Quarterly Report to CMS Regarding Operation of 1115 Waiver Demonstration Program – Quarter Ending 6.30.18

State of Kansas

Kansas Department of Health and Environment

Division of Health Care Finance

KanCare
Section 1115 Quarterly Report
Temporary Extension Demonstration Year: 1 (1/1/2018-12/31/2018)
Federal Fiscal Quarter:3/2018 (4/18-6/18)

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I. Introduction

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

On August 6, 2012, the State of Kansas submitted a Medicaid Section 1115 demonstration proposal, entitled KanCare. That request was approved by the Centers for Medicare & Medicaid Services on December 27, 2012, effective from January 1, 2013, through December 31, 2017. The State submitted a one-year temporary extension request of this demonstration to CMS on July 31, 2017. The temporary extension was approved on October 13, 2017.

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

This six-year demonstration will:

- Maintain Medicaid state plan eligibility;
- Maintain Medicaid state plan benefits;
- Allow the state to require eligible individuals to enroll in managed care organizations (MCOs) to receive covered benefits through such MCOs, including individuals on HCBS waivers, except:
    - American Indian/Alaska Natives are presumptively enrolled in KanCare but will have the option of affirmatively opting-out of managed care.
- Provide benefits, including long-term services and supports (LTSS) and HCBS, via managed care; and
- Create a Safety Net Care Pool to support hospitals that provide uncompensated care to Medicaid beneficiaries and the uninsured.

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

- Provide integration and coordination of care across the whole spectrum of health to include physical health, behavioral health, and LTSS/HCBS;
- Improve the quality of care Kansas Medicaid beneficiaries receive through integrated care coordination and financial incentives paid for performance (quality and outcomes);
- Control Medicaid costs by emphasizing health, wellness, prevention and early detection as well as integration and coordination of care; and
- Establish long-lasting reforms that sustain the improvements in quality of health and wellness for Kansas Medicaid beneficiaries and provide a model for other states for Medicaid payment and delivery system reforms as well.

This quarterly report is submitted pursuant to item #77 of the Centers for Medicare & Medicaid Services Special Terms and Conditions (STCs) issued regarding the KanCare 1115(a) Medicaid demonstration program, and in the format outlined in Attachment A of the STCs.

II. Enrollment Information

The following table outlines enrollment activity related to populations included in the demonstration. It does not include enrollment activity for non-Title XIX programs, including the Children's Health Insurance Program (CHIP), nor does it include populations excluded from KanCare, such as Qualified Medicare Beneficiaries (QMB) not otherwise eligible for Medicaid. The table does include members retroactively assigned for the second quarter known as of June 30, 2018.

Demonstration Population	Enrollees at Close of Qtr. (6/30/2017)	Total Unduplicated Enrollees in Quarter	Disenrolled in Quarter
Population 1: ABD/SD Dual	14,803	15,686	883
Population 2: ABD/SD Non-Dual	29,658	30,283	625
Population 3: Adults	49,193	53,064	3,871
Population 4: Children	225,249	238,290	13,041
Population 5: DD Waiver	9,092	9,174	82
Population 6: LTC	19,788	20,819	1,031
Population 7: MN Dual	1,273	1,401	128
Population 8: MN Non-Dual	959	1,050	91
Population 9: Waiver	4,627	4,781	154
Population 10: UC Pool	N/A	N/A	N/A
Population 11: DSRIP Pool	N/A	N/A	N/A
Total	**354,642**	**374,548**	**19,906**

III. Outreach/Innovation

The KanCare website, www.kancare.ks.gov, is home to a wealth of information for providers, consumers, stakeholders and policy makers. Sections of the website are designed specifically around the needs of consumers and providers; and information about the Section 1115 demonstration and its operation is provided in the interest of transparency and engagement.

The KanCare Advisory Council consists of 13 members: 3 legislators representing the House and Senate, 1 representing mental health providers, 1 representing CDDOs, 2 representing physicians and hospitals, 3 representing KanCare members, 1 representing the developmental disabilities community, 1 former Kansas Senator, 1 representing pharmacists. The 2nd quarter KanCare Advisory Council meeting took place on May 30, 2018 in Curtis State Office building room 530. The agenda was as follows:

- Welcome
- Review and Approval of Minutes from Council Meeting, March 27, 2018
- KDHE Update – Jon Hamdorf, Director and Medicaid Director, Division of Health Care Finance, Kansas Department of Health and Environment
- KDADS Update – Tim Keck, Secretary, Kansas Department for Aging and Disability Services
- Updates on KanCare with Q&A
    - Amerigroup Kansas

    - Sunflower State Health Plan
    - UnitedHealthcare Community Plan
- Miscellaneous Agenda Items
    - Discussion of KanCare audit
- Next Meeting of KanCare Advisory Council – August 28, 2018, Curtis State Office Building, 2:30 to 4:00 p.m.
- Adjourn

The next meeting of the Advisory Council is set for August 28, 2018 at 2:30 pm in the same location.

The 2nd quarter Tribal Technical Advisory Group (TTAG) occurred on June 20, 2018 in Landon State Office Building Room 9E. There were 11 attendees present – 10 in person and 1 by phone. The next scheduled TTAG meeting is September 4, 2018 in the same location.

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

- Autism Advisory Council (quarterly)
- Money Follows the Person (quarterly) – ending this quarter
- PACE Program (quarterly)
- HCBS Provider Forum teleconferences (monthly)
- Long-term Care Roundtable with Department of Children & Families (quarterly)
- Big Tent Coalition meetings to discuss KanCare and stakeholder issues (monthly)
- Interhab (CDDO and I/DD Provider Association) board meetings (monthly)
- KACIL (centers for independent living) board meetings (monthly)
- Presentations, attendance, and information is available as requested by small groups, consumers, stakeholders, providers and associations across Kansas
- Community Mental Health Centers meetings to address billing and other concerns (monthly and quarterly)
- Series of workgroup meetings and committee meetings with the Managed Care Organizations and Community Mental Health Centers
- Regular meetings with the Kansas Hospital Association KanCare implementation technical assistance group
- Series of meetings with behavioral health institutions, private psychiatric hospitals, and Psychiatric Treatment Residential Facilities (PRTFs) to address care coordination and improved integration
- State Mental Health Hospital mental health reform meetings (quarterly)
- Medicaid Functional Eligibility Instrument (FE, PD & TBI) Advisory Workgroup
- I/DD Functional Eligibility Instrument Advisory Workgroup
- Systems Collaboration with Aging & Disability, Behavioral Health and Foster Care Agencies
- PRTF Stakeholder meeting (quarterly)
- Mental Health Coalition meeting (bi-weekly)
- Kansas Association of Addiction Professionals (monthly)
- Crisis Response & Triage meetings with stakeholders including MCOs to improve timely, effective crisis services for members and improved care coordination post crises (bi-weekly)

- Lunch and Learn biweekly series on a variety of behavioral health topics including prevention and the prevention framework initiative; SUD 101; trauma informed systems of care; recovery and peer support; housing and homeless initiatives; community crisis center development
- Bi-monthly Governor's Behavioral Health Services Planning Council meetings; and monthly meetings with the nine subcommittees such as Suicide Prevention, Justice Involved Youth and Adult, and Rural and Frontier
- Mental Health Excellence and grant project meetings
- Monthly Nursing Facility Stakeholder Meetings
- KDADS-CDDO-Stakeholder Meetings (quarterly)
- WSU-Community Engagement Institute Special Projects (weekly meeting) including HCBS Access Guide, Policy Gap Analysis, and Capacity Building survey
- KDADS-CDDO Eligibility workgroup tasked to update IDD Eligibility policy and Handbook- policy work meetings ran from 6/22/17 to 1/10/18

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

KanCare Credentialing Uniformity Workgroup
The KanCare Credentialing Uniformity Workgroup membership consists of the State, the three managed care organizations (MCOs), the Fiscal Agent, and healthcare providers from the Kansas Hospital Association and Kansas Medical Society. The agenda for this group is to analyze current enrollment and credentialing practices to ease burdens for the providers, while still enabling the MCOs to meet their corporate credentialing needs. The workgroup finalized an interim electronic PDF version of the credentialing forms and it is now posted for provider use on all KanCare credentialing websites.

In December 2018, enhancements to the Provider Enrollment Wizard will allow providers to complete one common application for the Kansas Medical Assistance Program (KMAP) and all KanCare MCOs electronically and to submit all required attachments and supporting documentation. During enrollment, providers will select which MCO(s) they wish to contract with and indicate whether they will accept fee-for-service (FFS). KMAP will review, screen, and issue a KMAP identification (ID) number for approved applications. After the KMAP ID number is issued, the enrollment application and all attachments will systematically be forwarded to the appropriate MCO(s) to begin their credentialing and contracting process. A session is planned for September 2018 to demonstrate the upgrades to the Provider Enrollment Wizard. During this demonstration, providers will have an opportunity to ask questions related to the new streamlined enrollment process.

Note: Nursing home providers will continue to enroll through the Kansas Department for Aging and Disability Services.

MCO Outreach Activities
A summary of this quarter's marketing, outreach and advocacy activities conducted by the KanCare managed care organizations – Amerigroup Kansas, Sunflower State Health Plan, and United Healthcare Community Plan – follows below.

Information related to Amerigroup Kansas marketing, outreach and advocacy activities:
Marketing Activities**:** Amerigroup participated in 259 events for the second quarter of 2018. This included partner development, sponsorships, member outreach and advocacy.

The Community Relations Representatives primary focus continues to be assisting members with education on all the benefits provided by KanCare program. They constantly look to develop strong community partnerships across the state by enhancing existing relationships and building new ones.

Below is a sampling of activities Amerigroup supported in the second quarter:

- Kansas Transformer meeting
- Kansas Bonner Springs Job Olympics
- Kansas Job-a-thon exhibit
- Kansas Topeka High School Teen Suicide Symposium

Outreach Activities**:** Amerigroup's Outreach Care Specialists continued their telephonic outreach efforts and mailings to new members to welcome them and to ensure they have completed their initial health risk assessment. They also reached out to members who appeared to be due for an annual checkup or need other medical services to help schedule their appointment with their provider to help improve their overall health.

The Community Relations Representatives participated in a variety of community events reaching approximately 20,364 Kansans in the second quarter of 2018. Amerigroup highly values the benefits of these activities which give them the opportunity to obtain valuable feedback and to cover current topics that are relevant to their members, such as: KAN Be Healthy screenings, transportation, diabetes, well child visits, employment, dental care, working with your PCPC, and more.

Below is a sampling of some of their outreach efforts this past quarter:

- Kansas NAMI Walk
- Kansas Special Olympics
- Kansas Run, Fly Drive Event
- Kansas SACK Convention

Advocacy Activities**:** Amerigroup' s advocacy efforts for second quarter of 2018 continue to be broad based to support the needs of the general population, pregnant women, children, people with disabilities and the elderly. The staff is proactively and engaged at the local level by participating in coalitions, committees, and boards across the state. These commitments help the staff learn the needs of the communities they serve and how they can better serve these communities.

The second quarter advocacy efforts remain similar to those of the previous quarters. Amerigroup continues to educate families, members, potential members, caregivers, providers, and all those who work with the KanCare community. Amerigroup continues to help support their members in resolving issues through the KanCare Ombudsman, the grievance and appeal process with the assistance of the Grievance Specialists on site at the Health Plan.

Amerigroup also met with members who participate in their adult advisory group to help assess their effectiveness and to improve various health related strategies, programs and systems of care.

Here are a few examples of their Advocacy Activities this past quarter:

- Member Advisory Committee
- Kansas Food Bank Mobile Food Pantry

- Kansas Baby Jubilee

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

Marketing Activities: Sunflower Health Plan marketing activities for the 2nd quarter 2018 included attending and/or sponsoring 54 member and provider events. Sunflower sponsored local and statewide member and provider events as well as fundraisers for charitable organizations such as the American Heart Association. Sunflower's marketing material for the second quarter included member postcards and customized letters addressing preventive health care gaps for diabetes screenings, childhood and adolescent immunizations and dental care.

During Q2 2018, Sunflower Health Plan sponsored local and statewide member and provider events such as:

- 4th Annual Safe Kids Day at the Zoo
- KC Family Timber Challenge
- Two provider workshops
- KMGMA 2018 Spring Conference
- Older American's Month Celebration & Sock Hop
- Let's Move WyCo Color Run
- Heart Walk, American Heart Association
- In Step and In Shape Walk & Picnic

Outreach Activities**:** Sunflower Health Plan's outreach activities for the second quarter of 2018 centered on home visits, farmers markets and food insecurity. Most notably, Sunflower sponsored the Double Up Food Bucks initiative in Wichita, which matches up to $25 per day for SNAP recipients to spend on fresh fruits and vegetables.

Sunflower's participation at community events resulted in a reach of more than 6,600 members and providers during the second quarter. Examples of member outreach activities this quarter:

- Held six Farmers Market member programs, including a Double Up Food Bucks kickoff event in Wichita
- Held three Adopt-a-School events
- Participated in community baby showers to promote prenatal care and Shawnee County Health Department WIC FEST
- Participated in eight community health events serving all populations, including the Kickapoo Nation Health Center's annual health fair
- Participated in a variety of ongoing community/public health meetings.
- Held Sunflower Health Plan's quarterly Member Advisory Committee meeting on June 27, in Topeka. The two main topics on the agenda were access to care and the Sunflower website.
- Held Sunflower Health Plan's behavioral health advisory group meeting May 11.
- Sunflower staff volunteered at the Special Olympics Summer Games
- Donated 50 pairs of shoes through partnership with HealthCore Clinic in Wichita.

Advocacy Activities**:** Sunflower Health Plan's advocacy efforts for Q2 2018 centered on supports for people with disabilities, employment opportunities and work to help all populations improve individual health literacy. During this reporting period, there was enhanced promotion of employment initiatives with

participation in several events focused on those with disabilities. Sunflower participated in the following advocacy activities during Q2 2018:

- Transition Pathways: What's Next
- GKC DisAbility Inclusion Summit
- Employment First Summit
- Self Advocate Coalition of Kansas Conference
- KC Teen Summit STEM Camp
- Wichita Advocacy Council Meeting
- LeadingAge Biannual Regional Roundtable events
- Autism Across the Ages
- Crime Victims' Rights Conference

Information related to UnitedHealthcare Community Plan marketing, outreach and advocacy activities:
Marketing Activities: UnitedHealthcare Community Plan of Kansas continued to focus on member, provider, and community education regarding KanCare benefits and general health education. Plan staff completed new member welcome calls and Health Risk Assessments. New members were sent ID Cards and new member welcome kits in a timely manner. Throughout the quarter, UnitedHealthcare hosted a number of meetings and presentations with key providers, hospitals, Federally Qualified Health Centers (FQHC's) and Community Based Organizations like Butler County Special Education, Consulate of Mexico, Derby Recreation Center, Public Schools, Housing Authorities, March of Dimes, KIDS Network, Head Start and Parents as Teachers as well as providers, health departments and faith based organizations throughout the state with a focus on innovation and collaboration.

Outreach Activities: UnitedHealthcare Community Plan participated in and/or supported 92 member facing activities, which included 31 lobby sits at provider offices as well as 37 events/health fairs or other educational opportunities for both consumers and providers. In Q2, UnitedHealthcare organized, participated in and supported 13 baby showers that were sponsored by UHC and/or other organizations. UnitedHealthcare leveraged bilingual Community Outreach Specialists that focused on activities targeted within assigned geographical areas across Kansas. These specialists are fluent in both English and Spanish languages and effectively communicate with members with diverse cultural backgrounds. Additional Outreach Specialists supported activities in their respective territories. The Outreach Specialists regularly support one another working collaboratively to serve UHC Members. The key responsibility of the Outreach Specialist is to conduct educational outreach for members, community based organizations and targeted provider offices about Medicaid benefits, KanCare and UnitedHealthcare. Of key importance is to meet members where they are and help understand their personal goals and how UHC can help them reach those goals. UnitedHealthcare also interacts with key provider offices and the provider community to assist with issue resolution. Several key outreach initiatives this quarter included lobby sits, "Food for Thought Programs" hosted on-site at provider offices, and several health fairs. UnitedHealthcare also participated in a number of community stakeholder committee meetings during the second quarter of 2018.

UnitedHealthcare staff completed another outreach blitz (swarm), where dozens of organizations in SE Kansas were visited by teams of two health plan staff members. Goal of the swarm is to introduce the health plan to various organizations and brainstorm unique and collaborate ideas for how UHC can support individuals in the area with various needs including Social Determinants of Health (SDOH). The

outcome of this swarm was several new relationships and ideas to support individuals in the rural areas of SE Kansas.

Finally, UHC hosted the Q2 Member Advisory Meeting in Olathe. The Health Plan finds it critical to host meetings in different parts of the state in order to hear from those in both urban and rural areas, but this strategy makes it challenging to have the same committee at each meeting. This advisory meeting focused on explaining the pharmacy benefit and the new Opioid prior authorization policy. Also, the new provider look-up tool, Rally, was discussed.

During the second quarter 2018, UnitedHealthcare staff personally met with approximately 5,633 individuals who were members or potential members at community events, at member orientation sessions, and at lobby sits held at key provider offices throughout Kansas.

During the second quarter 2018, UnitedHealthcare staff personally met with approximately 2,543 individuals from community based organizations located throughout Kansas. These organizations work directly with UHC members in various capacities.

During the second quarter 2018, UnitedHealthcare staff personally met more than 1,005 individuals from provider offices located throughout the State.

Advocacy Activities: The UnitedHealthcare continued to support advocacy opportunities to support children and members with disabilities, and the individuals and agencies that support them.

Throughout this quarter, the team also worked closely with Health Plan Care Coordinators who support the waiver population. The Health Plan staff continued to stress to all members, including those with disabilities the desire to help support the members' personal goals and encouraged them to make informed decisions about enrollment in a KanCare plan. Staff will also meet consumers new to KanCare who are trying to understand their benefits. UnitedHealthcare remains committed to providing ongoing support and education to members and offering support to the consumers of Kansas. Health Plan staff worked with the East Kansas Economic Opportunity Organization, the Douglas County Transition Council, Transformers and Self Advocate Coalition of Kansas to help support individuals in areas of training and job development. UHC advocate also served on the Project SEARCH advisory committee. Staff also participated in Panel Discussion for Inclusion Connection.

Health Plan sponsored several key events including the Community Health Workers Training and the KAMU training event for FQHC to cover the foundational concepts of the medical home. The Health Plan staff supported multiple committees and coalitions surrounding the challenges faced by consumers navigating the health care world.

Below is a sample of the organizations the Health Plan staff interacted with during second quarter:

- Self-Advocate Coalition of Kansas
- Hays Community Service Council
- Pratt County Community Health & Resource Council
- Thomas County Health Coalition
- Great Bend Interagency Committee
- WILCO Interagency Coalition
- Cultural Relations Board

- Ford County Health Coalition
- Kansas Association for the Medically Underserved (KAMU)
- Tobacco Cessation Work Group
- WIC
- Food Pantries
- Jayhawk ADRC
- Johnson County Mental Health Center
- Council on Aging
- KIDS KS Infant Death & SIDS
- ECKAN
- Growing Futures
- Parents as Teachers
- Wesley House
- Consulate of Mexico: Kansas City
- My Family Labette County
- USD 259 Wichita Public Schools
- Reach Healthcare Foundation
- SafeHome
- My Family Labette County
- New Bethel Church
- Wade Barret Memorial Fund

IV. Operational Developments/Issues

a. Systems and reporting issues, approval and contracting with new plans: No new plans have been contracted with for the KanCare program. Through a variety of accessible forums and input avenues, the State is kept advised of any systems or reporting issues on an ongoing basis and such issues are managed either internally, with our MMIS Fiscal Agent, with the operating state agency and/or with the MCOs and other contractors to address and resolve the issues.

KanCare Amendment 33 was submitted to CMS for review and approval on April 26, 2018. The Amendment replaced Attachment D. The Amendment is effective April 1, 2018, pending CMS approval.

Four State Plan Amendments (SPA) were approved as noted below:

SPA Number	Subject	Submitted Date	Effective Date	Approval Date
18-001	Payment of Long Acting Reversible Contraceptives (LARC) as a FFS pharmaceutical in an RHC	03/02/2018	02/27/2018	4/25/2018
18-002	Payment of Long Acting Reversible Contraceptives (LARC) as a FFS pharmaceutical in an FQHC	03/02/2018	02/27/2018	4/25/2018
18-006	Inpatient hospital readmission with 15 days of discharge	03/30/3018	01/01/2018	06/19/2018
18-007	Prescribed Drugs – Page Removal	04/13/2018	04/13/2018	06/08/2018

One State Plan Amendment (SPA) was submitted:

SPA Number	Subject	Submitted Date	Proposed Effective Date	Approval Date
18-008	Technical correction SPA for SPA 18-006	6/26/2018	01/01/2018	

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

b. Benefits: All pre-KanCare benefits continue, and the program includes value-added benefits from each of the three KanCare MCOs at no cost to the State. A summary of value added services utilization, per each of the KanCare MCOs, by top three value-added services and total for January-June 2018, follows:

MCO	Value Added Service Jan.-June 2018	Units YTD	Value YTD
Amerigroup	Member Incentive Program	1,273	$924,420
	Adult Dental Care	1,574	$206,395
	Mail Order OTC	3,501	$64,806
	Total of All Amerigroup VAS	***6,794***	***$1,253,129***
Sunflower	CentAccount debit card	31,437	$338,131
	Dental visits for adults	2,721	$154,302
	Comprehensive Medication Review	4,500	$140,399
	Total of all Sunflower VAS	**54,775**	**$809,719**
United	Additional Vision Services	6,079	$152,535
	Home Helper Catalog Supplies	2,778	$93,991
	Rewards for Preventive Visits or Health Actions	1,499	$46,841
	Total of all United VAS	**26,946**	**$463,775**

c. Enrollment issues: For the second quarter of calendar year 2018 there were 8 Native Americans who chose to not enroll in KanCare and who are still eligible for KanCare.

The table below represents the enrollment reason categories for the second quarter of calendar year 2018. All KanCare eligible members were defaulted to a managed care plan.

Enrollment Reason Categories	Total
Newborn Assignment	5
KDHE - Administrative Change	74
WEB - Change Assignment	22
KanCare Default - Case Continuity	161
KanCare Default – Morbidity	227
KanCare Default - 90 Day Retro-reattach	134
KanCare Default - Previous Assignment	442
KanCare Default - Continuity of Plan	860
AOE – Choice	366
Choice - Enrollment in KanCare MCO via Medicaid Application	1881

Change - Enrollment Form	327
Change - Choice	356
Change - Access to Care – Good Cause Reason	1
Change - Case Continuity – Good Cause Reason	
Change – Due to Treatment not Available in Network – Good Cause	
Assignment Adjustment Due to Eligibility	16
Total	**4872**

d. Grievances, appeals and state hearing information

MCOs' Grievance Database
CY18 2nd quarter report

MCO	**AMG**		**SF**		**UHC**		**Total**
	Non HCBS Member	HCBS Member	Non HCBS Member	HCBS Member	Non HCBS Member	HCBS Member	
QOC (non HCBS, Non Transportation)	13	2	24	7	38	11	**95**
Customer Service	3	3	16	9	11	3	**45**
Member Rights Dignity	3	3	2		1		**9**
Access to Service or Care	8	2	11	7	2	1	**31**
Non-Covered Services	5		1		6	2	**14**
Pharmacy	1		8		8		**17**
QOC HCBS Providers		5		9		5	**19**
Value Added Benefits	1	1		2	3		**7**
Billing/Financial Issues (non-Transportation)	23	11	9	3	45	8	**99**
Transportation - Reimbursement	3	5	8	5	2	4	**27**
Transportation - No Show	1	8	5	10	6	7	**37**
Transportation - Late	4	3	11	13	13	25	**69**
Transportation - Safety	4	2	10	4	10	9	**39**
No Driver Available	1			1			**2**
Transportation - Other	18	7	16	10	18	14	**83**
MCO Determined Not Applicable			1				**1**
Other	1	2	1		2	1	**7**
Total	**89**	**54**	**123**	**80**	**165**	**90**	

MCOs' Appeals Database
Members – CY18 2nd quarter report

Member Appeal Reasons **AMG – Red** **SUN – Green** **UHC - Purple**	**Number Resolved**	**Withdrawn**	**MCO Reversed Decision on Appeal**	**MCO upheld Decision on Appeal**	**MCO Determined not Applicable**
MEDICAL NECESSITY DENIAL					

Criteria Not Met – Durable Medical Equipment	2 31 15	 1	 12 3	2 19 9	 2
Criteria Not Met - Inpatient Admissions (Non-Behavioral Health)	6 1 36	3 26	 	 1 8	3 2
Criteria Not Met - Medical Procedure (NOS)	6 24 2	 2 1	4 11 	2 11 1	
Criteria Not Met - Radiology	6 17	 	3 7	3 10	
Criteria Not Met - Pharmacy	23 77 69	 9 1	13 37 34	10 31 29	 5
Criteria Not Met - PT/OT/ST	8 1	 	1 	7 1	
Criteria Not Met - Dental	4 2 4	 	 1 1	4 1 3	
Criteria Not Met or Level of Care - Home Health	2 1	 	2 	 1	
Criteria Not Met – out of network provider, specialist or specific provider request	4 1 5	2 	 1	1 1 4	1
Criteria Not Met – Inpatient Behavioral Health	10 12	1 1	1 3	8 8	
Criteria Not Met – Behavioral Health Outpatient Services and Testing	1 3 9	 	 1	1 3 8	
Level of Care - LTSS/HCBS	19 3 1	5 	9 2 1	5 1 	
Level of Care – LTC NF	1			1	
Level of Care – Mental Health	1			1	
Level of Care – HCBS (change in attendant hours)	18 1	 	3 1	15 	
Other- Medical Necessity	1 1	 	 1	1 	
NONCOVERED SERVICE DENIAL					
Service not covered - Dental	2 1	 	 	2 1	
Service not covered - Pharmacy	1			1	
Service not covered – Out of Network providers	1				1
Service not covered – Durable Medical Equipment	5		3	2	
Other - Noncovered service	4 11	 1	 4	3 6	1
Lock In	3		3		
Billing and Financial Issues					

AUTHORIZATION DENIAL					
Late submission by member/provider rep.	2			2	
No authorization submitted	1 1	1		1	
TOTAL **AMG – Red** **SUN – Green** **UHC - Purple**	 **105** **191** **164**	 **11** **12** **31**	 **33** **80** **49**	 **56** **99** **74**	 **5** **10**

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

MCO's Appeals Database

Member Appeal Summary – CY18 2nd quarter report

AMG – Red **SUN – Green** **UHC - Purple**	**Number Resolved**	**Withdrawn**	**MCO Reversed Decision on Appeal**	**MCO upheld Decision on Appeal**	**MCO Determined Not Applicable**
Total Number of Appeals Resolved	105 191 164	11 12 31	33 80 49	56 99 74	5 10
Percentage Per Category		10% 6% 19%	31% 42% 30%	53% 52% 45%	5% 6%

MCOs' Reconsideration Database

Providers - CY18 2nd quarter report (reconsiderations resolved)

PROVIDER Reconsideration Reasons **AMG – Red** **SUN – Green** **UHC - Purple**	**Number Resolved**	**Withdrawn**	**MCO Reversed Decision on Appeal**	**MCO upheld Decision on Appeal**	**MCO Determined Not Applicable**
CLAIM DENIALS					
Hospital Inpatient (Non-Behavioral Health)	663 1141 1509		246 738 899	289 374 610	128 29
Hospital Outpatient (Non-Behavioral Health)	332 998 12479		56 612 7489	187 363 4990	89 23
Dental	15		8	7	
Vision	228		205	23	
Ambulance (Include Air and Ground)	8 21 598		4 19 354	2 2 244	2
Medical Professional (Physical Health not Otherwise Specified)	3725 1127 22495		1585 1016 15651	1635 111 6844	505
Nursing Facilities - Total	286 68		114 65	119 3	53
HCBS	716		437	194	85

	664		603	61	
Hospice	106 229 418		40 228 219	46 1 199	20
Home Health	1			1	
Behavioral Health Outpatient and Physician	1071 120 4070		709 78 3239	250 42 831	112
Behavioral Health Inpatient	33 103		6 55	20 48	7
Out of network provider, specialist or specific provider	5390		3443	1947	
Radiology	588 258 3052		255 202 1906	285 51 1146	48 5
Laboratory	432 676 12102		161 446 7450	224 227 4652	47 3
PT/OT/ST	4 52 60		3 52 36	1 24	
Durable Medical Equipment	83 339		35 290	36 44	12 5
Other	32 1		26 1	4	2
Total Claim Denials	8080 5937 62276		3677 4563 40741	3293 1309 21535	1110 65
ADMINISTRATIVE DENIAL					
Denials of Authorization (Unauthorized by Members)	1234		920	314	
TOTAL **AMG – Red** **SUN – Green** **UHC - Purple**	 **8080** **5937** **63510**		 **3677** **4563** **41661**	 **3293** **1309** **21849**	 **1110** **65**

MCO's Appeals Database

Provider Reconsideration – Denied Claim Analysis – CY18 2nd quarter report

AMG – Red **SUN – Green** **UHC – Purple**	**Claim Denied- MCO in Error**	**Claim Denied- Provider Mistake or, Incorrect Billing**	**Correctly Billed and Correctly Denied**	**Total**
CLAIM DENIALS				
MCO Reversed Decision on Appeal	2275 4060 24140	1402 503 11638	0 0 4818	3677 4563 40596

MCO Upheld Decision on Appeal	1394 0 0	1899 4 0	0 1305 3208	3293 1309 3208
Total Claim Denials	3669 4060 24140	3301 507 11638	0 1305 8026	6970 5872 62276

MCOs' Appeals Database

Provider Appeal Summary – CY18 2nd quarter report (appeals resolved)

PROVIDER Appeal Reasons **AMG – Red** **SUN – Green** **UHC - Purple**	**Number Resolved**	**Withdrawn**	**MCO Reversed Decision on Appeal**	**MCO upheld Decision on Appeal**	**MCO Determined Not Applicable**
CLAIM DENIAL					
Hospital Inpatient (Non-Behavioral Health)	46 89 285	 4 	12 40 51	26 45 113	8 121
Hospital Outpatient (Non-Behavioral Health)	85 183 92	 5 	5 102 8	72 76 28	8 56
Pharmacy	1 1		 1	1 	
Dental	7 4 1	 1	5 2 	2 2 	
Vision	19 18 11		1 11 2	18 7 9	
Ambulance (Include Air and Ground)	5 18		2 11	3 1	 6
Medical Professional (Physical Health not Otherwise Specified)	244 4 212		85 1 11	138 3 59	21 142
Nursing Facilities - Total	24 4 7		14 2 	9 2 	1 7
HCBS	43		25	17	1
Hospice	4 2		1 1	2 1	1
Home Health	2 36		1 8	1 12	 16
Behavioral Health Outpatient and Physician	72 113 35		30 24 3	36 89 5	6 27

Behavioral Health Inpatient	10 32		1 3	9 28	 1
Out of network provider, specialist or specific provider	23		1	22	
Radiology	20 77 2	 1	6 35 1	10 41	4 1
Laboratory	7 14 24	 1	3 4 2	4 9 4	 18
PT/OT/ST	6 2		6		 2
Durable Medical Equipment	11 23 1	 1	2 12	7 10 1	2
Other	1 20 2	 1	 8	1 11 1	 1
Total Claim Denials	593 620 729	 13 1	190 255 98	351 351 233	52 1 397
BILLING AND FINANCIAL ISSUES					
Recoupment	7 8 9		2 2 3	5 6	 6
ADMINISTRATIVE DENIAL					
Denials of Authorization (Unauthorized by Members)	208 66 1	1	64 18 1	114 48	29
TOTAL **AMG – Red** **SUN – Green** **UHC - Purple**	 **808** **694** **739**	 **1** **13** **1**	 **256** **275** **102**	 **470** **399** **239**	 **81** **7** **397**

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

MCO's Appeals Database
Provider Appeal Summary – CY18 2nd quarter report

AMG – Red **SUN – Green** **UHC - Purple**	**Number Resolved**	**Withdrawn**	**MCO Reversed Decision on Appeal**	**MCO upheld Decision on Appeal**	**MCO Determined Not Applicable**
Reconsideration	8080 5937 63510		3677 4563 41661	3293 1309 21849	1110 65
Resolved at Appeal Level	808 694 739	1 13 1	256 275 102	470 399 239	81 7 397

TOTAL	8888 6631 64249	1 13 1	3933 4838 41763	3763 1708 22088	1191 72 397
Percentage Per Category		>1% >1% >1%	44% 73% 65%	42% 26% 34%	13% 1% 1%

MCO's Appeals Database

Provider Appeal – Denied Claim Analysis – CY18 2nd quarter report

AMG – Red SUN – Green UHC – Purple	**Claim Denied- MCO in Error**	**Claim Denied- Provider Mistake or, Incorrect Billing**	**Correctly Billed and Correctly Denied**	**Total**
CLAIM DENIALS				
MCO Reversed Decision on Appeal	97 5 5	93 14 91	0 235 2	190 255 98
MCO Upheld Decision on Appeal	173	158 4	20 347 233	351 351 233
Total Claim Denials	270 6 5	251 18 91	20 582 235	541 606 331

State of Kansas Office of Administrative Fair Hearings

Members – CY18 2nd quarter report

AMG-Red SUN-Green UHC-Purple	**Withdrawn**	**OAH Reversed MCO Decision**	**OAH Upheld MCO Decision**	**Dismissed Default Appellant's Favor**	**Dismissed Default Respondent's Favor**	**Dismissed Moot MCO Reversed Denial**	**Dismissed no Internal Appeal**	**Dismissed No Adverse Action**	**Dismissed Untimely**
MEDICAL NECESSITY DENIAL									
Criteria Not Met – Durable Medical Equipment	**1**		**1**			**1**			
Criteria Not Met – Inpatient Admissions (Non-Behavioral Health)					**2**			**1**	
Criteria Not Met - Pharmacy							**1**	**1**	
Criteria Not Met - PT/OT/ST						**1**	**1**		

Level of Care – HCBS (change in attendant hours)					1				
NONCOVERED SERVICE DENIAL									
Other – Noncovered service			1				1		
Billing and Financial Issues							1		
TOTAL **AMG – Red** **SUN – Green** **UHC – Purple**	1		2		3	1 1	3 1	2	

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

State of Kansas Office of Administrative Fair Hearings

Providers – CY18 1st quarter report

AMG-Red SUN-Green UHC-Purple	**Withdrawn**	**OAH Reversed MCO Decision**	**OAH Upheld MCO Decision**	**Dismissed Default Appellant's Favor**	**Dismissed Default Respondent's Favor**	**Dismissed Moot MCO Reversed Denial**	**Dismissed no Internal Appeal**	**Dismissed No Adverse Action**	**Dismissed Untimely**
CLAIM DENIAL									
Hospital Inpatient (Non-Behavioral Health)	1 17			1 1		12 1 1	1 3 1	1	3
Hospital Outpatient (Non-Behavioral Health)						1 1	1		
Pharmacy						1	7	1	
Dental							1		
Ambulance (Include Air and Ground)							2		
Medical (Physical Health not	2			1		15	6		

Otherwise Specified)									
Nursing Facilities - Total						1 1	2 1		
HCBS				1		2	 1 1		
Hospice							1		
Home Health						 1			
Behavioral Health Outpatient and Physician	4			1		1 3 5	8		
Behavioral Health Inpatient						1			
PT/OT/ST							2		
Durable Medical Equipment						6 2	1		
Other					1	1			
BILLING AND FINANCIAL ISSUES									
Recoupment						6 1	2		
TOTAL AMG-Red SUN-Green UHC-Purple	 **3** **21**			**3** **2**	 **1**	**45** **7** **11**	**9** **19** **13**	**1** **1**	**3**

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

e. Quality of care: Please see Section IX "Quality Assurance/Monitoring Activity" below.

f. Changes in provider qualifications/standards: None.

g. Access: As noted in previous reports, members who are not in their open enrollment period are unable to change plans without a good cause reason pursuant to 42 CFR 438.56 or the KanCare STCs. In Q2 2018, the number dropped to 47 requests.

Most of good cause requests (GCRs) are due to members mistakenly believing that they can file good cause requests because they prefer a provider outside of their assigned MCO's network. GCRs still occur due to providers advising patients to file GCRs to switch plans. And as in previous

quarters, GCRs filed after the choice period are denied as not reflective of good cause if the request is based solely on the member's preference, when other participating providers are available within access standards. In these cases, the MCOs are tasked with offering to assist the member in scheduling an appointment with one of their participating providers. This quarter had usually large numbers of approved requests due to a single provider dropping out of a MCO's network. This large provider specializes in traumatic brain injury waiver treatment. The Secretary of Kansas Department of Health and Environment and the State Medicaid Director opted to approve any Good Cause Requests filed for these vulnerable waiver members who expressed a desire for continuity of care with this particular provider.

If a GCR is denied by KDHE, the member is given appeal/fair hearing rights. During the second quarter of 2018, there was one state fair hearing filed for a denied GCR, and the decision was affirmed. A summary of GCR actions this quarter is as follows:

Status	April	May	June
Total GCRs filed	27	46	71
Approved	1	20	44
Denied	21	15	23
Withdrawn (resolved, no need to change)	3	6	2
Dismissed (due to inability to contact the member)	3	5	2
Pending	0	0	0

Providers are constantly added to the MCOs' networks, with much of the effort focused upon HCBS service providers. All three MCOs have made a concerted effort to review, revise and update their network adequacy reports based upon State feedback. The networks are not changing significantly, but the network reports generated still require updates.

The chart below indicates unique providers by name, locale and NPI. Providers who serve multiple physical locations will be counted more than once:

KanCare MCO	# of Unique Providers as of 9/30/17	# of Unique Providers as of 12/31/17	# of Unique Providers as of 3/31/18	# of Unique Providers as of 6/30/18
Amerigroup	25,396	27,107	29,066	26,544
Sunflower	31,506	31,168	27,441	27,433
UHC	30,610	31,247	31,259	30,819

h. Payment Rates: No changes to payment rates were made for the QE 06.30.18.

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

j. MLTSS implementation and operation: In May 2018, Kansas offered services to 375 people on the HCBS PD waiting list. Of the 375 offers, 246 individuals accepted waiver services and 15 individuals declined. Combined, 261 individuals have responded, resulting in a 69% response rate.

During this quarter, the Money follows the Person (MFP) program continued its transition to sustainability services. New referrals to MFP concluded on June 30, 2017 KDADS sought input from stakeholders and MCO on a proposed policy to continue to encourage supports designed to move members to community based services. Effective July 1, 2017, rather than being referred to the MFP program, persons seeking to transition from institutions to HCBS are referred to their assigned MCO and applicable waiver program manager for review and approval. Members of the MFP program prior to June 30, 2017 will continue to receive supports during the 365 days post-transition.

k. Updates on the safety net care pool including DSRIP activities: Currently there are two hospitals participating in the DSRIP activities. They are Children's Mercy Hospital (CMH) and Kansas University Medical Center (KU). CMH has chosen to do the following projects: Complex Care for Children, and Patient Centered Medical Homes. KU will be completing STOP Sepsis, and Self-Management and Care Resiliency for their projects. Kansas Foundation for Medical Care (KFMC) is working with the State on improving healthcare quality in KanCare. The hospitals continued identifying community partners, creating training for community partners, and working toward reaching the project milestones for the DY6.

l. Information on any issues regarding the concurrent 1915(c) waivers and on any upcoming 1915(c) waiver changes (amendments, expirations, renewals):

- The State is currently working on a technical amendment to the Serious Emotional Disturbance Waiver (SED). The technical amendment is to address an oversight in language of the Wraparound Facilitation (WAF) service and creation of the Plan of Care (POC). The amendment will adjust language to remove WAF from the initial POC creation as it is a waiver service and will not be available until after the POC is created.

- The State continues to work with the MCOs and interested providers to build capacity needs for the Autism Waiver (AU) and State Plan services.

m. *Legislative activity*: The Robert G. (Bob) Bethell Joint Committee on Home and Community Based Services and KanCare Oversight met April 23, 2018. The committee was provided a program update, information about KanCare corrective action plans submitted to CMS, an update on the procurement activities for the 2019 KanCare managed care contracts, and information on HCBS waivers and the waiting lists. In addition, the KanCare Ombudsman provided a report and testimony was provided by the three managed care organizations, a number of individuals, and associations who are stakeholders of the KanCare program.

n. *Other Operational Issues*:

V. Policy Developments/Issues

*General Policy Issues***:** Kansas addressed policy concerns related to managed care organizations and state requirements through weekly KanCare Policy Committee, monthly KanCare Steering Committee and monthly joint and one-on-one meetings between KDHE, KDADS and MCO leadership. Policy changes are also communicated to MCOs through other scheduled and ad hoc meetings as necessary to ensure

leadership and program staff are aware of the changes. All policies affecting the operation of the Kansas Medicaid program and MMIS are addressed through a defined and well-developed process that is inclusive (obtaining input from and receiving review by user groups, all affected business areas, the state Medicaid policy team, the state's fiscal agent and Medicaid leadership) and results in documentation of the approved change.

VI. Financial/Budget Neutrality Development/Issues

Budget neutrality: KDHE issues retroactive monthly capitated payments; therefore, the budget neutrality document cannot be reconciled on a quarterly basis to the CMS 64 expenditure report because the CMS 64 reflects only those payments made during the quarter. Based on this, the State is not using the CMS-64 as the source document, but rather is using a monthly financial summary report provided by DXC, the State's fiscal agent. The budget neutrality monitoring spreadsheet for QE 6.30.18 is attached. Utilizing the DXC-provided monthly financial summary, the data is filtered by MEG excluding CHIP and Refugee, and retro payments in the demonstration year are included.

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

VII. Member Month Reporting

Sum of Member Unduplicated Count	**Member Month**			**Totals**
MEG	*2018-4*	*2018-5*	*2018-6*	*Grand Total*
Population 1: ABD/SD Dual	6,691	7,174	7,834	21,699
Population 2: ABD/SD Non-Dual	37,714	38,224	38,773	114,711
Population 3: Adults	51,182	50,951	51,155	153,288
Population 4: Children	230,619	228,079	228,635	687,333
Population 5: DD Waiver	9,319	9,226	9,344	27,889
Population 6: LTC	20,905	20,737	21,695	63,337
Population 7: MN Dual	1,394	1,523	1,607	4,524
Population 8: MN Non-Dual	997	1,066	1,092	3,155
Population 9: Waiver	4,760	4,844	4,867	14,471
Grand Total	**363,581**	**361,824**	**365,002**	**1,090,407**

Note: Totals do not include CHIP or other non-Title XIX programs.

VIII. Consumer Issues

Consumer issues remain static. A summary of second quarter 2018 consumer issues remains:

Issue	Resolution	Action Taken to Prevent Further Occurrences
Member spenddown issues – spenddown incorrectly applied by plans, causing unpaid claims and inflated	MCOs work with the State to monitor and adjust incorrect spenddown amounts. Weekly spreadsheets are sent to the State, showing the MCO remediation efforts.	All affected plans have system correction projects and reprocessing projects continuing in progress. This information is posted on each plan's Issue logs,

patient out of pocket amounts.		and the KanCare Claims Resolution Log for providers and the State to review and monitor. MCOs must report spenddown files to the State that track the spenddown files. Unfortunately, this has been a difficult system issue to resolve.
Delays in HCBS services when the member transitions from one MCO to another, or from one setting to another.	There are many reasons this can occur. If the provider must report transition (like a nursing facility) sometimes they fail to turn in the correct forms. We require certain forms before we can switch the level of care coding in MMIS. Sometimes KDADS or KDHE failed to do something to switch the MMIS coding. Finally, the MCOs could fail to transfer service plans and other information when a member switches from one MCO to another.	MCOs are reviewing their notification processes to ensure that transitions go smoothly. An expedited review process is in place when level of care issues are found by MCOs – notice is sent to KDHE and KDADS to speed the process. Finally, provider reps stress to nursing facilities the importance in the level of care change forms.
Members sometimes find it difficult to find providers with open panels.	MCOs are working to correct provider network directory database issues. Also educating providers to reach out to MCOs when their directory information changes or if they add/subtract providers to the practice.	MCOs are instructed to report Open/Closed panels for all provider types. MCOS have begun to report this information in 2017, and to actively collect and report this data in the quarterly reporting template. The State is also developing guidelines for the provider directory to be implemented soon as mandated by CMS.
Retroactively eligible members are denied authorizations or claims denied for timely filing.	Members are denied authorization, services and care coordination due to retroactive eligibility.	Some of the MCO processes require manual intervention, which may lead to errors. Also, some MCOs require a claim to be submitted and denied before they can implement the retroactive eligibility protocol. All authorization and customer service employees receive frequent updates on how to deal with retro authorizations.

