

Third Quarter Report to CMS Regarding
Operation of 1115 Waiver
Demonstration Program
– Quarter Ending 09.30.2021



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)
Federal Fiscal Quarter: 4/2021 (7/21-9/21)

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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.

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 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 September 30, 2021.

Demonstration Population	Enrollees at Close of Quarter (9/30/2021)	Total Unduplicated Enrollees in Quarter	Disenrolled in Quarter
Population 1: ABD/SD Dual	14,245	15,248	1,003
Population 2: ABD/SD Non-Dual	31,218	32,210	992
Population 3: Adults	63,314	64,240	926
Population 4: Children	243,007	246,214	3,207
Population 5: DD Waiver	9,086	9,149	63
Population 6: LTC	20,959	21,880	921
Population 7: MN Dual	3,807	4,552	745
Population 8: MN Non-Dual	1,872	2,044	172
Population 9: Waiver	4,446	4,989	543
Population 10: UC Pool	N/A	N/A	N/A
Population 11: DSRIP Pool	N/A	N/A	N/A
Total	391,954	400,526	8,572

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.

¹ www.kancare.ks.gov

The KanCare Advisory Council consists of thirteen members: One legislator representing the Kansas House of Representatives, one representing mental health providers, one representing Community Developmental Disability Organizations (CDDOs), three representing physicians and hospitals, three representing KanCare members, two representing senior members, one former Kansas Senator, and one representing pharmacists. The KanCare Advisory Council meeting occurred August 31, 2021 via Zoom. The agenda was as follows:

- Welcome
- Review and Approval of Minutes from Council Meeting, December 8, 2020, March 11, 2021, and June 24, 2021
- 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 the average nursing hours that our consumers are receiving compared to the hours that they are given according to their basis score – Ed Nicholas
 - Process of MCO contract renewals/new bids; particularly how MCOs are involved around input on the design, expected outcomes, performance measures, models of care and reimbursement to providers of any renewals/bids – Walt Hill
 - Discussion for COVID-19 vaccinations for foster parents and foster children over 12 years of age? Are there policies in place and are there gaps we should be aware of? – Njeri Shomari
 - Concerns in the Lawrence community regarding Heartland Health Center, the only FQHC in Douglas County and the only place that provides adult dental. Can you give some feedback or input on that? Njeri Shomari
- Kansas Department of Health and Environment (KDHE) Update – Sarah Fertig, Medicaid Director, and Chris Swartz, Director of Operations/COO, Deputy Medicaid Director
- Kansas Department for Aging and Disability Services (KDADS) Update – Janis DeBoer, Deputy Secretary
- 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 August 3, 2021. The tribal members were consulted on the following items:

- 1115 amendment to implement 12 months of continuous eligibility for parents and other caretaker adults
- Following State Plan Amendments (SPAs) were discussed:
 - Medication Assistive Treatment - Support Act
 - Presumptive PE tool for Medicaid Program
 - Presumptive PE tool for CHIP Program
 - Third Party Liability Action Plan
- The next meeting is scheduled for November 2, 2021

Outstationed Eligibility Workers (OEWS) participated in 137 in-person and virtual community events by providing KanCare program outreach, education, and information for the following:

Accord Hospice and Wabaunsee and Geary County; Achievement Services and The Dooley Center; Afghan Resettlement Team Meeting; Area Senior Center- Open House – new day services program for HCBS IDD

waiver clients; Ascension Via Christi; Atchison Adult Learning Center; Atchison Hospital; Atchison School District; Atchison Senior Village; Bicentennial Manor meeting Jacky Robinson; Bureau of Family Health; Butler County Health Department Infant/Maternal; Café con Leche; Catholic Charities; Central Area Agency on Aging; Clay Center Hospital; Clifton Senior Center; Comanche Elementary School; Community Health Fair by Finney County Health Department in Garden City; Community Memorial Healthcare in Marysville; County Department on Aging; County Health Departments in Johnson; Riley; Geary; Finney; Washington; Elkhart; Seward; Atchison; Wabaunsee; Marshall, Clay; County Library Summer Reading Event; Cowley County meeting; Domestic Violence & Sexual Assault Resource center- Barriers to services in Rural Communities; East Antioch Elementary School; East Central Kansas/Health Services Advisory Committee (ECKAN/HSAC); Family Resource Council Meeting – Listened to Presentation by Midland Care on Diabetes; Family Resource Council Meeting; Finney County Community Health Coalition meeting; Flint Hills Wellness Coalition in Manhattan; Geary County Farmers Market Community Information Night; Geary County Food Pantry; GraceMed Clinic; Gram Villa Assisted Living; Grand Central Senior Center in Newton; Great Bend DCF Service Center Meeting; Growing Futures Early Education (Head Start); Haskell and Kickapoo, WIC Clinic; Health Partnership Clinics; Healthier Lyon County Coalition meeting; Hispanic Task Force Meeting; Junction City Community Expo in the Park; Kansas Assistance Network (KAN); Konza Community Back to School Fair; Konza Community Clinic; Konza Prairie Community Center in Junction City; La Leche League; Lincoln Center OBGYN; Manhattan housing Authority; Marion County- Community Developmental Disability organization (CDDO) meeting; Marshall County extension office; Medicaid presentation at Randolph Senior Center Randolph; Medical Choices Clinic; Medicare 101 Seminar; Meeting with J Robinson Bicentennial Manor Senior Apartments; Newman Regional Health; Newton EES Unit meeting, medical overview presentation with Q&A; Nieman Elementary School; Outreach in Marshall and Clay Counties at Randolph Senior Center; Overland Park Elementary School; Pregnancy and Family Resource Center; Presentation at Hutchinson DCF EES unit meeting regarding the MSP/MN, WH and PMDT programs; Randolph Senior Center to meet with Madilyn Haynes; Reno County Early Childhood Community Screening ; Riley County Senior Services; Rosehill Elementary School; Santa Fe Trail Elementary School; School enrollment for all Newton schools at Chisholm Middle School and all Hesston schools; Shawnee Elementary School; Sheldon Head Start Family Event; Teams meeting for Adult Protection Services (Sedgwick); Teleconference Healthy Non-Profit Information Meeting; The Salvation Army; Tomahawk Elementary School; USD 259 Irving Elementary School; USD 383-Manhattan High School East; USD 402 Augusta; USD 501 Topeka Family Health & Fitness Night; Veteran’s Round Up-Independence; Vintage Park Senior Housing; Washington County extension office met with Jordan Shuttie; Waterville Low Income Housing; Wilson County Community Baby Shower; Wilson Medical Center; and Women’s Health Group.

Support and assistance for KanCare members was provided by KDHE’s 29 OEW. Staff determined eligibility for 1,133 applicants. The OEW staff members also assisted in resolving 447 issues that involved urgent medical needs, obtaining correct information on applications, and addressing gaps or errors in pending applications or reviews with the KanCare Clearinghouse. In addition, these OEW staff members assisted with 1,747 phone calls, 400 walk-ins, and 447 e-mails from the public.

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

- Program for All-Inclusive Care (PACE) Program (quarterly but now as needed during the Public Health Emergency (PHE))
- HCBS Provider Forum teleconferences (quarterly)
- Lon-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 MCOs and Community Mental Health Centers
- Regular meetings with the Kansas Hospital Association
- Series of meetings with behavioral health institutions, private psychiatric hospitals, and Psychiatric Treatment Residential Facilities (PRTFs) to address care coordination and improved integration (weekly)
- Medicaid Functional Eligibility Instrument (frail elderly, physically disabled, and brain injury) 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). Although the program has a similar model to the state’s previous health homes program, OCK was designed as an opt-in program. The program was launched on April 1, 2020, with an expansion implemented on April 1, 2021. As of September 30, 2021, there were 32 contracted OCK providers across the state, with one provider leaving the network during this reporting period. Moreover, the program had 2,927 members opt-in; this number continues to grow with new members enrolling each month.

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

MCO Outreach Activities

A summary of this quarter's marketing, outreach and advocacy activities conducted by the KanCare MCOs – Aetna Better Health of Kansas (ABHKS), Sunflower State Health Plan (SHP), and UnitedHealthcare Community Plan (UHC) – follows below.

Information related to ABHKS marketing, outreach, and advocacy activities:

Marketing Activities

Due to the COVID 19 pandemic, ABHKS has continued to have issues with effectively providing outreach and marketing activities. Because of social distancing and policies against travel to stop the spread of the virus, the ability to communicate directly with KanCare members has been dramatically 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. ABHKS has been able to work with more organizations and events in person during the third quarter, but most efforts were virtual. In-person visits did increase in July. Aetna was able to provide information and education to 830 individuals with community-based organizations and provider offices from around 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 during July, August, and September.

Outreach Activities

ABHKS Community Development and System of Care team staff provided both virtual and in-person outreach activities to community-based organizations, advocacy groups, and provider offices throughout Kansas. ABHKS staff visited virtually or in person with 830 individuals associated with community-based organizations in Kansas including: My Family of Cherokee County; Catholic Charities of Colby; Grace Med Clinic in Wichita; NEK-CAP Head Start in Leavenworth; Butler County CDDO; as well as others. ABHKS was able to share our education information with over 5,800 members or potential members of KanCare through attendance at both in-person and virtual events. ABHKS also sponsored eleven COVID 19 Vaccine Clinics throughout the State with over 290 individuals receiving the vaccine.

Advocacy Activities

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

Information related to SHP marketing, outreach, and advocacy activities:

Marketing Activities

SHP marketing activities included attending and/or sponsoring nine 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 attended and sponsored local and statewide member and provider events such as:

- American Diabetes Association Annual Walk
- Back to School Events sponsored by Care Portal
- Kansas Hospital Association - Annual Meeting

Outreach Activities

SHP's outreach activities centered on providing personal protective equipment (PPE), food, and funding support to organizations that serve and support our members and the community at large. Due to the impact of COVID-19, SHP's efforts moved to outreach to organizations to help sustain their normal work in addition to an increased demand on resources and more people to serve.

During this time, SHP reached more than 90 agencies, impacting more than 400,000 people including members, health care providers, agencies serving both the disabled and senior communities, along with community action agencies across the state.

Examples of notable member outreach activities:

- Funds to agencies to support food insecure populations and stock community pantries
- PPE equipment (masks) to members who self-direct their care
- PPE equipment (masks) to community organizations that support adults and children returning to school, work, or daycare
- Provided Wi-Fi Tablets to LTSS partner providers to assist with managing social isolation and employment support for members
- Shelf-stable food boxes to members who self-direct their care
- Our quality improvement department continued to make "warm calls" to members to encourage them to close care gaps

Advocacy Activities

SHP's advocacy efforts centered on organizations that supported directing and distributing additional PPE equipment to community supporting agencies and schools.

In total, SHP sponsored and advocated for nine partner organizations that helped distribute PPE to:

- I Am My Sister's Keeper
- KC Teen Summit
- First Baptist Church
- The Whole Person
- OCCK Inc.
- Topeka Rescue Mission
- Giving the Basics KC
- Giving the Basics Wichita
- Kids TLC

Information related to UHC marketing, outreach, and advocacy activities:

Marketing Activities

UHC staff completed new member welcome calls and health risk assessments over the phone. UHC continued the incentive program to offer a ten-dollar over-the-counter debit card to new members that complete a health risk assessment. New members were sent member ID cards and welcome kits.

Outreach Activities

Due to an ease on COVID-19 restrictions and good weather, more in-person events were held during this quarter. Outreach staff have continued to be involved in community vaccination efforts and helped with promotions, stickers, volunteers, translations, interpreting, etc. UHC staff continued provider outreach to assess provider needs and to identify ways that UHC can help support providers as they serve KanCare members, with special attention to increasing well-child visits and general vaccinations.

UHC hosted the member advisory meeting via conference call, which focused on the importance of behavioral health. Dr. Sandra Berg, Director of Behavioral Health, presented on the topics of behavioral health resources and telehealth. Care Coordination managers attended the meeting to listen to members' questions and concerns and to offer support.

Member outreach: Staff met with approximately 8,600 members or potential members at outdoor drive-thru food distributions, vaccination events, back-to-school fairs, lobby sits at Federally Qualified Health Centers (FQHCs), and other community events.

- Community organization outreach: Staff met virtually and in-person with several community agencies, including:
 - Center of Grace's Hispanic Task Force
 - 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
 - COVID-19 Kansas Latino Stakeholders
 - Community Resource Connection
 - Boys and Girls Club of Lawrence
 - Derby Community Food Pantry
 - Emporia Main Street
 - Emporia Migrant Program
 - Greater Wichita YMCA
 - Just Food
 - Kansas Children's Service League Emporia
 - Kansas Food Bank
 - Midwest Barber College
 - Haven for Haircuts
 - Sedgwick County CDDO
 - Shawnee Mission School District
 - The Salvation Army of Butler County
 - USD 259 Wichita Public Schools
 - Wichita Children's Home
 - Kansas Hispanic and Latino American Affairs Commission
 - Lawrence-Douglas County Health Equity Board
 - Greater Emporia Area Disaster Relief Fund
- Provider outreach: Staff met virtually and in-person with more than 30 provider offices across the State.

Advocacy Activities

Focus continued to be on ways to support the State's efforts on vaccine hesitancy education and vaccine access and equity. Staff from the Social Determinants of Health and Community Outreach teams have assisted in spreading the word about vaccination and education opportunities, assessing vaccine access to minorities, and identifying ways to improve access through revision of forms, translations, and cultural awareness. UHC continues to identify the most successful approaches and supports with funding or resources to amplify these successes. One example of this partnership are the vaccination and testing events at the Catholic parishes, organized by Juntos Center for Advancing Latino Health (with the support of Johnson County Department of Health, Vibrant Health, and others) which are vaccinating an average of 100 people from underserved communities per event.

UHC has two representatives serving in the Kansas Hispanic and Latino American Affairs Commission as Technical Advisors.

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.

The following KanCare amendment was approved:

Amendment Number	Subject	Submitted Date	Effective Date	Approved Date
14	Contract Language Changes	3/26/2021	3/25/2021	7/29/2021

KanCare MCO Amendments submitted pending approval:

Amendment Number	Subject	Submitted Date	Effective Date
13	Capitation Rates 1/1/2021-12/31/2021	2/12/2020	1/01/2021
15	Amendment 15 - DSRIP	6/1/2021	8/3/2021
16	Amendment 16 - STEPS	6/30/2021	8/12/2021

SPAs approved:

SPA Number	Subject	Submitted Date	Effective Date	Approval Date
21-0009	Therapeutic Phlebotomy Reimbursement Rate Change	3/30/2021	4/01/2021	7/15/2021
21-0011	Disaster Relief- COVID Nursing Facility	7/01/2021	7/07/2021	7/13/2021
21-0012	Disaster Relief SPA – Vaccine Administered in the home	6/16/2021	6/08/2021	7/21/2021
21-0007	Support Act MAT	3/30/2021	10/01/2020	8/05/2021

SPAs pending approval:

SPA Number	Subject	Submitted Date	Effective Date
21-0013	Presumptive Eligibility – Medicaid	7/30/2021	7/01/2021
21-0014	Presumptive Eligibility –CHIP	7/30/2021	7/01/2021
21-0015	SFY 22 NF & NFMH Rates	9/10/2021	7/01/2021

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 Year-to-Date (YTD), follows:

MCO		Value Added Service (VAS) January - September 2021	Units YTD	Value YTD
Aetna	Top	Adult Dental	3,881	\$579,728
	Three	Healthy Rewards Gift Card - Birth to Age 12 Exam	17,865	\$515,430
	VAS	Healthy Rewards Gift Card - Diabetic Eye Exam	23,894	\$399,402
	Total of All Aetna VAS		100,791	\$2,759,872
Sunflower	Top	My Health Pays	70,250	\$744,085
	Three	In-Home Telemonitoring Service	968	\$242,000
	VAS	Comprehensive Medication Review	7,346	\$217,496
	Total of All Sunflower VAS		102,449	\$1,592,752
United	Top	Adult Dental Services	5,316	\$407,961
	Three	Debit Card for Completing First Pre-Natal Visit	1,039	\$217,583
	VAS	Home Helper Catalog Supplies	1,885	\$93,677
	Total of All United VAS		11,235	\$887,547

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

Enrollment Reason Categories	Total
Newborn Assignment	2,323
KDHE - Administrative Change	547
WEB - Change Assignment	24
KanCare Default - Case Continuity	1,689
KanCare Default – Morbidity	1,443
KanCare Default - 90 Day Retro-reattach	1,058
KanCare Default - Previous Assignment	348
KanCare Default - Continuity of Plan	105
Retro Assignment	4
AOE – Choice	463
Choice - Enrollment in KanCare MCO via Medicaid Application	5,275
Change - Enrollment Form	169
Change - Choice	238
Change - Access to Care – Good Cause Reason	2
Change - Case Continuity – Good Cause Reason	
Change – Due to Treatment not Available in Network – Good Cause	
Assignment Adjustment Due to Eligibility	285
Total	13,973

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

MCOs' Member Adverse Initial Notice Timeliness Compliance

MCO	ABH	SHP	UHC
% of Notices of Adverse Service Authorization Decisions Sent Within Compliance Standards	100%	100%	100%
% of Notices of Adverse Expedited Service Authorization Decisions Sent Within Compliance Standards	100%	None Reported	None 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	SHP	UHC
% of Notices of Adverse Decision Sent to Providers Within Compliance Standards	100%	100%	99%

*The State implemented two changes effective 7/1/2021 that affected provider notices, provider reconsiderations, and provider appeals. The first change implemented the Final *Rule* change to 42 C.F.R. § 438.400, which reduced the number of Adverse Benefit Determinations (ABD) involving payment that qualify as an ABD. The second change required the MCOs to report the number of provider reconsiderations and provider appeals using claims instead of claim lines.

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)	1	10	7	14	7	17	56
QOC – Pain Medication		1	1	1			3
Customer Service	4	7		4	5	10	30
Member Rights Dignity				1		2	3
Access to Service or Care	5	6	4	12	2	6	35
Non-Covered Service					1	3	4
Pharmacy Issues	1	1	1	3		3	9
QOC HCBS Provider					2		2
Billing/Financial Issues (non-Transportation)	2	9	2	3	4	70	90
Transportation – Billing and Reimbursement		1	1	5	4	6	17
Transportation - No Show	1	9	6	20	19	35	90
Transportation - Late	3	8	15	10	11	16	63
Transportation - Safety	3	3	1	2	6	5	20
Transportation - No Driver Available			4	4	4	6	18
Transportation - Other	6	10	16	12	20	28	92
MCO Determined Not Applicable	1			1	1	2	5
Other			1			10	11
TOTAL	27	65	59	92	86	219	548

** 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	SHP	UHC
% of Member Grievance Resolved and Resolution Notice Issued Within 30 Calendar Days	89%	99%	100%

MCOs' Provider Grievance Database

MCO	ABH	SUN	UHC	Total
Billing/Payment	3	3		6
Credentialing – MCO		2		2
UM		1		1
Transportation	1	8	8	17
Health Plan – Technology	1			1
TOTAL	5	14	8	27

** 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	SHP	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	10 11 20			3 6 2	6 15	3	1 2 3
MA – CNM - Inpatient Admissions (Non-Behavioral Health)	7 3 47	31		2 1	3 2 13		2 1 2
MA – CNM - Medical Procedure (NOS)	20 14 19	1 1		9 7 8	11 2 9	3	1 1
MA – CNM - Radiology	33 52			20 11	11 22		2 19
MA – CNM - Pharmacy	54 51 141	4 1		29 32 105	22 9 31	1	3 5 4
MA – CNM - PT/OT/ST	12			3	5		4
MA – CNM - Dental	9 3 30	1	19	1 1	3 2 9	1	4 1
MA – CNM - Home Health	1						1
MA – CNM - Out of network provider, specialist or specific provider request	2 6			5	2 1		
MA – CNM - Inpatient Behavioral Health	11 5 3	1 1		2 1	8 3 2	1	
MA – CNM - Behavioral Health Outpatient Services and Testing	5 1 5			1 1	4 3		1 1
MA – LOC - LTSS/HCBS	6 1			1	5	1	
MA – LOC – LTC NF	1			1			
MA – CNM - Mental Health	2	1			1		
MA – CNM - Other	4 18 1		1	1 15	3 2	1	

NONCOVERED SERVICE							
MA – NCS - Dental	1				1		
MA – NCS - Pharmacy	2			1	1		
MA – NCS - Durable Medical Equipment	1						1
MA – NCS – Other	1 10 11	2 1		1 3 1	4 8		1 1
MA – LCK - Lock In	1						1
MA – BFI – BILLING AND FINANCIAL ISSUES	1						1
TOTAL							
ABH - Red	165	1	0	71	79	1	13
SUN – Green	184	7		79	52	10	36
UHC - Purple	287	37	20	124	92		14

* 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	165 184 287	1 7 37	20	71 79 124	79 52 92	1 10	13 36 14
TOTAL	165 184 287	1 7 37	20	71 79 124	79 52 92	1 10	13 36 14
Percentage Per Category		>1% 4% 13%		44% 43% 43%	48% 28% 32%	>1% 5%	8% 20% 5%
Range of Days to Reverse Due to MCO Error			NA NA 0 - 63				

MCOs' Member Appeal Timeliness Compliance

MCO	ABH	SHP	UHC
% of Member Appeals Resolved and Appeal Resolution Notice Issued in 30 Calendar Days	98%	100%	100%
% of Expedited Appeals Resolved and Appeal Resolution Notice Issued in 72 hours	91%	100%	98%

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)	109 174 350		17 68 182	53 6 35	26 96 106	13 13 13	4 14
PR - CPD - Hospital Outpatient (Non-Behavioral Health)	175 708 452		16 388 131	78 11 35	67 292 232	14 16	17 38
PR - CPD - Pharmacy	16 5		3		16 2		
PR - CPD - Dental	14 1		1	3	11		
PR - CPD - Vision	5 32 56		22 34	1 22	2 10	1	1
PR - CPD - Ambulance (Include Air and Ground)	88 38		25 3	60 3	23 8	3	2 2
PR - CPD - Medical (Physical Health not Otherwise Specified)	740 3,011 3,866		100 1,201 1,705	271 597 499	288 1,123 1,153	78 277	3 90 232
PR - CPD - Nursing Facilities - Total	2 135 7		105 4	1	2 29 2		1
PR - CPD - HCBS	5 455		2 273	3	179		3
PR - CPD - Hospice	41 43 96		7 63	2	34 36 26	7 1	4
PR - CPD - Home Health	2 52		29	1	23	1	
PR - CPD - Behavioral Health Outpatient and Physician	28 327 638		5 220 123	5 2 270	15 101 210	3 17	4 18
PR - CPD - Behavioral Health Inpatient	3 8 240		1 96	3 88	7 33	9	14
PR - CPD - Out of network provider, specialist or specific provider	947		261	69	423	46	148
PR - CPD - Radiology	133 2 541		44 1 148	32 50	56 1 295	1 18	30
PR - CPD - Laboratory	94 142 272		5 59 84	37 7 42	36 76 113	15 18	1 15
PR - CPD - PT/OT/ST	12 5		1	1 1	10 3	1	

PR – CPD - Durable Medical Equipment	86 1,076 843		22 555 442	22 11 85	24 487 272	18 22	23 22
PR – CPD - Other	16		4	2	6	3	1
Total Claim Payment Disputes	1,553 6,209 8,329		211 2,958 3,278	570 637 1,201	610 2,470 2,874	155 440	7 144 536
TOTAL							
ABH - Red	1,553		211	570	610	155	7
SUN – Green	6,209		2,958	637	2,470		144
UHC - Purple	8,329		3,278	1,201	2,874	440	536

* 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	1,553 6,209 8,329		211 2,958 3,278	570 637 1,201	610 2,470 2,874	155 440	7 144 536
TOTAL	1,553 6,209 8,329		211 2,958 3,278	570 637 1,201	610 2,470 2,874	155 440	7 144 536
Percentage Per Category			14% 48% 39%	37% 10% 14%	39% 40% 35%	10% 5%	>1% 2% 7%
Range of Days to Reverse Due to MCO Error			23 – 832 0 – 500 0 - 447				

MCOs' Provider Reconsiderations Timeliness Compliance

MCO	ABH	SHP	UHC
% of Provider Reconsideration Resolution Notices Sent Within Compliance Standards	89%/99%	100%	100%

* Aetna's timeliness compliance for sending provider reconsideration resolution notices is divided due to two standards of compliance. The first standard requires that the MCOs send 98% of notices within 5 business days. The second standard requires that the MCOs send 100% of notices within 6-8 business days.

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	6			3	1	1	1
PA - CNM - Inpatient Admissions (Non-Behavioral Health)	12			10			2
PA - CNM - Medical Procedure (NOS)	16			10	2	4	
PA - CNM - Radiology	10			4	5	1	
PA - CNM - Pharmacy	107	6	1	80	13	1	6
PA - CNM - PT/OT/ST	4			1	1	1	1
PA - CNM - Dental	1 4			1 2			1
PA - CNM - Out of network provider, specialist or specific provider request	1			1			
PA - CNM - Inpatient Behavioral Health	2			1	1		
PA - CNM - Behavioral Health Outpatient Services and Testing	1			1			
PA - CNM - Ambulance (include Air and Ground)	1 1			1	1		
NONCOVERED SERVICE							
PA - NCS - Other	1			1			
CLAIM DENIAL							
PA – CPD - Hospital Inpatient (Non-Behavioral Health)	42 145 389	1	6	16 53 65	18 61 203	2 1	30 120
PA – CPD - Hospital Outpatient (Non-Behavioral Health)	30 144 114		4 2	13 24 24	10 93 77	3	25 13
PA – CPD - Pharmacy	7 114		1	93	6 18		3
PA – CPD - Dental	3 20 30		6	3 6	2 11 24		1
PA – CPD - Vision	9 7 5		1 1 2	7 2	1 6 1		
PA – CPD - Ambulance (Include Air and Ground)	26 4 19			9 2 6	14 2 12	3	1
PA – CPD - Medical (Physical Health not Otherwise Specified)	204 469 176		28 6	35 104 48	114 253 100	27 16	90 28
PA – CPD - Nursing Facilities - Total	2 20 28	1	2	1 8	18 15	1	4

PA – CPD - HCBS	1 19		1	5	11		3
PA – CPD - Hospice	24 2			2	20 1	2	1
PA – CPD - Home Health	1 14 53		1	4 19	9 28		1 6
PA – CPD - Behavioral Health Outpatient and Physician	3 127 38		1 1	1 7 10	112 27	1 6	1 1
PA – CPD - Behavioral Health Inpatient	2 10			1 4	1 6		
PA – CPD - Out of network provider, specialist or specific provider	3		1		1		1
PA – CPD - Radiology	15 64 3		1	4 20	7 40 3	2 1	1 3
PA – CPD - Laboratory	76 307 304		4 2	3 10 69	63 262 207	5 23	1 12 26
PA – CPD - PT/OT/ST	3 19 2			1 4	1 15 1	1	1
PA – CPD - Durable Medical Equipment	24 44 7		3 1	8 5 3	9 37 4	4	1
PA – CPD - Other	24		1	6	16		1
Total Claim Payment Disputes	474 1,386 1,338	2	53 17 6	100 237 368	268 920 754	50 48	3 164 208
BILLING AND FINANCIAL ISSUES							
PA – BFI - Recoupment	8 1			4	1 1	3	
ADMINISTRATIVE DENIAL							
PA – ADMIN - Denials of Authorization (Unauthorized by Members)							
TOTAL							
ABH - Red	474		53	100	268	50	3
SUN – Green	1,559	6	18	355	946	59	175
UHC - Purple	1,339	2	6	368	755		208

* 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	474 1,559 1,339	6 2	53 18 6	100 355 368	268 946 755	50 59	3 175 208
TOTAL	474 1,559 1,339	6 2	53 18 6	100 355 368	268 946 755	50 59	3 175 208
Percentage Per Category		>1% >1%	11% 1% >1%	21% 23% 28%	57% 61% 56%	11% 4%	>1% 11% 16%
Range of Days to Reverse Due to MCO Error			16 – 341 7 – 223 0 - 81				

MCO's Provider Appeal Timeliness Compliance

MCO	ABH	SHP	UHC
% of Provider Appeals Resolved in 30 Calendar Days	100%	99%	100%
% of Provider Appeal Resolution Notices Sent Within Compliance Standard	94%/99%	100%	100%

* Aetna's timeliness compliance for sending provider appeal resolution notices is divided due to two standards of compliance. The first standard requires that the MCOs send 98% of notices within 5 business days. The second standard requires that the MCOs send 100% of notices within 6-8 business days.

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 - Medical Procedure (NOS)	1 3	1 1	1		1										
MH – CNM – Pharmacy	1							1							
MH – CNM - Dental	1				1										
NONCOVERED SERVICE															
MH-NCS - Dental	1				1										
TOTAL															
ABH - Red	1	1													
SUN – Green	1				1										
UHC - Purple	6	1	1		3			1							

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

State of Kansas Office of Administrative Fair Hearings – Providers

ABH - Red SUN – Green UHC - Purple	Number Resolved	Withdrew	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 - Inpatient Admissions (Non-Behavioral Health)	1	1													
CLAIM DENIAL															
PH - CPD - Hospital Inpatient (Non-Behavioral Health)	4 2 11	2 1 5			1 4		2				2				
PH - CPD - Medical (Physical Health not Otherwise Specified)	1 1				1 1										
PH - CPD - Home Health	2				2										
PH - CPD - Behavioral Health Outpatient and Physician	2				2										
PH - CPD – Laboratory	1									1					
PH – CPD – Durable Medical Equipment	1				1										
PH – CPD - Other	2												2		
BILLING AND FINANCIAL ISSUES															
PH - BFI - Recoupment	1			1											
TOTAL															
ABH - Red	5	2			1		2								
SUN – Green	9	2		1	6										
UHC - Purple	15	5			5					3			2		

* 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](#) January-March 2021 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 and the KanCare STCs. Most GCR requests were related to provider choice, which is not an acceptable reason to switch plans outside of open enrollment.

If a GCR is denied by KDHE, the member is given appeal/fair hearing rights. There were two state fair hearing requests received for denied GCRs from July – September 2021, and the two denied GCRs were upheld. A summary of third quarter GCR action follows:

Status	July	August	September
Total GCRs filed	34	19	23
Approved	1	1	2
Denied	25	12	17
Withdrawn (resolved, no need to change)	0	2	0
Dismissed (due to inability to contact the member)	8	4	4
Pending	0	0	0

Providers are constantly added to the MCOs’ networks, with much of the effort focused upon HCBS service providers. The counts below represent the unique number of NPIs—or, where 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 12/31/2020	# of Unique Providers as of 3/31/2021	# of Unique Providers as of 6/30/2021	# of Unique Providers as of 9/30/2021
Aetna	42,617 [^]	45,106	45,115	45,284
Sunflower	39,670 [^]	41,676	40,878	41,931
UHC	46,278 [^]	44,069	43,754	44,490

[^]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. Managed Long-Term Services and Supports (MLTSS) implementation and operation: Kansas placed 158 people on HCBS IDD waiver services, and 410 people on HCBS PD waiver services.

