90%	95%	86%	98%	96%	95%	32%	40%	43%	76%	67%
United		87%	99%	96%	86%	96%	98%	38%	73%	79%	76%	78%
Statewide	93%	90%	98%	94%	93%	97%	96%	34%	54%	56%	75%	75%

KDADS HCBS Quality Review Report

Service Plan
PM 4: Number and percent of waiver participants whose service plans were developed according to the processes in the approved waiver
Numerator: Number of waiver participants whose service plans were developed according to the processes in the approved waiver
Denominator: Number of waiver participants whose service plans were reviewed
Review Period: 04/01/2023 - 06/30/2023
Data Source: MCO Record Review

Compliance By Waiver	Aetna	Sunflower	United	Statewide
PD	**86%**	**88%**	**86%**	**87%**
Numerator	25	28	31	84
Denominator	29	32	36	97
FE	**79%**	**92%**	**83%**	**84%**
Numerator	23	24	34	81
Denominator	29	26	41	96
IDD	**82%**	**86%**	**61%**	**78%**
Numerator	14	43	19	76
Denominator	17	50	31	98
BI	**56%**	**88%**	**58%**	**64%**
Numerator	14	15	19	48
Denominator	25	17	33	75
TA	**82%**	**90%**	**90%**	**88%**
Numerator	14	18	27	59
Denominator	17	20	30	67
Autism	**75%**	**100%**	**71%**	**79%**
Numerator	3	3	5	11
Denominator	4	3	7	14
SED	**78%**	**67%**	**66%**	**70%**
Numerator	21	22	21	64
Denominator	27	33	32	92

Explanation of Findings:

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

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

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

AU: No valid signature and/or date, authorized service section on service plan is missing or not completed fully

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

Remediation:

Data reviews and audit requirements continue to be discussed and reviewed with MCOs at the scheduled quarterly meetings and the Quality Improvement Plan (QIP) meetings until measures meet 86% or greater for eight consecutive quarters.

KDADS has continued to coordinate with the MCOs in educating their Care Coordinators on how to adequately complete a Person-Centered Service Plan (PCSP) through each MCO's quality improvement plans, includes implementation of SMART goals. The MCOs have implemented internal trainings targeting participant goals being documented in their Service Plans, required documentation, and Service Plan due date cycles.

Each MCO met on August 9, 2022 and were requested to provide an annual updated QIP for each PM under 86% as well as for each waiver that showed over 50% of PMs not being met.

Until May 11th, 2023, MCOs continued to have participant or guardian approval of Service Plans (SPs) with verbal signatures. Care Coordinators then sent copies of the Service Plans to participants via mail with self addressed stamped envelopes so that the plans can be signed and returned. Each MCO also has State approved electronic signature platforms.

KDADS met with MCOs again on March 30, 2023 with a six-month update of QIPs for all performance measures previously submitted. MCOs then provided KDADs with updated QIPs. After review of QIP submissions, in May of 2023, the State met with the MCOs to address identified barriers and provide clarification on expectations. During this meeting in May, KDADS reminded all MCOs that the SED waiver needs renewed every 90 days, as this shorter renewal period has been identified as a significant barrier to compliance. The MCOs have integrated specific training to Care Coordinators on meeting the SED 90-day service plan timelines

The State also has a Quality Review Tracker that notifies Program Managers of outstanding issues so that they can be addressed.

Each MCO has updated their resource tools and internal monitoring systems to address their self-administered audit results in a timely manner.

Compliance Trends	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	Jan-Mar 2023	Apr-Jun 2023
PD												
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	58%	41%	65%	70%	82%	86%
Amerigroup		88%	68%	76%	85%	91%	N/A	N/A	N/A	N/A	N/A	N/A
Sunflower		87%	69%	73%	87%	77%	86%	47%	43%	68%	93%	88%
United		85%	77%	92%	88%	94%	82%	40%	33%	67%	83%	86%
Statewide	80%	87%	70%	80%	86%	87%	78%	43%	45%	68%	86%	87%
FE												
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	69%	37%	65%	71%	78%	79%
Amerigroup		84%	76%	78%	82%	91%	N/A	N/A	N/A	N/A	N/A	N/A
Sunflower		88%	61%	84%	86%	76%	86%	52%	49%	73%	77%	92%
United		86%	79%	87%	90%	90%	81%	35%	33%	68%	88%	83%
Statewide	Not a Measure	86%	71%	83%	86%	85%	81%	41%	46%	70%	82%	84%
IDD												
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	47%	40%	68%	70%	100%	82%
Amerigroup		80%	80%	73%	77%	94%	N/A	N/A	N/A	N/A	N/A	N/A
Sunflower		80%	59%	74%	80%	79%	77%	38%	39%	68%	83%	86%
United		82%	55%	79%	92%	90%	72%	30%	42%	67%	67%	61%
Statewide	98%	81%	64%	75%	82%	83%	71%	36%	45%	68%	81%	78%
BI												
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	43%	21%	51%	66%	74%	56%
Amerigroup		76%	53%	64%	79%	79%	N/A	N/A	N/A	N/A	N/A	N/A
Sunflower		86%	43%	86%	80%	73%	77%	30%	37%	74%	89%	88%
United		77%	69%	85%	79%	84%	79%	29%	34%	65%	76%	58%
Statewide	64%	80%	53%	74%	80%	78%	71%	28%	40%	68%	79%	64%
TA												
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	70%	33%	48%	90%	61%	82%
Amerigroup		84%	68%	71%	90%	96%	N/A	N/A	N/A	N/A	N/A	N/A
Sunflower		97%	86%	85%	68%	89%	88%	33%	43%	62%	81%	90%
United		96%	58%	79%	95%	84%	90%	24%	56%	84%	86%	90%
Statewide	No Data	91%	72%	77%	84%	92%	86%	29%	50%	78%	78%	88%
Autism												
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	0%	0%	43%	58%	25%	75%
Amerigroup		74%	59%	35%	88%	91%	N/A	N/A	N/A	N/A	N/A	N/A
Sunflower		51%	50%	47%	20%	39%	31%	60%	56%	82%	100%	100%
United		65%	29%	17%	13%	35%	65%	0%	43%	91%	100%	71%
Statewide	55%	65%	49%	36%	38%	50%	47%	14%	47%	80%	77%	79%
SED												
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	96%	30%	54%	40%	74%	78%
Amerigroup		92%	99%	98%	99%	96%	N/A	N/A	N/A	N/A	N/A	N/A
Sunflower		90%	94%	86%	98%	97%	95%	32%	49%	42%	76%	67%
United		87%	98%	97%	88%	95%	98%	38%	63%	72%	76%	66%
Statewide	Not a measure	90%	97%	94%	95%	96%	97%	34%	52%	53%	75%	70%

KDADS HCBS Quality Review Report

Service Plan
PM 6: Number and percent of service plans reviewed before the waiver participant's annual redetermination date
Numerator: Number of service plans reviewed before the waiver participant's annual redetermination date
Denominator: Number of waiver participants whose service plans were reviewed
Review Period: 04/01/2023 - 06/30/2023
Data Source: MCO Record Review

Compliance By Waiver	Aetna	Sunflower	United	Statewide
PD	**90%**	**91%**	**94%**	**92%**
Numerator	26	29	34	89
Denominator	29	32	36	97
FE	**83%**	**88%**	**85%**	**85%**
Numerator	24	23	35	82
Denominator	29	26	41	96
IDD	**71%**	**78%**	**61%**	**71%**
Numerator	12	39	19	70
Denominator	17	50	31	98
BI	**72%**	**88%**	**67%**	**73%**
Numerator	18	15	22	55
Denominator	25	17	33	75
TA	**88%**	**95%**	**97%**	**94%**
Numerator	15	19	29	63
Denominator	17	20	30	67
Autism	**100%**	**100%**	**71%**	**86%**
Numerator	4	3	5	12
Denominator	4	3	7	14
SED	**89%**	**85%**	**84%**	**86%**
Numerator	24	28	27	79
Denominator	27	33	32	92

Explanation of Findings:

FE: No valid signature and/or date, service plan not provided or does not cover entire review period, DPOA/Guardianship paperwork not provided for validation, annual service plans not provided or completed timely

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

BI: No valid signature and/or date, service plan not provided or does not cover entire review period, DPOA/Guardianship paperwork not provided for validation, annual service plans not provided or completed timely

Compliance Trends	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	Jan-Mar 2023	Apr-Jun 2023
PD												
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	84%	47%	62%	70%	75%	90%
Amerigroup		73%	67%	71%	72%	91%	N/A	N/A	N/A	N/A	N/A	N/A
Sunflower		82%	72%	72%	70%	81%	82%	67%	49%	68%	90%	91%
United		92%	73%	83%	76%	89%	88%	58%	36%	67%	78%	94%
Statewide	82%	82%	70%	75%	72%	87%	85%	58%	48%	68%	81%	92%
FE												
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	81%	63%	65%	83%	74%	83%
Amerigroup		81%	67%	63%	70%	84%	N/A	N/A	N/A	N/A	N/A	N/A
Sunflower		85%	57%	78%	78%	83%	86%	66%	50%	77%	88%	88%
United		90%	69%	84%	91%	91%	86%	66%	52%	74%	88%	85%
Statewide	81%	85%	64%	76%	81%	86%	85%	66%	55%	78%	84%	85%
IDD												
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	73%	45%	60%	67%	100%	71%
Amerigroup		75%	77%	68%	64%	80%	N/A	N/A	N/A	N/A	N/A	N/A
Sunflower		81%	66%	65%	63%	81%	77%	57%	38%	62%	77%	78%
United		91%	48%	54%	86%	84%	75%	41%	48%	63%	70%	61%
Statewide	97%	82%	66%	63%	70%	81%	76%	50%	45%	63%	79%	71%
BI												
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	73%	58%	64%	78%	87%	72%
Amerigroup		65%	44%	56%	63%	73%	N/A	N/A	N/A	N/A	N/A	N/A
Sunflower		84%	40%	88%	61%	88%	83%	58%	56%	80%	95%	88%
United		77%	65%	70%	65%	84%	88%	70%	50%	76%	88%	67%
Statewide	60%	76%	47%	68%	63%	80%	83%	63%	56%	78%	89%	73%
TA												
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	92%	51%	58%	88%	78%	88%
Amerigroup		81%	78%	72%	88%	92%	N/A	N/A	N/A	N/A	N/A	N/A
Sunflower		94%	89%	85%	68%	85%	90%	52%	56%	74%	90%	95%
United		96%	59%	70%	91%	93%	96%	45%	64%	85%	86%	97%
Statewide	92%	89%	79%	76%	83%	90%	93%	49%	60%	83%	85%	94%
Autism												
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	50%	42%	57%	75%	75%	100%
Amerigroup		67%	52%	40%	82%	100%	N/A	N/A	N/A	N/A	N/A	N/A
Sunflower		43%	47%	38%	18%	83%	77%	85%	81%	100%	100%	100%
United		33%	38%	7%	20%	59%	73%	33%	70%	91%	100%	71%
Statewide	64%	57%	48%	31%	41%	78%	71%	48%	72%	89%	92%	86%
SED												
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	83%	70%	80%	81%	93%	89%
Amerigroup		89%	97%	94%	96%	95%	N/A	N/A	N/A	N/A	N/A	N/A
Sunflower		89%	91%	79%	92%	92%	92%	58%	76%	84%	94%	85%
United		83%	99%	85%	77%	97%	95%	54%	85%	86%	88%	84%
Statewide	80%	87%	96%	86%	88%	95%	92%	60%	80%	84%	91%	86%

Remediation:

Data reviews and audit requirements continue to be discussed and reviewed with MCOs at the scheduled quarterly meetings and the Quality Improvement Plan (QIP) meetings until measures meet 86% or greater for eight consecutive quarters.

KDADS has continued to coordinate with the MCOs in educating their Care Coordinators on how to adequately complete a Person-Centered Service Plan (PCSP) through each MCO's quality improvement plans, includes implementation of SMART goals. The MCOs have implemented internal trainings targeting participant goals being documented in their Service Plans, required documentation, and Service Plan due date cycles.

Each MCO met on August 9, 2022 and were requested to provide an annual updated QIP for each PM under 86% as well as for each waiver that showed over 50% of PMs not being met.

Until May 11th, 2023, MCOs continued to have participant or guardian approval of Service Plans (SPs) with verbal signatures. Care Coordinators then sent copies of the Service Plans to participants via mail with self addressed stamped envelopes so that the plans can be signed and returned. Each MCO also has State approved electronic signature platforms.

KDADS met with MCOs again on March 30, 2023 with a six-month update of QIPs for all performance measures previously submitted. MCOs then provided KDADs with updated QIPs. After review of QIP submissions, in May of 2023, the State met with the MCOs to address identified barriers and provide clarification on expectations.

The State also has a Quality Review Tracker that notifies Program Managers of outstanding issues so that they can be addressed.

Each MCO has updated their resource tools and internal monitoring systems to address their self-administered audit results in a timely manner.

KDADS HCBS Quality Review Report

Service Plan
PM 7: Number and percent of waiver participants with documented change in needs whose service plan was revised, as needed, to address the change
Numerator: Number of waiver participants with documented change in needs whose service plan was revised, as needed, to address the change
Denominator: Number of waiver participants whose service plans were reviewed
Review Period: 04/01/2023 - 06/30/2023
Data Source: MCO Record Review

Compliance By Waiver	Aetna	Sunflower	United	Statewide
PD	**93%**	**100%**	**94%**	**96%**
Numerator	27	32	34	93
Denominator	29	32	36	97
FE	**100%**	**100%**	**100%**	**100%**
Numerator	29	26	41	96
Denominator	29	26	41	96
IDD	**100%**	**100%**	**94%**	**98%**
Numerator	17	50	29	96
Denominator	17	50	31	98
BI	**88%**	**100%**	**94%**	**93%**
Numerator	22	17	31	70
Denominator	25	17	33	75
TA	**100%**	**100%**	**97%**	**99%**
Numerator	17	20	29	66
Denominator	17	20	30	67
Autism	**100%**	**100%**	**86%**	**93%**
Numerator	4	3	6	13
Denominator	4	3	7	14
SED	**100%**	**97%**	**100%**	**99%**
Numerator	27	32	32	91
Denominator	27	33	32	92

Explanation of Findings:

Performance measure threshold achieved for all waivers.

Remediation:

No remediation necessary.

Compliance Trends	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	Jan-Mar 2023	Apr-Jun 2023
PD												
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	95%	85%	93%	96%	100%	93%
Amerigroup		20%	36%	67%	68%	98%	N/A	N/A	N/A	N/A	N/A	N/A
Sunflower		53%	58%	50%	54%	94%	95%	93%	93%	95%	100%	100%
United		50%	63%	80%	67%	99%	98%	89%	92%	92%	94%	94%
Statewide	75%	39%	53%	65%	62%	97%	96%	89%	93%	94%	98%	96%
FE												
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	100%	91%	98%	93%	100%	100%
Amerigroup		24%	71%	42%	70%	96%	N/A	N/A	N/A	N/A	N/A	N/A
Sunflower		39%	51%	63%	59%	92%	97%	91%	93%	100%	96%	100%
United		50%	47%	87%	86%	98%	97%	92%	90%	92%	100%	100%
Statewide	78%	38%	54%	65%	67%	96%	98%	92%	93%	95%	99%	100%
IDD												
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	96%	88%	100%	98%	100%	100%
Amerigroup		7%	60%	27%	67%	95%	N/A	N/A	N/A	N/A	N/A	N/A
Sunflower		38%	16%	25%	47%	97%	96%	97%	97%	99%	98%	100%
United		16%	30%	30%	83%	97%	91%	86%	95%	97%	97%	94%
Statewide	97%	23%	28%	28%	60%	96%	94%	92%	97%	98%	98%	98%
BI												
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	95%	89%	84%	92%	91%	88%
Amerigroup		24%	42%	61%	67%	88%	N/A	N/A	N/A	N/A	N/A	N/A
Sunflower		54%	27%	75%	44%	86%	92%	85%	97%	91%	100%	100%
United		46%	50%	75%	33%	97%	93%	90%	89%	95%	94%	94%
Statewide	53%	38%	38%	67%	57%	89%	93%	88%	90%	93%	95%	93%
TA												
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	97%	88%	100%	96%	94%	100%
Amerigroup		32%	73%	56%	94%	96%	N/A	N/A	N/A	N/A	N/A	N/A
Sunflower		54%	89%	63%	57%	92%	95%	87%	92%	99%	95%	100%
United		38%	43%	60%	100%	98%	97%	95%	94%	97%	93%	97%
Statewide	92%	42%	75%	60%	83%	95%	96%	90%	95%	97%	94%	99%
Autism												
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	100%	92%	86%	100%	100%	100%
Amerigroup		10%	0%	17%	75%	100%	N/A	N/A	N/A	N/A	N/A	N/A
Sunflower		17%	25%	50%	14%	94%	85%	95%	88%	100%	100%	100%
United		0%	0%	9%	0%	82%	96%	75%	100%	100%	100%	86%
Statewide	45%	11%	11%	16%	22%	91%	93%	85%	94%	100%	100%	93%
SED												
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	81%	80%	82%	96%	100%	100%
Amerigroup		90%	90%	97%	97%	96%	N/A	N/A	N/A	N/A	N/A	N/A
Sunflower		83%	79%	68%	88%	91%	92%	64%	85%	94%	100%	97%
United		84%	93%	83%	67%	96%	95%	69%	93%	98%	100%	100%
Statewide	85%	86%	88%	83%	83%	93%	92%	78%	87%	96%	100%	99%

KDADS HCBS Quality Review Report

Service Plan
PM 8: Number and percent of waiver participants who received services in the type, scope, amount, duration, and frequency specified in the service plan
Numerator: Number of waiver participants who received services in the type, scope, amount, duration, and frequency specified in the service plan
Denominator: Number of waiver participants whose service plans were reviewed
Review Period: 04/01/2023 - 06/30/2023
Data Source: MCO Record Review

Compliance By Waiver	Aetna	Sunflower	United	Statewide
PD	**86%**	**97%**	**89%**	**91%**
Numerator	25	31	32	88
Denominator	29	32	36	97
FE	**90%**	**96%**	**95%**	**94%**
Numerator	26	25	39	90
Denominator	29	26	41	96
IDD	**94%**	**98%**	**100%**	**98%**
Numerator	16	49	31	96
Denominator	17	50	31	98
BI	**84%**	**94%**	**79%**	**84%**
Numerator	21	16	26	63
Denominator	25	17	33	75
TA	**94%**	**100%**	**90%**	**94%**
Numerator	16	20	27	63
Denominator	17	20	30	67
Autism	**25%**	**100%**	**43%**	**50%**
Numerator	1	3	3	7
Denominator	4	3	7	14
SED	**89%**	**94%**	**88%**	**90%**
Numerator	24	31	28	83
Denominator	27	33	32	92

Explanation of Findings:

BI: Service plan is incomplete, notes indicate individual is not receiving services as specified in service plan, service plan not provided or does not cover entire review period

AU: Service plan is incomplete, notes indicate individuals are on wait list for services or is not receiving any services

Remediation:

Data reviews and audit requirements continue to be discussed and reviewed with MCOs at the scheduled quarterly meetings and the Quality Improvement Plan (QIP) meetings, until measures meet 86% or greater for eight consecutive quarters.

Each MCO met on August 9, 2022 and were requested to provide an annual updated QIP for each PM under 86% as well as for each waiver that showed over 50% of PMs not being met.

KDADS met with MCOs again on March 30, 2023 with a six-month update of QIPs for all performance measures previously submitted. MCOs then provided KDADs with updated QIPs. After review of QIP submissions, in May of 2023, the State met with the MCOs to address identified barriers and provide clarification on expectations.

KDADS hired an Eligibility Specialist for the BI waiver in May of 2022 in order to allow the Program Manager to be more effective.

The State, including Program Managers, continues to strategize, both internally and with the MCOs and other outside agencies, on addressing the workforce shortage crisis and provider networks building.

The Autism Program Manager continue to discuss increasing network adequacy with the MCOs for the Autism Waiver during monthly meetings. In the Autism Waiver Renewal in 2023, the option to self-direct respite care has been approved to help address this barrier.

The BI Waiver renewal process is underway, and the Program Manager intends to adjust the language in several areas, including allowing for flexibility in creating Participant's weekly schedule.

Compliance Trends	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	Jan-Mar 2023	Apr-Jun 2023
PD												
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	68%	41%	80%	85%	89%	86%
Amerigroup		94%	69%	79%	83%	93%	N/A	N/A	N/A	N/A	N/A	N/A
Sunflower		96%	72%	76%	88%	80%	86%	59%	76%	94%	93%	97%
United		96%	78%	91%	87%	93%	88%	49%	73%	90%	92%	89%
Statewide	85%	95%	72%	81%	86%	88%	83%	50%	76%	90%	91%	91%
FE												
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	71%	42%	75%	80%	85%	90%
Amerigroup		83%	76%	75%	81%	86%	N/A	N/A	N/A	N/A	N/A	N/A
Sunflower		96%	64%	86%	87%	77%	88%	56%	74%	91%	92%	96%
United		96%	79%	89%	88%	92%	89%	49%	72%	96%	98%	95%
Statewide	87%	92%	72%	83%	86%	85%	86%	50%	73%	90%	92%	94%
IDD												
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	51%	39%	76%	98%	100%	94%
Amerigroup		78%	84%	73%	75%	82%	N/A	N/A	N/A	N/A	N/A	N/A
Sunflower		97%	62%	77%	80%	82%	79%	51%	66%	94%	96%	98%
United		100%	59%	81%	90%	89%	77%	44%	82%	95%	93%	100%
Statewide	98%	92%	68%	77%	81%	84%	75%	47%	73%	95%	96%	98%
BI												
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	43%	19%	63%	73%	83%	84%
Amerigroup		81%	55%	63%	77%	73%	N/A	N/A	N/A	N/A	N/A	N/A
Sunflower		95%	46%	84%	76%	76%	74%	34%	56%	90%	84%	94%
United		85%	71%	83%	76%	82%	81%	32%	63%	81%	88%	79%
Statewide	70%	87%	56%	72%	77%	75%	70%	30%	61%	81%	85%	84%
TA												
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	81%	31%	267%	90%	94%	94%
Amerigroup		98%	73%	79%	88%	98%	N/A	N/A	N/A	N/A	N/A	N/A
Sunflower		100%	86%	82%	68%	87%	89%	40%	66%	93%	95%	100%
United		96%	58%	82%	92%	86%	92%	32%	81%	95%	93%	90%
Statewide	100%	98%	74%	80%	83%	93%	89%	35%	73%	93%	94%	94%
Autism												
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	0%	13%	14%	17%	0%	25%
Amerigroup		89%	59%	37%	88%	91%	N/A	N/A	N/A	N/A	N/A	N/A
Sunflower		100%	55%	50%	15%	28%	23%	35%	31%	27%	0%	100%
United		50%	21%	17%	13%	41%	58%	0%	50%	50%	50%	43%
Statewide	50%	86%	49%	38%	37%	48%	40%	11%	40%	36%	23%	50%
SED												
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	96%	30%	46%	51%	78%	89%
Amerigroup		91%	99%	95%	99%	96%	N/A	N/A	N/A	N/A	N/A	N/A
Sunflower		96%	94%	84%	98%	98%	95%	32%	47%	50%	82%	94%
United		92%	99%	91%	86%	96%	98%	38%	79%	85%	76%	88%
Statewide	13%	93%	98%	90%	94%	97%	97%	34%	59%	63%	78%	90%

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

KDADS HCBS Quality Review Report

Service Plan
PM 9: Number and percent of survey respondents who reported receiving all services as specified in their service plan
Numerator: Number of survey respondents who reported receiving all services as specified in their service plan
Denominator: Number of waiver participants interviewed by QMS staff
Review Period: 04/01/2023 - 06/30/2023
Data Source: Customer Interview

Compliance By Waiver	Aetna	Sunflower	United	Statewide
PD	**81%**	**91%**	**96%**	**90%**
Numerator	13	21	23	57
Denominator	16	23	24	63
FE	**92%**	**100%**	**93%**	**95%**
Numerator	12	18	25	55
Denominator	13	18	27	58
IDD	**88%**	**92%**	**100%**	**94%**
Numerator	7	22	17	46
Denominator	8	24	17	49
BI	**83%**	**80%**	**100%**	**89%**
Numerator	10	4	11	25
Denominator	12	5	11	28
TA	**86%**	**100%**	**100%**	**97%**
Numerator	6	12	14	32
Denominator	7	12	14	33
Autism	**N/A**	**N/A**	**100%**	**100%**
Numerator	0	0	2	2
Denominator	0	0	2	2
SED	Not a Waiver Performance Measure			
Numerator				
Denominator				

Explanation of Findings:

Performance measure threshold achieved for all waivers.

Remediation:

No remediation necessary.

Compliance Trends	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	Jan-Mar 2023	Apr-Jun 2023
PD												
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	93%	100%	93%	93%	95%	81%
Amerigroup		97%			94%	94%	N/A	N/A	N/A	N/A	N/A	N/A
Sunflower		92%			97%	98%	94%	81%	99%	95%	78%	91%
United		93%			91%	98%	91%	85%	95%	94%	90%	96%
Statewide	Not a Measure	94%	No Data	No Data	94%	97%	93%	88%	96%	94%	88%	90%
FE												
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	100%	92%	93%	88%	80%	92%
Amerigroup		85%			97%	96%	N/A	N/A	N/A	N/A	N/A	N/A
Sunflower		86%			93%	95%	96%	100%	88%	94%	92%	100%
United		82%			91%	94%	94%	94%	93%	92%	88%	93%
Statewide	87%	84%	No Data	No Data	94%	95%	96%	95%	92%	92%	88%	95%
IDD												
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	100%	100%	97%	97%	90%	88%
Amerigroup		92%			93%	100%	N/A	N/A	N/A	N/A	N/A	N/A
Sunflower		96%			99%	97%	96%	95%	111%	97%	96%	92%
United		93%			92%	100%	95%	90%	98%	95%	94%	100%
Statewide	Not a Measure	94%	No Data	No Data	96%	98%	96%	95%	98%	96%	94%	94%
BI												
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	100%	88%	91%	86%	100%	83%
Amerigroup		81%			81%	87%	N/A	N/A	N/A	N/A	N/A	N/A
Sunflower		88%			79%	78%	95%	88%	89%	74%	89%	80%
United		83%			76%	92%	92%	100%	81%	83%	67%	100%
Statewide	Not a Measure	83%	No Data	No Data	80%	85%	95%	91%	86%	81%	83%	89%
TA												
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	60%	100%	94%	96%	100%	86%
Amerigroup		89%			96%	98%	N/A	N/A	N/A	N/A	N/A	N/A
Sunflower		84%			94%	95%	100%	100%	94%	95%	100%	100%
United		85%			94%	100%	93%	100%	91%	93%	100%	100%
Statewide	Not a Measure	87%	No Data	No Data	95%	98%	92%	100%	93%	94%	100%	97%
Autism												
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	N/A	100%	75%	40%	100%	N/A
Amerigroup		74%			89%	67%	N/A	N/A	N/A	N/A	N/A	N/A
Sunflower		70%			50%	88%	67%	100%	50%	100%	N/A	N/A
United		60%			75%	50%	73%	33%	78%	57%	50%	100%
Statewide	Not a Measure	71%	No Data	No Data	68%	68%	71%	71%	68%	63%	67%	100%
SED	Not a Waiver Performance Measure											
Aetna												
Amerigroup												
Sunflower												
United												
Statewide												

KDADS HCBS Quality Review Report

Service Plan
PM 10: Number and percent of waiver participants whose record contains documentation indicating a choice of waiver service providers
Numerator: Number of waiver participants whose record contains documentation indicating a choice of waiver service providers
Denominator: Number of waiver participants whose service plans were reviewed
Review Period: 04/01/2023 - 06/30/2023
Data Source: MCO Record Review

Compliance By Waiver	Aetna	Sunflower	United	Statewide
PD	**97%**	**97%**	**94%**	**96%**
Numerator	28	31	34	93
Denominator	29	32	36	97
FE	**93%**	**100%**	**98%**	**97%**
Numerator	27	26	40	93
Denominator	29	26	41	96
IDD	**94%**	**98%**	**100%**	**98%**
Numerator	16	49	31	96
Denominator	17	50	31	98
BI	**92%**	**100%**	**85%**	**91%**
Numerator	23	17	28	68
Denominator	25	17	33	75
TA	**100%**	**100%**	**100%**	**100%**
Numerator	17	20	30	67
Denominator	17	20	30	67
Autism	**100%**	**100%**	**71%**	**86%**
Numerator	4	3	5	12
Denominator	4	3	7	14
SED	**100%**	**100%**	**91%**	**97%**
Numerator	27	33	29	89
Denominator	27	33	32	92

Explanation of Findings:

Performance measure threshold achieved for all waivers.

