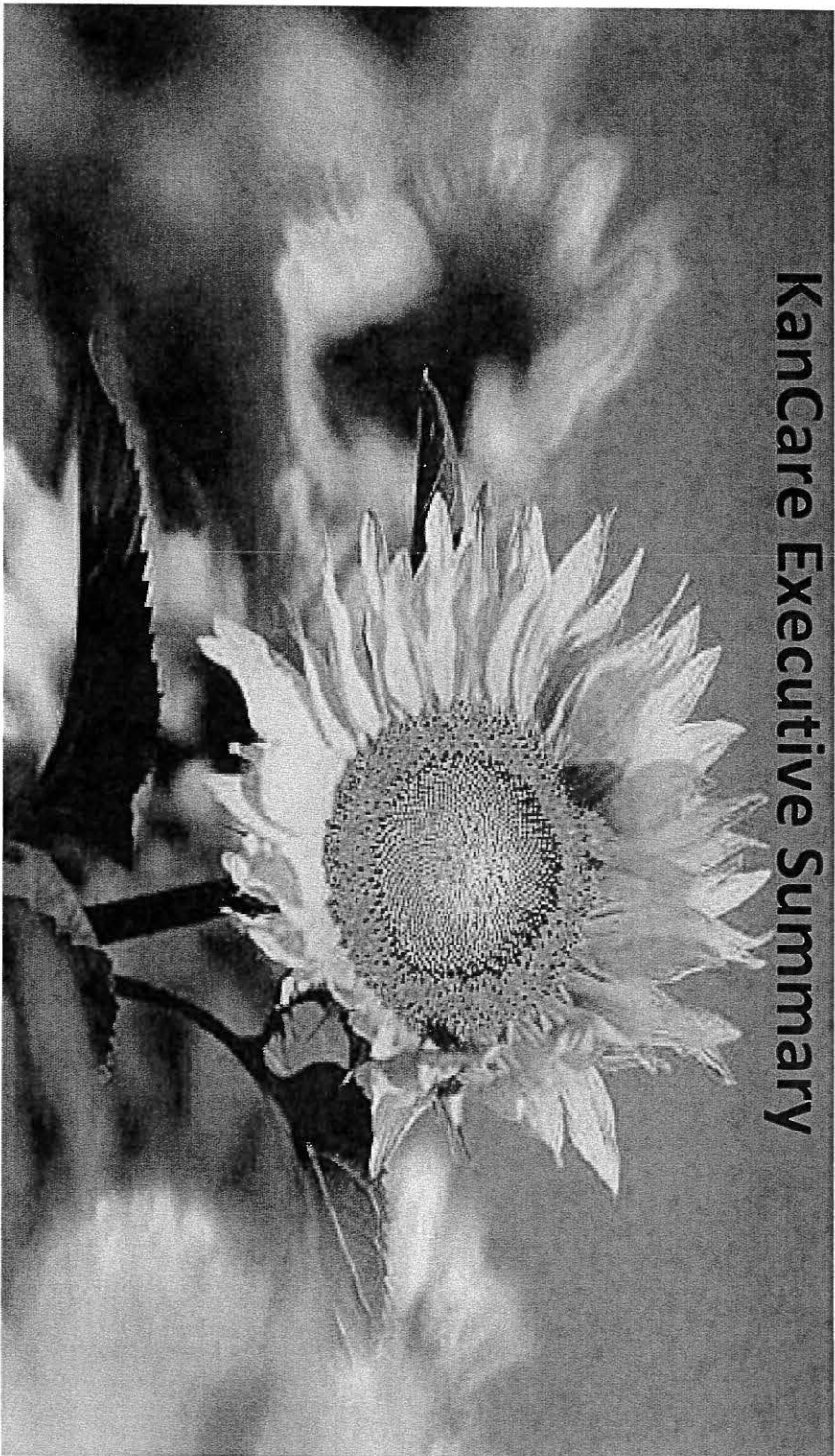


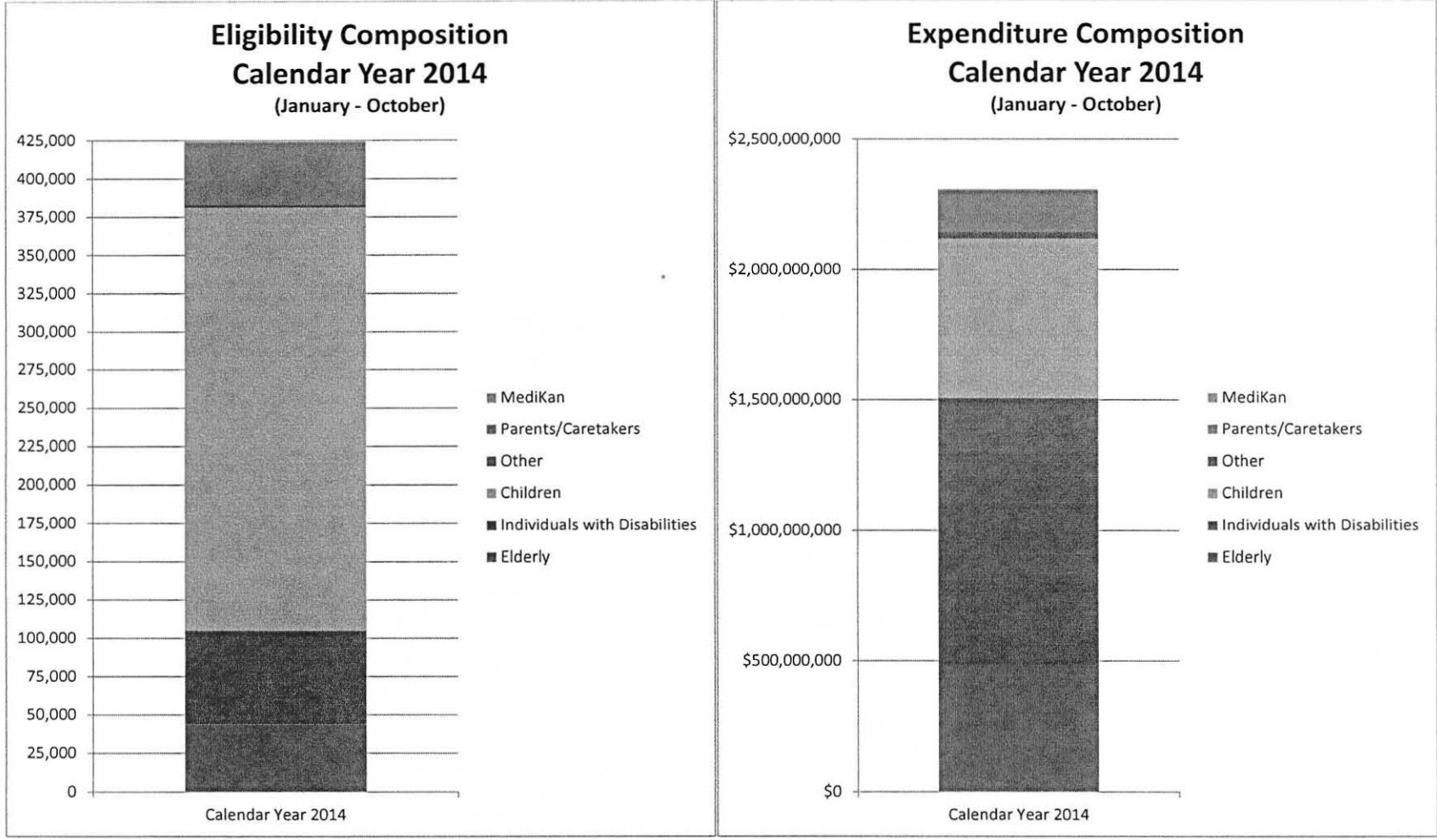
# KanCare Executive Summary



**KDHE-DHCF**

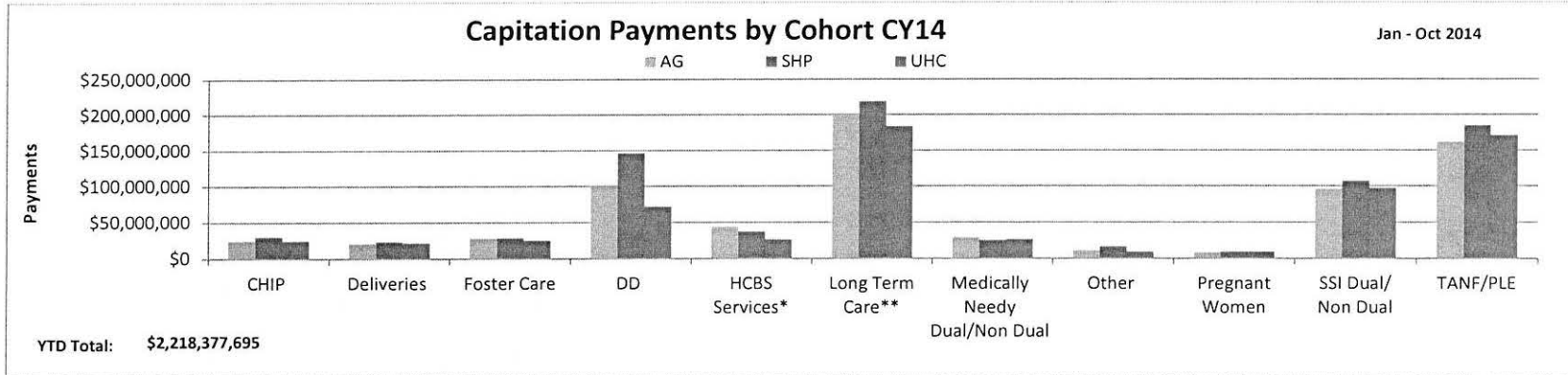
Report date: 11.14.14

Medicaid/CHIP Member Eligibility and Expenditure Information



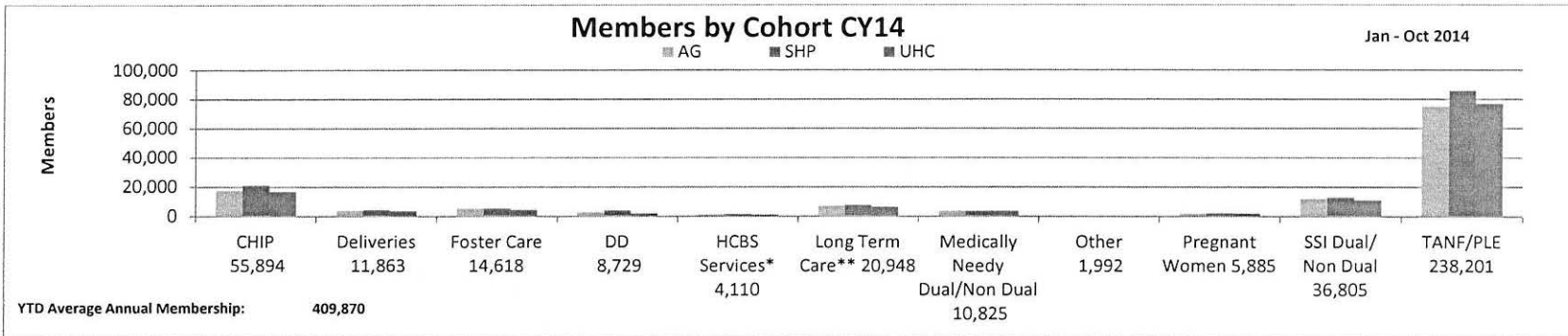
