

First Quarter Report to CMS Regarding
Operation of 1115 Waiver
Demonstration Program
– Quarter Ending 03.31.2021



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

*KanCare
Section 1115 Quarterly Report
Demonstration Year: 9 (1/1/2021-12/31/2021)*

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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 as of March 31, 2021.

Demonstration Population	Enrollees at Close of Quarter (3/31/2021)	Total Unduplicated Enrollees in Quarter	Disenrolled in Quarter
Population 1: ABD/SD Dual	15,452	17,203	1,751
Population 2: ABD/SD Non-Dual	31,197	32,147	950
Population 3: Adults	58,151	58,927	776
Population 4: Children	231,835	234,529	2,694
Population 5: DD Waiver	9,015	9,090	75
Population 6: LTC	20,357	21,437	1,080
Population 7: MN Dual	2,215	3,062	847
Population 8: MN Non-Dual	1,006	1,177	171
Population 9: Waiver	4,655	4,902	247
Population 10: UC Pool	N/A	N/A	N/A
Population 11: DSRIP Pool	N/A	N/A	N/A
Total	373,883	382,474	8,591

III. Outreach/Innovation

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

The KanCare Advisory Council consists of 12 members: 3 legislators representing the House and Senate, 1 representing mental health providers, 1 representing CDDOs, 2 representing physicians and hospitals, 3

¹ www.kancare.ks.gov

representing KanCare members, 1 former Kansas Senator, 1 representing pharmacists. The KanCare Advisory Council occurred March 11, 2021 via Zoom. The agenda was as follows:

- Welcome
- Review and Approval of Minutes from Council Meeting, December 8, 2020
- Old Business
 - 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
- New Business
 - What are we doing to minimize the occurrence of these things happening to our most vulnerable population² – Ed Nicholas
 - Why can't businesses that deal with the public provide a changing table for our special needs' kids and or adults that require assistance for this task – Ed Nicholas
- KDHE Update – Sarah Fertig, 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 – Amy Penrod, Commissioner, Community Services and Programs Commission, 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 2,2021. The tribal members were consulted on the following items:

- Tribal Federally Qualified Health Clinic (TFQHC) billing
- Following State Plan Amendments (SPA)s were discussed:
 - Disaster Relief SPA Vaccine OLP Benefit,
 - CHIP MAGI update
 - Cranial Remolding Orthosis
 - Support Act
 - One Care – Health Home – Additional Diagnosis
- KanCare Open Enrollment – Reminder that tribal members may opt out of managed care
- The next meeting is scheduled for May 4, 2021.

During Outstationed Eligibility Workers (OEW) staff participated in 22 community events (in person and virtual); providing KanCare program outreach, education, and information for the following agencies/events: Advisory Council Virtual Meeting Genesis Family Health-Zoom; UHC Member Advisory Committee-Zoom; Finney County Community Health Coalition-Zoom; Oncology Center; Parents As Teachers; Laura Canelos; CDDO Affiliate meeting; TCM Meeting; Derby Health Collaborative; USD 260 – Derby; Wesley Medical Center; Choices Medical Clinic; KIDS Network; Sedgwick Co Extension office; Third Thursday Cowley Co.; Health Access Point; Urban League of Kansas; Dear Neighbor Ministries; Thrive; WIN- Women's Initiative Network; Kansas Children's Service League (KCSL); International Rescue Committee; Delivering Change Coalition; Flint Hills Wellness Coalition Meeting; and Manhattan Area Inter Agency Coalition.

² <https://www.today.com/health/how-pandemic-has-hurt-medically-fragile-families-today-t210915>

Support and assistance for KanCare members was provided by KDHE's 29 OEW. Staff determined eligibility for 1,300 beneficiaries and assisted in resolving 832 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 1,609 phone calls and 131 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 but now as needed during the Public Health Emergency (PHE))
- HCBS Provider Forum teleconferences (quarterly)
- 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
- Series of meetings with behavioral health institutions, private psychiatric hospitals, and Psychiatric Treatment Residential Facilities (PRTFs) to address care coordination and improved integration (weekly)
- Medicaid Functional Eligibility Instrument (FE, PD & BI) 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-monthly)
- NFMH Directors meeting (monthly)
- CRO Directors meeting (bi-monthly)
- State Interagency Coordinating Council (bi-monthly)
- Kansas Mental Health Coalition meeting (monthly)
- Kansas Association of Addiction Professionals (monthly)
- Behavioral Health Association of Kansas (monthly)
- Heartland RADAC & Substance Abuse Center of Kansas (monthly)
- Complex Case Staffings with MCOs (as needed M-F)
- 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
- 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

Kansas is pursuing targeted outreach and innovation projects, including:

OneCare Kansas Program

A legislative proviso directed KDHE to implement a health homes program. To avoid the confusion caused by the term health homes, a new name was selected for the program – OneCare Kansas (OCK). The program was launched on April 1, 2020. The program has a similar model as the state's previous health

homes program. As of March 31, 2021, there were 33 contracted OCK providers across the state. OCK was designed as an opt-in program. As of March 2021, the program has seen 1,102 members opt-in to the program. This number continues to climb with new members joining each month.

The state continues to use the MCOs as lead entities, who contract with select providers to offer the required six core services. Monthly learning opportunities are available for providers. These include bi-monthly learning collaboratives with 'off-months' being devoted to newly emerging issues or program-related questions.

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 (ABHKS), Sunflower State Health Plan (SHP), and UnitedHealthcare Community Plan (UHC) – follows below.

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

Marketing Activities

Due to the COVID 19 pandemic, ABHKS has seen continued issues with being able to effectively provide outreach and marketing activities. Because of social distancing and policies against travel to stop the spread of the virus, the ability to spread the word in person about ABHKS' work with KanCare members has been drastically impacted. ABHKS has been working to communicate with community-based organizations and provider offices virtually since mid-March of 2020 and has seen varying results. Through virtual efforts, with contacts as well as attendance at virtual meetings held by community health organizations, information was provided to 757 individuals with community-based organizations and provider offices, across the state. ABHKS also delivered a Community E-newsletter each month. The newsletter provides the latest information on ABHKS and the successes achieved by providing services to members. The E-newsletter was sent out to over 1,400 individuals.

Outreach Activities

ABHKS Community Development and System of Care team provided virtual outreach activities to community-based organizations, advocacy groups, and provider offices throughout Kansas. ABHKS staff visited virtually with over 840 individuals associated with community-based organizations in Kansas including: Project Eagle in Kansas City; InterHab, Inc. in Topeka; Ashley's Center in Wichita; Harvest America in Goodland; as well as others. ABHKS was able to share educational information with over 80 members or potential members of KanCare through mailed information to sites or by participating in virtual member events.

Advocacy Activities

Member Advocates have established a relationship with the KanCare Ombudsman and receive direct referrals about member issues that require intervention efforts. Member Advocates assisted five members referred from the Ombudsman.

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

Marketing Activities

SHP marketing activities included attending and/or sponsoring eleven virtual member and provider events. Due to the COVID-19 pandemic and continued "Stay-at-Home" and "No Face to Face Member" visits, multiple events were cancelled, postponed, moved to virtual, or rescheduled. SHP sponsored local and statewide member and provider events:

- Good Living Expo (Overland Park, KS – Johnson County)
- No One Eats Alone Day (Virtual Event, hosted online – Wyandotte County)
- Care Portal Drive Up Resources Event (Kansas City, KS – Wyandotte County)

Outreach Activities

SHP's outreach activities continued to focus on providing food and financial support to organizations that serve and support our members and the community-at-large. Additionally, SHP supported organizations who provided vaccinations to overcome stigmas associated with vaccines in minority communities. Due to the impact of COVID-19, efforts shifted outreach to organizations that needed assistance in order to sustain their normal work with increased demand on resources and more people to serve.

Examples of notable member outreach activities:

- Funds to agencies that support food insecure populations and stock community pantries. (Shawnee, Douglas, Wyandotte, Sedgwick, and Johnson counties)
- Outreach and work with community agencies to move forward after the effects of the pandemic. (Leavenworth, Miami, Shawnee, Douglas, Wyandotte, Sedgwick, Barton, and Johnson counties)
- Quality improvement department staff continued to make warm calls to members to encourage them to close care gaps. (Statewide, includes 94 counties)

Advocacy Activities

SHP staff focused on Social Determinants of Health (SDoH) initiatives. The internal teams addressed programs and outreach to support employment, housing, and food disparities across the state. This internal team, comprised with staff from Community Relations, Community Health Service Representatives, and the SDoH specialists, collaboratively brought together resources and supports for the benefit of members.

SHP staff contributed to community workgroups and coalitions advocating for health literacy, persons with disabilities, and other topics addressing population health in Kansas.

Community meetings and workgroups included:

- Immunize Kansas Coalition meetings – Topeka, KS, Shawnee County (Virtual)
- Health & Wellness Coalition of Wichita – Sedgwick County (Virtual)
- Fetal and Infant Mortality Review (FIMR) Community Action - Wyandotte County Team (Virtual)
- Social Determinants for Health monthly meeting - Johnson County (Virtual)
- Immunize Kansas Coalition meetings
- Health & Wellness Coalition of Wichita
- Fetal and Infant Mortality Review (FIMR) Community Action Teams
- Social Determinants for Health monthly meeting
- City Health and Planning Committee

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

Marketing Activities

UHC continued to focus on virtual member, provider, and community education regarding KanCare benefits and general health education due to COVID 19. Staff completed new member welcome calls and health risk assessments over the phone. The incentive program continued to offer a ten dollar over the counter debit card to new members that completed a health risk assessment. New members were sent member ID Cards and welcome kits in a timely manner.

Outreach Activities

Due to COVID 19, focus has been on virtual outreach and meetings with key providers, hospitals, Federally Qualified Health Centers (FQHCs) and community, medical and behavioral health providers, health departments, and faith-based organizations throughout the state. Staff focused on finding ways to support members through community resources and connecting organizations with opportunities for funding or staff development. A few more in-person events were held, as weather permitted more drive-thru and/or outdoor events. Staff also reached out to providers to assess their needs and identify ways

UHC could help support them as they serve KanCare members, with special attention to increasing child well visits.

UHC hosted the member advisory meeting via conference call, with a significant increase in member attendance. This advisory meeting focused on KanCare basic coverage and eligibility, with a presentation from an Out-stationed Eligibility worker. Care Coordination managers attended the meeting to listen to members questions and concerns and to offer support.

- Member outreach: Outreach staff met with approximately 5,500 individuals who were members or potential members online, via phone, video meetings, and drive-thru food distribution and testing events.
- Community organization outreach: Outreach staff virtually met with several community agencies, including:
 - Center of Grace’s Hispanic Task Force
 - Wyandotte County CHIP Employment Committee
 - Health Services Advisory Committee
 - Healthier Lyon County Coalition
 - Healthy Food for All workgroup
 - Healthy Kids LiveWell Douglas County Workgroup
 - NEK Health Services Advisory Committee
 - Healthy Babies Sedgwick County
 - Heartland Healthy Babies Workgroup
 - Kansas Latino Stakeholders
 - Southwest Guidance Center
 - The Salvation Army, Treehouse Wichita
 - USD 259
 - Wichita Children’s Home
 - Wichita YMCA
 - Dodge City YMCA
 - Garden City YMCA
 - Lyon County Literacy
 - Community Resource Connection
 - Consulate of Mexico
- Provider outreach: Outreach staff virtually met with more than 30 provider offices across the State.

Advocacy Activities

Focus was on ways to support the State efforts on vaccine hesitancy education and vaccine access. Staff from Social Determinants of Health and Community Outreach teams, serving in health equity boards and volunteering with local health departments and FQHCs, have assisted in spreading the word about vaccination and education opportunities, assessing vaccine access to minorities, and identifying ways to improve such access through revision of forms, translations, and cultural awareness.

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.

No KanCare MCO Amendments were approved by CMS in the first quarter.

The following amendments were submitted to CMS for approval in the first quarter.

Amendment Number	Subject	Submitted Date	Effective Date
13	Capitation Rates 1/1/2021-12/31/2021	2/12/2020	1/01/2021
14	Contract Language Changes	3/26/2021	3/25/2021

KanCare MCO Amendments pending approval submitted in prior quarters:

Amendment Number	Subject	Submitted Date	Effective Date
11	Capitation Rates and required CMS contract language 7/1/20-12/31/20	12/01/2020	7/01/2020
12	Support Act Language	12/18/2020	10/01/2020

42 CFR 438.6(c) Preprint approved by CMS:

Subject	Submitted Date	Effective Date	Approval Date
Uniform percent increase for inpatient and outpatient hospital services for the Large Public Kansas Teaching Hospital and Border Children's Hospital provider classes for the rating period covering 1/1/2021 – 12/31/2021	12/28/2020	1/01/2021	3/31/2021

State Plan Amendments (SPAs) approved:

SPA Number	Subject	Submitted Date	Effective Date	Approval Date
20-0019	Cardiac Catheterization Rate Increase	11/17/2020	1/01/2021	1/13/2021
20-0020	ER Professional Blended Rates	11/17/2020	1/01/2021	1/17/2021
20-0021	EPSDT Additional Counseling Codes	11/17/2020	1/01/2021	1/13/2021
20-0022	Maternal Depression Screening	11/17/2020	1/01/2021	1/11/2021
20-0023	Silver Diamide Treatment	11/17/2020	1/01/2021	1/14/2021
21-0001	RAC, 2-Year Renewal	12/15/2020	1/01/2021	3/01/2021
21-0003	CHIP MAGI FPL Update	1/22/2021	4/01/2021	3/30/2021
21-0005	Tribal FQHC	2/24/2021	1/30/2021	3/25/2021
21-0006	Cranial Remolding Orthosis	3/03/2021	3/01/2021	3/25/2021

State Plan Amendments (SPAs) pending approval:

SPA Number	Subject	Submitted Date	Effective Date
21-0002	Autism Analyst Training, Acronym Removal	1/15/2021	1/01/2021
21-0004	Disaster Relief SPA Vaccine OLP Benefit	2/02/2021	12/01/2020
21-0007	Support Act MAT	3/30/2021	10/01/2020
21-0008	Health Homes	3/30/2021	4/01/2021
21-0009	Therapeutic Phlebotomy Reimbursement Rate Change	3/30/2021	4/01/2021

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 the top three value-added services by MCO and Value YTD, follows:

MCO		Value Added Service Jan-Mar 2021	Units YTD	Value YTD
Aetna	Top Three VAS	Healthy Rewards Gift Card - Annual Flu Shot	12,977	\$184,964
		Adult Dental	1,124	\$181,548
		Healthy Rewards Gift Card - Diabetic Eye Exam	9,886	\$135,431
		Total of All Aetna VAS	43,961	\$881,293

Sunflower	Top	My Health Pays	17,531	\$187,340
	Three	Comprehensive Medication Review	3,645	\$131,354
	VAS	In-home telemonitoring: Service	285	\$71,250
	Total of All Sunflower VAS		28,080	\$511,345
United	Top	Adult Dental & Denture Services	1,680	\$128,187
	Three	Debit Card for Completing First Pre-Natal Visit	340	\$72,200
	VAS	Home Helper Catalog Supplies	843	\$42,330
	Total of All United VAS		4,012	\$295,149

- c. Enrollment issues: for the first quarter of calendar year 2021 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 2021. All KanCare eligible members were defaulted to a managed care plan.

Enrollment Reason Categories	Total
Newborn Assignment	2,282
KDHE - Administrative Change	511
WEB - Change Assignment	8
KanCare Default - Case Continuity	1,071
KanCare Default – Morbidity	1,021
KanCare Default - 90 Day Retro-reattach	915
KanCare Default - Previous Assignment	178
KanCare Default - Continuity of Plan	150
Retro Assignment	5
AOE – Choice	3,422
Choice - Enrollment in KanCare MCO via Medicaid Application	6,439
Change - Enrollment Form	163
Change - Choice	187
Change - Access to Care – Good Cause Reason	5
Change - Case Continuity – Good Cause Reason	1
Change – Due to Treatment not Available in Network – Good Cause	
Assignment Adjustment Due to Eligibility	367
Total	16,725

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

MCOs' Member Adverse Initial Notice Timeliness Compliance

MCO	ABH	SUN	UHC
% of Notices of Adverse Service Authorization Decisions Sent Within Compliance Standards	99%	100%	100%
% of Notices of Adverse Expedited Service Authorization Decisions Sent Within Compliance Standards	100%	83%	No expedited requests reported.
% 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

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

MCOs' Member Grievance Database

MCO	ABH		SUN		UHC		Total
	HCBS Member	Non HCBS Member	HCBS Member	Non HCBS Member	HCBS Member	Non HCBS Member	
QOC (non HCBS Providers)		3	2	11	3	19	38
QOC – Pain Medication	1	1		2		1	5
Customer Service		4	2	6	5	7	24
Access to Service or Care	4	9	1	4	4	14	36
Non-Covered Services				1	4	13	18
Pharmacy Issues				2	1	2	5
QOC HCBS Provider			2		6		8
Billing/Financial Issues (non-Transportation)		3	2	7	11	112	135
Transportation – Billing and Reimbursement	3			3	1	4	11
Transportation - No Show	2		10	17	10	23	62
Transportation - Late		3	9	13	4	12	41
Transportation - Safety	1	2	4	2	4	10	23
Transportation - No Driver Available			1	2	8	1	12
Transportation - Other	2	6	14	16	7	15	60
MCO Determined Not Applicable					2	2	4
Other		2		1	1	5	9
TOTAL	13	33	47	87	71	240	491

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

MCOs' Member Grievance Timeliness Compliance

MCO	ABH	SUN	UHC
% of Member Grievance Resolved and Resolution Notice Issued Within 30 Calendar Days	70%	100%	100%

MCOs' Provider Grievance Database

MCO	ABH	SUN	UHC	Total
Billing/Payment	2	1		3
Wrong Information		1		1
UM		1		1
Pharmacy		1		1
Transportation		5	8	13
Services		1		1
Other – Dissatisfaction with MCO Associate	1			1
TOTAL	3	10	8	21

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

MCOs' Provider Grievance Timeliness Compliance

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

MCOs' Appeals Database

Member Appeal Reasons ABH - Red SUN – Green UHC - Purple	Number Resolved	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	15 21 22	2	1	7 7 5	4 5 15	4	3 3 2
MA – CNM - Inpatient Admissions (Non-Behavioral Health)	5 26	23		2	3	1	2
MA – CNM - Medical Procedure (NOS)	26 14 11	1		11 5 4	12 3 6	1 1	2 5
MA – CNM - Radiology	13 49			4 25	8 20		1 4
MA – CNM - Pharmacy	58 43 91	4 2		32 27 62	25 4 24	2	1 6 3
MA – CNM - PT/OT/ST	15		1	3	10		1
MA – CNM - Dental	3 10 14	1		1 4	2 2 9	1 5	2
MA – CNM - Home Health	2			1			1
MA – CNM - Out of network provider, specialist or specific provider request	3 11			1 8	2 3		
MA – CNM - Inpatient Behavioral Health	7 8 1			3 4 1	4 2		2
MA – CNM - Behavioral Health Outpatient Services and Testing	1 5	1		4	1		
MA – CNM - Mental Health	1				1		
MA – CNM – Ambulance (include Air and Ground)	1						1
MA – CNM - Other	2 13 1		1	1 7	3	1	1 2
NONCOVERED SERVICE							
MA – NCS - Dental	1				1		
MA – NCS - Pharmacy	1				1		
MA – NCS - Durable Medical Equipment	1			1			
MA – NCS – Other	3 4	1		3 2	1		

MA – LCK - Lock In	3			1	2		
ADMINISTRATIVE DENIALS							
MA – ADMIN – Denials of Authorization (Unauthorized by Members)	1				1		
TOTAL							
ABH - Red	128		1	59	58	2	8
SUN – Green	187	7	1	86	50	14	29
UHC - Purple	191	28	1	91	66		5

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

MCOs' Appeals Database - Member Appeal Summary

Member Appeal Reasons ABH - Red SUN – Green UHC - Purple	Number Resolved	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	128 187 191	7 28	1 1 1	59 86 91	58 50 66	2 14	8 29 5
TOTAL	128 187 191	7 28	1 1 1	59 86 91	58 50 66	2 14	8 29 5
Percentage Per Category		4% 15%	<1% <1% <1%	46% 46% 48%	46% 27% 35%	2% 7%	6% 16% 2%
Range of Days to Reverse Due to MCO Error			47 54 30				

MCOs' Member Appeal Timeliness Compliance

MCO	ABH	SUN	UHC
% of Member Appeals Resolved and Appeal Resolution Notice Issued in 30 Calendar Days	95%	99%	100%
% of Expedited Appeals Resolved and Appeal Resolution Notice Issued in 72 hours	94%	91%	99%

MCOs' Reconsideration Database - Providers (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)	114 1,773 6,171		11 952 2,005	51 97 569	50 698 2,785	812	2 26
PR – CPD - Hospital Outpatient (Non-Behavioral Health)	163 4,038 5,787		31 2,189 1,863	60 22 504	64 1,824 1,962	6 1,458	2 3
PR – CPD - Pharmacy	1			1			

PR – CPD - Dental	7 2			2	4 2	1	
PR – CPD - Vision	5 41 43		35 29	14	3 6		2
PR – CPD - Ambulance (Include Air and Ground)	39 33 7		1 21 3	26 1 2	12 11 2		
PR – CPD - Medical (Physical Health not Otherwise Specified)	587 3,172 11,275		50 1,643 4,275	177 507 1,755	327 1,002 3,795	6 1,450	27 20
PR – CPD - Nursing Facilities - Total	2 184 41		108 14	14	1 75 13		1 1
PR – CPD - HCBS	26 677		3 514	20 34	2 127		1 2
PR – CPD - Hospice	401 713		163 451	5	238 91	166	
PR – CPD - Home Health	3			3			
PR – CPD - Behavioral Health Outpatient and Physician	5 644 938		2 456 193	2 1 336	1 184 271	138	3
PR – CPD - Behavioral Health Inpatient	3 183		52	36	3 61	34	
PR – CPD - Out of network provider, specialist or specific provider	1,175 2,656		124 920	346	1,045 1,159	231	6
PR – CPD - Radiology	21 707 1,197		3 371 366	8 113 267	8 223 326	1 238	1
PR – CPD - Laboratory	46 1,983 4,207		1 1,284 1,513	6 35 792	29 660 1,227	1 675	9 4
PR – CPD - PT/OT/ST	24 13		17 8		7 4	1	
PR – CPD - Durable Medical Equipment	40 790 2,349		2 352 975	19 7 199	13 417 981	194	6 14
PR – CPD - Other	22 91		10 37	28	12 26		
Total Claim Payment Disputes	1,062 15,666 35,671		104 8,239 12,704	375 817 4,867	517 6,531 12,703	15 5,397	51 79
TOTAL							
ABH - Red	1,062		104	375	517	15	51
SUN – Green	15,666		8,239	817	6,531		79
UHC - Purple	35,671		12,704	4,867	12,703	5,397	

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

MCOs' Provider Reconsiderations Database - Provider Reconsiderations Summary

Provider Reconsideration Reasons ABH - Red SUN – Green UHC - Purple	Number Resolved	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	1,062 15,666 35,671		104 8,239 12,704	375 817 4,867	517 6,531 12,703	15 5,397	51 79
TOTAL	1,062 15,666 35,671		104 8,239 12,704	375 817 4,867	517 6,531 12,703	15 5,397	51 79
Percentage Per Category			10% 53% 36%	35% 5% 14%	49% 42% 36%	1% 14%	5% <1%
Range of Days to Reverse Due to MCO Error			21 – 420 3 – 1,225 1 - 644				

MCOs' Provider Reconsiderations Timeliness Compliance

MCO	ABH	SUN	UHC
% of Provider Reconsideration Resolution Notices Sent Within Compliance Standards	61%/84%	100%	100%

MCOs' Appeals Database - Providers (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	7			4		3	
PA - CNM - Inpatient Admissions (Non-Behavioral Health)	8 16			1 12	7 1		3
PA - CNM - Medical Procedure (NOS)	9 15			2 5	3 6	4	4
PA - CNM - Radiology	2 5			2 2	1	1	1
PA - CNM - Pharmacy	86	8		56	11	4	7
PA - CNM - PT/OT/ST							
PA - CNM - Dental	7			3	3	1	
PA - CNM - Home Health	1 1			1	1		
PA - CNM - Inpatient Behavioral Health	1 4			1 2	1		
PA - CNM - Behavioral Health Outpatient Services and Testing	1 1			1	1		
PA - LOC - LTSS/HCBS	1		1				
PA - CNM - Ambulance (include Air and Ground)	3 15			1 11	2 1		1
PA - CNM - Other	1			1			
NONCOVERED SERVICE							
PA - NCS - Other	3			1	2		
CLAIM DENIAL							
PA – CPD - Hospital Inpatient (Non-Behavioral Health)	61 138 210			1 65 45	26 51 149	13	4 8 16
PA – CPD - Hospital Outpatient (Non-Behavioral Health)	29 179 91			1 57 17	18 96 56	18	1 7 18
PA – CPD - Dental	5			3	2		

	23 11		14	6	9		
PA – CPD - Vision	2 5 10		3 2	1 3	1 2 5		
PA – CPD - Ambulance (Include Air and Ground)	14 8 6			10 4 2	3 4	1	1 3
PA – CPD - Medical (Physical Health not Otherwise Specified)	75 541 286	1	14 17 1	21 268 48	28 196 197	2 35	10 25 39
PA – CPD - Nursing Facilities - Total	7 15		1	1 4	4 10	1	1
PA – CPD - HCBS	1			1			
PA – CPD - Hospice	1 8			2	4		1 2
PA – CPD - Home Health	1 9 73		1	3 15	1 5 42		1 15
PA – CPD - Behavioral Health Outpatient and Physician	72 108	1		21 11	43 96		7 1
PA – CPD - Behavioral Health Inpatient	2 12			1 4	7	1	1
PA – CPD - Out of network provider, specialist, or specific provider	1 2			1	2		
PA – CPD - Radiology	2 55			1 26	1 20	5	4
PA – CPD - Laboratory	34 142 75		1 1	6 25 7	27 93 56	1 22	1 11
PA – CPD - PT/OT/ST	29 4		1	1 1	22 3	4	1
PA – CPD - Durable Medical Equipment	17 41 7			11 18	6 16 4	2	5 3
PA – CPD - Other	1 12 9			5 1	1 2 8	2	3
Total Claim Payment Disputes	271 1,424 927	9 1	16 43 5	106 594 166	126 583 648	3 117	20 78 107
BILLING AND FINANCIAL ISSUES							
PA – BFI - Recoupment	249 3		9	220 1	12 1	3	5 1
TOTAL							
ABH - Red	271		16	106	126	3	20
SUN – Green	1,673	9	52	814	595	120	83
UHC - Purple	930	1	5	167	649		108

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

MCOs' Appeals Database - Provider Appeal Summary

Provider Appeal Reasons ABH - Red SUN – Green UHC - Purple	Number Resolved	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	271 1,673	9	16 52	106 814	126 595	3 120	20 83

	930	1	5	167	649		108
TOTAL	271		16	106	126	3	20
	1,673	9	52	814	595	120	83
	930	1	5	167	649		108
Percentage Per Category			6%	39%	47%	1%	7%
		<1%	3%	49%	36%	7%	5%
		<1%	1%	18%	69%		12%
Range of Days to Reverse Due to MCO Error			51 – 290				
			1-489				
			1-12				

MCO's Provider Appeal Timeliness Compliance

MCO	ABH	SUN	UHC
% of Provider Appeals Resolved in 30 Calendar Days	97%	99%	100%
% of Provider Appeal Resolution Notices Sent Within Compliance Standard	72%/92%	100%	100%

State of Kansas Office of Administrative Fair Hearings – Members

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 Withdrew	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	1	1													
MH – CNM – Pharmacy	9	2			1			6							
MH – CNM – PT/OT/ST	1				1										
MH – CNM – Home Health	1				1										
MH – LOC – LTSS/HCBS	1				1										
MH – LOC – Mental Health	1 1	1							1						
MH – CNM - Other	1								1						
ADMINISTRATIVE DENIALS															
MH – ADMIN – Denials of Authorization (Unauthorized by Members)	1								1						
TOTAL															
ABH - Red	1	1													
SUN - Green	4	1			3										
UHC - Purple	12	2			1			6	3						

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

State of Kansas Office of Administrative Fair Hearings – Providers

ABH - Red SUN - Green UHC - Purple	Number Resolved	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 Withdrew	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)	4	2			2										
PH – CNM – Medical Procedure (NOS)	1	1													
CLAIM DENIAL															
PH - CPD - Hospital Inpatient (Non-Behavioral Health)	2 3 7	2 7	1		1					1					
PH – CPD - Dental	1 1	1			1										
PH - CPD - Medical (Physical Health not Otherwise Specified)	2 1	1			1			1							
PH – CPD - HCBS	1				1										
PH - CPD - Home Health	2				1					1					
PH - CPD - Behavioral Health Outpatient and Physician	4				4										
PH – CPD – Durable Medical Equipment	3 3				3 3										
BILLING AND FINANCIAL ISSUES															
PH - BFI - Recoupment	10 5	4			9			1			1				
TOTAL															
ABH - Red	5	4						1							
SUN – Green	30	2	1		24					3					
UHC - Purple	16	12			3			1							

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

- e. Quality of care: Please see [Section IX](#) “Quality Assurance/Monitoring Activity” below. [The HCBS Quality Review Report for July-September 2020](#) 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 (GCR) pursuant to 42 CFR 438.56 or the KanCare STCs. Most GCR requests were about provider choice, which is not an acceptable reason to switch plans outside of open enrollment. The reduction in GCR requests for the first two months of 2021 was due to the majority of KanCare members being in their annual open enrollment period.

If a GCR is denied by KDHE, the member is given appeal/fair hearing rights. There is one state fair hearing request for a denied GCR scheduled for May 2021. A summary of GCR actions this quarter is as follows:

Status	Jan.	Feb.	Mar.
Total GCRs filed	8	9	26
Approved	1	1	1
Denied	5	4	12
Withdrawn (resolved, no need to change)	1	1	4
Dismissed (due to inability to contact the member)	1	3	7
Pending	0	0	2

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 the 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 6/30/2020	# of Unique Providers as of 9/30/2020	# of Unique Providers as of 12/31/2020	# of Unique Providers as of 3/31/2021
Aetna	40,323	39,494	42,617 [^]	45,106
Sunflower	29,286	30,097	39,670 [^]	41,676
UHC	44,634	44,248	46,278 [^]	44,069

[^]Increases in provider counts reflect revisions subsequent to annual audit and other meetings with MCOs that occurred in Quarter 4, 2020.

