

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

Due date	Last edited	Edited by	Status
06/29/2023	06/26/2023	Melissa Hammond	Submitted

Indicator	Response
<b>Exclusion of CHIP from MCPAR</b>  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

<b>Number</b>	<b>Indicator</b>	<b>Response</b>
<b>A1</b>	<b>State name</b> Auto-populated from your account profile.	Kansas
<b>A2a</b>	<b>Contact name</b> 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.	Melissa Hammond
<b>A2b</b>	<b>Contact email address</b> Enter email address. Department or program-wide email addresses ok.	melissa.hammond@ks.gov
<b>A3a</b>	<b>Submitter name</b> CMS receives this data upon submission of this MCPAR report.	Melissa Hammond
<b>A3b</b>	<b>Submitter email address</b> CMS receives this data upon submission of this MCPAR report.	melissa.hammond@ks.gov
<b>A4</b>	<b>Date of report submission</b> CMS receives this date upon submission of this MCPAR report.	06/28/2023

## Reporting Period

<b>Number</b>	<b>Indicator</b>	<b>Response</b>
<b>A5a</b>	<b>Reporting period start date</b> Auto-populated from report dashboard.	01/01/2022
<b>A5b</b>	<b>Reporting period end date</b> Auto-populated from report dashboard.	12/31/2022
<b>A6</b>	<b>Program name</b> 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.

<b>Indicator</b>	<b>Response</b>
<b>Plan name</b>	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 438.71](#). See 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 Independent Living (CIL), Legal Assistance Organization, Community-based Organization, Subcontractor, Enrollment Broker, Consultant, or Academic/Research Organization.

<b>Indicator</b>	<b>Response</b>
<b>BSS entity name</b>	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**

<b>Number</b>	<b>Indicator</b>	<b>Response</b>
<b>BI.1</b>	<b>Statewide Medicaid enrollment</b>  Enter the total number of individuals enrolled in Medicaid as of the first day of the last month of the reporting year. Include all FFS and managed care enrollees, and count each person only once, regardless of the delivery system(s) in which they are enrolled.	444,157
<b>BI.2</b>	<b>Statewide Medicaid managed care enrollment</b>  Enter the total, unduplicated number of individuals enrolled in any type of Medicaid managed care as of the first day of the last month of the reporting year. Include enrollees in all programs, and count each person only once, even if they are enrolled in more than one managed care program or more than one managed care plan.	441,586

### **Topic III. Encounter Data Report**

Number	Indicator	Response
BIII.1	<p data-bbox="313 138 618 170"><b>Data validation entity</b></p> <p data-bbox="313 197 716 348">Select the state agency/division or contractor tasked with evaluating the validity of encounter data submitted by MCPs.</p> <p data-bbox="313 354 716 730">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.</p>	<p data-bbox="760 138 1114 170">State Medicaid agency staff</p> <p data-bbox="760 216 834 247">EQRO</p> <p data-bbox="760 289 1078 321">Other third-party vendor</p> <p data-bbox="760 363 1328 428">Other, specify – EDI as a service through the Medicaid fiscal agent</p>

## Topic X: Program Integrity

Number	Indicator	Response
BX.1	<p data-bbox="313 138 698 216"><b>Payment risks between the state and plans</b></p> <p data-bbox="313 237 698 741">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.</p>	N/A
BX.2	<p data-bbox="313 793 698 871"><b>Contract standard for overpayments</b></p> <p data-bbox="313 892 698 1050">Does the state allow plans to retain overpayments, require the return of overpayments, or has established a hybrid system? Select one.</p>	State has established a hybrid system
BX.3	<p data-bbox="313 1102 698 1218"><b>Location of contract provision stating overpayment standard</b></p> <p data-bbox="313 1239 698 1392">Describe where the overpayment standard in the previous indicator is located in plan contracts, as required by 42 CFR 438.608(d)(1)(i).</p>	5.12.1.L
BX.4	<p data-bbox="313 1444 698 1522"><b>Description of overpayment contract standard</b></p> <p data-bbox="313 1543 698 1791">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.</p>	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	<p data-bbox="313 1843 698 1921"><b>State overpayment reporting monitoring</b></p> <p data-bbox="313 1942 698 2030">Describe how the state monitors plan performance in reporting overpayments to the</p>	Contractors are allowed to retain overpayment recoveries, including overpayments due to Fraud, Waste or Abuse.

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 pieces (whether annually or promptly). This indicator is asking the state how it monitors that reporting.

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**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.

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**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

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**BX.7b**

**Changes in provider circumstances: Metrics**

Does the state use a metric or indicator to assess plan reporting performance? Select one.

No

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**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 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

No



agent or managing employee of the MCO, PIHP, PAHP, PCCM or PCCM entity through routine checks of Federal databases.

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**BX.9a**      **Website posting of 5 percent or more ownership control**      No

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).

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**BX.10**      **Periodic audits**      <https://kancare.ks.gov/quality-measurement/QMS>

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, what is the link(s) to the audit results? Refer to 42 CFR 438.602(e).

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## Section C: Program-Level Indicators

### Topic I: Program Characteristics

<b>Number</b>	<b>Indicator</b>	<b>Response</b>
<b>C11.1</b>	<p><b>Program contract</b></p> <p>Enter the title of the contract between the state and plans participating in the managed care program.</p>	KanCare
<b>N/A</b>	<p>Enter the date of the contract between the state and plans participating in the managed care program.</p>	01/01/2019
<b>C11.2</b>	<p><b>Contract URL</b></p> <p>Provide the hyperlink to the model contract or landing page for executed contracts for the program reported in this program.</p>	<a href="https://admin.ks.gov/offices/procurement-contracts/bidding--contracts/contracts/important-awardscontracts/kancare-award">https://admin.ks.gov/offices/procurement-contracts/bidding--contracts/contracts/important-awardscontracts/kancare-award</a>
<b>C11.3</b>	<p><b>Program type</b></p> <p>What is the type of MCPs that contract with the state to provide the services covered under the program? Select one.</p>	Managed Care Organization (MCO)
<b>C11.4a</b>	<p><b>Special program benefits</b></p> <p>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.</p> <p>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.</p>	<p>Behavioral health</p> <p>Long-term services and supports (LTSS)</p> <p>Dental</p> <p>Transportation</p>
<b>C11.4b</b>	<p><b>Variation in special benefits</b></p> <p>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.</p>	N/A
<b>C11.5</b>	<p><b>Program enrollment</b></p>	441,586

Enter the total number of individuals enrolled in the managed care program as of the first day of the last month of the reporting year.

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**C11.6**

**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.

Because Kansas chose to maintain person's eligibility during the COVID-19 PHE as allowed by federal law. The result was a higher-than-expected number of Medicaid eligible members. Kansas received approval to extend postpartum eligibility for 12 months.

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## Topic III: Encounter Data Report

Number	Indicator	Response
C1III.1	<p><b>Uses of encounter data</b></p> <p>For what purposes does the state use encounter data collected from managed care plans (MCPs)? Select one or more.</p> <p>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)).</p>	<p>Rate setting</p> <p>Program integrity</p> <p>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.</p>
C1III.2	<p><b>Criteria/measures to evaluate MCP performance</b></p> <p>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.</p> <p>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).</p>	<p>Timeliness of initial data submissions</p> <p>Overall data accuracy (as determined through data validation)</p>
C1III.3	<p><b>Encounter data performance criteria contract language</b></p> <p>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.</p>	<p>Attachment J Section 1.4 - 1.4.5</p>
C1III.4	<p><b>Financial penalties contract language</b></p> <p>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</p>	<p>Liquidated damages, contract attachment G #10</p>

standards. Use contract section references, not page numbers.

