



KanCare Ombudsman Report – Qtr1 2018

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Dashboard

- Contacts for the KanCare Ombudsman’s office continue to increase.

Contacts	Qtr. 1	Qtr. 2	Qtr. 3	Qtr. 4	Avg. qtr.
2017	825	835	970	1,040	918
2018	1,214				
2017 vs. 2018	47%				

- This report has added new information for response and closing data. Page 2. Both charts are reflecting the same time frame for number of days to respond and/or close contacts/cases.

	Q1/18
Avg. Days to close/resolve Issue	8
% files closed/resolved in 0-2 or less	60%
% of files closed/resolved in 3-7 days	17%
% of files closed/resolved in 7-30 days	12%
% of files closed/resolved in greater than 30 days	11%
% files closed	81%

	Q1/18
Avg. Days to Respond	1
% of contacts responded in 0-2 days	82%
% of contacts responded in 3-7 days	17%
% of contacts responded to in greater than 7 days	1%

- The notes and email history (page 6) reflect the calls and emails received and made by the KanCare Ombudsman’s office.

	Q4/17	Q1/18
Notes History (number of notes about contacts made; correlates to number of actual contacts received.	2,122	2,251
Email History (all emails; contacts with beneficiaries; also includes office emails regarding assistance on cases)	1,490	1,389



Accessibility by Ombudsman's Office

The KanCare Ombudsman was available to members and potential members of KanCare (Medicaid) by phone, email, written communication, and in person during first quarter of 2018. The number of contacts the Ombudsman's office received continues to increase. The contacts have been increasing for the last 5 quarters. The increase from 4th quarter 2017 (1,040) to 1st qtr. 2018 (1,214) is 17%.

Contacts	Qtr. 1	Qtr. 2	Qtr. 3	Qtr. 4	Avg. qtr.
2014	545	474	526	547	523
2015	510	462	579	524	519
2016	1,130	846	687	523	797
2017	825	835	970	1,040	918
2018	1,214				
2017 vs. 2018	47%				
2016 vs. 2018	7%				

There are now two charts showing contact response and contact resolution. The reason there are limited data for contact resolution is that once we are past the date of pulling information, the resolution information continues to change over time. The detail for resolving issues will be collected going forward.

	Q1/17	Q2/17	Q3/17	Q4/17	Q1/18
Avg. Days to close/resolve Issue	11	9	9	7	8
% files closed/resolved in 0-2 or less					60%
% of files closed/resolved in 3-7 days					17%
% of files closed/resolved in 7-30 days					12%
% of files closed/resolved in greater than 30 days					11%
% files closed	88%	92%	90%	83%	81%

	Q1/17	Q2/17	Q3/17	Q4/17	Q1/18
Avg. Days to Respond	1	1	2	2	1
% of contacts responded in 0-2 days	78%	80%	65%	69%	82%
% of contacts responded in 3-7 days	20%	19%	31%	22%	17%
% of contacts responded to in greater than 7 days	2%	1%	4%	9%	1%



Outreach by Ombudsman's office

Collaboration and education:

- Participated in Friends and Family Advisory Council meeting: (January 9, 2018)
- Staffed booth at the Wichita State Volunteer Fair on January 22, 2018 – approximately 450 attendees
- Indian Creek Library (Olathe, KS) (February 2, 2018)
- Participated in KanCare Long Term Care meeting: (February 8, 2018)
- Provided written testimony to Bob Bethell KanCare Oversight Committee: (February 16, 2018)
- Participated in KanCare Advisory Workgroup meeting (February 21, 2018)
- Keeler Women's Center (Kansas City, KS) (February 28, 2018)
- Staffed booth and networked with other organizations at the Wichita State Health Fair on February 28, 2018 – approximately 450 attendees
- Staffed booth at the Wichita State POWER Conference on March 2, 2018 – approximately 200 attendees
- KCDHH Deaf and Hard of Hearing Day at the Capital (Topeka, KS) (March 6, 2018)
- Participated in KanCare Long-Term Care meeting: (March 8, 2018)
- Attended the Quarterly VISTA Training and shared about the Ombudsman on March 8, 2018 – approximately 20 attendees
- Attended the TA HCBS Wavier Listening Session (Olathe, KS) (March 13, 2018)
- Provided information at the KanCare Advisory Council Meeting: (March 27, 2018)
- Displayed resources at the Wichita State Health Professions Career Day March 28, 2018 – approximately 75 attendees
- Provided KanCare Ombudsman information at KDHE Eligibility Training (Topeka, KS) (March 29, 2018)
- Life Patterns, HCBS Provider Event (Topeka, KS) (March 31, 2018)

