

# KanCare Executive Summary Q4 2022



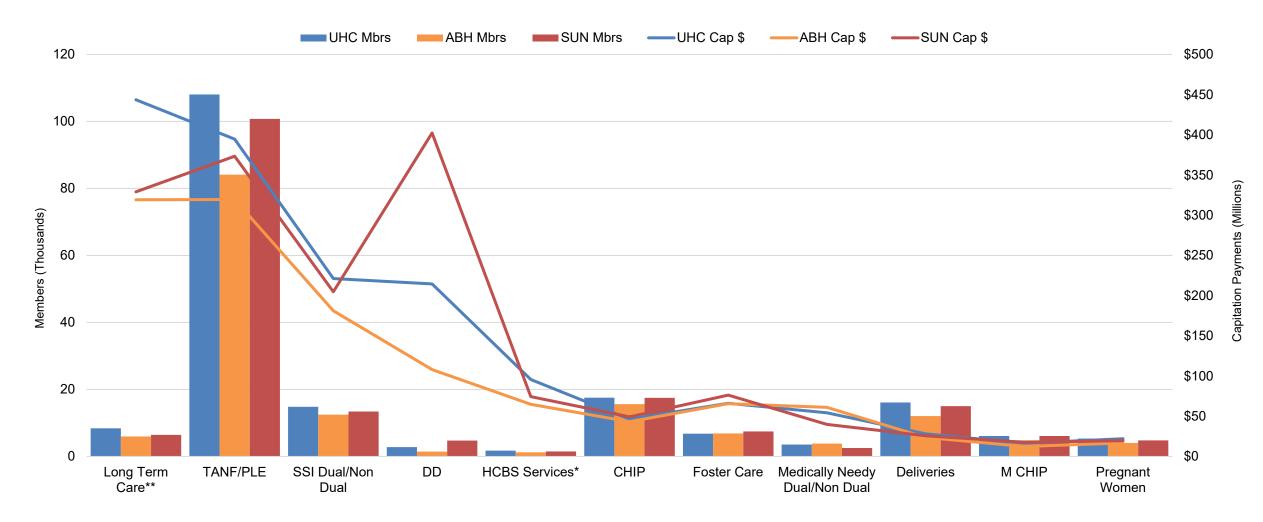
## KanCare Members, Expenditures & Capitation Payments





Children Parents Disabled Elderly Other MediKan

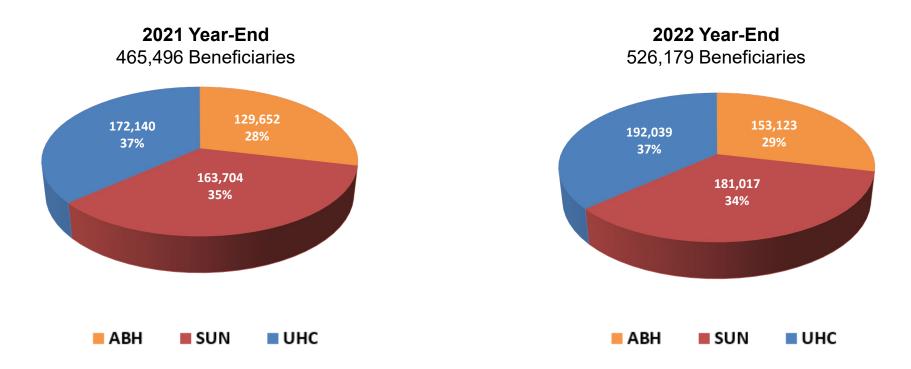




\*HCBS Services include the Autism, Severe Emotional Disturbance, Technology Assisted, and Traumatic Brain Injury Waivers \*\*Long Term Care includes Nursing Facilities, as well as the Physically Disabled and Frail/Elderly HCBS Waivers



- The count of eligible KanCare beneficiaries continues to increase.
  - As of January 1, there were 526,179 total MCO-enrolled beneficiaries.
  - UHC maintains 37% of MCO enrollment, with 192,039 beneficiaries.
  - Sunflower's beneficiaries account for 34% of enrollment; Aetna's account for 29% of enrollment.





