Managed Care Program Annual Report (MCPAR) for Kansas: KanCare

Due date	Last edited	Edited by	Status
06/28/2024	06/21/2024	Ann-Marie Bevel	Submitted

	Indicator	Response
	Exclusion of CHIP from MCPAR Enrollees in separate CHIP programs funded under Title XXI should not be reported in the MCPAR. Please check this box if the state is unable to remove information about Separate CHIP enrollees from its reporting on this program.	Not Selected

Section A: Program Information

Point of Contact

Number	Indicator	Response
A1	**State name** Auto-populated from your account profile.	Kansas
A2a	**Contact name** First and last name of the contact person. States that do not wish to list a specific individual on the report are encouraged to use a department or program-wide email address that will allow anyone with questions to quickly reach someone who can provide answers.	Ann-Marie Bevel
A2b	**Contact email address** Enter email address. Department or program-wide email addresses ok.	annmarie.bevel@ks.gov
A3a	**Submitter name** CMS receives this data upon submission of this MCPAR report.	Ann-Marie Bevel
A3b	**Submitter email address** CMS receives this data upon submission of this MCPAR report.	annmarie.bevel@ks.gov
A4	**Date of report submission** CMS receives this date upon submission of this MCPAR report.	06/24/2024

Reporting Period

Number	Indicator	Response
A5a	**Reporting period start date** Auto-populated from report dashboard.	01/01/2023
A5b	**Reporting period end date** Auto-populated from report dashboard.	12/31/2023
A6	**Program name** Auto-populated from report dashboard.	KanCare

Add plans (A.7)

Enter the name of each plan that participates in the program for which the state is reporting data.

	Indicator	Response
	Plan name	Aetna Better Health of Kansas Sunflower Health Plan UnitedHealthcare Community Plan of Kansas

Add BSS entities (A.8)

Enter the names of Beneficiary Support System (BSS) entities that support enrollees in the program for which the state is reporting data. Learn more about BSS entities at 42 CFR 438.71See Glossary in Excel Workbook for the definition of BSS entities.

Examples of BSS entity types include a: State or Local Government Entity, Ombudsman Program, State Health Insurance Program (SHIP), Aging and Disability Resource Network (ADRN), Center for Indepedent Living (CIL), Legal Assistance Organization, Community-based Organization, Subcontractor, Enrollment Broker, Consultant, or Academic/Research Organization.

	Indicator	Response
	BSS entity name	Aging and Disability Resource Network (ADRN) Ombudsman Program KDHE Gainwell Center for Independent Living (CIL)

Section B: State-Level Indicators

Topic I. Program Characteristics and Enrollment

Number	Indicator	Response
BI.1	**Statewide Medicaid enrollment** Enter the average number of individuals enrolled in Medicaid per month during the reporting year (i.e., average member months). Include all FFS and managed care enrollees and count each person only once, regardless of the delivery system(s) in which they are enrolled.	518,963
BI.2	**Statewide Medicaid managed care enrollment** Enter the average number of individuals enrolled in any type of Medicaid managed care per month during the reporting year (i.e., average member months). Include all managed care programs and count each person only once, even if they are enrolled in multiple managed care programs or plans.	481,138

Topic III. Encounter Data Report

Number	Indicator	Response
BIII.1	**Data validation entity** Select the state agency/division or contractor tasked with evaluating the validity of encounter data submitted by MCPs. Encounter data validation includes verifying the accuracy, completeness, timeliness, and/or consistency of encounter data records submitted to the state by Medicaid managed care plans. Validation steps may include pre-acceptance edits and post-acceptance analyses. See Glossary in Excel Workbook for more information.	State Medicaid agency staff EQRO Other third-party vendor Other, specify – EDI as a service through the Medicaid fiscal agent

Topic X: Program Integrity

Number	Indicator	Response
BX.1	**Payment risks between the state and plans** Describe service-specific or other focused PI activities that the state conducted during the past year in this managed care program. Examples include analyses focused on use of long-term services and supports (LTSS) or prescription drugs or activities that focused on specific payment issues to identify, address, and prevent fraud, waste or abuse. Consider data analytics, reviews of under/overutilization, and other activities. If no PI activities were performed, enter 'No PI activities were performed during the reporting period' as your response. 'N/A' is not an acceptable response.	No PI activities were performed during the reporting period.
BX.2	**Contract standard for overpayments** Does the state allow plans to retain overpayments, require the return of overpayments, or has established a hybrid system? Select one.	State has established a hybrid system
BX.3	**Location of contract provision stating overpayment standard** Describe where the overpayment standard in the previous indicator is located in plan contracts, as required by 42 CFR 438.608(d)(1)(i).	5.12.1.L
BX.4	**Description of overpayment contract standard** Briefly describe the overpayment standard (for example, details on whether the state allows plans to retain overpayments, requires the plans to return overpayments, or administers a hybrid system) selected in indicator B.X.2.	If the MCO identifies the overpayment, they retain the money. If the State (or Federal agency) identifies the overpayment, the MCO refunds the overpayment.

BX.5	**State overpayment reporting monitoring** Describe how the state monitors plan performance in reporting overpayments to the state, e.g. does the state track compliance with this requirement and/or timeliness of reporting? The regulations at 438.604(a)(7), 608(a)(2) and 608(a)(3) require plan reporting to the state on various overpayment topics (whether annually or promptly). This indicator is asking the state how it monitors that reporting.	Contractors are allowed to retain overpayment recoveries, including overpayments due to Fraud, Waste or Abuse.
BX.6	**Changes in beneficiary circumstances** Describe how the state ensures timely and accurate reconciliation of enrollment files between the state and plans to ensure appropriate payments for enrollees experiencing a change in status (e.g., incarcerated, deceased, switching plans).	Files are sent to the plans daily identifying new members. A comprehensive list of members is sent monthly. The monthly file includes members assigned for the upcoming month. The absence of a member on the monthly file signals discontinuance.
BX.7a	**Changes in provider circumstances: Monitoring plans** Does the state monitor whether plans report provider “for cause” terminations in a timely manner under 42 CFR 438.608(a)(4)? Select one.	Yes
BX.7b	**Changes in provider circumstances: Metrics** Does the state use a metric or indicator to assess plan reporting performance? Select one.	No
BX.8a	**Federal database checks: Excluded person or entities** During the state's federal database checks, did the state find any person or entity excluded? Select one. Consistent with the requirements at 42 CFR 455.436 and 438.602, the State	No

	must confirm the identity and determine the exclusion status of the MCO, PIHP, PAHP, PCCM or PCCM entity, any subcontractor, as well as any person with an ownership or control interest, or who is an agent or managing employee of the MCO, PIHP, PAHP, PCCM or PCCM entity through routine checks of Federal databases.	
BX.9a	**Website posting of 5 percent or more ownership control** Does the state post on its website the names of individuals and entities with 5% or more ownership or control interest in MCOs, PIHPs, PAHPs, PCCMs and PCCM entities and subcontractors? Refer to §455.104 and required by 42 CFR 438.602(g)(3).	No
BX.10	**Periodic audits** If the state conducted any audits during the contract year to determine the accuracy, truthfulness, and completeness of the encounter and financial data submitted by the plans, provide the link(s) to the audit results. Refer to 42 CFR 438.602(e). If no audits were conducted, please enter 'No such audits were conducted during the reporting year' as your response. 'N/A' is not an acceptable response.	https://kancare.ks.gov/quality-measurement/QMS

Section C: Program-Level Indicators

Topic I: Program Characteristics

Number	Indicator	Response
C1I.1	**Program contract** Enter the title of the contract between the state and plans participating in the managed care program.	KanCare
N/A	Enter the date of the contract between the state and plans participating in the managed care program.	01/01/2019
C1I.2	**Contract URL** Provide the hyperlink to the model contract or landing page for executed contracts for the program reported in this program.	https://admin.ks.gov/offices/procurement-contracts/bidding--contracts/contracts/important-awardscontracts/kancare-award
C1I.3	**Program type** What is the type of MCPs that contract with the state to provide the services covered under the program? Select one.	Managed Care Organization (MCO)
C1I.4a	**Special program benefits** Are any of the four special benefit types covered by the managed care program: (1) behavioral health, (2) long-term services and supports, (3) dental, and (4) transportation, or (5) none of the above? Select one or more. Only list the benefit type if it is a covered service as specified in a contract between the state and managed care plans participating in the program. Benefits available to eligible program enrollees via fee-for-service should not be listed here.	Behavioral health Long-term services and supports (LTSS) Dental Transportation
C1I.4b	**Variation in special benefits** What are any variations in the availability of special benefits within the program (e.g. by service area or population)? Enter "N/A" if not applicable.	N/A
C1I.5	**Program enrollment**	481,138

	Enter the average number of individuals enrolled in this managed care program per month during the reporting year (i.e., average member months).	
C1I.6	**Changes to enrollment or benefits** Briefly explain any major changes to the population enrolled in or benefits provided by the managed care program during the reporting year. If there were no major changes, please enter 'There were no major changes to the population or benefits during the reporting year' as your response. 'N/A' is not an acceptable response.	2022 continued emergency eligibility changes due to COVID. Redetermination freeze caused more people enrolled in Medicaid than usual. Also Kanas extended eligibility to postpartum women.

Topic III: Encounter Data Report

Number	Indicator	Response
C1III.1	**Uses of encounter data** For what purposes does the state use encounter data collected from managed care plans (MCPs)? Select one or more. Federal regulations require that states, through their contracts with MCPs, collect and maintain sufficient enrollee encounter data to identify the provider who delivers any item(s) or service(s) to enrollees (42 CFR 438.242(c)(1)).	Rate setting Program integrity Other, specify – We use encounter data statistics as part of the pay for performance measures. We utilize encounters to monitor utilization, denial rates, benefits, etc. Encounters are the main source for any data pull.
C1III.2	**Criteria/measures to evaluate MCP performance** What types of measures are used by the state to evaluate managed care plan performance in encounter data submission and correction? Select one or more. Federal regulations also require that states validate that submitted enrollee encounter data they receive is a complete and accurate representation of the services provided to enrollees under the contract between the state and the MCO, PIHP, or PAHP. 42 CFR 438.242(d).	Timeliness of initial data submissions Timeliness of data corrections Timeliness of data certifications Use of correct file formats Provider ID field complete Overall data accuracy (as determined through data validation)
C1III.3	**Encounter data performance criteria contract language** Provide reference(s) to the contract section(s) that describe the criteria by which managed care plan performance on encounter data submission and correction will be measured. Use contract section references, not page numbers.	Attachment J Section 1.4 - 1.4.5
C1III.4	**Financial penalties contract language** Provide reference(s) to the contract section(s) that describes any financial penalties the state may impose on plans for the types of failures to meet encounter data submission and quality	Liquidated damages, contract attachment G #10

	standards. Use contract section references, not page numbers.	
C1III.5	**Incentives for encounter data quality** Describe the types of incentives that may be awarded to managed care plans for encounter data quality. Reply with "N/A" if the plan does not use incentives to award encounter data quality.	Pay for performance monies
C1III.6	**Barriers to collecting/validating encounter data** Describe any barriers to collecting and/or validating managed care plan encounter data that the state has experienced during the reporting year. If there were no barriers, please enter 'The state did not experience any barriers to collecting or validating encounter data during the reporting year' as your response. 'N/A' is not an acceptable response.	The State did not experience any barriers to collecting or validating encounter data during the year.

Topic IV. Appeals, State Fair Hearings & Grievances

Number	Indicator	Response
C1IV.1	**State's definition of "critical incident," as used for reporting purposes in its MLTSS program** If this report is being completed for a managed care program that covers LTSS, what is the definition that the state uses for "critical incidents" within the managed care program? Respond with "N/A" if the managed care program does not cover LTSS.	Critical Incidents shall be defined as, adverse incidents when the event or incident brings harm, or creates the potential for harm to any individual being served by a KDADS HCBS waiver program, the Money Follows the Person program, and Behavioral Health Services programs.
C1IV.2	**State definition of "timely" resolution for standard appeals** Provide the state's definition of timely resolution for standard appeals in the managed care program. Per 42 CFR §438.408(b)(2), states must establish a timeframe for timely resolution of standard appeals that is no longer than 30 calendar days from the day the MCO, PIHP or PAHP receives the appeal.	The State has defined timely resolution for standard appeals as 30 calendar days after receipt of the standard appeal.
C1IV.3	**State definition of "timely" resolution for expedited appeals** Provide the state's definition of timely resolution for expedited appeals in the managed care program. Per 42 CFR §438.408(b)(3), states must establish a timeframe for timely resolution of expedited appeals that is no longer than 72 hours after the MCO, PIHP or PAHP receives the appeal.	The State has defined timely resolution for expedited appeals as 72 hours after receipt of the expedited appeal.
C1IV.4	**State definition of "timely" resolution for grievances** Provide the state's definition of timely resolution for grievances in the managed care program. Per 42 CFR §438.408(b)(1), states must establish a timeframe for timely resolution of grievances that is no longer	The State has defined timely resolution for grievances as 30 calendar days after receipt of the grievance.

	than 90 calendar days from the day the MCO, PIHP or PAHP receives the grievance.	

Topic V. Availability, Accessibility and Network Adequacy

Network Adequacy

Number	Indicator	Response
C1V.1	**Gaps/challenges in network adequacy** What are the state's biggest challenges? Describe any challenges MCPs have maintaining adequate networks and meeting access standards. If the state and MCPs did not encounter any challenges, please enter 'No challenges were encountered' as your response. 'N/A' is not an acceptable response.	The biggest challenge is finding agencies with sufficient employees to maintain adequate home healthcare staffing levels
C1V.2	**State response to gaps in network adequacy** How does the state work with MCPs to address gaps in network adequacy?	The State raised rates on many home health services, and we are working on training and possibly internship opportunities for people who want to explore a career in home healthcare.

Access Measures

Describe the measures the state uses to monitor availability, accessibility, and network adequacy. Report at the program level.

Revisions to the Medicaid managed care regulations in 2016 and 2020 built on existing requirements that managed care plans maintain provider networks sufficient to ensure adequate access to covered services by: (1) requiring states to develop quantitative network adequacy standards for at least eight specified provider types if covered under the contract, and to make these standards available online; (2) strengthening network adequacy monitoring requirements; and (3) addressing the needs of people with long-term care service needs (42 CFR 438.66; 42 CFR 438.68).