Publications: Outreach, posts, and/or articles about the KanCare Ombudsman office services.

- Golden Years Newspaper (Counties: Franklin, Osage, Anderson, Linn, Coffey) (Jan, Feb, March 2018)
- Library Main Administration to be distributed to all Wichita libraries (January 18, January 23, and January 30)
- New Spring Church (January 23)
- River Community Church (January 23)
- Tabernacle Bible Church (January 23)
- Reflection Ridge Retirement Community (January 11)
- Holiday Retirement (January 30)
- Presbyterian Manors (January 30)
- Future Healthcare Professionals at WSU (February 28)



- Summit Church (February 27)
- Midway Baptist Church (February 27)
- Calvary Baptist Church (February 27)
- Healthcare Sciences Program at NU (March7)
- HEALTH Organization at WSU (March13)
- Oxford Grand Retirement Community (March15)
- Submitted ombudsman outreach advertisement to the Community Health Worker newsletter (March21)
- Shepherd's Voice (Kansas City, KS) (March 2018)
- Livable Neighborhoods Task Force (Kansas City, KS) (March 2018)

Collaboration:

- Kansas Commission on the Deaf and Hard of Hearing (Topeka, KS) – working to bring ASL volunteers to our volunteer offices (February 2018)
- Refugee and Immigration Department of Catholic Charities (Wyandotte, Co.) – working to increase ability to direct and assist refugees and immigrants in accessing medical assistance programs in Kansas

Outreach through the KanCare Ombudsman Volunteer Program Update.

- The ***KanCare Ombudsman Northern Kansas Satellite Office (Olathe)*** has been aiding KanCare members since August 2016. The office has been answering the phone and meeting with individuals on Wednesdays (10-1), Thursdays (1-4), and Fridays (10-1). Two additional volunteers will be finishing their training on April 26th and will begin providing assistance to beneficiaries on a weekly basis. Two Education Resource and Information (ERI) volunteers, through St. Mary's College, have been assisting with developing resources for the Ombudsman's office.
- The ***KanCare Ombudsman Southern Kansas Satellite Office (Wichita)*** has been assisting KanCare members since November 2015. The office is answering the phone and meeting with individuals Monday (12-4), Tuesday (10-2), Thursday (10-12) and Friday (12-4). One additional volunteer will be finishing his training in May and will begin providing assistance to beneficiaries on a weekly basis.
- Both Satellite offices are assisting consumers with filling out applications on the phone and in person by appointment.



Data by Ombudsman's Office

Contacts by Office	Q1/17	Q2/17	Q3/17	Q4/17	Q1/18
Main	648	639	759	718	772
Johnson County	28	81	51	62	68
Wichita	149	115	160	260	374
Total	825	835	970	1,040	1,214

Contact Method	Q1/17	Q2/17	Q3/17	Q4/17	Q1/18
Email	125	127	143	122	112
Face-to-Face Meeting	11	5	6	8	7
Letter	2	0	0	0	2
ONLINE	0	0	0	0	0
Other	0	2	5	4	2
Telephone	689	701	816	906	1,091
TOTAL	827	835	970	1,040	1,214

Caller Type	Q1/17	Q2/17	Q3/17	Q4/17	Q1/18
Consumer	631	661	773	862	1066
MCO Employee	18	9	11	6	6
Other type	61	53	45	50	46
Provider	117	112	141	122	96
TOTAL	827	835	970	1,040	1,214



