

The Centers for Medicare and Medicaid Services (CMS) requires Managed Care Organizations (MCO) to conduct performance improvement projects (PIPs) per 42 CFR 438330 and 4571240(b). A PIP is a pilot project designed to improve member health and quality of life. KanCare 2.0 requires each MCO to conduct at least 5 State approved PIPs. The MCOs must also conduct an additional PIP on Kan Be Healthy (KBH), our childhood Early Periodic Screening Diagnostic and Testing (EPSDT) program, when the MCOs' overall rates drop below 85%.

The following table lists the current KanCare 2.0 PIPs and the activities the MCOs are using to improve the goals. Each PIP is reviewed every year for progress, and changes are made to the PIPs to improve care for KanCare members.

Performance Improvement Projects		
Aetna Better Health (ABH)	Sunflower Health Plan (SHP)	UnitedHealthcare (UHC)
<p>Topic: Reducing food insecurity ABH actions to reduce hunger:</p> <ul style="list-style-type: none"> • Webinars for members with diabetes • Donations to food banks • Pharmacists helping to identify members who need help • Provider offices to use claim information to identify members with food needs 	<p>Topic: Improving access to mental health services for children in foster care SHP actions to help foster care children receive needed mental health care:</p> <ul style="list-style-type: none"> • More services for children waiting for a bed at a Psychiatric Residential Treatment Facility • Train foster care agencies to offer Evidence-Based therapy for parents and children Extending the myStrength digital behavioral health platform to the foster care population 	<p>Topic: Provide housing resources for members who are homeless or at-risk of homelessness UHC actions to reduce or prevent homelessness:</p> <ul style="list-style-type: none"> • Temporary financial help to get and/or keep housing for qualified members • Homeless shelters to identify members who need help • Train UHC Care Management staff on how to help members with housing needs
<p>Topic: Reducing use of emergency room (ER) for non-emergencies by members in the Home and Community-Based Services (HCBS) program ABH actions to help reduce ER use:</p> <ul style="list-style-type: none"> • Member text message reminders 	<p>Topic: Increasing cervical cancer screenings SHP actions to increase cervical cancer screenings:</p> <ul style="list-style-type: none"> • Phone call reminders to women who are overdue for a screening 	<p>Topic: Increasing number of HCBS members who have Advance Directives UHC actions to increase the number of members with Advance Directives:</p>

<ul style="list-style-type: none"> Care Manager outreach to member after non-urgent use of ER Caregiver Coaching Participation in Pyx Health Program 	<ul style="list-style-type: none"> Reports to providers of women who are due for a screening Focused education to I/DD members, their I/DD mental health provider and their primary care provider (PCP) or obstetrician/gynecologist (OBGYN) (approved in 2022, not yet implemented) 	<ul style="list-style-type: none"> Help member complete Advance Directives for members on the Frail Elderly waiver in Sedgwick County Help members with sharing their completed Advance Directives Inform providers of the project Train UHC Community Health Workers and Care Coordinators
<p>Topic: Increasing prenatal care visits and MCO notice of pregnancy</p> <p>ABH actions to increase prenatal visits:</p> <ul style="list-style-type: none"> Phone calls to new members who are pregnant Reward for urgent care providers for telling ABH of member’s pregnancy Reward for behavioral health providers for telling ABH of member’s pregnancy Member incentive for Prenatal and Postpartum Care 	<p>Topic: Diabetes monitoring for people with diabetes and schizophrenia</p> <p>SHP actions to monitor diabetes:</p> <ul style="list-style-type: none"> Phone call reminders to get once-a-year lab tests Reminder letters to get once-a-year lab tests Reports to providers of members who are due for their once-a-year lab tests 	<p>Topic: Community Plan of Kansas Antidepressant Medication Management</p> <p>UHC action to monitor Antidepressant adherence:</p> <ul style="list-style-type: none"> Phone calls to new members Follow up phone calls to members Health Screen Tool completion to reach members
<p>Topic: Increasing flu vaccination rates for children ages 6 months to 17 years</p> <p>ABH actions to increase child flu shots:</p> <ul style="list-style-type: none"> Telephonic outreach by an Aetna nurse \$15 gift card when child gets flu vaccination Reminder text to parents or guardians Community vaccination events Reports to providers of children who need flu vaccination 	<p>Topic: Currently Drafting Long Term Services (LTSS) and Supports, Technology and Social Determinants of Health (SDOH)</p>	<p>Topic: Diabetes monitoring for people with diabetes and schizophrenia</p> <p>UHC actions to monitor diabetes:</p> <ul style="list-style-type: none"> Care Coordinator phone calls to help members get their once-a-year lab tests Care Manager phone calls to help members with complex medical needs to get their once-a-year lab tests Reports to providers of members who are due for their once-a-year lab tests
<p>Kan Be Healthy/EPSDT PIP</p>		
<p>Topic: Increasing KBH rates to 85%</p>	<p>Topic: Increasing KBH rates to 85%</p>	<p>Topic: Increasing KBH rates to 85%</p>

<p>ABH actions to increase KBH visits:</p> <ul style="list-style-type: none"> • Up to \$25 gift card reward • Phone message reminder • Text message reminder • Provider education webinar • Member incentives for completing well-care visits and vaccinations 	<p>SHP actions to increase KBH visits:</p> <ul style="list-style-type: none"> • Case Manager phone call reminder for members on the SED waiver • Community outreach events • In-person provider education • Internal Staff Training 	<p>UHC actions to increase KBH visits:</p> <ul style="list-style-type: none"> • Phone call reminders to members who are 18-20 years old • Mailing reminders to members without a known phone number • Provider rewards for KBH visits • Telling Foster Care Agency of those members who need a KBH visit • Reports to providers of members who are due for a visit
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