- k. DSRIP was replaced with a Bridge Gap Year from January 1, 2021 through December 31, 2021. The State is using §438.6(c)(1)(iii)(B) to provide a uniform percentage increase to contracted rates between the large public teaching hospitals and border city children's hospitals and the MCOs for inpatient and outpatient hospital services provided in CY2021. As a condition of receiving the uniform increase on inpatient and outpatient utilization, the covered hospitals will be required to report the following metrics to KDHE on a quarterly basis, as these measures will inform the State's development of an APM directed payment: (1) Number of flu vaccinations administered by age; (2) Hospital-specific counts for emergency room visits; (3) Lung Cancer Screenings with low dosage CT (Large Public Teaching Hospital); (4) Number of hospitals or clinics contacted regarding diabetes protocols and number of diabetes protocols received and reviewed; the protocols will not be distributed; and (5) Hospital-specific reporting to support the evaluation of the directed payment. The preprint for the Bridge Gap Year was approved on March 31, 2021. No Bridge Gap year payments were made in the third quarter.
- 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 participating in technical assistance offered through CMS.
 - The State has begun the review and analysis of the SED and Autism waivers in preparation for their renewal scheduled for April of 2022.
- m. Legislative activity: The Kansas Legislature adjourned Sine Die on May 26, 2021 and will reconvene on January 10, 2022. In the meantime, KDADS presented to several interim legislative committees including the Kansas Senior Care Task Force, Special Committee on Child Welfare System Oversight, Special Committee on Home and Community Based Services Intellectual and Developmental Disability Waiver, Legislative Budget Committee, and the 2021 Special Committee on Mental Health Modernization and Reform. Topics included Nursing Homes, HCBS Programs, the plan submitted to CMS for the 10% HCBS FMAP enhancement, Mental Health Programs, State Hospitals, and Budget updates. Specific issues covered were types of Adult Care Facilities, HCBS rebalancing, HCBS reimbursement rates, HCBS waiting lists and eligibility requirements, HCBS provider network and workforce issues, Behavioral Health Services for youth, the 988 Hotline, and the timeline for Certified Community Behavioral Health Clinics (CCBHCs).

The Robert G. (Bob) Bethell Joint Committee on Home and Community Based Services and KanCare Oversight met September 22-23, 2021. The Committee heard presentations from individuals, providers, and organizations related to KanCare, KDHE and KDADS.

KDADS presented information on the four state hospitals and Nursing Facilities (NFs) including staffing levels, antipsychotic drugs, and nursing facility receiverships. KDADS also provided updates on the HCBS waiting lists, HCBS Final Rule, the plan submitted to CMS for the 10% HCBS FMAP enhancement, the PACE Program, and PRTFs. Much of the focus during the 2021 legislative session was on Behavioral Health. CCBHCs are coming to Kansas, in addition to 988 call center services and mobile crisis. The Committee also heard updates from the KanCare Ombudsman and the Medicaid Inspector General. Each MCO also provided information about their operations.

KDHE leadership presented their respective updates during The Robert G. (Bob) Bethell Joint Committee meeting. Dr. Lee Norman, Secretary of KDHE, covered personnel changes and vacancies, COVID-19 school guidance, and gave a COVID-19 update, which included: hot spot counties, KDHE's support of Local Health Departments, and a snapshot of upcoming scheduled

COVID-19 vaccination clinics. Sarah Fertig, State Medicaid Director, gave a KanCare program update, which included: recent audits, The American Rescue Plan Act, and the protected income limit. Additionally, she provided updates on HCAIP, OneCare Kansas, The Disability and Behavioral Health Employment Support Pilot (STEPS) Program, KanCare COVID-19 update, KanCare analytics and performance metrics, MCO financial review, and the KanCare executive summary. Christiane Swartz, Director of Medicaid Operations, gave updates on eligibility update, Medicaid eligibility applications, KDHE Clearinghouse staffing, and KDHE's transition plan toward the end of the PHE.

Because of the Families First Coronavirus Act, KDHE eligibility workers continue to delay annual reviews in order to provide continuous coverage for current enrollees during the PHE. The only exceptions for eligibility discontinuation are if the member 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 federal share of 6.2% for Medicaid and an increase of 4.34% for CHIP through the termination of the PHE.

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 PHE
- Remove all cost sharing for testing/treatment of COVID-19 for KanCare members
- Allow for greater flexibility of day service locations 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
- Temporarily allow for documented verbal consent on person-centered plans of care

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 Page2" 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 returned to an alternative work schedule in early September. Staff work from home and in the office on alternate days and times to control the spread of COVID-19. Guidance remains in place for wearing masks, social distancing, following good hygiene, and limiting the gathering of large groups where social distancing cannot be maintained while in the office. This effort has resulted in keeping staff safe and enables Medicaid applications to be processed timely.

² <https://www.kmap-state-ks.us/Documents/Content/Provider/COVID%2019%20.pdf>

V. Policy Developments/Issues

General Policy Issues: Kansas addressed policy concerns related to MCOs 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 quarter ending 9/30/2021.

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.

VII. Member Month Reporting

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

DY MEG	Member Months			
	Jul-21	Aug-21	Sep-21	TOTAL QE 9 30 2021
DY1 CY2013	0	(2)	(78)	(80)
MEG 1 - ABD/SD DUAL	0	0	0	0
MEG 2 - ABD/SD NON-DUAL	0	0	(78)	(78)
MEG 3 - ADULTS	0	0	0	0
MEG 4 - CHILDREN	0	(2)	0	(2)
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	(26)	(91)	(117)
MEG 1 - ABD/SD DUAL	0	0	0	0
MEG 2 - ABD/SD NON-DUAL	0	(14)	(91)	(105)
MEG 3 - ADULTS	0	0	0	0
MEG 4 - CHILDREN	0	(12)	0	(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	(56)	(184)	(240)
MEG 1 - ABD/SD DUAL	0	0	0	0
MEG 2 - ABD/SD NON-DUAL	0	(33)	(179)	(212)
MEG 3 - ADULTS	0	(3)	(5)	(8)
MEG 4 - CHILDREN	0	(17)	0	(17)
MEG 5 - DD WAIVER	0	0	0	0
MEG 6 - LTC	0	(3)	0	(3)
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	(182)	(427)	(609)
MEG 1 - ABD/SD DUAL	0	(1)	0	(1)
MEG 2 - ABD/SD NON-DUAL	0	(53)	(389)	(442)
MEG 3 - ADULTS	0	(65)	(14)	(79)
MEG 4 - CHILDREN	0	(51)	(9)	(60)
MEG 5 - DD WAIVER	0	0	0	0
MEG 6 - LTC	0	(12)	(15)	(27)
MEG 7 - MN DUAL	0	0	0	0
MEG 8 - MN NON-DUAL	0	0	0	0
MEG 9 - WAIVER	0	0	0	0
DY5 CY2017	0	(502)	(804)	(1,306)
MEG 1 - ABD/SD DUAL	0	(33)	(10)	(43)
MEG 2 - ABD/SD NON-DUAL	0	(226)	(746)	(972)
MEG 3 - ADULTS	0	(91)	(13)	(104)
MEG 4 - CHILDREN	0	(81)	(24)	(105)
MEG 5 - DD WAIVER	0	(4)	0	(4)
MEG 6 - LTC	0	(61)	(2)	(63)
MEG 7 - MN DUAL	0	(1)	0	(1)
MEG 8 - MN NON-DUAL	0	(1)	(9)	(10)
MEG 9 - WAIVER	0	(4)	0	(4)
DY6 CY2018	0	(622)	(853)	(1,475)
MEG 1 - ABD/SD DUAL	0	(32)	(3)	(35)
MEG 2 - ABD/SD NON-DUAL	0	(372)	(800)	(1,172)
MEG 3 - ADULTS	0	(60)	(12)	(72)
MEG 4 - CHILDREN	0	(57)	(24)	(81)
MEG 5 - DD WAIVER	0	(6)	0	(6)
MEG 6 - LTC	0	(90)	(6)	(96)
MEG 7 - MN DUAL	0	0	(1)	(1)
MEG 8 - MN NON-DUAL	0	0	(7)	(7)
MEG 9 - WAIVER	0	(5)	0	(5)

DY7 CY2019	(4)	5	(34)	(33)
MEG 1 - ABD/SD DUAL	16	12	(1)	27
MEG 2 - ABD/SD NON-DUAL	(11)	(17)	(20)	(48)
MEG 3 - ADULTS	0	(1)	(8)	(9)
MEG 4 - CHILDREN	(2)	6	(5)	(1)
MEG 5 - DD WAIVER	0	0	0	0
MEG 6 - LTC	0	0	0	0
MEG 7 - MN DUAL	0	8	(3)	5
MEG 8 - MN NON-DUAL	0	(3)	3	0
MEG 9 - WAIVER	(7)	0	0	(7)
DY8 CY2020	(39)	(14)	(343)	(396)
MEG 1 - ABD/SD DUAL	27	(959)	(49)	(981)
MEG 2 - ABD/SD NON-DUAL	(139)	(589)	(275)	(1,003)
MEG 3 - ADULTS	(3)	(11)	(34)	(48)
MEG 4 - CHILDREN	103	69	204	376
MEG 5 - DD WAIVER	0	(6)	(6)	(12)
MEG 6 - LTC	(18)	(5)	(22)	(45)
MEG 7 - MN DUAL	112	1,127	58	1,297
MEG 8 - MN NON-DUAL	19	420	49	488
MEG 9 - WAIVER	(140)	(60)	(268)	(468)
DY9 CY2021	383,429	387,840	389,607	1,160,876
MEG 1 - ABD/SD DUAL	14,526	11,701	14,450	40,677
MEG 2 - ABD/SD NON-DUAL	31,447	30,746	31,420	93,613
MEG 3 - ADULTS	60,951	61,994	62,511	185,456
MEG 4 - CHILDREN	237,364	239,835	241,557	718,756
MEG 5 - DD WAIVER	9,047	9,096	9,081	27,224
MEG 6 - LTC	20,764	20,867	20,865	62,496
MEG 7 - MN DUAL	3,334	6,652	3,919	13,905
MEG 8 - MN NON-DUAL	1,415	2,358	1,749	5,522
MEG 9 - WAIVER	4,581	4,591	4,055	13,227
Grand Total	383,386	386,441	386,793	1,156,620

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
Consumers on the HCBS Brain Injury (BI) Waiver were having difficulties locating therapy providers.	The State worked with all three MCOs to ensure that those who had reached out received assistance in locating the needed providers.	The State worked with all three MCOs to ensure that all BI Waiver consumers will receive their needed therapies and will receive assistance in locating those providers.
There have been recent concerns with Nursing Facilities either taking an inappropriate Patient Liability amount or not including additional payments received from additional insurances.	The State worked closely with the MCO(s) specific to the submitted concerns to ensure any billing/refunds that needed processed would be completed and the correct amount was paid by the consumer.	The State ensured that billing was a topic of discussion during the All MCO quarterly training. This training was available to all providers and was presented via WebEx.

The following chart contains the quarterly results from HCBS consumer assessments. The questions and answers provide insight into consumer satisfaction with the health plan, satisfaction with the services received, and with general satisfaction with life. These results show an overwhelmingly positive view of the MCOs' services and the HCBS providers in KanCare. The MCOs were asked to provide HCBS consumer satisfaction data on a quarterly basis, starting with quarter three. Some MCOs relied upon the annual CAHPS surveys to provide this information to the health plan/KDHE, consequently they are still building their process to provide quarterly updates. Below is the information received for the HCBS satisfaction to date:

Assessment	Jul-21	Aug-21	Sept-21	Total	% Total
How satisfied are you with the Health Plan?					
Satisfied	898	982	878	2758	67.66%
Very Satisfied	435	461	408	1304	31.99%
Dissatisfied	4	4	2	10	0.25%
Very Dissatisfied	2	1	1	4	0.10%
How satisfied are you with your Adult Day Center Provider?					
Satisfied	310	266	264	840	70.06%
Very Satisfied	126	129	95	350	29.19%
Dissatisfied	3	4	1	8	0.67%
Very Dissatisfied	0	1	0	1	0.08%
How satisfied are you with your ALF Provider?					
Satisfied	54	56	52	162	57.65%
Very Satisfied	42	44	26	112	39.86%
Dissatisfied	2	3	2	7	2.49%
Very Dissatisfied	0	0	0	0	0.00%
How satisfied are you with your Care Coordinator?					
Satisfied	755	812	697	2264	63.54%
Very Satisfied	450	451	393	1294	36.32%

Dissatisfied	0	2	1	3	0.08%
Very Dissatisfied	2	0	0	2	0.06%
How satisfied are you with your Fiscal Management Agency?					
Satisfied	260	300	236	796	64.93%
Very Satisfied	150	149	125	424	34.58%
Dissatisfied	0	2	4	6	0.49%
Very Dissatisfied	0	0	0	0	0.00%
How satisfied are you with your Institutional Provider?					
Satisfied	76	75	76	227	74.92%
Very Satisfied	33	23	18	74	24.42%
Dissatisfied	0	0	2	2	0.66%
Very Dissatisfied	0	0	0	0	0.00%
How satisfied are you with your Personal Care Attendant/Worker Provider?					
Satisfied	385	424	356	1165	58.81%
Very Satisfied	265	281	228	774	39.07%
Dissatisfied	12	15	9	36	1.82%
Very Dissatisfied	3	0	3	6	0.30%
How satisfied are you with your Transportation Provider?					
Satisfied	15	11	17	43	50.00%
Very Satisfied	18	12	7	37	43.02%
Dissatisfied	2	2	2	6	6.98%
Very Dissatisfied	0	0	0	0	0.00%
Do you have a paid or volunteer job in the community?					
Yes	243	244	221	708	13.33%
No	1519	1596	1489	4604	86.67%
Do you feel safe in your home/where you live?					
Yes	1750	1817	1701	5268	99.19%
No	11	20	12	43	0.81%
Are you able to make decisions about your daily routine?					
Yes	1719	1806	1663	5188	97.15%
No	51	47	54	152	2.85%
Are you able to do things you enjoy outside of your home and with whom you want to?					
Yes	1629	1718	1611	4958	92.92%
No	146	130	102	378	7.08%
Can you see or talk to your friends and family (who do not live with you) When you want to?					
Yes	1671	1787	1649	5107	96.12%
No	86	56	64	206	3.88%
In general, do you like where you are living right now?					
Yes	1730	1806	1681	5217	98.17%
No	36	36	25	97	1.83%

IX. Quality Assurance/Monitoring Activity

The State Quality Management Strategy (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 for KanCare members. The State's monitoring and oversight activities, across KDHE and KDADS, act as an early alert system to 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 and identify any need for system transformation. The framework of the QMS is currently being redesigned to support 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.

A requirement for approval of the 1115 waiver was development of a State QMS to define waiver goals and corresponding statewide strategies, as well as all standards and technical specifications for contract performance measurement, analysis, and reporting. CMS finalized new expectations for managed care service delivery in the 2017 Medicaid and CHIP Managed Care Final Rule. A Quality Strategy Toolkit was released in June 2021 and the State has worked to update the QMS to closely follow these recommendations. 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. The regular review and revision features a process to gain stakeholder input, tribal input, public notification, and publication to the Kansas Register.

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

The State participated in the following activities:

- 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 reporting site transitioned to the External Quality Review audit team. The team continued to work with the site administrator to make improvements to the reporting database. For example, discontinuing unneeded reports, adding new reports, and updating the tip sheets with more robust information for all levels of users.
- The State added Provider Satisfaction Survey results to the Report Administration system. This includes 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 the contract amendment has now been approved by CMS. The methodologies for the 2021 surveys were submitted on or before August 31, 2021. None of the plans met the new requirements in their 2021 surveys, and the State sent feedback to each MCO with the changes that would be needed to meet the requirements in 2022. The MCOs are currently planning to do a collaborative survey in 2022, where providers answer the same questions regarding their experience with all three MCOs in the same survey. This plan includes the MCOs hiring a shared contractor to implement

the survey. MCOs have been reminded that the methodology for the 2022 survey must be submitted to the State for approval at least 60 days prior to implementation.

- Monitored the External Quality Review Organization (EQRO) work plan. KFMC, 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.
- Performance Improvement Project (PIP) meetings occurred in July (full EQRO meeting), August and September and included the EQRO, MCOs, KDADS, KDHE and a representative from the Department for Children and Family Services (DCF).
- MCOs began submitting PIP data directly into the web-based reporting system monthly. The new system allows for tracking and trending of reports and to monitor the effectiveness of MCO interventions.
- The following annual PIP reports were received, reviewed by KFMC, and approved this quarter: ABH Emergency Department and Food Insecurity, UHC Screening and Monitoring for People with Schizophrenia and Advance Directives, ABH Prenatal Care, and SHP Employment. Adjustments were made to PIP interventions that were considered ineffective, not capturing all the necessary data, or ones that required enhancement.
- Two new PIPs, MCO Collaborative COVID-19 Vaccination and UHC's Antidepressant Medication Management (AMM), received methodology approval and technical specifications for data submission were completed. Data for these PIPs should begin in November 2021.
- A member-friendly table of all the MCOs' PIPs, with a simplified description of their interventions, was added to the KanCare website. KDHE developed a table that includes more technical information and highlights the change being piloted with each intervention ([attached](#)). Both documents were updated to reflect UHC changing their Prenatal and Postpartum Care (PPC) PIP to AMM PIP, the Collaborative Human Papillomavirus (HPV) PIP ending, and the COVID-19 Vaccine PIP replacement. These changes were finalized, and the new member-friendly version is posted.
- A meeting occurred with the EQRO, MCOs, KDADS, KDHE and DCF in July to discuss EQRO activities and concerns. KDHE continued monthly, informal meetings with KFMC to touch base on activities and to plan agendas for the Quarterly formal EQRO and monthly PIP meetings.
- Activities for the 2021 Annual Contract Review included a training for State staff involved in this year's review, approval of a three-year schedule for the reviews, and ABH's virtual onsite was held the last week in September.
- 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 to 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 and to answer questions as needed.
- First and second quarter 2021 GeoAccess maps were uploaded to the KanCare website.

- The State completed a draft of updating the QMS to comply with the Quality Strategy Toolkit that was released in June 2021. The State is transitioning toward a data driven QMS that follows the CFR as closely as possible. Completed gathering data to appropriately track LTSS metrics as well as all other strategies and objectives being proposed.
- Draft of the revised QMS was posted to the KanCare website, shared for feedback with the Medical Care Advisory Committee and sent for tribal consideration. State will allow at least 30 days for these groups to examine the proposed QMS and provide comments. Once this time period has elapsed (early November 2021), the State will review all reactions and adjust the QMS accordingly before submitting to CMS and posting the draft QMS to the KanCare website.
- The State asked the EQRO, KFMC, to complete an evaluation of the effectiveness of the prior QMS. This review is now posted on the KanCare website. The State's response to KFMC's recommendations from this review have been incorporated into the draft, 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 Long Term Services and Supports 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. 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. 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.
- Below is the updated timeline that the KDADS Quality Review Team follows regarding the quality review process.

HCBS Quality Review Rolling Timeline

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

X. Managed Care Reporting Requirements

- a. A description of network adequacy reporting including GeoAccess mapping:
Each MCO submits a quarterly network adequacy report. The State uses this report to monitor the quality of network data and changes to the networks, drill down into provider types and specialties, and extract data to respond to requests received from various stakeholders. 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 continued to give MCOs feedback on the accuracy and completeness of their quarterly report. As MCOs improve their reporting, feedback has become less about basic errors (duplicates) and more detailed (at provider level). The Provider Network team implemented an updated feedback report and will continue to review revisions with the MCOs during the annual onsite reviews next quarter. The team began preparing for these presentations this quarter. Improvements included making the report flow better, adding information about Home Health provider findings, and including capacity error data. The State provided individualized feedback to MCOs to improve accuracy of mapped providers and HCBS provider reporting. The State team made improvements to the Access and Availability Report, the NEMT report, the feedback report, mapping formats, the Non-Participating Provider Reliance Report, and the 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. MCOs were sent feedback on the acute care hospitals reported in their first quarter PNTwk report and Geo map. MCOs reported back on discrepancies found between their reports and the State's list. These will also be discussed at the annual contract reviews during the next quarter.

As requested by KDHE leadership, and after seven rural hospitals closed between April 1, 2011 to March 12, 2020, a project began to review hospital coverage. Analysis will review travel distances for members in counties where hospital closures have occurred and for those counties where a hospital is not located in the county.

Mapping activities continued with the automated procedure using ArcGIS Pro to map providers based on the MCOs provider network report submissions. The State utilized the maps to compare the GeoAccess map that the MCO submits to find errors, omissions, or verify gaps in coverage. This process ran smoothly with the network data submitted in quarter three. The State completed the development of an automated process to map HCBS providers and the number of members per waiver in each county. 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. The maps were shared with KDADS via a secured web transfer process.

The State developed a tool to analyze the MCO's online provider directory compliance with contract requirements. The tool will give the MCO a percentage of compliance score and feedback on which metrics need the most improvement. The State also began work to standardize the MCO's submission of their online directory via a format that can be uploaded by KDHE. The State met with the MCOs to develop a process and a template. This work should be completed and implemented by next quarter.

Most exception request work this quarter centered on UHC's Lab and X-ray provider maps. UHC has shown a significantly smaller network of providers in the maps. UHC needed assistance to calibrate the data to pull all Lab and X-ray providers that are available to members. See map images below. This MCO will now be required to report quarterly on progress to fill this coverage gap in the Access and Availability report.

Examples of maps mentioned in this report are below. The full complement of maps is available on the KanCare Network Adequacy Reporting website³.

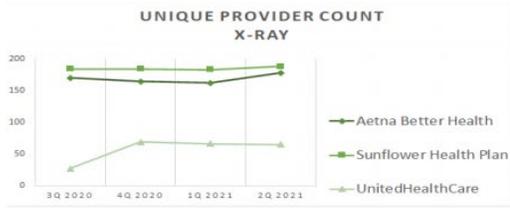
³ <https://www.kancare.ks.gov/policies-and-reports/network-adequacy>

Ancillary Services

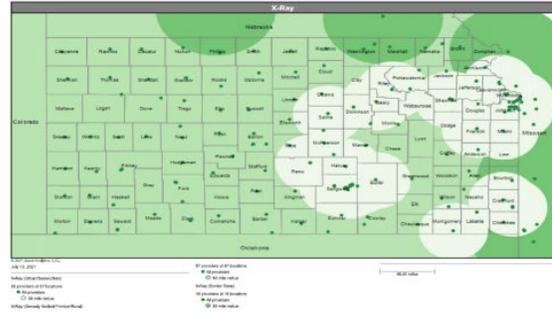
X-Ray

Quarterly Unique Provider Count

	3Q 2020	4Q 2020	1Q 2021	2Q 2021
Aetna Better Health	170	164	162	178
Sunflower Health Plan	184	184	183	188
UnitedHealthCare	27	69	66	65



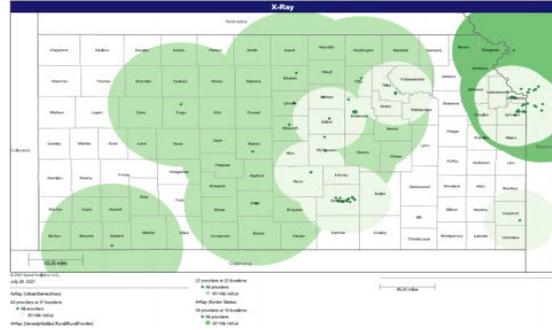
Aetna Better Health



Sunflower Health Plan



UnitedHealthCare

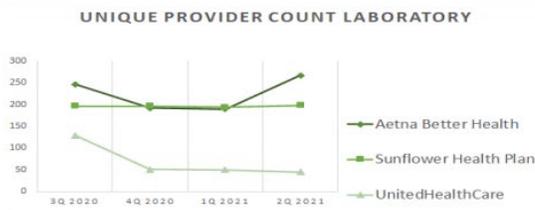


Ancillary Services

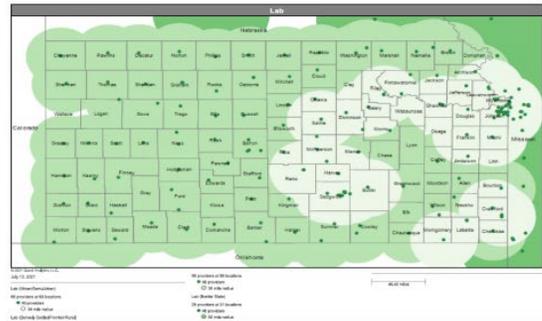
Laboratory Services

Quarterly Unique Provider Count

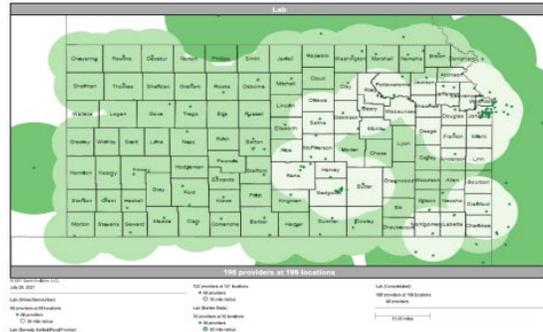
	3Q 2020	4Q 2020	1Q 2021	2Q 2021
Aetna Better Health	246	192	189	267
Sunflower Health Plan	196	196	194	198
UnitedHealthCare	129	51	50	45



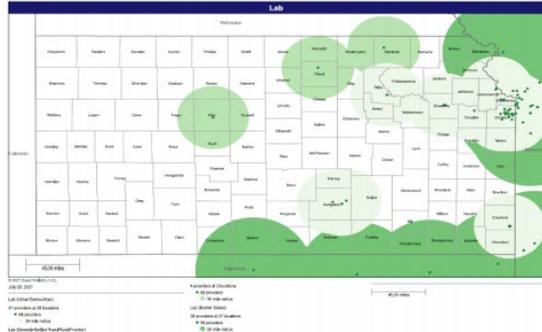
Aetna Better Health



Sunflower Health Plan



UnitedHealthCare



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

- Reports and Maps: This report combines 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.
- Current Network and GeoAccess Standards: KanCare time and distance standards by provider type and specialty.
- Network and GeoAccess History: Includes historical standards, reports, and maps.

b. Customer service reporting, including total calls, average speed of answer, and call abandonment rates, for MCO-based and fiscal agent call centers, July - September 2021:

KanCare Customer Service Report – Member

MCO/Fiscal Agent	Average Speed of Answer (Seconds)	Call Abandonment Rate	Total Calls
Aetna	90.09	8.10%	40,360
Sunflower	19.01	1.98%	34,151
United	18.71	.73%	32,623
Gainwell – Fiscal Agent	3	.39%	4,646

KanCare Customer Service Report - Provider

MCO/Fiscal Agent	Average Speed of Answer (Seconds)	Call Abandonment Rate	Total Calls
Aetna	18.30	1.13%	18,783
Sunflower	17.29	1.97%	22,815
United	7.32	.18%	19,787
Gainwell – Fiscal Agent	4	.28%	5,289

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:

Aetna Grievance Trends		
Total # of Resolved Grievances	92	
Top 5 Trends		
Trend 1: Transportation – Other	16	17%
Trend 2: Quality of Care (non HCBS Providers)	11	12%
Trend 3: Customer Service	11	12%
Trend 4: Access to Service or Care	11	12%
Trend 5: Billing/Financial Issues (non-Transportation) / Transportation – Late	11	12%

Sunflower Member Grievances:

Sunflower Grievance Trends		
Total # of Resolved Grievances	151	
Top 5 Trends		
Trend 1: Transportation – Other	28	19%
Trend 2: Quality of Care (non HCBS Providers)	26	17%
Trend 3: Customer Service	25	17%
Trend 4: Access to Service or Care	21	14%
Trend 5: Billing/Financial Issues (non-Transportation) / Transportation – Late	16	11%

United Member Grievances:

- There were 54 member grievances categorized as Transportation – No Show which is an increase of 23 from 31 report second quarter.

United Grievance Trends		
Total # of Resolved Grievances	305	
Top 5 Trends		
Trend 1: Billing/Financial Issues (non-transportation)	74	24%
Trend 2: Transportation – No Show	54	18%
Trend 3: Transportation – Other	48	16%
Trend 4: Transportation – Late	27	9%
Trend 5: Quality of Care (non HCBS Providers)	24	8%

MCOs' Grievance Trends Provider

Aetna Grievance Trends		
Total # of Resolved Grievances	5	
Top 5 Trends		
Trend 1: Billing/Payment	3	60%
Trend 2: Transportation	1	20%
Trend 3: Health Plan – Technology	1	20%

Sunflower Grievance Trends		
Total # of Resolved Grievances	13	
Top 5 Trends		
Trend 1: Transportation	8	57%
Trend 2: Billing/Payment	2	21%
Trend 3: Credentialing – MCO	2	14%
Trend 4: UM	1	7%

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

MCO's Reconsideration Trends Provider

Aetna Provider Reconsideration Trends		
Total # of Resolved Reconsiderations	1,553	
Top 5 Trends		
Trend 1: PR – CPD – Medical (Physical Health not Otherwise Specified)	740	48%
Trend 2: PR – CPD – Hospital Outpatient (Non-Behavioral Health)	175	11%
Trend 3: PR – CPD – Radiology	133	9%
Trend 4: PR – CPD – Hospital Inpatient (Non-Behavioral Health)	109	7%
Trend 5: PR – CPD – Laboratory	94	6%

Sunflower Provider Reconsideration Trends		
Total # of Resolved Reconsiderations	6,209	
Top 5 Trends		
Trend 1: PR – CPD – Medical (Physical Health not Otherwise Specified)	3,011	48%
Trend 2: PR – CPD – Durable Medical Equipment	1,076	17%
Trend 3: PR – CPD – Hospital Outpatient (Non-Behavioral Health)	708	11%
Trend 4: PR – CPD – HCBS	455	7%
Trend 5: PR – CPD – Behavioral Health Outpatient and Physician	327	5%

United Provider Reconsideration Trends		
Total # of Resolved Reconsiderations	8,329	
Top 5 Trends		
Trend 1: PR – CPD – Medical (Physical Health not Otherwise Specified)	3,866	46%
Trend 2: PR – CPD – Out of network provider, specialist or specific provider	947	11%
Trend 3: PR – CPD – Durable Medical Equipment	843	10%
Trend 4: PR – CPD – Behavioral Health Outpatient and Physician	638	8%
Trend 5: PR – CPD – Radiology	541	6%

MCOs' Appeals Trends Member/Provider

Aetna Member Appeals:

- There were 54 member appeals categorized as MA – CNM – Pharmacy which is a decrease of 16 from 70 reported in second quarter.

Aetna Member/Provider Appeal Trends					
Total # of Resolved Member Appeals	165		Total # of Resolved Provider Appeals	474	
Top 5 Trends			Top 5 Trends		
Trend 1: MA – CNM – Pharmacy	54	33%	Trend 1: PA – CPD – Medical (Physical Health not Otherwise Specified)	204	43%
Trend 2: MA – CNM – Radiology	33	20%	Trend 2: PA – CPD – Laboratory	76	16%
Trend 3: MA – CNM – Medical Procedure (NOS)	20	12%	Trend 3: PA – CPD – Hospital Inpatient (Non-Behavioral Health)	42	9%
Trend 4: MA – CNM – Inpatient Behavioral Health	11	7%	Trend 4: PA – CPD – Hospital Outpatient (Non-Behavioral Health)	30	6%
Trend 5: MA – CNM – Durable Medical Equipment	10	6%	Trend 5: PA – CPD – Ambulance (Include Air and Ground)	26	5%

Sunflower Member Appeals:

- There were 14 member appeals categorized as MA – CNM – Medical Procedure (NOS) which is an increase of 10 from 4 reported in second quarter.
- There were 52 member appeals categorized as MA – CNM – Radiology which is a decrease of 27 from 79 reported in second quarter.

