

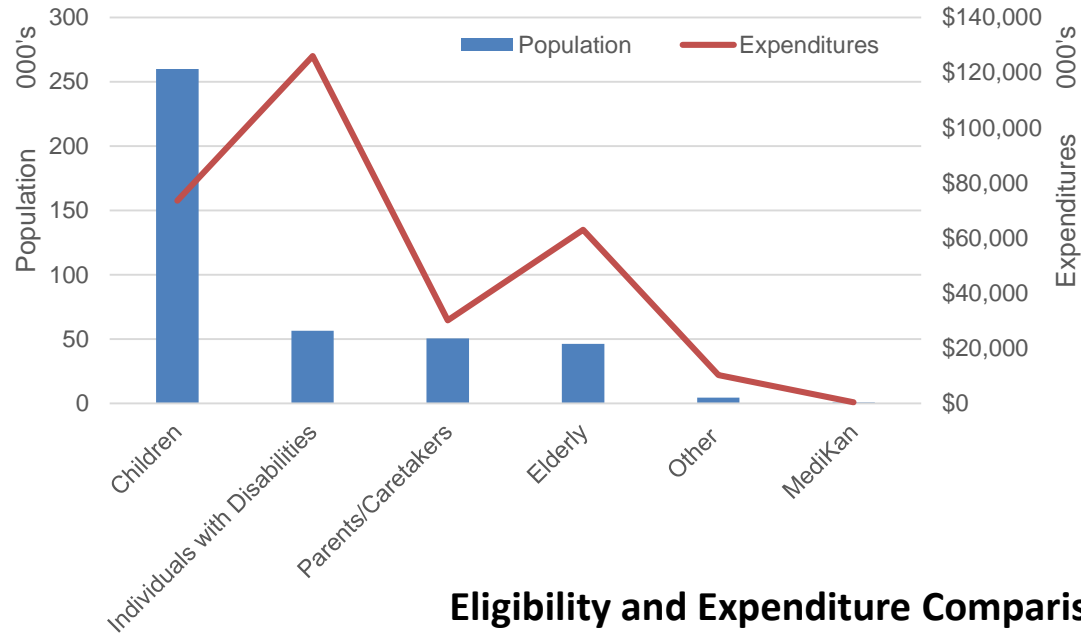


KanCare Executive Summary
(Data reported through December 2018)
February 15, 2019

KanCare Capitation and Members

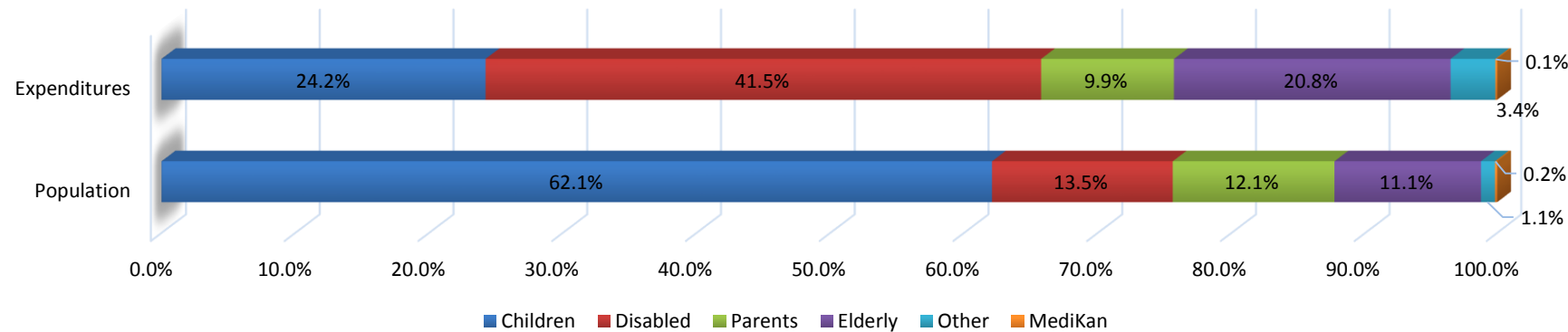
Medicaid/CHIP Member Eligibility and Expenditures

Calendar Year 2018 (Jan - Sep)