- h. Payment rates: Payment rates were updated to reflect utilization experience from January 1, 2018 – December 31, 2019 and to reflect policy changes ([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: Kansas placed seventeen people on HCBS IDD waiver services, and 142 people on HCBS PD waiver services.

- k. Updates on the safety net care pool including DSRIP activities: DSRIP concluded on December 31, 2020. The State will submit the DSRIP Evaluation Design document on May 30, 2021.
- l. Information on any issues regarding the concurrent 1915(c) waivers and on any upcoming 1915(c) waiver changes (amendments, expirations, renewals):
 - The State continues to work with CMS regarding amendments to the seven HCBS waivers, including amendments to performance measures, unbundling Assistive Services, and provisional plans of care.
 - The State is pursuing opportunities for technical assistance offered through CMS.
- m. Legislative activity: The Robert G. (Bob) Bethell Joint Committee on Home and Community Based Services and KanCare Oversight met February 19, 2021. The Committee heard presentations from individuals, providers, and organizations related to KanCare, KDHE and KDADS.

KDADS presented information on the state hospitals including lifting the moratorium at Osawatomie State Hospital and updates on Larned State Hospital recruitment and retention of staff. KDADS provided updates on Nursing Homes including COVID 19 updates and visitation guidelines, antipsychotic drugs, and nursing facility receivership. KDADS also provided updates on the HCBS waiting lists, HCBS Final Rule, the PACE Program, and PRTFs. The Committee also heard from the KanCare Ombudsman and the Medicaid Inspector General. Each MCO also provided information about their operations.

The Kansas Legislature returned on January 11, 2021. KDADS presented to several legislative committees including Senate Ways and Means, House Appropriations, House Social Service Budget Committee, Senate Public Health and Welfare, House Health and Human Services, and House Children and Seniors. Topics included Nursing Homes, HCBS Programs, Mental Health Programs, State Hospitals, and Budget updates. Specific issues covered were Mental Health Modernization and Reform, 988 Hotline, Certified Community Behavioral Health Clinics (CCBHC), Executive Reorganization Order (ERO), PACE, State Hospital salaries and Moratorium, and COVID updates.

KDHE Secretary, Dr. Lee Norman, State Medicaid Director Sarah Fertig, and Director of Medicaid Operations Christiane Swartz from KDHE presented their respective updates. Dr. Norman covered infection prevention in beneficiaries and caregivers, vaccine delivery and use – COVID 19 and influenza, COVID-19 testing and therapeutics, hospital capacity management, patient referral and transfer along with retail and LTC pharmacy programs. Sarah Fertig gave a KanCare program update. Christiane Swartz gave updates on eligibility, Medicaid eligibility applications update, KDHE Clearinghouse staffing, and the Clearinghouse contract.

KDHE eligibility workers continue to delay annual reviews in order to not discontinue eligibility during the PHE. The only exceptions for eligibility discontinuation are the person is no longer a Kansas resident, dies, or voluntarily withdraws from the Medicaid program. This process will remain in place for Kansas to continue to receive the enhanced FMAP of 6.2% for Medicaid and 4.34% increased federal participation for CHIP through the termination of the Public Health Emergency.

Overview of other changes made to the Medicaid program during the PHE:

- Applicants and beneficiaries have an additional 120 days to request a fair hearing, if the original 33-day deadline falls between March 2020 and the end of the Public Health Emergency

- Remove all cost sharing for testing/treatment of COVID for KanCare members
- Allow for greater flexibility of day service location for HCBS members
- Services can be rendered in home by a family member, with reimbursement to the family member
- Allow for out of state, non-KanCare providers to provide services in Kansas
- Suspend PASRR Level 1 and Level 2 requirements for 30 days
- Temporarily cease all physical visits from MCOs to providers/members
- Allow for early refill of maintenance prescriptions; increase level of pharmacy delivery and mail order availability

KDHE’s legislative activity covered a broad range of topics. The House and Senate have been working on legislation to create Certified Community Behavioral Health Clinics (CCBHCs.) HB 2254 was passed removing the monetary cap on irrevocable prearranged funeral arrangements. This bill will positively impact Medicaid eligibility. Additional activity includes SB 175 which creates the licensure of rural emergency hospitals. The House held a hearing on HB 2046 that would increase I/DD rates over the next several years. Testimony was given from proponents, opponents, and neutral parties on HB 2184, which is the legislation on medical marijuana and Medicaid expansion.

Providers are regularly updated through the Kansas Medical Assistance Program (KMAP) website of changes made to the program. A special page titled “COVID-19 KMAP Providers Information Page³” was added to assist providers as a ‘one-stop location’ for bulletins, phone numbers, and links to online resources.

- n. Other Operational Issues: Eligibility workers continue alternative work schedules. Staff work from home and work in the office on alternate days and times to control the spread of COVID-19. This effort has resulted in keeping staff safe and Medicaid applications processed timely.

V. Policy Developments/Issues

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

VI. Financial/Budget Neutrality Development/Issues

Budget neutrality: The State has updated the Budget Neutrality template provided by CMS and has submitted this through the PMDA system. The expenditures contained in the document reconcile to Schedule C from the CMS 64 report for QE 3/31/2021.

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

³ <https://www.kmap-state-ks.us/Documents/Content/Provider/COVID%2019%20.pdf>

VII. Member Month Reporting

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

DY MEG	Member Months			
	Jan-21	Feb-21	Mar-21	TOTAL QE 3/31/2021
DY1 CY2013	0	(49)	(31)	(80)
MEG 1 - ABD/SD DUAL	0	0	0	0
MEG 2 - ABD/SD NON DUAL	0	(49)	(24)	(73)
MEG 3 - ADULTS	0	0	0	0
MEG 4 - CHILDREN	0	0	(7)	(7)
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	(98)	(36)	(134)
MEG 1 - ABD/SD DUAL	0	0	0	0
MEG 2 - ABD/SD NON DUAL	0	(98)	(24)	(122)
MEG 3 - ADULTS	0	0	0	0
MEG 4 - CHILDREN	0	0	(12)	(12)
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	0	(219)	(63)	(282)
MEG 1 - ABD/SD DUAL	0	0	0	0
MEG 2 - ABD/SD NON DUAL	0	(211)	(46)	(257)
MEG 3 - ADULTS	0	(2)	(1)	(3)
MEG 4 - CHILDREN	0	(6)	(16)	(22)
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
DY4 CY2016	0	(436)	(246)	(682)
MEG 1 - ABD/SD DUAL	0	0	(2)	(2)
MEG 2 - ABD/SD NON DUAL	0	(383)	(87)	(470)
MEG 3 - ADULTS	0	(29)	(61)	(90)
MEG 4 - CHILDREN	0	(24)	(70)	(94)
MEG 5 - DD WAIVER	0	0	0	0
MEG 6 - LTC	0	0	(14)	(14)
MEG 7 - MN DUAL	0	0	0	0
MEG 8 - MN NON DUAL	0	0	(12)	(12)
MEG 9 - WAIVER	0	0	0	0
DY5 CY2017	0	(700)	(590)	(1,290)
MEG 1 - ABD/SD DUAL	0	0	(16)	(16)
MEG 2 - ABD/SD NON DUAL	0	(628)	(219)	(847)
MEG 3 - ADULTS	0	(36)	(167)	(203)
MEG 4 - CHILDREN	0	(30)	(125)	(155)

MEG 5 - DD WAIVER	0	0	0	0
MEG 6 - LTC	0	(6)	(46)	(52)
MEG 7 - MN DUAL	0	0	(7)	(7)
MEG 8 - MN NON DUAL	0	0	(10)	(10)
MEG 9 - WAIVER	0	0	0	0
DY6 CY2018	0	(817)	(654)	(1,471)
MEG 1 - ABD/SD DUAL	0	0	(34)	(34)
MEG 2 - ABD/SD NON DUAL	0	(727)	(228)	(955)
MEG 3 - ADULTS	0	(42)	(207)	(249)
MEG 4 - CHILDREN	0	(36)	(125)	(161)
MEG 5 - DD WAIVER	0	0	(3)	(3)
MEG 6 - LTC	0	(12)	(37)	(49)
MEG 7 - MN DUAL	0	0	(5)	(5)
MEG 8 - MN NON DUAL	0	0	(15)	(15)
MEG 9 - WAIVER	0	0	0	0
DY7 CY2019	(13)	(1,365)	(260)	(1,638)
MEG 1 - ABD/SD DUAL	38	31	46	115
MEG 2 - ABD/SD NON DUAL	(62)	(1,251)	(157)	(1,470)
MEG 3 - ADULTS	(3)	(79)	(93)	(175)
MEG 4 - CHILDREN	14	(53)	(23)	(62)
MEG 5 - DD WAIVER	0	0	0	0
MEG 6 - LTC	2	(13)	(19)	(30)
MEG 7 - MN DUAL	3	3	16	22
MEG 8 - MN NON DUAL	(5)	(5)	(21)	(31)
MEG 9 - WAIVER	0	2	(9)	(7)
DY8 CY2020	366,937	5,914	3,444	376,295
MEG 1 - ABD/SD DUAL	16,196	886	614	17,696
MEG 2 - ABD/SD NON DUAL	31,154	(435)	223	30,942
MEG 3 - ADULTS	55,308	1,546	818	57,672
MEG 4 - CHILDREN	226,044	3,595	1,582	231,221
MEG 5 - DD WAIVER	9,086	10	(6)	9,090
MEG 6 - LTC	21,135	186	77	21,398
MEG 7 - MN DUAL	2,439	116	148	2,703
MEG 8 - MN NON DUAL	1,075	29	12	1,116
MEG 9 - WAIVER	4,500	(19)	(24)	4,457
DY9 CY2021	0	363,638	370,974	734,612
MEG 1 - ABD/SD DUAL	0	15,475	15,770	31,245
MEG 2 - ABD/SD NON DUAL	0	30,609	31,095	61,704
MEG 3 - ADULTS	0	55,179	57,182	112,361
MEG 4 - CHILDREN	0	225,110	229,963	455,073
MEG 5 - DD WAIVER	0	9,065	9,024	18,089
MEG 6 - LTC	0	20,481	20,282	40,763
MEG 7 - MN DUAL	0	2,172	2,123	4,295
MEG 8 - MN NON DUAL	0	975	955	1,930
MEG 9 - WAIVER	0	4,572	4,580	9,152
Grand Total	366,924	365,868	372,538	1,105,330

Note: Totals do not include CHIP or MCHIP.

VIII. Consumer Issues

A summary of the consumer issues is below:

Issue	Resolution	Action Taken to Prevent Further Occurrences
Due to the Public Health Emergency (PHE) related to COVID, consumers who had previously met their Spend Down will continue to show as met until the PHE is over. There were some consumers whose Spend Down did not show as met during the new base period.	When the MCO(s) identified any consumers where the new base period did not show the Spend Down was met even though it was met during a previous base period during the PHE they submitted specific cases to the state on a weekly report to the State to be corrected.	The State has provided training/bulletins to eligibility staff to ensure that all cases going forward are processed appropriately to reduce consumer concerns during the PHE.
One MCO was applying the HCBS Client Obligation to the Nursing Facility when a consumer went in as a Temporary Care situation. Since HCBS Client Obligation is assigned to a specific HCBS provider on the Service Plan, assigning it to a Nursing Facility when the consumer is temporarily in a facility is inappropriate.	The MCO corrected claim(s) that they processed applying the Client Obligation to the temporary Nursing Facility to pay in full.	The MCO updated all claims processors and ensure updated training for all claims staff to prevent this from occurring in the future.

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.

The State participated in the following activities:

- Ongoing automated report management, review, and feedback occurred between the State and the MCOs. Reports from the MCOs consist of a wide range of data reported on standardized templates. State administration of the site transitioned to the External Quality Review (EQR) audit team. The State is preparing to add Provider Satisfaction Survey results to the Report Administration system. This would include MCO submission of survey tools and methodology for State approval prior to survey implementation. These changes have been approved by the State and the MCOs and are pending contract amendment approval from CMS.
- Specific templates were developed for reporting key components of performance for the KanCare program through cross-agency and MCO collaboration. 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. The team identified gaps in reporting contract requirements and reports that could improve the quality of data reported. Staff has identified data points that can be automated, creating new reporting and policy where gaps have been found.
- Monitored the External Quality Review Organization (EQRO) work plan. Kansas Foundation for Medical Care, the State's EQRO, and the State developed a tool to track EQRO, State, and MCO deliverables due dates. The tool is updated daily by KFMC and distributed to the State and MCOs quarterly. The State uses this mechanism to prepare for upcoming due dates. Staff modified this document to clarify due dates for annual technical report and related sub-reports.
- Performance Improvement Projects (PIP) updates include continued system design with the EQRO to collect reports specific to PIPs. There is a clear pattern of decreasing visits for preventive care emerging because of COVID-19. The State continued to receive data from UHC, ABHKS, and SHP related to each MCOs' PIPs. Adjustments continue for interventions which, as originally written, required face to face contact with members or providers, revising these to be compliant with COVID restrictions. State and MCOs made decision to end the HPV collaborative PIP and transition to a COVID-19 Vaccine collaborative PIP which targets those members who are resistant to the vaccine or have obstacles to receiving the vaccine. A decision was also made for UHC to end their Prenatal PIP because HEDIS rates showed that improvement was not a priority in this area. UHC is transitioning to Antidepressant Medication Management (AMM) PIP, an area the team felt improvement can be made. PIP meetings occurred in January and February where the State, EQRO and MCO had in-depth discussions related to PIP concerns and enhancements.
- A member-friendly table of all the MCOs' PIPs, with a simplified description of their interventions, was added to the KanCare website⁴. KDHE developed a table that includes more technical information and highlights the change being piloted with each intervention. Both of these documents are being updated to reflect UHC changing their PPC PIP to AMM PIP and the Collaborative HPV PIP ending, and the COVID-19 Vaccine PIP replacement. Once these changes are in place, the new versions will be posted.
- Meeting occurred with the EQRO, MCOs, KDADS, and KDHE in January to discuss EQRO activities and concerns. KDHE has also instituted a monthly, informal meeting with KFMC to touch base on activities.

⁴ <https://www.kancare.ks.gov/policies-and-reports/quality-measurement>

- The State’s MCO Annual Contract Review findings process provides the MCOs fourteen days to reply to the first draft with errors, omissions, or reconsiderations before the final findings are delivered. The State team reviews this reply, making adjustments as needed, then returning the final findings. The MCOs then have 30 days in which to submit a remediation plan for any finding Partially Met or below. Draft 2020 Annual Contract Review findings were delivered to the MCOs. The State received several reconsideration requests which are in the re-review process. A summary of the 2020 findings will be provided in a future report to CMS.
- The State team is developing a survey to improve the contract review process through a collaborative effort with MCOs, KDADS, and KDHE. Implementation of improvements will occur with the 2021 Annual Contract Review.
- Medicaid Fraud Control Unit monthly meetings were held with the Attorney General’s office to address fraud, waste, 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. Leadership from KDADS, KDHE and the three MCOs meet monthly to discuss issues and improvements to KanCare.
- Monitored large, global system issues through a weekly log issued to all MCOs and the State’s fiscal agent. The resulting log is posted on the KanCare website for providers and other interested parties. Continued monthly meetings to discuss trends and progress.
- Monitored member or provider specific issues through a tracking database that is shared with MCOs and KDADS for weekly review.
- Attended various provider training and workshops presented by the MCOs. Monitored for accuracy, answer questions as needed.
- The State discussed further improvements to the Network Adequacy section of the KanCare website during first quarter to make it more member/user friendly.
- Began work to revise the 2018 QMS and plan collaboration meetings with KDHE and KDADS staff to revise and update the goals and objectives. Began a project to pilot the stratification of four HEDIS measures to attempt to highlight if any health disparities exist. Data was requested from the MCOs in the first quarter. The State decided to use the EQRO to complete a review of the effectiveness of the July 2018 QMS. This evaluation will be included in the revised QMS. The State plans to incorporate recommendations from this evaluation in the revised QMS.
- 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 each of the approved HCBS waivers. The MCOs contracted with Averifi to serve as a single vendor to conduct HCBS Provider Qualification audits.
- 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. HCBS performance measures were reported to CMS via the 372-reporting process for five of the seven HCBS waivers during this reporting period. 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 Provider Network team is improving the feedback report to make it more readable, update the information, and provide clarity. The State has found SQL coding errors from the program used to create this report. These issues are delaying this project. The team’s goal is to implement the coding fixes prior to next quarter’s report. The State continued to provide individualized feedback to MCOs to improve accuracy of mapped providers and HCBS provider reporting. The State team has been working on improvements to the Access and Availability Report, the NEMT report, the feedback report, mapping formats, Non-Participating Provider Reliance Report, and a HCBS Service Delivery Report. The team continues to match the MCOs’ reports against additional data sources to give a clearer picture of the reports’ accuracy and completeness. For example, the State worked this quarter to verify all data points (name, NPI, KMAP ID, taxonomy, etc.) for all acute care hospitals.

Mapping improvements continued with the addition of a new data analyst and partnering with KDHE Department of Administration, the team developed an automated procedure, using ArcGIS Pro, to map providers based on the MCOs provider network report submissions. The State utilizes the maps for comparing the GeoAccess map that the MCO submits, finding errors, omissions, or verify gaps in coverage. This process ran smoothly with the network data submitted in quarter one. The State decided to attempt to map HCBS providers and the number of members per waiver in each county. The State created mock-ups, presented to leadership for direction and began

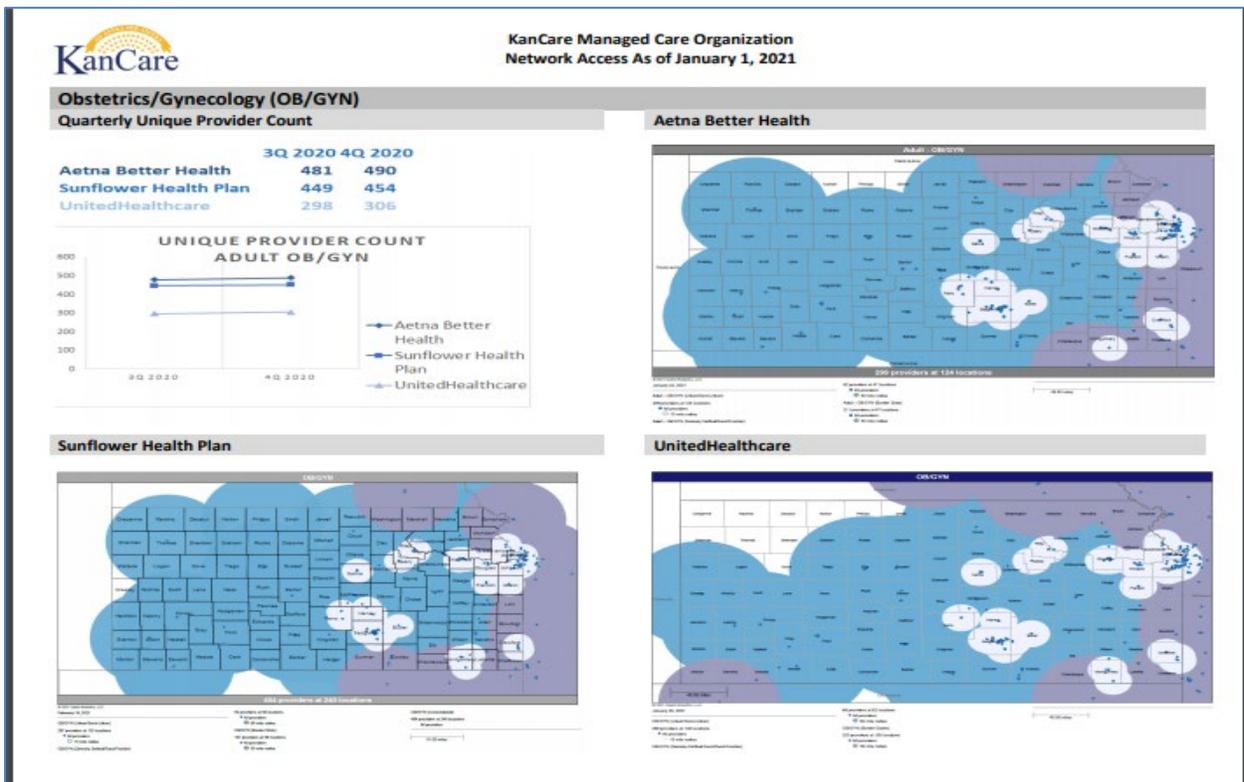
work to write a script for this project. Most HCBS service providers travel to the member. Because there is a potential for privacy violations, these maps are not shared publicly, but are used for internal analysis of network adequacy. This work will continue into next quarter.

MCOs submitted exception requests for OBGYNs. MCOs have begun to close these gaps, by adding new providers and documenting activities to close any remaining gaps. MCOs were also sent exception requests for allergists and gastroenterologists. The MCOs will research these gaps and will submit plans for addressing them next quarter. Updates are provided in the Access and Availability reports each quarter until the gaps are closed.

KDHE and KDADS GeoAccess standards are posted on our KanCare website.

- Reports and Maps: This report pulls together a mapped provider report from each MCO and provides a side-by-side comparison of the access maps for each plan by specialty as well as a trending graph for each provider type being mapped.
- Network and GeoAccess History: Includes historical standards, reports, and maps.

Examples of maps mentioned in this report are below. The full complement of maps is available on the KanCare Network Adequacy Reporting website⁵.



⁵ <https://www.kancare.ks.gov/policies-and-reports/network-adequacy>



**KanCare Managed Care Organization
Network Access as of January 1, 2021**

Hospitals

Quarterly Unique Provider Count

	3Q 2020	4Q 2020
Aetna Better Health	151	148
Sunflower Health Plan	194	200
UnitedHealthCare	110	112

UNIQUE PROVIDER COUNT HOSPITAL



Aetna Better Health



Sunflower Health Plan



UnitedHealthcare



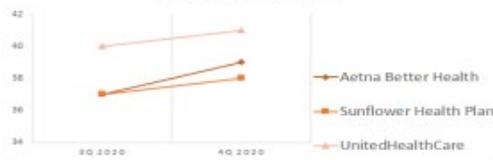
**KanCare Managed Care Organization
Network Access as of January 1,
2021**

Allergy

QUARTERLY COUNT TREND

	3Q 2020	4Q 2020
Aetna Better Health	37	39
Sunflower Health Plan	37	38
UnitedHealthCare	40	41

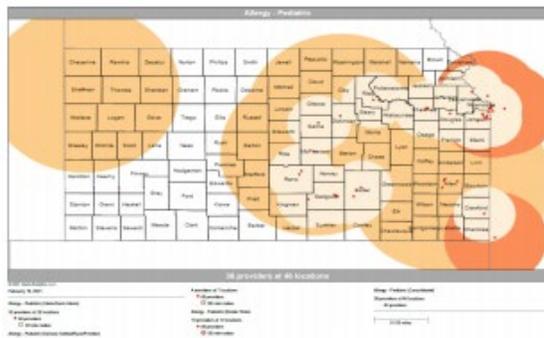
**UNIQUE PROVIDER COUNT
PEDIATRIC ALLERGY**



Aetna Better Health



Sunflower Health Plan



UnitedHealthcare

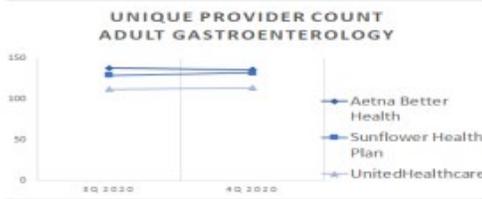




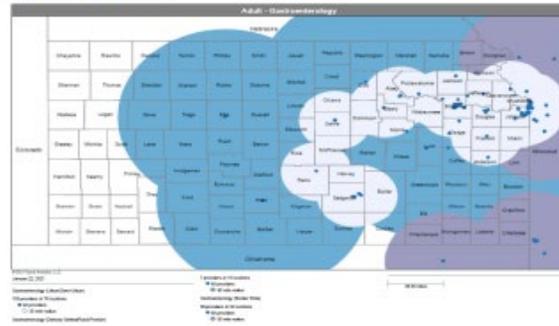
Gastroenterology

Quarterly Unique Provider Count

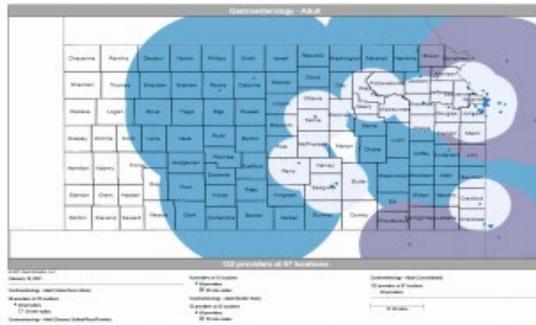
	3Q 2020	4Q 2020
Aetna Better Health	138	136
Sunflower Health Plan	129	132
UnitedHealthcare	112	114



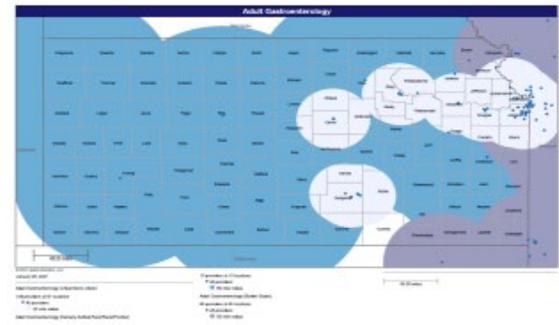
Aetna Better Health



Sunflower Health Plan



UnitedHealthcare



- 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 2021:

KanCare Customer Service Report – Member

MCO/Fiscal Agent	Average Speed of Answer (Seconds)	Call Abandonment Rate	Total Calls
Aetna	85.74	7.2%	37,459
Sunflower	23.18	1.80%	31,432
United	17.36	.72%	33,147
Gainwell – Fiscal Agent	12	1.05%	5,955

KanCare Customer Service Report - Provider

MCO/Fiscal Agent	Average Speed of Answer (Seconds)	Call Abandonment Rate	Total Calls
Aetna	2.2	.71%	16,416
Sunflower	18.11	2.04%	24,391
United	15.75	.72%	19,065
Gainwell – Fiscal Agent	20.33	2.72%	5,827

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

MCOs' Grievance Trends Members

Aetna Member Grievances:

- There was an increase of 10 for Access to Service or Care from 3 reported fourth quarter CY2020 to 13 reported first quarter CY2021.

Aetna Grievance Trends		
Total # of Resolved Grievances	46	
Top 5 Trends		
Trend 1: Access to Service or Care	13	28%
Trend 2: Transportation – Other	8	17%
Trend 3: Customer Service	4	9%

Sunflower Member Grievances:

- There was an increase of 11 for Transportation – Other from 19 reported fourth quarter CY2020 to 30 reported first quarter CY2021.
- There was an increase of 14 for Transportation – No Show from 13 reported fourth quarter CY2020 to 27 reported first quarter CY2021.

Sunflower First Quarter Grievance Trends		
Total # of Resolved Grievances	134	
Top 5 Trends		
Trend 1: Transportation – Other	30	22%
Trend 2: Transportation – No Show	27	20%
Trend 3: Transportation – Late	22	16%
Trend 4: Quality of Care (non HCBS Providers)	13	10%
Trend 5: Billing/Financial Issues (non-Transportation)	9	7%

United Member Grievances:

- There was an increase of 48 for Billing/Financial Issues (non-Transportation) from 75 reported fourth quarter CY2020 to 123 reported first quarter CY2021.
- There was a decrease of 11 for Quality of Care (non HCBS Providers) from 33 reported fourth quarter CY2020 to 22 reported first quarter CY2021.
- There was a decrease of 11 for Transportation - Other from 33 reported fourth quarter CY2020 to 22 reported first quarter CY2021.
- There was a decrease of 68 for Access to Service or Care from 86 reported fourth quarter CY2020 to 18 reported first quarter CY2021.

United Grievance Trends		
Total # of Resolved Grievances	311	
Top 5 Trends		
Trend 1: Billing/Financial Issues (non-Transportation)	123	40%
Trend 2: Transportation – No Show	33	11%
Trend 3: Quality of Care (non HCBS Providers)	22	7%
Trend 4: Transportation – Other	22	7%
Trend 5: Access to Service or Care	18	6%

MCOs' Grievance Trends Provider

Aetna Grievance Trends		
Total # of Resolved Grievances	3	
Top 5 Trends		
Trend 1: Billing/Payment	2	67%
Trend 2: Other – Dissatisfaction with MCO Associate	1	33%

Sunflower Grievance Trends		
Total # of Resolved Grievances	10	
Top 5 Trends		
Trend 1: Transportation	5	50%
Trend 2: Billing/Payment	1	10%
Trend 3: Wrong Information	1	10%
Trend 4: UM	1	10%
Trend 5: Pharmacy / Services	1	10%

United Grievance Trends		
Total # of Resolved Grievances	8	
Top 5 Trends		
Trend 1: Transportation	8	100%

MCOs' Reconsideration Trends Provider

Aetna Provider Reconsiderations

- There was an increase of 230 for PR – CPD – Medical (Physical Health not Otherwise Specified) from 357 reported fourth quarter CY2020 to 587 reported first quarter CY2021.
- There was an increase of 67 for PR – CPD – Hospital Outpatient (Non-Behavioral Health) from 96 reported fourth quarter CY2020 to 163 reported first quarter CY2021.
- There was a decrease of 27 for PR – CPD – Laboratory from 73 reported fourth quarter CY2020 to 46 reported first quarter CY2021.
- There was a decrease of 15 for PR – CPD – Durable Medical Equipment from 55 reported fourth quarter CY2020 to 40 reported first quarter CY2021.

