

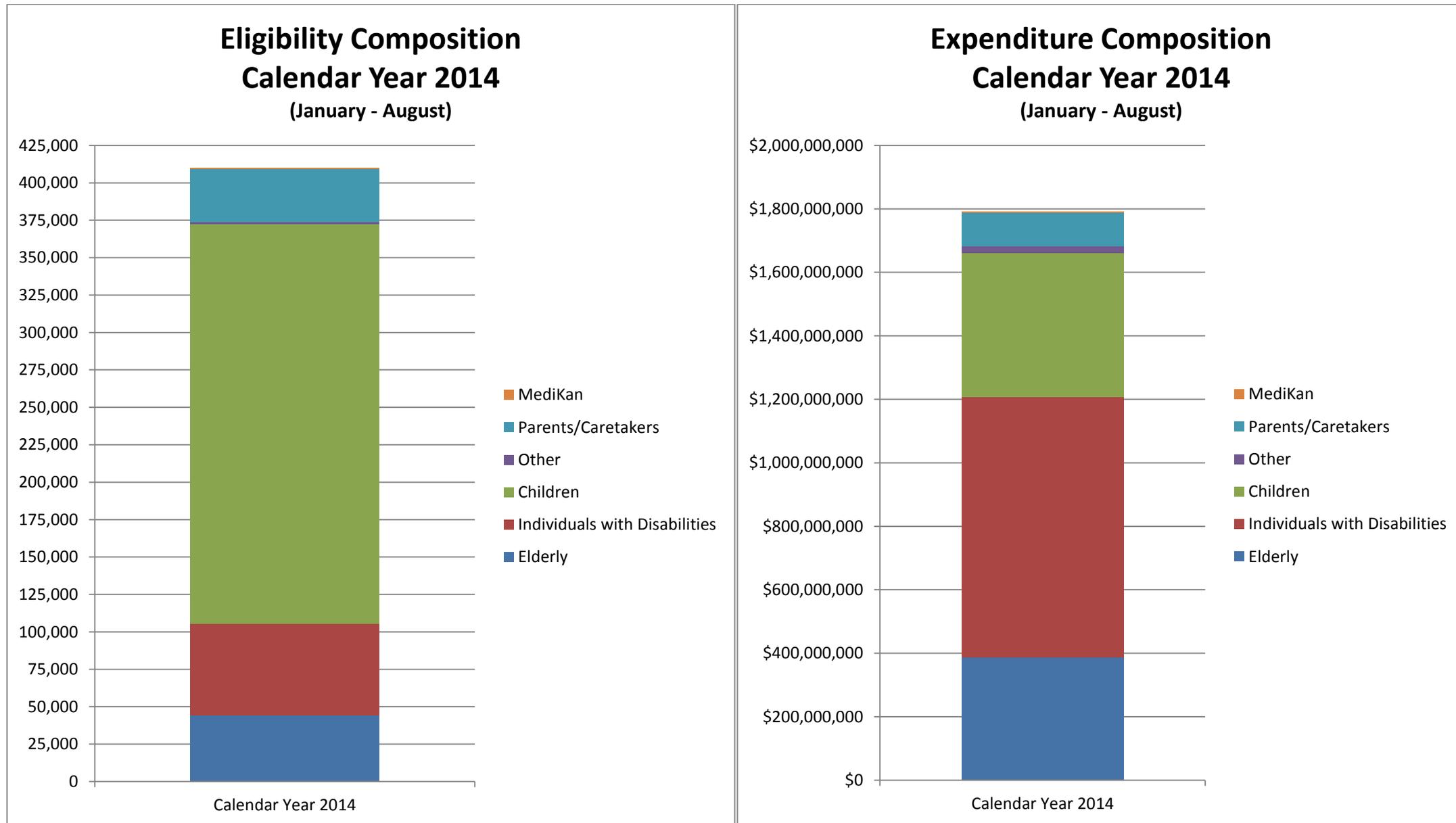
KanCare Executive Summary



KDHE-DHCF

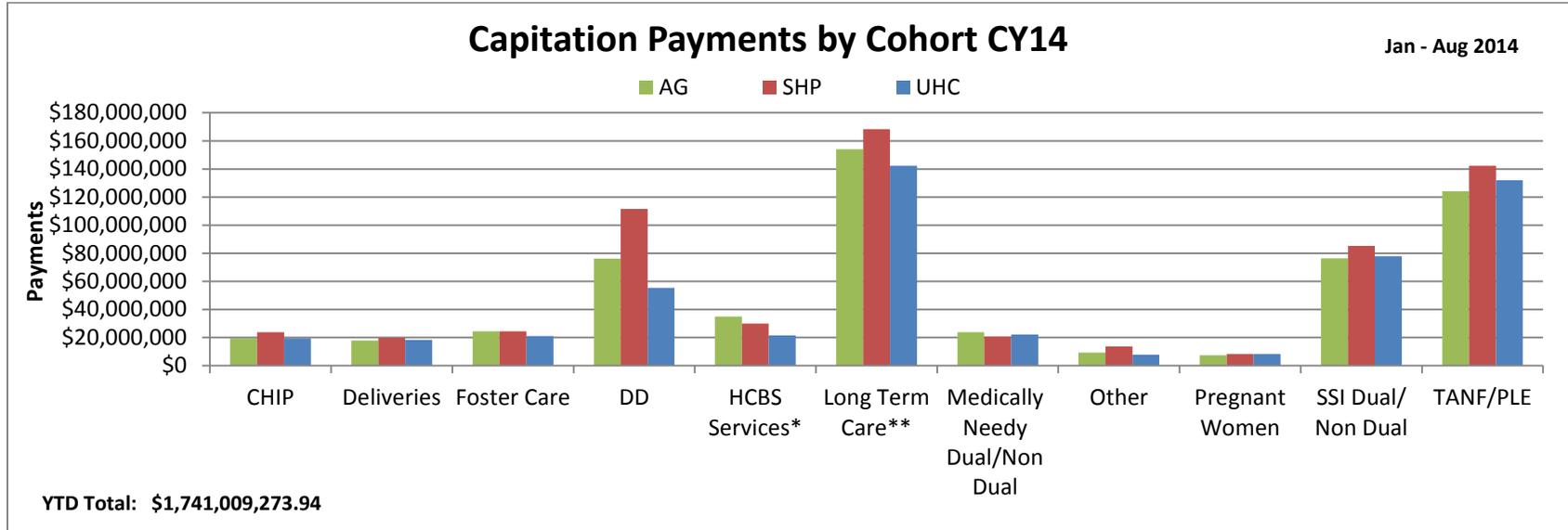
Report date: 9.18.14

Medicaid/CHIP Member Eligibility and Expenditure Information



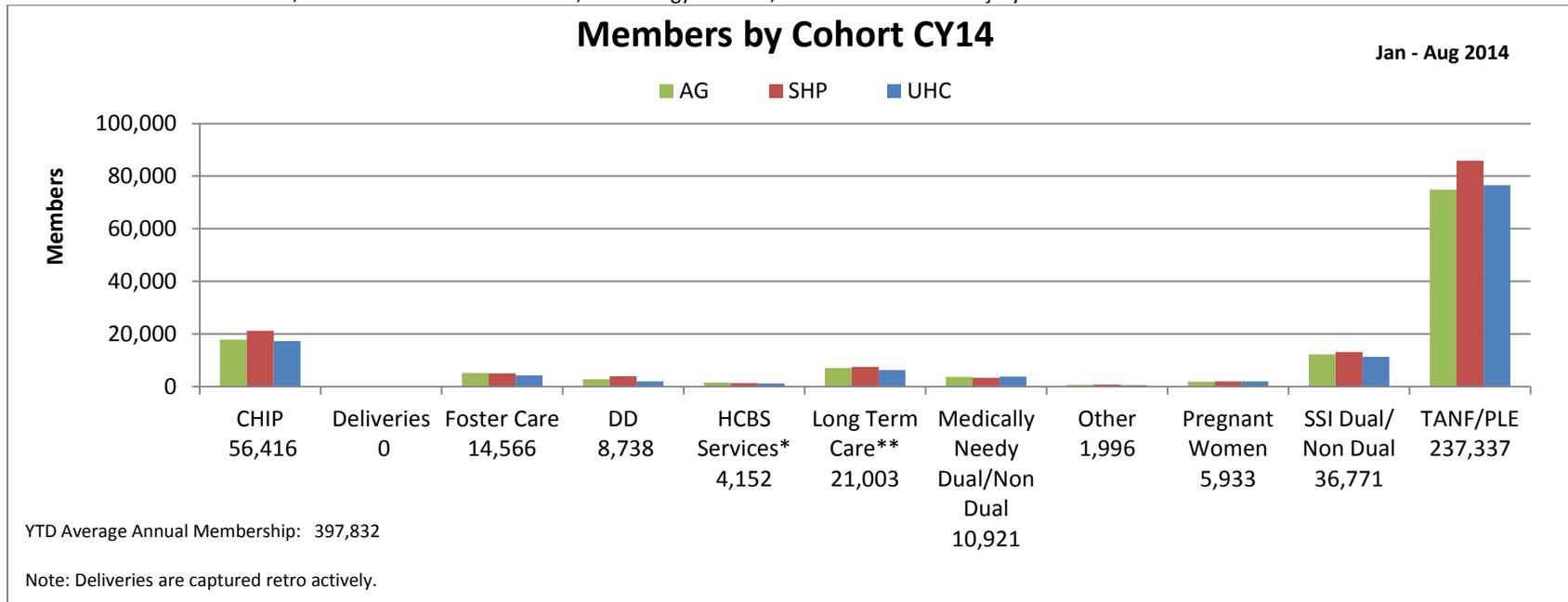
“Expenditure Composition” data is based on populations