42 CFR 438.66(e) specifies that the MCPAR must provide information on and an assessment of the availability and accessibility of covered services within the MCO, PHIP, or PAHP contracts, including network adequacy standards for each managed care program.

Access measure total count: 73

Complete

C2.V.1 General category: General quantitative availability and accessibility standard

1 / 73

C2.V.2 Measure standard

60 Miles/90 Minutes

C2.V.3 Standard type

Maximum time or distance

C2.V.4 Provider	C2.V.5 Region	C2.V.6 Population
Hospital	Rural	Adult and pediatric

C2.V.7 Monitoring Methods

Geomapping

C2.V.8 Frequency of oversight methods

Quarterly

Complete

C2.V.1 General category: General quantitative availability and accessibility standard

2 / 73

C2.V.2 Measure standard

30 Miles/60 Minutes

C2.V.3 Standard type

Maximum time or distance

C2.V.4 Provider	C2.V.5 Region	C2.V.6 Population
Hospital	Urban	Adult and pediatric

C2.V.7 Monitoring Methods

Geomapping

C2.V.8 Frequency of oversight methods

Quarterly

Complete

C2.V.1 General category: General quantitative availability and accessibility standard

3 / 73

C2.V.2 Measure standard

20 Miles/40 Minutes

C2.V.3 Standard type

Maximum time or distance

C2.V.4 Provider	C2.V.5 Region	C2.V.6 Population
Primary care	Urban	Pediatric

C2.V.7 Monitoring Methods

Geomapping

C2.V.8 Frequency of oversight methods

Quarterly

Complete

C2.V.1 General category: General quantitative availability and accessibility standard

4 / 73

C2.V.2 Measure standard

30 Miles/45 Minutes

C2.V.3 Standard type

Maximum time or distance

C2.V.4 Provider	C2.V.5 Region	C2.V.6 Population
Primary care	Rural	Pediatric

C2.V.7 Monitoring Methods

Geomapping

C2.V.8 Frequency of oversight methods

Quarterly

Complete

C2.V.1 General category: General quantitative availability and accessibility standard

5 / 73

C2.V.2 Measure standard

20 Miles/40 Minutes

C2.V.3 Standard type

Maximum time or distance

C2.V.4 Provider	C2.V.5 Region	C2.V.6 Population
Primary care	Urban	Adult

C2.V.7 Monitoring Methods

Geomapping

C2.V.8 Frequency of oversight methods

Quarterly

Complete

C2.V.1 General category: General quantitative availability and accessibility standard

6 / 73

C2.V.2 Measure standard

30 Miles/45 Minutes

C2.V.3 Standard type

Maximum time or distance

C2.V.4 Provider	C2.V.5 Region	C2.V.6 Population
Primary care	Rural	Adult

C2.V.7 Monitoring Methods

Geomapping

C2.V.8 Frequency of oversight methods

Quarterly

Complete

C2.V.1 General category: General quantitative availability and accessibility standard

7 / 73

C2.V.2 Measure standard

15 Miles/30 Minutes

C2.V.3 Standard type

Maximum time or distance

C2.V.4 Provider	C2.V.5 Region	C2.V.6 Population
Primary care	Urban	Adult and pediatric

C2.V.7 Monitoring Methods

Geomapping

C2.V.8 Frequency of oversight methods

Quarterly

Complete

C2.V.1 General category: General quantitative availability and accessibility standard

8 / 73

C2.V.2 Measure standard

60 Miles/90 Minutes

C2.V.3 Standard type

Maximum time or distance

C2.V.4 Provider	C2.V.5 Region	C2.V.6 Population
Primary care	Rural	Adult and pediatric

C2.V.7 Monitoring Methods

Geomapping

C2.V.8 Frequency of oversight methods

Quarterly

Complete

C2.V.1 General category: General quantitative availability and accessibility standard

9 / 73

C2.V.2 Measure standard

60 Miles/90 Minutes

C2.V.3 Standard type

Maximum time or distance

C2.V.4 Provider	C2.V.5 Region	C2.V.6 Population
Behavioral health	Rural	Adult

C2.V.7 Monitoring Methods

Geomapping

C2.V.8 Frequency of oversight methods

Quarterly

Complete

C2.V.1 General category: General quantitative availability and accessibility standard

10 / 73

C2.V.2 Measure standard

30 Miles/60 Minutes

C2.V.3 Standard type

Maximum time or distance

C2.V.4 Provider	C2.V.5 Region	C2.V.6 Population
Behavioral health	Urban	Adult

C2.V.7 Monitoring Methods

Geomapping

C2.V.8 Frequency of oversight methods

Quarterly

Complete

C2.V.1 General category: General quantitative availability and accessibility standard

11 / 73

C2.V.2 Measure standard

60 Miles/90 Minutes

C2.V.3 Standard type

Maximum time or distance

C2.V.4 Provider	C2.V.5 Region	C2.V.6 Population
Behavioral health	Rural	Pediatric

C2.V.7 Monitoring Methods

Geomapping

C2.V.8 Frequency of oversight methods

Quarterly

Complete

C2.V.1 General category: General quantitative availability and accessibility standard

C2.V.2 Measure standard

30 Miles/60 Minutes

C2.V.3 Standard type

Maximum time or distance

C2.V.4 Provider	C2.V.5 Region	C2.V.6 Population
Behavioral health	Urban	Pediatric

C2.V.7 Monitoring Methods

Geomapping

C2.V.8 Frequency of oversight methods

Quarterly

Complete

C2.V.1 General category: LTSS-related standard: provider travels to the enrollee

C2.V.2 Measure standard

Personal Care Services

C2.V.3 Standard type

Service fulfillment

C2.V.4 Provider	C2.V.5 Region	C2.V.6 Population
LTSS-personal care assistant	Rural and Urban	MLTSS

C2.V.7 Monitoring Methods

EVV data analysis

C2.V.8 Frequency of oversight methods

Quarterly

Complete

C2.V.1 General category: LTSS-related standard: enrollee travels to the provider 14 / 73

C2.V.2 Measure standard

60 Miles/100 Minutes

C2.V.3 Standard type

Maximum time or distance

C2.V.4 Provider	C2.V.5 Region	C2.V.6 Population
LTSS-adult day care	Rural	MLTSS

C2.V.7 Monitoring Methods

Geomapping

C2.V.8 Frequency of oversight methods

Quarterly

Complete

C2.V.1 General category: General quantitative availability and accessibility standard 15 / 73

C2.V.2 Measure standard

90 Miles/135 Minutes

C2.V.3 Standard type

Maximum time or distance

C2.V.4 Provider	C2.V.5 Region	C2.V.6 Population
Specialty care	Rural	Adult

C2.V.7 Monitoring Methods

Geomapping

C2.V.8 Frequency of oversight methods

Quarterly

Complete

C2.V.1 General category: General quantitative availability and accessibility standard

C2.V.2 Measure standard

30 Miles/60 Minutes

C2.V.3 Standard type

Maximum time or distance

C2.V.4 Provider	C2.V.5 Region	C2.V.6 Population
Specialty care	Urban	Adult

C2.V.7 Monitoring Methods

Geomapping

C2.V.8 Frequency of oversight methods

Quarterly

Complete

C2.V.1 General category: General quantitative availability and accessibility standard

C2.V.2 Measure standard

90 Miles/135 Minutes

C2.V.3 Standard type

Maximum time or distance

C2.V.4 Provider	C2.V.5 Region	C2.V.6 Population
Specialty care	Rural	Pediatric

C2.V.7 Monitoring Methods

Geomapping

C2.V.8 Frequency of oversight methods

Quarterly

Complete

C2.V.1 General category: General quantitative availability and accessibility standard

C2.V.2 Measure standard

30 Miles/60 Minutes

C2.V.3 Standard type

Maximum time or distance

C2.V.4 Provider	C2.V.5 Region	C2.V.6 Population
Specialty care	Urban	Pediatric

C2.V.7 Monitoring Methods

Geomapping

C2.V.8 Frequency of oversight methods

Quarterly

Complete

C2.V.1 General category: General quantitative availability and accessibility standard

19 / 73

C2.V.2 Measure standard

10 Miles/20 Minutes

C2.V.3 Standard type

Maximum time or distance

C2.V.4 Provider	C2.V.5 Region	C2.V.6 Population
Pharmacy	Urban	Adult and pediatric

C2.V.7 Monitoring Methods

Geomapping

C2.V.8 Frequency of oversight methods

Quarterly

Complete

C2.V.1 General category: General quantitative availability and accessibility standard

20 / 73

C2.V.2 Measure standard

30 Miles/45 Minutes

C2.V.3 Standard type

Maximum time or distance

C2.V.4 Provider	C2.V.5 Region	C2.V.6 Population
Pharmacy	Rural	Adult and pediatric

C2.V.7 Monitoring Methods

Geomapping

C2.V.8 Frequency of oversight methods

Quarterly

Complete

C2.V.1 General category: General quantitative availability and accessibility standard

21 / 73

C2.V.2 Measure standard

30 Miles/60 Minutes

C2.V.3 Standard type

Maximum time or distance

C2.V.4 Provider	C2.V.5 Region	C2.V.6 Population
Vision	Urban	Adult and pediatric

C2.V.7 Monitoring Methods

Geomapping

C2.V.8 Frequency of oversight methods

Quarterly

Complete

C2.V.1 General category: General quantitative availability and accessibility standard

22 / 73

C2.V.2 Measure standard

60 Miles/90 Minutes

C2.V.3 Standard type

Maximum time or distance

C2.V.4 Provider	C2.V.5 Region	C2.V.6 Population
Vision	Rural	Adult and pediatric

C2.V.7 Monitoring Methods

Geomapping

C2.V.8 Frequency of oversight methods

Quarterly

Complete

C2.V.1 General category: General quantitative availability and accessibility standard

23 / 73

C2.V.2 Measure standard

20 Miles/40 Minutes

C2.V.3 Standard type

Maximum time or distance

C2.V.4 Provider	C2.V.5 Region	C2.V.6 Population
Dental	Urban	Adult

C2.V.7 Monitoring Methods

Geomapping

C2.V.8 Frequency of oversight methods

Quarterly

Complete

C2.V.1 General category: General quantitative availability and accessibility standard

24 / 73

C2.V.2 Measure standard

30 Miles/45 Minutes

C2.V.3 Standard type

Maximum time or distance

C2.V.4 Provider	C2.V.5 Region	C2.V.6 Population
Dental	Rural	Adult

C2.V.7 Monitoring Methods

Geomapping

C2.V.8 Frequency of oversight methods

Quarterly

Complete

C2.V.1 General category: General quantitative availability and accessibility standard

25 / 73

C2.V.2 Measure standard

20 Miles/40 Minutes

C2.V.3 Standard type

Maximum time or distance

C2.V.4 Provider	C2.V.5 Region	C2.V.6 Population
Dental	Urban	Pediatric

C2.V.7 Monitoring Methods

Geomapping

C2.V.8 Frequency of oversight methods

Quarterly

Complete

C2.V.1 General category: General quantitative availability and accessibility standard

26 / 73

C2.V.2 Measure standard

30 Miles/45 Minutes

C2.V.3 Standard type

Maximum time or distance

C2.V.4 Provider	C2.V.5 Region	C2.V.6 Population
Dental	Rural	Pediatric

C2.V.7 Monitoring Methods

Geomapping

C2.V.8 Frequency of oversight methods

Quarterly

Complete

C2.V.1 General category: General quantitative availability and accessibility standard

27 / 73

C2.V.2 Measure standard

30 Miles/60 Minutes

C2.V.3 Standard type

Maximum time or distance

C2.V.4 Provider	C2.V.5 Region	C2.V.6 Population
Therapy	Urban	Adult and pediatric

C2.V.7 Monitoring Methods

Geomapping

C2.V.8 Frequency of oversight methods

Quarterly

Complete

C2.V.1 General category: General quantitative availability and accessibility standard

28 / 73

C2.V.2 Measure standard

60 Miles/90 Minutes

C2.V.3 Standard type

Maximum time or distance

C2.V.4 Provider	C2.V.5 Region	C2.V.6 Population
Therapy	Rural	Adult and pediatric

C2.V.7 Monitoring Methods

Geomapping

C2.V.8 Frequency of oversight methods

Quarterly

Complete

C2.V.1 General category: General quantitative availability and accessibility standard

C2.V.2 Measure standard

30 Miles/60 Minutes

C2.V.3 Standard type

Maximum time or distance

C2.V.4 Provider	C2.V.5 Region	C2.V.6 Population
Therapy	Urban	Adult and pediatric

C2.V.7 Monitoring Methods

Geomapping

C2.V.8 Frequency of oversight methods

Quarterly

Complete

C2.V.1 General category: General quantitative availability and accessibility standard

C2.V.2 Measure standard

60 Miles/90 Minutes

C2.V.3 Standard type

Maximum time or distance

C2.V.4 Provider	C2.V.5 Region	C2.V.6 Population
Therapy	Rural	Adult and pediatric

C2.V.7 Monitoring Methods

Geomapping

C2.V.8 Frequency of oversight methods

Quarterly

Complete

C2.V.1 General category: General quantitative availability and accessibility standard

C2.V.2 Measure standard

30 Miles/60 Minutes

C2.V.3 Standard type

Maximum time or distance

C2.V.4 Provider	C2.V.5 Region	C2.V.6 Population
Therapy	Urban	Adult and pediatric

C2.V.7 Monitoring Methods

Geomapping

C2.V.8 Frequency of oversight methods

Quarterly

Complete

C2.V.1 General category: General quantitative availability and accessibility standard

32 / 73

C2.V.2 Measure standard

60 Miles/90 Minutes

C2.V.3 Standard type

Maximum time or distance

C2.V.4 Provider	C2.V.5 Region	C2.V.6 Population
Therapy	Rural	Adult and pediatric

C2.V.7 Monitoring Methods

Geomapping

C2.V.8 Frequency of oversight methods

Quarterly

Complete

C2.V.1 General category: General quantitative availability and accessibility standard