Aetna Provider Reconsideration Trends		
Total # of Resolved Reconsiderations	1,062	
Top 5 Trends		
Trend 1: PR – CPD – Medical (Physical Health not Otherwise Specified)	587	55%
Trend 2: PR – CPD – Hospital Outpatient (Non-Behavioral Health)	163	15%
Trend 3: PR – CPD – Hospital Inpatient (Non-Behavioral Health)	114	11%
Trend 4: PR – CPD – Laboratory	46	4%
Trend 5: PR – CPD – Durable Medical Equipment	40	4%

Sunflower Provider Reconsiderations

- There was an increase of 545 for PR – CPD – Hospital Outpatient (Non-Behavioral Health) from 3,493 reported fourth quarter CY2020 to 4,038 reported first quarter CY2021.
- There was a decrease of 125 for PR – CPD – Medical (Physical Health not Otherwise Specified) from 3,297 reported fourth quarter CY2020 to 3,172 reported first quarter CY2021.
- There was an increase of 192 for PR – CPD – Laboratory from 1,791 reported fourth quarter CY2020 to 1,983 reported first quarter CY2021.
- There was a decrease of 129 for PR – CPD – Hospital Inpatient (Non-Behavioral Health) from 1,902 reported fourth quarter CY2020 to 1,773 reported first quarter CY2021.
- There was a decrease of 420 for PR – CPD – Out of network provider, specialist, or specific provider from 1,595 reported fourth quarter CY2020 to 1,175 reported first quarter CY2021.

Sunflower Provider Reconsideration Trends		
Total # of Resolved Reconsiderations	15,666	
Top 5 Trends		
Trend 1: PR – CPD – Hospital Outpatient (Non-Behavioral Health)	4,038	26%

Trend 2: PR – CPD – Medical (Physical Health not Otherwise Specified)	3,172	20%
Trend 3: PR – CPD – Laboratory	1,983	13%
Trend 4: PR – CPD – Hospital Inpatient (Non-Behavioral Health)	1,773	11%
Trend 5: PR – CPD – Out of network provider, specialist or specific provider	1,175	8%

United Provider Reconsiderations

- There was an increase of 622 for PR – CPD – Medical (Physical Health not Otherwise Specified) from 10,653 reported fourth quarter CY2020 to 11,275 reported first quarter CY2021.
- There was an increase of 5,583 for PR – CPD – Hospital Inpatient (Non-Behavioral Health) from 588 reported fourth quarter CY2020 to 6,171 reported first quarter CY2021.
- There was an increase of 2,450 for PR – CPD – Hospital Outpatient (Non-Behavioral Health) from 3,337 reported fourth quarter CY2020 to 5,787 reported first quarter CY2021.
- There was an increase of 596 for PR – CPD – Laboratory from 3,611 reported fourth quarter CY2020 to 4,207 reported first quarter CY2021.
- There was a decrease of 3,468 for PR – CPD – Out of network provider, specialist, or specific provider from 6,124 reported fourth quarter CY2020 to 2,656 reported first quarter CY2021.

United Provider Reconsideration Trends		
Total # of Resolved Reconsiderations	35,671	
Top 5 Trends		
Trend 1: PR – CPD – Medical (Physical Health not Otherwise Specified)	11,275	32%
Trend 2: PR – CPD – Hospital Inpatient (Non-Behavioral Health)	6,171	17%
Trend 3: PR – CPD – Hospital Outpatient (Non-Behavioral Health)	5,787	16%
Trend 4: PR – CPD – Laboratory	4,207	12%
Trend 5: PR – CPD – Out of network provider, specialist or specific provider	2,656	7%

MCOs' Appeals Trends Member/Provider

Aetna Member Appeals:

- There was a decrease of 20 for MA – CNM – Pharmacy from 78 reported fourth quarter CY2020 to 58 reported first quarter CY2021.

Aetna Provider Appeals:

- There was an increase of 54 for PA – CPD – Medical (Physical Health not Otherwise Specified) from 21 reported fourth quarter CY2020 to 75 reported first quarter CY2021.
- There was an increase of 28 for PA – CPD – Hospital Inpatient (Non-Behavioral Health) from 33 reported fourth quarter CY2020 to 61 reported first quarter CY2021.
- There was an increase of 24 for PA – CPD – Laboratory from 10 reported fourth quarter CY2020 to 34 reported first quarter CY2021.
- There was an increase of 23 for PA – Hospital Outpatient (Non-Behavioral Health) from 6 reported fourth quarter CY2020 to 29 reported first quarter CY2021.

Aetna Member/Provider Appeal Trends					
Total # of Resolved Member Appeals	128		Total # of Resolved Provider Appeals	271	
Top 5 Trends			Top 5 Trends		
Trend 1: MA – CNM – Pharmacy	58	45%	Trend 1: PA – CPD – Medical (Physical Health not Otherwise Specified)	75	28%
Trend 2: MA – CNM – Medical Procedure (NOS)	26	20%	Trend 2: PA – CPD – Hospital Inpatient (Non-Behavioral Health)	61	23%
Trend 3: MA – CNM – Durable Medical Equipment	15	12%	Trend 3: PA – CPD – Laboratory	34	13%

Trend 4: MA – CNM – Radiology	13	10%	Trend 4: PA – CPD – Hospital Outpatient (Non-Behavioral Health)	29	11%
Trend 5: MA – CNM – Inpatient Behavioral Health	7	5%	Trend 5: PA – CPD – Durable Medical Equipment	17	6%

Sunflower Member Appeals:

- There was a decrease of 10 for MA – CNM – Radiology from 59 reported fourth quarter CY2020 to 49 reported first quarter CY2021.
- There was a decrease of 11 for MA – CNM – Durable Medical Equipment from 32 reported fourth quarter CY2020 to 21 reported first quarter CY2021.

Sunflower Provider Appeals:

- There was an increase of 226 for PA – CPD – Medical (Physical Health not Otherwise Specified) from 315 reported fourth quarter CY2020 to 541 reported first quarter CY2021.
- There was an increase of 164 for PA – BFI – Recoupment from 85 reported fourth quarter CY2020 to 249 reported first quarter CY2021.
- There was an increase of 29 for PA – CPD – Hospital Inpatient (Non-Behavioral Health) from 109 reported fourth quarter CY2020 to 138 reported first quarter CY2021.

Sunflower Member/Provider Appeal Trends					
Total # of Resolved Member Appeals	187		Total # of Resolved Provider Appeals	1,673	
Top 5 Trends			Top 5 Trends		
Trend 1: MA – CNM – Radiology	49	26%	Trend 1: PA – CPD – Medical (Physical Health not Otherwise Specified)	541	32%
Trend 2: MA – CNM – Pharmacy	43	23%	Trend 2: PA – BFI – Recoupment	249	15%
Trend 3: MA – CNM – Durable Medical Equipment	21	11%	Trend 3: PA – CPD – Hospital Outpatient (Non-Behavioral Health)	179	11%
Trend 4: MA – CNM – Medical Procedure (NOS)	14	7%	Trend 4: PA – CPD – Laboratory	142	8%
Trend 5: MA – CNM – Other	13	7%	Trend 5: PA – CPD – Hospital Inpatient (Non-Behavioral Health)	138	8%

United Member Appeals:

- There was a decrease of 17 for MA – CNM – Pharmacy from 108 reported fourth quarter CY2020 to 91 reported first quarter CY2021.
- There was a decrease of 17 for MA – CNM – Inpatient Admissions (Non-Behavioral Health) from 43 reported fourth quarter CY2020 to 26 reported first quarter CY2021.

United Provider Appeals:

- There was an increase of 127 for PA – CPD – Medical (Physical Health not Otherwise Specified) from 159 reported fourth quarter CY2020 to 286 reported first quarter CY2021.
- There was a decrease of 23 for PA – CPD – Hospital Inpatient (Non-Behavioral Health) from 233 reported fourth quarter CY2020 to 210 reported first quarter CY2021.
- There was an increase of 69 for PA – CPD – Behavioral Health Outpatient and Physician from 39 reported fourth quarter CY2020 to 108 reported first quarter CY2021.
- There was an increase of 27 for PA – CPD – Hospital Outpatient (Non-Behavioral Health) from 64 reported fourth quarter CY2020 to 91 reported first quarter CY2021.
- There was an increase of 25 for PA – CPD – Laboratory from 50 reported fourth quarter CY2020 to 75 reported first quarter CY2021.

United Member/Provider Appeal Trends					
Total # of Resolved Member Appeals	191		Total # of Resolved Provider Appeals	930	
Top 5 Trends			Top 5 Trends		
Trend 1: MA – CNM – Pharmacy	91	48%	Trend 1: PA – CPD – Medical (Physical Health not Otherwise Specified)	286	31%
Trend 2: MA – CNM – Inpatient Admissions (Non-Behavioral Health)	26	14%	Trend 2: PA – CPD – Hospital Inpatient (Non-Behavioral Health)	210	23%
Trend 3: MA – CNM – Durable Medical Equipment	22	12%	Trend 3: PA – CPD – Behavioral Health Outpatient and Physician	108	12%
Trend 4: MA – CNM – Dental	14	7%	Trend 4: PA – CPD – Hospital Outpatient (Non-Behavioral Health)	91	10%
Trend 5: MA – CNM – Medical Procedure (NOS) / MA – CNM – Out of network provider, specialist or specific provider request	11	6%	Trend 5: PA – CPD – Laboratory	75	8%

MCOs' State Fair Hearing Reversed Decisions - Member/Provider

- There were 17 member state fair hearings for all three MCOs. No decisions were reversed by OAH.
- There were 51 provider state fair hearings for all three MCOs. No decisions were reversed by OAH.

Aetna					
Total # of Member SFH	1		Total # of Provider SFH	5	
OAH reversed MCO decision	0		OAH reversed MCO decision	0	

Sunflower					
Total # of Member SFH	4		Total # of Provider SFH	30	
OAH reversed MCO decision	0		OAH reversed MCO decision	0	

United					
Total # of Member SFH	12		Total # of Provider SFH	16	
OAH reversed MCO decision	0		OAH reversed MCO decision	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 2021 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 Program Integrity continues providing AIR training to Community Service Providers and any interested parties statewide upon request. Access to training materials and contact information to request a training is located on the KDADS website. Along with provider and individual training, KDADS provides updated trainings to the MCOs as requested for new staff and as a refresher to ensure efficient and consistent processes.

AIR is not intended to replace the State reporting system for abuse, neglect, and exploitation (ANE) of individuals who are served on the behavioral health and HCBS programs. ANE substantiations are reported separately to KDADS from the Department of Children and Families (DCF) and monitored by the KDADS program integrity team. The program integrity team ensures individuals with reported ANE are receiving adequate supports and protections available through KDADS programs, KanCare, and other community resources. A summary of the 2021 AIR reports through the quarter ending March 31, 2021 follows:

Critical Incidents	1 st Quarter	2 nd Quarter	3 rd Quarter	4 th Quarter	YTD
	AIR Totals	AIR Totals	AIR Totals	AIR Totals	TOTALS
Reviewed	2,770				2,770
Pending Resolution	92				92
Total Received	2,862				2,862
APS Substantiations*	174				174

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

XI. Safety Net Care Pool

The Safety Net Care Pool (SNCP) is divided into two pools: The Health Care Access Improvement Program (HCAIP) Pool and the Large Public Teaching Hospital/Border City Children’s Hospital (LPTH/BCCH) Pool. The DY 9 first quarter HCAIP UCC Pool payments and the LPTH/BCCH UC Pool payments will be issued in the second quarter.

[SNCP and HCAIP reports for the first quarter of DY 9, are attached to this report.](#)

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

XII. Demonstration Evaluation

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

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

- a. Post-award forums
No post-award forum was held during the January-March 2021 quarter.
- b. Claims Adjudication Statistics
KDHE’s summary of the numerous claims adjudication reports for the KanCare MCOs, covering [January through March 2021](#), are attached.
- c. Waiting List Management
PD Waiting List Management
For the quarter ending March 31, 2021:
- Current number of individuals on the PD Waiting List: 2,168
 - Number of individuals added to the waiting list: 294
 - Number of individuals removed from the waiting list: 252
 - 142 started receiving HCBS-PD waiver services
 - 47 were deceased
 - 63 were removed for other reasons (refused services, voluntary removal, etc.)
- I/DD Waiting List Management
For the quarter ending March 31, 2021:
- Current number of individuals on the I/DD Waiting List: 4,542
 - Number of individuals added to the waiting list: 120
 - Number of individuals removed from the waiting list: 111
 - 17 started receiving HCBS-I/DD waiver services
 - 4 were deceased
 - 90 were removed for other reasons (refused services, voluntary removal, etc.)

XIV. Enclosures/Attachments

Section of Report Where Attachment Noted	Description of Attachment
IV(e)	HCBS Quality Report for July-September 2020
X(e)	Summary of KanCare Ombudsman Activities for QE 03.31.2021
XI	Safety Net Care Pool Reports DY9 Q1 and HCAIP Reports DY9 Q1
XIII(b)	KDHE Summary of Claims Adjudication Statistics for January-March 2021

XV. State Contacts

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VI. Date Submitted to CMS

May 25, 2021



Home and Community Based Services
Long-Term Care Quality Review Report

July-September 2020

April 8, 2021

HCBS Waiver Quality Review Rolling Timeline

	FISC/IT	A&D CSP	MCO/Assessors	A&D CSP	FISC	A&D CSP	A&D CSP
Review Period (look back period)	Samples Pulled and Posted to QRT	Notification to MCO/Assessor Samples Posted	MCO/Assessor Upload Period *(60 days)	Review of MCO/Assessor Documentation *(90 days)	Data Pulled & Reports Compiled** (30 days)	Data & Findings 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

*Per HCBS Waiver Quality Review policy.

**LTC, MCO, and Assessor data and fallout reports will be compiled.

***MCOs/Assessors will receive the data with explanation of findings following the presentation of data to the LTC meeting. They will be given 15 calendar days to respond. No additional documentation will be accepted.

October - December 2019 HCBS Quality Sample			
Waiver	Population Count	Quarterly Sample Size	Completed Reviews
PD	6184	91	90
FE	4942	89	91
IDD	9158	92	92
BI	473	54	54
TA	592	59	59
Autism	52	15	15
SED	3551	87	87

January - March 2020 HCBS Quality Sample			
Waiver	Population Count	Quarterly Sample Size	Completed Reviews
PD	6203	90	90
FE	5046	89	89
IDD	9149	92	91
BI	516	56	55
TA	605	59	58
Autism	49	8	7
SED	3579	87	87

April - June 2020 HCBS Quality Sample			
Waiver	Population Count	Quarterly Sample Size	Completed Reviews
PD	6182	90	91
FE	5271	90	92
IDD	9133	93	97
BI	560	57	60
TA	594	59	60
Autism	56	15	5
SED	3394	86	88

July - September 2020 HCBS Quality Sample			
Waiver	Population Count	Quarterly Sample Size	Completed Reviews
PD	6187	90	91
FE	5521	90	92
IDD	9128	92	95
BI	630	59	61
TA	607	58	60
Autism	62	13	11
SED	3424	86	88

HCBS Quality Review Acronyms

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

Level of Care Performance Measures 1 & 2

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

Level of Care Performance Measure 1

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

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

Denominator: Total number of initial enrolled waiver participants

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

Level of Care Performance Measure 2

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

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

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

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

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: 07/01/2020 - 09/30/2020

Data Source: Quality Review Reports to KDHE

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

Compliance Trends	2013	2014	2015	2016	2017	2018	2019	Jan-Mar 2020	April-June 2020	July - Sept 2020
PD										
Statewide	25%	25%	25%	75%	100%	100%	100%	100%	100%	100%
FE										
Statewide	25%	25%	25%	75%	100%	100%	100%	100%	100%	100%
IDD										
Statewide	25%	25%	25%	75%	100%	100%	100%	100%	100%	100%
BI										
Statewide	25%	25%	25%	75%	100%	100%	100%	100%	100%	100%
TA										
Statewide	25%	25%	25%	75%	100%	100%	100%	100%	100%	100%
Autism										
Statewide	25%	25%	25%	75%	100%	100%	100%	100%	100%	100%
SED										
Statewide	25%	25%	25%	75%	100%	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: 07/01/2020 - 09/30/2020

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

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

Compliance Trends	2013	2014	2015	2016	2017	2018	2019	Jan-Mar 2020	April-June 2020	July - Sept 2020
PD										
Statewide	N/A	100%	100%	100%	N/A	N/A	100%	100%	N/A	N/A
FE										
Statewide	Not a Measure	100%	100%	100%	N/A	N/A	100%	100%	N/A	N/A
IDD										
Statewide	100%	100%	100%	100%	N/A	100%	100%	100%	N/A	N/A
BI										
Statewide	100%	100%	100%	100%	N/A	100%	100%	100%	N/A	N/A
TA										
Statewide	100%	100%	N/A	100%	N/A	100%	100%	100%	N/A	N/A
Autism										
Statewide	100%	100%	N/A	N/A	100%	N/A	100%	100%	N/A	N/A
SED										
Statewide	100%	100%	N/A	N/A	100%	N/A	100%	100%	N/A	N/A

Explanation of Findings:

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: 07/01/2020 - 09/30/2020

Data Source: Presentation of waiver policy changes to KDHE

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

Compliance Trends	2013	2014	2015	2016	2017	2018	2019	Jan-Mar 2020	April-June 2020	July - Sept 2020
PD										
Statewide	N/A	N/A	100%	N/A	100%	100%	N/A	100%	100%	N/A
FE										
Statewide	N/A	N/A	100%	N/A	100%	100%	N/A	100%	100%	100%
IDD										
Statewide	100%	N/A	100%	100%	100%	100%	N/A	100%	100%	100%
BI										
Statewide	100%	N/A	100%	100%	100%	100%	100%	100%	100%	100%
TA										
Statewide	N/A	N/A	N/A	N/A	100%	100%	N/A	100%	100%	100%
Autism										
Statewide	N/A	N/A	N/A	N/A	100%	100%	N/A	100%	100%	N/A
SED										
Statewide	N/A	N/A	N/A	N/A	100%	N/A	N/A	100%	100%	N/A

Explanation of Findings:

Performance measure achieved

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: 07/01/2020 - 09/30/2020

Data Source: Meeting Minutes

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

Compliance Trends	2013	2014	2015	2016	2017	2018	2019	Jan-Mar 2020	April-June 2020	July - Sept 2020
PD										
Statewide	Not a measure	45%	67%	70%	100%	100%	100%	100%	100%	100%
FE										
Statewide	100%	82%	50%	70%	100%	100%	100%	100%	100%	100%
IDD										
Statewide	Not a measure	91%	Not Available	70%	100%	100%	100%	100%	100%	100%
BI										
Statewide	Not a measure	73%	Not Available	70%	100%	100%	100%	100%	100%	100%
TA										
Statewide	Not a measure	64%	Not Available	70%	100%	100%	100%	100%	100%	100%
Autism										
Statewide	Not a measure	91%	100%	70%	100%	100%	100%	100%	100%	100%
SED										
Statewide	Not a measure	100%	Not Available	70%	100%	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: 07/01/2020 - 09/30/2020

Data Source: Functional Assessor Record Review/State Data Systems

Compliance By Waiver	Statewide
PD	92%
Numerator	281
Denominator	307
FE	92%
Numerator	631
Denominator	684
IDD	97%
Numerator	83
Denominator	86
BI	96%
Numerator	87
Denominator	91
TA	96%
Numerator	26
Denominator	27
Autism	100%
Numerator	10
Denominator	10
SED	97%
Numerator	85
Denominator	88

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

Explanation of Findings:

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

Remediation:

Performance Measure achieved. Remediation only on individual case level..

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: 07/01/2020 - 09/30/2020

Data Source: Functional Assessor Record Review/State Data Systems

Compliance By Waiver	Statewide
PD	64%
Numerator	968
Denominator	1522
FE	70%
Numerator	627
Denominator	896
IDD	97%
Numerator	2537
Denominator	2620
BI	65%
Numerator	78
Denominator	120
TA	99%
Numerator	143
Denominator	144
Autism	100%
Numerator	10
Denominator	10
SED	Not a waiver performance measure
Numerator	
Denominator	

Compliance Trends	2013	2014	2015	2016	2017	2018	2019	Jan-Mar 2020	April-June 2020	July - Sept 2020
PD										
Statewide	47%	52%	64%	69%	68%	79%	72%	70%	71%	64%
FE										
Statewide	68%	70%	76%	79%	68%	84%	80%	79%	73%	70%
IDD										
Statewide	97%	74%	75%	77%	78%	97%	98%	99%	97%	97%
BI										
Statewide	39%	50%	62%	65%	62%	70%	70%	64%	66%	65%
TA										
Statewide	94%	90%	86%	96%	93%	99%	100%	99%	99%	99%
Autism										
Statewide	68%	No Data	75%	78%	63%	65%	69%	100%	100%	100%
SED										
Statewide	93%	88%	94%	88%	89%	Not a Measure	Not a Measure	Not a Measure	Not a Measure	Not a Measure

Explanation of Findings:

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

Explanation of Findings for administrative data pull, PD: FE, BI: The individual has not had a functional assessment within the last 365 calendar days or the individual did not have a functional assessment within 365 days of the previous assessment. Re-assessments that fall between 1/27/2020-1/26/2021 have an exception in place through Appendix K Guidance, which could explain some of the cases considered non-compliant utilizing the data pull.

Remediation:

ADRCs and other assessing entities (KVC, CRN, CDDO and CMHC) have indicated continued staff training in their remediation plans. Through these trainings we have identified some improvements in their performance measures pre COVID-19. With COVID-19 there have been some disruption of adequate assessment due to the inability of assessors to visit with waiver participants. KDADS will continue to coordinate with ADRCs and other assessing entities to track why an assessment was not conducted within the 12 months by completing data entry into the KAMIS notes OR by maintaining a spreadsheet. ADRCs and other assessing entities are to provide training within 30 days to remind their assessors of this requirement.

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: 07/01/2020 - 09/30/2020

Data Source: Functional Assessor Record Review

Compliance By Waiver	Statewide
PD	80%
Numerator	72
Denominator	90
FE	94%
Numerator	87
Denominator	93
IDD	100%
Numerator	95
Denominator	95
BI	89%
Numerator	55
Denominator	62
TA	100%
Numerator	57
Denominator	57
Autism	100%
Numerator	10
Denominator	10
SED	97%
Numerator	85
Denominator	88

Compliance Trends	2013	2014	2015	2016	2017	2018	2019	Jan-Mar 2020	April-June 2020	July - Sept 2020
PD										
Statewide	93%	84%	79%	80%	85%	81%	82%	85%	97%	80%
FE										
Statewide	88%	91%	91%	92%	88%	93%	91%	91%	98%	94%
IDD										
Statewide	97%	95%	99%	99%	99%	99%	99%	100%	99%	100%
BI										
Statewide	64%	81%	79%	77%	82%	85%	89%	91%	95%	89%
TA										
Statewide	93%	98%	100%	100%	98%	100%	100%	98%	98%	100%
Autism										
Statewide	88%	No Data	90%	88%	91%	89%	89%	100%	100%	100%
SED										
Statewide	77%	79%	83%	88%	91%	95%	93%	100%	95%	97%

Explanation of Findings:

PD: No current assessment (and did not fall within Appendix K assessment exception timeframe)

Remediation:

ADRCs and other assessing entities (KVC, CRN, CDDO and CMHC) have indicated continued staff training in their remediation plans. Through these trainings we have identified some improvements in their performance measures pre COVID-19. With COVID-19 there have been some disruption of adequate assessment due to the inability of assessors to visit with waiver participants. KDADS will continue to coordinate with ADRCs and other assessing entities to track why an assessment was not conducted within the 12 months by completing data entry into the KAMIS notes OR by maintaining a spreadsheet. ADRCs and other assessing entities are to provide training within 30 days to remind their assessors of this requirement.

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: 07/01/2020 - 09/30/2020

Data Source: Functional Assessor Record Review

Compliance By Waiver	Statewide
PD	80%
Numerator	72
Denominator	90
FE	94%
Numerator	87
Denominator	93
IDD	95%
Numerator	90
Denominator	95
BI	85%
Numerator	53
Denominator	62
TA	100%
Numerator	57
Denominator	57
Autism	100%
Numerator	10
Denominator	10
SED	97%
Numerator	85
Denominator	88

Compliance Trends	2013	2014	2015	2016	2017	2018	2019	Jan-Mar 2020	April-June 2020	July - Sept 2020
PD										
Statewide	19%	68%	81%	80%	84%	81%	81%	84%	80%	80%
FE										
Statewide	24%	86%	91%	92%	88%	92%	91%	91%	91%	94%
IDD										
Statewide	92%	85%	96%	97%	96%	98%	97%	95%	96%	95%
BI										
Statewide	57%	73%	83%	77%	82%	85%	88%	89%	79%	85%
TA										
Statewide	93%	100%	99%	100%	94%	100%	100%	98%	100%	100%
Autism										
Statewide	0%	No Data	57%	68%	85%	89%	89%	100%	92%	100%
SED										
Statewide	99%	71%	88%	86%	90%	94%	93%	100%	95%	97%

Explanation of Findings:

PD: No current assessment (and did not fall within Appendix K assessment exception timeframe)

BI: No current assessment (and did not fall within Appendix K assessment exception timeframe), assessor not on approved list

Remediation:

ADRCs and other assessing entities (KVC, CRN, CDDO and CMHC) have indicated continued staff training in their remediation plans. Through these trainings we have identified some improvements in their performance measures pre COVID-19. With COVID-19 there have been some disruption of adequate assessment due to the inability of assessors to visit with waiver participants.

KDADS will continue to coordinate with ADRCs and other assessing entities to track why an assessment was not conducted within the 12 months by completing data entry into the KAMIS notes OR by maintaining a spreadsheet. ADRCs and other assessing entities are to provide training within 30 days to remind their assessors of this requirement.

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: 07/01/2020 - 09/30/2020

Data Source: Functional Assessor Record Review

Compliance By Waiver	Statewide
PD	81%
Numerator	73
Denominator	90
FE	95%
Numerator	88
Denominator	93
IDD	100%
Numerator	95
Denominator	95
BI	89%
Numerator	55
Denominator	62
TA	100%
Numerator	56
Denominator	56
Autism	100%
Numerator	10
Denominator	10
SED	97%
Numerator	85
Denominator	88

Compliance Trends	2013	2014	2015	2016	2017	2018	2019	Jan-Mar 2020	April-June 2020	April-June 2020
PD										
Statewide	73%	83%	96%	80%	84%	81%	82%	84%	80%	81%
FE										
Statewide	91%	90%	96%	91%	100%	93%	91%	92%	92%	95%
IDD										
Statewide	98%	95%	91%	98%	100%	98%	99%	100%	100%	100%
BI										
Statewide	58%	81%	83%	76%	96%	85%	89%	91%	87%	89%
TA										
Statewide	93%	98%	100%	100%	100%	100%	100%	98%	100%	100%
Autism										
Statewide	89%	No Data	100%	88%	88%	89%	89%	100%	100%	100%
SED										
Statewide	99%	88%	87%	89%	92%	95%	93%	100%	95%	97%

Explanation of Findings:

PD: No current assessment (and did not fall within Appendix K assessment exception timeframe)

Remediation:

ADRCs and other assessing entities (KVC, CRN, CDDO and CMHC) have indicated continued staff training in their remediation plans. Through these trainings we have identified some improvements in their performance measures pre COVID-19. With COVID-19 there have been some disruption of adequate assessment due to the inability of assessors to visit with waiver participants. KDADS will continue to coordinate with ADRCs and other assessing entities to track why an assessment was not conducted within the 12 months by completing data entry into the KAMIS notes OR by maintaining a spreadsheet. ADRCs and other assessing entities are to provide training within 30 days to remind their assessors of this requirement.

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: 07/01/2020 - 09/30/2020

Data Source:

Compliance By Waiver	Statewide
PD	Not a Waiver Performance Measure
Numerator	
Denominator	
FE	Not a Waiver Performance Measure
Numerator	
Denominator	
IDD	Not a Waiver Performance Measure
Numerator	
Denominator	
BI	Not a Waiver Performance Measure
Numerator	
Denominator	
TA	Not a Waiver Performance Measure
Numerator	
Denominator	
Autism	Not a Waiver Performance Measure
Numerator	
Denominator	
SED	92%
Numerator	23
Denominator	25

Compliance Trends	2017	2018	2019	Jan-Mar 2020	April-June 2020	July - Sept 2020
PD						
Not a Waiver Performance Measure						
FE						
Not a Waiver Performance Measure						
IDD						
Not a Waiver Performance Measure						
BI						
Not a Waiver Performance Measure						
TA						
Not a Waiver Performance Measure						
Autism						
Not a Waiver Performance Measure						
SED						
Statewide	No Data	No Data	91%	100%	100%	92%

Explanation of Findings:

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: 07/01/2020 - 09/30/2020

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:

Coordinated work effort continues to be completed during this time period to develop formalized process for auditing provider qualifications, with assistance from KDHE, KDADS and the MCO's.

Remediation:

Each MCO has a process for credentialing newly enrolled providers. In 2020, MCO's launched their process to monitor continued compliance with licensure, certification and training of providers. MCO's have hired a third party to monitor continued compliance with licensure, certification and training of providers.

Additionally, KDADS is working with KDHE to update trainings developed pre-KanCare for SED, AU and BI to assure for accuracy and align with current KanCare practices.

Compliance Trends	2013	2014	2015	2016	2017	2018	2019	Jan-Mar 2020	April-June 2020	July - Sept 2020
PD										
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	0%	No Data	No Data	No Data
Amerigroup				N/A	0%	0%	N/A			
Sunflower		No Data	No Data	N/A	0%	0%	0%			
United				N/A	0%	0%	0%			
Statewide	100%			N/A	0%	0%	0%			
FE										
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	0%	No Data	No Data	No Data
Amerigroup				5%	0%	0%	N/A			
Sunflower		No Data	No Data	30%	0%	0%	0%			
United				N/A	0%	0%	0%			
Statewide	100%			9%	0%	0%	0%			
IDD										
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	0%	No Data	No Data	No Data
Amerigroup				N/A	0%	0%	N/A			
Sunflower		No Data	No Data	N/A	0%	0%	0%			
United				N/A	0%	0%	0%			
Statewide	98%			N/A	0%	0%	0%			
BI										
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	0%	No Data	No Data	No Data
Amerigroup				N/A	0%	0%	N/A			
Sunflower		No Data	No Data	N/A	0%	0%	0%			
United				N/A	0%	0%	0%			
Statewide	91%			N/A	0%	0%	0%			
TA										
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	0%	No Data	No Data	No Data
Amerigroup				N/A	0%	0%	N/A			
Sunflower		No Data	No Data	N/A	0%	0%	0%			
United				N/A	0%	0%	0%			
Statewide	93%			N/A	0%	0%	0%			
Autism										
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	0%	No Data	No Data	No Data
Amerigroup				N/A	0%	0%	N/A			
Sunflower		No Data	No Data	N/A	0%	0%	0%			
United				N/A	0%	0%	0%			
Statewide	100%			N/A	0%	0%	0%			
SED										
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	0%	No Data	No Data	No Data
Amerigroup				N/A	0%	0%	N/A			
Sunflower		No Data	No Data	N/A	0%	0%	0%			
United				N/A	0%	0%	0%			
Statewide	100%			N/A	0%	0%	0%			

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: 07/01/2020 - 09/30/2020

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:

Coordinated work effort continues to be completed during this time period to develop formalized process for auditing provider qualifications, with assistance from KDHE, KDADS and the MCO's.

