

Quarterly Report to CMS
Regarding Operation of 1115
Waiver Demonstration Program
– Quarter Ending 3.31.2020



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

KanCare
Section 1115 Quarterly Report
Demonstration Year: 8 (1/1/2020-12/31/2020)
Federal Fiscal Quarter: 1/2020 (1/2020-3/2020)

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I. Introduction

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

On August 6, 2012, the State of Kansas submitted a Medicaid Section 1115 demonstration proposal, entitled KanCare. That request was approved by the Centers for Medicare and Medicaid Services on December 27, 2012, effective from January 1, 2013, through December 31, 2017. The State submitted a one-year temporary extension request of this demonstration to CMS on July 31, 2017. The temporary extension was approved on October 13, 2017. On December 20, 2017, the State submitted an extension request for its Medicaid 1115 demonstration. On December 18, 2018 the Centers for Medicare and Medicaid Services approved a renewal of the Medicaid Section 1115 demonstration proposal entitled KanCare. 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 eligibles) across the state into a managed care delivery system to receive state plan and waiver services. This represents an expansion of the state's previous managed care program, which provided services to children, pregnant women, and parents in the state's Medicaid program, as well as carved out managed care entities that separately covered mental health and substance use disorder services. KanCare also includes a safety net care pool to support certain hospitals that incur uncompensated care costs for Medicaid beneficiaries and the uninsured, and to provide incentives to hospitals for programs that result in delivery system reforms that enhance access to health care and improve the quality of care.

This 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 program; and
- Design and implement an alternative payment model (APM) program to replace the DSRIP program
- Maintain the Safety Net Care Pool to support hospitals that provide uncompensated care to Medicaid beneficiaries and the uninsured.
- Increase beneficiary access to substance use disorder (SUD) treatment services.
- 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 & Medicaid Services Special Terms and Conditions (STCs) issued regarding the KanCare 1115(a) Medicaid demonstration program, and in the format outlined in Attachment A of the STCs.

II. Enrollment Information

The following table outlines enrollment activity related to populations included in the demonstration. It does not include enrollment activity for non-Title XIX programs, including the Children’s Health Insurance Program (CHIP), nor does it include populations excluded from KanCare, such as Qualified Medicare Beneficiaries (QMB) not otherwise eligible for Medicaid. The table does include members retroactively assigned for the quarter, as of March 31, 2020.

Demonstration Population	Enrollees at Close of Quarter (3/31/2020)	Total Unduplicated Enrollees in Quarter	Disenrolled in Quarter
Population 1: ABD/SD Dual	15,238	16,334	1,096
Population 2: ABD/SD Non-Dual	29,651	30,987	1,336
Population 3: Adults	43,482	47,837	4,355
Population 4: Children	198,711	211,717	13,006
Population 5: DD Waiver	9,083	9,177	94
Population 6: LTC	21,066	22,062	996
Population 7: MN Dual	1,499	2,201	702
Population 8: MN Non-Dual	906	1,099	193
Population 9: Waiver	4,094	4,547	453
Population 10: UC Pool	N/A	N/A	N/A
Population 11: DSRIP Pool	N/A	N/A	N/A
Total	323,730	345,961	22,231

III. Outreach/Innovation

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

The KanCare Advisory Council consists of 13 members: 3 legislators representing the House and Senate, 1 representing mental health providers, 1 representing CDDOs, 2 representing physicians and hospitals, 3 representing KanCare members, 1 representing the developmental disabilities community, 1 former Kansas Senator, 1 representing pharmacists. The third quarter KanCare Advisory Council meeting took place on March 3, 2020 at the CSOB Room 530. The agenda was as follows:

- Welcome
- Review and Approval of Minutes from Council Meeting, December 11, 2019
- Old Business
 - Current and projected shortage of direct care workers (Direct Support Professionals) in Kansas – Allen Schmidt
 - Define the capable person policy in regard to the care of our disabled kids and adults in need of care per their personal care plans – Ed Nicholas
 - Update on staffing issues for those in need of Long-Term Care – Ed Nicholas
 - Update on progress of the steps being done on the different agencies that can help waiver consumers obtain the hours of care that have been allotted via their personal centered care plans for Nursing and or Personal Care Attendants (Self-directed or agency directed) – Ed Nicholas
- New Business
 - Review of a KMAP pharmacy guideline – Rebecca Reddy
 - Aetna Better Health still not paying anything that requires a CLIA# - Rebecca Reddy
 - HEDIS reports not fair on vaccine refusal/hesitancy (requested by Sue Ann Jantz, Cottonwood Pediatrics) – Chris Swartz
 - Medicaid Expansion status – Larry Martin
- KDHE Update – Adam Proffitt, Medicaid Director, Kansas Department of Health and Environment and Chris Swartz, Director of Operations/COO, Deputy Medicaid Director, Kansas Department of Health and Environment
- KDADS Update – Janis DeBoer, Deputy Secretary, Kansas Department for Aging and Disability Services
- KanCare Ombudsman Report – Kerrie Bacon, Ombudsman, KanCare Ombudsman Office
- Updates on KanCare with Q&A
 - Aetna Better Health of Kansas
 - Sunflower State Health Plan
 - UnitedHealthcare Community Plan
- Adjourn

The Tribal Technical Assistance Group met February 4, 2020. The tribal members were updated and consulted on the following items:

- The Medicaid expansion bill, Senate Bill (SB) 252
- SB 252 tribal testimony and amendment to the bill that would recognize the Alaska Native and American Indian population within the State of Kansas that receive services through the Indian Health Services.
- SPAs for health homes, Support Act, Medicaid and CHIP Family Medical Application, Ambulance Reimbursement, Hospice Care, and Peer Support Rate increase.
KanCare Open Enrollment – Reminder that tribal members may opt out of managed care
- The next meeting is scheduled for May 5, 2020.

During the first quarter of 2020, Outstation Eligibility Workers (OEW) staff participated in 39 community events providing KanCare program outreach, education and information for the following agencies/events: Local Health Departments/WIC clinics, Integrated Service Team rescue Mission,

Kickapoo, Parents as Teachers (PAT), St. Francis OBGYN, DCF Resource fair, Adventure Dental, Baby Jubilee, Community Baby Showers, Insight Women's Centers GraceMed, Lincoln Center, Raising Riley meetings, Riley County Perinatal Coalition Mtg, Early Childhood, Early Education, Geary County Maternal Health Committee, Flinthills Wellness Coalition, Flinthills Health Equity, Genesis Family Health, Catholic Charities, Bright Beginnings.

Support and assistance for KanCare members was provided by KDHE's 28 OEWs. Staff determined eligibility for 2,598 beneficiaries and also assisted in resolving 1,213 issues involving urgent medical needs, obtaining correct information on applications, and addressing gaps or errors in pending applications/reviews with the KanCare Clearinghouse. These OEW staff members assisted with 1,085 beneficiary phone calls and 354 walk-ins.

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)
- HCBS Provider Forum teleconferences (monthly)
- Long-term Care Roundtable with Department of Children & 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 KanCare implementation technical assistance group
- Series of meetings with behavioral health institutions, private psychiatric hospitals, and Psychiatric Treatment Residential Facilities (PRTFs) to address care coordination and improved integration
- State Mental Health Hospital mental health reform meetings (quarterly)
- Medicaid Functional Eligibility Instrument (FE, PD & TBI) Advisory Workgroup
- IDD Functional Eligibility Instrument Advisory Workgroup
- Systems Collaboration with Aging & Disability, Behavioral Health and Foster Care Agencies
- PRTF Stakeholder meeting (quarterly)
- Mental Health Coalition meeting (bi-weekly)
- Kansas Association of Addiction Professionals (monthly)
- Crisis Response & Triage meetings with stakeholders including MCOs to improve timely, effective crisis services for members and improved care coordination post crises (bi-weekly)
- Lunch and Learn biweekly series on a variety of behavioral health topics including prevention and the prevention framework initiative; SUD 101; trauma informed systems of care; recovery and peer support; housing and homeless initiatives; community crisis center development
- Bi-monthly Governor's Behavioral Health Services Planning Council meetings; and monthly meetings with the nine subcommittees such as Suicide Prevention, Justice Involved Youth and Adult, and Rural and Frontier
- Mental Health Excellence and grant project meetings
- Monthly Nursing Facility Stakeholder Meetings
- KDADS-CDDO-Stakeholder Meetings (quarterly)
- 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

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. The program is scheduled to launch on April 1st, 2020. The State is evaluating potential OneCare Kansas providers and will have a robust network for launch. The program will have the same model as the state’s previous health homes program. The target population is defined differently. The OneCare Kansas program will have two distinct populations.

Individuals who have a serious and persistent mental illness, defined as having at least one of the following diagnoses:

- Paranoid Schizophrenia
- Severe Bipolar Disorder

Individuals with one chronic condition defined as people who have Asthma that also are at risk for developing:

- Diabetes
- Hypertension
- Kidney Disease (not including Chronic Kidney Disease Stage 4 and ESRD)
- Cardiovascular Disease
- COPD
- Metabolic Syndrome
- Mental Illness (not including Paranoid Schizophrenia and Severe Bipolar Disorder)
- Substance Use Disorder
- Morbid Obesity (body weight 100lbs over normal body weight, BMI greater than 40, or BMI over 30 with obesity-related health problems)
- Tobacco Use or exposure to secondhand smoke

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 United Healthcare Community Plan – follows below.

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

Marketing Activities: In the first quarter of 2020, Aetna Better Health of Kansas (ABHKS) participated in various activities to market KanCare and the health plan to medical providers, current members and potential members. ABHKS Provider Experience and Community Outreach staff provided direct contact with providers and provider office staff throughout the quarter. We also conducted events at targeted provider offices such as lobby sits and participated in events in conjunction with providers in which KanCare members received direct services. Through these efforts we touched over 520 individuals from provider offices around the State. ABHKS also attended several health fair events within the communities of Kansas where members and potential members were invited to attend. During the first quarter, ABHKS representatives visited with over 2,210 individuals at these events to educate them on ABHKS and KanCare. Examples of the events included the Hunger Action Summit in Pittsburg, Kansas Mission of Mercy Dental Event in Dodge City, the Blue Valley Special Needs Health Fair in Overland Park, and several

OneCare Kansas member orientation meetings located throughout the State; as well as several lobby sits at health clinics and food pantries around the State.

Outreach Activities: In the first quarter of 2020, ABHKS Community Development and System of Care team staff provided outreach activities to community-based organizations, advocacy groups and provider offices throughout Kansas. The Community Development team conducted nine educational sessions providing ABHKS benefit information to community-based organizations and provider offices in the State. Direct outreach visits to provider offices and community-based organizations were conducted as well. ABHKS Community Development staff visited with individuals from over 520 provider offices and visited with over 990 individuals associated with community-based organizations in Kansas. Examples of the community-based organizations included the Greeley County Health Services; Breakthrough House in Topeka; the Franklin County Children's Coalition; the Salina Emergency Aid Food Bank; Rainbows United in Wichita; as well as many others. The ABHKS System of Care team also attended meetings with organizations working on issues affecting KanCare members such as foster care, homelessness, behavioral health, individuals with Intellectual and Development Disabilities, work programs and other issues. The System of Care team met with over 120 individuals in the first quarter of 2020.

Advocacy Activities: ABHKS Member Advocates have established a relationship with the KanCare Ombudsman and receive direct referrals about member issues that require intervention efforts. During the first quarter of 2020, ABHKS Member Advocates assisted 3 members referred from the Ombudsman.

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

Marketing Activities: Sunflower Health Plan marketing activities for the first quarter 2020 included attending and/or sponsoring 43 member and provider events. Due to the COVID-19 pandemic and associated 'Stay-at-Home' orders outlined by Governor Laura Kelly, multiple events were cancelled, postponed or rescheduled. However, this list is comprehensive of 'attended and sponsored' activity. Sunflower Health Plan sponsored local and statewide member and provider events such as:

- Mental Health Advocacy Day at the Capital
- One Care Kansas Provider Education Tour
- Million Hearts Mid-America Conference
- Sunflower Medicaid Members Advisory Group
- Blue Valley Special Needs Resource Fair
- Parents as Teachers Regional Conference
- We All Eat Event
- Yes, She Can Women's Conference

Outreach Activities: Sunflower Health Plan's outreach activities for the first quarter of 2020 centered on prenatal and baby care, mental health and inclusion/anti-bullying. Sunflower Health Plan's participation at community events resulted in a reach of more than 3,100 members and providers during the first quarter despite adhering to Stay at Home orders due to COVID-19. Typically, Sunflower Health Plan outreach activities reach 5,000 plus members on average.

Sunflower's direct mail marketing material for the first quarter included member postcards and customized letters addressing preventive health care including dental kits to members who visited the ED with a dental diagnosis, letters to members non-compliant for anti-depressant medication, letters to parents with newborns and our regular birthday cards sent monthly with reminders for well visits Outreach activities also involved efforts to get eligible members educated and enrolled in the OneCare Kansas Program.

For the fourth year, Sunflower Health Plan partnered with Kansas middle schools to organize “[No One Eats Alone](#)” events to promote inclusion and anti-bullying among students. During these events, we reached more than 2,500 students and faculty at five middle schools across the state.

Examples of notable member outreach activities this quarter:

- Conducted five No One Eats Alone Day Social Isolation Assemblies
- Participated in three community baby showers;
- Attended eight community partnership meetings aimed at furthering population health in the communities we serve;
- Sponsorship of and attendance at the 1st Annual Yes, She Can Conference for the women of Wyandotte County with Governor Laura Kelly and other public health and community leaders;

Our quality improvement department continued to make warm calls to members to encourage them to close care gaps.

Advocacy Activities: Sunflower Health Plan’s advocacy efforts centered on competitive employment for people with disabilities. For the fourth year, Sunflower opened a funding opportunity to all Project SEARCH sites in Kansas to request financial support needed to send representatives to the national Project SEARCH conference. Sunflower participated in the following advocacy activities:

- BIAKS Legislative Day at the Capital
- Mental Health Advocacy Day at the Capital
- Community Action Teams for Fetal and Infant Mortality Review
- Fetal Infant Mortality Rate Community Action Team, WyCo
- Community Health Coalition, JoCo
- Health & Wellness Coalition, Wichita
- Health Alliance, Wichita
- Native American Resource Fair
- Blue Valley Resource Fair supporting children and families with disabilities to gain employment and resources

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

Marketing Activities: UnitedHealthcare Community Plan of Kansas continued to focus on member, provider, and community education regarding 2020 KanCare benefits and general health education. Plan staff completed new member welcome calls and Health Risk Assessments. In the first quarter of 2020, UHC continued new incentive program to offer \$10 debit cards to new UHC Members to complete Health Risk Assessment. New members were sent ID Cards and new member welcome kits in a timely manner. Throughout the quarter, UnitedHealthcare hosted a number of meetings and presentations with key providers, hospitals, Federally Qualified Health Centers (FQHC’s) and Community Based Organizations like Catholic Charities, Consulate of Mexico, El Centro, Public Schools, Housing Authorities, Youth Rec Centers, YMCA, and Salvation Army as well as medical and behavioral health providers, health departments and faith based organizations throughout the state with a focus on innovation and collaboration.

Outreach Activities: UnitedHealthcare outreach focus changed dramatically in March of 2020 due to COVID-19. All in-person events were cancelled, and outreach was done via phone and email. The team turned focus to identifying resources in the community that were available to help and support members and compiled a list with over 900-line items of resources across the state that included food, shelter, clothing, emotional and technology. The team also reached out to providers to assess their needs and identify ways UHC could help support them as they serve KanCare members.

The health plan sent providers care packages that include things like sewn face masks, hand sanitizer, blankets among other items. Leading up to the pandemic, UnitedHealthcare staff had participated in and/or supported 127 member facing activities, which included 66 lobby sits at provider offices, two days spent supporting Mission of Mercy, two Dental Clinic days, and 43 events and/or health fairs and educational opportunities for both members and providers. UnitedHealthcare organized and hosted one baby shower with community partners and supported an additional five community baby showers that were sponsored by other organizations.

UnitedHealthcare leveraged bilingual Community Outreach Specialists that focused on activities targeted within assigned geographical areas across Kansas. These specialists are fluent in both English and Spanish languages and effectively communicate with members with diverse cultural backgrounds. Additional Outreach Specialists supported activities in their respective territories. UHC presented a Spanish Mental Health First Aid Class for youth and their families who speak only Spanish.

The Outreach Specialists regularly support one another working collaboratively to serve UHC Members. The key responsibility of the Outreach Specialist is to conduct educational outreach to members; community-based organizations and targeted provider offices about Medicaid benefits, KanCare and UnitedHealthcare. Of primary importance is to meet members where they are and help understand their personal goals and how UHC can help them reach those goals.

A key area of focus in the first quarter was to outreach community-based organizations to establish new relationships. UnitedHealthcare also interacted with key provider offices and the provider community to assist with issue resolution. Several key outreach initiatives this quarter included lobby sits, "Food for Thought Programs" hosted on-site at provider offices, cooking classes at the YMCA and several health fairs. UnitedHealthcare also participated in a number of community stakeholder committee meetings during the first quarter of 2020.

Finally, UHC hosted a Member Advisory Meeting in Pittsburg, KS. The Health Plan finds it critical to host meetings in different parts of the state in order to hear from those in both urban and rural areas, but this strategy makes it challenging to have the same committee at each meeting. This advisory meeting focused on just listening and learning from members experiences with KanCare and UHC and answering questions about services.

UnitedHealthcare outreach staff personally met with approximately 6,354 individuals who were members or potential members at community events, at member orientation sessions, and at lobby sits held at key provider offices throughout Kansas. Staff personally or virtually met with approximately 2,086 individuals from community-based organizations located throughout Kansas. These organizations work directly with UHC members in various capacities and more than 1,005 individuals from provider offices located throughout the state.

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

Throughout this quarter, the team also worked closely with Health Plan Care Coordinators who support the waiver population. The Health Plan staff continued to stress to all members, including those with disabilities the desire to help support the members' personal goals and encouraged them to make informed decisions about enrollment in a KanCare plan. Staff will also meet consumers new to KanCare who are trying to understand their benefits.

UnitedHealthcare remains committed to providing ongoing support and education to members and offering support to the consumers of Kansas. The Health Plan staff focused heavily on meeting with and supporting community-based organizations in the first quarter. These organizations provide a direct line of support to our members and are a trusted source for information. In the first quarter Health Plan staff met with 172 Community Organizations, and 15 different schools across the state and participated in 25 monthly coalition/task force meetings

Below is a list of the organizations the Health Plan staff interacted with during first quarter:

- 16th Judicial District Community Correction
- 25th Judicial Youth Services
- Angels Care
- ARC of Central Plains
- Area Agency on Aging
- Avenues for Change
- Barton County Community College
- Barton County Juvenile Services
- Barton County Youth Home
- Be Well Barton County
- Big Brothers Big Sisters
- Birthright
- Cancer Care Access Meeting
- CASA
- Catholic Charities Great Bend
- Catholic Charities Hays
- Catholic Social Services
- Center for Life Experiences
- Center of Grace Community Center
- Central KS Breastfeeding Coalition
- Central KS Dream Center
- Central KS Partnership Meeting
- Central KS Partnership
- Centro Hispano
- Circles of Hope
- City of Dodge City
- City of Pratt
- Clara Barton Discharge Planning
- Communities Concerned for Immigrants and Refugees
- Communities and Schools
- Community Health Council of Wyandotte
- Community Together Meeting
- Compass Behavioral Center
- Counseling Inc.
- Cradle KC
- Crime Reduction and Control
- Cultural Relations Agency
- Derby Rec. Center
- Dodge City Chamber of Commerce
- Dodge City Community College
- Dodge City Hall
- Dodge City Health Coalition
- Dodge City Police Department
- Dodge City Public Library
- Dominican Sisters Ministry
- Dream Center
- DSNWK Hays
- DSNWK Russell
- Early Detections Work Program
- El Centro
- Elk County DMD
- Ellinwood Rec. Commission
- Ellinwood Hospital
- Ellis County Health Dept.
- Family Crisis
- Family Crisis Center
- Farm Workers Program
- FCHC - Family Literacy
- Finney County Coalition
- Finney county Extension Office
- Finney County Health Coalition
- First Baptist Church
- First Call for Help
- Ford County Health Coalition
- Fort Hays State University Kelly Center
- Garden City Police Board
- Garden City Police Dept.
- Garden City Recreation Center
- Garden City Statistics
- GCCC- Talent Search
- GPS Kid's Club
- Great Bend Housing Authority
- Great Bend Public Library
- Great Bend Rec. Commission
- Growing Futures Policy Council
- Haase & Long (Project Compass)
- Harvest America
- Hays Area Children's Center
- Hays Interagency Coordinating Council
- Head Start
- Healthier Lyon County Coalition meeting
- Healthy Babies Healthy Neighborhoods - Coalition Meeting
- Healthy Families
- Healthy Families (KCSL)
- Healthy Food Work Group - Coalition Meeting
- Healthy Kids Work Group - Coalition Meeting
- High Plains Mental Health
- Hispanic Task Force
- Jefferson County Service Organization

- Johnson County Baby Shower Meeting
- Johnson County Community Resource Connection
- Kansas Children Service League
- Kansas City Kansas Community College
- Kansas Guardianship Program
- Kansas Legal Services
- Kansas Maternal & Child Health Program - Open House
- Kansas Works
- KCSL Head Start
- Kid's Corner
- Kids/SIDs
- KS Breastfeeding Coalition - Basics Training
- KS Breastfeeding Coalition NEK Chapter
- KS Hispanic and Latino American Affairs Commission - Hispanic Day at the Capitol
- KS Hispanic and Latino American Affairs Commission - Latina Leadership Cocktail Hour
- KS Research and Extension Office
- KS Works
- K-State Extension of Southeast Kansas
- K-State Research and Extension
- KSU School
- Labette County Emergency Assistance
- Latina Leadership Foundation
- Lawrence Parks and Recreation Admin. Office
- LCMHF Discharge/MH
- Liberal Police Department
- Liberal USD 480
- LINK
- Little Angels Daycare
- LMH Foundation - PhilantroSHE dinner
- MAAC Link
- McKenny Vento
- ME Pearson Elementary School
- Meyer Family
- Mid KS CAP Inc.
- Midland Group
- Migrant workers program
- Oaklawn Activity Center
- Olathe Head Start
- Olathe North High School
- Olathe Parents as Teachers
- Olathe School District
- Options
- Parents as Teachers
- Prairie Creek Elementary
- Pratt Community Coalition
- REACH Healthcare Foundation
- Regional Prevention Center
- Rescare
- Resolving Poverty Core Community
- Rice County Coalition
- Rosewood Services
- RSVP
- Russell Child Development
- Russell County Food Panty
- Russell County Housing Authority
- Safe sleep SSI work group
- Salvation Army
- Salvation Army
- Salvation Army Hays
- Sedgwick County Healthy Babies
- Seward County Coalition- teen mom
- Seward County Health Coalition
- Seward County Recreation Center
- SKIL
- Smoky Hill Foundation
- Suicide Prevention Task Force Meeting
- Sunflower Diversified
- The Arc
- The Beacon
- The Center
- The Family Conservancy
- Thomas County Food Pantry
- Thomas County interagency Coalition
- Trego County Health Dept.
- UMKC Diversity and Inclusion Summit
- United Way
- United Way Barton County
- United Way Ellis County
- United Way of Ford County
- United Way of Seward County
- USD 443
- USD 443 - Special services/counseling
- USD 259
- USD 396
- USD 407
- USD 428
- USD 443
- USD 453

- USD 457
- USD 489
- USD 500 - Parents as Teachers
- Wesley House
- WIC Department
- Women's Employment Network
- Wyandotte County Area Agency on Aging
- Wyandotte County Back to School Fair Meeting
- Wyandotte County CHIP Meeting: Education to Employer
- YMCA

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 MMIS Fiscal Agent, with the operating state agency and/or with the MCOs and other contractors to address and resolve the issues.

KanCare MCO Amendments pending approval by CMS in the first quarter.

Amendment Number	Subject	Submitted Date	Effective Date	Approval Date
8	Capitation Rates 1/1/2020 – 12/31/2020	01/06/2020	1/01/2020	
9	Compliance Verbiage	02/04/2020	1/01/2020	
10	Health Homes – OneCare KS	03/17/2020	4/01/2020	

State Plan Amendments (SPAs) approved:

SPA Number	Subject	Submitted Date	Effective Date	Approval Date
20-0001	Peer Rate Support Increase	1/29/2020	1/01/2020	3/05/2020
20-0002	CHIP MAGI UPL Increase	1/29/2020	4/01/2020	2/10/2020

State Plan Amendments (SPA) pending approval: - None

SPA Number	Subject	Submitted Date	Effective Date	Approval Date

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

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

MCO	Value Added Service Jan- Mar 2020	Units YTD	Value YTD
Aetna	Adult Dental	349	546
	Podiatry Visits	43	117
	Adult Vision	3	3
	Total of All Aetna VAS	666	\$110,695
Sunflower	My Health Pays	19,836	\$213,565
	Comprehensive Medication Review	3,819	\$133,473
	Dental visits for adults	674	\$38,428

	Total of all Sunflower VAS	32,339	\$509,463
United	Adult Dental Services	1,283	\$109,817
	Home Helper Catalog Supplies	3,360	\$72,928
	Adult Dentures	71	\$72,725
	Total of all United VAS	9,489	\$412,457

- c. *Enrollment issues:* For the first quarter of calendar year 2020 there were four Native Americans who chose to not enroll in KanCare and who are still eligible for KanCare.

The table below represents the enrollment reason categories for the first quarter of calendar year 2020. All KanCare eligible members were defaulted to a managed care plan.

