

Second Quarter Report to CMS Regarding
Operation of 1115 Waiver
Demonstration Program
– Quarter Ending 06.30.2023



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

KanCare
Section 1115 Second Quarter Report
Demonstration Year: 11 (1/1/2023-12/31/2023)
Federal Fiscal Quarter: 3/2023 (4/23-6/23)

Table of Contents

<i>2023 Second Quarter Report</i>	2
I. Introduction.....	2
II. Enrollment Information.....	4
III. Outreach/Innovation.....	4
IV. Operational Developments/Issues	12
V. Policy Developments/Issues.....	26
VI. Financial/Budget Neutrality Development/Issues	26
VII. Member Month Reporting	26
VIII. Consumer Issues.....	30
IX. Quality Assurance/Monitoring Activity	33
X. Managed Care Reporting Requirements	36
XI. Safety Net Care Pool.....	45
XII. Demonstration Evaluation.....	45
XIII. Other (Claims Adjudication Statistics; Waiting List Management)	45
XIV. Enclosures/Attachments	46
XV. State Contacts.....	46
VI. Date Submitted to CMS.....	46

2023 First Quarter Report

I. Introduction

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

On August 6, 2012, the State of Kansas submitted a Medicaid Section 1115 demonstration proposal, entitled KanCare. That request was approved by the Centers for Medicare and Medicaid Services (CMS) on December 27, 2012, effective from January 1, 2013, through December 31, 2017. The State submitted a one-year temporary extension request of this demonstration to CMS on July 31, 2017. The temporary extension was approved on October 13, 2017. On December 20, 2017, the State submitted an extension request for its Medicaid 1115 demonstration. On December 18, 2018 CMS approved a renewal of the Medicaid Section 1115 demonstration proposal entitled KanCare. On June 17, 2022 CMS approved an amendment to the Medicaid Section 1115 demonstration to adjust the budget neutrality cap to account for changes in the Health Care Access Improvement Program (HCAIP) payments. On August 15, 2022 CMS approved an amendment to Medicaid Section 1115 demonstration for continuous coverage for individuals aging out of CHIP for the period March 1, 2020 through the end of the COVID-19 Public Health Emergency (PHE) unwinding period, or until all redeterminations are conducted during the unwinding period as discussed in SHO #22-001. On September 29, 2022 CMS approved an amendment to Medicaid Section 1115 demonstration to enable the State to provide twelve-month continuous eligibility for parents and other caretaker relatives. The State submitted an amendment and five-year renewal for its 1115 demonstration on December 28, 2022. The demonstration is effective from January 1, 2019 through December 31, 2023.

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 eligible individuals) across the state into a managed care delivery system to receive state plan and waiver services. This represents an expansion of the State's previous managed care program, which provided services to children, pregnant women, and parents in the state's Medicaid program, as well as carved out managed care entities that separately covered mental health and substance use disorder services. KanCare also includes a Safety Net Care Pool (SNCP) to support certain hospitals that incur uncompensated care costs for Medicaid beneficiaries and the uninsured, and to provide incentives to hospitals for programs that result in delivery system reforms that enhance access to health care and improve the quality of care.

This five-year demonstration will:

- Maintain Medicaid state plan eligibility;
- Maintain Medicaid state plan benefits;
- Continue to allow the State to require eligible individuals to enroll in managed care organizations (MCOs) to receive covered benefits through such MCOs, including individuals on HCBS waivers, except:
 - American Indian/Alaska Natives are presumptively enrolled in KanCare but will have the option of affirmatively opting-out of managed care;
- Provide benefits, including long-term services and supports (LTSS) and HCBS, via managed care;
- Extend the Delivery System Reform Incentive Payment (DSRIP) program;
- Design and implement an alternative payment model (APM) program to replace the DSRIP program;

- Maintain the SNCP to support hospitals that provide uncompensated care to Medicaid beneficiaries and the uninsured;
- Increase beneficiary access to substance use disorder (SUD) treatment services; and
- Provide work opportunities and supports for individuals with specific behavioral health conditions and other disabilities.

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

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

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

II. Enrollment Information

The following table outlines enrollment activity related to populations included in the demonstration. It does not include enrollment activity for non-Title XIX programs, including the Children’s Health Insurance Program (CHIP), nor does it include populations excluded from KanCare, such as Qualified Medicare Beneficiaries (QMB) who are not otherwise eligible for Medicaid. The table does include members retroactively assigned as of June 30, 2023.

Demonstration Population	Enrollees at Close of Quarter (6/30/2023)	Total Unduplicated Enrollees in Quarter	Disenrolled in Quarter
Population 1: ABD/SD Dual	15,598	16,617	1,019
Population 2: ABD/SD Non-Dual	30,451	31,829	1,378
Population 3: Adults	71,944	78,501	6,557
Population 4: Children	252,022	280,985	28,963
Population 5: DD Waiver	8,940	9,072	132
Population 6: LTC	21,600	22,670	1,070
Population 7: MN Dual	5,081	6,345	1,264
Population 8: MN Non-Dual	1,268	1,508	240
Population 9: Waiver	4,740	5,172	432
Population 10: UC Pool	N/A	N/A	N/A
Population 11: DSRIP Pool	N/A	N/A	N/A
Total	411,644	452,699	41,055

III. Outreach/Innovation

The KanCare website¹ is home to a wealth of information for providers, members, stakeholders, and policy makers. Sections of the website are designed specifically around the needs of members and providers. Information about the 1115 demonstration and its operation is provided in the interest of transparency and engagement.

The KanCare Advisory Council consists of eleven members: one legislator representing the House, one representing mental health providers, two representing physicians and hospitals, three representing KanCare members, one former Kansas Senator, one representing pharmacists, one representing the Aging Community, and one representing both the Area Agencies on Aging and Aging Disability Resource Centers. The KanCare Advisory Council Meeting occurred June 22, 2023, via Zoom. The agenda was as follows:

- Welcome and Introductions
- Review and Approval of Minutes from Council Meetings held December 14, 2022 and March 30, 2023
- KanCare Ombudsman Report – Position vacant, Ombudsman, KanCare Ombudsman Office
- Updates on KanCare with Q&A
 - Aetna Better Health of Kansas – Melissa Lawson
 - Sunflower State Health Plan – Stephanie Rasmussen
 - UnitedHealthcare Community Plan – Laura Canelos
- KDHE Update – Janet Stanek, Secretary, Kansas Department of Health and Environment, Sarah Fertig, Medicaid Director, Kansas Department of Health and Environment, and Christine Osterlund, Director of Operations/Deputy Medicaid Director, Kansas Department of Health and Environment

¹ www.kancare.ks.gov

- KDADS Update – Drew Adkins, Assistant Commissioner for Behavioral Health Services, Kansas Department for Aging and Disability Services and Michele Heydon, Commissioner for Long Term Services and Supports (LTSS), Kansas Department for Aging and Disability Services
- Old Business
 - Homebound Frail Elderly receiving meals thru COVID funds – Allen Schmidt
 - What is our plan for researching other State’s remedy to solve the nursing and PCA shortages; and what is the status of the challenges on the administrative side? – Ed Nicholas
 - Review current membership of the Advisory Council and discuss recommendations for new members and their specialties – Larry Martin
 - Discuss the short-term and long-term plans to bring down waiver waiting list numbers, especially for IDD – Allen Schmidt
 - Ongoing challenges, especially with third party liability in Certified Community Behavioral Health Clinic (CCBHC) billing to MCOs – Walt Hill
 - Recent request and reminder about reporting issues with Non-Emergency Medical Transportation (NEMT) services - Is there a concern statewide? – Walt Hill
 - Concerns statewide among pediatricians about children’s access to medical care in Kansas due to pandemic related problems and low payment causing lack of provider participation in KanCare – Dr. Rebecca Reddy
 - Is there data the State can share?
 - What percentage of children with KanCare are up to date on well child visits, immunizations, and dental exams?
 - Provide roster of primary care providers who are accepting children with KanCare, with their practice address.
- New Business
 - Changes in Medicaid beneficiary numbers with the PHE expiration and return to regular qualification processes including the number of Medicaid members who are able to move to Market Place Plans and how Market Place Plans benefit packages compare to Medicaid. What is the outlook for ongoing Market Place subsidies? – Walt Hill
 - What is the status of the OneCare Kansas Program? – Walt Hill
 - Updates on Waitlists and new information from the Kansas University Study – Allen Schmidt
 - Updates on progress of new Community Support Waiver for The Intellectual/Developmental Disability (I/DD) that originated from the work of the Modernization Work Committee? – Allen Schmidt
 - Concern about availability of dentists that provide sedated dentistry for adults – Ed Nicholas
 - Network adequacy now, compared to expanding availability to more people – Ed Nicholas
 - Challenges with getting appointments at hospitals and clinics – Ed Nicholas
 - Is there a contingency plan in place to alleviate the ever-expanding population issues in the future? – Ed Nicholas
- Adjourn

The Tribal Technical Assistance Group met May 2, 2023. The tribal members were consulted on the following items:

- 23-0018 Topical Fluoride Treatment
- 23-0023 SFY26 NF/NFMH Rates
- 23-0024 Community Health Workers

The following SPAs have been approved since the tribal meeting was held on May 2, 2023.

- 23-0017 Immunization – EPSDT Stand Alone Counseling
- 23-0018 Fluoride treatment reimbursement increase

Outstationed Eligibility Workers (OEW) staff participated in 145 in-person and virtual community events providing KanCare program outreach, education, and information for the following: Impact Olathe event, Hispanic Task Force, La Mega Spanish Radio show, Community Resource Fair, Olathe Resource Block Party, Community Supported Employment Job Fair in Johnson County, Senior Expo in Ford County, Kiowa county Health Fair, Haskell/Douglas County Resource event, Cowley County Health and Safety Fair, Spring Fling Senior Resource Fair in Butler County, The Center for Counseling and Consultation event in Barton County, Together Saline Resource and Job fair, Café Con Leche Health Fair Sedgwick county, NAMI Walks Shawnee county, Butler County Children’s Mental Health Day, Big Creek Crossing-Senior information Day in Ellis county, Hawks For Health Resource Fair, Bert Nash Pioneer Celebration, Community Health Fairs in Wyandotte County, Abuse Prevention Month events in Hays and Garden City; South Central KS Employment First Summit, Oaklawn Activity Center Free Day in Sedgwick county; Express Employment Professionals in Pittsburg; Big Brothers Big Sisters in Pittsburg; Central Kansas ICC Young Child Developmental Fair in Barton county, Hanover Hospital health and Vendor Fair; School events: Johnson, Barton; Pratt; Wyandotte; Sedgwick, Labette counties; Health Departments in Montgomery, Wyandotte, Ness, Ellis; Rush, Pawnee, Marshall, Crawford; WIC offices in Montgomery, Chautauqua, Seward, Shawnee, Wilson; Department for Children and Families (DCF) in McPherson, El Dorado, Colby, Phillipsburg, Goodland, Winfield, Newton, Topeka, KC Metro, Ottawa; Community Baby Showers in Pottawatomie, Sedgwick, Montgomery, Barton, Wyandotte counties; Senior and Health Centers: Kickapoo/Prairie Elders Centers Brown and Jackson counties; Assisted living in Neosho and Crawford counties; Pharmacies in Phillipsburg, Libraries: McPherson, Harvey, Neosho counties; Housing Authority in Crawford county; Food Banks in Montgomery; Head Start in Crawford county; Child Start in Sedgwick county; Parents as Teachers in Crawford county; Miami County Cancer Foundation; Hospital and clinics in Johnson, Harvey, Crawford Counties; Virtual and in person meetings: Presentation to LHD Billing Symposium, Healthier Lyon County Meeting, Harvey County Resource Network, Kansas Assistance Network, Miami County Health Coalition Meeting, Cover Kansas Advisory Coalition Meeting in Sedgwick County, Central Kansas Partnership Barton County, Hispanic Task Force, Central Plains Area Agency on Aging meeting, Harvey County Department on Aging; McPherson Council on Aging, Butler County Department on Aging, Marion Department on Aging, Cowley County Council on Aging, Harvey/Marion County Community Developmental Disability Organization; Wyandotte County Avenue of Life; Community connections meeting, Employment networking-Kansas Works, Cowley County Third Thursday meeting, Staff meeting in Leavenworth St Vincent Federal clinic, Southeast and Northwest Kansas Area of Aging; Pratt County Resource Council, Pratt County Health Family Planning Advisory Board Meeting, Resource Council meetings for Cloud and Republic counties, Saline County Health Advisory Committee, Freeman Hospital Eligibility and Finance Teams, Meeting with Aetna Insurance Broker in Sedgwick county, Council Grove Concerned Citizens Morris County, All Agency Working Together Southeast Kansas meeting.

Support and assistance for KanCare members was provided by KDHE’s twenty-four OEWs. Staff determined eligibility for 1,291 applicants. The OEW staff also assisted in resolving 1,298 issues involving urgent medical needs, obtaining correct information on applications, and addressing gaps or errors in pending applications or reviews with the KanCare Clearinghouse. In addition, OEW staff assisted with 3,035 phone calls, 1,099 walk-ins, and 865 e-mails from the public.

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

- PACE Program (quarterly, but now as needed during the Public Health Emergency (PHE))
- HCBS Provider Forum teleconferences (quarterly)
- Long-term Care Roundtable with Department of Children and Families (quarterly)
- Presentations, attendance, and information is available as requested by small groups, consumers, stakeholders, providers and associations across Kansas
- Community Mental Health Centers meetings to address billing and other concerns (monthly and quarterly)
- Series of workgroup meetings and committee meetings with the Managed Care Organizations and Community Mental Health Centers
- Regular meetings with the Kansas Hospital Association
- Series of meetings with behavioral health institutions, private psychiatric hospitals, and Psychiatric Treatment Residential Facilities (PRTFs) to address care coordination and improved integration (weekly)
- Medicaid Functional Eligibility Instrument (Frail Elderly (FE), Physical Disability (PD) and Brain Injury (BI)) Advisory Workgroup
- The Intellectual / Developmental Disability (I/DD) Functional Eligibility Instrument Advisory Workgroup
- Systems Collaboration with Aging and Disability, Behavioral Health and Foster Care Agencies
- Psychiatric Residential Treatment Facility (PRTF) Stakeholder meeting (quarterly)
- Nursing Facility for Mental Health (NFMH) Directors meeting (monthly)
- CRO Directors meeting (bi-monthly)
- State Interagency Coordinating Council (bi-monthly)
- Kansas Mental Health Coalition meeting (monthly)
- Kansas Association of Addiction Professionals (monthly)
- Behavioral Health Association of Kansas (monthly)
- Heartland RADAC and Substance Abuse Center of Kansas (monthly)
- Complex Case Staffing's with MCOs (as needed M-F)
- Bi-monthly Governor's Behavioral Health Services Planning Council meetings and monthly meetings with the ten subcommittees: Prevention, Children's, Rural and Frontier, Justice Involved Youth and Adults, Housing and Homelessness, Service Members Veterans and Families, Evidence-Based Practices, Peer, Tobacco, and the Kansas Citizens' Committee on Alcohol and Drugs
- Monthly Nursing Facility Stakeholder Meetings
- KDADS Community Developmentally Disabled Organization (CDDO) Stakeholder Meetings (quarterly)
- KDADS-CDDO Eligibility workgroup
- KDADS-Series of meetings with a coalition of advocacy groups including KanCare Advocates Network and Disability Rights Commission to discuss ways KDADS can provide more effective stakeholder engagement opportunities
- CDDO Operations Meeting
- Statewide Independent Living Council of Kansas (SILCK)
- Kansas Association of Centers for Independent Living (KACIL)
- CBS Director Meetings
- Clinical Director Meetings with CMHCs
- Area Agencies on Aging (AAAs)

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

OneCare Kansas Program

A legislative proviso directed KDHE to implement a health homes program. To avoid the confusion caused by the term “health homes”, a new name was selected for the program – OneCare Kansas (OCK). Although the program has a similar model to the State’s previous health homes program, OCK was designed as an opt-in program. The program was launched on April 1, 2020 with an expansion implemented on April 1, 2021. As of June 30, 2023, there were thirty contracted OCK providers across the state. Moreover the program had 3,003 members opt-in and this number continues to grow with new members enrolling each month.

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

MCO Outreach Activities

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

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

Marketing Activities

Aetna Better Health of Kansas (ABHKS) staff members provided information and education to 3,854 individuals within community-based organizations and provider offices from around the state.

Outreach Activities

ABHKS Community Development team and Social Determinants of Health and Care Advocate Team provided both virtual and in-person outreach activities to community-based organizations, advocacy groups, and provider offices throughout Kansas. Community based organizations ABHKS visited virtually or in person with the following: Frontier Breastfeeding Coalition in Garden City; Urban League of Kansas in Wichita; the Johnson County Health Network in Olathe; Northwest Regional Planning Committee in Hays; Local Health Department meeting in Beloit; Butler County Department of Aging in El Dorado; COPE Barton County in Great Bend; Thrive Allen County in Iola; Live Well Crawford County in Pittsburg; Leavenworth Human Services Council; and others. ABHKS was also able to share its educational information with over 8,200 members or potential members of KanCare through attendance at both in-person and virtual events.

Advocacy Activities

ABHKS Member Advocates have an established relationship with the KanCare Ombudsman and received direct referrals about member issues that required intervention efforts. During the second quarter of 2023, ABHKS Member Advocates assisted ten members referred from the Ombudsman.

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

Marketing Activities

Sunflower Health Plan (SHP) sponsored local and statewide member and provider events, as well as initiatives to close care gaps. SHP partnered with multiple local health centers on events. Most notably, June marked the beginning of the 2023 Farmers Market Voucher Program. This value-added benefit allows members to obtain fresh produce at their local farmers market. Local produce vendors can be reimbursed for any vouchers they accept.

Notable marketing stakeholder programs and events:

- Safe Kids Day at the Zoo
- 2023 Community Health Worker Symposium
- Member Day at the Downtown Hays Farmers Market
- Member Day at the Salina Famers Market
- Riverfest Build at Habitat for Humanity

Outreach Activities

The majority of SHP continued outreach activities centered around redetermination of Medicaid eligibility. Activities included participating in several community baby showers highlighting the importance of communicating options for continued KanCare coverage. SHP's recent events, like the Autism Society Walk and Foster Care Summit, emphasized its focus on members who fall within the foster care and IDD sectors.

Events included the following:

- Healthy Babies Community Baby Shower and Resource Fair
- Free Family Health Fair
- Autism Society of the Heartland Resource Fair and Walk
- Special Olympics 2023 Summer Games
- Clinic visits/presentations around eligibility redetermination
- St. Francis Ministries/Shoes from the Heart shoe donation
- Cowley County Health and Safety Fair
- Oaklawn Activity Center Family Festival
- Foster Care Summit – A Day of Gratitude

Advocacy Activities

Staff from the Provider Relations department participated in the Kansas Governor's Public Health Conference. This conference brought together over 400 public health professionals across the state to discuss issues that impact our state's health. Sunflower was honored to support the efforts of Youth Leaders in Kansas (YLINK) and its work around mental health. In collaboration with Strong Youth Strong Communities and the Pro Football Hall of Fame, SHP staff and NFL Hall of Fame recipients visited students in three educational institutions to discuss the importance of life and leadership skills.

SHP staff contributed to community workgroups and coalitions that advocate for health literacy, mental health, and other topics addressing population health in Kansas.

Community meetings and workgroups included:

- Immunize Kansas Coalition Regional Meeting in Wichita
- Transition Pathways Career Fair
- Maize Transition Forum
- Strong Youth Strong Communities/Pro Football Hall of Fame
- Health and Wellness Coalition strategic planning meeting
- Social Determinants of Health monthly meeting
- 2023 Kansas Governor's Public Health Conference
- Citizens Community Critical Access Hospital
- Wyandotte County CDDO IDD Picnic
- Victims' Rights Conference
- Self Advocate Coalition of Kansas Conference

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

Marketing Activities

UnitedHealthcare (UHC) Community Plan of Kansas staff completed new member welcome calls and health risk assessments over the phone. UHC continued the incentive program to offer a ten dollar over-the-counter debit card to new members that complete health risk assessments. New members were sent member ID Cards and welcome kits. Member services continued to actively help members to update their addresses with every interaction and reminded them of eligibility renewals that were coming, provided them with their renewal date, and case number when asked.

Outreach Activities

Outreach staff has continued to be involved in community vaccination efforts and supported through promotion, sponsorships, giveaways, food, and volunteers. UHC staff continued to reach out to providers to assess their needs and identified ways to help support them as they serve KanCare members. Additional outreach was provided related to eligibility renewals with special attention to raising awareness of KanCare renewals during the reporting period.

UHC hosted a second quarter member advisory meeting via conference call and had excellent participation from members.

- Member Outreach: UHC outreach staff met with over 8,754 individuals who were members or potential members at health fairs, community baby showers, vaccination events, food distribution events, lobby sits at FQHCs, cultural celebrations, and other various community events.

- Community organization outreach: UHC outreach staff met and collaborated with several community agencies which included: Alliance for Healthy Kansas, Atwater Neighborhood Resource Center, Behavioral Health Association, Bethel Neighborhood Center, Boys & Girls Club Lawrence, Boys & Girls Club of South Central Kansas, Boys & Girls Clubs of Topeka, Center of Grace, Child Care Aware, Coalition for Human Services, Coffeyville Boys and Girls Club, Comanche Elementary, Community Care Network of Kansas, Community Health Council of Wyandotte County, Consulado de México en Kansas City, Cottonwood Incorporated, COVET , Cradle KC, Cross Lines, DCCCA, Douglas County CDDO, El Centro Inc, Emporia Main Street, Get It, Give It, Health Equity Advisory Board for Lawrence Douglas County Health Department, Healthier Lyon County Coalition, Healthy Kids Workgroup, Heartland Healthy Neighborhoods Healthy Babies Coalition, Immunization Kansas Coalition, Juneteenth Committee, Juntos Center Advancing Latino Health, Just Food, KanCare Advisory Council, Kansas Assistance Network, Kansas Breastfeeding Coalition, Kansas Civic Engagement Table, Kansas Family Advisory Network, Kansas Health Institute, Kansas Hispanic and Latino American Affairs Commission, Kansas Mission of Mercy, Kansas Racial Equity Collaborative, KCK School Foundation for Excellence, KU Center for Community Outreach, KVC Kansas, Lawrence Public Library, Mission Southside, NAMI Kansas, Oaklawn Activity Center, Pawnee Mental Health Services, SACK - Self Advocacy Coalition of Kansas, Salud + Bienestar, Sedgwick County WIC program, SKIL, St John The Evangelist Church, TFI Family Services, USD 259 Wichita Public Schools, Wichita Advanced Learning Library, Willow Domestic Violence Center, Wyandotte County CDDO, YMCA Kansas Association, among many others.
- Provider outreach: UHC staff met virtually and in-person with over 50 provider offices across the State. Special focus was on bringing awareness to upcoming renewals due to PHE Unwinding, providing them with outreach materials, information on resources, and data sharing for targeted member outreach. UHC presented information on value added benefits and KanCare coverage to public health departments across the state.

Advocacy Activities

UHC continued to support State efforts on health equity. UHC staff from Social Determinants of Health and Community Outreach teams served on several health equity boards with local health departments and FQHCs. UHC identified most successful approaches and supports with funding or resources to amplify such success.

UHC has two representatives that served on the Kansas Hispanic and Latino American Affairs Commission as Technical Advisors and one that served on the Lawrence Douglas County Health Equity Advisory Board and the Heartland Community Health Center Board of Directors, among other several local boards.