The chart below shows the contact information and the work behind the scenes more clearly. Each time a person contacts the Ombudsman’s office it is logged in the Notes History. When the same person contacts the office more than once, it would not necessarily show up under Caller Type or in the Total Contacts. It has been mentioned before that the total contacts are under-represented due to how the Ombudsman’s office keeps track of those who contact the office. If we create a separate file each time a person calls, we would have to pull up several files when the person calls back to catch up on the situation, which is not efficient. The Notes History reflects the calls that are made between the Ombudsman’s office and the beneficiary or representative. The information below provides a better understanding of the number of calls that come into the office. Email History is a combination of email contacts and work being done by the Ombudsman’s office to assist those who contact the office.

	Q1/17	Q2/17	Q3/17	Q4/17	Q1/18
Notes History (number of notes about contacts made; correlates to number of actual contacts received).	1,388	1,651	1,954	2,122	2,251
Email History (all emails; contacts with beneficiaries; also includes office emails regarding assistance on cases)	655	919	1,338	1,490	1,389

The most frequent calls regarding Home and Community-Based Services (HCBS) waivers and other long-term services and supports in the past five quarters were regarding nursing facility concerns, then the Intellectual Developmental Disability (I/DD) Waiver issues were second, the Physical Disability (PD) Waiver was third and the Frail Elderly Waiver issues were fourth. The calls continue to be high for nursing facilities due to eligibility issues for people waiting to get on Medicaid who are in a nursing facility or waiting to get in a nursing facility.

Waiver	Q1/17	Q2/17	Q3/17	Q4/17	Q1/18	5 Qtr. Avg.
PD	40	37	32	45	51	41
I/DD	43	28	52	77	29	46
FE	30	27	33	38	27	31
Autism	3	2	2	0	1	2
SED	4	4	5	5	9	5
TBI	6	8	7	6	7	7
TA	8	10	2	7	5	6
Working Healthy	0	0	1	3	5	2
MFP	2	1	0	0	1	1
PACE	0	0	1	1	0	0
Mental Health	5	5	2	5	2	4
SUB USE DIS	0	0	0	0	0	0
Nursing Facility	66	45	79	61	47	60
TOTAL	207	167	216	248	184	



The Issue Categories listed below reflect the past five quarters in alphabetical order. The top five issues for the quarters listed are highlighted. Issue categories by MCO are in Appendix A (pages 10-15). There may be multiple issues for a member/contact.

Issue Category	Q1/17	Q2/17	Q3/17	Q4/17	Q1/18	5 Qtr. Avg.
Access to Providers (usually Medical)	14	14	13	10	2	11
Abuse/Neglect Complaints	0	0	0	2	10	2
Affordable Care Act Calls	3	6	5	5	15	7
Appeals/Fair Hearing questions/issues	0	0	21	23	45	18
Background Checks	0	0	0	2	4	1
Billing	21	33	17	19	40	26
Care Coordinator Issues	5	11	6	12	10	9
Change MCO	3	1	2	6	12	5
Choice Info on MCO	0	0	0	0	3	1
Client Obligation	17	36	37	33	53	35
Coding Issues	3	0	8	18	32	12
Consumer said Notice not received	0	0	0	1	16	3
Cultural Competency	0	0	0	0	0	0
Data Requests	0	0	3	5	3	2
Dental	7	9	7	6	10	8
Division of Assets	2	2	5	5	10	5
Durable Medical Equipment	2	9	4	3	1	4
Estate Recovery	6	5	6	4	11	6
Grievances Questions/Issues	36	33	29	9	28	27
Guardianship	3	1	3	4	3	3
HCBS Eligibility issues	46	50	58	62	46	52
HCBS General Issues	33	34	21	49	36	35
HCBS Reduction in Hours of Service	7	2	4	6	7	5
HCBS Waiting List	6	9	8	4	4	6
Health Homes	0	3	0	0	0	1
Help understanding mail	0	0	0	0	4	1
Housing Issues	4	6	7	0	7	5
Medicaid Application Assistance	45	55	162	179	185	125
Medicaid Coding	0	0	0	0	0	0
Medicaid Eligibility Issues	237	177	237	300	208	232
Medicaid Fraud	0	0	0	0	3	1
Medicaid General Issues/Questions	0	0	0	0	62	12
Medicaid info (status) update	0	0	0	4	210	43
Medicaid Renewal	29	43	38	61	103	55
Medical Services	20	20	11	9	23	17
Medicare related Issues	0	0	15	22	17	11
Medicare Savings Plan Issues	0	0	9	21	19	10
Moving to/from Kansas	5	7	6	9	16	9