33 / 73

C2.V.2 Measure standard

30 Miles/60 Minutes

C2.V.3 Standard type

Maximum time or distance

C2.V.4 Provider	C2.V.5 Region	C2.V.6 Population
Radiology	Urban	Adult and pediatric

C2.V.7 Monitoring Methods

Geomapping

C2.V.8 Frequency of oversight methods

Quarterly

Complete

C2.V.1 General category: General quantitative availability and accessibility standard

34 / 73

C2.V.2 Measure standard

60 Miles/90 Minutes

C2.V.3 Standard type

Maximum time or distance

C2.V.4 Provider	C2.V.5 Region	C2.V.6 Population
Radiology	Rural	Adult and pediatric

C2.V.7 Monitoring Methods

Geomapping

C2.V.8 Frequency of oversight methods

Quarterly

Complete

C2.V.1 General category: General quantitative availability and accessibility standard

35 / 73

C2.V.2 Measure standard

30 Miles/60 Minutes

C2.V.3 Standard type

Maximum time or distance

C2.V.4 Provider
Laboratory

C2.V.5 Region
Urban

C2.V.6 Population
Adult and pediatric

C2.V.7 Monitoring Methods
Geomapping

C2.V.8 Frequency of oversight methods
Quarterly

Complete

C2.V.1 General category: General quantitative availability and accessibility standard

36 / 73

C2.V.2 Measure standard
30 Miles/60 Minutes

C2.V.3 Standard type
Maximum time or distance

C2.V.4 Provider
Laboratory

C2.V.5 Region
Rural

C2.V.6 Population
Adult and pediatric

C2.V.7 Monitoring Methods
Geomapping

C2.V.8 Frequency of oversight methods
Quarterly

Complete

C2.V.1 General category: Exception to quantitative standard

37 / 73

C2.V.2 Measure standard
Non-Emergency Medical Transport

C2.V.3 Standard type
Appointment wait time

C2.V.4 Provider
NEMT

C2.V.5 Region
Urban and Rural

C2.V.6 Population
Adult and pediatric

C2.V.7 Monitoring Methods

Geomapping

C2.V.8 Frequency of oversight methods

Quarterly

Complete

C2.V.1 General category: Exception to quantitative standard

38 / 73

C2.V.2 Measure standard

Mail order pharmacy

C2.V.3 Standard type

Minimum number of network providers

C2.V.4 Provider	C2.V.5 Region	C2.V.6 Population
Pharmacy	Urban and Rural	Adult and pediatric

C2.V.7 Monitoring Methods

Geomapping

C2.V.8 Frequency of oversight methods

Quarterly

Complete

C2.V.1 General category: Exception to quantitative standard

39 / 73

C2.V.2 Measure standard

Minimum Number of Network Providers

C2.V.3 Standard type

Minimum number of network providers

C2.V.4 Provider	C2.V.5 Region	C2.V.6 Population
DME	Urban and Rural	Adult and pediatric

C2.V.7 Monitoring Methods

Geomapping

C2.V.8 Frequency of oversight methods

Quarterly

Complete

C2.V.1 General category: LTSS-related standard: enrollee travels to the provider 40 / 73

C2.V.2 Measure standard

30 Miles/60 Minutes

C2.V.3 Standard type

Maximum time or distance

C2.V.4 Provider	C2.V.5 Region	C2.V.6 Population
LTSS-adult day care	Urban	MLTSS

C2.V.7 Monitoring Methods

Geomapping

C2.V.8 Frequency of oversight methods

Quarterly

Complete

C2.V.1 General category: LTSS-related standard: enrollee travels to the provider 41 / 73

C2.V.2 Measure standard

60 Miles/100 Minutes

C2.V.3 Standard type

Maximum time or distance

C2.V.4 Provider	C2.V.5 Region	C2.V.6 Population
LTSS-adult day care	Rural	MLTSS

C2.V.7 Monitoring Methods

Geomapping

C2.V.8 Frequency of oversight methods

Quarterly

Complete

C2.V.1 General category: LTSS-related standard: enrollee travels to the provider 42 / 73

C2.V.2 Measure standard

30 Miles/60 Minutes

C2.V.3 Standard type

Maximum time or distance

C2.V.4 Provider	C2.V.5 Region	C2.V.6 Population
LTSS-adult day care	Urban	MLTSS

C2.V.7 Monitoring Methods

Geomapping

C2.V.8 Frequency of oversight methods

Quarterly

Complete

C2.V.1 General category: LTSS-related standard: provider travels to the enrollee

C2.V.2 Measure standard

Service fulfillment

C2.V.3 Standard type

Service fulfillment

C2.V.4 Provider	C2.V.5 Region	C2.V.6 Population
LTSS-adult day care	Rural and Urban	MLTSS

C2.V.7 Monitoring Methods

EVV data analysis

C2.V.8 Frequency of oversight methods

Quarterly

Complete

C2.V.1 General category: LTSS-related standard: provider travels to the enrollee

C2.V.2 Measure standard

Service fulfillment

C2.V.3 Standard type

Service fulfillment

C2.V.4 Provider	C2.V.5 Region	C2.V.6 Population
LTSS-Other	Rural and Urban	MLTSS

C2.V.7 Monitoring Methods

EVV data analysis

C2.V.8 Frequency of oversight methods

Quarterly

Complete

C2.V.1 General category: LTSS-related standard: provider travels to the enrollee

45 / 73

C2.V.2 Measure standard

Service fulfillment

C2.V.3 Standard type

Service fulfillment

C2.V.4 Provider	C2.V.5 Region	C2.V.6 Population
LTSS-Other	Rural and Urban	MLTSS

C2.V.7 Monitoring Methods

EVV data analysis

C2.V.8 Frequency of oversight methods

Quarterly

Complete

C2.V.1 General category: LTSS-related standard: provider travels to the enrollee

46 / 73

C2.V.2 Measure standard

Service fulfillment

C2.V.3 Standard type

Service fulfillment

C2.V.4 Provider	C2.V.5 Region	C2.V.6 Population
LTSS-Other	Rural and Urban	MLTSS

C2.V.7 Monitoring Methods

EVV data analysis

C2.V.8 Frequency of oversight methods

Quarterly

Complete

C2.V.1 General category: LTSS-related standard: provider travels to the enrollee

47 / 73

C2.V.2 Measure standard

Service fulfillment

C2.V.3 Standard type

Service fulfillment

C2.V.4 Provider	C2.V.5 Region	C2.V.6 Population
LTSS-Other	Rural and Urban	MLTSS

C2.V.7 Monitoring Methods

EVV data analysis

C2.V.8 Frequency of oversight methods

Quarterly

Complete

C2.V.1 General category: LTSS-related standard: provider travels to the enrollee

48 / 73

C2.V.2 Measure standard

Service fulfillment

C2.V.3 Standard type

Service fulfillment

C2.V.4 Provider	C2.V.5 Region	C2.V.6 Population
LTSS-Other	Rural and Urban	MLTSS

C2.V.7 Monitoring Methods

EVV data analysis

C2.V.8 Frequency of oversight methods

Quarterly

Complete

C2.V.1 General category: LTSS-related standard: provider travels to the enrollee

C2.V.2 Measure standard

Service fulfillment

C2.V.3 Standard type

Service fulfillment

C2.V.4 Provider	C2.V.5 Region	C2.V.6 Population
LTSS-Other	Rural and Urban	MLTSS

C2.V.7 Monitoring Methods

EVV data analysis

C2.V.8 Frequency of oversight methods

Quarterly

Complete

C2.V.1 General category: LTSS-related standard: provider travels to the enrollee

C2.V.2 Measure standard

Service fulfillment

C2.V.3 Standard type

Service fulfillment

C2.V.4 Provider	C2.V.5 Region	C2.V.6 Population
LTSS-Other	Rural and Urban	MLTSS

C2.V.7 Monitoring Methods

EVV data analysis

C2.V.8 Frequency of oversight methods

Quarterly

Complete

C2.V.1 General category: LTSS-related standard: provider travels to the enrollee

C2.V.2 Measure standard

Service fulfillment

C2.V.3 Standard type

Service fulfillment

C2.V.4 Provider	C2.V.5 Region	C2.V.6 Population
LTSS-Other	Rural and Urban	MLTSS

C2.V.7 Monitoring Methods

EVV data analysis

C2.V.8 Frequency of oversight methods

Quarterly

Complete

C2.V.1 General category: LTSS-related standard: provider travels to the enrollee

C2.V.2 Measure standard

Service fulfillment

C2.V.3 Standard type

Service fulfillment

C2.V.4 Provider	C2.V.5 Region	C2.V.6 Population
LTSS-Other	Rural and Urban	MLTSS

C2.V.7 Monitoring Methods

EVV data analysis

C2.V.8 Frequency of oversight methods

Quarterly

Complete

C2.V.1 General category: LTSS-related standard: provider travels to the enrollee

C2.V.2 Measure standard

Service fulfillment

C2.V.3 Standard type

Service fulfillment

C2.V.4 Provider	C2.V.5 Region	C2.V.6 Population
LTSS-Other	Rural and Urban	MLTSS

C2.V.7 Monitoring Methods

EVV data analysis

C2.V.8 Frequency of oversight methods

Quarterly

Complete

C2.V.1 General category: LTSS-related standard: provider travels to the enrollee

C2.V.2 Measure standard

Service fulfillment

C2.V.3 Standard type

Service fulfillment

C2.V.4 Provider	C2.V.5 Region	C2.V.6 Population
LTSS-Other	Rural and Urban	MLTSS

C2.V.7 Monitoring Methods

EVV data analysis

C2.V.8 Frequency of oversight methods

Quarterly

Complete

C2.V.1 General category: LTSS-related standard: provider travels to the enrollee

C2.V.2 Measure standard

Service fulfillment

C2.V.3 Standard type

Service fulfillment

C2.V.4 Provider	C2.V.5 Region	C2.V.6 Population
LTSS-Other	Rural and Urban	MLTSS

C2.V.7 Monitoring Methods

EVV data analysis

C2.V.8 Frequency of oversight methods

Quarterly

Complete

C2.V.1 General category: LTSS-related standard: provider travels to the enrollee

C2.V.2 Measure standard

Service fulfillment

C2.V.3 Standard type

Service fulfillment

C2.V.4 Provider	C2.V.5 Region	C2.V.6 Population
LTSS-Other	Rural and Urban	MLTSS

C2.V.7 Monitoring Methods

EVV data analysis

C2.V.8 Frequency of oversight methods

Quarterly

Complete

C2.V.1 General category: LTSS-related standard: provider travels to the enrollee

C2.V.2 Measure standard

Service fulfillment

C2.V.3 Standard type

Service fulfillment

C2.V.4 Provider	C2.V.5 Region	C2.V.6 Population
LTSS-Other	Rural and Urban	MLTSS

C2.V.7 Monitoring Methods

EVV data analysis

C2.V.8 Frequency of oversight methods

Quarterly

Complete

C2.V.1 General category: LTSS-related standard: provider travels to the enrollee 58 / 73

C2.V.2 Measure standard

Service fulfillment

C2.V.3 Standard type

Service fulfillment

C2.V.4 Provider	C2.V.5 Region	C2.V.6 Population
LTSS-Other	Rural and Urban	MLTSS

C2.V.7 Monitoring Methods

EVV data analysis

C2.V.8 Frequency of oversight methods

Quarterly

Complete

C2.V.1 General category: LTSS-related standard: provider travels to the enrollee 59 / 73

C2.V.2 Measure standard

Service fulfillment

C2.V.3 Standard type

Service fulfillment

C2.V.4 Provider	C2.V.5 Region	C2.V.6 Population
LTSS-Other	Rural and Urban	MLTSS

C2.V.7 Monitoring Methods

EVV data analysis

C2.V.8 Frequency of oversight methods

Quarterly

Complete

C2.V.1 General category: LTSS-related standard: provider travels to the enrollee

60 / 73

C2.V.2 Measure standard

Service fulfillment

C2.V.3 Standard type

Service fulfillment

C2.V.4 Provider	C2.V.5 Region	C2.V.6 Population
LTSS-Other	Rural and Urban	MLTSS

C2.V.7 Monitoring Methods

EVV data analysis

C2.V.8 Frequency of oversight methods

Quarterly

Complete

C2.V.1 General category: LTSS-related standard: provider travels to the enrollee

61 / 73

C2.V.2 Measure standard

Service fulfillment

C2.V.3 Standard type

Service fulfillment

C2.V.4 Provider	C2.V.5 Region	C2.V.6 Population
LTSS-Other	Rural and Urban	MLTSS

C2.V.7 Monitoring Methods

EVV data analysis

C2.V.8 Frequency of oversight methods

Quarterly

Complete

C2.V.1 General category: LTSS-related standard: provider travels to the enrollee

62 / 73

C2.V.2 Measure standard

Service fulfillment

C2.V.3 Standard type

Service fulfillment

C2.V.4 Provider	C2.V.5 Region	C2.V.6 Population
LTSS-Other	Rural and Urban	MLTSS

C2.V.7 Monitoring Methods

EVV data analysis

C2.V.8 Frequency of oversight methods

Quarterly

Complete

C2.V.1 General category: LTSS-related standard: provider travels to the enrollee

63 / 73

C2.V.2 Measure standard

Service fulfillment

C2.V.3 Standard type

Service fulfillment

C2.V.4 Provider	C2.V.5 Region	C2.V.6 Population
LTSS-Other	Rural and Urban	MLTSS

C2.V.7 Monitoring Methods

EVV data analysis

C2.V.8 Frequency of oversight methods

Quarterly

Complete

C2.V.1 General category: LTSS-related standard: provider travels to the enrollee 64 / 73

C2.V.2 Measure standard

Service fulfillment

C2.V.3 Standard type

Service fulfillment

C2.V.4 Provider	C2.V.5 Region	C2.V.6 Population
LTSS-Other	Rural and Urban	MLTSS

C2.V.7 Monitoring Methods

EVV data analysis

C2.V.8 Frequency of oversight methods

Quarterly

Complete

C2.V.1 General category: LTSS-related standard: provider travels to the enrollee 65 / 73

