



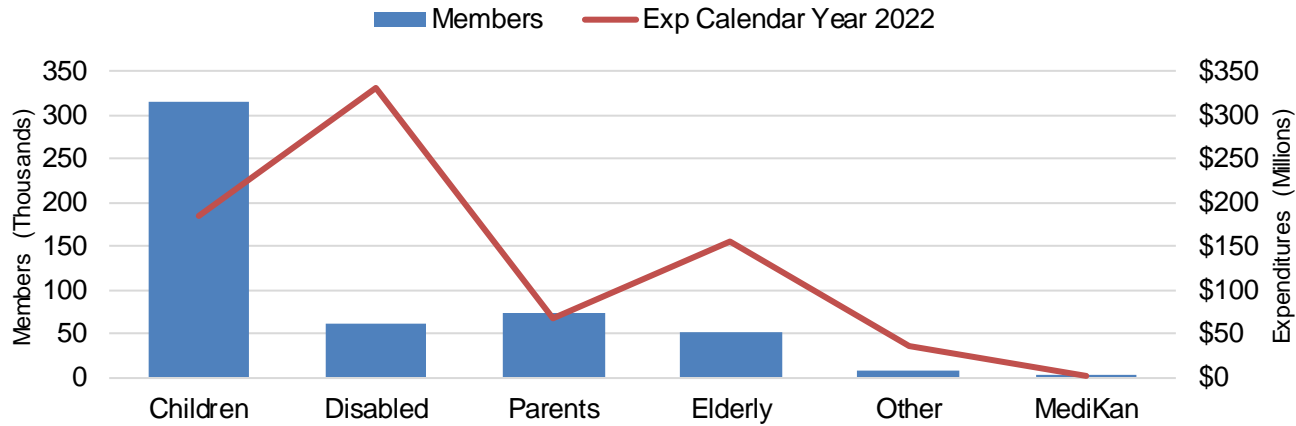
KanCare Executive Summary 2022 - Q1

KanCare Members, Expenditures, & Capitation Payments

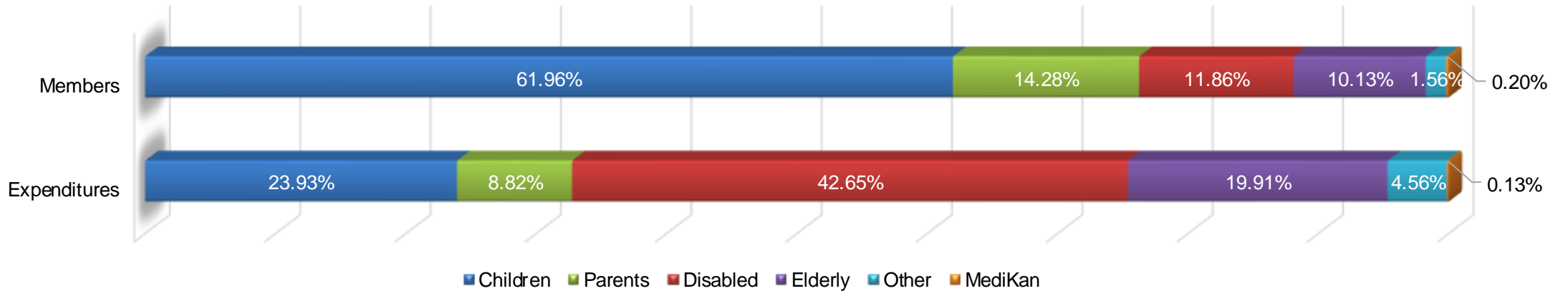


Members & Expenditures

2022 YTD (January & February)



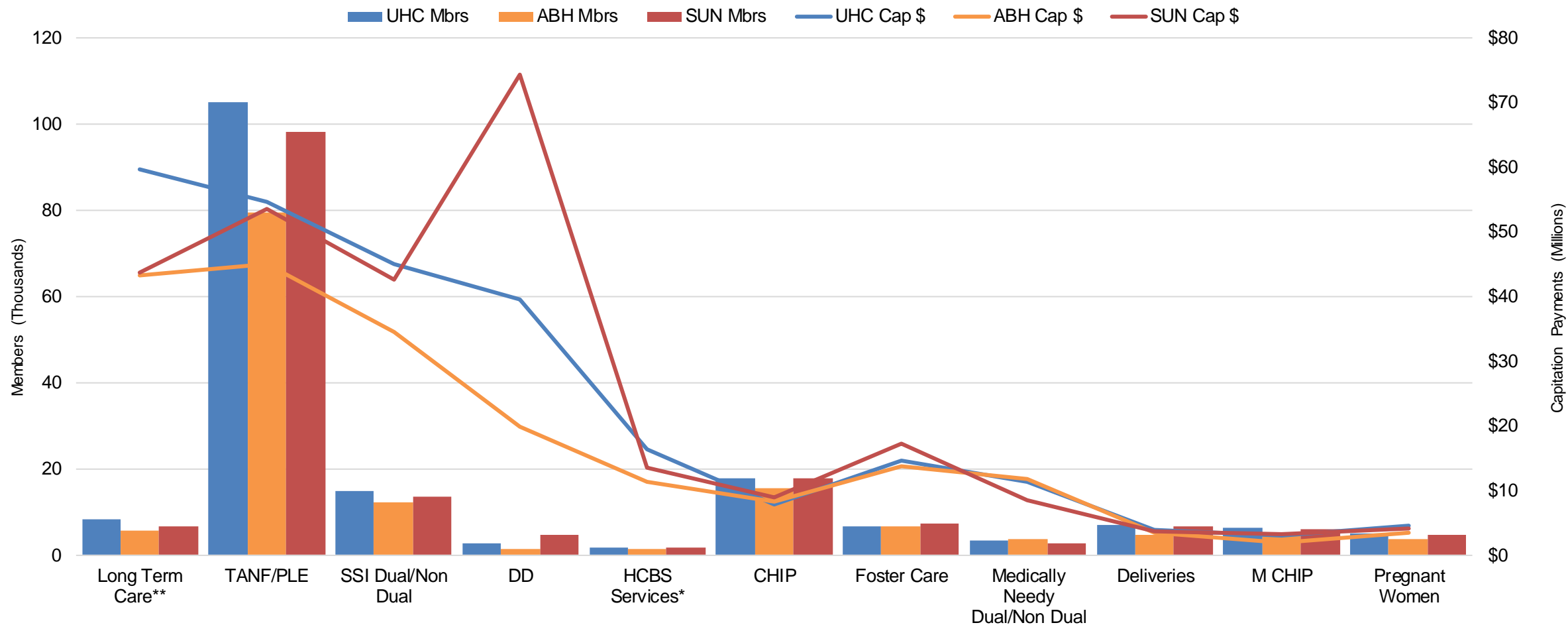
	Percentage of Totals	
	Members	Expenditures
Children	61.96%	23.93%
Parents	14.28%	8.82%
Disabled	11.86%	42.65%
Elderly	10.13%	19.91%
Other	1.56%	4.56%
MediKan	0.20%	0.13%