During the second quarter of 2018, support and assistance for consumers around the state for KanCare was provided by KDHE's out-stationed eligibility workers (OEW). OEW staff assisted in determining eligibility for 4,016 consumers. OEW also assisted in resolving 1,862 issues involving such matters as urgent medical needs, obtaining correct information on applications and addressing gaps or errors in pending applications/reviews with the KanCare Clearinghouse. These OEW staff assisted with 1,661 consumer phone calls.

During the second quarter of 2018, OEW staff participated in 48 community events providing KanCare program outreach, education and information for school Social Workers and Nurses, Health Departments, FQHC clinics, public health fairs, Latino and Asian Wellness groups, Kansas Immunization Conference,

Community Baby Showers, Circles Out of Poverty consumer groups, health care providers, advocates, and consumers.

IX. Quality Assurance/Monitoring Activity

Kansas has created a broad-based structure to ensure comprehensive, collaborative and integrated oversight and monitoring of the KanCare Medicaid managed care program. The KDHE and KDADS leadership team makes sure that KanCare activity is consistent with the managed care contract and approved terms and conditions of the KanCare 1115(a) Medicaid demonstration waiver. This group directs the policy initiatives of the KanCare Steering Committee, which includes both executive and operational leadership from both KDHE and KDADS.

The following sources of information guide the ongoing review of and updates to the KanCare QIS: Results of KanCare managed care organization (MCO) and state reporting, quality monitoring/onsite reviews and other KanCare contract monitoring results; external quality review findings and reports; feedback from governmental agencies, the KanCare MCOs, Medicaid providers, Medicaid members/consumers, and public health advocates; and leadership's review of and feedback regarding the overall KanCare quality plan. This combined information assists the leadership team and the MCOs to identify and recommend quality initiatives and metrics of importance to the Kansas Medicaid population.

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

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

The current QMS defines technical specifications for data collection, maintenance, and reporting to demonstrate recipients are receiving medically necessary services and providers are paid timely for service delivery. The original strategy includes most pre-existing program measures for specific services and financial incentives called pay for performance (P4P) measures to withhold a percentage of the capitation payment the managed care organizations (MCOs) can earn by satisfying certain quality benchmarks. Many of the program-specific, pre-existing measures were developed for the 1915(c) disability waivers designed and managed by the operating agency, KDADS, and administered by the single

State Medicaid agency, KDHE. Regular and consistent cross-agency review of the QMS will highlight progress toward State goals and measures and related contractor progress. The outcome findings will demonstrate areas of compliance and non-compliance with Federal standards and State contract requirements. This systematic review will advance trending year over year for the State to engage contractors in continuous monitoring and improvement activities that ultimately impact the quality of services and reinforce positive change.

During 2018 Quarter 2, the State participated in the following activities:

- Quality Management Strategy revisions to comply with the CMS final rule were finalized, sent for tribal input and posted for a public comment period. Responses were incorporated into the strategy and will drive some of the implementation steps of the strategy.
- Business meetings between KDHE's MCO Management team and cross-function/leadership MCO staff to continue to further develop operational details regarding the KanCare State Quality Strategy. Specific attention was paid to development of the performance measures, pay-for-performance measures and performance improvement projects in the KanCare program.
- Ongoing automated report management, review and feedback between the State and the MCOs. Reports from the MCOs consist of a wide range of data reported on standardized templates.
- Ongoing interagency and cross-agency collaboration, and coordination with MCOs, to develop and communicate both specific templates to be used for reporting key components of performance for the KanCare program, as well as the protocols, processes and timelines to be used for the ongoing receipt, distribution, review and feedback regarding submitted reports. The process of report management, review and feedback is now automated to ensure efficient access to reported information and maximum utilization/feedback related to the data.
- Implementation and monitoring of the External Quality Review Organization (EQRO) work plan.
- Meetings with the EQRO along with the MCOs, KDADS and KDHE to discuss EQRO activities and concerns.
- Dissemination of the 2017 annual compliance reviews of the MCOs – which are done in partnership with KDADS, to review areas of State concern. Onsite audits are performed yearly, but the subsequent review and monitoring of any findings continue through the year.
- Medicaid Fraud Control Unit monthly meetings to address fraud, waste, and abuse cases, referrals to MCOs and State, and collaborate on solutions to identify and prevent fraud, waste and abuse.
- Continued state staff participation in cross-agency long-term care meetings to report quality assurance and programmatic activities to KDHE for oversight and collaboration.
- Continued participation in weekly calls with each MCO to discuss ongoing provider and member issues, and to troubleshoot operational problems. Progress is monitored through these calls and through issue logs. Additionally, top management staff from KDADS, KDHE and the three MCOs meet monthly face-to-face to discuss issues and improvements to KanCare.
- Monitor large, global system issues through a weekly log issued to all MCOs and the State's fiscal agent. The resulting log is posted out on the KanCare website for providers and other interested parties to view. Continue monthly meetings to discuss trends and progress.
- Monitor member or provider specific issues through a tracking database that is shared with MCOs and KDADS for weekly review.
- Attend various provider training and workshops presented by the MCOs. Monitor for accuracy, answer questions as needed.

- For the programs administered by KDADS: The Quality Assurance (QA) process is designed to give continuous feedback to KDADS, KDHE and stakeholders regarding the quality of services being provided to KanCare members. KDADS quality assurance staff are integrated in the Survey, Certification and Credentialing Commission (SCCC) to align staff resources for efficient and timely performance measurement. QA staff review random samples of individual case files to monitor and report compliance with performance measures designated in Attachment J of the MCO contracts.
- Also for the programs administered by KDADS: These measures are monitored and reviewed in collaboration with program staff in the Community Services and Programs Commission and reported through the Financial and Information Services Commission at KDADS. This oversight is enhanced through collaboration with the Department of Children and Families and the Department of Health and Environment. During this quarter, HCBS performance measures were reported to CMS via the 372 reporting process. A quality assurance protocol and interpretative guidelines are utilized to document this process and have been established with the goal of ensuring consistency in the reviews.
- Below is the timeline that the KDADS Quality Review Team follows regarding the quality review process.

HCBS Quality Review Rolling Timeline							
	FISC/IT	**SCC**	**MCO/Assess**	**SCC**	**FISC**	**SCC**	**CSP**
Review Period (look back period)	Samples Pulled *Posted to QRT	Notification to MCO/Assessor Samples posted	MCO/Assessor Upload Period *(60 days)	Review of MCO data *(90 days)	Data pulled & Compiled (14 days)	Data & Findings Reviewed at LTC Meeting ***	Remediation Reviewed at LTC Meeting
01/01 – 03/31	4/1 – 4/15	4/16	4/16 – 6/15	5/16 – 8/15	8/30	October	November
04/01 – 06/30	7/1 – 7/15	7/16	7/16 – 9/15	8/16 – 11/15	11/30	January	February
07/01 – 09/30	10/1 – 10/15	10/16	10/16 – 12/15	11/16 – 2/15	3/2	April	May
10/01 – 12/31	1/1 – 1/15	1/16	1/16 – 3/15	2/16 – 5/15	5/30	July	August

HCBS quality review reports for July-September 2017 and October through December 2017 are attached to this report.

X. Managed Care Reporting Requirements

a. A description of network adequacy reporting including GeoAccess mapping: Each MCO submits a quarterly network adequacy report. The State uses this report to monitor the quality of network data and changes to the networks, drill down into provider types and specialties, and extract data to respond to requests received from various stakeholders. In addition, each MCO submits quarterly network reports that serve as a tool for KanCare managers to monitor accessibility to certain provider types. KDHE uploads the provider raw data from the MCOs into a monitoring dashboard (still under construction) which has multipurpose report options and user configurable reporting. Currently, data supplied by the MCOs are used to generate two reports are published to the KanCare website monthly for public viewing: http://www.kancare.ks.gov/policies-and-reports/network-adequacy. KDHE hopes to post additional reports and dashboards for users to look at network information once we get the dashboard ready for public use.

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

b. Customer service reporting, including total calls, average speed of answer and call abandonment rates, for MCO-based and fiscal agent call centers, April-June 2018:

KanCare Customer Service Report – Member

MCO/Fiscal Agent	Average Speed of Answer (Seconds)	Call Abandonment Rate	Total Calls
Amerigroup	0:17	1.54%	90,978
Sunflower	0:16	1.45%	81,112
United	0:15	0.63%	80,198
DXC – Fiscal Agent	0.00	0.0%	21,563

KanCare Customer Service Report - Provider

MCO/Fiscal Agent	Average Speed of Answer (Seconds)	Call Abandonment Rate	Total Calls
Amerigroup	0:26	2.18%	44,491
Sunflower	0:17	1.36%	48,022
United	0:17	0.83%	44,356
DXC – Fiscal Agent	0.00	0.0%	18,499

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

MCOs' Grievance Trends
Members – CY18 2nd Quarter

Amerigroup 2nd Qtr. Grievance Trends		
Total # of Resolved Grievances	143	
Top 5 Trends		
Trend 1: Billing and Financial Issues (non-transportation)	34	24%
Trend 2: Transportation – Other	25	17%
Trend 3: Quality of Care (non HCBS, non-transportation)	15	10%
Trend 4: Access to Service or Care	10	7%
Trend 5: Transportation – No Show	9	6%

Amerigroup Member Grievances:

- There are 56 transportation grievances in CY2018 Quarter 1 which is a decrease of 21(27%) from 77 transportation grievances in CY2018 Quarter 1.
- There are 141 member grievances in CY2018 Quarter 2 which is a decrease of 21 (16%) from 168 member grievances in CY2018 Quarter 1.

Sunflower 2nd Qtr. Grievance Trends		
Total # of Resolved Grievances	203	
Top 5 Trends		

Trend 1: QOC (non HCBS, Non Transportation)	31	15%
Trend 2: Transportation - Other	26	13%
Trend 3: Customer Service	25	12%
Trend 4: Transportation – Late	24	12%
Trend 5: Access to Service or Care	19	10%

Sunflower Member Grievances:

- There are 30 member grievances categorized as Quality of Care (non HCBS) in CY2018 Quarter 2 which is a significant increase of 18 from CY2018 Quarter 1.
- There are 26 member grievances categorized as Customer Service in CY2018 Quarter 2 which is a significant increase of 14 from CY2018 Quarter 1.
- There are 93 transportation grievances in CY2018 Quarter 2 which is a significant increase of 26 (28%) from 67 transportation grievances in CY2018 Quarter 1.

United 2nd Qtr. Grievance Trends		
Total # of Resolved Grievances	255	
Top 5 Trends		
Trend 1: Billing and Financial Issues (non-transportation)	55	22%
Trend 2: Quality of Care (non HCBS, non-transportation)	49	19%
Trend 3: Transportation – Late	38	15%
Trend 4: Transportation – Other	32	13%
Trend 5: Transportation – Safety	19	7%

United Member Grievances:

- There are 52 member grievances categorized as Quality of Care (non HCBS) in CY2018 Quarter 2 which is a significant increase of 17 from CY2018 Quarter 1.
- There are 37 member grievances categorized as Transportation - Late in CY2018 Quarter 2 which is a significant increase of 20 from CY2018 Quarter 1.
- There are 19 member grievances categorized as Transportation - Safety in CY2018 Quarter 2 which is a significant increase of 12 from CY2018 Quarter 1.
- There are 103 transportation grievances in CY2018 Quarter 2 which is an increase of 38 (58%) from 65 in CY2018 Quarter 1.

MCO's Reconsideration Trends

Provider – CY2018 2nd Quarter

Amerigroup 2nd Qtr. Provider Reconsideration Trends		
Total # of Resolved Reconsiderations	8080	
Top 5 Trends		
Trend 1: Medical Professional (Physical Health not Otherwise Specified	3725	46%
Trend 2: Behavioral health Outpatient and Physician	1071	13%
Trend 3: HCBS	716	9%
Trend 4: Hospital Inpatient (Non-Behavioral Health)	663	8%
Trend 5: Radiology	588	7%

Amerigroup Provider Reconsiderations

- There are 3,725 provider reconsiderations categorized as Medical Professional (Physical Health not Otherwise Specified) in CY2018 Quarter 2 which is a significant increase of 121 from CY2018 Quarter 1.
- There are 716 provider reconsiderations categorized as HCBS in CY2018 Quarter 2 which is a significant increase of 33 from CY2018 Quarter 1.

Sunflower 2nd Qtr. Provider Reconsideration Trends		
Total # of Resolved Reconsiderations	5937	
Top 5 Trends		
Trend 1: Hospital Inpatient (Non-Behavioral Health)	1141	19%
Trend 2: Medical (Physical Health not Otherwise Specified)	1127	19%
Trend 3: Hospital Outpatient (Non-Behavioral Health)	998	17%
Trend 4: Laboratory	676	11%
Trend 5: HCBS	664	11%

Sunflower Provider Reconsiderations

- There are 1,141 provider reconsiderations categorized as Hospital Inpatient (Non-Behavioral Health) in CY2018 Quarter 2 which is a significant increase of 629 from CY2018 Quarter 1.
- There are 1,127 provider reconsiderations categorized as Medical Professional (Physical Health not Otherwise Specified) in CY2018 Quarter 2 which is a significant increase of 220 from CY2018 Quarter 1.
- There are 998 provider reconsiderations categorized as Hospital Outpatient (Non-Behavioral Health) in CY2018 Quarter 2 which is a significant increase of 126 from CY2018 Quarter 1.
- There are 676 provider reconsiderations categorized as Laboratory in CY2018 Quarter 2 which is a significant increase of 189 from CY2018 Quarter 1.

United 2nd Qtr. Provider Reconsideration Trends		
Total # of Resolved Reconsiderations	63510	
Top 5 Trends		
Trend 1: Medical Professional (Physical Health not Otherwise Specified)	22495	35%
Trend 2: Hospital Outpatient (Non-Behavioral Health)	12479	20%
Trend 3: Laboratory	12102	19%
Trend 4: Out of network provider, specialist or specific provider	5390	8%
Trend 5: Behavioral Health Outpatient and Physician	4070	6%

United Provider Reconsiderations

- There are 63,510 provider reconsiderations in CY2018 which is a significant increase of 43,126 (320%) from CY2018 Quarter 1.

MCOs' Appeals Trends

Member/Provider – CY18 1st Quarter

Amerigroup 2nd Qtr. Member/Provider Appeal Trends					
Total # of Resolved Member Appeals	105		**Total # of Resolved Provider Appeals**	808	
Top 5 Trends			**Top 5 Trends**		

Trend 1: Criteria Not Met – Pharmacy	23	22%	Trend 1: Medical Professional (Physical Health not Otherwise Specified)	244	30%
Trend 2: Level of Care – LTSS/HCBS	19	18%	Trend 2: Denials of Authorization (Unauthorized by Members)	208	26%
Trend 3: Level of Care – HCBS (change in attendant hours)	18	17%	Trend 3: Hospital Outpatient (Non-Behavioral Health)	85	11%
Trend 4: Criteria Not Met – Inpatient Behavioral Health	10	10%	Trend 4: Behavioral Health Outpatient and Physician	72	9%
Trend 5: Criteria Not Met – Inpatient Admissions (Non-Behavioral Health) / Criteria Not Met – Medical Procedure (NOS) / Criteria Not Met – Radiology	6	6%	Trend 5: Hospital Inpatient (Non-Behavioral Health)	46	6%

Amerigroup Member Appeals:

- There are 23 member appeals categorized as Criteria Not Met – Pharmacy in CY2018 Quarter 2 which is a significant increase of 14 from CY2018 Quarter 1.

Amerigroup Provider Appeals:

- There are 244 provider appeals categorized as Medical Professional (Physical Health not Otherwise Specified) in CY2018 Quarter 2 which is a significant increase of 61 from CY2018 Quarter 1.
- There are 208 provider appeals categorized as Denials of Authorization (Unauthorized by Members) in CY2018 Quarter 2 which is a significant increase of 21 from CY2018 Quarter 1.
- There are 85 provider appeals categorized as Hospital Outpatient (Non-Behavioral Health) in CY2018 which is a significant increase of 69 from CY2018 Quarter 1.
- There are 72 provider appeals categorized as Behavioral Health Outpatient and Physician in CY2018 which is a significant increase of 28 from CY2018 Quarter 1.

Sunflower 2nd Qtr. Member/Provider Appeal Trends					
Total # of Resolved Member Appeals	191		**Total # of Resolved Provider Appeals**	694	
Top 5 Trends			**Top 5 Trends**		
Trend 1: Criteria Not Met – Pharmacy	77	40%	Trend 1: Hospital Outpatient (Non-Behavioral Health)	183	26%
Trend 2: Criteria Not Met – Durable Medical Equipment	31	16%	Trend 2: Behavioral Health Outpatient and Physician	113	16%
Trend 3: Criteria Not Met – medical procedure (NOS)	24	13%	Trend 3: Hospital Inpatient (Non-Behavioral Health)	89	13%
Trend 4: Criteria Not Met – Radiology	17	9%	Trend 4: Radiology	77	11%
Trend 5: Other – Noncovered Service	11	6%	Trend 5: Denials of Authorization (Unauthorized by Members)	66	10%

Sunflower Member Appeals:

- There are 77 member appeals categorized as Criteria Not Met – Pharmacy in CY2018 Quarter 2 which is a significant increase of 26 from CY2018 Quarter 1.

Sunflower Provider Appeals:

- There are 183 provider appeals categorized as Behavioral Health Outpatient and Physician in CY2018 which is a significant increase of 151 from CY2018 Quarter 1.

- There are 113 provider appeals categorized as Behavioral Health Outpatient and Physician in CY2018 which is a significant increase of 113 from CY2018 Quarter 1.
- There are 89 provider appeals categorized as Hospital Inpatient (Non-Behavioral Health) in CY2018 which is a significant increase of 66 from CY2018 Quarter 1.
- There are 77 provider appeals categorized as Radiology in CY2018 which is a significant increase of 56 from CY2018 Quarter 1.
- There are 66 provider appeals categorized as Denials of Authorization (Unauthorized by Members) in CY2018 which is a significant increase of 20 from CY2018 Quarter 1.

United 2nd Qtr. Member/Provider Appeal Trends					
Total # of Resolved Member Appeals	164		**Total # of Resolved Provider Appeals**	739	
Top 5 Trends			**Top 5 Trends**		
Trend 1: Criteria Not Met – Pharmacy	69	42%	Trend 1: Hospital Inpatient (Non-Behavioral Health)	285	39%
Trend 2: Criteria not Met – Inpatient Admissions (Non-Behavioral Health)	36	22%	Trend 2: Medical Professional (Physical Health not Otherwise Specified)	212	29%
Trend 3: Criteria Not Met – Durable Medical Equipment	15	9%	Trend 3: Hospital Outpatient (Non-Behavioral Health)	92	12%
Trend 4: Criteria Not Met – Inpatient Behavioral Health	12	7%	Trend 4: Home Health	36	5%
Trend 5: Criteria Not Met – Behavioral Health Outpatient Services and Testing	9	5%	Trend 5: Behavioral Health Outpatient and Physician	35	5%

United Member Appeals:

- There are 69 member appeals categorized as Criteria Not Met – Pharmacy in CY2018 Quarter 2 which is a significant increase of 11 from CY2018 Quarter 1.

United Provider Appeals:

- There are 285 provider appeals categorized as Hospital Inpatient (Non-Behavioral Health) in CY2018 which is a significant increase of 25 from CY2018 Quarter 1.
- There are 212 provider appeals categorized as Medical Professional (Physical Health not Otherwise Specified) in CY2018 which is a significant increase of 37 from CY2018 Quarter 1.

MCOs' State Fair Hearing Reversed Decisions
Member/Provider – CY18 2nd Quarter

- Amerigroup received 3 Default Orders this quarter.
- Sunflower received 1 Default Order this quarter.
- United Healthcare received 2 Default orders this quarter.

Amerigroup 2nd Qtr.					
Total # of Member SFH	4		**Total # of Provider SFH**	61	
OAH reversed MCO decision	0	0%	OAH reversed MCO decision	3	5%

Sunflower 2nd Qtr.					
Total # of Member SFH	7		**Total # of Provider SFH**	30	
OAH reversed MCO decision	0	0%	OAH reversed MCO decision	1	3%

United 2nd Qtr.					
Total # of Member SFH	3		**Total # of Provider SFH**	49	
OAH reversed MCO decision	0		OAH reversed MCO decision	2	4%

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

e. Summary of ombudsman activities for the first quarter of 2018 is attached.

f. Summary of MCO critical incident report: Shifting focus to opportunities for process and system improvement, the Cross-Agency Adverse Incident Management Team drafted a Critical Incident Form for MCOs to track MCO-specific critical incidents and document provider and MCO correspondence, collaboration and responses to each incident. The team made several suggestions to revise the types of critical incidents and current definitions of critical incidents collected in the Adverse Incident Reporting (AIR) database. An AIR timeline was developed and presented to the MCOs at the December Cross-Agency Adverse Incident Management Team meeting. Also, a review of the performance measures as they correspond to critical incidents was provided to the group to serve as a foundation for the work that needs to be completed. As a result, the Cross-Agency Adverse Incident Management Team agreed to devote more time to this project starting January 1, 2017 and meet bi-weekly until the appropriate processes and systems are in place.

Role and responsibility clarification for all parties will be prioritized and suggestions were made for reducing report duplication across the critical incident management system. The team began reassessing progress related to the applicable KanCare Special Terms and Conditions and documenting advancements by subject area and by agency.

KDADS has made significant progress on this project. Areas that are still being finalized include:

- Developing an automatic feed to pull APS and CPS reports into the AIR system
- Creating reports for each performance measure – specifically unexpected death, restraint, seclusion and restrictive interventions.
- Making final revisions to AIR, if needed, by KDADS IT
- Training MCO representatives once all system changes are in place
- Scheduling monthly meetings with each MCO to provide the appropriate amount of oversight of the AIR system, analyze trends and drill down in to any specific cases as necessary.

KDADS IT staff presented a demonstration of the AIR system for data element identification for future reporting requirements and preferences for canned reports and functionality. The system was revised to reflect the AIR policy revisions and assessed for performance measure reporting accuracy. Coordination meetings to leverage resources continue between KDADS' commissions and state

agencies for full implementation. KDADS IT automation of the system to manage MCO-specific critical incidents in accordance with the AIR policy revisions is underway.

This team has met its goals, as stated in the STCs, to develop a statewide strategy for delineating and structuring multi-agency efforts by creating the Incident Reporting Guide. Also, the Adverse Incident Reporting system was built as a critical incident management reporting and monitoring system for the detection, prevention, reporting, investigation and remediation of critical incidents with design components to detect seclusion, restraint and medication management. The Adverse Incident Reporting system and accompanying AIR Memo and HCBS Adverse Incident Reporting and Management Policy have been finalized. This work is now with KDADS IT for operationalization of the system.

AIR is not intended to replace the State reporting system for abuse, neglect and exploitation (ANE) of individuals who are served on the behavioral health and HCBS programs. ANE substantiations are reported separately to KDADS from the Department of Children and Families (DCF) and monitored by the KDADS program integrity team. The program integrity team ensures individuals with reported ANE are receiving adequate supports and protections available through KDADS programs, KanCare, and other community resources. A summary of the 2018 AIRS reports through the quarter ending March 31, 2018 follows:

Critical Incidents	1st Qtr.	2nd Qtr.	3rd Qtr.	4th Qtr.	YTD
	AIR Totals	AIR Totals	AIR Totals	AIR Totals	**TOTALS**
Reviewed	2,096	1,905			4,001
Pending Resolution	0	0			0
Total Received	2,096	1,905			4,001
APS Substantiations*	104	121			225

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

XI. Safety Net Care Pool

The Safety Net Care Pool (SNCP) is divided into two pools: The Health Care Access Improvement Program (HCAIP) Pool and the Large Public Teaching Hospital/Border City Children's Hospital (LPTH/BCCH) Pool. The DY6 first and second quarter HCAIP UCC Pool payments were made May 10, 2018. The DY6 quarter one and two LPTH/BCCH UC Pool payments were made June 8, 2018.

SNCP and HCAIP reports for DY 6 Q2 are attached to this report.

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

XII. Demonstration Evaluation

The entity selected by KDHE to conduct KanCare Evaluation reviews and reports is the Kansas Foundation for Medical Care (KFMC). The draft KanCare evaluation design was submitted by Kansas to CMS on April 26, 2013. CMS conducted review and provided feedback to Kansas on June 25, 2013. Kansas addressed that feedback, and the final design was completed and submitted by Kansas to CMS on August 23, 2013.

On September 11, 2013, Kansas was informed that the Evaluation Design had been approved by CMS with no changes. KFMC developed and submitted quarterly evaluation reports, annual evaluation reports for 2013, 2014 and 2015, as well as a revised evaluation design in March 2015.

For the quarter ending 3.31.18, KFMC's quarterly report is attached. As with the previous evaluation design reports, the State will review the Quarterly Report, with specific attention to the related recommendations, and will continue to take responsive action designed to accomplish enhancements to the state's oversight and monitoring of the KanCare program, and to improve outcomes for members utilizing KanCare services.

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

a. Post-award forums

No post-award forum was held this quarter.

b. Claims Adjudication Statistics

KDHE's summary of the numerous claims adjudication reports for the KanCare MCOs, covering January-June 2018, is attached.

c. Waiting List Management

PD Waiting List Management

For the quarter ending June 30, 2018:

- Current number of individuals on the PD Waiting List: 1,557
- Number of individuals added to the waiting list: 417
- Number of individuals removed from the waiting list: 733
    - 379 started receiving HCBS-PD waiver services
    - 68 were deceased
    - 286 were removed for other reasons (refused services, voluntary removal, etc.)

I/DD Waiting List Management

For the quarter ending June 30, 2018:

- Current number of individuals on the I/DD Waiting List: 3,673
- Number of individuals added to the waiting list: 155
- Number of individuals removed from the waiting list: 236
    - 156 started receiving HCBS-I/DD waiver services
    - 1 were deceased
    - 79 were removed for other reasons (refused services, voluntary removal, etc.)

The current point-in-time limit for HCBS-I/DD is 8,900. KDADS is currently serving 9,081 individuals.

d. Money Follows the Person

Kansas stopped taking new admissions to the MFP program 07/01/2017. The number of remaining MFP enrollees as of June 2018 is listed in the table below. The grand total is down from the 152 participants in March 2018 at the end of the previous quarter.

Level of Care	Count
MFP DD	7

MFP FE	28
MFP PD	41
MFP TBI	3
TC MFP PD	2
Grand Total	81

XIV. Enclosures/Attachments

Section of Report Where Attachment Noted	Description of Attachment
VI	KanCare Budget Neutrality Monitoring Spreadsheet for QE 3.31.18
IX	HCBS Quality Review Reports July-December 2017
X(e)	Summary of KanCare Ombudsman Activities for QE 3.31.18
XI	Safety Net Care Pool Report DY 6 Q2 and HCAIP Report DY6 Q2
XII	KFMC KanCare Evaluation Report for QE 3.31.18
XIII(a)	KDHE Summary of Claims Adjudication Statistics for January-March 2018

XV. State Contacts

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XVI. Date Submitted to CMS

August 31, 2018

DY6
Start Date: 1/1/2018
End Date: 12/31/2018

Quarter 2
Start Date: 4/1/2018
End Date: 6/30/2018

	Total Expenditures	Total Member-Months	PMPM
Apr-18	$270,729,257	363,581	
May-18	$271,306,698	361,824	
Jun-18	$274,043,798	365,002	
Q1 Total	$816,079,753	1,090,407	$ 748.42

	Population 1: ABD/SD Dual	Population 2: ABD/SD Non Dual	Population 3: Adults	Population 4: Children	Population 5: DD Waiver	Population 6: LTC	Population 7: MN Dual	Population 8: MN Non Dual	Population 9: Waiver
Apr-18									
Expenditures	$1,375,938	$39,924,558	$31,972,121	$61,778,079	$44,840,454	$72,929,042	$1,122,740	$2,293,725	$14,492,599
Member-Months	6,691	37,714	51,182	230,619	9,319	20,905	1,394	997	4,760
May-18									
Expenditures	$1,484,718	$40,600,295	$31,695,900	$61,260,044	$44,864,006	$72,922,129	$1,279,495	$2,426,061	$14,774,049
Member-Months	7,174	38,224	50,951	228,079	9,226	20,737	1,523	1,066	4,844
Jun-18									
Expenditures	$1,669,058	$40,297,821	$33,394,340	$61,697,016	$44,699,057	$73,923,782	$1,274,340	$2,342,066	$14,746,318
Member-Months	7,834	38,773	51,155	228,635	9,344	21,695	1,607	1,092	4,867
Q1 Total									
Expenditures	$4,529,714	$120,822,674	$97,062,361	$184,735,139	$134,403,516	$219,774,953	$3,676,576	$7,061,853	$44,012,967
Member-Months	21,699	114,711	153,288	687,333	27,889	63,337	4,524	3,155	14,471
DY 6 - Q1 PMPM	$208.75	$1,053.28	$633.20	$268.77	$4,819.23	$3,469.93	$812.68	$2,238.31	$3,041.46

Kansas
Department for Aging
and Disability Services

Home and Community Based Services
Quality Review Report
July - September 2017
May 2, 2018

KDADS HCBS Quality Review Report

Administrative Authority
PM 1: Number and percent of Quality Review reports generated by KDADS, the Operating Agency, that were submitted to the State Medicaid Agency
Numerator: Number of Quality Review reports generated by KDADS, the Operating Agency, that were submitted to the State Medicaid Agency
Denominator: Number of Quality Review reports
Review Period: 07/01/2017 - 09/30/2017
Data Source: Quality Review Reports to KDHE

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

Compliance Trends	2013	2014	2015	2016	Jan-Mar 2017	Apr-June 2017	July-Sep 2017
PD							
Statewide	25%	25%	25%	75%	100%	100%	100%
FE							
Statewide	25%	25%	25%	75%	100%	100%	100%
IDD							
Statewide	25%	25%	25%	75%	100%	100%	100%
TBI							
Statewide	25%	25%	25%	75%	100%	100%	100%
TA							
Statewide	25%	25%	25%	75%	100%	100%	100%
Autism							
Statewide	25%	25%	25%	75%	100%	100%	100%
SED							
Statewide	25%	25%	25%	75%	100%	100%	100%

Explanation of Findings:

Remediation:

Performance measure achieved. No remediation necessary.

KDADS HCBS Quality Review Report

Administrative Authority
PM 2: Number and percent of waiver amendments and renewals reviewed and approved by the State Medicaid Agency prior to submission to CMS by the State Medicaid Agency
Numerator: Number of waiver amendments and renewals reviewed and approved by the State Medicaid Agency prior to submission to CMS
Denominator: Total number of waiver amendments and renewals
Review Period: 07/01/2017 - 09/30/2017
Data Source: Number of waiver amendments and renewals sent to KDHE

Compliance By Waiver	Statewide
PD	**N/A**
Numerator	0
Denominator	0
FE	**N/A**
Numerator	0
Denominator	0
IDD	**N/A**
Numerator	0
Denominator	0
TBI	**N/A**
Numerator	0
Denominator	0
TA	**N/A**
Numerator	0
Denominator	0
Autism	**N/A**
Numerator	0
Denominator	0
SED	**N/A**
Numerator	0
Denominator	0

Compliance Trends	2013	2014	2015	2016	Jan-Mar 2017	Apr-June 2017	July-Sep 2017
PD							
Statewide	N/A	100%	100%	100%	N/A	N/A	N/A
FE							
Statewide	not a measure	100%	100%	100%	N/A	N/A	N/A
IDD							
Statewide	100%	100%	100%	100%	N/A	N/A	N/A
TBI							
Statewide	100%	100%	100%	100%	N/A	N/A	N/A
TA							
Statewide	100%	100%	N/A	100%	N/A	N/A	N/A
Autism							
Statewide	100%	100%	N/A	N/A	N/A	N/A	N/A
SED							
Statewide	100%	100%	N/A	N/A	N/A	N/A	N/A

Explanation of Findings:

Remediation:

Performance measure achieved. No remediation necessary.
See monthly LTC reports submitted to KDHE.

KDADS HCBS Quality Review Report

Administrative Authority
PM 3: Number and percent of waiver policy changes that were submitted to the State Medicaid Agency prior to implementation by the Operating Agency
Numerator: Number of waiver policy changes that were submitted to the State Medicaid Agency prior to implementation by the Operating Agency
Denominator: Number of waiver policy changes implemented by the Operating Agency
Review Period: 07/01/2017 - 09/30/2017
Data Source: Presentation of waiver policy changes to KDHE

Compliance By Waiver	Statewide
PD	**100%**
Numerator	5
Denominator	5
FE	**100%**
Numerator	4
Denominator	4
IDD	**100%**
Numerator	6
Denominator	6
TBI	**100%**
Numerator	5
Denominator	5
TA	**100%**
Numerator	2
Denominator	2
Autism	**100%**
Numerator	2
Denominator	2
SED	**100%**
Numerator	2
Denominator	2

Compliance Trends	2013	2014	2015	2016	Jan-Mar 2017	Apr-June 2017	July-Sep 2017
PD							
Statewide	N/A	N/A	100%	N/A	100%	100%	100%
FE							
Statewide	N/A	N/A	100%	N/A	100%	100%	100%
IDD							
Statewide	100%	N/A	100%	100%	100%	100%	100%
TBI							
Statewide	100%	N/A	100%	100%	100%	100%	100%
TA							
Statewide	N/A	N/A	N/A	N/A	100%	100%	100%
Autism							
Statewide	N/A	N/A	N/A	N/A	100%	100%	100%
SED							
Statewide	N/A	N/A	N/A	N/A	100%	100%	100%

Explanation of Findings:

Remediation:

Performance measure achieved. No remediation necessary.

KDADS HCBS Quality Review Report

Administrative Authority
PM 4: Number and percent of Long-Term Care meetings that were represented by the program managers through in-person attendance or written reports
Numerator: Number of Long-Term Care meetings that were represented by the program managers through in-person attendance or written reports
Denominator: Number of Long-Term Care meetings
Review Period: 07/01/2017 - 09/30/2017
Data Source: Meeting Minutes

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

Compliance Trends	2013	2014	2015	2016	Jan-Mar 2017	Apr-June 2017	July-Sep 2017
PD							
Statewide	Not a measure	45%	67%	70%	100%	100%	100%
FE							
Statewide	100%	82%	50%	70%	100%	100%	100%
IDD							
Statewide	Not a measure	91%	Not Available	70%	100%	100%	100%
TBI							
Statewide	Not a measure	73%	Not Available	70%	100%	100%	100%
TA							
Statewide	Not a measure	64%	Not Available	70%	100%	100%	100%
Autism							
Statewide	Not a measure	91%	100%	70%	100%	100%	100%
SED							
Statewide	Not a measure	100%	Not Available	70%	100%	100%	100%

Explanation of Findings:

Remediation:

Performance measure achieved. No remediation necessary.

KDADS HCBS Quality Review Report

Level of Care
PM 1: Number of waiver participants who were determined to meet Level of Care requirements prior to receiving HCBS services
Numerator: Number of waiver participants who were determined to meet Level of Care requirements prior to receiving HCBS services
Denominator: Total number of initial enrolled waiver participants
Review Period: 07/01/2017 - 09/30/2017
Data Source: Functional Assessor Record Review

Compliance By Waiver	Statewide
PD	**100%**
Numerator	4
Denominator	4
FE	**100%**
Numerator	18
Denominator	18
IDD	**100%**
Numerator	2
Denominator	2
TBI	**100%**
Numerator	12
Denominator	12
TA	**100%**
Numerator	10
Denominator	10
Autism	**N/A**
Numerator	0
Denominator	0
SED	**96%**
Numerator	68
Denominator	71

Compliance Trends	2013	2014	2015	2016	Jan-Mar 2017	Apr-June 2017	July-Sep 2017
PD							
Statewide	64%	83%	96%	86%	100%	83%	100%
FE							
Statewide	81%	91%	93%	98%	100%	100%	100%
IDD							
Statewide	99%	94%	90%	100%	100%	100%	100%
TBI							
Statewide	62%	89%	81%	85%	100%	89%	100%
TA							
Statewide	97%	89%	100%	98%	100%	100%	100%
Autism							
Statewide	82%	No Data	100%	N/A	83%	100%	N/A
SED							
Statewide	99%	89%	88%	91%	92%	95%	96%

Explanation of Findings:

For this performance measure, the entire sample population is reviewed. The files that contain an annual Level of Care determination are marked as not applicable. The data reflected in this report contains the compliance percentage for initial Level of Care determinations only.

Documentation was missing or did not meet the minimum criteria for the CBCL and no exception request was completed.

Remediation:

Performance measure achieved. No remediation necessary.

KDADS HCBS Quality Review Report

Level of Care
PM 2: Number and percent of waiver participants who receive their annual Level of Care evaluation within 12 months of the previous Level of Care determination
Numerator: Number of waiver participants who receive their annual Level of Care evaluation within 12 months of the previous Level of Care determination
Denominator: Number of waiver participants who received Level of Care redeterminations
Review Period: 07/01/2017 - 09/30/2017
Data Source: Functional Assessor Record Review

Compliance By Waiver	Statewide
PD	**59%**
Numerator	49
Denominator	83
FE	**66%**
Numerator	47
Denominator	71
IDD	**79%**
Numerator	72
Denominator	91
TBI	**68%**
Numerator	28
Denominator	41
TA	**96%**
Numerator	45
Denominator	47
Autism	**38%**
Numerator	5
Denominator	13
SED	**93%**
Numerator	41
Denominator	44

Compliance Trends	2013	2014	2015	2016	Jan-Mar 2017	Apr-June 2017	July-Sep 2017
PD							
Statewide	47%	52%	64%	69%	64%	74%	59%
FE							
Statewide	68%	70%	76%	79%	69%	67%	66%
IDD							
Statewide	97%	74%	75%	77%	65%	72%	79%
TBI							
Statewide	39%	50%	62%	65%	42%	69%	68%
TA							
Statewide	94%	90%	86%	96%	95%	94%	96%
Autism							
Statewide	68%	No Data	75%	78%	86%	67%	38%
SED							
Statewide	93%	88%	94%	88%	91%	93%	93%

Explanation of Findings:

The reassessment was not completed within the required timeframe or the assessment(s) were not provided for review. Some prior assessments were missing, therefore, reviewers were unable to determine timeliness.

Remediation:

PD, FE, IDD, TBI, and AU did not meet the performance measure.

Survey, Certification, and Credentialing (SCC) to send remediation template to applicable assessing entity for completion on applicable waiver.

SCC to develop and provide to HIPAA-compliant fallout data for assessing entity to review.

SCC will continue to address consistency with interpretive guidance.

KDADS will remove this measure from each HCBS waiver upon renewal or amendment.

KDADS HCBS Quality Review Report

Level of Care
PM 3: Number and percent of waiver participants whose Level of Care (LOC) determinations used the state's approved screening tool
Numerator: Number of waiver participants whose Level of Care determinations used the approved screening tool
Denominator: Number of waiver participants who had a Level of Care determination
Review Period: 07/01/2017 - 09/30/2017
Data Source: Functional Assessor Record Review

Compliance By Waiver	Statewide
PD	**83%**
Numerator	72
Denominator	87
FE	**82%**
Numerator	74
Denominator	90
IDD	**99%**
Numerator	91
Denominator	92
TBI	**87%**
Numerator	46
Denominator	53
TA	**100%**
Numerator	56
Denominator	56
Autism	**92%**
Numerator	12
Denominator	13
SED	**97%**
Numerator	71
Denominator	73

Compliance Trends	2013	2014	2015	2016	Jan-Mar 2017	Apr-June 2017	July-Sep 2017
PD							
Statewide	93%	84%	79%	80%	77%	89%	83%
FE							
Statewide	88%	91%	91%	92%	89%	90%	82%
IDD							
Statewide	97%	95%	99%	99%	99%	100%	99%
TBI							
Statewide	64%	81%	79%	77%	78%	83%	87%
TA							
Statewide	93%	98%	100%	100%	98%	100%	100%
Autism							
Statewide	88%	No Data	90%	88%	92%	100%	92%
SED							
Statewide	77%	79%	83%	88%	89%	92%	97%

Explanation of Findings:

No current assessment provided for the review period to determine if it was the state's approved tool. For SED, non-compliant due to no valid signature and/or date on the assessment.

Remediation:

PD and FE did not meet the performance measure.

Survey, Certification, and Credentialing (SCC) to send remediation template to applicable assessing entity for completion on applicable waiver. This step is currently pending.

SCC to develop and provide to HIPAA-compliant fallout data for assessing entity to review. This step is currently pending.

SCC will continue to address consistency with interpretive guidance.

CSP will perform monitoring and follow up activity once HIPAA compliant information and remediation request has been sent to assessing entity by SCC.

KDADS HCBS Quality Review Report

Level of Care
PM 4: Number and percent of initial Level of Care (LOC) determinations made by a qualified assessor
Numerator: Number of initial Level of Care (LOC) determinations made by a qualified assessor
Denominator: Number of initial Level of Care determinations
Review Period: 07/01/2017 - 09/30/2017
Data Source: Functional Assessor Record Review

Compliance By Waiver	Statewide
PD	**80%**
Numerator	70
Denominator	87
FE	**82%**
Numerator	74
Denominator	90
IDD	**92%**
Numerator	85
Denominator	92
TBI	**87%**
Numerator	46
Denominator	53
TA	**100%**
Numerator	56
Denominator	56
Autism	**92%**
Numerator	12
Denominator	13
SED	**95%**
Numerator	69
Denominator	73

Compliance Trends	2013	2014	2015	2016	Jan-Mar 2017	Apr-June 2017	July-Sep 2017
PD							
Statewide	19%	68%	81%	80%	78%	88%	80%
FE							
Statewide	24%	86%	91%	92%	87%	90%	82%
IDD							
Statewide	92%	85%	96%	97%	97%	98%	92%
TBI							
Statewide	57%	73%	83%	77%	78%	83%	87%
TA							
Statewide	93%	100%	99%	100%	98%	86%	100%
Autism							
Statewide	0%	No Data	57%	68%	85%	86%	92%
SED							
Statewide	99%	71%	88%	86%	88%	94%	95%

Explanation of Findings:

For this performance measure, the entire sample population is reviewed, regardless of whether the file contains an initial or an annual Level of Care determination.

The current/applicable assessment tool was missing, so unable to determine if the assessor was qualified. The assessor's name is not on the approved assessor list approved by program managers. Assessed for the incorrect waiver so the assessment was invalid. For SED, The CAFAS was not signed and/or dated by the clinician.

Remediation:

PD and FE did not meet the performance measure.

Survey, Certification, and Credentialing (SCC) to send remediation template to applicable assessing entity for completion on applicable waiver. This step is currently pending.

SCC to develop and provide to HIPAA-compliant fallout data for assessing entity to review. This step is currently pending.

SCC will continue to address consistency with interpretive guidance.

CSP will perform monitoring and follow up activity once HIPAA compliant information and remediation request has been sent to assessing entity by SCC.

KDADS HCBS Quality Review Report

Level of Care
PM 5: Number and percent of initial Level of Care (LOC) determinations made where the LOC criteria was accurately applied
Numerator: Number of initial Level of Care (LOC) determinations made where the LOC criteria was accurately applied
Denominator: Number of initial Level of Care determinations
Review Period: 07/01/2017 - 09/30/2017
Data Source: Functional Assessor Record Review

Compliance By Waiver	Statewide
PD	**100%**
Numerator	4
Denominator	4
FE	**100%**
Numerator	19
Denominator	19
IDD	**100%**
Numerator	1
Denominator	1
TBI	**100%**
Numerator	12
Denominator	12
TA	**100%**
Numerator	10
Denominator	10
Autism	**100%**
Numerator	13
Denominator	13
SED	**98%**
Numerator	62
Denominator	63

Compliance Trends	2013	2014	2015	2016	Jan-Mar 2017	Apr-June 2017	July-Sep 2017
PD							
Statewide	73%	83%	96%	80%	80%	83%	100%
FE							
Statewide	91%	90%	96%	91%	100%	100%	100%
IDD							
Statewide	98%	95%	91%	98%	100%	100%	100%
TBI							
Statewide	58%	81%	83%	76%	100%	89%	100%
TA							
Statewide	93%	98%	100%	100%	100%	100%	100%
Autism							
Statewide	89%	No Data	100%	88%	83%	100%	100%
SED							
Statewide	99%	88%	87%	89%	89%	95%	98%

Explanation of Findings:

Beginning with the 2018 review period, this performance measure will include both the initial and annual Level of Care determinations to ensure all Level of Care criteria is accurately applied.

Documentation was missing because the MCO uploaded the information on the wrong child.

Remediation:

Performance measure met. No remediation required.