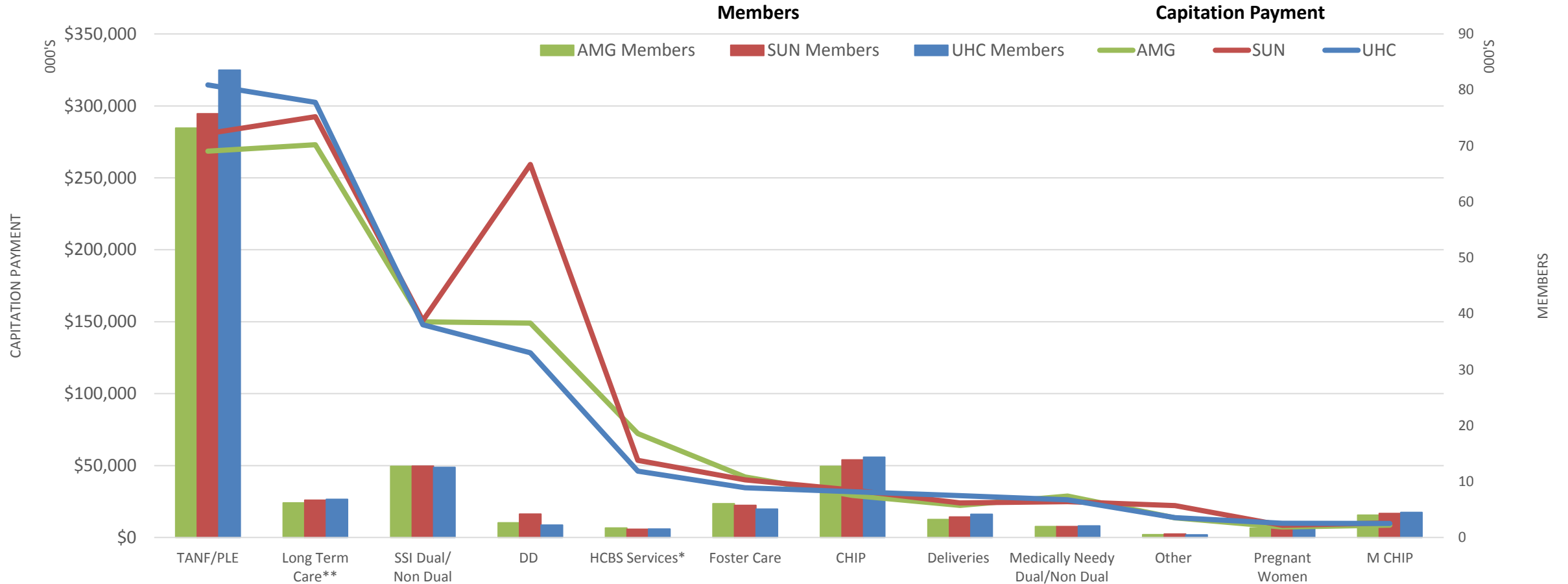
	% Total	
	Population	Expenditures
Children	62.1%	24.2%
Disabled	13.5%	41.5%
Parents	12.1%	9.9%
Elderly	11.1%	20.8%
Other	1.1%	3.4%
MediKan	0.2%	0.1%

Eligibility and Expenditure Comparison





Capitation Comparison with Members YTD CY 2018 (Dec)

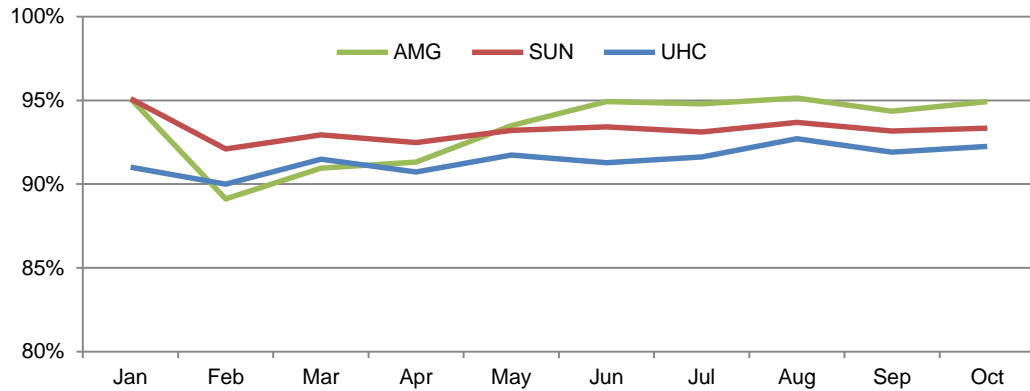


*HCBS Services includes Autism, Severe Emotional Disturbance, Technology Assisted, and Traumatic Brain Injury

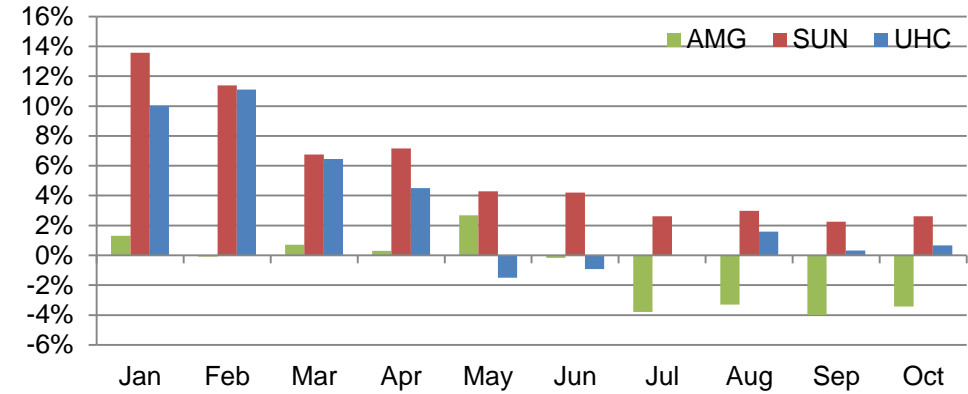
**Long Term Care includes Nursing Facilities, Money Follows the Person Frail Elderly and Physically Disabled, and the Physically Disabled and Frail Elderly Waivers