Sunflower Member/Provider Appeal Trends					
Total # of Resolved Member Appeals	184		Total # of Resolved Provider Appeals	1,559	
Top 5 Trends			Top 5 Trends		
Trend 1: MA – CNM – Radiology	52	28%	Trend 1: PA – CPD – Medical (Physical Health not Otherwise Specified)	469	30%
Trend 2: MA – CNM – Pharmacy	51	28%	Trend 2: PA – CPD – Laboratory	307	20%
Trend 3: MA – CNM – Other	18	10%	Trend 3: PA – CPD – Hospital Inpatient (Non-Behavioral Health)	145	9%
Trend 4: MA – CNM – Medical Procedure (NOS)	14	8%	Trend 4: PA – CPD – Hospital Outpatient (Non-Behavioral Health)	144	9%
Trend 5: MA – CNM – PT/OT/ST	12	7%	Trend 5: PA – CPD – Behavioral Health Outpatient and Physician	127	8%

United Member Appeals:

- There were 47 member appeals categorized as MA – CNM – Inpatient Admissions (Non-Behavioral Health) which is an increase of 13 from 34 reported in second quarter.
- There were 19 member appeals categorized as MA – CNM – Medical Procedure (NOS) which is an increase of 10 from 9 reported in second quarter.
- There were 30 member appeals categorized as MA – CNM – Dental which is an increase of 20 from 10 reported in second quarter.

United Member/Provider Appeal Trends					
Total # of Resolved Member Appeals	287		Total # of Resolved Provider Appeals	1,339	
Top 5 Trends			Top 5 Trends		
Trend 1: MA – CNM – Pharmacy	141	49%	Trend 1: PA – CPD – Hospital Inpatient (Non-Behavioral Health)	389	29%
Trend 2: MA – CNM – Inpatient Admissions (Non-Behavioral Health)	47	16%	Trend 2: PA – CPD – Laboratory	304	23%
Trend 3: MA – CNM – Dental	30	10%	Trend 3: PA – CPD - Medical (Physical Health not Otherwise Specified)	176	13%
Trend 4: MA – CNM – Durable Medical Equipment	20	7%	Trend 4: PA – CPD – Hospital Outpatient (Non-Behavioral Health)	114	9%
Trend 5: MA – CNM – Medical Procedure (NOS)	19	7%	Trend 5: PA – CPD – Pharmacy	114	9%

MCOs' State Fair Hearing Reversed Decisions Member/Provider

- There were eight member state fair hearings for all three MCOs. No decisions were reversed by OAH.
- There were 29 provider state fair hearings for all three MCOs. One decision was reversed by OAH.

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

Sunflower					
Total # of Member SFH	1		Total # of Provider SFH	9	
OAH reversed MCO decision	0	0%	OAH reversed MCO decision	1	11%

United					
Total # of Member SFH	6		Total # of Provider SFH	15	
OAH reversed MCO decision	0	0%	OAH reversed MCO decision	0	0%

- d. Enrollee complaints and grievance reports to determine any trends: This information is included at items [IV\(d\)](#) and [X\(c\)](#) above.
- e. Summary of ombudsman activities: [The report for the third quarter of calendar year 2021 is attached.](#)
- f. Summary of MCO critical incident report:
 The Adverse Incident Reporting (AIR) system is a critical incident management reporting and monitoring system for the detection, prevention, reporting, investigation, and remediation of critical incidents with design components to ensure proper follow-up and resolution occurs for all defined adverse incidents. Additional requirements have been implemented to confirm review and resolutions regarding instances of seclusion, restraint, restrictive intervention, and death followed appropriate policies and procedures. 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 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 website⁴ and selecting Adverse Incident Reporting (AIR) under the quick links. All reports are input into the system electronically. KDADS requires duplicate reporting for instances of Abuse, Neglect and Exploitation to both DCF and the AIR system. Determinations received from 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.

⁴www.kdads.ks.gov

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 September 30, 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	2,687	3,103		8,560
Pending Resolution	92	20	44		156
Total Received	2,862	2,707	3,147		8,716
APs Substantiations*					
	174	217	135		526

**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 third quarter HCAIP UCC Pool payments were issued on August 5, 2021 and the first and second quarter LPTH/BCCH UC Pool were issued on July 15, 2021. [SNCP and HCAIP reports for the third 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 July – September 2021 quarter.

b. Claims Adjudication Statistics

KDHE’s summary of the numerous claims adjudication reports for the KanCare MCOs, covering [January through September 2021](#), are attached.

c. Waiting List Management

PD Waiting List Management

For the quarter ending September 30, 2021:

- Current number of individuals on the PD Waiting List: 2,062
- Number of individuals added to the waiting list: 439
- Number of individuals removed from the waiting list: 512
 - 265 started receiving HCBS-PD waiver services
 - 38 were deceased
 - 209 were removed for other reasons (refused services, voluntary removal, etc.)

I/DD Waiting List Management

For the quarter ending September 30, 2021:

- Current number of individuals on the I/DD Waiting List: 4,574
- Number of individuals added to the waiting list: 147
- Number of individuals removed from the waiting list: 94
 - 40 started receiving HCBS-I/DD waiver services
 - 6 were deceased
 - 48 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 January-March 2021
IX	PIP Interventions Technical Summary
X(e)	Summary of KanCare Ombudsman Activities for QE 09.30.2021
XI	Safety Net Care Pool Reports DY9 Q3 and HCAIP Reports DY9 Q3
XIII(b)	KDHE Summary of Claims Adjudication Statistics for January-September 2021

XV. State Contacts

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XVI. Date Submitted to CMS

November 24, 2021



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

January - March 2021

November 18, 2021

HCBS Waiver Quality Review Rolling Timeline

	FISC/IT	A&D CSP	MCO/Assessors	A&D CSP	FISC	A&D 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/Assessor Documentation *(90 Days)	Data Pulled & Reports Compiled **(30 Days)	Data, Remediation & Findings Reviewed at LTC Meeting ***
01/01 - 03/31	04/01 - 04/15	04/16	04/16 - 06/15	05/16 - 08/15	09/15	November
04/01 - 06/30	07/01 - 07/15	07/16	07/16 - 09/15	08/16 - 11/15	12/15	February
07/01 - 09/30	10/01 - 10/15	10/16	10/16 - 12/15	11/16 - 02/15	03/15	May
10/01 - 12/31	01/01 - 01/15	01/16	01/16 - 03/15	02/16 - 05/15	06/15	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.

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

October - December 2020 HCBS Quality Sample			
Waiver	Population Count	Quarterly Sample Size	Completed Reviews
PD	6182	90	92
FE	5271	90	92
IDD	9133	93	95
BI	560	57	63
TA	594	59	60
Autism	56	15	15
SED	3394	86	89

January - March 2021 HCBS Quality Sample			
Waiver	Population Count	Quarterly Sample Size	Completed Reviews
PD	6187	91	94
FE	5521	90	92
IDD	9128	92	95
BI	630	64	65
TA	607	61	64
Autism	62	12	12
SED	3424	87	89

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: 01/01/2021 - 03/31/2021

Data Source: Quality Review Reports to KDHE

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

Compliance Trends	2013	2014	2015	2016	2017	2018	2019	2020	Jan-Mar 2021
PD									
Statewide	25%	25%	25%	75%	100%	100%	100%	100%	100%
FE									
Statewide	25%	25%	25%	75%	100%	100%	100%	100%	100%
IDD									
Statewide	25%	25%	25%	75%	100%	100%	100%	100%	100%
BI									
Statewide	25%	25%	25%	75%	100%	100%	100%	100%	100%
TA									
Statewide	25%	25%	25%	75%	100%	100%	100%	100%	100%
Autism									
Statewide	25%	25%	25%	75%	100%	100%	100%	100%	100%
SED									
Statewide	25%	25%	25%	75%	100%	100%	100%	100%	100%

Explanation of Findings:

Remediation:

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: 01/01/2021 - 03/31/2021

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

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

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

Explanation of Findings:

Remediation:

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: 01/01/2021 - 03/31/2021

Data Source: Presentation of waiver policy changes to KDHE

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

Compliance Trends	2013	2014	2015	2016	2017	2018	2019	2020	Jan - Mar 2021
PD									
Statewide	N/A	N/A	100%	N/A	100%	100%	N/A	100%	N/A
FE									
Statewide	N/A	N/A	100%	N/A	100%	100%	N/A	100%	N/A
IDD									
Statewide	100%	N/A	100%	100%	100%	100%	N/A	100%	N/A
BI									
Statewide	100%	N/A	100%	100%	100%	100%	100%	100%	N/A
TA									
Statewide	N/A	N/A	N/A	N/A	100%	100%	N/A	100%	N/A
Autism									
Statewide	N/A	N/A	N/A	N/A	100%	100%	N/A	100%	N/A
SED									
Statewide	N/A	N/A	N/A	N/A	100%	N/A	N/A	100%	N/A

Explanation of Findings:

Remediation:

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: 01/01/2021 - 03/31/2021

Data Source: Meeting Minutes

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

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

Explanation of Findings:

Remediation:

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: 01/01/2021 - 03/31/2021

Data Source: Functional Assessor Record Review/State Data Systems

Compliance By Waiver	Statewide
PD	85%
Numerator	213
Denominator	250
FE	92%
Numerator	591
Denominator	643
IDD	84%
Numerator	61
Denominator	73
BI	90%
Numerator	85
Denominator	94
TA	100%
Numerator	32
Denominator	32
Autism	100%
Numerator	12
Denominator	12
SED	93%
Numerator	83
Denominator	89

Compliance Trends	2013	2014	2015	2016	2017	2018	2019	Jan-Mar 2020	April-June 2020	July - Sept 2020	Oct-Dec 2020	Jan - Mar 2021
PD												
Statewide	64%	83%	96%	86%	89%	92%	94%	89%	91%	92%	81%	85%
FE												
Statewide	81%	91%	93%	98%	100%	96%	96%	95%	95%	92%	91%	92%
IDD												
Statewide	99%	94%	90%	100%	100%	99%	99%	100%	97%	97%	89%	84%
BI												
Statewide	62%	89%	81%	85%	96%	88%	93%	93%	91%	96%	94%	90%
TA												
Statewide	97%	89%	100%	98%	100%	100%	100%	98%	100%	96%	92%	100%
Autism												
Statewide	82%	No Data	100%	N/A	77%	96%	100%	100%	100%	100%	100%	100%
SED												
Statewide	99%	89%	88%	91%	92%	90%	91%	100%	95%	97%	62%	93%

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.

PD, IDD: Potential reasons for non-compliance include HCBS coding date predating the qualifying functional assessment

Remediation:

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: 01/01/2021 - 03/31/2021

Data Source: Functional Assessor Record Review/State Data Systems

Compliance By Waiver	Statewide
PD	57%
Numerator	677
Denominator	1190
FE	61%
Numerator	600
Denominator	990
IDD	95%
Numerator	1717
Denominator	1802
BI	55%
Numerator	66
Denominator	120
TA	100%
Numerator	149
Denominator	149
Autism	100%
Numerator	12
Denominator	12
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	Oct-Dec 2020	Jan - Mar 2021
PD												
Statewide	47%	52%	64%	69%	68%	79%	72%	70%	71%	64%	60%	57%
FE												
Statewide	68%	70%	76%	79%	68%	84%	80%	79%	73%	70%	59%	61%
IDD												
Statewide	97%	74%	75%	77%	78%	97%	98%	99%	97%	97%	95%	95%
BI												
Statewide	39%	50%	62%	65%	62%	70%	70%	64%	66%	65%	31%	55%
TA												
Statewide	94%	90%	86%	96%	93%	99%	100%	99%	99%	99%	100%	100%
Autism												
Statewide	68%	No Data	75%	78%	63%	65%	69%	100%	100%	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	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.

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

Remediation:

KDADS HCBS Quality Review Report

Level of Care

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

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

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

Review Period: 01/01/2021 - 03/31/2021

Data Source: Functional Assessor Record Review

Compliance By Waiver	Statewide
PD	88%
Numerator	84
Denominator	95
FE	91%
Numerator	85
Denominator	93
IDD	100%
Numerator	94
Denominator	94
BI	92%
Numerator	61
Denominator	66
TA	100%
Numerator	62
Denominator	62
Autism	100%
Numerator	12
Denominator	12
SED	93%
Numerator	83
Denominator	89

Compliance Trends	2013	2014	2015	2016	2017	2018	2019	Jan-Mar 2020	April-June 2020	July - Sept 2020	Oct-Dec 2020	Jan - Mar 2021
PD												
Statewide	93%	84%	79%	80%	85%	81%	82%	85%	97%	80%	87%	88%
FE												
Statewide	88%	91%	91%	92%	88%	93%	91%	91%	98%	94%	91%	91%
IDD												
Statewide	97%	95%	99%	99%	99%	99%	99%	100%	99%	100%	100%	100%
BI												
Statewide	64%	81%	79%	77%	82%	85%	89%	91%	95%	89%	92%	92%
TA												
Statewide	93%	98%	100%	100%	98%	100%	100%	98%	98%	100%	100%	100%
Autism												
Statewide	88%	No Data	90%	88%	91%	89%	89%	100%	100%	100%	100%	100%
SED												
Statewide	77%	79%	83%	88%	91%	95%	93%	100%	95%	97%	62%	93%

Explanation of Findings:

Performance Measure threshold achieved for all waivers.

Remediation:

KDADS HCBS Quality Review Report

Level of Care

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

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

Denominator: Number of initial Level of Care determinations

Review Period: 01/01/2021 - 03/31/2021

Data Source: Functional Assessor Record Review

Compliance By Waiver	Statewide
PD	86%
Numerator	82
Denominator	95
FE	90%
Numerator	84
Denominator	93
IDD	93%
Numerator	87
Denominator	94
BI	92%
Numerator	61
Denominator	66
TA	100%
Numerator	62
Denominator	62
Autism	100%
Numerator	12
Denominator	12
SED	93%
Numerator	83
Denominator	89

Compliance Trends	2013	2014	2015	2016	2017	2018	2019	Jan-Mar 2020	April-June 2020	July - Sept 2020	Oct-Dec 2020	Jan - Mar 2021
PD												
Statewide	19%	68%	81%	80%	84%	81%	81%	84%	80%	80%	87%	86%
FE												
Statewide	24%	86%	91%	92%	88%	92%	91%	91%	91%	94%	91%	90%
IDD												
Statewide	92%	85%	96%	97%	96%	98%	97%	95%	96%	95%	92%	93%
BI												
Statewide	57%	73%	83%	77%	82%	85%	88%	89%	79%	85%	89%	92%
TA												
Statewide	93%	100%	99%	100%	94%	100%	100%	98%	100%	100%	100%	100%
Autism												
Statewide	0%	No Data	57%	68%	85%	89%	89%	100%	92%	100%	100%	100%
SED												
Statewide	99%	71%	88%	86%	90%	94%	93%	100%	95%	97%	62%	93%

Explanation of Findings:

PD: Assessor not on approved list, or functional assessment not current for audit period, therefore unable to determine if assessor was approved

Remediation:

KDADS HCBS Quality Review Report

Level of Care

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

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

Denominator: Number of initial Level of Care determinations

Review Period: 01/01/2021 - 03/31/2021

Data Source: Functional Assessor Record Review

Compliance By Waiver	Statewide
PD	88%
Numerator	84
Denominator	95
FE	90%
Numerator	84
Denominator	93
IDD	100%
Numerator	94
Denominator	94
BI	92%
Numerator	61
Denominator	66
TA	100%
Numerator	62
Denominator	62
Autism	100%
Numerator	12
Denominator	12
SED	93%
Numerator	83
Denominator	89

Compliance Trends	2013	2014	2015	2016	2017	2018	2019	Jan-Mar 2020	April-June 2020	July - Sept 2020	Oct-Dec 2020	Jan - Mar 2021
PD												
Statewide	73%	83%	96%	80%	84%	81%	82%	84%	80%	81%	87%	88%
FE												
Statewide	91%	90%	96%	91%	100%	93%	91%	92%	92%	95%	92%	90%
IDD												
Statewide	98%	95%	91%	98%	100%	98%	99%	100%	100%	100%	100%	100%
BI												
Statewide	58%	81%	83%	76%	96%	85%	89%	91%	87%	89%	92%	92%
TA												
Statewide	93%	98%	100%	100%	100%	100%	100%	98%	100%	100%	100%	100%
Autism												
Statewide	89%	No Data	100%	88%	88%	89%	89%	100%	100%	100%	100%	100%
SED												
Statewide	99%	88%	87%	89%	92%	95%	93%	100%	95%	97%	62%	93%

Explanation of Findings:

Performance Measure threshold achieved for all waivers.

Remediation:

KDADS HCBS Quality Review Report

Level of Care

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

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

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

Review Period: 01/01/2021 -03/31/2021

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	12
Denominator	13

Compliance Trends	2017	2018	2019	Jan-Mar 2020	April-June 2020	July - Sept 2020	Oct-Dec 2020	Jan - Mar 2021
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%	93%	92%

Explanation of Findings:

Performance measure threshold achieved.

Remediation:

KDADS HCBS Quality Review Report

Qualified Providers

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

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

Denominator: Number of all new licensed/certified waiver providers

Review Period: 01/01/2021 - 03/31/2021

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 yearly data for 2020 will be reported towards the end of 2021.

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. Will request Averifi reports from each MCO to be reported each quarter. Since this is an annual measure of compliance, it is provided once a year.

Compliance Trends	2013	2014	2015	2016	2017	2018	2019	2020	
PD									
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	0%	In Process	
Amerigroup		No Data	No Data	N/A	0%	0%	N/A		
Sunflower				N/A	0%	0%	0%		0%
United				N/A	0%	0%	0%		0%
Statewide	100%			N/A	0%	0%	0%		0%
FE									
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	0%	In Process	
Amerigroup		No Data	No Data	5%	0%	0%	N/A		
Sunflower				30%	0%	0%	0%		0%
United				N/A	0%	0%	0%		0%
Statewide	100%			9%	0%	0%	0%		0%
IDD									
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	0%	In Process	
Amerigroup		No Data	No Data	N/A	0%	0%	N/A		
Sunflower				N/A	0%	0%	0%		0%
United				N/A	0%	0%	0%		0%
Statewide	98%			N/A	0%	0%	0%		0%
BI									
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	0%	In Process	
Amerigroup		No Data	No Data	N/A	0%	0%	N/A		
Sunflower				N/A	0%	0%	0%		0%
United				N/A	0%	0%	0%		0%
Statewide	91%			N/A	0%	0%	0%		0%
TA									
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	0%	In Process	
Amerigroup		No Data	No Data	N/A	0%	0%	N/A		
Sunflower				N/A	0%	0%	0%		0%
United				N/A	0%	0%	0%		0%
Statewide	93%			N/A	0%	0%	0%		0%
Autism									
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	0%	In Process	
Amerigroup		No Data	No Data	N/A	0%	0%	N/A		
Sunflower				N/A	0%	0%	0%		0%
United				N/A	0%	0%	0%		0%
Statewide	100%			N/A	0%	0%	0%		0%
SED									
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	0%	In Process	
Amerigroup		No Data	No Data	N/A	0%	0%	N/A		
Sunflower				N/A	0%	0%	0%		0%
United				N/A	0%	0%	0%		0%
Statewide	100%			N/A	0%	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: 01/01/2021 - 03/31/2021

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 yearly data for 2020 will be reported towards the end of 2021.

Remediation:

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. Will request Averifi reports from each MCO to be reported each quarter. Since this is an annual measure of compliance, it is provided once a year.

Compliance Trends	2013	2014	2015	2016	2017	2018	2019	2020
PD								
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	0%	In Process
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%	In Process
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%	In Process
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%	In Process
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%	
TA								
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	0%	In Process
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%	In Process
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%	In Process
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 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: 01/01/2021 - 03/31/2021

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 yearly data for 2020 will be reported towards the end of 2021.

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. Will request Averifi reports from each MCO to be reported each quarter. Since this is an annual measure of compliance, it is provided once a year.

Compliance Trends	2013	2014	2015	2016	2017	2018	2019	2020
PD								
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	0%	In Process
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%	In Process
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%	In Process
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%	In Process
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%	In Process
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%	In Process
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%	In Process
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: 01/01/2021 - 03/31/2021

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 yearly data for 2020 will be reported towards the end of 2021.

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. Will request Averifi reports from each MCO to be reported each quarter. Since this is an annual measure of compliance, it is provided once a year.

Compliance Trends	2013	2014	2015	2016	2017	2018	2019	2020
PD								
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	0%	In Process
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%	In Process
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%	In Process
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%	In Process
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%	In Process
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%	In Process
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%	In Process
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: 01/01/2021 - 03/31/2021

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 yearly data for 2020 will be reported towards the end of 2021.

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. Will request Averifi reports from each MCO to be reported each quarter. Since this is an annual measure of compliance, it is provided once a year.

Compliance Trends	2013	2014	2015	2016	2017	2018	2019	2020
PD								
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	N/A	In Process
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	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	In Process
Amerigroup				5%	N/A	N/A	N/A	
Sunflower				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	In Process
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	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	In Process
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	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	In Process
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	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	In Process
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	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	In Process
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	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: 01/01/2021 - 03/31/2021

Data Source: MCO Record Review

Compliance By Waiver	Aetna	Sunflower	United	Statewide
PD	62%	18%	14%	29%
Numerator	16	5	5	27
Denominator	26	33	35	94
FE	61%	32%	10%	29%
Numerator	14	9	4	27
Denominator	23	28	41	92
IDD	50%	18%	30%	27%
Numerator	8	9	9	26
Denominator	16	49	30	95
BI	44%	18%	4%	20%
Numerator	8	4	1	13
Denominator	18	22	25	65
TA	29%	30%	33%	31%
Numerator	5	7	8	20
Denominator	17	23	24	64
Autism	0%	33%	29%	25%
Numerator	0	1	2	3
Denominator	2	3	7	12
SED	40%	21%	78%	48%
Numerator	8	7	28	43
Denominator	20	33	36	89

Explanation of Findings:

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

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

AU: No valid signature and/or date and/or 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:

Data review and requirements with MCOs at will be discussed at each quarterly MCO mtg. Future proposed plans to begin gathering data from each MCO on the following: number of PCSPs with signatures, number of PCSPs without signatures, number of PCSPs electronically signed, number of PCSPs signed telephonically. Requested action plan will be required from each MCO with deadlines for improvement to meet the 80% expectation. 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. Sunflower established an electronic signature platform in March 2021 and has provided their policies and examples. Aetna is working on implementing electronic signature. The ability to accept electronic signatures will help bring the Service Plan Measures into compliance. Additionally, KDADS team is determining requirements for developing policy around verbal consent as the Delta variance of COVID has states preparing for potential shut downs and business infrastructure changes as a result.

Each MCO met on October 27, 2021 and developed a QIP for this measure that will be reviewed at least quarterly until measurements are met.

Compliance Trends	Aetna	2013	2014	2015	2016	2017	2018	2019	Jan-Mar 2020	April-June 2020	July - Sept 2020	Oct-Dec 2020	Jan - Mar 2021
PD													
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	N/A	68%	58%	58%	61%	28%	62%
Amerigroup		55%	33%	63%	79%	86%	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Sunflower		57%	64%	59%	81%	78%	86%	84%	47%	38%	27%	18%	
United		33%	49%	86%	85%	85%	76%	76%	67%	31%	21%	14%	
Statewide		55%	50%	48%	69%	81%	83%	78%	74%	41%	25%	29%	
FE													
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	N/A	75%	50%	35%	50%	52%	61%
Amerigroup		50%	42%	54%	70%	75%	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Sunflower		56%	51%	75%	79%	73%	86%	69%	64%	36%	42%	32%	
United		45%	56%	81%	90%	87%	71%	62%	38%	18%	18%	10%	
Statewide		Not a Measure	50%	49%	70%	80%	79%	78%	62%	47%	32%	34%	29%
IDD													
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	N/A	60%	42%	81%	38%	25%	50%
Amerigroup		36%	32%	53%	76%	83%	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Sunflower		56%	56%	61%	70%	71%	73%	61%	35%	24%	20%	18%	
United		52%	41%	73%	85%	85%	58%	32%	21%	48%	31%	30%	
Statewide		99%	49%	45%	62%	75%	78%	67%	49%	38%	34%	24%	27%
BI													
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	N/A	43%	42%	47%	6%	17%	44%
Amerigroup		37%	41%	58%	78%	72%	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Sunflower		37%	38%	80%	74%	73%	81%	65%	35%	15%	15%	18%	
United		22%	55%	78%	79%	87%	75%	48%	43%	28%	16%	4%	
Statewide		44%	34%	43%	68%	77%	75%	71%	53%	42%	18%	16%	20%
TA													
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	N/A	78%	69%	71%	13%	14%	29%
Amerigroup		50%	44%	69%	90%	99%	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Sunflower		73%	85%	82%	65%	89%	87%	67%	59%	35%	14%	30%	
United		64%	32%	70%	95%	70%	87%	63%	38%	16%	36%	33%	
Statewide		93%	61%	54%	73%	83%	90%	85%	66%	53%	22%	23%	31%
Autism													
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	N/A	0%	0%	50%	0%	33%	0%
Amerigroup		84%	56%	35%	88%	100%	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Sunflower		47%	50%	30%	33%	62%	100%	100%	100%	50%	40%	33%	
United		63%	36%	17%	13%	41%	65%	25%	50%	14%	0%	29%	
Statewide		58%	69%	49%	37%	42%	52%	56%	60%	18%	20%	25%	
SED													
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	N/A	96%	95%	13%	11%	0%	40%
Amerigroup		91%	99%	98%	99%	96%	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Sunflower		92%	95%	87%	98%	96%	95%	93%	22%	9%	6%	21%	
United		89%	100%	98%	88%	97%	98%	100%	27%	24%	0%	78%	
Statewide		98%	90%	98%	95%	95%	97%	97%	97%	22%	15%	2%	48%

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: 01/01/2021 - 03/31/2021

Data Source: MCO Record Review

Compliance By Waiver	Aetna	Sunflower	United	Statewide
PD	50%	42%	23%	37%
Numerator	13	14	8	35
Denominator	26	33	35	94
FE	57%	29%	29%	36%
Numerator	13	8	12	33
Denominator	23	28	41	92
IDD	31%	16%	40%	26%
Numerator	5	8	12	25
Denominator	16	49	30	95
BI	44%	41%	12%	31%
Numerator	8	9	3	20
Denominator	18	22	25	65
TA	24%	48%	54%	44%
Numerator	4	11	13	28
Denominator	17	23	24	64
Autism	0%	33%	43%	33%
Numerator	0	1	3	4
Denominator	2	3	7	12
SED	40%	21%	78%	48%
Numerator	8	7	28	43
Denominator	20	33	36	89

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

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

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

Compliance Trends	2013	2014	2015	2016	2017	2018	2019	Jan-Mar 2020	April-June 2020	July - Sept 2020	Oct-Dec 2020	Jan - Mar 2021
PD												
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	66%	50%	42%	48%	24%	50%
Amerigroup			83%	55%	74%	83%	93%	N/A	N/A	N/A	N/A	N/A
Sunflower			90%	56%	63%	83%	77%	86%	94%	63%	41%	39%
United			89%	68%	92%	87%	94%	88%	71%	58%	44%	23%
Statewide	86%	87%	59%	76%	84%	88%	83%	73%	55%	44%	28%	37%
FE												
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	71%	33%	30%	55%	43%	57%
Amerigroup			79%	66%	74%	80%	88%	N/A	N/A	N/A	N/A	N/A
Sunflower			90%	53%	73%	75%	76%	86%	72%	67%	48%	42%
United			88%	68%	84%	88%	90%	88%	77%	59%	36%	29%
Statewide	87%	86%	61%	77%	81%	84%	84%	66%	55%	45%	35%	36%
IDD												
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	51%	42%	75%	25%	19%	31%
Amerigroup			85%	67%	64%	77%	83%	N/A	N/A	N/A	N/A	N/A
Sunflower			77%	36%	65%	70%	77%	78%	75%	60%	40%	16%
United			72%	47%	78%	91%	90%	78%	57%	48%	41%	40%
Statewide	99%	78%	48%	68%	77%	82%	75%	65%	59%	38%	27%	26%
BI												
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	38%	33%	32%	6%	6%	44%
Amerigroup			67%	48%	65%	78%	75%	N/A	N/A	N/A	N/A	N/A
Sunflower			82%	28%	82%	74%	73%	75%	30%	10%	35%	41%
United			70%	62%	80%	79%	84%	52%	32%	28%	20%	12%
Statewide	72%	73%	45%	72%	77%	76%	71%	56%	32%	16%	21%	31%
TA												
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	81%	69%	57%	7%	7%	24%
Amerigroup			93%	58%	70%	88%	98%	N/A	N/A	N/A	N/A	N/A
Sunflower			98%	62%	74%	69%	85%	90%	76%	55%	15%	14%
United			97%	58%	92%	84%	91%	84%	75%	25%	16%	8%
Statewide	96%	96%	59%	73%	83%	91%	89%	74%	43%	13%	10%	44%
Autism												
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	0%	0%	0%	0%	0%	0%
Amerigroup			81%	59%	33%	88%	82%	N/A	N/A	N/A	N/A	N/A
Sunflower			50%	45%	47%	15%	28%	31%	50%	100%	40%	33%
United			63%	21%	22%	13%	24%	62%	0%	0%	0%	43%
Statewide	59%	68%	46%	36%	37%	39%	44%	14%	20%	9%	13%	33%
SED												
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	56%	86%	13%	11%	0%	40%
Amerigroup			91%	99%	98%	99%	96%	N/A	N/A	N/A	N/A	N/A
Sunflower			91%	92%	87%	93%	88%	83%	93%	9%	6%	21%
United			89%	98%	96%	84%	76%	77%	100%	27%	24%	0%
Statewide	92%	90%	97%	94%	92%	87%	76%	76%	94%	22%	15%	2%

Remediation:

Data review and requirements with MCOs at will be discussed at each quarterly MCO mtg. Future proposed plans to begin gathering data from each MCO on the following: number of PCSPs with signatures, number of PCSPs without signatures, number of PCSPs electronically signed, number of PCSPs signed telephonically. Requested action plan will be required from each MCO with deadlines form improvement to meet the 86% expectation

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. Sunflower established an electronic signature platform in March 2021 and has provided their policies and examples. Aetna is working on implementing electronic signature. The ability to accept electronic signatures will help bring the Service Plan Measures into compliance. Additionally, KDADS team is determining requirements for developing policy around verbal consent as the Delta variance of COVID has states preparing for potential shut downs and business infrastructure changes as a result.

Each MCO met on October 27, 2021 and developed a QIP for this measure that will be reviewed at least quarterly until measurements are met.

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: 01/01/2021 - 03/31/2021

Data Source: MCO Record Review

Compliance By Waiver	Aetna	Sunflower	United	Statewide
PD	46%	42%	26%	37%
Numerator	12	14	9	35
Denominator	26	33	35	94
FE	57%	32%	32%	38%
Numerator	13	9	13	35
Denominator	23	28	41	92
IDD	38%	18%	40%	28%
Numerator	6	9	12	27
Denominator	16	49	30	95
BI	44%	45%	12%	32%
Numerator	8	10	3	21
Denominator	18	22	25	65
TA	24%	43%	54%	42%
Numerator	4	10	13	27
Denominator	17	23	24	64
Autism	0%	33%	43%	33%
Numerator	0	1	3	4
Denominator	2	3	7	12
SED	40%	21%	78%	48%
Numerator	8	7	28	43
Denominator	20	33	36	89

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

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

AI: 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:

Data review and requirements with MCOs at will be discussed at each quarterly MCO mtg. Future proposed plans to begin gathering data from each MCO on the following: number of PCSPs with signatures, number of PCSPs without signatures, number of PCSPs electronically signed, number of PCSPs signed telephonically. Requested action plan will be required from each MCO with deadlines for improvement to meet the 86% expectation. 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. Sunflower established an electronic signature platform in March 2021 and has provided their policies and examples. Aetna is working on implementing electronic signature. The ability to accept electronic signatures will help bring the Service Plan Measures into compliance. Additionally, KDADS team is determining requirements for developing policy around verbal consent as the Delta variance of COVID has states preparing for potential shut downs and business infrastructure changes as a result. Each MCO met on October 27, 2021 and developed a QIP for this measure that will be reviewed at least quarterly until measurements are met.

