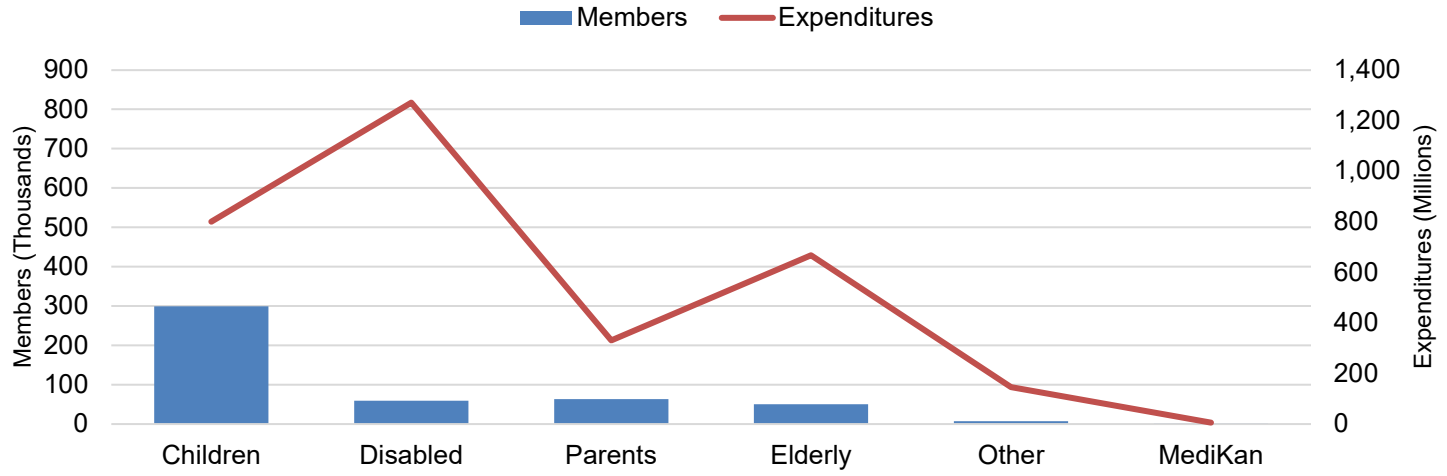


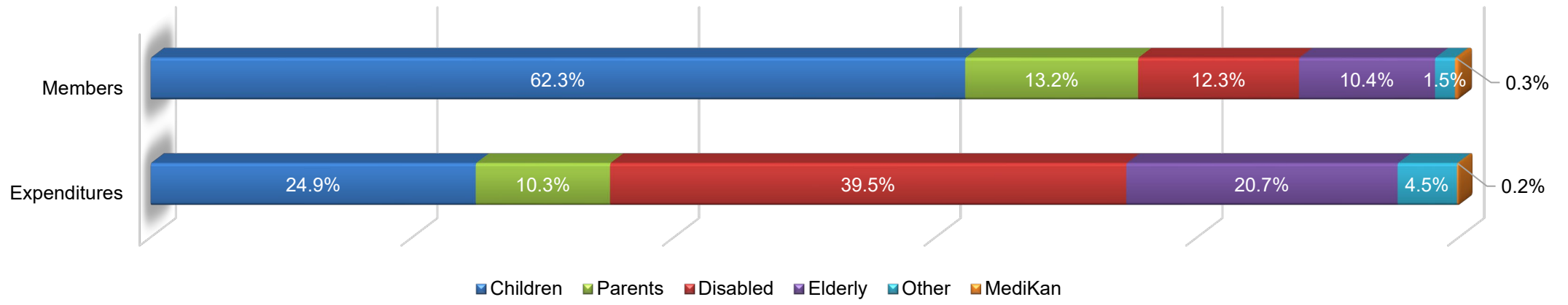


# KanCare Executive Summary Q3 2021

# **KanCare Members, Expenditures, & Capitation Payments**



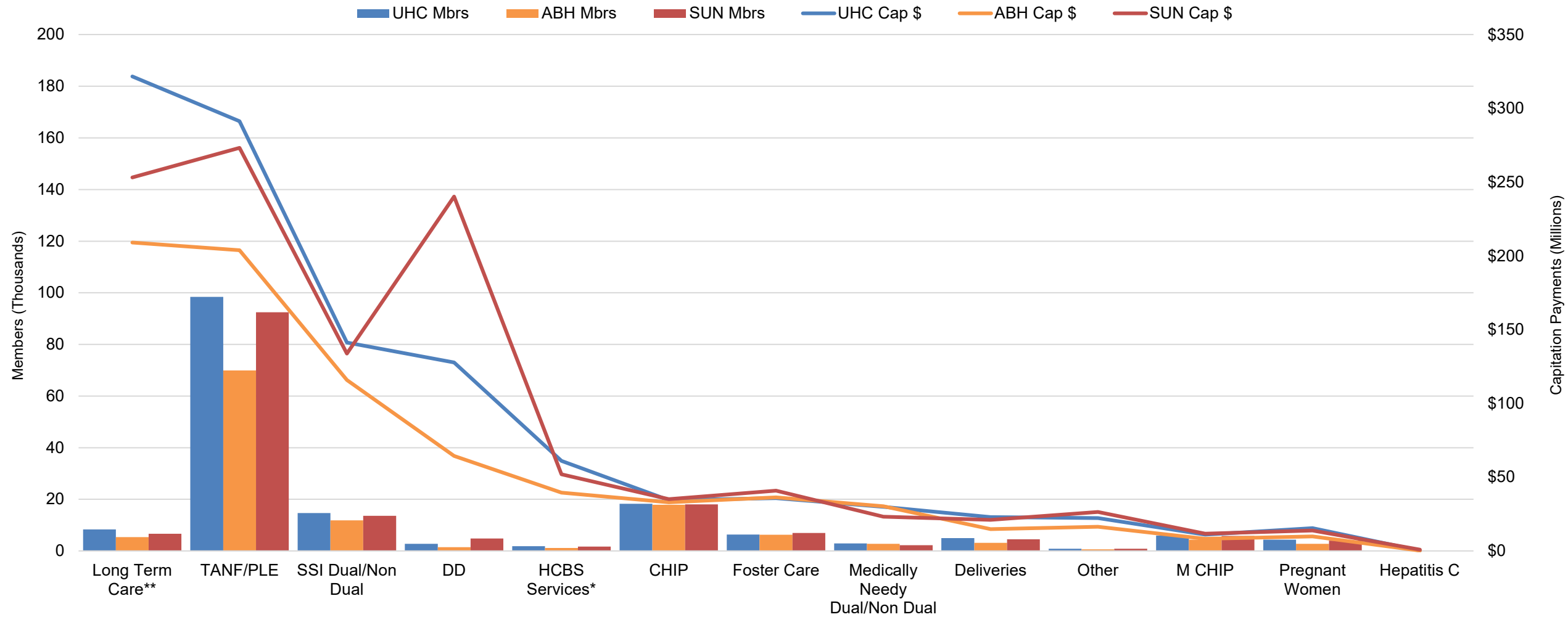
	Percentage of Totals	
	Members	Expenditures
Children	62.3%	24.9%
Parents	13.2%	10.3%
Disabled	12.3%	39.5%
Elderly	10.4%	20.7%
Other	1.5%	4.5%
MediKan	0.3%	0.2%





# Members & Capitation Payments

Calendar Year 2021 YTD (January - September)