Enrollment Reason Categories	Total
Newborn Assignment	2,002
KDHE - Administrative Change	684
WEB - Change Assignment	12
KanCare Default - Case Continuity	967
KanCare Default – Morbidity	1,036
KanCare Default - 90 Day Retro-reattach	6,628
KanCare Default - Previous Assignment	1,009
KanCare Default - Continuity of Plan	652
Retro Assignment	128
AOE – Choice	4,583
Choice - Enrollment in KanCare MCO via Medicaid Application	9,749
Change - Enrollment Form	285
Change - Choice	311
Change - Access to Care – Good Cause Reason	
Change - Case Continuity – Good Cause Reason	
Change – Due to Treatment not Available in Network – Good Cause	
Assignment Adjustment Due to Eligibility	532
Total	28,578

- d. *Grievances, appeals, and state hearing information:*

MCOs' Member Adverse Initial Notice Timeliness Compliance
CY2020 first quarter report

MCO	ABH	SUN	UHC
% of Notices of Adverse Service Authorization Decisions Sent Within Compliance Standards	99%	100%	100%
% of Notices of Adverse Expedited Service Authorization Decisions Sent Within Compliance Standards	100%	67%	95%
% of Notices of Adverse Termination, Suspension or Reduction Decisions Sent Within Compliance Standards (10 calendar days only)	100%	100%	100%

MCOs' Provider Adverse Initial Notice Compliance
CY2020 first quarter report

MCO	ABH	SUN	UHC
% of Notices of Adverse Decision Sent to Providers Within Compliance Standards	100%	100%	99%

MCOs' Grievance Database
CY2020 first quarter report

MCO	ABH		SUN		UHC		Total
	HCBS Member	Non HCBS Member	HCBS Member	Non HCBS Member	HCBS Member	Non HCBS Member	
QOC (non HCBS Providers)	2	4	4	14	3	10	37
QOC – Pain Medication	0	2	2	7	0	4	15
Customer Service	1	7	4	5	5	6	28
Member Rights Dignity	0	1	2	0	0	1	4
Access to Service or Care	0	2	12	9	0	4	27
Non-Covered Services	0	1	0	0	0	0	1
Pharmacy Issues	2	0	1	2	0	4	9
QOC HCBS Provider	1	0	6	0	2	0	9
Billing/Financial Issues (non-Transportation)	2	6	3	5	4	29	49
Transportation – Billing and Reimbursement	1	6	3	9	3	4	26
Transportation - No Show	2	4	18	14	7	18	63
Transportation - Late	4	6	14	17	18	19	78
Transportation - Safety	2	2	3	2	10	8	27
Transportation - No Driver Available	0	2	1	4	1	1	9
Transportation - Other	3	9	31	10	16	15	84
Health Home Services							
MCO Determined Not Applicable			2	3		6	11
Other	0	0	1	1	1		3
TOTAL	20	52	107	102	70	129	480

MCOs' Member Grievance Timeliness Compliance
CY2020 first quarter report

MCO	ABH	SUN	UHC
% of Member Grievance Resolved and Resolution Notice Issued Within 30 Calendar Days	93%	100%	99%

MCOs' Provider Grievance Database
CY2020 first quarter report

MCO	ABH	SUN	UHC	Total
Billing/Payment		6	1	7
Wrong Information				
Credentialing – MCO				
Network – MCO		1		1
UM		1		1
CM				
Benefits/Eligibility				
Pharmacy				
Transportation		15	8	23
Services				
Health Plan – Technology		2		2
MCO Determined Not Applicable				
Other – Dissatisfaction with MCO Associate		1		1

Other (Must provide description in narrative column of Summary Reports)				
TOTAL		26	21	47

MCOs' Provider Grievance Timeliness Compliance
CY2020 first quarter report

MCO	ABH	SUN	UHC
% of Provider Grievance Resolved Within 30 Calendar Days	None Reported	100%	90%
% of Provider Grievance Resolution Notices Sent Within Compliance Standards	None Reported	100%	100%

MCOs' Appeals Database
Members – CY2020 first quarter report

Member Appeal Reasons ABH - Red SUN – Green UHC - Purple	Number Resolved	Withdrawn	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	MCO Determined not Applicable
MEDICAL NECESSITY/LEVEL OF CARE – Criteria Not Met							
MA – CNM - Durable Medical Equipment	2 37 15	1	1	1 19 5	1 3 9	10	3 1
MA – CNM - Inpatient Admissions (Non-Behavioral Health)	1 2 25	19			1 5	1	1 1
MA – CNM - Medical Procedure (NOS)	15 9 16	1	1	3 6 9	5 1 5	1 1	5 2
MA – CNM - Radiology	9 25			2 7	2 17	1 1	4
MA – CNM - Pharmacy	73 53 108	4 4 1	1 1	32 35 85	5 5 20	1	31 7 2
MA – CNM - PT/OT/ST	2 1		2				1
MA – CNM - Dental	3 4 11			1 1	2 1 9	1 2	1
MA – CNM - Home Health	1 8			1 5	1		2
MA – CNM - Out of network provider, specialist or specific provider request	3			1	2		
MA – CNM - Inpatient Behavioral Health	5 6 5			1 6 2	3 2		1 1
MA – CNM - Behavioral Health Outpatient Services and Testing	1 2				2		1

MA – LOC - LTSS/HCBS	2					2	
MA – CNM - Mental Health	1			1			
MA – CNM - HCBS (change in attendant hours)	1						1
MA – CNM - Other	9 2		3	1	1 2	3	1
NONCOVERED SERVICE							
MA – NCS - Dental	2 2				2 2		
MA – NCS – Home Health	1				1		
MA – NCS - Pharmacy	5 1 1	1		2 1	1		2
MA – NCS – Out of Network providers	1				1		
MA – NCS - Durable Medical Equipment	4 1			1	1 1		2
MA – NCS – Behavioral Health	1 1	1			1		
MA – NCS – Other	5			4		1	
MA – LCK - Lock In	3			3			
MA – BFI – BILLING AND FINANCIAL ISSUES	1						1
ADMINISTRATIVE DENIALS							
MA – ADMIN – Denials of Authorization (Unauthorized by Members)	2						2
TOTAL							
ABH - Red	116	5	1	43	20	3	44
SUN – Green	173	6	8	85	33	22	19
UHC - Purple	199	21		108	60		10

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

MCOs' Appeals Database Member Appeal Summary – CY2020 first quarter report

Member Appeal Reasons ABH – Red SUN – Green UHC – Purple	Number Resolved	Withdrawn	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	MCO Determined not Applicable
Resolved at Appeal Level	116 173 199	5 6 21	1 8	43 85 108	20 33 60	3 22	44 19 10
TOTAL	116 173 199	5 6 21	1 8	43 85 108	20 33 60	3 22	44 19 10
Percentage Per Category		4% 3% 11%	1% 5%	37% 49% 54%	17% 19% 30%	3% 13%	38% 11% 5%
Range of Days to Reverse Due to MCO Error			20 20-54				

MCOs' Member Appeal Timeliness Compliance
CY2020 first quarter report

MCO	ABH	SUN	UHC
% of Member Appeals Resolved and Appeal Resolution Notice Issued in 30 Calendar Days	99%	99%	99%
% of Expedited Appeals Resolved and Appeal Resolution Notice Issued in 72 hours	100%	100%	96%

MCOs' Reconsideration Database
Providers – CY2020 first quarter report (reconsiderations resolved)

PROVIDER Reconsideration Reasons ABH – Red SUN – Green UHC – Purple	Number Resolved	Withdrawn by Provider	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	MCO Determined Not Applicable
CLAIM DENIALS							
PR – CPD – Hospital Inpatient (Non-Behavioral Health)	228 1,757 655		3 827 133	123 110 98	65 812 341	1 83	36 8
PR – CPD – Hospital Outpatient (Non-Behavioral Health)	149 2,922 4,286		2 1,930 1,174	87 196 624	38 769 2,052	1 436	21 27
PR – CPD – Pharmacy	13		1	8	4		
PR – CPD – Dental	6 22 5		14	3 1 4	3 6 1		1
PR – CPD – Vision	5 24		9	1	4 15		
PR – CPD – Ambulance (Include Air and Ground)	31 24 39		1 13 20	19 3 6	6 7 11	2	5 1
PR – CPD – Medical (Physical Health not Otherwise Specified)	321 2,658 13,497		13 1,614 4,789	124 216 2,795	108 673 3,939	5 1,974	71 155
PR – CPD – Nursing Facilities – Total	2 74 450		57 152	117	1 13 167	14	1 4
PR – CPD – HCBS	588		472		76		40
PR – CPD – Hospice	12 201 285		1 188 96	5 22	4 12 152	15	2 1
PR – CPD – Home Health	5 8		2	3	1 4	2	1
PR – CPD – Behavioral Health Outpatient and Physician	15 170 1,417		1 37 242	11 691	80 320	164	3 53
PR – CPD – Behavioral Health Inpatient	6 117		24	2 34	2 35	24	2
PR – CPD – Out of network provider, specialist or specific provider	1,247 9,557		90 4,023	1,809	1,034 2,646	1,079	123
PR – CPD – Radiology	12			7	3	1	1

	308 1,616		155 368	36 286	91 555	407	26
PR – CPD – Laboratory	30 1,061 4,539		1 604 1,093	15 176 1,223	5 274 1,649	6 574	3 7
PR – CPD – PT/OT/ST	19 53 38		1 41 10	8 10 14	4 2 9	4 5	2
PR – CPD – Durable Medical Equipment	92 373		4 196	46 1	28 170	1	13 6
PR – CPD – Other	17 794				17 339	72	
Total Claim Payment Disputes	946 11,499 37,303		28 6,247 12,374	462 749 7,858	276 4,051 12,220	19 4,851	161 452
BILLING AND FINANCIAL ISSUES							
PR – BFI – Recoupment	7		1	2	4		
ADMINISTRATIVE DENIAL							
PR – ADMIN – Denials of Authorization (Unauthorized by Members)	12			9	2		1
TOTAL							
ABH – Red	965		29	473	282	19	162
SUN – Green	11,499		6,247	749	4,051		452
UHC – Purple	37,303		12,374	7,858	12,220	4,851	

MCOs’ Provider Reconsiderations Database
Provider Reconsideration Summary – CY2020 first quarter report

Provider Reconsideration Reasons ABH - Red SUN – Green UHC - Purple	Number Resolved	Withdrawn	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	MCO Determined not Applicable
Resolved at Reconsideration Level	965 11,499 37,303		29 6,247 12,374	473 749 7,858	282 4,051 12,220	19 4,851	162 452
TOTAL	965 11,499 37,303		29 6,247 12,374	473 749 7,858	282 4,051 12,220	19 4,851	162 452
Percentage Per Category			3% 54% 33%	49% 7% 21%	29% 35% 33%	2% 13%	17% 4%

MCOs’ Provider Reconsiderations Timeliness Compliance
CY2020 first quarter report

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

MCOs' Appeals Database
Providers - CY2020 first quarter report (appeals resolved)

PROVIDER Appeal Reasons ABH - Red SUN – Green UHC - Purple	Number Resolved	Withdrawn by Provider	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	MCO Determined Not Applicable
MEDICAL NECESSITY/LEVEL OF CARE - Criteria Not Met							
PA - CNM - Durable Medical Equipment	15 10			4 6	5 2		6 2
PA - CNM - Inpatient Admissions (Non-Behavioral Health)	36 31		4	20 15	13 6	1 4	2 2
PA - CNM - Medical Procedure (NOS)	71 11		1	26 4	19 3	1 4	24
PA - CNM - Radiology	3 2			3 2			
PA - CNM - Pharmacy	68	4	2	38	10	5	9
PA - CNM - PT/OT/ST	3			3			
PA - CNM - Dental	4 3			3 1	1 1	1	
PA - CNM - Home Health	3 2			3 1			1
PA - CNM - Hospice	2		1	1			
PA - CNM - Out of network provider, specialist or specific provider request	1						1
PA - CNM - Inpatient Behavioral Health	4 8			3 4	1 2		2
PA - CNM - Behavioral Health Outpatient Services and Testing	1 3	1		1	1		1
PA - CNM - Ambulance (include Air and Ground)	1 4			1 2	1	1	
PA - CNM - Other	3			1		1	1
NONCOVERED SERVICE							
PA - NCS - Dental	1 7			1 3	4		
PA - NCS - Pharmacy	1				1		
CLAIM DENIAL							
PA – CPD - Hospital Inpatient (Non-Behavioral Health)	29 121 261		1 7 2	15 57 67	6 44 164	1 6	6 7 28
PA – CPD - Hospital Outpatient (Non-Behavioral Health)	34 166 70		1 10 1	14 85 10	7 53 31	5 6	7 12 28
PA – CPD - Pharmacy	1				1		
PA – CPD - Dental	9 24		4	7	5 17		
PA – CPD - Vision	1 17 22		3 1	1 8	1 13 12	1	

PA – CPD - Ambulance (Include Air and Ground)	3 5 7		1	2 1 4	3 1		1 2
PA – CPD - Medical (Physical Health not Otherwise Specified)	22 239 145		18	1 108 31	2 99 73	9	5 41
PA – CPD - Nursing Facilities - Total	7 17			1 2	4 5	2	10
PA – CPD - HCBS	1 16		1	1 7	8		
PA – CPD - Hospice	1 5		1	1	2	1	
PA – CPD - Home Health	33 61		4	11 10	7 30	10	1 21
PA – CPD - Behavioral Health Outpatient and Physician	2 24 17			11 9	11 7		2 2 1
PA – CPD - Behavioral Health Inpatient	2 15			1 11	3		1 1
PA – CPD - Out of network provider, specialist or specific provider	42 1		5	11	19	7	1
PA – CPD - Radiology	2 27 3		1	1 14	12 3		1
PA – CPD - Laboratory	8 117 36		1	4 7	3 64 28	1 45	8
PA – CPD - PT/OT/ST	1 36 2			25	1 8	2	1 2
PA – CPD - Durable Medical Equipment	8 48 1		6	4 21	2 19 1	1 2	1
PA – CPD - Other	1 3 6			3	1 1 1		2 2
Total Claim Payment Disputes	260 1,061 696	5	4 68 4	117 436 165	69 399 381	11 106 1	59 47 145
BILLING AND FINANCIAL ISSUES							
PA – BFI - Recoupment	1 69 2		9	53	1 6 2		1
ADMINISTRATIVE DENIAL							
PA – ADMIN - Denials of Authorization (Unauthorized by Members)	7			3		2	2
TOTAL							
ABH - Red	261		4	117	70	11	59
SUN – Green	1,137	5	77	492	405	108	50
UHC - Purple	698		4	165	383	1	145

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

MCOs' Appeals Database
Provider Appeal Summary – CY2020 first quarter report

Provider Appeal Reasons ABH - Red SUN – Green UHC - Purple	Number Resolved	Withdrawn	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	MCO Determined not Applicable
Resolved at Appeal Level	261 1,137 698	5	4 77 4	117 492 165	70 405 383	11 108 1	59 50 145
TOTAL	261 1,137 698	5	4 77 4	117 492 165	70 405 383	11 108 1	59 50 145
Percentage Per Category		1%	1% 7% <1%	45% 43% 24%	27% 36% 55%	4% 9% <1%	23% 4% 21%
Range of Days to Reverse Due to MCO Error			54-106 1-102 12-108				

MCO's Provider Appeal Timeliness Compliance
CY2020 first quarter report

MCO	ABH	SUN	UHC
% of Provider Appeals Resolved in 30 Calendar Days	100%	90%	100%
% of Provider Appeal Resolution Notices Sent Within Compliance Standard	100%	100%	99%

State of Kansas Office of Administrative Fair Hearings
Members – CY2020 first quarter report

ABH - Red SUN – Green UHC - Purple	Number Resolved	Withdrawn	OAH Affirmed MCO Decision	OAH Reversed MCO Decision	Dismiss Moot MCO Reversed	Dismiss Moot Duplicate	Dismiss Untimely	Dismiss Not Ripe/ No MCO Appeal	Dismiss No Adverse Action	Dismiss No Auth.	Dismiss Appellant Verbally Withdrawn	Dismiss Failure to State a Claim	Default Appellant Failed to Appear	Default Respondent Failed to Appear	Default Respondent Failed to File Agency Summary
MEDICAL NECESSITY/LEVEL OF CARE – Criteria Not Met															
MH – CNM - Durable Medical Equipment	2				2										
MH – CNM - Inpatient Admissions (Non-Behavioral Health)	1							1							
MH – CNM - Radiology	1							1							
MH – CNM – Pharmacy	1 1							1 1							
MH – CNM – PT/OT/ST	1	1													
MH – CNM - Inpatient Behavioral Health	1	1													

MH – LOC – LTSS/HCBS	2				2											
MH – CNM - Other	1		1													
NONCOVERED SERVICE																
MH-NCS – Out of Network providers	1	1														
TOTAL																
ABH - Red	7	2			4				1							
SUN – Green	5	1	1						3							
UHC - Purple																
Range of Days to Reverse MCO Decision																

* 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 – CY2020 first quarter report

ABH - Red SUN – Green UHC - Purple	Number Resolved	Withdrawn	OAH Affirmed MCO Decision	OAH Reversed MCO Decision	Dismiss Moot MCO Reversed	Dismiss Moot Duplicate	Dismiss Untimely	Dismiss Not Ripe/ No MCO Appeal	Dismiss No Adverse Action	Dismiss No Auth.	Dismiss Appellant Verbally Withdrawn	Dismiss Failure to State a Claim	Default Appellant Failed to Appear	Default Respondent Failed to Appear	Default Respondent Failed to File Agency Summary
MEDICAL NECESSITY / LEVEL OF CARE - Criteria Not Met															
PH - CNM - Durable Medical Equipment	1				1										
PH - CNM - Inpatient Admissions (Non-Behavioral Health)	1 2	1 1			1										
PH – CNM – Medical Procedure (NOS)	3				3										
PH – LOC – LTSS/HCBS	1	1													
CLAIM DENIAL															
PH - CPD - Hospital Inpatient (Non-Behavioral Health)	4 17	1 14			3 2		1								
PH - CPD - Hospital Outpatient (Non-Behavioral Health)	4				4										
PH - CPD - Pharmacy	4	1					2	1							
PH – CPD - Dental	2	2													

PH - CPD - Medical (Physical Health not Otherwise Specified)	1				1									
PH - CPD - HCBS	6	6												
PH - CPD - Home Health	1 1 14				1 1			3	1					
PH - CPD - Behavioral Health Inpatient	3	3												
PH - CPD - Laboratory	1 9							1 9						
PH - CPD - Durable Medical Equipment	2						1	1						
PH - CPD - Other	1						1							
BILLING AND FINANCIAL ISSUES														
PH - BFI - Recoupment	3	2			1									
ADMINISTRATIVE DENIALS														
PH - ADMIN - Denials of Authorization (Unauthorized by Members)	1				1									
TOTAL														
ABH - Red	20	7			12			1						
SUN - Green	21	8			4			9						
UHC - Purple	41	27			3		5	5	1					
Range of Days to Reverse MCO Decision														

* 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. HCBS Quality Report for July through September 2019 is attached to this report.
- f. *Changes in provider qualifications/standards:* None.
- g. *Access:* As noted in previous reports, members who are not in their open enrollment period are unable to change plans without a good cause reason pursuant to 42 CFR 438.56 or the KanCare STCs. Since Kansas transitioned to a new MCO, the State maintained open enrollment through April 3, 2019. Since that time, most requests were about provider choice, which is not an acceptable reason to switch plans outside of open enrollment.

If a GCR is denied by KDHE, the member is given appeal/fair hearing rights. During the first quarter of 2020, there were no state fair hearings filed for any denied GCR.

A summary of GCR actions this quarter is as follows:

Status	Jan	Feb	Mar
Total GCRs filed	13	6	5
Approved	3	0	1
Denied	7	5	4
Withdrawn (resolved, no need to change)	3	1	0
Dismissed (due to inability to contact the member)	0	0	0
Pending	0	0	0

Providers are constantly added to the MCOs' networks, with much of the effort focused upon HCBS service providers. The counts below represent the unique number of 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 KS 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 3/31/2019	# of Unique Providers as of 6/30/2019	# of Unique Providers as of 9/30/2019	# of Unique Providers as of 12/31/2019	# of Unique Providers as of 3/31/2020
Aetna	17,724	21,603	32,598	34,229	39,097
Sunflower	35,139	35,188	30,258	31,888	33,764
UHC	47,701	46,285	48,809	46,946	42,772

- h. *Payment rates:* Changes were made to payment rates to reflect policy changes and service reimbursement increases (see Section IV. Operational Developments/Issues, a. Systems and reporting issues, approval and contracting with new plans).
- i. *Health plan financial performance that is relevant to the demonstration:* All KanCare MCOs remain solvent.
- j. *MLTSS implementation and operation:* Between January and March of 2020, Kansas offered services to 148 people on the HCBS PD waiting list.
- k. *Updates on the safety net care pool including DSRIP activities:* Currently there are two hospitals participating in the DSRIP activities. They are Children's Mercy Hospital (CMH) and Kansas University Medical Center (KU). CMH has chosen to do the following projects: Complex Care for Children, and Patient Centered Medical Homes. KU will be completing STOP Sepsis, and Self-Management and Care Resiliency for their projects. Kansas Foundation for Medical Care (KFMC) is working with the State on improving healthcare quality in KanCare. The hospitals continued identifying community partners, creating training for community partners, and working toward reaching the project milestones for the DY8.
- l. *Information on any issues regarding the concurrent 1915(c) waivers and on any upcoming 1915(c) waiver changes (amendments, expirations, renewals):*

- The PD and FE waivers are on Temporary Extensions which expire on 6/30/2020. Kansas submitted both the PD and the FE waiver drafts to CMS on October 1, 2019. Both remain under review by CMS.
 - Amendments across waivers for updates to performance measures, unbundling of assistive services, unbundling of Day Supports for I/DD, as well as others are being considered.
- m. *Legislative activity:* Much of the Division's legislative activity this quarter focused on testimony and presentations related to the Medicaid expansion bill, SB 252. This bill was pre-filed prior to the commencement of the 2020 Kansas Legislative Session, and has a number of co-sponsors. It was filed on January 9, 2020, and announced by Governor Kelly and Senate Majority Leader Jim Denning. SB 252 is a compromise proposal to expand Medicaid while lowering health insurance premiums for Kansas families. Although the bill has some bipartisan support, there are still several critical steps to be taken by the Kansas Legislature before it is adopted into law.

The Robert G. (Bob) Bethell Joint Committee on Home and Community Based Services and KanCare Oversight met February 28, 2020. They heard presentations from individuals, providers, and organizations related to KanCare. KDHE presented testimony on the KanCare program in general, the 1115 demonstration, Medicaid eligibility (including the Clearinghouse contract), eligibility work for elderly and disabled populations back to state staff completed. KDADS presented information on the state hospitals, the HCBS waiting lists, the status of HCBS waiver renewals, and nursing facility receivership legislation. The Committee also heard from the KanCare Ombudsman and the Medicaid Inspector General. Each MCO also provided information about their operations.

KDHE and KDADS provided testimony and informational briefings to several committees during the 2020 Kansas Legislative Session.

Senate Public Health and Welfare:

- On January 21, 2020, KDHE Secretary Dr. Lee Norman provided informational testimony to the Committee about the state of health in Kansas. He informed the Committee Kansas has seen the largest decline in health rankings of all states in the past 30 years. The top 18 states have all expanded Medicaid and the states with the greatest increases in their rankings have all expanded Medicaid. He also noted that the states with the greatest decreases in their rankings have not expanded Medicaid.¹
- On January 23, 2020, KDHE Secretary Dr. Lee Norman and Medicaid Director Adam Proffitt provided proponent testimony on SB 252, a bill expanding Medicaid eligibility and implementing a health insurance reinsurance program. Many other conferees provided proponent testimony for the bill.²
- Proponent testimony of SB 252 continued January 24, 2020.
- The hearing on SB 252 continued January 28, 2020, with several conferees providing neutral testimony in writing and verbally.
- Opponents of SB 252 provided testimony in writing and verbally on January 29, 2020 and January 30, 2020.

¹ http://www.kslegislature.org/li/b2019_20/committees/ctte_s_phw_1/documents/minutes/20200121.pdf

² http://www.kslegislature.org/li/b2019_20/committees/ctte_s_phw_1/documents/minutes/20200123.pdf

- Kansas Attorney General Derek Schmidt provided informational testimony on SB 252 on February 6, 2020. He updated committee members on the status of the Affordable Care Act litigation.
- Funding for SB 252 was discussed during the February 10, 2020 meeting. Opposing, written testimony for SB 252 from U.S. Congressman Steve Watkins was also presented.
- On February 11, 2020, the hearing on SB 252 continued. Conferees provided testimony about the impact of Medicaid expansion and abortion services.
- The hearing on Executive Reorganization Order 44 was opened on February 18, 2020. This ERO would rename the Kansas Department for Children and Families to the Kansas Department of Human Services and would abolish the Kansas Department for Aging and Disability Services while transferring all its functions to the newly created Kansas Department of Human Services. Moving the juvenile services programs from the Kansas Department of Corrections to the Kansas Department of Human Services is also covered in the ERO. Several conferees provided proponent, neutral, and opponent testimony.
- KDADS and DCF Secretary Laura Howard provided proponent testimony of ERO 44 on February 19, 2020. In her testimony she stated the array of services offered by three agencies belong together. Data sharing, budget, and access to community partners are some of the barriers created by these services continuing to be housed at three separate agencies.³
- The committee considered action on SB 252 during the February 20, 2020 meeting. Adam Proffitt was present to answer questions from committee members about the use of Medicaid funds for abortion services. Several amendments to the bill were proposed by committee members, some passing, others failing.
- On March 10, 2020 the hearing on SB 252 continued with additional testimony on Medicaid coverage for abortion services.
- The hearing on SB 407, a bill requiring KDADS to operate acute psychiatric inpatient beds in Hays and Garden City, Kansas, was opened on March 11, 2020. KDADS Secretary Laura Howard gave neutral testimony stating that it would take time to build, renovate, and staff a fully functional hospital at either location. She also noted the agency does not currently have funding in its budget to comply with the directives in the bill.⁴
- Amy Penrod of KDADS provided informational testimony to the committee on March 12, 2020 on the Brain Injury HCBS Waiver.

Senate Ways and Means:

- On February 7, 2020, SB 409 and SB 407 were introduced. SB 409 concerns the renewal of the provider assessment for skilled nursing facilities. SB 407 concerns a requirement for KDADS to operate psychiatric acute care facilities or beds in Hays and Garden City, Kansas. The motions to introduce both bills carried.
- During the February 12, 2020, meeting, the Committee opened and closed the hearing on SB 348. This bill increases the reimbursement rates for providers of home and community-based services under the I/DD waiver. Many conferees submitted written and verbal testimony on the bill, both in favor and neutral to the requirements contained in the bill.
- The Committee heard presentations regarding the four state hospitals on February 17, 2020, including the two state mental health hospitals, Larned State Hospital and Osawatimie State Hospital. KanCare covers limited stays at these two hospitals.

³ http://www.kslegislature.org/li/b2019_20/committees/ctte_s_phw_1/documents/minutes/20200219.pdf

⁴ http://www.kslegislature.org/li/b2019_20/committees/ctte_s_phw_1/documents/minutes/20200311.pdf

- On February 24, 2020, the Committee passed Executive Reorganization Order 45, transferring the functions of the state employee health benefits plan and the state worker compensation self-insurance fund from the Department of Health and Environment, Division of Health Care Finance, to the Department of Administration. The hearing on SB 409 was opened and closed. Several conferees provided verbal and written testimony both neutral and in favor of the bill.
- Final action on SB 409 was continued on February 25, 2020 and the bill was passed by the Committee on February 26, 2020.

House Social Services Budget Committee:

- Secretary Laura Howard and Andy Brown of KDADS provided an informational briefing on psychiatric residential treatment facilities on January 21, 2020.
- On January 22, 2020, KDHE Secretary Dr. Lee Norman provided informational testimony on the state of the health of Kansas.
- The Committee opened the hearing on HB 2550 on February 12, 2020. This bill increases reimbursement rates for home and community-based services for the I/DD waiver.
- On February 19, 2020, the Committee opened the hearing on HB 2549. This bill sets the protected income level for persons receiving home and community-based services at 150% of the SSI.
- Final action was taken on SB 2549 and HB 2550 during the February 20, 2020 meeting.

House Children and Seniors Committee:

- On January 15, 2020, Adam Proffitt, Medicaid Director, provided an informational update on the Medicaid Clearinghouse and Medicaid eligibility processes, with a special focus on nursing facility eligibility.
- Janis DeBoer, Deputy Secretary of KDADS, provided an update on Seniors in Kansas on January 23, 2020.
- The hearing was opened on HB 2629, a bill requiring the secretary of KDADS to regulate supplemental nursing services in Kansas during the February 20, 2020 meeting.

Other Operational Issues: Processing of elderly, disabled, and long-term care Medicaid applications was fully transitioned back to state staff from an external contractor on 01/01/2020. Communication with stakeholders was integral part of this transition. Rapid response calls were held on a weekly basis to ensure all issues identified and resolved. The last rapid response call was held during the fourth quarter of 2019.

On January 31, Secretary of Health and Human Services, Alex Azar, issued a public health emergency for the entire United States to aid the nation's response to the 2019 novel coronavirus. The declaration is retroactive to January 27, 2020⁵ On March 13, 2020, the President of the United States issued a proclamation that the COVID-19 outbreak in the United States constituted a

⁵ <https://www.hhs.gov/about/news/2020/01/31/secretary-azar-declares-public-health-emergency-us-2019-novel-coronavirus.htm>

national emergency.⁶ On March 12, 2020 Kansas Governor Laura Kelly issued an emergency declaration for COVID-19.⁷ (footnote)

As a result, the Kansas Medicaid program sought flexibilities through 1135 and 1915(c) Appendix K authority in the first quarter of 2020. On March 20, 2020, Kansas submitted an 1135 Waiver application to CMS. It was approved on March 25, 2020. On March 24, 2020, Kansas submitted an Appendix K waiver amendment to CMS for review and approval. It was approved not yet approved by CMS at the end of the first quarter.

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. In late March 2020, policy development and related issues began to take a direct focus on the novel corona virus public health emergency and its impact on KanCare members.

VI. Financial/Budget Neutrality Development/Issues

Budget neutrality: The State has updated the Budget Neutrality template provided by CMS and has submitted this through the PDMA system. The expenditures contained in the document reconcile to Schedule C from the CMS 64 report for the quarter ending March 31, 2020.

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

⁶ <https://www.whitehouse.gov/presidential-actions/proclamation-declaring-national-emergency-concerning-novel-coronavirus-disease-covid-19-outbreak/>

⁷ <https://governor.kansas.gov/governor-issues-emergency-declaration-for-covid-19/>

VII. Member Month Reporting

This section has been updated to reflect member months reporting for each Medicaid Eligibility Group (MEG) by DY.