Compliance Trends	2013	2014	2015	2016	2017	2018	2019	Jan-Mar 2020	April-June 2020	July - Sept 2020	Oct-Dec 2020	Jan - Mar 2021
PD												
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	66%	50%	42%	48%	24%	46%
Amerigroup							N/A	N/A	N/A	N/A	N/A	N/A
Sunflower							85%	86%	63%	47%	39%	42%
United							90%	86%	71%	58%	21%	26%
Statewide	90%	91%	51%	76%	84%	88%	82%	73%	55%	44%	28%	37%
FE												
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	73%	33%	30%	55%	38%	57%
Amerigroup							89%	N/A	N/A	N/A	N/A	N/A
Sunflower							77%	74%	72%	67%	48%	32%
United							88%	91%	88%	74%	59%	32%
Statewide	Not a measure	93%	57%	76%	82%	84%	85%	65%	55%	46%	33%	38%
IDD												
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	51%	42%	75%	25%	19%	38%
Amerigroup							83%	N/A	N/A	N/A	N/A	N/A
Sunflower							78%	77%	75%	60%	32%	18%
United							92%	77%	61%	48%	24%	40%
Statewide	99%	93%	46%	69%	78%	83%	74%	66%	59%	37%	27%	28%
BI												
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	40%	42%	32%	6%	6%	44%
Amerigroup							79%	80%	79%	N/A	N/A	N/A
Sunflower							91%	84%	79%	75%	10%	45%
United							83%	89%	82%	52%	20%	12%
Statewide	84%	84%	43%	72%	79%	72%	79%	58%	33%	16%	21%	32%
TA												
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	81%	69%	57%	7%	7%	24%
Amerigroup							96%	49%	73%	89%	98%	N/A
Sunflower							95%	61%	76%	66%	85%	90%
United							94%	58%	79%	92%	84%	91%
Statewide	96%	96%	54%	75%	83%	91%	89%	74%	43%	13%	10%	42%
Autism												
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	0%	0%	0%	0%	0%	0%
Amerigroup							79%	30%	88%	91%	N/A	N/A
Sunflower							61%	45%	47%	15%	28%	31%
United							86%	21%	17%	13%	24%	62%
Statewide	64%	74%	46%	34%	37%	41%	44%	29%	20%	9%	13%	33%
SED												
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	96%	95%	13%	11%	0%	40%
Amerigroup							90%	99%	97%	99%	96%	N/A
Sunflower							89%	95%	87%	98%	97%	95%
United							86%	100%	97%	88%	100%	27%
Statewide	99%	88%	98%	94%	95%	97%	97%	97%	22%	15%	2%	48%

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: 01/01/2021 - 03/31/2021

Data Source: MCO Record Review

Compliance By Waiver	Aetna	Sunflower	United	Statewide
PD	54%	24%	9%	27%
Numerator	14	8	3	25
Denominator	26	33	35	94
FE	57%	29%	20%	32%
Numerator	13	8	8	29
Denominator	23	28	41	92
IDD	31%	8%	30%	19%
Numerator	5	4	9	18
Denominator	16	49	30	95
BI	44%	32%	8%	26%
Numerator	8	7	2	17
Denominator	18	22	25	65
TA	18%	35%	29%	28%
Numerator	3	8	7	18
Denominator	17	23	24	64
Autism	0%	33%	14%	17%
Numerator	0	1	1	2
Denominator	2	3	7	12
SED	40%	21%	78%	48%
Numerator	8	7	28	43
Denominator	20	33	36	89

Explanation of Findings:

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

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

AU: No valid signature and/or date, service plan not provided or does not cover entire review period, 1 MCO did not provide documentation for audit

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

Compliance Trends	2013	2014	2015	2016	2017	2018	2019	Jan-Mar 2020	April-June 2020	July - Sept 2020	Oct-Dec 2020	Jan - Mar 2021
PD												
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	58%	50%	42%	48%	24%	54%
Amerigroup		88%	68%	76%	85%	91%	N/A	N/A	N/A	N/A	N/A	N/A
Sunflower		87%	69%	73%	87%	77%	86%	88%	44%	34%	24%	24%
United		85%	77%	92%	88%	94%	82%	68%	45%	33%	15%	9%
Statewide	80%	87%	70%	80%	86%	87%	78%	70%	44%	37%	21%	27%
FE												
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	69%	39%	25%	45%	38%	57%
Amerigroup		84%	76%	78%	82%	91%	N/A	N/A	N/A	N/A	N/A	N/A
Sunflower		88%	61%	84%	86%	76%	86%	72%	58%	42%	35%	29%
United		86%	79%	87%	90%	90%	81%	51%	49%	21%	20%	20%
Statewide	Not a Measure	86%	71%	83%	86%	85%	81%	56%	47%	34%	29%	32%
IDD												
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	47%	42%	75%	25%	19%	31%
Amerigroup		80%	80%	73%	77%	94%	N/A	N/A	N/A	N/A	N/A	N/A
Sunflower		80%	59%	74%	80%	79%	77%	63%	44%	26%	18%	8%
United		82%	55%	79%	92%	90%	72%	36%	34%	31%	17%	30%
Statewide	98%	81%	64%	75%	82%	83%	71%	52%	46%	27%	18%	19%
BI												
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	43%	42%	32%	6%	6%	44%
Amerigroup		76%	53%	64%	79%	79%	N/A	N/A	N/A	N/A	N/A	N/A
Sunflower		86%	43%	86%	80%	73%	77%	70%	20%	10%	20%	32%
United		77%	69%	85%	79%	84%	79%	48%	33%	24%	12%	8%
Statewide	64%	80%	53%	74%	80%	78%	71%	55%	28%	15%	13%	26%
TA												
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	70%	62%	50%	13%	7%	18%
Amerigroup		84%	68%	71%	90%	96%	N/A	N/A	N/A	N/A	N/A	N/A
Sunflower		97%	86%	85%	68%	89%	88%	67%	36%	15%	14%	35%
United		96%	58%	79%	95%	84%	90%	67%	13%	12%	4%	29%
Statewide	No Data	91%	72%	77%	84%	92%	86%	66%	30%	13%	8%	28%
Autism												
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	0%	0%	0%	0%	0%	0%
Amerigroup		74%	59%	35%	88%	91%	N/A	N/A	N/A	N/A	N/A	N/A
Sunflower		51%	50%	47%	20%	39%	31%	50%	100%	50%	40%	33%
United		65%	29%	17%	13%	35%	65%	0%	0%	0%	0%	14%
Statewide	55%	65%	49%	36%	38%	50%	47%	14%	20%	9%	13%	17%
SED												
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	96%	95%	13%	11%	0%	40%
Amerigroup		92%	99%	98%	99%	96%	N/A	N/A	N/A	N/A	N/A	N/A
Sunflower		90%	94%	86%	98%	97%	95%	93%	22%	9%	6%	21%
United		87%	98%	97%	88%	95%	98%	100%	27%	24%	0%	78%
Statewide	Not a measure	90%	97%	94%	95%	96%	97%	97%	22%	15%	2%	48%

Remediation:

Data review and requirements with MCOs at will be discussed at each quarterly MCO mtg. Future proposed plans to begin gathering data from each MCO on the following: number of PCSPs with signatures, number of PCSPs without signatures, number of PCSPs electronically signed, number of PCSPs signed telephonically. Requested action plan will be required from each MCO with deadlines for improvement to meet the 86% expectation. 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. Sunflower established an electronic signature platform in March 2021 and has provided their policies and examples. Aetna is working on implementing electronic signature. The ability to accept electronic signatures will help bring the Service Plan Measures into compliance. Additionally, KDADS team is determining requirements for developing policy around verbal consent as the Delta variance of COVID has states preparing for potential shut downs and business infrastructure changes as a result. Each MCO met on October 27, 2021 and developed a QIP for this measure that will be reviewed at least quarterly until measurements are met.

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: 01/01/2021 - 03/31/2021

Data Source: MCO Record Review

Compliance By Waiver	Aetna	Sunflower	United	Statewide
PD	58%	42%	20%	38%
Numerator	15	14	7	36
Denominator	26	33	35	94
FE	61%	29%	29%	37%
Numerator	14	8	12	34
Denominator	23	28	41	92
IDD	31%	14%	40%	25%
Numerator	5	7	12	24
Denominator	16	49	30	95
BI	44%	45%	12%	32%
Numerator	8	10	3	21
Denominator	18	22	25	65
TA	24%	39%	54%	41%
Numerator	4	9	13	26
Denominator	17	23	24	64
Autism	0%	67%	43%	42%
Numerator	0	2	3	5
Denominator	2	3	7	12
SED	40%	21%	78%	48%
Numerator	8	7	28	43
Denominator	20	33	36	89

Explanation of Findings:

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

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

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:

Data review and requirements with MCOs at will be discussed at each quarterly MCO mtg. Future proposed plans to begin gathering data from each MCO on the following: number of PCSPs with signatures, number of PCSPs without signatures, number of PCSPs electronically signed, number of PCSPs signed telephonically. Requested action plan will be required from each MCO with deadlines form improvement to meet the 86% expectation. 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. Sunflower established an electronic signature platform in March 2021 and has provided their policies and examples. Aetna is working on implementing electronic signature. The ability to accept electronic signatures will help bring the Service Plan Measures into compliance. Additionally, KDADS team is determining requirements for developing policy around verbal consent as the Delta variance of COVID has states preparing for potential shut downs and business infrastructure changes as a result. Each MCO met on October 27, 2021 and developed a QIP for this measure that will be reviewed at least quarterly until measurements are met.

Compliance Trends	2013	2014	2015	2016	2017	2018	2019	Jan-Mar 2020	April-June 2020	July-Sept 2020	Oct-Dec 2020	Jan - Mar 2021
PD												
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	68%	58%	46%	48%	24%	58%
Amerigroup		88%	70%	79%	87%	97%	N/A	N/A	N/A	N/A	N/A	N/A
Sunflower		87%	70%	74%	88%	80%	86%	94%	63%	44%	39%	42%
United		84%	79%	89%	88%	95%	87%	74%	61%	47%	21%	20%
Statewide	Not a Measure	87%	72%	81%	88%	91%	83%	77%	57%	46%	28%	38%
FE												
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	46%	44%	30%	55%	43%	61%
Amerigroup		83%	78%	76%	84%	92%	N/A	N/A	N/A	N/A	N/A	N/A
Sunflower		86%	60%	83%	87%	78%	65%	72%	64%	48%	42%	29%
United		87%	83%	88%	91%	92%	66%	77%	62%	38%	23%	29%
Statewide	90%	85%	72%	83%	88%	87%	63%	69%	55%	46%	34%	37%
IDD												
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	53%	42%	75%	25%	19%	31%
Amerigroup		84%	76%	73%	76%	85%	N/A	N/A	N/A	N/A	N/A	N/A
Sunflower		82%	60%	74%	78%	83%	79%	76%	60%	38%	32%	14%
United		88%	51%	79%	93%	90%	78%	57%	48%	41%	24%	40%
Statewide	Not a Measure	84%	63%	75%	81%	85%	76%	66%	59%	37%	27%	25%
BI												
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	40%	42%	32%	6%	6%	44%
Amerigroup		73%	51%	65%	80%	82%	N/A	N/A	N/A	N/A	N/A	N/A
Sunflower		84%	45%	86%	80%	79%	77%	75%	30%	10%	35%	45%
United		80%	69%	59%	79%	92%	85%	52%	38%	28%	20%	12%
Statewide	Not a Measure	78%	52%	74%	80%	83%	72%	58%	33%	16%	21%	32%
TA												
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	78%	69%	50%	7%	7%	24%
Amerigroup		83%	75%	71%	90%	99%	N/A	N/A	N/A	N/A	N/A	N/A
Sunflower		97%	86%	84%	68%	89%	90%	81%	50%	15%	14%	39%
United		97%	58%	79%	95%	86%	91%	79%	25%	16%	8%	54%
Statewide	Not a Measure	91%	76%	76%	84%	93%	89%	78%	40%	13%	10%	41%
Autism												
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	17%	0%	0%	0%	0%	0%
Amerigroup		77%	59%	35%	88%	100%	N/A	N/A	N/A	N/A	N/A	N/A
Sunflower		53%	55%	50%	15%	44%	69%	100%	100%	50%	40%	67%
United		71%	36%	17%	6%	47%	65%	0%	50%	0%	0%	43%
Statewide	Not a Measure	69%	52%	37%	35%	59%	60%	29%	40%	9%	13%	42%
SED												
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	93%	95%	13%	11%	0%	40%
Amerigroup		92%	98%	97%	97%	97%	N/A	N/A	N/A	N/A	N/A	N/A
Sunflower		90%	95%	86%	98%	96%	95%	93%	22%	9%	6%	21%
United		87%	99%	96%	86%	96%	98%	100%	27%	24%	0%	78%
Statewide	93%	90%	98%	94%	93%	97%	96%	97%	22%	15%	2%	48%

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: 01/01/2021 - 03/31/2021

Data Source: MCO Record Review

Compliance By Waiver	Aetna	Sunflower	United	Statewide
PD	62%	30%	23%	36%
Numerator	16	10	8	34
Denominator	26	33	35	94
FE	61%	46%	56%	54%
Numerator	14	13	23	50
Denominator	23	28	41	92
IDD	44%	22%	30%	28%
Numerator	7	11	9	27
Denominator	16	49	30	95
BI	67%	64%	44%	57%
Numerator	12	14	11	37
Denominator	18	22	25	65
TA	41%	43%	54%	47%
Numerator	7	10	13	30
Denominator	17	23	24	64
Autism	0%	33%	43%	33%
Numerator	0	1	3	4
Denominator	2	3	7	12
SED	75%	73%	81%	76%
Numerator	15	24	29	68
Denominator	20	33	36	89

Explanation of Findings:

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

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

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

Compliance Trends	2013	2014	2015	2016	2017	2018	2019	Jan-Mar 2020	April-June 2020	July - Sept 2020	Oct-Dec 2020	Jan - Mar 2021
PD												
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	84%	63%	35%	48%	44%	62%
Amerigroup		73%	67%	71%	72%	91%	N/A	N/A	N/A	N/A	N/A	N/A
Sunflower		82%	72%	72%	70%	81%	82%	88%	63%	69%	48%	30%
United		92%	73%	83%	76%	89%	88%	76%	70%	53%	32%	23%
Statewide	82%	82%	70%	75%	72%	87%	85%	77%	57%	57%	41%	36%
FE												
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	81%	50%	65%	60%	76%	61%
Amerigroup		81%	67%	63%	70%	84%	N/A	N/A	N/A	N/A	N/A	N/A
Sunflower		85%	57%	78%	78%	83%	86%	69%	67%	61%	68%	46%
United		90%	69%	84%	91%	91%	86%	79%	72%	64%	50%	56%
Statewide	81%	85%	64%	76%	81%	86%	85%	70%	68%	62%	62%	54%
IDD												
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	73%	42%	63%	44%	31%	44%
Amerigroup		75%	77%	68%	64%	80%	N/A	N/A	N/A	N/A	N/A	N/A
Sunflower		81%	66%	65%	63%	81%	77%	76%	63%	44%	44%	22%
United		91%	48%	54%	86%	84%	75%	43%	48%	41%	31%	30%
Statewide	97%	82%	66%	63%	70%	81%	76%	62%	59%	43%	38%	28%
BI												
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	73%	50%	74%	75%	33%	67%
Amerigroup		65%	44%	56%	63%	73%	N/A	N/A	N/A	N/A	N/A	N/A
Sunflower		84%	40%	88%	61%	88%	83%	70%	65%	35%	60%	64%
United		77%	65%	70%	65%	84%	88%	78%	71%	60%	72%	44%
Statewide	60%	76%	47%	68%	63%	80%	83%	69%	70%	56%	57%	57%
TA												
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	92%	69%	57%	40%	36%	41%
Amerigroup		81%	78%	72%	88%	92%	N/A	N/A	N/A	N/A	N/A	N/A
Sunflower		94%	89%	85%	68%	85%	90%	81%	59%	30%	38%	43%
United		96%	59%	70%	91%	93%	96%	67%	38%	36%	40%	54%
Statewide	92%	89%	79%	76%	83%	90%	93%	72%	50%	35%	38%	47%
Autism												
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	50%	0%	50%	50%	67%	0%
Amerigroup		67%	52%	40%	82%	100%	N/A	N/A	N/A	N/A	N/A	N/A
Sunflower		43%	47%	38%	18%	83%	77%	100%	100%	100%	40%	33%
United		33%	38%	7%	20%	59%	73%	25%	50%	57%	0%	43%
Statewide	64%	57%	48%	31%	41%	78%	71%	43%	60%	64%	27%	33%
SED												
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	83%	95%	65%	58%	64%	75%
Amerigroup		89%	97%	94%	96%	95%	N/A	N/A	N/A	N/A	N/A	N/A
Sunflower		89%	91%	79%	92%	92%	93%	93%	44%	37%	59%	73%
United		83%	99%	85%	77%	97%	95%	100%	52%	65%	0%	81%
Statewide	80%	87%	96%	86%	88%	95%	92%	97%	52%	52%	38%	76%

Remediation:

Data review and requirements with MCOs at will be discussed at each quarterly MCO mtg. Future proposed plans to begin gathering data from each MCO on the following: number of PCSPs with signatures, number of PCSPs without signatures, number of PCSPs electronically signed, number of PCSPs signed telephonically. Requested action plan will be required from each MCO with deadlines for improvement to meet the 86% expectation. 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. Sunflower established an electronic signature platform in March 2021 and has provided their policies and examples. Aetna is working on implementing electronic signature. The ability to accept electronic signatures will help bring the Service Plan Measures into compliance. Additionally, KDADS team is determining requirements for developing policy around verbal consent as the Delta variance of COVID has states preparing for potential shut downs and business infrastructure changes as a result. Each MCO met on October 27, 2021 and developed a QIP for this measure that will be reviewed at least quarterly until measurements are met.

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: 01/01/2021 - 03/31/2021

Data Source: MCO Record Review

Compliance By Waiver	Aetna	Sunflower	United	Statewide
PD	92%	94%	89%	91%
Numerator	24	31	31	86
Denominator	26	33	35	94
FE	96%	96%	90%	93%
Numerator	22	27	37	86
Denominator	23	28	41	92
IDD	100%	96%	90%	95%
Numerator	16	47	27	90
Denominator	16	49	30	95
BI	78%	100%	92%	91%
Numerator	14	22	23	59
Denominator	18	22	25	65
TA	100%	83%	83%	88%
Numerator	17	19	20	56
Denominator	17	23	24	64
Autism	50%	100%	100%	92%
Numerator	1	3	7	11
Denominator	2	3	7	12
SED	45%	61%	86%	67%
Numerator	9	20	31	60
Denominator	20	33	36	89

Explanation of Findings:

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

Remediation:

Data review and requirements with MCOs at will be discussed at each quarterly MCO mtg. Future proposed plans to begin gathering data from each MCO on the following: number of PCSPs with signatures, number of PCSPs without signatures, number as PCSPs electronically signed, number of PCSPs signed telephonically. Requested action plan will be required from each MCO with deadlines form improvement to meet the 86% expectation. 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. Sunflower established an electronic signature platform in March 2021 and has provided their policies and examples. Aetna is working on implementing electronic signature. The ability to accept electronic signatures will help bring the Service Plan Measures into compliance. Additionally, KDADS team is determining requirements for developing policy around verbal consent as the Delta variance of COVID has states preparing for potential shut downs and business infrastructure changes as a result. Each MCO met on October 27, 2021 and developed a QIP for this measure that will be reviewed at least quarterly until measurements are met.

Compliance Trends	2013	2014	2015	2016	2017	2018	2019	Jan-Mar 2020	April-June 2020	July - Sept 2020	Oct-Dec 2020	Jan - Mar 2021
PD												
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	95%	83%	81%	91%	84%	92%
Amerigroup		20%	36%	68%	98%	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Sunflower		53%	58%	50%	54%	94%	95%	100%	97%	88%	88%	94%
United		50%	63%	80%	67%	99%	98%	88%	85%	92%	91%	89%
Statewide	75%	39%	53%	65%	62%	97%	96%	91%	88%	90%	88%	91%
FE												
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	100%	94%	75%	95%	100%	96%
Amerigroup		24%	71%	42%	70%	96%	N/A	N/A	N/A	N/A	N/A	N/A
Sunflower		39%	51%	63%	59%	92%	97%	94%	97%	85%	90%	96%
United		50%	47%	87%	86%	98%	97%	97%	97%	87%	93%	90%
Statewide	78%	38%	54%	65%	67%	96%	98%	96%	90%	88%	93%	93%
IDD												
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	96%	83%	81%	94%	94%	100%
Amerigroup		7%	60%	27%	67%	95%	N/A	N/A	N/A	N/A	N/A	N/A
Sunflower		38%	16%	25%	47%	97%	96%	98%	92%	96%	100%	96%
United		16%	30%	30%	83%	97%	91%	89%	79%	90%	86%	90%
Statewide	97%	23%	28%	28%	60%	96%	94%	93%	87%	94%	95%	95%
BI												
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	95%	92%	95%	94%	78%	78%
Amerigroup		24%	42%	61%	67%	88%	N/A	N/A	N/A	N/A	N/A	N/A
Sunflower		54%	27%	75%	44%	86%	92%	95%	85%	80%	100%	100%
United		46%	50%	75%	33%	97%	93%	87%	100%	84%	88%	92%
Statewide	53%	38%	38%	67%	57%	89%	93%	91%	92%	87%	83%	91%
TA												
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	97%	92%	86%	87%	86%	100%
Amerigroup		32%	73%	56%	94%	96%	N/A	N/A	N/A	N/A	N/A	N/A
Sunflower		54%	89%	63%	57%	92%	95%	86%	82%	90%	90%	83%
United		38%	43%	60%	100%	98%	97%	96%	96%	92%	96%	83%
Statewide	92%	42%	75%	60%	83%	95%	96%	91%	88%	90%	92%	88%
Autism												
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	100%	100%	100%	100%	67%	50%
Amerigroup		10%	0%	17%	75%	100%	N/A	N/A	N/A	N/A	N/A	N/A
Sunflower		17%	25%	50%	14%	94%	85%	100%	100%	100%	80%	100%
United		0%	0%	9%	0%	82%	96%	100%	100%	100%	0%	100%
Statewide	45%	11%	11%	16%	22%	91%	93%	100%	100%	100%	40%	92%
SED												
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	81%	95%	100%	79%	45%	45%
Amerigroup		90%	90%	97%	97%	96%	N/A	N/A	N/A	N/A	N/A	N/A
Sunflower		83%	79%	68%	88%	91%	92%	93%	59%	40%	65%	61%
United		84%	93%	83%	67%	96%	95%	100%	91%	85%	0%	86%
Statewide	85%	86%	88%	83%	83%	93%	92%	97%	82%	99%	36%	67%

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: 01/01/2021 - 03/31/2021

Data Source: MCO Record Review

Compliance By Waiver	Aetna	Sunflower	United	Statewide
PD	54%	39%	26%	38%
Numerator	14	13	9	36
Denominator	26	33	35	94
FE	52%	29%	27%	34%
Numerator	12	8	11	31
Denominator	23	28	41	92
IDD	31%	16%	37%	25%
Numerator	5	8	11	24
Denominator	16	49	30	95
BI	44%	45%	12%	32%
Numerator	8	10	3	21
Denominator	18	22	25	65
TA	24%	43%	50%	41%
Numerator	4	10	12	26
Denominator	17	23	24	64
Autism	0%	0%	14%	8%
Numerator	0	0	1	1
Denominator	2	3	7	12
SED	40%	21%	78%	48%
Numerator	8	7	28	43
Denominator	20	33	36	89

Explanation of Findings:

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

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

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:

Data review and requirements with MCOs at will be discussed at each quarterly MCO mtg. Future proposed plans to begin gathering data from each MCO on the following: number of PCSPs with signatures, number of PCSPs without signatures, number of PCSPs electronically signed, number of PCSPs signed telephonically. Requested action plan will be required from each MCO with deadlines for improvement to meet the 86% expectation. MCO will continue to complete SP process by telephone or video and began sending SPs 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. Sunflower established an electronic signature platform in March 2021 and has provided their policies and examples. Aetna is working on implementing electronic signature. The ability to accept electronic signatures will help bring the Service Plan Measures into compliance. Additionally, KDADS team is determining requirements for developing policy around verbal consent as the Delta variance of COVID has states preparing for potential shut downs and business infrastructure changes as a result. Each MCO met on October 27, 2021 and developed a QIP for this measure that will be reviewed at least quarterly until measurements are met.

Compliance Trends	Aetna	2013	2014	2015	2016	2017	2018	2019	Jan-Mar 2020	April-June 2020	July - Sept 2020	Oct-Dec 2020	Jan - Mar 2021
PD													
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	N/A	68%	50%	42%	48%	24%	54%
Amerigroup								93%	N/A	N/A	N/A	N/A	N/A
Sunflower								80%	86%	94%	63%	44%	39%
United								88%	88%	71%	58%	47%	26%
Statewide		85%		72%	81%	86%	88%	83%	73%	55%	46%	27%	38%
FE													
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	N/A	71%	44%	30%	50%	43%	52%
Amerigroup								86%	N/A	N/A	N/A	N/A	N/A
Sunflower								88%	72%	64%	48%	39%	29%
United								92%	89%	74%	59%	38%	23%
Statewide		87%	92%	72%	83%	86%	85%	86%	67%	54%	45%	33%	34%
IDD													
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	N/A	51%	42%	69%	25%	19%	31%
Amerigroup								82%	N/A	N/A	N/A	N/A	N/A
Sunflower								79%	75%	60%	38%	30%	16%
United								89%	77%	57%	48%	24%	37%
Statewide		98%	92%	68%	77%	81%	84%	75%	66%	58%	38%	26%	25%
BI													
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	N/A	43%	33%	32%	6%	6%	44%
Amerigroup								73%	N/A	N/A	N/A	N/A	N/A
Sunflower								76%	70%	25%	40%	30%	45%
United								83%	81%	52%	33%	24%	12%
Statewide		70%	87%	56%	72%	77%	75%	70%	55%	30%	15%	19%	32%
TA													
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	N/A	81%	62%	50%	7%	7%	24%
Amerigroup								98%	N/A	N/A	N/A	N/A	N/A
Sunflower								87%	89%	81%	50%	14%	43%
United								92%	92%	79%	25%	16%	8%
Statewide		100%	98%	74%	80%	83%	93%	89%	76%	40%	13%	10%	41%
Autism													
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	N/A	0%	0%	0%	50%	0%	0%
Amerigroup								91%	N/A	N/A	N/A	N/A	N/A
Sunflower								28%	23%	50%	0%	40%	0%
United								41%	58%	0%	0%	0%	14%
Statewide		50%	86%	49%	38%	37%	48%	40%	14%	0%	18%	13%	8%
SED													
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	N/A	96%	95%	13%	11%	0%	40%
Amerigroup								96%	N/A	N/A	N/A	N/A	N/A
Sunflower								98%	95%	93%	22%	9%	21%
United								96%	98%	100%	27%	24%	78%
Statewide		13%	93%	98%	90%	94%	97%	97%	97%	22%	15%	2%	48%

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: 01/01/2021 - 03/31/2021

Data Source: Customer Interview

Compliance By Waiver	Aetna	Sunflower	United	Statewide
PD	100%	100%	93%	97%
Numerator	7	14	14	35
Denominator	7	14	15	36
FE	88%	100%	92%	94%
Numerator	7	12	12	31
Denominator	8	12	13	33
IDD	100%	100%	100%	100%
Numerator	7	19	14	40
Denominator	7	19	14	40
BI	100%	88%	83%	89%
Numerator	4	7	5	16
Denominator	4	8	6	18
TA	100%	100%	100%	100%
Numerator	1	7	7	15
Denominator	1	7	7	15
Autism	100%	N/A	N/A	100%
Numerator	1	0	0	1
Denominator	1	0	0	1
SED	Not a waiver performance measure			
Numerator				
Denominator				

Explanation of Findings:

Performance measure threshold met for all waivers.

Remediation:

Data review and requirements with MCOs at will be discussed at each quarterly MCO mtg. Future proposed plans to begin gathering data from each MCO on the following: number of PCSPs with signatures, number of PCSPs without signatures, number of PCSPs electronically signed, number of PCSPs signed telephonically. Requested action plan will be required from each MCO with deadlines form improvement to meet the 86% expectation

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. Sunflower established an electronic signature platform in March 2021 and has provided their policies and examples. Aetna is working on implementing electronic signature. The ability to accept electronic signatures will help bring the Service Plan Measures into compliance.

Additionally, KDADS team is determining requirements for developing policy around verbal consent as the Delta variance of COVID has states preparing for potential shut downs and business infrastructure changes as a result. Each MCO met on October 27, 2021 and developed a QIP for this measure that will be reviewed at least quarterly until measurements are met.

Compliance Trends	2013	2014	2015	2016	2017	2018	2019	Jan-Mar 2020	April-June 2020	July - Sept 2020	Oct - Dec 2020	Jan - Mar 2021
PD												
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	93%	N/A	N/A	N/A	100%	100%
Amerigroup		97%			94%	94%	N/A	N/A	N/A	N/A	N/A	N/A
Sunflower		92%			97%	98%	94%	N/A	N/A	N/A	81%	100%
United		93%			91%	98%	91%	N/A	N/A	N/A	85%	93%
Statewide	Not a Measure	94%	No Data	No Data	94%	97%	93%	N/A	N/A	N/A	88%	97%
FE												
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	100%	N/A	N/A	N/A	N/A	92%
Amerigroup		85%			97%	96%	N/A	N/A	N/A	N/A	N/A	N/A
Sunflower		86%			93%	95%	96%	N/A	N/A	N/A	100%	100%
United		82%			91%	94%	94%	N/A	N/A	N/A	94%	92%
Statewide	87%	84%	No Data	No Data	94%	95%	96%	N/A	N/A	N/A	95%	94%
IDD												
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	100%	N/A	N/A	N/A	100%	100%
Amerigroup		92%			93%	100%	N/A	N/A	N/A	N/A	N/A	N/A
Sunflower		96%			99%	97%	96%	N/A	N/A	N/A	95%	100%
United		93%			92%	100%	95%	N/A	N/A	N/A	90%	100%
Statewide	Not a Measure	94%	No Data	No Data	96%	98%	96%	N/A	N/A	N/A	95%	100%
BI												
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	100%	N/A	N/A	N/A	88%	100%
Amerigroup		81%			81%	87%	N/A	N/A	N/A	N/A	N/A	N/A
Sunflower		88%			79%	78%	95%	N/A	N/A	N/A	88%	88%
United		83%			76%	92%	92%	N/A	N/A	N/A	100%	83%
Statewide	Not a Measure	83%	No Data	No Data	80%	85%	95%	N/A	N/A	N/A	91%	89%
TA												
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	60%	N/A	N/A	N/A	100%	100%
Amerigroup		89%			96%	98%	N/A	N/A	N/A	N/A	N/A	N/A
Sunflower		84%			94%	95%	100%	N/A	N/A	N/A	100%	100%
United		85%			94%	100%	93%	N/A	N/A	N/A	100%	100%
Statewide	Not a Measure	87%	No Data	No Data	95%	98%	92%	N/A	N/A	N/A	100%	100%
Autism												
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	100%	100%
Amerigroup		74%			89%	67%	N/A	N/A	N/A	N/A	N/A	N/A
Sunflower		70%			50%	88%	67%	N/A	N/A	N/A	100%	N/A
United		60%			75%	50%	73%	N/A	N/A	N/A	33%	N/A
Statewide	Not a Measure	71%	No Data	No Data	68%	68%	71%	N/A	N/A	N/A	71%	100%
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: 01/01/2021 - 03/31/2021

Data Source: MCO Record Review

Compliance By Waiver	Aetna	Sunflower	United	Statewide
PD	62%	45%	17%	39%
Numerator	16	15	6	37
Denominator	26	33	35	94
FE	61%	29%	29%	37%
Numerator	14	8	12	34
Denominator	23	28	41	92
IDD	31%	14%	40%	25%
Numerator	5	7	12	24
Denominator	16	49	30	95
BI	44%	45%	12%	32%
Numerator	8	10	3	21
Denominator	18	22	25	65
TA	24%	43%	54%	42%
Numerator	4	10	13	27
Denominator	17	23	24	64
Autism	0%	33%	43%	33%
Numerator	0	1	3	4
Denominator	2	3	7	12
SED	65%	48%	81%	65%
Numerator	13	16	29	58
Denominator	20	33	36	89

Explanation of Findings:

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

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

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:

Data review and requirements with MCOs at will be discussed at each quarterly MCO mtg. Future proposed plans to begin gathering data from each MCO on the following: number of PCSPs with signatures, number of PCSP's without signatures, number of PCSP's electronically signed, number of PCSP's signed telephonically. Requested action plan will be required from each MCO with deadlines form improvement to meet the 86% expectation

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. Sunflower established an electronic signature platform in March 2021 and has provided their policies and examples. Aetna is working on implementing electronic signature. The ability to accept electronic signatures will help bring the Service Plan Measures into compliance. Additionally, KDADS team is determining requirements for developing policy around verbal consent as the Delta variance of COVID has states preparing for potential shut downs and business infrastructure changes as a result.