Remediation:

No remediation necessary.

Compliance Trends	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	Jan-Mar 2023	Apr-Jun 2023
PD												
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	64%	49%	85%	88%	89%	97%
Amerigroup		68%	56%	68%	80%	97%	N/A	N/A	N/A	N/A	N/A	N/A
Sunflower		58%	69%	73%	85%	80%	86%	64%	78%	96%	93%	97%
United		69%	73%	89%	87%	94%	88%	56%	75%	91%	97%	94%
Statewide	52%	65%	65%	76%	84%	90%	82%	57%	79%	92%	94%	96%
FE												
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	73%	44%	82%	86%	85%	93%
Amerigroup		68%	59%	64%	82%	92%	N/A	N/A	N/A	N/A	N/A	N/A
Sunflower		76%	59%	82%	86%	77%	88%	58%	74%	92%	96%	100%
United		77%	75%	85%	91%	93%	88%	57%	73%	97%	98%	98%
Statewide	56%	74%	63%	77%	86%	87%	86%	55%	75%	92%	94%	97%
IDD												
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	51%	48%	77%	98%	100%	94%
Amerigroup		51%	45%	68%	74%	84%	N/A	N/A	N/A	N/A	N/A	N/A
Sunflower		68%	42%	69%	71%	79%	77%	54%	65%	94%	98%	98%
United		75%	55%	76%	91%	89%	80%	51%	85%	98%	93%	100%
Statewide	99%	64%	46%	70%	77%	83%	75%	52%	73%	96%	97%	98%
BI												
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	38%	24%	71%	87%	96%	92%
Amerigroup		54%	50%	53%	76%	82%	N/A	N/A	N/A	N/A	N/A	N/A
Sunflower		75%	40%	86%	80%	80%	82%	48%	58%	99%	100%	100%
United		70%	74%	83%	79%	92%	84%	41%	66%	91%	97%	85%
Statewide	44%	65%	52%	67%	78%	83%	73%	39%	65%	92%	97%	91%
TA												
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	76%	47%	75%	96%	100%	100%
Amerigroup		87%	65%	68%	85%	96%	N/A	N/A	N/A	N/A	N/A	N/A
Sunflower		84%	80%	77%	66%	89%	90%	62%	67%	95%	100%	100%
United		92%	58%	79%	95%	86%	91%	46%	85%	98%	96%	100%
Statewide	96%	86%	68%	72%	81%	92%	88%	52%	76%	97%	99%	100%
Autism												
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	17%	21%	57%	75%	100%	100%
Amerigroup		67%	67%	47%	88%	100%	N/A	N/A	N/A	N/A	N/A	N/A
Sunflower		44%	45%	50%	40%	50%	69%	78%	81%	100%	100%	100%
United		88%	21%	17%	19%	29%	65%	13%	80%	95%	100%	71%
Statewide	40%	63%	49%	42%	48%	54%	60%	31%	77%	91%	100%	86%
SED												
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	91%	56%	83%	92%	100%	100%
Amerigroup		94%	91%	98%	99%	97%	N/A	N/A	N/A	N/A	N/A	N/A
Sunflower		91%	72%	84%	94%	87%	93%	57%	75%	93%	91%	100%
United		84%	97%	88%	88%	97%	95%	59%	84%	89%	88%	91%
Statewide	98%	89%	88%	90%	94%	94%	94%	58%	80%	91%	92%	97%

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

KDADS HCBS Quality Review Report

Service Plan
PM 11: Number and percent of waiver participants whose record contains documentation indicating a choice of waiver services
Numerator: Number of waiver participants whose record contains documentation indicating a choice of waiver services
Denominator: Number of waiver participants whose service plans were reviewed
Review Period: 04/01/2023 - 06/30/2023
Data Source: MCO Record Review

Compliance By Waiver	Aetna	Sunflower	United	Statewide
PD	**97%**	**97%**	**94%**	**96%**
Numerator	28	31	34	93
Denominator	29	32	36	97
FE	**93%**	**100%**	**98%**	**97%**
Numerator	27	26	40	93
Denominator	29	26	41	96
IDD	**94%**	**98%**	**100%**	**98%**
Numerator	16	49	31	96
Denominator	17	50	31	98
BI	**92%**	**100%**	**85%**	**91%**
Numerator	23	17	28	68
Denominator	25	17	33	75
TA	**100%**	**100%**	**100%**	**100%**
Numerator	17	20	30	67
Denominator	17	20	30	67
Autism	**100%**	**100%**	**71%**	**86%**
Numerator	4	3	5	12
Denominator	4	3	7	14
SED	**100%**	**100%**	**91%**	**97%**
Numerator	27	33	29	89
Denominator	27	33	32	92

Explanation of Findings:

Performance measure threshold achieved for all waivers.

Remediation:

No remediation necessary.

Compliance Trends	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	Jan-Mar 2023	Apr-Jun 2023
PD												
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	59%	50%	85%	88%	89%	97%
Amerigroup		68%	53%	62%	79%	96%	N/A	N/A	N/A	N/A	N/A	N/A
Sunflower		72%	50%	71%	36%	74%	86%	64%	78%	96%	93%	97%
United		77%	73%	84%	78%	94%	88%	56%	75%	91%	97%	94%
Statewide	64%	72%	57%	72%	64%	88%	81%	57%	79%	92%	94%	96%
FE												
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	73%	44%	82%	86%	85%	93%
Amerigroup		67%	57%	67%	80%	92%	N/A	N/A	N/A	N/A	N/A	N/A
Sunflower		86%	47%	82%	35%	74%	88%	58%	74%	92%	96%	100%
United		85%	74%	84%	80%	92%	88%	56%	73%	97%	98%	98%
Statewide	59%	80%	57%	78%	63%	86%	86%	54%	75%	93%	94%	97%
IDD												
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	49%	48%	77%	98%	100%	94%
Amerigroup		55%	46%	70%	71%	85%	N/A	N/A	N/A	N/A	N/A	N/A
Sunflower		68%	35%	69%	34%	79%	78%	54%	66%	94%	98%	98%
United		77%	50%	74%	89%	88%	80%	51%	85%	98%	93%	100%
Statewide	No Data	66%	42%	71%	58%	83%	75%	52%	74%	96%	97%	98%
BI												
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	38%	24%	71%	87%	96%	92%
Amerigroup		56%	50%	52%	74%	82%	N/A	N/A	N/A	N/A	N/A	N/A
Sunflower		80%	23%	86%	28%	79%	82%	48%	58%	99%	100%	100%
United		74%	67%	80%	76%	92%	85%	42%	66%	91%	97%	85%
Statewide	53%	68%	45%	66%	63%	83%	74%	39%	65%	92%	97%	91%
TA												
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	73%	47%	75%	96%	100%	100%
Amerigroup		86%	65%	71%	86%	99%	N/A	N/A	N/A	N/A	N/A	N/A
Sunflower		97%	53%	79%	29%	86%	90%	62%	67%	95%	100%	100%
United		94%	55%	64%	82%	86%	91%	46%	85%	98%	96%	100%
Statewide	96%	91%	60%	72%	68%	93%	88%	52%	76%	97%	99%	100%
Autism												
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	17%	21%	57%	75%	75%	100%
Amerigroup		79%	52%	47%	88%	100%	N/A	N/A	N/A	N/A	N/A	N/A
Sunflower		50%	27%	61%	20%	56%	69%	78%	63%	100%	100%	100%
United		88%	14%	17%	13%	41%	65%	13%	83%	95%	100%	71%
Statewide	55%	72%	35%	46%	38%	61%	60%	31%	74%	91%	92%	86%
SED												
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	91%	56%	83%	92%	100%	100%
Amerigroup		94%	92%	98%	99%	97%	N/A	N/A	N/A	N/A	N/A	N/A
Sunflower		91%	72%	84%	94%	87%	93%	57%	75%	93%	91%	100%
United		84%	97%	88%	87%	97%	95%	59%	84%	89%	88%	91%
Statewide	98%	89%	88%	90%	93%	94%	94%	58%	80%	91%	92%	97%

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

KDADS HCBS Quality Review Report

Service Plan
PM 12: Number and percent of waiver participants whose record contains documentation indicating a choice of community-based services v. an institutional alternative
Numerator: Number of waiver participants whose record contains documentation indicating a choice of community-based services
Denominator: Number of waiver participants whose files are reviewed for the documentation
Review Period: 04/01/2023 - 06/30/2023
Data Source: MCO Record Review

Compliance By Waiver	Aetna	Sunflower	United	Statewide
PD	**97%**	**97%**	**94%**	**96%**
Numerator	28	31	34	93
Denominator	29	32	36	97
FE	**93%**	**100%**	**98%**	**97%**
Numerator	27	26	40	93
Denominator	29	26	41	96
IDD	**94%**	**98%**	**100%**	**98%**
Numerator	16	49	31	96
Denominator	17	50	31	98
BI	**92%**	**100%**	**85%**	**91%**
Numerator	23	17	28	68
Denominator	25	17	33	75
TA	**100%**	**100%**	**100%**	**100%**
Numerator	17	20	30	67
Denominator	17	20	30	67
Autism	**100%**	**100%**	**71%**	**86%**
Numerator	4	3	5	12
Denominator	4	3	7	14
SED	**100%**	**100%**	**91%**	**97%**
Numerator	27	33	29	89
Denominator	27	33	32	92

Explanation of Findings:

Performance measure threshold achieved for all waivers.

Remediation:

No remediation necessary.

Compliance Trends	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	Jan-Mar 2023	Apr-Jun 2023
PD												
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	7%	13%	85%	88%	89%	97%
Amerigroup		76%	57%	67%	81%	98%	N/A	N/A	N/A	N/A	N/A	N/A
Sunflower		74%	67%	73%	87%	80%	86%	64%	78%	96%	93%	97%
United		80%	78%	88%	87%	95%	88%	57%	76%	91%	97%	94%
Statewide	Not a Measure	76%	66%	75%	85%	91%	70%	48%	79%	92%	94%	96%
FE												
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	8%	25%	82%	86%	85%	93%
Amerigroup		67%	58%	72%	81%	92%	N/A	N/A	N/A	N/A	N/A	N/A
Sunflower		87%	56%	82%	86%	77%	88%	58%	74%	92%	96%	100%
United		85%	79%	84%	91%	93%	88%	46%	69%	97%	98%	98%
Statewide	65%	80%	63%	79%	86%	87%	76%	51%	75%	93%	94%	97%
IDD												
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	7%	21%	77%	98%	100%	94%
Amerigroup		47%	47%	66%	73%	87%	N/A	N/A	N/A	N/A	N/A	N/A
Sunflower		69%	41%	68%	74%	80%	78%	54%	66%	94%	98%	98%
United		78%	57%	79%	92%	88%	79%	50%	83%	98%	93%	100%
Statewide	No Data	64%	46%	70%	78%	84%	69%	48%	73%	96%	97%	98%
BI												
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	0%	5%	69%	84%	96%	92%
Amerigroup		55%	51%	54%	78%	84%	N/A	N/A	N/A	N/A	N/A	N/A
Sunflower		79%	40%	86%	78%	79%	82%	48%	58%	99%	100%	100%
United		73%	74%	83%	79%	92%	84%	42%	66%	91%	97%	85%
Statewide	No Data	67%	52%	68%	78%	84%	65%	34%	65%	91%	97%	91%
TA												
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	16%	18%	73%	96%	100%	100%
Amerigroup		87%	65%	69%	85%	99%	N/A	N/A	N/A	N/A	N/A	N/A
Sunflower		98%	80%	81%	68%	89%	89%	62%	66%	95%	100%	100%
United		94%	55%	79%	95%	86%	91%	45%	85%	98%	96%	100%
Statewide	No Data	92%	68%	74%	81%	93%	78%	45%	76%	97%	99%	100%
Autism												
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	0%	8%	57%	75%	100%	100%
Amerigroup		86%	67%	65%	94%	100%	N/A	N/A	N/A	N/A	N/A	N/A
Sunflower		47%	59%	67%	70%	61%	69%	78%	69%	100%	100%	100%
United		75%	43%	33%	38%	35%	69%	16%	87%	95%	100%	71%
Statewide	No Data	72%	59%	60%	67%	61%	60%	28%	77%	91%	100%	86%
SED												
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	91%	56%	83%	92%	100%	100%
Amerigroup		94%	92%	98%	99%	97%	N/A	N/A	N/A	N/A	N/A	N/A
Sunflower		91%	72%	84%	94%	87%	93%	57%	75%	93%	91%	100%
United		85%	98%	88%	87%	97%	95%	59%	84%	89%	88%	91%
Statewide	99%	90%	89%	91%	93%	94%	94%	58%	80%	91%	92%	97%

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

KDADS HCBS Quality Review Report

Service Plan
PM 13: Number and percent of waiver participants whose record contains documentation indicating a choice of either self-directed or agency-directed care
Numerator: Number of waiver participants whose record contains documentation indicating a choice of either self-directed or agency-directed care
Denominator: Number of waiver participants whose files are reviewed for the documentation
Review Period: 04/01/2023 - 06/30/2023
Data Source: MCO Record Review

Compliance By Waiver	Aetna	Sunflower	United	Statewide
PD	**97%**	**97%**	**94%**	**96%**
Numerator	28	31	34	93
Denominator	29	32	36	97
FE	**93%**	**100%**	**98%**	**97%**
Numerator	27	26	40	93
Denominator	29	26	41	96
IDD	**94%**	**98%**	**100%**	**98%**
Numerator	16	49	31	96
Denominator	17	50	31	98
BI	**92%**	**100%**	**85%**	**91%**
Numerator	23	17	28	68
Denominator	25	17	33	75
TA	**100%**	**100%**	**100%**	**100%**
Numerator	17	20	30	67
Denominator	17	20	30	67
Autism	**N/A**	**N/A**	**N/A**	**N/A**
Numerator	0	0	0	0
Denominator	0	0	0	0
SED	Self-Direction is not offered for this Waiver			
Numerator				
Denominator				

Explanation of Findings:

Performance measure threshold achieved for all waivers.

Remediation:

No remediation necessary.

Compliance Trends	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	Jan-Mar 2023	Apr-Jun 2023
PD												
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	12%	16%	85%	88%	93%	97%
Amerigroup		64%	58%	72%	81%	92%	N/A	N/A	N/A	N/A	N/A	N/A
Sunflower		73%	68%	72%	87%	79%	84%	63%	78%	95%	93%	97%
United		77%	78%	88%	86%	95%	88%	56%	76%	91%	97%	94%
Statewide	Not a Measure	71%	66%	77%	84%	89%	70%	48%	79%	91%	95%	96%
FE												
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	10%	22%	82%	86%	85%	93%
Amerigroup		64%	59%	73%	79%	88%	N/A	N/A	N/A	N/A	N/A	N/A
Sunflower		84%	59%	81%	87%	74%	87%	58%	74%	92%	92%	100%
United		77%	79%	85%	88%	93%	88%	56%	73%	97%	98%	98%
Statewide	65%	75%	64%	79%	85%	85%	76%	50%	75%	93%	92%	97%
IDD												
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	7%	21%	77%	98%	100%	94%
Amerigroup		34%	47%	64%	68%	84%	N/A	N/A	N/A	N/A	N/A	N/A
Sunflower		61%	39%	60%	65%	77%	75%	53%	66%	93%	98%	98%
United		77%	57%	73%	93%	89%	79%	51%	84%	98%	93%	100%
Statewide	No Data	53%	46%	64%	73%	82%	68%	48%	74%	95%	97%	98%
BI												
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	5%	5%	69%	85%	96%	92%
Amerigroup		50%	50%	56%	73%	80%	N/A	N/A	N/A	N/A	N/A	N/A
Sunflower		85%	43%	82%	78%	79%	81%	48%	58%	99%	100%	100%
United		70%	74%	83%	79%	89%	84%	42%	66%	91%	97%	85%
Statewide	No Data	66%	52%	68%	75%	81%	66%	34%	65%	91%	97%	91%
TA												
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	19%	16%	73%	96%	100%	100%
Amerigroup		82%	56%	66%	84%	99%	N/A	N/A	N/A	N/A	N/A	N/A
Sunflower		98%	82%	79%	68%	89%	89%	62%	67%	94%	100%	100%
United		100%	58%	79%	95%	84%	91%	46%	85%	98%	96%	100%
Statewide	No Data	90%	64%	72%	81%	93%	78%	45%	76%	96%	99%	100%
Autism												
Aetna	Not a Waiver Performance Measure										N/A	N/A
Amerigroup											N/A	N/A
Sunflower											N/A	N/A
United											N/A	N/A
Statewide											N/A	N/A
SED	Self-Direction is not offered for this Waiver											
Aetna												
Amerigroup												
Sunflower												
United												
Statewide												

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

KDADS HCBS Quality Review Report

Service Plan
PM 14: Number and percent of service plans reviewed at least every 90 days
Numerator: Number of service plans reviewed at least every 90 days
Denominator: Number of waiver participants whose service plans were reviewed
Review Period: 04/01/2023 - 06/30/2023
Data Source: MCO Record Review

Compliance By Waiver	Aetna	Sunflower	United	Statewide
PD	Not a Waiver Performance Measure			
Numerator				
Denominator				
FE	Not a Waiver Performance Measure			
Numerator				
Denominator				
IDD	Not a Waiver Performance Measure			
Numerator				
Denominator				
BI	Not a Waiver Performance Measure			
Numerator				
Denominator				
TA	Not a Waiver Performance Measure			
Numerator				
Denominator				
Autism	Not a Waiver Performance Measure			
Numerator				
Denominator				
SED	**78%**	**70%**	**84%**	**77%**
Numerator	21	23	27	71
Denominator	27	33	32	92

Compliance Trends	2017	2018	2019	2020	2021	2022	Jan-Mar 2023	Apr-Jun 2023
PD	Not a Waiver Performance Measure							
FE	Not a Waiver Performance Measure							
IDD	Not a Waiver Performance Measure							
BI	Not a Waiver Performance Measure							
TA	Not a Waiver Performance Measure							
Autism	Not a Waiver Performance Measure							
SED								
Aetna	N/A	N/A	80%	32%	46%	37%	78%	78%
Amerigroup	99%	92%	N/A	N/A	N/A	N/A	N/A	N/A
Sunflower	88%	90%	88%	34%	35%	45%	82%	70%
United	83%	94%	94%	36%	70%	81%	76%	84%
Statewide	91%	92%	89%	35%	51%	56%	78%	77%

Explanation of Findings:

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

Remediation:

Data reviews and audit requirements continue to be discussed and reviewed with MCOs at the scheduled quarterly meetings and the Quality Improvement Plan (QIP) meetings, until measures meet 86% or greater for eight consecutive quarters.

Each MCO met on August 9, 2022 and were requested to provide an annual updated QIP for each PM under 86% as well as for each waiver that showed over 50% of PMs not being met.

Until May 11th, 2023, MCOs continued to have participant or guardian approval of Service Plans with verbal signatures then sending copies of the Service Plans to participants via mail with self addressed stamped envelopes so that the plans can be signed and returned. Each MCO also has State approved electronic signature platforms.

KDADS met with MCOs again on March 30, 2023 with a six-month update of QIPs for all performance measures previously submitted. MCOs then provided KDADs with updated QIPs. After review of QIP submissions, in May of 2023, the State met with the MCOs to address identified barriers and provide clarification on expectations. During this meeting in May, KDADS reminded all MCOs that the SED waiver needs renewed every 90 days, as this shorter renewal period has been identified as a significant barrier to compliance.

The State also has a Quality Review Tracker that notifies Program Managers of outstanding issues so that they can be addressed.

KDADS HCBS Quality Review Report

Health and Welfare
PM 1: Number and percent of unexpected deaths for which review/investigation resulted in the identification of preventable causes
Numerator: Number of unexpected deaths for which review/investigation resulted in the identification of non-preventable causes
Denominator: Number of unexpected deaths
Review Period: 04/01/2023 - 06/30/2023
Data Source: Adverse Incident Reporting

Compliance By Waiver	Aetna	Sunflower	United	Statewide
PD	**100%**	**100%**	**100%**	**100%**
Numerator	2	5	9	16
Denominator	2	5	9	16
FE	**N/A**	**100%**	**100%**	**100%**
Numerator	0	4	11	15
Denominator	0	4	11	15
IDD	**67%**	**100%**	**100%**	**93%**
Numerator	2	6	6	14
Denominator	3	6	6	15
BI	**N/A**	**N/A**	**100%**	**100%**
Numerator	0	0	1	1
Denominator	0	0	1	1
TA	**N/A**	**N/A**	**N/A**	**N/A**
Numerator	0	0	0	0
Denominator	0	0	0	0
Autism	**N/A**	**N/A**	**N/A**	**N/A**
Numerator	0	0	0	0
Denominator	0	0	0	0
SED	**N/A**	**N/A**	**100%**	**100%**
Numerator	0	0	1	1
Denominator	0	0	1	1

Explanation of Findings:

Thresholds achieved for all waivers.

Remediation:

There is not any need for remediation, all thresholds were met for this measure.

Compliance Trends	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	Jan-Mar 2023	Apr-Jun 2023
PD												
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	N/A	100%	88%	100%	N/A	100%
Amerigroup	No Data						N/A	N/A	N/A	N/A	N/A	N/A
Sunflower							90%	96%	83%	91%	100%	100%
United							100%	86%	97%	97%	93%	100%
Statewide							92%	93%	89%	95%	96%	100%
FE												
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	N/A	100%	100%	100%	100%	N/A
Amerigroup	No Data						N/A	N/A	N/A	N/A	N/A	N/A
Sunflower							100%	100%	92%	85%	100%	100%
United							75%	96%	94%	100%	91%	100%
Statewide							96%	98%	94%	92%	95%	100%
IDD												
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	100%	100%	91%	100%	75%	67%
Amerigroup	No Data						N/A	N/A	N/A	N/A	N/A	N/A
Sunflower							98%	100%	83%	95%	100%	100%
United							93%	95%	92%	95%	100%	100%
Statewide							97%	99%	86%	96%	95%	93%
BI												
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	N/A	0%	100%	33%	100%	N/A
Amerigroup	No Data						N/A	N/A	N/A	N/A	N/A	N/A
Sunflower							100%	100%	80%	0%	100%	N/A
United							N/A	N/A	75%	71%	100%	100%
Statewide							100%	67%	79%	55%	100%	100%
TA												
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	100%	100%	100%	N/A
Amerigroup	No Data						N/A	N/A	N/A	N/A	N/A	N/A
Sunflower							100%	100%	100%	100%	N/A	N/A
United							N/A	100%	75%	100%	100%	N/A
Statewide							100%	100%	86%	100%	100%	N/A
Autism												
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Amerigroup	No Data						N/A	N/A	N/A	N/A	N/A	N/A
Sunflower							N/A	N/A	N/A	N/A	N/A	N/A
United							N/A	N/A	N/A	N/A	N/A	N/A
Statewide							N/A	N/A	N/A	N/A	N/A	N/A
SED												
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Amerigroup	No Data						N/A	N/A	N/A	N/A	N/A	N/A
Sunflower							N/A	N/A	N/A	N/A	N/A	N/A
United							N/A	N/A	N/A	N/A	N/A	100%
Statewide							N/A	N/A	N/A	N/A	N/A	100%

KDADS HCBS Quality Review Report

Health and Welfare
PM 2: Number and percent of unexpected deaths for which review/investigation followed the appropriate policies and procedures
Numerator: Number of unexpected deaths for which review/investigation followed the appropriate policies and procedures as in the approved waiver
Denominator: Number of unexpected deaths
Review Period: 04/01/2023 - 06/30/2023
Data Source: Adverse Incident Reporting

Compliance By Waiver	Aetna	Sunflower	United	Statewide
PD	**100%**	**100%**	**100%**	**100%**
Numerator	2	5	9	16
Denominator	2	5	9	16
FE	**N/A**	**100%**	**100%**	**100%**
Numerator	0	4	11	15
Denominator	0	4	11	15
IDD	**67%**	**100%**	**100%**	**93%**
Numerator	2	6	6	14
Denominator	3	6	6	15
BI	**N/A**	**N/A**	**100%**	**100%**
Numerator	0	0	1	1
Denominator	0	0	1	1
TA	**N/A**	**N/A**	**N/A**	**N/A**
Numerator	0	0	0	0
Denominator	0	0	0	0
Autism	**N/A**	**N/A**	**N/A**	**N/A**
Numerator	0	0	0	0
Denominator	0	0	0	0
SED	**N/A**	**N/A**	**100%**	**100%**
Numerator	0	0	1	1
Denominator	0	0	1	1

Explanation of Findings:

Thresholds achieved for all waivers.

Remediation:

There is not any need for remediation, all thresholds were met for this measure.

Compliance Trends	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	Jan-Mar 2023	Apr-Jun 2023
PD												
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	N/A	100%	100%	100%	N/A	100%
Amerigroup							N/A	N/A	N/A	N/A	N/A	N/A
Sunflower							83%	100%	98%	100%	100%	100%
United				No Data			100%	100%	100%	100%	86%	100%
Statewide							88%	100%	99%	100%	91%	100%
FE												
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	N/A	100%	100%	100%	100%	N/A
Amerigroup							N/A	N/A	N/A	N/A	N/A	N/A
Sunflower				No Data			89%	100%	96%	98%	100%	100%
United							75%	100%	97%	100%	100%	100%
Statewide							87%	100%	97%	99%	100%	100%
IDD												
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	100%	100%	100%	100%	100%	67%
Amerigroup							N/A	N/A	N/A	N/A	N/A	N/A
Sunflower				No Data			92%	100%	96%	100%	100%	100%
United							87%	100%	92%	100%	100%	100%
Statewide							92%	100%	95%	100%	100%	93%
BI												
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	N/A	100%	100%	100%	100%	N/A
Amerigroup							N/A	N/A	N/A	N/A	N/A	N/A
Sunflower				No Data			100%	100%	100%	100%	100%	N/A
United							N/A	N/A	100%	57%	100%	100%
Statewide							100%	100%	100%	73%	100%	100%
TA												
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	100%	100%	100%	N/A
Amerigroup							N/A	N/A	N/A	N/A	N/A	N/A
Sunflower				No Data			100%	100%	100%	100%	N/A	N/A
United							N/A	100%	100%	100%	100%	N/A
Statewide							100%	100%	100%	100%	100%	N/A
Autism												
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Amerigroup							N/A	N/A	N/A	N/A	N/A	N/A
Sunflower				No Data			N/A	N/A	N/A	N/A	N/A	N/A
United							N/A	N/A	N/A	N/A	N/A	N/A
Statewide							N/A	N/A	N/A	N/A	N/A	N/A
SED												
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Amerigroup							N/A	N/A	N/A	N/A	N/A	N/A
Sunflower				No Data			N/A	N/A	N/A	N/A	N/A	N/A
United							N/A	N/A	N/A	N/A	N/A	100%
Statewide							N/A	N/A	N/A	N/A	N/A	100%

KDADS HCBS Quality Review Report

Health and Welfare
PM 3: Number and percent of unexpected deaths for which the appropriate follow-up measures were taken
Numerator: Number of unexpected deaths for which the appropriate follow-up measures were taken as in the approved waiver
Denominator: Number of unexpected deaths
Review Period: 04/01/2023 - 06/30/2023
Data Source: Adverse Incident Reporting

Compliance By Waiver	Aetna	Sunflower	United	Statewide
PD	**100%**	**100%**	**100%**	**100%**
Numerator	2	5	9	16
Denominator	2	5	9	16
FE	**N/A**	**100%**	**100%**	**100%**
Numerator	0	4	11	15
Denominator	0	4	11	15
IDD	**100%**	**100%**	**100%**	**100%**
Numerator	3	6	6	15
Denominator	3	6	6	15
BI	**N/A**	**N/A**	**100%**	**100%**
Numerator	0	0	1	1
Denominator	0	0	1	1
TA	**N/A**	**N/A**	**N/A**	**N/A**
Numerator	0	0	0	0
Denominator	0	0	0	0
Autism	**N/A**	**N/A**	**N/A**	**N/A**
Numerator	0	0	0	0
Denominator	0	0	0	0
SED	**N/A**	**N/A**	**100%**	**100%**
Numerator	0	0	1	1
Denominator	0	0	1	1

Explanation of Findings:

Thresholds achieved for all waivers.