only. Non-claim expenditures are excluded as they are not population specific.

KanCare Executive Financial Summary 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

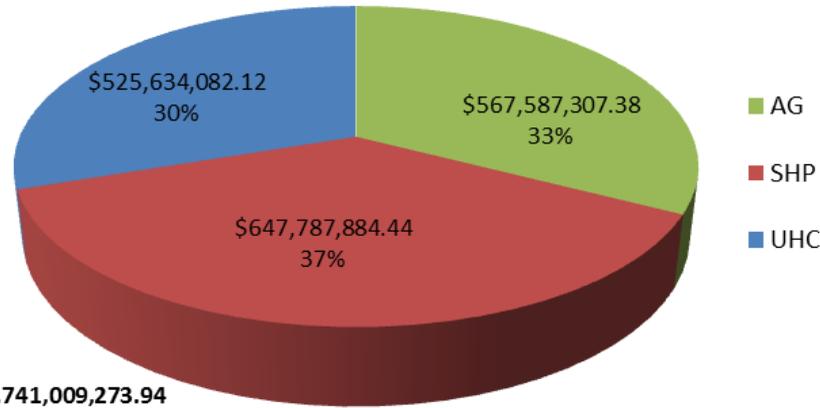


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Capitation Payments by MCO CY14

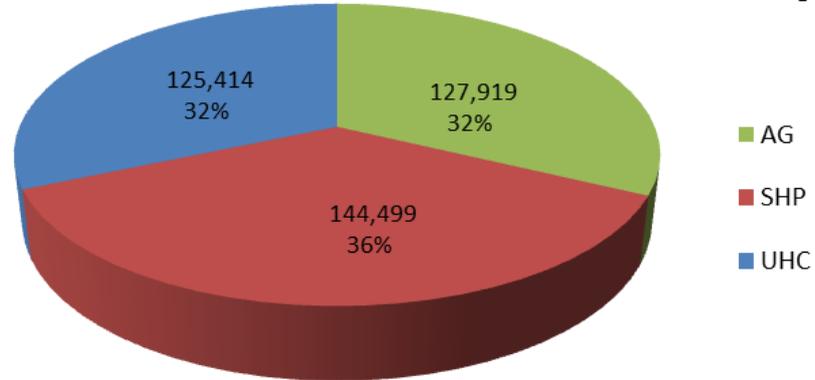
Jan - Aug 2014



YTD Total: \$1,741,009,273.94

Average Member Counts by MCO CY14

Jan - Aug 2014



Average Members: 397,832

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	19,436
Sunflower	14,478	15,404	15,650	16,314
United	15,893	18,010	19,024	19,911