Each MCO met on October 27, 2021 and developed a QIP for this measure that will be reviewed at least quarterly until measurements are met.

Compliance Trends	2013	2014	2015	2016	2017	2018	2019	Jan-Mar 2020	April-June 2020	July - Sept 2020	Oct- Dec 2020	Jan - Mar 2021
PD												
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	64%	58%	54%	57%	28%	62%
Amerigroup		68%	56%	68%	80%	97%	N/A	N/A	N/A	N/A	N/A	N/A
Sunflower		58%	69%	73%	85%	80%	86%	94%	66%	50%	45%	45%
United		69%	73%	89%	87%	94%	88%	74%	76%	53%	24%	17%
Statewide	52%	65%	65%	76%	84%	90%	82%	77%	66%	53%	33%	39%
FE												
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	73%	44%	35%	55%	43%	61%
Amerigroup		68%	59%	64%	82%	92%	N/A	N/A	N/A	N/A	N/A	N/A
Sunflower		76%	59%	82%	86%	77%	88%	75%	67%	52%	39%	29%
United		77%	75%	85%	91%	93%	88%	79%	74%	44%	30%	29%
Statewide	56%	74%	63%	77%	86%	87%	86%	71%	63%	49%	36%	37%
IDD												
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	51%	42%	81%	38%	31%	31%
Amerigroup		51%	45%	68%	74%	84%	N/A	N/A	N/A	N/A	N/A	N/A
Sunflower		68%	42%	69%	71%	79%	77%	80%	60%	38%	36%	14%
United		75%	55%	76%	91%	89%	80%	64%	59%	52%	31%	40%
Statewide	99%	64%	46%	70%	77%	83%	75%	70%	63%	42%	34%	25%
BI												
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	38%	42%	37%	6%	11%	44%
Amerigroup		54%	50%	53%	76%	82%	N/A	N/A	N/A	N/A	N/A	N/A
Sunflower		75%	40%	86%	80%	82%	80%	35%	30%	45%	45%	
United		70%	74%	83%	79%	92%	84%	52%	43%	48%	20%	12%
Statewide	44%	65%	52%	67%	78%	83%	73%	60%	38%	31%	25%	32%
TA												
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	76%	77%	71%	20%	21%	24%
Amerigroup		87%	65%	68%	85%	96%	N/A	N/A	N/A	N/A	N/A	N/A
Sunflower		84%	80%	77%	66%	89%	90%	86%	73%	50%	38%	43%
United		92%	58%	79%	95%	86%	91%	88%	33%	36%	28%	54%
Statewide	96%	86%	68%	72%	81%	92%	88%	84%	57%	30%	30%	42%
Autism												
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	17%	0%	50%	0%	33%	0%
Amerigroup		67%	67%	47%	88%	100%	N/A	N/A	N/A	N/A	N/A	N/A
Sunflower		44%	45%	50%	40%	50%	69%	100%	100%	50%	60%	33%
United		88%	21%	17%	19%	29%	65%	0%	50%	0%	0%	43%
Statewide	40%	63%	49%	42%	48%	54%	60%	29%	60%	9%	27%	33%
SED												
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	91%	95%	96%	11%	23%	65%
Amerigroup		94%	91%	98%	99%	97%	N/A	N/A	N/A	N/A	N/A	N/A
Sunflower		91%	72%	84%	94%	87%	93%	97%	75%	14%	41%	48%
United		84%	97%	88%	88%	97%	95%	100%	97%	38%	0%	81%
Statewide	98%	89%	88%	90%	94%	94%	94%	98%	89%	23%	21%	65%

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: 01/01/2021 - 03/31/2021

Data Source: MCO Record Review

Compliance By Waiver	Aetna	Sunflower	United	Statewide
PD	62%	45%	17%	39%
Numerator	16	15	6	37
Denominator	26	33	35	94
FE	61%	29%	29%	37%
Numerator	14	8	12	34
Denominator	23	28	41	92
IDD	31%	14%	40%	25%
Numerator	5	7	12	24
Denominator	16	49	30	95
BI	44%	45%	12%	32%
Numerator	8	10	3	21
Denominator	18	22	25	65
TA	24%	43%	54%	42%
Numerator	4	10	13	27
Denominator	17	23	24	64
Autism	0%	33%	43%	33%
Numerator	0	1	3	4
Denominator	2	3	7	12
SED	65%	48%	81%	65%
Numerator	13	16	29	58
Denominator	20	33	36	89

Explanation of Findings:

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

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

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

Compliance Trends	2013	2014	2015	2016	2017	2018	2019	Jan-Mar 2020	April-June 2020	July - Sept 2020	Oct-Dec 2020	Jan - Mar 2021
PD												
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	59%	58%	54%	57%	32%	62%
Amerigroup		68%	53%	62%	79%	96%	N/A	N/A	N/A	N/A	N/A	N/A
Sunflower		72%	50%	71%	36%	74%	86%	94%	66%	50%	45%	45%
United		77%	73%	84%	78%	94%	88%	74%	76%	53%	24%	17%
Statewide	64%	72%	57%	72%	64%	88%	81%	77%	66%	53%	34%	39%
FE												
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	73%	44%	35%	55%	43%	61%
Amerigroup		67%	57%	67%	80%	92%	N/A	N/A	N/A	N/A	N/A	N/A
Sunflower		86%	47%	82%	35%	74%	88%	75%	67%	52%	39%	29%
United		85%	74%	84%	80%	92%	88%	77%	74%	44%	30%	29%
Statewide	59%	80%	57%	78%	63%	86%	86%	70%	63%	49%	36%	37%
IDD												
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	49%	42%	81%	38%	31%	31%
Amerigroup		55%	46%	70%	71%	85%	N/A	N/A	N/A	N/A	N/A	N/A
Sunflower		68%	35%	69%	34%	79%	78%	80%	60%	38%	36%	14%
United		77%	50%	74%	89%	88%	80%	64%	59%	52%	31%	40%
Statewide	No Data	66%	42%	71%	58%	83%	75%	70%	63%	42%	34%	25%
BI												
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	38%	42%	37%	6%	11%	44%
Amerigroup		56%	50%	52%	74%	82%	N/A	N/A	N/A	N/A	N/A	N/A
Sunflower		80%	23%	86%	28%	79%	82%	80%	35%	30%	45%	45%
United		74%	67%	80%	76%	92%	85%	52%	43%	48%	24%	12%
Statewide	53%	68%	45%	68%	63%	83%	74%	60%	38%	31%	27%	32%
TA												
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	73%	77%	71%	20%	21%	24%
Amerigroup		86%	65%	71%	86%	99%	N/A	N/A	N/A	N/A	N/A	N/A
Sunflower		97%	53%	79%	29%	86%	90%	86%	73%	50%	38%	43%
United		94%	55%	64%	82%	86%	91%	88%	33%	36%	28%	54%
Statewide	96%	91%	60%	72%	68%	93%	88%	84%	57%	37%	30%	42%
Autism												
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	17%	0%	50%	0%	33%	0%
Amerigroup		79%	52%	47%	88%	100%	N/A	N/A	N/A	N/A	N/A	N/A
Sunflower		50%	27%	61%	20%	56%	69%	100%	100%	50%	60%	33%
United		88%	14%	17%	13%	41%	65%	0%	50%	0%	0%	43%
Statewide	55%	72%	35%	46%	38%	61%	60%	29%	60%	9%	27%	33%
SED												
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	91%	95%	96%	11%	23%	65%
Amerigroup		94%	92%	98%	99%	97%	N/A	N/A	N/A	N/A	N/A	N/A
Sunflower		91%	72%	84%	94%	87%	93%	97%	75%	14%	41%	48%
United		84%	97%	88%	87%	97%	95%	100%	97%	38%	0%	81%
Statewide	98%	89%	88%	90%	93%	94%	94%	98%	89%	23%	21%	65%

Remediation:

Data review and requirements with MCOs at will be discussed at each quarterly MCO mtg. Future proposed plans to begin gathering data from each MCO on the following: number of PCSPs with signatures, number of PCSPs without signatures, number of PCSPs electronically signed, number of PCSPs signed telephonically. Requested action plan will be required from each MCO with deadlines form improvement to meet the 85% expectation. 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. Sunflower established an electronic signature platform in March 2021 and has provided their policies and examples. Aetna is working on implementing electronic signature. The ability to accept electronic signatures will help bring the Service Plan Measures into compliance. Additionally, KDADS team is determining requirements for developing policy around verbal consent as the Delta variance of COVID has states preparing for potential shut downs and business infrastructure changes as a result. Each MCO met on October 27, 2021 and developed a QIP for this measure that will be reviewed at least quarterly until

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: 01/01/2021 - 03/31/2021

Data Source: MCO Record Review

Compliance By Waiver	Aetna	Sunflower	United	Statewide
PD	62%	45%	20%	40%
Numerator	16	15	7	38
Denominator	26	33	35	94
FE	61%	29%	29%	37%
Numerator	14	8	12	34
Denominator	23	28	41	92
IDD	31%	16%	37%	25%
Numerator	5	8	11	24
Denominator	16	49	30	95
BI	44%	45%	12%	32%
Numerator	8	10	3	21
Denominator	18	22	25	65
TA	24%	43%	54%	42%
Numerator	4	10	13	27
Denominator	17	23	24	64
Autism	0%	67%	57%	50%
Numerator	0	2	4	6
Denominator	2	3	7	12
SED	65%	48%	81%	65%
Numerator	13	16	29	58
Denominator	20	33	36	89

Explanation of Findings:

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

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

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:

Data review and requirements with MCOs at will be discussed at each quarterly MCO mtg. Future proposed plans to begin gathering data from each MCO on the following: number of PCSPs with signatures, number of PCSPs without signatures, number of PCSPs electronically signed, number of PCSPs signed telephonically. Requested action plan will be required from each MCO with deadlines form improvement to meet the 86% expectation
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. Sunflower established an electronic signature platform in March 2021 and has provided their policies and examples. Aetna is working on implementing electronic signature. The ability to accept electronic signatures will help bring the Service Plan Measures into compliance. Additionally, KDADS team is determining requirements for developing policy around verbal consent as the Delta variance of COVID has states preparing for potential shut downs and business infrastructure changes as a result.
Each MCO met on October 27, 2021 and developed a QIP for this measure that will be reviewed at least quarterly until measurements are met.

Compliance Trends	2013	2014	2015	2016	2017	2018	2019	Jan-Mar 2020	April-June 2020	July - Sept 2020	Oct-Dec 2020	Jan - Mar 2021
PD												
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	7%	0%	12%	13%	28%	62%
Amerigroup		76%	57%	67%	81%	98%	N/A	N/A	N/A	N/A	N/A	N/A
Sunflower		74%	67%	73%	87%	80%	86%	94%	66%	50%	45%	45%
United		80%	78%	88%	87%	95%	88%	74%	76%	53%	26%	20%
Statewide	Not a Measure	76%	66%	75%	85%	91%	70%	61%	54%	42%	34%	40%
FE												
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	8%	11%	15%	40%	33%	61%
Amerigroup		67%	58%	72%	81%	92%	N/A	N/A	N/A	N/A	N/A	N/A
Sunflower		87%	56%	82%	86%	77%	88%	75%	67%	52%	39%	29%
United		85%	79%	84%	91%	93%	88%	35%	74%	44%	30%	29%
Statewide	65%	80%	63%	79%	86%	87%	76%	64%	59%	46%	34%	37%
IDD												
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	7%	8%	25%	19%	31%	31%
Amerigroup		47%	47%	66%	73%	87%	N/A	N/A	N/A	N/A	N/A	N/A
Sunflower		69%	41%	68%	74%	80%	78%	80%	60%	38%	36%	16%
United		78%	57%	79%	92%	88%	79%	64%	59%	52%	24%	37%
Statewide	No Data	64%	46%	70%	78%	84%	69%	66%	54%	39%	32%	25%
BI												
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	0%	0%	11%	0%	11%	44%
Amerigroup		55%	51%	54%	78%	84%	N/A	N/A	N/A	N/A	N/A	N/A
Sunflower		79%	40%	86%	78%	79%	82%	80%	35%	30%	45%	45%
United		73%	74%	83%	92%	79%	84%	52%	43%	48%	24%	12%
Statewide	No Data	67%	52%	68%	78%	84%	65%	51%	30%	30%	27%	32%
TA												
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	16%	0%	29%	20%	21%	24%
Amerigroup		87%	65%	69%	85%	99%	N/A	N/A	N/A	N/A	N/A	N/A
Sunflower		98%	80%	81%	68%	89%	89%	86%	73%	50%	38%	43%
United		94%	55%	79%	95%	86%	91%	83%	33%	36%	28%	54%
Statewide	No Data	92%	68%	74%	81%	93%	78%	66%	47%	37%	30%	42%
Autism												
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	0%	0%	0%	0%	33%	0%
Amerigroup		86%	67%	65%	94%	100%	N/A	N/A	N/A	N/A	N/A	N/A
Sunflower		47%	59%	67%	70%	61%	69%	100%	100%	50%	60%	67%
United		75%	43%	33%	38%	35%	69%	0%	50%	14%	0%	57%
Statewide	No Data	72%	59%	60%	67%	61%	60%	29%	40%	18%	27%	50%
SED												
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	91%	95%	96%	11%	23%	65%
Amerigroup		94%	92%	98%	99%	97%	N/A	N/A	N/A	N/A	N/A	N/A
Sunflower		91%	72%	84%	94%	87%	93%	97%	75%	14%	41%	48%
United		85%	98%	88%	87%	97%	95%	100%	97%	38%	0%	81%
Statewide	99%	90%	89%	91%	93%	94%	94%	98%	89%	23%	21%	65%

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: 01/01/2021 - 03/31/2021

Data Source: MCO Record Review

Compliance By Waiver	Aetna	Sunflower	United	Statewide
PD	62%	45%	20%	40%
Numerator	16	15	7	38
Denominator	26	33	35	94
FE	61%	29%	29%	37%
Numerator	14	8	12	34
Denominator	23	28	41	92
IDD	31%	16%	37%	25%
Numerator	5	8	11	24
Denominator	16	49	30	95
BI	44%	45%	12%	32%
Numerator	8	10	3	21
Denominator	18	22	25	65
TA	24%	43%	54%	42%
Numerator	4	10	13	27
Denominator	17	23	24	64
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

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

Remediation:

Data review and requirements with MCOs at will be discussed at each quarterly MCO mtg. Future proposed plans to begin gathering data from each MCO on the following: number of PCSPs with signatures, number of PCSP's without signatures, number of PCSP's electronically signed, number of PCSP's signed telephonically. Requested action plan will be required from each MCO with deadlines form improvement to meet the 86% expectation

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. Sunflower established an electronic signature platform in March 2021 and has provided their policies and examples. Aetna is working on implementing electronic signature. The ability to accept electronic signatures will help bring the Service Plan Measures into compliance. Additionally, KDADS team is determining requirements for developing policy around verbal consent as the Delta variance of COVID has states preparing for potential shut downs and business infrastructure changes as a result.

Each MCO met on October 27, 2021 and developed a QIP for this measure that will be reviewed at least quarterly until measurements are met.

Compliance Trends	2013	2014	2015	2016	2017	2018	2019	Jan-Mar 2020	April-June 2020	July - Sept 2020	Oct-Dec 2020	Jan - Mar 2021
PD												
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	12%	8%	15%	13%	28%	62%
Amerigroup		64%	58%	72%	81%	92%	N/A	N/A	N/A	N/A	N/A	N/A
Sunflower		73%	68%	72%	87%	79%	84%	94%	66%	47%	45%	45%
United		77%	78%	88%	86%	95%	88%	74%	76%	53%	24%	20%
Statewide	Not a Measure	71%	66%	77%	84%	89%	70%	63%	55%	41%	33%	40%
FE												
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	10%	0%	15%	35%	38%	61%
Amerigroup		64%	59%	73%	79%	88%	N/A	N/A	N/A	N/A	N/A	N/A
Sunflower		84%	59%	81%	87%	74%	87%	75%	67%	52%	39%	29%
United		77%	79%	85%	88%	93%	88%	79%	72%	44%	30%	29%
Statewide	65%	75%	64%	79%	85%	85%	76%	62%	58%	45%	35%	37%
IDD												
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	7%	8%	25%	19%	31%	31%
Amerigroup		34%	47%	64%	68%	84%	N/A	N/A	N/A	N/A	N/A	N/A
Sunflower		61%	39%	60%	65%	77%	75%	80%	58%	38%	36%	16%
United		77%	57%	73%	93%	89%	79%	64%	59%	52%	31%	37%
Statewide	No Data	53%	46%	64%	73%	82%	68%	66%	53%	39%	34%	25%
BI												
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	5%	0%	11%	0%	11%	44%
Amerigroup		50%	50%	73%	80%	73%	N/A	N/A	N/A	N/A	N/A	N/A
Sunflower		85%	43%	82%	78%	79%	81%	80%	35%	30%	45%	45%
United		70%	74%	83%	79%	89%	84%	52%	43%	48%	24%	12%
Statewide	No Data	66%	52%	68%	75%	81%	66%	51%	30%	30%	27%	32%
TA												
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	19%	0%	29%	13%	21%	24%
Amerigroup		82%	56%	66%	84%	99%	N/A	N/A	N/A	N/A	N/A	N/A
Sunflower		98%	82%	79%	68%	89%	89%	86%	73%	50%	38%	43%
United		100%	58%	79%	95%	84%	91%	88%	33%	33%	28%	54%
Statewide	No Data	90%	64%	72%	81%	93%	78%	67%	47%	35%	30%	42%
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: 01/01/2021 - 03/31/2021

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	40%	24%	81%	51%
Numerator	8	8	29	45
Denominator	20	33	36	89

Explanation of Findings:

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

Remediation:

Data review and requirements with MCOs at will be discussed at each quarterly MCO mtg. Future proposed plans to begin gathering data from each MCO on the following: number of PCSPs with signatures, number of PCSPs without signatures, number of PCSPs electronically signed, number of PCSPs signed telephonically. Requested action plan will be required from each MCO with deadlines for improvement to meet the 86% expectation. 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. Sunflower established an electronic signature platform in March 2021 and has provided their policies and examples. Aetna is working on implementing electronic signature. The ability to accept electronic signatures will help bring the Service Plan Measures into compliance. Additionally, KDADS team is determining requirements for developing policy around verbal consent as the Delta variance of COVID has states preparing for potential shut downs and business infrastructure changes as a result. Each MCO met on October 27, 2021 and developed a QIP for this measure that will be reviewed at least quarterly until measurements are met.

Compliance Trends	2017	2018	2019	Jan-Mar 2020	April-June 2020	July - Sept 2020	Oct - Dec 2020	Jan - Mar 2021
PD	Not a Waiver Performance Measure							
FE	Not a Waiver Performance Measure							
IDD	Not a Waiver Performance Measure							
BI	Not a Waiver Performance Measure							
TA	Not a Waiver Performance Measure							
Autism	Not a Waiver Performance Measure							
SED								
Aetna	N/A	N/A	80%	95%	22%	11%	0%	40%
Amerigroup	99%	92%	N/A	N/A	N/A	N/A	N/A	N/A
Sunflower	88%	90%	88%	86%	31%	9%	12%	24%
United	83%	94%	94%	95%	27%	24%	0%	81%
Statewide	91%	92%	89%	92%	27%	17%	4%	51%

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: 01/01/2021 - 03/31/2021

Data Source: Adverse Incident Reporting

Compliance By Waiver	Aetna	Sunflower	United	Statewide
PD	100%	100%	100%	100%
Numerator	2	2	8	12
Denominator	2	2	8	12
FE	N/A	100%	100%	100%
Numerator	0	6	8	14
Denominator	0	6	8	14
IDD	N/A	95%	100%	96%
Numerator	0	19	5	24
Denominator	0	20	5	25
BI	N/A	N/A	67%	67%
Numerator	0	0	2	2
Denominator	0	0	3	3
TA	N/A	N/A	67%	67%
Numerator	0	0	2	2
Denominator	0	0	3	3
Autism	N/A	N/A	N/A	N/A
Numerator	0	0	0	0
Denominator	0	0	0	0
SED	N/A	N/A	N/A	N/A
Numerator	0	0	0	0
Denominator	0	0	0	0

Explanation of Findings:

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

Sunflower had 1 report on the I/DD waiver, which review/investigation identified preventable causes. Documentation indicates that the member was the victim of a homicide and was found deceased in their home. There are legal charges pending on this case.

UHC 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 to diagnose and treat the member, however member was not responding well to treatment.

UHC had 1 report on the TA waiver which indicated there were preventable causes, however there were no quality of care concerns identified.

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	Oct - Dec 2020	Jan - Mar 2021
PD												
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	100%	100%
Amerigroup							N/A	N/A	N/A	N/A	N/A	N/A
Sunflower	No Data						90%	100%	83%	100%	100%	100%
United	No Data						100%	100%	67%	N/A	90%	100%
Statewide	No Data						92%	100%	78%	100%	95%	100%
FE												
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	100%	N/A
Amerigroup							N/A	N/A	N/A	N/A	N/A	N/A
Sunflower	No Data						100%	N/A	100%	100%	100%	100%
United	No Data						75%	N/A	100%	100%	88%	100%
Statewide	No Data						96%	N/A	100%	100%	94%	100%
IDD												
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	100%	100%	100%	100%	100%	N/A
Amerigroup							N/A	N/A	N/A	N/A	N/A	N/A
Sunflower	No Data						98%	100%	100%	100%	100%	95%
United	No Data						93%	100%	100%	80%	100%	100%
Statewide	No Data						97%	100%	100%	95%	100%	96%
BI												
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	0%	N/A	N/A
Amerigroup							N/A	N/A	N/A	N/A	N/A	N/A
Sunflower	No Data						100%	100%	N/A	N/A	100%	N/A
United	No Data						N/A	N/A	N/A	N/A	N/A	67%
Statewide	No Data						100%	100%	N/A	0%	100%	67%
TA												
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Amerigroup							N/A	N/A	N/A	N/A	N/A	N/A
Sunflower	No Data						100%	N/A	N/A	100%	N/A	N/A
United	No Data						N/A	N/A	N/A	100%	N/A	67%
Statewide	No Data						100%	N/A	N/A	100%	N/A	67%
Autism												
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Amerigroup							N/A	N/A	N/A	N/A	N/A	N/A
Sunflower	No Data						N/A	N/A	N/A	N/A	N/A	N/A
United	No Data						N/A	N/A	N/A	N/A	N/A	N/A
Statewide	No Data						N/A	N/A	N/A	N/A	N/A	N/A
SED												
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Amerigroup							N/A	N/A	N/A	N/A	N/A	N/A
Sunflower	No Data						N/A	N/A	N/A	N/A	N/A	N/A
United	No Data						N/A	N/A	N/A	N/A	N/A	N/A
Statewide	No Data						N/A	N/A	N/A	N/A	N/A	N/A

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: 01/01/2021 - 03/31/2021

Data Source: Adverse Incident Reporting

Compliance By Waiver	Aetna	Sunflower	United	Statewide
PD	100%	100%	100%	100%
Numerator	2	2	8	12
Denominator	2	2	8	12
FE	N/A	100%	100%	100%
Numerator	0	6	8	14
Denominator	0	6	8	14
IDD	N/A	100%	100%	100%
Numerator	0	20	5	25
Denominator	0	20	5	25
BI	N/A	N/A	100%	100%
Numerator	0	0	3	3
Denominator	0	0	3	3
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	Oct - Dec 2020	Jan - Mar 2021
PD												
Aetna	N/A	N/A	N/A	N/A	100%							
Amerigroup												N/A
Sunflower												N/A
United												N/A
Statewide												N/A
FE												
Aetna	N/A	N/A	N/A	N/A	N/A							
Amerigroup												N/A
Sunflower												N/A
United												N/A
Statewide												N/A
IDD												
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	86%	100%	100%	100%	100%	N/A
Amerigroup							N/A	N/A	N/A	N/A	N/A	N/A
Sunflower							98%	100%	100%	100%	100%	100%
United							100%	100%	100%	100%	100%	100%
Statewide							97%	100%	100%	100%	100%	100%
BI												
Aetna	N/A	N/A	N/A	100%	N/A							
Amerigroup							N/A	N/A	N/A	N/A	N/A	N/A
Sunflower							100%	100%	N/A	N/A	100%	N/A
United							N/A	N/A	N/A	N/A	N/A	N/A
Statewide							100%	100%	N/A	100%	100%	100%
TA												
Aetna	N/A	N/A	N/A	N/A	N/A							
Amerigroup							N/A	N/A	N/A	N/A	N/A	N/A
Sunflower							100%	N/A	N/A	100%	N/A	N/A
United							N/A	N/A	N/A	100%	N/A	N/A
Statewide							100%	N/A	N/A	100%	N/A	N/A
Autism												
Aetna	N/A	N/A	N/A	N/A	N/A							
Amerigroup							N/A	N/A	N/A	N/A	N/A	N/A
Sunflower							N/A	N/A	N/A	N/A	N/A	N/A
United							N/A	N/A	N/A	N/A	N/A	N/A
Statewide							N/A	N/A	N/A	N/A	N/A	N/A
SED												
Aetna	N/A	N/A	N/A	N/A	N/A							
Amerigroup							N/A	N/A	N/A	N/A	N/A	N/A
Sunflower							N/A	N/A	N/A	N/A	N/A	N/A
United							N/A	N/A	N/A	N/A	N/A	N/A
Statewide							N/A	N/A	N/A	N/A	N/A	N/A

KDADS HCBS Quality Review Report

Health and Welfare

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

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

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

Review Period: 01/01/2021 - 03/31/2021

Data Source: MCO Record Review

Compliance By Waiver	Aetna	Sunflower	United	Statewide
PD	62%	45%	29%	44%
Numerator	16	15	10	41
Denominator	26	33	35	94
FE	65%	32%	32%	40%
Numerator	15	9	13	37
Denominator	23	28	41	92
IDD	38%	20%	43%	31%
Numerator	6	10	13	29
Denominator	16	49	30	95
BI	50%	45%	12%	34%
Numerator	3	10	3	22
Denominator	18	22	25	65
TA	29%	48%	54%	45%
Numerator	5	11	13	29
Denominator	17	23	24	64
Autism	0%	67%	57%	50%
Numerator	0	2	4	6
Denominator	2	3	7	12
SED	65%	55%	81%	67%
Numerator	13	18	29	60
Denominator	20	33	36	89

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

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, DPOA/Guardianship paperwork not provided for validation

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:

Data review and requirements with MCOs at will be discussed at each quarterly MCO mtg. Future proposed plans to begin gathering data from each MCO on the following: number of PCSPs with signatures, number of PCSPs without signatures, number of PCSPs electronically signed, number of PCSPs signed telephonically. Requested action plan will be required from each MCO with deadlines form improvement to meet the 86% expectation
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. Sunflower established an electronic signature platform in March 2021 and has provided their policies and examples. Aetna is working on implementing electronic signature. The ability to accept electronic signatures will help bring the Service Plan Measures into compliance. Additionally, KDADS team is determining requirements for developing policy around verbal consent as the Delta variance of COVID has states preparing for potential shut downs and business infrastructure changes as a result.
Each MCO met on October 27, 2021 and developed a QIP for this measure that will be reviewed at least quarterly until measurements are met.