Members & Capitation Payments

2022 YTD (January & February)



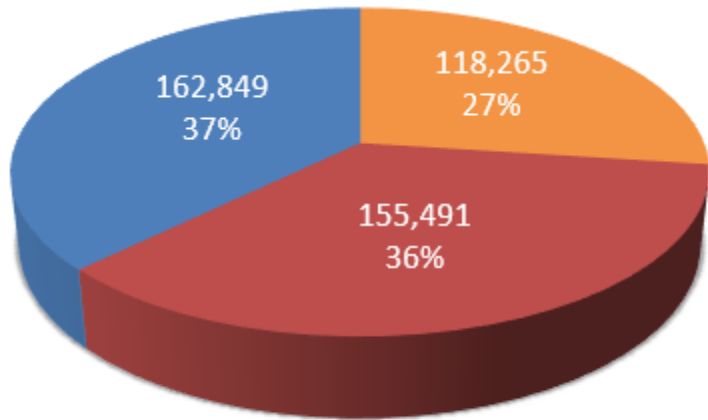
*HCBS Services include the Autism, Severe Emotional Disturbance, Technology Assisted, and Traumatic Brain Injury Waivers

**Long Term Care includes Nursing Facilities, as well as the Physically Disabled and Frail/Elderly HCBS Waivers

Overall enrollment continues to increase.

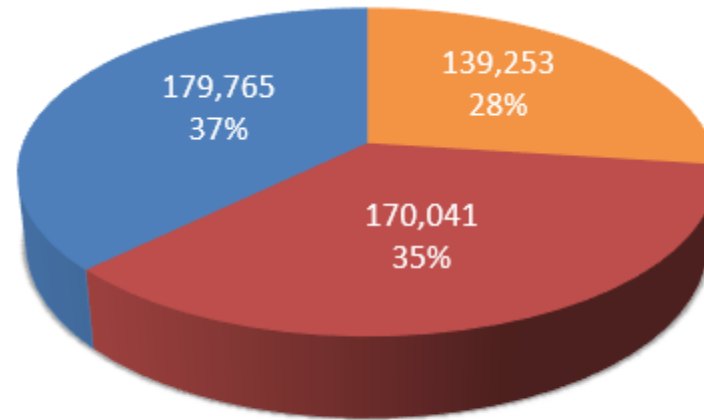
- YTD, there are 489,059 beneficiaries – 52,454 more than this time last year.
- UHC maintains 37% of overall enrollment, with 179,765 beneficiaries.
- Sunflower’s beneficiaries account for 35% of overall enrollment; Aetna’s account for 28%.

2021 January & February
436,605 Beneficiaries



■ ABH ■ SUN ■ UHC

2022 January & February
489,059 Beneficiaries



■ ABH ■ SUN ■ UHC

KanCare Provider Network



Provider Network by Quarter

Year-End 2021 (2022 Q1 Updates Available in May)

CY 2021	Unique Providers/Locations			
	Unique Providers End of Q1 (3/31/2021)	Unique Providers End of Q2 (6/30/2021)	Unique Providers End of Q3 (9/30/2021)	Unique Providers End of Q4 (12/31/2021)
KanCare MCO				
Aetna	45,106	45,115	45,284	47,714
Sunflower	41,676	40,878	41,810	36,332
United	44,069	43,754	44,490	44,059

The number of Unique Providers is the number of unique National Provider IDs (NPIs) or, where NPI is not available, the unique occurrences of a provider name and service location.

- Providers with a service location in multiple Kansas counties are only counted once per county.
- Providers of services received in the home are counted once for each county in which they are contracted to provide services.
- Providers with a service location in a border area are counted once for each state in which the service location is within 50 miles of the KS border. Out of state providers who are more than 50 miles from the KS border are not included.

