

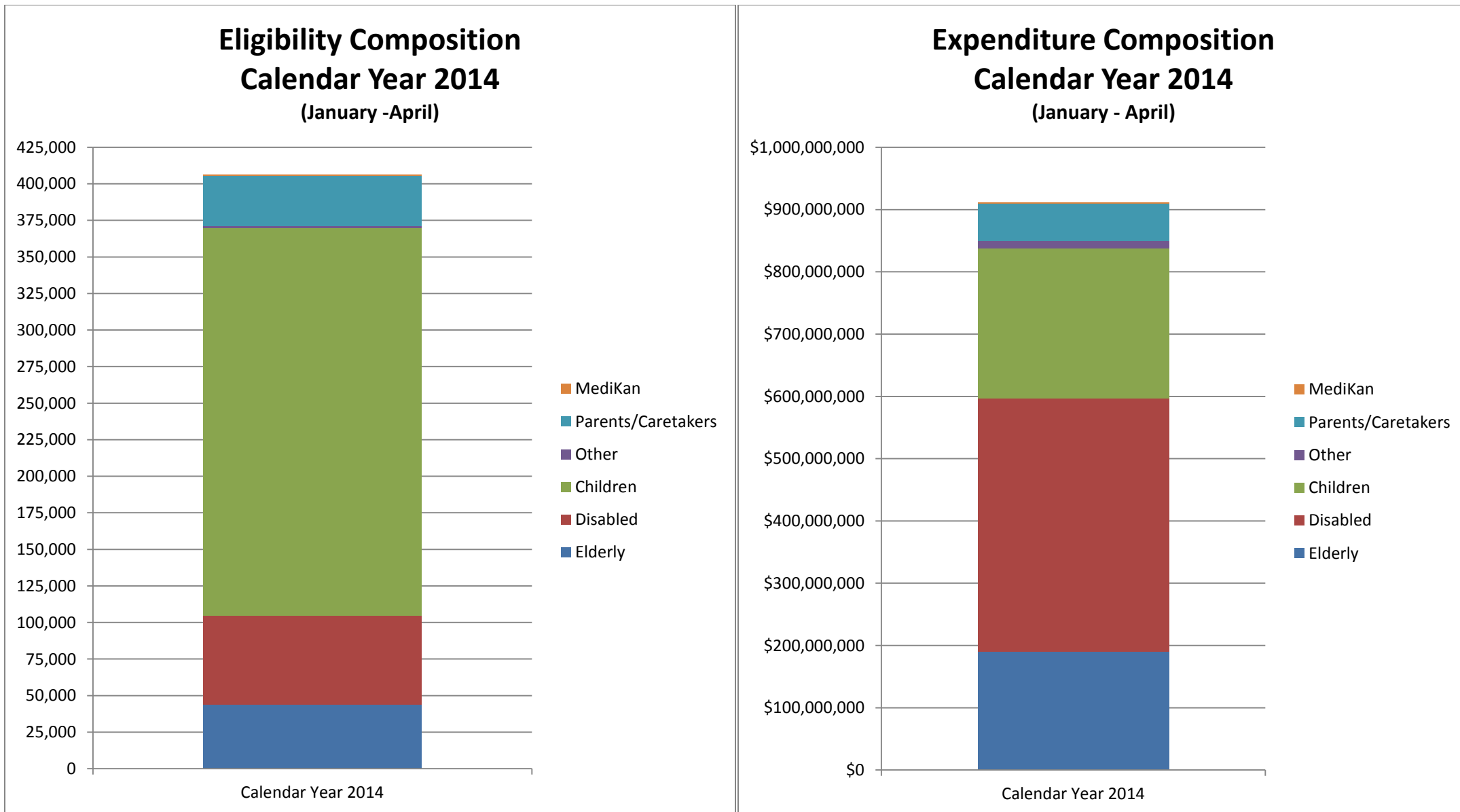
KanCare Executive Summary



KDHE-DHCF

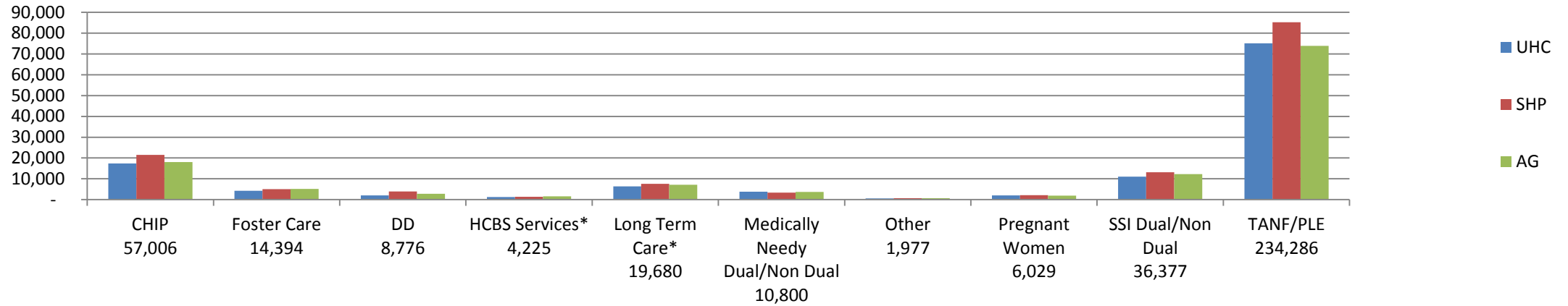
Report date: 6.10.14

Medicaid/CHIP Member Eligibility and Expenditure Information



“Expenditure Composition” data is based on populations only. Non-claim expenditures are excluded as they are not population specific.

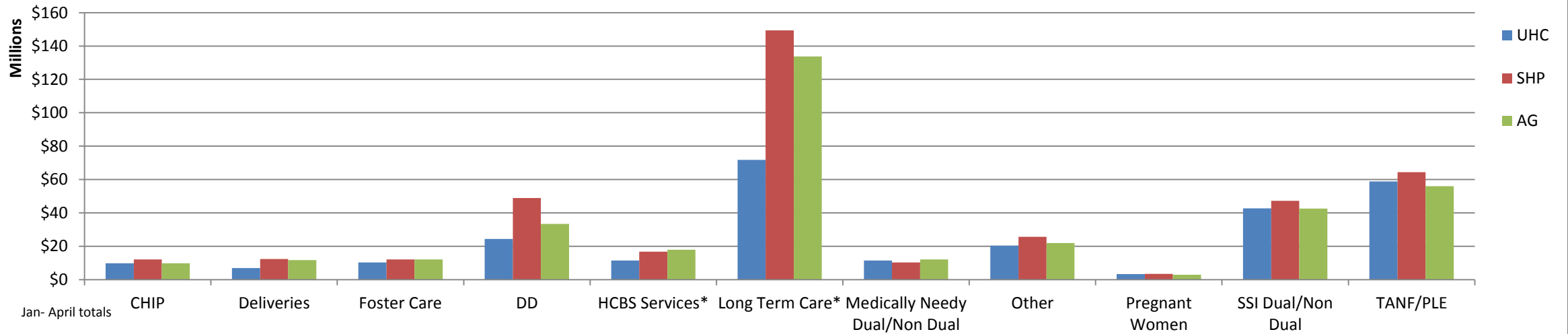
Members by Cohort CY14