Medical Loss Ratio & Per Member Per Month CY 2018

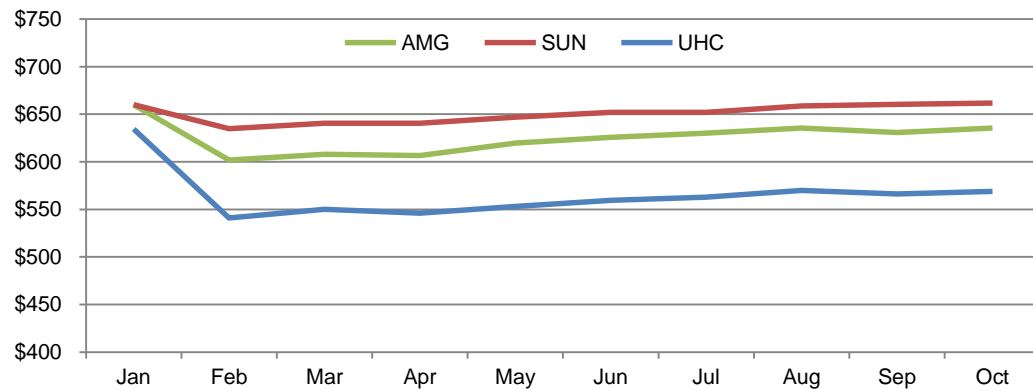
Medical Loss Ratio CY 2018



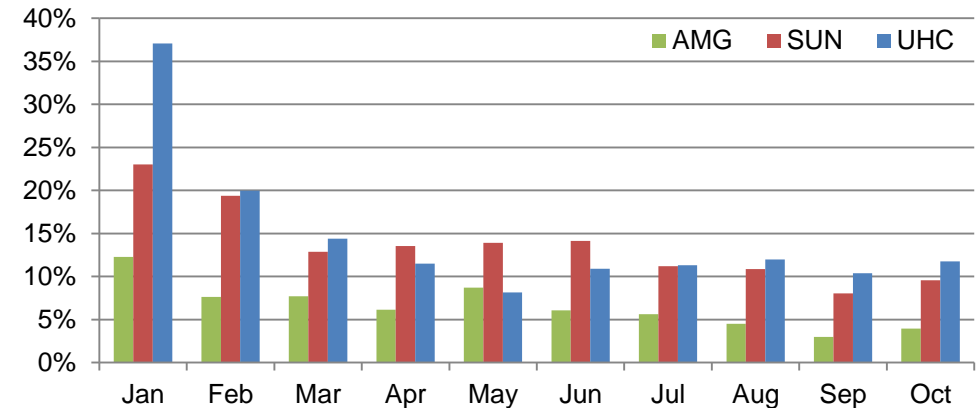
PPT Increase/Decrease MLR to Previous Year



YTD Per Member Per Month CY 2018



Percent Change PMPM to Previous Year



MLR=Total Claims Paid/Capitations

PMPM= Current Expenditures/ Current Members/12 months



KanCare Provider Network



Provider Network

KanCare MCO	# of Unique Provider/ Locations as of 12/31/17	# of Unique Provider/ Locations as of 3/31/18	# of Unique Provider/ Locations as of 6/30/18	# of Unique Provider/ Locations as of 9/30/18*	# of Unique Provider/ Locations as of 12/31/18*
Amerigroup	27,107	29,066	26,544	33,230	N/A
Sunflower	31,168	27,441	27,433	30,886	31,998
UHC	31,247	31,259	30,819	38,196	39,799

*Changes to MCO reporting implemented in Q3-2018 now provide more complete HCBS provider counts. Specifically, for providers who travel to the member for services, the count now includes a count of each county in which a provider is contracted to provide services.

NOTES:

Provider number reflects the number of unique providers per name, NPI and city. Since Kansas is a highly rural state with many providers serving in multiple clinic locales, this report reflects more accurately network capacity. This results in counts for the following:

- Providers with a service location in a Kansas county are counted once for each county.
- Providers with a service location in a border area are counted once for each state in which they have a service location that is within 50 miles of the KS border.
- Out of state providers (>50 miles from KS border) are counted once.
- Providers for services provided in the home are counted once for each county in which they are contracted to provide services.