"Expenditure Composition" data is based on populations only. Non-claim expenditures are excluded as they are not population specific.

KanCare Executive Financial Summary CY14



\*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



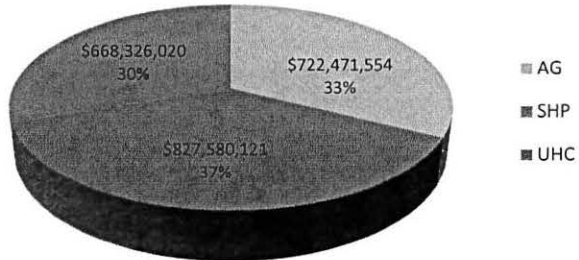
\*HCBS Services includes Autism, Severe Emotional Disturbance, Technology Assisted, and Traumatic Brain Injury

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

18-4

### Capitation Payments by MCO CY14

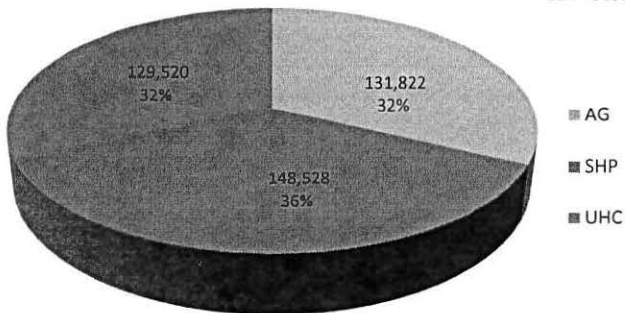
Jan - Oct 2014



YTD Total:

