



KanCare Executive Summary
(Data Complete through June 2019)
August 26, 2019



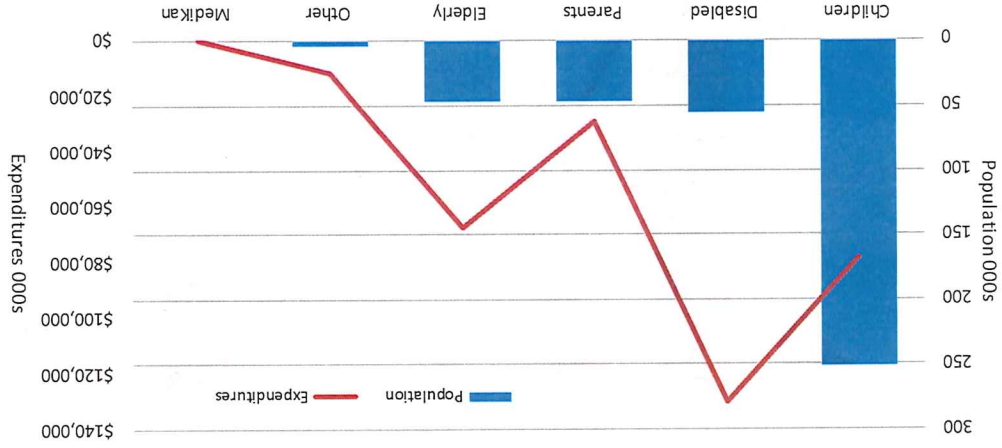
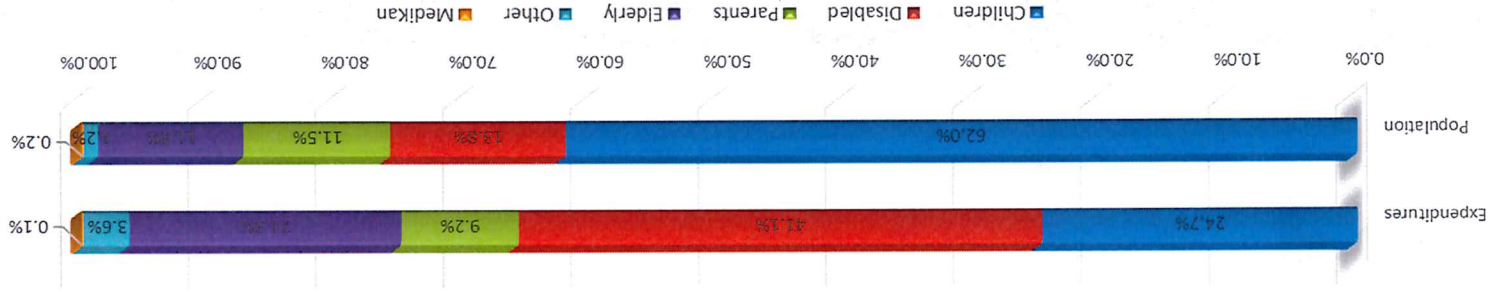
KanCare Capitation and Members



Medicaid/CHIP Member Eligibility and Expenditures Calendar Year 2019 (Jan - Jun)