Remediation:

There is not any need for remediation, all thresholds were met for this measure.

Compliance Trends	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	Jan-Mar 2023	Apr-Jun 2023
PD												
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	100%	100%	N/A	100%
Amerigroup	No Data						N/A	N/A	N/A	N/A	N/A	N/A
Sunflower							100%	100%	100%	100%	100%	100%
United							100%	100%	100%	100%	100%	100%
Statewide							100%	100%	100%	100%	100%	100%
FE												
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	100%	100%	100%	N/A
Amerigroup	No Data						N/A	N/A	N/A	N/A	N/A	N/A
Sunflower							100%	100%	100%	100%	100%	100%
United							100%	100%	100%	100%	100%	100%
Statewide							100%	100%	100%	100%	100%	100%
IDD												
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	86%	100%	100%	100%	100%	100%
Amerigroup	No Data						N/A	N/A	N/A	N/A	N/A	N/A
Sunflower							98%	100%	100%	100%	100%	100%
United							100%	100%	100%	100%	100%	100%
Statewide							97%	100%	100%	100%	100%	100%
BI												
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	N/A	100%	100%	100%	100%	N/A
Amerigroup	No Data						N/A	N/A	N/A	N/A	N/A	N/A
Sunflower							100%	100%	100%	100%	100%	N/A
United							N/A	N/A	100%	100%	100%	100%
Statewide							100%	100%	100%	100%	100%	100%
TA												
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	100%	100%	100%	N/A
Amerigroup	No Data						N/A	N/A	N/A	N/A	N/A	N/A
Sunflower							100%	100%	100%	100%	N/A	N/A
United							N/A	100%	100%	100%	100%	N/A
Statewide							100%	100%	100%	100%	100%	N/A
Autism												
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Amerigroup	No Data						N/A	N/A	N/A	N/A	N/A	N/A
Sunflower							N/A	N/A	N/A	N/A	N/A	N/A
United							N/A	N/A	N/A	N/A	N/A	N/A
Statewide							N/A	N/A	N/A	N/A	N/A	N/A
SED												
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Amerigroup	No Data						N/A	N/A	N/A	N/A	N/A	N/A
Sunflower							N/A	N/A	N/A	N/A	N/A	N/A
United							N/A	N/A	N/A	N/A	N/A	100%
Statewide							N/A	N/A	N/A	N/A	N/A	100%

KDADS HCBS Quality Review Report

Health and Welfare
PM 4: Number and percent of waiver participants who received information on how to report suspected abuse, neglect, or exploitation
Numerator: Number of waiver participants who received information on how to report suspected abuse, neglect, or exploitation
Denominator: Number of waiver participants interviewed by QMS staff or whose records are reviewed
Review Period: 04/01/2023 - 06/30/2023
Data Source: MCO Record Review

Compliance By Waiver	Aetna	Sunflower	United	Statewide
PD	**97%**	**97%**	**94%**	**96%**
Numerator	28	31	34	93
Denominator	29	32	36	97
FE	**93%**	**100%**	**98%**	**97%**
Numerator	27	26	40	93
Denominator	29	26	41	96
IDD	**100%**	**100%**	**100%**	**100%**
Numerator	17	50	31	98
Denominator	17	50	31	98
BI	**92%**	**100%**	**85%**	**91%**
Numerator	23	17	28	68
Denominator	25	17	33	75
TA	**100%**	**100%**	**100%**	**100%**
Numerator	17	20	30	67
Denominator	17	20	30	67
Autism	**100%**	**100%**	**71%**	**86%**
Numerator	4	3	5	12
Denominator	4	3	7	14
SED	**100%**	**100%**	**91%**	**97%**
Numerator	27	33	29	89
Denominator	27	33	32	92

Explanation of Findings:

Performance measure threshold achieved for all waivers.

Remediation:

There is not any need for remediation, all thresholds were met for this measure.

Compliance Trends	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	Jan-Mar 2023	Apr-Jun 2023
PD												
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	38%	33%	85%	88%	93%	97%
Amerigroup		51%	19%	67%	87%	97%	N/A	N/A	N/A	N/A	N/A	N/A
Sunflower		88%	72%	74%	90%	85%	89%	69%	79%	97%	93%	97%
United		90%	80%	88%	88%	95%	90%	62%	79%	92%	97%	94%
Statewide	65%	72%	53%	76%	88%	93%	78%	56%	81%	92%	95%	96%
FE												
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	35%	31%	85%	86%	85%	93%
Amerigroup		59%	16%	61%	85%	92%	N/A	N/A	N/A	N/A	N/A	N/A
Sunflower		86%	62%	84%	89%	80%	92%	63%	79%	94%	100%	100%
United		92%	80%	88%	93%	92%	91%	58%	74%	97%	98%	98%
Statewide	80%	78%	50%	78%	89%	88%	83%	54%	78%	93%	95%	97%
IDD												
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	20%	29%	79%	98%	100%	100%
Amerigroup		23%	6%	59%	78%	86%	N/A	N/A	N/A	N/A	N/A	N/A
Sunflower		87%	59%	75%	82%	85%	83%	56%	73%	96%	98%	100%
United		100%	56%	79%	93%	90%	84%	56%	86%	98%	93%	100%
Statewide	99%	68%	42%	71%	83%	86%	75%	52%	78%	97%	97%	100%
BI												
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	23%	23%	71%	85%	96%	92%
Amerigroup		30%	12%	56%	81%	82%	N/A	N/A	N/A	N/A	N/A	N/A
Sunflower		94%	45%	84%	78%	86%	86%	48%	65%	99%	100%	100%
United		80%	76%	85%	79%	92%	87%	48%	69%	91%	97%	85%
Statewide	57%	63%	34%	69%	80%	85%	73%	41%	68%	92%	97%	91%
TA												
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	27%	33%	75%	96%	100%	100%
Amerigroup		61%	38%	75%	91%	99%	N/A	N/A	N/A	N/A	N/A	N/A
Sunflower		99%	86%	84%	72%	90%	90%	66%	76%	96%	100%	100%
United		97%	61%	79%	95%	84%	93%	59%	85%	99%	96%	100%
Statewide	86%	82%	57%	78%	86%	93%	81%	55%	79%	97%	99%	100%
Autism												
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	0%	8%	57%	75%	100%	100%
Amerigroup		62%	8%	23%	88%	100%	N/A	N/A	N/A	N/A	N/A	N/A
Sunflower		33%	29%	39%	50%	56%	62%	83%	88%	100%	100%	100%
United		43%	14%	6%	13%	47%	77%	16%	87%	95%	100%	71%
Statewide	90%	50%	16%	26%	50%	63%	62%	30%	83%	91%	100%	86%
SED												
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	46%	34%	83%	91%	100%	100%
Amerigroup		88%	64%	27%	25%	75%	N/A	N/A	N/A	N/A	N/A	N/A
Sunflower		80%	53%	22%	16%	39%	66%	43%	75%	97%	91%	100%
United		78%	63%	19%	5%	21%	64%	43%	85%	90%	91%	91%
Statewide	89%	82%	60%	23%	15%	45%	62%	41%	81%	93%	94%	97%

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

KDADS HCBS Quality Review Report

Health and Welfare
PM 5: Number and percent of participants' reported critical incidents that were initiated and reviewed within required time frames
Numerator: Number of participants' reported critical incidents that were initiated and reviewed within required time frames as specified in the approved waiver
Denominator: Number of participants' reported critical incidents
Review Period: 04/01/2023 - 06/30/2023
Data Source: Adverse Incident Reporting

Compliance By Waiver	Aetna	Sunflower	United	Statewide
PD	**98%**	**34%**	**100%**	**80%**
Numerator	48	23	104	175
Denominator	49	67	104	220
FE	**100%**	**27%**	**100%**	**71%**
Numerator	33	25	106	164
Denominator	33	93	106	232
IDD	**99%**	**32%**	**100%**	**62%**
Numerator	367	400	652	1419
Denominator	370	1255	655	2280
BI	**100%**	**31%**	**100%**	**75%**
Numerator	42	23	95	160
Denominator	42	75	95	212
TA	**100%**	**0%**	**100%**	**94%**
Numerator	2	0	31	33
Denominator	2	2	31	35
Autism	**N/A**	**N/A**	**N/A**	**N/A**
Numerator	0	0	0	0
Denominator	0	0	0	0
SED	**N/A**	**0%**	**100%**	**95%**
Numerator	0	0	36	36
Denominator	0	2	36	38

Explanation of Findings:

The reason for non-compliance is due to multiple coding errors within the Adverse Incident Reporting application. These errors impacted the MCOs' access to reports. The Program Integrity and Compliance team reviewed and referred each report to the appropriate MCO. The system is setup to automatically generate a notification email to the MCO and record the date the report was referred. It was identified that although the MCOs were being notified of the referral, not all reports were accessible. Once the limited access to the reports was discovered, the State immediately began working with IT to address the problem. As the State made corrections to the coding, the system was rerouting reports to follow the new coding, but the date of referral was not modified. For this measure, the State compares the date of referral to the date the MCO completed the report. Since the MCOs did not gain access to the reports on the date of referral and the system was correcting the routing of reports as coding errors were identified, the dates recorded in the application are not accurate.

Historical data verifies that all MCOs have performed above threshold since 2020 and the State believes that the drop in performance was caused by the adverse incident reporting application errors.

Remediation:

The State immediately began working with IT personnel and the MCOs to remediate the identified coding concerns. IT personnel and PIC worked together to identify which reports were impacted, and search for solutions. IT personnel corrected several coding errors with the AIR application that caused either the AIR Report Status and/or the MCO Report Status to be incorrect. IT has also put in safeguards in place to minimize the impact of any related errors in the future. They have created an automated process that runs every two hours to find incident reports that have been referred to an MCO, but the MCO Report Status is set to "NOT REFERRED TO MCO". When these reports are identified, IT personnel will update the MCO Report Status to "REFERRED TO MCO" and have also began developing an AIR Management Dashboard to provide real-time statuses and historical statistics of all incident reports.

Additionally, IT personnel plan to build an audit log table to capture changes to relevant fields connected to the incident reports so that a history of data changes can be analyzed when necessary.

Compliance Trends	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	Jan-Mar 2023	Apr-Jun 2023
PD												
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	79%	97%	97%	98%	100%	98%
Amerigroup	No Data						N/A	N/A	N/A	N/A	N/A	N/A
Sunflower							98%	88%	92%	92%	36%	34%
United							100%	99%	99%	100%	98%	100%
Statewide							96%	96%	96%	97%	77%	80%
FE												
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	83%	97%	96%	97%	100%	100%
Amerigroup	No Data						N/A	N/A	N/A	N/A	N/A	N/A
Sunflower							96%	85%	95%	90%	49%	27%
United							98%	99%	100%	100%	99%	100%
Statewide							95%	94%	97%	95%	86%	71%
IDD												
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	85%	93%	98%	99%	100%	99%
Amerigroup	No Data						N/A	N/A	N/A	N/A	N/A	N/A
Sunflower							97%	89%	91%	96%	49%	32%
United							99%	99%	99%	100%	100%	100%
Statewide							96%	93%	94%	97%	71%	62%
BI												
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	91%	100%	96%	98%	100%	100%
Amerigroup	No Data						N/A	N/A	N/A	N/A	N/A	N/A
Sunflower							99%	90%	95%	96%	55%	31%
United							99%	100%	100%	100%	100%	100%
Statewide							98%	96%	97%	98%	86%	75%
TA												
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	93%	100%	100%	100%	100%	100%
Amerigroup	No Data						N/A	N/A	N/A	N/A	N/A	N/A
Sunflower							100%	88%	81%	100%	14%	0%
United							100%	100%	100%	99%	100%	100%
Statewide							98%	98%	97%	99%	84%	94%
Autism												
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	100%	N/A	N/A	N/A
Amerigroup	No Data						N/A	N/A	N/A	N/A	N/A	N/A
Sunflower							N/A	100%	100%	N/A	N/A	N/A
United							100%	100%	100%	N/A	N/A	N/A
Statewide							100%	100%	100%	N/A	N/A	N/A
SED												
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	100%	N/A	100%	N/A
Amerigroup	No Data						N/A	N/A	N/A	N/A	N/A	N/A
Sunflower							N/A	N/A	100%	89%	57%	0%
United							N/A	N/A	100%	100%	100%	100%
Statewide							N/A	N/A	100%	99%	91%	95%

KDADS HCBS Quality Review Report

Health and Welfare
PM 6: Number and percent of reported critical incidents requiring review/investigation where the State adhered to its follow-up measures
Numerator: Number of reported critical incidents requiring review/investigation where the State adhered to the follow-up methods as specified in the approved waiver
Denominator: Number of reported critical incidents
Review Period: 04/01/2023 - 06/30/2023
Data Source: Adverse Incident Reporting

Compliance By Waiver	Aetna	Sunflower	United	Statewide
PD	**100%**	**100%**	**100%**	**100%**
Numerator	47	62	95	204
Denominator	47	62	95	204
FE	**100%**	**100%**	**100%**	**100%**
Numerator	33	89	95	217
Denominator	33	89	95	217
IDD	**100%**	**100%**	**100%**	**100%**
Numerator	367	1249	649	2265
Denominator	367	1249	649	2265
BI	**100%**	**100%**	**100%**	**100%**
Numerator	42	75	94	181
Denominator	42	75	94	181
TA	**100%**	**100%**	**100%**	**100%**
Numerator	2	2	31	35
Denominator	2	2	31	35
Autism	**N/A**	**N/A**	**N/A**	**N/A**
Numerator	0	0	0	0
Denominator	0	0	0	0
SED	**N/A**	**100%**	**100%**	**100%**
Numerator	0	2	35	37
Denominator	0	2	35	37

Explanation of Findings:

Thresholds achieved for all waivers.

Remediation:

There is not any need for remediation, all thresholds were met for this measure.

Compliance Trends	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	Jan-Mar 2023	Apr-Jun 2023
PD												
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	100%	100%	100%	100%	100%	100%
Amerigroup	No Data						N/A	N/A	N/A	N/A	N/A	N/A
Sunflower							100%	100%	100%	100%	100%	100%
United							100%	100%	100%	100%	100%	100%
Statewide							100%	100%	100%	100%	100%	100%
FE												
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	100%	100%	100%	100%	100%	100%
Amerigroup	No Data						N/A	N/A	N/A	N/A	N/A	N/A
Sunflower							100%	100%	100%	100%	100%	100%
United							100%	100%	100%	100%	100%	100%
Statewide							100%	100%	100%	100%	100%	100%
IDD												
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	100%	100%	100%	100%	100%	100%
Amerigroup	No Data						N/A	N/A	N/A	N/A	N/A	N/A
Sunflower							100%	100%	100%	100%	100%	100%
United							100%	100%	100%	100%	100%	100%
Statewide							100%	100%	100%	100%	100%	100%
BI												
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	100%	100%	100%	100%	100%	100%
Amerigroup	No Data						N/A	N/A	N/A	N/A	N/A	N/A
Sunflower							100%	100%	100%	100%	100%	100%
United							100%	100%	100%	100%	100%	100%
Statewide							100%	100%	100%	100%	100%	100%
TA												
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	100%	100%	100%	100%	N/A	100%
Amerigroup	No Data						N/A	N/A	N/A	N/A	N/A	N/A
Sunflower							100%	100%	100%	100%	100%	100%
United							100%	100%	100%	100%	100%	100%
Statewide							100%	100%	100%	100%	100%	100%
Autism												
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	100%	N/A	N/A	N/A
Amerigroup	No Data						N/A	N/A	N/A	N/A	N/A	N/A
Sunflower							N/A	100%	100%	N/A	N/A	N/A
United							100%	100%	100%	N/A	N/A	N/A
Statewide							100%	100%	100%	N/A	N/A	N/A
SED												
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	100%	100%	100%	N/A
Amerigroup	No Data						N/A	N/A	N/A	N/A	N/A	N/A
Sunflower							N/A	N/A	100%	100%	100%	100%
United							N/A	N/A	100%	100%	100%	100%
Statewide							N/A	N/A	100%	100%	100%	100%

KDADS HCBS Quality Review Report

Health and Welfare
PM 7: Number and percent of restraint applications, seclusion or other restrictive interventions that followed procedures as specified in the approved waiver
Numerator: Number of restraint applications, seclusion or other restrictive interventions that followed procedures as specified in the approved waiver
Denominator: Number of restraint applications, seclusion or other restrictive interventions
Review Period: 04/01/2023 - 06/30/2023
Data Source: Adverse Incident Reporting

Compliance By Waiver	Aetna	Sunflower	United	Statewide
PD	**N/A**	**N/A**	**N/A**	**N/A**
Numerator	0	0	0	0
Denominator	0	0	0	0
FE	**N/A**	**N/A**	**N/A**	**N/A**
Numerator	0	0	0	0
Denominator	0	0	0	0
IDD	**85%**	**96%**	**97%**	**94%**
Numerator	28	78	35	141
Denominator	33	81	36	150
BI	**N/A**	**N/A**	**N/A**	**N/A**
Numerator	0	0	0	0
Denominator	0	0	0	0
TA	**N/A**	**N/A**	**N/A**	**N/A**
Numerator	0	0	0	0
Denominator	0	0	0	0
Autism	**N/A**	**N/A**	**N/A**	**N/A**
Numerator	0	0	0	0
Denominator	0	0	0	0
SED	**N/A**	**N/A**	**0%**	**0%**
Numerator	0	0	0	0
Denominator	0	0	1	1

Explanation of Findings:

SED fell under the threshold since the waiver does not allow for the use of any restrictive interventions. This report is for an unauthorized use of physical restraint initiated by a family member with members of the individuals support team present.The incident was appropriately reported into AIR and to DCF for proper investigation.

Remediation:

The incident did not occur on the behalf of a provider, all parties involved reported the incident to the appropriate authorities ensuring appropriate follow-up. There is no additional remediation required.

Compliance Trends	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	Jan-Mar 2023	Apr-Jun 2023
PD												
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Amerigroup	No Data						N/A	N/A	N/A	N/A	N/A	N/A
Sunflower							N/A	N/A	N/A	0%	N/A	N/A
United							N/A	N/A	N/A	100%	N/A	N/A
Statewide							N/A	N/A	N/A	50%	N/A	N/A
FE												
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	0%	N/A	N/A
Amerigroup	No Data						N/A	N/A	N/A	N/A	N/A	N/A
Sunflower							N/A	N/A	N/A	0%	N/A	N/A
United							0%	N/A	N/A	50%	N/A	N/A
Statewide							0%	N/A	N/A	25%	N/A	N/A
IDD												
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	100%	90%	75%	93%	91%	85%
Amerigroup	No Data						N/A	N/A	N/A	N/A	N/A	N/A
Sunflower							91%	N/A	89%	92%	98%	96%
United							58%	N/A	72%	92%	93%	97%
Statewide							83%	93%	82%	92%	95%	94%
BI												
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Amerigroup	No Data						N/A	N/A	N/A	N/A	N/A	N/A
Sunflower							N/A	N/A	N/A	N/A	N/A	N/A
United							N/A	N/A	100%	N/A	N/A	N/A
Statewide							N/A	N/A	100%	N/A	N/A	N/A
TA												
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Amerigroup	No Data						N/A	N/A	N/A	N/A	N/A	N/A
Sunflower							N/A	N/A	N/A	N/A	N/A	N/A
United							0%	N/A	N/A	N/A	N/A	N/A
Statewide							0%	N/A	N/A	N/A	N/A	N/A
Autism												
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Amerigroup	No Data						N/A	N/A	N/A	N/A	N/A	N/A
Sunflower							N/A	N/A	N/A	N/A	N/A	N/A
United							N/A	N/A	N/A	N/A	N/A	N/A
Statewide							N/A	N/A	N/A	N/A	N/A	N/A
SED												
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Amerigroup	No Data						N/A	N/A	N/A	N/A	N/A	N/A
Sunflower							N/A	N/A	N/A	100%	N/A	N/A
United							N/A	N/A	100%	N/A	N/A	0%
Statewide							N/A	N/A	100%	100%	N/A	0%

KDADS HCBS Quality Review Report

Health and Welfare
PM 8: Number and percent of unauthorized uses of restrictive interventions that were appropriately reported
Numerator: Number of unauthorized uses of restrictive interventions that were appropriately reported
Denominator: Number of unauthorized uses of restrictive interventions
Review Period: 04/01/2023 - 06/30/2023
Data Source: Adverse Incident Reporting

Compliance By Waiver	Aetna	Sunflower	United	Statewide
PD	**N/A**	**N/A**	**N/A**	**N/A**
Numerator	0	0	0	0
Denominator	0	0	0	0
FE	**N/A**	**N/A**	**N/A**	**N/A**
Numerator	0	0	0	0
Denominator	0	0	0	0
IDD	**N/A**	**100%**	**100%**	**100%**
Numerator	0	2	2	4
Denominator	0	2	2	4
BI	**N/A**	**N/A**	**N/A**	**N/A**
Numerator	0	0	0	0
Denominator	0	0	0	0
TA	**N/A**	**N/A**	**N/A**	**N/A**
Numerator	0	0	0	0
Denominator	0	0	0	0
Autism	**N/A**	**N/A**	**N/A**	**N/A**
Numerator	0	0	0	0
Denominator	0	0	0	0
SED	**N/A**	**N/A**	**100%**	**100%**
Numerator	0	0	1	1
Denominator	0	0	1	1

Explanation of Findings:

Thresholds achieved for all waivers.

Remediation:

There is not any need for remediation, all thresholds were met for this measure.

Compliance Trends	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	Jan-Mar 2023	Apr-Jun 2023
PD												
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Amerigroup	No Data						N/A	N/A	N/A	N/A	N/A	N/A
Sunflower							N/A	N/A	N/A	N/A	N/A	N/A
United							N/A	N/A	100%	N/A	N/A	N/A
Statewide							N/A	N/A	100%	N/A	N/A	N/A
FE												
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Amerigroup	No Data						N/A	N/A	N/A	N/A	N/A	N/A
Sunflower							N/A	N/A	N/A	N/A	N/A	N/A
United							N/A	N/A	N/A	N/A	N/A	N/A
Statewide							N/A	N/A	N/A	N/A	N/A	N/A
IDD												
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	N/A	90%	100%	N/A	100%	N/A
Amerigroup	No Data						N/A	N/A	N/A	N/A	N/A	N/A
Sunflower							100%	N/A	78%	100%	100%	100%
United							91%	100%	58%	100%	100%	100%
Statewide							94%	100%	68%	100%	100%	100%
BI												
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Amerigroup	No Data						N/A	N/A	N/A	N/A	N/A	N/A
Sunflower							N/A	N/A	N/A	N/A	N/A	N/A
United							N/A	N/A	N/A	N/A	N/A	N/A
Statewide							N/A	N/A	N/A	N/A	N/A	N/A
TA												
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Amerigroup	No Data						N/A	N/A	N/A	N/A	N/A	N/A
Sunflower							N/A	N/A	N/A	N/A	N/A	N/A
United							100%	N/A	N/A	N/A	N/A	N/A
Statewide							100%	N/A	N/A	N/A	N/A	N/A
Autism												
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Amerigroup	No Data						N/A	N/A	N/A	N/A	N/A	N/A
Sunflower							N/A	N/A	N/A	N/A	N/A	N/A
United							N/A	N/A	N/A	N/A	N/A	N/A
Statewide							N/A	N/A	N/A	N/A	N/A	N/A
SED												
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Amerigroup	No Data						N/A	N/A	N/A	N/A	N/A	N/A
Sunflower							N/A	N/A	N/A	N/A	N/A	N/A
United							N/A	N/A	N/A	N/A	N/A	100%
Statewide							N/A	N/A	N/A	N/A	N/A	100%

KDADS HCBS Quality Review Report

Health and Welfare
PM 9: Number and percent of waiver participants who received physical exams in accordance with State policies
Numerator: Number of HCBS participants who received physical exams in accordance with State policies
Denominator: Number of HCBS participants whose service plans were reviewed
Review Period: 04/01/2023 - 06/30/2023
Data Source: MCO Record Review

Compliance By Waiver	Aetna	Sunflower	United	Statewide
PD	**93%**	**66%**	**97%**	**86%**
Numerator	27	21	35	83
Denominator	29	32	36	97
FE	**69%**	**62%**	**88%**	**75%**
Numerator	20	16	36	72
Denominator	29	26	41	96
IDD	**100%**	**86%**	**90%**	**90%**
Numerator	17	43	28	88
Denominator	17	50	31	98
BI	**84%**	**88%**	**91%**	**88%**
Numerator	21	15	30	66
Denominator	25	17	33	75
TA	**88%**	**85%**	**97%**	**91%**
Numerator	15	17	29	61
Denominator	17	20	30	67
Autism	**100%**	**100%**	**86%**	**93%**
Numerator	4	3	6	13
Denominator	4	3	7	14
SED	**89%**	**85%**	**84%**	**86%**
Numerator	24	28	27	79
Denominator	27	33	32	92

Explanation of Findings:

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

Remediation:

Data reviews and audit requirements are continued to be discussed and reviewed with MCOs at the scheduled quarterly meetings and the Quality Improvement Plan (QIP) meetings until measures meet 86% or greater.

MCOs have continued to struggle to obtain evidence of a participant's physical exam. Several factors have an effect on this outcome. MCOs are relying on outside agencies to provide them with this documentation. At times, participants choose not to engage in an annual physical. Providers outside of the MCO's network complete the annual physical, therefore there are no billing codes to reference. Third-party liability continues to be a concern in some medical networks.

KDADS hired an Eligibility Specialist for the FE and BI waivers in May of 2022 in order to allow those Program Managers to be more effective.

The State has continued to educate the MCOs on regulation, answer questions, and offer suggestions. The State encourages the MCOs to obtain and document verbal reports of physical exams. MCOs have implemented various methods in addressing this Performance Measure, including developing tools that Care Coordinators can utilize that assist them in identifying how/who to ask for physical exams, additional trainings, and incorporating administrative support. Some of these implementation dates are as recent as June 1st of 2023, so although the Performance Measures Percentages continue to be non-compliant, MCOs continue to make systematic improvements with KDADS oversight.

The State also has a Quality Review Tracker that notifies Program Managers of outstanding issues so that they can be addressed.

Each MCO has updated their resource tools and internal monitoring systems to address their self-administered audit results in a timely manner.