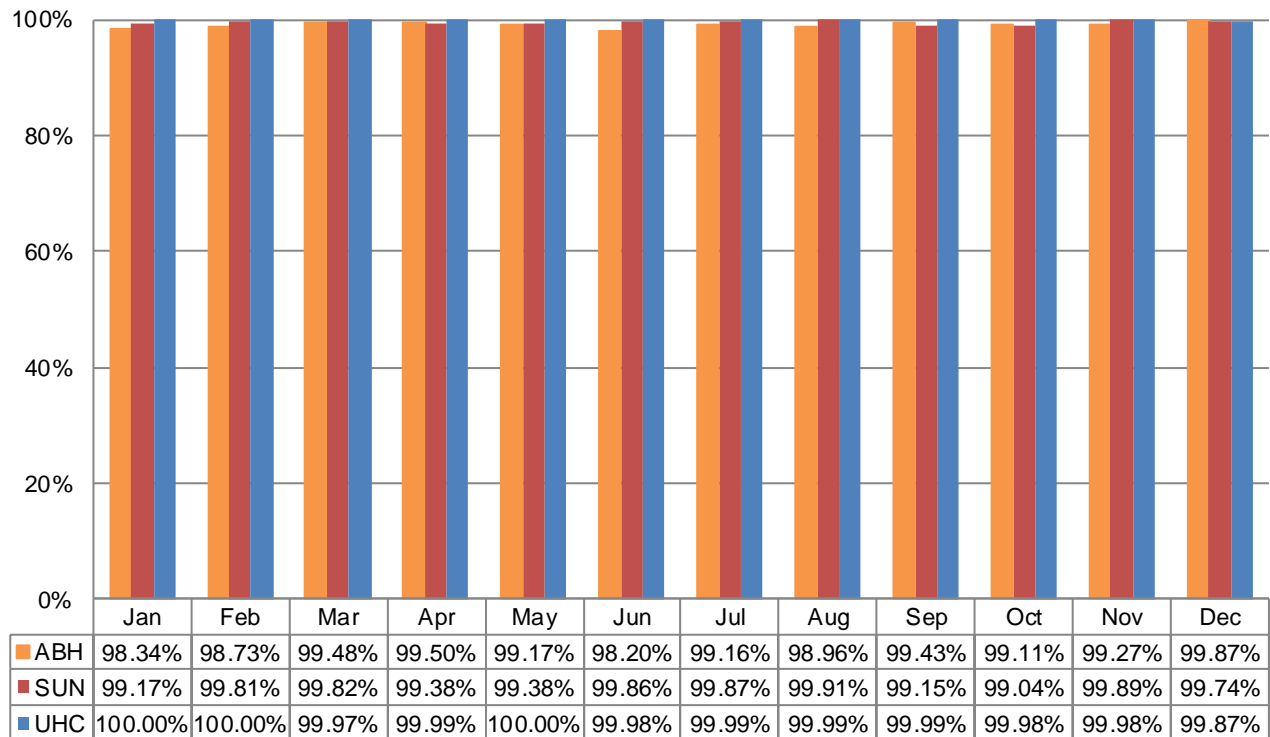
KanCare Claims Overview



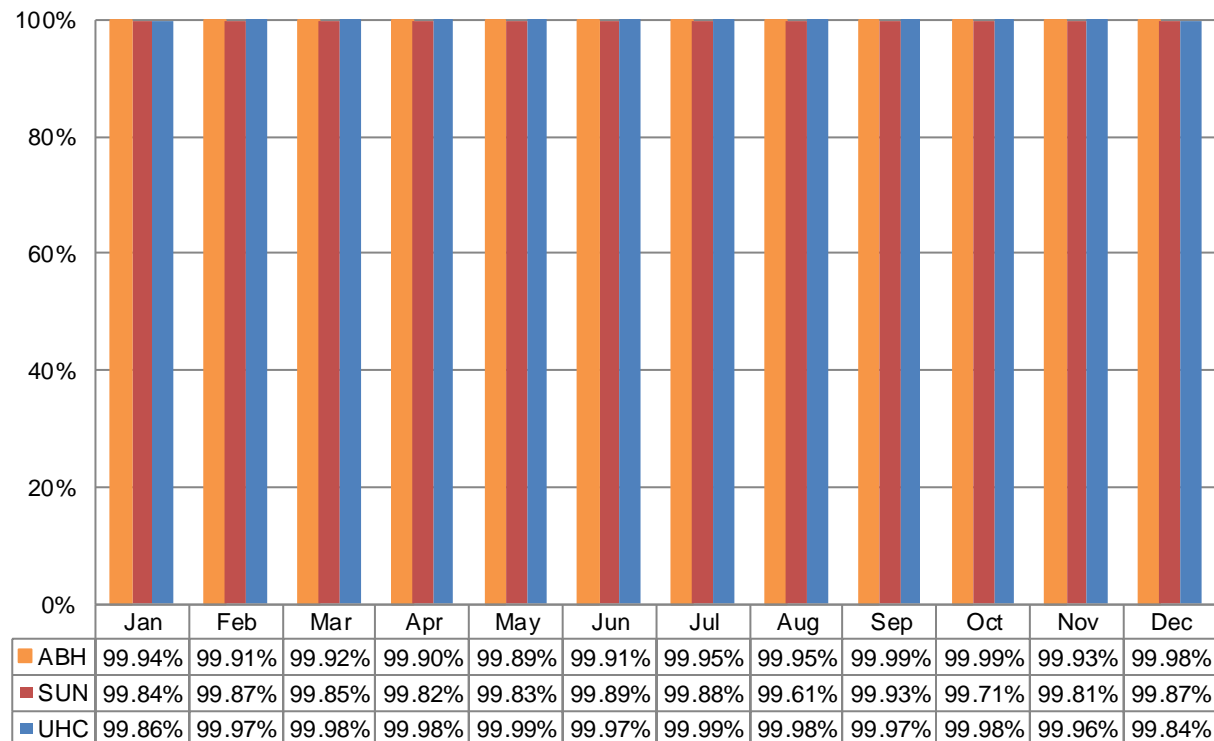
Clean Claims Processed Within 30 Days

Comparison: 2020 & 2021 Calendar Year-End

2020 Clean Claims



2021 Clean Claims

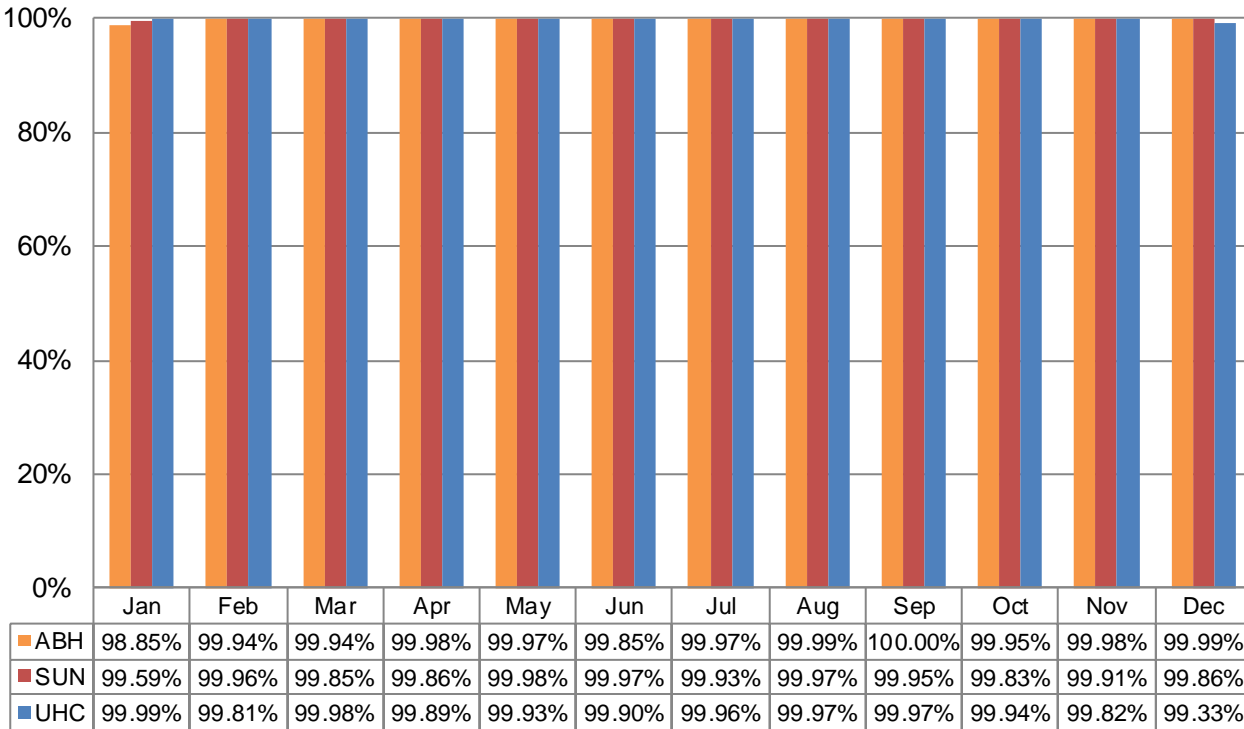


The contract standard is 100% of clean claims will be processed within 30 days. A clean claim is a claim that can be paid or denied with no additional intervention required. Clean claims do not include adjusted or corrected claims, claims that require documentation for processing (e.g., consent forms, medical records, etc.), claims from new out-of-network providers, or claims where a plan's updated policy changes were not received by the state at least 30 days before the effective date.