IV. Operational Developments/Issues

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

KanCare Amendments Pending CMS Approval - None

Amendment Number	Subject	Submitted Date	Effective Date

KanCare Amendments Approved

Amendment Number	Subject	Submitted Date	Effective Date	Approval Date
22	Capitation 1/1/23-12/31/23 and SME payments	01/17/2023	01/01/2023	06/8/2023
23	Extend the contract term to 12/31/2024	03/16/2023	01/01/2024	06/8/2023

State Plan Amendments (SPAs) approved:

SPA Number	Subject	Submitted Date	Effective Date	Approval Date
23-0010	MACPro FFCC	02/21/2023	01/01/2023	04/05/2023
23-0013	DATA 2000 Language removal	03/31/2023	01/25/2023	05/02/2023
23-0014	Remove motor vehicle screens for AU providers	04/12/2023	05/03/2023	06/01/2023
23-0015	Working Healthy Premium Rates	04/12/2023	05/01/2023	05/19/2023
23-0016	Vaccine Counseling – COVID	04/04/2023	03/11/2021	05/11/2023
23-0017	EPSDT Stand-alone vaccine counseling	04/26/2023	04/01/2023	06/16/2023
23-0018	Topical Fluoride Treatment	05/31/2023	06/01/2023	06/22/2023

State Plan Amendments (SPA) pending approval:

SPA Number	Subject	Submitted Date	Effective Date
23-0019	DME 80% of Medicare	06/07/2023	07/01/2023
23-0020	Global Pregnancy Rate Increase	06/16/2023	07/01/2023
23-0021	Emergency Transportation Reimbursement Rates	06/16/2023	07/01/2023
23-0022	Adult Dentals and Partial	06/21/2023	07/01/2023
23-0027	Lab Rate Changes	06/28/2023	07/01/2023

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

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

MCO		Value-Added Benefits Calendar Year 2023	Units YTD	Value YTD
Aetna	Top	OTC Medications and Supplies	58,991	\$1,474,775
	Three	Adult Dental	4,320	\$685,693
	VAB	Transportation Services	3,726	\$217,059
	Total of All Aetna VAB		83,898	\$3,010,865
Sunflower	Top	My Health Pays	25,265	\$601,699
	Three	Dental Visits for Adults	5,088	\$236,083
	VAB	Dentures	25	\$48,140
	Total of All Sunflower VAB		34,178	\$943,275
United	Top	Adult Dental Coverage	3,249	\$343,228
	Three	Pyx Health	1,165	\$150,000
	VAB	Reward for Completing Health Risk Assessment	11,705	\$117,050
	Total of All United VAB		29,335	\$995,781

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

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

Enrollment Reason Categories	Total
Newborn Assignment	912
KDHE - Administrative Change	110
WEB - Change Assignment	28
KanCare Default - Case Continuity	369
KanCare Default – Morbidity	539
KanCare Default - 90 Day Retro-reattach	34,194
KanCare Default - Previous Assignment	135
KanCare Default - Continuity of Plan	1,263
Retro Assignment	55
AOE – Choice	263
Choice - Enrollment in KanCare MCO via Medicaid Application	2,276
Change - Choice	202
Change - Access to Care – Good Cause Reason	12
Assignment Adjustment Due to Eligibility	388
IVR Change Assignment	167
Total	40,913

d. Grievances, appeals, and state hearing information:

MCOs' Member Adverse Initial Notice Timeliness Compliance

MCO	ABH	SUN	UHC
% of Notices of Adverse Service Authorization Decisions Sent Within Compliance Standards	97%	99%	100%
% of Notices of Adverse Expedited Service Authorization Decisions Sent Within Compliance Standards	96%	67%	None Reported
% of Notices of Adverse Termination, Suspension or Reduction Decisions Sent Within Compliance Standards (10 calendar days only)	100%	100%	99%

MCOs' Provider Adverse Initial Notice Compliance

MCO	ABH	SUN	UHC
% of Notices of Adverse Decision Sent to Providers Within Compliance Standards	100%	100%	97%

MCOs' Member Grievance Database

MCO	ABH		SUN		UHC		Total
	HCBS Member	Non HCBS Member	HCBS Member	Non HCBS Member	HCBS Member	Non HCBS Member	
Access to service or Care		5	9	12	4	5	35
Billing and Financial issues (non-transportation)	5	18	5	8	3	42	81
Customer service	3	5	1	3	7	5	24
Health Home Services	3						3
MCO Determined Not Applicable						1	1
Non-Covered Service		1				2	3
Other		1		1	2	3	7
Pharmacy Issues		3	1	4		3	11
Quality of Care - Pain Medication		1		1			2
Quality of Care (non HCBS provider)		8	6	7		12	33
Quality of Care HCBS provider			1				1
Transportation - Late	4	6	6	3	8	5	32
Transportation - No Driver Available	1		10	6	5	2	24
Transportation - No Show	6	9	16	14	17	16	78
Transportation - Other	4	3	15	21	9	11	63
Transportation - Safety			2		1	2	5
Transportation Issues - Billing and Reimbursement	2	7	15	26	22	25	97
TOTAL	28	67	87	106	78	134	500

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

MCOs' Member Grievance Timeliness Compliance

MCO	ABH	SUN	UHC
% of Member Grievance Resolved and Resolution Notice Issued Within 30 Calendar Days	100%	100%	89%

MCOs' Provider Grievance Database

MCO	ABH	SUN	UHC	Total
Benefits/Eligibility	1	0	0	1
Billing/Payment	0	1	0	1
Credentialing - MCO	0	1	0	1
Other - Dissatisfaction with MCO Associate	0	0	1	1
Transportation	0	1	0	1
TOTAL	1	3	1	5

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

MCOs' Provider Grievance Timeliness Compliance

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

MCOs' Appeals Database

Member Appeal Reasons ABH - Red SUN - Green UHC - Purple	Number Resolved	MCO Determine not Applicable	MCO Reversed Decision on Appeal - MCO Error	MCO Reversed Decision on Appeal - Member/ Provider Mistake	MCO Upheld Decision on Appeal - Correctly Denied	MCO Upheld Decision on Appeal - Member/ Provider Mistake	Withdrawn by Member / Provider
ADMINISTRATIVE DENIALS							
MA - ADMIN - Denials of Authorization (Unauthorized by Members)	1	1					
MA - BFI - Billing and Financial Issues	1			1			
MEDICAL NECESSITY/LEVEL OF CARE - Criteria Not Met							
MA - CNM - Ambulance (Include Air and Ground)	2	1			1		
MA - CNM - Behavioral Health Outpatient	13			2	11		
MA - CNM - Dental	4 8 5	1		2 1	2 5 4	1	1
MA - CNM - Durable Medical Equipment	15 28 12	1 3 2		6 11 3	6 12 7	1 2	1
MA - CNM - Health Home Services	2	1			1		
MA - CNM - Home Health	2 1			1	2		
MA - CNM - Inpatient Admissions (Non-Behavioral Health)	5 5 9			1 2	4 3 6		2 1
MA - CNM - Inpatient Behavioral Health	31 3	3		6 2	22 1		
MA - CNM - Laboratory	1 1			1	1		

Member Appeal Reasons ABH - Red SUN - Green UHC - Purple	Number Resolved	MCO Determined not Applicable	MCO Reversed Decision on Appeal – MCO Error	MCO Reversed Decision on Appeal – Member/ Provider Mistake	MCO Upheld Decision on Appeal – Correctly Denied	MCO Upheld Decision on Appeal – Member/ Provider Mistake	Withdrawn by Member / Provider
MA – CNM – Medical Procedure (NOS)	28 17 1	2 2	1	9 8	15 4 1	1 3	
MA – CNM – Mental Health	2				2		
MA – CNM – NEMT	1				1		
MA – CNM – Other	2 2 9	1 3		1 4	2 2		
MA – CNM – Out of network provider, specialist or specific provider request	2 2			1 2	1		
MA – CNM – Pharmacy	161 57 69	16 2 3		69 33 52	4 10 14	71 3	1 9
MA – CNM – PT/OT/ST	19			9	7	3	
MA – CNM – Radiology	52 45	4	1	20 13	30 21	1 4	3
MA – LOC – LTSS/HCBS	3 13	2		4	1 8		1
MA – LOC – WORK	1			1			
NONCOVERED SERVICES							
MA – NCS - Dental	2 9			3	6	2	
MA – NCS – Pharmacy	2 67	1	1	53	1 12	1	
MA – NCS – Out of network providers	2			1	1		
MA – NCS – Durable Medical Equipment	5	1		2	2		
MA – NCS – Behavioral Health	8	2		3	3		
MA – NCS – Other	1 1 12	1		1 7	1 4		
MA – LCK – Lock In	1		1				
TOTAL							
ABH - Red	290	21	2	110	80	75	2
SUN - Green	223	18		86	86	18	15
UHC - Purple	232	14	2	139	75		2

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

MCOs' Appeals Database - Member Appeal Summary

Member Appeal Reasons ABH - Red SUN – Green UHC - Purple	Number Resolved	MCO Determined not Applicable	MCO Reversed Decision on Appeal – MCO Error	MCO Reversed Decision on Appeal – Member/ Provider Mistake	MCO Upheld Decision on Appeal – Correctly Denied	MCO Upheld Decision on Appeal – Member/ Provider Mistake	Withdrawn by Member / Provider
Resolved at Appeal Level	290 223 232	21 18 14	2 2	110 86 139	80 86 75	75 18	2 15 2
TOTAL	290 223 232	21 18 14	2 2	110 86 139	80 86 75	75 18	2 15 2
Percentage Per Category		7% 8% 6%	1% 1%	38% 39% 60%	28% 39% 32%	25% 8%	1% 6% 1%
Range of Days to Reverse Due to MCO Error			19 – 20 2 - 39				

MCOs' Member Appeal Timeliness Compliance

MCO	ABH	SUN	UHC
% of Member Appeals Resolved and Appeal Resolution Notice Issued in 30 Calendar Days	100%	100%	100%
% of Expedited Appeals Resolved and Appeal Resolution Notice Issued in 72 hours	100%	100%	93%

MCOs' Reconsideration Database - Providers (reconsiderations resolved)

PROVIDER Reconsideration Reasons ABH - Red SUN – Green UHC – Purple	Number Resolved	MCO Determined Not Applicable	MCO Reversed Decision on Reconsideration – MCO Error	MCO Reversed Decision on Reconsideration – Provider Mistake	MCO Upheld Decision on Reconsideration – Correctly Denied / Paid	MCO Upheld Decision on Reconsideration – Provider Mistake
CLAIM DENIALS						
PR - CPD - Ambulance (Include Air and Ground)	96 64	26 4	4	42 26	21 34	3
PR - CPD - Behavioral Health Inpatient	11 24 377	7 26	1 24	1 279	2 34	14
PR - CPD - Behavioral Health Outpatient and Physician	38 721 1,448	6 52 109	21 4 419	4 462 537	7 203 255	128
PR - CPD - Dental	17 1	4	4	3	6 1	
PR - CPD - Durable Medical Equipment	336 615 1,398	90 23 69	55 5 402	57 289 385	131 298 434	3 108
PR - CPD - HCBS	19 308	10 4	3 4	2 242	4 58	

PROVIDER Reconsideration Reasons ABH - Red SUN – Green UHC – Purple	Number Resolved	MCO Determined Not Applicable	MCO Reversed Decision on Reconsideration – MCO Error	MCO Reversed Decision on Reconsideration – Provider Mistake	MCO Upheld Decision on Reconsideration – Correctly Denied / Paid	MCO Upheld Decision on Reconsideration – Provider Mistake
PR - CPD - Home Health	26 77	4 15	6	3 25	10 37	3
PR - CPD - Hospice	12 55 43	2 8	1 1 22	5 34 1	5 18 9	1 3
PR - CPD - Hospital Inpatient (Non-Behavioral Health)	241 218 426	32 15 43	44 1 150	52 86 101	108 116 95	5 37
PR - CPD - Hospital Outpatient (Non-Behavioral Health)	305 524 509	44 18 108	94 4 65	70 249 101	93 253 188	4 47
PR - CPD - Laboratory	92 348 376	25 14 14	2 1 74	3 44 102	60 289 146	2 40
PR - CPD - Medical (Physical Health not Otherwise Specified)	1,002 2,616 4,996	165 494 523	204 16 1,397	203 1,269 1,490	408 837 1,062	22 524
PR - CPD - Nursing Facilities - Total	29 233 33	15 4 3	7 9	151 13	7 78 8	
PR - CPD - Other	11 6 9	8	1 3	5 2	2 1 1	3
PR - CPD - Out of network provider, specialist or specific provider	1,091	284	268	159	301	79
PR - CPD - Pharmacy	14	1		2	11	
PR - CPD - PT/OT/ST	28 2		15	1	12	2
PR - CPD - Radiology	8 346	1 20	2 74	1 93	4 121	38
PR - CPD - Vision	11 12		3 11	3 1	5	
TOTAL						
ABH - Red	2,282	437	467	450	885	43
SUN – Green	5,824	646	36	2,905	2,237	
UHC - Purple	11,066	1,207	2,918	3,264	2,654	1,023

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

MCOs' Provider Reconsiderations Database - Provider Reconsiderations Summary

Provider Reconsideration Reasons ABH - Red SUN - Green UHC - Purple	Number Resolved	MCO Determined Not Applicable	MCO Reversed Decision on Reconsideration – MCO Error	MCO Reversed Decision on Reconsideration – Provider Mistake	MCO Upheld Decision on Reconsideration – Correctly Denied / Paid	MCO Upheld Decision on Reconsideration – Provider Mistake
Resolved at Reconsideration Level	2,282 5,824 11,066	437 646 1,207	467 36 2,918	450 2,905 3,264	885 2,237 2,654	43 1,023
TOTAL	2,282 5,824 11,066	437 646 1,207	467 36 2,918	450 2,905 3,264	885 2,237 2,654	43 1,023
Percentage Per Category		19% 11% 11%	20% 1% 26%	20% 50% 30%	39% 38% 24%	2% 9%
Range of Days to Reverse Due to MCO Error			10 – 415 7 – 242 1 - 775			

MCOs' Provider Reconsiderations Timeliness Compliance

MCO	ABH	SUN	UHC
% of Provider Reconsideration Resolution Notices Sent Within Compliance Standards	99%	100%	100%

MCOs' Appeals Database - Providers (appeals resolved)

PROVIDER Appeal Reasons ABH - Red SUN - Green UHC - Purple	Number Resolved	MCO Determined Not Applicable	MCO Reversed Decision on Appeal – MCO Error	MCO Reversed Decision on Appeal – Provider Mistake	MCO Upheld Decision on Appeal – Correctly Denied / Paid	MCO Upheld Decision on Appeal – Provider Mistake	Withdrawn by Provider
BILLING AND FINANCIAL ISSUES							
PA – BFI – Recoupment	8			1	7		
CLAIM PAYMENT DISPUTES							
PA - CPD - Ambulance (include Air and Ground)	68 82	49 17		11 34	6 31	2	
PA - CPD - Behavioral Health Inpatient	2 7	2 2		1	4		
PA - CPD - Behavioral Health Outpatient and Physician	3 82 28	1 5		2 7 12	1 74 11		
PA - CPD - Dental	4 44 32	2 2	19	1 3 5	1 20 25	2	
PA - CPD - Durable Medical Equipment	13 69 22	7 15 3	4	1 10 3	1 18 16	26	
PA - CPD - HCBS	5		1		4		
PA - CPD - Home Health	12 12	9 4		2 3	1 2	3	

PROVIDER Appeal Reasons ABH - Red SUN – Green UHC - Purple	Number Resolved	MCO Determined Not Applicable	MCO Reversed Decision on Appeal – MCO Error	MCO Reversed Decision on Appeal – Provider Mistake	MCO Upheld Decision on Appeal – Correctly Denied / Paid	MCO Upheld Decision on Appeal – Provider Mistake	Withdrawn by Provider
	154	42		35	77		
PA - CPD - Hospice	9 11	2 3		4	2 2	1 6	
PA - CPD - Hospital Inpatient (Non-Behavioral Health)	101 330 242	36 119 58	8	29 43 51	26 54 133	2 114	
PA - CPD - Hospital Outpatient (Non-Behavioral Health)	61 122 170	24 42 44	4	12 13 20	18 31 106	3 36	
PA - CPD - Laboratory	90 47 102	30 12 44		7 2 2	52 25 56	1 8	
PA - CPD - Medical (Physical Health not Otherwise Specified)	109 549 257	51 135 59	14 2	15 34 37	26 266 159	3 114	
PA - CPD - Nursing Facilities - Total	7 22	5 6		1	15	2	
PA - CPD - Other	1 8 17	2		6	1 2 9	6	
PA - CPD - Pharmacy	1 122			87	1 35		
PA - CPD - PT/OT/ST	4 4 3	1	3	2 1	1 1	2	
PA - CPD - Radiology	2 78 2	13		1 40	1 8 2	17	
PA - CPD - Vision	2 3 5	1 1		1 3	1 2 1		
MEDICAL NECESSITY/LEVEL OF CARE – Criteria Not Met							
PA - CNM - Ambulance (include Air and Ground)	1			1			
PA - CNM - Behavioral Health Outpatient Services and Testing	2			1	1		
PA - CNM - Durable Medical Equipment	13	3		4	5	1	
PA - CNM - Home Health	1			1			
PA - CNM - Inpatient Admissions (Non-Behavioral Health)	1			1			
PA – CNM – Laboratory	4			2	2		
PA - CNM - Medical Procedure (NOS)	27	2		11	11	3	
PA - CNM - Other	11	1		2	3	5	

PROVIDER Appeal Reasons ABH - Red SUN – Green UHC - Purple	Number Resolved	MCO Determined Not Applicable	MCO Reversed Decision on Appeal – MCO Error	MCO Reversed Decision on Appeal – Provider Mistake	MCO Upheld Decision on Appeal – Correctly Denied / Paid	MCO Upheld Decision on Appeal – Provider Mistake	Withdrawn by Provider
PA - CNM - Pharmacy	103	8		64	15	2	14
PA - CNM - PT/OT/ST	11	2		5	3	1	
PA - CNM - Radiology	35	6		15	8	6	
PA - LOC - HCBS (change in attendant hours)	1			1			
TOTAL							
ABH - Red	493	218	34	85	142	14	
SUN – Green	1,570	366	19	266	553	352	14
UHC - Purple	1,275	286	2	299	688		

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

MCOs' Appeals Database - Provider Appeal Summary

Provider Appeal Reasons ABH - Red SUN – Green UHC - Purple	Number Resolved	MCO Determined Not Applicable	MCO Reversed Decision on Appeal – MCO Error	MCO Reversed Decision on Appeal – Provider Mistake	MCO Upheld Decision on Appeal – Correctly Denied / Paid	MCO Upheld Decision on Appeal – Provider Mistake	Withdrawn by Provider
Resolved at Appeal Level	493 1,570 1,275	218 366 286	34 19 2	85 266 299	142 553 688	14 352	14
TOTAL	493 1,570 1,275	218 366 286	34 19 2	85 266 299	142 553 688	14 352	14
Percentage Per Category		44% 23% 22%	7% 1% >1%	17% 17% 23%	29% 35% 55%	3% 23%	1%
Range of Days to Reverse Due to MCO Error			17 – 103 2 – 131 45 - 67				

MCOs' Provider Appeal Timeliness Compliance

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

State of Kansas Office of Administrative Fair Hearings - Members

ABH - Red SUN – Green UHC - Purple	Number Resolved	Default - Appellant Failed to Appear	Default/Initial Order Dismissed – Moot Duplicate	Default/Initial Order Dismissed - Moot MCO Reversed Decision	Default/Initial Order Dismissed – No Adverse Action	Default/Initial Order Dismissed - Not Ripe/No MCO Appeal	OAH Affirmed Decision	Withdrawn
ADMINISTRATIVE DENIALS								
MH – ADMIN – Denials of Authorization (Unauthorized by Members)	2			1	1			
MEDICAL NECESSITY/LEVEL OF CARE – Criteria Not Met								
MH – CNM – Durable Medical Equipment	1 1 1					1 1		1
MH – CNM – Medical Procedure (NOS)	1							1
MH – CNM - Other	2						1	1
MH – CNM – Pharmacy	4 3	2	1	2 1		1		
MH – CNM – PT/OT/ST	1		1					
MH – CNM – Radiology	1	1						
MH – LOC – HCBS (change in attendant hours)	1						1	
MH – LOC – LTSS/HCBS	1 3			1 2		1		
NONCOVERED SERVICES								
MH – NCS - Dental	1			1				
MH – NCS – Other	1					1		
TOTAL								
ABH - Red	6	2		2		1		1
SUN – Green	5	1	1	1			1	1
UHC - Purple	13		1	5	1	4	1	1

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

State of Kansas Office of Administrative Fair Hearings - Providers

ABH - Red SUN – Green UHC - Purple	Number Resolved	Default - Appellant Failed to Appear	Default/Initial Order Dismissed - Moot MCO Reversed Decision	Default/Initial Order Dismissed - Not Ripe/No MCO Appeal	Default/Initial Order Dismissed - Untimely	Withdrawn
CLAIM PAYMENT DISPUTES						
PH – CPD – Ambulance (Include Air and Ground)	1					1
PH – CPD - Dental	1		1			
PH – CPD – Durable Medical Equipment	1		1			
PH – CPD – Hospital Inpatient (Non-Behavioral Health)	5 2 6		1	1 1 1		4 1 4
PH – CPD – Hospital Outpatient (Non-Behavioral Health)	2 2	1	1	1 1		
PH – CPD – Laboratory	2 4 3		1	1 4 3		
PH – CPD – Medical (Physical Health not Otherwise Specified)	1				1	
PH – CPD - Other	2		1			1
MEDICAL NECESSITY/LEVEL OF CARE – Criteria Not Met						
PH – CNM – Hospice	1			1		
TOTAL						
ABH - Red	10	1	1	3	1	4
SUN – Green	12		3	7		2
UHC - Purple	11		2	4		5

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

- e. Quality of care: Please see [Section IX](#) “Quality Assurance/Monitoring Activity” below. The HCBS Quality Review Report for October-December 2022 is [attached](#) to this report.
- f. Changes in provider qualifications/standards: None.
- g. Access: Members who were not in their open enrollment period were unable to change plans without a good cause reason (GCR) pursuant to 42 CFR 438.56 or the KanCare STCs. Most GCR requests were about provider choice or because they disagreed with a prior authorization denial, which are not acceptable reasons to switch plans outside of open enrollment. When a GCR is denied by KDHE, the member is provided their appeal/fair hearing rights. No hearings were requested for denied GCRs this quarter. A summary of GCR actions this quarter is as follows:

Status	April	May	June
Total GCRs filed	27	18	15
Approved	2	1	3
Denied	14	14	9
Withdrawn (resolved, no need to change)	2	1	0
Dismissed (due to inability to contact the member)	9	2	3
Pending	0	0	0

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

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

KanCare MCO	# of Unique Providers as of 9/30/2022	# of Unique Providers as of 12/31/2022	# of Unique Providers as of 3/31/2023	# of Unique Providers as of 6/30/2023
Aetna	54,137	54,657	55,697	58,908
Sunflower	41,283	43,702	46,914	41,962
UHC	45,651	46,187	42,928	48,467

- h. Payment rates: There were no payment rate changes for the quarter ending June 30, 2023.
- i. Health plan financial performance that is relevant to the demonstration: All KanCare MCOs remain solvent.
- j. MLTSS implementation and operation: Kansas placed Eighty-nine people on HCBS I/DD waiver services and 375 people on HCBS PD waiver services.
- k. DSRIP was replaced with a Bridge Gap Year from January 1, 2021 through December 31, 2021. The State is using §438.6(c)(1)(iii)(B) to provide a uniform percentage increase to contracted rates between the large public teaching hospitals and border city children's hospitals and the MCOs for inpatient and outpatient hospital services provided in CY2021. As a condition of receiving the uniform increase on inpatient and outpatient utilization, the covered hospitals will be required to report the following metrics to KDHE on a quarterly basis, as these measures will inform the State's development of an APM directed payment: (1) Number of flu vaccinations administered by age; (2) Hospital-specific counts for emergency room visits; (3) Lung Cancer Screenings with low dosage CT (Large Public Teaching Hospital); (4) Number of hospitals or clinics contacted regarding diabetes protocols and number of diabetes protocols received and reviewed; the protocols will not be distributed; and (5) Hospital-specific reporting to support the evaluation of the directed payment. The preprint for the Bridge Gap Year was approved on March 31, 2021. The first Bridge Gap Year payment was made November 19, 2021.

- l. Information on any issues regarding the concurrent 1915(c) waivers and on any upcoming 1915(c) waiver changes (amendments, expirations, renewals):
- During August 2023, the State plans to submit amendments for five HCBS waivers; BI, FE, I/DD, PD, and TA that will include updates to the performance measures, unbundling Assistive Services, provisional plans of care, and flexibilities allowed during the PHE through Appendix K..
 - The State submitted the renewal for the TA HCBS waiver and currently is in the IRAI process.
 - The SED and Autism waiver renewals were approved, by CMS, in June 2023.
- m. Legislative activity: The Kansas Legislature adjourned its 2023 session *sine die* on April 28, 2023. The budget passed by the Legislature contained several items relevant to Medicaid, including as a proviso directing KDADS to apply to CMS for a Community Support Waiver to serve individuals with intellectual and developmental disabilities, funding to create an automated system for Client Assessment Referral and Evaluation (CARE) and Pre-Admission Screen and Resident Review (PASRR), provider rate increases for several HCBS waivers, as well as an increase of the Targeted Case Management rate for the IDD Waiver, rebase of the nursing facility rates with an add-on based on Medicaid utilization, and a rate increase for the Programs of All-Inclusive Care for the Elderly (PACE) program.