YTD Average Annual Membership: 436,649
Jan - April totals

Note: Deliveries removed from Members by Cohort; counts are included in Pregnant Women cohort.

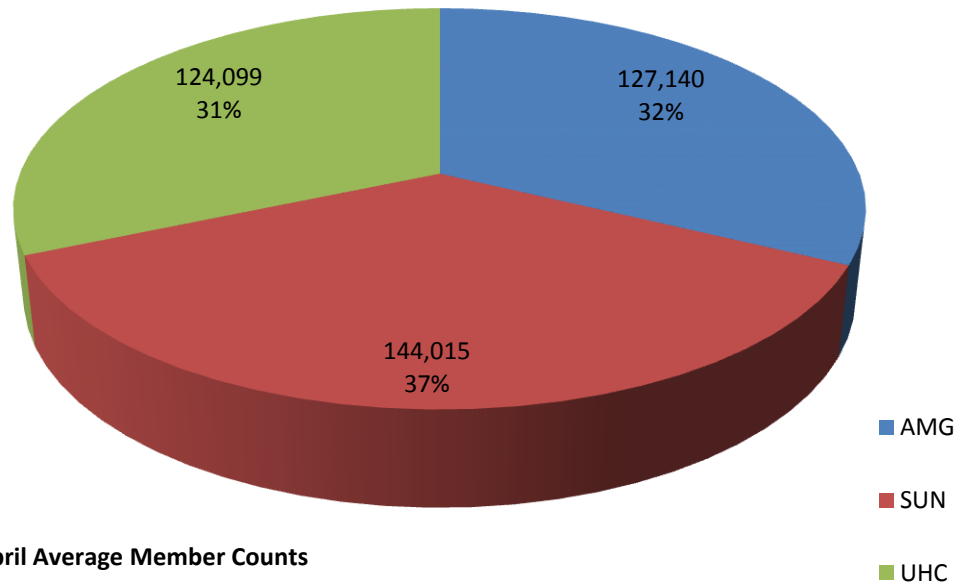
Capitation Payments by Cohort CY14



*Long Term Care includes Nursing Facilities, Money Follows the Person Frail Elderly and Physically Disabled, and the Physically Disabled and Frail Elderly Waivers