Remediation:

Each MCO has a process for credentialing newly enrolled providers. In 2020, MCO's launched their process to monitor continued compliance with licensure, certification and training of providers. MCO's have hired a third party to monitor continued compliance with licensure, certification and training of providers. Additionally, KDADS is working with KDHE to update trainings developed pre-KanCare for SED, AU and BI to assure for accuracy and align with current KanCare practices.

Compliance Trends	2013	2014	2015	2016	2017	2018	2019	Jan-Mar 2020	April-June 2020	April-June 2020	July - Sept 2020
PD											
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	0%				N/A
Amerigroup							0%				
Sunflower		No Data	No Data				0%	No Data	No Data	No Data	
United							0%				
Statewide	100%			N/A			0%				
FE											
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	0%				N/A
Amerigroup							5%				
Sunflower		No Data	No Data				30%	No Data	No Data	No Data	
United							N/A				
Statewide	Not a Measure			9%			0%				
IDD											
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	0%				N/A
Amerigroup							0%				
Sunflower		No Data	No Data				0%	No Data	No Data	No Data	
United							0%				
Statewide	98%			N/A			0%				
BI											
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	0%				N/A
Amerigroup							0%				
Sunflower		No Data	No Data				0%	No Data	No Data	No Data	
United							0%				
Statewide	89%			N/A			0%				
TA											
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	0%				N/A
Amerigroup							0%				
Sunflower		No Data	No Data				0%	No Data	No Data	No Data	
United							0%				
Statewide	93%			N/A			0%				
Autism											
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	0%				N/A
Amerigroup							0%				
Sunflower		No Data	No Data				0%	No Data	No Data	No Data	
United							0%				
Statewide	100%			N/A			0%				
SED											
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	0%				N/A
Amerigroup							0%				
Sunflower		No Data	No Data				0%	No Data	No Data	No Data	
United							0%				
Statewide	100%			N/A			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: 07/01/2020 - 09/30/2020

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:

Coordinated work effort continues to be completed during this time period to develop formalized process for auditing provider qualifications, with assistance from KDHE, KDADS and the MCO's.

Remediation:

Each MCO has a process for credentialing newly enrolled providers. In 2020, MCO's launched their process to monitor continued compliance with licensure, certification and training of providers. MCO's have hired a third party to monitor continued compliance with licensure, certification and training of providers. Additionally, KDADS is working with KDHE to update trainings developed pre-KanCare for SED, AU and BI to assure for accuracy and align with current KanCare practices.

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

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: 07/01/2020 - 09/30/2020

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:

Coordinated work effort continues to be completed during this time period to develop formalized process for auditing provider qualifications, with assistance from KDHE, KDADS and the MCO's.

Remediation:

Each MCO has a process for credentialing newly enrolled providers. In 2020, MCO's launched their process to monitor continued compliance with licensure, certification and training of providers. MCO's have hired a third party to monitor continued compliance with licensure, certification and training of providers. Additionally, KDADS is working with KDHE to update trainings developed pre-KanCare for SED, AU and BI to assure for accuracy and align with current KanCare practices.

Compliance Trends	2013	2014	2015	2016	2017	2018	2019	Jan-Mar 2020	April-June 2020	July - Sept 2020
PD										
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	0%	No Data	No Data	No Data
Amerigroup				N/A	0%	0%	N/A			
Sunflower		No Data	No Data	N/A	0%	0%	0%			
United				N/A	0%	0%	0%			
Statewide	75%			N/A	0%	0%	0%			
FE										
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	0%	No Data	No Data	No Data
Amerigroup				5%	0%	0%	N/A			
Sunflower		No Data	No Data	30%	0%	0%	0%			
United				N/A	0%	0%	0%			
Statewide	Not a Measure			9%	0%	0%	0%			
IDD										
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	0%	No Data	No Data	No Data
Amerigroup				N/A	0%	0%	N/A			
Sunflower		No Data	No Data	N/A	0%	0%	0%			
United				N/A	0%	0%	0%			
Statewide	Not a Measure			N/A	0%	0%	0%			
BI										
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	0%	No Data	No Data	No Data
Amerigroup				N/A	0%	0%	N/A			
Sunflower		No Data	No Data	N/A	0%	0%	0%			
United				N/A	0%	0%	0%			
Statewide	88%			N/A	0%	0%	0%			
TA										
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	0%	No Data	No Data	No Data
Amerigroup				N/A	0%	0%	N/A			
Sunflower		No Data	No Data	N/A	0%	0%	0%			
United				N/A	0%	0%	0%			
Statewide	No Data			N/A	0%	0%	0%			
Autism										
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	0%	No Data	No Data	No Data
Amerigroup				N/A	0%	0%	N/A			
Sunflower		No Data	No Data	N/A	0%	0%	0%			
United				N/A	0%	0%	0%			
Statewide	91%			N/A	0%	0%	0%			
SED										
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	0%	No Data	No Data	No Data
Amerigroup				N/A	0%	0%	N/A			
Sunflower		No Data	No Data	N/A	0%	0%	0%			
United				N/A	0%	0%	0%			
Statewide	89%			N/A	0%	0%	0%			

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: 07/01/2020 - 09/30/2020

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:

Coordinated work effort continues to be completed during this time period to develop formalized process for auditing provider qualifications, with assistance from KDHE, KDADS and the MCO's. The State does not have an approved training process in place.

Remediation:

Each MCO has a process for credentialing newly enrolled providers. In 2020, MCO's launched their process to monitor continued compliance with licensure, certification and training of providers. MCO's have hired a third party to monitor continued compliance with licensure, certification and training of providers. Additionally, KDADS is working with KDHE to update trainings developed pre-KanCare for SED, AU and BI to assure for accuracy and align with current KanCare practices.

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

KDADS HCBS Quality Review Report

Service Plan
PM 1: Number and percent of waiver participants whose service plans address participants' goals
Numerator: Number of waiver participants whose service plans address participants' goals
Denominator: Number of waiver participants whose service plans were reviewed
Review Period: 07/01/2020 - 09/30/2020
Data Source: MCO Record Review

Compliance By Waiver	Aetna	Sunflower	United	Statewide
PD	61%	38%	31%	41%
Numerator	14	12	11	37
Denominator	23	32	36	91
FE	50%	36%	18%	32%
Numerator	10	12	7	29
Denominator	20	33	39	92
IDD	38%	24%	48%	34%
Numerator	6	12	14	32
Denominator	16	50	29	95
BI	6%	15%	28%	18%
Numerator	1	3	7	11
Denominator	16	20	25	61
TA	13%	35%	16%	22%
Numerator	2	7	4	13
Denominator	15	20	25	60
Autism	0%	50%	14%	18%
Numerator	0	1	1	2
Denominator	2	2	7	11
SED	11%	9%	24%	15%
Numerator	2	3	8	13
Denominator	19	35	34	88

Explanation of Findings:

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

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

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

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

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

AU: No valid signature and/or date, document containing goals not provided for review

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

Remediation:

The Managed Care Organizations (MCOs) have indicated continued staff training in their remediation plans. Through these trainings Service Coordinators are retrained on process for obtaining and documenting validation of DPOA/Guardianship. Service Coordinators are also retrained on pulling the correct documents for entire audit/review period to ensure appropriate documents are included document uploads.

MCO will continue to complete SP process by telephone or video and began sending SP's to participant via mail with self address envelope so that participant can sign and return SP

With the earlier HCBS Waiver Programs COVID-19 guidance exception now rescinded. KDADS will continue to coordinate with the MCOs to educate their Care Coordinators on how to adequately complete a Person-Centered Service Plan (SP)

United has recently established an approved electronic signature platform. Aetna and Sunflower are in the process of establishing their electronic signature platforms. The ability to accept electronic signatures will help bring the

Compliance Trends	2013	2014	2015	2016	2017	2018	2019	Jan-Mar 2020	April-June 2020	July - Sept 2020
PD										
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	68%	58%	58%	61%
Amerigroup		55%	33%	63%	79%	86%	N/A	N/A	N/A	N/A
Sunflower		57%	64%	59%	81%	78%	86%	84%	47%	38%
United		33%	49%	86%	85%	85%	76%	76%	67%	31%
Statewide	55%	50%	48%	69%	81%	83%	78%	74%	57%	41%
FE										
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	75%	50%	35%	50%
Amerigroup		50%	42%	54%	70%	75%	N/A	N/A	N/A	N/A
Sunflower		56%	51%	75%	79%	73%	86%	69%	64%	36%
United		45%	56%	81%	90%	87%	71%	62%	38%	18%
Statewide	Not a Measure	50%	49%	70%	80%	79%	78%	62%	47%	32%
IDD										
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	60%	42%	81%	38%
Amerigroup		36%	32%	53%	76%	83%	N/A	N/A	N/A	N/A
Sunflower		56%	56%	61%	70%	71%	73%	61%	35%	24%
United		52%	41%	73%	85%	85%	58%	32%	21%	48%
Statewide	99%	49%	45%	62%	75%	78%	67%	49%	38%	34%
BI										
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	43%	42%	47%	6%
Amerigroup		37%	41%	58%	78%	72%	N/A	N/A	N/A	N/A
Sunflower		37%	38%	80%	74%	73%	81%	65%	35%	15%
United		22%	55%	78%	79%	87%	75%	48%	43%	28%
Statewide	44%	34%	43%	68%	77%	75%	71%	53%	42%	18%
TA										
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	78%	69%	71%	13%
Amerigroup		50%	44%	69%	90%	99%	N/A	N/A	N/A	N/A
Sunflower		73%	85%	82%	65%	89%	87%	67%	59%	35%
United		64%	32%	70%	95%	70%	87%	63%	38%	16%
Statewide	93%	61%	54%	73%	83%	90%	85%	66%	53%	22%
Autism										
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	0%	0%	50%	0%
Amerigroup		84%	56%	35%	88%	100%	N/A	N/A	N/A	N/A
Sunflower		47%	50%	50%	30%	33%	62%	100%	100%	50%
United		63%	36%	17%	13%	41%	65%	25%	50%	14%
Statewide	58%	69%	49%	37%	42%	52%	56%	43%	60%	18%
SED										
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	96%	95%	13%	11%
Amerigroup		91%	99%	98%	99%	96%	N/A	N/A	N/A	N/A
Sunflower		92%	95%	87%	98%	96%	95%	93%	22%	9%
United		89%	100%	98%	88%	97%	98%	100%	27%	24%
Statewide	98%	90%	98%	95%	95%	97%	97%	97%	22%	15%

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: 07/01/2020 - 09/30/2020

Data Source: MCO Record Review

Compliance By Waiver	Aetna	Sunflower	United	Statewide
PD	48%	41%	44%	44%
Numerator	11	13	16	40
Denominator	23	32	36	91
FE	55%	48%	36%	45%
Numerator	11	16	14	41
Denominator	20	33	39	92
IDD	25%	40%	41%	38%
Numerator	4	20	12	36
Denominator	16	50	29	95
BI	6%	10%	28%	16%
Numerator	1	2	7	10
Denominator	16	20	25	61
TA	7%	15%	16%	13%
Numerator	1	3	4	8
Denominator	15	20	25	60
Autism	0%	50%	0%	9%
Numerator	0	1	0	1
Denominator	2	2	7	11
SED	11%	9%	24%	15%
Numerator	2	3	8	13
Denominator	19	35	34	88

Explanation of Findings:

PD: Assessment documents and/or service plan not provided or does not cover entire review period, no valid signature and/or date, DPOA/Guardianship document not provided for validation

FE: Assessment documents and/or service plan not provided or does not cover entire review period, no valid signature and/or date, DPOA document not provided for validation

IDD: Assessment documents and/or service plan not provided or does not cover entire review period, no valid signature and/or date, DPOA/Guardianship document not provided for validation

BI: Assessment documents and/or service plan not provided or does not cover entire review period, no valid signature and/or date

TA: Assessment documents and/or service plan not provided or does not cover entire review period, no valid signature and/or date, DPOA/Guardianship document not provided for validation

AU: Assessment documents and/or service plan not provided or does not cover entire review period, no valid signature and/or date

SED: Assessment documents and/or service plan not provided or does not cover

Remediation:

The Managed Care Organizations (MCOs) have indicated continued staff training in their remediation plans. Through these trainings Service Coordinators are retrained on process for obtaining and documenting validation of DPOA/Guardianship. Service Coordinators are also retrained on pulling the correct documents for entire audit/review period to ensure appropriate documents are included document uploads. MCO will continue to complete SP process by telephone or video and began sending SP's to participant via mail with self address envelope so that participant can sign and return SP

With the earlier HCBS Waiver Programs COVID-19 guidance exception now rescinded. KDADS will continue to coordinate with the MCOs to educate their Care Coordinators on how to adequately complete a Person-Centered Service Plan (SP) United has recently established an approved electronic signature platform. Aetna and Sunflower are in the process of establishing their electronic signature platforms. The ability to accept electronic signatures will help bring the Service Plan Measures into compliance.

Compliance Trends	2013	2014	2015	2016	2017	2018	2019	Jan-Mar 2020	April-June 2020	July - Sept 2020
PD										
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	66%	50%	42%	48%
Amerigroup		83%	55%	74%	83%	93%	N/A	N/A	N/A	N/A
Sunflower		90%	56%	63%	83%	77%	86%	94%	63%	41%
United		89%	68%	92%	87%	94%	88%	71%	58%	44%
Statewide	86%	87%	59%	76%	84%	88%	83%	73%	55%	44%
FE										
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	71%	33%	30%	55%
Amerigroup		79%	66%	74%	80%	88%	N/A	N/A	N/A	N/A
Sunflower		90%	53%	73%	75%	76%	86%	72%	67%	48%
United		88%	68%	84%	90%	88%	88%	77%	59%	36%
Statewide	87%	86%	61%	77%	81%	84%	84%	66%	55%	45%
IDD										
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	51%	42%	75%	25%
Amerigroup		85%	67%	64%	77%	83%	N/A	N/A	N/A	N/A
Sunflower		77%	36%	65%	70%	77%	78%	75%	60%	40%
United		72%	47%	78%	91%	90%	78%	57%	48%	41%
Statewide	99%	78%	48%	68%	77%	82%	75%	65%	59%	38%
BI										
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	38%	33%	32%	6%
Amerigroup		67%	48%	65%	78%	75%	N/A	N/A	N/A	N/A
Sunflower		82%	28%	82%	74%	73%	79%	75%	30%	10%
United		70%	62%	80%	79%	84%	82%	52%	33%	28%
Statewide	72%	73%	45%	72%	77%	76%	71%	56%	32%	16%
TA										
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	81%	69%	57%	7%
Amerigroup		93%	58%	70%	88%	98%	N/A	N/A	N/A	N/A
Sunflower		98%	62%	74%	69%	85%	90%	76%	55%	15%
United		97%	58%	79%	92%	84%	91%	75%	25%	16%
Statewide	96%	96%	59%	73%	83%	91%	89%	74%	43%	13%
Autism										
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	0%	0%	0%	0%
Amerigroup		81%	59%	33%	88%	82%	N/A	N/A	N/A	N/A
Sunflower		50%	45%	47%	15%	28%	31%	50%	100%	50%
United		63%	21%	22%	13%	24%	62%	0%	0%	0%
Statewide	59%	68%	46%	36%	37%	39%	44%	14%	20%	9%
SED										
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	56%	86%	13%	11%
Amerigroup		91%	99%	98%	99%	96%	N/A	N/A	N/A	N/A
Sunflower		91%	92%	87%	93%	88%	83%	93%	22%	9%
United		89%	98%	96%	84%	76%	77%	100%	27%	24%
Statewide	92%	90%	97%	94%	92%	87%	76%	94%	22%	15%

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: 07/01/2020 - 09/30/2020

Data Source: MCO Record Review

Compliance By Waiver	Aetna	Sunflower	United	Statewide
PD	48%	47%	44%	46%
Numerator	11	15	16	42
Denominator	23	32	36	91
FE	55%	48%	38%	46%
Numerator	11	16	15	42
Denominator	20	33	39	92
IDD	25%	38%	41%	37%
Numerator	4	19	12	35
Denominator	16	50	29	95
BI	6%	10%	28%	16%
Numerator	1	2	7	10
Denominator	16	20	25	61
TA	7%	15%	16%	13%
Numerator	1	3	4	8
Denominator	15	20	25	60
Autism	0%	50%	0%	9%
Numerator	0	1	0	1
Denominator	2	2	7	11
SED	11%	9%	24%	15%
Numerator	2	3	8	13
Denominator	19	35	34	88

Explanation of Findings:

PD: Assessment documents and/or service plan not provided or does not cover entire review period, no valid signature and/or date, DPOA/Guardianship document not provided for validation

FE: Assessment documents and/or service plan not provided or does not cover entire review period, no valid signature and/or date, DPOA document not provided for validation

IDD: Assessment documents and/or service plan not provided or does not cover entire review period, no valid signature and/or date, DPOA/Guardianship document not provided for validation

BI: Assessment documents and/or service plan not provided or does not cover entire review period, no valid signature and/or date

TA: Assessment documents and/or service plan not provided or does not cover entire review period, no valid signature and/or date, DPOA/Guardianship document not provided for validation

AU: Assessment documents and/or service plan not provided or does not cover entire review period, no valid signature and/or date

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

Remediation:

The Managed Care Organizations (MCOs) have indicated continued staff training in their remediation plans. Through these trainings Service Coordinators are retrained on process for obtaining and documenting validation of DPOA/Guardianship. Service Coordinators are also retrained on pulling the correct documents for entire audit/review period to ensure appropriate documents are included document uploads. MCO will continue to complete SP process by telephone or video and began sending SP's to participant via mail with self address envelope so that participant can sign and return SP. With the earlier HCBS Waiver Programs COVID-19 guidance exception now rescinded, KDADS will continue to coordinate with the MCOs to educate their Care Coordinators on how to adequately complete a Person-Centered Service Plan (SP). United has recently established an approved electronic signature platform. Aetna and Sunflower are in the process of establishing their electronic signature platforms. The ability to accept electronic signatures will help bring the Service Plan Measures into compliance.

Compliance Trends	2013	2014	2015	2016	2017	2018	2019	Jan-Mar 2020	April-June 2020	July - Sept 2020
PD										
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	66%	50%	42%	48%
Amerigroup		90%	44%	73%	81%	94%	N/A	N/A	N/A	N/A
Sunflower		89%	49%	67%	85%	75%	86%	94%	63%	47%
United		96%	67%	90%	88%	95%	86%	71%	58%	44%
Statewide	90%	91%	51%	76%	84%	88%	82%	73%	55%	46%
FE										
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	73%	33%	30%	55%
Amerigroup		92%	55%	75%	82%	89%	N/A	N/A	N/A	N/A
Sunflower		92%	50%	73%	77%	74%	86%	72%	67%	48%
United		95%	70%	82%	88%	91%	88%	74%	59%	38%
Statewide	Not a measure	93%	57%	76%	82%	84%	85%	65%	55%	46%
IDD										
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	51%	42%	75%	25%
Amerigroup		90%	61%	67%	75%	83%	N/A	N/A	N/A	N/A
Sunflower		97%	36%	65%	73%	78%	77%	75%	60%	38%
United		89%	45%	78%	92%	90%	77%	61%	48%	41%
Statewide	99%	93%	46%	69%	78%	83%	74%	66%	59%	37%
BI										
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	40%	42%	32%	6%
Amerigroup		79%	45%	64%	80%	79%	N/A	N/A	N/A	N/A
Sunflower		91%	26%	84%	70%	74%	79%	75%	35%	10%
United		83%	64%	80%	79%	89%	82%	52%	33%	28%
Statewide	84%	84%	43%	72%	78%	79%	72%	58%	33%	16%
TA										
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	81%	69%	57%	7%
Amerigroup		96%	49%	73%	89%	98%	N/A	N/A	N/A	N/A
Sunflower		95%	61%	76%	66%	85%	90%	76%	55%	15%
United		94%	58%	79%	92%	84%	91%	75%	25%	16%
Statewide	96%	96%	54%	75%	83%	91%	89%	74%	43%	13%
Autism										
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	0%	0%	0%	0%
Amerigroup		79%	59%	30%	88%	91%	N/A	N/A	N/A	N/A
Sunflower		61%	45%	47%	15%	28%	31%	100%	100%	50%
United		86%	21%	17%	13%	24%	62%	0%	0%	0%
Statewide	64%	74%	46%	34%	37%	41%	44%	29%	20%	9%
SED										
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	96%	95%	13%	11%
Amerigroup		90%	99%	97%	99%	96%	N/A	N/A	N/A	N/A
Sunflower		89%	95%	87%	98%	97%	95%	93%	22%	9%
United		86%	100%	97%	88%	97%	98%	100%	27%	24%
Statewide	99%	88%	98%	94%	95%	97%	97%	97%	22%	15%

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: 07/01/2020 - 09/30/2020

Data Source: MCO Record Review

Compliance By Waiver	Aetna	Sunflower	United	Statewide
PD	48%	34%	33%	37%
Numerator	11	11	12	34
Denominator	23	32	36	91
FE	45%	42%	21%	34%
Numerator	9	14	8	31
Denominator	20	33	39	92
IDD	25%	26%	31%	27%
Numerator	4	13	9	26
Denominator	16	50	29	95
BI	6%	10%	24%	15%
Numerator	1	2	6	9
Denominator	16	20	25	61
TA	13%	15%	12%	13%
Numerator	2	3	3	8
Denominator	15	20	25	60
Autism	0%	50%	0%	9%
Numerator	0	1	0	1
Denominator	2	2	7	11
SED	11%	9%	24%	15%
Numerator	2	3	8	13
Denominator	19	35	34	88

Explanation of Findings:

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

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

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

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

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

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

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

Remediation:

The Managed Care Organizations (MCOs) have indicated continued staff training in their remediation plans. Through these trainings Service Coordinators are retrained on process for obtaining and documenting validation of DPOA/Guardianship. Service Coordinators are also retrained on pulling the correct documents for entire audit/review period to ensure appropriate documents are included document uploads.

MCO will continue to complete SP process by telephone or video and began sending SP's to participant via mail with self address envelope so that participant can sign and return SP
With the earlier HCBS Waiver Programs COVID-19 guidance exception now rescinded. KDADS will continue to coordinate with the MCOs to educate their Care Coordinators on how to adequately complete a Person-Centered Service Plan (SP)

United has recently established an approved electronic signature platform. Aetna and Sunflower are in the process of establishing their electronic signature platforms. The ability to accept electronic signatures will help bring the Service Plan Measures into compliance.

Compliance Trends	2013	2014	2015	2016	2017	2018	2019	Jan-Mar 2020	April-June 2020	July - Sept 2020
PD										
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	58%	50%	42%	48%
Amerigroup		88%	68%	76%	85%	91%	N/A	N/A	N/A	N/A
Sunflower		87%	69%	73%	87%	77%	86%	88%	44%	34%
United		85%	77%	92%	88%	94%	82%	68%	45%	33%
Statewide	80%	87%	70%	80%	86%	87%	78%	70%	44%	37%
FE										
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	69%	39%	25%	45%
Amerigroup		84%	76%	78%	82%	91%	N/A	N/A	N/A	N/A
Sunflower		88%	61%	84%	86%	76%	86%	72%	58%	42%
United		86%	79%	87%	90%	90%	81%	51%	49%	21%
Statewide	Not a Measure	86%	71%	83%	86%	85%	81%	56%	47%	34%
IDD										
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	47%	42%	75%	25%
Amerigroup		80%	80%	73%	77%	94%	N/A	N/A	N/A	N/A
Sunflower		80%	59%	74%	80%	79%	77%	63%	44%	26%
United		82%	55%	79%	92%	90%	72%	36%	34%	31%
Statewide	98%	81%	64%	75%	82%	83%	71%	52%	46%	27%
BI										
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	43%	42%	32%	6%
Amerigroup		76%	53%	64%	79%	79%	N/A	N/A	N/A	N/A
Sunflower		86%	43%	86%	80%	73%	77%	70%	20%	10%
United		77%	69%	85%	79%	84%	79%	48%	33%	24%
Statewide	64%	80%	53%	74%	80%	78%	71%	55%	28%	15%
TA										
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	70%	62%	50%	13%
Amerigroup		84%	68%	71%	90%	96%	N/A	N/A	N/A	N/A
Sunflower		97%	86%	85%	68%	89%	88%	67%	36%	15%
United		96%	58%	79%	95%	84%	90%	67%	13%	12%
Statewide	No Data	91%	72%	77%	84%	92%	86%	66%	30%	13%
Autism										
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	0%	0%	0%	0%
Amerigroup		74%	59%	35%	88%	91%	N/A	N/A	N/A	N/A
Sunflower		51%	50%	47%	20%	39%	31%	50%	100%	50%
United		65%	29%	17%	13%	35%	65%	0%	0%	0%
Statewide	55%	65%	49%	36%	38%	50%	47%	14%	20%	9%
SED										
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	96%	95%	13%	11%
Amerigroup		92%	99%	98%	99%	96%	N/A	N/A	N/A	N/A
Sunflower		90%	94%	86%	98%	97%	95%	93%	22%	9%
United		87%	98%	97%	88%	95%	98%	100%	27%	24%
Statewide	Not a measure	90%	97%	94%	95%	96%	97%	97%	22%	15%

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: 07/01/2020 - 09/30/2020

Data Source: MCO Record Review

Compliance By Waiver	Aetna	Sunflower	United	Statewide
PD	48%	44%	47%	46%
Numerator	11	14	17	42
Denominator	23	32	36	91
FE	55%	48%	38%	46%
Numerator	11	16	15	42
Denominator	20	33	39	92
IDD	25%	38%	41%	37%
Numerator	4	19	12	35
Denominator	16	50	29	95
BI	6%	10%	28%	16%
Numerator	1	2	7	10
Denominator	16	20	25	61
TA	7%	15%	16%	13%
Numerator	1	3	4	8
Denominator	15	20	25	60
Autism	0%	50%	0%	9%
Numerator	0	1	0	1
Denominator	2	2	7	11
SED	11%	9%	24%	15%
Numerator	2	3	8	13
Denominator	19	35	34	88

Explanation of Findings:

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

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

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

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

TA: No valid signature and/or date, service plan not provided, is incomplete or does not cover entire review period, DPOA/Guardianship document not provided for validation

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

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

Remediation:

The Managed Care Organizations (MCOs) have indicated continued staff training in their remediation plans. Through these trainings Service Coordinators are retrained on process for obtaining and documenting validation of DPOA/Guardianship. Service Coordinators are also retrained on pulling the correct documents for entire audit/review period to ensure appropriate documents are included document uploads.

MCO will continue to complete SP process by telephone or video and began sending SP's to participant via mail with self address envelope so that participant can sign and return SP

With the earlier HCBS Waiver Programs COVID-19 guidance exception now rescinded. KDADS will continue to coordinate with the MCOs to educate their Care Coordinators on how to adequately complete a Person-Centered Service Plan (SP)

United has recently established an approved electronic signature platform. Aetna and Sunflower are in the process of establishing their electronic signature platforms. The ability to accept electronic signatures will help bring the Service

Compliance Trends	2013	2014	2015	2016	2017	2018	2019	Jan-Mar 2020	April-June 2020	July-Sept 2020
PD										
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	68%	58%	46%	48%
Amerigroup		88%	70%	79%	87%	97%	N/A	N/A	N/A	N/A
Sunflower		87%	70%	74%	88%	80%	86%	94%	63%	44%
United		84%	79%	89%	88%	95%	87%	74%	61%	47%
Statewide	Not a Measure	87%	72%	81%	88%	91%	83%	77%	57%	46%
FE										
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	46%	44%	30%	55%
Amerigroup		83%	78%	76%	84%	92%	N/A	N/A	N/A	N/A
Sunflower		86%	60%	83%	87%	78%	65%	72%	64%	48%
United		87%	83%	88%	91%	92%	66%	77%	62%	38%
Statewide	90%	85%	72%	83%	88%	87%	63%	69%	55%	46%
IDD										
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	53%	42%	75%	25%
Amerigroup		84%	76%	73%	76%	85%	N/A	N/A	N/A	N/A
Sunflower		82%	60%	74%	78%	83%	79%	76%	60%	38%
United		88%	51%	79%	93%	90%	78%	57%	48%	41%
Statewide	Not a Measure	84%	63%	75%	81%	85%	76%	66%	59%	37%
BI										
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	40%	42%	32%	6%
Amerigroup		73%	51%	65%	80%	82%	N/A	N/A	N/A	N/A
Sunflower		84%	45%	86%	80%	79%	77%	75%	30%	10%
United		80%	69%	59%	79%	92%	85%	52%	38%	28%
Statewide	Not a Measure	78%	52%	74%	80%	83%	72%	58%	33%	16%
TA										
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	78%	69%	50%	7%
Amerigroup		83%	75%	71%	90%	99%	N/A	N/A	N/A	N/A
Sunflower		97%	86%	84%	68%	89%	90%	81%	50%	15%
United		97%	58%	79%	95%	86%	91%	79%	25%	16%
Statewide	Not a Measure	91%	76%	76%	84%	93%	89%	78%	40%	13%
Autism										
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	17%	0%	0%	0%
Amerigroup		77%	59%	35%	88%	100%	N/A	N/A	N/A	N/A
Sunflower		53%	55%	50%	15%	44%	69%	100%	100%	50%
United		71%	36%	17%	6%	47%	65%	0%	50%	0%
Statewide	Not a Measure	69%	52%	37%	35%	59%	60%	29%	40%	9%
SED										
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	93%	95%	13%	11%
Amerigroup		92%	98%	97%	97%	97%	N/A	N/A	N/A	N/A
Sunflower		90%	95%	86%	98%	96%	95%	93%	22%	9%
United		87%	99%	96%	86%	96%	98%	100%	27%	24%
Statewide	93%	90%	98%	94%	93%	97%	96%	97%	22%	15%

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: 07/01/2020 - 09/30/2020

Data Source: MCO Record Review

Compliance By Waiver	Aetna	Sunflower	United	Statewide
PD	48%	69%	53%	57%
Numerator	11	22	19	52
Denominator	23	32	36	91
FE	60%	61%	64%	62%
Numerator	12	20	25	57
Denominator	20	33	39	92
IDD	44%	44%	41%	43%
Numerator	7	22	12	41
Denominator	16	50	29	95
BI	75%	35%	60%	56%
Numerator	12	7	15	34
Denominator	16	20	25	61
TA	40%	30%	36%	35%
Numerator	6	6	9	21
Denominator	15	20	25	60
Autism	50%	100%	57%	64%
Numerator	1	2	4	7
Denominator	2	2	7	11
SED	58%	37%	65%	52%
Numerator	11	13	22	46
Denominator	19	35	34	88

Explanation of Findings:

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

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

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

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

TA: No valid signature and/or date, service plan not provided, is incomplete or does not cover entire review period, DPOA/Guardianship document not provided for validation

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

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

Remediation:

The Managed Care Organizations (MCOs) have indicated continued staff training in their remediation plans. Through these trainings Service Coordinators are retrained on process for obtaining and documenting validation of DPOA/Guardianship. Service Coordinators are also retrained on pulling the correct documents for entire audit/review period to ensure appropriate documents are included document uploads.