C2.V.2 Measure standard

Service fulfillment

C2.V.3 Standard type

Service fulfillment

C2.V.4 Provider	C2.V.5 Region	C2.V.6 Population
LTSS-Other	Rural and Urban	MLTSS

C2.V.7 Monitoring Methods

EVV data analysis

C2.V.8 Frequency of oversight methods

Quarterly

Complete

C2.V.1 General category: LTSS-related standard: provider travels to the enrollee

C2.V.2 Measure standard

Service fulfillment

C2.V.3 Standard type

Service fulfillment

C2.V.4 Provider	C2.V.5 Region	C2.V.6 Population
LTSS-Other	Rural and Urban	MLTSS

C2.V.7 Monitoring Methods

EVV data analysis

C2.V.8 Frequency of oversight methods

Quarterly

Complete

C2.V.1 General category: LTSS-related standard: provider travels to the enrollee

C2.V.2 Measure standard

Service fulfillment

C2.V.3 Standard type

Service fulfillment

C2.V.4 Provider	C2.V.5 Region	C2.V.6 Population
LTSS assistive technology	Rural and Urban	MLTSS

C2.V.7 Monitoring Methods

EVV data analysis

C2.V.8 Frequency of oversight methods

Quarterly

Complete

C2.V.1 General category: LTSS-related standard: provider travels to the enrollee

C2.V.2 Measure standard

Service fulfillment

C2.V.3 Standard type

Service fulfillment

C2.V.4 Provider	C2.V.5 Region	C2.V.6 Population
LTSS assistive technology	Rural and Urban	MLTSS

C2.V.7 Monitoring Methods

EVV data analysis

C2.V.8 Frequency of oversight methods

Quarterly

Complete

C2.V.1 General category: LTSS-related standard: provider travels to the enrollee

C2.V.2 Measure standard

Service fulfillment

C2.V.3 Standard type

Service fulfillment

C2.V.4 Provider	C2.V.5 Region	C2.V.6 Population
LTSS-Other	Rural and Urban	MLTSS

C2.V.7 Monitoring Methods

EVV data analysis

C2.V.8 Frequency of oversight methods

Quarterly

Complete

C2.V.1 General category: LTSS-related standard: provider travels to the enrollee

C2.V.2 Measure standard

Service fulfillment

C2.V.3 Standard type

Service fulfillment

C2.V.4 Provider	C2.V.5 Region	C2.V.6 Population
LTSS-Other	Rural and Urban	MLTSS

C2.V.7 Monitoring Methods

EVV data analysis

C2.V.8 Frequency of oversight methods

Quarterly

Complete

C2.V.1 General category: LTSS-related standard: provider travels to the enrollee

71 / 73

C2.V.2 Measure standard

Service fulfillment

C2.V.3 Standard type

Service fulfillment

C2.V.4 Provider	C2.V.5 Region	C2.V.6 Population
LTSS-Other	Rural and Urban	MLTSS

C2.V.7 Monitoring Methods

EVV data analysis

C2.V.8 Frequency of oversight methods

Quarterly

Complete

C2.V.1 General category: LTSS-related standard: provider travels to the enrollee

72 / 73

C2.V.2 Measure standard

Service fulfillment

C2.V.3 Standard type

Service fulfillment

C2.V.4 Provider
LTSS-Other

C2.V.5 Region
Rural and Urban

C2.V.6 Population
MLTSS

C2.V.7 Monitoring Methods
EVV data analysis

C2.V.8 Frequency of oversight methods
Quarterly

Complete

C2.V.1 General category: LTSS-related standard: provider travels to the enrollee

73 / 73

C2.V.2 Measure standard
Service fulfillment

C2.V.3 Standard type
Service fulfillment

C2.V.4 Provider
LTSS-Other

C2.V.5 Region
Rural and Urban

C2.V.6 Population
MLTSS

C2.V.7 Monitoring Methods
EVV data analysis

C2.V.8 Frequency of oversight methods
Quarterly

Topic IX: Beneficiary Support System (BSS)

Number	Indicator	Response
C1IX.1	**BSS website** List the website(s) and/or email address(es) that beneficiaries use to seek assistance from the BSS through electronic means. Separate entries with commas.	https://portal.kmap-state-ks.us/PublicPage Kancare.ombudsman@ks.gov KDHE.KanCare@ks.gov
C1IX.2	**BSS auxiliary aids and services** How do BSS entities offer services in a manner that is accessible to all beneficiaries who need their services, including beneficiaries with disabilities, as required by 42 CFR 438.71(b)(2))? CFR 438.71 requires that the beneficiary support system be accessible in multiple ways including phone, Internet, in-person, and via auxiliary aids and services when requested.	The three BSS entities have a variety of ways to contact them. They all have in person offices, phone, email, internet contacts, and send out written materials as requested.
C1IX.3	**BSS LTSS program data** How do BSS entities assist the state with identifying, remediating, and resolving systemic issues based on a review of LTSS program data such as grievances and appeals or critical incident data? Refer to 42 CFR 438.71(d)(4).	The entities track all contacts and have reports that they send to KDHE regarding the contacts. They offer appeals assistance, monitor trends, etc. The Ombudsman in particular advocates for members and alerts KDHE if a trend is spotted.
C1IX.4	**State evaluation of BSS entity performance** What are steps taken by the state to evaluate the quality, effectiveness, and efficiency of the BSS entities' performance?	As mentioned, KDHE receives reports on the various contacts from members. KDHE can track and trend any activity, and also track the effectiveness of the BSS.

Topic X: Program Integrity

Number	Indicator	Response
C1X.3	**Prohibited affiliation disclosure** Did any plans disclose prohibited affiliations? If the state took action, enter those actions under D: Plan-level Indicators, Section VIII - Sanctions (Corresponds with Tab D3 in the Excel Workbook). Refer to 42 CFR 438.610(d).	No

Section D: Plan-Level Indicators

Topic I. Program Characteristics & Enrollment

Number	Indicator	Response
D1I.1	**Plan enrollment** Enter the average number of individuals enrolled in the plan per month during the reporting year (i.e., average member months).	**Aetna Better Health of Kansas** 147,194 **Sunflower Health Plan** 161,473 **UnitedHealthcare Community Plan of Kansas** 172,471
D1I.2	**Plan share of Medicaid** What is the plan enrollment (within the specific program) as a percentage of the state's total Medicaid enrollment? • Numerator: Plan enrollment (D1.I.1) • Denominator: Statewide Medicaid enrollment (B.I.1)	**Aetna Better Health of Kansas** 28.4% **Sunflower Health Plan** 31.1% **UnitedHealthcare Community Plan of Kansas** 33.2%
D1I.3	**Plan share of any Medicaid managed care** What is the plan enrollment (regardless of program) as a percentage of total Medicaid enrollment in any type of managed care? • Numerator: Plan enrollment (D1.I.1) • Denominator: Statewide Medicaid managed care enrollment (B.I.2)	**Aetna Better Health of Kansas** 30.6% **Sunflower Health Plan** 33.6% **UnitedHealthcare Community Plan of Kansas** 35.8%

Topic II. Financial Performance

Number	Indicator	Response
D1II.1a	**Medical Loss Ratio (MLR)** What is the MLR percentage? Per 42 CFR 438.66(e)(2)(i), the Managed Care Program Annual Report must provide information on the Financial performance of each MCO, PIHP, and PAHP, including MLR experience. If MLR data are not available for this reporting period due to data lags, enter the MLR calculated for the most recently available reporting period and indicate the reporting period in item D1.II.3 below. See Glossary in Excel Workbook for the regulatory definition of MLR. Write MLR as a percentage: for example, write 92% rather than 0.92.	**Aetna Better Health of Kansas** 93% **Sunflower Health Plan** 96% **UnitedHealthcare Community Plan of Kansas** 93%
D1II.1b	**Level of aggregation** What is the aggregation level that best describes the MLR being reported in the previous indicator? Select one. As permitted under 42 CFR 438.8(i), states are allowed to aggregate data for reporting purposes across programs and populations.	**Aetna Better Health of Kansas** Statewide all programs & populations **Sunflower Health Plan** Statewide all programs & populations **UnitedHealthcare Community Plan of Kansas** Statewide all programs & populations
D1II.2	**Population specific MLR description** Does the state require plans to submit separate MLR calculations for specific populations served within this program, for example, MLTSS or Group VIII expansion enrollees? If so, describe the populations here. Enter "N/A" if not applicable. See glossary for the regulatory definition of MLR.	**Aetna Better Health of Kansas** N/A **Sunflower Health Plan** N/A **UnitedHealthcare Community Plan of Kansas** N/A
D1II.3	**MLR reporting period discrepancies**	**Aetna Better Health of Kansas**

Does the data reported in item D1.II.1a cover a different time period than the MCPAR report?	No **Sunflower Health Plan** No **UnitedHealthcare Community Plan of Kansas** No

Topic III. Encounter Data

Number	Indicator	Response
D1III.1	**Definition of timely encounter data submissions** Describe the state's standard for timely encounter data submissions used in this program. If reporting frequencies and standards differ by type of encounter within this program, please explain.	**Aetna Better Health of Kansas** 1.4.3 Timeliness Encounter data shall be submitted within 30 days of claim payment. All encounters must be submitted, both paid and denied claims. The paid claims must include the CONTRACTOR(S)' paid amount. **Sunflower Health Plan** 1.4.3 Timeliness Encounter data shall be submitted within 30 days of claim payment. All encounters must be submitted, both paid and denied claims. The paid claims must include the CONTRACTOR(S)' paid amount. **UnitedHealthcare Community Plan of Kansas** 1.4.3 Timeliness Encounter data shall be submitted within 30 days of claim payment. All encounters must be submitted, both paid and denied claims. The paid claims must include the CONTRACTOR(S)' paid amount.
D1III.2	**Share of encounter data submissions that met state's timely submission requirements** What percent of the plan's encounter data file submissions (submitted during the reporting year) met state requirements for timely submission? If the state has not yet received any encounter data file submissions for the entire contract year when it submits this report, the state should enter here the percentage of encounter data submissions that were compliant out of the file submissions it has received from the managed care plan for the reporting year.	**Aetna Better Health of Kansas** 99% **Sunflower Health Plan** 93% **UnitedHealthcare Community Plan of Kansas** 99%
D1III.3	**Share of encounter data submissions that were HIPAA compliant**	**Aetna Better Health of Kansas** 100%

What percent of the plan's encounter data submissions (submitted during the reporting year) met state requirements for HIPAA compliance? If the state has not yet received encounter data submissions for the entire contract period when it submits this report, enter here percentage of encounter data submissions that were compliant out of the proportion received from the managed care plan for the reporting year.	**Sunflower Health Plan** 100% **UnitedHealthcare Community Plan of Kansas** 100%

Topic IV. Appeals, State Fair Hearings & Grievances

Appeals Overview

Number	Indicator	Response
D1IV.1	**Appeals resolved (at the plan level)** Enter the total number of appeals resolved during the reporting year. An appeal is "resolved" at the plan level when the plan has issued a decision, regardless of whether the decision was wholly or partially favorable or adverse to the beneficiary, and regardless of whether the beneficiary (or the beneficiary's representative) chooses to file a request for a State Fair Hearing or External Medical Review.	**Aetna Better Health of Kansas** 3,301 **Sunflower Health Plan** 6,446 **UnitedHealthcare Community Plan of Kansas** 6,828
D1IV.2	**Active appeals** Enter the total number of appeals still pending or in process (not yet resolved) as of the end of the reporting year.	**Aetna Better Health of Kansas** 21 **Sunflower Health Plan** 22 **UnitedHealthcare Community Plan of Kansas** 24
D1IV.3	**Appeals filed on behalf of LTSS users** Enter the total number of appeals filed during the reporting year by or on behalf of LTSS users. Enter “N/A” if not applicable. An LTSS user is an enrollee who received at least one LTSS service at any point during the reporting year (regardless of whether the enrollee was actively receiving LTSS at the time that the appeal was filed).	**Aetna Better Health of Kansas** 133 **Sunflower Health Plan** 214 **UnitedHealthcare Community Plan of Kansas** 163
D1IV.4	**Number of critical incidents filed during the reporting year by (or on behalf of) an**	**Aetna Better Health of Kansas** 12

	LTSS user who previously filed an appeal For managed care plans that cover LTSS, enter the number of critical incidents filed within the reporting year by (or on behalf of) LTSS users who previously filed appeals in the reporting year. If the managed care plan does not cover LTSS, enter “N/A”. Also, if the state already submitted this data for the reporting year via the CMS readiness review appeal and grievance report (because the managed care program or plan were new or serving new populations during the reporting year), and the readiness review tool was submitted for at least 6 months of the reporting year, enter “N/A”. The appeal and critical incident do not have to have been "related" to the same issue - they only need to have been filed by (or on behalf of) the same enrollee. Neither the critical incident nor the appeal need to have been filed in relation to delivery of LTSS — they may have been filed for any reason, related to any service received (or desired) by an LTSS user. To calculate this number, states or managed care plans should first identify the LTSS users for whom critical incidents were filed during the reporting year, then determine whether those enrollees had filed an appeal during the reporting year, and whether the filing of the appeal preceded the filing of the critical incident.	**Sunflower Health Plan** 29 **UnitedHealthcare Community Plan of Kansas** 22
D1IV.5a	**Standard appeals for which timely resolution was provided** Enter the total number of standard appeals for which timely resolution was provided by plan within the reporting year. See 42 CFR §438.408(b)(2) for requirements related to timely resolution of standard appeals.	**Aetna Better Health of Kansas** 3,184 **Sunflower Health Plan** 6,379 **UnitedHealthcare Community Plan of Kansas**

