

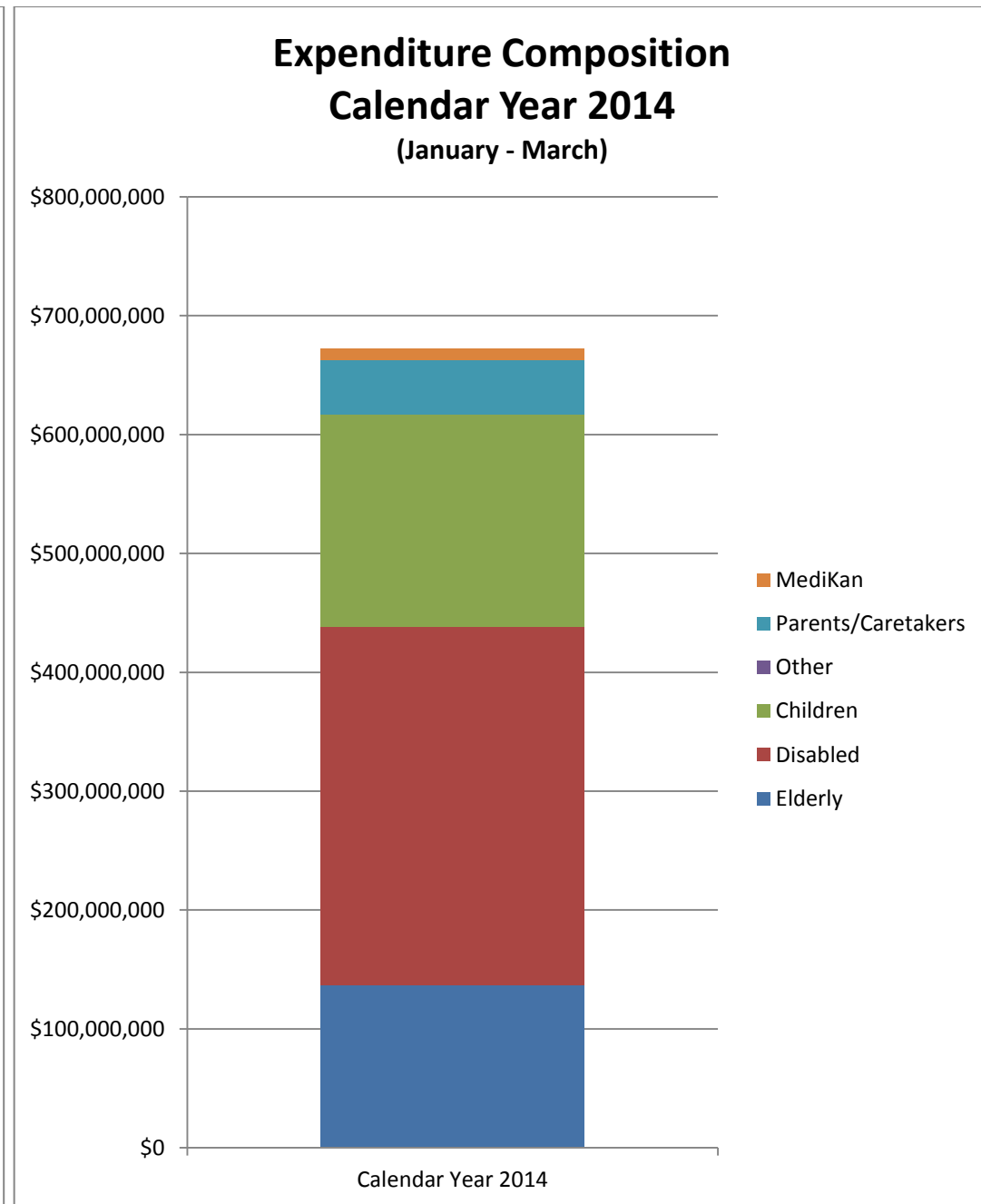
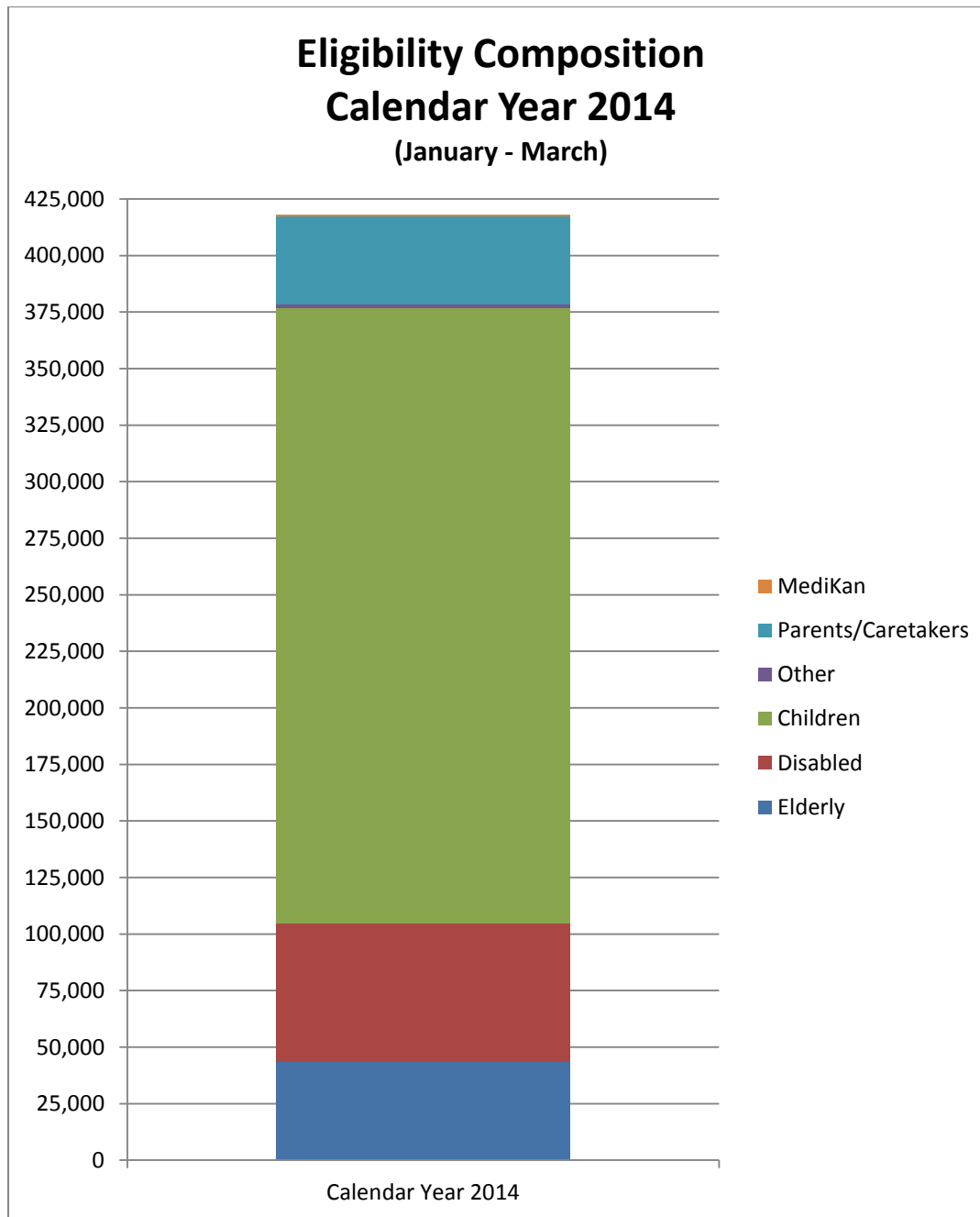
KanCare Executive Summary