Compliance Trends	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	Jan-Mar 2023	Apr-Jun 2023
PD												
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	76%	68%	68%	72%	86%	93%
Amerigroup		78%			20%	46%	N/A	N/A	N/A	N/A	N/A	N/A
Sunflower		81%			34%	40%	54%	71%	75%	83%	76%	66%
United		88%			34%	23%	77%	79%	94%	94%	97%	97%
Statewide	Not a Measure	82%	No Data	No Data	29%	37%	68%	73%	80%	84%	87%	86%
FE												
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	56%	64%	76%	83%	74%	69%
Amerigroup		89%			23%	34%	N/A	N/A	N/A	N/A	N/A	N/A
Sunflower		97%			31%	28%	59%	66%	56%	60%	65%	62%
United		97%			31%	18%	71%	78%	86%	92%	93%	88%
Statewide	Not a Measure	95%	No Data	No Data	29%	27%	64%	71%	74%	80%	80%	75%
IDD												
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	88%	83%	73%	84%	88%	100%
Amerigroup		91%			28%	56%	N/A	N/A	N/A	N/A	N/A	N/A
Sunflower		99%			52%	70%	86%	84%	88%	89%	94%	86%
United		99%			26%	29%	72%	73%	87%	88%	100%	90%
Statewide	Not a Measure	97%	No Data	No Data	39%	56%	82%	83%	85%	88%	95%	90%
BI												
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	60%	81%	76%	80%	78%	84%
Amerigroup		84%			21%	29%	N/A	N/A	N/A	N/A	N/A	N/A
Sunflower		94%			32%	30%	55%	76%	66%	76%	53%	88%
United		93%			19%	35%	78%	88%	92%	93%	97%	91%
Statewide	Not a Measure	90%	No Data	No Data	23%	30%	64%	82%	79%	84%	80%	88%
TA												
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	81%	74%	88%	85%	83%	88%
Amerigroup		100%			39%	54%	N/A	N/A	N/A	N/A	N/A	N/A
Sunflower		100%			56%	79%	91%	69%	84%	81%	86%	85%
United		97%			68%	62%	87%	85%	86%	90%	93%	97%
Statewide	Not a Measure	100%	No Data	No Data	49%	63%	88%	77%	86%	86%	88%	91%
Autism												
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	40%	79%	57%	83%	100%	100%
Amerigroup		100%			56%	90%	N/A	N/A	N/A	N/A	N/A	N/A
Sunflower		92%			65%	73%	77%	100%	100%	91%	67%	100%
United		100%			19%	42%	60%	43%	87%	91%	100%	86%
Statewide	Not a Measure	98%	No Data	No Data	48%	59%	63%	65%	87%	89%	92%	93%
SED												
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	70%	84%	76%	80%	85%	89%
Amerigroup		54%			76%	87%	N/A	N/A	N/A	N/A	N/A	N/A
Sunflower		55%			27%	71%	72%	73%	81%	73%	79%	85%
United		46%			47%	61%	59%	62%	81%	76%	76%	84%
Statewide	Not a Measure	52%	No Data	No Data	52%	67%	66%	71%	80%	76%	80%	86%

KDADS HCBS Quality Review Report

Health and Welfare
PM 10: Number and percent of waiver participants who have a disaster red flag designation with a related disaster backup plan
Numerator: Number of waiver participants who have a disaster red flag designation with a related disaster backup plan
Denominator: Number of waiver participants with a red flag designation
Review Period: 04/01/2023 - 06/30/2023
Data Source: MCO Record Review

Compliance By Waiver	Aetna	Sunflower	United	Statewide
PD	**97%**	**97%**	**94%**	**96%**
Numerator	28	31	34	93
Denominator	29	32	36	97
FE	**93%**	**100%**	**98%**	**97%**
Numerator	27	26	40	93
Denominator	29	26	41	96
IDD	**94%**	**98%**	**100%**	**98%**
Numerator	16	49	31	96
Denominator	17	50	31	98
BI	**92%**	**100%**	**88%**	**92%**
Numerator	23	17	29	69
Denominator	25	17	33	75
TA	**100%**	**100%**	**100%**	**100%**
Numerator	17	20	30	67
Denominator	17	20	30	67
Autism	**100%**	**100%**	**71%**	**86%**
Numerator	4	3	5	12
Denominator	4	3	7	14
SED	Not a Waiver Performance Measure			
Numerator				
Denominator				

Explanation of Findings:

Performance measure threshold achieved for all waivers.

Remediation:

There is not any need for remediation, all thresholds were met for this measure.

Compliance Trends	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	Jan-Mar 2023	Apr-Jun 2023
PD												
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	79%	52%	81%	87%	89%	97%
Amerigroup		59%	53%	73%	86%	96%	N/A	N/A	N/A	N/A	N/A	N/A
Sunflower		77%	49%	66%	79%	85%	86%	64%	75%	95%	93%	97%
United		64%	80%	88%	87%	94%	88%	56%	76%	91%	97%	94%
Statewide	Not a Measure	67%	58%	75%	84%	92%	85%	58%	77%	91%	94%	96%
FE												
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	77%	47%	82%	86%	85%	93%
Amerigroup		61%	62%	72%	84%	90%	N/A	N/A	N/A	N/A	N/A	N/A
Sunflower		72%	56%	72%	77%	81%	86%	60%	72%	92%	96%	100%
United		76%	81%	85%	91%	91%	89%	56%	73%	97%	98%	98%
Statewide	59%	70%	65%	76%	84%	87%	86%	56%	75%	93%	94%	97%
IDD												
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	64%	50%	76%	98%	100%	94%
Amerigroup		67%	61%	65%	74%	86%	N/A	N/A	N/A	N/A	N/A	N/A
Sunflower		58%	32%	59%	70%	72%	78%	52%	66%	95%	94%	98%
United		70%	58%	73%	90%	86%	80%	51%	84%	98%	93%	100%
Statewide	Not a Measure	64%	47%	64%	76%	79%	77%	52%	74%	96%	95%	98%
BI												
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	48%	30%	70%	84%	96%	92%
Amerigroup		46%	49%	62%	80%	82%	N/A	N/A	N/A	N/A	N/A	N/A
Sunflower		68%	42%	80%	84%	88%	85%	44%	58%	98%	100%	100%
United		56%	74%	80%	79%	89%	86%	41%	65%	91%	97%	88%
Statewide	Not a Measure	56%	52%	70%	81%	85%	77%	39%	65%	91%	97%	92%
TA												
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	65%	47%	75%	96%	100%	100%
Amerigroup		75%	54%	79%	90%	99%	N/A	N/A	N/A	N/A	N/A	N/A
Sunflower		91%	58%	77%	78%	85%	89%	63%	67%	95%	100%	100%
United		86%	63%	79%	95%	86%	91%	46%	85%	98%	96%	100%
Statewide	Not a Measure	83%	57%	78%	87%	92%	86%	52%	76%	97%	99%	100%
Autism												
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	17%	21%	57%	75%	100%	100%
Amerigroup		77%	44%	32%	88%	100%	N/A	N/A	N/A	N/A	N/A	N/A
Sunflower		53%	27%	67%	80%	72%	77%	78%	88%	100%	100%	100%
United		38%	7%	6%	13%	41%	69%	13%	80%	95%	100%	71%
Statewide	Not a Measure	64%	30%	40%	62%	67%	64%	31%	81%	91%	100%	86%
SED	Not a Waiver Performance Measure											
Aetna												
Amerigroup												
Sunflower												
United												
Statewide												

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

KDADS HCBS Quality Review Report

Financial Accountability
PM 1: Number and percent of clean claims that are paid by the managed care organization within the timeframes specified in the contract
Numerator: Number of clean claims that are paid by the managed care organization within the timeframes specified in the contract
Denominator: Total number of provider claims
Review Period: 04/01/2023 - 06/30/2023
Data Source: MCO Claims Data

Compliance By Waiver	Statewide
PD	**99%**
Numerator	74,294
Denominator	74,305
FE	**99%**
Numerator	49,676
Denominator	49,683
IDD	**99%**
Numerator	128,528
Denominator	128,545
BI	**99%**
Numerator	18,945
Denominator	19,846
TA	**99%**
Numerator	7,260
Denominator	7,273
Autism	**100%**
Numerator	40
Denominator	40
SED	**100%**
Numerator	18,744
Denominator	18,744
All HCBS Waivers	**99%**
Numerator	297,487
Denominator	297,536

Compliance Trends	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	Jan-Mar 2023	Apr-Jun 2023
PD												
Statewide	Not a Measure	N/A	N/A	N/A	N/A	96%	97%	99%	99%	99%	99%	99%
FE												
Statewide	Not a Measure	N/A	N/A	N/A	N/A	95%	95%	97%	99%	99%	99%	99%
IDD												
Statewide	Not a Measure	N/A	N/A	N/A	N/A	97%	95%	96%	97%	99%	99%	99%
BI												
Statewide	Not a Measure	N/A	N/A	N/A	N/A	90%	94%	97%	98%	99%	99%	99%
TA												
Statewide	Not a Measure	N/A	N/A	N/A	N/A	91%	95%	95%	99%	99%	99%	99%
Autism												
Statewide	Not a Measure	N/A	N/A	N/A	N/A	82%	95%	76%	97%	100%	100%	100%
SED												
Statewide	Not a Measure	N/A	N/A	N/A	N/A	82%	78%	90%	95%	99%	100%	100%
All HCBS Waivers												
Statewide	Not a Measure	90%	88%	95%	95%	95%	95%	97%	98%	99%	99%	99%

Explanation of Findings:

Threshold achieved for all waivers.

Remediation:

No remediation necessary.

KDADS HCBS Quality Review Report

Financial Accountability
PM 2: Number and percent of payment rates that were certified to be actuarially sound by the State's actuary and approved by CMS
Numerator: Number of payment rates that were certified to be actuarially sound by the State's actuary and approved by CMS
Denominator: Total number of capitation (payment) rates
Review Period: Calendar Year 2023
Data Source: KDHE

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

Compliance Trends	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
PD											
Statewide	Not a Measure	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
FE											
Statewide	Not a Measure	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
IDD											
Statewide	Not a Measure	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
TBI											
Statewide	Not a Measure	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
TA											
Statewide	Not a Measure	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Autism											
Statewide	Not a Measure	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
SED											
Statewide	Not a Measure	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%

Explanation of Findings:

Threshold achieved for all waivers.

Remediation:

No remediation necessary

KanCare Ombudsman Office

Report for Quarter 4, 2023

(based on calendar year)

October 1 – December 31, 2023

Suzanne Lueker, JD, LL.M
KanCare Ombudsman / Executive Director
KanCare Ombudsman Office
Office of Public Advocates
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Toll Free: 1-855-643-8180
Relay: 711
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Website: www.KanCare.ks.gov/Ombudsman
Find us on Facebook

I. Table of Contents

II. Brief Overview

A. KanCare Ombudsman Office Statement of Purpose

The primary role of the KanCare Ombudsman Office is to help individuals understand how to navigate the KanCare system, and to assist them in solving any problems or difficulties they encounter. As such, treating people with dignity and respect is a core value of the KanCare Ombudsman Office.

Our staff regularly assists with answering questions and resolving issues related to KanCare and Medicaid, including but not limited to:

- Understanding letters from KanCare;
- Responding when a member disagrees with a decision or change in coverage;
- Completing an initial or renewal application;
- Filing an appeal or fair hearing request;
- Filing a complaint (grievance);
- Learning about in-home services (Home & Community Based Services)

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

B. Introduction to the New Ombudsman Assistant

Lydia Brookins joined the KanCare Ombudsman Office on December 4, 2023. Lydia recently graduated with her Bachelor of Arts in Social Work from Wichita State University. During her senior year, she served in the KanCare Ombudsman Office as a practicum student and AmeriCorps Member from 2022-2023. Lydia has a passion for reducing barriers to healthcare, having helped clients in the past to sign up for Marketplace and Medicare insurance from 2018-2019. She has experience with persons with intellectual disabilities, having worked in a High School Special Education program and volunteering with Special Olympics from 2014-2017. Lydia is based in the Wichita satellite location through a partnership with WSU's Community Engagement Institute.

III. Accessibility to the KanCare Ombudsman Office

A. Initial Contacts

The KanCare Ombudsman Office was available to members and applicants of KanCare/Kansas Medicaid by phone, email, written communication, social media, the Integrated Referral and Intake System (IRIS) and WellSky (formerly Healthify) during the fourth quarter of 2023. The category of "Initial Contacts" is a measurement of the number of people who have contacted our office, not the number of contacts within the time of helping them.

As you can see in the chart below, the fourth quarter number is the third highest it has been since the beginning of the pandemic.

Initial Contacts	Qtr. 1	Qtr. 2	Qtr. 3	Qtr. 4
2019	1,060	1,097	1,071	915
2020	903	478	562	601
2021	564	591	644	566
2022	524	526	480	546
2023	645	901	870	693

The chart below shows the impact of the public health emergency (PHE) to the number of contacts for these two organizations. You can see that Q3 of 2023 (-4%) was very similar to pre-pandemic numbers, at just 4% under the Q1/2020 number. Q4 of 2023 is lower, yet similar to the numbers experienced in Q1 of 2023.

	KanCare Ombudsman Office Contacts	% +/- Comparison to Q1/20	KanCare Clearing-house Contacts	% +/- Comparison to Q1/20
Q4/19	915		126,682	
Q1/20	903		128,033	
Q2/20	478	-47%	57,720	-55%
Q3/20	562	-38%	57,425	-55%
Q4/20	601	-33%	59,161	-54%
Q1/21	564	-38%	81,398	-36%
Q2/21	591	-35%	64,852	-49%
Q3/21	644	-29%	65,156	-49%
Q4/21	566	-37%	50,009	-61%
Q1/22	524	-42%	52,821	-59%
Q2/22	526	-42%	48,546	-62%
Q3/22	480	-47%	49,971	-61%
Q4/22	546	-40%	49,741	-61%
Q1/23	645	-29%	57,899	-55%
Q2/23	901	-0.2%		
Q3/23	870	-4%		
Q4/23	693	-23%		

B. Accessibility through the KanCare Ombudsman Volunteer Program

The KanCare Ombudsman Office has two satellite offices for the volunteer program: one in the Kansas City Metro and one in Wichita. The volunteers in both satellite offices answer KanCare questions for members and assist with outreach projects as needed.

During the fourth quarter, five volunteers assisted in the offices. Calls to the toll-free number are covered by volunteers in the satellite offices. When a gap in coverage exists, the Topeka staff receive all incoming calls.

Office	Volunteer Hours	# of Volunteers	# of hours covered/wk.	Area Codes covered
Kansas City Office	Mon: 9:00am to noon Tues: 1:00 to 4:00pm Thurs. 9am to noon	2	9	Northern Kansas Area Codes 785, 913, (and 816)
Wichita Office	Mon: 9:00 to 4pm Tues: 9:00 to noon Wed. 9am to 4pm Thurs: 9am to noon	3	20	Southern Kansas Area Codes 316, 620

As of December 31, 2023

IV. KanCare Ombudsman Office Outreach

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

- Resources provided on the KanCare Ombudsman webpage;
- Resources provided with contacts to members, applicants, and providers;
- Outreach through presentations, conferences, conference calls, video calls, social media, and in-person contacts.

The chart below shows the outreach efforts during the fourth quarter (including Facebook) by the KanCare Ombudsman Office. For a detailed listing of outreach activities, please see Appendix A.

	Q1/22	Q2/22	Q3/22	Q4/22	Q1/23	Q2/23	Q3/23	Q4/23
Outreach	77	86	100	73	87	84	58	77

Facebook is an important part of the KanCare Ombudsman Office outreach. The Wichita Satellite office team is responsible for the Facebook research, creation and posting on this medium. They also monitor the level of interaction that each post has, as a measure of outreach for the office.

	Q1/22	Q2/22	Q3/22	Q4/22	Q1/23	Q2/23	Q3/23	Q4/23
Facebook posts	43	45	38	51	55	43	29	53

**Please see Appendix A for a detailed listing of outreach activities.*

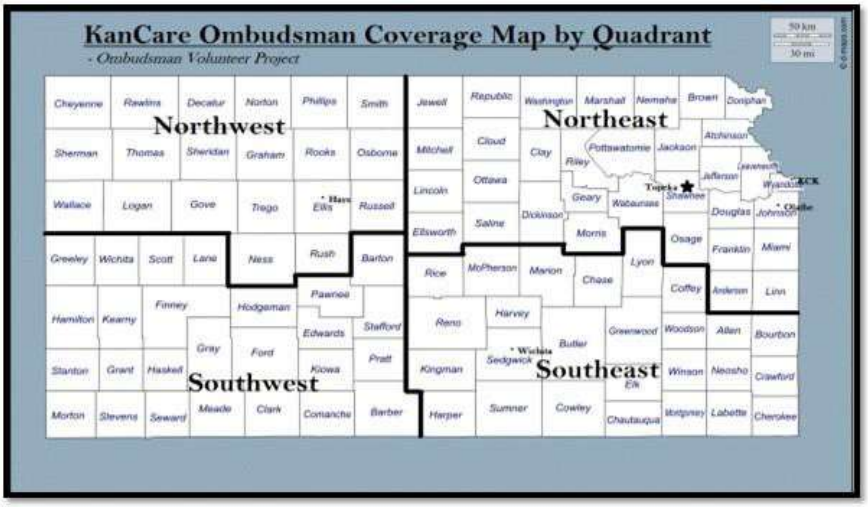
V. KanCare Ombudsman Office Data

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

A. Data by Region

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

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



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

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

KanCare Ombudsman Office Member Contacts by Region

REGION	Q1/22	Q2/22	Q3/22	Q4/22	Q1/23	Q2/23	Q3/23	Q4/23
Northwest	6	3	3	4	10	6	1	7
Northeast	77	88	98	150	170	163	99	68
Southwest	11	8	3	14	13	11	3	8
Southeast	73	70	75	120	125	66	35	62
Unknown	353	355	299	247	325	650	732	548
Out of State	4	2	2	11	2	5	0	0
Total	**524**	**526**	**480**	**546**	**645**	**901**	**870**	**693**

- **Kansas Medicaid members by Region**

The chart below shows the **Kansas Medicaid population** by the KanCare Ombudsman regions. Most of the Medicaid population is in the eastern two regions. The renewal process started in March 2023, so these numbers will begin to decrease due to updated information on eligibility.

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

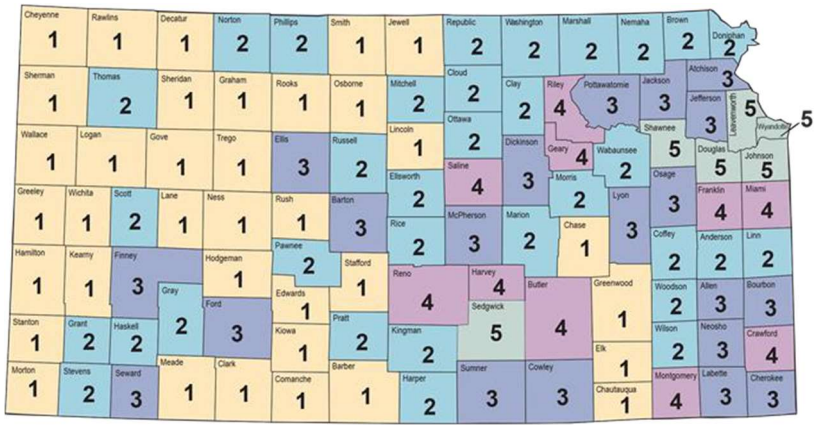
Medicaid Members by Region

Region	Q1/22	Q2/22	Q3/22	Q4/22	Q1/23	Q2/23	Q3/23	Q4/23
Northwest	15,281	15,393	15,670	15,670	16,093	15,447	14,710	13,782
Northeast	235,371	239,190	243,511	243,511	250,362	238,913	226,659	209,704
Southwest	45,647	46,516	47,573	47,573	49,104	46,722	44,021	40,139
Southeast	213,493	217,347	221,215	221,215	226,581	219,757	209,304	194,615
Total	**509,792**	**518,446**	**527,969**	**527,969**	**542,140**	**520,839**	**494,694**	**458,240**

- **Kansas Population Density**

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

This map is based on 2019 data. The Kansas Population Density map shows population density using number of people per square mile (ppsm).



*Map Source: Office of Health Care Information, KDHE • Office of Local and Rural Health, KDHE

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

B. Data by Office Location

During the fourth quarter, we had the assistance of volunteers in the satellite offices approximately four days per week. When there was no volunteer coverage for the day, the Ombudsman Assistants or the Ombudsman took the toll-free number calls.

This chart shows that the Topeka main office has been greatly assisted by the two satellite offices, especially given the increase in initial contacts for the office.

Contacts by Office	Q1/22	Q2/22	Q3/22	Q4/22	Q1/23	Q2/23	Q3/23	Q4/23
Main - Topeka	347	344	258	286	280	438	231	134
Kansas City Metro	78	119	144	129	190	233	358	263
Wichita	99	63	78	131	175	230	281	296
Total	**524**	**526**	**480**	**546**	**645**	**901**	**870**	**693**

C. Data by Contact Method

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

Contact Method	Q1/22	Q2/22	Q3/22	Q4/22	Q1/23	Q2/23	Q3/23	Q4/23
Telephone	377	386	364	366	454	624	767	603
Email	144	137	111	151	174	205	101	86
Letter	0	0	1	1	2	1	0	0
Face-to-Face Meeting	2	1	4	6	10	8	1	1
Other	0	0	0	21	2	3	0	1
Online	1	2	0	1	3	0	1	2
CONTACT METHOD TOTAL	**524**	**526**	**480**	**546**	**645**	**901**	**870**	**693**

D. Data by Caller Type

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

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

CALLER TYPE	Q1/22	Q2/22	Q3/22	Q4/22	Q1/23	Q2/23	Q3/23	Q4/23
Provider	93	88	67	91	106	102	65	62
Consumer	364	346	333	384	469	688	757	593
MCO Employee	2	5	2	3	1	6	3	2
Other Type	65	87	78	68	69	105	45	36
CALLER TYPE TOTAL	**524**	**526**	**480**	**546**	**645**	**901**	**870**	**693**

E. Data by Program Type

The KanCare Ombudsman Office had a significant increase in contacts regarding the Frail Elderly HCBS waiver between the fourth quarter of 2022 to the first quarter of 2023. Elevated numbers have continued in the third and fourth quarters of 2023, albeit slightly less than quarters one and two of 2023.

PROGRAM TYPE	Q1/22	Q2/22	Q3/22	Q4/22	Q1/23	Q2/23	Q3/23	Q4/23
PD	26	17	11	15	13	19	11	11
I/DD	10	14	16	19	10	20	13	14
FE	18	21	14	12	26	26	17	17
AUTISM	1	2	2	0	0	1	1	6
SED	5	6	6	7	6	5	5	0
TBI	5	2	11	6	10	9	8	17
TA	0	7	9	3	1	5	2	1
WH	0	0	0	1	0	5	0	0
MFP	2	1	0	1	3	0	0	0
PACE	0	0	0	0	2	1	0	0

PROGRAM TYPE	Q1/22	Q2/22	Q3/22	Q4/22	Q1/23	Q2/23	Q3/23	Q4/23
MENTAL HEALTH	3	1	3	2	1	5	0	1
SUB USE DIS	0	0	0	1	0	0	0	0
NURSING FACILITY	29	21	19	36	13	9	9	15
FOSTER CARE	3	0	0	0	1	3	3	0
MEDIKAN	1	1	0	2	0	0	4	0
INSTITUTIONAL TRANSITION FROM LTC/NF	1	1	2	3	2	2	0	0
INSTITUTIONAL TRANSITION FROM MH/BH	0	1	0	1	0	0	0	0
INSTITUTIONAL TRANSITION FROM PRISON/JAIL	0	0	0	1	0	1	0	1
PROGRAM TYPE TOTAL	**104**	**95**	**93**	**110**	**88**	**111**	**73**	**83**

**There may be multiple selections for a member/contact.*

F. Data by Priorities

The Ombudsman Office is tracking priorities for two purposes:

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

The priorities are defined as follows:

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

PRIORITY	Q1/22	Q2/22	Q3/22	Q4/22	Q1/23	Q2/23	Q3/23	Q4/23
HCBS	29	37	43	64	62	64	51	56
Long Term Care / MF	28	22	14	43	27	16	10	12
Urgent Medical Need	8	8	10	10	9	15	19	24
Urgent	17	17	10	27	17	40	62	75
Life Threatening	2	2	1	3	3	0	3	1
PRIORITIES TOTAL	**84**	**86**	**78**	**147**	**118**	**135**	**145**	**168**

G. Data by Issue Categories

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

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

- **Medicaid Issues**

The issue that received increased contacts during fourth quarter was under the auspice of Grievances/Questions/Issues. We also continue to see increased correspondence with Medicaid Application Assistance; Medicaid General Issues/Questions; as well as Medicaid Information (Status) Updates.

MEDICAID ISSUES	Q1/22	Q2/22	Q3/22	Q4/22	Q1/23	Q2/23	Q3/23	Q4/23
Access to Providers (usually Medical)	12	10	17	31	17	10	11	13
Appeals/Fair Hearing questions/issues	8	11	7	12	16	12	7	12
Background Checks	0	0	0	0	0	0	0	0
Billing	39	29	32	34	35	45	26	29
Care Coordinator Issues	8	8	12	9	11	12	9	4
Change MCO	4	4	7	2	6	6	6	5
Choice Info on MCO	4	1	2	4	5	4	5	6
Coding Issues	4	7	5	0	3	2	2	5
Consumer said Notice not received	5	0	0	2	2	1	0	6
Cultural Competency	1	0	0	1	0	1	0	0
Data Requests	10	10	7	7	5	10	6	10
Dental	7	6	8	7	10	8	2	3
Division of Assets	13	12	3	7	6	12	6	5
Durable Medical Equipment	4	8	6	13	9	10	5	6
Grievances Questions/Issues	13	16	23	25	18	25	12	26
Help understanding mail (NOA)	16	8	8	24	21	14	9	6
MCO transition	2	1	2	1	0	1	5	2
Medicaid Application Assistance	110	95	90	116	120	107	141	143
Medicaid Eligibility Issues	102	105	100	95	111	121	97	79
Medicaid Fraud	1	3	3	2	6	1	5	5
Medicaid General Issues/questions	167	139	145	172	182	228	236	237
Medicaid info (status) update	78	94	88	71	112	117	236	154
Medicaid Renewal	2	8	3	7	12	167	126	100
Medical Card issues	14	12	18	12	14	17	20	16
Medicare Savings Plan Issues	26	19	11	25	21	23	33	18
MediKan issues	3	9	4	3	5	6	8	3
Moving to / from Kansas	8	5	12	12	8	13	27	17
Medical Services	19	16	20	36	17	16	18	19
Pain management issues	1	3	2	1	0	0	0	2
Pharmacy	10	5	6	8	10	21	14	14

MEDICAID ISSUES	Q1/22	Q2/22	Q3/22	Q4/22	Q1/23	Q2/23	Q3/23	Q4/23
Pregnancy issues	18	13	5	17	8	19	12	12
Prior authorization issues	1	11	3	5	1	5	1	12
Refugee/Immigration/SOBRA issues	0	3	2	3	2	1	3	2
Respite	1	1	1	0	0	0	0	1
Spend Down Issues	17	28	13	23	15	14	19	19
Transportation	13	15	7	10	12	6	6	7
Working Healthy	6	2	3	2	1	2	2	0
MEDICAID ISSUES TOTAL	**747**	**717**	**675**	**799**	**821**	**1057**	**1115**	**996**

**There may be multiple selections for a member/contact.*

- **HCBS/LTSS Issues:** The top issues for the past several quarters are HCBS General Issues and HCBS Eligibility Issues.

HCBS/LTSS ISSUES	Q1/22	Q2/22	Q3/22	Q4/22	Q1/23	Q2/23	Q3/23	Q4/23
Client Obligation	13	15	10	4	4	18	6	1
Estate Recovery	17	20	12	12	10	18	5	4
HCBS Eligibility issues	51	54	38	35	37	43	36	21
HCBS General Issues	49	42	51	51	53	56	41	47
HCBS Reduction in hours of service	1	4	8	7	4	3	3	1
HCBS Waiting List	7	6	5	7	7	5	5	8
Nursing Facility Issues	28	42	32	31	20	21	17	13
HCBS/LTSS ISSUES TOTAL	**166**	**183**	**156**	**147**	**135**	**166**	**113**	**95**

**There may be multiple selections for a member/contact.*

- **Other Issues:** This section shows issues or concerns that may be *related* to KanCare/Medicaid. “Medicare Related Issues” was a top concern this quarter.