		6,367
D1IV.5b	**Expedited appeals for which timely resolution was provided** Enter the total number of expedited appeals for which timely resolution was provided by plan within the reporting year. See 42 CFR §438.408(b)(3) for requirements related to timely resolution of standard appeals.	**Aetna Better Health of Kansas** 115 **Sunflower Health Plan** 67 **UnitedHealthcare Community Plan of Kansas** 431
D1IV.6a	**Resolved appeals related to denial of authorization or limited authorization of a service** Enter the total number of appeals resolved by the plan during the reporting year that were related to the plan's denial of authorization for a service not yet rendered or limited authorization of a service. (Appeals related to denial of payment for a service already rendered should be counted in indicator D1.IV.6c).	**Aetna Better Health of Kansas** 940 **Sunflower Health Plan** 758 **UnitedHealthcare Community Plan of Kansas** 712
D1IV.6b	**Resolved appeals related to reduction, suspension, or termination of a previously authorized service** Enter the total number of appeals resolved by the plan during the reporting year that were related to the plan's reduction, suspension, or termination of a previously authorized service.	**Aetna Better Health of Kansas** 8 **Sunflower Health Plan** 86 **UnitedHealthcare Community Plan of Kansas** 1
D1IV.6c	**Resolved appeals related to payment denial** Enter the total number of appeals resolved by the plan during the reporting year that were related to the plan's	**Aetna Better Health of Kansas** 2,275 **Sunflower Health Plan**

	denial, in whole or in part, of payment for a service that was already rendered.	5,638 **UnitedHealthcare Community Plan of Kansas** 5,982
D1IV.6d	**Resolved appeals related to service timeliness** Enter the total number of appeals resolved by the plan during the reporting year that were related to the plan's failure to provide services in a timely manner (as defined by the state).	**Aetna Better Health of Kansas** 0 **Sunflower Health Plan** 0 **UnitedHealthcare Community Plan of Kansas** 0
D1IV.6e	**Resolved appeals related to lack of timely plan response to an appeal or grievance** Enter the total number of appeals resolved by the plan during the reporting year that were related to the plan's failure to act within the timeframes provided at 42 CFR §438.408(b)(1) and (2) regarding the standard resolution of grievances and appeals.	**Aetna Better Health of Kansas** 0 **Sunflower Health Plan** 0 **UnitedHealthcare Community Plan of Kansas** 0
D1IV.6f	**Resolved appeals related to plan denial of an enrollee's right to request out-of-network care** Enter the total number of appeals resolved by the plan during the reporting year that were related to the plan's denial of an enrollee's request to exercise their right, under 42 CFR §438.52(b)(2)(ii), to obtain services outside the network (only applicable to residents of rural areas with only one MCO).	**Aetna Better Health of Kansas** N/A **Sunflower Health Plan** N/A **UnitedHealthcare Community Plan of Kansas** N/A
D1IV.6g	**Resolved appeals related to denial of an enrollee's**	**Aetna Better Health of Kansas**

request to dispute financial liability Enter the total number of appeals resolved by the plan during the reporting year that were related to the plan's denial of an enrollee's request to dispute a financial liability.	0 **Sunflower Health Plan** 0 **UnitedHealthcare Community Plan of Kansas** 0

Appeals by Service

Number of appeals resolved during the reporting period related to various services. Note: A single appeal may be related to multiple service types and may therefore be counted in multiple categories.

Number	Indicator	Response
D1IV.7a	**Resolved appeals related to general inpatient services** Enter the total number of appeals resolved by the plan during the reporting year that were related to general inpatient care, including diagnostic and laboratory services. Do not include appeals related to inpatient behavioral health services – those should be included in indicator D1.IV.7c. If the managed care plan does not cover general inpatient services, enter "N/A".	**Aetna Better Health of Kansas** 17 **Sunflower Health Plan** 21 **UnitedHealthcare Community Plan of Kansas** 41
D1IV.7b	**Resolved appeals related to general outpatient services** Enter the total number of appeals resolved by the plan during the reporting year that were related to general outpatient care, including diagnostic and laboratory services. Please do not include appeals related to outpatient behavioral health services – those should be included in indicator D1.IV.7d. If the managed care plan does not cover general outpatient services, enter "N/A".	**Aetna Better Health of Kansas** 279 **Sunflower Health Plan** 297 **UnitedHealthcare Community Plan of Kansas** 10
D1IV.7c	**Resolved appeals related to inpatient behavioral health services** Enter the total number of appeals resolved by the plan during the reporting year that were related to inpatient mental health and/or substance use services. If the managed care plan does not cover inpatient behavioral health services, enter "N/A".	**Aetna Better Health of Kansas** 3 **Sunflower Health Plan** 105 **UnitedHealthcare Community Plan of Kansas** 8
D1IV.7d	**Resolved appeals related to outpatient behavioral health**	**Aetna Better Health of Kansas**

	services Enter the total number of appeals resolved by the plan during the reporting year that were related to outpatient mental health and/or substance use services. If the managed care plan does not cover outpatient behavioral health services, enter "N/A".	48 **Sunflower Health Plan** 1 **UnitedHealthcare Community Plan of Kansas** 25
D1IV.7e	**Resolved appeals related to covered outpatient prescription drugs** Enter the total number of appeals resolved by the plan during the reporting year that were related to outpatient prescription drugs covered by the managed care plan. If the managed care plan does not cover outpatient prescription drugs, enter "N/A".	**Aetna Better Health of Kansas** 562 **Sunflower Health Plan** 224 **UnitedHealthcare Community Plan of Kansas** 308
D1IV.7f	**Resolved appeals related to skilled nursing facility (SNF) services** Enter the total number of appeals resolved by the plan during the reporting year that were related to SNF services. If the managed care plan does not cover skilled nursing services, enter "N/A".	**Aetna Better Health of Kansas** 0 **Sunflower Health Plan** 0 **UnitedHealthcare Community Plan of Kansas** 0
D1IV.7g	**Resolved appeals related to long-term services and supports (LTSS)** Enter the total number of appeals resolved by the plan during the reporting year that were related to institutional LTSS or LTSS provided through home and community-based (HCBS) services, including personal care and self-directed	**Aetna Better Health of Kansas** 2 **Sunflower Health Plan** 24 **UnitedHealthcare Community Plan of Kansas**

	services. If the managed care plan does not cover LTSS services, enter "N/A".	36
D1IV.7h	**Resolved appeals related to dental services** Enter the total number of appeals resolved by the plan during the reporting year that were related to dental services. If the managed care plan does not cover dental services, enter "N/A".	**Aetna Better Health of Kansas** 24 **Sunflower Health Plan** 24 **UnitedHealthcare Community Plan of Kansas** 42
D1IV.7i	**Resolved appeals related to non-emergency medical transportation (NEMT)** Enter the total number of appeals resolved by the plan during the reporting year that were related to NEMT. If the managed care plan does not cover NEMT, enter "N/A".	**Aetna Better Health of Kansas** 0 **Sunflower Health Plan** 0 **UnitedHealthcare Community Plan of Kansas** 1
D1IV.7j	**Resolved appeals related to other service types** Enter the total number of appeals resolved by the plan during the reporting year that were related to services that do not fit into one of the categories listed above. If the managed care plan does not cover services other than those in items D1.IV.7a-i paid primarily by Medicaid, enter "N/A".	**Aetna Better Health of Kansas** 91 **Sunflower Health Plan** 112 **UnitedHealthcare Community Plan of Kansas** 375

State Fair Hearings

Number	Indicator	Response
D1IV.8a	**State Fair Hearing requests** Enter the total number of State Fair Hearing requests filed during the reporting year with the plan that issued an adverse benefit determination.	**Aetna Better Health of Kansas** 35 **Sunflower Health Plan** 25 **UnitedHealthcare Community Plan of Kansas** 48
D1IV.8b	**State Fair Hearings resulting in a favorable decision for the enrollee** Enter the total number of State Fair Hearing decisions rendered during the reporting year that were partially or fully favorable to the enrollee.	**Aetna Better Health of Kansas** 26 **Sunflower Health Plan** 15 **UnitedHealthcare Community Plan of Kansas** 31
D1IV.8c	**State Fair Hearings resulting in an adverse decision for the enrollee** Enter the total number of State Fair Hearing decisions rendered during the reporting year that were adverse for the enrollee.	**Aetna Better Health of Kansas** 9 **Sunflower Health Plan** 10 **UnitedHealthcare Community Plan of Kansas** 27
D1IV.8d	**State Fair Hearings retracted prior to reaching a decision** Enter the total number of State Fair Hearing decisions retracted (by the enrollee or the representative who filed a State Fair Hearing request on behalf of the enrollee) during the	**Aetna Better Health of Kansas** 3 **Sunflower Health Plan** 3

	reporting year prior to reaching a decision.	**UnitedHealthcare Community Plan of Kansas** 4
D1IV.9a	**External Medical Reviews resulting in a favorable decision for the enrollee** If your state does offer an external medical review process, enter the total number of external medical review decisions rendered during the reporting year that were partially or fully favorable to the enrollee. If your state does not offer an external medical review process, enter "N/A". External medical review is defined and described at 42 CFR §438.402(c)(i)(B).	**Aetna Better Health of Kansas** N/A **Sunflower Health Plan** N/A **UnitedHealthcare Community Plan of Kansas** N/A
D1IV.9b	**External Medical Reviews resulting in an adverse decision for the enrollee** If your state does offer an external medical review process, enter the total number of external medical review decisions rendered during the reporting year that were adverse to the enrollee. If your state does not offer an external medical review process, enter "N/A". External medical review is defined and described at 42 CFR §438.402(c)(i)(B).	**Aetna Better Health of Kansas** N/A **Sunflower Health Plan** N/A **UnitedHealthcare Community Plan of Kansas** N/A

Grievances Overview

Number	Indicator	Response
D1IV.10	**Grievances resolved** Enter the total number of grievances resolved by the plan during the reporting year. A grievance is "resolved" when it has reached completion and been closed by the plan.	**Aetna Better Health of Kansas** 393 **Sunflower Health Plan** 616 **UnitedHealthcare Community Plan of Kansas** 685
D1IV.11	**Active grievances** Enter the total number of grievances still pending or in process (not yet resolved) as of the end of the reporting year.	**Aetna Better Health of Kansas** 10 **Sunflower Health Plan** 16 **UnitedHealthcare Community Plan of Kansas** 11
D1IV.12	**Grievances filed on behalf of LTSS users** Enter the total number of grievances filed during the reporting year by or on behalf of LTSS users. An LTSS user is an enrollee who received at least one LTSS service at any point during the reporting year (regardless of whether the enrollee was actively receiving LTSS at the time that the grievance was filed). If this does not apply, enter N/A.	**Aetna Better Health of Kansas** 122 **Sunflower Health Plan** 251 **UnitedHealthcare Community Plan of Kansas** 254
D1IV.13	**Number of critical incidents filed during the reporting period by (or on behalf of) an**	**Aetna Better Health of Kansas** 15

LTSS user who previously filed a grievance

For managed care plans that cover LTSS, enter the number of critical incidents filed within the reporting year by (or on behalf of) LTSS users who previously filed grievances in the reporting year. The grievance and critical incident do not have to have been "related" to the same issue - they only need to have been filed by (or on behalf of) the same enrollee. Neither the critical incident nor the grievance need to have been filed in relation to delivery of LTSS - they may have been filed for any reason, related to any service received (or desired) by an LTSS user.
If the managed care plan does not cover LTSS, the state should enter "N/A" in this field.
Additionally, if the state already submitted this data for the reporting year via the CMS readiness review appeal and grievance report (because the managed care program or plan were new or serving new populations during the reporting year), and the readiness review tool was submitted for at least 6 months of the reporting year, the state can enter "N/A" in this field.
To calculate this number, states or managed care plans should first identify the LTSS users for whom critical incidents were filed during the reporting year, then determine whether those enrollees had filed a grievance during the reporting year, and whether the filing of the grievance preceded the filing of the critical incident.

Sunflower Health Plan

40

UnitedHealthcare Community Plan of Kansas

57

D1IV.14	**Number of grievances for which timely resolution was provided** Enter the number of grievances for which timely resolution was provided by plan during the reporting year. See 42 CFR §438.408(b)(1) for requirements related to the timely resolution of grievances.	**Aetna Better Health of Kansas** 393 **Sunflower Health Plan** 614 **UnitedHealthcare Community Plan of Kansas** 637

Grievances by Service

Report the number of grievances resolved by plan during the reporting period by service.

Number	Indicator	Response
D1IV.15a	**Resolved grievances related to general inpatient services** Enter the total number of grievances resolved by the plan during the reporting year that were related to general inpatient care, including diagnostic and laboratory services. Do not include grievances related to inpatient behavioral health services — those should be included in indicator D1.IV.15c. If the managed care plan does not cover this type of service, enter "N/A".	**Aetna Better Health of Kansas** 37 **Sunflower Health Plan** 10 **UnitedHealthcare Community Plan of Kansas** 30
D1IV.15b	**Resolved grievances related to general outpatient services** Enter the total number of grievances resolved by the plan during the reporting year that were related to general outpatient care, including diagnostic and laboratory services. Do not include grievances related to outpatient behavioral health services — those should be included in indicator D1.IV.15d. If the managed care plan does not cover this type of service, enter "N/A".	**Aetna Better Health of Kansas** 343 **Sunflower Health Plan** 69 **UnitedHealthcare Community Plan of Kansas** 145
D1IV.15c	**Resolved grievances related to inpatient behavioral health services** Enter the total number of grievances resolved by the plan during the reporting year that were related to inpatient mental health and/or substance use services. If the managed care plan does not cover this type of service, enter "N/A".	**Aetna Better Health of Kansas** 0 **Sunflower Health Plan** 2 **UnitedHealthcare Community Plan of Kansas** 0
D1IV.15d	**Resolved grievances related to outpatient behavioral health services**	**Aetna Better Health of Kansas** 3

	Enter the total number of grievances resolved by the plan during the reporting year that were related to outpatient mental health and/or substance use services. If the managed care plan does not cover this type of service, enter "N/A".	**Sunflower Health Plan** 10 **UnitedHealthcare Community Plan of Kansas** 7
D1IV.15e	**Resolved grievances related to coverage of outpatient prescription drugs** Enter the total number of grievances resolved by the plan during the reporting year that were related to outpatient prescription drugs covered by the managed care plan. If the managed care plan does not cover this type of service, enter "N/A".	**Aetna Better Health of Kansas** 11 **Sunflower Health Plan** 20 **UnitedHealthcare Community Plan of Kansas** 10
D1IV.15f	**Resolved grievances related to skilled nursing facility (SNF) services** Enter the total number of grievances resolved by the plan during the reporting year that were related to SNF services. If the managed care plan does not cover this type of service, enter "N/A".	**Aetna Better Health of Kansas** 0 **Sunflower Health Plan** 7 **UnitedHealthcare Community Plan of Kansas** 0
D1IV.15g	**Resolved grievances related to long-term services and supports (LTSS)** Enter the total number of grievances resolved by the plan during the reporting year that were related to institutional LTSS or LTSS provided through home and community-based (HCBS) services, including personal care and self-directed services. If the managed care plan does not cover this type of service, enter "N/A".	**Aetna Better Health of Kansas** 2 **Sunflower Health Plan** 6 **UnitedHealthcare Community Plan of Kansas** 19

D1IV.15h	**Resolved grievances related to dental services** Enter the total number of grievances resolved by the plan during the reporting year that were related to dental services. If the managed care plan does not cover this type of service, enter "N/A".	**Aetna Better Health of Kansas** 11 **Sunflower Health Plan** 11 **UnitedHealthcare Community Plan of Kansas** 23
D1IV.15i	**Resolved grievances related to non-emergency medical transportation (NEMT)** Enter the total number of grievances resolved by the plan during the reporting year that were related to NEMT. If the managed care plan does not cover this type of service, enter "N/A".	**Aetna Better Health of Kansas** 146 **Sunflower Health Plan** 422 **UnitedHealthcare Community Plan of Kansas** 398
D1IV.15j	**Resolved grievances related to other service types** Enter the total number of grievances resolved by the plan during the reporting year that were related to services that do not fit into one of the categories listed above. If the managed care plan does not cover services other than those in items D1.IV.15a-i paid primarily by Medicaid, enter "N/A".	**Aetna Better Health of Kansas** 147 **Sunflower Health Plan** 22 **UnitedHealthcare Community Plan of Kansas** 13

Grievances by Reason

Report the number of grievances resolved by plan during the reporting period by reason.