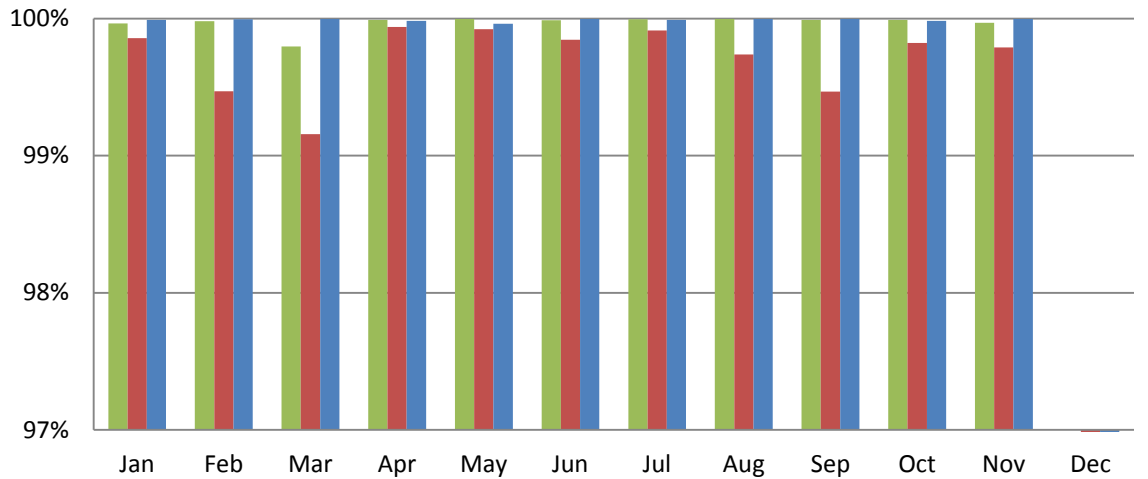


KanCare Claims Overview

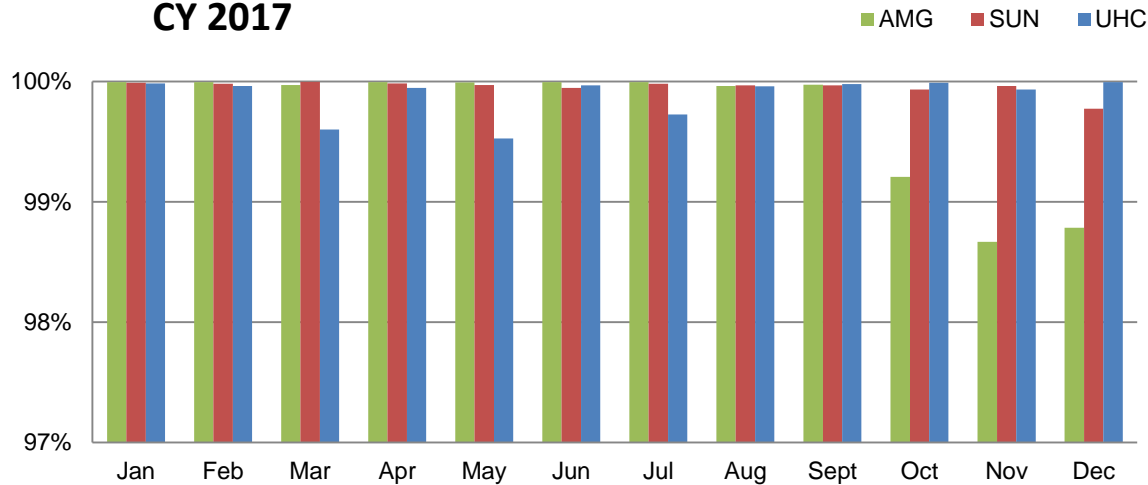


Claims Data-% Clean Claims Processed Within 30 days

CY 2018



CY 2017



Claims Processed 2018 (Jan-Dec)

Service Type	Total claim count			Total claim %		
	AMG	SUN	UHC	AMG	SUN	UHC
Pharmacy	1,914,663	2,265,680	1,792,788	35%	37%	34%
Medical	1,872,402	1,661,019	1,618,541	34%	27%	30%
Behavioral Health	578,337	757,383	669,074	11%	12%	13%
Hospital Outpatient	331,275	320,132	315,706	6%	5%	6%
HCBS	296,941	564,011	384,677	5%	9%	7%
NEMT	146,105	152,177	173,124	3%	2%	3%
Dental	142,085	156,821	155,276	3%	3%	3%
Nursing Facilities-Total	86,300	126,468	95,530	2%	2%	2%
Vision	78,534	99,997	79,973	1%	2%	2%
Hospital Inpatient	37,232	34,626	26,438	1%	1%	0%
Total All Services	5,483,874	6,138,314	5,311,127	100%	100%	100%

Contact Standard: 100% of Clean Claims Processed within 30 days

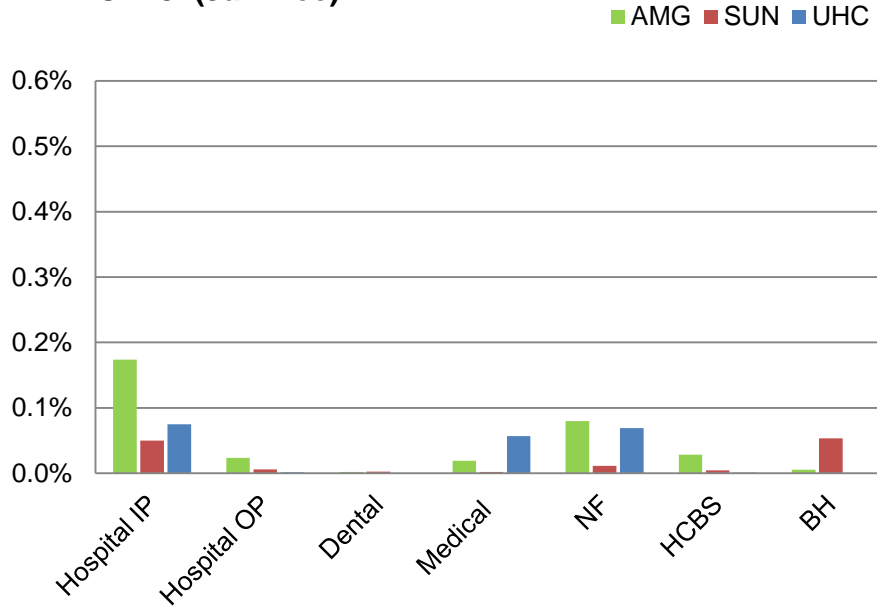
A clean claim is a claim that can be paid or denied with no additional intervention required and **does not include:** Adjusted or corrected claims, Claims that require documentation (i.e., consent forms, medical records) for processing, Claims from out-of-network providers that require research and setup of that provider in the system, Claims from providers where the updated rates, benefits or policy changes were not provided by the State 30 days or more before the effective date (these claims may be pended until rates are loaded so the appropriate amounts can be paid)

Percent = Number clean claims processed within 30 days divided by Number of claims received

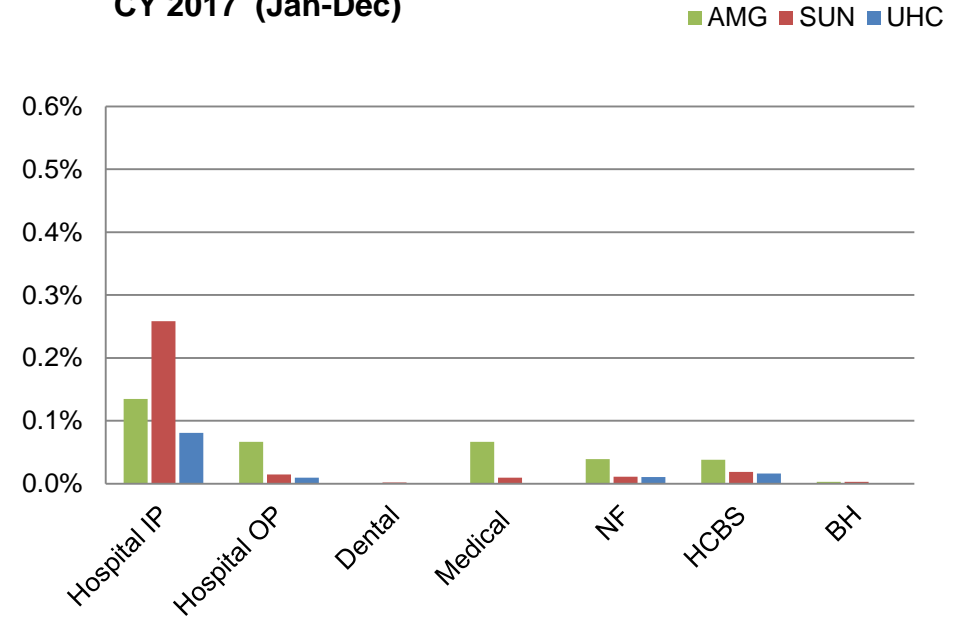
Processed = adjudication decision making of a claim being approved to paid or denied.