Protect and improve the health and environment of all Kansans

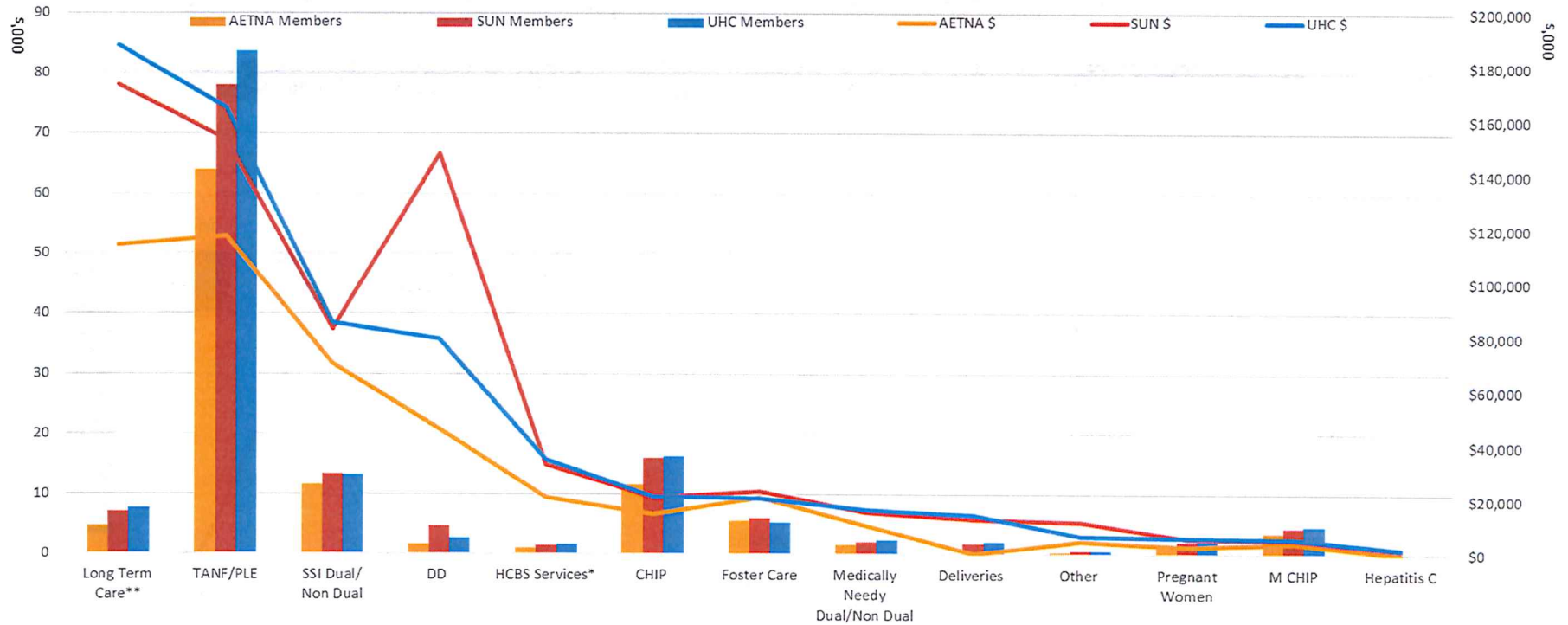
Eligibility and Expenditure Comparison



Category	Population (%)	Expenditures (%)
Children	62.0%	24.7%
Disabled	13.8%	41.1%
Parents	11.5%	9.2%
Elderly	11.4%	21.3%
Other	1.2%	3.6%
Medicaid	0.2%	0.1%



Capitation Comparison with Members YTD CY 2019 (Jan - Jun)

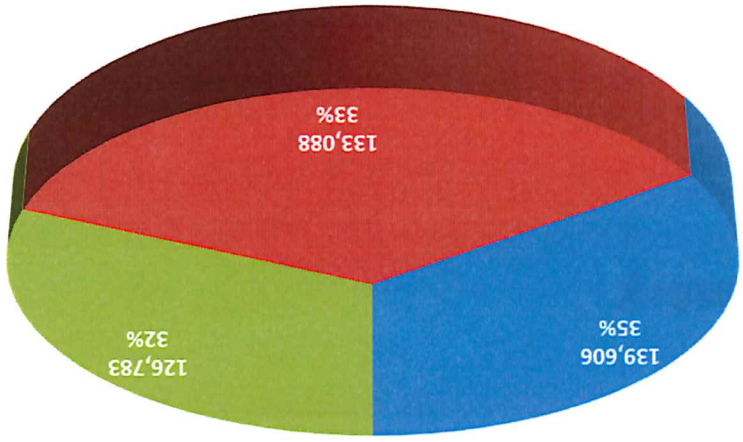


*HCBS Services includes Autism, Severe Emotional Disturbance, Technology Assisted, and Traumatic Brain Injury

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



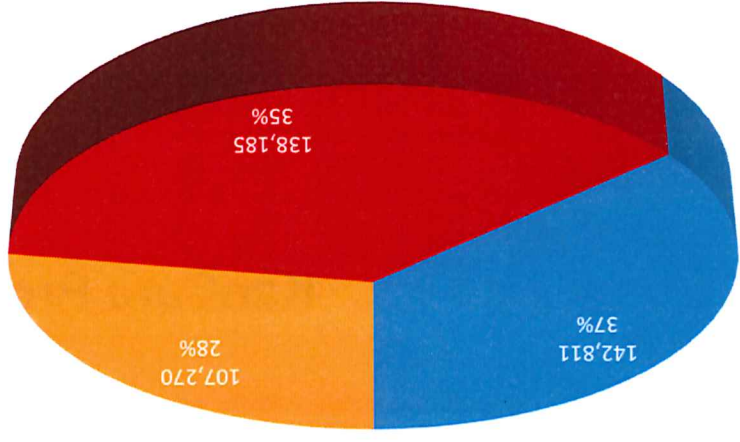
Average Members by MCO



2018

AMG SUN UHC

YTD Total: 399,477



2019

AETNA SUN UHC

YTD Total: 388,814



KanCare Provider Network



Provider Network

KanCare MCO	# of Unique Provider/ Locations as of 9/30/18*	# of Unique Provider/ Locations as of 12/31/18*	# of Unique Provider/ Locations as of 03/31/19*	# of Unique Providers as of 6/30/19
Aetna	N/A	N/A	17,724	21,603
Sunflower	30,886	31,998	35,139	35,188
UHC	38,196	39,799	41,701 ^Δ	46,285

*Changes to MCO reporting implemented in Q3-2018 now provide more complete HCBS provider counts. Specifically, for providers who travel to the member for services, the count now includes a count of each county in which a provider is contracted to provide services.