KDHE-DHCF

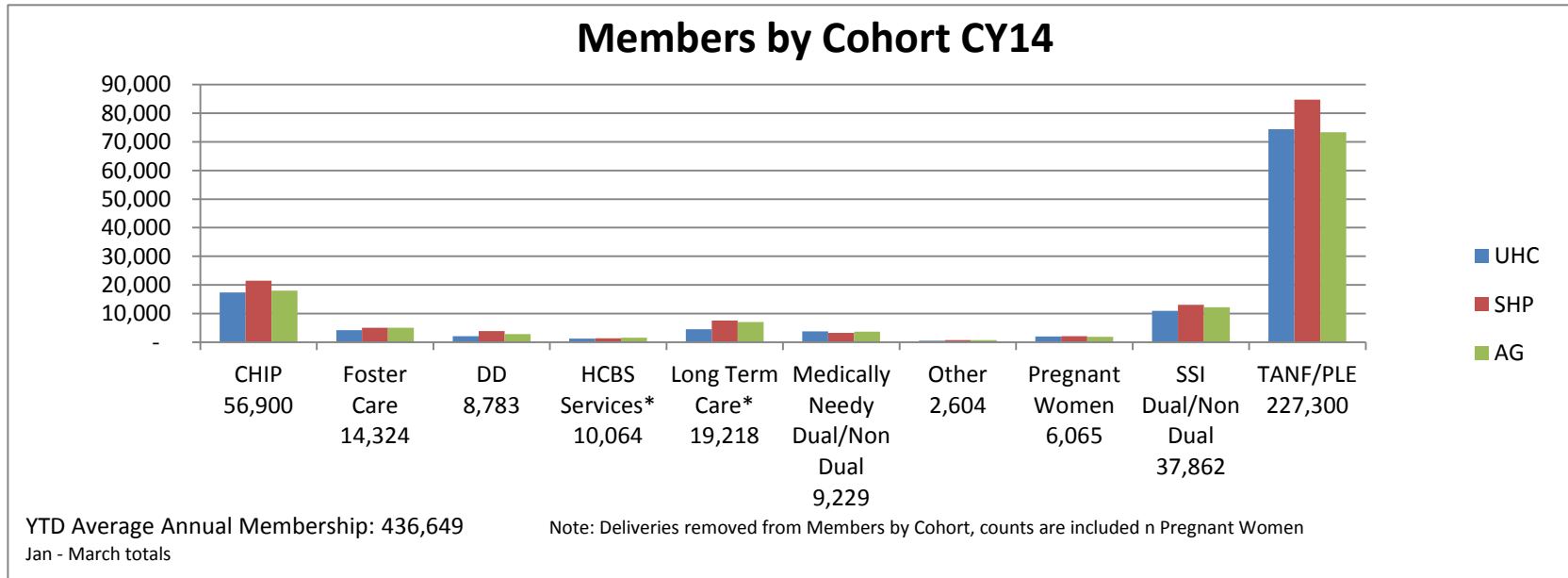
Report date: 4.25.14

Medicaid/CHIP Member Eligibility and Expenditure Information

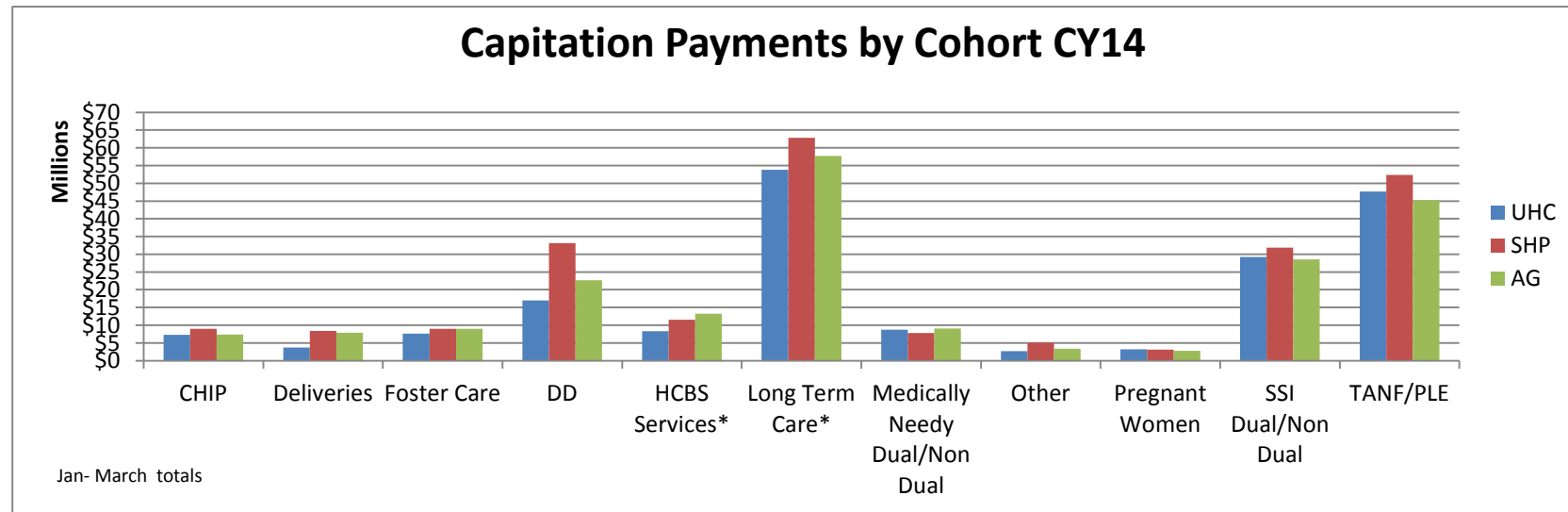


The expenditures for this graph are based on populations only. Non-claim expenditures are excluded as they are not population specific.

KanCare Executive Financial Summary CY14

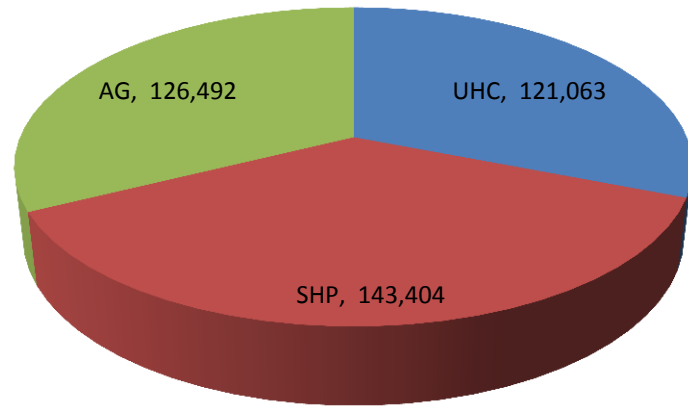


*Long Term Care includes Nursing Facilities, Money Follows the Person Frail Elderly and Physically Disability, and the Physically Disability and Frail Elderly Waivers