Issue Category (continued)	Q1/17	Q2/17	Q3/17	Q4/17	Q1/18	5 Qtr. Avg.
Nursing Facility Issues	40	26	23	21	21	26
Pain management issues	0	0	0	0	0	0
Pharmacy	11	9	10	13	16	12
Prior authorization issues	0	0	0	0	1	0
Questions for Conference Calls/Sessions	0	0	0	0	0	0
Respite	0	0	0	0	0	0
Social Security Issues	0	0	1	4	9	3
Spend Down Issues	18	32	29	29	28	27
Transportation	8	9	12	5	16	10
Working Healthy	0	0	2	3	3	2
X-Other	275	315	241	187	214	246
Z Thank you.	238	319	416	433	556	392
Z Unspecified	44	36	61	75	79	59
TOTAL	1,188	1,312	1,537	1,663	2,201	

Action Taken to Resolve Issues by Ombudsman’s Office

The chart on the next page shows action taken by the Ombudsman’s office over the past five quarters. The **“Resolved”** section (in pink) explains how cases have been closed. For “Question/Issue Resolved,” if a call is returned and the person has already received an answer and does not need help from the Ombudsman’s office or the person called to just talk, then it is marked “Resolved” and then closed. The “Used Contacts or Resources” shows when resources are provided; explaining KanCare processes, providing phone numbers, sending information by way of mail or email, or using contacts or resources that are listed in the blue or green categories below. Our offices will contact those offices themselves, with the member, or refer the member to the organization. Once it is resolved, this is the section that is used. The “Closed” section is when a person contacts our offices and leaves a message and we are not able to get back in touch with them; either because the number left is a wrong number, there is no voice mail to leave a message and they don’t call back, or messages are left and they don’t return the call. After a month or so, the case is closed.

“Resources” (in yellow) provided to members can be in many forms: a phone number for an agency, explaining the process for filing a grievance, answering a question about estate recovery, walking someone through the spenddown calculation, offering to mail the Medicaid application, or client obligation explanation, etc. These are just a few examples of the resources provided verbally, mailed and emailed to potential members, members, family, and providers assisting members.



The balance of the Resource Category (in orange and blue) shows what action was taken and what contacts were made on behalf of a member, potential member, provider, or other caller to resolve an issue and what resources were provided. Often multiple resources are provided to a member/contact.

The orange lines are contacts that are typically made by the staff and volunteers of the Ombudsman's office to follow up on a call, email or visit. The blue lines show when contacts have been referred to agencies and/or organizations for further information.

Action Taken	Q1/17	Q2/17	Q3/17	Q4/17	Q1/18	5 Qtr. Avg.
Question/Issue Resolved (No Resources)	163	81	73	99	101	103
Used Contact or Resources/Issue Resolved	504	601	685	707	760	651
Closed (No Contact)	91	75	110	85	95	91
Provided Resources	238	307	346	443	760	419
MAILED/EMAIL Resources	46	123	124	116	217	125
KDHE Contact	135	76	77	60	70	84
DCF Contact	1	4	8	1	3	3
MCO Contact	34	29	18	18	21	24
MCO Referral	19	34	33	29	39	31
Clearinghouse Contact	75	130	201	167	190	153
Clearinghouse Referral	26	104	142	142	245	132
HCBS Team Contact	30	23	24	28	26	26
HCBS Team Referral	7	12	18	19	14	14
CSP Mental Health Contact	2	0	1	0	0	1
Other KDADS Contact/Referral	49	41	46	88	87	62
State or Community AGENCY Referral	46	78	72	82	100	76
Disability Rights and/or KLS Referral	8	2	1	6	6	5
TOTAL	1,474	1,720	1,979	2,090	2,734	



APPENDIX A – information by Managed Care Organization (MCO)

Amerigroup

Using the 5-quarter average, the top four issues were Other, Medicaid eligibility, HCBS eligibility, and HCBS general issues. The top waiver issues were the PD, I/DD, and FE waivers. There may be multiple issues for a member/contact.

