



# ANNUAL REPORT 2021



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## KANCARE OMBUDSMAN OFFICE

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## II. Highlights/Dashboard (pages 4 and 5)



# ANNUAL REPORT 2021 - OVERVIEW

## Results from 2021

- Stronger community partnerships through AmeriCorps VISTA outreach and Survey/Listening Session outreach
- Added 6 new satellite volunteers to help answer toll-free number calls.
- **New!** Community Resource Guides for all 105 counties in Kansas with information about medical, food, and housing, and local and regional resources
- Received member and stakeholder input on the KanCare Ombudsman program.
- Full [2021 Annual Report](#)

## What difference did we make?

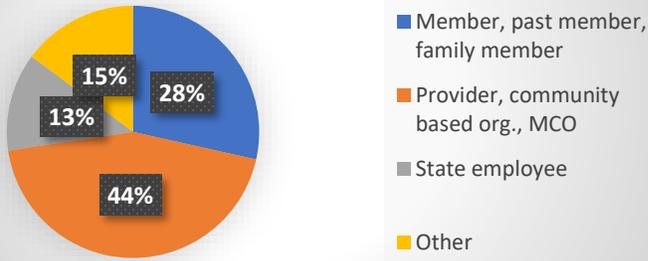
“When I got an answer from the Clearinghouse that didn't make any sense, the Ombudsman volunteer did a three-way call with me and the Clearinghouse. Makes such a difference when people know the right questions to ask and speak the same terminology (and I believe I understand KanCare better than the average person).”

- *KanCare Ombudsman Survey, 2021*

## WHY SPEND OUR TIME AS WE DID?

- Shared with members, applicants, providers, community-based organizations about this office, how we can help and what resources we can provide.
- Spent significant time updating volunteer training, providing training, and mentoring to volunteers to better assist members and applicants that contact us for help.
- Updated and created resources to help members, applicants and other stakeholders find the information they need to navigate the KanCare/ Kansas Medicaid system and find community resources.
- Created and provided cultural awareness and trauma informed care training for staff and volunteers to better serve KanCare members and applicants.

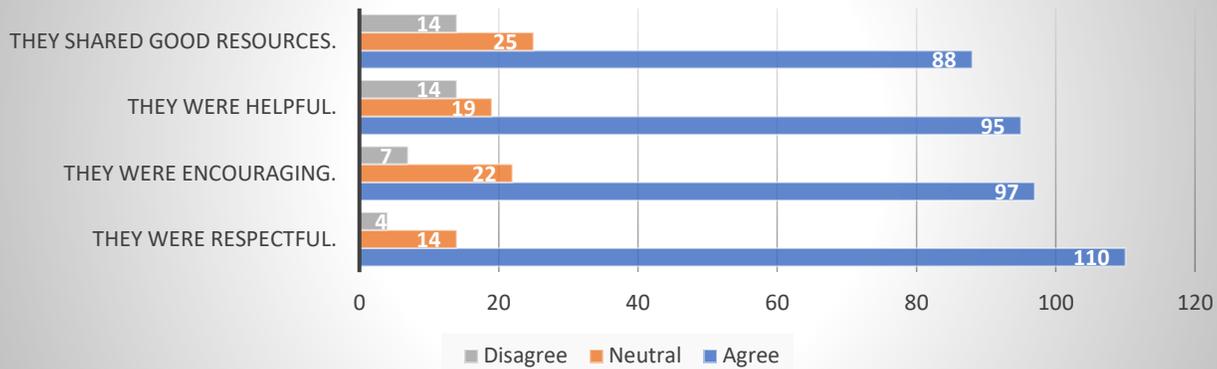
## Who Participated?



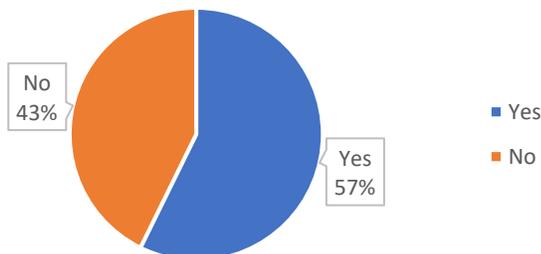
## Did you get an answer to your concern?



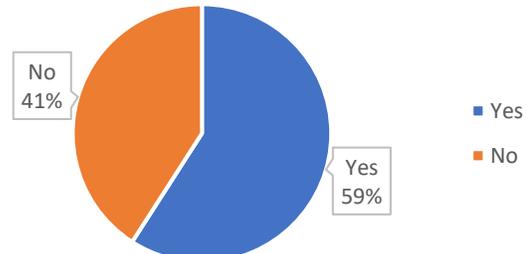
## How was your experience?



## Have you heard of the KanCare Ombudsman Office?



## Do you know how to reach the KanCare Ombudsman Office?



More information on the Survey and Listening Session results in Appendix A of the Annual Report. The full 2021 Annual Report can be found at: [Reports \(ks.gov\)](https://www.ks.gov/reports).

### III. KanCare Ombudsman Purpose

The KanCare Ombudsman Office helps KanCare/Kansas Medicaid members and applicants, with a priority on individuals participating in long-term supports and services through KanCare. The KanCare Ombudsman Office assists KanCare/Kansas Medicaid members and applicants with access, service, and benefit problems. The KanCare Ombudsman office helps with:

- Answers to questions
- Resolving issues
- Understanding letters from KanCare
- Responding when you disagree with a decision or change
- Completing an application or renewal
- Filing a complaint (grievance)
- Filing an appeal or fair hearing
- Learning about in-home services, also called Home and Community Based Services (HCBS)

The Centers for Medicare and Medicaid Services [Special Terms and Conditions \(2019\), Section 42](#) for KanCare, provides the KanCare Ombudsman program description and objectives.

## IV. Accessibility to the Ombudsman’s Office

### A. Initial Contacts

**Activity:** The KanCare Ombudsman Office was available to members and applicants of KanCare (Medicaid) by phone, email, written communication, social media and the Integrated Referral and Intake System (IRIS) and Healthify during the year 2021.

The KanCare Ombudsman Office has helped KanCare members and applicants since the inception of KanCare in January 2013. Starting in November of 2015, the KanCare Ombudsman office began a volunteer program to assist with answering calls and helping with applications.

**Outcome:** The KanCare Ombudsman Office has helped an increasing number of KanCare members and applicants over the last several years, starting in 2016 with the beginning of trained volunteer help in the two satellite offices (Kansas City Metro and Wichita). For the years 2018 and 2019 total quarterly contacts have averaged around 1,000. Over the last two years (2020, 2021) quarterly contacts have dropped significantly due to the pandemic. Although satellite offices were closed during second and third quarter of 2020, the Topeka staff continued to assist those requesting help. All three offices have been open from fourth quarter 2020 on to accepting contacts by phone and email. No in-person contact.

Initial Contacts	Qtr. 1	Qtr. 2	Qtr. 3	Qtr. 4	Total
2014	545	474	526	547	2,092
2015	510	462	579	524	2,075
2016	1,130	846	687	523	3,186
2017	825	835	970	1,040	3,670
2018	1,214	1,059	1,088	1,124	4,485
2019	1,060	1,097	1,071	915	4,143
2020	903	478	562	601	2,544
2021	566	592	644	566	2,368

### B. Accessibility through the KanCare Ombudsman Volunteer Program

**Activity:** The KanCare Ombudsman Office has two satellite offices for the volunteer program; one in Kansas City metro area and one in Wichita. The volunteers in both satellite offices answer KanCare questions, help with issues and assist with filling out KanCare applications (during the pandemic, by phone only).

The Ombudsman office took the time to listen to my concerns, empathized with my frustration, provided me with next steps, and also took initiative to make things happen that I did not have the power to do..”

– Survey 2021

**Outcome:** Volunteers and staff assist members, applicants, and other stakeholders with concerns about KanCare/Kansas Medicaid.

## V. Outreach by KanCare Ombudsman Office

**Activity:** The KanCare Ombudsman Office is responsible to help members, applicants and providers understand the KanCare application process, benefits, and services, and provide training and outreach to community organizations. The office does outreach through resources provided on the KanCare Ombudsman web pages, resources provided with contacts to members, applicants and providers, and outreach through conferences, conference calls, video calls, social media, and in-person contacts.

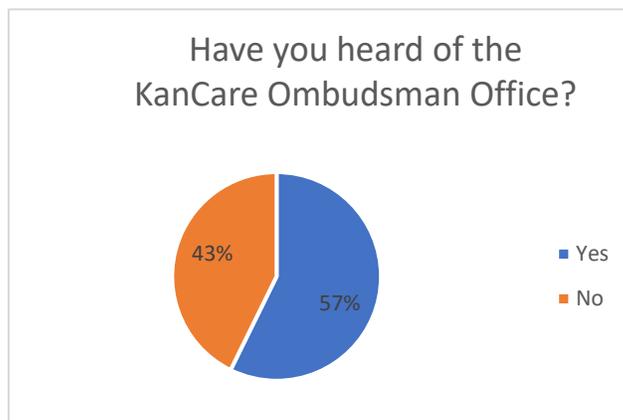
**Outcome 1:** The below chart shows the outreach efforts by the KanCare Ombudsman Office. The increase for 2021 is due to an outreach effort by our two AmeriCorps VISTA volunteers. The VISTAs contacted over 600 community organizations for the Application and Assistance Guide revision and shared information about our office and offered to mail them our brochures.

	2017	2018	2019	2020	2021
Outreach	109	164	94	243	710

For the full listing of 2021 outreach, **see the 2021 quarterly reports**, Appendix A.

### Outcome 2: Survey and Listening Session

The KanCare Ombudsman Office did outreach to MCOs, their providers, state agencies, community organizations, members, applicants, and family who contacted us in the past year. The notification was to request participation in a survey and listening sessions about the KanCare Ombudsman office. Key finding: 43% of those who answered this question had not heard of our office before.



### Outcome 3: Foster Care, Adoption and KanCare Fact Sheet

The KanCare Ombudsman Office created a new fact sheet in cooperation with the Kansas Department of Children and Families (DCF). Once completed, this fact sheet was distributed to all relevant DCF workers and foster care agency workers. Staff were instructed to provide this information to families involved in the foster care and adoption process. This has increased stakeholder awareness of the KanCare Ombudsman Office. The [Foster Care, Adoption and KanCare Fact Sheet](#) is available on the KanCare Ombudsman resource pages under General Information Fact Sheets.

### Outcome 4: Facebook Outreach

The KanCare Ombudsman Office prioritized using Facebook as an outreach tool consistently and effectively. During 2021 the number of followers increased from 276 followers in April to 405 followers in December.

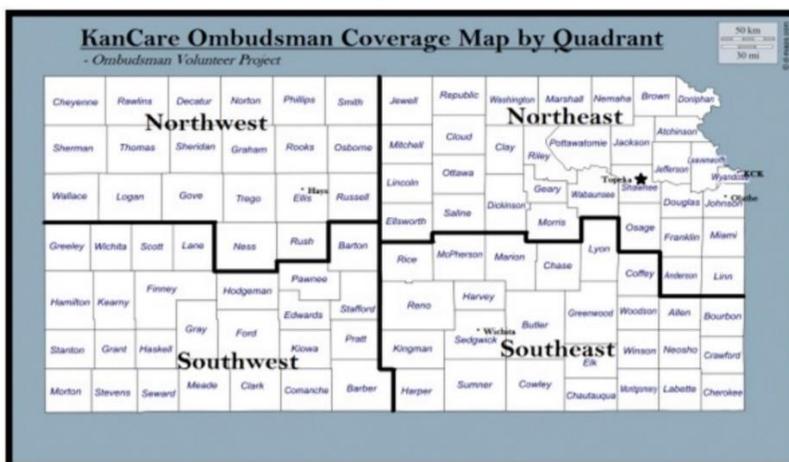
## VI. Data by KanCare Ombudsman Office

**Activity:** The data section of this report reflects the work done by the staff, VISTAs, and volunteers in chart format, by region, office location, contact method, caller type, program type, issue category, action taken, and priority.