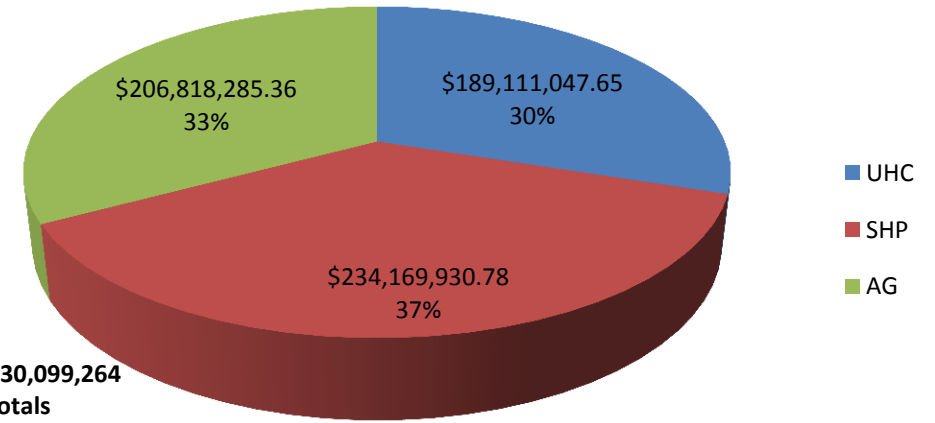


*HCBS Services includes Autism, Severe Emotional Disturbance, Technology Assisted, and Traumatic Brain Injury

Members by MCO March 2014



Capitation Payments CY14



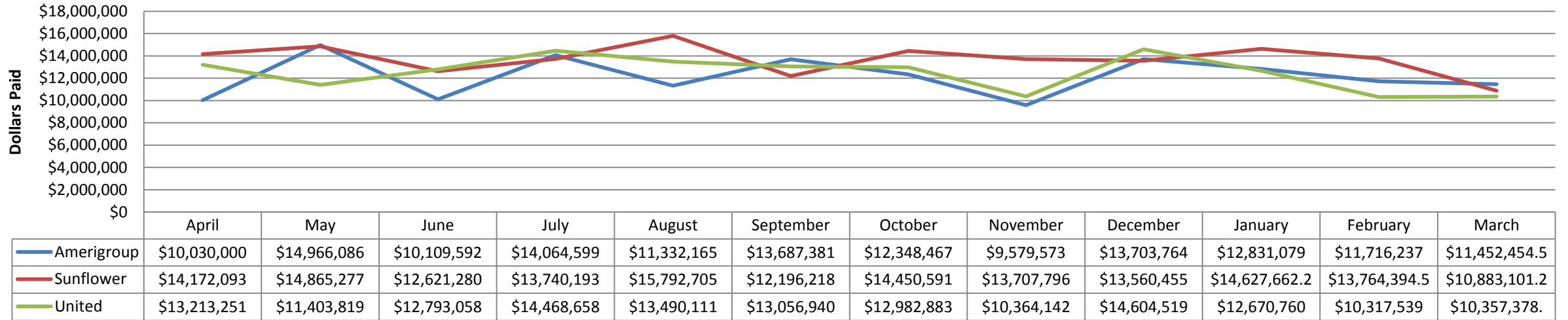
Provider Network

KanCare MCO	# of Unique Providers as of 6/30/13	# of Unique Providers as of 9/30/13	# of Unique Providers as of 12/31/13	# of Unique Providers as of 3/31/14
Amerigroup	16,706	16,891	17,352	15,668
Sunflower	13,016	14,478	15,404	15,381
UHC	14,738	15,893	18,010	19,024

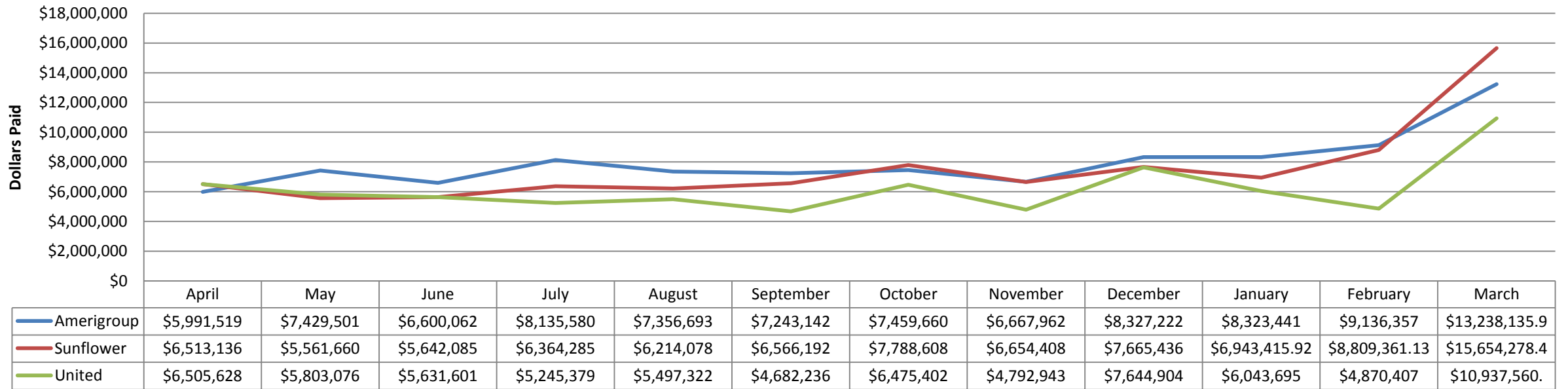
KanCare MCO	# of IDD Unique Providers (with contract and credentialing complete as of 4/22/14) HCBS / TCM
Amerigroup	72%/ 87%
Sunflower	78%/ 86%
UHC	70%/ 76%

Claims Paid by Service Category per MCO (April 2013 – March 2014)