### **KanCare Provider Network**



	Unique Providers & Service Locations										
KanCare MCO	KanCare MCO 2021 Q4 (as of 12/31/2021)		Unique Providers 2022 Q2 (as of 6/30/2022)	Unique Providers 2022 Q3 (as of 9/30/2022)							
Aetna	47,714	51,079	53,215	54,137							
Sunflower	36,332	39,654	37,286	41,283							
United	44,059	44,947	45,053	45,651							

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.

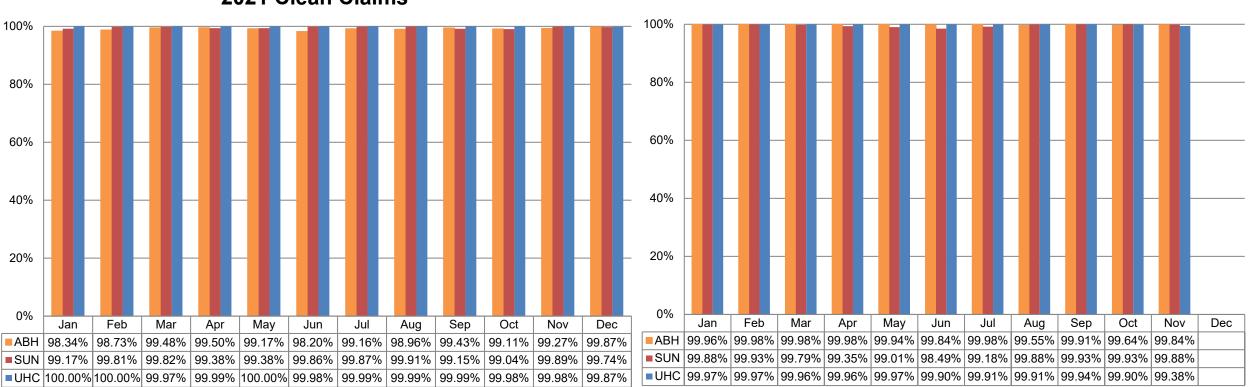
- Providers with a service location in multiple Kansas counties are only counted once per county.
- Providers of services received in the home are counted once for each county in which they are contracted to provide services.
- Providers with a service location in a border area are counted once for each 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**