The Robert G. (Bob) Bethell Joint Committee on HCBS and KanCare Oversight met on April 21, 2023. The Committee heard presentations from individuals, providers, KDHE, KDADS, and other organizations related to KanCare.

KDADS provided standard updates on monthly caseloads, HCBS waiver amendments and renewals, long-term care, and behavioral health. In addition, KDADS provided updates on the process set-up by the legislature to distribute federal American Rescue Plan Act (ARPA) funding, plans to utilize the ten percent FMAP enhancement for HCBS, expansion plans for PACE, and the HCBS Settings Final Rule. KDADS announced that the CARE backlog related to Medicaid eligibility applications had been absolved.

The KDHE leadership team presented updates during the Robert G. (Bob) Bethell Joint Committee on HCBS and KanCare Oversight meeting held on April 21, 2023. Janet Stanek, Secretary, Kansas Department of Health and Environment gave an update on Home Health Agency regulations. Medicaid Director Sarah Fertig followed with the KanCare Update. This included updates on the KanCare Contract Procurement, Maternal/Child Health, Durable Medical Equipment Reimbursement, Working Healthy Program, Performance Metrics, and an MCO Financial Review. LaTonya Palmer, Director of Eligibility, provided a Medicaid eligibility application status update, presented the current application processing times, a KDHE staffing update, a Redetermination Overview and Timeline, and presented Call Center Metrics.

- n. Other Operational Issues: KDHE Clearinghouse continues to recruit to fill vacant positions. KDHE is piloting a small program to employ qualified staff from any location within the state to work 100% remotely. KDHE will monitor this pilot program for success in reducing vacancies. The Clearinghouse is operating at about 91% of capacity, an improvement of approximately 14%, compared to April 2022

V. Policy Developments/Issues

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

VI. Financial/Budget Neutrality Development/Issues

Budget neutrality: The State updated the Budget Neutrality template provided by CMS and submitted this through the PMDA system. The expenditures contained in the document reconcile to Schedule C from the CMS 64 report for quarter ending June 30, 2023.

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

VII. Member Month Reporting

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

DY MEG	Member Months					
	Apr-23	May-23	Jun-23	ADJ FOR SUD IMD	ADJ FOR Caretaker Medial	TOTAL QE 6 30 2023
DY1 CY2013	(1)	0	0	0	0	(1)
MEG 1 - ABD/SD DUAL	0	0	0	0	0	0
MEG 2 - ABD/SD NON DUAL	0	0	0	0	0	0
MEG 3 - ADULTS	0	0	0	0	0	0
MEG 4 - CHILDREN	0	0	0	0	0	0
MEG 5 - DD WAIVER	0	0	0	0	0	0
MEG 6 - LTC	(1)	0	0	0	0	(1)
MEG 7 - MN DUAL	0	0	0	0	0	0
MEG 8 - MN NON DUAL	0	0	0	0	0	0
MEG 9 - WAIVER	0	0	0	0	0	0
DY2 CY2014	0	0	0	0	0	0
MEG 1 - ABD/SD DUAL	0	0	0	0	0	0
MEG 2 - ABD/SD NON DUAL	0	0	0	0	0	0
MEG 3 - ADULTS	0	0	0	0	0	0
MEG 4 - CHILDREN	0	0	0	0	0	0
MEG 5 - DD WAIVER	0	0	0	0	0	0
MEG 6 - LTC	0	0	0	0	0	0
MEG 7 - MN DUAL	0	0	0	0	0	0
MEG 8 - MN NON DUAL	0	0	0	0	0	0
MEG 9 - WAIVER	0	0	0	0	0	0
DY3 CY2015	0	0	0	0	0	0
MEG 1 - ABD/SD DUAL	0	0	0	0	0	0
MEG 2 - ABD/SD NON DUAL	0	0	0	0	0	0
MEG 3 - ADULTS	0	0	0	0	0	0
MEG 4 - CHILDREN	0	0	0	0	0	0
MEG 5 - DD WAIVER	0	0	0	0	0	0
MEG 6 - LTC	0	0	0	0	0	0
MEG 7 - MN DUAL	0	0	0	0	0	0
MEG 8 - MN NON DUAL	0	0	0	0	0	0
MEG 9 - WAIVER	0	0	0	0	0	0
DY4 CY2016	0	0	0	0	0	0
MEG 1 - ABD/SD DUAL	0	0	0	0	0	0
MEG 2 - ABD/SD NON DUAL	0	0	0	0	0	0
MEG 3 - ADULTS	0	0	0	0	0	0
MEG 4 - CHILDREN	0	0	0	0	0	0

DY MEG	Member Months					
	Apr-23	May-23	Jun-23	ADJ FOR SUD IMD	ADJ FOR Caretaker Medial	TOTAL QE 6 30 2023
MEG 5 - DD WAIVER	0	0	0	0	0	0
MEG 6 - LTC	0	0	0	0	0	0
MEG 7 - MN DUAL	0	0	0	0	0	0
MEG 8 - MN NON DUAL	0	0	0	0	0	0
MEG 9 - WAIVER	0	0	0	0	0	0
DY5 CY2017	0	0	0	0	0	0
MEG 1 - ABD/SD DUAL	0	0	0	0	0	0
MEG 2 - ABD/SD NON DUAL	0	0	0	0	0	0
MEG 3 - ADULTS	0	0	0	0	0	0
MEG 4 - CHILDREN	0	0	0	0	0	0
MEG 5 - DD WAIVER	0	0	0	0	0	0
MEG 6 - LTC	0	0	0	0	0	0
MEG 7 - MN DUAL	0	0	0	0	0	0
MEG 8 - MN NON DUAL	0	0	0	0	0	0
MEG 9 - WAIVER	0	0	0	0	0	0
DY6 CY2018	0	0	0	0	0	0
MEG 1 - ABD/SD DUAL	0	0	0	0	0	0
MEG 2 - ABD/SD NON DUAL	0	0	0	0	0	0
MEG 3 - ADULTS	0	0	0	0	0	0
MEG 4 - CHILDREN	0	0	0	0	0	0
MEG 5 - DD WAIVER	0	0	0	0	0	0
MEG 6 - LTC	0	0	0	0	0	0
MEG 7 - MN DUAL	0	0	0	0	0	0
MEG 8 - MN NON DUAL	0	0	0	0	0	0
MEG 9 - WAIVER	0	0	0	0	0	0
DY7 CY2019	(6)	0	(1)	0	0	(7)
MEG 1 - ABD/SD DUAL	(3)	0	0	0	0	(3)
MEG 2 - ABD/SD NON DUAL	(3)	0	0	0	0	(3)
MEG 3 - ADULTS	0	0	0	0	0	0
MEG 4 - CHILDREN	0	0	(1)	0	0	(1)
MEG 5 - DD WAIVER	0	0	0	0	0	0
MEG 6 - LTC	0	0	0	0	0	0
MEG 7 - MN DUAL	0	0	0	0	0	0
MEG 8 - MN NON DUAL	0	0	0	0	0	0
MEG 9 - WAIVER	0	0	0	0	0	0
DY8 CY2020	(24)	0	0	0	0	(24)

DY MEG	Member Months					
	Apr-23	May-23	Jun-23	ADJ FOR SUD IMD	ADJ FOR Caretaker Medial	TOTAL QE 6 30 2023
MEG 1 - ABD/SD DUAL	(10)	0	0	0	0	(10)
MEG 2 - ABD/SD NON DUAL	(12)	0	0	0	0	(12)
MEG 3 - ADULTS	0	0	0	0	0	0
MEG 4 - CHILDREN	0	0	0	0	0	0
MEG 5 - DD WAIVER	0	0	0	0	0	0
MEG 6 - LTC	(1)	0	0	0	0	(1)
MEG 7 - MN DUAL	(1)	0	0	0	0	(1)
MEG 8 - MN NON DUAL	0	0	0	0	0	0
MEG 9 - WAIVER	0	0	0	0	0	0
DY9 CY2021	(108)	(72)	106	0	0	(74)
MEG 1 - ABD/SD DUAL	65	1	10	0	0	76
MEG 2 - ABD/SD NON DUAL	(91)	(45)	21	0	0	(115)
MEG 3 - ADULTS	(2)	4	2	0	0	4
MEG 4 - CHILDREN	4	0	10	0	0	14
MEG 5 - DD WAIVER	(1)	(1)	5	0	0	3
MEG 6 - LTC	(21)	0	0	0	0	(21)
MEG 7 - MN DUAL	(68)	(22)	52	0	0	(38)
MEG 8 - MN NON DUAL	(2)	(33)	(6)	0	0	(41)
MEG 9 - WAIVER	8	24	12	0	0	44
DY10 CY2022	1,326	442	646	0	(247)	2,167
MEG 1 - ABD/SD DUAL	429	255	136	0	0	820
MEG 2 - ABD/SD NON DUAL	(38)	(6)	79	0	0	35
MEG 3 - ADULTS	288	56	92	0	(247)	189
MEG 4 - CHILDREN	609	194	170	0	0	973
MEG 5 - DD WAIVER	(4)	(2)	2	0	0	(4)
MEG 6 - LTC	(32)	(3)	60	0	0	25
MEG 7 - MN DUAL	96	90	46	0	0	232
MEG 8 - MN NON DUAL	(20)	(179)	24	0	0	(175)
MEG 9 - WAIVER	(2)	37	37	0	0	72
DY11 CY2023	440,826	440,967	410,028	(125)	(165,258)	1,126,438
MEG 1 - ABD/SD DUAL	15,304	15,455	15,405	(7)	0	46,157
MEG 2 - ABD/SD NON DUAL	31,023	30,994	30,589	(22)	0	92,584
MEG 3 - ADULTS	76,359	76,570	70,892	(58)	(165,258)	58,505
MEG 4 - CHILDREN	275,474	275,354	251,364	(25)	0	802,167
MEG 5 - DD WAIVER	9,023	9,031	8,891	(2)	0	26,943

DY MEG	Member Months					
	Apr-23	May-23	Jun-23	ADJ FOR SUD IMD	ADJ FOR Caretaker Medial	TOTAL QE 6 30 2023
MEG 6 - LTC	21,754	21,713	21,507	(3)	0	64,971
MEG 7 - MN DUAL	5,749	5,745	5,355	(5)	0	16,844
MEG 8 - MN NON DUAL	1,530	1,357	1,330	(1)	0	4,216
MEG 9 - WAIVER	4,610	4,748	4,695	(2)	0	14,051
Grand Total	442,013	441,337	410,779	(125)	(165,505)	1,128,499

Note: Does not include CHIP or MCHIP.

VII. Consumer Issues

A summary of the consumer issues is below:

Issue	Resolution	Action Taken to Prevent Further Occurrences
Members were having issues with locating and/or maintaining in home Personal Care Services (PCS) workers.	Upon review, there is a staffing shortage of in-home care providers. While some of this concern is related to the PHE, the State performed a review and found that pay rates for PCS workers needs to be reviewed for consistency across waivers.	The State is ensuring that children services are being offered via EPSDT to allow additional non-HCBS providers.
Members were having issues with where/how to request Home Modifications.	The State is working with all three MCOs to ensure clear information is provided to prevent delays for Home Modification requests.	Multiple state agencies and the MCOs have been working together to provide clear direction to members.

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

Assessment	April	May	June	Total	% Total
How satisfied are you with the Health Plan?					
Satisfied	480	570	482	1,532	59.20%
Very Satisfied	313	379	319	1,011	39.06%
Dissatisfied	11	6	5	22	0.85%
Very Dissatisfied	10	3	10	23	0.89%
Total	814	958	816	2,588	
How satisfied are you with your Adult Day Center Provider?					
Satisfied	186	172	173	531	60.76%
Very Satisfied	117	107	99	323	36.96%
Dissatisfied	6	5	5	16	1.83%
Very Dissatisfied	1	2	1	4	0.46%
Total	310	286	278	874	
How satisfied are you with your Assisted Living Facility Provider?					
Satisfied	35	34	34	103	48.13%
Very Satisfied	40	28	33	101	47.20%
Dissatisfied	2	2	3	7	3.27%
Very Dissatisfied	0	3	0	3	1.40%
Total	77	67	70	214	
How satisfied are you with your Care Coordinator?					
Satisfied	382	421	410	1,213	54.64%
Very Satisfied	316	362	308	986	44.41%
Dissatisfied	4	3	5	12	0.54%
Very Dissatisfied	5	1	3	9	0.41%
Total	707	787	726	2,220	
How satisfied are you with your Fiscal Management Agency?					
Satisfied	130	144	121	395	51.30%
Very Satisfied	104	156	103	363	47.14%
Dissatisfied	3	5	2	10	1.30%
Very Dissatisfied	2	0	0	2	0.26%
Total	239	305	226	770	
How satisfied are you with your Institutional Provider?					
Satisfied	71	59	72	202	62.35%
Very Satisfied	39	35	28	102	31.48%
Dissatisfied	3	4	6	13	4.01%
Very Dissatisfied	2	2	3	7	2.16%
Total	115	100	109	324	
How satisfied are you with your Personal Care Attendant/Worker Provider?					
Satisfied	159	199	161	519	46.05%
Very Satisfied	167	221	193	581	51.55%
Dissatisfied	4	10	7	21	1.86%
Very Dissatisfied	1	3	2	6	0.53%
Total	331	433	363	1,127	

Assessment	April	May	June	Total	% Total
How satisfied are you with your Transportation Provider?					
Satisfied	23	35	37	95	53.98%
Very Satisfied	16	22	18	56	31.82%
Dissatisfied	4	3	3	10	5.68%
Very Dissatisfied	6	4	5	15	8.52%
Total	49	64	63	176	
How satisfied are you with the availability of home providers?					
Satisfied	72	90	90	252	54.43%
Very Satisfied	47	53	50	150	32.40%
Dissatisfied	19	11	12	42	9.07%
Very Dissatisfied	7	4	8	19	4.10%
Total	145	158	160	463	
How satisfied are you with wait times for services in the home?					
Satisfied	53	61	66	180	54.22%
Very Satisfied	44	45	32	121	36.45%
Dissatisfied	8	4	9	21	6.33%
Very Dissatisfied	5	0	5	10	3.01%
Total	110	110	112	332	
Do you have a paid or volunteer job in the community?					
Yes	115	136	129	380	11.56%
No	941	1,080	887	2,908	88.44%
Total	1,056	1,216	1,016	3,288	
Do you feel safe in your home/where you live?					
Yes	1,049	1,194	1,009	3,252	98.67%
No	11	22	11	44	1.33%
Total	1,060	1,216	1,020	3,296	
Are you able to make decisions about your daily routine?					
Yes	1,030	1,160	969	3,159	99.68%
No	2	3	5	10	0.32%
Total	1,032	1,163	974	3,169	
Are you able to do things you enjoy outside of your home and with whom you want to?					
Yes	992	1,133	942	3,067	92.77%
No	77	83	79	239	7.23%
Total	1,069	1,216	1,021	3,306	
Can you see or talk to your friends and family (who do not live with you) When you want to?					
Yes	1,033	1,170	980	3,183	97.13%
No	31	31	32	94	2.87%
Total	1,064	1,201	1,012	3,277	
In general, do you like where you are living right now?					
Yes	1,043	1,167	986	3,196	97.44%
No	23	34	27	84	2.56%
Total	1,066	1,201	1,013	3,280	

IX. Quality Assurance/Monitoring Activity

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

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

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

The State participated in the following activities:

- Continued to develop quality improvement and performance enhancement measures with the MCOs to better serve KanCare members. Standardized templates are being utilized to measure data more efficiently along with reports that compare MCO data with contract requirements.
- Routine utilization of the KanCare Report Administration (KRA) website that reported key performance components for the KanCare program through interagency and MCO collaboration. The use of the KRA automates report management and State partner communication. The KRA site underwent recent updates such as speed performance and expanding attachment size along with revisions to the tip sheets and standard operating procedures. Additionally, an automated system was developed to assist in the event of any potential outages to the KRA site.
- Monitored the External Quality Review Organization (EQRO) work plan. The Kansas Foundation for Medical Care (KFMC), the State's EQRO, and the State used established tools to track EQRO, State, and MCO deliverables due dates. The tool is updated daily by KFMC and distributed to the State and MCOs quarterly. The State uses this mechanism to prepare for upcoming due dates.
- Participated in meetings with the KFMC, MCOs, KDADS, and KDHE to discuss EQRO activities and concerns.
- In collaboration with KDADS and additional audits, began the 2023 Annual Contract Review with documentation requests. The Annual Contract Review is also coordinated with the KFMC's audit activities. The State and KFMC anticipate scheduling the virtual on sites meetings in the fall.
- Continued State staff participation in cross-agency long-term care meetings to report quality assurance and programmatic activities to KDHE for oversight and collaboration.
- Discussed program issues and work collaboratively towards solutions at new monthly HCBS waiver meetings with KDADS, KDHE and MCO waiver staff.
- Continued participation in weekly calls with each MCO to discuss ongoing provider and member issues, and to troubleshoot operational problems. Progress is monitored through these calls and issue logs.
- Discussed issues and improvements with KanCare each month with leadership from KDADS, KDHE, and the three MCOs.
- Monitored large, global system issues through a weekly log issued to all MCOs and the State's fiscal agent. The resulting log is posted on the KanCare website for providers and other interested parties. Continued monthly meetings to discuss trends and progress.
- Monitored member or provider specific issues through a tracking database shared with MCOs and KDADS for weekly review. Automation enhancements continued to be discussed and are scheduled to be implemented in later 2023 with a focus on scripting processes. Documenting processes for tables and its use in other programs are ongoing.
- Attended various provider training and workshops presented by the MCOs. Monitored for accuracy and answered questions as needed.

- Each MCO was required to participate in at least three clinical and two non-clinical Performance Improvement Projects (PIPs). One of the non-clinical PIPs was required to be long term care related and there must be a PIP related to Early and Periodic Screening, Diagnostic, and Treatment. All PIPs have approved methodologies. MCOs continue to revise technical specifications as needed and move to the data reporting phase. Technical specifications are reported to the State and the EQRO via the data reporting system on a quarterly or monthly basis. The MCOs continue to utilize the KFMC and State templates, as well as examples to act as a guide. The State reviews the data to assess the success or needed adjustments in the interventions. PIP meetings occur twice per quarter or as needed where the State, EQRO, and MCO can have in-depth discussions related to PIP concerns and enhancements. A member-friendly table of all the MCOs’ PIPs, with a simplified description of their interventions, is available on the KanCare website². The file is in PDF for ease of access under ‘Performance Improvement Projects’. KDHE has an internal system of tracking Performance Improvement Projects.
- KDHE and KDADS will conduct the next biannual Quality Steering Committee meeting in August 2023 to review the progress on the objectives and goals in the QMS.
- The number of members enrolled in OneCare Kansas continues to increase rapidly. The number of billed claims for specialists providing care via telehealth to frontier, densely settled rural, and rural counties has decreased due to beneficiaries returning to more in-person provider visits. Other telehealth related objectives also experienced substantial decrease in the number of claims filed.
- For the programs administered by KDADS: The Quality Assurance (QA) process is designed to give continuous feedback to KDADS, KDHE, and stakeholders regarding the quality of services being provided to KanCare members. KDADS quality assurance staff are integrated in the Long Term Services and Supports (LTSS) Commission to align staff resources for efficient and timely performance measurement. QA staff review random samples of individual case files to monitor and report compliance with performance measures designated in Attachment J of the MCO contracts. The measures were monitored and reviewed in collaboration with program staff in the LTSS Commission and reported through the Financial and Information Services Commission at KDADS. This oversight was enhanced through collaboration with the Department of Children and Families and the Department of Health and Environment. A quality assurance protocol and interpretative guidelines were utilized to document this process and have been established with the goal of ensuring consistency in the reviews.
- Below is the timeline that the KDADS Quality Review Team follows regarding the quality review process.

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

² <https://www.kancare.ks.gov/quality-measurement>

X. Managed Care Reporting Requirements

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

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

KDHE has continued to give MCOs feedback on the accuracy and completeness of their quarterly reports. As MCOs improve their reporting, feedback has expanded from reporting basic errors (such as duplicates) to include more detailed data issues at the provider level. The State used a portion of the annual contract review onsite sessions to present individualized feedback and ask questions of each MCO. Based on these conversations, the State completed another round of meetings with all three MCOs to collaborate and resolve issues concerning provider network reporting processes. The State team has been working on improvements to the Provider Network report, Provider Directory, Access and Availability Report, the Non-Emergency Medical Transportation (NEMT) report, the feedback report, mapping formats, Non-Participating Provider Reliance Report, and a HCBS Service Delivery Report. The team continues to match the MCOs' reports against additional data sources to give a clearer picture of the reports' accuracy and completeness. For example, the national NPI database is referenced for matching of NPI types/specialties and taxonomies.