MCO will continue to complete SP process by telephone or video and began sending SP's to participant via mail with self address envelope so that participant can sign and return SP

With the earlier HCBS Waiver Programs COVID-19 guidance exception now rescinded. KDADS will continue to coordinate with the MCOs to educate their Care Coordinators on how to adequately complete a Person-Centered Service Plan (SP) United has recently established an approved electronic signature platform. Aetna and Sunflower are in the process of establishing their electronic signature platforms. The ability to accept electronic signatures will help bring the Service Plan Measures into compliance.

Compliance Trends	2013	2014	2015	2016	2017	2018	2019	Jan-Mar 2020	April-June 2020	July - Sept 2020
PD										
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	84%	63%	35%	48%
Amerigroup		73%	67%	71%	72%	91%	N/A	N/A	N/A	N/A
Sunflower		82%	72%	72%	70%	81%	82%	88%	63%	69%
United		92%	73%	83%	76%	89%	88%	76%	70%	53%
Statewide	82%	82%	70%	75%	72%	87%	85%	77%	57%	57%
FE										
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	81%	50%	65%	60%
Amerigroup		81%	67%	63%	70%	84%	N/A	N/A	N/A	N/A
Sunflower		85%	57%	78%	78%	83%	86%	69%	67%	61%
United		90%	69%	84%	91%	91%	86%	79%	72%	64%
Statewide	81%	85%	64%	76%	81%	86%	85%	70%	68%	62%
IDD										
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	73%	42%	63%	44%
Amerigroup		75%	77%	68%	64%	80%	N/A	N/A	N/A	N/A
Sunflower		81%	66%	65%	63%	81%	77%	76%	63%	44%
United		91%	48%	54%	86%	84%	75%	43%	48%	41%
Statewide	97%	82%	66%	63%	70%	81%	76%	62%	59%	43%
BI										
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	73%	50%	74%	75%
Amerigroup		65%	44%	56%	63%	73%	N/A	N/A	N/A	N/A
Sunflower		84%	40%	88%	61%	88%	83%	70%	65%	35%
United		77%	65%	70%	65%	84%	88%	78%	71%	60%
Statewide	60%	76%	47%	68%	63%	80%	83%	69%	70%	56%
TA										
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	92%	69%	57%	40%
Amerigroup		81%	78%	72%	88%	92%	N/A	N/A	N/A	N/A
Sunflower		94%	89%	85%	68%	85%	90%	81%	59%	30%
United		96%	59%	70%	91%	93%	96%	67%	38%	36%
Statewide	92%	89%	79%	76%	83%	90%	93%	72%	50%	35%
Autism										
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	50%	0%	50%	50%
Amerigroup		67%	52%	40%	82%	100%	N/A	N/A	N/A	N/A
Sunflower		43%	47%	38%	18%	83%	77%	100%	100%	100%
United		33%	38%	7%	20%	59%	73%	25%	50%	57%
Statewide	64%	57%	48%	31%	41%	78%	71%	43%	60%	64%
SED										
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	83%	95%	65%	58%
Amerigroup		89%	97%	94%	96%	95%	N/A	N/A	N/A	N/A
Sunflower		89%	91%	79%	92%	92%	92%	93%	44%	37%
United		83%	99%	85%	77%	97%	95%	100%	52%	65%
Statewide	80%	87%	96%	86%	88%	95%	92%	97%	52%	52%

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: 07/01/2020 - 09/30/2020

Data Source: MCO Record Review

Compliance By Waiver	Aetna	Sunflower	United	Statewide
PD	91%	88%	92%	90%
Numerator	21	28	33	82
Denominator	23	32	36	91
FE	95%	85%	87%	88%
Numerator	19	28	34	81
Denominator	20	33	39	92
IDD	94%	96%	90%	94%
Numerator	15	48	26	89
Denominator	16	50	29	95
BI	94%	85%	84%	87%
Numerator	15	17	21	53
Denominator	16	20	25	61
TA	87%	90%	92%	90%
Numerator	13	18	23	54
Denominator	15	20	25	60
Autism	100%	100%	100%	100%
Numerator	2	2	7	11
Denominator	2	2	7	11
SED	79%	40%	85%	99%
Numerator	15	14	29	87
Denominator	19	35	34	88

Explanation of Findings:

Remediation:

Compliance Trends	2013	2014	2015	2016	2017	2018	2019	Jan-Mar 2020	April-June 2020	July - Sept 2020
PD										
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	95%	83%	81%	91%
Amerigroup		20%	36%	67%	68%	98%	N/A	N/A	N/A	N/A
Sunflower		53%	58%	50%	54%	94%	95%	100%	97%	88%
United		50%	63%	80%	67%	99%	98%	88%	85%	92%
Statewide	75%	39%	53%	65%	62%	97%	96%	91%	88%	90%
FE										
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	100%	94%	75%	95%
Amerigroup		24%	71%	42%	70%	96%	N/A	N/A	N/A	N/A
Sunflower		39%	51%	63%	59%	92%	97%	94%	97%	85%
United		50%	47%	87%	86%	98%	97%	97%	92%	87%
Statewide	78%	38%	54%	65%	67%	96%	98%	96%	90%	88%
IDD										
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	96%	83%	81%	94%
Amerigroup		7%	60%	27%	67%	95%	N/A	N/A	N/A	N/A
Sunflower		38%	16%	25%	47%	97%	96%	98%	92%	96%
United		16%	30%	30%	83%	97%	91%	89%	79%	90%
Statewide	97%	23%	28%	28%	60%	96%	94%	93%	87%	94%
BI										
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	95%	92%	95%	94%
Amerigroup		24%	42%	61%	67%	88%	N/A	N/A	N/A	N/A
Sunflower		54%	27%	75%	44%	86%	92%	95%	80%	85%
United		46%	50%	75%	33%	97%	93%	87%	100%	84%
Statewide	53%	38%	38%	67%	57%	89%	93%	91%	92%	87%
TA										
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	97%	92%	86%	87%
Amerigroup		32%	73%	56%	94%	96%	N/A	N/A	N/A	N/A
Sunflower		54%	89%	63%	57%	92%	95%	86%	82%	90%
United		38%	43%	60%	100%	98%	97%	96%	96%	92%
Statewide	92%	42%	75%	60%	83%	95%	96%	91%	88%	90%
Autism										
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	100%	100%	100%	100%
Amerigroup		10%	0%	17%	75%	100%	N/A	N/A	N/A	N/A
Sunflower		17%	25%	50%	14%	94%	85%	100%	100%	100%
United		0%	0%	9%	0%	82%	96%	100%	100%	100%
Statewide	45%	11%	11%	16%	22%	91%	93%	100%	100%	100%
SED										
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	81%	95%	100%	79%
Amerigroup		90%	90%	97%	96%	96%	N/A	N/A	N/A	N/A
Sunflower		83%	79%	68%	88%	91%	92%	93%	59%	40%
United		84%	93%	83%	67%	96%	95%	100%	91%	85%
Statewide	85%	86%	88%	83%	83%	93%	92%	97%	82%	99%

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: 07/01/2020 - 09/30/2020

Data Source: MCO Record Review

Compliance By Waiver	Aetna	Sunflower	United	Statewide
PD	48%	44%	47%	46%
Numerator	11	14	17	42
Denominator	23	32	36	91
FE	50%	48%	38%	45%
Numerator	10	16	15	41
Denominator	20	33	39	92
IDD	25%	38%	45%	38%
Numerator	4	19	13	36
Denominator	16	50	29	95
BI	6%	10%	24%	15%
Numerator	1	2	6	9
Denominator	16	20	25	61
TA	7%	15%	16%	13%
Numerator	1	3	4	8
Denominator	15	20	25	60
Autism	50%	50%	0%	18%
Numerator	1	1	0	2
Denominator	4	2	7	11
SED	11%	9%	24%	15%
Numerator	2	3	8	13
Denominator	19	35	34	88

Explanation of Findings:

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

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

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

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

TA: No valid signature and/or date, service plan not provided, is incomplete or does not cover entire review period, DPOA/Guardianship document not provided for validation

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

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

Remediation:

The Managed Care Organizations (MCOs) have indicated continued staff training in their remediation plans. Through these trainings Service Coordinators are retrained on process for obtaining and documenting validation of DPOA/Guardianship. Service Coordinators are also retrained on pulling the correct documents for entire audit/review period to ensure appropriate documents are included document uploads.

MCO will continue to complete SP process by telephone or video and began sending SP's to participant via mail with self address envelope so that participant can sign and return SP

With the earlier HCBS Waiver Programs COVID-19 guidance exception now rescinded. KDADS will continue to coordinate with the MCOs to educate their Care Coordinators on how to adequately complete a Person-Centered Service Plan (SP)

United has recently established an approved electronic signature platform. Aetna and Sunflower are in the process of establishing their electronic signature platforms. The ability to accept electronic signatures will help bring the Service Plan Measures into compliance.

Compliance Trends	2013	2014	2015	2016	2017	2018	2019	Jan-Mar 2020	April-June 2020	July - Sept 2020
PD										
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	68%	50%	42%	48%
Amerigroup		94%	69%	79%	83%	93%	N/A	N/A	N/A	N/A
Sunflower		96%	72%	76%	88%	80%	86%	94%	63%	44%
United		96%	78%	91%	87%	93%	88%	71%	58%	47%
Statewide	85%	95%	72%	81%	86%	88%	83%	73%	55%	46%
FE										
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	71%	44%	30%	50%
Amerigroup		83%	76%	75%	81%	86%	N/A	N/A	N/A	N/A
Sunflower		96%	64%	86%	87%	77%	88%	72%	64%	48%
United		96%	79%	89%	88%	92%	89%	74%	59%	38%
Statewide	87%	92%	72%	83%	86%	85%	86%	67%	54%	45%
IDD										
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	51%	42%	69%	25%
Amerigroup		78%	84%	73%	75%	82%	N/A	N/A	N/A	N/A
Sunflower		97%	62%	77%	80%	82%	79%	76%	60%	38%
United		100%	59%	81%	90%	89%	77%	57%	48%	45%
Statewide	98%	92%	68%	77%	81%	84%	75%	66%	58%	38%
BI										
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	43%	33%	32%	6%
Amerigroup		81%	55%	63%	77%	73%	N/A	N/A	N/A	N/A
Sunflower		95%	46%	84%	76%	76%	74%	70%	25%	10%
United		85%	71%	83%	76%	82%	81%	52%	33%	24%
Statewide	70%	87%	56%	72%	77%	75%	70%	55%	30%	15%
TA										
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	81%	62%	50%	7%
Amerigroup		98%	73%	79%	88%	98%	N/A	N/A	N/A	N/A
Sunflower		100%	86%	82%	68%	87%	89%	81%	50%	15%
United		96%	58%	82%	92%	86%	92%	79%	25%	16%
Statewide	100%	98%	74%	80%	83%	93%	89%	76%	40%	13%
Autism										
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	0%	0%	0%	50%
Amerigroup		89%	59%	37%	88%	91%	N/A	N/A	N/A	N/A
Sunflower		100%	55%	50%	15%	28%	23%	0%	0%	50%
United		50%	21%	17%	13%	41%	58%	0%	0%	0%
Statewide	50%	86%	49%	38%	37%	48%	40%	14%	0%	18%
SED										
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	96%	95%	13%	11%
Amerigroup		91%	99%	95%	99%	96%	N/A	N/A	N/A	N/A
Sunflower		96%	94%	84%	98%	98%	95%	93%	22%	9%
United		92%	99%	91%	86%	96%	98%	100%	27%	24%
Statewide	13%	93%	98%	90%	94%	97%	97%	97%	22%	15%

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: 07/01/2020 - 09/30/2020

Data Source: Customer Interview

Compliance By Waiver	Aetna	Sunflower	United	Statewide
PD	N/A	N/A	N/A	N/A
Numerator	0	0	0	0
Denominator	0	0	0	0
FE	N/A	N/A	N/A	N/A
Numerator	0	0	0	0
Denominator	0	0	0	0
IDD	N/A	N/A	N/A	N/A
Numerator	0	0	0	0
Denominator	0	0	0	0
BI	N/A	N/A	N/A	N/A
Numerator	0	0	0	0
Denominator	0	0	0	0
TA	N/A	N/A	N/A	N/A
Numerator	0	0	0	0
Denominator	0	0	0	0
Autism	N/A	N/A	N/A	N/A
Numerator	0	0	0	0
Denominator	0	0	0	0
SED	Not a waiver performance measure			
Numerator				
Denominator				

Explanation of Findings:

During the Public Health Emergency, State staff are working remotely and do not have access to issue survey letters. We anticipate being able to report data on this measure during the October-December 2020 review period.

Remediation:

The Managed Care Organizations (MCOs) have indicated continued staff training in their remediation plans. Through these trainings Service Coordinators are retrained on process for obtaining and documenting validation of DPOA/Guardianship. Service Coordinators are also retrained on pulling the corect documents for entire audit/review period to ensure appropriate documents are included document uploads.

MCO will continue to complete SP process by telephone or video and began sending SP's to participant via mail with self address envelope so that participant can sign and return SP

With the earlier HCBS Waiver Programs COVID-19 guidance exception now rescinded. KDADS will continue to coordinate with the MCOs to educate their Care Coordinators on how to adequately complete a Person-Centered Service Plan (SP)

United has recently established an approved electronic signature platform. Aetna and Sunflower are in the process of establishing their electronic signature platforms. The ability to accept electronic signatures will help bring the Service Plan Measures into compliance.

Compliance Trends	2013	2014	2015	2016	2017	2018	2019	Jan-Mar 2020	April-June 2020	July - Sept 2020
PD										
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	93%	N/A	N/A	N/A
Amerigroup		97%			94%	94%	N/A	N/A	N/A	N/A
Sunflower		92%			97%	98%	94%	N/A	N/A	N/A
United		93%			91%	98%	91%	N/A	N/A	N/A
Statewide	Not a Measure	94%	No Data	No Data	94%	97%	93%	N/A	N/A	N/A
FE										
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	100%	N/A	N/A	N/A
Amerigroup		85%			97%	96%	N/A	N/A	N/A	N/A
Sunflower		86%			93%	95%	96%	N/A	N/A	N/A
United		82%			91%	94%	94%	N/A	N/A	N/A
Statewide	87%	84%	No Data	No Data	94%	95%	96%	N/A	N/A	N/A
IDD										
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	100%	N/A	N/A	N/A
Amerigroup		92%			93%	100%	N/A	N/A	N/A	N/A
Sunflower		96%			99%	97%	96%	N/A	N/A	N/A
United		93%			92%	100%	95%	N/A	N/A	N/A
Statewide	Not a Measure	94%	No Data	No Data	96%	98%	96%	N/A	N/A	N/A
BI										
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	100%	N/A	N/A	N/A
Amerigroup		81%			81%	87%	N/A	N/A	N/A	N/A
Sunflower		88%			79%	78%	95%	N/A	N/A	N/A
United		83%			76%	92%	92%	N/A	N/A	N/A
Statewide	Not a Measure	83%	No Data	No Data	80%	85%	95%	N/A	N/A	N/A
TA										
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	60%	N/A	N/A	N/A
Amerigroup		89%			96%	98%	N/A	N/A	N/A	N/A
Sunflower		84%			94%	95%	100%	N/A	N/A	N/A
United		85%			94%	100%	93%	N/A	N/A	N/A
Statewide	Not a Measure	87%	No Data	No Data	95%	98%	92%	N/A	N/A	N/A
Autism										
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Amerigroup		74%			89%	67%	N/A	N/A	N/A	N/A
Sunflower		70%			50%	88%	67%	N/A	N/A	N/A
United		60%			75%	50%	73%	N/A	N/A	N/A
Statewide	Not a Measure	71%	No Data	No Data	68%	68%	71%	N/A	N/A	N/A
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: 07/01/2020 - 09/30/2020

Data Source: MCO Record Review

Compliance By Waiver	Aetna	Sunflower	United	Statewide
PD	57%	50%	53%	53%
Numerator	13	16	19	48
Denominator	23	32	36	91
FE	55%	52%	44%	49%
Numerator	11	17	17	45
Denominator	20	33	39	92
IDD	38%	38%	52%	42%
Numerator	6	19	15	40
Denominator	16	50	29	95
BI	6%	30%	48%	31%
Numerator	1	6	12	19
Denominator	16	20	25	61
TA	20%	50%	36%	37%
Numerator	3	10	9	22
Denominator	15	20	25	60
Autism	0%	50%	0%	9%
Numerator	0	1	0	1
Denominator	2	2	7	11
SED	11%	14%	38%	23%
Numerator	2	5	13	20
Denominator	19	35	34	88

Explanation of Findings:

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

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

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

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

TA: No valid signature and/or date, service plan not provided, is incomplete or does not cover entire review period, DPOA/Guardianship document not provided for validation

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

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

Remediation:

The Managed Care Organizations (MCOs) have indicated continued staff training in their remediation plans. Through these trainings Service Coordinators are retrained on process for obtaining and documenting validation of DPOA/Guardianship. Service Coordinators are also retrained on pulling the correct documents for entire audit/review period to ensure appropriate documents are included document uploads.

MCO will continue to complete SP process by telephone or video and began sending SP's to participant via mail with self address envelope so that participant can sign and return SP

With the earlier HCBS Waiver Programs COVID-19 guidance exception now rescinded. KDADS will continue to coordinate with the MCOs to educate their Care Coordinators on how to adequately complete a Person-Centered Service Plan (SP)

United has recently established an approved electronic signature platform. Aetna and Sunflower are in the process of establishing their electronic signature platforms. The ability to accept electronic signatures will help

Compliance Trends	2013	2014	2015	2016	2017	2018	2019	Jan-Mar 2020	April-June 2020	July - Sept 2020
PD										
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	64%	58%	54%	57%
Amerigroup							80%	97%	N/A	N/A
Sunflower							86%	94%	66%	50%
United							87%	94%	88%	53%
Statewide	52%	65%	65%	76%	84%	90%	82%	77%	66%	53%
FE										
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	73%	44%	35%	55%
Amerigroup							92%	N/A	N/A	N/A
Sunflower							88%	75%	67%	52%
United							91%	93%	88%	44%
Statewide	56%	74%	63%	77%	86%	87%	86%	71%	63%	49%
IDD										
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	51%	42%	81%	38%
Amerigroup							84%	N/A	N/A	N/A
Sunflower							79%	77%	60%	38%
United							89%	80%	64%	52%
Statewide	99%	64%	46%	70%	77%	83%	75%	70%	63%	42%
BI										
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	38%	42%	37%	6%
Amerigroup							82%	N/A	N/A	N/A
Sunflower							80%	82%	35%	30%
United							92%	84%	43%	48%
Statewide	44%	65%	52%	67%	78%	83%	73%	52%	38%	31%
TA										
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	76%	77%	71%	20%
Amerigroup							96%	N/A	N/A	N/A
Sunflower							89%	90%	86%	50%
United							91%	88%	33%	36%
Statewide	96%	86%	68%	72%	81%	92%	88%	84%	57%	37%
Autism										
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	17%	0%	50%	0%
Amerigroup							100%	N/A	N/A	N/A
Sunflower							69%	100%	100%	50%
United							65%	0%	50%	0%
Statewide	40%	63%	49%	42%	48%	54%	60%	29%	60%	9%
SED										
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	91%	95%	96%	11%
Amerigroup							97%	N/A	N/A	N/A
Sunflower							93%	97%	75%	14%
United							97%	95%	100%	38%
Statewide	98%	89%	88%	90%	94%	94%	94%	98%	89%	23%

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: 07/01/2020 - 09/30/2020

Data Source: MCO Record Review

Compliance By Waiver	Aetna	Sunflower	United	Statewide
PD	57%	50%	53%	53%
Numerator	13	16	19	48
Denominator	23	32	36	91
FE	55%	52%	44%	49%
Numerator	11	17	17	45
Denominator	20	33	39	92
IDD	38%	38%	52%	42%
Numerator	6	19	15	40
Denominator	16	50	29	95
BI	6%	30%	48%	31%
Numerator	1	6	12	19
Denominator	16	20	25	61
TA	20%	50%	36%	37%
Numerator	3	10	9	22
Denominator	15	20	25	60
Autism	0%	50%	0%	9%
Numerator	0	1	0	1
Denominator	2	2	7	11
SED	11%	14%	38%	23%
Numerator	2	5	13	20
Denominator	19	35	34	88

Explanation of Findings:

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

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

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

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

TA: No valid signature and/or date, service plan not provided, is incomplete or does not cover entire review period, DPOA/Guardianship document not provided for validation

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

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

Remediation:

The Managed Care Organizations (MCOs) have indicated continued staff training in their remediation plans. Through these trainings Service Coordinators are retrained on process for obtaining and documenting validation of DPOA/Guardianship. Service Coordinators are also retrained on pulling the correct documents for entire audit/review period to ensure appropriate documents are included document uploads.

MCO will continue to complete SP process by telephone or video and began sending SP's to participant via mail with self address envelope so that participant can sign and return SP

With the earlier HCBS Waiver Programs COVID-19 guidance exception now rescinded. KDADS will continue to coordinate with the MCOs to educate their Care Coordinators on how to adequately complete a Person-Centered Service Plan (SP)

- United has recently established an approved electronic signature platform. Aetna and Sunflower are in the process of establishing their electronic signature platforms. The ability to accept electronic signatures will help bring the Service Plan Measures into compliance.

Compliance Trends	2013	2014	2015	2016	2017	2018	2019	Jan-Mar 2020	April-June 2020	July - Sept 2020
PD										
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	59%	58%	54%	57%
Amerigroup		68%	53%	62%	79%	96%	N/A	N/A	N/A	N/A
Sunflower		72%	50%	71%	36%	74%	86%	94%	66%	50%
United		77%	73%	84%	78%	94%	88%	74%	76%	53%
Statewide	64%	72%	57%	72%	64%	88%	81%	77%	66%	53%
FE										
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	73%	44%	35%	55%
Amerigroup		67%	57%	67%	80%	92%	N/A	N/A	N/A	N/A
Sunflower		86%	47%	82%	35%	74%	88%	75%	67%	52%
United		85%	74%	84%	80%	92%	88%	77%	74%	44%
Statewide	59%	80%	57%	78%	63%	92%	86%	70%	63%	49%
IDD										
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	49%	42%	81%	38%
Amerigroup		55%	46%	70%	71%	85%	N/A	N/A	N/A	N/A
Sunflower		68%	35%	69%	34%	79%	78%	80%	60%	38%
United		77%	50%	74%	89%	88%	80%	64%	59%	52%
Statewide	No Data	66%	42%	71%	58%	83%	75%	70%	63%	42%
BI										
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	38%	42%	37%	6%
Amerigroup		56%	50%	52%	74%	82%	N/A	N/A	N/A	N/A
Sunflower		80%	23%	86%	28%	79%	82%	80%	35%	30%
United		74%	67%	80%	76%	92%	85%	52%	43%	48%
Statewide	53%	68%	45%	66%	63%	83%	74%	60%	38%	31%
TA										
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	73%	77%	71%	20%
Amerigroup		86%	65%	71%	86%	99%	N/A	N/A	N/A	N/A
Sunflower		97%	53%	79%	29%	86%	90%	86%	73%	50%
United		94%	55%	64%	82%	86%	91%	88%	33%	36%
Statewide	96%	91%	60%	72%	68%	93%	88%	84%	57%	37%
Autism										
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	17%	0%	50%	0%
Amerigroup		79%	52%	47%	88%	100%	N/A	N/A	N/A	N/A
Sunflower		50%	27%	61%	20%	56%	69%	100%	100%	50%
United		88%	14%	17%	13%	41%	65%	0%	50%	0%
Statewide	55%	72%	35%	46%	38%	61%	60%	29%	60%	9%
SED										
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	91%	95%	96%	11%
Amerigroup		94%	92%	98%	99%	97%	N/A	N/A	N/A	N/A
Sunflower		91%	72%	84%	94%	87%	93%	97%	75%	14%
United		84%	97%	88%	87%	97%	95%	100%	97%	38%
Statewide	98%	89%	88%	90%	93%	94%	94%	98%	89%	23%

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: 07/01/2020 - 09/30/2020

Data Source: MCO Record Review

Compliance By Waiver	Aetna	Sunflower	United	Statewide
PD	13%	50%	53%	42%
Numerator	3	16	19	38
Denominator	23	32	36	91
FE	40%	52%	44%	46%
Numerator	8	17	17	42
Denominator	20	33	39	92
IDD	19%	38%	52%	39%
Numerator	3	19	15	37
Denominator	16	50	29	95
BI	0%	30%	48%	30%
Numerator	0	6	12	18
Denominator	16	20	25	61
TA	20%	50%	36%	37%
Numerator	3	10	9	22
Denominator	15	20	25	60
Autism	0%	50%	14%	18%
Numerator	0	1	1	2
Denominator	2	2	7	11
SED	11%	14%	38%	23%
Numerator	2	5	13	20
Denominator	19	35	34	88

Explanation of Findings:

PD: No valid signature and/or date, service plan not provided, is incomplete or does not cover entire review period, DPOA paperwork not provided for validation, missing documentation of choice

FE: No valid signature and/or date, service plan not provided, is incomplete or does not cover entire review period, DPOA paperwork not provided for validation, missing documentation of choice

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

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

TA: No valid signature and/or date, service plan not provided, is incomplete or does not cover entire review period, DPOA/Guardianship document not provided for validation

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

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

Remediation:

The Managed Care Organizations (MCOs) have indicated continued staff training in their remediation plans. Through these trainings Service Coordinators are retrained on process for obtaining and documenting validation of DPOA/Guardianship. Service Coordinators are also retrained on pulling the correct documents for entire audit/review period to ensure appropriate documents are included document uploads.

MCO will continue to complete SP process by telephone or video and began sending SP's to participant via mail with self address envelope so that participant can sign and return SP

With the earlier HCBS Waiver Programs COVID-19 guidance exception now rescinded. KDADS will continue to coordinate with the MCOs to educate their Care Coordinators on how to adequately complete a Person-Centered Service Plan (SP) United has recently established an approved electronic signature platform. Aetna and Sunflower are in the process of establishing their electronic signature platforms. The ability to accept electronic signatures will help bring the Service Plan Measures into compliance.

Compliance Trends	2013	2014	2015	2016	2017	2018	2019	Jan-Mar 2020	April-June 2020	July - Sept 2020
PD										
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	7%	0%	12%	13%
Amerigroup		76%	57%	67%	81%	98%	N/A	N/A	N/A	N/A
Sunflower		74%	67%	73%	87%	80%	86%	94%	66%	50%
United		80%	78%	88%	87%	95%	88%	74%	76%	53%
Statewide	Not a Measure	76%	66%	75%	85%	91%	70%	61%	54%	42%
FE										
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	8%	11%	15%	40%
Amerigroup		67%	58%	72%	81%	92%	N/A	N/A	N/A	N/A
Sunflower		87%	56%	82%	86%	77%	88%	75%	67%	52%
United		85%	79%	84%	91%	88%	88%	35%	74%	44%
Statewide	65%	80%	63%	79%	86%	87%	76%	64%	59%	46%
IDD										
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	7%	8%	25%	19%
Amerigroup		47%	47%	66%	73%	87%	N/A	N/A	N/A	N/A
Sunflower		69%	41%	68%	74%	80%	78%	80%	60%	38%
United		78%	57%	79%	92%	88%	79%	64%	59%	52%
Statewide	No Data	64%	46%	70%	78%	84%	69%	66%	54%	39%
BI										
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	0%	0%	11%	0%
Amerigroup		55%	51%	54%	78%	84%	N/A	N/A	N/A	N/A
Sunflower		79%	40%	86%	78%	79%	82%	80%	35%	30%
United		73%	74%	83%	79%	92%	84%	52%	43%	48%
Statewide	No Data	67%	52%	68%	78%	84%	65%	51%	30%	30%
TA										
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	16%	0%	29%	20%
Amerigroup		87%	65%	69%	85%	99%	N/A	N/A	N/A	N/A
Sunflower		98%	80%	81%	68%	89%	89%	86%	73%	50%
United		94%	55%	79%	95%	86%	91%	83%	33%	36%
Statewide	No Data	92%	68%	74%	81%	93%	78%	66%	47%	37%
Autism										
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	0%	0%	0%	0%
Amerigroup		86%	67%	65%	94%	100%	N/A	N/A	N/A	N/A
Sunflower		47%	59%	67%	70%	61%	69%	100%	100%	50%
United		75%	43%	33%	38%	35%	69%	0%	50%	14%
Statewide	No Data	72%	59%	60%	67%	61%	60%	29%	40%	18%
SED										
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	91%	95%	96%	11%
Amerigroup		94%	92%	98%	99%	97%	N/A	N/A	N/A	N/A
Sunflower		91%	72%	84%	94%	87%	93%	97%	75%	14%
United		85%	98%	88%	87%	97%	95%	100%	97%	38%
Statewide	99%	90%	89%	91%	93%	94%	94%	98%	89%	23%

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: 07/01/2020 - 09/30/2020

Data Source: MCO Record Review

Compliance By Waiver	Aetna	Sunflower	United	Statewide
PD	13%	47%	53%	41%
Numerator	3	15	19	37
Denominator	23	32	36	91
FE	35%	52%	44%	45%
Numerator	7	17	17	41
Denominator	20	33	39	92
IDD	19%	38%	52%	39%
Numerator	3	19	15	37
Denominator	16	50	29	95
BI	0%	30%	48%	30%
Numerator	0	6	12	18
Denominator	16	20	25	61
TA	13%	50%	36%	35%
Numerator	2	10	9	21
Denominator	15	20	25	60
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, service plan not provided, is incomplete or does not cover entire review period, DPOA paperwork not provided for validation, missing documentation of choice

FE: No valid signature and/or date, service plan not provided, is incomplete or does not cover entire review period, DPOA paperwork not provided for validation, missing documentation of choice

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

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

TA: No valid signature and/or date, service plan not provided, is incomplete or does not cover entire review period, DPOA/Guardianship document not provided for validation

Remediation:

The Managed Care Organizations (MCOs) have indicated continued staff training in their remediation plans. Through these trainings Service Coordinators are retrained on process for obtaining and documenting validation of DPOA/Guardianship. Service Coordinators are also retrained on pulling the correct documents for entire audit/review period to ensure appropriate documents are included document uploads.