OTHER ISSUES	Q1/22	Q2/22	Q3/22	Q4/22	Q1/23	Q2/23	Q3/23	Q4/23
Abuse / neglect complaints	10	16	15	13	8	17	6	2
ADA Concerns	0	3	0	2	1	4	1	0
Adoption issues	0	1	1	1	3	2	1	0
Affordable Care Act Calls	0	2	1	1	7	2	1	3
Community Resources needed	11	6	11	23	13	3	13	12
Domestic Violence concerns	1	3	1	2	0	0	0	0
Foster Care issues	5	4	3	4	6	11	5	5
Guardianship	1	3	1	6	6	5	1	4
Homelessness	0	3	0	3	3	3	1	0
Housing Issues	4	12	7	10	16	9	7	5
Medicare related Issues	21	23	13	24	34	11	19	27
Social Security Issues	13	22	8	13	14	7	9	17
Used Interpreter	4	0	2	3	6	5	1	4
X-Other	39	68	58	66	72	60	33	18
Z Thank you	204	191	210	260	296	364	358	278
Z Unspecified	20	39	39	30	31	125	145	107
Health Homes	0	0	0	0	0	0	0	0
OTHER ISSUES TOTAL	**333**	**396**	**370**	**461**	**516**	**628**	**603**	**482**

**There may be multiple selections for a member/contact.*

H. Data by Managed Care Organization (MCO)

See Appendix B

VI. Action Taken

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

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

A. Responding to Issues

KanCare Ombudsman Office response to members/applicants/stakeholders

Quarter/Year	Number of Contacts	% Responded 0-2 Days	% Responded 3-7 Days	% Responded 8 or more Days
Q1/2022	524	92%	8%	1%
Q2/2022	526	90%	9%	1%
Q3/2022	480	84%	15%	1%
Q4/2022	546	84%	15%	2%
Q1/2023	644	85%	15%	0%
Q2/2023	899	86%	13%	1%
Q3/2023	866	72%	27%	1%
Q4/2023 **	693	63%	29%	8%

**Please note: During the fourth quarter of 2023, the KanCare Ombudsman Office had only one staff member available during half of the month of November. Unfortunately, our response times reflect the decrease in available staff to respond to member contacts during this period. For this reason, our numbers are skewed from this two-week period. Since that time, another Ombudsman Assistant has been hired.

Organizational final response to Ombudsman requests

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

Number of Referrals	Referred to	% Resolved 0-2 Days	% Resolved 3-7 Days	% Resolved 7-30 Days	% Resolved 31 or More Days
13	Clearinghouse	85%	15%	0%	0%
1	DCF	100%	0%	0%	0%
1	KDADS-Behavior Health	100%	0%	0%	0%
4	KDADS-HCBS	75%	25%	0%	0%
-	KDADS-Health Occ. Cred.	-	-	-	-
34	KDHE-Eligibility	47%	32%	12%	6%
3	KDHE-Program Staff	100%	0%	0%	0%
6	KDHE-Provider Contact	67%	17%	16%	0%
-	KMAP	-	-	-	-
2	Aetna	0%	50%	50%	0%
3	Sunflower	0%	34%	33%	33%
7	UnitedHealthcare	71%	0%	15%	14%

Action Taken by KanCare Ombudsman Office to resolve requests

Action Taken Resolution Type	Q1/22	Q2/22	Q3/22	Q4/22	Q1/23	Q2/23	Q3/23	Q4/23
Questions/Issue Resolved (No Resources)	36	38	32	41	69	97	85	88
Used Contact or Resources/Issue Resolved	450	425	397	448	500	708	634	495
Closed (No Contact)	31	42	40	43	38	79	97	106
ACTION TAKEN RESOLUTION TYPE TOTAL	**517**	**505**	**469**	**532**	**607**	**884**	**816**	**689**

**There may be multiple selections for a member/contact.*

Action Taken Additional Help	Q1/22	Q2/22	Q3/22	Q4/22	Q1/23	Q2/23	Q3/23	Q4/23
Provided Resources	449	416	388	451	490	693	602	425
Mailed/Email Resources	102	76	66	81	119	117	268	230
ACTION TAKEN ADDITIONAL HELP TOTAL	**551**	**492**	**454**	**532**	**609**	**810**	**870**	**655**

**There may be multiple selections for a member/contact.*

KanCare Ombudsman Office Resolution Rate

Quarter/ Year	Number Contacts	Avg Days To Completion	% Completed in 0-2 Days	% Completed in 3-7 Days	% Completed in 8 or More Days
Q1/2022	510	5	76%	12%	12%
Q2/2022	493	6	75%	12%	13%
Q3/2022	460	7	68%	14%	18%
Q4/2022	519	10	62%	18%	20%
Q1/2023	558	7	69%	19%	11%
Q2/2023	831	10	66%	16%	21%
Q3/2023	774	10	57%	27%	16%
Q4/2023	650	9	45%	28%	27%

VII. Enhancements/Updates

A. Staff updates

The KanCare Ombudsman Office hired another full-time staff member to serve as Ombudsman Assistant. As noted on page 3, Lydia Brookins began her position on December 4, 2023, and is located in our Wichita satellite office, thanks to the generosity of our partners at the WSU Community Engagement Institute. Our office now has three, full-time staff, and six wonderful volunteers, in addition to WSU staff who provide invaluable assistance through outreach, education, and volunteer coordination.

B. Reminder of fact sheets on web pages

KDHE created three new, easy to understand fact sheets regarding the unwinding, or starting up of the renewal process. Those have both been added as the first item on the KanCare Ombudsman Resource page. Resources (ks.gov)

VIII. Appendix A: Outreach by KanCare Ombudsman Office

This is a listing of fourth quarter KanCare Ombudsman Office Outreach to members, providers, and community organizations. Outreach takes place via conferences, newsletters, social media, training events, and direct outreach, as well as via community events/presentations for the purpose of education, networking, and referrals.

A. Outreach through Education and Collaboration

October 2023

- 10/3: Staff provided a resource table at the Wilson County Baby Shower event in Neodesha.
- 10/4: Staff attended the Sedgwick County CPAAA monthly networking meeting.
- 10/5: Staff attended the Butler County monthly Aging Network meeting in Augusta.
- 10/6: Staff provided a resource table at the Sedgwick County Veteran's Drive-Through Resource Fair in Wichita.
- 10/6: Staff met with SHICK program coordinator about Medicare and Medicaid resources.
- 10/7: Staff provided a resource table at the Sedgwick County Baby Shower in Wichita.
- 10/10: Staff provided a resource table at the Derby Schools Special Education Resource Fair in Derby.
- 10/11-10/12: Staff provided a resource table at the InterHab PowerUP! Conference in Wichita.
- 10/12: Staff presented a workshop at the InterHab PowerUP! Conference titled "Working with the KanCare Ombudsman Office to Answer Medicaid Questions, Solve Problems, and Locate Resources."
- 10/18: Staff attended the Butler County Early Childhood Taskforce networking meeting online.
- 10/19: Staff attended the Medicaid Stakeholders monthly networking call through KDHE and CoverKS.
- 10/24: Staff attended the Topeka-area Wellsky online referral network platform meeting online.
- 10/26: Staff attended the online KanCare MCO RFP feedback meeting through KDHE.
- 10/27: Staff attended the Sedgwick County CDDO quarterly networking meeting in Wichita.

November 2023

- 11/1: Staff attended the Sedgwick County CPAAA monthly networking meeting.
- 11/1: Staff spoke with the CPAAA Marketing and Education Outreach Specialist and followed up with Medicaid Application links and information.
- 11/2: Staff attended the Butler County monthly Aging Network meeting in Augusta.
- 11/6: Staff provided a resource table at the Montgomery County Baby Shower event.
- 11/16: Staff attended the Medicaid Stakeholders monthly networking call through KDHE and CoverKS.
- 11/17: Staff provided a resource table at the Urban League Resource Fair in Wichita.
- 11/27: Staff met with the Wichita Public Library Outreach Librarian and provided her with KanCare Ombudsman brochures. These will go in 26 free "little libraries" and be included in the WPL Book Bus (the mobile library).

December 2023

- 12/7: Staff attended the Butler County monthly Aging Network meeting in Augusta.
- 12/7: Staff delivered 15 brochure packets to Sedgwick County CDDO upon request.
- 12/14: Staff attended the Alzheimer's Association networking & conference registration event in Wichita.

B. Outreach through Social Media and Print Media

Date of post	Topic	# "reaches	# "engagements"	# of shares
10/3	Area Agency on Aging resources	60	1	0
10/4	Medicaid Unwinding/CHIP renewal	46	0	0
10/4	Set up your voice mailbox to receive KanCare return messages	244	2	2
10/6	CoverKS Unwinding/Marketplace resources	48	1	0
10/9	Who Should I Call/Grievances	152	5	3
10/10	Set up your voice mailbox to receive KanCare return messages	296	5	1
10/11	HCBS FAQ & links	119	3	0
10/12	InterHab PowerUP! Conference	142	10	0
10/16	Families Together - Disabilities Resources	30	1	0
10/17	KCDC – ABLE Accounts	42	2	0
10/18	Renewal resources	96	3	0
10/19	Reminder: Sign your renewal paperwork	134	3	0
10/20	Medicaid/Medicare programs: MSP resources	81	2	0
10/21	Apply to determine KanCare eligibility	44	2	0
10/23	Who Should I Call? Resource highlights	86	3	0
10/24	Leave us a message and we'll return your call – set up your voice mailbox	129	4	1
10/25	Area Agency on Aging Resources	49	3	0
10/26	Division of Assets Resources	174	3	2
10/27	When to call the Managed Care Enrollment Center	64	3	0
10/30	Avoiding Medicaid/Medicare/Social Security Scams	34	1	0

Date of post	Topic	# "reaches	# "engagements"	# of shares
11/1	Caregiver Support Resources	39	1	0
11/3	Montgomery CO Baby Fair event	177	4	1
11/6	ABLE Account resources	50	1	0
11/8	Marketplace & CoverKS resources	60	2	1
11/9	Veterans' Day office closure	52	3	0
11/13	Support Group Services: Epilepsy	81	4	1
11/14	Urban League event	49	2	0
11/15	Planning for KanCare – website resources	89	2	1
11/16	Long-Term Care Ombudsman resources	42	1	0
11/17	KDADS Medicare resources	34	1	0
11/20	Thanksgiving Day office closure	75	1	0
11/21	Ombudsman Website Resources	53	2	0
11/28	Application online resources	28	1	0
11/29	HCBS Resources	38	2	0
11/30	MSP & Extra Help Resources	42	1	0

Date of post	Topic	# "reaches	# "engagements"	# of shares
12/1	Grievances, Appeals, Fair Hearings	54	2	0
12/4	Ombudsman website resources	155	2	0
12/5	Scam avoidance	48	2	0
12/6	January Open Enrollment	53	1	0
12/7	Social Security: when your child turns 18	77	5	1
12/11	Reporting Abuse, Neglect	31	1	0
12/12	Area Agency on Aging resources	37	1	0
12/13	Medicaid is different in every state	68	3	0
12/14	KCDC service maps	72	2	0
12/15	Medicaid planning – website resources	66	4	0
12/18	Ks Navigator Series resources	64	4	0
12/19	NAMI Resources	28	1	0
12/21	ADRC resources	47	2	0
12/22	Christmas office closure notice	61	3	0
12/22	LIHEAP resources	69	2	0
12/28	Hospice care NPR info	33	1	0
12/29	New Year's office closure notice	63	1	0

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

A. Aetna

MEDICAID ISSUES	Q1/22	Q2/22	Q3/22	Q4/22	Q1/23	Q2/23	Q3/23	Q4/23
Access to Providers (usually Medical)	1	0	3	3	3	4	3	1
Appeals/Fair Hearing questions/issues	1	1	0	1	2	0	0	1
Background Checks	0	0	0	0	0	0	0	0
Billing	3	2	1	4	5	5	1	4
Care Coordinator Issues	3	1	3	1	1	2	2	0
Change MCO	1	1	3	0	3	2	3	1
Choice Info on MCO	1	0	1	1	0	1	1	0
Coding Issues	0	0	1	0	0	1	0	1
Consumer said Notice not received	0	0	0	0	0	0	0	0
Cultural Competency	0	0	0	1	0	0	0	0
Data Requests	0	0	0	0	0	0	0	0
Dental	0	0	3	0	1	2	0	0
Division of Assets	0	0	0	0	0	0	0	0
Durable Medical Equipment	1	0	0	4	3	0	1	0
Grievances Questions/Issues	1	0	2	4	4	3	1	1
Help understanding mail (NOA)	0	0	0	0	1	0	0	1
MCO transition	1	0	1	0	0	0	1	0
Medicaid Application Assistance	1	0	1	0	0	0	0	1
Medicaid Eligibility Issues	4	1	1	3	1	4	1	4
Medicaid Fraud	0	0	0	0	2	0	0	1
Medicaid General Issues/questions	9	2	9	11	4	9	3	5
Medicaid info (status) update	5	2	2	2	2	6	5	5
Medicaid Renewal	0	0	0	1	0	4	7	6
Medical Card issues	1	1	4	1	0	4	3	0
Medicare Savings Plan Issues	2	0	1	1	0	0	2	0
MediKan issues	0	0	0	0	0	0	0	0
Moving to / from Kansas	0	0	0	0	0	0	0	1
Medical Services	4	2	3	4	6	2	3	2
Pain management issues	0	0	0	0	0	0	0	2
Pharmacy	0	1	0	1	1	3	0	2
Pregnancy issues	0	0	0	0	0	1	0	0
Prior authorization issues	0	2	0	1	1	0	0	1
Refugee/Immigration/SOBRA issues	0	0	0	0	0	0	0	0
Respite	0	0	0	0	0	0	0	0
Spend Down Issues	1	0	1	1	0	0	0	1
Transportation	1	1	0	0	2	1	1	0
Working Healthy	0	0	1	1	0	1	0	0
MEDICAID ISSUES TOTAL	**41**	**17**	**41**	**46**	**42**	**55**	**38**	**41**

Aetna, cont'd.

HCBS/LTSS ISSUES	Q1/22	Q2/22	Q3/22	Q4/22	Q1/23	Q2/23	Q3/23	Q4/23
Client Obligation	0	1	0	0	0	1	0	0
Estate Recovery	0	0	0	0	0	0	0	0
HCBS Eligibility issues	3	3	4	4	0	3	2	1
HCBS General Issues	8	3	5	6	7	5	3	1
HCBS Reduction in hours of service	0	0	2	3	0	1	0	0
HCBS Waiting List	0	0	0	0	0	0	1	0
Nursing Facility Issues	0	0	5	1	2	1	1	1
HCBS/LTSS ISSUES TOTAL	**11**	**7**	**16**	**14**	**9**	**11**	**7**	**3**

OTHER ISSUES	Q1/22	Q2/22	Q3/22	Q4/22	Q1/23	Q2/23	Q3/23	Q4/23
Abuse / neglect complaints	1	1	1	0	2	1	0	0
ADA Concerns	0	0	0	0	0	0	0	0
Adoption issues	0	0	0	0	0	1	0	0
Affordable Care Act Calls	0	0	0	0	0	0	0	0
Community Resources needed	0	0	0	1	0	1	0	1
Domestic Violence concerns	0	0	0	0	0	0	0	0
Foster Care issues	0	0	0	0	0	2	0	0
Guardianship	0	0	0	0	0	0	0	0
Homelessness	0	0	0	0	0	0	0	0
Housing Issues	1	1	0	2	1	0	0	1
Medicare related Issues	1	0	0	0	2	0	0	4
Social Security Issues	1	0	0	0	0	0	0	1
Used Interpreter	0	0	0	0	1	0	0	0
X-Other	0	1	5	4	2	2	1	0
Z Thank you	14	4	17	18	19	28	22	11
Z Unspecified	0	1	0	0	2	2	3	0
Health Homes	0	0	0	0	0	0	0	0
OTHER ISSUES TOTAL	**18**	**8**	**23**	**25**	**29**	**38**	**26**	**18**

Aetna, cont'd.

PROGRAM TYPE	Q1/22	Q2/22	Q3/22	Q4/22	Q1/23	Q2/23	Q3/23	Q4/23
PD	2	4	4	4	1	2	3	1
I/DD	0	0	0	2	0	3	1	0
FE	6	0	7	1	2	0	0	0
AUTISM	0	0	0	0	0	0	0	0
SED	0	0	1	2	2	0	0	0
TBI	1	1	3	0	1	0	0	0
TA	0	0	0	0	0	0	1	0
WH	0	0	0	1	0	0	0	0
MFP	0	0	0	0	0	0	0	0
PACE	0	0	0	0	0	0	0	0
MENTAL HEALTH	0	0	0	0	0	0	0	0
SUB USE DIS	0	0	0	0	0	0	0	0
NURSING FACILITY	0	1	0	0	1	2	0	0
FOSTER CARE	0	0	0	0	0	2	0	0
MEDIKAN	0	0	0	0	0	0	0	0
INSTITUTIONAL TRANSITION FROM LTC/NF	0	0	2	2	1	0	0	0
INSTITUTIONAL TRANSITION FROM MH/BH	0	0	0	0	0	0	0	0
INSTITUTIONAL TRANSITION FROM PRISON/JAIL	0	0	0	0	0	0	0	0
PROGRAM TYPE TOTAL	**9**	**6**	**17**	**12**	**8**	**9**	**5**	**1**
PRIORITY	**Q1/22**	**Q2/22**	**Q3/22**	**Q4/22**	**Q1/23**	**Q2/23**	**Q3/23**	**Q4/23**
HCBS	2	3	5	8	6	4	3	1
Long Term Care / MF	0	1	0	3	2	1	0	0
Urgent Medical Need	1	0	1	1	3	2	0	1
Urgent	0	3	0	3	4	3	0	7
Life Threatening	0	1	0	0	0	0	0	0
PRIORITIES TOTAL	**3**	**8**	**6**	**15**	**15**	**10**	**3**	**9**

B. Sunflower

MEDICAID ISSUES	Q1/22	Q2/22	Q3/22	Q4/22	Q1/23	Q2/23	Q3/23	Q4/23
Access to Providers (usually Medical)	2	1	3	2	2	3	1	1
Appeals/Fair Hearing questions/issues	1	2	1	0	3	4	1	1
Background Checks	0	0	0	0	0	0	0	0
Billing	3	5	8	2	3	4	1	2
Care Coordinator Issues	0	2	1	0	2	1	1	0
Change MCO	0	0	1	0	0	2	0	2
Choice Info on MCO	0	0	0	0	0	0	0	0
Coding Issues	0	0	0	0	0	0	0	0
Consumer said Notice not received	0	0	0	1	0	0	0	0
Cultural Competency	0	0	0	0	0	0	0	0
Data Requests	0	0	0	0	0	0	0	2
Dental	0	0	2	0	1	2	2	1
Division of Assets	0	0	0	0	0	0	0	0
Durable Medical Equipment	1	2	3	3	0	0	0	2
Grievances Questions/Issues	0	2	6	4	2	3	2	2
Help understanding mail (NOA)	1	1	1	2	0	0	0	0
MCO transition	0	0	0	0	0	1	0	0
Medicaid Application Assistance	1	0	0	1	2	1	1	0
Medicaid Eligibility Issues	1	5	4	1	5	1	0	2
Medicaid Fraud	0	0	0	1	0	0	0	1
Medicaid General Issues/questions	4	10	7	11	7	9	5	3
Medicaid info (status) update	1	1	5	2	3	3	3	4
Medicaid Renewal	0	0	0	0	0	4	3	2
Medical Card issues	1	1	2	0	2	0	1	1
Medicare Savings Plan Issues	0	0	0	1	0	0	0	1
MediKan issues	0	0	0	0	0	0	0	1
Moving to / from Kansas	1	2	0	1	1	1	0	0
Medical Services	2	2	3	5	3	3	4	2
Pain management issues	0	0	1	0	0	0	0	0
Pharmacy	1	1	2	0	1	1	0	2
Pregnancy issues	0	2	0	0	0	0	0	0
Prior authorization issues	0	1	1	0	0	0	0	2
Refugee/Immigration/SOBRA issues	0	0	0	0	0	0	0	0
Respite	0	0	1	0	0	0	0	0
Spend Down Issues	0	0	4	1	1	0	0	1
Transportation	2	2	1	1	1	0	0	1
Working Healthy	0	0	0	0	0	0	0	0
MEDICAID ISSUES TOTAL	**22**	**42**	**57**	**39**	**39**	**43**	**25**	**36**

Sunflower, cont'd.

HCBS/LTSS ISSUES	Q1/22	Q2/22	Q3/22	Q4/22	Q1/23	Q2/23	Q3/23	Q4/23
Client Obligation	0	1	0	0	0	0	0	0
Estate Recovery	0	0	1	0	1	0	0	0
HCBS Eligibility issues	1	3	0	2	5	3	1	2
HCBS General Issues	4	5	8	5	8	3	0	3
HCBS Reduction in hours of service	0	0	1	0	1	0	0	0
HCBS Waiting List	1	0	0	0	1	0	0	0
Nursing Facility Issues	2	2	4	2	0	0	0	1
HCBS/LTSS ISSUES TOTAL	**8**	**11**	**14**	**9**	**16**	**6**	**1**	**6**

OTHER ISSUES	Q1/22	Q2/22	Q3/22	Q4/22	Q1/23	Q2/23	Q3/23	Q4/23
Abuse / neglect complaints	2	0	2	0	1	0	0	0
ADA Concerns	0	0	0	0	0	0	0	0
Adoption issues	0	0	0	0	1	0	0	0
Affordable Care Act Calls	0	0	0	0	0	0	0	0
Community Resources needed	0	0	1	1	3	0	0	2
Domestic Violence concerns	0	1	0	0	0	0	0	0
Foster Care issues	0	0	0	0	1	0	0	0
Guardianship	0	0	0	0	1	0	0	1
Homelessness	0	0	0	0	0	0	0	0
Housing Issues	0	1	1	0	1	0	0	0
Medicare related Issues	0	0	2	2	3	0	0	1
Social Security Issues	0	0	0	1	1	0	0	2
Used Interpreter	0	0	0	0	0	0	0	1
X-Other	2	3	4	3	2	3	0	3
Z Thank you	9	16	15	15	13	15	12	10
Z Unspecified	0	0	0	0	0	4	1	0
Health Homes	0	0	0	0	0	0	0	0
OTHER ISSUES TOTAL	**13**	**21**	**25**	**22**	**27**	**22**	**13**	**20**

Sunflower, cont'd.

PROGRAM TYPE	Q1/22	Q2/22	Q3/22	Q4/22	Q1/23	Q2/23	Q3/23	Q4/23
PD	2	2	0	1	2	3	1	0
I/DD	1	5	4	0	2	1	0	1
FE	1	2	0	2	1	1	1	0
AUTISM	0	0	0	0	0	0	0	0
SED	0	2	1	0	1	0	0	0
TBI	0	0	0	2	3	1	1	2
TA	0	2	4	0	1	2	0	0
WH	0	0	0	0	0	0	0	0
MFP	0	0	0	0	0	0	0	0
PACE	0	0	0	0	0	0	0	0
MENTAL HEALTH	0	0	1	1	0	1	0	0
SUB USE DIS	0	0	0	0	0	0	0	0
NURSING FACILITY	1	0	3	1	0	0	0	1
FOSTER CARE	0	0	0	0	1	0	0	0
MEDIKAN	0	0	0	0	0	0	0	0
INSTITUTIONAL TRANSITION FROM LTC/NF	0	0	0	0	0	0	0	0
INSTITUTIONAL TRANSITION FROM MH/BH	0	0	0	0	0	0	0	0
INSTITUTIONAL TRANSITION FROM PRISON/JAIL	0	0	0	0	0	0	0	0
PROGRAM TYPE TOTAL	**5**	**13**	**13**	**7**	**11**	**9**	**3**	**4**
PRIORITY	**Q1/22**	**Q2/22**	**Q3/22**	**Q4/22**	**Q1/23**	**Q2/23**	**Q3/23**	**Q4/23**
HCBS	2	8	8	6	7	6	4	4
Long Term Care / MF	1	0	3	0	0	1	0	1
Urgent Medical Need	1	4	4	1	0	1	2	3
Urgent	4	2	3	2	0	2	1	6
Life Threatening	1	0	0	1	0	0	1	0
PRIORITIES TOTAL	**9**	**14**	**18**	**10**	**7**	**10**	**8**	**14**

C. United

MEDICAID ISSUES	Q1/22	Q2/22	Q3/22	Q4/22	Q1/23	Q2/23	Q3/23	Q4/23
Access to Providers (usually Medical)	4	1	2	12	1	2	4	2
Appeals/Fair Hearing questions/issues	2	2	3	3	1	1	1	0
Background Checks	0	0	0	0	0	0	0	0
Billing	8	3	5	5	8	5	4	3
Care Coordinator Issues	2	1	3	6	7	6	4	0
Change MCO	2	0	0	1	0	1	1	0
Choice Info on MCO	1	0	0	1	3	0	2	1
Coding Issues	1	1	1	0	2	1	1	0
Consumer said Notice not received	2	0	0	1	0	1	0	0
Cultural Competency	0	0	0	0	0	0	0	0
Data Requests	0	1	0	0	1	0	1	0
Dental	2	1	0	1	1	2	0	0
Division of Assets	0	1	0	0	0	1	0	0
Durable Medical Equipment	1	3	0	3	5	5	1	1
Grievances Questions/Issues	4	3	3	9	3	8	1	4
Help understanding mail (NOA)	1	2	0	2	0	0	0	0
MCO transition	0	1	0	0	0	0	1	0
Medicaid Application Assistance	1	4	0	2	0	0	1	0
Medicaid Eligibility Issues	8	7	1	4	3	3	1	2
Medicaid Fraud	0	0	0	0	0	1	2	1
Medicaid General Issues/questions	15	13	4	17	7	16	7	6
Medicaid info (status) update	7	8	3	6	4	1	7	3
Medicaid Renewal	0	1	0	0	1	5	7	3
Medical Card issues	1	2	0	2	2	0	2	0
Medicare Savings Plan Issues	3	1	0	1	0	1	2	1
MediKan issues	0	0	0	0	0	0	0	0
Moving to / from Kansas	0	0	0	0	0	0	0	0
Medical Services	3	1	3	12	0	3	2	2
Pain management issues	1	0	0	1	0	0	0	0
Pharmacy	5	0	2	4	2	2	2	4
Pregnancy issues	0	0	0	0	0	1	0	0
Prior authorization issues	1	4	1	1	0	1	0	0
Refugee/Immigration/SOBRA issues	0	0	0	0	0	0	0	0
Respite	0	0	0	0	0	0	0	0
Spend Down Issues	2	0	0	4	0	1	2	2
Transportation	5	0	0	7	6	0	0	2
Working Healthy	1	0	0	0	0	0	0	0
MEDICAID ISSUES TOTAL	**83**	**61**	**31**	**105**	**57**	**69**	**56**	**37**

United, cont'd.