### Average Member Counts by MCO CY14

Jan - Oct 2014



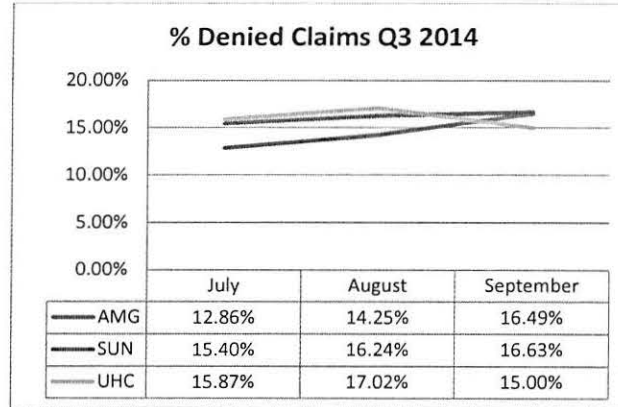
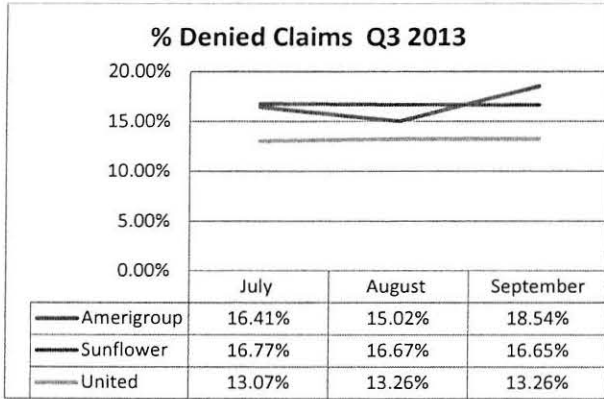
YTD Average Members: 409,870

### Provider Network –

KanCare MCO	# of Unique Providers as of 12/31/13	# of Unique Providers as of 3/31/14	# of Unique Providers as of 6/30/14	# of Unique Providers as of 9/30/14
Amerigroup	14,722	15,667	13,455	13,682
Sunflower	15,404	15,650	16,314	17,728
United	18,010	19,024	19,911	19,747

KanCare MCO	# of IDD Unique Providers HCBS / TCM	
	as of 5/20/14	as of 8/5/14
Amerigroup	74%/ 89%	76%/ 92%
Sunflower	81%/ 93%	82%/ 94%
United	73%/ 79%	73%/ 83%

Denied Claims –



2014 Denied Claims – Total Year to Date by MCO

**Amerigroup – January Through September 2014**

Service Type	Total claim count - YTD cumulative	# claims denied – YTD cumulative	% claims denied – YTD cumulative
Hospital Inpatient	36,012	6,926	19.20%
Hospital Outpatient	286,233	44,218	15.61%
Pharmacy	1,319,535	282,672	21.42%
Dental	101,966	10,434	10.23%
Vision	72,367	16,101	22.25%
NEMT	139,012	338	0.24%
Medical (Physical health not otherwise specified)	1,453,266	183,081	12.64%
Nursing Facilities	85,935	10,429	12.10%
HCBS	126,085	9,066	7.25%
BH	495,989	49,951	10.06%
<b>Total</b>	<b>4,116,400</b>	<b>613,216</b>	<b>14.90%</b>

**Sunflower – January Through September 2014**

Service Type	Total claim count - YTD cumulative	# claims denied – YTD cumulative	% claims denied – YTD cumulative
Hospital Inpatient	24,524	5,548	22.62%
Hospital Outpatient	235,169	31,972	13.60%
Pharmacy	2,165,781	500,099	23.09%
Dental	14,806	751	5.07%
Vision	70,659	9,218	13.05%
NEMT	100,958	429	0.42%
Medical (Physical health not otherwise specified)	1,286,200	183,911	14.30%
Nursing Facilities	91,639	8,707	9.50%
HCBS	309,135	11,614	3.76%
BH	540,320	33,039	6.11%
<b>Total</b>	<b>4,839,191</b>	<b>785,288</b>	<b>16.23%</b>