DY MEG	Member Months			
	Jan-20	Feb-20	Mar-20	TOTAL QE 3 31 2020
DY1 CY2013	0	0	0	0
MEG 1 - ABD/SD DUAL	0	0	0	0
MEG 2 - ABD/SD NON-DUAL	0	0	0	0
MEG 3 - ADULTS	0	0	0	0
MEG 4 - CHILDREN	0	0	0	0
MEG 5 - DD WAIVER	0	0	0	0
MEG 6 - LTC	0	0	0	0
MEG 7 - MN DUAL	0	0	0	0
MEG 8 - MN NON-DUAL	0	0	0	0
MEG 9 - WAIVER	0	0	0	0
DY2 CY2014	0	0	0	0
MEG 1 - ABD/SD DUAL	0	0	0	0
MEG 2 - ABD/SD NON-DUAL	0	0	0	0
MEG 3 - ADULTS	0	0	0	0
MEG 4 - CHILDREN	0	0	0	0
MEG 5 - DD WAIVER	0	0	0	0
MEG 6 - LTC	0	0	0	0
MEG 7 - MN DUAL	0	0	0	0
MEG 8 - MN NON-DUAL	0	0	0	0
MEG 9 - WAIVER	0	0	0	0
DY3 CY2015	1	(1)	(17)	(17)
MEG 1 - ABD/SD DUAL	0	0	0	0
MEG 2 - ABD/SD NON-DUAL	1	(1)	0	0
MEG 3 - ADULTS	0	0	0	0
MEG 4 - CHILDREN	0	0	0	0
MEG 5 - DD WAIVER	0	0	0	0
MEG 6 - LTC	0	0	(16)	(16)
MEG 7 - MN DUAL	0	0	0	0
MEG 8 - MN NON-DUAL	0	0	0	0
MEG 9 - WAIVER	0	0	(1)	(1)
DY4 CY2016	(85)	(52)	(49)	(186)
MEG 1 - ABD/SD DUAL	(4)	0	0	(4)
MEG 2 - ABD/SD NON-DUAL	(43)	(32)	(21)	(96)
MEG 3 - ADULTS	(15)	(8)	0	(23)
MEG 4 - CHILDREN	(12)	0	0	(12)
MEG 5 - DD WAIVER	0	0	0	0
MEG 6 - LTC	(11)	(12)	(28)	(51)
MEG 7 - MN DUAL	0	0	0	0
MEG 8 - MN NON-DUAL	0	0	0	0
MEG 9 - WAIVER	0	0	0	0
DY5 CY2017	(308)	(163)	(103)	(574)

MEG 1 - ABD/SD DUAL	(7)	0	0	(7)
MEG 2 - ABD/SD NON-DUAL	(115)	(94)	(53)	(262)
MEG 3 - ADULTS	(44)	(9)	0	(53)
MEG 4 - CHILDREN	(51)	(11)	0	(62)
MEG 5 - DD WAIVER	0	(2)	0	(2)
MEG 6 - LTC	(58)	(47)	(50)	(155)
MEG 7 - MN DUAL	(1)	0	0	(1)
MEG 8 - MN NON-DUAL	(30)	0	0	(30)
MEG 9 - WAIVER	(2)	0	0	(2)
DY6 CY2018	(74)	(415)	(116)	(605)
MEG 1 - ABD/SD DUAL	69	106	51	226
MEG 2 - ABD/SD NON-DUAL	(129)	(270)	(127)	(526)
MEG 3 - ADULTS	(15)	(12)	0	(27)
MEG 4 - CHILDREN	46	(116)	25	(45)
MEG 5 - DD WAIVER	0	(9)	2	(7)
MEG 6 - LTC	(25)	(92)	(62)	(179)
MEG 7 - MN DUAL	11	(26)	5	(10)
MEG 8 - MN NON-DUAL	(42)	2	(5)	(45)
MEG 9 - WAIVER	11	2	(5)	8
DY7 CY2019	325,935	12,840	6,587	345,362
MEG 1 - ABD/SD DUAL	15,123	1,268	828	17,219
MEG 2 - ABD/SD NON-DUAL	29,660	831	121	30,612
MEG 3 - ADULTS	44,319	2,334	1,286	47,939
MEG 4 - CHILDREN	199,959	7,517	3,949	211,425
MEG 5 - DD WAIVER	9,124	44	31	9,199
MEG 6 - LTC	21,104	433	194	21,731
MEG 7 - MN DUAL	1,490	315	157	1,962
MEG 8 - MN NON-DUAL	1,020	94	44	1,158
MEG 9 - WAIVER	4,136	4	(23)	4,117
DY8 CY2020	0	317,102	323,961	641,063
MEG 1 - ABD/SD DUAL	0	14,388	15,164	29,552
MEG 2 - ABD/SD NON-DUAL	0	29,085	29,705	58,790
MEG 3 - ADULTS	0	42,539	43,589	86,128
MEG 4 - CHILDREN	0	194,876	199,029	393,905
MEG 5 - DD WAIVER	0	9,091	9,094	18,185
MEG 6 - LTC	0	20,819	20,792	41,611
MEG 7 - MN DUAL	0	1,265	1,499	2,764
MEG 8 - MN NON-DUAL	0	883	950	1,833
MEG 9 - WAIVER	0	4,156	4,139	8,295
Grand Total	325,469	329,311	330,263	985,043

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

VIII. Consumer Issues

A summary of the first quarter 2020 consumer issues is below:

Issue	Resolution	Action Taken to Prevent Further Occurrences
COC requests were not being submitted back to KDHE timely so eligibility could be established. Cost of Care (COC) requests are sent to the MCOs for Long Term Care Consumers who have a	Policy/process put in place that KDHE will be copied on all returned COC requests and timeliness will be tracked.	COC outside of required timeframes are sent by eligibility to a single point of contact in KDHE to be followed-up on and ensure submission for timely processing of eligibility.

countable income above 300% of the SSI standard for a single person.		
Complaints about the MCO Person Centered Support Plans (PCSP). The PCSPs reviewed did not meet performance measures, failed to list all appropriate services, and failed to provide timely updates of PCSPs.	The State reviewed PCSPs monthly and provided feedback. This created noticeable improvement in outcomes of PCSP development/revision monthly.	MCOs are now submitting monthly remediation plans to KDADS which includes break out of any specific cases previously identified to ensure resolution. KDADS is looking at best practices for PCSP development with stakeholder input and looking at PCSP policy and template for revision.

IX. Quality Assurance/Monitoring Activity

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

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

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

During the quarter, the State participated in the following activities:

- Ongoing automated report management, review and feedback between the State and the MCOs. Reports from the MCOs consist of a wide range of data reported on standardized templates.
- Ongoing interagency and cross-agency collaboration, and coordination with MCOs, to develop and communicate specific templates to be used for reporting key components of performance for the KanCare program, as well as the protocols, processes and timelines to be used for the ongoing receipt, distribution, review and feedback regarding submitted reports. The process of report management, review and feedback is now automated to ensure efficient access to reported information and maximum utilization/feedback related to the data.
- Monitoring of the External Quality Review Organization (EQRO) work plan.
- Continued systems design with the EQRO to collect reports specific to PIPs and the Health Action Planning for the OneCare Kansas health homes program. First reporting of data for the MCOs collaborative HPV and EPSDT PIPs is expected in the second quarter of 2020.
- Meetings with the EQRO along with the MCOs, KDADS and KDHE to discuss EQRO activities and concerns.
- Conducted the final onsite Joint BBA and State KanCare contract audit. Continued performing desk audits of a wide variety of materials in coordination with KDADS and the EQRO to determine each MCO's level of compliance with the new KanCare contracts. Final reports of findings expected to be sent to the MCOs next quarter.
- Medicaid Fraud Control Unit monthly meetings to address fraud, waste, and abuse cases, referrals to MCOs and State, and collaborate on solutions to identify and prevent fraud, waste and abuse.
- Continued state staff participation in cross-agency long-term care meetings to report quality assurance and programmatic activities to KDHE for oversight and collaboration.
- Continued participation in weekly calls with each MCO to discuss ongoing provider and member issues, and to troubleshoot operational problems. Progress is monitored through these calls and through issue logs. Additionally, top management staff from KDADS, KDHE and the three MCOs meet monthly face-to-face to discuss issues and improvements to KanCare.
- Monitor large, global system issues through a weekly log issued to all MCOs and the State's fiscal agent. The resulting log is posted out on the KanCare website for providers and other interested parties to view. Continue monthly meetings to discuss trends and progress.
- Monitor member or provider specific issues through a tracking database that is shared with MCOs and KDADS for weekly review.
- Attend various provider training and workshops presented by the MCOs. Monitor for accuracy, answer questions as needed.
- With the implementation of KanCare 2.0 each MCO is required to participate in 6 PIPs. As of the end of first quarter of 2020, sixteen (16) of the eighteen (18) PIPs have approved interventions, 12 have approved methodologies and 6 have begun data reporting. During the first quarter of 2020, PIP activities focused on MCOs submitting methodologies, the EQRO and State reviewing for corrections and questions and the MCOs receiving final approval for implementation. This process went smoothly with the revised methodology instructional worksheet acting as a guide. Once methodologies are approved, the MCOs complete a technical specification document to clearly define the data that will be reported for each PIP. The State and EQRO developed a template for the MCOs to use for consistent reporting. Data reporting for the EPSDT and collaborative HPV PIPs begin next quarter. 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 Aging & Disability Community Services and Programs Commission (A&D CSP) 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. Last quarter, KDHE and KDADS

developed a tool for the MCOs to monitor compliance with HCBS Provider Qualifications. The MCOs contracted with a single vendor to complete these qualification audits effective January 1, 2020. Future LTSS Quality Review reports will now be able to report data on Qualified Provider performance measure compliance. MCOs began updating and revising their policies and procedures to reflect this process change.

- Also for the programs administered by KDADS: These measures are monitored and reviewed in collaboration with program staff in the Aging and Disability Community Services and Programs Commission and reported through the Financial and Information Services Commission at KDADS. This oversight is enhanced through collaboration with the Department of Children and Families and the Department of Health and Environment. During this quarter, HCBS performance measures were reported to CMS via the 372 reporting process. A quality assurance protocol and interpretative guidelines are utilized to document this process and have been established with the goal of ensuring consistency in the reviews.
- Below is the timeline that the KDADS Quality Review Team follows regarding the quality review process.

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

X. Managed Care Reporting Requirements

- A description of network adequacy reporting including GeoAccess mapping:* Each MCO submits a quarterly network adequacy report. The State uses this report to monitor the quality of network data and changes to the networks, drill down into provider types and specialties, and extract data to respond to requests received from various stakeholders. The State’s network data and analysis tools were moved from Excel into a dedicated database on a secure server during the second quarter of 2019. This database allows the State to give more robust and timely feedback to the MCOs. This method is less prone to breakdowns and improves business continuity.

KDHE has continued to give MCOs feedback on the accuracy and completeness of their quarterly report. As MCOs improve their reporting, feedback is becoming less about basic errors (duplicates) and more detailed (at provider level).

The State met with the MCOs network staff, during the onsite Joint BBA and State KanCare contract audit. An additional provider network workshop with all three MCOs is scheduled for

next quarter. It has been tentatively postponed due to COVID-19. The plan is to meet to collaborate, improve and problem solve provider network reporting processes.

The State began comparing the network adequacy reports with the MCOs online provider directory. Each MCO has defined its method for submitting directory data and analysis is expected to begin in the next quarter. The State’s plan is to give feedback to the MCOs when differences between the directory and network report are found. This process will also give the State insight into information such as office hours, cultural competency, and ADA capabilities. In addition, the State has asked the EQRO to perform a comparison audit between the MCO provider directories, KMAP provider files, and the MCO Provider Network Reports. This will give the State insight into opportunities for improvement.

KDHE received the second submission of the revised GeoAccess Report. A KDHE team began to meet weekly to develop tools and process to analyze and present these reports to our partners (KDADS, KFMC, and MCOs). The team continues to give feedback to the MCOs regarding data discrepancies. The Geo maps submitted by the MCOs were posted to the KanCare website this quarter. The plan is to add trending to the maps next quarter.

The KDHE and KDADS GeoAccess standards are posted on our KanCare website at <https://www.kancare.ks.gov/policies-and-reports/network-adequacy> :

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

b. *Customer service reporting, including total calls, average speed of answer and call abandonment rates, for MCO-based and fiscal agent call centers, January - March 2020:*

KanCare Customer Service Report – Member

MCO/Fiscal Agent	Average Speed of Answer (Seconds)	Call Abandonment Rate	Total Calls
Aetna	2.43	1.6%	45,616
Sunflower	25.44	2.515%	46,826
United	13.94	.755%	52,860
DXC – Fiscal Agent	15	1.28%	6,710

KanCare Customer Service Report - Provider

MCO/Fiscal Agent	Average Speed of Answer (Seconds)	Call Abandonment Rate	Total Calls
Aetna	.35	.259%	31,308
Sunflower	17.91	1.911%	25,979
United	1.47	.200%	21,276
DXC – Fiscal Agent	42.33	2.72%	7,965

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 – CY2020 first quarter

Aetna 1 st quarter Grievance Trends		
Total # of Resolved Grievances	72	
Top 5 Trends		
Trend 1: Transportation – Other	12	17%

Trend 2: Transportation – Late	10	14%
Trend 3: Customer Service	8	11%
Trend 4: Billing/Financial Issues (Non-Transportation)	8	11%
Trend 5: Transportation – Billing and Reimbursement	7	10%

Sunflower CY2020 first quarter Grievance Trends		
Total # of Resolved Grievances	209	
Top 5 Trends		
Trend 1: Transportation – Other	41	20%
Trend 2: Transportation – No Show	32	15%
Trend 3: Transportation – Late	31	15%
Trend 4: Access to Service or Care	21	10%
Trend 5: Quality of Care (non HCBS Providers)	18	9%

United CY 2020 first quarter Grievance Trends		
Total # of Resolved Grievances	199	
Top 5 Trends		
Trend 1: Transportation – Late	37	19%
Trend 2: Billing/Financial Issues (Non-Transportation)	33	17%
Trend 3: Transportation – Other	31	16%
Trend 4: Transportation – No Show	25	13%
Trend 5: Transportation – Safety	18	9%

MCOs' Grievance Trends
Provider – CY2020 first quarter

Aetna CY2020 first quarter Grievance Trends	
Total # of Resolved Grievances	0
Top 5 Trends	

Sunflower CY2020 first quarter Grievance Trends		
Total # of Resolved Grievances	26	
Top 5 Trends		
Trend 1: Transportation	15	58%
Trend 2: Billing/Payment	6	23%
Trend 3: Health Plan – Technology	2	8%

United CY2020 first quarter Grievance Trends		
Total # of Resolved Grievances	21	
Top 5 Trends		
Trend 1: Other (Must provide description in narrative column of Summary Reports)	12	57%
Trend 2: Transportation	8	38%

MCO's Reconsideration Trends
Provider – CY2020 first quarter

Aetna CY2020 first quarter Provider Reconsideration Trends		
Total # of Resolved Reconsiderations	965	
Top 5 Trends		
Trend 1: PR – CPD – Medical (Physical Health not Otherwise Specified)	321	33%
Trend 2: PR – CPD – Hospital Inpatient (Non-Behavioral Health)	228	24%

Trend 3: PR – CPD – Hospital Outpatient (Non-Behavioral Health)	149	15%
Trend 4: PR – CPD – Durable Medical Equipment	92	10%
Trend 5: PR – CPD – Ambulance (Include Air and Ground)	31	3%

Aetna Provider Reconsiderations

- There were 228 provider reconsiderations categorized as PR – CPD – Hospital Inpatient (Non-Behavioral Health) which is a significant increase of 72 from last quarter.
- There were 92 provider reconsiderations categorized as PR – CPD – Durable Medical Equipment which is a significant increase of 20 from last quarter.

Sunflower CY2020 first quarter Provider Reconsideration Trends		
Total # of Resolved Reconsiderations	11,499	
Top 5 Trends		
Trend 1: PR – CPD – Hospital Outpatient (Non-Behavioral Health)	2,922	25%
Trend 2: PR – CPD – Medical (Physical Health not Otherwise Specified)	2,658	23%
Trend 3: PR – CPD – Hospital Inpatient (Non-Behavioral Health)	1,757	15%
Trend 4: PR – CPD – Out of Network Provider, Specialist or Specific Provider	1,247	11%
Trend 5: PR – CPD – Laboratory	1,061	9%

Sunflower Provider Reconsiderations

- There were 2,922 provider reconsiderations categorized as PR – CPD – Hospital Outpatient (Non-Behavioral Health) which is a significant increase of 1802 from last quarter.
- There were 2,658 provider reconsiderations categorized as PR – CPD – Medical (Physical Health not Otherwise Specified) which is a significant increase of 1326 from last quarter.
- There were 1,757 provider reconsiderations categorized as PR – CPD – Hospital Inpatient (Non-Behavioral Health) which is a significant increase of 484 from last quarter.
- There were 1,247 provider reconsiderations categorized as PR – CPD – Out of Network Provider, Specialist or Specific Provider which is a significant increase of 501 from last quarter.
- There were 1,061 provider reconsiderations categorized as PR – CPD – Laboratory which is a significant increase of 390 from last quarter.
- There were 11,499 provider reconsiderations reported this quarter which is a significant increase of 4,557 from 6,942 reported in last quarter.

United CY2020 first quarter Provider Reconsideration Trends		
Total # of Resolved Reconsiderations	37,303	
Top 5 Trends		
Trend 1: PR – CPD – Medical (Physical Health not Otherwise Specified)	13,497	36%
Trend 2: PR – CPD – Out of Network Provider, Specialist or Specific Provider	9,557	26%
Trend 3: PR – CPD – Laboratory	4,539	12%
Trend 4: PR – CPD – Hospital Outpatient (Non-Behavioral Health)	4,286	11%
Trend 5: PR – CPD – Radiology	1,616	4%

United Provider Reconsiderations

- There were 13,497 provider reconsiderations categorized as PR – CPD – Medical (Physical Health not Otherwise Specified) which is a significant increase of 794 from last quarter.
- There were 9,557 provider reconsiderations categorized as PR – CPD – Out of Network Provider, Specialist or Specific Provider which is a significant increase of 1992 from last quarter.
- There were 4,286 provider reconsiderations categorized as PR – CPD – Hospital Outpatient (Non-Behavioral Health) which is a significant increase of 419 from last quarter.

- There were 1,616 provider reconsiderations categorized as PR – CPD – Radiology which is a significant increase of 539 from last quarter.

MCOs' Appeals Trends
Member/Provider – CY2020 first quarter

Aetna CY2020 first quarter Member/Provider Appeal Trends					
Total # of Resolved Member Appeals	116		Total # of Resolved Provider Appeals	261	
Top 5 Trends			Top 5 Trends		
Trend 1: MA – CNM – Pharmacy	73	63%	Trend 1: PA – CNM – Medical Procedure (NOS)	71	27%
Trend 2: MA – CNM – Medical Procedure (NOS)	15	13%	Trend 2: PA – CNM – Inpatient Admissions (Non-Behavioral Health)	36	14%
Trend 3: MA – CNM – Radiology	9	8%	Trend 3: PA – CPD – Hospital Outpatient (Non-Behavioral Health)	34	13%
Trend 4: MA – CNM – Inpatient Behavioral Health	5	4%	Trend 4: PA – CPD – Hospital Inpatient (Non-Behavioral Health)	29	11%
Trend 5: MA – NCS – Pharmacy	5	4%	Trend 5: PA – CPD – Medical (Physical Health not Otherwise Specified)	22	8%

Sunflower CY2020 first quarter Member/Provider Appeal Trends					
Total # of Resolved Member Appeals	173		Total # of Resolved Provider Appeals	1,137	
Top 5 Trends			Top 5 Trends		
Trend 1: MA – CNM – Pharmacy	53	31%	Trend 1: PA – CPD – Medical (Physical Health not Otherwise Specified)	239	21%
Trend 2: MA – CNM – Durable Medical Equipment	37	21%	Trend 2: PA – CPD – Hospital Outpatient (Non-Behavioral Health)	166	15%
Trend 3: MA – CNM – Radiology	25	14%	Trend 3: PA – CPD – Hospital Inpatient (non-Behavioral Health)	121	11%
Trend 4: MA – CNM – Medical Procedure (NOS)	9	5%	Trend 4: PA – CPD – Laboratory	117	10%
Trend 5: MA – CNM – Other	9	5%	Trend 5: PA – BFI – Recoupment	69	6%

United CY2020 first quarter Member/Provider Appeal Trends					
Total # of Resolved Member Appeals	199		Total # of Resolved Provider Appeals	698	
Top 5 Trends			Top 5 Trends		
Trend 1: MA – CNM – Pharmacy	108	54%	Trend 1: PA – CPD – Hospital Inpatient (Non-Behavioral Health)	261	37%
Trend 2: MA – CNM – Inpatient Admissions (Non-Behavioral Health)	25	13%	Trend 2: PA – CPD – Medical (Physical Health not Otherwise Specified)	145	21%
Trend 3: MA – CNM – Medical Procedure (NOS)	16	8%	Trend 3: PA – CPD – Hospital Outpatient (Non-Behavioral Health)	70	10%
Trend 4: MA – CNM – Durable Medical Equipment	15	8%	Trend 4: PA – CPD – Home Health	61	9%
Trend 5: MA – CNM – Dental	11	6%	Trend 5: PA – CPD – Laboratory	36	5%

MCOs' State Fair Hearing Reversed Decisions
Member/Provider – CY2020 first quarter

- There were 12 Member State Fair Hearings for all three MCOs. No decisions were reversed by

OAH.

- There were 82 Provider State Fair Hearings for all three MCOs. No decisions were reversed by OAH.

Aetna CY2020 first quarter					
Total # of Member SFH	0		Total # of Provider SFH	20	
OAH reversed MCO decision	0	0%	OAH reversed MCO decision	0	0%

Sunflower CY2020 first quarter					
Total # of Member SFH	7		Total # of Provider SFH	21	
OAH reversed MCO decision	0	0%	OAH reversed MCO decision	0	0%

United CY2020 first quarter					
Total # of Member SFH	5		Total # of Provider SFH	41	
OAH reversed MCO decision	0	0%	OAH reversed MCO decision	0	0%

- Enrollee complaints and grievance reports to determine any trends:* This information is included at items IV(d) and X(c) above.
- Summary of ombudsman activities:* The report for the first quarter of calendar year 2020 is attached.
- 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 9/17/18. 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. While a system with DCF is being developed to automatically enter determinations into AIR, KDADS requires duplicate reporting for instances of Abuse, Neglect and Exploitation to both DCF and the AIR system. Determinations received from the Kansas Department for Children and Families (DCF) are received by KDADS staff who review the AIR system and attach 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 have the ability to 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. Please note that Kansas is in the process of establishing a memorandum of understanding (MOU) between KDADS and DCF to improve communication, data sharing and leverage resources between the agencies.

KDADS continues working with the MCOs on a case-by-case basis and provides training upon request for each MCO. KDADS and MCOs stay in regular contact utilizing individualized meetings to analyze trends and drill down on any specific cases, as applicable. Along with collaboration involving MCOs and KDADS, the providers are also involved throughout the process. From continued education to providers regarding the AIR system and reporting requirements, to how beneficial making a report can be to the individual served or others at a location when necessary remediation occurs. Review of MCO follow-up and resolution details verifies the system is operating as planned and is beneficial for all involved in the process.

AIR is not intended to replace the State reporting system for abuse, neglect and exploitation (ANE) of individuals who are served on the behavioral health and HCBS programs. ANE substantiations are reported separately to KDADS from the Department of Children and Families (DCF) and monitored by the KDADS program integrity team. The program integrity team ensures individuals with reported ANE are receiving adequate supports and protections available through KDADS programs, KanCare, and other community resources and that all necessary parties are notified and involved in the resolution of Substantiated reports. A summary of the 2020 AIR reports through the quarter ending March 31, 2020 follows:

Critical Incidents	1 st Qtr.	2 nd Qtr.	3 rd Qtr.	4 th Qtr.	YTD
	AIR Totals	AIR Totals	AIR Totals	AIR Totals	TOTALS
Reviewed	2,896				2,896
Pending Resolution	70				70
Total Received	2,966				2,966
APS Substantiations*	138				138

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 DY8 first quarter HCAIP UCC Pool payments will be issued in May 2020. The DY7 fourth quarter LPTH/BCCH UC Pool payments were issued February 7, 2020.

SNCP and HCAIP reports for DY 8 first quarter are attached to this report.

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

XII. Demonstration Evaluation

In January 2020, KFMC, KDHE and KDADS worked together to address CMS recommendations regarding the KanCare 2.0 Evaluation Design. The revised design was submitted to CMS on January 17, 2020. This evaluation design addresses the "OneCareKansas" program (based on the health home model), the "Service Coordination Strategy" for integrating physical and behavioral health, the incorporation of value-based models into the state's demonstration, the implementation of telehealth services, and the provision of independent living and employment support services. KDHE received notice of CMS approval on February 19, 2020. KFMC initiated discussions with the MCOs, during the January 23, 2020 State/MCO/EQRO contract meeting, regarding data needed for the evaluation.

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

a. Post-award forums

No post-award forum was held during the January-March 2020 quarter.

b. Claims Adjudication Statistics

KDHE’s summary of the numerous claims adjudication reports for the KanCare MCOs, covering January-September 2019, is attached.

c. Waiting List Management

PD Waiting List Management

For the quarter ending March 31, 2020:

- Current number of individuals on the PD Waiting List: 1,297
- Number of individuals added to the waiting list: 419
- Number of individuals removed from the waiting list: 745
 - 250 started receiving HCBS-PD waiver services
 - 26 were deceased
 - 469 were removed for other reasons (refused services, voluntary removal, etc.)

I/DD Waiting List Management

For the quarter ending March 31, 2020:

- Current number of individuals on the I/DD Waiting List: 4,182
- Number of individuals added to the waiting list: 158
- Number of individuals removed from the waiting list: 154
 - 89 started receiving HCBS-I/DD waiver services
 - 3 was deceased
 - 62 were removed for other reasons (refused services, voluntary removal, etc.)

XIV. Enclosures/Attachments

Section of Report Where Attachment Noted	Description of Attachment
IV(e)	July-September 2019 HCBS Quality Review Report
X(e)	Summary of KanCare Ombudsman Activities for QE 3.31.2020
XI	Safety Net Care Pool Reports DY 8 Q1 and HCAIP Reports DY 8 Q1
XIII(b)	KDHE Summary of Claims Adjudication Statistics for January-March 2020

XV. State Contacts

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XVI. Date Submitted to CMS

June 30, 2020



Home and Community Based Services
Quality Review Report
July - September 2019

KDADS HCBS Quality Review Report

Administrative Authority

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

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

Denominator: Number of Quality Review reports

Review Period: 07/01/2019 - 09/30/2019

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	Jan-Mar 2019	Apr-Jun 2019	Jul-Sep 2019
PD									
Statewide	25%	25%	25%	75%	100%	100%	100%	100%	100%
FE									
Statewide	25%	25%	25%	75%	100%	100%	100%	100%	100%
IDD									
Statewide	25%	25%	25%	75%	100%	100%	100%	100%	100%
BI									
Statewide	25%	25%	25%	75%	100%	100%	100%	100%	100%
TA									
Statewide	25%	25%	25%	75%	100%	100%	100%	100%	100%
Autism									
Statewide	25%	25%	25%	75%	100%	100%	100%	100%	100%
SED									
Statewide	25%	25%	25%	75%	100%	100%	100%	100%	100%

Explanation of Findings:

Performance measure achieved

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: 07/01/2019 - 09/30/2019

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

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

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

Explanation of Findings:

Seven waiver amendments and two waiver renewals

Performance measure achieved

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: 07/01/2019 - 09/30/2019

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	N/A
Numerator	0
Denominator	0

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

Explanation of Findings:

Not applicable. There were zero (0) waiver policy changes submitted to the State Medicaid Agency prior to implementation by the Operating Agency.

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: 07/01/2019 - 09/30/2019

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	Jan-Mar 2019	Apr-Jun 2019	Jul-Sep 2019
PD									
Statewide	Not a measure	45%	67%	70%	100%	100%	100%	100%	100%
FE									
Statewide	100%	82%	50%	70%	100%	100%	100%	100%	100%
IDD									
Statewide	Not a measure	91%	Not Available	70%	100%	100%	100%	100%	100%
BI									
Statewide	Not a measure	73%	Not Available	70%	100%	100%	100%	100%	100%
TA									
Statewide	Not a measure	64%	Not Available	70%	100%	100%	100%	100%	100%
Autism									
Statewide	Not a measure	91%	100%	70%	100%	100%	100%	100%	100%
SED									
Statewide	Not a measure	100%	Not Available	70%	100%	100%	100%	100%	100%

Explanation of Findings:

Performance measure achieved

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: 07/01/2019 - 09/30/2019

Data Source: Functional Assessor Record Review/State Data Systems

Compliance By Waiver	Statewide
PD	97%
Numerator	361
Denominator	374
FE	98%
Numerator	347
Denominator	355
IDD	100%
Numerator	176
Denominator	176
BI	98%
Numerator	41
Denominator	42
TA	100%
Numerator	25
Denominator	25
Autism	100%
Numerator	4
Denominator	4
SED	90%
Numerator	53
Denominator	59

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

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, and the Autism waiver remains a record review. Effective July 2019, SED data collected through record review.

Data pulled from state data system on May 15, 2020.

Explanation of Findings for administrative data pull: The individual has not had a functional assessment within the last 365 calendar days or the functional assessment took place after the level of care eligibility effective date.

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: 07/01/2019 - 09/30/2019

Data Source: Functional Assessor Record Review/State Data Systems

Compliance By Waiver	Statewide
PD	76%
Numerator	820
Denominator	1072
FE	80%
Numerator	525
Denominator	655
IDD	99%
Numerator	2231
Denominator	2249
BI	80%
Numerator	52
Denominator	65
TA	100%
Numerator	111
Denominator	111
Autism	60%
Numerator	6
Denominator	10
SED	Not a Waiver
Numerator	Performance
Denominator	Measure

Compliance Trends	2013	2014	2015	2016	2017	2018	Jan-Mar 2019	Apr-Jun 2019	Jul-Sep 2019
PD									
Statewide	47%	52%	64%	69%	68%	79%	71%	74%	76%
FE									
Statewide	68%	70%	76%	79%	68%	84%	83%	79%	80%
IDD									
Statewide	97%	74%	75%	77%	78%	97%	98%	98%	99%
BI									
Statewide	39%	50%	62%	65%	62%	70%	63%	74%	80%
TA									
Statewide	94%	90%	86%	96%	93%	99%	99%	100%	100%
Autism									
Statewide	68%	No Data	75%	78%	63%	65%	75%	86%	60%
SED									
Statewide	93%	88%	94%	88%	89%	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 six of the waivers, and the Autism waiver remains a record review.

Data pulled from state data system on May 15, 2020.

Explanation of Findings for administrative data pull: 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.