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**C1III.5 Incentives for encounter data quality** Pay for performance monies

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.

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**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 period.

The modular implementation of the KMMS system impacted encounter submission. The EQRO, KDHE and the MCOs all work together to ensure the accuracy of the reports and pay for performance measures.

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## Topic IV. Appeals, State Fair Hearings & Grievances

Number	Indicator	Response
C1IV.1	<p data-bbox="313 138 704 296"><b>State's definition of "critical incident," as used for reporting purposes in its MLTSS program</b></p> <p data-bbox="313 310 727 600">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.</p>	<p data-bbox="760 138 1373 415">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 Older Americans Act, the Senior Care Act, the Money Follows the Person program, Behavioral Health Services programs.</p>
C1IV.2	<p data-bbox="313 646 688 768"><b>State definition of "timely" resolution for standard appeals</b></p> <p data-bbox="313 783 727 1136">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.</p>	<p data-bbox="760 646 1317 768">The State has defined timely resolution for standard appeals as 30 calendar days after receipt of the standard appeal.</p>
C1IV.3	<p data-bbox="313 1182 688 1304"><b>State definition of "timely" resolution for expedited appeals</b></p> <p data-bbox="313 1318 727 1671">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.</p>	<p data-bbox="760 1182 1357 1304">The State has defined timely resolution for expedited appeals as 72 hours after receipt of the expedited appeal.</p>
C1IV.4	<p data-bbox="313 1717 688 1797"><b>State definition of "timely" resolution for grievances</b></p> <p data-bbox="313 1812 727 2037">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</p>	<p data-bbox="760 1717 1357 1839">The State has defined timely resolution for grievances as 30 calendar days after receipt of the grievance.</p>

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

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## Topic V. Availability, Accessibility and Network Adequacy

### Network Adequacy

Number	Indicator	Response
C1V.1	<p><b>Gaps/challenges in network adequacy</b></p> <p>What are the state's biggest challenges? Describe any challenges MCPs have maintaining adequate networks and meeting standards.</p>	<p>The biggest challenge is finding agencies with sufficient employees to maintain adequate home healthcare staffing levels.</p>
C1V.2	<p><b>State response to gaps in network adequacy</b></p> <p>How does the state work with MCPs to address gaps in network adequacy?</p>	<p>The State raised rates on many home health services. Training and possible internship opportunities are being pursued for people who have an interest in exploring a career in home healthcare.</p>

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## **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.





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

1 / 73

**C2.V.2 Measure standard**

Hospital

**C2.V.3 Standard type**

Maximum time or distance

**C2.V.4 Provider**

Hospital

**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



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

2 / 73

**C2.V.2 Measure standard**

Hospital

**C2.V.3 Standard type**

Maximum time or distance

**C2.V.4 Provider**

Hospital

**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**

3 / 73

**C2.V.2 Measure standard**

Primary Care Providers

**C2.V.3 Standard type**

Maximum time or distance

**C2.V.4 Provider**

Primary care

**C2.V.5 Region**

Urban

**C2.V.6 Population**

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**

Primary Care Providers

**C2.V.3 Standard type**

Maximum time or distance

**C2.V.4 Provider**

Primary care

**C2.V.5 Region**

Rural

**C2.V.6 Population**

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**

Primary Care Providers

**C2.V.3 Standard type**

Maximum time or distance

**C2.V.4 Provider**

Primary care

**C2.V.5 Region**

Urban

**C2.V.6 Population**

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**

Primary Care Providers

**C2.V.3 Standard type**

Maximum time or distance

**C2.V.4 Provider**

Primary care

**C2.V.5 Region**

Rural

**C2.V.6 Population**

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**

OB/GYN

**C2.V.3 Standard type**

Maximum time or distance

**C2.V.4 Provider**

Primary care

**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**

8 / 73

**C2.V.2 Measure standard**

OB/GYN

**C2.V.3 Standard type**

Maximum time or distance

**C2.V.4 Provider**

Primary care

**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: General quantitative availability and accessibility standard**

9 / 73

**C2.V.2 Measure standard**

Behavioral Health (non waiver services)

**C2.V.3 Standard type**

Maximum time or distance

**C2.V.4 Provider**

Behavioral health

**C2.V.5 Region**

Rural

**C2.V.6 Population**

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**

Behavioral Health (non waiver services)

**C2.V.3 Standard type**

Maximum time or distance

**C2.V.4 Provider**

Behavioral health

**C2.V.5 Region**

Urban

**C2.V.6 Population**

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**

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**C2.V.2 Measure standard**

Behavioral Health (non waiver services)

**C2.V.3 Standard type**

Maximum time or distance

**C2.V.4 Provider**

Behavioral health

**C2.V.5 Region**

Rural

**C2.V.6 Population**

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

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#### C2.V.2 Measure standard

Behavioral Health (non waiver services)

#### C2.V.3 Standard type

Maximum time or distance

#### C2.V.4 Provider

Behavioral health

#### C2.V.5 Region

Urban

#### C2.V.6 Population

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

13 / 73

#### C2.V.2 Measure standard

Personal Care Services

#### C2.V.3 Standard type

Service fulfillment

#### C2.V.4 Provider

LTSS-personal care  
assistant

#### 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: enrollee travels to the provider** 14 / 73

**C2.V.2 Measure standard**

Adult day care

**C2.V.3 Standard type**

Maximum time or distance

**C2.V.4 Provider**

LTSS-adult day care

**C2.V.5 Region**

Rural

**C2.V.6 Population**

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**

Specialty Care NOS

**C2.V.3 Standard type**

Maximum time or distance

**C2.V.4 Provider**

Specialty care

**C2.V.5 Region**

Rural

**C2.V.6 Population**

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**

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**C2.V.2 Measure standard**

Specialty Care NOS

**C2.V.3 Standard type**

Maximum time or distance

**C2.V.4 Provider**

Specialty care

**C2.V.5 Region**

Urban

**C2.V.6 Population**

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**

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**C2.V.2 Measure standard**

Specialty Care NOS

**C2.V.3 Standard type**

Maximum time or distance

**C2.V.4 Provider**

Specialty care

**C2.V.5 Region**

Rural

**C2.V.6 Population**

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**

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**C2.V.2 Measure standard**

Specialty Care NOS

**C2.V.3 Standard type**

Maximum time or distance

**C2.V.4 Provider**

Specialty care

**C2.V.5 Region**

Urban

**C2.V.6 Population**

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**

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**C2.V.2 Measure standard**

Pharmacy

**C2.V.3 Standard type**

Maximum time or distance

**C2.V.4 Provider**

Pharmacy

**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**

20 / 73

**C2.V.2 Measure standard**

Pharmacy

**C2.V.3 Standard type**

Maximum time or distance

**C2.V.4 Provider**

Pharmacy

**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: General quantitative availability and accessibility standard**

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**C2.V.2 Measure standard**

Optometry

**C2.V.3 Standard type**

Maximum time or distance

**C2.V.4 Provider**

Vision

**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**

22 / 73

**C2.V.2 Measure standard**

Optometry

**C2.V.3 Standard type**

Maximum time or distance

**C2.V.4 Provider**

Vision

**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: General quantitative availability and accessibility standard**

23 / 73

**C2.V.2 Measure standard**

Dental

**C2.V.3 Standard type**

Maximum time or distance

**C2.V.4 Provider**

Dental

**C2.V.5 Region**

Urban

**C2.V.6 Population**

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**

Dental

**C2.V.3 Standard type**

Maximum time or distance

**C2.V.4 Provider**

Dental

**C2.V.5 Region**

Rural

**C2.V.6 Population**

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

Dental

#### C2.V.3 Standard type

Maximum time or distance

#### C2.V.4 Provider

Dental

#### C2.V.5 Region

Urban

#### C2.V.6 Population

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

Dental

#### C2.V.3 Standard type

Maximum time or distance

#### C2.V.4 Provider

Dental

#### C2.V.5 Region

Rural

#### C2.V.6 Population

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**

Physical Therapy (Hospital/Clinic based)