**United – January Through September 2014**

Service Type	Total claim count - YTD cumulative	# claims denied – YTD cumulative	% claims denied – YTD cumulative
Hospital Inpatient	22,632	4,664	20.60%
Hospital Outpatient	218,319	34,301	15.71%
Pharmacy	1,304,969	304,398	23.33%
Dental	101,395	10,247	10.11%
Vision	53,510	7,192	13.44%
NEMT	74,929	11,468	15.31%
Medical (Physical health not otherwise specified)	1,321,925	165,838	12.55%
Nursing Facilities	75,829	6,319	8.33%
HCBS	240,952	14,591	6.05%
BH	221,589	19,254	8.68%
<b>Total</b>	<b>3,636,049</b>	<b>578,272</b>	<b>15.90%</b>



9-81

**Value Added Services (Value Added Services Used By KanCare Members -January-September 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	1463	2,715	\$311,499	CentAccount debit card	37,613	38,174	\$763,480	Additional Vision Services	7,103	8,261	\$402,546
Member Incentive Program	4539	8,222	\$197,035	Dental visits for adults	5,597	16,254	\$308,991	Join for Me - Pediatric Obesity Classes	35	35	\$87,500
Mail Order OTC	6510	6,660	\$109,951	Smoking cessation program	406	406	\$97,440	Adult Dental Services	1,354	1,354	\$72,772
Healthy Families Program	73	73	\$56,250	Start Smart (mothers/children)	3,023	3,023	\$85,097	Annual Wellness Reminders	89,258	89,258	\$56,233
Pest Control	205	205	\$26,695	Disease and Healthy Living Coaching	24,484	24,467	\$63,861	Baby Blocks Program and Rewards	761	761	\$45,203
Smoking Cessation Program	109	206	\$22,251	Lodging for specialty and inpatient care	81	577	\$46,737	Peer Bridgers Program	173	173	\$42,336
Hypoallergenic Bedding	104	103	\$10,129	SafeLink®/ Connections Plus cell phones	229	229	\$10,953	Sesame Street - Food For Thought	976	976	\$34,160
Weight Watcher Vouchers	117	159	\$5,864	In-home caregiver support/ additional respite	23	2,008	\$6,524	Weight Watchers - Free Classes	261	261	\$31,059
Entertainment Book Coupons	25	26	\$14	Community Programs for Healthy Children:	402	402	\$6,030	Membership to Youth Organizations	560	560	\$28,000
Safelink Phone Service	3,329	3,331	\$0	Meals for specialty and inpatient care	21	111	\$2,775	Infant Care Book for Pregnant Women	923	923	\$11,999
				Hospital companion	6	699	\$2,272	Mental Health First Aid Program	113	113	\$10,795
								KAN Be Healthy Screening Age 3 to 19 - Debit Card Reward	677	677	\$6,770
								KAN Be Healthy Screening Age Birth to 30 months - Debit Card Reward	353	539	\$5,390
								Additional Podiatry Visits	41	44	\$4,286
								Asthma Bedding	76	76	\$3,952
								New Member Dental Exam - Debit Card Reward	274	274	\$2,740
								Coverage for Sports/School Physicals	37	37	\$2,398
								New Member Vision Exam - Debit Card Reward	202	202	\$2,020
								Join for Me - Reward for Completion of Program	35	35	\$1,750
								Weight Watchers Reward - Reward for Completing Classes	22	22	\$1,100
								Adult Biometric Screening - Debit Card Reward	66	66	\$990
								A is for Asthma	1,022	1,022	\$511
								Annual Vision Exam for Person with Diabetes - Debit Card Reward	9	9	\$180
								Annual Monitoring for Persistent Medications - Debit Card Reward	11	11	\$110
								Annual A1C Exam - Debit Card Reward	9	9	\$90
								Follow-Up After Behavioral Health Hospitalization - Debit Card Reward	1	1	\$25
<b>2014 YTD GRAND TOTAL</b>	<b>16,474</b>	<b>21,700</b>	<b>\$739,688</b>	<b>GRAND TOTAL</b>	<b>65,642</b>	<b>86,350</b>	<b>\$1,394,161</b>	<b>GRAND TOTAL</b>	<b>104,352</b>	<b>105,699</b>	<b>\$854,915</b>