AU: Assessment not current or was completed timely

Remediation:

KDADS HCBS Quality Review Report

Level of Care

PM 3: Number and percent of waiver participants whose Level of Care (LOC) determinations used the state's approved screening tool

Numerator: Number of waiver participants whose Level of Care determinations used the approved screening tool

Denominator: Number of waiver participants who had a Level of Care determination

Review Period: 07/01/2019 - 09/30/2019

Data Source: Functional Assessor Record Review

Compliance By Waiver	Statewide
PD	83%
Numerator	74
Denominator	89
FE	92%
Numerator	85
Denominator	92
IDD	99%
Numerator	92
Denominator	93
BI	89%
Numerator	49
Denominator	55
TA	100%
Numerator	59
Denominator	59
Autism	79%
Numerator	11
Denominator	14
SED	93%
Numerator	81
Denominator	87

Compliance Trends	2013	2014	2015	2016	2017	2018	Jan-Mar 2019	Apr-Jun 2019	Jul-Sep 2019
PD									
Statewide	93%	84%	79%	80%	85%	81%	78%	81%	83%
FE									
Statewide	88%	91%	91%	92%	88%	93%	96%	89%	92%
IDD									
Statewide	97%	95%	99%	99%	99%	99%	100%	99%	99%
BI									
Statewide	64%	81%	79%	77%	82%	85%	84%	91%	89%
TA									
Statewide	93%	98%	100%	100%	98%	100%	100%	100%	100%
Autism									
Statewide	88%	No Data	90%	88%	91%	89%	100%	100%	79%
SED									
Statewide	77%	79%	83%	88%	91%	95%	100%	98%	93%

Explanation of Findings:

PD: current FAI assessment missing for review period

AU: current Vineland assessment missing for review period

Remediation:

KDADS HCBS Quality Review Report

Level of Care

PM 4: Number and percent of initial Level of Care (LOC) determinations made by a qualified assessor

Numerator: Number of initial Level of Care (LOC) determinations made by a qualified assessor

Denominator: Number of initial Level of Care determinations

Review Period: 07/01/2019 - 09/30/2019

Data Source: Functional Assessor Record Review

Compliance By Waiver	Statewide
PD	83%
Numerator	74
Denominator	89
FE	92%
Numerator	85
Denominator	92
IDD	97%
Numerator	90
Denominator	93
BI	89%
Numerator	49
Denominator	55
TA	100%
Numerator	59
Denominator	59
Autism	79%
Numerator	11
Denominator	14
SED	93%
Numerator	81
Denominator	87

Compliance Trends	2013	2014	2015	2016	2017	2018	Jan-Mar 2019	Apr-Jun 2019	Jul-Sep 2019
PD									
Statewide	19%	68%	81%	80%	84%	81%	77%	81%	83%
FE									
Statewide	24%	86%	91%	92%	88%	92%	96%	89%	92%
IDD									
Statewide	92%	85%	96%	97%	96%	98%	99%	98%	97%
BI									
Statewide	57%	73%	83%	77%	82%	85%	84%	91%	89%
TA									
Statewide	93%	100%	99%	100%	94%	100%	100%	100%	100%
Autism									
Statewide	0%	No Data	57%	68%	85%	89%	100%	100%	79%
SED									
Statewide	99%	71%	88%	86%	90%	94%	100%	98%	93%

Explanation of Findings:

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

PD: current FAI assessment missing for review period

AU: current Vineland assessment missing for review period

Remediation:

KDADS HCBS Quality Review Report

Level of Care

PM 5: Number and percent of initial Level of Care (LOC) determinations made where the LOC criteria was accurately applied

Numerator: Number of initial Level of Care (LOC) determinations made where the LOC criteria was accurately applied

Denominator: Number of initial Level of Care determinations

Review Period: 07/01/2019 - 09/30/2019

Data Source: Functional Assessor Record Review

Compliance By Waiver	Statewide
PD	83%
Numerator	74
Denominator	89
FE	92%
Numerator	85
Denominator	92
IDD	99%
Numerator	92
Denominator	93
BI	89%
Numerator	49
Denominator	55
TA	100%
Numerator	59
Denominator	59
Autism	79%
Numerator	11
Denominator	14
SED	93%
Numerator	81
Denominator	87

Compliance Trends	2013	2014	2015	2016	2017	2018	Jan-Mar 2019	Apr-Jun 2019	Jul-Sep 2019
PD									
Statewide	73%	83%	96%	80%	84%	81%	78%	81%	83%
FE									
Statewide	91%	90%	96%	91%	100%	93%	96%	89%	92%
IDD									
Statewide	98%	95%	91%	98%	100%	98%	100%	99%	99%
BI									
Statewide	58%	81%	83%	76%	96%	85%	84%	91%	89%
TA									
Statewide	93%	98%	100%	100%	100%	100%	100%	100%	100%
Autism									
Statewide	89%	No Data	100%	88%	88%	89%	100%	100%	79%
SED									
Statewide	99%	88%	87%	89%	92%	95%	100%	98%	93%

Explanation of Findings:

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

PD: current FAI assessment missing for review period

AU: current Vineland assessment missing for review period

Remediation:

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: 07/01/2019 - 09/30/2019

Data Source: Third party contractor

Compliance By Waiver	Statewide
PD	Not a Waiver
Numerator	Performance
Denominator	Measure
FE	Not a Waiver
Numerator	Performance
Denominator	Measure
IDD	Not a Waiver
Numerator	Performance
Denominator	Measure
BI	Not a Waiver
Numerator	Performance
Denominator	Measure
TA	Not a Waiver
Numerator	Performance
Denominator	Measure
Autism	Not a Waiver
Numerator	Performance
Denominator	Measure
SED	89%
Numerator	17
Denominator	19

Compliance Trends	2017	2018	Jan-Mar 2019	Apr-Jun 2019	Jul-Sep 2019
PD					
	Not a Measure				
FE					
	Not a Measure				
IDD					
	Not a Measure				
BI					
	Not a Measure				
TA					
	Not a Measure				
Autism					
	Not a Measure				
SED					
Statewide	No Data	No Data		92%	89%

Explanation of Findings:

Performance measure achieved

Remediation:

KDADS HCBS Quality Review Report

Qualified Providers

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

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

Denominator: Number of all new licensed/certified waiver providers

Review Period: 07/01/2019 - 09/30/2019

Data Source:

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

Explanation of Findings:

MCO's have audit tools, have contracted with a third-party to conduct these audits and they are currently underway

Remediation:

Compliance Trends	2013	2014	2015	2016	2017	2018	Jan-Mar 2019	Apr-Jun 2019	Jul-Sep 2019
PD									
Aetna	N/A	N/A	N/A	N/A	N/A	N/A			
Amerigroup				N/A			N/A	N/A	N/A
Sunflower		No Data	No Data	N/A	No Data	No Data			
United				N/A					
Statewide	100%			N/A					
FE									
Aetna	N/A	N/A	N/A	N/A	N/A	N/A			
Amerigroup				5%			N/A	N/A	N/A
Sunflower		No Data	No Data	30%	No Data	No Data			
United				N/A					
Statewide	100%			9%					
IDD									
Aetna	N/A	N/A	N/A	N/A	N/A	N/A			
Amerigroup				N/A			N/A	N/A	N/A
Sunflower		No Data	No Data	N/A	No Data	No Data			
United				N/A					
Statewide	98%			N/A					
BI									
Aetna	N/A	N/A	N/A	N/A	N/A	N/A			
Amerigroup				N/A			N/A	N/A	N/A
Sunflower		No Data	No Data	N/A	No Data	No Data			
United				N/A					
Statewide	91%			N/A					
TA									
Aetna	N/A	N/A	N/A	N/A	N/A	N/A			
Amerigroup				N/A			N/A	N/A	N/A
Sunflower		No Data	No Data	N/A	No Data	No Data			
United				N/A					
Statewide	93%			N/A					
Autism									
Aetna	N/A	N/A	N/A	N/A	N/A	N/A			
Amerigroup				N/A			N/A	N/A	N/A
Sunflower		No Data	No Data	N/A	No Data	No Data			
United				N/A					
Statewide	100%			N/A					
SED									
Aetna	N/A	N/A	N/A	N/A	N/A	N/A			
Amerigroup				N/A			N/A	N/A	N/A
Sunflower		No Data	No Data	N/A	No Data	No Data			
United				N/A					
Statewide	100%			N/A					

KDADS HCBS Quality Review Report

Qualified Providers

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

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

Denominator: Number of enrolled licensed/certified waiver providers

Review Period: 07/01/2019 - 09/30/2019

Data Source:

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

Explanation of Findings:

MCO's have audit tools, have contracted with a third-party to conduct these audits and they are currently underway

Remediation:

Compliance Trends	2013	2014	2015	2016	2017	2018	Jan-Mar 2019	Apr-Jun 2019	Jul-Sep 2019
PD									
Aetna	N/A	N/A	N/A	N/A	N/A	N/A			
Amerigroup				0%			N/A	N/A	N/A
Sunflower				0%	No Data	No Data			
United				0%					
Statewide	100%			0%					
FE									
Aetna	N/A	N/A	N/A	N/A	N/A	N/A			
Amerigroup				12%			N/A	N/A	N/A
Sunflower				23%	No Data	No Data			
United				0%					
Statewide	Not a Measure			11%					
IDD									
Aetna	N/A	N/A	N/A	N/A	N/A	N/A			
Amerigroup				0%			N/A	N/A	N/A
Sunflower				0%	No Data	No Data			
United				0%					
Statewide	98%			0%					
BI									
Aetna	N/A	N/A	N/A	N/A	N/A	N/A			
Amerigroup				0%			N/A	N/A	N/A
Sunflower				0%	No Data	No Data			
United				0%					
Statewide	89%			0%					
TA									
Aetna	N/A	N/A	N/A	N/A	N/A	N/A			
Amerigroup				0%			N/A	N/A	N/A
Sunflower				0%	No Data	No Data			
United				0%					
Statewide	93%			0%					
Autism									
Aetna	N/A	N/A	N/A	N/A	N/A	N/A			
Amerigroup				14%			N/A	N/A	N/A
Sunflower				0%	No Data	No Data			
United				0%					
Statewide	100%			4%					
SED									
Aetna	N/A	N/A	N/A	N/A	N/A	N/A			
Amerigroup				0%			N/A	N/A	N/A
Sunflower				0%	No Data	No Data			
United				0%					
Statewide	100%			0%					

KDADS HCBS Quality Review Report

Qualified Providers

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

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

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

Review Period: 07/01/2019 - 09/30/2019

Data Source:

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

Explanation of Findings:

MCO's have audit tools, have contracted with a third-party to conduct these audits and they are currently underway

Remediation:

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

KDADS HCBS Quality Review Report

Qualified Providers

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

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

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

Review Period: 07/01/2019 - 09/30/2019

Data Source:

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

Explanation of Findings:

MCO's have audit tools, have contracted with a third-party to conduct these audits and they are currently underway

Remediation:

Compliance Trends	2013	2014	2015	2016	2017	2018	Jan-Mar 2019	Apr-Jun 2019	Jul-Sep 2019
PD									
Aetna	N/A	N/A	N/A	N/A	N/A	N/A			
Amerigroup				3%			N/A	N/A	N/A
Sunflower		No Data	No Data	1%	No Data	No Data			
United				0%					
Statewide	75%			1%					
FE									
Aetna	N/A	N/A	N/A	N/A	N/A	N/A			
Amerigroup				0%			N/A	N/A	N/A
Sunflower		No Data	No Data	0%	No Data	No Data			
United				0%					
Statewide	Not a Measure			0%					
IDD									
Aetna	N/A	N/A	N/A	N/A	N/A	N/A			
Amerigroup				0%			N/A	N/A	N/A
Sunflower		No Data	No Data	8%	No Data	No Data			
United				0%					
Statewide	Not a Measure			2%					
BI									
Aetna	N/A	N/A	N/A	N/A	N/A	N/A			
Amerigroup				8%			N/A	N/A	N/A
Sunflower		No Data	No Data	0%	No Data	No Data			
United				0%					
Statewide	88%			3%					
TA									
Aetna	N/A	N/A	N/A	N/A	N/A	N/A			
Amerigroup				13%			N/A	N/A	N/A
Sunflower		No Data	No Data	0%	No Data	No Data			
United				0%					
Statewide	No Data			4%					
Autism									
Aetna	N/A	N/A	N/A	N/A	N/A	N/A			
Amerigroup				8%			N/A	N/A	N/A
Sunflower		No Data	No Data	0%	No Data	No Data			
United				0%					
Statewide	91%			2%					
SED									
Aetna	N/A	N/A	N/A	N/A	N/A	N/A			
Amerigroup				N/A			N/A	N/A	N/A
Sunflower		No Data	No Data	N/A	No Data	No Data			
United				N/A					
Statewide	89%			N/A					

KDADS HCBS Quality Review Report

Qualified Providers

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

Numerator: Number of providers that meet training requirements

Denominator: Number of active providers

Review Period: 07/01/2019 - 09/30/2019

Data Source:

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

Explanation of Findings:

MCO's have audit tools, have contracted with a third-party to conduct these audits and they are currently underway

Remediation:

Compliance Trends	2013	2014	2015	2016	2017	2018	Jan-Mar 2019	Apr-Jun 2019	Jul-Sep 2019
PD									
Aetna	N/A	N/A	N/A	N/A	N/A	N/A			
Amerigroup				0%			N/A	N/A	N/A
Sunflower		No Data	No Data	0%	No Data	No Data			
United				0%					
Statewide	No Data			0%					
FE									
Aetna	N/A	N/A	N/A	N/A	N/A	N/A			
Amerigroup				0%			N/A	N/A	N/A
Sunflower		No Data	No Data	0%	No Data	No Data			
United				0%					
Statewide	No Data			0%					
IDD									
Aetna	N/A	N/A	N/A	N/A	N/A	N/A			
Amerigroup				0%			N/A	N/A	N/A
Sunflower		No Data	No Data	0%	No Data	No Data			
United				0%					
Statewide	99%			0%					
BI									
Aetna	N/A	N/A	N/A	N/A	N/A	N/A			
Amerigroup				0%			N/A	N/A	N/A
Sunflower		No Data	No Data	0%	No Data	No Data			
United				0%					
Statewide	No Data			0%					
TA									
Aetna	N/A	N/A	N/A	N/A	N/A	N/A			
Amerigroup				0%			N/A	N/A	N/A
Sunflower		No Data	No Data	0%	No Data	No Data			
United				0%					
Statewide	No Data			0%					
Autism									
Aetna	N/A	N/A	N/A	N/A	N/A	N/A			
Amerigroup				20%			N/A	N/A	N/A
Sunflower		No Data	No Data	36%	No Data	No Data			
United				0%					
Statewide	No Data			11%					
SED									
Aetna	N/A	N/A	N/A	N/A	N/A	N/A			
Amerigroup				0%			N/A	N/A	N/A
Sunflower		No Data	No Data	0%	No Data	No Data			
United				0%					
Statewide	88%			0%					

KDADS HCBS Quality Review Report

Service Plan

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

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

Denominator: Number of waiver participants whose service plans were reviewed

Review Period: 07/01/2019 - 09/30/2019

Data Source: MCO Record Review

Compliance By Waiver	Aetna	Sunflower	United	Statewide
PD	71%	88%	84%	82%
Numerator	17	30	26	73
Denominator	24	34	31	89
FE	88%	86%	74%	81%
Numerator	14	32	28	74
Denominator	16	37	38	91
IDD	87%	71%	62%	71%
Numerator	13	36	16	65
Denominator	15	51	26	92
BI	58%	71%	67%	67%
Numerator	7	15	12	34
Denominator	12	21	18	51
TA	83%	95%	88%	89%
Numerator	10	20	21	51
Denominator	12	21	24	57
Autism	0%	80%	88%	79%
Numerator	0	4	7	11
Denominator	1	5	8	14
SED	100%	97%	97%	98%
Numerator	18	34	33	85
Denominator	18	35	34	87

Explanation of Findings:

PD: No valid signature and/or date or does not cover entire review period, document containing goals (service plan) was not provided for review or does not cover entire review period, guardianship/DPOA paperwork or proof of activation was not provided

FE: No valid signature and/or date or does not cover entire review period, guardianship/DPOA paperwork not provided, document containing goals (service plan) was not provided for review

IDD: No valid signature and/or date or does not cover entire review period, guardianship/DPOA paperwork not provided, document containing goals (service plan) was not provided for review

BI: No valid signature and/or date or does not cover entire review period, document containing goals (service plan) was not provided for review, service plan does not cover entire review period

AU: Service plan not provided for review, no valid signature and/or date

Remediation:

Compliance Trends	2013	2014	2015	2016	2017	2018	Jan-Mar 2019	Apr-Jun 2019	Jul-Sep 2019
PD									
Aetna	N/A	N/A	N/A	N/A	N/A	N/A		42%	71%
Amerigroup		55%	33%	63%	79%	86%	N/A	N/A	N/A
Sunflower		57%	64%	59%	81%	78%	79%	91%	88%
United		33%	49%	86%	85%	85%	88%	74%	84%
Statewide	55%	50%	48%	69%	81%	83%	84%	72%	82%
FE									
Aetna	N/A	N/A	N/A	N/A	N/A	N/A		47%	88%
Amerigroup		50%	42%	54%	70%	75%	N/A	N/A	N/A
Sunflower		56%	51%	75%	79%	73%	94%	88%	86%
United		45%	56%	81%	90%	87%	77%	67%	74%
Statewide	Not a Measure	50%	49%	70%	80%	79%	85%	71%	81%
IDD									
Aetna	N/A	N/A	N/A	N/A	N/A	N/A		53%	87%
Amerigroup		36%	32%	53%	76%	83%	N/A	N/A	N/A
Sunflower		56%	56%	61%	70%	71%	74%	70%	71%
United		52%	41%	73%	85%	85%	78%	39%	62%
Statewide	99%	49%	45%	62%	75%	78%	75%	58%	71%
BI									
Aetna	N/A	N/A	N/A	N/A	N/A	N/A		29%	58%
Amerigroup		37%	41%	58%	78%	72%	N/A	N/A	N/A
Sunflower		37%	38%	80%	74%	73%	83%	95%	71%
United		22%	55%	78%	79%	87%	77%	88%	67%
Statewide	44%	34%	43%	68%	77%	75%	81%	74%	67%
TA									
Aetna	N/A	N/A	N/A	N/A	N/A	N/A		62%	83%
Amerigroup		50%	44%	69%	90%	99%	N/A	N/A	N/A
Sunflower		73%	85%	82%	65%	89%	86%	90%	95%
United		64%	32%	70%	95%	70%	83%	80%	88%
Statewide	93%	61%	54%	73%	83%	90%	84%	79%	89%
Autism									
Aetna	N/A	N/A	N/A	N/A	N/A	N/A		0%	0%
Amerigroup		84%	56%	35%	88%	100%	N/A	N/A	N/A
Sunflower		47%	50%	50%	30%	33%	0%	0%	80%
United		63%	36%	17%	13%	41%	50%	67%	88%
Statewide	58%	69%	49%	37%	42%	52%	40%	36%	79%
SED									
Aetna	N/A	N/A	N/A	N/A	N/A	N/A		95%	100%
Amerigroup		91%	99%	98%	99%	96%	N/A	N/A	N/A
Sunflower		92%	95%	87%	98%	96%	100%	97%	97%
United		89%	100%	98%	88%	97%	100%	97%	97%
Statewide	98%	90%	98%	95%	95%	97%	100%	97%	98%

KDADS HCBS Quality Review Report

Service Plan

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

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

Denominator: Number of waiver participants whose service plans were reviewed

Review Period: 07/01/2019 - 09/30/2019

Data Source: MCO Record Review

Compliance By Waiver	Aetna	Sunflower	United	Statewide
PD	63%	88%	87%	81%
Numerator	15	30	27	72
Denominator	24	34	31	89
FE	81%	86%	89%	87%
Numerator	13	32	34	79
Denominator	16	37	38	91
IDD	87%	76%	77%	78%
Numerator	13	39	20	72
Denominator	15	51	26	92
BI	50%	71%	72%	67%
Numerator	6	15	13	34
Denominator	12	21	18	51
TA	92%	95%	92%	93%
Numerator	11	20	22	53
Denominator	12	21	24	57
Autism	0%	40%	88%	64%
Numerator	0	2	7	9
Denominator	1	5	8	14
SED	61%	91%	88%	84%
Numerator	11	32	30	73
Denominator	18	35	34	87

Explanation of Findings:

PD: No valid signature and/or date or does not cover entire review period, service plan was not provided or does not cover entire review period, guardianship/DPOA paperwork or proof of activation was not provided

IDD: No valid signature and/or date or does not cover entire review period, guardianship/DPOA paperwork not provided or does not cover entire review period

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

AU: Service plan not provided for review or does not cover entire review period, no valid signature and/or date, no services listed on ISP due to lack of providers

SED: Service plan/Plan of care not provided, assessment not provided for review

Remediation:

Compliance Trends	2013	2014	2015	2016	2017	2018	Jan-Mar 2019	Apr-Jun 2019	Jul-Sep 2019
PD									
Aetna	N/A	N/A	N/A	N/A	N/A	N/A		42%	63%
Amerigroup		83%	55%	74%	83%	93%	N/A	N/A	N/A
Sunflower		90%	56%	63%	83%	77%	76%	91%	88%
United		89%	68%	92%	87%	94%	91%	85%	87%
Statewide	86%	87%	59%	76%	84%	88%	84%	76%	81%
FE									
Aetna	N/A	N/A	N/A	N/A	N/A	N/A		47%	81%
Amerigroup		79%	66%	74%	80%	88%	N/A	N/A	N/A
Sunflower		90%	53%	73%	75%	76%	86%	85%	86%
United		88%	68%	84%	88%	90%	79%	87%	89%
Statewide	87%	86%	61%	77%	81%	84%	82%	79%	87%
IDD									
Aetna	N/A	N/A	N/A	N/A	N/A	N/A		40%	87%
Amerigroup		85%	67%	64%	77%	83%	N/A	N/A	N/A
Sunflower		77%	36%	65%	70%	77%	74%	80%	76%
United		72%	47%	78%	91%	90%	85%	79%	77%
Statewide	99%	78%	48%	68%	77%	82%	78%	73%	78%
BI									
Aetna	N/A	N/A	N/A	N/A	N/A	N/A		21%	50%
Amerigroup		67%	48%	65%	78%	75%	N/A	N/A	N/A
Sunflower		82%	28%	82%	74%	73%	83%	90%	71%
United		70%	62%	80%	79%	84%	77%	88%	72%
Statewide	72%	73%	45%	72%	77%	76%	81%	70%	67%
TA									
Aetna	N/A	N/A	N/A	N/A	N/A	N/A		69%	92%
Amerigroup		93%	58%	70%	88%	98%	N/A	N/A	N/A
Sunflower		98%	62%	74%	69%	85%	86%	90%	95%
United		97%	58%	79%	92%	84%	91%	84%	92%
Statewide	96%	96%	59%	73%	83%	91%	89%	83%	93%
Autism									
Aetna	N/A	N/A	N/A	N/A	N/A	N/A		0%	0%
Amerigroup		81%	59%	33%	88%	82%	N/A	N/A	N/A
Sunflower		50%	45%	47%	15%	28%	0%	0%	40%
United		63%	21%	22%	13%	24%	25%	67%	88%
Statewide	59%	68%	46%	36%	37%	39%	20%	36%	64%
SED									
Aetna	N/A	N/A	N/A	N/A	N/A	N/A		85%	61%
Amerigroup		91%	99%	98%	99%	96%	N/A	N/A	N/A
Sunflower		91%	92%	87%	93%	88%	81%	83%	91%
United		89%	98%	96%	84%	76%	56%	72%	88%
Statewide	92%	90%	97%	94%	92%	87%	67%	78%	84%

KDADS HCBS Quality Review Report

Service Plan

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

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

Denominator: Number of waiver participants whose service plans were reviewed

Review Period: 07/01/2019 - 09/30/2019

Data Source: MCO Record Review

Compliance By Waiver	Aetna	Sunflower	United	Statewide
PD	63%	88%	87%	81%
Numerator	15	30	27	72
Denominator	24	34	31	89
FE	81%	86%	89%	87%
Numerator	13	32	34	79
Denominator	16	37	38	91
IDD	87%	76%	73%	77%
Numerator	13	39	19	71
Denominator	15	51	26	92
BI	50%	71%	72%	67%
Numerator	6	15	13	34
Denominator	12	21	18	51
TA	92%	95%	92%	93%
Numerator	11	20	22	53
Denominator	12	21	24	57
Autism	0%	40%	88%	64%
Numerator	0	2	7	9
Denominator	1	5	8	14
SED	100%	97%	97%	98%
Numerator	18	34	33	85
Denominator	18	35	34	87

Explanation of Findings:

PD: No valid signature and/or date or does not cover entire review period, service plan was not provided or does not cover entire review period, guardianship/DPOA paperwork or proof of activation was not provided

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

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

AU: Service plan not provided for review or does not cover entire review period, no valid signature and/or date, no services listed on ISP due to lack of providers

Remediation:

Compliance Trends	2013	2014	2015	2016	2017	2018	Jan-Mar 2019	Apr-Jun 2019	Jul-Sep 2019
PD									
Aetna	N/A	N/A	N/A	N/A	N/A	N/A		42%	63%
Amerigroup		90%	44%	73%	81%	94%	N/A	N/A	N/A
Sunflower		89%	49%	67%	85%	75%	76%	91%	88%
United		96%	67%	90%	88%	95%	88%	85%	87%
Statewide	90%	91%	51%	76%	84%	88%	82%	76%	81%
FE									
Aetna	N/A	N/A	N/A	N/A	N/A	N/A		53%	81%
Amerigroup		92%	55%	75%	82%	89%	N/A	N/A	N/A
Sunflower		92%	50%	73%	77%	74%	86%	85%	86%
United		95%	70%	82%	88%	91%	79%	87%	89%
Statewide	Not a measure	93%	57%	76%	82%	84%	82%	80%	87%
IDD									
Aetna	N/A	N/A	N/A	N/A	N/A	N/A		40%	87%
Amerigroup		90%	61%	67%	75%	83%	N/A	N/A	N/A
Sunflower		97%	36%	65%	73%	78%	74%	78%	76%
United		89%	45%	78%	92%	90%	85%	79%	73%
Statewide	99%	93%	46%	69%	78%	83%	78%	72%	77%
BI									
Aetna	N/A	N/A	N/A	N/A	N/A	N/A		29%	50%
Amerigroup		79%	45%	64%	80%	79%	N/A	N/A	N/A
Sunflower		91%	26%	84%	70%	74%	83%	90%	71%
United		83%	64%	80%	79%	89%	77%	88%	72%
Statewide	84%	84%	43%	72%	78%	79%	81%	72%	67%
TA									
Aetna	N/A	N/A	N/A	N/A	N/A	N/A		69%	92%
Amerigroup		96%	49%	73%	89%	98%	N/A	N/A	N/A
Sunflower		95%	61%	76%	66%	85%	86%	90%	95%
United		94%	58%	79%	92%	84%	91%	84%	92%
Statewide	96%	96%	54%	75%	83%	91%	89%	83%	93%
Autism									
Aetna	N/A	N/A	N/A	N/A	N/A	N/A		0%	0%
Amerigroup		79%	59%	30%	88%	91%	N/A	N/A	N/A
Sunflower		61%	45%	47%	15%	28%	0%	0%	40%
United		86%	21%	17%	13%	24%	25%	67%	88%
Statewide	64%	74%	46%	34%	37%	41%	20%	36%	64%
SED									
Aetna	N/A	N/A	N/A	N/A	N/A	N/A		95%	100%
Amerigroup		90%	99%	97%	99%	96%	N/A	N/A	N/A
Sunflower		89%	95%	87%	98%	97%	100%	97%	97%
United		86%	100%	97%	88%	97%	100%	97%	97%
Statewide	99%	88%	98%	94%	95%	97%	100%	97%	98%

KDADS HCBS Quality Review Report

Service Plan

PM 4: Number and percent of waiver participants whose service plans were developed according to the processes in the approved waiver

Numerator: Number of waiver participants whose service plans were developed according to the processes in the approved waiver

Denominator: Number of waiver participants whose service plans were reviewed

Review Period: 07/01/2019 - 09/30/2019

Data Source: MCO Record Review

Compliance By Waiver	Aetna	Sunflower	United	Statewide
PD	63%	88%	84%	80%
Numerator	15	30	26	71
Denominator	24	34	31	89
FE	81%	89%	76%	82%
Numerator	13	33	29	75
Denominator	16	37	38	91
IDD	87%	75%	73%	76%
Numerator	13	38	19	70
Denominator	15	51	26	92
BI	58%	71%	67%	67%
Numerator	7	15	12	34
Denominator	12	21	18	51
TA	75%	95%	88%	88%
Numerator	9	20	21	50
Denominator	12	21	24	57
Autism	0%	40%	88%	64%
Numerator	0	2	7	9
Denominator	1	5	8	14
SED	100%	97%	97%	98%
Numerator	18	34	33	85
Denominator	18	35	34	87

Explanation of Findings:

PD: No valid signature and/or date or does not cover entire review period, service plan was not provided or does not cover entire review period, guardianship/DPOA paperwork or proof of activation was not provided

FE: No valid signature and/or date or does not cover entire review period, guardianship/DPOA paperwork or proof it is active was not provided, service plan was not provided or does not cover entire review period

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

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

AU: Service plan not provided for review or does not cover entire review period, no valid signature and/or date, no services listed on ISP due to lack of providers

Remediation:

Compliance Trends	2013	2014	2015	2016	2017	2018	Jan-Mar 2019	Apr-Jun 2019	Jul-Sep 2019
PD									
Aetna	N/A	N/A	N/A	N/A	N/A	N/A		46%	63%
Amerigroup		88%	68%	76%	85%	91%	N/A	N/A	N/A
Sunflower		87%	69%	73%	87%	77%	76%	91%	88%
United		85%	77%	92%	88%	94%	85%	79%	84%
Statewide	80%	87%	70%	80%	86%	87%	81%	75%	80%
FE									
Aetna	N/A	N/A	N/A	N/A	N/A	N/A		53%	81%
Amerigroup		84%	76%	78%	82%	91%	N/A	N/A	N/A
Sunflower		88%	61%	84%	86%	76%	94%	82%	89%
United		86%	79%	87%	90%	90%	82%	85%	76%
Statewide	Not a Measure	86%	71%	83%	86%	85%	88%	78%	82%
IDD									
Aetna	N/A	N/A	N/A	N/A	N/A	N/A		40%	87%
Amerigroup		80%	80%	73%	77%	94%	N/A	N/A	N/A
Sunflower		80%	59%	74%	80%	79%	75%	78%	75%
United		82%	55%	79%	92%	90%	89%	71%	73%
Statewide	98%	81%	64%	75%	82%	83%	80%	70%	76%
BI									
Aetna	N/A	N/A	N/A	N/A	N/A	N/A		36%	58%
Amerigroup		76%	53%	64%	79%	79%	N/A	N/A	N/A
Sunflower		86%	43%	86%	80%	73%	78%	90%	71%
United		77%	69%	85%	79%	84%	77%	94%	67%
Statewide	64%	80%	53%	74%	80%	78%	78%	76%	67%
TA									
Aetna	N/A	N/A	N/A	N/A	N/A	N/A		69%	75%
Amerigroup		84%	68%	71%	90%	96%	N/A	N/A	N/A
Sunflower		97%	86%	85%	68%	89%	86%	90%	95%
United		96%	58%	79%	95%	84%	91%	84%	88%
Statewide	No Data	91%	72%	77%	84%	92%	89%	83%	88%
Autism									
Aetna	N/A	N/A	N/A	N/A	N/A	N/A		0%	0%
Amerigroup		74%	59%	35%	88%	91%	N/A	N/A	N/A
Sunflower		51%	50%	47%	20%	39%	0%	0%	40%
United		65%	29%	17%	13%	35%	50%	67%	88%
Statewide	55%	65%	49%	36%	38%	50%	40%	36%	64%
SED									
Aetna	N/A	N/A	N/A	N/A	N/A	N/A		95%	100%
Amerigroup		92%	99%	98%	99%	96%	N/A	N/A	N/A
Sunflower		90%	94%	86%	98%	97%	100%	97%	97%
United		87%	98%	97%	88%	95%	100%	97%	97%
Statewide	Not a measure	90%	97%	94%	95%	96%	100%	97%	98%