HCBS/LTSS ISSUES	Q1/22	Q2/22	Q3/22	Q4/22	Q1/23	Q2/23	Q3/23	Q4/23
Client Obligation	0	0	0	0	0	0	0	0
Estate Recovery	0	0	0	0	0	1	0	0
HCBS Eligibility issues	2	3	0	5	1	2	3	3
HCBS General Issues	4	5	5	11	8	7	7	7
HCBS Reduction in hours of service	1	1	3	2	2	1	1	0
HCBS Waiting List	1	2	0	2	0	1	0	3
Nursing Facility Issues	2	0	0	3	2	0	0	0
HCBS/LTSS ISSUES TOTAL	**10**	**11**	**8**	**23**	**13**	**12**	**11**	**13**

OTHER ISSUES	Q1/22	Q2/22	Q3/22	Q4/22	Q1/23	Q2/23	Q3/23	Q4/23
Abuse / neglect complaints	1	1	0	3	2	1	1	0
ADA Concerns	0	1	0	0	0	1	0	0
Adoption issues	0	0	0	0	0	0	0	0
Affordable Care Act Calls	0	0	0	0	0	0	0	0
Community Resources needed	1	0	0	4	2	0	0	1
Domestic Violence concerns	0	0	0	1	0	0	0	0
Foster Care issues	1	0	0	0	1	0	0	0
Guardianship	0	0	0	0	0	0	0	0
Homelessness	0	0	0	0	0	1	0	0
Housing Issues	0	1	1	0	4	1	1	0
Medicare related Issues	4	3	2	4	2	0	1	2
Social Security Issues	1	0	0	2	0	0	0	0
Used Interpreter	0	0	1	0	1	1	0	0
X-Other	4	2	2	7	0	4	4	0
Z Thank you	17	17	9	29	31	35	32	17
Z Unspecified	1	1	2	1	0	2	1	0
Health Homes	0	0	0	0	0	0	0	0
OTHER ISSUES TOTAL	**30**	**26**	**17**	**51**	**43**	**46**	**40**	**20**

United, cont'd.

PROGRAM TYPE	Q1/22	Q2/22	Q3/22	Q4/22	Q1/23	Q2/23	Q3/23	Q4/23
PD	5	4	0	4	2	2	2	1
I/DD	1	2	3	3	1	1	2	2
FE	0	1	1	0	5	1	2	3
AUTISM	0	0	0	0	0	0	0	1
SED	1	0	0	1	1	0	0	0
TBI	1	0	1	2	3	3	3	4
TA	0	1	1	1	0	1	0	0
WH	0	0	0	0	0	0	0	0
MFP	0	0	0	0	0	0	0	0
PACE	0	0	0	0	0	0	0	0
MENTAL HEALTH	1	0	0	1	0	1	0	0
SUB USE DIS	0	0	0	0	0	0	0	0
NURSING FACILITY	2	1	1	3	1	0	0	0
FOSTER CARE	0	0	0	0	0	0	0	0
MEDIKAN	0	0	0	0	0	0	0	0
INSTITUTIONAL TRANSITION FROM LTC/NF	0	0	0	0	1	0	0	0
INSTITUTIONAL TRANSITION FROM MH/BH	0	0	0	1	0	0	0	0
INSTITUTIONAL TRANSITION FROM PRISON/JAIL	0	0	0	0	0	0	0	0
PROGRAM TYPE TOTAL	**11**	**9**	**7**	**16**	**14**	**9**	**9**	**11**
PRIORITY	**Q1/22**	**Q2/22**	**Q3/22**	**Q4/22**	**Q1/23**	**Q2/23**	**Q3/23**	**Q4/23**
HCBS	3	5	6	10	10	6	9	7
Long Term Care / MF	2	4	1	4	4	1	0	0
Urgent Medical Need	2	0	3	4	1	0	1	2
Urgent	2	2	0	4	4	6	2	3
Life Threatening	0	0	0	1	1	0	0	0
PRIORITIES TOTAL	**9**	**11**	**10**	**23**	**20**	**13**	**12**	**12**

1115 Waiver- Safety Net Care Pool Report

Demonstration Year 11 - Quarter Four

Health Care Access Improvement Pool

Paid Date 12/15/2023

Provider Name	Program Name	Program ID	Amount	Payment Date	Liability Dates	Warrant number	Provider Access Fund 2443	Federal Medicaid Fund 3414
Adventhealth Ottawa	Health Care Access Improvement Program	3264	7,286	12/15/2023	10/1/2023	0009632609	2,734	4,552
Adventhealth Shawnee Mission	Health Care Access Improvement Program	3264	891,698	12/15/2023	10/1/2023	0009632130	334,654	557,044
Ascension Via Christi Hospital Manhattan	Health Care Access Improvement Program	3264	202,647	12/15/2023	10/1/2023	0009632408	76,053	126,594
Ascension Via Christi Hospital Pittsburg	Health Care Access Improvement Program	3264	311,423	12/15/2023	10/1/2023	0009632100	116,877	194,546
Ascension Via Christi Rehabilitation Hospital	Health Care Access Improvement Program	3264	28,836	12/15/2023	10/1/2023	0009632366	10,822	18,014
Ascension Via Christi St. Francis	Health Care Access Improvement Program	3264	2,367,569	12/15/2023	10/1/2023	0009632401	888,549	1,479,020
Ascension Via Christi St. Teresa	Health Care Access Improvement Program	3264	60,226	12/15/2023	10/1/2023	2006291078	22,603	37,623
Bob Wilson Memorial Grant County Hospital	Health Care Access Improvement Program	3264	44,324	12/15/2023	10/1/2023	0009632098	16,635	27,689
Children's Mercy Hospital Kansas	Health Care Access Improvement Program	3264	24,093	12/15/2023	10/1/2023	0009632070	9,042	15,051
Coffeyville Regional Medical Center Inc	Health Care Access Improvement Program	3264	5,777	12/15/2023	10/1/2023	0009632404	2,168	3,609
Hays Medical Center	Health Care Access Improvement Program	3264	74,620	12/15/2023	10/1/2023	0009632105	28,005	46,615
Hutchinson Regional Medical Center Inc	Health Care Access Improvement Program	3264	44,837	12/15/2023	10/1/2023	0009632270	16,827	28,010
Kansas Heart Hospital LLC	Health Care Access Improvement Program	3264	2,894	12/15/2023	10/1/2023	0009632540	1,086	1,808
Kansas Medical Center LLC	Health Care Access Improvement Program	3264	1,600	12/15/2023	10/1/2023	0009632012	600	1,000
Kansas Rehabilitation Hospital Inc	Health Care Access Improvement Program	3264	2,297	12/15/2023	10/1/2023	0009632505	862	1,435
Kansas Spine & Specialty	Health Care Access Improvement Program	3264	393	12/15/2023	10/1/2023	0009632444	147	246
Kansas Surgery And Recovery Center LLC	Health Care Access Improvement Program	3264	1,545	12/15/2023	10/1/2023	0009632361	580	965
Labette Co Med	Health Care Access Improvement Program	3264	17,424	12/15/2023	10/1/2023	0009632494	6,539	10,885
Lawrence Memorial Hospital	Health Care Access Improvement Program	3264	115,302	12/15/2023	10/1/2023	0009632469	43,273	72,029
Manhattan Surgical Hospital	Health Care Access Improvement Program	3264	123	12/15/2023	10/1/2023	2006290904	46	77
McPherson Hospital Inc	Health Care Access Improvement Program	3264	4,736	12/15/2023	10/1/2023	0009632279	1,777	2,959
Menorah Medical Center	Health Care Access Improvement Program	3264	234,920	12/15/2023	10/1/2023	0009632448	88,165	146,755
Mercy Hospital Inc	Health Care Access Improvement Program	3264	1,802	12/15/2023	10/1/2023	2006291052	676	1,126
Miami County Medical Center Inc	Health Care Access Improvement Program	3264	42,978	12/15/2023	10/1/2023	0009632364	16,130	26,848
Midamerica Rehabilitation Hospital	Health Care Access Improvement Program	3264	3,930	12/15/2023	10/1/2023	0009632536	1,475	2,455
NMC Health Medical Center	Health Care Access Improvement Program	3264	24,530	12/15/2023	10/1/2023	0009632330	9,206	15,324
Olathe Medical Center Inc	Health Care Access Improvement Program	3264	368,338	12/15/2023	10/1/2023	0009632114	138,237	230,101
Overland Park Reg Med Ctr	Health Care Access Improvement Program	3264	998,555	12/15/2023	10/1/2023	0009632074	374,758	623,797
Prairie View Hospital	Health Care Access Improvement Program	3264	30,390	12/15/2023	10/1/2023	0009632131	11,405	18,985
Pratt Regional Medical Center	Health Care Access Improvement Program	3264	2,258	12/15/2023	10/1/2023	0009632337	847	1,411
Providence Medical Center	Health Care Access Improvement Program	3264	345,133	12/15/2023	10/1/2023	2006290920	129,528	215,605
Rehabilitation Hospital Of Overland Park	Health Care Access Improvement Program	3264	5,325	12/15/2023	10/1/2023	2006291163	1,998	3,327

1115 Waiver- Safety Net Care Pool Report

Demonstration Year 11 - Quarter Four

Health Care Access Improvement Pool

Paid Date 12/15/2023

Provider Name	Program Name	Program ID	Amount	Payment Date	Liability Dates	Warrant number	Provider Access Fund 2443	Federal Medicaid Fund 3414
Saint John Hospital	Health Care Access Improvement Program	3264	6,659	12/15/2023	10/1/2023	2006290918	2,499	4,160
Saint Lukes South Hospital Inc	Health Care Access Improvement Program	3264	92,186	12/15/2023	10/1/2023	0009632417	34,597	57,589
Salina Regional Health Center	Health Care Access Improvement Program	3264	205,108	12/15/2023	10/1/2023	0009632391	76,977	128,131
Salina Surgical Hospital	Health Care Access Improvement Program	3264	266	12/15/2023	10/1/2023	2006291111	100	166
South Central Kansas Regional Medical Center	Health Care Access Improvement Program	3264	1,163	12/15/2023	10/1/2023	0009632307	436	727
Southwest Medical Center	Health Care Access Improvement Program	3264	4,528	12/15/2023	10/1/2023	0009632141	1,699	2,829
St Catherine Hospital Garden City	Health Care Access Improvement Program	3264	199,884	12/15/2023	10/1/2023	0009632097	75,016	124,868
St Catherine Hospital Dodge City	Health Care Access Improvement Program	3264	31,331	12/15/2023	10/1/2023	0009632099	11,759	19,572
Stormont Vail Health Care Inc	Health Care Access Improvement Program	3264	559,893	12/15/2023	10/1/2023	0009632102	210,128	349,765
Stormont Vail Health Flint Hills	Health Care Access Improvement Program	3264	10,656	12/15/2023	10/1/2023	0009632627	3,999	6,657
Susan B Allen Memorial Hospital	Health Care Access Improvement Program	3264	17,617	12/15/2023	10/1/2023	0009632119	6,612	11,005
The University Of Kansas Health System Great Bend	Health Care Access Improvement Program	3264	7,265	12/15/2023	10/1/2023	0009632603	2,727	4,538
Topeka Hospital LLC D/B/A The University Of Kansas	Health Care Access Improvement Program	3264	339,809	12/15/2023	10/1/2023	0009632600	127,530	212,279
Wesley Medical Center	Health Care Access Improvement Program	3264	2,491,838	12/15/2023	10/1/2023	0009632511	935,187	1,556,651
Total			10,236,012				3,841,575	6,394,437

1115 Waiver- Safety Net Care Pool Report

Demonstration Year 11 - Quarter Four

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

No Payments

Hospital Name	LPTH\BCCH DY/QTR 2023/4	State General Fund 1000	Federal Medicaid Fund 3414
University Of Kansas Hospital Authority	0	0	0
Children's Mercy Hospital	0	0	0
Total	**0**	**0**	**0**

KanCare Summary of Claims Adjudication Statistics Per MCO (January – December 2023)

Aetna YTD Cumulative Claims					
Service Type	Total Count	Total Count Value	Total Denied	Total Denied Value	Percent Claims Denied
Hospital Inpatient	26,262	$1,716,824,330	5,695	$557,504,776	21.69%
Hospital Outpatient	300,852	$1,146,137,061	55,561	$150,159,954	18.47%
Pharmacy	2,661,779	$219,110,404	822,841	$1,199,530	30.91%
Dental	138,216	$64,799,431	14,867	$6,911,006	10.76%
Vision	9,879	$2,938,989	980	$316,111	9.92%
NEMT	136,139	$7,161,675	300	$15,052	0.22%
Medical	1,786,284	$1,221,553,214	253,044	$231,271,981	14.17%
Nursing Facilities	98,528	$306,152,779	11,973	$38,184,037	12.15%
HCBS	386,498	$234,937,759	10,449	$7,377,135	2.70%
Behavioral Health	274,752	$177,605,703	24,156	$27,028,205	8.79%
Total All Services	5,819,189	$5,097,221,346	1,199,866	$1,019,967,786	20.62%

Sunflower YTD Cumulative Claims					
Service Type	Total Count	Total Count Value	Total Denied	Total Denied Value	Percent Claims Denied
Hospital Inpatient	33,387	$2,686,436,501	8,299	$1,033,063,115	24.86%
Hospital Outpatient	355,774	$1,400,268,884	38,756	$243,099,873	10.89%
Pharmacy	1,965,055	$411,882,797	493,881	$94,209,050	25.13%
Dental	197,658	$91,742,485	27,045	$10,008,577	13.68%
Vision	104,423	$32,846,150	9,699	$3,668,113	9.29%
NEMT	107,720	$4,924,522	814	$19,458	0.76%
Medical	1,809,677	$1,482,040,501	282,699	$363,909,129	15.62%
Nursing Facilities	97,348	$308,705,669	8,118	$37,892,405	8.34%
HCBS	644,685	$490,603,197	15,795	$17,262,756	2.45%
Behavioral Health	848,802	$263,183,282	94,771	$30,169,588	11.17%
Total All Services	6,164,529	$7,172,633,988	979,877	$1,833,302,065	15.90%

United YTD Cumulative Claims					
Service Type	Total Count	Total Count Value	Total Denied	Total Denied Value	Percent Claims Denied
Hospital Inpatient	27,652	$1,772,731,765	7,025	$512,235,750	25.41%
Hospital Outpatient	400,374	$1,764,272,959	106,279	$622,994,806	26.54%
Pharmacy	2,153,324	$347,780,610	566,834	$140,888,013	26.32%
Dental	199,828	$102,163,816	34,341	$20,875,164	17.19%
Vision	87,582	$25,616,545	9,750	$3,069,728	11.13%
NEMT	142,984	$6,554,089	1,208	$56,642	0.84%
Medical	1,974,819	$1,382,669,085	387,456	$410,452,220	19.62%
Nursing Facilities	118,283	$411,727,623	19,453	$68,956,138	16.45%
HCBS	574,658	$353,089,898	12,876	$11,632,783	2.24%
Behavioral Health	815,487	$300,277,827	95,107	$47,810,458	11.66%
Total All Services	6,494,991	$6,466,884,217	1,240,329	$1,838,971,701	19.10%

Kansas
Office of Public Advocates
KanCare Ombudsman Office

ANNUAL REPORT 2023

KANCARE OMBUDSMAN OFFICE

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I. Table of Contents

II. Brief Overview

The KanCare Ombudsman Office (KOO) has had several changes in recent years, the largest of which took place in 2021 with the creation of the Office of Public Advocates, by and through Executive Order No. 21-27. As such, in 2022, the KanCare Ombudsman Office moved from its former position within the Kansas Department of Aging and Disability Services to the Office of Public Advocates (OPA). Under the auspice of the OPA, the KanCare Ombudsman Office serves as an independent state agency, attached to the Department of Administration solely for technical and administrative assistance as needed.

Beyond the organizational changes that have occurred over the past two years, the KanCare Ombudsman Office has also had significant staffing changes. In the Spring of 2023, the prior Ombudsman, Kerrie Bacon, announced her plans for retirement on June 30, 2023, prompting a search for a new Ombudsman. In July of 2023, Suzanne Lueker was appointed by the Governor as the new KanCare Ombudsman; she began her appointment with the KOO in August of 2023.

The KanCare Ombudsman Office had several avenues for outreach during the 2023 year which included in-person or video outreach to stakeholders, continued partnership with KDHE promoting application guides now posted on the KanCare website, continued and increasing Facebook presence, and continued collaboration with Wichita State University's Community Engagement Institute.

In 2023, the KanCare Ombudsman Office had 3,109 initial contacts, representing an increase of 1,033 from 2022. This increase is significant, as it is trending in the direction of the number of contacts that the KOO reported in a pre-pandemic environment. Please see chart on page 5 for more information.

The data by region chart has a percent to total by region for KanCare Ombudsman Office contacts and Medicaid. The percent to totals show that KOO receives contacts by region in a similar manner to the Medicaid population in Kansas. (Pages 9-11)

In the 2023 calendar year, the KanCare Ombudsman Office completed the transition of training materials to LearnWorlds. KOO continues to search for appropriate software to replace the current on-line tracker used for data collection and analysis.

III. KanCare Ombudsman Office Statement of Purpose

The primary role of the KanCare Ombudsman Office is to help individuals understand how to navigate the KanCare system, and to assist them in solving any problems or difficulties they encounter. As such, treating people with dignity and respect is a core value of the KanCare Ombudsman Office.

Our staff regularly assists with answering questions and resolving issues related to KanCare and Medicaid, including but not limited to:

- Understanding letters from KanCare;
- Responding when a member disagrees with a decision or change in coverage;
- Completing an initial or renewal application;
- Filing an appeal or fair hearing request;
- Filing a complaint (grievance);
- Learning about in-home services (Home & Community Based Services)

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

IV. Office Updates

A. Organizational and Staffing Changes

As described above, the KanCare Ombudsman Office became an independent agency by Executive Order 21-27, and fully enveloped this role in 2022. In 2023, the KOO had two significant staffing changes. A new KanCare Ombudsman/Executive Director was appointed by the Governor's Office in July of 2023. In December of 2023, a new Ombudsman Assistant was hired to assist with the office's growing numbers, especially within the satellite offices in Wichita and Olathe. Information on the new Ombudsman and Ombudsman Assistant was provided in the Quarter 3 and 4 Reports, respectively, and is also included below for ease of reference:

Suzanne Lueker, KanCare Ombudsman, joined the office by Appointment in August 2023. Throughout her career, Suzanne has pursued opportunities to advocate for underrepresented populations, most recently serving as executive director for a child advocacy center in Illinois. Suzanne's previous State of Kansas employment includes her time at Kansas State University, serving as the Director of Non-Traditional and Veteran Student Services from 2008-2014. During her tenure, she created the K-State Veterans Center, which expanded the programs, services, and opportunities for military-affiliated

students at K-State. Suzanne again served the State of Kansas as Administrator of Permanency for the Department for Children and Families from 2019-2020.

Beyond her work for the state, Suzanne has worked extensively with matters involving child welfare, elder law, and veterans benefits. She has led and served on numerous university, community, and state-wide committees and initiatives, and has held various advocacy roles. Suzanne also has experience practicing alternative dispute resolution, having previously served as a conflict resolution and mediation trainer.

Suzanne holds a Bachelor of Arts and Master of Arts in Sociology, and a Graduate Certificate in Conflict Resolution and Mediation from Kansas State University; a Juris Doctorate from Washburn University School of Law, with certificates in Advocacy and Family Law; and a LL.M in Elder Law from Stetson University College of Law.

Lydia Brookins joined the KanCare Ombudsman Office as an Ombudsman Assistant on December 4, 2023. Lydia recently graduated with her Bachelor of Arts in Social Work from Wichita State University. During her senior year, she served in the KanCare Ombudsman Office as a practicum student and AmeriCorps Member from 2022-2023. Lydia has a passion for reducing barriers to healthcare, having helped clients in the past to sign up for Marketplace and Medicare insurance from 2018-2019. She has experience with persons with intellectual disabilities, having worked in a High School Special Education program and volunteering with Special Olympics from 2014-2017. Lydia is based in the Wichita satellite location through a partnership with WSU's Community Engagement Institute.

V. Accessibility to the KanCare Ombudsman Office

A. Initial Contacts

The KanCare Ombudsman Office worked with 3,109 individuals during 2023. This number represents a significant increase compared to the last three years.

Initial Contacts	Qtr. 1	Qtr. 2	Qtr. 3	Qtr. 4	Total
2019	1,060	1,097	1,071	915	4,143
2020	903	478	562	601	2,544
2021	566	592	644	566	2,368
2022	524	526	480	546	2,076
2023	645	901	870	693	3,109

B. Accessibility through the KanCare Ombudsman Volunteer Program

The KanCare Ombudsman Office has two satellite offices for the volunteer program: one in the Kansas City Metro and one in Wichita. The volunteers in both satellite offices answer KanCare questions for members and assist with outreach projects as needed.

During the fourth quarter, five volunteers assisted in the offices. Calls to the toll-free number are covered by volunteers in the satellite offices. When a gap in coverage exists, the Topeka staff receive all incoming calls.

Office	# of Volunteers	# of hours covered/wk.	Area Codes covered
Kansas City Metro Office	2	9	Northern Kansas Area Codes 785, 913, (and 816)
Wichita Office	3	20	Southern Kansas Area Codes 316, 620

As of December 31, 2023

VI. KanCare Ombudsman Office Outreach

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

- Resources provided on the KanCare Ombudsman webpage;
- Resources provided with contacts to members, applicants, and providers;
- Outreach through presentations, conferences, conference calls, video calls, social media, and in-person contacts.

The chart below shows the outreach efforts by the KanCare Ombudsman Office. For a detailed listing of outreach activities, please see Appendix A in each Quarterly Report for 2023.

	2019	2020	2021	2022	2023
Outreach	94	243	710	339	306

The KanCare Ombudsman Office prioritized using social media as an outreach tool consistently and effectively. The chart shows the number of Facebook posts (180) and the increase in the number of followers in 2023 (191).

Facebook posts during 2023	**180**
# followers on Jan 1, 2023	569
# followers on Dec 31, 2023	760
increase in followers during 2023	**191**

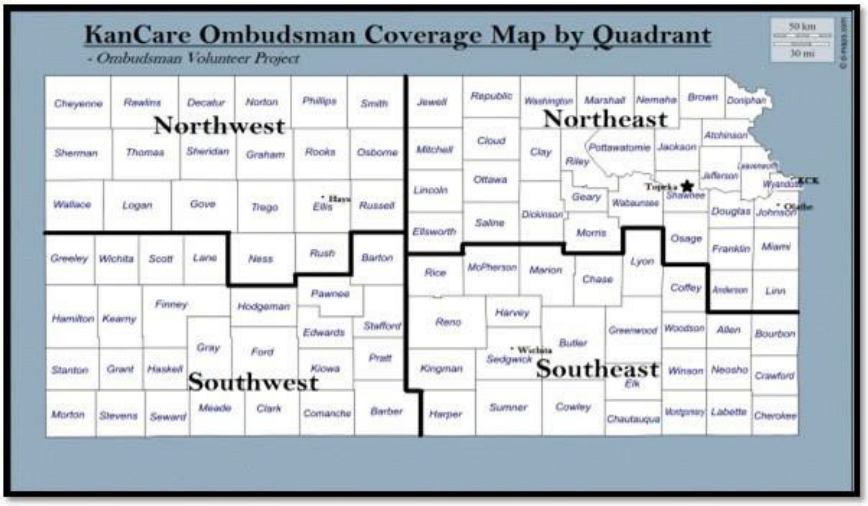
VII. KanCare Ombudsman Office Data

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

A. Data by Region

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

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



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

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

KanCare Ombudsman Office Member Contacts by Region

REGION	2019	2020	2021	2022	2023	2023 % to total
Northwest	46	25	33	16	24	0.8%
Northeast	751	367	401	413	500	16.1%
Southwest	78	41	61	36	35	1.1%
Southeast	635	395	383	338	288	9.3%
Unknown	2,610	1,700	1,485	1,254	2,255	72.5%
Out of State	31	1	5	19	7	0.2%
Total	**4,151**	**2,529**	**2,368**	**2,076**	**3,109**	**100%**

Kansas Medicaid Members by Region

The chart below shows the **Kansas Medicaid population** by the KanCare Ombudsman regions. Most of the Medicaid population is in the eastern two regions. The renewal process started in March 2023, so these numbers will begin to decrease due to updated information on eligibility.

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

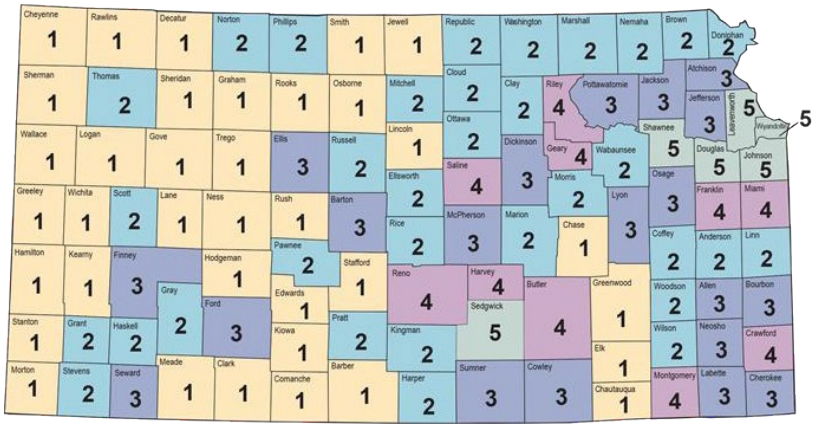
Medicaid Members by Region

Region	Q4/19	Q4/20	Q4/21	Q4/22	Q4/23	2023 % to total
Northwest	12,223	13,928	15,087	15,670	13,782	3%
Northeast	189,133	212,844	231,064	243,511	209,704	45.7%
Southwest	36,472	40,724	44,639	47,573	40,139	8.8%
Southeast	170,237	193,347	209,226	221,215	194,615	42.5%
Total	**408,065**	**460,843**	**500,016**	**527,969**	**458,240**	**100%**

Kansas Population Density

This map pictured below shows the population density of Kansas and may assist with understanding why most of the Medicaid population and KanCare Ombudsman contacts are from the eastern part of Kansas.

This map is based on 2019 data. The Kansas Population Density map shows population density using number of people per square mile (ppsm).



*Map Source: Office of Health Care Information, KDHE • Office of Local and Rural Health, KDHE

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

B. Data by Office Location

Initial phone calls to the KanCare Ombudsman Office toll-free number (1-855-643-8180) are sent directly to one of three KanCare Ombudsman offices based on the area code from which the call originates. The Kansas City Metro office receives 913, 785 and 816 area code calls. The Wichita office receives 620 and 316 area code calls. All other toll-free calls, emails, and referrals go to the Main office (Topeka), in addition to direct calls to staff.

In 2023, the KanCare Ombudsman Office had the assistance of volunteers in the satellite offices approximately four days per week. When there was no volunteer coverage for the day, the Ombudsman Assistants or the Ombudsman took the toll-free number calls.

This chart below shows that the Topeka main office has been greatly assisted by the two KOO satellite offices, especially given the increase in initial contacts for the office.

Contacts by Office	2019	2020	2021	2022	2023	2023 % to total
Main - Topeka	2,451	1,876	1,690	1,235	1,083	34.8%
Kansas City	773	201	321	470	1,044	33.6%
Wichita	919	470	357	371	982	31.6%
Total	4,143	2,547	2,368	2,076	3,109	100%

C. Data by Contact Method

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

Contact Method	2019	2020	2021	2022	2023
Telephone	3,596	2,104	1,878	1,493	2,448
Email	506	404	457	543	566
Letter	9	17	6	2	3
Face-to-Face Meeting	31	11	8	13	20
Other	6	7	11	21	6
Social Media	3	4	8	4	6
CONTACT METHOD TOTAL	**4,151**	**2,547**	**2,368**	**2,076**	**3,049**

D. Data by Caller Type

Most of the contacts the KOO receives are from consumers. This "Consumer" category is comprised of applicants, members, family, friends, etc., seeking assistance with KanCare.

"Provider" issues are typically a combination of: providers calling to assist a member or an applicant having issues; a provider with billing issues; or questions on how to become a provider in Kansas. The provider contacts that are not for an individual member are forwarded to KDHE.

"MCO Employee" callers are usually case managers with concerns for a member (i.e., losing eligibility, losing HCBS eligibility etc.).