MCO will continue to complete SP process by telephone or video and began sending SP's to participant via mail with self address envelope so that participant can sign and return SP

With the earlier HCBS Waiver Programs COVID-19 guidance exception now rescinded. KDADS will continue to coordinate with the MCOs to educate their Care Coordinators on how to adequately complete a Person-Centered Service Plan (SP)

United has recently established an approved electronic signature platform. Aetna and Sunflower are in the process of establishing their electronic signature platforms. The ability to accept electronic signatures will help bring the Service Plan Measures into compliance.

Compliance Trends	2013	2014	2015	2016	2017	2018	2019	Jan-Mar 2020	April-June 2020	July - Sept 2020
PD										
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	12%	8%	15%	13%
Amerigroup		64%	58%	72%	81%	92%	N/A	N/A	N/A	N/A
Sunflower		73%	68%	72%	87%	79%	84%	94%	66%	47%
United		77%	78%	88%	86%	95%	88%	74%	76%	53%
Statewide	Not a Measure	39%	71%	66%	77%	84%	89%	70%	63%	55%
FE										
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	10%	0%	15%	35%
Amerigroup		64%	59%	73%	79%	88%	N/A	N/A	N/A	N/A
Sunflower		84%	59%	81%	87%	74%	87%	75%	67%	52%
United		77%	79%	85%	88%	93%	88%	79%	72%	44%
Statewide	65%	75%	64%	79%	85%	85%	76%	62%	58%	45%
IDD										
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	7%	8%	25%	19%
Amerigroup		34%	47%	64%	68%	84%	N/A	N/A	N/A	N/A
Sunflower		61%	39%	60%	65%	77%	75%	80%	58%	38%
United		77%	57%	73%	93%	89%	79%	64%	59%	52%
Statewide	No Data	53%	46%	64%	73%	82%	68%	66%	53%	39%
BI										
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	5%	0%	11%	0%
Amerigroup		50%	50%	56%	73%	80%	N/A	N/A	N/A	N/A
Sunflower		85%	43%	82%	78%	79%	81%	80%	35%	30%
United		70%	74%	83%	79%	89%	84%	52%	43%	48%
Statewide	No Data	66%	52%	68%	75%	81%	66%	51%	30%	30%
TA										
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	19%	0%	29%	13%
Amerigroup		82%	56%	66%	84%	99%	N/A	N/A	N/A	N/A
Sunflower		98%	82%	79%	68%	89%	89%	86%	73%	50%
United		100%	58%	79%	95%	84%	91%	88%	33%	36%
Statewide	No Data	90%	64%	72%	81%	93%	78%	67%	47%	35%
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 service plans reviewed at least every 90 days

Denominator: Number of waiver participants whose service plans were reviewed

Review Period: 07/01/2020 - 09/30/2020

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	11%	9%	24%	17%
Numerator	2	3	8	13
Denominator	19	35	34	75

Explanation of Findings:

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

Remediation:

The Managed Care Organizations (MCOs) have indicated continued staff training in their remediation plans. Through these trainings Service Coordinators are retrained on process for obtaining and documenting validation of DPOA/Guardianship. Service Coordinators are also retrained on pulling the corect documents for entire audit/review period to ensure appropriate documents are included document uploads. MCO will continue to complete SP process by telephone or video and began sending SP's to participant via mail with self address envelope so that participant can sign and return SP

With the earlier HCBS Waiver Programs COVID-19 guidance exception now rescinded. KDADS will continue to coordinate with the MCOs to educate their Care Coordinators on how to adequately complete a Person-Centered Service Plan (SP)

United has recently established an approved electronic signature platform. Aetna and Sunflower are in the process of establishing their electronic signature platforms. The ability to accept electronic signatures will help bring the Service Plan Measures into compliance.

Compliance Trends	2017	2018	2019	Jan-Mar 2020	April-June 2020	July - Sept
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	Not a Waiver Performance Measure					
Aetna	N/A	N/A	80%	95%	22%	11%
Amerigroup	99%	92%	N/A	N/A	N/A	N/A
Sunflower	88%	90%	88%	86%	31%	9%
United	83%	94%	94%	95%	27%	24%
Statewide	91%	92%	89%	92%	27%	17%

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: 07/01/2020 - 09/30/2020

Data Source: Adverse Incident Reporting

Compliance By Waiver	Aetna	Sunflower	United	Statewide
PD	N/A	100%	N/A	100%
Numerator	0	5	0	5
Denominator	0	5	0	5
FE	N/A	100%	100%	100%
Numerator	0	9	1	10
Denominator	0	9	1	10
IDD	100%	100%	80%	95%
Numerator	1	15	4	20
Denominator	1	15	5	21
BI	0%	N/A	N/A	0%
Numerator	0	0	0	0
Denominator	1	0	0	1
TA	N/A	100%	100%	100%
Numerator	0	1	1	2
Denominator	0	1	1	2
Autism	N/A	N/A	N/A	N/A
Numerator	0	0	0	0
Denominator	0	0	0	0
SED	N/A	N/A	N/A	N/A
Numerator	0	0	0	0
Denominator	0	0	0	0

Explanation of Findings:

There were two reports during this timeframe where follow-up and investigation identified preventable causes.

Aetna had 1 report on the BI waiver, which review/investigation identified preventable causes. Documentation, including timelines indicate the MCO and individual's team did everything possible, however member was refusing treatment.

UHC had 1 report on the I/DD waiver which indicated there were preventable causes, however there were no quality of care concerns identified. The individual had a DNR in place and was taken off life support. After a recent hospitalization for AKF, the individual was readmitted after a choking incident and passed away in the hospital.

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	2019	Jan-Mar 2020	April-June 2020	July - Sept 2020
PD										
Aetna	N/A	N/A	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	N/A
Sunflower	No Data						90%	100%	83%	100%
United	No Data						100%	100%	67%	N/A
Statewide	No Data						92%	100%	78%	100%
FE										
Aetna	N/A	N/A	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	N/A
Sunflower	No Data						100%	N/A	100%	100%
United	No Data						75%	N/A	100%	100%
Statewide	No Data						96%	N/A	100%	100%
IDD										
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	100%	100%	100%	100%
Amerigroup	No Data						N/A	N/A	N/A	N/A
Sunflower	No Data						98%	100%	100%	100%
United	No Data						93%	100%	100%	80%
Statewide	No Data						97%	100%	100%	95%
BI										
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	0%
Amerigroup	No Data						N/A	N/A	N/A	N/A
Sunflower	No Data						100%	100%	N/A	N/A
United	No Data						N/A	N/A	N/A	N/A
Statewide	No Data						100%	100%	N/A	0%
TA										
Aetna	N/A	N/A	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	N/A
Sunflower	No Data						100%	N/A	N/A	100%
United	No Data						N/A	N/A	N/A	100%
Statewide	No Data						100%	N/A	N/A	100%
Autism										
Aetna	N/A	N/A	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	N/A
Sunflower	No Data						N/A	N/A	N/A	N/A
United	No Data						N/A	N/A	N/A	N/A
Statewide	No Data						N/A	N/A	N/A	N/A
SED										
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Amerigroup	No Data						N/A	N/A	N/A	N/A
Sunflower	No Data						N/A	N/A	N/A	N/A
United	No Data						N/A	N/A	N/A	N/A
Statewide	No Data						N/A	N/A	N/A	N/A

KDADS HCBS Quality Review Report

Health and Welfare

PM 2: Number and percent of unexpected deaths for which review/investigation followed the appropriate policies and procedures

Numerator: Number of unexpected deaths for which review/investigation followed the appropriate policies and procedures as in the approved waiver

Denominator: Number of unexpected deaths

Review Period: 07/01/2020 - 09/30/2020

Data Source: Adverse Incident Reporting

Compliance By Waiver	Aetna	Sunflower	United	Statewide
PD	N/A	100%	N/A	100%
Numerator	0	5	0	5
Denominator	0	5	0	5
FE	N/A	100%	100%	100%
Numerator	0	9	1	10
Denominator	0	9	1	10
IDD	100%	100%	100%	100%
Numerator	1	15	5	21
Denominator	1	15	5	21
BI	100%	N/A	N/A	N/A
Numerator	1	0	0	0
Denominator	1	0	0	0
TA	N/A	100%	100%	100%
Numerator	0	1	1	2
Denominator	0	1	1	2
Autism	N/A	N/A	N/A	N/A
Numerator	0	0	0	0
Denominator	0	0	0	0
SED	N/A	N/A	N/A	N/A
Numerator	0	0	0	0
Denominator	0	0	0	0

Explanation of Findings:

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	2019	Jan-Mar 2020	April-June 2020	July - Sept 2020
PD										
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Amerigroup										
Sunflower	No Data						83%	100%	100%	100%
United	No Data						100%	100%	100%	N/A
Statewide	No Data						88%	100%	100%	100%
FE										
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Amerigroup										
Sunflower	No Data						89%	N/A	100%	100%
United	No Data						75%	N/A	100%	100%
Statewide	No Data						87%	N/A	100%	100%
IDD										
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	100%	100%	100%	100%
Amerigroup										
Sunflower	No Data						N/A	N/A	N/A	N/A
United	No Data						92%	100%	100%	100%
Statewide	No Data						87%	100%	100%	100%
BI										
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	100%
Amerigroup										
Sunflower	No Data						N/A	N/A	N/A	N/A
United	No Data						100%	100%	N/A	N/A
Statewide	No Data						N/A	N/A	N/A	N/A
TA										
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Amerigroup										
Sunflower	No Data						N/A	N/A	N/A	N/A
United	No Data						100%	N/A	N/A	100%
Statewide	No Data						N/A	N/A	N/A	100%
Autism										
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Amerigroup										
Sunflower	No Data						N/A	N/A	N/A	N/A
United	No Data						N/A	N/A	N/A	N/A
Statewide	No Data						N/A	N/A	N/A	N/A
SED										
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Amerigroup										
Sunflower	No Data						N/A	N/A	N/A	N/A
United	No Data						N/A	N/A	N/A	N/A
Statewide	No Data						N/A	N/A	N/A	N/A

KDADS HCBS Quality Review Report

Health and Welfare

PM 3: Number and percent of unexpected deaths for which the appropriate follow-up measures were taken

Numerator: Number of unexpected deaths for which the appropriate follow-up measures were taken as in the approved waiver

Denominator: Number of unexpected deaths

Review Period: 07/01/2020 - 09/30/2020

Data Source: Adverse Incident Reporting

Compliance By Waiver	Aetna	Sunflower	United	Statewide
PD	N/A	100%	N/A	100%
Numerator	0	5	0	5
Denominator	0	5	0	5
FE	N/A	100%	100%	100%
Numerator	0	9	1	10
Denominator	0	9	1	10
IDD	100%	100%	100%	100%
Numerator	1	15	5	21
Denominator	1	15	5	21
BI	100%	N/A	N/A	100%
Numerator	1	0	0	1
Denominator	1	0	0	1
TA	N/A	100%	100%	100%
Numerator	0	1	1	2
Denominator	0	1	1	2
Autism	N/A	N/A	N/A	N/A
Numerator	0	0	0	0
Denominator	0	0	0	0
SED	N/A	N/A	N/A	N/A
Numerator	0	0	0	0
Denominator	0	0	0	0

Explanation of Findings:

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	2019	Jan-Mar 2020	April-June 2020	July - Sept 2020
PD										
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Amerigroup							N/A	N/A	N/A	N/A
Sunflower	No Data						100%	100%	100%	100%
United	No Data						100%	100%	100%	N/A
Statewide	No Data						100%	100%	100%	100%
FE										
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Amerigroup							N/A	N/A	N/A	N/A
Sunflower	No Data						100%	N/A	100%	100%
United	No Data						100%	N/A	100%	100%
Statewide	No Data						100%	N/A	100%	100%
IDD										
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	86%	100%	100%	100%
Amerigroup							N/A	N/A	N/A	N/A
Sunflower	No Data						98%	100%	100%	100%
United	No Data						100%	100%	100%	100%
Statewide	No Data						97%	100%	100%	100%
BI										
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	100%
Amerigroup							N/A	N/A	N/A	N/A
Sunflower	No Data						100%	100%	N/A	N/A
United	No Data						N/A	N/A	N/A	N/A
Statewide	No Data						100%	100%	N/A	100%
TA										
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Amerigroup							N/A	N/A	N/A	N/A
Sunflower	No Data						100%	N/A	N/A	100%
United	No Data						N/A	N/A	N/A	100%
Statewide	No Data						100%	N/A	N/A	100%
Autism										
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Amerigroup							N/A	N/A	N/A	N/A
Sunflower	No Data						N/A	N/A	N/A	N/A
United	No Data						N/A	N/A	N/A	N/A
Statewide	No Data						N/A	N/A	N/A	N/A
SED										
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Amerigroup							N/A	N/A	N/A	N/A
Sunflower	No Data						N/A	N/A	N/A	N/A
United	No Data						N/A	N/A	N/A	N/A
Statewide	No Data						N/A	N/A	N/A	N/A

KDADS HCBS Quality Review Report

Health and Welfare

PM 4: Number and percent of waiver participants who received information on how to report suspected abuse, neglect, or exploitation

Numerator: Number of waiver participants who received information on how to report suspected abuse, neglect, or exploitation

Denominator: Number of waiver participants interviewed by QMS staff or whose records are reviewed

Review Period: 07/01/2020 - 09/30/2020

Data Source: MCO Record Review

Compliance By Waiver	Aetna	Sunflower	United	Statewide
PD	43%	53%	53%	51%
Numerator	10	17	19	46
Denominator	23	32	36	91
FE	45%	55%	44%	48%
Numerator	9	18	17	44
Denominator	20	33	39	92
IDD	19%	42%	69%	46%
Numerator	3	21	20	44
Denominator	16	50	29	95
BI	6%	35%	44%	31%
Numerator	1	7	11	19
Denominator	16	20	25	61
TA	13%	50%	40%	37%
Numerator	2	10	10	22
Denominator	15	20	25	60
Autism	0%	50%	14%	18%
Numerator	0	1	1	2
Denominator	2	2	7	11
SED	11%	14%	29%	19%
Numerator	2	5	10	17
Denominator	19	35	34	88

Explanation of Findings:

PD: Service plan/documentation of A/N/E not provided, is incomplete or does not cover entire review period, no valid signature and/or date, DPOA documentation not provided for validation

FE: Service plan/documentation of A/N/E not provided, is incomplete or does not cover entire review period, no valid signature and/or date, DPOA document not provided for validation

IDD: Service plan/documentation of A/N/E not provided, is incomplete or does not cover entire review period, no valid signature and/or date

BI: Service plan/documentation of A/N/E not provided, is incomplete or does not cover entire review period, no valid signature and/or date

TA: Service plan/documentation of A/N/E not provided or does not cover entire review period, no valid signature and/or date, DPOA/Guardianship document not provided for validation

AU: Service plan/documentation of A/N/E not provided or does not cover entire review period, no valid signature and/or date

SED: No valid signature and/or date, service plan/documentation of A/N/E not provided or does not cover entire review period

Remediation:

The Managed Care Organizations (MCOs) have indicated continued staff training in their remediation plans. Through these trainings Service Coordinators are retrained on process for obtaining and documenting validation of DPOA/Guardianship. Service Coordinators are also retrained on pulling the correct documents for entire audit/review period to ensure appropriate documents are included document uploads.

MCO will continue to complete SP process by telephone or video and began sending SP's to participant via mail with self address envelope so that participant can sign and return SP

With the earlier HCBS Waiver Programs COVID-19 guidance exception now rescinded, KDADS will continue to coordinate with the MCOs to educate their Care Coordinators on how to adequately complete a Person-Centered Service Plan (SP)

United has recently established an approved electronic signature platform. Aetna and Sunflower are in the process of establishing their electronic signature platforms. The ability to accept electronic signatures will help bring the Service Plan Measures into compliance.

Compliance Trends	2013	2014	2015	2016	2017	2018	2019	Jan-Mar 2020	April-June 2020	July - Sept 2020
PD										
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	38%	25%	35%	43%
Amerigroup		51%	19%	67%	87%	97%	N/A	N/A	N/A	N/A
Sunflower		88%	72%	74%	90%	85%	89%	94%	75%	53%
United		90%	80%	88%	88%	95%	90%	88%	79%	53%
Statewide	65%	72%	53%	76%	88%	93%	78%	73%	65%	51%
FE										
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	35%	17%	25%	45%
Amerigroup		59%	16%	61%	85%	92%	N/A	N/A	N/A	N/A
Sunflower		86%	62%	84%	89%	80%	92%	81%	73%	55%
United		92%	80%	88%	93%	92%	91%	82%	74%	44%
Statewide	80%	78%	50%	78%	89%	88%	83%	69%	63%	48%
IDD										
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	20%	33%	31%	19%
Amerigroup		23%	6%	59%	78%	86%	N/A	N/A	N/A	N/A
Sunflower		87%	59%	75%	82%	85%	83%	80%	62%	42%
United		100%	56%	79%	93%	90%	84%	64%	62%	69%
Statewide	99%	68%	42%	71%	83%	86%	75%	69%	57%	46%
BI										
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	23%	50%	21%	6%
Amerigroup		30%	12%	56%	81%	82%	N/A	N/A	N/A	N/A
Sunflower		94%	45%	84%	78%	86%	86%	75%	40%	35%
United		80%	76%	85%	79%	92%	87%	61%	57%	44%
Statewide	57%	63%	34%	69%	80%	85%	73%	64%	40%	31%
TA										
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	27%	46%	43%	13%
Amerigroup		61%	38%	75%	91%	99%	N/A	N/A	N/A	N/A
Sunflower		99%	86%	84%	72%	90%	90%	82%	82%	50%
United		97%	61%	79%	95%	84%	93%	88%	63%	40%
Statewide	86%	82%	57%	78%	86%	93%	81%	79%	65%	37%
Autism										
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	0%	0%	0%	0%
Amerigroup		62%	8%	23%	88%	100%	N/A	N/A	N/A	N/A
Sunflower		33%	29%	39%	50%	56%	62%	100%	100%	50%
United		43%	14%	6%	13%	47%	77%	0%	50%	14%
Statewide	90%	50%	16%	26%	50%	63%	62%	29%	40%	18%
SED										
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	46%	90%	13%	11%
Amerigroup		88%	64%	27%	25%	75%	N/A	N/A	N/A	N/A
Sunflower		80%	53%	22%	16%	39%	66%	90%	22%	14%
United		78%	63%	19%	5%	21%	64%	100%	42%	29%
Statewide	89%	82%	60%	23%	15%	45%	62%	94%	27%	19%

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: 07/01/2020 - 09/30/2020

Data Source: Adverse Incident Reporting

Compliance By Waiver	Aetna	Sunflower	United	Statewide
PD	98%	92%	100%	97%
Numerator	52	79	101	232
Denominator	53	86	101	240
FE	98%	88%	100%	95%
Numerator	41	64	73	178
Denominator	42	73	73	188
IDD	95%	91%	99%	94%
Numerator	329	1205	667	2201
Denominator	347	1321	672	2340
BI	100%	97%	100%	99%
Numerator	21	37	72	130
Denominator	21	38	72	131
TA	100%	100%	100%	100%
Numerator	5	5	6	16
Denominator	5	5	6	16
Autism	N/A	100%	100%	100%
Numerator	0	1	1	2
Denominator	0	1	1	2
SED	N/A	N/A	N/A	N/A
Numerator	0	0	0	0
Denominator	0	0	0	0

Explanation of Findings:

Sunflower had 88% compliance for initiating and resolving reports that were received on the FE waiver (64/73). The majority of reports that took longer than the agreed upon timeframe to resolve were due to waiting on additional evidence (i.e. Hospice confirmation, etc.).

All reports included in fallout data have explanations and documentation regarding any delays and all reports have since been resolved.

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	2019	Jan-Mar 2020	April-June 2020	July - Sept 2020
PD										
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	79%	96%	97%	98%
Amerigroup	No Data						N/A	N/A	N/A	N/A
Sunflower	No Data						98%	99%	95%	92%
United	No Data						100%	99%	99%	100%
Statewide	No Data						96%	98%	97%	97%
FE										
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	83%	96%	97%	98%
Amerigroup	No Data						N/A	N/A	N/A	N/A
Sunflower	No Data						96%	100%	96%	88%
United	No Data						98%	100%	98%	100%
Statewide	No Data						95%	99%	97%	95%
IDD										
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	85%	90%	92%	95%
Amerigroup	No Data						N/A	N/A	N/A	N/A
Sunflower	No Data						97%	100%	98%	91%
United	No Data						99%	100%	99%	99%
Statewide	No Data						96%	99%	98%	94%
BI										
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	91%	100%	N/A	100%
Amerigroup	No Data						N/A	N/A	N/A	N/A
Sunflower	No Data						99%	100%	N/A	97%
United	No Data						99%	100%	N/A	100%
Statewide	No Data						98%	100%	N/A	99%
TA										
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	93%	100%	100%	100%
Amerigroup	No Data						N/A	N/A	N/A	N/A
Sunflower	No Data						100%	100%	100%	100%
United	No Data						100%	100%	100%	100%
Statewide	No Data						98%	100%	100%	100%
Autism										
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Amerigroup	No Data						N/A	N/A	N/A	N/A
Sunflower	No Data						N/A	100%	N/A	100%
United	No Data						100%	N/A	N/A	100%
Statewide	No Data						100%	100%	N/A	100%
SED										
Aetna	N/A	N/A	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	N/A
Sunflower	No Data						N/A	N/A	N/A	N/A
United	No Data						N/A	N/A	N/A	N/A
Statewide	No Data						N/A	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: 07/01/2020 - 09/30/2020

Data Source: Adverse Incident Reporting

Compliance By Waiver	Aetna	Sunflower	United	Statewide
PD	100%	100%	100%	100%
Numerator	53	81	101	235
Denominator	53	81	101	235
FE	100%	100%	100%	100%
Numerator	42	64	73	179
Denominator	42	64	73	179
IDD	100%	100%	100%	100%
Numerator	347	1306	670	2323
Denominator	347	1306	670	2323
BI	100%	100%	100%	100%
Numerator	20	38	72	130
Denominator	20	38	72	130
TA	100%	100%	100%	100%
Numerator	5	4	5	14
Denominator	5	4	5	14
Autism	N/A	100%	100%	100%
Numerator	0	1	1	2
Denominator	0	1	1	2
SED	N/A	N/A	N/A	N/A
Numerator	0	0	0	0
Denominator	0	0	0	0

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	2019	Jan-Mar 2020	April-June 2020	July - Sept 2020
PD										
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	100%	100%	100%	100%
Amerigroup							N/A	N/A	N/A	N/A
Sunflower							100%	100%	100%	100%
United							100%	100%	100%	100%
Statewide							100%	100%	100%	100%
FE										
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	100%	100%	100%	100%
Amerigroup							N/A	N/A	N/A	N/A
Sunflower							100%	100%	100%	100%
United							100%	100%	100%	100%
Statewide							100%	100%	100%	100%
IDD										
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	100%	100%	100%	100%
Amerigroup							N/A	N/A	N/A	N/A
Sunflower							100%	100%	100%	100%
United							100%	100%	100%	100%
Statewide							100%	100%	100%	100%
BI										
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	100%	100%	N/A	100%
Amerigroup							N/A	N/A	N/A	N/A
Sunflower							100%	100%	N/A	100%
United							100%	100%	N/A	100%
Statewide							100%	100%	N/A	100%
TA										
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	100%	100%	100%	100%
Amerigroup							N/A	N/A	N/A	N/A
Sunflower							100%	100%	100%	100%
United							100%	100%	100%	100%
Statewide							100%	100%	100%	100%
Autism										
Aetna	N/A	N/A	N/A							
Amerigroup							N/A	N/A	N/A	N/A
Sunflower							N/A	100%	N/A	100%
United							100%	N/A	N/A	100%
Statewide							100%	100%	N/A	100%
SED										
Aetna	N/A	N/A	N/A							
Amerigroup							N/A	N/A	N/A	N/A
Sunflower							N/A	N/A	N/A	N/A
United							N/A	N/A	N/A	N/A
Statewide							N/A	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: 07/01/2020 - 09/30/2020

Data Source: Adverse Incident Reporting

Compliance By Waiver	Aetna	Sunflower	United	Statewide
PD	N/A	N/A	N/A	N/A
Numerator	0	0	0	0
Denominator	0	0	0	0
FE	N/A	N/A	100%	100%
Numerator	0	0	1	1
Denominator	0	0	1	1
IDD	60%	97%	85%	84%
Numerator	12	36	11	59
Denominator	20	37	13	70
BI	N/A	N/A	N/A	N/A
Numerator	0	0	0	0
Denominator	0	0	0	0
TA	N/A	N/A	N/A	N/A
Numerator	0	0	0	0
Denominator	0	0	0	0
Autism	N/A	N/A	N/A	N/A
Numerator	0	0	0	0
Denominator	0	0	0	0
SED	N/A	N/A	N/A	N/A
Numerator	0	0	0	0
Denominator	0	0	0	0

Explanation of Findings:

There were 12 total reports included in fallout data. Aetna had 8 reports, Sunflower had 1 and UHC had 2 reports involving unauthorized uses of restraint, seclusion or other restrictive interventions. All reports were reviewed and show that MCO follow-up and investigation resolved each incident and ensured necessary action was taken to prevent recurrence. 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:

The MCOs provided education and reviewed plans to ensure they are followed and updated as necessary. There is no remediation necessary regarding MCO review and investigation, all reports followed policies and procedures, as well as agreed upon timeframes to resolve. 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	2019	Jan-Mar 2020	April-June 2020	July - Sept 2020
PD										
Aetna	N/A	N/A	N/A							
Amerigroup								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							
Amerigroup								N/A	N/A	N/A
Sunflower								N/A	N/A	N/A
United								0%	N/A	100%
Statewide								0%	N/A	100%
IDD										
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	100%	100%	100%	60%
Amerigroup								N/A	N/A	N/A
Sunflower								91%	96%	94%
United								58%	78%	87%
Statewide								83%	95%	93%
BI										
Aetna	N/A	N/A	N/A							
Amerigroup								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							
Amerigroup								N/A	N/A	N/A
Sunflower								N/A	N/A	N/A
United								0%	N/A	0%
Statewide								0%	N/A	0%
Autism										
Aetna	N/A	N/A	N/A							
Amerigroup								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							
Amerigroup								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: 07/01/2020 - 09/30/2020

Data Source: Adverse Incident Reporting

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

Explanation of Findings:

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	2019	Jan-Mar 2020	April-June 2020	July - Sept 2020
PD										
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Amerigroup										
Sunflower	No Data						N/A	N/A	N/A	N/A
United							N/A	N/A	N/A	N/A
Statewide							N/A	N/A	N/A	N/A
FE										
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Amerigroup										
Sunflower	No Data						N/A	N/A	N/A	N/A
United							N/A	N/A	N/A	N/A
Statewide							N/A	N/A	N/A	N/A
IDD										
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	80%
Amerigroup										
Sunflower	No Data						100%	100%	100%	N/A
United							91%	100%	100%	100%
Statewide							94%	100%	100%	100%
BI										
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Amerigroup										
Sunflower	No Data						N/A	N/A	N/A	N/A
United							N/A	N/A	N/A	N/A
Statewide							N/A	N/A	N/A	N/A
TA										
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Amerigroup										
Sunflower	No Data						N/A	N/A	N/A	N/A
United							100%	N/A	N/A	N/A
Statewide							100%	N/A	N/A	N/A
Autism										
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Amerigroup										
Sunflower	No Data						N/A	N/A	N/A	N/A
United							N/A	N/A	N/A	N/A
Statewide							N/A	N/A	N/A	N/A
SED										
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Amerigroup										
Sunflower	No Data						N/A	N/A	N/A	N/A
United							N/A	N/A	N/A	N/A
Statewide							N/A	N/A	N/A	N/A

KDADS HCBS Quality Review Report

Health and Welfare

PM 9: Number and percent of waiver participants who received physical exams in accordance with State policies

Numerator: Number of HCBS participants who received physical exams in accordance with State policies

Denominator: Number of HCBS participants whose service plans were reviewed

Review Period: 07/01/2020 - 09/30/2020

Data Source: MCO Record Review

Compliance By Waiver	Aetna	Sunflower	United	Statewide
PD	57%	66%	75%	67%
Numerator	13	21	27	61
Denominator	23	32	36	91
FE	60%	64%	85%	72%
Numerator	12	21	33	66
Denominator	20	33	39	92
IDD	75%	86%	90%	85%
Numerator	12	43	26	81
Denominator	16	50	29	95
BI	88%	75%	88%	84%
Numerator	14	15	22	51
Denominator	16	20	25	61
TA	53%	80%	80%	73%
Numerator	8	16	20	44
Denominator	15	20	25	60
Autism	100%	100%	71%	82%
Numerator	2	2	5	9
Denominator	2	2	7	11
SED	84%	83%	88%	85%
Numerator	16	29	30	75
Denominator	19	35	34	88

Explanation of Findings:

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

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

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

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

AU: Evidence of physical exam not provided for review

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

Remediation:

The Managed Care Organizations (MCOs) have indicated continued staff training in their remediation plans. Through these trainings Service Coordinators are retrained on process for obtaining and documenting validation of DPOA/Guardianship. Service Coordinators are also retrained on pulling the correct documents for entire audit/review period to ensure appropriate documents are included document uploads. MCO will continue to complete SP process by telephone or video and began sending SP's to participant via mail with self address envelope so that participant can sign and return SP. With the earlier HCBS Waiver Programs COVID-19 guidance exception now rescinded. KDADS will continue to coordinate with the MCOs to educate their Care Coordinators on how to adequately complete a Person-Centered Service Plan (SP). United has recently established an approved electronic signature platform. Aetna and Sunflower are in the process of establishing their electronic signature platforms. The ability to accept electronic signatures will help bring the Service Plan Measures into compliance.