KDADS HCBS Quality Review Report

Service Plan

PM 5: Number and percent of waiver participants (or their representatives) who were present and involved in the development of their service plan

Numerator: Number of waiver participants (or their representatives) who were present and involved in the development of their service plan

Denominator: Number of waiver participants whose service plans were reviewed

Review Period: 07/01/2019 - 09/30/2019

Data Source: MCO Record Review

Compliance By Waiver	Aetna	Sunflower	United	Statewide
PD	67%	88%	87%	82%
Numerator	16	30	27	73
Denominator	24	34	31	89
FE	81%	89%	92%	89%
Numerator	13	33	35	81
Denominator	16	37	38	91
IDD	87%	76%	73%	77%
Numerator	13	39	19	71
Denominator	15	51	26	92
BI	50%	71%	72%	67%
Numerator	6	15	13	34
Denominator	12	21	18	51
TA	83%	95%	92%	91%
Numerator	10	20	22	52
Denominator	12	21	24	57
Autism	0%	80%	88%	79%
Numerator	0	4	7	11
Denominator	1	5	8	14
SED	100%	97%	97%	98%
Numerator	18	34	33	85
Denominator	18	35	34	87

Explanation of Findings:

PD: No valid signature and/or date or does not cover entire review period, service plan was not provided or does not cover entire review period, guardianship/DPOA paperwork or proof of activation was not provided

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

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

AU: Service plan not provided for review or does not cover entire review period, no valid signature and/or date

Remediation:

Compliance Trends	2013	2014	2015	2016	2017	2018	Jan-Mar 2019	Apr-Jun 2019	Jul-Sep 2019
PD									
Aetna	N/A	N/A	N/A	N/A	N/A	N/A		46%	67%
Amerigroup		88%	70%	79%	87%	97%	N/A	N/A	N/A
Sunflower		87%	70%	74%	88%	80%	76%	91%	88%
United		84%	79%	89%	88%	95%	88%	85%	87%
Statewide	Not a Measure	87%	72%	81%	88%	91%	82%	77%	82%
FE									
Aetna	N/A	N/A	N/A	N/A	N/A	N/A		47%	81%
Amerigroup		83%	78%	76%	84%	92%	N/A	N/A	N/A
Sunflower		86%	60%	83%	87%	78%	94%	85%	89%
United		87%	83%	88%	91%	92%	85%	90%	92%
Statewide	90%	85%	72%	83%	88%	87%	89%	80%	89%
IDD									
Aetna	N/A	N/A	N/A	N/A	N/A	N/A		40%	87%
Amerigroup		84%	76%	73%	76%	85%	N/A	N/A	N/A
Sunflower		82%	60%	74%	78%	83%	79%	80%	76%
United		88%	51%	79%	93%	90%	89%	79%	73%
Statewide	Not a Measure	84%	63%	75%	81%	85%	83%	73%	77%
BI									
Aetna	N/A	N/A	N/A	N/A	N/A	N/A		29%	50%
Amerigroup		73%	51%	65%	80%	82%	N/A	N/A	N/A
Sunflower		84%	45%	86%	80%	79%	78%	90%	71%
United		80%	69%	59%	79%	92%	85%	94%	72%
Statewide	Not a Measure	78%	52%	74%	80%	83%	81%	74%	67%
TA									
Aetna	N/A	N/A	N/A	N/A	N/A	N/A		69%	83%
Amerigroup		83%	75%	71%	90%	99%	N/A	N/A	N/A
Sunflower		97%	86%	84%	68%	89%	86%	90%	95%
United		97%	58%	79%	95%	86%	91%	84%	92%
Statewide	Not a Measure	91%	76%	76%	84%	93%	89%	83%	91%
Autism									
Aetna	N/A	N/A	N/A	N/A	N/A	N/A		0%	0%
Amerigroup		77%	59%	35%	88%	100%	N/A	N/A	N/A
Sunflower		53%	55%	50%	15%	44%	100%	33%	80%
United		71%	36%	17%	6%	47%	50%	67%	88%
Statewide	Not a Measure	69%	52%	37%	35%	59%	60%	45%	79%
SED									
Aetna	N/A	N/A	N/A	N/A	N/A	N/A		90%	100%
Amerigroup		92%	98%	97%	97%	97%	N/A	N/A	N/A
Sunflower		90%	95%	86%	98%	96%	100%	97%	97%
United		87%	99%	96%	86%	96%	100%	97%	97%
Statewide	93%	90%	98%	94%	93%	97%	100%	95%	98%

KDADS HCBS Quality Review Report

Service Plan

PM 6: Number and percent of service plans reviewed before the waiver participant's annual redetermination date

Numerator: Number of service plans reviewed before the waiver participant's annual redetermination date

Denominator: Number of waiver participants whose service plans were reviewed

Review Period: 07/01/2019 - 09/30/2019

Data Source: MCO Record Review

Compliance By Waiver	Aetna	Sunflower	United	Statewide
PD	75%	76%	87%	80%
Numerator	18	26	27	71
Denominator	24	34	31	89
FE	81%	81%	92%	86%
Numerator	13	30	35	78
Denominator	16	37	38	91
IDD	87%	75%	62%	73%
Numerator	13	38	16	67
Denominator	15	51	26	92
BI	75%	76%	83%	78%
Numerator	9	16	15	40
Denominator	12	21	18	51
TA	100%	86%	92%	91%
Numerator	12	18	22	52
Denominator	12	21	24	57
Autism	0%	80%	88%	79%
Numerator	0	4	7	11
Denominator	1	5	8	14
SED	94%	97%	94%	95%
Numerator	17	34	32	83
Denominator	18	35	34	87

Explanation of Findings:

PD: No valid signature and/or date or does not cover entire review period, service plan was not provided or does not cover entire review period, guardianship/DPOA paperwork or proof of activation was not provided, prior service plan not provided or was not completed timely

FE: No valid signature and/or date or does not cover entire review period, guardianship/DPOA paperwork or proof it is active was not provided, service plan was not provided or does not cover entire review period, prior service plan not provided or was not completed timely

IDD: No valid signature and/or date or does not cover entire review period, guardianship/DPOA paperwork not provided, service plan does not cover entire review period, prior service plan not provided or was not completed timely

BI: No valid signature and/or date or does not cover entire review period, service plan was not provided or does not cover entire review period, service plan incomplete, prior service plan not provided or was not completed timely

AU: Service plan not provided for review or does not cover entire review period, no valid signature and/or date, prior service plan not provided

Remediation:

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

KDADS HCBS Quality Review Report

Service Plan

PM 7: Number and percent of waiver participants with documented change in needs whose service plan was revised, as needed, to address the change

Numerator: Number of waiver participants with documented change in needs whose service plan was revised, as needed, to address the change

Denominator: Number of waiver participants whose service plans were reviewed

Review Period: 07/01/2019 - 09/30/2019

Data Source: MCO Record Review

Compliance By Waiver	Aetna	Sunflower	United	Statewide
PD	92%	94%	100%	96%
Numerator	22	32	31	85
Denominator	24	34	31	89
FE	100%	97%	97%	98%
Numerator	16	36	37	89
Denominator	16	37	38	91
IDD	100%	96%	92%	96%
Numerator	15	49	24	88
Denominator	15	51	26	92
BI	100%	86%	89%	90%
Numerator	12	18	16	46
Denominator	12	21	18	51
TA	100%	90%	92%	93%
Numerator	12	19	22	53
Denominator	12	21	24	57
Autism	100%	80%	88%	86%
Numerator	1	4	7	12
Denominator	1	5	8	14
SED	89%	97%	91%	93%
Numerator	16	34	31	81
Denominator	18	35	34	87

Explanation of Findings:

AU: No valid signature and/or date, service plan not provided for review

Remediation:

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

KDADS HCBS Quality Review Report

Service Plan

PM 8: Number and percent of waiver participants who received services in the type, scope, amount, duration, and frequency specified in the service plan

Numerator: Number of waiver participants who received services in the type, scope, amount, duration, and frequency specified in the service plan

Denominator: Number of waiver participants whose service plans were reviewed

Review Period: 07/01/2019 - 09/30/2019

Data Source: MCO Record Review

Compliance By Waiver	Aetna	Sunflower	United	Statewide
PD	67%	88%	87%	82%
Numerator	16	30	27	73
Denominator	24	34	31	89
FE	75%	89%	92%	88%
Numerator	12	33	35	80
Denominator	16	37	38	91
IDD	87%	78%	69%	77%
Numerator	13	40	18	71
Denominator	15	51	26	92
BI	58%	71%	72%	69%
Numerator	7	15	13	35
Denominator	12	21	18	51
TA	92%	90%	92%	91%
Numerator	11	19	22	52
Denominator	12	21	24	57
Autism	0%	40%	75%	57%
Numerator	0	2	6	8
Denominator	1	5	8	14
SED	100%	97%	97%	98%
Numerator	18	34	33	85
Denominator	18	35	34	87

Explanation of Findings:

PD: No valid signature and/or date or does not cover entire review period, service plan was not provided or does not cover entire review period, guardianship/DPOA paperwork or proof it is active

IDD: No valid signature and/or date or does not cover entire review period, guardianship/DPOA paperwork not provided or does not cover entire review period

BI: No valid signature and/or date or does not cover entire review period, service plan was not provided or does not cover entire review period, service plan incomplete, guardianship/DPOA paperwork not provided or proof it is active

AU: Service plan not provided for review or does not cover entire review period, no valid signature and/or date, no services listed on ISP due to lack of providers, individual is on a provider waitlist and is not receiving services

Remediation:

Compliance Trends	2013	2014	2015	2016	2017	2018	Jan-Mar 2019	Apr-Jun 2019	Jul-Sep 2019
PD									
Aetna	N/A	N/A	N/A	N/A	N/A	N/A		46%	67%
Amerigroup		94%	69%	79%	83%	93%	N/A	N/A	N/A
Sunflower		96%	72%	76%	88%	80%	76%	91%	88%
United		96%	78%	91%	87%	93%	91%	88%	87%
Statewide	85%	95%	72%	81%	86%	88%	84%	78%	82%
FE									
Aetna	N/A	N/A	N/A	N/A	N/A	N/A		53%	75%
Amerigroup		83%	76%	75%	81%	86%	N/A	N/A	N/A
Sunflower		96%	64%	86%	87%	77%	94%	85%	89%
United		96%	79%	89%	88%	92%	85%	87%	92%
Statewide	87%	92%	72%	83%	86%	85%	89%	80%	88%
IDD									
Aetna	N/A	N/A	N/A	N/A	N/A	N/A		40%	87%
Amerigroup		78%	84%	73%	75%	82%	N/A	N/A	N/A
Sunflower		97%	62%	77%	80%	82%	81%	76%	78%
United		100%	59%	81%	90%	89%	89%	79%	69%
Statewide	98%	92%	68%	77%	81%	84%	84%	71%	77%
BI									
Aetna	N/A	N/A	N/A	N/A	N/A	N/A		29%	58%
Amerigroup		81%	55%	63%	77%	73%	N/A	N/A	N/A
Sunflower		95%	46%	84%	76%	76%	74%	85%	71%
United		85%	71%	83%	76%	82%	77%	88%	72%
Statewide	70%	87%	56%	72%	77%	75%	75%	70%	69%
TA									
Aetna	N/A	N/A	N/A	N/A	N/A	N/A		69%	92%
Amerigroup		98%	73%	79%	88%	98%	N/A	N/A	N/A
Sunflower		100%	86%	82%	68%	87%	86%	90%	90%
United		96%	58%	82%	92%	86%	96%	80%	92%
Statewide	100%	98%	74%	80%	83%	93%	91%	81%	91%
Autism									
Aetna	N/A	N/A	N/A	N/A	N/A	N/A		0%	0%
Amerigroup		89%	59%	37%	88%	91%	N/A	N/A	N/A
Sunflower		100%	55%	50%	15%	28%	0%	0%	40%
United		50%	21%	17%	13%	41%	25%	67%	75%
Statewide	50%	86%	49%	38%	37%	48%	20%	36%	57%
SED									
Aetna	N/A	N/A	N/A	N/A	N/A	N/A		95%	100%
Amerigroup		91%	99%	95%	99%	96%	N/A	N/A	N/A
Sunflower		96%	94%	84%	98%	98%	100%	97%	97%
United		92%	99%	91%	86%	96%	100%	97%	97%
Statewide	13%	93%	98%	90%	94%	97%	100%	97%	98%

KDADS HCBS Quality Review Report

Service Plan

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

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

Denominator: Number of waiver participants interviewed by QMS staff

Review Period: 07/01/2019 - 09/30/2019

Data Source: Customer Interview

Compliance By Waiver	Aetna	Sunflower	United	Statewide
PD	94%	100%	100%	98%
Numerator	15	17	7	39
Denominator	16	17	7	40
FE	100%	100%	95%	98%
Numerator	7	18	18	43
Denominator	7	18	19	44
IDD	100%	96%	90%	95%
Numerator	8	25	9	42
Denominator	8	26	10	44
BI	100%	100%	86%	94%
Numerator	5	4	6	15
Denominator	5	4	7	16
TA	67%	100%	89%	88%
Numerator	2	4	8	14
Denominator	3	4	9	16
Autism	N/A	100%	83%	86%
Numerator	0	1	5	6
Denominator	0	1	6	7
SED	Not a Waiver Performance Measure			
Numerator				
Denominator				

Explanation of Findings:

AU: Response indicates consumer has not recieved services

Remediation:

Compliance Trends	2013	2014	2015	2016	2017	2018	Jan-Mar 2019	Apr-Jun 2019	Jul-Sep 2019
PD									
Aetna	N/A	N/A	N/A	N/A	N/A	N/A		91%	94%
Amerigroup		97%			94%	94%	N/A	N/A	N/A
Sunflower		92%			97%	98%	88%	92%	100%
United		93%			91%	98%	83%	93%	100%
Statewide	Not a Measure	94%	No Data	No Data	94%	97%	86%	92%	98%
FE									
Aetna	N/A	N/A	N/A	N/A	N/A	N/A		100%	100%
Amerigroup		85%			97%	96%	N/A	N/A	N/A
Sunflower		86%			93%	95%	100%	86%	100%
United		82%			91%	94%	87%	100%	95%
Statewide	87%	84%	No Data	No Data	94%	95%	94%	95%	98%
IDD									
Aetna	N/A	N/A	N/A	N/A	N/A	N/A		100%	100%
Amerigroup		92%			93%	100%	N/A	N/A	N/A
Sunflower		96%			99%	97%	100%	93%	96%
United		93%			92%	100%	93%	100%	90%
Statewide	Not a Measure	94%	No Data	No Data	96%	98%	98%	96%	95%
BI									
Aetna	N/A	N/A	N/A	N/A	N/A	N/A		100%	100%
Amerigroup		81%			81%	87%	N/A	N/A	N/A
Sunflower		88%			79%	78%	91%	100%	100%
United		83%			76%	92%	100%	100%	86%
Statewide	Not a Measure	83%	No Data	No Data	80%	85%	92%	100%	94%
TA									
Aetna	N/A	N/A	N/A	N/A	N/A	N/A		50%	67%
Amerigroup		89%			96%	98%	N/A	N/A	N/A
Sunflower		84%			94%	95%	100%	100%	100%
United		85%			94%	100%	100%	91%	89%
Statewide	Not a Measure	87%	No Data	No Data	95%	98%	100%	90%	88%
Autism									
Aetna	N/A	N/A	N/A	N/A	N/A	N/A		N/A	N/A
Amerigroup		74%			89%	67%	N/A	N/A	N/A
Sunflower		70%			50%	88%	0%	100%	100%
United		60%			75%	50%	50%	67%	83%
Statewide	Not a Measure	71%	No Data	No Data	68%	68%	33%	75%	86%
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: 07/01/2019 - 09/30/2019

Data Source: MCO Record Review

Compliance By Waiver	Aetna	Sunflower	United	Statewide
PD	75%	88%	87%	84%
Numerator	18	30	27	75
Denominator	24	34	31	89
FE	81%	86%	92%	88%
Numerator	13	32	35	80
Denominator	16	37	38	91
IDD	80%	73%	77%	75%
Numerator	12	37	20	69
Denominator	15	51	26	92
BI	58%	76%	72%	71%
Numerator	7	16	13	36
Denominator	12	21	18	51
TA	83%	95%	92%	91%
Numerator	10	20	22	52
Denominator	12	21	24	57
Autism	0%	80%	88%	79%
Numerator	0	4	7	11
Denominator	1	5	8	14
SED	89%	100%	91%	94%
Numerator	16	35	31	82
Denominator	18	35	34	87

Explanation of Findings:

PD: No valid signature and/or date or does not cover entire review period, service plan was not provided or does not cover entire review period, appropriate box is not marked on service plan

IDD: No valid signature and/or date or does not cover entire review period, guardianship/DPOA paperwork not provided, appropriate box is not marked on service plan

BI: No valid signature and/or date or does not cover entire review period, service plan was not provided or does not cover entire review period, service plan incomplete, guardianship/DPOA paperwork not provided or proof it is active

AU: Service plan not provided for review or does not cover entire review period, no valid signature and/or date for the entire review period

Remediation:

Compliance Trends	2013	2014	2015	2016	2017	2018	Jan-Mar 2019	Apr-Jun 2019	Jul-Sep 2019
PD									
Aetna	N/A	N/A	N/A	N/A	N/A	N/A		38%	75%
Amerigroup		68%	56%	68%	80%	97%	N/A	N/A	N/A
Sunflower		58%	69%	73%	85%	80%	76%	91%	88%
United		69%	73%	89%	87%	94%	91%	85%	87%
Statewide	52%	65%	65%	76%	84%	90%	84%	75%	84%
FE									
Aetna	N/A	N/A	N/A	N/A	N/A	N/A		47%	81%
Amerigroup		68%	59%	64%	82%	92%	N/A	N/A	N/A
Sunflower		76%	59%	82%	86%	77%	94%	85%	86%
United		77%	75%	85%	91%	93%	87%	85%	92%
Statewide	56%	74%	63%	77%	86%	87%	91%	78%	88%
IDD									
Aetna	N/A	N/A	N/A	N/A	N/A	N/A		40%	80%
Amerigroup		51%	45%	68%	74%	84%	N/A	N/A	N/A
Sunflower		68%	42%	69%	71%	79%	77%	78%	73%
United		75%	55%	76%	91%	89%	89%	79%	77%
Statewide	99%	64%	46%	70%	77%	83%	81%	72%	75%
BI									
Aetna	N/A	N/A	N/A	N/A	N/A	N/A		21%	58%
Amerigroup		54%	50%	53%	76%	82%	N/A	N/A	N/A
Sunflower		75%	40%	86%	80%	80%	83%	95%	76%
United		70%	74%	83%	79%	92%	85%	88%	72%
Statewide	44%	65%	52%	67%	78%	83%	83%	72%	71%
TA									
Aetna	N/A	N/A	N/A	N/A	N/A	N/A		62%	83%
Amerigroup		87%	65%	68%	85%	96%	N/A	N/A	N/A
Sunflower		84%	80%	77%	66%	89%	86%	90%	95%
United		92%	58%	79%	95%	86%	91%	84%	92%
Statewide	96%	86%	68%	72%	81%	92%	89%	81%	91%
Autism									
Aetna	N/A	N/A	N/A	N/A	N/A	N/A		0%	0%
Amerigroup		67%	67%	47%	88%	100%	N/A	N/A	N/A
Sunflower		44%	45%	50%	40%	50%	100%	33%	80%
United		88%	21%	17%	19%	29%	50%	67%	88%
Statewide	40%	63%	49%	42%	48%	54%	60%	45%	79%
SED									
Aetna	N/A	N/A	N/A	N/A	N/A	N/A		100%	89%
Amerigroup		94%	91%	98%	99%	97%	N/A	N/A	N/A
Sunflower		91%	72%	84%	94%	87%	100%	93%	100%
United		84%	97%	88%	88%	97%	97%	97%	91%
Statewide	98%	89%	88%	90%	94%	94%	99%	97%	94%

KDADS HCBS Quality Review Report

Service Plan

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

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

Denominator: Number of waiver participants whose service plans were reviewed

Review Period: 07/01/2019 - 09/30/2019

Data Source: MCO Record Review

Compliance By Waiver	Aetna	Sunflower	United	Statewide
PD	71%	88%	87%	83%
Numerator	17	30	27	74
Denominator	24	34	31	89
FE	81%	86%	92%	88%
Numerator	13	32	35	80
Denominator	16	37	38	91
IDD	80%	75%	77%	76%
Numerator	12	38	20	70
Denominator	15	51	26	92
BI	50%	76%	72%	69%
Numerator	6	16	13	35
Denominator	12	21	18	51
TA	83%	95%	92%	91%
Numerator	10	20	22	52
Denominator	12	21	24	57
Autism	0%	80%	88%	79%
Numerator	0	4	7	11
Denominator	1	5	8	14
SED	89%	100%	91%	94%
Numerator	16	35	31	82
Denominator	18	35	34	87

Explanation of Findings:

PD: No valid signature and/or date or does not cover entire review period, service plan was not provided or does not cover entire review period, no documentation of choice

IDD: No valid signature and/or date or does not cover entire review period, guardianship/DPOA paperwork not provided or does not cover entire review period, no documentation of choice

BI: No valid signature and/or date or does not cover entire review period, service plan was not provided or does not cover entire review period, service plan incomplete, no documentation of choice

AU: Service plan not provided for review or does not cover entire review period, no valid signature and/or date for the entire review period

Remediation:

Compliance Trends	2013	2014	2015	2016	2017	2018	Jan-Mar 2019	Apr-Jun 2019	Jul-Sep 2019
PD									
Aetna	N/A	N/A	N/A	N/A	N/A	N/A		33%	71%
Amerigroup		68%	53%	62%	79%	96%	N/A	N/A	N/A
Sunflower		72%	50%	71%	36%	74%	76%	91%	88%
United		77%	73%	84%	78%	94%	91%	85%	87%
Statewide	64%	72%	57%	72%	64%	88%	84%	74%	83%
FE									
Aetna	N/A	N/A	N/A	N/A	N/A	N/A		47%	81%
Amerigroup		67%	57%	67%	80%	92%	N/A	N/A	N/A
Sunflower		86%	47%	82%	35%	74%	94%	85%	86%
United		85%	74%	84%	80%	92%	87%	85%	92%
Statewide	59%	80%	57%	78%	63%	86%	91%	78%	88%
IDD									
Aetna	N/A	N/A	N/A	N/A	N/A	N/A		40%	80%
Amerigroup		55%	46%	70%	71%	85%	N/A	N/A	N/A
Sunflower		68%	35%	69%	34%	79%	77%	80%	75%
United		77%	50%	74%	89%	88%	89%	79%	77%
Statewide	No Data	66%	42%	71%	58%	83%	81%	73%	76%
BI									
Aetna	N/A	N/A	N/A	N/A	N/A	N/A		21%	50%
Amerigroup		56%	50%	52%	74%	82%	N/A	N/A	N/A
Sunflower		80%	23%	86%	28%	79%	83%	95%	76%
United		74%	67%	80%	76%	92%	85%	94%	72%
Statewide	53%	68%	45%	66%	63%	83%	83%	74%	69%
TA									
Aetna	N/A	N/A	N/A	N/A	N/A	N/A		54%	83%
Amerigroup		86%	65%	71%	86%	99%	N/A	N/A	N/A
Sunflower		97%	53%	79%	29%	86%	86%	90%	95%
United		94%	55%	64%	82%	86%	91%	84%	92%
Statewide	96%	91%	60%	72%	68%	93%	89%	79%	91%
Autism									
Aetna	N/A	N/A	N/A	N/A	N/A	N/A		0%	0%
Amerigroup		79%	52%	47%	88%	100%	N/A	N/A	N/A
Sunflower		50%	27%	61%	20%	56%	100%	33%	80%
United		88%	14%	17%	13%	41%	50%	67%	88%
Statewide	55%	72%	35%	46%	38%	61%	60%	45%	79%
SED									
Aetna	N/A	N/A	N/A	N/A	N/A	N/A		100%	89%
Amerigroup		94%	92%	98%	99%	97%	N/A	N/A	N/A
Sunflower		91%	72%	84%	94%	87%	100%	93%	100%
United		84%	97%	88%	87%	97%	97%	97%	91%
Statewide	98%	89%	88%	90%	93%	94%	99%	97%	94%

KDADS HCBS Quality Review Report

Service Plan

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

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

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

Review Period: 07/01/2019 - 09/30/2019

Data Source: MCO Record Review

Compliance By Waiver	Aetna	Sunflower	United	Statewide
PD	4%	88%	87%	65%
Numerator	1	30	27	58
Denominator	24	34	31	89
FE	6%	86%	92%	75%
Numerator	1	32	35	68
Denominator	16	37	38	91
IDD	7%	75%	77%	64%
Numerator	1	38	20	59
Denominator	15	51	26	92
BI	0%	76%	72%	57%
Numerator	0	16	13	29
Denominator	12	21	18	51
TA	25%	95%	92%	79%
Numerator	3	20	22	45
Denominator	12	21	24	57
Autism	0%	80%	88%	79%
Numerator	0	4	7	11
Denominator	1	5	8	14
SED	89%	100%	91%	94%
Numerator	16	35	31	82
Denominator	18	35	34	87

Explanation of Findings:

PD: No valid signature and/or date or does not cover entire review period, service plan was not provided or does not cover entire review period, no documentation of choice

FE: No valid signature and/or date or does not cover entire review period, service plan was not provided or does not cover entire review period, no documentation of choice, guardianship/DPOA paperwork not provided or proof it is active

IDD: No valid signature and/or date or does not cover entire review period, guardianship/DPOA paperwork not provided, no documentation of choice

BI: No valid signature and/or date or does not cover entire review period, service plan was not provided or does not cover entire review period, service plan incomplete, no documentation of choice

TA: No valid signature and/or date or does not cover entire review period, no documentation of choice, DPOA/Guardianship paperwork not provided

AU: Service plan not provided for review or does not cover entire review period, no valid signature and/or date for the entire review period

Remediation:

Compliance Trends	2013	2014	2015	2016	2017	2018	Jan-Mar 2019	Apr-Jun 2019	Jul-Sep 2019
PD									
Aetna	N/A	N/A	N/A	N/A	N/A	N/A		4%	4%
Amerigroup		76%	57%	67%	81%	98%	N/A	N/A	N/A
Sunflower		74%	67%	73%	87%	80%	76%	91%	88%
United		80%	78%	88%	87%	95%	91%	85%	87%
Statewide	Not a Measure	76%	66%	75%	85%	91%	84%	66%	65%
FE									
Aetna	N/A	N/A	N/A	N/A	N/A	N/A		6%	6%
Amerigroup		67%	58%	72%	81%	92%	N/A	N/A	N/A
Sunflower		87%	56%	82%	86%	77%	94%	85%	86%
United		85%	79%	84%	91%	93%	87%	85%	92%
Statewide	65%	80%	63%	79%	86%	87%	91%	70%	75%
IDD									
Aetna	N/A	N/A	N/A	N/A	N/A	N/A		13%	7%
Amerigroup		47%	47%	66%	73%	87%	N/A	N/A	N/A
Sunflower		69%	41%	68%	74%	80%	77%	80%	75%
United		78%	57%	79%	92%	88%	89%	79%	77%
Statewide	No Data	64%	46%	70%	78%	84%	81%	69%	64%
BI									
Aetna	N/A	N/A	N/A	N/A	N/A	N/A		0%	0%
Amerigroup		55%	51%	54%	78%	84%	N/A	N/A	N/A
Sunflower		79%	40%	86%	78%	79%	83%	95%	76%
United		73%	74%	83%	79%	92%	85%	88%	72%
Statewide	No Data	67%	52%	68%	78%	84%	83%	66%	57%
TA									
Aetna	N/A	N/A	N/A	N/A	N/A	N/A		8%	25%
Amerigroup		87%	65%	69%	85%	99%	N/A	N/A	N/A
Sunflower		98%	80%	81%	68%	89%	86%	90%	95%
United		94%	55%	79%	95%	86%	91%	84%	92%
Statewide	No Data	92%	68%	74%	81%	93%	89%	69%	79%
Autism									
Aetna	N/A	N/A	N/A	N/A	N/A	N/A		0%	0%
Amerigroup		86%	67%	65%	94%	100%	N/A	N/A	N/A
Sunflower		47%	59%	67%	70%	61%	100%	33%	80%
United		75%	43%	33%	38%	35%	75%	67%	88%
Statewide	No Data	72%	59%	60%	67%	61%	80%	45%	79%
SED									
Aetna	N/A	N/A	N/A	N/A	N/A	N/A		100%	89%
Amerigroup		94%	92%	98%	99%	97%	N/A	N/A	N/A
Sunflower		91%	72%	84%	94%	87%	100%	93%	100%
United		85%	98%	88%	87%	97%	97%	97%	91%
Statewide	99%	90%	89%	91%	93%	94%	99%	97%	94%