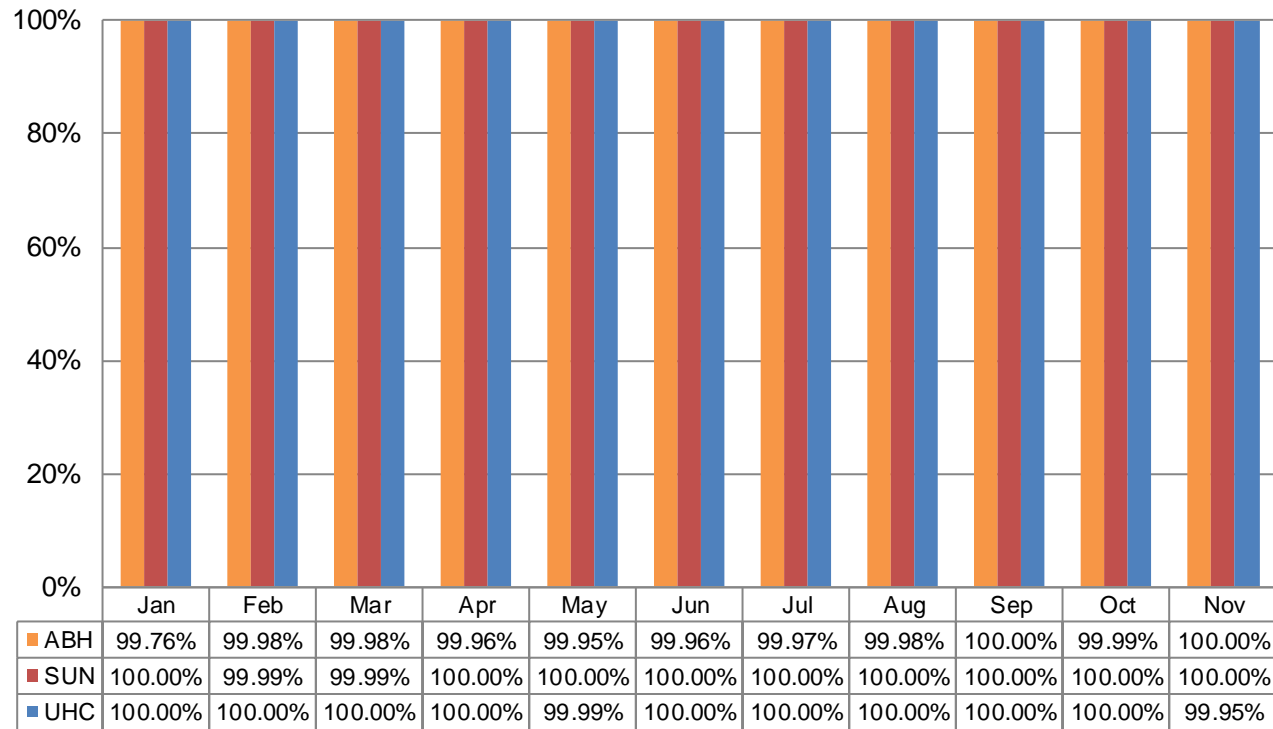


2021: Claims Processed Within 60-90 Calendar Days

2021 Processed in ≤ 60 Days



2021 Processed in ≤ 90 Days



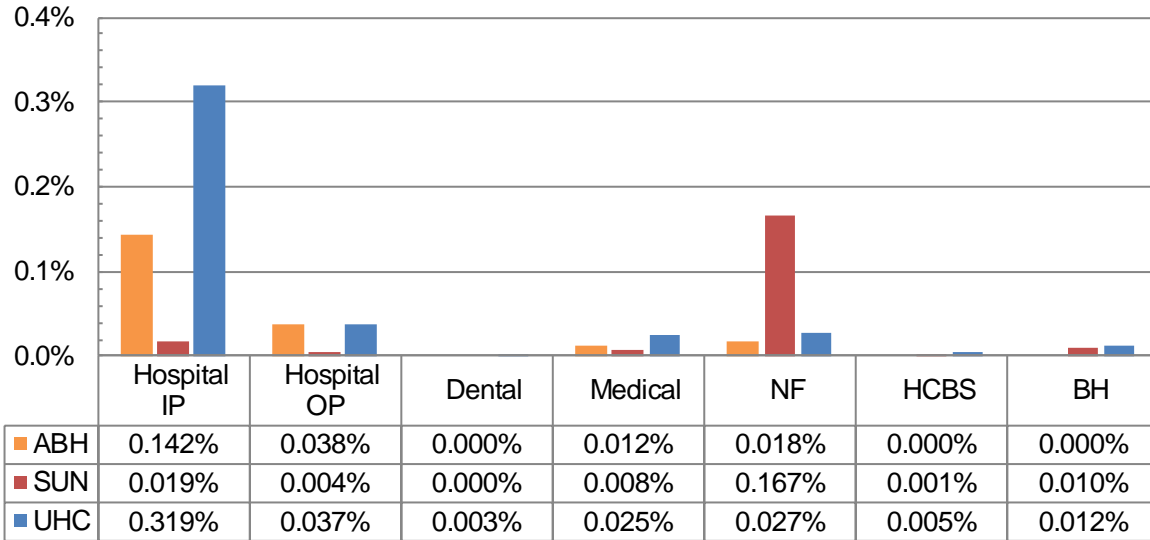
The contract standard is 100% of clean claims will be processed within 30 days; 99% of non-clean claims will be processed within 60 calendar days; and 100% of non-clean claims will be processed within 90 calendar days.



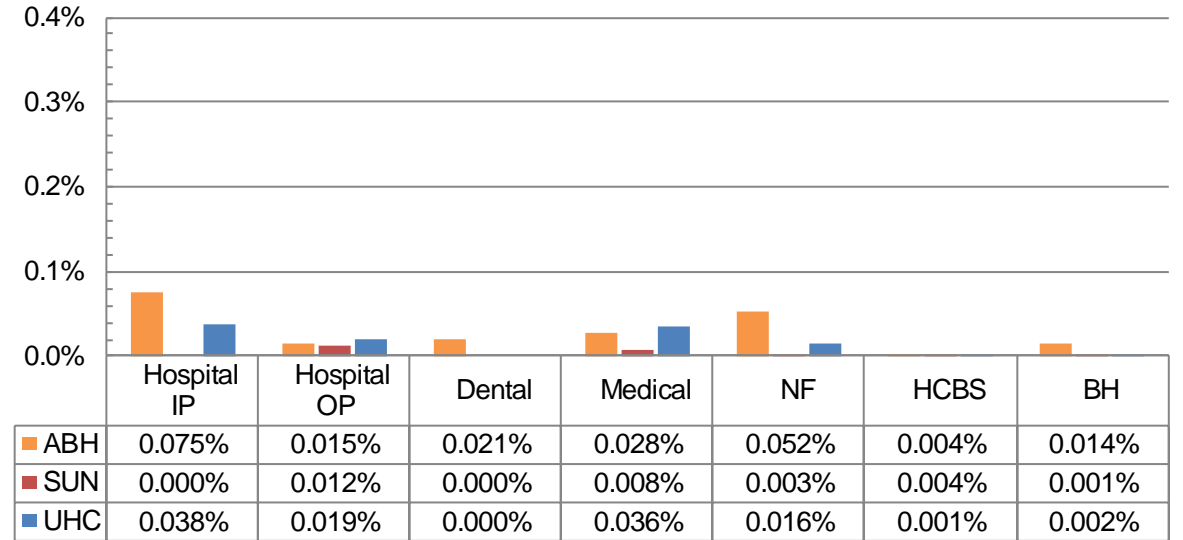
Percent of Claims Adjusted More Than 3 Times

YTD Comparison: 2021 & 2022 (January & February)

CY 2021 (January & February)



CY 2022 (January & February)



Purpose of Reports: To review payment accuracy, year over year

Methodology: To monitor the frequency of claims adjustments by MCO and claim-type (Total Claims Adjusted/Total Claims Processed)

Pharmacy claims are processed as point-of-sale, so adjustments are not reported for those claims.