**C2.V.3 Standard type**

Maximum time or distance

**C2.V.4 Provider**

Therapy

**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**

28 / 73

**C2.V.2 Measure standard**

Physical Therapy (Hospital/Clinic based)

**C2.V.3 Standard type**

Maximum time or distance

**C2.V.4 Provider**

Therapy

**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: General quantitative availability and accessibility standard**

29 / 73

**C2.V.2 Measure standard**

Occupational Therapy (Hosp/Clinic based)

**C2.V.3 Standard type**

Maximum time or distance

**C2.V.4 Provider**

Therapy

**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**

30 / 73

**C2.V.2 Measure standard**

Occupational Therapy (Hosp/Clinic based)

**C2.V.3 Standard type**

Maximum time or distance

**C2.V.4 Provider**

Therapy

**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: General quantitative availability and accessibility standard**

31 / 73

**C2.V.2 Measure standard**

Speech Therapy (Hospital/Clinic based)

**C2.V.3 Standard type**

Maximum time or distance

**C2.V.4 Provider**

Therapy

**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**

32 / 73

**C2.V.2 Measure standard**

Speech Therapy (Hospital/Clinic based)

**C2.V.3 Standard type**

Maximum time or distance

**C2.V.4 Provider**

Therapy

**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: General quantitative availability and accessibility standard**

33 / 73

**C2.V.2 Measure standard**

Radiology

**C2.V.3 Standard type**

Maximum time or distance

**C2.V.4 Provider**

Radiology

**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**

34 / 73

**C2.V.2 Measure standard**

Radiology

**C2.V.3 Standard type**

Maximum time or distance

**C2.V.4 Provider**

Radiology

**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: General quantitative availability and accessibility standard**

35 / 73

**C2.V.2 Measure standard**

Laboratory

**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**

Laboratory

**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: Exceptions to time and distance standards**

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: Exceptions to time and distance standards** 38 / 73

**C2.V.2 Measure standard**

Mail order pharmacy

**C2.V.3 Standard type**

Minimum number of network providers

**C2.V.4 Provider**

Pharmacy

**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: Exceptions to time and distance standards** 39 / 73

**C2.V.2 Measure standard**

DME/Medical Supplies

**C2.V.3 Standard type**

Minimum number of network providers

**C2.V.4 Provider**

DME

**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: LTSS-related standard: enrollee travels to the provider** <sup>40 / 73</sup>