Compliance Trends	2013	2014	2015	2016	2017	2018	2019	Jan-Mar 2020	April-June 2020	July - Sept 2020	Oct - Dec 2020	Jan - Mar 2021
PD												
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	38%	25%	35%	43%	28%	62%
Amerigroup		51%	19%	67%	87%	97%	N/A	N/A	N/A	N/A	N/A	N/A
Sunflower		88%	72%	74%	90%	85%	89%	94%	75%	53%	55%	45%
United		90%	80%	88%	88%	95%	90%	88%	79%	53%	26%	29%
Statewide	65%	72%	53%	76%	88%	93%	78%	73%	65%	51%	37%	44%
FE												
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	35%	17%	25%	45%	38%	65%
Amerigroup		59%	16%	61%	85%	92%	N/A	N/A	N/A	N/A	N/A	N/A
Sunflower		86%	62%	84%	89%	80%	92%	81%	73%	55%	42%	32%
United		92%	80%	88%	93%	92%	91%	82%	74%	44%	30%	32%
Statewide	80%	78%	50%	78%	89%	88%	83%	69%	63%	48%	36%	40%
IDD												
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	20%	33%	31%	19%	31%	38%
Amerigroup		23%	6%	59%	78%	86%	N/A	N/A	N/A	N/A	N/A	N/A
Sunflower		87%	59%	75%	82%	85%	83%	80%	62%	42%	40%	20%
United		100%	56%	79%	93%	90%	84%	64%	62%	69%	28%	43%
Statewide	99%	68%	42%	71%	83%	86%	75%	69%	57%	46%	35%	31%
BI												
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	23%	50%	21%	6%	17%	50%
Amerigroup		30%	12%	56%	81%	82%	N/A	N/A	N/A	N/A	N/A	N/A
Sunflower		94%	45%	84%	78%	86%	86%	75%	40%	35%	40%	45%
United		80%	76%	85%	79%	92%	87%	61%	57%	44%	28%	12%
Statewide	57%	63%	34%	69%	80%	85%	73%	64%	40%	31%	29%	34%
TA												
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	27%	46%	43%	13%	29%	29%
Amerigroup		61%	38%	75%	91%	99%	N/A	N/A	N/A	N/A	N/A	N/A
Sunflower		99%	86%	84%	72%	90%	90%	90%	82%	50%	43%	48%
United		97%	61%	79%	95%	84%	93%	88%	63%	40%	44%	54%
Statewide	86%	82%	57%	78%	86%	93%	81%	79%	65%	37%	40%	45%
Autism												
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	0%	0%	0%	0%	33%	0%
Amerigroup		62%	8%	23%	88%	100%	N/A	N/A	N/A	N/A	N/A	N/A
Sunflower		33%	29%	39%	50%	56%	62%	100%	100%	50%	80%	67%
United		43%	14%	6%	13%	47%	77%	0%	50%	14%	0%	57%
Statewide	90%	50%	16%	26%	50%	63%	62%	29%	40%	18%	33%	50%
SED												
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	46%	90%	13%	11%	23%	65%
Amerigroup		88%	64%	27%	25%	75%	N/A	N/A	N/A	N/A	N/A	N/A
Sunflower		80%	53%	22%	16%	39%	66%	90%	22%	14%	47%	55%
United		78%	63%	19%	5%	21%	64%	100%	42%	29%	0%	81%
Statewide	89%	82%	60%	23%	15%	45%	62%	94%	27%	19%	24%	67%

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: 01/01/2021 - 03/31/2021

Data Source: Adverse Incident Reporting

Compliance By Waiver	Aetna	Sunflower	United	Statewide
PD	93%	65%	99%	89%
Numerator	42	34	100	176
Denominator	45	52	101	198
FE	95%	84%	100%	94%
Numerator	42	54	93	189
Denominator	44	64	93	201
IDD	97%	64%	100%	80%
Numerator	271	731	618	1620
Denominator	280	1136	621	2037
BI	97%	79%	100%	90%
Numerator	28	59	72	159
Denominator	29	75	72	176
TA	N/A	75%	100%	93%
Numerator	0	6	21	27
Denominator	0	8	21	29
Autism	100%	N/A	N/A	100%
Numerator	2	0	0	2
Denominator	2	0	0	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 below threshold percentages of compliance for initiating and resolving reports that were received across all waivers. The majority of reports that took longer than the agreed upon timeframe to resolve were due to waiting on additional evidence. (i.e. follow-up care results, confirmation of reported incident, 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	Oct - Dec 2020	Jan - Mar 2021
PD												
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	79%	96%	97%	98%	97%	93%
Amerigroup							N/A	N/A	N/A	N/A	N/A	N/A
Sunflower							98%	99%	95%	92%	65%	65%
United							100%	99%	99%	100%	100%	99%
Statewide							96%	98%	97%	97%	91%	89%
FE												
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	83%	96%	97%	98%	97%	95%
Amerigroup							N/A	N/A	N/A	N/A	N/A	N/A
Sunflower							96%	100%	96%	88%	57%	84%
United							98%	100%	98%	100%	99%	100%
Statewide							95%	99%	97%	95%	85%	94%
IDD												
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	85%	90%	92%	95%	97%	97%
Amerigroup							N/A	N/A	N/A	N/A	N/A	N/A
Sunflower							97%	100%	98%	91%	67%	64%
United							99%	100%	99%	99%	100%	100%
Statewide							96%	99%	98%	94%	81%	80%
BI												
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	91%	100%	N/A	100%	100%	97%
Amerigroup							N/A	N/A	N/A	N/A	N/A	N/A
Sunflower							99%	100%	N/A	97%	72%	79%
United							99%	100%	N/A	100%	100%	100%
Statewide							98%	100%	N/A	99%	90%	90%
TA												
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	93%	100%	100%	100%	100%	N/A
Amerigroup							N/A	N/A	N/A	N/A	N/A	N/A
Sunflower							100%	100%	100%	100%	50%	75%
United							100%	100%	100%	100%	100%	100%
Statewide							98%	100%	100%	100%	92%	93%
Autism												
Aetna	N/A	N/A	N/A	N/A	100%							
Amerigroup							N/A	N/A	N/A	N/A	N/A	N/A
Sunflower							N/A	100%	N/A	100%	100%	N/A
United							100%	N/A	N/A	100%	100%	N/A
Statewide							100%	100%	N/A	100%	100%	100%
SED												
Aetna	N/A	N/A	N/A	N/A	N/A							
Amerigroup							N/A	N/A	N/A	N/A	N/A	N/A
Sunflower							N/A	N/A	N/A	N/A	N/A	N/A
United							N/A	N/A	N/A	N/A	N/A	N/A
Statewide							N/A	N/A	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: 01/01/2021 - 03/31/2021

Data Source: Adverse Incident Reporting

Compliance By Waiver	Aetna	Sunflower	United	Statewide
PD	100%	100%	100%	100%
Numerator	40	41	85	166
Denominator	40	41	85	166
FE	100%	100%	100%	100%
Numerator	40	34	67	141
Denominator	40	34	67	141
IDD	100%	100%	100%	100%
Numerator	280	1104	602	1986
Denominator	280	1104	602	1986
BI	100%	100%	100%	100%
Numerator	29	75	69	173
Denominator	29	75	69	173
TA	N/A	100%	100%	100%
Numerator	0	8	19	27
Denominator	0	8	19	27
Autism	100%	N/A	N/A	100%
Numerator	2	0	0	2
Denominator	2	0	0	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	Oct - Dec 2020	Jan - Mar 2021
PD												
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	100%	100%	100%	100%	100%	100%
Amerigroup							N/A	N/A	N/A	N/A	N/A	N/A
Sunflower							100%	100%	100%	100%	100%	100%
United							100%	100%	100%	100%	100%	100%
Statewide							100%	100%	100%	100%	100%	100%
FE												
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	100%	100%	100%	100%	100%	100%
Amerigroup							N/A	N/A	N/A	N/A	N/A	N/A
Sunflower							100%	100%	100%	100%	100%	100%
United							100%	100%	100%	100%	100%	100%
Statewide							100%	100%	100%	100%	100%	100%
IDD												
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	100%	100%	100%	100%	100%	100%
Amerigroup							N/A	N/A	N/A	N/A	N/A	N/A
Sunflower							100%	100%	100%	100%	100%	100%
United							100%	100%	100%	100%	100%	100%
Statewide							100%	100%	100%	100%	100%	100%
BI												
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	100%	100%	N/A	100%	100%	100%
Amerigroup							N/A	N/A	N/A	N/A	N/A	N/A
Sunflower							100%	100%	N/A	100%	100%	100%
United							100%	100%	N/A	100%	100%	100%
Statewide							100%	100%	N/A	100%	100%	100%
TA												
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	100%	100%	100%	100%	100%	N/A
Amerigroup							N/A	N/A	N/A	N/A	N/A	N/A
Sunflower							100%	100%	100%	100%	100%	100%
United							100%	100%	100%	100%	100%	100%
Statewide							100%	100%	100%	100%	100%	100%
Autism												
Aetna	N/A	N/A	N/A	N/A	100%							
Amerigroup							N/A	N/A	N/A	N/A	N/A	N/A
Sunflower							N/A	100%	N/A	100%	100%	N/A
United							100%	N/A	N/A	100%	100%	N/A
Statewide							100%	100%	N/A	100%	100%	100%
SED												
Aetna	N/A	N/A	N/A	N/A	N/A							
Amerigroup							N/A	N/A	N/A	N/A	N/A	N/A
Sunflower							N/A	N/A	N/A	N/A	N/A	N/A
United							N/A	N/A	N/A	N/A	N/A	N/A
Statewide							N/A	N/A	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: 01/01/2021 - 03/31/2021

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	75%	95%	93%	92%
Numerator	3	19	13	35
Denominator	4	20	14	38
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 3 total reports included in fallout data. Aetna had 1 report, Sunflower had 1 and UHC had 1 report 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 reoccurrence.

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	Oct - Dec 2020	Jan - Mar 2021
PD												
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Amerigroup												
Sunflower	No Data											
United												
Statewide												
FE												
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Amerigroup												
Sunflower	No Data											
United								0%	N/A	N/A	100%	N/A
Statewide								0%	N/A	N/A	100%	N/A
IDD												
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	100%	100%	100%	60%	100%	75%
Amerigroup							N/A	N/A	N/A	N/A	N/A	N/A
Sunflower	No Data											
United							91%	96%	94%	97%	N/A	95%
Statewide							83%	95%	93%	84%	100%	92%
BI												
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Amerigroup												
Sunflower	No Data											
United							N/A	N/A	N/A	N/A	N/A	N/A
Statewide							N/A	N/A	N/A	N/A	N/A	N/A
TA												
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Amerigroup												
Sunflower	No Data											
United							0%	N/A	0%	N/A	N/A	N/A
Statewide							0%	N/A	0%	N/A	N/A	N/A
Autism												
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Amerigroup												
Sunflower	No Data											
United							N/A	N/A	N/A	N/A	N/A	N/A
Statewide							N/A	N/A	N/A	N/A	N/A	N/A
SED												
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Amerigroup												
Sunflower	No Data											
United							N/A	N/A	N/A	N/A	N/A	N/A
Statewide							N/A	N/A	N/A	N/A	N/A	N/A

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: 01/01/2021 - 03/31/2021

Data Source: Adverse Incident Reporting

Compliance By Waiver	Aetna	Sunflower	United	Statewide
PD	N/A	N/A	N/A	N/A
Numerator	0	0	0	0
Denominator	0	0	0	0
FE	N/A	N/A	N/A	N/A
Numerator	0	0	0	0
Denominator	0	0	0	0
IDD	N/A	100%	0%	50%
Numerator	0	1	0	1
Denominator	0	1	1	2
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:

UHC had one report of unauthorized restraint on the I/DD waiver. The MCO provided sufficient follow-up noting that there is an ongoing APS investigation regarding the unauthorized use of restraint.

SED reports are not currently routed to the HCBS worklist in the AIR system. Behavioral Health receives SED AIR reports and provides 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	Oct - Dec 2020	Jan - Mar 2021
PD												
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Amerigroup												
Sunflower	No Data						N/A	N/A	N/A	N/A	N/A	N/A
United	No Data						N/A	N/A	N/A	N/A	N/A	N/A
Statewide	No Data						N/A	N/A	N/A	N/A	N/A	N/A
FE												
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Amerigroup												
Sunflower	No Data						N/A	N/A	N/A	N/A	N/A	N/A
United	No Data						N/A	N/A	N/A	N/A	N/A	N/A
Statewide	No Data						N/A	N/A	N/A	N/A	N/A	N/A
IDD												
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	80%	100%
Amerigroup												
Sunflower	No Data						N/A	N/A	N/A	N/A	N/A	N/A
United	No Data						100%	100%	100%	100%	N/A	100%
Statewide	No Data						91%	100%	100%	100%	N/A	0%
BI												
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Amerigroup												
Sunflower	No Data						N/A	N/A	N/A	N/A	N/A	N/A
United	No Data						N/A	N/A	N/A	N/A	N/A	N/A
Statewide	No Data						N/A	N/A	N/A	N/A	N/A	N/A
TA												
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Amerigroup												
Sunflower	No Data						N/A	N/A	N/A	N/A	N/A	N/A
United	No Data						100%	N/A	N/A	N/A	N/A	N/A
Statewide	No Data						100%	N/A	N/A	N/A	N/A	N/A
Autism												
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Amerigroup												
Sunflower	No Data						N/A	N/A	N/A	N/A	N/A	N/A
United	No Data						N/A	N/A	N/A	N/A	N/A	N/A
Statewide	No Data						N/A	N/A	N/A	N/A	N/A	N/A
SED												
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Amerigroup												
Sunflower	No Data						N/A	N/A	N/A	N/A	N/A	N/A
United	No Data						N/A	N/A	N/A	N/A	N/A	N/A
Statewide	No Data						N/A	N/A	N/A	N/A	N/A	N/A

KDADS HCBS Quality Review Report

Health and Welfare

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

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

Denominator: Number of HCBS participants whose service plans were reviewed

Review Period: 01/01/2021 - 03/31/2021

Data Source: MCO Record Review

Compliance By Waiver	Aetna	Sunflower	United	Statewide
PD	65%	73%	91%	78%
Numerator	17	24	32	73
Denominator	26	33	35	94
FE	78%	75%	88%	82%
Numerator	18	21	36	75
Denominator	23	28	41	92
IDD	44%	82%	93%	79%
Numerator	7	40	28	75
Denominator	16	49	30	95
BI	94%	73%	88%	85%
Numerator	17	16	22	55
Denominator	18	22	25	65
TA	88%	83%	79%	83%
Numerator	15	19	19	53
Denominator	17	23	24	64
Autism	0%	100%	86%	75%
Numerator	0	3	6	9
Denominator	2	3	7	12
SED	55%	91%	81%	79%
Numerator	11	30	29	70
Denominator	20	33	36	89

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 and/or did not meet physical exam requirement, physical exam documentation submitted not current for review period

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

Remediation:

Each MCO met on October 27, 2021 met and reviewed all acceptable forms of documenting a physical exam and developed a QIP for this measure that will be reviewed at least quarterly until measurements are met.

Compliance Trends	2013	2014	2015	2016	2017	2018	2019	Jan-Mar 2020	April-June 2020	July - Sept 2020	Oct - Dec 2020	Jan - Mar 2021
PD												
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	76%	67%	88%	57%	60%	65%
Amerigroup		78%			20%	46%	N/A	N/A	N/A	N/A	N/A	N/A
Sunflower		81%			34%	40%	54%	72%	75%	66%	73%	73%
United		88%			34%	23%	77%	71%	79%	75%	91%	91%
Statewide	Not a Measure	82%	No Data	No Data	29%	37%	68%	70%	80%	67%	76%	78%
FE												
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	56%	56%	75%	60%	67%	78%
Amerigroup		89%			23%	34%	N/A	N/A	N/A	N/A	N/A	N/A
Sunflower		97%			31%	28%	59%	66%	70%	64%	65%	75%
United		97%			31%	18%	71%	56%	87%	85%	85%	88%
Statewide	Not a Measure	95%	No Data	No Data	29%	27%	64%	60%	78%	72%	74%	82%
IDD												
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	88%	83%	94%	75%	81%	44%
Amerigroup		91%			28%	56%	N/A	N/A	N/A	N/A	N/A	N/A
Sunflower		99%			52%	70%	86%	80%	83%	86%	88%	82%
United		99%			26%	29%	72%	86%	66%	90%	52%	93%
Statewide	Not a Measure	97%	No Data	No Data	39%	56%	82%	82%	79%	85%	86%	79%
BI												
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	60%	67%	95%	88%	76%	94%
Amerigroup		84%			21%	29%	N/A	N/A	N/A	N/A	N/A	N/A
Sunflower		94%			32%	30%	55%	60%	80%	75%	90%	73%
United		93%			19%	35%	78%	74%	95%	88%	96%	88%
Statewide	Not a Measure	90%	No Data	No Data	23%	30%	64%	67%	90%	84%	89%	85%
TA												
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	81%	92%	86%	53%	64%	88%
Amerigroup		100%			39%	54%	N/A	N/A	N/A	N/A	N/A	N/A
Sunflower		100%			56%	79%	91%	81%	64%	80%	52%	83%
United		97%			68%	62%	87%	92%	79%	80%	88%	79%
Statewide	Not a Measure	100%	No Data	No Data	49%	63%	88%	88%	75%	73%	70%	83%
Autism												
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	40%	100%	50%	100%	67%	0%
Amerigroup		100%			56%	90%	N/A	N/A	N/A	N/A	N/A	N/A
Sunflower		92%			65%	73%	77%	100%	100%	100%	100%	100%
United		100%			19%	42%	60%	50%	50%	71%	0%	86%
Statewide	Not a Measure	98%	No Data	No Data	48%	59%	63%	71%	60%	82%	47%	75%
SED												
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	70%	86%	87%	84%	77%	55%
Amerigroup		54%			76%	87%	N/A	N/A	N/A	N/A	N/A	N/A
Sunflower		55%			27%	71%	72%	69%	63%	83%	79%	91%
United		46%			47%	61%	59%	73%	88%	88%	0%	81%
Statewide	Not a Measure	52%	No Data	No Data	52%	67%	66%	75%	78%	85%	47%	79%

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: 01/01/2021 - 03/31/2021

Data Source: MCO Record Review

Compliance By Waiver	Aetna	Sunflower	United	Statewide
PD	50%	42%	23%	37%
Numerator	13	14	8	35
Denominator	26	33	35	94
FE	61%	29%	29%	37%
Numerator	14	8	12	34
Denominator	23	28	41	92
IDD	31%	16%	40%	26%
Numerator	5	8	12	25
Denominator	16	49	30	95
BI	44%	45%	12%	32%
Numerator	8	10	3	21
Denominator	18	22	25	65
TA	29%	43%	54%	44%
Numerator	5	10	13	28
Denominator	17	23	24	64
Autism	0%	67%	43%	42%
Numerator	0	2	3	5
Denominator	2	3	7	12
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

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

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

Remediation:

Each MCO met on October 27, 2021 and developed a QIP for this measure that will be reviewed at least quarterly until measurements are met.

Compliance Trends	2013	2014	2015	2016	2017	2018	2019	Jan-Mar 2020	April-June 2020	July - Sept 2020	Oct - Dec 2020	Jan - Mar 2021
PD												
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	79%	63%	62%	57%	28%	50%
Amerigroup		59%	53%	73%	86%	96%	N/A	N/A	N/A	N/A	N/A	N/A
Sunflower		77%	49%	66%	79%	85%	86%	91%	66%	50%	52%	42%
United		64%	80%	88%	87%	94%	88%	74%	76%	53%	24%	23%
Statewide	Not a Measure	67%	58%	75%	84%	92%	85%	77%	68%	53%	35%	37%
FE												
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	77%	56%	35%	55%	43%	61%
Amerigroup		61%	62%	72%	84%	90%	N/A	N/A	N/A	N/A	N/A	N/A
Sunflower		72%	56%	72%	77%	81%	86%	81%	70%	52%	39%	29%
United		76%	81%	85%	91%	91%	89%	79%	74%	41%	30%	29%
Statewide	59%	70%	65%	76%	84%	87%	86%	75%	64%	48%	36%	37%
IDD												
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	64%	50%	88%	38%	25%	31%
Amerigroup		67%	61%	65%	74%	86%	N/A	N/A	N/A	N/A	N/A	N/A
Sunflower		58%	32%	59%	70%	72%	78%	71%	38%	36%	16%	16%
United		70%	58%	73%	90%	86%	80%	64%	59%	55%	24%	40%
Statewide	Not a Measure	64%	47%	64%	76%	79%	77%	66%	67%	43%	31%	26%
BI												
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	48%	58%	37%	6%	18%	44%
Amerigroup		46%	49%	62%	80%	82%	N/A	N/A	N/A	N/A	N/A	N/A
Sunflower		68%	42%	80%	84%	88%	85%	75%	35%	25%	40%	45%
United		56%	74%	80%	79%	89%	86%	52%	43%	44%	24%	12%
Statewide	Not a Measure	56%	52%	70%	81%	85%	77%	62%	38%	28%	27%	32%
TA												
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	65%	77%	71%	20%	21%	29%
Amerigroup		75%	54%	79%	90%	99%	N/A	N/A	N/A	N/A	N/A	N/A
Sunflower		91%	58%	77%	78%	85%	89%	90%	73%	50%	38%	43%
United		86%	63%	79%	95%	86%	91%	83%	33%	40%	28%	54%
Statewide	Not a Measure	83%	57%	78%	87%	92%	86%	84%	57%	38%	30%	44%
Autism												
Aetna	N/A	N/A	N/A	N/A	N/A	N/A	17%	0%	50%	0%	33%	0%
Amerigroup		77%	44%	32%	88%	100%	N/A	N/A	N/A	N/A	N/A	N/A
Sunflower		53%	27%	67%	80%	72%	77%	100%	100%	50%	60%	67%
United		38%	7%	6%	13%	41%	69%	0%	0%	0%	0%	43%
Statewide	Not a Measure	64%	30%	40%	62%	67%	64%	29%	60%	9%	27%	42%
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: 01/01/2021 - 03/31/2021

Data Source: MCO Claims Data

Compliance By Waiver	Statewide
PD	99%
Numerator	101,304
Denominator	102,741
FE	98%
Numerator	61,682
Denominator	63,092
IDD	95%
Numerator	160,936
Denominator	169,076
BI	97%
Numerator	18,280
Denominator	18,753
TA	98%
Numerator	9,074
Denominator	9,239
Autism	83%
Numerator	5
Denominator	6
SED	89%
Numerator	14,330
Denominator	16,015
All HCBS Waivers	96%
Numerator	365,611
Denominator	378,922

Explanation of Findings:

Remediation:

Compliance Trends	2013	2014	2015	2016	2017	2018	2019	Mar 2020	June 2020	Sept 2020	Dec 2020	Mar 2021
PD												
Statewide	Not a Measure	N/A	N/A	N/A	N/A	96%	97%	98%	98%	99%	99%	99%
FE												
Statewide	Not a Measure	N/A	N/A	N/A	N/A	95%	95%	97%	97%	97%	98%	98%
IDD												
Statewide	Not a Measure	N/A	N/A	N/A	N/A	97%	95%	96%	97%	96%	96%	95%
BI												
Statewide	Not a Measure	N/A	N/A	N/A	N/A	90%	94%	96%	96%	98%	97%	97%
TA												
Statewide	Not a Measure	N/A	N/A	N/A	N/A	91%	95%	92%	97%	95%	96%	98%
Autism												
Statewide	Not a Measure	N/A	N/A	N/A	N/A	82%	95%	71%	100%	50%	85%	83%
SED												
Statewide	Not a Measure	N/A	N/A	N/A	N/A	82%	78%	88%	91%	90%	89%	89%
All HCBS Waivers												
Statewide	Not a Measure	90%	88%	95%	95%	95%	95%	96%	97%	97%	97%	96%

Claims by MCO	Aetna				Sunflower				United				Statewide		
	Jan	Feb	Mar	Total	Jan	Feb	Mar	Total	Jan	Feb	Mar	Total			
AU	Processed	2	2	1	5	0	0	1	1	0	0	0	0	5	83%
	Denied	1	0	0	1	0	0	0	0	0	0	0	0	6	
FE	Processed	4668	4452	5371	14491	6437	6324	7444	20205	9192	9238	9966	28396	61682	98%
	Denied	98	66	92	256	185	241	270	696	175	121	162	458	63092	
IDD	Processed	8027	8042	9502	25571	27247	26566	34234	88047	17801	17512	20145	55458	160936	95%
	Denied	151	331	226	708	1371	1432	1781	4584	1112	850	886	2848	169076	
PD	Processed	8299	8492	9308	26099	11917	11354	13306	36577	12780	13330	13955	40065	101304	99%
	Denied	68	88	130	286	227	250	287	764	112	126	149	387	102741	
SED	Processed	1710	1853	2367	5930	3035	3242	3791	10068	3	5	9	17	14330	89%
	Denied	103	143	135	381	392	379	529	1300	0	2	2	4	16015	
TA	Processed	844	852	1030	2726	1013	893	1172	3078	1135	1086	1214	3435	9074	98%
	Denied	13	16	11	40	18	6	30	54	14	30	27	71	9239	
TBI	Processed	1766	1843	1954	5563	2208	1774	2101	6083	2263	2136	2708	7107	18280	97%
	Denied	29	40	45	114	71	31	47	149	76	59	75	210	18753	
All	Processed	25316	25536	29533	80385	51857	50153	62049	164059	43174	43307	47997	134478	365611	96.49%
	Denied	463	684	639	1786	2264	2339	2944	7547	1489	1188	1301	3978	378922	

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 2021

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	2021
PD									
Statewide	Not a Measure	100%	100%	100%	100%	100%	100%	100%	100%
FE									
Statewide	Not a Measure	100%	100%	100%	100%	100%	100%	100%	100%
IDD									
Statewide	Not a Measure	100%	100%	100%	100%	100%	100%	100%	100%
TBI									
Statewide	Not a Measure	100%	100%	100%	100%	100%	100%	100%	100%
TA									
Statewide	Not a Measure	100%	100%	100%	100%	100%	100%	100%	100%
Autism									
Statewide	Not a Measure	100%	100%	100%	100%	100%	100%	100%	100%
SED									
Statewide	Not a Measure	100%	100%	100%	100%	100%	100%	100%	100%

Explanation of Findings:

Remediation:

The Centers for Medicare and Medicaid Services requires Managed Care Organizations (MCOs) to conduct performance improvement projects (PIPs) that focus on both clinical and non-clinical areas each year (42 CFR 438330 and 4571240(b)). A PIP is a pilot project designed to improve member health and quality of life. KanCare 2.0 requires each MCO to conduct at least three clinical and two non-clinical State-approved PIPs. The MCOs must conduct one of these PIP collaboratively, and one of the two non-clinical PIPs must be in the area of long-term-care. In addition, the MCOs must conduct a PIP on Early Periodic Screening Diagnostic and Testing (EPSDT) when the MCOs' overall rates drop below 85%.

The following table represents the current KanCare 2.0 PIPs and the interventions the MCOs are using to improve the goals. Each PIP is assessed annually for successes, and changes are made to enhance effectiveness and improve impact.

*Some interventions are being adjusted due to face-to face interaction restrictions during Covid-19

KanCare 2.0 Individual Performance Improvement Projects		
Aetna Better Health (ABH)	Sunflower Health Plan (SHP)	UnitedHealthcare (UHC)
<p>Topic: Reducing food insecurity Current Interventions:</p> <ul style="list-style-type: none"> • Annual calls to members to identify those with food needs • Quarterly webinars for members with diabetes given by RN/Diabetic Educator. Focus will be on topics such as how to make and access healthy food choices, reading food labels and managing a chronic condition • Identify members who could benefit from pharmacy consultation. Partner with pharmacists who complete an assessment and send results to ABH. Care Managers then reach out to members to address food needs • Education and outreach to providers in food desert areas to increase provider use of billing codes that identify members with food needs. This intervention will first be piloted with 1 urban, 1 rural and 1 frontier provider. • Donations to food banks located in food deserts 	<p>Topic: Improving access to mental health services for children in foster care Current Interventions:</p> <ul style="list-style-type: none"> • Access to myStrength, a digital behavioral health application used for behavioral health self-management that can be used on a phone, tablet or computer • Evaluation of SED waiver eligibility to enhance services for children in foster care and waiting for placement in a Psychiatric Residential Treatment Facility • Expand Parent Management Training-Oregon Model, an Evidence-Based Practice, to the two new State Foster Care Contractors. Track the number of families who complete most of the modules • Pilot an expedited intake and treatment appointment process with 2 urban and 2 rural/frontier FQHCs • Open the behavioral health portion of the provider portal to allow mental health providers to upload behavioral health documents. This access will allow the provider to guide their sessions and pick up in treatment where a previous provider left off 	<p>Topic: Provide housing resources for members who are homeless or at-risk of homelessness Current Interventions:</p> <ul style="list-style-type: none"> • Provide temporary financial help for eligible members to get and/or keep housing • 10 units of transitional housing to serve medically complex members who are homeless and have high utilization in medical claims • Work with homeless shelters to identify members to connect them with services as needed • Provide financial support to add Community Health Workers at 2 urban and 1 rural health clinics to increase the use of billing codes to identify those who may have housing needs • Train UHC Care Management staff on identifying and assisting members with housing needs • Member services will ask housing status questions to any member who calls Member Services for assistance with transportation issues. Members who

		report housing needs will be referred to a Housing Specialist
<p>Topic: Increasing prenatal care visits and MCO notice of pregnancy</p> <p>Current Interventions:</p> <ul style="list-style-type: none"> • \$20 gift card to member for notifying ABH of pregnancy through interactive text message • \$20 gift card to member for notifying ABH of pregnancy through interactive phone message • Direct phone calls to new members who are pregnant to offer enrollment in Promise Pregnancy Program. Calls are made within 3 days of ABH being notified of enrollment • \$100 reward to behavioral health and FQHC providers for notifying ABH of member's pregnancy • \$25 reward to urgent care providers for notifying ABH of member's pregnancy 	<p>Topic: Increasing cervical cancer screening rates</p> <p>Current Interventions:</p> <ul style="list-style-type: none"> • Phone call reminders from case manager to women who are overdue for a screening • Bi-directional and Interactive text message reminders to women who are overdue for a screening • Co-branded letters with providers who have not transitioned to electronic record keeping. SHP will identify the members who are overdue for screenings and mail the reminder. • Reports to providers, who are not participating in SHP's performance incentive, listing assigned/attributed women who are overdue for a screening • Provider webinar focused on overcoming screening concerns of members with an Intellectual or Developmental Disability (I/DD) 	<p>Topic: Increasing medication compliance for members with newly prescribed antidepressant medications</p> <p>Current Interventions:</p> <ul style="list-style-type: none"> • Wellness-call within 21 calendar days of prescription being filled to provide medication coaching and discuss use of mental health app, outpatient therapy and enrollment into OneCare Kansas program • Follow-up call within 14 calendar days of the initial call to discuss progress and questions since the initial call • Ensure members reached during the initial call complete an annual Health Screening Assessment
<p>Topic: Reducing non-emergent use of emergency room (ER) by members in the Home and Community-Based Services (HCBS) program</p> <p>Current Interventions:</p> <ul style="list-style-type: none"> • Refrigerator magnet with individualized phone numbers for non-ER care resources • Individual meeting with member and caregiver following non-urgent use of ER to discuss non-ER options 	<p>Topic: Increasing employment for members in the I/DD, Physical Disability and Brain Injury waiver programs</p> <p>Current Interventions:</p> <ul style="list-style-type: none"> • Mailers to members with employment-related information and assistance options in the member's community. Mailers will include the Employment Specialist's contact information as well. • Transportation to job interviews and job fairs 	<p>Topic: Increasing number of HCBS members who have Advance Directives</p> <p>Current Interventions:</p> <ul style="list-style-type: none"> • Develop an easily understood Advance Directives form and a process to inform, document, store and track the sharing of the form with the member's primary care physician, care providers, family, and interested parties per the member's choice • Mail information about Advance Directives to members on the Frail

<ul style="list-style-type: none"> • Text message reminders with non-ER options including use of Nurse Help Line • Quicker notification to ABH of member's use of the ER through the CareUnify notification system. Case Managers will then contact the member within 3 days to discuss non-ER options when appropriate. • Study trends of non-emergent ER use by members on the HCBS waivers 	<ul style="list-style-type: none"> • Partnering with employers to increase job opportunities for young adults in Project SEARCH • Rewards to day support providers to help members find and maintain competitive employment for members receiving services • Annual training for case managers on regional employment resources and employment incentive programs. Attendees will complete a pre and post survey to assure the training materials met the case manager's needs. 	<p>Elderly waiver in Sedgwick County 3 weeks prior to annual visit. This will allow members an opportunity to prepare for the conversation.</p> <ul style="list-style-type: none"> • Assist members with completion of Advance Directives for members on the Frail Elderly waiver in Sedgwick County during their annual visit • Train UHC Community Health Workers and Care Coordinators on the sensitivity of discussing Advance Directives • Collect and store completed Advance Directives in the UHC care management record (Community Care). Assist members with sharing their completed Advance Directives with at least one other person • Inform providers of the Advance Directives project
<p>Topic: Increasing flu vaccination rates for children ages 6 months to 17 years Current Interventions:</p> <ul style="list-style-type: none"> • \$15 gift card to parent/guardian when child gets flu vaccination • Nurse will be available to give flu shots at four community health events • Up to four interactive reminder texts to parents or guardians until reply text is received that child has been vaccinated • Reminders on CVS prescription packages during flu season • Reports to providers of children who have not received a flu vaccination. Providers will then receive a survey to assess if reports were helpful in increasing flu vaccinations. 	<p>Topic: Diabetes monitoring for people with diabetes and schizophrenia Current Interventions:</p> <ul style="list-style-type: none"> • Phone call reminders from case managers to members who are overdue for a HbA1c and LDL-C test • Reminder letters to members who are overdue for their HbA1c and LDL-C tests, using both SHP and the physician's letterhead with 5 pilot providers • Send reports biannually to providers with names of members who are due for their annual HbA1c and LDL-C test 	<p>Topic: Diabetes monitoring for people with diabetes and schizophrenia Current Interventions:</p> <ul style="list-style-type: none"> • Phone call reminders from Care Manager to members identified with complex medical needs and are overdue for a HbA1c and LDL-C test • Phone call reminders from Care Coordinators to members who are receiving waiver services and are overdue for a HbA1c and LDL-C test • Send reports biannually to providers with names of members who are due for their annual HbA1c and LDL-C test

KanCare 2.0 Early Periodic Screening Diagnostic Treatment (EPSDT) KAN Be Healthy PIP

Topic: Increasing EPSDT rates to 85%

Current Interventions:

- \$25 each year for completing annual well visit - Members ages 13 to 20 years
- \$10 card and gift pack (including an activity book from Ted E. Bear, M.D.) each year for completing annual well visit - Members birth to 12 years
- Interactive text message, in the member's language preference, to parents/guardians of children who are overdue for a visit. System will ask for a response and transfer to member services all those who respond that they do not plan to go/make an appointment
- Automated phone message to parents/guardians of children who are overdue for a visit. System will allow the member to warm transfer to customer service for assistance
- A reminder message attached to prescriptions at all CVS pharmacies in Kansas. Reminder will be included on the first prescription filled during the quarter prior to the member's birthdate
- Two provider education webinars. Strategies for adherence and difference between younger and older children will be covered

Topic: Increasing EPSDT rates to 85%

Current Interventions:

- Interactive text message reminder to parent/guardian or members who are overdue for a visit. System allows members to respond to and ask questions.
- Two community outreach events where KAN Be Healthy visits can be completed onsite
- Case Manager phone call reminder of annual visit for members on the SED waiver
- Improve and coordinate tracking of EPSDT visits with contracted foster care agencies
- In-person provider education visits to 5 large practices to discuss individual goals and barriers for their membership

Topic: Increasing EPSDT rates to 85%

Current Interventions:

- Phone call reminders to members who are 18-20 years old and overdue for a visit, with the option to warm transfer to schedule an appointment
- Mailing reminders to members without a known phone number. Mailer will include information detailing how members can obtain a phone through the health plan using UHCCP KS's value-added benefits (VAB)
- Monetary incentive for providers who have over 50 members needing an EPSDT visit
- Notification to contracted foster care agencies of those members who need an EPSDT visit
- Reports of members who are due for a visit to providers who are not part of any other UHC EPSDT incentive program

COVID-19 Collaborative Vaccination PIP

Topic: Increasing COVID-19 Vaccination Rates to 70%

Current Interventions:

- Host two vaccine events in partnership with Health Departments and/or Federally Qualified Health Centers where members can get vaccinated
- Provide incentives for members who are vaccinated at either of the two vaccination events
- Outreach to members who have not received the COVID-19 vaccine in a variety of ways (texting, IVR calls and emails)

- Survey OneCare Kansas providers to better understand what type of COVID-19 related communication/education would be most helpful
- Based on survey results, distribute quarterly communication to OneCare Kansas providers focusing on COVID-19 topics such as mental-health related needs and notification of vaccine-related events throughout Kansas

Last Updated July 2021



KanCare Ombudsman Report

Quarter 3, 2021 (based on calendar year)

July 1 – September 30, 2021

Data downloaded 10/11/2021

KanCare Ombudsman Office

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II. Highlights/Dashboard

A. Contacts gradually increasing

Contacts with the KanCare Ombudsman Office are gradually increasing. The numbers are still not back up to contacts before COVID pandemic numbers. The chart below shows the gradual increase since the significant drop in quarter 2 of 2020.