Processed & Denied Claims Table

2022 YTD (January & February)

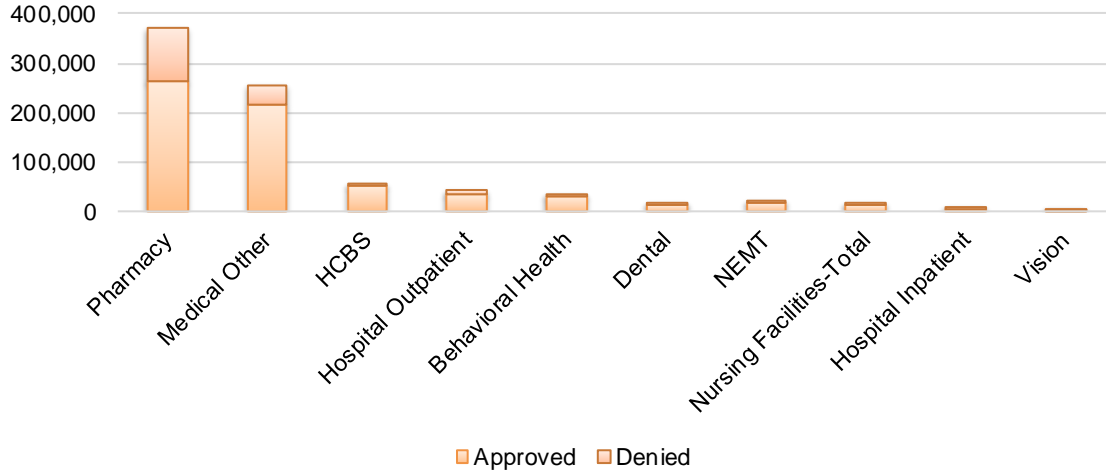
	Count of Processed Claims			% of Total Services by MCO		
	ABH	SUN	UHC	ABH	SUN	UHC
Pharmacy	371,605	343,945	333,287	45.75%	34.04%	33.59%
Medical Other	255,332	288,857	311,852	31.44%	28.59%	31.43%
HCBS	55,577	110,955	92,097	6.84%	10.98%	9.28%
Hospital Outpatient	45,423	58,544	63,295	5.59%	5.79%	6.38%
Behavioral Health	31,366	115,687	114,296	3.86%	11.45%	11.52%
Dental	17,699	24,654	25,923	2.18%	2.44%	2.61%
NEMT	16,400	15,227	16,452	2.02%	1.51%	1.66%
Nursing Facilities	13,445	31,360	18,978	1.66%	3.10%	1.91%
Hospital Inpatient	4,014	5,503	4,467	0.49%	0.54%	0.45%
Vision	1,360	15,663	11,497	0.17%	1.55%	1.16%
Total	812,221	1,010,395	992,144	100%	100%	100%

Service Type	Count of Denied Claims			% of Total Denied Claims by Service Type		
	ABH	SUN	UHC	ABH	SUN	UHC
Pharmacy	107,088	96,734	72,721	67.05%	58.88%	44.74%
Medical Other	37,851	40,113	56,761	23.70%	24.42%	34.92%
Hospital Outpatient	8,196	6,330	13,275	5.13%	3.85%	8.17%
Dental	2,564	2,111	3,732	1.61%	1.28%	2.30%
HCBS	1,246	4,775	1,816	0.78%	2.91%	1.12%
Behavioral Health	931	9,751	8,877	0.58%	5.94%	5.46%
Nursing Facilities	911	1,638	2,481	0.57%	1.00%	1.53%
Hospital Inpatient	796	1,099	940	0.50%	0.67%	0.58%
Vision	90	1,679	1,841	0.06%	1.02%	1.13%
NEMT	47	52	110	0.03%	0.03%	0.07%
Total	159,720	164,282	162,554	100%	100%	100%

Portion of Denied Claims to Total Claims

2022 YTD (January & February)

Aetna

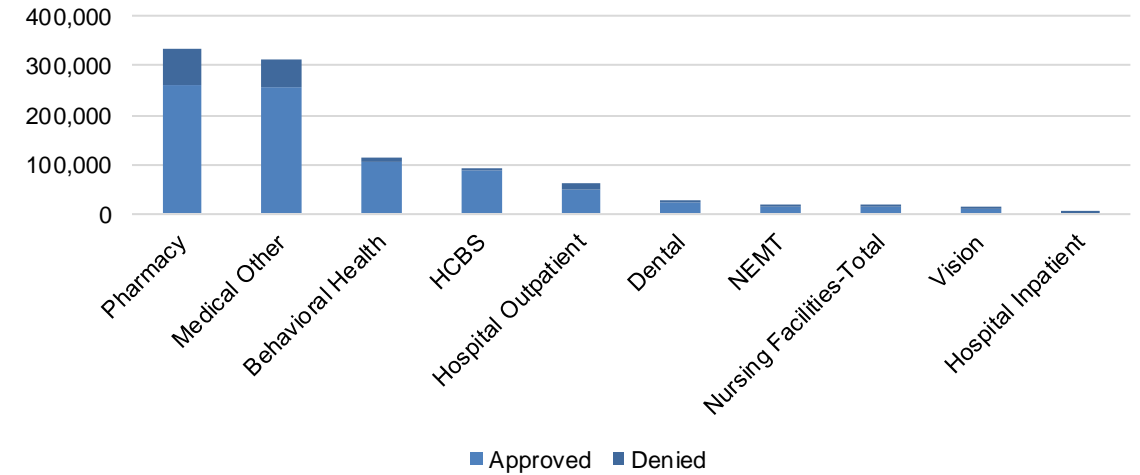


Pharmacy has the highest percentage of denied claims across the program because it is a point-of-sale service.