**C2.V.2 Measure standard**

Day Supports

**C2.V.3 Standard type**

Maximum time or distance

**C2.V.4 Provider**

LTSS-adult day care

**C2.V.5 Region**

Urban

**C2.V.6 Population**

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** <sup>41 / 73</sup>

**C2.V.2 Measure standard**

Day Supports

**C2.V.3 Standard type**

Maximum time or distance

**C2.V.4 Provider**

LTSS-adult day care

**C2.V.5 Region**

Rural

**C2.V.6 Population**

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** <sup>42 / 73</sup>

**C2.V.2 Measure standard**

Adult day care

**C2.V.3 Standard type**

Maximum time or distance

**C2.V.4 Provider**

LTSS-adult day care

**C2.V.5 Region**

Urban

**C2.V.6 Population**

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** 43 / 73

**C2.V.2 Measure standard**

Adult day care

**C2.V.3 Standard type**

Service fulfillment

**C2.V.4 Provider**

LTSS-adult day care

**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** 44 / 73

**C2.V.2 Measure standard**

Attendant care

**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** 45 / 73

**C2.V.2 Measure standard**

Comprehensive Support

**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** 46 / 73

**C2.V.2 Measure standard**

Financial Management

**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** 47 / 73

**C2.V.2 Measure standard**

Home Delivered Meals

**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** 48 / 73

**C2.V.2 Measure standard**

Home telehealth

**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** 49 / 73

#### **C2.V.2 Measure standard**

Intermittent Intensive Medical Care

#### **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** 50 / 73

#### **C2.V.2 Measure standard**

Medical Alert

#### **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** <sup>51 / 73</sup>

**C2.V.2 Measure standard**

Medical Respite Care

**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** <sup>52 / 73</sup>

**C2.V.2 Measure standard**

Medication Reminder

**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 the53 / 73 enrollee**

**C2.V.2 Measure standard**

Nursing Evaluation

**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 the54 / 73 enrollee**

**C2.V.2 Measure standard**

Personal Emergency Response System

**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 the55 / 73 enrollee**

**C2.V.2 Measure standard**

Residential Supports

**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**<sup>56 / 73</sup>

**C2.V.2 Measure standard**

Specialized Medical Care

**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**<sup>57 / 73</sup>

**C2.V.2 Measure standard**

Supported Employment

**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**<sup>58 / 73</sup>

**C2.V.2 Measure standard**

Supportive Home Care

**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**<sup>59 / 73</sup>

**C2.V.2 Measure standard**

Wellness Monitoring

**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** e60 / 73**C2.V.2 Measure standard**

Wraparound Facilitation

**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** e61 / 73**C2.V.2 Measure standard**

Behavior Therapy

**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** e62 / 73

#### **C2.V.2 Measure standard**

Enhanced Care Services

#### **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** e63 / 73

#### **C2.V.2 Measure standard**

Family Adjustment Counseling

#### **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** 64 / 73

**C2.V.2 Measure standard**

Independent Living Skills

**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** 65 / 73

**C2.V.2 Measure standard**

Parent Support and Training

**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



**C2.V.1 General category: LTSS-related standard: provider travels to the enrollee** e66 / 73

**C2.V.2 Measure standard**

Professional Resource Family Care

**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



**C2.V.1 General category: LTSS-related standard: provider travels to the enrollee** e67 / 73

**C2.V.2 Measure standard**

Assistive Services

**C2.V.3 Standard type**

Service fulfillment

**C2.V.4 Provider**

LTSS assistive  
technology

**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



**C2.V.1 General category: LTSS-related standard: provider travels to the enrollee** e68 / 73

**C2.V.2 Measure standard**

Assistive Technology

**C2.V.3 Standard type**

Service fulfillment

**C2.V.4 Provider**

LTSS assistive  
technology

**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**<sup>69 / 73</sup>

**C2.V.2 Measure standard**

Occupational Therapy

**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**<sup>70 / 73</sup>

**C2.V.2 Measure standard**

Physical Therapy

**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** 71 / 73

**C2.V.2 Measure standard**

Speech Therapy

**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** 72 / 73

**C2.V.2 Measure standard**

Transitional Living Skills

**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**

Cognitive Rehabilitation

**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	<p data-bbox="313 138 480 170"><b>BSS website</b></p> <p data-bbox="313 195 724 352">List the website(s) and/or email address that beneficiaries use to seek assistance from the BSS through electronic means. Separate entries with commas.</p>	<p data-bbox="760 138 1341 296">Contact Us (ks.gov), <a href="https://kancare.ks.gov/kancare-ombudsman-office/">https://kancare.ks.gov/kancare-ombudsman-office/</a>, <a href="https://www.kmap-state-ks.us/Public/Beneficiary/">https://www.kmap-state-ks.us/Public/Beneficiary/</a></p>
C1IX.2	<p data-bbox="313 405 618 478"><b>BSS auxiliary aids and services</b></p> <p data-bbox="313 499 708 909">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.</p>	<p data-bbox="760 405 1365 520">The three BSS entities are accessible via in-person offices, phone, email, internet contacts, and written materials as requested.</p>
C1IX.3	<p data-bbox="313 961 630 993"><b>BSS LTSS program data</b></p> <p data-bbox="313 1014 724 1276">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).</p>	<p data-bbox="760 961 1365 1203">The entities track all contacts and have reports that are sent to KDHE regarding the contacts. The entities offer appeals assistance, monitor trends, etc. The Ombudsman in particular advocates for members and alerts KDHE if a trend is spotted.</p>
C1IX.4	<p data-bbox="313 1318 724 1392"><b>State evaluation of BSS entity performance</b></p> <p data-bbox="313 1413 724 1549">What are steps taken by the state to evaluate the quality, effectiveness, and efficiency of the BSS entities' performance?</p>	<p data-bbox="760 1318 1341 1476">As mentioned, KDHE receives reports on the various contacts from members. KDHE tracks and trends any activity and tracks the effectiveness of the BSS.</p>

## Topic X: Program Integrity

<b>Number</b>	<b>Indicator</b>	<b>Response</b>
<b>C1X.3</b>	<b>Prohibited affiliation disclosure</b>  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**

<b>Number</b>	<b>Indicator</b>	<b>Response</b>
<b>D11.1</b>	<b>Plan enrollment</b>  What is the total number of individuals enrolled in each plan as of the first day of the last month of the reporting year?	<b>Aetna Better Health of Kansas</b>  130,772
		<b>Sunflower Health Plan</b>  150,591
		<b>UnitedHealthcare Community Plan of Kansas</b>  160,223
<b>D11.2</b>	<b>Plan share of Medicaid</b>  What is the plan enrollment (within the specific program) as a percentage of the state's total Medicaid enrollment? <ul style="list-style-type: none"> <li>• Numerator: Plan enrollment (D1.I.1)</li> <li>• Denominator: Statewide Medicaid enrollment (B.I.1)</li> </ul>	<b>Aetna Better Health of Kansas</b>  29%
		<b>Sunflower Health Plan</b>  34%
		<b>UnitedHealthcare Community Plan of Kansas</b>  36%
<b>D11.3</b>	<b>Plan share of any Medicaid managed care</b>  What is the plan enrollment (regardless of program) as a percentage of total Medicaid enrollment in any type of managed care? <ul style="list-style-type: none"> <li>• Numerator: Plan enrollment (D1.I.1)</li> <li>• Denominator: Statewide Medicaid managed care enrollment (B.I.2)</li> </ul>	<b>Aetna Better Health of Kansas</b>  30%
		<b>Sunflower Health Plan</b>  34%
		<b>UnitedHealthcare Community Plan of Kansas</b>  36%

## **Topic II. Financial Performance**

Number	Indicator	Response
D1II.1a	<p><b>Medical Loss Ratio (MLR)</b></p> <p>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.</p>	<p><b>Aetna Better Health of Kansas</b></p> <p>89%</p> <p><b>Sunflower Health Plan</b></p> <p>90%</p> <p><b>UnitedHealthcare Community Plan of Kansas</b></p> <p>91%</p>
D1II.1b	<p><b>Level of aggregation</b></p> <p>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.</p>	<p><b>Aetna Better Health of Kansas</b></p> <p>Statewide all programs &amp; populations</p> <p><b>Sunflower Health Plan</b></p> <p>Statewide all programs &amp; populations</p> <p><b>UnitedHealthcare Community Plan of Kansas</b></p> <p>Statewide all programs &amp; populations</p>
D1II.2	<p><b>Population specific MLR description</b></p> <p>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.</p>	<p><b>Aetna Better Health of Kansas</b></p> <p>N/A</p> <p><b>Sunflower Health Plan</b></p> <p>N/A</p> <p><b>UnitedHealthcare Community Plan of Kansas</b></p> <p>N/A</p>

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**D1II.3****MLR reporting period  
discrepancies**

Does the data reported in item  
D1.II.1a cover a different time  
period than the MCPAR report?

**Aetna Better Health of Kansas**

No

**Sunflower Health Plan**

No

**UnitedHealthcare Community Plan of  
Kansas**

No

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**Topic III. Encounter Data**

Number	Indicator	Response
D1III.1	<p><b>Definition of timely encounter data submissions</b></p> <p>Describe the state's standard for timely encounter data submissions used in this program.</p> <p>If reporting frequencies and standards differ by type of encounter within this program, please explain.</p>	<p><b>Aetna Better Health of Kansas</b></p> <p>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.</p> <p><b>Sunflower Health Plan</b></p> <p>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.</p> <p><b>UnitedHealthcare Community Plan of Kansas</b></p> <p>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.</p>
D1III.2	<p><b>Share of encounter data submissions that met state's timely submission requirements</b></p> <p>What percent of the plan's encounter data file submissions (submitted during the reporting period) met state requirements for timely submission?</p> <p>If the state has not yet received any encounter data file submissions for the entire contract period 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 period.</p>	<p><b>Aetna Better Health of Kansas</b></p> <p>98%</p> <p><b>Sunflower Health Plan</b></p> <p>99%</p> <p><b>UnitedHealthcare Community Plan of Kansas</b></p> <p>100%</p>
D1III.3	<p><b>Share of encounter data submissions that were HIPAA compliant</b></p>	<p><b>Aetna Better Health of Kansas</b></p> <p>96.09%</p>



What percent of the plan's encounter data submissions (submitted during the reporting period) met state requirements for HIPAA compliance?

**Sunflower Health Plan**

96.95%

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 period.

**UnitedHealthcare Community Plan of Kansas**

93.96%

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## **Topic IV. Appeals, State Fair Hearings & Grievances**

### **Appeals Overview**

<b>Number</b>	<b>Indicator</b>	<b>Response</b>
<b>D1IV.1</b>	<p><b>Appeals resolved (at the plan level)</b></p> <p>Enter the total number of appeals resolved as of the first day of the last month of 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.</p>	<p><b>Aetna Better Health of Kansas</b> 2,156</p> <p><b>Sunflower Health Plan</b> 3,286</p> <p><b>UnitedHealthcare Community Plan of Kansas</b> 5,779</p>
<b>D1IV.2</b>	<p><b>Active appeals</b></p> <p>Enter the total number of appeals still pending or in process (not yet resolved) as of the first day of the last month of the reporting year.</p>	<p><b>Aetna Better Health of Kansas</b> 18</p> <p><b>Sunflower Health Plan</b> 26</p> <p><b>UnitedHealthcare Community Plan of Kansas</b> 280</p>
<b>D1IV.3</b>	<p><b>Appeals filed on behalf of LTSS users</b></p> <p>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).</p>	<p><b>Aetna Better Health of Kansas</b> 111</p> <p><b>Sunflower Health Plan</b> 187</p> <p><b>UnitedHealthcare Community Plan of Kansas</b> 194</p>
<b>D1IV.4</b>	<p><b>Number of critical incidents filed during the reporting period by (or on behalf of) an LTSS user who previously filed an appeal</b></p>	<p><b>Aetna Better Health of Kansas</b> 10</p> <p><b>Sunflower Health Plan</b></p>

For managed care plans that cover LTSS, enter the number of critical incidents filed within the reporting period 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".