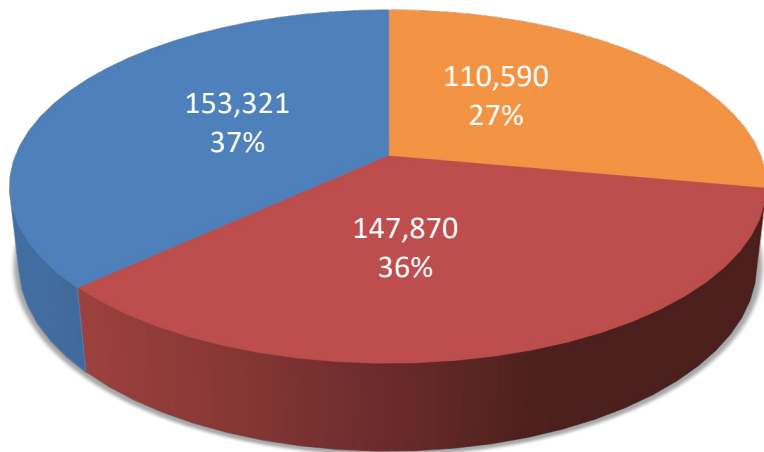
\*HCBS Services include the Autism, Severe Emotional Disturbance, Technology Assisted, and Traumatic Brain Injury Waivers

\*\*Long Term Care includes Nursing Facilities, as well as the Physically Disabled and Frail/Elderly HCBS Waivers

# Total Members by MCO

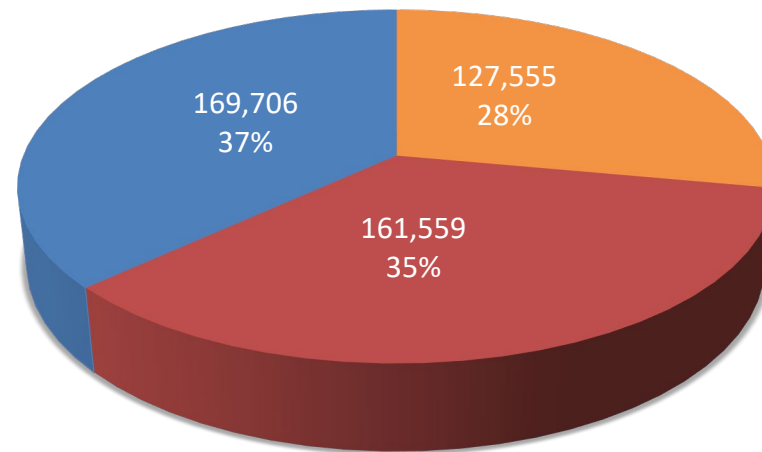
Comparison: Calendar Year 2020 Year-End & 2021 YTD (January - September)

**2020 Year-End**  
411,781 Members Total



ABH SUN UHC

**2021 YTD (January - September)**  
458,820 Members Total



ABH SUN UHC

# KanCare Provider Network



# Provider Network

## Comparison: Previous Four Quarters

CY 2020 & 2021	Unique Providers/Locations			
	Unique Providers End of Q4 (12/31/2020)	Unique Providers End of Q1 (3/31/2021)	Unique Providers End of Q2 (6/30/2021)	Unique Providers End of Q3 (9/30/2021)
<b>Aetna</b>	42,617	45,106	45,115	45,284
<b>Sunflower</b>	39,670	41,676	40,878	41,931
<b>United</b>	46,278	44,069	43,754	44,490

The number of Unique Providers is the number of unique National Provider IDs (NPIs) or, where NPI is not available, the unique occurrences of a provider name and service location.

- Providers with a service location in multiple Kansas counties are only counted once per county.
- Providers of services received in the home are counted once for each county in which they are contracted to provide services.
- Providers with a service location in a border area are counted once for each state in which the service location is within 50 miles of the KS border. Out of state providers who are more than 50 miles from the KS border are not included.