Initial Contacts	Qtr. 1	Qtr. 2	Qtr. 3	Qtr. 4
2020	903	478	562	601
2021	564	591	644	

The percentage down from first quarter of 2020 is only down 29% in third quarter this year compared to the initial drop of 47%.

	Q4 2019	Q1 2020	Q2 2020	% +/- Q2, 2020 vs Q1, 2020	Q3 2020	Q4 2020	Q1 2021	Q2 2021	Q3 2021	% +/- Q3, 2021 vs Q1, 2020
KanCare Ombuds. Contacts	915	903	478	-47%	562	601	564	591	644	-29%

B. Outreach up significantly

Due to the outreach by our two AmeriCorps VISTA volunteers, our outreach during 3rd quarter is significantly up. The VISTA volunteers are contacting community organizations across the state to see if they provide KanCare application assistance and use that opportunity to explain about the KanCare Ombudsman Office, our services and offer copies of our brochure.

	Q1/2020	Q2/2020	Q3/2021	Q4/2020	Q1/2021	Q2/2021	Q3/2021
Outreach	74	16	96	57	49	171	317

C. KanCare Ombudsman Survey and Listening Session

The KanCare Ombudsman Office has a survey to be available in October and November (four weeks) to get feedback about how well the office is doing its job. Five Listening Sessions are scheduled in November to provide stakeholders the opportunity to hear from the KanCare Ombudsman Office and provide direct feedback. Information on the survey and listening sessions is available on the [KanCare Ombudsman web pages](#). The results from the survey and listening session will be provided in the KanCare Ombudsman Annual Report.

III. KanCare Ombudsman Purpose

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

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

The Centers for Medicare and Medicaid Services [Special Terms and Conditions \(2019-2023\)](#), [Section 36](#) 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 third quarter of 2021.

The KanCare Ombudsman Office has helped KanCare members and applicants since the inception of KanCare in January 2013. Starting in November 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 Metro.

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

Initial Contacts	Qtr. 1	Qtr. 2	Qtr. 3	Qtr. 4
2014	545	474	526	547
2015	510	462	579	524
2016	1,130	846	687	523
2017	825	835	970	1,040
2018	1,214	1,059	1,088	1,124
2019	1,060	1,097	1,071	915
2020	903	478	562	601
2021	564	591	644	

The chart below shows an example of one other organization that has had a significant decrease in calls during the COVID-19 pandemic as well. According to this information it appears that the Clearinghouse contacts have a similar decrease to first quarter last year (2020) as the KanCare Ombudsman office.

	Q4 2019	Q1 2020	Q2 2020	% +/- Q2, 2020 vs Q1, 2020	Q3 2020	Q4 2020	Q1 2021	Q2 2021	Q3 2021	% +/- Q3, 2021 vs Q1, 2020
KanCare Ombuds. Contacts	915	903	478	-47%	562	601	564	591	644	-29%
CH contacts	126,682	128,033	57,720	-55%	57,425	59,161	81,398	64,852	65,156	-49%

B. Accessibility through the KanCare Ombudsman Volunteer Program

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

During third quarter, there have been volunteers assisting in the offices: two in each office and two volunteers in training (one in each office). The new volunteers will continue their training into fourth quarter. Both satellite offices follow 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 Metro Office	Mon: 1:00 to 4:00pm Tues: 1:00 to 4:00pm	2	6	Northern Kansas Area Codes 785, 913, 816
Wichita Office	Mon: 9:00 to noon Fri: 9:00 to noon	2	6	Southern Kansas Area Codes 316, 620

Information on KanCare Ombudsman website at the end of September 2021

V. Outreach by KanCare Ombudsman Office

The KanCare Ombudsman Office is responsible for helping 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
- outreach through presentations, conferences, conference calls, video calls, social media, and in-person contacts.

The large increase in contacts for third quarter continues to be directly related to our AmeriCorps VISTA volunteers. They are in the process of updating our KanCare Application Assistance Guide that lists organizations that help with filling out KanCare applications. They are checking current organizations on the list and contacting all Local Public Health Departments and other community organizations that have the potential to provide that type of assistance. They are explaining what our organization does, what resources we have available and asking if they would like a packet of our brochures to share with staff and consumers. We are very excited about this outreach and hope that it will create new opportunities for collaboration across the state.

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

	Q1/2020	Q2/2020	Q3/2021	Q4/2020	Q1/2021	Q2/2021	Q3/2021
Outreach	74	16	96	57	49	171	317

For the full listing of outreach, see Appendix A.

VI. Data by KanCare Ombudsman Office

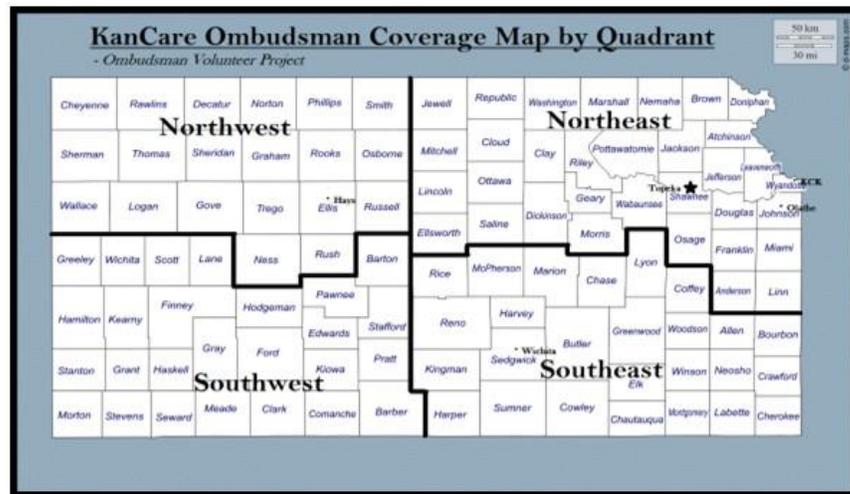
The data for the KanCare Ombudsman Office includes data by region, office location, contact method, caller type, program type, issue categories, action taken, and priority.

A. Data by Region

1. Initial Contacts to KanCare Ombudsman Office by Region

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

The chart, by region, shows that most KanCare Ombudsman contacts come from the Northeast and Southeast part of Kansas.



- 785, 913 and 816 area code toll-free calls go to the Kansas City Metro Satellite office.
- 316 and 620 area code toll-free calls go to the Wichita Satellite office.
- The remaining calls (out of state numbers, direct calls, and complex calls) go to the Topeka (main) office.
- Emails to the KanCare.Ombudsman@ks.gov go to the Topeka office.

2. KanCare/Medicaid members by Region

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

KanCare Ombudsman Office

REGION	Q1/2020	Q2/2020	Q3/2020	Q4/2020	Q1/2021	Q2/2021	Q3/2021
Northwest	15	4	1	5	10	7	8
Northeast	158	90	50	69	80	145	94
Southwest	16	11	6	8	16	19	12
Southeast	171	104	36	84	59	133	96
Unknown	544	257	464	435	399	286	433
Out of State	2	12	5	0	0	1	1
Total	906	478	562	601	564	591	644

Medicaid

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

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 map is based on 2015 Census data. [Kansas Population Density map](#) show population 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

During third quarter, we had the assistance of volunteers in the satellite offices at least 2-3 days per week (including new volunteers being mentored on the phones). When there was no volunteer coverage for the day, the Ombudsman Administrative Specialist or the Ombudsman Volunteer Coordinator took the toll-free number calls.

Contacts by Office	Q1/2020	Q2/2020	Q3/2020	Q4/2020	Q1/2021	Q2/2021	Q3/2021
Main - Topeka	540	362	534	438	387	432	458
Kansas City Metro	142	0	1	58	74	90	104
Wichita	221	112	26	105	103	69	82
Total	903	474	561	601	564	591	644

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	Q2/2021	Q3/2021
Telephone	773	356	464	511	473	449	510
Email	114	117	90	83	86	139	126
Letter	5	4	6	2	1	1	1
Face-to-Face Meeting	11	0	0	0	0	0	3
Other	0	1	1	5	2	1	3
Social media	3	0	1	0	4	2	1
CONTACT METHOD TOTAL	906	478	562	601	566	592	644

D. Data by Caller Type

Most contacts are consumers which includes members, family, friends, etc. The “Other type” callers are usually state employees, school social workers, lawyers and students/researchers looking for data, etc.

Provider issues are a combination of providers calling to assist a member or applicant having issues, or a provider with claims/billing issues, questions on how to become a provider in Kansas, etc. The provider contacts that are not for an individual member, are forwarded to Kansas Department of Health and Environment/Health Care Finance (KDHE/HCF.)

CALLER TYPE	Q1/2020	Q2/2020	Q3/2020	Q4/2020	Q1/2021	Q2/2021	Q3/2021
Provider	70	63	63	58	62	100	82
Consumer	773	375	451	497	465	434	476
MCO Employee	3	6	5	8	2	4	10
Other Type	60	34	43	38	37	54	76
CALLER TYPE TOTAL	906	478	562	601	566	592	644

E. Data by Program Type

Frail Elderly waiver and Nursing facility issues continue as the top program concerns within the Program Type contacts received.

PROGRAM TYPE	Q1/2020	Q2/2020	Q3/2020	Q4/2020	Q1/2021	Q2/2021	Q3/2021
PD	32	25	35	12	9	14	11
I/DD	23	23	16	12	9	17	8
FE	34	19	27	16	13	23	23
AUTISM	1	1	2	3	0	2	1
SED	5	3	2	3	1	1	1
TBI	7	4	9	3	5	6	6
TA	6	5	2	1	1	1	0
WH	0	1	0	0	0	1	0
MFP	0	1	0	0	0	1	1
PACE	1	0	0	1	0	1	0
MENTAL HEALTH	3	8	2	1	3	1	8
SUB USE DIS	0	0	0	0	0	0	0
NURSING FACILITY	39	29	9	22	24	20	15
FOSTER CARE	0	1	0	0	1	0	1
MEDIKAN	2	0	0	3	2	1	2
INSTITUTIONAL TRANSITION FROM LTC/NF	3	2	3	2	1	1	0
INSTITUTIONAL TRANSITION FROM MH/BH	0	1	1	0	1	1	0
INSTITUTIONAL TRANSITION FROM PRISON/JAIL	0	0	0	0	0	0	0
PROGRAM TYPE TOTAL	156	123	108	79	70	91	77

There may be multiple selections for a member/contact.

F. Data by Priorities

This 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 – a case that needs a higher level of attention.
- 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	Q2/2021	Q3/2021
HCBS	66	65	36	30	21	33	28
Long Term Care / MF	25	27	12	15	14	22	18
Urgent Medical Need	24	8	9	11	9	15	8
Urgent	22	12	13	18	15	30	23
Life Threatening	8	0	1	4	2	2	0
PRIORITIES TOTAL	145	112	71	78	61	102	77

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 Info/status, and Medicaid Eligibility Issues. There has been an increase in Medicaid Application Assistance and Medicaid info (status) update since last quarter.

MEDICAID ISSUES	Q1/2020	Q2/2020	Q3/2020	Q4/2020	Q1/2021	Q2/2021	Q3/2021
Access to Providers (usually Medical)	11	3	1	9	9	11	11
Appeals/Fair Hearing questions/issues	23	8	10	15	12	15	7
Background Checks	0	0	0	0	0	0	2
Billing	25	16	20	30	38	35	43
Care Coordinator Issues	19	3	4	7	7	6	4
Change MCO	7	3	8	6	6	3	2
Choice Info on MCO	4	2	1	2	1	4	3
Coding Issues	8	2	8	3	8	3	1
Consumer said Notice not received	3	0	1	2	1	2	1
Cultural Competency	0	1	0	0	1	2	0
Data Requests	4	4	1	1	6	5	19
Dental	4	7	5	3	4	5	6
Division of Assets	10	8	7	4	11	10	4
Durable Medical Equipment	3	9	2	5	3	7	11
Grievances Questions/Issues	33	11	10	22	18	13	12
Help understanding mail (NOA)	9	4	7	8	11	24	19
MCO transition	2	0	1	0	0	1	0
Medicaid Application Assistance	150	114	118	132	123	104	129
Medicaid Eligibility Issues	206	63	109	99	108	88	110
Medicaid Fraud	1	2	3	3	3	2	3
Medicaid General Issues/questions	188	89	103	123	142	173	176
Medicaid info (status) update	150	35	107	97	90	86	126
Medicaid Renewal	51	3	9	20	13	6	3
Medical Card issues	9	6	9	10	10	12	24
Medicare Savings Plan Issues	49	22	15	46	31	21	28
MediKan issues	3	0	2	8	5	5	4
Moving to / from Kansas	19	7	14	14	2	12	10
Medical Services	24	19	12	17	22	25	20
Pain management issues	0	2	0	1	1	3	3
Pharmacy	12	11	4	7	10	10	7
Pregnancy issues	5	2	9	22	30	38	23
Prior authorization issues	2	2	1	4	4	7	5
Refugee/Immigration/SOBRA issues	3	0	1	1	2	2	2
Respite	0	0	0	0	2	2	0
Spend Down Issues	28	17	23	27	19	19	21
Transportation	9	6	0	8	5	14	12
Working Healthy	0	1	0	2	2	2	1
MEDICAID ISSUES TOTAL	1074	482	625	758	760	777	852

There may be multiple selections for a member/contact.

2. HCBS/LTSS Issues

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

HCBS/LTSS ISSUES	Q1/2020	Q2/2020	Q3/2020	Q4/2020	Q1/2021	Q2/2021	Q3/2021
Client Obligation	14	10	6	8	14	10	7
Estate Recovery	3	3	12	17	3	9	9
HCBS Eligibility issues	51	34	54	40	30	51	44
HCBS General Issues	60	55	55	48	45	54	43
HCBS Reduction in hours of service	5	3	15	4	3	2	1
HCBS Waiting List	2	0	12	11	4	4	5
Nursing Facility Issues	39	26	29	45	26	38	35
HCBS/LTSS ISSUES TOTAL	174	131	183	173	125	168	144

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	Q2/2021	Q3/2021
Abuse / neglect complaints	8	10	9	7	7	13	10
ADA Concerns	0	0	1	0	1	1	0
Adoption issues	1	1	0	2	0	3	3
Affordable Care Act Calls	3	7	1	4	4	1	3
Community Resources needed	8	10	2	4	11	6	6
Domestic Violence concerns	0	0	1	2	0	0	1
Foster Care issues	6	4	3	1	2	2	10
Guardianship	4	5	2	3	3	5	5
Homelessness	2	3	4	2	2	4	0
Housing Issues	1	7	12	5	5	9	4
Medicare related Issues	16	17	11	25	14	17	20
Social Security Issues	16	15	18	21	14	15	15
Used Interpreter	1	5	4	4	4	2	5
X-Other	137	91	181	218	207	54	49
Z Thank you	335	218	270	282	335	346	355
Z Unspecified	75	47	40	70	26	31	22
Health Homes	0	0	0	0	0	0	0
OTHER ISSUES TOTAL	613	440	559	650	635	509	508

There may be multiple selections for a member/contact.

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

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:

1. response rates for the KanCare Ombudsman office (Responding to members)
2. response rates to resolve the question/concern for related organizations that are asked to assist by the Ombudsman office
3. information on resources provided (Action Taken)
4. how contacts are resolved (Resolution of Issues)

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 the goal of answering calls within two business days during first quarter of 2021. This was due to the addition of our Volunteer Coordinator who is experienced in taking calls and assists in the Kansas City Metro Satellite office when volunteers are not available.

	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%	36%	4%
Q3/2020	562	86%	12%	2%
Q4/2020	601	84%	15%	1%
Q1/2021	566	88%	12%	0%
Q2/2021	592	89%	10%	1%
Q3/2021	644	87%	12%	1%

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.

Qtr. 3, 2021

	Nbr Referrals	% Responded 0-2 Days	% Responded 3-7 Days	% Responded 7-30 Days	% Responded 31 or More Days
Clearinghouse	45	98%	0%	2%	0%
KDADS-Behavior Health	2	50%	50%	0%	0%
KDADS-HCBS	5	40%	20%	20%	20%
KDADS-Health Occ. Cred.	1	100%	0%	0%	0%
KDHE-Eligibility	12	42%	25%	33%	0%
KDHE-Program Staff	1	0%	0%	100%	0%
KDHE-Provider Contact	5	80%	20%	0%	0%
KMAP	3	100%	0%	0%	0%
DCF	3	67%	33%	0%	0%
Aetna	2	50%	50%	0%	0%
Sunflower	9	56%	0%	44%	0%
UnitedHealthcare	14	43%	29%	21%	7%

3. Action Taken by KanCare Ombudsman Office to resolve requests

Action Taken Resolution Type	Q1/2020	Q2/2020	Q3/2020	Q4/2020	Q1/2021	Q2/2021	Q3/2021
Questions/Issue Resolved (No Resources)	70	51	8	16	28	19	25
Used Contact or Resources/Issue Resolved	715	361	514	535	495	541	586
Closed (No Contact)	55	31	31	40	40	24	21
ACTION TAKEN RESOLUTION TYPE TOTAL	840	443	553	591	563	584	632
Action Taken Additional Help	Q1/2020	Q2/2020	Q3/2020	Q4/2020	Q1/2021	Q2/2021	Q3/2021
Provided Resources	558	339	317	342	260	525	581
Mailed/Email Resources	114	73	85	118	90	131	106
ACTION TAKEN ADDITIONAL HELP TOTAL	672	412	402	460	350	656	687

There may be multiple selections for a member/contact

4. Ombudsman Office Resolution of Issues

The average days to close/resolve an issue has been improving over the last three quarters.

Qtr./Year	Nbr Contacts	Avg Days To Completion	% Completed 0-2 Days	% Completed 3-7 Days	% Completed 8 or More Days
Q1/2020	804	5	74%	9%	17%
Q2/2020	404	7	46%	31%	23%
Q3/2020	537	5	76%	13%	11%
Q4/2020	576	5	69%	17%	14%
Q1/2021	551	5	71%	16%	13%
Q2/2021	573	4	73%	16%	11%
Q3/2021	618	3	75%	15%	10%

VIII. Enhancements and Future Changes

A. Enhancement: Call Handler for Kansas City Metro office

The call handler for the Kansas City Metro Satellite office was put in place in August. This is being done to better serve those whose primary language is Spanish.

It provides four options for people calling the toll-free number and being routed to the Kansas City Metro Satellite office:

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

The next step is setting up the same call handler options for the Wichita office.

B. Assistance for People without Insurance

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

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

C. Future: KanCare Ombudsman Survey and Listening Sessions

The KanCare Ombudsman office has a survey and a series of listening sessions scheduled for October/November. The purpose of the survey and listening sessions will be to get stakeholder input into the operation, performance, and suggested enhancements of the KanCare Ombudsman office. The survey is being made available for three weeks, ending on November 12th. There are five listening sessions scheduled for various times on November 16, 17, and 18th. The information provided from the survey and listening sessions will be included in the KanCare Ombudsman annual report.

IX. Appendix A: Outreach by KanCare Ombudsman Office

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

A. Outreach through Education and Collaboration

Outreach includes Community events and presentations such as education, networking, and referrals.

- Provided KanCare Ombudsman Office report/updates to KanCare Long Term Care monthly meetings
- 7/27/21, attended the WYCO IRIS network meeting and introduced the KanCare Ombudsman Office to attendees (35)
- 7/8: WSU VISTA/practicum student attended Lyon Co area outreach meeting via Zoom
- 7/23: WSU VISTA/practicum student and Community Program Specialist attended Wichita-area Veteran's Outreach networking meeting via Zoom
- 7/26: WSU Community Program Specialist attended Lyon Co Coalition meeting to discuss forming a referral network via www.Healthify.us
- 7/27: WSU Community Program Specialist responded to CPAAA request for resources
- 7/28: WSU Community Program Specialist attended Sedgwick Co IRIS networking meeting
- 7/28: WSU VISTA/practicum student attended CEI Social Media Think Tank collaboration/education meeting
- 7/30: WSU Community Program Specialist attended Sedgwick County CDDO quarterly meeting
- 7/31: WSU Community Program Specialist staffed a vendor table at Mind Fest, the Wichita Journalism Collaborative event on mental health resources; 290 attendees. This event produced contacts & resource sharing with several other area agencies, including Kansas Clubhouse Coalition/Breakthrough Episcopal Social Services, Positive Directions, the Wichita Eagle, The Active Age newspaper, and several local school personnel, therapists, social workers, community members, and students.
- 8/4: VISTA/MSW practicum student attended CPAAA monthly networking meeting via Zoom
- 8/4: WSU CEI staff and VISTA/MSW practicum student represented the Ombudsman Office at Butler County Health Department's annual Baby Jubilee community outreach event in person; WSU CEI staff subsequently emailed Aetna Community Development Coordinator
- 8/6: WSU CEI staff emailed City of Derby Recreation to plan for exhibit at October Health Fair

- 8/6: WSU CEI staff emailed SG Co Health Dept family planning staff and subsequently delivered Ombudsman brochures
- 8/7: WSU CEI staff and VISTA/MSW practicum student represented the Ombudsman Office at the 5th Annual Veteran's Expo via Zoom
- 8/31/21, Presented second quarter report to the KanCare Advisory Council.
- 9/1: WSU CEI staff attended CPAAA monthly networking meeting via Zoom
- 9/1: VISTA/MSW practicum student attended United Way of the Plains Open House
- 9/1: WSU CEI staff emailed with Mary Halsig Long Term Care Solutions
- 9/15: WSU CEI staff attended Butler County Early Childhood Taskforce via Zoom
- 9/15: WSU CEI staff emailed with Corey Yarrow of Families Together
- 9/17: VISTA/MSW practicum student attended monthly Veterans' Outreach Coalition meeting via Zoom
- 9/18: VISTA/MSW practicum student represented Ombudsman Office at Oaklawn Community Event
- 9/18 & 9/22: WSU CEI staff represented Ombudsman Office at Senior Services Pickleball Tournament event
- 9/23/21, Presented testimony and second quarter report to Bethel Joint Committee on HCBS and KanCare Oversight

This is the listing of outreach contacts made by the Johnson County AmeriCorps VISTA. Contacts were called, emailed, and provided KanCare Ombudsman brochures if requested (about 50%).

- 7/1: VISTA contacted the following organizations:
 - Family Center for Healthcare
 - Hoxie Medical Clinic
 - Leavenworth County Health Dept.
 - LINK Inc.
 - Logan County Health Department
 - Mitchell County Health Department
 - Morton County Medical Clinic
 - Pratt Regional Medical Center
 - Smith County Health Department
 - Thomas County Health Department
 - Trego County Health Department
 - Wabaunsee County Health Department
 - Washington County Health Department
- 7/2: VISTA contacted the following organizations:
 - Big Lakes Developmental Center Inc.
 - Brown County Developmental Services Inc.
 - Johnson County Developmental Supports

- Three Rivers Inc.
- 7/6: VISTA contacted the following organizations:
 - Atchison Rehabilitation Services
 - Colby Rehabilitation Services
 - Cottonwood Inc.
 - Goodland Rehabilitation Services
 - Hays Rehabilitation Services
 - Jayhawk AAA
 - Nemaha County Training Center
 - Region 1 LTC Ombudsman
 - Region 2 LTC Ombudsman
 - Region 6 LTC Ombudsman
 - Shawnee County CDDO
 - Tri-Ko. Inc.
 - Twin Valley Developmental Services, Inc
- 7/7: VISTA contacted the following organizations:
 - Assistive Technology, Salina
 - Assistive Technology, Topeka
 - Bert Nash CMHC, Inc.
 - Crosswinds
 - Elizabeth Layton Center
 - Families Together
 - Hetlinger Developmental Services
 - Hiawatha Rehabilitation Services
 - High Plains MHC
 - Johnson County MHC
 - Kansas City Rehabilitation Services
 - Kansas Commission on Veterans Affairs, Atchison
 - Kansas Commission on Veterans Affairs, Colby
 - Kansas Commission on Veterans Affairs, Hays
 - Kansas Commission on Veterans Affairs, Junction City
 - Kansas Commission on Veterans Affairs, Lawrence
 - Kansas Commission on Veterans Affairs, Overland Park
 - Kansas Commission on Veterans Affairs, Salina
 - Kansas Commission on Veterans Affairs, Topeka
 - Kansas Legal Services
 - Lawrence Rehabilitation Services
 - Leavenworth Rehabilitation Services
 - Manhattan Rehabilitation Service
 - Northeast Kansas AAA/ADRC
 - Ottawa Rehabilitation Services
 - Pawnee Mental Health Service

- Positive Connections
- Southeast Kansas MHC
- The Guidance Center
- Topeka Rehabilitation Services
- Valeo Behavioral Health Care
- Wyandotte Center for Community Behavioral Healthcare, Inc.
- 7/8: VISTA contacted the following organizations:
 - Assistive Technology Oakley
 - Brown NEK Multi-County Health Department
 - Central Kansas Mental Health Center
 - Kansas Association of Community Action Centers
 - Disability Planning Org of Kansas
 - Family Service and Guidance Center
 - Independent Connections
 - Jackson NEK Multi-County Health Department
 - Johnson County Department of Health and Environment
 - Kansas Housing Resources Corporation
 - Riverside Resources
 - Salina Rehabilitation Services
 - Score One for Health
 - Topeka Independent Living Resource Center
- 7/9: VISTA contacted the following organizations:
 - Developmental Services of Northwest Kansas
 - East Central Kansas AAA/ADRC
 - Jewell County Health Department
 - Junction City Rehabilitation Services
 - Kanza Mental Health and Guidance Center
 - North Central/Flint Hills AAA/ADRC
 - Northwest Kansas AAA/ADRC
 - Phillipsburg Rehabilitation Services
 - Trego County Hospital
 - Wallace County Health Department
 - Wyandotte/Leavenworth AAA/ADRC
- 7/12: VISTA contacted the following organizations:
 - Atchison Community Health Clinic
 - Atchison Hospital (Amberwell)
 - Cheyenne County Hospital
 - Community Care Ministries
 - Community Health Center of Southeast Kansas
 - Decatur County Health Department
 - Ellis County Hospital/Hays Medical Center
 - Ellsworth County Medical Center

- FHSU Health and Wellness Center
- FHSU Kelly Center
- Hiawatha Community Hospital
- Hiawatha Family Clinic
- Kansas Commission on Veterans Affairs (unspecified)
- Norton County Hospital
- Rooks County Hospital
- Salvation Army, Atchison
- Salvation Army, Hays
- St. Francis Community and Family Services, Hays
- The Leo Center
- White Cloud Indian Health Services
- 7/13: VISTA contacted the following organizations:
 - Advent Health
 - Center of Grace Community Health Screenings
 - Community Health Center Pleasanton
 - F.W. Huston Medical Center
 - Gove County Medical Center
 - Health Partnership Clinic of Johnson County
 - Health Partnership Clinic, Ottawa
 - Independence Inc
 - Jackson County Senior Center
 - Minds Matter
 - Pregnancy Service Center
 - Salina Family Healthcare Center
 - Silver City Health Center, Kansas City
 - St. Vincent Clinic
 - Swope Health West
- 7/14: VISTA contacted the following organizations:
 - Ascension via Christi Hospital, Manhattan
 - Community Healthcare, Corning
 - Community Memorial Healthcare, Marysville
 - Doctors without Delay
 - Duchesne Clinic
 - First Care Clinic
 - Goodland Regional Medical Center
 - Healthcare Resort of Topeka
 - Lafene Health Center, Manhattan
 - Mitchell County Hospital Health Centers
 - Morris County Hospital
 - Nemaha Valley Community Hospital
 - North Central Kansas Home Health Services

- OCCK Inc
- Osawatomie State Hospital
- Riley County Senior Services Center
- Rush County Memorial Hospital
- Shawnee County Health Access
- Shawnee County Medical Society
- Sheridan County Hospital
- Southwest Boulevard Family Health Clinic
- Stormont Vail Hospital
- Vibrant Health
- Wamego Health Center
- 7/15: VISTA contacted the following organizations:
 - Ballard Community Services
 - Catholic Charities of Northeast Kansas
 - Catholic Charities, Hays
 - Catholic Charities, Overland Park
 - Osborne County Hospital
 - Salvation Army, Lawrence
 - United Way, Hays
 - Wyandotte County CDDO
 - Wyandotte County Health Department
- 7/16: VISTA contacted the following organizations:
 - Birthright
 - Colby DCF
 - Community Health Council, Wyandotte County
 - Decatur County Hospital
 - Graham County Hospital
 - Holton Community Hospital
 - Jackson County Resource Center
 - Konza Prairie Community Health
 - Lansing Family Health Center
 - Mercy and Truth Shawnee Clinic
 - Ness County Health Department
 - Planned Parenthood
 - Washington County Hospital
- 7/19: VISTA contacted the following organizations:
 - Anderson County Hospital
 - Clay County Medical Center
 - Hanover Hospital
 - Hillcrest Health Clinic
 - Kansas Commission on Veterans Affairs, Manhattan
 - Ness County Hospital

- Phillips County Health Department
- Phillips County Hospital
- Rawlins County Hospital Clinic/Health Center
- Russell Regional Hospital
- Salvation Army Divisional HQ
- Smith County Memorial Hospital
- THRIVE Allen County
- United Way of Douglas County
- 7/20: VISTA contacted the following organizations:
 - Red Cross Lawrence
- 7/21: VISTA contacted the following organizations:
 - Welcome Central
- 7/22: VISTA contacted the following organizations:
 - Argentine Community Center, Kansas City
 - Latino Leadership Collaborative/El Centro de Servicios
- 7/27: VISTA contacted the following organizations:
 - Rush County Health Department
- 7/28: VISTA contacted the following organizations:
 - Centro Hispano, Lawrence
 - Guadalupe Centers
 - Hispanic Chamber of Commerce, KC
 - Hispanic Economic Development Corporation
 - Iglesia la Fe en Jesuchristo, Kansas City
- 8/4: VISTA contacted the following organizations:
 - Blessed Sacrament Church Hispanic Ministry
 - Centro Biblico El Camino
 - Centro Familiar Cristiano El Encuentro
 - Consulate of Colombia, Chicago
 - Consulate of El Salvador, Aurora, CO
 - Consulate of Honduras, Houston
 - Consulate of Peru, Dallas
 - Consulate of the Dominican Republic, Chicago
 - Mission Adelante
 - New Haven Hispanic Church
- 8/5: VISTA contacted the following organizations:
 - Crosslines Community Outreach, INC
 - DiversityJobs
 - Greater Kansas City Coalition to End Homelessness
 - Heartland Community Connection
 - LatCareers
 - Latino Health for All
 - St. Paul Catholic Church

- WYCO Neighborhood Resource Center
- 8/9: VISTA contacted the following organizations:
 - Consulate of Argentina, Chicago
 - Consulate of Bolivia, Houston
 - Consulate of Chile, Chicago
 - Consulate of Nicaragua, Houston
 - Consulate of Panama, Houston
 - Consulate of Uruguay, Chicago
 - Embassy of Paraguay, Washington, DC
 - HLPA
 - Puerto Rican Society of Greater Kansas City
- 8/11: VISTA contacted the following organizations:
 - Consulate of Costa Rica, Houston
- 8/12: VISTA contacted the following organizations:
 - Agency for Healthcare Research and Quality
 - Royal Spanish Academy
 - US Department of Education Information and Resource Center
- 8/13: VISTA contacted the following organizations:
 - FosterClub
- 8/16: VISTA contacted the following organizations:
 - La Familia Senior Community Center
 - The Whole Person
- 8/17: VISTA contacted the following organizations:
 - IRC Wichita
- 8/19: VISTA contacted the following organizations:
 - Consulate of Guatemala, Oklahoma City
- 8/20: VISTA contacted the following organizations:
 - Family Caregiver Alliance
- 8/24: VISTA contacted the following organizations:
 - Johnson County AAA
 - The Best Times
- 9/7: VISTA contacted the following organizations:
 - Consulate of Ecuador, Houston
- 9/9: VISTA contacted the following organizations:
 - Heartland Community Connection
 - Juntos
 - Parents as Teachers
 - The Communicator
- 9/16: VISTA contacted the following organizations:
 - El Centro
- 9/17: VISTA contacted the following organizations:

- Paraquad
- 9/22: VISTA contacted the following organizations:
 - Consulate of Mexico, Kansas City
- 9/28: VISTA contacted the following organizations:
 - Health Literacy Media
- 9/30: VISTA contacted the following organizations:
 - Midtown KC Now

This is the listing of outreach contacts made by the Johnson County AmeriCorps VISTA. Contacts were called, emailed, and provided KanCare Ombudsman brochures if requested.