The "Other" category of callers are usually state employees, lawyers, social workers at schools and hospitals, and students/researchers looking for data.

The number of providers contacting our office has increased to pre-COVID19 levels even though our total calls have not. The types of calls have increasingly been from providers that are trying to assist a KanCare member and have not been successful on their own.

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CALLER TYPE	2019	2020	2021	2022	2023
Provider	339	254	304	339	335
Consumer	3,554	2,096	1,824	1,427	2,507
MCO Employee	27	22	21	12	12
Other Type	231	175	219	298	255
CALLER TYPE TOTAL	**4,151**	**2,547**	**2,368**	**2,076**	**3,109**

E. Data by Program Type

In 2023, the KanCare Ombudsman Office had a significant increase in contacts regarding the Frail Elderly HCBS waiver and the Brain Injury waiver.

PROGRAM TYPE	2019	2020	2021	2022	2023
PD	122	104	46	69	54
I/DD	123	74	44	58	57
FE	125	96	75	65	86
AUTISM	10	7	4	5	8
SED	35	13	11	24	16
BI	43	23	21	23	44
TA	29	14	4	19	9
WH	10	1	1	1	5
PACE	9	2	4	0	3
MENTAL HEALTH	14	14	15	9	7
SUB USE DIS	4	0	0	1	0
NURSING FACILITY	135	99	93	105	46
FOSTER CARE	0	1	3	3	7
MEDIKAN	12	5	5	4	4
INSTITUTIONAL TRANSITION FROM LTC/NF	6	10	5	7	4
INSTITUTIONAL TRANSITION FROM MH/BH	3	2	2	2	0
INSTITUTIONAL TRANSITION FROM PRISON/JAIL	0	0	0	1	2
PROGRAM TYPE TOTAL	**681**	**466**	**337**	**396**	**352**

**There may be multiple selections for a member/contact.*

F. Data by Priorities

The KanCare Ombudsman Office is tracking priorities for two purposes:

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

The priorities are defined as follows:

- HCBS – Home and Community Based Services
- Long Term Care/NF – Long Term Care/Nursing Facility
- Urgent Medical Need – 1) there is a medical need, 2) if the need is not resolved in 5-10 days, the person could end up in the hospital.
- Urgent – a case that needs a higher level of attention and/or ongoing review until closed. *Note that in 2023, "Urgent" cases more than doubled.
- Life Threatening – If not resolved in 1-4 days person's life could be endangered (should not be used very often.)

PRIORITY	2019	2020	2021	2022	2023
HCBS	100	197	111	173	233
Long Term Care / NF	36	79	89	107	65
Urgent Medical Need	46	52	42	36	67
Urgent	52	65	93	71	194
Life Threatening	14	13	5	8	7
PRIORITIES TOTAL	**248**	**406**	**340**	**395**	**566**

G. Data by Issue Categories

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

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

- **Medicaid Issues**

  In 2023, the issues that generated a significant increase in contacts were: Medicaid Application Assistance; Medicaid General Issues/Questions; as well as Medicaid Information (Status) Updates; and, Medicaid Renewal.

MEDICAID ISSUES	2019	2020	2021	2022	2023
Access to Providers (usually Medical)	66	24	45	70	51
Appeals/Fair Hearing questions/issues	51	56	39	38	47
Background Checks	4	0	4	0	0
Billing	148	91	161	134	135
Care Coordinator Issues	54	33	23	37	36
Change MCO	32	24	13	17	23
Choice Info on MCO	21	9	12	11	20
Coding Issues	39	21	14	16	12
Consumer said Notice not received	22	6	5	7	9
Cultural Competency	1	1	3	2	1
Data Requests	7	10	41	34	31
Dental	29	19	24	28	23
Division of Assets	44	29	31	35	29
Durable Medical Equipment	14	19	25	31	30
Grievances Questions/Issues	93	76	60	77	81
Help understanding mail (NOA)	9	28	66	56	50
MCO transition	4	3	2	6	8
Medicaid Application Assistance	609	514	490	411	511
Medicaid Eligibility Issues	632	477	408	402	408
Medicaid Fraud	10	9	10	9	17
Medicaid General Issues/questions	909	503	662	623	883
Medicaid info (status) update	636	389	388	331	619
Medicaid Renewal	310	83	25	20	405
Medical Card issues	10	34	66	56	67
Medicare Savings Plan Issues	191	132	111	81	95
MediKan issues	7	13	18	19	22
Moving to / from Kansas	72	54	37	7	65
Medical Services	59	72	78	91	70
Pain management issues	8	3	9	7	2
Pharmacy	55	34	38	29	59
Pregnancy issues	10	38	96	53	51
Prior authorization issues	2	9	23	20	19
Refugee/Immigration/SOBRA issues	13	5	8	8	8
Respite	2	0	5	3	1
Spend Down Issues	117	95	76	81	67
Transportation	43	23	38	45	31
Working Healthy	19	3	7	13	5
MEDICAID ISSUES TOTAL	**4,352**	**2,939**	**3,161**	**2,908**	**3,991**

**There may be multiple selections for a member/contact.*

- **HCBS/LTSS Issues:** The top issues for the past several years have been HCBS General Issues and HCBS Eligibility Issues.

HCBS/LTSS ISSUES	2019	2020	2021	2022	2023
Client Obligation	82	38	55	42	29
Estate Recovery	32	35	33	61	37
HCBS Eligibility issues	175	179	172	178	137
HCBS General Issues	242	218	177	193	197
HCBS Reduction in hours of service	12	27	7	20	11
HCBS Waiting List	27	25	16	25	25
Nursing Facility Issues	178	139	150	133	71
HCBS/LTSS ISSUES TOTAL	**748**	**661**	**610**	**652**	**507**

**There may be multiple selections for a member/contact.*

- **Other Issues:** This section shows issues or concerns that may be *related* to KanCare/Medicaid. "Medicare Related Issues" was a top concern.

OTHER ISSUES	2019	2020	2021	2022	2023
Abuse / neglect complaints	21	34	47	54	33
ADA Concerns	0	1	3	5	6
Adoption issues	3	4	9	3	6
Affordable Care Act Calls	17	15	10	4	13
Community Resources needed	9	24	34	51	41
Domestic Violence concerns	1	3	2	7	0
Foster Care issues	3	14	17	16	27
Guardianship	10	14	17	11	16
Homelessness	4	11	12	6	7
Housing Issues	21	25	34	33	37
Medicare related Issues	74	69	77	81	91
Social Security Issues	57	70	69	56	47
Used Interpreter	6	14	15	9	16
X-Other	452	627	365	231	183
Z Thank you	1,557	1,105	1,328	865	1,296
Z Unspecified	443	232	98	128	408
Health Homes	0	0	0	0	0
OTHER ISSUES TOTAL	**2,678**	**2,262**	**2,137**	**1,560**	**2,227**

**There may be multiple selections for a member/contact.*

H. Data by Managed Care Organization (MCO) – See Appendix A, page 18

VIII. Action Taken

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

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

A. Responding to Issues

KanCare Ombudsman Office Response to Members/Applicants/Stakeholders

Qtr./Year	# of Contacts	% Responded 0-2 Days	% Responded in 3-7 Days	% Responded 8 or More Days
Q1/2019	1068	88%	11%	1%
Q2/2019	1096	91%	8%	1%
Q3/2019	1071	95%	4%	1%
Q4/2019	915	93%	7%	0%
Q1/2020	905	92%	4%	4%
Q2/2020	476	60%	36%	4%
Q3/2020	562	86%	12%	2%
Q4/2020	601	84%	15%	1%
Q1/2021	566	88%	12%	0%
Q2/2021	592	89%	10%	1%
Q3/2021	644	87%	12%	1%
Q4/2021	566	87%	11%	2%
Q1/2022	524	92%	7%	1%
Q2/2022	526	90%	9%	1%
Q3/2022	480	84%	15%	1%
Q4/2022	546	84%	15%	2%
Q1/2023	644	85%	15%	0%
Q2/2023	899	86%	13%	1%
Q3/2023	866	72%	27%	1%
Q4/2023	693	63%	29%	8%

**Please note: During the fourth quarter of 2023, the KanCare Ombudsman Office had only one staff member available during half of the month of November. Unfortunately, our response times reflect the decrease in available staff to respond to member contacts during this period. For this reason, our numbers are skewed from this two-week period. Since that time, another Ombudsman Assistant has been hired.

Organizational Final Response to Ombudsman Requests

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

Number of Referrals	Referred to	% Resolved 0-2 Days	% Resolved 3-7 Days	% Resolved 7-30 Days	% Resolved 31 or More Days
13	Clearinghouse	85%	15%	0%	0%
1	DCF	100%	0%	0%	0%
1	KDADS-Behavior Health	100%	0%	0%	0%
4	KDADS-HCBS	75%	25%	0%	0%
-	KDADS-Health Occ. Cred.	-	-	-	-
34	KDHE-Eligibility	47%	32%	12%	6%
3	KDHE-Program Staff	100%	0%	0%	0%
6	KDHE-Provider Contact	67%	17%	16%	0%
-	KMAP	-	-	-	-
2	Aetna	0%	50%	50%	0%
3	Sunflower	0%	34%	33%	33%
7	UnitedHealthcare	71%	0%	15%	14%

Action Taken by KanCare Ombudsman Office to Resolve Requests

85% of initial contacts were resolved by providing some type of resource.
For example, the KanCare Ombudsman Office:

- Contacted other organization(s) to ask assistance in resolving the issue
- Shared information, resources, mailings, etc.
- Called with member/applicant or provided referrals to other organizations

Note: The totals will not match "Initial Contacts chart" because not all cases are closed at the end of the quarter. This information must be filled in before closing a case.

Action Taken Resolution Type	2019	2020	2021	2022	2023
Questions/Issue Resolved (No Resources)	309	145	102	147	339
Used Contact or Resources/Issue Resolved	3,387	2,125	2,136	1,716	2,337
Closed (No Contact)	394	157	103	144	320
ACTION TAKEN RESOLUTION TYPE TOTAL	**4,090**	**2,427**	**2,341**	**2,007**	**2,996**

**There may be multiple selections for a member/contact.*

Action Taken Additional Help	2019	2020	2021	2022	2023
Provided Resources	2,451	1,556	1,887	1,701	2,210
Mailed/Email Resources	594	390	413	325	734
ACTION TAKEN ADDITIONAL HELP TOTAL	**3,045**	**1,946**	**2,300**	**2,026**	**2,944**

**There may be multiple selections for a member/contact*

KanCare Ombudsman Office - Resolution of Issues

This chart shows the number of contacts, the average number of days to close a case, and what percentage of cases were closed in 0-2 days, 3-7 days, and 8 or more days.

Quarter/ Year	# of Contacts	Avg Days To Completion	% Completed 0-2 Days	% Completed 3-7 Days	% Completed 8 or More Days
Q1/2019	1051	5	71%	16%	13%
Q2/2019	1021	4	74%	13%	13%
Q3/2019	1002	5	75%	10%	15%
Q4/2019	850	5	72%	11%	17%
Q1/2020	804	5	74%	9%	17%
Q2/2020	404	7	46%	31%	23%
Q3/2020	537	5	76%	13%	11%
Q4/2020	576	5	69%	17%	14%
Q1/2021	552	5	71%	16%	13%
Q2/2021	578	4	72%	16%	12%
Q3/2021	630	4	74%	15%	11%
Q4/2021	543	3	76%	14%	10%
Q1/2022	509	4	76%	12%	12%
Q2/2022	492	5	75%	12%	13%
Q3/2022	459	4	68%	18%	14%
Q4/2022	480	5	66%	20%	14%
Q1/2023	558	7	69%	19%	11%
Q2/2023	831	10	66%	16%	21%
Q3/2023	774	10	57%	27%	16%
Q4/2023	650	9	45%	28%	27%

IX. Appendix A: Managed Care Organization (MCO) Data

A. Aetna

MEDICAID ISSUES	2019	2020	2021	2022	2023
Access to Providers (usually Medical)	13	4	6	7	11
Appeals/Fair Hearing questions/issues	2	3	2	3	3
Background Checks	0	0	0	0	0
Billing	12	11	14	10	15
Care Coordinator Issues	19	2	5	8	5
Change MCO	11	7	1	5	9
Choice Info on MCO	6	1	0	3	2
Coding Issues	3	0	2	1	2
Consumer said Notice not received	1	1	1	0	0
Cultural Competency	0	0	1	1	0
Data Requests	0	0	0	0	0
Dental	7	2	1	3	3
Division of Assets	1	0	0	0	0
Durable Medical Equipment	5	6	0	5	4
Grievances Questions/Issues	11	10	6	7	9
Help understanding mail (NOA)	0	1	0	0	2
MCO transition	3	0	0	2	1
Medicaid Application Assistance	6	2	1	2	1
Medicaid Eligibility Issues	19	7	9	9	10
Medicaid Fraud	0	0	1	0	3
Medicaid General Issues/questions	48	12	23	31	21
Medicaid info (status) update	14	12	15	11	18
Medicaid Renewal	18	4	2	1	17
Medical Card issues	0	1	6	7	7
Medicare Savings Plan Issues	7	4	1	4	2
MediKan issues	0	0	0	0	0
Moving to / from Kansas	2	0	1	0	1
Medical Services	14	9	12	13	13
Pain management issues	1	2	2	0	2
Pharmacy	10	2	5	2	6
Pregnancy issues	0	0	1	0	1
Prior authorization issues	0	2	3	3	2
Refugee/Immigration/SOBRA issues	0	0	0	0	0
Respite	0	0	0	0	0
Spend Down Issues	9	7	6	3	1
Transportation	13	3	3	2	4
Working Healthy	0	1	0	2	1
MEDICAID ISSUES TOTAL	**255**	**116**	**130**	**145**	**176**

Aetna, cont'd

HCBS/LTSS ISSUES	2019	2020	2021	2022	2023
Client Obligation	9	0	3	1	1
Estate Recovery	0	0	0	0	0
HCBS Eligibility issues	18	0	5	14	6
HCBS General Issues	25	9	7	22	16
HCBS Reduction in hours of service	1	1	0	5	1
HCBS Waiting List	3	0	0	0	1
Nursing Facility Issues	6	6	7	6	5
HCBS/LTSS ISSUES TOTAL	**62**	**16**	**22**	**48**	**30**

OTHER ISSUES	2019	2020	2021	2022	2023
Abuse / neglect complaints	0	4	3	3	3
ADA Concerns	0	0	0	0	0
Adoption issues	0	0	2	0	1
Affordable Care Act Calls	0	0	0	0	0
Community Resources needed	0	1	0	1	2
Domestic Violence concerns	0	0	0	0	0
Foster Care issues	0	1	1	0	2
Guardianship	0	0	1	0	0
Homelessness	0	1	0	0	0
Housing Issues	1	2	1	4	2
Medicare related Issues	7	2	1	1	6
Social Security Issues	3	0	0	1	1
Used Interpreter	0	0	0	0	1
X-Other	29	18	7	10	5
Z Thank you	109	38	53	53	80
Z Unspecified	8	1	3	1	7
Health Homes	0	0	0	0	0
OTHER ISSUES TOTAL	**157**	**68**	**72**	**74**	**111**

PRIORITY	2019	2020	2021	2022	2023
HCBS	8	11	10	18	14
Long Term Care / MF	1	3	3	4	3
Urgent Medical Need	3	1	6	3	6
Urgent	7	6	8	6	14
Life Threatening	3	0	0	1	0
PRIORITIES TOTAL	**22**	**21**	**27**	**32**	**37**

Aetna, cont'd

PROGRAM TYPE	2019	2020	2021	2022	2023
PD	8	5	4	14	7
I/DD	8	3	1	1	4
FE	8	0	1	14	2
AUTISM	0	0	0	0	0
SED	3	1	0	3	2
TBI	9	2	2	5	1
TA	6	2	1	0	1
WH	0	0	0	1	0
MFP	0	0	0	0	0
PACE	0	0	0	0	0
MENTAL HEALTH	2	0	0	0	0
SUB USE DIS	0	0	0	0	0
NURSING FACILITY	5	4	2	1	3
FOSTER CARE	0	1	1	0	2
MEDIKAN	0	0	0	0	0
INSTITUTIONAL TRANSITION FROM LTC/NF	0	1	2	4	1
INSTITUTIONAL TRANSITION FROM MH/BH	0	0	0	0	0
INSTITUTIONAL TRANSITION FROM PRISON/JAIL	0	0	0	0	0
PROGRAM TYPE TOTAL	**49**	**19**	**14**	**43**	**23**

B. Sunflower

MEDICAID ISSUES	2019	2020	2021	2022	2023
Access to Providers (usually Medical)	14	4	7	8	7
Appeals/Fair Hearing questions/issues	4	15	4	4	9
Background Checks	0	0	0	0	0
Billing	19	14	16	18	10
Care Coordinator Issues	15	8	1	3	4
Change MCO	4	4	2	1	4
Choice Info on MCO	3	2	2	0	0
Coding Issues	7	2	1	0	0
Consumer said Notice not received	0	1	0	1	0
Cultural Competency	1	0	0	0	0
Data Requests	0	2	2	0	2
Dental	2	2	3	2	6
Division of Assets	0	0	0	0	0
Durable Medical Equipment	0	4	4	9	2
Grievances Questions/Issues	16	13	7	12	9
Help understanding mail (NOA)	0	4	2	5	0
MCO transition	0	0	1	0	1
Medicaid Application Assistance	4	4	1	2	4
Medicaid Eligibility Issues	32	7	5	11	8
Medicaid Fraud	0	1	0	1	1
Medicaid General Issues/questions	40	16	18	32	24
Medicaid info (status) update	25	11	8	9	13
Medicaid Renewal	26	3	0	0	9
Medical Card issues	1	4	4	4	4
Medicare Savings Plan Issues	4	1	0	1	1
MediKan issues	0	0	0	0	1
Moving to / from Kansas	1	2	0	4	2
Medical Services	15	13	12	12	12
Pain management issues	1	0	2	1	0
Pharmacy	10	1	7	4	4
Pregnancy issues	2	1	0	2	0
Prior authorization issues	0	1	2	2	2
Refugee/Immigration/SOBRA issues	0	0	0	0	0
Respite	0	0	1	1	0
Spend Down Issues	8	4	1	5	2
Transportation	7	5	5	6	2
Working Healthy	2	0	0	0	0
MEDICAID ISSUES TOTAL	**263**	**149**	**118**	**160**	**143**

Sunflower, cont'd

HCBS/LTSS ISSUES	2019	2020	2021	2022	2023
Client Obligation	6	3	2	1	0
Estate Recovery	0	0	0	1	1
HCBS Eligibility issues	20	5	9	6	11
HCBS General Issues	30	26	12	22	14
HCBS Reduction in hours of service	3	7	0	1	1
HCBS Waiting List	4	1	2	1	1
Nursing Facility Issues	2	5	5	10	1
HCBS/LTSS ISSUES TOTAL	**65**	**47**	**30**	**42**	**29**

OTHER ISSUES	2019	2020	2021	2022	2023
Abuse / neglect complaints	1	1	1	4	1
ADA Concerns	0	0	0	0	0
Adoption issues	0	2	1	0	1
Affordable Care Act Calls	1	0	0	0	0
Community Resources needed	0	1	2	2	5
Domestic Violence concerns	0	0	0	1	0
Foster Care issues	0	0	0	0	1
Guardianship	0	1	3	0	2
Homelessness	0	1	0	0	0
Housing Issues	0	3	2	2	1
Medicare related Issues	2	3	4	4	4
Social Security Issues	0	1	1	1	3
Used Interpreter	0	0	0	0	1
X-Other	28	28	9	12	8
Z Thank you	115	64	55	55	50
Z Unspecified	10	2	2	0	5
Health Homes	0	0	0	0	0
OTHER ISSUES TOTAL	**157**	**107**	**80**	**81**	**82**

PRIORITY	2019	2020	2021	2022	2023
HCBS	15	33	17	24	21
Long Term Care / MF	3	2	5	4	2
Urgent Medical Need	5	7	10	10	6
Urgent	4	10	11	11	9
Life Threatening	4	1	2	2	1
PRIORITIES TOTAL	**31**	**53**	**45**	**51**	**39**

Sunflower, cont'd

PROGRAM TYPE	2019	2020	2021	2022	2023
PD	16	14	2	5	6
I/DD	15	4	10	10	4
FE	13	6	6	5	3
AUTISM	1	2	0	0	0
SED	1	1	0	3	1
TBI	8	2	6	2	7
TA	4	3	1	6	3
WH	2	0	0	0	0
MFP	0	0	0	0	0
PACE	0	0	0	0	0
MENTAL HEALTH	0	1	2	2	1
SUB USE DIS	0	0	0	0	0
NURSING FACILITY	3	3	2	5	1
FOSTER CARE	0	0	0	0	1
MEDIKAN	0	0	0	0	0
INSTITUTIONAL TRANSITION FROM LTC/NF	0	1	0	0	0
INSTITUTIONAL TRANSITION FROM MH/BH	1	0	1	0	0
INSTITUTIONAL TRANSITION FROM PRISON/JAIL	0	0	0	0	0
PROGRAM TYPE TOTAL	**64**	**37**	**30**	**38**	**27**

C. United Healthcare

MEDICAID ISSUES	2019	2020	2021	2022	2023
Access to Providers (usually Medical)	10	4	7	19	9
Appeals/Fair Hearing questions/issues	3	8	6	10	3
Background Checks	1	0	0	0	0
Billing	10	12	19	21	20
Care Coordinator Issues	10	11	4	12	17
Change MCO	8	5	2	3	2
Choice Info on MCO	1	2	1	2	6
Coding Issues	5	1	1	3	4
Consumer said Notice not received	2	0	0	3	1
Cultural Competency	0	0	0	0	0
Data Requests	0	0	1	1	2
Dental	5	0	4	4	3
Division of Assets	0	0	0	1	1
Durable Medical Equipment	5	5	5	7	12
Grievances Questions/Issues	10	10	11	19	16
Help understanding mail (NOA)	0	0	4	5	0
MCO transition	0	1	0	1	1
Medicaid Application Assistance	2	2	3	7	1
Medicaid Eligibility Issues	24	10	8	20	9
Medicaid Fraud	0	0	1	0	4
Medicaid General Issues/questions	44	12	28	49	36
Medicaid info (status) update	25	12	11	24	15
Medicaid Renewal	14	1	2	1	16
Medical Card issues	2	5	4	5	4
Medicare Savings Plan Issues	1	1	4	5	4
MediKan issues	1	0	0	0	0
Moving to / from Kansas	0	0	2	0	0
Medical Services	3	12	12	19	7
Pain management issues	2	0	3	2	0
Pharmacy	9	9	9	11	10
Pregnancy issues	0	0	2	0	1
Prior authorization issues	1	2	6	7	1
Refugee/Immigration/SOBRA issues	0	0	0	0	0
Respite	0	0	0	0	0
Spend Down Issues	9	6	3	6	5
Transportation	5	8	6	12	8
Working Healthy	1	0	0	1	0
MEDICAID ISSUES TOTAL	**213**	**139**	**169**	**280**	**218**

United, cont'd

HCBS/LTSS ISSUES	2019	2020	2021	2022	2023
Client Obligation	5	2	2	0	0
Estate Recovery	1	0	0	0	1
HCBS Eligibility issues	10	6	7	10	9
HCBS General Issues	28	21	17	25	29
HCBS Reduction in hours of service	3	8	1	7	4
HCBS Waiting List	5	0	3	5	4
Nursing Facility Issues	8	6	14	5	2
HCBS/LTSS ISSUES TOTAL	**60**	**43**	**44**	**52**	**49**

OTHER ISSUES	2019	2020	2021	2022	2023
Abuse / neglect complaints	0	0	5	5	4
ADA Concerns	0	0	0	1	1
Adoption issues	0	0	0	0	0
Affordable Care Act Calls	0	0	0	0	0
Community Resources needed	0	1	3	5	3
Domestic Violence concerns	0	0	0	1	0
Foster Care issues	0	0	1	1	1
Guardianship	0	0	0	0	0
Homelessness	0	1	2	0	1
Housing Issues	1	2	6	2	6
Medicare related Issues	3	3	3	13	5
Social Security Issues	1	2	2	3	0
Used Interpreter	0	0	0	1	2
X-Other	22	23	18	15	8
Z Thank you	114	53	69	72	115
Z Unspecified	10	2	3	5	3
Health Homes	0	0	0	0	0
OTHER ISSUES TOTAL	**151**	**87**	**112**	**124**	**149**

PRIORITY	2019	2020	2021	2022	2023
HCBS	4	25	16	24	32
Long Term Care / MF	4	6	10	11	5
Urgent Medical Need	2	5	5	9	4
Urgent	2	6	16	8	15
Life Threatening	1	0	1	1	1
PRIORITIES TOTAL	**13**	**42**	**48**	**53**	**57**

United, cont'd

PROGRAM TYPE	2019	2020	2021	2022	2023
PD	22	13	4	13	7
I/DD	17	2	7	9	6
FE	11	8	6	2	11
AUTISM	1	0	0	0	1
SED	3	1	1	2	1
TBI	3	6	5	4	13
TA	1	2	1	3	1
WH	0	0	0	0	0
MFP	0	0	0	0	0
PACE	0	0	0	0	0
MENTAL HEALTH	1	1	8	2	1
SUB USE DIS	0	0	0	0	0
NURSING FACILITY	10	3	7	7	1
FOSTER CARE	0	0	0	0	0
MEDIKAN	1	0	0	0	0
INSTITUTIONAL TRANSITION FROM LTC/NF	1	3	1	0	1
INSTITUTIONAL TRANSITION FROM MH/BH	0	1	0	1	0
INSTITUTIONAL TRANSITION FROM PRISON/JAIL	0	0	0	0	0
PROGRAM TYPE TOTAL	**71**	**40**	**40**	**43**	**43**

State of Kansas
Kansas Department of Health & Environment
Division of Health Care Finance
KanCare Annual Report
Demonstration Year 11
Calendar Year 2023

Population	Unduplicated Beneficiaries by Population	Member Months	Expenditures
Pop 1: ABD/SD Dual	22,746	193,485	$47,399,368
Pop 2: ABD/SD Non Dual	36,792	365,851	$600,896,647
Pop 3: Adults	88,430	286,450	$177,484,196
Pop 4: Children	306,137	3,015,599	$912,332,520
Pop 5: DD Waiver	9,353	107,326	$751,838,443
Pop 6: LTC	27,290	261,008	$1,164,834,326
Pop 7: MN Dual	10,277	61,251	$45,891,621
Pop 8: MN Non Dual	2,420	15,217	$32,603,719
Pop 9: Waiver	7,104	57,276	$249,196,060
Total	510,549	4,363,463	$3,982,476,900
Administration			$234,919,944
Overall Unduplicated Beneficiaries	488,324		

Notes:
1. CHIP and MCHIP are excluded.
2. Enrollment data is updated through Jan 2024 capitation data.
3. Member months data is updated through Jan 2024 capitation data.
4. Expenditure data is updated through QE 12 31 2023 actuals.