KDADS HCBS Quality Review Report

Qualified Providers
PM 1: Number and percent of new licensed/certified waiver provider applicants that initially met licensure requirements, certification requirements, and other waiver standards prior to furnishing waiver services
Numerator: Number of new licensed/certified waiver provider applicants that initially met licensure requirements, certification requirements, and other waiver standards prior to furnishing waiver services
Denominator: Number of all new licensed/certified waiver providers
Review Period: 07/01/2017 - 09/30/2017
Data Source:

Compliance By Waiver	Amerigroup	Sunflower	United	Statewide
PD				
Numerator				
Denominator				
FE				
Numerator				
Denominator				
IDD				
Numerator				
Denominator				
TBI				
Numerator				
Denominator				
TA				
Numerator				
Denominator				
Autism				
Numerator				
Denominator				
SED				
Numerator				
Denominator				

Explanation of Findings:

Remediation:

Remediation not available at this time.

Compliance Trends	2013	2014	2015	2016	Jan-Mar 2017	Apr-June 2017	July-Sep 2017
PD							
Amerigroup				N/A			
Sunflower				N/A			
United				N/A			
Statewide	100%			N/A			
FE							
Amerigroup				5%			
Sunflower				30%			
United				N/A			
Statewide	100%			9%			
IDD							
Amerigroup				N/A			
Sunflower				N/A			
United				N/A			
Statewide	98%			N/A			
TBI							
Amerigroup				N/A			
Sunflower				N/A			
United				N/A			
Statewide	91%			N/A			
TA							
Amerigroup				N/A			
Sunflower				N/A			
United				N/A			
Statewide	93%			N/A			
Autism							
Amerigroup				N/A			
Sunflower				N/A			
United				N/A			
Statewide	100%			N/A			
SED							
Amerigroup				N/A			
Sunflower				N/A			
United				N/A			
Statewide	100%			N/A			

KDADS HCBS Quality Review Report

Qualified Providers
PM 2: Number and percent of enrolled licensed/certified waiver providers that continue to meet licensure requirements, certification requirements, and other waiver standards
Numerator: Number of enrolled licensed/certified waiver providers that continue to meet licensure requirements, certification requirements, and other waiver standards
Denominator: Number of enrolled licensed/certified waiver providers
Review Period: 07/01/2017 - 09/30/2017
Data Source:

Compliance By Waiver	Amerigroup	Sunflower	United	Statewide
PD				
Numerator				
Denominator				
FE				
Numerator				
Denominator				
IDD				
Numerator				
Denominator				
TBI				
Numerator				
Denominator				
TA				
Numerator				
Denominator				
Autism				
Numerator				
Denominator				
SED				
Numerator				
Denominator				

Explanation of Findings:

Remediation:

Remediation not available at this time.

Compliance Trends	2013	2014	2015	2016	Jan-Mar 2017	Apr-June 2017	July-Sep 2017
PD							
Amerigroup				0%			
Sunflower				0%			
United				0%			
Statewide	100%			0%			
FE							
Amerigroup				12%			
Sunflower				23%			
United				0%			
Statewide	Not a measure			11%			
IDD							
Amerigroup				0%			
Sunflower				0%			
United				0%			
Statewide	98%			0%			
TBI							
Amerigroup				0%			
Sunflower				0%			
United				0%			
Statewide	89%			0%			
TA							
Amerigroup				0%			
Sunflower				0%			
United				0%			
Statewide	93%			0%			
Autism							
Amerigroup				14%			
Sunflower				0%			
United				0%			
Statewide	100%			4%			
SED							
Amerigroup				0%			
Sunflower				0%			
United				0%			
Statewide	100%			0%			

KDADS HCBS Quality Review Report

Qualified Providers
PM 3: Number and percent of new non-licensed/non-certified waiver provider applicants that have met the initial waiver requirements prior to furnishing waiver services
Numerator: Number of new non-licensed/non-certified waiver provider applicants that have met the initial waiver requirements prior to furnishing waiver services
Denominator: Number of all new non-licensed/non-certified providers
Review Period: 07/01/2017 - 09/30/2017
Data Source:

Compliance By Waiver	Amerigroup	Sunflower	United	Statewide
PD				
Numerator				
Denominator				
FE				
Numerator				
Denominator				
IDD				
Numerator				
Denominator				
TBI				
Numerator				
Denominator				
TA				
Numerator				
Denominator				
Autism				
Numerator				
Denominator				
SED				
Numerator				
Denominator				

Explanation of Findings:

Remediation:

Remediation not available at this time.

Compliance Trends	2013	2014	2015	2016	Jan-Mar 2017	Apr-June 2017	July-Sep 2017
PD							
Amerigroup				N/A			
Sunflower				N/A			
United				N/A			
Statewide	75%			N/A			
FE							
Amerigroup				N/A			
Sunflower				N/A			
United				N/A			
Statewide	100%			N/A			
IDD							
Amerigroup				N/A			
Sunflower				N/A			
United				N/A			
Statewide	Not a measure			N/A			
TBI							
Amerigroup				N/A			
Sunflower				N/A			
United				N/A			
Statewide	88%			N/A			
TA							
Amerigroup				N/A			
Sunflower				N/A			
United				N/A			
Statewide	No Data			N/A			
Autism							
Amerigroup				N/A			
Sunflower				N/A			
United				N/A			
Statewide	82%			N/A			
SED							
Amerigroup				N/A			
Sunflower				N/A			
United				N/A			
Statewide	Not a measure			N/A			

KDADS HCBS Quality Review Report

Qualified Providers
PM 4: Number and percent of enrolled non-licensed/non-certified waiver providers that continue to meet waiver requirements
Numerator: Number enrolled non-licensed/non-certified waiver providers that continue to meet waiver requirements
Denominator: Number of enrolled non-licensed/non-certified providers
Review Period: 07/01/2017 - 09/30/2017
Data Source:

Compliance By Waiver	Amerigroup	Sunflower	United	Statewide
PD				
Numerator				
Denominator				
FE				
Numerator				
Denominator				
IDD				
Numerator				
Denominator				
TBI				
Numerator				
Denominator				
TA				
Numerator				
Denominator				
Autism				
Numerator				
Denominator				
SED				
Numerator				
Denominator				

Explanation of Findings:

Remediation:

Remediation not available at this time.

Compliance Trends	2013	2014	2015	2016	Jan-Mar 2017	Apr-June 2017	July-Sep 2017
PD							
Amerigroup				3%			
Sunflower				1%			
United				0%			
Statewide	75%			1%			
FE							
Amerigroup				0%			
Sunflower				0%			
United				0%			
Statewide	Not a measure			0%			
IDD							
Amerigroup				0%			
Sunflower				8%			
United				0%			
Statewide	Not a measure			2%			
TBI							
Amerigroup				8%			
Sunflower				0%			
United				0%			
Statewide	88%			3%			
TA							
Amerigroup				13%			
Sunflower				0%			
United				0%			
Statewide	No Data			4%			
Autism							
Amerigroup				8%			
Sunflower				0%			
United				0%			
Statewide	91%			2%			
SED							
Amerigroup				N/A			
Sunflower				N/A			
United				N/A			
Statewide	89%			N/A			

KDADS HCBS Quality Review Report

Qualified Providers
PM 5: Number and percent of active providers that meet training requirements
Numerator: Number of providers that meet training requirements
Denominator: Number of active providers
Review Period: 07/01/2017 - 09/30/2017
Data Source:

Compliance By Waiver	Amerigroup	Sunflower	United	Statewide
PD				
Numerator				
Denominator				
FE				
Numerator				
Denominator				
IDD				
Numerator				
Denominator				
TBI				
Numerator				
Denominator				
TA				
Numerator				
Denominator				
Autism				
Numerator				
Denominator				
SED				
Numerator				
Denominator				

Explanation of Findings:

Remediation:

Remediation not available at this time.

Compliance Trends	2013	2014	2015	2016	Jan-Mar 2017	Apr-June 2017	July-Sep 2017
PD							
Amerigroup				0%			
Sunflower				0%			
United				0%			
Statewide	No Data			0%			
FE							
Amerigroup				0%			
Sunflower				0%			
United				0%			
Statewide	No Data			0%			
IDD							
Amerigroup				0%			
Sunflower				0%			
United				0%			
Statewide	99%			0%			
TBI							
Amerigroup				0%			
Sunflower				0%			
United				0%			
Statewide	No Data			0%			
TA							
Amerigroup				0%			
Sunflower				0%			
United				0%			
Statewide	No Data			0%			
Autism							
Amerigroup				20%			
Sunflower				36%			
United				0%			
Statewide	No Data			11%			
SED							
Amerigroup				0%			
Sunflower				0%			
United				0%			
Statewide	88%			0%			

KDADS HCBS Quality Review Report

Service Plan
PM 1: Number and percent of waiver participants whose service plans address participants' goals
Numerator: Number of waiver participants whose service plans address participants' goals
Denominator: Number of waiver participants whose service plans were reviewed
Review Period: 07/01/2017 - 09/30/2017
Data Source: MCO Record Review

Compliance By Waiver	Amerigroup	Sunflower	United	Statewide
PD	**88%**	**80%**	**83%**	**84%**
Numerator	30	24	19	73
Denominator	34	30	23	87
FE	**59%**	**85%**	**93%**	**80%**
Numerator	16	29	26	71
Denominator	27	34	28	89
IDD	**77%**	**65%**	**82%**	**73%**
Numerator	20	28	18	66
Denominator	26	43	22	91
TBI	**87%**	**92%**	**78%**	**87%**
Numerator	27	11	7	45
Denominator	31	12	9	52
TA	**96%**	**63%**	**90%**	**85%**
Numerator	27	10	9	46
Denominator	28	16	10	54
Autism	**100%**	**20%**	**0%**	**38%**
Numerator	4	1	0	5
Denominator	4	5	4	13
SED	**100%**	**95%**	**95%**	**97%**
Numerator	26	20	21	67
Denominator	26	21	22	69

Explanation of Findings:

The documentation reflecting the individual goals was incomplete due to no individualized goals, blanks left in the goal section, "Not applicable" listed in the goal section, or goals listed are not addressed in the service plan. The documentation reflecting goals was missing because the MCO did not upload the ISP for review period. The documentation provided for the review period did not have a valid signature and/or date.

Remediation:

Performance measure not met statewide for PD, FE, IDD, TA, and AU. Performance measure not met by varying levels per MCO.

Survey, Certification, and Credentialing (SCC) to send remediation template to applicable MCO for completion on applicable waiver. This step is currently pending.

SCC to develop and provide to HIPAA-compliant fallout data for MCO to review. This step is currently pending.

SCC will continue to address consistency with interpretive guidance.

CSP will perform monitoring and follow up activity once HIPAA compliant information and remediation request has been sent to MCO by SCC.

Compliance Trends	2013	2014	2015	2016	Jan-Mar 2017	Apr-June 2017	July-Sep 2017
PD							
Amerigroup		55%	33%	63%	68%	81%	88%
Sunflower		57%	64%	59%	80%	77%	80%
United		33%	49%	86%	87%	85%	83%
Statewide	55%	50%	48%	69%	77%	81%	84%
FE							
Amerigroup		50%	42%	54%	69%	74%	59%
Sunflower		56%	51%	75%	74%	76%	85%
United		45%	56%	81%	93%	91%	93%
Statewide	Not a measure	50%	49%	70%	78%	81%	80%
IDD							
Amerigroup		36%	32%	53%	75%	85%	77%
Sunflower		56%	56%	61%	77%	57%	65%
United		52%	41%	73%	87%	83%	82%
Statewide	99%	49%	45%	62%	79%	72%	73%
TBI							
Amerigroup		37%	41%	58%	66%	83%	87%
Sunflower		37%	38%	80%	69%	69%	92%
United		22%	55%	78%	100%	78%	78%
Statewide	44%	34%	43%	68%	71%	79%	87%
TA							
Amerigroup		50%	44%	69%	72%	97%	96%
Sunflower		73%	85%	82%	63%	50%	63%
United		64%	32%	70%	89%	100%	90%
Statewide	93%	61%	54%	73%	72%	82%	85%
Autism							
Amerigroup		84%	56%	35%	80%	75%	100%
Sunflower		47%	50%	50%	33%	20%	20%
United		63%	36%	17%	0%	20%	0%
Statewide	58%	69%	49%	37%	50%	36%	38%
SED							
Amerigroup		91%	99%	98%	96%	100%	100%
Sunflower		92%	95%	87%	100%	100%	95%
United		89%	100%	98%	93%	100%	95%
Statewide	98%	90%	98%	95%	96%	100%	97%

KDADS HCBS Quality Review Report

Service Plan
PM 2: Number and percent of waiver participants whose service plans address their assessed needs and capabilities as indicated in the assessment
Numerator: Number of waiver participants whose service plans address their assessed needs and capabilities as indicated in the assessment
Denominator: Number of waiver participants whose service plans were reviewed
Review Period: 07/01/2017 - 09/30/2017
Data Source: MCO Record Review

Compliance By Waiver	Amerigroup	Sunflower	United	Statewide
PD	**88%**	**87%**	**87%**	**87%**
Numerator	30	26	20	76
Denominator	34	30	23	87
FE	**85%**	**74%**	**89%**	**82%**
Numerator	23	25	25	73
Denominator	27	34	28	89
IDD	**77%**	**79%**	**82%**	**79%**
Numerator	20	34	18	72
Denominator	26	43	22	91
TBI	**84%**	**83%**	**78%**	**83%**
Numerator	26	10	7	43
Denominator	31	12	9	52
TA	**96%**	**75%**	**80%**	**87%**
Numerator	27	12	8	47
Denominator	28	16	10	54
Autism	**100%**	**0%**	**0%**	**31%**
Numerator	4	0	0	4
Denominator	4	5	4	13
SED	**100%**	**95%**	**95%**	**97%**
Numerator	26	20	21	67
Denominator	26	21	22	69

Explanation of Findings:

Missing the service plan or assessment(s) for the review period, Service plan was not signed and/or dated by the individual/guardian or representative. Documentation provided for review was incomplete due to no tasks marked on ISP or the information provided failed to cover the entire review period.

Remediation:

Performance measure not met statewide for FE, IDD, TBI, and AU. Performance measure not met by varying levels per MCO.

Survey, Certification, and Credentialing (SCC) to send remediation template to applicable MCO for completion on applicable waiver. This step is currently pending.

SCC to develop and provide to HIPAA-compliant fallout data for MCO to review. This step is currently pending.

SCC will continue to address consistency with interpretive guidance.

CSP will perform monitoring and follow up activity once HIPAA compliant information and remediation request has been sent to MCO by SCC.

Compliance Trends	2013	2014	2015	2016	Jan-Mar 2017	Apr-June 2017	July-Sep 2017
PD							
Amerigroup		83%	55%	74%	68%	84%	88%
Sunflower		90%	56%	63%	87%	77%	87%
United		89%	68%	92%	87%	85%	87%
Statewide	86%	87%	59%	76%	79%	82%	87%
FE							
Amerigroup		79%	66%	74%	73%	74%	85%
Sunflower		90%	53%	73%	68%	76%	74%
United		88%	68%	84%	96%	85%	89%
Statewide	87%	86%	61%	77%	78%	79%	82%
IDD							
Amerigroup		85%	67%	64%	71%	85%	77%
Sunflower		77%	36%	65%	68%	67%	79%
United		72%	47%	78%	91%	91%	82%
Statewide	99%	78%	48%	68%	75%	78%	79%
TBI							
Amerigroup		67%	48%	65%	59%	87%	84%
Sunflower		82%	28%	82%	62%	85%	83%
United		70%	62%	80%	100%	78%	78%
Statewide	72%	73%	45%	72%	65%	85%	83%
TA							
Amerigroup		93%	58%	70%	68%	93%	96%
Sunflower		98%	62%	74%	75%	50%	75%
United		97%	58%	79%	89%	100%	80%
Statewide	96%	96%	59%	73%	74%	80%	87%
Autism							
Amerigroup		81%	59%	33%	80%	75%	100%
Sunflower		50%	45%	47%	17%	20%	0%
United		63%	21%	22%	0%	20%	0%
Statewide	59%	68%	46%	36%	42%	36%	31%
SED							
Amerigroup		91%	99%	98%	96%	100%	100%
Sunflower		91%	92%	87%	87%	95%	95%
United		89%	98%	96%	78%	100%	95%
Statewide	92%	90%	97%	94%	87%	99%	97%

KDADS HCBS Quality Review Report

Service Plan
PM 3: Number and percent of waiver participants whose service plans address health and safety risk factors
Numerator: Number of waiver participants whose service plans address health and safety risk factors
Denominator: Number of waiver participants whose service plans were reviewed
Review Period: 07/01/2017 - 09/30/2017
Data Source: MCO Record Review

Compliance By Waiver	Amerigroup	Sunflower	United	Statewide
PD	**85%**	**87%**	**87%**	**86%**
Numerator	29	26	20	75
Denominator	34	30	23	87
FE	**89%**	**76%**	**89%**	**84%**
Numerator	24	26	25	75
Denominator	27	34	28	89
IDD	**77%**	**79%**	**86%**	**80%**
Numerator	20	34	19	73
Denominator	26	43	22	91
TBI	**87%**	**83%**	**78%**	**85%**
Numerator	27	10	7	44
Denominator	31	12	9	52
TA	**96%**	**75%**	**80%**	**87%**
Numerator	27	12	8	47
Denominator	28	16	10	54
Autism	**100%**	**0%**	**0%**	**31%**
Numerator	4	0	0	4
Denominator	4	5	4	13
SED	**100%**	**95%**	**95%**	**97%**
Numerator	26	20	21	67
Denominator	26	21	22	69

Explanation of Findings:

Missing the service plan or assessment(s) for the review period, Service plan was not signed and dated by the individual/guardian/representative. Assessed health and safety risk factors are not addressed in the service plan.

Remediation:

Performance measure not met statewide for PD, FE, IDD, TA, and AU. Performance measure not met by varying levels per MCO.

Survey, Certification, and Credentialing (SCC) to send remediation template to applicable MCO for completion on applicable waiver. This step is currently pending.

SCC to develop and provide to HIPAA-compliant fallout data for MCO to review. This step is currently pending.

SCC will continue to address consistency with interpretive guidance.

CSP will perform monitoring and follow up activity once HIPAA compliant information and remediation request has been sent to MCO by SCC.

Compliance Trends	2013	2014	2015	2016	Jan-Mar 2017	Apr-June 2017	July-Sep 2017
PD							
Amerigroup		90%	44%	73%	68%	84%	85%
Sunflower		89%	49%	67%	83%	87%	87%
United		96%	67%	90%	87%	85%	87%
Statewide	90%	91%	51%	76%	78%	82%	86%
FE							
Amerigroup		92%	55%	75%	73%	78%	89%
Sunflower		92%	50%	73%	71%	76%	76%
United		95%	70%	82%	96%	85%	89%
Statewide	Not a measure	93%	57%	76%	80%	80%	84%
IDD							
Amerigroup		90%	61%	67%	68%	85%	77%
Sunflower		97%	36%	65%	75%	67%	79%
United		89%	45%	78%	91%	91%	86%
Statewide	99%	93%	46%	69%	77%	78%	80%
TBI							
Amerigroup		79%	45%	64%	62%	90%	87%
Sunflower		91%	26%	84%	62%	69%	83%
United		83%	64%	80%	100%	78%	78%
Statewide	84%	84%	43%	72%	67%	83%	85%
TA							
Amerigroup		96%	49%	73%	72%	93%	96%
Sunflower		95%	61%	76%	69%	50%	75%
United		94%	58%	79%	89%	100%	80%
Statewide	96%	96%	54%	75%	74%	80%	87%
Autism							
Amerigroup		79%	59%	30%	80%	75%	100%
Sunflower		61%	45%	47%	17%	20%	0%
United		86%	21%	17%	0%	20%	0%
Statewide	64%	74%	46%	34%	42%	36%	31%
SED							
Amerigroup		90%	99%	97%	96%	100%	100%
Sunflower		89%	95%	87%	100%	100%	95%
United		86%	100%	97%	93%	100%	95%
Statewide	99%	88%	98%	94%	96%	100%	97%

KDADS HCBS Quality Review Report

Service Plan
PM 4: Number and percent of waiver participants whose service plans were developed according to the processes in the approved waiver
Numerator: Number of waiver participants whose service plans were developed according to the processes in the approved waiver
Denominator: Number of waiver participants whose service plans were reviewed
Review Period: 07/01/2017 - 09/30/2017
Data Source: MCO Record Review

Compliance By Waiver	Amerigroup	Sunflower	United	Statewide
PD	**94%**	**87%**	**91%**	**91%**
Numerator	32	26	21	79
Denominator	34	30	23	87
FE	**89%**	**88%**	**93%**	**90%**
Numerator	24	30	26	80
Denominator	27	34	28	89
IDD	**81%**	**81%**	**86%**	**82%**
Numerator	21	35	19	75
Denominator	26	43	22	91
TBI	**87%**	**83%**	**78%**	**85%**
Numerator	27	10	7	44
Denominator	31	12	9	52
TA	**96%**	**75%**	**90%**	**89%**
Numerator	27	12	9	48
Denominator	28	16	10	54
Autism	**100%**	**0%**	**0%**	**31%**
Numerator	4	0	0	4
Denominator	4	5	4	13
SED	**100%**	**95%**	**95%**	**97%**
Numerator	26	20	21	67
Denominator	26	21	22	69

Explanation of Findings:

Missing the service plan or assessment(s) for the review period due to no MCO file upload, no ISP included in the documentation, or documentation was uploaded for the incorrect individual. Service plan was not signed and/or dated by the individual/guardian/representative. Care coordinator failed to sign and/or date the Service plan as required.

Remediation:

Performance measure not met statewide for IDD, TBI, and AU. Performance measure not met by varying levels per MCO.

Survey, Certification, and Credentialing (SCC) to send remediation template to applicable MCO for completion on applicable waiver. This step is currently pending.

SCC to develop and provide to HIPAA-compliant fallout data for MCO to review. This step is currently pending.

SCC will continue to address consistency with interpretive guidance.

CSP will perform monitoring and follow up activity once HIPAA compliant information and remediation request has been sent to MCO by SCC.

Compliance Trends	2013	2014	2015	2016	Jan-Mar 2017	Apr-June 2017	July-Sep 2017
PD							
Amerigroup		88%	68%	76%	71%	91%	94%
Sunflower		87%	69%	73%	93%	81%	87%
United		85%	77%	92%	87%	85%	91%
Statewide	80%	87%	70%	80%	83%	86%	91%
FE							
Amerigroup		84%	76%	78%	73%	78%	89%
Sunflower		88%	61%	84%	85%	85%	88%
United		86%	79%	87%	96%	91%	93%
Statewide	Not a measure	86%	71%	83%	85%	86%	90%
IDD							
Amerigroup		80%	80%	73%	71%	85%	81%
Sunflower		80%	59%	74%	86%	76%	81%
United		82%	55%	79%	91%	91%	86%
Statewide	98%	81%	64%	75%	83%	83%	82%
TBI							
Amerigroup		76%	53%	64%	62%	90%	87%
Sunflower		86%	43%	86%	69%	77%	83%
United		77%	69%	85%	100%	78%	78%
Statewide	64%	80%	53%	74%	69%	85%	85%
TA							
Amerigroup		84%	68%	71%	72%	97%	96%
Sunflower		97%	86%	85%	69%	50%	75%
United		96%	58%	79%	89%	100%	90%
Statewide	No Data	91%	72%	77%	74%	82%	89%
Autism							
Amerigroup		74%	59%	35%	80%	75%	100%
Sunflower		51%	50%	47%	17%	40%	0%
United		65%	29%	17%	0%	20%	0%
Statewide	55%	65%	49%	36%	42%	43%	31%
SED							
Amerigroup		92%	99%	98%	96%	100%	100%
Sunflower		90%	94%	86%	100%	100%	95%
United		87%	98%	97%	93%	100%	95%
Statewide	Not a measure	90%	97%	94%	96%	100%	97%

KDADS HCBS Quality Review Report

Service Plan
PM 5: Number and percent of waiver participants (or their representatives) who were present and involved in the development of their service plan
Numerator: Number of waiver participants (or their representatives) who were present and involved in the development of their service plan
Denominator: Number of waiver participants whose service plans were reviewed
Review Period: 07/01/2017 - 09/30/2017
Data Source: MCO Record Review

Compliance By Waiver	Amerigroup	Sunflower	United	Statewide
PD	**94%**	**87%**	**91%**	**91%**
Numerator	32	26	21	79
Denominator	34	30	23	87
FE	**93%**	**88%**	**93%**	**91%**
Numerator	25	30	26	81
Denominator	27	34	28	89
IDD	**77%**	**81%**	**91%**	**82%**
Numerator	20	35	20	75
Denominator	26	43	22	91
TBI	**87%**	**83%**	**78%**	**85%**
Numerator	27	10	7	44
Denominator	31	12	9	52
TA	**96%**	**75%**	**90%**	**89%**
Numerator	27	12	9	48
Denominator	28	16	10	54
Autism	**100%**	**0%**	**0%**	**31%**
Numerator	4	0	0	4
Denominator	4	5	4	13
SED	**92%**	**100%**	**95%**	**96%**
Numerator	24	21	21	66
Denominator	26	21	22	69

Explanation of Findings:

Service plan is missing for the review period due to no MCO upload or the upload did not contain the Service plan for the entire review period. Service plan was not signed or dated by the individual/guardian/representative.

Remediation:

Performance measure not met statewide for IDD, TBI, and AU. Performance measure not met by varying levels per MCO.

Survey, Certification, and Credentialing (SCC) to send remediation template to applicable MCO for completion on applicable waiver. This step is currently pending.

SCC to develop and provide to HIPAA-compliant fallout data for MCO to review. This step is currently pending.

SCC will continue to address consistency with interpretive guidance.

CSP will perform monitoring and follow up activity once HIPAA compliant information and remediation request has been sent to MCO by SCC.

Compliance Trends	2013	2014	2015	2016	Jan-Mar 2017	Apr-June 2017	July-Sep 2017
PD							
Amerigroup		88%	70%	79%	74%	94%	94%
Sunflower		87%	70%	74%	93%	84%	87%
United		84%	79%	89%	87%	85%	91%
Statewide	Not a measure	87%	72%	81%	84%	88%	91%
FE							
Amerigroup		83%	78%	76%	77%	78%	93%
Sunflower		86%	60%	83%	85%	85%	88%
United		87%	83%	88%	96%	91%	93%
Statewide	90%	85%	72%	83%	86%	86%	91%
IDD							
Amerigroup		84%	76%	73%	71%	85%	77%
Sunflower		82%	60%	74%	84%	71%	81%
United		88%	51%	79%	91%	91%	91%
Statewide	Not a measure	84%	63%	75%	82%	80%	82%
TBI							
Amerigroup		73%	51%	65%	66%	87%	87%
Sunflower		84%	45%	86%	69%	77%	83%
United		80%	69%	59%	100%	78%	78%
Statewide	Not a measure	78%	52%	74%	71%	83%	85%
TA							
Amerigroup		83%	75%	71%	72%	97%	96%
Sunflower		97%	86%	84%	69%	50%	75%
United		97%	58%	79%	89%	100%	90%
Statewide	Not a measure	91%	76%	76%	74%	82%	89%
Autism							
Amerigroup		77%	59%	35%	80%	75%	100%
Sunflower		53%	55%	50%	17%	20%	0%
United		71%	36%	17%	0%	0%	0%
Statewide	Not a measure	69%	52%	37%	42%	29%	31%
SED							
Amerigroup		92%	98%	97%	96%	100%	92%
Sunflower		90%	95%	86%	100%	100%	100%
United		87%	99%	96%	93%	100%	95%
Statewide	93%	90%	98%	94%	96%	100%	96%

KDADS HCBS Quality Review Report

Service Plan
PM 6: Number and percent of service plans reviewed before the waiver participant's annual redetermination date
Numerator: Number of service plans reviewed before the waiver participant's annual redetermination date
Denominator: Number of waiver participants whose service plans were reviewed
Review Period: 07/01/2017 - 09/30/2017
Data Source: MCO Record Review

Compliance By Waiver	Amerigroup	Sunflower	United	Statewide
PD	**88%**	**69%**	**73%**	**79%**
Numerator	23	11	8	42
Denominator	26	16	11	53
FE	**64%**	**80%**	**84%**	**77%**
Numerator	9	16	16	41
Denominator	14	20	19	53
IDD	**79%**	**46%**	**93%**	**68%**
Numerator	11	11	14	36
Denominator	14	24	15	53
TBI	**73%**	**57%**	**75%**	**68%**
Numerator	8	4	3	15
Denominator	11	7	4	22
TA	**96%**	**89%**	**100%**	**95%**
Numerator	22	8	5	35
Denominator	23	9	5	37
Autism	**100%**	**0%**	**0%**	**25%**
Numerator	2	0	0	2
Denominator	2	3	3	8
SED	**94%**	**87%**	**91%**	**91%**
Numerator	16	13	10	39
Denominator	17	15	11	43

Explanation of Findings:

Beginning with the 2018 review period, the files reviewed that contain a service plan for newly enrolled waiver participant will be considered compliant for this performance measure.

Service plan was not signed &/or dated by the individual /guardian/or representative. Missing current or prior service plan so unable to determine timeliness, or service plan was not completed within the specified timeframe.

Remediation:

Performance measure not met statewide for PD, FE, IDD, TBI and AU. Performance measure not met by varying levels per MCO.

Survey, Certification, and Credentialing (SCC) to send remediation template to applicable MCO for completion on applicable waiver. This step is currently pending.

SCC to develop and provide to HIPAA-compliant fallout data for MCO to review. This step is currently pending.

SCC will continue to address consistency with interpretive guidance.

CSP will perform monitoring and follow up activity once HIPAA compliant information and remediation request has been sent to MCO by SCC.

Compliance Trends	2013	2014	2015	2016	Jan-Mar 2017	Apr-June 2017	July-Sep 2017
PD							
Amerigroup		73%	67%	71%	47%	63%	88%
Sunflower		82%	72%	72%	79%	54%	69%
United		92%	73%	83%	75%	85%	73%
Statewide	82%	82%	70%	75%	64%	67%	79%
FE							
Amerigroup		81%	67%	63%	64%	70%	64%
Sunflower		85%	57%	78%	78%	71%	80%
United		90%	69%	84%	100%	88%	84%
Statewide	81%	85%	64%	76%	80%	77%	77%
IDD							
Amerigroup		75%	77%	68%	46%	69%	79%
Sunflower		81%	66%	65%	72%	68%	46%
United		91%	48%	54%	75%	71%	93%
Statewide	97%	82%	66%	63%	66%	70%	68%
TBI							
Amerigroup		65%	44%	56%	42%	58%	73%
Sunflower		84%	40%	88%	60%	40%	57%
United		77%	65%	70%	75%	80%	75%
Statewide	60%	76%	47%	68%	52%	59%	68%
TA							
Amerigroup		81%	78%	72%	67%	94%	96%
Sunflower		94%	89%	85%	67%	44%	89%
United		96%	59%	70%	75%	86%	100%
Statewide	92%	89%	79%	76%	68%	78%	95%
Autism							
Amerigroup		67%	52%	40%	75%	67%	100%
Sunflower		43%	47%	38%	50%	25%	0%
United		33%	38%	7%	N/A	50%	0%
Statewide	64%	57%	48%	31%	67%	44%	25%
SED							
Amerigroup		89%	97%	94%	89%	100%	94%
Sunflower		89%	91%	79%	94%	93%	87%
United		83%	99%	85%	86%	84%	91%
Statewide	80%	87%	96%	86%	89%	92%	91%

KDADS HCBS Quality Review Report

Service Plan
PM 7: Number and percent of waiver participants with documented change in needs whose service plan was revised, as needed, to address the change
Numerator: Number of waiver participants with documented change in needs whose service plan was revised, as needed, to address the change
Denominator: Number of waiver participants whose service plans were reviewed
Review Period: 07/01/2017 - 09/30/2017
Data Source: MCO Record Review

Compliance By Waiver	Amerigroup	Sunflower	United	Statewide
PD	**100%**	**40%**	**0%**	**56%**
Numerator	5	4	0	9
Denominator	5	10	1	16
FE	**0%**	**67%**	**N/A**	**50%**
Numerator	0	2	0	2
Denominator	1	3	0	4
IDD	**100%**	**100%**	**N/A**	**100%**
Numerator	1	1	0	2
Denominator	1	1	0	2
TBI	**56%**	**50%**	**0%**	**50%**
Numerator	5	1	0	6
Denominator	9	2	1	12
TA	**88%**	**67%**	**N/A**	**82%**
Numerator	7	2	0	9
Denominator	8	3	0	11
Autism	**N/A**	**0%**	**0%**	**0%**
Numerator	0	0	0	0
Denominator	0	3	3	6
SED	**100%**	**80%**	**83%**	**90%**
Numerator	9	4	5	18
Denominator	9	5	6	20

Explanation of Findings:

Beginning with the 2018 review period, the files reviewed that contain a service plan that do not reflect a change in needs will be considered compliant for this performance measure.

Service plan provided was incomplete due to not noting approved units and hours on the plan. Current or prior Service plan was missing so unable to document changes in plan. Service plan did not have a valid signature and/or date.

Remediation:

Performance measure not met statewide for PD, FE, TBI and TA. Performance measure not met by varying levels per MCO.

Survey, Certification, and Credentialing (SCC) to send remediation template to applicable MCO for completion on applicable waiver. This step is currently pending.

SCC to develop and provide to HIPAA-compliant fallout data for MCO to review. This step is currently pending.

SCC will continue to address consistency with interpretive guidance.

CSP will perform monitoring and follow up activity once HIPAA compliant information and remediation request has been sent to MCO by SCC.

Compliance Trends	2013	2014	2015	2016	Jan-Mar 2017	Apr-June 2017	July-Sep 2017
PD							
Amerigroup		20%	36%	67%	50%	40%	100%
Sunflower		53%	58%	50%	60%	57%	40%
United		50%	63%	80%	100%	75%	0%
Statewide	75%	39%	53%	65%	60%	60%	56%
FE							
Amerigroup		24%	71%	42%	0%	100%	0%
Sunflower		39%	51%	63%	50%	43%	67%
United		50%	47%	87%	100%	75%	N/A
Statewide	78%	38%	54%	65%	57%	64%	50%
IDD							
Amerigroup		7%	60%	27%	0%	100%	100%
Sunflower		38%	16%	25%	43%	0%	100%
United		16%	30%	30%	100%	0%	N/A
Statewide	97%	23%	28%	28%	44%	20%	100%
TBI							
Amerigroup		24%	42%	61%	33%	80%	56%
Sunflower		54%	27%	75%	100%	25%	50%
United		46%	50%	75%	N/A	33%	0%
Statewide	53%	38%	38%	67%	50%	50%	50%
TA							
Amerigroup		32%	73%	56%	100%	100%	88%
Sunflower		54%	89%	63%	67%	33%	67%
United		38%	43%	60%	100%	100%	N/A
Statewide	92%	42%	75%	60%	80%	71%	82%
Autism							
Amerigroup		10%	0%	17%	50%	100%	N/A
Sunflower		17%	25%	50%	0%	50%	0%
United		0%	0%	9%	N/A	0%	0%
Statewide	45%	11%	11%	16%	33%	60%	0%
SED							
Amerigroup		90%	90%	97%	89%	100%	100%
Sunflower		83%	79%	68%	89%	88%	80%
United		84%	93%	83%	67%	100%	83%
Statewide	85%	86%	88%	83%	81%	96%	90%

KDADS HCBS Quality Review Report

Service Plan
PM 8: Number and percent of waiver participants who received services in the type, scope, amount, duration, and frequency specified in the service plan
Numerator: Number of waiver participants who received services in the type, scope, amount, duration, and frequency specified in the service plan
Denominator: Number of waiver participants whose service plans were reviewed
Review Period: 07/01/2017 - 09/30/2017
Data Source: MCO Record Review

Compliance By Waiver	Amerigroup	Sunflower	United	Statewide
PD	**94%**	**83%**	**87%**	**89%**
Numerator	32	25	20	77
Denominator	34	30	23	87
FE	**93%**	**88%**	**89%**	**90%**
Numerator	25	30	25	80
Denominator	27	34	28	89
IDD	**81%**	**81%**	**91%**	**84%**
Numerator	21	35	20	76
Denominator	26	43	22	91
TBI	**81%**	**83%**	**78%**	**81%**
Numerator	25	10	7	42
Denominator	31	12	9	52
TA	**96%**	**75%**	**90%**	**89%**
Numerator	27	12	9	48
Denominator	28	16	10	54
Autism	**100%**	**0%**	**0%**	**31%**
Numerator	4	0	0	4
Denominator	4	5	4	13
SED	**100%**	**95%**	**95%**	**97%**
Numerator	26	20	21	67
Denominator	26	21	22	69

Explanation of Findings:

Service plan was not signed & dated by the individual/ guardian/ representative, service plan missing for the review period, service plan uploaded for the wrong child, signature appears to be duplicated (not an original signature), service plan does not match documentation of services being received.

Remediation:

Performance measure not met statewide for IDD, TBI and AU. Performance measure not met by varying levels per MCO.

Survey, Certification, and Credentialing (SCC) to send remediation template to applicable MCO for completion on applicable waiver. This step is currently pending.

SCC to develop and provide to HIPAA-compliant fallout data for MCO to review. This step is currently pending.

SCC will continue to address consistency with interpretive guidance.

CSP will perform monitoring and follow up activity once HIPAA compliant information and remediation request has been sent to MCO by SCC.

Compliance Trends	2013	2014	2015	2016	Jan-Mar 2017	Apr-June 2017	July-Sep 2017
PD							
Amerigroup		94%	69%	79%	65%	84%	94%
Sunflower		96%	72%	76%	93%	84%	83%
United		96%	78%	91%	91%	85%	87%
Statewide	85%	95%	72%	81%	82%	84%	89%
FE							
Amerigroup		83%	76%	75%	69%	74%	93%
Sunflower		96%	64%	86%	85%	85%	88%
United		96%	79%	89%	96%	88%	89%
Statewide	87%	92%	72%	83%	84%	83%	90%
IDD							
Amerigroup		78%	84%	73%	68%	85%	81%
Sunflower		97%	62%	77%	86%	79%	81%
United		100%	59%	81%	87%	83%	91%
Statewide	98%	92%	68%	77%	81%	82%	84%
TBI							
Amerigroup		81%	55%	63%	59%	87%	81%
Sunflower		95%	46%	84%	69%	69%	83%
United		85%	71%	83%	86%	78%	78%
Statewide	70%	87%	56%	72%	65%	81%	81%
TA							
Amerigroup		98%	73%	79%	68%	97%	96%
Sunflower		100%	86%	82%	69%	50%	75%
United		96%	58%	82%	89%	100%	90%
Statewide	100%	98%	74%	80%	72%	82%	89%
Autism							
Amerigroup		89%	59%	37%	80%	75%	100%
Sunflower		100%	55%	50%	17%	20%	0%
United		50%	21%	17%	0%	20%	0%
Statewide	50%	86%	49%	38%	42%	36%	31%
SED							
Amerigroup		91%	99%	95%	96%	100%	100%
Sunflower		96%	94%	84%	100%	100%	95%
United		92%	99%	91%	89%	100%	95%
Statewide	13%	93%	98%	90%	95%	100%	97%

KDADS HCBS Quality Review Report

Service Plan
PM 9: Number and percent of survey respondents who reported receiving all services as specified in their service plan
Numerator: Number of survey respondents who reported receiving all services as specified in their service plan
Denominator: Number of waiver participants interviewed by QMS staff
Review Period: 07/01/2017 - 09/30/2017
Data Source: Customer Interview

Compliance By Waiver	Amerigroup	Sunflower	United	Statewide
PD	**100%**	**100%**	**86%**	**96%**
Numerator	29	21	18	68
Denominator	29	21	21	71
FE	**95%**	**93%**	**95%**	**94%**
Numerator	20	25	18	63
Denominator	21	27	19	67
IDD	**88%**	**100%**	**80%**	**93%**
Numerator	14	28	8	50
Denominator	16	28	10	54
TBI	**86%**	**100%**	**86%**	**88%**
Numerator	19	5	6	30
Denominator	22	5	7	34
TA	**95%**	**100%**	**100%**	**97%**
Numerator	18	9	5	32
Denominator	19	9	5	33
Autism	**67%**	**0%**	**100%**	**50%**
Numerator	2	0	2	4
Denominator	3	3	2	8
SED	**Not a waiver performance measure**			
Numerator				
Denominator				

Explanation of Findings:

Interviews with individuals receiving services indicate these reasons for non-compliant responses: PERS system failed him in a fall, had a "bad worker", person was unaware of what was in his service plan, Person indicated NO on a written survey with no explanation, difficulty getting services in rural areas, Lack of providers that are certified with the MCO they have, Denied receiving any services, Guardian was unhappy with the quality of day and residential services.

Remediation:

Performance measure not met statewide for AU. Performance measure not met by varying levels per MCO.

Survey, Certification, and Credentialing (SCC) to send remediation template to applicable MCO for completion on applicable waiver. This step is currently pending.

SCC to develop and provide to HIPAA-compliant fallout data for MCO to review. This step is currently pending.

SCC will continue to address consistency with interpretive guidance.

CSP will perform monitoring and follow up activity once HIPAA compliant information and remediation request has been sent to MCO by SCC.

Compliance Trends	2013	2014	2015	2016	Jan-Mar 2017	Apr-June 2017	July-Sep 2017
PD							
Amerigroup		97%			86%	87%	100%
Sunflower		92%			100%	95%	100%
United		93%			90%	94%	86%
Statewide	Not a measure	94%	No Data	No Data	91%	91%	96%
FE							
Amerigroup		85%			93%	100%	95%
Sunflower		86%			95%	96%	93%
United		82%			87%	93%	95%
Statewide	87%	84%	No Data	No Data	91%	96%	94%
IDD							
Amerigroup		92%				100%	88%
Sunflower		96%				95%	100%
United		93%				100%	80%
Statewide	Not a measure	94%	No Data	No Data	No Data	97%	93%
TBI							
Amerigroup		81%				79%	86%
Sunflower		88%				71%	100%
United		83%				80%	86%
Statewide	Not a measure	83%	No Data	No Data	No Data	77%	88%
TA							
Amerigroup		89%			94%	100%	95%
Sunflower		84%			83%	100%	100%
United		85%			100%	83%	100%
Statewide	Not a measure	87%	No Data	No Data	93%	97%	97%
Autism							
Amerigroup		74%			100%	100%	67%
Sunflower		70%			100%	33%	0%
United		60%			N/A	100%	100%
Statewide	Not a measure	71%	No Data	No Data	100%	71%	50%
SED	**Not a waiver performance measure**						
Amerigroup							
Sunflower							
United							
Statewide							

KDADS HCBS Quality Review Report

Service Plan
PM 10: Number and percent of waiver participants whose record contains documentation indicating a choice of waiver service providers
Numerator: Number of waiver participants whose record contains documentation indicating a choice of waiver service providers
Denominator: Number of waiver participants whose service plans were reviewed
Review Period: 07/01/2017 - 09/30/2017
Data Source: MCO Record Review

Compliance By Waiver	Amerigroup	Sunflower	United	Statewide
PD	**88%**	**87%**	**91%**	**89%**
Numerator	30	26	21	77
Denominator	34	30	23	87
FE	**93%**	**88%**	**89%**	**90%**
Numerator	25	30	25	80
Denominator	27	34	28	89
IDD	**77%**	**70%**	**82%**	**75%**
Numerator	20	30	18	68
Denominator	26	43	22	91
TBI	**87%**	**83%**	**78%**	**85%**
Numerator	27	10	7	44
Denominator	31	12	9	52
TA	**93%**	**75%**	**90%**	**87%**
Numerator	26	12	9	47
Denominator	28	16	10	54
Autism	**100%**	**40%**	**0%**	**46%**
Numerator	4	2	0	6
Denominator	4	5	4	13
SED	**100%**	**100%**	**95%**	**99%**
Numerator	26	21	21	68
Denominator	26	21	22	69

Explanation of Findings:

Missing documentation to show "choice" was reviewed with the individual for the review period. Choice is not indicated on the service plan that was provided for review so is incomplete, No valid signature/ date by individual/ guardian/ representative on the service plan that indicates choice of providers.

Remediation:

Performance measure not met statewide for IDD, TBI and AU. Performance mesaure not met by varying levels per MCO.

Survey, Certification, and Credentialing (SCC) to send remediation template to applicable MCO for completion on applicable waiver. This step is currently pending.

SCC to develop and provide to HIPAA-compliant fallout data for MCO to review. This step is currently pending.

SCC will continue to address consistency with interpretive guidance.

CSP will perform monitoring and follow up activity once HIPAA compliant information and remediation request has been sent to MCO by SCC.