### **Clean Claims Processed Within 30 Days** Jare

Comparison: 2021 & 2022

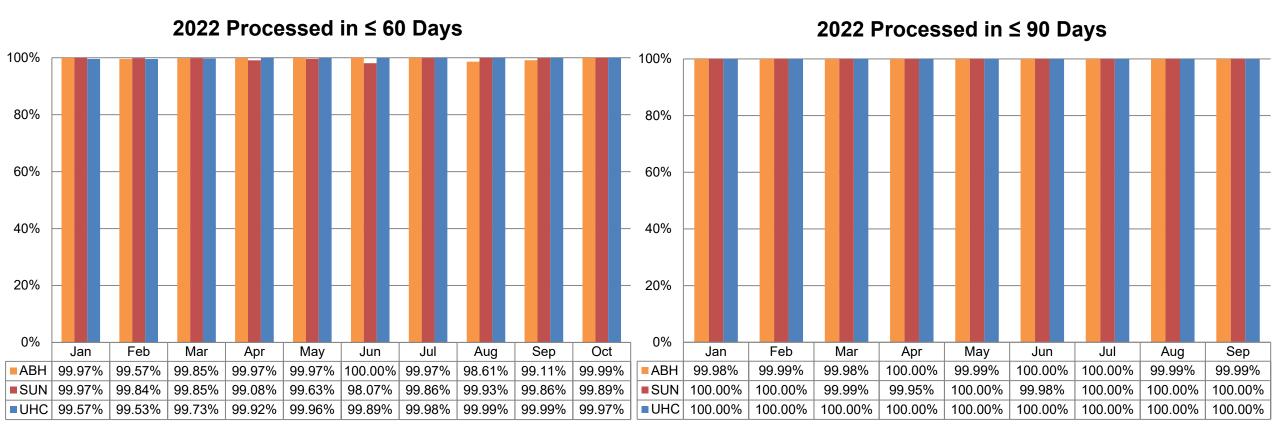


2021 Clean Claims

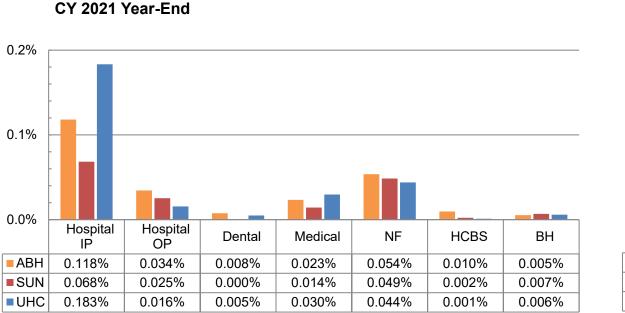
2022 YTD Clean Claims

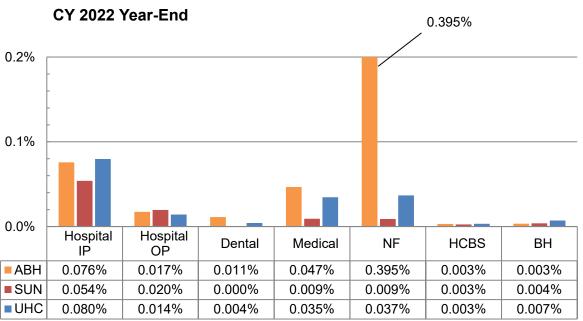
The contract standard is 100% of clean claims will be processed within 30 days. A clean claim is a claim that can be paid or denied with no additional intervention required. Clean claims do not include adjusted or corrected claims, claims that require documentation for processing (e.g., consent forms, 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.

# anCare Claims Processed Within 60-90 Calendar 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.





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

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

Pharmacy claims are processed as point-of-sale, so adjustments are not reported for those claims.



### **Processed & Denied Claims Table**

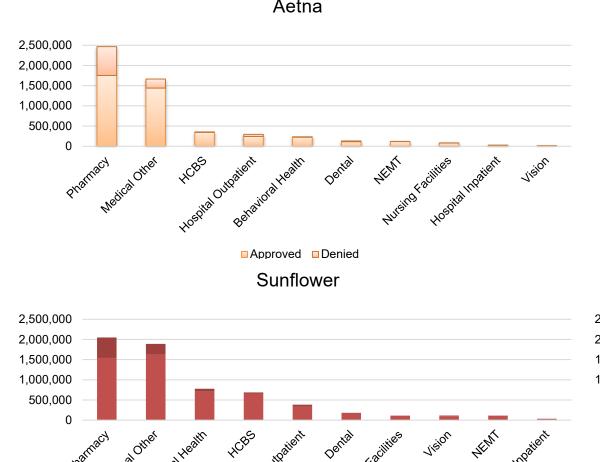
CY 2022 (January - December)

Service Type	C	ount of Processed Clai	ims	% of Total Services by MCO				
	ABH	SUN	UHC	ABH	SUN	UHC		
Pharmacy	2,467,083	2,048,352	2,121,187	45.83%	32.27%	33.19%		
Medical Other	1,664,663	1,890,240	1,974,386	30.92%	29.78%	30.90%		
HCBS	355,605	687,852	575,945	6.61%	10.84%	9.01%		
Hospital Outpatient	294,113	384,230	407,021	5.46%	6.05%	6.37%		
Behavioral Health	233,645	777,841	762,216	4.34%	12.25%	11.93%		
Dental	131,611	182,199	189,717	2.44%	2.87%	2.97%		
NEMT	117,952	113,129	128,879	2.19%	1.78%	2.02%		
Nursing Facilities	83,751	113,061	113,516	1.56%	1.78%	1.78%		
Hospital Inpatient	25,090	35,660	28,175	0.47%	0.56%	0.44%		
Vision	9,771	114,806	89,134	0.18%	1.81%	1.39%		
Total	5,383,284	6,347,370	6,390,176	100%	100%	100%		