^Δ May not include full county counts for 588 home-based service providers for whom incomplete data was received.

Note: The counts below represent the unique number of NPIs—or, where 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.

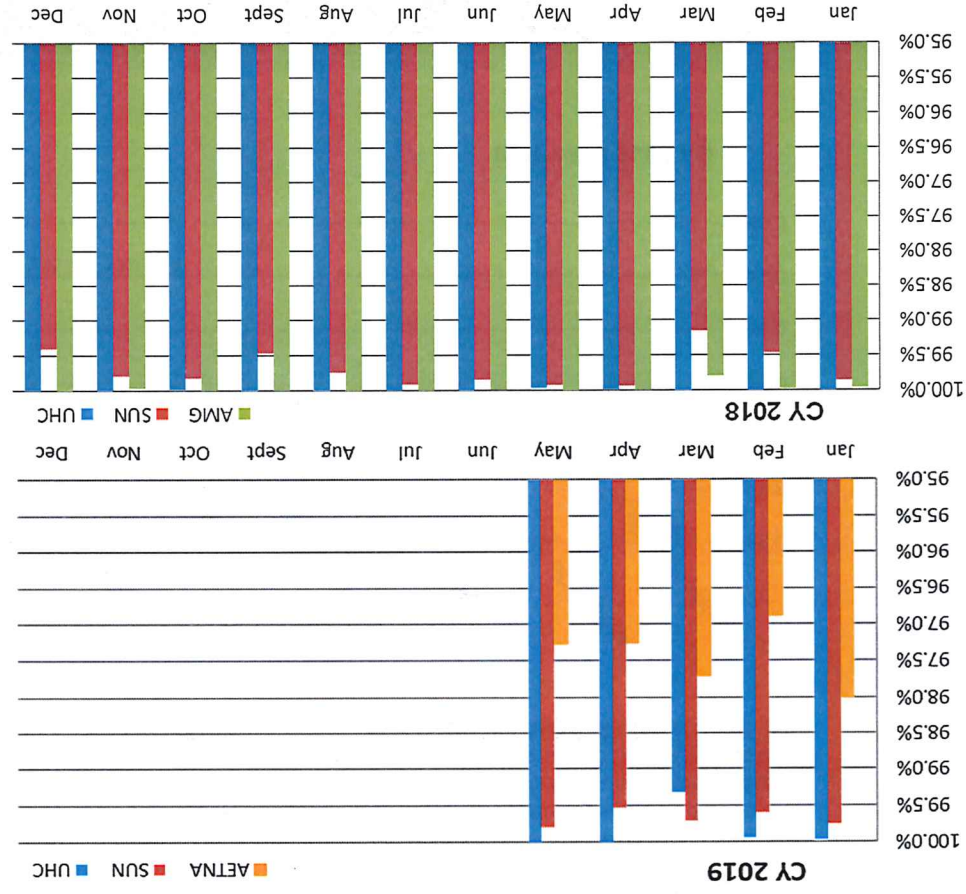
Providers with a service location in a border area are counted once for each state in which they have a service location that is within 50 miles of the KS border.

Out of state providers (>50 miles from KS border) are counted once.

Providers for services provided in the home are counted once for each county in which they are contracted to provide services.

KanCare Claims Overview

Claims Data-% Clean Claims Processed Within 30 days



Claims Processed 2019 (Jan-Jun)

Service Type	Total Claim Count			Total Claim %		
	AETNA	SUN	UHC	AETNA	SUN	UHC
Pharmacy	963,667	1,227,889	957,156	43.3%	36.9%	33.3%
Medical	794,395	881,573	851,583	35.7%	26.5%	29.6%
Behavioral Health	131,337	330,339	236,251	5.9%	9.9%	8.2%
HCBS	96,317	178,295	169,739	4.3%	5.4%	5.9%
Hospital Outpatient	45,540	84,477	95,961	2.0%	2.5%	3.3%
NEMT	84,477	95,961	169,739	4.3%	5.4%	5.9%
Dental	55,344	87,216	84,730	2.5%	2.6%	2.9%
Nursing Facilities	23,939	67,135	52,508	1.1%	2.0%	1.8%
Vision	3,886	56,273	41,421	0.2%	1.7%	1.4%
Hospital Inpatient	7,922	20,352	15,319	0.4%	0.6%	0.5%
Total All Services	2,225,881	3,328,050	2,878,593	100%	100%	100%

Contact Standard: 100% of Clean Claims Processed within 30 days

A clean claim is a claim that can be paid or denied with no additional intervention required and does not include: Adjusted or corrected claims, Claims that require documentation (i.e., consent forms, medical records) for processing, Claims from out-of-network providers that require research and setup of that provider in the system, Claims from providers where the updated rates, benefits or policy changes were not provided by the State 30 days or more before the effective date (these claims may be pended until rates are loaded so the appropriate amounts can be paid)