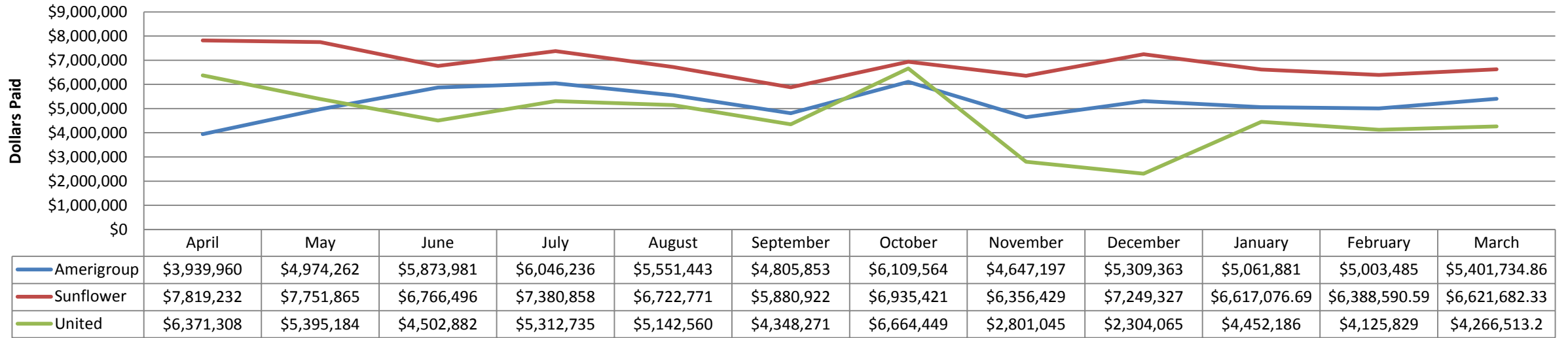
Nursing Facility



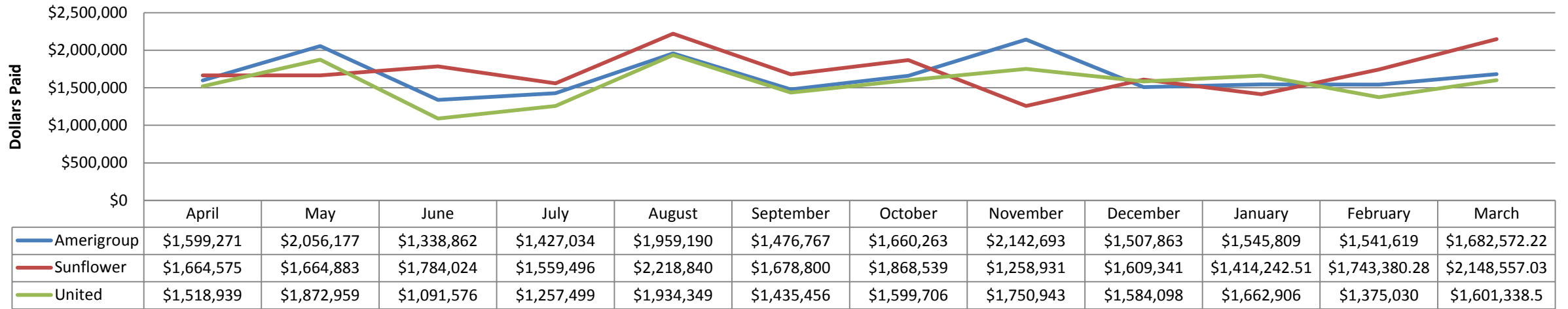
HCBS



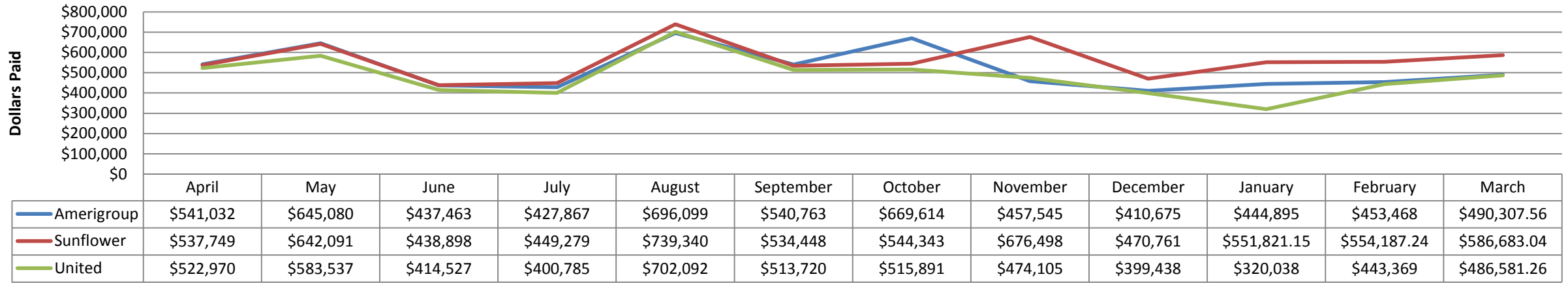
Behavioral Health



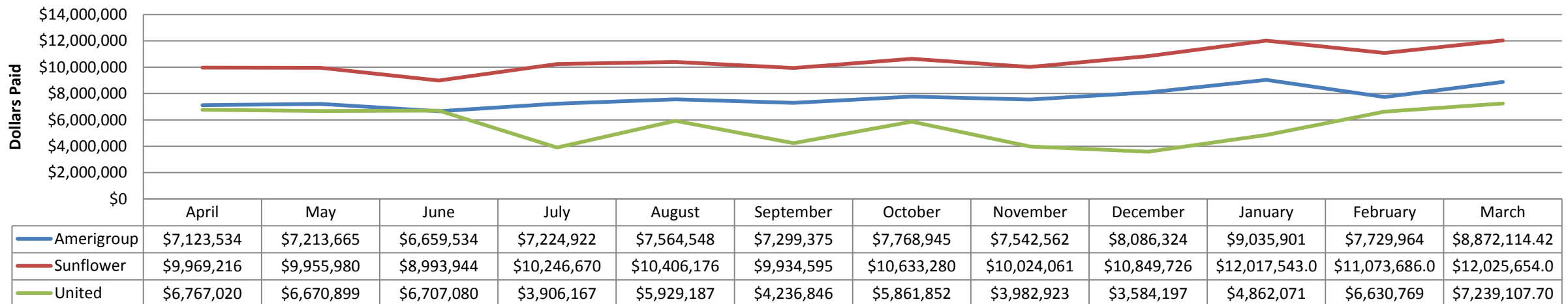
Dental



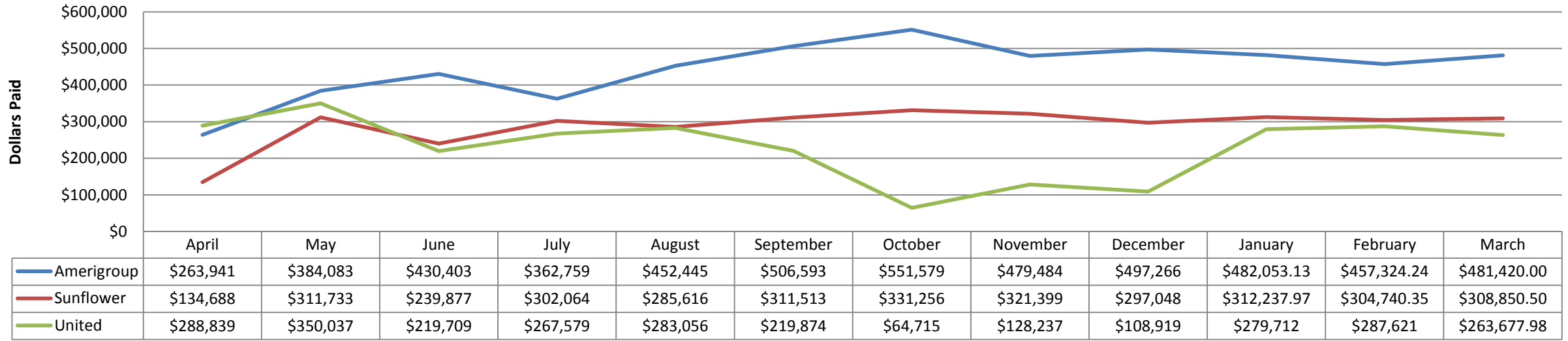
Vision



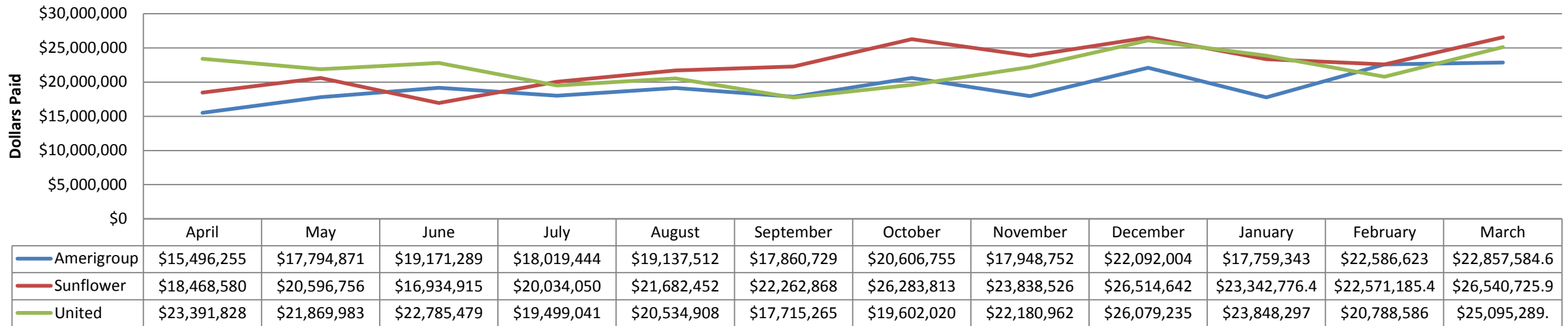
Pharmacy



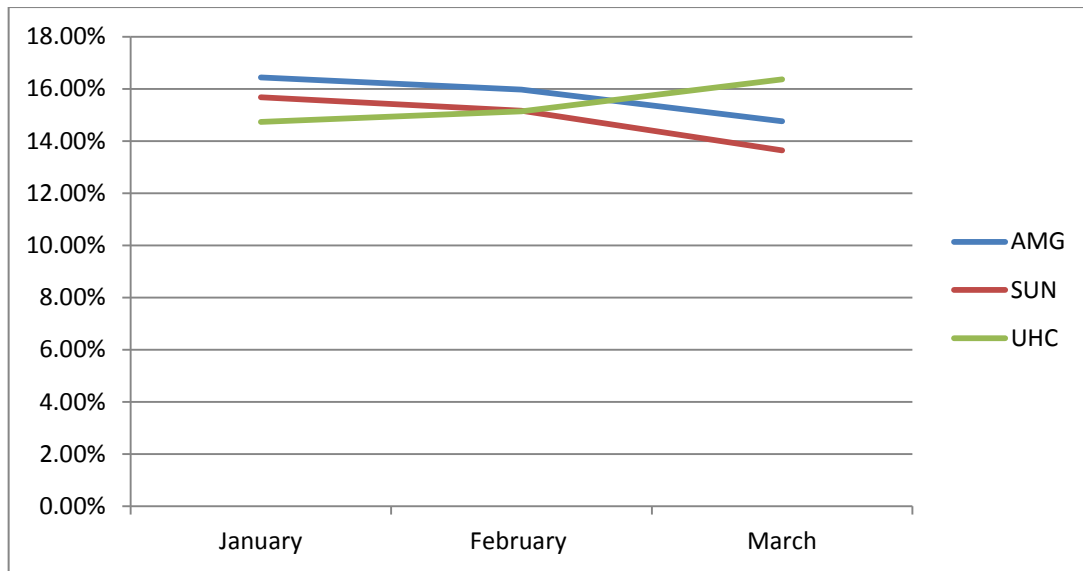
NEMT



Medical (Physical Health not otherwise specified)



2014 Denied Claims – Percentage by Month and Total per MCO



Amerigroup – January Through March 2014

Service Type	Total claim count - YTD cumulative	# claims denied – YTD cumulative	% claims denied – YTD cumulative
Hospital Inpatient	11,769	2,451	20.80%
Hospital Outpatient	99,676	17,780	18.64%
Pharmacy	439,178	92,506	21.06%
Dental	31,716	3,821	12.05%
Vision	19,268	5,740	29.79%
NEMT	43,358	47	0.11%
Medical (physical health not otherwise specified)	447,921	60,799	13.89%
Nursing Facilities	30,867	3,986	12.89%
HCBS	31,633	2,736	8.99%
Behavioral Health	153,695	16,607	10.99%
Total All Services	1,309,081	206,473	15.77%

Sunflower – January Through March 2014

Service Type	Total claim count - YTD cumulative	# claims denied – YTD cumulative	% claims denied – YTD cumulative
Hospital Inpatient	3,962	965	24.36%
Hospital Outpatient	41,189	5,465	13.27%
Pharmacy	713,265	148,886	20.87%
Dental	38,105	3,523	8.00%
Vision	21,730	2,542	11.70%
NEMT	32,301	241	0.75%
Medical (physical health not otherwise specified)	232,814	25,463	10.94%
Nursing Facilities	15,957	1,380	8.65%
HCBS	55,210	1,505	2.73%
Behavioral Health	107,696	4,062	3.77%
Total All Services	1,262,229	194,032	15.37%