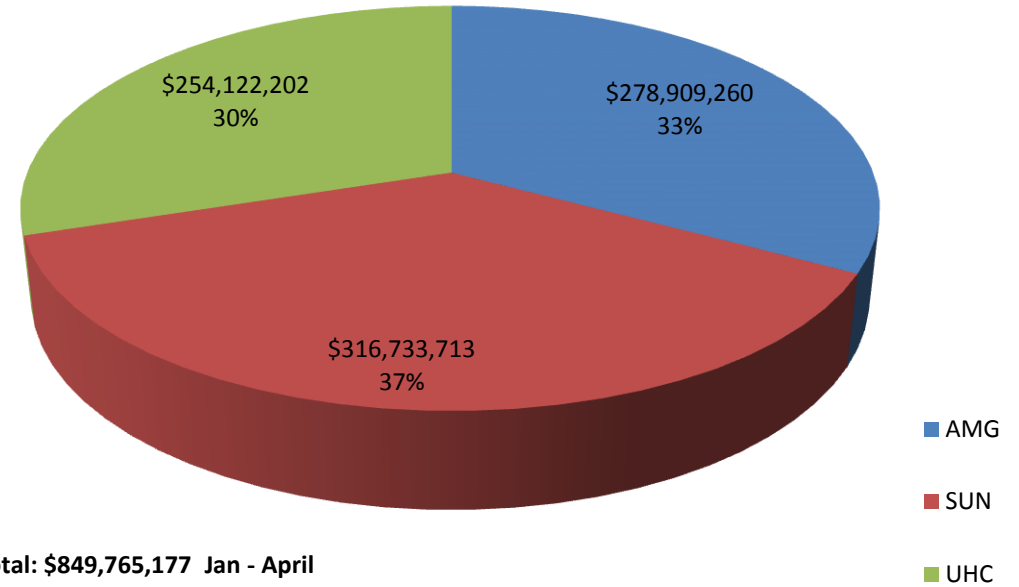
*HCBS Services includes Autism, Severe Emotional Disturbance, Technology Assisted, and Traumatic Brain Injury

Average Member Counts by MCO CY14



Jan - April Average Member Counts

Capitation Payments CY14



YTD Total: \$849,765,177 Jan - April

Provider Network

KanCare MCO	# of Unique Providers as of 9/30/13	# of Unique Providers as of 12/31/13	# of Unique Providers as of 3/31/14	# of Unique Providers as of 6/30/14
Amerigroup	14,375	14,904	15,900	
Sunflower	14,478	15,404	15,650	
UHC	15,893	18,010	19,024	

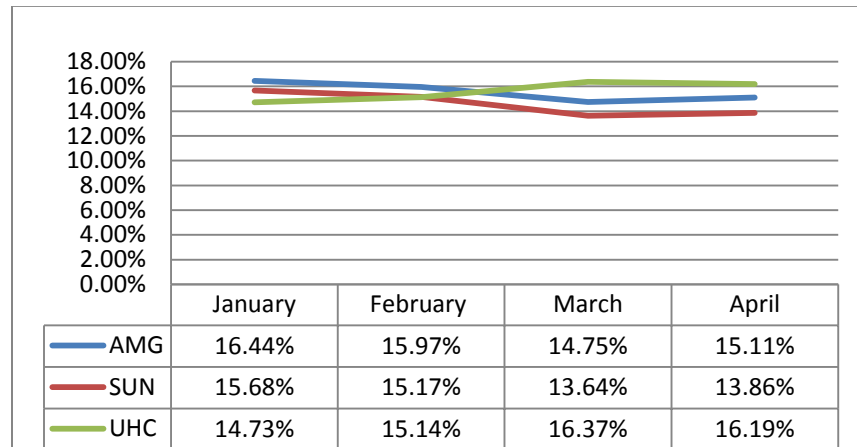
KanCare MCO	# of IDD Unique Providers (with contract and credentialing complete as of 5/20/14) HCBS / TCM
Amerigroup	74% / 89%
Sunflower	81% / 93%
UHC	73% / 79%