0

**UnitedHealthcare Community Plan of Kansas**

33

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.

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**D1IV.5a**

**Standard appeals for which timely resolution was provided**

**Aetna Better Health of Kansas**

763

Enter the total number of standard appeals for which timely resolution was provided by plan during the reporting period.

**Sunflower Health Plan**

715

See 42 CFR §438.408(b)(2) for requirements related to timely resolution of standard appeals.

**UnitedHealthcare Community Plan of Kansas**

469

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<b>D1IV.5b</b>	<b>Expedited appeals for which timely resolution was provided</b>	<b>Aetna Better Health of Kansas</b>
		64
	Enter the total number of expedited appeals for which timely resolution was provided by plan during the reporting period.	<b>Sunflower Health Plan</b>
		92
	See 42 CFR §438.408(b)(3) for requirements related to timely resolution of standard appeals.	<b>UnitedHealthcare Community Plan of Kansas</b>
		453
<b>D1IV.6a</b>	<b>Resolved appeals related to denial of authorization or limited authorization of a service</b>	<b>Aetna Better Health of Kansas</b>
		766
	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.	<b>Sunflower Health Plan</b>
		765
	(Appeals related to denial of payment for a service already rendered should be counted in indicator D1.IV.6c).	<b>UnitedHealthcare Community Plan of Kansas</b>
		38
<b>D1IV.6b</b>	<b>Resolved appeals related to reduction, suspension, or termination of a previously authorized service</b>	<b>Aetna Better Health of Kansas</b>
		N/A
	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.	<b>Sunflower Health Plan</b>
		52
		<b>UnitedHealthcare Community Plan of Kansas</b>
		29

<b>D1IV.6c</b>	<b>Resolved appeals related to payment denial</b>	<b>Aetna Better Health of Kansas</b>
	Enter the total number of appeals resolved by the plan during the reporting year that were related to the plan's denial, in whole or in part, of payment for a service that was already rendered.	1,533
		<b>Sunflower Health Plan</b>
		2,762
		<b>UnitedHealthcare Community Plan of Kansas</b>
		5,432
<b>D1IV.6d</b>	<b>Resolved appeals related to service timeliness</b>	<b>Aetna Better Health of Kansas</b>
	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).	N/A
		<b>Sunflower Health Plan</b>
		0
		<b>UnitedHealthcare Community Plan of Kansas</b>
		1
<b>D1IV.6e</b>	<b>Resolved appeals related to lack of timely plan response to an appeal or grievance</b>	<b>Aetna Better Health of Kansas</b>
	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.	0
		<b>Sunflower Health Plan</b>
		0
		<b>UnitedHealthcare Community Plan of Kansas</b>
		0
<b>D1IV.6f</b>	<b>Resolved appeals related to plan denial of an enrollee's right to request out-of-network care</b>	<b>Aetna Better Health of Kansas</b>
	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	N/A
		<b>Sunflower Health Plan</b>
		N/A

CFR §438.52(b)(2)(ii), to obtain services outside the network (only applicable to residents of rural areas with only one MCO).

**UnitedHealthcare Community Plan of Kansas**

N/A

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**D1IV.6g**

**Resolved appeals related to denial of an enrollee's 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.

**Aetna Better Health of Kansas**

0

**Sunflower Health Plan**

0

**UnitedHealthcare Community Plan of Kansas**

0

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## 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	<p><b>Resolved appeals related to general inpatient services</b></p> <p>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.</p> <p>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".</p>	<p><b>Aetna Better Health of Kansas</b></p> <p>18</p> <p><b>Sunflower Health Plan</b></p> <p>27</p> <p><b>UnitedHealthcare Community Plan of Kansas</b></p> <p>107</p>
D1IV.7b	<p><b>Resolved appeals related to general outpatient services</b></p> <p>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".</p>	<p><b>Aetna Better Health of Kansas</b></p> <p>253</p> <p><b>Sunflower Health Plan</b></p> <p>267</p> <p><b>UnitedHealthcare Community Plan of Kansas</b></p> <p>57</p>
D1IV.7c	<p><b>Resolved appeals related to inpatient behavioral health services</b></p> <p>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".</p>	<p><b>Aetna Better Health of Kansas</b></p> <p>11</p> <p><b>Sunflower Health Plan</b></p> <p>88</p> <p><b>UnitedHealthcare Community Plan of Kansas</b></p> <p>10</p>
D1IV.7d	<p><b>Resolved appeals related to outpatient behavioral health</b></p>	<p><b>Aetna Better Health of Kansas</b></p>

**services**

33

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".

**Sunflower Health Plan**

0

**UnitedHealthcare Community Plan of Kansas**

48

**D1IV.7e****Resolved appeals related to covered outpatient prescription drugs****Aetna Better Health of Kansas**

401

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".

**Sunflower Health Plan**

233

**UnitedHealthcare Community Plan of Kansas**

511

**D1IV.7f****Resolved appeals related to skilled nursing facility (SNF) services****Aetna Better Health of Kansas**

0

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".

**Sunflower Health Plan**

0

**UnitedHealthcare Community Plan of Kansas**

1

**D1IV.7g****Resolved appeals related to long-term services and supports (LTSS)****Aetna Better Health of Kansas**

4

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

**Sunflower Health Plan**

13

**UnitedHealthcare Community Plan of Kansas**



services. If the managed care plan does not cover LTSS services, enter "N/A".

30

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**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**

21

**Sunflower Health Plan**

24

**UnitedHealthcare Community Plan of Kansas**

38

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**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**

11

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**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, enter "N/A".

**Aetna Better Health of Kansas**

86

**Sunflower Health Plan**

159

**UnitedHealthcare Community Plan of Kansas**

155

Number	Indicator	Response
D1IV.8a	<p data-bbox="313 142 691 174"><b>State Fair Hearing requests</b></p> <p data-bbox="313 201 691 384">Enter the total number of requests for a State Fair Hearing filed during the reporting year by plan that issued the adverse benefit determination.</p>	<p data-bbox="760 142 1179 174"><b>Aetna Better Health of Kansas</b></p> <p data-bbox="760 201 776 228">6</p> <p data-bbox="760 306 1068 333"><b>Sunflower Health Plan</b></p> <p data-bbox="760 361 792 388">23</p> <p data-bbox="760 466 1284 531"><b>UnitedHealthcare Community Plan of Kansas</b></p> <p data-bbox="760 558 792 585">27</p>
D1IV.8b	<p data-bbox="313 678 727 789"><b>State Fair Hearings resulting in a favorable decision for the enrollee</b></p> <p data-bbox="313 816 727 968">Enter the total number of State Fair Hearing decisions rendered during the reporting year that were partially or fully favorable to the enrollee.</p>	<p data-bbox="760 678 1179 709"><b>Aetna Better Health of Kansas</b></p> <p data-bbox="760 737 776 764">1</p> <p data-bbox="760 842 1068 869"><b>Sunflower Health Plan</b></p> <p data-bbox="760 896 792 924">12</p> <p data-bbox="760 1001 1284 1066"><b>UnitedHealthcare Community Plan of Kansas</b></p> <p data-bbox="760 1094 776 1121">8</p>
D1IV.8c	<p data-bbox="313 1213 727 1325"><b>State Fair Hearings resulting in an adverse decision for the enrollee</b></p> <p data-bbox="313 1352 727 1472">Enter the total number of State Fair Hearing decisions rendered during the reporting year that were adverse for the enrollee.</p>	<p data-bbox="760 1213 1179 1245"><b>Aetna Better Health of Kansas</b></p> <p data-bbox="760 1272 776 1299">3</p> <p data-bbox="760 1377 1068 1404"><b>Sunflower Health Plan</b></p> <p data-bbox="760 1432 776 1459">5</p> <p data-bbox="760 1537 1284 1602"><b>UnitedHealthcare Community Plan of Kansas</b></p> <p data-bbox="760 1629 776 1656">9</p>