Issue Category	Q1/17	Q2/17	Q3/17	Q4/17	Q1/18	5 Qtr. Avg.
Access to Providers (usually Medical)	3	7	2	2	1	3
Abuse / neglect complaints	0	0	0	0	1	0
Affordable Care Act Calls	0	0	0	0	1	0
Appeals/Fair Hearing questions/issues	0	0	2	3	2	1
Background Checks	0	0	0	1	1	0
Billing	1	5	3	2	7	4
Care Coordinator Issues	1	4	0	3	3	2
Change MCO	1	0	0	1	4	1
Choice Info on MCO	0	0	0	0	0	0
Client Obligation	1	7	4	3	8	5
Coding Issues	0	0	3	2	5	2
Consumer said Notice not received	0	0	0	1	2	1
Cultural Competency	0	0	0	0	0	0
Data Requests	0	0	0	0	0	0
Dental	0	0	1	0	3	1
Division of Assets	0	0	0	0	0	0
Durable Medical Equipment	0	1	1	0	0	0
Estate Recovery	0	1	0	1	0	0
Grievances Questions/Issues	10	4	4	0	3	4
Guardianship	1	0	0	0	0	0
HCBS Eligibility issues	6	7	7	10	6	7
HCBS General Issues	11	10	3	8	4	7
HCBS Reduction in hours of service	2	0	0	2	6	2
HCBS Waiting List	1	2	0	1	0	1
Health Homes	0	2	0	0	0	0
Help understanding mail	0	0	0	0	1	0
Housing Issues	0	1	1	0	0	0
Medicaid Application Assistance	0	0	0	1	3	1
Medicaid Coding	0	0	0	0	0	0
Medicaid Eligibility Issues	8	5	10	18	11	10
Medicaid Fraud	0	0	0	0	0	0



Issue Category (continued)	Q1/17	Q2/17	Q3/17	Q4/17	Q1/18	5 Qtr. Avg.
Medicaid General Issues/questions	0	0	0	0	6	1
Medicaid info (status) update	0	0	0	0	11	2
Medicaid Renewal	4	7	3	8	8	6
Medical Services	5	7	1	0	4	3
Medicare related Issues	0	0	2	3	1	1
Medicare Savings Plan Issues	0	0	0	1	0	0
Moving to / from Kansas	1	0	0	1	0	0
Nursing Facility Issues	1	4	0	0	1	1
Pain management issues	0	0	0	0	0	0
Pharmacy	1	2	2	1	1	1
Prior authorization issues	0	0	0	0	0	0
Questions for Conference Calls/Sessions	0	0	0	0	0	0
Respite	0	0	0	0	0	0
Social Security Issues	0	0	0	0	1	0
Spend Down Issues	2	5	2	4	4	3
Transportation	1	1	3	0	3	2
Working Healthy	0	0	0	0	0	0
X-Other	14	19	11	6	18	14
Z Thank you.	23	31	13	26	37	26
Z Unspecified	1	1	1	0	2	1
TOTAL	99	133	79	109	169	

Waiver	Q1/17	Q2/17	Q3/17	Q4/17	Q1/18	5 Qtr. Avg.
PD	12	9	3	12	5	8
I/DD	9	2	6	8	3	6
FE	3	6	3	7	4	5
Autism	1	1	0	0	0	0
SED	1	3	2	1	4	2
TBI	2	2	3	1	1	2
TA	2	4	2	1	0	2
Working Healthy	0	0	1	0	0	0
MFP	0	0	0	0	0	0
PACE	0	0	0	0	0	0
Mental Health	1	1	2	0	0	1
Nursing Facility	2	3	2	0	3	2
WAIVER TOTAL	33	31	24	30	20	



Sunflower

Using the 5-quarter average, the top four issues were Other, Medicaid eligibility, HCBS eligibility, and HCBS general issues. The top waiver issues were the PD, I/DD, and FE waivers. There may be multiple issues for a member/contact.