1115 Waiver - Safety Net Care Pool Report

Demonstration Year Eleven YE 2023

Health Care Access Improvement Pool

Paid dates 1/1/2023 through 12/31/2023

Provider Names	YE 2023 Amt Paid	Provider Access Fund 2443	Federal Medicaid Fund 3414
Adventhealth Ottawa	29,144	10,532	18,612
Adventhealth Shawnee Mission	3,566,792	1,288,949	2,277,843
Ascension Via Christi Hospital Manhattan	810,594	292,928	517,666
Ascension Via Christi Hospital Pittsburg Inc	1,245,695	450,163	795,532
Ascension Via Christi Hospital St. Teresa Inc	240,907	87,058	153,849
Ascension Via Christi Rehabilitation Hospital	115,341	41,681	73,660
Ascension Via Christi St. Francis	9,470,276	3,422,321	6,047,955
Bob Wilson Memorial Grant County Hospital	177,296	64,070	113,226
Children's Mercy Hospital Kansas	96,375	34,828	61,547
Coffeyville Regional Medical Center Inc	58,076	20,987	37,089
Hays Medical Center, Inc.	298,480	107,863	190,617
Hutchinson Regional Medical Center Inc	179,348	64,812	114,536
Kansas Heart Hospital LLC	11,576	4,183	7,393
Kansas Medical Center LLC	6,397	2,312	4,085
Kansas Rehabilitation Hospital Inc	9,188	3,320	5,868
Kansas Spine & Specialty LLC	1,569	567	1,002
Kansas Surgery And Recovery Center LLC	6,180	2,233	3,947
Labette Co Med	69,696	25,186	44,510
Lawrence Memorial Hospital	461,208	166,669	294,539
Manhattan Surgical Hospital	498	180	318
Mcpherson Hospital Inc	18,944	6,846	12,098
Menorah Medical Center	939,680	339,577	600,103
Mercy Hospital Inc	7,205	2,604	4,601
Miami County Medical Center Inc	171,912	62,125	109,787
Midamerica Rehabilitation Hospital	15,723	5,682	10,041
Morton County Hospital	3,420	1,236	2,184
NMC Health Medical Center	98,117	35,457	62,660
Olathe Medical Center Inc	1,473,352	532,433	940,919
Overland Park Reg Med Ctr	3,994,217	1,443,410	2,550,807
Prairie View Hospital	121,557	43,928	77,629
Pratt Regional Medical Center	9,038	3,266	5,772
Providence Medical Center	1,380,538	498,892	881,646
Rehabilitation Hospital Of Overland Park	21,303	7,698	13,605
Saint John Hospital	26,636	9,626	17,010
Saint Lukes South Hospital Inc	368,747	133,256	235,491
Salina Regional Health Center	820,432	296,484	523,948
Salina Surgical Hospital	1,070	387	683
South Central Kansas Regional Medical Center	4,655	1,682	2,973
Southwest Medical Center	18,118	6,547	11,571
St Catherine Hospital	924,872	334,226	590,646
Stormont Vail Health Flint Hills	42,630	15,405	27,225
Stormont-Vail Healthcare, Inc	2,239,575	809,326	1,430,249
Susan B Allen Memorial Hospital	70,465	25,464	45,001
The University Of Kansas Health System Great Bend	29,060	10,502	18,558
Topeka Hospital Llc D/B/A The University Of Kansas	1,359,239	491,195	868,044
Wesley Medical Center	9,967,358	3,601,954	6,365,404
Grand Total	**40,982,499**	**14,810,051**	**26,172,448**

1115 Waiver - Safety Net Care Pool Report

Demonstration Year Ten- YE 2022 Payments in DY 11 YE 2023

Health Care Access Improvement Pool

Paid dates 1/12/2023 & 1/19/2023

Provider Names	YE 2022 Amt Paid	Provider Access Fund 2443	Federal Medicaid Fund 3414
AdventHealth Ottawa	32,378	11,021	21,357
AdventHealth Shawnee Mission	3,134,438	1,066,963	2,067,475
Ascension Via Christi Hospital Manhattan	964,257	328,233	636,024
Ascension Via Christi Hospital Pittsburg Inc	1,359,825	462,884	896,941
Ascension Via Christi Hospital St. Teresa Inc	290,386	98,847	191,539
Ascension Via Christi St. Francis	8,980,685	3,057,025	5,923,660
Bob Wilson Memorial Grant County Hospital	161,295	54,905	106,390
Children's Mercy Hospital Kansas	110,676	37,674	73,002
Coffeyville Regional Medical Center Inc	112,573	38,320	74,253
Geary County Hospital	66,723	22,713	44,010
Hays Medical Center, Inc.	274,008	93,272	180,736
Hutchinson Regional Medical Center Inc	31,632	10,768	20,864
Kansas Heart Hospital LLC	11,105	3,780	7,325
Kansas Medical Center LLC	902	307	595
Kansas Rehabilitation Hospital Inc	3,561	1,212	2,349
Kansas Spine & Specialty LLC	3,657	1,245	2,412
Kansas Surgery And Recovery Center LLC	8,064	2,745	5,319
KVC Prairie Ridge Psychiatric Hospital	3,326	1,132	2,194
Labette Co Med	149,323	50,830	98,493
Lawrence Memorial Hospital	756,062	257,364	498,698
Manhattan Surgical Hospital	4,554	1,550	3,004
Mcpherson Hospital Inc	29,356	9,993	19,363
Menorah Medical Center	1,117,708	380,468	737,240
Mercy Hospital Inc	9,458	3,220	6,238
Miami County Medical Center Inc	23,821	8,109	15,712
Midamerica Rehabilitation Hospital	3,724	1,268	2,456
Morton County Hospital	200	68	132
NMC Health Medical Center	138,879	47,274	91,605
Olathe Medical Center Inc	249,873	85,057	164,816
Overland Park Reg Med Ctr	4,159,819	1,416,002	2,743,817
Prairie View Hospital	7,998	2,723	5,275
Pratt Regional Medical Center	15,844	5,393	10,451
Providence Medical Center	1,721,175	585,888	1,135,287
Rehabilitation Hospital Of Overland Park	579	197	382
Rock Regional Hospital*	84,050	28,611	55,439
Saint John Hospital	31,150	10,603	20,547
Saint Lukes South	341,532	116,257	225,275
Salina Regional Health Center	404,446	137,673	266,773
Salina Surgical Hospital	3,512	1,195	2,317
South Central Kansas Regional Medical Center	15,837	5,391	10,446
Southwest Medical Center	189,458	64,492	124,966
St Catherine Hospital	1,282,399	436,529	845,870
Stormont-Vail Healthcare, Inc	2,138,919	728,088	1,410,831
Susan B Allen Memorial Hospital	115,387	39,278	76,109
The University Of Kansas Health System Great Bend	50,195	17,086	33,109
Topeka Hospital LLC D/B/A The University Of Kansas	1,921,804	654,182	1,267,622
Wesley Medical Center	10,528,311	3,583,837	6,944,474
Wesley Rehabilitation Hospital	5,164	1,758	3,406
Western Plains Medical Complex	8,355	2,844	5,511
Grand Total	**41,058,383**	**13,976,274**	**27,082,109**

* Payment for DY 9 Qtr Three and Four

1115 Waiver - Safety Net Care Pool Report

Demonstration Year Eleven- YE 2023

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

Paid dates 1/1/2023 through 12/31/2023

Hospital Name	YE 2023 Amt Paid	State General Fund 1000	Federal Medicaid Fund 3414
Children's Mercy Hospital	$ 1,848,102	$ 659,218	$ 1,188,884
University Of Kansas Hospital Authority*	$ 5,544,309	$ 1,977,655	$ 3,566,654
Total	**$ 7,392,411**	**$ 2,636,873**	**$ 4,755,538**
*IGT funds are received from the University of Kansas Hospital			

Summary of Annual KanCare Post Award Forum Held 12.14.2023

The KanCare Special Terms and Conditions, at item #73, provide that annually "the state will afford the public with an opportunity to provide meaningful comment on the progress of the demonstration. At least 30 days prior to the date of the planned public forum, the state must publish the date, time and location of the forum in a prominent location on its website. The state must include a summary of the comments and issues raised by the public at the forum and include the summary in the quarterly report, as specified in STC64a, associated with the quarter in which the forum was held. The state must also include the summary of its annual report.

Consistent with this provision, Kansas held its 2023 KanCare Public Forum, providing updates and opportunity for input, on Thursday, December 14, 2023, from 3:00-4:00 pm via Zoom virtual meeting. The forum was published on the home page of the www.KanCare.ks.gov website, starting in November 2023. A screen shot of the notice from the KanCare website face page is as follows:

At the public forum, less than ten KanCare program stakeholders (providers, members, and families) attended, as well staff from the Kansas Department of Health and Environment (KDHE); staff from the Kansas Department of Aging and Disability Services (KDADS); staff from the KanCare managed care organizations; and CMS.

Representatives from KDHE and KDADS presented a summary of activities, initiatives, and progress from the past year.

After the presentations, participants were offered the opportunity to present questions or comments for discussion. There were no comments or questions from the public, at the Annual Public Forum. Kurt Weiter thanked all participants for joining the Public Forum.

Physical Health Measures, MY 2018 to 2022										
Measure	HEDIS Aggregated Results					Quality Compass ≥50th Percentile				
	2018	2019	2020	2021	2022	2018	2019	2020	2021	2022
Adults' Access to Preventive/Ambulatory Health Services (AAP)										
Ages 20–44	^ 83.1%	84.2%	81.6%	80.3%	**77.9%**	↑	↑	↑	↑	↑
Ages 45–64	^ 90.4%	91.4%	89.8%	89.9%	**89.6%**	↑	↑	↑	↑	↑
Ages 65 and older	^ 91.3%	91.3%	87.2%	89.2%	**89.0%**	↑	↑	↑	↑	↑
Total – Ages 20 and older	^ 86.6%	87.7%	84.9%	84.0%	**82.0%**	↑	↑	↑	↑	↑
Annual Dental Visit (ADV)										
Ages 2–3	45.8%	47.7%	38.7%	41.1%	**41.8%**	↑	↑	↑	↑	↑
Ages 4–6	71.2%	72.1%	58.8%	63.6%	**64.1%**	↑	↑	↑	↑	↑
Ages 7–10	74.9%	75.8%	64.2%	68.5%	**68.6%**	↑	↑	↑	↑	↑
Ages 11–14	68.6%	70.1%	58.8%	62.0%	**62.1%**	↑	↑	↑	↑	↑
Ages 15–18	59.5%	60.7%	51.6%	53.2%	**52.4%**	↑	↑	↑	↑	↑
Ages 19–20	35.5%	37.0%	33.0%	31.4%	**30.0%**	↓	↓	↑	↑	↑
Total – Ages 2–20	65.4%	66.7%	55.3%	57.5%	**57.1%**	↑	↑	↑	↑	↑
Initiation in Treatment for Alcohol or other Drug Dependence (IET) *(CMS Core Quality Measure)*										
Ages 13–17					**46.8%**					↑
Ages 18-64					**37.0%**					↓
Ages 65 and older					**41.6%**					↓
Total – Ages 13 and older					**38.8%**					↓
Engagement in Treatment for Alcohol or other Drug Dependence (IET) *(CMC Core Quality Measure)*										
Ages 13–17					**19.9%**					↑
Ages 18-64					**10.6%**					↓
Ages 65 and older					**3.9%**					↓
Total – Ages 13 and older					**11.5%**					↓
Prenatal and Postpartum Care (PPC) *(CMS Core Quality Measure)*										
Timeliness of Prenatal Care	* 75.5%	* 84.3%	^ 80.1%	79.3%	**^ 80.4%**	↓	↓	↓	↓	↓
Postpartum Care	58.2%‡	* 67.0%	^ 76.0%	75.3%	**76.2%**	↓	↓	↓	↓	↓
Chlamydia Screening in Women (CHL) *(CMS Core Quality Measure)*										
Ages 16–20	37.5%	40.3%	37.9%	40.1%	**39.9%**	↓	↓	↓	↓	↓
Ages 21–24	54.9%	55.9%	51.2%	53.8%	**54.9%**	↓	↓	↓	↓	↓
Total – Ages 16–24	43.5%	45.3%	42.2%	44.5%	**45.3%**	↓	↓	↓	↓	↓

↑ Rate is greater than or equal to the Quality Compass 50th percentile; ↓ rate is less than the Quality Compass 50th percentile.
* Quality Compass identified "Break in Trending" due to specification changes from prior year.
^ Quality Compass identified "Trend with Caution" due to specification changes from prior year.
† HEDIS rates greater than 50th percentile that indicate poor performance.
‡ KanCare rates for measures are aggregation of only Sunflower Health Plan and UnitedHealthcare data.
µ Unable to report rate due to the denominator being a small number.

Physical Health Measures, MY 2018 to 2022 (Continued)										
Measure	**HEDIS Aggregated Results**					**Quality Compass ≥50th Percentile**				
	2018	2019	2020	2021	2022	2018	2019	2020	2021	2022
Weight Assessment & Counseling for Nutrition and Physical Activity for Children/Adolescents *(CMS Core Quality Measure)*										
Weight Assessment/BMI for Children and Adolescents (WCC)										
Ages 3–11	^66.3%‡	60.3%	^ 65.7%	63.6%	**74.1%**	↓	↓	↓	↓	↓
Ages 12–17	^59.3%‡	60.4%	^ 64.2%	60.0%	**76.8%**	↓	↓	↓	↓	↓
Total – Ages 3–17	^63.8%‡	60.3%	^ 65.1%	62.3%	**75.2%**	↓	↓	↓	↓	↓
Counseling for Nutrition for Children and Adolescents (WCC)										
Ages 3–11	^59.5%‡	58.8%	59.1%	65.3%	**64.6%**	↓	↓	↓	↓	↓
Ages 12–17	^53.2%‡	60.9%	56.7%	52.4%	**59.6%**	↓	↓	↓	↓	↓
Total – Ages 3–17	^57.2%‡	59.6%	58.2%	60.5%	**62.6%**	↓	↓	↓	↓	↓
Counseling for Physical Activity for Children and Adolescents (WCC)										
Ages 3–11	^53.8%‡	50.6%	52.1%	57.1%	**58.1%**	↓	↓	↓	↓	↓
Ages 12–17	^57.3%‡	62.2%	61.3%	55.3%	**63.6%**	↓	↓	↓	↓	↓
Total – Ages 3–17	^55.0%‡	54.9%	55.7%	56.4%	**60.3%**	↓	↓	↓	↓	↓
Follow-Up after Hospitalization for Mental Illness (FUH) *(CMS Core Quality Measure)*										
Within 7 days of discharge	^ 55.3%	54.4%	^ 52.8%	52.0%	**51.2%**	↑	↑	↑	↑	↑
Within 30 days of discharge	^ 74.6%	73.5%	^ 72.2%	72.9%	**72.2%**	↑	↑	↑	↑	↑
Follow-Up Care for Children Prescribed ADHD Medication (ADD) *(CMS Core Quality Measure)*										
Initiation Phase	48.7%	52.8%‡	^ 54.2%	45.1%	**48.9%**	↑	↑	↑	↑	↑
Continuation & Maintenance Phase	56.1%	59.9%‡	^ 61.4%	56.9%	**56.8%**	↑	↑	↑	↑	↑
Child and Adolescent Well Care Visits (WCV) *(CMS Core Quality Measure)*										
Ages 3–11			48.4%	53.2%	**52.0%**			↓	↓	↓
Ages 12–17			46.1%	49.0%	**47.2%**			↑	↓	↓
Ages 18–21			23.9%	21.5%	**19.8%**			↓	↓	↓
Total – Ages 3–21			45.2%	47.6%	**45.3%**			↓	↓	↓
Well-Child Visits in the First 30 Months of Life (W30) *(CMS Core Quality Measure)*										
First 15 Months			* 55.1%	56.8%	**59.8%**			↑	↑	↑
Fifteen Months–30 Months			65.3%	60.5%	**60.7%**			↓	↓	↓
Controlling High Blood Pressure (CBP) *(CMS Core Qualilty Measure)*										
	*58.6%‡	54.4%	* 60.3%	62.0%	**64.8%**	↓	↓	↑	↑	↑
Comprehensive Diabetes Care (HBD) *(CMS Core Quality Measure)*										
HbA1c Control (<8%)	^ 54.9%	53.2%	^ 53.9%	50.1%	*** 52.4%**	↑	↑	↑	↓	↑
Poor HbA1c Control	^ 36.8%	39.0%	^ 36.6%	41.4%	*** 38.8%**	↑ †	↓ †	↑ †	↓ †	↓ †
Appropriate Testing for Pharyngitis (CWP)										
Ages 3–17	73.3%	* 73.8%	^ 74.7%	74.8%	**^ 73.7%**	↓	↓	↓	↓	↓
Ages 18–64		* 63.6%	^ 64.2%	66.2%	**^ 65.9%**		↓	↓	↑	↑
Ages 65 and older *(too few to report)*										
Total – Ages 3 and older		* 72.3%	^ 73.0%	72.8%	**^ 71.9%**		↓	↓	↑	↓
Appropriate Treatment for Upper Respiratory Infection (URI)										
Ages 3 months–17 years	86.6%	* 88.1%	89.8%	91.5%	**91.4%**	↓	↓	↓	↓	↓
Ages 18–64		* 77.2%	81.3%	83.1%	**84.1%**		↑	↑	↑	↑
Ages 65 and older		* 83.4%	89.3%	µ	**88.2%**		↑	↑		↑
Total – Ages 3 months and older		* 86.5%	88.6%	90.2%	**90.3%**		↓	↓	↓	↓

↑ Rate is greater than or equal to the Quality Compass 50th percentile; ↓ rate is less than the Quality Compass 50th percentile.

* Quality Compass identified "Break in Trending" due to specification changes from prior year.

^ Quality Compass identified "Trend with Caution" due to specification changes from prior year.

† HEDIS rates greater than 50th percentile that indicate poor performance.

‡ KanCare rates for measures are aggregation of only Sunflower Health Plan and UnitedHealthcare data.

µ Unable to report rate due to the denominator being a small number.

2022 P4P: Aetna

Aetna

Measure	2022 target	2022 Rate	PP Change	>50th QC	Met/Not Met	2022 $$ % available	2022 $$ % earned	2022 Performance Targets Thresholds
MCO Data Sources								
Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment – Initiation of AOD - Total (Total)	46.81%	**38.55%**	-4.26	No	Not Met	**7.14%**	**0.00%**	Rate ≥ 4 pps or ≥ 50th QC = 100%; ≥ 2pps = 50%
Childhood Immunization Status (CIS) - Combination 10	36.87%	**33.33%**	1.46	Yes	Met 100%	**7.14%**	**7.14%**	Rate ≥ 5 pps or ≥ 50th QC = 100%; ≥ 3pps = 50%
Chlamydia Screening in Women (CHL)	46.73%	**42.49%**	0.76	No	Not Met	**7.14%**	**0.00%**	Rate ≥ 5 pps or ≥ 50th QC = 100%; ≥ 3pps = 50%
Prenatal and Postpartum Care (PPC): Timeliness of Prenatal Care	77.02%	**73.48%**	1.46	No	Not Met	**7.14%**	**0.00%**	Rate ≥ 5 pps or ≥ 50th QC = 100%; ≥ 3pps = 50%
Prenatal and Postpartum Care (PPC): Postpartum Care	78.48%	**74.45%**	0.97	No	Not Met	**7.14%**	**0.00%**	Rate ≥ 5 pps or ≥ 50th QC = 100%; ≥ 3pps = 50%
Cervical Cancer Screening (CCS)	59.26%	**54.74%**	0.48	No	Not Met	**7.14%**	**0.00%**	Rate ≥ 5 pps or ≥ 50th QC = 100%; ≥ 3pps = 50%
Lead Screening in Children (LSC)	55.12%	**51.58%**	1.46	No	Not Met	**7.14%**	**0.00%**	Rate ≥ 5 pps or ≥ 50th QC = 100%; ≥ 3pps = 50%
Risk of Continued Opioid Use – 30 day period Ages 65+	19.50%	**25.00%**	-1.50	No	Not Met	**7.14%**	**0.00%**	Rate ≥ 4 pps or ≥ 50th QC = 100%; ≥ 2pps = 50%
Appropriate Treatment for Upper Respiratory Infection – 3 months to 17 years	95.17%	**91.16%**	-0.01	No	Not Met	**7.14%**	**0.00%**	Rate ≥ 4 pps or ≥ 50th QC = 100%; ≥ 2pps = 50%
State Data Sources – KDADS								
Residents of a NF or nursing facility for mental health (NFMH) receiving antipsychotic medication	≤12.00%	**13.98%**	NA	NA	Not Met	**7.14%**	**0.00%**	Rate ≤ 12% = 100%
Decreased Percentage of Members Discharged from a NF Having Hospital Admission Within 30 Days	≤11.5.00%	**10.69%**	1.64 *(decrease)*	NA	Met 100%	**7.14%**	**7.14%**	Rate ≤ 11.5% = 100%; decrease ≥ 1pps = 50%
Peer Support services utilization for Behavioral Health services	≥10.00%	**28.36%**	NA	NA	Met 100%	**7.14%**	**7.14%**	Increase ≥ 10.00% = 100%
Residents of a NF or NFMH discharged to a community setting	≥55.00%	**56.37%**	NA	NA	Not Met	**14.29%**	**0.00%**	Rate ≥ 58% = 100%
						100.00%	**21.43%**	

2022 Portion Met	**21.43%**	**(exactly 3/14)**
2022 Portion Unmet	**78.57%**	**(exactly 11/14)**
2022 Portion Pending	**0.00%**	
	100.0%	

2022 P4P: Sunflower

Sunflower

Measure	2022 target	2022 Rate	PP Change	>50th QC	Met/Not Met	2022 $$ % available	2022 $$ % earned	2022 Performance Targets Thresholds
Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment – Initiation of AOD - Total (Total)	45.75%	**39.96%**	-1.79	No	Not Met	**7.14%**	**0.00%**	Rate ≥ 4 pps or ≥ 50th QC = 100%; ≥ 2pps = 50%
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents - BMI percentile (Total)	59.96%	**68.37%**	12.41	No	Met 100%	**7.14%**	**7.14%**	Rate ≥ 4 pps or ≥ 50th QC = 100%; ≥ 2pps = 50%
Chlamydia Screening in Women (CHL)	49.62%	**45.75%**	1.13	No	Not Met	**7.14%**	**0.00%**	Rate ≥ 5 pps or ≥ 50th QC = 100%; ≥ 3pps = 50%
Prenatal and Postpartum Care (PPC): Timeliness of Prenatal Care	73.86%	**75.91%**	7.05	No	Met 100%	**7.14%**	**7.14%**	Rate ≥ 5 pps or ≥ 50th QC = 100%; ≥ 3pps = 50%
Prenatal and Postpartum Care (PPC): Postpartum Care	71.91%	**72.02%**	5.11	No	Met 100%	**7.14%**	**7.14%**	Rate ≥ 5 pps or ≥ 50th QC = 100%; ≥ 3pps = 50%
Pharmacotherapy Management of COPD Exacerbation - Systemic Corticosteroid	50.47%	**54.00%**	7.53	No	Met 100%	**7.14%**	**7.14%**	Rate ≥ 4 pps or ≥ 50th QC = 100%; ≥ 2pps = 50%
Lead Screening in Children (LSC)	52.69%	**53.04%**	5.35	No	Met 100%	**7.14%**	**7.14%**	Rate ≥ 5 pps or ≥ 50th QC = 100%; ≥ 3pps = 50%
Risk of Continued Opioid Use – 30 day period Ages 65+	23.24%	**27.07%**	0.17	No	Not Met	**7.14%**	**0.00%**	Rate ≥ 4 pps or ≥ 50th QC = 100%; ≥ 2pps = 50%
Appropriate Treatment for Upper Respiratory Infection – 3 months to 17 years	95.47%	**91.64%**	0.17	No	Not Met	**7.14%**	**0.00%**	Rate ≥ 4 pps or ≥ 50th QC = 100%; ≥ 2pps = 50%
State Data Sources – KDADS								
Residents of a NF or nursing facility for mental health (NFMH) receiving antipsychotic medication	≤12.00%	**13.65%**	NA	NA	Not Met	**7.14%**	**0.00%**	Rate ≤ 12% = 100%
Decreased Percentage of Members Discharged from a NF Having Hospital Admission Within 30 Days	≤11.50%	**16.52%**	2.49 *(increase)*	NA	Not Met	**7.14%**	**0.00%**	Rate ≤ 11.5% = 100%; decrease ≥ 1pps = 50%
Peer Support services utilization for Behavioral Health services	≥10%	**22.58%**	NA	NA	Met 100%	**7.14%**	**7.14%**	Increase ≥ 10.00% = 100%
Residents of a NF or NFMH discharged to a community setting	≥55.00%	**58.08%**	NA	NA	Met 100%	**14.29%**	**14.29%**	Rate ≥ 58% = 100%
						107.14%	**57.14%**	

2022 Portion Met	**57.14%**	**(Exact value is 8/14)**
2022 Portion Unmet	**42.86%**	**(Exact value is 6/14)**
2022 Portion Pending	**0.00%**	
	100.0%	

2022 P4P: UnitedHealthcare

UnitedHealthcare								
Measure	**2022 target**	**2022 Rate**	**PP Change**	**>50th QC**	**Met/Not Met**	**2022 $$ % available**	**2022 $$ % earned**	**2022 Performance Targets Thresholds**
Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment – Initiation of AOD - Total (Total)	43.14%	**37.91%**	-1.23	No	Not Met	**7.14%**	**0.00%**	Rate ≥ 4 pps or ≥ 50th QC = 100%; ≥ 2pps = 50%
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents - BMI percentile (Total)	73.34%	**82.24%**	12.90	Yes	Met 100%	**7.14%**	**7.14%**	Rate ≥ 4 pps or ≥ 50th QC = 100%; ≥ 2pps = 50%
Chlamydia Screening in Women (CHL)	51.36%	**47.01%**	0.65	No	Not Met	**7.14%**	**0.00%**	Rate ≥ 5 pps or ≥ 50th QC = 100%; ≥ 3pps = 50%
Prenatal and Postpartum Care (PPC): Timeliness of Prenatal Care	99.40%	**90.51%**	-3.89	Yes	Met 100%	**7.14%**	**7.14%**	Rate ≥ 5 pps or ≥ 50th QC = 100%; ≥ 3pps = 50%
Prenatal and Postpartum Care (PPC): Postpartum Care	89.91%	**81.75%**	-3.16	Yes	Met 100%	**7.14%**	**7.14%**	Rate ≥ 5 pps or ≥ 50th QC = 100%; ≥ 3pps = 50%
Pharmacotherapy Management of COPD Exacerbation - Systemic Corticosteroid	51.04%	**53.20%**	6.16	No	Met 100%	**7.14%**	**7.14%**	Rate ≥ 4 pps or ≥ 50th QC = 100%; ≥ 2pps = 50%
Lead Screening in Children (LSC)	57.55%	**50.36%**	-2.19	No	Not Met	**7.14%**	**0.00%**	Rate ≥ 5 pps or ≥ 50th QC = 100%; ≥ 3pps = 50%
Risk of Continued Opioid Use – 30 day period Ages 65+	24.47%	**30.40%**	-1.93	No	Not Met	**7.14%**	**0.00%**	Rate ≥ 4 pps or ≥ 50th QC = 100%; ≥ 2pps = 50%
Appropriate Treatment for Upper Respiratory Infection – 3 months to 17 years	95.83%	**91.28%**	-0.55	No	Not Met	**7.14%**	**0.00%**	Rate ≥ 4 pps or ≥ 50th QC = 100%; ≥ 2pps = 50%
State Data Sources – KDADS								
Residents of a NF or nursing facility for mental health (NFMH) receiving antipsychotic medication	≤12.00%	**14.28%**	NA	NA	Not Met	**7.14%**	**0.00%**	Rate ≤ 12% = 100%
Decreased Percentage of Members Discharged from a NF Having Hospital Admission Within 30 Days	≤11.50%	**11.70%**	3.07 *(decrease)*	NA	Met 50%	**7.14%**	**3.57%**	Rate ≤ 11.5% = 100%; decrease ≥ 1pps = 50%
Peer Support services utilization for Behavioral Health services	≥10%	**17.78%**	NA	NA	Met 100%	**7.14%**	**7.14%**	Increase ≥ 10.00% = 100%
Residents of a NF or NFMH discharged to a community setting	≥58.00%	**55.30%**	NA	NA	Not Met	**14.29%**	**0.00%**	Rate ≥ 58% = 100%
						100.00%	**39.29%**	

2022 Portion Met	**39.29%**	**(Exact value is 11/28)**
2022 Portion Unmet	**60.71%**	**(Exact value is 17/28)**
2022 Portion Pending	**0.00%**	
	100.0%	