Compliance Trends	2013	2014	2015	2016	2017	2018	2019	Jan-Mar 2020	April-June 2020	July - Sept 2020
PD										
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	76%	67%	88%	57%
Amerigroup		78%			20%	46%	N/A	N/A	N/A	N/A
Sunflower		81%			34%	40%	54%	72%	75%	66%
United		88%			34%	23%	77%	71%	79%	75%
Statewide	Not a Measure	82%	No Data	No Data	29%	37%	68%	70%	80%	67%
FE										
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	56%	56%	75%	60%
Amerigroup		89%			23%	34%	N/A	N/A	N/A	N/A
Sunflower		97%			31%	28%	59%	66%	70%	64%
United		97%			31%	18%	71%	56%	87%	85%
Statewide	Not a Measure	95%	No Data	No Data	29%	27%	64%	60%	78%	72%
IDD										
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	88%	83%	94%	75%
Amerigroup		91%			28%	56%	N/A	N/A	N/A	N/A
Sunflower		99%			52%	70%	86%	80%	83%	86%
United		99%			26%	29%	72%	86%	66%	90%
Statewide	Not a Measure	97%	No Data	No Data	39%	56%	82%	82%	79%	85%
BI										
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	60%	67%	95%	88%
Amerigroup		84%			21%	29%	N/A	N/A	N/A	N/A
Sunflower		94%			32%	30%	55%	60%	80%	75%
United		93%			19%	35%	78%	74%	95%	88%
Statewide	Not a Measure	90%	No Data	No Data	23%	30%	64%	67%	90%	84%
TA										
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	81%	92%	86%	53%
Amerigroup		100%			39%	54%	N/A	N/A	N/A	N/A
Sunflower		100%			56%	79%	91%	81%	64%	80%
United		97%			68%	62%	87%	92%	79%	80%
Statewide	Not a Measure	100%	No Data	No Data	49%	63%	88%	88%	75%	73%
Autism										
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	40%	100%	50%	100%
Amerigroup		100%			56%	90%	N/A	N/A	N/A	N/A
Sunflower		92%			65%	73%	77%	100%	100%	100%
United		100%			19%	42%	60%	50%	50%	71%
Statewide	Not a Measure	98%	No Data	No Data	48%	59%	63%	71%	60%	82%
SED										
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	70%	86%	87%	84%
Amerigroup		54%			76%	87%	N/A	N/A	N/A	N/A
Sunflower		55%			27%	71%	72%	69%	63%	83%
United		46%			47%	61%	59%	73%	88%	88%
Statewide	Not a Measure	52%	No Data	No Data	52%	67%	66%	75%	78%	85%

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: 07/01/2020 - 09/30/2020

Data Source: MCO Record Review

Compliance By Waiver	Aetna	Sunflower	United	Statewide
PD	57%	50%	53%	53%
Numerator	13	16	19	48
Denominator	23	32	36	91
FE	55%	52%	41%	48%
Numerator	11	17	16	44
Denominator	20	33	39	92
IDD	38%	38%	55%	43%
Numerator	6	19	16	41
Denominator	16	50	29	95
BI	6%	25%	44%	28%
Numerator	1	5	11	17
Denominator	16	20	25	61
TA	20%	50%	40%	38%
Numerator	3	10	10	23
Denominator	15	20	25	60
Autism	0%	50%	0%	9%
Numerator	0	1	0	1
Denominator	2	2	7	11
SED	Not a Waiver Performance Measure			
Numerator				
Denominator				

Explanation of Findings:

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

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

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

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

TA: No valid signature and/or date, service plan not provided, is incomplete or does not cover entire review period, DPOA/Guardianship document not provided for validation

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

Remediation:

The Managed Care Organizations (MCOs) have indicated continued staff training in their remediation plans. Through these trainings Service Coordinators are retrained on process for obtaining and documenting validation of DPOA/Guardianship. Service Coordinators are also retrained on pulling the correct documents for entire audit/review period to ensure appropriate documents are included document uploads. MCO will continue to complete SP process by telephone or video and began sending SP's to participant via mail with self address envelope so that participant can sign and return SP. With the earlier HCBS Waiver Programs COVID-19 guidance exception now rescinded, KDADS will continue to coordinate with the MCOs to educate their Care Coordinators on how to adequately complete a Person-Centered Service Plan (SP). United has recently established an approved electronic signature platform. Aetna and Sunflower are in the process of establishing their electronic signature platforms. The ability to accept electronic signatures will help bring the Service Plan Measures into compliance.

Compliance Trends	2013	2014	2015	2016	2017	2018	2019	Jan-Mar 2020	April-June 2020	July - Sept 2020
PD										
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	79%	63%	62%	57%
Amerigroup		59%	53%	73%	86%	96%	N/A	N/A	N/A	N/A
Sunflower		77%	49%	66%	79%	85%	86%	91%	66%	50%
United		64%	80%	88%	87%	94%	88%	74%	76%	53%
Statewide	Not a Measure	67%	58%	75%	84%	92%	85%	77%	68%	53%
FE										
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	77%	56%	35%	55%
Amerigroup		61%	62%	72%	84%	90%	N/A	N/A	N/A	N/A
Sunflower		72%	56%	72%	77%	81%	86%	81%	70%	52%
United		76%	81%	85%	91%	91%	89%	79%	74%	41%
Statewide	59%	70%	65%	76%	84%	87%	86%	75%	64%	48%
IDD										
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	64%	50%	88%	38%
Amerigroup		67%	61%	65%	74%	86%	N/A	N/A	N/A	N/A
Sunflower		58%	32%	59%	70%	72%	78%	71%	65%	38%
United		70%	58%	73%	90%	86%	80%	64%	59%	55%
Statewide	Not a Measure	64%	47%	64%	76%	79%	77%	66%	67%	43%
BI										
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	48%	58%	37%	6%
Amerigroup		46%	49%	62%	80%	82%	N/A	N/A	N/A	N/A
Sunflower		68%	42%	80%	84%	88%	85%	75%	35%	25%
United		56%	74%	80%	79%	89%	86%	52%	43%	44%
Statewide	Not a Measure	56%	52%	70%	81%	85%	77%	62%	38%	28%
TA										
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	65%	77%	71%	20%
Amerigroup		75%	54%	79%	90%	99%	N/A	N/A	N/A	N/A
Sunflower		91%	58%	77%	78%	85%	89%	90%	73%	50%
United		86%	63%	79%	95%	86%	91%	83%	33%	40%
Statewide	Not a Measure	83%	57%	78%	87%	92%	86%	84%	57%	38%
Autism										
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	17%	0%	50%	0%
Amerigroup		77%	44%	32%	88%	100%	N/A	N/A	N/A	N/A
Sunflower		53%	27%	67%	80%	72%	77%	100%	100%	50%
United		38%	7%	6%	13%	41%	69%	0%	50%	0%
Statewide	Not a Measure	64%	30%	40%	62%	67%	64%	29%	60%	9%
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: 07/01/2020 - 09/30/2020

Data Source: MCO Claims Data

Compliance By Waiver	Statewide
PD	99%
Numerator	106,806
Denominator	108,127
FE	97%
Numerator	61,733
Denominator	63,363
IDD	96%
Numerator	162,786
Denominator	170,272
BI	98%
Numerator	17,035
Denominator	17,428
TA	95%
Numerator	8,797
Denominator	9,261
Autism	50%
Numerator	10
Denominator	20
SED	90%
Numerator	16,306
Denominator	18,074
All HCBS Waivers	97%
Numerator	373,476
Denominator	386,545

Compliance Trends	2013	2014	2015	2016	2017	2018	2019	Jan-Mar 2020	April-June 2020	July - Sept 2020
PD										
Statewide	Not a Measure	N/A	N/A	N/A	N/A	96%	97%	98%	98%	99%
FE										
Statewide	Not a Measure	N/A	N/A	N/A	N/A	95%	95%	97%	97%	97%
IDD										
Statewide	Not a Measure	N/A	N/A	N/A	N/A	97%	95%	96%	97%	96%
BI										
Statewide	Not a Measure	N/A	N/A	N/A	N/A	90%	94%	96%	96%	98%
TA										
Statewide	Not a Measure	N/A	N/A	N/A	N/A	91%	95%	92%	97%	95%
Autism										
Statewide	Not a Measure	N/A	N/A	N/A	N/A	82%	95%	71%	100%	50%
SED										
Statewide	Not a Measure	N/A	N/A	N/A	N/A	82%	78%	88%	91%	90%
All HCBS Waivers										
Statewide	Not a Measure	90%	88%	95%	95%	95%	95%	96%	97%	97%

Explanation of Findings:

Remediation:

KDADS HCBS Quality Review Report

Financial Accountability

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

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

Denominator: Total number of capitation (payment) rates

Review Period: Calendar Year 2020

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	2020
PD								
Statewide	Not a Measure	100%	100%	100%	100%	100%	100%	100%
FE								
Statewide	Not a Measure	100%	100%	100%	100%	100%	100%	100%
IDD								
Statewide	Not a Measure	100%	100%	100%	100%	100%	100%	100%
TBI								
Statewide	Not a Measure	100%	100%	100%	100%	100%	100%	100%
TA								
Statewide	Not a Measure	100%	100%	100%	100%	100%	100%	100%
Autism								
Statewide	Not a Measure	100%	100%	100%	100%	100%	100%	100%
SED								
Statewide	Not a Measure	100%	100%	100%	100%	100%	100%	100%

Explanation of Findings:

Remediation:

No remediation necessary



KanCare Ombudsman Report

Quarter 1, 2021 (based on calendar year)

January 1 – March 31, 2021

Data downloaded 4/12/2021

KanCare Ombudsman Office

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II. Highlights/Dashboard

A. **KanCare Ombudsman contacts;** continue at a decreased rate during the pandemic.

Initial Contacts	Qtr. 1	Qtr. 2	Qtr. 3	Qtr. 4
2019	1,060	1,097	1,071	915
2020	903	478	562	601
2021	564			

B. **KanCare Ombudsman Office Response time to members:** continues to increase as we recover from the pandemic.

Quarter yr.	Nbr Contacts	% Responded 0-2 days	% Responded 3-7 days	% Responded 8 or more days
Q1/2020	905	92%	4%	4%
Q2/2020	476	60%	37%	3%
Q3/2020	562	87%	12%	2%
Q4/2020	601	84%	15%	1%
Q1/2021	564	88%	12%	0%

C. **Community Resources by County;** are now posted on the KanCare Ombudsman webpages. All counties will be completed by May.

PicPic

HOME ABOUT KANCARE ▾ CONSUMERS ▾ PROVIDERS ▾ OMBUDSMAN ▾ POLICIES AND REPORTS ▾ CONTACT US

Home / Ombudsman / Community Resources by County

Community Resources by County

Community Resources include information for medical, food, transportation and shelter along with information and referral.

This information is provided as a community service and does not constitute endorsement. This is not an exhaustive list of resources. Not all counties are available yet. As they become available, they will be added to the list.

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

Counties in Alphabetical Order

a - e	f - li	lo - re	ri - w
Allen	Finney	Logan	Rice County
Anderson	Ford	Lyon	Riley County
Atchison	Franklin	Marion	Rooks County
Barber	Geary	Marshall	Rush County
Barton	Gove	McPherson	Russell County

III. KanCare Ombudsman Purpose

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

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

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

IV. Accessibility to the Ombudsman’s Office

A. Initial Contacts

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

The KanCare Ombudsman Office has helped KanCare members and applicants since the inception of KanCare in January 2013. Starting in November of 2015, the KanCare Ombudsman office began a volunteer program to assist with answering calls and helping with applications. There are two satellite offices; Wichita and Kansas City.

The last several quarters of contacts are down; we believe it is due to COVID-19.

Initial Contacts	Qtr. 1	Qtr. 2	Qtr. 3	Qtr. 4
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	478	562	601
2021	564			

The chart below shows one example of other organizations that also had a significant decrease in calls during the COVID-19 pandemic. According to this information it appears that the Clearinghouse contacts have a similar decrease to first quarter last year as the KanCare Ombudsman office.

	Q4	Q1	Q2	% +/- Q2 vs Q1, 2020	Q3	Q4	Q1	% +/- Q1, 2021 vs Q1, 2020
KanCare Ombuds. Contacts	915	903	478	-47%	562	601	564	-38%
CH contacts	126,682	128,033	57,720	-55%	57,425	59,161	81,398	-36%

B. Accessibility through the KanCare Ombudsman Volunteer Program

The KanCare Ombudsman Office has two satellite office for the volunteer program; one in Kansas City metro area and one in Wichita. The volunteers in both satellite offices answer KanCare questions, help with issues and assist with filling out KanCare applications (during COVID-19, by phone only).

During first quarter, there have been volunteers assisting in the offices (2 in each office, one volunteer in training in the KC office). we also had three volunteers in training for the Wichita office. They continue their training into second quarter. Both satellite offices have COVID-19 protocol for people in the buildings and the number of people in the buildings have been very limited. Calls are covered by volunteers in the satellite offices, and when there is a gap in coverage, the Topeka staff cover the phones.

Office	Volunteer Hours	# of Volunteers	# of hours covered/wk.	Area Codes covered
Kansas City Office	Mon.: 9 am - 12:30 pm Tues. 12:30 - 4 pm Friday: 10 am – 1:30 pm	3	10.5	Northern Kansas Area Codes 785, 913, 816
Wichita Office	Monday 9 am – 12:30 pm Tues. 9 am – 12:30 pm	2	6	Southern Kansas Area Codes 316, 620

Information As of April 2021

V. Outreach by KanCare Ombudsman Office

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

The below chart shows the outreach efforts by the KanCare Ombudsman Office.

	Q1/2020	Q2/2020	Q3/2020	Q4/2020	Q1/2021
Outreach	74	16	96	57	49

For the full listing of outreach, see Appendix A.

2. KanCare/Medicaid members by Region

This chart shows the **KanCare/Medicaid population** by the KanCare Ombudsman regions. The majority of the Medicaid population is located in the eastern two regions. Most Medicaid members are not being dropped at this time due to COVID-19, so the bottom line number is increasing each quarter.

Medicaid

Region	Q1/2020	Q2/2020	Q3/2020	Q4/2020	Q1/2021
Northeast	193,061	199,226	207,371	212,844	218,205
Southeast	174,330	180,611	188,171	193,347	198,235
Northwest	12,550	12,964	13,507	13,928	14,310
Southwest	36,984	38,200	39,667	40,724	41,958
Total	416,925	431,001	448,716	460,843	472,708

3. Kansas Population Density

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

This chart is based on 2015 Census data – www.KCDCinfo.ks.gov Kansas Population Density map using number of people per square mile (ppsm)



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

B. Data by Office Location

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

During first quarter, calls to the KanCare Ombudsman toll free number were handled by volunteers. When there was no volunteer coverage for the day, the Ombudsman Assistant or the Volunteer Coordinator took the toll free number calls.

Contacts by Office	Q1/2020	Q2/2020	Q3/2020	Q4/2020	Q1/2021
Main - Topeka	540	362	534	438	387
Johnson County	142	0	1	58	74
Wichita	221	112	26	105	103
Total	903	474	561	601	564

C. Data by Contact Method

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

Contact Method	Q1/2020	Q2/2020	Q3/2020	Q4/2020	Q1/2021
Telephone	773	356	464	511	472
Email	114	117	90	83	85
Letter	5	4	6	2	1
Face-to-Face Meeting	11	0	0	0	0
Other	0	1	1	5	2
Social Media	3	0	1	0	4
CONTACT METHOD TOTAL	906	478	562	601	564

D. Data by Caller Type

Most contacts are consumers which includes beneficiaries, family member, friend, etc.

The “Other type” callers are usually state employees, school social workers, lawyers and students/researchers, etc. looking for data.

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

CALLER TYPE	Q1/2020	Q2/2020	Q3/2020	Q4/2020	Q1/2021
Provider	70	63	63	58	61
Consumer	773	375	451	497	464
MCO Employee	3	6	5	8	2
Other Type	60	34	43	38	37
CALLER TYPE TOTAL	906	478	562	601	564

E. Data by Program Type

Nursing facility issues continue to be the top concern within the Program Type calls received. The calls, in general, were on the following concerns:

- KanCare application questions/assistance/eligibility
- Nursing facility complaints (referred to Long Term Care Ombudsman or KDADS complaint hotline)
- Concerns about medical services, or policies of nursing facility (including concerns about patient liability)

PROGRAM TYPE	Q1/2020	Q2/2020	Q3/2020	Q4/2020	Q1/2021
PD	32	25	35	12	9
I/DD	23	23	16	12	9
FE	34	19	27	16	13
AUTISM	1	1	2	3	0
SED	5	3	2	3	1
TBI	7	4	9	3	5
TA	6	5	2	1	1
WH	0	1	0	0	0
MFP	0	1	0	0	0
PACE	1	0	0	1	0
MENTAL HEALTH	3	8	2	1	3
SUB USE DIS	0	0	0	0	0
NURSING FACILITY	39	29	9	22	24
FOSTER CARE	0	1	0	0	1
MEDIKAN	2	0	0	3	2
INSTITUTIONAL TRANSITION FROM LTC/NF	3	2	3	2	1
INSTITUTIONAL TRANSITION FROM MH/BH	0	1	1	0	1
INSTITUTIONAL TRANSITION FROM PRISON/JAIL	0	0	0	0	0
PROGRAM TYPE TOTAL	156	123	108	79	70

There may be multiple selections for a member/contact.

F. Data by Priorities

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

- 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.
- 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	Q1/2020	Q2/2020	Q3/2020	Q4/2020	Q1/2021
HCBS	66	65	36	30	21
Long Term Care / MF	25	27	12	15	14
Urgent Medical Need	24	8	9	11	9
Urgent	22	12	13	18	14
Life Threatening	8	0	1	4	2
PRIORITIES TOTAL	145	112	71	78	60

G. Data by Issue Categories

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

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

1. Medicaid Issues

The top Medicaid issues are Medicaid General issues, Medicaid Application assistance, Medicaid Eligibility Issues and Medicaid Info/status.

MEDICAID ISSUES	Q1/2020	Q2/2020	Q3/2020	Q4/2020	Q1/2021
Access to Providers (usually Medical)	11	3	1	9	9
Appeals/Fair Hearing questions/issues	23	8	10	15	12
Background Checks	0	0	0	0	0
Billing	25	16	20	30	37
Care Coordinator Issues	19	3	4	7	7
Change MCO	7	3	8	6	6
Choice Info on MCO	4	2	1	2	1
Coding Issues	8	2	8	3	8
Consumer said Notice not received	3	0	1	2	1
Cultural Competency	0	1	0	0	1
Data Requests	4	4	1	1	6
Dental	4	7	5	3	4
Division of Assets	10	8	7	4	11
Durable Medical Equipment	3	9	2	5	3
Grievances Questions/Issues	33	11	10	22	18
Help understanding mail (NOA)	9	4	7	8	11
MCO transition	2	0	1	0	0
Medicaid Application Assistance	150	114	118	132	123
Medicaid Eligibility Issues	206	63	109	99	108
Medicaid Fraud	1	2	3	3	3
Medicaid General Issues/questions	188	89	103	123	141
Medicaid info (status) update	150	35	107	97	90
Medicaid Renewal	51	3	9	20	13
Medical Card issues	9	6	9	10	10
Medicare Savings Plan Issues	49	22	15	46	31
MediKan issues	3	0	2	8	5
Moving to / from Kansas	19	7	14	14	2
Medical Services	24	19	12	17	22
Pain management issues	0	2	0	1	1
Pharmacy	12	11	4	7	10
Pregnancy issues	5	2	9	22	30
Prior authorization issues	2	2	1	4	4
Refugee/Immigration/SOBRA issues	3	0	1	1	2
Respite	0	0	0	0	2
Spend Down Issues	28	17	23	27	19
Transportation	9	6	0	8	5
Working Healthy	0	1	0	2	2
MEDICAID ISSUES TOTAL	1074	482	625	758	758

There may be multiple selections for a member/contact.

2. HCBS/LTSS Issues

The top issues for this group are HCBS General Issues, HCBS eligibility issues and nursing facility issues.

HCBS/LTSS ISSUES	Q1/2020	Q2/2020	Q3/2020	Q4/2020	Q1/2021
Client Obligation	14	10	6	8	13
Estate Recovery	3	3	12	17	3
HCBS Eligibility issues	51	34	54	40	30
HCBS General Issues	60	55	55	48	45
HCBS Reduction in hours of service	5	3	15	4	3
HCBS Waiting List	2	0	12	11	4
Nursing Facility Issues	39	26	29	45	26
HCBS/LTSS ISSUES TOTAL	174	131	183	173	124

There may be multiple selections for a member/contact.

3. Other Issues

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

OTHER ISSUES	Q1/2020	Q2/2020	Q3/2020	Q4/2020	Q1/2021
Abuse / neglect complaints	8	10	9	7	6
ADA Concerns	0	0	1	0	1
Adoption issues	1	1	0	2	0
Affordable Care Act Calls	3	7	1	4	4
Community Resources needed	8	10	2	4	11
Domestic Violence concerns	0	0	1	2	0
Foster Care issues	6	4	3	1	2
Guardianship	4	5	2	3	3
Homelessness	2	3	4	2	2
Housing Issues	1	7	12	5	5
Medicare related Issues	16	17	11	25	14
Social Security Issues	16	15	18	21	14
Used Interpreter	1	5	4	4	4
X-Other	137	91	181	218	207
Z Thank you	335	218	270	282	334
Z Unspecified	75	47	40	70	25
Health Homes	0	0	0	0	0
OTHER ISSUES TOTAL	613	440	559	650	632

There may be multiple selections for a member/contact.

H. Data by Managed Care Organization (MCO) – See Appendix B

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
- information on resources provided
- how contacts are resolved

A. Responding to Issues

1. KanCare Ombudsman Office response to members/applicants

The Ombudsman Office goal is to respond to a contact within two business days. During the COVID-19 pandemic, our goal changed to responding within 3-4 business days. We went back to answering calls within two business days during first quarter. This was due to the addition of our Volunteer Coordinator who is experienced in taking calls and fills in when volunteers are not available.

Quarter yr.	Nbr Contacts	% Responded 0-2 days	% Responded 3-7 days	% Responded 8 or more days
Q1/2020	905	92%	4%	4%
Q2/2020	476	60%	37%	3%
Q3/2020	562	87%	12%	2%
Q4/2020	601	84%	15%	1%
Q1/2021	564	88%	12%	0%

2. Organizational final response to Ombudsman requests

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

Quarter yr. : Q1/2021					
Nbr Referrals	Referred to	% Responded 0-2 Days	% Responded 3-7 Days	% Responded 7-30 Days	% Responded 31 or More Days
50	Clearinghouse	94%	2%	4%	0%
1	DCF	100%	0%	0%	0%
3	KDADS-HCBS	100%	0%	0%	0%
16	KDHE-Eligibility	44%	44%	60%	60%
4	KDHE-Program Staff	50%	50%	0%	0%
7	KDHE-Provider Contact	29%	43%	28%	0%
3	KMAP	100%	0%	0%	0%
4	Aetna	50%	25%	0%	25%
6	Sunflower	50%	17%	33%	0%
6	UnitedHealthcare	50%	50%	0%	0%

3. Action Taken by KanCare Ombudsman Office to resolve requests

Action Taken Resolution Type	Q1/2020	Q2/2020	Q3/2020	Q4/2020	Q1/2021
Questions/Issue Resolved (No Resources)	70	51	8	16	27
Used Contact or Resources/Issue Resolved	715	361	514	535	491
Closed (No Contact)	55	31	31	39	39
ACTION TAKEN RESOLUTION TYPE TOTAL	840	443	553	590	557

Action Taken Additional Help	Q1/2020	Q2/2020	Q3/2020	Q4/2020	Q1/2021
Provided Resources	558	339	317	342	254
Mailed/Email Resources	114	73	85	118	90
ACTION TAKEN ADDITIONAL HELP TOTAL	672	412	402	460	344

There may be multiple selections for a member/contact

4. Ombudsman Office Resolution of Issues

The average days to close/resolve an issue had a dip in second quarter due to COVID and only one person answering the phone. The office is back up to the 70% during the third, fourth, and first quarter.

Quarter yr.	Nbr Contacts	Avg Days To Completion	% Completed 0-2 Days	% Completed in 3-7 Days	% Completed 8 or More Days
Q1/2020	804	5	74%	10%	16%
Q2/2020	404	7	46%	31%	23%
Q3/2020	534	4	76%	13%	11%
Q4/2020	570	5	70%	17%	13%
Q1/2021	540	3	73%	17%	11%

VIII. Enhancements and Future Changes

A. Community Resources by County

KanCare Ombudsman Office has created county level basic resources on the KanCare Ombudsman webpages. The resources cover medical, food, shelter, transportation and local and regional general resources.

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

The resources will be reviewed and updated on a rotating 18 month schedule with the continued assistance of college intern volunteers. There are a few counties still being worked on by interns. Those should be completed in May.

The next step in this project will be to contact state and community based organizations and request they add this resource to their website and provide it to people they are serving. We will use University of St. Mary's Interns to begin this phase of the project with Summer or Fall Interns. <https://kancare.ks.gov/kancare-ombudsman-office/community-resources-by-county> An example of the resource is available as Appendix C.

HOME ABOUT KANCARE ▾ CONSUMERS ▾ PROVIDERS ▾ OMBUDSMAN ▾ POLICIES AND REPORTS ▾ CONTACT US

Home / Ombudsman / Community Resources by County

Community Resources by County

Community Resources include information for medical, food, transportation and shelter along with information and referral.

This information is provided as a community service and does not constitute endorsement. This is not an exhaustive list of resources. Not all counties are available yet. As they become available, they will be added to the list.

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

Counties in Alphabetical Order

a - e	f - li	lo - re	ri - w
Allen	Finney	Logan	Rice County
Anderson	Ford	Lyon	Riley County
Atchison	Franklin	Marion	Rooks County
Barber	Geary	Marshall	Rush County
Barton	Gove	McPherson	Russell County

IX. Appendix A: Outreach by KanCare Ombudsman Office

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

A. Outreach through Education and Collaboration

- 1/6: WSU CEI staff attended the virtual Central Plains Area Agency on Aging monthly networking meeting.
- 1/8: WSU CEI staff attended a networking meeting with representatives from the statewide ADRC resource center and the No Wrong Door program.
- 1/8: WSU CEI staff registered for the WSU POWER Social Work March virtual conference.
- 1/20: WSU CEI staff attended the Butler County Early Childhood Taskforce monthly networking meeting.
- 1/21: WSU CEI staff attended the Healthier Greenwood County Coalition monthly networking meeting.
- 1/21 WSU CEI staff attended the SG Co IRIS network quarterly meeting.
- 1/27: WSU CEI staff and practicum student met with Nicole Dietrich of SEK KansasWorks, based in Emporia, to discuss resources and networking; staff subsequently mailed 2 packages of brochures to the Emporia SEK KansasWorks office.
- 2/3: WSU CEI staff attended the virtual Central Plains Area Agency on Aging monthly networking meeting
- 2/3: WSU CEI staff spoke with Cairn Health (Wichita) Director Aaron Walker to discuss Medicaid education and staff collaboration
- 2/3: WSU CEI staff spoke with Home For Life (Wichita) Parkinson's Occupational Therapist, Shana Gatschet to share Ombudsman phone number
- 2/9: WSU CEI staff and practicum student met with Catholic Charities Veteran's Outreach program staff
- 2/11: WSU CEI staff spoke with LTCSolutions Insurance (Wichita area) Mary Halsig to share resources on Medicare and Medicaid
- 2/11: WSU CEI practicum student attended Healthier Lyon County Coalition virtual meeting
- 2/17: WSU CEI staff attended Butler County Early Childhood Taskforce Coalition virtual meeting
- 2/18: WSU CEI staff attended Healthier Greenwood County Coalition virtual meeting
- 2/18: WSU CEI staff emailed with Greenwood County Hospital staff about KanCare Ombudsman flyers, phone number, and resources
- 2/19/21, *Volunteer Coordinator met with Shannon Olson from KSOR to discuss the collaboration history between the two offices.*
- 2/22: WSU CEI staff spoke with Home Health and Hospice of KS staff to arrange a car in a St. Patrick's Day parade

- 2/22: WSU CEI practicum student established email contact with staff at several regional Veterans' support organizations, including
 - Wichita Vet Center
 - Veterans' Coalition
 - Vet-to-Vet Support Command
 - Central Kansas Veteran Community Partnership
- 2/22: As a result of Veterans' outreach, WSU CEI staff added the Ombudsman Office as a resource on the Veterans' Providers Coalition of Sedgwick County website, at <https://vpcsc.org/vpcsc-resource-page-3/>
- 2/23/21, *Volunteer Coordinator attended the WYCO IRIS Current Partners meeting*
- 2/26: As a result of Veterans' outreach, WSU CEI staff and practicum student attended the monthly networking virtual meeting through Vet-to-Vet Support Command. This meeting included at least 20 other attendees.
- 3/1: WSU CEI staff emailed Medicaid resources to Mary Halsig of LT Care Solutions (Wichita).
- 3/3: WSU CEI staff attended Central Plains Area Agency on Aging monthly networking meeting via Zoom.
- 3/3: WSU CEI staff emailed Medicaid resources to Wichita-area DCF worker (as a result of CPAAA networking meeting).
- 3/3: WSU CEI staff emailed contact information to ADRC staff for their resource updates (as a result of CPAAA networking meeting).
- 3/4: WSU CEI staff spoke with staff at Emporia CrossWinds Counseling regarding social work licensing requirements for Medicaid/Medicare.
- 3/4: WSU CEI staff joined a private Facebook page for the Wichita-area Veteran's Support group.
- 3/5: WSU CEI staff virtually staffed an exhibit booth at the WSU POWER Social Work Conference, providing resources to 6 attendees in the fields of early childhood development, disability resources, nursing facility social work, and general social work practice.
- 3/5-3/17: WSU CEI staff coordinated with CPAAA network to participate in St. Patrick's Day car parade that included at least 20 other cars/floats. Subsequently toured 24 senior living facilities with a car banner with Ombudsman information. Facilities were located in the Wichita area, including Andover, Bel Aire, and Goddard.
- 3/8: WSU CEI staff responded to resource request from IRIS partner at SG Co Health Department.
- 3/9: WSU CEI staff worked with Cairn Health Executive Director Aaron Walker to plan networking efforts. Subsequently on 3/31, WSU CEI staff and MSW practicum students met virtually with Aaron Walker and Cairn Health MSW practicum student to discuss resource sharing and collaboration.
- 3/11: WSU CEI staff emailed Sarah Long at South Central Kansas Area Agency on Aging and subsequently mailed Ombudsman brochures.