Issue Category	Q1/17	Q2/17	Q3/17	Q4/17	Q1/18	5 Qtr. Avg.
Access to Providers (usually Medical)	4	3	2	3	1	3
Abuse / neglect complaints	0	0	0	0	2	0
Affordable Care Act Calls	0	1	0	0	0	0
Appeals/Fair Hearing questions/issues	0	0	1	1	0	0
Background Checks	0	0	0	0	1	0
Billing	3	6	5	9	8	6
Care Coordinator Issues	1	2	1	6	2	2
Change MCO	0	0	0	3	3	1
Choice Info on MCO	0	0	0	0	0	0
Client Obligation	3	5	4	5	5	4
Coding Issues	2	0	1	3	7	3
Consumer said Notice not received	0	0	0	0	1	0
Cultural Competency	0	0	0	0	0	0
Data Requests	0	0	0	0	0	0
Dental	0	1	1	1	3	1
Division of Assets	0	0	0	0	1	0
Durable Medical Equipment	0	2	1	2	1	1
Estate Recovery	0	0	1	0	0	0
Grievances Questions/Issues	5	8	1	3	2	4
Guardianship	0	0	1	0	0	0
HCBS Eligibility issues	3	10	10	6	8	7
HCBS General Issues	5	6	3	9	12	7
HCBS Reduction in hours of service	1	1	1	0	1	1
HCBS Waiting List	1	1	0	1	0	1
Health Homes	0	0	0	0	0	0
Help understanding mail	0	0	0	0	0	0
Housing Issues	1	1	1	0	1	1
Medicaid Application Assistance	1	0	3	2	2	2
Medicaid Coding	0	0	0	0	0	0
Medicaid Eligibility Issues	14	8	13	14	8	11
Medicaid Fraud	0	0	0	0	0	0



Issue Category (continued)	Q1/17	Q2/17	Q3/17	Q4/17	Q1/18	5 Qtr. Avg.
Medicaid General Issues/questions	0	0	0	0	7	1
Medicaid info (status) update	0	0	0	0	7	1
Medicaid Renewal	6	5	8	6	3	6
Medical Services	5	3	5	1	4	4
Medicare related Issues	0	0	1	1	0	0
Medicare Savings Plan Issues	0	0	0	1	2	1
Moving to / from Kansas	0	1	0	0	1	0
Nursing Facility Issues	2	1	0	1	1	1
Pain management issues	0	0	0	0	0	0
Pharmacy	4	3	1	0	2	2
Prior authorization issues	0	0	0	0	0	0
Questions for Conference Calls/Sessions	0	0	0	0	0	0
Respite	0	0	0	0	0	0
Social Security Issues	0	0	0	1	1	0
Spend Down Issues	2	4	4	3	0	3
Transportation	4	3	1	1	2	2
Working Healthy	0	0	0	0	0	0
X-Other	18	19	11	15	8	14
Z Thank you.	20	25	31	32	49	31
Z Unspecified	1	0	1	2	0	1
TOTAL	106	119	113	132	156	

Waiver	Q1/17	Q2/17	Q3/17	Q4/17	Q1/18	5 Qtr. Avg.
PD	7	8	8	8	13	9
I/DD	8	4	10	12	5	8
FE	4	5	3	6	5	5
Autism	1	0	1	0	0	0
SED	0	1	0	0	0	0
TBI	1	2	0	1	1	1
TA	2	2	0	1	2	1
Working Healthy	0	0	0	1	1	0
MFP	0	1	0	0	1	0
PACE	0	0	0	0	0	0
Mental Health	1	1	0	0	0	0
Substance Use Dis	0	0	0	0	0	0
Nursing Facility	4	6	3	3	4	4
TOTAL	28	30	25	32	32	



UnitedHealthcare

Using the 5-quarter average, the top issues were Other, Medicaid eligibility, and HCBS eligibility. The top waiver issues were the PD, I/DD, and FE waivers. There may be multiple issues for a member/contact.