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

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

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

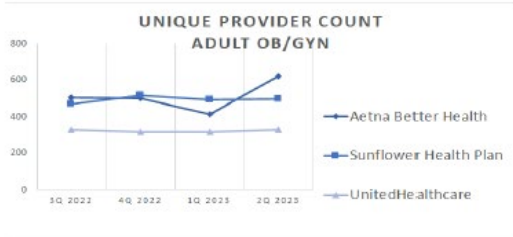
Examples of maps mentioned in this report are below. All the maps are available on the KanCare Network Adequacy Reporting website³

³ <https://www.kancare.ks.gov/policies-and-reports/network-adequacy>

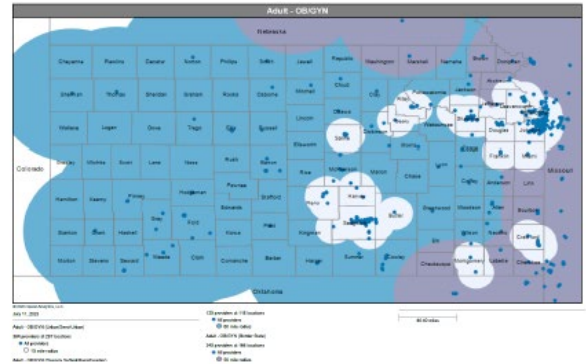


Obstetrics/Gynecology (OB/GYN)
Quarterly Unique Provider Count

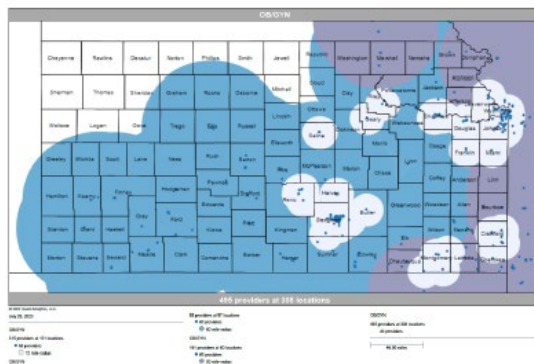
	3Q 2022	4Q 2022	1Q 2023	2Q 2023
Aetna Better Health	503	500	415	618
Sunflower Health Plan	466	514	490	495
UnitedHealthcare	329	317	317	328



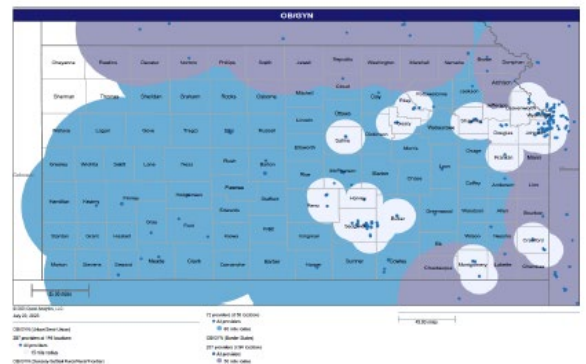
Aetna Better Health



Sunflower Health Plan



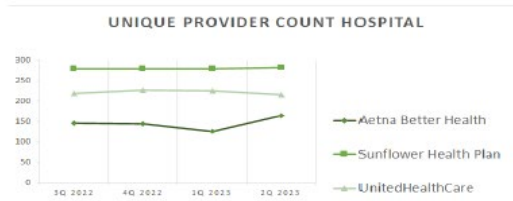
UnitedHealthcare



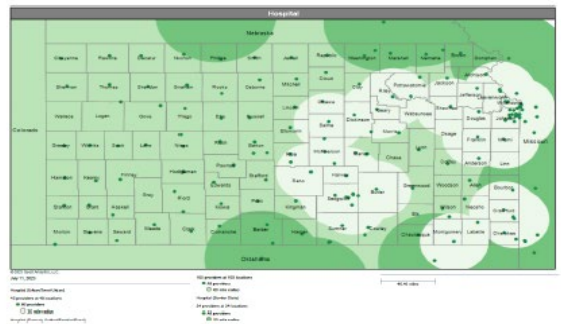
Hospitals

Quarterly Unique Provider Count

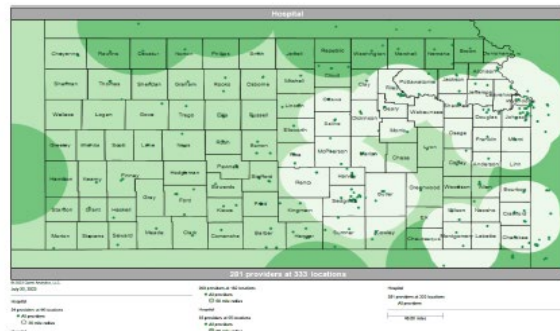
	3Q 2022	4Q 2022	1Q 2023	2Q 2023
Aetna Better Health	145	144	126	164
Sunflower Health Plan	278	278	278	281
UnitedHealthcare	219	227	225	216



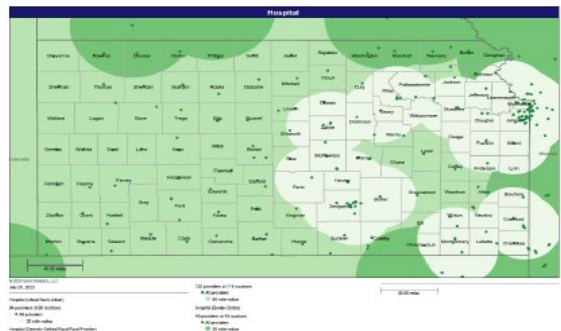
Aetna Better Health



Sunflower Health Plan



UnitedHealthcare



The KDHE and KDADS GeoAccess standards are posted on the KanCare website⁴. The State standards are found in two main documents:

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

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

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

KanCare Customer Service Report – Member

MCO/Fiscal Agent	Average Speed of Answer (Seconds)	Call Abandonment Rate	Total Calls
Aetna	18.21	2.20%	50,968
Sunflower	13.07	1.03%	36,149
United	7.18	0.38%	41,685
Gainwell– Fiscal Agent	2.00	0.08%	3,941

KanCare Customer Service Report - Provider

MCO/Fiscal Agent	Average Speed of Answer (Seconds)	Call Abandonment Rate	Total Calls
Aetna	10.53	0.70%	20,936
Sunflower	5.33	0.61%	29,436
United	1.56	0.67%	17,984
Gainwell– Fiscal Agent	2.00	0.09%	6,286

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

MCOs’ Grievance Trends Members

Aetna Grievance Trends		
Total # of Resolved Grievances	95	
Top 5 Trends		
Trend 1: Billing and Financial Issues (non-transportation)	23	24%
Trend 2: Transportation – No Show	15	16%
Trend 3: Transportation – Late	10	11%
Trend 4: Transportation Issues – Billing and Reimbursement	9	9%
Trend 5: Customer Service and Quality of Care (non HCBS provider)	8	8%

⁴ <https://www.kancare.ks.gov/policies-and-reports/network-adequacy>

Sunflower Member Grievances:

- There were 41 member grievances categorized as Transportation Issues – Billing and Reimbursement which is an increase of 23 from 18 reported first quarter.

Sunflower Grievance Trends		
Total # of Resolved Grievances	193	
Top 5 Trends		
Trend 1: Transportation Issues – Billing and Reimbursement	41	21%
Trend 2: Transportation – Other	36	19%
Trend 3: Transportation – No Show	30	16%
Trend 4: Access to Service or Care	21	11%
Trend 5: Transportation – No Driver Available	16	8%

United Member Grievances:

- There were 47 member grievances categorized as Transportation Issues – Billing and Reimbursement which is an increase of 24 from 23 reported first quarter.
- There were 45 member grievances categorized as Billing and Financial Issues (non-transportation) which is an increase of 26 from 19 reported first quarter.

United Grievance Trends		
Total # of Resolved Grievances	212	
Top 5 Trends		
Trend 1: Transportation Issues – Billing and Reimbursement	47	22%
Trend 2: Billing and Financial Issues (non-transportation)	45	21%
Trend 3: Transportation – No Show	33	16%
Trend 4: Transportation – Other	20	9%
Trend 5: Transportation – Late	13	6%

MCOs’ Grievance Trends Provider

Aetna Grievance Trends		
Total # of Resolved Grievances	1	
Top 5 Trends		
Trend 1: Benefits/Eligibility	1	100%

Sunflower Grievance Trends		
Total # of Resolved Grievances	3	
Top 5 Trends		
Trend 1: Billing/Payment	1	33%
Trend 2: Credentialing – MCO	1	33%
Trend 3: Transportation	1	33%

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

MCOs' Reconsideration Trends Provider

Aetna Provider Reconsiderations

- There were 1,002 provider reconsiderations categorized as PR – CPD – Medical (Physical Health not Otherwise Specified) which is a decrease of 66 from 1,068 reported first quarter.
- There were 336 provider reconsiderations categorized as PR – CPD – Durable Medical Equipment which is an increase of 91 from 245 reported first quarter.
- There were 305 provider reconsiderations categorized as PR – CPD – Hospital Outpatient (Non-Behavioral Health) which is a decrease of 51 from 356 reported first quarter.
- There were 241 provider reconsiderations categorized as PR – CPD – Hospital Inpatient (Non-Behavioral Health) which is a decrease of 54 from 295 reported first quarter.
- There were 96 provider reconsiderations categorized as PR – CPD – Ambulance (Include Air and Ground) which is a decrease of 20 from 116 reported first quarter.

Aetna Provider Reconsideration Trends		
Total # of Resolved Reconsiderations	2,282	
Top 5 Trends		
Trend 1: PR - CPD - Medical (Physical Health not Otherwise Specified)	1,002	44%
Trend 2: PR - CPD - Durable Medical Equipment	336	15%
Trend 3: PR - CPD - Hospital Outpatient (Non-Behavioral Health)	305	13%
Trend 4: PR - CPD - Hospital Inpatient (Non-Behavioral Health)	241	11%
Trend 5: PR - CPD - Ambulance (Include Air and Ground)	96	4%

Sunflower Provider Reconsiderations

- There were 2,616 provider reconsiderations categorized as PR – CPD – Medical (Physical Health not Otherwise Specified) which is an increase of 560 from 2,056 reported first quarter.
- There were 721 provider reconsiderations categorized as PR – CPD – Behavioral Health Outpatient and Physician which is an increase of 270 from 451 reported first quarter.
- There were 615 provider reconsiderations categorized as PR – CPD – Durable Medical Equipment which is a decrease of 97 from 712 reported first quarter.
- There were 524 provider reconsiderations categorized as PR – CPD – Hospital Outpatient (Non-Behavioral Health) which is a decrease of 271 from 795 reported first quarter.
- There were 348 provider reconsiderations categorized as PR – CPD – Laboratory which is a decrease of 122 from 470 reported first quarter.

Sunflower Provider Reconsideration Trends		
Total # of Resolved Reconsiderations	5,824	
Top 5 Trends		
Trend 1: PR - CPD - Medical (Physical Health not Otherwise Specified)	2,616	45%
Trend 2: PR - CPD - Behavioral Health Outpatient and Physician	721	12%
Trend 3: PR - CPD - Durable Medical Equipment	615	11%
Trend 4: PR - CPD - Hospital Outpatient (Non-Behavioral Health)	524	9%
Trend 5: PR - CPD - Laboratory	348	6%

United Provider Reconsiderations

- There were 4,996 provider reconsiderations categorized as PR – CPD – Medical (Physical Health not Otherwise Specified) which is an increase of 646 from 4,350 reported first quarter.
- There were 1,448 provider reconsiderations categorized as PR – CPD – Behavioral Health Outpatient and Physician which is an increase of 567 from 881 reported first quarter.
- There were 1,398 provider reconsiderations categorized as PR – CPD – Durable Medical Equipment which is an increase of 376 from 1,022 reported first quarter.
- There were 1,091 provider reconsiderations categorized as PR – CPD – Out of network provider, specialist or specific provider which is an increase of 162 from 929 reported first quarter.
- There were 509 provider reconsiderations categorized as PR – CPD – Hospital Outpatient (Non-Behavioral Health) which is a decrease of 66 from 575 reported first quarter.

United Provider Reconsideration Trends		
Total # of Resolved Reconsiderations	11,066	
Top 5 Trends		
Trend 1: PR - CPD - Medical (Physical Health not Otherwise Specified)	4,996	45%
Trend 2: PR - CPD - Behavioral Health Outpatient and Physician	1,448	13%
Trend 3: PR - CPD - Durable Medical Equipment	1,398	13%
Trend 4: PR - CPD - Out of network provider, specialist or specific provider	1,091	10%
Trend 5: PR - CPD - Hospital Outpatient (Non-Behavioral Health)	509	5%

MCOs’ Appeals Trends Member/Provider

Aetna Member Appeals:

- There were 161 member appeals categorized as MA – CNM – Pharmacy which is an increase of 21 from 140 reported first quarter.
- There were 52 member appeals categorized as MA – CNM – Radiology which is an increase of 25 from 27 reported first quarter.
- There were 28 member appeals categorized as MA – CNM – Medical Procedure (NOS) which is a decrease of 11 from 39 reported first quarter.

Aetna Provider Appeals:

- There were 101 provider appeals categorized as PA – CPD – Hospital Inpatient (Non-Behavioral Health) which is a decrease of 46 from 147 reported first quarter.
- There were 90 provider appeals categorized as PA – CPD – Laboratory which is an increase of 37 from 53 reported first quarter.
- There were 68 provider appeals categorized as PA – CPD – Ambulance (Include Air and Ground) which is an increase of 50 from 18 reported first quarter.

Aetna Member/Provider Appeal Trends					
Total # of Resolved Member Appeals	290		Total # of Resolved Provider Appeals	493	
Top 5 Trends			Top 5 Trends		
Trend 1: MA – CNM – Pharmacy	161	56%	Trend 1: PA - CPD - Medical (Physical Health not Otherwise Specified)	109	22%
Trend 2: MA – CNM – Radiology	52	18%	Trend 2: PA - CPD - Hospital Inpatient (Non-Behavioral Health)	101	20%
Trend 3: MA – CNM – Medical Procedure (NOS)	28	10%	Trend 3: PA - CPD - Laboratory	90	18%
Trend 4: MA - CNM - Durable Medical Equipment	15	5%	Trend 4: PA - CPD - Ambulance (Include Air and Ground)	68	14%
Trend 5: MA - CNM - Behavioral Health Outpatient	13	4%	Trend 5: PA - CPD - Hospital Outpatient (Non-Behavioral Health)	61	12%

Sunflower Member Appeals:

- There were 45 member appeals categorized as MA – CNM – Radiology which is a decrease of 10 from 55 reported first quarter.

Sunflower Provider Appeals:

- There were 549 provider appeals categorized as PA – CPD – Medical (Physical Health not Otherwise Specified) which is an increase of 139 from 410 reported first quarter.
- There were 122 provider appeals categorized as PA – CPD – Hospital Outpatient (Non-Behavioral Health) which is a decrease of 22 from 144 reported first quarter.
- There were 103 provider appeals categorized as PA – CNM – Pharmacy which is a decrease of 12 from 115 reported first quarter.
- There were 82 provider appeals categorized as PA – CPD – Behavioral Health Outpatient and Physician which is a decrease of 80 from 162 reported first quarter.

Sunflower Member/Provider Appeal Trends					
Total # of Resolved Member Appeals	223		Total # of Resolved Provider Appeals	1,570	
Top 5 Trends			Top 5 Trends		
Trend 1: MA – CNM – Pharmacy	57	26%	Trend 1: PA - CPD - Medical (Physical Health not Otherwise Specified)	549	35%
Trend 2: MA – CNM – Radiology	45	20%	Trend 2: PA - CPD - Hospital Inpatient (Non-Behavioral Health)	330	21%
Trend 3: MA – CNM - Inpatient Behavioral Health	31	14%	Trend 3: PA - CPD - Hospital Outpatient (Non-Behavioral Health)	122	8%
Trend 4: MA - CNM - Durable Medical Equipment	28	13%	Trend 4: PA - CNM - Pharmacy	103	7%
Trend 5: MA – CNM – Medical Procedure (NOS)	17	8%	Trend 5: PA - CPD - Behavioral Health Outpatient and Physician	82	5%

United Member Appeals:

- There were 67 member appeals categorized as MA – NCS – Pharmacy which is an increase of 38 from 29 reported first quarter.

United Provider Appeals:

- There were 120 provider appeals categorized as PA – CPD – Medical (Physical Health not Otherwise Specified) which is an increase of 49 from 71 reported first quarter.
- There were 68 provider appeals categorized as PA – CPD – Hospital Inpatient (Non-Behavioral Health) which is a decrease of 33 from 101 reported first quarter.

United Member/Provider Appeal Trends					
Total # of Resolved Member Appeals	232		Total # of Resolved Provider Appeals	1,275	
Top 5 Trends			Top 5 Trends		
Trend 1: MA – CNM – Pharmacy	69	30%	Trend 1: PA - CPD - Medical (Physical Health not Otherwise Specified)	257	20%
Trend 2: MA – NCS – Pharmacy	67	29%	Trend 2: PA - CPD - Hospital Inpatient (Non-Behavioral Health)	242	19%
Trend 3: MA - LOC - LTSS/HCBS	13	6%	Trend 3: PA - CPD - Hospital Outpatient (Non-Behavioral Health)	170	13%
Trend 4: MA - CNM - Durable Medical Equipment	12	5%	Trend 4: PA - CPD - Home Health	154	12%
Trend 5: MA - NCS - Other	12	5%	Trend 5: PA - CPD - Pharmacy	122	10%

MCOs' State Fair Hearing Reversed Decisions - Member/Provider

- There were 24 member state fair hearings for all three MCOs. No decisions reversed by OAH.
- There were 33 provider state fair hearings for all three MCOs. No decision was reversed by OAH.

Aetna				
Total # of Member SFH	6		Total # of Provider SFH	10
OAH reversed MCO decision	0	%	OAH reversed MCO decision	0 %

Sunflower				
Total # of Member SFH	5		Total # of Provider SFH	12
OAH reversed MCO decision	0	%	OAH reversed MCO decision	0 %

United				
Total # of Member SFH	13		Total # of Provider SFH	11
OAH reversed MCO decision	0	%	OAH reversed MCO decision	0 %

- d. Enrollee complaints and grievance reports to determine any trends: This information is included at items IV(d) and X(c) above.
- e. Summary of Ombudsman activities: The Kansas Ombudsman office is currently in a period of transition. The Kansas Ombudsman who creates the quarterly report retired effective June 30, 2023. The Governor announced a new Ombudsman appointment, effective August 21, 2023. Staff members within the ombudsman office have collected the data, but do not have the resources to create a report at this time. As a result of this vacancy, the report for the second quarter of calendar year 2023 will be submitted with the third quarter report.
- f. Summary of MCO critical incident report:
 The Adverse Incident Reporting (AIR) system is a critical incident management reporting and monitoring system for the detection, prevention, reporting, investigation and remediation of critical incidents with design components to ensure proper follow-up and resolution occurs for all defined adverse incidents. Additional requirements have been implemented to confirm review and resolutions regarding instances of seclusion, restraint, restrictive intervention, and death followed appropriate policies and procedures. The Kansas Department for Aging and Disability Services (KDADS) implemented enhancements to the AIR system on September 17, 2018. These enhancements allow KDADS, KDHE, and MCOs to manage specific critical incidents in accordance with KDADS' AIR Policy.

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

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

AIR is not intended to replace the State reporting system for abuse, neglect and exploitation (ANE) of individuals who are served on the behavioral health and HCBS programs. ANE substantiations are reported separately to KDADS from the Department of Children and Families (DCF) and monitored by the KDADS program integrity team. In the table below, the Adult Protective Services (APS) Substantiations exclude possible name matches when no date of birth is identified. One adult may be a victim/alleged victim of multiple types of allegations. The information provided is for adults on HCBS programs who were involved in reports assigned for investigation and had substantiations during the quarter noted. An investigation may include more than one allegation. The program integrity team ensures individuals with reported ANE are receiving adequate supports and protections available through KDADS programs, KanCare, and other community resources. A summary of the 2023 AIR reports through the quarter ending June 30, 2023 follows:

Critical Incidents	1 st Quarter	2 nd Quarter	3 rd Quarter	4 th Quarter	YTD
	AIR Totals	AIR Totals	AIR Totals	AIR Totals	TOTALS
Reviewed	3,026	3,416			6,442
Pending Resolution	132	16			148
Total Received	3,158	3,432			6,590
APS Substantiations*	82	183			265

XI. Safety Net Care Pool

The Safety Net Care Pool (SNCP) is divided into two pools: The Health Care Access Improvement Program (HCAIP) Pool and the Large Public Teaching Hospital/Border City Children’s Hospital (LPTH/BCCH) Pool. The DY 11 first and second quarter payments were issued May 12, 2023. The DY 11 second quarter LPTH/BCCH Uncompensated Care (UC) Pool payment was issued May 12, 2023.

[SNCP and HCAIP reports for the second quarter of DY 11](#) are attached to this report.

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

XII. Demonstration Evaluation

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

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

- a. Post-award forums
No post-award forum was held during the April-June 2023 quarter.
- b. Claims Adjudication Statistics
KDHE’s summary of the [KanCare MCOs’ claims adjudication reports covering January through June of 2023 is attached.](#)

c. Waiting List Management

PD Waiting List Management

For the quarter ending June 30, 2023:

- Current number of individuals on the PD Waiting List: 2,330
- Number of individuals added to the waiting list: 426
- Number of individuals removed from the waiting list 727:
 - 290 started receiving HCBS-PD waiver services
 - 73 were deceased
 - 364 were removed for other reasons (refused services, voluntary removal, etc.)

I/DD Waiting List Management

For the quarter ending June 30, 2023:

- Current number of individuals on the I/DD Waiting List: 5,100
- Number of individuals added to the waiting list: 208
- Number of individuals removed from the waiting list: 96
 - 39 started receiving HCBS-I/DD waiver services
 - 0 were deceased
 - 57 were removed for other reasons (refused services, voluntary removal, etc.)

XIV. Enclosures/Attachments

Section of Report Where Attachment Noted	Description of Attachment
IV(e)	HCBS Quality Report for October-December 2022
XI	Safety Net Care Pool Reports DY11 Q2 and HCAIP Reports DY11 Q2
XIII(b)	KDHE Summary of Claims Adjudication Statistics for January-June 2023

XV. State Contacts

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VI. Date Submitted to CMS

August 28, 2023



Home and Community Based Services
Quality Review Report
October-December 2022

HCBS Waiver Quality Review Rolling Timeline

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

*Per HCBS Waiver Quality Review policy.

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

January - March 2022 HCBS Quality Sample			
Waiver	Population Count	Quarterly Sample Size	Completed Reviews
PD	6196	90	92
FE	6316	91	94
IDD	9042	93	94
BI	904	68	70
TA	676	62	64
Autism	62	10	9
SED	3374	87	89

April - June 2022 HCBS Quality Sample			
Waiver	Population Count	Quarterly Sample Size	Completed Reviews
PD	6196	90	91
FE	6559	91	94
IDD	9087	91	93
BI	928	68	71
TA	683	62	64
Autism	62	14	13
SED	3388	86	89

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

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

HCBS Quality Review Acronyms

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

Level of Care Performance Measures 1 & 2

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

Level of Care Performance Measure 1

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

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

Denominator: Total number of initial enrolled waiver participants

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

Level of Care Performance Measure 2

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

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

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

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

KDADS HCBS Quality Review Report

Administrative Authority

PM 1: Number and percent of Quality Review reports generated by KDADS, the Operating Agency, that were submitted to the State Medicaid Agency

Numerator: Number of Quality Review reports generated by KDADS, the Operating Agency, that were submitted to the State Medicaid Agency

Denominator: Number of Quality Review reports

Review Period: 10/01/2022 - 12/31/2022

Data Source: Quality Review Reports to KDHE

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

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

Explanation of Findings:

Performance Measure threshold achieved for all waivers.

Remediation:

No remediation necessary.

KDADS HCBS Quality Review Report

Administrative Authority

PM 2: Number and percent of waiver amendments and renewals reviewed and approved by the State Medicaid Agency prior to submission to CMS by the State Medicaid Agency

Numerator: Number of waiver amendments and renewals reviewed and approved by the State Medicaid Agency prior to submission to CMS

Denominator: Total number of waiver amendments and renewals

Review Period: 10/01/2022 - 12/31/2022

Data Source: Number of waiver amendments and renewals sent to KDHE

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

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

Explanation of Findings:

There were zero (0) waiver amendments or renewals reviewed and/or approved by the State Medicaid Agency during this reporting period.

Remediation:

No remediation necessary.

KDADS HCBS Quality Review Report

Administrative Authority

PM 3: Number and percent of waiver policy changes that were submitted to the State Medicaid Agency prior to implementation by the Operating Agency

Numerator: Number of waiver policy changes that were submitted to the State Medicaid Agency prior to implementation by the Operating Agency

Denominator: Number of waiver policy changes implemented by the Operating Agency

Review Period: 10/01/2022 - 12/31/2022

Data Source: Presentation of waiver policy changes to KDHE

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

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

Explanation of Findings:

There were zero (0) policy changes submitted to the State Medicaid Agency during this reporting period.

Remediation:

No remediation necessary.

KDADS HCBS Quality Review Report

Administrative Authority

PM 4: Number and percent of Long-Term Care meetings that were represented by the program managers through in-person attendance or written reports

Numerator: Number of Long-Term Care meetings that were represented by the program managers through in-person attendance or written reports

Denominator: Number of Long-Term Care meetings

Review Period: 10/01/2022 - 12/31/2022

Data Source: Meeting Minutes

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

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

Explanation of Findings:

Performance Measure threshold achieved for all waivers.

Remediation:

No remediation necessary.

KDADS HCBS Quality Review Report

Level of Care

PM 1: Number of waiver participants who were determined to meet Level of Care requirements prior to receiving HCBS services
Numerator: Number of waiver participants who were determined to meet Level of Care requirements prior to receiving HCBS services
Denominator: Total number of initial enrolled waiver participants
Review Period: 10/01/2022 - 12/31/2022
Data Source: Functional Assessor Record Review/State Data Systems

Compliance By Waiver	Statewide
PD	97%
Numerator	296
Denominator	306
FE	97%
Numerator	805
Denominator	829
IDD	99%
Numerator	121
Denominator	122
BI	95%
Numerator	95
Denominator	100
TA	98%
Numerator	40
Denominator	41
Autism	100%
Numerator	13
Denominator	13
SED	100%
Numerator	92
Denominator	92

Compliance Trends	2013	2014	2015	2016	2017	2018	2019	2020	2021	Jan-Mar 2022	Apr-Jun 2022	Jul-Sept 2022	Oct-Dec 2022
PD													
Statewide	64%	83%	96%	86%	89%	92%	94%	88%	94%	97%	95%	96%	97%
FE													
Statewide	81%	91%	93%	98%	100%	96%	96%	93%	96%	99%	96%	97%	97%
IDD													
Statewide	99%	94%	90%	100%	100%	99%	99%	96%	92%	100%	100%	100%	99%
BI													
Statewide	62%	89%	81%	85%	96%	88%	93%	93%	96%	99%	99%	99%	95%
TA													
Statewide	97%	89%	100%	98%	100%	100%	100%	97%	98%	95%	100%	100%	98%
Autism													
Statewide	82%	No Data	100%	N/A	77%	96%	100%	100%	100%	100%	100%	100%	100%
SED													
Statewide	99%	89%	88%	91%	92%	90%	91%	88%	97%	99%	100%	100%	100%

Explanation of Findings:

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

Performance Measure threshold met for all waivers.