### A. Data by Region

#### 1. Initial Contacts to KanCare Ombudsman Office by Region

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



- 785, 913 and 816 area code calls go to the Kansas City Metro Satellite office.
- 316 and 620 area code calls go to the Wichita Satellite office.
- The remaining calls, direct and complex calls, emails and referrals go to the Topeka (main) office, unless people call the direct number for the satellite offices (found on KanCare Ombudsman web pages under [Contact Us.](#))
- The following chart, by region, shows that most KanCare Ombudsman calls come from the Northeast and Southeast part of Kansas.

REGION	2018	2019	2020	2021
Northwest	54	46	25	33
Northeast	805	751	367	401
Southwest	76	78	41	61
Southeast	605	635	395	383
Unknown	2,875	2,610	1,700	1,485
Out of State	69	31	1	5
<b>Total</b>	<b>4,484</b>	<b>4,151</b>	<b>2,529</b>	<b>2,368</b>

## 2. KanCare/Medicaid members by Region

This chart shows the **KanCare/Kansas Medicaid population** by the KanCare Ombudsman regions. Most of the Medicaid population is in the eastern two regions. Most Medicaid members are not being dropped at this time due to the pandemic, so the number is increasing each quarter. These numbers reflect total Kansas Medicaid members, which includes KanCare members.

### Medicaid

Region	Q1/2020	Q2/2020	Q3/2020	Q4/2020	Q1/2021	Q2/2021	Q3/2021	Q4/2021
Northeast	193,061	199,226	207,371	212,844	218,205	222,688	227,276	231,064
Southeast	174,330	180,611	188,171	193,347	198,235	202,161	206,092	209,226
Northwest	12,550	12,964	13,507	13,928	14,310	14,409	14,817	15,087
Southwest	36,984	38,200	39,667	40,724	41,958	42,834	43,910	44,639
<b>Total</b>	<b>416,925</b>	<b>431,001</b>	<b>448,716</b>	<b>460,843</b>	<b>472,708</b>	<b>482,092</b>	<b>492,095</b>	<b>500,016</b>

## 3. Kansas Population Density

This map shows the population density of Kansas and helps in understanding why most of the Medicaid population and KanCare Ombudsman calls are from the eastern part of Kansas.

Based on 2015 Census data – Kansas Population Density map using number of people per square mile (ppsm) (<https://kcdcinfo.ks.gov/resources/service-maps>)



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

## B. Data by Office Location

Initial phone calls to the KanCare Ombudsman Office toll-free number (1-855-643-8180) are sent directly to one of three KanCare Ombudsman offices based on the area code the call is coming from. The Kansas City Metro office receives 913, 785 and 816 area code calls. The Wichita office receives 620 and 316 area code calls. All other toll-free calls, emails, and referrals go to the Main office (Topeka), in addition to direct calls to staff.

As demonstrated by the chart below, in 2020 and 2021, the Topeka office handled most of the calls due to the closure of the Satellite offices for over seven months and then reduced number of volunteers during the pandemic.

Contacts by Office	2018	2019	2020	2021
Main - Topeka	2,428	2,451	1,876	1,690
Kansas City	549	773	201	321
Wichita	1,505	919	470	357
<b>Total</b>	<b>4,482</b>	<b>4,143</b>	<b>2,547</b>	<b>2,368</b>

## C. Data by Contact Method

The contact method most used continues to be telephone and email. The “Other” category includes the use of the Integrated Referral and Intake System (IRIS), a tool designed to encourage warm handoffs among community partners, while keeping providers updated along the way. We started participating in IRIS in 2020.

Contact Method	2017	2018	2019	2020	2021
Telephone	3,112	3,868	3,596	2,104	1,878
Email	517	545	506	404	457
Letter	2	8	9	17	6
Face-to-Face Meeting	30	58	31	11	8
Other	11	5	6	7	11
Social Media	0	0	3	4	8
<b>CONTACT METHOD TOTAL</b>	<b>3,672</b>	<b>4,484</b>	<b>4,151</b>	<b>2,547</b>	<b>2,368</b>

## D. Data by Caller Type

Most contacts are consumers, which includes members, applicants, family members, friends, etc.

“Provider” issues are a combination of providers calling to assist a member or applicant having issues, or a provider with billing issues, questions on how to become a provider in Kansas, etc. The provider contacts that are not for an individual member, are forwarded to KDHE.

“MCO Employee” callers are usually case managers with questions or concerns from the managed care organizations (MCO).

The “Other Type” callers are usually state employees, lawyers, social workers at schools and hospitals, and students/researchers looking for data.

<b>CALLER TYPE</b>	<b>2017</b>	<b>2018</b>	<b>2019</b>	<b>2020</b>	<b>2021</b>
Provider	492	369	339	254	304
Consumer	2,927	3,884	3,554	2,096	1,824
MCO Employee	44	19	27	22	21
Other Type	209	212	231	175	219
<b>CALLER TYPE TOTAL</b>	<b>3,672</b>	<b>4,484</b>	<b>4,151</b>	<b>2,547</b>	<b>2,368</b>

## E. Data by Program Type

The top program types that we received calls for in 2021 were Nursing Facility issues and the Frail Elderly waiver. Nursing facility calls were, in general, on the following concerns:

- KanCare application questions/assistance/eligibility
- Nursing facility complaints (referred to KDADS complaint hotline)
- Concerns about persons perceived to be in need of nursing facility care (we ask many questions and see if they may need HCBS services, more assistance from MCO, etc.)
- Estate planning questions for those preparing to apply for a nursing facility care or Home and Community Based Services (HCBS) . We do not attempt to answer these questions; instead we refer to find an estate planning lawyer.

PROGRAM TYPE	2017	2018	2019	2020	2021
PD	154	143	122	104	46
I/DD	200	124	123	74	44
FE	128	110	125	96	75
AUTISM	7	8	10	7	4
SED	18	26	35	13	11
TBI	27	32	43	23	21
TA	27	18	29	14	4
WH	4	20	10	1	1
PACE	2	0	9	2	4
MENTAL HEALTH	17	8	14	14	15
SUB USE DIS	0	0	4	0	0
NURSING FACILITY	251	155	135	99	93
FOSTER CARE	0	0	0	1	3
MEDIKAN	0	0	12	5	5
INSTITUTIONAL TRANSITION FROM LTC/NF	0	0	6	10	5
INSTITUTIONAL TRANSITION FROM MH/BH	0	0	3	2	2
INSTITUTIONAL TRANSITION FROM PRISON/JAIL	0	0	0	0	0
<b>PROGRAM TYPE TOTAL</b>	<b>838</b>	<b>645</b>	<b>681</b>	<b>466</b>	<b>337</b>

There may be multiple selections for a member/contact.

## F. Data by Priorities

This data collection started in August 2019. The KanCare Ombudsman Office is tracking priorities for two purposes:

- This allows our staff and volunteers to pull up pending, prioritized cases, review their status and possibly request an update from the partnering organization that we have requested assistance from and see what other action is needed to resolve the case.
- This helps provide information on the more complex cases that are worked by the KanCare Ombudsman Office.

The priorities are defined as follows:

- HCBS – Home and Community Based Services
- Long Term Care/NF – Long Term Care/Nursing Facility
- Urgent Medical Need – 1) there is a medical need, 2) if the need is not resolved in 5-10 days, the person could end up in the hospital.
- Urgent – non-medical need that needs to be resolved in the next 7-10 days; could be eviction from home or nursing facility or urgent financial issue.
- Life Threatening – If not resolved in 1-4 days person’s life could be endangered. (should not be used very often.)

<b>PRIORITY</b>	<b>2019</b>	<b>2020</b>	<b>2021</b>
HCBS	100	197	111
Long Term Care / NF	36	79	89
Urgent Medical Need	46	52	42
Urgent	52	65	93
Life Threatening	14	13	5
<b>PRIORITIES TOTAL</b>	<b>248</b>	<b>406</b>	<b>340</b>

## G. Data by Issue Categories

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

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

## 1. Medicaid Issues

The top two issues are Medicaid Application assistance and Medicaid General issues with Medicaid Eligibility Issues and Medicaid Info (status) update also relatively high.

<b>MEDICAID ISSUES</b>	<b>2017</b>	<b>2018</b>	<b>2019</b>	<b>2020</b>	<b>2021</b>
Access to Providers (usually Medical)	51	24	66	24	45
Appeals/Fair Hearing questions/issues	44	126	51	56	39
Background Checks	2	5	4	0	4
Billing	90	118	148	91	161
Care Coordinator Issues	34	42	54	33	23
Change MCO	12	61	32	24	13
Choice Info on MCO	0	29	21	9	12
Coding Issues	29	73	39	21	14
Consumer said Notice not received	2	50	22	6	5
Cultural Competency	0	0	1	1	3
Data Requests	8	9	7	10	41
Dental	29	32	29	19	24
Division of Assets	14	29	44	29	31
Durable Medical Equipment	18	27	14	19	25
Grievances Questions/Issues	107	98	93	76	60
Help understanding mail (NOA)	0	0	9	28	66
MCO transition	0	0	4	3	2
Medicaid Application Assistance	441	638	609	514	490
Medicaid Eligibility Issues	951	798	632	477	408
Medicaid Fraud	0	12	10	9	10
Medicaid General Issues/questions	0	705	909	503	662
Medicaid info (status) update	4	810	636	389	388
Medicaid Renewal	171	224	310	83	25
Medical Card issues	0	0	10	34	66
Medicare Savings Plan Issues	30	81	191	132	111
MediKan issues	0	0	7	13	18
Moving to / from Kansas	27	70	72	54	37
Medical Services	60	74	59	72	78
Pain management issues	0	1	8	3	9
Pharmacy	43	30	55	34	38
Pregnancy issues	0	0	10	38	96
Prior authorization issues	0	0	2	9	23
Refugee/Immigration/SOBRA issues	0	0	13	5	8
Respite	0	2	2	0	5
Spend Down Issues	108	112	117	95	76
Transportation	34	47	43	23	38
Working Healthy	5	26	19	3	7
<b>MEDICAID ISSUES TOTAL</b>	<b>2,314</b>	<b>4,353</b>	<b>4,352</b>	<b>2,939</b>	<b>3,161</b>

There may be multiple selections for a member/contact.

## 2. HCBS/LTSS Issues

- The top issues for this group are HCBS General Issues and HCBS eligibility issues. The top issues over time have been HCBS General Issues, HCBS eligibility issues and Nursing Facility issues.

<b>HCBS/LTSS ISSUES</b>	<b>2017</b>	<b>2018</b>	<b>2019</b>	<b>2020</b>	<b>2021</b>
Client Obligation	123	139	82	38	55
Estate Recovery	21	32	32	35	33
HCBS Eligibility issues	216	145	175	179	172
HCBS General Issues	137	180	242	218	177
HCBS Reduction in hours of service	19	14	12	27	7
HCBS Waiting List	27	22	27	25	16
Nursing Facility Issues	110	86	178	139	150
<b>HCBS/LTSS ISSUES TOTAL</b>	<b>653</b>	<b>618</b>	<b>748</b>	<b>661</b>	<b>610</b>

There may be multiple selections for a member/contact.

### 3. Other Issues

This section shows issues or concerns that may be *related* to KanCare/Medicaid. There has been an increase in Abuse/neglect complaints, community resources needed, and housing issues since 2019.