Service Type	C	Count of Denied Claim	S	% of Total Denied Claims by Service Type				
	ABH	SUN	UHC	ABH	SUN	UHC		
Pharmacy	713,241	506,614	451,594	68.50%	52.11%	42.92%		
Medical Other	223,846	271,604	355,243	21.50%	27.94%	33.76%		
Hospital Outpatient	51,886	43,993	90,254	4.98%	4.53%	8.58%		
Dental	19,558	20,533	31,488	1.88%	2.11%	2.99%		
HCBS	11,974	25,903	16,030	1.15%	2.66%	1.52%		
Behavioral Health	8,899	71,897	71,457	0.85%	7.40%	6.79%		
Nursing Facilities	5,280	8,260	17,111	0.51%	0.85%	1.63%		
Hospital Inpatient	5,400	8,746	6,682	0.52%	0.90%	0.64%		
Vision	772	13,883	11,172	0.07%	1.43%	1.06%		
NEMT	447	731	1,231	0.04%	0.08%	0.12%		
Total	1,041,303	972,164	1,052,262	100%	100%	100%		



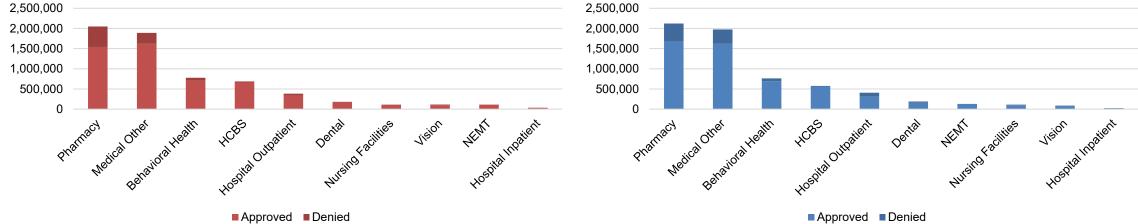
### **Portion of Denied Claims to Total Claims** CY 2022 (January - December)



#### Aetna

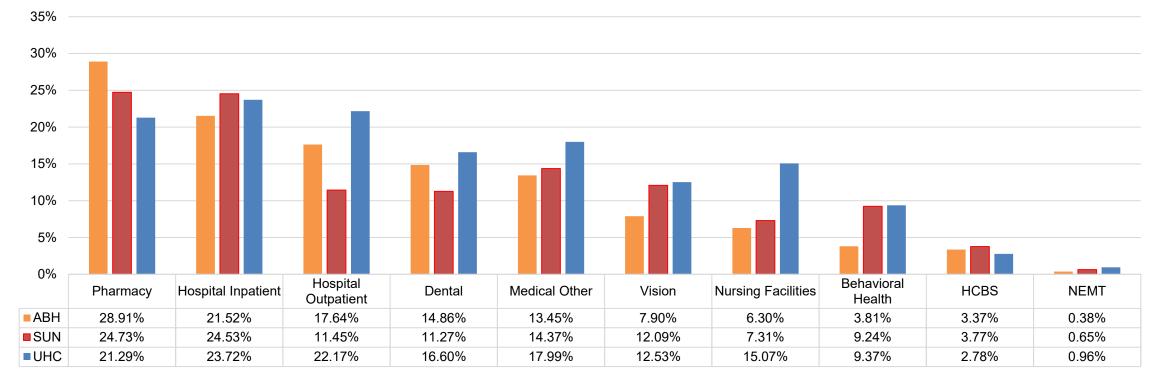
— Pharmacy has the highest percentage of denied claims across the program because it is a point-of-sale service.