Remediation:

No remediation necessary.

KDADS HCBS Quality Review Report

Level of Care

PM 2: Number and percent of waiver participants who receive their annual Level of Care evaluation within 12 months of the previous Level of Care determination

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

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

Review Period: 10/01/2022 - 12/31/2022

Data Source: Functional Assessor Record Review/State Data Systems

Compliance By Waiver	Statewide
PD	57%
Numerator	770
Denominator	1348
FE	58%
Numerator	676
Denominator	1158
IDD	99%
Numerator	2181
Denominator	2214
BI	42%
Numerator	57
Denominator	135
TA	100%
Numerator	147
Denominator	147
Autism	100%
Numerator	13
Denominator	13
SED	Not a waiver performance measure
Numerator	
Denominator	

Compliance Trends	2013	2014	2015	2016	2017	2018	2019	2020	2021	Jan-Mar 2022	Apr-Jun 2022	Jul-Sept 2022	Oct-Dec 2022
PD													
Statewide	47%	52%	64%	69%	68%	79%	72%	66%	58%	57%	60%	57%	57%
FE													
Statewide	68%	70%	76%	79%	68%	84%	80%	70%	59%	58%	56%	59%	58%
IDD													
Statewide	97%	74%	75%	77%	78%	97%	98%	97%	97%	98%	98%	99%	99%
BI													
Statewide	39%	50%	62%	65%	62%	70%	70%	57%	56%	50%	50%	60%	42%
TA													
Statewide	94%	90%	86%	96%	93%	99%	100%	99%	99%	100%	100%	100%	100%
Autism													
Statewide	68%	No Data	75%	78%	63%	65%	69%	100%	100%	100%	92%	100%	100%
SED													
Statewide	93%	88%	94%	88%	89%	Not a Measure	Not a Measure	Not a Measure	Not a Measure	Not a Measure	Not a Measure	Not a Measure	Not a Measure

Explanation of Findings:

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

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

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

Remediation:

KDADS requires assessing entities to remediate any PM under 100% on an individual member basis. Appendix K flexibilities continue to impact compliance measures as the PHE ended May 11, 2023. KDADS continues to work closely with the ADRCs regarding their remediation efforts. KDADS has provided lists of out of date assessments and have ensured proper follow up has been taken with these cases.

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

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

KDADS 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: 10/01/2022 - 12/31/2022

Data Source: Functional Assessor Record Review

Compliance By Waiver	Statewide
PD	85%
Numerator	80
Denominator	94
FE	97%
Numerator	94
Denominator	97
IDD	100%
Numerator	96
Denominator	96
BI	91%
Numerator	67
Denominator	74
TA	100%
Numerator	67
Denominator	67
Autism	100%
Numerator	13
Denominator	13
SED	97%
Numerator	89
Denominator	92

Compliance Trends	2013	2014	2015	2016	2017	2018	2019	2020	2021	Jan-Mar 2022	Apr-Jun 2022	Jul-Sept 2022	Oct-Dec 2022
PD													
Statewide	93%	84%	79%	80%	85%	81%	82%	87%	90%	87%	86%	84%	85%
FE													
Statewide	88%	91%	91%	92%	88%	93%	91%	93%	92%	95%	97%	98%	97%
IDD													
Statewide	97%	95%	99%	99%	99%	99%	99%	100%	100%	100%	100%	100%	100%
BI													
Statewide	64%	81%	79%	77%	82%	85%	89%	92%	93%	94%	92%	92%	91%
TA													
Statewide	93%	98%	100%	100%	98%	100%	100%	99%	100%	100%	100%	100%	100%
Autism													
Statewide	88%	No Data	90%	88%	91%	89%	89%	100%	100%	89%	92%	100%	100%
SED													
Statewide	77%	79%	83%	88%	91%	95%	93%	88%	91%	88%	94%	95%	97%

Explanation of Findings:

PD: functional assessment not current for audit period, therefore unable to determine if approved screening tool was used.

Remediation:

KDADS requires assessing entities to remediate any PM under 100% on an individual member basis. Appendix K flexibilities continue to impact compliance measures as the PHE ended May 11, 2023. KDADS continues to work closely with the ADRCs regarding their remediation efforts. KDADS has provided lists of out of date assessments and have ensured proper follow up has been taken with these cases.

In December of 2022, KDADS added a PD Waiver Eligibility Specialist to allow that waiver's Program Manager to be more effective.

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: 10/01/2022 - 12/31/2022

Data Source: Functional Assessor Record Review

Compliance By Waiver	Statewide
PD	84%
Numerator	79
Denominator	94
FE	96%
Numerator	93
Denominator	97
IDD	100%
Numerator	96
Denominator	96
BI	89%
Numerator	66
Denominator	74
TA	100%
Numerator	67
Denominator	67
Autism	100%
Numerator	13
Denominator	13
SED	91%
Numerator	84
Denominator	92

Compliance Trends	2013	2014	2015	2016	2017	2018	2019	2020	2021	Jan-Mar 2022	Apr-Jun 2022	Jul-Sept 2022	Oct-Dec 2022
PD													
Statewide	19%	68%	81%	80%	84%	81%	81%	83%	89%	82%	86%	82%	84%
FE													
Statewide	24%	86%	91%	92%	88%	92%	91%	92%	91%	94%	97%	97%	96%
IDD													
Statewide	92%	85%	96%	97%	96%	98%	97%	94%	97%	100%	100%	100%	100%
BI													
Statewide	57%	73%	83%	77%	82%	85%	88%	86%	88%	94%	93%	92%	89%
TA													
Statewide	93%	100%	99%	100%	94%	100%	100%	100%	100%	100%	100%	100%	100%
Autism													
Statewide	0%	No Data	57%	68%	85%	89%	89%	98%	98%	67%	92%	100%	100%
SED													
Statewide	99%	71%	88%	86%	90%	94%	93%	88%	89%	80%	90%	85%	91%

Explanation of Findings:

PD: functional assessment not current for review period, assessment was not signed or assessor was not listed on qualified assessor list

Remediation:

KDADS requires assessing entities to remediate any PM under 100% on an individual member basis. Appendix K flexibilities continue to impact compliance measures as the PHE ended May 11, 2023. KDADS continues to work closely with the ADRCs regarding their remediation efforts. KDADS has provided lists of out of date assessments and have ensured proper follow up has been taken with these cases.

In December of 2022, KDADS added a PD Waiver Eligibility Specialist to allow that waiver's Program Manager to be more effective.

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: 10/01/2022 - 12/31/2022

Data Source: Functional Assessor Record Review

Compliance By Waiver	Statewide
PD	85%
Numerator	80
Denominator	94
FE	97%
Numerator	94
Denominator	97
IDD	100%
Numerator	96
Denominator	96
BI	91%
Numerator	67
Denominator	74
TA	100%
Numerator	67
Denominator	67
Autism	100%
Numerator	13
Denominator	13
SED	100%
Numerator	92
Denominator	92

Compliance Trends	2013	2014	2015	2016	2017	2018	2019	2020	2021	Jan-Mar 2022	Apr-Jun 2022	Jul-Sept 2022	Oct-Dec 2022
PD													
Statewide	73%	83%	96%	80%	84%	81%	82%	83%	92%	87%	86%	84%	85%
FE													
Statewide	91%	90%	96%	91%	100%	93%	91%	93%	95%	95%	97%	97%	97%
IDD													
Statewide	98%	95%	91%	98%	100%	98%	99%	100%	99%	100%	100%	100%	100%
BI													
Statewide	58%	81%	83%	76%	96%	85%	89%	90%	94%	94%	92%	92%	91%
TA													
Statewide	93%	98%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Autism													
Statewide	89%	No Data	100%	88%	88%	89%	89%	100%	100%	89%	92%	100%	100%
SED													
Statewide	99%	88%	87%	89%	92%	95%	93%	88%	97%	96%	100%	100%	100%

Explanation of Findings:

PD: functional assessment not current for audit period, therefore unable to determine if LOC criteria was accurately applied.

Remediation:

KDADS requires assessing entities to remediate any PM under 100% on an individual member basis. Appendix K flexibilities continue to impact compliance measures as the PHE ended May 11, 2023. KDADS continues to work closely with the ADRCs regarding their remediation efforts. KDADS has provided lists of out of date assessments and have ensured proper follow up has been taken with these cases.

In December of 2022, KDADS added a PD Waiver Eligibility Specialist to allow that waiver's Program Manager to be more effective.

KDADS HCBS Quality Review Report

Level of Care

PM 6: Number and percent of third party contractor level of care (LOC) determinations found to be valid

Numerator: Number of LOC assessments found valid by a third party contractor

Denominator: Total number of LOC assessments completed by a third party contractor

Review Period: 10/01/2022 - 12/31/2022

Data Source: Third Party Contractor Reports

Compliance By Waiver	Statewide
PD	Not a Waiver Performance Measure
Numerator	
Denominator	
FE	Not a Waiver Performance Measure
Numerator	
Denominator	
IDD	Not a Waiver Performance Measure
Numerator	
Denominator	
BI	Not a Waiver Performance Measure
Numerator	
Denominator	
TA	Not a Waiver Performance Measure
Numerator	
Denominator	
Autism	Not a Waiver Performance Measure
Numerator	
Denominator	
SED	N/A
Numerator	0
Denominator	0

Compliance Trends	2017	2018	2019	2020	2021	Jan-Mar 2022	Apr-Jun 2022	Jul-Sept 2022	Oct-Dec 2022
PD	Not a Waiver Performance Measure								
FE	Not a Waiver Performance Measure								
IDD	Not a Waiver Performance Measure								
BI	Not a Waiver Performance Measure								
TA	Not a Waiver Performance Measure								
Autism	Not a Waiver Performance Measure								
SED									
Statewide	No Data	No Data	91%	97%	95%	N/A	N/A	N/A	N/A

Explanation of Findings:

Contract for third-party assessment ended December 2021

Remediation:

No remediation necessary.

KDADS HCBS Quality Review Report

Qualified Providers

PM 1: Number and percent of new licensed/certified waiver provider applicants that initially met licensure requirements, certification requirements, and other waiver standards prior to furnishing waiver services

Numerator: Number of new licensed/certified waiver provider applicants that initially met licensure requirements, certification requirements, and other waiver standards prior to furnishing waiver services

Denominator: Number of all new licensed/certified waiver providers

Review Period: 04/01/2022 - 06/30/2022

Data Source: MCO Record Review

Compliance By Waiver	Aetna	Sunflower	United	Statewide
PD	67%	100%	67%	67%
Numerator	2	2	2	4
Denominator	3	2	3	6
FE	80%	100%	100%	83%
Numerator	4	5	4	5
Denominator	5	5	4	6
IDD	N/A	N/A	N/A	N/A
Numerator	0	0	0	0
Denominator	0	0	0	0
BI	100%	N/A	100%	100%
Numerator	1	0	2	2
Denominator	1	0	2	2
TA	N/A	N/A	100%	100%
Numerator	0	0	1	1
Denominator	0	0	1	1
Autism	N/A	N/A	N/A	N/A
Numerator	0	0	0	0
Denominator	0	0	0	0
SED	N/A	N/A	N/A	N/A
Numerator	0	0	0	0
Denominator	0	0	0	0

Explanation of Findings:

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

Remediation:

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

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

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

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

KDADS HCBS Quality Review Report

Qualified Providers

PM 2: Number and percent of enrolled licensed/certified waiver providers that continue to meet licensure requirements, certification requirements, and other waiver standards

Numerator: Number of enrolled licensed/certified waiver providers that continue to meet licensure requirements, certification requirements, and other waiver standards

Denominator: Number of enrolled licensed/certified waiver providers

Review Period: 04/01/2022 - 06/30/2022

Data Source: MCO Record Review

Compliance By Waiver	Aetna	Sunflower	United	Statewide
PD	71%	65%	76%	70%
Numerator	10	13	13	19
Denominator	14	20	17	27
FE	75%	76%	82%	79%
Numerator	18	22	27	33
Denominator	24	29	33	42
IDD	89%	90%	86%	84%
Numerator	16	27	24	31
Denominator	18	30	28	37
BI	100%	100%	100%	100%
Numerator	4	5	5	6
Denominator	4	5	5	6
TA	50%	50%	50%	50%
Numerator	1	1	1	1
Denominator	2	2	2	2
Autism	N/A	N/A	N/A	N/A
Numerator	0	0	0	0
Denominator	0	0	0	0
SED	71%	71%	71%	71%
Numerator	5	5	5	5
Denominator	7	7	7	7

Explanation of Findings:

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

Remediation:

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

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

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

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

KDADS HCBS Quality Review Report

Qualified Providers

PM 3: Number and percent of new non-licensed/non-certified waiver provider applicants that have met the initial waiver requirements prior to furnishing waiver services

Numerator: Number of new non-licensed/non-certified waiver provider applicants that have met the initial waiver requirements prior to furnishing waiver services

Denominator: Number of all new non-licensed/non-certified providers

Review Period: 04/01/2022 - 06/30/2022

Data Source: MCO Record Review

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

Explanation of Findings:

Threshold met for all waivers.

Remediation:

No remediation necessary.

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

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

KDADS HCBS Quality Review Report

Qualified Providers

PM 4: Number and percent of enrolled non-licensed/non-certified waiver providers that continue to meet waiver requirements

Numerator: Number enrolled non-licensed/non-certified waiver providers that continue to meet waiver requirements

Denominator: Number of enrolled non-licensed/non-certified providers

Review Period: 04/01/2022 - 06/30/2022

Data Source: MCO Record Review

Compliance By Waiver	Aetna	Sunflower	United	Statewide
PD	100%	100%	100%	100%
Numerator	4	4	4	4
Denominator	4	4	4	4
FE	N/A	N/A	0%	0%
Numerator	0	0	0	0
Denominator	0	0	1	1
IDD	N/A	N/A	N/A	N/A
Numerator	0	0	0	0
Denominator	0	0	0	0
BI	100%	100%	100%	100%
Numerator	3	3	3	3
Denominator	3	3	3	3
TA	100%	100%	100%	100%
Numerator	2	3	4	4
Denominator	2	3	4	4
Autism	N/A	N/A	N/A	N/A
Numerator	0	0	0	0
Denominator	0	0	0	0
SED	N/A	N/A	N/A	N/A
Numerator	0	0	0	0
Denominator	0	0	0	0

Explanation of Findings:

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

Remediation:

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

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

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

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

KDADS HCBS Quality Review Report

Qualified Providers

PM 5: Number and percent of active providers that meet training requirements

Numerator: Number of providers that meet training requirements

Denominator: Number of active providers

Review Period: 04/01/2022 - 06/30/2022

Data Source: MCO Record Review

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

Explanation of Findings:

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

Remediation:

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

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

KDADS HCBS Quality Review Report

Service Plan

PM 1: Number and percent of waiver participants whose service plans address participants' goals

Numerator: Number of waiver participants whose service plans address participants' goals

Denominator: Number of waiver participants whose service plans were reviewed

Review Period: 10/01/2022 - 12/31/2022

Data Source: MCO Record Review

Compliance By Waiver	Aetna	Sunflower	United	Statewide
PD	96%	87%	89%	90%
Numerator	27	27	31	85
Denominator	28	31	35	94
FE	83%	89%	93%	89%
Numerator	24	24	38	86
Denominator	29	27	41	97
IDD	100%	90%	70%	85%
Numerator	16	45	21	82
Denominator	16	50	30	96
BI	91%	86%	87%	88%
Numerator	21	18	26	65
Denominator	23	21	30	74
TA	100%	90%	93%	94%
Numerator	18	18	27	63
Denominator	18	20	29	67
Autism	100%	100%	86%	92%
Numerator	3	3	6	12
Denominator	3	3	7	13
SED	96%	97%	91%	95%
Numerator	24	32	31	87
Denominator	25	33	34	92

Explanation of Findings:

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

Remediation:

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

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

Each MCO met on August 9, 2022 and were requested to provide an annual updated QIP for each PM under 86% as well as for each waiver that showed over 50% of PMs not being met. KDADS met with MCOs again March 30, 2023 with a six month update of QIPs for all performance measures previously submitted. MCOs provided KDADS with updated QIPs and plans to meet with MCOs again in May 2023 to meet new KDADS QA and review if QIPs submitted are adequate to meet expectations. Within United's QIP, they reflected some of their project implementations, which included Care Coordination staff refresher training on Person Centered Planning in Nov of 22. In April of 2023, United added a Performance Management audit into their internal processes, along with a monthly review of audit results with their care coordination team meetings to identify training gaps and recommend process revisions.

Compliance Trends	2013	2014	2015	2016	2017	2018	2019	2020	2021	Jan-Mar 2022	Apr-Jun 2022	Jul-Sept 2022	Oct-Dec 2022
PD													
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	68%	51%	84%	96%	80%	80%	96%
Amerigroup		55%	33%	63%	79%	86%	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Sunflower		57%	64%	59%	81%	78%	86%	49%	55%	80%	93%	88%	87%
United		33%	49%	86%	85%	85%	76%	49%	46%	47%	57%	80%	89%
Statewide	55%	50%	48%	69%	81%	83%	78%	49%	60%	73%	75%	83%	90%
FE													
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	75%	47%	83%	80%	96%	82%	83%
Amerigroup		50%	42%	54%	70%	75%	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Sunflower		56%	51%	75%	79%	73%	86%	53%	68%	67%	86%	85%	89%
United		45%	56%	81%	90%	87%	71%	34%	46%	59%	66%	77%	93%
Statewide	Not a Measure	50%	49%	70%	80%	79%	78%	43%	62%	67%	81%	81%	89%
IDD													
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	60%	46%	84%	94%	100%	100%	100%
Amerigroup		36%	32%	53%	76%	83%	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Sunflower		56%	56%	61%	70%	71%	73%	35%	61%	85%	94%	92%	90%
United		52%	41%	73%	85%	85%	58%	33%	49%	73%	76%	65%	70%
Statewide	99%	49%	45%	62%	75%	78%	67%	36%	61%	83%	89%	84%	85%
BI													
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	43%	28%	71%	76%	86%	91%	91%
Amerigroup		37%	41%	58%	78%	72%	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Sunflower		37%	38%	80%	74%	73%	81%	33%	47%	90%	95%	95%	86%
United		22%	55%	78%	79%	87%	75%	34%	46%	57%	57%	83%	87%
Statewide	44%	34%	43%	68%	77%	75%	71%	32%	54%	73%	77%	89%	88%
TA													
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	78%	42%	76%	100%	88%	94%	100%
Amerigroup		50%	44%	69%	90%	99%	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Sunflower		73%	85%	82%	65%	89%	87%	44%	53%	76%	85%	85%	90%
United		64%	32%	70%	95%	70%	87%	38%	76%	100%	93%	81%	93%
Statewide	93%	61%	54%	73%	83%	90%	85%	41%	69%	92%	89%	86%	94%
Autism													
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	0%	21%	57%	50%	50%	100%	100%
Amerigroup		84%	56%	35%	88%	100%	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Sunflower		47%	50%	30%	33%	62%	73%	75%	100%	67%	67%	100%	100%
United		63%	36%	17%	13%	41%	65%	22%	47%	33%	63%	100%	86%
Statewide	58%	69%	49%	37%	42%	52%	56%	35%	57%	62%	62%	90%	92%
SED													
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	96%	30%	67%	100%	76%	92%	96%
Amerigroup		91%	99%	98%	99%	96%	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Sunflower		92%	95%	87%	98%	96%	95%	32%	63%	91%	91%	84%	97%
United		89%	100%	98%	88%	97%	98%	38%	64%	64%	72%	70%	91%
Statewide	98%	90%	98%	95%	95%	97%	97%	34%	64%	83%	80%	81%	95%

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

KDADS HCBS Quality Review Report

Service Plan

PM 2: Number and percent of waiver participants whose service plans address their assessed needs and capabilities as indicated in the assessment

Numerator: Number of waiver participants whose service plans address their assessed needs and capabilities as indicated in the assessment

Denominator: Number of waiver participants whose service plans were reviewed

Review Period: 10/01/2022 - 12/31/2022

Data Source: MCO Record Review

Compliance By Waiver	Aetna	Sunflower	United	Statewide
PD	93%	94%	94%	94%
Numerator	26	29	33	88
Denominator	28	31	35	94
FE	79%	96%	98%	92%
Numerator	23	26	40	89
Denominator	29	27	41	97
IDD	100%	96%	97%	97%
Numerator	16	48	29	93
Denominator	16	50	30	96
BI	87%	100%	90%	92%
Numerator	20	21	27	68
Denominator	23	21	30	74
TA	100%	100%	100%	100%
Numerator	18	20	29	67
Denominator	18	20	29	67
Autism	100%	100%	86%	92%
Numerator	3	3	6	12
Denominator	3	3	7	13
SED	80%	88%	82%	84%
Numerator	20	29	28	77
Denominator	25	33	34	92

Explanation of Findings:

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

Remediation:

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

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

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

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

Compliance Trends	2013	2014	2015	2016	2017	2018	2019	2020	2021	Jan-Mar 2022	Apr-Jun 2022	Jul-Sept 2022	Oct-Dec 2022
PD													
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	66%	41%	77%	89%	72%	76%	93%
Amerigroup		83%	55%	74%	83%	93%	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Sunflower		90%	56%	63%	83%	77%	86%	59%	76%	93%	97%	94%	94%
United		89%	68%	92%	87%	94%	88%	48%	77%	88%	89%	94%	94%
Statewide	86%	87%	59%	76%	84%	88%	83%	50%	77%	90%	87%	89%	94%
FE													
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	71%	40%	77%	72%	93%	79%	79%
Amerigroup		79%	66%	74%	80%	88%	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Sunflower		90%	53%	73%	75%	76%	86%	57%	73%	90%	90%	88%	96%
United		88%	68%	84%	88%	90%	88%	49%	74%	100%	95%	95%	98%
Statewide	87%	86%	61%	77%	81%	84%	84%	50%	74%	89%	93%	88%	92%
IDD													
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	51%	40%	77%	88%	94%	100%	100%
Amerigroup		85%	67%	64%	77%	83%	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Sunflower		77%	36%	65%	70%	77%	78%	52%	67%	85%	96%	96%	96%
United		72%	47%	78%	91%	90%	78%	43%	82%	100%	97%	94%	97%
Statewide	99%	78%	48%	68%	77%	82%	75%	47%	74%	90%	96%	96%	97%
BI													
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	38%	19%	65%	76%	82%	87%	87%
Amerigroup		67%	48%	65%	78%	75%	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Sunflower		82%	28%	82%	74%	73%	79%	38%	56%	100%	90%	100%	100%
United		70%	62%	80%	79%	84%	82%	33%	66%	93%	82%	90%	90%
Statewide	72%	73%	45%	72%	77%	76%	71%	31%	63%	90%	85%	92%	92%
TA													
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	81%	35%	72%	100%	88%	88%	100%
Amerigroup		93%	58%	70%	88%	98%	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Sunflower		98%	62%	74%	69%	85%	90%	40%	70%	90%	90%	100%	100%
United		97%	58%	79%	92%	84%	91%	31%	84%	96%	96%	100%	100%
Statewide	96%	96%	59%	73%	83%	91%	89%	35%	76%	95%	92%	97%	100%
Autism													
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	0%	0%	57%	50%	50%	67%	100%
Amerigroup		81%	59%	33%	88%	82%	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Sunflower		50%	45%	47%	15%	28%	31%	60%	63%	50%	100%	100%	100%
United		63%	21%	22%	13%	24%	62%	0%	80%	100%	100%	100%	86%
Statewide	59%	68%	46%	36%	37%	39%	44%	14%	72%	67%	92%	90%	92%
SED													
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	56%	27%	48%	35%	36%	42%	80%
Amerigroup		91%	99%	98%	99%	96%	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Sunflower		91%	92%	87%	93%	88%	83%	32%	50%	33%	22%	55%	88%
United		89%	98%	96%	84%	76%	77%	38%	80%	85%	81%	85%	82%
Statewide	92%	90%	97%	94%	92%	87%	76%	33%	61%	53%	47%	63%	84%

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

KDADS HCBS Quality Review Report

Service Plan

PM 3: Number and percent of waiver participants whose service plans address health and safety risk factors

Numerator: Number of waiver participants whose service plans address health and safety risk factors