<b>D1IV.8d</b>	<p><b>State Fair Hearings retracted prior to reaching a decision</b></p> <p>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) prior to reaching a decision.</p>	<p><b>Aetna Better Health of Kansas</b></p> <p>2</p> <p><b>Sunflower Health Plan</b></p> <p>6</p> <p><b>UnitedHealthcare Community Plan of Kansas</b></p> <p>10</p>
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<b>D1IV.9a</b>	<p><b>External Medical Reviews resulting in a favorable decision for the enrollee</b></p> <p>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).</p>	<p><b>Aetna Better Health of Kansas</b></p> <p>N/A</p> <p><b>Sunflower Health Plan</b></p> <p>N/A</p> <p><b>UnitedHealthcare Community Plan of Kansas</b></p> <p>N/A</p>
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<b>D1IV.9b</b>	<p><b>External Medical Reviews resulting in an adverse decision for the enrollee</b></p> <p>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).</p>	<p><b>Aetna Better Health of Kansas</b></p> <p>N/A</p> <p><b>Sunflower Health Plan</b></p> <p>N/A</p> <p><b>UnitedHealthcare Community Plan of Kansas</b></p> <p>N/A</p>
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# Grievances Overview

<b>Number</b>	<b>Indicator</b>	<b>Response</b>
<b>D1IV.10</b>	<b>Grievances resolved</b> 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.	<b>Aetna Better Health of Kansas</b> 411 <b>Sunflower Health Plan</b> 924 <b>UnitedHealthcare Community Plan of Kansas</b> 1,008
<b>D1IV.11</b>	<b>Active grievances</b> Enter the total number of grievances still pending or in process (not yet resolved) as of the first day of the last month of the reporting year.	<b>Aetna Better Health of Kansas</b> 32 <b>Sunflower Health Plan</b> 43 <b>UnitedHealthcare Community Plan of Kansas</b> 29
<b>D1IV.12</b>	<b>Grievances filed on behalf of LTSS users</b> 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.	<b>Aetna Better Health of Kansas</b> 132 <b>Sunflower Health Plan</b> 349 <b>UnitedHealthcare Community Plan of Kansas</b> 379
<b>D1IV.13</b>	<b>Number of critical incidents filed during the reporting period by (or on behalf of) an</b>	<b>Aetna Better Health of Kansas</b> 32

**LTSS user who previously filed a grievance**

For managed care plans that cover LTSS, enter the number of critical incidents filed within the reporting period 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**

76

**UnitedHealthcare Community Plan of Kansas**

79

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<b>D1IV.14</b>	<b>Number of grievances for which timely resolution was provided</b>	<b>Aetna Better Health of Kansas</b>
		409
	Enter the number of grievances for which timely resolution was provided by plan during the reporting period. See 42 CFR §438.408(b)(1) for requirements related to the timely resolution of grievances.	<b>Sunflower Health Plan</b>
		904
		<b>UnitedHealthcare Community Plan of Kansas</b>
		979

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## Grievances by Service

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

Number	Indicator	Response
D1IV.15a	<p><b>Resolved grievances related to general inpatient services</b></p> <p>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".</p>	<p><b>Aetna Better Health of Kansas</b> 17</p> <p><b>Sunflower Health Plan</b> 13</p> <p><b>UnitedHealthcare Community Plan of Kansas</b> 42</p>
D1IV.15b	<p><b>Resolved grievances related to general outpatient services</b></p> <p>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".</p>	<p><b>Aetna Better Health of Kansas</b> 240</p> <p><b>Sunflower Health Plan</b> 89</p> <p><b>UnitedHealthcare Community Plan of Kansas</b> 279</p>
D1IV.15c	<p><b>Resolved grievances related to inpatient behavioral health services</b></p> <p>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".</p>	<p><b>Aetna Better Health of Kansas</b> 0</p> <p><b>Sunflower Health Plan</b> 7</p> <p><b>UnitedHealthcare Community Plan of Kansas</b> 0</p>
D1IV.15d	<p><b>Resolved grievances related to outpatient behavioral health services</b></p>	<p><b>Aetna Better Health of Kansas</b> 10</p>



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**

4

**UnitedHealthcare Community Plan of Kansas**

15

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**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**

14

**Sunflower Health Plan**

58

**UnitedHealthcare Community Plan of Kansas**

19

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**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**

N/A

**Sunflower Health Plan**

7

**UnitedHealthcare Community Plan of Kansas**

2

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**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**

48

**Sunflower Health Plan**

10

**UnitedHealthcare Community Plan of Kansas**

6

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<b>D1IV.15h</b>	<b>Resolved grievances related to dental services</b>	<b>Aetna Better Health of Kansas</b>
		18
		<b>Sunflower Health Plan</b>
		17
		<b>UnitedHealthcare Community Plan of Kansas</b>
		36
<b>D1IV.15i</b>	<b>Resolved grievances related to non-emergency medical transportation (NEMT)</b>	<b>Aetna Better Health of Kansas</b>
		171
		<b>Sunflower Health Plan</b>
		627
		<b>UnitedHealthcare Community Plan of Kansas</b>
		579
<b>D1IV.15j</b>	<b>Resolved grievances related to other service types</b>	<b>Aetna Better Health of Kansas</b>
		126
		<b>Sunflower Health Plan</b>
		13
		<b>UnitedHealthcare Community Plan of Kansas</b>
		16

## Grievances by Reason

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

Number	Indicator	Response
D1IV.16a	<p><b>Resolved grievances related to plan or provider customer service</b></p> <p>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.</p>	<p><b>Aetna Better Health of Kansas</b> 84</p> <p><b>Sunflower Health Plan</b> 47</p> <p><b>UnitedHealthcare Community Plan of Kansas</b> 66</p>
D1IV.16b	<p><b>Resolved grievances related to plan or provider care management/case management</b></p> <p>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.</p>	<p><b>Aetna Better Health of Kansas</b> 3</p> <p><b>Sunflower Health Plan</b> 7</p> <p><b>UnitedHealthcare Community Plan of Kansas</b> 0</p>
D1IV.16c	<p><b>Resolved grievances related to access to care/services from plan or provider</b></p> <p>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</p>	<p><b>Aetna Better Health of Kansas</b> 53</p> <p><b>Sunflower Health Plan</b> 73</p> <p><b>UnitedHealthcare Community Plan of Kansas</b></p>

travel or wait times, or other access issues. 21

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<b>D1IV.16d</b>	<b>Resolved grievances related to quality of care</b>	<b>Aetna Better Health of Kansas</b>
		32
		<b>Sunflower Health Plan</b>
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.	44	
	<b>UnitedHealthcare Community Plan of Kansas</b>	
		97

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<b>D1IV.16e</b>	<b>Resolved grievances related to plan communications</b>	<b>Aetna Better Health of Kansas</b>
		0
		<b>Sunflower Health Plan</b>
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.	0	
	<b>UnitedHealthcare Community Plan of Kansas</b>	
		0

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<b>D1IV.16f</b>	<b>Resolved grievances related to payment or billing issues</b>	<b>Aetna Better Health of Kansas</b>
		57
		<b>Sunflower Health Plan</b>
Enter the total number of grievances resolved during the reporting period that were filed for a reason related to payment or billing issues.	55	
	<b>UnitedHealthcare Community Plan of Kansas</b>	
		188

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<b>D1IV.16g</b>	<b>Resolved grievances related to suspected fraud</b>	<b>Aetna Better Health of Kansas</b>
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Enter the total number of grievances resolved 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.