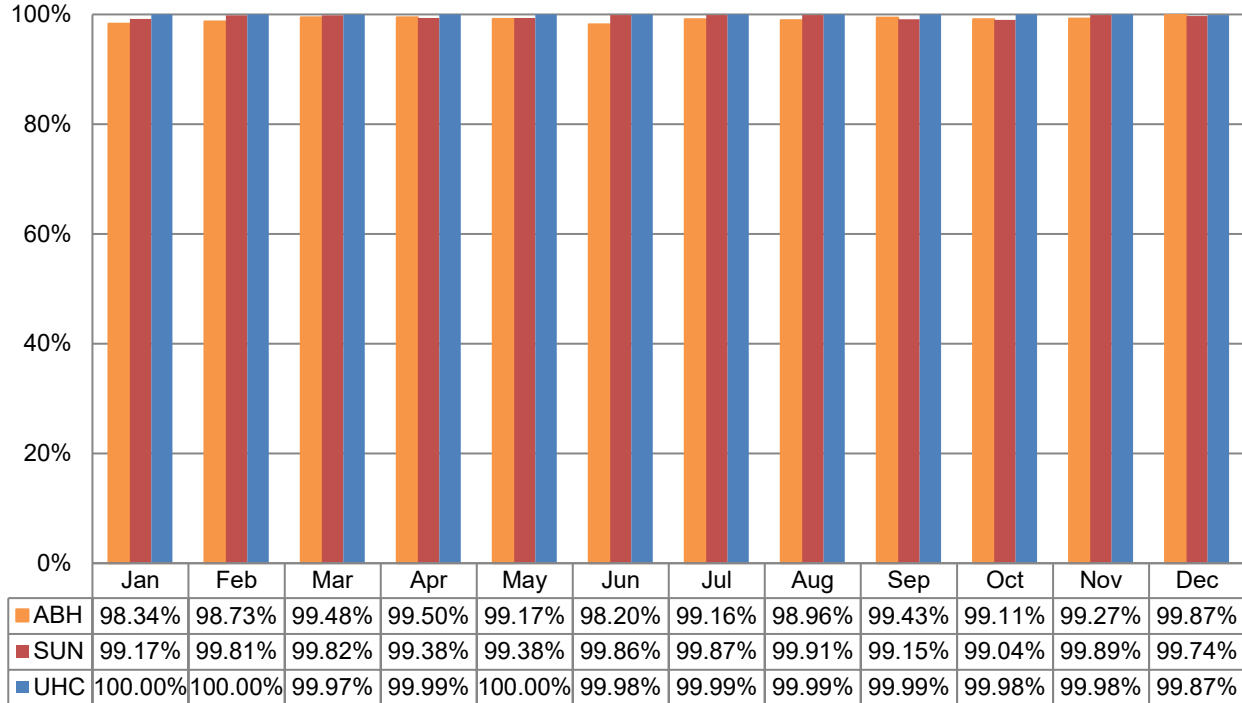
# KanCare Claims Overview



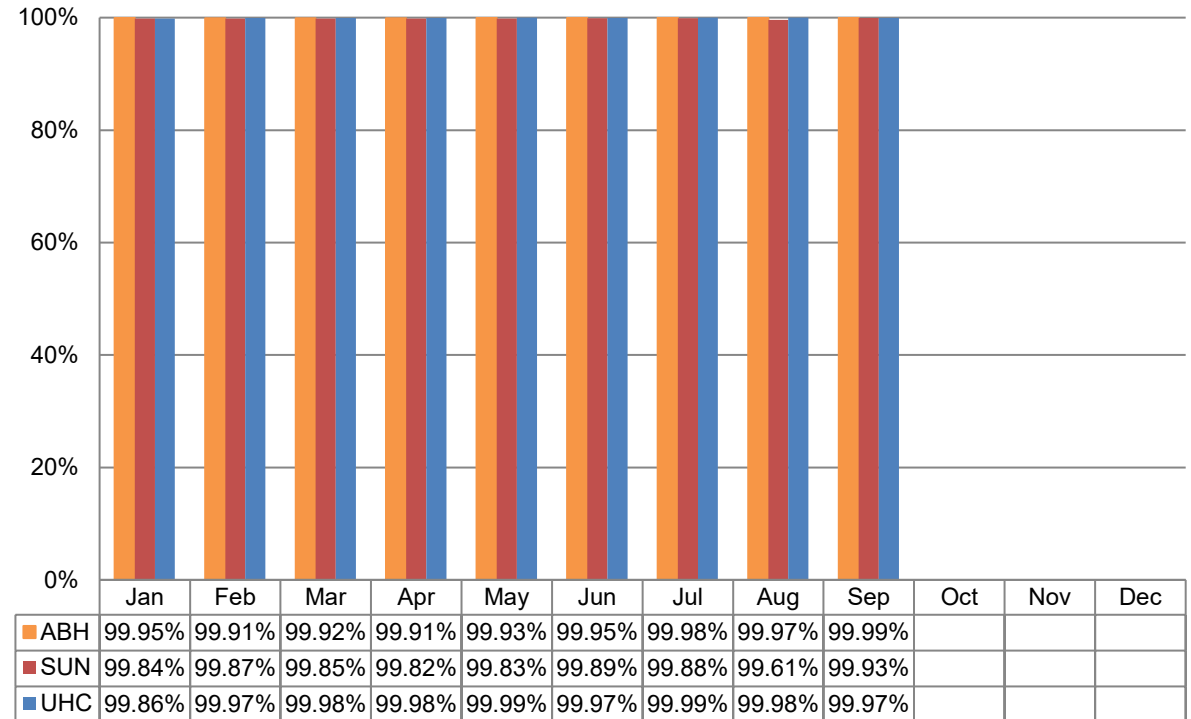


# 2020 & 2021 YTD: Clean Claims Processed Within 30 Days

## 2020 Clean Claims



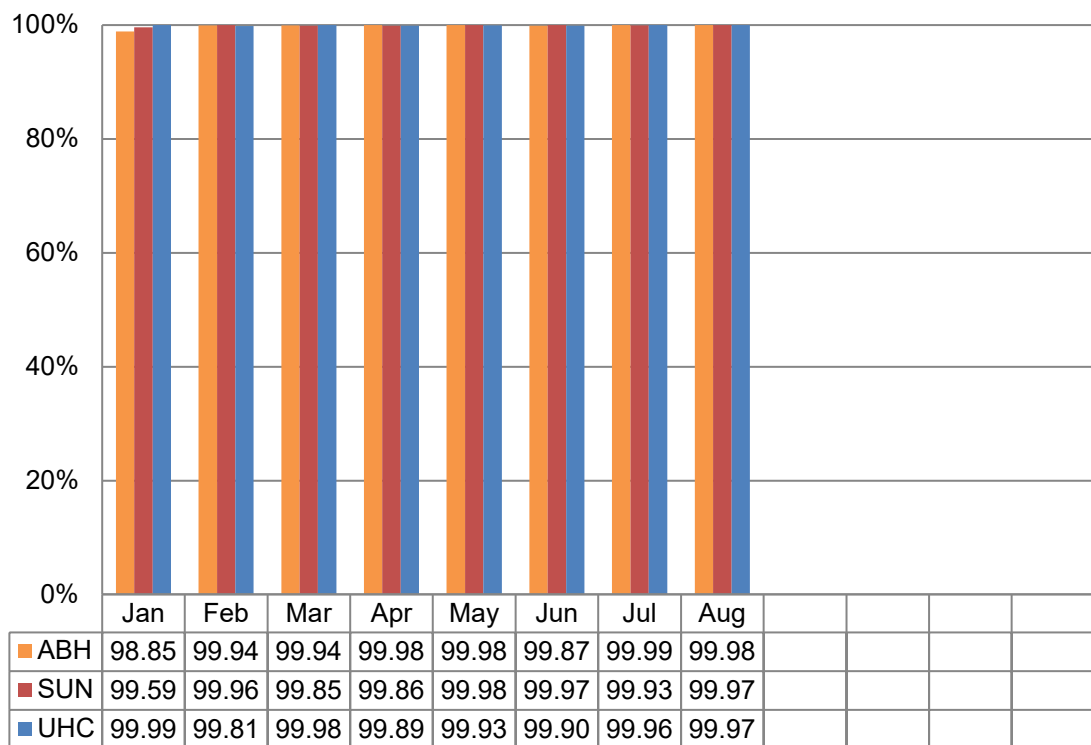
## 2021 YTD Clean Claims



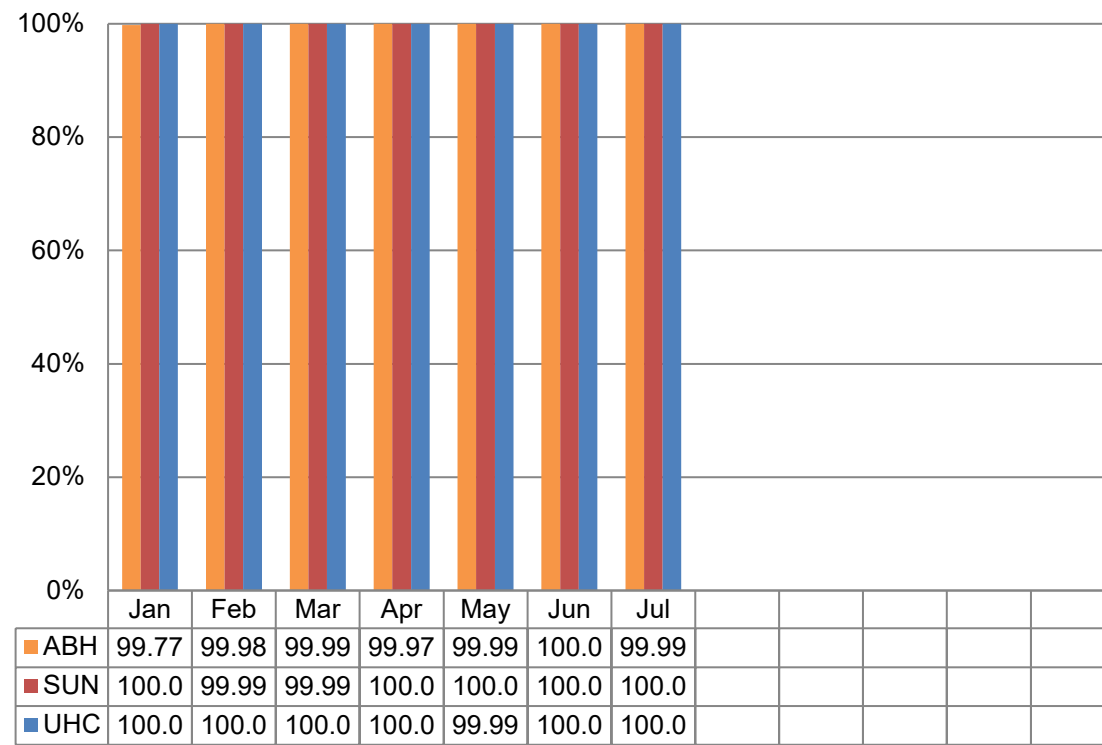
**The contract standard is 100% of clean claims will be processed within 30 days.** A clean claim is a claim that can be paid or denied with no additional intervention required. Clean claims do not include adjusted or corrected claims, claims that require documentation for processing (e.g., consent forms, medical records, etc.), claims from new out-of-network providers, or claims where a plan's updated policy changes were not received by the state at least 30 days before the effective date.