**Summary of In Lieu Of Services Used By KanCare Members (January-September 2014)**

<b>Amerigroup</b>	<b>Members</b>	<b>Value of Services Avoided</b>	<b>Sunflower</b>	<b>Members</b>	<b>Value of Services Avoided</b>	<b>United</b>	<b>Members</b>	<b>Value of Services Avoided</b>
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	\$ 307,927	Additional personal care services, beyond existing waiver limitations ... in lieu of members needing to be admitted to a nursing facility	1,487	\$1,487,000	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	3,389	\$ 382,415.80
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	36	\$471,297	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
<b>Totals</b>	<b>56</b>	<b>\$779,224.00</b>	<b>Totals</b>	<b>1,506</b>	<b>\$1,846,920.00</b>	<b>Totals</b>	<b>3,434</b>	<b>\$394,190.80</b>

### Member Grievances & Appeals Q3-2104

Amerigroup- Member			
	Grievances	Appeals	State Fair Hearings
Number of grievances/appeals reviewed:	193	21	
Number of grievances/appeals resolved:	198	21	
Number of grievances/appeals considered invalid:	2	0	
Average Days to complete each grievance/appeal:	8	13	
Total number of State Fair Hearings requested:			99
Number of upheld decisions at State Fair Hearing Level:			4
Number of overturned decisions at State Fair Hearing Level:			0
Number of health plan appeals reversed in the member's favor:		9	4
Number of health plan appeals reversed in the provider's favor:			95
Number of State Fair Hearings withdrawn:			4
Number of dismissals:			1
Number of default dismissals:			3
Number of Other dispositions:			0
<b>In health plan level appeals where the decision was reversed in the member's favor, what were the most common reasons?</b>			
Medical Necessity Met			
<b>In State Fair Hearing cases where the decision was overturned in the member's favor, what were the most common reasons?</b>			
None			
<b>List the top 5 reasons that were most commonly the subject of grievances/appeals:</b>			
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:	213	143	
Number of grievances/appeals resolved:	213	143	
Number of grievances/appeals considered invalid:	0	0	
Average Days to complete each grievance/appeal:	7	7	
Total number of State Fair Hearings requested:			49
Number of upheld decisions at State Fair Hearing Level:			11
Number of overturned decisions at State Fair Hearing Level:			0
Number of health plan appeals reversed in the member's favor:		56	0
Number of health plan appeals reversed in the provider's favor:			0
Number of State Fair Hearings withdrawn:			3
Number of dismissals:			34
Number of default dismissals:			1
Number of Other dispositions:			0
<b>In health plan level appeals where the decision was reversed in the member's favor, what were the most common reasons?</b>			
Medical necessity established			
<b>In State Fair Hearing cases where the decision was overturned in the member's favor, what were the most common reasons?</b>			
There weren't any overturned State Fair Hearing cases this quarter			
<b>List the top 5 reasons that were most commonly the subject of grievances/appeals:</b>			
Availability /Prior or Post Authorization			
Attitude/Service of staff/HCBS			
Timeliness /Criteria Not Met - Inpatient Admissions			
Other(Must provide description in narrative column of Summary Reports)/Pharmacy			
Billing and Financial issues/Criteria Not Met - Durable Medical Equipment			

United-Member			
	Grievances	Appeals	State Fair Hearings
Number of grievances/appeals reviewed:	287	32	
Number of grievances/appeals resolved:	287	32	
Number of grievances/appeals considered invalid:	0	0	
Average Days to complete each grievance/appeal:	6	10	
Total number of State Fair Hearings requested:			27
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:		10	5
Number of health plan appeals reversed in the provider's favor:			13
Number of State Fair Hearings withdrawn:			4
Number of dismissals:			11
Number of default dismissals:			1
Number of Other dispositions:			1
<b>In health plan level appeals where the decision was reversed in the member's favor, what were the most common reasons?</b>			
Medical necessity met			
<b>In State Fair Hearing cases where the decision was overturned in the member's favor, what were the most common reasons?</b>			
All of the SFHs overturned in members favor were overturned for different reasons (e.g. policy exceptions, in lieu of services, medical necessity, and change in condition).			
<b>List the top 5 reasons that were most commonly the subject of grievances/appeals:</b>			
1 Billing and Financial issues			
2 Timeliness			
3 Attitude/Service of Staff			
4 HCBS			
5 Pharmacy			

18-8