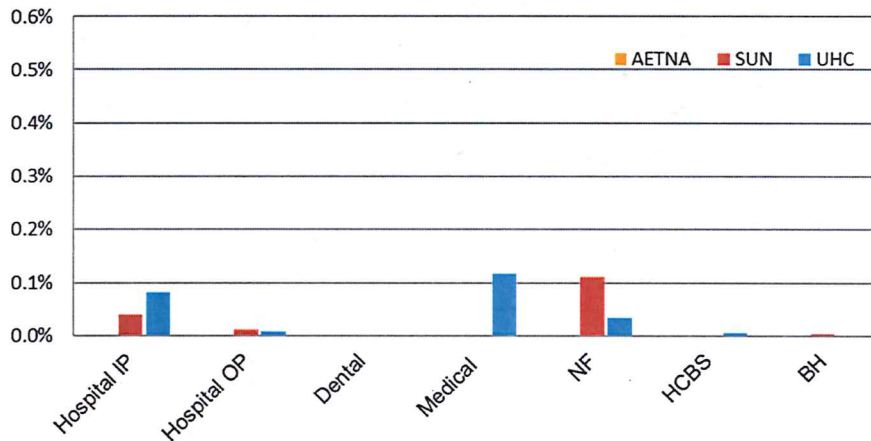
Percent = Number clean claims processed within 30 days divided by Number of claims received

Processed = adjudication decision making of a claim being approved to paid or denied.

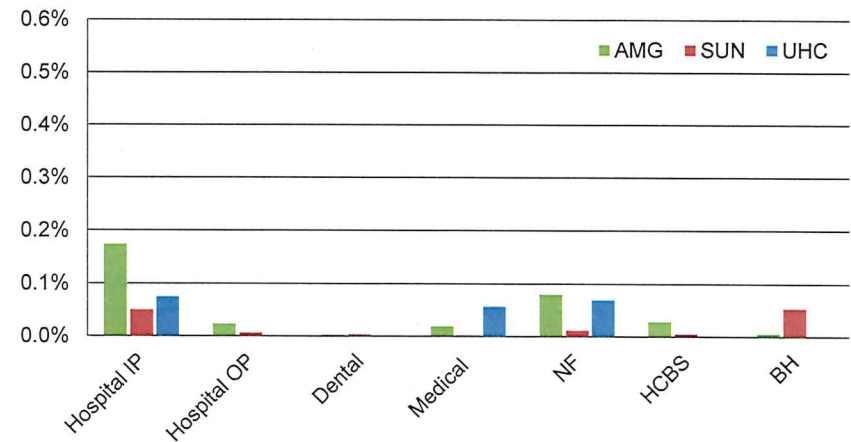


Claims Data-Percent of Claims Adjusted more than 3 times

CY 2019 (Jan-Jun)



CY 2018 (Jan-Dec)



YTD claim requiring adjustments greater than 3 times represents Accuracy

Purpose: The purpose is to review payment accuracy

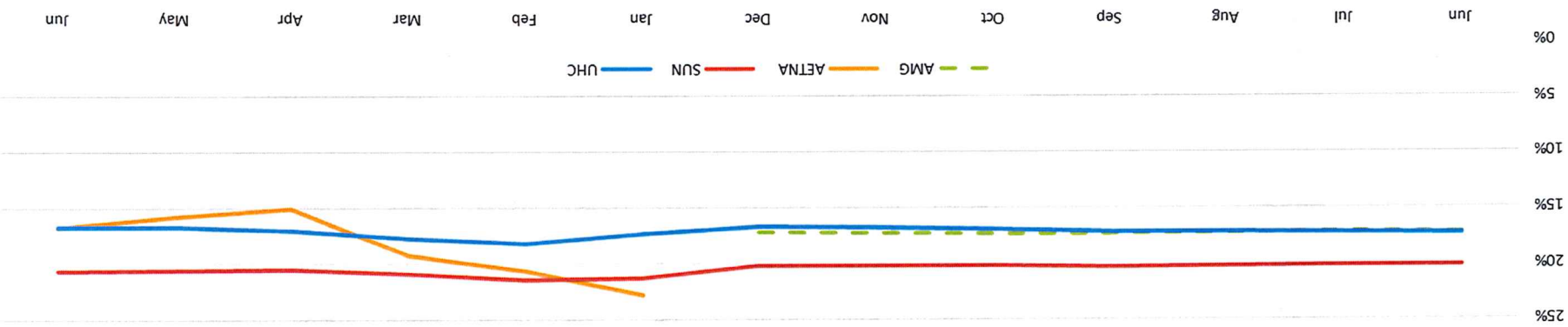
Methodology: **Monitoring** the frequency of the claims adjustments by MCO in each category utilizing the total claims adjusted/claims processed (*category provider type: Hospital Inpatient, Hospital Outpatient, Dental, Medical, Nursing Facilities, HCBS, BH*). Pharmacy, Vision and NEMT Have had 0% adjustments over 3 times for over one year so have been dropped from this report. Pharmacy is point of sale processing so will not have adjustments

Total YTD claims adjusted 4 or more times divided by the YTD total number of claims processed by service type.