# 2021: Claims Processed Within 60-90 Calendar Days

## 2021 Processed in ≤ 60 Days



## 2021 Processed in ≤ 90 Days



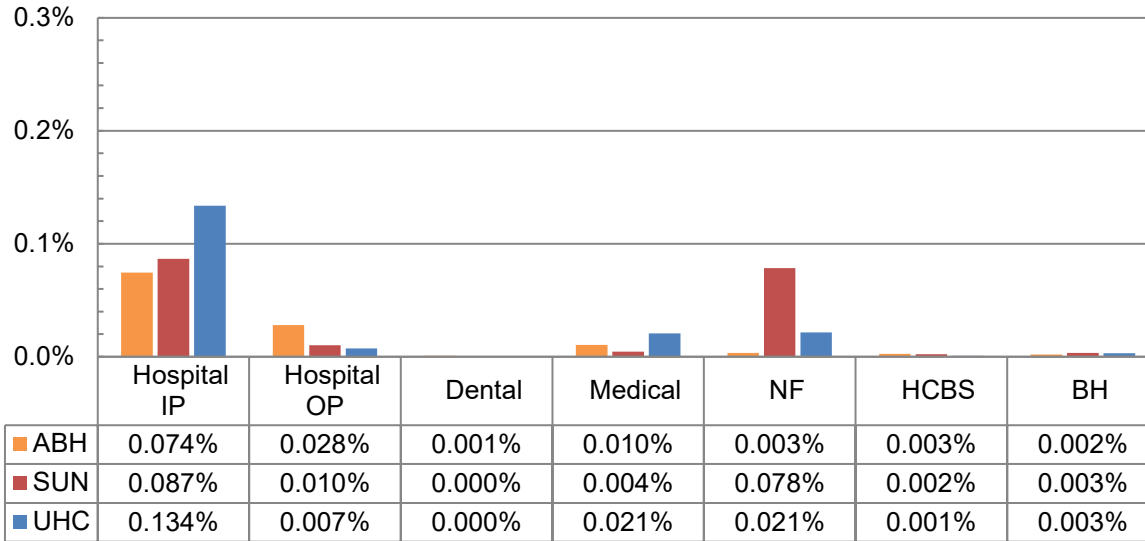
The contract standard is 100% of clean claims will be processed within 30 days; 99% of non-clean claims will be processed within 60 calendar days; and 100% of non-clean claims will be processed within 90 calendar days.



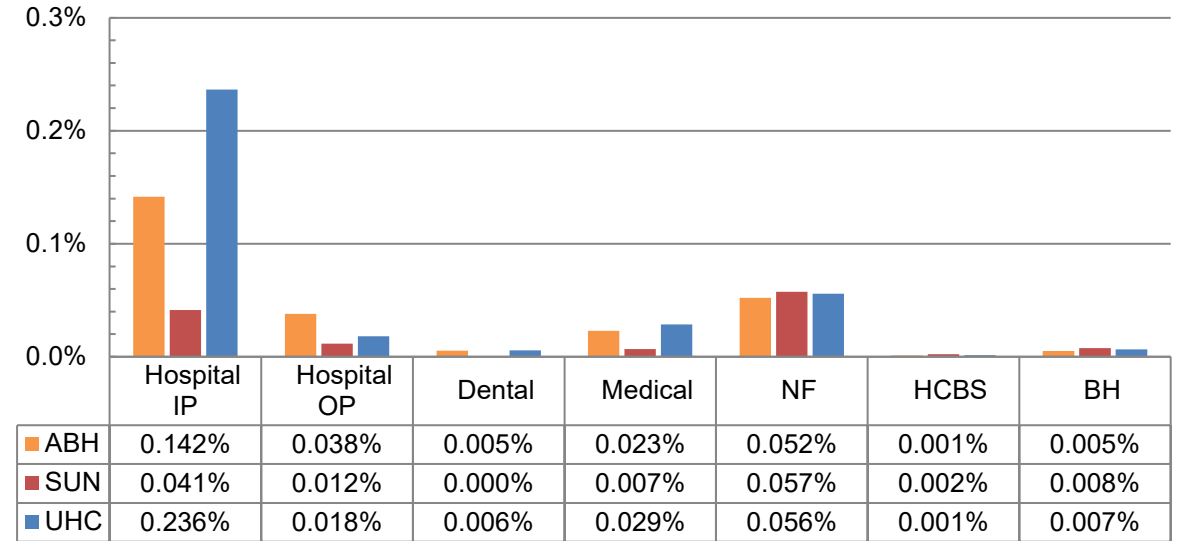
# Percent of Claims Adjusted More Than 3 Times

Comparison: YTD 2020 & 2021 (January – September)

CY 2020 (January - September)



CY 2021 (January - September)



**Purpose of Reports:** To review payment accuracy, year over year

**Methodology:** To monitor the frequency of claims adjustments by MCO and claim-type (Total Claims Adjusted/Total Claims Processed)

Vision and NEMT had no claims adjustments during both calendar years, through September. Pharmacy claims are processed as point-of-sale, so adjustments are not reported for those claims.



# Processed & Denied Claims Table

Cumulative YTD 2021 (January – September)

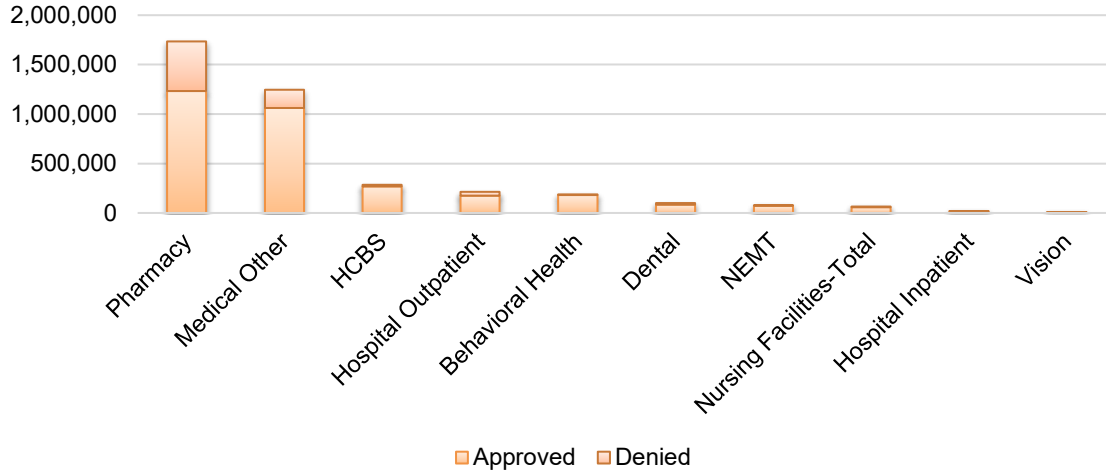
Service Type	Count of Processed Claims			% of Total Services by MCO		
	ABH	SUN	UHC	ABH	SUN	UHC
Pharmacy	1,733,075	1,598,710	1,615,489	44.10%	31.29%	31.96%
Medical Other	1,244,814	1,511,254	1,561,871	31.68%	29.58%	30.90%
HCBS	283,864	590,939	475,520	7.22%	11.57%	9.41%
Hospital Outpatient	213,580	307,710	315,102	5.44%	6.02%	6.23%
Behavioral Health	187,996	650,548	644,575	4.78%	12.73%	12.75%
Dental	100,922	140,734	150,482	2.57%	2.75%	2.98%
NEMT	73,607	97,816	99,200	1.87%	1.91%	1.96%
Nursing Facilities-Total	63,983	93,504	96,006	1.63%	1.83%	1.90%
Hospital Inpatient	19,702	30,087	24,464	0.50%	0.59%	0.48%
Vision	7,929	87,805	71,444	0.20%	1.72%	1.41%
<b>Total</b>	<b>3,929,472</b>	<b>5,109,107</b>	<b>5,054,153</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>

Service Type	Count of Denied Claims			% of Total Denied Claims by Service Type		
	ABH	SUN	UHC	ABH	SUN	UHC
Pharmacy	501,792	389,123	325,032	65.00%	50.74%	42.15%
Medical Other	184,993	201,470	276,988	23.96%	26.27%	35.92%
Hospital Outpatient	38,666	33,842	65,602	5.01%	4.41%	8.51%
Dental	15,119	12,659	22,978	1.96%	1.65%	2.98%
HCBS	14,494	51,243	15,896	1.88%	6.68%	2.06%
Behavioral Health	7,090	53,611	38,402	0.92%	6.99%	4.98%
Nursing Facilities-Total	4,906	5,943	11,738	0.64%	0.77%	1.52%
Hospital Inpatient	4,051	7,276	5,023	0.52%	0.95%	0.65%
Vision	630	10,869	8,665	0.08%	1.42%	1.12%
NEMT	217	838	867	0.03%	0.11%	0.11%
<b>Total</b>	<b>771,958</b>	<b>766,874</b>	<b>771,191</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>