Number	Indicator	Response
D1IV.16a	**Resolved grievances related to plan or provider customer service** Enter the total number of grievances resolved by the plan during the reporting year that were related to plan or provider customer service. Customer service grievances include complaints about interactions with the plan's Member Services department, provider offices or facilities, plan marketing agents, or any other plan or provider representatives.	**Aetna Better Health of Kansas** 70 **Sunflower Health Plan** 36 **UnitedHealthcare Community Plan of Kansas** 16
D1IV.16b	**Resolved grievances related to plan or provider care management/case management** Enter the total number of grievances resolved by the plan during the reporting year that were related to plan or provider care management/case management. Care management/case management grievances include complaints about the timeliness of an assessment or complaints about the plan or provider care or case management process.	**Aetna Better Health of Kansas** 10 **Sunflower Health Plan** 7 **UnitedHealthcare Community Plan of Kansas** 0
D1IV.16c	**Resolved grievances related to access to care/services from plan or provider** Enter the total number of grievances resolved by the plan during the reporting year that were related to access to care. Access to care grievances include complaints about difficulties finding qualified in-network providers, excessive	**Aetna Better Health of Kansas** 20 **Sunflower Health Plan** 83 **UnitedHealthcare Community Plan of Kansas**

	travel or wait times, or other access issues.	6
D1IV.16d	**Resolved grievances related to quality of care** Enter the total number of grievances resolved by the plan during the reporting year that were related to quality of care. Quality of care grievances include complaints about the effectiveness, efficiency, equity, patient-centeredness, safety, and/or acceptability of care provided by a provider or the plan.	**Aetna Better Health of Kansas** 25 **Sunflower Health Plan** 42 **UnitedHealthcare Community Plan of Kansas** 190
D1IV.16e	**Resolved grievances related to plan communications** Enter the total number of grievances resolved by the plan during the reporting year that were related to plan communications. Plan communication grievances include grievances related to the clarity or accuracy of enrollee materials or other plan communications or to an enrollee's access to or the accessibility of enrollee materials or plan communications.	**Aetna Better Health of Kansas** 1 **Sunflower Health Plan** 0 **UnitedHealthcare Community Plan of Kansas** 0
D1IV.16f	**Resolved grievances related to payment or billing issues** Enter the total number of grievances resolved by the plan during the reporting year that were filed for a reason related to payment or billing issues.	**Aetna Better Health of Kansas** 93 **Sunflower Health Plan** 44 **UnitedHealthcare Community Plan of Kansas** 122
D1IV.16g	**Resolved grievances related to suspected fraud**	**Aetna Better Health of Kansas**

	Enter the total number of grievances resolved by the plan during the reporting year that were related to suspected fraud. Suspected fraud grievances include suspected cases of financial/payment fraud perpetuated by a provider, payer, or other entity. Note: grievances reported in this row should only include grievances submitted to the managed care plan, not grievances submitted to another entity, such as a state Ombudsman or Office of the Inspector General.	0 **Sunflower Health Plan** 2 **UnitedHealthcare Community Plan of Kansas** 0
D1IV.16h	**Resolved grievances related to abuse, neglect or exploitation** Enter the total number of grievances resolved by the plan during the reporting year that were related to abuse, neglect or exploitation. Abuse/neglect/exploitation grievances include cases involving potential or actual patient harm.	**Aetna Better Health of Kansas** 0 **Sunflower Health Plan** 4 **UnitedHealthcare Community Plan of Kansas** 2
D1IV.16i	**Resolved grievances related to lack of timely plan response to a service authorization or appeal (including requests to expedite or extend appeals)** Enter the total number of grievances resolved by the plan during the reporting year that were filed due to a lack of timely plan response to a service authorization or appeal request (including requests to expedite or extend appeals).	**Aetna Better Health of Kansas** 0 **Sunflower Health Plan** 1 **UnitedHealthcare Community Plan of Kansas** 0
D1IV.16j	**Resolved grievances related to plan denial of expedited appeal**	**Aetna Better Health of Kansas** 0 **Sunflower Health Plan**

	Enter the total number of grievances resolved by the plan during the reporting year that were related to the plan's denial of an enrollee's request for an expedited appeal. Per 42 CFR §438.408(b)(3), states must establish a timeframe for timely resolution of expedited appeals that is no longer than 72 hours after the MCO, PIHP or PAHP receives the appeal. If a plan denies a request for an expedited appeal, the enrollee or their representative have the right to file a grievance.	1 **UnitedHealthcare Community Plan of Kansas** 0
D1IV.16k	**Resolved grievances filed for other reasons** Enter the total number of grievances resolved by the plan during the reporting year that were filed for a reason other than the reasons listed above.	**Aetna Better Health of Kansas** 369 **Sunflower Health Plan** 22 **UnitedHealthcare Community Plan of Kansas** 190

Topic VII: Quality & Performance Measures

Report on individual measures in each of the following eight domains: (1) Primary care access and preventive care, (2) Maternal and perinatal health, (3) Care of acute and chronic conditions, (4) Behavioral health care, (5) Dental and oral health services, (6) Health plan enrollee experience of care, (7) Long-term services and supports, and (8) Other. For composite measures, be sure to include each individual sub-measure component.

Quality & performance measure total count: 56

Complete

D2.VII.1 Measure Name: Annually increase claims for speech therapy via telehealth

1 / 56

D2.VII.2 Measure Domain

Primary care access and preventative care

D2.VII.3 National Quality Forum (NQF) number

N/A

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

Quality Management Strategy

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

Yes

D2.VII.8 Measure Description

This is a whole number looking at the number of Claims related to specific codes for Speech Therapy using Telehealth

Measure results

Aetna Better Health of Kansas

1,275

Sunflower Health Plan

3,092

UnitedHealthcare Community Plan of Kansas

3,817

Complete

D2.VII.1 Measure Name: Annually increase claims for wellness monitoring via telehealth

2 / 56

D2.VII.2 Measure Domain

Primary care access and preventative care

D2.VII.3 National Quality Forum (NQF) number

N/A

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

Quality Management Strategy

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

Yes

D2.VII.8 Measure Description

FE waiver & IDD waiver wellness monitoring S5190, TA waiver health maintenance monitoring T1001, and Evaluation and Management codes

Measure results

Aetna Better Health of Kansas

28,331

Sunflower Health Plan

43,372

UnitedHealthcare Community Plan of Kansas

37,397

Complete

D2.VII.1 Measure Name: Annually increase number billed claims for specialists providing care via telehealth to frontier, densely-settled rural, and rural counties

D2.VII.2 Measure Domain

Primary care access and preventative care

D2.VII.3 National Quality Forum (NQF) number

N/A

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

Quality Management Strategy

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

Yes

D2.VII.8 Measure Description

Q3104 code with 02 place of service for member residing in a rural county. **Results based on count of paid claims with a telehealth procedure code, and place of service 02 (telehealth), with one line having Q3014 (date range 1/1/2018 – 3/11/2020), and place of service 02 with no Q3014 required (date range 3/12/2020-12/31/2020), for members in rural counties

Measure results

Aetna Better Health of Kansas

48,273

Sunflower Health Plan

75,520

UnitedHealthcare Community Plan of Kansas

71,141

Complete

D2.VII.1 Measure Name: Increase the rate of completed health screens 4 / 56

D2.VII.2 Measure Domain

Primary care access and preventative care

D2.VII.3 National Quality Forum (NQF) number

N/A

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

Quality Management Strategy

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

Yes

D2.VII.8 Measure Description

MCOs submit data via format into KMMS. State is looking at the aggregate amount of completed Screens in a population category over the total population category

Measure results

Aetna Better Health of Kansas

3.46%

Sunflower Health Plan

12.92%

UnitedHealthcare Community Plan of Kansas

3.72%

Complete

D2.VII.1 Measure Name: Well child visits in the first 30 months of life ages 15-30 months

5 / 56

D2.VII.2 Measure Domain

Primary care access and preventative care

D2.VII.3 National Quality Forum (NQF) number

1392

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

HEDIS

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

Yes

D2.VII.8 Measure Description

HEDIS

Measure results

Aetna Better Health of Kansas

58.95%

Sunflower Health Plan

62.96%

UnitedHealthcare Community Plan of Kansas

59.09%

Complete

D2.VII.1 Measure Name: Child and adolescent well care visits ages 3-11 years

6 / 56

D2.VII.2 Measure Domain

Primary care access and preventative care

D2.VII.3 National Quality Forum (NQF) number

1516

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

HEDIS

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

Yes

D2.VII.8 Measure Description

HEDIS

Measure results

Aetna Better Health of Kansas

50.91

Sunflower Health Plan

56.13

UnitedHealthcare Community Plan of Kansas

51.81

Complete

D2.VII.1 Measure Name: Child and adolescent well care visits ages 12-17 years

7 / 56

D2.VII.2 Measure Domain

Primary care access and preventative care

D2.VII.3 National Quality Forum (NQF) number

N/A

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

HEDIS

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

Yes

D2.VII.8 Measure Description

HEDIS

Measure results

Aetna Better Health of Kansas

45.65

Sunflower Health Plan

52.4

UnitedHealthcare Community Plan of Kansas

48.07

Complete

D2.VII.1 Measure Name: Child and adolescent well care visits ages 18-21 years

D2.VII.2 Measure Domain

Primary care access and preventative care

D2.VII.3 National Quality Forum (NQF) number

N/A

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

HEDIS

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

Yes

D2.VII.8 Measure Description

HEDIS

Measure results

Aetna Better Health of Kansas

19.65

Sunflower Health Plan

23.58

UnitedHealthcare Community Plan of Kansas

20.93

Complete

D2.VII.1 Measure Name: Child and adolescent well care visits ages 3-21 years

D2.VII.2 Measure Domain

Primary care access and preventative care

D2.VII.3 National Quality Forum (NQF) number

N/A

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

HEDIS

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

Yes

D2.VII.8 Measure Description

HEDIS

Measure results

Aetna Better Health of Kansas

44.9

Sunflower Health Plan

50.63

UnitedHealthcare Community Plan of Kansas

46.53

Complete

D2.VII.1 Measure Name: Access to ambulatory health services (outpatient) adult

D2.VII.2 Measure Domain

Primary care access and preventative care

D2.VII.3 National Quality Forum (NQF) number

N/A

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

HEDIS

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

Yes

D2.VII.8 Measure Description

HEDIS

Measure results

Aetna Better Health of Kansas

81.06%

Sunflower Health Plan

84.74%

UnitedHealthcare Community Plan of Kansas

85.36%

Complete

D2.VII.1 Measure Name: Chlamydia screening in women

11 / 56

D2.VII.2 Measure Domain

Primary care access and preventative care

D2.VII.3 National Quality Forum (NQF) number

0033

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

HEDIS

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

Yes

D2.VII.8 Measure Description

HEDIS

Measure results

Aetna Better Health of Kansas

41.73%

Sunflower Health Plan

44.62%

UnitedHealthcare Community Plan of Kansas

46.36%

Complete

D2.VII.1 Measure Name: Childhood immunizations status

12 / 56

D2.VII.2 Measure Domain

Primary care access and preventative care

D2.VII.3 National Quality Forum (NQF) number

0038

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

HEDIS

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

Yes

D2.VII.8 Measure Description

HEDIS

Measure results

Aetna Better Health of Kansas

31.87%

Sunflower Health Plan

36.25%

UnitedHealthcare Community Plan of Kansas

38.69%

Complete

D2.VII.1 Measure Name: Flu vaccination - Adult

13 / 56

D2.VII.2 Measure Domain

Primary care access and preventative care

D2.VII.3 National Quality Forum (NQF) number

0039

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

HEDIS

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

Yes

D2.VII.8 Measure Description

HEDIS

Measure results

Aetna Better Health of Kansas

22.54%

Sunflower Health Plan

26.91%

UnitedHealthcare Community Plan of Kansas

25.48%

Complete

D2.VII.1 Measure Name: Cervical cancer screening

D2.VII.2 Measure Domain

Primary care access and preventative care

D2.VII.3 National Quality Forum (NQF) number

0032

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

HEDIS

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

Yes

D2.VII.8 Measure Description

HEDIS

Measure results

Aetna Better Health of Kansas

54.26%

Sunflower Health Plan

62.04%

UnitedHealthcare Community Plan of Kansas

66.18%

Complete

D2.VII.1 Measure Name: Breast cancer screening

15 / 56

D2.VII.2 Measure Domain

Primary care access and preventative care

D2.VII.3 National Quality Forum (NQF) number

2372

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

HEDIS

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

Yes

D2.VII.8 Measure Description

HEDIS

Measure results

Aetna Better Health of Kansas

36.50%

Sunflower Health Plan

49.82%

UnitedHealthcare Community Plan of Kansas

46.69%

Complete

D2.VII.1 Measure Name: Weight assessment and counseling for nutrition and physical activity for children/adolescents