Claims Data-Percent of Claims Adjusted more than 3 times

CY18 (Jan-Dec)



CY 2017 (Jan-Dec)



YTD claim requiring adjustments greater than 3 times represents Accuracy

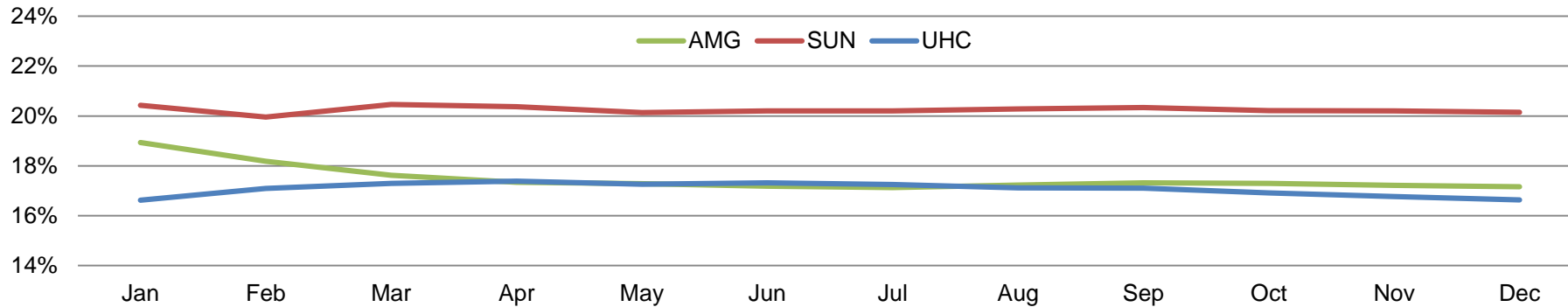
Purpose: The purpose is to review payment accuracy

Methodology: Monitoring the frequency of the claims adjustments by MCO in each category utilizing the total claims adjusted/claims processed (category provider type: Hospital Inpatient, Hospital Outpatient, Dental, Medical, Nursing Facilities, HCBS, BH). Pharmacy, Vision and NEMT Have had 0% adjustments over 3 times for over one year so have been dropped from this report. Pharmacy is point of sale processing so will not have adjustments

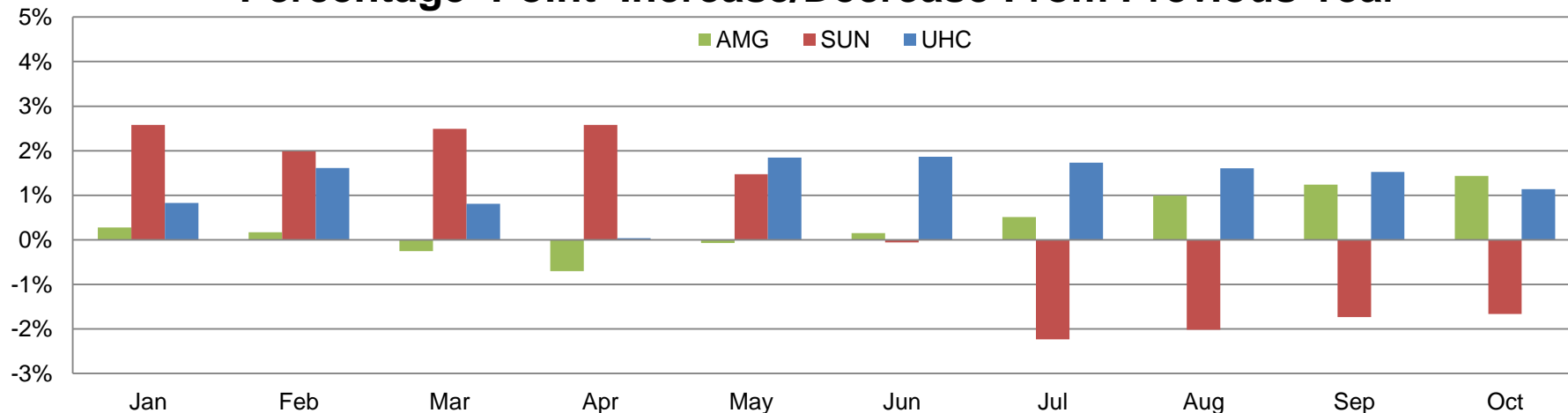
Total YTD claims adjusted 4 or more times divided by the YTD total number of claims processed by service type.