Denominator: Number of waiver participants whose service plans were reviewed

Review Period: 10/01/2022 - 12/31/2022

Data Source: MCO Record Review

Compliance By Waiver	Aetna	Sunflower	United	Statewide
PD	93%	94%	94%	94%
Numerator	26	29	33	88
Denominator	28	31	35	94
FE	79%	96%	98%	92%
Numerator	23	26	40	89
Denominator	29	27	41	97
IDD	100%	96%	97%	97%
Numerator	16	48	29	93
Denominator	16	50	30	96
BI	87%	100%	90%	92%
Numerator	20	21	27	68
Denominator	23	21	30	74
TA	100%	95%	100%	99%
Numerator	18	19	29	66
Denominator	18	20	29	67
Autism	100%	100%	86%	92%
Numerator	3	3	6	12
Denominator	3	3	7	13
SED	80%	88%	82%	84%
Numerator	20	29	28	77
Denominator	25	33	34	92

Explanation of Findings:

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

Remediation:

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

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

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

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

Compliance Trends	2013	2014	2015	2016	2017	2018	2019	2020	2021	Jan-Mar 2022	Apr-Jun 2022	Jul-Sept 2022	Oct-Dec 2022
PD													
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	66%	41%	75%	89%	72%	76%	93%
Amerigroup			90%	44%	73%	81%	94%	N/A	N/A	N/A	N/A	N/A	N/A
Sunflower			89%	49%	67%	85%	75%	86%	61%	76%	90%	97%	94%
United			96%	67%	90%	88%	95%	86%	48%	78%	88%	89%	94%
Statewide		90%	91%	51%	76%	84%	88%	82%	51%	77%	89%	87%	94%
FE													
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	73%	39%	77%	72%	89%	79%	79%
Amerigroup			92%	55%	75%	82%	89%	N/A	N/A	N/A	N/A	N/A	N/A
Sunflower			92%	50%	73%	77%	74%	86%	56%	74%	90%	88%	96%
United			95%	70%	82%	88%	91%	88%	49%	74%	100%	95%	92%
Statewide	Not a measure	93%	57%	76%	82%	84%	85%	50%	75%	89%	91%	87%	92%
IDD													
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	51%	40%	79%	88%	100%	100%	100%
Amerigroup			90%	61%	67%	75%	83%	N/A	N/A	N/A	N/A	N/A	N/A
Sunflower			97%	36%	65%	73%	78%	77%	51%	68%	85%	96%	96%
United			89%	45%	78%	92%	90%	77%	44%	82%	100%	97%	94%
Statewide	99%	93%	46%	69%	78%	83%	74%	47%	74%	90%	97%	96%	97%
BI													
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	40%	21%	66%	76%	86%	91%	87%
Amerigroup			79%	45%	64%	80%	79%	N/A	N/A	N/A	N/A	N/A	N/A
Sunflower			91%	26%	84%	70%	74%	79%	39%	56%	100%	90%	100%
United			83%	64%	80%	79%	89%	82%	33%	66%	93%	82%	93%
Statewide	84%	84%	43%	72%	78%	79%	72%	32%	63%	90%	86%	94%	92%
TA													
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	81%	35%	72%	100%	88%	88%	100%
Amerigroup			96%	49%	73%	89%	98%	N/A	N/A	N/A	N/A	N/A	N/A
Sunflower			95%	61%	76%	66%	85%	90%	40%	67%	90%	100%	95%
United			94%	58%	79%	92%	84%	91%	31%	84%	86%	100%	100%
Statewide	96%	96%	54%	75%	83%	91%	89%	35%	75%	95%	92%	97%	99%
Autism													
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	0%	0%	67%	50%	50%	67%	100%
Amerigroup			79%	59%	30%	88%	91%	N/A	N/A	N/A	N/A	N/A	N/A
Sunflower			61%	45%	47%	15%	28%	31%	73%	50%	100%	100%	100%
United			86%	21%	17%	13%	24%	62%	0%	83%	100%	100%	86%
Statewide	64%	74%	46%	34%	37%	41%	44%	18%	77%	67%	92%	90%	92%
SED													
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	96%	30%	48%	35%	36%	42%	80%
Amerigroup			90%	99%	97%	99%	96%	N/A	N/A	N/A	N/A	N/A	N/A
Sunflower			89%	95%	87%	98%	97%	95%	32%	50%	36%	22%	55%
United			86%	100%	97%	88%	97%	98%	38%	80%	85%	81%	85%
Statewide	99%	88%	98%	94%	95%	97%	97%	97%	34%	61%	54%	47%	63%

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

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: 10/01/2022 - 12/31/2022

Data Source: MCO Record Review

Compliance By Waiver	Aetna	Sunflower	United	Statewide
PD	89%	74%	86%	83%
Numerator	25	23	30	78
Denominator	28	31	35	94
FE	66%	89%	73%	75%
Numerator	19	24	30	73
Denominator	29	27	41	97
IDD	69%	74%	73%	73%
Numerator	11	37	22	70
Denominator	16	50	30	96
BI	74%	81%	77%	77%
Numerator	17	17	23	57
Denominator	23	21	30	74
TA	94%	85%	90%	90%
Numerator	17	17	26	60
Denominator	18	20	29	67
Autism	100%	100%	86%	92%
Numerator	3	3	6	12
Denominator	3	3	7	13
SED	72%	73%	76%	74%
Numerator	18	24	26	68
Denominator	25	33	34	92

Explanation of Findings:

PD: No valid signature and/or date, documentation containing goals not provided or does not cover entire review period

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

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

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

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

Remediation:

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

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

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

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

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

Compliance Trends	2013	2014	2015	2016	2017	2018	2019	2020	2021	Jan-Mar 2022	Apr-Jun 2022	Jul-Sept 2022	Oct-Dec 2022
PD													
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	58%	41%	65%	71%	60%	56%	89%
Amerigroup		88%	68%	76%	85%	91%	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Sunflower		87%	69%	73%	87%	77%	86%	47%	43%	43%	79%	74%	74%
United		85%	77%	92%	88%	94%	82%	40%	33%	47%	59%	74%	86%
Statewide	80%	87%	70%	80%	86%	87%	78%	43%	45%	53%	66%	70%	83%
FE													
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	69%	37%	65%	72%	78%	68%	66%
Amerigroup		84%	76%	78%	82%	91%	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Sunflower		88%	61%	84%	86%	76%	86%	52%	49%	53%	76%	77%	89%
United		86%	79%	87%	90%	90%	81%	35%	33%	59%	58%	82%	73%
Statewide	Not a Measure	86%	71%	83%	86%	85%	81%	41%	46%	61%	69%	76%	75%
IDD													
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	47%	40%	68%	69%	50%	93%	69%
Amerigroup		80%	80%	73%	77%	94%	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Sunflower		80%	59%	74%	80%	79%	77%	38%	39%	56%	69%	73%	74%
United		82%	55%	79%	92%	90%	72%	30%	42%	77%	52%	65%	73%
Statewide	98%	81%	64%	75%	82%	83%	71%	36%	45%	65%	60%	73%	73%
BI													
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	43%	21%	51%	62%	68%	61%	74%
Amerigroup		76%	53%	64%	79%	79%	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Sunflower		86%	43%	86%	80%	73%	77%	30%	37%	57%	81%	79%	81%
United		77%	69%	85%	79%	84%	29%	34%	34%	46%	54%	80%	77%
Statewide	64%	80%	53%	74%	80%	78%	71%	28%	40%	54%	66%	74%	77%
TA													
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	70%	33%	48%	88%	88%	88%	94%
Amerigroup		84%	68%	71%	90%	96%	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Sunflower		97%	86%	85%	68%	89%	88%	33%	43%	48%	45%	70%	85%
United		96%	58%	79%	95%	84%	90%	24%	56%	78%	81%	85%	90%
Statewide	No Data	91%	72%	77%	84%	92%	86%	29%	50%	70%	72%	81%	90%
Autism													
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	0%	0%	43%	50%	50%	33%	100%
Amerigroup		74%	59%	35%	88%	91%	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Sunflower		51%	50%	47%	20%	39%	31%	60%	56%	100%	100%	67%	100%
United		65%	29%	17%	13%	35%	65%	0%	43%	100%	88%	100%	86%
Statewide	55%	65%	49%	36%	38%	50%	47%	14%	47%	67%	85%	70%	92%
SED													
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	96%	30%	54%	26%	28%	33%	72%
Amerigroup		92%	99%	98%	99%	96%	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Sunflower		90%	94%	86%	98%	97%	95%	32%	49%	30%	22%	42%	73%
United		87%	98%	97%	88%	95%	98%	38%	63%	76%	69%	67%	76%
Statewide	Not a measure	90%	97%	94%	95%	96%	97%	34%	52%	46%	40%	49%	74%

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: 10/01/2022 - 12/31/2022

Data Source: MCO Record Review

Compliance By Waiver	Aetna	Sunflower	United	Statewide
PD	93%	81%	91%	88%
Numerator	26	25	32	83
Denominator	28	31	35	94
FE	72%	93%	76%	79%
Numerator	21	25	31	77
Denominator	29	27	41	97
IDD	75%	80%	77%	78%
Numerator	12	40	23	75
Denominator	16	50	30	96
BI	78%	95%	83%	85%
Numerator	18	20	25	63
Denominator	23	21	30	74
TA	94%	85%	90%	90%
Numerator	17	17	26	60
Denominator	18	20	29	67
Autism	100%	100%	86%	92%
Numerator	3	3	6	12
Denominator	3	3	7	13
SED	72%	76%	79%	76%
Numerator	18	25	27	70
Denominator	25	33	34	92

Explanation of Findings:

FE: No valid signature and/or date, service plan not provided or does not cover entire review period

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

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

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

Remediation:

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

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

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

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

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

Compliance Trends	2013	2014	2015	2016	2017	2018	2019	2020	2021	Jan-Mar 2022	Apr-Jun 2022	Jul-Sept 2022	Oct-Dec 2022
PD													
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	68%	44%	69%	75%	64%	60%	93%
Amerigroup		88%	70%	79%	87%	97%	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Sunflower		87%	70%	74%	88%	80%	86%	60%	56%	43%	83%	88%	81%
United		84%	79%	89%	88%	95%	87%	50%	36%	59%	68%	83%	91%
Statewide	Not a Measure	87%	72%	81%	88%	91%	83%	52%	52%	59%	71%	78%	88%
FE													
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	46%	43%	67%	72%	81%	75%	72%
Amerigroup		83%	78%	76%	84%	92%	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Sunflower		86%	60%	83%	87%	78%	65%	56%	50%	60%	90%	77%	93%
United		87%	83%	88%	91%	92%	66%	50%	38%	69%	61%	85%	76%
Statewide	90%	85%	72%	83%	88%	87%	63%	51%	49%	67%	76%	80%	79%
IDD													
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	53%	40%	68%	75%	50%	93%	75%
Amerigroup		84%	76%	73%	76%	85%	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Sunflower		82%	60%	74%	78%	83%	79%	52%	43%	60%	73%	79%	80%
United		88%	51%	79%	93%	90%	78%	43%	50%	80%	62%	77%	77%
Statewide	Not a Measure	84%	63%	75%	81%	85%	76%	47%	49%	69%	66%	81%	78%
BI													
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	40%	21%	51%	62%	77%	70%	78%
Amerigroup		73%	51%	65%	80%	82%	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Sunflower		84%	45%	86%	80%	79%	77%	38%	42%	62%	86%	79%	95%
United		80%	69%	59%	79%	92%	85%	35%	38%	57%	61%	83%	83%
Statewide	Not a Measure	78%	52%	74%	80%	83%	72%	32%	43%	60%	73%	78%	85%
TA													
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	78%	33%	54%	94%	88%	94%	94%
Amerigroup		83%	75%	71%	90%	99%	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Sunflower		97%	86%	84%	68%	89%	90%	40%	52%	57%	50%	75%	85%
United		97%	58%	79%	95%	86%	91%	32%	62%	78%	85%	89%	90%
Statewide	Not a Measure	91%	76%	76%	84%	93%	89%	35%	57%	75%	75%	86%	90%
Autism													
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	17%	0%	43%	50%	50%	100%	100%
Amerigroup		77%	59%	35%	88%	100%	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Sunflower		53%	55%	50%	15%	44%	69%	73%	88%	100%	100%	100%	100%
United		71%	36%	17%	6%	47%	65%	13%	70%	100%	100%	100%	86%
Statewide	Not a Measure	69%	52%	37%	35%	59%	60%	23%	72%	78%	92%	100%	92%
SED													
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	93%	30%	46%	26%	24%	33%	72%
Amerigroup		92%	98%	97%	97%	97%	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Sunflower		90%	95%	86%	98%	96%	32%	40%	30%	22%	45%	76%	76%
United		87%	99%	96%	86%	96%	98%	38%	73%	79%	75%	82%	79%
Statewide	93%	90%	98%	94%	93%	97%	96%	34%	54%	47%	42%	56%	76%

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: 10/01/2022 - 12/31/2022

Data Source: MCO Record Review

Compliance By Waiver	Aetna	Sunflower	United	Statewide
PD	93%	81%	71%	81%
Numerator	26	25	25	76
Denominator	28	31	35	94
FE	83%	81%	76%	79%
Numerator	24	22	31	77
Denominator	29	27	41	97
IDD	69%	68%	63%	67%
Numerator	11	34	19	64
Denominator	16	50	30	96
BI	91%	90%	83%	88%
Numerator	21	19	25	65
Denominator	23	21	30	74
TA	100%	90%	93%	94%
Numerator	18	18	27	63
Denominator	18	20	29	67
Autism	100%	100%	86%	92%
Numerator	3	3	6	12
Denominator	3	3	7	13
SED	88%	91%	82%	87%
Numerator	22	30	28	80
Denominator	25	33	34	92

Explanation of Findings:

PD: No valid signature and/or date, service plan not provided or does not cover entire review period

FE: No valid signature and/or date, service plan not provided or does not cover entire review period

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

Compliance Trends	2013	2014	2015	2016	2017	2018	2019	2020	2021	Jan-Mar 2022	Apr-Jun 2022	Jul-Sept 2022	Oct-Dec 2022
PD													
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	84%	47%	62%	64%	56%	64%	93%
Amerigroup		73%	67%	71%	72%	91%	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Sunflower		82%	72%	72%	70%	81%	82%	67%	49%	40%	69%	82%	81%
United		92%	73%	83%	76%	89%	88%	58%	36%	56%	68%	74%	71%
Statewide	82%	82%	70%	75%	72%	87%	85%	58%	48%	53%	65%	74%	81%
FE													
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	81%	63%	65%	76%	85%	89%	83%
Amerigroup		81%	67%	63%	70%	84%	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Sunflower		85%	57%	78%	78%	83%	86%	66%	50%	63%	79%	85%	81%
United		90%	69%	84%	91%	91%	86%	66%	52%	69%	71%	79%	76%
Statewide	81%	85%	64%	76%	81%	86%	85%	66%	55%	69%	78%	84%	79%
IDD													
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	73%	45%	60%	63%	50%	87%	69%
Amerigroup		75%	77%	68%	64%	80%	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Sunflower		81%	66%	65%	63%	81%	77%	57%	38%	52%	71%	56%	68%
United		91%	48%	54%	86%	84%	75%	41%	48%	70%	52%	68%	63%
Statewide	97%	82%	66%	63%	70%	81%	76%	50%	45%	60%	61%	65%	67%
BI													
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	73%	58%	64%	67%	73%	78%	91%
Amerigroup		65%	44%	56%	63%	73%	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Sunflower		84%	40%	88%	61%	88%	83%	58%	62%	76%	95%	90%	
United		77%	65%	70%	65%	84%	88%	70%	61%	71%	87%	83%	
Statewide	60%	76%	47%	68%	63%	80%	83%	63%	56%	63%	73%	86%	88%
TA													
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	92%	51%	58%	88%	76%	88%	100%
Amerigroup		81%	78%	72%	88%	92%	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Sunflower		94%	89%	85%	68%	85%	90%	52%	56%	81%	45%	80%	90%
United		96%	59%	70%	91%	93%	96%	45%	64%	70%	89%	89%	93%
Statewide	92%	89%	79%	76%	83%	90%	93%	49%	60%	78%	72%	86%	94%
Autism													
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	50%	42%	57%	75%	0%	100%	100%
Amerigroup		67%	52%	40%	82%	100%	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Sunflower		43%	47%	38%	18%	83%	77%	85%	81%	100%	100%	100%	100%
United		33%	38%	7%	20%	59%	73%	33%	70%	100%	88%	100%	86%
Statewide	64%	57%	48%	31%	41%	78%	71%	48%	72%	89%	77%	100%	92%
SED													
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	83%	70%	80%	87%	80%	71%	88%
Amerigroup		89%	97%	94%	96%	95%	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Sunflower		89%	91%	79%	92%	92%	92%	58%	76%	82%	81%	84%	91%
United		83%	99%	85%	77%	97%	95%	54%	85%	88%	88%	85%	82%
Statewide	80%	87%	96%	86%	88%	95%	92%	60%	80%	85%	83%	81%	87%

Remediation:

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

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

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

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

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

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: 10/01/2022 - 12/31/2022

Data Source: MCO Record Review

Compliance By Waiver	Aetna	Sunflower	United	Statewide
PD	96%	97%	86%	93%
Numerator	27	30	30	87
Denominator	28	31	35	94
FE	90%	100%	93%	94%
Numerator	26	27	38	91
Denominator	29	27	41	97
IDD	100%	96%	97%	97%
Numerator	16	48	29	93
Denominator	16	50	30	96
BI	96%	95%	93%	95%
Numerator	22	20	28	70
Denominator	23	21	30	74
TA	83%	100%	100%	96%
Numerator	15	20	29	64
Denominator	18	20	29	67
Autism	100%	100%	100%	100%
Numerator	3	3	7	13
Denominator	3	3	7	13
SED	96%	88%	94%	92%
Numerator	24	29	32	85
Denominator	25	33	34	92

Explanation of Findings:

Threshold achieved for all waivers.

Remediation:

No remediation necessary.

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

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: 10/01/2022 - 12/31/2022

Data Source: MCO Record Review

Compliance By Waiver	Aetna	Sunflower	United	Statewide
PD	96%	97%	89%	94%
Numerator	27	30	31	88
Denominator	28	31	35	94
FE	79%	96%	98%	92%
Numerator	23	26	40	89
Denominator	29	27	41	97
IDD	100%	96%	93%	96%
Numerator	16	48	28	92
Denominator	16	50	30	96
BI	91%	95%	80%	88%
Numerator	21	20	24	65
Denominator	23	21	30	74
TA	89%	90%	97%	93%
Numerator	16	18	28	62
Denominator	18	20	29	67
Autism	0%	67%	43%	38%
Numerator	0	2	3	5
Denominator	3	3	7	13
SED	80%	82%	85%	83%
Numerator	20	27	29	76
Denominator	25	33	34	92

Explanation of Findings:

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

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

Remediation:

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

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

KDADS met with MCOs again on March 30, 2023 with a six-month update of QIPs for all performance measures previously submitted. MCOs then provided KDADS with updated QIPs. After review of QIP submissions, in May of 2023, the State met with the MCOs to address identified barriers and provide clarification on expectations. KDADS highlighted the need for Care Coordinator training when services are not being delivered in a sufficient way. KDADS also stressed the 90-day reassessment period in the SED waiver, again.

HCBS Program Managers are auditing utilization records and following up with MCOs when gaps in service are discovered.

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

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

Compliance Trends	2013	2014	2015	2016	2017	2018	2019	2020	2021	Jan-Mar 2022	Apr-Jun 2022	Jul-Sept 2022	Oct-Dec 2022
PD													
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	68%	41%	80%	89%	72%	80%	96%
Amerigroup		94%	69%	79%	83%	93%	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Sunflower		96%	72%	76%	88%	80%	86%	59%	76%	87%	97%	97%	97%
United		96%	78%	91%	87%	93%	88%	49%	73%	88%	89%	84%	89%
Statewide	85%	95%	72%	81%	86%	88%	83%	50%	76%	88%	87%	91%	94%
FE													
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	71%	42%	75%	68%	93%	79%	79%
Amerigroup		83%	76%	75%	81%	86%	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Sunflower		96%	64%	86%	87%	77%	88%	56%	74%	90%	93%	85%	96%
United		96%	79%	89%	88%	92%	89%	49%	72%	95%	92%	97%	98%
Statewide	87%	92%	72%	83%	86%	85%	86%	50%	73%	86%	93%	88%	92%
IDD													
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	51%	39%	76%	94%	100%	100%	100%
Amerigroup		78%	84%	73%	75%	82%	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Sunflower		97%	62%	77%	80%	82%	79%	51%	66%	85%	96%	98%	96%
United		100%	59%	81%	90%	89%	77%	44%	82%	100%	97%	90%	93%
Statewide	98%	92%	68%	77%	81%	84%	75%	47%	73%	91%	97%	96%	96%
BI													
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	43%	19%	63%	62%	64%	74%	91%
Amerigroup		81%	55%	63%	77%	73%	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Sunflower		95%	46%	84%	76%	76%	74%	34%	56%	81%	90%	95%	95%
United		85%	71%	83%	76%	82%	81%	32%	63%	82%	68%	93%	80%
Statewide	70%	87%	56%	72%	77%	75%	70%	30%	61%	76%	73%	88%	88%
TA													
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	81%	31%	267%	100%	76%	94%	89%
Amerigroup		98%	73%	79%	88%	98%	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Sunflower		100%	86%	82%	68%	87%	89%	40%	66%	90%	90%	100%	90%
United		96%	58%	82%	92%	86%	92%	32%	81%	93%	96%	93%	97%
Statewide	100%	98%	74%	80%	83%	93%	89%	35%	73%	94%	89%	95%	93%
Autism													
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	0%	13%	14%	0%	50%	33%	0%
Amerigroup		89%	59%	37%	88%	91%	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Sunflower		100%	55%	50%	15%	28%	23%	35%	31%	0%	33%	0%	67%
United		50%	21%	17%	13%	41%	58%	0%	50%	67%	50%	50%	43%
Statewide	50%	86%	49%	38%	37%	48%	40%	11%	40%	22%	46%	30%	38%
SED													
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	96%	30%	46%	35%	40%	46%	80%
Amerigroup		91%	99%	95%	99%	96%	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Sunflower		96%	94%	84%	98%	98%	95%	32%	47%	33%	31%	55%	82%
United		92%	99%	91%	86%	96%	98%	38%	79%	85%	81%	88%	85%
Statewide	13%	93%	98%	90%	94%	97%	97%	34%	59%	53%	52%	65%	83%

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

KDADS HCBS Quality Review Report

Service Plan

PM 9: Number and percent of survey respondents who reported receiving all services as specified in their service plan

Numerator: Number of survey respondents who reported receiving all services as specified in their service plan

Denominator: Number of waiver participants interviewed by QMS staff

Review Period: 10/01/2022 - 12/31/2022

Data Source: Customer Interview

Compliance By Waiver	Aetna	Sunflower	United	Statewide
PD	88%	91%	100%	94%
Numerator	15	10	20	45
Denominator	17	11	20	48
FE	100%	92%	100%	97%
Numerator	6	12	19	37
Denominator	6	13	19	38
IDD	100%	100%	94%	98%
Numerator	8	30	17	55
Denominator	8	30	18	56
BI	100%	75%	81%	84%
Numerator	7	6	13	26
Denominator	7	8	16	31
TA	100%	80%	100%	92%
Numerator	6	8	8	22
Denominator	6	10	8	24
Autism	0%	100%	0%	25%
Numerator	0	1	0	1
Denominator	1	1	2	4
SED	Not a Waiver Performance Measure			
Numerator				
Denominator				

Explanation of Findings:

BI: Waiver beneficiary or responsible party reporting individual is not receiving as indicated on service plan

AU: Responsible party reporting individual is not receiving as indicated on service plan

Remediation:

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

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

KDADS met with MCOs again on March 30, 2023 with a six-month update of QIPs for all performance measures previously submitted. MCOs then provided KDADS with updated QIPs. After review of QIP submissions, in May of 2023, the State met with the MCOs to address identified barriers and provide clarification on expectations. KDADS highlighted the need for Care Coordinator training when services are not being delivered in a sufficient way.

HCBS Program Managers are auditing utilization records and following up with MCOs when gaps in service are discovered.