# Portion of Denied Claims to Total Claims

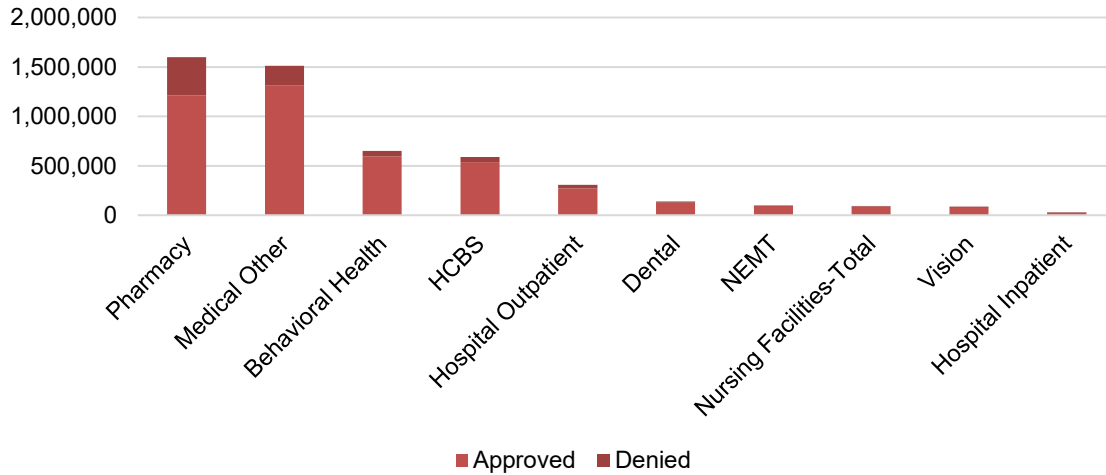
Cumulative YTD 2021 (January – September)

### Aetna

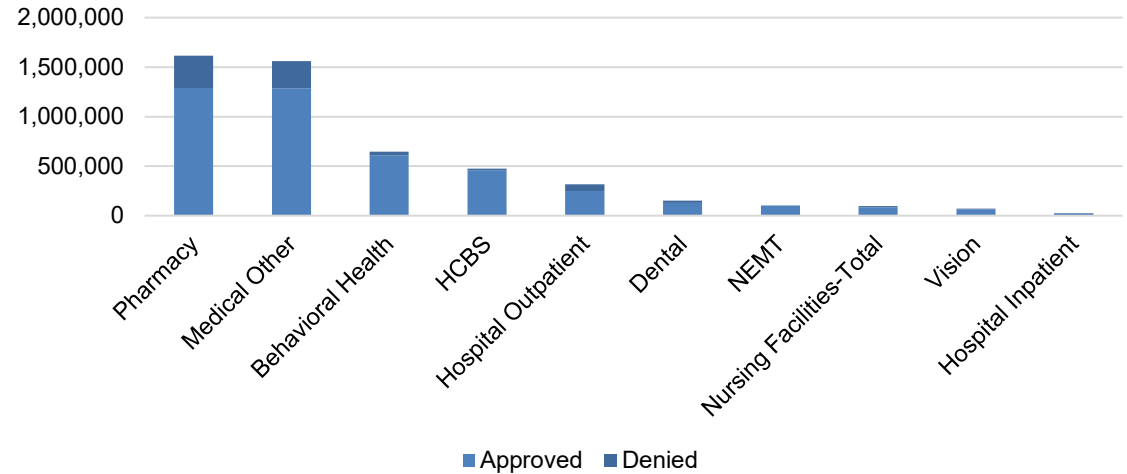


Pharmacy has the highest percentage of denied claims across the program because it is a point-of-sale service.

### Sunflower



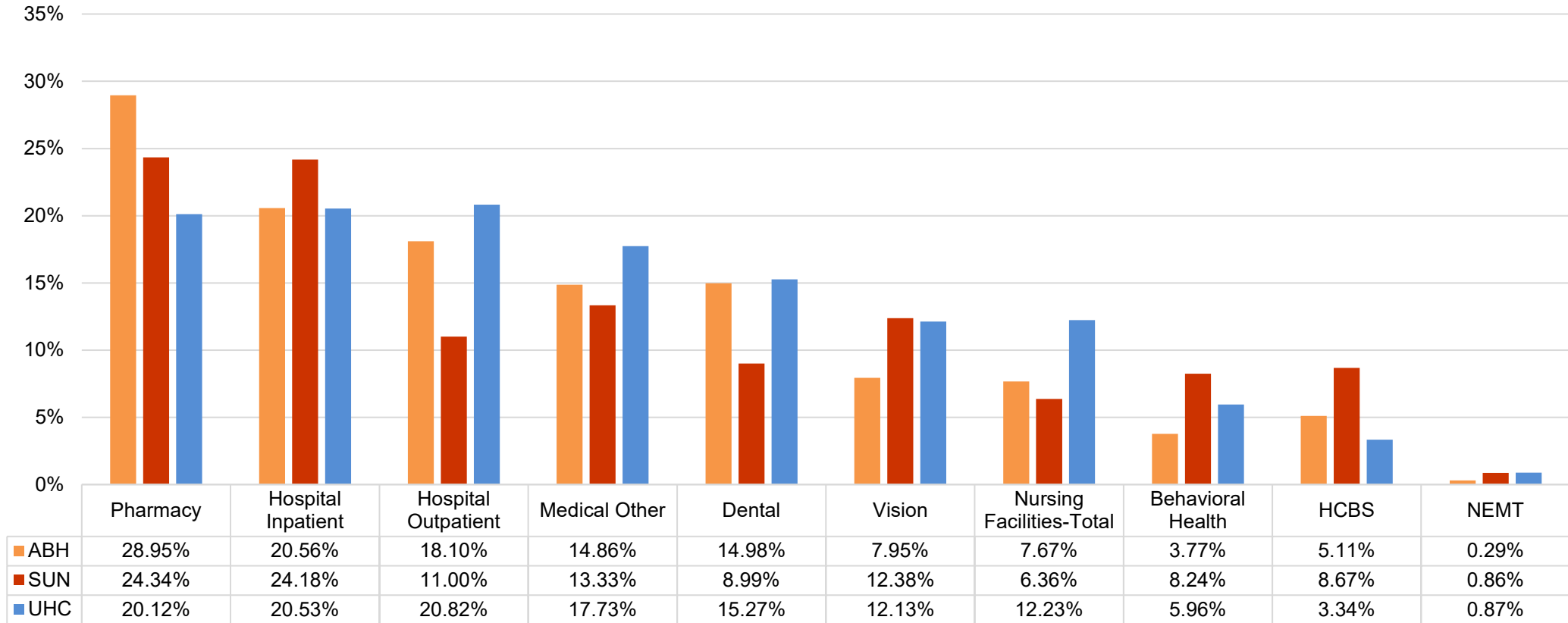
### UnitedHealthcare



# Percentage of All Claims Denied by Service Type

Cumulative YTD 2021 (January – September)