Claims Denial Data CY 2018

Percent Denied Claims by Month YTD Cumulative



Percentage Point Increase/Decrease From Previous Year





Claims Denial Data

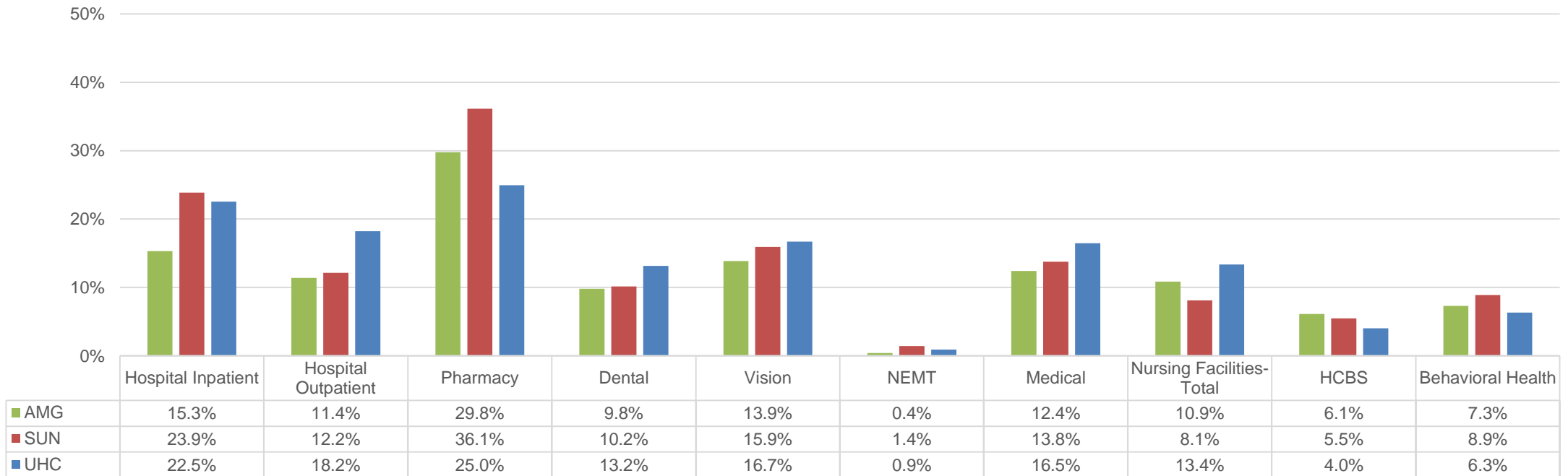
Claims Processed 2018 (Jan-Dec)

Service Type	Total claim count			Total claim %		
	AMG	SUN	UHC	AMG	SUN	UHC
Pharmacy	1,914,663	2,265,680	1,792,788	34.9%	41.3%	32.7%
Medical	1,872,402	1,661,019	1,618,541	34.1%	30.3%	29.5%
Behavioral Health	578,337	757,383	669,074	10.5%	13.8%	12.2%
HCBS	296,941	564,011	384,677	5.4%	10.3%	7.0%
Hospital Outpatient	331,275	320,132	315,706	6.0%	5.8%	5.8%
NEMT	146,105	152,177	173,124	2.7%	2.8%	3.2%
Dental	142,085	156,821	155,276	2.6%	2.9%	2.8%
Nursing Facilities-Total	86,300	126,468	95,530	1.6%	2.3%	1.7%
Vision	78,534	99,997	79,973	1.4%	1.8%	1.5%
Hospital Inpatient	37,232	34,626	26,438	0.7%	0.6%	0.5%
Total All Services	5,483,874	6,138,314	5,311,127	100.0%	100.0%	100.0%

Claims Processed 2018 (Jan-Dec)

Service Type	Total Claim Count			Total Denied Claim			Total Claim Denied %		
	AMG	SUN	UHC	AMG	SUN	UHC	AMG	SUN	UHC
Pharmacy	1,914,663	2,265,680	1,792,788	569,939	818,493	447,396	29.8%	36.1%	25.0%
Medical	1,872,402	1,661,019	1,618,541	232,451	228,667	266,512	12.4%	13.8%	16.5%
Behavioral Health	578,337	757,383	669,074	42,318	67,299	42,263	7.3%	8.9%	6.3%
HCBS	296,941	564,011	384,677	18,198	30,893	15,448	6.1%	5.5%	4.0%
Hospital Outpatient	331,275	320,132	315,706	37,796	38,903	57,486	11.4%	12.2%	18.2%
NEMT	146,105	152,177	173,124	622	2,166	1,586	0.4%	1.4%	0.9%
Dental	142,085	156,821	155,276	13,942	15,925	20,439	9.8%	10.2%	13.2%
Nursing Facilities-Total	86,300	126,468	95,530	9,364	10,252	12,772	10.9%	8.1%	13.4%
Vision	78,534	99,997	79,973	10,877	15,934	13,363	13.9%	15.9%	16.7%
Hospital Inpatient	37,232	34,626	26,438	5,704	8,269	5,957	15.3%	23.9%	22.5%
Total All Services	5,483,874	6,138,314	5,311,127	941,211	1,236,801	883,222	17.2%	20.1%	16.6%