OTHER ISSUES	2017	2018	2019	2020	2021
Abuse / neglect complaints	2	29	21	34	47
ADA Concerns	0	0	0	1	3
Adoption issues	0	0	3	4	9
Affordable Care Act Calls	19	44	17	15	10
Community Resources needed	0	0	9	24	34
Domestic Violence concerns	0	0	1	3	2
Foster Care issues	0	0	3	14	17
Guardianship	11	19	10	14	17
Homelessness	0	0	4	11	12
Housing Issues	17	26	21	25	34
Medicare related Issues	37	97	74	69	77
Social Security Issues	5	58	57	70	69
Used Interpreter	0	0	6	14	15
X-Other	1,018	594	452	627	365
Z Thank you	1,407	2,048	1,557	1,105	1,328
Z Unspecified	216	298	443	232	98
Health Homes	3	0	0	0	0
<b>OTHER ISSUES TOTAL</b>	<b>2,735</b>	<b>3,213</b>	<b>2,678</b>	<b>2,262</b>	<b>2,137</b>

There may be multiple selections for a member/contact.

### H. Data by Managed Care Organization (MCO) – See Appendix C, page 48

## VII. Action Taken

**Activity:** This section reflects the action taken by the KanCare Ombudsman Office in responding to people who contact the office and related organizations assisting the KanCare Ombudsman Office.

This data shows **Outcomes** on:

1. Response rates for the KanCare Ombudsman Office
2. Organizational final resolution number of days when asked to assist by the KanCare Ombudsman Office
3. Information on action taken and resources provided
4. Resolution number of days for KanCare Ombudsman Office to resolve issues

## A. Responding to Issues

### 1. KanCare Ombudsman Office response to members/applicants

The KanCare Ombudsman Office goal is to respond to a contact within two business days. During the early part of COVID-19 pandemic, our goal changed to responding within 3-4 business days. In 2021, the goal has returned to 2 business day response time.

Qtr./Year	Numb. Contacts	% Responded 0-2 Days	% Responded in 3-7 Days	% Responded 8 or More Days
Q1/2017	827	77%	21%	2%
Q2/2017	835	80%	19%	1%
Q3/2017	970	65%	31%	4%
Q4/2017	1040	69%	22%	9%
Q1/2018	1213	82%	17%	1%
Q2/2018	1059	89%	10%	1%
Q3/2018	1088	87%	12%	1%
Q4/2018	1124	86%	14%	0%
Q1/2019	1068	88%	11%	1%
Q2/2019	1096	91%	8%	1%
Q3/2019	1071	95%	4%	1%
Q4/2019	915	93%	7%	0%
Q1/2020	905	92%	4%	4%
Q2/2020	476	60%	36%	4%
Q3/2020	562	86%	12%	2%
Q4/2020	601	84%	15%	1%
Q1/2021	566	88%	12%	0%
Q2/2021	592	89%	10%	1%
Q3/2021	644	87%	12%	1%
Q4/2021	566	87%	11%	2%

## 2. Organizational final response to Ombudsman requests

The KanCare Ombudsman Office sends requests for review and assistance to various KanCare/related organizations. The following information provides data on the **resolution rate** for organizations the Ombudsman's office requests assistance from and the amount of time it takes to resolve. For this annual report, this is a comparison of two quarters; fourth quarter for 2020 and 2021.

### Quarter yr. : Q4/2020

Nbr Referrals	Referred to	% Resp.	% Resp.	% Resp.	% Resp.
		0-2 Days	3-7 Days	7-30 Days	31 or More Days
46	Clearinghouse	98%	0%	2%	0%
2	DCF	0%	0%	50%	50%
4	KDADS-Behavior Health	25%	25%	50%	0%
9	KDADS-HCBS	22%	33%	45%	0%
13	KDHE-Eligibility	54%	23%	23%	0%
1	KDHE-Program Staff	100%	0%	0%	0%
5	KDHE-Provider Contact	40%	0%	40%	20%
8	Aetna	50%	25%	25%	0%
10	Sunflower	10%	40%	40%	10%
10	UnitedHealthcare	50%	0%	40%	10%

### Quarter yr. : Q4/2021

Nbr Referrals	Referred to	% Resp.	% Resp.	% Resp.	% Resp.
		0-2 Days	3-7 Days	7-30 Days	31 or More Days
49	Clearinghouse	100%	0%	0%	0%
2	DCF	50%	0%	50%	0%
1	KDADS-Health Occ. Cred.	0%	100%	0%	0%
6	KDHE-Eligibility	33%	17%	50%	0%
2	KDHE-Program Staff	100%	0%	0%	0%
2	KDHE-Provider Contact	100%	0%	0%	0%
1	KMAP	100%	0%	0%	0%
5	Aetna	80%	20%	0%	0%
5	Sunflower	40%	0%	40%	20%
3	UnitedHealthcare	100%	0%	0%	0%

### 3. Action Taken by KanCare Ombudsman Office to resolve requests

91% of initial contacts (more than 9 out of 10) were resolved by providing some type of resource. For example, the KanCare Ombudsman Office:

- contacted other organization(s) to ask assistance in resolving the issue
- shared information, resources, mailings, etc.
- called with member/applicant or provided referrals to other organizations

Note: The totals will not match “Initial Contacts chart” because not all cases are closed at the end of the quarter. This information must be filled in before closing a case.

Action Taken Resolution Type	2017	2018	2019	2020	2021
Questions/Issue Resolved (No Resources)	417	356	309	145	102
Used Contact or Resources/Issue Resolved	2,505	3,091	3,387	2,125	2,136
Closed (No Contact)	367	483	394	157	103
<b>ACTION TAKEN RESOLUTION TYPE TOTAL</b>	<b>3,289</b>	<b>3,930</b>	<b>4,090</b>	<b>2,427</b>	<b>2,341</b>

There may be multiple selections for a member/contact

This chart shows when information/resources are provided verbally, mailed, or emailed to a member/applicant.

Action Taken Additional Help	2017	2018	2019	2020	2021
Provided Resources	1,340	3,004	2,451	1,556	1,887
Mailed/Email Resources	409	679	594	390	413
<b>ACTION TAKEN ADDITIONAL HELP TOTAL</b>	<b>1,749</b>	<b>3,683</b>	<b>3,045</b>	<b>1,946</b>	<b>2,300</b>

#### 4. Ombudsman Office Resolution of Issues

This chart shows the number of contacts, the average number of days to close a case, and what percentage of cases were closed in 0-2 days, 3-7 days, and 8 or more days.

Quarter yr.	Nbr Contacts	Avg Days	% Completed	% Completed	% Completed
		To Completion	0-2 Days	3-7 Days	8 or More Days
Q1/2017	800	16	44%	20%	36%
Q2/2017	795	9	52%	21%	27%
Q3/2017	921	11	40%	24%	36%
Q4/2017	925	10	47%	20%	33%
Q1/2018	1069	12	56%	16%	28%
Q2/2018	1036	10	60%	13%	27%
Q3/2018	1043	4	72%	17%	11%
Q4/2018	1107	4	71%	18%	11%
Q1/2019	1051	5	71%	16%	13%
Q2/2019	1021	4	74%	13%	13%
Q3/2019	1002	5	75%	10%	15%
Q4/2019	850	5	72%	11%	17%
Q1/2020	804	5	74%	9%	17%
Q2/2020	404	7	46%	31%	23%
Q3/2020	537	5	76%	13%	11%
Q4/2020	576	5	69%	17%	14%
Q1/2021	552	5	71%	16%	13%
Q2/2021	578	4	72%	16%	12%
Q3/2021	630	4	74%	15%	11%
Q4/2021	543	3	76%	14%	10%

# VIII. Enhancements/Changes from the past year and Future Changes

## A. Change in location of the KanCare Ombudsman Office

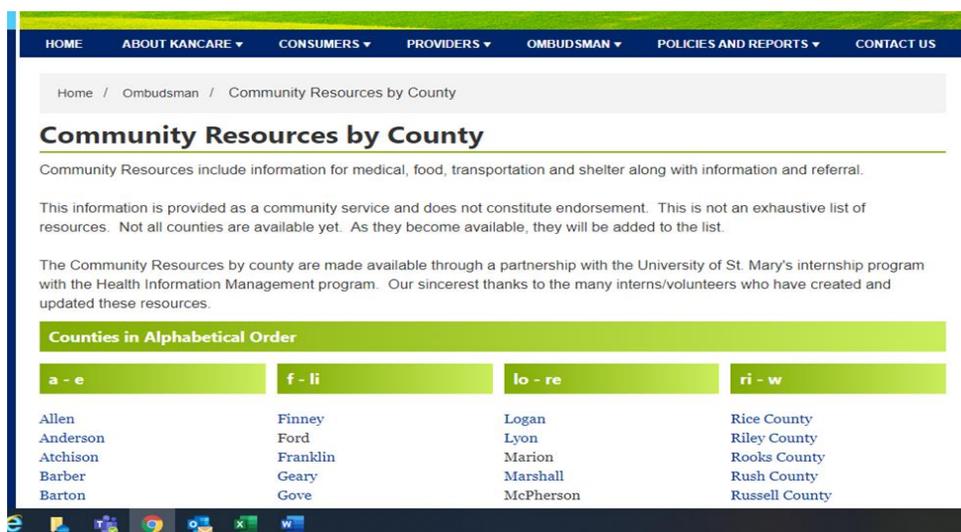
The Governor’s Executive Order 21-27, on October 4, 2021, moves the KanCare Ombudsman Office from the Kansas Department for Aging and Disability Services (KDADS) to a small new agency, the Kansas Office of Public Advocates (KOPA). This agency is housed within the Kansas Department of Administration (KDOA). There are limitations in the Executive Order on the oversight KDOA has over this small agency and the offices within. For more information, see the [Executive Order](#). The plan is to have all aspects of the transition completed by the end of FY2022.

## B. Resources provided to the KanCare and Kansas Community

### 1. [Community Resources by County](#)

KanCare Ombudsman Office created county level basic resources that cover medical, food, shelter, transportation, and local and regional general resources. These resources were created to help the low income people on Medicaid and those on the Medically Need (MN) with Spenddown program. Those on the MN program often have to choose between food, utilities, etc. or medical or pharmacy bills to meet the spenddown before having access to KanCare/Medicaid.

The [Community Resources by county](#) are made available through a partnership with the University of St. Mary's Health Information Management internship program. Our sincerest thanks to the many interns/volunteers who have created and updated these resources.



## 2. Significant revision of the “Assistance for People without Insurance” document

The *Assistance for People without Insurance* document was revised to include lists of **clinics that provide dental, vision and pharmacy assistance**.

The KanCare Ombudsman Office also received feedback that this document is frequently used by state office agency front desks to assist people who call in and do not have health insurance and are not eligible for Medicaid. To view a copy of the updated document, go to the [KanCare Ombudsman website](#).

## 3. Significant revision of the “Application Assistance Guide”

The AmeriCorps VISTA volunteers did an extensive update to this document. It is now in alphabetical order by county, has resources listed for every county in Kansas, and has over 50 pages of places in Kansas that provide KanCare application assistance. The link to find the full document is [application-assistance-guide-jan-2022.pdf \(ks.gov\)](#).



Application Assistance Guide



This is a listing of organizations, by county, that provide some KanCare/Kansas Medicaid application assistance. Please call before you go to get information on times available and if services are provided in person or by phone.