- 3/15: WSU CEI staff responded to Medicaid policy questions from staff at Central Plains Area Agency on Aging.
- 3/18: WSU CEI staff attended Healthier Greenwood County Coalition meeting via Zoom.
- 3/22: WSU CEI staff and Kerrie Bacon emailed United MCO community relations staff regarding Medicaid COVID-19 policy and member outreach.
- 3/26: WSU CEI staff and practicum student Britt Doerner attended SG County-area Veteran's Support virtual networking meeting.
- 3/26: WSU CEI staff emailed Allen County Multi-Agency Team requesting information on networking meetings.
- 3/30-4/1: Volunteer Coordinator and WSU CEI staff exhibited at the Kansas Governor's Public Health Conference via the Pathable online conference platform. There were over 400 attendees. This conference resulted in:
 - 88 unique booth visits, 209 total booth visits
 - 37 document views
 - 7 requests for follow up (to be addressed in April)
 - 1 live networking meeting with Greenwood County Health Department personnel, resulting in mailed Ombudsman brochures
 - 1 chat exchange with Douglas County Health Department regarding Medicaid renewal extensions
 - Poll results and resource downloads -- Refer to the Addenda for specific resources and poll questions we made available to attendees.
- 3/31: WSU CEI staff mailed brochures to Kindred Hospice in Hutchison.

B. Outreach through Print Media and Social Media

- January; Wichita Ombudsman VISTA and WSU CEI staff focused approximately 6 hours on Facebook design & posting plans. February will see a renewal of regular Facebook posts, once roles and routines are re-established.
- January; WSU CEI staff emailed with the editor of the Wichita Riverside neighborhood newsletter to include recruitment & general outreach information in upcoming editions, which resulted in the publication of our brochure in the January issue.
- January; WSU CEI staff maintained listings in statewide resource referral websites www.1800childrenks.org and www.findhelp.org.
- February; Wichita Ombudsman practicum student and WSU CEI staff focused approximately 10 hours on Facebook design & posting plans.
- February; WSU CEI staff maintained listings in statewide resource referral websites www.1800childrenks.org and www.findhelp.org.
- March; Wichita Ombudsman practicum student and WSU CEI staff focused approximately 7 hours on Facebook design & posting plans.

X. Appendix B: Managed Care Organization (MCO) Data

A. Aetna

MEDICAID ISSUES	Q1/2020	Q2/2020	Q3/2020	Q4/2020	Q1/2021
Access to Providers (usually Medical)	0	1	0	3	0
Appeals/Fair Hearing questions/issues	1	1	0	1	0
Background Checks	0	0	0	0	0
Billing	2	2	2	5	2
Care Coordinator Issues	0	0	1	1	1
Change MCO	4	0	1	2	1
Choice Info on MCO	1	0	0	0	0
Coding Issues	0	0	0	0	0
Consumer said Notice not received	0	0	1	0	0
Cultural Competency	0	0	0	0	0
Data Requests	0	0	0	0	0
Dental	1	0	1	0	0
Division of Assets	0	0	0	0	0
Durable Medical Equipment	1	2	1	2	0
Grievances Questions/Issues	5	3	1	1	0
Help understanding mail (NOA)	0	0	1	0	0
MCO transition	0	0	0	0	0
Medicaid Application Assistance	0	0	0	2	0
Medicaid Eligibility Issues	1	1	1	4	2
Medicaid Fraud	0	0	0	0	0
Medicaid General Issues/questions	4	2	1	5	3
Medicaid info (status) update	4	4	1	3	3
Medicaid Renewal	3	0	0	1	1
Medical Card issues	0	0	1	0	0
Medicare Savings Plan Issues	3	0	0	1	1
MediKan issues	0	0	0	0	0
Moving to / from Kansas	0	0	0	0	0
Medical Services	2	2	2	3	2
Pain management issues	0	1	0	1	0
Pharmacy	1	0	0	1	0
Pregnancy issues	0	0	0	0	1
Prior authorization issues	0	0	1	1	0
Refugee/Immigration/SOBRA issues	0	0	0	0	0
Respite	0	0	0	0	0
Spend Down Issues	2	2	2	1	0
Transportation	1	1	0	1	0
Working Healthy	0	0	0	1	0
MEDICAID ISSUES TOTAL	36	22	18	40	17

HCBS/LTSS ISSUES	Q1/2020	Q2/2020	Q3/2020	Q4/2020	Q1/2021
Client Obligation	0	0	0	0	2
Estate Recovery	0	0	0	0	0
HCBS Eligibility issues	0	0	0	0	0
HCBS General Issues	0	5	2	2	0
HCBS Reduction in hours of service	0	1	0	0	0
HCBS Waiting List	0	0	0	0	0
Nursing Facility Issues	3	1	2	0	1
HCBS/LTSS ISSUES TOTAL	3	7	4	2	3

OTHER ISSUES	Q1/2020	Q2/2020	Q3/2020	Q4/2020	Q1/2021
Abuse / neglect complaints	1	2	1	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	1	0	0	0
Domestic Violence concerns	0	0	0	0	0
Foster Care issues	0	1	0	0	0
Guardianship	0	0	0	0	0
Homelessness	0	0	0	1	0
Housing Issues	0	0	1	1	0
Medicare related Issues	1	0	0	1	0
Social Security Issues	0	0	0	0	0
Used Interpreter	0	0	0	0	0
X-Other	3	6	4	5	5
Z Thank you	9	10	4	15	7
Z Unspecified	0	0	0	1	0
Health Homes	0	0	0	0	0
OTHER ISSUES TOTAL	14	20	10	24	12

PROGRAM TYPE	Q1/2020	Q2/2020	Q3/2020	Q4/2020	Q1/2021
PD	1	2	1	1	1
I/DD	0	2	0	1	0
FE	0	0	0	0	0
AUTISM	0	0	0	0	0
SED	0	1	0	0	0
TBI	0	0	2	0	0
TA	0	2	0	0	0
WH	0	0	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	2	2	0	0	0
FOSTER CARE	0	1	0	0	0
MEDIKAN	0	0	0	0	0
INSTITUTIONAL TRANSITION FROM LTC/NF	0	0	1	0	1
INSTITUTIONAL TRANSITION FROM MH/BH	0	0	0	0	0
INSTITUTIONAL TRANSITION FROM PRISON/JAIL	0	0	0	0	0
PROGRAM TYPE TOTAL	3	10	4	2	2

B. Sunflower

MEDICAID ISSUES	Q1/2020	Q2/2020	Q3/2020	Q4/2020	Q1/2021
Access to Providers (usually Medical)	2	0	0	2	2
Appeals/Fair Hearing questions/issues	4	2	1	8	1
Background Checks	0	0	0	0	0
Billing	2	1	4	7	5
Care Coordinator Issues	6	1	0	1	0
Change MCO	0	1	3	0	0
Choice Info on MCO	0	1	0	1	0
Coding Issues	0	0	1	1	0
Consumer said Notice not received	0	0	0	1	0
Cultural Competency	0	0	0	0	0
Data Requests	1	1	0	0	0
Dental	1	1	0	0	0
Division of Assets	0	0	0	0	0
Durable Medical Equipment	1	2	1	0	0
Grievances Questions/Issues	6	3	0	4	4
Help understanding mail (NOA)	2	1	0	1	1
MCO transition	0	0	0	0	0
Medicaid Application Assistance	3	0	0	1	0
Medicaid Eligibility Issues	5	1	1	0	1
Medicaid Fraud	0	1	0	0	0
Medicaid General Issues/questions	12	2	0	2	2
Medicaid info (status) update	6	1	2	2	1
Medicaid Renewal	3	0	0	0	0
Medical Card issues	2	1	0	1	1
Medicare Savings Plan Issues	1	0	0	0	0
MediKan issues	0	0	0	0	0
Moving to / from Kansas	2	0	0	0	0
Medical Services	6	2	1	4	4
Pain management issues	0	0	0	0	0
Pharmacy	0	1	0	0	0
Pregnancy issues	0	0	0	1	0
Prior authorization issues	0	1	0	0	0
Refugee/Immigration/SOBRA issues	0	0	0	0	0
Respite	0	0	0	0	0
Spend Down Issues	3	0	0	1	1
Transportation	3	2	0	0	0
Working Healthy	0	0	0	0	0
MEDICAID ISSUES TOTAL	71	26	14	38	23

HCBS/LTSS ISSUES	Q1/2020	Q2/2020	Q3/2020	Q4/2020	Q1/2021
Client Obligation	2	0	0	1	1
Estate Recovery	0	0	0	0	0
HCBS Eligibility issues	1	0	3	1	3
HCBS General Issues	7	9	7	3	4
HCBS Reduction in hours of service	1	2	2	2	0
HCBS Waiting List	0	0	1	0	0
Nursing Facility Issues	1	0	2	2	2
HCBS/LTSS ISSUES TOTAL	12	11	15	9	10

OTHER ISSUES	Q1/2020	Q2/2020	Q3/2020	Q4/2020	Q1/2021
Abuse / neglect complaints	1	0	0	0	0
ADA Concerns	0	0	0	0	0
Adoption issues	0	1	0	1	0
Affordable Care Act Calls	0	0	0	0	0
Community Resources needed	0	1	0	0	0
Domestic Violence concerns	0	0	0	0	0
Foster Care issues	0	0	0	0	0
Guardianship	1	0	0	0	2
Homelessness	0	1	0	0	0
Housing Issues	0	1	1	1	0
Medicare related Issues	2	1	0	0	2
Social Security Issues	0	1	0	0	1
Used Interpreter	0	0	0	0	0
X-Other	9	6	6	7	4
Z Thank you	24	14	12	14	19
Z Unspecified	0	1	0	1	1
Health Homes	0	0	0	0	0
OTHER ISSUES TOTAL	37	27	19	24	29

PROGRAM TYPE	Q1/2020	Q2/2020	Q3/2020	Q4/2020	Q1/2021
PD	4	5	5	0	1
I/DD	0	2	2	0	2
FE	1	1	1	3	1
AUTISM	1	0	1	0	0
SED	0	1	0	0	0
TBI	1	1	0	0	2
TA	1	1	0	1	0
WH	0	0	0	0	0
MFP	0	0	0	0	0
PACE	0	0	0	0	0
MENTAL HEALTH	0	0	0	1	1
SUB USE DIS	0	0	0	0	0
NURSING FACILITY	1	0	1	1	0
FOSTER CARE	0	0	0	0	0
MEDIKAN	0	0	0	0	0
INSTITUTIONAL TRANSITION FROM LTC/NF	0	0	0	1	0
INSTITUTIONAL TRANSITION FROM MH/BH	0	0	0	0	1
INSTITUTIONAL TRANSITION FROM PRISON/JAIL	0	0	0	0	0
PROGRAM TYPE TOTAL	9	11	10	7	8

C. United Healthcare

MEDICAID ISSUES	Q1/2020	Q2/2020	Q3/2020	Q4/2020	Q1/2021
Access to Providers (usually Medical)	1	0	0	3	0
Appeals/Fair Hearing questions/issues	4	2	1	1	0
Background Checks	0	0	0	0	0
Billing	4	2	3	3	2
Care Coordinator Issues	6	0	2	3	0
Change MCO	2	1	1	1	0
Choice Info on MCO	1	1	0	0	0
Coding Issues	1	0	0	0	0
Consumer said Notice not received	0	0	0	0	0
Cultural Competency	0	0	0	0	0
Data Requests	0	0	0	0	0
Dental	0	0	0	0	0
Division of Assets	0	0	0	0	0
Durable Medical Equipment	1	3	0	1	1
Grievances Questions/Issues	6	1	0	3	3
Help understanding mail (NOA)	0	0	0	0	1
MCO transition	1	0	0	0	0
Medicaid Application Assistance	0	1	0	1	1
Medicaid Eligibility Issues	4	2	1	3	2
Medicaid Fraud	0	0	0	0	0
Medicaid General Issues/questions	8	1	1	2	4
Medicaid info (status) update	9	1	0	2	2
Medicaid Renewal	1	0	0	0	1
Medical Card issues	2	1	0	2	0
Medicare Savings Plan Issues	0	0	0	1	0
MediKan issues	0	0	0	0	0
Moving to / from Kansas	0	0	0	0	0
Medical Services	3	3	5	1	1
Pain management issues	0	0	0	0	0
Pharmacy	2	2	2	3	0
Pregnancy issues	0	0	0	0	0
Prior authorization issues	1	0	0	1	0
Refugee/Immigration/SOBRA issues	0	0	0	0	0
Respite	0	0	0	0	0
Spend Down Issues	2	0	1	3	0
Transportation	3	2	0	3	0
Working Healthy	0	0	0	0	0
MEDICAID ISSUES TOTAL	62	23	17	37	18

HCBS/LTSS ISSUES	Q1/2020	Q2/2020	Q3/2020	Q4/2020	Q1/2021
Client Obligation	0	0	1	1	0
Estate Recovery	0	0	0	0	0
HCBS Eligibility issues	2	0	2	2	2
HCBS General Issues	8	1	5	7	3
HCBS Reduction in hours of service	1	0	5	2	1
HCBS Waiting List	0	0	0	0	1
Nursing Facility Issues	4	0	0	2	0
HCBS/LTSS ISSUES TOTAL	15	1	13	14	7

OTHER ISSUES	Q1/2020	Q2/2020	Q3/2020	Q4/2020	Q1/2021
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	1	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	1	0	0
Housing Issues	1	0	0	1	0
Medicare related Issues	1	1	0	1	1
Social Security Issues	0	0	1	1	0
Used Interpreter	0	0	0	0	0
X-Other	5	2	8	8	5
Z Thank you	18	8	12	15	8
Z Unspecified	0	1	0	1	1
Health Homes	0	0	0	0	0
OTHER ISSUES TOTAL	25	13	22	27	15

PROGRAM TYPE	Q1/2020	Q2/2020	Q3/2020	Q4/2020	Q1/2021
PD	3	1	5	4	1
I/DD	1	0	0	1	1
FE	3	0	4	1	0
AUTISM	0	0	0	0	0
SED	0	1	0	0	0
TBI	2	1	1	2	0
TA	1	0	1	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	3	0	0	0	0
FOSTER CARE	0	0	0	0	0
MEDIKAN	0	0	0	0	0
INSTITUTIONAL TRANSITION FROM LTC/NF	1	0	1	1	0
INSTITUTIONAL TRANSITION FROM MH/BH	0	1	0	0	0
INSTITUTIONAL TRANSITION FROM PRISON/JAIL	0	0	0	0	0
PROGRAM TYPE TOTAL	14	5	12	9	3
PROGRAM TYPE TOTAL	27	22	10	12	14

Appendix B: Community Resource Guide



A quick guide to basic services available in **Lincoln County**, Kansas

Information is provided as a community service and does not necessarily constitute endorsement. This is not a complete list of resources; information is updated annually.

Medical

Local Health Services/Clinics

Lincoln County Hospital	(785) 524-4403
Mitchell County Hospital Health Systems, Beloit	(785) 738-2266
Lincoln County Public Health Department, Lincoln	(785) 524-5003
Mitchell County Health Department, Beloit	(785) 738-5053
North Central Kansas Home Health Services, Beloit	(785) 738-5175
Pregnancy Service Center, Salina	(785) 823-1484
Salina Family Healthcare Center, Salina	(785) 825-7251

Mental Health

Central Kansas Mental Health Center, Salina	(785) 823-6322
JayDoc Free Clinic, Kansas City	(913) 387-1202
National Alliance on Mental Illness (NAMI)	(800) 539-2660
National Suicide Prevention Lifeline	(800) 273-8255
Saint Francis Ministries	(800) 423-1342
Salina Family Healthcare Center, Salina	(785) 825-7251

Dental Services

JayDoc Free Clinic, Kansas City	(913) 387-1202
Kansas Donated Dental Services Online Application	https://dentallifeline.org/kansas/
Kansas Donated Dental Services	(785) 273-1900 or (888) 870-2066
Kansas Mission of Mercy Dental Project	http://www.ksdentalfoundation.org/patients/
Kansas Neurological Institute, Topeka	(785) 296-5377
Kansas State Farmworker Health Program, Topeka	(785) 296-2671
Marian Dental Clinic, Topeka	(785) 233-2800
Salina Emergency Aid/Food Bank, Salina	(785) 827-7111
Salina Family Healthcare Center, Salina	(785) 826-9017
Smiles Change Lives (discounted braces)	https://www.smileschangelives.org/

Smiles for Success <https://smilesforsuccess.org/>

Eye Care

EyeCare America (877) 887-6327
JayDoc Free Clinic, Kansas City (913) 387-1202
Kansas City Free Eye Clinic, KCMO Online Application www.kcfreeeyeclinic.org
Kansas City Free Eye Clinic, KCMO (816) 471-4673
Lions Club International (provides free eye exams and eyeglasses to qualified participants) (316) 773-2100
Salvation Army, Salina (Vision USA) (785) 823-2251
Salvation Army, Topeka (Vision USA) (785) 233-9648
See To Learn (3 year-olds) (800) 960-3937

Prescription Services

Needy Meds (helps with cost of medicine) www.needymeds.org
Prescription Assistance Program www.KansasDrugCard.com
Rx Assist (helps with cost of medicine) www.rxassist.org
Salina Emergency Aid/Food Bank, Salina (785) 827-7111
Salina Family Healthcare Center, Salina (785) 452-3900

Assistive Equipment

Assistive Technology for Kansans (800) 526-3648
KEE Reuse Program (supply or exchange medical equipment for adults and children) (800) 526-3648

Other Health Services

KanCare/Medicaid eligibility and renewal, KanCare Clearinghouse (800) 792-4884
KanCare application, benefits and assistance www.kancare.ks.gov
KanCare Ombudsman office (855) 643-8180
..... www.KanCareOmbudsman.ks.gov
Kansas Special Health Care Needs (SHCN) Program (infants to age 21) (785) 826-6600
Kansas State Farmworker Health Program, Topeka (785) 296-2671
Ryan White Program (HIV/STI help) (www.kdheks.gov/sti_hiv/ryan_white_care.htm) (316) 293-2652
Senior Health Insurance Counseling for Kansas (SHICK) (800) 860-5260

Information and Referral

Local Resources

American Red Cross, Salina (785) 827-3644
Birthright (800) 550-4900
Catholic Charities, Salina (785) 825-0208

Disability Planning Organization of Kansas, Inc., Salina	(785) 823-3173
Lincoln Senior Center, Lincoln	(785) 524-4738
Planned Parenthood, Wichita	(316) 263-7575
Salina Emergency Aid/Food Bank, Salina	(785) 827-7111
Salina Rescue Mission, Salina	(785) 823-2610
Salvation Army, Salina	(785) 823-2251
United Way	2-1-1
United Way, Salina	(785) 827-1312

Regional/State Organizations

Aging and Disability Resource Center (ADRC), Manhattan	(785) 776-9294
Area Agency on Aging, Salina	(785) 823-1277
Disability Planning Organization of Kansas (DPOK), Salina	(785) 823-3173
Kansas Commission on Veterans Affairs, Salina	(785) 823-2862
Kansas Department for Children and Families, Salina (www.dcf.ks.gov)	(785) 826-8000
Kansas Elder Law Hotline	(888) 353-5337
Kansas Legal Services	(620) 225-4041
Long Term Care Ombudsman	(877) 662-8362
Operation Homefront (Military Families)	(877) 264-3968
Saint Francis Ministries	(800) 423-1342
Social Security Administration, Salina	(877) 405-3494
Urban League of Kansas	(316) 262-2463
West Central Missouri Community Action Agency	(800) 293-3532

Food

Catholic Charities, Salina	(785) 825-0208
Emmanuel Foursquare Church, Salina	(785) 825-1943
Lincoln Senior Center, Lincoln (TEFAP)	(785) 524-4738
National Hunger Hotline	(866) 3-HUNGRY
Salina Emergency Aid/Food Bank, Salina	(785) 827-7111
Salina Rescue Mission, Salina	(785) 823-2610
Saline County Salina Senior Center, Salina	(785) 827-9818
Salvation Army, Salina	(785) 823-2251
Sylvan Grove Senior Center, Sylvan Grove (TEFAP)	(785) 526-7469
United Methodist Church, Lincoln	(785) 524-4000
Yachad Food Pantry, Overland Park (Kosher)	(913) 649-4852

Transportation

Disabled American Veterans (VA appointments)	(913) 651-2402
Lincoln County Public Transportation, Lincoln	(785) 384-0015
OCCK Transportation, Salina	(785) 826-1583

Shelter

Homeless Shelters/Transitional Housing

Ashby House, Salina	(785) 826-4935
Homeless Shelter Hotline.....	(816) 474-4599
Salina Rescue Mission, Salina	(785) 823-2610
U.S. Department of Veteran Affairs, VASH Voucher Program for Veterans	(877) 424-3838

Rent & Utilities

Catholic Charities, Salina	(785) 825-0208
Kansas Community Action Partnership, Topeka	(785) 836-4500
Kansas Lifeline Program (low cost telephone service).....	(800) 662-0027
Low Income Energy Assistance Program (LIEAP).....	(800) 432-0043
Salina Emergency Aid/Food Bank, Salina	(785) 827-7111
Salvation Army, Salina	(785) 823-2251

Landlord Issues

Housing and Credit Counseling (Landlord and tenant issues) (www.hcci-ks.org)	(800) 383-0217
Kansas Housing Resources Corporation (www.kshousingcorp.org)	(785) 217-2001
Kansas Legal Services	(800) 723-6953
Urban League of Kansas	(316) 262-2463

Housing

American Red Cross, Salina	(785) 827-3644
Kansas Community Action Partnership, Topeka.....	(785) 836-4500
Kansas Housing Assistance Program	www.kshap.org
Kansas Housing Resources Corporation (includes weatherization assistance)	(785) 217-2001
.....	www.kshousingcorp.org
Kansas Rural Development	(785) 271-2700
Salina Housing Authority, Salina	(785) 827-0441
U.S. Department of Veteran Affairs, VASH Voucher Program for Veterans	(877) 424-3838
Urban League of Kansas	(316) 262-2463

Other Resources

Kansas Department of Health and Environment ([KDHE](#)) [Resource Tool Kit](#)

[Kansas Commission on Disability Concerns \(KCDC\)](#) Choose “Life Resources” or “Youth” at top of page.

1115 Waiver- Safety Net Care Pool Report

Demonstration Year 9 - 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 9- YE 2021 Health Care Access Improvement Pool Estimated Payments 1/1/2021 to 12/31/2021

Provider Name	YE 2021 Estimated Payment	Provider Access Fund 2443	Federal Medicaid Fund 3414
AdventHealth Ottawa	337,801	120,933	216,868
AdventHealth Shawnee Mission	3,468,773	1,241,821	2,226,953
Ascension Via Christi Hospital Manhattan, Inc.	1,065,751	381,539	684,212
Ascension Via Christi Hospital Pittsburg	1,039,533	372,153	667,380
Ascension Via Christi Regional Health Center	4,513,205	1,615,727	2,897,478
Ascension Via Christi Rehabilitation Center	92,431	33,090	59,341
Ascension Via Christi St. Teresa	204,297	73,138	131,158
Bob Wilson Memorial Hospital	234,683	84,017	150,667
Children's Mercy South	685,798	245,516	440,282
Coffeyville Regional Medical Center	322,161	115,334	206,827
Doctors Hospital	37,030	13,257	23,773
Geary Community Hospital	361,752	129,507	232,245
Hays Medical Center	712,895	255,216	457,678
Hutchinson Regional Medical Center	1,267,461	453,751	813,710
Kansas Heart Hospital LLC	8,447	3,024	5,423
Kansas Medical Center LLC	202,979	72,667	130,313
Kansas Rehabilitation Hospital	43,559	15,594	27,965
Labette County Medical Center	334,033	119,584	214,449
Lawrence Memorial Hospital	1,156,175	413,911	742,264
Manhattan Surgical Center	18,705	6,697	12,009
McPherson Hospital	128,215	45,901	82,314
Menorah Medical Center	794,317	284,366	509,952
Mercy Hospital Moundridge	30,635	10,967	19,668
Miami County Medical Center	268,338	96,065	172,273
Morton County Health System	78,345	28,048	50,297
Newton Medical Center	647,406	231,771	415,634
Olathe Medical Center	3,099,746	1,109,709	1,990,037
Overland Park Regional Medical Ctr.	3,028,100	1,084,060	1,944,040
Pratt Regional Medical Center	179,577	64,288	115,288
Providence Medical Center	1,501,145	537,410	963,735
Rock Regional Hospital	152,313	54,528	97,785
Saint Luke's South Hospital	332,342	118,978	213,363
Salina Regional Health Center	1,046,643	374,698	671,945
South Central KS Reg Medical Ctr	263,653	94,388	169,265
Southwest Medical Center	416,737	149,192	267,545
St. Catherine Hospital	1,141,663	408,715	732,948
St. John Hospital	318,531	114,034	204,497
Stormont Vail Health	3,190,681	1,142,264	2,048,417
Susan B. Allen Memorial Hospital	403,818	144,567	259,251
The University of Kansas Health System Great B	391,440	140,135	251,304
The University of Kansas Health System St. Fran	1,597,044	571,742	1,025,302
Wesley Medical Center	5,338,984	1,911,356	3,427,628
Wesley Rehabilitation Hospital	33,519	12,000	21,519
Western Plains Medical Complex	498,059	178,305	319,754
Grand Total	40,988,723	17,825,995	23,162,727

1115 Waiver- Safety Net Care Pool Report
Demonstration Year 9 - Quarter 1

Large Public Teaching Hospital/Border City Children's Hospital Pool
No Payments

Hospital Name	LPTH/BCCH DY/QTR 2021/1	State General Fund 1000	Federal Medicaid Fund 3414
	0	0	0
Total	0	0	0

11115 Waiver - Safety Net Care Pool Report
Demonstration Year 9 - YE 2021
 Large Public Teaching Hospital\Border City Children's Hospital Pool
 Estimated Payments 1/1/2021 to 12/31/2021

Hospital Name	YE 2021 Estimated Payment	State General Fund 1000	Federal Medicaid Fund 3414
University of Kansas Hospital *	7,392,412	2,646,483	4,745,929
Total	7,392,412	2,646,483	4,745,929

*IGT Funds are received from the University of Kansas Hospital

KanCare Summary of Claims Adjudication Statistics per MCO (January - March 2021)

Aetna YTD Cumulative Claims					
Service Type	Total Count	Total Count Value	Total Denied	Total Denied Value	Percent Claims Denied
Hospital Inpatient	5,612	\$342,037,938.32	1,262	\$119,217,661.87	22.49%
Hospital Outpatient	58,667	\$228,414,394.76	12,124	\$65,436,763.08	20.67%
Pharmacy	497,132	\$39,055,034.09	144,544	\$379,971.26	29.08%
Dental	29,293	\$11,474,106.10	3,699	\$1,496,651.05	12.63%
Vision	1,376	\$344,611.29	227	\$55,411.41	16.50%
NEMT	23,837	\$1,100,059.06	67	\$3,902.00	0.28%
Medical	346,358	\$166,730,232.80	50,511	\$28,778,235.18	14.58%
Nursing Facilities	17,827	\$47,524,933.49	1,463	\$5,172,830.20	8.21%
HCBS	79,583	\$38,859,833.29	1,769	\$948,793.39	2.22%
Behavioral Health	57,158	\$26,990,118.69	2,534	\$2,532,217.28	4.43%
Total All Services	1,116,843	\$902,531,261.89	218,200	\$224,022,436.72	19.54%

Sunflower YTD Cumulative Claims					
Service Type	Total Count	Total Count Value	Total Denied	Total Denied Value	Percent Claims Denied
Hospital Inpatient	9,079	\$574,852,736	2,106	\$175,392,601	23.20%
Hospital Outpatient	85,424	\$270,360,896	10,411	\$46,020,398	12.19%
Pharmacy	477,310	\$53,385,509	120,511	\$25,843,624	25.25%
Dental	36,804	\$14,454,518.81	3,076	\$985,802.64	8.36%
Vision	24,559	\$7,224,719.37	3,226	\$1,016,609.21	13.14%
NEMT	25,883	\$744,228.87	184	\$3,510.04	0.71%
Medical	431,731	\$279,551,795	58,097	\$56,549,886	13.46%
Nursing Facilities	29,896	\$79,244,431	1,820	\$7,606,944	6.09%
HCBS	163,096	\$97,560,809	7,539	\$6,110,348	4.62%
Behavioral Health	191,592	\$36,015,437	16,347	\$3,877,842	8.53%
Total All Services	1,475,374	\$1,413,395,080	223,317	\$323,407,564	15.14%

United YTD Cumulative Claims					
Service Type	Total Count	Total Count Value	Total Denied	Total Denied Value	Percent Claims Denied
Hospital Inpatient	7,309	\$421,857,874.84	1,455	\$94,971,028.43	19.91%
Hospital Outpatient	85,556	\$294,250,702.31	18,493	\$63,873,424.54	21.62%
Pharmacy	460,772	\$59,212,190.84	90,817	\$20,570,068.19	19.71%
Dental	44,622	\$18,238,566.20	6,967	\$3,021,642.20	15.61%
Vision	20,066	\$4,967,557.64	2,394	\$561,459.93	11.93%
NEMT	29,179	\$989,889.51	270	\$5,708.26	0.93%
Medical	437,194	\$286,319,932.98	79,344	\$79,751,244.58	18.15%
Nursing Facilities	27,958	\$83,539,619.14	3,280	\$9,304,128.28	11.73%
HCBS	134,508	\$64,528,138.44	3,978	\$3,219,372.07	2.96%
Behavioral Health	188,750	\$52,391,200.89	12,396	\$7,809,987.72	6.57%
Total All Services	1,435,914	\$1,286,295,672.79	219,394	\$283,088,064.20	15.28%