United – January Through March 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	421,966	139,110	32.97%
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	25,489	1,955	7.67%
HCBS	62,691	3,952	6.30%
Behavioral Health	112,729	10,519	9.33%
Total All Services	1,175,306	225,378	19.18%

Claims Turnaround Time and Processing

AMG- YTD Claim Type	Claims Processed	Total \$ Value of Claims Processed	Total claim count - YTD cumulative	total claim count \$ value YTD cumulative	# claims denied – YTD cumulative	\$ value of claims denied YTD cumulative	% claims denied – YTD cumulative	Average TAT - YTD cumulative
Hospital Inpatient	7,536	\$31,635,765.32	11,769	\$364,741,821.97	2,451	\$71,059,048.56	20.80%	7.0
Hospital Outpatient	54,430	\$7,118,761.64	99,676	\$262,161,788.97	17,780	\$30,781,183.65	18.64%	4.2
Pharmacy	253,395	\$17,221,924.92	439,178	\$25,998,494.39	92,506	Not Applicable	21.06%	Same Day
Dental	20,414	\$3,087,096.73	31,716	\$8,658,569.89	3,821	\$1,019,319.07	12.05%	14.0
Vision	12,910	\$896,250.26	19,268	\$4,494,631.39	5,740	\$1,461,830.84	29.79%	8.0
NEMT	26,977	\$962,160.97	43,358	\$1,612,773.81	47	\$1,802.50	0.11%	17.0
Medical (Physical health not otherwise specified)	8,614	\$1,297,227.54	447,921	\$181,274,638.94	60,799	\$30,560,715.47	13.89%	4.1
Nursing Facilities	21,824	\$29,937,240.11	30,867	\$77,980,009.08	3,986	\$6,931,632.16	12.89%	5.7
HCBS	68,276	\$19,411,944.52	31,633	\$19,087,006.81	2,736	\$1,747,408.78	8.99%	5.1
BH	64,782	\$11,414,133.68	153,695	\$18,539,040.26	16,607	\$2,183,732.23	10.99%	4.1
Total	560,982	\$152,919,745.80	1,309,081	\$964,548,775.51	206,473	\$145,746,673.26	15.77%	7.7