County	Organization	Contact Person	Phone	Language Offered other than English	Families with Children	Elderly and Disabled	Medicare Savings Program
Allen	KanCare Ombudsman Office		(855) 643-8180	Language Line	Yes	Yes	Yes

## 4. Foster Care, Adoption and KanCare fact sheet

The KanCare Ombudsman Office partnered with the Department of Children and Families to create a fact sheet that explains the KanCare process, program eligibility, services, along with information on how to avoid losing services, transition living programs and independent living programs for Foster Care youth. It also includes information on how to get assistance if a parent, foster parent, or adoptive parent has questions or concerns. The link to this fact sheet is: [foster-care-and-kancare-fact-sheet.pdf \(ks.gov\)](#)

## **C. Other changes/updates**

### **1. Volunteer Satisfaction Survey**

In late April, WSU MSW Practicum Student Britt Doerner worked with CEI and Ombudsman staff to create and distribute a volunteer satisfaction survey. From 4/18-5/1, five volunteers responded via the Qualtrics platform. Results are below. In general, comments were positive regarding their volunteer experience.

In regard to showing appreciation, there was a request for starting up education calls. Education calls for volunteers was in the works when the survey was completed. We started monthly education calls for volunteers in May. This also allows the opportunity to talk about how a case may have positively impacted someone's life (without sharing names or personal information).

To improve volunteer experience, the WSU office was updated and made to be more efficient for both volunteers and staff. For survey details, see Q2, 2021 KanCare Ombudsman Report; Appendix B.

### **2. Call Handlers added to all three KanCare Ombudsman Offices**

Call handlers for all three KanCare Ombudsman Offices were put in place during 2021. This is being done to better serve those whose primary language is Spanish. It also assists providers with non-member issues to contact KDHE directly.

It provides four options for people calling the toll-free number and being routed to the Topeka office:

- Spanish – routes to a line that tells how to leave a message in Spanish
- Providers – transfers provider calls to KDHE Health Care Finance front desk to be routed to a Provider Manager for assistance.
- Clearinghouse – if callers are trying to reach the KanCare Clearinghouse, they can choose this option and will be routed directly to the number.
- The caller can stay on the line or press zero to get the KanCare Ombudsman Office.

### **3. Updating Volunteer Training Manual**

The KanCare Ombudsman Volunteer Coordinator has completely updated the Volunteer training manual. The AmeriCorps VISTA Volunteer revised review questions and tests. Two important topics were added: Trauma Informed Systems of Care (TISC) and Cultural Awareness. Current volunteers have been trained on the new sections of information. Three new volunteers are being trained on the new training information.

## 4. KanCare Ombudsman Office Survey and Listening Session

### a) Survey:

The KanCare Ombudsman Office staff worked with Wichita State University Community Engagement Institute to create a survey on Qualtrics that would provide information and feedback on how the KanCare Ombudsman Office is doing in serving KanCare/Kansas Medicaid members, applicants, and stakeholders.

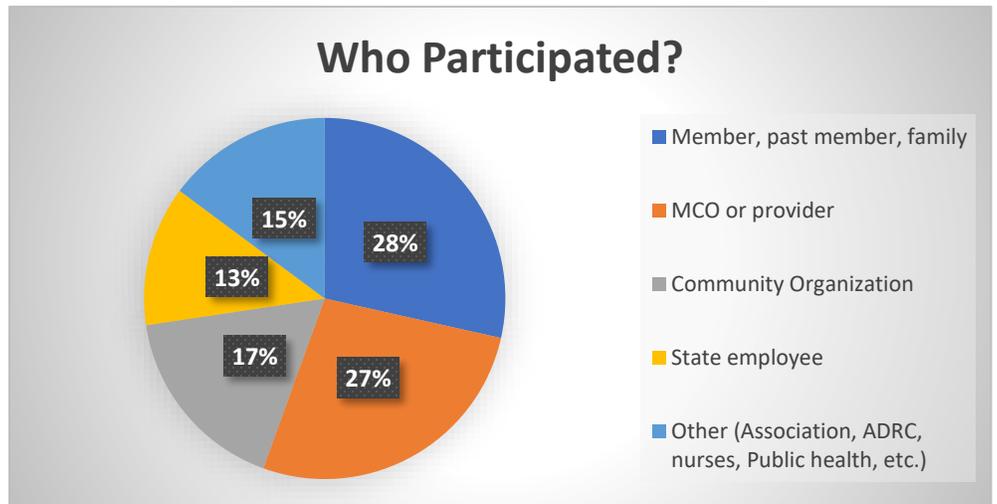
The survey was live for participants to take from October 19-November 12, 2021.

Outreach to notify KanCare/Kansas Medicaid members and stakeholder included:

- Mail Chimp email to over 900 KanCare members, applicants, family members, community members that had contact with the KanCare Ombudsman Office during 2021
- Email request to Aetna, Sunflower, United, KDHE, KDADS, KCDC, LTC Ombudsman Office, and various other community stakeholders asking them to share the Facebook post, put a notice in their weekly/monthly newsletter, and send it out on any list serves they many have. We attached a document for them to use that included the invitation.
- Posted survey and listening session information on the KanCare Ombudsman Facebook page and boosted it for 5 weeks. Reach: 52,534; Engagement: 863; Link clicks 782; Shares: 24.
- Posted on KanCare Ombudsman Web pages

### Recap from survey:

- Who participated?



- 42% had never contacted the KanCare Ombudsman Office for help
- 43% had not heard of the KanCare Ombudsman Office before this (although the percentage is higher than the bullet points above, less people completed this question).

- 59% did not know how to reach the KanCare Ombudsman Office
- 80% got an answer to their concern.
- When asked “What worked well?” 58 responses were that their concern was resolved, or we provided good resources. 14 comments that the issue was not resolved for various reasons and other comments.

*“Sharing information, assisting to advocate for KanCare members when they have contacted the Ombudsman Office and resolving those concerns, education/explanation when KanCare Members misunderstand or have expectations outside of the policy/criteria of programs.”*

- When asked if they want to share a positive experience, 22 people shared comments and experiences
- When asked what didn’t work or could be improved, 29 comments that issues were not resolved, 1 wanted legal advocacy, 2 said there needs to be better outreach, 6 had policy issue concerns, 11 positive comments, and 2 “other”.

*“It took almost two years to resolve issue, but they were so very helpful. We finally resolved the issue, and they were with me every step of the way.”*

*“Now the office is stashed by volunteers, and I don't have a much confidence in the answers I might get.”*

- In asking about barriers to talking with the KanCare Ombudsman Office, there were 6 comments regarding how to contact the office, 13 comments on being able to find the KanCare Ombudsman Office and programs, 1 policy issue, and 17 Other comments.

*“Not many people know that there is one or how to contact.”*

### **Key Lesson Learned:**

- The recurring theme in the survey is that many people are not aware of the KanCare Ombudsman Office or how to get in touch with the office, in spite of numerous outreach efforts. The KanCare Ombudsman Office will look at new ways to engage the KanCare community.

### **Full Survey Data Report in Appendix A. page 28**

## **b) Listening Sessions**

The KanCare Ombudsman Office staff worked with Wichita State University Community Engagement Institute to plan five listening sessions. These listening sessions would provide information about the KanCare Ombudsman Office and gather information and feedback on how the KanCare Ombudsman Office is doing in serving KanCare/Kansas Medicaid members, applicants, and stakeholders.

Five Listening sessions were planned for November 16, 17, and 18, 2021

Outreach to notify KanCare/Kansas Medicaid members and stakeholder included:

- Mail Chimp email to over 900 KanCare members, applicants, family members, community members that had contact with the Ombudsman office during 2021.
- Email request to Aetna, Sunflower, United, KDHE, KDADS, KCDC, LTC Ombudsman Office, and various other community stakeholders asking them to share the Facebook post, put a notice in their weekly/monthly newsletter, and send it out on any list serves they may have. We attached a document for them to use that included the invitation.
- Posted survey and listening session information on the KanCare Ombudsman Facebook page and boosted it for 5 weeks. Reach: 52,534; Engagement: 863; Link clicks 782; Shares: 24.
- Posted on KanCare Ombudsman Web pages.

**Issue:** On the day of the first listening session, the conference call number that was to be used did not work. The meeting was cancelled. An alternate format for the listening session was determined through Zoom with the ability to use video or phone. The notice regarding the change in where to call in for the listening session went out to the original contacts requesting that they forward the information to the same people as before.

**Result:** The attendance for the listening session was very low and had little to no participation. Most on the calls were there to hear the presentation and comments and not to share feedback.

**The final report was compiled by the KanCare Ombudsman AmeriCorps VISTA volunteer. The full report can be found at Appendix B (page 43).**

## D. Future Enhancements

The KanCare Ombudsman Office has partnered with the Kansas Department of Aging and Disability Services (KDADS) Behavior Health team and numerous other stakeholders to put together a **Psychiatric Residential Treatment Facilities (PRTF) fact sheet** with information that clarifies:

- What a PRTF is
- How parents and guardians can avoid using a PRTF
- If a child is escalating, how to get needed help
- Program eligibility requirements
- Appeal and Fair hearing information on eligibility
- Age clarification
- Criteria for the PRTF program
- How to request PRTF services
- What happens once approved
- Information on the waiting list
- How discharge planning works
- Information on transition back to school setting from PRTF
- Appeal process for discharge
- Frequently Asked Questions

We anticipate this will be available sometime during first quarter 2022.

# IX. Appendix A. KanCare Ombudsman Office Survey Report

## KanCare Ombudsman Office Survey

Available to the public to complete: 10/20/2021- 11/12/2021

Data pulled November 19, 2021; 8:42 am

### A. Q2 - Who are you? (Choose 1)

#	Answer	%	Count
1	Current KanCare member	9.89%	26
2	Past KanCare member	1.90%	5
3	Family member of a current/past member	16.73%	44
4	Provider	12.93%	34
5	Community organization	17.11%	45
6	MCO	14.07%	37
7	State employee	12.55%	33
8	Other	14.83%	39
	Total	100%	263

#### “Other” Responses

ADRC	Independent Living Coordinator
ADRC	Keys for Networking
advocacy organization	KFAN
Advocate	LMSW, ACHP-MSW
Association	Nurse
Association	Nursing Home Employee
CHW	Parent Educator
Community health worker	PE Coordinator
CPAAA ACM	Practicum Student
disability advocate	Public health
Father of KanCare member	Public Health
Former Biller	Retired NFMH Director of Nursing
Guardian	School
guardian for current member	Volunteer
Hospital System	Volunteer

## B. Q3 - What language do you speak at home?

#	Answer	%	Count
1	English	95.11%	253
2	Spanish	2.63%	7
3	Other	2.26%	6
	Total	100%	266

### “Other” responses

ASL

French, German

Dzongkha (Note: A Sino-Tibetan language native to Bhutan)

American Sign Language

Portuguese

## C. Q4 - How often have you used the KanCare Ombudsman Office for help or resources?

#	Answer	%	Count
1	Never	41.89%	111
2	1-2 times	31.70%	84
3	Multiple times	26.42%	70
	Total	100%	265

## D. Q5 - Did you get an answer to your concern?

#	Answer	%	Count
1	No	20.27%	30
2	Yes	79.73%	118
	Total	100%	148

## E. Q17 - You said on the prior answer you did not get an answer to your concern.

If you would like someone to follow up with that concern or need help with a new issue, please leave your name and phone number. If you do not want follow-up, go ahead to the next question.

Three names and contact information were provided.