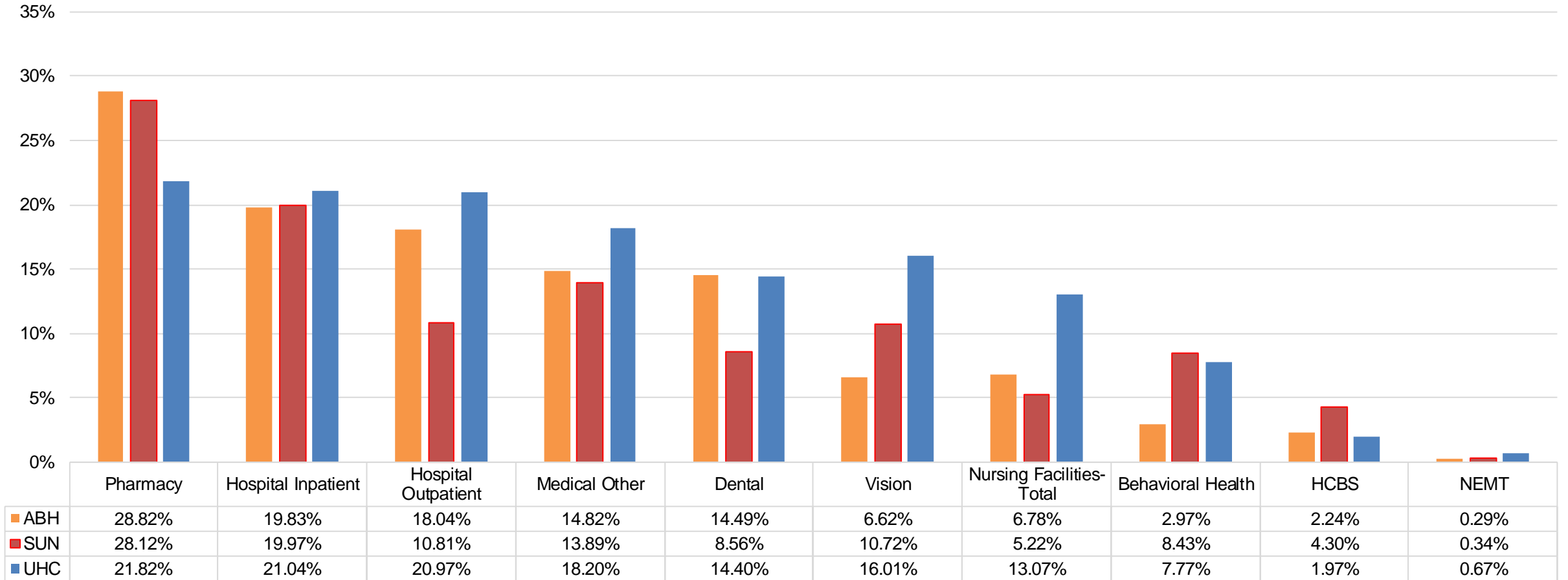
Sunflower



UnitedHealthcare



Percentage of All Claims Denied by Service Type

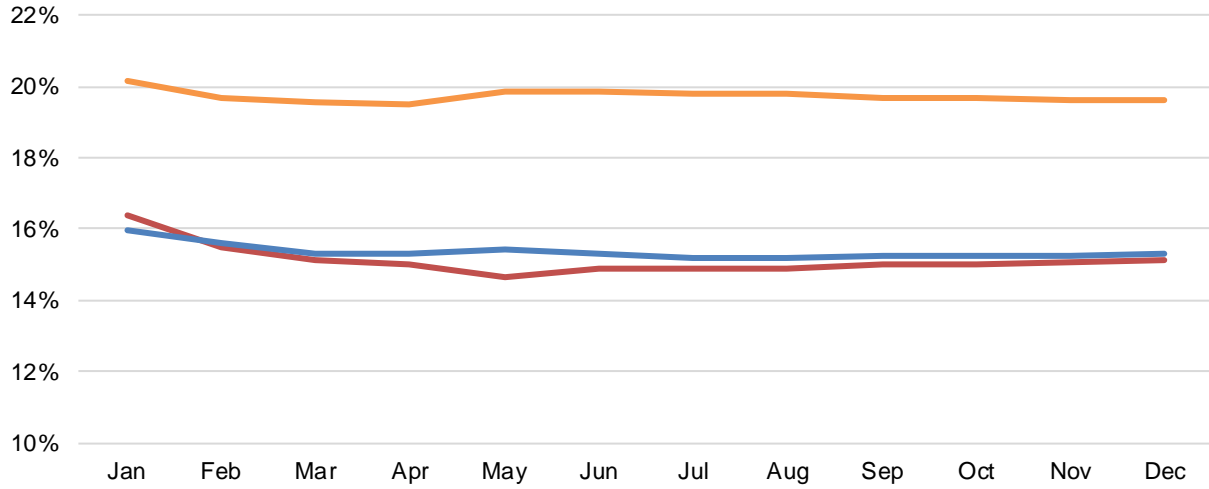




Denied Claims, Cumulative by Year

Comparison: CY 2021 & 2022 YTD (January & February)

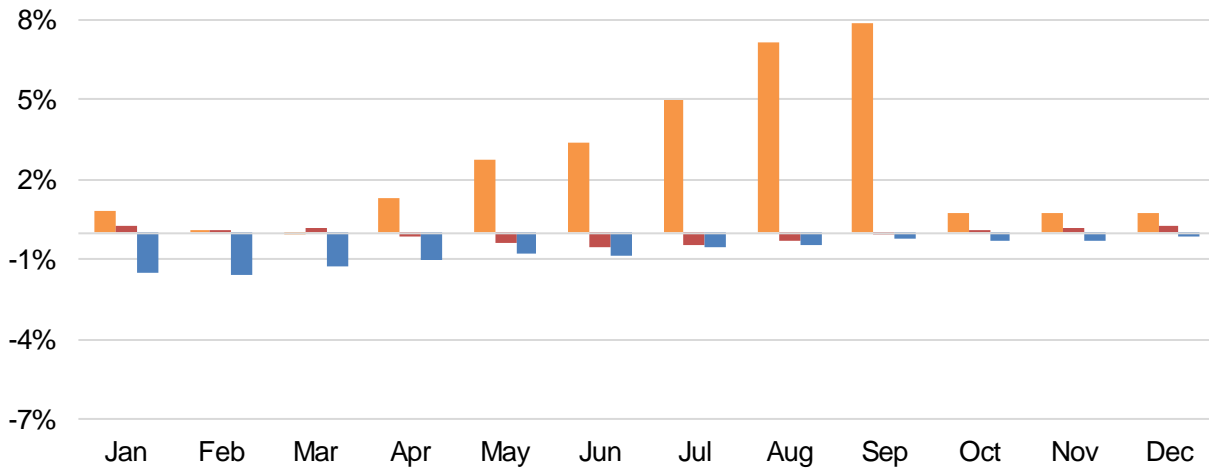
Percentage of Cumulative Denied Claims 2021



Percentage of Cumulative Denied Claims 2021 YTD



Percent Point Change, Year Over Year 2020 & 2021



Percent Point Change, Year Over Year (2020 & 2021)



MCO Value Added Services & In Lieu Of Services



Top Ten MCO Value-Added Services

YTD 2022 (January & February)