SUN-YTD Claim Type	Claims Processed	Total \$ Value of Claims Processed	Total claim count - YTD cumulative	total claim count \$ value YTD cumulative	# claims denied – YTD cumulative	\$ value of claims denied YTD cumulative	% claims denied – YTD cumulative	Average TAT - YTD cumulative
Hospital Inpatient	6,489	\$22,518,817.35	3,962	\$28,616,890.43	965	\$6,272,164.44	24.36%	6
Hospital Outpatient	51,320	\$6,782,923.35	41,189	\$16,124,441.02	5,465	\$2,938,879.78	13.27%	5
Pharmacy	132,802	\$22,736,347.00	713,265	\$42,647,982.00	148,886	\$7,363,807.00	20.87%	Same Day
Dental	22,439	\$3,157,777.72	38,105	\$9,325,092.16	3,523	\$1,108,174.07	8.00%	3
Vision	19,567	\$1,106,008.39	21,730	\$4,750,898.53	2,542	\$628,499.63	11.70%	12
NEMT	20,866	\$616,978.32	32,301	\$925,828.82	241	\$6,763.49	0.75%	11
Medical (Physical health not otherwise specified)	326,176	\$23,840,578.56	232,814	\$56,040,345.17	25,463	\$7,287,633.37	10.94%	5
Nursing Facilities	37,105	\$53,355,906.63	15,957	\$30,669,324.34	1,380	\$3,368,890.50	8.65%	5
HCBS	66,633	\$23,424,591.88	55,210	\$16,379,764.36	1,505	\$749,586.97	2.73%	4
BH	105,025	\$10,258,219.22	107,696	\$13,215,225.55	4,062	\$1,158,438.59	3.77%	4
Total	825,527	\$221,154,055.05	1,262,229	\$218,695,792.38	194,032	\$30,882,837.84	15.37%	6

UHC-YTD Claim Type	Claims Processed	Total \$ Value of Claims Processed	Total claim count - YTD cumulative	total claim count \$ value YTD cumulative	# claims denied – YTD cumulative	\$ value of claims denied YTD cumulative	% claims denied – YTD cumulative	Average TAT - YTD cumulative
Hospital Inpatient	2,068	\$6,771,944.15	7636	\$227,419,245.01	1559	\$52,826,771.40	20.41%	16.14
Hospital Outpatient	18,885	\$2,625,520.61	70882	\$173,859,741.17	10085	\$31,234,183.34	14.22%	10.60
Pharmacy	216,446	\$15,033,905.62	421966	\$27,848,753.40	139110	\$17,330,359.71	32.97%	Same Day
Dental	22,481	\$3,047,208.69	33598	\$8,705,305.59	5076	\$716,443.37	15.11%	16.00
Vision	6,795	\$438,454.95	17136	\$3,352,369.26	3440	\$707,633.65	20.07%	12.20
NEMT	18,988	\$567,392.44	29065	\$831,070.42	265	\$7,882.16	0.91%	11.1
Medical (Physical health not otherwise specified)	111,419	\$10,189,783.06	394114	\$135,050,916.71	49417	\$20,957,719.83	12.53%	9.16
Nursing Facilities	7,202	\$10,163,610.04	25489	\$53,306,613.46	1955	\$5,020,916.95	7.67%	9.34
HCBS	14,640	\$3,234,643.54	62691	\$17,934,550.23	3952	\$1,131,569.66	6.30%	12.63
BH	31,932	\$3,378,574.88	112729	\$26,753,945.84	10519	\$5,846,698.32	9.33%	8.16
Totals	458,058	\$65,614,648.02	1175306	\$675,062,511.09	225378	\$135,780,178.39	19.18%	9.96

Value Added Services and In Lieu Of Services

Summary of 2014 Value Added Services Used By KanCare Members (January-March 2014)

Amerigroup	YTD Members	Total Units YTD	Total Value YTD	Sunflower	Total members	Total units YTD	Total value YTD	United	Total Members	Total units YTD	Total value YTD
Adult Dental Care	1,983	2,036.00	\$111,401.34	CentAccount debit card	4,356	6,857	\$137,140.00	Peer Bridgers Program	18	18	\$95,256.00
Member Incentive Program	1,092	1,624.00	\$47,330.00	Dental visits for adults	4,040	6,029	\$110,711.80	Join for Me - Pediatric Obesity Classes*	25	25	\$62,500.00
Mail Order OTC	1,341	1,376.00	\$22,507.53	Start Smart (includes home visits for new mothers)	404	738	\$20,774.70	Frames	1,110	1,123	\$46,549.14
Healthy Families Program	11	11.00	\$12,500.00	Smoking cessation program (nutur)	36	72	\$17,280.00	Lenses	556	691	\$33,732.41
Pest Control	31	31.00	\$5,175.00	Lodging for specialty and inpatient care	347	184	\$14,904.00	Contacts	215	303	\$20,994.84
Smoking Cessation Program	28	37.00	\$3,600.00	Disease and Healthy Living Coaching (inclds wght) (nurtur)	2,263	4,282	\$11,176.32	Mental Health First Aid Program	10	10	\$17,991.40
Hypoallergenic Bedding	36	36.00	\$3,529.44	Respite care (FE Only)	0	253	\$1,635.00	Adult Dental Services	292	292	\$15,589.88
Weight Watcher Vouchers	21	52.00	\$1,917.76	Community Programs for Healthy Children: Boys & Girls Clubs	68	68	\$1,020.00	Annual Wellness Reminders	19,561	19,561	\$12,323.43
Entertainment Book Coupons	25	26.00	\$14.45	Safelink®/Connenctions Plus cell phones	9	9	\$430.47	Baby Blocks Program and Rewards	196	196	\$11,642.40
Safelink Phone Service	693	697.00	\$0.00	Meals for specialty and inpatient care	2	14	\$350.00	Weight Watchers - Free Classes	68	68	\$8,092.00
				In-home caregiver support/ additional respite	37	4	\$11.38	Asthma Bedding	57	57	\$2,964.00
				Behavioral Health - Children's incentive program *program not yet approved of by the state	12	0	\$0.00	Membership to Youth Organizations	47	47	\$2,350.00
				Sunflower has an online library of information on many topics including books and audio.	2	0	\$0.00	Infant Care Book for Pregnant Women	162	162	\$2,106.00
				Practice visits to ob/gyns and dentists	5	0	\$0.00	Additional Podiatry Visits	8	11	\$1,001.99
				Escort/assistant to accompany members to medical appointments	2,036	0	\$0.00	KAN Be Healthy Screening Age 3 to 19 - Debit Card Reward	39	39	\$390.00
								Weight Watchers Reward - Reward for Completing Classes	4	4	\$200.00
								Coverage for Sports/School Physicals	3	3	\$194.40
								A is for Asthma	283	283	\$141.50
								New Member Dental Exam - Debit Card Reward	11	11	\$110.00
								New Member Vision Exam - Debit Card Reward	8	8	\$80.00
								Adult Biometric Screening - Debit Card Reward	4	4	\$60.00
								KAN Be Healthy Screening Age Birth to 30 months - Debit Card Reward	1	1	\$10.00
GRAND TOTAL	5,261	5,926.00	\$207,975.52	GRAND TOTAL	13,617	18,510	\$ 315,433.67	GRAND TOTAL	22,678	22,917	\$334,279