Compliance Trends	2013	2014	2015	2016	Jan-Mar 2017	Apr-June 2017	July-Sep 2017
PD							
Amerigroup		68%	56%	68%	53%	94%	88%
Sunflower		58%	69%	73%	90%	77%	87%
United		69%	73%	89%	87%	85%	91%
Statewide	52%	65%	65%	76%	74%	86%	89%
FE							
Amerigroup		68%	59%	64%	65%	83%	93%
Sunflower		76%	59%	82%	85%	82%	88%
United		77%	75%	85%	100%	91%	89%
Statewide	56%	74%	63%	77%	84%	86%	90%
IDD							
Amerigroup		51%	45%	68%	64%	81%	77%
Sunflower		68%	42%	69%	80%	69%	70%
United		75%	55%	76%	91%	91%	82%
Statewide	99%	64%	46%	70%	78%	78%	75%
TBI							
Amerigroup		54%	50%	53%	55%	87%	87%
Sunflower		75%	40%	86%	69%	77%	83%
United		70%	74%	83%	100%	78%	78%
Statewide	44%	65%	52%	67%	65%	83%	85%
TA							
Amerigroup		87%	65%	68%	56%	97%	93%
Sunflower		84%	80%	77%	69%	44%	75%
United		92%	58%	79%	89%	100%	90%
Statewide	96%	86%	68%	72%	66%	80%	87%
Autism							
Amerigroup		67%	67%	47%	80%	75%	100%
Sunflower		44%	45%	50%	50%	40%	40%
United		88%	21%	17%	0%	40%	0%
Statewide	40%	63%	49%	42%	58%	50%	46%
SED							
Amerigroup		94%	91%	98%	100%	96%	100%
Sunflower		91%	72%	84%	91%	89%	100%
United		84%	97%	88%	88%	100%	95%
Statewide	98%	89%	88%	90%	94%	96%	99%

KDADS HCBS Quality Review Report

Service Plan
PM 11: Number and percent of waiver participants whose record contains documentation indicating a choice of waiver services
Numerator: Number of waiver participants whose record contains documentation indicating a choice of waiver services
Denominator: Number of waiver participants whose service plans were reviewed
Review Period: 07/01/2017 - 09/30/2017
Data Source: MCO Record Review

Compliance By Waiver	Amerigroup	Sunflower	United	Statewide
PD	**88%**	**10%**	**87%**	**61%**
Numerator	30	3	20	53
Denominator	34	30	23	87
FE	**85%**	**18%**	**86%**	**60%**
Numerator	23	6	24	53
Denominator	27	34	28	89
IDD	**77%**	**14%**	**91%**	**51%**
Numerator	20	6	20	46
Denominator	26	43	22	91
TBI	**87%**	**33%**	**78%**	**73%**
Numerator	27	4	7	38
Denominator	31	12	9	52
TA	**96%**	**13%**	**90%**	**70%**
Numerator	27	2	9	38
Denominator	28	16	10	54
Autism	**100%**	**0%**	**0%**	**31%**
Numerator	4	0	0	4
Denominator	4	5	4	13
SED	**100%**	**100%**	**95%**	**99%**
Numerator	26	21	21	68
Denominator	26	21	22	69

Explanation of Findings:

Service plan is incomplete, choice was not indicated. Service plan was not signed/dated by the individual/guardian/ representative making it invalid. Service plan indicating choice was missing in the documentation. MCO failed to provide requested file in the up load, One MCO stated they do not have the needed documentation of choice and will add it to the new Service plan.

Remediation:

Performance measure not met statewide for PD, FE, IDD, TBI, TA and AU. Performance measure not met by varying levels per MCO.

Survey, Certification, and Credentialing (SCC) to send remediation template to applicable MCO for completion on applicable waiver. This step is currently pending.

SCC to develop and provide to HIPAA-compliant fallout data for MCO to review. This step is currently pending.

SCC will continue to address consistency with interpretive guidance.

CSP will perform monitoring and follow up activity once HIPAA compliant information and remediation request has been sent to MCO by SCC.

Compliance Trends	2013	2014	2015	2016	Jan-Mar 2017	Apr-June 2017	July-Sep 2017
PD							
Amerigroup		68%	53%	62%	47%	94%	88%
Sunflower		72%	50%	71%	86%	16%	10%
United		77%	73%	84%	52%	81%	87%
Statewide	64%	72%	57%	72%	62%	63%	61%
FE							
Amerigroup		67%	57%	67%	65%	83%	85%
Sunflower		86%	47%	82%	71%	12%	18%
United		85%	74%	84%	57%	91%	86%
Statewide	59%	80%	57%	78%	65%	59%	60%
IDD							
Amerigroup		55%	46%	70%	57%	85%	77%
Sunflower		68%	35%	69%	64%	29%	14%
United		77%	50%	74%	78%	87%	91%
Statewide	No Data	66%	42%	71%	65%	60%	51%
TBI							
Amerigroup		56%	50%	52%	52%	77%	87%
Sunflower		80%	23%	86%	46%	15%	33%
United		74%	67%	80%	86%	78%	78%
Statewide	53%	68%	45%	66%	55%	62%	73%
TA							
Amerigroup		86%	65%	71%	52%	97%	96%
Sunflower		97%	53%	79%	63%	17%	13%
United		94%	55%	64%	44%	89%	90%
Statewide	96%	91%	60%	72%	54%	70%	70%
Autism							
Amerigroup		79%	52%	47%	80%	75%	100%
Sunflower		50%	27%	61%	50%	0%	0%
United		88%	14%	17%	0%	20%	0%
Statewide	55%	72%	35%	46%	58%	29%	31%
SED							
Amerigroup		94%	92%	98%	100%	96%	100%
Sunflower		91%	72%	84%	91%	89%	100%
United		84%	97%	88%	85%	100%	95%
Statewide	98%	89%	88%	90%	92%	96%	99%

KDADS HCBS Quality Review Report

Service Plan
PM 12: Number and percent of waiver participants whose record contains documentation indicating a choice of community-based services v. an institutional alternative
Numerator: Number of waiver participants whose record contains documentation indicating a choice of community-based services
Denominator: Number of waiver participants whose files are reviewed for the documentation
Review Period: 07/01/2017 - 09/30/2017
Data Source: MCO Record Review

Compliance By Waiver	Amerigroup	Sunflower	United	Statewide
PD	**91%**	**87%**	**91%**	**90%**
Numerator	31	26	21	78
Denominator	34	30	23	87
FE	**93%**	**88%**	**89%**	**90%**
Numerator	25	30	25	80
Denominator	27	34	28	89
IDD	**77%**	**72%**	**86%**	**77%**
Numerator	20	31	19	70
Denominator	26	43	22	91
TBI	**87%**	**75%**	**78%**	**83%**
Numerator	27	9	7	43
Denominator	31	12	9	52
TA	**89%**	**75%**	**90%**	**85%**
Numerator	25	12	9	46
Denominator	28	16	10	54
Autism	**100%**	**60%**	**0%**	**54%**
Numerator	4	3	0	7
Denominator	4	5	4	13
SED	**100%**	**100%**	**95%**	**99%**
Numerator	26	21	21	68
Denominator	26	21	22	69

Explanation of Findings:

Choice is on the service plan but the plan does not have a valid signature/date from the individual/guardian/ representative, "choice box" was not marked on the service plan, missing the documentation to show " choice" of the individual, MCO failed to up load the file for review, file uploaded for the wrong individual.

Remediation:

Performance measure not met statewide for IDD, TBI, TA and AU. Performance measure not met by varying levels per MCO.

Survey, Certification, and Credentialing (SCC) to send remediation template to applicable MCO for completion on applicable waiver. This step is currently pending.

SCC to develop and provide to HIPAA-compliant fallout data for MCO to review. This step is currently pending.

SCC will continue to address consistency with interpretive guidance.

CSP will perform monitoring and follow up activity once HIPAA compliant information and remediation request has been sent to MCO by SCC.

Compliance Trends	2013	2014	2015	2016	Jan-Mar 2017	Apr-June 2017	July-Sep 2017
PD							
Amerigroup		76%	57%	67%	53%	94%	91%
Sunflower		74%	67%	73%	93%	81%	87%
United		80%	78%	88%	87%	85%	91%
Statewide	Not a measure	76%	66%	75%	76%	87%	90%
FE							
Amerigroup		67%	58%	72%	62%	83%	93%
Sunflower		87%	56%	82%	79%	85%	88%
United		85%	79%	84%	100%	91%	89%
Statewide	65%	80%	63%	79%	81%	87%	90%
IDD							
Amerigroup		47%	47%	66%	64%	81%	77%
Sunflower		69%	41%	68%	80%	74%	72%
United		78%	57%	79%	91%	91%	86%
Statewide	No Data	64%	46%	70%	78%	80%	77%
TBI							
Amerigroup		55%	51%	54%	55%	87%	87%
Sunflower		79%	40%	86%	69%	77%	75%
United		73%	74%	83%	100%	78%	78%
Statewide	No Data	67%	52%	68%	65%	83%	83%
TA							
Amerigroup		87%	65%	69%	56%	97%	89%
Sunflower		98%	80%	81%	69%	50%	75%
United		94%	55%	79%	89%	100%	90%
Statewide	No Data	92%	68%	74%	66%	82%	85%
Autism							
Amerigroup		86%	67%	65%	80%	100%	100%
Sunflower		47%	59%	67%	67%	80%	60%
United		75%	43%	33%	0%	60%	0%
Statewide	No Data	72%	59%	60%	67%	79%	54%
SED							
Amerigroup		94%	92%	98%	100%	96%	100%
Sunflower		91%	72%	84%	91%	89%	100%
United		85%	98%	88%	85%	100%	95%
Statewide	99%	90%	89%	91%	92%	96%	99%

KDADS HCBS Quality Review Report

Service Plan
PM 13: Number and percent of waiver participants whose record contains documentation indicating a choice of either self-directed or agency-directed care
Numerator: Number of waiver participants whose record contains documentation indicating a choice of either self-directed or agency-directed care
Denominator: Number of waiver participants whose files are reviewed for the documentation
Review Period: 07/01/2017 - 09/30/2017
Data Source: MCO Record Review

Compliance By Waiver	Amerigroup	Sunflower	United	Statewide
PD	**91%**	**87%**	**83%**	**87%**
Numerator	31	26	19	76
Denominator	34	30	23	87
FE	**89%**	**88%**	**89%**	**89%**
Numerator	24	30	25	79
Denominator	27	34	28	89
IDD	**73%**	**67%**	**91%**	**75%**
Numerator	19	29	20	68
Denominator	26	43	22	91
TBI	**74%**	**83%**	**78%**	**77%**
Numerator	23	10	7	40
Denominator	31	12	9	52
TA	**96%**	**75%**	**90%**	**89%**
Numerator	27	12	9	48
Denominator	28	16	10	54
Autism	**Self-direction is not offered for this waiver**			
Numerator				
Denominator				
SED	**Self-direction is not offered for this waiver**			
Numerator				
Denominator				

Explanation of Findings:

Missing the documentation that choice of self direction was reviewed with the individual, Forms indicate both self direct and non self direct making them inaccurate, Service plans are incomplete and do not indicate choice in the "choice box", Choices were indicated but the service plan did not have a valid signature/ date by the individual/guardian/ representative.

Remediation:

Performance measure not met statewide for IDD and TBI. Performance measure not met by varying levels per MCO.

Survey, Certification, and Credentialing (SCC) to send remediation template to applicable MCO for completion on applicable waiver. This step is currently pending.

SCC to develop and provide to HIPAA-compliant fallout data for MCO to review. This step is currently pending.

SCC will continue to address consistency with interpretive guidance.

CSP will perform monitoring and follow up activity once HIPAA compliant information and remediation request has been sent to MCO by SCC.

Compliance Trends	2013	2014	2015	2016	Jan-Mar 2017	Apr-June 2017	July-Sep 2017
PD							
Amerigroup		64%	58%	72%	59%	88%	91%
Sunflower		73%	68%	72%	93%	81%	87%
United		77%	78%	88%	87%	85%	83%
Statewide	Not a measure	71%	66%	77%	78%	84%	87%
FE							
Amerigroup		64%	59%	73%	58%	83%	89%
Sunflower		84%	59%	81%	85%	85%	88%
United		77%	79%	85%	96%	85%	89%
Statewide	65%	75%	64%	79%	81%	84%	89%
IDD							
Amerigroup		34%	47%	64%	54%	78%	73%
Sunflower		61%	39%	60%	64%	64%	67%
United		77%	57%	73%	91%	91%	91%
Statewide	No Data	53%	46%	64%	67%	75%	75%
TBI							
Amerigroup		50%	50%	56%	62%	77%	74%
Sunflower		85%	43%	82%	69%	69%	83%
United		70%	74%	83%	100%	78%	78%
Statewide	No Data	66%	52%	68%	69%	75%	77%
TA							
Amerigroup		82%	56%	66%	60%	83%	96%
Sunflower		98%	82%	79%	69%	50%	75%
United		100%	58%	79%	89%	100%	90%
Statewide	No Data	90%	64%	72%	68%	75%	89%
Autism	**Self-direction is not offered for this waiver**						
Amerigroup							
Sunflower							
United							
Statewide							
SED	**Self-direction is not offered for this waiver**						
Amerigroup							
Sunflower							
United							
Statewide							

KDADS HCBS Quality Review Report

Health and Welfare
PM 1: Number and percent of unexpected deaths for which review/investigation resulted in the identification of preventable causes
Numerator: Number of unexpected deaths for which review/investigation resulted in the identification of non-preventable causes
Denominator: Number of waiver participants whose service plans were reviewed
Review Period: 07/01/2017 - 09/30/2017
Data Source:

Compliance By Waiver	Amerigroup	Sunflower	United	Statewide
PD				
Numerator				
Denominator				
FE				
Numerator				
Denominator				
IDD				
Numerator				
Denominator				
TBI				
Numerator				
Denominator				
TA				
Numerator				
Denominator				
Autism				
Numerator				
Denominator				
SED				
Numerator				
Denominator				

Explanation of Findings:

AIR policy/ procedure still in the development process.

Remediation:

Remediation not available at this time.

Compliance Trends	2013	2014	2015	2016	Jan-Mar 2017	Apr-June 2017	July-Sep 2017
PD							
Amerigroup							
Sunflower							
United							
Statewide							
FE							
Amerigroup							
Sunflower							
United							
Statewide							
IDD							
Amerigroup							
Sunflower							
United							
Statewide							
TBI							
Amerigroup							
Sunflower							
United							
Statewide							
TA							
Amerigroup							
Sunflower							
United							
Statewide							
Autism							
Amerigroup							
Sunflower							
United							
Statewide							
SED							
Amerigroup							
Sunflower							
United							
Statewide							

KDADS HCBS Quality Review Report

Health and Welfare
PM 2: Number and percent of unexpected deaths for which review/investigation followed the appropriate policies and procedures
Numerator: Number of unexpected deaths for which review/investigation followed the appropriate policies and procedures as in the approved waiver
Denominator: Number of unexpected deaths
Review Period: 07/01/2017 - 09/30/2017
Data Source:

Compliance By Waiver	Amerigroup	Sunflower	United	Statewide
PD				
Numerator				
Denominator				
FE				
Numerator				
Denominator				
IDD				
Numerator				
Denominator				
TBI				
Numerator				
Denominator				
TA				
Numerator				
Denominator				
Autism				
Numerator				
Denominator				
SED				
Numerator				
Denominator				

Explanation of Findings:

AIR policy/procedure still in the development process.

Remediation:

Remediation not available at this time.

Compliance Trends	2013	2014	2015	2016	Jan-Mar 2017	Apr-June 2017	July-Sep 2017
PD							
Amerigroup							
Sunflower							
United							
Statewide							
FE							
Amerigroup							
Sunflower							
United							
Statewide							
IDD							
Amerigroup							
Sunflower							
United							
Statewide							
TBI							
Amerigroup							
Sunflower							
United							
Statewide							
TA							
Amerigroup							
Sunflower							
United							
Statewide							
Autism							
Amerigroup							
Sunflower							
United							
Statewide							
SED							
Amerigroup							
Sunflower							
United							
Statewide							

KDADS HCBS Quality Review Report

Health and Welfare
PM 3: Number and percent of unexpected deaths for which the appropriate follow-up measures were taken
Numerator: Number of unexpected deaths for which the appropriate follow-up measures were taken as in the approved waiver
Denominator: Number of unexpected deaths
Review Period: 07/01/2017 - 09/30/2017
Data Source:

Compliance By Waiver	Amerigroup	Sunflower	United	Statewide
PD				
Numerator				
Denominator				
FE				
Numerator				
Denominator				
IDD				
Numerator				
Denominator				
TBI				
Numerator				
Denominator				
TA				
Numerator				
Denominator				
Autism				
Numerator				
Denominator				
SED				
Numerator				
Denominator				

Explanation of Findings:

AIR policy/procedure still in the development process.

Remediation:

Remediation not available at this time.

Compliance Trends	2013	2014	2015	2016	Jan-Mar 2017	Apr-June 2017	July-Sep 2017
PD							
Amerigroup							
Sunflower							
United							
Statewide							
FE							
Amerigroup							
Sunflower							
United							
Statewide							
IDD							
Amerigroup							
Sunflower							
United							
Statewide							
TBI							
Amerigroup							
Sunflower							
United							
Statewide							
TA							
Amerigroup							
Sunflower							
United							
Statewide							
Autism							
Amerigroup							
Sunflower							
United							
Statewide							
SED							
Amerigroup							
Sunflower							
United							
Statewide							

KDADS HCBS Quality Review Report

Health and Welfare
PM 4: Number and percent of waiver participants who received information on how to report suspected abuse, neglect, or exploitation
Numerator: Number of waiver participants who received information on how to report suspected abuse, neglect, or exploitation
Denominator: Number of waiver participants interviewed by QMS staff or whose records are reviewed
Review Period: 07/01/2017 - 09/30/2017
Data Source: MCO Record Review

Compliance By Waiver	Amerigroup	Sunflower	United	Statewide
PD	**94%**	**93%**	**91%**	**93%**
Numerator	32	28	21	81
Denominator	34	30	23	87
FE	**93%**	**88%**	**93%**	**91%**
Numerator	25	30	26	81
Denominator	27	34	28	89
IDD	**81%**	**86%**	**91%**	**86%**
Numerator	21	37	20	78
Denominator	26	43	22	91
TBI	**87%**	**83%**	**78%**	**85%**
Numerator	27	10	7	44
Denominator	31	12	9	52
TA	**96%**	**81%**	**90%**	**91%**
Numerator	27	13	9	49
Denominator	28	16	10	54
Autism	**100%**	**60%**	**0%**	**54%**
Numerator	4	3	0	7
Denominator	4	5	4	13
SED	**15%**	**0%**	**0%**	**6%**
Numerator	4	0	0	4
Denominator	26	21	22	69

Explanation of Findings:

Review of ANE was on the service plan, which was not signed & dated by the individual/ guardian/representative. Documentation was missing from the case file to indicate ANE information was provided to the individual/family.

Remediation:

Performance measure not met statewide for IDD, TBI, AU and SED. Performance measure not met by varying levels per MCO.

Survey, Certification, and Credentialing (SCC) to send remediation template to applicable MCO for completion on applicable waiver. This step is currently pending.

SCC to develop and provide to HIPAA-compliant fallout data for MCO to review. This step is currently pending.

SCC will continue to address consistency with interpretive guidance.

CSP will perform monitoring and follow up activity once HIPAA compliant information and remediation request has been sent to MCO by SCC.

Compliance Trends	2013	2014	2015	2016	Jan-Mar 2017	Apr-June 2017	July-Sep 2017
PD							
Amerigroup		51%	19%	67%	74%	94%	94%
Sunflower		88%	72%	74%	93%	84%	93%
United		90%	80%	88%	87%	85%	91%
Statewide	65%	72%	53%	76%	84%	88%	93%
FE							
Amerigroup		59%	16%	61%	73%	87%	93%
Sunflower		86%	62%	84%	88%	85%	88%
United		92%	80%	88%	100%	91%	93%
Statewide	80%	78%	50%	78%	88%	88%	91%
IDD							
Amerigroup		23%	6%	59%	71%	85%	81%
Sunflower		87%	59%	75%	84%	79%	86%
United		100%	56%	79%	91%	91%	91%
Statewide	99%	68%	42%	71%	82%	84%	86%
TBI							
Amerigroup		30%	12%	56%	66%	90%	87%
Sunflower		94%	45%	84%	62%	77%	83%
United		80%	76%	85%	100%	78%	78%
Statewide	57%	63%	34%	69%	69%	85%	85%
TA							
Amerigroup		61%	38%	75%	72%	97%	96%
Sunflower		99%	86%	84%	69%	56%	81%
United		97%	61%	79%	89%	100%	90%
Statewide	86%	82%	57%	78%	74%	84%	91%
Autism							
Amerigroup		62%	8%	23%	80%	75%	100%
Sunflower		33%	29%	39%	67%	40%	60%
United		43%	14%	6%	0%	20%	0%
Statewide	90%	50%	16%	26%	67%	43%	54%
SED							
Amerigroup		88%	64%	27%	10%	19%	15%
Sunflower		80%	53%	22%	13%	11%	0%
United		78%	63%	19%	4%	4%	0%
Statewide	89%	82%	60%	23%	9%	12%	6%

KDADS HCBS Quality Review Report

Health and Welfare
PM 5: Number and percent of participants' reported critical incidents that were initiated and reviewed within required time frames
Numerator: Number of participants' reported critical incidents that were initiated and reviewed within required time frames as specified in the approved waiver
Denominator: Number of participants' reported critical incidents
Review Period: 07/01/2017 - 09/30/2017
Data Source:

Compliance By Waiver	Amerigroup	Sunflower	United	Statewide
PD				
Numerator				
Denominator				
FE				
Numerator				
Denominator				
IDD				
Numerator				
Denominator				
TBI				
Numerator				
Denominator				
TA				
Numerator				
Denominator				
Autism				
Numerator				
Denominator				
SED				
Numerator				
Denominator				

Explanation of Findings:

AIR policy/ procedures still in the development process.

Remediation:

Remediation not available at this time.

Compliance Trends	2013	2014	2015	2016	Jan-Mar 2017	Apr-June 2017	July-Sep 2017
PD							
Amerigroup							
Sunflower							
United							
Statewide							
FE							
Amerigroup							
Sunflower							
United							
Statewide							
IDD							
Amerigroup							
Sunflower							
United							
Statewide							
TBI							
Amerigroup							
Sunflower							
United							
Statewide							
TA							
Amerigroup							
Sunflower							
United							
Statewide							
Autism							
Amerigroup							
Sunflower							
United							
Statewide							
SED							
Amerigroup							
Sunflower							
United							
Statewide							

KDADS HCBS Quality Review Report

Health and Welfare
PM 6: Number and percent of reported critical incidents requiring review/investigation where the State adhered to its follow-up measures
Numerator: Number of reported critical incidents requiring review/investigation where the State adhered to the follow-up methods as specified in the approved waiver
Denominator: Number of reported critical incidents
Review Period: 07/01/2017 - 09/30/2017
Data Source:

Compliance By Waiver	Amerigroup	Sunflower	United	Statewide
PD				
Numerator				
Denominator				
FE				
Numerator				
Denominator				
IDD				
Numerator				
Denominator				
TBI				
Numerator				
Denominator				
TA				
Numerator				
Denominator				
Autism				
Numerator				
Denominator				
SED				
Numerator				
Denominator				

Explanation of Findings:

AIR policy /procedure still in the development process.

Remediation:

Remediation not available at this time.

Compliance Trends	2013	2014	2015	2016	Jan-Mar 2017	Apr-June 2017	July-Sep 2017
PD							
Amerigroup							
Sunflower							
United							
Statewide							
FE							
Amerigroup							
Sunflower							
United							
Statewide							
IDD							
Amerigroup							
Sunflower							
United							
Statewide							
TBI							
Amerigroup							
Sunflower							
United							
Statewide							
TA							
Amerigroup							
Sunflower							
United							
Statewide							
Autism							
Amerigroup							
Sunflower							
United							
Statewide							
SED							
Amerigroup							
Sunflower							
United							
Statewide							

KDADS HCBS Quality Review Report

Health and Welfare
PM 7: Number and percent of restraint applications, seclusion or other restrictive interventions that followed procedures as specified in the approved waiver
Numerator: Number of restraint applications, seclusion or other restrictive interventions that followed procedures as specified in the approved waiver
Denominator: Number of restraint applications, seclusion or other restrictive interventions
Review Period: 07/01/2017 - 09/30/2017
Data Source:

Compliance By Waiver	Amerigroup	Sunflower	United	Statewide
PD				
Numerator				
Denominator				
FE				
Numerator				
Denominator				
IDD				
Numerator				
Denominator				
TBI				
Numerator				
Denominator				
TA				
Numerator				
Denominator				
Autism				
Numerator				
Denominator				
SED				
Numerator				
Denominator				

Explanation of Findings:

AIR policy/procedure still in the development process.

Remediation:

Remediation not available at this time.

Compliance Trends	2013	2014	2015	2016	Jan-Mar 2017	Apr-June 2017	July-Sep 2017
PD							
Amerigroup							
Sunflower							
United							
Statewide							
FE							
Amerigroup							
Sunflower							
United							
Statewide							
IDD							
Amerigroup							
Sunflower							
United							
Statewide							
TBI							
Amerigroup							
Sunflower							
United							
Statewide							
TA							
Amerigroup							
Sunflower							
United							
Statewide							
Autism							
Amerigroup							
Sunflower							
United							
Statewide							
SED							
Amerigroup							
Sunflower							
United							
Statewide							

KDADS HCBS Quality Review Report

Health and Welfare
PM 8: Number and percent of unauthorized uses of restrictive interventions that were appropriately reported
Numerator: Number of unauthorized uses of restrictive interventions that were appropriately reported
Denominator: Number of unauthorized uses of restrictive interventions
Review Period: 07/01/2017 - 09/30/2017
Data Source:

Compliance By Waiver	Amerigroup	Sunflower	United	Statewide
PD				
Numerator				
Denominator				
FE				
Numerator				
Denominator				
IDD				
Numerator				
Denominator				
TBI				
Numerator				
Denominator				
TA				
Numerator				
Denominator				
Autism				
Numerator				
Denominator				
SED				
Numerator				
Denominator				

Explanation of Findings:

AIR policy/procedure still in the development process.

Remediation:

Remediation not available at this time.

Compliance Trends	2013	2014	2015	2016	Jan-Mar 2017	Apr-June 2017	July-Sep 2017
PD							
Amerigroup							
Sunflower							
United							
Statewide							
FE							
Amerigroup							
Sunflower							
United							
Statewide							
IDD							
Amerigroup							
Sunflower							
United							
Statewide							
TBI							
Amerigroup							
Sunflower							
United							
Statewide							
TA							
Amerigroup							
Sunflower							
United							
Statewide							
Autism							
Amerigroup							
Sunflower							
United							
Statewide							
SED							
Amerigroup							
Sunflower							
United							
Statewide							

KDADS HCBS Quality Review Report

Health and Welfare
PM 9: Number and percent of waiver participants who received physical exams in accordance with State policies
Numerator: Number of HCBS participants who received physical exams in accordance with State policies
Denominator: Number of HCBS participants whose service plans were reviewed
Review Period: 07/01/2017 - 09/30/2017
Data Source: MCO Record Review

Compliance By Waiver	Amerigroup	Sunflower	United	Statewide
PD	**21%**	**20%**	**17%**	**20%**
Numerator	7	6	4	17
Denominator	33	30	23	86
FE	**13%**	**27%**	**15%**	**19%**
Numerator	3	9	4	16
Denominator	23	33	27	83
IDD	**35%**	**49%**	**9%**	**35%**
Numerator	9	21	2	32
Denominator	26	43	22	91
TBI	**23%**	**27%**	**11%**	**22%**
Numerator	7	3	1	11
Denominator	31	11	9	51
TA	**43%**	**47%**	**67%**	**48%**
Numerator	12	7	6	25
Denominator	28	15	9	52
Autism	**75%**	**80%**	**0%**	**54%**
Numerator	3	4	0	7
Denominator	4	5	4	13
SED	**69%**	**19%**	**68%**	**54%**
Numerator	18	4	15	37
Denominator	26	21	22	69

Explanation of Findings:

Documentation indicating a "physical exam" was completed was missing, Incomplete information was provided that failed to meet the requirement of "physical exam", some files indicated last "office visit" but not that it was a "physical exam" as required. Physical exams provided did not meet the required timeline.

Remediation:

Performance measure not met statewide for all waivers. Performance measure not met by varying levels per MCO.

Survey, Certification, and Credentialing (SCC) to send remediation template to applicable MCO for completion on applicable waiver. This step is currently pending.

SCC to develop and provide to HIPAA-compliant fallout data for MCO to review. This step is currently pending.

SCC will continue to address consistency with interpretive guidance.

CSP will perform monitoring and follow up activity once HIPAA compliant information and remediation request has been sent to MCO by SCC.

Compliance Trends	2013	2014	2015	2016	Jan-Mar 2017	Apr-June 2017	July-Sep 2017
PD							
Amerigroup		78%			15%	9%	21%
Sunflower		81%			30%	45%	20%
United		88%			86%	19%	17%
Statewide	Not a measure	82%	No Data	No Data	38%	24%	20%
FE							
Amerigroup		89%			25%	22%	13%
Sunflower		97%			42%	24%	27%
United		97%			75%	9%	15%
Statewide	Not a measure	95%	No Data	No Data	47%	18%	19%
IDD							
Amerigroup		91%			30%	15%	35%
Sunflower		99%			53%	45%	49%
United		99%			61%	5%	9%
Statewide	Not a measure	97%	No Data	No Data	48%	27%	35%
TBI							
Amerigroup		84%			23%	3%	23%
Sunflower		94%			25%	42%	27%
United		93%			33%	0%	11%
Statewide	Not a measure	90%	No Data	No Data	25%	12%	22%
TA							
Amerigroup		100%			45%	17%	43%
Sunflower		100%			57%	56%	47%
United		97%			71%	50%	67%
Statewide	Not a measure	100%	No Data	No Data	53%	35%	48%
Autism							
Amerigroup		100%			60%	0%	75%
Sunflower		92%			67%	40%	80%
United		100%			0%	20%	0%
Statewide	Not a measure	98%	No Data	No Data	58%	21%	54%
SED							
Amerigroup		54%			70%	74%	69%
Sunflower		55%			15%	32%	19%
United		46%			39%	48%	68%
Statewide	Not a measure	52%	No Data	No Data	44%	54%	54%

KDADS HCBS Quality Review Report

Health and Welfare
PM 10: Number and percent of waiver participants who have a disaster red flag designation with a related disaster backup plan
Numerator: Number of waiver participants who have a disaster red flag designation with a related disaster backup plan
Denominator: Number of waiver participants with a red flag designation
Review Period: 07/01/2017 - 09/30/2017
Data Source: MCO Record Review

Compliance By Waiver	Amerigroup	Sunflower	United	Statewide
PD	**91%**	**77%**	**91%**	**86%**
Numerator	31	23	21	75
Denominator	34	30	23	87
FE	**93%**	**68%**	**93%**	**83%**
Numerator	25	23	26	74
Denominator	27	34	28	89
IDD	**81%**	**72%**	**91%**	**79%**
Numerator	21	31	20	72
Denominator	26	43	22	91
TBI	**87%**	**92%**	**78%**	**87%**
Numerator	27	11	7	45
Denominator	31	12	9	52
TA	**96%**	**81%**	**90%**	**91%**
Numerator	27	13	9	49
Denominator	28	16	10	54
Autism	**100%**	**80%**	**0%**	**62%**
Numerator	4	4	0	8
Denominator	4	5	4	13
SED	**Not a waiver performance measure**			
Numerator				
Denominator				

Explanation of Findings:

The BUP is on the service plan, but it does not include a valid signature from the individual/guardian/ representative. Signatures on the BUP provided appear to be duplicated. The BUP does not address all of the identified health and safety risks, The BUP is not individualized and states "follow building protocol".

Remediation:

Performance measure not met statewide for PD, FE, IDD and AU. Performance measure not met by varying levels per MCO.

Survey, Certification, and Credentialing (SCC) to send remediation template to applicable MCO for completion on applicable waiver. This step is currently pending.

SCC to develop and provide to HIPAA-compliant fallout data for MCO to review. This step is currently pending.

SCC will continue to address consistency with interpretive guidance.

CSP will perform monitoring and follow up activity once HIPAA compliant information and remediation request has been sent to MCO by SCC.

Compliance Trends	2013	2014	2015	2016	Jan-Mar 2017	Apr-June 2017	July-Sep 2017
PD							
Amerigroup		59%	53%	73%	74%	94%	91%
Sunflower		77%	49%	66%	77%	84%	77%
United		64%	80%	88%	83%	85%	91%
Statewide	Not a measure	67%	58%	75%	77%	88%	86%
FE							
Amerigroup		61%	62%	72%	73%	83%	93%
Sunflower		72%	56%	72%	68%	79%	68%
United		76%	81%	85%	93%	91%	93%
Statewide	59%	70%	65%	76%	77%	84%	83%
IDD							
Amerigroup		67%	61%	65%	68%	81%	81%
Sunflower		58%	32%	59%	75%	67%	72%
United		70%	58%	73%	87%	83%	91%
Statewide	Not a measure	64%	47%	64%	76%	75%	79%
TBI							
Amerigroup		46%	49%	62%	62%	90%	87%
Sunflower		68%	42%	80%	85%	85%	92%
United		56%	74%	80%	100%	78%	78%
Statewide	Not a measure	56%	52%	70%	73%	87%	87%
TA							
Amerigroup		75%	54%	79%	72%	97%	96%
Sunflower		91%	58%	77%	81%	72%	81%
United		86%	63%	79%	89%	100%	90%
Statewide	Not a measure	83%	57%	78%	78%	89%	91%
Autism							
Amerigroup		77%	44%	32%	80%	75%	100%
Sunflower		53%	27%	67%	83%	100%	80%
United		38%	7%	6%	0%	20%	0%
Statewide	Not a measure	64%	30%	40%	75%	64%	62%
SED	**Not a waiver performance measure**						
Amerigroup							
Sunflower							
United							
Statewide							

KDADS HCBS Quality Review Report

Financial Accountability
PM 1: Number and percent of clean claims that are paid by the managed care organization within the timeframes specified in the contract
Numerator: Number of clean claims that are paid by the managed care organization within the timeframes specified in the contract
Denominator: Total number of provider claims
Review Period: 07/01/2017 - 09/30/2017
Data Source: MCO Claims Data

Compliance By Waiver	Statewide
HCBS Waivers	**95%**
Numerator	270,675
Denominator	283,780

Compliance Trends	2013	2014	2015	2016	Jan-Mar 2017	Apr-June 2017	July-Sep 2017
All HCBS Waivers							
Statewide	not a measure	90%	88%	95%	95%	95%	95%

Explanation of Findings:

Remediation:

KDADS HCBS Quality Review Report

Financial Accountability
PM 2: Number and percent of payment rates that were certified to be actuarially sound by the State's actuary and approved by CMS
Numerator: Number of payment rates that were certified to be actuarially sound by the State's actuary and approved by CMS
Denominator: Total number of capitation (payment) rates
Review Period: 07/01/2017 - 09/30/2017
Data Source: KDHE

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

Compliance Trends	2013	2014	2015	2016	Jan-Mar 2017	Apr-June 2017	July-Sep 2017
PD							
Statewide	not a measure	100%	100%	100%	100%	100%	100%
FE							
Statewide	not a measure	100%	100%	100%	100%	100%	100%
IDD							
Statewide	not a measure	100%	100%	100%	100%	100%	100%
TBI							
Statewide	not a measure	100%	100%	100%	100%	100%	100%
TA							
Statewide	not a measure	100%	100%	100%	100%	100%	100%
Autism							
Statewide	not a measure	100%	100%	100%	100%	100%	100%
SED							
Statewide	not a measure	100%	100%	100%	100%	100%	100%

Explanation of Findings:

Remediation:

Kansas
Department for Aging
and Disability Services

Home and Community Based Services
Quality Review Report
October - December 2017
July 6, 2018

KDADS HCBS Quality Review Report

Administrative Authority
PM 1: Number and percent of Quality Review reports generated by KDADS, the Operating Agency, that were submitted to the State Medicaid Agency
Numerator: Number of Quality Review reports generated by KDADS, the Operating Agency, that were submitted to the State Medicaid Agency
Denominator: Number of Quality Review reports
Review Period: 10/01/2017 - 12/31/2017
Data Source: Quality Review Reports to KDHE

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

Compliance Trends	2013	2014	2015	2016	Jan-Mar 2017	Apr-June 2017	July-Sep 2017	Oct-Dec 2017
PD								
Statewide	25%	25%	25%	75%	100%	100%	100%	100%
FE								
Statewide	25%	25%	25%	75%	100%	100%	100%	100%
IDD								
Statewide	25%	25%	25%	75%	100%	100%	100%	100%
TBI								
Statewide	25%	25%	25%	75%	100%	100%	100%	100%
TA								
Statewide	25%	25%	25%	75%	100%	100%	100%	100%
Autism								
Statewide	25%	25%	25%	75%	100%	100%	100%	100%
SED								
Statewide	25%	25%	25%	75%	100%	100%	100%	100%

Explanation of Findings:

Remediation:

Threshold met. Not applicable.

KDADS HCBS Quality Review Report

Administrative Authority
PM 2: Number and percent of waiver amendments and renewals reviewed and approved by the State Medicaid Agency prior to submission to CMS by the State Medicaid Agency
Numerator: Number of waiver amendments and renewals reviewed and approved by the State Medicaid Agency prior to submission to CMS
Denominator: Total number of waiver amendments and renewals
Review Period: 10/01/2017 - 12/31/2017
Data Source: Number of waiver amendments and renewals sent to KDHE

Compliance By Waiver	Statewide
PD	**N/A**
Numerator	0
Denominator	0
FE	**N/A**
Numerator	0
Denominator	0
IDD	**N/A**
Numerator	0
Denominator	0
TBI	**N/A**
Numerator	0
Denominator	0
TA	**N/A**
Numerator	0
Denominator	0
Autism	**N/A**
Numerator	0
Denominator	0
SED	**N/A**
Numerator	0
Denominator	0

Compliance Trends	2013	2014	2015	2016	Jan-Mar 2017	Apr-June 2017	July-Sep 2017	Oct-Dec 2017
PD								
Statewide	N/A	100%	100%	100%	N/A	N/A	N/A	N/A
FE								
Statewide	not a measure	100%	100%	100%	N/A	N/A	N/A	N/A
IDD								
Statewide	100%	100%	100%	100%	N/A	N/A	N/A	N/A
TBI								
Statewide	100%	100%	100%	100%	N/A	N/A	N/A	N/A
TA								
Statewide	100%	100%	N/A	100%	N/A	N/A	N/A	N/A
Autism								
Statewide	100%	100%	N/A	N/A	N/A	N/A	N/A	N/A
SED								
Statewide	100%	100%	N/A	N/A	N/A	N/A	N/A	N/A

Explanation of Findings:

Remediation:

Not applicable for this period.

KDADS HCBS Quality Review Report

Administrative Authority
PM 3: Number and percent of waiver policy changes that were submitted to the State Medicaid Agency prior to implementation by the Operating Agency
Numerator: Number of waiver policy changes that were submitted to the State Medicaid Agency prior to implementation by the Operating Agency
Denominator: Number of waiver policy changes implemented by the Operating Agency
Review Period: 10/01/2017 - 12/31/2017
Data Source: Presentation of waiver policy changes to KDHE

Compliance By Waiver	Statewide
PD	**100%**
Numerator	2
Denominator	2
FE	**100%**
Numerator	2
Denominator	2
IDD	**100%**
Numerator	2
Denominator	2
TBI	**100%**
Numerator	2
Denominator	2
TA	**100%**
Numerator	1
Denominator	1
Autism	**100%**
Numerator	1
Denominator	1
SED	**100%**
Numerator	1
Denominator	1

Compliance Trends	2013	2014	2015	2016	Jan-Mar 2017	Apr-June 2017	July-Sep 2017	July-Sep 2017	Oct-Dec 2017
PD									
Statewide	N/A	N/A	100%	N/A	100%	100%	100%	100%	100%
FE									
Statewide	N/A	N/A	100%	N/A	100%	100%	100%	100%	100%
IDD									
Statewide	100%	N/A	100%	100%	100%	100%	100%	100%	100%
TBI									
Statewide	100%	N/A	100%	100%	100%	100%	100%	100%	100%
TA									
Statewide	N/A	N/A	N/A	N/A	100%	100%	100%	100%	100%
Autism									
Statewide	N/A	N/A	N/A	N/A	100%	100%	100%	100%	100%
SED									
Statewide	N/A	N/A	N/A	N/A	100%	100%	100%	100%	100%

Explanation of Findings:

Remediation:

Threshold met. Not applicable.

KDADS HCBS Quality Review Report

Administrative Authority
PM 4: Number and percent of Long-Term Care meetings that were represented by the program managers through in-person attendance or written reports
Numerator: Number of Long-Term Care meetings that were represented by the program managers through in-person attendance or written reports
Denominator: Number of Long-Term Care meetings
Review Period: 10/01/2017 - 12/31/2017
Data Source: Meeting Minutes

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

Compliance Trends	2013	2014	2015	2016	Jan-Mar 2017	Apr-June 2017	July-Sep 2017	Oct-Dec 2017
PD								
Statewide	Not a measure	45%	67%	70%	100%	100%	100%	100%
FE								
Statewide	100%	82%	50%	70%	100%	100%	100%	100%
IDD								
Statewide	Not a measure	91%	Not Available	70%	100%	100%	100%	100%
TBI								
Statewide	Not a measure	73%	Not Available	70%	100%	100%	100%	100%
TA								
Statewide	Not a measure	64%	Not Available	70%	100%	100%	100%	100%
Autism								
Statewide	Not a measure	91%	100%	70%	100%	100%	100%	100%
SED								
Statewide	Not a measure	100%	Not Available	70%	100%	100%	100%	100%

Explanation of Findings:

Remediation:

Threshold met. Not applicable.

KDADS HCBS Quality Review Report

Level of Care
PM 1: Number of waiver participants who were determined to meet Level of Care requirements prior to receiving HCBS services
Numerator: Number of waiver participants who were determined to meet Level of Care requirements prior to receiving HCBS services
Denominator: Total number of initial enrolled waiver participants
Review Period: 10/01/2017 - 12/31/2017
Data Source: Functional Assessor Record Review

Compliance By Waiver	Statewide
PD	**75%**
Numerator	3
Denominator	4
FE	**100%**
Numerator	10
Denominator	10
IDD	**100%**
Numerator	4
Denominator	4
TBI	**92%**
Numerator	12
Denominator	13
TA	**100%**
Numerator	10
Denominator	10
Autism	**60%**
Numerator	3
Denominator	5
SED	**84%**
Numerator	59
Denominator	70

Compliance Trends	2013	2014	2015	2016	Jan-Mar 2017	Apr-June 2017	July-Sep 2017	Oct-Dec 2017
PD								
Statewide	64%	83%	96%	86%	100%	83%	100%	75%
FE								
Statewide	81%	91%	93%	98%	100%	100%	100%	100%
IDD								
Statewide	99%	94%	90%	100%	100%	100%	100%	100%
TBI								
Statewide	62%	89%	81%	85%	100%	89%	100%	92%
TA								
Statewide	97%	89%	100%	98%	100%	100%	100%	100%
Autism								
Statewide	82%	No Data	100%	N/A	83%	100%	N/A	60%
SED								
Statewide	99%	89%	88%	91%	92%	95%	96%	84%

Explanation of Findings:

The initial assessment tool was not completed and/or not provided for review.

Remediation:

SCC will provide formal request for remediation.

Assessing entity will complete remediation template and submit to CSP.

CSP will provide ongoing review, monitoring and follow up.