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

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

Compliance Trends	2013	2014	2015	2016	2017	2018	2019	2020	2021	Jan-Mar 2022	Apr-Jun 2022	Jul-Sept 2022	Oct-Dec 2022
PD													
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	93%	100%	93%	93%	100%	90%	88%
Amerigroup		97%			94%	94%	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Sunflower		92%			97%	98%	94%	81%	99%	93%	100%	94%	91%
United		93%			91%	98%	91%	85%	95%	93%	83%	94%	100%
Statewide	Not a Measure	94%	No Data	No Data	94%	97%	93%	88%	96%	93%	95%	93%	94%
FE													
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	100%	92%	93%	80%	100%	75%	100%
Amerigroup		85%			97%	96%	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Sunflower		86%			93%	95%	96%	100%	88%	93%	93%	100%	92%
United		82%			91%	94%	94%	94%	93%	87%	80%	100%	100%
Statewide	87%	84%	No Data	No Data	94%	95%	96%	95%	92%	88%	90%	94%	97%
IDD													
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	100%	100%	97%	100%	100%	89%	100%
Amerigroup		92%			93%	100%	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Sunflower		96%			99%	97%	96%	95%	111%	95%	93%	100%	100%
United		93%			92%	100%	95%	90%	98%	90%	91%	100%	94%
Statewide	Not a Measure	94%	No Data	No Data	96%	98%	96%	95%	98%	94%	94%	98%	98%
BI													
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	100%	88%	91%	71%	67%	100%	100%
Amerigroup		81%			81%	87%	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Sunflower		88%			79%	78%	95%	88%	89%	67%	75%	80%	75%
United		83%			76%	92%	92%	100%	81%	91%	85%	75%	81%
Statewide	Not a Measure	83%	No Data	No Data	80%	85%	95%	91%	86%	79%	78%	84%	84%
TA													
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	60%	100%	94%	100%	100%	86%	100%
Amerigroup		89%			96%	98%	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Sunflower		84%			94%	95%	100%	100%	94%	100%	100%	100%	80%
United		85%			94%	100%	93%	100%	91%	90%	100%	86%	100%
Statewide	Not a Measure	87%	No Data	No Data	95%	98%	92%	100%	93%	96%	100%	90%	92%
Autism													
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	100%	75%	100%	0%	50%	0%	0%
Amerigroup		74%			89%	67%	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Sunflower		70%			50%	88%	67%	100%	50%	100%	N/A	100%	100%
United		60%			75%	50%	73%	33%	78%	50%	100%	N/A	0%
Statewide	Not a Measure	71%	No Data	No Data	68%	68%	71%	71%	68%	75%	75%	75%	25%
SED	Not a Waiver Performance Measure												
Aetna													
Amerigroup													
Sunflower													
United													
Statewide													

KDADS HCBS Quality Review Report

Service Plan

PM 10: Number and percent of waiver participants whose record contains documentation indicating a choice of waiver service providers

Numerator: Number of waiver participants whose record contains documentation indicating a choice of waiver service providers

Denominator: Number of waiver participants whose service plans were reviewed

Review Period: 10/01/2022 - 12/31/2022

Data Source: MCO Record Review

Compliance By Waiver	Aetna	Sunflower	United	Statewide
PD	96%	97%	94%	96%
Numerator	27	30	33	90
Denominator	28	31	35	94
FE	83%	96%	98%	93%
Numerator	24	26	40	90
Denominator	29	27	41	97
IDD	100%	98%	97%	98%
Numerator	16	49	29	94
Denominator	16	50	30	96
BI	91%	100%	90%	93%
Numerator	21	21	27	69
Denominator	23	21	30	74
TA	100%	100%	100%	100%
Numerator	18	20	29	67
Denominator	18	20	29	67
Autism	100%	100%	86%	92%
Numerator	3	3	6	12
Denominator	3	3	7	13
SED	96%	97%	91%	95%
Numerator	24	32	31	87
Denominator	25	33	34	92

Explanation of Findings:

Threshold achieved for all waivers.

Remediation:

No remediation necessary.

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

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

KDADS HCBS Quality Review Report

Service Plan

PM 11: Number and percent of waiver participants whose record contains documentation indicating a choice of waiver services

Numerator: Number of waiver participants whose record contains documentation indicating a choice of waiver services

Denominator: Number of waiver participants whose service plans were reviewed

Review Period: 10/01/2022 - 12/31/2022

Data Source: MCO Record Review

Compliance By Waiver	Aetna	Sunflower	United	Statewide
PD	96%	97%	94%	96%
Numerator	27	30	33	90
Denominator	28	31	35	94
FE	83%	96%	98%	93%
Numerator	24	26	40	90
Denominator	29	27	41	97
IDD	100%	98%	97%	98%
Numerator	16	49	29	94
Denominator	16	50	30	96
BI	91%	100%	90%	93%
Numerator	21	21	27	69
Denominator	23	21	30	74
TA	100%	100%	100%	100%
Numerator	18	20	29	67
Denominator	18	20	29	67
Autism	100%	100%	86%	92%
Numerator	3	3	6	12
Denominator	3	3	7	13
SED	96%	97%	91%	95%
Numerator	24	32	31	87
Denominator	25	33	34	92

Explanation of Findings:

Threshold achieved for all waivers.

Remediation:

No remediation necessary.

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

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

KDADS HCBS Quality Review Report

Service Plan

PM 12: Number and percent of waiver participants whose record contains documentation indicating a choice of community-based services v. an institutional alternative

Numerator: Number of waiver participants whose record contains documentation indicating a choice of community-based services

Denominator: Number of waiver participants whose files are reviewed for the documentation

Review Period: 10/01/2022 - 12/31/2022

Data Source: MCO Record Review

Compliance By Waiver	Aetna	Sunflower	United	Statewide
PD	96%	97%	94%	96%
Numerator	27	30	33	90
Denominator	28	31	35	94
FE	83%	96%	98%	93%
Numerator	24	26	40	90
Denominator	29	27	41	97
IDD	100%	98%	97%	98%
Numerator	16	49	29	94
Denominator	16	50	30	96
BI	91%	100%	90%	93%
Numerator	21	21	27	69
Denominator	23	21	30	74
TA	100%	100%	100%	100%
Numerator	18	20	29	67
Denominator	18	20	29	67
Autism	100%	100%	86%	92%
Numerator	3	3	6	12
Denominator	3	3	7	13
SED	96%	97%	91%	95%
Numerator	24	32	31	87
Denominator	25	33	34	92

Explanation of Findings:

Threshold achieved for all waivers.

Remediation:

No remediation necessary.

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

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

KDADS HCBS Quality Review Report

Service Plan

PM 13: Number and percent of waiver participants whose record contains documentation indicating a choice of either self-directed or agency-directed care

Numerator: Number of waiver participants whose record contains documentation indicating a choice of either self-directed or agency-directed care

Denominator: Number of waiver participants whose files are reviewed for the documentation

Review Period: 10/01/2022 - 12/31/2022

Data Source: MCO Record Review

Compliance By Waiver	Aetna	Sunflower	United	Statewide
PD	96%	97%	94%	96%
Numerator	27	30	33	90
Denominator	28	31	35	94
FE	83%	96%	98%	93%
Numerator	24	26	40	90
Denominator	29	27	41	97
IDD	100%	98%	97%	98%
Numerator	16	49	29	94
Denominator	16	50	30	96
BI	91%	100%	90%	93%
Numerator	21	21	27	69
Denominator	23	21	30	74
TA	100%	100%	100%	100%
Numerator	18	20	29	67
Denominator	18	20	29	67
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:

Threshold achieved for all waivers.

Remediation:

No remediation necessary.

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

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

KDADS HCBS Quality Review Report

Service Plan

PM 14: Number and percent of service plans reviewed at least every 90 days

Numerator: Number of service plans reviewed at least every 90 days

Denominator: Number of waiver participants whose service plans were reviewed

Review Period: 10/01/2022 - 12/31/2022

Data Source: MCO Record Review

Compliance By Waiver	Aetna	Sunflower	United	Statewide
PD	Not a Waiver Performance Measure			
Numerator	Not a Waiver Performance Measure			
Denominator	Not a Waiver Performance Measure			
FE	Not a Waiver Performance Measure			
Numerator	Not a Waiver Performance Measure			
Denominator	Not a Waiver Performance Measure			
IDD	Not a Waiver Performance Measure			
Numerator	Not a Waiver Performance Measure			
Denominator	Not a Waiver Performance Measure			
BI	Not a Waiver Performance Measure			
Numerator	Not a Waiver Performance Measure			
Denominator	Not a Waiver Performance Measure			
TA	Not a Waiver Performance Measure			
Numerator	Not a Waiver Performance Measure			
Denominator	Not a Waiver Performance Measure			
Autism	Not a Waiver Performance Measure			
Numerator	Not a Waiver Performance Measure			
Denominator	Not a Waiver Performance Measure			
SED	72%	73%	82%	76%
Numerator	18	24	28	70
Denominator	25	33	34	92

Explanation of Findings:

SED: No valid signature and/or date, service plan not provided or does not cover entire review period

Remediation:

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

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

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

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

Compliance Trends	2017	2018	2019	2020	2021	Jan-Mar 2022	Apr-Jun 2022	Jul-Sept 2022	Oct-Dec 2022
PD	Not a Waiver Performance Measure								
FE	Not a Waiver Performance Measure								
IDD	Not a Waiver Performance Measure								
BI	Not a Waiver Performance Measure								
TA	Not a Waiver Performance Measure								
Autism	Not a Waiver Performance Measure								
SED									
Aetna	N/A	N/A	80%	32%	46%	17%	28%	29%	72%
Amerigroup	99%	92%	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Sunflower	88%	90%	88%	34%	35%	36%	22%	48%	73%
United	83%	94%	94%	36%	70%	85%	75%	82%	82%
Statewide	91%	92%	89%	35%	51%	49%	43%	56%	76%

KDADS HCBS Quality Review Report

Health and Welfare

PM 1: Number and percent of unexpected deaths for which review/investigation resulted in the identification of preventable causes

Numerator: Number of unexpected deaths for which review/investigation resulted in the identification of non-preventable causes

Denominator: Number of unexpected deaths

Review Period: 10/01/2022 - 12/31/2022

Data Source: Adverse Incident Reporting

Compliance By Waiver	Aetna	Sunflower	United	Statewide
PD	100%	100%	100%	100%
Numerator	2	8	7	17
Denominator	2	8	7	17
FE	100%	100%	100%	100%
Numerator	1	8	14	23
Denominator	1	8	14	23
IDD	100%	100%	100%	100%
Numerator	3	11	2	16
Denominator	3	11	2	16
BI	N/A	N/A	100%	100%
Numerator	0	0	2	2
Denominator	0	0	2	2
TA	N/A	100%	100%	100%
Numerator	0	2	1	3
Denominator	0	2	1	3
Autism	N/A	N/A	N/A	N/A
Numerator	0	0	0	0
Denominator	0	0	0	0
SED	N/A	N/A	N/A	N/A
Numerator	0	0	0	0
Denominator	0	0	0	0

Explanation of Findings:

Thresholds achieved for all measures.

Remediation:

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

Compliance Trends	2013	2014	2015	2016	2017	2018	2019	2020	2021	Jan-Mar 2022	Apr-Jun 2022	Jul-Sept 2022	Oct-Dec 2022
PD													
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	N/A	100%	88%	N/A	N/A	100%	100%
Amerigroup								N/A	N/A	N/A	N/A	N/A	N/A
Sunflower	No Data						90%	96%	83%	88%	67%	100%	100%
United	No Data						100%	86%	97%	91%	100%	100%	100%
Statewide	No Data						92%	93%	89%	89%	91%	100%	100%
FE													
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	N/A	100%	100%	N/A	N/A	N/A	100%
Amerigroup								N/A	N/A	N/A	N/A	N/A	N/A
Sunflower	No Data						100%	100%	92%	69%	83%	100%	100%
United	No Data						75%	96%	94%	100%	100%	100%	100%
Statewide	No Data						96%	98%	94%	81%	92%	100%	100%
IDD													
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	100%	100%	91%	100%	100%	100%	100%
Amerigroup								N/A	N/A	N/A	N/A	N/A	N/A
Sunflower	No Data						98%	100%	83%	94%	91%	100%	100%
United	No Data						93%	95%	92%	90%	100%	100%	100%
Statewide	No Data						97%	99%	86%	94%	95%	100%	100%
BI													
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	N/A	0%	100%	0%	N/A	50%	N/A
Amerigroup								N/A	N/A	N/A	N/A	N/A	N/A
Sunflower	No Data						100%	100%	80%	N/A	0%	N/A	N/A
United	No Data						N/A	N/A	75%	50%	100%	N/A	100%
Statewide	No Data						100%	67%	79%	40%	50%	50%	100%
TA													
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	100%	N/A	100%	N/A	N/A
Amerigroup								N/A	N/A	N/A	N/A	N/A	N/A
Sunflower	No Data						100%	100%	100%	100%	100%	100%	100%
United	No Data						N/A	100%	75%	100%	N/A	100%	100%
Statewide	No Data						100%	100%	86%	100%	100%	100%	100%
Autism													
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Amerigroup								N/A	N/A	N/A	N/A	N/A	N/A
Sunflower	No Data						N/A	N/A	N/A	N/A	N/A	N/A	N/A
United	No Data						N/A	N/A	N/A	N/A	N/A	N/A	N/A
Statewide	No Data						N/A	N/A	N/A	N/A	N/A	N/A	N/A
SED													
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Amerigroup								N/A	N/A	N/A	N/A	N/A	N/A
Sunflower	No Data						N/A	N/A	N/A	N/A	N/A	N/A	N/A
United	No Data						N/A	N/A	N/A	N/A	N/A	N/A	N/A
Statewide	No Data						N/A	N/A	N/A	N/A	N/A	N/A	N/A

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: 10/01/2022 - 12/31/2022

Data Source: Adverse Incident Reporting

Compliance By Waiver	Aetna	Sunflower	United	Statewide
PD	100%	100%	100%	100%
Numerator	2	8	7	17
Denominator	2	8	7	17
FE	100%	100%	100%	100%
Numerator	1	8	14	23
Denominator	1	8	14	23
IDD	100%	100%	100%	100%
Numerator	3	11	2	16
Denominator	3	11	2	16
BI	N/A	N/A	50%	50%
Numerator	0	0	1	1
Denominator	0	0	2	2
TA	N/A	100%	100%	100%
Numerator	0	2	1	3
Denominator	0	2	1	3
Autism	N/A	N/A	N/A	N/A
Numerator	0	0	0	0
Denominator	0	0	0	0
SED	N/A	N/A	N/A	N/A
Numerator	0	0	0	0
Denominator	0	0	0	0

Explanation of Findings:

BI waiver: Reason for non-compliance was due to Program Integrity staff omitting to respond correctly to the questions necessary to complete a death report.

Remediation:

In September of 2022, Additional training was provided to the entire Program Integrity Compliance (PIC) team on the process for completing reports which included which questions needed to be completed based on the incident type and how to appropriately respond based on the information provided from the MCO. In addition to the training, the PIC team was provided a quick reference guide that is updated regularly as additional education is provided.

Compliance Trends	2013	2014	2015	2016	2017	2018	2019	2020	2021	Jan-Mar 2022	Apr-Jun 2022	Jul-Sept 2022	Oct-Dec 2022
PD													
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	N/A	100%	100%	N/A	N/A	100%	100%
Amerigroup								N/A	N/A	N/A	N/A	N/A	N/A
Sunflower	No Data						83%	100%	98%	100%	100%	100%	100%
United	No Data						100%	100%	100%	100%	100%	100%	100%
Statewide	No Data						88%	100%	99%	100%	100%	100%	100%
FE													
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	N/A	100%	100%	N/A	N/A	N/A	100%
Amerigroup								N/A	N/A	N/A	N/A	N/A	N/A
Sunflower	No Data						89%	100%	96%	100%	83%	100%	100%
United	No Data						75%	100%	97%	100%	100%	100%	100%
Statewide	No Data						87%	100%	97%	100%	92%	100%	100%
IDD													
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	N/A	100%	100%	100%	100%	100%	100%
Amerigroup								N/A	N/A	N/A	N/A	N/A	N/A
Sunflower	No Data						92%	100%	96%	100%	100%	100%	100%
United	No Data						87%	100%	92%	100%	100%	100%	100%
Statewide	No Data						92%	100%	95%	100%	100%	100%	100%
BI													
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	N/A	100%	100%	100%	N/A	100%	N/A
Amerigroup								N/A	N/A	N/A	N/A	N/A	N/A
Sunflower	No Data						100%	100%	100%	N/A	100%	N/A	N/A
United	No Data						N/A	N/A	100%	50%	100%	N/A	50%
Statewide	No Data						100%	100%	100%	60%	100%	100%	50%
TA													
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	100%	N/A	100%	N/A
Amerigroup								N/A	N/A	N/A	N/A	N/A	N/A
Sunflower	No Data						100%	100%	100%	100%	100%	100%	100%
United	No Data						N/A	100%	100%	100%	N/A	100%	100%
Statewide	No Data						100%	100%	100%	100%	100%	100%	100%
Autism													
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Amerigroup								N/A	N/A	N/A	N/A	N/A	N/A
Sunflower	No Data						N/A	N/A	N/A	N/A	N/A	N/A	N/A
United	No Data						N/A	N/A	N/A	N/A	N/A	N/A	N/A
Statewide	No Data						N/A	N/A	N/A	N/A	N/A	N/A	N/A
SED													
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Amerigroup								N/A	N/A	N/A	N/A	N/A	N/A
Sunflower	No Data						N/A	N/A	N/A	N/A	N/A	N/A	N/A
United	No Data						N/A	N/A	N/A	N/A	N/A	N/A	N/A
Statewide	No Data						N/A	N/A	N/A	N/A	N/A	N/A	N/A

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: 10/01/2022 - 12/31/2022

Data Source: Adverse Incident Reporting

Compliance By Waiver	Aetna	Sunflower	United	Statewide
PD	100%	100%	100%	100%
Numerator	2	8	7	17
Denominator	2	8	7	17
FE	100%	100%	100%	100%
Numerator	1	8	14	23
Denominator	1	8	14	23
IDD	100%	100%	100%	100%
Numerator	3	11	2	16
Denominator	3	11	2	16
BI	N/A	N/A	100%	100%
Numerator	0	0	2	2
Denominator	0	0	2	2
TA	N/A	100%	100%	100%
Numerator	0	2	1	3
Denominator	0	2	1	3
Autism	N/A	N/A	N/A	N/A
Numerator	0	0	0	0
Denominator	0	0	0	0
SED	N/A	N/A	N/A	N/A
Numerator	0	0	0	0
Denominator	0	0	0	0

Explanation of Findings:

Thresholds achieved for all measures.

Remediation:

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

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

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: 10/01/2022 - 12/31/2022

Data Source: MCO Record Review

Compliance By Waiver	Aetna	Sunflower	United	Statewide
PD	96%	97%	97%	97%
Numerator	27	30	34	91
Denominator	28	31	35	94
FE	83%	96%	98%	93%
Numerator	24	26	40	90
Denominator	29	27	41	97
IDD	100%	100%	97%	99%
Numerator	16	50	29	95
Denominator	16	50	30	96
BI	91%	100%	93%	95%
Numerator	21	21	28	70
Denominator	23	21	30	74
TA	100%	100%	100%	100%
Numerator	18	20	29	67
Denominator	18	20	29	67
Autism	100%	100%	86%	92%
Numerator	3	3	6	12
Denominator	3	3	7	13
SED	96%	97%	91%	95%
Numerator	24	32	31	87
Denominator	25	33	34	92

Explanation of Findings:

Threshold achieved for all waivers.

Remediation:

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

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

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

KDADS HCBS Quality Review Report

Health and Welfare

PM 5: Number and percent of participants' reported critical incidents that were initiated and reviewed within required time frames

Numerator: Number of participants' reported critical incidents that were initiated and reviewed within required time frames as specified in the approved waiver

Denominator: Number of participants' reported critical incidents

Review Period: 10/01/2022 - 12/31/2022

Data Source: Adverse Incident Reporting

Compliance By Waiver	Aetna	Sunflower	United	Statewide
PD	100%	79%	100%	95%
Numerator	36	48	142	226
Denominator	36	61	142	239
FE	100%	66%	100%	91%
Numerator	24	39	152	215
Denominator	24	59	152	235
IDD	98%	87%	100%	93%
Numerator	252	808	494	1554
Denominator	256	929	494	1679
BI	97%	89%	100%	95%
Numerator	38	62	83	183
Denominator	39	70	83	192
TA	100%	100%	100%	100%
Numerator	1	5	40	46
Denominator	1	5	40	46
Autism	N/A	N/A	N/A	N/A
Numerator	0	0	0	0
Denominator	0	0	0	0
SED	N/A	50%	100%	97%
Numerator	0	1	27	28
Denominator	0	2	27	29

Explanation of Findings:

Thresholds achieved for all measures.

Remediation:

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

Compliance Trends	2013	2014	2015	2016	2017	2018	2019	2020	2021	Jan-Mar 2022	Apr-Jun 2022	Jul-Sept 2022	Oct-Dec 2022
PD													
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	79%	97%	97%	100%	100%	91%	100%
Amerigroup							N/A	N/A	N/A	N/A	N/A	N/A	N/A
Sunflower	No Data						98%	88%	92%	96%	98%	96%	79%
United	No Data						100%	99%	99%	100%	98%	100%	100%
Statewide	No Data						96%	96%	96%	99%	99%	97%	95%
FE													
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	83%	97%	96%	100%	91%	98%	100%
Amerigroup							N/A	N/A	N/A	N/A	N/A	N/A	N/A
Sunflower	No Data						96%	85%	95%	97%	98%	93%	66%
United	No Data						98%	99%	100%	100%	100%	100%	100%
Statewide	No Data						95%	94%	97%	98%	97%	96%	91%
IDD													
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	85%	93%	98%	98%	99%	99%	98%
Amerigroup							N/A	N/A	N/A	N/A	N/A	N/A	N/A
Sunflower	No Data						97%	89%	91%	99%	99%	96%	87%
United	No Data						99%	99%	99%	99%	99%	100%	100%
Statewide	No Data						96%	93%	94%	99%	99%	97%	93%
BI													
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	91%	100%	96%	98%	100%	98%	97%
Amerigroup							N/A	N/A	N/A	N/A	N/A	N/A	N/A
Sunflower	No Data						99%	90%	95%	100%	100%	97%	89%
United	No Data						99%	100%	100%	99%	99%	100%	100%
Statewide	No Data						98%	96%	97%	99%	100%	99%	95%
TA													
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	93%	100%	100%	100%	100%	N/A	100%
Amerigroup							N/A	N/A	N/A	N/A	N/A	N/A	N/A
Sunflower	No Data						100%	88%	81%	100%	100%	100%	100%
United	No Data						100%	100%	100%	100%	95%	100%	100%
Statewide	No Data						98%	98%	97%	100%	96%	100%	100%
Autism													
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	100%	N/A	N/A	N/A	N/A
Amerigroup							N/A	N/A	N/A	N/A	N/A	N/A	N/A
Sunflower	No Data						N/A	100%	100%	N/A	N/A	N/A	N/A
United	No Data						100%	100%	100%	N/A	N/A	N/A	N/A
Statewide	No Data						100%	100%	100%	N/A	N/A	N/A	N/A
SED													
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	100%	N/A	N/A	N/A	N/A
Amerigroup							N/A	N/A	N/A	N/A	N/A	N/A	N/A
Sunflower	No Data						N/A	N/A	100%	100%	100%	100%	50%
United	No Data						N/A	N/A	100%	100%	100%	100%	100%
Statewide	No Data						N/A	N/A	100%	100%	100%	100%	97%

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: 10/01/2022 - 12/31/2022

Data Source: Adverse Incident Reporting

Compliance By Waiver	Aetna	Sunflower	United	Statewide
PD	100%	100%	100%	100%
Numerator	34	53	135	222
Denominator	34	53	135	222
FE	100%	100%	100%	100%
Numerator	23	51	138	212
Denominator	23	51	138	212
IDD	100%	100%	100%	100%
Numerator	253	918	492	1663
Denominator	253	918	492	1663
BI	100%	100%	100%	100%
Numerator	39	70	81	190
Denominator	39	70	81	190
TA	100%	100%	100%	100%
Numerator	1	3	39	43
Denominator	1	3	39	43
Autism	N/A	N/A	N/A	N/A
Numerator	0	0	0	0
Denominator	0	0	0	0
SED	N/A	100%	100%	100%
Numerator	0	2	27	29
Denominator	0	2	27	29

Explanation of Findings:

Thresholds achieved for all measures.