KDADS HCBS Quality Review Report

Service Plan

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

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

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

Review Period: 07/01/2019 - 09/30/2019

Data Source: MCO Record Review

Compliance By Waiver	Aetna	Sunflower	United	Statewide
PD	8%	82%	87%	64%
Numerator	2	28	27	57
Denominator	24	34	31	89
FE	6%	86%	92%	75%
Numerator	1	32	35	68
Denominator	16	37	38	91
IDD	13%	71%	77%	63%
Numerator	2	36	20	58
Denominator	15	51	26	92
BI	8%	76%	72%	59%
Numerator	1	16	13	30
Denominator	12	21	18	51
TA	33%	95%	92%	81%
Numerator	4	20	22	46
Denominator	12	21	24	57
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:

PD: No valid signature and/or date or does not cover entire review period, service plan was not provided or does not cover entire review period, no documentation of choice

FE: No valid signature and/or date or does not cover entire review period, service plan was not provided or does not cover entire review period, no documentation of choice, DPOA/Guardianship paperwork not provided or proof it is active

IDD: No valid signature and/or date or does not cover entire review period, guardianship/DPOA paperwork not provided or does not cover entire review period, no documentation of choice

BI: No valid signature and/or date or does not cover entire review period, service plan incomplete, no documentation of choice

TA: No valid signature and/or date or does not cover entire review period, no documentation of choice, DPOA/Guardianship paperwork not provided

Remediation:

Compliance Trends	2013	2014	2015	2016	2017	2018	Jan-Mar 2019	Apr-Jun 2019	Jul-Sep 2019
PD									
Aetna	N/A	N/A	N/A	N/A	N/A	N/A		8%	8%
Amerigroup		64%	58%	72%	81%	92%	N/A	N/A	N/A
Sunflower		73%	68%	72%	87%	79%	76%	88%	82%
United		77%	78%	88%	86%	95%	91%	85%	87%
Statewide	Not a Measure	71%	66%	77%	84%	89%	84%	66%	64%
FE									
Aetna	N/A	N/A	N/A	N/A	N/A	N/A		6%	6%
Amerigroup		64%	59%	73%	79%	88%	N/A	N/A	N/A
Sunflower		84%	59%	81%	87%	74%	94%	82%	86%
United		77%	79%	85%	88%	93%	87%	85%	92%
Statewide	65%	75%	64%	79%	85%	85%	91%	69%	75%
IDD									
Aetna	N/A	N/A	N/A	N/A	N/A	N/A		7%	13%
Amerigroup		34%	47%	64%	68%	84%	N/A	N/A	N/A
Sunflower		61%	39%	60%	65%	77%	75%	74%	71%
United		77%	57%	73%	93%	89%	89%	79%	77%
Statewide	No Data	53%	46%	64%	73%	82%	80%	65%	63%
BI									
Aetna	N/A	N/A	N/A	N/A	N/A	N/A		0%	8%
Amerigroup		50%	50%	56%	73%	80%	N/A	N/A	N/A
Sunflower		85%	43%	82%	78%	79%	83%	95%	76%
United		70%	74%	83%	79%	89%	85%	88%	72%
Statewide	No Data	66%	52%	68%	75%	81%	83%	66%	59%
TA									
Aetna	N/A	N/A	N/A	N/A	N/A	N/A		8%	33%
Amerigroup		82%	56%	66%	84%	99%	N/A	N/A	N/A
Sunflower		98%	82%	79%	68%	89%	86%	90%	95%
United		100%	58%	79%	95%	84%	91%	84%	92%
Statewide	No Data	90%	64%	72%	81%	93%	89%	69%	81%
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									

KDADS HCBS Quality Review Report

Service Plan

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

Numerator: Number of waiver participants whose service plans were reviewed

Denominator: Number of waiver participants whose service plans were reviewed

Review Period: 07/01/2019 - 09/30/2019

Data Source: MCO Record Review

Compliance By Waiver	Aetna	Sunflower	United	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	89%	97%	88%	92%
Numerator	16	34	30	80
Denominator	18	35	34	87

Explanation of Findings:

Performance measure met, remediation not required

Remediation:

Compliance Trends	2017	2018	Jan-Mar 2019	Apr-Jun 2019	Jul-Sep 2019
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%	89%
Amerigroup	99%	92%	N/A	N/A	N/A
Sunflower	88%	90%	97%	86%	97%
United	83%	94%	97%	95%	88%
Statewide	91%	92%	97%	89%	92%

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: 07/01/2019 - 09/30/2019

Data Source: Adverse Incident Reporting

Compliance By Waiver	Aetna	Sunflower	United	Statewide
PD	N/A	100%	N/A	100%
Numerator	0	4	0	4
Denominator	0	4	0	4
FE	N/A	100%	100%	100%
Numerator	0	6	1	7
Denominator	0	6	1	7
IDD	100%	100%	100%	100%
Numerator	1	6	2	9
Denominator	1	6	2	9
BI	N/A	100%	N/A	100%
Numerator	0	1	0	1
Denominator	0	1	0	1
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				
Denominator				

Explanation of Findings:

SED reports are not currently routed to the HCBS worklist in the AIR system. Behavioral Health receives SED AIR reports and provide follow-up and remediation, as applicable.

Remediation:

KDADS HCBS continues to work with the Behavioral Health Commission to include accurate information as it pertains to SED member reports.

Compliance Trends	2013	2014	2015	2016	2017	2018	Jan-Mar 2019	Apr-Jun 2019	Jul-Sep 2019
PD									
Aetna	N/A	N/A	N/A	N/A	N/A	N/A		N/A	N/A
Amerigroup	No Data						N/A	N/A	N/A
Sunflower	No Data						88%	75%	100%
United	No Data						100%	100%	N/A
Statewide	No Data						89%	83%	100%
FE									
Aetna	N/A	N/A	N/A	N/A	N/A	N/A		N/A	N/A
Amerigroup	No Data						N/A	N/A	N/A
Sunflower	No Data						100%	100%	100%
United	No Data						0%	N/A	100%
Statewide	No Data						75%	100%	100%
IDD									
Aetna	N/A	N/A	N/A	N/A	N/A	N/A		100%	100%
Amerigroup	No Data						N/A	N/A	N/A
Sunflower	No Data						100%	100%	100%
United	No Data						80%	100%	100%
Statewide	No Data						94%	100%	100%
BI									
Aetna	N/A	N/A	N/A	N/A	N/A	N/A		N/A	N/A
Amerigroup	No Data						N/A	N/A	N/A
Sunflower	No Data						N/A	100%	100%
United	No Data						N/A	N/A	N/A
Statewide	No Data						N/A	100%	100%
TA									
Aetna	N/A	N/A	N/A	N/A	N/A	N/A		N/A	N/A
Amerigroup	No Data						N/A	N/A	N/A
Sunflower	No Data						100%	100%	N/A
United	No Data						N/A	N/A	N/A
Statewide	No Data						100%	100%	N/A
Autism									
Aetna	N/A	N/A	N/A	N/A	N/A	N/A		N/A	N/A
Amerigroup	No Data						N/A	N/A	N/A
Sunflower	No Data						N/A	N/A	N/A
United	No Data						N/A	N/A	N/A
Statewide	No Data						N/A	N/A	N/A
SED									
Aetna	N/A	N/A	N/A	N/A	N/A	N/A		N/A	N/A
Amerigroup	No Data						N/A	N/A	N/A
Sunflower	No Data						N/A	N/A	N/A
United	No Data						N/A	N/A	N/A
Statewide	No Data						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: 07/01/2019 - 09/30/2019

Data Source: Adverse Incident Reporting

Compliance By Waiver	Aetna	Sunflower	United	Statewide
PD	N/A	100%	N/A	100%
Numerator	0	4	0	4
Denominator	0	4	0	4
FE	N/A	100%	100%	100%
Numerator	0	6	1	7
Denominator	0	6	1	7
IDD	100%	83%	100%	89%
Numerator	1	5	2	8
Denominator	1	6	2	9
BI	N/A	100%	N/A	100%
Numerator	0	1	0	1
Denominator	0	1	0	1
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				
Denominator				

Explanation of Findings:

SED reports are not currently routed to the HCBS worklist in the AIR system. Behavioral Health receives SED AIR reports and provide follow-up and remediation, as applicable.

Sunflower had one incident of Death reported and was issued a correction action plan due to insufficient information for KDADS to confirm findings.

Remediation:

KDADS HCBS continues to work with the Behavioral Health Commission to include accurate information as it pertains to SED member reports.

Sunflower submitted a corrective action plan with all necessary information to resolve and find that there were no preventable causes identified in the unexpected death.

KDADS and MCO partners collaborate regularly to ensure CAPs are resolved and to provide best practices to ensure sufficient information is provided for KDADS Program Integrity to confirm findings.

Compliance Trends	2013	2014	2015	2016	2017	2018	Jan-Mar 2019	Apr-Jun 2019	Jul-Sep 2019
PD									
Aetna	N/A	N/A	N/A	N/A	N/A	N/A		N/A	N/A
Amerigroup	No Data						N/A	N/A	N/A
Sunflower	No Data						63%	50%	100%
United	No Data						100%	100%	N/A
Statewide	No Data						67%	67%	100%
FE									
Aetna	N/A	N/A	N/A	N/A	N/A	N/A		N/A	N/A
Amerigroup	No Data						N/A	N/A	N/A
Sunflower	No Data						33%	67%	100%
United	No Data						0%	N/A	100%
Statewide	No Data						25%	67%	100%
IDD									
Aetna	N/A	N/A	N/A	N/A	N/A	N/A		25%	100%
Amerigroup	No Data						N/A	N/A	N/A
Sunflower	No Data						75%	70%	83%
United	No Data						60%	50%	100%
Statewide	No Data						71%	56%	89%
BI									
Aetna	N/A	N/A	N/A	N/A	N/A	N/A		N/A	N/A
Amerigroup	No Data						N/A	N/A	N/A
Sunflower	No Data						N/A	0%	100%
United	No Data						N/A	N/A	N/A
Statewide	No Data						N/A	0%	100%
TA									
Aetna	N/A	N/A	N/A	N/A	N/A	N/A		N/A	N/A
Amerigroup	No Data						N/A	N/A	N/A
Sunflower	No Data						100%	0%	N/A
United	No Data						N/A	N/A	N/A
Statewide	No Data						100%	0%	N/A
Autism									
Aetna	N/A	N/A	N/A	N/A	N/A	N/A		N/A	N/A
Amerigroup	No Data						N/A	N/A	N/A
Sunflower	No Data						N/A	N/A	N/A
United	No Data						N/A	N/A	N/A
Statewide	No Data						N/A	N/A	N/A
SED									
Aetna	N/A	N/A	N/A	N/A	N/A	N/A		N/A	N/A
Amerigroup	No Data						N/A	N/A	N/A
Sunflower	No Data						N/A	N/A	N/A
United	No Data						N/A	N/A	N/A
Statewide	No Data						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: 07/01/2019 - 09/30/2019

Data Source: Adverse Incident Reporting

Compliance By Waiver	Aetna	Sunflower	United	Statewide
PD	N/A	100%	N/A	100%
Numerator	0	4	0	4
Denominator	0	4	0	4
FE	N/A	100%	100%	100%
Numerator	0	6	1	7
Denominator	0	6	1	7
IDD	100%	83%	100%	89%
Numerator	1	5	2	8
Denominator	1	6	2	9
BI	N/A	100%	N/A	100%
Numerator	0	1	0	1
Denominator	0	1	0	1
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				
Denominator				

Explanation of Findings:

SED reports are not currently routed to the HCBS worklist in the AIR system. Behavioral Health receives SED AIR reports and provide follow-up and remediation, as applicable.

Sunflower had one incident of Death reported and was issued a correction action plan (CAP) due to insufficient information for KDADS to confirm findings.

Remediation:

KDADS HCBS continues to work with the Behavioral Health Commission to include accurate information as it pertains to SED member reports.

Sunflower submitted a corrective action plan, in a timely manner, with all necessary information to resolve and find that there were no preventable causes identified in the unexpected death.

KDADS and MCO partners collaborate regularly to ensure CAPs are resolved and to provide best practices to ensure sufficient information is provided for KDADS

Compliance Trends	2013	2014	2015	2016	2017	2018	Jan-Mar 2019	Apr-Jun 2019	Jul-Sep 2019
PD									
Aetna	N/A	N/A	N/A	N/A	N/A	N/A		N/A	N/A
Amerigroup	No Data						N/A	N/A	N/A
Sunflower							100%	100%	100%
United							100%	100%	100%
Statewide							100%	100%	100%
FE									
Aetna	N/A	N/A	N/A	N/A	N/A	N/A		N/A	
Amerigroup	No Data						N/A	N/A	N/A
Sunflower							100%	100%	100%
United							100%	N/A	100%
Statewide							100%	100%	100%
IDD									
Aetna	N/A	N/A	N/A	N/A	N/A	N/A		75%	100%
Amerigroup	No Data						N/A	N/A	N/A
Sunflower							100%	100%	83%
United							100%	100%	100%
Statewide							100%	94%	89%
BI									
Aetna	N/A	N/A	N/A	N/A	N/A	N/A		N/A	
Amerigroup	No Data						N/A	N/A	N/A
Sunflower							N/A	100%	100%
United							N/A	N/A	N/A
Statewide							N/A	100%	100%
TA									
Aetna	N/A	N/A	N/A	N/A	N/A	N/A		N/A	
Amerigroup	No Data						N/A	N/A	N/A
Sunflower							100%	100%	N/A
United							N/A	N/A	N/A
Statewide							100%	100%	N/A
Autism									
Aetna	N/A	N/A	N/A	N/A	N/A	N/A		N/A	
Amerigroup	No Data						N/A	N/A	N/A
Sunflower							N/A	N/A	N/A
United							N/A	N/A	N/A
Statewide							N/A	N/A	N/A
SED									
Aetna	N/A	N/A	N/A	N/A	N/A	N/A		N/A	
Amerigroup	No Data						N/A	N/A	N/A
Sunflower							N/A	N/A	N/A
United							N/A	N/A	N/A
Statewide							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: 07/01/2019 - 09/30/2019

Data Source: MCO Record Review

Compliance By Waiver	Aetna	Sunflower	United	Statewide
PD	33%	91%	90%	75%
Numerator	8	31	28	67
Denominator	24	34	31	89
FE	31%	89%	92%	80%
Numerator	5	33	35	73
Denominator	16	37	38	91
IDD	13%	86%	85%	74%
Numerator	2	44	22	68
Denominator	15	51	26	92
BI	25%	76%	78%	65%
Numerator	3	16	14	33
Denominator	12	21	18	51
TA	25%	95%	92%	79%
Numerator	3	20	22	45
Denominator	12	21	24	57
Autism	0%	60%	100%	79%
Numerator	0	3	8	11
Denominator	1	5	8	14
SED	61%	66%	76%	69%
Numerator	11	23	26	60
Denominator	18	35	34	87

Explanation of Findings:

PD: No valid signature and/or date, information regarding reporting ANE not provided for review, service plan not provided or does not cover entire review period, DPOA/guardianship paperwork not provided or proof it is active

FE: No valid signature and/or date, service plan not provided or does not cover entire review period, information regarding reporting ANE not provided for review, DPOA/guardianship paperwork not provided or proof it is active

IDD: No valid signature and/or date, information regarding reporting ANE not provided for review, service plan not provided or does not cover entire review period, DPOA/guardianship paperwork not provided

BI: No valid signature and/or date, information regarding reporting ANE not provided for review, service plan not provided or does not cover entire review period

TA: No valid signature and/or date, information regarding reporting ANE not provided for review, service plan not provided or does not cover entire review period, guardianship/DPOA paperwork not provided

AU: No valid signature and/or date, information regarding reporting ANE not provided for review, service plan not provided or does not cover entire review period

SED: Information regarding reporting ANE not provided for review

Remediation:

Compliance Trends	2013	2014	2015	2016	2017	2018	Jan-Mar 2019	Apr-Jun 2019	Jul-Sep 2019
PD									
Aetna	N/A	N/A	N/A	N/A	N/A	N/A		50%	33%
Amerigroup		51%	19%	67%	87%	97%	N/A	N/A	N/A
Sunflower		88%	72%	74%	90%	85%	82%	91%	91%
United		90%	80%	88%	88%	95%	94%	85%	90%
Statewide	65%	72%	53%	76%	88%	93%	88%	78%	75%
FE									
Aetna	N/A	N/A	N/A	N/A	N/A	N/A		29%	31%
Amerigroup		59%	16%	61%	85%	92%	N/A	N/A	N/A
Sunflower		86%	62%	84%	89%	80%	94%	91%	89%
United		92%	80%	88%	93%	92%	90%	90%	92%
Statewide	80%	78%	50%	78%	89%	88%	92%	79%	80%
IDD									
Aetna	N/A	N/A	N/A	N/A	N/A	N/A		33%	13%
Amerigroup		23%	6%	59%	78%	86%	N/A	N/A	N/A
Sunflower		87%	59%	75%	82%	85%	81%	80%	86%
United		100%	56%	79%	93%	90%	89%	82%	85%
Statewide	99%	68%	42%	71%	83%	86%	84%	73%	74%
BI									
Aetna	N/A	N/A	N/A	N/A	N/A	N/A		29%	25%
Amerigroup		30%	12%	56%	81%	82%	N/A	N/A	N/A
Sunflower		94%	45%	84%	78%	86%	91%	95%	76%
United		80%	76%	85%	79%	92%	85%	94%	78%
Statewide	57%	63%	34%	69%	80%	85%	89%	76%	65%
TA									
Aetna	N/A	N/A	N/A	N/A	N/A	N/A		31%	25%
Amerigroup		61%	38%	75%	91%	99%	N/A	N/A	N/A
Sunflower		99%	86%	84%	72%	90%	86%	90%	95%
United		97%	61%	79%	95%	84%	91%	88%	92%
Statewide	86%	82%	57%	78%	86%	93%	89%	76%	79%
Autism									
Aetna	N/A	N/A	N/A	N/A	N/A	N/A		0%	0%
Amerigroup		62%	8%	23%	88%	100%	N/A	N/A	N/A
Sunflower		33%	29%	39%	50%	56%	100%	33%	60%
United		43%	14%	6%	13%	47%	75%	83%	100%
Statewide	90%	50%	16%	26%	50%	63%	80%	55%	79%
SED									
Aetna	N/A	N/A	N/A	N/A	N/A	N/A		25%	61%
Amerigroup		88%	64%	27%	25%	75%	N/A	N/A	N/A
Sunflower		80%	53%	22%	16%	39%	61%	59%	66%
United		78%	63%	19%	5%	21%	10%	95%	76%
Statewide	89%	82%	60%	23%	15%	45%	33%	67%	69%

KDADS HCBS Quality Review Report

Health and Welfare

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

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

Denominator: Number of participants' reported critical incidents

Review Period: 07/01/2019 - 09/30/2019

Data Source: Adverse Incident Reporting

Compliance By Waiver	Aetna	Sunflower	United	Statewide
PD	84%	98%	100%	96%
Numerator	32	61	64	157
Denominator	38	62	64	164
FE	80%	100%	97%	96%
Numerator	12	58	37	107
Denominator	15	58	38	111
IDD	74%	100%	99%	96%
Numerator	214	1076	566	1856
Denominator	289	1079	569	1937
BI	78%	100%	100%	97%
Numerator	7	36	33	76
Denominator	9	36	33	78
TA	0%	100%	100%	83%
Numerator	0	3	2	5
Denominator	1	3	2	6
Autism	N/A	N/A	100%	100%
Numerator	0	0	1	1
Denominator	0	0	1	1
SED	N/A	N/A	N/A	N/A
Numerator				
Denominator				

Explanation of Findings:

SED reports are not currently routed to the HCBS worklist in the AIR system. Behavioral Health receives SED AIR reports and provide follow-up and remediation, as applicable.

Reports included with fallout data include those which had follow-up that took longer than 30-days. KDADS confirms that all reported adverse incidents included in fallout data were completed and include sufficient information to resolve the respective incidents.

Remediation:

KDADS HCBS continues to work with the Behavioral Health Commission to include accurate information as it pertains to SED member reports.

Aetna and KDADS have collaborated since they began operating in the state to ensure new staff and onboarding staff are sufficiently trained in the system. Review times have improved as they became fully staffed and trained.

KDADS Program Integrity works with MCO leadership and staff to help ensure reports are completed within agreed upon timeframes of 30 days upon assignment. Several reports in fallout data includes documentation of MCO communication with PIC staff indicating any delays and/or why the 30 day timeframe would not be met due to pending information or awaiting further documentation for resolution (i.e. Hospice documentation, follow-up details, resolution comments to ensure reports are resolved).

Compliance Trends	2013	2014	2015	2016	2017	2018	Jan-Mar 2019	Apr-Jun 2019	Jul-Sep 2019
PD									
Aetna	N/A	N/A	N/A	N/A	N/A	N/A		70%	84%
Amerigroup	No Data						N/A	N/A	N/A
Sunflower	No Data						96%	100%	98%
United	No Data						100%	99%	100%
Statewide	No Data						98%	92%	96%
FE									
Aetna	N/A	N/A	N/A	N/A	N/A	N/A		82%	80%
Amerigroup	No Data						N/A	N/A	N/A
Sunflower	No Data						87%	100%	100%
United	No Data						98%	98%	97%
Statewide	No Data						92%	96%	96%
IDD									
Aetna	N/A	N/A	N/A	N/A	N/A	N/A		92%	74%
Amerigroup	No Data						N/A	N/A	N/A
Sunflower	No Data						89%	100%	100%
United	No Data						100%	98%	99%
Statewide	No Data						93%	98%	96%
BI									
Aetna	N/A	N/A	N/A	N/A	N/A	N/A		100%	78%
Amerigroup	No Data						N/A	N/A	N/A
Sunflower	No Data						96%	100%	100%
United	No Data						100%	100%	100%
Statewide	No Data						98%	100%	83%
TA									
Aetna	N/A	N/A	N/A	N/A	N/A	N/A		100%	0%
Amerigroup	No Data						N/A	N/A	N/A
Sunflower	No Data						100%	100%	100%
United	No Data						100%	100%	100%
Statewide	No Data						100%	100%	83%
Autism									
Aetna	N/A	N/A	N/A	N/A	N/A	N/A		N/A	N/A
Amerigroup	No Data						N/A	N/A	N/A
Sunflower	No Data						N/A	N/A	N/A
United	No Data						100%	N/A	100%
Statewide	No Data						100%	N/A	100%
SED									
Aetna	N/A	N/A	N/A	N/A	N/A	N/A		N/A	N/A
Amerigroup	No Data						N/A	N/A	N/A
Sunflower	No Data						N/A	N/A	N/A
United	No Data						N/A	N/A	N/A
Statewide	No Data						N/A	N/A	N/A

KDADS HCBS Quality Review Report

Health and Welfare

PM 6: Number and percent of reported critical incidents requiring review/investigation where the State adhered to its follow-up measures

Numerator: Number of reported critical incidents requiring review/investigation where the State adhered to the follow-up methods as specified in the approved waiver

Denominator: Number of reported critical incidents

Review Period: 07/01/2019 - 09/30/2019

Data Source: Adverse Incident Reporting

Compliance By Waiver	Aetna	Sunflower	United	Statewide
PD	100%	100%	100%	100%
Numerator	38	58	64	160
Denominator	38	58	64	160
FE	100%	100%	100%	100%
Numerator	15	52	37	104
Denominator	15	52	37	104
IDD	100%	100%	100%	100%
Numerator	289	1078	572	1939
Denominator	289	1080	573	1942
BI	100%	100%	100%	100%
Numerator	9	35	33	77
Denominator	9	35	33	77
TA	100%	100%	100%	100%
Numerator	1	3	2	6
Denominator	1	3	2	6
Autism	N/A	N/A	100%	100%
Numerator	0	0	1	1
Denominator	0	0	1	1
SED	N/A	N/A	N/A	N/A
Numerator				
Denominator				

Explanation of Findings:

DCF forwards determinations for all Adult Protective Services (APS) reports (Screened-Out, Unsubstantiated and Substantiated). All reports received from DCF are entered into the AIR system and assigned to corresponding MCOs. Remediation reports provided by DCF are compared to reports entered into AIR for the time period reviewed and indicates the state adhered to follow-up measures for all reports received.

DCF sends screened-in and screened-out intake reports for children, which are manually entered into AIR, as applicable. SED waiver reports are routed to the Behavioral Health Commission for necessary follow-up and/or remediation by staff who oversee and license facilities. HCBS and Behavioral Health currently have different processes for Adverse Incident follow-up and remediation and are working on collaborating to make necessary updates to address reporting gaps.

Remediation:

KDADS is working with DCF to receive determination information as it pertains to CPS reports. Intakes for child reports are received in the AIR system and Behavioral Health provides any necessary follow-up/remediation until processes are updated to allow for accurate reporting.

KDADS HCBS continues to work with DCF and the Behavioral Health Commission to include accurate information as it pertains to child/SED member reports. HCBS is assisting with updated Behavioral Health policies, procedures and practices to address the issue.

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

KDADS HCBS Quality Review Report

Health and Welfare

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

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

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

Review Period: 07/01/2019 - 09/30/2019

Data Source: Adverse Incident Reporting

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	93%	78%	90%
Numerator	0	38	7	45
Denominator	0	41	9	50
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:

Reports involving restraint/seclusion/restrictive interventions for SED participants are routed to Behavioral Health for necessary follow-up and/or remediation.

There are 5 total reports included in fallout data. KDADS confirms that MCO follow-up and resolution followed outline criteria to identify they were inappropriate use, or not approved in the individuals plan. Necessary action taken by MCO and other parties to ensure there is no reoccurrence. Fallout data indicates the MCOs are providing appropriate follow-up to identify unauthorized use of restraint/seclusion/restrictive intervention and resolve these incidents in a consistent and efficient manner.

Remediation:

KDADS HCBS continues to work with the Behavioral Health Commission to include accurate information as it pertains to SED member reports.

KDADS and MCOs collaborate with providers and individuals to ensure health, safety, welfare and rights are maintained. Education is provided and support/behavior plans are revisited and modified as necessary. The MCOs consistently initiate quality of care concerns when applicable.

Compliance Trends	2013	2014	2015	2016	2017	2018	Jan-Mar 2019	Apr-Jun 2019	Jul-Sep 2019
PD									
Aetna	N/A	N/A	N/A	N/A	N/A	N/A		N/A	N/A
Amerigroup	No Data						N/A	N/A	N/A
Sunflower							N/A	N/A	N/A
United							N/A	N/A	N/A
Statewide							N/A	N/A	N/A
FE									
Aetna	N/A	N/A	N/A	N/A	N/A	N/A		N/A	
Amerigroup	No Data						N/A	N/A	N/A
Sunflower							N/A	N/A	N/A
United							N/A	0%	N/A
Statewide							N/A	0%	N/A
IDD									
Aetna	N/A	N/A	N/A	N/A	N/A	N/A		100%	
Amerigroup	No Data						N/A	N/A	N/A
Sunflower							62%	100%	93%
United							29%	40%	78%
Statewide							50%	82%	90%
BI									
Aetna	N/A	N/A	N/A	N/A	N/A	N/A		N/A	
Amerigroup	No Data						N/A	N/A	N/A
Sunflower							N/A	N/A	N/A
United							N/A	N/A	N/A
Statewide							N/A	N/A	N/A
TA									
Aetna	N/A	N/A	N/A	N/A	N/A	N/A		N/A	
Amerigroup	No Data						N/A	N/A	N/A
Sunflower							N/A	N/A	N/A
United							N/A	0%	N/A
Statewide							N/A	0%	N/A
Autism									
Aetna	N/A	N/A	N/A	N/A	N/A	N/A		N/A	
Amerigroup	No Data						N/A	N/A	N/A
Sunflower							N/A	N/A	N/A
United							N/A	N/A	N/A
Statewide							N/A	N/A	N/A
SED									
Aetna	N/A	N/A	N/A	N/A	N/A	N/A		N/A	
Amerigroup	No Data						N/A	N/A	N/A
Sunflower							N/A	N/A	N/A
United							N/A	N/A	N/A
Statewide							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: 07/01/2019 - 09/30/2019

Data Source: Adverse Incident Reporting

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	100%	50%	75%
Numerator	0	2	1	3
Denominator	0	2	2	4
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:

Reports involving restraint/seclusion/restrictive interventions for SED participants are routed to Behavioral Health for necessary follow-up and/or remediation.

United had one report included in fallout data which indicated the Provider did not appropriately report the use of restrictive intervention.

Remediation:

KDADS HCBS continues to work with the Behavioral Health Commission to include accurate information as it pertains to SED member reports.

United educated the provider to ensure they understood the definition of restraint and necessary procedures to report restraints. MCO investigation identified this restraint was not approved in the individuals behavior support plan and conducted further meetings with the provider staff and team to address any additional support needs.