Issue Category	Q1/17	Q2/17	Q3/17	Q4/17	Q1/18	5 Qtr. Avg.
Access to Providers (usually Medical)	4	2	0	2	0	2
Abuse / neglect complaints	0	0	0	1	0	0
Affordable Care Act Calls	0	0	0	0	0	0
Appeals/Fair Hearing questions/issues	0	0	3	2	4	2
Background Checks	0	0	0	0	0	0
Billing	3	7	3	0	6	4
Care Coordinator Issues	3	1	4	1	4	3
Change MCO	2	1	1	2	2	2
Choice Info on MCO	0	0	0	0	0	0
Client Obligation	2	2	3	5	8	4
Coding Issues	0	0	0	3	2	1
Consumer said Notice not received	0	0	0	0	0	0
Cultural Competency	0	0	0	0	0	0
Data Requests	0	0	0	0	0	0
Dental	1	3	2	0	0	1
Division of Assets	0	0	1	0	1	0
Durable Medical Equipment	2	2	1	0	0	1
Estate Recovery	0	1	0	0	0	0
Grievances Questions/Issues	3	3	4	0	3	3
Guardianship	0	0	1	0	0	0
HCBS Eligibility issues	9	6	3	7	5	6
HCBS General Issues	2	4	5	5	4	4
HCBS Reduction in hours of service	2	0	2	0	0	1
HCBS Waiting List	0	0	0	0	0	0
Health Homes	0	0	0	0	0	0
Help understanding mail	0	0	0	0	0	0
Housing Issues	0	0	1	0	1	0
Medicaid Application Assistance	0	1	1	2	4	2
Medicaid Coding	0	0	0	0	0	0
Medicaid Eligibility Issues	7	7	9	19	11	11
Medicaid Fraud	0	0	0	0	0	0
Medicaid General Issues/questions	0	0	0	0	4	1
Medicaid info (status) update	0	0	0	0	4	1
Medicaid Renewal	1	1	6	6	7	4



Issue Category (continued)	Q1/17	Q2/17	Q3/17	Q4/17	Q1/18	5 Qtr. Avg.
Medical Services	3	3	0	2	2	2
Medicare related Issues	0	0	2	1	0	1
Medicare Savings Plan Issues	0	0	0	1	4	1
Moving to / from Kansas	0	0	0	0	1	0
Nursing Facility Issues	2	2	1	2	0	1
Pain management issues	0	0	0	0	0	0
Pharmacy	0	1	0	3	4	2
Prior authorization issues	0	0	0	0	1	0
Questions for Conference Calls/Sessions	0	0	0	0	0	0
Respite	0	0	0	0	0	0
Social Security Issues	0	0	0	0	0	0
Spend Down Issues	0	1	6	2	3	2
Transportation	2	2	2	1	6	3
Working Healthy	0	0	0	0	0	0
X-Other	15	17	13	12	9	13
Z Thank you.	11	22	30	33	46	28
Z Unspecified	2	0	4	4	1	2
TOTAL	76	89	108	116	147	

Waiver	Q1/17	Q2/17	Q3/17	Q4/17	Q1/18	5 Qtr. Avg.
PD	8	3	5	4	7	5
I/DD	5	2	6	9	2	5
FE	7	3	5	6	4	5
Autism	0	1	0	0	0	0
SED	1	0	0	0	1	0
TBI	2	1	2	0	1	1
TA	0	1	0	2	0	1
Working Healthy	0	0	0	0	2	0
MFP	0	0	0	0	0	0
PACE	0	0	0	0	0	0
Mental Health	0	1	0	2	0	1
SUB USE DIS	0	0	0	0	0	0
Nursing Facility	5	2	6	3	3	4
TOTAL	28	14	24	26	20	