Summary of In Lieu Of Services Used By KanCare Members (January-March 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	16	\$ 54,567.98	Additional personal care services, beyond existing waiver limitations ... in lieu of members needing to be admitted to a nursing facility	555	\$583,334.54	Additional personal care services, personal care services, beyond existing waiver limitations , , sleep cycle support, and telehealth ... in lieu of members needing to be admitted to a nursing facility	1003	\$1,756,714.00
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	5	\$ 1,395.49	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	17	\$ 347,920.00	Non-Covered services	0	0
Totals	21	\$ 55,963.47	Totals	572	\$931,254.54	Totals	1003	\$1,756,714.00

Member Grievances & Appeals (Jan-March 2014)

Next quarterly report due April 30th

AMERIGROUP -Member			
	Grievances	Appeals	State Fair Hearings
Number of grievances/appeals reviewed:	201	31	
Number of grievances/appeals resolved:	212	30	
Number of grievances/appeals considered invalid:	4	2	
Average length of time to complete each grievance/appeal:	15.37	8.7	
Total number of State Fair Hearings requested:			75
Number of upheld decisions at State Fair Hearing Level:			2
Number of overturned decisions at State Fair Hearing Level:			3
Number of health plan appeals reversed in the member's favor:	0	6	4
Number of health plan appeals reversed in the provider's favor:		0	55
Number of State Fair Hearings withdrawn:			7
Number of dismissals:	0	0	9
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?			
Medical necessity met			
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 Prior or Post Authorization			
5 Criteria Not Met- Medical Procedure			

SUNFLOWER- Member			
	Grievances	Appeals	State Fair Hearings
Number of grievances/appeals reviewed:	99	118	
Number of grievances/appeals resolved:	95	118	
Number of grievances/appeals considered invalid:	0	0	
Average length of time to complete each grievance/appeal:	8.64	8	
Total number of State Fair Hearings requested:			59
Number of upheld decisions at State Fair Hearing Level:			2
Number of overturned decisions at State Fair Hearing Level:			1
Number of health plan appeals reversed in the member's favor:			0
Number of health plan appeals reversed in the provider's favor:			1
Number of State Fair Hearings withdrawn:			6
Number of dismissals:			43
Number of default dismissals:			
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?			
agency affirmed			
List the top 5 reasons that were most commonly the subject of grievances/appeals:			
1 Medical Necessity Denial			
2 Availability			
3 Pharmacy Formulary Tier/Co-pay			
4 Attitude/Service of Staff			
5 Billing and Financial Issues			

UNITED- Member			
	Grievances	Appeals	State Fair Hearings
Number of grievances/appeals reviewed:	123	182	
Number of grievances/appeals resolved:	120	119	
Number of grievances/appeals considered invalid:	0	78	
Average length of time to complete each grievance/appeal:	8	21	
Total number of State Fair Hearings requested:			41
Number of upheld decisions at State Fair Hearing Level:			2
Number of overturned decisions at State Fair Hearing Level:			0
Number of health plan appeals reversed in the member's favor:	0	17	2
Number of health plan appeals reversed in the provider's favor:		0	4
Number of State Fair Hearings withdrawn:			2
Number of dismissals:	0	0	10
Number of default dismissals:			0
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?			
Member's hours were reinstated on one of the SFH requests prior to hearing. A DME denial was overturned on the other one. A determination was made that it was a more member friendly and better business decision to replace it now.			
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			

Pay for Performance Measures – Year One

Summary of 2013 Performance per MCO

Reporting Protocol and Summary-Amerigroup

Subject	P4P Metric	Measurement Period	Measures Achieved During Reporting Period																															
			Jan		Feb		Mar		Apr		May		Jun		Jul		Aug		Sep		Oct		Nov		Dec									
Monthly			Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent								
Claims Processing-AMG	- 100% of clean claims are processed within 20 days	Monthly w/reset	284417	99.762%	308294	99.501%	317273	99.798%	385231	99.948%	372619	99.658%	371942	100.000%	392913	99.999%	389889	99.971%	381078	99.932%	435054	99.950%	408095	99.314%	386516	99.999%								
Claims Processing-AMG	- 99% of all non-clean claims are processed within 45 days	Monthly w/reset	11744	100.000%	10158	98.900%	11982	99.825%	4439	100.000%	3347	100.000%	2890	100.000%	3053	100.000%	2520	100%	2718	100%	2873	100.000%	2609	100.000%	2328	100.000%								
Claims Processing-AMG	- 100% of all claims are processed within 60 days	Monthly w/reset	296839	100.000%	320000	99.965%	329918	100.000%	389872	100.000%	375966	99.661%	374832	100.000%	395968	100.000%	392409	99.971%	383944	99.971%	438139	99.999%	413559	100.008%	388846	100.000%								
Credentialing-AMG	90% providers completed in 20 days	Monthly w/reset	111	47%	319	96%	240	96%	528	98%	215	95%	184	97%	137	100%	120	100%	100	100%	203	100%	224	100%	102	100%								
Credentialing-AMG	100% providers completed in 30 days	Monthly w/reset	194	82%	334	100%	250	100%	540	100%	226	100%	190	100%	137	100%	120	100%	100	100%	203	100%	224	100%	102	100%								
Customer Service-AMG	- 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	Monthly w/reset	41201	99.985%	23271	99.991%	23926	99.996%	23158	100%	22289	99.996%	20566	100.0%	22296	99.991%	19560	99.959%	17303	99.983%	19354	99.995%	16083	100%	15906	100%								
Quarterly			1Q		2Q		3Q		4Q																									
Grievances-AMG	- 98% of grievances are resolved within 20 days	Quarterly w/reset	220	100%	206	100%	190	100%	190	100%																								
Grievances-AMG	- 100% of grievances are resolved within 40 days	Quarterly w/reset	0	100%	0	100%	190	100%	190	100%																								
Appeals-AMG	Contractor sends an acknowledgement letter within 3 business days of receipt of the appeal request	Quarterly w/reset	6	100%	17	100%	33	97.1%	31	100%																								

Reporting Protocol and Summary-Sunflower

Subject	P4P Metric	Measurement Period	Measures Achieved During Reporting Period																															
			Jan		Feb		Mar		Apr		May		Jun		Jul		Aug		Sep		Oct		Nov		Dec									
Monthly			Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent								
Claims Processing-SHP	- 100% of clean claims are processed within 20 days	Monthly w/reset	184,435	100%	324,946	99%	375,424	98%	414,508	98%	407,742	97%	379,320	98%	404,306	97%	425,604	98%	384,431	99%	454,318	99%	541,664	99%	566,528	99%								
Claims Processing-SHP	- 99% of all non-clean claims are processed within 45 days	Monthly w/reset	5,795	100%	24,501	100%	21,970	91%	12,892	87%	15,461	95%	14,658	97%	12,051	94%	14,828	93%	8,518	76%	12,805	78%	4,904	92%	4,692	94%								
Claims Processing-SHP	- 100% of all claims are processed within 60 days	Monthly w/reset	64,611	100%	236,097	100%	281,968	100%	297,541	99%	276,479	99%	281,676	100%	293,169	100%	447,545	100%	387,199	99%	472,700	99%	549,324	99%	578,798	100%								
Credentialing-SHP	90% providers completed in 20 days	Monthly w/reset	95	94%	75	96%	65	97%	102	100%	144	37%	90	67%	139	99%	98	97%	65	100%	141	94%	179	99%	180	97%								
Credentialing-SHP	100% providers completed in 30 days	Monthly w/reset	101	100%	78	100%	67	100%	102	100%	231	59%	100	75%	139	99%	88	87%	65	100%	150	100%	180	100%	183	99%								
Customer Service-SHP	- 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	Monthly w/reset	42,664	100%	31,527	100%	28,325	100%	30,096	100%	22,807	100%	21,358	100%	20,596	100%	20,761	100%	18,750	100%	21,865	100%	20,217	100%	19,659	100%								
Quarterly			1Q		2Q		3Q		4Q																									
Grievances-SHP	- 98% of grievances are resolved within 20 days	Quarterly w/reset	170	100%	170	100%	112	100%	112	100%																								
Grievances-SHP	- 100% of grievances are resolved within 40 days	Quarterly w/reset	161	100%	161	100%	112	100%	112	100%																								
Appeals-SHP	Contractor sends an acknowledgement letter within 3 business days of receipt of the appeal request	Quarterly w/reset	9	100%	31	100%	171	100%	118	100%																								