Compliance Trends	2013	2014	2015	2016	2017	2018	Jan-Mar 2019	Apr-Jun 2019	Jul-Sep 2019
PD									
Aetna	N/A	N/A	N/A	N/A	N/A	N/A		N/A	N/A
Amerigroup	No Data						N/A	N/A	N/A
Sunflower	No Data						N/A	N/A	N/A
United	No Data						N/A	N/A	N/A
Statewide	No Data						N/A	N/A	N/A
FE									
Aetna	N/A	N/A	N/A	N/A	N/A	N/A		N/A	N/A
Amerigroup	No Data						N/A	N/A	N/A
Sunflower	No Data						N/A	N/A	N/A
United	No Data						N/A	N/A	N/A
Statewide	No Data						N/A	N/A	N/A
IDD									
Aetna	N/A	N/A	N/A	N/A	N/A	N/A		N/A	N/A
Amerigroup	No Data						N/A	N/A	N/A
Sunflower	No Data						100%	N/A	100%
United	No Data						100%	100%	50%
Statewide	No Data						100%	100%	75%
BI									
Aetna	N/A	N/A	N/A	N/A	N/A	N/A		N/A	N/A
Amerigroup	No Data						N/A	N/A	N/A
Sunflower	No Data						N/A	N/A	N/A
United	No Data						N/A	N/A	N/A
Statewide	No Data						N/A	N/A	N/A
TA									
Aetna	N/A	N/A	N/A	N/A	N/A	N/A		N/A	N/A
Amerigroup	No Data						N/A	N/A	N/A
Sunflower	No Data						N/A	N/A	N/A
United	No Data						N/A	100%	N/A
Statewide	No Data						N/A	100%	N/A
Autism									
Aetna	N/A	N/A	N/A	N/A	N/A	N/A		N/A	N/A
Amerigroup	No Data						N/A	N/A	N/A
Sunflower	No Data						N/A	N/A	N/A
United	No Data						N/A	N/A	N/A
Statewide	No Data						N/A	N/A	N/A
SED									
Aetna	N/A	N/A	N/A	N/A	N/A	N/A		N/A	N/A
Amerigroup	No Data						N/A	N/A	N/A
Sunflower	No Data						N/A	N/A	N/A
United	No Data						N/A	N/A	N/A
Statewide	No Data						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: 07/01/2019 - 09/30/2019

Data Source: MCO Record Review

Compliance By Waiver	Aetna	Sunflower	United	Statewide
PD	75%	59%	94%	75%
Numerator	18	20	29	67
Denominator	24	34	31	89
FE	63%	59%	84%	70%
Numerator	10	22	32	64
Denominator	16	37	38	91
IDD	87%	92%	77%	87%
Numerator	13	47	20	80
Denominator	15	51	26	92
BI	58%	52%	94%	69%
Numerator	7	11	17	35
Denominator	12	21	18	51
TA	83%	90%	92%	89%
Numerator	10	19	22	51
Denominator	12	21	24	57
Autism	100%	60%	75%	71%
Numerator	1	3	6	10
Denominator	1	5	8	14
SED	67%	71%	71%	70%
Numerator	12	25	24	61
Denominator	18	35	34	87

Explanation of Findings:

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

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

AU: Evidence of physical exam not provided for review

SED: Evidence of physical exam not provided for review, physical exam documentation submitted not current for review period

Remediation:

Compliance Trends	2013	2014	2015	2016	2017	2018	Jan-Mar 2019	Apr-Jun 2019	Jul-Sep 2019
PD									
Aetna	N/A	N/A	N/A	N/A	N/A	N/A		63%	75%
Amerigroup		78%			20%	46%	N/A	N/A	N/A
Sunflower		81%			34%	40%	45%	47%	59%
United		88%			34%	23%	50%	78%	94%
Statewide	Not a Measure	82%	No Data	No Data	29%	37%	48%	63%	75%
FE									
Aetna	N/A	N/A	N/A	N/A	N/A	N/A		60%	63%
Amerigroup		89%			23%	34%	N/A	N/A	N/A
Sunflower		97%			31%	28%	47%	69%	59%
United		97%			31%	18%	71%	61%	84%
Statewide	Not a Measure	95%	No Data	No Data	29%	27%	59%	64%	70%
IDD									
Aetna	N/A	N/A	N/A	N/A	N/A	N/A		83%	87%
Amerigroup		91%			28%	56%	N/A	N/A	N/A
Sunflower		99%			52%	70%	79%	88%	92%
United		99%			26%	29%	60%	71%	77%
Statewide	Not a Measure	97%	No Data	No Data	39%	56%	73%	83%	87%
BI									
Aetna	N/A	N/A	N/A	N/A	N/A	N/A		44%	58%
Amerigroup		84%			21%	29%	N/A	N/A	N/A
Sunflower		94%			32%	30%	43%	56%	52%
United		93%			19%	35%	54%	62%	94%
Statewide	Not a Measure	90%	No Data	No Data	23%	30%	47%	55%	69%
TA									
Aetna	N/A	N/A	N/A	N/A	N/A	N/A		83%	83%
Amerigroup		100%			39%	54%	N/A	N/A	N/A
Sunflower		100%			56%	79%	89%	90%	90%
United		97%			68%	62%	69%	86%	92%
Statewide	Not a Measure	100%	No Data	No Data	49%	63%	80%	87%	89%
Autism									
Aetna	N/A	N/A	N/A	N/A	N/A	N/A		0%	100%
Amerigroup		100%			56%	90%	N/A	N/A	N/A
Sunflower		92%			65%	73%	100%	67%	60%
United		100%			19%	42%	25%	60%	75%
Statewide	Not a Measure	98%	No Data	No Data	48%	59%	40%	56%	71%
SED									
Aetna	N/A	N/A	N/A	N/A	N/A	N/A		65%	67%
Amerigroup		54%			76%	87%	N/A	N/A	N/A
Sunflower		55%			27%	71%	71%	76%	71%
United		46%			47%	61%	42%	46%	71%
Statewide	Not a Measure	52%	No Data	No Data	52%	67%	55%	60%	70%

KDADS HCBS Quality Review Report

Health and Welfare

PM 10: Number and percent of waiver participants who have a disaster red flag designation with a related disaster backup plan

Numerator: Number of waiver participants who have a disaster red flag designation with a related disaster backup plan

Denominator: Number of waiver participants with a red flag designation

Review Period: 07/01/2019 - 09/30/2019

Data Source: MCO Record Review

Compliance By Waiver	Aetna	Sunflower	United	Statewide
PD	83%	85%	87%	85%
Numerator	20	29	27	76
Denominator	24	34	31	89
FE	88%	84%	92%	88%
Numerator	14	31	35	80
Denominator	16	37	38	91
IDD	87%	78%	77%	79%
Numerator	13	40	20	73
Denominator	15	51	26	92
BI	50%	81%	76%	72%
Numerator	6	17	13	36
Denominator	12	21	17	50
TA	75%	95%	92%	89%
Numerator	9	20	22	51
Denominator	12	21	24	57
Autism	0%	60%	100%	79%
Numerator	0	3	8	11
Denominator	1	5	8	14
SED	Not a Waiver Performance Measure			
Numerator				
Denominator				

Explanation of Findings:

PD: No valid signature and/or date or did not cover entire review period, complete service plan missing for some or all of the review period

IDD: No valid signature and/or date or did not cover entire review period, guardianship/DPOA papers not provided for review, complete service plan missing for some or all of the review period

BI: No valid signature and/or date, complete service plan not provided for review

AU: No valid signature and/or date on service plan or did not cover entire review period, back up plan information not included for review

Remediation:

Compliance Trends	2013	2014	2015	2016	2017	2018	Jan-Mar 2019	Apr-Jun 2019	Jul-Sep 2019
PD									
Aetna	N/A	N/A	N/A	N/A	N/A	N/A		58%	83%
Amerigroup		59%	53%	73%	86%	96%	N/A	N/A	N/A
Sunflower		77%	49%	66%	79%	85%	85%	88%	85%
United		64%	80%	88%	87%	94%	91%	85%	87%
Statewide	Not a Measure	67%	58%	75%	84%	92%	88%	79%	85%
FE									
Aetna	N/A	N/A	N/A	N/A	N/A	N/A		53%	88%
Amerigroup		61%	62%	72%	84%	90%	N/A	N/A	N/A
Sunflower		72%	56%	72%	77%	81%	83%	88%	84%
United		76%	81%	85%	91%	91%	87%	87%	92%
Statewide	59%	70%	65%	76%	84%	87%	85%	81%	88%
IDD									
Aetna	N/A	N/A	N/A	N/A	N/A	N/A		60%	87%
Amerigroup		67%	61%	65%	74%	86%	N/A	N/A	N/A
Sunflower		58%	32%	59%	70%	72%	77%	78%	78%
United		70%	58%	73%	90%	86%	93%	79%	77%
Statewide	Not a Measure	64%	47%	64%	76%	79%	83%	75%	79%
BI									
Aetna	N/A	N/A	N/A	N/A	N/A	N/A		43%	50%
Amerigroup		46%	49%	62%	80%	82%	N/A	N/A	N/A
Sunflower		68%	42%	80%	84%	88%	91%	90%	81%
United		56%	74%	80%	79%	89%	85%	94%	76%
Statewide	Not a Measure	56%	52%	70%	81%	85%	89%	78%	72%
TA									
Aetna	N/A	N/A	N/A	N/A	N/A	N/A		38%	75%
Amerigroup		75%	54%	79%	90%	99%	N/A	N/A	N/A
Sunflower		91%	58%	77%	78%	85%	81%	90%	95%
United		86%	63%	79%	95%	86%	91%	84%	92%
Statewide	Not a Measure	83%	57%	78%	87%	92%	86%	76%	89%
Autism									
Aetna	N/A	N/A	N/A	N/A	N/A	N/A		0%	0%
Amerigroup		77%	44%	32%	88%	100%	N/A	N/A	N/A
Sunflower		53%	27%	67%	80%	72%	100%	100%	60%
United		38%	7%	6%	13%	41%	50%	67%	100%
Statewide	Not a Measure	64%	30%	40%	62%	67%	60%	64%	79%
SED	Not a Waiver Performance Measure								
Aetna									
Amerigroup									
Sunflower									
United									
Statewide									

KDADS HCBS Quality Review Report

Financial Accountability

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

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

Denominator: Total number of provider claims

Review Period: 07/01/2019 - 09/30/2019

Data Source: MCO Claims Data

Compliance By Waiver	Statewide
PD	98%
Numerator	84,841
Denominator	86,844
FE	96%
Numerator	53,988
Denominator	56,183
IDD	95%
Numerator	157,111
Denominator	165,482
BI	95%
Numerator	9,701
Denominator	10,229
TA	95%
Numerator	7,679
Denominator	8,125
Autism	88%
Numerator	14
Denominator	16
SED	79%
Numerator	18,453
Denominator	23,477
All HCBS Waivers	95%
Numerator	331,787
Denominator	350,356

Compliance Trends	2013	2014	2015	2016	2017	2018	Jan-Mar 2019	Apr-Jun 2019	Jul-Sep 2019
PD									
Statewide	Not a Measure	N/A	N/A	N/A	N/A	96%	95%	96%	98%
FE									
Statewide	Not a Measure	N/A	N/A	N/A	N/A	95%	94%	95%	96%
IDD									
Statewide	Not a Measure	N/A	N/A	N/A	N/A	97%	96%	95%	95%
BI									
Statewide	Not a Measure	N/A	N/A	N/A	N/A	90%	92%	91%	95%
TA									
Statewide	Not a Measure	N/A	N/A	N/A	N/A	91%	96%	96%	95%
Autism									
Statewide	Not a Measure	N/A	N/A	N/A	N/A	82%	95%	82%	88%
SED									
Statewide	Not a Measure	N/A	N/A	N/A	N/A	82%	74%	75%	79%
All HCBS Waivers									
Statewide	Not a Measure	90%	88%	95%	95%	95%	94%	94%	95%

Explanation of Findings:

MCO self-reported data

Remediation:

KDADS HCBS Quality Review Report

Financial Accountability

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

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

Denominator: Total number of capitation (payment) rates

Review Period: Calendar Year 2019

Data Source: KDHE

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

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

Explanation of Findings:

Performance Measure achieved

Remediation:

No remediation necessary



KanCare Ombudsman Report

Quarter 1, 2020 (based on calendar year)
January 1 – March 31, 2020

Data downloaded 5/12/2020

KanCare Ombudsman Office

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II. Highlights/Dashboard

A. Ombudsman Office Availability (page 7)

During most of first quarter the Ombudsman offices had normal hours of availability. In March, week two, the satellite offices were closed to Volunteers due to COVID-19. 10 out of 11 volunteers are over 65 and many have underlying conditions as well. March week three and four, the Ombudsman office was on administrative leave. Starting March 30th, the Ombudsman, Wichita program specialist, and Wichita VISTA began answering calls by working remotely.

B. Outreach (page 20)

1. Education and Resources (Chart on page 7)

The number of outreach and education contacts were 8 in 4th quarter and 72 in 1st quarter. This is due to the new Project Specialist planning outreach and education in December and focusing effort to work the plan in first quarter. The Wichita VISTA also provided focused effort on Facebook outreach during first quarter.

2. Liaison Training update (page 22)

The Volunteer Coordinator completed the project of putting the KanCare Ombudsman Liaison Trainings **on YouTube with voice and open captioning**. This was a major project that took well over 100 hours. This is community organization training on Medicaid 101 and Line by Line explanation of completing an application.

This on-line training allows our office to continue to provide the Liaison training with reduced staff and also during this period of reduced face-to-face contact.

C. Data- Medicaid Issues (page 14)

The number of contacts regarding Appeals and Fair Hearings doubled from quarter 4 to quarter 1. Detail by MCO can be found in Appendix B (pages 21-27).

D. Changes in the KanCare Ombudsman Office (page 20)

1. Staff

The KanCare Ombudsman Volunteer Coordinator position is currently open. Due to COVID-19, all hiring has been frozen except for essential staff. Once we are able to hire this position, it will be located in the Johnson County office in order to better supervise the volunteers in this location.

2. Johnson County Satellite Office

Starting July 1, the Satellite Office will be located in the Overland Park DCF office (moving from Catholic Charities in Olathe). This move will allow the staff to have direct internet access to the state services. It will also provide a higher level of health security for staff and volunteers by being able to enter and exit through a back door rather than through the public area.

3. All Offices

Until there is a vaccine for COVID-19, the KanCare Ombudsman offices will not be doing face-to-face application assistance. At that time, we will re-evaluate the policy. **The offices will continue to provide application assistance by phone.**

III. KanCare Ombudsman Purpose

The KanCare Ombudsman Office helps Kansas Medicaid beneficiaries and applicants, with a priority on individuals participating in long-term care services through KanCare.

The KanCare Ombudsman Office assists KanCare beneficiaries and applicants with access, service and benefit problems. The office:

- assists KanCare members with seeking resolution to complaints or concerns regarding their interaction with their KanCare plan or eligibility
- helps applicants with information, resources and in-person assistance with the KanCare application and renewal process
- provides information about the KanCare grievance and appeal process that is available through the KanCare plans and the State Fair Hearing process

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

IV. Accessibility by Ombudsman's Office

A. Initial Contacts

The KanCare Ombudsman Office was available to members and potential members of KanCare (Medicaid) by phone, email, written communication, social media, and in person during quarter 1 of 2020.

The KanCare Ombudsman Office has helped KanCare members and applicants since the inception of KanCare in January 2013. Starting in 2016 with the beginning of trained volunteer help in the two satellite offices (Olathe and Wichita) the help we provide has increased significantly. The last two quarters have dipped in contacts by about 100 per quarter. Anecdotally, we believe this may be in part due to calls being routed directly to eligibility specialists at the Clearinghouse, so issues are more likely resolved on the phone. There has also been a decrease due to COVID-19. I had anticipated that the virus would result in more calls, but it has been the opposite. I have heard from other organizations that calls have either been about the same or down since COVID-19 issues impacted Kansas.

Initial Contacts	Qtr. 1	Qtr. 2	Qtr. 3	Qtr. 4
2014	545	474	526	547
2015	510	462	579	524
2016	1,130	846	687	523
2017	825	835	970	1,040
2018	1,214	1,059	1,088	1,124
2019	1,060	1,097	1,071	915
2020	903			

B. Accessibility through the KanCare Ombudsman Volunteer Program

The KanCare Ombudsman Office has two satellite offices; one in Olathe and one in Wichita. Both satellite offices answer KanCare questions, help with issues and assist with filling out KanCare applications on the phone and in person at the offices.

The main means of contact with the two satellite offices is through the KanCare Ombudsman Toll Free number, which directs calls based on the area code of the caller. The satellite offices are each covering over 20 hours per week in serving KanCare beneficiaries.

Both Satellite office were closed the second week of March due to COVID-19. Most volunteers are seniors and thus fall into the higher risk category. Many of them also have underlying health issues that are also of concern in this environment. Callers may leave a message and the messages are picked up by the Topeka office and team members in the Wichita office.

We are hoping to have the Johnson County satellite office back open in July and the Wichita satellite office in August. All volunteers have stated that they are willing to come back to volunteer at the appropriate time.

V. Outreach by Ombudsman's office

The KanCare Ombudsman Office is responsible to help beneficiaries and applicants to understand the KanCare application process, benefits and services, and provide training and outreach to community organizations. The office does this through education, publications and training.

The outreach for 1st quarter, 2020 is up dramatically. This is due completely to the outstanding work of the Wichita Satellite office team. The VISTA volunteer at the Wichita office took on the KanCare Ombudsman Facebook page and has done an excellent job of creating attractive, easy to read information with links to additional pertinent information. The new Volunteer Project Specialist spent December 2019 planning how to do outreach for the 2020 year and began working the plan in January. The results are evident below. If it were not for the COVID-19 outbreak, I think our contact numbers would be even higher due to her efforts. (see Contacts by Office Location on page 10)

	Q1/19	Q2/19	Q3/19	Q4/19	Q1/2020
Outreach	49	23	14	8	74

For the full listing of outreach events, see Appendix A on pages 21 and 22.

VI. Data by Ombudsman Office

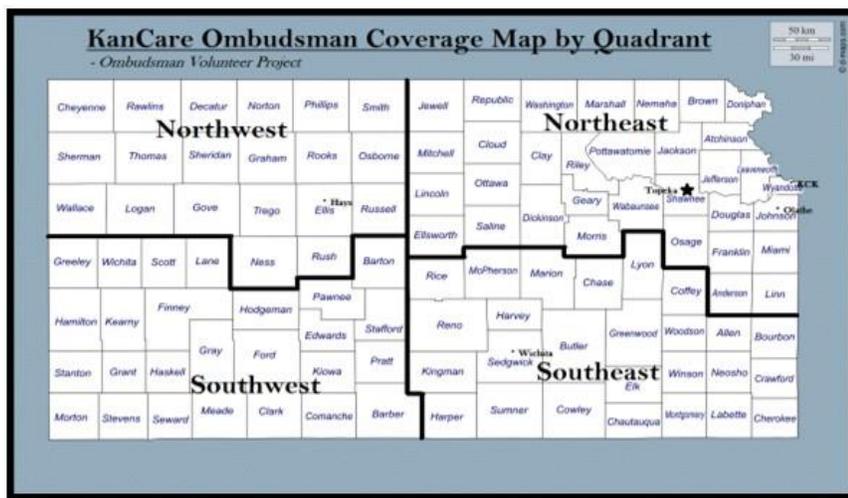
The data for the KanCare Ombudsman Office includes data by region, office location, contact method, caller type, program type, issue category, action taken and priority.

A. Data by Region

1. Initial Contacts to KanCare Ombudsman Office by Region

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

- 785, 913 and 816 area code calls go to the Olathe Satellite office.
- 316 and 620 area code calls go to the Wichita Satellite office.
- The remaining calls, direct calls and complex calls go to the Topeka (main) office.



Most contacts for the KanCare Ombudsman Office are coming from the east side of the state which also ties to where Medicaid members are located within the state (see Medicaid member chart on page 9) and the population density of Kansas (see map on page 9).

Ombudsman Office Calls by Region

REGION	Q1/2019	Q2/2019	Q3/2019	Q4/2019	Q1/2020
Northwest	7	20	11	8	15
Northeast	184	210	174	183	158
Southwest	20	24	17	17	16
Southeast	208	129	126	172	171
Unknown	633	706	739	532	541
Out of State	16	8	4	3	2

B. Data by Office Location

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

As of March week 2, the Wichita Volunteer Project Specialist is covering the Wichita phones. The KanCare Ombudsman is covering the Topeka and Olathe phones.

Contacts by Office	Q1/19	Q2/19	Q3/19	Q4/19	Q1/2020
Main - Topeka	561	620	733	537	540
Olathe	166	213	212	182	142
Wichita	333	264	126	196	221
Total	1,060	1,097	1,071	915	903

C. Data by Contact Method

There is a new listing below called Social Media. Since the KanCare Ombudsman office is on Facebook, we anticipate there may be instances when people will contact us for help through Facebook.

Face-to-face contacts are usually through:

- Assistance by appointment at the satellite offices in Olathe and Wichita to help complete applications. All offices stopped face-to-face assistance the second week of March due to COVID-19.
- Assistance to Kansas Department of Aging and Disability Services (KDADS) walk-ins in Topeka who need help with Medicaid related questions. The Topeka office stopped face-to-face assistance the second week of March due to COVID-19.
- Helping people with personal concerns who attend KanCare public meetings. The KanCare Ombudsman office tries to attend most of these and be available to answer individual questions/issues that may come up.

Contact Method	Q1/2019	Q2/2019	Q3/2019	Q4/2019	Q1/2020
Telephone	898	948	956	794	773
Email	152	138	107	109	114
Letter	1	5	2	1	5
Face-to-Face Meeting	12	6	5	8	11
Other	5	0	0	1	0
Social Media	0	0	1	2	3
CONTACT METHOD TOTAL	1,068	1,097	1,071	915	903

D. Data by Caller Type

Most contacts are consumers which includes beneficiaries, family member, friend, etc. The “Other type” callers are usually state employees, lawyers, schools, and students/researchers looking for data.

Provider issues are a combination of providers calling to assist a member or applicant having issues, or a provider with billing issues, etc. The provider billing issues, etc. we forward to KDHE.

CALLER TYPE	Q1/2019	Q2/2019	Q3/2019	Q4/2019	Q1/2020
Provider	93	69	112	65	70
Consumer	920	939	901	794	770
MCO Employee	8	11	1	7	3
Other Type	47	78	57	49	60
CALLER TYPE TOTAL	1,068	1,097	1071	915	903

E. Data by Program Type

The top program types that we received calls for in first quarter were Physical Disability waiver, Frail Elderly waiver and nursing facility concerns.

Five program types were added at the end of August:

- Foster Care
- MediKan
- Institutional Transition from
 - Long Term Care/Nursing Facility (LTC/NF)
 - Mental Health/Behavioral Health (MH/BH)
 - Prison/Jail

PROGRAM TYPE	Q1/2019	Q2/2019	Q3/2019	Q4/2019	Q1/2020
PD	40	32	21	29	32
I/DD	30	36	37	20	23
FE	25	20	43	37	34
AUTISM	3	4	1	2	1
SED	5	7	13	10	5
TBI	13	11	7	12	7
TA	5	7	7	10	6
WH	2	5	1	2	0
MFP	0	0	0	1	0
PACE	2	1	2	4	1
MENTAL HEALTH	2	5	2	5	3
SUB USE DIS	1	0	2	1	0
NURSING FACILITY	33	27	27	48	39
FOSTER CARE	0	0	0	0	0
MEDIKAN	0	0	9	3	2
INSTITUTIONAL TRANSITION FROM LTC/NF	0	0	1	5	3
INSTITUTIONAL TRANSITION FROM MH/BH	0	0	0	3	0
INSTITUTIONAL TRANSITION FROM PRISON/JAIL	0	0	0	0	0
PROGRAM TYPE TOTAL	161	155	173	192	156

There may be multiple selections for a member/contact.

F. Data by Priorities

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

1. This allows our staff and volunteers to pull up pending cases, review their status and possibly request an update from the partnering organization that we have requested assistance from.
2. This helps provide information on the more complex cases that are worked by the Ombudsman Office.

The priorities are defined as follows:

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

PRIORITY	Q3/2019	Q4/2019	Q1/2020
HCBS	39	61	66
Long Term Care / MF	12	24	25
Urgent Medical Need	13	33	24
Urgent	23	29	22
Life Threatening	6	8	8
PRIORITIES TOTAL	93	155	145

There may be multiple selections for a member/contact.

G. Data by Issue Categories

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

- Medicaid Issues
- Home and Community Based Services/Long Term Services (HCBS/LTSS),
- Other Issues.

Other Issues may be Medicaid related but are tied to a non-Medicaid program or issue that is worthy of tracking.

1. Medicaid Issues

The top issues are still Medicaid eligibility issues and general Medicaid questions. Calls about appeals and fair hearing are the highest they have been in the past year.

MEDICAID ISSUES	Q1/19	Q2/19	Q3/19	Q4/19	Q1/20
Access to Providers (usually Medical)	11	14	26	15	11
Appeals/Fair Hearing questions/issues	17	12	10	12	24
Background Checks	2	1	0	1	0
Billing	30	29	54	35	25
Care Coordinator Issues	18	5	15	16	19
Change MCO	12	10	4	6	7
Choice Info on MCO	7	8	3	3	4
Coding Issues	15	11	9	4	8
Consumer said Notice not received	6	7	3	6	3
Cultural Competency	0	0	1	0	0
Data Requests	2	4	0	1	4
Dental	11	6	6	6	4
Division of Assets	8	11	13	12	10
Durable Medical Equipment	4	5	3	2	3
Grievances Questions/Issues	12	19	26	36	32
Help understanding mail (NOA)	0	0	3	6	9
MCO transition	0	0	1	3	2
Medicaid Application Assistance	171	137	130	171	150
Medicaid Eligibility Issues	152	145	147	188	206
Medicaid Fraud	1	4	3	2	1
Medicaid General Issues/questions	273	254	183	199	187
Medicaid info (status) update	124	175	149	188	150
Medicaid Renewal	56	119	84	51	50
Medical Card issues	0	0	1	9	9
Medicare Savings Plan Issues	22	29	62	78	49
MediKan issues	0	0	4	3	3
Moving to / from Kansas	20	17	18	17	19
Medical Services	18	10	13	18	24
Pain management issues	5	1	0	2	0
Pharmacy	18	16	10	11	12
Pregnancy issues	0	0	5	5	5
Prior authorization issues	0	0	1	1	2
Refugee/Immigration/SOBRA issues	0	0	3	10	3
Respite	1	0	0	1	0
Spend Down Issues	29	21	34	33	28
Transportation	11	9	14	9	9
Working Healthy	3	5	5	6	0
MEDICAID ISSUES TOTAL	1,059	1,084	1,043	1,166	1,072

There may be multiple selections for a member/contact.

2. HCBS/LTSS Issues

The top two issues for this group are HCBS Eligibility Issues and HCBS General Issues. (HCBS stands for Home and Community Based Services)

HCBS/LTSS ISSUES	Q1/19	Q2/19	Q3/19	Q4/19	Q1/20
Client Obligation	22	19	27	14	14
Estate Recovery	4	9	10	9	3
HCBS Eligibility issues	35	33	46	61	51
HCBS General Issues	62	47	65	68	59
HCBS Reduction in hours of service	6	3	3	0	5
HCBS Waiting List	6	7	8	6	2
Nursing Facility Issues	36	39	54	49	39
HCBS/LTSS ISSUES TOTAL	171	157	213	207	173

There may be multiple selections for a member/contact.

3. Other Issues

This section shows topics issues or concerns that may be *related* to Medicaid.

OTHER ISSUES	Q1/19	Q2/19	Q3/19	Q4/19	Q1/20
Abuse / neglect complaints	8	6	4	3	8
ADA Concerns	0	0	0	0	0
Adoption issues	0	0	1	2	1
Affordable Care Act Calls	5	5	3	4	3
Community Resources needed	0	0	3	6	8
Domestic Violence concerns	0	0	1	0	0
Foster Care issues	0	0	1	2	6
Guardianship	1	1	2	6	4
Homelessness	0	0	1	3	2
Housing Issues	5	5	7	4	1
Medicare related Issues	18	15	18	23	16
Social Security Issues	16	15	19	7	16
Used Interpreter	0	0	0	6	1
X-Other	134	119	114	85	137
Z Thank you	408	399	350	400	334
Z Unspecified	97	110	137	99	74
Health Homes	0	0	0	0	0
OTHER ISSUES TOTAL	692	675	661	650	611

There may be multiple selections for a member/contact.

H. Data by Managed Care Organization – See Appendix B (pages 23-31)

One thing of note with these charts is that all three MCO's had an increase or significant increase in Appeals and Fair Hearings contacts to the Ombudsman Office.

VII. Action Taken

This section reflects the action taken by the KanCare Ombudsman Office and the related organizations assisting the KanCare Ombudsman Office. This data shows information on:

- response rates for the KanCare Ombudsman office
- response rates to resolve the question/concern for related organizations that are asked to assist by the Ombudsman office
- how contacts are resolved

A. Responding to Issues

1. Ombudsman Office response to members/applicants

The Ombudsman Office goal is to respond to a contact within two business days. The second week of March, the Volunteer Coordinator left our office for another position. At the same time, our offices were on Administrative Leave for 2 weeks due to COVID-19. These changes are reflected in an increase in response time of “8 or more days” during 1st quarter.

<u>Quarter yr.</u>	<u>Nbr Contacts</u>	<u>% Responded 0-2 Days</u>	<u>% Responded in 3-7 Days</u>	<u>% Response 8 or More Days</u>
Q1/2019	1,068	88%	11%	1%
Q2/2019	1,096	91%	8%	1%
Q3/2019	1,071	95%	4%	1%
Q4/2019	915	93%	6%	0%
Q1/2020	902	92%	4%	4%

Chart reflects calendar day response time.

2. Organizational response to Ombudsman requests

The KanCare Ombudsman office sends requests for review and assistance to various KanCare/related organizations. The following information provides data on the resolution rate for organizations the Ombudsman’s office requests assistance from and the amount of time it takes to resolve.