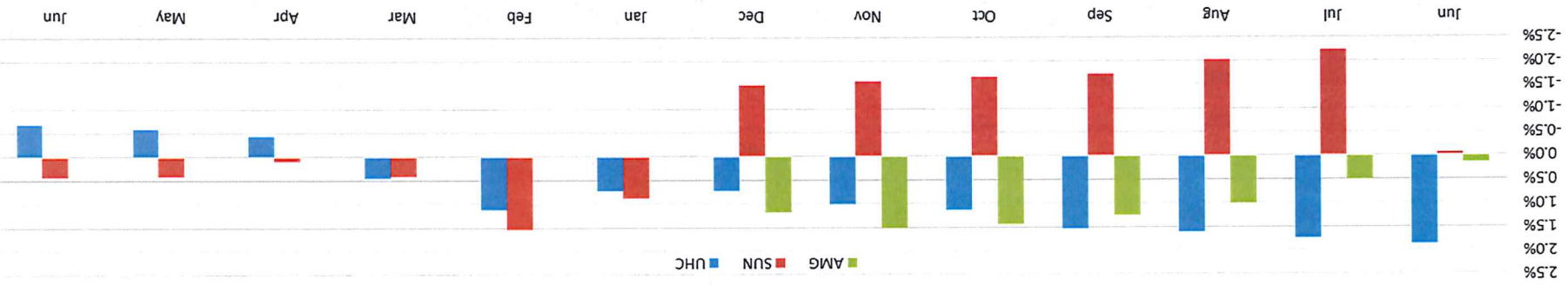


Claims Denial Data CY 2018-19

Percent Denied Claims by Month YTD Cumulative



Percentage Increase/Decrease From Previous Year





Claims Denial Data

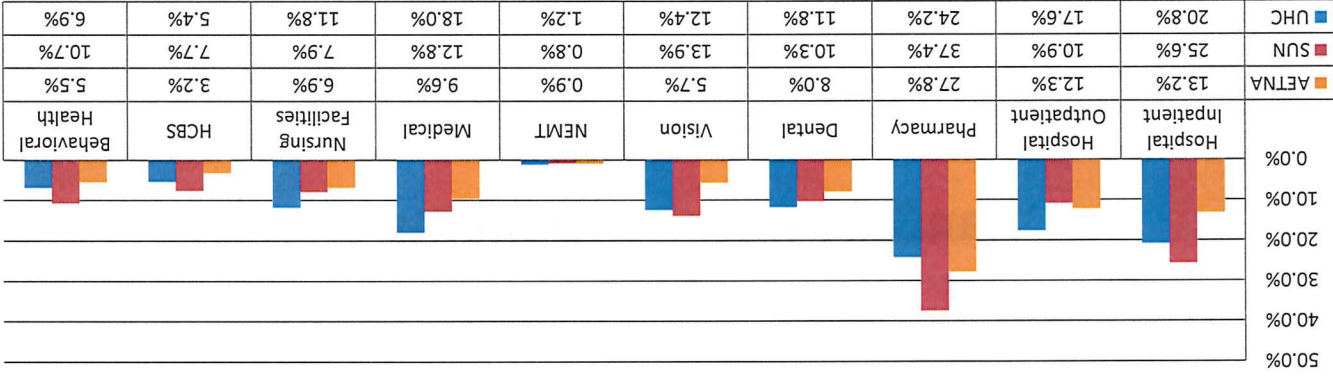
Claims Processed 2019 (Jan-Jun)	Total Claim Count			Total Claim %		
	Service Type	AETNA	SUN	UHC	AETNA	SUN
Pharmacy	963,667	1,227,889	957,156	43.3%	36.9%	33.3%
Medical	794,395	881,573	851,583	35.7%	26.5%	29.6%
Behavioral Health	103,534	394,501	373,925	4.7%	11.9%	13.0%
HCBS	131,337	330,339	236,251	5.9%	9.9%	8.2%
Hospital Outpatient	96,317	178,295	169,739	4.3%	5.4%	5.9%
NEMT	45,540	84,477	95,961	2.0%	2.5%	3.3%
Dental	55,344	87,216	84,730	2.5%	2.6%	2.9%
Nursing Facilities	23,939	67,135	52,508	1.1%	2.0%	1.8%
Vision	3,886	56,273	41,421	0.2%	1.7%	1.4%
Hospital Inpatient	7,922	20,352	15,319	0.4%	0.6%	0.5%
Total All Services	2,225,881	3,328,050	2,878,593	100%	100%	100%