## F. Q6 - How was your experience of working with the KanCare Ombudsman Office?

#	Question	Agree		Neutral		Disagree		Total
1	They were respectful.	85.94%	110	10.94%	14	3.13%	4	128
2	They were encouraging.	76.98%	97	17.46%	22	5.56%	7	126
3	They were helpful.	74.22%	95	14.84%	19	10.94%	14	128
4	They shared good resources.	69.29%	88	19.69%	25	11.02%	14	127

## G. Q7 - What worked well when you used the KanCare Ombudsman Office?

### Problem Solved

<ul style="list-style-type: none"> <li>The guy we talked to took care of the problem.</li> </ul>
<ul style="list-style-type: none"> <li>They understood my concerns and addressed them.</li> </ul>
<ul style="list-style-type: none"> <li>The solutions that they provided were spot on and helpful totally.</li> </ul>
<ul style="list-style-type: none"> <li>Fast with the response! Gave me contact information!</li> </ul>
<ul style="list-style-type: none"> <li>They took care of my problem, which 15 calls to the main number had been unable to resolve.</li> </ul>
<ul style="list-style-type: none"> <li>Quick response</li> </ul>
<ul style="list-style-type: none"> <li>Direct email access to a person, rather than sitting on hold for multiple hours trying to reach someone.</li> </ul>
<ul style="list-style-type: none"> <li>Having a direct number and previous experience with the office.</li> </ul>
<ul style="list-style-type: none"> <li>They were always willing to talk and assist with finding answers. They attended a meeting with care facility when needed.</li> </ul>
<ul style="list-style-type: none"> <li>quick response</li> </ul>
<ul style="list-style-type: none"> <li>Emailing them directly with questions</li> </ul>
<ul style="list-style-type: none"> <li>Listened to it concern and pointed us in the right direction for resolution.</li> </ul>
<ul style="list-style-type: none"> <li>They were nice.</li> </ul>
<ul style="list-style-type: none"> <li>This helped us to get a youth approved for a PRTF at Lake Mary.</li> </ul>
<ul style="list-style-type: none"> <li>Being able to speak directly to the ombudsman.</li> </ul>
<ul style="list-style-type: none"> <li>I was having difficulty with the website and finding the resources needed. The call taker was patient and kind. Not only provided the direct link, but also helped me walk through the website from the main page to multiple areas of resources. They were very knowledgeable about the KanCare Ombudsman website and answered all my questions. I have been able to direct Kansas citizens as well as providers to the website to find training, resources (that's a big one!), basic answers, and the phone number to call for additional help. I receive calls from across the state from asking for resources for individuals without insurance. The call takers and their desire to help has helped more individuals statewide than they know. Thank you.</li> </ul>
<ul style="list-style-type: none"> <li>Kerrie is most helpful.</li> </ul>

- Sharing and they are willing to learn something new from the receiving end rather than only relying on providers or system

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- The response was prompt and what I needed to know.

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- Aiding consumers to utilize their resource information and access support.

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- She provided me with information needed for a resident.

---

- Sharing information, assisting to advocate for KanCare members when they have contacted the Ombudsman Office and resolving those concerns, education/explanation when KanCare Members misunderstand or have expectations outside of the policy/criteria of programs.

---

- My questions were answered immediately

---

- I was able to get information on other steps I needed to take to insure the proper care, services, etc. I needed for my family member. Was able to get much information regarding the COVID rules and what I could and could not do as well.

---

- If I got in touch with someone, they were good about telling me where to look next for assistance.

---

- Email is great as we stay very busy. It is nice to send an email and get an answer within a timely manner.

---

- issue was looked into and information was provided

---

- They were very nice on the phone and had a lot of information to provide.

---

- Willing to assist in any way possible

---

- They were usually able to answer my question or get someone at the MCO to respond when MCO was giving me the run around.

---

- It has been a couple of years, but I was able to get great information about the program, resources to share with the population I serve, and insights on effective communication tips when talking to the MCOs.

---

- They attended a care plan meeting at a nursing facility for a resident in a difficult situation.

---

- The issue was resolved very quickly.

---

- Respectful folks, but not more knowledgeable than I. What they could offer is a direct path to those who could help that I was not able to do myself.

---

- It is varied with each issue. What is the best is Kerri. She really does a fine job.

---

- We were able to get more action taken into investigating a claim with one of the MCOs that was denied more than once for a client we were advocating for.

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- When I got an answer from the Clearinghouse that didn't make any sense, the Ombudsman volunteer did a three-way call with me and the Clearinghouse. Makes such a difference when people know the right questions to ask and speak the same terminology (and I believe I understand KanCare better than the average person)

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- Ability to use KanCare Ombudsman email to support client's needs and emailed resources.

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- this was a resource to use when we had exhausted all others and hit a wall

---

- We've worked primarily with Kerrie and she is responsive and follows up when needed. She is compassionate and asks clarifying questions when she doesn't fully understand the situation.

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- It gave me a resource that I could use to answer my doubts with the application process and estate recovery. I tried to locate the answer myself online and through phone conversations and was unsuccessful. Until I found the Ombudsman Office, I was completely lost. I appreciated the help that I got when I called.
- To be able to explain the issue better and hear feed back from them
- Getting information pertaining to membership voucher.
- Reaching out via email they are very responsible.
- I have always had great experiences working with the Ombudsman's office, and Kerrie Bacon in particular. She is one of the most reliable and helpful resources I have encountered given the difficult cases that we are presented with. I always appreciate her knowledge and willingness to do what is right for our members. Thank you, Kerrie!
- Knowledgeable staff, fast response, helpful and encouraging, memory of past contacts, advice.
- The Ombudsman office took the time to listen to my concerns, empathized with my frustration, provided me with next steps, and also took initiative to make things happen that I did not have the power to do.
- Response to resolve the issue.
- Thoughtful and effective response; contact information readily available.
- Received a prompt response back on an e-mail I sent.
- They answered my questions promptly.
- Getting information I did not have before I called
- referred many members family members

### **Good Resources**

- You get the feeling that they really care about locating appropriate information and/or resources.
- Valuable resources
- Knowledge of resources.
- I only used the website and did not work with a person but I did find what I was looking for.
- useful resources!

### **Not resolved**

- She was respectful and offered resources. I appreciate that, but with I was too afraid to call the resources
- They told me how to appeal, which I already knew and had done prior. That was all the help I received.
- NOTHING!
- Nothing.
- He was nice, but he did not do anything different than what I had done before.
- Good listener without follow through and then didn't answer my phone calls

- Kerrie is AMAZING - but there is still no resolution or help for the issues I am enduring
- In most cases good help for residents. But in one case no help for at least one resident.
- They returned the call quicker than indicated. I called because my son's issue was unusual and was having difficulty getting his KC application on line to submit. They did not have any suggestions on what was going on with that on-line program but indicated I could submit a paper application.
- I've referred families needing assistance dealing with issues related to concerns about coverage/lack of coverage. Families feel listened to and supported but didn't really get the additional resources they were looking for, mainly because they don't exist, for the most part.

**Other**

- It's nice that there is one.
- Gina is always great to work with and we are happy that she is our Region 7 Support. (Note: this is a Long-Term Care Regional Ombudsman)
- I actually received a call back two weeks after my outreach.
- working together

**H. Q8 - Do you have a positive experience you would like to share?**

#	Answer	%	Count
1	Yes	20.63%	26
2	No	79.37%	100
	Total	100%	126

**I. Q9 - Please share your positive experience here:**

**Problem Solved**

- After over a year of trying to deal with Medicaid just this call took care of the problem. What a relief!!!
- Kerrie takes your information and gets an answer for you.
- It took almost two years to resolve issue, but they were so very helpful. We finally resolved the issue and they were with me every step of the way.
- I was able to get my daughter help after a hospitalization with necessary equipment and was given resources on how to do this.
- The nursing home was threatening to put my mother out on the curb (evict) her from the nursing home because it took so long for Medicaid to be approved. The unpaid bill was mounting up and we were trying to sell her house. Eventually the house sold, we paid them the balance due and finally, after 16 months, the

Medicaid was approved. The ombudsman listened to us, talked to the nursing home, and helped us immensely.

- Please see my answer to question: What worked well when you used the KanCare Ombudsman Office?
- Each time I have reached out to Kerrie she has either assisted or pointed me in the direction to be assisted.
- Families with children with disabilities needing assistance on what services that the waivers provide and how the process works, resources in the community at large to assist in overall consumer well-being that can be accessed by all Kansans. How to fill out KanCare applications and answer specific questions they may have allows a neutral third party for guidance.
- Karrie Bacon was very compassionate, sincere & caring. She listens well before engaging.
- I needed help navigating the steps to insure my family member was getting proper care and services in the facility she is at. I also needed to know what steps I needed to take to remedy a problem we were having. I got great information and was directed to several options I had no idea about. Though the situation is still unresolved, I feel confident that I have good advice and direction from the ombudsman.
- It took over a year but finally problem was solved.
- My MCO (UHC) was refusing to pay my Rx copays for my part D plan. After several months and different excuses or flat refusals from MCO, I called ombudsman. Ombudsman's office then contacted MCO. While the issue still took more time and energy to resolve, the ombudsman's office was able to put me in contact with the person at MCO who ultimately got the issue resolved.
- The clearinghouse told me I had been banned from my Mother's account, despite me being her power of attorney for medical decisions. When I called the Ombudsman's Office they thought that sounded really odd and conducted a three-way call with the Clearinghouse which resolved the issue immediately! I can't tell you how relieved I was to get the issue resolved. My Mother was in the hospital and needed FE Waiver services in place to discharge. My mental state was fragile and the Ombudsman's Office volunteers were so kind!!!
- My ward lost his HCBS services when he damaged property at his residential providers. He was charged with damage to property and went to jail. (The offense was all about his disability-problems regulating and not getting the supports he needed when he became upset. ) We were told jail was for a few days and he would be released. The judge did authorize a recognizance bond for release, but my ward had lost his HCBS funding and so he had no place to go to live (no residential services). He sat in jail for 8 months for an offense that carried the presumption of probation if he would be convicted. It was a catch 22... the judge wouldn't release him until he had the supports he needed to make it in the community (residential services). Residential services could not begin until he was released. We tried everything. It was so frustrating . Although he was on a disability pod, there was no real assistance...no one read him our letters, helped him make a commissary order for soap, shampoo, helped him understand how to work the phone system for visitation, etc. Thank you so much. The ombudsman was instrumental in getting the ok for residential services to be set up while my ward was in jail so that he could be released to that provider. The ombudsman also got the jail to agree to allow a BASIS screening while he was in jail... something that we had not been able to do even working through social work at the jail.

- We had a member that needed to get into the state hospital and were running into numerous obstacles. Kerrie intervened and we were able to get our member into the treatment needed.
- They have always answered quickly via email.
- We have a member who is experiencing difficulty with placement. She has been denied by 58 facilities and the parents are understandably upset and scared. With Kerrie involved in the case, we have more clarity and direction. Kerrie is also able to help us get access to state resources and clarify roles. I am thankful to have her involved in this case.
- above box. Always helpful, very informed. good suggestions for next steps.
- I am the foster care supervisor for a child who is currently living in a foster care office due to his intensive needs and lack of placement and treatment options provided by the state. The MCO was denying funding for PRTF placement, even though the PRTF already accepted him and had him on their waitlist. This was the only identified placement option for the child and the MCO was denying it, putting the child's safety and wellbeing at risk. The ombudsman elevated the concern and ultimately, the MCO overturned their denial of our request so we did not have to proceed with the state fair hearing.

### **Caring Staff**

- I met the ombudsman at a conference and had a great conversation with her about the service they provide. I cannot remember her name, but I felt valued as a person.
- Kind people
- They were very positive and I felt comfortable knowing they were there to support me also

## **J. Q10 - What didn't work well and could be improved in the KanCare Ombudsman Office?**

### **Not Resolved**

- First correct phone numbers are not readily available -hold time too long
- My problem was not fixed. We still had to wait hours on the line for a representative. Ombudsman just presented himself on the other line with me, but did nothing.
- I should probably call my case manager as the resources offered by the Ombudsman were not helpful to me. I can understand how they may be helpful for some people, but not for me
- Taking action themselves, I came to them needing help and all I received was verbal information. Which I already knew and had down on my own prior.
- that they would tell you things instead of reading it out of book, then you say explain to me what you said, " they couldn't"
- response time
- Be there more often to get a hold of
- Now the office is stashed by volunteers and I don't have a much confidence in the answers I might get.