KDADS HCBS Quality Review Report

Level of Care

PM 2: Number and percent of waiver participants who receive their annual Level of Care evaluation within 12 months of the previous Level of Care determination
Numerator: Number of waiver participants who receive their annual Level of Care evaluation within 12 months of the previous Level of Care determination
Denominator: Number of waiver participants who received Level of Care redeterminations
Review Period: 10/01/2017 - 12/31/2017
Data Source: Functional Assessor Record Review

Compliance By Waiver	Statewide
PD	**74%**
Numerator	65
Denominator	88
FE	**71%**
Numerator	57
Denominator	80
IDD	**95%**
Numerator	83
Denominator	87
TBI	**68%**
Numerator	27
Denominator	40
TA	**86%**
Numerator	37
Denominator	43
Autism	**75%**
Numerator	6
Denominator	8
SED	**81%**
Numerator	44
Denominator	54

Compliance Trends	2013	2014	2015	2016	Jan-Mar 2017	Apr-June 2017	July-Sep 2017	Oct-Dec 2017
PD								
Statewide	47%	52%	64%	69%	64%	74%	59%	74%
FE								
Statewide	68%	70%	76%	79%	69%	67%	66%	71%
IDD								
Statewide	97%	74%	75%	77%	65%	72%	79%	95%
TBI								
Statewide	39%	50%	62%	65%	42%	69%	68%	68%
TA								
Statewide	94%	90%	86%	96%	95%	94%	96%	86%
Autism								
Statewide	68%	No Data	75%	78%	86%	67%	38%	75%
SED								
Statewide	93%	88%	94%	88%	91%	93%	93%	81%

Explanation of Findings:

The reassessment was not completed within the required 365 day timeline, the assessment was not provided for review, or only partial documentation was provided but it did not cover the entire review period.

Remediation:

SCC will provide formal request for remediation.

Assessing entity will complete remediation template and submit to CSP.

CSP will provide ongoing review, monitoring and follow up.

KDADS HCBS Quality Review Report

Level of Care
PM 3: Number and percent of waiver participants whose Level of Care (LOC) determinations used the state's approved screening tool
Numerator: Number of waiver participants whose Level of Care determinations used the approved screening tool
Denominator: Number of waiver participants who had a Level of Care determination
Review Period: 10/01/2017 - 12/31/2017
Data Source: Functional Assessor Record Review

Compliance By Waiver	Statewide
PD	**90%**
Numerator	83
Denominator	92
FE	**90%**
Numerator	81
Denominator	90
IDD	**100%**
Numerator	91
Denominator	91
TBI	**79%**
Numerator	42
Denominator	53
TA	**94%**
Numerator	50
Denominator	53
Autism	**77%**
Numerator	10
Denominator	13
SED	**87%**
Numerator	68
Denominator	78

Compliance Trends	2013	2014	2015	2016	Jan-Mar 2017	Apr-June 2017	July-Sep 2017	Oct-Dec 2017
PD								
Statewide	93%	84%	79%	80%	77%	89%	83%	90%
FE								
Statewide	88%	91%	91%	92%	89%	90%	82%	90%
IDD								
Statewide	97%	95%	99%	99%	99%	100%	99%	100%
TBI								
Statewide	64%	81%	79%	77%	78%	83%	87%	79%
TA								
Statewide	93%	98%	100%	100%	98%	100%	100%	94%
Autism								
Statewide	88%	No Data	90%	88%	92%	100%	92%	77%
SED								
Statewide	77%	79%	83%	88%	89%	92%	97%	87%

Explanation of Findings:

No current assessment provided for the review period, the assessment provided for review only covers part of the review period, or no upload provided by MCO to review.

Remediation:

SCC will provide formal request for remediation.

Assessing entity will complete remediation template and submit to CSP.

CSP will provide ongoing review, monitoring and follow up.

KDADS HCBS Quality Review Report

Level of Care
PM 4: Number and percent of initial Level of Care (LOC) determinations made by a qualified assessor
Numerator: Number of initial Level of Care (LOC) determinations made by a qualified assessor
Denominator: Number of initial Level of Care determinations
Review Period: 10/01/2017 - 12/31/2017
Data Source: Functional Assessor Record Review

Compliance By Waiver	Statewide
PD	**88%**
Numerator	81
Denominator	92
FE	**90%**
Numerator	81
Denominator	90
IDD	**97%**
Numerator	88
Denominator	91
TBI	**79%**
Numerator	42
Denominator	53
TA	**94%**
Numerator	50
Denominator	53
Autism	**77%**
Numerator	10
Denominator	13
SED	**82%**
Numerator	64
Denominator	78

Compliance Trends	2013	2014	2015	2016	Jan-Mar 2017	Apr-June 2017	July-Sep 2017	Oct-Dec 2017
PD								
Statewide	19%	68%	81%	80%	78%	88%	80%	88%
FE								
Statewide	24%	86%	91%	92%	87%	90%	82%	90%
IDD								
Statewide	92%	85%	96%	97%	97%	98%	92%	97%
TBI								
Statewide	57%	73%	83%	77%	78%	83%	87%	79%
TA								
Statewide	93%	100%	99%	100%	98%	86%	100%	94%
Autism								
Statewide	0%	No Data	57%	68%	85%	86%	92%	77%
SED								
Statewide	99%	71%	88%	86%	88%	94%	95%	82%

Explanation of Findings:

The current/ applicable assessment tool was missing so unable to determine if qualified, or there was no valid signature.

Remediation:

SCC will provide formal request for remediation.

Assessing entity will complete remediation template and submit to CSP.

CSP will provide ongoing review, monitoring and follow up.

KDADS HCBS Quality Review Report

Level of Care
PM 5: Number and percent of initial Level of Care (LOC) determinations made where the LOC criteria was accurately applied
Numerator: Number of initial Level of Care (LOC) determinations made where the LOC criteria was accurately applied
Denominator: Number of initial Level of Care determinations
Review Period: 10/01/2017 - 12/31/2017
Data Source: Functional Assessor Record Review

Compliance By Waiver	Statewide
PD	**75%**
Numerator	3
Denominator	4
FE	**100%**
Numerator	10
Denominator	10
IDD	**100%**
Numerator	4
Denominator	4
TBI	**92%**
Numerator	12
Denominator	13
TA	**100%**
Numerator	10
Denominator	10
Autism	**60%**
Numerator	3
Denominator	5
SED	**86%**
Numerator	60
Denominator	70

Compliance Trends	2013	2014	2015	2016	Jan-Mar 2017	Apr-June 2017	July-Sep 2017	Oct-Dec 2017
PD								
Statewide	73%	83%	96%	80%	80%	83%	100%	75%
FE								
Statewide	91%	90%	96%	91%	100%	100%	100%	100%
IDD								
Statewide	98%	95%	91%	98%	100%	100%	100%	100%
TBI								
Statewide	58%	81%	83%	76%	100%	89%	100%	92%
TA								
Statewide	93%	98%	100%	100%	100%	100%	100%	100%
Autism								
Statewide	89%	No Data	100%	88%	83%	100%	100%	60%
SED								
Statewide	99%	88%	87%	89%	89%	95%	98%	86%

Explanation of Findings:

Initial assessment was not provided for the review period.

Remediation:

SCC will provide formal request for remediation.

Assessing entity will complete remediation template and submit to CSP.

CSP will provide ongoing review, monitoring and follow up.

KDADS HCBS Quality Review Report

Qualified Providers
PM 1: Number and percent of new licensed/certified waiver provider applicants that initially met licensure requirements, certification requirements, and other waiver standards prior to furnishing waiver services
Numerator: Number of new licensed/certified waiver provider applicants that initially met licensure requirements, certification requirements, and other waiver standards prior to furnishing waiver services
Denominator: Number of all new licensed/certified waiver providers
Review Period: 10/01/2017 - 12/31/2017
Data Source:

Compliance By Waiver	Amerigroup	Sunflower	United	Statewide
PD				
Numerator				
Denominator				
FE				
Numerator				
Denominator				
IDD				
Numerator				
Denominator				
TBI				
Numerator				
Denominator				
TA				
Numerator				
Denominator				
Autism				
Numerator				
Denominator				
SED				
Numerator				
Denominator				

Explanation of Findings:

MCO's each have a process for credentialing newly enrolled providers, all MCO's lacked a process to monitor continued compliance with licensure, certification and training of providers. MCO's are currently working on establishing policy and processes to ensure providers meet the standards.

Remediation:

Numerator, denominator, and compliance percentages not reported for this period. SCC formal remediation request not indicated.

Compliance Trends	2013	2014	2015	2016	Jan-Mar 2017	Apr-June 2017	July-Sep 2017	Oct-Dec 2017
PD								
Amerigroup				N/A				
Sunflower				N/A				
United				N/A				
Statewide	100%			N/A				
FE								
Amerigroup				5%				
Sunflower				30%				
United				N/A				
Statewide	100%			9%				
IDD								
Amerigroup				N/A				
Sunflower				N/A				
United				N/A				
Statewide	98%			N/A				
TBI								
Amerigroup				N/A				
Sunflower				N/A				
United				N/A				
Statewide	91%			N/A				
TA								
Amerigroup				N/A				
Sunflower				N/A				
United				N/A				
Statewide	93%			N/A				
Autism								
Amerigroup				N/A				
Sunflower				N/A				
United				N/A				
Statewide	100%			N/A				
SED								
Amerigroup				N/A				
Sunflower				N/A				
United				N/A				
Statewide	100%			N/A				

KDADS HCBS Quality Review Report

Qualified Providers
PM 2: Number and percent of enrolled licensed/certified waiver providers that continue to meet licensure requirements, certification requirements, and other waiver standards
Numerator: Number of enrolled licensed/certified waiver providers that continue to meet licensure requirements, certification requirements, and other waiver standards
Denominator: Number of enrolled licensed/certified waiver providers
Review Period: 10/01/2017 - 12/31/2017
Data Source:

Compliance By Waiver	Amerigroup	Sunflower	United	Statewide
PD				
Numerator				
Denominator				
FE				
Numerator				
Denominator				
IDD				
Numerator				
Denominator				
TBI				
Numerator				
Denominator				
TA				
Numerator				
Denominator				
Autism				
Numerator				
Denominator				
SED				
Numerator				
Denominator				

Explanation of Findings:

MCO's each have a process for credentialing newly enrolled providers, all MCO's lacked a process to monitor continued compliance with licensure, certification and training of providers. MCO's are currently working on policy and processes to monitor provider compliance.

Remediation:

Numerator, denominator, and compliance percentages not reported for this period. SCC formal remediation request not indicated.

Compliance Trends	2013	2014	2015	2016	Jan-Mar 2017	Apr-June 2017	July-Sep 2017	Oct-Dec 2017
PD								
Amerigroup				0%				
Sunflower				0%				
United				0%				
Statewide	100%			0%				
FE								
Amerigroup				12%				
Sunflower				23%				
United				0%				
Statewide	Not a measure			11%				
IDD								
Amerigroup				0%				
Sunflower				0%				
United				0%				
Statewide	98%			0%				
TBI								
Amerigroup				0%				
Sunflower				0%				
United				0%				
Statewide	89%			0%				
TA								
Amerigroup				0%				
Sunflower				0%				
United				0%				
Statewide	93%			0%				
Autism								
Amerigroup				14%				
Sunflower				0%				
United				0%				
Statewide	100%			4%				
SED								
Amerigroup				0%				
Sunflower				0%				
United				0%				
Statewide	100%			0%				

KDADS HCBS Quality Review Report

Qualified Providers
PM 3: Number and percent of new non-licensed/non-certified waiver provider applicants that have met the initial waiver requirements prior to furnishing waiver services
Numerator: Number of new non-licensed/non-certified waiver provider applicants that have met the initial waiver requirements prior to furnishing waiver services
Denominator: Number of all new non-licensed/non-certified providers
Review Period: 10/01/2017 - 12/31/2017
Data Source:

Compliance By Waiver	Amerigroup	Sunflower	United	Statewide
PD				
Numerator				
Denominator				
FE				
Numerator				
Denominator				
IDD				
Numerator				
Denominator				
TBI				
Numerator				
Denominator				
TA				
Numerator				
Denominator				
Autism				
Numerator				
Denominator				
SED				
Numerator				
Denominator				

Explanation of Findings:

MCO's each have a process for credentialing newly enrolled providers, all MCO's lacked a process to monitor continued compliance with licensure, certification and training of providers. All MCO's are currently working on policies and procedures to monitor continues provider compliance.

Remediation:

Numerator, denominator, and compliance percentages not reported for this period. SCC formal remediation request not indicated.

Compliance Trends	2013	2014	2015	2016	Jan-Mar 2017	Apr-June 2017	July-Sep 2017	Oct-Dec 2017
PD								
Amerigroup				N/A				
Sunflower				N/A				
United				N/A				
Statewide	75%			N/A				
FE								
Amerigroup				N/A				
Sunflower				N/A				
United				N/A				
Statewide	100%			N/A				
IDD								
Amerigroup				N/A				
Sunflower				N/A				
United				N/A				
Statewide	Not a measure			N/A				
TBI								
Amerigroup				N/A				
Sunflower				N/A				
United				N/A				
Statewide	88%			N/A				
TA								
Amerigroup				N/A				
Sunflower				N/A				
United				N/A				
Statewide	No Data			N/A				
Autism								
Amerigroup				N/A				
Sunflower				N/A				
United				N/A				
Statewide	82%			N/A				
SED								
Amerigroup				N/A				
Sunflower				N/A				
United				N/A				
Statewide	Not a measure			N/A				

KDADS HCBS Quality Review Report

Qualified Providers
PM 4: Number and percent of enrolled non-licensed/non-certified waiver providers that continue to meet waiver requirements
Numerator: Number enrolled non-licensed/non-certified waiver providers that continue to meet waiver requirements
Denominator: Number of enrolled non-licensed/non-certified providers
Review Period: 10/01/2017 - 12/31/2017
Data Source:

Compliance By Waiver	Amerigroup	Sunflower	United	Statewide
PD				
Numerator				
Denominator				
FE				
Numerator				
Denominator				
IDD				
Numerator				
Denominator				
TBI				
Numerator				
Denominator				
TA				
Numerator				
Denominator				
Autism				
Numerator				
Denominator				
SED				
Numerator				
Denominator				

Explanation of Findings:

All MCO's lacked a process to ensure all providers continue to meet waiver requirements.

Remediation:

Numerator, denominator, and compliance percentages not reported for this period. SCC formal remediation request not indicated.

Compliance Trends	2013	2014	2015	2016	Jan-Mar 2017	Apr-June 2017	July-Sep 2017	Oct-Dec 2017
PD								
Amerigroup				3%				
Sunflower				1%				
United				0%				
Statewide	75%			1%				
FE								
Amerigroup				0%				
Sunflower				0%				
United				0%				
Statewide	Not a measure			0%				
IDD								
Amerigroup				0%				
Sunflower				8%				
United				0%				
Statewide	Not a measure			2%				
TBI								
Amerigroup				8%				
Sunflower				0%				
United				0%				
Statewide	88%			3%				
TA								
Amerigroup				13%				
Sunflower				0%				
United				0%				
Statewide	No Data			4%				
Autism								
Amerigroup				8%				
Sunflower				0%				
United				0%				
Statewide	91%			2%				
SED								
Amerigroup				N/A				
Sunflower				N/A				
United				N/A				
Statewide	89%			N/A				

KDADS HCBS Quality Review Report

Qualified Providers
PM 5: Number and percent of active providers that meet training requirements
Numerator: Number of providers that meet training requirements
Denominator: Number of active providers
Review Period: 10/01/2017 - 12/31/2017
Data Source:

Compliance By Waiver	Amerigroup	Sunflower	United	Statewide
PD				
Numerator				
Denominator				
FE				
Numerator				
Denominator				
IDD				
Numerator				
Denominator				
TBI				
Numerator				
Denominator				
TA				
Numerator				
Denominator				
Autism				
Numerator				
Denominator				
SED				
Numerator				
Denominator				

Explanation of Findings:

All MCO's lacked a process to monitor providers compliance to meet training requirements.

Remediation:

Numerator, denominator, and compliance percentages not reported for this period. SCC formal remediation request not indicated.

Compliance Trends	2013	2014	2015	2016	Jan-Mar 2017	Apr-June 2017	July-Sep 2017	Oct-Dec 2017
PD								
Amerigroup				0%				
Sunflower				0%				
United				0%				
Statewide	No Data			0%				
FE								
Amerigroup				0%				
Sunflower				0%				
United				0%				
Statewide	No Data			0%				
IDD								
Amerigroup				0%				
Sunflower				0%				
United				0%				
Statewide	99%			0%				
TBI								
Amerigroup				0%				
Sunflower				0%				
United				0%				
Statewide	No Data			0%				
TA								
Amerigroup				0%				
Sunflower				0%				
United				0%				
Statewide	No Data			0%				
Autism								
Amerigroup				20%				
Sunflower				36%				
United				0%				
Statewide	No Data			11%				
SED								
Amerigroup				0%				
Sunflower				0%				
United				0%				
Statewide	88%			0%				

KDADS HCBS Quality Review Report

Service Plan
PM 1: Number and percent of waiver participants whose service plans address participants' goals
Numerator: Number of waiver participants whose service plans address participants' goals
Denominator: Number of waiver participants whose service plans were reviewed
Review Period: 10/01/2017 - 12/31/2017
Data Source: MCO Record Review

Compliance By Waiver	Amerigroup	Sunflower	United	Statewide
PD	**79%**	**87%**	**84%**	**83%**
Numerator	27	26	21	74
Denominator	34	30	25	89
FE	**79%**	**81%**	**84%**	**82%**
Numerator	19	25	27	71
Denominator	24	31	32	87
IDD	**67%**	**79%**	**90%**	**78%**
Numerator	18	33	19	70
Denominator	27	42	21	90
TBI	**74%**	**67%**	**67%**	**71%**
Numerator	23	8	6	37
Denominator	31	12	9	52
TA	**93%**	**87%**	**100%**	**93%**
Numerator	27	13	10	50
Denominator	29	15	10	54
Autism	**100%**	**50%**	**17%**	**46%**
Numerator	3	2	1	6
Denominator	3	4	6	13
SED	**100%**	**96%**	**68%**	**87%**
Numerator	24	22	19	65
Denominator	24	23	28	75

Explanation of Findings:

The documentation reflecting the goal of the individual was not signed by the individual and/or their guardian. The goal section was incomplete or marked N/A. The service plan was missing for part or all of the review period. MCO failed to upload documentation for the individual.

Remediation:

SCC formal request for remediation was provided.

MCO completed remediation template and submitted to CSP.

Remediation plans received from all three MCOs within 15 business days.

CSP will provide ongoing review, monitoring and follow up.

Compliance Trends	2013	2014	2015	2016	Jan-Mar 2017	Apr-June 2017	July-Sep 2017	Oct-Dec 2017
PD								
Amerigroup		55%	33%	63%	68%	81%	88%	79%
Sunflower		57%	64%	59%	80%	77%	80%	87%
United		33%	49%	86%	87%	85%	83%	84%
Statewide	55%	50%	48%	69%	77%	81%	84%	83%
FE								
Amerigroup		50%	42%	54%	69%	74%	59%	79%
Sunflower		56%	51%	75%	74%	76%	85%	81%
United		45%	56%	81%	93%	91%	93%	84%
Statewide	Not a measure	50%	49%	70%	78%	81%	80%	82%
IDD								
Amerigroup		36%	32%	53%	75%	85%	77%	67%
Sunflower		56%	56%	61%	77%	57%	65%	79%
United		52%	41%	73%	87%	83%	82%	90%
Statewide	99%	49%	45%	62%	79%	72%	73%	78%
TBI								
Amerigroup		37%	41%	58%	66%	83%	87%	74%
Sunflower		37%	38%	80%	69%	69%	92%	67%
United		22%	55%	78%	100%	78%	78%	67%
Statewide	44%	34%	43%	68%	71%	79%	87%	71%
TA								
Amerigroup		50%	44%	69%	72%	97%	96%	93%
Sunflower		73%	85%	82%	63%	50%	63%	87%
United		64%	32%	70%	89%	100%	90%	100%
Statewide	93%	61%	54%	73%	72%	82%	85%	93%
Autism								
Amerigroup		84%	56%	35%	80%	75%	100%	100%
Sunflower		47%	50%	50%	33%	20%	20%	50%
United		63%	36%	17%	0%	20%	0%	17%
Statewide	58%	69%	49%	37%	50%	36%	38%	46%
SED								
Amerigroup		91%	99%	98%	96%	100%	100%	100%
Sunflower		92%	95%	87%	100%	100%	95%	96%
United		89%	100%	98%	93%	100%	95%	68%
Statewide	98%	90%	98%	95%	96%	100%	97%	87%

KDADS HCBS Quality Review Report

Service Plan
PM 2: Number and percent of waiver participants whose service plans address their assessed needs and capabilities as indicated in the assessment
Numerator: Number of waiver participants whose service plans address their assessed needs and capabilities as indicated in the assessment
Denominator: Number of waiver participants whose service plans were reviewed
Review Period: 10/01/2017 - 12/31/2017
Data Source: MCO Record Review

Compliance By Waiver	Amerigroup	Sunflower	United	Statewide
PD	**91%**	**80%**	**88%**	**87%**
Numerator	31	24	22	77
Denominator	34	30	25	89
FE	**88%**	**84%**	**84%**	**85%**
Numerator	21	26	27	74
Denominator	24	31	32	87
IDD	**74%**	**67%**	**100%**	**77%**
Numerator	20	28	21	69
Denominator	27	42	21	90
TBI	**81%**	**67%**	**67%**	**75%**
Numerator	25	8	6	39
Denominator	31	12	9	52
TA	**93%**	**80%**	**100%**	**91%**
Numerator	27	12	10	49
Denominator	29	15	10	54
Autism	**100%**	**25%**	**17%**	**38%**
Numerator	3	1	1	5
Denominator	3	4	6	13
SED	**100%**	**96%**	**68%**	**87%**
Numerator	24	22	19	65
Denominator	24	23	28	75

Explanation of Findings:

Missing the service plan or assessment(s) for the review period. Service plan was not signed and dated by the individual/guardian/ representative. MCO failed to upload complete information for the individual for review.

Remediation:

SCC formal request for remediation was provided.

MCO completed remediation template and submitted to CSP.

Remediation plans received from all three MCOs within 15 business days.

CSP will provide ongoing review, monitoring and follow up.

Compliance Trends	2013	2014	2015	2016	Jan-Mar 2017	Apr-June 2017	July-Sep 2017	Oct-Dec 2017
PD								
Amerigroup		83%	55%	74%	68%	84%	88%	91%
Sunflower		90%	56%	63%	87%	77%	87%	80%
United		89%	68%	92%	87%	85%	87%	88%
Statewide	86%	87%	59%	76%	79%	82%	87%	87%
FE								
Amerigroup		79%	66%	74%	73%	74%	85%	88%
Sunflower		90%	53%	73%	68%	76%	74%	84%
United		88%	68%	84%	96%	85%	89%	84%
Statewide	87%	86%	61%	77%	78%	79%	82%	85%
IDD								
Amerigroup		85%	67%	64%	71%	85%	77%	74%
Sunflower		77%	36%	65%	68%	67%	79%	67%
United		72%	47%	78%	91%	91%	82%	100%
Statewide	99%	78%	48%	68%	75%	78%	79%	77%
TBI								
Amerigroup		67%	48%	65%	59%	87%	84%	81%
Sunflower		82%	28%	82%	62%	85%	83%	67%
United		70%	62%	80%	100%	78%	78%	67%
Statewide	72%	73%	45%	72%	65%	85%	83%	75%
TA								
Amerigroup		93%	58%	70%	68%	93%	96%	93%
Sunflower		98%	62%	74%	75%	50%	75%	80%
United		97%	58%	79%	89%	100%	80%	100%
Statewide	96%	96%	59%	73%	74%	80%	87%	91%
Autism								
Amerigroup		81%	59%	33%	80%	75%	100%	100%
Sunflower		50%	45%	47%	17%	20%	0%	25%
United		63%	21%	22%	0%	20%	0%	17%
Statewide	59%	68%	46%	36%	42%	36%	31%	38%
SED								
Amerigroup		91%	99%	98%	96%	100%	100%	100%
Sunflower		91%	92%	87%	87%	95%	95%	96%
United		89%	98%	96%	78%	100%	95%	68%
Statewide	92%	90%	97%	94%	87%	99%	97%	87%

KDADS HCBS Quality Review Report

Service Plan
PM 3: Number and percent of waiver participants whose service plans address health and safety risk factors
Numerator: Number of waiver participants whose service plans address health and safety risk factors
Denominator: Number of waiver participants whose service plans were reviewed
Review Period: 10/01/2017 - 12/31/2017
Data Source: MCO Record Review

Compliance By Waiver	Amerigroup	Sunflower	United	Statewide
PD	**88%**	**83%**	**92%**	**88%**
Numerator	30	25	23	78
Denominator	34	30	25	89
FE	**88%**	**84%**	**84%**	**85%**
Numerator	21	26	27	74
Denominator	24	31	32	87
IDD	**70%**	**69%**	**100%**	**77%**
Numerator	19	29	21	69
Denominator	27	42	21	90
TBI	**81%**	**67%**	**67%**	**75%**
Numerator	25	8	6	39
Denominator	31	12	9	52
TA	**93%**	**73%**	**100%**	**89%**
Numerator	27	11	10	48
Denominator	29	15	10	54
Autism	**100%**	**25%**	**17%**	**38%**
Numerator	3	1	1	5
Denominator	3	4	6	13
SED	**100%**	**96%**	**68%**	**87%**
Numerator	24	22	19	65
Denominator	24	23	28	75

Explanation of Findings:

Missing the service plan or assessment(s) for the full review period, service plan was not signed and dated by the individual/guardian/representative, or no MCO information uploaded for review.

Remediation:

SCC formal request for remediation was provided.

MCO completed remediation template and submitted to CSP.

Remediation plans received from all three MCOs within 15 business days.

CSP will provide ongoing review, monitoring and follow up.

Compliance Trends	2013	2014	2015	2016	Jan-Mar 2017	Apr-June 2017	July-Sep 2017	Oct-Dec 2017
PD								
Amerigroup		90%	44%	73%	68%	84%	85%	88%
Sunflower		89%	49%	67%	83%	87%	87%	83%
United		96%	67%	90%	87%	85%	87%	92%
Statewide	90%	91%	51%	76%	78%	82%	86%	88%
FE								
Amerigroup		92%	55%	75%	73%	78%	89%	88%
Sunflower		92%	50%	73%	71%	76%	76%	84%
United		95%	70%	82%	96%	85%	89%	84%
Statewide	Not a measure	93%	57%	76%	80%	80%	84%	85%
IDD								
Amerigroup		90%	61%	67%	68%	85%	77%	70%
Sunflower		97%	36%	65%	75%	67%	79%	69%
United		89%	45%	78%	91%	91%	86%	100%
Statewide	99%	93%	46%	69%	77%	78%	80%	77%
TBI								
Amerigroup		79%	45%	64%	62%	90%	87%	81%
Sunflower		91%	26%	84%	62%	69%	83%	67%
United		83%	64%	80%	100%	78%	78%	67%
Statewide	84%	84%	43%	72%	67%	83%	85%	75%
TA								
Amerigroup		96%	49%	73%	72%	93%	96%	93%
Sunflower		95%	61%	76%	69%	50%	75%	73%
United		94%	58%	79%	89%	100%	80%	100%
Statewide	96%	96%	54%	75%	74%	80%	87%	89%
Autism								
Amerigroup		79%	59%	30%	80%	75%	100%	100%
Sunflower		61%	45%	47%	17%	20%	0%	25%
United		86%	21%	17%	0%	20%	0%	17%
Statewide	64%	74%	46%	34%	42%	36%	31%	38%
SED								
Amerigroup		90%	99%	97%	96%	100%	100%	100%
Sunflower		89%	95%	87%	100%	100%	95%	96%
United		86%	100%	97%	93%	100%	95%	68%
Statewide	99%	88%	98%	94%	96%	100%	97%	87%

KDADS HCBS Quality Review Report

Service Plan
PM 4: Number and percent of waiver participants whose service plans were developed according to the processes in the approved waiver
Numerator: Number of waiver participants whose service plans were developed according to the processes in the approved waiver
Denominator: Number of waiver participants whose service plans were reviewed
Review Period: 10/01/2017 - 12/31/2017
Data Source: MCO Record Review

Compliance By Waiver	Amerigroup	Sunflower	United	Statewide
PD	**85%**	**87%**	**88%**	**87%**
Numerator	29	26	22	77
Denominator	34	30	25	89
FE	**88%**	**87%**	**81%**	**85%**
Numerator	21	27	26	74
Denominator	24	31	32	87
IDD	**70%**	**74%**	**100%**	**79%**
Numerator	19	31	21	71
Denominator	27	42	21	90
TBI	**77%**	**92%**	**67%**	**79%**
Numerator	24	11	6	41
Denominator	31	12	9	52
TA	**93%**	**80%**	**100%**	**91%**
Numerator	27	12	10	49
Denominator	29	15	10	54
Autism	**100%**	**25%**	**17%**	**38%**
Numerator	3	1	1	5
Denominator	3	4	6	13
SED	**100%**	**96%**	**68%**	**87%**
Numerator	24	22	19	65
Denominator	24	23	28	75

Explanation of Findings:

Missing the service plan or assessment(s) for the review period, no valid signature and/or date on service plan, No MCO upload provided for review, and timeline not met for ISP.

Remediation:

SCC formal request for remediation was provided.

MCO completed remediation template and submitted to CSP.

Remediation plans received from all three MCOs within 15 business days.

CSP will provide ongoing review, monitoring and follow up.

Compliance Trends	2013	2014	2015	2016	Jan-Mar 2017	Apr-June 2017	July-Sep 2017	Oct-Dec 2017
PD								
Amerigroup		88%	68%	76%	71%	91%	94%	85%
Sunflower		87%	69%	73%	93%	81%	87%	87%
United		85%	77%	92%	87%	85%	91%	88%
Statewide	80%	87%	70%	80%	83%	86%	91%	87%
FE								
Amerigroup		84%	76%	78%	73%	78%	89%	88%
Sunflower		88%	61%	84%	85%	85%	88%	87%
United		86%	79%	87%	96%	91%	93%	81%
Statewide	Not a measure	86%	71%	83%	85%	86%	90%	85%
IDD								
Amerigroup		80%	80%	73%	71%	85%	81%	70%
Sunflower		80%	59%	74%	86%	76%	81%	74%
United		82%	55%	79%	91%	91%	86%	100%
Statewide	98%	81%	64%	75%	83%	83%	82%	79%
TBI								
Amerigroup		76%	53%	64%	62%	90%	87%	77%
Sunflower		86%	43%	86%	69%	77%	83%	92%
United		77%	69%	85%	100%	78%	78%	67%
Statewide	64%	80%	53%	74%	69%	85%	85%	79%
TA								
Amerigroup		84%	68%	71%	72%	97%	96%	93%
Sunflower		97%	86%	85%	69%	50%	75%	80%
United		96%	58%	79%	89%	100%	90%	100%
Statewide	No Data	91%	72%	77%	74%	82%	89%	91%
Autism								
Amerigroup		74%	59%	35%	80%	75%	100%	100%
Sunflower		51%	50%	47%	17%	40%	0%	25%
United		65%	29%	17%	0%	20%	0%	17%
Statewide	55%	65%	49%	36%	42%	43%	31%	38%
SED								
Amerigroup		92%	99%	98%	96%	100%	100%	100%
Sunflower		90%	94%	86%	100%	100%	95%	96%
United		87%	98%	97%	93%	100%	95%	68%
Statewide	Not a measure	90%	97%	94%	96%	100%	97%	87%

KDADS HCBS Quality Review Report

Service Plan
PM 5: Number and percent of waiver participants (or their representatives) who were present and involved in the development of their service plan
Numerator: Number of waiver participants (or their representatives) who were present and involved in the development of their service plan
Denominator: Number of waiver participants whose service plans were reviewed
Review Period: 10/01/2017 - 12/31/2017
Data Source: MCO Record Review

Compliance By Waiver	Amerigroup	Sunflower	United	Statewide
PD	**88%**	**87%**	**88%**	**88%**
Numerator	30	26	22	78
Denominator	34	30	25	89
FE	**88%**	**90%**	**84%**	**87%**
Numerator	21	28	27	76
Denominator	24	31	32	87
IDD	**70%**	**74%**	**100%**	**79%**
Numerator	19	31	21	71
Denominator	27	42	21	90
TBI	**81%**	**92%**	**67%**	**81%**
Numerator	25	11	6	42
Denominator	31	12	9	52
TA	**93%**	**80%**	**100%**	**91%**
Numerator	27	12	10	49
Denominator	29	15	10	54
Autism	**100%**	**25%**	**17%**	**38%**
Numerator	3	1	1	5
Denominator	3	4	6	13
SED	**100%**	**91%**	**61%**	**83%**
Numerator	24	21	17	62
Denominator	24	23	28	75

Explanation of Findings:

Service plan was not signed and or dated by the individual/ guardian/representative. MCO uploaded information for incorrect review period or failed to upload a file. Missing the service plan for the full review period.

Remediation:

SCC formal request for remediation was provided.

MCO completed remediation template and submitted to CSP.

Remediation plans received from all three MCOs within 15 business days.

CSP will provide ongoing review, monitoring and follow up.

Compliance Trends	2013	2014	2015	2016	Jan-Mar 2017	Apr-June 2017	July-Sep 2017	Oct-Dec 2017
PD								
Amerigroup		88%	70%	79%	74%	94%	94%	88%
Sunflower		87%	70%	74%	93%	84%	87%	87%
United		84%	79%	89%	87%	85%	91%	88%
Statewide	Not a measure	87%	72%	81%	84%	88%	91%	88%
FE								
Amerigroup		83%	78%	76%	77%	78%	93%	88%
Sunflower		86%	60%	83%	85%	85%	88%	90%
United		87%	83%	88%	96%	91%	93%	84%
Statewide	90%	85%	72%	83%	86%	86%	91%	87%
IDD								
Amerigroup		84%	76%	73%	71%	85%	77%	70%
Sunflower		82%	60%	74%	84%	71%	81%	74%
United		88%	51%	79%	91%	91%	91%	100%
Statewide	Not a measure	84%	63%	75%	82%	80%	82%	79%
TBI								
Amerigroup		73%	51%	65%	66%	87%	87%	81%
Sunflower		84%	45%	86%	69%	77%	83%	92%
United		80%	69%	59%	100%	78%	78%	67%
Statewide	Not a measure	78%	52%	74%	71%	83%	85%	81%
TA								
Amerigroup		83%	75%	71%	72%	97%	96%	93%
Sunflower		97%	86%	84%	69%	50%	75%	80%
United		97%	58%	79%	89%	100%	90%	100%
Statewide	Not a measure	91%	76%	76%	74%	82%	89%	91%
Autism								
Amerigroup		77%	59%	35%	80%	75%	100%	100%
Sunflower		53%	55%	50%	17%	20%	0%	25%
United		71%	36%	17%	0%	0%	0%	17%
Statewide	Not a measure	69%	52%	37%	42%	29%	31%	38%
SED								
Amerigroup		92%	98%	97%	96%	100%	92%	100%
Sunflower		90%	95%	86%	100%	100%	100%	91%
United		87%	99%	96%	93%	100%	95%	61%
Statewide	93%	90%	98%	94%	96%	100%	96%	83%

KDADS HCBS Quality Review Report

Service Plan
PM 6: Number and percent of service plans reviewed before the waiver participant's annual redetermination date
Numerator: Number of service plans reviewed before the waiver participant's annual redetermination date
Denominator: Number of waiver participants whose service plans were reviewed
Review Period: 10/01/2017 - 12/31/2017
Data Source: MCO Record Review

Compliance By Waiver	Amerigroup	Sunflower	United	Statewide
PD	**78%**	**75%**	**72%**	**75%**
Numerator	18	15	13	46
Denominator	23	20	18	61
FE	**80%**	**83%**	**95%**	**87%**
Numerator	12	15	20	47
Denominator	15	18	21	54
IDD	**63%**	**65%**	**100%**	**74%**
Numerator	10	17	16	43
Denominator	16	26	16	58
TBI	**73%**	**83%**	**25%**	**69%**
Numerator	16	5	1	22
Denominator	22	6	4	32
TA	**86%**	**70%**	**100%**	**85%**
Numerator	19	7	7	33
Denominator	22	10	7	39
Autism	**100%**	**0%**	**20%**	**33%**
Numerator	2	0	1	3
Denominator	2	2	5	9
SED	**100%**	**94%**	**57%**	**80%**
Numerator	16	16	13	45
Denominator	16	17	23	56

Explanation of Findings:

Missing service plan for the review period or prior service plan to determine timeliness. Service plan was not completed within specified waiver timeline. MCO failed to upload documentation to be reviewed. No valid signature or date on the Plan of care. Documentation did not cover the entire review period.

Remediation:

SCC formal request for remediation was provided.

MCO completed remediation template and submitted to CSP.

Remediation plans received from all three MCOs within 15 business days.

CSP will provide ongoing review, monitoring and follow up.

Compliance Trends	2013	2014	2015	2016	Jan-Mar 2017	Apr-June 2017	July-Sep 2017	Oct-Dec 2017
PD								
Amerigroup		73%	67%	71%	47%	63%	88%	78%
Sunflower		82%	72%	72%	79%	54%	69%	75%
United		92%	73%	83%	75%	85%	73%	72%
Statewide	82%	82%	70%	75%	64%	67%	79%	75%
FE								
Amerigroup		81%	67%	63%	64%	70%	64%	80%
Sunflower		85%	57%	78%	78%	71%	80%	83%
United		90%	69%	84%	100%	88%	84%	95%
Statewide	81%	85%	64%	76%	80%	77%	77%	87%
IDD								
Amerigroup		75%	77%	68%	46%	69%	79%	63%
Sunflower		81%	66%	65%	72%	68%	46%	65%
United		91%	48%	54%	75%	71%	93%	100%
Statewide	97%	82%	66%	63%	66%	70%	68%	74%
TBI								
Amerigroup		65%	44%	56%	42%	58%	73%	73%
Sunflower		84%	40%	88%	60%	40%	57%	83%
United		77%	65%	70%	75%	80%	75%	25%
Statewide	60%	76%	47%	68%	52%	59%	68%	69%
TA								
Amerigroup		81%	78%	72%	67%	94%	96%	86%
Sunflower		94%	89%	85%	67%	44%	89%	70%
United		96%	59%	70%	75%	86%	100%	100%
Statewide	92%	89%	79%	76%	68%	78%	95%	85%
Autism								
Amerigroup		67%	52%	40%	75%	67%	100%	100%
Sunflower		43%	47%	38%	50%	25%	0%	0%
United		33%	38%	7%	N/A	50%	0%	20%
Statewide	64%	57%	48%	31%	67%	44%	25%	33%
SED								
Amerigroup		89%	97%	94%	89%	100%	94%	100%
Sunflower		89%	91%	79%	94%	93%	87%	94%
United		83%	99%	85%	86%	84%	91%	57%
Statewide	80%	87%	96%	86%	89%	92%	91%	80%

KDADS HCBS Quality Review Report

Service Plan
PM 7: Number and percent of waiver participants with documented change in needs whose service plan was revised, as needed, to address the change
Numerator: Number of waiver participants with documented change in needs whose service plan was revised, as needed, to address the change
Denominator: Number of waiver participants whose service plans were reviewed
Review Period: 10/01/2017 - 12/31/2017
Data Source: MCO Record Review

Compliance By Waiver	Amerigroup	Sunflower	United	Statewide
PD	**80%**	**75%**	**60%**	**71%**
Numerator	4	3	3	10
Denominator	5	4	5	14
FE	**80%**	**75%**	**100%**	**79%**
Numerator	4	6	1	11
Denominator	5	8	1	14
IDD	**67%**	**75%**	**100%**	**79%**
Numerator	4	3	4	11
Denominator	6	4	4	14
TBI	**80%**	**50%**	**50%**	**71%**
Numerator	8	1	1	10
Denominator	10	2	2	14
TA	**100%**	**100%**	**100%**	**100%**
Numerator	4	2	4	10
Denominator	4	2	4	10
Autism	**N/A**	**0%**	**0%**	**0%**
Numerator	0	0	0	0
Denominator	0	1	3	4
SED	**100%**	**90%**	**50%**	**73%**
Numerator	9	9	9	27
Denominator	9	10	18	37

Explanation of Findings:

Service plan was not provided for review, prior service plan not provided for review, MCO filed to upload documentation, MCO provided only partial review period documentation for review, or service plans not signed and dated by individual/guardian/ representative.

Remediation:

SCC formal request for remediation was provided.

MCO completed remediation template and submitted to CSP.

Remediation plans received from all three MCOs within 15 business days.

CSP will provide ongoing review, monitoring and follow up.

Compliance Trends	2013	2014	2015	2016	Jan-Mar 2017	Apr-June 2017	July-Sep 2017	Oct-Dec 2017
PD								
Amerigroup		20%	36%	67%	50%	40%	100%	80%
Sunflower		53%	58%	50%	60%	57%	40%	75%
United		50%	63%	80%	100%	75%	0%	60%
Statewide	75%	39%	53%	65%	60%	60%	56%	71%
FE								
Amerigroup		24%	71%	42%	0%	100%	0%	80%
Sunflower		39%	51%	63%	50%	43%	67%	75%
United		50%	47%	87%	100%	75%	N/A	100%
Statewide	78%	38%	54%	65%	57%	64%	50%	79%
IDD								
Amerigroup		7%	60%	27%	0%	100%	100%	67%
Sunflower		38%	16%	25%	43%	0%	100%	75%
United		16%	30%	30%	100%	0%	N/A	100%
Statewide	97%	23%	28%	28%	44%	20%	100%	79%
TBI								
Amerigroup		24%	42%	61%	33%	80%	56%	80%
Sunflower		54%	27%	75%	100%	25%	50%	50%
United		46%	50%	75%	N/A	33%	0%	50%
Statewide	53%	38%	38%	67%	50%	50%	50%	71%
TA								
Amerigroup		32%	73%	56%	100%	100%	88%	100%
Sunflower		54%	89%	63%	67%	33%	67%	100%
United		38%	43%	60%	100%	100%	N/A	100%
Statewide	92%	42%	75%	60%	80%	71%	82%	100%
Autism								
Amerigroup		10%	0%	17%	50%	100%	N/A	N/A
Sunflower		17%	25%	50%	0%	50%	0%	0%
United		0%	0%	9%	N/A	0%	0%	0%
Statewide	45%	11%	11%	16%	33%	60%	0%	0%
SED								
Amerigroup		90%	90%	97%	89%	100%	100%	100%
Sunflower		83%	79%	68%	89%	88%	80%	90%
United		84%	93%	83%	67%	100%	83%	50%
Statewide	85%	86%	88%	83%	81%	96%	90%	73%

KDADS HCBS Quality Review Report

Service Plan
PM 8: Number and percent of waiver participants who received services in the type, scope, amount, duration, and frequency specified in the service plan
Numerator: Number of waiver participants who received services in the type, scope, amount, duration, and frequency specified in the service plan
Denominator: Number of waiver participants whose service plans were reviewed
Review Period: 10/01/2017 - 12/31/2017
Data Source: MCO Record Review

Compliance By Waiver	Amerigroup	Sunflower	United	Statewide
PD	**88%**	**90%**	**84%**	**88%**
Numerator	30	27	21	78
Denominator	34	30	25	89
FE	**88%**	**90%**	**81%**	**86%**
Numerator	21	28	26	75
Denominator	24	31	32	87
IDD	**67%**	**74%**	**100%**	**78%**
Numerator	18	31	21	70
Denominator	27	42	21	90
TBI	**81%**	**83%**	**67%**	**79%**
Numerator	25	10	6	41
Denominator	31	12	9	52
TA	**90%**	**80%**	**90%**	**87%**
Numerator	26	12	9	47
Denominator	29	15	10	54
Autism	**100%**	**25%**	**17%**	**38%**
Numerator	3	1	1	5
Denominator	3	4	6	13
SED	**100%**	**96%**	**64%**	**85%**
Numerator	24	22	18	64
Denominator	24	23	28	75

Explanation of Findings:

Service plan does not match documentation of services being received, Service plan is missing for part or all of the review period, MCO failed to upload the file for review, no valid signature/ date on the service plan.

Remediation:

SCC formal request for remediation was provided.

MCO completed remediation template and submitted to CSP.

Remediation plans received from all three MCOs within 15 business days.

CSP will provide ongoing review, monitoring and follow up.