KanCare Customer Service Report – Member (Jan- April)

KanCare Customer Service Report – Provider (Jan- April)

MCO/Fiscal Agent	Average Speed of Answer (Seconds)	Call Abandonment Rate	Total Calls	MCO/Fiscal Agent	Average Speed of Answer (Seconds)	Call Abandonment Rate	Total Calls
Amerigroup	0.21	.5%	21,035	Amerigroup	0.16	0.6%	16,028
Sunflower	0.18	2.2%	31,721	Sunflower	1.17	2.5%	19,963
United	5.79	0.4%	23,534	United	4.75	0.25%	14,951
HP – Fiscal Agent	3.30	0.6%	21,503	HP – Fiscal Agent	0.15	0.9%	10,691

2014 Denied Claims – Percentage by Month



2014 Denied Claims – Total Year to Date by MCO

Amerigroup – January Through April 2014			
Service Type	Total claim count - YTD cumulative	# claims denied – YTD cumulative	% claims denied – YTD cumulative
Hospital Inpatient	15,828	3,164	20.23%
Hospital Outpatient	137,331	24,513	17.90%
Pharmacy	591,035	123,768	20.94%
Dental	43,163	4,891	11.33%
Vision	19,268	5,740	29.79%
NEMT	59,565	121	0.20%
Medical (physical health not otherwise specified)	624,328	84,533	13.55%
Nursing Facilities-Total	40,314	5,090	12.45%
HCBS	46,324	3,509	7.66%
Behavioral Health	218,395	24,442	11.15%
Total All Services	1,795,551	279,771	15.58%

Sunflower – January Through April 2014

Service Type	Total claim count - YTD cumulative	# claims denied – YTD cumulative	% claims denied – YTD cumulative
Hospital Inpatient	7,495	1,758	23.46%
Hospital Outpatient	81,234	11,210	13.80%
Pharmacy	961,768	199,086	20.70%
Dental	51,504	4,875	9.47%
Vision	29,741	3,253	10.94%
NEMT	44,050	311	0.71%
Medical (physical health not otherwise specified)	448,208	51,199	11.42%
Nursing Facilities-Total	33,040	2,765	8.37%
HCBS	105,691	3,293	3.12%
Behavioral Health	206,635	8,899	4.31%
Total All Services	1,969,366	286,649	14.56%

United – January Through April 2014

Service Type	Total claim count - YTD cumulative	# claims denied – YTD cumulative	% claims denied – YTD cumulative
Hospital Inpatient	7,636	1,559	20.41%
Hospital Outpatient	70,882	10,085	14.22%
Pharmacy	453,693	103,708	22.86%
Dental	33,598	5,076	15.11%
Vision	17,136	3,440	20.07%
NEMT	29,065	265	0.91%
Medical (physical health not otherwise specified)	394,114	49,417	12.53%
Nursing Facilities-Total	25,489	1,955	7.67%
HCBS	62,691	3,952	6.30%
Behavioral Health	112,729	10,519	9.33%
Total All Services	1,207,033	189,976	15.74%

Value Added Services and In Lieu Of Services (Summary of 2014 Value Added Services Used By KanCare Members -January-April 2014)