- The KanCare Ombudsman's office has grown from helping people get the services they need from the KanCare MCOs to a organization that wants to police all of Kansas Medicaid.

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- It took 10 months to get my husband approved for nursing home benefits. I needed something else, they lost the paperwork, they were backlogged, etc. No one cared or helped. By the time he was finally approved, he was near death or had died. I no longer remember.

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- These people treat e-mail like Instant Messaging. VERY unprofessional. Regurgitated KanCare's FALSE accusations. I was GUILTY until I PROVED my innocence. Lack of responses. Actually ADVOCATE for applicants or remove from website or de-fund feckless office.

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- The ombudsman's office has no teeth. Also there is a conflict of interest because they work for KDADS. It needs to be an independent office with authority to help enforce rules and provide true help to members when they call about problem resolution

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- Solve problems not defend insurance companies

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- No one was able to answer my question and I was shuffled around. One lady sent me tons of attachments not relevant to my question. Another person directed me to someone who retired long ago...

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- No one listens, the children are being abused and are CINC due to the father being incarcerated for drugs and violence in the home.

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- It's been hard to get a call back part of the time when I've called their office or I was passed on to someone else who passed me on to someone else...

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- It would be great if the Ombudsman's office would get involved when their is a family member that uses all the money and assets from a resident, but is unwilling to fill out paperwork so the resident could receive government assistance.

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- It does not appear that they were was any follow up on the matter that was sent to them.

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- Just how long it takes for issues to be resolved. Do not believe it is " fault" of Ombudsman's office.

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- You will open "Pandora's Box" with this one. Suffice it to say your ability to provide meaningful and timely response to what we caregivers see as "Real Time" crises is impaired. Your office lacks adequate staffing and this alone puts you in a basically dysfunctional position to render aid to KanCare participants.

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- It can be hard to get a hold of the ombudsman office. It can also be hard to know which number office to call (i.e. do I call 1-855-643-8180 or 913-942-3161 or 316-978-3567).

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- I guess with anything, not getting the answer I want. But that's life.

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- In other occasions we have reached out for updates about KanCare renewals and to get more information, but did not hear back or receive any answers.
- I felt the ombudsman was unprofessional and blamed others rather than be a person of middle ground

- Calling in, I never got a call back. I emailed and got a response quickly. That is my preferred method of contact.
- 
- Excited to learn that online fact sheets updates are pending. Updated online E&D application to include choice for HCBS. Client complaints is not being able to reach someone at the Ombudsman's office by phone; shown discouragement for having to leave a voice and most chose not to and client's concern for not speaking to a real person when they called.
- 
- I believe you need folks at the program who are familiar with the on-line application so they can help folks who are having difficulty complete it. The paper applications take longer to process and documents get lost or misplaced. KanCare encourages folks to complete the application on line but then offer no support whatsoever when there are difficulties. You often get the response, we can't help there, we don't know how it works, apply via paper. Those are not effective answers especially when a family is in crisis.
- 
- They don't have a lot of information and when asked direct questions about the MCO's, they say they don't know and that the MCO's are allowed to do what they please.
  - Took a long time to get a callback and then they weren't able to help our situation.
- 

#### **Wanting legal advocacy**

- What my kid with a disability needs is intensive, legally-based advocacy and legal services. The KanCare Ombudsman does not do that. People who are getting the run around with KanCare need a lot of hand-holding, intensive case-management type services, and an attorney to provide services.
- 

#### **Need better outreach**

- Make contact information easy to find and advertise the services to the public more
  - If they contacted with a family organization, like Families Together, there would be more practical knowledge available to callers
- 

#### **Policy Issues**

- Like in other states, there should be more Ombudsman staff and they should have a greater ability to solve people's problems.
- 
- We need better care and resources in our mental health across the board. More stake in the care for this topic, and places for services for residential based services for kids
  - My hope would be that we would not have to climb the ladder in this way with our foster children moving forward. The agencies within the state of KS such as DCF, KDADS, CDDO, MCOs, etc. need to work together and make exceptions and adjust policies for the best interest of the children in our care rather than pointing fingers and denying services that they have the option to approve or make exceptions for.
-

- The KanCare Ombudsman was great, the issue is that Kansas is behind in providing certain care initiatives for children with disabilities in the state, we are way behind our neighboring states.
  - Patients and families need to be better informed of their rights. This is a very stressful time for patients and families and Medicaid needs to be expanded in Kansas.
- 
- I think this is a problem with the system. There needs to be a review/overhaul of the procedures and policies regarding loss of residential HCBS funding upon arrest. The result of that policy is that people with disabilities are left homeless. Their funding stops so they no longer have a home, a place to be released to. All of their belongings are left sitting at their former home (residential provider). They have no assistance to find and finance a new residential placement. They needlessly sit in jail for months, away from the supports they need, in an environment that leaves them unsafe and open for exploitation due to their disability. This policy needs to change. The effects on the person with the disability (and their family) are outrageous. And it is costing the state so much more money to house someone in jail for 8 months instead of having them out in the community with residential supports where they can access the mental health services they need and maintain employment. I have been a foster parent for kids with disabilities for 25 + years. I have navigated the system and have connections others might not have. This situation frustrated me. It took months to remedy. I don't know how someone unfamiliar with the system would ever be able to navigate like we did to get someone with a disability out of jail and back in the community with the supports they need. The HCBS services my ward needed were gone at the time when he needed them the most.

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**Positive comments**

- I have not had an encounter that did not work well.
- I feel they are an excellent resource for the LTC residents we serve. I haven't found anything negative.
- It was a great experience that had nothing that was challenging.
- I didn't have any difficulties. It would be great if they were able to present to our population and to our agency a couple of times a year.
- I can't think of anything that can be improved – every experience I have had with the Ombudsman's office has been very positive.
- All went well and resources offered were very helpful.
- everything went smoothly
- Everything worked just fine for me.
- Great resource
- I was able to get the families to the resources.
- No feedback for improvement. The office does a great job.

---

**Other**

- Minimal contact so nothing to contribute for this question.
-

- I actually had several different persons to speak with because the ombudsman for my area that I was working with was no longer with the State, but I did get help from one person who was covering that position and then the new person for our area was and is very helpful. I feel better knowing that I have someone to talk to. (Note: reference to Long Term Care Ombudsman Office)

### No Comment

Cant think of anything at this time	no comment
Can't think of anything.	No concerns at this time.
N/A	No suggestions.
N/A	none comes to mind at this time
n/a	Nothing
N/A	nothing
n/a	Nothing
N/A	Nothing I can think of
N/A	nothing in our situation.
N/A	Nothing that I can think of
N/A	N/A

### K. Q12 - Have you heard of the KanCare Ombudsman Office before now?

#	Answer	%	Count
1	No	42.73%	47
2	Yes	57.27%	63
	Total	100%	110

### L. Q13 - Do you know how to reach the KanCare Ombudsman Office?

#	Answer	%	Count
1	No	59.09%	65
2	Yes	40.91%	45
	Total	100%	110

## M. Q14 - Do you think there are barriers to talking with the KanCare Ombudsman Office?

#	Answer	%	Count
1	No	58.72%	64
2	Yes	41.28%	45
	Total	100%	109

## N. Q15 - What barriers do you see to talking to the KanCare Ombudsman Office?

### How to contact

- didn't know how to contact them...
- Not many people know that there is one or how to contact.
- I know of the ombudsman but I never see how to contact the office.
- I am really not sure on how to contact the Ombudsman's Office it would be good to have that information if I ever needed to contact them. The reason there is a barrier is because I am unaware of a phone number or an email to do so.
- As an agency that works with people who use KanCare, I don't know how to contact you. Also, we have a GraceMed representative who comes to our office and helps clients with KanCare so maybe this Ombudsman isn't as needed for us.
- I don't know how to reach them.

### Did not know of the KanCare Ombudsman Office

- The fact that I have no idea what the KanCare Ombudsman Office is a barrier within itself. If I, as a state employee, have no clue what it is. I'm not sure how the other members of the community would know what it is?
- I did not know it existed until this survey came up on Facebook. I have to wonder for those who don't have Facebook how are they able to participate in the survey? Is their a mailer being sent out? If so, not everyone has access to internet or knows how to use the internet. I appreciate the effort in getting your office and the resources it provides out there to people who could benefit from it. However, Facebook only reaches a percent of kancare recipients.
- A lot of people don't understand what being on Medicaid requires. I was not told about a spin down. I just applied again a few months ago and they said I couldn't get help with medicacaoid because previously I didn't meet this spin down I know nothing of. I ask when I could ever get on Medicare again because I am now disabled and really need it. When I ask them how long or anything they say I don't know. If I knew about an ombudsmen I would have ask them if they could please give me answers
- I didn't know it existed. So I didn't know it was available to families struggling with KanCare.
- We didn't know they existed. We just called the clearing house and asked questions.

- Working for a healthcare association I know of the resources available to KanCare recipients and providers. I do not if all those receiving KanCare or their families that assist them always know of the ombudsman or how assistance can be provided to them surrounding KanCare issues.
- Have to know it existed in order to use.
- General lack of knowledge that there is someone to contact.
- I was not aware of this
- The information does not appear to be readily available to the general public. Something that was mailed to members or providers informing them of what the ombudsman does and how to contact them, would be a good start. The information seems to be lacking in this area. A definite barrier if a person doesn't realize such a thing even exists.
- Don't know how to reach you and when I do it won't really do anything because your providers lie about everything. South Central Mental Health is poorly run, does not do what is in the best interest of children in their care, and needs to lose their license with you all for providing help to kids. If you truly look into wait times, lack of service provision, and how supervisors drop the ball and don't care how their actions look and feel to the families. But it doesn't matter- they'll figure out a way to talk their way out of it.
- No saber donde llamar (translation: Not knowing where to call.)

#### **More information about KanCare Ombudsman Office**

- Need more information about the program.

#### **Other**

- spoken language and the wording of the english language. Having the right access to the KanCare Ombudsman office, not everyone has the right tools to access.
- In the past families would call the ombudsman and then their problem was referred to the local DCF area and not resolved by the ombudsman. People want to know if they are calling someone for help they will be the one helping them.
- wait times
- I think it might have same issues as other services, Call volume, staffing. Getting to the right person and or follow up. Just a guess. May not be any problems at all.
- cannot always call
- Length of time for the office to call people back. Not enough staff.
- I believe the communication needs to be worked on communication between everyone. Thank you
- Timely return of calls. People really like the local outreach workers instead of calling.
- lines are busy the most time
- Information for patients and families
- What we have heard from individuals that we have referred to KanCare Ombudsman for assistance is that they are being told that the assistance they need is not something that the KanCare Ombudsman helps with

- 
- I've never spoken with anyone, so I must wait to get a response

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  - The name is intimidating to many and while I know to go to the website to get connected to the Ombudsman Office, our patients' families can barely say the word, let alone spell it in a web browser, especially if English isn't their primary language.

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  - high phono call volume and language barriers.

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  - Lack of knowledge and procedure.