Compliance Trends	2013	2014	2015	2016	Jan-Mar 2017	Apr-June 2017	July-Sep 2017	Oct-Dec 2017
PD								
Amerigroup		94%	69%	79%	65%	84%	94%	88%
Sunflower		96%	72%	76%	93%	84%	83%	90%
United		96%	78%	91%	91%	85%	87%	84%
Statewide	85%	95%	72%	81%	82%	84%	89%	88%
FE								
Amerigroup		83%	76%	75%	69%	74%	93%	88%
Sunflower		96%	64%	86%	85%	85%	88%	90%
United		96%	79%	89%	96%	88%	89%	81%
Statewide	87%	92%	72%	83%	84%	83%	90%	86%
IDD								
Amerigroup		78%	84%	73%	68%	85%	81%	67%
Sunflower		97%	62%	77%	86%	79%	81%	74%
United		100%	59%	81%	87%	83%	91%	100%
Statewide	98%	92%	68%	77%	81%	82%	84%	78%
TBI								
Amerigroup		81%	55%	63%	59%	87%	81%	81%
Sunflower		95%	46%	84%	69%	69%	83%	83%
United		85%	71%	83%	86%	78%	78%	67%
Statewide	70%	87%	56%	72%	65%	81%	81%	79%
TA								
Amerigroup		98%	73%	79%	68%	97%	96%	90%
Sunflower		100%	86%	82%	69%	50%	75%	80%
United		96%	58%	82%	89%	100%	90%	90%
Statewide	100%	98%	74%	80%	72%	82%	89%	87%
Autism								
Amerigroup		89%	59%	37%	80%	75%	100%	100%
Sunflower		100%	55%	50%	17%	20%	0%	25%
United		50%	21%	17%	0%	20%	0%	17%
Statewide	50%	86%	49%	38%	42%	36%	31%	38%
SED								
Amerigroup		91%	99%	95%	96%	100%	100%	100%
Sunflower		96%	94%	84%	100%	100%	95%	96%
United		92%	99%	91%	89%	100%	95%	64%
Statewide	13%	93%	98%	90%	95%	100%	97%	85%

KDADS HCBS Quality Review Report

Service Plan
PM 9: Number and percent of survey respondents who reported receiving all services as specified in their service plan
Numerator: Number of survey respondents who reported receiving all services as specified in their service plan
Denominator: Number of waiver participants interviewed by QMS staff
Review Period: 10/01/2017 - 12/31/2017
Data Source: Customer Interview

Compliance By Waiver	Amerigroup	Sunflower	United	Statewide
PD	**100%**	**95%**	**96%**	**97%**
Numerator	21	18	22	61
Denominator	21	19	23	63
FE	**100%**	**88%**	**90%**	**92%**
Numerator	12	14	18	44
Denominator	12	16	20	48
IDD	**94%**	**100%**	**100%**	**98%**
Numerator	16	18	11	45
Denominator	17	18	11	46
TBI	**76%**	**71%**	**60%**	**73%**
Numerator	16	5	3	24
Denominator	21	7	5	33
TA	**94%**	**86%**	**100%**	**92%**
Numerator	15	6	1	22
Denominator	16	7	1	24
Autism	**N/A**	**33%**	**50%**	**43%**
Numerator	0	1	2	3
Denominator	0	3	4	7
SED	**Not a waiver performance measure**			
Numerator				
Denominator				

Explanation of Findings:

Some individuals reported not receiving all the approved services due to lack of availability of workers. Some reported it took a long time to get services started after they were approved. Some individuals reported not receiving any services.

Remediation:

SCC formal request for remediation was provided.

MCO completed remediation template and submitted to CSP.

Remediation plans received from all three MCOs within 15 business days.

CSP will provide ongoing review, monitoring and follow up.

Compliance Trends	2013	2014	2015	2016	Jan-Mar 2017	Apr-June 2017	July-Sep 2017	Oct-Dec 2017
PD								
Amerigroup		97%			86%	87%	100%	100%
Sunflower		92%			100%	95%	100%	95%
United		93%			90%	94%	86%	96%
Statewide	Not a measure	94%	No Data	No Data	91%	91%	96%	97%
FE								
Amerigroup		85%			93%	100%	95%	100%
Sunflower		86%			95%	96%	93%	88%
United		82%			87%	93%	95%	90%
Statewide	87%	84%	No Data	No Data	91%	96%	94%	92%
IDD								
Amerigroup		92%				100%	88%	94%
Sunflower		96%				95%	100%	100%
United		93%				100%	80%	100%
Statewide	Not a measure	94%	No Data	No Data	No Data	97%	93%	98%
TBI								
Amerigroup		81%				79%	86%	76%
Sunflower		88%				71%	100%	71%
United		83%				80%	86%	60%
Statewide	Not a measure	83%	No Data	No Data	No Data	77%	88%	73%
TA								
Amerigroup		89%			94%	100%	95%	94%
Sunflower		84%			83%	100%	100%	86%
United		85%			100%	83%	100%	100%
Statewide	Not a measure	87%	No Data	No Data	93%	97%	97%	92%
Autism								
Amerigroup		74%			100%	100%	67%	N/A
Sunflower		70%			100%	33%	0%	33%
United		60%			N/A	100%	100%	50%
Statewide	Not a measure	71%	No Data	No Data	100%	71%	50%	43%
SED	**Not a waiver performance measure**							
Amerigroup								
Sunflower								
United								
Statewide								

KDADS HCBS Quality Review Report

Service Plan
PM 10: Number and percent of waiver participants whose record contains documentation indicating a choice of waiver service providers
Numerator: Number of waiver participants whose record contains documentation indicating a choice of waiver service providers
Denominator: Number of waiver participants whose service plans were reviewed
Review Period: 10/01/2017 - 12/31/2017
Data Source: MCO Record Review

Compliance By Waiver	Amerigroup	Sunflower	United	Statewide
PD	**85%**	**87%**	**84%**	**85%**
Numerator	29	26	21	76
Denominator	34	30	25	89
FE	**88%**	**87%**	**84%**	**86%**
Numerator	21	27	27	75
Denominator	24	31	32	87
IDD	**74%**	**67%**	**100%**	**77%**
Numerator	20	28	21	69
Denominator	27	42	21	90
TBI	**74%**	**92%**	**67%**	**77%**
Numerator	23	11	6	40
Denominator	31	12	9	52
TA	**90%**	**80%**	**100%**	**89%**
Numerator	26	12	10	48
Denominator	29	15	10	54
Autism	**100%**	**25%**	**17%**	**38%**
Numerator	3	1	1	5
Denominator	3	4	6	13
SED	**100%**	**96%**	**71%**	**88%**
Numerator	24	22	20	66
Denominator	24	23	28	75

Explanation of Findings:

Choice box was not marked on the choice form or plan of care. Missing the documentation to show "choice" was reviewed with the individual. No MCO file uploaded. Choice is on the service plan but it is not signed by the individual. Service plan does not indicate choice.

Remediation:

SCC formal request for remediation was provided.

MCO completed remediation template and submitted to CSP.

Remediation plans received from all three MCOs within 15 business days.

CSP will provide ongoing review, monitoring and follow up.

Compliance Trends	2013	2014	2015	2016	Jan-Mar 2017	Apr-June 2017	July-Sep 2017	Oct-Dec 2017
PD								
Amerigroup		68%	56%	68%	53%	94%	88%	85%
Sunflower		58%	69%	73%	90%	77%	87%	87%
United		69%	73%	89%	87%	85%	91%	84%
Statewide	52%	65%	65%	76%	74%	86%	89%	85%
FE								
Amerigroup		68%	59%	64%	65%	83%	93%	88%
Sunflower		76%	59%	82%	85%	82%	88%	87%
United		77%	75%	85%	100%	91%	89%	84%
Statewide	56%	74%	63%	77%	84%	86%	90%	86%
IDD								
Amerigroup		51%	45%	68%	64%	81%	77%	74%
Sunflower		68%	42%	69%	80%	69%	70%	67%
United		75%	55%	76%	91%	91%	82%	100%
Statewide	99%	64%	46%	70%	78%	78%	75%	77%
TBI								
Amerigroup		54%	50%	53%	55%	87%	87%	74%
Sunflower		75%	40%	86%	69%	77%	83%	92%
United		70%	74%	83%	100%	78%	78%	67%
Statewide	44%	65%	52%	67%	65%	83%	85%	77%
TA								
Amerigroup		87%	65%	68%	56%	97%	93%	90%
Sunflower		84%	80%	77%	69%	44%	75%	80%
United		92%	58%	79%	89%	100%	90%	100%
Statewide	96%	86%	68%	72%	66%	80%	87%	89%
Autism								
Amerigroup		67%	67%	47%	80%	75%	100%	100%
Sunflower		44%	45%	50%	50%	40%	40%	25%
United		88%	21%	17%	0%	40%	0%	17%
Statewide	40%	63%	49%	42%	58%	50%	46%	38%
SED								
Amerigroup		94%	91%	98%	100%	96%	100%	100%
Sunflower		91%	72%	84%	91%	89%	100%	96%
United		84%	97%	88%	88%	100%	95%	71%
Statewide	98%	89%	88%	90%	94%	96%	99%	88%

KDADS HCBS Quality Review Report

Service Plan
PM 11: Number and percent of waiver participants whose record contains documentation indicating a choice of waiver services
Numerator: Number of waiver participants whose record contains documentation indicating a choice of waiver services
Denominator: Number of waiver participants whose service plans were reviewed
Review Period: 10/01/2017 - 12/31/2017
Data Source: MCO Record Review

Compliance By Waiver	Amerigroup	Sunflower	United	Statewide
PD	**88%**	**33%**	**88%**	**70%**
Numerator	30	10	22	62
Denominator	34	30	25	89
FE	**88%**	**42%**	**84%**	**70%**
Numerator	21	13	27	61
Denominator	24	31	32	87
IDD	**67%**	**29%**	**100%**	**57%**
Numerator	18	12	21	51
Denominator	27	42	21	90
TBI	**81%**	**17%**	**67%**	**63%**
Numerator	25	2	6	33
Denominator	31	12	9	52
TA	**93%**	**27%**	**100%**	**76%**
Numerator	27	4	10	41
Denominator	29	15	10	54
Autism	**100%**	**25%**	**17%**	**38%**
Numerator	3	1	1	5
Denominator	3	4	6	13
SED	**100%**	**96%**	**71%**	**88%**
Numerator	24	22	20	66
Denominator	24	23	28	75

Explanation of Findings:

Service plan was not signed or dated by the individual/guardian/representative to include choice. Missing the documentation to show "choice" was reviewed with the individual. MCO failed to upload the file for review.

Remediation:

SCC formal request for remediation was provided.

MCO completed remediation template and submitted to CSP.

Remediation plans received from all three MCOs within 15 business days.

CSP will provide ongoing review, monitoring and follow up.

Compliance Trends	2013	2014	2015	2016	Jan-Mar 2017	Apr-June 2017	Oct-Dec 2017
PD							
Amerigroup		68%	53%	62%	47%	94%	88%
Sunflower		72%	50%	71%	86%	16%	33%
United		77%	73%	84%	52%	81%	88%
Statewide	64%	72%	57%	72%	62%	63%	70%
FE							
Amerigroup		67%	57%	67%	65%	83%	88%
Sunflower		86%	47%	82%	71%	12%	42%
United		85%	74%	84%	57%	91%	84%
Statewide	59%	80%	57%	78%	65%	59%	70%
IDD							
Amerigroup		55%	46%	70%	57%	85%	67%
Sunflower		68%	35%	69%	64%	29%	29%
United		77%	50%	74%	78%	87%	100%
Statewide	No Data	66%	42%	71%	65%	60%	57%
TBI							
Amerigroup		56%	50%	52%	52%	77%	81%
Sunflower		80%	23%	86%	46%	15%	17%
United		74%	67%	80%	86%	78%	67%
Statewide	53%	68%	45%	66%	55%	62%	63%
TA							
Amerigroup		86%	65%	71%	52%	97%	93%
Sunflower		97%	53%	79%	63%	17%	27%
United		94%	55%	64%	44%	89%	100%
Statewide	96%	91%	60%	72%	54%	70%	76%
Autism							
Amerigroup		79%	52%	47%	80%	75%	100%
Sunflower		50%	27%	61%	50%	0%	25%
United		88%	14%	17%	0%	20%	17%
Statewide	55%	72%	35%	46%	58%	29%	38%
SED							
Amerigroup		94%	92%	98%	100%	96%	100%
Sunflower		91%	72%	84%	91%	89%	96%
United		84%	97%	88%	85%	100%	71%
Statewide	98%	89%	88%	90%	92%	96%	88%

KDADS HCBS Quality Review Report

Service Plan
PM 12: Number and percent of waiver participants whose record contains documentation indicating a choice of community-based services v. an institutional alternative
Numerator: Number of waiver participants whose record contains documentation indicating a choice of community-based services
Denominator: Number of waiver participants whose files are reviewed for the documentation
Review Period: 10/01/2017 - 12/31/2017
Data Source: MCO Record Review

Compliance By Waiver	Amerigroup	Sunflower	United	Statewide
PD	**88%**	**87%**	**84%**	**87%**
Numerator	30	26	21	77
Denominator	34	30	25	89
FE	**88%**	**90%**	**84%**	**87%**
Numerator	21	28	27	76
Denominator	24	31	32	87
IDD	**70%**	**69%**	**100%**	**77%**
Numerator	19	29	21	69
Denominator	27	42	21	90
TBI	**81%**	**92%**	**67%**	**81%**
Numerator	25	11	6	42
Denominator	31	12	9	52
TA	**93%**	**80%**	**100%**	**91%**
Numerator	27	12	10	49
Denominator	29	15	10	54
Autism	**100%**	**75%**	**50%**	**69%**
Numerator	3	3	3	9
Denominator	3	4	6	13
SED	**100%**	**96%**	**71%**	**88%**
Numerator	24	22	20	66
Denominator	24	23	28	75

Explanation of Findings:

Choice box is not marked so is incomplete. MCO only provided information for part of the review period or failed to upload a file to be reviewed. No valid signature/ date on ISP. Missing documentation to show choice was made by the individual.

Remediation:

SCC formal request for remediation was provided.

MCO completed remediation template and submitted to CSP.

Remediation plans received from all three MCOs within 15 business days.

CSP will provide ongoing review, monitoring and follow up.

Compliance Trends	2013	2014	2015	2016	Jan-Mar 2017	Apr-June 2017	July-Sep 2017	Oct-Dec 2017
PD								
Amerigroup		76%	57%	67%	53%	94%	91%	88%
Sunflower		74%	67%	73%	93%	81%	87%	87%
United		80%	78%	88%	87%	85%	91%	84%
Statewide	Not a measure	76%	66%	75%	76%	87%	90%	87%
FE								
Amerigroup		67%	58%	72%	62%	83%	93%	88%
Sunflower		87%	56%	82%	79%	85%	88%	90%
United		85%	79%	84%	100%	91%	89%	84%
Statewide	65%	80%	63%	79%	81%	87%	90%	87%
IDD								
Amerigroup		47%	47%	66%	64%	81%	77%	70%
Sunflower		69%	41%	68%	80%	74%	72%	69%
United		78%	57%	79%	91%	91%	86%	100%
Statewide	No Data	64%	46%	70%	78%	80%	77%	77%
TBI								
Amerigroup		55%	51%	54%	55%	87%	87%	81%
Sunflower		79%	40%	86%	69%	77%	75%	92%
United		73%	74%	83%	100%	78%	78%	67%
Statewide	No Data	67%	52%	68%	65%	83%	83%	81%
TA								
Amerigroup		87%	65%	69%	56%	97%	89%	93%
Sunflower		98%	80%	81%	69%	50%	75%	80%
United		94%	55%	79%	89%	100%	90%	100%
Statewide	No Data	92%	68%	74%	66%	82%	85%	91%
Autism								
Amerigroup		86%	67%	65%	80%	100%	100%	100%
Sunflower		47%	59%	67%	67%	80%	60%	75%
United		75%	43%	33%	0%	60%	0%	50%
Statewide	No Data	72%	59%	60%	67%	79%	54%	69%
SED								
Amerigroup		94%	92%	98%	100%	96%	100%	100%
Sunflower		91%	72%	84%	91%	89%	100%	96%
United		85%	98%	88%	85%	100%	95%	71%
Statewide	99%	90%	89%	91%	92%	96%	99%	88%

KDADS HCBS Quality Review Report

Service Plan
PM 13: Number and percent of waiver participants whose record contains documentation indicating a choice of either self-directed or agency-directed care
Numerator: Number of waiver participants whose record contains documentation indicating a choice of either self-directed or agency-directed care
Denominator: Number of waiver participants whose files are reviewed for the documentation
Review Period: 10/01/2017 - 12/31/2017
Data Source: MCO Record Review

Compliance By Waiver	Amerigroup	Sunflower	United	Statewide
PD	**88%**	**87%**	**88%**	**88%**
Numerator	30	26	22	78
Denominator	34	30	25	89
FE	**88%**	**90%**	**81%**	**86%**
Numerator	21	28	26	75
Denominator	24	31	32	87
IDD	**67%**	**64%**	**100%**	**73%**
Numerator	18	27	21	66
Denominator	27	42	21	90
TBI	**80%**	**92%**	**67%**	**80%**
Numerator	24	11	6	41
Denominator	30	12	9	51
TA	**93%**	**80%**	**100%**	**91%**
Numerator	27	12	10	49
Denominator	29	15	10	54
Autism	**Self-direction is not offered for this waiver**			
Numerator				
Denominator				
SED	**Self-direction is not offered for this waiver**			
Numerator				
Denominator				

Explanation of Findings:

" Choice box" was not marked to indicate choice on service plan, Choice is indicated on the service plan but it is not signed by the individual, missing the documentation to show choice was reviewed with the individual, MCO uploaded information for only part of the review period.

Remediation:

SCC formal request for remediation was provided.

MCO completed remediation template and submitted to CSP.

Remediation plans received from all three MCOs within 15 business days.

CSP will provide ongoing review, monitoring and follow up.

Compliance Trends	2013	2014	2015	2016	Jan-Mar 2017	Apr-June 2017	July-Sep 2017	Oct-Dec 2017
PD								
Amerigroup		64%	58%	72%	59%	88%	91%	88%
Sunflower		73%	68%	72%	93%	81%	87%	87%
United		77%	78%	88%	87%	85%	83%	88%
Statewide	Not a measure	71%	66%	77%	78%	84%	87%	88%
FE								
Amerigroup		64%	59%	73%	58%	83%	89%	88%
Sunflower		84%	59%	81%	85%	85%	88%	90%
United		77%	79%	85%	96%	85%	89%	81%
Statewide	65%	75%	64%	79%	81%	84%	89%	86%
IDD								
Amerigroup		34%	47%	64%	54%	78%	73%	67%
Sunflower		61%	39%	60%	64%	64%	67%	64%
United		77%	57%	73%	91%	91%	91%	100%
Statewide	No Data	53%	46%	64%	67%	75%	75%	73%
TBI								
Amerigroup		50%	50%	56%	62%	77%	74%	80%
Sunflower		85%	43%	82%	69%	69%	83%	92%
United		70%	74%	83%	100%	78%	78%	67%
Statewide	No Data	66%	52%	68%	69%	75%	77%	80%
TA								
Amerigroup		82%	56%	66%	60%	83%	96%	93%
Sunflower		98%	82%	79%	69%	50%	75%	80%
United		100%	58%	79%	89%	100%	90%	100%
Statewide	No Data	90%	64%	72%	68%	75%	89%	91%
Autism	**Self-direction is not offered for this waiver**							
Amerigroup								
Sunflower								
United								
Statewide								
SED	**Self-direction is not offered for this waiver**							
Amerigroup								
Sunflower								
United								
Statewide								

KDADS HCBS Quality Review Report

Health and Welfare
PM 1: Number and percent of unexpected deaths for which review/investigation resulted in the identification of preventable causes
Numerator: Number of unexpected deaths for which review/investigation resulted in the identification of non-preventable causes
Denominator: Number of waiver participants whose service plans were reviewed
Review Period: 10/01/2017 - 12/31/2017
Data Source:

Compliance By Waiver	Amerigroup	Sunflower	United	Statewide
PD				
Numerator				
Denominator				
FE				
Numerator				
Denominator				
IDD				
Numerator				
Denominator				
TBI				
Numerator				
Denominator				
TA				
Numerator				
Denominator				
Autism				
Numerator				
Denominator				
SED				
Numerator				
Denominator				

Explanation of Findings:

AIR policies still in the development process.

Remediation:

Numerator, denominator, and compliance percentages not reported for this period.
SCC formal remediation request not indicated.

Compliance Trends	2013	2014	2015	2016	Jan-Mar 2017	Apr-June 2017	July-Sep 2017	Oct-Dec 2017
PD								
Amerigroup								
Sunflower								
United								
Statewide								
FE								
Amerigroup								
Sunflower								
United								
Statewide								
IDD								
Amerigroup								
Sunflower								
United								
Statewide								
TBI								
Amerigroup								
Sunflower								
United								
Statewide								
TA								
Amerigroup								
Sunflower								
United								
Statewide								
Autism								
Amerigroup								
Sunflower								
United								
Statewide								
SED								
Amerigroup								
Sunflower								
United								
Statewide								

KDADS HCBS Quality Review Report

Health and Welfare
PM 2: Number and percent of unexpected deaths for which review/investigation followed the appropriate policies and procedures
Numerator: Number of unexpected deaths for which review/investigation followed the appropriate policies and procedures as in the approved waiver
Denominator: Number of unexpected deaths
Review Period: 10/01/2017 - 12/31/2017
Data Source:

Compliance By Waiver	Amerigroup	Sunflower	United	Statewide
PD				
Numerator				
Denominator				
FE				
Numerator				
Denominator				
IDD				
Numerator				
Denominator				
TBI				
Numerator				
Denominator				
TA				
Numerator				
Denominator				
Autism				
Numerator				
Denominator				
SED				
Numerator				
Denominator				

Explanation of Findings:

AIR policy/procedure still in the development process.

Remediation:

Numerator, denominator, and compliance percentages not reported for this period.
SCC formal remediation request not indicated.

Compliance Trends	2013	2014	2015	2016	Jan-Mar 2017	Apr-June 2017	July-Sep 2017	Oct-Dec 2017
PD								
Amerigroup								
Sunflower								
United								
Statewide								
FE								
Amerigroup								
Sunflower								
United								
Statewide								
IDD								
Amerigroup								
Sunflower								
United								
Statewide								
TBI								
Amerigroup								
Sunflower								
United								
Statewide								
TA								
Amerigroup								
Sunflower								
United								
Statewide								
Autism								
Amerigroup								
Sunflower								
United								
Statewide								
SED								
Amerigroup								
Sunflower								
United								
Statewide								

KDADS HCBS Quality Review Report

Health and Welfare
PM 3: Number and percent of unexpected deaths for which the appropriate follow-up measures were taken
Numerator: Number of unexpected deaths for which the appropriate follow-up measures were taken as in the approved waiver
Denominator: Number of unexpected deaths
Review Period: 10/01/2017 - 12/31/2017
Data Source:

Compliance By Waiver	Amerigroup	Sunflower	United	Statewide
PD				
Numerator				
Denominator				
FE				
Numerator				
Denominator				
IDD				
Numerator				
Denominator				
TBI				
Numerator				
Denominator				
TA				
Numerator				
Denominator				
Autism				
Numerator				
Denominator				
SED				
Numerator				
Denominator				

Explanation of Findings:

AIR policy/procedure still in development process.

Remediation:

Numerator, denominator, and compliance percentages not reported for this period.
SCC formal remediation request not indicated.

Compliance Trends	2013	2014	2015	2016	Jan-Mar 2017	Apr-June 2017	July-Sep 2017	Oct-Dec 2017
PD								
Amerigroup								
Sunflower								
United								
Statewide								
FE								
Amerigroup								
Sunflower								
United								
Statewide								
IDD								
Amerigroup								
Sunflower								
United								
Statewide								
TBI								
Amerigroup								
Sunflower								
United								
Statewide								
TA								
Amerigroup								
Sunflower								
United								
Statewide								
Autism								
Amerigroup								
Sunflower								
United								
Statewide								
SED								
Amerigroup								
Sunflower								
United								
Statewide								

KDADS HCBS Quality Review Report

Health and Welfare
PM 4: Number and percent of waiver participants who received information on how to report suspected abuse, neglect, or exploitation
Numerator: Number of waiver participants who received information on how to report suspected abuse, neglect, or exploitation
Denominator: Number of waiver participants interviewed by QMS staff or whose records are reviewed
Review Period: 10/01/2017 - 12/31/2017
Data Source: MCO Record Review

Compliance By Waiver	Amerigroup	Sunflower	United	Statewide
PD	**88%**	**90%**	**88%**	**89%**
Numerator	30	27	22	79
Denominator	34	30	25	89
FE	**88%**	**94%**	**88%**	**90%**
Numerator	21	29	28	78
Denominator	24	31	32	87
IDD	**74%**	**79%**	**100%**	**82%**
Numerator	20	33	21	74
Denominator	27	42	21	90
TBI	**81%**	**92%**	**67%**	**81%**
Numerator	25	11	6	42
Denominator	31	12	9	52
TA	**97%**	**87%**	**100%**	**94%**
Numerator	28	13	10	51
Denominator	29	15	10	54
Autism	**100%**	**25%**	**17%**	**38%**
Numerator	3	1	1	5
Denominator	3	4	6	13
SED	**58%**	**39%**	**11%**	**35%**
Numerator	14	9	3	26
Denominator	24	23	28	75

Explanation of Findings:

Documentation indicating ANE was covered was missing for all or part of the review period. MCO failed to upload the file. Documentation provided indicates outdated information/ brochure was being used. ANE is on the documentation but there is no valid signature.

Remediation:

SCC formal request for remediation was provided.

MCO completed remediation template and submitted to CSP.

Remediation plans received from all three MCOs within 15 business days.

CSP will provide ongoing review, monitoring and follow up.

Compliance Trends	2013	2014	2015	2016	Jan-Mar 2017	Apr-June 2017	July-Sep 2017	Oct-Dec 2017
PD								
Amerigroup		51%	19%	67%	74%	94%	94%	88%
Sunflower		88%	72%	74%	93%	84%	93%	90%
United		90%	80%	88%	87%	85%	91%	88%
Statewide	65%	72%	53%	76%	84%	88%	93%	89%
FE								
Amerigroup		59%	16%	61%	73%	87%	93%	88%
Sunflower		86%	62%	84%	88%	85%	88%	94%
United		92%	80%	88%	100%	91%	93%	88%
Statewide	80%	78%	50%	78%	88%	88%	91%	90%
IDD								
Amerigroup		23%	6%	59%	71%	85%	81%	74%
Sunflower		87%	59%	75%	84%	79%	86%	79%
United		100%	56%	79%	91%	91%	91%	100%
Statewide	99%	68%	42%	71%	82%	84%	86%	82%
TBI								
Amerigroup		30%	12%	56%	66%	90%	87%	80%
Sunflower		94%	45%	84%	62%	77%	83%	92%
United		80%	76%	85%	100%	78%	78%	67%
Statewide	57%	63%	34%	69%	69%	85%	85%	80%
TA								
Amerigroup		61%	38%	75%	72%	97%	96%	97%
Sunflower		99%	86%	84%	69%	56%	81%	87%
United		97%	61%	79%	89%	100%	90%	100%
Statewide	86%	82%	57%	78%	74%	84%	91%	94%
Autism								
Amerigroup		62%	8%	23%	80%	75%	100%	100%
Sunflower		33%	29%	39%	67%	40%	60%	25%
United		43%	14%	6%	0%	20%	0%	17%
Statewide	90%	50%	16%	26%	67%	43%	54%	38%
SED								
Amerigroup		88%	64%	27%	10%	19%	15%	58%
Sunflower		80%	53%	22%	13%	11%	0%	39%
United		78%	63%	19%	4%	4%	0%	11%
Statewide	89%	82%	60%	23%	9%	12%	6%	35%

KDADS HCBS Quality Review Report

Health and Welfare
PM 5: Number and percent of participants' reported critical incidents that were initiated and reviewed within required time frames
Numerator: Number of participants' reported critical incidents that were initiated and reviewed within required time frames as specified in the approved waiver
Denominator: Number of participants' reported critical incidents
Review Period: 10/01/2017 - 12/31/2017
Data Source:

Compliance By Waiver	Amerigroup	Sunflower	United	Statewide
PD				
Numerator				
Denominator				
FE				
Numerator				
Denominator				
IDD				
Numerator				
Denominator				
TBI				
Numerator				
Denominator				
TA				
Numerator				
Denominator				
Autism				
Numerator				
Denominator				
SED				
Numerator				
Denominator				

Explanation of Findings:

AIR policy/ procedure still in the development process.

Remediation:

Numerator, denominator, and compliance percentages not reported for this period.
SCC formal remediation request not indicated.

Compliance Trends	2013	2014	2015	2016	Jan-Mar 2017	Apr-June 2017	July-Sep 2017	Oct-Dec 2017
PD								
Amerigroup								
Sunflower								
United								
Statewide								
FE								
Amerigroup								
Sunflower								
United								
Statewide								
IDD								
Amerigroup								
Sunflower								
United								
Statewide								
TBI								
Amerigroup								
Sunflower								
United								
Statewide								
TA								
Amerigroup								
Sunflower								
United								
Statewide								
Autism								
Amerigroup								
Sunflower								
United								
Statewide								
SED								
Amerigroup								
Sunflower								
United								
Statewide								

KDADS HCBS Quality Review Report

Health and Welfare
PM 6: Number and percent of reported critical incidents requiring review/investigation where the State adhered to its follow-up measures
Numerator: Number of reported critical incidents requiring review/investigation where the State adhered to the follow-up methods as specified in the approved waiver
Denominator: Number of reported critical incidents
Review Period: 10/01/2017 - 12/31/2017
Data Source:

Compliance By Waiver	Amerigroup	Sunflower	United	Statewide
PD				
Numerator				
Denominator				
FE				
Numerator				
Denominator				
IDD				
Numerator				
Denominator				
TBI				
Numerator				
Denominator				
TA				
Numerator				
Denominator				
Autism				
Numerator				
Denominator				
SED				
Numerator				
Denominator				

Explanation of Findings:

AIR policy/ procedure still in the development process.

Remediation:

Numerator, denominator, and compliance percentages not reported for this period.
SCC formal remediation request not indicated.

Compliance Trends	2013	2014	2015	2016	Jan-Mar 2017	Apr-June 2017	July-Sep 2017	Oct-Dec 2017
PD								
Amerigroup								
Sunflower								
United								
Statewide								
FE								
Amerigroup								
Sunflower								
United								
Statewide								
IDD								
Amerigroup								
Sunflower								
United								
Statewide								
TBI								
Amerigroup								
Sunflower								
United								
Statewide								
TA								
Amerigroup								
Sunflower								
United								
Statewide								
Autism								
Amerigroup								
Sunflower								
United								
Statewide								
SED								
Amerigroup								
Sunflower								
United								
Statewide								

KDADS HCBS Quality Review Report

Health and Welfare
PM 7: Number and percent of restraint applications, seclusion or other restrictive interventions that followed procedures as specified in the approved waiver
Numerator: Number of restraint applications, seclusion or other restrictive interventions that followed procedures as specified in the approved waiver
Denominator: Number of restraint applications, seclusion or other restrictive interventions
Review Period: 10/01/2017 - 12/31/2017
Data Source:

Compliance By Waiver	Amerigroup	Sunflower	United	Statewide
PD				
Numerator				
Denominator				
FE				
Numerator				
Denominator				
IDD				
Numerator				
Denominator				
TBI				
Numerator				
Denominator				
TA				
Numerator				
Denominator				
Autism				
Numerator				
Denominator				
SED				
Numerator				
Denominator				

Explanation of Findings:

AIR policy/procedure is in the development process.

Remediation:

Numerator, denominator, and compliance percentages not reported for this period.
SCC formal remediation request not indicated.

Compliance Trends	2013	2014	2015	2016	Jan-Mar 2017	Apr-June 2017	July-Sep 2017	Oct-Dec 2017
PD								
Amerigroup								
Sunflower								
United								
Statewide								
FE								
Amerigroup								
Sunflower								
United								
Statewide								
IDD								
Amerigroup								
Sunflower								
United								
Statewide								
TBI								
Amerigroup								
Sunflower								
United								
Statewide								
TA								
Amerigroup								
Sunflower								
United								
Statewide								
Autism								
Amerigroup								
Sunflower								
United								
Statewide								
SED								
Amerigroup								
Sunflower								
United								
Statewide								

KDADS HCBS Quality Review Report

Health and Welfare
PM 8: Number and percent of unauthorized uses of restrictive interventions that were appropriately reported
Numerator: Number of unauthorized uses of restrictive interventions that were appropriately reported
Denominator: Number of unauthorized uses of restrictive interventions
Review Period: 10/01/2017 - 12/31/2017
Data Source:

Compliance By Waiver	Amerigroup	Sunflower	United	Statewide
PD				
Numerator				
Denominator				
FE				
Numerator				
Denominator				
IDD				
Numerator				
Denominator				
TBI				
Numerator				
Denominator				
TA				
Numerator				
Denominator				
Autism				
Numerator				
Denominator				
SED				
Numerator				
Denominator				

Explanation of Findings:

AIR policy/procedure still in the development process.

Remediation:

Numerator, denominator, and compliance percentages not reported for this period.
SCC formal remediation request not indicated.

Compliance Trends	2013	2014	2015	2016	Jan-Mar 2017	Apr-June 2017	July-Sep 2017	Oct-Dec 2017
PD								
Amerigroup								
Sunflower								
United								
Statewide								
FE								
Amerigroup								
Sunflower								
United								
Statewide								
IDD								
Amerigroup								
Sunflower								
United								
Statewide								
TBI								
Amerigroup								
Sunflower								
United								
Statewide								
TA								
Amerigroup								
Sunflower								
United								
Statewide								
Autism								
Amerigroup								
Sunflower								
United								
Statewide								
SED								
Amerigroup								
Sunflower								
United								
Statewide								

KDADS HCBS Quality Review Report

Health and Welfare
PM 9: Number and percent of waiver participants who received physical exams in accordance with State policies
Numerator: Number of HCBS participants who received physical exams in accordance with State policies
Denominator: Number of HCBS participants whose service plans were reviewed
Review Period: 10/01/2017 - 12/31/2017
Data Source: MCO Record Review

Compliance By Waiver	Amerigroup	Sunflower	United	Statewide
PD	**32%**	**43%**	**20%**	**33%**
Numerator	11	13	5	29
Denominator	34	30	25	89
FE	**33%**	**32%**	**34%**	**33%**
Numerator	8	10	11	29
Denominator	24	31	32	87
IDD	**33%**	**62%**	**29%**	**46%**
Numerator	9	26	6	41
Denominator	27	42	21	90
TBI	**35%**	**33%**	**33%**	**35%**
Numerator	11	4	3	18
Denominator	31	12	9	52
TA	**52%**	**67%**	**80%**	**61%**
Numerator	15	10	8	33
Denominator	29	15	10	54
Autism	**100%**	**75%**	**33%**	**62%**
Numerator	3	3	2	8
Denominator	3	4	6	13
SED	**92%**	**39%**	**36%**	**55%**
Numerator	22	9	10	41
Denominator	24	23	28	75

Explanation of Findings:

Missing documentation of evidence that a physical exam was completed. Documentation provided indicated date of a Dr. visit in some cases but there was no evidence it was for an annual physical exam, so was not considered compliant. Physical exam was not completed within the required timeline.

Remediation:

SCC formal request for remediation was provided.

MCO completed remediation template and submitted to CSP.

Remediation plans received from all three MCOs within 15 business days.

CSP will provide ongoing review, monitoring and follow up.

Compliance Trends	2013	2014	2015	2016	Jan-Mar 2017	Apr-June 2017	July-Sep 2017	Oct-Dec 2017
PD								
Amerigroup		78%			15%	9%	21%	32%
Sunflower		81%			30%	45%	20%	43%
United		88%			86%	19%	17%	20%
Statewide	Not a measure	82%	No Data	No Data	38%	24%	20%	33%
FE								
Amerigroup		89%			25%	22%	13%	33%
Sunflower		97%			42%	24%	27%	32%
United		97%			75%	9%	15%	34%
Statewide	Not a measure	95%	No Data	No Data	47%	18%	19%	33%
IDD								
Amerigroup		91%			30%	15%	35%	33%
Sunflower		99%			53%	45%	49%	62%
United		99%			61%	5%	9%	29%
Statewide	Not a measure	97%	No Data	No Data	48%	27%	35%	46%
TBI								
Amerigroup		84%			23%	3%	23%	35%
Sunflower		94%			25%	42%	27%	33%
United		93%			33%	0%	11%	33%
Statewide	Not a measure	90%	No Data	No Data	25%	12%	22%	35%
TA								
Amerigroup		100%			45%	17%	43%	52%
Sunflower		100%			57%	56%	47%	67%
United		97%			71%	50%	67%	80%
Statewide	Not a measure	100%	No Data	No Data	53%	35%	48%	61%
Autism								
Amerigroup		100%			60%	0%	75%	100%
Sunflower		92%			67%	40%	80%	75%
United		100%			0%	20%	0%	33%
Statewide	Not a measure	98%	No Data	No Data	58%	21%	54%	62%
SED								
Amerigroup		54%			70%	74%	69%	92%
Sunflower		55%			15%	32%	19%	39%
United		46%			39%	48%	68%	36%
Statewide	Not a measure	52%	No Data	No Data	44%	54%	54%	55%

KDADS HCBS Quality Review Report

Health and Welfare
PM 10: Number and percent of waiver participants who have a disaster red flag designation with a related disaster backup plan
Numerator: Number of waiver participants who have a disaster red flag designation with a related disaster backup plan
Denominator: Number of waiver participants with a red flag designation
Review Period: 10/01/2017 - 12/31/2017
Data Source: MCO Record Review

Compliance By Waiver	Amerigroup	Sunflower	United	Statewide
PD	**85%**	**77%**	**88%**	**83%**
Numerator	29	23	22	74
Denominator	34	30	25	89
FE	**88%**	**94%**	**88%**	**90%**
Numerator	21	29	28	78
Denominator	24	31	32	87
IDD	**67%**	**67%**	**100%**	**74%**
Numerator	18	28	21	67
Denominator	27	42	21	90
TBI	**81%**	**75%**	**67%**	**77%**
Numerator	25	9	6	40
Denominator	31	12	9	52
TA	**93%**	**80%**	**100%**	**91%**
Numerator	27	12	10	49
Denominator	29	15	10	54
Autism	**100%**	**50%**	**17%**	**46%**
Numerator	3	2	1	6
Denominator	3	4	6	13
SED	**Not a waiver performance measure**			
Numerator				
Denominator				

Explanation of Findings:

The BUP provided is incomplete and does not address health safety risks, staffing issues and red flags. BUP is missing for all or part of the review period. BUP provided does not have the required signatures/ dates by the individual or guardian. BUP was not completed within the required timeline.

Remediation:

SCC formal request for remediation was provided.

MCO completed remediation template and submitted to CSP.

Remediation plans received from all three MCOs within 15 business days.

CSP will provide ongoing review, monitoring and follow up.

Compliance Trends	2013	2014	2015	2016	Jan-Mar 2017	Apr-June 2017	July-Sep 2017	Oct-Dec 2017
PD								
Amerigroup		59%	53%	73%	74%	94%	91%	85%
Sunflower		77%	49%	66%	77%	84%	77%	77%
United		64%	80%	88%	83%	85%	91%	88%
Statewide	Not a measure	67%	58%	75%	77%	88%	86%	83%
FE								
Amerigroup		61%	62%	72%	73%	83%	93%	88%
Sunflower		72%	56%	72%	68%	79%	68%	94%
United		76%	81%	85%	93%	91%	93%	88%
Statewide	59%	70%	65%	76%	77%	84%	83%	90%
IDD								
Amerigroup		67%	61%	65%	68%	81%	81%	67%
Sunflower		58%	32%	59%	75%	67%	72%	67%
United		70%	58%	73%	87%	83%	91%	100%
Statewide	Not a measure	64%	47%	64%	76%	75%	79%	74%
TBI								
Amerigroup		46%	49%	62%	62%	90%	87%	80%
Sunflower		68%	42%	80%	85%	85%	92%	75%
United		56%	74%	80%	100%	78%	78%	67%
Statewide	Not a measure	56%	52%	70%	73%	87%	87%	76%
TA								
Amerigroup		75%	54%	79%	72%	97%	96%	93%
Sunflower		91%	58%	77%	81%	72%	81%	80%
United		86%	63%	79%	89%	100%	90%	100%
Statewide	Not a measure	83%	57%	78%	78%	89%	91%	91%
Autism								
Amerigroup		77%	44%	32%	80%	75%	100%	100%
Sunflower		53%	27%	67%	83%	100%	80%	50%
United		38%	7%	6%	0%	20%	0%	17%
Statewide	Not a measure	64%	30%	40%	75%	64%	62%	46%
SED	**Not a waiver performance measure**							
Amerigroup								
Sunflower								
United								
Statewide								

KDADS HCBS Quality Review Report

Financial Accountability
PM 1: Number and percent of clean claims that are paid by the managed care organization within the timeframes specified in the contract
Numerator: Number of clean claims that are paid by the managed care organization within the timeframes specified in the contract
Denominator: Total number of provider claims
Review Period: 10/01/2017 - 12/31/2017
Data Source: MCO Claims Data

Compliance By Waiver	Statewide
HCBS Waivers	**96%**
Numerator	261,799
Denominator	273,129

Compliance Trends	2013	2014	2015	2016	Jan-Mar 2017	Apr-June 2017	July-Sep 2017	Oct-Dec 2017
All HCBS Waivers								
Statewide	not a measure	90%	88%	95%	95%	95%	95%	96%

Explanation of Findings:

Remediation:

Remediation not applicable.

KDADS HCBS Quality Review Report

Financial Accountability
PM 2: Number and percent of payment rates that were certified to be actuarially sound by the State's actuary and approved by CMS
Numerator: Number of payment rates that were certified to be actuarially sound by the State's actuary and approved by CMS
Denominator: Total number of capitation (payment) rates
Review Period: 10/01/2017 - 12/31/2017
Data Source: KDHE

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

Compliance Trends	2013	2014	2015	2016	Jan-Mar 2017	Apr-June 2017	July-Sep 2017	Oct-Dec 2017
PD								
Statewide	not a measure	100%	100%	100%	100%	100%	100%	100%
FE								
Statewide	not a measure	100%	100%	100%	100%	100%	100%	100%
IDD								
Statewide	not a measure	100%	100%	100%	100%	100%	100%	100%
TBI								
Statewide	not a measure	100%	100%	100%	100%	100%	100%	100%
TA								
Statewide	not a measure	100%	100%	100%	100%	100%	100%	100%
Autism								
Statewide	not a measure	100%	100%	100%	100%	100%	100%	100%
SED								
Statewide	not a measure	100%	100%	100%	100%	100%	100%	100%

Explanation of Findings:

Remediation:

Remediation not applicable.

KANCARE OMBUDSMAN QUARTERLY REPORT

Kerrie J. Bacon,
KanCare Ombudsman
Qtr. 2, 2018

KanCare Ombudsman

Contents

Highlights/Dashboard

Contact Information – page 3

The information that is being provided is now being titled as Initial Contacts and Additional Contacts. Before the charts were called Contacts, Email History and Notes History. The information provided is the same; the titles have changed slightly to clarify the data.

Responding to Issues – page 4

The percent of contacts responded to in 0-2 days improved significantly from last quarter, at 90%. This was due to an increased focus by all staff and volunteers to respond to messages within two business days.

Data – Issue Category – pages 7 and 8

The top issues for second quarter are:

- Medicaid Information status update
- Medicaid Eligibility
- Medicaid Application Assistance
- Medicaid Renewal
- Other (the lowest in number in six quarters)

New in the Ombudsman's office

The Ombudsman's office is in the process of updating the tracking system to be able to document the time it is taking to resolve issues by organizations within the state system (Managed Care Organizations/MCO, Clearinghouse, Kansas Department on Aging and Disability Services/KDADS, Kansas Department for Health and Environment/KDHE, etc.) The idea is that things tend to improve when focused attention and data are brought to the review. The goal is to have the change in place by end of third quarter and collecting data in fourth quarter.

Accessibility by Ombudsman's Office

Initial Contacts

The KanCare Ombudsman was available to members and potential members of KanCare (Medicaid) by phone, email, written communication, and in person during second quarter of 2018. The number of initial contacts the Ombudsman's office received continues to increase. The initial contacts have been increasing for the last 6 quarters. Second quarter 2018 is now the third highest quarter since the Ombudsman's office began.

Initial Contacts	Qtr. 1	Qtr. 2	Qtr. 3	Qtr. 4	Avg. qtr.
2014	545	474	526	547	523
2015	510	462	579	524	519
2016	**1,130**	846	687	523	797
2017	825	835	970	**1,040**	918
2018	**1,214**	**1,059**			1,136
2017 vs. 2018	47%	27%			
2016 vs. 2018	7%	25%			

**2013 year does not include emails in the data*

Additional Contacts provides data on the many contacts that happen after the initial contact to the KanCare Ombudsman's office. These include requests for follow-up to another organization and their responses, follow-up calls to the beneficiary and/or from the beneficiary.