16 / 56

D2.VII.2 Measure Domain

Primary care access and preventative care

D2.VII.3 National Quality Forum (NQF) number

0024

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

HEDIS

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

Yes

D2.VII.8 Measure Description

HEDIS

Measure results

Aetna Better Health of Kansas

61.80%

Sunflower Health Plan

55.96%

UnitedHealthcare Community Plan of Kansas

69.34%

Complete

D2.VII.1 Measure Name: Counseling for nutrition for children/adolescents

17 / 56

D2.VII.2 Measure Domain

Primary care access and preventative care

D2.VII.3 National Quality Forum (NQF) number

0024

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

HEDIS

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

Yes

D2.VII.8 Measure Description

HEDIS

Measure results

Aetna Better Health of Kansas

56.64%

Sunflower Health Plan

59.37%

UnitedHealthcare Community Plan of Kansas

63.02%

Complete

D2.VII.1 Measure Name: Counseling for physical activity for children/adolescents

D2.VII.2 Measure Domain

Primary care access and preventative care

D2.VII.3 National Quality Forum (NQF) number

0024

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

HEDIS

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

Yes

D2.VII.8 Measure Description

HEDIS

Measure results

Aetna Better Health of Kansas

54.50%

Sunflower Health Plan

55.72%

UnitedHealthcare Community Plan of Kansas

58.64%

Complete

D2.VII.1 Measure Name: Medication assistance with smoking and tobacco use cessation

D2.VII.2 Measure Domain

Primary care access and preventative care

D2.VII.3 National Quality Forum (NQF) number

0027

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

HEDIS

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

Yes

D2.VII.8 Measure Description

HEDIS

Measure results

Aetna Better Health of Kansas

49%

Sunflower Health Plan

42%

UnitedHealthcare Community Plan of Kansas

50%

Complete

D2.VII.1 Measure Name: Coordination of care child

D2.VII.2 Measure Domain

Long-term services and supports

D2.VII.3 National Quality Forum (NQF) number

2548

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

HEDIS

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

Yes

D2.VII.8 Measure Description

HEDIS

Measure results

Aetna Better Health of Kansas

80.60%

Sunflower Health Plan

87.30%

UnitedHealthcare Community Plan of Kansas

80.80%

Complete

D2.VII.1 Measure Name: Coordination of care adult

D2.VII.2 Measure Domain

Long-term services and supports

D2.VII.3 National Quality Forum (NQF) number

2548

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

HEDIS

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

Yes

D2.VII.8 Measure Description

HEDIS

Measure results

Aetna Better Health of Kansas

84.50%

Sunflower Health Plan

92.3%

UnitedHealthcare Community Plan of Kansas

86.30%

Complete

D2.VII.1 Measure Name: Annual dental visit for children/adolescents

D2.VII.2 Measure Domain

Dental and oral health services

D2.VII.3 National Quality Forum (NQF) number

1388

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

HEDIS

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

Yes

D2.VII.8 Measure Description

HEDIS

Measure results

Aetna Better Health of Kansas

55.89%

Sunflower Health Plan

58.60%

UnitedHealthcare Community Plan of Kansas

57.64%

Complete

D2.VII.1 Measure Name: Timeliness of prenatal care

D2.VII.2 Measure Domain

Maternal and perinatal health

D2.VII.3 National Quality Forum (NQF) number

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

1517

D2.VII.6 Measure Set

HEDIS

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

Yes

D2.VII.8 Measure Description

HEDIS

Measure results

Aetna Better Health of Kansas

72.02%

Sunflower Health Plan

68.86%

UnitedHealthcare Community Plan of Kansas

94.40%

Complete

D2.VII.1 Measure Name: Timeliness of postpartum care

D2.VII.2 Measure Domain

Maternal and perinatal health

D2.VII.3 National Quality Forum (NQF) number

1517

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

HEDIS

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

Yes

D2.VII.8 Measure Description

HEDIS

Measure results

Aetna Better Health of Kansas

73.48%

Sunflower Health Plan

66.91%

UnitedHealthcare Community Plan of Kansas

84.91%

Complete

D2.VII.1 Measure Name: Increase the rate of completed health risk assessments

D2.VII.2 Measure Domain

Care of acute and chronic conditions

D2.VII.3 National Quality Forum (NQF) number

N/A

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

Quality Management Strategy

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

Yes

D2.VII.8 Measure Description

MCOs submit data via format into KMMS. State is looking at the aggregate amount of completed Health Risk Assessments in a population category that is asked to take one from the results of a Health Screening Assessment

Measure results

Aetna Better Health of Kansas

0.01%

Sunflower Health Plan

8.28%

UnitedHealthcare Community Plan of Kansas

4.66%

Complete

D2.VII.1 Measure Name: Increase the rate of members enrolled into OCK by 10% year over year

D2.VII.2 Measure Domain

Care of acute and chronic conditions

D2.VII.3 National Quality Forum (NQF) number

N/A

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

Quality Management Strategy

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

Yes

D2.VII.8 Measure Description

MCOs submit data through KRA to info, information is referring to measures within CMS Technical Specifications Health Home Core Set

Measure results

Aetna Better Health of Kansas

202

Sunflower Health Plan

329

UnitedHealthcare Community Plan of Kansas

390

Complete

D2.VII.1 Measure Name: Increase percent of those enrolled in OneCare Kansas that received a claim for care coordination by 10% year over year

D2.VII.2 Measure Domain

Care of acute and chronic conditions

D2.VII.3 National Quality Forum (NQF) number

N/A

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

Quality Management Strategy	Yes

D2.VII.8 Measure Description

MCOs submit data through KRA to info, information is referring to measures within CMS Technical Specifications Health Home Core Set

Measure results

Aetna Better Health of Kansas

49%

Sunflower Health Plan

52%

UnitedHealthcare Community Plan of Kansas

53%

Complete

D2.VII.1 Measure Name: Comprehensive Diabetes Care - HbA1C Control

D2.VII.2 Measure Domain

Care of acute and chronic conditions

D2.VII.3 National Quality Forum (NQF) number

0575

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

HEDIS

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

Yes

D2.VII.8 Measure Description

HEDIS

Measure results

Aetna Better Health of Kansas

47.93%

Sunflower Health Plan

42.82%

UnitedHealthcare Community Plan of Kansas

58.64%

Complete

D2.VII.1 Measure Name: Comprehensive Diabetes Care - Controlling high blood pressure

29 / 56

D2.VII.2 Measure Domain

Care of acute and chronic conditions

D2.VII.3 National Quality Forum (NQF) number

0061

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

HEDIS

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

Yes

D2.VII.8 Measure Description

HEDIS

Measure results

Aetna Better Health of Kansas

51.82%

Sunflower Health Plan

54.74%

UnitedHealthcare Community Plan of Kansas

66.42%

Complete

D2.VII.1 Measure Name: Increase the number of crisis response claims that occur in the community setting, including in the member's home

30 / 56

D2.VII.2 Measure Domain

Behavioral health care

D2.VII.3 National Quality Forum (NQF) number

N/A

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

Quality Management Strategy

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

Yes

D2.VII.8 Measure Description

MDS

Measure results

Aetna Better Health of Kansas

3,508

Sunflower Health Plan

6,345

UnitedHealthcare Community Plan of Kansas

4,890

Complete

D2.VII.1 Measure Name: Increase peer support utilization for BH services by 10% year over year

D2.VII.2 Measure Domain

Behavioral health care

D2.VII.3 National Quality Forum (NQF) number

N/A

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

Quality Management Strategy

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

Yes

D2.VII.8 Measure Description

The State has the project contracted to our EQRO to review the information within Peer Support Utilization using state claim data

Measure results

Aetna Better Health of Kansas

9,208

Sunflower Health Plan

14,676

UnitedHealthcare Community Plan of Kansas

19,672

Complete

D2.VII.1 Measure Name: Follow up after hospitalization for mental illness within 7 days of discharge

D2.VII.2 Measure Domain

Behavioral health care

D2.VII.3 National Quality Forum (NQF) number

0576

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

HEDIS

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

Yes

D2.VII.8 Measure Description

HEDIS

Measure results

Aetna Better Health of Kansas

50.41%

Sunflower Health Plan

53.19%

UnitedHealthcare Community Plan of Kansas

51.92%

Complete

D2.VII.1 Measure Name: Follow up after emergency department visit for alcohol and other drug dependence within 7 days

33 / 56

D2.VII.2 Measure Domain

Behavioral health care

D2.VII.3 National Quality Forum (NQF) number

3488

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

HEDIS

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

Yes

D2.VII.8 Measure Description

HEDIS

Measure results

Aetna Better Health of Kansas

15.45%

Sunflower Health Plan

11.01%

UnitedHealthcare Community Plan of Kansas

13.47%

Complete

D2.VII.1 Measure Name: Follow up after emergency department visit for alcohol and other drug dependence within 30 days

34 / 56

D2.VII.2 Measure Domain

Behavioral health care

D2.VII.3 National Quality Forum (NQF) number

3488

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

HEDIS

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

Yes

D2.VII.8 Measure Description

HEDIS

Measure results

Aetna Better Health of Kansas

23.82%

Sunflower Health Plan

16.87%

UnitedHealthcare Community Plan of Kansas

21.08%

Complete

D2.VII.1 Measure Name: Follow up after emergency department visit for mental illness within 7 days

35 / 56

D2.VII.2 Measure Domain

Behavioral health care

D2.VII.3 National Quality Forum (NQF) number

3489

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

HEDIS

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

Yes

D2.VII.8 Measure Description

HEDIS

Measure results

Aetna Better Health of Kansas

65.20%

Sunflower Health Plan

67.24%

UnitedHealthcare Community Plan of Kansas

64.65%

Complete

D2.VII.1 Measure Name: Follow up after emergency department visit for mental illness within 30 days

D2.VII.2 Measure Domain

Behavioral health care

D2.VII.3 National Quality Forum (NQF) number

3489

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

HEDIS

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

Yes

D2.VII.8 Measure Description

HEDIS

Measure results

Aetna Better Health of Kansas

77.51%

Sunflower Health Plan

48.49%

UnitedHealthcare Community Plan of Kansas

76.22%

Complete

D2.VII.1 Measure Name: Rating of health plan adult

37 / 56

D2.VII.2 Measure Domain

Health plan enrollee experience of care

D2.VII.3 National Quality Forum (NQF) number

0006

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

CAHPS

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

Yes

D2.VII.8 Measure Description

CAHPS

Measure results

Aetna Better Health of Kansas

78.50%

Sunflower Health Plan

81.40%

UnitedHealthcare Community Plan of Kansas

79.70%

Complete

D2.VII.1 Measure Name: Rating of health plan child

38 / 56

D2.VII.2 Measure Domain

Health plan enrollee experience of care

D2.VII.3 National Quality Forum (NQF) number

2548

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

CAHPS

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

Yes

D2.VII.8 Measure Description

CAHPS

Measure results

Aetna Better Health of Kansas

85.10%

Sunflower Health Plan

90%

UnitedHealthcare Community Plan of Kansas

91.80%

Complete

D2.VII.1 Measure Name: Rating of all health care adult

39 / 56

D2.VII.2 Measure Domain

Health plan enrollee experience of care

D2.VII.3 National Quality Forum (NQF) number

6

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

CAHPS

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

Yes

D2.VII.8 Measure Description

CAHPS

Measure results

Aetna Better Health of Kansas

78.30%

Sunflower Health Plan

78.30%

UnitedHealthcare Community Plan of Kansas

74.10%

Complete

D2.VII.1 Measure Name: Rating of all health care child

D2.VII.2 Measure Domain

Health plan enrollee experience of care

D2.VII.3 National Quality Forum (NQF) number

2548

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

CAHPS

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

Yes

D2.VII.8 Measure Description

CAHPS

Measure results

Aetna Better Health of Kansas

84%

Sunflower Health Plan

88.40%

UnitedHealthcare Community Plan of Kansas

88.60%

Complete

D2.VII.1 Measure Name: Rating of personal doctor adult

D2.VII.2 Measure Domain

Health plan enrollee experience of care

D2.VII.3 National Quality Forum (NQF) number

0006

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

CAHPS

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

Yes

D2.VII.8 Measure Description

CAHPS

Measure results

Aetna Better Health of Kansas

80.30%

Sunflower Health Plan

89.30%

UnitedHealthcare Community Plan of Kansas

83.10%

Complete

D2.VII.1 Measure Name: Rating of personal doctor child

D2.VII.2 Measure Domain

Health plan enrollee experience of care

D2.VII.3 National Quality Forum (NQF) number

2548

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

CAHPS

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

Yes

D2.VII.8 Measure Description

CAHPS

Measure results

Aetna Better Health of Kansas

86.60%

Sunflower Health Plan

91.20%

UnitedHealthcare Community Plan of Kansas

93.10%

Complete

D2.VII.1 Measure Name: Rating of Specialist seen most often adult

D2.VII.2 Measure Domain

Health plan enrollee experience of care

D2.VII.3 National Quality Forum (NQF) number

6

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

CAHPS

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

Yes

D2.VII.8 Measure Description

CAHPS

Measure results

Aetna Better Health of Kansas

85%

Sunflower Health Plan

86.8%

UnitedHealthcare Community Plan of Kansas

83.9%

Complete

D2.VII.1 Measure Name: Rating of Specialist seen most often child

D2.VII.2 Measure Domain

Health plan enrollee experience of care

D2.VII.3 National Quality Forum (NQF) number

2548

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

CAHPS

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

Yes

D2.VII.8 Measure Description

CAHPS

Measure results

Aetna Better Health of Kansas

89.9%

Sunflower Health Plan

90.8%

UnitedHealthcare Community Plan of Kansas

88%

Complete

D2.VII.1 Measure Name: Increase the rate of claims that use of Z codes by 1% on claims year over year to better identify members with employment, housing, legal, food or health access needs