Reporting Protocol and Summary- United Health Community Plan

Subject	P4P Metric	Measurement Period	Measures Achieved During Reporting Period																							
			Jan		Feb		Mar		Apr		May		Jun		Jul		Aug		Sep		Oct		Nov		Dec	
Monthly			Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Claims Processing-UHC	- 100% of clean claims are processed within 20 days	Monthly w/reset	330,461	92.26%	243,951	96.39%	315,844	91.87%	319,201	92.01%	354,002	99.23%	325,313	99.86%	313,315	99.64%	345,355	100%	301,184	100%	390,647	99.99%	388,792	99.998%	384,893	99.94%
Claims Processing-UHC	- 99% of all non-clean claims are processed within 45 days	Monthly w/reset	16,857	99.09%	18,234	100.00%	16,882	99.02%	16,641	99.08%	14,119	96.49%	17,553	99.97%	11,210	100%	13,398	100%	9,166	100%	16,155	99.89%	11,259	99.98%	11,674	99.96%
Claims Processing-UHC	- 100% of all claims are processed within 60 days	Monthly w/reset	375,060	99.96%	276,106	100.00%	360,694	99.96%	363,584	99.96%	369,714	99.56%	343,324	100.00%	325,659	100%	358,755	100%	310,351	100%	406,819	99.99%	400,114	99.9998%	396,817	100%
Credentialing-UHC	90% providers completed in 20 days	Monthly w/reset	312	98%	217	99%	137	97%	215	98%	134	99%	93	97%	110	100%	135	100%	92	99%	111	97%	113	100%	89	100%
Credentialing-UHC	100% providers completed in 30 days	Monthly w/reset	317	100%	220	100%	141	100%	219	100%	135	100%	96	100%	110	100%	135	100%	93	100%	113	98%	113	100%	89	100%
Customer Service-UHC	- 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	Monthly w/reset	36,554	99.78%	16,197	99.17%	17,194	98.84%	16,205	99.04%	13,037	99.03%	11,387	97.95%	12,808	97.61%	12,867	99.89%	12,244	99.82%	13,725	100%	11,460	100%	10,960	100%
Quarterly			1Q		2Q		3Q		4Q																	
Grievances-UHC	- 98% of grievances are resolved within 20 days	Quarterly w/reset	110	100%	110	100%	94	100%	94	100%																
Grievances-UHC	- 100% of grievances are resolved within 40 days	Quarterly w/reset	140	100%	140	100%	94	100%	94	100%																
Appeals-UHC	Contractor sends an acknowledgement letter within 3 business days of receipt of the appeal request	Quarterly w/reset	8	100%	39	100%	78	98%	104	100%																

Amerigroup Reporting Protocol and Summary

Subject	P4P Metric	Measurement Period	Measures Achieved During Reporting Period (Yes/No or Leave Blank Until Report Is Filed)												Final P4P Calculation Complete at Year End				
			Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	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	Monthly w/reset	No	No	No	No	No	No	No	No	No	No	No	No	No	No	0	out of 12	0.000
Encounters	Contractor meets all of the performance standards within 60 days from implementation date.	Monthly w/reset after 1st 60 days	Yes	Yes	Yes	Yes	Yes	Yes	No	No	No	No	No	No	No	6	out of 12	0.250	
Credentialing	- 90% providers completed in 20 days - 100% providers completed in 30 days	Monthly w/reset	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	11	out of 12	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	Monthly w/reset	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	12	out of 12	0.500		
Quarterly			1Q			2Q			3Q			4Q							
Grievances	- 98% of grievances are resolved within 20 days - 100% of grievances are resolved within 40 days	Quarterly w/reset	Yes			Yes			Yes			No			3	out of 4	0.375		
Appeals	Contractor sends an acknowledgement letter within 3 business days of receipt of the appeal request	Quarterly w/reset	Yes			Yes			No			Yes			3	out of 4	0.375		

Total **1.958** out of 3%

Sunflower Reporting Protocol and Summary

Subject	P4P Metric	Measurement Period	Measures Achieved During Reporting Period (Yes/No or Leave Blank Until Report Is Filed)												Final P4P Calculation Complete at Year End				
			Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	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	Monthly w/reset	No	No	No	No	No	No	No	No	No	No	No	No	No	No	0	out of 12	0.000
Encounters	Contractor meets all of the performance standards within 60 days from implementation date.	Monthly w/reset after 1st 60 days	Yes	Yes	Yes	Yes	Yes	Yes	No	No	No	No	No	No	No	No	6	out of 12	0.250
Credentialing	- 90% providers completed in 20 days - 100% providers completed in 30 days	Monthly w/reset	Yes	Yes	Yes	Yes	No	No	No	No	Yes	Yes	Yes	No	No	No	7	out of 12	0.292
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	Monthly w/reset	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	12	out of 12	0.500
Quarterly			1Q			2Q			3Q			4Q							
Grievances	- 98% of grievances are resolved within 20 days - 100% of grievances are resolved within 40 days	Quarterly w/reset	Yes			Yes			Yes			Yes			4	out of 4	0.500		
Appeals	Contractor sends an acknowledgement letter within 3 business days of receipt of the appeal request	Quarterly w/reset	Yes			Yes			Yes			Yes			4	out of 4	0.500		

Total **2.042** out of 3%

United Reporting Protocol and Summary

Subject	P4P Metric	Measurement Period	Measures Achieved During Reporting Period (Yes/No or Leave Blank Until Report Is Filed)												Final P4P Calculation Complete at Year End			
			Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	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	Monthly w/reset	No	No	No	No	No	No	No	No	No	No	No	No	No	0	out of 12	0.000
Encounters	Contractor meets all of the performance standards within 60 days from implementation date.	Monthly w/reset after 1st 60 days	Yes	Yes	Yes	Yes	Yes	Yes	No	No	No	No	No	No	6	out of 12	0.250	
Credentialing	- 90% providers completed in 20 days - 100% providers completed in 30 days	Monthly w/reset	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	Yes	Yes	11	out of 12	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	Monthly w/reset	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	Yes	Yes	11	out of 12	0.458	
Quarterly			1Q			2Q			3Q			4Q						
Grievances	- 98% of grievances are resolved within 20 days - 100% of grievances are resolved within 40 days	Quarterly w/reset	Yes			Yes			Yes						3	out of 4	0.375	
Appeals	Contractor sends an acknowledgement letter within 3 business days of receipt of the appeal request	Quarterly w/reset	Yes			Yes			No			Yes			3	out of 4	0.375	
															Total	1.917	out of 3%	