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  - It's hard to get through

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  - I think people are afraid it will cause problems with their providers. They may get retribution after the fact, even if they are in the right.
- 

### **Policy Issues**

- I am raising my 17 year old with several disabilities and we at Children's Mercy hospital are talking about transitioning. Please keep in mind that my grandson is currently seeing 18 different specialist: I am confused and also frustrated that doctors are at Truman Medical Center can not take him or will see him because Truman medical Center does except Kansas Medicare??? I don't understand why Kansas medical center can take it with no problems: This needs address because a couple of his doctors for transitioning have also works at Truman. Please feel free to contact me so we May discuss this further.
-

# X. Appendix B. KanCare Ombudsman Office Listening Session Report

KanCare Ombudsman Office  
Listening Session Notes  
November 16<sup>th</sup>, 2021 – November 18<sup>th</sup>, 2021



Report Prepared by Tori Davis, AmeriCorps VISTA

## A. Introduction:

The KanCare Ombudsman Office helps KanCare members and applicants in fixing problems about their services, coverage, access, and rights. The KanCare Ombudsman Office held an online survey and a series of Listening Sessions to obtain feedback from stakeholders who utilize our services to see how they are doing and if they can make improvements. The survey was live for participants to take from October 19<sup>th</sup>, 2021, to November 12<sup>th</sup>, 2021. The Listening Sessions were from November 16<sup>th</sup>, 2021, to November 18<sup>th</sup>, 2021.

## B. Outreach:

Many outreach efforts were made to notify a variety of stakeholders of the survey and Listening Sessions through social media, Mail Chimp, and other outreach such as:

- An ad was posted on Facebook sharing details regarding the survey and a “save the date” on the Listening Sessions was posted on the Ombudsman official Facebook page on October 19<sup>th</sup>, 2021, and the ad ran until November 11<sup>th</sup>, 2021, for \$1000.
  - The analytics for the Facebook post that was a paid for ad are as follows:

Reach:	52,534 (number of people who saw the ad at least once)
Engagement:	863 (number of actions people took)
Like:	40
Love:	2
Link Clicks:	782
Shares:	24
Saves	14

- The save-the-date was also posted on the KanCare Ombudsman official LinkedIn social media page on October 25<sup>th</sup>, 2021.

- The KanCare Ombudsman Office sent out a notice to over 900 people on Mail Chimp that were KanCare Ombudsman contacts (members, providers, etc.) The survey and listening session notice were also sent out to KDADS, KDHE, the three MCO's and other groups, requesting that they forward the notice to members and providers.
- A reminder to take the survey and the date that the survey will be available until was posted again on the Facebook page on November 2<sup>nd</sup>, 2021. There was an extension on the survey date from November 5<sup>th</sup>, 2021, to November 12<sup>th</sup>, 2021, and the Facebook reminder reflected the new ending survey date.
- A final Facebook post regarding the Listening Sessions was posted that detailed the date, time, conference call, and code on November 5<sup>th</sup>, 2021.
- A final post on the LinkedIn page regarding the Listening Session information was posted on November 9<sup>th</sup>, 2021.
- There were 5 Listening Sessions that were scheduled between November 16<sup>th</sup>, 2021, to November 18<sup>th</sup>, 2021, at varying times to educate others on what the KanCare Ombudsman Office is, seek out public comment from stakeholders regarding how the office is doing, and receive any questions afterward.

- **Note:** The KanCare Ombudsman Office experienced technical difficulties with the conference call in number the first day the Listening Sessions began and switched to utilizing Zoom instead. Due to the technical difficulties, the first scheduled Listening Session on November 16<sup>th</sup>, 2021, at 11:30am was canceled. Updated notices regarding the rest of the scheduled Listening Sessions were sent on November 16<sup>th</sup>, 2021, in the afternoon to Facebook, the KanCare Ombudsman webpage, Mail Chimp list, and other organizations that had received the original requests.

**Listening Session Schedule:**

<b>Date</b>	<b>Time</b>	<b>Location</b>
Tuesday, November 16 <sup>th</sup> <b>(Canceled)</b>	11:30am-1:00pm	Conference Call (866) 620-7326
Tuesday, November 16 <sup>th</sup>	5:30pm-7:00pm	Zoom
Wednesday, November 17 <sup>th</sup>	12:00pm-1:30pm	Zoom
Thursday, November 18 <sup>th</sup>	11:30am-1:00pm	Zoom
Thursday, November 18 <sup>th</sup>	6:00pm-7:30pm	Zoom

**C. Attendance:**

The KanCare Ombudsman Office believes that the attendance and participation of the Listening Sessions was lower than expected due to the technology difficulties that changed the

location of the Listening Session on the first date of launch. Here is the number of stakeholders that participated in the Listening Session by date and time:

- 11/16/2021 Listening Session at 11:30am was canceled due to technical difficulties with the Conference Call line. All Listening Sessions were then transferred over to Zoom.
- 11/16/2021 Listening Session at 5:30pm had 2 participants. 1 participant shared what worked well for them during the session.
- 11/17/2021 Listening Session at 12:00pm had 2 participants. 1 participant shared what worked well for them during the session.
- 11/18/2021 Listening Session at 11:30am had 8 participants. No participants commented on the session.
- 11/18/2021 Listening Session at 6:00pm had 0 participants. The KanCare Ombudsman team waited 10 minutes for any participant to join before leaving the zoom meeting.

#### **D. Listening Session Notes:**

**Questions Ombudsman Office Asked (MEETING CANCELED)**

**November 16<sup>th</sup>, 2021, 11:30am-1:00pm**

**Questions Ombudsman Office Asked**

**November 16<sup>th</sup>, 2021, 5:30pm-7:00pm**

1. What worked well when you used the KanCare Ombudsman Office?

“What worked well for me is the ability to go to the resource link on the KanCare Ombudsman Office’s website and especially when it came to application assistance and for individuals without health insurance that were looking for help in any county, where they were at, and those resources have been invaluable to me. Being able to share that and hearing back from individuals that were able to find people that could help with medical, pre-natal care, and dental who were either undocumented individuals or new to the state and were in a crisis situation. So, that’s what worked well for me on the KanCare Ombudsman’s Website. Thank you.”

**Questions Ombudsman Office Asked**

**November 16<sup>th</sup>, 2021, 5:30pm-7:00pm**

2. What did not work well or could be improved in the KanCare Ombudsman Office?	
No comment	
<b>Questions Stakeholders Asked</b> November 16 <sup>th</sup> , 2021, 5:30pm-7:00pm	<b>KanCare Ombudsman Responses</b> (Kerrie Bacon)
No comment	

<b>Questions Ombudsman Office Asked</b> November 17 <sup>th</sup> , 2021, 12:00pm--1:30pm
1. What worked well when you used the KanCare Ombudsman Office?
“I work with United Healthcare, so mainly I just use the Ombudsman’s name, number, and email to give out to people that I work with in case they need to use the Ombudsman. I don’t usually have interaction. This year, I had asked a question regarding denial of entrance into an assisted living because the person wasn’t vaccinated so I was asking if that was a legitimate reason, and it was answered in a timely manner. So again, it’s just a resource for me, usually to give to other people, and then I kind of don’t know the results of what happens after I give that to them.”

<b>Questions Ombudsman Office Asked</b> November 17 <sup>th</sup> , 2021, 12:00pm-1:30pm
2. What did not work well or could be improved in the KanCare Ombudsman Office?
No comment

<b>Questions Stakeholders Asked</b> November 17 <sup>th</sup> , 2021, 12:00pm-1:30pm	<b>KanCare Ombudsman Responses</b> (Kerrie Bacon)
No comment	

<p><b>Questions Ombudsman Office Asked</b></p> <p><b>November 18<sup>th</sup>, 2021, 11:30am-1:00pm</b></p>
<p>1. What worked well when you used the KanCare Ombudsman Office?</p>
<p>No comment</p>

<p><b>Questions Ombudsman Office Asked</b></p> <p><b>November 18<sup>th</sup>, 2021, 11:30am-1:00pm</b></p>
<p>2. What did not work well or could be improved in the KanCare Ombudsman Office?</p>
<p>No comment</p>

<p><b>Questions Stakeholders Asked</b></p> <p><b>November 18<sup>th</sup>, 2021, 11:30am-1:00pm</b></p>	<p><b>KanCare Ombudsman Responses</b></p> <p><b>(Kerrie Bacon)</b></p>
<p>No comment</p>	

<p><b>Questions Ombudsman Office Asked</b></p> <p><b>November 18<sup>th</sup>, 2021, 6:00pm-7:30pm</b></p>
<p>No participants arrived</p>

# XI. Appendix C: Managed Care Organization (MCO) Data

## A. Aetna

<b>MEDICAID ISSUES</b>	<b>2019</b>	<b>2020</b>	<b>2021</b>
Access to Providers (usually Medical)	13	4	6
Appeals/Fair Hearing questions/issues	2	3	2
Background Checks	0	0	0
Billing	12	11	14
Care Coordinator Issues	19	2	5
Change MCO	11	7	1
Choice Info on MCO	6	1	0
Coding Issues	3	0	2
Consumer said Notice not received	1	1	1
Cultural Competency	0	0	1
Data Requests	0	0	0
Dental	7	2	1
Division of Assets	1	0	0
Durable Medical Equipment	5	6	0
Grievances Questions/Issues	11	10	6
Help understanding mail (NOA)	0	1	0
MCO transition	3	0	0
Medicaid Application Assistance	6	2	1
Medicaid Eligibility Issues	19	7	9
Medicaid Fraud	0	0	1
Medicaid General Issues/questions	48	12	23
Medicaid info (status) update	14	12	15
Medicaid Renewal	18	4	2
Medical Card issues	0	1	6
Medicare Savings Plan Issues	7	4	1
MediKan issues	0	0	0
Moving to / from Kansas	2	0	1
Medical Services	14	9	12
Pain management issues	1	2	2
Pharmacy	10	2	5
Pregnancy issues	0	0	1
Prior authorization issues	0	2	3
Refugee/Immigration/SOBRA issues	0	0	0
Respite	0	0	0
Spend Down Issues	9	7	6
Transportation	13	3	3
Working Healthy	0	1	0
<b>MEDICAID ISSUES TOTAL</b>	<b>255</b>	<b>116</b>	<b>130</b>

Aetna

<b>HCBS/LTSS ISSUES</b>	<b>2019</b>	<b>2020</b>	<b>2021</b>
Client Obligation	9	0	3
Estate Recovery	0	0	0
HCBS Eligibility issues	18	0	5
HCBS General Issues	25	9	7
HCBS Reduction in hours of service	1	1	0
HCBS Waiting List	3	0	0
Nursing Facility Issues	6	6	7
<b>HCBS/LTSS ISSUES TOTAL</b>	<b>62</b>	<b>16</b>	<b>22</b>

<b>OTHER ISSUES</b>	<b>2019</b>	<b>2020</b>	<b>2021</b>
Abuse / neglect complaints	0	4	3
ADA Concerns	0	0	0
Adoption issues	0	0	2
Affordable Care Act Calls	0	0	0
Community Resources needed	0	1	0
Domestic Violence concerns	0	0	0
Foster Care issues	0	1	1
Guardianship	0	0	1
Homelessness	0	1	0
Housing Issues	1	2	1
Medicare related Issues	7	2	1
Social Security Issues	3	0	0
Used Interpreter	0	0	0
X-Other	29	18	7
Z Thank you	109	38	53
Z Unspecified	8	1	3
Health Homes	0	0	0
<b>OTHER ISSUES TOTAL</b>	<b>157</b>	<b>68</b>	<b>72</b>