Percentage of All Claims Denied by Service Type

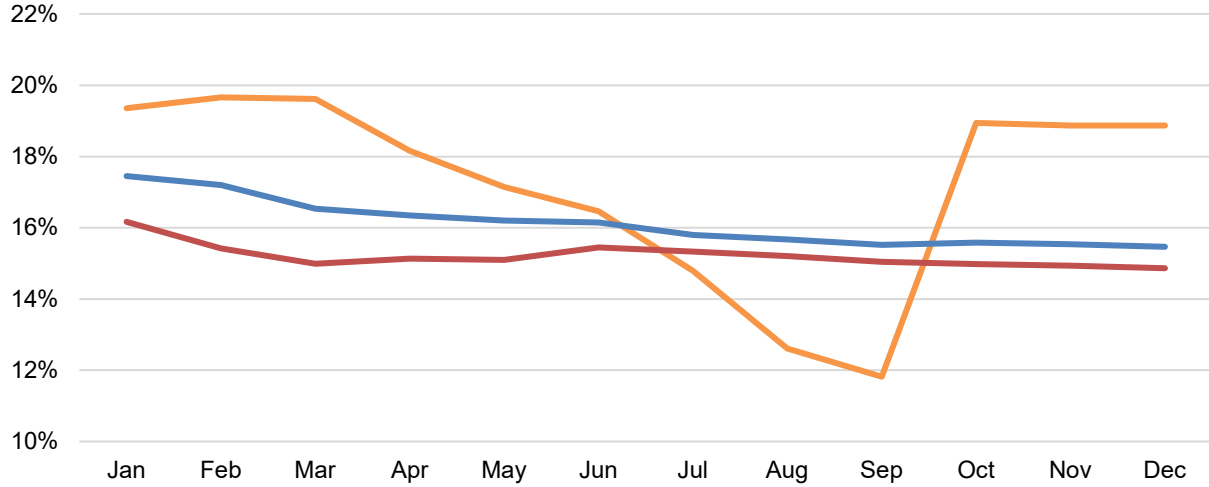




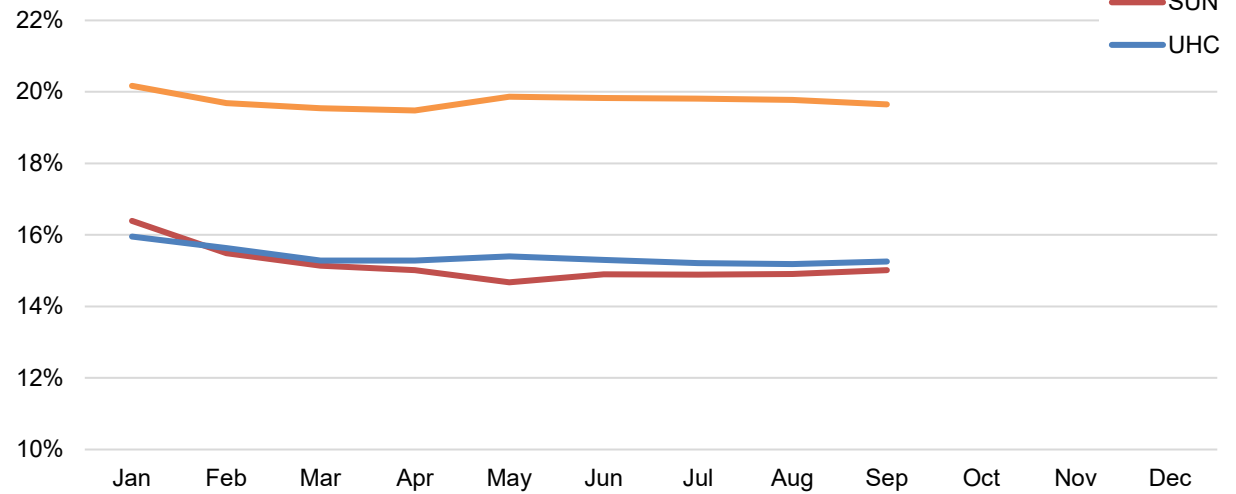
# Denied Claims, Cumulative by Year

Comparison: 2020 Year-End & 2021 YTD (January - September)

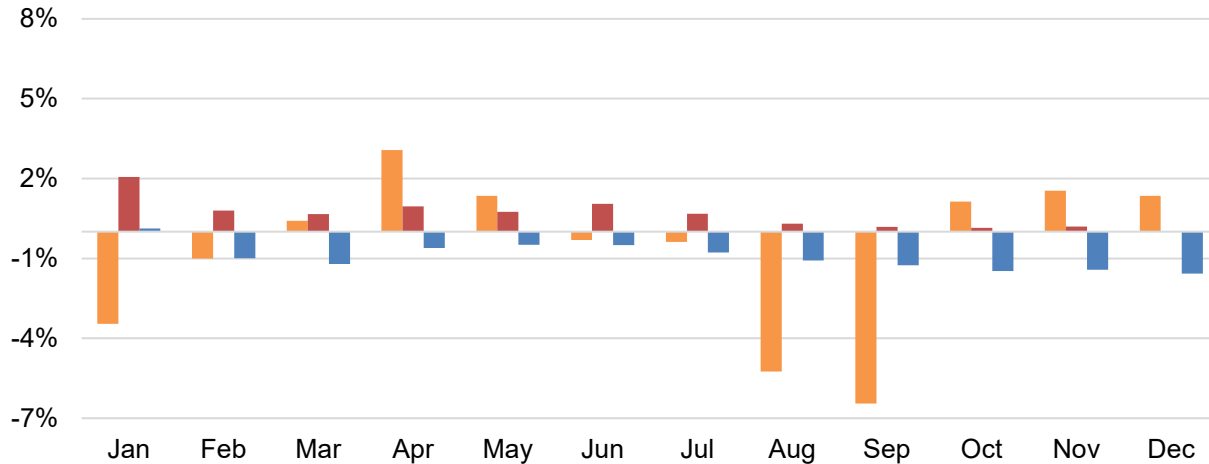
Percentage of Cumulative Denied Claims 2020



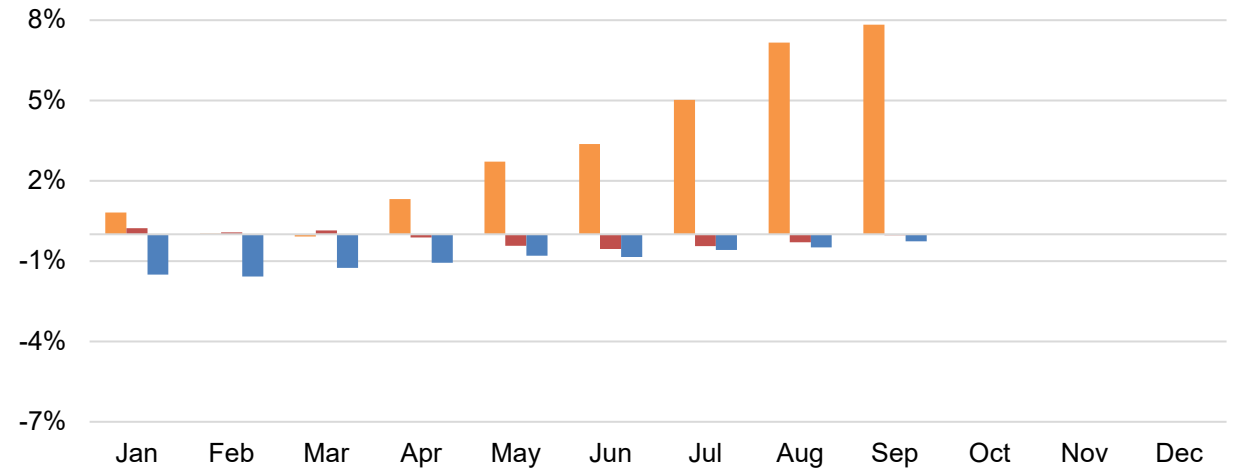
Percentage of Cumulative Denied Claims 2021 YTD



Percent Point Change, Year Over Year 2019 & 2020



Percent Point Change, Year Over Year (2020 & 2021)