7/7	Independence SKL Resource Center Inc.
7/7	Sedan SKIL Resource Center Inc. (Diana Clanton)
7/8	Christina Blair (Pittsburg SKL Resource)
7/8	HCR Manor Care
7/8	Kaydee Tran (Northeast KS Community Action Partnership)
7/8	Smith County Health Department-Laura Hageman
7/8	Cottonwood Pediatrics
7/8	Goodland Family Health Center-Kim Philips
7/8	Goodland Regional Medical Center-Hal McNerney
7/8	Atchison Senior Village (Julia Henderson-office manager)
7/8	International Rescue Committee-no official contact person
7/8	St Francis ministries (Migration Ministries) (No specific contact person)
7/12	McPherson County Council on Aging
7/12	McPherson Senior Center
7/12	Rice County Council on Aging (Daylene Linville)
7/12	Cherryvale Nursing & Rehab (Victoria White)
7/13	Phillips County Health Department (Renee Campbell or Shirley Mendoza)
7/13	Kiowa District Healthcare (Michael Asebedo)
7/13	Victory Hills Senior Living Community (Jessica Schadel)
7/22	SKIL of Western Kansas

Outreach through Print Media and Social Media

Social Media outreach

- Posts –10 in July
 - Page Likes – increased from 298 (end of June) to 304 (end of July)
 - Highest 28 Days Total Impressions – 1720, increased from 618 in June
 - Highest Number of Engagers/Day – 62, increased from 20 in June
- Posts –10 in August
 - Page Likes – increased from 304 (end of July) to 320 (end of August)
 - Highest 28 Days Total Impressions – 1180, down from 1720 in July
 - Highest Number of Engagers/Day – 62, similar to July
- Posts –12 in September
 - Page Likes were at 320 at the end of August; Facebook changed its analytics and now reports numbers of page followers. At the end of September, our page had 378 followers

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

A. Aetna

MEDICAID ISSUES	Q1 2020	Q2 2020	Q3 2020	Q4 2020	Q1 2021	Q2 2021	Q3 2021
Access to Providers (usually Medical)	0	1	0	3	0	3	1
Appeals/Fair Hearing questions/issues	1	1	0	1	0	1	0
Background Checks	0	0	0	0	0	0	0
Billing	2	2	2	5	2	4	2
Care Coordinator Issues	0	0	1	1	1	0	1
Change MCO	4	0	1	2	1	0	0
Choice Info on MCO	1	0	0	0	0	0	0
Coding Issues	0	0	0	0	0	1	0
Consumer said Notice not received	0	0	1	0	0	1	0
Cultural Competency	0	0	0	0	0	1	0
Data Requests	0	0	0	0	0	0	0
Dental	1	0	1	0	0	0	1
Division of Assets	0	0	0	0	0	0	0
Durable Medical Equipment	1	2	1	2	0	0	0
Grievances Questions/Issues	5	3	1	1	0	1	0
Help understanding mail (NOA)	0	0	1	0	0	0	0
MCO transition	0	0	0	0	0	0	0
Medicaid Application Assistance	0	0	0	2	0	0	0
Medicaid Eligibility Issues	1	1	1	4	2	2	4
Medicaid Fraud	0	0	0	0	0	0	1
Medicaid General Issues/questions	4	2	1	5	3	6	9
Medicaid info (status) update	4	4	1	3	3	2	4
Medicaid Renewal	3	0	0	1	1	1	0
Medical Card issues	0	0	1	0	0	1	3
Medicare Savings Plan Issues	3	0	0	1	1	0	0
MediKan issues	0	0	0	0	0	0	0
Moving to / from Kansas	0	0	0	0	0	1	0
Medical Services	2	2	2	3	2	6	4
Pain management issues	0	1	0	1	0	0	1
Pharmacy	1	0	0	1	0	1	2
Pregnancy issues	0	0	0	0	1	0	0
Prior authorization issues	0	0	1	1	0	2	0
Refugee/Immigration/SOBRA issues	0	0	0	0	0	0	0
Respite	0	0	0	0	0	0	0
Spend Down Issues	2	2	2	1	0	1	3
Transportation	1	1	0	1	0	2	0
Working Healthy	0	0	0	1	0	0	0
MEDICAID ISSUES TOTAL	36	22	18	40	17	37	36

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

OTHER ISSUES	Q1 2020	Q2 2020	Q3 2020	Q4 2020	Q1 2021	Q2 2021	Q3 2021
Abuse / neglect complaints	1	2	1	0	0	0	0
ADA Concerns	0	0	0	0	0	0	0
Adoption issues	0	0	0	0	0	1	1
Affordable Care Act Calls	0	0	0	0	0	0	0
Community Resources needed	0	1	0	0	0	0	0
Domestic Violence concerns	0	0	0	0	0	0	0
Foster Care issues	0	1	0	0	0	0	1
Guardianship	0	0	0	0	0	0	1
Homelessness	0	0	0	1	0	0	0
Housing Issues	0	0	1	1	0	0	0
Medicare related Issues	1	0	0	1	0	0	1
Social Security Issues	0	0	0	0	0	0	0
Used Interpreter	0	0	0	0	0	0	0
X-Other	3	6	4	5	5	0	1
Z Thank you	9	10	4	15	7	18	17
Z Unspecified	0	0	0	1	0	0	3
Health Homes	0	0	0	0	0	0	0
OTHER ISSUES TOTAL	14	20	10	24	12	19	25

PROGRAM TYPE	Q1 2020	Q2 2020	Q3 2020	Q4 2020	Q1 2021	Q2 2021	Q3 2021
PD	1	2	1	1	1	1	0
I/DD	0	2	0	1	0	1	0
FE	0	0	0	0	0	1	0
AUTISM	0	0	0	0	0	0	0
SED	0	1	0	0	0	0	0
TBI	0	0	2	0	0	0	1
TA	0	2	0	0	0	1	0
WH	0	0	0	0	0	0	0
MFP	0	0	0	0	0	0	0
PACE	0	0	0	0	0	0	0
MENTAL HEALTH	0	0	0	0	0	0	0
SUB USE DIS	0	0	0	0	0	0	0
NURSING FACILITY	2	2	0	0	0	0	1
FOSTER CARE	0	1	0	0	0	0	1
MEDIKAN	0	0	0	0	0	0	0
INSTITUTIONAL TRANSITION FROM LTC/NF	0	0	1	0	1	1	0
INSTITUTIONAL TRANSITION FROM MH/BH	0	0	0	0	0	0	0
INSTITUTIONAL TRANSITION FROM PRISON/JAIL	0	0	0	0	0	0	0
PROGRAM TYPE TOTAL	3	10	4	2	2	5	3
PRIORITY	Q1 2020	Q2 2020	Q3 2020	Q4 2020	Q1 2021	Q2 2021	Q3 2021
HCBS	1	5	3	2	1	6	1
Long Term Care / MF	0	2	1	0	0	2	1
Urgent Medical Need	0	0	0	1	1	2	2
Urgent	3	0	1	2	0	3	3
Life Threatening	0	0	0	0	0	0	0
PRIORITIES TOTAL	4	7	5	5	2	13	7

B. Sunflower

MEDICAID ISSUES	Q1 2020	Q2 2020	Q3 2020	Q4 2020	Q1 2021	Q2 2021	Q3 2021
Access to Providers (usually Medical)	2	0	0	2	2	2	1
Appeals/Fair Hearing questions/issues	4	2	1	8	1	2	1
Background Checks	0	0	0	0	0	0	0
Billing	2	1	4	7	5	3	5
Care Coordinator Issues	6	1	0	1	0	1	0
Change MCO	0	1	3	0	0	1	0
Choice Info on MCO	0	1	0	1	0	2	0
Coding Issues	0	0	1	1	0	0	1
Consumer said Notice not received	0	0	0	1	0	0	0
Cultural Competency	0	0	0	0	0	0	0
Data Requests	1	1	0	0	0	0	1
Dental	1	1	0	0	0	0	1
Division of Assets	0	0	0	0	0	0	0
Durable Medical Equipment	1	2	1	0	0	2	2
Grievances Questions/Issues	6	3	0	4	4	2	0
Help understanding mail (NOA)	2	1	0	1	1	1	0
MCO transition	0	0	0	0	0	1	0
Medicaid Application Assistance	3	0	0	1	0	0	0
Medicaid Eligibility Issues	5	1	1	0	1	0	4
Medicaid Fraud	0	1	0	0	0	0	0
Medicaid General Issues/questions	12	2	0	2	2	6	7
Medicaid info (status) update	6	1	2	2	1	2	3
Medicaid Renewal	3	0	0	0	0	0	0
Medical Card issues	2	1	0	1	1	0	2
Medicare Savings Plan Issues	1	0	0	0	0	0	0
MediKan issues	0	0	0	0	0	0	0
Moving to / from Kansas	2	0	0	0	0	0	0
Medical Services	6	2	1	4	4	2	3
Pain management issues	0	0	0	0	0	1	0
Pharmacy	0	1	0	0	0	2	2
Pregnancy issues	0	0	0	1	0	0	0
Prior authorization issues	0	1	0	0	0	1	0
Refugee/Immigration/SOBRA issues	0	0	0	0	0	0	0
Respite	0	0	0	0	0	0	0
Spend Down Issues	3	0	0	1	1	0	0
Transportation	3	2	0	0	0	2	3
Working Healthy	0	0	0	0	0	0	0
MEDICAID ISSUES TOTAL	71	26	14	38	23	33	36

HCBS/LTSS ISSUES	Q1 2020	Q2 2020	Q3 2020	Q4 2020	Q1 2021	Q2 2021	Q3 2021
Client Obligation	2	0	0	1	1	1	0
Estate Recovery	0	0	0	0	0	0	0
HCBS Eligibility issues	1	0	3	1	3	2	3
HCBS General Issues	7	9	7	3	4	4	1
HCBS Reduction in hours of service	1	2	2	2	0	0	0
HCBS Waiting List	0	0	1	0	0	1	1
Nursing Facility Issues	1	0	2	2	2	1	0
HCBS/LTSS ISSUES TOTAL	12	11	15	9	10	9	5

OTHER ISSUES	Q1 2020	Q2 2020	Q3 2020	Q4 2020	Q1 2021	Q2 2021	Q3 2021
Abuse / neglect complaints	1	0	0	0	0	0	0
ADA Concerns	0	0	0	0	0	0	0
Adoption issues	0	1	0	1	0	1	0
Affordable Care Act Calls	0	0	0	0	0	0	0
Community Resources needed	0	1	0	0	0	2	0
Domestic Violence concerns	0	0	0	0	0	0	0
Foster Care issues	0	0	0	0	0	0	0
Guardianship	1	0	0	0	2	1	0
Homelessness	0	1	0	0	0	0	0
Housing Issues	0	1	1	1	0	2	0
Medicare related Issues	2	1	0	0	2	1	0
Social Security Issues	0	1	0	0	1	0	0
Used Interpreter	0	0	0	0	0	0	0
X-Other	9	6	6	7	4	4	0
Z Thank you	24	14	12	14	19	17	12
Z Unspecified	0	1	0	1	1	0	1
Health Homes	0	0	0	0	0	0	0
OTHER ISSUES TOTAL	37	27	19	24	29	28	13

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

PRIORITY	Q1 2020	Q2 2020	Q3 2020	Q4 2020	Q1 2021	Q2 2021	Q3 2021
HCBS	10	12	6	5	3	4	6
Long Term Care / MF	0	0	0	2	1	3	1
Urgent Medical Need	2	0	2	3	1	5	2
Urgent	2	4	2	2	1	6	1
Life Threatening	0	0	1	0	1	1	0
PRIORITIES TOTAL	14	16	11	12	7	19	10

C. United Healthcare

MEDICAID ISSUES	Q1 2020	Q2 2020	Q3 2020	Q4 2020	Q1 2021	Q2 2021	Q3 2021
Access to Providers (usually Medical)	1	0	0	3	0	3	3
Appeals/Fair Hearing questions/issues	4	2	1	1	0	4	1
Background Checks	0	0	0	0	0	0	0
Billing	4	2	3	3	3	4	5
Care Coordinator Issues	6	0	2	3	0	2	1
Change MCO	2	1	1	1	0	2	0
Choice Info on MCO	1	1	0	0	0	1	0
Coding Issues	1	0	0	0	0	0	0
Consumer said Notice not received	0	0	0	0	0	0	0
Cultural Competency	0	0	0	0	0	0	0
Data Requests	0	0	0	0	0	0	1
Dental	0	0	0	0	0	2	1
Division of Assets	0	0	0	0	0	0	0
Durable Medical Equipment	1	3	0	1	1	0	3
Grievances Questions/Issues	6	1	0	3	3	3	3
Help understanding mail (NOA)	0	0	0	0	1	1	0
MCO transition	1	0	0	0	0	0	0
Medicaid Application Assistance	0	1	0	1	1	0	1
Medicaid Eligibility Issues	4	2	1	3	2	1	2
Medicaid Fraud	0	0	0	0	0	1	0
Medicaid General Issues/questions	8	1	1	2	4	9	8
Medicaid info (status) update	9	1	0	2	3	2	5
Medicaid Renewal	1	0	0	0	1	0	0
Medical Card issues	2	1	0	2	0	1	1
Medicare Savings Plan Issues	0	0	0	1	0	2	1
MediKan issues	0	0	0	0	0	0	0
Moving to / from Kansas	0	0	0	0	0	1	0
Medical Services	3	3	5	1	1	5	5
Pain management issues	0	0	0	0	0	2	1
Pharmacy	2	2	2	3	0	4	3
Pregnancy issues	0	0	0	0	0	2	0
Prior authorization issues	1	0	0	1	0	2	2
Refugee/Immigration/SOBRA issues	0	0	0	0	0	0	0
Respite	0	0	0	0	0	0	0
Spend Down Issues	2	0	1	3	1	1	0
Transportation	3	2	0	3	0	3	2
Working Healthy	0	0	0	0	0	0	0
MEDICAID ISSUES TOTAL	62	23	17	37	21	58	49

HCBS/LTSS ISSUES	Q1 2020	Q2 2020	Q3 2020	Q4 2020	Q1 2021	Q2 2021	Q3 2021
Client Obligation	0	0	1	1	0	1	1
Estate Recovery	0	0	0	0	0	0	0
HCBS Eligibility issues	2	0	2	2	2	1	1
HCBS General Issues	8	1	5	7	4	4	4
HCBS Reduction in hours of service	1	0	5	2	1	0	0
HCBS Waiting List	0	0	0	0	1	1	1
Nursing Facility Issues	4	0	0	2	1	2	4
HCBS/LTSS ISSUES TOTAL	15	1	13	14	9	9	11

OTHER ISSUES	Q1 2020	Q2 2020	Q3 2020	Q4 2020	Q1 2021	Q2 2021	Q3 2021
Abuse / neglect complaints	0	0	0	0	1	2	2
ADA Concerns	0	0	0	0	0	0	0
Adoption issues	0	0	0	0	0	0	0
Affordable Care Act Calls	0	0	0	0	0	0	0
Community Resources needed	0	1	0	0	0	2	0
Domestic Violence concerns	0	0	0	0	0	0	0
Foster Care issues	0	0	0	0	0	0	1
Guardianship	0	0	0	0	0	0	0
Homelessness	0	0	1	0	0	1	0
Housing Issues	1	0	0	1	0	3	0
Medicare related Issues	1	1	0	1	1	2	0
Social Security Issues	0	0	1	1	0	0	0
Used Interpreter	0	0	0	0	0	0	0
X-Other	5	2	8	8	6	2	6
Z Thank you	18	8	12	15	8	23	25
Z Unspecified	0	1	0	1	1	0	2
Health Homes	0	0	0	0	0	0	0
OTHER ISSUES TOTAL	25	13	22	27	17	35	36

PROGRAM TYPE	Q1 2020	Q2 2020	Q3 2020	Q4 2020	Q1 2021	Q2 2021	Q3 2021
PD	3	1	5	4	1	2	1
I/DD	1	0	0	1	1	5	1
FE	3	0	4	1	1	1	1
AUTISM	0	0	0	0	0	0	0
SED	0	1	0	0	0	0	0
TBI	2	1	1	2	0	2	1
TA	1	0	1	0	1	0	0
WH	0	0	0	0	0	0	0
MFP	0	0	0	0	0	0	0
PACE	0	0	0	0	0	0	0
MENTAL HEALTH	0	1	0	0	0	1	4
SUB USE DIS	0	0	0	0	0	0	0
NURSING FACILITY	3	0	0	0	0	1	1
FOSTER CARE	0	0	0	0	0	0	0
MEDIKAN	0	0	0	0	0	0	0
INSTITUTIONAL TRANSITION FROM LTC/NF	1	0	1	1	0	0	0
INSTITUTIONAL TRANSITION FROM MH/BH	0	1	0	0	0	0	0
INSTITUTIONAL TRANSITION FROM PRISON/JAIL	0	0	0	0	0	0	0
PROGRAM TYPE TOTAL	14	5	12	9	4	12	9

PRIORITY	Q1 2020	Q2 2020	Q3 2020	Q4 2020	Q1 2021	Q2 2021	Q3 2021
HCBS	6	3	10	6	3	4	4
Long Term Care / MF	5	0	0	1	0	1	3
Urgent Medical Need	1	2	1	1	2	0	1
Urgent	0	1	2	3	2	5	5
Life Threatening	0	0	0	0	0	0	0
PRIORITIES TOTAL	12	6	13	11	7	10	13

1115 Waiver- Safety Net Care Pool Report

Demonstration Year 9 - Quarter Three

Large Public Teaching Hospital\Border City Children's Hospital Pool
Paid date 7/15/2021

Hospital Name	LPTH\BCCH DY/QTR 2021/3	State General Fund 1000	Federal Medicaid Fund 3414
University Of Kansas Hospital Authority*	3,696,206	1,261,145	2,435,061
Total	3,696,206	1,261,145	2,435,061

*SGF paid with IGT. Quarter one and two paid.

1115 Waiver- Safety Net Care Pool Report
Demonstration Year 9 - Quarter Three
Health Care Access Improvement Pool
Paid Date 8/5/2021

Provider Name	Program Name	Program ID	Amount	Payment Date	Liability Date	Warrant number	Provider Access Fund 2443	Federal Medicaid Fund 3414
Adventhealth Ottawa	Health Care Access Improvement Program Pool	3264	93,202	8/5/2021	9/30/2021	8779140	31,801	61,401
Ascension Via Christi Hospital Manhattan	Health Care Access Improvement Program Pool	3264	287,986	8/5/2021	9/30/2021	8778985	98,261	189,725
Ascension Via Christi Hospital Pittsburg	Health Care Access Improvement Program Pool	3264	280,901	8/5/2021	9/30/2021	8778847	95,843	185,058
Ascension Via Christi Hospital St. Teresa	Health Care Access Improvement Program Pool	3264	56,367	8/5/2021	9/30/2021	5565673	19,232	37,135
Ascension Via Christi Hospitals Wichita	Health Care Access Improvement Program Pool	3264	1,219,551	8/5/2021	9/30/2021	8778982	416,111	803,440
Ascension Via Christi Rehabilitation Hospital	Health Care Access Improvement Program Pool	3264	25,502	8/5/2021	9/30/2021	8778972	8,701	16,801
Bob Wilson Memorial Grant County Hospital	Health Care Access Improvement Program Pool	3264	64,751	8/5/2021	9/30/2021	8778844	22,093	42,658
Childrens Mercy South	Health Care Access Improvement Program Pool	3264	189,217	8/5/2021	9/30/2021	8778810	64,561	124,656
Coffeyville Regional Medical Center Inc	Health Care Access Improvement Program Pool	3264	88,887	8/5/2021	9/30/2021	8778983	30,328	58,559
Doctors Hospital Llc	Health Care Access Improvement Program Pool	3264	10,217	8/5/2021	9/30/2021	5565547	3,486	6,731
Geary County Hospital	Health Care Access Improvement Program Pool	3264	99,810	8/5/2021	9/30/2021	5565555	34,055	65,755
Hays Medical Center	Health Care Access Improvement Program Pool	3264	192,637	8/5/2021	9/30/2021	8778853	65,728	126,909
Hutchinson Regional Medical Center Inc	Health Care Access Improvement Program Pool	3264	342,491	8/5/2021	9/30/2021	8778906	116,858	225,633
Kansas Heart Hospital Llc	Health Care Access Improvement Program Pool	3264	2,331	8/5/2021	9/30/2021	8779085	795	1,536
Kansas Medical Center Llc	Health Care Access Improvement Program Pool	3264	56,004	8/5/2021	9/30/2021	8778748	19,109	36,895
Kansas Rehabilitation Hospital	Health Care Access Improvement Program Pool	3264	12,018	8/5/2021	9/30/2021	8779045	4,101	7,917
Labette Co Med	Health Care Access Improvement Program Pool	3264	92,162	8/5/2021	9/30/2021	5565677	31,446	60,716
Lawrence Memorial Hospital	Health Care Access Improvement Program Pool	3264	312,420	8/5/2021	9/30/2021	8779029	106,598	205,822
Manhattan Surgical Hospital	Health Care Access Improvement Program Pool	3264	5,161	8/5/2021	9/30/2021	5565450	1,761	3,400
Mcperson Hospital Inc	Health Care Access Improvement Program Pool	3264	35,375	8/5/2021	9/30/2021	8778913	12,070	23,305
Menorah Medical Center	Health Care Access Improvement Program Pool	3264	208,344	8/5/2021	9/30/2021	8779019	71,087	137,257
Mercy Hospital Inc	Health Care Access Improvement Program Pool	3264	8,453	8/5/2021	9/30/2021	5565627	2,884	5,569
Miami County Medical Center Inc	Health Care Access Improvement Program Pool	3264	74,037	8/5/2021	9/30/2021	5565462	25,261	48,776
Morton County Hospital	Health Care Access Improvement Program Pool	3264	21,616	8/5/2021	9/30/2021	8778917	7,375	14,241
NMC Health Medical Center	Health Care Access Improvement Program Pool	3264	174,941	8/5/2021	9/30/2021	8778955	59,690	115,251
Olathe Medical Center Inc	Health Care Access Improvement Program Pool	3264	509,300	8/5/2021	9/30/2021	5565464	173,773	335,527
Overland Park Reg Med Ctr	Health Care Access Improvement Program Pool	3264	794,251	8/5/2021	9/30/2021	8778812	270,998	523,253
Pratt Regional Medical Center Corporation	Health Care Access Improvement Program Pool	3264	49,547	8/5/2021	9/30/2021	8778958	16,905	32,642
Providence Medical Center	Health Care Access Improvement Program Pool	3264	414,177	8/5/2021	9/30/2021	5565492	141,317	272,860
Saint John Hospital	Health Care Access Improvement Program Pool	3264	86,073	8/5/2021	9/30/2021	5565489	29,368	56,705
Saint Lukes South Hospital Inc	Health Care Access Improvement Program Pool	3264	89,805	8/5/2021	9/30/2021	8778998	30,641	59,164
Salina Regional Health Center	Health Care Access Improvement Program Pool	3264	282,822	8/5/2021	9/30/2021	8778977	96,499	186,323
Shawnee Mission Medical Center Inc	Health Care Access Improvement Program Pool	3264	937,326	8/5/2021	9/30/2021	8778873	319,816	617,510
South Central Kansas Regional Medical Center	Health Care Access Improvement Program Pool	3264	71,244	8/5/2021	9/30/2021	8778941	24,308	46,936
Southwest Medical Center	Health Care Access Improvement Program Pool	3264	112,610	8/5/2021	9/30/2021	8777852	38,423	74,187
St Catherine Hospital	Health Care Access Improvement Program Pool	3264	187,579	8/5/2021	9/30/2021	8778842	64,002	123,577
Stormont Vail Health Care Inc	Health Care Access Improvement Program Pool	3264	524,241	8/5/2021	9/30/2021	8778849	178,871	345,370

1115 Waiver- Safety Net Care Pool Report
Demonstration Year 9 - Quarter Three
Health Care Access Improvement Pool
Paid Date 8/5/2021

Provider Name	Program Name	Program ID	Amount	Payment Date	Liability Date	Warrant number	Provider Access Fund 2443	Federal Medicaid Fund 3414
Susan B Allen Memorial Hospital	Health Care Access Improvement Program Pool	3264	111,416	8/5/2021	9/30/2021	8778867	38,015	73,401
The University Of Kansas Health System Great Bend	Health Care Access Improvement Program Pool	3264	105,774	8/5/2021	9/30/2021	8779136	36,090	69,684
Topeka Hospital Llc D/B/A The University Of Kansas	Health Care Access Improvement Program Pool	3264	431,551	8/5/2021	9/30/2021	8779134	147,245	284,306
Wesley Medical Center	Health Care Access Improvement Program Pool	3264	1,400,381	8/5/2021	9/30/2021	8779049	477,810	922,571
Wesley Rehabilitation Hospital	Health Care Access Improvement Program Pool	3264	9,248	8/5/2021	9/30/2021	8778768	3,155	6,093
Western Plains Medical Complex	Health Care Access Improvement Program Pool	3264	134,585	8/5/2021	9/30/2021	8778764	45,920	88,665
Total			10,206,311.00					

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

Aetna YTD Cumulative Claims					
Service Type	Total Count	Total Count Value	Total Denied	Total Denied Value	Percent Claims Denied
Hospital Inpatient	17,636	\$1,060,849,796	3,653	\$342,182,048	20.71%
Hospital Outpatient	189,987	\$687,373,523	34,809	\$138,407,453	18.32%
Pharmacy	1,553,223	\$123,825,302	449,683	\$1,275,131	28.95%
Dental	88,349	\$35,398,008	13,154	\$5,126,796	14.89%
Vision	6,982	\$1,759,758	555	\$147,987	7.95%
NEMT	64,837	\$3,083,782	167	\$9,662	0.26%
Medical	1,109,318	\$649,419,100	167,313	\$152,533,405	15.08%
Nursing Facilities	57,582	\$154,534,273	4,559	\$16,004,647	7.92%
HCBS	253,193	\$122,508,579	13,597	\$8,349,754	5.37%
Behavioral Health	169,256	\$88,311,991	6,660	\$8,989,688	3.93%
Total All Services	3,510,363	\$2,927,064,111	694,150	\$673,026,572	19.77%

Sunflower YTD Cumulative Claims					
Service Type	Total Count	Total Count Value	Total Denied	Total Denied Value	Percent Claims Denied
Hospital Inpatient	26,985	\$1,702,897,378	6,498	\$532,560,968	24.08%
Hospital Outpatient	277,514	\$874,511,557	30,328	\$145,986,413	10.93%
Pharmacy	1,438,063	\$160,909,561	350,757	\$72,780,322	24.39%
Dental	127,207	\$51,220,720	11,620	\$3,750,890	9.13%
Vision	79,097	\$23,591,605	9,788	\$3,144,159	12.37%
NEMT	84,893	\$2,602,661	776	\$14,251	0.91%
Medical	1,357,460	\$935,650,717	180,479	\$208,914,760	13.30%
Nursing Facilities	85,638	\$221,382,559	5,399	\$21,130,396	6.30%
HCBS	531,772	\$314,171,990	41,922	\$30,691,953	7.88%
Behavioral Health	583,610	\$122,555,259	47,038	\$15,315,285	8.06%
Total All Services	4,592,239	\$4,409,494,006	684,605	\$1,034,289,397	14.91%

United YTD Cumulative Claims					
Service Type	Total Count	Total Count Value	Total Denied	Total Denied Value	Percent Claims Denied
Hospital Inpatient	22,086	\$1,294,604,287	4,448	\$285,911,807	20.14%
Hospital Outpatient	281,831	\$991,107,115	58,140	\$217,803,018	20.63%
Pharmacy	1,449,916	\$188,362,078	289,697	\$67,274,758	19.98%
Dental	135,739	\$56,259,684	20,796	\$8,807,452	15.32%
Vision	63,895	\$15,723,312	7,587	\$1,824,191	11.87%
NEMT	87,636	\$3,093,423	793	\$17,102	0.90%
Medical	1,393,401	\$977,120,560	246,232	\$296,355,022	17.67%
Nursing Facilities	85,994	\$262,657,323	10,515	\$33,643,142	12.23%
HCBS	426,129	\$201,340,406	14,315	\$9,888,531	3.36%
Behavioral Health	579,907	\$164,192,981	34,687	\$23,138,802	5.98%
Total All Services	4,526,534	\$4,154,461,169	687,210	\$944,663,824	15.18%