Aetna

<b>PROGRAM TYPE</b>	<b>2019</b>	<b>2020</b>	<b>2021</b>
PD	8	5	4
I/DD	8	3	1
FE	8	0	1
AUTISM	0	0	0
SED	3	1	0
TBI	9	2	2
TA	6	2	1
WH	0	0	0
MFP	0	0	0
PACE	0	0	0
MENTAL HEALTH	2	0	0
SUB USE DIS	0	0	0
NURSING FACILITY	5	4	2
FOSTER CARE	0	1	1
MEDIKAN	0	0	0
INSTITUTIONAL TRANSITION FROM LTC/NF	0	1	2
INSTITUTIONAL TRANSITION FROM MH/BH	0	0	0
INSTITUTIONAL TRANSITION FROM PRISON/JAIL	0	0	0
<b>PROGRAM TYPE TOTAL</b>	<b>49</b>	<b>19</b>	<b>14</b>
<b>PRIORITY</b>	<b>2019</b>	<b>2020</b>	<b>2021</b>
HCBS	8	11	10
Long Term Care / MF	1	3	3
Urgent Medical Need	3	1	6
Urgent	7	6	8
Life Threatening	3	0	0
<b>PRIORITIES TOTAL</b>	<b>22</b>	<b>21</b>	<b>27</b>

## B. Sunflower

<b>MEDICAID ISSUES</b>	<b>2017</b>	<b>2018</b>	<b>2019</b>	<b>2020</b>	<b>2021</b>
Access to Providers (usually Medical)	12	13	14	4	7
Appeals/Fair Hearing questions/issues	2	9	4	15	4
Background Checks	0	1	0	0	0
Billing	23	22	19	14	16
Care Coordinator Issues	10	6	15	8	1
Change MCO	3	9	4	4	2
Choice Info on MCO	0	1	3	2	2
Coding Issues	6	15	7	2	1
Consumer said Notice not received	0	10	0	1	0
Cultural Competency	0	0	1	0	0
Data Requests	0	0	0	2	2
Dental	3	8	2	2	3
Division of Assets	0	1	0	0	0
Durable Medical Equipment	5	4	0	4	4
Grievances Questions/Issues	17	16	16	13	7
Help understanding mail (NOA)	0	0	0	4	2
MCO transition	0	0	0	0	1
Medicaid Application Assistance	6	5	4	4	0
Medicaid Eligibility Issues	49	42	32	7	5
Medicaid Fraud	0	2	0	1	0
Medicaid General Issues/questions	0	46	40	16	17
Medicaid info (status) update	0	26	25	11	8
Medicaid Renewal	25	17	26	3	0
Medical Card issues	0	0	1	4	4
Medicare Savings Plan Issues	1	7	4	1	0
MediKan issues	0	0	0	0	0
Moving to / from Kansas	1	1	1	2	0
Medical Services	14	11	15	13	12
Pain management issues	0	0	1	0	2
Pharmacy	8	7	10	1	7
Pregnancy issues	0	0	2	1	0
Prior authorization issues	0	0	0	1	2
Refugee/Immigration/SOBRA issues	0	0	0	0	0
Respite	0	0	0	0	1
Spend Down Issues	13	7	8	4	1
Transportation	9	6	7	5	5
Working Healthy	0	3	2	0	0
<b>MEDICAID ISSUES TOTAL</b>	<b>207</b>	<b>295</b>	<b>263</b>	<b>149</b>	<b>116</b>

Sunflower

<b>HCBS/LTSS ISSUES</b>	<b>2017</b>	<b>2018</b>	<b>2019</b>	<b>2020</b>	<b>2021</b>
Client Obligation	17	13	6	3	2
Estate Recovery	1	0	0	0	0
HCBS Eligibility issues	29	24	20	5	8
HCBS General Issues	23	32	30	26	12
HCBS Reduction in hours of service	3	2	3	7	0
HCBS Waiting List	3	1	4	1	2
Nursing Facility Issues	4	4	2	5	5
<b>HCBS/LTSS ISSUES TOTAL</b>	<b>80</b>	<b>76</b>	<b>65</b>	<b>47</b>	<b>29</b>

<b>OTHER ISSUES</b>	<b>2017</b>	<b>2018</b>	<b>2019</b>	<b>2020</b>	<b>2021</b>
Abuse / neglect complaints	0	3	1	1	1
ADA Concerns	0	0	0	0	0
Adoption issues	0	0	0	2	1
Affordable Care Act Calls	1	1	1	0	0
Community Resources needed	0	0	0	1	2
Domestic Violence concerns	0	0	0	0	0
Foster Care issues	0	0	0	0	0
Guardianship	1	3	0	1	3
Homelessness	0	0	0	1	0
Housing Issues	3	3	0	3	2
Medicare related Issues	2	8	2	3	4
Social Security Issues	1	2	0	1	1
Used Interpreter	0	0	0	0	0
X-Other	63	40	28	28	9
Z Thank you	109	166	115	64	54
Z Unspecified	4	7	10	2	2
Health Homes	0	0	0	0	0
<b>OTHER ISSUES TOTAL</b>	<b>184</b>	<b>233</b>	<b>157</b>	<b>107</b>	<b>79</b>

Sunflower

<b>PROGRAM TYPE</b>	<b>2017</b>	<b>2018</b>	<b>2019</b>	<b>2020</b>	<b>2021</b>
PD	31	31	16	14	2
I/DD	34	15	15	4	10
FE	18	9	13	6	6
AUTISM	2	1	1	2	0
SED	1	2	1	1	0
TBI	4	7	8	2	6
TA	5	2	4	3	1
WH	1	3	2	0	0
MFP	1	1	0	0	0
PACE	0	0	0	0	0
MENTAL HEALTH	2	0	0	1	2
SUB USE DIS	0	0	0	0	0
NURSING FACILITY	16	8	3	3	2
FOSTER CARE	0	0	0	0	0
MEDIKAN	0	0	0	0	0
INSTITUTIONAL TRANSITION FROM LTC/NF	0	0	0	1	0
INSTITUTIONAL TRANSITION FROM MH/BH	0	0	1	0	1
INSTITUTIONAL TRANSITION FROM PRISON/JAIL	0	0	0	0	0
<b>PROGRAM TYPE TOTAL</b>	<b>115</b>	<b>79</b>	<b>64</b>	<b>37</b>	<b>30</b>
<b>PRIORITY</b>	<b>2017</b>	<b>2018</b>	<b>2019</b>	<b>2020</b>	<b>2021</b>
HCBS	0	0	15	33	16
Long Term Care / MF	0	0	3	2	5
Urgent Medical Need	0	0	5	7	10
Urgent	0	0	4	10	11
Life Threatening	0	0	4	1	2
<b>PRIORITIES TOTAL</b>	<b>0</b>	<b>0</b>	<b>31</b>	<b>53</b>	<b>44</b>

## C. United Healthcare

<b>MEDICAID ISSUES</b>	<b>2017</b>	<b>2018</b>	<b>2019</b>	<b>2020</b>	<b>2021</b>
Access to Providers (usually Medical)	8	0	10	4	7
Appeals/Fair Hearing questions/issues	5	13	3	8	6
Background Checks	0	0	1	0	0
Billing	13	20	10	12	19
Care Coordinator Issues	9	15	10	11	4
Change MCO	6	6	8	5	2
Choice Info on MCO	0	2	1	2	1
Coding Issues	3	6	5	1	1
Consumer said Notice not received	0	3	2	0	0
Cultural Competency	0	0	0	0	0
Data Requests	0	1	0	0	1
Dental	6	3	5	0	4
Division of Assets	1	1	0	0	0
Durable Medical Equipment	5	1	5	5	4
Grievances Questions/Issues	10	10	10	10	11
Help understanding mail (NOA)	0	0	0	0	4
MCO transition	0	0	0	1	0
Medicaid Application Assistance	4	15	2	2	3
Medicaid Eligibility Issues	42	44	24	10	8
Medicaid Fraud	0	1	0	0	1
Medicaid General Issues/questions	0	39	44	12	27
Medicaid info (status) update	0	19	25	12	11
Medicaid Renewal	14	19	14	1	2
Medical Card issues	0	0	2	5	4
Medicare Savings Plan Issues	1	7	1	1	4
MediKan issues	0	0	1	0	0
Moving to / from Kansas	0	2	0	0	2
Medical Services	8	18	3	12	12
Pain management issues	0	1	2	0	3
Pharmacy	4	8	9	9	9
Pregnancy issues	0	0	0	0	2
Prior authorization issues	0	0	1	2	6
Refugee/Immigration/SOBRA issues	0	0	0	0	0
Respite	0	1	0	0	0
Spend Down Issues	9	20	9	6	3
Transportation	7	10	5	8	6
Working Healthy	0	2	1	0	0
<b>MEDICAID ISSUES TOTAL</b>	<b>155</b>	<b>287</b>	<b>213</b>	<b>139</b>	<b>167</b>

United

<b>HCBS/LTSS ISSUES</b>	<b>2017</b>	<b>2018</b>	<b>2019</b>	<b>2020</b>	<b>2021</b>
Client Obligation	12	23	5	2	2
Estate Recovery	1	0	1	0	0
HCBS Eligibility issues	25	17	10	6	7
HCBS General Issues	16	34	28	21	16
HCBS Reduction in hours of service	4	1	3	8	1
HCBS Waiting List	0	3	5	0	3
Nursing Facility Issues	7	9	8	6	14
<b>HCBS/LTSS ISSUES TOTAL</b>	<b>65</b>	<b>87</b>	<b>60</b>	<b>43</b>	<b>43</b>

<b>OTHER ISSUES</b>	<b>2017</b>	<b>2018</b>	<b>2019</b>	<b>2020</b>	<b>2021</b>
Abuse / neglect complaints	1	3	0	0	5
ADA Concerns	0	0	0	0	0
Adoption issues	0	0	0	0	0
Affordable Care Act Calls	0	0	0	0	0
Community Resources needed	0	0	0	1	3
Domestic Violence concerns	0	0	0	0	0
Foster Care issues	0	0	0	0	1
Guardianship	1	1	0	0	0
Homelessness	0	0	0	1	2
Housing Issues	1	1	1	2	5
Medicare related Issues	3	2	3	3	3
Social Security Issues	0	2	1	2	2
Used Interpreter	0	0	0	0	0
X-Other	57	25	22	23	17
Z Thank you	96	175	114	53	69
Z Unspecified	10	3	10	2	3
Health Homes	0	0	0	0	0
<b>OTHER ISSUES TOTAL</b>	<b>169</b>	<b>212</b>	<b>151</b>	<b>87</b>	<b>110</b>

United

<b>PROGRAM TYPE</b>	<b>2017</b>	<b>2018</b>	<b>2019</b>	<b>2020</b>	<b>2021</b>
PD	20	24	22	13	4
I/DD	22	13	17	2	7
FE	21	13	11	8	6
AUTISM	1	0	1	0	0
SED	1	6	3	1	1
TBI	5	5	3	6	4
TA	3	3	1	2	1
WH	0	4	0	0	0
MFP	0	0	0	0	0
PACE	0	0	0	0	0
MENTAL HEALTH	3	2	1	1	6
SUB USE DIS	0	0	0	0	0
NURSING FACILITY	16	12	10	3	6
FOSTER CARE	0	0	0	0	0
MEDIKAN	0	0	1	0	0
INSTITUTIONAL TRANSITION FROM LTC/NF	0	0	1	3	1
INSTITUTIONAL TRANSITION FROM MH/BH	0	0	0	1	0
INSTITUTIONAL TRANSITION FROM PRISON/JAIL	0	0	0	0	0
<b>PROGRAM TYPE TOTAL</b>	<b>92</b>	<b>82</b>	<b>71</b>	<b>40</b>	<b>36</b>
<b>PRIORITY</b>	<b>2017</b>	<b>2018</b>	<b>2019</b>	<b>2020</b>	<b>2021</b>
HCBS	0	0	4	25	15
Long Term Care / MF	0	0	4	6	9
Urgent Medical Need	0	0	2	5	5
Urgent	0	0	2	6	16
Life Threatening	0	0	1	0	1
<b>PRIORITIES TOTAL</b>	<b>0</b>	<b>0</b>	<b>13</b>	<b>42</b>	<b>46</b>