## **MCO Value Added Services & In Lieu Of Services**





# Top Ten MCO Value Added Services

## YTD 2021 (January - September)

Aetna				Sunflower				United			
VAS Type	Members YTD	Total Units YTD	Total Value YTD	VAS Type	Members YTD	Total Units YTD	Total Value YTD	VAS Type	Members YTD	Total Units YTD	Total Value YTD
Adult Dental	3,492	4,608	\$687,024	My Health Pays	78,043	78,043	\$827,030	Adult Dental Services	5,355	5,355	\$452,179
Healthy Rewards Gift Card - Birth to Age 12 Exam	20,270	20,270	\$575,555	In-home telemonitoring: Service	1,091	1,091	\$272,750	Debit Card for Completing First Pre-Natal Visit	1,125	1,125	\$234,783
Healthy Rewards Gift Card - Diabetic Eye Exam	26,016	26,016	\$431,247	Comprehensive Medication Review	5,921	7,767	\$224,238	Home Helper Catalog Supplies	2,042	2,042	\$100,599
Healthy Rewards Gift Card - Annual Flu Shot	15,272	15,272	\$217,638	Dental visits for adults	2,510	4,179	\$137,027	Healthy First Steps	510	510	\$61,200
Healthy Rewards Gift Card - Chlamydia Screen	5,913	5,913	\$170,891	NF-Community Transition Meals	390	888	\$99,010	Adult Dentures	44	44	\$55,615
Healthy Rewards Gift Card - Healthy Teen Exam	5,427	5,427	\$156,225	Start Smart for Your Baby®	2,095	2,095	\$58,973	UHC Health Rewards Program	2,458	2,458	\$28,110
Transportation Services	742	2,415	\$139,681	Caregiving Collaborations - Assessment Assistance	332	1,325	\$47,303	Internet Access	519	519	\$27,077
OTC Medications and Supplies	3,237	6,573	\$116,928	Healthy Solutions for Life - Disease Management	9,544	9,544	\$19,088	On My Way (OMW) Program	0	0	\$8,500
Healthy Rewards Gift Card - Diabetic HbA1C	3,859	3,859	\$114,899	NF-Community Transition	16	20	\$16,327	Seeking Safety Training Events	0	0	\$4,025
Dentures	49	58	\$95,553	Boys & Girls Clubs	270	270	\$13,500	Mental Health First Aid Program	0	0	\$2,875
Other Value Added Services	18,594	20,554	\$377,303	Other Value Added Services	8,585	8,647	\$50,420	Other Value Added Services	15	16	\$2,328
<b>TOTAL</b>	<b>102,871</b>	<b>110,965</b>	<b>\$3,082,943</b>	<b>TOTAL</b>	<b>108,797</b>	<b>113,869</b>	<b>\$1,765,666</b>	<b>TOTAL</b>	<b>12,068</b>	<b>12,069</b>	<b>\$977,291</b>
<hr/>				<hr/>				<hr/>			
<b>KanCare Grand Total</b>	<b>223,736</b>	<b>236,903</b>	<b>\$5,825,900</b>								



# MCO In Lieu of Services

YTD 2021 (January - September)

<b>Additional Medicaid covered services</b> beyond existing limitations, including personal care services, sleep cycle support, home modifications, equipment, assisted services, etc.
<b>Non-covered services</b> , including PET scans, CPAP equipment, sleep cycle support, home health, private nurse, or more intensive physical or behavioral health services/nursing facility services
<b>Totals</b>

<b>Aetna</b>		
Unduplicated Members	Value of Service Provided	Value of Cost Avoided
171	\$1,049,704	\$4,009,695
439	\$1,021,877	\$18,993,000
<b>602</b>	<b>\$2,071,581</b>	<b>\$23,002,695</b>

<b>Sunflower</b>		
Unduplicated Members	Value of Service Provided	Value of Cost Avoided
68	\$218,850	\$1,308,568
238	\$153,737	\$8,409,780
<b>305</b>	<b>\$372,587</b>	<b>\$9,718,348</b>

<b>United</b>		
Unduplicated Members	Value of Service Provided	Value of Cost Avoided
423	\$1,084,074	\$2,264,000
366	\$1,277,044	\$4,096,228
<b>782</b>	<b>\$2,361,118</b>	<b>\$6,360,228</b>

**In Lieu of Services YTD Total 2021**

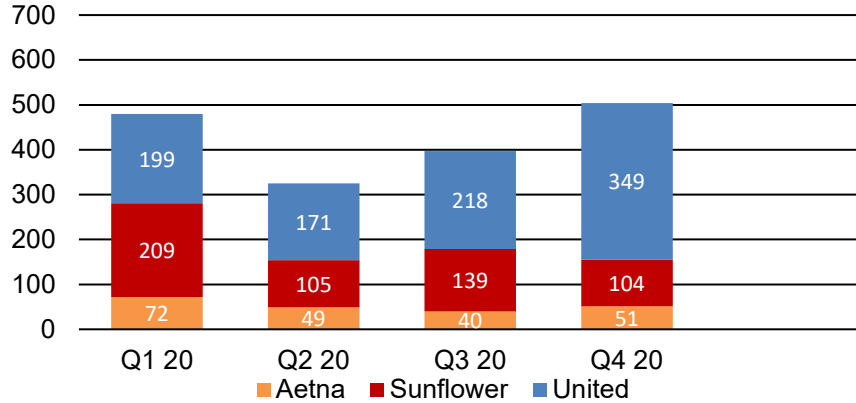
Unduplicated Members	Value of Service Provided	Value of Services Avoided
<b>1,689</b>	<b>\$4,805,286</b>	<b>\$39,081,271</b>