N/A

**Sunflower Health Plan**

2

**UnitedHealthcare Community Plan of Kansas**

0

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**D1IV.16h**

**Resolved grievances related to abuse, neglect or exploitation**

Enter the total number of grievances resolved 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**

N/A

**Sunflower Health Plan**

11

**UnitedHealthcare Community Plan of Kansas**

0

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**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 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**

N/A

**Sunflower Health Plan**

7

**UnitedHealthcare Community Plan of Kansas**

0

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**D1IV.16j**

**Resolved grievances related to plan denial of expedited appeal**

Enter the total number of grievances resolved during the reporting year that were

**Aetna Better Health of Kansas**

N/A

**Sunflower Health Plan**

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.

0

**UnitedHealthcare Community Plan of Kansas**

0

**D1IV.16k**

**Resolved grievances filed for other reasons**

Enter the total number of grievances resolved during the reporting period that were filed for a reason other than the reasons listed above.

**Aetna Better Health of Kansas**

65

**Sunflower Health Plan**

14

**UnitedHealthcare Community Plan of Kansas**

30

## 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.



**D2.VII.1 Measure Name: Annually increase claims for speech therapy via telehealth** 1 / 57

**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**  
State-specific

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

**D2.VII.8 Measure Description**

KanCare Modular Medicaid System (KMMS) claim data

**Measure results**

**Aetna Better Health of Kansas**  
1275

**Sunflower Health Plan**  
3092

**UnitedHealthcare Community Plan of Kansas**  
3817



**D2.VII.1 Measure Name: Annually increase claims for wellness monitoring via telehealth** 2 / 57

**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**

State-specific

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

Yes

**D2.VII.8 Measure Description**

KMMS claim data

**Measure results****Aetna Better Health of Kansas**

28331

**Sunflower Health Plan**

43372

**UnitedHealthcare Community Plan of Kansas**

37397



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**

3 / 57

**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**

State-specific

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

Yes

**D2.VII.8 Measure Description**

KMMS claim data

**Measure results****Aetna Better Health of Kansas**

48273



**Sunflower Health Plan**

75520

**UnitedHealthcare Community Plan of Kansas**

71141



Complete

**D2.VII.1 Measure Name: Increase the rate of completed health screens** 4 / 57

**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**

State-specific

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

Yes

**D2.VII.8 Measure Description**

Quarterly Health Risk Assessments Report

**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 15 months of life ages 0-15 months** 5 / 57

**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%



Complete

**D2.VII.1 Measure Name: Child and adolescent well care visits ages 3-11 years** 6 / 57

**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**

State-specific

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

Yes

**D2.VII.8 Measure Description**

KMMS claim data

**Measure results**

**Aetna Better Health of Kansas**

50.91

**Sunflower Health Plan**

56.13

**UnitedHealthcare Community Plan of Kansas**

51.81



**D2.VII.1 Measure Name: Child and adolescent well care visits ages 12-17 years** 7 / 57

**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**

State-specific

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

Yes

**D2.VII.8 Measure Description**

KMMS claim data

**Measure results**

**Aetna Better Health of Kansas**

45.65

**Sunflower Health Plan**

52.4

**UnitedHealthcare Community Plan of Kansas**

48.07



**D2.VII.1 Measure Name: Child and adolescent well care visits ages 18-21 years** 8 / 57

**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**

State-specific

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

Yes

**D2.VII.8 Measure Description**

KMMS claim data

**Measure results**

**Aetna Better Health of Kansas**

19.65

**Sunflower Health Plan**

23.58

**UnitedHealthcare Community Plan of Kansas**

20.93



**D2.VII.1 Measure Name: Child and adolescent well care visits ages 3-21 years** 9 / 57

**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

10 / 57

### 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 / 57

**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 combination 10**

12 / 57

**D2.VII.2 Measure Domain**

Primary care access and preventative care

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

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

Program-specific rate

0034

**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 / 57

**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**

14 / 57

**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 / 57

**D2.VII.2 Measure Domain**



Primary care access and preventative care

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

0031

**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**

36.5%

**Sunflower Health Plan**

49.82%

**UnitedHealthcare Community Plan of Kansas**

46.69%



Complete

**D2.VII.1 Measure Name: Weight assessment/BMI for children/adolescents**

16 / 57

**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**

61.8%

**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 / 57

**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**

58.64%

**Sunflower Health Plan**

59.37%

**UnitedHealthcare Community Plan of Kansas**

63.02%



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

18 / 57

**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**

54.5%

**Sunflower Health Plan**

55.72%

**UnitedHealthcare Community Plan of Kansas**

58.64%



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

19 / 57

**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

20 / 57

### D2.VII.2 Measure Domain

Long-term services and supports

### 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

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

80.6%

#### Sunflower Health Plan

87.3%

#### UnitedHealthcare Community Plan of Kansas

80.8%



Complete

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

21 / 57

**D2.VII.2 Measure Domain**

Long-term services and supports

**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**

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**

84.5%

**Sunflower Health Plan**

92.3%

**UnitedHealthcare Community Plan of Kansas**

86.3%



Complete

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

22 / 57

**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**

58.6%

**UnitedHealthcare Community Plan of Kansas**

57.64%



Complete

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

23 / 57

**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**

72.02%

**Sunflower Health Plan**

68.86%

**UnitedHealthcare Community Plan of Kansas**

94.4%



Complete

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

24 / 57

**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**

25 / 57

**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**

State-specific

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

Yes

**D2.VII.8 Measure Description**

Quarterly Health Risk Assessments Report

**Measure results**

**Aetna Better Health of Kansas**

22.55%

**Sunflower Health Plan**

99.88%

**UnitedHealthcare Community Plan of Kansas**

98.64%



Complete

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

26 / 57

**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**

State-specific

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

Yes

**D2.VII.8 Measure Description**

Monthly OneCareKS report

**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 OCK that received a claim for care coordination by 10% year over year** 27 / 57

**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**

State-specific

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

Yes

**D2.VII.8 Measure Description**

Monthly OneCareKS report

**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** 28 / 57

**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 / 57

**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<sup>30 / 57</sup> that occur in the community setting, including in the member's home**

**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**

State-specific

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

Yes

**D2.VII.8 Measure Description**

KMMS claim data

**Measure results**

**Aetna Better Health of Kansas**

3508

**Sunflower Health Plan**

6345

**UnitedHealthcare Community Plan of Kansas**



Complete

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

31 / 57

**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**

State-specific

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

Yes

**D2.VII.8 Measure Description**

KMMS claim data

**Measure results****Aetna Better Health of Kansas**

9208

**Sunflower Health Plan**

14676

**UnitedHealthcare Community Plan of Kansas**

19672



Complete

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

32 / 57

**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**

State-specific

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

Yes

**D2.VII.8 Measure Description**

Monthly OneCareKS report

**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 OCK that received a claim for care coordination by 10% year over year** 83 / 57**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**