UnitedHealthcare

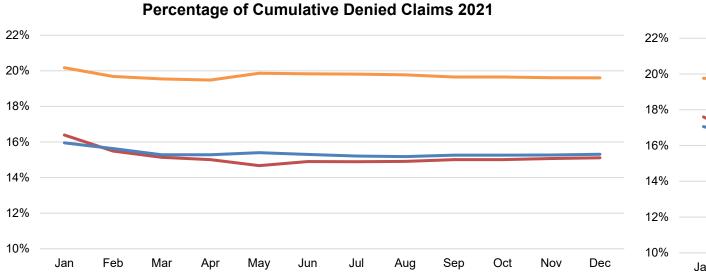


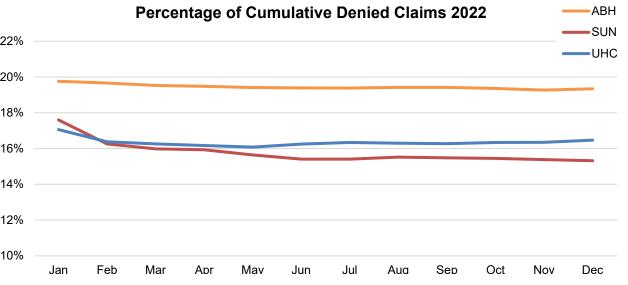


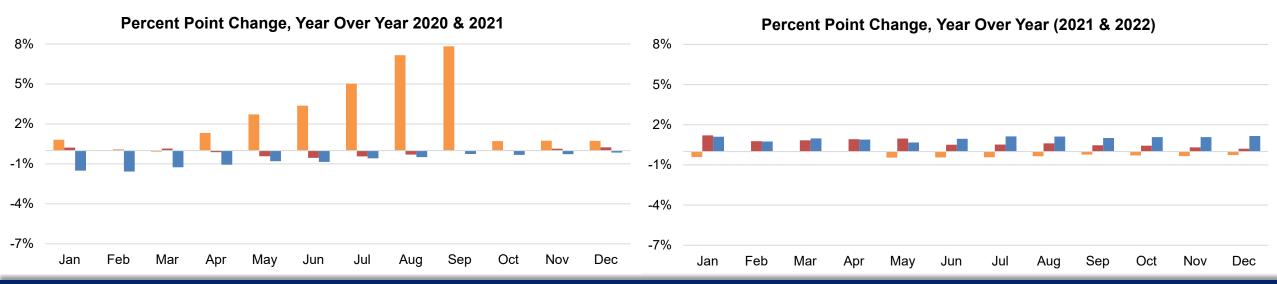
#### Percentage of All Claims Denied by Service Type











Protect and improve the health and environment of all Kansans



## MCO Value Added Services & In Lieu Of Services



А		Su	Inflower			United					
Value Added Benefit	Members YTD	Total Units YTD	Total Value YTD	Value Added Benefit	Members YTD	Total Units YTD	Total Value YTD	Value Added Benefit	Members YTD	Total Units YTD	Total Value YTD
Adult Dental	3,398	6,024	\$829,576	My Health Pays	93,099	93,099	\$1,501,255	Adult Dental Coverage	5,389	5,389	\$512,623
Healthy Rewards Gift Card - Birth to Age 12 Exam	20,913	20,913	\$522,825	Dental Visits for Adults	3,164	5,233	\$169,437	Home Helper Catalog	3,326	3,326	\$158,115
Healthy Rewards Gift Card - Diabetic Eye Exam	25,558	25,558	\$383,430	Caregiving Collaborations - Assessment Assistance	415	1,213	\$43,304	Reward for Completing Health Risk Assessment	10,502	10,502	\$105,020
OTC Medications and Supplies	12,829	12,829	\$320,725	Start Smart for Your Baby®	1,362	1,362	\$38,340	Dentures	62	62	\$97,094
Transportation Services	982	4,072	\$234,371	Boys & Girls Clubs	355	355	\$17,750	12 Round Trip rides Wherever they need to go	515	1,685	\$50,550
Healthy Rewards Gift Card - Annual Flu Shot	12,484	12,484	\$187,290	Farmers Market Vouchers	1,548	1,548	\$14,407	Healthy First Steps	516	516	\$38,700
Healthy Rewards Gift Card - Healthy Teen Exam	6,645	6,645	\$166,125	Caregiving Collaborations - Journals	301	301	\$10,746	Internet Access	600	600	\$23,106
Healthy Rewards Gift Card - Chlamydia Screen	6,164	6,164	\$154,125	WIC Transportation	35	72	\$2,160	Youth Organization Activities	403	403	\$20,150
Healthy Rewards Gift Card - Diabetic HbA1C	4,355	4,355	\$108,950	Sunny's Kids Club	422	452	\$1,555	UHC Healthy Rewards Program	1,296	1,296	\$14,815
Dentures	28	61	\$96,911	Employment - GED Test Vouchers	18	25	\$825	Pest Control	52	52	\$12,471
Other Value-Added Services	15,317	19,309	\$375,451	Other Value-Added Services	2,692	2,696	\$270	Other Value-Added Services	2,936	2,976	\$36,109
TOTAL	108,673	118,414	\$3,379,778	TOTAL	103,411	106,356	\$1,800,049	TOTAL	25,597	26,807	\$1,068,752