Qtr. 1, 2020

<u>Nbr Referrals</u>	<u>Referred to</u>	<u>% Resolved</u> <u>0-2 Days</u>	<u>% Resolved</u> <u>3-7 Days</u>	<u>% Resolved</u> <u>7-30 Days</u>	<u>% Resolved</u> <u>31 + Days</u>
84	Clearinghouse	81%	12%	7%	0%
2	DCF	100%	0%	0%	0%
2	KDADS-Behavior Health	50%	50%	0%	0%
10	KDADS-HCBS	100%	0%	0%	0%
1	KDADS-Health Occ. Cred.	100%	0%	0%	0%
50	KDHE-Eligibility	54%	28%	16%	2%
2	KDHE-Program Staff	100%	0%	0%	0%
6	KDHE-Provider Contact	67%	17%	17%	0%
-	KMAP	0%	0%	0%	0%
2	Aetna	50%	50%	0%	0%
10	Sunflower	30%	30%	30%	10%
12	UnitedHealthcare	50%	33%	8%	8%

B. Resolving requests

1. Action Taken by KanCare Ombudsman Office to resolve requests

86% (or 4 out of 5) of initial calls were resolved by providing some type of resource, for example the KanCare Ombudsman office:

- contacted another organization to resolve the issue
- shared resources through mailings
- provided referrals to other organizations, etc.

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

Action Taken Resolution Type	Q1/19	Q2/19	Q3/19	Q4/19	Q1/20
Questions/Issue Resolved (No Resources)	94	85	69	58	66
Used Contact or Resources/Issue Resolved	837	871	909	768	712
Closed (No Contact)	126	123	79	62	50
ACTION TAKEN RESOLUTION TYPE TOTAL	1,057	1,079	1,057	888	828

There may be multiple selections for a member/contact

2. Referred Beneficiary to an Organization for Assistance

This chart provides shows when resources are provided verbally and when resources are emailed or mailed.

Action Taken Additional Help	Q1/19	Q2/19	Q3/19	Q4/19	Q1/20
Provided Resources	567	537	682	663	555
Mailed/Email Resources	151	123	152	168	113
ACTION TAKEN ADDITIONAL HELP TOTAL	718	660	834	831	668

There may be multiple selections for a member/contact.

3. Ombudsman Office Resolution of Issues

The average days to close/resolve an issue remained relatively the same over the last four quarters.

During 1st qtr. the percentage for closing cases in 0-2 days increased by two percentage points. Our office believes this is due, in part, by reduced staff and closed offices for most of March.

<u>Quarter/Year</u>	<u>Number Contacts</u>	<u>Avg Days to Completion</u>	<u>% Completed 0-2 Days</u>	<u>% Completed in 3-7 Days</u>	<u>% Completed 8 or More Days</u>
Q1/2019	1,051	5	71%	17%	13%
Q2/2019	1,021	4	75%	13%	13%
Q3/2019	1,002	5	75%	10%	15%
Q4/2019	837	5	72%	11%	17%
Q1/2020	788	7	74%	9%	17%

VIII. Enhancements and Future Changes

A. Liaison Training

The Volunteer Coordinator completed the project of putting the KanCare Ombudsman Liaison Trainings on YouTube with voice and open captioning. This was a major project that took well over 100 hours. This is community organization training on Medicaid 101 and Line by Line explanation of completing an application.

This on-line training allows our office to continue to provide the Liaison training with reduced staff and also during this period of reduced face-to-face contact.

B. Changes in the KanCare Ombudsman Office

1. Staff

The KanCare Ombudsman Volunteer Coordinator position is currently open. Due to COVID-19, all hiring has been frozen except for essential staff. Once we are able to hire this position, it will be located in the Johnson County office in order to better supervise the volunteers in this location.

2. Johnson County Satellite Office

Starting July 1, the Satellite Office will be located in the Overland Park DCF office (moving from Catholic Charities in Olathe). This move will allow the staff to have direct internet access to the state services. It will also provide a higher level of health security for staff and volunteers by being able to enter and exit through a back door rather than through the public area.

3. All Offices

Until there is a vaccine for COVID-19, the KanCare Ombudsman offices will not be doing face-to-face application assistance. At that time, we will re-evaluate the policy. **The offices will continue to provide application assistance by phone.**

IX. Appendix A - Outreach by Ombudsman's office

This is a listing of the KanCare Ombudsman Outreach to members and community by way of participation in conferences where members and/or providers attend, newsletters, social media, training events, public comments sessions by the state for KanCare related issues, etc.

A. Outreach through Collaboration and Education

This outreach includes Community Events/Presentations such as education, networking and referrals.

- Bethell KanCare Oversight Committee meeting, Topeka, Feb. 28, 2020; provided annual report (1)
- KanCare Advisory Council Meeting, Topeka, 3/3/2020; provided annual report (1)
- January – WSU CEI Staff made in-person contacts/presentations with the following organizations (28):
 - Central Plains Area Agency on Aging (SG Co)
 - Butler County Child Family Development Task Force, including
 - Thrive! Butler
 - Department of Commerce
 - El Dorado USD 490 schools
 - Big Brothers Big Sisters
 - Butler County Health Department
 - South Central Community Mental Health Center
 - Child Care Aware of Kansas
 - Salvation Army
 - Rainbows United
 - Sunlight Child Advocacy Center
 - South Central Kansas Aging Disability Resource Center (serves 10 Central KS counties)
 - Healthier Greenwood County Coalition, including
 - Crosswinds Counseling Center
 - KansasWorks
 - Healthier Lyon County
 - KDHE
 - Resource Center for Independent Living LY/GW/BU Co
 - Sunlight Child Advocacy Center & Sunshine Children's Home
 - Greenwood County Health Department
 - Greenwood County Hospital
 - Hope Unlimited (Iola: AL/AN/NO/WO Co.s)
 - Neosho County Health Department
 - Montgomery County Health Department
 - Kansas Consumer-Run Organization networking meeting

- Choices Medical Clinic (Wichita)
- Women’s Health Network meeting (Wichita)

B. Outreach through Print Media and Social Media

- In total, the WSU VISTA spent approximately 33 hours creating Facebook content and redesign. This included 26 posts this quarter.
- January – WSU CEI Staff emailed contacts at the following organizations (10):
 - Butler County Health Department
 - Kansas Alliance for Drug Endangered Children
 - Treehouse, Inc. (Wichita)
 - Woodlake Senior Residences (Wichita)
 - Sunlight Child Advocacy Center (El Dorado: BU/EK/GW Co.s)
 - Neosho County Health Department
 - Hope Unlimited (Iola: AL/AN/NO/WO Co.s)
 - Kansas Association of Community Access Programs
 - Montgomery County Health Department
 - Sedgwick County Developmental Disability Organization Community Council

C. Outreach through Collaboration and Training

- February– WSU CEI Staff made in-person contacts/presentations with the following organizations (8):
 - CPAAA networking meeting
 - Cairn Health (SG Co)
 - GraceMed (statewide)
 - Native American All-Indian Center (SG Co area)
 - United Way Emergency Assistance Providers networking meeting
 - Central Kansas regional Knights of Columbus insurance agents networking meeting
- March – WSU CEI Staff made in-person contacts/presentations with the following organizations:
 - OneCare KS/Medicaid partners
 - CPAAA networking meeting
- The Volunteer Coordinator completed the project of putting the KanCare Ombudsman Liaison Trainings on YouTube with voice and open captioning. This was a major project that took well over 100 hours. This is community organization training on Medicaid 101 and Line by Line explanation of completing an application.

This on-line training allows our office to continue to provide the Liaison training with reduced staff and also during this period of reduced face-to-face contact.

X. Appendix B – Information by Managed Care Organization

A. Aetna-Issue Categories

MEDICAID ISSUES	Q1/19	Q2/19	Q3/19	Q4/19	Q1/20
Access to Providers (usually Medical)	2	2	4	5	0
Appeals/Fair Hearing questions/issues	0	1	1	0	2
Background Checks	0	0	0	0	0
Billing	3	0	5	4	2
Care Coordinator Issues	10	1	4	4	0
Change MCO	4	3	2	2	4
Choice Info on MCO	2	0	2	2	1
Coding Issues	1	0	1	1	0
Consumer said Notice not received	0	1	0	0	0
Cultural Competency	0	0	0	0	0
Data Requests	0	0	0	0	0
Dental	3	0	2	2	1
Division of Assets	0	0	0	1	0
Durable Medical Equipment	1	2	2	0	1
Grievances Questions/Issues	2	2	4	3	4
Help understanding mail (NOA)	0	0	0	0	0
MCO transition	0	0	1	2	0
Medicaid Application Assistance	2	1	1	2	0
Medicaid Eligibility Issues	5	7	2	5	1
Medicaid Fraud	0	0	0	0	0
Medicaid General Issues/questions	16	18	5	9	4
Medicaid info (status) update	4	1	4	5	4
Medicaid Renewal	1	12	3	2	3
Medical Card issues	0	0	0	0	0
Medicare Savings Plan Issues	2	1	1	3	3
MediKan issues	0	0	0	0	0
Moving to / from Kansas	0	0	1	1	0
Medical Services	3	4	4	3	2
Pain management issues	0	1	0	0	0
Pharmacy	4	3	1	2	1
Pregnancy issues	0	0	0	0	0
Prior authorization issues	0	0	0	0	0
Refugee/Immigration/SOBRA issues	0	0	0	0	0
Respite	0	0	0	0	0
Spend Down Issues	1	3	2	3	2
Transportation	4	0	4	5	1
Working Healthy	0	0	0	0	0
MEDICAID ISSUES TOTAL	70	63	56	66	36

There may be multiple selections for a member/contact.

HCBS/LTSS ISSUES	Q1/19	Q2/19	Q3/19	Q4/19	Q1/20
Client Obligation	2	3	2	2	0
Estate Recovery	0	0	0	0	0
HCBS Eligibility issues	5	3	3	7	0
HCBS General Issues	7	5	7	6	0
HCBS Reduction in hours of service	0	0	1	0	0
HCBS Waiting List	2	0	0	1	0
Nursing Facility Issues	0	1	3	2	3
HCBS/LTSS ISSUES TOTAL	16	12	16	18	3

There may be multiple selections for a member/contact.

OTHER ISSUES	Q1/19	Q2/19	Q3/19	Q4/19	Q1/20
Abuse / neglect complaints	0	0	0	0	1
ADA Concerns	0	0	0	0	0
Adoption issues	0	0	0	0	0
Affordable Care Act Calls	0	0	0	0	0
Community Resources needed	0	0	0	0	0
Domestic Violence concerns	0	0	0	0	0
Foster Care issues	0	0	0	0	0
Guardianship	0	0	0	0	0
Homelessness	0	0	0	0	0
Housing Issues	0	0	1	0	0
Medicare related Issues	0	1	4	2	1
Social Security Issues	1	1	1	0	0
Used Interpreter	0	0	0	0	0
X-Other	14	6	6	3	3
Z Thank you	26	32	28	23	9
Z Unspecified	1	1	3	3	0
Health Homes	0	0	0	0	0
OTHER ISSUES TOTAL	42	41	43	31	14

There may be multiple selections for a member/contact.

B. Aetna–Program Type

PROGRAM TYPE	Q1/19	Q2/19	Q3/19	Q4/19	Q1/20
PD	3	2	1	2	1
I/DD	1	4	2	1	0
FE	2	1	3	2	0
AUTISM	0	0	0	0	0
SED	0	1	0	2	0
TBI	2	3	2	2	0
TA	2	1	2	1	0
WH	0	0	0	0	0
MFP	0	0	0	0	0
PACE	0	0	0	0	0
MENTAL HEALTH	0	0	2	0	0
SUB USE DIS	0	0	0	0	0
NURSING FACILITY	0	2	1	2	2
FOSTER CARE	0	0	0	0	0
MEDIKAN	0	0	0	0	0
INSTITUTIONAL TRANSITION FROM LTC/NF	0	0	0	0	0
INSTITUTIONAL TRANSITION FROM MH/BH	0	0	0	0	0
INSTITUTIONAL TRANSITION FROM PRISON/JAIL	0	0	0	0	0
PROGRAM TYPE TOTAL	10	14	13	12	3

There may be multiple selections for a member/contact.

C. Sunflower–Issue Category

MEDICAID ISSUES	Q1/19	Q2/19	Q3/19	Q4/19	Q1/20
Access to Providers (usually Medical)	4	3	5	2	2
Appeals/Fair Hearing questions/issues	1	3	0	0	4
Background Checks	0	0	0	0	0
Billing	4	7	6	2	2
Care Coordinator Issues	2	4	5	4	6
Change MCO	2	1	1	0	0
Choice Info on MCO	1	1	0	1	0
Coding Issues	4	3	0	0	0
Consumer said Notice not received	0	0	0	0	0
Cultural Competency	0	0	1	0	0
Data Requests	0	0	0	0	1
Dental	0	2	0	0	1
Division of Assets	0	0	0	0	0
Durable Medical Equipment	0	0	0	0	1
Grievances Questions/Issues	0	6	6	4	6
Help understanding mail (NOA)	0	0	0	0	2
MCO transition	0	0	0	0	0
Medicaid Application Assistance	1	0	1	2	3
Medicaid Eligibility Issues	14	5	3	10	5
Medicaid Fraud	0	0	0	0	0
Medicaid General Issues/questions	18	6	7	9	12
Medicaid info (status) update	4	8	4	9	6
Medicaid Renewal	4	10	6	6	3
Medical Card issues	0	0	1	0	2
Medicare Savings Plan Issues	0	0	2	2	1
MediKan issues	0	0	0	0	0
Moving to / from Kansas	1	0	0	0	2
Medical Services	5	3	2	5	6
Pain management issues	1	0	0	0	0
Pharmacy	6	2	0	2	0
Pregnancy issues	0	0	0	2	0
Prior authorization issues	0	0	0	0	0
Refugee/Immigration/SOBRA issues	0	0	0	0	0
Respite	0	0	0	0	0
Spend Down Issues	2	0	3	3	3
Transportation	2	1	2	2	3
Working Healthy	1	0	1	0	0
MEDICAID ISSUES TOTAL	77	65	56	65	71

There may be multiple selections for a member/contact.

HCBS/LTSS ISSUES	Q1/19	Q2/19	Q3/19	Q4/19	Q1/20
Client Obligation	1	0	4	1	2
Estate Recovery	0	0	0	0	0
HCBS Eligibility issues	5	5	6	4	1
HCBS General Issues	7	9	6	8	7
HCBS Reduction in hours of service	2	1	0	0	1
HCBS Waiting List	1	1	1	1	0
Nursing Facility Issues	0	1	1	0	1
HCBS/LTSS ISSUES TOTAL	16	17	18	14	12

There may be multiple selections for a member/contact.

OTHER ISSUES	Q1/19	Q2/19	Q3/19	Q4/19	Q1/20
Abuse / neglect complaints	0	0	1	0	1
ADA Concerns	0	0	0	0	0
Adoption issues	0	0	0	0	0
Affordable Care Act Calls	0	1	0	0	0
Community Resources needed	0	0	0	0	0
Domestic Violence concerns	0	0	0	0	0
Foster Care issues	0	0	0	0	0
Guardianship	0	0	0	0	1
Homelessness	0	0	0	0	0
Housing Issues	0	0	0	0	0
Medicare related Issues	1	0	0	1	2
Social Security Issues	0	0	0	0	0
Used Interpreter	0	0	0	0	0
X-Other	10	8	5	5	9
Z Thank you	34	29	23	29	24
Z Unspecified	3	4	2	1	0
Health Homes	0	0	0	0	0
OTHER ISSUES TOTAL	48	42	31	36	37

There may be multiple selections for a member/contact.

D. Sunflower-Program Type

PROGRAM TYPE	Q1/19	Q2/19	Q3/19	Q4/19	Q1/20
PD	2	5	5	4	4
I/DD	5	4	4	2	0
FE	3	2	6	2	1
AUTISM	0	0	1	0	1
SED	0	0	0	1	0
TBI	4	2	0	2	1
TA	1	0	2	1	1
WH	1	1	0	0	0
MFP	0	0	0	0	0
PACE	0	0	0	0	0
MENTAL HEALTH	0	0	0	0	0
SUB USE DIS	0	0	0	0	0
NURSING FACILITY	0	1	0	2	1
FOSTER CARE	0	0	0	0	0
MEDIKAN	0	0	0	0	0
INSTITUTIONAL TRANSITION FROM LTC/NF	0	0	0	0	0
INSTITUTIONAL TRANSITION FROM MH/BH	0	0	0	1	0
INSTITUTIONAL TRANSITION FROM PRISON/JAIL	0	0	0	0	0
PROGRAM TYPE TOTAL	16	15	18	15	9

There may be multiple selections for a member/contact.

E. UnitedHealthcare-Issue Category

MEDICAID ISSUES	Q1/19	Q2/19	Q3/19	Q4/19	Q1/20
Access to Providers (usually Medical)	2	2	4	2	1
Appeals/Fair Hearing questions/issues	1	1	1	0	4
Background Checks	0	1	0	0	0
Billing	1	2	4	3	4
Care Coordinator Issues	5	0	1	4	6
Change MCO	2	3	0	3	2
Choice Info on MCO	0	1	0	0	1
Coding Issues	3	1	1	0	1
Consumer said Notice not received	0	0	1	1	0
Cultural Competency	0	0	0	0	0
Data Requests	0	0	0	0	0
Dental	3	1	1	0	0
Division of Assets	0	0	0	0	0
Durable Medical Equipment	2	1	1	1	1
Grievances Questions/Issues	4	0	2	4	6
Help understanding mail (NOA)	0	0	0	0	0
MCO transition	0	0	0	0	1
Medicaid Application Assistance	2	0	0	0	0
Medicaid Eligibility Issues	11	9	4	0	4
Medicaid Fraud	0	0	0	0	0
Medicaid General Issues/questions	20	10	10	4	8
Medicaid info (status) update	9	10	3	3	9
Medicaid Renewal	2	6	3	3	1
Medical Card issues	0	0	0	2	2
Medicare Savings Plan Issues	0	0	1	0	0
MediKan issues	0	0	1	0	0
Moving to / from Kansas	0	0	0	0	0
Medical Services	2	0	1	0	3
Pain management issues	2	0	0	0	0
Pharmacy	2	4	3	0	2
Pregnancy issues	0	0	0	0	0
Prior authorization issues	0	0	1	0	1
Refugee/Immigration/SOBRA issues	0	0	0	0	0
Respite	0	0	0	0	0
Spend Down Issues	4	2	1	2	2
Transportation	1	2	1	1	3
Working Healthy	0	1	0	0	0
MEDICAID ISSUES TOTAL	78	57	45	33	62

There may be multiple selections for a member/contact.

HCBS/LTSS ISSUES	Q1/19	Q2/19	Q3/19	Q4/19	Q1/20
Client Obligation	2	1	2	0	0
Estate Recovery	0	0	0	1	0
HCBS Eligibility issues	4	2	1	3	2
HCBS General Issues	12	8	4	4	8
HCBS Reduction in hours of service	3	0	0	0	1
HCBS Waiting List	2	0	2	1	0
Nursing Facility Issues	2	0	3	3	4
HCBS/LTSS ISSUES TOTAL	25	11	12	12	15

There may be multiple selections for a member/contact.

OTHER ISSUES	Q1/19	Q2/19	Q3/19	Q4/19	Q1/20
Abuse / neglect complaints	0	0	0	0	0
ADA Concerns	0	0	0	0	0
Adoption issues	0	0	0	0	0
Affordable Care Act Calls	0	0	0	0	0
Community Resources needed	0	0	0	0	0
Domestic Violence concerns	0	0	0	0	0
Foster Care issues	0	0	0	0	0
Guardianship	0	0	0	0	0
Homelessness	0	0	0	0	0
Housing Issues	0	1	0	0	1
Medicare related Issues	2	0	0	1	1
Social Security Issues	0	0	1	0	0
Used Interpreter	0	0	0	0	0
X-Other	11	7	2	2	5
Z Thank you	49	29	22	14	18
Z Unspecified	2	1	2	5	0
Health Homes	0	0	0	0	0
OTHER ISSUES TOTAL	64	38	27	22	25

There may be multiple selections for a member/contact.

F. UnitedHealthcare-Program Type

PROGRAM TYPE	Q1/19	Q2/19	Q3/19	Q4/19	Q1/20
PD	10	5	2	5	3
I/DD	6	10	1	0	1
FE	4	3	3	1	3
AUTISM	1	0	0	0	0
SED	2	1	0	0	0
TBI	2	0	1	0	2
TA	0	1	0	0	1
WH	0	0	0	0	0
MFP	0	0	0	0	0
PACE	0	0	0	0	0
MENTAL HEALTH	0	1	0	0	0
SUB USE DIS	0	0	0	0	0
NURSING FACILITY	2	1	2	5	3
FOSTER CARE	0	0	0	0	0
MEDIKAN	0	0	1	0	0
INSTITUTIONAL TRANSITION FROM LTC/NF	0	0	0	1	1
INSTITUTIONAL TRANSITION FROM MH/BH	0	0	0	0	0
INSTITUTIONAL TRANSITION FROM PRISON/JAIL	0	0	0	0	0
PROGRAM TYPE TOTAL	27	22	10	12	14

There may be multiple selections for a member/contact.

**1115 Waiver- Safety Net Care Pool Report
Demonstration Year 8 - Quarter 1**

Large Public Teaching Hospital/Border City Children's Hospital Pool
Paid date 2/6/2020

Hospital Name	Program Name	Program ID	Amount	Payment Date	Liability Date	Warrant number	State General Fund 1000	Federal Medicaid Fund 3414
Children's Mercy Hospital	Large Public Teaching Border City Children Hosp	04264	616,034	2/6/2020	12/31/2019	008317703	251,588	364,446
University of Kansas Hospital Authority	Large Public Teaching Border City Children Hosp	04264	1,848,103	2/6/2020	12/31/2019	008317983	754,765	1,093,338
Total			2,464,137				1,006,354	1,457,783

11115 Waiver - Safety Net Care Pool Report
Demonstration Year 8 - YE 2020
 Large Public Teaching Hospital\Border City Children's Hospital Pool
 Estimated Payments 1/1/2020 to 12/31/2020

Hospital Name	YE 2020 Estimated Payment	State General Fund 1000	Federal Medicaid Fund 3414
Children's Mercy Hospital	2,464,138	1,019,167	1,444,971
University of Kansas Hospital *	7,392,412	3,057,502	4,334,910
Total	9,856,550	4,076,669	5,779,881
*IGT Funds are received from the University of Kansas Hospital			

1115 Waiver- Safety Net Care Pool Report

Demonstration Year 8 - Quarter 1
Health Care Access Improvement Pool
No Payments

Provider Name	Program Name	Program ID	Amount	Payment Date	Liability Date	Warrant number	Provider Access Fund 2443	Federal Medicaid Fund 3414
Total			0				0	0

1115 Waiver- Safety Net Care Pool Report

Demonstration Year 8- YE 2020 Health Care Access Improvement Pool Estimated Payments

Provider Name	YE 2020 Estimated Payment	Provider Access Fund 2443	Federal Medicaid Fund 3414
AdventHealth Ottawa	242,555	100,321	142,234
AdventHealth Shawnee Mission	3,357,197	1,388,537	1,968,660
Ascension Via Christi Hospital - Pittsburg	1,022,527	422,917	599,610
Ascension Via Christi Hospital St Teresa	276,708	114,446	162,262
Ascension Via Christi Regional Medical Center	6,014,244	2,487,491	3,526,753
Ascension Via Christi Rehabilitation Center	73,906	30,567	43,338
Bob Wilson Memorial Hospital	93,574	38,702	54,872
Children's Mercy Hospital South	819,359	338,887	480,472
Coffeyville Regional Medical Center, Inc.	259,075	107,153	151,921
Doctors Hospital	33,543	13,873	19,669
Geary Community Hospital	399,962	165,424	234,538
Hays Medical Center, Inc.	1,089,373	450,565	638,808
Hutchinson Hospital Corporation	976,294	403,795	572,499
Kansas Heart Hospital LLC	50,357	20,828	29,529
Kansas Medical Center LLC	53,188	21,999	31,190
Kansas Rehabilitation Hospital	100,806	41,693	59,112
Kansas Surgery & Recovery Center	10,446	4,320	6,125
Labette County Medical Center	313,795	129,786	184,009
Lawrence Memorial Hospital	1,162,448	480,788	681,659
Memorial Hospital, Inc.	88,049	36,417	51,632
Menorah Medical Center	768,345	317,787	450,557
Mercy Hospital, Inc.	18,333	7,583	10,750
Mercy Reg Health Ctr	1,441,016	596,004	845,012
Miami County Medical Center	239,205	98,935	140,270
Mid-America Rehabilitation Hospital	85,583	35,397	50,186
Morton County Health System	35,035	14,490	20,544
Newton Medical Center	582,407	240,883	341,523
Olathe Medical Center	1,442,582	596,652	845,930
Overland Park Regional Medical Ctr.	2,874,319	1,188,818	1,685,501
Pratt Regional Medical Center	148,794	61,541	87,253
Providence Medical Center	1,720,218	711,482	1,008,736
Rehabilitation Hospital of Overland Park	77,448	32,032	45,415
Saint Luke's Cushing Memorial Hospital	316,165	130,766	185,399
Saint Luke's South Hospital, Inc.	241,306	99,804	141,502
Salina Regional Health Center	1,162,087	480,639	681,448
South Central KS Reg Medical Ctr	126,474	52,310	74,164
Southwest Medical Center	323,127	133,646	189,482
St. Catherine Hospital	604,836	250,160	354,676
St. John Hospital	303,433	125,500	177,933
Stormont Vail Regional Health Center	1,413,701	584,707	828,994
Sumner Regional Medical Center	176,444	72,977	103,467
Susan B. Allen Memorial Hospital	381,091	157,619	223,472
Topeka Hospital DBA University of Kansas	1,138,210	470,764	667,447
University of Kansas Great Bend	309,052	127,824	181,228
Wesley Medical Center	7,883,080	3,260,442	4,622,638
Wesley Rehabilitation Hospital	105,808	43,762	62,046
Western Plains Medical Complex	463,529	191,716	271,814
Grand Total	40,819,031	17,752,197	23,066,835

**KDHE Summary of Claims Adjudication Statistics –
January through April 2020 – KanCare MCOs**

Aetna Service Type	Total claim count - YTD cumulative	Total claim count \$ value YTD cumulative	# Claims denied – YTD cumulative	\$ Value of claims denied YTD cumulative	% Claims denied – YTD cumulative
Hospital Inpatient	8,172	\$395,590,833	1,254	\$82,734,384	15.3%
Hospital Outpatient	80,455	\$288,210,804	13,390	\$82,874,035	16.6%
Pharmacy	505,951	\$49,320,303	172,129	\$0	34.0%
Dental	30,217	\$11,506,294	3,989	\$1,411,455	13.2%
Vision	2,291	\$550,002	273	\$64,187	11.9%
NEMT	28,232	\$1,158,367	133	\$4,972	0.5%
Medical (physical health not otherwise specified)	641,458	\$295,192,623	71,193	\$52,668,790	11.1%
Nursing Facilities-Total	24,864	\$67,635,176	2,363	\$7,013,257	9.5%
HCBS	105,420	\$49,288,981	3,669	\$2,862,502	3.5%
Behavioral Health	66,350	\$33,244,056	2,797	\$4,852,918	4.2%
Total All Services	1,493,410	\$1,191,697,439	271,190	\$234,486,499	18.2%

SUNFLOWER Service Type	Total claim count - YTD cumulative	Total claim count \$ value YTD cumulative	# Claims denied – YTD cumulative	\$ Value of claims denied YTD cumulative	% Claims denied – YTD cumulative
Hospital Inpatient	14,264	\$710,989,414	3,001	\$196,983,625	21.0%
Hospital Outpatient	117,071	\$375,361,237	16,507	\$68,900,453	14.1%
Pharmacy	685,628	\$68,522,179	163,796	\$30,132,020	23.9%
Dental	47,656	\$15,484,926.85	8,138	\$1,351,781.13	17.1%
Vision	30,284	\$8,513,249.91	5,117	\$1,617,763.00	16.9%
NEMT	52,170	\$1,446,030.53	736	\$27,368.64	1.4%
Medical (physical health not otherwise specified)	562,366	\$362,818,777	69,739	\$71,400,278	12.4%
Nursing Facilities-Total	43,938	\$109,814,819	3,087	\$10,711,098	7.0%
HCBS	221,309	\$129,645,472	11,062	\$7,394,159	5.0%
Behavioral Health	240,884	\$41,753,511	23,749	\$5,298,391	9.9%
Total All Services	2,015,570	\$1,824,349,615	304,932	\$393,816,936	15.1%

UNITED Service Type	Total claim count - YTD cumulative	Total claim count \$ value YTD cumulative	# Claims denied – YTD cumulative	\$ Value of claims denied YTD cumulative	% Claims denied – YTD cumulative
Hospital Inpatient	10,190	\$482,758,558	2,116	\$118,055,709	20.8%
Hospital Outpatient	112,324	\$352,041,110	21,684	\$68,878,327	19.3%
Pharmacy	643,294	\$76,042,964	142,947	\$28,003,705	22.2%
Dental	44,015	\$17,006,031	7,182	\$3,052,543	16.3%
Vision	24,480	\$5,786,967	3,445	\$805,530	14.1%
NEMT	56,875	\$1,715,970	796	\$17,688	1.4%
Medical (physical health not otherwise specified)	555,963	\$362,885,338	100,269	\$107,315,926	18.0%
Nursing Facilities-Total	42,476	\$121,531,642	7,444	\$21,872,700	17.5%
HCBS	174,230	\$81,483,333	3,693	\$2,744,867	2.1%
Behavioral Health	243,293	\$62,071,391	22,150	\$14,306,689	9.1%
Total All Services	1,907,140	\$1,563,323,304	311,726	\$365,053,683	16.3%