Additional Contacts: Notes History (ongoing contacts with beneficiary to note calls and/or updates with issue/concern)	Qtr. 1	Qtr. 2	Qtr. 3	Qtr. 4
2017	1,388	1,651	1,954	2,122
2018	2,251	1,892		

Additional Contacts: Email History (all emails; contacts with beneficiaries; also includes office emails regarding assistance on cases)	Qtr. 1	Qtr. 2	Qtr. 3	Qtr. 4
2017	655	919	1,338	1,490
2018	1,389	1,252		

Responding to Issues

	Q1/17	Q2/17	Q3/17	Q4/17	Q1/18	Q2/18
Avg. Days to Respond	1	1	2	2	1	1
% of contacts responded in 0-2 days	78%	80%	65%	69%	82%	90%
% of contacts responded in 3-7 days	20%	19%	31%	22%	17%	10%
% of contacts responded to in greater than 7 days	2%	1%	4%	9%	1%	0%

Resolution of Issues

There are many factors in resolving issues that come to the KanCare Ombudsman's office. Some of the issues are also dependent on the beneficiary sending in additional information. That process can take time.

The Ombudsman's office is in the process of updating the tracking system to be able to document the time it is taking to resolve issues by organizations within the state system (MCO's, Clearinghouse, KDADS, KDHE, etc.) The idea is that things tend to improve when focused attention and data are brought to the review. The goal is to have the change in place by end of third quarter and collecting data in fourth quarter.

	Q1/17	Q2/17	Q3/17	Q4/17	Q1/18	Q2/18
Avg. Days to close/resolve Issue	11	9	9	7	8	10
% files closed/resolved in 0-2 or less					60%	61%
% of files closed/resolved in 3-7 days					17%	13%
% of files closed/resolved in 7-30 days					12%	14%
% of files closed/resolved in greater than 30 days					11%	13%
% files closed	88%	92%	90%	83%	81%	93%

Accessibility through the KanCare Ombudsman Volunteer Program

Both Satellite offices are answering KanCare questions and helping with issues as well as helping to fill out KanCare applications on the phone and in person at the offices. Three additional people in the volunteer training program.

	Volunteer Hours	# of Volunteers	# of hours covered/wk	Area Codes covered
Olathe Satellite Office	M: 9–4, W:9-12, Th: 1-4, F: 10-1	4	16	913, 785, 816
Wichita Satellite Office	M: 1-4, T: 10-2, Th: 10-2, F: 9-4	4	18	316, 620

Outreach by Ombudsman's office

Outreach through Collaboration and Education

- Mid-Kansas Community Action Program: Sent brochures and outreach/recruitment flyers to administrative assistant. Put Ombudsman brochures and outreach/recruitment flyers in the mail on 4/11.
- E.C. Tyree Clinic: Mailed brochures and outreach flyer to hang up in their office.
- Garden City Eligibility Worker: Mailed KanCare brochures, and outreach/recruitment flyers to KanCare Eligibility Worker, for her to hang in her office, and pass on to Genesis Family Health Center.
- Salina Eligibility Worker: Mailed outreach/recruitment flyers to KanCare Eligibility worker, for her to hang in her office, and pass on to Salina Family Healthcare Center.
- Wichita Eligibility Worker: Mailed KanCare brochures, and outreach/recruitment flyers to KanCare Eligibility Worker Sandra, for her to hang in her office.
- Kansas City Eligibility Worker: Mailed KanCare brochures, and outreach/recruitment flyers for KanCare Eligibility Worker, for her to hang in her office, and pass on to Vibrant Health Wyandotte.
- Tabled at the Governors Public Health Conference on 4/4/18 to help with outreach efforts to providers and other organizations that assist Medicaid consumers.
    - Approximately 300 attendees.
- Tabled in the Community Resource area of the Via Christi Medical Mission at Home: Day of Free Healthcare on 4/14/18, to recruit possible volunteers and perform outreach to consumers.
    - Approximately 235 consumers and 900 volunteers attended the event.
- Presented first quarter report and written testimony at the Robert Bethel Home and Community Based Services/HCBS and KanCare Oversight Committee; 4/23/18.
- Kickapoo Nation 18th Annual Health Fair, Horton, 4/17/18
- Presented first quarter report to the KanCare Advisory Council; 5/30/18.
- Presentation to Resource Center for Independent Living (RCIL) regarding Ombudsman's office, 6/14/18.
- Shared information with Long Term Care Committee on KanCare Ombudsman's office through first quarter report and updates, 4/12/18, May-written only due to on-line meeting, 6/14/18.

Outreach through Publications

- Labette Center for Mental Health Service: Emailed newsletter info and photo to be posted on Facebook and in their community newsletter. 4/2018

- South Central Mental Health Counseling Center: Emailed outreach advertisements on 4/9. They are posting our website link on their online resources page and forwarding the information to each office to post on their news boards.

Outreach through Collaboration and Training

- Liaison Training, Community Empowerment Institute, Wichita, 6/1/18
- Liaison Training, Labette County, Southeast Kansas Independent Living (SKIL), 6/12/18
- Liaison Training, Lawrence, KS, 6/15/18
- Need additional information from Holly and Lisa.

Data by Ombudsman's Office

Contacts by Office	Q1/17	Q2/17	Q3/17	Q4/17	Q1/18	Q2/18
Main	648	639	759	718	772	619
Johnson County	28	81	51	62	68	81
Wichita	149	115	160	260	374	359
Total	**825**	**835**	**970**	**1,040**	**1,214**	**1,059**

Contact Method	Q1/17	Q2/17	Q3/17	Q4/17	Q1/18	Q2/18
Email	125	127	143	122	112	119
Face-to-Face Meeting	11	5	6	8	7	9
Letter	2	0	0	0	2	1
ONLINE	0	0	0	0	0	0
Other	0	2	5	4	2	0
Telephone	689	701	816	906	1,091	930
TOTAL	**827**	**835**	**970**	**1,040**	**1,214**	**1,059**

Caller Type	Q1/17	Q2/17	Q3/17	Q4/17	Q1/18	Q2/18
Consumer	631	661	773	862	1066	799
MCO Employee	18	9	11	6	6	4
Other type	61	53	45	50	46	175
Provider	117	112	141	122	96	81
TOTAL	**827**	**835**	**970**	**1,040**	**1,214**	**1,059**

The issue category is showing a downward trend in Other. The Ombudsman Office has expanded the Issue Categories to provide more information on topics and this may be why the Other category is shrinking. Medicaid Renewal is showing an upward trend in the last three quarters. This has been brought to the attention of KDHE staff and is being researched.

Issue Category	Q1/17	Q2/17	Q3/17	Q4/17	Q1/18	Q2/18	6 Qtr. Avg.
Access to Providers (usually Medical)	14	14	13	10	2	2	9
Abuse/Neglect Complaints	0	0	0	2	10	10	4
Affordable Care Act Calls	3	6	5	5	15	12	8
Appeals/Fair Hearing questions/issues	0	0	21	23	45	25	19
Background Checks	0	0	0	2	4	0	1
Billing	21	33	17	19	40	26	26
Care Coordinator Issues	5	11	6	12	10	11	9
Change MCO	3	1	2	6	12	7	5
Choice Info on MCO	0	0	0	0	3	3	1
Client Obligation	17	36	37	33	53	33	35
Coding Issues	3	0	8	18	32	8	12
Consumer said Notice not received	0	0	0	1	16	4	11
Cultural Competency	0	0	0	0	0	1	0
Data Requests	0	0	3	5	3	2	2
Dental	7	9	7	6	10	9	8
Division of Assets	2	2	5	5	10	3	5
Durable Medical Equipment	2	9	4	3	1	4	4
Estate Recovery	6	5	6	4	11	4	6
Grievances Questions/Issues	36	33	29	9	28	34	28
Guardianship	3	1	3	4	3	6	3
HCBS Eligibility issues	46	50	58	62	46	26	48
HCBS General Issues	33	34	21	49	36	33	34
HCBS Reduction in Hours of Service	7	2	4	6	7	2	5
HCBS Waiting List	6	9	8	4	4	4	6
Help understanding mail	0	0	0	0	4	15	10
Housing Issues	4	6	7	0	7	7	5
Medicaid Application Assistance	45	55	162	179	185	134	127
Medicaid Eligibility Issues	237	177	237	300	208	212	229
Medicaid Fraud	0	0	0	0	3	2	3

Issue Category (Cont.)	Q1/17	Q2/17	Q3/17	Q4/17	Q1/18	Q2/18	6 Qtr. Avg.
Medicaid General Issues/Questions	0	0	0	0	62	181	122
Medicaid info (status) update	0	0	0	4	210	215	213
Medicaid Renewal	**29**	**43**	**38**	**61**	**103**	**57**	**55**
Medical Services	20	20	11	9	23	27	18
Medicare related Issues	0	0	15	22	17	22	19
Medicare Savings Plan Issues	0	0	9	21	19	17	17
Moving to/from Kansas	5	7	6	9	16	13	9
Nursing Facility Issues	40	26	23	21	21	18	25
Pain management issues	0	0	0	0	0	0	0
Pharmacy	11	9	10	13	16	1	10
Prior authorization issues	0	0	0	0	1	2	1
Respite	0	0	0	0	0	1	0
Social Security Issues	0	0	1	4	9	13	7
Spend Down Issues	18	32	29	29	28	32	28
Transportation	8	9	12	5	16	10	10
Working Healthy	0	0	2	3	3	6	4
X-Other	**275**	**315**	**241**	**187**	**214**	**132**	**227**
Z Thank you.	238	319	416	433	556	490	409
Z Unspecified	44	36	61	75	79	72	61
TOTAL	**1,188**	**1,312**	**1,537**	**1,663**	**2,201**	**1,948**	1,580

WAIVER	Q1/17	Q2/17	Q3/17	Q4/17	Q1/18	Q2/18
PD	40	37	32	45	51	27
I/DD	43	28	52	77	29	26
FE	30	27	33	38	27	22
AUTISM	3	2	2	0	1	1
SED	4	4	5	5	9	2
TBI	6	8	7	6	7	10
TA	8	10	2	7	5	3
WH	0	0	1	3	5	4
MFP	2	1	0	0	1	0
PACE	0	0	1	1	0	0
MENTAL HEALTH	5	5	2	5	2	1
SUB USE DIS	0	0	0	0	0	0
NURSING FACILITY	66	45	79	61	47	39
WAIVER TOTAL	**207**	**167**	**216**	**248**	**184**	**135**

Action Taken to Resolve Issues by Ombudsman's Office

This section is in the process of being revised to better track action taken and the length of time it takes to resolve issues that require assistance from other organizations within the state system. (Also mentioned on page 3)

Type of Resolution

ACTION TAKEN	Q1/17	Q2/17	Q3/17	Q4/17	Q1/18	Q2/18	6 Qtr. Avg.
QUESTION/ISSUE RESOLVED (NO RESOURCES)	163	81	73	99	104	78	100
USED CONTACT OR RESOURCES/ISSUE RESOLVED	504	601	686	709	765	568	639
CLOSED (NO CONTACT)	91	75	110	86	100	122	97

Additional Help

ACTION TAKEN	Q1/17	Q2/17	Q3/17	Q4/17	Q1/18	Q2/18	6 Qtr. Avg.
PROVIDED RESOURCES	238	307	347	445	773	762	479
MAILED/EMAIL RESOURCES	46	123	124	116	221	181	135

Referred Beneficiary to Organization for Follow-up

ACTION TAKEN	Q1/17	Q2/17	Q3/17	Q4/17	Q1/18	Q2/18	6 Qtr. Avg.
MCO REFERRAL	19	34	33	29	39	29	31
CLEARINGHOUSE REFERRAL	26	104	142	142	245	212	145
HCBS TEAM REFERRAL	7	12	18	19	14	9	13
OTHER KDADS CONTACT/REFERRAL	49	41	46	88	87	53	61
STATE OR COMMUNITY AGENCY REFERRAL	46	78	72	82	101	91	78
DISABILITY RIGHTS AND/OR KLS REFERRAL	8	2	1	6	6	4	5

Contacted Organization for Assistance

ACTION TAKEN	Q1/17	Q2/17	Q3/17	Q4/17	Q1/18	Q2/18	6 Qtr. Avg.
KDHE CONTACT	135	76	77	60	71	49	78
DCF CONTACT	1	4	8	1	4	4	4
MCO CONTACT	34	29	18	18	21	29	25
CLEARINGHOUSE CONTACT	75	130	202	167	192	175	157
HCBS TEAM CONTACT	30	23	24	28	26	18	25
CSP MENTAL HEALTH CONTACT	2	0	1	0	0	2	1

KanCare Ombudsman

Appendix A – Information by Managed Care Organization

Amerigroup-Issue Category

ISSUE CATEGORY	Q1/17	Q2/17	Q3/17	Q4/17	Q1/18	Q2/18
Access to Providers (usually Medical)	3	7	2	2	1	0
Abuse / neglect complaints	0	0	0	0	1	2
Affordable Care Act Calls	0	0	0	0	1	0
Appeals/Fair Hearing questions/issues	0	0	2	3	2	1
Background Checks	0	0	0	1	1	0
Billing	1	5	3	2	7	7
Care Coordinator Issues	1	4	0	3	3	4
Change MCO	1	0	0	1	4	2
Choice Info on MCO	0	0	0	0	0	1
Client Obligation	1	7	4	3	8	8
Coding Issues	0	0	3	2	5	2
Consumer said Notice not received	0	0	0	1	2	0
Cultural Competency	0	0	0	0	0	0
Data Requests	0	0	0	0	0	0
Dental	0	0	1	0	3	0
Division of Assets	0	0	0	0	0	0
Durable Medical Equipment	0	1	1	0	0	1
Estate Recovery	0	1	0	1	0	0
Grievances Questions/Issues	10	4	4	0	3	5
Guardianship	1	0	0	0	0	0
HCBS Eligibility issues	6	7	7	10	6	3
HCBS General Issues	11	10	3	8	4	5
HCBS Reduction in hours of service	2	0	0	2	6	1
HCBS Waiting List	1	2	0	1	0	0
Help understanding mail	0	0	0	0	1	1
Housing Issues	0	1	1	0	0	1
Medicaid Application Assistance	0	0	0	1	3	4

ISSUE CATEGORY-Amerigroup (cont.)	Q1/17	Q2/17	Q3/17	Q4/17	Q1/18	Q2/18
Medicaid Eligibility Issues	8	5	10	18	11	12
Medicaid Fraud	0	0	0	0	0	1
Medicaid General Issues/questions	0	0	0	0	6	10
Medicaid info (status) update	0	0	0	0	11	8
Medicaid Renewal	4	7	3	8	8	6
Medical Services	5	7	1	0	4	4
Medicare related Issues	0	0	2	3	1	1
Medicare Savings Plan Issues	0	0	0	1	0	2
Moving to / from Kansas	1	0	0	1	0	0
Nursing Facility Issues	1	4	0	0	1	1
Pain management issues	0	0	0	0	0	0
Pharmacy	1	2	2	1	1	0
Prior authorization issues	0	0	0	0	0	0
Respite	0	0	0	0	0	0
Social Security Issues	0	0	0	0	1	0
Spend Down Issues	2	5	2	4	4	4
Transportation	1	1	3	0	3	2
Working Healthy	0	0	0	0	0	0
X-Other	14	19	11	6	18	11
Z Thank you.	23	31	13	26	38	39
Z Unspecified	1	1	1	0	2	0
ISSUE CATEGORY TOTAL	**99**	**133**	**79**	**109**	**170**	**149**

Amerigroup–Waiver Information

WAIVER	Q1/17	Q2/17	Q3/17	Q4/17	Q1/18	Q2/18
PD	12	9	3	12	5	6
I/DD	9	2	6	8	3	3
FE	3	6	3	7	4	5
AUTISM	1	1	0	0	0	0
SED	1	3	2	1	4	1
TBI	2	2	3	1	1	5
TA	2	4	2	1	0	1
WH	0	0	1	0	0	1

WAIVER-Amerigroup (cont.)	Q1/17	Q2/17	Q3/17	Q4/17	Q1/18	Q2/18
MFP	0	0	0	0	0	0
PACE	0	0	0	0	0	0
MENTAL HEALTH	1	1	2	0	0	1
SUB USE DIS	0	0	0	0	0	0
NURSING FACILITY	2	3	2	0	3	6
WAIVER TOTAL	**33**	**31**	**24**	**30**	**20**	**29**

Sunflower–Issue Category

ISSUE CATEGORY	Q1/17	Q2/17	Q3/17	Q4/17	Q1/18	Q2/18
Access to Providers (usually Medical)	4	3	2	3	3	1
Abuse / neglect complaints	0	0	0	0	2	0
Affordable Care Act Calls	0	1	0	0	0	0
Appeals/Fair Hearing questions/issues	0	0	1	1	0	4
Background Checks	0	0	0	0	1	0
Billing	3	6	5	9	8	6
Care Coordinator Issues	1	2	1	6	2	2
Change MCO	0	0	0	3	3	2
Choice Info on MCO	0	0	0	0	0	0
Client Obligation	3	5	4	5	5	3
Coding Issues	2	0	1	3	7	2
Consumer said Notice not received	0	0	0	0	1	1
Cultural Competency	0	0	0	0	0	0
Data Requests	0	0	0	0	0	0
Dental	0	1	1	1	3	1
Division of Assets	0	0	0	0	1	0
Durable Medical Equipment	0	2	1	2	1	1
Estate Recovery	0	0	1	0	0	0
Grievances Questions/Issues	5	8	1	3	2	5
Guardianship	0	0	1	0	0	1
HCBS Eligibility issues	3	10	10	6	8	5
HCBS General Issues	5	6	3	9	12	3
HCBS Reduction in hours of service	1	1	1	0	1	0
HCBS Waiting List	1	1	0	1	0	0
Help understanding mail	0	0	0	0	0	2
Housing Issues	1	1	1	0	1	0
Medicaid Application Assistance	1	0	3	2	2	2
Medicaid Eligibility Issues	14	8	13	14	8	12

ISSUE CATEGORY-Sunflower (cont.)	Q1/17	Q2/17	Q3/17	Q4/17	Q1/18	Q2/18
Medicaid Fraud	0	0	0	0	0	0
Medicaid General Issues/questions	0	0	0	0	7	9
Medicaid info (status) update	0	0	0	0	7	5
Medicaid Renewal	6	5	8	6	3	6
Medical Services	5	3	5	1	4	4
Medicare related Issues	0	0	1	1	0	3
Medicare Savings Plan Issues	0	0	0	1	2	2
Moving to / from Kansas	0	1	0	0	1	0
Nursing Facility Issues	2	1	0	1	1	0
Pain management issues	0	0	0	0	0	0
Pharmacy	4	3	1	0	2	0
Prior authorization issues	0	0	0	0	0	1
Respite	0	0	0	0	0	0
Social Security Issues	0	0	0	1	1	0
Spend Down Issues	2	4	4	3	0	3
Transportation	4	3	1	1	2	1
Working Healthy	0	0	0	0	0	1
X-Other	18	19	11	15	8	9
Z Thank you.	20	25	31	32	49	26
Z Unspecified	1	0	1	2	0	3
ISSUE CATEGORY TOTAL	**106**	**119**	**113**	**132**	**158**	**126**

Sunflower-Waiver Information

WAIVER	Q1/17	Q2/17	Q3/17	Q4/17	Q1/18	Q2/18
PD	7	8	8	8	13	5
I/DD	8	4	10	12	5	3
FE	4	5	3	6	5	2
AUTISM	1	0	1	0	0	0
SED	0	1	0	0	0	0
TBI	1	2	0	1	1	0
TA	2	2	0	1	2	0
WH	0	0	0	1	1	1
MFP	0	1	0	0	1	0
PACE	0	0	0	0	0	0
MENTAL HEALTH	1	1	0	0	0	0
SUB USE DIS	0	0	0	0	0	0
NURSING FACILITY	4	6	3	3	4	1
WAIVER TOTAL	**28**	**30**	**25**	**32**	**32**	**12**

UnitedHealthcare-Issue Category

ISSUE CATEGORY	Q1/17	Q2/17	Q3/17	Q4/17	Q1/18	Q2/18
Access to Providers (usually Medical)	4	2	0	2	0	0
Abuse / neglect complaints	0	0	0	1	0	3
Affordable Care Act Calls	0	0	0	0	0	0
Appeals/Fair Hearing questions/issues	0	0	3	2	4	2
Background Checks	0	0	0	0	0	0
Billing	3	7	3	0	6	3
Care Coordinator Issues	3	1	4	1	4	4
Change MCO	2	1	1	2	2	1
Choice Info on MCO	0	0	0	0	0	1
Client Obligation	2	2	3	5	8	2
Coding Issues	0	0	0	3	2	0
Consumer said Notice not received	0	0	0	0	0	0
Cultural Competency	0	0	0	0	0	0
Data Requests	0	0	0	0	0	0
Dental	1	3	2	0	0	1
Division of Assets	0	0	1	0	1	0
Durable Medical Equipment	2	2	1	0	0	0
Estate Recovery	0	1	0	0	0	0
Grievances Questions/Issues	3	3	4	0	3	3
Guardianship	0	0	1	0	0	0
HCBS Eligibility issues	9	6	3	7	5	3
HCBS General Issues	2	4	5	5	4	5
HCBS Reduction in hours of service	2	0	2	0	0	0
HCBS Waiting List	0	0	0	0	0	1
Help understanding mail	0	0	0	0	0	3
Housing Issues	0	0	1	0	1	0
Medicaid Application Assistance	0	1	1	2	4	4
Medicaid Eligibility Issues	7	7	9	19	11	14
Medicaid Fraud	0	0	0	0	0	0
Medicaid General Issues/questions	0	0	0	0	4	7
Medicaid info (status) update	0	0	0	0	4	9
Medicaid Renewal	1	1	6	6	7	6
Medical Services	3	3	0	2	2	7
Medicare related Issues	0	0	2	1	0	0
Medicare Savings Plan Issues	0	0	0	1	4	1
Moving to / from Kansas	0	0	0	0	1	0
Nursing Facility Issues	2	2	1	2	0	3

ISSUE CATEGORY- UnitedHealthcare (cont.)	Q1/17	Q2/17	Q3/17	Q4/17	Q1/18	Q2/18
Pain management issues	0	0	0	0	0	0
Pharmacy	0	1	0	3	4	1
Prior authorization issues	0	0	0	0	1	0
Respite	0	0	0	0	0	1
Social Security Issues	0	0	0	0	0	1
Spend Down Issues	0	1	6	2	3	7
Transportation	2	2	2	1	6	2
Working Healthy	0	0	0	0	0	0
X-Other	15	17	13	12	9	3
Z Thank you.	11	22	30	33	46	39
Z Unspecified	2	0	4	4	1	0
ISSUE CATEGORY TOTAL	**76**	**89**	**108**	**116**	**147**	**137**

UnitedHealthcare-Waiver Information

WAIVER	Q1/17	Q2/17	Q3/17	Q4/17	Q1/18	Q2/18
PD	8	3	5	4	7	5
I/DD	5	2	6	9	2	3
FE	7	3	5	6	4	2
AUTISM	0	1	0	0	0	0
SED	1	0	0	0	1	0
TBI	2	1	2	0	1	1
TA	0	1	0	2	0	1
WH	0	0	0	0	2	1
MFP	0	0	0	0	0	0
PACE	0	0	0	0	0	0
MENTAL HEALTH	0	1	0	2	0	0
SUB USE DIS	0	0	0	0	0	0
NURSING FACILITY	5	2	6	3	3	3
WAIVER TOTAL	**28**	**14**	**24**	**26**	**20**	**16**

1115 Waiver - Safety Net Care Pool Report
Demonstration Year 6 - Quarter 2

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

Paid date 6/8/2018

Provider Name	DY/QTR: 2018/2	State General Fund 1000	Federal Medicaid Fund 3414
Children's Mercy Hospital	1,232,068	557,634	674,434
University of Kansas Hospital	3,696,206	1,672,903*	2,023,303
Total	4,928,274	2,230,537	2,697,737

*IGT funds are received from the University of Kansas Hospital

1115 Waiver - Safety Net Care Pool Report
Demonstration Year 6 - Quarter 2
Health Care Access Improvement Pool
Paid date 5/10/2018

Provider Name	HCAIP DY/QTR: 2018/2	Provider Access Fund 2443	Federal Medicaid Fund 3414
Bob Wilson Memorial Grant County Hospital	72,392	32,765	39,627
Childrens Mercy South	479,706	217,115	262,591
Coffeyville Regional Medical Center Inc	153,776	69,599	84,177
Geary County Hospital	153,524	69,485	84,039
Great Bend Regional Hospital	189,390	85,718	103,672
Hays Medical Center Inc	342,820	155,160	187,660
Hutchinson Regional Medical Center Inc	352,418	159,504	192,914
Kansas Heart Hospital Llc	10,198	4,616	5,582
Kansas Medical Center Llc	29,802	13,488	16,314
Kvc Prairie Ridge Psychiatric Hospital	1,144	518	626
Labette Co Med	103,594	46,887	56,707
Lawrence Memorial Hospital	502,388	227,381	275,007
Mcpherson Hospital Inc	95,524	43,234	52,290
Menorah Medical Center	326,454	147,753	178,701
Mercy Hospital Fort Scott	125,758	56,918	68,840
Mercy Hospital Inc	11,292	5,111	6,181
Miami County Medical Center Inc	98,238	44,463	53,775
Midwest Division Oprmc Llc	1,692,986	766,245	926,741
Morton County Hospital	39,236	17,758	21,478
Newton Medical Center	298,220	134,974	163,246
Olathe Medical Center Inc	505,184	228,646	276,538
Prairie View Hospital	5,704	2,582	3,122
Pratt Regional Medical Center Corportation	73,414	33,227	40,187
Providence Medical Center	686,436	310,681	375,755
Ransom Memorial Hospital	127,526	57,718	69,808
Saint Lukes Cushing Hospital	190,666	86,295	104,371
Saint Lukes South Hospital Inc	118,410	53,592	64,818
Salina Regional Health Center	464,792	210,365	254,427
Salina Surgical Hospital	2,849	1,289	1,560
Shawnee Mission Medical Center Inc	1,334,352	603,928	730,424
South Central Kansas Regional Medical Center	95,600	43,269	52,331
Southwest Medical Center	188,076	85,123	102,953
St Catherine Hospital	428,322	193,859	234,463
St Francis Health Center	956,268	432,807	523,461
St John Hospital	160,666	72,717	87,949
Stormont Vail Health Care Inc	2,350,914	1,064,024	1,286,890
Sumner Regional Medical Center	47,622	21,554	26,068
Susan B Allen Memorial Hospital	224,926	101,802	123,124
Via Christi Hospital Manhattan	532,224	240,885	291,339
Via Christi Hospital Pittsburg	415,462	188,038	227,424
Via Christi Hospital Wichita St Teresa Inc	179,066	81,045	98,021
Via Christi Hospitals Wichita Inc	3,732,144	1,689,168	2,042,976
Via Christi Rehabilitation Hospital Inc	44,998	20,366	24,632
Wesley Medical Center	2,302,720	1,042,211	1,260,509
Western Plains Medical Complex	239,930	108,592	131,338
Total	20,487,131	9,272,475	11,214,656

Kansas Foundation for Medical Care, Inc

URAC ACCREDITED Independent Review Organization: External Expires 06/01/2021

2018 KanCare Evaluation

Quarterly Report

Year 6, Quarter 2, April - June

Contract Number:	**11231**
Program(s) Reviewed:	**KanCare Demonstration**
Submission Date:	**August 20, 2018**
Review Team:	**Laura Sanchez, RN, Healthcare Quality Review Analyst** **Angie Heiniger, EQRO Project Specialist** **Lynne Valdivia, RN, BSN, MSW, CCEP, Vice President**

Prepared for:

KanCare

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2018 KanCare Evaluation Quarterly Report

Year 6, Quarter 2, April - June

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KanCare Evaluation Quarterly Report
Year 6, Quarter 2, April – June 2018
August 20, 2018

Background/Objectives

The Kansas Department of Health and Environment (KDHE), Division of Health Care Finance (DHCF), submitted the KanCare Evaluation Design to the Centers for Medicare & Medicaid Services (CMS) in August 2013; it was approved by CMS in September 2013 and updated in March 2015. The Kansas Foundation for Medical Care (KFMC) is conducting the evaluation. KFMC also serves as the External Quality Review Organization (EQRO) for Kansas Medicaid managed care.

The KanCare Evaluation Design includes over 100 annual performance measures developed to measure the effectiveness of the KanCare demonstration managed care Medicaid program. A subset of the annual performance measures was selected to be assessed and reported quarterly. The quarterly measures for the second quarter (Q2) Calendar Year (CY) 2018 report include the following:

- Timely resolution of member and provider customer service inquiries
- Timeliness of claims processing
- Grievances
  - Track timely resolution of grievances
  - Compare/track the number of access-related grievances over time, by population categories.
  - Compare/track the number of grievances related to quality over time, by population.
- Ombudsman's office
  - Track the number and type of assistance provided by the Ombudsman's office.
  - Evaluate for trends regarding types of questions and grievances submitted to the Ombudsman's office.

KanCare healthcare services are coordinated by three managed care organizations (MCOs): Amerigroup of Kansas, Inc. (Amerigroup), Sunflower State Health Plan (Sunflower), and UnitedHealthcare Community Plan of Kansas (UnitedHealthcare). For the KanCare Quarterly and Annual Evaluations, data from the three MCOs are combined wherever possible to better assess the overall impact of the KanCare program.

Quarterly and annual KanCare Evaluation topics and recommendations are discussed with MCO staff at quarterly KanCare interagency meetings that include participants from the State, the MCOs, and the EQRO, and at project-specific site visits at the MCO offices in Lenexa and Overland Park, Kansas.

Timely Resolution of Customer Service Inquiries

Quarterly tracking of timely resolution of customer service inquiries in the KanCare Evaluation are based on the MCOs' contractual requirements to resolve 95% of all inquiries within two business days of inquiry receipt, 98% of all inquiries within five business days, and 100% within 15 business days.

Data Sources

The data sources for the KanCare Quarterly Evaluation Reports are monthly call center customer service reports MCOs submit to KDHE. In these reports, MCOs report the monthly number and category of member and provider inquiries resolved within 2, 5, 8, 15, and greater than 15 days, as well as the percentage of inquiries pending at month's end.

The MCO monthly customer service call center reports do not specifically report whether the number of reported inquiries represents all inquiries from all monthly contacts. Reporting both the number of contacts and number of inquiries is necessary for accurate trend analysis by MCO and for aggregating results. An MCO reporting half as many inquiries as another MCO may have had the same number of contacts but may be reporting only one inquiry for each contact even if the contact addressed multiple topics. UnitedHealthcare, for example, confirmed in February 2018 that each contact equals one inquiry, with only the "primary inquiry" categorized; according to KDHE staff, Amerigroup and Sunflower reported categorizing multiple inquiries per contact if the contact includes more than one inquiry. The quarterly aggregated comparisons over time, including this quarterly report, have, to date, likely been based on consistent processes but may have been based on underreported inquiry counts.

In April 2018, KDHE staff provided MCO training focused on revisions to the monthly Customer Service Report template, to become effective in August (for July MCO reporting).

Current Quarter and Trend over Time

As shown in Table 1, the number of member and provider customer service inquiries reported in Q2 has decreased each year.

Table 1. Timeliness of Resolution of Member and Provider Customer Service Inquiries - Quarter 2, CY2015 to CY2018

	Quarter 2							
	Member Inquiries				Provider Inquiries			
	CY2015	CY2016	CY2017	CY2018	CY2015	CY2016	CY2017	CY2018
Number of Inquiries Received	97,594	96,632	88,548	77,507	46,742	43,315	41,038	39,654
Number Resolved within 2 Business Days	97,587	96,441	88,078	76,573	46,742	43,312	41,028	39,645
Number Not Resolved within 2 Business Days	7	191	471	934	0	3	10	9
% Resolved Within 2 Business Days	99.99%	99.80%	99.47%	98.79%	100%	99.99%	99.98%	99.98%
Number Resolved within 5 Business Days	97,594	96,502	88,274	77,282	46,742	43,315	41,031	39,646
Number Not Resolved within 5 Business Days	0	130	274	225	0	0	7	8
% Resolved within 5 Business Days	100%	100%	99.69%	99.71%	100%	100%	99.98%	99.98%
Number Resolved within 15 Business Days	97,594	96,593	88,504	77,485	46,742	43,315	41,037	39,652
Number Not Resolved within 15 Business Days	0	39	44	22	0	0	1	2
% Resolved within 15 Business Days	100%	99.96%	99.95%	99.97%	100%	100%	99.998%	99.99%

Resolved within 2 business days

- In Q2 CY2018, all three MCOs met contractual requirements to resolve 95% of customer service inquiries within 2 business days.
- Of the 77,507 customer service member inquiries during Q2, 98.79% were resolved within 2 business days; 99.98% of the 39,654 provider inquiries were resolved within 2 business days.
- The number of member customer service inquiries not resolved within 2 business days in Q2 each year has increased from 7 (.01%) in Q2 CY2015 to 934 (1.21%) in Q2 CY2018.
- Of the 934 customer service inquiries from members in Q2 not resolved within 2 business days, 7 were reported by Amerigroup, 0 were reported by Sunflower, and 927 were reported by UnitedHealthcare. The 9 provider inquiries not resolved within 2 business days were also reported by UnitedHealthcare.

Resolved within 5 business days

- In Q2 CY2018, all three MCOs met contractual requirements to resolve 98% of customer service inquiries within 5 business days.
- Of the 77,507 customer service member inquiries, 99.71% were resolved within 5 business days and 99.98% of the 39,654 provider inquiries met this timeliness of resolution standard.
- The 225 customer service inquiries from members that were not resolved within 5 business days were reported by UnitedHealthcare.

Resolved within 15 business days

- Amerigroup and Sunflower met the contractual requirements to resolve 100% of inquiries within 15 business days.
- UnitedHealthcare reported 99.93% of member inquiries and 99.95% of provider inquiries were resolved within 15 days; 22 inquiries from members and 2 provider inquiries in Q2 CY2018 were reported as not resolved within 15 business days.

Since UnitedHealthcare categorized only the "primary inquiry" from each contact, the total number of inquiries received is likely higher, and the number of inquiries not resolved is also, as a result, unclear. Over 99% of the member inquiries not resolved within 2 days in Q2 CY2018 and 100% of those not resolved within 5 days and 15 days, were inquiries reported by UnitedHealthcare.

Member Customer Service Inquiries

The MCOs categorize member customer service inquiries in their monthly call center reports by 18 service inquiry categories (see Table 2).

- Of the 77,507 customer service inquiries from members in Q2 CY2018, 21% were reported by Amerigroup, 39% by Sunflower, and 40% by UnitedHealthcare.
- The highest number and percent of member inquiries continues to be *Benefit inquiries,* with 17,373 (22.4%) in Q2 CY2018.
- As noted in the Q1CY2018 report, the category *Concern with access to service or care; or concern with service or care disruption* seems to potentially describe contacts tracked as grievances or appeals in the State's quarterly Grievance and Appeal (GAR) reports. To address this, KDHE has removed this category beginning in July 2018, is adding a category *Expression of dissatisfaction*, has updated category descriptions, and is working with MCO staff to ensure inquiries meeting grievance criteria receive appropriate follow-up. These changes will be reflected in the Q3CY2018 KanCare Evaluation report.

Table 2. Customer Service Inquiries from Members, Q1 & Q2, CY2017 and CY2018				
Member Inquiries	CY2017		CY2018	
	Q1	Q2	Q1	Q2
1. Benefit Inquiry – regular or VAS	17,675	17,216	17,539	17,372
2. Concern with access to service or care; or concern with service or care disruption	1,889	1,978	2,380	1,954
3. Care management or health plan program	1,010	1,001	937	901
4. Claim or billing question	5,764	5,398	5,011	5,550
5. Coordination of benefits	3,075	3,280	2,986	2,324
6. Disenrollment request	463	524	418	431
7. Eligibility inquiry	15,475	14,420	14,211	13,184
8. Enrollment information	3,900	3,234	2,619	2,314
9. Find/change PCP	10,519	9,554	10,207	8,834
10. Find a specialist	2,794	3,043	3,168	3,061
11. Assistance with scheduling an appointment	58	88	98	44
12. Need transportation	1,353	1,594	1,455	1,534
13. Order ID card	6,894	6,190	6,198	5,408
14. Question about letter or outbound call	1,134	2,253	2,975	2,211
15. Request member materials	732	751	1,056	930
16. Update demographic information	13,821	12,568	7,259	6,821
17. Member emergent or crisis call	655	371	331	323
18. Other	5,162	5,085	4,671	4,311
Total	92,373	88,548	83,519	77,507

- As in previous quarters, there are categories where two-thirds or more of the inquiries in the quarter were reported by one MCO. This seems likely to be due to differing interpretations of the criteria for several of the categories in the reporting template. The categories where two-thirds or more of the inquiries were reported by one MCO involved Amerigroup and Sunflower:
  Amerigroup
  - *Enrollment information*: 69% of 2,314 inquiries
  - *Care management or health plan program*: 69% of 901 inquiries
  - *Assistance with scheduling an appointment:* 88.6% of 44 inquiries
  - *Need transportation*: 73% of 1,534 inquiries

  Sunflower
  - *Member emergent or crisis call*: 98.5% of 323 inquiries
  - *Health Homes:* 100% of 52 inquiries (Since Health Homes were discontinued in July 2016, these were added to the *Other* category for consistency in reporting aggregated counts for the three MCOs.)

Provider Customer Service Inquiries

The MCOs categorize provider customer service inquiries in their monthly call center reports by 17 provider service inquiry categories (see Table 3).

- Of the provider inquiries in Q2 CY2018, Amerigroup reported 40% (Q1:44%), Sunflower 51% (Q1:46%), and UnitedHealthcare 9% (Q1:11%). The total number and percentages of provider

inquiries from each MCO, however, may be inaccurate due to UnitedHealthcare reporting only one primary inquiry from each contact.

- *Claim status* inquiries in Q2 were again the highest percentage (51.3%) of provider inquiries.
- The Q2 2018 percent of *claim denial* inquiries was 9.7%. This is a decrease from 12.7%, the average percent of *claim denial* inquiries over the past four quarters (19,439 claim denial inquiries/152,763 total inquiries).
- The Q2 2018 percent of *claim payment question/dispute* inquiries (5.3%) also decreased from the average percent (8.9%) of these inquiries over the past four quarters (13,589 *claim payment question/dispute inquiries*/152,763 total inquiries).

Table 3. Customer Service Inquiries from Providers, Q1 & Q2, CY2017 and CY2018

Provider Inquiries	CY2017		CY2018	
	Q1	Q2	Q1	Q2
1. Authorization – New	1,707	1,561	1,392	2,715
2. Authorization – Status	2,497	2,351	1,930	2,394
3. Benefits inquiry	2,811	2,730	2,280	2,049
4. Claim denial inquiry	5,127	5,245	4,815	3,847
5. Claim status inquiry	17,519	20,320	19,320	20,350
6. Claim payment question/dispute	3,537	3,910	2,374	2,117
7. Billing inquiry	367	337	261	334
8. Coordination of benefits	348	283	133	141
9. Member eligibility inquiry	1,695	1,634	1,608	1,999
10. Recoupment or negative balance	83	40	64	52
11. Pharmacy/prescription inquiry	535	499	477	582
12. Request provider materials	52	42	47	41
13. Update demographic information	684	655	702	1,339
14. Verify/change participation status	293	243	261	313
15. Web support	139	101	38	42
16. Credentialing issues	160	147	160	368
17. Other	974	940	653	971
Total	**38,528**	**41,038**	**36,515**	**39,654**

Categories where two-thirds or more of the provider inquiries were reported by one MCO included:

Amerigroup

- *Authorization—New*: 99.7% of 2,715 inquiries
- *Authorization—Status*: 78% of 2,394 inquiries
- *Benefits inquiry*: 79% of 2,049 inquiries
- *Request provider materials*: 71% of 41 inquiries
- *Claim payment question/dispute*: 67.5% of 2,117 inquiries

Sunflower

- *Verify/change participation status*: 74% of 313 inquiries
- *Recoupment or negative balance*: 73% of 52 inquiries
- *Claim status inquiry*: 71% of 20,350 inquiries
- *Update demographic information*: 98% of 1,339 inquiries
- *Web support*: 71% of 42 inquiries

United Healthcare

- *Claim denial inquiry*: 80% of 3,847 inquiries

Of the 17 provider inquiry categories, seven are claims-related: *Authorization—New*, *Authorization—Status*, *Benefit Inquiry*, *Claim Denial Inquiry*, *Claim Status Inquiry*, *Claim Payment Question/Dispute*, and *Billing Inquiry*. As shown in Table 4, the range of inquiries for these seven claims-related categories varied greatly, but consistently, by MCO. For the last 6 quarters, for example, Amerigroup has reported over 98% of the provider inquiries categorized as *Authorization—New,* and Sunflower has reported 0% of the *Claim Denial* provider inquiries.

Table 4. Maximum and Minimum Numbers of Claim-Related Provider Inquiries by MCO - Q1 CY2017 to Q2 CY2018

	CY2017								CY2018			
	Q1		Q2		Q3		Q4		Q1		Q2	
	Max	Min	Max	Min	Max	Min	Max	Min	Max	Min	Max	Min
Authorization - New	1,695	0	1,546	1	1,323	1	1,324	0	1,369	0	2,706	0
Authorization - Status	1,816	134	1,741	172	1,615	267	1,367	266	1,492	97	1,857	47
Benefits Inquiry	1,550	431	1,762	441	1,441	181	1,376	107	1,847	96	1,611	95
Claim Denial Inquiry	3,070	0	3,646	0	3,114	0	2,811	0	3,190	0	3,092	0
Claim Status Inquiry	10,011	1	12,903	670	12,779	466	11,267	569	12,085	313	14,497	258
Claim Payment Question/Dispute	1,971	127	2,688	74	3,010	34	2,092	28	1,265	25	1,429	27
Billing Inquiry	241	1	217	0	182	0	146	0	155	0	218	0

Amerigroup
UnitedHealthcare
Sunflower

Combining the seven claims-related inquiries may allow a better comparison over time overall and by MCO (see Table 5). In the last 6 quarters, UnitedHealthcare's percentage of the total MCO quarterly reported claims-related provider inquiries ranged from 10.4% to 15.9%. Amerigroup's and Sunflower's quarterly percentages were much higher, which may be due to differences in tracking and reporting. (Amerigroup's 43.3% to 44.7%; Sunflower's 39.4% to 46.1%) The revised customer service inquiry template will include detailed criteria for categorizing claims.

Table 5. Combined Totals of the Seven Claims-Related Provider Inquiry Categories by MCO, Q1 CY2017 to Q2 CY2018

	CY2017				CY2018	
	Q1	Q2	Q3	Q4	Q1	Q2
Amerigroup	15,015	14,663	14,813	13,715	14,445	14,069
Sunflower	13,213	16,787	16,604	14,187	14,206	16,218
UnitedHealthcare	5,337	5,004	5,024	3,781	3,721	3,519
Total	33,565	36,454	36,441	31,683	32,372	33,806

Follow-up on Previous Recommendations (Timely Resolution of Customer Service Inquiries)

- *UnitedHealthcare should report all inquiries from each contact and not limit reporting and categorization of inquiries to one primary inquiry.*
- **Follow-up response:** The number of provider inquiries reported by UnitedHealthcare was comparable to previous quarters (approximately one-fourth as many inquiries as reported each by Amerigroup and Sunflower).
- *As the Health Homes program ended in July 2016, Sunflower should evaluate reasons for continuing to receive inquiries each month related to Health Homes or should determine if these are misclassified (potentially questions related to home health care).*
  Follow-up response: Sunflower again this quarter reported 52 customer service member inquiries related to Health Homes.
- *After implementation of the revised customer service inquiry template, the State should monitor to ensure comparable categorization of inquiries by each of the MCOs. Of particular focus should be ensuring inquiries that meet grievance or appeal criteria are being appropriately forwarded for follow-up and tracking as grievances or appeals.*
  Follow-up response: To be evaluated after implementation during Quarter 3 2018.

Recommendations (Timely Resolution of Customer Service Inquiries)

1. UnitedHealthcare should report all inquiries from each contact and not limit reporting and categorization of inquiries to one primary inquiry.
2. As the Health Homes program ended in July 2016, Sunflower should evaluate reasons for continuing to receive inquiries each month related to Health Homes or should determine if these are misclassified (potentially questions related to home health care).
3. After implementation of the revised customer service inquiry template, the State should monitor to ensure comparable categorization of inquiries by each of the MCOs. Of particular focus should be ensuring inquiries that meet grievance or appeal criteria are being appropriately forwarded for follow-up and tracking as grievances or appeals.

Timeliness of Claims Processing

Claims, including those of MCO vendors, are contractually required to process 100% of "clean" claims within 30 days; 99% of "non-clean" claims within 60 days; and 100% of all claims within 90 days, except those meeting specific exclusion criteria. Claims excluded from the measures include "*claims submitted by providers placed on prepayment review or any other type of payment suspension or delay for potential enforcement issues*" and "*any claim which cannot be processed due to outstanding questions submitted to KDHE*."