Remediation:

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

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

KDADS HCBS Quality Review Report

Health and Welfare

PM 7: Number and percent of restraint applications, seclusion or other restrictive interventions that followed procedures as specified in the approved waiver

Numerator: Number of restraint applications, seclusion or other restrictive interventions that followed procedures as specified in the approved waiver

Denominator: Number of restraint applications, seclusion or other restrictive interventions

Review Period: 10/01/2022 - 12/31/2022

Data Source: Adverse Incident Reporting

Compliance By Waiver	Aetna	Sunflower	United	Statewide
PD	N/A	N/A	N/A	N/A
Numerator	0	0	0	0
Denominator	0	0	0	0
FE	N/A	0%	100%	50%
Numerator	0	0	1	1
Denominator	0	1	1	2
IDD	100%	90%	95%	92%
Numerator	4	26	19	49
Denominator	4	29	20	53
BI	N/A	N/A	N/A	N/A
Numerator	0	0	0	0
Denominator	0	0	0	0
TA	N/A	N/A	N/A	N/A
Numerator	0	0	0	0
Denominator	0	0	0	0
Autism	N/A	N/A	N/A	N/A
Numerator	0	0	0	0
Denominator	0	0	0	0
SED	N/A	N/A	N/A	N/A
Numerator	0	0	0	0
Denominator	0	0	0	0

Explanation of Findings:

FE Waiver: Reason for non-compliance was due to the MCO being unable to make contact with the member to complete follow-up. The MCO made multiple attempts using different methods of contact, but the members daughter was refusing access. Through the efforts of the MCO, it was verified that the member appeared to be stable, and not bothered by the current situation. There is also an open APS investigation for both neglect (daughter) and self-neglect.

Remediation:

The State verified that the member is still active on the FE waiver indicating the annual assessment was completed. APS is actively investigating the case, once completed the State will enter the findings into the AIR system and conduct additional follow-up. The state will continue to support the MCOs on documenting their procedures, including contact attempts, and offering guidance.

Compliance Trends	2013	2014	2015	2016	2017	2018	2019	2020	2021	Jan-Mar 2022	Apr-Jun 2022	Jul-Sept 2022	Oct-Dec 2022
PD													
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Amerigroup													
Sunflower	No Data						N/A	N/A	N/A	N/A	N/A	0%	N/A
United	No Data						N/A	N/A	N/A	N/A	N/A	100%	N/A
Statewide	No Data						N/A	N/A	N/A	N/A	N/A	0%	100%
FE													
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	0%	N/A	N/A
Amerigroup													
Sunflower	No Data						N/A	N/A	N/A	N/A	N/A	N/A	0%
United	No Data						0%	N/A	N/A	0%	N/A	N/A	100%
Statewide	No Data						0%	N/A	N/A	0%	0%	N/A	50%
IDD													
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	100%	90%	75%	67%	100%	93%	100%
Amerigroup							N/A	N/A	N/A	N/A	N/A	N/A	N/A
Sunflower	No Data						91%	N/A	89%	90%	94%	100%	90%
United	No Data						58%	N/A	72%	86%	80%	94%	95%
Statewide	No Data						83%	93%	82%	89%	93%	96%	92%
BI													
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Amerigroup													
Sunflower	No Data						N/A	N/A	N/A	N/A	N/A	N/A	N/A
United	No Data						N/A	N/A	100%	N/A	N/A	N/A	N/A
Statewide	No Data						N/A	N/A	100%	N/A	N/A	N/A	N/A
TA													
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Amerigroup													
Sunflower	No Data						N/A	N/A	N/A	N/A	N/A	N/A	N/A
United	No Data						0%	N/A	N/A	N/A	N/A	N/A	N/A
Statewide	No Data						0%	N/A	N/A	N/A	N/A	N/A	N/A
Autism													
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Amerigroup													
Sunflower	No Data						N/A	N/A	N/A	N/A	N/A	N/A	N/A
United	No Data						N/A	N/A	N/A	N/A	N/A	N/A	N/A
Statewide	No Data						N/A	N/A	N/A	N/A	N/A	N/A	N/A
SED													
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Amerigroup													
Sunflower	No Data						N/A	N/A	N/A	100%	N/A	N/A	N/A
United	No Data						N/A	N/A	100%	N/A	N/A	N/A	N/A
Statewide	No Data						N/A	N/A	100%	100%	N/A	N/A	N/A

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: 10/01/2022 - 12/31/2022

Data Source: Adverse Incident Reporting

Compliance By Waiver	Aetna	Sunflower	United	Statewide
PD	N/A	N/A	N/A	N/A
Numerator	0	0	0	0
Denominator	0	0	0	0
FE	N/A	N/A	N/A	N/A
Numerator	0	0	0	0
Denominator	0	0	0	0
IDD	N/A	100%	100%	100%
Numerator	0	2	1	3
Denominator	0	2	1	3
BI	N/A	N/A	N/A	N/A
Numerator	0	0	0	0
Denominator	0	0	0	0
TA	N/A	N/A	N/A	N/A
Numerator	0	0	0	0
Denominator	0	0	0	0
Autism	N/A	N/A	N/A	N/A
Numerator	0	0	0	0
Denominator	0	0	0	0
SED	N/A	N/A	N/A	N/A
Numerator	0	0	0	0
Denominator	0	0	0	0

Explanation of Findings:

Thresholds achieved for all measures.

Remediation:

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

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

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: 10/01/2022 - 12/31/2022

Data Source: MCO Record Review

Compliance By Waiver	Aetna	Sunflower	United	Statewide
PD	64%	74%	86%	76%
Numerator	18	23	30	71
Denominator	28	31	35	94
FE	86%	52%	90%	78%
Numerator	25	14	37	76
Denominator	29	27	41	97
IDD	75%	82%	83%	81%
Numerator	12	41	25	78
Denominator	16	50	30	96
BI	70%	76%	93%	81%
Numerator	16	16	28	60
Denominator	23	21	30	74
TA	94%	70%	90%	85%
Numerator	17	14	26	57
Denominator	18	20	29	67
Autism	67%	67%	86%	77%
Numerator	2	2	6	10
Denominator	3	3	7	13
SED	88%	70%	65%	73%
Numerator	22	23	22	67
Denominator	25	33	34	92

Explanation of Findings:

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

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

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

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

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

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

SED: Evidence of physical exam not provided for review and/or did not meet physical exam

Remediation:

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

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

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

Compliance Trends	2013	2014	2015	2016	2017	2018	2019	2020	2021	Jan-Mar 2022	Apr-Jun 2022	Jul-Sept 2022	Oct-Dec 2022
PD													
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	76%	68%	68%	75%	68%	80%	64%
Amerigroup		78%			20%	46%	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Sunflower		81%			34%	40%	54%	71%	75%	77%	90%	91%	74%
United		88%			34%	23%	77%	79%	94%	97%	95%	97%	86%
Statewide	Not a Measure	82%	No Data	No Data	29%	37%	68%	73%	80%	84%	86%	90%	76%
FE													
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	56%	64%	76%	76%	85%	82%	86%
Amerigroup		89%			23%	34%	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Sunflower		97%			31%	28%	59%	66%	57%	69%	62%	52%	
United		97%			31%	18%	71%	78%	86%	97%	92%	90%	90%
Statewide	Not a Measure	95%	No Data	No Data	29%	27%	64%	71%	74%	79%	83%	80%	78%
IDD													
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	88%	83%	73%	75%	88%	100%	75%
Amerigroup		91%			28%	56%	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Sunflower		99%			52%	70%	86%	84%	88%	92%	90%	92%	82%
United		99%			26%	29%	72%	73%	87%	90%	97%	81%	83%
Statewide	Not a Measure	97%	No Data	No Data	39%	56%	82%	83%	85%	88%	91%	89%	81%
BI													
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	60%	81%	76%	81%	91%	78%	70%
Amerigroup		84%			21%	29%	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Sunflower		94%			32%	30%	55%	76%	66%	62%	76%	89%	76%
United		93%			19%	35%	78%	88%	92%	96%	86%	97%	93%
Statewide	Not a Measure	90%	No Data	No Data	23%	30%	64%	82%	79%	81%	85%	89%	81%
TA													
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	81%	74%	88%	94%	76%	76%	94%
Amerigroup		100%			39%	54%	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Sunflower		100%			52%	79%	91%	69%	84%	81%	85%	90%	70%
United		97%			68%	62%	87%	85%	86%	96%	89%	85%	90%
Statewide	Not a Measure	100%	No Data	No Data	49%	63%	88%	77%	86%	91%	84%	84%	85%
Autism													
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	40%	79%	57%	100%	50%	100%	67%
Amerigroup		100%			56%	90%	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Sunflower		92%			65%	73%	77%	100%	100%	100%	100%	100%	67%
United		100%			19%	42%	60%	43%	87%	100%	88%	100%	86%
Statewide	Not a Measure	98%	No Data	No Data	48%	59%	63%	65%	87%	100%	85%	100%	77%
SED													
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	70%	84%	76%	91%	72%	71%	88%
Amerigroup		54%			76%	87%	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Sunflower		55%			27%	71%	72%	73%	81%	82%	72%	68%	70%
United		46%			47%	61%	59%	62%	81%	85%	75%	79%	65%
Statewide	Not a Measure	52%	No Data	No Data	52%	67%	66%	71%	80%	85%	73%	73%	73%

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: 10/01/2022 - 12/31/2022

Data Source: MCO Record Review

Compliance By Waiver	Aetna	Sunflower	United	Statewide
PD	96%	97%	94%	96%
Numerator	27	30	33	90
Denominator	28	31	35	94
FE	83%	96%	98%	93%
Numerator	24	26	40	90
Denominator	29	27	41	97
IDD	100%	98%	97%	98%
Numerator	16	49	29	94
Denominator	16	50	30	96
BI	91%	100%	90%	93%
Numerator	21	21	27	69
Denominator	23	21	30	74
TA	100%	100%	100%	100%
Numerator	18	20	29	67
Denominator	18	20	29	67
Autism	100%	100%	86%	92%
Numerator	3	3	6	12
Denominator	3	3	7	13
SED	Not a Waiver Performance Measure			
Numerator				
Denominator				

Explanation of Findings:

Threshold achieved for all waivers.

Remediation:

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

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

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

KDADS HCBS Quality Review Report

Financial Accountability

PM 1: Number and percent of clean claims that are paid by the managed care organization within the timeframes specified in the contract

Numerator: Number of clean claims that are paid by the managed care organization within the timeframes specified in the contract

Denominator: Total number of provider claims

Review Period: 10/01/2022 - 12/31/2022

Data Source: MCO Claims Data

Compliance By Waiver	Statewide
PD	99%
Numerator	76,781
Denominator	76,849
FE	99%
Numerator	101,926
Denominator	101,997
IDD	99%
Numerator	133,293
Denominator	133,375
BI	99%
Numerator	18,990
Denominator	19,013
TA	99%
Numerator	8,485
Denominator	8,492
Autism	100%
Numerator	52
Denominator	52
SED	99%
Numerator	16,660
Denominator	16,732
All HCBS Waivers	99%
Numerator	356,187
Denominator	356,510

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

Explanation of Findings:

Performance Measure threshold achieved for all waivers.

Remediation:

No remediation necessary.

KDADS HCBS Quality Review Report

Financial Accountability

PM 2: Number and percent of payment rates that were certified to be actuarially sound by the State's actuary and approved by CMS

Numerator: Number of payment rates that were certified to be actuarially sound by the State's actuary and approved by CMS

Denominator: Total number of capitation (payment) rates

Review Period: Calendar Year 2022

Data Source: KDHE

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

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

Explanation of Findings:

Performance Measure threshold achieved for all waivers.

Remediation:

No remediation necessary

1115 Waiver- Safety Net Care Pool Report

Demonstration Year 11 - Quarter Two

Large Public Teaching Hospital\Border City Children's Hospital Pool
Paid date 5/11/2023

Hospital Name	LPTH\BCCH DY/QTR 2023/2	State General Fund 1000	Federal Medicaid Fund 3414
University Of Kansas Hospital Authority*	1,848,103	651,271	1,196,832
Children's Mercy Hospital	616,034	217,090	398,944
Total	2,464,137	868,362	1,595,775

*SGF paid with IGT.

1115 Waiver- Safety Net Care Pool Report

Demonstration Year 11 - Quarter Two

Health Care Access Improvement Pool

Paid Date 5/11/2023

Provider Name	Program Name	Program ID	Amount	Payment Date	Liability Dates	Warrant number	Provider Access Fund 2443	Federal Medicaid Fund 3414
Adventhealth Ottawa	Health Care Access Improvement Program	3264	14,572	5/11/2023	1/01/2023 & 4/01/2023	0009372866	5,135	9,437
Adventhealth Shawnee Mission	Health Care Access Improvement Program	3264	1,783,396	5/11/2023	1/01/2023 & 4/01/2023	0009372452	628,469	1,154,927
Ascension Via Christi Hospital Pittsburg	Health Care Access Improvement Program	3264	622,848	5/11/2023	1/01/2023 & 4/01/2023	0009372430	219,492	403,356
Ascension Via Christi Rehab Hospital	Health Care Access Improvement Program	3264	57,670	5/11/2023	1/01/2023 & 4/01/2023	0009372654	20,323	37,347
Ascension Via Christi St. Francis	Health Care Access Improvement Program	3264	4,735,138	5/11/2023	1/01/2023 & 4/01/2023	0009372683	1,668,663	3,066,475
Ascension Via Christi St. Teresa	Health Care Access Improvement Program	3264	120,454	5/11/2023	1/01/2023 & 4/01/2023	2006110664	42,448	78,006
Bob Wilson Memorial Grant County Hospital	Health Care Access Improvement Program	3264	88,648	5/11/2023	1/01/2023 & 4/01/2023	0009391689	31,240	57,408
Children's Mercy Hospital Kansas	Health Care Access Improvement Program	3264	48,188	5/11/2023	1/01/2023 & 4/01/2023	0009391668	16,981	31,207
Coffeyville Regional Medical Center Inc	Health Care Access Improvement Program	3264	34,866	5/11/2023	1/01/2023 & 4/01/2023	0009372686	12,287	22,579
Hays Medical Center	Health Care Access Improvement Program	3264	149,240	5/11/2023	1/01/2023 & 4/01/2023	0009372437	52,592	96,648
Hutchinson Regional Medical Center Inc	Health Care Access Improvement Program	3264	89,674	5/11/2023	1/01/2023 & 4/01/2023	0009372571	31,601	58,073
Kansas Heart Hospital LLC	Health Care Access Improvement Program	3264	5,788	5/11/2023	1/01/2023 & 4/01/2023	0009372790	2,040	3,748
Kansas Medical Center LLC	Health Care Access Improvement Program	3264	3,198	5/11/2023	1/01/2023 & 4/01/2023	0009372335	1,127	2,071
Kansas Rehabilitation Hospital	Health Care Access Improvement Program	3264	4,594	5/11/2023	1/01/2023 & 4/01/2023	0009409912	1,619	2,975
Kansas Spine & Specialty Hosp	Health Care Access Improvement Program	3264	784	5/11/2023	1/01/2023 & 4/01/2023	0009372716	276	508
Kansas Surgery And Recovery Center	Health Care Access Improvement Program	3264	3,090	5/11/2023	1/01/2023 & 4/01/2023	0009378949	1,089	2,001
Labette Co Med	Health Care Access Improvement Program	3264	34,848	5/11/2023	1/01/2023 & 4/01/2023	0009416740	12,280	22,568
Lawrence Memorial Hospital	Health Care Access Improvement Program	3264	230,604	5/11/2023	1/01/2023 & 4/01/2023	0009372738	81,265	149,339
Manhattan Surgical Hospital	Health Care Access Improvement Program	3264	250	5/11/2023	1/01/2023 & 4/01/2023	2006082795	88	162
Mcperson Hospital Inc	Health Care Access Improvement Program	3264	9,472	5/11/2023	1/01/2023 & 4/01/2023	0009372578	3,338	6,134
Menorah Medical Center	Health Care Access Improvement Program	3264	469,840	5/11/2023	1/01/2023 & 4/01/2023	0009385684	165,572	304,268
Mercy Hospital Inc	Health Care Access Improvement Program	3264	3,602	5/11/2023	1/01/2023 & 4/01/2023	2006098105	1,269	2,333
Miami County Medical Center Inc	Health Care Access Improvement Program	3264	85,956	5/11/2023	1/01/2023 & 4/01/2023	0009378951	30,291	55,665
Midamerica Rehabilitation Hospital	Health Care Access Improvement Program	3264	7,862	5/11/2023	1/01/2023 & 4/01/2023	0009409936	2,771	5,091
Morton County Hospital	Health Care Access Improvement Program	3264	2,280	5/11/2023	1/01/2023 & 4/01/2023	0009391860	803	1,477
NMC Health Medical Center	Health Care Access Improvement Program	3264	49,058	5/11/2023	1/01/2023 & 4/01/2023	0009372621	17,288	31,770
Olathe Medical Center Inc	Health Care Access Improvement Program	3264	736,676	5/11/2023	1/01/2023 & 4/01/2023	0009372445	259,605	477,071
Overland Park Reg Med Ctr	Health Care Access Improvement Program	3264	1,997,108	5/11/2023	1/01/2023 & 4/01/2023	0009372410	703,781	1,293,327
Prairie View Hospital	Health Care Access Improvement Program	3264	60,778	5/11/2023	1/01/2023 & 4/01/2023	0009391717	21,418	39,360
Pratt Regional Medical Center	Health Care Access Improvement Program	3264	4,520	5/11/2023	1/01/2023 & 4/01/2023	0009378923	1,593	2,927
Providence Medical Center	Health Care Access Improvement Program	3264	690,270	5/11/2023	1/01/2023 & 4/01/2023	2006082812	243,251	447,019
Rehabilitation Hospital Of OP	Health Care Access Improvement Program	3264	10,652	5/11/2023	1/01/2023 & 4/01/2023	2006083089	3,754	6,898

1115 Waiver- Safety Net Care Pool Report

Demonstration Year 11 - Quarter Two

Health Care Access Improvement Pool

Paid Date 5/11/2023

Provider Name	Program Name	Program ID	Amount	Payment Date	Liability Dates	Warrant number	Provider Access Fund 2443	Federal Medicaid Fund 3414
Saint John Hospital	Health Care Access Improvement Program	3264	13,318	5/11/2023	1/01/2023 & 4/01/2023	2006082810	4,693	8,625
Saint Lukes South Hospital Inc	Health Care Access Improvement Program	3264	184,374	5/11/2023	1/01/2023 & 4/01/2023	0009372703	64,973	119,401
Salina Regional Health Center	Health Care Access Improvement Program	3264	410,216	5/11/2023	1/01/2023 & 4/01/2023	0009372675	144,560	265,656
Salina Surgical Hospital	Health Care Access Improvement Program	3264	536	5/11/2023	1/01/2023 & 4/01/2023	2006083009	189	347
South Central Kansas Reg Med Ctr	Health Care Access Improvement Program	3264	2,328	5/11/2023	1/01/2023 & 4/01/2023	0009372605	820	1,508
Southwest Medical Center	Health Care Access Improvement Program	3264	9,060	5/11/2023	1/01/2023 & 4/01/2023	0009372461	3,193	5,867
St Catherine Hospital-Garden City	Health Care Access Improvement Program	3264	399,772	5/11/2023	1/01/2023 & 4/01/2023	0009372426	140,880	258,892
St Catherine Hospital-Dodge City	Health Care Access Improvement Program	3264	62,666	5/11/2023	1/01/2023 & 4/01/2023	0009372429	22,083	40,583
Stormont Vail Health Care Inc	Health Care Access Improvement Program	3264	1,119,788	5/11/2023	1/01/2023 & 4/01/2023	0009370726	394,613	725,175
Stormont Vail Health Flint Hills	Health Care Access Improvement Program	3264	21,316	5/11/2023	1/01/2023 & 4/01/2023	0009410035	7,512	13,804
Susan B Allen Memorial Hospital	Health Care Access Improvement Program	3264	35,232	5/11/2023	1/01/2023 & 4/01/2023	0009372447	12,416	22,816
The Univ Of Ks Health System Great Bend	Health Care Access Improvement Program	3264	14,530	5/11/2023	1/01/2023 & 4/01/2023	0009372860	5,120	9,410
Topeka Hospital LLC D/B/A The University Of Kansas	Health Care Access Improvement Program	3264	679,620	5/11/2023	1/01/2023 & 4/01/2023	0009372856	239,498	440,122
Via Christi Hospital Manhattan	Health Care Access Improvement Program	3264	405,298	5/11/2023	1/01/2023 & 4/01/2023	0009372693	142,827	262,471
Wesley Medical Center	Health Care Access Improvement Program	3264	4,983,680	5/11/2023	1/01/2023 & 4/01/2023	0009372770	1,756,249	3,227,431
Total			20,497,658				7,223,375	13,274,283

KanCare Summary of Claims Adjudication Statistics per MCO (January – June 2023)

Aetna YTD Cumulative Claims					
Service Type	Total Count	Total Count Value	Total Denied	Total Denied Value	Percent Claims Denied
Hospital Inpatient	13,943	\$944,809,032	2,889	\$314,399,875	20.72%
Hospital Outpatient	157,425	\$582,683,633	27,338	\$70,219,086	17.37%
Pharmacy	1,381,257	\$112,820,435	416,337	\$578,756	30.14%
Dental	70,726	\$32,068,426	7,939	\$3,618,471	11.23%
Vision	4,987	\$1,361,056	480	\$125,107	9.63%
NEMT	67,101	\$3,474,948	165	\$7,631	0.25%
Medical	926,002	\$623,785,321	126,801	\$130,480,780	13.69%
Nursing Facilities	48,584	\$142,666,493	4,917	\$16,313,431	10.12%
HCBS	193,614	\$115,034,305	4,735	\$3,348,082	2.45%
Behavioral Health	142,668	\$89,041,856	13,619	\$14,423,906	9.55%
Total All Services	3,006,307	\$2,647,745,507	605,220	\$553,515,125	20.13%

Sunflower YTD Cumulative Claims					
Service Type	Total Count	Total Count Value	Total Denied	Total Denied Value	Percent Claims Denied
Hospital Inpatient	17,889	\$1,379,976,247	4,269	\$479,321,361	23.86%
Hospital Outpatient	186,717	\$704,600,915	19,451	\$100,812,010	10.42%
Pharmacy	1,053,819	\$158,007,104	262,828	\$52,673,796	24.94%
Dental	102,489	\$45,874,310	13,249	\$4,666,327	12.93%
Vision	66,877	\$18,808,849	5,605	\$2,051,019	8.38%
NEMT	56,668	\$2,329,061	577	\$27,380	1.02%
Medical	946,842	\$768,493,413	150,483	\$172,775,504	15.89%
Nursing Facilities	50,351	\$147,731,978	4,435	\$18,897,750	8.81%
HCBS	324,122	\$242,353,158	7,208	\$7,739,126	2.22%
Behavioral Health	443,754	\$123,536,246	49,379	\$14,412,470	11.13%
Total All Services	3,249,528	\$3,591,711,281	517,484	\$853,376,744	15.92%

United YTD Cumulative Claims					
Service Type	Total Count	Total Count Value	Total Denied	Total Denied Value	Percent Claims Denied
Hospital Inpatient	14,247	\$885,620,049	3,678	\$266,433,427	25.82%
Hospital Outpatient	206,640	\$869,874,002	53,692	\$303,575,446	25.98%
Pharmacy	1,098,417	\$162,761,097	259,155	\$67,523,782	23.59%
Dental	101,961	\$49,988,833	19,449	\$11,473,914	19.07%
Vision	44,802	\$11,795,794	4,497	\$1,376,969	10.04%
NEMT	72,139	\$2,941,306	777	\$45,821	1.08%
Medical	1,021,888	\$704,726,846	193,424	\$205,895,456	18.93%
Nursing Facilities	58,673	\$200,392,399	9,494	\$35,934,692	16.18%
HCBS	287,605	\$171,171,666	6,044	\$5,603,063	2.10%
Behavioral Health	423,378	\$146,755,526	45,215	\$24,360,234	10.68%
Total All Services	3,329,750	\$3,206,027,518	595,425	\$922,222,805	17.88%