State-specific

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

Yes

**D2.VII.8 Measure Description**

Monthly OneCareKS report

**Measure results****Aetna Better Health of Kansas**

49%

**Sunflower Health Plan**

52%

**UnitedHealthcare Community Plan of Kansas**

53%



Complete

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

34 / 57

**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**

35 / 57

**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** 36 / 57

**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%



**D2.VII.1 Measure Name: Follow up after emergency department visit for mental illness within 7 days** 37 / 57

**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**

65.2%

**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** 38 / 57

**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**

78.49%

**UnitedHealthcare Community Plan of Kansas**

76.22%



Complete

**D2.VII.1 Measure Name: Rating of health plan adult** 39 / 57

**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**

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**

78.5%

**Sunflower Health Plan**

81.4%

**UnitedHealthcare Community Plan of Kansas**

79.7%



Complete

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

40 / 57

**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**

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**

85.1%

**Sunflower Health Plan**

90%

**UnitedHealthcare Community Plan of Kansas**

91.8%



Complete

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

41 / 57

**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**

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**

78.3%

**Sunflower Health Plan**

78.3%

**UnitedHealthcare Community Plan of Kansas**

74.1%



Complete

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

42 / 57

**D2.VII.2 Measure Domain**

Health plan enrollee experience of care

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

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

Program-specific rate

0006

**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%

**Sunflower Health Plan**

88.4%

**UnitedHealthcare Community Plan of Kansas**

88.6%



Complete

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

43 / 57

**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**

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**

80.3%

**Sunflower Health Plan**

89.3%

**UnitedHealthcare Community Plan of Kansas**

83.1%



Complete

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

44 / 57

**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**

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**

86.6%

**Sunflower Health Plan**

91.2%

**UnitedHealthcare Community Plan of Kansas**

93.1%



Complete

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

45 / 57

**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**

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**

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**

46 / 57

**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**

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**

88.9%

**Sunflower Health Plan**

90.8%

**UnitedHealthcare Community Plan of Kansas**

88%



**D2.VII.1 Measure Name: Increase the rate of claims that use of Z codes<sup>47 / 57</sup> 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**

State-specific

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

Yes

**D2.VII.8 Measure Description**

KMMS claim data

**Measure results**

**Aetna Better Health of Kansas**

0.318%

**Sunflower Health Plan**

0.236%

**UnitedHealthcare Community Plan of Kansas**

0.253%



**D2.VII.1 Measure Name: Initiation in treatment for alcohol or other drug dependence (13 and over), within 14 days** 48 / 57

**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**

42.81%

**Sunflower Health Plan**

41.75%

**UnitedHealthcare Community Plan of Kansas**

39.14%



**D2.VII.1 Measure Name: Engagement in treatment for alcohol or other drug dependence (13 and over) within 34 days** 49 / 57

**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

12%

#### Sunflower Health Plan

12.44%

#### UnitedHealthcare Community Plan of Kansas

11.74%



Complete

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

50 / 57

### 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

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

81.3%

#### Sunflower Health Plan

86.7%

#### UnitedHealthcare Community Plan of Kansas

82.4%



Complete

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

51 / 57

#### 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**

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**

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

52 / 57

#### D2.VII.2 Measure Domain

Behavioral health care

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

0108

**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 maintenance phase** 53 / 57

**D2.VII.2 Measure Domain**

Behavioral health care

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

0108

**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**

54 / 57

**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**

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**

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**

55 / 57

**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**

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**

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 less than or equal to 12%** 56 / 57

**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**

MDS

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

Yes

**D2.VII.8 Measure Description**

Minimum Data Set (MDS)

**Measure results**

**Aetna Better Health of Kansas**

12.93%

**Sunflower Health Plan**

11.84%

**UnitedHealthcare Community Plan of Kansas**

11.37%



**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** a57 / 57

**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**

MDS

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

Yes

**D2.VII.8 Measure Description**

Minimum Data Set (MDS)

**Measure results**

**Aetna Better Health of Kansas**

56.73%

**Sunflower Health Plan**

60.51%

## 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:**

**0 - No sanctions entered**

## Topic X. Program Integrity

<b>Number</b>	<b>Indicator</b>	<b>Response</b>
<b>D1X.1</b>	<b>Dedicated program integrity staff</b>  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).	<b>Aetna Better Health of Kansas</b>  1
		<b>Sunflower Health Plan</b>  1
		<b>UnitedHealthcare Community Plan of Kansas</b>  0
<b>D1X.2</b>	<b>Count of opened program integrity investigations</b>  How many program integrity investigations have been opened by the plan in the past year?	<b>Aetna Better Health of Kansas</b>  10
		<b>Sunflower Health Plan</b>  67
		<b>UnitedHealthcare Community Plan of Kansas</b>  71
<b>D1X.3</b>	<b>Ratio of opened program integrity investigations to enrollees</b>  What is the ratio of program integrity investigations opened by the plan in the past year per 1,000 beneficiaries enrolled in the plan on the first day of the last month of the reporting year?	<b>Aetna Better Health of Kansas</b>  15:1,000
		<b>Sunflower Health Plan</b>  3:1,000
		<b>UnitedHealthcare Community Plan of Kansas</b>  3:1,000
<b>D1X.4</b>	<b>Count of resolved program integrity investigations</b>  How many program integrity investigations have been resolved by the plan in the past year?	<b>Aetna Better Health of Kansas</b>  20
		<b>Sunflower Health Plan</b>  57



---

<b>D1X.5</b>	<b>Ratio of resolved program integrity investigations to enrollees</b>	<b>Aetna Better Health of Kansas</b>
		8:1,000
	What is the ratio of program integrity investigations resolved by the plan in the past year per 1,000 beneficiaries enrolled in the plan at the beginning of the reporting year?	<b>Sunflower Health Plan</b>
		3:1,000
		<b>UnitedHealthcare Community Plan of Kansas</b>
		1:1,000

---

<b>D1X.6</b>	<b>Referral path for program integrity referrals to the state</b>	<b>Aetna Better Health of Kansas</b>
		Makes referrals to the State Medicaid Agency (SMA) and MFCU concurrently
	What is the referral path that the plan uses to make program integrity referrals to the state? Select one.	<b>Sunflower Health Plan</b>
		Makes referrals to the State Medicaid Agency (SMA) and MFCU concurrently
		<b>UnitedHealthcare Community Plan of Kansas</b>
		Makes referrals to the State Medicaid Agency (SMA) and MFCU concurrently

---

<b>D1X.7</b>	<b>Count of program integrity referrals to the state</b>	<b>Aetna Better Health of Kansas</b>
		2
	Enter the count of program integrity referrals that the plan made to the state in the past year. Enter the count of unduplicated referrals	<b>Sunflower Health Plan</b>
		15
		<b>UnitedHealthcare Community Plan of Kansas</b>
		11

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<b>D1X.8</b>	<b>Ratio of program integrity referral to the state</b>	<b>Aetna Better Health of Kansas</b>
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What is the ratio of program integrity referral listed in the previous indicator made to the state in the past year per 1,000 beneficiaries, using the plan's total enrollment as of the first day of the last month of the reporting year (reported in indicator D1.I.2) as the denominator.

76:1,000

**Sunflower Health Plan**

11:1,000

**UnitedHealthcare Community Plan of Kansas**

16:1,000

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**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, for example, 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 438.8(f)(2).

**Aetna Better Health of Kansas**

Overpayment Recovery for Calendar Year 2022  
= \$215,713.62

**Sunflower Health Plan**

Overpayment Recovery for Calendar Year 2022  
= \$5,998,347.09

**UnitedHealthcare Community Plan of Kansas**

Overpayment Recovery for Calendar Year 2022  
= \$4,290,081.25

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**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

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

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

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