D2.VII.2 Measure Domain

Long-term services and supports

D2.VII.3 National Quality Forum (NQF) number

N/A

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

Quality Management Strategy

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

Yes

D2.VII.8 Measure Description

The state reviews all claims and using the number of claims with Z code use over the total amount of claims. This is held unique by ICN

Measure results

Aetna Better Health of Kansas

0.32%

Sunflower Health Plan

0.24%

UnitedHealthcare Community Plan of Kansas

0.25%

Complete

D2.VII.1 Measure Name: Initiation in treatment for alcohol or other drug dependence (13 and over), within 14 days 46 / 56

D2.VII.2 Measure Domain

Behavioral health care

D2.VII.3 National Quality Forum (NQF) number

4

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

HEDIS

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

Yes

D2.VII.8 Measure Description

HEDIS

Measure results

Aetna Better Health of Kansas

42.81%

Sunflower Health Plan

41.75%

UnitedHealthcare Community Plan of Kansas

39.14%

Complete

D2.VII.1 Measure Name: Engagement in treatment for alcohol or other drug dependence (13 and over) within 34 days 47 / 56

D2.VII.2 Measure Domain

Behavioral health care

D2.VII.3 National Quality Forum (NQF) number

4

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

HEDIS

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

Yes

D2.VII.8 Measure Description

HEDIS

Measure results

Aetna Better Health of Kansas

12%

Sunflower Health Plan

12.44%

UnitedHealthcare Community Plan of Kansas

11.74%

Complete

D2.VII.1 Measure Name: Getting needed care child

48 / 56

D2.VII.2 Measure Domain

Health plan enrollee experience of care

D2.VII.3 National Quality Forum (NQF) number

2548

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

CAHPS

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

Yes

D2.VII.8 Measure Description

CAHPS

Measure results

Aetna Better Health of Kansas

81.3%

Sunflower Health Plan

86.7%

UnitedHealthcare Community Plan of Kansas

82.4%

Complete

D2.VII.1 Measure Name: Getting needed care adult

49 / 56

D2.VII.2 Measure Domain

Health plan enrollee experience of care

D2.VII.3 National Quality Forum (NQF) number

6

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

CAHPS

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

Yes

D2.VII.8 Measure Description

CAHPS

Measure results

Aetna Better Health of Kansas

87.63%

Sunflower Health Plan

89.2%

UnitedHealthcare Community Plan of Kansas

85.04%

Complete

D2.VII.1 Measure Name: Follow up care for children prescribed ADHD medication within the initiation phase

50 / 56

D2.VII.2 Measure Domain

Behavioral health care

D2.VII.3 National Quality Forum (NQF) number

108

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

HEDIS

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

Yes

D2.VII.8 Measure Description

HEDIS

Measure results

Aetna Better Health of Kansas

45.6%

Sunflower Health Plan

45.41%

UnitedHealthcare Community Plan of Kansas

44.41%

Complete

D2.VII.1 Measure Name: Follow up care for children prescribed ADHD medication within the continuation and maintanence phase

51 / 56

D2.VII.2 Measure Domain

Behavioral health care

D2.VII.3 National Quality Forum (NQF) number

108

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

HEDIS

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

Yes

D2.VII.8 Measure Description

HEDIS

Measure results

Aetna Better Health of Kansas

55.4%

Sunflower Health Plan

57.28%

UnitedHealthcare Community Plan of Kansas

57.53%

Complete

D2.VII.1 Measure Name: How well doctors communicate adult

52 / 56

D2.VII.2 Measure Domain

Health plan enrollee experience of care

D2.VII.3 National Quality Forum (NQF) number

6

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

CAHPS

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

Yes

D2.VII.8 Measure Description

CAHPS

Measure results

Aetna Better Health of Kansas

92.96

Sunflower Health Plan

95.4

UnitedHealthcare Community Plan of Kansas

92.05

Complete

D2.VII.1 Measure Name: How well doctors communicate child

D2.VII.2 Measure Domain

Health plan enrollee experience of care

D2.VII.3 National Quality Forum (NQF) number

2548

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

CAHPS

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

Yes

D2.VII.8 Measure Description

CAHPS

Measure results

Aetna Better Health of Kansas

95.6%

Sunflower Health Plan

94.5%

UnitedHealthcare Community Plan of Kansas

97.4%

Complete

D2.VII.1 Measure Name: Reduction in use of antipsychotic medications in nursing homes < or = 12%

D2.VII.2 Measure Domain

Long-term services and supports

D2.VII.3 National Quality Forum (NQF) number

N/A

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

Quality Management Strategy

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

Yes

D2.VII.8 Measure Description

MDS

Measure results

Aetna Better Health of Kansas

12.93%

Sunflower Health Plan

11.84%

UnitedHealthcare Community Plan of Kansas

11.37%

Complete

D2.VII.1 Measure Name: Increase the rate of members who indicated a desire to be discharged from a NF or NFMH facility to a community setting who were discharged within 90 days

D2.VII.2 Measure Domain

Long-term services and supports

D2.VII.3 National Quality Forum (NQF) number

N/A

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

Quality Management Strategy

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

Yes

D2.VII.8 Measure Description

MDS

Measure results

Aetna Better Health of Kansas

56.73%

Sunflower Health Plan

60.51%

UnitedHealthcare Community Plan of Kansas

56.20%

Complete

D2.VII.1 Measure Name: Well child visits in the first 30 months of life ages 0-15 months

56 / 56

D2.VII.2 Measure Domain

Primary care access and preventative care

D2.VII.3 National Quality Forum (NQF) number

1392

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

HEDIS

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

Yes

D2.VII.8 Measure Description

HEDIS

Measure results

Aetna Better Health of Kansas

55.87%

Sunflower Health Plan

57.33%

UnitedHealthcare Community Plan of Kansas

57.07%

Topic VIII. Sanctions

Describe sanctions that the state has issued for each plan. Report all known actions across the following domains: sanctions, administrative penalties, corrective action plans, other. Include any pending or unresolved actions.

42 CFR 438.66(e)(2)(viii) specifies that the MCPAR include the results of any sanctions or corrective action plans imposed by the State or other formal or informal intervention with a contracted MCO, PIHP, PAHP, or PCCM entity to improve performance.

Sanction total count: 3

Complete

D3.VIII.1 Intervention type: Corrective action plan

1 / 3

D3.VIII.2 Intervention topic

Performance improvement

D3.VIII.3 Plan name

Aetna Better Health of Kansas

D3.VIII.4 Reason for intervention

HCBS Waiver Performance Measure Non-Compliance

Sanction details

D3.VIII.5 Instances of non-compliance

165

D3.VIII.6 Sanction amount

N/A

D3.VIII.7 Date assessed

10/25/2021

D3.VIII.8 Remediation date non-compliance was corrected

Remediation in progress

D3.VIII.9 Corrective action plan

Yes

Complete

D3.VIII.1 Intervention type: Corrective action plan

2 / 3

D3.VIII.2 Intervention topic

Performance improvement

D3.VIII.3 Plan name

Sunflower Health Plan

D3.VIII.4 Reason for intervention

HCBS Waiver Performance Measure Non-Compliance

Sanction details

D3.VIII.5 Instances of non-compliance

108

D3.VIII.6 Sanction amount

N/A

D3.VIII.7 Date assessed

10/25/2021

D3.VIII.8 Remediation date non-compliance was corrected

Remediation in progress

D3.VIII.9 Corrective action plan

Yes

Complete

D3.VIII.1 Intervention type: Corrective action plan

3 / 3

D3.VIII.2 Intervention topic

Performance improvement

D3.VIII.3 Plan name

UnitedHealthcare Community Plan of Kansas

D3.VIII.4 Reason for intervention

HCBS Waiver Performance Measure Non-Compliance

Sanction details

D3.VIII.5 Instances of non-compliance

142

D3.VIII.6 Sanction amount

N/A

D3.VIII.7 Date assessed

10/25/2021

D3.VIII.8 Remediation date non-compliance was corrected

Remediation in progress

D3.VIII.9 Corrective action plan

Yes

Topic X. Program Integrity

Number	Indicator	Response
D1X.1	**Dedicated program integrity staff** Report or enter the number of dedicated program integrity staff for routine internal monitoring and compliance risks. Refer to 42 CFR 438.608(a)(1)(vii).	**Aetna Better Health of Kansas** 4.92 **Sunflower Health Plan** 5 **UnitedHealthcare Community Plan of Kansas** 2
D1X.2	**Count of opened program integrity investigations** How many program integrity investigations were opened by the plan during the reporting year?	**Aetna Better Health of Kansas** 22 **Sunflower Health Plan** 83 **UnitedHealthcare Community Plan of Kansas** 130
D1X.3	**Ratio of opened program integrity investigations to enrollees** What is the ratio of program integrity investigations opened by the plan in the past year to the average number of individuals enrolled in the plan per month during the reporting year (i.e., average member months)? Express this as a ratio per 1,000 beneficiaries.	**Aetna Better Health of Kansas** 0.15:1,000 **Sunflower Health Plan** 0.51:1,000 **UnitedHealthcare Community Plan of Kansas** 0.75:1,000
D1X.4	**Count of resolved program integrity investigations** How many program integrity investigations were resolved by the plan during the reporting year?	**Aetna Better Health of Kansas** 56 **Sunflower Health Plan** 105

		UnitedHealthcare Community Plan of Kansas 104
D1X.5	**Ratio of resolved program integrity investigations to enrollees** What is the ratio of program integrity investigations resolved by the plan in the past year to the average number of individuals enrolled in the plan per month during the reporting year (i.e., average member months)? Express this as a ratio per 1,000 beneficiaries.	**Aetna Better Health of Kansas** 0.38:1,000 **Sunflower Health Plan** 0.65:1,000 **UnitedHealthcare Community Plan of Kansas** 0.6:1,000
D1X.6	**Referral path for program integrity referrals to the state** What is the referral path that the plan uses to make program integrity referrals to the state? Select one.	**Aetna Better Health of Kansas** Makes referrals to the State Medicaid Agency (SMA) and MFCU concurrently **Sunflower Health Plan** Makes referrals to the State Medicaid Agency (SMA) and MFCU concurrently **UnitedHealthcare Community Plan of Kansas** Makes referrals to the State Medicaid Agency (SMA) and MFCU concurrently
D1X.7	**Count of program integrity referrals to the state** Enter the total number of program integrity referrals made during the reporting year.	**Aetna Better Health of Kansas** 3 **Sunflower Health Plan** 35 **UnitedHealthcare Community Plan of Kansas** 26
D1X.8	**Ratio of program integrity referral to the state**	**Aetna Better Health of Kansas**

	What is the ratio of program integrity referrals listed in indicator D1.X.7 made to the state during the reporting year to the number of enrollees? For number of enrollees, use the average number of individuals enrolled in the plan per month during the reporting year (reported in indicator D1.I.1). Express this as a ratio per 1,000 beneficiaries.	0.01:1,000 **Sunflower Health Plan** 0.22:1,000 **UnitedHealthcare Community Plan of Kansas** 0.15:1,000
D1X.9	**Plan overpayment reporting to the state** Describe the plan's latest annual overpayment recovery report submitted to the state as required under 42 CFR 438.608(d)(3). Include, at minimum, the following information: • The date of the report (rating period or calendar year). • The dollar amount of overpayments recovered. • The ratio of the dollar amount of overpayments recovered as a percent of premium revenue as defined in MLR reporting under 42 CFR 438.8(f)(2).	**Aetna Better Health of Kansas** $157,880 for the 2023 calendar year **Sunflower Health Plan** FWA Overpayment Recovery for Calendar Year 2023 = $724,987.53 **UnitedHealthcare Community Plan of Kansas** Overpayment Recovery for Calendar year 2023 = $6,248,681.74
D1X.10	**Changes in beneficiary circumstances** Select the frequency the plan reports changes in beneficiary circumstances to the state.	**Aetna Better Health of Kansas** Weekly **Sunflower Health Plan** Weekly **UnitedHealthcare Community Plan of Kansas** Weekly

Section E: BSS Entity Indicators

Topic IX. Beneficiary Support System (BSS) Entities

Per 42 CFR 438.66(e)(2)(ix), the Managed Care Program Annual Report must provide information on and an assessment of the operation of the managed care program including activities and performance of the beneficiary support system. Information on how BSS entities support program-level functions is on the Program-Level BSS page.

Number	Indicator	Response
EIX.1	**BSS entity type** What type of entity performed each BSS activity? Check all that apply. Refer to 42 CFR 438.71(b).	**Aging and Disability Resource Network (ADRN)** Aging and Disability Resource Network (ADRN) **Ombudsman Program** Ombudsman Program **KDHE** State Government Entity **Gainwell** Enrollment Broker Other, specify – Medicaid fiscal agent **Center for Independent Living (CIL)** Center for Independent Living (CIL)
EIX.2	**BSS entity role** What are the roles performed by the BSS entity? Check all that apply. Refer to 42 CFR 438.71(b).	**Aging and Disability Resource Network (ADRN)** Beneficiary Outreach LTSS Complaint Access Point LTSS Grievance/Appeals Education LTSS Grievance/Appeals Assistance Review/Oversight of LTSS Data **Ombudsman Program** Enrollment Broker/Choice Counseling LTSS Complaint Access Point LTSS Grievance/Appeals Education LTSS Grievance/Appeals Assistance **KDHE** Enrollment Broker/Choice Counseling Beneficiary Outreach LTSS Complaint Access Point LTSS Grievance/Appeals Education

LTSS Grievance/Appeals Assistance

Review/Oversight of LTSS Data

Gainwell

Enrollment Broker/Choice Counseling

Beneficiary Outreach

LTSS Complaint Access Point

LTSS Grievance/Appeals Education

LTSS Grievance/Appeals Assistance

Center for Independent Living (CIL)

Enrollment Broker/Choice Counseling

Beneficiary Outreach

LTSS Complaint Access Point

LTSS Grievance/Appeals Education

LTSS Grievance/Appeals Assistance