Amerigroup 2014 VAS Type	YTD Members	Total Units YTD	Total Value YTD	Sunflower 2014 VAS Type	YTD Members	Total units YTD	Total value YTD	United 2014 VAS Type	YTD Members	Total units YTD	Total value YTD
Adult Dental Care	747	1,097	\$131,061	CentAccount debit card	14,041	14,295	\$285,900	Additional Vision Services	3,338	3,807	\$185,018
Member Incentive Program	1,597	2,387	\$80,170	Dental visits for adults	2,977	9,477	\$174,028	Join for Me - Pediatric Obesity Classes*	25	25	\$62,500
Mail Order OTC	2,804	2,879	\$47,1696	Smoking cessation program (nutur)	175	175	\$42,000	Adult Dental Services	533	533	\$28,456
Healthy Families Program	24	24	\$25,000	Start Smart (includes home visits for new mothers)	1,477	1,477	\$41,577	Annual Wellness Reminders	39,305	39,305	\$24,762
Pest Control	80	80	\$11,100	Lodging for specialty and inpatient care	41	328	\$26,568	Baby Blocks Program and Rewards	342	342	\$20,314
Smoking Cessation Program	39	95	\$9,765	Disease and Healthy Living Coaching (includes weight) (nurtur)	9,317	9,300	\$24,273	Weight Watchers - Free Classes	142	142	\$16,898
Hypoallergenic Bedding	68	68	\$6,685	SafeLink®/Connections Plus cell phones	57	57	\$2,726	Peer Bridger Program	29	29	\$15,876
Weight Watcher Vouchers	65	96	\$3,540	Community Programs for Healthy Children: Boys & Girls Clubs	163	163	\$2,445	Infant Care Book for Pregnant Women	424	424	\$5,512
Entertainment Book Coupons	25	26	\$14	In-home caregiver support/ additional respite	5	676	\$2,195	Mental Health First Aid Program	31	31	\$5,397
Safelink Phone Service	1,425	1,428	\$0	Meals for specialty and inpatient care	10	37	\$925	Membership to Youth Organizations	84	84	\$4,200
				Hospital companion	1	200	\$650	Sesame Street - Food For Thought	76	76	\$2,660
								Additional Podiatry Visits	15	18	\$1,639
								KAN Be Healthy Screening Age 3 to 19 - Debit Card Reward	161	161	\$1,610
								KAN Be Healthy Screening Age Birth to 30 months - Debit Card Reward	83	109	\$1,090
								New Member Dental Exam - Debit Card Reward	76	76	\$760
								Weight Watchers Reward - Reward for Completing Classes	11	11	\$550
								New Member Vision Exam - Debit Card Reward	49	49	\$490
								Coverage for Sports/School Physicals	7	7	\$453
								Adult Biometric Screening - Debit Card Reward	28	28	\$420
								Annual Vision Exam for Person with Diabetes - Debit Card Reward	2	2	\$40
								Annual A1C Exam - Debit Card Reward	1	1	\$10
								Join for Me - Reward for Completion of Program	0	0	\$0
GRAND TOTAL	6874	8,180	\$314,506	GRAND TOTAL	28,264	36,185	\$603,289	GRAND TOTAL	45,361	45,859	\$378,658

Summary of In Lieu Of Services Used By KanCare Members (January-April 2014)

Amerigroup	Members	Value of Services Avoided	Sunflower	Members	Value of Services Avoided	United	Members	Value of Services Avoided
Additional Medicaid covered services, beyond existing limitations, including personal care services, sleep cycle support, home modifications, equipment and assisted services ... in lieu of members needing to be admitted to an acute care hospital or nursing facility	18	\$ 45,856	Additional personal care services, beyond existing waiver limitations ... in lieu of members needing to be admitted to a nursing facility	715	\$ 715,000	Additional personal care services, beyond existing waiver limitation, sleep cycle support, and telehealth ... in lieu of members needing to be admitted to a nursing facility	Details pending	Details pending
Non-Covered services including private nurse, telehealth, equipment and sleep cycle support ... in lieu of members needing to access ICU, acute hospital, or nursing facility services	7	\$ 35,447	Non-Covered services covering a wide range of equipment, orthotics, testing, physician services and outpatient surgery ... in lieu of members needing to access acute hospital, home health, or more intensive physical or behavioral health services	19	\$ 359,920	Non-Covered services	0	0
Totals	25	\$ \$81,303	Totals	734	\$1,074,920	Totals	Pending	Pending

Member Grievances & Appeals (Jan-March 2014)

(next quarter report available June 30th)

Amerigroup- Member			
	Grievances	Appeals	State Fair Hearings
Number of grievances/appeals reviewed:	189	23	
Number of grievances/appeals resolved:	200	22	
Number of grievances/appeals considered invalid:	7	3	
Average length of time to complete each grievance/appeal:	13.49	13.64	
Total number of State Fair Hearings requested:			62
Number of upheld decisions at State Fair Hearing Level:			5
Number of overturned decisions at State Fair Hearing Level:			0
Number of health plan appeals reversed in the member's favor:	0	2	2
Number of health plan appeals reversed in the provider's favor:	0	0	36
Number of State Fair Hearings withdrawn:			15
Number of dismissals:	0	0	7
Number of default dismissals:			1
Number of Other dispositions:			0
In health plan level appeals where the decision was reversed in the member's favor, what were the most common reasons?			
Medical Necessity Met			
In State Fair Hearing cases where the decision was overturned in the member's favor, what were the most common reasons?			
None			
List the top 5 reasons that were most commonly the subject of grievances/appeals:			
1 Availability			
2 Attitude/Service of Staff			
3 Billing and Financial issues			
4 Quality of Care			
5 Timeliness			