A "clean claim" is a claim that can be paid or denied with no additional intervention required and does not include the following: adjusted or corrected claims; claims that require documentation (i.e., consent forms, medical records) for processing; claims from out-of-network providers that require research and setup of that provider in the system; claims from providers where the updated rates, benefits, or policy changes were not provided by the State 30 days or more before the effective date; claims from a providers under investigation for fraud or abuse; and/or claims under review for medical necessity.

Claims received in the middle or end of a month may be processed in that month or the following month(s). Since a non-clean claim may take up to 60 days to process, a claim received in mid-March, for example, may be processed in March or may not be processed until early May and still meet contractual requirements.

Data Sources

In monthly Claims Overview reports, MCOs report the monthly number of claims received and processed, including whether these claims were processed in a timely manner as defined by the type of claim and State-specified timelines. Due to claims lag, claims processed in one month may be from that month or from a month or two prior to that month.

During KFMC's 2017 validation of MCO claims processing timeliness, the State clarified several definitions in the technical specifications for reporting clean and non-clean claims processing. In Q1 CY2018, Sunflower and UnitedHealthcare updated their monthly Claims Overview reports to reflect these clarified specifications. Amerigroup's June Claims Overview report regarding May claims included the following notes:

- "The "YTD Previous Year" information on the "Claims Contract Standard 2018" tab has been updated. In addition to the refresh of certain vendor data to address the KDHE request to re-run the 2017 tab against the updated instructions in the template, Amerigroup identified that counts in this column attributed to Amerigroup-processed claims were previously under-reported in the "Non-Clean Claims" and "All Claims" tables due to an issue with a partial IT refresh. To address this issue, Amerigroup has setup alerts to capture this issue proactively prior to report production.
- Amerigroup's Pharmacy Department is working to revise the logic of the CCS 2018 tab to address the revised KDHE criteria. The tab currently includes the prior logic. Once the revisions are complete, the tab will be re-run in future report to incorporate the updated information."

In Amerigroup's July Claims Overview report regarding June claims, they noted:

- "Historical data (including YTD previous year) in the Claims Contract Standard tab has been updated as the pharmacy component of the data now reflects the updated "first claim" logic required by KDHE."

Timeliness of Claims Processing by Claim Type and Date Received

To allow for claims lag, the KanCare Evaluation Report for Q2 CY2018 assesses timeliness of processing clean, non-clean, and all claims reports received through Q1 CY2018. See Table 6 for quarterly aggregated claims processing counts by claim type.

Clean claims:

- None of the MCOs met the contractual requirement to process 100% of clean claims within 30 days.
- 99.8% of 4,371,951 included clean claims received in Q1 CY2018 were reported by the MCOs as processed within 30 days.
- Of the 8,693 Included clean claims not processed within 30 days – 1,140 (13%) were claims received by Amerigroup; 7,468 (86%) were claims received by Sunflower; and 85 (1%) were claims received by UnitedHealthcare.
    - Sunflower reported for January, February, and March, *"…claims not processed in 30 days is higher than normal due to routing issues identified with the new routing logic effective 01/01/2018. There was also an issue where some of the claims were incorrectly locked through a logic update with the payable system which was not allowing these claims to process on a payable."*

- In Q1 CY2018, Amerigroup had 13,940 claims not processed within 30 days and reported reasons were due to unexpected volume, staff capacity, and a series of system issues. While the Q2 CY2018 number of clean claims not processed within 30 days has decreased to 1130, Amerigroup had 291 clean claims not processed within 30 days for Q4 CY2017 and 82 in Q3 CY2017.

Non-clean claims:

- In Q1 CY2018, all three MCOs met the contractual requirement of processing at least 99% of the non-clean claims within 60 days.
- 99.9% of 285,323 included non-clean claims received in Q1 CY2018 were reported by the MCOs as processed within 60 days. Of the 285,323 non-clean claims – 16% were claims received by Amerigroup; 55% were claims received by Sunflower; and 29% claims received by UnitedHealthcare.
- Of the 259 non-clean claims not processed within 60 days – 11 were claims received by Amerigroup; 239 were claims received by Sunflower; and 9 were claims received by UnitedHealthcare.

Table 6. Timeliness of Claims Processing - CY2017 to Q1 CY2018

	CY2017				CY2018
	Q1	Q2	Q3	Q4	Q1
Clean Claims					
Clean claims received in quarter	4,331,085	4,289,623	4,216,700	4,141,115	4,372,076
Number of claims excluded	242	343	362	183	125
Number of clean claims not excluded	4,330,843	4,289,280	4,216,338	4,140,932	4,371,951
Clean claims received within quarter processed within 30 days	4,328,106	4,285,879	4,214,069	4,125,063	4,363,258
Clean claims received within quarter not processed within 30 days	2,737	3,401	2,269	15,869	8,693
Percent of clean claims processed within 30 days	99.94%	99.92%	99.95%	99.62%	99.80%
Non-Clean Claims					
Non-clean claims received in quarter	230,131	166,333	181,989	198,106	285,427
Number of claims excluded	1,174	1,193	2,005	491	104
Number of non-clean claims not excluded	228,957	165,140	179,984	197,615	285,323
Non-clean claims received within quarter processed within 60 days	228,092	163,503	178,459	197,359	285,064
Non-clean claims received within quarter not processed within 60 days	865	1,637	1,545	256	259
Percent of non-clean claims processed within 60 days	99.62%	99.01%	99.15%	99.87%	99.91%
All Claims					
All claims received in quarter	4,561,216	4,455,956	4,398,689	4,339,221	4,657,503
Number of claims excluded	1,416	1,536	2,367	674	229
Number of claims not excluded	4,559,800	4,454,420	4,396,322	4,338,547	4,657,274
Number of all claims received within quarter processed within 90 days	4,559,302	4,453,939	4,396,198	4,338,003	4,656,967
Number of all claims received within quarter not processed within 90 days	498	481	124	544	307
Percent of all claims processed within 90 days	99.989%	99.989%	99.997%	99.987%	99.993%

All claims:

- 99.99% of 4,657,274 "all claims" (included) received in Q1 CY2018 were reported by the MCOs as processed within 90 days.
- Of the 307 claims not processed within 90 days – 6 were claims received by Amerigroup, 274 were claims received by Sunflower, and 27 were claims received by UnitedHealthcare.

Due to the high volume and same-day processing of pharmacy claims, questions were previously raised at KanCare legislative public meetings about the impact of pharmacy claims on the reported high percentage of clean claims processed within 30 days. To assess the impact of pharmacy claims on the clean claims processing rate, KFMC also calculates the processing rates excluding pharmacy claims (see Table 7). From Q1 2017 through Q1 2018 the rate of clean claims processing within 30 days decreased by 0.03 to 0.21 percentage points when excluding pharmacy claims. Over the past five quarters, the clean claims processing rate excluding pharmacy claims has ranged from 99.41% to 99.92%.

Table 7. Timeliness of Clean Claims Processing - Q1 CY2017 to Q1 CY2018, Excluding Prescriptions

	CY2017				CY2018
	Q1	Q2	Q3	Q4	Q1
Clean claims received in quarter	4,331,085	4,289,623	4,216,700	4,141,115	4,372,076
Number of pharmacy claims (excluded)	1,790,595	1,722,540	1,445,711	1,456,248	1,586,923
Number of other claims excluded	242	343	362	183	125
Number of clean claims not excluded	2,540,248	2,566,740	2,770,627	2,684,684	2,785,028
Clean claims (not excluded) processed within 30 days	2,537,511	2,563,339	2,768,358	2,668,815	2,776,335
Clean claims not processed within 30 days	2,737	3,401	2,269	15,869	8,693
Percent of clean claims processed within 30 days (excluding pharmacy)	99.89%	99.87%	99.92%	99.41%	99.69%
Percent of clean claims processed within 30 days (including pharmacy)	*99.94%*	*99.92%*	*99.95%*	*99.62%*	*99.80%*

Follow-up on Previous Recommendations (Timeliness of Claims Processing by Claim Type and Date Received)

- *Amerigroup should update their monthly claims processing reports for 2017, and all three MCOs should update their annual totals for 2016, to reflect the criteria used by all three MCOs (and their vendors) as revised during the validation of P4P claims metrics, adapted to meet contractual timeliness standards for clean claims (30 days), non-clean claims (60 days), and all claims (90 days).*
  Follow-up response: In Q2 CY2018, Amerigroup updated their monthly claims processing reports for 2017 forward. It does not appear that the MCOs have updated their corresponding totals for 2016.

Recommendations (Timeliness of Claims Processing by Claim Type and Date Received)

1. All MCOs should evaluate the claims that were not processed within the timeliness requirements to determine possible actions to take for improvement. Continue to provide notes regarding rationale for changes in rates and plans for improvement.
2. All three MCOs should update their annual totals for 2016, to reflect the criteria used by all three MCOs (and their vendors) as revised during the validation of P4P claims metrics, adapted to meet contractual timeliness standards for clean claims (30 days), non-clean claims (60 days), and all claims (90 days).

Average Turnaround Time (TAT) for Processing Clean Claims

As indicated in Table 8, the MCOs reported 4,237,786 clean claims were processed in Q2 CY2018 (includes claims received prior to Q2). Excluding 1,470,636 pharmacy claims (processed same-day), there were 2,767,150 clean claims processed in Q2.

Of the 2,767,150 clean claims processed in Q2 CY2018 (excluding 1,470,636 pharmacy claims), the average TAT was 6.4–10.3 days. The average TAT for processing clean claims for individual service types varies by service type and by MCO.

- Average monthly ranges were widest in Q2 for Vision claims (4.0-15.0 days); Dental (6.0 – 14.0 days); HCBS (7.5 – 15.2 days); and Behavioral Health (4.8 – 10.7).
- The average monthly ranges were longest in Q2 for Hospital Inpatient claims (12.0 – 16.0 days).

Table 8. Average Monthly Turnaround Time Ranges for Processing Clean Claims, by Service Category - Comparison of Current and Previous Quarter and Annual Monthly Ranges*

Service Category	Current and Previous Quarter		Annual Monthly Ranges			
	Q1 CY2018	Q2 CY2018	CY2014	CY2015	CY2016	CY2017
Hospital Inpatient	10.4 to 14.3	12.0 to 16.0	5.0 to 19.2	6.4 to 15.9	7.1 to 18.4	6.0 to 15.6
Hospital Outpatient	5.8 to 10.6	5.8 to 11.4	3.6 to 12.8	3.5 to 10.8	4.0 to 12.9	4.5 to 10.1
Pharmacy	same day	same day	same day	same day	same day	same day
Dental	6.0 to 13.0	6.0 to 14.0	2.0 to 21.0	4.0 to 13.1	6.0 to 13.0	6.0 to 13.0
Vision	4.0 to 17.1	4.0 to 15.0	7.0 to 12.5	9.0 to 12.5	7.0 to 12.7	5.0 to 15.1
Non-Emergency Transportation	10.7 to 13.0	10.9 to 13.0	10.9 to 18	10.4 to 16	9.0 to 14.4	10.9 to 14.0
Medical (Physical health not otherwise specified)	6.5 to 10.0	5.6 to 10.2	3.3 to 10.6	3.4 to 10.5	4.2 to 10.7	4.7 to 9.8
Nursing Facilities	5.8 to 8.7	5.8 to 10.1	4.3 to 11.5	4.1 to 9.7	4.6 to 9.0	4.3 to 10.5
HCBS	7.1 to 19.4	7.5 to 15.2	3.2 to 15.6	4.1 to 10.2	5.7 to 10.8	5.7 to 12.2
Behavioral Health	4.9 to 14.9	4.8 to 10.7	3.4 to 8.6	2.7 to 10.5	4.1 to 11.7	3.8 to 9.9
Total Claims (Including Pharmacy)	4,408,439	4,237,786	16,763,501	17,820,402	17,820,402	17,302,422
Total Claims (Excluding Pharmacy)	2,821,516	2,767,150	10,370,998	10,999,807	10,999,807	10,887,328
Average TAT (Excluding Pharmacy)^	**7.1 to 10.8**	**6.4 to 10.3**	**4.3 to 11.5**	**4.3 to 10.3**	**5.0 to 10.6**	**5.3 to 9.9**

*The average TAT monthly ranges reported in Table 8 only include clean claims processed by the MCOs and do not include clean claims received but not yet processed.
^Average TATs are weighted averages calculated after excluding pharmacy claims.

The widest average monthly ranges in Q2 by MCO were

- **HCBS** – Average monthly TATs for HCBS clean claims decreased in Q2 after having the widest range to date in Q1. Amerigroup's TATs in Q2 were 8.6–15.2 days, compared to 8.9–9.8 days for Sunflower and 7.5–8.0 days for UnitedHealthcare.
- **Behavioral Health** –Amerigroup had the shortest average TATs (4.8–5.7 days) and Sunflower the longest average TATs (10.2–10.7 days). UnitedHealthcare's average TATs were 9.1–9.4 days.
- **Vision** – Average monthly TATs for Vision claims had the widest range for Q2 among the service categories. The TATs ranged from 4.0–5.0 days for Amerigroup, 13.0–15.0 days for Sunflower, and 10.7–14.2 days for UnitedHealthcare.
- **Dental** –Sunflower's TAT was the shortest average among the three MCOs, consistent with Q1, and ranged from 6.0–7.0 in Q2.

Grievances

Data Sources

Grievances are reported and tracked on a quarterly basis by MCOs in the Grievance and Appeal (GAR) report. The report tracks the number of grievances received in the quarter, the number of grievances closed in the quarter, the number of grievances resolved within 30 business days, and the number of grievances resolved within 60 business days. The GAR report also provides detailed descriptions of each grievance resolved, including narratives of grievance descriptions and resolution, category type, date received, Medicaid ID, waiver type, and number of business days to resolve.

Timeliness of Grievance Resolution

Quarterly tracking and reporting of timely resolution of grievances in the KanCare Evaluation are based on the MCOs' contractual requirements to resolve 98% of all grievances within 30 business days and 100% of all grievances within 60 business days (via an extension request). The number of grievances reported as resolved in a quarter includes some grievances from the previous quarter. As a result, the number of grievances reported as "received" each quarter does not (and is not expected to) equal the number of grievances "resolved" during the quarter (see Table 9). Of the 566 grievances resolved in Q2 CY2018, 133 (23%) were reported by Amerigroup, 190 (34%) by Sunflower, and 243 (43%) by UnitedHealthcare.

Table 9. Timeliness of Resolution of Grievances - Q1 CY2017 to Q2 CY2018

	CY2017				CY2018	
	Q1	Q2	Q3	Q4	Q1	Q2
Grievances received in quarter	412	458	541	506	516	599
Grievances resolved in quarter*	412	447	546	507	498	566
Grievances resolved within 30 business days*	410	441	543	498	486	564
Percent resolved within 30 business days	99.5%	98.7%	99.5%	98.2%	97.6%	99.6%
Grievances not resolved within 30 business days	2	6	3	9	12	2
Grievances resolved within 60 business days*	412	446	546	505	488	565
Percent resolved within 60 business days*	100%	99.8%	100.0%	99.6%	98.0%	99.8%
Grievances closed in quarter not resolved in 60 business days*	0	1	0	2	10	1

*Grievances resolved in the quarter include grievances received in the previous quarter.

In Q2 CY2018, 99.6% (564) of the 566 grievances reported by the MCOs were reported as resolved within 30 business days. The number of grievances not resolved within 60 days for Q1 CY2018 was the highest in five years (10); however, in Q2 CY2018 only 1 grievance was reported not resolved within 60 days.

- Amerigroup – resolved 100% of grievances (133) within 30 days
- Sunflower
  - Resolved 188 of 190 (98.9%) grievances within 30 days
  - Of the two grievances not resolved within 30 days one was resolved in 43 days and the second one in 292 days.
- UnitedHealthcare – resolved 100% of grievances (243) within 30 days

Compare/Track the Number of Grievances, Including Access-Related and Quality-Related Grievances, Over Time, by Population Categories

All Grievances

In March 2018, KDHE staff updated the grievance report template and provided follow-up training to MCO staff to clarify criteria for each grievance and appeal category. The updated template includes new categories and updated descriptions. The two new grievance reason categories, *Non-Covered Services* and *MCO Determined Not Applicable,* have been added to the GARs in Q2 CY2018.

During KDHE and KFMC discussions regarding the Q2 MCOs' categorization of grievance reasons, it was noted that a new category regarding *Pain Medication* may be warranted. Potential additional examples and definition clarifications to be added included: clarification and additional examples regarding the term "provider/clinical staff" in the *Quality of Care (HCBS and non-HCBS)* and *Access to Service or Care* categories (e.g., to include nurses, radiologists, anyone involved in direct provision of care etc.); addition of "pharmacist behavior" in the Pharmacy Issues category. KDHE will be further discussing these potential changes to the grievance template.

With increased KDHE staff review and input, there has been noticeable progress in reporting of grievances and appeals. In Q2, 19% (112) of the grievances appeared to be categorized incorrectly (based on grievance descriptions and resolution details). See Table 10 for the number of reclassifications within each grievance reason category. In the comparison of grievances between "as categorized by MCOs" and "based on grievance descriptions," the two categories with the most changes were "Transportation - Other" (22) and "Quality of Care (non-HCBS) (16). One grievance was recategorized as an appeal.

Transportation-related grievances continued to be the most frequently reported grievances – 256 (44%) in Q2 CY2018. Of the

Table 10. Comparison of Grievances as Categorized by MCOs and Based on Grievance Descriptions Q2 CY2018*

	As Categorized by MCOs	Based on Grievance Descriptions
Billing and Financial Issues	92	100
Access to Service or Care	43	30
Quality of Care (non-HCBS)	79	95
Quality of Care - HCBS	10	19
Customer Service	59	45
Pharmacy Issues	19	16
Member's Rights/Dignity	9	9
Value-Added Benefit	7	4
Transportation - Other	61	83
Transportation - Reimbursement	28	27
Transportation Safety	37	39
Transportation No Show	33	37
Transportation Late	65	68
Transportation No Driver Available	4	2
Other	14	4
Non-Covered Services	5	6
Not Applicable	1	1
*Appeals^*		*1*
Total	566	585

*Includes grievances received in Quarter 1 CY2018 resolved in Quarter 2 CY2018
^Appeals are not included in total counts.

256 transportation-related grievances, 56 (22%) were reported by Amerigroup, 93 (36%) were reported by Sunflower, and 107 (42%) were reported by UnitedHealthcare. The number of *Transportation - No Show* and *Transportation - Late* grievances continued to be high, with 37 "*No Show*" grievances, 2 "*No Driver Available*" grievances, and 68 "*Late*" grievances in Q2. Also of concern is the number of *Transportation – Safety* grievances, 24 in Q1 and 39 in Q2. The State requires the MCOs to send monthly NEMT reports, in addition to quarterly reports, to promote quicker follow-up and resolution of transportation-related issues.

Of 585 grievances in Q2 (based on grievance descriptions), 218 (37%) were from members receiving waiver services; 367 grievances (63%) were from members not receiving waiver services (see Table 11). The majority (61%) of grievances from Waiver members were from members receiving PD Waiver services; 14% were from members receiving FE services; and 11% were from members receiving I/DD waiver services. There were a total of 114 (19%) QOC grievances (non-HCBS and HCBS); 37 (32%) of these were reported by Waiver members. Of the 30 *Access to Service or Care grievances*, one third were Waiver members.

Table 11. Grievances Reported by Waiver/non-Waiver Members Resolved in Q2 CY2018*

	Waiver Members								Non-Waiver
	FE	I/DD	PD	SED	TA	TBI	Autism	Grievances	Grievances
Access to Service or Care	0	4	3	1	0	2	0	10	20
Billing and Financial Issues	4	6	5	2	3	2	0	22	78
Customer Service	2	3	8	1	0	1	0	15	30
Member's Rights/Dignity	1	1	1	0	0	0	0	3	6
Non-Covered Service	0	0	0	0	0	0	0	0	6
Other	0	0	1	1	0	0	0	2	2
Pharmacy Issues	0	0	0	0	0	0	0	0	16
Quality of Care - HCBS	4	5	6	1	0	0	1	17	2
Quality of Care (non-HCBS)	4	1	12	3	0	0	0	20	75
Transportation - Reimbursement	0	1	7	4	1	1	0	14	13
Transportation No Show	0	0	25	0	0	0	0	25	12
Transportation Late	7	2	27	3	0	1	0	40	28
Transportation Safety	3	1	11	0	0	0	0	15	24
Transportation No Driver Available	1	0	0	0	0	0	0	1	1
Transportation - Other	4	1	24	1	0	1	0	31	52
Value-Added Benefit	0	0	3	0	0	0	0	3	1
MCO Determined Not Applicable	0	0	0	0	0	0	0	0	1
Total	30	25	133	17	4	8	1	218	367

*Counts are based on MCO grievance descriptions.

As shown in Table 12, the percentage of transportation-related grievances was higher among waiver members in the last four quarters (44%–58%) compared to members not receiving waiver services (35%–39%).

Table 12. Percentage of Transportation-Related Grievances Resolved in Q3 CY2017 to Q2 CY2018, by Waiver/non-Waiver

	# Total Grievances				% Transportation Related			
	2017		2018		2017		2018	
	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2
Waiver Member Grievances	199	191	189	218 *	47%	47%	44%	58%
Non- Waiver Member Grievances	352	336	333	367	39%	38%	37%	35%
All Member Grievances	552	529	522	585	42%	41%	40%	44%
Physical Disability (PD)	114	103	96	133	52%	57%	60%	71%
Frail Elderly (FE)	33	29	34	30	58%	50%	38%	50%
Intellectual/Developmental Disability (I/DD)	26	26	26	25	31%	23%	12%	20%
Traumatic Brain Injury (TBI)	10	10	10	8	60%	30%	20%	38%
Serious Emotional Disturbance (SED)	10	18	10	17	10%	39%	40%	47%
Technology Assisted (TA)	6	5	13	4	17%	20%	23%	25%

*1 Autism Waiver grievance is not transportation related, and therefore is not included in the grievances by waiver; it is counted in the number of waiver member grievances.

In Q2, of the 218 grievances reported by waiver members, 126 (58%) were transportation-related.

- Physical Disability (PD) Waiver members – of the 133 grievances, 94 were transportation-related; 23% of the 585 total grievances reported in Q2 were from PD Waiver members.
- Frail Elderly (FE) Waiver members – of the 30 grievances, 15 were transportation-related.
- Intellectual/Developmental Disability (I/DD) Waiver members – of the 25 grievances, 5 were transportation-related.
- Serious Emotional Disturbance (SED) Waiver members – of the 17 grievances, 8 were transportation-related.
- Traumatic Brain Injury (TBI) Waiver members – of the 8 grievances, 3 were transportation-related.
- Technology Assistance (TA) Waiver members – of the 4 grievances, 1 was transportation-related.

Follow-up on Previous Recommendations (Grievances)

- *The State should continue to require MCOs to report QOC grievances separately for HCBS-related services and for QOC grievances not related to HCBS. MCOs should ensure each quarterly Grievance Report identifies accurately and completely all members receiving HCBS Waiver services.*
  Follow-up response: Q2 reporting included QOC grievances categorized separately for HCBS-related services and for QOC grievances not related to HCBS.
- *The State should consider developing a hierarchy of priority categories where one grievance meets criteria for two grievance categories.*
  Follow-up response: Currently, if one grievance call includes two grievance categories, both categories are included in the counts.
- *MCOs and the State should compare Customer Service Reports and Grievance Reports each quarter to assess whether customer service inquiries counts for Expression of dissatisfaction are relatively comparable to the number of grievances reported.*
  Follow-up response: KDHE has removed this category beginning in July 2018, is adding a category *Expression of dissatisfaction*, has updated category descriptions, and is working with MCO staff to ensure inquiries meeting grievance criteria receive appropriate follow-up. These changes will be reflected in the Q3CY2018 KanCare Evaluation report.

Recommendations (Grievances)

1. MCOs and the State should compare Customer Service Reports and Grievance Reports each quarter to assess whether customer service inquiries counts for Expression of dissatisfaction are relatively comparable to the number of grievances reported.
2. MCOs should continue to report QOC grievances separately for HCBS-related *services* and for QOC grievances not related to HCBS *services*. Provide additional staff training as needed.
3. *Starting in Q3 CY2018, MCOs and the State should compare Customer Service Reports and Grievance Reports each quarter to assess whether customer service inquiries counts for Expression of dissatisfaction are relatively comparable to the number of grievances reported.*

Ombudsman's Office

- ***Track the Number and Type of Assistance Provided by the Ombudsman's Office.***
- ***Evaluate Trends Regarding Types of Questions and Grievances Submitted to the Ombudsman's Office.***

Data Sources

The primary data source in Q2 CY2018 is the quarterly KanCare Ombudsman Quarterly Report.

Current Quarter and Trend over Time

Ombudsman Office assistance is provided by the Ombudsman (Kerrie Bacon), a Volunteer Coordinator, a Project Coordinator, and trained volunteers at satellite offices. The Ombudsman's Office is located in Topeka, with satellite offices in Wichita (Sedgwick County) and Olathe (Johnson County). Assistance is provided by phone and in person (by appointment), including assistance completing Medicaid applications.

Volunteer assistance has been a critical factor in helping meet the high demand for assistance. The Olathe and Wichita satellite offices now each have four volunteers. The Olathe satellite office increased the number of weekly covered hours from 9 to 16, adding availability on Mondays; office hours are available over four weekdays. The Wichita office added four hours to their weekly coverage, for a total of 18 hours over four weekdays. The Ombudsman noted that three additional people are in the volunteer training program.

Information (as well as volunteer applications) is available on the Ombudsman's Office website, www.KanCare.ks.gov/kancare-ombudsman-office and is provided to members by mail and email as-needed. A wide variety of resources are available on the KanCare Ombudsman website, including forms, fact sheets, application and documentation checklists, information on where to find additional assistance, information on applying for eligibility and renewal, and grievance and appeal process.

As delineated in the CMS Kansas Special Terms and Conditions (STC), revised in January 2014, the Ombudsman's Office data to be tracked include date of incoming requests (and date of any change in status); contact method; the volume and types of requests for assistance; the time required to receive assistance from the Ombudsman (from initial request to resolution); the issue(s) presented in requests for assistance; the health plan involved in the request, if any; the geographic area of the beneficiary's residence; waiver authority if applicable (I/DD, PD, etc.); current status of the request for assistance, including actions taken by the Ombudsman; and the number and type of education and outreach events conducted by the Ombudsman.

The Ombudsman reported they are completing tracking system updates to allow them to track timeliness of issue resolution by entity (Managed Care Organizations/MCO, Clearinghouse, Kansas Department on Aging and Disability Services/KDADS, Kansas Department for Health and Environment/KDHE, etc.). It is anticipated the updates will be completed and tracking will begin in fourth quarter 2018. In Q2 2018, the overall average days to close/resolve an issue was ten days, with 61% of issues resolved in 0-2 days.

The Ombudsman's Office also reports contact issues by waiver-related type. As shown in Table 13, there were 91 waiver-related contacts in Q2 2018, 43 MCO-related. The three most frequent waiver-related issues in Q2 were related to the PD Waiver (27), I/DD Waiver (26), and FE Waiver (22). The number and percentage of MCO-related inquiries was lower in Q2 CY2018 (43) compared to Q2 CY2017 (60).

Table 13. Waiver-Related Inquiries to Ombudsman - Q2 CY2016 to CY2018

Waiver	Q2					
	2016		2017		2018	
	All	MCO-related	All	MCO-related	All	MCO-related
Intellectual/Developmental Disability	27	15	28	8	26	9
Physical Disability	22	15	37	20	27	16
Technology Assisted	9	5	10	7	3	2
Frail Elderly	19	10	27	14	22	9
Traumatic Brain Injury	3	3	8	5	10	6
Serious Emotional Disturbance	0	0	4	4	2	1
Autism	2	1	2	2	1	0
Total	**82**	**49**	**116**	**60**	**91**	**43**

The number of initial contacts has increased annually over time, with an average of 523 in CY2014 and an average of 1,136 in the first two quarters of CY2018. Since some contacts include more than one issue, the Ombudsman's Office tracks the number of certain issues addressed during contacts, including the number of issues that are MCO-related (see Table 14). The most frequently reported MCO-related issues quarterly to date have been *Medicaid Eligibility Issues,* HCBS-related issues, and Client Obligation & Spenddown Issues.

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Table 14. MCO-Related Issues Tracked by Ombudsman's Office - Q1 & Q2, CY2017 and CY2018

	CY2017				CY2018			
	Q1		Q2		Q1		Q2	
	All	MCO Related	All	MCO Related	All	MCO Related	All	MCO Related
Medicaid Eligibility Issues	237	**29**	177	**20**	208	**30**	212	**38**
Medicaid Info (status) update	^	^	^	^	210	**22**	215	**22**
Medicaid Renewal	29	**11**	43	**13**	103	**18**	57	**18**
Medicaid General Issues/Questions	^	^	^	^	62	**17**	181	**26**
Medicaid Application Assistance	45	**1**	55	**1**	185	**9**	134	**10**
HCBS - Total	92	**43**	95	**47**	93	**46**	65	**26**
HCBS General Issues	*33*	*18*	*34*	*20*	*36*	*20*	*33*	*13*
HCBS Eligibility Issues	*46*	*18*	*50*	*23*	*46*	*19*	*26*	*11*
HCBS Reduction in Hours of Service	*7*	*5*	*2*	*1*	*7*	*7*	*2*	*1*
HCBS Waiting List	*6*	*2*	*9*	*3*	*4*	*0*	*4*	*1*
Appeal/Fair Hearing questions/issues	^	^	^	^	45	**6**	25	**7**
Grievances Questions/Issues	36	**18**	33	**15**	28	**8**	34	**13**
Billing	21	**7**	33	**18**	40	**21**	26	**16**
Client Obligation & Spenddown Issues	35	**10**	68	**24**	81	**28**	65	**27**
Coding Issues	3	**2**	0	**0**	32	**14**	8	**4**
Transportation	8	**7**	9	**6**	16	**11**	10	**5**
Medical Services	20	**13**	20	**13**	23	**10**	27	**15**
Care Coordinator Issues	5	**5**	11	**7**	10	**9**	11	**10**
Change MCO & Choice Info on MCO	3	**3**	1	**1**	15	**12**	10	**7**
Medicare-related issues	^	^	^	^	36	**7**	39	**9**
Pharmacy	11	**5**	9	**6**	16	**7**	1	**1**
Dental	7	**1**	9	**4**	10	**6**	9	**2**
Notice not received	^	^	^	^	16	**3**	4	**1**
Abuse/neglect complaints	^	^	^	^	10	**3**	10	**5**
Social Security Issues	^	^	^	^	9	**2**	13	**1**
Nursing Facility Issues	40	**5**	26	**7**	21	**2**	18	**4**
Housing Issues	4	**1**	6	**2**	7	**2**	7	**1**
Access to Providers	14	**11**	14	**12**	2	**2**	2	**1**
Moving to/from Kansas	5	**1**	7	**1**	16	**2**	13	**0**
Background Checks	^	^	^	^	4	**2**	0	**0**
Durable Medical Equipment	2	**2**	9	**5**	1	**1**	4	**2**
Help Understanding Mail	^	^	^	^	4	**1**	15	**6**
Prior Authorization Issues	^	^	^	^	1	**1**	2	**1**
Other	280	**47**	323	**56**	239	**38**	161	**26**
Total Issues - All & MCO-Related*	**897**	**222**	**948**	**258**	**1543**	**340**	**1378**	**304**
% MCO-Related*		**0**		**0**		**0**		**0**

^Category added at a later date

*Excludes in Q2: Unspecified (72; 3 MCO-related), Thank You (490; 104 MCO-related), and categories with no MCO-related issues (Estate Recovery - 4 and Data Requests - 2)

Conclusions Summary (Quarter 2, 2018)

Timely Resolution of Customer Service Inquiries

- The number of member and provider customer service inquiries reported in Q2 has decreased each year.
- The MCOs met the contractual requirements of two and five business day inquiry resolution:
  - 95% within 2 business days - member inquiries: 98.79%; provider inquiries: 99.98%
  - 98% within 5 business days - member inquiries: 99.71%; provider inquiries: 99.98%.
- The requirement for 100% inquiry resolution within 15 business days was overall not met, at 99.99% resolution. Sunflower and Amerigroup fully met the requirement. UnitedHealthcare reported 99.93% of member inquiries and 99.95% of provider inquiries were resolved within 15 days; 22 inquiries from members and 2 provider inquiries in Q2 CY2018 were reported as not resolved within 15 business days.
- Over 99% of the member inquiries not resolved within 2 days in Q2 CY2018, and 100% of those not resolved within 5 days and 15 days, were inquiries reported by UnitedHealthcare.
- The criteria used by the MCOs to categorize member and provider inquiries continue to vary by MCO. As a result, aggregated data for certain categories are more representative of only one of the MCOs rather than all three. It is anticipated KDHE's revised reporting template will be implemented in Q3, CY2018.
- Member customer service inquiries
  - Of the 77,507 customer service inquiries from members in Q2 CY2018, 21% were reported by Amerigroup, 39% by Sunflower, and 40% by UnitedHealthcare.
  - Benefit inquiries were the highest percentage (22.4%) of member inquiries in Q2.
  - Sunflower continued to report receiving inquiries related to Health Homes (52 in Q2) despite the program's discontinuance in July 2016.
  - The category *Concern with access to service or care; or concern with service or care disruption* seems to potentially describe contacts tracked as grievances or appeals in the State's quarterly GAR reports. To address this, KDHE has removed this category beginning in July 2018, is adding a category *Expression of dissatisfaction*, has updated category descriptions, and is working with MCO staff to ensure inquiries meeting grievance criteria receive appropriate follow-up. It is anticipated these changes will be reflected in the Q3 CY2018 KanCare Evaluation Report.
- Provider customer service inquiries
  - Of the 39,654 provider inquiries received by MCOs in Q2 CY2018, Amerigroup reported 40%, Sunflower 51%, and UnitedHealthcare 9%.
  - Claim status inquiries were again the highest percentage (51.3%) of provider inquiries.
  - The Q2 CY2018 percent of claim denial inquiries (9.7%) and claim payment question/dispute inquiries (5.3%) decreased from the average percent of these inquiries (12.7% and 8.9% respectively) over the past four quarters.
  - Of the 17 provider inquiry categories, seven are focused on claims; the range of inquiries for each of the seven varied greatly by MCO. The combined total number of inquiries for these seven categories may allow better comparison of overall claims-related inquiries.

Timeliness of Claims Processing

Timeliness of meeting contractual requirements for processing clean claims within 30 days, non-clean claims within 60 days, and all claims within 90 days

- For claims received in Q1 CY2018, none of the MCOs met the contractual requirement to process 100% of clean claims within 30 days. Of 4,371,951 included clean claims, 99.8% were processed within 30 days.
- Of the 8,693 included clean claims not processed within 30 days – 1130 (13%) were Amerigroup claims; 7476 (86%) were Sunflower claims; and 87 (1%) were UnitedHealthcare claims.
    - Sunflower reported for January, February, and March, *"…claims not processed in 30 days is higher than normal due to routing issues identified with the new routing logic effective 01/01/2018. There was also an issue where some of the claims were incorrectly locked through a logic update with the payable system which was not allowing these claims to process on a payable."*
    - In Q1 CY2018, Amerigroup had 13,940 claims not processed within 30 days and reported reasons were due to unexpected volume, staff capacity, and a series of system issues. While the Q2 CY2018 number of clean claims not processed within 30 days has decreased to 1130, Amerigroup had 291 clean claims not processed within 30 days for Q4 CY2017 and 82 in Q3 CY2017.
- All three MCOs met the contractual requirement of processing at least 99% of the included non-clean claims within 60 days.
- 99.99% of 4,657,274 included "all claims" received in Q1 CY2018 were reported by the MCOs as processed within 90 days. Of the 307 claims not processed within 90 days – 6 were Amerigroup claims; 274 were Sunflower claims; and 27 were UnitedHealthcare claims.
- To assess the impact of pharmacy claims on the clean claims processing rate, KFMC calculated processing rates excluding pharmacy claims. Over the past five quarters, the rate of clean claims processing within 30 days, excluding pharmacy claims, has ranged from 99.41% to 99.92%.

Turnaround time (TAT) ranges for processing clean claims

- Of the 2,767,150 clean claims processed in Q2 CY2018 (excluding 1,470,636 pharmacy claims), the average TAT was 6.4–10.3 days.

- The average TAT for processing clean claims for individual service types varies by service type and by MCO.
    - Average monthly ranges were widest in Q2 for Vision claims (4.0-15.0 days); Dental (6.0 – 14.0 days); HCBS (7.5 – 15.2 days) and Behavioral Health (4.8 – 10.7).
    - The average monthly ranges were longest in Q2 for Hospital Inpatient claims (12.0 – 16.0 days).

Grievances

- Of the grievances resolved in Q2 CY2018, 133 (23%) were reported by Amerigroup, 190 (34%) by Sunflower, and 243 (43%) by UnitedHealthcare.
- In Q2 CY2018, 99.6% (564) of the 566 grievances reported by the MCOs were reported as resolved within 30 business days. The number of grievances not resolved within 60 days for Q1 CY2018 was the highest in five years (10); however, in Q2 CY2018 only 1 grievance was reported not resolved within 60 days.

- UnitedHealthcare and Amerigroup resolved 100% of grievances (243 and 133 respectively) within 30 days. Sunflower resolved 98.9% (188) grievances within 30 days; of the two grievances not resolved within 30 days, one was resolved in 43 days and the second one in 292 days.
- In Q2, 19% (112) of the grievances appeared to be categorized incorrectly (based on grievance descriptions and resolution details). The two categories with the most changes were "Transportation - Other" (22) and "Quality of Care (non-HCBS) (16). One grievance was recategorized as an appeal. KDHE continues to provide clarification and guidance to the MCOs regarding grievance reason categorization.
- Transportation-related grievances continued to be the most frequently reported grievances – 256 (44%) in Q2 CY2018. Of the 218 grievances reported by waiver members, 126 (58%) were transportation-related. The State requires the MCOs to send monthly NEMT reports, in addition to quarterly reports, to promote quicker follow-up and resolution of transportation-related issues.
- Of 585 grievances in Q2 (based on grievance descriptions), 218 (37.3%) were from members receiving waiver services. The majority (61%) of grievances from Waiver Members were from members receiving PD Waiver services; 14% were from members receiving FE services; and 11% were from members receiving I/DD waiver services.

Ombudsman's Office

- Ombudsman's Office assistance is available at the main office in Topeka, two satellite offices (Wichita and Olathe), and on the Ombudsman's Office website.
- Each satellite office now has four volunteers and three additional people are completing volunteer training. Office hours have increased, with Olathe now offering 16 hours over four days and the Wichita office offering 18 hours over four days.
- The number of initial contacts has increased annually over time, with an average of 523 in CY2014 and an average of 1,136 in the first two quarters of CY2018.
- The most frequently reported MCO-related issues quarterly to date have been *Medicaid Eligibility Issues, HCBS-related issues*, and *Client Obligation & Spenddown Issues*.
- The three most frequent waiver-related issues in Q2 were related to the PD Waiver (27), I/DD Waiver (26), and FE Waiver (22).

Recommendations Summary

Timely Resolution of Customer Service Inquiries

1. UnitedHealthcare should report all inquiries from each contact and not limit reporting and categorization of inquiries to one primary inquiry. They should also review the reasons for not meeting the requirement for 100% inquiry resolution within 15 business days to determine opportunities for process improvement.
2. As the Health Homes program ended in July 2016, Sunflower should evaluate reasons for continuing to receive inquiries each month related to Health Homes or should determine if these are misclassified (potentially questions related to home health care).
3. After implementation of the revised customer service inquiry template, the State should monitor to ensure comparable categorization of inquiries by each of the MCOs. Of particular focus should be ensuring inquiries that meet grievance or appeal criteria are being appropriately forwarded for follow-up and tracking as grievances or appeals.

Timeliness of Claims Processing by Claim Type and Date Received

1. All MCOs should evaluate the claims that were not processed within the timeliness requirements to determine possible actions to take for improvement. Continue to provide notes regarding rationale for changes in rates and plans for improvement.
2. The three MCOs should update their annual totals for 2016, to reflect the criteria used by all three MCOs (and their vendors) as revised during the validation of P4P claims metrics, adapted to meet contractual timeliness standards for clean claims (30 days), non-clean claims (60 days), and all claims (90 days).

Grievances

1. MCOs and the State should compare Customer Service Reports and Grievance Reports each quarter to assess whether customer service inquiries counts for Expression of dissatisfaction are relatively comparable to the number of grievances reported.
2. MCOs should continue to report QOC grievances separately for HCBS-related *services* and for QOC grievances not related to HCBS *services*. Provide additional staff training as needed.
3. *Starting in Q3 CY2018, MCOs and the State should compare Customer Service Reports and Grievance Reports each quarter to assess whether customer service inquiries counts for Expression of dissatisfaction are relatively comparable to the number of grievances reported.*

KDHE Summary of Claims Adjudication Statistics –

January through June 2018 – KanCare MCOs

AMERIGROUP Service Type	Total claim count - YTD cumulative	total claim count $ value YTD cumulative	# claims denied – YTD cumulative	$ value of claims denied YTD cumulative	% claims denied – YTD cumulative
Hospital Inpatient	18,080	$829,725,240.04	2,846	$178,085,735.54	15.74%
Hospital Outpatient	167,527	$461,567,433.40	19,738	$51,477,987.69	11.78%
Pharmacy	990,427	$79,770,171.33	292,502	Not Applicable	29.53%
Dental	69,213	$20,723,192.16	7,069	$2,478,966.86	10.21%
Vision	38,432	$10,951,538.09	5,332	$1,731,948.44	13.87%
NEMT	67,815	$2,654,531.62	305	$17,764.20	0.45%
Medical (physical health not otherwise specified)	969,348	$538,405,739.40	119,874	$81,363,233.22	12.37%
Nursing Facilities-Total	43,796	$118,717,108.98	4,393	$13,949,528.84	10.03%
HCBS	149,697	$95,180,478.27	8,309	$8,419,787.68	5.55%
Behavioral Health	295,183	$41,404,741.62	22,538	$3,181,433.43	7.64%
Total All Services	2,809,518	$2,199,100,174.91	482,906	$340,706,385.90	17.19%

SUNFLOWER Service Type	Total claim count - YTD cumulative	total claim count $ value YTD cumulative	# claims denied – YTD cumulative	$ value of claims denied YTD cumulative	% claims denied – YTD cumulative
Hospital Inpatient	18,273	$789,994,765	4,324	$206,963,426	23.66%
Hospital Outpatient	168,215	$444,618,171	21,174	$72,921,867	12.59%
Pharmacy	1,135,685	$140,999,448.04	414,531	$76,029,267.34	36.50%
Dental	76,353	$21,601,703.99	7,318	$1,624,036.87	9.58%
Vision	51,084	$13,120,527.56	8,200	$2,193,270.98	16.05%
	79,721	$2,231,654.12	1,494	$36,765.96	1.87%
NEMT	841,167	$453,145,170	118,496	$85,348,289	14.09%
Medical (physical health not otherwise specified)	64,381	$146,947,641	5,051	$18,502,815	7.85%
Nursing Facilities-Total	281,591	$151,852,690	14,604	$8,148,866	5.19%
HCBS	407,110	$64,873,147	35,880	$6,495,003	8.81%
Behavioral Health	3,123,580	$2,229,384,918	631,072	$478,263,607	20.20%
Total All Services	18,273	$789,994,765	4,324	$206,963,426	23.66%

UNITED Service Type	Total claim count - YTD cumulative	total claim count $ value YTD cumulative	# claims denied – YTD cumulative	$ value of claims denied YTD cumulative	% claims denied – YTD cumulative
Hospital Inpatient	14,146	$586,867,691.31	3,186	$148,519,844.98	22.52%
Hospital Outpatient	162,696	$456,329,921.30	30,999	$93,440,256.12	19.05%
Pharmacy	931,447	$145,234,035.21	239,426	$80,821,327.40	25.70%
Dental	75,060	$22,498,922.02	9,835	$3,482,979.63	13.10%
Vision	40,732	$9,539,052.91	7,709	$1,745,852.33	18.93%
NEMT	2,053	$467,441.32	1,206	$304,973.85	58.74%
Medical (physical health not otherwise specified)	83,137	$2,277,920.89	914	$28,232.77	1.10%
Nursing Facilities-Total	837,135	$443,962,814.72	140,771	$101,916,973.85	16.82%
HCBS	39,562	$109,520,832.70	5,469	$15,309,106.83	13.82%
Behavioral Health	190,566	$84,351,237.33	7,630	$3,912,698.57	4.00%
Total All Services	326,990	$80,801,669.61	20,988	$9,505,982.53	6.42%