Percent Denied CY 2018





KanCare Member Benefits



Value Added Services - January- December 2018

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
Member Incentive Program	2,345	3,596	\$1,630,736	CentAccount Healthy Rewards	79,523	79,523	\$861,477	Additional Vision Services	3,793	11,564	\$295,432
Adult Dental Care	3,101	3,811	\$498,846	Dental visits for adults	3,935	5,863	\$344,063	Home Helper Catalog Supplies	3,448	6,007	\$140,234
Mail Order OTC	1,340	8,079	\$149,896	Comprehensive Medication Review	6,989	9,862	\$250,215	Baby Blocks Program and Rewards	1,077	1,077	\$137,485
Healthy Families Program	65	65	\$75,000	Smoking cessation program	592	592	\$142,080	Adult Dental Services	2,356	2,206	\$86,903
Pest Control	135	179	\$23,395	In-home telemonitoring: service	337	337	\$84,250	UHC Health Rewards Program	5,724	5,724	\$69,859
Grief Counseling	6	82	\$16,400	Start Smart for Your Baby	2,951	2,951	\$83,071	Adult Dentures	113	124	\$53,808
Air purifier with a permanent filter	103	105	\$9,333	Member Connections Home Visiting Program	2,820	2,820	\$73,715	Additional Podiatry Visits	219	424	\$44,105
Additional Respite Care for DD Waiver Population	12	88	\$7,073	Healthy Solutions for Life - Disease Management	22,902	22,902	\$45,804	Membership to Youth Organizations	500	500	\$26,825
Boys and Girls Club Membership	125	129	\$6,450	Community Programs for Healthy Children: Boys & Girls Clubs	443	443	\$22,150	Medications Calendar	1,800	1,800	\$15,888
Smoking Cessation Program	34	36	\$5,940	Dentures	12	23	\$18,756	Pest Control	49	49	\$11,250
Additional Personal Care Services for IDD Wavier Population	4	341	\$938	Farmers Market Vouchers	1,631	1,631	\$16,310	A is for Asthma	1,121	1,121	\$6,696
Respite Care for FE Waiver Population	1	236	\$672	Sunny's Kid Club	987	987	\$2,799	Sesame Street - Food For Thought	113	113	\$3,885
Weight Watcher Vouchers	15	15	\$553	Respite care	13	635	\$2,064	KidsHealth	12,000	12,000	\$3,840
Adult Podiatry	16	23	\$487	Healthy Solutions for Life - Weight Management Program	982	982	\$1,964	Respite Care Services	6	6	\$2,938
				Adopt-A-School Program	125	4	\$900	Adults Parks and Rec Catalog	32	32	\$1600
				In-home telemonitoring: install	36	36	\$350				
				Hospital companion	1	56	\$182				
Total	6,856	16,785	\$2,425,719	Total	124,279	129,647	\$1,950,149	Total	32,351	42,747	\$900,817
KanCare Grand Totals	163,486	189,179	\$5,276,684								



In Lieu of Services CY 2018 (Jan – Dec)

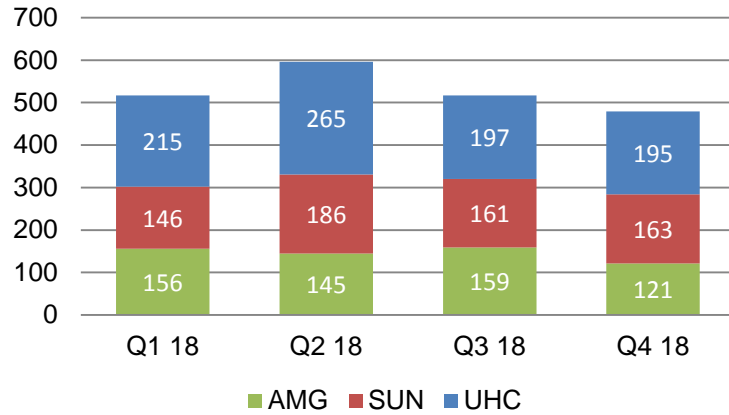
Amerigroup	Unduplicated Members	Value of Services Avoided	Sunflower	Unduplicated Members	Value of Services Avoided	United	Unduplicated Members	Value of Services Avoided
Additional Medicaid covered services, beyond existing limitations, including personal care services, sleep cycle support, home modifications, equipment and assisted services ... in lieu of members needing to be admitted to an acute care hospital or nursing facility	165	1,585,439	Additional personal care services, beyond existing waiver limitations ... in lieu of members needing to be admitted to a nursing facility	113	\$418,005	Additional personal care services, personal care services, beyond existing waiver limitation, sleep cycle support, and home delivered meals ... in lieu of members needing to be admitted to a nursing facility	178	\$2,218,026
Non-Covered services including private nurse, PET scans, CPAP equipment and sleep cycle support in lieu of members needing to access ICU, acute hospital, or nursing facility services	231	\$402,931	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	82	\$165,203	Non-Covered services Sleep studies, testing, and home health in lieu of members needing to access to acute hospital, or nursing facility services	642	\$993,449
Totals	396	\$1,988,370	Totals	195	\$583,208	Totals	820	\$3,211,475

KANCARE TOTAL	(January - December 2018)
Members	1,411
Value of Services Avoided	\$5,783,053

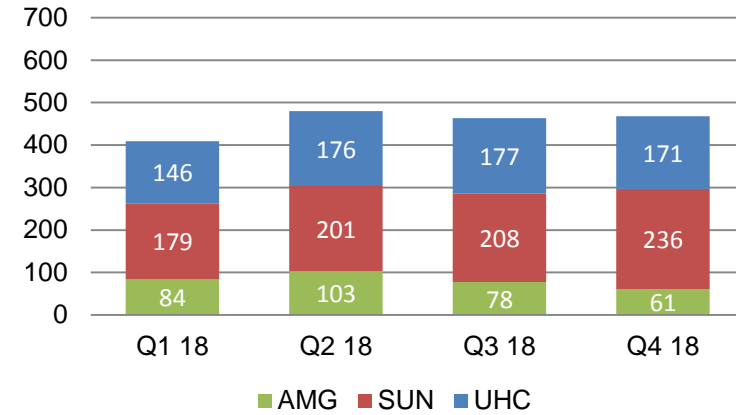
KanCare Grievance, Appeal and State Fair Hearing