KanCare Grand Total 237,681 251,577 \$6,248,580



### MCO In Lieu of Services CY 2022 (January - December)

		Aetna			Sunflower				United		
	Unduplicated Members	Value of Service Provided	Value of Cost Avoided		Unduplicated Members	Value of Service Provided	Value of Cost Avoided		Unduplicated Members	Value of Service Provided	Value of Cost Avoided
Additional Medicaid covered services, beyond existing limitations, including personal care services, sleep cycle support, home modifications, equipment, assisted services, etc.	297	\$1,390,268	\$8,850,345		24	\$56,564	\$458,074		724	\$1,731,546	\$5,820,000
<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	526	\$812,347	\$20,662,000		236	\$604,743	\$19,536,367		438	\$3,227,692	\$10,356,000
Totals	815	\$2,202,615	\$29,512,345		259	\$661,307	\$19,994,441		1,142	\$4,959,238	\$16,176,000

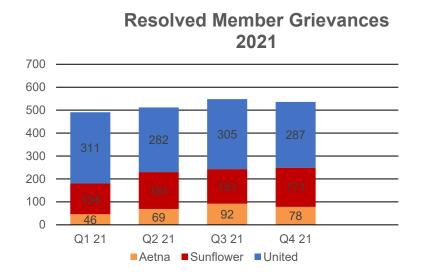
In Lieu of Services YTD Total 2022

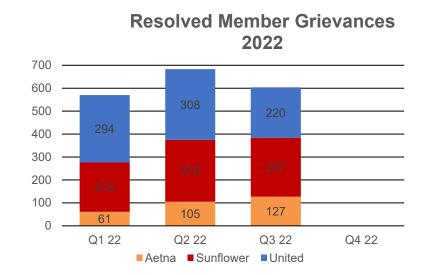
Unduplicated Members	Value of Service Provided	Value of Services Avoided
2,216	\$7,823,160	\$65,682,786



## **KanCare Grievances & Appeals**





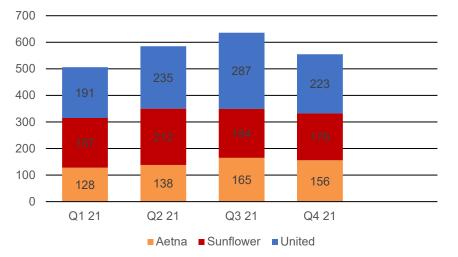


2022 3<sup>rd</sup> Qtr. Member Grievance Top 5 Trends

Aetna	Sunflower		United		
Total # of Resolved Grievances	127	Total # of Resolved Grievances	257	Total # of Resolved Grievances	220
Trend 1: Quality of Care (non-HCBS Provider)	19%	Trend 1: Transportation – No Show	18%	Trend 1: Transportation – No Show	17%
Trend 2: Transportation – No Show	15%	Trend 2: Transportation Issues – Billing and Reimbursement		Trend 2: Billing/Financial Issues (non- transportation)	17%
Trend 3: Transportation – Other	13%	Trend 3: Transportation – No Driver Available	12%	Trend 3: Transportation – Other	16%
Trend 4: Access to Service or Care	10%	Trend 4: Transportation – Late	12%	Trend 4: Quality of Care (non HCBS Provider)	13%
Trend 5: Transportation - Late	9%	Trend 5: Transportation – Other	11%	Trend 5: Transportation – Late	10%