## **KanCare Grievances & Appeals**

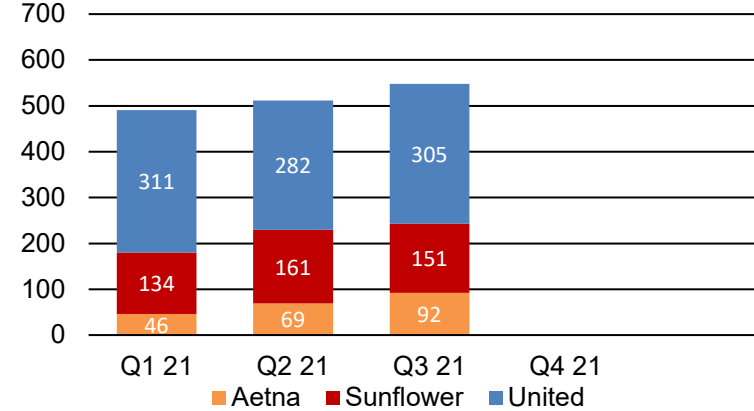
# Resolved Member Grievances

2021 YTD (January - September)

### Resolved Member Grievances 2020



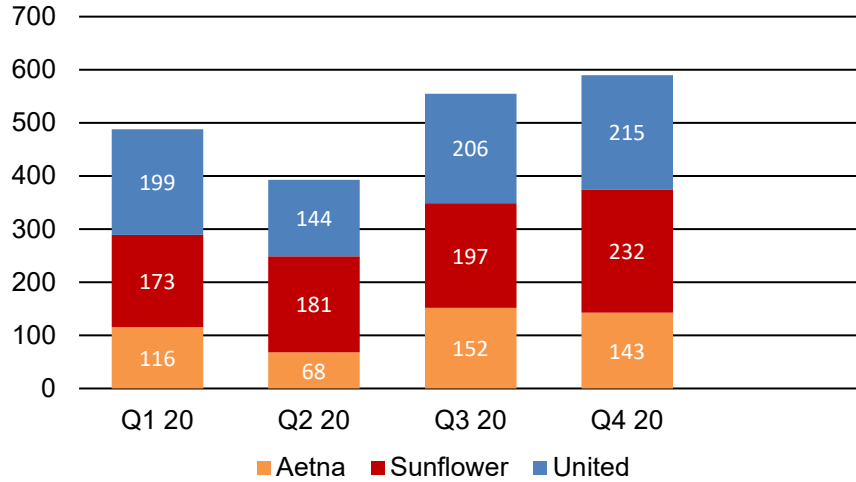
### Resolved Member Grievances 2021



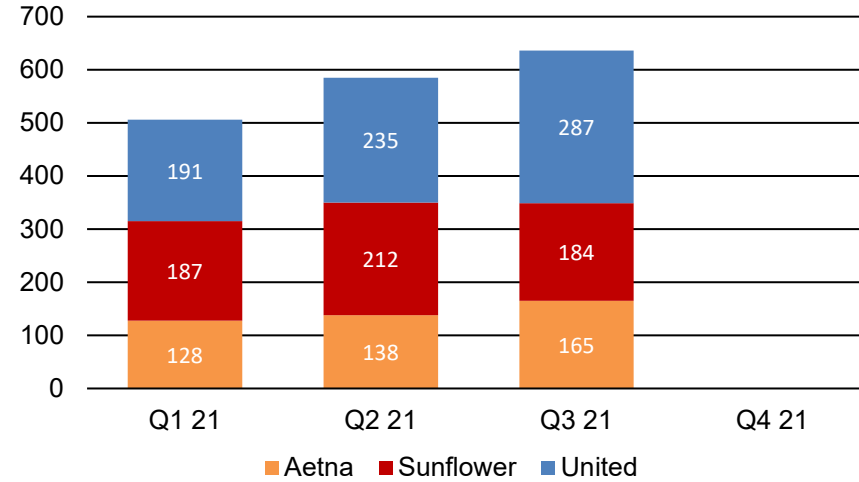
### 2021 3rd Qtr. Member Grievance Top 5 Trends

Aetna		Sunflower		United	
<b>Total # of Resolved Grievances</b>	92	<b>Total # of Resolved Grievances</b>	151	<b>Total # of Resolved Grievances</b>	305
Trend 1: Transportation – Other	17%	Trend 1: Transportation – Other	19%	Trend 1: Billing/Financial Issues (non-transportation)	24%
Trend 2: Quality of Care (non HCBS Providers)	12%	Trend 2: Transportation – No Show	17%	Trend 2: Transportation – No Show	18%
Trend 3: Customer Service	12%	Trend 3: Transportation – Late	17%	Trend 3: Transportation - Other	16%
Trend 4: Access to Service or Care	12%	Trend 4: Quality of Care (non HCBS Providers)	14%	Trend 4: Transportation – Late	9%
Trend 5: Transportation – Late & Billing/Financial Issues (non-Transportation)	12%	Trend 5: Access to Service or Care	11%	Trend 5: Quality of Care (non HCBS Providers)	8%

## Resolved Member Appeals 2020



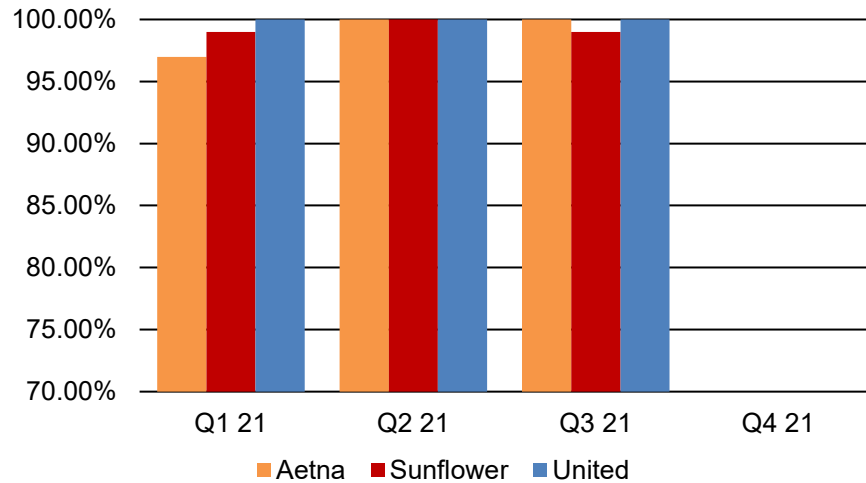
## Resolved Member Appeals 2021



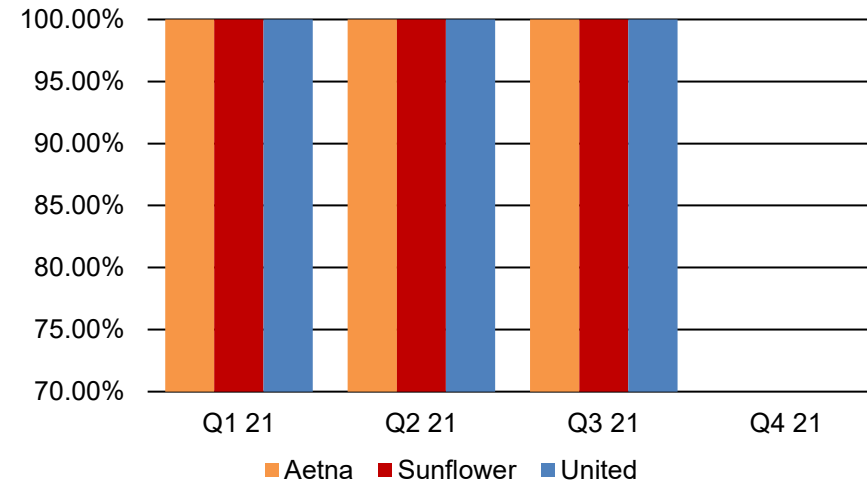
### 2021 3rd Qtr. Member Appeals Top 5

Aetna		Sunflower		United	
Total # of Resolved Member Appeals	165	Total # of Resolved Member Appeals	184	Total # of Resolved Member Appeals	287
1: Criteria Not Met – Pharmacy	33%	1: Criteria Not Met – Radiology	28%	1: Criteria Not Met – Pharmacy	49%
2: Criteria Not Met– Radiology	20%	2: Criteria Not Met – Pharmacy	28%	2: Criteria Not Met - Inpatient Admissions (Non-Behavioral Health)	16%
3: Criteria Not Met – Medical Procedure	12%	3: Criteria Not Met – Other	10%	3: Criteria Not Met – Dental	10%
4: Criteria Not Met – Inpatient Behavioral Health	7%	4: Criteria Not Met – Medical Procedure	8%	4: Criteria Not Met – Durable Medical Equipment	7%
5: Criteria Not Met – Durable Medical Equipment	6%	5: Criteria Not Met – PT/OT/ST	7%	5: Criteria Not Met – Medical Procedure	7%

### Resolved Within 30 Calendar Days 2021 (Compliance is 98%)



### Resolved Within 60 Calendar Days 2021 (Compliance is 100%)



2021 3rd Qtr. Provider Appeals Top 5

Aetna		Sunflower		United	
<b>Total # of Resolved Provider Appeals</b>	474	<b>Total # of Resolved Provider Appeals</b>	1,559	<b>Total # of Resolved Provider Appeals</b>	1,339
1: Claim Payment Denied – Medical (Physical Health not Otherwise Specified)	43%	1: Claim Payment Denied – Medical (Physical Health not Otherwise Specified)	30%	1: Claim Payment Denied – Hospital Inpatient (Non-Behavioral Health)	29%
2: Criteria Not Met – Laboratory	16%	2: Claim Payment Denied – Laboratory	20%	2: Claim Payment Denied – Laboratory	23%
3: Claim Payment Denied – Hospital Inpatient (Non-Behavioral Health)	9%	3: Claim Payment Denied – Hospital Inpatient (Non-Behavioral Health)	9%	3: Claim Payment Denied – Medical (Physical Health not Otherwise Specified)	13%
4: Claim Payment Denied – Hospital Outpatient (Non-Behavioral Health)	6%	4: Claim Payment Denied – Hospital Outpatient (Non-Behavioral Health)	9%	4: Claim Payment Denied – Hospital Outpatient (Non-Behavioral Health)	9%
5: Claim Payment Denied – Ambulance (Includes Air and Ground)	5%	5: Claim Payment Denied – Behavioral Health Outpatient and Physician	8%	5: Claim Payment Denied – Pharmacy	9%