KanCare MCO	IDD Unique Providers (with contract and credentialing complete as of 8/5/14) HCBS / TCM
Amerigroup	76% / 92%
Sunflower	82% / 94%
United	73% / 83%

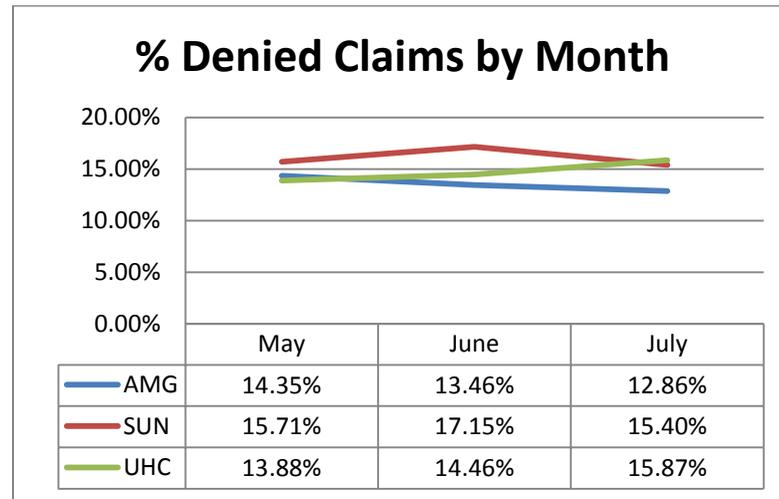
KanCare Customer Service Report – Member (Jan- July)

MCO/Fiscal Agent	Average Speed of Answer (Seconds)	Call Abandonment Rate	Total Calls
Amerigroup	0:16	1.49%	80,444
Sunflower	0:18	2.36%	114,405
United	0:13	1.51%	98,255
HP – Fiscal Agent	0:04	.5%	56,635

KanCare Customer Service Report – Provider (Jan- July)

MCO/Fiscal Agent	Average Speed of Answer (Seconds)	Call Abandonment Rate	Total Calls
Amerigroup	0:18	1.06%	50,048
Sunflower	0:17	1.67%	69,695
United	0:09	.38%	43,139
HP- Fiscal Agent	0:12	.8%	31,577

2014 Denied Claims – Percentage by Month



2014 Denied Claims – Total Year to Date by MCO

Amerigroup – January Through July 2014			
Service Type	Total claim count - YTD cumulative	# claims denied – YTD cumulative	% claims denied – YTD cumulative
Hospital Inpatient	27,639	5,401	19.31%
Hospital Outpatient	223,096	36,701	16.46%
Pharmacy	1,023,320	215,560	21.06%
Dental	76,810	7,818	10.18%
Vision	43,487	10,694	24.59%
NEMT	105,667	180	0.17%
Medical (Physical health not otherwise specified)	1,120,552	136,953	12.23%
Nursing Facilities	67,836	8,065	11.77%
HCBS	93,267	6,372	6.90%
BH	390,692	40,319	10.27%
Total	3,172,366	468,063	14.75%

Sunflower – January Through July 2014			
Service Type	Total claim count - YTD cumulative	# claims denied – YTD cumulative	% claims denied – YTD cumulative
Hospital Inpatient	16,760	3,265	19.48%
Hospital Outpatient	173,308	22,349	12.90%
Pharmacy	1,679,551	380,088	22.63%
Dental	89,806	7,417	8.26%
Vision	54,136	6,817	12.59%
NEMT	78,546	365	0.46%
Medical (Physical health not otherwise specified)	942,263	104,685	11.11%
Nursing Facilities	66,828	5,781	8.65%
HCBS	226,926	6,706	2.96%
BH	413,417	17,839	4.32%
Total	3,741,541	555,312	14.84%