Grievances and Appeals Received- Members

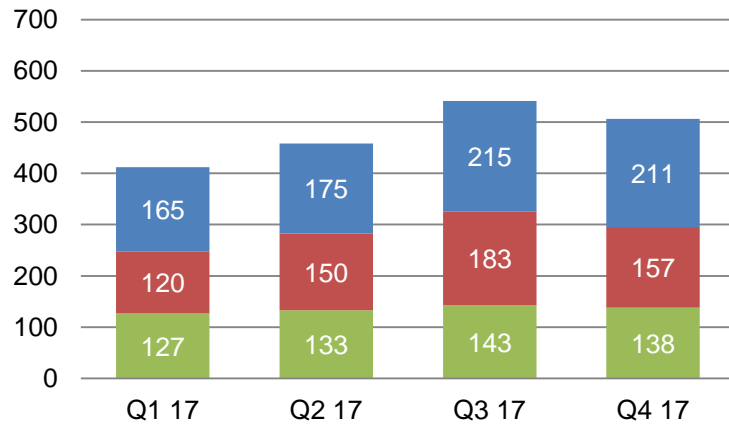
Member Grievances 2018



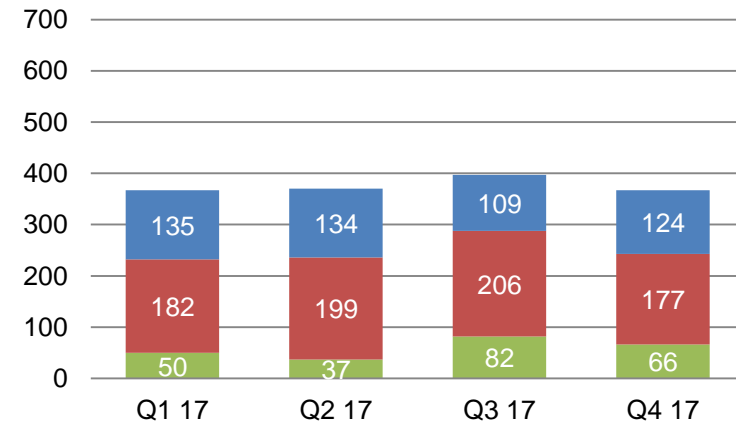
Member Appeals 2018



Member Grievances 2017

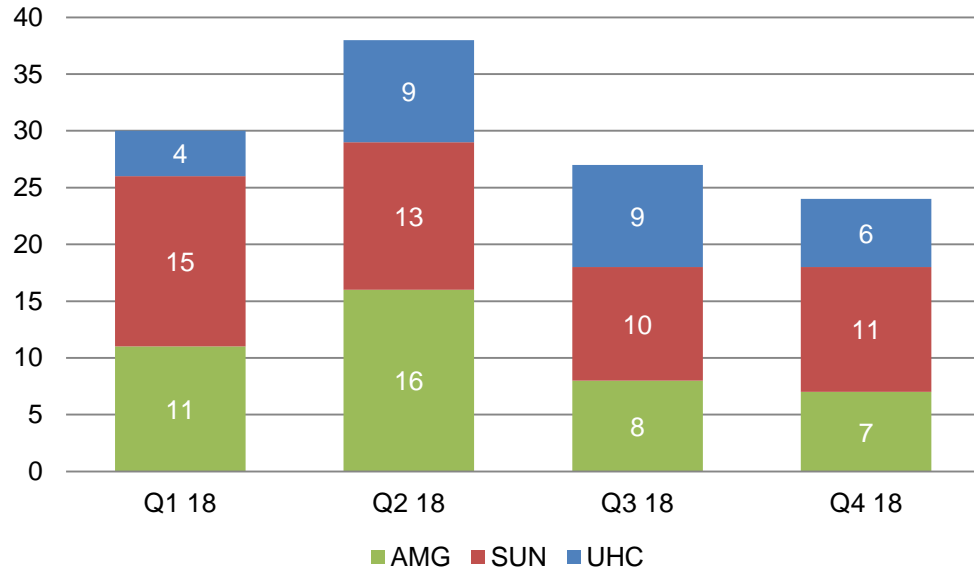


Member Appeals 2017

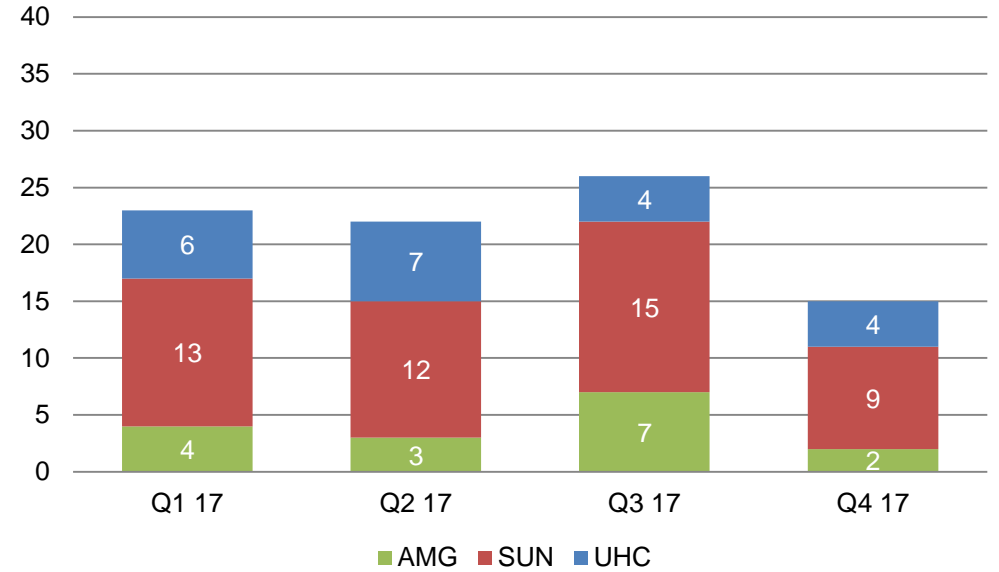


State Fair Hearing Received - Members

Member State Fair Hearings 2018



Member State Fair Hearings 2017



Provider – Percent of Appeals Resolved

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



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