Claims Processed 2019 (Jan-Jun)	Total Claim Count			Total Denied Claim			Total Claim Denied %		
	Service Type	AETNA	SUN	UHC	AETNA	SUN	UHC	AETNA	SUN
Pharmacy	963,667	1,227,889	957,156	267,607	459,219	231,882	27.77%	37.40%	24.23%
Medical	794,395	881,573	851,583	76,177	112,491	153,113	9.59%	12.76%	17.98%
Behavioral Health	103,534	394,501	373,925	5,658	42,221	25,833	5.46%	10.70%	6.91%
HCBS	131,337	330,339	236,251	4,219	25,293	12,743	3.21%	7.66%	5.39%
Hospital Outpatient	96,317	178,295	169,739	11,810	19,347	29,837	12.26%	10.85%	17.58%
NEMT	45,540	84,477	95,961	394	714	1,192	0.87%	0.85%	1.24%
Dental	55,344	87,216	84,730	4,398	8,984	10,032	7.95%	10.30%	11.84%
Nursing Facilities	23,939	67,135	52,508	1,651	5,316	6,192	6.90%	7.92%	11.79%
Vision	3,886	56,273	41,421	221	7,799	5,152	5.69%	13.86%	12.44%
Hospital Inpatient	7,922	20,352	15,319	1,045	5,208	3,188	13.19%	25.59%	20.81%
Total All Services	2,225,881	3,328,050	2,878,593	373,180	686,592	479,164	16.77%	20.63%	16.65%



Claims Denial Data

Percent Denied YTD 2019





KanCare Member Benefits



Value Added Services - January - June 2019

Aetna				Sunflower				United			
Members	Total Units	YTD	Total Value	Members	Total Units	YTD	Total Value	Members	Total Units	YTD	Total Value
623	870	\$148,448	Healthy Rewards	44,453	44,760	\$460,421	Home Helper Catalog Supplies	2,493	7,150	\$131,188	
88	278	\$29,371	Comprehensive Medication Review	3,447	3,375	\$14,732	Rewards	697	697	\$83,640	
75	82	\$10,906	Dental visits for adults	949	1,468	\$86,466	Frames and Lenses	858	2,544	\$77,197	
133	171	\$5,968	In-home telemonitoring: Service	225	225	\$56,250	Adult Dental Services	1,632	1,849	\$75,738	
29	29	\$1,015	Community Health Services Home Visiting Program	1,738	1,738	\$45,431	Debit Card for Completing First Pre-Natal Visit	300	300	\$60,202	
5	5	\$660	Start Smart for Your Baby	1,314	1,436	\$40,423	Adult Dentures	54	116	\$50,159	
12	12	\$84	Smoking cessation program	163	163	\$39,120	UHC Health Rewards Program	2,597	2,597	\$30,848	
9	9	\$63	Caregiving Collaborations - Assessment Assistance	314	905	\$21,298	Organizations	380	380	\$18,583	
9	9	\$63	Caregiving Collaborations - Journals	271	493	\$17,600	Pest Control	51	51	\$13,000	
			Healthy Solutions for Life	6,398	6,398	\$12,796	Respite Care Services	4	13	\$5,778	
			Boys & Girls Clubs	228	228	\$11,400	Medications Calendar	1,907	1,907	\$4,251	
			Dentures	7	11	\$8,839	Seeking Safety Training Events	1	1	\$4,025	
			Sunny's Kid Club	1,460	1,460	\$4,459	Mental Health First Aid Program	13	15	\$2,875	
			Healthy Solutions for Life - Weight Management Program	1,749	1,749	\$3,498	Thought	26	26	\$910	
			NF-Community Transition	10	37	\$2,791	MedicalAlert Bracelets	79	79	\$790	
			NF-Community Transition Meals	4	4	\$2,588	Adults Parks and Rec Catalog	8	8	\$400	
			In-home telemonitoring: Install	5	5	\$875	Help Getting GED	15	15	\$275	
			Adopt-A-School Program	1	1	\$225	Ais for Asthma	501	501	\$251	
			Employment - GED Prep Test	1	4	\$96	Transportation to WIC Appointments	4	8	\$232	
			Enhanced Transportation for F/E & PD waiver members	1	2	\$32					
TOTAL	234	\$17,681	TOTAL	62,751	64,538	\$929,340	TOTAL	11,620	18,257	560,341	