Sunflower Member			
	Grievances	Appeals	State Fair Hearings
Number of grievances/appeals reviewed:	144	121	
Number of grievances/appeals resolved:	142	118	
Number of grievances/appeals considered invalid:	0	0	
Average length of time to complete each grievance/appeal:	6.09	7.5	
Total number of State Fair Hearings requested:			25
Number of upheld decisions at State Fair Hearing Level:			0
Number of overturned decisions at State Fair Hearing Level:			0
Number of health plan appeals reversed in the member's favor:	0	31	1
Number of health plan appeals reversed in the provider's favor:	0	34	1
Number of State Fair Hearings withdrawn:			3
Number of dismissals:	0	0	10
Number of default dismissals:			4
Number of Other dispositions:			
In health plan level appeals where the decision was reversed in the member's favor, what were the most common reasons?			
Medical necessity met			
In State Fair Hearing cases where the decision was overturned in the member's favor, what were the most common reasons?			
N/A			
List the top 5 reasons that were most commonly the subject of grievances/appeals:			
1 Attitude/Service of Staff			
2 Timeliness			
3 Quality of Care			
4 Other			
5 Clinical Criteria Not Met- Durable Medical Equipment			

United Member			
	Grievances	Appeals	State Fair Hearings
Number of grievances/appeals reviewed:	165	63	
Number of grievances/appeals resolved:	165	63	
Number of grievances/appeals considered invalid:	0	0	
Average length of time to complete each grievance/appeal:	5.39	10.84	
Total number of State Fair Hearings requested:			47
Number of upheld decisions at State Fair Hearing Level:			1
Number of overturned decisions at State Fair Hearing Level:			0
Number of health plan appeals reversed in the member's favor:	0	17	5
Number of health plan appeals reversed in the provider's favor:	0	0	11
Number of State Fair Hearings withdrawn:			12
Number of dismissals:	0	0	16
Number of default dismissals:			1
Number of Other dispositions:			1
In health plan level appeals where the decision was reversed in the member's favor, what were the most common reasons?			
Medical necessity met			
In State Fair Hearing cases where the decision was overturned in the member's favor, what were the most common reasons?			
N/A			
List the top 5 reasons that were most commonly the subject of grievances/appeals:			
1 Billing and Financial issues			
2 Timeliness			
3 Quality of Care			
4 Attitude/Service of Staff			
5 Pharmacy			

Pay for Performance Measures – Year One (Summary of 2013 Performance per MCO to date)

Subject	P4P Metric	AMG- Final P4P Calculation Complete at Year End			SUN-Final P4P Calculation Complete at Year End			UHC-Final P4P Calculation Complete at Year End		
		Total # Met	Total Standards	Payout (of .5% of capitation)	Total # Met	Total Standards	Payout (of .5% of capitation)	Total # Met	Total Standards	Payout (of .5% of capitation)
Monthly										
Claims Processing	- 100% of clean claims are processed within 20 days - 99% of all non-clean claims are processed within 45 days - 100% of all claims are processed within 60 days	0	<i>out of 12</i>	0.000	0	<i>out of 12</i>	0.000	0	<i>out of 12</i>	0.000
Encounters	Contractor meets all of the performance standards within 60 days from implementation date.	6	<i>out of 12</i>	0.250	6	<i>out of 12</i>	0.250	6	<i>out of 12</i>	0.250
Credentialing	- 90% providers completed in 20 days - 100% providers completed in 30 days	11	<i>out of 12</i>	0.458	1	<i>out of 12</i>	0.042	11	<i>out of 12</i>	0.458
Customer Service	- 98% of all inquiries are resolved within 2 business days from receipt date - 100% of all inquiries are resolved within 8 business days from receipt date	12	<i>out of 12</i>	0.500	12	<i>out of 12</i>	0.500	12	<i>out of 12</i>	0.500
Quarterly										
Grievances	- 98% of grievances are resolved within 20 days - 100% of grievances are resolved within 40 days	3	<i>out of 4</i>	0.375	4	<i>out of 4</i>	0.500	4	<i>out of 4</i>	0.500
Appeals	Contractor sends an acknowledgement letter within 3 business days of receipt of the appeal request	3	<i>out of 4</i>	0.375	3	<i>out of 4</i>	0.375	3	<i>out of 4</i>	0.375
		Total		1.958	Total		1.667	Total		2.083

out of 3%