United – January Through July 2014			
Service Type	Total claim count - YTD cumulative	# claims denied – YTD cumulative	% claims denied – YTD cumulative
Hospital Inpatient	17,525	3,645	20.79%
Hospital Outpatient	167,734	26,097	15.55%
Pharmacy	1,023,564	237,689	23.22%
Dental	78,524	8,895	11.33%
Vision	40,341	5,760	14.28%
NEMT	71,330	411	0.58%
Medical (Physical health not otherwise specified)	1,005,037	120,348	11.97%
Nursing Facilities	59,279	4,939	8.33%
HCBS	178,913	10,281	5.74%
BH	200,710	17,718	8.82%
Total	2,842,957	435,783	15.33%

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

Amerigroup	Members YTD	Total Units YTD	Total Value YTD	Sunflower	Members YTD	Total Units YTD	Total Value YTD	United	Members YTD	Total Units YTD	Total Value YTD
Adult Dental Care	1,047	2,071	\$244,339	CentAccount debit card	26,830	27,296	\$545,920	Total Additional Vision Services	5430	6,289	\$306,871
Member Incentive Program	2,489	5,918	\$147,725	Dental visits for adults	5,095	15,021	\$282,775	Join for Me - Pediatric Obesity Classes	35	35	\$87,500
Mail Order OTC	5,033	5,105	\$84,052	Start Smart (mothers/children)	2,477	2,477	\$69,727	Adult Dental Services	1,069	1,069	\$57,556
Healthy Families Program	43	54	\$43,750	Smoking cessation program	272	272	\$65,280	Annual Wellness Reminders	70,292	70,292	\$44,283
Pest Control	141	154	\$20,170	Lodging for specialty and inpatient care	72	530	\$42,930	Baby Blocks Program and Rewards	603	603	\$35,818
Smoking Cessation Program	237	167	\$18,024	Disease and Healthy Living Coaching	15,301	15,284	\$39,892	Peer Bridgers Program	162	162	\$31,752
Hypoallergenic Bedding	96	95	\$9,337	SafeLink®/Connenctions Plus cell phones	164	164	\$7,844	Membership to Youth Organizations	520	520	\$26,000
Weight Watcher Vouchers	103	141	\$5,200	In-home caregiver support/ additional respite	18	1,507	\$4,896	Weight Watchers - Free Classes	217	217	\$25,823
Entertainment Book Coupons	49	26	\$14	Community Programs for Healthy Children:	277	77	\$4,155	Sesame Street - Food For Thought	398	398	\$13,930
Safelink Phone Service	3,162	2,775	\$0.00	Meals for specialty and inpatient care	17	93	\$2,325	Infant Care Book for Pregnant Women	741	741	\$9,633
				Hospital companion	3	625	\$2,031	Mental Health First Aid Program	101	101	\$8,995
								KAN Be Healthy Screening Age 3 to 19 - Debit Card Reward	438	438	\$4,380
								Asthma Bedding	75	75	\$3,900
								KAN Be Healthy Screening Age Birth to 30 months - Debit Card Reward	254	358	\$3,580
								Additional Podiatry Visits	33	36	\$3,557
								New Member Dental Exam - Debit Card Reward	207	207	\$2,070
								Join for Me - Reward for Completion of Program	29	29	\$1,450
								New Member Vision Exam - Debit Card Reward	145	145	\$1,450
								Coverage for Sports/School Physicals	15	15	\$972
								Weight Watchers Reward - Reward for Completing Classes	19	19	\$950
								Adult Biometric Screening - Debit Card Reward	61	61	\$915
								A is for Asthma	822	822	\$411
								Annual Vision Exam for Person with Diabetes - Debit Card Reward	8	8	\$160
								Annual Monitoring for Persistent Medications - Debit Card Reward	9	9	\$90
								Annual A1C Exam - Debit Card Reward	8	8	\$80
								Follow-Up After Behavioral Health Hospitalization - Debit Card Reward	1	1	\$25
GRAND TOTAL	12,766	16,506	\$572,612	GRAND TOTAL	44,283	63,546	\$1,067,777	GRAND TOTAL	81,692	82,658	\$672,154