Kancare Grand Total 74,605 83,074 \$1,507,362

Protect and improve the health and environment of all Kansans



In Lieu of Services January- June 2019

Aetna	Unduplicated Members	Value of Service Provided	Value of Services Avoided	Sunflower	Unduplicated Members	Value of Service Provided	Value of Services Avoided	United	Unduplicated Members	Value of Service Provided	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	14	\$17,316	\$60,450	Additional personal care services, beyond existing waiver limitations... in lieu of members needing to be admitted to a nursing facility	70	\$317,652	\$1,056,822	Additional personal care services, beyond existing waiver limitation, sleep cycle support, and home delivered meals ... in lieu of members needing to be admitted to a nursing facility	250	\$548,273	\$1,356,000
Non-Covered services including private nurse, PET scans, CPAP equipment and sleep cycle support in lieu of members needing to access ICU, acute hospital, or nursing facility services	0	\$0	\$0	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	30	\$73,205	\$431,580	Non-Covered services Sleep studies, testing, and home health in lieu of members needing to access to acute hospital, or nursing facility services	203	\$554,625	\$2,672,001
Totals	14	\$17,316	\$60,450	Totals	110	\$390,857	\$1,488,402	Totals	453	1,102,898	\$4,028,001

KanCare YTD Total

Unduplicated Members	Value of Service Provided	Value of Services Avoided
577	\$1,511,071	\$5,576,853

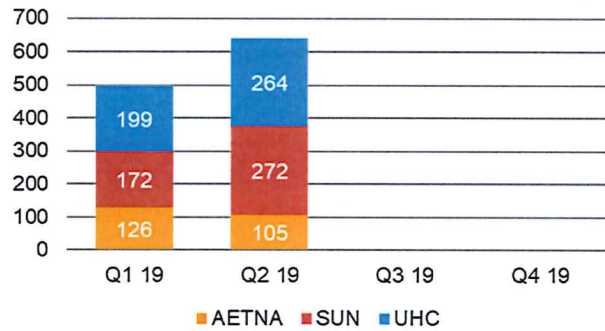
KanCare Grievance, Appeal and State Fair Hearing