Aetna				Sunflower				United			
VAS Type	Members YTD	Total Units YTD	Total Value YTD	VAS Type	Members YTD	Total Units YTD	Total Value YTD	VAS Type	Members YTD	Total Units YTD	Total Value YTD
Adult Dental	376	869	\$120,531	My Health Pays	7,487	7,636	\$128,462	Adult Dental Coverage	1,102	1,102	\$109,369
Transportation Services	129	598	\$31,463	Dental visitsfor adults	6,286	6,409	\$110,149	Home Helper Catalog	607	607	\$28,393
Dentures	8	8	\$12,886	Caregiving Collaborations- Assessment Assistance	167	266	\$8,485	Dentures	10	10	\$18,216
Asthma Air Purifier	18	18	\$4,845	Employment - GED Prep Test	42	168	\$5,998	UHC Healthy Rewards Program	1,004	1,004	\$10,530
CampusEd Program	18	18	\$4,536	Start Smart for Your Baby®	179	179	\$5,323	Healthy First Steps	96	96	\$7,200
Podiatry Visits	11	66	\$3,861	Boys & Girls Clubs	225	225	\$2,650	Internet Access	113	113	\$4,352
Weight Management	11	11	\$1,463	Caregiving Collaborations- Journals	33	33	\$1,178	Youth Organization Activities	51	51	\$2,550
Home-Delivered Meals	7	126	\$1,372	myStrength E-Learning for Mental Wellness	211	211	\$1,499	Respite Care Services	2	2	\$529
After School Engagement Program	21	21	\$1,050	WIC Transportation	26	31	\$384	Community Baby Showers	0	0	\$0
Respite Care Background Check	1	1	\$1,040	Employment - Referral	2	3	\$240	Help with Getting Free Cell Phone Service	0	0	\$0
Other Value-Added Services	11	11	\$117	Other Value-Added Services	3,571	3,635	\$50,163	Other Value-Added Services	0	0	\$0
TOTAL	611	1,747	\$183,165	TOTAL	18,229	18,796	\$314,532	TOTAL	2,985	2,985	\$181,139
<hr/>											
KanCare Grand Total	21,825	23,528	\$678,835								



MCO In Lieu of Services

YTD 2022 (January & February)

Additional Medicaid covered services, beyond existing limitations, including personal care services, sleep cycle support, home modifications, equipment, assisted services, etc.
Non-covered services, including PET scans, CPAP equipment, sleep cycle support, home health, private nurse, or more intensive physical or behavioral health services/nursing facility services
Totals

Aetna		
<u>Unduplicated Members</u>	Value of Service Provided	Value of Cost Avoided
143	\$237,994	\$1,433,130
200	\$91,316	\$3,667,000
342	\$329,311	\$5,100,130

Sunflower		
<u>Unduplicated Members</u>	Value of Service Provided	Value of Cost Avoided
7	\$4,842	\$60,189
72	\$45,340	\$1,931,959
78	\$50,182	\$1,992,147

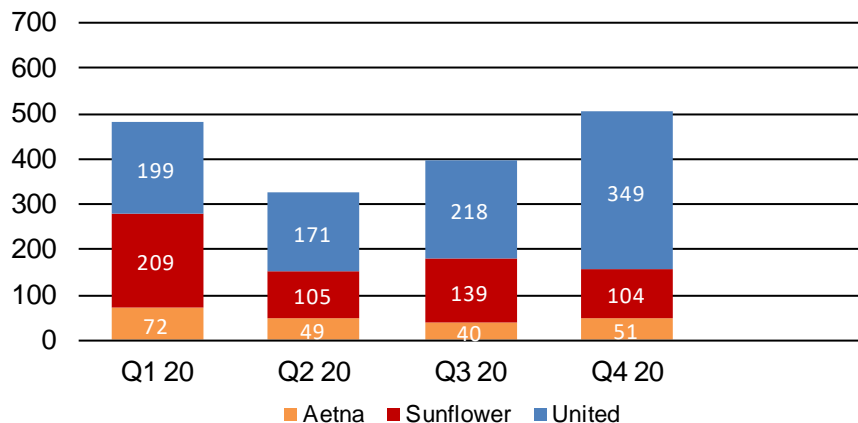
United		
<u>Unduplicated Members</u>	Value of Service Provided	Value of Cost Avoided
96	\$165,097	\$684,000
174	\$442,596	\$1,228,000
269	\$607,693	\$1,912,000

In Lieu of Services YTD Total 2022

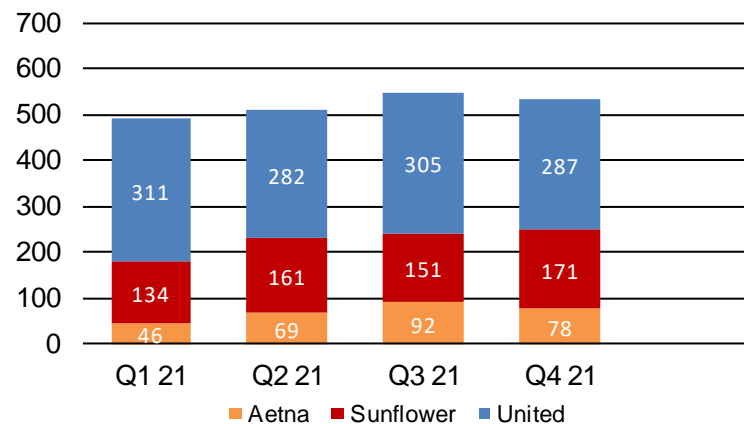
<u>Unduplicated Members</u>	Value of Service Provided	Value of Services Avoided
689	\$987,186	\$9,004,277

KanCare Grievances & Appeals

Resolved Member Grievances 2020



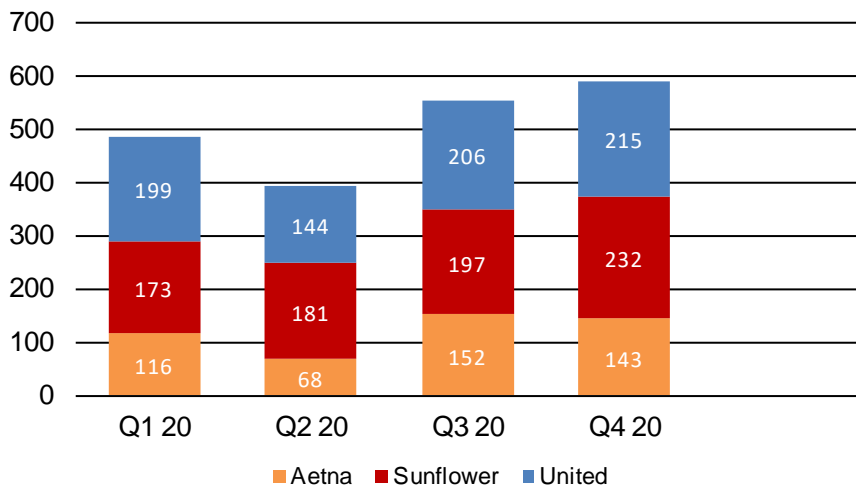
Resolved Member Grievances 2021



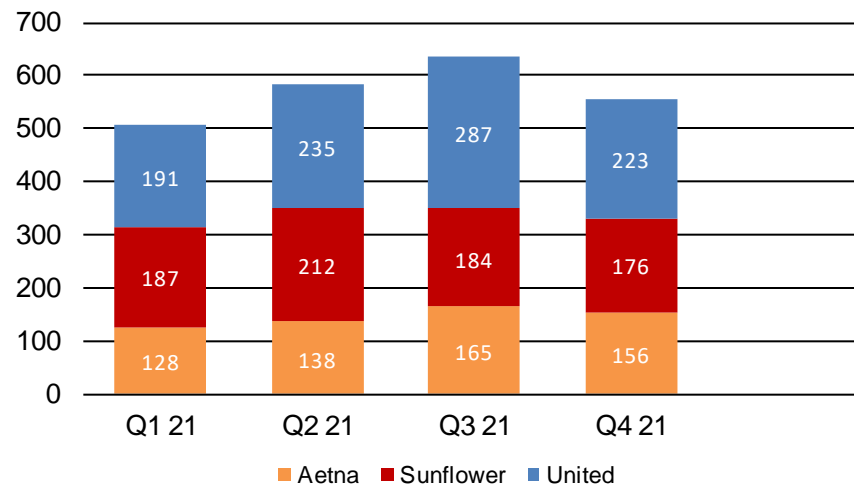
2021 4th Qtr. Member Grievance Top 5 Trends