Summary of In Lieu Of Services Used By KanCare Members (January-July 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	20	\$ 262,165	Additional personal care services, beyond existing waiver limitations ... in lieu of members needing to be admitted to a nursing facility	1,072	\$1,072,000	Additional personal care services, personal care services, beyond existing waiver limitation, sleep cycle support, and telehealth ... in lieu of members needing to be admitted to a nursing facility	3,053	\$3,071,661
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	23	\$325,992	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 Sleep studies, testing, and home health in lieu of members needing to access to acute hospital, or nursing facility services	45	\$ 11,775
Totals	43	\$588,157	Totals	734	\$1,074,920	Totals	3,098	\$3,083,436

Member Grievances & Appeals (April-June 2014)

Next quarterly report due October 31, 2014

Amerigroup- Member			
	Grievances	Appeals	State Fair Hearings
Number of grievances/appeals reviewed:	168	26	
Number of grievances/appeals resolved:	178	25	
Number of grievances/appeals considered invalid:	3	5	
Average Days to complete each grievance/appeal:	13	14	
Total number of State Fair Hearings requested:			115
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	7	1
Number of health plan appeals reversed in the provider's favor:	0	0	80
Number of State Fair Hearings withdrawn:			4
Number of dismissals:	0	0	4
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?			
None			
List the top 5 reasons that were most commonly the subject of grievances/appeals:			
1 Availability			
2 Quality of Care			
3 Billing and Financial issues			
4 Attitude/Service of Staff			
5 Timeliness / Other			

Sunflower- Member			
	Grievances	Appeals	State Fair Hearings
Number of grievances/appeals reviewed:	130	138	
Number of grievances/appeals resolved:	125	136	
Number of grievances/appeals considered invalid:	0	0	
Average Days to complete each grievance/appeal:	6	6	
Total number of State Fair Hearings requested:			61
Number of upheld decisions at State Fair Hearing Level:			4
Number of overturned decisions at State Fair Hearing Level:			1
Number of health plan appeals reversed in the member's favor:	N/A	53	0
Number of health plan appeals reversed in the provider's favor:	N/A	0	0
Number of State Fair Hearings withdrawn:			0
Number of dismissals:	N/A	N/A	21
Number of default dismissals:			3
Number of Other dispositions:			35
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?			
There was only 1 SFH over-turned and it was due to court felt support was needed.			
List the top 5 reasons that were most commonly the subject of grievances/appeals:			
1 Availability / Criteria Not Met-IP			
2 Timeliness/ Criteria Not Met- Medical Procedure			
3 Attitude/ Service Staff / Prior or Post Authorization			
4 Other/ Pharmacy			
5 Billing and Financial Issues/ Criteria Not Met-DME			

United-Member			
	Grievances	Appeals	State Fair Hearings
Number of grievances/appeals reviewed:	206	53	
Number of grievances/appeals resolved:	206	53	
Number of grievances/appeals considered invalid:	0	0	
Average Days to complete each grievance/appeal:	6	15	
Total number of State Fair Hearings requested:			48
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	10	6
Number of health plan appeals reversed in the provider's favor:	0	0	9
Number of State Fair Hearings withdrawn:			14
Number of dismissals:	0	0	22
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?			
Additional medical documentation was submitted for most cases that were reversed in member's favor. Member's Personal Care Attendant hours were reinstated in two cases.			
List the top 5 reasons that were most commonly the subject of grievances/appeals:			
1 Billing and Financial issues			
2 Timeliness			
3 HCBS			
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%