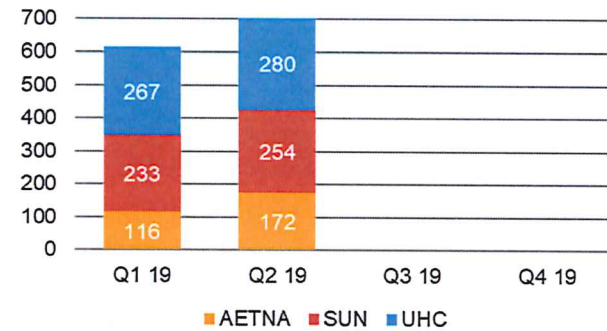


Member Grievance and Appeals Comparison

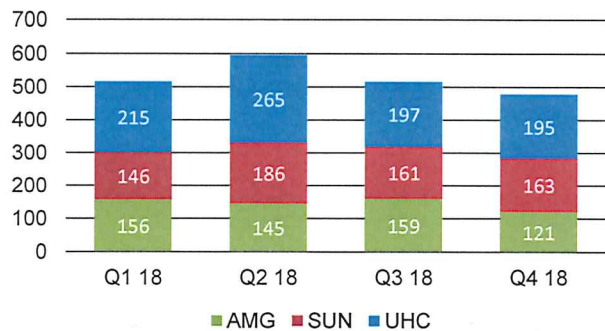
Member Grievances 2019



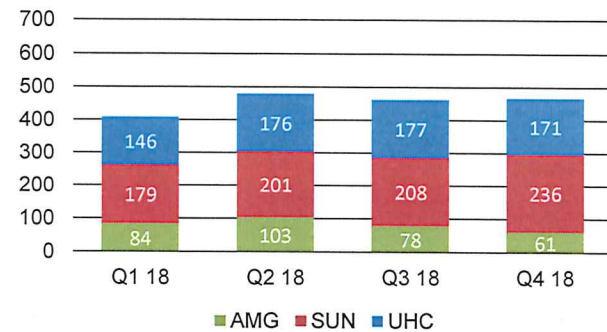
Member Appeals 2019



Member Grievances 2018

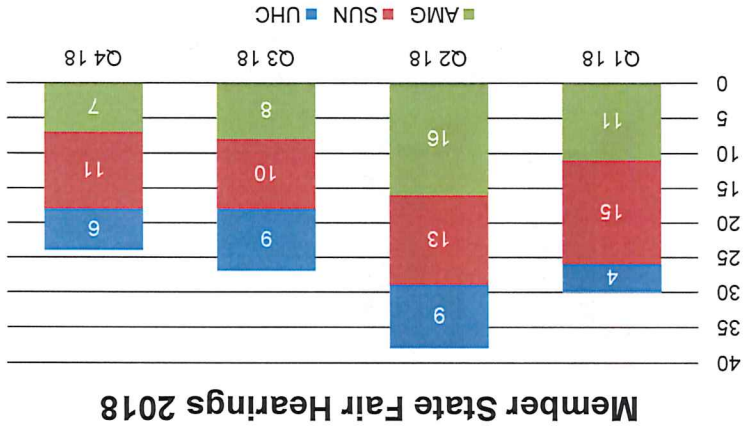
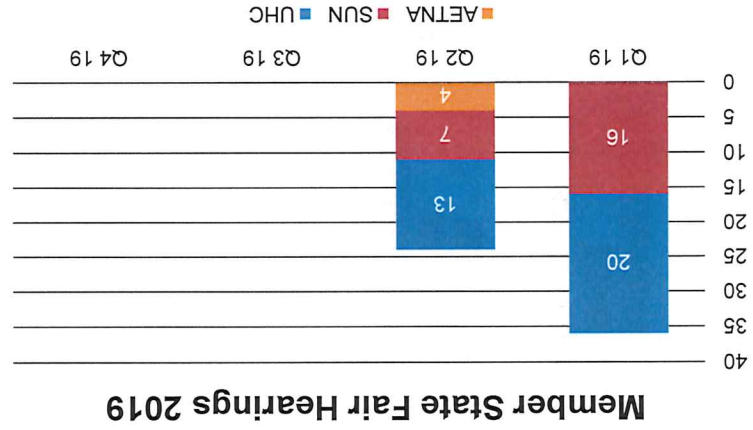


Member Appeals 2018





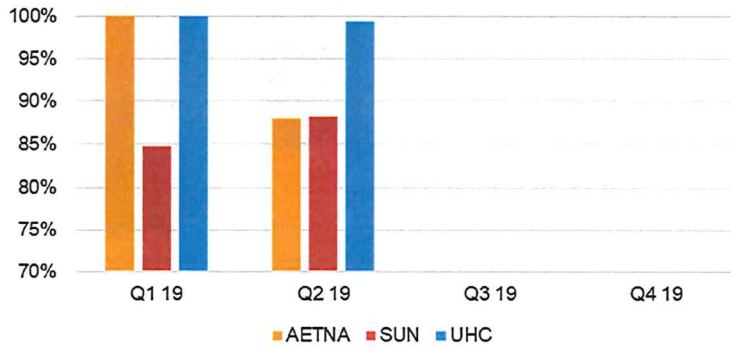
Member State Fair Hearing Comparison



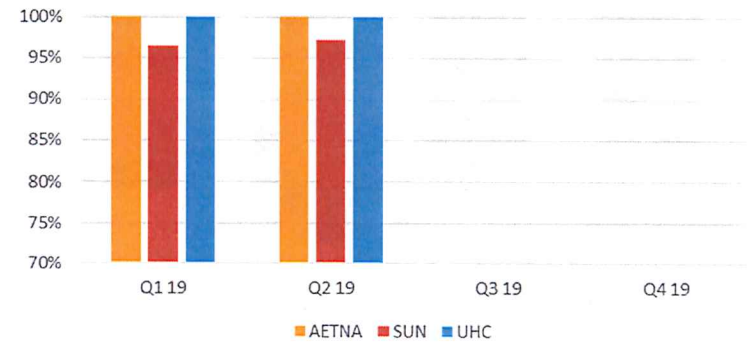


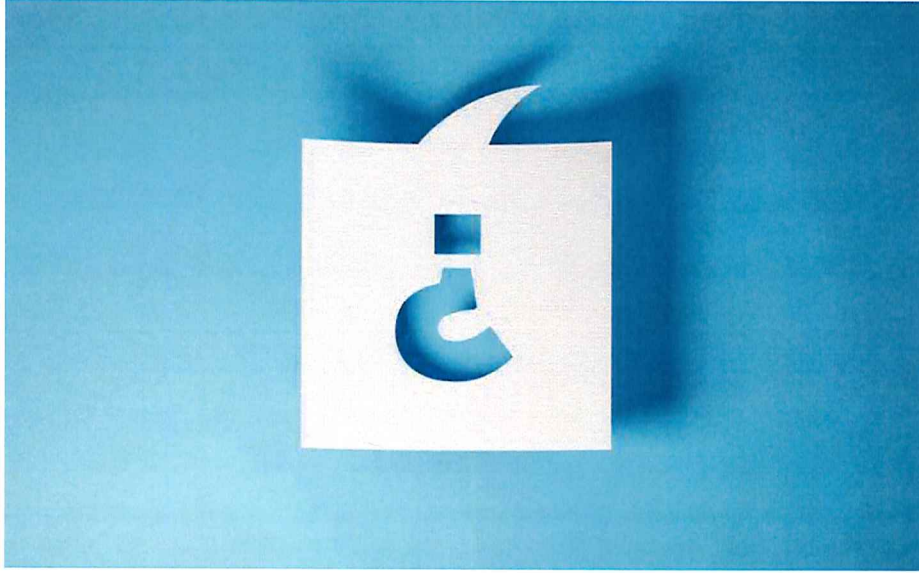
Provider Appeal Compliance

Resolved Within 30 Calendar Days (Compliance is 98%)



Resolved Within 60 Calendar Days (Compliance is 100%)





Any Questions?