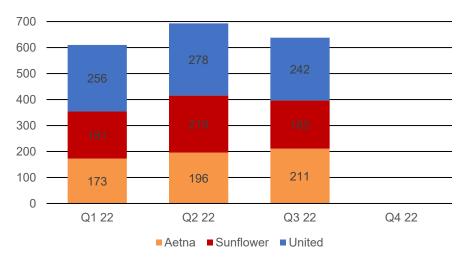


# Resolved Member Appeals 2022 Q3 (January - September)



#### **Resolved Member Appeals 2021**

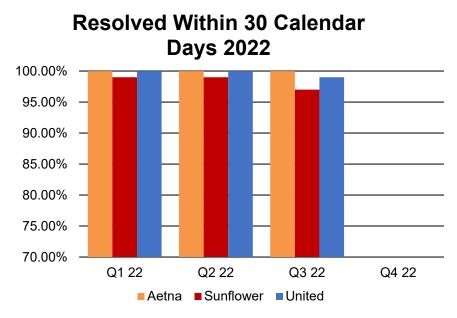
#### **Resolved Member Appeals 2022**

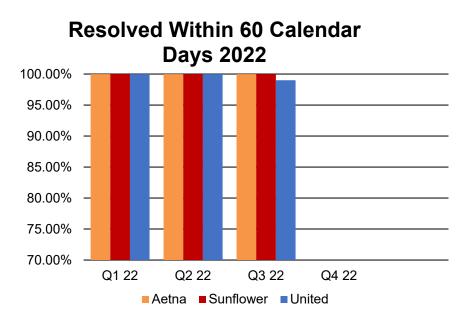


2022 3rd Qtr. Member Appeals Top 5

Aetna		Sunflower		United		
Total # of Resolved Member Appeals	211	Total # of Resolved Member Appeals	185	Total # of Resolved Member Appeals	242	
1: Criteria Not Met – Pharmacy	51%	1: Criteria Not Met – Pharmacy	19%	1: Criteria Not Met – Pharmacy	43%	
2: Criteria Not Met– Radiology	15%	2: Criteria Not Met – Durable Medical Equipment	17%	2: Criteria Not Met – Inpatient Admissions (Non-Behavioral Health)	14%	
3: Criteria Not Met – Medical Procedure	14%	3: Criteria Not Met – Radiology	17%	3: Criteria Not Met – Durable Medical Equipment	9%	
4: Criteria Not Met – Durable Medical Equipment	8%	4: Criteria Not Met – Inpatient Behavioral Health	13%	4: Criteria Not Met – Dental	7%	
5: Criteria Not Met – Behavioral Health Outpatient and Physician	5%	5: Criteria Not Met – Other	8%	5: Criteria Not Met – Other	6%	







2022 3rd	Qtr.	Provider	<b>Appeals</b>	Top 5
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Aetna	Sunflower		United		
Total # of Resolved Provider Appeals 484		Total # of Resolved Provider Appeals 1,350		Total # of Resolved Provider Appeals	1,272
1: Claim Payment Denied – Laboratory	22%	1: Claim Payment Denied – Hospital Outpatient (Non-Behavioral Health)	26%	1: Claim Payment Denied – Hospital Inpatient (Non-Behavioral Health)	23%
2: Claim Payment Denied – Medical (Physical Health not Otherwise Specified)	19%	2: Claim Payment Denied – Behavioral Health Outpatient and Physician	15%	2: Claim Payment Denied – Medical (Physical Health not Otherwise Specified)	19%
3: Claim Payment Denied – Hospital Inpatient (Non-Behavioral Health)	19%	3: Claim Payment Denied – Hospital Inpatient (Non-Behavioral Health)	12%	3: Claim Payment Denied – Pharmacy	11%
4: Claim Payment Denied – Durable Medical Equipment	15%	4: Criteria Not Met – Medical (Physical Health not Otherwise Specified)	10%	4: Claim Payment Denied – Home Health	11%
5: Claim Payment Denied – Ambulance (Include Air and Ground)	11%	5: Criteria Not Met – Pharmacy	7%	5: Claim Payment Denied – Hospital Outpatient (Non-Behavioral Health)	9%