Aetna		Sunflower		United	
Total # of Resolved Grievances	78	Total # of Resolved Grievances	171	Total # of Resolved Grievances	287
Trend 1: Transportation – Other	17%	Trend 1: Transportation – Other	22%	Trend 1: Transportation – Other	21%
Trend 2: Transportation – Late	15%	Trend 2: Transportation – No Show	20%	Trend 2: Billing/Financial Issues (non-Transportation)	21%
Trend 3: Quality of Care (non HCBS Providers)	13%	Trend 3: Transportation – No Driver Available	12%	Trend 3: Transportation – No Show	19%
Trend 4: Customer Service	10%	Trend 4: Quality of Care (non HCBS Providers)	10%	Trend 4: Transportation – No Driver Available	11%
Trend 5: Access to Service or Care	10%	Trend 5: Access to Service or Care	9%	Trend 5: Transportation – Late	8%

Resolved Member Appeals 2020



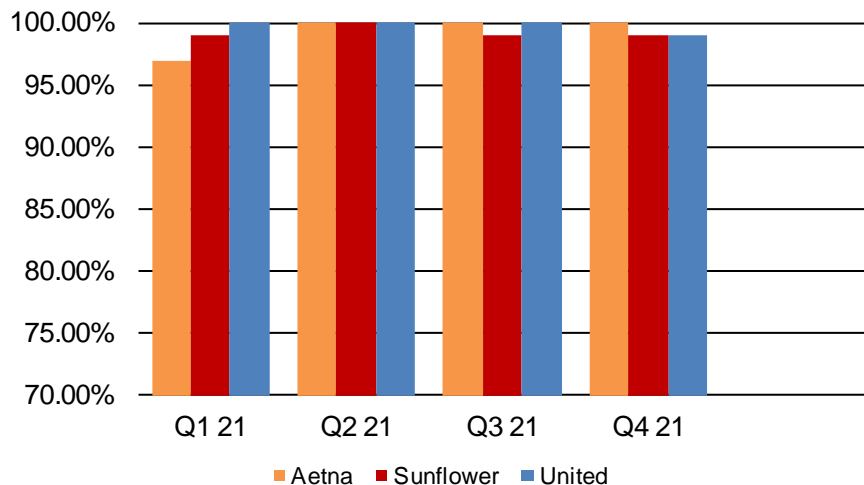
Resolved Member Appeals 2021



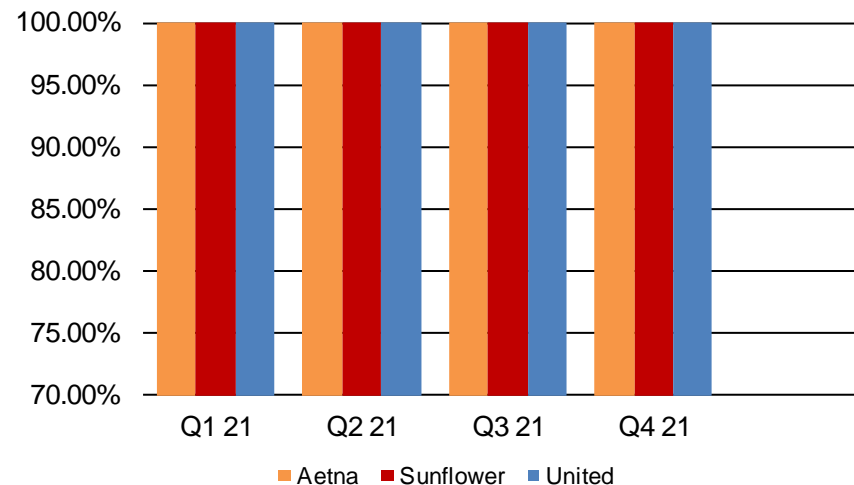
2021 4th Qtr. Member Appeals Top 5

Aetna		Sunflower		United	
Total # of Resolved Member Appeals	156	Total # of Resolved Member Appeals	176	Total # of Resolved Member Appeals	223
1: Criteria Not Met – Pharmacy	40%	1: Criteria Not Met – Pharmacy	32%	1: Criteria Not Met – Pharmacy	53%
2: Criteria Not Met – Medical Procedure	25%	2: Criteria Not Met – Radiology	13%	2: Criteria Not Met - Inpatient Admissions (Non-Behavioral Health)	12%
3: Criteria Not Met – Behavioral Health Outpatient and Physician	8%	3: Criteria Not Met – Other	9%	3: Criteria Not Met – Durable Medical Equipment	9%
4: Criteria Not Met – Durable Medical Equipment	7%	4: Criteria Not Met – Medical Procedure	8%	4: Criteria Not Met – Medical Procedure	5%
5: Criteria Not Met – Radiology	7%	5: Criteria Not Met – PT/OT/ST and Criteria Not Met – Inpatient Behavioral Health	8%	5: Criteria Not Met – Dental	5%

Resolved Within 30 Calendar Days 2021
(Compliance is 98%)



Resolved Within 60 Calendar Days 2021
(Compliance is 100%)



2021 4th Qtr. Provider Appeals Top 5

Aetna		Sunflower		United	
Total # of Resolved Provider Appeals	483	Total # of Resolved Provider Appeals	653	Total # of Resolved Provider Appeals	1,242
1: Claim Payment Denied – Medical (Physical Health not Otherwise Specified)	37%	1: Claim Payment Denied – Medical (Physical Health not Otherwise Specified)	21%	1: Claim Payment Denied – Hospital Inpatient (Non-Behavioral Health)	27%
2: Claim Payment Denied – Hospital Inpatient (Non-Behavioral Health)	14%	2: Criteria Not Met – Pharmacy	20%	2: Claim Payment Denied – Medical (Physical Health not Otherwise Specified)	16%
3: Claim Payment Denied – Laboratory	9%	3: Claim Payment Denied – Hospital Inpatient (Non-Behavioral Health)	9%	3: Claim Payment Denied – Pharmacy	13%
4: Claim Payment Denied – Hospice	9%	4: Claim Payment Denied – Behavioral Health Outpatient and Physician	9%	4: Claim Payment Denied – Hospital Outpatient (Non-Behavioral Health)	10%
5: Claim Payment Denied – Durable Medical Equipment	6%	5: Claim Payment Denied – Radiology	6%	5: Claim Payment Denied – Laboratory	9%